Community Medical Center Community Health Needs Assessment

November
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PREPARED BY
HEALTH RESOURCES IN ACTION

Community Medical Center | RWJBarnabas HEALTH

Acknowledgements

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CHNA Advisory Committee

The Community Medical Center Community Health Needs Assessment was developed with the guidance of numerous partners that provided oversight and input throughout the process as part of an Advisory Committee. This committee was co-chaired by Dr. Teri Kubiel, Vice President, Community Affairs, and Kristine Field, Director of Community Outreach. The full list of Advisory Committee members can be found in Appendix A.

RWJBarnabas Health Community Health Needs Assessment Steering Committee

<u>Committee Members</u>

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- Clara Maass Medical Center (CMMC) – Dr. Frank Dos Santos, Chief Medical Officer
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- Robert Wood Johnson University Hospital (RWJUH) Somerset – Serena Collado, Director, Community Health
- Saint Barnabas Medical Center (SBMC) – Margie Heller, Senior Vice President of Community Health and Global Strategic Partnerships

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Questions regarding the RWJB Community Health Needs Assessments should be directed to RWJ Barnabas Health System Development/Planning at BHPLanningDept@RWJBH.org.

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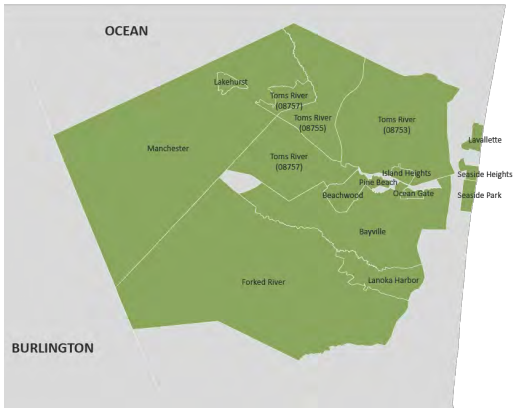
Executive Summary

Introduction

In 2022, Community Medical Center (CMC) 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. CMC collaborated with three other RWJBH hospitals—Monmouth Medical Center (MMC), Monmouth Medical Center Southern Campus (MMCSC), 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.

CMC CHNA Focus Area



This assessment encompassed a review and analysis of social, demographic, economic, and health indicators for communities in CMC's primary service area in part of Ocean County including: Bayville (located in Berkeley zip code 08721), Beachwood, Forked River (located in Lacey zip code 08731), Island Heights, Lakehurst, Lanoka Harbor (located in Lacey zip code 08734), Lavallette, Manchester, Ocean Gate, Pine Beach, Seaside Heights, Seaside Park, and Toms River zip codes 08753, 08755, and 08757.

Health Resources in Action (HRiA), a non-profit public health consultancy organization, provided support, facilitation, and data analysis for the CMC CHNA process.

Context

This CHNA was conducted during an unprecedented time due to the novel coronavirus (COVID-19) pandemic and the national movement for racial justice. The COVID-19 pandemic coincided with the activities of this assessment and impacted both the CHNA data collection process, as well as topics and concerns that residents raised in focus groups and key informant interviews. A wave of national protests for racial equity in 2020 highlighted how racism is embedded in systems across the US. The national movement informed the content of this report including the data collection processes, design of data collection instruments, and the input that was shared during focus groups, key informant interviews, and through survey responses.

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. The CHNA process was guided by strategic leadership from the RWJBH Systemwide CHNA Steering Committee, a joint Monmouth-Ocean County CHNA Advisory Committee (facilitated by Monmouth Medical Center, Monmouth Medical Center Southern Campus, Community Medical Center, and Barnabas Health Behavioral Health Center), and the community overall. Methods of data collection included:

- Reviewing existing data on social, economic, and health indicators in the CMC primary service area.
- Conducting a community survey with 311 residents designed and administered by the survey firm Bruno & Ridgway.
- Facilitating five virtual focus groups with 31 participants from specific populations of interest (e.g., Spanish-speaking residents, economically vulnerable residents (considered housing or food insecure), seniors/adults ages 65+, Orthodox Jewish residents, and military veterans.
- Conducting eleven key informant interviews or group discussions with stakeholders in the community from a range of sectors.

Findings

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

Population Characteristics

- **Demographics.** The CMC service area is generally experiencing population growth, with the exceptions of Ocean Gate and Island Heights. Lakehurst had the biggest proportion of children 18 and under (25.9%), while Lavallette had the largest proportion of adults over 65 (29.0%).[1] Most residents identify as White, non-Hispanic; however, the area has seen growth in other racial and ethnic groups. Towns with the highest proportions of Hispanic/Latino residents include Seaside Heights (24.6%) and Lakehurst (17.0%), which also has the highest proportion of Asian-identifying residents in the service area (11.7%). Compared to New Jersey, fewer residents in the service area were born outside the U.S. and/or spoke a language other than English at home, though Lakehurst and Seaside Heights had the highest proportion of each across the CMC service area.

Community Social and Economic Environment

- **Community Strengths and Assets.** Understanding the resources and services available in a community—as well as their distribution—helps to elucidate the assets that can be drawn upon to address community health, as well as any gaps that might exist. When focus group and interview participants were asked to describe the strengths of their community, they were most likely to discuss its strong sense of community, community-based resources, and collaboration across organizations.

> *"Social ties are so important…The sense of community, the social bond, and that mutual support and aid that happens."* - Key informant interviewee

- **Education.** Some focus group and interview participants described the educational system – including public and private schools – as high quality and a strong community asset. Across school districts in the CMC service area, Central Regional School District (86.5%) and Lacey Township School District (89.1%) had a 4-year graduation rate below the state average (92.6%).[2] Black, non-Hispanic students in Toms River Regional School District had the lowest 4-year graduation rate of any racial/ethnic group – 75.0%. Interviewees discussed the challenges that the COVID-19 pandemic created – they were concerned about any potential educational setbacks, and also noted that the pandemic exacerbated availability and affordability of early childhood education.

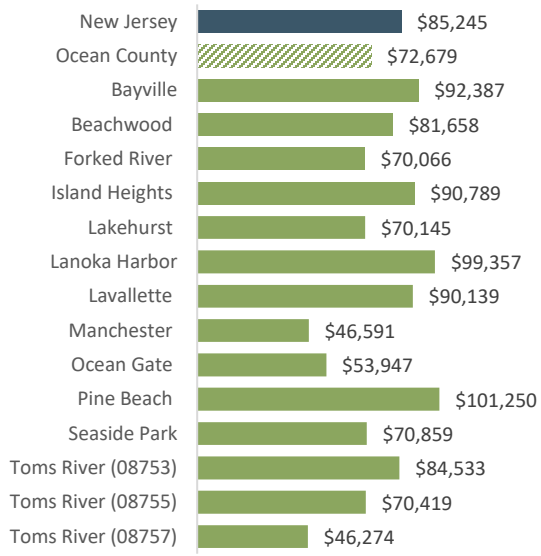
[1] DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020
[2] DATA SOURCE: New Jersey Department of Education, School Performance, Adjusted Cohort Graduation Rates, 2020-2021

- **Employment and Workforce.** Focus group and interview participants specifically discussed several opportunities and challenges of workforce-related issues. One opportunity noted was tourism, which is a major industry in Ocean County. Within the tourism industry, focus group participants highlighted employment opportunities such as in stores, restaurants, and cleaning homes. However, it was noted that some communities have more seasonal tourism, which presented challenges for year-round employment. Unemployment across the service area is low; however, perceptions of employment differ, with approximately half of community survey respondents agreeing that there are job opportunities in their area.

> *"Economics have impacted how far the dollar goes; it is not just about losing a job."*
> -Key informant interviewee

- **Income and Financial Security.** Many focus group and interview participants described a rising cost of living for Ocean County residents, which they noted has worsened throughout the COVID-19 pandemic. They discussed rising costs for housing, food, and gas and emphasized that salaries and income are not keeping up with the rising cost of living, making it difficult for households to make ends meet. Across the CMC service area, median household income varied widely, from $46,274 in Toms River (08757) to $101,250 in Pine Beach.[3]

Median Household Income, by State and County, 2016-2020



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

- **Food Access and Food Security.** The expense and accessibility of healthy food was a key area of concern discussed by interview and focus group participants. They described the high cost of food and high cost of living in general as contributing to food insecurity for low-income residents, specifically Spanish-speakers and veterans. Food insecurity rose from 2019 to 2020 across the state and county, and the trend likely continued in 2021 and 2022, though these data are not yet available.

- **Housing.** Available and affordable housing was identified as a challenge in the CMC service area, where supply has not kept up with demand. Lack of affordable housing was noted as a significant stressor that contributes to high levels of housing instability, particularly for low-income communities (including seniors), communities of color, and veterans. Within the service area, Seaside Park had the greatest percentage of residents spending more than 25% of their income on housing costs: 64.9% of owner-occupied and 80.6% of renter-occupied households.[4] Generally, higher proportions of rent-paying residents spent over 25% of their income on housing costs as

[3] DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020
[4] DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

compared to homeowning residents. The COVID-19 pandemic exacerbated people's concerns about housing affordability and housing stability.

- **Transportation.** Residents in the CMC service area described the area as car dependent (which secondary data support), with unwalkable distances between services and resources, and limited public transportation options, especially for low-income and senior populations. Traffic also arose as a critical transportation issue. The transportation infrastructure in the area was described as insufficient, resulting in traffic issues. According to several participants, some areas have grown rapidly and city planning for roads and transportation has not kept pace with this growth. Accidents are common, participants said, with several explaining that traffic-related factors can make it dangerous to use public transportation or be a pedestrian.

- **Green Space and Environment.** 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. Parks and recreational opportunities emerged as community strengths (81.7% of survey respondents agreed), though these resources were not seen as equitably distributed through the area.[5]

- **Crime and Violence.** Perceptions of safety varied across participants. While some viewed the area as relatively peaceful and secure, others noted the presence of gangs as a concern in some communities. Data from the Uniform Crime Reporting Unit in the State of New Jersey show that rates of violent crime in 2020 varied widely across the towns CMC serves. At 1,253.5 incidents per 100,000 residents, Seaside Heights had a rate over six times higher than the state rate (195.4 per 100,000 residents).[6] Property crime is much more common than violent crime. Within the service area, property crime was highest in Seaside Heights (6,754.9 incidents per 100,000 residents) and lowest in Island Heights (302.7 per 100,000 residents).

- **Systemic Racism and Discrimination.** Several interview participants discussed racial injustice as an important issue that adversely affects people of color and religious groups, including their sense of safety, mental health, and educational experiences. The effects of racism on children were of top concern. Several participants from communities of color described children being afraid to go outside or to school due to fear of violence and other hate incidents. Some Orthodox Jewish focus group participants also cited anti-Semitic attacks against residents of their community. These issues of racism and discrimination were described within the broader context of racial injustices that has been unfolding in the CMC service area as well as nationwide.

> *"This is still there, racial injustice which was heightened that happened nationwide and what this also brought was more tension with all that we have seen […] This issue can be life threatening and it has a significant impact, and it has not diminished, so it has changed but it has not diminished."* -Key informant interviewee

[5] DATA SOURCE: Community Health Needs Assessment Survey Data, Ocean County, Bruno & Ridgway, 2021
[6] DATA SOURCE: State of New Jersey, Department of Law and Public Safety, Uniform Crime Reporting Unit, 2020

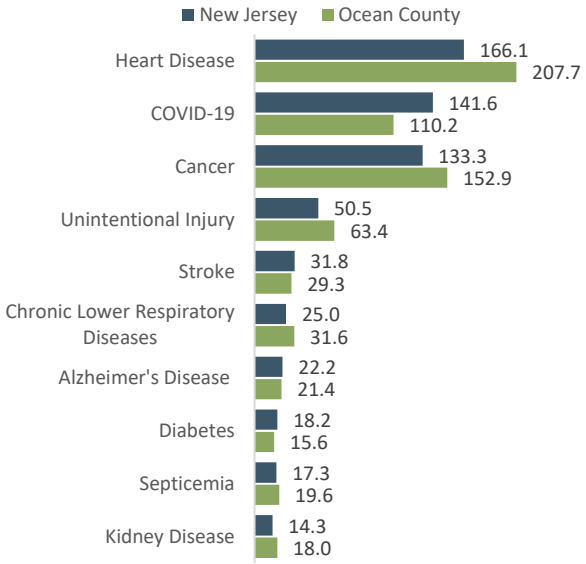
Community Health Issues

Understanding community health issues is a critical step in the CHNA process. The disparities seen in these issues mirror the historical patterns of structural, economic, and racial inequities experienced for generations across the service area, state, and the U.S.

- **Community Perceptions of Health.** Survey respondents were presented with a list of specific issues and were asked to indicate the top three health concerns or issues for their community. Mental health issues (36.0%), overweight/obesity (32.8%), and substance use, abuse, and overdose (32.8%) were the top three health issues reported. [7]

- **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 age 75 years old) provide a picture of preventable deaths and point to areas where additional health and public health interventions may be warranted. In 2020, the leading causes of death across New Jersey, and Ocean County were heart disease, cancer, and COVID-19. Ocean County had a notably higher age-adjusted mortality rate due to heart disease (207.7 deaths per 100,000 population) compared to New Jersey (166.1 per 100,000). [8] Furthermore, the overall premature mortality rate per 100,000 population was higher in Ocean County (497.2 deaths per 100,000) than in New Jersey (408.7 per 100,000). Black, non-Hispanic followed by White, non-Hispanic residents experienced higher premature mortality rates compared to other races/ethnicities.

Top 10 Age-Adjusted Mortality Rates per 100,000, by State and County, 2020



DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health as reported by New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2020

- **Obesity, Healthy Eating, and Physical Activity.** Overweight/obesity was the second highest community health issue identified by survey respondents, though most survey respondents also reported high rates of healthy eating and physical activity for themselves and family members.

- **Chronic Conditions.** Chronic conditions such as diabetes, hypertension, and cancer were mentioned as health concerns, particularly among people of color. One community leader noted, *"Obesity and high blood pressure [are] very prevalent in our community."* Heart disease is the leading cause of death in Ocean County, and is much higher among males and Black, non-Hispanic residents. Cancer

[7] DATA SOURCE: Community Health Needs Assessment Survey Data, Ocean County, Bruno & Ridgway, 2021

[8] DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health as reported by New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2020

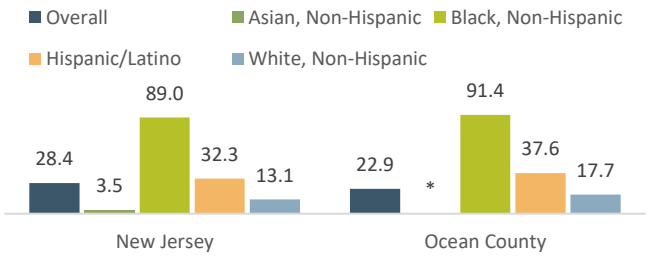
is the second leading cause of death in Ocean County. For 2016-2020, Ocean County experienced a higher overall cancer (combined for female breast, colorectal, lung and bronchus, and male prostate cancers) mortality rate (158.8 deaths per 100,000 population) compared to New Jersey (141.1 per 100,000).

- **Mental Health.** Mental health was identified as a significant community health issue and the top concern among survey respondents. Qualitative conversations focused on anxiety and depression, especially among youth, seniors, and veterans. These issues have been prevalent but have been exacerbated by the COVID-19 pandemic. Employment issues, financial instability, virtual education, substance use, and social isolation were all noted as contributors to increased anxiety and depression. Data for 2020 show that overall Ocean County residents, especially those who identify as Black, non-Hispanic, experience higher rates of hospitalizations due to mental health (77.9 per 100,000 population) compared to New Jersey (60.8 per 100,000). [9]

- **Substance Use.** Substance use and abuse was the third most concerning community issue reported by survey respondents and was a topic that arose in many assessment conversations. Alcohol and heroin were perceived to be the most used and most concerning substances, which secondary data reinforce. Use of these substances 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.

- **Environmental Health.** Asthma is a common health condition related to environmental factors. In 2020, Black, non-Hispanic populations experienced much higher rates of asthma-related ED visits per 10,000 population.

Age-Adjusted Asthma Emergency Department Visit Rate per 10,000 Population by Race/Ethnicity, by State and County, 2020



DATA SOURCE: New Jersey Discharge Data Collection System, Office of Health Care Quality Assessment, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2018
NOTE: Data includes ED visits where asthma was primary diagnosis

- **Communicable Disease.** COVID-19 was a frequent topic in all focus groups and interviews due to its substantial and far-reaching impacts. Case numbers continue to fluctuate, and racial/ethnic disparities exist among COVID-19 deaths in New Jersey (data were not available by county or town) as well as among vaccination rates across the state and CMC service area.

Access to Services

- **Access to Healthcare Services.** While reported participation in screenings was high, participants also indicated several issues that made it difficult for them or a family member to get medical treatment or care when needed, including insurance issues, cost of care, and ability to schedule appointments. Though insurance issues were perceived to be an access challenge, secondary data show that

[9] DATA SOURCE: New Jersey Department of Health, Office of Health Care Quality Assessment, New Jersey Data Collection System, as reported by New Jersey State Health Assessment Data (NJSHAD), 2020.

compared to New Jersey, Ocean County had a lower percentage of the population uninsured. Additional barriers that arose were transportation to health care and availability of providers, particularly those who represent the communities they serve.

Community Vision and Suggestions for the Future

Focus group and interview participants were asked for their suggestions for addressing identified needs and their vision for the future. The following section summarizes and presents these recommendations for future consideration.

- **Develop a Strategic Plan to Improve the Social Determinants of Health.** Several interview participants emphasized the importance of developing and implementing a strategic plan to improve the social determinants of health by bringing together stakeholders across organizations and sectors, including hospitals and community leaders. One social service provider described the current state of action to promote community health: *"We are all running and putting out fires and when we take a step back it is a luxury. We can just have time to think about or to do something from a strategic plan, and especially when we are dealing with so many issues."* One interviewee did describe progress collaborating with local hospitals, something that they hoped would continue to grow over the coming years.

- **Improve Educational Experiences.** Community participants also emphasized the need to move upstream and address the social determinants of health, specifically educational opportunities in the local area that could lead to a stronger workforce with more economic security. Participants prioritized strengthening educational opportunities and experiences for low-income children and children of color and recommended creating more educational opportunities for preschool-aged children, creating more middle and high schools to address overcrowding at schools, supporting children in completing their education, and creating opportunities to improve parental involvement in school to strengthen the curriculum. Others expressed their hope for educational experiences that support children in exploring career paths.

- **Improve Housing Affordability.** Housing emerged as one of the most discussed topics Participants described housing as foundational to so many downstream issues, including health. By prioritizing housing, especially for vulnerable populations such as veterans and homeless, community members could have a stable base from which to address other basic needs. Specific suggestions included the creation of a permanent shelter as well as innovative strategies to improve housing affordability.

- **Invest in Social Services.** Participants envisioned improving access to social workers in community-based spaces to enable residents to connect with social services. To attract and retain high quality, committed staff in the shifting workplace environment, it would be important to offer hybrid work arrangements that so many families need in the current social and economic environment.

- **Broaden Support for Seniors and People with Disabilities and Expand Medical Models.** Several recommendations arose for improving social support, and health care access and quality, for seniors and people with disabilities. It was recommended that organizations develop programmatic opportunities for seniors to be physically active and socially and mentally engaged, as well as age in place through retrofitting their homes. For the health care sector, participants recommended expanding medical models to include home visiting and to enable seniors to connect with their medical team by phone.

- **Improve Access to and Quality of Care.** Participants envisioned improving access to medical providers and specialists, including primary care providers, dentists, mental health providers, labor and birth services, dermatologists, cardiologists, inpatient and outpatient behavioral health providers, and other adult and pediatric specialists. Expanding the hours in which health care services are available was also suggested. Participants highlighted the need for improving the quality of and access to health care for medically underserved communities, including low-income, Black, Orthodox Jewish, and Latino communities.

Key Themes

Through a review of the secondary social, economic, and epidemiological data; a community survey; and discussions with community residents and stakeholders, this assessment report examines the current health status of the CMC service area during an unprecedented time given the COVID-19 pandemic and the national movement for racial justice. Several overarching themes emerged from this synthesis:

- ***The COVID-19 pandemic had a substantial impact on the health and wellbeing of residents in the CMC service area.*** The COVID-19 pandemic has affected many aspects of life and has created substantial challenges for many residents. The impact of the COVID-19 pandemic - as well as current socioeconomic conditions - were frequently discussed in assessment conversations and reinforced by survey and secondary data. Participants shared that the pandemic had a negatively impacted financial and mental health, education, access to healthcare, housing, transportation, and food security. These challenges were felt more acutely by economically vulnerable residents, communities of color, new immigrants, veterans, older adults, and persons with a disability.

- ***High cost of living, driven by rising food and housing prices, has been a top-of-mind issue across the service area.*** Many focus group and interview participants described a rising cost of living for residents, which they noted has worsened throughout the COVID-19 pandemic. They discussed rising costs for housing, food, and gas and emphasized that salaries and incomes are not keeping up with the rising cost of living, making it difficult for households to make ends meet. Households in Toms River zip code 08757, Manchester, and Ocean Gate have lower median incomes compared to the rest of the service area.

- ***Residents of color and religious groups discussed experiencing racism and discrimination.*** Assessment participants discussed racial injustice and religious bigotry as important issues that adversely affect people of color and religious groups, including their sense of safety, mental health, and educational experiences. The effects of racism on children were of top concern. Several participants from communities of color discussed how their children were afraid to go outside or to school due to fear of violence and other hate incidents. Several Orthodox Jewish focus group participants cited anti-Semitic attacks against residents of their community. These incidents of racism and discrimination were described within the broader context of racial injustices that has been unfolding in the CMC service area as well as nationwide.

- ***Behavioral health is a primary community health concern and one that has worsened in recent years.*** Across all data sources, behavioral health (mental health and substance use) rose to the top of community health issues in the CMC service area. Alcohol and heroin were perceived to be the most used and most concerning substances. Use of these substances 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. Discussions of mental health focused on anxiety and depression, which have been prevalent in the community but were noted as

exacerbated by stress and isolation related to the COVID-19 pandemic. Employment issues, financial instability, virtual education, substance use, and social isolation were all noted as contributors to increased anxiety and depression. Youth, seniors, veterans, and Black residents were particularly affected by mental health issues, according to secondary data as well as focus group and interview participants. Residents emphasized numerous challenges in accessing mental health services, including stigma, cost, and a lack of providers.

- ***Residents and leaders are concerned about obesity and related comorbidities.*** Overweight/obesity was the second top health concern identified by community survey respondents. Participants also expressed concern about the comorbidities overweight and obesity contribute to, such as high blood pressure, diabetes, and heart disease – the leading cause of death in the state and in Ocean County by far. Most community survey respondents reported that the community has safe outdoor places to walk and play and that it was easy to find fresh fruits and vegetables in their community. However, a few interviewees noted that these resources were not seen as equitably distributed throughout the area, especially in lower-income communities and communities of color.

- ***Insurance limitations, cost of care, and availability of providers were primary barriers to health care***. Survey data indicated that third biggest barrier to accessing care was insurance. Many focus group and interview participants described insurance challenges and also noted additional vulnerabilities for communities of color and undocumented immigrants in the area. Related to insurance, affordability of healthcare was a top barrier identified among assessment participants. They highlighted that uninsured patients may defer healthcare, medications, and medical devices due to competing priorities, such as paying for rent or food. Scheduling and availability of providers also arose as a primary challenge, for which participants highlighted a need for more primary care providers and specialists across the lifespan as well as expanded hours and locations and increased use of telehealth. Communities of color expressed some challenges with the demographics of the current healthcare workforce in the area, including medical facilities not outreaching to diverse communities, providers not speaking patients' languages, patients confronting negative stereotypes from providers, and receiving unequal and/or delayed treatment. To address these challenges, participants called for more diversity of medical providers to reflect the diversity of the communities they serve.

Conclusion

Through a comprehensive and iterative assessment process that included gathering community input from residents and stakeholders, feedback from a community priorities survey, and quantitative surveillance and secondary data, ten initial issue areas were identified as key community needs for Monmouth and Ocean County.

These included (in no particular order):

- Unemployment
- Financial insecurity
- Food insecurity
- Housing
- Transportation
- Overweight/obesity
- Chronic disease (e.g., heart disease, cancer, diabetes)
- Mental health

- Substance use
- Access to healthcare services

After a prioritization process with the Advisory Committee and discussions within the hospital, key priority areas for CMC will include chronic conditions, mental health, substance use, and food insecurity as it also considers its existing expertise, capacity, and experience during the development of its implementation plan in 2023.

Introduction

Community Health Needs Assessment Purpose and Goals
A community health needs assessment (CHNA) is a systematic process to identify and analyze community health needs and assets, prioritize those needs, and then implement strategies to improve community health. In 2022, Community Medical Center undertook a CHNA process using a mixed-methods and collaborative approach, along with multiple other hospitals and community partners.

Community Medical Center (CMC) is located in Toms River, New Jersey (NJ) and is part of the **RWJBarnabas Health (RWJBH)** system. RWJBH is a non-profit healthcare organization which includes 12 acute care hospitals, three acute care children's hospitals, a leading pediatric rehabilitation hospital, a freestanding acute behavioral health hospital, a clinically integrated network of ambulatory care centers, two trauma centers, a satellite emergency department, geriatric centers, the state's largest behavioral health network, ambulatory surgery centers, comprehensive home care and hospice programs, long term care facilities, fitness and wellness centers, retail pharmacy services, medical groups, diagnostic imaging centers, a clinically integrated network and collaborative accountable care organization. As one of the acute care hospitals within the system, CMC had nearly 23,6000 inpatient admissions, 2,250 births, and nearly 211,000 outpatient visits for diagnostic and treatment services including approximately 66,800 emergency department visits.

This assessment process builds off previous assessment and planning processes conducted by CMC and RWJBH. See the Appendix for a description of the Hospital's activities accomplished and their impact since 2019.

In early 2021, RWJBH hired **Health Resources in Action (HRiA**), a non-profit public health consultancy organization, to provide support, help facilitate, and conduct data analysis for the CHNAs across the system. CMC collaborated with three other RWJBH hospitals—Monmouth Medical Center (MMC), Monmouth Medical Center South Campus (MMCSC), 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 CMC CHNA aims to gain a greater understanding of the issues that community residents face, 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 2022 CMC needs assessment process, which was conducted between April-September 2022.

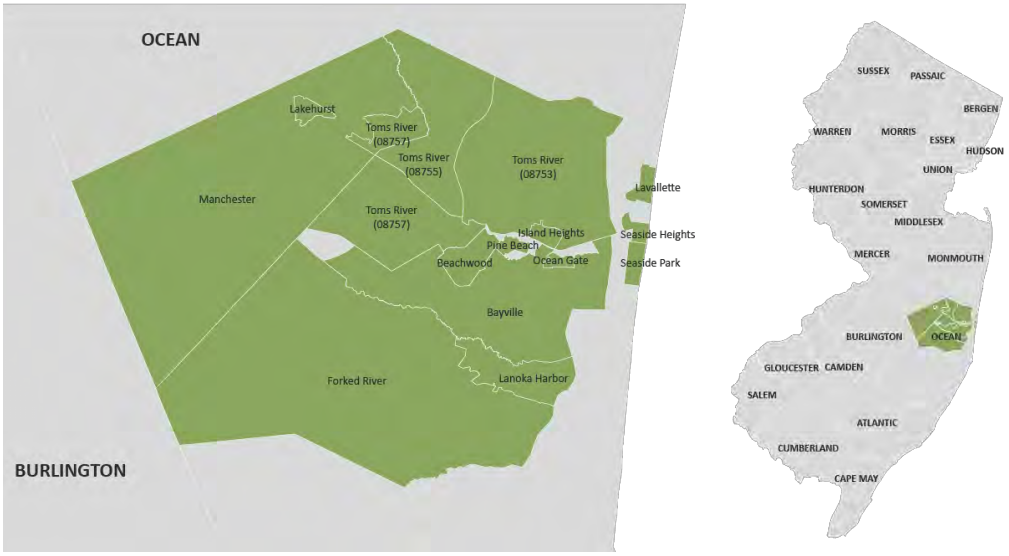
The specific goals of this CHNA are to:

- 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 community needs and social determinant of health needs, 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. The CMC primary service area is part of Ocean County, specifically Bayville (located in Berkeley zip code 08721), Beachwood, Forked River (located in Lacey zip code 08731), Island Heights, Lakehurst, Lanoka Harbor (located in Lacey zip code 08734), Lavallette, Manchester, Ocean Gate, Pine Beach, Seaside Heights, Seaside Park, and Toms River zip codes 08753, 08755, and 08757. The CMC CHNA service area is shown in Figure 1.

Figure 1. Focused CMC CHNA Area Map



Context for the Community Health Needs Assessment

This CHNA was conducted during an unprecedented time, given the COVID-19 pandemic and the national movement for racial justice. This context had a significant impact on the assessment approach and content.

COVID-19 Pandemic

The novel coronavirus (COVID-19) pandemic coincided with the activities of this assessment and impacted both the CHNA data collection process and topics, as well as concerns that participants put forth during discussions in focus groups and interviews. In April 22, at the beginning of this CHNA process, the COVID-19 pandemic had already been in effect for over two years. Logistically, the pandemic impacted the feasibility of convening in-person groups for the CHNA (e.g., subcommittees, focus groups, etc.) and the availability of key stakeholders and community members to participate in CHNA activities, given their focus on addressing immediate needs. Consequently, all data collection and engagement occurred in a virtual setting (e.g., telephone or video focus groups, interviews), and engagement of residents and stakeholders was challenging. (A more detailed description of this engagement process may be found in the Methods section, and COVID-19 data specific to this service area is provided in the Infectious and Communicable Disease section of this report.)

Substantively, during the CHNA process, COVID-19 was and remains a health concern for communities and also has exacerbated underlying inequities and social needs. The pandemic brought to light both the capabilities and gaps in the healthcare system, the public health infrastructure, and social service networks. In this context, an assessment of the community's strengths and needs, and in particular the social determinants of health, is both critically important and logistically challenging. This CHNA should

be considered a snapshot in time, which is consistent with public health best practices. Moving forward the community should continue to be engaged to understand how identified issues may evolve and what new issues or concerns may emerge over time.

National Movement for Racial Justice

Over the past few years, sparked by the national protests for racial equity amidst the killings of George Floyd, Ahmaud Arbery, Breonna Taylor, Tony McDade, and many others, national attention was focused on how racism is embedded in every system and structure of our country, including housing, education, employment, and healthcare. This context impacted the content of the CHNA, including the design of data collection instruments and the input that was shared during interviews and focus groups. While racism and oppression have persisted in this country for over 400 years, it is important to acknowledge the recent focus on these issues in 2022 in the form of increased dialogue, locally and nationally, as context for this assessment.

Methods

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

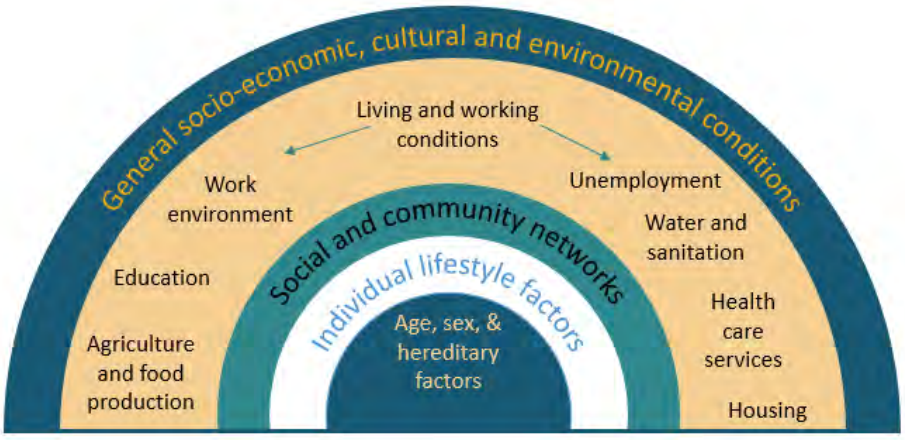
Social Determinants of Health Framework

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 is about more than delivering quality healthcare to residents. Where a person lives, learns, works, and plays all have an enormous impact on health. Health is not only affected by people's genes and lifestyle behaviors, but by upstream factors such as employment status, quality of housing, and economic policies. Figure 2 provides a visual representation of these relationships, demonstrating how individual lifestyle factors, which are closest to health outcomes, are influenced by more upstream factors, such as employment status and educational opportunities.

Figure 2. Social Determinants of Health Framework



DATA SOURCE: World Health Organization, Commission on the Social Determinants of Health, Towards a Conceptual Framework for Analysis and Action on the Social Determinants of Health, 2005.

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 understand 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 in the U.S.

In the present report, health patterns for the Ocean County area are described overall, as well as areas of need for particular population groups. Understanding factors that contribute to health patterns for these populations can facilitate the identification of data-informed and evidence-based strategies to provide all residents with the opportunity to 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 RWJBH Systemwide CHNA Steering Committee, the four healthcare institutions' core team, the joint Advisory Committee, and the community overall.

