Monmouth Medical Center Southern Campus Community Health Needs Assessment

November 2025

PREPARED BY
HEALTH RESOURCES IN ACTION

RWJBarnabas HEALTH | Monmouth Medical Center Southern Campus

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Funding
Grant funding support provided by the State of New Jersey for RWJBarnabas Health-Community Health Projects, managed by the Department of Health.

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

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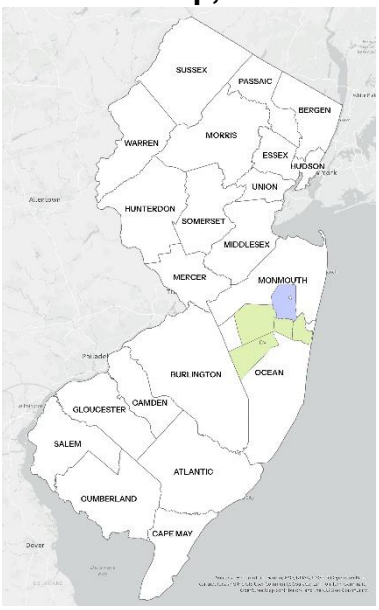
Executive Summary

Introduction

In 2025, Monmouth Medical Center Southern Campus (MMCSC) 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. MMCSC's primary service area includes six municipalities (Brick, Howell, Jackson, Lakehurst, Lakewood, and Manchester) covering eight zip codes in parts of Ocean and Monmouth counties.

MMCSC CHNA Focus Area Map, 2025



DATA SOURCE: Prepared by HRiA based on NJOGIS 2023 data

Methods

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

- Reviewing existing social, economic, and health data across Ocean and Monmouth counties.
- Conducting a community survey with 956 MMCSC PSA residents, designed and administered by Health Resources in Action (HRiA).
- Facilitating 4 virtual focus groups with 22 participants from populations of interest, including Spanish-speaking Latino residents, Orthodox Jewish residents, psychiatric patients, and peer recovery specialists.
- Conducting ten key informant interviews with 9 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

- **Age Demographics.** Monmouth Medical Center Southern Campus serves a population of 372,668 residents. The overall population growth between 2014-2018 and 2019-2023 was 3.2% in Monmouth County and 9.2% in Ocean County, with Lakewood experiencing by far the greatest increase at 35.6%.[1] Half of the population of Lakewood is under age 18 and one-quarter of the population of Manchester is over age 75.

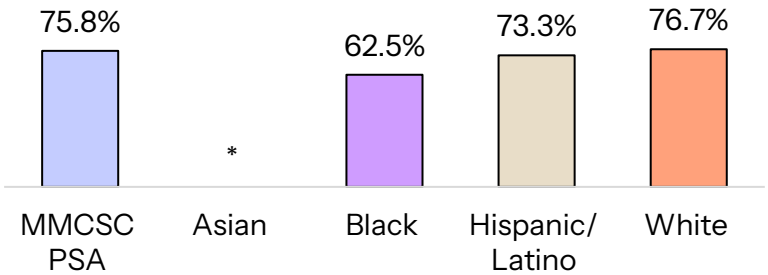
- **Race/Ethnicity.** The MMCSC PSA has a notably higher proportion of White residents than New Jersey overall. In Monmouth County, 76.2% of residents are White and in Ocean County, 85.0% are, compared to 56.9% statewide. Notably, Lakewood and increasingly the surrounding towns have a large and growing Orthodox Jewish population, as the area is home to the largest yeshiva (Orthodox Jewish school) in the world, outside of Israel. An estimated 148,500 Jews live in Ocean County, making it the largest Jewish community in New Jersey, and the ninth largest Jewish community in the United States. The majority of this population lives in Lakewood and surrounding towns.[2]

- **Language**. Interview and focus group participants highlighted a growing immigrant population, including Haitian, Hispanic, and Ukrainian immigrants moving to the community. In New Jersey, one-third of the population speaks a language other than English at home, compared to 13% in Ocean County and 18% in Monmouth County. Lakewood has the largest proportion, at 23.4%.

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,

MMCSC 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
NOTE: An asterisk (*) means that data was suppressed due to low numbers.

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

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

beaches, and spaces for children to play. Top strengths identified by MMCSC PSA respondents to the Community Health Needs Assessment Survey in 2024 included that the community had safe outdoor places to walk and play (75.8%), had places for everyone to socialize (74.9%), and did not have much violence (73.9%).[3]

- **Education.** NJ Department of Education data indicate that most (91.1%) New Jersey students in public schools graduated from high school.[4] In the MMCSC PSA, graduation rates varied by public school district. Most school districts (Brick, Jackson, and Manchester Townships, and Ocean County Vocational Technical School Districts) outperformed New Jersey as a whole. However, Lakewood Township School District had an 82.7% graduation rate in 2019-2023.

- **Employment and Workforce.** The availability of stable employment was a concern noted by interviewees and focus group participants in Ocean and Monmouth counties. Multiple participants described the "seasonality" of available work, especially along the shore, as a key factor in unstable employment patterns. Data from the Bureau of Labor Statistics show that unemployment rates in Ocean and Monmouth counties over time are generally on par with New Jersey overall.[5]

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

- **Income and Financial Security.** Interview and focus group participants noted the high cost of living including the price of rent, housing, childcare, food, transportation, and healthcare. Across the MMCSC PSA, there is variation in household financial well-being. The median household income in Monmouth County ($122,727) was higher than New Jersey overall ($101,050), while in Ocean County ($86,411) it was lower.[6] There were notable differences across communities, ranging from a median household income of $129,855 in Howell to $62,947 in Lakewood and $58,612 in Manchester, more than a two-fold difference. Only about half (48.6%) of community survey respondents agreed that people in their community could afford basic needs like food, housing, and transportation. 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.[7] In Monmouth County, 20% of households lived below the ALICE threshold and in Ocean County, over one-third

[3] Community Health Needs Assessment Survey, 2024
[4] New Jersey Department of Education, School Performance, 2023
[5] U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics, 2014-2023
[6] U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023
[7] United For ALICE 2024, derived from American Community Survey, 2010-2022

(36%) of households did. There was wide variation across the MMCSC PSA, with about 60% of households in Lakewood and Manchester falling below the threshold, compared to 26% in Howell.

- **Food Insecurity and Healthy Eating.** Interviewees and focus group participants emphasized the high cost of living and its impact on residents' ability to pay for basic necessities, including food. As one interviewee noted, *"People are making a lot of tradeoffs and a lot of times we see food go first."* In 2020, 7.4% of Monmouth and 9.8% of Ocean County residents reported food insecurity, rising to 9.2% and 11.1% respectively in 2023.[8] Over half of survey respondents reported that nothing keeps them from eating healthy foods (51.6%), with food prices (29.9%) and lack of time (17.7%) being the top reasons given by respondents as barriers to maintaining a healthy diet. Participants highlighted the local organizations that are providing food-related services in partnerships with shelters, school systems, faith-based organizations, healthcare systems, and others as working to better reach community members across the community, although stigma was still seen as a barrier to services.

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

- **Affordable Housing.** Housing was described as a substantial community health challenge in Ocean and Monmouth counties by focus group and interview participants. One participant noted *"Housing is one of our biggest barriers to people being well in the community."* Echoing qualitative discussions, 16.5% of MMCSC PSA survey respondents were concerned about their housing stability in the next two months. This concern was highest among Latino respondents (18.3%). In contrast, only 7.2% of White respondents shared this concern.[9]

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

- **Green Space and the Built Environment.** Community survey data from 2024 indicate that 80.8% of survey respondents agreed or strongly agreed with the statement, "My community has safe outdoor places to walk and play."[10] 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-

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

friendly areas in their neighborhoods: "*It's walkable and bikeable so our kids spend a lot of time outside. I love our community, I wouldn't move.*"

- **Transportation and Walkability.** Data from the 2019-2023 American Community Survey show that the majority of Monmouth (66.8%) and Ocean County (76.5%) residents commuted to work alone in a vehicle, somewhat higher than the statewide proportion (63.7%).[11] Lakewood had the highest proportion of residents commuting via carpool (13.5%) and walking (3.3%), while Howell had the highest proportion using public transportation (2.3%). Multiple participants highlighted the importance of having a vehicle to drive in order to reach grocery stores, shopping centers, healthcare appointments, and to socialize with friends and family. Depending on the community, some participants were able to utilize public transportation while others noted that their area did not have easy access to public transportation options.

- **Violence Prevention and Safety.** Crime and violence were not major themes among the specific individuals who participated in the focus groups. A few participants noted that they valued the safety that they felt in their neighborhoods with one participant describing, *"It's safe here—it's not dangerous to walk at night",* while another noted that they felt a *"a strong sense of safety"* within their community. Data from the Uniform Crime Reporting Unit in the State of New Jersey show that rates of violent crime and property crime were consistently lower in the MMCSC PSA than in the state overall.[12]

- **Systemic Racism and Discrimination.** Participants raised concerns regarding the exclusion or marginalization of communities based on immigration status, language, sexual orientation, housing status, and income. Approximately one in four Latino survey respondents reported feeling discriminated against when receiving medical care based on their race/ethnicity (26.5%), culture and religious background (22.5%) and their language/speech (24.5%).[13]

Community Health Issues

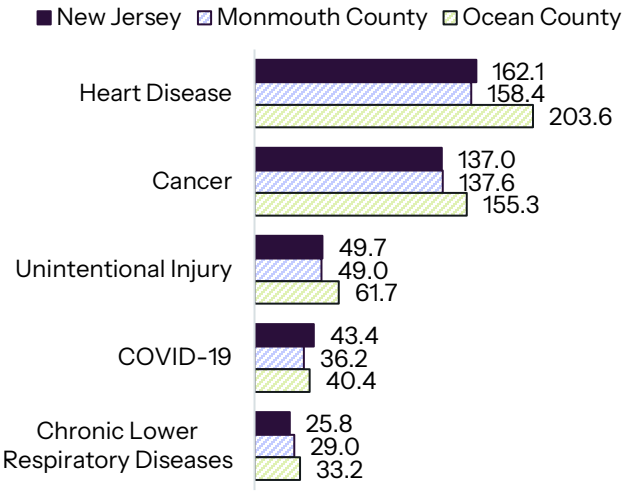
- **Community Perceptions of Health.** Participants identified social and economic issues such as economic instability, food insecurity, lack of affordable housing and public transportation as key issues impacting the health and wellbeing of their communities. They also highlighted the challenges in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

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

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 MMCSC PSA ranked cancer (39.7%), heart disease (39.3%), diabetes (30.1%), overweight/obesity (24.2%), and aging-related concerns (23.7%), 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 (33.5%), followed by bullying (31.3%), and overweight/obesity (21.9%) as the top three health issues in their communities.[14]

- **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 the MMCSC PSA was heart disease (158.4 per 100,000 in Monmouth and 203.6 in Ocean County), followed by cancer (137.6 per 100,000 in Monmouth and 155.3 in Ocean County). Racial disparities were present with the highest age-adjusted mortality rates among Black residents in both Ocean and Monmouth Counties.[15]

Age-Adjusted Rates for Top 5 Causes of Death per 100,000 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 Ocean County (531.3 per 100,000) and Monmouth County (529.3 cases of cancer per 100,000 residents) were somewhat higher than statewide (478.6 cases per 100,000).[16] 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. Over 80% of MMCSC PSA community survey respondents reported receiving a

[14] Community Health Needs Assessment Survey, 2024
[15] Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024
[16] Death Certificate Database, Office of Vital Statistics and Registry Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

cholesterol screening in the past two years, and 90% reported a blood pressure check.[17] However, racial disparities were apparent, with only 62% of Latino respondents reporting cholesterol screening, and 68% reporting blood pressure checks. The heart disease mortality rate was higher in Monmouth (151.0 per 100,000) and Ocean (188.4) Counties compared to New Jersey overall (146.7). Heart disease mortality rates were highest among Black (232.1 per 100,000), followed by White (194.3 per 100,000) residents of Ocean County.[18]

- **Mental Health and Behavioral Health.** Mental health was identified as a community concern in almost every interview and focus group. Participants identified depression (including postpartum depression), anxiety, stress, trauma, and suicidal ideation as mental health challenges for community residents, with an emphasis on the impact on youth and adolescents. Among MMCSC PSA community survey respondents, 13.5% 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.[19] In Monmouth County and Ocean County, 42.6% and 38.1% respectively, of admissions to substance use treatment were for alcohol, followed by heroin (35.9% and 40.6%, respectively)[20]. 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.

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

- **Infectious and Communicable Diseases.** The impact of the COVID-19 pandemic was a frequent topic of concern among participants in the previous 2022 MMCSC CHNA-SIP process. In 2025, COVID-19 was no longer a top concern among most participants who were engaged in the assessment process. In New Jersey overall, as well as Ocean and Monmouth Counties, the case rate approximately doubled between 2020 and 2021.[21] In 2021, both counties had a higher case rate per 100,000 than the state overall, while in 2022, Monmouth's rate was slightly higher and Ocean's rate was slightly lower. Despite the increase in COVID-19 rates over time, the number of COVID-19 deaths decreased

[17] Community Health Needs Assessment Survey, 2024
[18] Death Certificate Database, Office of Vital Statistics and Registry Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023
[19] Community Health Needs Assessment Survey, 2024
[20] Statewide Substance Use Overview Dashboard, Department of Human Services, Division of Mental Health and Addiction Services, 2024
[21] Communicable Disease Reporting and Surveillance System (CRDSS), Communicable Disease Service, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

each year due to the success of COVID-19 vaccinations and knowledge gained about how to treat severe cases. In 2020, 995 residents of Monmouth County and 1,329 residents of Ocean County died from COVID-19. By 2023, the number of deaths were 81 and 87, respectively – a greater than ten-fold decrease.[22]

- **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. Monmouth (7.0%) and Ocean (5.8%) Counties had lower proportions of low birthweight births than New Jersey overall (7.8%) in 2019-2023.[23] However, racial disparities were apparent, with 13.8% of Monmouth County births and 13.7% of Ocean County births of Black babies being low birthweight – even higher than the rate for Black babies in New Jersey overall (12.8%). In Ocean County, participants highlighted the high birth rates of communities, particularly in the Lakewood area. Participants emphasized the need for additional OBGYN care in their communities, along with a labor and delivery department. Participants also highlighted a need for maternal and infant health services that accept public insurance and have translators available for residents who may not speak English.

Healthcare Access

- **Access and Utilization of Healthcare Services.** Interviewees and focus group participants generally reported good relationships between healthcare providers and residents in their community. One interviewee noted that the healthcare is viewed as high-quality and competent care by the community, with a focus group participant noting that *"They've always seemed culturally respective and culturally aware."* Community survey respondents were asked about their participation in various health screenings and preventive services in the last two years. In the MMCSC PSA, 92.0% of respondents reported having an annual physical exam in the last two years, while 74.3% reported having a flu shot, and 79.4% received dental screening.[24] Latino respondents reported the lowest percentage of receiving a flu shot, with only 57.9%.

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

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

appointment at a convenient time (31.2%), long wait times (29.4%), and doctors not accepting new patients (24.5%) as the top barriers to accessing healthcare.

Community Vision and Suggestions for the Future

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

> *"I'd like to see a larger maternity ward... It would be amazing if it could handle the capacity of Lakewood without having to travel to other hospitals. It would be great to have more funding to create more quality healthcare professionals for more availability and accessibility for the community."*
> - Focus group participant

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

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

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

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

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

Key Themes

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

- **Local resources and services are facing challenges in meeting the increased need for services due to the rapid population growth**. From the time period of 2014-2023, Ocean County had a 9.2% increase in population, with Lakewood experiencing the greatest increase at 35.6%.[25] Half of the population of Lakewood is now under 18 years of age. Participants viewed the infrastructure of the community as being unable to keep up with the population growth, noting that this had impacted housing affordability, traffic congestion, and long wait times for healthcare and other social services. Maternal and child health was a particular concern among residents who noted that the high birth rate in some communities, along with the lack of local labor & delivery services, was leading to residents traveling to receive maternity care. Others highlighted the need for more providers for maternal and child health such as pediatrics, occupational therapy, and speech therapy, especially services that accept public insurance and offer translation services.

- **The high cost of living, especially regarding housing and food, 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. Food insecurity was described as *"a dynamic social issue"* where most people are *"one paycheck or injury away from being in the food line."* The high cost of living was also viewed as a particular concern in terms of housing affordability, with just 42.0% of MMCSC PSA survey

[25] U.S. Census Bureau, American Community Survey, ACS 5-Year Estimates, 2014-2018 & 2019-2023

respondents agreeing / strongly agreeing that there is enough safe and affordable housing in their community. Homelessness was also highlighted as a particular concern in Ocean County, with multiple participants noting the need for emergency and long-term shelter options in the area to support the unhoused individuals in their communities.

- **Health disparities were widespread for Black and Latino residents of Ocean and Monmouth Counties.** The health of Ocean and Monmouth County residents appears to be affected by their race and ethnicity. For example, cardiovascular disease mortality rates were notably higher for Black residents of Ocean and Monmouth Counties than for White residents. Cancer mortality was higher among Black residents of Ocean County compared to Whites; Emergency Department visits for asthma were seven times more common for Black residents than White residents of Monmouth County and five times higher for Black residents than White residents of Ocean County. About a quarter of Latino community survey respondents reported feeling discriminated against when receiving medical care based on their race/ethnicity (26.5%), culture and religious background (22.5%) and their language/speech (24.5%).

- **The current environment and federal policies related to immigration and reduced social service funding have created a sense of fear and anxiety among individuals, communities, and organizations.** Economically vulnerable community members 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. Multiple participants reported a decrease in 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. Local organizations also emphasized their concerns around continuing to provide necessary services to residents with the uncertainty of future funding.

- **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. Mental health was identified as the sixth top health concern among MMCSC PSA survey respondents overall, and it was the number one concern for children and youth. Participants expressed that mental and behavioral health challenges were already prevalent in their communities, but that they had been exacerbated by the COVID-19 pandemic and the current political environment. Participants emphasized the need for additional long-term treatment programs and housing services for residents with serious mental illness and substance use disorders.

- **Lack of affordable health insurance coverage, provider shortages, and language barriers were described as challenges for community members in accessing healthcare services**. Although participants generally reported good relationships with their primary care providers, the long wait times, high cost of care, and insurance limitations were all highlighted as barriers to healthcare. This was mirrored among MMCSC PSA survey respondents who identified the top barriers to healthcare access as having a hard time scheduling an appointment at a convenient time (31.2%), wait times at doctor's offices or clinics being too long (29.4%), and doctors not accepting new

patients (24.5%). Participants viewed the rapid population growth as impacting the long wait times for appointments, especially for specialty care including physical therapy, occupational therapy, mental health specialists, and social workers. Multiple participants also noted the need for additional providers that accept public health insurance and offer translation services, as these were noted as additional barriers that residents face when accessing care.

Conclusions

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

- Affordable Housing
- Chronic Disease Prevention and Management
- Community Cohesion
- Employment and Financial Security
- Food Insecurity and Healthy Eating
- Health and Racial Equity
- Healthcare Access
- Maternal 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, MMCSC 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)

MMCSC 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 Southern Campus undertook a joint CHNA process with RWJBarnabas Health's Monmouth Medical Center, Behavioral Health Center, and Community Medical Center, using a mixed-methods and participatory approach.

Monmouth Medical Center Southern Campus (MMCSC) is located in Lakewood, New Jersey (NJ) and is part of the RWJBarnabas Health (RWJBH) system. RWJBH is a non-profit healthcare organization which includes 12 acute care hospitals, three acute care children's hospitals, a leading pediatric rehabilitation hospital, a freestanding acute behavioral health hospital, a clinically integrated network of ambulatory care centers, two trauma centers, a satellite emergency department, geriatric centers, the state's largest behavioral health network, ambulatory surgery centers, comprehensive home care and hospice programs, long term care facilities, fitness and wellness centers, retail pharmacy services, medical groups, diagnostic imaging centers, a clinically integrated network and collaborative accountable care organization. As one of the acute care hospitals within the system, MMCSC is a 241-bed fully accredited acute care hospital with over 6,100 inpatient admissions, over 28,000 emergency department visits, and more than 59,000 outpatient 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, MMCSC 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, MMCSC and its partners have made progress towards addressing the four priority areas identified in the 2023-2025 Strategic Implementation Plan. MMCSC has increased chronic disease screening efforts in which 896 patients at high-risk for developing lung cancer were navigated to complete a low dose chest CT for lung cancer screening and 840 uninsured/underinsured patients were navigated to and completed breast cancer screenings. MMCSC and its partners implemented community health education and nutrition programs for individuals across the lifespan that cover chronic disease topics. In 2023 and 2024, they held 149 programs and served 5,369 individuals. Additionally, MMCSC has distributed over 890 resource guides to navigate individuals to needed services and provided fresh produce for 740 individuals at community-based locations like food pantries and income-restricted housing sites. In regards to substance use, MMCSC 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 to over 1,000 referrals in 2024. In addition, MMCSC increased mental and behavioral health screenings among patients and hosted community

events to raise awareness of mental health services. For a detailed description of the goals, strategies, outcomes and impacts from the previous 2022 MMCSC 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 MMCSC 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.

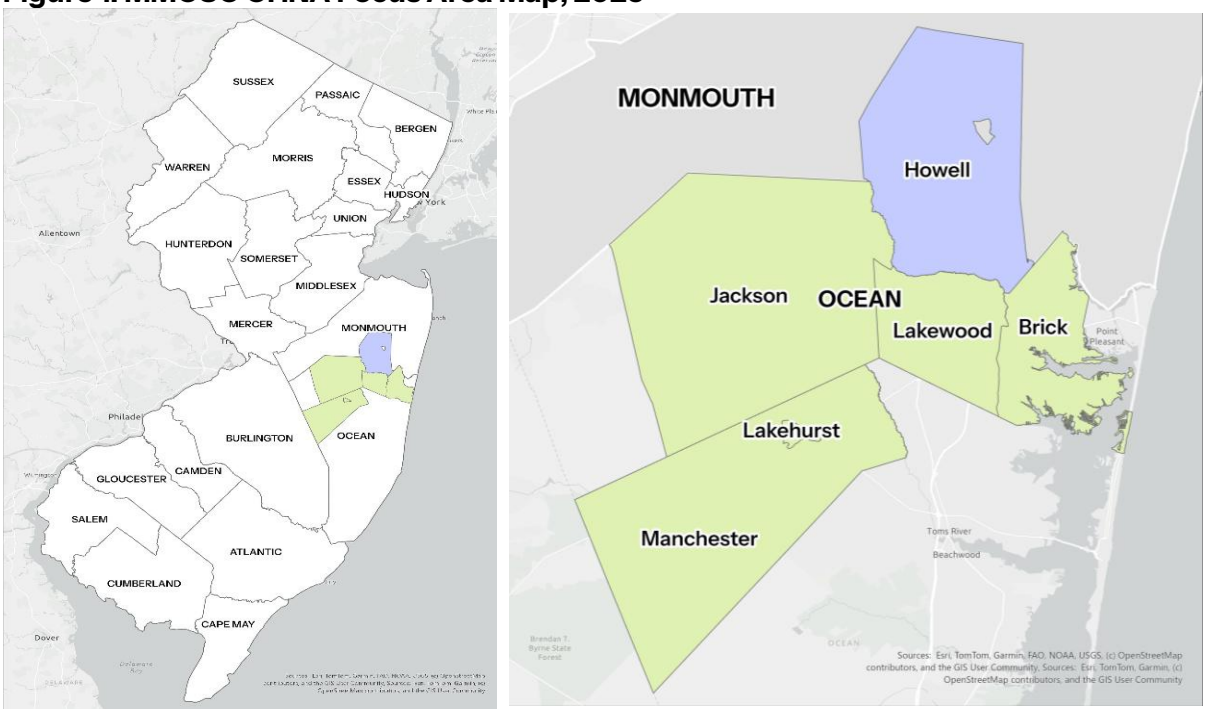
The specific goals of this CHNA are to:

- 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 MMCSC primary service area (PSA) includes six municipalities: Brick, Howell, Jackson, Lakehurst, Lakewood, and Manchester (Figure 1). The MMCSC PSA includes the following zip codes: 07731, 08527, 08701, 08723, 08724, 08733, 08757, 08759.

Figure 1. MMCSC CHNA Focus Area Map, 2025



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.

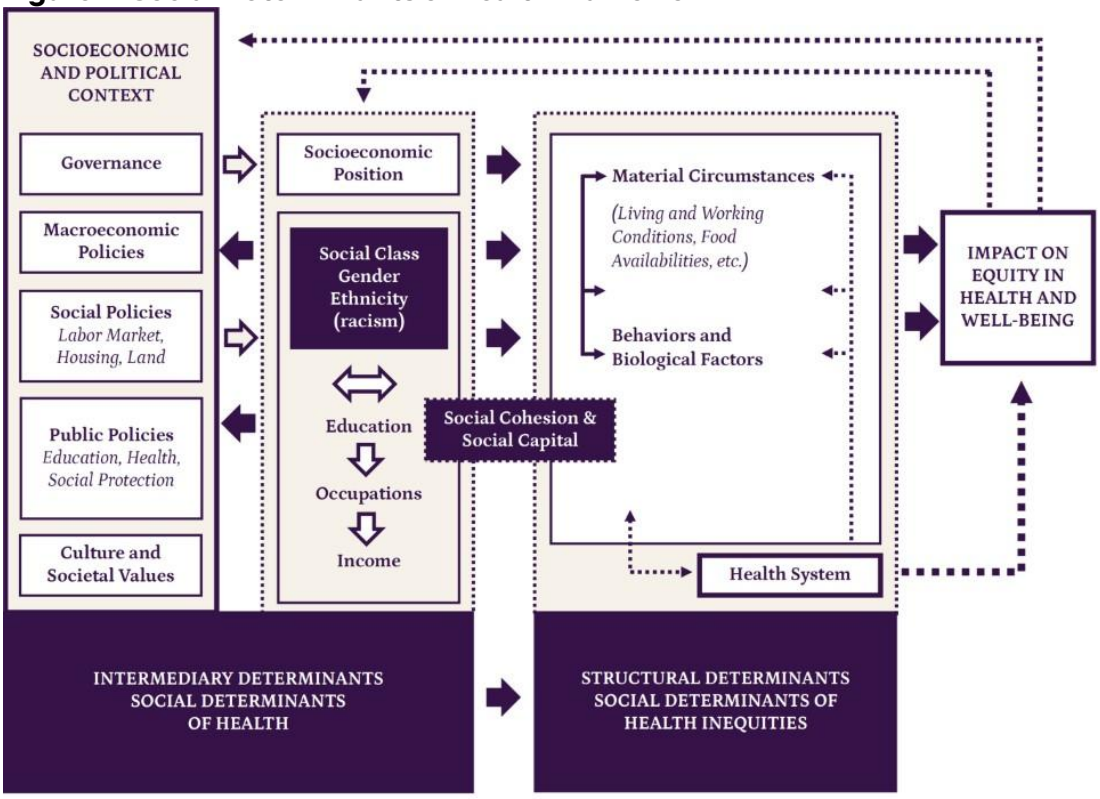
Social Determinants of Health Framework

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, and 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.[26]

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 MMCSC 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 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.

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

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 MMCSC leads, keeping them abreast of progress. MMCSC 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.

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 MMCSC PSA was provided by the respective hospital 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 MMCSC's primary service area, this CHNA report includes qualitative findings from residents, leaders, and providers mainly from Ocean County with some representation from Monmouth County. See Appendix E. Additional Data Tables and Graphs for additional data.

Key Informant Interviews

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

Focus Groups

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

Analyses

The collected qualitative information was coded and then analyzed thematically by HRiA data analysts to identify main categories and sub-themes. The analysts identified key themes that emerged across all groups and interviews as well as the unique issues that were noted for specific populations. Throughout the qualitative findings included in this report, the term "participants" is used to refer to key informant interview and focus group participants. Unique

issues that emerged among a group of participants are specified as such. The frequency and intensity of discussions on a specific topic were the key indicators used for extracting the main themes. While differences between towns are noted where appropriate, analyses emphasized findings common across the focus area. Selected paraphrased quotes—without personal identifying information—are presented in the narrative of this report to further illustrate points within topic areas.

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 956 responses from MMCSC PSA. Table 1 provides the sociodemographic characteristics of survey respondents. In this report, people who completed the survey are referred to as "respondents" (whereas those who were part of focus groups and interviews are referred to as "participants" for distinction).

Table 1. Characteristics of MMCSC PSA Survey Respondents (N=956)

Age (n=869)		Income (n=492)	
18 to 24	2.5%	Less than $10,000	*
25 to 44	15.7%	$10,000 to $14,999	4.3%
45 to 64	32.0%	$15,000 to $24,999	5.7%
65+	49.8%	$25,000 to $34,999	11.8%
Gender (n=648)		$35,000 to $49,999	12.4%
Woman	80.7%	$50,000 to $74,999	16.5%
Man	18.5%	$75,000 to $99,999	15.9%
Transgender woman	*	$100,000 to $149,999	18.7%
Transgender man	*	$150,000 to $199,999	6.1%
Non-binary/gender queer (neither exclusively male or female)	*	$200,000 or more	7.1%
Agender/I don't identify with any gender	*	**Race/Ethnicity (n=892)**	
Additional gender category	*	Asian	2.7%
Marital Status (n=606)		Black/African American	4.8%
Married	19.6%	Hispanic/Latino	8.5%
Single	27.6%	Middle Eastern/North African	*
Separated/divorced/widowed	48.8%	Native American	1.4%
Domestic partnership/civil union/living together	4.0%	Native Hawaiian or other Pacific Islander	*
Education (n=823)		White/Caucasian	82.4%
Less than high school	*	Other Race/Ethnicities	4.5%
Some high school	1.7%	**Sexual Orientation (n=600)**	
High school graduate or GED	18.0%	Straight or heterosexual	94.5%
Some college	19.1%	Gay or lesbian	3.2%
Associate or technical degree/certification	17.5%	Bisexual, pansexual, or queer	*
College graduate	25.5%	Asexual	*
Post graduate or professional degree	17.3%	Additional category	*

DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTES: 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 MMCSC PSA residents. For example, 80.7% of the sample identified as women, compared to about half of MMCSC PSA residents. Community health survey data should not be used to extrapolate the prevalence of a given indicator to the population of MMCSC 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 MMCSC 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 Southern Campus (MMCSC) serves a population of 372,668 across parts of Ocean and Monmouth Counties (Table 2). In 2019-2023, the smallest municipality by population was Lakehurst (2,666 residents), while the largest was Lakewood (136,655 residents). The overall population growth between 2014-2018 and 2019-2023 was 3.2% in Monmouth County and 9.2% in Ocean County, with Lakewood experiencing *by far* the greatest increase at 35.6%.

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

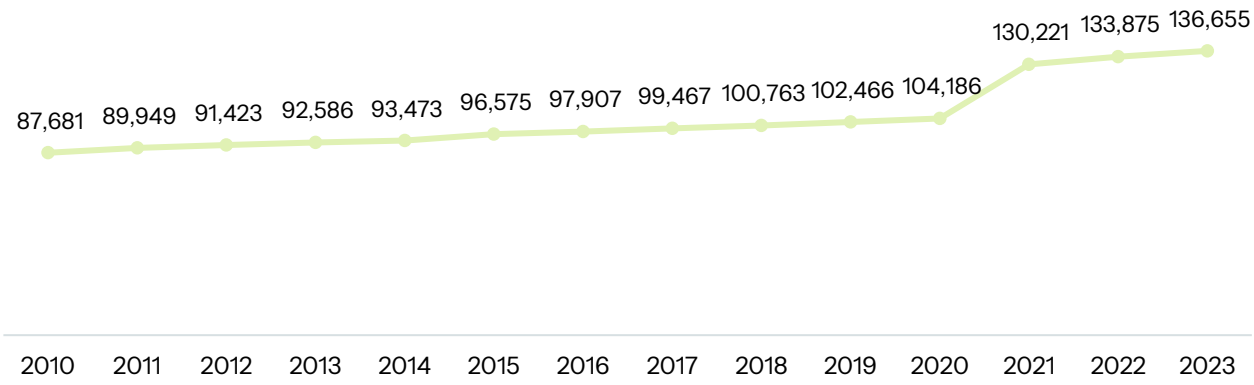
	2014-2018	2019-2023	%change
New Jersey	8,881,845	9,267,014	4.3%
Monmouth County	623,387	643,615	3.2%
Howell	51,958	53,661	3.3%
Ocean County	591,939	646,434	9.2%
Brick	75,072	74,807	-0.4%
Jackson	56,614	59,352	4.8%
Lakehurst	2,683	2,666	-0.6%
Lakewood	100,763	136,655	35.6%
Manchester	43,373	45,527	5.0%

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

The following section discusses the population of the MMCSC service area overall as well as the unique attributes of Lakewood specifically, given it is the largest community in the PSA and has such a diverse population.

Figure 3 shows a notable spike in the population of Lakewood between 2020 and 2021, from 104,186 residents to 130,221 residents, with lower but ongoing population growth thereafter. Key informant interviewees who work in the Lakewood community explained that the ongoing population growth between 2010 and 2023 is likely due to a combination of in-migration from other areas and the high birth rate among the Orthodox and Hasidic Jewish population of Lakewood. The large spike between 2020 and 2021 is likely due to a combination of factors. First, the COVID-19 pandemic was a catalyst for many Orthodox and Hasidic families to leave the over-crowded and high-risk environment of Brooklyn, NY. Second, 2020 was the year of the decennial US Census, and rabbis in Lakewood made extra efforts to encourage participation by congregants and community members. Additional population tables can be found in Appendix E. Additional Data Tables and Graphs.

Figure 3. Total Population in Lakewood, 2010-2023



DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2010-2023

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. Ocean County had a somewhat higher percentage of those under 18 years old and those 65 and older, compared to the state. This is most notable in Lakewood, where half of the population is under age 18 (49.7%), and in Manchester, where 25.0% of the population is over age 75.

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

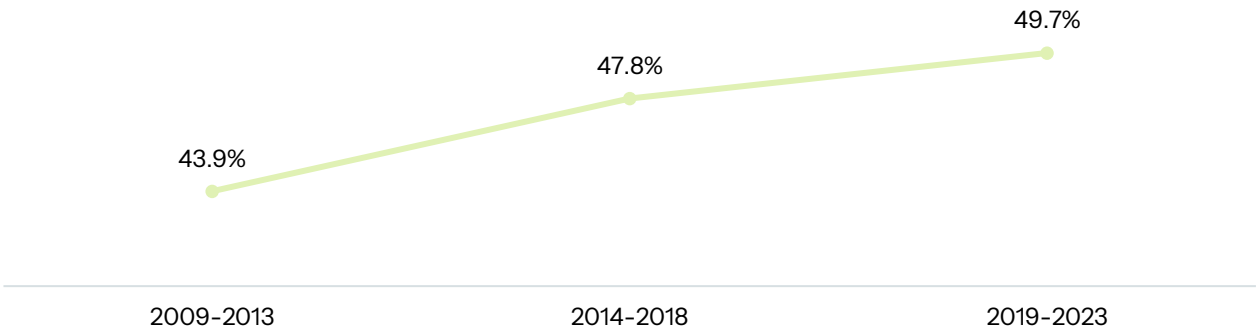
	Under 18 years	18 to 24 years	25 to 44 years	45 to 64 years	65 to 74 years	75 years and over
New Jersey	21.9%	8.4%	26.1%	26.9%	9.8%	7.0%
Monmouth County	21.0%	8.2%	22.6%	29.5%	11.0%	7.5%
Howell	22.8%	8.6%	22.7%	28.3%	11.2%	6.3%
Ocean County	24.9%	7.3%	21.3%	24.2%	12.3%	10.1%
Brick	17.7%	7.6%	24.3%	19.7%	12.0%	8.8%
Jackson	26.0%	7.6%	22.9%	25.8%	9.8%	7.9%
Lakehurst	20.7%	9.2%	28.6%	24.0%	12.8%	4.8%
Lakewood	49.7%	8.8%	22.1%	9.9%	4.9%	4.6%
Manchester	9.9%	3.2%	15.3%	23.8%	22.9%	25.0%

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

Interview and focus group participants specifically noted the high birth rates in and around Lakewood, and the lack of infrastructure and health and social services in response to this youth population growth. Between 2009 and 2023, the proportion of Lakewood's under 18 population grew from 43.9% to 49.7% (Figure 4). This is equivalent to a 67.2% population growth rate for the population under age 18 over an almost 15-year period (Figure 5). In contrast, the under age

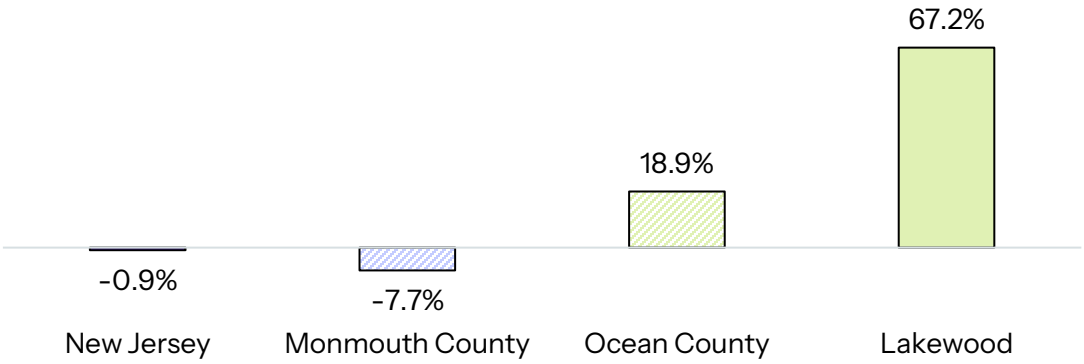
18 population of New Jersey shrunk by -0.9%, and the population of neighboring Monmouth County shrunk by -7.7% over that same time period.

Figure 4. Percent of Population Under 18 Years Old in Lakewood, 2009-2023



DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2009-2023
NOTE: In 2009-2013 the population under 18 in Lakewood was 40,645, in 2014-2018 it was 48,120, in 2019-2023 it was 67,950.

Figure 5. Population Growth Rate for Those Under 18 Years Old Between 2009-2013 and 2019-2023 by State, County and Town (Lakewood)



DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2009-2023
NOTE: Between 2009–2013 and 2019–2023, the population under age 18 changed from 2,049,118 to 2,031,322 in New Jersey, from 146,728 to 135,467 in Monmouth County, from 135,463 to 160,999 in Ocean County, and from 40,645 to 67,950 in Lakewood.

Racial, Ethnic, and Language Diversity

Racial and Ethnic Composition

The MMCSC PSA has a notably higher proportion of White residents than New Jersey overall. In Monmouth County, 76.2% of residents are White and in Ocean County, 85.0% are, compared to 56.9% statewide (Table 4). Lakehurst has the lowest proportion of White residents (69.0%), while Lakewood has the highest (86.1%). Notably, Lakewood and increasingly the surrounding towns have a large and growing Orthodox Jewish population, as the area is home to the largest yeshiva (Orthodox Jewish school) in the world, outside of Israel. An estimated 148,500 Jews live

in Ocean County, making it the largest Jewish community in New Jersey, and the ninth largest Jewish community in the United States. The majority of this population lives in Lakewood and surrounding towns.[27]

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%
Howell	0.0%	4.7%	5.0%	14.1%	0.0%	77.2%	4.6%	8.5%
Ocean County	0.4%	1.9%	3.0%	10.6%	0.0%	85.0%	3.5%	6.3%
Brick	0.3%	1.7%	3.4%	12.4%	0.0%	83.2%	3.5%	7.9%
Jackson	0.0%	3.3%	4.2%	13.7%	0.0%	80.3%	4.2%	8.0%
Lakehurst	1.1%	4.9%	9.3%	17.5%	0.0%	69.0%	1.3%	14.4%
Lakewood	1.0%	0.8%	2.0%	11.2%	0.0%	86.1%	5.7%	4.6%
Manchester	0.1%	2.2%	4.9%	8.6%	0.0%	84.8%	2.0%	6.0%

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

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

Foreign-Born Population

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

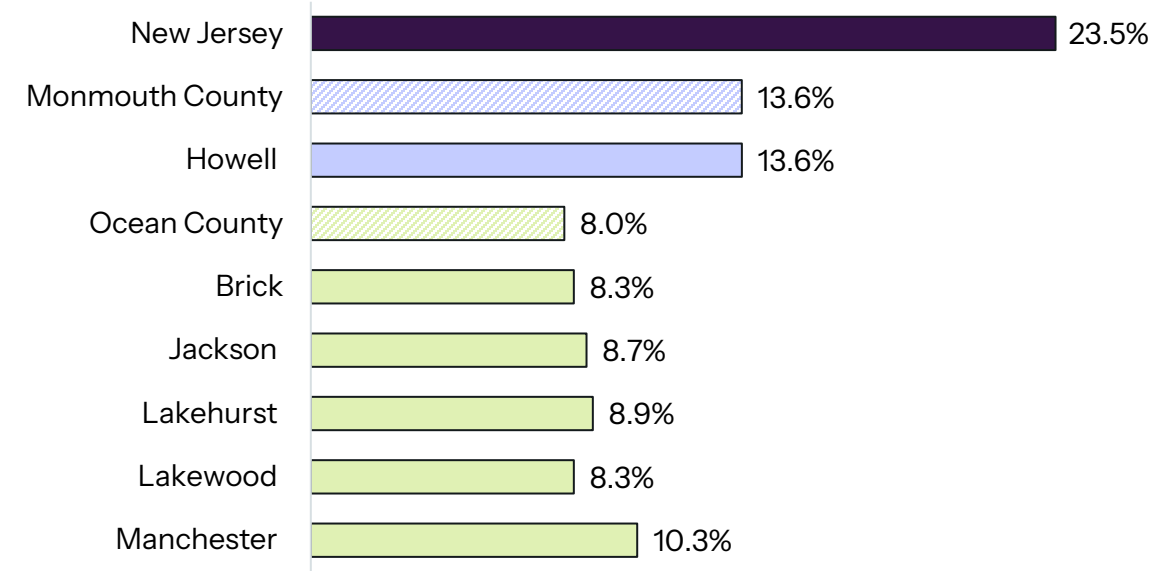
[27] Sheskin, I.M., Dashefsky, A. (2024). United States Jewish Population, 2023. In: Dashefsky, A., Sheskin, I.M. (eds) American Jewish Year Book 2023. American Jewish Year Book, vol 123. Springer, Cham.

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 (Figure 6). In Monmouth County, 13.6% were foreign born and in Ocean County, 8.0%. Most parts of the MMCSC PSA saw relatively little change in the proportion of their populations who were foreign-born between 2014-2018 and 2019-2023. However, Manchester experienced a 3.0% increase during this time, while Lakehurst (-2.7%) and Lakewood (-3.9%) both saw decreases (See Table 23 in the Appendix E. Additional Data Tables and Graphs for percentage change in foreign-born population state, county, and town). Immigrants in Monmouth County come primarily from Mexico (10.8%) and India (8.4%), while in Ocean County they come primarily from Mexico (13.6%) and the Philippines (7.0%) (Table 5).

Figure 6. 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 for Foreign-Born Residents, by State and County, 2019-2023

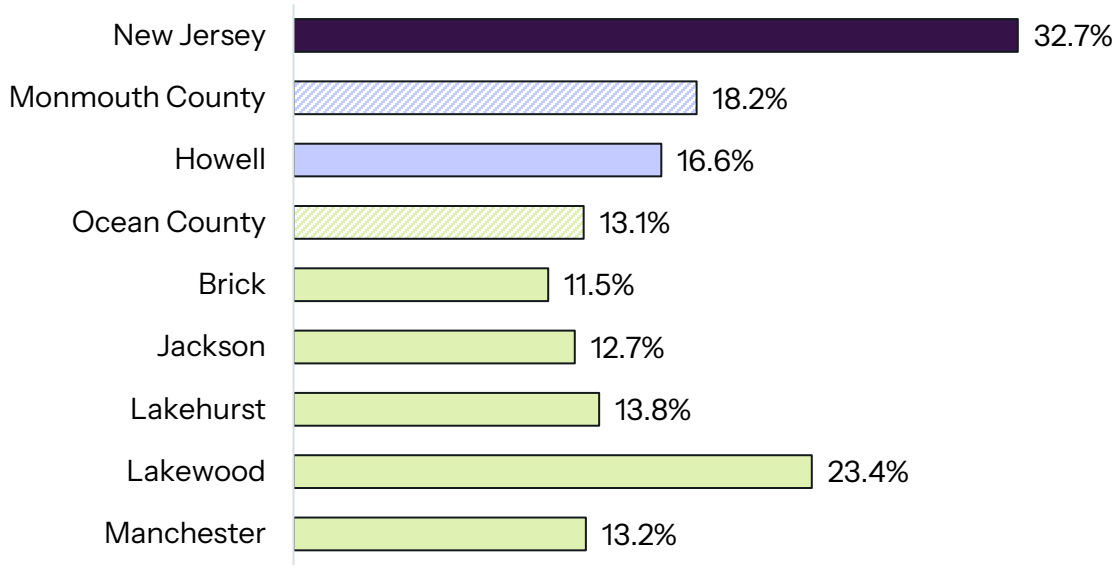
	New Jersey	Monmouth County	Ocean County
1	India (12.6%)	Mexico (10.8%)	Mexico (13.6%)
2	Dominican Republic (9.7%)	India (8.4%)	Philippines (7.0%)
3	Mexico (4.8%)	Brazil (5.8%)	Italy (4.9%)
4	Ecuador (4.6%)	China (4.8%)	Dominican Republic (4.5%)
5	Colombia (4.4%)	Philippines (3.8%)	Colombia (4.3%)

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

Language Diversity

In New Jersey, one-third of the population speaks a language other than English at home (Figure 7). In Monmouth County, this number is 18.2% and in Ocean County it is 13.1%. Lakewood has the largest proportion, at 23.4%.

Figure 7. 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

Spanish is the most common language other than English spoken at home in the MMCSC PSA, with 7.7% of residents in Monmouth County and 5.9% of residents in Ocean County (Table 6). Howell (8.3%) and Lakewood (8.7%) had the highest proportion of residents speaking Spanish at home. Notably, according to the American Community Survey of the U.S. Census, 6.9% of

Lakewood residents reported speaking a West Germanic language at home, which was likely Yiddish, though that data is unavailable. Another 5.1% reported speaking another unspecified language at home, which likely comprises Hebrew-speakers, among others, according to key informant interviewees who know the Lakewood population.