RWJBH System Engagement

This CHNA is part of a set of CHNAs being conducted across the entire RWJBH system. Each of these CHNAs will use a consistent framework and minimum set of indicators but the approach and engagement process are tailored for each community. A Systemwide CHNA Steering Committee was convened twice during early and late June 2021. This Steering Committee provided input and feedback on major data elements (e.g., secondary data key indicators, overall Table of Contents) and core prioritization criteria for the planning process. A list of Systemwide CHNA Steering Committee members can be found in Acknowledgments section.

Advisory Committee Engagement

In early 2022, four institutions—Community Medical Center (CMC), Monmouth Medical Center (MMC), Monmouth Medical Center South Campus (MMCSC), and Barnabas Health Behavioral Health Center (BHBHC)—convened a joint Advisory Committee of community and hospital partners to provide insight and guidance throughout this process. The joint Advisory Committee was engaged at critical intervals. In April 2022, the Advisory Committee met for a kick-off meeting during which HRiA provided an overview of the CHNA process and Bruno & Ridgeway, Inc. presented the findings from a community survey the firm conducted in 2021. These two presentations were followed by a brief Q&A and discussion with the Advisory Committee members. After the April 2022 meeting, members of the Advisory Committee 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 making connections to support focus groups with community residents, participating in key informant interviews, and/or connecting HRiA to stakeholders in the community. See the Acknowledgements section for a list of Advisory Committee members. The Advisory Committee reconvened in late October 2022. During this meeting, HRiA staff presented the findings from the CHNA process, including the preliminary issues that emerged upon review of the qualitative and secondary data. Advisory Committee members had the opportunity to ask questions, then discussed and voted on the top priorities for the hospital and the community to consider when developing future implementation plans. See Appendix A for a list of Advisory Committee members.

Community Engagement

Community engagement is described further below under the primary data collection methods. Capturing and lifting up voices a range of voices, especially those not typically represented in these processes, was a core component to this initiative. It should be noted that, due to the COVID-19 pandemic, the community engagement for this CHNA occurred virtually. Additionally, while the CHNA aimed to engage a cross-section of individuals and to be inclusive of traditionally under-represented communities, outreach was challenging given the pandemic and competing priorities. Nevertheless, by engaging the community through multiple methods and in multiple languages, this CHNA aims to describe community strengths and needs during this unique time.

Secondary Data: Review of Existing Secondary Data, Reports, and Analyses

Secondary data are data that have already been collected for another purpose. Examining secondary data helps us to understand trends, provide a baseline, and identify differences by sub-groups. It also helps in guiding where primary data collection can dive deeper or fill in gaps.

Secondary data for this CHNA were drawn from a variety of sources, including the U.S. Census American Community Survey (ACS), the U.S. Department of Labor Bureau of Labor Statistics, the Federal Bureau of Investigation Uniform Crime Reports, U.S. Bureau of Labor Statistics, the New Jersey Department of Education, New Jersey Department of Health's New Jersey State Health Assessment Data (NJSHAD), and a number of other agencies and organizations. This CHNA also utilizes reports from a variety of organizations at the community, state, and national level including but not limited to the United Way of New Jersey's ALICE Study. Additionally, hospitalization data from the RWJBH system is also included in Appendix G. Secondary data were analyzed by the agencies that collected or received the data. Data are typically presented as frequencies (%) or rates per 100,000 population. It should be noted that when the narrative makes comparisons between towns, by subpopulation, or with NJ overall, these are lay comparisons and *not* statistically significant differences.

This 2022 community health needs assessment for CMC focuses on 15 communities, including three differentiated zip codes in Toms River, that comprise the hospital's primary service area. Local-level data are provided when available.

The U.S. Census American Community Survey (ACS) 5-year (2016-2020) estimates are the primary data source for social and economic indicators referenced in the report. Five-year estimates are considered the most reliable and comprise a relatively large sample size. Further, in the case of small population counts found in several municipalities in the hospital's service area, five-year estimates provide a more precise statistical profile of the community of interest. Key secondary data tables and graphs are in the body of the reported with relevant narrative. Additional tables and graphs of secondary data are in Appendix F.

Primary Data Collection

Qualitative Discussion: Key Informant Interviews and Focus Groups

Key Informant Interviews

A total of 11 key informant interview discussions were completed by Zoom or telephone. Interviews were 45-60-minute semi-structured discussions that engaged institutional, organizational, and community leaders as well as front-line staff across sectors. Discussions explored interviewees' experiences of addressing community needs and priorities for future alignment, coordination, and expansion of services, initiatives, and policies. Sectors represented in these interviews included: mental health and substance abuse, healthcare, youth services, newly arrived, faith-based, food and housing support services, disability services, and discrimination and structural racism See the Appendix B for the list of organizations/sectors represented by the key informant interviewees and Appendix C for the key informant interview guide.

Focus Groups

A total of 31 community residents participated in five virtual focus groups (telephone or video) conducted with specific populations of interest in Ocean County: Spanish-speaking residents, economically vulnerable residents (considered housing or food insecure), seniors/adults ages 65+, Orthodox Jewish residents, and military veterans.

Focus groups were up to 60-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 D for the focus group facilitator's guide.

Analyses

The collected qualitative information was coded and then analyzed thematically by data analysts for main categories and sub-themes. 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. Frequency and intensity of discussions on a specific topic were key indicators used for extracting main themes. While differences between towns are noted where appropriate, analyses emphasized findings common across the service area. Selected paraphrased quotes—without personal identifying information—are presented in the narrative of this report to further illustrate points within topic areas.

Community Survey

A community priorities survey was developed and administered over a five-month period from early April and through the end of August by the survey firm Bruno & Ridgway, who was contracted directly by the RWJBH system. The survey focused on health issues and concerns that impact the community; community safety and quality of life; personal health attitudes, conditions and behaviors; barriers to accessing health care; discrimination when receiving medical care; and the impact of COVID-19 and vaccination compliance. The survey was administered online and was available by paper in 5 languages (English, Spanish, Portuguese, Arabic, and Chinese). For the hospital's service area, survey data are only available in aggregate, not by race/ethnicity, due to small sample sizes of non-White populations.

Outreach for survey dissemination was conducted with assistance from the RWJBH system, the hospital, and its community partners, as well as through social media and the web. Postcards with QR codes that linked to the survey were distributed at vaccination events for community members to take while they waited for their COVID-19 vaccine. Additionally, an online panel sample was recruited to capture survey responses from specific areas to augment the larger sample

The final sample of the community priorities survey comprised 311 respondents who were residents of the hospital's primary service area. Appendix F provides a table with demographic composition of survey respondents. Over 90% of survey respondents from the hospital's service area identified as White. Respondents were also predominately female, heterosexual, and over the age of 50. About 58% were employed full-time and 20% were retired. Throughout this report, residents who participated in the Community Health Needs Assessment Survey are referred to as "respondents" (whereas focus group members and interviewees are referred to as "participants" for distinction.)

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 by question. Survey data was also analyzed by sub-groups, including race/ethnicity. Results stratified by race/ethnicity are not presented in the report due to the small sample size of respondents from the hospital's primary service area. Findings from the community survey should be interpreted with this limitation in mind, acknowledging that some community voices were not captured in this sample.

Data Limitations

As with all data collection efforts, there are several limitations that should be acknowledged. 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/ethnicity). There may be a time lag for many data sources from the time of data collection to data availability. Some data are not available by specific population groups (e.g., race/ethnicity) 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.

With many organizations and residents focused on the pandemic and its effects, community engagement and timely response to data collection requests were challenging. Additionally, with its online administration method, the community survey used a convenience sample. Since a convenience sample is a type of non-probability sampling, there is potential selection bias in who participated or was asked to participate in the survey. Due to this potential bias, results cannot necessarily be generalized to the larger 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. Due to COVID-19, focus groups and interviews were also conducted virtually, and therefore, while both video conference and telephone options were offered, some residents who lack reliable access to the internet and/or cell phones may have experienced difficulty participating. This report should be considered a snapshot of an unprecedented time, and the findings in this report can be built upon through future data collection efforts.

Population Characteristics

Population Overview

The towns that comprise the Community Medical Center's service area had a population of 228,771 in 2020 (Table 1). The smallest towns by population are Island Heights (1,480 residents) and Ocean Gate (1,488), while the largest are the 08753 ZIP code of Toms River (63,750) and Manchester (43,649). While the population of the overall county grew by 3.2% between 2015 and 2020, population growth across individual towns varied. Seaside Park experienced the greatest population increase over this time (13.5% population growth); the greatest population decline occurred in Ocean Gate (-29.3%).

Table 1. Total Population, by State and County, 2011-2015 and 2016-2020

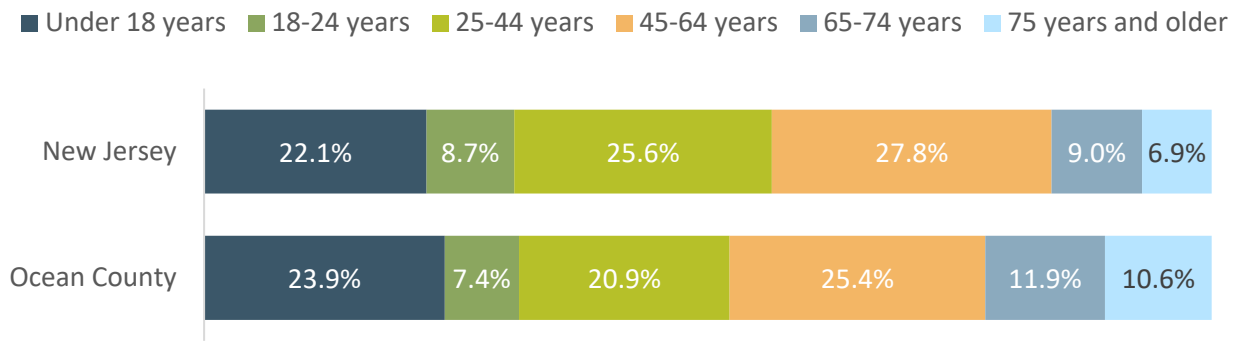
	2015	2020	% change
New Jersey	8,904,413	8,885,418	-0.2%
Ocean County	583,450	602,018	3.2%
Bayville	20,486	21,486	4.9%
Beachwood	11,128	11,274	1.3%
Forked River	5,194	5,066	-2.5%
Island Heights	1,640	1,480	-9.8%
Lakehurst	2,669	2,707	1.4%
Lanoka Harbor	8,013	8,729	8.9%
Lavallette	2,108	2,171	3.0%
Manchester	43,251	43,649	0.9%
Ocean Gate	2,105	1,488	-29.3%
Pine Beach	2,175	2,361	8.6%
Seaside Heights	2,885	2,917	1.1%
Seaside Park	1,543	1,752	13.5%
Toms River (08753)	63,357	63,750	0.6%
Toms River (08755)	25,607	26,398	3.1%
Toms River (08757)	33,937	33,543	-1.2%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2011-2015 and 2016-2020

Quantitative data show that the age distribution of Ocean County and towns served by CMC vary slightly, and from the state overall (Figure 3). Ocean County has a higher proportion of older residents than the state, with about 48% of the population over age 45 compared to about 44% in New Jersey.

Age distribution data by town can be found in Appendix F. Lakehurst had the largest proportion of children aged 18 and under in 2020 at 25.9%, followed by Beachwood (24.6%) and Seaside Heights (23.9%); the largest proportion of adults over 65 were in Lavallette (29.0%), Seaside Park (24.6%), and the 08757 zip code of Toms River (22.9%), see Appendix F. Age distribution data by race/ethnicity across Ocean County shows that children under 18 are a greater percentage of the population among Hispanic/Latino residents (22.6%), and a smaller portion for Asian (12.6%), Black (12.9%) and White residents (15.0%), see Appendix F. Adults aged 65 and over comprise a larger proportion of the White population at about 16%.

Figure 3. Age Distribution, by State and County, 2016-2020



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Interview and focus group participants described Ocean County as an area that has grown in recent years, transitioning from a summer vacation destination to an area where many residents live year-long. One interview participant explained, *"Ocean County was originally a summer town – people lived here in summers and on weekends, but over time we have seen more full-time, year-round residents."* Another interview participant echoed, *"This was a good old vacation spot for people who want to get away from New York. It was full of many hotels in the late 1950/1960s."*

One service provider described Ocean County as an area characterized by differences in population size and rurality within the county, sharing: *"You've got shore communities that have a lot of seasonal employment, lower density. We don't have any big cities, but we have bigger towns. Ocean County is different, northern is different from southern."*

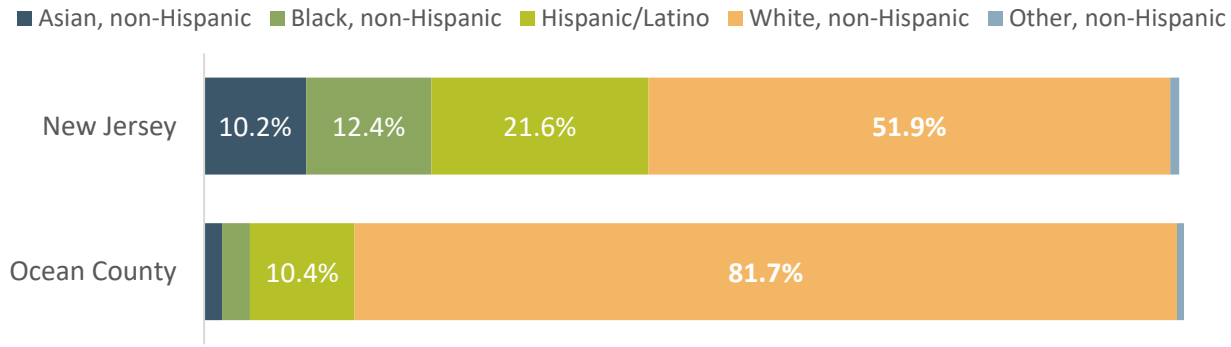
Racial, Ethnic, and Language Diversity

Racial and Ethnic Composition

Interview and focus group participants described their communities in different ways. For example, one community leader described Ocean County as predominantly White, with a small population of residents who identify as Black and a small and growing population of Latino residents. Another interview participant described an expansion among the Asian communities in the area.

Secondary data show that the hospital's service area varies in terms of racial and ethnic diversity. Ocean County is less diverse than the state overall, with almost 82% of residents identifying as White (Figure 4). According to the 2020 Census, about a tenth of Ocean County residents identify as Hispanic/Latino. Black residents comprise 2.8% of Ocean County, and Asian residents 1.8%. Most residents identify as White within the towns served by CMC. The town with the highest proportion of White residents is Lanoka Harbor at 97.6%. Towns with the highest proportions of Hispanic/Latino residents include Seaside Heights (24.6%) and Lakehurst (17.0%). Lakehurst also has the highest proportion of Asian identifying residents in the service area at 11.7%. The 08755 zip code of Toms River has the greatest proportion of Black residents in the service area at 6.0%.

Figure 4. Racial and Ethnic Distribution, by State and County, 2020



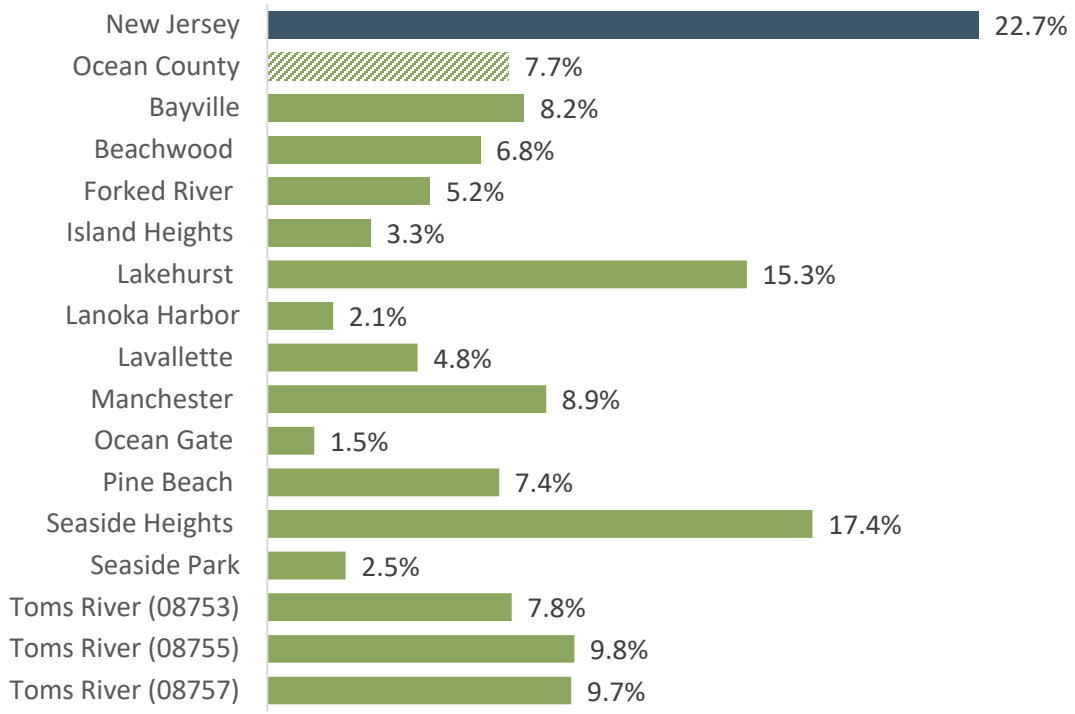
DATA SOURCE: U.S. Census Bureau, Decennial Census of Population and Housing, 2020
NOTE: Data labels <4.0% not presented.

Interview participants noted that Ocean County has a growing Orthodox Jewish population. Although Lakewood, where the Orthodox Jewish population is concentrated, is not within the CMC service area, the Orthodox Jewish population has grown and is also living in other areas of Ocean County served by CMC.

Foreign-Born Population

The foreign-born population varies across towns served by CMC (Figure 5). Seaside Heights and Lakehurst had the highest proportion of foreign-born residents across the hospital's service area (17.4% and 15.3%, respectively). The towns of Ocean Gate and Lanoka Harbor had the lowest proportion of foreign-born residents (1.5% and 2.5%, respectively). The service area and Ocean County (7.7%) had a lower proportion of foreign-born residents than the state overall (22.7%).

Figure 5. Percent Foreign Born Population, by State and County, 2016-2020

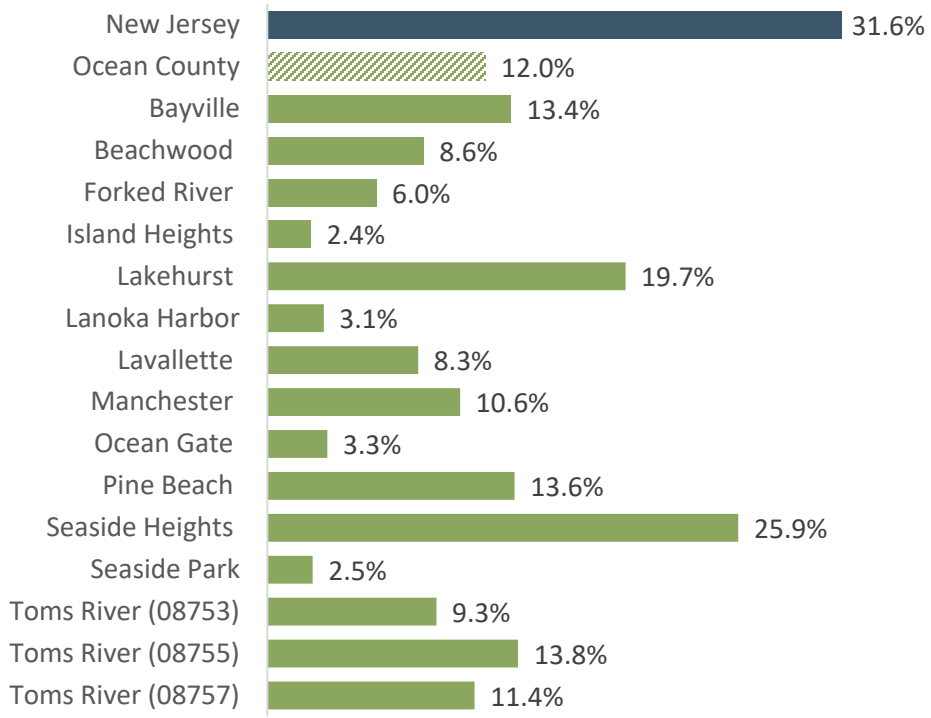


DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Language Diversity

CMC serves many residents who speak a language other than English at home. The communities of Seaside Heights and Lakehurst have the highest proportion of residents over age five that speak a language other than English at home (25.9% and 19.7% respectively), according to the 2016-2020 American Community Survey (Figure 6). Seaside Park (2.5%) and Island Heights (2.4%) have the smallest proportion of residents speaking a language other than English at home, far below the county rate of 12.0%. Spanish is the most common language other than English spoken at home across the communities, with nearly 18% of residents in Seaside Heights speaking it (Table 2).

Figure 6. Population Aged 5+ Speak Language Other Than English at Home, by State, County, and Town, 2016-2020



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Table 2. Top 5 Languages Spoken at Home, by State, County, and Town, 2016-2020

	Speak only English	Spanish	French, Haitian, or Cajun	German or other West Germanic languages	Russian, Polish, or other Slavic languages
New Jersey	68.4%	16.4%	1.1%	0.3%	1.7%
Ocean County	88.0%	5.6%	0.3%	1.1%	0.9%
Bayville	86.6%	7.4%	0.0%	0.2%	1.1%
Beachwood	91.4%	6.5%	0.2%	0.5%	0.5%
Forked River	94.0%	2.8%	0.0%	0.4%	0.8%
Island Heights	97.6%	1.2%	0.4%	0.3%	0.0%
Lakehurst	80.3%	8.9%	0.2%	0.6%	0.0%
Lanoka Harbor	96.9%	1.0%	0.0%	0.6%	0.4%
Lavallette	91.7%	0.7%	0.0%	0.2%	0.6%
Manchester	89.4%	2.5%	0.1%	0.5%	1.8%
Ocean Gate	96.7%	2.7%	0.0%	0.6%	0.0%
Pine Beach	86.4%	5.4%	0.2%	0.0%	0.5%
Seaside Heights	74.1%	17.8%	0.0%	0.0%	0.0%
Seaside Park	97.5%	0.4%	0.6%	0.0%	0.0%

	Speak only English	Spanish	French, Haitian, or Cajun	German or other West Germanic languages	Russian, Polish, or other Slavic languages
Toms River (08753)	90.7%	4.5%	0.1%	0.1%	0.3%
Toms River (08755)	86.2%	5.7%	0.7%	0.2%	0.7%
Toms River (08757)	88.6%	5.1%	0.3%	0.5%	1.9%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

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 promote physical activity and resident engagement, better access to affordable 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 that are linked with health, and health care, and also contribute to stressful life circumstances that affect multiple aspects of health.

Community Strengths and Assets

Understanding the resources and services available in a community—as well as their distribution—helps to elucidate the assets that can be drawn upon to address community health, as well as any gaps that might exist. When asked what they perceived as strengths of their community, interview and focus group participants highlighted the area's strong sense of community, community-based resources, and collaboration across community-based organizations.

Strong Sense of Community

Some interview and focus group participants described a strong sense of community within sub-populations in Ocean County. Orthodox Jewish focus group participants described their community as *"tight knit"* and having a strong sense of community, with one participant noting, *"If someone has a need, it's easily addressed."* Another interview participant described systems of support within Haitian immigrant communities locally: *"[For] recent Haitian immigrants, the reason why they're showing up is because there was already a Haitian community there. That's absolutely an asset."*

> *"Social ties are so important…The sense of community, the social bond, and that mutual support and aid that happens."* - Key informant interviewee

However, some veterans did not feel as strong a sense of community and were searching for one. They described the importance of developing opportunities for veterans to be more involved and contribute to the broader community. One veteran focus group participant explained, "*I have a lot of down time - they need to do something and the fix this sense of not belonging, we want to belong and feel we can be of benefit to others and help."*

Community-Based Resources

Spanish-speaking and economically vulnerable focus group participants and a few interview participants described several community-based institutions as strengths, such as community-based organizations, local libraries, the diversity of faith-based organizations, and parks. One Spanish-speaking focus group participant described community-based support available for residents, *"There are agencies and organizations that help Latinos with resources that can help them with their work and employment, like finding a job or just finding out about information about [how] to get resources such as for food or other thing[s] that people need."*

> *"Service providers really understand the needs of the community. A lot of people who work in Ocean County, live in Ocean County."*- Key informant interviewee

Focus group participants noted that Ocean County is characterized by a range of services and resources that are conveniently located and easy to access. For example, one focus group participant described, *"There's everything that you need, every convenience that you might need on a daily business is within a few minutes' drive."* Spanish-speaking focus group participants noted that there are several children's recreational programs and programs for children for whom English is a second language. One participant described these programs as a strength, sharing, *"Programs for children. For example, my daughter is in a karate and summer programs that they [can] get involved in."* Some focus group participants cited services for veterans and seniors as a strength. One participant explained, *"In Ocean County, if you are 55+ you want to live in Ocean County and if you're a veteran. There are a lot of services for these people regardless of your class."* While community-based services emerged as a strength, some interview and focus group participants mentioned that not all residents were able to access community-based resources and services.

Interview participants representing social services organizations described supporting residents to connect with available services and resources, and the time they spend getting to know residents and trying to meet their needs. It was noted that many service providers live in the area, so they do not just consider themselves staff, but part of the community.

Another interview participant noted the gap that organizations focusing on communities of color fill, *"We try to help people work through a system that they [residents] might not be familiar with."* One organization described addressing gaps in social and emotional support during the COVID-19 pandemic, when most systems of support were largely accessible online only.

One service provider observed that social services are less accessible to residents in South Ocean County: *"We see that there are access issues that come up in some of those more southern parts of Ocean County. Even just accessing social services. The way that so much of our social services are designed is so oftentimes designed for the convenience of the people administering the programs, so having to show up to an office that may not be near you or have public transportation because it's poor, the bus lines are not frequent, the train options are not convenient."*

Collaborations Across Community-Based Organizations

Some interview participants described collaborations among organizations as an important community strength. One interview participant explained: *"We are good at collaborating and are good at working with others. Often time[s], we pass information and share about community events. [We are …] helping and working together with our mutual clients and working together."* Across discussions, interviewees shared experiences about how organizations have shared goals and have tried to build bridges and work together on issues ranging from homelessness to COVID-19 vaccinations, particularly among those who are most undeserved.

> *"We are a very collaborative community – other places are territorial and siloed. In Ocean County we have a commitment to open collaborations and community wide efforts, our officials understand they are here to serve the public in a very specific way this ties into the grass roots/bottom up approach to solving problems."* Key informant interviewee

The map below shows the distribution of certain services across the hospital's service area, including one acute care hospital as well as 55 schools and 74 childcare centers in the service area (Figure 7).

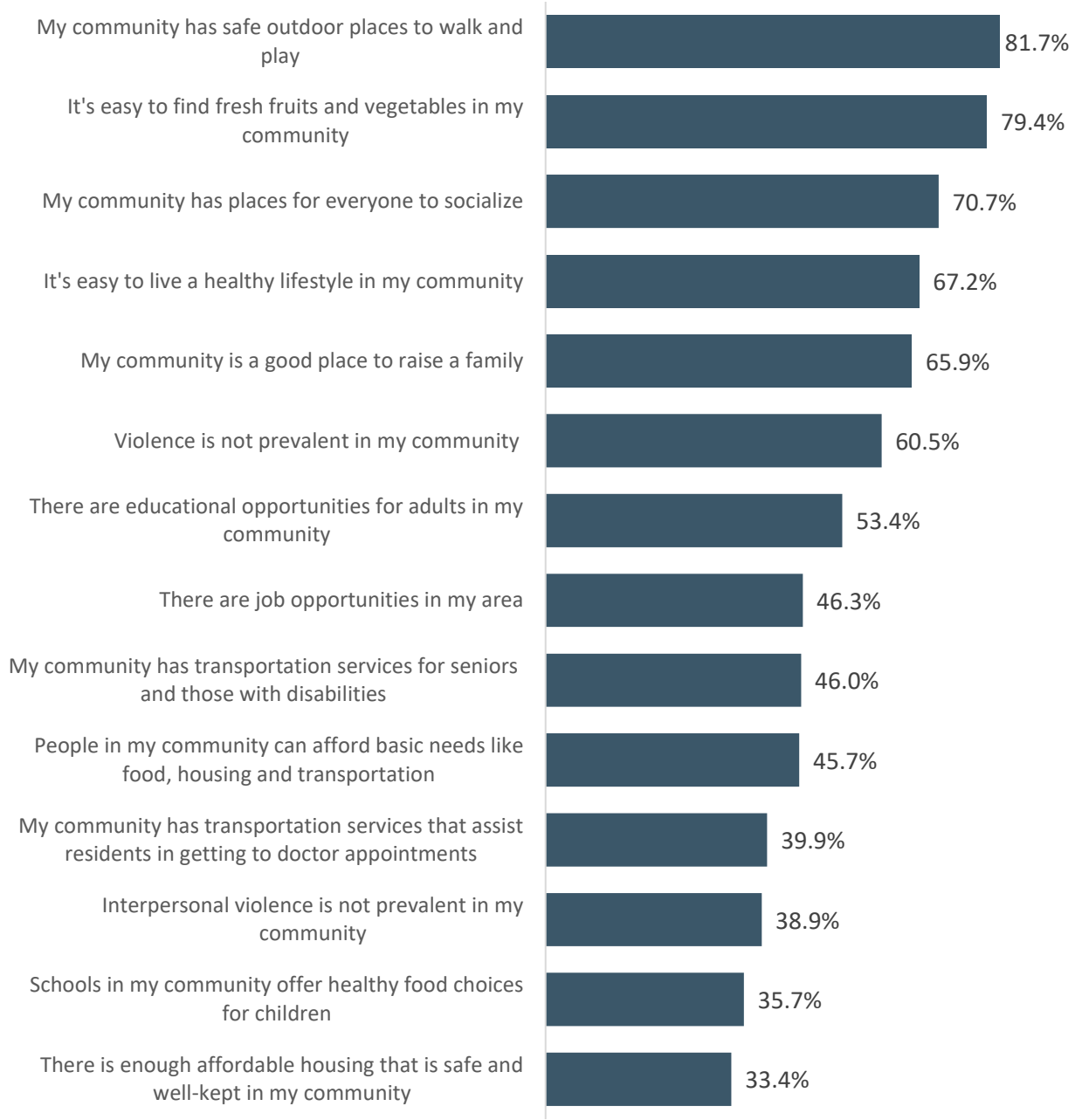
Figure 7. Community Assets Map of CMC Service Area, 2020 & 2022

DATA SOURCE: New Jersey Geographic Information Network (NJGIN), Schools and Child Care Centers, 2022 and Acute Care Hospitals, 2020

Respondents to the community survey were asked about the strengths of their communities. There was general consensus among respondents, with approximately 80% in agreement towards the top two strengths (Figure 8): that respondents' communities had safe outdoor places to walk and play (81.7%) and that it was easy to find fresh fruits and vegetables in their communities (79.4%). These top strengths were consistent with findings from the 2019 CHNA. Areas for growth in the 2021 survey include

affordable housing (33.4% reporting as a strength), healthy foods in schools (35.7%), interpersonal violence (38.9%), and transportation (39.9%).

Figure 8. Percent of Community Survey Respondents Noting Strengths in Their Community (Agree or Completely Agree with Statements) (n=311), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021

Education

Educational attainment is another important measure of socioeconomic position that may reveal additional nuances about populations, in parallel to measures of income, wealth, and poverty. Some focus group and interview participants described the educational system – including public and private

schools – as a strength. As one focus group participant explained, *"Ocean is known for having some of the best school systems. I have lived here since 1986 and because of the school system! We found the schools are just really great here."* Other participants also discussed the quality of schools in the area. In particular, the strong educational programs for children with autism were mentioned. As one participant described, "*We are known as a having some of the best schools for autism and people are leaving other states to send their kids to these schools."* However, it was also mentioned that even though there is a strong public school system in the area, many private schools seem to be emerging as well.

Data from the NJ Department of Education for 2020-2021 indicate that most (92.6%) of New Jersey students graduated from high school within four years (Table 3). Graduation rates across districts in the hospital's service area differed, with Central Regional, Lacey, and Toms River Regional districts experiencing lower graduation rates than the other communities and the state (86.5%, 89.1%, and 90.6% respectively). Graduation rates varied across students of different racial/ethnic backgrounds as well: Black and Hispanic students experienced slightly lower graduation rates than their White or multiracial counterparts. Hispanic students in the Lacey Township School District had the lowest graduation rate, 81.6%, for any race/ethnicity group across all the school districts.

Table 3. 4-Year Adjusted Cohort High School Graduation Rate, by Race/Ethnicity and School District, 2020-2021

New Jersey	Statewide	Asian, Non-Hispanic	Black, Non-Hispanic	Hispanic/ Latino	White, Non-Hispanic	2+ Races
	92.6%	97.6%	88.3%	87.4%	95.9%	93.5%
Ocean County	District Wide	Asian	Black	Hispanic	White	2+ Races
Central Regional School District	86.5%	*	83.3%	86.2%	86.5%	89.5%
Lacey Township School District	89.1%	*	*	81.6%	90.8%	*
Manchester Township School District	94.0%	*	93.3%	92.6%	94.7%	*
Point Pleasant Beach School District	98.9%	*	N	*	98.9%	N
Toms River Regional School District	90.6%	91.4%	75.0%	86.3%	92.9%	88.5%

DATA SOURCE: New Jersey Department of Education, School Performance, Adjusted Cohort Graduation Rates, 2020-2021

NOTE: * indicates that data is not displayed to protect student privacy. An N indicates that no data is available.

Interviewees discussed the challenges that the COVID-19 pandemic had towards learning in the past few years. They were concerned about any potential educational setbacks. As one community leader described, "*During COVID, children stayed home and so [they were] not able to learn. Some people bought security cameras to watch their children, especially if they had to go to work. And so, we see the learning gap because of COVID, but in children and especially among children of color were seeing it much more."*

Two other education issues arose in qualitative discussions – availability and quality of early childhood education and internet connectivity. Limited affordable and quality preschools in the area was described

as an issue affecting both young children as well as their parents. They noted that children needed more support and education at a young age, yet they perceived a lack of affordable early education programs for younger children. As one focus group participant described, *"There is not enough help for those with young children such as 2-year-olds. In New York I see that as young as 2 they are in pre-school but not here where we live."*

Related to education and information access, internet connectivity was an issue that arose among several focus groups. Some senior, economically vulnerable, and Spanish-speaking focus group participants noted that access to the internet and digital devices is increasingly important to stay connected and to access information, resources, and an education. One senior focus group participant highlighted, *"One thing that is very clear, if you don't have access to technology there are a lot of things that you're not able to find out about."* Participants also explained that the COVID-19 pandemic worsened digital divides. They discussed how this created unequal educational experiences for low-income students during the stay-at-home phase of the COVID-19 pandemic. As one focus group participant remarked, *"In the schools, some students got sent with Chromebooks. So, I was wondering what happens to the students without the Chromebooks? This just widened the divide between the haves and have nots. This digital divide is very alive and well and those in minority and poor neighborhoods have suffered."*

Employment and Workforce

Employment can confer income, benefits, and economic stability – factors that promote health. Focus group and interview participants specifically discussed several opportunities and challenges of workforce-related issues. One opportunity noted was tourism, which is a major industry in Ocean County. Within the tourism industry, focus group participants highlighted employment opportunities such as in stores, restaurants, and cleaning homes. However, it was noted that some communities have more seasonal tourism, which presented challenges for year-round employment.

The most frequently discussed workforce challenge was staffing shortages, especially related to COVID-19. Participants described workforce shortages, particularly in social services. As one focus group participant shared, *"Did things change during COVID? Yes, I think that social service organizations needed a lot more manpower during COVID because they needed to help people even more."* Further, public sector jobs were hard hit during the pandemic, according to interviewees. Lots of jobs were lost, and it has been hard for agencies to reconfigure their staff or attract new qualified employees.

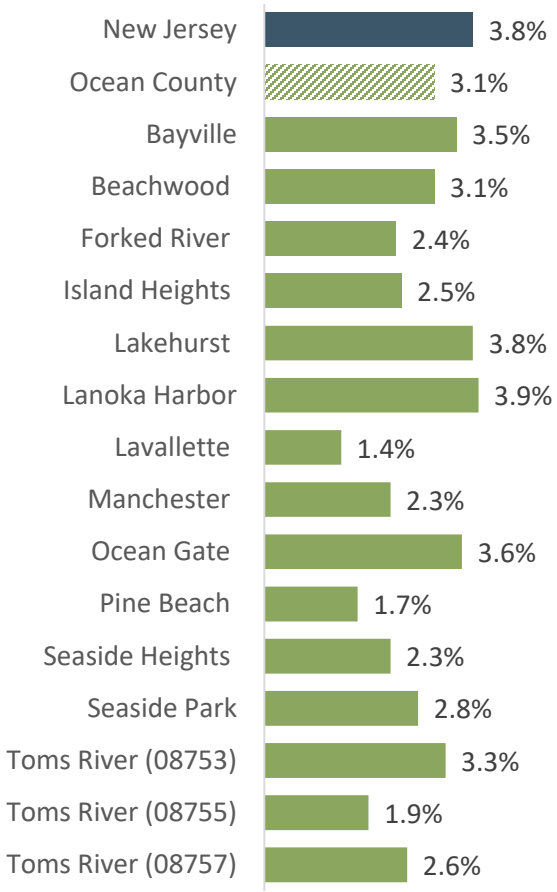
Data from the Bureau of Labor Statistics show that unemployment rates in New Jersey and Ocean County had been trending downward over the past decade prior to the COVID-19 pandemic, after which rates rose substantially (Figure 9). Throughout the past ten years, Ocean County's unemployment rate has generally reflected that of the State. Town-level data from the 2016-2020 American Community Survey show that Lanoka Harbor and Lakehurst experienced the highest unemployment rates (3.9% and 3.8% respectively), while Lavallette experienced the lowest (1.4%) (Figure 10).

Figure 9. Unemployment Rate, by State and County, 2012-2021

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
New Jersey	9.4%	8.4%	6.7%	5.7%	4.9%	4.5%	4.0%	3.4%	9.5%	6.3%
Ocean County	10.7%	9.5%	7.4%	6.1%	5.2%	4.7%	4.1%	3.5%	9.1%	6.0%

DATA SOURCE: Bureau of Labor Statistics, Local Area Unemployment Statistics, 2012-2021
NOTE: Not seasonally adjusted

Figure 10. Unemployment Rate among Civilian Labor Force, by State, County, and Town, 2016-2020



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

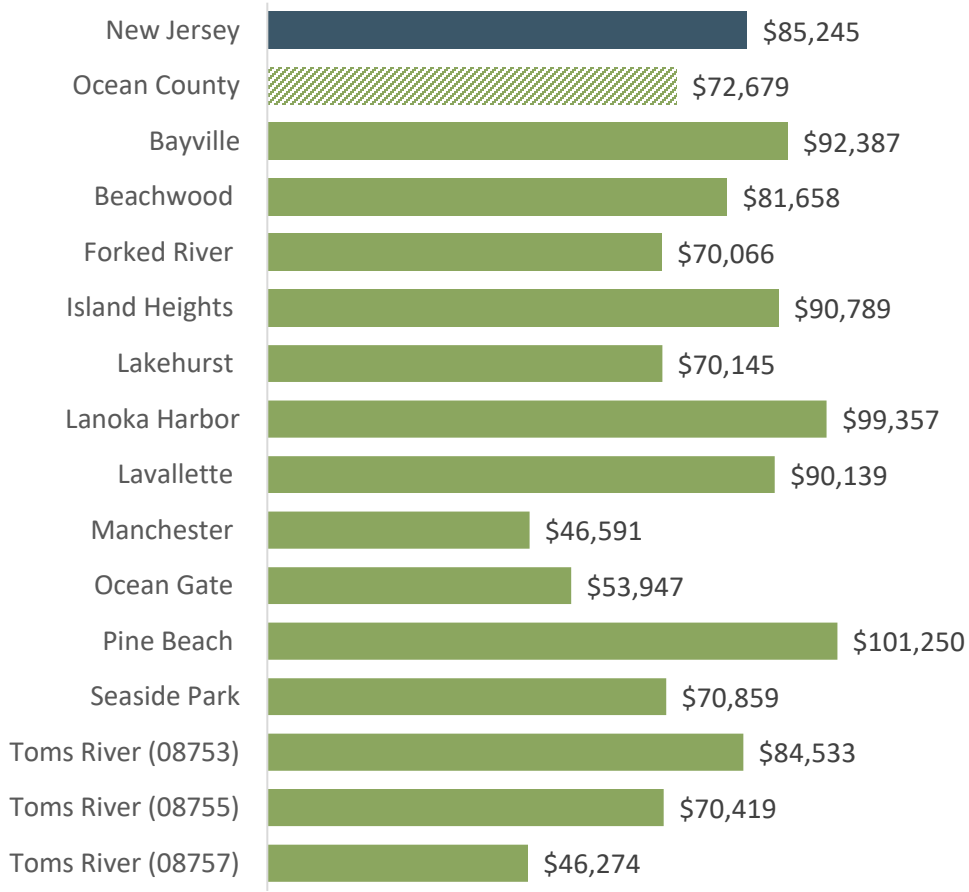
Income and Financial Security

Income is a powerful social determinant of health that influences where people live and their ability to access resources which affects health and well-being. Many focus group and interview participants described a rising cost of living for Ocean County residents, which they noted has worsened throughout the COVID-19 pandemic. They discussed rising costs for housing, food, and gas and emphasized that salaries and income are not keeping up with the rising cost of living, making it difficult for households to make ends meet. According to one focus group participant, *"COVID-19 affected us with prices, as well as with gas for our cars, food, everything. Today, $200 is nothing with the amount that prices have gone up."*

> *"Economics have impacted how far the dollar goes; it is not just about losing a job."*
> -Key informant interviewee

Across the hospital's service area, there is variation in household financial wellbeing. Data from the 2016-2020 American Community Survey show that median household income across the communities served ranges from $46,274 in the 08757 ZIP code of Toms River to over double that amount, $101,250, in Pine Beach (Figure 11).

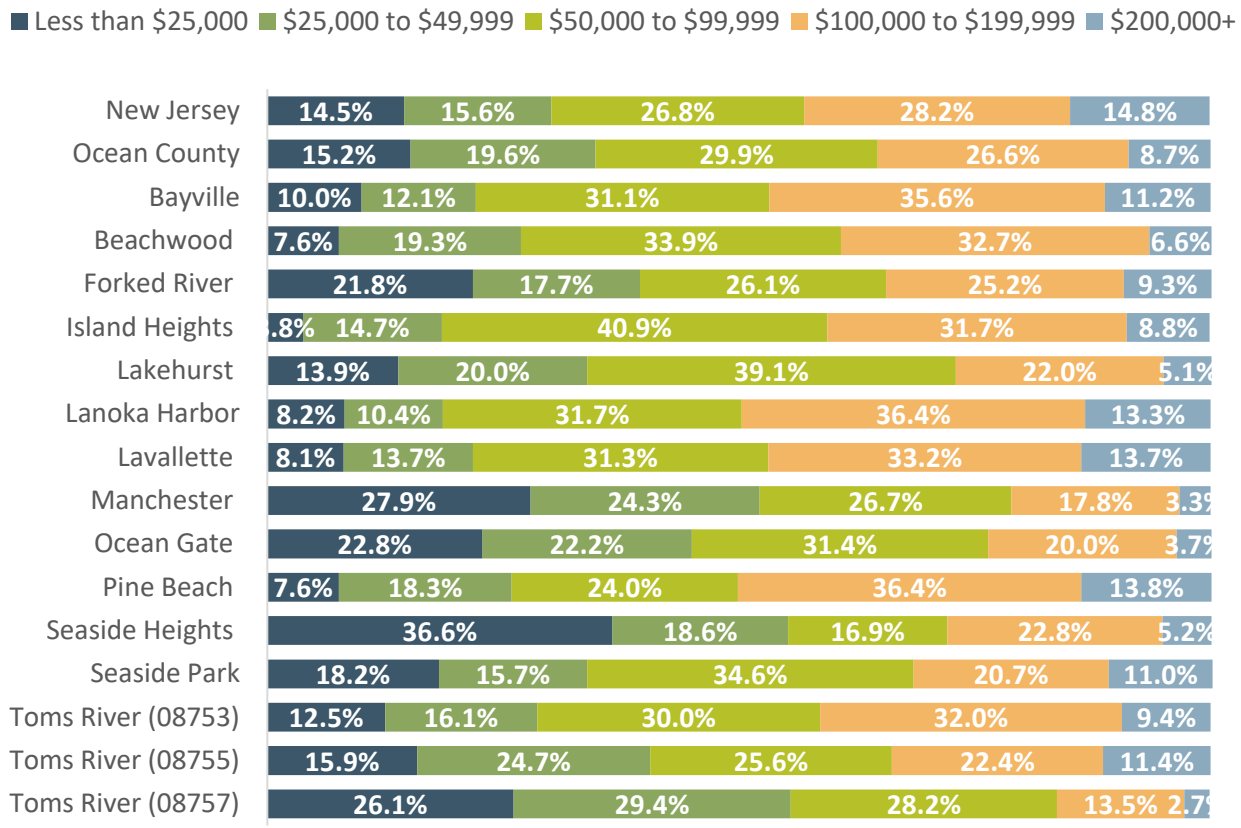
Figure 11. Median Household Income, by State and County, 2016-2020



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Data on the concentration of higher and lower income earning households indicates that over 30% of households in Seaside Heights have incomes less than $25,000 annually; in contrast, over 13% of households in Lanoka Harbor, Lavallette, and Pine Beach have incomes greater than $200,000 (Figure 12). Data on income distribution by town by race/ethnicity can be found in Appendix F.

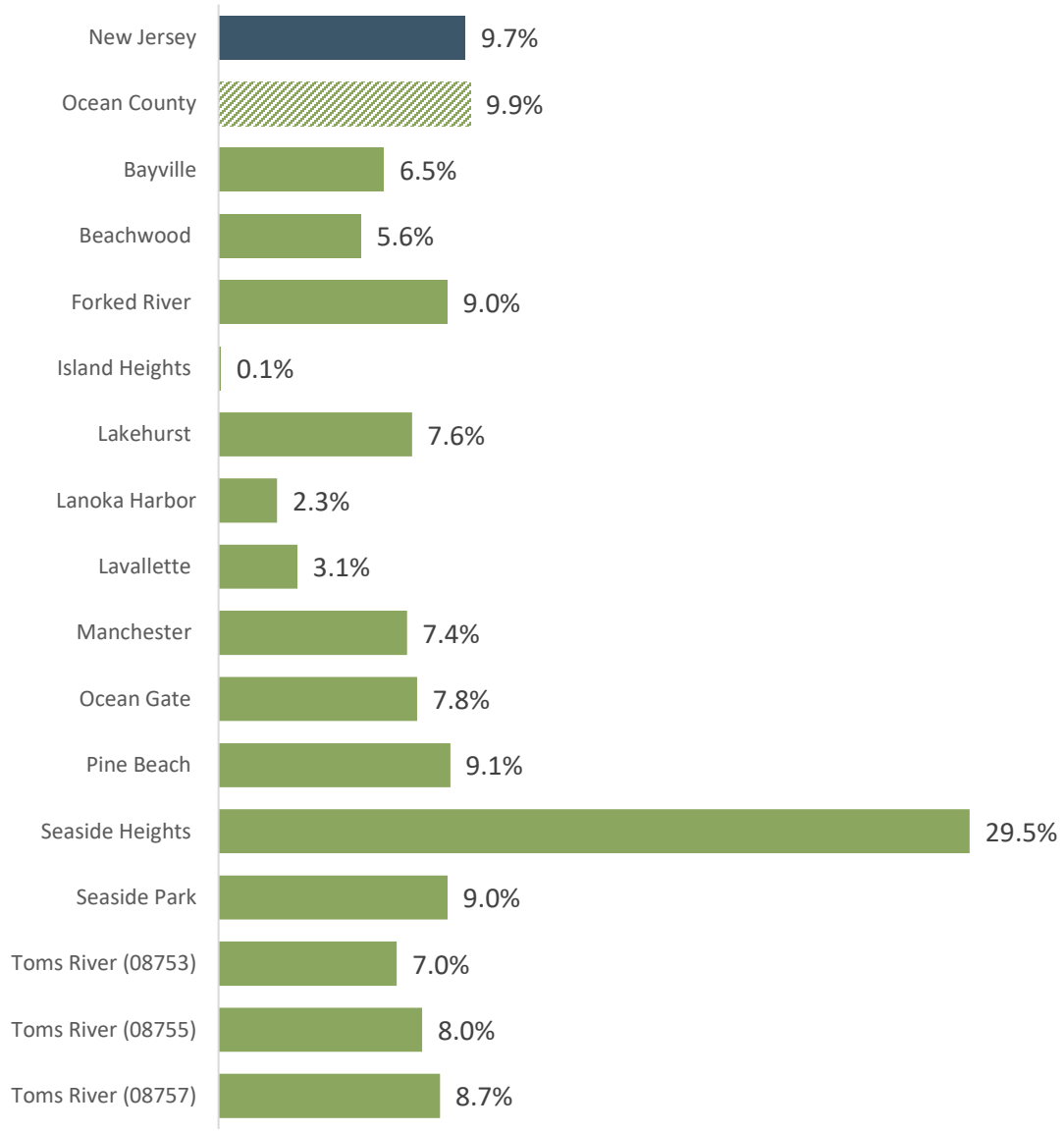
Figure 12. Distribution of Household Income, by State, County, and Town, 2016-2020



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

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 2021, individuals living alone or considered a household of one would fall below the federal poverty level at an income level of $12,880, while federal poverty level for a family of four is $26,500. Figure 13 presents data on the percentage of individuals falling below the poverty line in the state, county, and town-level. In Ocean County, nearly 1 in 10 Ocean County residents fall below the poverty line. Nearly one in three individuals in Seaside Heights fall below the poverty line. Table 4 shows the percent of individuals who fall below the poverty level by race/ethnicity and by town. Patterns reveal a disproportionate burden among communities of color.

Figure 13. Individuals Below Poverty Level, by State, County, and Town, 2016-2020



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Table 4. Individuals Below Poverty Level, by Race/Ethnicity, State, County, and Town, 2016-2020

	Asian, Non-Hispanic	Black, Non-Hispanic	Hispanic/ Latino	White, Non-Hispanic	Other Race, Non-Hispanic
New Jersey	6.3%	16.4%	16.9%	6.0%	19.6%
Ocean County	8.8%	11.9%	11.5%	9.6%	15.1%
Bayville	0.9%	3.0%	19.1%	4.9%	48.2%
Beachwood	0.0%	16.4%	6.5%	4.8%	0.0%
Forked River	19.4%	-	0.2%	10.2%	0.0%
Island Heights	0.0%	0.0%	0.0%	0.2%	0.0%
Lakehurst	3.7%	19.3%	7.2%	8.7%	0.0%
Lanoka Harbor	0.0%	2.3%	16.2%	2.1%	0.0%
Lavallette	0.0%	-	0.0%	3.2%	-
Manchester	3.9%	4.0%	7.5%	7.7%	3.6%
Ocean Gate	-	18.8%	13.2%	6.7%	-
Pine Beach	92.1%	6.8%	1.5%	8.3%	8.3%
Seaside Heights	0.0%	1.2%	6.6%	34.9%	17.0%
Seaside Park	0.0%	100.0%	0.0%	8.3%	0.0%
Toms River (08753)	4.8%	4.8%	11.8%	6.9%	6.3%
Toms River (08755)	7.2%	14.2%	13.2%	6.8%	13.6%
Toms River (08757)	10.6%	10.2%	6.4%	8.7%	0.0%

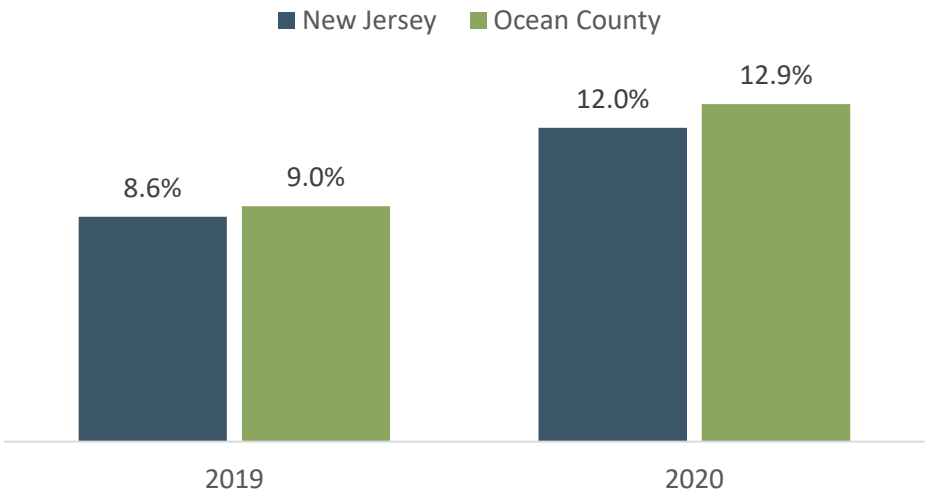
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Food Security

The expense and accessibility of healthy food was a key area of concern discussed by interview and focus group participants. Food insecurity, not having reliable access to enough healthy, affordable food, is directly related to financial insecurity. Focus group and interview participants described the high cost of food and high cost of living in general as contributing to food insecurity for low-income residents, specifically Spanish-speaking communities and veterans.

While many food access barriers are related to income constraints, access may also be more challenging for residents due to geography and transportation challenges. Data from the Feeding America, Map the Meal Gap shows that food insecurity has risen across the region between 2018 and 2020 (Figure 14). In 2020, 12.9% of residents in Ocean County were food insecure.

Figure 14. Percent Population Food Insecure, by State and County, 2019 and 2020



DATA SOURCE: Feeding America, Map the Meal Gap, 2019 and 2020
NOTE: 2020 data are estimated projections based on available employment and poverty data, and were revised in March 2021; therefore, data are subject to change.

Public schools nationwide and across New Jersey offer free lunch programs for children living at or near the poverty line. According to County Health Rankings 2021, the percentage of children eligible for free or reduced-price lunch during the 2019-2020 school year was 35.0% in Ocean County, lower than statewide 38.2%.

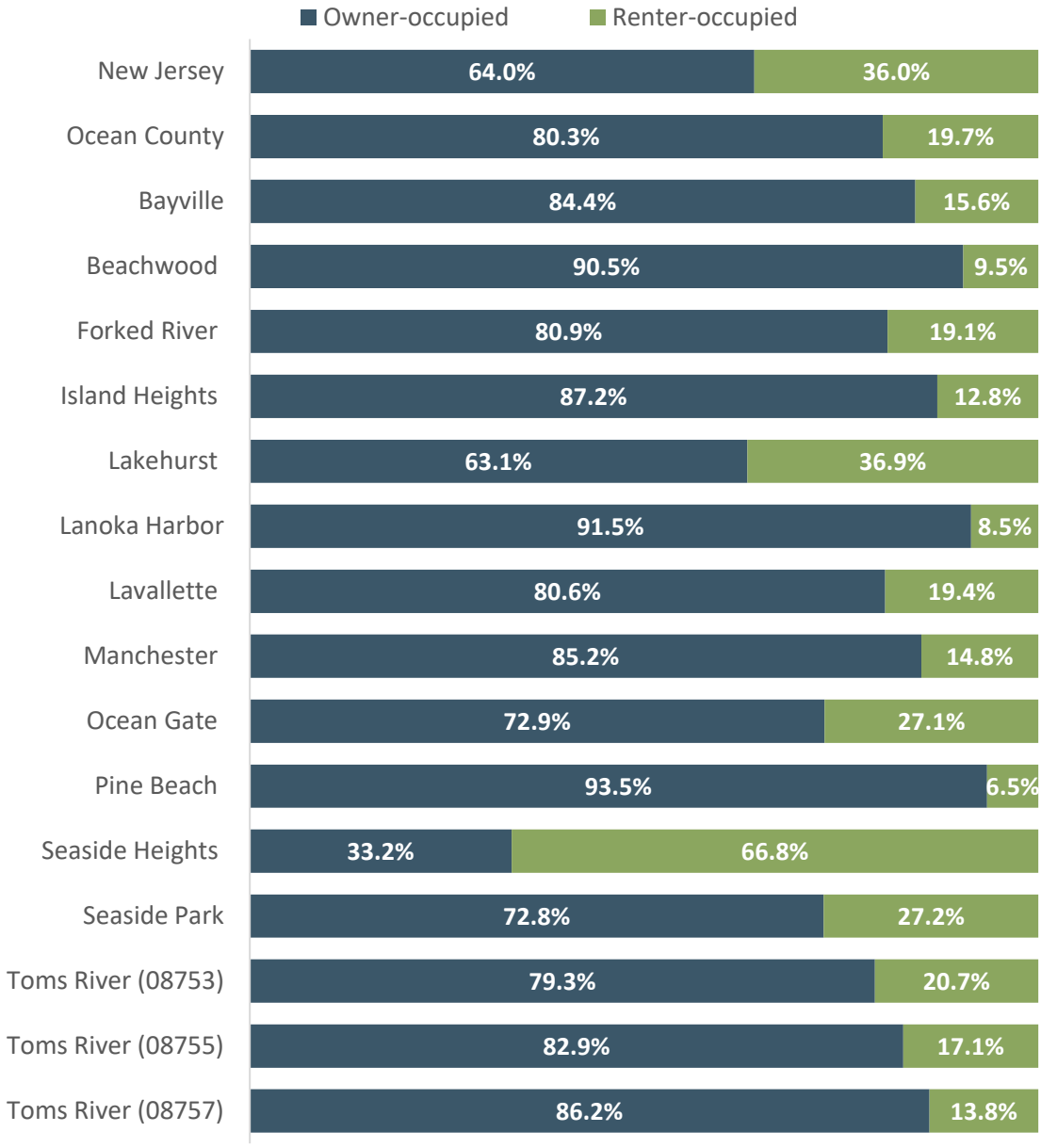
In addition to government assistance programs, qualitative conversations revealed several other resources in the area to address food insecurity. It was noted that food pantries are generally concentrated in larger towns, such as Toms River, and that smaller communities are served by mobile food services. Participants described the population served by food security organizations as largely low-income communities of color, immigrant communities (from Ukraine, Haiti, China), people with disabilities, and LGBTQ+ communities. During the early phases of the COVID-19 pandemic, food security agencies were able to serve a wider population of residents experiencing food insecurity because intake procedures were relaxed, making nutritional assistance programs more convenient. Additionally, universal free lunch programs during the COVID-19 pandemic helped to address food insecurity and reduce stigma around food programs, though these programs have since ended. According to some focus group and interview participants, current efforts to address food insecurity are insufficient.

Housing

Another facet of health and cost of living is housing. Safe and affordable housing is integral to the daily lives, health, and well-being of a community. Available and affordable housing was identified as a challenge in the area.

In New Jersey, 64.0% of housing units were owner occupied versus 36.0% renter-occupied (Figure 15). In most towns in the hospital's service area, owner-occupied units made up a higher percentage of housing stock than in the state overall. The only community with a majority of renter-occupied units was Seaside Heights, with 66.8%. Home ownership rates were highest in Lanoka Harbor (91.5%) and Pine Beach (93.5%).

Figure 15. Home Occupancy, by State, County, and Town 2016-2020



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Quantitative data from the 2016-2020 American Community Survey indicate that median monthly housing costs for owner-occupied households with a mortgage ranged from $1,310 in the 08757 ZIP code of Toms River to $3,134 in Seaside Park (Table 5). Median monthly housing costs for renter-occupied households ranged from $1,179 in Manchester to $1,642 in Beachwood.

Table 5. Monthly Median Housing Costs, by State and County, 2015-2019

	Owner-occupied	Renter-occupied
New Jersey	$2,476	$1,368
Ocean County	$2,050	$1,459
Bayville	$2,029	$1,523
Beachwood	$1,781	$1,642
Forked River	$1,786	$1,631
Island Heights	$2,222	$1,563
Lakehurst	$1,913	$1,226
Lanoka Harbor	$2,246	-
Lavallette	$2,617	-
Manchester	$1,607	$1,179
Ocean Gate	$1,769	$1,529
Pine Beach	$1,748	$1,635
Seaside Heights	$2,258	$1,240
Seaside Park	$3,134	$1,360
Toms River (08753)	$2,137	$1,502
Toms River (08755)	$2,049	$1,358
Toms River (08757)	$1,310	$1,447

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020
NOTE: Dash (-) denotes data is unavailable.

Housing Affordability

Focus group and interview participants described high housing costs and the limited availability of affordable housing in Ocean County, where supply has not kept up with demand. Lack of affordable housing was noted as a significant stressor that contributes to high levels of housing instability, particularly for low-income communities (including seniors), communities of color, and veterans. Across most qualitative discussions, affordable housing was a priority issue to address.

> *"Rental prices have gone through the roof, and it is pricing people out."* -Key informant interviewee

The average percent of income spent on housing costs is an important measure of an area's availability of affordable housing. In New Jersey in 2016-2020, 46.2% of owner-occupied households with a mortgage and 62.2% of renter-occupied households reported spending more than 25% of their income on housing costs (Table 6). Within the service area, Seaside Park had the greatest percentage of residents spending more than 25% of their income on housing costs: 64.9% of owner-occupied and 80.6% of renter-occupied households. Generally, higher proportions of rent-paying residents spent over 25% of their income on housing costs as compared to homeowning residents.

Table 6. Households whose Housing Costs are 25%+ of Household Income, by State, County, and Town, 2016-2020

	Owner-occupied	Renter-occupied
New Jersey	46.2%	62.2%
Ocean County	49.1%	71.2%
Bayville	41.2%	71.2%
Beachwood	50.3%	66.1%
Forked River	49.3%	47.3%
Island Heights	53.4%	60.2%
Lakehurst	63.4%	57.7%
Lanoka Harbor	44.3%	37.9%
Lavallette	61.4%	71.0%
Manchester	46.6%	64.9%
Ocean Gate	48.9%	79.1%
Pine Beach	34.1%	61.0%
Seaside Heights	27.6%	66.6%
Seaside Park	64.9%	80.6%
Toms River (08753)	47.5%	64.8%
Toms River (08755)	43.2%	76.8%
Toms River (08757)	54.0%	79.6%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Housing Instability and Homelessness

Focus group participants and social services providers discussed evictions and homelessness as issues that affect low-income residents and veterans. Some interview participants mentioned that Ocean County does not have a shelter for residents experiencing homelessness and only opens shelters for homeless residents on particularly cold nights. *"We don't want to admit that we have a homeless problem. We aren't addressing it,"* an interviewee explained why there were not more community resources. It was noted that several organizations used hotel vouchers to help house people experiencing houselessness address housing insecurity and minimize the spread of the virus.

> *"Ocean County itself does not have an adult shelter, so there is no specific place where homeless individuals can go for overnight shelter."* -Key informant interviewee

Generally, the COVID-19 pandemic exacerbated people's concerns about housing affordability and housing stability. Some interview participants described housing instability and residential mobility as worsening during the COVID-19 pandemic.

The connection between housing and health was also an issue that several focus groups considered. As noted previously, housing instability is connected to financial instability, both of which are stressors that affect mental health. These connections were felt and discussed particularly regarding veteran populations as well as those experiencing homelessness.

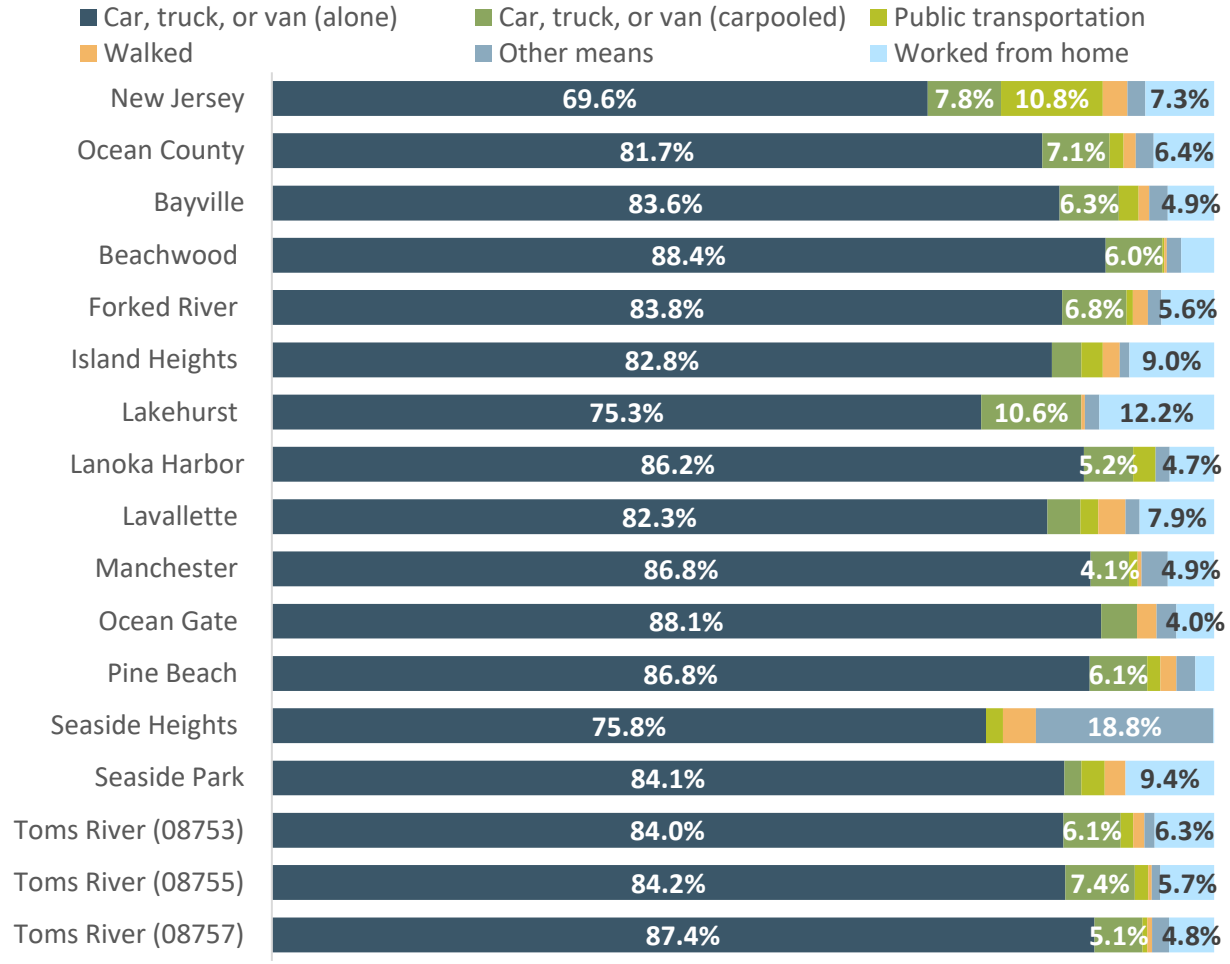
> *"[Housing costs] impacts families and we saw this more during COVID, people were leaving to move into other areas because of COVID, so this has strained families and families of color…They have had to uproot their children and from their schools and so now these children are having to go to new schools."*
> -Key informant interviewee

Transportation

Transportation connects people with and between where they live, learn, play, and work. Residents in the hospital's service area described the area as car dependent, with unwalkable distances between services and resources, and limited public transportation options, especially for low-income and senior populations. Traffic also arose as a critical transportation issue.