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

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

	Spanish	Other Indo-European languages	German or other West Germanic languages	Other and unspecified languages	Russian, Polish, or other Slavic languages
New Jersey	17.0%	5.5%	0.4%	1.1%	1.7%
Monmouth County	7.7%	4.0%	0.2%	0.5%	1.8%
Howell	8.3%	2.3%	0.2%	0.6%	1.9%
Ocean County	5.9%	1.6%	1.6%	1.4%	0.9%
Brick	7.1%	1.4%	0.3%	0.3%	0.5%
Jackson	5.6%	2.7%	0.7%	1.1%	0.7%
Lakehurst	6.1%	0.0%	0.8%	0.0%	0.0%
Lakewood	8.7%	0.8%	6.9%	5.1%	1.0%
Manchester	4.6%	2.3%	0.5%	0.6%	2.5%

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

Community Social and Economic Environment

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

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

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

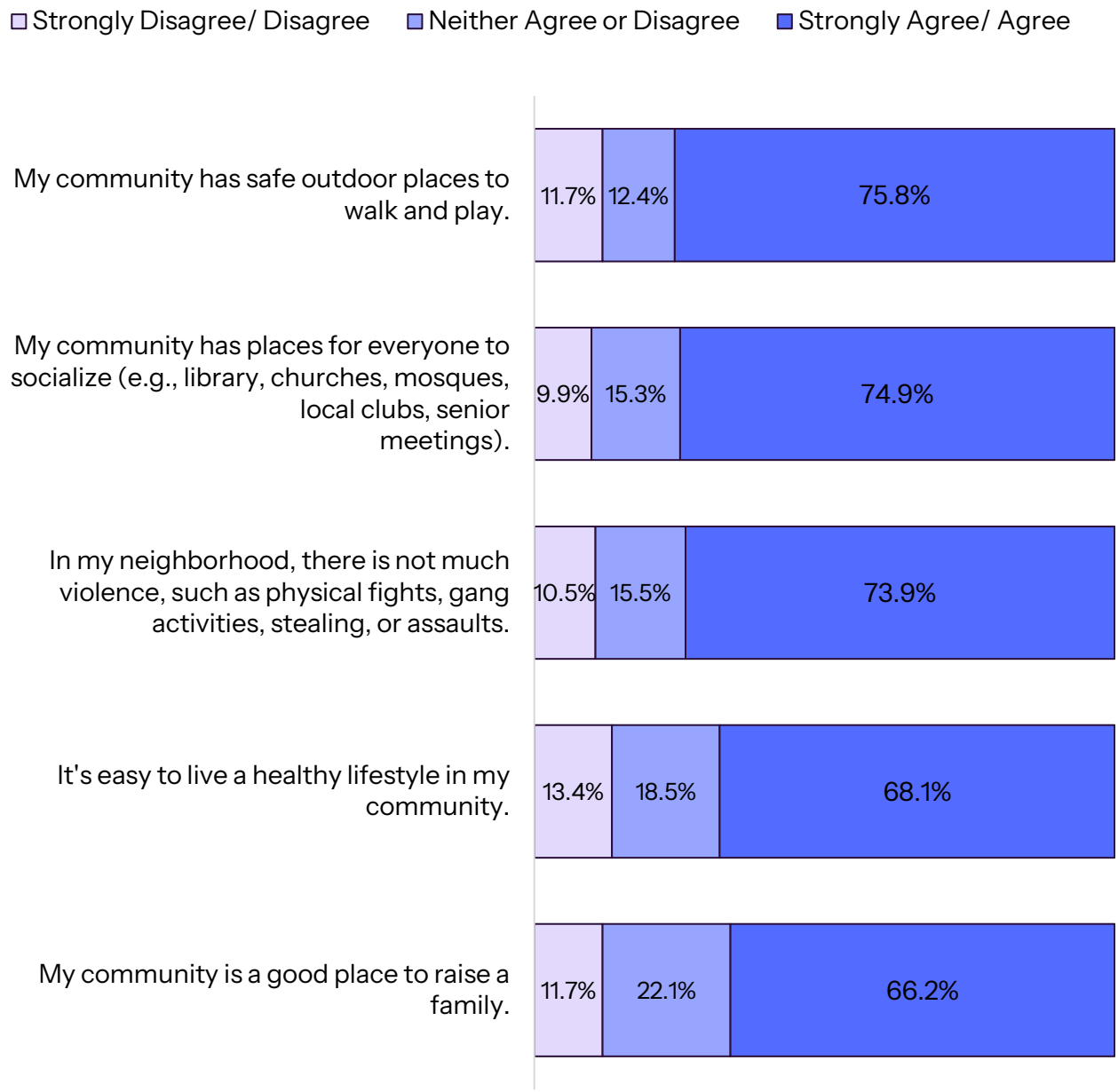
Participants also highlighted the access to outdoor activities, such as parks, beaches, camping, and swimming, as assets of the community. They emphasized the convenience of being located near shopping, healthcare, schools, businesses, and social service organizations, along with the ability to reach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

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

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

and play (75.8%), and that their community was a good place to socialize (74.9%) and to raise a family (73.9%) (Figure 8).

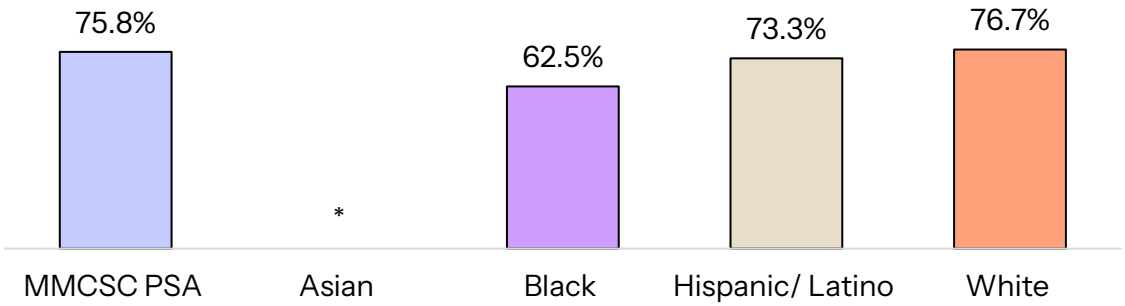
Figure 8. Community Characteristics Rated by Level of Agreement by MMCSC PSA Survey Respondents, 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: The number of respondents ranged from n=426 to n=541 for the shown questions.

Of note, responses to survey questions about community characteristics varied somewhat by race/ethnicity. For example, as can be observed in Figure 9, White and Latino respondents were more likely than Black respondents to agree or strongly agree that their community was a good place to raise a family.

Figure 9. Percent of MMCSC PSA Survey Respondents Who Agreed/Strongly Agreed with the Statement "*My community is a good place to raise a family*," by Race/Ethnicity, (n=426), 2024



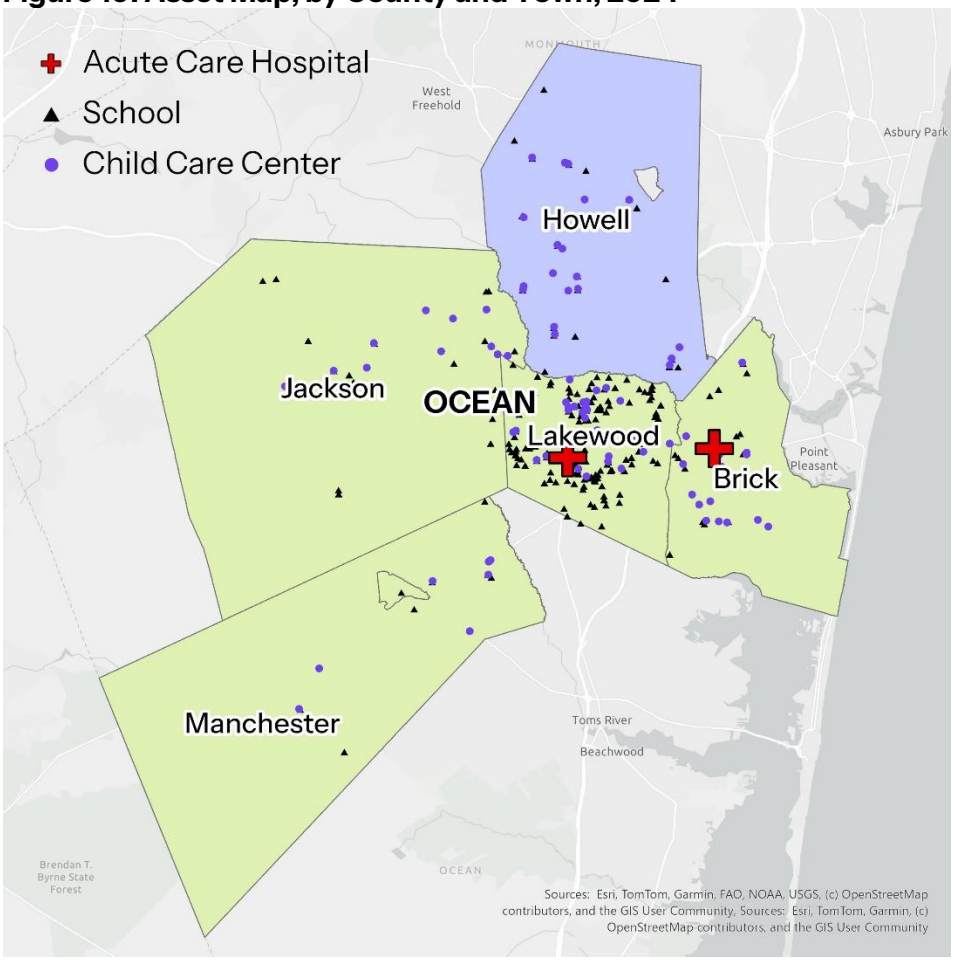
DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: An asterisk (*) means that data was suppressed due to low numbers.

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

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

The medical, educational, and childcare resources available in the MMCSC PSA are visually presented in the map below (Figure 10). Resources tend to cluster around Lakewood, with fewer services available in Manchester and Lakehurst, most notably. In this area, there are two acute care hospitals, 229 schools, and 86 childcare centers. More information on assets in New Jersey can be found in Figure 85 in Appendix E. Additional Data Tables and Graphs.

Figure 10. 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 MMCSC PSA, graduation rates varied by public school district. Most school districts (Brick, Jackson, and Manchester Townships, and Ocean County Vocational Technical School Districts) outperformed New Jersey as a whole. However, Lakewood Township School District had only a 82.7% graduation rate in 2019-2023, with 88.5% of Black students graduating, 84.3% of Latino students, and only 47.6% of White students. Additional information (which can be found in Table 25 and Table 26 of Appendix E. Additional Data Tables and Graphs) reveals that 94.9% of White residents of Lakewood have a high school degree or equivalent. This low graduation rate from public schools, but high percentage of students who have a high school degree or equivalent, may be explained by White students being more likely to graduate from non-public schools or receive their GED. Of note, there is negligible if any attendance of local public schools like Lakewood among the White Orthodox Jewish and Hasidic population that lives in and near that township, according to key informant interviewees.

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%
Brick Township Public School District	94.1%	90.5%	95.6%	89.5%	95.5%
Jackson Township School District	94.1%	96.4%	91.2%	88.7%	96.3%
Lakewood Township School District	82.7%	*	88.5%	84.3%	47.6%
Manchester Township School District	95.5%	90.0%	85.2%	93.9%	99.2%
Ocean County Vocational Technical School District	97.9%	100.0%	*	100.0%	97.3%

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

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

Employment and Workforce

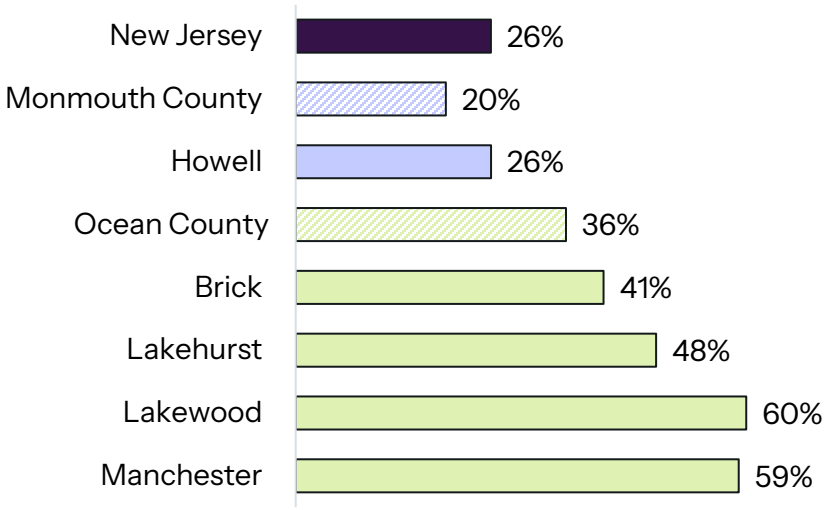
Employment can confer income, benefits, and economic stability – factors that promote health. The availability of stable employment was a concern noted by interviewees and focus group participants with participants describing the "seasonality" of available work, especially along the shore. One interviewee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

are directly tied to the stability of the broader community*: "That industry doesn't survive unless you have cheap labor… destabilizing those communities will lead to deep harm with everything around it."*

> *"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 11). In Monmouth County, 20% of households lived below the ALICE threshold and in Ocean County, over one-third (36%) of households did. There was wide variation across the MMCSC PSA, with about 60% of households in Lakewood and Manchester falling below the threshold, compared to 26% in Howell. Between 2010 and 2022, the percentage of single-headed households with children living below the ALICE threshold increased by 18% in New Jersey, overall.

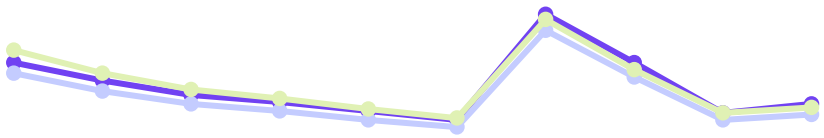
Figure 11. Percent of Households Living Below the ALICE Threshold, by State, County, and Town, 2022



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 the MMCSC PSA over time are generally on par with New Jersey overall, and had been trending downward over the past decade before the COVID-19 pandemic, after which rates rose substantially (Figure 12). Fortunately, unemployment rates declined post-2020, and in 2023, they were only slightly higher than 2019 rates in both Monmouth (3.8%) and Ocean (4.2%) Counties. More detailed information can be found in
Figure 88 in the Appendix E. Additional Data Tables and Graphs.

Figure 12. 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%
Ocean County	7.4%	6.1%	5.2%	4.7%	4.1%	3.6%	9.1%	6.3%	3.9%	4.2%

DATA SOURCE: U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics, 2014-2023

Between 2019-2023, unemployment rates varied by race/ethnicity in the MMCSC PSA (Table 8). In Lakehurst and Lakewood, Black residents had notably higher unemployment rates (12.0% and 23.2%, respectively) than Latino (4.9% and 8.1%, respectively) and White (6.2% and 5.2%, respectively) residents. Unemployment rates by age (Table 27) and by gender (Table 28) can be found in Appendix E. Additional Data Tables and Graphs.

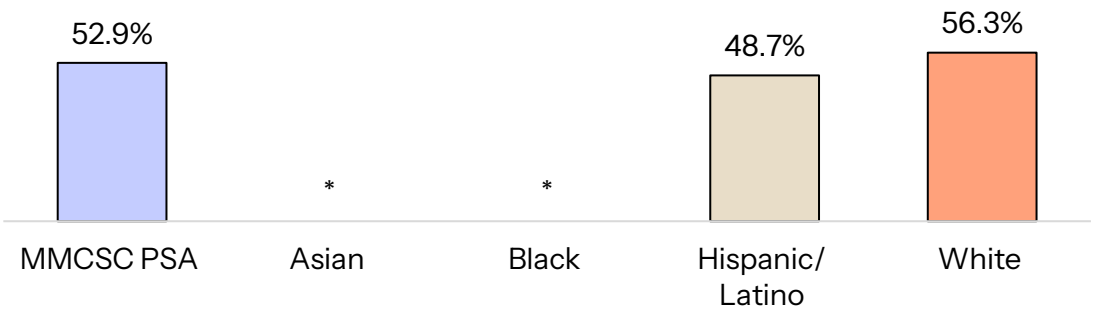
Table 8. Unemployment Rate, by Race/Ethnicity, by State, County, and Town, 2019-2023

	Overall	Asian	Black or African American	Hispanic or Latino	White	Additional Race	2+ Races
New Jersey	6.2%	4.7%	9.0%	7.2%	5.2%	7.4%	8.2%
Monmouth County	5.2%	4.5%	8.2%	5.1%	5.0%	4.5%	6.3%
Howell	4.6%	5.7%	1.1%	3.9%	4.7%	0.6%	6.0%
Ocean County	5.5%	7.0%	7.3%	7.0%	5.2%	4.4%	8.5%
Brick	6.1%	9.6%	6.4%	7.8%	5.6%	9.5%	11.1%
Jackson	4.7%	1.1%	1.7%	6.7%	4.5%	1.9%	11.1%
Lakehurst	5.8%	0.0%	12.0%	4.9%	6.2%	0.0%	0.0%
Lakewood	6.1%	5.4%	23.2%	8.1%	5.2%	3.3%	7.9%
Manchester	6.1%	6.9%	7.5%	8.6%	5.6%	26.9%	1.3%

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

Consistent with other data, many survey respondents did not believe that there are good employment opportunities in the area. Overall, slightly over half (52.9%) of MMCSC PSA respondents agreed that there were job opportunities in their area (Figure 13).

Figure 13. Percent of MMCSC PSA Survey Respondents Who Agreed/Strongly Agreed with the Statement "*There are job opportunities in my area*," by Race/Ethnicity, (n=550), 2024



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

Income and Financial Security

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

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

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

Across the MMCSC PSA, there is 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), while in Ocean County ($86,411) it was lower. There were notable differences across communities, ranging from a median household income of $129,855 in Howell to $62,947 in Lakewood and $58,612 in Manchester, more than a two-fold difference (Table 9).

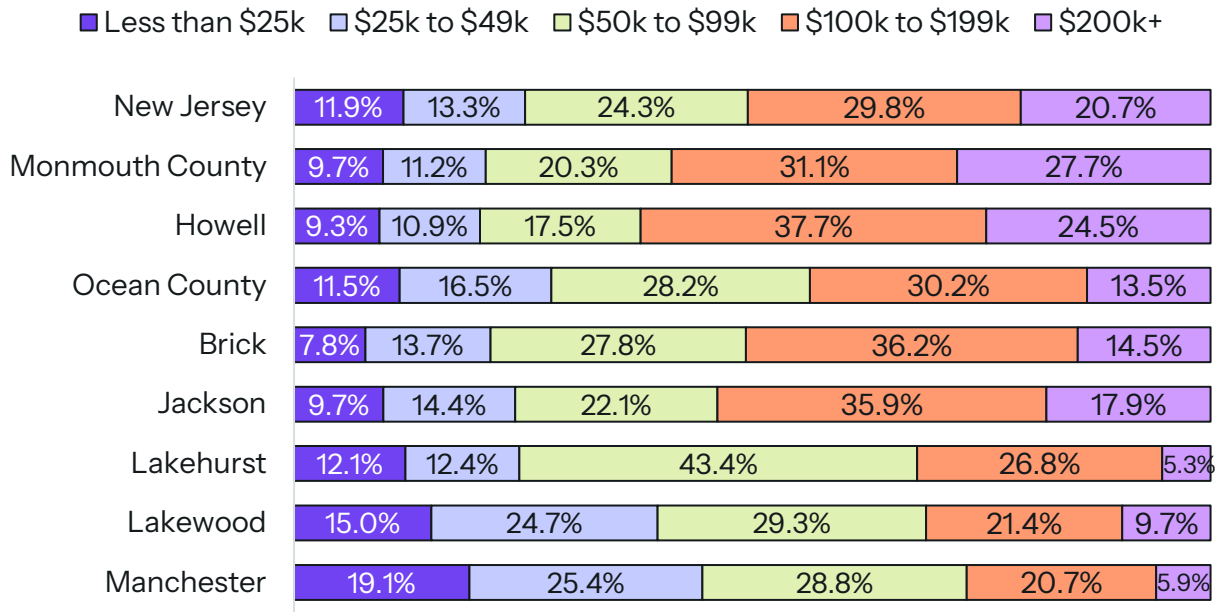
Table 9. Median Household Income, by State, County, and Town, 2019-2023

	Median income (dollars)
New Jersey	$101,050
Monmouth County	$122,727
Howell	$129,855
Ocean County	$86,411
Brick	$101,170
Jackson	$108,947
Lakehurst	$80,458
Lakewood	$62,947
Manchester	$58,612

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

Figure 14 shows additional details about the distribution of income across the MMCSC PSA. In Lakewood and Manchester, 15-20% of households earn less than $25,000 annually, while in Howell, 25% of households earn greater than $200,000 annually. Median household incomes varied in an atypical manner by race/ethnicity. In Howell and Manchester, the median household income was higher among Black residents ($137,604 and $81,649, respectively) than among White residents ($129,215 and $56,504) (see Table 29 in Appendix E. Additional Data Tables and Graphs.

Figure 14. Distribution of Household Income, by State, County, and Town, 2019-2023

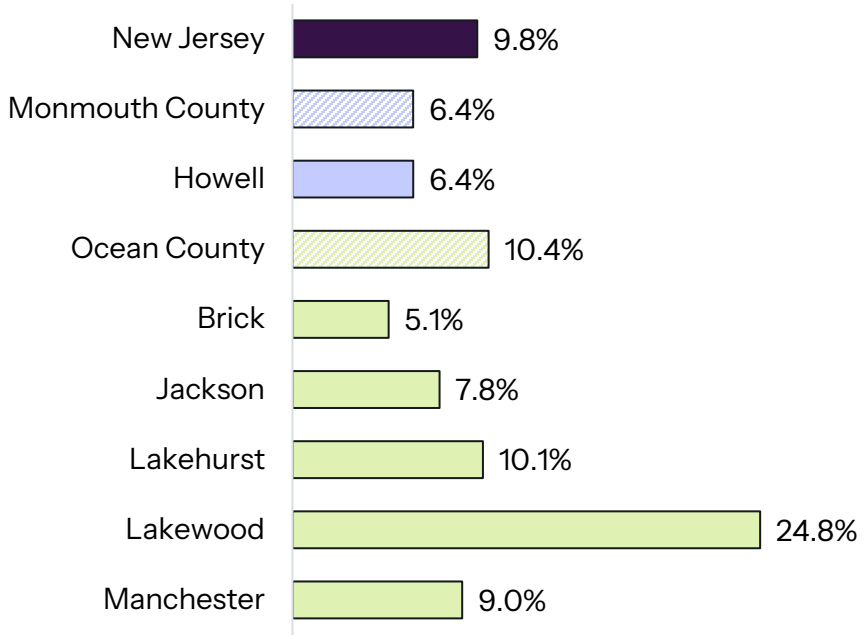


DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

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 15 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. Ocean County had a higher proportion, at 10.4%. A wide range existed in the MMCSC service area, with 5.1% in Brick compared to 24.8% in Lakewood. See additional data in Table 30,
Figure 89, and Figure 90 located in the Appendix E. Additional Data Tables and Graphs.

Figure 15. 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, 2019-2023

Only about half (48.6%) of survey respondents agreed that people in their community could afford basic needs like food, housing, and transportation (data not shown). There were not enough respondents to this question to report any variations by race/ethnicity.

Food Insecurity and Healthy Eating

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

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

Focus group participants and interviewees acknowledged that food insecurity can impact a range of communities. Across the discussions, multiple groups were identified as more likely to be impacted by food insecurity, including low-income households, people of color, veterans, immigrant communities, children (especially of single parent households), college students, older adults, and homeless / housing insecure individuals.

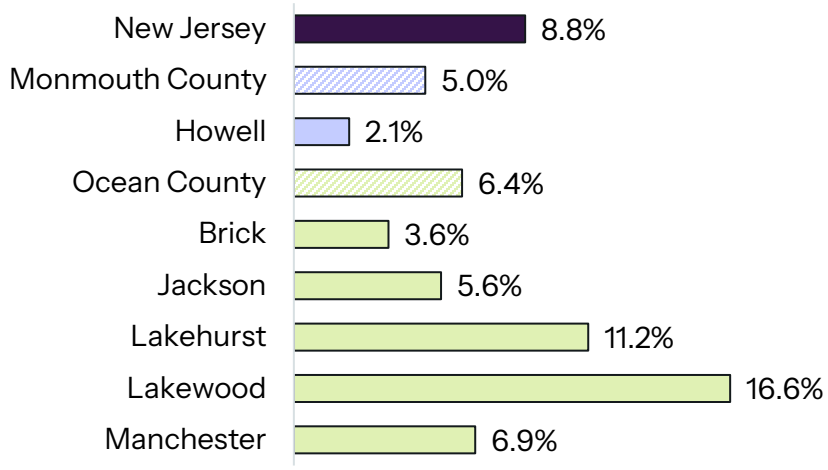
Some interviewees and focus group participants also highlighted the additional cost of needing to buy kosher food among the Orthodox Jewish community. As one interviewee described, *"Food is more expensive because we eat kosher food. It's harder to make nutritious choices when the food is expensive.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

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

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

Between 2019-2023, on average, 5.0% of Monmouth County residents and 6.4% of Ocean County residents received supplementary food assistance, lower than the state average of 8.8% (Figure 16). The proportion of households receiving food assistance ranged from 2.1% in Howell to 16.6% in Lakewood. Food assistance data by race/ethnicity can be seen in Table 31 in Appendix E. Additional Data Tables and Graphs.

Figure 16. Households Receiving Food Stamps/SNAP, by State, County, and Town, 2019-2023

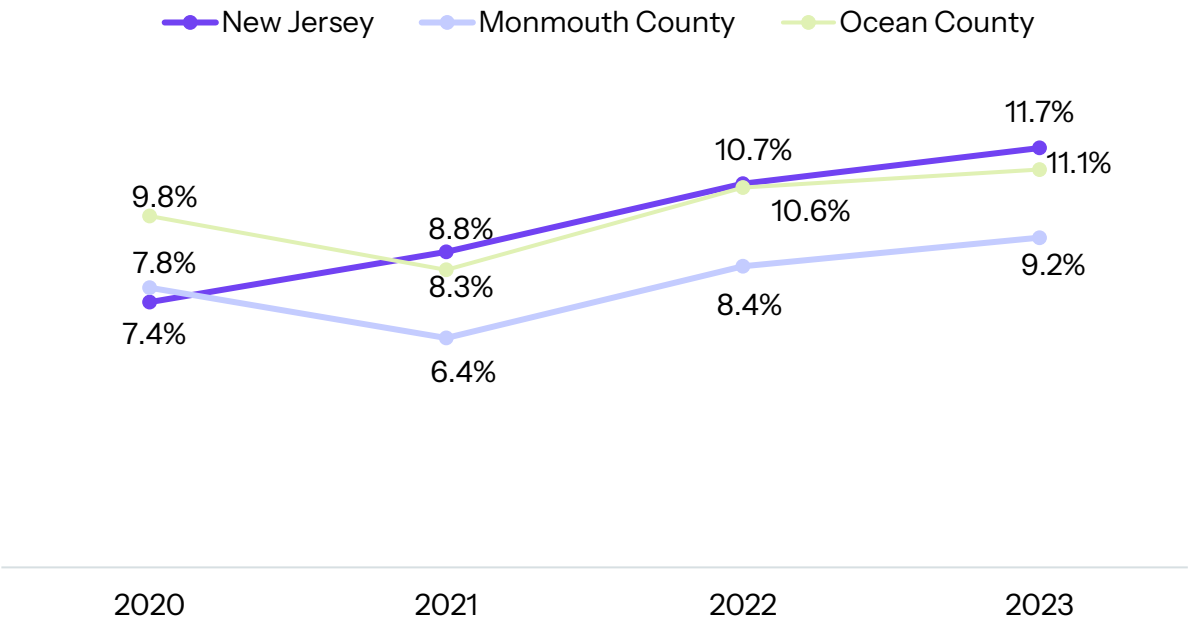


DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Figure 17 shows that food insecurity rose across New Jersey between 2020-2023. In 2020, 7.4% of Monmouth and 9.8% of Ocean County residents reported food insecurity, rising to 9.2% and 11.1% respectively in 2023. One participant noted that many food insecure residents earn just enough income that they are ineligible for federal food assistance (i.e. SNAP, WIC, and school meals), making charitable assistance like food pantries their only available resource. The Feeding America report also revealed that 17.0% of Latino and 22.0% of Black Monmouth County residents were food insecure; and 20.0% of Latino, and 20.0% of Black Ocean County residents were food insecure.[28] This was consistent with findings from the 2022 MMCSC CHNA-SIP process, in which addressing the rising proportion of food insecure residents was identified as a goal in the 2022 MMCSC Strategic Implementation Plan.

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

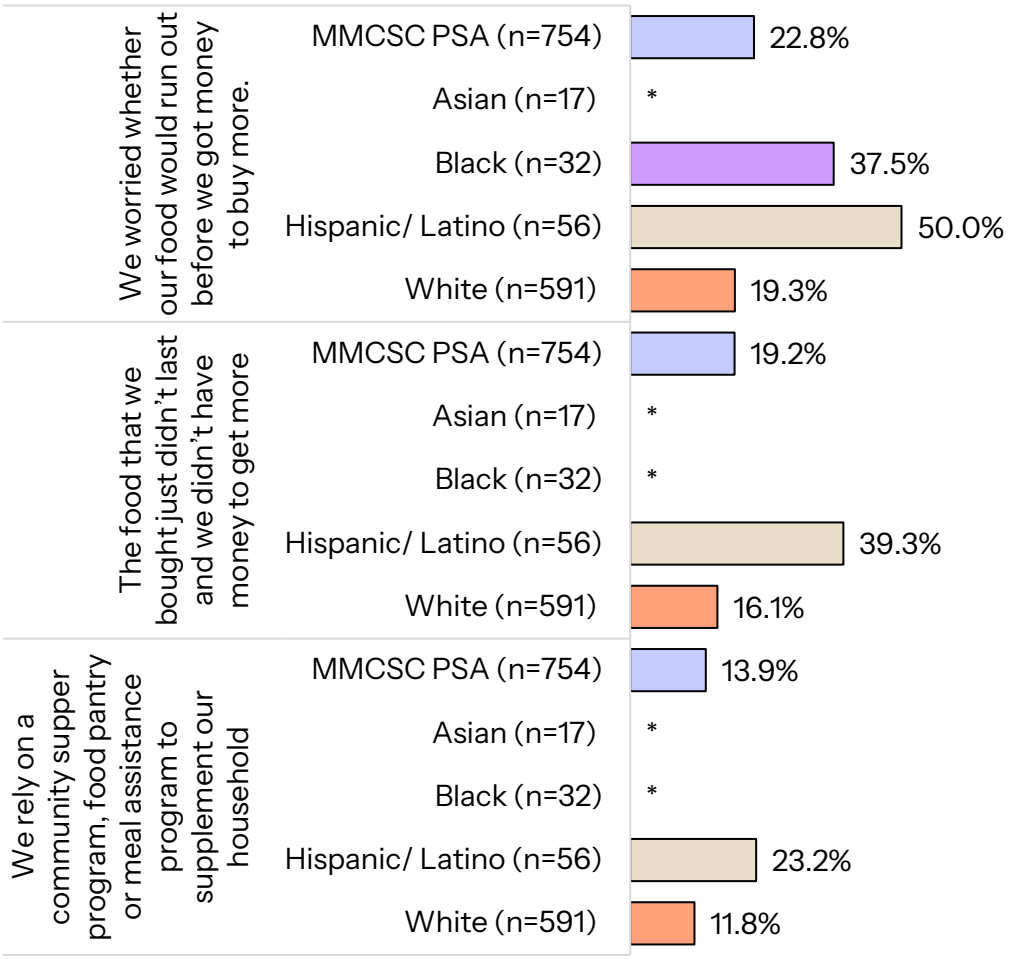
Figure 17. Percent Food Insecure, by State and County, 2020-2023



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

Community health survey data confirm that food security is an issue among respondents in the MMCSC PSA. About one-quarter (22.8%) 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 18). In addition, 13.9% of respondents relied on food assistance. The situation was more dire for Latino survey respondents; 50.0% of them worried that their food would run out before they had more money to buy more and 23.2% 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, like Feeding America. These differences are likely due to intentional recruitment at food banks for the community health survey, as well as differences in measurement methods, a decrease in people's purchasing power, or the ending of COVID-19 economic relief programs.

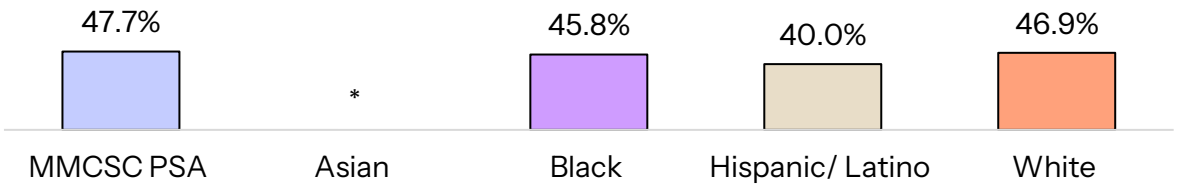
Figure 18. Household Food Situation over the Past 12 Months, Percent of MMCSC PSA Residents Reporting Often or Sometimes True, by Race/Ethnicity, 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: An asterisk (*) means that data was 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. Less than half of survey respondents agreed that the schools in their community offered healthy food choices for children. Among Latino respondents, only 40.0% agreed that schools offered healthy choices (Figure 19).

Figure 19. Percent of MMCSC PSA Survey Respondents Who Agreed/Strongly Agreed with the Statement "*Schools in my community offer healthy food choices for children*," by Race/Ethnicity, (n=1769), 2024



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

Encouragingly, over half of survey respondents reported that nothing keeps them from eating healthy foods (51.6%). Food prices (29.9%) and lack of time (17.7%) were the top reasons given by respondents as barriers to maintaining a healthy diet (Table 10). Almost half of Latinos (46.2%) reported food prices as a barrier to healthy eating. 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 MMCSC PSA Residents, by Race/Ethnicity, 2024

	MMCSC PSA (n=700)	Asian (n=16)	Black (n=28)	Hispanic/ Latino (n=52)	White (n=545)
1	Nothing keeps me from eating healthy foods (51.6%)	Nothing keeps me from eating healthy foods (68.8%)	Nothing keeps me from eating healthy foods (46.4%)	Price of healthy foods (46.2%)	Nothing keeps me from eating healthy foods (51.6%)
2	Price of healthy foods (29.9%)	*	*	Nothing keeps me from eating healthy foods (42.3%)	Price of healthy foods (28.3%)
3	Lack of time to buy or prepare healthy meals (17.7%)	*	*	*	Lack of time to buy or prepare healthy meals (18.4%)
4	Don't always know what foods are part of a healthy diet (9.1%)	*	*	*	Not in the mood for healthy foods (9.5%)
5	Not in the mood for healthy foods (8.7%)	*	*	*	Don't always know what foods are part of a healthy diet (8.3%)

DATA SOURCE: Community Health Needs Assessment Survey, 2024

Housing

Housing Affordability

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

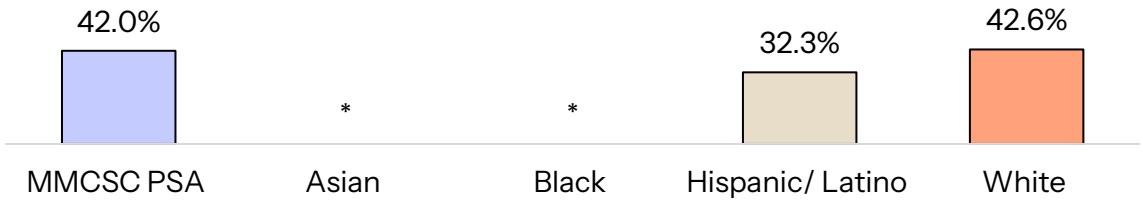
> *"There's not enough infrastructure when the population grew quickly."*
> – Focus group participant

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

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

Overall, only 42.0% of survey respondents in MMCSC PSA agreed that there was sufficient affordable and safe housing in their community (Figure 20). This proportion was higher for White respondents (42.6%) than for Latino (32.3%) respondents.

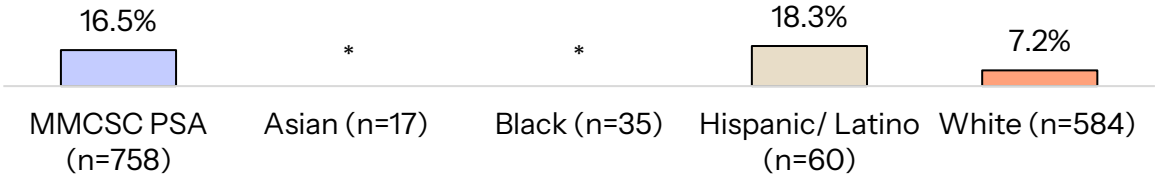
Figure 20. Percent of MMCSC PSA Survey Respondents Who Agreed/Strongly Agreed with the Statement "*There is enough housing that I can afford that is safe and well-kept in my community*," by Race/Ethnicity, (n=541), 2024



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

Echoing qualitative discussions, in MMCSC PSA, 16.5% of respondents were concerned about their housing stability in the next two months (Figure 21). This concern was more common among Latino respondents (18.3%) than among White respondents (7.2%). According to the 2023 Point in Time study, in January 2023, there were a total of 497 residents of Monmouth County (3.9%) and 556 residents of Ocean County (4.4%) experiencing homelessness (Table 11).

Figure 21. Percent of MMCSC PSA Survey Respondents Reporting Concerns Regarding Their Housing Stability in the Next Two Months, by Race/Ethnicity, (n=758), 2024



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

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

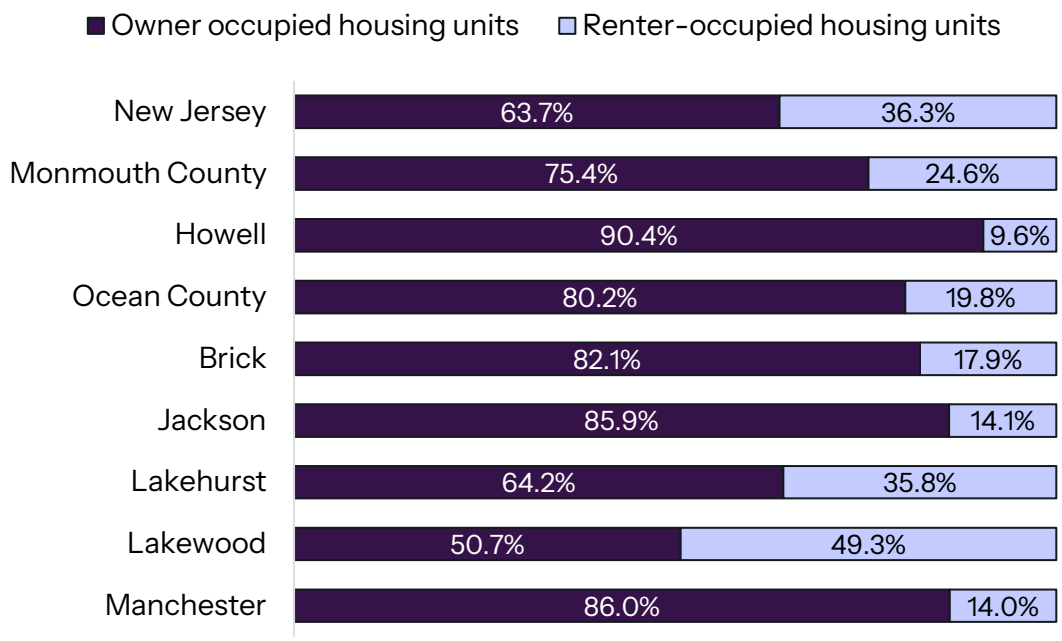
	Number of Homeless Individuals	% of State Total Homeless Population
Monmouth County	497	3.9%
Ocean County	556	4.4%

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

Housing Landscape

Low housing stock drives housing costs. Across MMCSC PSA, the homeowner vacancy rate was on par (Monmouth County: 7.2%) or higher (Ocean County: 18.2%) than the state average (7.9%) between 2019-2023 (Figure 91 in Appendix E. Additional Data Tables and Graphs). In Monmouth County, 75.4% of housing units were owner-occupied in 2019-2023, while in Ocean County, 80.2% were owner-occupied (Figure 22). Both of these proportions are higher than the statewide average of 63.7% owner-occupied. The proportion of owner-occupancy ranged from 50.7% in Lakewood to 90.4% in Howell.

Figure 22. 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

Monthly median housing costs for owner-occupied households with a mortgage ranged from $1,723 in Manchester to $2,801 in Howell in 2019-2023 (Table 12). Monthly median housing costs for renter-occupied households ranged from $632 in Manchester to $1,146 in Howell.

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

	Owner w/ Mortgage	Owner w/out Mortgage	Renter
New Jersey	$2,787	$1,205	$1,653
Monmouth County	$3,037	$1,312	$1,771
Howell	$2,801	$1,146	$2,454
Ocean County	$2,306	$895	$1,702
Brick	$2,264	$935	$1,716
Jackson	$2,691	$1,045	$1,711
Lakehurst	$1,915	$781	$1,637
Lakewood	$2,720	$990	$1,701
Manchester	$1,723	$632	$1,520

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

The average percentage of income spent on housing costs is an important measure of an area's availability of affordable housing. In 2019-2023, 30-35% of Ocean and 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 and 59.2% of Ocean County renters spending 30% of more of their income on housing costs.

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

	Owner w/ Mortgage	Owner w/out Mortgage	Renter
New Jersey	32.4%	22.0%	50.8%
Monmouth County	30.2%	22.5%	52.9%
Howell	30.4%	24.4%	65.4%
Ocean County	35.0%	22.0%	59.2%
Brick	34.1%	19.6%	51.7%
Jackson	33.8%	27.8%	58.4%
Lakehurst	34.1%	11.1%	58.9%
Lakewood	49.5%	29.8%	67.9%
Manchester	35.3%	22.6%	46.0%

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

Internet Availability

Having internet access at home is essential for full participation in modern life—it enables access to education and information, employment opportunities, healthcare, government

services, and social connections. Without it, individuals and families are at a significant disadvantage, especially in an increasingly digital world. Most households in the service area had internet access at home; however, there were disparities. Monmouth County had a slightly higher proportion of households with an internet subscription (93.2%) compared to New Jersey overall (91.9%), while Ocean County had a slightly lower proportion (87.8%) than the state overall (Figure 92). Of the jurisdictions in the MMCSC PSA, Lakewood had the lowest rate of households with an internet subscription at 68.3%.

Green Space and Built Environment

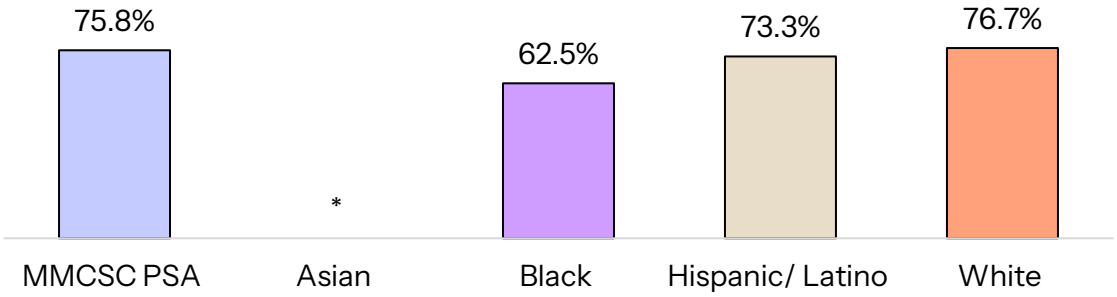
Neighborhood characteristics, including the availability of green space and the quality of the built environment, influence the public's health, particularly in relation to chronic diseases. Urban environments and physical spaces can expose people to toxins or pollutants, increasing the incidence of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

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

When asked about the strengths of their communities, many focus group participants highlighted the access to outdoor activities, such as parks, beaches, camping, and swimming, as assets of the community. They valued the recreational areas in their neighborhoods: *"There are a lot of outdoor activities, especially in the summer."* According to the RWJF County Rankings, the vast majority of MMCSC PSA residents (95% in Monmouth and 93% in Ocean County) had adequate access to a location for physical activity (Figure 87 in Appendix E. Additional Data Tables and Graphs).

Community survey data from 2024 indicate that 75.8% of survey respondents agreed or strongly agreed with the statement, "My community has safe outdoor places to walk and play." Figure 23 presents data for the overall sample and by race/ethnicity. White (76.7%) and Latino (73.3%) respondents were more likely than Black (62.5%) respondents to agree or strongly agree with that statement.