Modes of transport to work are an indicator of available transportation options in the community. Most residents in the hospital's primary service area commuted to work alone by car, truck, or van, according to data collected primarily prior to the COVID-19 pandemic (Figure 16). However, there are differences across towns. Data from the 2016-2020 American Community Survey show that Beachwood (88.4%) and Ocean Gate (88.1%) had the highest proportion of commuters who relied on private transportation, while Lakehurst (10.6%) had the highest proportion of commuters who used public transportation as well as the highest proportion of residents (12.2%) who commuted to work by walking.

Figure 16. Means of Transportation to Work for Workers Aged 16+, by State, County, and Town, 2016-2020



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Traffic

Traffic was a critical transportation issue that arose during several interviews and focus groups. The transportation infrastructure in the area was described as insufficient, resulting in traffic issues. According to several participants, some areas have grown rapidly and city planning for roads and transportation has not kept pace with this growth. Accidents are common, participants said, with several explaining that traffic-related factors can make it dangerous to use public transportation or be a pedestrian. As one person described, *"People do not stop, especially when people are putting their children on the bus. Just recently a lady was almost hit. So, people do not respect the law and the police do not listen to us when we call and complain."*

> *"There is such huge growth in our community and the infrastructure can only support so much. Like the traffic is something that everyone is dealing with on a day-to-day basis."*
> – Focus group participant

Green Space and Built Environment

Green space and 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, affecting 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.

Parks and Recreation

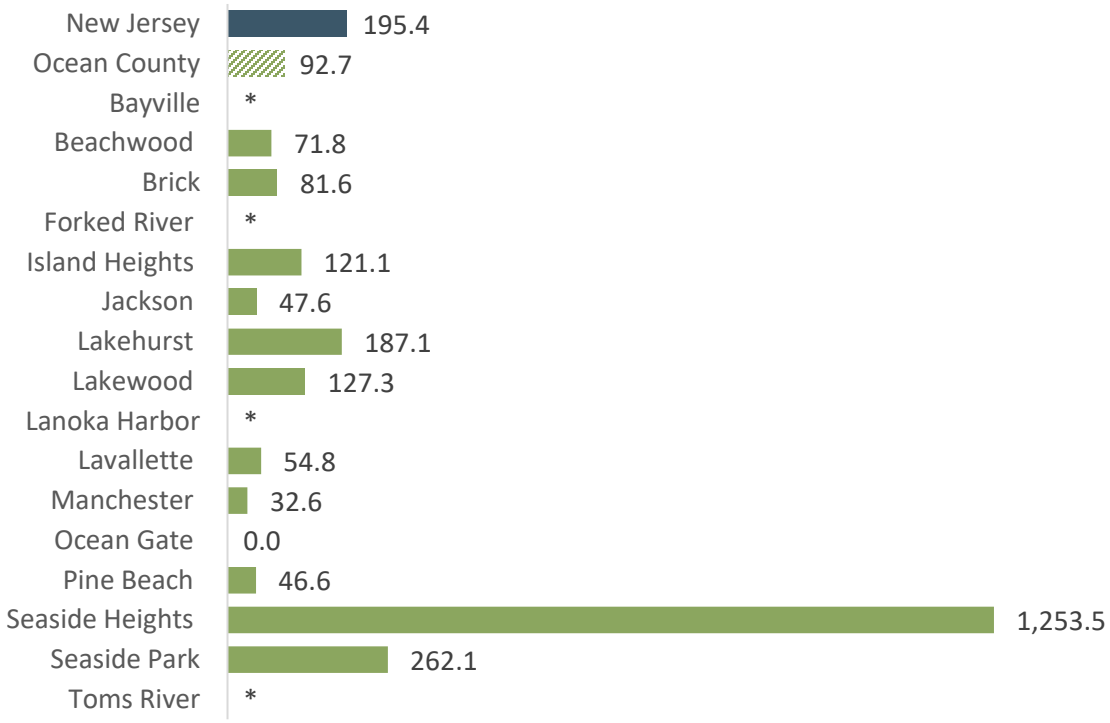
As noted in the Community Strengths section of this report, community survey data from 2021 indicate that 81.7% of survey respondents agreed or completely agreed with the statement, "My community has safe outdoor places to walk and play**.**" Related themes were discussed in focus groups and interviews. Parks and recreational opportunities emerged as community strengths, as discussed by veteran, senior, and economically vulnerable residents. These opportunities, such as parks, ball fields, beaches, the YMCA, and community centers, make it easier to engage in physical activity. However, these resources were not seen as equitably distributed throughout the area, especially in lower-income communities and communities of color. The need to drive to recreation centers, such as the YMCA or a residential community center, poses a barrier for participating in recreational activities and engaging in exercise for low-income households and seniors.

Crime and Violence

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 injuries or premature death, or witness or hear about crime and violence in their community. Perceptions of safety varied across participants. While some viewed the area as relatively peaceful and secure, particularly compared to other larger communities, others noted the presence of gangs as a concern in com communities. To address the issues of violence and gangs, several participants described efforts underway to build relationships between police and communities of color. As one leader described, *"We are working on building relationships between community and local police departments. We want to see police in the community even when there isn't a need, so children and adults feel more comfortable."* Others discussed efforts to have the police force reflect the diversity of the communities they serve by changing hiring practices and building language skills to engage with different racial and ethnic groups.

When ranking community strengths, only 60.5% of survey respondents reported that violence was not prevalent in their community, while only 38.9% indicated that interpersonal violence was not prevalent. 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 2020 varied widely across the towns CMC serves (Figure 17). At 1,253.5 incidents per 100,000 residents, Seaside Heights had a rate over six times as high as the state rate (195.4 per 100,000 residents). Other towns in the primary service area had violent crime rates similar or lower than the state rate. Ocean Gate had the lowest rate, 0.0 per 100,000 residents.

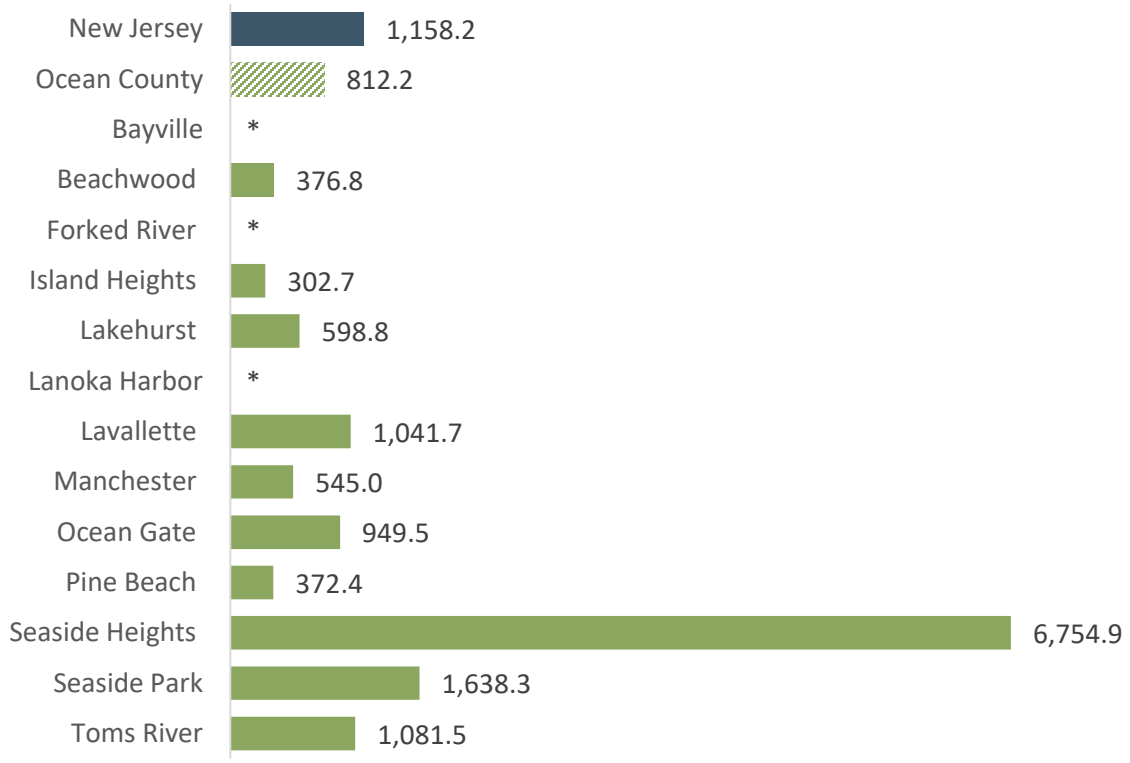
Figure 17. Violent Crime Rate per 100,000 Population, by State, County, and Town, 2020



DATA SOURCE: State of New Jersey, Department of Law and Public Safety, Uniform Crime Reporting Unit, 2020
NOTE: Asterisk (*) denotes data not available for town. Violent crime includes murder, rape, robbery, and assault.

Property crime (i.e., burglary, larceny, and auto theft) is much more common than violent crime. Among towns served, property crime was most common in Seaside Heights (6,754.9 per 100,000 residents) and Seaside Park (1,683.3 per 100,000 residents) and least frequent in Island Heights (302.7 per 100,000 residents) and Pine Beach (372.4 per 100,000 residents) (Figure 18).

Figure 18. Property Crime Rate per 100,000 Population, by State, County, and Town, 2020



DATA SOURCE: State of New Jersey, Department of Law and Public Safety, Uniform Crime Reporting Unit, Uniform Crime Report, 2020
NOTE: Asterisk (*) denotes data not available for town. Property crime includes burglary, larceny, and auto theft.

Systemic Racism and Discrimination

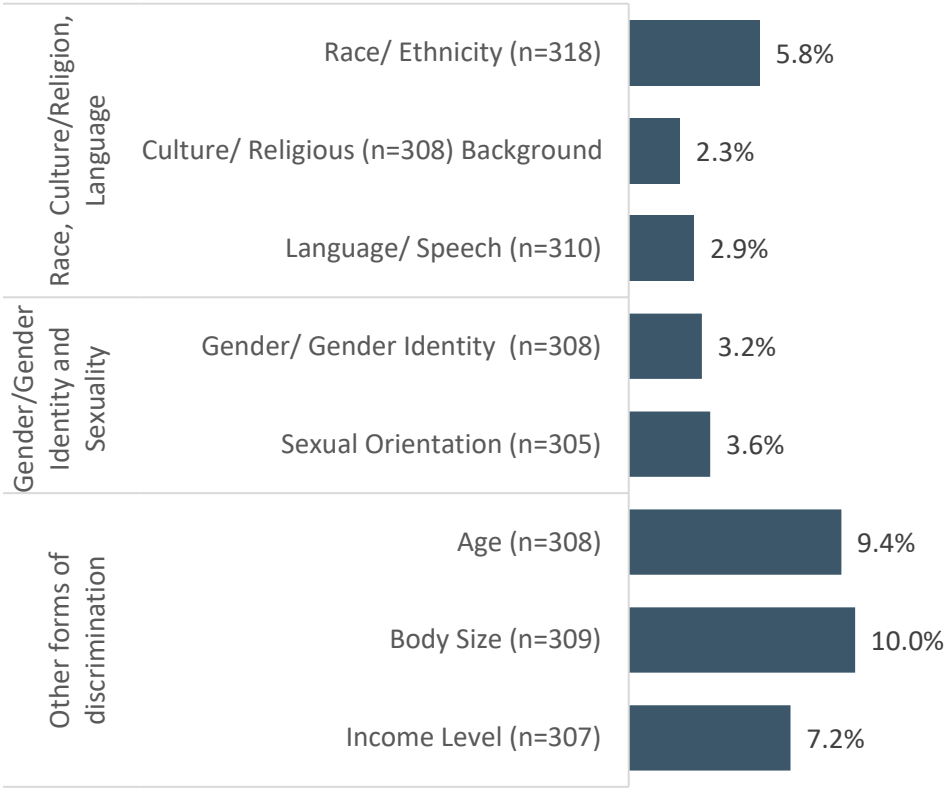
Several interview participants discussed racial injustice as an important issue that adversely affects people of color and religious groups, including their sense of safety, mental health, and educational experiences. The effects of racism on children were of top concern. Several participants from communities of color described children being afraid to go outside or to school due to fear of violence and other hate incidents. Some Orthodox Jewish focus group participants also cited anti-Semitic attacks against residents of their community. These issues of racism and discrimination were described within the broader context of racial injustices that has been unfolding in the hospital's service area as well as nationwide.

> *"This is still there, racial injustice which was heightened that happened nationwide and what this also brought was more tension with all that we have seen […] This issue can be life threatening and it has a significant impact, and it has not diminished, so it has changed but it has not diminished."* -Key informant interviewee

Data from the 2021 community survey provide additional insight into experiences of discrimination when receiving healthcare. Respondents reported generally low rates of discrimination, the highest being 10.0% experiencing discrimination based on body size and 9.4% based on age (Figure 19).

Approximately 6% of survey respondents reported discrimination based on race or ethnicity; however, it is important to note that survey respondents identifying as Black, Hispanic/Latino, or Asian comprised less than 10% of total survey respondents.

Figure 19. Percent of Community Survey Respondents Indicating Whether They Have Felt Discriminated Against When Receiving Medical Care, by Type of Characteristic, 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021

Community Health Issues

Understanding community health issues is a critical step in the CHNA process. The disparities seen in these issues mirror the historical patterns of structural, economic, and racial inequities experienced for generations across the city and the U.S.

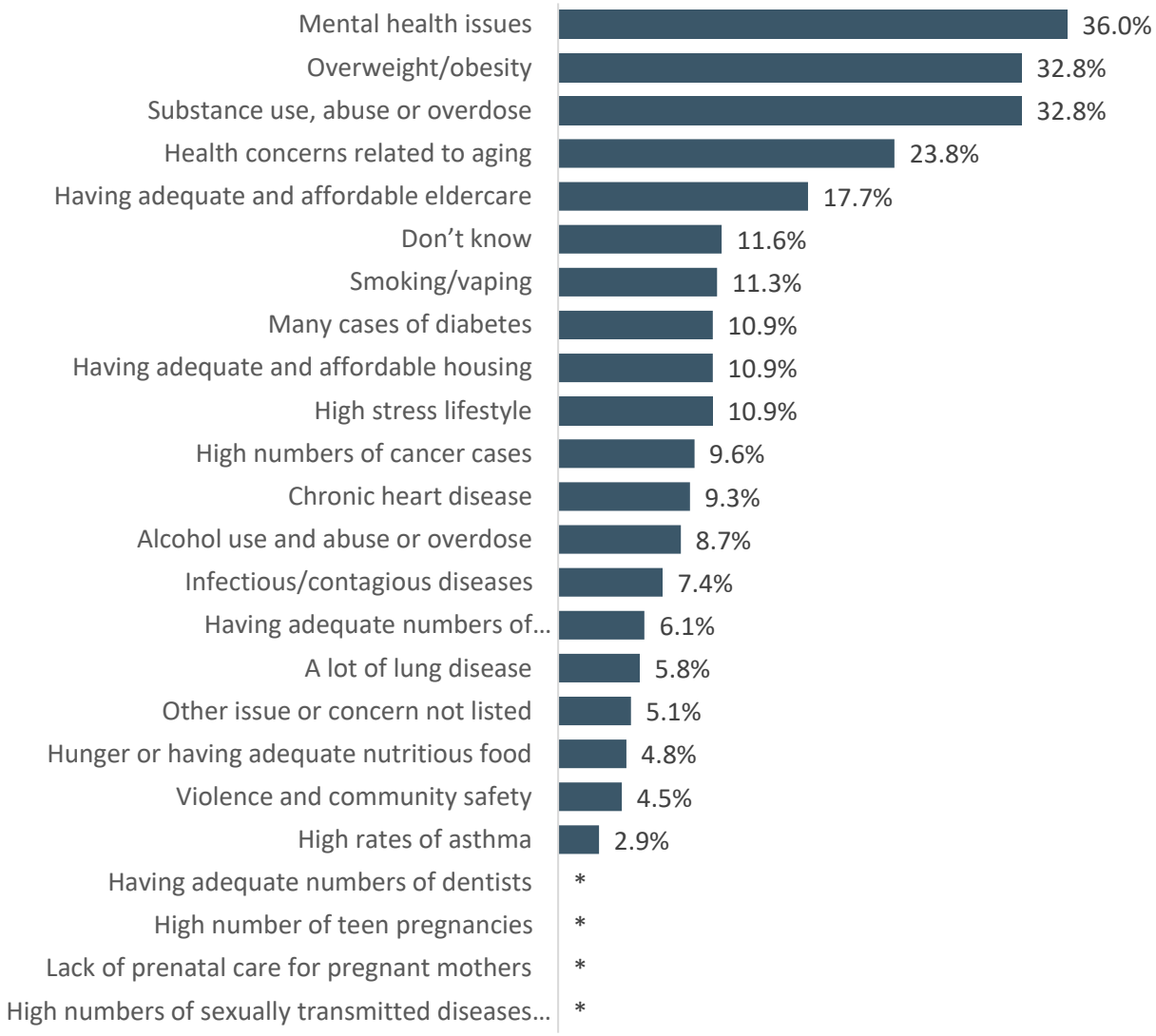
Community Perceptions of Health

Understanding residents' perceptions of health helps provide insights into lived experiences, including key health concerns and facilitators and barriers to addressing health conditions.

Community survey respondents were presented with a list of specific issues and the ability to add issues not listed from which they were asked to indicate the top three health concerns or issues for their community. Respondents to the community survey ranked mental health (36.0%), followed by overweight/obesity (32.8%), substance use (32.8%), health concerns related to aging (23.8%), and having adequate and affordable elder care (17.7%) as the top five health issues in their communities (Figure 20). Major health concerns from the 2019 CHNA included substance use/abuse, aging, obesity,

cancer, and mental health. The prioritization of mental health in 2021 likely reflects the impact of the COVID-19 pandemic and its social and economic consequences.

Figure 20. Percent of Community Survey Respondents Reporting the Top Three Health Issues or Concerns in Their Community (n=311), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021

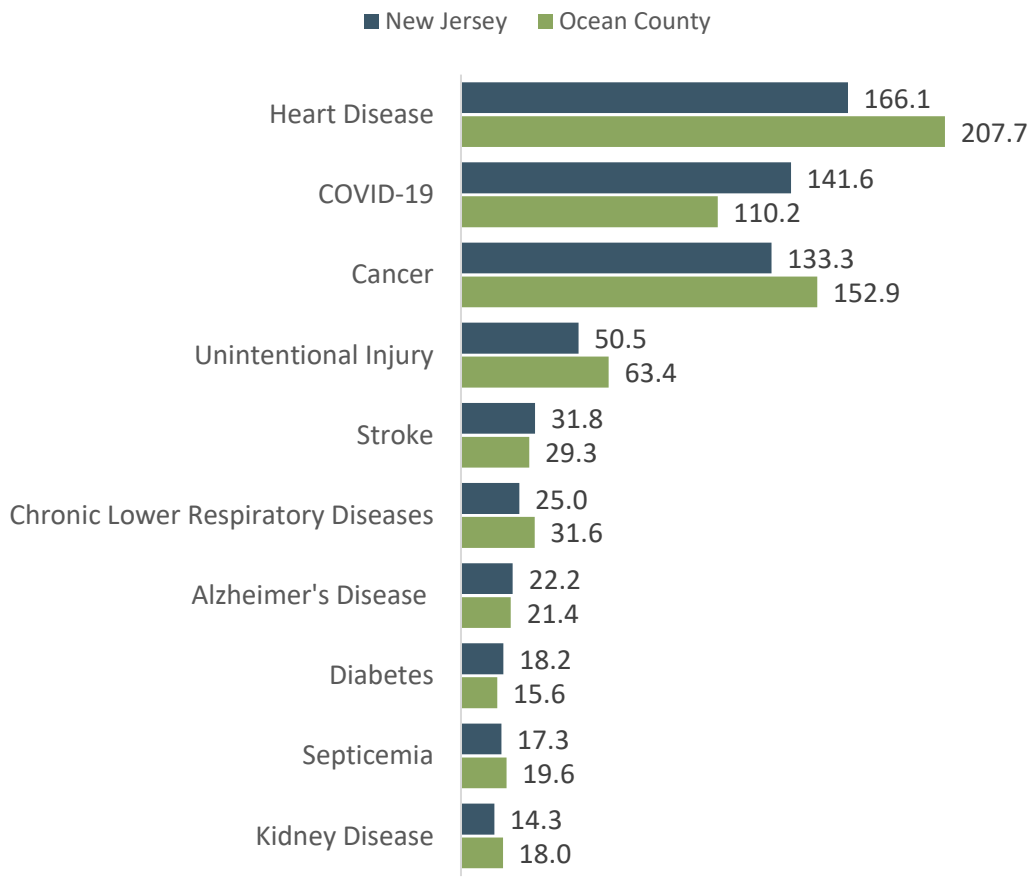
Leading Causes of Death and Premature Mortality

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

Figure 21 presents 2020 age-adjusted mortality rates per 100,000 residents for different diseases in New Jersey and Ocean County. Heart disease, COVID-19, and cancer are the top three causes of death for the state and county. The heart disease (207.7 per 100,000) and cancer (152.9 per 100,000) mortality rates

were higher in Ocean County than the state, while the rate for COVID-19 (110.2 per 100,000) was lower than that of the state.

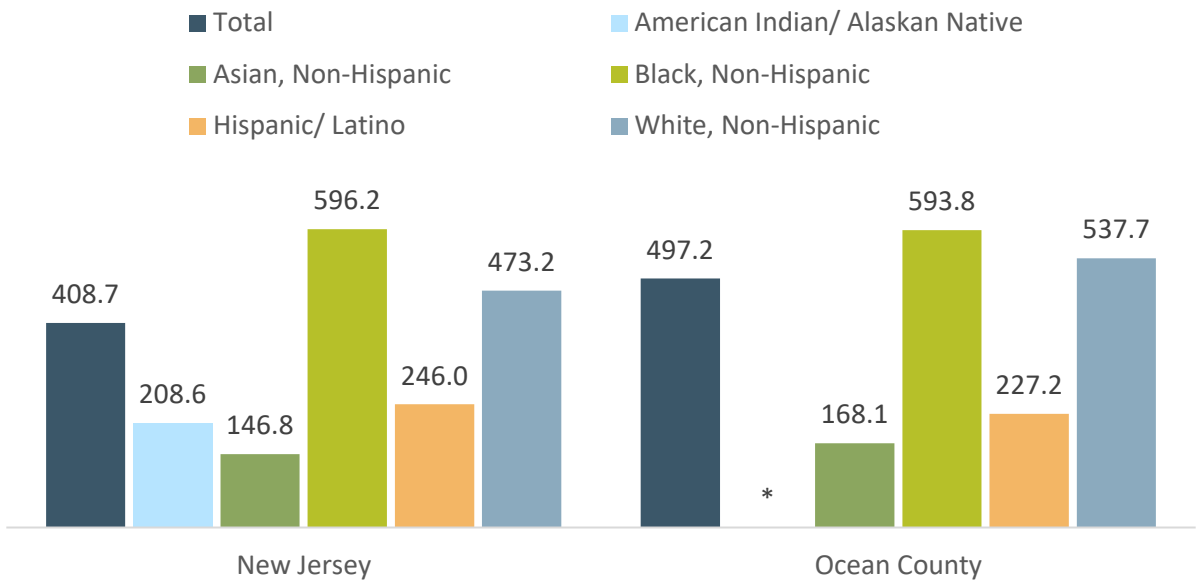
Figure 21. Top 10 Age Adjusted Mortality Rates per 100,000, by State and County, 2020



DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health as reported New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2020

Figure 22 shows premature mortality (deaths before age 75) per 100,000 population by state, county, and race/ethnicity. In 2018-2020, the premature mortality rate in Ocean County (497.2 per 100,000) was higher than in the state (408.7 per 100,000). Data from 2018-2020 across different racial and ethnic groups show that non-Hispanic Black residents in the state (596.2 per 100,000) and county (593.8 per 100,000) experience the highest premature mortality rates. White, non-Hispanic residents in Ocean County (537.7 per 100,000) experience higher rates than their counterparts in the state overall (473.2 per 100,000).

Figure 22. Premature Mortality (deaths before age 75) Rate per 100,000 Population, by State and County, 2018-2020



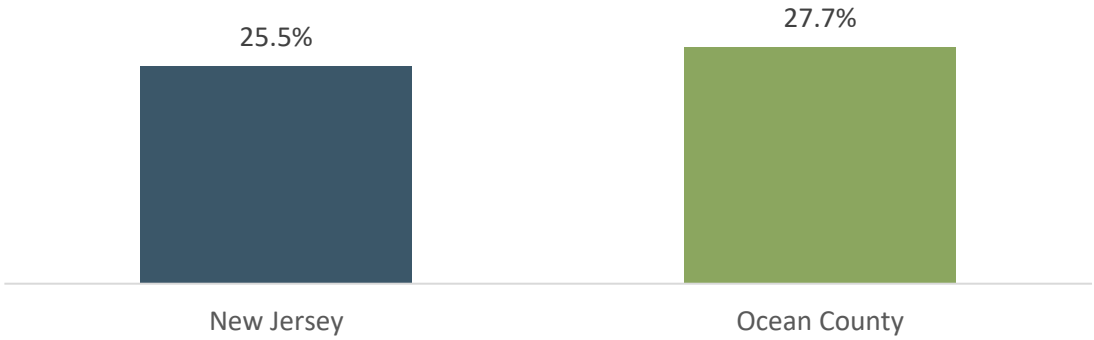
DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health as reported New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2020
NOTE: Asterisks (*) denote insufficient data to calculate reliable rate

Obesity, Healthy Eating, and Physical Activity

Obesity is the second leading cause of preventable death in the United States and increases the likelihood of chronic conditions among adults and children. As noted previously, overweight/obesity was the second highest community health issue identified by survey respondents.

The most current surveillance data on obesity are from 2018. Adults at the state and county level were asked to self-report their height and weight, from which their Body Mass Index (BMI) was calculated. Figure 23 shows that a slightly higher percent of adults in Ocean County (27.7%) were considered obese, compared to 25.5% of adults across New Jersey.

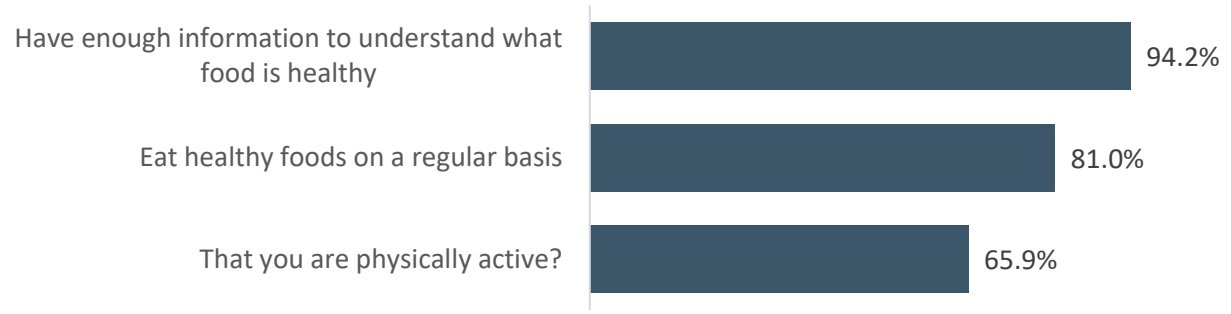
Figure 23. Adults Self-Reported Obese, by State and County, 2018



DATA SOURCE: Centers for Disease Control and Prevention (CDC), U.S. Diabetes Surveillance System, County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2018

Related to obesity, community survey respondents were asked whether they felt that they engaged in physical health behaviors. Most respondents indicated that they have enough information to understand what food is healthy (94.2%), they eat healthy foods on a regular basis (81.0%), and they are physically active (65.9%) (Figure 24).

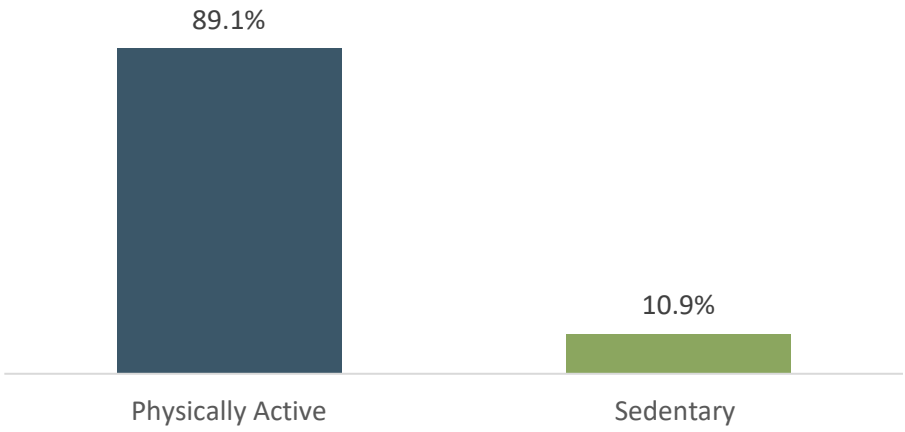
Figure 24. Percent of Community Survey Respondents Indicating Physical Health Behaviors (n=311), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021

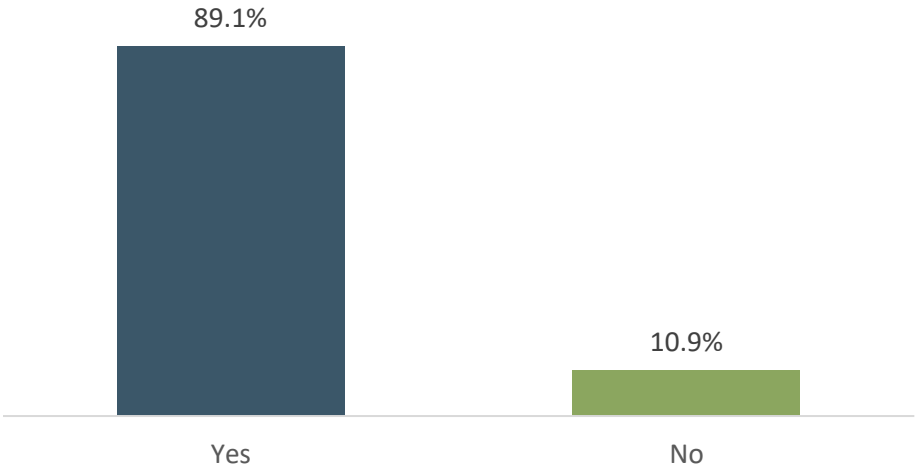
Community survey respondents who were parents or guardians were asked whether they would describe their children as physically active or sedentary after school or on weekends. About 89% of the 101 parent survey respondents described their children as physically active during these times (Figure 25). Survey respondents who were parents or guardians were also asked whether their children ate breakfast daily. Again, about 89% of the 101 parent survey respondents indicated that their children regularly ate breakfast (Figure 26).

Figure 25. Percent Survey Respondents who are Parents or Guardians who Described Their Children as Physically Active or Sedentary during After School Hours and Weekends (n=101), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021

Figure 26. Percent of Community Survey Respondents who are Parents or Guardians Reporting Whether Children Eat Breakfast Daily (n=101), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021

Chronic Conditions

Chronic conditions, such as heart disease, diabetes, COPD, and cancer, are some of the most prevalent conditions in the United States, including in Ocean County. Although chronic diseases are among the most common and costly health problems, they are also among the most preventable through changes in behavior such as reduced use of tobacco and alcohol and improved diet and physical activity. The following section describes perceptions and secondary data (e.g., screening, incidence, mortality, etc.) related to chronic conditions.