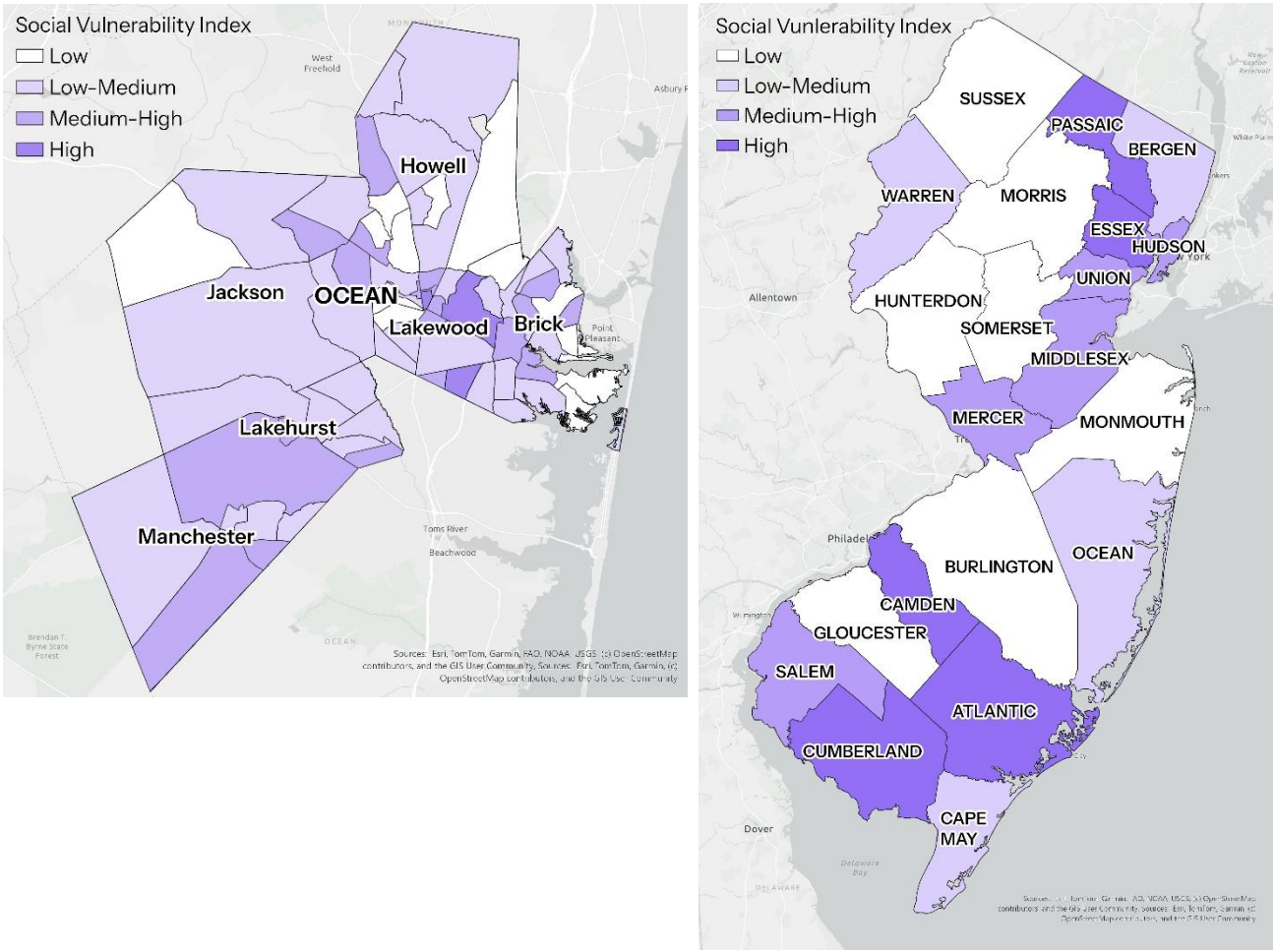
Figure 23. Percent of MMCSC PSA Survey Respondents Who Agreed/Strongly Agreed with the Statement "*My community has safe outdoor places to walk and play*," by Race/Ethnicity, (n=426), 2024



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

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. The SVI for Ocean County was 0.5, meaning that half of counties in new Jersey were more vulnerable, and half were less vulnerable. Figure 24 shows a range of social vulnerability in the MMCSC PSA, even between neighboring census tracts. Table 24 and Figure 86 in the 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 24. Social Vulnerability Index, by County and Census Tract, 2022



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

Transportation and Walkability

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

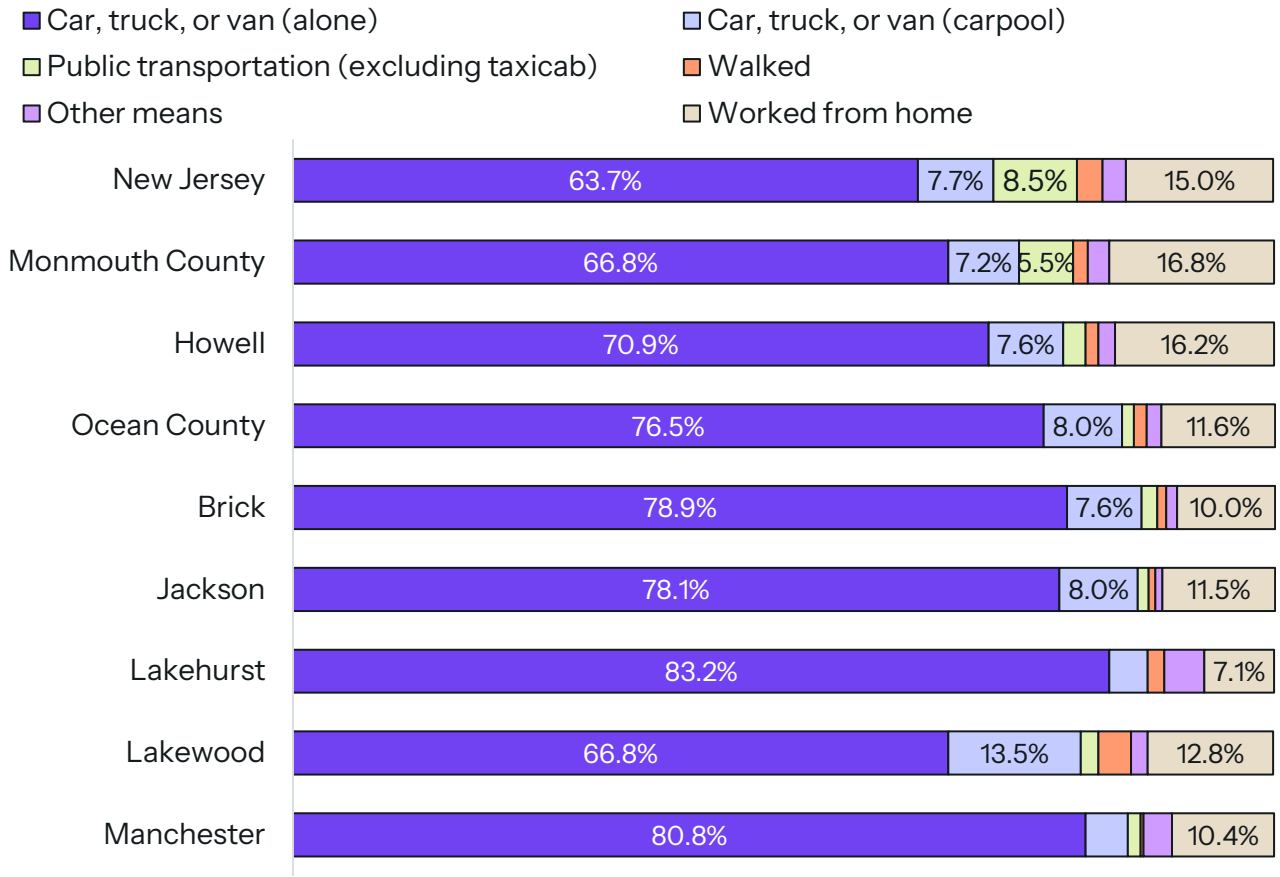
Focus group participants and interviewees noted that reliable, affordable transportation was an important part of daily life. Multiple participants highlighted the importance of having a vehicle to drive in order to reach grocery stores, shopping centers, healthcare appointments, and to socialize with friends and family. They also emphasized the impact of the population growth in Ocean County, noting that local development and infrastructure has not matched the

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

needs of the growing population, leading to traffic being a key issue in the area. As one focus group participant described, *"Locally, the infrastructure hasn't been able to keep up with the growth. A very large issue is traffic because there's so much congestion on the roads and not enough space on the roads."* Participants noted long driving times to reach their destinations due to the traffic, while others highlighted the need for more public transportation options to meet the needs of the growing community. Across discussions about transportation, participants noted that older adults, people with disabilities or specialized health issues, and economically vulnerable households were more likely to face challenges accessing reliable, affordable transportation.

Data from the 2019-2023 American Community Survey show that the majority of Monmouth (66.8%) and Ocean County (76.5%) residents commuted to work alone in a vehicle, somewhat higher than the statewide proportion (63.7%) (Figure 25). Lakewood had the highest proportion of residents commuting via carpool (13.5%) and walking (3.3%), while Howell had the highest proportion using public transportation (2.3%).

Figure 25. 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 MMCSC 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 14.0% in Ocean County, and 24.6% statewide (
Table 14). This ranged from 10.9% in Brick to 30.2% in Manchester.

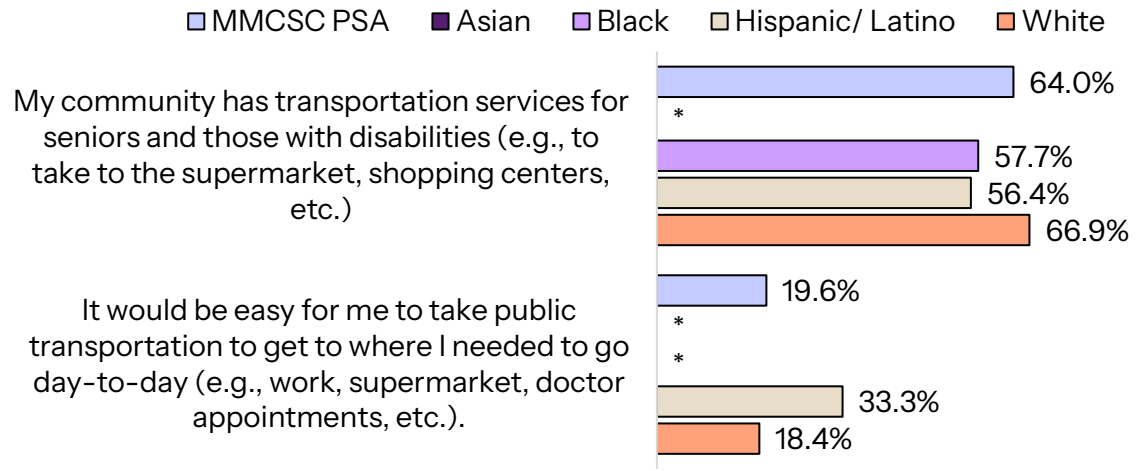
Table 14. Households (Renter vs. Owner-Occupied) Without Access to a Vehicle, by State, County, and Town, 2019-2023

	Owner - occupied	Renter - occupied
New Jersey	3.7%	24.6%
Monmouth County	2.6%	18.4%
Howell	2.3%	19.9%
Ocean County	3.9%	14.0%
Brick	2.3%	10.9%
Jackson	4.0%	14.1%
Lakehurst	3.1%	14.2%
Lakewood	5.4%	11.5%
Manchester	6.4%	30.2%

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

A majority of MMCSC PSA respondents believed that their community provided transportation services for older adults and those with disabilities (64.0%), with the highest agreement among White respondents (66.9%) (Figure 26). However, fewer respondents found public transportation easy to use for daily needs (19.6%), with Latino respondents (33.3%) reporting higher agreement than Whites (18.4%).

Figure 26. Percent of MMCSC PSA Survey Respondents Who Agreed/Strongly Agreed with the Statements Related to Transportation Availability, by Race/Ethnicity, (n=550), 2024



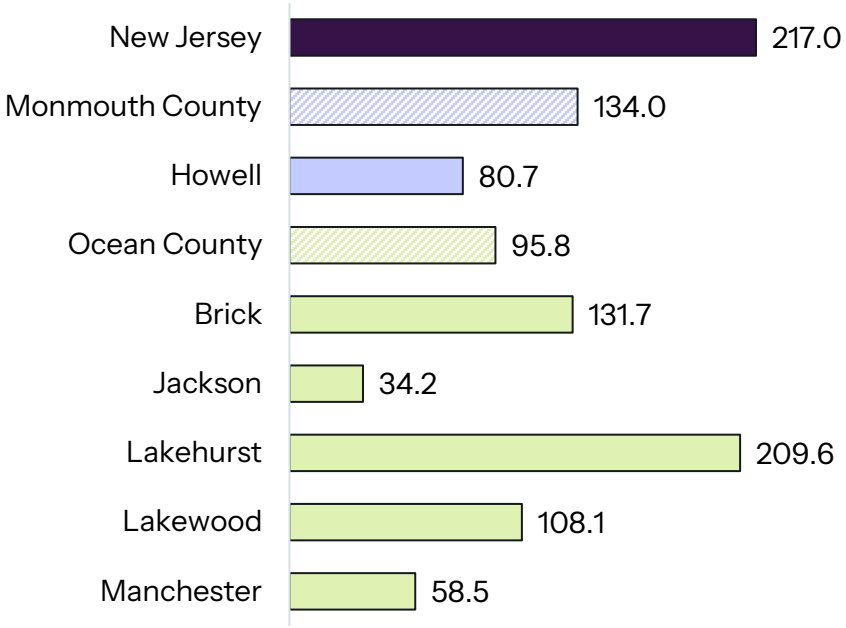
DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: An asterisk (*) means that data was suppressed due to low numbers.

Violence Prevention and Safety

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

Data from the Uniform Crime Reporting Unit in the State of New Jersey show that rates of violent crime (i.e., murder, rape, aggravated assault) in 2022 varied widely across municipalities in the MMCSC PSA (Figure 27). At 209.6 incidents per 100,000 residents, Lakehurst had the highest reported rate in the area, while Jackson had the lowest rate at 34.2. However, all municipalities had lower rates of violent crime than New Jersey as a whole (217.0 per 100,000 residents).

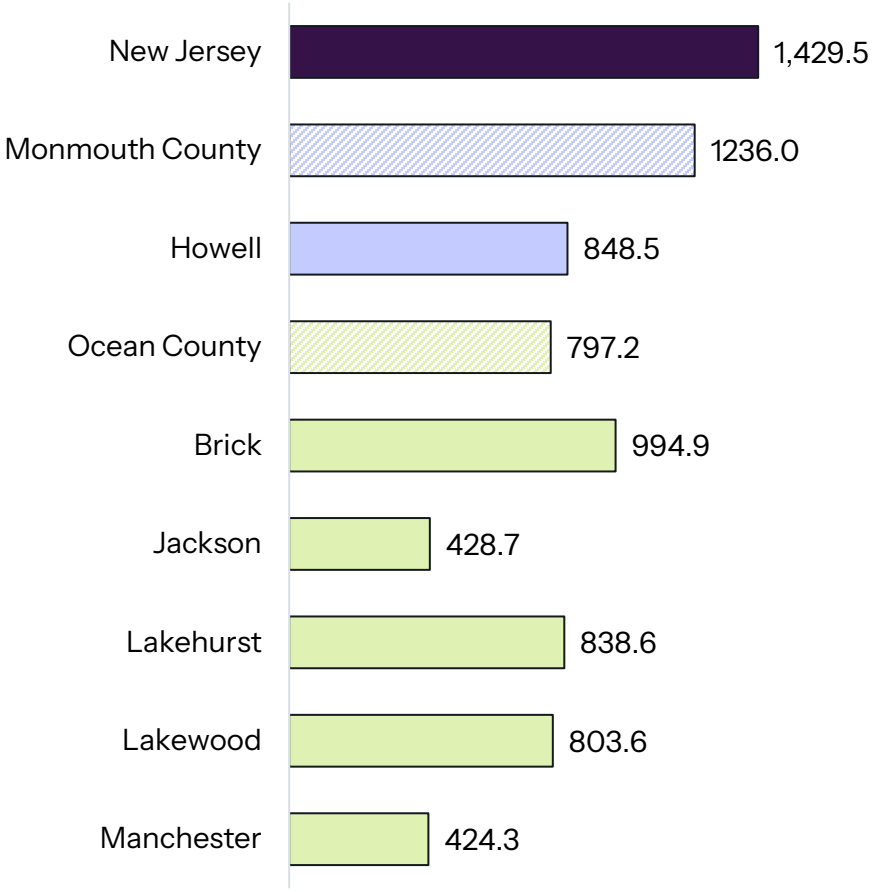
Figure 27. Violent Crime Rate per 100,000 Population, by State, County, and Town, 2022



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

Similarly, all municipalities in the MMCSC PSA had lower rates of property crime (i.e., burglary, larceny, and auto theft) than the statewide average of 1,429.5 per 100,000 residents in 2022. The highest rate of reported property crime was in Brick (994.9) and the lowest was in Manchester (424.3) (Figure 28).

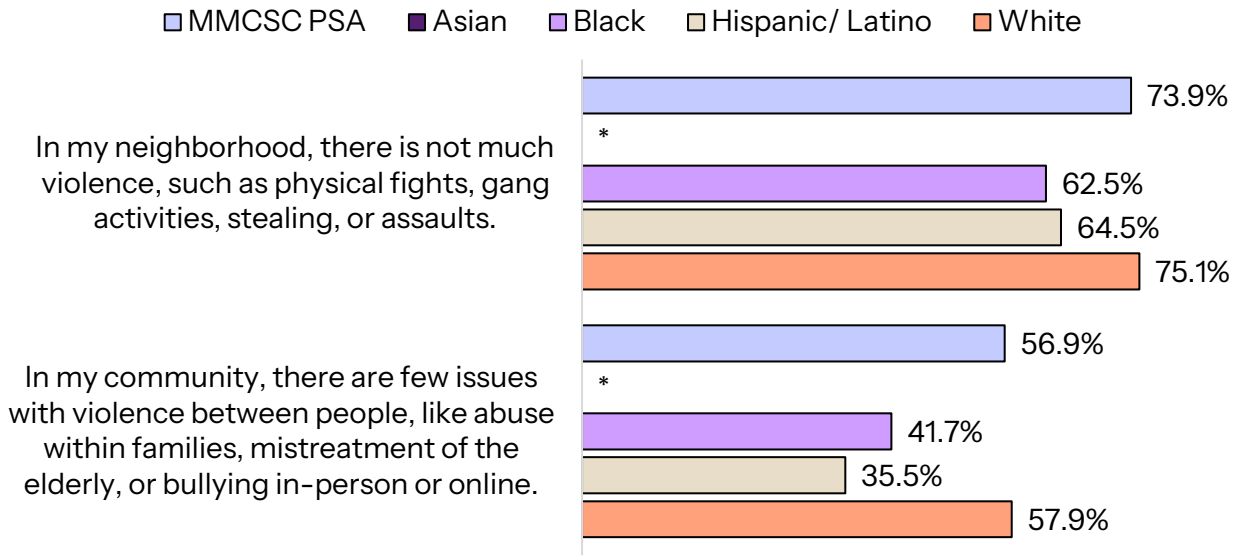
Figure 28. Property Crime Rate per 100,000 Population, by State, County and Town, 2022



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

Almost three-quarters of respondents (73.9%) agreed that there was not much violence in their neighborhood, such as physical fights, gang activities, stealing, or assaults. However, perceptions varied somewhat by race, with proportionately more White (75.1%) respondents agreeing, compared to 64.5% of Latino and 62.5% of Black respondents (Figure 29). Over half of respondents agreed that there were few issues with violence between people, like abuse within families, mistreatment of the elderly, or bullying in-person or online in their community (56.9%). Agreement was highest among White (57.9%) respondents and lowest among Latino (35.5%) respondents. Notably, bullying was among the top community concerns for children and youth, endorsed by 31.3% of respondents (See Figure 32 below).

Figure 29. Percent of MMCSC PSA Survey Respondents Who Agreed/Strongly Agreed with the Statements Related to Community Safety, by Race/Ethnicity, (n=541, 550), 2024



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

Systemic Racism and Discrimination

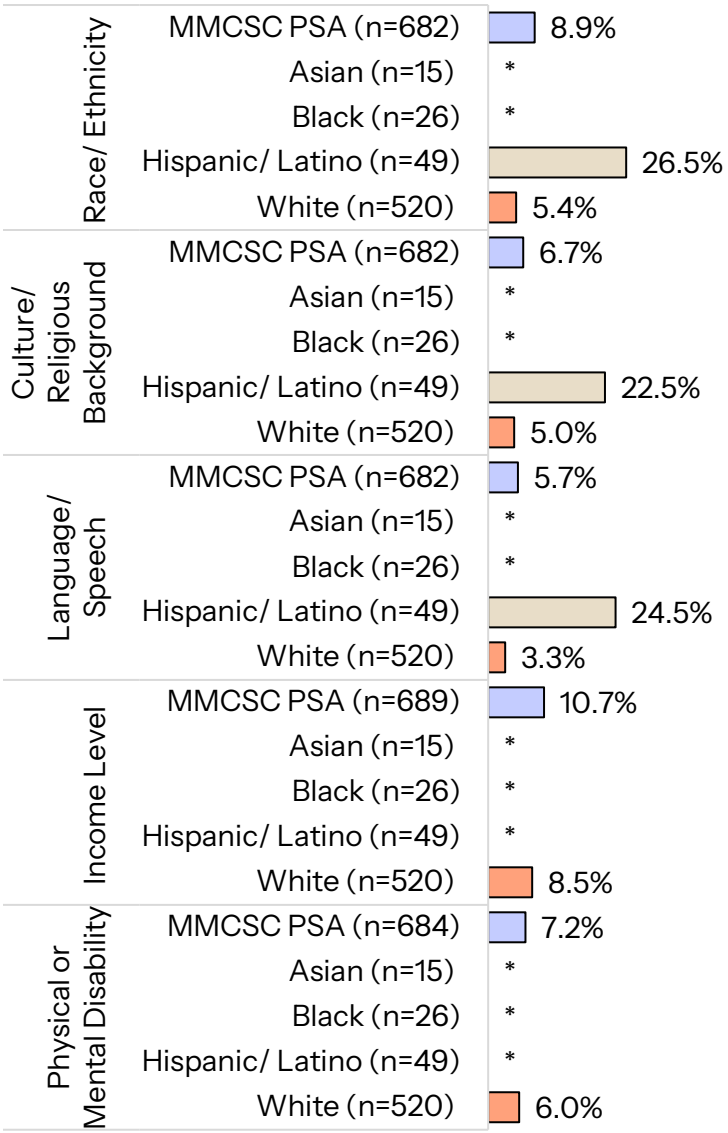
The issues related to systemic racism, racial injustice, and discrimination were mentioned in some focus groups and interview discussions. In this context, participants raised concerns regarding the exclusion or marginalization of communities based on immigration status, language, housing status, religion,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

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

Survey respondents who identified as people of color mentioned incidences of being discriminated against due to their race or nationality. Data from the 2024 community survey provide additional insight into experiences of discrimination when receiving healthcare. Approximately one in four Latino survey respondents reported feeling discriminated against when receiving medical care based on their race/ethnicity (26.5%), culture and religious background (22.5%) and their language/speech (24.5%) (Figure 30).

Other forms of discrimination while receiving medical care were also asked about in the survey. However, response rates were too low to provide data about discrimination related to sexual orientation.

Figure 30. Percent of MMCSC PSA Survey Respondents Reporting Experiences of Interpersonal Discrimination while Receiving Medical Care, by Sociodemographic Characteristic, by Race/Ethnicity, 2024



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

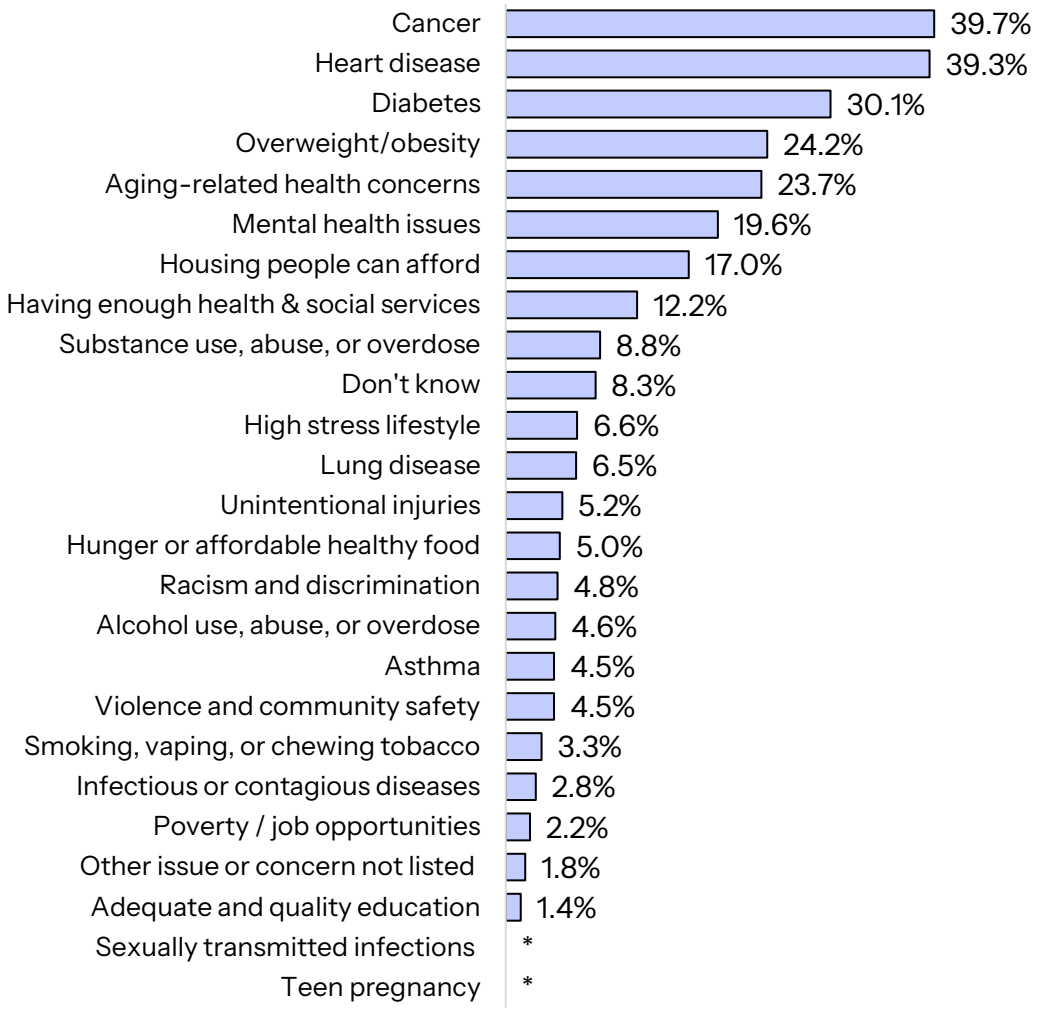
Understanding community health issues is a critical step of the assessment process. The disparities underscored by these issues mirror the historical patterns of systemic, economic, and racial inequities experienced for generations across the United States.

Community Perceptions of Health

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

Community survey respondents were presented with a list of issues and were asked to mark the top three health concerns or issues they perceive in their community overall. Respondents in the MMCSC PSA ranked cancer (39.7%), heart disease (39.3%), diabetes (30.1%), overweight/obesity (24.2%), and aging-related concerns (23.7%), as the top five health issues in their communities (Figure 31).

Figure 31. Top Health Concerns in the Community Overall, MMCSC PSA Residents, (n=937), 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. An asterisk (*) means that data was suppressed due to low numbers.

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

There were differences in top health issues by race/ethnicity (Table 15). Diabetes was the top concern among Asians, heart disease among Blacks, overweight/obesity among Latinos, and cancer among Whites. Mental health issues were identified as the top concern only among Latino respondents, housing people can afford only among Blacks, and aging-related concerns only among Whites.

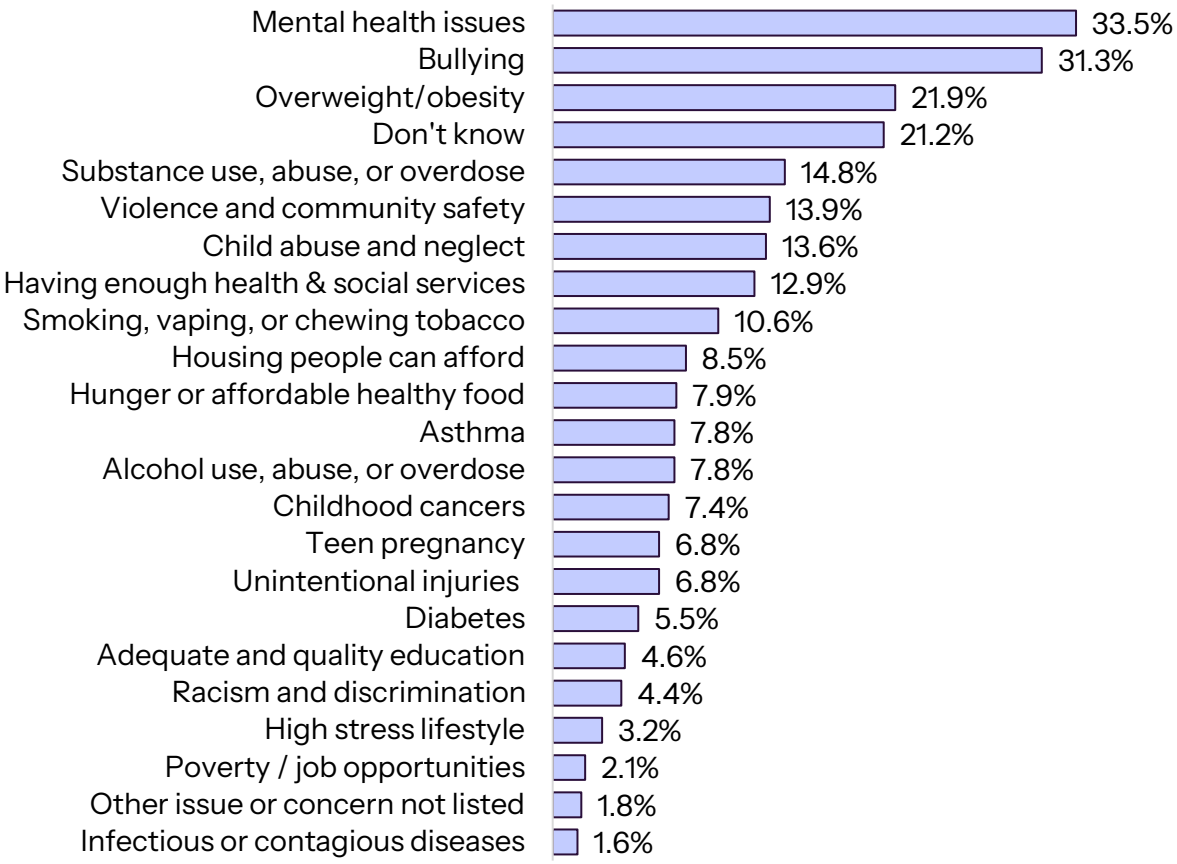
Table 15. Top Health Concerns in the Community Overall, MMCSC PSA Residents, by Race/Ethnicity, (n=937), 2024

	MMCSC PSA (n=937)	Asian (n=23)	Black (n=40)	Hispanic/ Latino (n=74)	White (n=725)
1	Cancer (39.7%)	Diabetes (52.2%)	Heart disease (35.0%)	Overweight/obesity (35.1%)	Cancer (41.7%)
2	Heart disease (39.3%)	Heart disease (47.8%)	Housing people can afford (32.5%)	Diabetes (32.4%)	Heart disease (41.2%)
3	Diabetes (30.1%)	*	Cancer (27.5%)	Cancer (28.4%)	Diabetes (29.5%)
4	Overweight/obesity (24.2%)	*	Overweight/obesity (27.5%)	Heart disease (23.0%)	Aging-related health concerns (26.2%)
5	Aging-related health concerns (23.7%)	*	*	Mental health issues (21.6%)	Overweight/obesity (23.7%)

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

Survey respondents (all of which were adults over the age of 18) also identified top health concerns regarding youth and children in the community. Respondents ranked mental health issues (33.5%), followed by bullying (31.3%), and overweight/obesity (21.9%) as the top three health issues in their communities (Figure 32).

Figure 32. Top Health Concerns in the Community for Children and Youth, MMCSC PSA Residents, (n=822), 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 for youth and children, write-in responses included concerns about social media use and extensive screen time, a lack of stable adult support and male role models for youth, opportunities and spaces to support positive youth development, support for neurodivergent children, affordable childcare, exposure to toxins and pollution, and climate change.

The number of responses limits comparisons by race/ethnicity. However, both Latino and White respondents ranked bullying, mental health issues, and overweight/obesity as the top three concerns for youth (Table 16). Latinos also endorsed violence and community safety (19.6%) among the top five, while Whites endorsed substance use (16.3%).

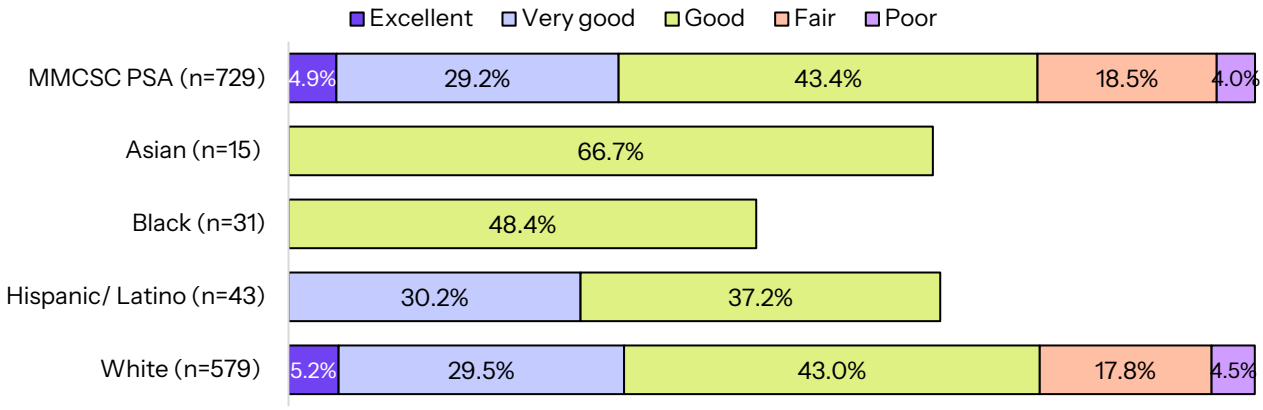
Table 16. Top Health Concerns in the Community for Children and Youth, MMCSC PSA Residents, by Race/Ethnicity, (n=822), 2024

	MMCSC PSA (n=822)	Asian (n=15)	Black (n=40)	Hispanic/ Latino (n=51)	White (n=650)
1	Mental health issues (33.5%)	*	Don't know (27.5%)	Bullying (29.4%)	Mental health issues (35.1%)
2	Bullying (31.3%)	*	Mental health issues (25.0%)	Mental health issues (27.5%)	Bullying (33.7%)
3	Overweight/obesity (21.9%)	*	*	Overweight/obesity (27.5%)	Overweight/obesity (21.9%)
4	Don't know (21.2%)	*	*	Don't know (23.5%)	Don't know (19.7%)
5	Substance use, abuse, or overdose (14.8%)	*	*	Violence and community safety (19.6%)	Substance use, abuse, or overdose (16.3%)

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

Most survey respondents perceived their health to be good (43.4%) or very good (29.2%) (Figure 33). White and Latino respondents had relatively similar proportions of those rating themselves as having excellent and very good health.

Figure 33. Self-Assessed Overall Health Status, MMCSC PSA Residents, by Race/Ethnicity, (n=729), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: The Asian, Black, and Hispanic/Latino categories do not add to 100% because the rest of the responses 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.

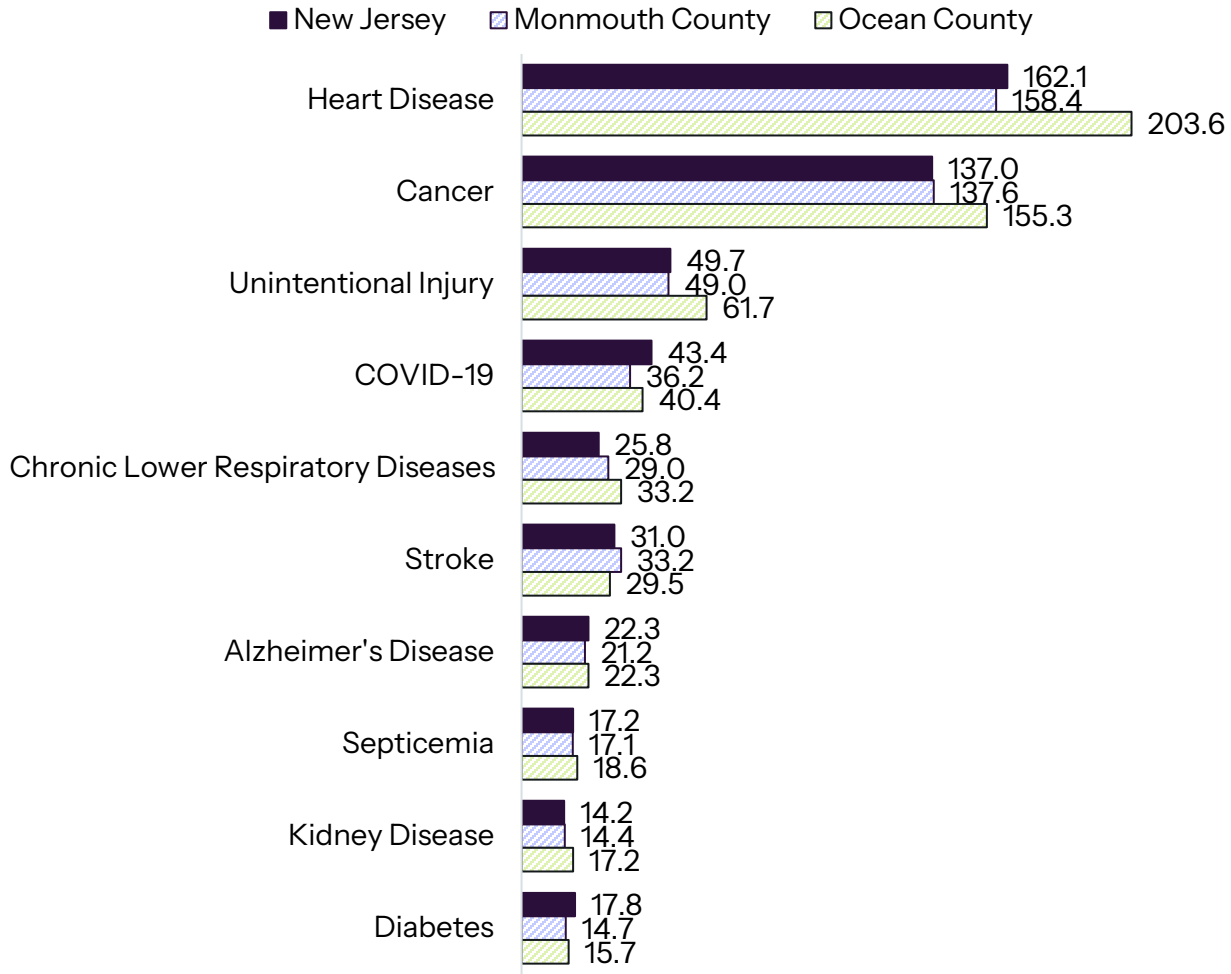
Leading Causes of Death and Premature Mortality

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 the MMCSC PSA was heart disease (158.4 per 100,000 in Monmouth and 203.6 in Ocean County), followed by cancer (137.6 per 100,000 in Monmouth and 155.3 in Ocean County). Of note, the mortality rates for heart disease, cancer, unintentional injury, chronic lower respiratory disease, septicemia, and kidney disease were higher in Ocean County than in the state overall. Unintentional injury was the third leading cause of death, followed by COVID-19 in 2017-2021. 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.[29] More data on life expectancy, injury deaths and injury-related hospitalizations can be found in Figure 94, Table 34, Table 35 in Appendix E. Additional Data Tables and Graphs.

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

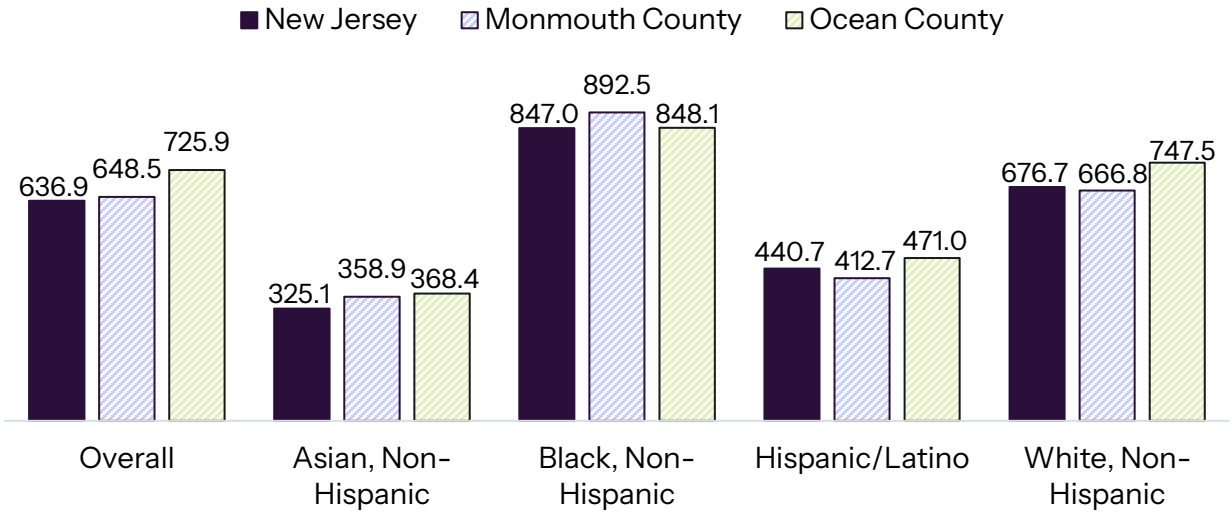
Figure 34. Top 10 Age-Adjusted Mortality Rates per 100,000, by State and County, 2017-2021



DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2023

Figure 35 presents the overall age-adjusted mortality rate per 100,000 residents in 2023. Both Monmouth (648.5) and Ocean (725.9) Counties had higher age-adjusted mortality rates per 100,000 residents than New Jersey as a whole. Black residents had the highest age-adjusted mortality rate with 892.5 and 848.1 per 100,000 residents, respectively, in Monmouth and Ocean counties.

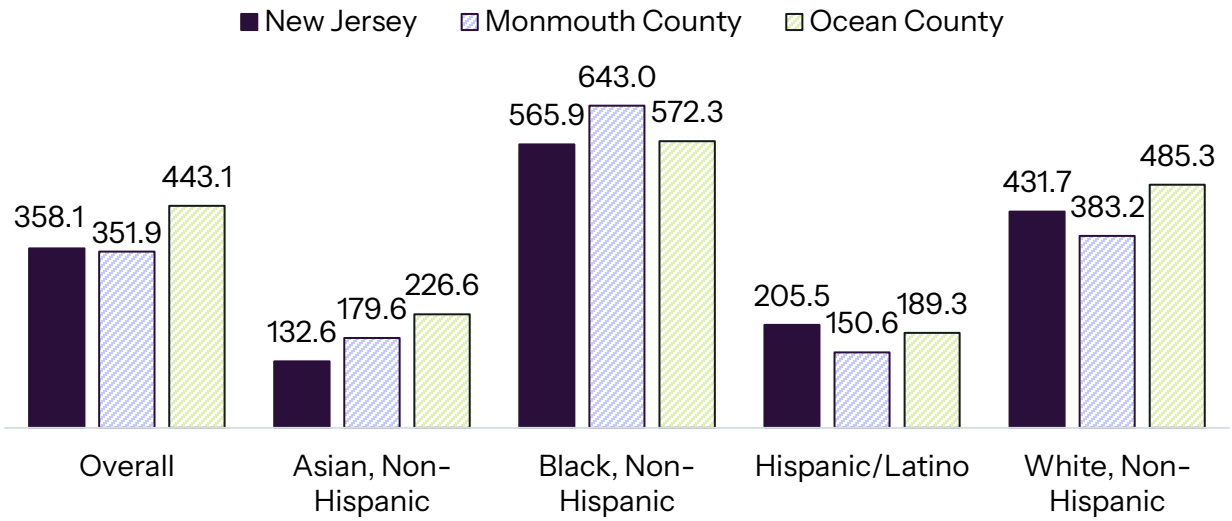
Figure 35. Age-Adjusted Mortality Rate per 100,000, by Race/Ethnicity, by State and County, 2023



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 Ocean County (443.1 per 100,000) was higher than for the state (358.1 per 100,000), while Monmouth County was slightly lower (351.9 per 100,000). Black residents in the MMCSC service area experienced a far higher premature mortality rate (643.0 in Monmouth and 572.3 in Ocean, 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

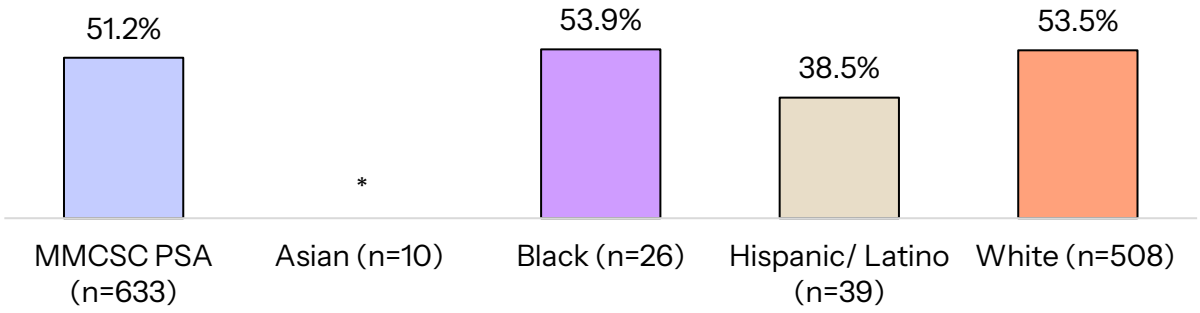
Overweight, Obesity, and Physical Activity

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 MMCSC 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 members or interviewees. One interviewee did describe an increase in obesity and other chronic conditions in Ocean County, citing barriers to routine, preventative care and nutrition education as key drivers in the increase.

Over half (51.2%) of survey respondents in MMCSC PSA reported ever being told by a healthcare provider that they had a weight problem (Figure 37). This proportion varied by race/ethnicity and ranged from 38.5% of Latino respondents to about 53.9% of both White and Black respondents. Figure 95 in the Appendix E. Additional Data Tables and Graphs shows 29.4% of Monmouth County residents and 31.7% of Ocean County residents self-reported being obese in 2021, which is consistent with the 2022 MMCSC CHNA-SIP process in which 29.3% of Monmouth County and 27.7% of Ocean County residents self-reported being obese in 2018.

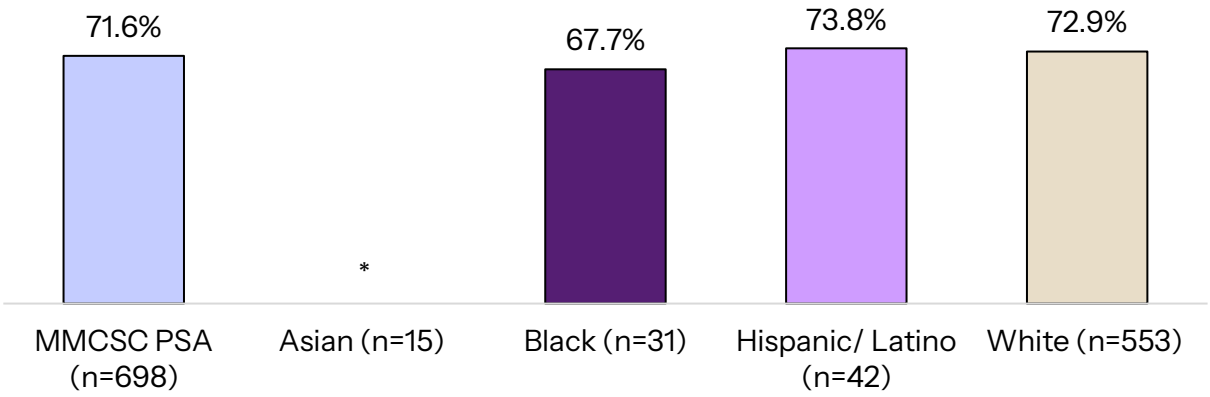
Figure 37. MMCSC PSA Survey Respondents Reporting Ever Being Told They Have a Weight Problem by a Healthcare Provider, by Race/Ethnicity, (n=633), 2024



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

Community survey respondents were asked if they had engaged in any physical activity in the past month. A majority of MMCSC PSA respondents (71.6%) indicated that they did so, ranging only from 67.7% of Black to 73.8% of Latino respondents (Figure 38).

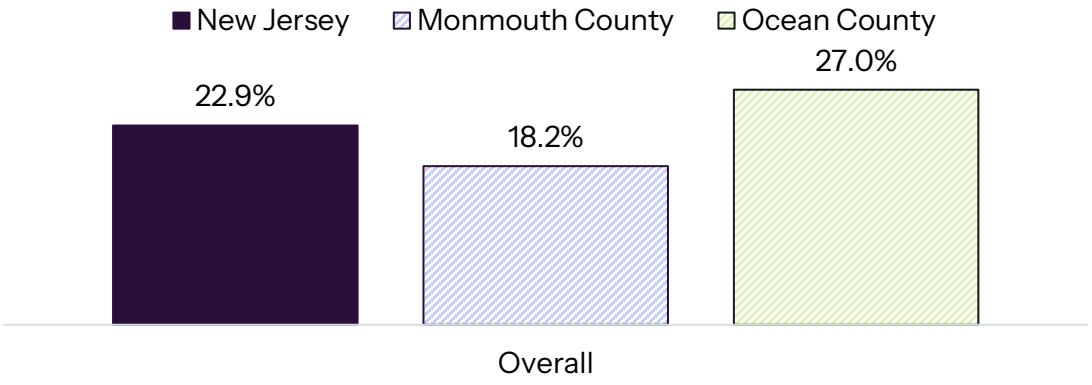
Figure 38. MMCSC PSA Survey Respondents Reporting Any Physical Activity or Exercise in the Past Month, by Race/Ethnicity, (n=698), 2024



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

The built environment and availability of leisure time are two factors that affect physical activity. As mentioned in the section on community assets, focus group participants valued that there were beaches and parks to walk and play sports in their neighborhoods. Yet, many MMCSC PSA residents reported not spending time on physical activity. According to the Behavioral Risk Factor Survey, in 2022, the most recent year for which these surveillance data are available, 18.2% of Monmouth and 27.0% of Ocean 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 MMCSC CHNA-SIP process in which 22.6% of Monmouth County and 27.9% of Ocean County residents reported no leisure time for physical activity in 2018. Insufficient responses limited comparison by race/ethnicity for this indicator in the MMCSC PSA.

Figure 39. Percent of Adults Reporting No Leisure Time for Physical Activity, by State and County, 2022



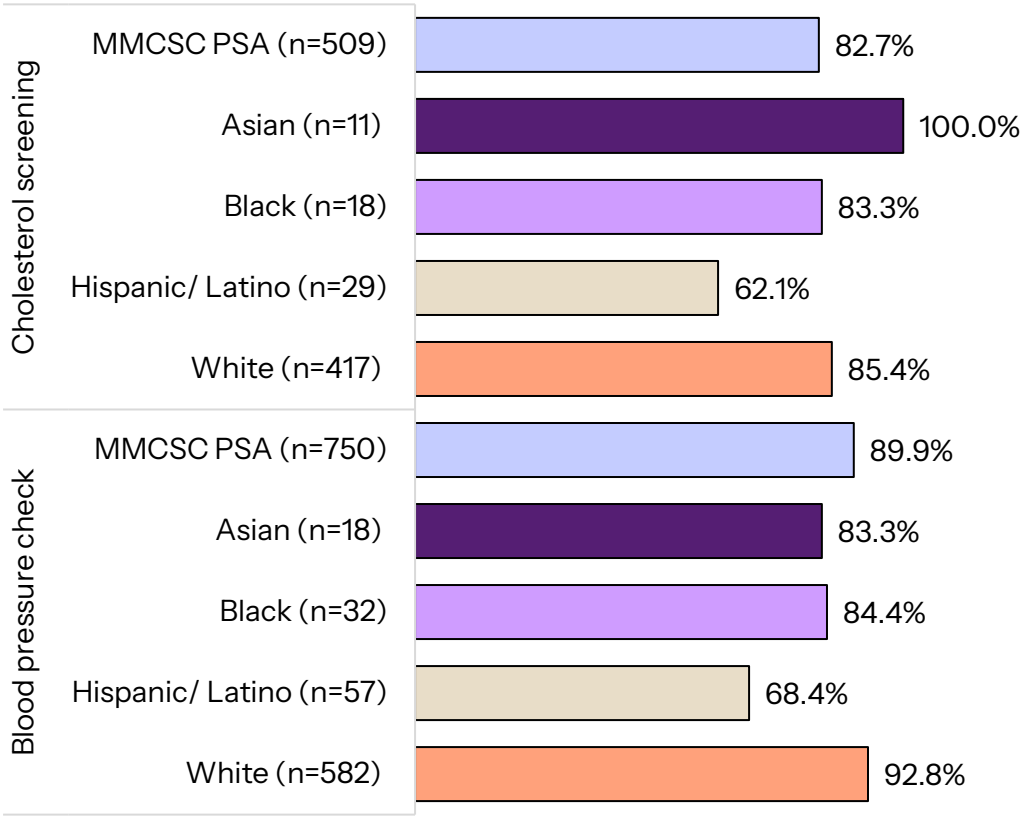
DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

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 MMCSC CHNA-SIP process.

Chronic disease was mentioned as a community concern among participants, specifically in regards to the impact of diabetes and hypertension. They emphasized the importance of routine, preventative healthcare, along with the need for accessible healthy food and nutrition education. One interviewee described the significance of preventative care for chronic conditions: *"If you're not getting that preventative care, then you're more at risk for things down the line. Everyone should have a primary care home and not just wait for something terrible to happen… Every time they do wellness events where people come to get blood pressure, they always find people who didn't know they had really high blood pressure."* The following section describes health data (e.g., screening, incidence, mortality, etc.) related to chronic conditions in MMCSC 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. The large majority (82.7%) indicated that they had participated in a cholesterol screening, and 89.9% in a blood pressure screening (Figure 40). The results differed by race/ethnicity. Only 62.1% of Latino respondents reported being screened for cholesterol, and only 68.4% had participated in blood pressure screenings.

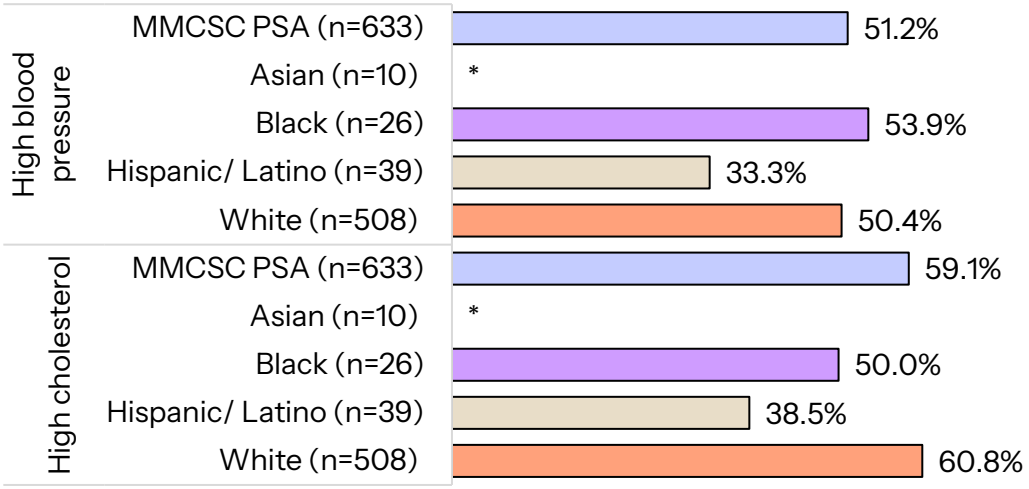
Figure 40. Percent of Community Survey Respondents Reporting Participation in Cholesterol and Blood Pressure Screening in the Past 2 Years, MMCSC PSA Residents, by Race/Ethnicity, 2024



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, 51.2% of survey respondents in the MMCSC PSA reported ever being told by a healthcare provider that they had high blood pressure and 59.1% that they had high cholesterol (Figure 41). Fewer Latinos reported having been told they had high blood pressure (33.3%) or high cholesterol (38.5%). 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, MMCSC PSA Residents, by Race/Ethnicity, 2024

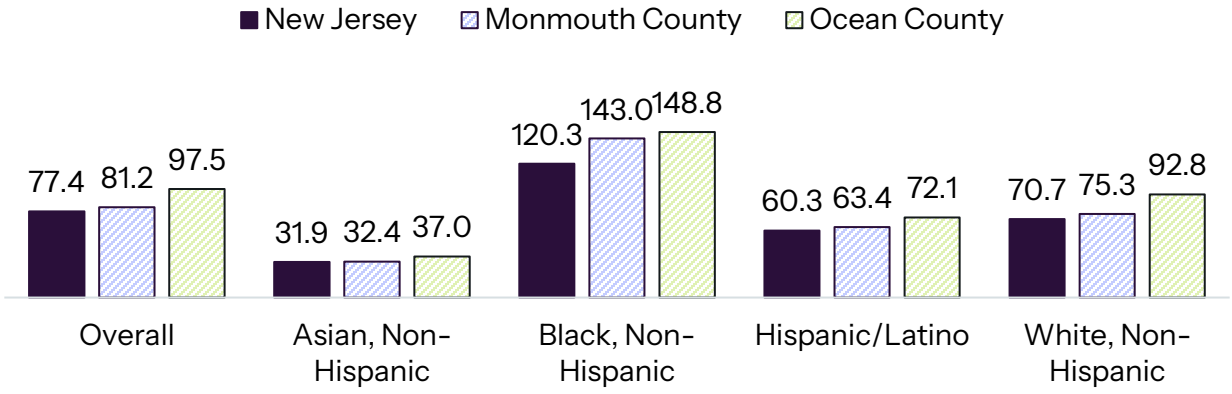


DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: An asterisk (*) means that data was suppressed due to low numbers. N values refer to the total number of respondents, not only those who responded affirmatively to that question. N's for racial groups do not sum to the total N because 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 Ocean and 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 and 97.5 in Ocean County) was slightly higher in the MMCSC PSA compared to New Jersey overall (77.4 per 10,000) (Figure 42). Disparities exist within MMCSC PSA with Black residents being hospitalized due to cardiovascular disease at higher rates (143.0 per 10,000 in Monmouth and 148.8 in Ocean County).

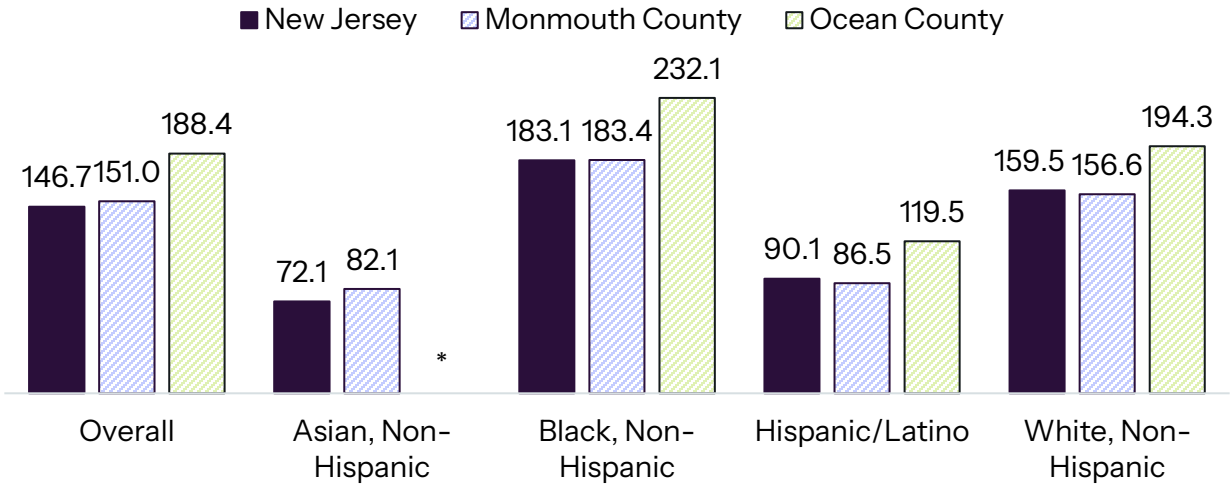
Figure 42. Age-Adjusted Inpatient Hospitalizations due to Cardiovascular Disease as Primary Diagnosis per 10,000, by Race/Ethnicity, by State and County, 2023



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 higher in Monmouth (151.0 per 100,000) and Ocean (188.4) Counties compared to New Jersey overall (146.7) (Figure 43). Heart disease mortality rates were highest among Black (232.1 per 100,000), followed by White (194.3 per 100,000) residents of Ocean County.

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



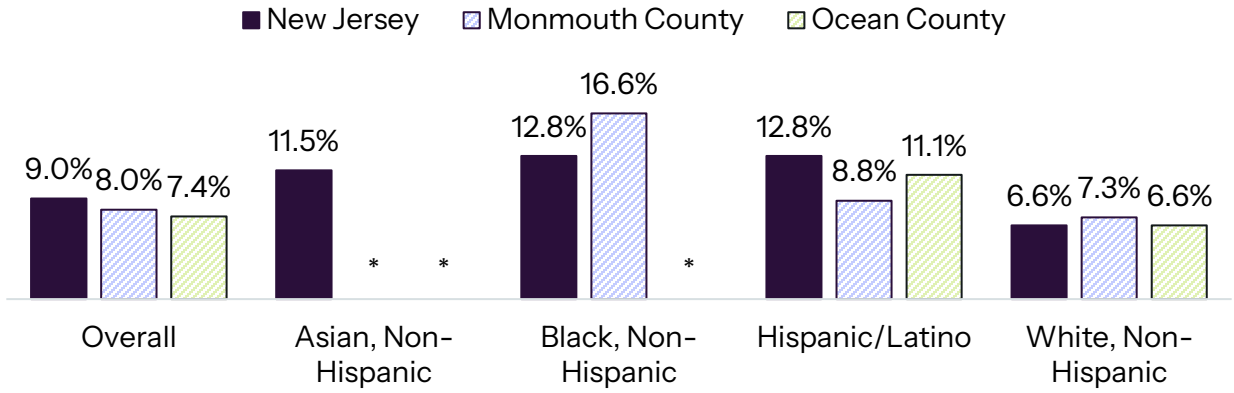
DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023
NOTE: Asterisk (*) means that data is suppressed, as the rate does not meet National Center for Health Statistics standards of statistical reliability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

Overall, 18.6% of community survey respondents in the MMCSC PSA indicated receiving heart disease education in the past two years (data not shown). Comparison by race/ethnicity was not possible due to low endorsement of this question. Overall, 25.0% of community survey respondents indicated ever having been told by a provider that they had a heart condition and 3.6% 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 factors for other chronic diseases, such as heart disease and stroke. Figure 44 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 (8.0%) and Ocean (7.4%) Counties than in New Jersey (9.0%). Diabetes rates in MMCSC PSA were highest among Black residents of Monmouth County (16.6%). Community survey respondents identified diabetes as their third top health concern overall.

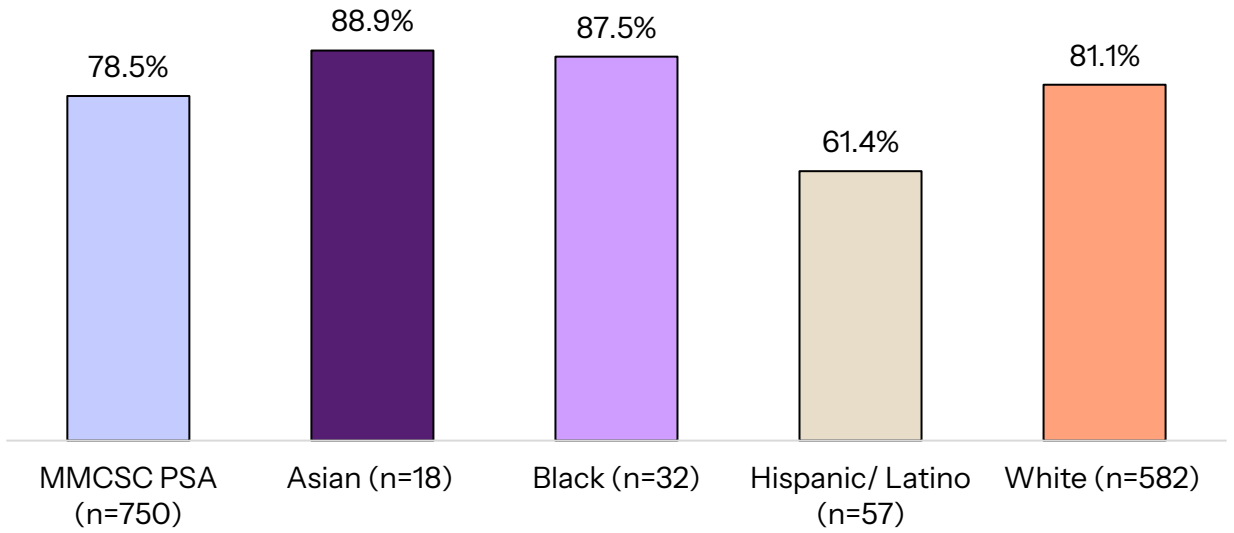
Figure 44. Percent of Adults Reporting Diabetes Diagnosis, by Race/Ethnicity, by State and County, 2018-2022



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 was suppressed, as the rate does not meet National Center for Health Statistics standards of statistically reliability for presentation.

Community survey respondents were asked about their participation in diabetes screening or blood sugar checks in the past two years. In the MMCSC PSA, the large majority (78.5%) of respondents were screened for diabetes (Figure 45). Participation in diabetes screenings or blood sugar checks differed by race/ethnicity ranging from 61.4% among Latino to 88.9% among Asian respondents.

Figure 45. Percent of Community Survey Respondents Who Participated in Diabetes Screenings or Blood Sugar Checks in the Past 2 Years, MMCSC PSA Residents, by Race/Ethnicity, (n=750), 2024



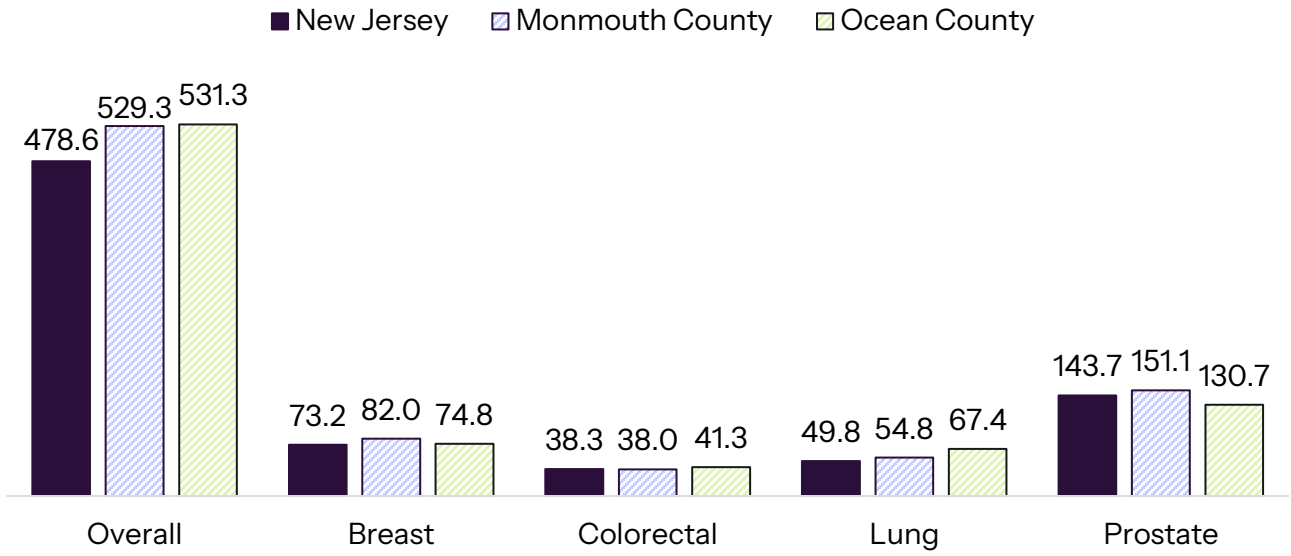
DATA SOURCE: Community Health Needs Assessment Survey, 2024. N values refer to the total number of respondents, not only those who responded affirmatively to that question. N's for racial groups do not sum to the total N because of missing race data and those who identified as more than one race or races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

Cancer

Even though cancer is the second leading cause of death in Monmouth County, Ocean County, and New Jersey overall, it was not a prominent theme discussed in interviews or focus groups. However, cancer was identified as the top concern among MMCSC community survey respondents, and 28.3% of MMCSC community survey respondents reported ever being told by a provider that they had cancer. Community survey respondents and quantitative data suggest that cancer is a major health issue in MMCSC PSA.

Overall, there was a higher cancer incidence rate in Monmouth County (529.3 per 100,00) and Ocean County (531.3 per 100,000) compared to the state overall (Figure 46). The most common cancer type was prostate cancer (151.1 per 100,000 in Monmouth County and 130.7 per 100,000 in Ocean County), followed by breast cancer (82.0 per 100,000 in Monmouth County and 74.8 per 100,000 in Ocean County). Recent trends indicate that overall cancer incidence was stable from 2016-2020 in Ocean County, although incidence rates rose during this period among kidney & renal pelvis cancer, liver & bile duct cancer, and pancreas cancer, while the incidence rate of ovary cancer decreased (see Appendix G. Cancer Data).

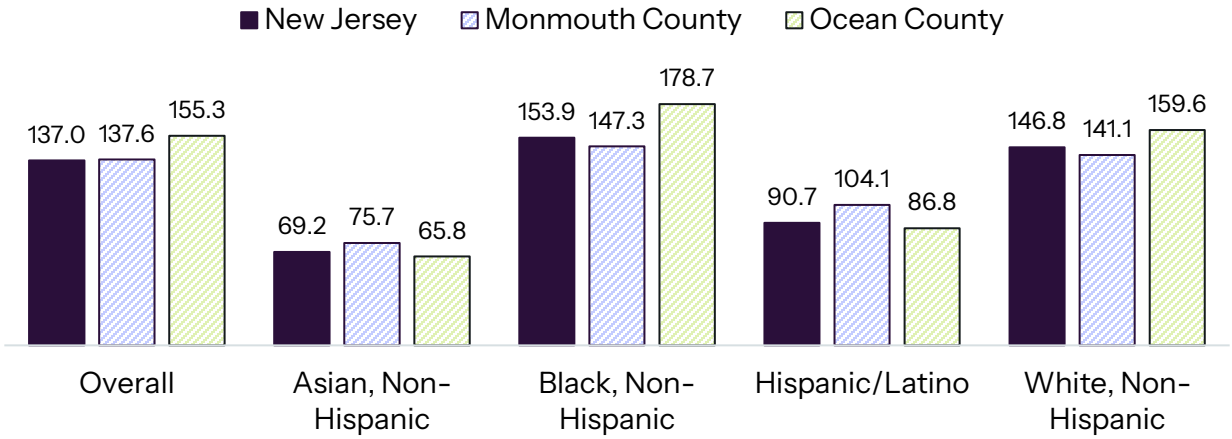
Figure 46. Age-Adjusted Invasive Cancer Incidence Rate per 100,000, by Cancer Site, State and County, 2017-2021



DATA SOURCE: New Jersey State Cancer Registry, 2024

According to hospital tumor registries, 10.4% and 13.9% of overall cases at MMCSC were Stage 3 and Stage 4, respectively in 2023. Respiratory system cancer, lymph node cancer and female genital organ cancers made up more than a quarter of all Stage 4 cases (see 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), but notably higher in Ocean County (155.3) (Figure 47). The highest rates of cancer deaths in the MMCSC PSA were among Black residents of Ocean County (178.7 per 100,000) followed by White residents of Ocean County (159.6 per 100,000).

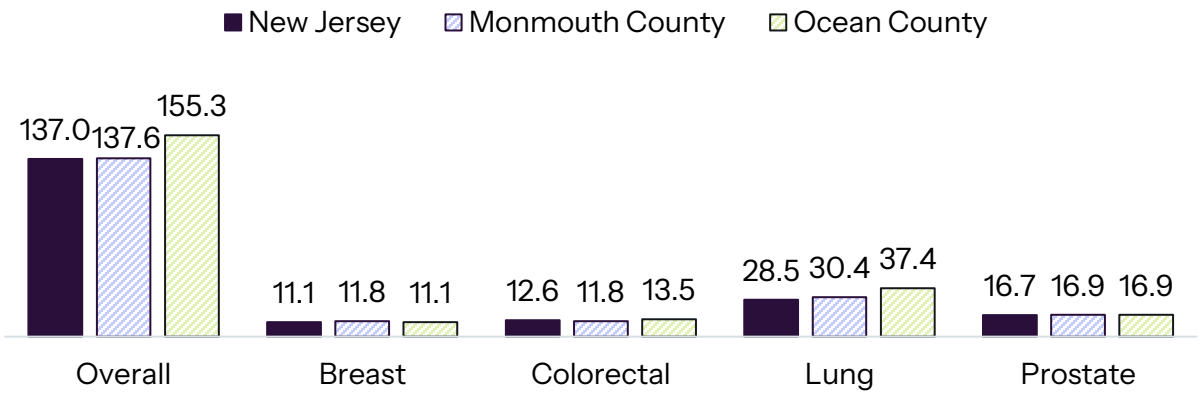
Figure 47. Age-Adjusted Deaths Due to Cancer per 100,000, by Race/Ethnicity, by State and County, 2017-2021



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 MMCSC PSA in 2017-2021 were lung and bronchus cancer (30.4 deaths per 100,000 population in Monmouth and 37.4 in Ocean County), followed by prostate and colorectal cancers (Figure 48). Additional data on deaths due to prostate cancer, see Figure 97 in Appendix E. Additional Data Tables and Graphs. Additional data by race/ethnicity can be found in Appendix G. Cancer Data.

Figure 48. Age-Adjusted Deaths Due to Cancer per 100,000, by Cancer Site, State and County, 2017-2021



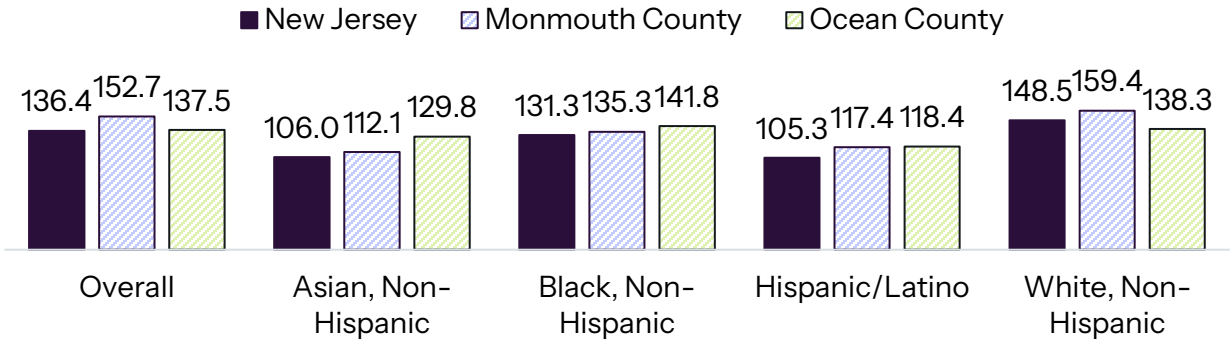
DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

Breast Cancer

Cancer registry data are presented in Figure 49 for the age-adjusted incidence rate of female breast cancer per 100,000 population in 2017-2021 across New Jersey and in MMCSC PSA by race/ethnicity. The breast cancer incidence rate in Monmouth County (152.7) was higher than for New Jersey overall (136.4), while Ocean County was similar to the statewide rate (137.5). Breast cancer rates were highest among White Monmouth County female residents (159.4), followed by Black Ocean County female residents (141.8). 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 96 in Appendix E. Additional Data Tables and Graphs.

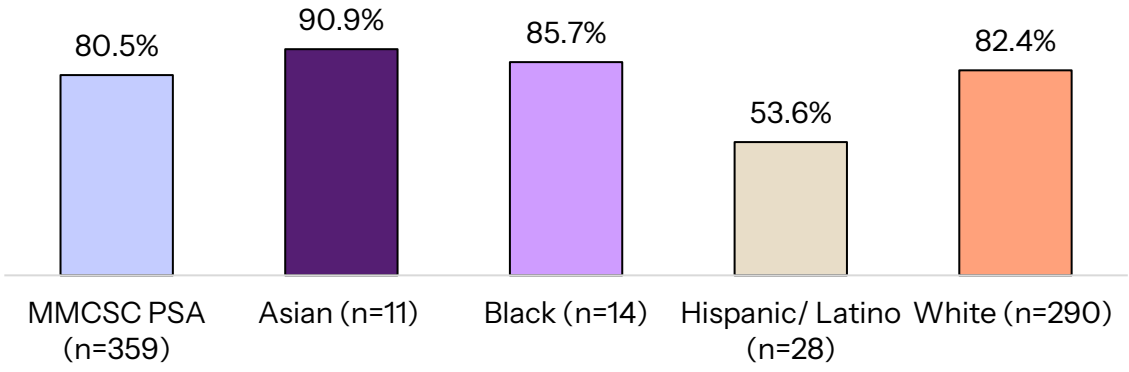
Figure 49. Age-Adjusted Rate of Female Breast Cancer per 100,000, by Race/Ethnicity, by State and County, 2017-2021



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, 80.5% of respondents fitting those characteristics in the MMCSC PSA reported that they had a mammography or breast exam in the past two years (Figure 50). There were some differences by race/ethnicity with Latina respondents reporting participating the least (53.6%) and Asian respondents the most (90.9%).

Figure 50. Percent of Community Survey Respondents Who Had Mammography or Breast Exam Screening in the Past 2 Years, MMCSC PSA Residents, by Race/Ethnicity, (n=359) 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. 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.

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 the MMCSC PSA in 2017-2021 (12.6 per 100,000 in Monmouth and 13.5 in Ocean County) (Table 17).

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

	Oral Cavity & Pharynx	Anus	Penis	Vagina	Vulva	Cervix Uteri
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
Ocean County	13.5	2.0	0.8	0.8	4.0	7.0

DATA SOURCE: New Jersey State Cancer Registry, 2025

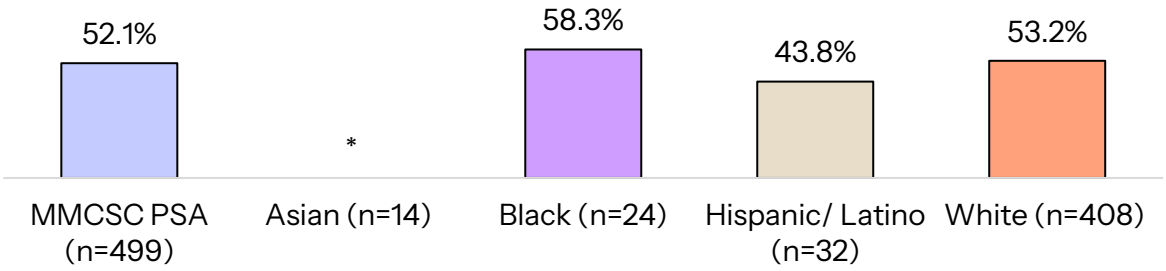
NOTE: Asterisk (*) means that the age-adjusted rate is not stable due to fewer than 15 cases.

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. About half (52.1%) of respondents reported receiving a colon cancer screen (Figure 51) and over one-third (41.8%) a skin cancer screen in the last two years (data not shown). Latino respondents had the lowest rate of colon cancer screening, though this should be interpreted with caution, due to low response rates to this question. Comparison by race/ethnicity was not possible for skin cancer screening due to low endorsement of this question.

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 and 70.9% in Ocean County self-reported being current with colorectal cancer screening recommendations in 2017-2020 (Figure 100 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 51. Percent of Community Respondents Screened for Colon Cancer in the Past Two Years, MMCSC PSA Residents, by Race/Ethnicity, (n=499), 2024

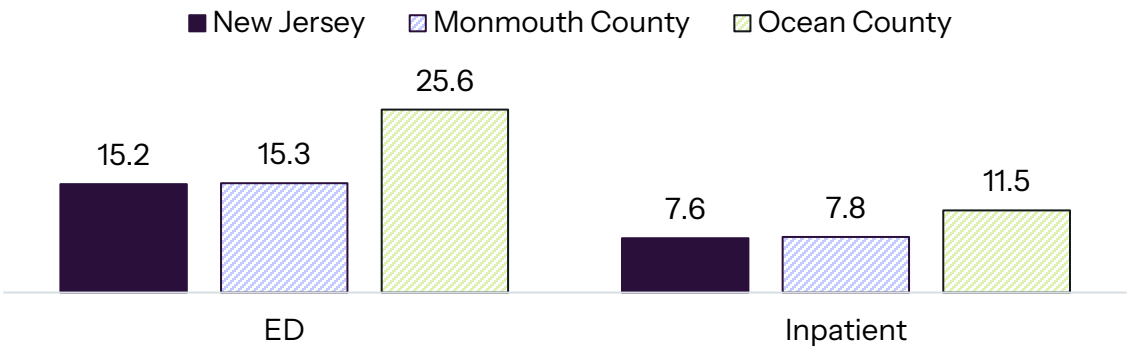


DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Percentages are calculated among those recommended for screenings by the U.S. Preventive Services Task Force. Colon cancer screening is recommended for adults aged 45 to 75 years old. Asterisk (*) means that data was suppressed due to 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.

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, Ocean County had a notably higher rate of age-adjusted emergency department (ED) visits due to COPD (25.6 per 10,000) compared to Monmouth County (15.3) and New Jersey overall (15.2) (Figure 52). Hospital discharge rates for chronic ambulatory-care sensitive conditions, which include COPD, are presented in Appendix F. Hospitalization Data.

Figure 52. Age-Adjusted Rate of Emergency Department Visits and Inpatient Hospitalizations due to Chronic Obstructive Pulmonary Disease as Primary Diagnosis, per 10,000, by State and County, 2023



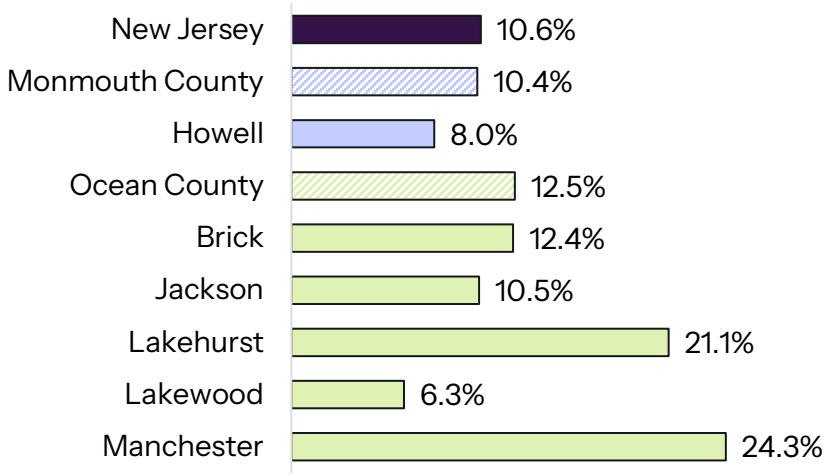
DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

Disability

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

American Community Survey data from 2019-2023 show that the number of people with disabilities differs across the MMCSC PSA. In 2019-2023, 10.4% of Monmouth County residents reported having a disability, compared to 12.5% in Ocean County, and 10.6% statewide. Proportions by town varied substantially, with 24.3% of Manchester residents reporting a disability compared to only 6.3% of Lakewood residents, likely reflecting the differing age distributions in those towns (Figure 53). 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.[30] More information on the percent of residents with a disability by age can be found in Table 36 in Appendix E. Additional Data Tables and Graphs.

Figure 53. Percent of Persons with a Disability, by State, County, and Town, 2019-2023



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

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.

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

People with depression, for example, have an increased risk of cardiovascular disease, diabetes, stroke, Alzheimer's disease, and osteoporosis. In the healthcare field, mental health and substance use are typically discussed under the larger framework of behavioral health.

Mental Health

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

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

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

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

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

> *"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

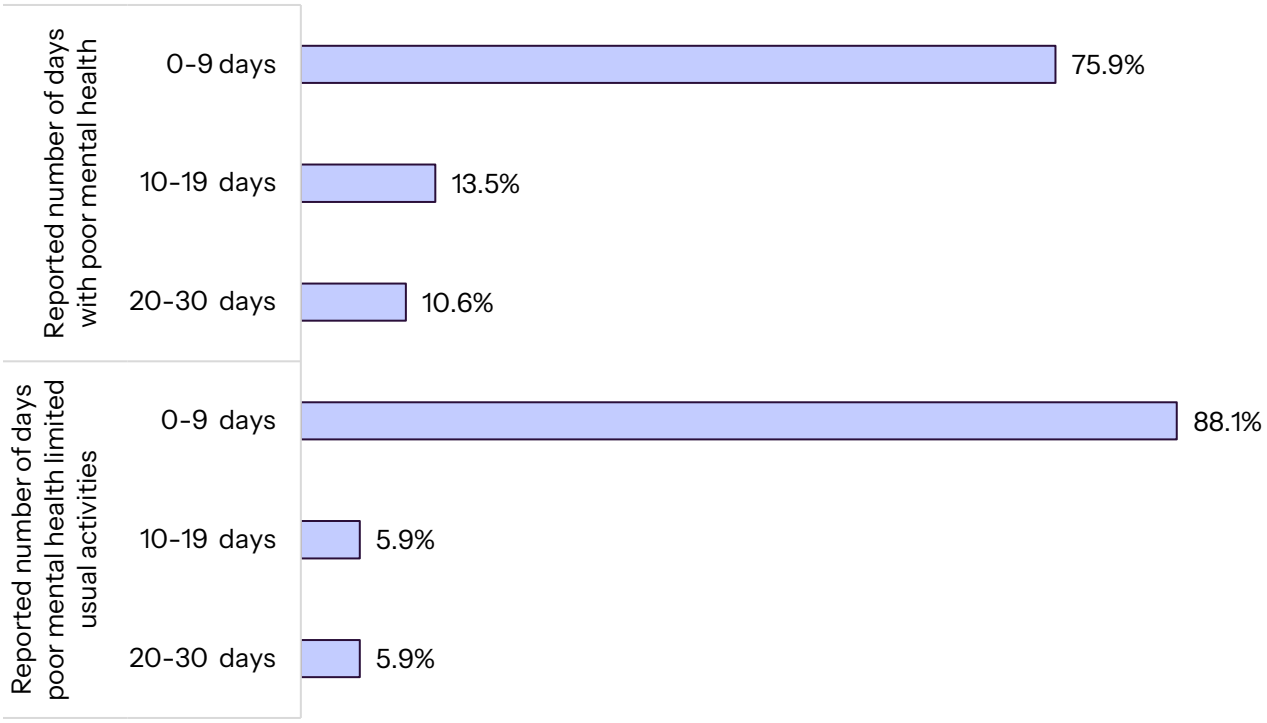
Health insurance was highlighted as a key factor in access to mental health services. Participants expressed frustration with the limited number of mental health providers that accept Medicaid or Medicare. As one participant explained: *"I'm on Medicare and it's hard to find a place - what therapist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

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

Quantitative data confirm participants' perceptions that mental health is a pressing community issue. Among MMCSC PSA community survey respondents, 13.5% 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 54). Additionally, 5.9% of survey respondents reported experiencing 10-19 days in which poor mental health limited their usual activities, and 5.9% reported 20-30 days in which poor mental limited their usual activities. Prevalence of depression can be found in Figure 101 in Appendix E. Additional Data Tables and Graphs.

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

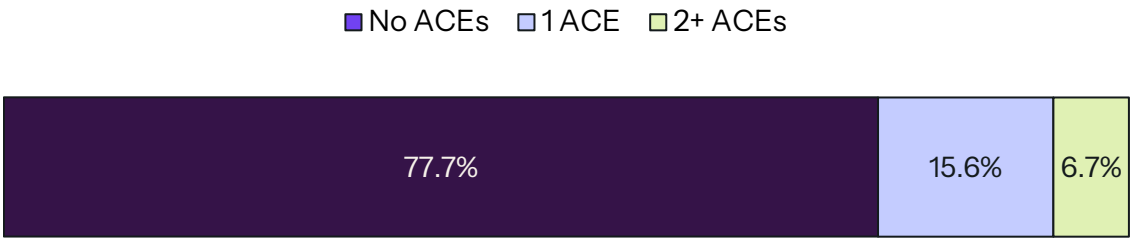
Figure 54. Percent of MMCSC PSA Community Survey Respondents with Poor Mental Health in the Last 30 Days (n= 606), 2024



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 606 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 606 respondents.

Experiencing adverse childhood experiences (ACEs) is a strong risk factor for poor mental and physical health outcomes in childhood and in adulthood. While ACEs data at the county or town level is not readily available, the National Survey of Children's Health indicates that in 2022-2023, 22.3% of children in the state of New Jersey had experienced one ACE, and 15.6% had experienced two or more ACEs (Figure 55).

Figure 55. Percent of Children with Adverse Childhood Experiences (ACEs), by State, 2022-2023



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

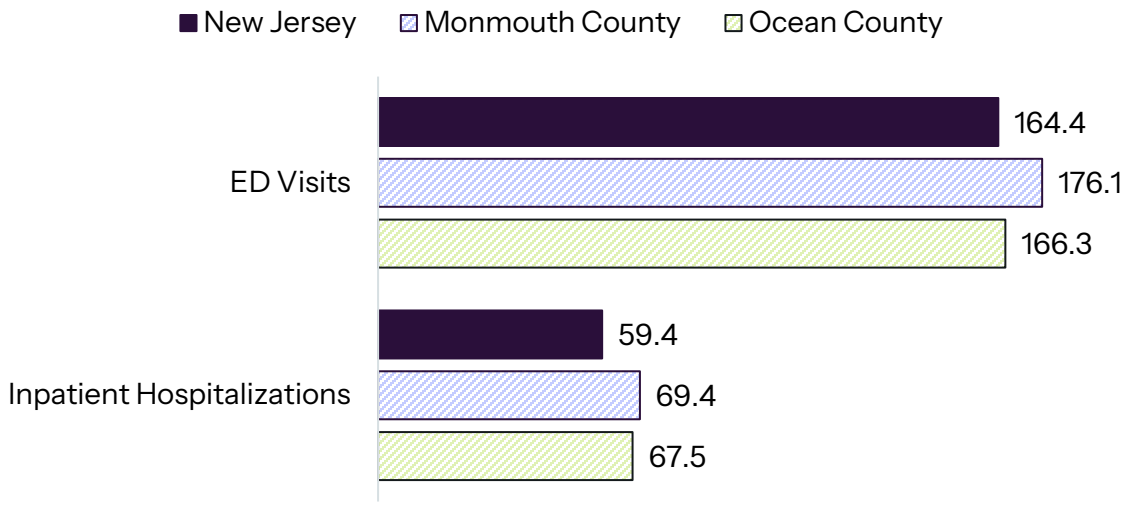
One-quarter (25.9%) of MMCSC PSA survey respondents reported receiving mental health counseling in the past two years. Rates of participation varied somewhat between White and Latino respondents, with proportionally more White (27.5%) respondents reporting receiving counseling in the last two years compared to Latino (19.3%) respondents (Figure 56).

Figure 56. Percent of MMCSC PSA Survey Respondents who Received Mental Health Counseling in the Past 2 Years, by Race/Ethnicity, (n=749), 2024

DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: An 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.

Hospital discharge data from 2021 show that the MMCSC PSA had slightly higher rates of emergency department (ED) visits (176.1 per 10,000 in Monmouth and 166.3 in Ocean County) and inpatient hospitalizations (69.4 per 10,000 in Monmouth and 67.5 in Ocean County) due to mental health than New Jersey (164.4 and 59.4 per 10,000, respectively) (Figure 57). In comparison to the 2022 MMCSC CHNA-SIP process, the rate of emergency department visits due to mental health has increased in Monmouth County since 2020 (158.5 per 10,000) and remained similar in Ocean County (163.7 per 10,000) in 2020. The rate of inpatient hospitalizations due to mental health decreased in both counties since 2020 (76.1 per 10,000 in Monmouth County and 77.9 per 10,000 in Ocean County).

Figure 57. 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 2018-2022 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), while rates in Ocean County were even higher (9.0 per 100,000). White residents had the highest rate of suicide deaths in all three geographies (Table 18).

Table 18. Age-Adjusted Rate of Suicide Deaths per 100,000, by Race/Ethnicity, by State and County, 2018-2022

	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
Ocean County	9.0	*	*	3.9	9.9

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

According to hospital discharge data, rates of pediatric hospitalization due to mental health between 2017-2021 were similar in Monmouth (31.3 per 10,000) and Ocean (30.3 per 10,000) Counties 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 and 89.0 in Ocean Counties – between two and three times the rate for their White counterparts (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, 2017-2021

	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
Ocean County	30.3	20.0	89.0	21.6	25.3

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 Ocean and Monmouth Counties as well as statewide (Table 20).