Chronic conditions such as diabetes, hypertension, cancer, and obesity were mentioned as health concerns, particularly among people of color, including residents who identified as either Latino or Black. One community leader noted, *"Obesity and high blood pressure [are] very prevalent in our community."*

High Cholesterol and High Blood Pressure

High cholesterol and high blood pressure are significant risk factors for heart disease, stroke, and other chronic diseases. Community survey respondents in spring/summer 2021 were asked about their participation in different types of health screenings over the past two years. Nearly 80% indicated that they had participated in a cholesterol screening, and nearly 92% had participated in a blood pressure screening (Figure 27).

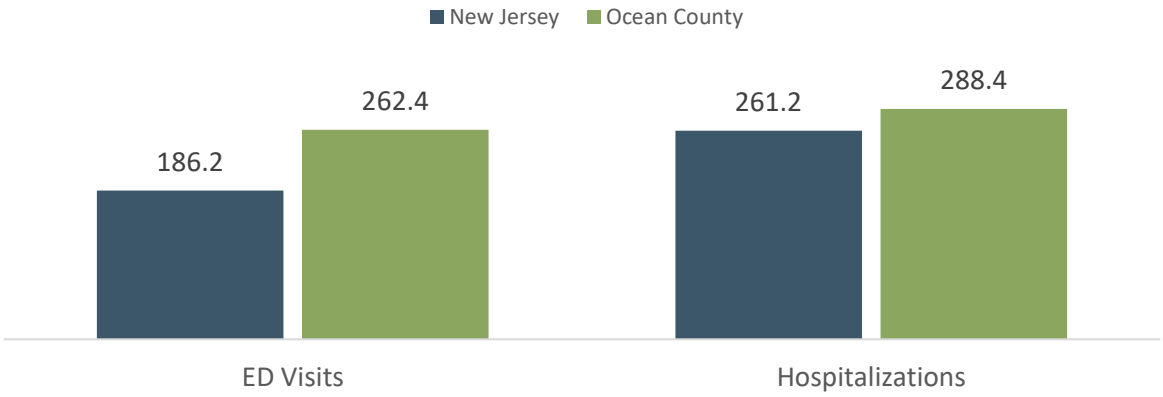
Figure 27. Percent of Community Survey Respondents Reporting that They Have Participated in a Cholesterol or Blood Pressure Screening in the Past Two Years, 2021

DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021

Heart Disease

As noted previously, heart disease is the leading cause of death in Ocean County. Figure 28 indicates that, compared to New Jersey overall, residents in Ocean County had higher rates of emergency department (ED) visits and in-patient hospitalizations due to major cardiovascular disease in 2016-2020.

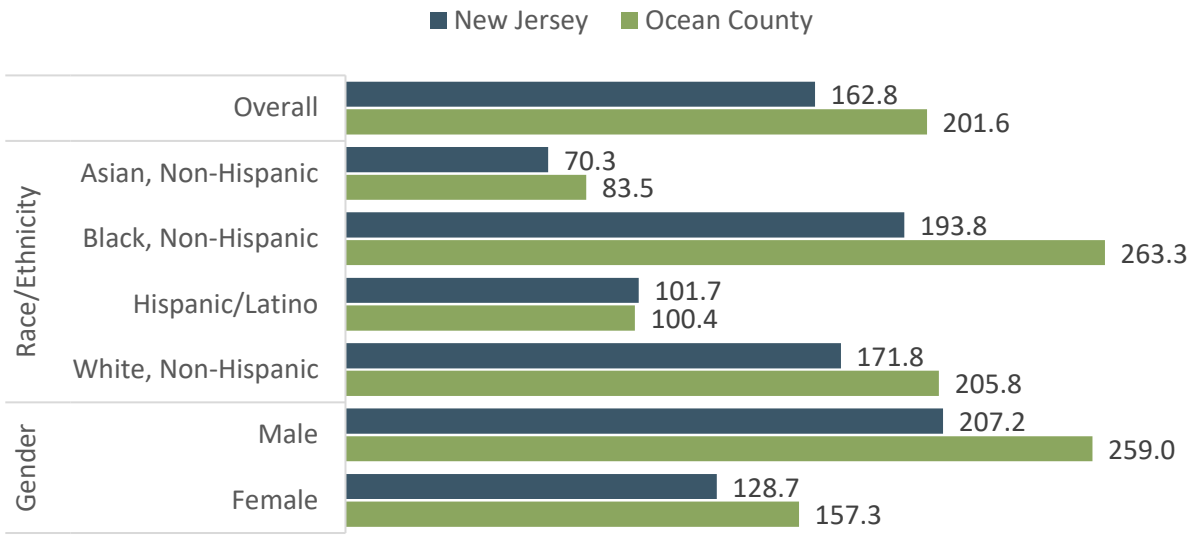
Figure 28. ED Visits and Hospitalizations for Major Cardiovascular Disease per 10,000 Population, by State and County, 2016-2020



DATA SOURCE: New Jersey Department of Health, Office of Health Care Quality Assessment, New Jersey Data Collection System, as reported by New Jersey State Health Assessment Data (NJSHAD), 2016-2020
NOTE: Includes primary and secondary diagnosis cardiovascular disease, excluding stroke and hypertension

When examining cardiovascular disease mortality data by race/ethnicity across Ocean County and New Jersey, Black, non-Hispanic residents in Ocean County (263.3 deaths per 100,000 population) have higher mortality rates than other races/ethnicities. Males have higher cardiovascular disease mortality rates than females, with Ocean County again notably higher than New Jersey (Figure 29).

Figure 29. Cardiovascular Disease Mortality per 100,000, by State and County, 2016-2020

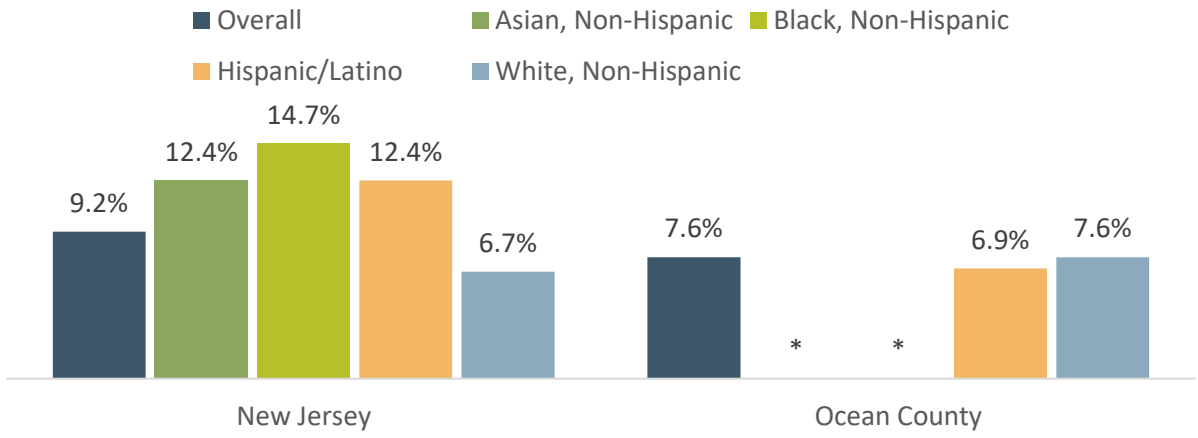


DATA SOURCE: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2016-2020

Diabetes

Diabetes is itself a chronic disease and an underlying risk factor for other chronic diseases, such as heart disease and stroke. Overall, in 2016-2020 Ocean County (7.6%) adults were less likely to have been diagnosed with diabetes compared to adults statewide (9.2%) (Figure 30). Some diabetes data are available by race/ethnicity, which indicate that White, non-Hispanic adults in Ocean County (7.6%) were more likely to report having been diagnosed with diabetes compared to White, non-Hispanic adults in New Jersey overall (6.7%).

Figure 30. Percent Adults Reported to Have Been Diagnosed with Diabetes, by State and County, 2016-2020



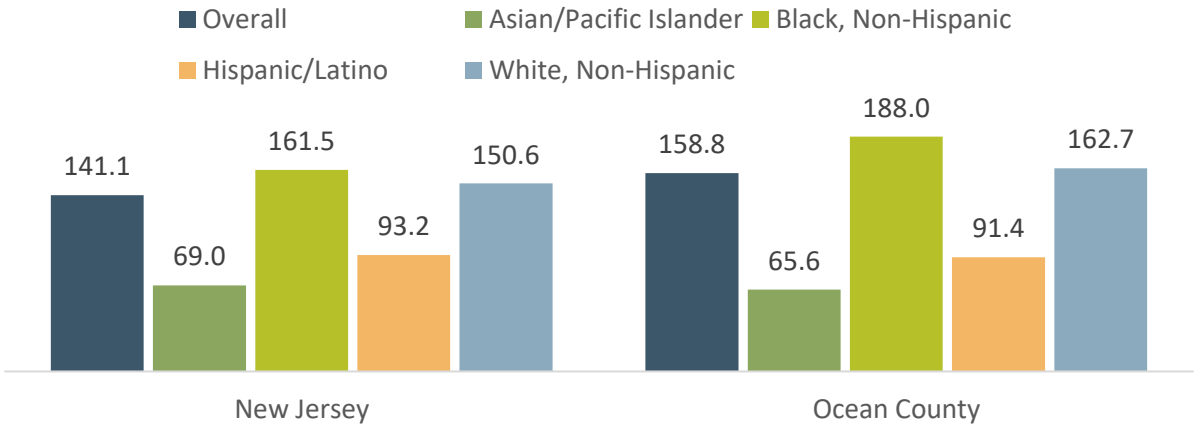
DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2016-2020
NOTE: Asterisks (*) denote insufficient data to calculate reliable rate.

Cancer

Cancer is the second leading cause of death in Ocean County. Cancer was not widely discussed in interviews or focus groups; however, several participants expressed concerns over delayed cancer diagnoses, resulting in additional morbidity and mortality.

Figure 31 shows cancer mortality rates for female breast cancer, colorectal cancer, lung and bronchus cancer, and male prostate cancer from 2016-2020 death certificate data. Overall, Ocean County experiences a higher cancer mortality rate (158.8 deaths per 100,000 population) compared to New Jersey (141.1 per 100,000). Looking at these data by race, Black, non-Hispanic and White, non-Hispanic residents have higher overall cancer mortality rates compared to other races/ethnicities.

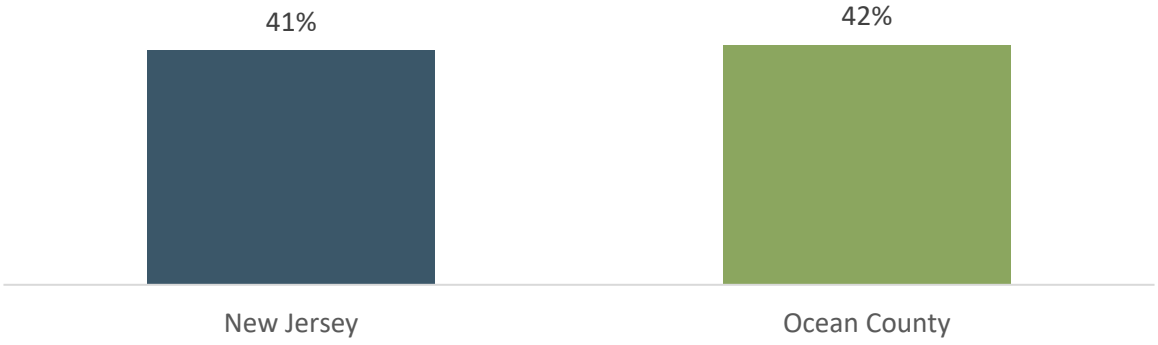
Figure 31. Cancer Mortality Rate per 100,000 Population (Overall, Combined for Female Breast, Colorectal, Lung and Bronchus, Male Prostate), by State and County, 2016-2020



DATA SOURCE: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2016-2020

The following figure shows the percentage of female Medicare enrollees, ages 65-74, that received an annual mammography screening in 2019 (Figure 32). In Ocean County, 42% of this group had received an annual screening.

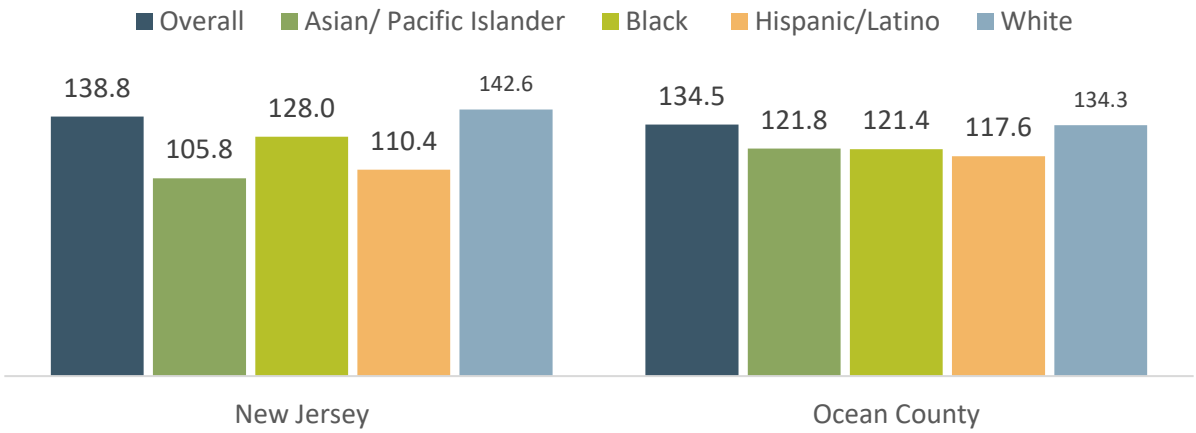
Figure 32. Female Medicare enrollees ages 65-74 that received an annual mammography screening, by State and County, 2019



DATA SOURCE: Centers for Medicare & Medicaid Services, Office of Minority Health's Mapping Medicare Disparities tool, as reported by County Health Rankings & Roadmaps, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2019

Cancer registry data is presented for the age-adjusted incidence rate (new cases) of female breast cancer per 100,000 population in 2015-2019 across New Jersey and Ocean County. Across the state, the overall age-adjusted incidence rate per 100,000 was 138.8 new cases of female breast cancer per 100,000 population and was highest among the White population (142.6 per 100,000) (Figure 33). At the county level, the White population had the highest incidence rate in Ocean County.

Figure 33. Age-Adjusted Female Breast Cancer Incidence Rate per 100,000 Population, by State and County, 2015-2019

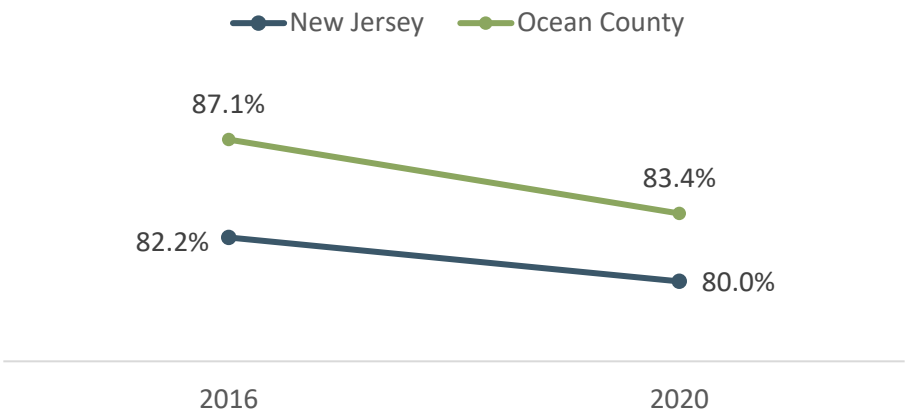


DATA SOURCE: New Jersey State Cancer Registry, New Jersey Department of Health, 2015-2019
NOTE: Persons of Hispanic ethnicity may be of any race or combination of races. The categories of race and ethnicity are not mutually exclusive.

Death certificate data indicate that the breast cancer mortality rate per 100,000 in 2016-2020 was comparable across New Jersey (11.4 deaths per 100,000 population) and Ocean County (11.8 per 100,000). County-level data by race/ethnicity are limited, but statewide Black, non-Hispanic residents have a higher mortality rate due to breast cancer compared to other races/ethnicities (16.2 deaths per 100,000) (Appendix F).

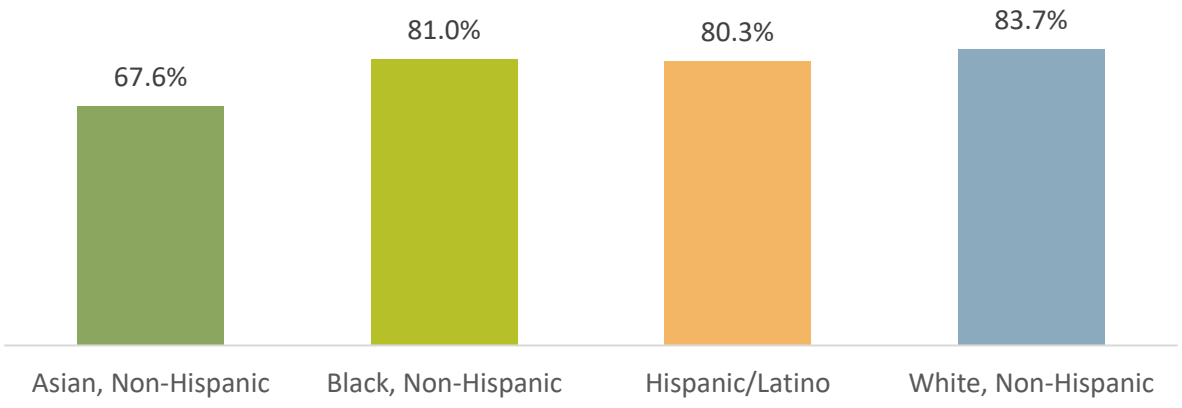
Pap tests are a critical screening tool to identify cervical cancer among women. Figure 34 demonstrates that the percent of females ages 21-65 who reported having a pap test in the past three years decreased from 2016-2020 in New Jersey and Ocean County. Despite the decrease, in 2020 Ocean County (83.4%) had the highest percent of females ages 21-65 who reported having a pap test in the past three years compared to 80.0% in New Jersey overall. When looking at state-level data for 2020, White, non-Hispanic females ages 21-65 were the most likely to have had a pap test (Figure 35). County-level data were not available by race/ethnicity due to small sample sizes.

Figure 34. Percent Females Aged 21-65 Reported to Have Had a Pap Test in Past Three Years, by State and County, 2016 and 2020



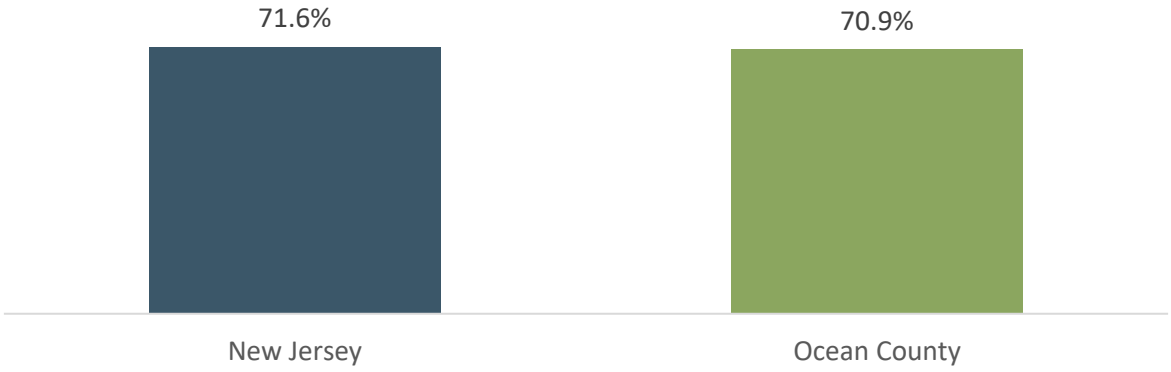
DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2016 and 2020

Figure 35. Percent Females Aged 21-65 Reported to Have Had a Pap Test in Past Three Years by Race/Ethnicity, by State, 2020



The following figure (Figure 36) presents 2020 surveillance data on the percent of adults ages 50-75 who are current in their colorectal cancer screenings. At the state level, 71.6% of adults in this age group reported having had a colorectal cancer screening. At the county level, 70.9% of this group in Ocean County reported having a screening.

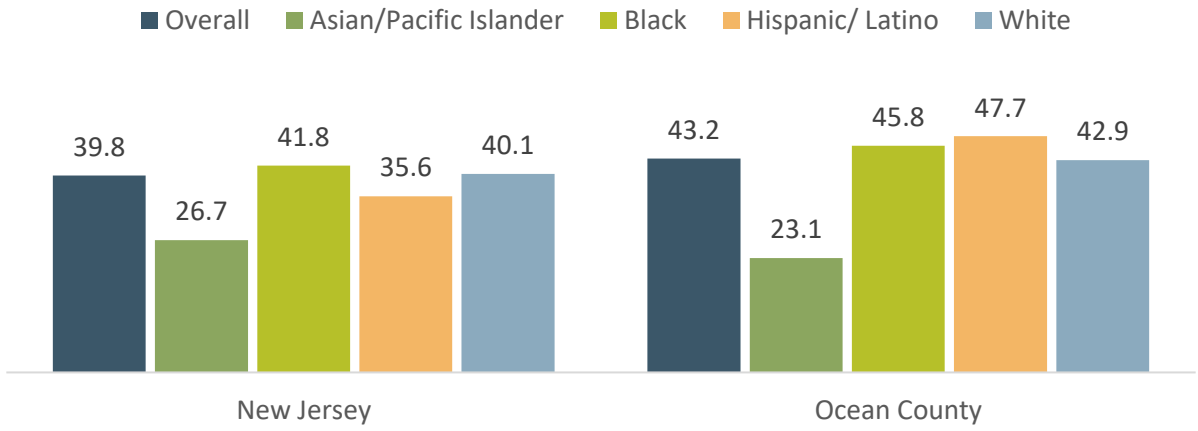
Figure 36. Percent Colorectal Cancer Screening (Adults Aged 50-75), by State and County, 2020



DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2020

Colorectal cancer screenings can help identify new cases of colorectal cancer. Figure 37 shows 2015-2019 age-adjusted colorectal cancer incidence rates overall and by race/ethnicity for New Jersey and Ocean County. Ocean County experienced the highest incidence rate (43.2 new cases per 100,000 population) overall compared to New Jersey (39.8 per 100,000). When examining these data by race/ethnicity, all races/ethnicities are similar to the overall incidence rate, with the exception of Asian/Pacific Islander populations, whose incidence rates of colorectal cancer are 30-50% lower than the overall incidence rate.

Figure 37. Age-Adjusted Colorectal Cancer Incidence Rate per 100,000 Population, by State and County, 2015-2019

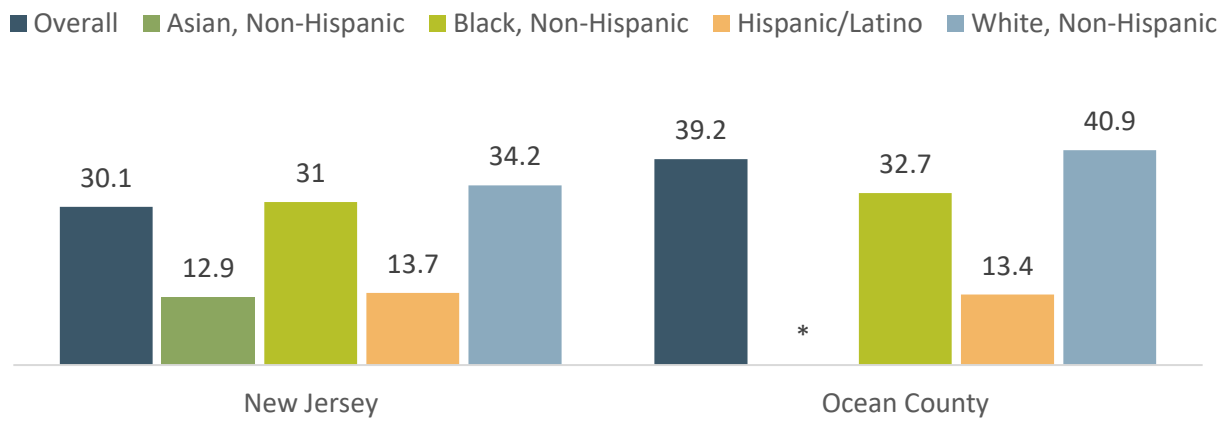


DATA SOURCE: New Jersey State Cancer Registry, New Jersey Department of Health, 2015-2019
NOTE: Persons of Hispanic ethnicity may be of any race or combination of races. The categories of race and ethnicity are not mutually exclusive.

Death certificate data are presented for the mortality rate of lung/bronchus cancer per 100,000 population in 2016-2020 in New Jersey and Ocean County, overall and by race/ethnicity (Figure 38). Overall, Ocean County experienced a higher mortality rate (39.2 deaths per 100,000 population) compared to New Jersey (30.1 per 100,000). Looking at these data by race/ethnicity, White, non-

Hispanic residents across both geographies experienced the highest mortality rates due to lung/bronchus cancer.

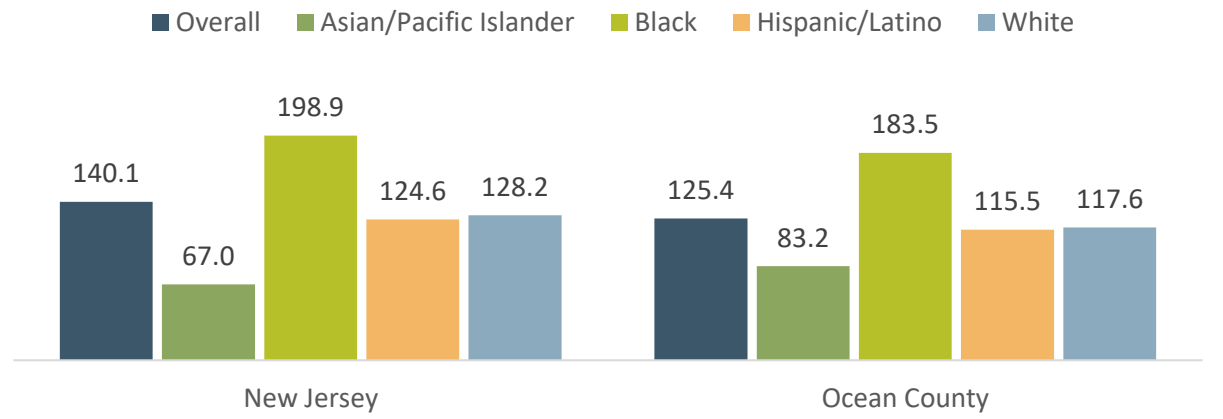
Figure 38. Age-Adjusted Lung Cancer Mortality Rate per 100,000 Population, by State and County, 2016-2020



DATA SOURCE: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2016-2020
NOTE: Asterisks (*) denote insufficient data to calculate reliable rate.

Figure 39 presents cancer registry data for the age-adjusted incidence rate of prostate cancer per 100,000 population in 2015-2019 across New Jersey and Ocean County. Overall prostate cancer incidence was higher New Jersey (140.1 per 100,000) compared to Ocean County (125.4 per 100,000). Across both geographic areas, Black, non-Hispanic populations had the highest incidence rates of prostate cancer compared to other races/ethnicities.

Figure 39. Age-Adjusted Prostate Cancer Incidence Rate per 100,000 Population, by State and County, 2015-2019

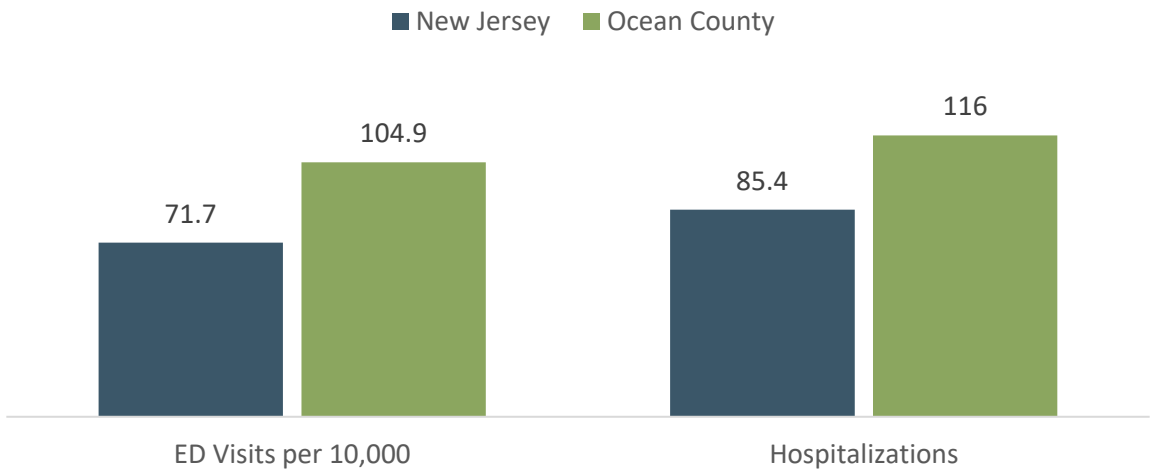


DATA SOURCE: New Jersey State Cancer Registry, New Jersey Department of Health, 2015-2019
NOTE: Persons of Hispanic ethnicity may be of any race or combination of races. The categories of race and ethnicity are not mutually exclusive.

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 groups of chronic lower respiratory diseases (CLRD), the fifth leading cause of death in Ocean County. Figure 40 shows data on emergency department (ED) visit and in-patient hospitalization rates per 100,000 population due to COPD. For 2016-2020, compared to New Jersey overall, Ocean County experienced a higher rate of ED visits (104.9 per 100,000) and hospitalizations (116.0 per 100,000) due to COPD.

Figure 40. ED Visits and Hospitalizations due to COPD per 100,000, by State and County, 2016-2020



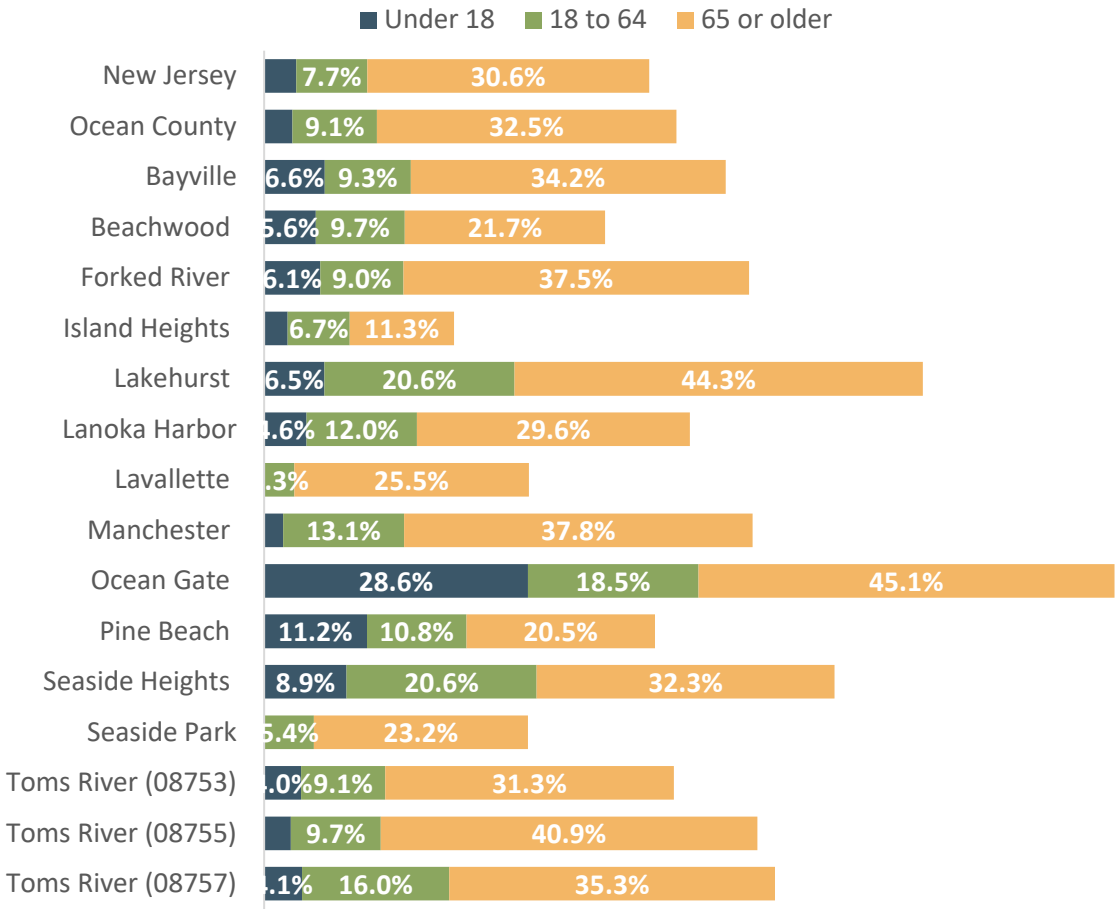
DATA SOURCE: New Jersey Department of Health, Office of Health Care Quality Assessment, New Jersey Data Collection System, as reported by New Jersey State Health Assessment Data (NJSHAD), 2016-2020
NOTE: Includes primary and secondary diagnosis chronic obstructive pulmonary disease

Disability

Residents who have some type of disability may have difficulty getting around, living independently, or completing self-care activities. Other disabilities, such as hearing impairment, vision impairment, and cognitive impairment, may also impact residents' daily lives. Several interviewees discussed challenges faced by residents with disabilities, including transportation and housing barriers (e.g., retrofitting vehicles or apartments) and discrimination across many sectors, including healthcare.

Figure 41 presents state, county, and town-level data on the civilian noninstitutionalized population by age for 2016-2020. Ocean County (32.5%), and Ocean Gate (45.1%) and Lakehurst (44.3%) especially, has a higher percentage of those aged 65+ that have a disability compared to New Jersey (30.6%).

Figure 41. Civilian Noninstitutionalized Population with a Disability, by State, County, and Town, 2016-2020



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Behavioral Health: Mental Health and Substance Use

Behavioral health is thought of as the connection between the health and well-being of the body and the mind. In the field, mental health and substance use are typically discussed under the larger framework of behavioral health.

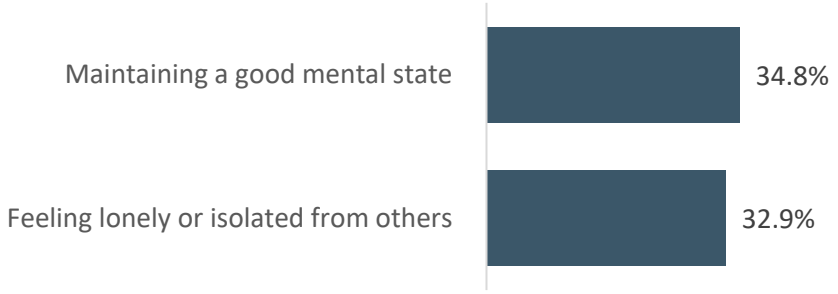
Mental Health

Mental health was identified as a significant community health issue and the top concern among survey respondents. The topic of mental health was frequently discussed across qualitative conversations, which focused on anxiety and depression. These issues have been prevalent in the community but were seen as exacerbated by the COVID-19 pandemic. Employment issues, financial instability, virtual education, substance use, and social isolation were all noted as contributors to increased stress and depression. Youth, seniors, and veterans were particularly affected, according to focus group and interview participants.

As described earlier, community survey respondents identified mental health issues as the top health concern in their communities (Figure 20). Community survey results also show the impact of the

pandemic on mental health: 34.8% of survey respondents reported that they or someone in their family has personally experienced difficulty maintaining a good mental state and 32.9% reported feeling lonely or isolated from others since COVID-19 began (Figure 42).

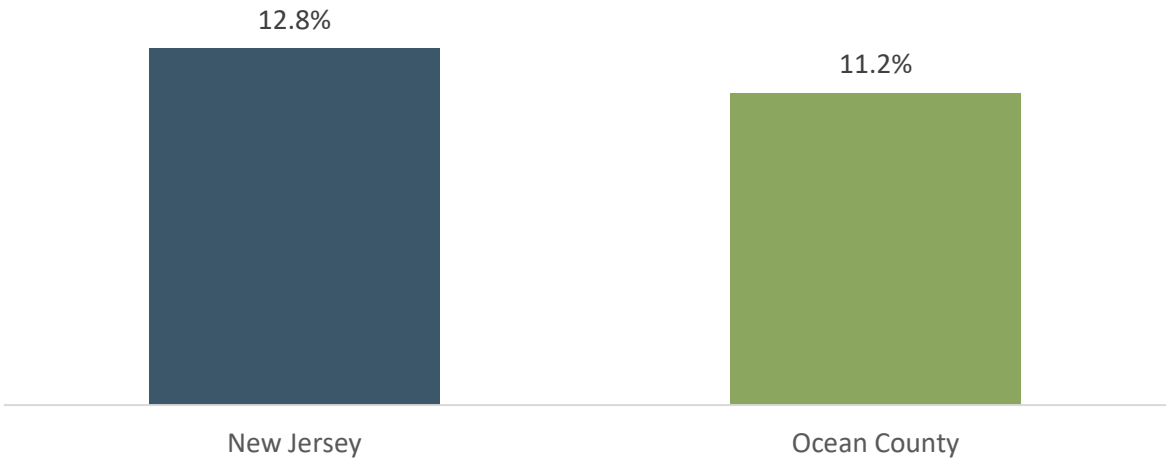
Figure 42. Percent of Community Survey Respondents Reporting that They or Someone in Their Immediate Family Has Personally Experienced Difficulty with Mental Health Issues since COVID-19 Started (n=310), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021

When examining surveillance on mental health during the first year of the COVID-19 pandemic (2020), 11.2% of adults in Ocean County reported 14 or more days of poor mental health in the past month, compared to 12.8% of adults in New Jersey (Figure 43).

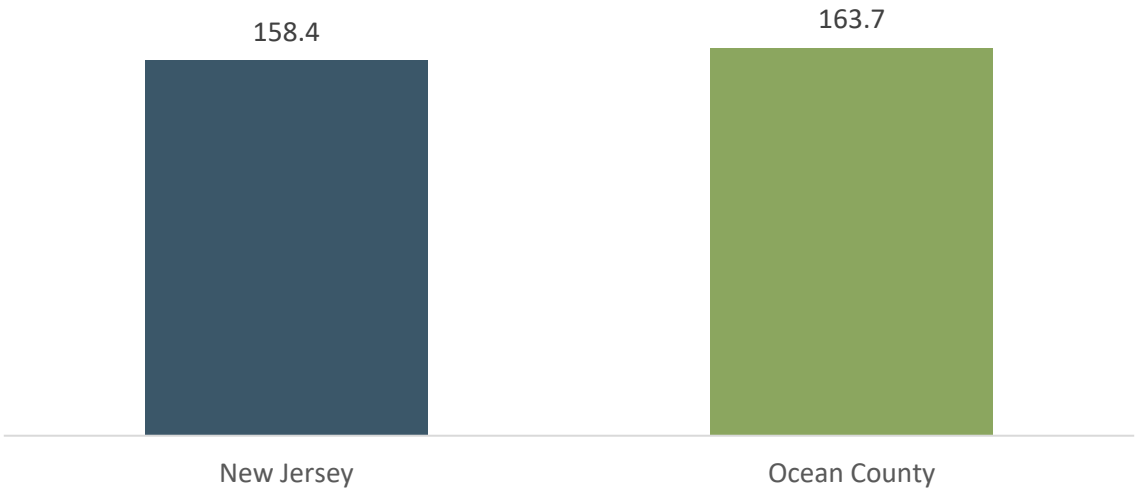
Figure 43. Percent Adults Reported 14 or More Days of Poor Mental Health in Past Month, by State and County, 2020



DATA SOURCE: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention, as reported by New Jersey State Health Assessment Data (NJSHAD), 2020

If mental health issues go unnoticed or untreated, these issues can become acute and require a visit to the emergency department (ED). Mental health surveillance data from 2020 indicate that Ocean County had a higher rate of ED visits due to mental health compared to New Jersey overall (Figure 44).

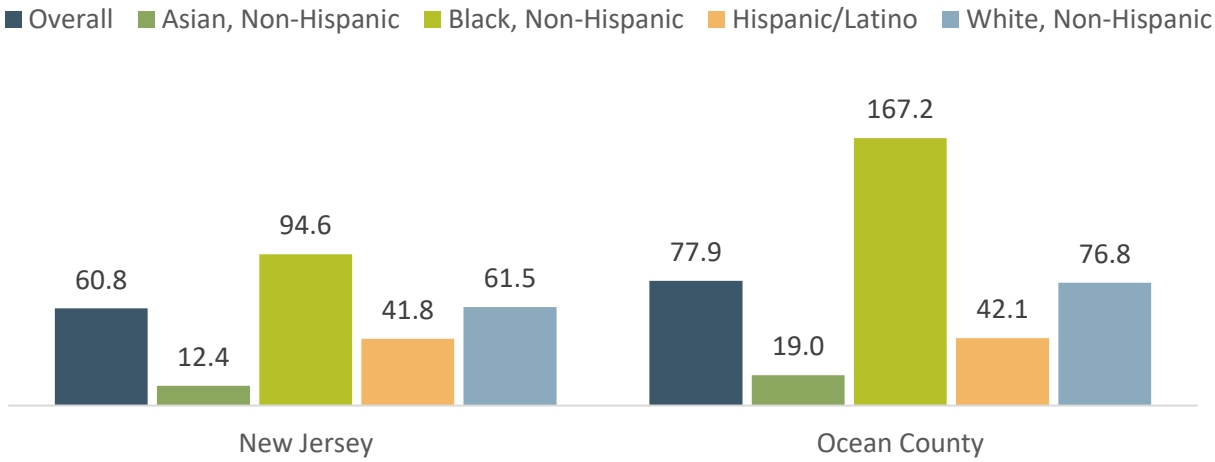
Figure 44. ED Visits due to Mental Health per 100,000, by State and County, 2020



DATA SOURCE: New Jersey Department of Health, Office of Health Care Quality Assessment, New Jersey Data Collection System, as reported by New Jersey State Health Assessment Data (NJSHAD), 2020

Some mental health issues require in-patient hospitalizations. Data in Figure 45 show that overall Ocean County residents experience a higher rate of hospitalizations due to mental health (77.9 per 100,000) compared to New Jersey (60.8 per 100,000). When looking at these data by race/ethnicity, Black, non-Hispanic followed by White, non-Hispanic populations experience higher rates of hospitalizations due to mental health.

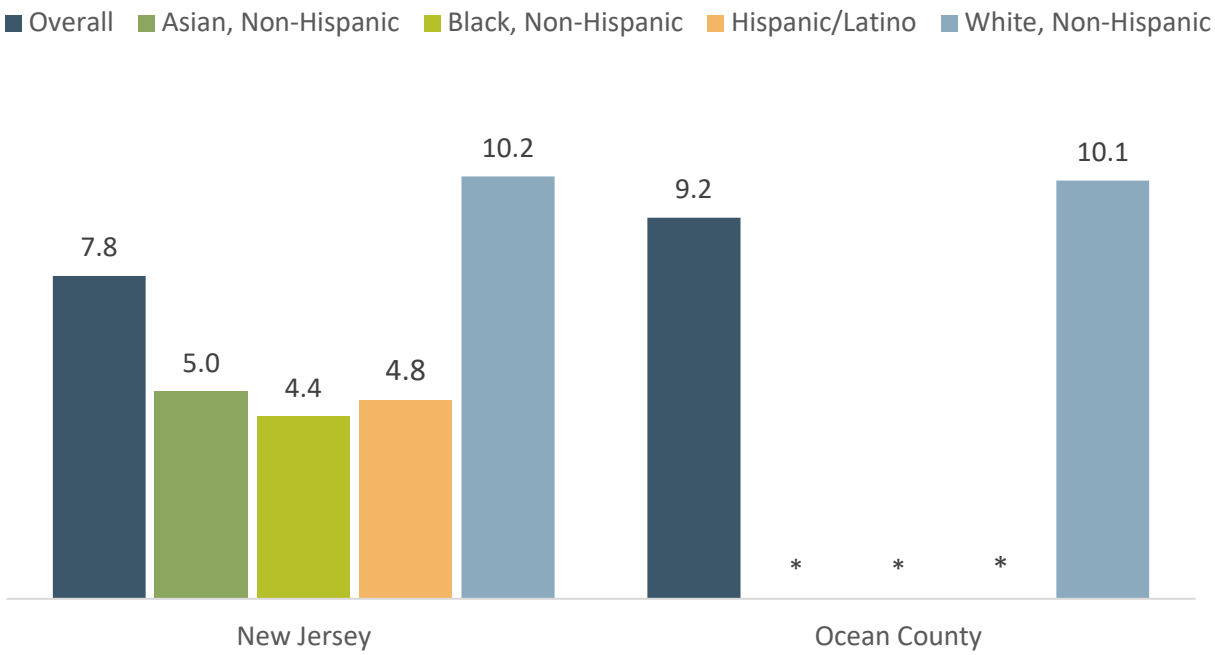
Figure 45. Hospitalizations due to Mental Health per 100,000, by Race/Ethnicity, State, and County, 2020



DATA SOURCE: New Jersey Department of Health, Office of Health Care Quality Assessment, New Jersey Data Collection System, as reported by New Jersey State Health Assessment Data (NJSHAD), 2020.

Death certificate data from 2016-2020 indicate that Ocean County's suicide rate was 9.2 per 100,000, which was higher than New Jersey (7.8 per 100,000). Most data by race/ethnicity were unavailable due to small numbers; however, data for White, non-Hispanic populations indicate that they experience higher rates of suicide than the county or state overall (Figure 46).

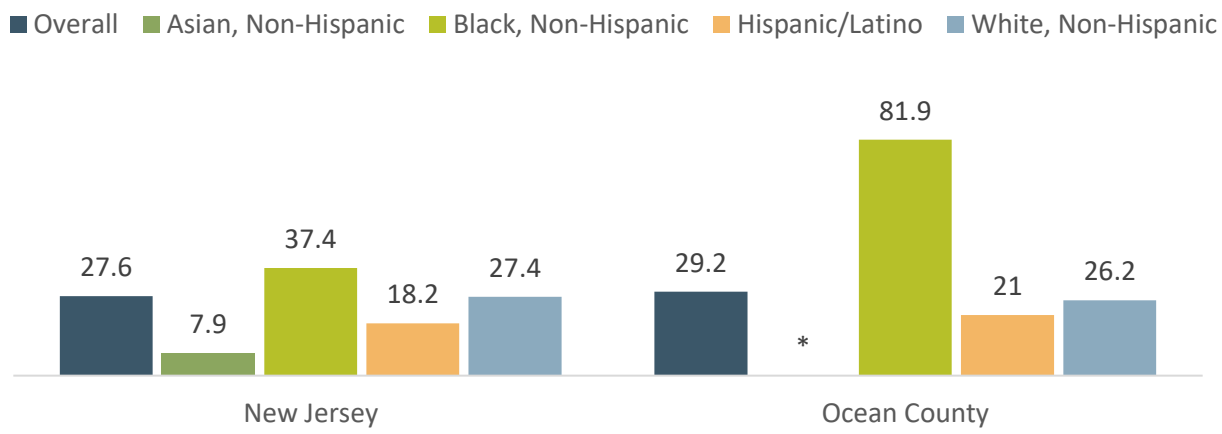
Figure 46. Suicide Rate per 100,000 Population (Age-Adjusted), by Race/Ethnicity, by State and County, 2016-2020



DATA SOURCE: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2016-2020
NOTE: Asterisks (*) denote insufficient data to calculate reliable rate.

Data from the 2020 New Jersey State Health Assessment found that pediatric (age 19 and under) hospitalizations due to mental health were higher overall in Ocean County (29.2 per 100,000) compared to New Jersey (27.6 per 100,000) (Figure 47). Data by race/ethnicity showed that compared to other races/ethnicities Black, non-Hispanic children experienced much a higher rate of hospitalization due to mental health in Ocean County (81.9 per 100,000).

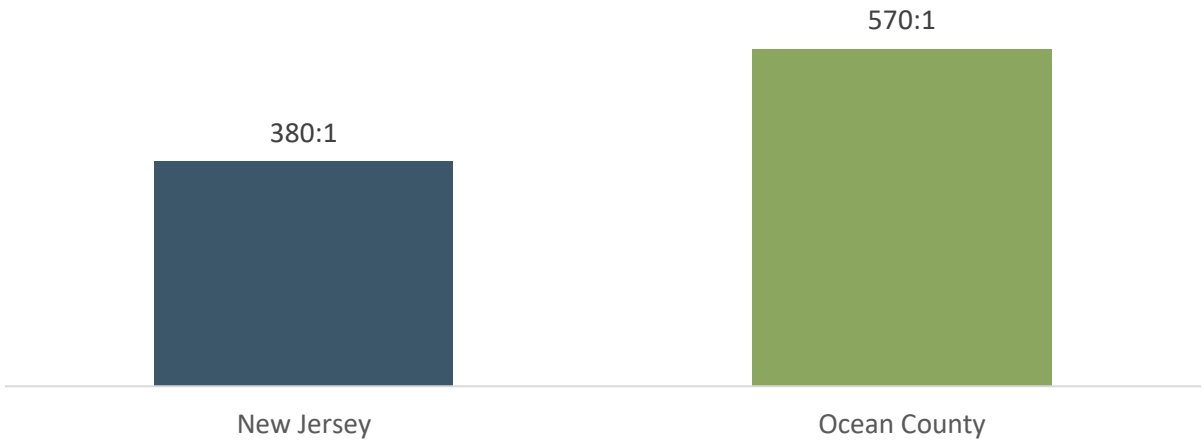
Figure 47. Pediatric Hospitalizations (Ages 19 and under) due to Mental Health per 10,000, by Race/Ethnicity, State, and County, 2020



DATA SOURCE: New Jersey Department of Health, Office of Health Care Quality Assessment, New Jersey Data Collection System, as reported by New Jersey State Health Assessment Data (NJSHAD), 2020
NOTE: Asterisks (*) denote insufficient data to calculate reliable rate

Availability of providers within the mental health system can facilitate or hinder the population's ability to access necessary care. Figure 48 shows that Ocean County had a higher ratio of population to mental health providers (570:1) compared to New Jersey (380:1) in 2021, indicating that there are more residents per mental health provider in Ocean County than the state overall. This could lead to limited availability for the mental health providers in the county.

Figure 48. Ratios of Population to Mental Health Providers, by State and County, 2021



DATA SOURCE: National Provider Identification Registry, Centers for Medicare and Medicaid Services, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2021

In addition to lack of mental health providers, one interviewee described limited outreach from service providers as well as stigma against behavioral health treatment.

Mental Health in Vulnerable Populations

According to interview and focus group participants there were several population groups more affected by mental health issues. These included seniors, veterans, and people with developmental disabilities. Several interview participants mentioned age-related diseases, such as Alzheimer's, as well as social isolation and depression, as issues affecting older adults.

Veterans were also a group perceived to be particularly vulnerable to mental health issues. Some veteran focus group participants noted that the effects of war on the overall health of veterans, including mental health issues and physical health conditions from service-related exposures, may take years or decades to be diagnosed. Substance use, housing and financial instability were also described as significant issues affecting veterans' mental health.

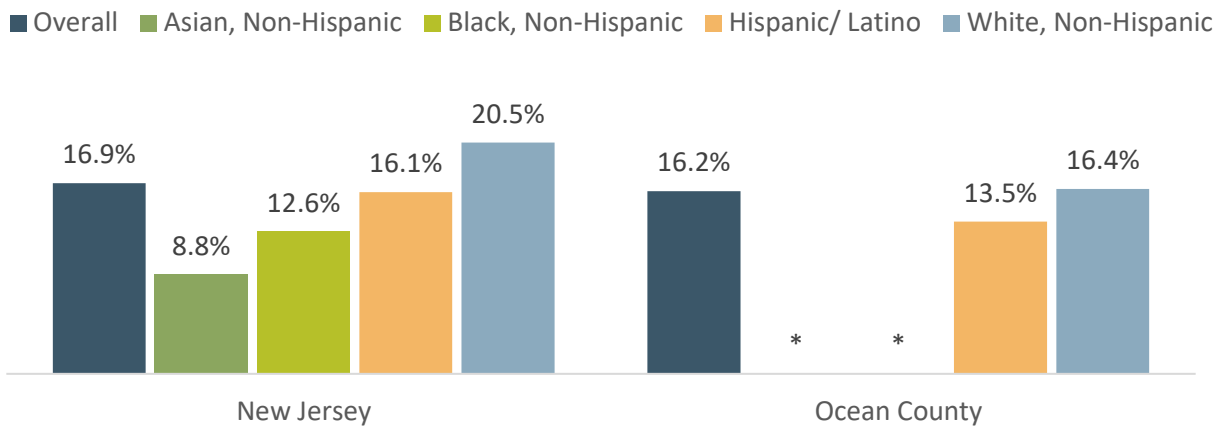
Finally, people with developmental disabilities were a population of concern related to mental health and its physical health comorbidities. Several interviewees discussed that residents with developmental disabilities often have other conditions such as high blood pressure, diabetes, and mental health issues that require more frequent interactions with the healthcare system. One service provider explained that COVID-19 safety protocols and risk of virus transmission affected healthcare experiences and stress levels for people with disabilities. They described how masking protocols, vaccine requirements, and concern about virus transmission are stressful dynamics that people with disabilities experience and that caregivers must navigate in a way that balances safety and autonomy: *"COVID-19 exacerbated all of this; because again, you're dealing with individuals with developmental disabilities who don't understand… We must do all this, also the while not infringing upon their rights, keeping that balance."*

Substance Use

Substance use was a community health concern that arose in many assessment conversations. Alcohol and heroin were perceived to be the most used and most concerning substances. Use of these substances 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.

Substance use and abuse was the third most concerning community issue reported by survey respondents (Figure 20). Surveillance data from 2017-2020 indicate that adults in Ocean County (16.2%) were slightly less likely to report binge drinking in the past 30 days compared to New Jersey (16.9%). Across both geographic areas, White, non-Hispanic adults were the most likely racial/ethnic group to report binge drinking (Figure 49).

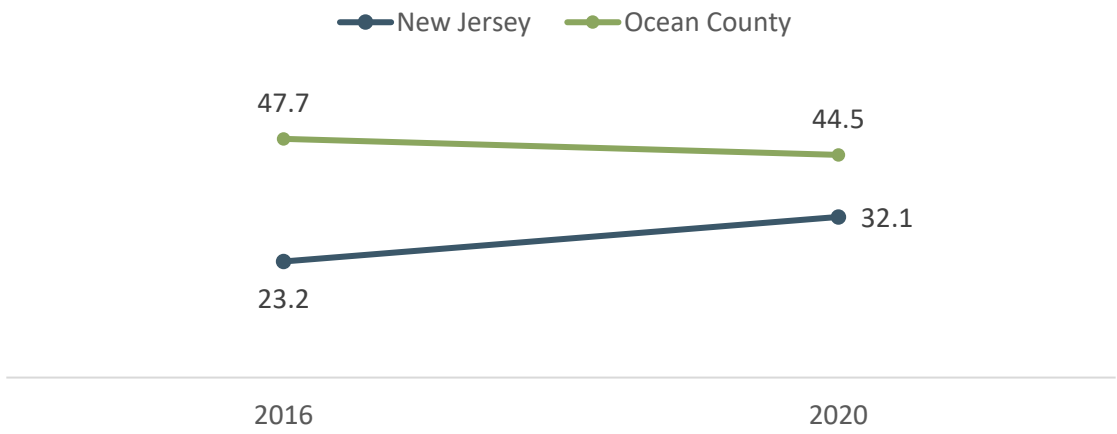
Figure 49. Percent Adults Reported Current Binge Drinking, by State and County, 2017-2020



DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2017-2020
NOTE: Asterisks (*) denote insufficient data to calculate reliable rate. "Current" refers to in the past 30 days.

As substance use worsens, it can result in intentional and unintentional drug poisonings. The following figure shows the age-adjusted drug poisoning mortality rate per 100,000 population in 2016 and 2020. In New Jersey, the age-adjusted rate per 100,000 was 23.2 in 2016 and 32.1 in 2020. Over those same years, Ocean County experienced a decrease in the age-adjusted rate per 100,000 from 47.7 in 2016 to 44.5 in 2020 (Figure 50).

Figure 50. Age-Adjusted Drug Poisoning Mortality Rate per 100,000 Population, by State and County, 2016 and 2020

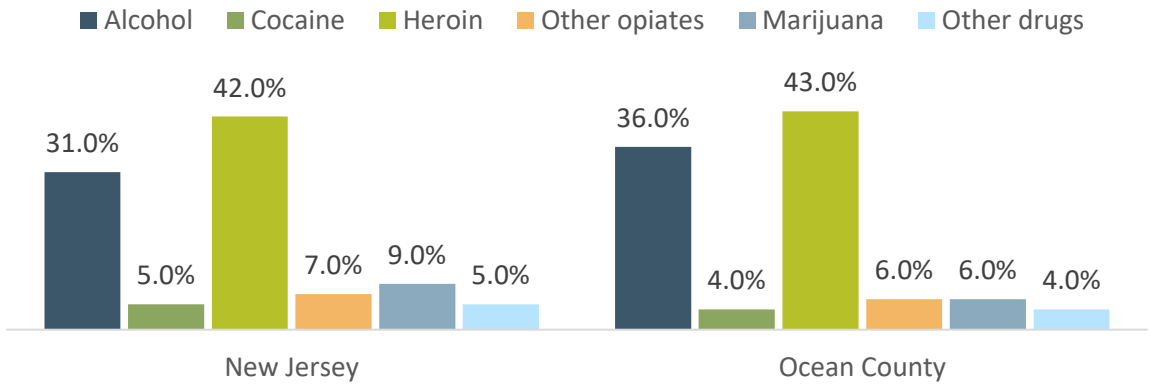


DATA SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 1999-2020 on CDC WONDER Online Database, 2016 and 2020
NOTE: Includes ICD-10 codes X40-X44, X60-X64, X85, and Y10-Y14

Alcohol and heroin appear to be the most commonly used substances and also account for the majority of treatment admissions. Figure 51 shows that for 70-80% of substance use treatment admissions are for treatment of alcohol or heroin dependence in 2020. Admissions for heroin dependence are slightly

above 40% in New Jersey and Ocean County. Admissions for alcohol are higher in Ocean County (36.0%) compared to New Jersey (31.0%).

Figure 51. Percent of Substance Use Treatment Admissions by Primary Drug, by State and County, 2020



DATA SOURCE: New Jersey Department of Human Services, Division of Mental Health and Addiction Services, New Jersey Drug and Alcohol Abuse Treatment Substance Abuse Overview, 2020
NOTE: Percentages by county are by county of treatment site.

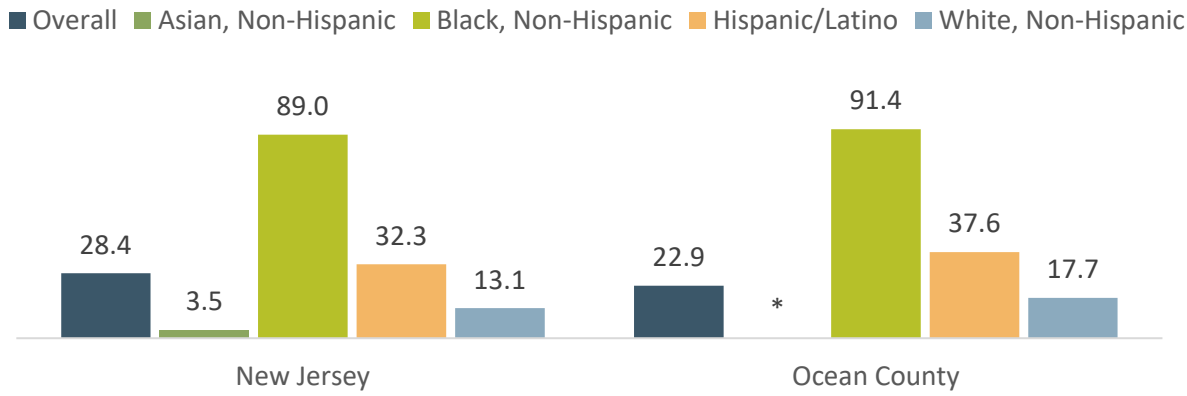
Environmental Health

A healthy environment is associated with a high quality of life and good health. Environmental factors are various and far reaching and include exposure for hazardous substances in the air, water, soil, or food; natural disasters and climate change; and the built environment.

Asthma

During acute asthma events, many people seek care in emergency departments. When looking at age-adjusted asthma-related ED visit data by race/ethnicity in 2020, Black, non-Hispanic populations experienced much higher rates of asthma-related ED visits per 10,000 population (Figure 52).

Figure 52. Age-Adjusted Asthma Emergency Department Visit Rate per 10,000 Population by Race/Ethnicity, by State and County, 2020

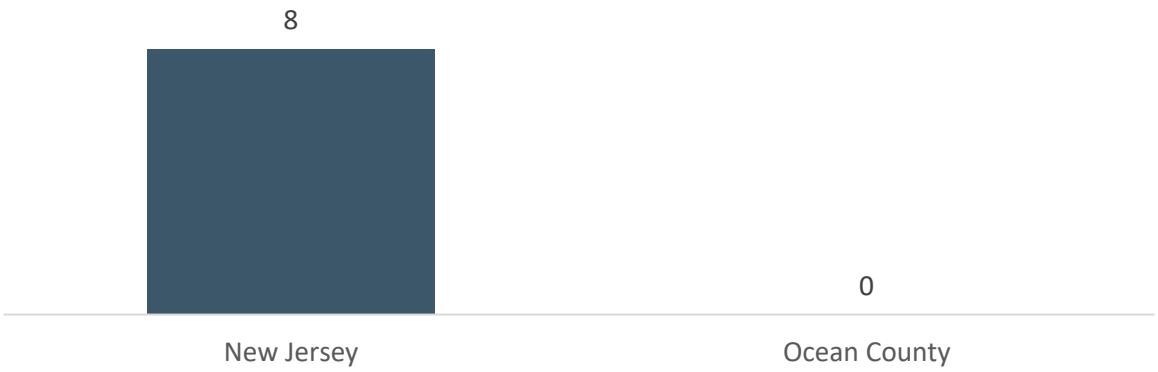


DATA SOURCE: New Jersey Discharge Data Collection System, Office of Health Care Quality Assessment, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2020
NOTE: Data includes ED visits where asthma was primary diagnosis.

Air Quality

In 2020, there were 8 days statewide where ozone in outdoor air exceeded the federal health-based standard for ozone (8-hr period above 0.070ppm) (Figure 53). Data for Ocean County indicated zero days of ozone exceeding the National Ambient Air Quality Standards for Ozone.

Figure 53. Ozone in Outdoor Air, Number of Days Ozone Exceeded the National Ambient Air Quality Standards for Ozone, by State and County, 2020

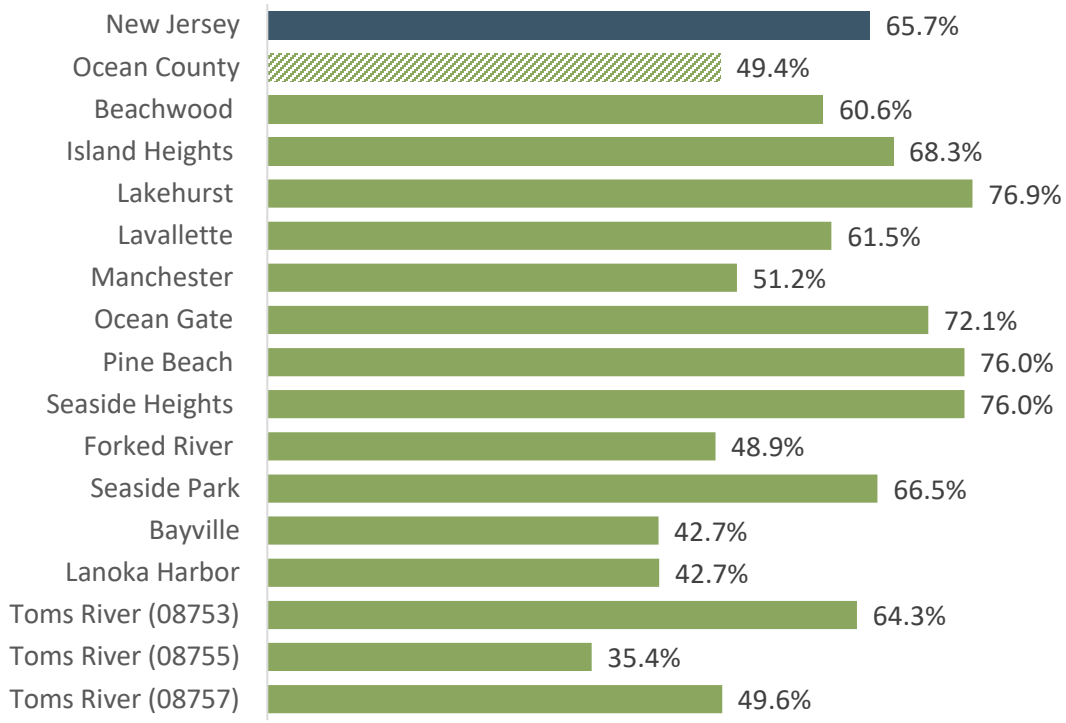


DATA SOURCE: Bureau of Air Monitoring, New Jersey Department of Environmental Protection, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2020
NOTE: National Ambient Air Quality Standards are exceeded when ozone measures above 0.075 ppm averaged over a period of 8 hours.

Lead

In 1978, the federal government banned consumer uses of lead-based paint. Exposure to lead among young children, through touching lead dust or paint chips for example, can harm children's health, including potential damage to the brain and nervous system, slowed growth and development, and hearing and speech problems. Figure 54 shows the percent of housing built prior to 1980. Ocean County (49.4%) had lower percentages of housing built before 1980 compared to New Jersey (65.7%). Lakehurst had the most housing built before 1980 (76.9%) in the hospital's service area.