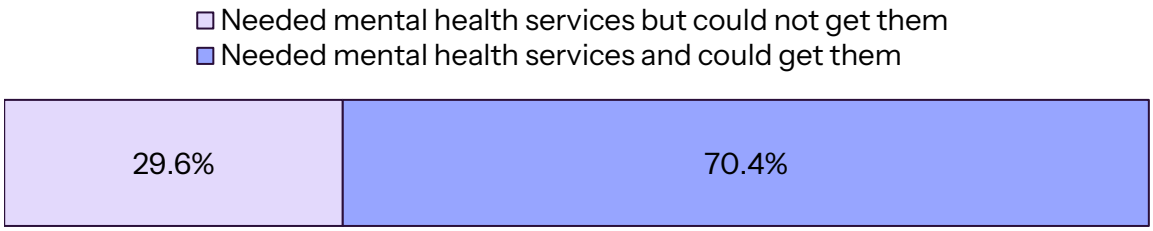
Table 20: Rate of Pediatric Hospitalizations (Ages 19 and Under) due to Mental Health per 10,000, by State and County, 2019-2023

	2019	2020	2021	2022	2023
New Jersey	30.5	26.1	31.9	28.6	25.7
Monmouth County	38.7	31.4	38.2	34.5	28.7
Ocean County	34.7	27.5	33.1	29.9	26.4

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. MMCSC 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, 32.5% of survey respondents reported that they or a family member needed mental health services in the past two years. Of these, 70.4% indicated that were able to access these services, while 29.6% indicated that they could *not* (Figure 58). There were not enough respondents to these questions to report any variations by race/ethnicity.

Figure 58. Access to Mental Health Services for Respondent or a Family Member in the Past 2 Years, MMCSC PSA Survey Respondents, (n=196), 2024



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

Mental health workforce data show wide variation in the availability of providers between Monmouth and Ocean counties. In 2023, Monmouth County had a better population to provider ratio (292:1; or one mental health provider per 292 residents) than the state (343:1), while Ocean County had a notably worse ratio (504:1) (Figure 59).

Figure 59. 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.

> *"Everything off the street is laced nowadays which the kids don't understand."*
> – Focus group participant

Substance use among youth and adolescents was of particular concern among interviewees and focus group participants. Multiple participants emphasized the accessibility of alcohol, nicotine, and marijuana products: *"With access to everything on the internet and the community - they have easy access to everything."* One interviewee noted that the potency of the marijuana that youth are able to access is leading to symptoms of psychosis: *"They are smoking more potent marijuana. There are kids with easier access to it now that it's legalized. It's stronger than when I was a teenager. There are students*

having psychotic episodes… It is not the same drug as it was 15 years ago." Throughout these discussions, interviewees and focus group participants noted substance use prevention programs within local school systems as providing education and resources to both students and parents in order to reduce the impacts of substance use among adolescents.

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

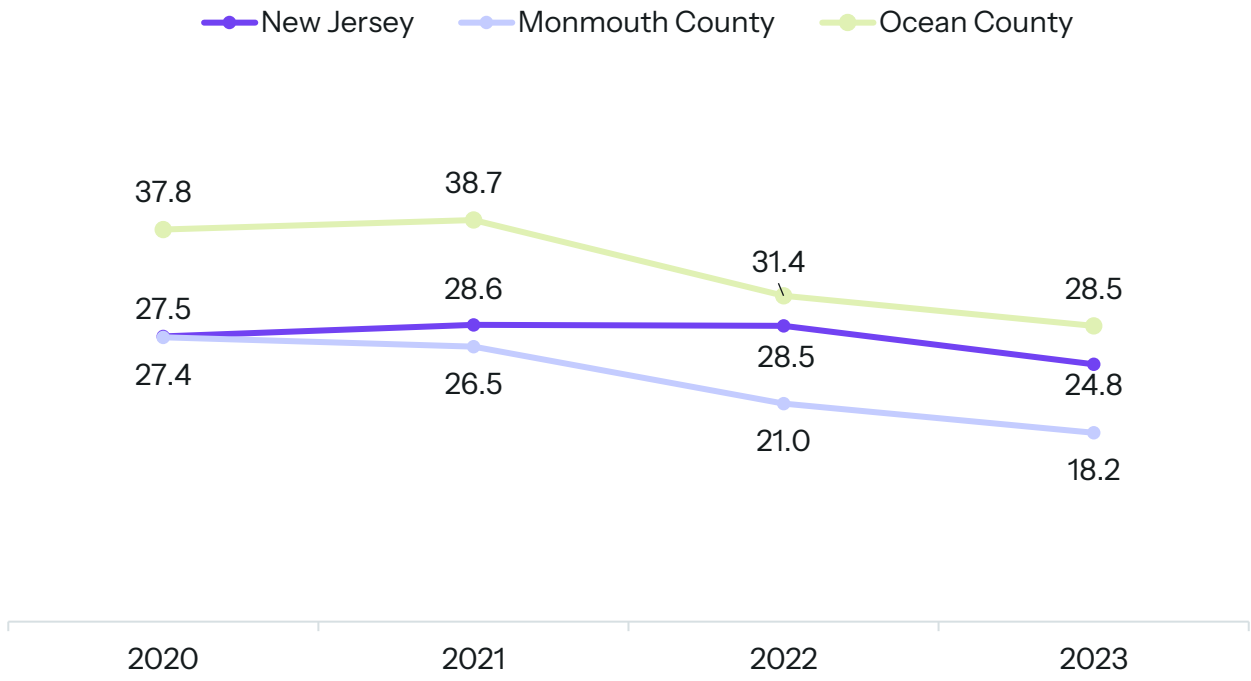
Interviewees and focus group participants emphasized the need for additional treatment and recovery services. Multiple participants highlighted the need to be able to connect residents to treatment and recovery services at any time of day or night, not just during typical working hours*: "Addiction doesn't take the night off. It's terrible to see someone who wants the help but can't get [access to services] until eight in the morning. Then they say they tried to get help, but they didn't have the resources so they go and double-down on their drug use."* Other participants noted the need for more providers and services that accept public insurance*: "I think the biggest hurdle is health insurance and getting into rehabs. They are not getting accepted because they don't have private insurance and there are only a few facilities in the state which take Medicare or Medicaid."* One participant noted that there has been an increase in treatment centers that accept Medicaid, 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."*

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

Figure 60 shows the age-adjusted rate of opioid-related overdose mortality per 100,000 from 2020 to 2023. During this period, there was a decrease in the opioid mortality rate in Monmouth County from 27.4 per 100,000 to 18.2 per 100,000, and in Ocean County, the rate decreased from 37.8 per 100,000 to 28.5 per 100,000 residents. Notably, reducing substance misuse was an identified goal in the previous 2022 MMCSC 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.[31]

Figure 60. Age-Adjusted Rate of Opioid-Related Overdose Mortality per 100,000, by State and County, 2020- 2023

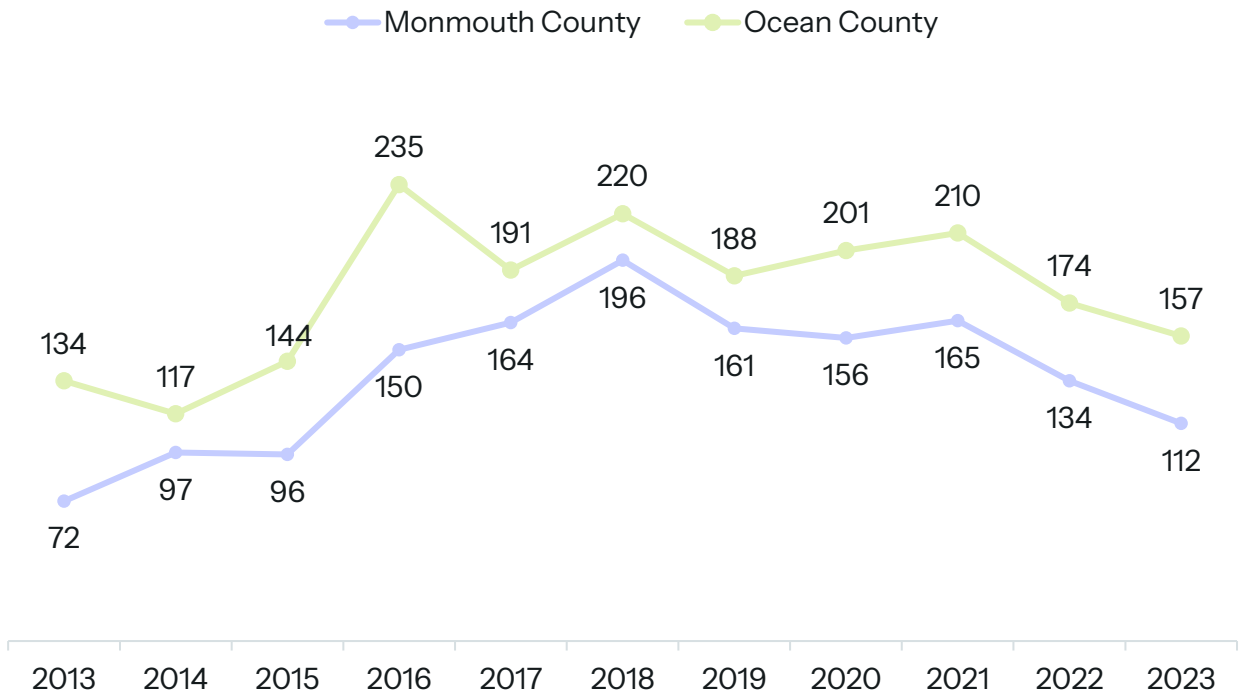


DATA SOURCE: Statewide Substance Use Overview Dashboard, Division of Mental Health and Addiction Services Department of Human Services, 2024, v.02202025.

Figure 61 shows the total number of opioid-related overdose deaths in Ocean and Monmouth Counties between 2013 and 2023. Ocean County had a consistently higher number of deaths than Monmouth County, but both counties show a decline in mortality since 2021. Additional data on substance use mortality are presented in Appendix E. Additional Data Tables and Graphs.

[31] 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

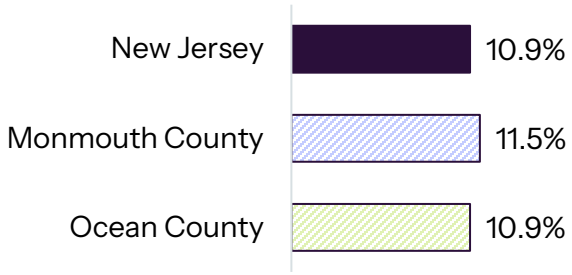
Figure 61. Total Number of Opioid-Related Overdose Deaths by County, 2013-2023



DATA SOURCE: Statewide Substance Use Overview Dashboard, Division of Mental Health and Addiction Services Department of Human Services, 2024, v.02202025.

Tobacco is among the most consumed substances. In 2022, the percentage of adults who reported currently smoking was similar between Monmouth County (11.5%), Ocean County (10.9%), and the state (10.9%) (Figure 62).

Figure 62. Percent of Adults Who Reported Current Smoking, by State and County, 2022



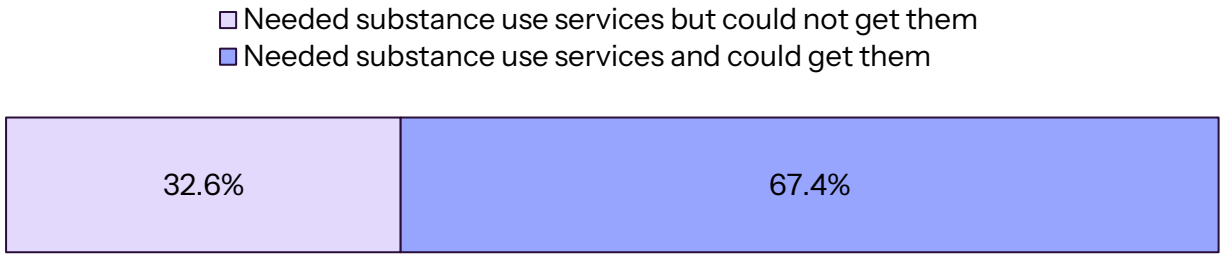
DATA SOURCE: BRFSS Small Area Estimates as cited by County Health Rankings, 2024

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, 3.3% of MMCSC PSA residents reported receiving alcohol/substance use counseling and 2.9% reported receiving counseling to reduce smoking or vaping over the past two years (data not shown). Participation rates were too low to report differences by race/ethnicity.

Community survey respondents were asked about their access to substance use services/treatment for themselves or a family member over the past two years.

Overall, 7.2% of respondents reported that they or a family member needed substance use services in the past two years. Of these, 67.4% indicated that they could access them, while 32.6% indicated that they could *not* (Figure 63). Endorsement of these questions was too low to report differences by race/ethnicity.

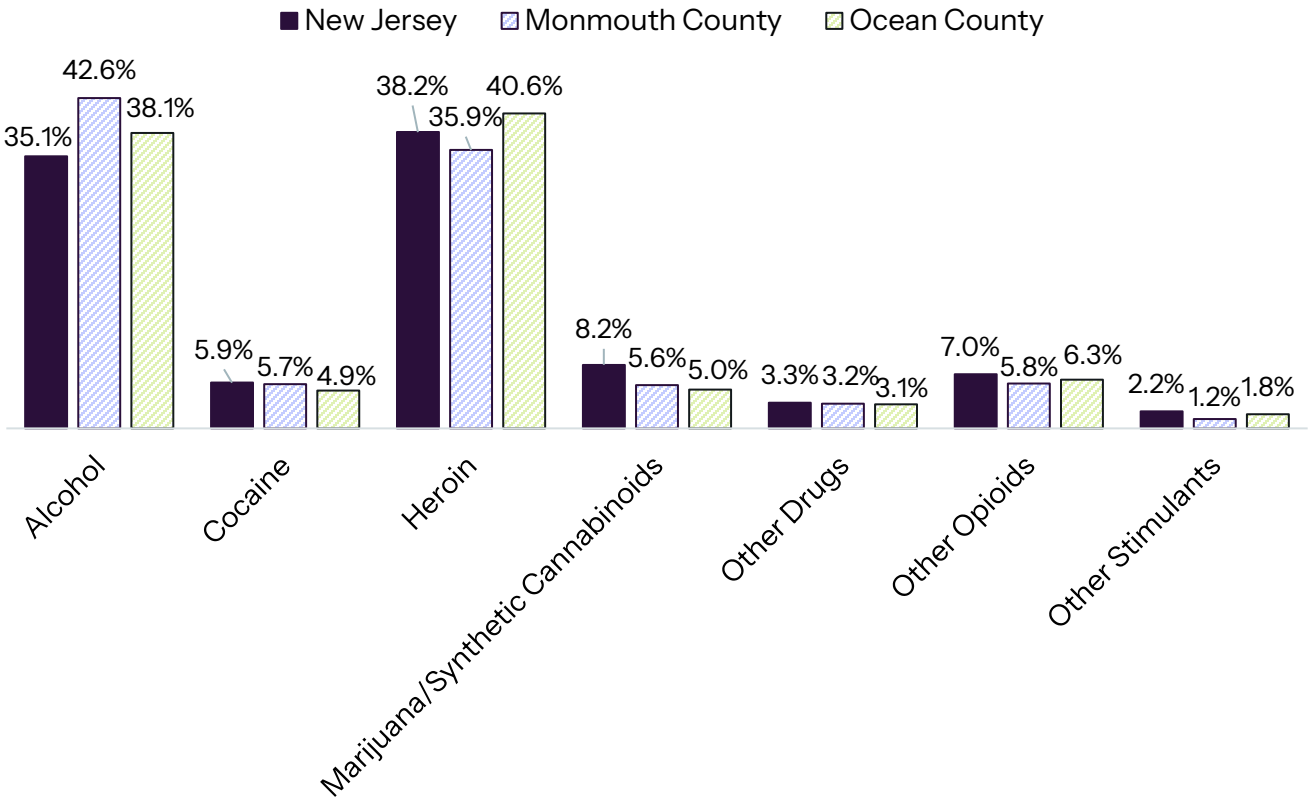
Figure 63. Access to Substance Use/Treatment for Respondent or a Family Member in the Past 2 Years, MMCSC PSA Survey Respondents, (n=43), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

Figure 64 shows the percentage of substance use treatment admissions by primary drug from 2019-2023. Admission rates in Monmouth and Ocean counties and statewide were highest for alcohol and heroin use. In Monmouth County, 42.6% of admissions were for alcohol, compared to 35.1% statewide. In Ocean County, 40.6% of admissions were for heroin use, compared to 38.2% statewide. Additional information on substance use treatment admission from 2018-2022 can be found in Figure 107 in Appendix E. Additional Data Tables and Graphs.

Figure 64. Percent of Substance Use Treatment Admissions by Primary Drug, by State and County, 2019-2023



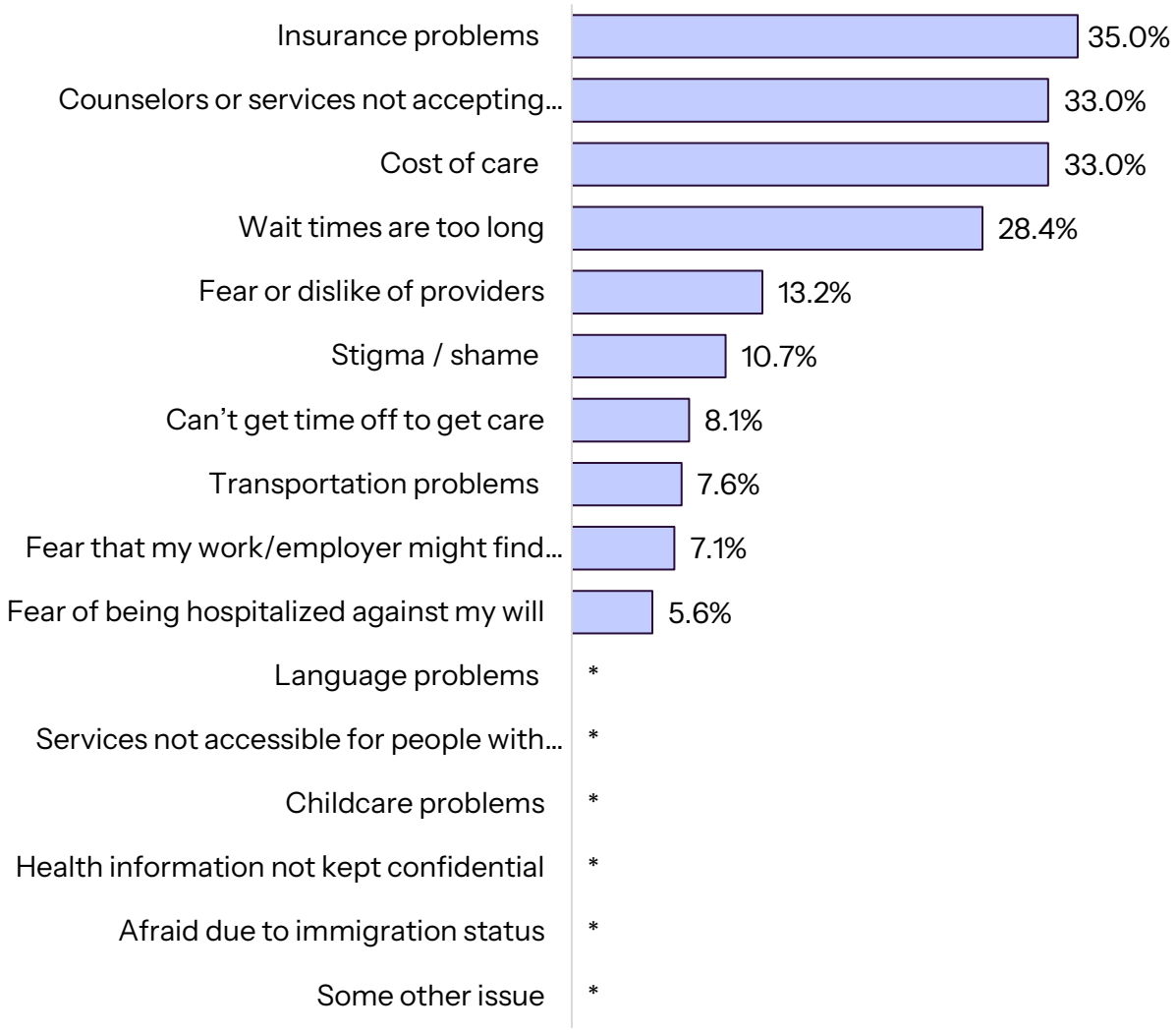
DATA SOURCE: Statewide Substance Use Overview Dashboard, Department of Human Services, Division of Mental Health and Addiction Services, 2024

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 MMCSCCHNA-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: insurance problems (35.0%), counselors or services not accepting new patients (33.0%), cost of care (33.0%), long wait times (28.4%), and fear/dislike of providers (13.2%) as the top five reasons (Figure 65).

Figure 65. Barriers Faced by MMCSC 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: An asterisk (*) means that data were suppressed due to low numbers.

Environmental Health

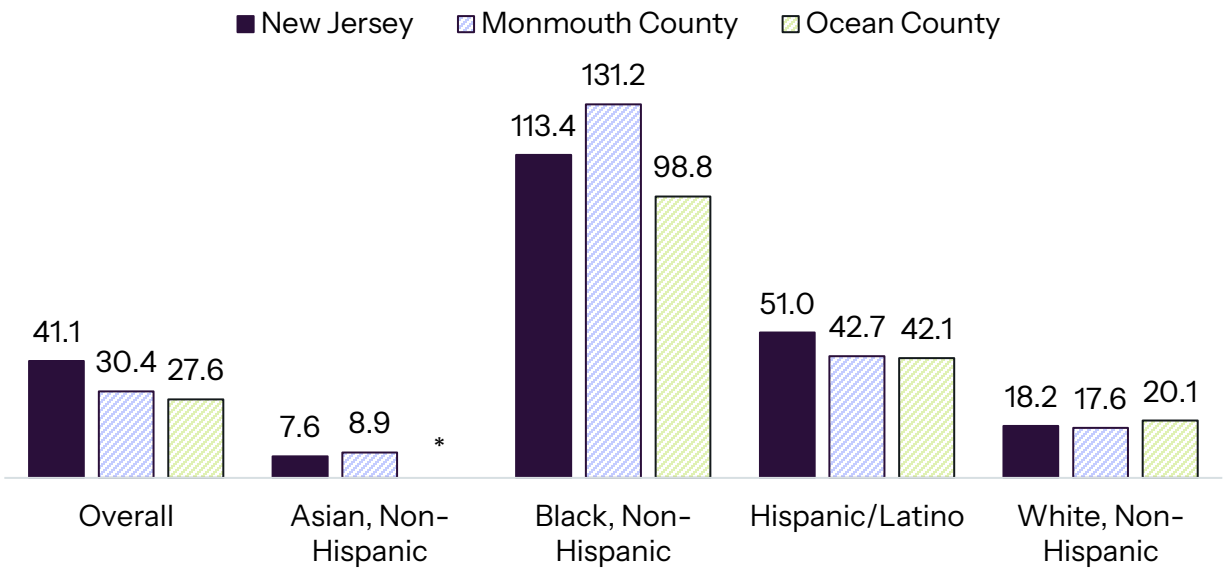
A healthy environment is associated with a high quality of life and good health. Environmental factors are various and far-reaching and include exposure to hazardous substances in the air, water, soil, or food; natural disasters and climate change; and the built environment. This section describes both 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, 7.8% of community health survey respondents ranked asthma as the top concern for children and youth in the MMCSC 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 MMCSC PSA. 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 66). In Ocean County, Black residents had a rate of 98.8 per 10,000, compared to 27.6 per 10,000 for the county overall. Figure 108 in Appendix E. Additional Data Tables and Graphs presents additional data on inpatient hospitalizations due to asthma.

Figure 66. Age-Adjusted Rate of Asthma Emergency Department Visits per 10,000, by Race/Ethnicity, by State and County, 2023



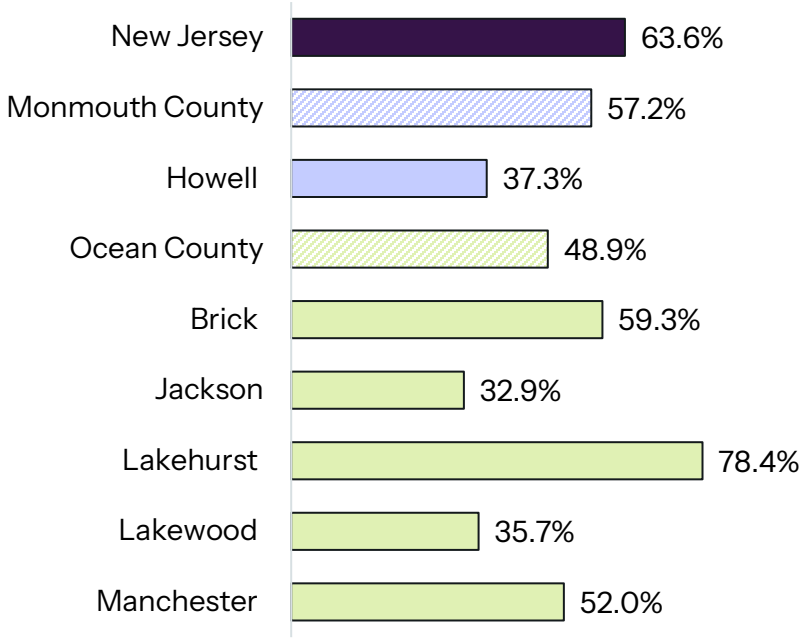
DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023
NOTE: An asterisk (*) means data are not presented because rates do not meet National Center for Health Statistics standards of statistical reliability for presentation.

Lead

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

Figure 67 shows that 57.2% of housing in Monmouth County was built prior to 1979, and 48.9% was in Ocean County, compared to 63.6% statewide. This ranged from 32.9% in Jackson to 78.4% in Lakehurst. 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 both Ocean and Monmouth Counties in 2022 (see Table 38 in Appendix E. Additional Data Tables and Graphs).

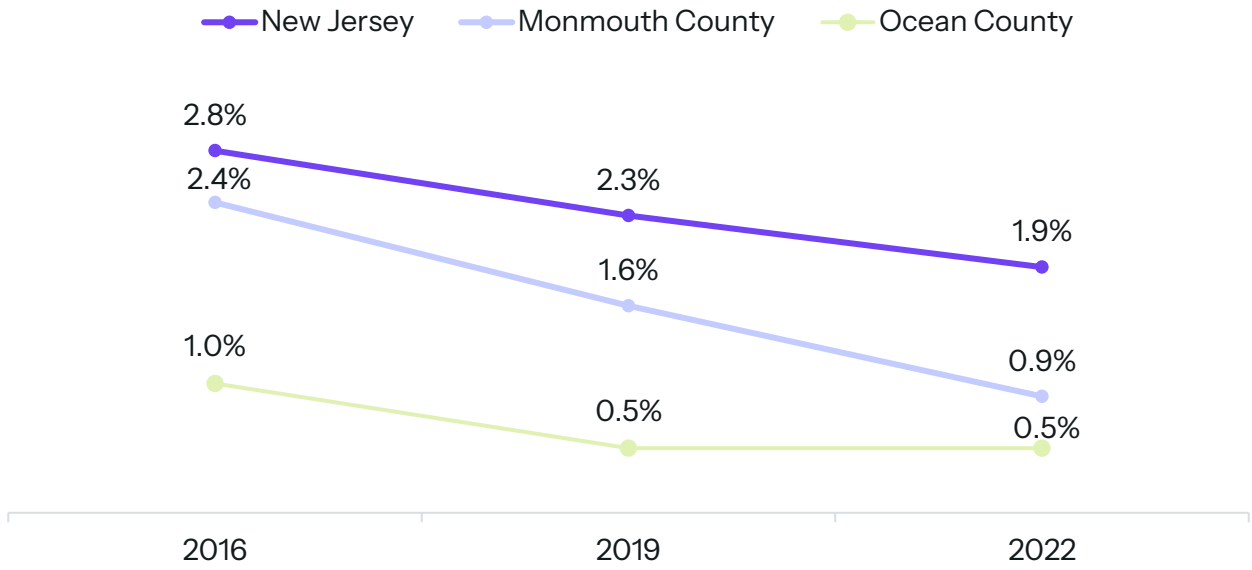
Figure 67. Percent of Houses Built Prior to 1979, by State, County, and Town, 2019-2023



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 (0.9%) and Ocean (0.5%) Counties compared to the state overall (1.9%), and that the proportion was steadily declining in all three geographies since 2016 (Figure 68).

Figure 68. Percentage of Children Younger than Six Years of Age 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 MMCSC 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 21 shows the rate of COVID-19 cases per 100,000 population from 2020 to 2022. In New Jersey overall, as well as Ocean and Monmouth Counties, the case rate approximately doubled between 2020 and 2021. In 2021, both counties had a higher case rate per 100,000 than the state overall, while in 2022, Monmouth's rate was slightly higher and Ocean's rate was slightly lower.

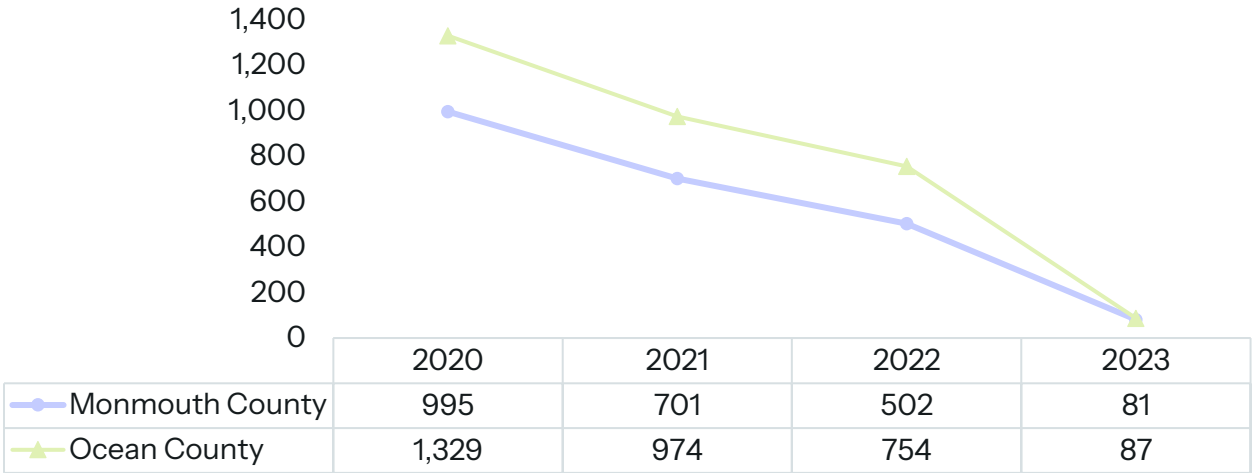
Table 21. Rate of COVID-19 Cases per 100,000, by State and County, 2020-2022

	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
Ocean County	6,504.2	13,718.5	12,032.1

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

Despite the increase in COVID-19 rates over time, the number of COVID-19 deaths decreased each year (Figure 69) due to the success of COVID-19 vaccinations and knowledge gained about how to treat severe cases. In 2020, 995 residents of Monmouth County and 1,329 residents of Ocean County died from COVID-19. By 2023, the number of deaths were 81 and 87, respectively – a greater than ten-fold decrease.

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



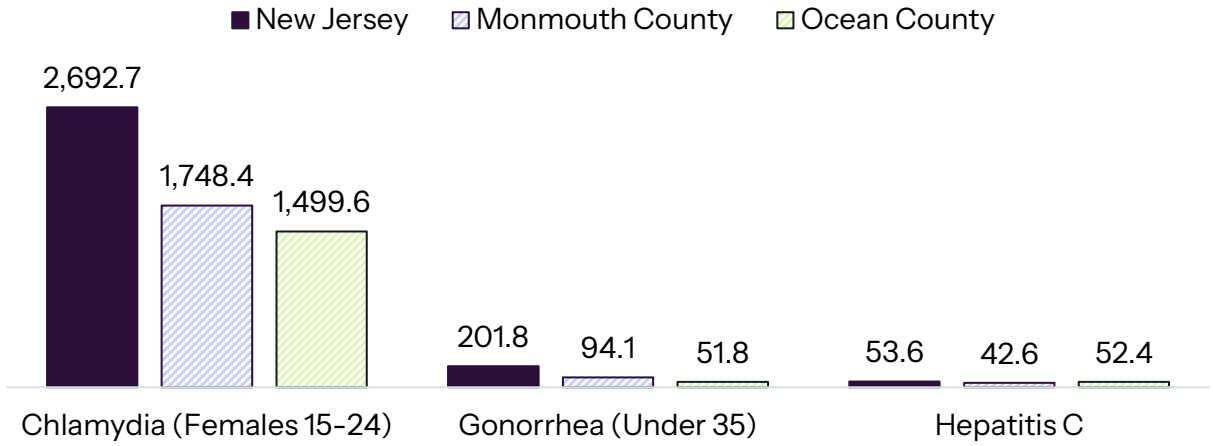
	2020	2021	2022	2023
Monmouth County	995	701	502	81
Ocean County	1,329	974	754	87

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

Sexual Health and Sexually Transmitted Infections

Chlamydia was the most common sexually transmitted disease in the state and across the MMCSC PSA service area, though cases in Monmouth (1,748.4 per 100,000) and Ocean (1,499.6) Counties were substantially lower than for New Jersey as a whole (2,692.7) among females aged 15-24 in 2019-2023 (Figure 70). Rates of gonorrhea and hepatitis C were also lower in Ocean and Monmouth Counties than statewide. More information on sexual health and sexually transmitted infections can be found in
Table 39 in the Appendix E. Additional Data Tables and Graphs.

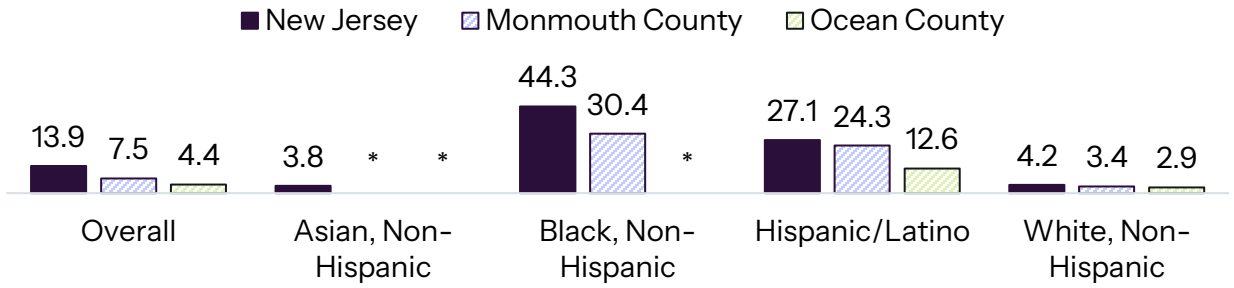
Figure 70. Incidence Rate of Chlamydia (Females Aged 15-24), Gonorrhea (Under Age 35), and Hepatitis C, per 100,000, by State and County, 2019-2023



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 (7.5 per 100,000 residents) and Ocean (4.4) Counties compared to New Jersey overall (13.9) (Figure 71). However incidence rates were higher among Black (30.4 per 100,000) and Latino (24.3) residents of Monmouth County.

Figure 71. 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: An asterisk (*) means that data are suppressed, as the rate does not meet National Center for Health Statistics standards of statistical reliability for presentation.

Maternal and Infant Health

The health and well-being of mothers and/or other birthing people, infants, and children are important indicators of community health. In Ocean County, both interviewees and focus group participants highlighted the high birth rates of communities, particularly in the Lakewood area: *"We have a huge birth rate [compared to] the rest of Ocean County. That comes with pre- and post-partum challenges."* Participants emphasized the need for additional OBGYN care in their communities, along with a labor and delivery department. One interviewee noted that needing to travel outside their community for maternity care leads to both physical and mental health

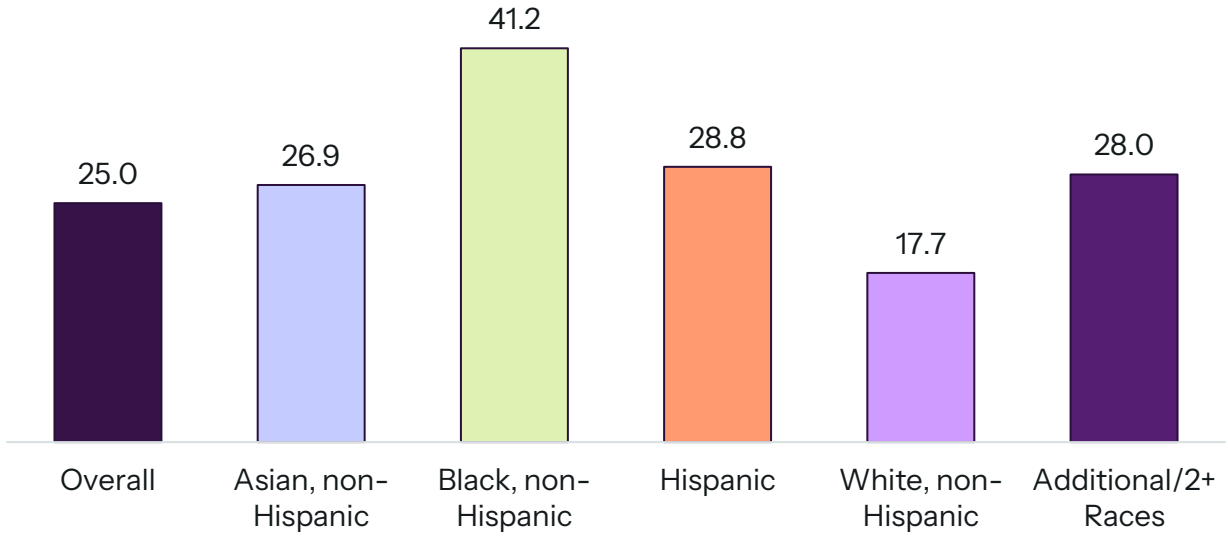
challenges: *"I have employees that have given birth on route to the hospital, and thinking what that does to someone's mental health, there's such a fear of not getting to the hospital on time."*

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

> *"There's definitely a need for OBGYN care. My own personal life, when I was pregnant, there wasn't a doctor to go to, I couldn't find one. They were closed or one or two practices that are like factories, in and out. I wanted more of a relationship with a doctor."*
> – Key informant interviewee

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 72).

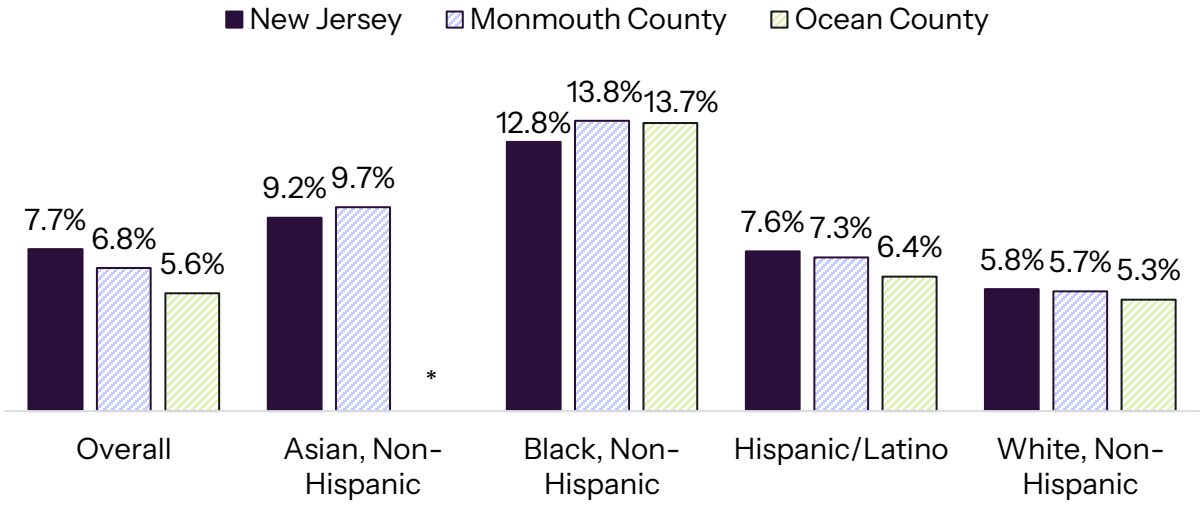
Figure 72. Severe Maternal Morbidity (SMM) with Transfusion per 1,000 Delivery Hospitalizations by Race/Ethnicity, by State, 2023



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 (7.0%) and Ocean (5.8%) Counties had lower proportions of low birthweight births than New Jersey overall (7.8%) in 2019-2023 (Figure 73). However, racial disparities were apparent, with 13.8% of Monmouth County births and 13.7% of Ocean County births of Black babies being low birthweight – even higher than the rate for Black babies in New Jersey overall (12.8%). A similar pattern occurred for very low birth weight outcomes (Figure 111) and preterm births (Figure 113 in Appendix E. Additional Data Tables and Graphs).

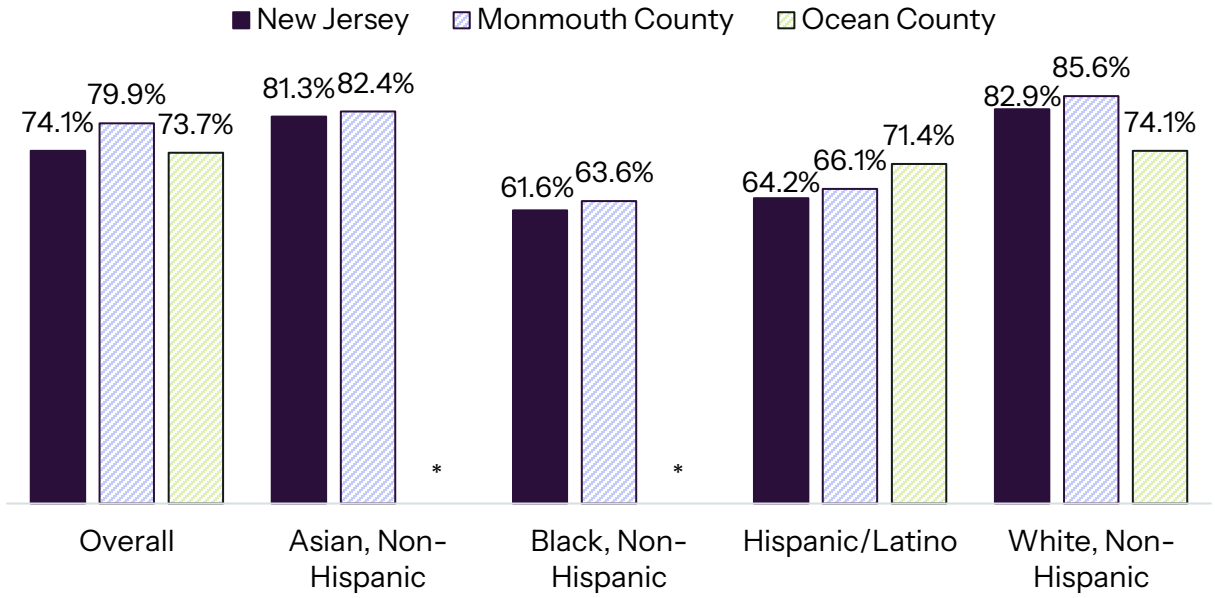
Figure 73. Percent Low Birth Weight Births, by Race/Ethnicity, by State and County, 2019-2023



DATA SOURCE: Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024
NOTE: An asterisk (*) means that the rate does not meet the National Center for Health Statistics standards of statistical reliability for presentation. Low birthweight is defined as under 2500 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 similar in Monmouth (79.9%) and Ocean (73.7%) Counties to New Jersey overall (74.1%) (Figure 74). 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 74. Percentage 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
NOTE: An asterisk (*) means that the rate does not meet the National Center for Health Statistics standards of statistical reliability for presentation.

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

Healthcare Access

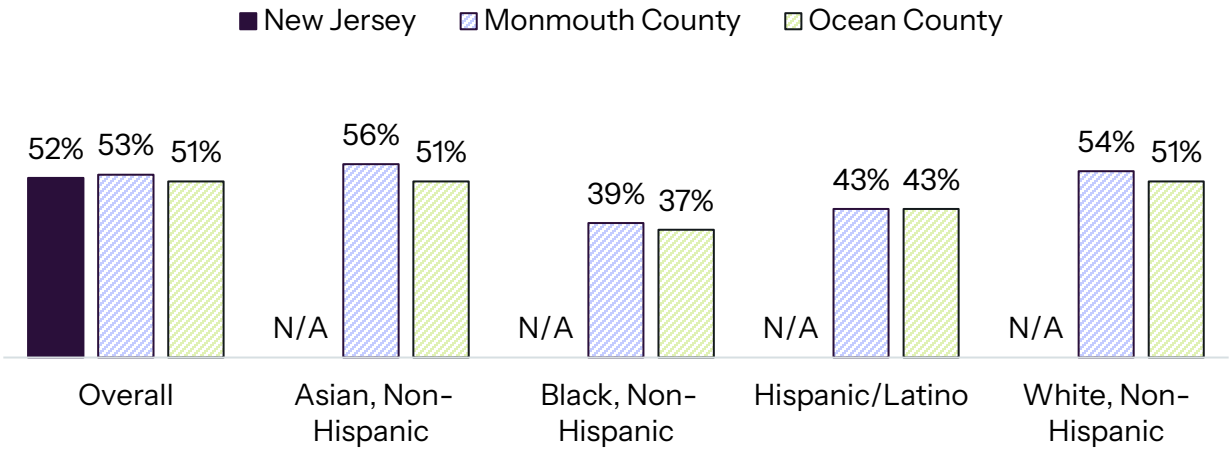
Access to healthcare services is important for promoting and maintaining health, preventing and managing disease, and reducing the chance of premature death. This section discusses the use of healthcare and other services, barriers to accessing these services, and the health professional landscape in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

Access and Utilization of Preventive Services

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

Over half of Monmouth (53%) and Ocean (51%) County residents who were enrolled in fee-for-service Medicare were vaccinated annually against the flu. Vaccination rates differed across race/ethnicity with Asian and White residents of both counties having a higher proportion of annual vaccinations than Black and Latino residents (Figure 75).

Figure 75. 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 2023
NOTE: Racial and ethnic stratifications not available at the state level.

Community survey respondents were asked what their top five sources of health information were. For MMCSC PSA survey respondents overall, these were healthcare providers (87.0%), online resources (39.9%), family member (24.4%), urgent care (23.5%), and hospital emergency department (22.4%) (Figure 76). The top two sources of health information were consistent across between Latino and White respondents.