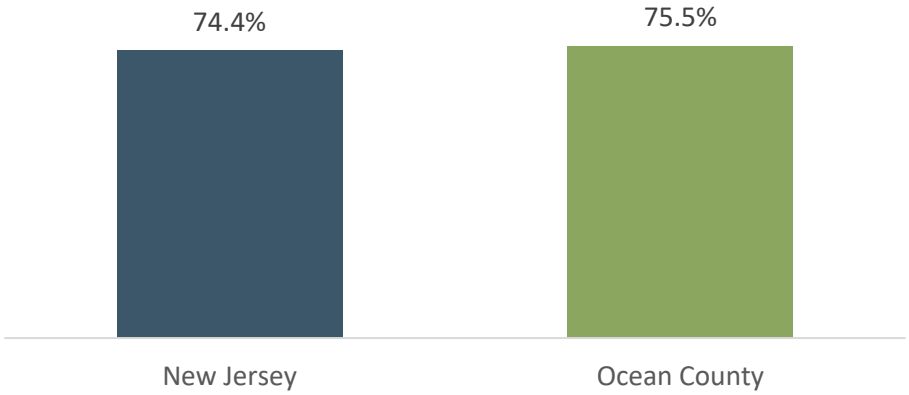
Figure 54. Housing Built Pre-1980, by State, County, and Town, 2016-2020



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

New Jersey Child Health Program data for children born in 2014 shows the percentage of children tested for lead exposure before their third birthday. A higher percentage of children in Ocean County (75.5%) were tested compared to New Jersey (74.4%) (Figure 55).

Figure 55. Percent Children Tested for Lead Exposure Before 36 Months of Age Among Children Born in 2014, by State and County

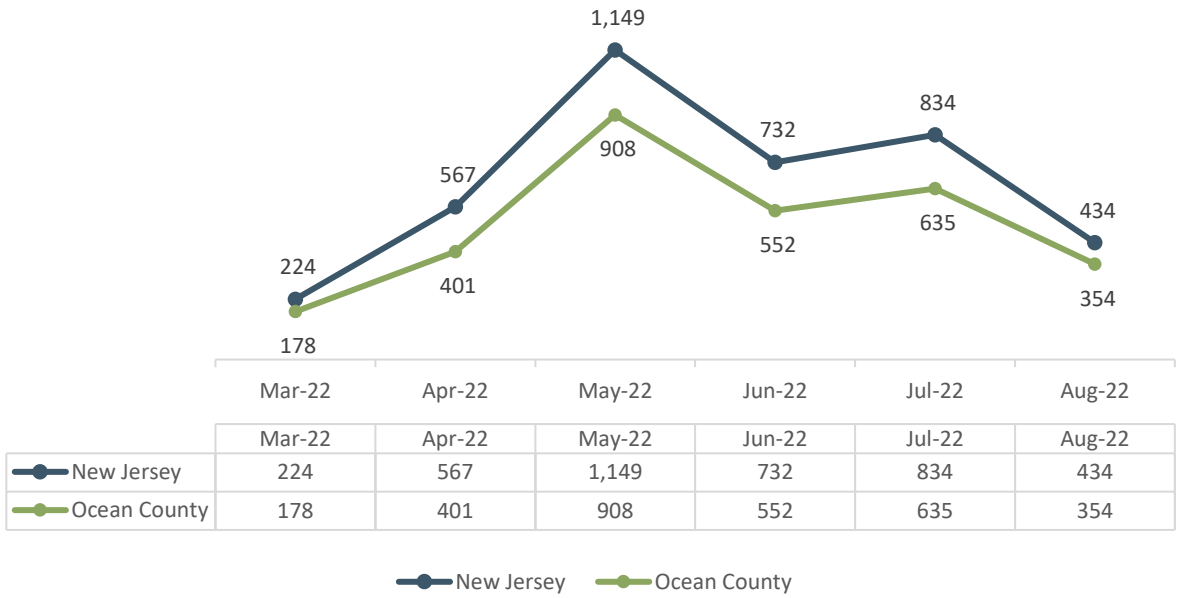


DATA SOURCE: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry; Child Health Program, Family Health Services, as reported by, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2022

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

COVID-19
Figure 56 shows new cases of COVID-19 in 2022. The trend from March to August 2022 was very similar comparing New Jersey to Ocean County, with new cases in both geographic areas peaking in May 2022. The most recent data were from August 2022, which show that New Jersey had 434 cases per 100,000 population while Ocean County had 354 cases per 100,000.

Figure 56. New COVID-19 Cases per 100,000 population, by State and County, 2020-2022

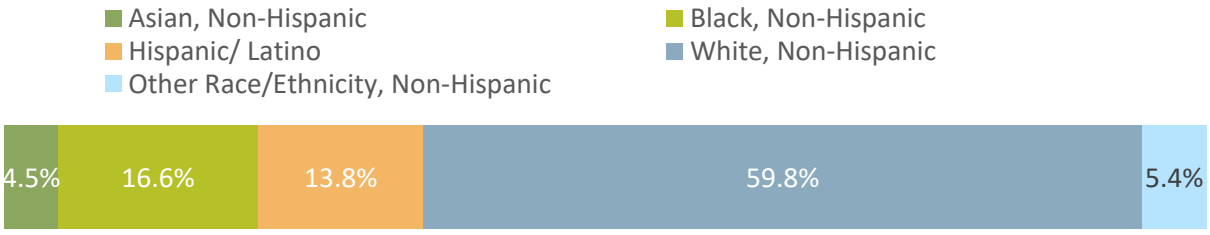


	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
New Jersey	224	567	1,149	732	834	434
Ocean County	178	401	908	552	635	354

DATA SOURCE: New Jersey Department of Public Health, COVID-19 Dashboard, 2022
NOTE: August data is as of 8/23/2022.

As of August 10th, 2022, there were 31,275 deaths due to COVID in New Jersey. Of those deaths, approximately 60% were White, Non-Hispanic residents, followed by 16.6% Black, Non-Hispanic, and 13.8% Hispanic/Latino (Figure 57).

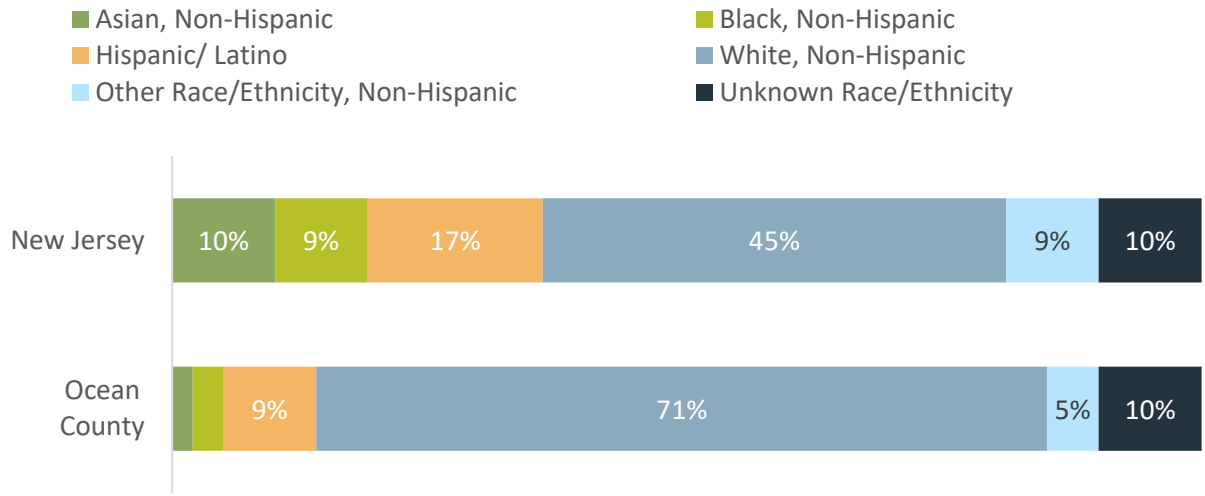
Figure 57. COVID-19 Confirmed Deaths, by Race/Ethnicity, by State, 2022



DATA SOURCE: New Jersey Department of Public Health, COVID-19 Dashboard, 2022
NOTE: Data updated as of August 10, 2022

An important prevention measure for COVID-19 is vaccination. Figure 58 illustrates the percent of eligible residents, by race/ethnicity, who were fully vaccinated as of July 27, 2022. In Ocean County, 71% of eligible White, non-Hispanic residents were fully vaccinated compared to 9% or less among eligible Hispanic/Latino residents and other racial/ethnic groups. A much higher percentage of White, non-Hispanic residents in the county were fully vaccinated compared to only 45% statewide.

Figure 58. Percent of Eligible Residents Fully Vaccinated for COVID-19, by Race/Ethnicity, State, and County, 2022



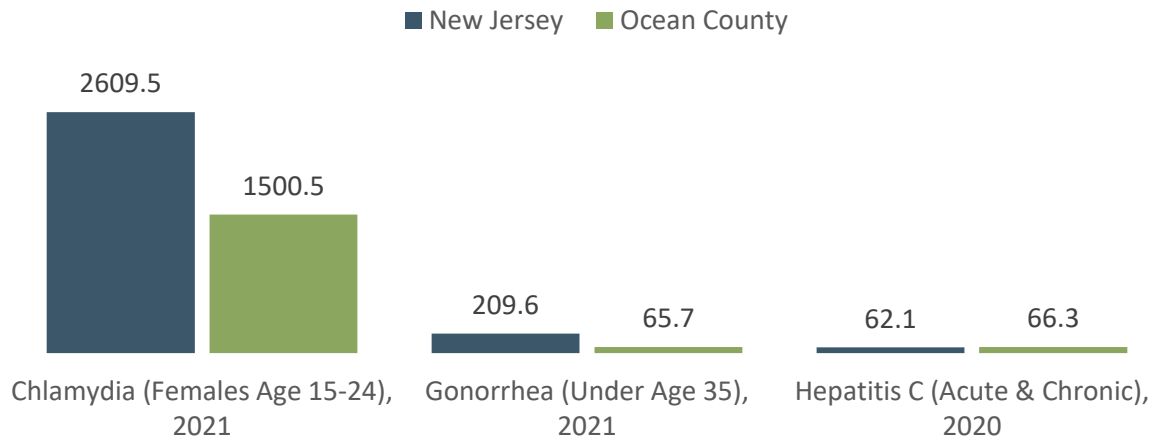
DATA SOURCE: New Jersey Department of Public Health, COVID-19 Dashboard, 2022
NOTE: Racial/ethnicity data does not include those vaccinated out of state and by federal programs. Data labels under 5% are not shown.

One Orthodox Jewish focus group participant noted that in their tight knit community, infectious conditions, such as flu and colds can spread quickly in their network. Additionally, one service provider cited immunizations as a health concern, particularly for undocumented immigrants, *"Immunization is also a big issue to make sure children are reaching their vaccine benchmarks … Especially for those with no immigration status."*

Sexual Health and Sexually Transmitted Diseases

In 2021, the incidence (new cases) of chlamydia among females ages 15-24 was much lower in Ocean County (1500.5 per 100,000) compared to statewide (2609.5 per 100,000). Across both geographic areas, incidence rates of gonorrhea in 2021 were much lower compared to chlamydia. Ocean County (65.7 per 100,000) had lower rates of gonorrhea compared to New Jersey (209.6 per 100,000). Hepatitis C (both acute and chronic) data were available for 2020. New Jersey (62.1 per 100,000) and Ocean County (66.3 per 100,000) had comparable rates of hepatitis C (Figure 59).

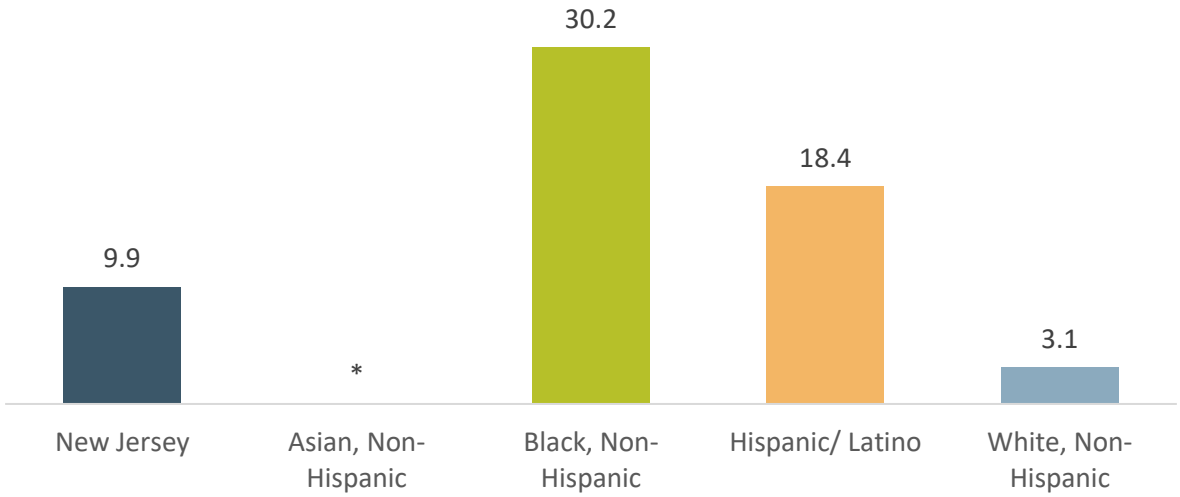
Figure 59. Chlamydia, Gonorrhea, and Hepatitis C Incidence per 100,000 Population, by State and County, by Most Recent Data Available



DATA SOURCE: Communicable Disease Reporting and Surveillance System, New Jersey Department of Health, as reported by the New Jersey State Health Assessment Data (NJSHAD), 2020 & 2021

HIV transmission (incidence) data for 2020 were not available for Ocean County. For New Jersey in 2020, the rate of HIV incidence per 100,000 population age 13 and older among Black, non-Hispanic residents was 30.2 cases per 100,000 population compared to 18.4 cases per 100,000 for Hispanic/Latino residents and 3.1 cases per 100,000 for White, non-Hispanic residents (Figure 60).

Figure 60. HIV Transmission per 100,000 population (age 13 and older), by State and Race/Ethnicity, 2020



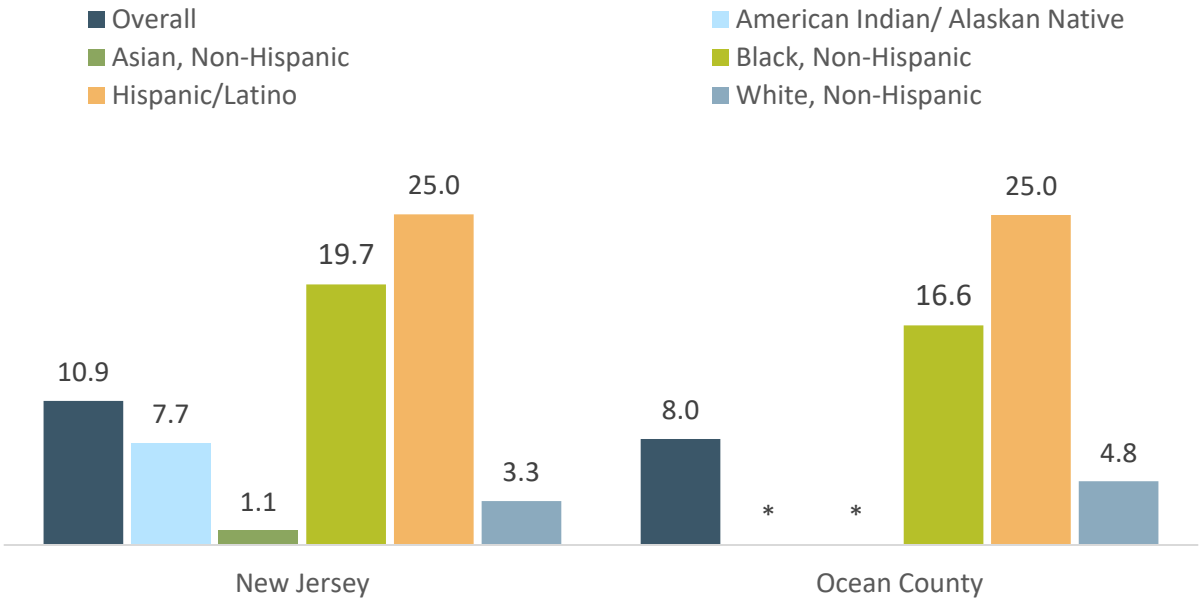
DATA SOURCE: Enhanced HIV/AIDS Reporting System (eHARS), Division of HIV/AIDS, STD, and TB Services, as reported by the New Jersey Health Assessment Data (NJSHAD), 2019
NOTE: Asterisks (*) denote insufficient data to calculate reliable rate

Maternal and Infant Health

The health and well-being of mothers, infants, and children are important indicators of community health. One community leader described infant mortality and maternal mortality as a longstanding concern for African American communities, stating: *"Infant mortality and female deaths due to childbirth, I don't want this to be forgotten."*

The figure below shows the number of teen births per 1,000 females ages 15-19 for 2014-2020. At the state level, the overall teen birth rate was 10.9 per 1,000 and the highest teen birth rate was among Hispanic/Latino females (25.0 per 1,000) followed by Black, non-Hispanic females (19.7 per 1,000). For Ocean County, data indicate that Hispanic/Latino and Black, non-Hispanic females ages 15-19 have higher birth rates compared to White, non-Hispanic females of the same age group, though the county rates are similar to the statewide rates (Figure 61).

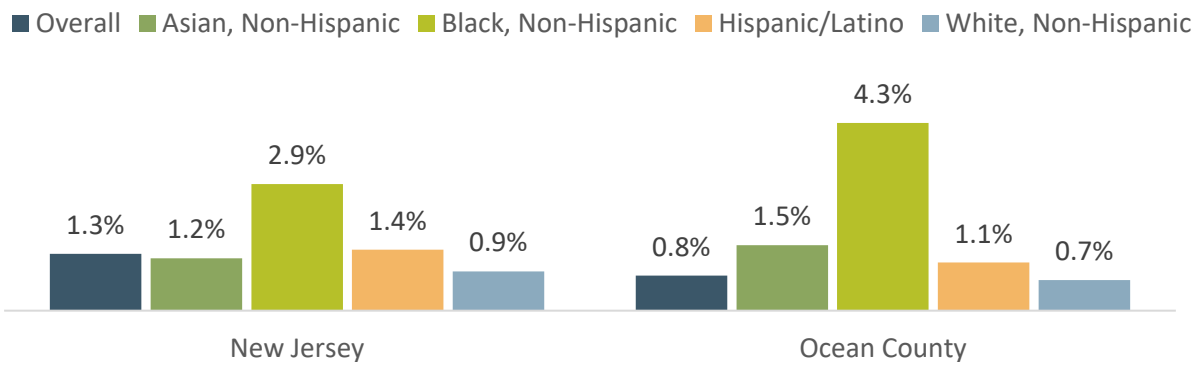
Figure 61. Number of Births per 1,000 Female Population Ages 15 to 19, by Race/Ethnicity, State, and County, 2014-2020



DATA SOURCE: National Center for Health Statistics, Natality Files, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2014-2020
NOTE: Asterisks (*) denote insufficient data to calculate reliable rate

For context, the percent of low-birthweight (less than 2,500 grams) births in 2020 for New Jersey was 8.0% overall and 12.6% for Black, non-Hispanic mothers. The percentages of very low birth-weight (less than 1,500 grams) births were lower but followed a similar trend for Ocean County and New Jersey – again, Black, non-Hispanic mothers were more likely to have very low-birthweight births, particularly Black, non-Hispanic mothers in Ocean County (Figure 62).

Figure 62. Percent Very Low Birth Weight Births by Race/Ethnicity, by State and County, 2016-2020



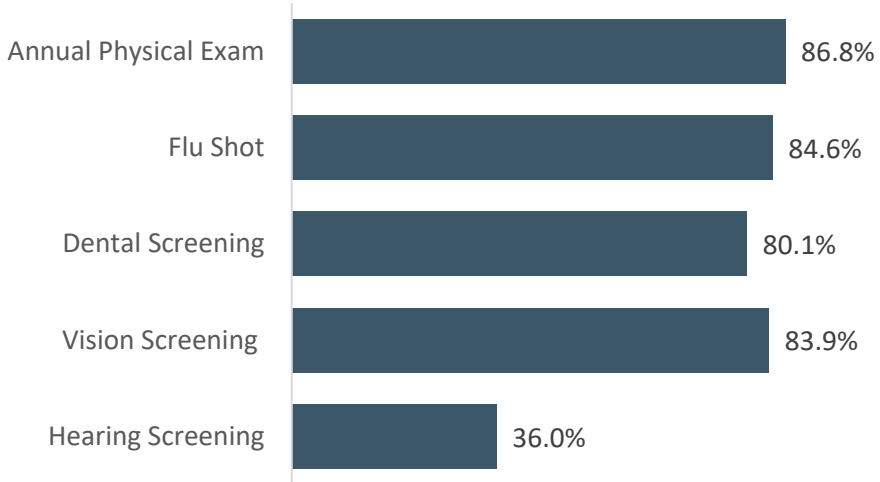
DATA SOURCE: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2018
NOTE: Very low birth weight is defined as less than 1,500 grams

Access to Services

This section discusses the use of healthcare and other services as well as barriers to accessing these services. Access to healthcare services is important for promoting and maintaining health, preventing, and managing disease, and reducing the chance of premature death.

Respondents to the 2021 community survey were asked about their participation in various healthcare screenings, including preventive services. Approximately 87% of survey respondents from the service area reported having an annual physical exam, while around 85% reported that they have had their flu shot and received a dental and vision screening. Around one third (36.0%) reported receiving a hearing screening (Figure 63).

Figure 63. Percent of Community Survey Respondents Reporting that They Have Participated in a General Preventive Services and Screenings in the Past Two Years (n=311), 2021

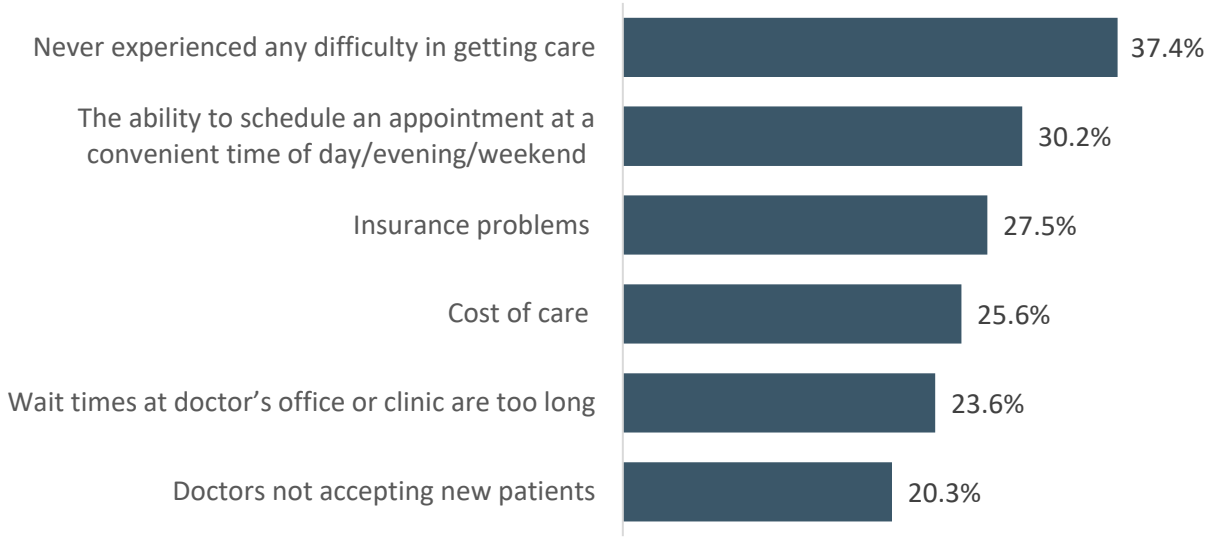


DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021

Barriers to Accessing Healthcare Services

While reported participation in screenings was high, participants also reported several issues that made it difficult for them or a family member to get medical treatment or care when needed. Community survey respondents were asked to identify which barriers they have experienced. Importantly, it should be noted that about 37% of survey respondents indicated that they have never experienced difficulty in getting healthcare. The top issues survey respondents identified overall were ability to schedule an appointment at a convenient time, insurance problems, cost of care, wait times, and doctors not accepting new patients (Figure 64).

Figure 64. Percent of Community Survey Respondents Reporting Which Issues Made It Difficult for Them or a Family Member to Get Medical Treatment or Care When Needed (n=305), 2021



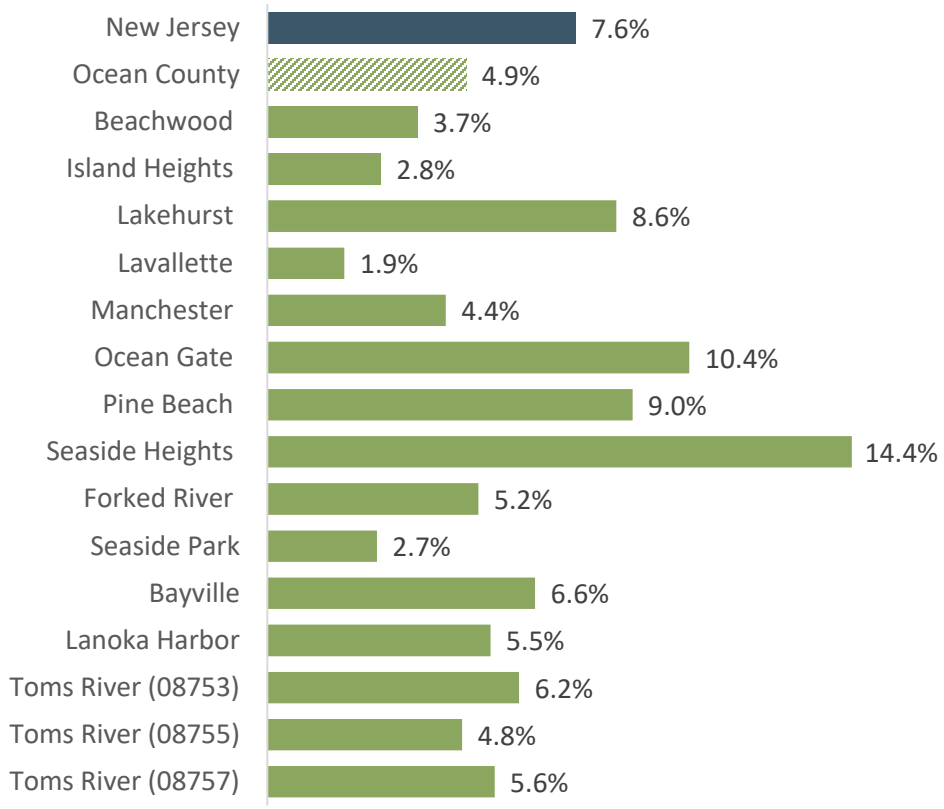
DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021

Insurance

As noted above, survey data indicate that the second most reported barrier to accessing care was insurance. Many focus group and interview participants discussed insurance challenges and also noted additional vulnerabilities for communities of color and undocumented immigrants in the area, particularly with respect to accessing health care. *"Adults without health insurance are especially at risk, and those that are undocumented (without papers) they don't have [health] services," explained one focus group participant.*

Figure 65 shows the percent of the population uninsured for 2016-2020. Compared to New Jersey (7.6% uninsured), Ocean County (4.9%) had a much lower percent of the population uninsured. However, within Ocean County, Seaside Heights had the highest percent of the population uninsured (14.4%).

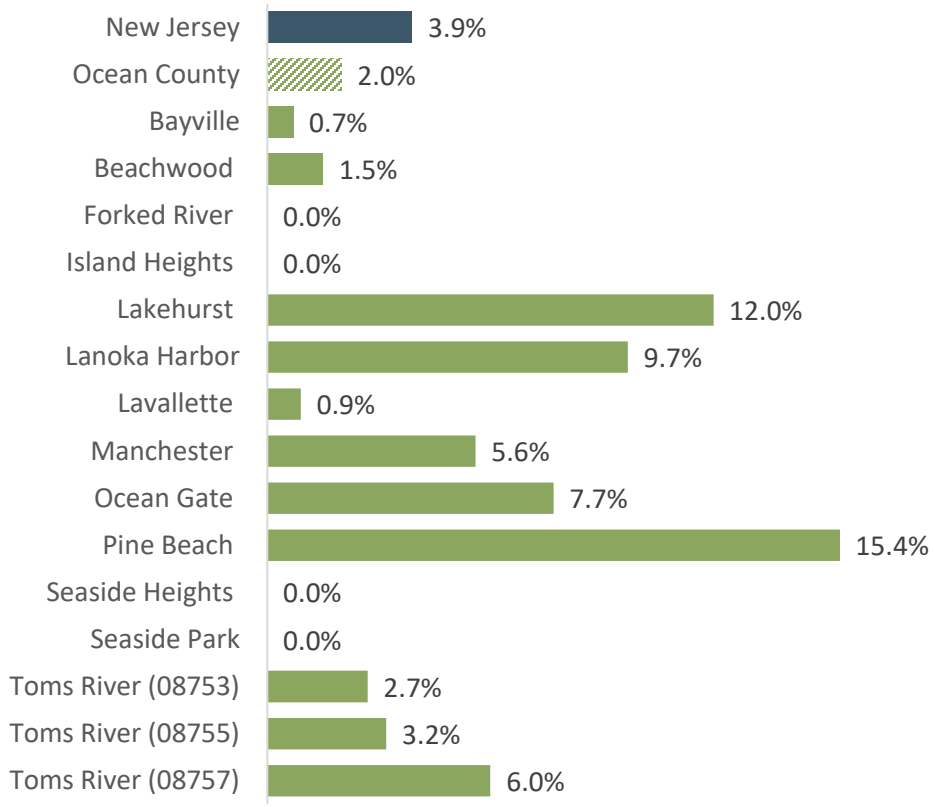
Figure 65. Percent Population Uninsured, by State, County, and Town, 2016-2020



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Looking at insurance coverage for youth under age 19, 2.0% of youth in Ocean County were uninsured compared to 3.9% of youth across New Jersey, with Pine Beach having the highest percent of youth uninsured (15.4%) (Figure 66).

Figure 66. Population Under 19 with No Health Insurance, by State, County, and Town, 2016-2020



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

While most interview and focus group participants described healthcare access as challenging, some veterans observed that care was available through veterans' services. One focus group participant described the VA health care system as: *"a very engaged medical system with the VA system and a new system."*

Cost of Care

Related to insurance, affordability of healthcare was a top barrier identified from the community survey and reinforced by interview and focus group participants. Participants highlighted that uninsured patients may defer health care due to competing priorities (such as paying for rent or food) and unaffordable health care costs that may not be met by charity care and/or patients may not be aware of charity care options.

One other component of healthcare affordability is the ability to purchase needed medications and medical devices. Some economically vulnerable and Spanish-speaking focus group participants discussed financial barriers to medication use and accessing medical devices. One participant explained, *"People can't afford their medication, their insulin, because they're trying to pay rent."* Further, participants described how they experienced medication assistance programs as having arbitrary income limits that kept medications financially out of reach for patients. Finally, another facet of affordability was the perception that insurance companies are not covering the costs of medical devices such as hearing aids and other medical equipment, which is especially challenging for seniors.

Availability of Providers

Availability of providers was another issue that arose when participants discussed access to care. They described a need for more primary care providers and specialists across the lifespan, from newborns to seniors. Some individuals in the faith community emphasized the importance of having prenatal, labor, and birth services in the community given the high birth rate: *"Ironically, we have about 1,000 babies born, and there is no maternity section in the hospital."* In addition to the lack of labor and birth services, some participants noted the need for more pediatric services.

Also related to availability of providers are their hours of operation. It was reported that most medical offices are open during standard business hours (9am – 5pm), which makes it difficult for working adults to access care for their family members or themselves, especially if it means having to take time off from work.

Transportation and Health Care

Transportation was also noted as a barrier to accessing healthcare, particularly for seniors and others with limited transportation options. Senior focus group participants explained that many healthcare services are not available locally and they have to get on the highway to seek care, compounding transportation challenges for older adults. One senior focus group participant noted, *"To get to doctor's appointments in the northern part of the state, I have to travel on the Garden State Parkway, [where there is] lots of speeding. It's a dangerous road for seniors in my opinion."* Another challenge for seniors that emerged during focus groups was having social support to drive to medical appointments and surgeries. It was noted that transportation can be difficult to arrange and expensive when relying on rideshares and even medically necessary medical transportation can leave patients with unaffordable bills

Long wait times and availability of providers contributed to transportation challenges as well. Some interview participants and focus group participants discussed long wait times to see providers, such as primary care doctors, specialists, and dentists – particularly as a new patient. They noted that they often need to travel outside of their community to see providers. One focus group participant shared: *"I find that it can be hard to get into doctors because they close out very quickly. It's a very quickly growing community and we can't keep up with that growth. […] Getting into specialists or dentists, even some pediatricians are closed to new patients."*

Telehealth

Telehealth is one strategy to ameliorate transportation challenges. While telehealth use was perceived as increasing during the COVID-19 pandemic, some focus group participants described barriers to telehealth use for low-income residents, Spanish-speaking populations, and older adults, such as language barriers, discomfort with sharing medical information, aptitude with technology, and affordability of internet and digital devices. As one participant explained, *"It also costs money to get people connected to the internet. COVID amplified the disparities around who had access to digital tools/devices. We have a lot of elderly people who don't know how to use these and that brought up a lot of frustrations."*

> *"I'm in favor of telehealth. I don't think it should be the only option. But it should be an option for issues that make sense. We must definitely consider our elderly. For some of my issues it isn't necessary to go to the office."*
> –Focus group participant

Participants emphasized that in-person provider visits are important to offer alongside telehealth in order to build relationships between providers and patients.