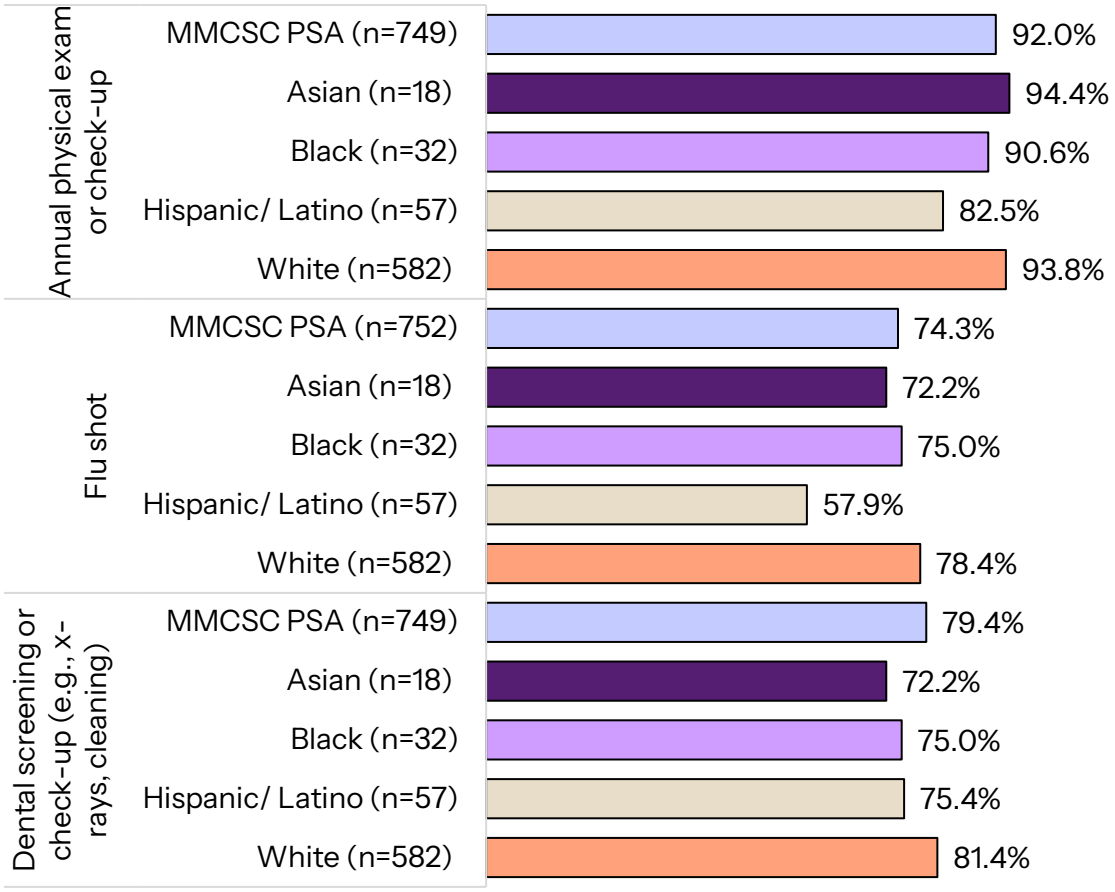
Figure 76. Top 5 Sources of Health Information among MMCSC PSA Survey Respondents, by Race/Ethnicity, 2024

	MMCSC PSA (n=661)	Asian (n=12)	Black (n=26)	Hispanic/ Latino (n=39)	White (n=535)
1	Health care provider (87.0%)	Health care provider (91.7%)	Health care provider (92.3%)	Health care provider (61.5%)	Health care provider (88.8%)
2	Online resources (e.g., WebMD) (39.9%)	*	*	Online resources (e.g., WebMD) (35.9%)	Online resources (e.g., WebMD) (42.2%)
3	Family member (24.4%)	*	*	*	Urgent care (24.3%)
4	Urgent care (23.5%)	*	*	*	Family member (23.7%)
5	Hospital emergency department (22.4%)	*	*	*	Hospital emergency department (22.2%)

DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: An 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, 92.0% of survey respondents in the MMCSC PSA reported having an annual physical exam in the last two years, while 74.3% reported having a flu shot, and 79.4% received dental screening (Figure 77). Latino respondents reported the lowest percentage of receiving a flu shot (57.9%), but they were fairly similar to other racial groups in receiving an annual physical exam and dental screening.

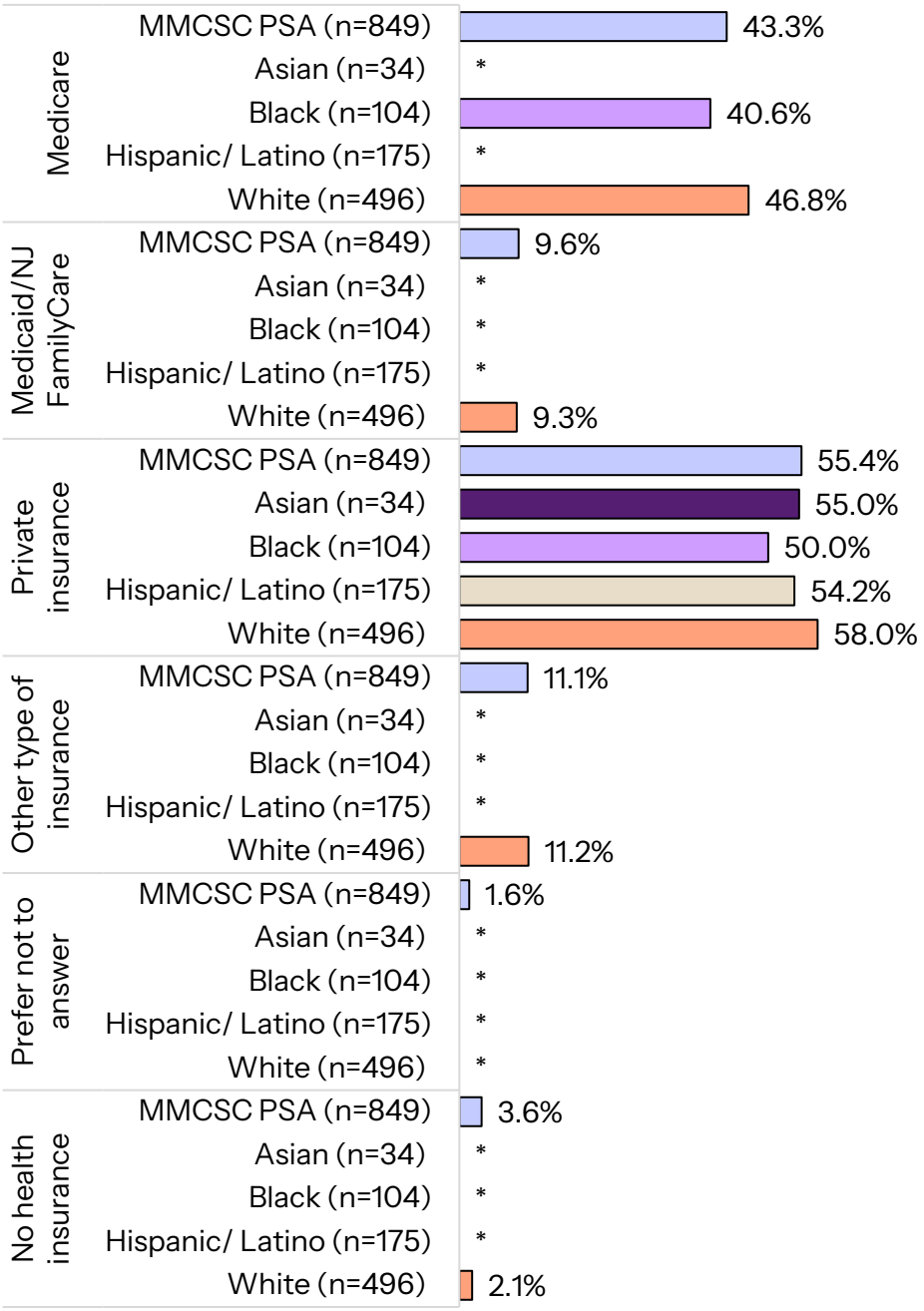
Figure 77. Participation in Selected Preventive Services in the Past 2 Years, MMCSC PSA Residents, by Race/Ethnicity, 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024. 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, 43.3% of survey respondents in the MMCSC PSA reported having Medicare, 9.6% reported having Medicaid/NJ FamilyCare, 55.4% reported having private insurance, and 11.1% reported having some other type of insurance (Figure 78). Endorsement of different insurance types was too low for meaningful comparisons by race/ethnicity.

Figure 78. Type of Health Insurance, MMCSC PSA Residents, by Race/Ethnicity, 2024

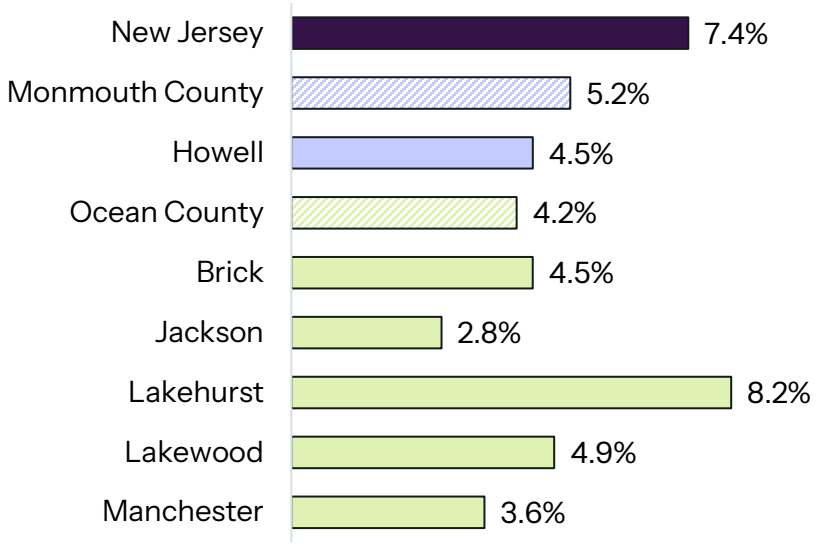


DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Asterisk (*) means that data are suppressed due to low numbers. N values refer to the total number of respondents, not only those who responded affirmatively to that question. N's for racial groups do not sum to the total N because of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

U.S. Census data show the percentage of uninsured population from 2019-2023 (Figure 79). Both Monmouth (5.2%) and Ocean (4.2%) Counties had lower uninsured rates than New Jersey

overall (7.4%). Proportions ranged from 2.8% in Jackson to 8.2% in Lakehurst. More information on health insurance rates and uninsured populations can be found in Figure 115 and Table 41 in Appendix E. Additional Data Tables and Graphs.

Figure 79. 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 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.

> *"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."*
> – Interviewee

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

Many focus group participants and interviewees highlighted the impact of the population growth in Ocean County and the need for increased resources, including healthcare services, to meet the need. Participants noted that the community has "*a shortage of providers, just not*

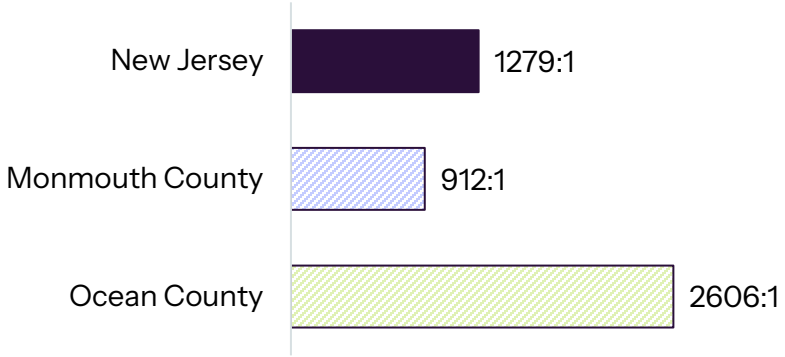
enough people to provide care," and this is leading to long wait times for appointments. One interviewee pointed to the difficulty in finding housing and school options in Ocean County as a barrier for providers taking job opportunities in the community: *"There's a group now trying to help doctors get set up with housing and school. We need to incentivize the doctors to come here."* Others noted the need for more specialists, including physical therapy, occupational therapy, mental health specialists, therapists, psychologists, psychiatrists, and social workers as key needs as the population has grown.

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

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

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 80). Ocean County had a notably worse ratio of one PCP per 2,606 residents.

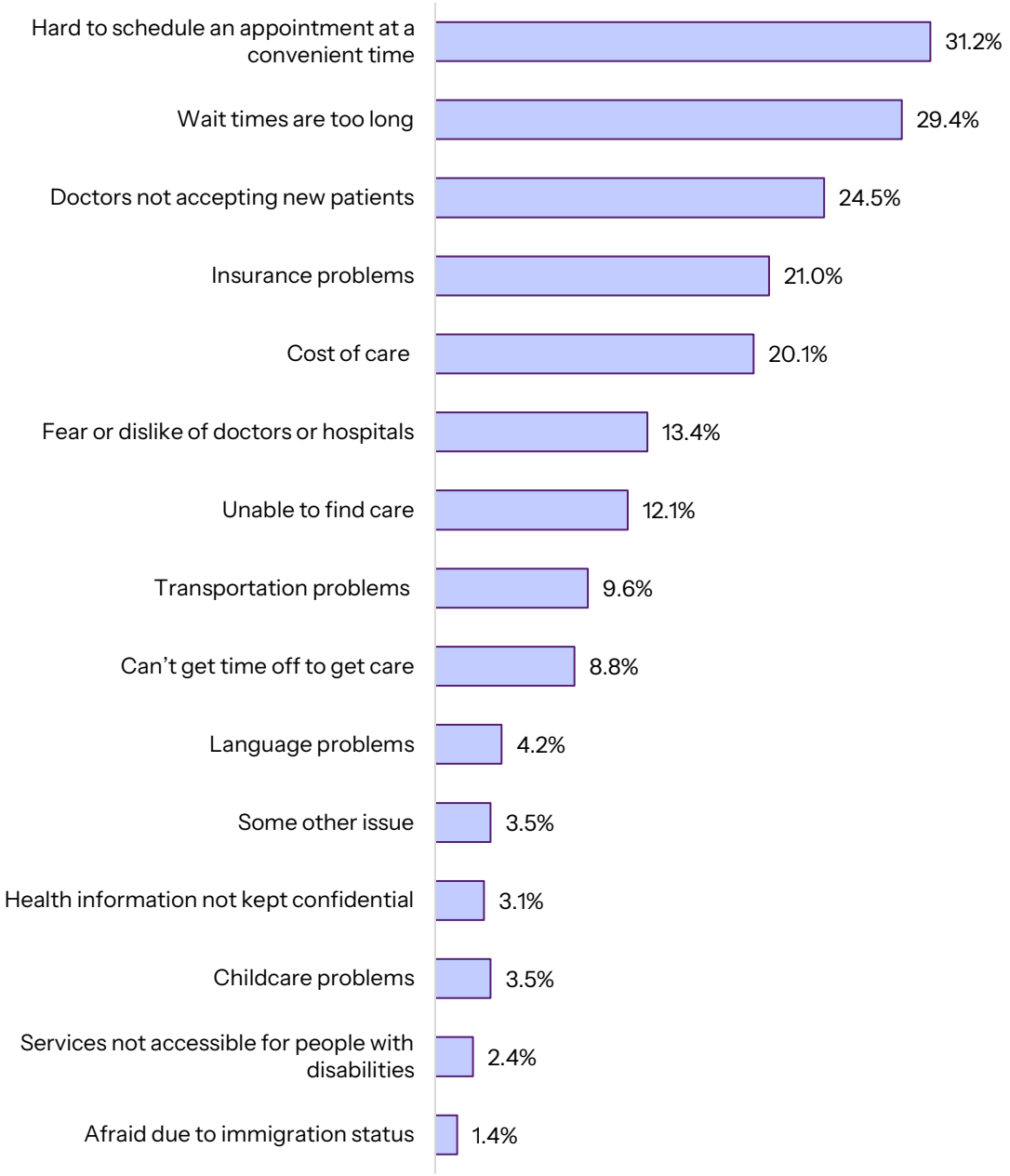
Figure 80. Ratio of Population to Primary Care Provider, by State and County, 2021



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 81). The top issues survey respondents identified overall were inability to schedule an appointment at a convenient time (31.2%), long wait times (29.4%), doctors not accepting new patients (24.5%), insurance problems (21.0%), and cost of care (20.1%)

Figure 81. Health Care Access Barriers Reported by Community Health Survey Respondents in MMCSC PSA, (n=718), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

Table 22 below presents the top five challenges by racial/ethnic groups. There were no notable differences between Latino and White respondents. Notably, Latinos did *not* list language problems as a major barrier, unlike in other regions of the state.

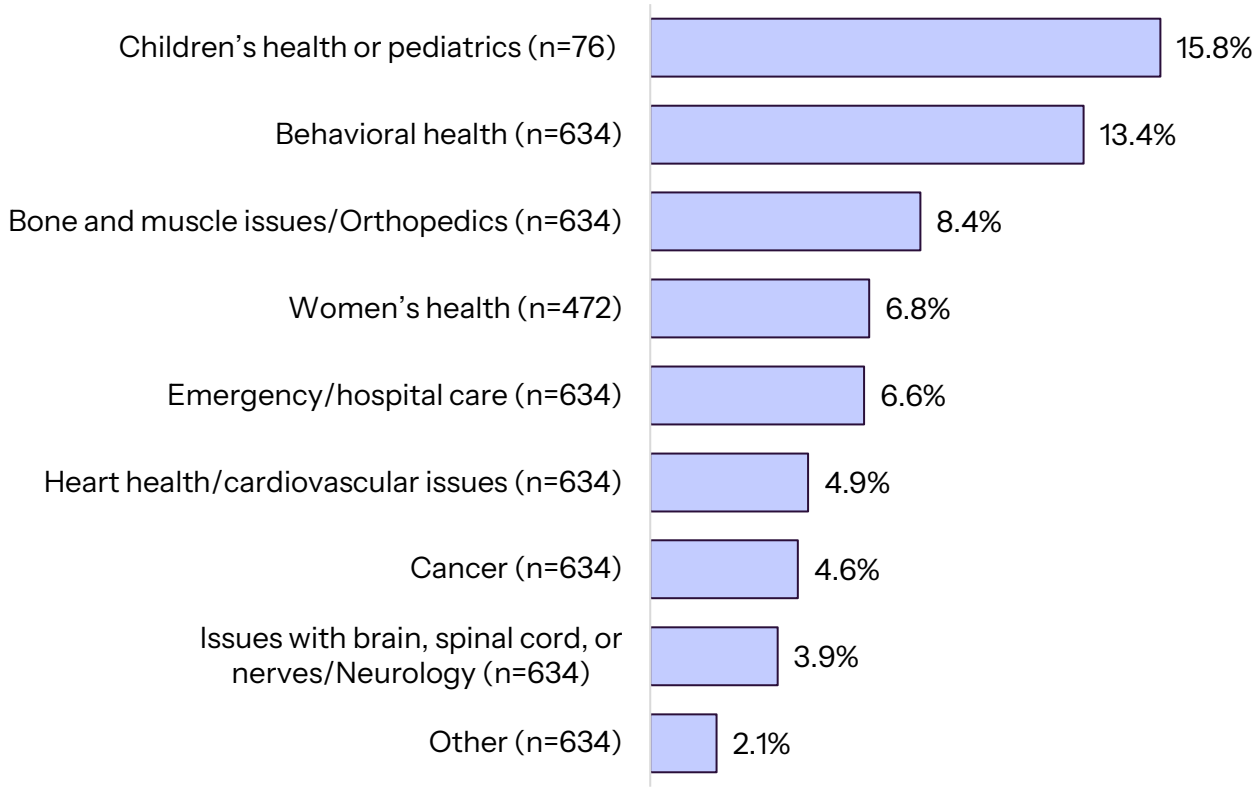
Table 22. Top 5 Health Care Access Barriers, MMCSC PSA Residents, by Race/Ethnicity, 2024

	MMCSC PSA (n=718)	Asian (n=16)	Black (n=30)	Hispanic/ Latino (n=57)	White (n=559)
1	Hard to schedule an appointment at a convenient time of day/evening/weekend (31.2%)	*	*	Hard to schedule an appointment at a convenient time of day/evening/weekend (33.3%)	Hard to schedule an appointment at a convenient time of day/evening/weekend (32.0%)
2	Wait times at doctor's office or clinic are too long (29.4%)	*	*	Wait times at doctor's office or clinic are too long (29.8%)	Wait times at doctor's office or clinic are too long (29.3%)
3	Doctors not accepting new patients (24.5%)	*	*	Doctors not accepting new patients (24.6%)	Doctors not accepting new patients (24.7%)
4	Insurance problems (21.0%)	*	*	Cost of care (24.6%)	Insurance problems (21.3%)
5	Cost of care (20.1%)	*	*	Insurance problems (21.1%)	Cost of care (18.6%)

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

Figure 82 shows the percentage of community survey respondents from the MMCSC 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 pediatric care (15.8%) and behavioral health care (13.4%).

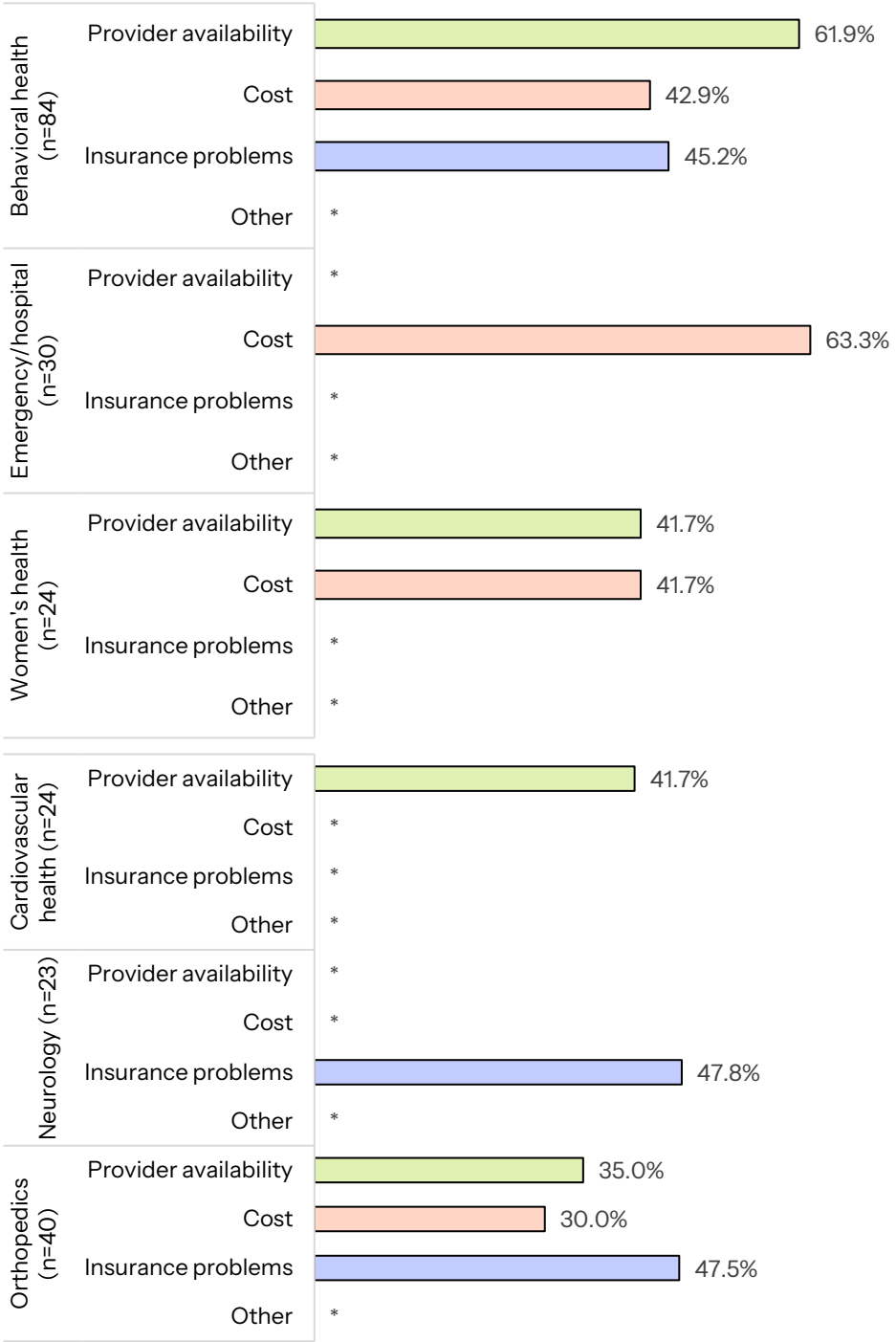
Figure 82. Percent of Community Survey Respondents in MMCSC PSA Who Reported Needing Specialist Care and Not Being Able to Go, by Type of Care Needed, 2024



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 (61.9%) and cardiovascular health (41.7%) was provider availability (Figure 83). Community respondents reported the largest barrier to seeking care from hospitals and/or emergency departments was cost (63.3%), the largest barriers for neurology (47.8%) and orthopedics (47.5%) was insurance problems, and the largest barriers for care for women's health were provider availability (41.7%) and cost (41.7%). Unfortunately, insufficient responses were available to show data for children's health or cancer.

Figure 83. Factors Preventing Community Survey Respondents from Obtaining Specialist Care, MMCSC PSA Survey Respondents, by Provider Type, 2024



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

Community Vision and Suggestions for the Future

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

Increased availability of healthcare and social services to meet the needs of a growing population. Community participants noted a need for more healthcare providers and services for the growing population, especially for maternal and child health services in the community (i.e. labor & delivery services, pediatrics, speech therapy, etc.). One participant noted that they hoped to see facilities identify ways to incentivize providers to work in the community to help reduce the long waiting lists for residents. Community survey respondents also identified difficulties scheduling an appointment at a convenient time, along with long wait times or providers not accepting new patients as the main barriers to accessing healthcare in the MMCSC service area (Figure 81). The need for additional services was also emphasized for other social services and programs outside of healthcare, including housing services. Participants hoped to see additional emergency and long-term shelter options for unhoused populations that provide the *"basic dignity and respect that they deserve"*, along with affordable housing options for community members.

> *"I'd like to see a larger maternity ward... It would be amazing if it could handle the capacity of Lakewood without having to travel to other hospitals. It would be great to have more funding to create more quality healthcare professionals for more availability and accessibility for the community."*
> - Focus group participant

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

health among first responders and medical staff, along with options for earlier interventions where residents could walk-in for less serious mental health services before reaching a crisis.

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

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

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

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

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

Key Themes and Conclusions

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

Local resources and services are facing challenges in meeting the increased need for services due to the rapid population growth. From the time period of 2014-2023, Ocean County had a 9.2% increase in population, with Lakewood experiencing the greatest increase at 35.6%.[32] Half of the population of Lakewood is now under 18 years of age. Participants viewed the infrastructure of the community as being unable to keep up with the population growth, noting that this had impacted housing affordability, traffic congestion, and long wait times for healthcare and other social services. Maternal and child health was a particular concern among residents who noted that the high birth rate in some communities, along with the lack of local labor & delivery services, was leading to residents traveling to receive maternity care. As one interviewee highlighted*: "We have a huge birth rate [compared to] the rest of Ocean County. That comes with pre- and post-partum challenges."* Others highlighted the need for more providers for maternal and child health such as pediatrics, occupational therapy, and speech therapy, especially services that accept public insurance and offer translation services.

The high cost of living, especially regarding housing and food, 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. Food insecurity was described as *"a dynamic social issue"* where most people are *"one paycheck or injury away from being in the food line."* Although participants noted that anyone can be impacted by food insecurity, some participants also highlighted the additional cost of needing to buy kosher food among Jewish communities. The high cost of living was also viewed as a particular concern in terms of housing affordability, with just 42.0% of MMCSC PSA survey respondents agreeing / strongly agreeing that there is enough safe and affordable housing in their community. Participants expressed concerns that the lack of affordable housing is more likely to impact some communities such as older adults, veterans, immigrants, disabled individuals, and those navigating mental health or substance use challenges. Homelessness was also highlighted as a particular concern in Ocean County, with multiple participants noting the need for emergency and long-term shelter options in the area to support the unhoused individuals in their communities.

Health disparities were widespread for Black and Latino residents of Ocean and Monmouth Counties. The health of Ocean and Monmouth County residents appears to be affected by their race and ethnicity. For example, cardiovascular disease mortality rates were notably higher for Black residents of Ocean and Monmouth Counties than for White residents. Cancer mortality was higher among Black residents of Ocean County compared to Whites; Emergency Department visits for asthma were seven times more common for Black residents than White residents of Monmouth County and five times higher for Black residents than White residents of Ocean County. About a quarter of Latino community survey respondents reported feeling

[32] U.S. Census Bureau, American Community Survey, ACS 5-Year Estimates, 2014-2018 & 2019-2023

discriminated against when receiving medical care based on their race/ethnicity (26.5%), culture and religious background (22.5%) and their language/speech (24.5%).

The current environment and federal policies related to immigration and reduced social service funding have created a sense of fear and anxiety among individuals, communities, and organizations. Economically vulnerable community members 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. Multiple participants reported a decrease in 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. Local organizations also emphasized their concerns around continuing to provide necessary services to residents with the uncertainty of future funding.

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.). Although mental health was identified as the sixth top health concern among MMCSC PSA survey respondents overall, it was the number one concern for children and youth. Participants expressed that mental and behavioral health challenges were already prevalent in their communities, but that they had been exacerbated by the COVID-19 pandemic and the current political environment. As one interviewee noted, *"The times we are in is not helping at all, it's only adding to it with the anxiety and uncertainty."* Participants emphasized the detrimental impact of stigma on access to mental and behavioral health services, the need for additional services that accept public health insurance, and the need for additional long-term treatment programs and housing services for residents with serious mental illness and substance use disorders. This was mirrored among MMCSC PSA survey respondents who identified the top barriers to mental health or substance use services for themselves or a family member as insurance problems (35.0%), counselors or services not accepting new patients (33.0%), and cost of care (33.0%).

Lack of affordable health insurance coverage, provider shortages, and language barriers were described as challenges for community members in accessing healthcare services. Although participants generally reported good relationships with their primary care providers, the long wait times, high cost of care, and insurance limitations were all highlighted as barriers to healthcare. This was mirrored among MMCSC PSA survey respondents who identified the top barriers to healthcare access as having a hard time scheduling an appointment at a convenient time (31.2%), wait times at doctor's offices or clinics being too long (29.4%), and doctors not accepting new patients (24.5%). Participants viewed the rapid population growth as impacting the long wait times for appointments, especially for specialty care including physical therapy, occupational therapy, mental health specialists, and social workers. Multiple participants also noted the need for additional providers that accept public health insurance and offer translation services, as these were noted as additional barriers that residents face when accessing care.

Prioritization and Alignment Process and Priorities Selected for Planning

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

Criteria for Prioritization
A high-level set of prioritization criteria were used across facilities in the RWJB system to guide conversations to define and refine priorities:

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

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

Input from Community Members and Stakeholders via Primary Data Collection
During each step of the primary data collection phase of the CHNA, assessment participants were asked for input. Key informant interviewees and focus group participants were asked about the most pressing concerns in their communities and the top three priority issues for future action and investment (see 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 Perceptions of Health 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 issue areas 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 and 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. These initial polling results elevated the following four potential priority areas from the key findings data:

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

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 (SIPs). The polling results across sessions aligned in elevating Mental Health, Healthcare Access, and Food Insecurity and 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 and 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 four priorities to focus on when developing their strategic implementation plans (listed 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 a subtopic of Substance Use)

Health & Racial Equity and Systemic Racism and 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 & Management; Healthcare Access (with a subtopic of Maternal and Child Health); and Food Insecurity and Healthy Eating. Health and Racial Equity, Systemic Racism and Discrimination, and Economic Stability will be included as cross-cutting themes with strategies to address health disparities.

Monmouth Medical Center Southern Campus Community Health Needs Assessment: Appendix

November 2025

PREPARED BY
HEALTH RESOURCES IN ACTION

RWJBarnabas HEALTH | Monmouth Medical Center Southern Campus

Appendix

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

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

Appendix B: Key Informant Interview Guide

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 FACIILTATOR:

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

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

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

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

I. BACKGROUND (5 MINUTES)

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

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

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

- Our interview will last about 45 – 60 minutes. When we are done with the data collection, we will write a report on the key themes that came up during these discussions. We will include quotes, but we will not share any names or identifying information. Nothing that

you say here will be connected directly to you in our report. The final report will be publicly available through RWJBarnabas Health in late 2025 / early 2026.

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

- Do you have any questions before we begin?

II. INTRODUCTION (5 MINUTES)

1. Can you tell me a bit about yourself and the work that your organization does? What communities do you work in or serve?

   [PROBE: What is your organization's mission/services? What communities do you work in? Who are your main clients/audiences?]

III. COMMUNITY ASSETS AND CONCERNS (20 minutes)

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

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

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

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

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

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

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

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

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

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

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

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

V. VISION FOR THE FUTURE (10 MINUTES)

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

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

VI. CLOSING (2 MINUTES)

Thank you so much for your time and sharing your opinions.

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

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

Appendix C: Focus Group Guide

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 Ocean County

Acute Care Facilities Resource_Ocean County

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

AMBULATORY CARE FACILITY	25205	TRU OB GYN AND BIRTH CENTER (NJ25205)	1382 LANES MILL ROAD LAKEWOOD, NJ 08701	LAKEWOOD	NJ	08701	OCEAN	(732) 994-4242	(732) 835-6411	Tru Ob/Gyn & Birth Center, Llc
AMBULATORY CARE FACILITY	25285	BEACON OF LIFE (NJ25285)	800 ROUTE 70 LAKEHURST, NJ 08733	LAKEHURST	NJ	08733	OCEAN	(732) 592-3401		Beacon Of Life
AMBULATORY CARE FACILITY	25343	EAST BRUNSWICK IMAGING CENTER, LLC (NJ25343)	1215 ROUTE 70, SUITE 1003 LAKEWOOD, NJ 08701	LAKEWOOD	NJ	08701	OCEAN	(732) 613-6300	(732) 613-6318	East Brunswick Imaging Center, Llc
AMBULATORY CARE FACILITY	25288	OCEAN INTEGRATED WELLNESS CENTER, LLC (NJ25288)	864 ROUTE 37 WEST TOMS RIVER, NJ 08755	TOMS RIVER	NJ	08755	OCEAN	(732) 503-4079	(732) 503-4127	Nj Community Spine & Pain, Llc
AMBULATORY CARE FACILITY	25452	NJIN OF TOMS RIVER WEST (NJ25452)	1251 ROUTE 37 WEST, SUITE 180 TOMS RIVER, NJ 08755	TOMS RIVER	NJ	08755	OCEAN	(973) 508-6535		The New Jersey Imaging Network Llc
AMBULATORY CARE FACILITY - SATELLITE	24259	OHI MOBILE VAN (NJ24259)	101 2ND STREET LAKEWOOD, NJ 08701	LAKEWOOD	NJ	08701	OCEAN	(732) 363-6655	(732) 901-0663	Ocean Health Initiatives, Inc
AMBULATORY CARE FACILITY - SATELLITE	25275	CENTER FOR HEALTH EDUCATION, MEDICINE AND DENTISTR (NJ25275)	1171 RIVER AVENUE LAKEWOOD, NJ 08701	LAKEWOOD	NJ	08701	OCEAN	(732) 364-6666	(732) 534-8072	Lakewood Resources And Referral Center (Lrrc)
AMBULATORY CARE FACILITY - SATELLITE	25440	CENTER FOR HEALTH EDUCATION, MEDICINE AND DENTISTRY (NJ25440)	275 SOUTH HOPE CHAPEL ROAD JACKSON, NJ 08527	JACKSON	NJ	08527	OCEAN	(732) 364-6666		Lakewood Resource & Referral Center
AMBULATORY CARE FACILITY - SATELLITE	25374	CENTER FOR HEALTH EDUCATION, MEDICINE AND DENTISTRY (NJ25374)	1771 MADISON AVE, ROUTE 9 LAKEWOOD, NJ 08701	LAKEWOOD	NJ	08701	OCEAN	(732) 534-2144		Lakewood Resource And Referral Center, Inc.
AMBULATORY SURGICAL CENTER	24918	CHILDREN'S DENTAL SURGERY OF JACKSON (24918-1)	27 SOUTH COOKS BRIDGE ROAD, SUITE L2 JACKSON, NJ 08527	JACKSON	NJ	08527	OCEAN	(732) 928-1099	(732) 833-1690	Children'S Dental Surgery Center Of Jackson, Llc
AMBULATORY SURGICAL CENTER	22660	PHYSICIANS' SURGICENTER, LLC (NJ22660)	1 PLAZA DRIVE, UNITS 2-4 TOMS RIVER, NJ 08757	TOMS RIVER	NJ	08757	OCEAN	(732) 818-0059	(732) 818-9997	Physicians' Surgi-Center, Llc
AMBULATORY SURGICAL CENTER	23141	SEASHORE SURGICAL INSTITUTE, LLC (NJ23141)	495 JACK MARTIN BOULEVARD BRICK, NJ 08724	BRICK	NJ	08724	OCEAN	(732) 836-9800	(732) 836-3077	Seashore Surgical Institute, Llc
AMBULATORY SURGICAL CENTER	23286	LAKEWOOD SURGERY CENTER, LLC (NJ23395)	1215 ROUTE 70 LAKEWOOD, NJ 08701	LAKEWOOD	NJ	08701	OCEAN	(732) 719-1800	(732) 719-1801	Lakewood Surgery Center Llc
AMBULATORY SURGICAL CENTER	R24502	NORTHEAST SURGI-CARE LLC (NJ24061)	475 ROUTE 70, SUITE 203 LAKEWOOD, NJ 08701	LAKEWOOD	NJ	08701	OCEAN	(732) 719-8806	(732) 987-5302	Northeast Surgicare Llc
AMBULATORY SURGICAL CENTER	24106	JASPER AMBULATORY SURGICAL CENTER, LLC (NJ24106)	74 BRICK BOULEVARD, BUILDING 3, SUITE 121 CPAVILION PROFESSIONAL CENTER BRICK, NJ 08723	BRICK	NJ	08723	OCEAN	(732) 262-0700	(732) 262-0400	Jasper Ambulatory Surgical Center, L.L.C.
AMBULATORY SURGICAL CENTER	24143	ATLANTICARE SURGERY CENTER-OCEAN COUNTY (NJ24143)	798 ROUTE 539, BUILDING A, SUITE 1 LITTLE EGG HARBOR TW, NJ 08087	LITTLE EGG HARBOR TW	NJ	08087	OCEAN	(609) 296-1122	(609) 296-1142	Atlanticare Surgery Center, L.L.C.
AMBULATORY SURGICAL CENTER	24394	Northeast Surgi-Care, LLC (NJ24394)	475 ROUTE 70 Suite 202 LAKEWOOD, NJ 08701	LAKEWOOD	NJ	08701	OCEAN	(732) 730-3939	(732) 730-9119	Northeast Surgi-Care, Llc
AMBULATORY SURGICAL CENTER	24462	MANCHESTER SURGERY CENTER (NJ24462)	1100 ROUTE 70 WHITING, NJ 08759	WHITING	NJ	08759	OCEAN	(732) 716-8116	(732) 849-1511	Manchester Surgery Center
AMBULATORY SURGICAL CENTER	R24521	NJ CATARACT AND LASER INSTITUTE LLC (NJ31C0001020)	101 PROSPECT STREET, SUITE 102 LAKEWOOD, NJ 08701	LAKEWOOD	NJ	08701	OCEAN	(732) 367-0699	(732) 367-0937	Cataract And Laser Institute
AMBULATORY SURGICAL CENTER	R24571	OCEAN COUNTY EYE ASSOCIATES (NJ31C0001078)	18 MULE ROAD TOMS RIVER, NJ 08755	TOMS RIVER	NJ	08755	OCEAN	(732) 818-1200	(732) 349-6350	Ocean County Eye Associates, Pc
AMBULATORY SURGICAL CENTER	R24582	ENDOSCOPY CENTER OF OCEAN COUNTY (NJ31C0001082)	477 LAKEHURST ROAD TOMS RIVER, NJ 08755	TOMS RIVER	NJ	08755	OCEAN	(732) 349-4422	(732) 349-5087	Endoscopy Center Of Ocean County, Llc
AMBULATORY SURGICAL CENTER	22909	OCEAN ENDOSURGERY CENTER (NJ31C0001095)	129 ROUTE 37 WEST, SUITE 1 TOMS RIVER, NJ	TOMS RIVER	NJ	08755	OCEAN	(732) 797-3960	(732) 797-3963	Ocean Endosurgery Center, L.L.C.

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

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

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

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

Long Term Care Facilities Resource_Ocean County

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

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

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

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

Part 2: Mental Health Services in Ocean County

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

OCEAN COUNTY (Continued)

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

Supported Employment Services
Preferred Behavioral of Health
Group

725 Airport Road
Lakewood, NJ 08701

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

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

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

Monmouth Junction, NJ 08852
(609) 299-3129

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

Toms River, NJ 08755
(732) 914-1546

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

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

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

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

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

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

Appendix E. Additional Data Tables and Graphs

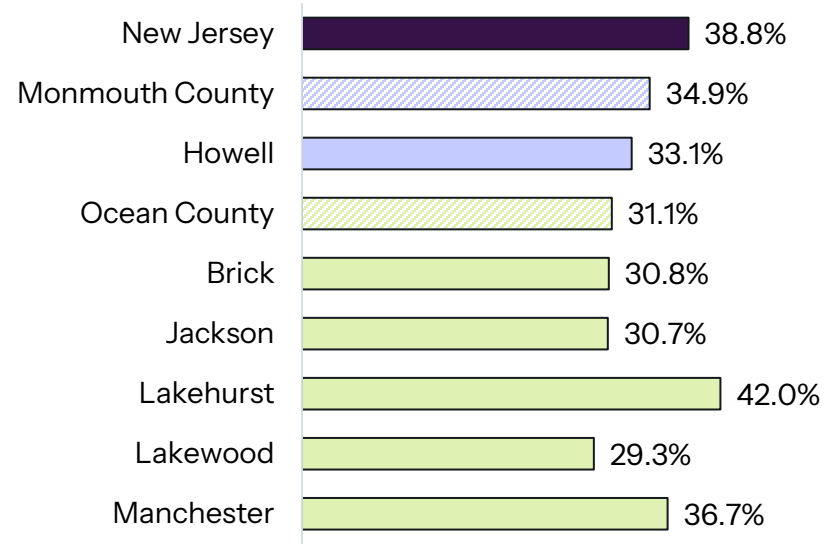
Population Overview

Table 23. 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%
Howell	12.0%	13.6%	1.6%
Ocean County	7.9%	8.0%	0.1%
Brick	7.4%	8.3%	0.9%
Jackson	8.5%	8.7%	0.2%
Lakehurst	11.6%	8.9%	-2.7%
Lakewood	12.2%	8.3%	-3.9%
Manchester	7.3%	10.3%	3.0%

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

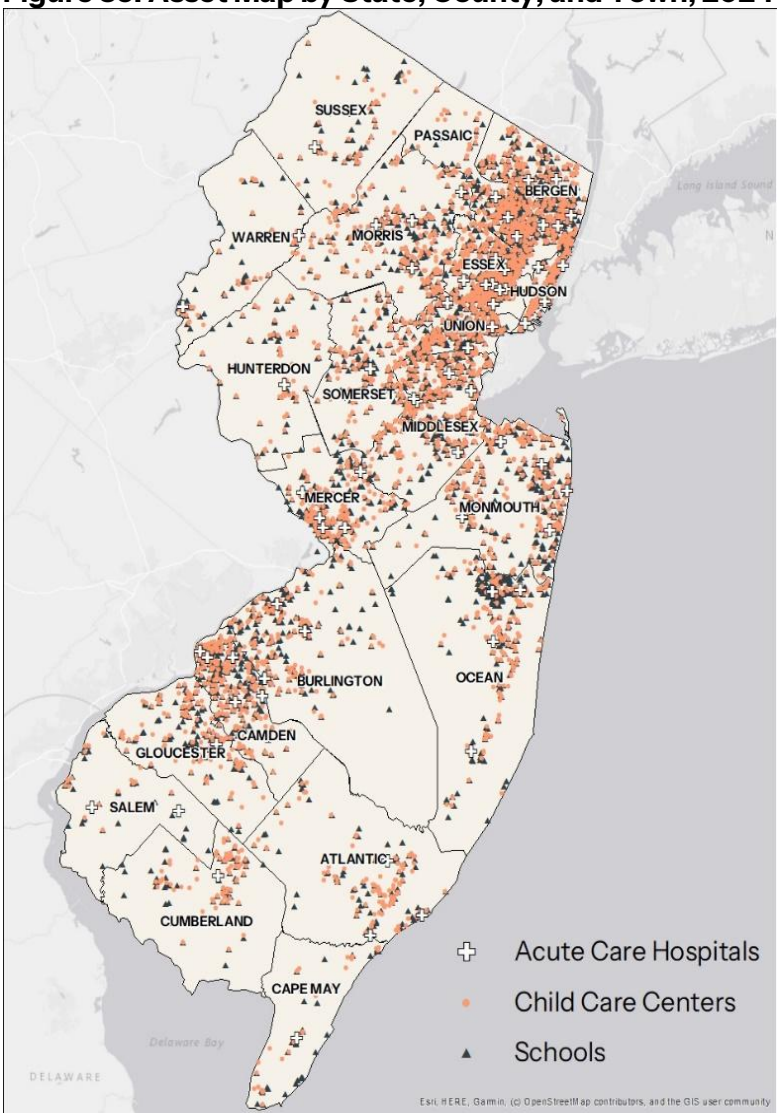
Figure 84. Percent Population Lacking English Proficiency (Out of Population Who Speak a Language Other than English at Home), by State, County, and Town, 2019-2023



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

Green Space and Built Environment

Figure 85. Asset Map by State, County, and Town, 2024



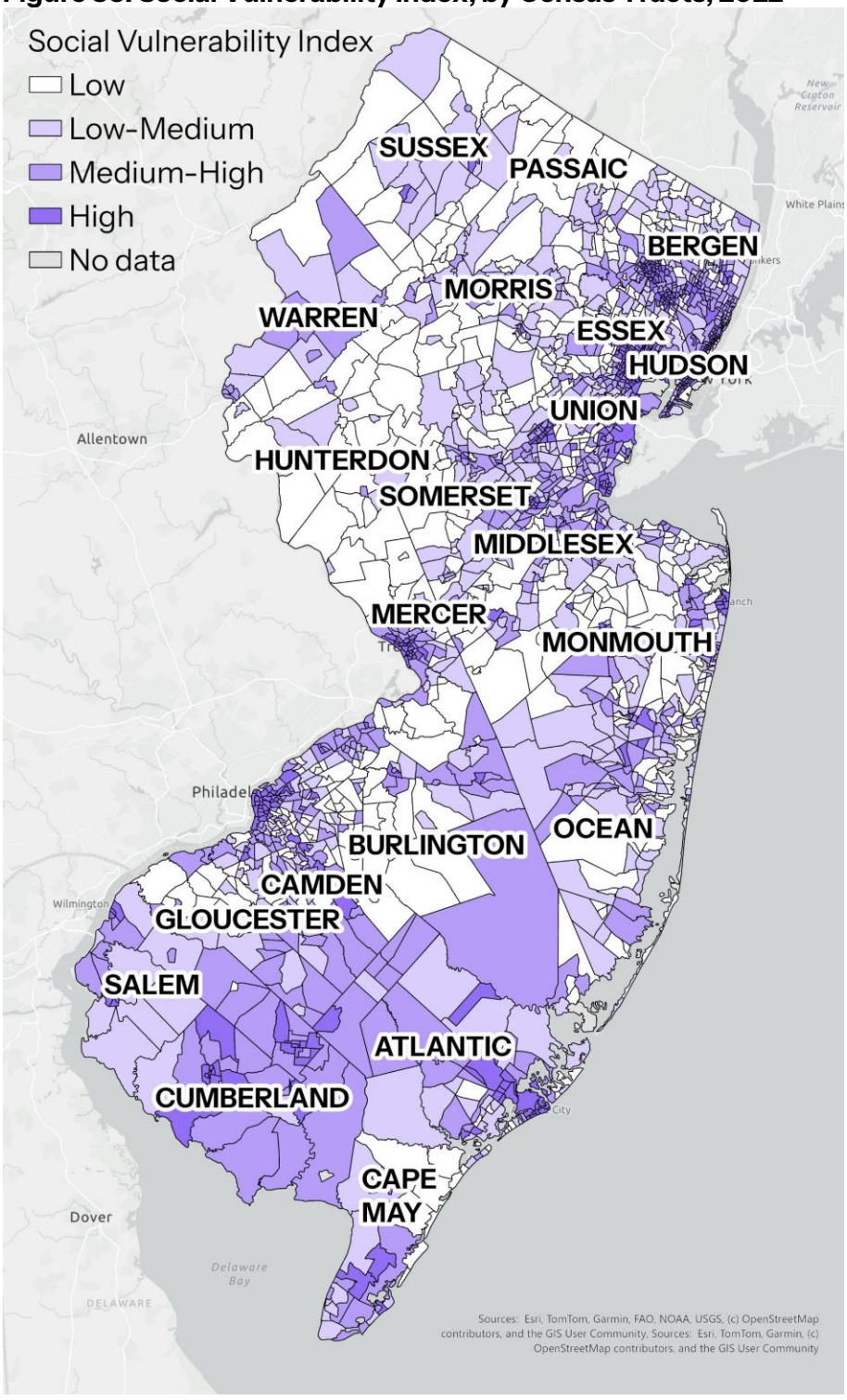
DATA SOURCE: NJ Department of Environmental Protection Bureau of GIS, Schools and Child Care Centers and Acute Care Hospitals, 2024

Table 24. Social Vulnerability Index, by State and County, 2022

	Overall SVI
New Jersey	0.5
Monmouth County	0.2
Ocean County	0.5

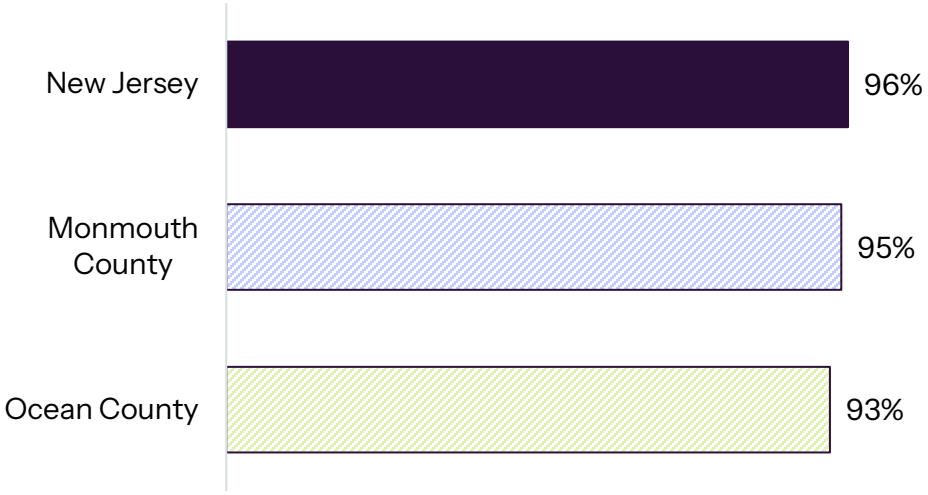
DATA SOURCE: CDC, ATSDR's Geospatial Research, Analysis, & Services Program (GRASP), 2022
NOTE: A percentile ranking represents the proportion of tracts (or counties) that are equal to or lower than a tract (or county) of interest in terms of social vulnerability. For example, a CDC/ATSDR SVI ranking 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 86. 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 87. Percent Population with Adequate Access to Location for Physical Activity, by State and County, 2020-2023



DATA SOURCE: Business Analyst, Delorme map data, ESRI, & U.S. Census Files, as cited by RWJF-County Health Rankings 2020-2024

Education

Table 25. 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%
Howell	94.5%	44.1%
Ocean County	93.3%	33.7%
Brick	95.4%	33.8%
Jackson	94.0%	38.6%
Lakehurst	87.5%	17.0%
Lakewood	90.9%	32.8%
Manchester	92.8%	23.6%

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

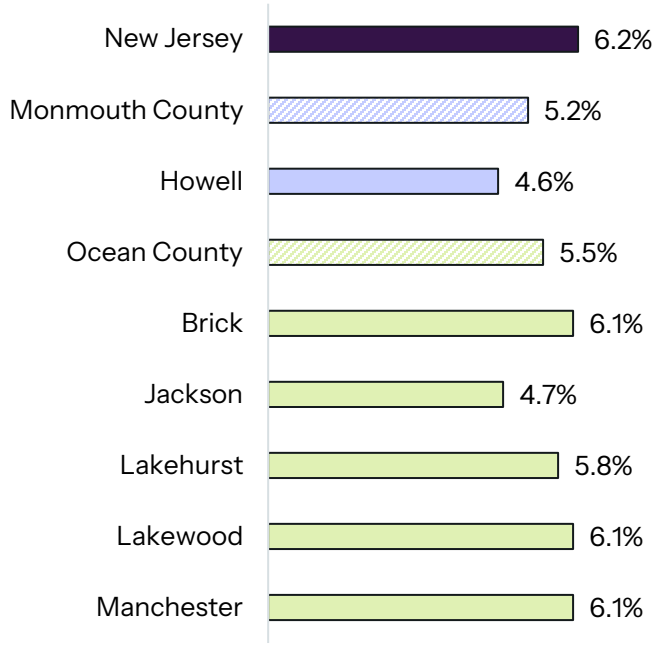
Table 26. Educational Attainment of Adults Aged 25+ (HS+, BA/BS+), by Race/Ethnicity, by State, County, and Town, 2019-2023

	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%
Howell	96.8%	74.9%	96.4%	39.1%	85.8%	29.5%	95.8%	44.7%	68.2%	27.1%	97.4%	36.2%
Ocean County	92.8%	60.0%	89.0%	25.5%	80.6%	22.0%	94.8%	34.4%	75.7%	19.6%	88.1%	30.3%
Brick	88.8%	60.5%	95.6%	27.1%	90.3%	26.0%	96.0%	33.9%	82.1%	22.6%	98.0%	38.1%
Jackson	98.5%	60.8%	92.7%	41.5%	86.3%	28.0%	94.9%	39.1%	86.7%	23.1%	87.3%	30.7%
Lakehurst	100.0%	27.5%	100.0%	0.0%	80.3%	8.1%	85.5%	15.9%	90.6%	9.4%	83.9%	33.9%
Lakewood	98.6%	75.3%	81.5%	15.3%	67.2%	18.7%	94.9%	34.7%	71.6%	18.4%	78.3%	34.5%
Manchester	95.2%	59.3%	92.2%	22.9%	85.2%	9.0%	93.3%	23.8%	89.0%	18.8%	83.7%	15.8%

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

Employment and Workforce

Figure 88. Unemployment 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 27. 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%
Howell	4.6%	7.9%	8.5%	4.3%	1.7%	3.5%	6.3%	3.9%	1.9%	3.5%	5.2%
Ocean County	5.5%	11.7%	6.8%	4.9%	5.1%	4.2%	4.5%	6.1%	6.4%	6.6%	3.0%
Brick	6.1%	3.2%	8.0%	6.5%	7.3%	5.7%	6.8%	5.3%	5.8%	5.4%	0.0%
Jackson	4.7%	23.8%	7.7%	2.4%	6.4%	2.5%	1.1%	7.1%	2.2%	10.9%	0.0%
Lakehurst	5.8%	0.0%	14.5%	0.0%	12.1%	9.7%	5.1%	7.2%	0.0%	0.0%	-
Lakewood	6.1%	15.7%	7.8%	2.2%	3.6%	3.5%	7.8%	11.7%	11.8%	6.3%	3.2%
Manchester	6.1%	17.4%	3.1%	9.3%	7.4%	6.4%	2.7%	3.1%	7.7%	6.8%	4.2%

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

Table 28. 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%
Howell	4.6%	5.7%	3.1%
Ocean County	5.5%	5.2%	5.2%
Brick	6.1%	6.8%	6.0%
Jackson	4.7%	4.0%	3.2%
Lakehurst	5.8%	6.6%	6.4%
Lakewood	6.1%	4.0%	7.2%
Manchester	6.1%	4.6%	6.8%

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

Income and Financial Security

Table 29. Median Household Income, by Race/Ethnicity, by State, County, and Town, 2019-2023

	Overall	Asian	Black or African American	Hispanic or Latino	White	Additional Race	2+ Races
New Jersey	$101,050	$154,105	$68,457	$74,331	$113,091	$70,457	$84,641
Monmouth County	$122,727	$170,069	$70,926	$100,130	$128,268	$85,855	$125,648
Howell	$129,855	$177,308	$137,604	$124,063	$129,215	$122,212	$160,441
Ocean County	$86,411	$112,813	$69,654	$76,731	$87,175	$75,889	$79,500
Brick	$101,170	$92,803	$58,279	$105,926	$101,567	$105,563	$112,813
Jackson	$108,947	$126,642	$95,699	$133,102	$108,263	$156,069	$97,520
Lakehurst	$80,458	$96,416	-	$80,750	$72,447	-	-
Lakewood	$62,947	$73,929	$50,405	$57,821	$65,403	$60,742	$61,622
Manchester	$58,612	$67,250	$81,649	$65,766	$56,504	$65,500	$59,518

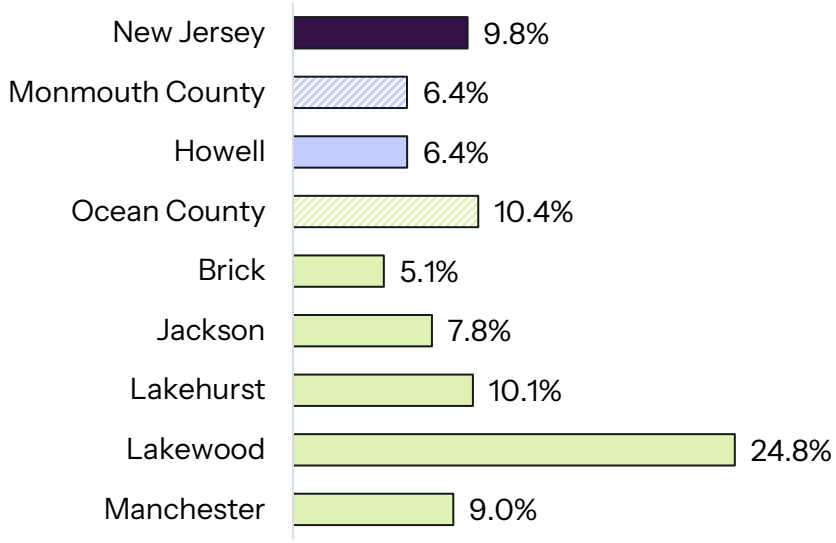
DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023
NOTE: A dash (-) means that data was suppressed.

Table 30. 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 origin (of any race)	White, non-Hispanic	Additional Races, 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%
Howell	6.4%	0.0%	7.5%	10.7%	5.7%	17.0%	10.9%
Ocean County	10.4%	5.1%	12.6%	11.3%	10.4%	10.7%	10.6%
Brick	5.1%	21.8%	7.4%	7.5%	4.3%	5.7%	6.7%
Jackson	7.8%	0.0%	11.0%	11.5%	7.3%	9.2%	8.4%
Lakehurst	10.1%	0.0%	33.2%	16.1%	6.7%	17.1%	17.9%
Lakewood	24.8%	0.8%	28.9%	25.6%	25.0%	20.0%	28.2%
Manchester	9.0%	8.7%	5.0%	14.9%	8.8%	4.2%	19.1%

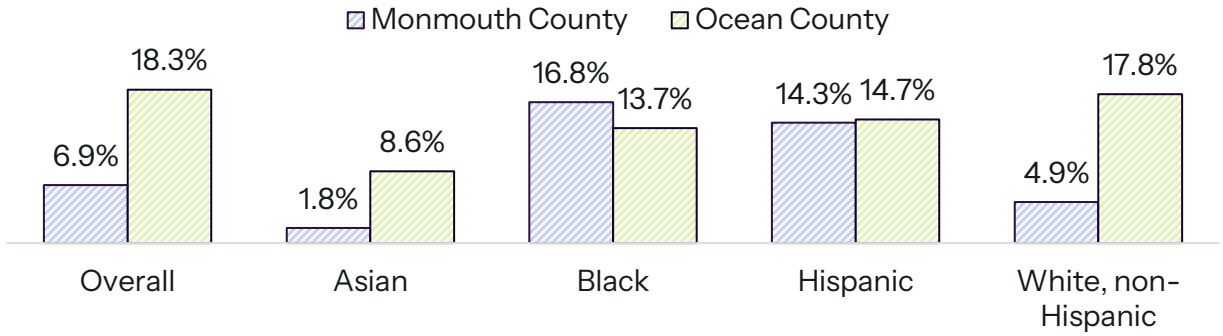
DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Figure 89. Percentage of Children Living Below the Poverty Line, by State and County, 2019-2023



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

Figure 90. Percent Children Living Below the Poverty Line, by Race/Ethnicity, by County, 2022



DATA SOURCE: U.S. Census Bureau, Small Area Income and Poverty Estimates, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2022

Food Access and Food Insecurity

Table 31. Households Receiving Food Stamps/SNAP, by Race/Ethnicity of Householder, by State, County, and Town, 2019-2023

	Overall	Asian	Black or African American	Hispanic or Latino	White	Additional Race	2+ Races
New Jersey	8.8%	5.6%	27.3%	37.7%	27.7%	16.3%	14.9%
Monmouth County	5.0%	3.9%	22.9%	20.3%	50.0%	9.0%	8.4%
Howell	2.1%	7.7%	0.0%	11.4%	75.7%	7.2%	5.2%
Ocean County	6.4%	1.9%	5.7%	14.2%	76.2%	4.4%	6.3%
Brick	3.6%	6.3%	17.6%	12.1%	62.1%	2.7%	8.4%
Jackson	5.6%	8.4%	16.3%	12.0%	63.3%	0.0%	6.3%
Lakehurst	11.2%	0.0%	0.0%	28.3%	61.9%	11.5%	26.5%
Lakewood	16.6%	0.8%	2.5%	14.7%	81.3%	5.5%	5.6%
Manchester	6.9%	1.8%	3.5%	9.9%	83.9%	1.8%	2.8%

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

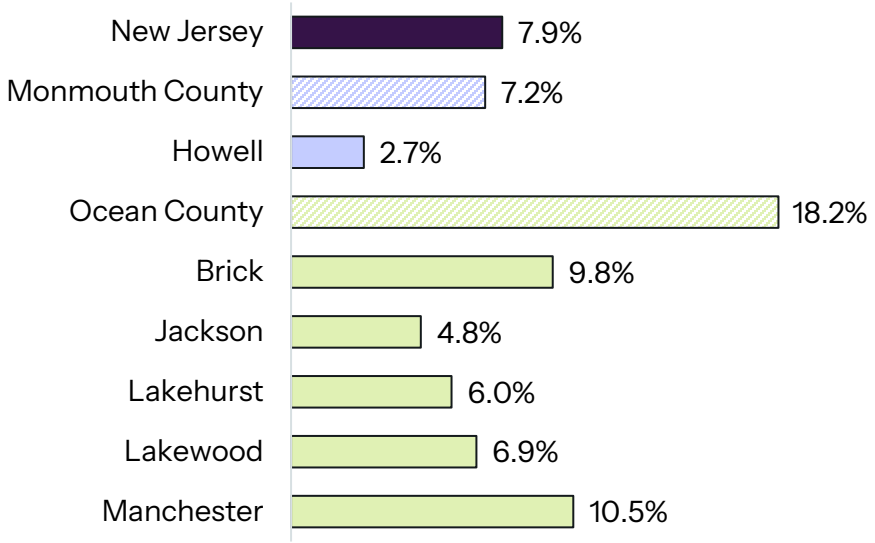
Table 32. Food Desert Factor Score, by Designated Food Desert Communities, 2022

County	Municipality	Population Weighted Avg FDF Score	Avg Food Desert Low Access Score (supermarket)	Food Desert Population (2020)
Ocean	Lakewood North	39.4	37.4	49364
	Lakewood South	39.0	48.4	49831

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



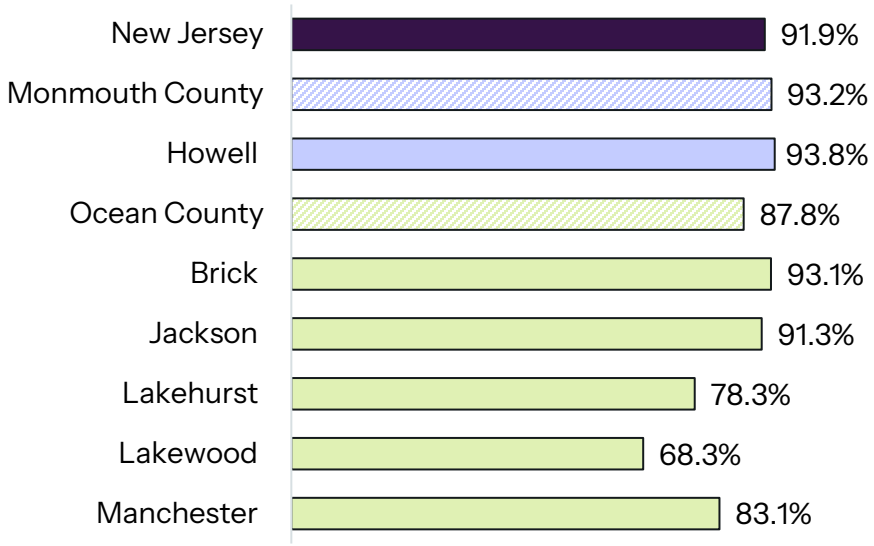
DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Table 33. 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%
Howell	98.9%	0.9%	0.2%
Ocean County	97.7%	1.8%	0.4%
Brick	98.9%	0.5%	0.6%
Jackson	98.9%	1.1%	0.1%
Lakehurst	99.9%	0.0%	0.1%
Lakewood	88.1%	9.9%	2.0%
Manchester	99.4%	0.5%	0.0%

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

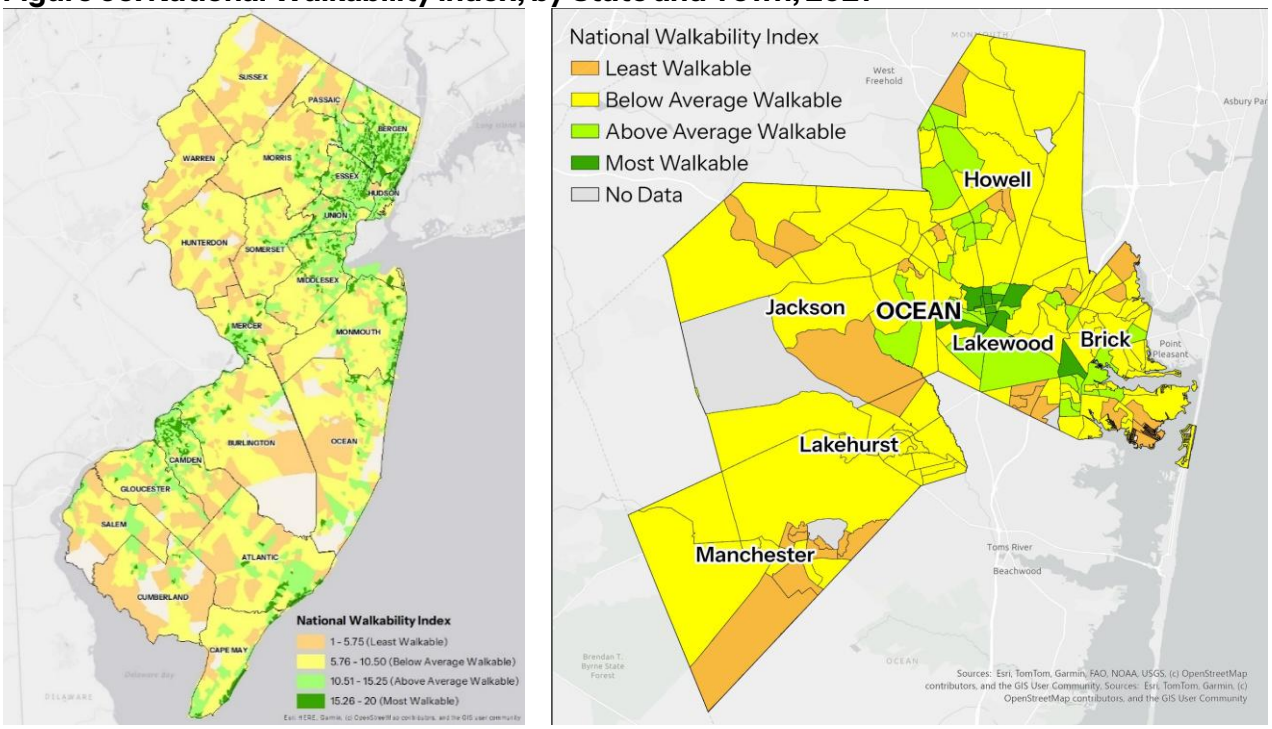
Figure 92. Households with Internet, by State, County, and Town, 2019-2023



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

Transportation

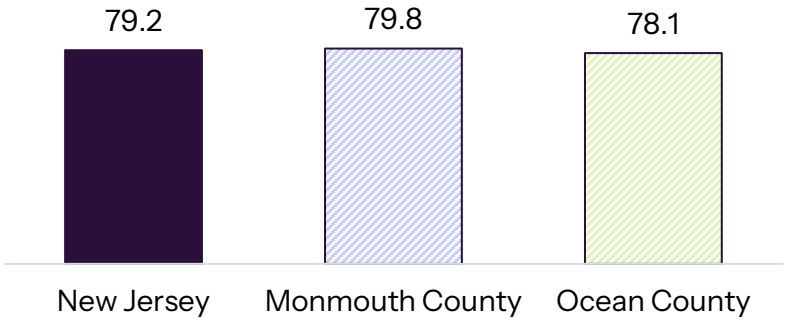
Figure 93. National Walkability Index, by State and Town, 2021



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

Leading Causes of Death and Premature Mortality

Figure 94. Life Expectancy in Years, by State and County, 2021



DATA SOURCE: National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program 2024

Table 34. Age-Adjusted Rate of Hospital Emergency Department Visits per 10,000 for Injury, Poisoning, and Other External Causes, by State and County, 2023

	Rate per 100,000
New Jersey	597.7
Monmouth County	633.7
Ocean County	648.0

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

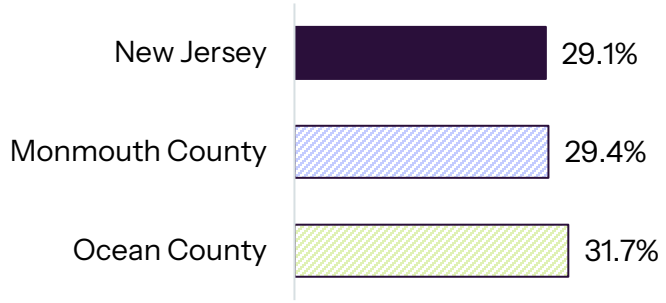
Table 35. Injury Deaths per 100,000 Population, by State and County, 2017-2021

	Rate per 100,000
New Jersey	65.5
Monmouth County	61.7
Ocean County	72.8

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

Obesity and Physical Activity

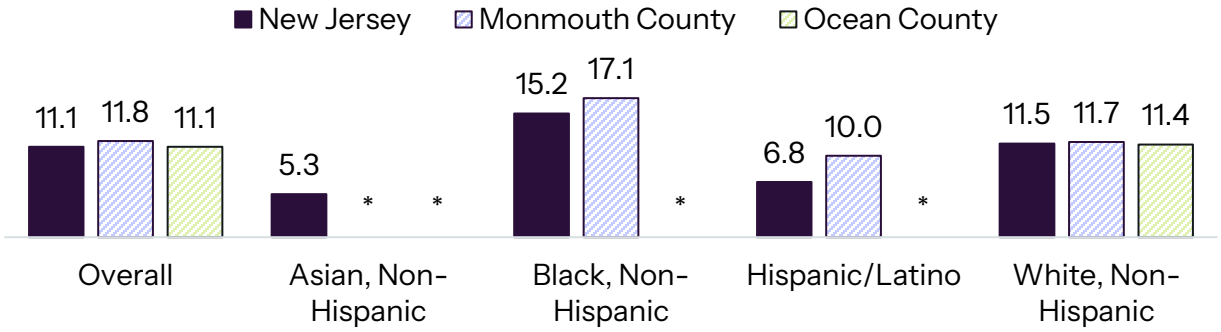
Figure 95. Percent Adults Self-Reported Obese, by State and County, 2022



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

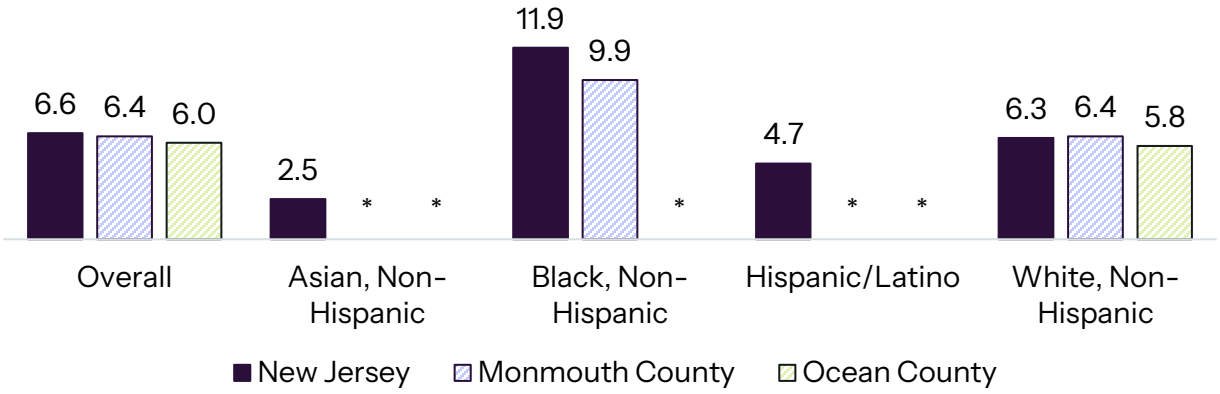
Cancer and Chronic Disease

Figure 96. Age-Adjusted Rate of Deaths due to Breast Cancer per 100,000, by Race/Ethnicity, by State and County, 2017-2021



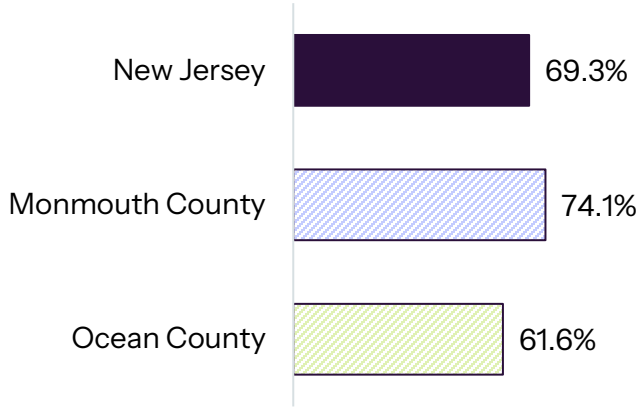
DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023
NOTE: An asterisk (*) means that data was suppressed.

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



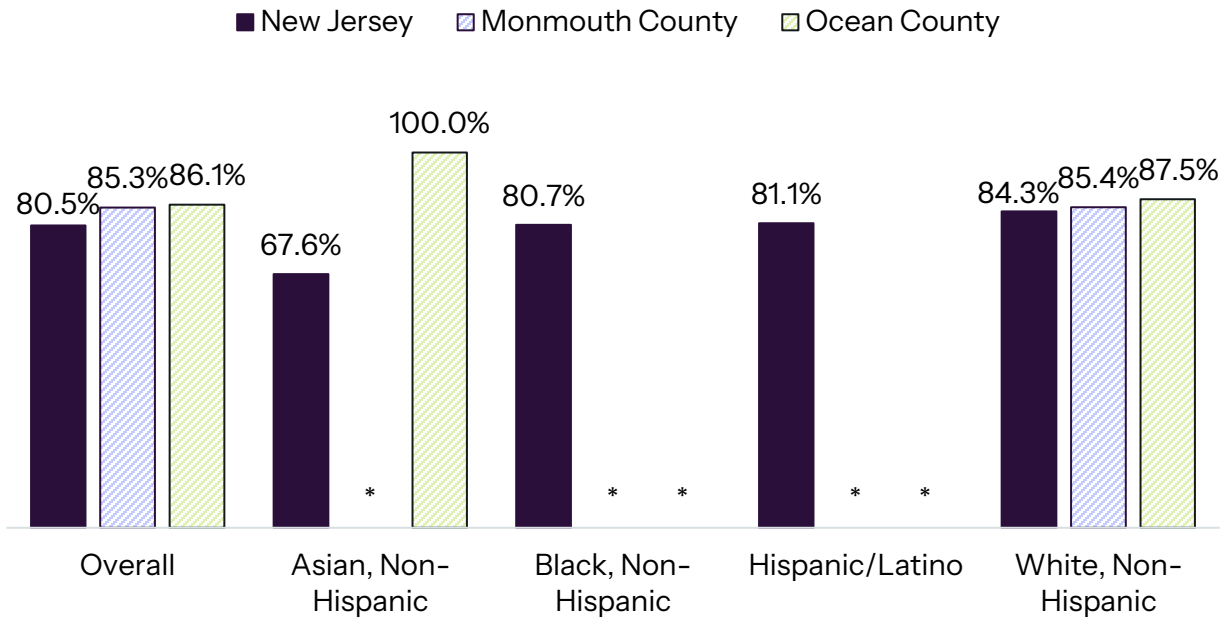
DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023
NOTE: An asterisk (*) means that data was suppressed.

Figure 98. Percent with a Mammography Screening Within the Past Two Years (Age 40-74), by State and County, 2022



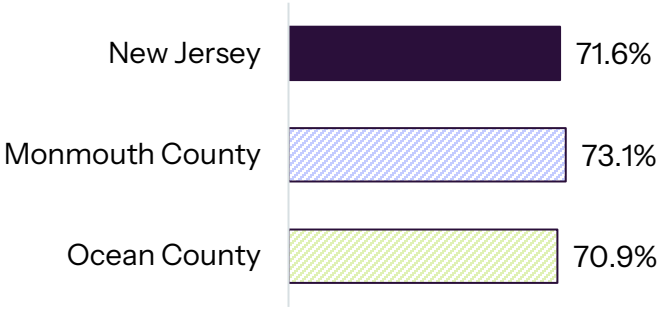
DATA SOURCE: Data source updated to DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2022

Figure 99. 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: An asterisk (*) means that data was suppressed, as the rate does not meet National Center for Health Statistics standards of statistical reliability for presentation.

Figure 100. 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

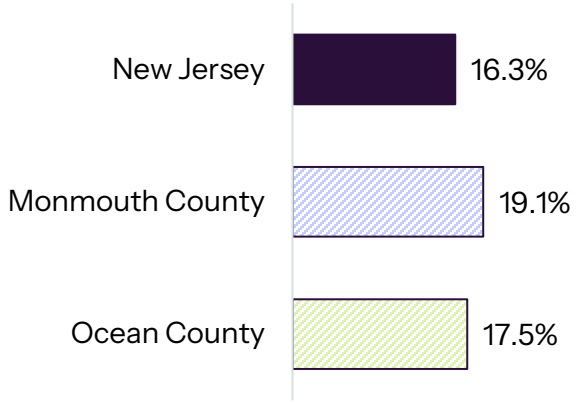
Table 36. Percent with Disability, by Age, by State, County, and Town, 2019-2023

	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%
Howell	0.0%	3.0%	3.8%	6.7%	11.7%	42.6%
Ocean County	0.4%	3.8%	5.8%	10.5%	22.5%	44.6%
Brick	0.4%	5.1%	7.2%	10.6%	20.5%	40.1%
Jackson	0.0%	4.1%	5.8%	7.4%	23.6%	47.5%
Lakehurst	0.0%	17.5%	22.9%	15.8%	44.3%	31.0%
Lakewood	0.6%	1.9%	4.4%	7.9%	22.3%	44.4%
Manchester	0.0%	3.6%	10.3%	15.0%	28.5%	47.8%

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

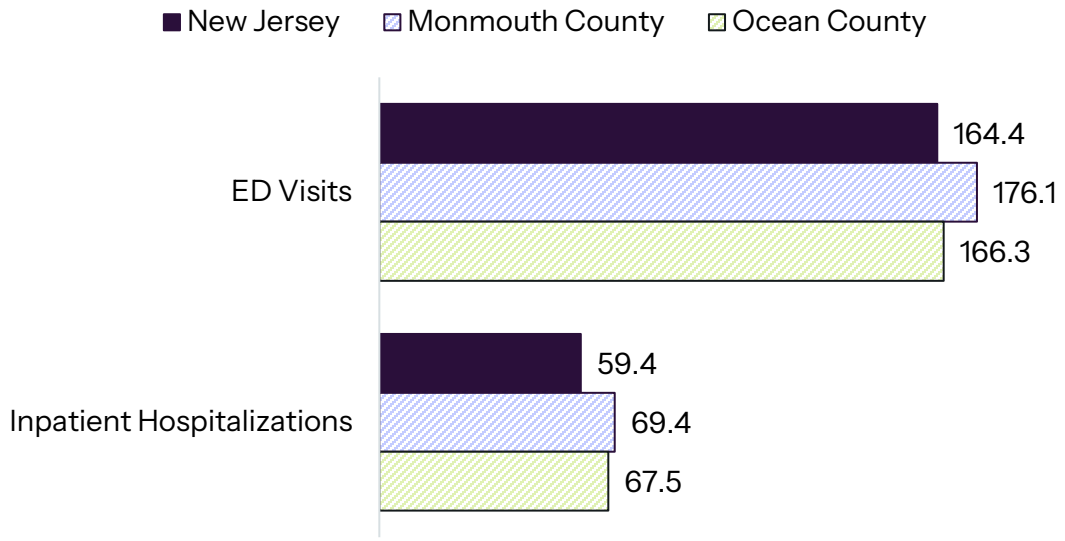
Behavioral Health: Mental Health and Substance Use

Figure 101. Percent Adults Ever Diagnosed with Depression, 2020-2022



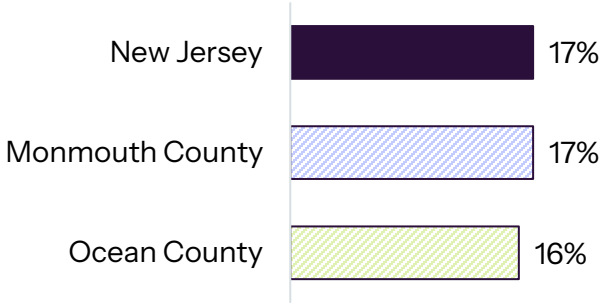
DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

Figure 102. Age-Adjusted Rate of Emergency Visits & Inpatient Hospitalizations due to Mental Health per 10,000, by State and County, 2023



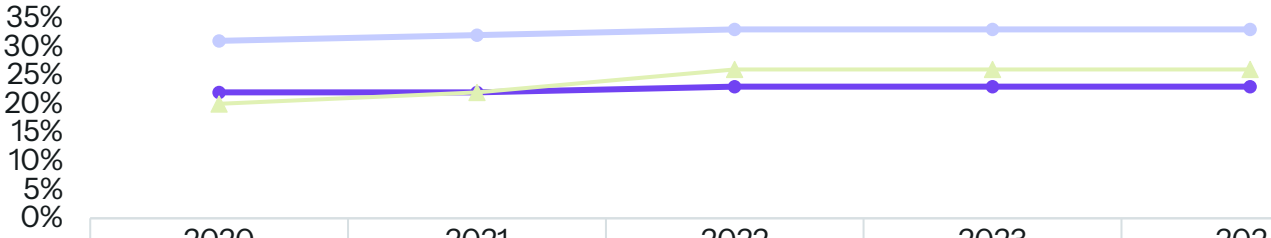
DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

Figure 103. 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 104. 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%
Ocean County	20%	22%	26%	26%	26%

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

Figure 105. Age-Adjusted Rate of Unintentional Overdose Mortality per 100,000, 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
Ocean County	33.7	*	*	*	38.2

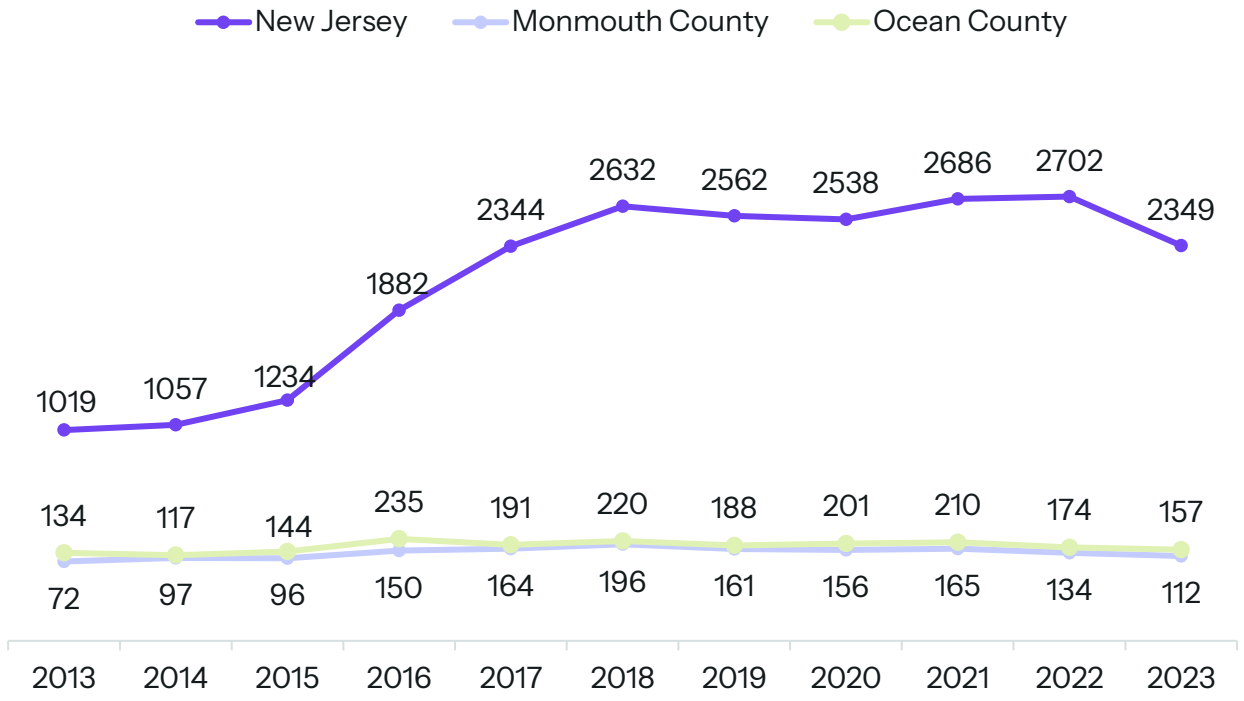
DATA SOURCE: Statewide Substance Use Overview Dashboard, Division of Mental Health and Addiction Services Department of Human Services, 2024
NOTE: An asterisk (*) means that data was suppressed, as there were fewer than 20 observations.

Table 37. Age-Adjusted Rate of Overdose Mortality per 100,000, by Drug Type, State and County, 2023

	All opioids	Fentanyl and analogs	All stimulants	Cocaine	Benzodiazepines	Methamphetamine	Heroin
New Jersey	24.8	23.3	15.6	13.9	3.5	2.4	1.6
Monmouth County	18.2	16.4	10.2	9	5	*	*
Ocean County	28.5	26.1	15.1	12	*	4.2	*

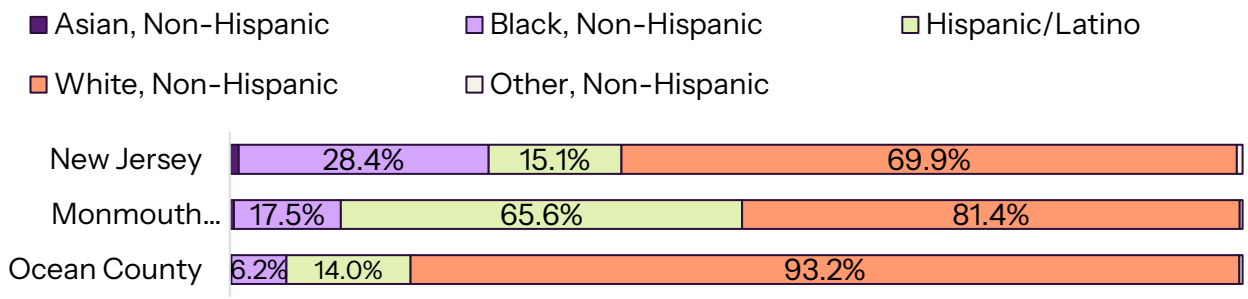
DATA SOURCE: NJ SUDORS v.02202025.
NOTE: An asterisk (*) means that data are suppressed.

Figure 106. Total Number of Opioid-Related Overdose Deaths by State and County, 2013-2023



DATA SOURCE: NJ SUDORS v.02202025.

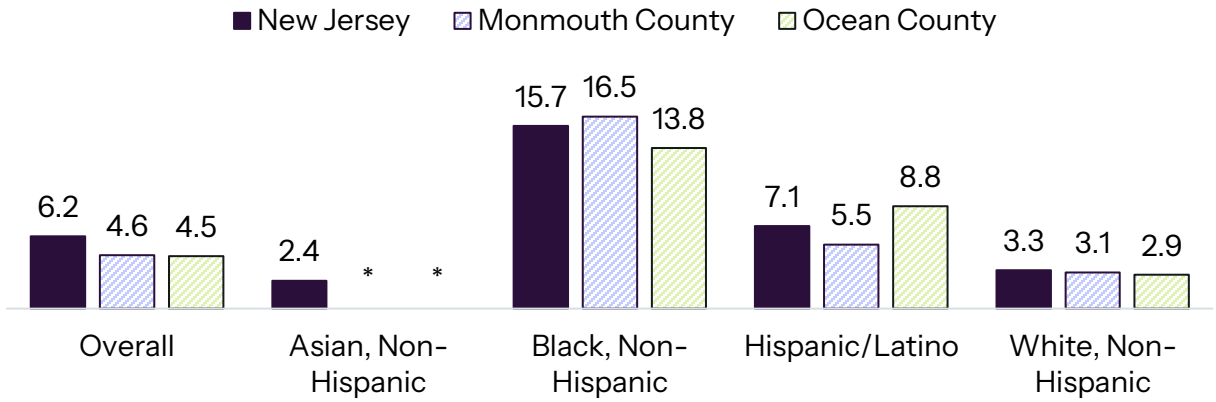
Figure 107. Substance Use Treatment Admissions by Race/Ethnicity, by State and County, 2019-2023



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

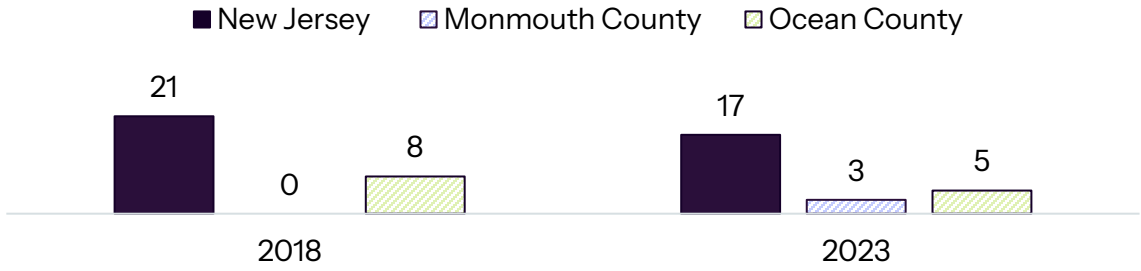
Environmental Health

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



DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024
NOTE: An asterisk (*) means that data was suppressed, as the rate does not meet National Center for Health Statistics standards of statistical reliability for presentation.

Figure 109. 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) and 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
Ocean County	Yes

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

Infectious and Communicable Disease

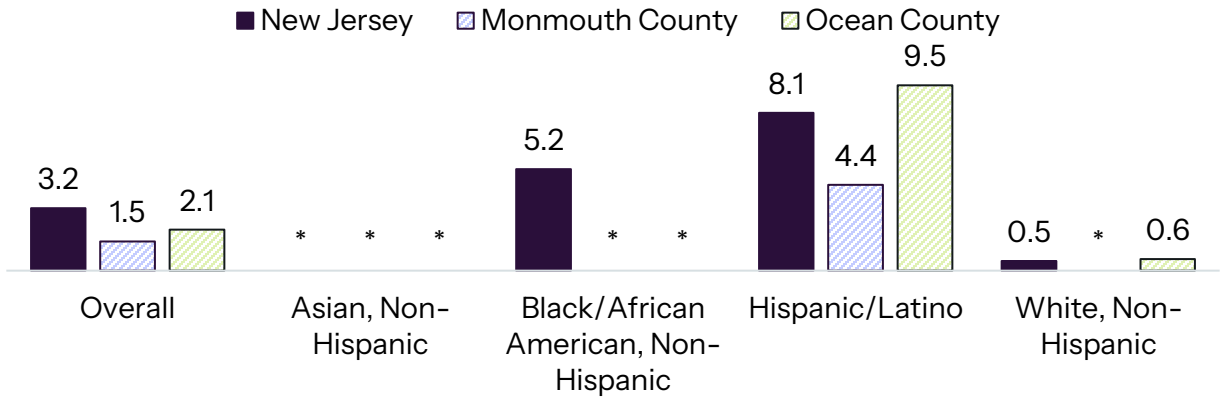
Table 39. Crude Rate of Primary/Secondary Syphilis per 100,000, by Race/Ethnicity, by State and County, 2019-2023

	Overall	Asian/Pacific Islander, Non-Hispanic	American Indian/Alaska Native, Non-Hispanic	Black, 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
Ocean County	3.0	*	*	*	*	2.2

DATA SOURCE: Communicable Disease Reporting and Surveillance System (CRDSS), Communicable Disease Service, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024
NOTE: An asterisk (*) means that the rate does not meet the National Center for Health Statistics standards of statistical reliability for presentation.

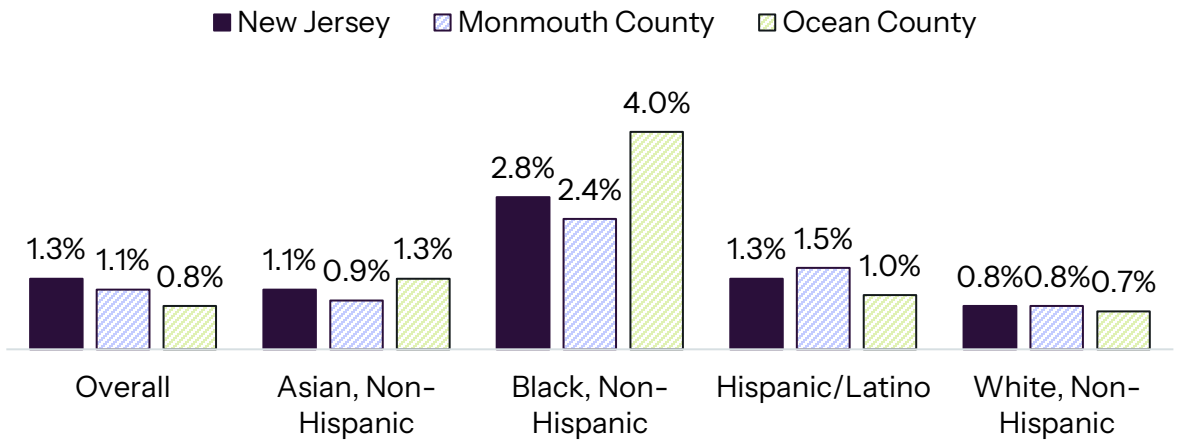
Maternal and Infant Health

Figure 110. Live Births per 1,000 Female Population Aged 15-17, by Race/Ethnicity, by State and County, 2020-2023



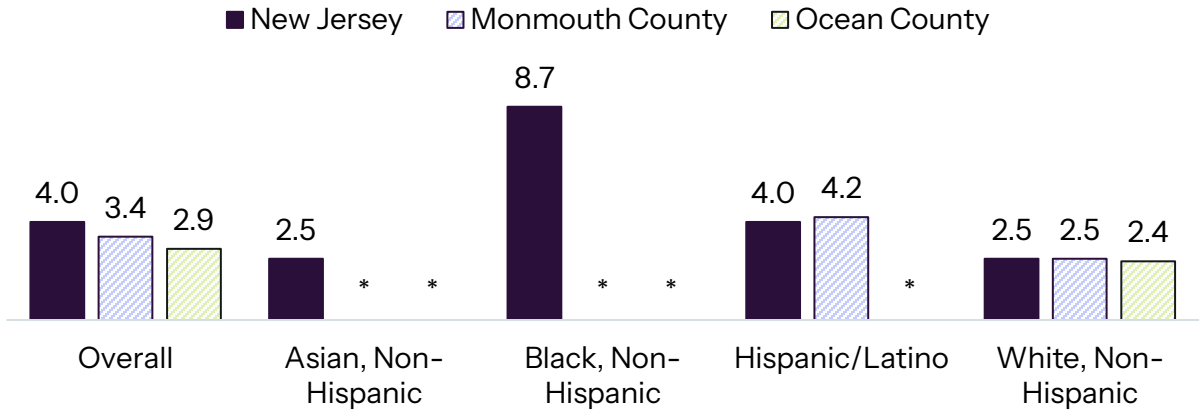
DATA SOURCE: Birth Certificate Database, Office of Vital Statistics and Registry Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

Figure 111. Percent Very Low Birth Weight Births, by State and County, 2018-2022



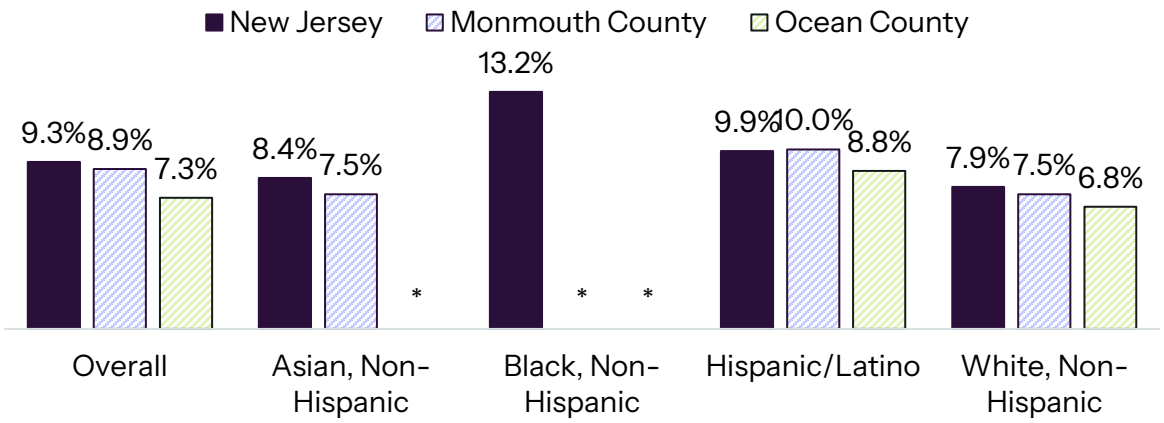
DATA SOURCE: Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024
NOTE: Very low birth weight is defined as less than 1,500 grams.

Figure 112. Infant Mortality Rate per 1,000 Births, by State and County, 2017-2021



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

Figure 113. Percent Preterm Births, by State and County, 2021-2022



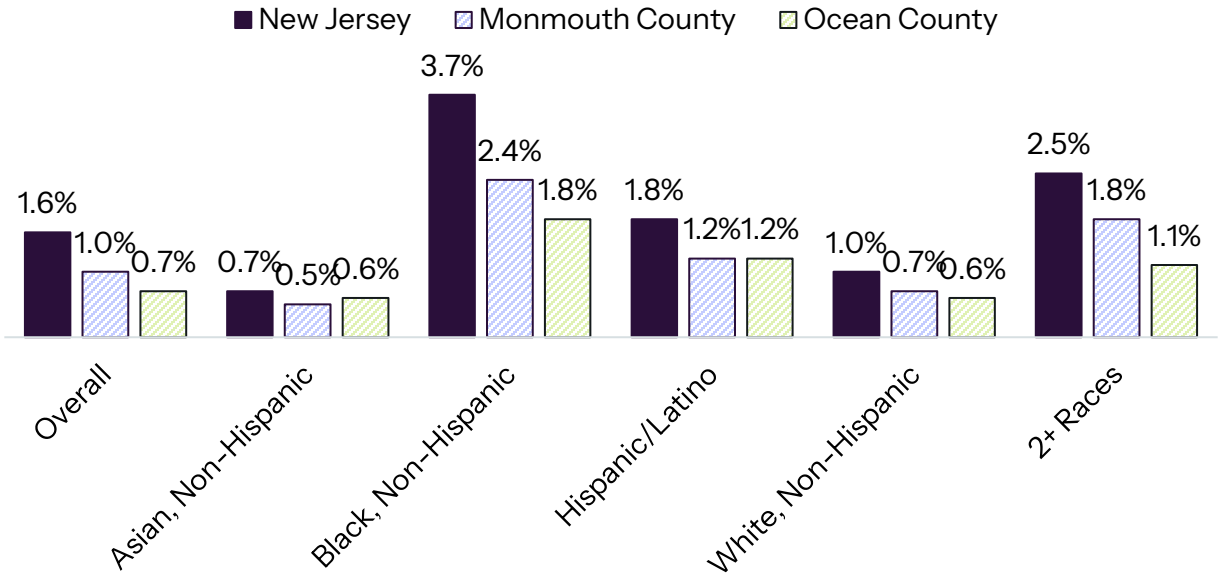
DATA SOURCE: Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024
NOTE: Preterm births are defined as live births before 37 weeks of gestation based on obstetric estimate. An asterisk (*) means that data are suppressed.

Table 40. Percent Immunized Children, by U.S. 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

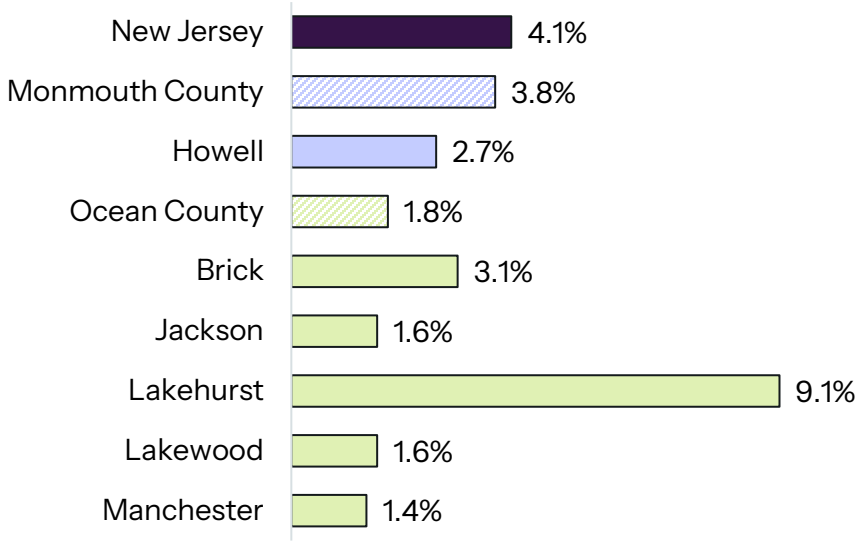
Figure 114. Percent of Live Births to Women Who Had No Prenatal Care, By Race/Ethnicity, by State and County, 2018-2022



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



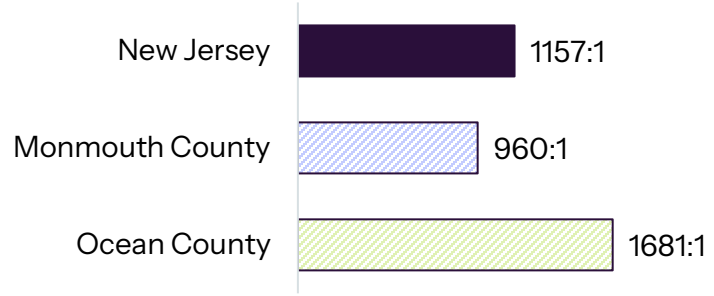
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023

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

	%
New Jersey	71.1%
Monmouth County	80.1%
Howell	82.0%
Ocean County	67.9%
Brick	80.4%
Jackson	73.9%
Lakehurst	61.9%
Lakewood	38.3%
Manchester	66.6%

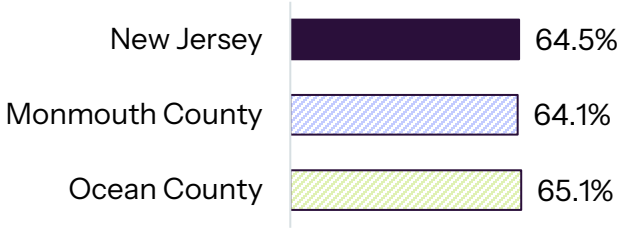
DATA SOURCE: Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023

Figure 116. 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 117. 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	Ocean County	MMCSC PSA
Total	304.6	280.5	300.6	196.3
Under 18	67.4	278.5	218.6	110
18-64	185.6	272.7	318.3	238.3
65 and over	51.6	306.9	347.9	332.3

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	Ocean County	MMCSC PSA
Total	304.6	280.5	300.6	196.3
Asian	90.7	101.3	175.6	98.7
Black	546.9	713.6	610.1	610.8
Hispanic	373.3	406.6	409.5	505.1
White	219.3	231.4	272.8	131.1

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
Ocean County	Total	10.3	5.3	3.2	1.9
	Asian	4.4	1.2	1.8	1.5
	Black	11.3	5.0	3.1	3.3
	Hispanic	5.7	2.8	1.2	1.6
	White	10.8	5.6	3.4	1.8
MMCSC PSA	Total	6.0	3.4	1.5	1.1
	Asian	3.2	0.6	0.9	1.7
	Black	12.7	6.7	2.2	3.8
	Hispanic	5.8	2.9	1.0	2.0
	White	5.4	3.1	1.5	0.8

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
Ocean County	94.8	1.4	15.1	14.4	1.8	1.2
MMCSC PSA	77.8	0.9	31.5	8.2	1.8	0.7

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

	Age	Race /Ethnicity	Total	Obesity	Obstetrics	Cardiac	Mental Health	Substance Use
	65 and over	Total	205.7	0.3	-	45.7	2.1	0.7
		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
Ocean County	Total	Total	94.8	1.4	15.1	14.4	1.8	1.2
		Asian	49.5	0.2	8.1	6.2	0.7	0.2
		Black	99.2	2.5	11.4	13.2	4.0	1.5
		Hispanic	55.7	1.1	13.9	5.5	1.0	0.7
		White	98.4	1.4	14.7	15.7	1.7	1.3
	Under 18	Total	8.2	0.0	0.2	0.1	0.5	-
		Asian	3.1	-	-	-	1.9	-
		Black	13.7	-	-	0.2	1.1	-
		Hispanic	9.6	-	0.6	0.0	0.2	-
		White	7.2	0.0	0.1	0.1	0.5	-
	18-64	Total	81.5	2.5	28.7	6.9	2.5	2.0
		Asian	43.5	0.3	13.9	3.5	0.5	0.3
		Black	102.4	4.0	18.2	11.2	5.6	2.2
		Hispanic	65.7	1.9	23.6	4.2	1.5	1.2
		White	81.2	2.6	28.7	7.2	2.4	2.1
	65 and over	Total	218.2	0.5	-	47.0	1.4	0.7
		Asian	92.2	-	-	16.1	0.4	-
		Black	261.6	0.4	-	50.2	2.0	0.8
		Hispanic	160.1	0.2	-	34.4	0.8	0.2
		White	220.2	0.5	-	48.0	1.4	0.7
MMCSC PSA	Total	Total	77.8	0.9	31.5	8.2	1.8	0.7
		Asian	29.1	0.3	6.1	3.2	0.0	0.6
		Black	112.2	1.7	11.0	18.7	5.3	1.2
		Hispanic	67.2	0.4	21.4	4.6	2.1	1.2
		White	73.2	0.9	31.4	8.0	1.6	0.5
	Under 18	Total	6.6	0.0	0.2	0.1	0.3	0.0
		Asian	0.0	0.0	0.0	0.0	0.0	0.0
		Black	11.7	0.0	0.0	0.0	2.5	0.0
		Hispanic	11.4	0.0	1.1	0.0	0.4	0.0
		White	5.3	0.0	0.0	0.1	0.3	0.0
	18-64	Total	107.0	1.9	68.9	4.7	3.3	1.2
		Asian	22.7	0.4	9.2	1.7	0.0	0.9

	Age	Race /Ethnicity	Total	Obesity	Obstetrics	Cardiac	Mental Health	Substance Use
		Black	105.6	2.6	17.4	13.2	6.6	1.6
		Hispanic	94.4	0.8	39.7	4.7	3.7	2.2
		White	101.7	2.0	71.2	4.1	2.9	1.0
	65 and over	Total	209.6	0.4	0.0	47.6	1.5	0.7
		Asian	119.2	0.0	0.0	17.0	0.0	0.0
		Black	257.2	0.0	0.0	61.8	4.0	1.0
		Hispanic	187.3	0.0	0.0	31.5	0.0	0.0
		White	200.7	0.4	0.0	47.2	1.3	0.7

DATA SOURCE: RWJBarnabas Health System, 2022
NOTE: Dash (-) means that data were suppressed by the reporting agency.

Appendix G. Cancer Data

APPENDIX G1: CANCER INCIDENCE RATE REPORT: CANCER PATIENT ORIGIN OCEAN COUNTY 2023

Over sixty four percent of MMC-SC's cancer inpatients and 48.3% of cancer outpatients resided in the Primary Service Area. In total, 91.1% of inpatients and 93.2% of outpatients resided in Ocean County. Lakewood (08701) and Jackson (08527) represent the largest segment of MMC-SC's inpatient cancer patients. Similarly, the same zip codes represent the largest segments of MMC-SC'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-SC IP PATIENTS	%	2023 MMC-S OP PATIENTS	%
Ocean County	337	91.1%	753	93.2%
Primary Service Area	237	64.1%	390	48.3%
Secondary Service Area	103	27.8%	299	37.0%
Out of Service Area (NJ)	22	5.9%	116	14.4%
Out of State	8	2.2%	3	0.4%
TOTAL	**370**	**100.0%**	**808**	**100.0%**
Lakewood (08701)	160	43.2%	305	37.7%
Jackson (08527)	77	20.8%	85	10.5%

Source; Decision Support; IP volume includes cases with ICD10 principal or secondary codes C00 thru D49.9 (Neoplasms); OP volume includes cases with ICD10 principal or secondary codes Z51.0 or Z51.11 (Chemo and Radiation Therapy).

APPENDIX G2: CANCER INCIDENCE RATE REPORT: OCEAN COUNTY 2016-2020

INCIDENCE RATE REPORT FOR OCEAN COUNTY 2016-2020				
Cancer Site	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend
All Cancer Sites	532.8	4,817	stable	1.5
Bladder	27.6	276	stable	5.2
Brain & ONS	8.2	60	stable	0.2
Breast	135.2	616	stable	0.9
Cervix	7	23	stable	-1.3
Colon & Rectum	41.7	378	stable	-1.6
Esophagus	6	57	stable	-0.3
Kidney & Renal Pelvis	17.9	156	rising	1.6
Leukemia	17.3	157	stable	0.8
Liver & Bile Duct	8.9	86	rising	3.6
Lung & Bronchus	69.8	702	stable	0.7
Melanoma of the Skin	31.6	274	stable	-0.2
Non-Hodgkin Lymphoma	22.1	202	stable	0.6
Oral Cavity & Pharynx	13.9	124	stable	2.6
Ovary	11.1	52	falling	-1.3
Pancreas	16.8	162	rising	1.6
Prostate	127.7	563	stable	6.6
Stomach	5.9	54	stable	-0.8
Thyroid	23.4	146	stable	0.1
Uterus (Corpus & Uterus, NOS)	33	163	stable	0.3

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

APPENDIX G3: CANCER INCIDENCE DETAILED RATE REPORT: OCEAN COUNTY 2016-2020 SELECT CANCER SITES: RISING INCIDENCE RATES

		Kidney & Renal Pelvis	Liver & Bile Duct	Pancreas
INCIDENCE RATE REPORT FOR OCEAN COUNTY 2016-2020 All Races (includes Hispanic), All Ages	Age-Adjusted Incidence Rate(†) - cases per 100,000	17.9	8.9	16.8
	Average Annual Count	156	86	162
	Recent Trend	rising	rising	rising
	Recent 5-Year Trend (‡) in Incidence Rates	1.6	3.6	1.6
White Non-Hispanic, All Ages	Age-Adjusted Incidence Rate(†) - cases per 100,000	18.2	8.7	17
	Average Annual Count	143	77	151
	Recent Trend	rising	rising	rising
	Recent 5-Year Trend (‡) in Incidence Rates	1.6	3.5	1.6
Black (includes Hispanic), All Ages	Age-Adjusted Incidence Rate(†) - cases per 100,000	16.7	*	17.3
	Average Annual Count	4	3 or fewer	4
	Recent Trend	*	*	*
	Recent 5-Year Trend (‡) in Incidence Rates	*	*	*
Asian or Pacific Islander (includes Hispanic), All Ages	Age-Adjusted Incidence Rate(†) - cases per 100,000	*	*	7.5
	Average Annual Count	3 or fewer	3 or fewer	14
	Recent Trend	*	*	stable
	Recent 5-Year Trend (‡) in Incidence Rates	*	*	-1
Hispanic (any race), All Ages	Age-Adjusted Incidence Rate(†) - cases per 100,000	17	11.1	16.6
	Average Annual Count	7	5	6
	Recent Trend	*	*	stable
	Recent 5-Year Trend (‡) in Incidence Rates	*	*	0.3
MALES	Age-Adjusted Incidence Rate(†) - cases per 100,000	25.7	13.5	19.5
	Average Annual Count	103	59	83
	Recent Trend	rising	rising	rising
	Recent 5-Year Trend (‡) in Incidence Rates	1.9	3	2
FEMALES	Age-Adjusted Incidence Rate(†) - cases per 100,000	11.4	5.2	14.6
	Average Annual Count	53	27	79
	Recent Trend	stable	rising	stable
	Recent 5-Year Trend (‡) in Incidence Rates	0.9	5.3	0.9

** Data has been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area- sex-race category. If an average count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression threshold (but is rounded to 3).*

APPENDIX G4: CANCER MORTALITY RATE REPORT: OCEAN COUNTY 2016-2020

MORTALITY RATE REPORT: OCEAN COUNTY 2016-2020					
Cancer Site	Met Healthy People Objective of ***?	Age-Adjusted Mortality Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend
All Cancer Sites	No	157.8	1,573	falling	-1.5
Bladder	***	4.9	52	stable	-0.3
Brain & ONS	***	4.7	40	stable	0.2
Breast	No	20.9	109	falling	-2.3
Cervix	Yes	1.9	8	stable	-1.5
Colon & Rectum	Yes	13.8	136	falling	-2.6
Esophagus	***	4.4	43	stable	-0.2
Kidney & Renal Pelvis	***	2.8	28	falling	-1.4
Leukemia	***	7.1	72	falling	-0.9
Liver & Bile Duct	***	6.6	65	rising	2.5
Lung & Bronchus	No	38.7	395	falling	-3.3
Melanoma of the Skin	***	2.3	22	falling	-1.3
Non-Hodgkin Lymphoma	***	5	51	falling	-1.6
Oral Cavity & Pharynx	***	2.1	20	falling	-1.2
Ovary	***	6.4	36	falling	-2.1
Pancreas	***	12.7	126	rising	0.5
Prostate	Yes	14.9	66	falling	-3.5
Stomach	***	2.3	22	falling	-4.1
Thyroid	***	0.6	6	*	*
Uterus (Corpus & Uterus, NOS)	***	5.5	29	rising	1.4

*** *No Healthy People 2030 Objective for this cancer.*

* *Data has been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area- sex-race category. If an average count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression threshold (but is rounded to 3).*

APPENDIX G5: CANCER MORTALITY DETAILED RATE REPORT: OCEAN COUNTY 2016-2020

		Liver & Bile Duct	Pancreas	Uterus (Corpus & Uterus, NOS)
MORTALITY RATE REPORT FOR OCEAN COUNTY 2016-2020 All Races (includes Hispanic), All Ages	Met Healthy People Objective	***	***	***
	Age-Adjusted Death Rate - per 100,000	6.6	12.7	5.5
	Average Annual Count	65	126	29
	Recent Trend	rising	rising	rising
	Recent 5-Year Trend in Death Rates	2.5	0.5	1.4
White Non-Hispanic, All Ages	Met Healthy People Objective	***	***	***
	Age-Adjusted Death Rate - per 100,000	6.4	13	5.1
	Average Annual Count	58	119	26
	Recent Trend	rising	rising	rising
	Recent 5-Year Trend in Death Rates	2.6	0.5	1.3
Black (includes Hispanic), All Ages	Met Healthy People Objective	***	***	***
	Age-Adjusted Death Rate - per 100,000	*	16	*
	Average Annual Count	3 or fewer	3	3 or fewer
	Recent Trend	*	*	*
	Recent 5-Year Trend in Death Rates	*	*	*
Asian or Pacific Islander (includes Hispanic), All Ages	Met Healthy People Objective	***	***	***
	Age-Adjusted Death Rate - per 100,000	*	*	*
	Average Annual Count	3 or fewer	3 or fewer	3 or fewer
	Recent Trend	*	*	*
	Recent 5-Year Trend in Death Rates	*	*	*
Hispanic (any race), All Ages	Met Healthy People Objective	***	***	***
	Age-Adjusted Death Rate - per 100,000	8.2	9	*
	Average Annual Count	3	3	3 or fewer
	Recent Trend	*	*	*
	Recent 5-Year Trend in Death Rates	*	*	*
MALES	Met Healthy People Objective	***	***	n/a
	Age-Adjusted Death Rate - per 100,000	9.4	15.1	n/a
	Average Annual Count	40	64	n/a
	Recent Trend	rising	stable	n/a
	Recent 5-Year Trend in Death Rates	2.4	0.4	n/a
FEMALES	Met Healthy People Objective	***	***	***
	Age-Adjusted Death Rate - per 100,000	4.4	10.8	5.5
	Average Annual Count	25	62	29
	Recent Trend	rising	stable	rising
	Recent 5-Year Trend in Death Rates	2.4	0.5	1.4

**** No Healthy People 2030 Objective for this cancer.*

** Data has been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category. If an average count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression threshold (but is rounded to 3)*

APPENDIX G6: CANCER INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020

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

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Gloucester County	24.7	89	falling	-5.2
Burlington County	24.5	146	stable	-0.3
Cumberland County	24	43	stable	-0.4
Salem County	23.9	22	stable	0.2
Warren County	23.9	37	stable	-1
Atlantic County	23.1	85	falling	-4.5
Morris County	22.8	152	falling	-1.4
Camden County	22	136	stable	-1.2
Middlesex County	21.4	210	falling	-1.1
Mercer County	21.2	94	falling	-3.2
Bergen County	20.9	266	falling	-1.5
Passaic County	20.2	118	stable	-1.3
Somerset County	19.7	82	stable	-1.1
Union County	18.9	122	falling	-2
Essex County	16.8	147	falling	-1.4
Hudson County	15.5	99	falling	-1.8
Brain & ONS: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	6.8	689	falling	-0.4
US (SEER+NPCR)	6.4	22,602	falling	-0.7
Gloucester County	8.4	27	stable	1.2
Ocean County	8.2	60	stable	0.2
Somerset County	7.9	29	stable	-0.2
Cape May County	7.7	11	stable	-1
Monmouth County	7.5	57	stable	-0.8
Bergen County	7.4	80	stable	-0.2
Sussex County	7.3	12	stable	-1.4
Burlington County	7.2	38	stable	0.7
Passaic County	7.2	38	stable	-0.2
Mercer County	6.9	28	stable	-0.5
Hunterdon County	6.8	11	stable	-0.9
Camden County	6.8	39	stable	-0.7
Salem County	6.7	5	*	*
Morris County	6.5	39	falling	-3.4

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
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
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

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
US (SEER+NPCR)	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
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

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)	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
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

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
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
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

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
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
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

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
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
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

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)	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
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

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)	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				
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

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
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
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

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
US (SEER+NPCR)(1)	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
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

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Cumberland County	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
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

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
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
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

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
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 SOUTHERN CAMPUS - TUMOR REGISTRY SUMMARY

In 2023, MMC-SC's tumor registry data showed that 10.4% and 13.9% 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: Respiratory Systems (35.0%), followed by Lymph Nodes (33.3%) and Female Genital Organs (25.0%).

Please note that case volume counts smaller than 10 are suppressed. Staging percentages are calculated on analytic cases only.

MainSite	SubSite	Cases (both analytic and non-analytic) - 2023	% Stage 3	% Stage 4	Total % Stage 3 & 4
BREAST		**83**	**7.8%**	**3.9%**	**11.8%**
DIGESTIVE ORGANS		**81**	**26.7%**	**20.0%**	**46.7%**
	COLON	21	53.8%	15.4%	69.2%
	LIVER AND INTRAHEPATIC BILE DUCTS	14	0.0%	10.0%	10.0%
	PANCREAS	11	0.0%	40.0%	40.0%
	RECTUM	13	42.9%	0.0%	42.9%
EYE, BRAIN AND OTHER PARTS OF CENTRAL NERVOUS SYSTEM		**14**	**0.0%**	**0.0%**	**0.0%**
FEMALE GENITAL ORGANS		**24**	**50.0%**	**25.0%**	**75.0%**
	CORPUS UTERI	12	50.0%	25.0%	75.0%
HEMATOPOIETIC AND RETICULOENDOTHELIAL SYSTEMS		**44**	**0.0%**	**15.8%**	**15.8%**
LIP, ORAL CAVITY AND PHARYNX			**100.0%**	**0.0%**	**100.0%**
LYMPH NODES		**25**	**0.0%**	**33.3%**	**33.3%**
MALE GENITAL ORGANS		**37**	**0.0%**	**0.0%**	**0.0%**
	PROSTATE GLAND	36	0.0%	0.0%	0.0%
RESPIRATORY SYSTEM AND INTRATORACIC ORGANS		**57**	**10.0%**	**35.0%**	**45.0%**
	BRONCHUS AND LUNG	51	10.0%	35.0%	45.0%
THYROID AND OTHER ENDOCRINE GLANDS		**13**	**0.0%**	**0.0%**	**0.0%**
URINARY TRACT		**33**	**0.0%**	**15.8%**	**15.8%**
	BLADDER	22	0.0%	7.1%	7.1%
Grand Total		**430**	**10.4%**	**13.9%**	**24.4%**

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2022 COMMUNITY HEALTH NEEDS ASSESSMENT

IMPLEMENTATION PLAN 2023-2025 RESULTS

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Introduction

In 2022, Monmouth Medical Center South Campus (MMCSC) 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. MMCSC collaborated with three other RWJBH hospitals—Monmouth Medical Center (MMC), 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/MMCSC-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 MMCSC 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.*

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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, Ocean County were heart disease, cancer, and COVID-19. Ocean County had a notably higher age-adjusted mortality rate due to heart disease compared to neighboring counties.
- Heart Disease is the leading cause of death in Ocean County.
- Cancer is the second leading cause of death in Ocean County.
- Ocean County experiences a higher cancer mortality rate at 158.8 deaths per 100,000 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 for individuals across the lifespan that cover chronic disease topics.	• # of educational events • # served	Community Health and Social Impact and Community Investment Department	2022 39 events w/ 1038 served **2023** 32 programs w/1507 served **2024** 58 programs w/2,623 served **2025 (Q1-Q2)** 39 programs w/1,951 served
1.2	Provide community health education programs to reduce incidence of chronic disease at Greater Bethel Church on quarterly basis.	• # of educational events • # served	Community Health and Social Impact and Community Investment Department	2022 3 events w/101 served **2023** 1 event w/50 served **2024** 1 event w/45 served **2025 (Q1-Q2)** Upcoming event scheduled
1.3	Provide nutrition education programs (lectures and cooking demonstrations) on-campus and in the community.	• # of educational events • # served	Community Health and Social Impact and Community Investment Department	2022 9 events w/328 served **2023** 11 programs w/339 served **2024** 5 programs w/ 54 served

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1.4	Expand Better Health program in Ocean County.	• 10% increase in members • Run 4 Better Health programs at MMCSC	Community Health and Social Impact and Community Investment Department	2022 16 events w/ 411 attendees 550 members enrolled **2023** 668 members (18%) 52 BH programs **2024** 116 more members enrolled for a total of 784 members (14.8% increase) **2025 (Q1-Q2)** 45 new members enrolled; total of 821 members *note list was updated to remove those who have passed away in May 2025*
1.5	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 5,722 children and adults served **2023** 701 children and adults served **2024** 16 programs with 1,059 served **2025 (Q1-Q2)** 4 programs with 697 served

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	Strategy/Initiative	Indicator/Metric	Responsible Staff*/Resources	Tracking/Outcome
1.6	Develop collection of Instagram reels related to chronic disease topics (e.g. heart health, blood pressure, cancer, stroke, sleep, nutrition, exercise, etc.) featuring key experts from MMCSC and BHMG (e.g. physicians, nurses, RDs).	• # of reels created • # of views on each reel • # of educational posts created • # of likes on educational posts	Community Health and Social Impact and Community Investment Department Marketing	**2023** establishing process with marketing and new hire who began in December 2023 **2024** 43 reels with 41402 views **2025 (Q1-Q2)** 17 reels w/19,136 views *applicable reels and views split between MMC & MMCSC*

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	Strategy/Initiative	Indicator/Metric	Responsible Staff*/Resources	Tracking/Outcome
1.7	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 • 2022 Baseline = 70 • 2023 Target = 74	Oncology Services	Increase test completion by 5% each year 2022 Baseline = 70 **2023 =** 92 patients **2024 =** 126 **2025 (Q1-Q2)** = 63
1.8	Continue to provide community outreach emphasizing importance of screening and early detection for populations at risk. Navigate uninsured/underinsured patients for breast cancer screening.	# of uninsured/underinsured patients navigated to breast cancer screening 2022 Baseline Navigated = 355 2023 Target = 373 # of uninsured/underinsured patients completed breast cancer screening 2022 Baseline Completed = 325 2023 Target = 242	Oncology Services	Increase patients navigated for screening by 5% each year 2022 Baseline = 355 **2023** = 299 **2024** = 439 **2025 (Q1-Q2)** = 158 Increase number of screenings completed by 5% each year 2022 baseline = 325 **2023** = 279 **2024** = 415 **2025 (Q1-Q2)** = 146

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	Strategy/Initiative	Indicator/Metric	Responsible Staff*/Resources	Tracking/Outcome
1.9	Provide outreach and education on the importance of early detection for breast cancer. Reduce health disparities for black women related to breast cancer screening.	# of completed breast cancer screenings 2022 Baseline Completed = 154	Oncology Services	Increase number of screenings completed by 5% each year • 2022 baseline = 154 **2023** = 145 **2024** = 146 **2025 (Q1-Q2)** = 72
1.10	Grow MMCSC's Regional Oncology Support Community. Establish art therapy program for members of the Oncology Support Community.	• # of programs provided • # participants in Oncology Support Community Programs • # sites where paper calendars are circulated • Promote program through 3 Instagram reels • # of distinctive art therapy programs held	Oncology Services Community Health and Social Impact and Community Investment Department	2022 (YTD 7/30) • Adult participants in Oncology Support Community Programs at MMC: 191 **2023** 180 programs 349 participants 16 distribution sites **2024** 65 programs 214 participants 44 distributions 0 reels 1 art therapy program **data split between MMC & MMCSC* **2025 (Q1-Q2)** 55 programs 102 participants

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

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	Strategy/Initiative	Indicator/Metric	Staff*/Resources	Tracking/Outcome

1.11	Improve participation and outcomes for patients taking part in the Outpatient Diabetic Self Management (DSM) Program.	• ↑ # of patient consults
		• 80 % of participants will achieve within a 6 month period
		  • A1c reduction of 1% or >
		  • Participation in 10 hours of comprehensive diabetic management education
		  • ↑ in knowledge on the 10 content areas of DSM as measured by pre/post surveys
			The Diabetes Center	2022
				285 patient consults
				A1c reduction of 1% > : 74% of participants
				No meeting space for group classes
				
				2023
				166 patient consults. New RD began seeing patients Spring 2023-All DSM classes will be held at MMC until space is made available to resume in MSC
				A1c reduction of 1%>; 82% of DSM patients
				2023 ADA recert completed
				
				2024
				vacancy of RDN since May 2024 has left hospital un-staffed
				
				2025 (Q1-Q2)
				vacancy of RDN since May 2024 has left hospital un-staffed; still unfilled

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	Strategy/Initiative	Indicator/Metric	Responsible Staff*/Resources	Tracking/Outcome

1.12	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. Reduce readmissions within 30 days post discharge from acute care.	• ↓ Medicare 30-day readmission rate/100 people for:
		  • AMI to .05
		  • Heart Failure to 18.50
		  • COPD to 21.50
		  • PN to 16.5
			Quality Resources	2022
				AMI 20.00
				Heart Failure19.10
				COPD 18.75
				PN 15.48
				
				2023
				AMI 18.18
				Heart Failure 19.3
				COPD 18.69
				PN 13.27
				
				2024
				AMI 0
				Heart Failure 16.73
				COPD 17.22
				PN 16.23
				
				2025 (Q1-Q2)
				AMI 0
				Heart Failure 20.69
				COPD 10.45
				PN 14.08

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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 76% in Ocean County and 105% statewide (DMHAS, 2018; 2022).
- Key informants tells that alcohol and heroin has reportedly increased during the pandemic due to boredom and anxiety, with many people noting the connection between substance use and underlying mental health concerns. Youth and veterans were seen as particularly affected (CHNA, 2022).
- In Ocean County, alcohol and heroin are the most commonly used substances and also account for the majority of treatment admissions, with 70-80% of admissions in 2020 for these substances.
- Data from 2017-2020 shows that 16.2% of Ocean County residents report binge drinking in the last 30 days (CHNA, 2022).
- Between 2019 and 2021, naloxone administrations increased by 16% in Ocean County (NJDOH, 2022).
- Confirmed drug-induced deaths increased between 2015 and 2019 by 22% in Ocean County and 84% statewide (OCSME, 2022).
- 15.8% county residents are smokers (NJSHAD, 2020), higher than Monmouth County. Tobacco use remains the leading cause of prev entable disease, disability, and death. E-cigarette use among middle and high school students has increased alarmingly since 2017. The 2019 New Jersey Student Health Survey found that 27.6% of NJ high school students currently used an electronic vapor product and 3.8% smoked cigarettes (NJ Student Health Survey, 2019).

	Strategy/Initiative	Indicator/Metric	Responsible Staff*/Resources	Tracking/Outcome
2.1	Expand Monmouth Medical Center Southern Campus' 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 • 76.1% (504 of 662 individuals) 2023 • 60.5% (507 of 838 individuals) 2024 • 71.5% % (523 of 731 individuals 2025 (Q1-Q2) • 81.7% % (267 of 327 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 • 4.2% (6 of 144 individuals) 2023 • 3.1% (7 of 229 individuals) 2024 • 2.4% (7 of 296 individuals) 2025 (Q1-Q2) • 3.4% (7 of 203 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 • 1,094 attendees 2023 • 378 attendees 2024 • 350 attendees 2025 (Q1-Q2) • 125 attendees

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	Strategy/Initiative	Indicator/Metric	Responsible Staff*/Resources	Tracking/Outcome	
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 • 30 patients 2023 • 42 patients	2024 • 103 patients 2025 (Q1-Q2) • 73 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) • # of referrals to Nicotine and Tobacco Recovery Services • ↑ # of educational events and # served	Institute for Prevention and Recovery	2022 • 3 schools implemented ASPIRE • 995 referrals to Nicotine and Tobacco Recovery Services • 0 community educators • 92 educational events • 4,174 served 2023 • 0 schools implemented ASPIRE • 2,129 referrals to Nicotine and Tobacco Recovery Services • 0 community educators • 68 educational events • 4,615 served 2024 • 0 schools implemented ASPIRE • 1,880 referrals to Nicotine and Tobacco Recovery Services • 7 community educators • 210 educational events • 6,575 served 2025 (Q1-Q2) • 0 schools implemented ASPIRE • 1,081 referrals to Nicotine and Tobacco Recovery Services • 1 community educator • 98 educational events • 3,961 served	

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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 76% in Ocean County and 105% statewide (DMHAS, 2018; 2022).
- Key informants tells that alcohol and heroin has reportedly increased during the pandemic due to boredom and anxiety, with many people noting the connection between substance use and underlying mental health concerns. Youth and veterans were seen as particularly affected (CHNA, 2022).
- In Ocean County, alcohol and heroin are the most commonly used substances and also account for the majority of treatment admissions, with 70-80% of admissions in 2020 for these substances.
- Data from 2017-2020 shows that 16.2% of Ocean County residents report binge drinking in the last 30 days (CHNA, 2022).
- Between 2019 and 2021, naloxone administrations increased by 16% in Ocean County (NJDOH, 2022).
- Confirmed drug-induced deaths increased between 2015 and 2019 by 22% in Ocean County and 84% statewide (OCSME, 2022).
- 15.8% county residents are smokers (NJSHAD, 2020), higher than Monmouth County. Tobacco use remains the leading cause of prev entable disease, disability, and death. E-cigarette use among middle and high school students has increased alarmingly since 2017. The 2019 New Jersey Student Health Survey found that 27.6% of NJ high school students currently used an electronic vapor product and 3.8% smoked cigarettes (NJ Student Health Survey, 2019).

	Strategy/Initiative	Indicator/Metric	Responsible Staff*/Resources	Tracking/Outcome	
2.6	Prevent the misuse of prescription medication in older adult population.	• # of presentation • # of attendees • # of Safe Med Kits distributed	Institute for Prevention and Recovery	2022 • 2 presentations • 41 attendees • 950 Safe Med Kits distributed 2023 • 1 presentation • 32 attendees • 150 Safe Med Kits distributed	2024 • 10 presentation • 1,650 attendees • 530 Safe Med Kits distributed 2025 (Q1-Q2) • 12 presentation • 850 attendees • 596 Safe Med Kits distributed
2.7	Expand participation in the "Sticker Shock" program in Lakewood and Jackson to educate retail liquor store staff, youth and chaperones to identify signs and consequences of adults purchasing alcohol for underage youth.	• # of retail establishments participating • # of staff educated • # of chaperones • # of youth	Institute for Prevention and Recovery	2022 • 4 retail establishments participating • 9 staff educated • 7 chaperones • 78 youth 2023 • 0 retail establishments participating • 0 staff educated • 0 chaperones • 0 youth	2024 • 4 retail establishments participating • 20 staff educated • 0 chaperones • 0 youth 2025 (Q1-Q2) • 0 retail establishments participating • 0 staff educated • 0 chaperones • 0 youth

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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 Ocean County (9.2 per 100,000 population) is higher than the state (7.8 per 100,000 population).
- Overall, Ocean County saw emergency room treat & release rates for behavioral health at a rate of 21.0 per 1,000 residents. I n 2019, MMCSC saw admissions for mental health at a rate of 2.0 per 1,000 residents (CHNA, 2022). In 2019, Ocean County saw a higher rate of individuals who were discharged from in-patient care and diagnosed with a mental health or substance use disorder (7.6 per 1,000) than the state average (7.3 per 1,000) (CHNA, 2022).
- Pediatric hospitalizations due to mental health are higher in Ocean County (29.2 per 100,000) than statewide (27.6 per 100,000) The hospitalization rate for mental health issues among non-Hispanic Black children in Ocean County (81.9 per 100,000) is more than two times the rate of hospitalizations among non-Hispanic Black children statewide (37.4 per 100,000).
- Ocean County has a higher ratio of population to mental health providers (570:1) compared to Monmouth County (330:1) and New jersey (380:1) (CHNA, 2022).

	Strategy/Initiative	Indicator/Metric	Responsible Staff*/Resources	Tracking/Outcome
3.1	Establish community-based conversations on mental health.	• # of educational events • # served	Community Health and Social Impact and Community Investment Department	**2023** 3 programs w/ 57 attendees **2024** 10 programs w/ 126 served **2025 (Q1-Q2)** 6 programs w/66 served
3.2	Develop collection of Instagram reels related to behavioral health topics (e.g. suicide, managing grief, bullying, body image, etc.).	• # of reels created • # of views on each reel • # of educational posts created • # of likes on educational posts	Community Health and Social Impact and Community Investment Department Marketing	**2023** establishing process with marketing and new hire who began in December 2023 **2024** 2 reels w/ 6,174 views *split between MMC & MMCSC* **2025 (Q1-Q2)** 1 reel w/789 views

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	Strategy/Initiative	Indicator/Metric	Responsible Staff*/Resources	Tracking/Outcome
3.3	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 BH2: Follow-Up After Hospitalization for Mental Illness - 30-Days Post Discharge BH3: Follow-Up After Emergency Department (ED) Visits for Alcohol and Other Drug - 30-Days BH4: Follow-Up After ED Visits for Mental Illness 30-Days BH5: Initiation of Alcohol and Other Drug Abuse or Dependence Treatment BH6: Engagement in Alcohol and Other Drug Abuse or Dependence Treatment BH7: Preventative Care: Depression Screening & Follow Up BH8: Substance Use Screening and Intervention Composite	Quality Resources	2022 outcomes BH1: 25% met BH2: 57.66% not met BH3: 25% met BH4: 75% met BH5: 65.32% met BH6: 31.83% met BH7: 80% met BH8: 73.60% met **2023 Outcomes** BH1: 11.5% met BH2: 54.46% not met BH3: 51.25% met BH4: 74.39% met BH5: 74.67% met BH6: 30.22% met BH7: 100% met BH8: 100% met **2024** Data not yet finalized **2025** Data not yet finalized

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	Strategy/Initiative	Indicator/Metric	Responsible Staff*/Resources	Tracking/Outcome
3.4	Increase activities for Better Health Members to decrease isolation and loneliness.	• # of educational events • # served	Community Health and Social Impact and Community Investment Department	**2022** 10 event w/ 123 attendees **2023** **2 events with 7 attendees** **2024** 3 programs w/14 served **Note: These were only programs advertised as "Better Health Exclusive"* **2025 (Q1-Q2)** 2 programs w/9 served **Note: These were only programs advertised as "Better Health Exclusive"*
3.5	Increase collaboration with Ocean County Behavioral Health Department by attending monthly CIACC meetings.	• # of meetings attended • # of partners engaged with	Community Health and Social Impact and Community Investment Department	**2023** new hire began in December 2023, transitioning role to her **2024** discontinued due to schedule **2025 (Q1-Q2)** discontinued due to schedule

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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.
- 58,910 Ocean County residents are food insecure.
- 35% of Ocean County were eligible for free or reduced-price lunch.
- 68% 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, geography.

	Strategy/Initiative	Indicator/Metric	Responsible Staff*/Resources	Tracking/Outcome
4.1	Provide nutrition education for underserved communities at strategic community locations (e.g. Greater Bethel Resource center, income-restricted housing sites, area food pantries, congregate nutrition sites, etc.).	• # of information packets/recipes distributed • # of people served	Community Health and Social Impact and Community Investment Department	**2023** 150 information packets/recipes distributed and people served **2024** 120 information packets/recipes distributed and 480 served through common market boxes **2025 (Q1-Q2)** 90 information packets/recipe packets distributed 260 served through common market boxes

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