Diversity of Medical Providers and Healthcare Experiences for People of Color

Communities of color who participated in focus groups and interviews expressed some challenges with the demographics of the current healthcare workforce in the area. Several challenges were mentioned, including medical facilities not outreaching to diverse communities, providers not speaking patients' languages, patients confronting negative stereotypes from providers, receiving unequal and/or delayed treatment. To address these challenges, participants called for more diversity of medical providers to reflect the diversity of the communities they serve.

Community Vision and Suggestions for the Future

Focus group and interview participants were asked for their suggestions for addressing identified needs and their vision for the future. The following section summarizes and presents these recommendations for future consideration.

Develop a Strategic Plan to Improve the Social Determinants of Health

When asked about their visions for the future, several interview participants emphasized the importance of developing and implementing a strategic plan to improve the social determinants of health by bringing together stakeholders across organizations and sectors, including hospitals and community leaders. One social service provider described the current state of action to promote community health: *"We are all running and putting out fires and when we take a step back it is a luxury. We can just have time to think about or to do something from a strategic plan, and especially when we are dealing with so many issues."* One interviewee did describe progress collaborating with local hospitals, something that they hoped would continue to grow over the coming years. Relatedly, another recommendation was to engage residents in opportunities to strengthen the community and advocate for community health issues.

Improve Educational Experiences

Community participants also emphasized the need to move upstream and address the social determinants of health, specifically educational opportunities in the local area that could lead to a stronger workforce with more economic security. One community leader put forth their vision: *"[I] would like people to live comfortably, to afford a place to live and not move so frequently for some people. I think about what that would have been like as a child growing up and having to move and what does that feel like?"*

Participants prioritized strengthening educational opportunities and experiences for low-income children and children of color and recommended creating more educational opportunities for preschool-aged children, creating more middle and high schools to address overcrowding at schools, supporting children in completing their education, and creating opportunities to improve parental involvement in school to strengthen the curriculum. Others expressed their hope for educational experiences that support children in exploring career paths.

Improve Housing Affordability

Housing emerged as one of the most discussed topics across qualitative conversations and was discussed as a priority for action. Participants described housing as foundational to so many downstream issues, including health. By prioritizing housing, especially for vulnerable populations such as veterans and homeless, community members could have a stable base from which to address other basic needs. Specific suggestions included the creation of a permanent shelter as well as innovative strategies to improve housing affordability. Several organizations were identified as potential partners to address housing affordability, including STEPS, OCEAN INC, and Habitat for Humanity, as well as some organizations working to address homelessness.

> *"I think that one thing [housing] could do is jump start a lot of other positive health outcomes. If housing was available..."* -Focus group participant

Invest in Social Services

Participants envisioned improving access to social workers in community-based spaces to enable residents to connect with social services. One service provider noted the need to invest in social services organizations so that they can be fully staffed to meet the needs of the community: *"[I] would like to see the development of incentives to fully staff our organizations and the systems of care, to get the quality of our services back to where it used to be with fully qualified staff."* To attract and retain high quality, committed staff in the shifting workplace environment, it would be important to offer hybrid work arrangements that so many families need in the current social and economic environment.

Broaden Support for Seniors and People with Disabilities and Expand Medical Models

Several recommendations arose for improving social support, and health care access and quality, for seniors and people with disabilities. It was recommended that organizations develop programmatic opportunities for seniors to be physically active and socially and mentally engaged. Within their homes, seniors recommended strengthening *"supports for people to age in place"* and *"mak[ing] home safer and more sustainable"* through home-based care models and retrofitting housing to meet aging and disability needs. For the health care sector, participants recommended expanding medical models to include home visiting and to enable seniors to connect with their medical team by phone. One service provider emphasized the importance of medical providers coming to the homes of people with disability to address anxiety and logistical barriers to health care, sharing their vision: *"Ensuring the proper health care in the home or outside the home more provides understanding and less frustration and [makes providers] culturally aware of whom they are serving."*

Improve Access to and Quality of Care

Participants envisioned improving access to medical providers and specialists, including primary care providers, dentists, mental health providers, labor and birth services, dermatologists, cardiologists, and other adult and pediatric specialists. In addition to general medical providers and specialists, improving access to behavioral health services, including inpatient and outpatient programs, was viewed as critical to meet the needs of community members.

> *"In reference to healthcare, people just want to be treated well, they want to be treated like a person and not less than that […] We have many populations in NJ [New Jersey] and Ocean [County] where they come from all walks of life, and so this is especially important for helping to make sure that we are working towards inclusivity."* -Key informant interviewee

Finally, along with increasing the number of providers, practices, and departments delivering health care, expanding the hours in which health care services are available was an important suggestion that participants highlighted for improving access to care.

In addition to improving healthcare access for the general population, participants highlighted the need for improving the quality of and access to health care for medically underserved communities, including low-income, Black, Orthodox Jewish, and Latino communities.

Key Themes and Conclusions

Through a review of the secondary social, economic, and epidemiological data; a community survey; and discussions with community residents and stakeholders, this assessment report examines the current health status of the hospital's service area during an unprecedented time given the COVID-19 pandemic and the national movement for racial justice. Several overarching themes emerged from this synthesis:

- ***The COVID-19 pandemic had a substantial impact on the health and wellbeing of residents in the hospital's service area.*** The COVID-19 pandemic has affected many aspects of life and has created substantial challenges for many residents. The impact of the COVID-19 pandemic - as well as current socioeconomic conditions - were frequently discussed in assessment conversations and reinforced by survey and secondary data. Participants shared that pandemic had a negative impact on financial and mental health, education, access to healthcare, housing, transportation, and food security. These challenges were felt more acutely by economically vulnerable residents, communities of color, new immigrants, veterans, older adults, and persons with a disability. COVID-19 has taken a toll on the community's health, including creating additional challenges to accessing healthcare and other services. However, like other communities, during the height of the pandemic, community partners in the hospital's service area came together to bolster community resources for those most impacted and in need.

- ***High cost of living, driven by rising food and housing prices, has been a top-of-mind issue across the service area.*** Many focus group and interview participants described a rising cost of living for residents, which they noted has worsened throughout the COVID-19 pandemic. They discussed rising costs for housing, food, and gas and emphasized that salaries and incomes are not keeping up with the rising cost of living, making it difficult for households to make ends meet.

- ***Residents of color and religious groups discussed experiencing racism and discrimination.*** Assessment participants discussed racial injustice and religious bigotry as important issues that adversely affect people of color and religious groups, including their sense of safety, mental health, and educational experiences. The effects of racism on children were of top concern. Several participants from communities of color discussed how their children were afraid to go outside or to school due to fear of violence and other hate incidents. Several Orthodox Jewish focus group participants cited anti-Semitic attacks against residents of their community. These incidents of racism and discrimination were described within the broader context of racial injustices that has been unfolding in the hospital's service area as well as nationwide.

- ***Behavioral health is a primary community health concern and one that has worsened in recent years.*** Across all data sources, behavioral health (mental health and substance use) rose to the top of community health issues in the hospital's service area. Alcohol and heroin were perceived to be the most used and most concerning substances. Use of these substances 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. Discussions of mental health focused on anxiety and depression, which have been prevalent in the community but were noted as exacerbated by stress and isolation related to the COVID-19 pandemic. Employment issues, financial instability, virtual education, substance use, and social isolation were all noted as contributors to increased anxiety and depression. Youth, seniors, veterans, and Black residents were particularly affected by mental health issues, according to secondary data as well as focus group and interview participants. Residents emphasized numerous challenges in accessing mental health services, including stigma, cost, and a lack of providers.

- ***Residents and leaders are concerned about obesity and related comorbidities.*** Overweight/obesity was the second top health concern identified by community survey respondents. In qualitative discussions, interviewees and focus group participants expressed concern about the comorbidities overweight and obesity contribute to, such as high blood pressure, diabetes, and heart disease – the leading cause of death in the state and in Ocean County by far. The majority of community survey respondents reported that the community has safe outdoor places to walk and play and that it was easy to find fresh fruits and vegetables in their community. However, a few interviewees noted that these resources were not seen as equitably distributed throughout the area, especially in lower-income communities and communities of color. The need to drive to recreation centers, such as the YMCA or a residential community center, poses a barrier for participating in recreational activities and engaging in exercise for low-income households and seniors.

- ***Insurance limitations, cost of care, and availability of providers were primary barriers to health care***. Survey data indicated that the second most reported barrier to accessing care was insurance. Many focus group and interview participants described insurance challenges and also noted additional vulnerabilities for communities of color and undocumented immigrants in the area. Related to insurance, affordability of healthcare was a top barrier identified among assessment participants. They highlighted that uninsured patients may defer healthcare, medications, and medical devices due to competing priorities, such as paying for rent or food. Availability of providers also arose as a challenge, for which participants highlighted a need for more primary care providers and specialists across the lifespan as well as expanded hours and locations and increased use of telehealth. Communities of color expressed some challenges with the demographics of the current healthcare workforce in the area, including medical facilities not outreaching to diverse communities, providers not speaking patients' languages, patients confronting negative stereotypes from providers, and receiving unequal and/or delayed treatment. To address these challenges, participants called for more diversity of medical providers to reflect the diversity of the communities they serve.

Prioritization 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 community 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 process and outcomes of the prioritization process.

Criteria for Prioritization
A set of criteria were used to determine the priority issues for action. The RWJBH Systemwide CHNA Steering Committee put forth the following criteria to guide prioritization processes across the RWJBH system.

Prioritization Criteria

- **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 Process
The prioritization process was multifaceted and aimed to be inclusive, participatory, and data-driven.

Step 1: Input from Community Members and Stakeholders via Primary Data Collection
During each step of the primary data collection phase of the CHNA, assessment participants were asked for input. Key informant interviewees and focus group participants were asked about the most pressing concerns in their communities and the three highest priority issues for future action and investment (see Key Informant Interview and Focus Group Guides in the Appendices). Community survey respondents were also asked to select up to four of the most important issues for future action in their communities, noted in the Community Health Issues section of the CHNA 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, ten initial issue areas were identified for Monmouth and Ocean County (in no particular order):

- Unemployment
- Financial insecurity
- Food insecurity
- Housing
- Transportation
- Overweight/obesity

- Chronic disease (e.g., heart disease, cancer, diabetes)
- Mental health
- Substance use
- Access to healthcare services

Step 2: Data-Informed Voting via a Prioritization Meeting

On October 26, 2022, a 90-minute virtual community meeting was held with the Monmouth and Ocean County CHNA Advisory Committee Meeting (see Appendix A for members), so Advisory Committee members could discuss and vote on preliminary priorities for action. During the virtual prioritization meeting on Zoom, attendees heard a brief data presentation on the key findings from the CHNAs conducted across Monmouth and Ocean County.

Next, meeting participants were divided into small groups to reflect on and discuss the data and offer their perspectives and feedback on the various issues. Meeting participants then shared information from their discussions with the full group.

At the end of the meeting, using Zoom's polling tool, participants were asked to vote for up to four of the ten priorities identified from the data and based on the specific prioritization criteria (Burden, Equity, Impact, Systems Change, Feasibility, Collaboration/Critical Mass, and Significance to Community). A total of thirty-four Advisory Committee members voted during the Community Prioritization Meeting.

Voting ranked the following as top priorities, with mental health receiving the highest percentage of responses.

	Percentage	Vote #s
Mental health	76.5%	26/34
Chronic disease	58.8%	20/34
Food insecurity	50.0%	17/34
Transportation	47.1%	16/34
Financial insecurity	47.1%	16/34
Housing	41.2%	14/34
Substance use	32.4%	11/34
Unemployment	23.5%	8/34
Access to healthcare services	20.6%	7/34
Overweight/obesity	11.8%	4/34

Key priority areas for the hospital will include chronic conditions, mental health, substance use, and food insecurity as it also considers its existing expertise, capacity, and experience during the development of its implementation plan in 2023.

APPENDICES

Appendix A- Advisory Committee Members

Name	Organization
Bahiyyah Abdullah	Toms River Area NAACP
Dorothy Amedu	Long Branch Housing Authority
Shari Beirne	RWJBarnabas Health Behavioral Health Center
Maureen Bowe, MSN, RN	Monmouth Medical Center
Ty-Kiera	Familty & Children's Services, Monmouth County
Enrico Cabredo	Monmouth County Health Department
Dr. Virginia Carreira	Long Branch Public School District
Allison Cerco	Hackensack Meridian Health
Michael Ciavolino	SCAN/Senior Citizens Activities Network
Joe Cuffari	RWJBH Behavioral Health Center
Peter Curatolo	Ocean County Health Department
Kelly DeLeon	Monmouth Medical Ceneter Southern Campus
Jennifer Delgado	Visiting Nurse Association Group
Wendy DePedro	Mental Health Association of Monmouth County
Phillip Duck	Project Search
Suzanne Dyer	Parker Family Health Center
Doug Eagles	Boys & Girls Clubs of Monmouth County
George Echeverria	Monmouth County Health Department
Angelica Espinal-Garcia	Freehold Area Health Department
Kristine Fields	Community Medical Center
Margaret Fisher, MD	New Jersey Department of Health & Monmouth Medical Center
Marli Gelfand	Monmouth Medical Center
Robert Graebe, MD	OB/GYM Monmouth Medical Center
Ben Heinemann	BP Print Group & MMC/MMCSC Board of Trustees
David Henry	Monmouth County Regional Health Commission
Gretchen Insole	Ocean County YMCA
Margy Jahn	Monmouth County Health Department
Janet Jimenez	Monmouth Medical Center, Monmouth Medical Center Southern Campus
Kanesha Jones	Central Jersey Club
Pastor John Jones	Greater Bethel Church of God in Christ Lakewood
Dorothea Jones	Greater Bethel Church of God in Christ
Rabbi Yehudah Kaszirer	Bikur Cholim of Lakewood
Mike Kowal	City of Long Branch Health Department

Name	Organization
Dr. Teri Kubiel	Community Medical Center, Monmouth Medical Center Southern Campus
Marybeth Kwapniewski	SCAN/Senior Citizens Activities Network
Maria La Face	Ocean County Office of Senior Services
Zach Lewis	Lewis Consulting Group & MMC/MMCSC Board of Trustees
Sharon Lichter	Monmouth Medical Center, Monmouth Medical Center Southern Campus
Elliott Liebling	RWJBH Institute for Prevention and Recovery
Erna Alfred Liousas	U*Realized
Michael Litterer	RWJBH Institute for Prevention and Recovery
Pamela Major	Monmouth County CIACC
Jean McKinney	Monmouth Medical Center, Monmouth Medical Center Southern Campus
Christopher Merkel	Monmouth County Health Dept
Chaplain Barbara Miles	Sadie Vickers Community Resource
Emily Morales	CHEMED Health Center
Colleen Nelson	Visiting Nurse Association
Michaela Novo	Monmouth County Regional Health Commission
Beatriz Oesterveld	Community Affairs Resource Center
Debbie Patti	Community Medical Center
David Perez	Long Branch Free Public Library
SSG Christopher Petrizzo	New Jersey National Guard Counter Drug Task Force
Tanya Randall, MD	Central Jersey Club of the National Association of Negro Business and Professional Women's Clubs, Inc.
Daniel Regenye	Ocean County Health Department
Ashley E. Riker	Community Medical Center
Danny Rivera	Boys & Girls Club of Monmouth County
Betty Rod	NAALP
Johanna Rosario	Monmouth Medical Center
Sargent Melissa Rose	Ocean County Prosecutors Office
Maria Roussos	Ocean County Dept of Human Services
Brian Rumpf	Ocean County Health Department
Chaim Sender	Monmouth Medical Center Southern Campus
Robert Sickel	Pine Belt Enterprises Inc., MMC/MMCSC Board of Trustees
Marta Silverberg	Monmouth Family Health Center
Reverand Ronald Sparks	Bethel AME Church & SCAN/Senior Citizens Activities Network Board Chair
Triada Stampas	Fulfill
Sarah Sternbach	Lakewood Resource and Referral Center
Patricia Thomas	Monmouth County Health Department

Name	Organization
Abigail Thompson	LiveWell Center, Monmouth Medical Center
Deanna Tiggs	Monmouth Medical Center, Monmouth Medical Center Southern Campus
Christopher Tomaszewicz	Monmouth County Health Department
Kristina Veintimilla	Monmouth County Health Department
Anita Voogt	Brookdale Community College & Long Branch City Council
Shelby Voorhees	Ocean County Youth Services Commission
Tracy Walsh, PhD, MSN, RN	Ocean County College
Chedva Werblowsky	CHEMED Health Center
Deonna Williams-Square	Monmouth Medical Center
Sean Wright	Ocean County Department of Human Services

Appendix B- Organizations & Sectors Represented in Key Informant Interviews

Organization	Population/Sector
Lev Rochel Bikur Cholim of Lakewood	Leaders in the faith community
Informal community leaders	Leaders in the faith community
Ocean County Department of Human Services	Mental health providers/substance abuse prevention and treatment
Lakewood Resource and Referral Center (LRRC) and Center for Health Education, Medicine, and Dentistry (CHEMED)	Healthcare providers
Ocean County YMCA	Public school staff/Those working in in youth-serving organizations (YSOs)
Ocean County Prosecutor's Office	Those providing services to the newly arrived
21 Plus	Those working persons that are disabled/disability services
Toms River Chapter of the National Association for the Advancement of Colored People (NAACP)	Those working to address discrimination and structural racism
Fulfill Foodbank of Monmouth & Ocean County	Those working food assistance and food insecurity/housing
Soldier On	Those working veterans services

Appendix C- Key Informant Interview Guide

Health Resources in Action
Monmouth & Ocean County
2022 Community Health Needs Assessment
Virtual Key Informant Interview Guide (May 6, 2022)

Goals of the key informant interview

- To determine perceptions of the strengths and needs of the community served by Monmouth-Ocean County, and identify sub-populations most affected
- To explore how these issues can be addressed in the future
- To identify the gaps, challenges, and opportunities for addressing community needs more effectively

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

I. BACKGROUND (5 MINUTES)

- Hello, my name is _____, and I work for Health Resources in Action, a non-profit public health organization in Boston. Thank you for taking the time to talk with me today.

- The Monmouth and Ocean County is a group of hospitals and community partners working together on a community health assessment effort to better understand residents' health and how the community's needs are currently being addressed. As part of this process, we are having discussions like these with a wide range of people - community members, health care and social service providers, and staff from various community organizations. We are interested in hearing people's feedback on the strengths and needs of the community and suggestions for the future.

- We recognize this is a unique time we are in. Given the COVID-19 pandemic, an assessment of the community's needs and strengths is even more important than ever.

- Our interview will last about 45 – 60 minutes. After all the interview and focus group discussions are completed, we will be writing a summary report of the general themes that have emerged during these discussions. We will not include any names or identifying information in that report. All names and responses will remain confidential. Nothing sensitive that you say here will be connected directly to you in our report.

- Do you consent to participating in this conversation today? Participation is voluntary, and 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.

Do you have any questions before we begin?

INTRODUCTION (5 MINUTES)

1. Can you tell me a bit about your organization/agency? [TAILOR PROBES DEPENDING ON AGENCY OR IF COMMUNITY LEADER NOT AFFILIATED WITH ORGANIZATION]

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

2. What are some of the biggest challenges your organization faces in conducting your work in the community?
   a. How have these changed during COVID-19? What new challenges do you anticipate going forward?

COMMUNITY PERCEPTIONS AND SOCIAL/ECONOMIC FACTORS (10 MINUTES)

3. How would you describe the community served by your organization/ that you serve? (NOTE THAT WE ARE DEFINING COMMUNITY BROADLY – NOT NECESSARILY GEOGRAPHICALLY BASED)

4. What do you consider to be the community's strongest assets/strengths?

5. How have you seen the community change over the last several years?

6. What are some of its <u>biggest concerns/issues</u> in general? What challenges do residents face in their day-to-day lives? [PROBE IF NOT YET MENTIONED ON: transportation; affordable housing; discrimination; financial stress; food security; violence; employment; cultural understanding; language access; impacts of environmental problems and climate change, etc.] REPEAT QUESTIONS FOR DIFFERENT ISSUES]

7. What populations (geography, age, race, gender, income/education, etc.) do you see as being most affected by these issues?

   b. How has [ISSUE] affected their daily lives?

   c. How have these issues changed during/since COVID-19?

[REPEAT SET OF QUESTIONS FOR TWO OR THREE ISSUES MENTIONED]

HEALTH ISSUES (10 MINUTES)

8. What do you think are the most pressing <u>health</u> concerns in the community/among the residents you work with? Why? [PROBE ON SPECIFICS. PROBE FOR HEALTH ISSUES NOT DIRECTLY RELATED TO COVID-19, OR ISSUES THAT HAVE CHANGED BECAUSE OF COVID-19]

   d. How has [HEALTH ISSUE] affected the residents you work with? [PROBE FOR DETAILS: IN WHAT WAY? CAN YOU PROVIDE SOME EXAMPLES?]
   e. From your experience, what are peoples' biggest challenges to addressing [THIS ISSUE]?

9. To what extent, do you see [BARRIER] to addressing this issue among the residents you work with/your organization serves?

[PROBE ON BARRIERS BROUGHT UP/MOST APPROPRIATE FOR POPULATION GROUP: Cost or economic hardship, transportation, stigma, attitudes towards seeking services, built environment, availability/access to resources or services, knowledge of existing resources/services, social support, discrimination, insurance coverage, etc.]

10. What are current or emerging trends that could have an impact on the public health system or the community? Has anything become apparent due to the Coronavirus pandemic?

***TAILORED SECTION* - SPECIFIC QUESTIONS ON PARTICULAR ISSUES, DEPENDING ON WHO THE INTERVIEWEE IS. SELECT QUESTIONS TAILORED TO INDIVIDUAL EXPERTISE AND ASK A FEW QUESITONS IF NOT YET BROUGHT UP. (5-10 MINUTES)**

For Interviewees Working in Housing and/or Transportation

- What barriers do you see residents experiencing around accessing affordable and healthy housing? How about with transportation?
- Are there particular structural, institutional, or policy-related barriers that have affected the communities you work with in this region before the pandemic – and now?
- What has been working well in the community to improve access to healthy, affordable housing? How about related to transportation? What has been challenging or not working well? Where are there opportunities for improvement or innovation?

For Interviewees Working in Financial Instability, Employment, and Workforce Development

- What challenges are residents facing regarding hiring, employment, or job security?
- What were the needs in this community around workforce development? What is needed to improve residents' employability? What training or resources are needed?
- Are there any approaches to improving workforce development and financial stability that you think will have to change in light of the pandemic and its impacts?

For Interviewees Working with Communities where Discrimination is a Concern

- What are some of the specific challenges around discrimination that your communities face?
- What should health care and social service providers consider when treating health and other issues in diverse populations? How can institutions best respond to the needs of diverse groups? (e.g. religious, racial/ethnic, etc.)
- How has the pandemic and/or movements for racial justice impacted addressing issues and needs of diverse groups?

For Interviewees Working with Seniors/Older Adults

- What are some of the challenges seniors are facing in your community?
- Are there particular structural, institutional, or policy-related barriers that have affected seniors in your community?
- How has the pandemic and its effects impacted seniors and organizations serving older adults?
- What has been going "right" that could be built on going forward?

For Interviewees Working in the Areas of Substance Use or Mental Health

- Are there particular structural, institutional, or policy-related barriers that have affected the communities you work with in this region before the pandemic – and now?

- How has the pandemic impacted community members regarding substance use and mental health? *mention other KIIs have brought up suicide in youth; isolation in older populations
- What are your major concerns for the future? What has been going "right" that could be built on going forward?

For Interviewees Working with Seniors/Older Adults
- What are some of the challenges seniors are facing in your community?
- Are there particular structural, institutional, or policy-related barriers that have affected seniors in your community?
- How has the pandemic and its effects impacted seniors and organizations serving older adults?
- What has been going "right" that could be built on going forward?

For Interviewees Working with Youth/Young Adults
- What are some of the challenges youths are facing in your community?
- What should health care and social service providers consider when treating health and other issues in youth populations? How can institutions best respond to the needs of younger individuals?
- How has the pandemic and its effects impacted youths and organizations serving younger individuals?
- What are your major concerns for the future? Do you have examples of programs or approaches that have been working well that could be built on going forward?

For Interviewees Working in Food Assistance and Food Security
- What barriers do you see residents experiencing around accessing affordable and healthy food?
- Are there particular structural, institutional, or policy-related barriers that have affected the communities you work with in this region before the pandemic – and now?
- What has been working well in the community to improve access to healthy, affordable food?
- What has been challenging or not working well? What opportunities exist for improvement or innovation?

VISION FOR THE FUTURE (10 MINUTES)

11. I'd like you to think ahead 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?

    f. What do you see as the next steps in helping this vision become reality?

    g. We talked about a number of strengths or assets in the community. [MENTION POTENTIAL STRENGTHS- Community resilience, diversity, number of organization/services available, community engagement, etc.] How can we build on or tap into these strengths to move us towards a healthier community?

12. As you think about your vision, what do you think needs to be in place to support <u>sustainable</u> change?

    h. How do we move forward with lasting change across <u>organizations and systems</u>?

i. Where do you see yourself or your organization in this?

13. We talked about a lot of issues today, if you had to narrow down the list to 3 or so issues – thinking about what would make the most impact, who is most affected by the issues, and how realistic it is to make change: What do you think are the 3 highest priority issues for future action? If there were greater investments made in your community, what 3 issues should receive this funding?

OTHER

14. We are also interested in finding out ways people receive news and current events. Thinking about the ways people might get information, where do you get news and information from? What about ways you prefer to search for news and information – (television, radio, print, smartphone, computer or tablet).

CLOSING (5 MINUTES)
Thank you so much for your time and sharing your opinions.

That's it for my questions. Here is how we would like to wrap up. (Please read both questions below as written so participants can say what is forgotten or provide an illustrative quote)
Is there anything else that you would like to mention that we didn't discuss today?

Appendix D- Focus Group Guide

Health Resources in Action
Monmouth & Ocean County
2022 Community Health Needs Assessment
Focus Group Guide (Updated July 7, 2022)

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

I. BACKGROUND (5-10 minutes)

- Hello, my name is _____, and I work for Health Resources in Action, a non-profit public health organization in Boston. Thank you for taking the time to talk with me today. I hope you and your families are fine during these uncertain times.

- 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.

NORMALLY, WE WOULD BE DOING THIS IN-PERSON AS A GROUP.

- We're going to be having a focus group today. Has anyone here been part of a focus group before? You are here because we want to hear your opinions. I want everyone to know there are no right or wrong answers during our discussion. We want to know your opinions, and those opinions might differ. This is fine. Please feel free to share your opinions, both positive and negative.

- The Monmouth and Ocean County is a group of hospitals and community partners working together on a community health assessment effort to better understand residents' health and how the community's needs are currently being addressed. As part of this process, we are having discussions like these with a wide range of people - community members, health care and social service providers, and staff from various community organizations. We are interested in hearing people's feedback on the strengths and needs of the community and suggestions for the future.

- We recognize this is a unique time we have been in. Given the COVID-19 pandemic, an assessment of the community's needs and strengths is even more important than ever.

- We will be conducting several of these discussion groups around the area. After all of the groups are done, we will be writing a summary report of the general opinions that have come up. In that report, we might provide some general information on what we discussed tonight, but I will not include any names or identifying information. Your responses will be strictly confidential. In the report, nothing you say here will be connected to your name.

- [NOTE IF AUDIORECORDING] We plan to audio record 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 listening to the audio recordings. Does anyone have any concerns with me turning the recorder on now?
- Does everyone feel comfortable participating in this conversation today? Participation is voluntary, and if I ask a question that you don't feel comfortable answering it's okay,to skip and move on to the next questions. Please nod or unmute to communicate that you consent to be part of this focus group.

- Any questions before we begin our introductions and discussion?

II. INTRODUCTIONS (5 minutes)

Now, first let's spend a little 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; and 3) something about yourself you'd like to share– such as how many children you have or what activities you like to do for fun. [AFTER ALL PARTICIPANTS INTRODUCE THEMSELVES, MODERATOR TO ANSWER INTRO QUESTIONS]

III. COMMUNITY ASSETS AND CONCERNS (20 minutes)

For the following questions, we will be discussing the strengths and concerns in your community.

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

    a. How have these strengths changed during COVID-19?

2. **To contrast that, what are some of the <u>biggest problems or concerns</u> in your community? How have these concerns changed during COVID-19?** [PROBE ON ISSUES IF NEEDED – TRANSPORTATION, HOUSING AFFORDABILITY, ECONOMIC SECURITY, HEALTH CONCERNS, ETC.]

    a. Just thinking about day-to-day life –working, getting your kids to school, things like that – what are some of the challenges or struggles <u>you</u> deal with on a day-to-day basis? [PROBE ON ISSUES IF NEEDED – TRANSPORTATION, HOUSING AFFORDABILITY, ECONOMIC SECURITY, HEALTH CONCERNS, ETC.]

    b. How have these changed during COVID-19?

    c. What <u>specific population groups</u> do you think have been most at-risk for these issues in your community?

3. **In the past year, there has been <u>more national dialogue around racial injustice, inequity, and structural racism</u>.** How has this dialogue played out in the [COMMUNITY NAME] community? **How have issues of inequity played out in the [COMMUNITY NAME] community?**

    a. How can different community organizations effectively contribute to the ongoing conversation and movement for racial justice?

4. **What do you think are the most pressing ***<u>health</u>*** concerns in your community?**

    a. How did these health issues affect your community? In what way?

        i. How have these changed during COVID-19?

    b. What <u>specific population group</u> are most at-risk for these issues?

5. Thinking about health and wellness, what makes it <u>easier</u> to be healthy in your community?

        i. What supports your health and wellness?

    b. What makes it <u>harder</u> to be healthy in your community?

IV. PERCEPTIONS OF COMMUNITY NEEDS, BARRIERS, AND OPPORTUNITIES (15 minutes)

What are the top three issues of concern that have been mentioned? [MODERATOR TO NAME THE MAJOR 3-4 ISSUES – HEALTH, TRANSPORTATION, SOCIAL, ECONOMIC, ETC. --THAT HAVE COME UP SO FAR.] Let's talk about some of the issues.

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

7. Let's talk about [ISSUE]. *(Moderator to select one major issue discussed.)* What are some of the barriers or challenges residents face in dealing with [ISSUE]? [PROBE: BARRIERS TO SERVICES, ASSISTANCE, COORDINATION, SOCIAL/ECONOMIC FACTORS, DISCRIMINATION, ETC.]

    a. Thinking about your larger community environment – the services and resources available, your state and local policies or practices, etc. -- what do you see as some of the biggest challenges for your community to tackle this issue or make improvements?

    b. What do you think should happen in the community to address this issue? [PROBE SPECIFICALLY ON WHAT THAT WOULD LOOK LIKE AND WHO WOULD BE INVOLVED TO MAKE THAT HAPPEN]

[REPEAT Q6 FOR 1-2 OTHER MAJOR ISSUES THAT WERE DISCUSSED]

V. VISION OF COMMUNITY HEALTH IMPROVEMENT AND INVOLVEMENT (10 minutes)

8. I'd like you to think ahead about the future of your community. When you think about the community 3-5 years from now, what would you like to see? What is your vision for the future?

    a. What do you think needs to happen in the community to make this vision a reality?

    b. Who should be involved in this effort?

9. We talked about a lot of things today. Thinking about what would make the most impact, who is most affected by the different issues we talked about, and how realistic it is to make change: **What do you think are the most important areas of action to improve health in your community?** If organizations and agencies are going to work together to tackle the community's biggest issues, what should they put at the top of the list?

VI. OTHER

10. We are also interested in finding out the ways people receive news and current events. Thinking about the ways people might get information, where do you get news and information from? What about ways you prefer to search for news and information – (television, radio, print, smartphone, computer or tablet).

VII. CLOSING (2 minutes)

Thank you so much for your time. This is a very difficult time for everyone, and your perspective will be a great help in determining how to improve the systems that affect your community.

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. Have a good afternoon. [TALK ABOUT NEXT STEPS OF THE PROCESS, SPECIFICALLY HOW PARTICIPANTS CAN GET INVOLVED FURTHER OR RECEIVE THE FINAL REPORT OR SUMMARY OF THE REPORT.]

Appendix E- Resource Inventory

Ocean County

Acute, Long Term Care and Medical Ambulatory Services

Acute, Long Term Care and Medical Ambulatory Services

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
ADULT DAY HEALTH CARE SERVICES	658335	Active Day of Brick	2125 ROUTE 88	BRICK	NJ	08724	OCEAN	(732) 899-1331	(732) 899-1321	SENIOR CARE CENTERS OF AMERICA, INC.
ADULT DAY HEALTH CARE SERVICES	080187	Ambassador Medical Day Care	619 RIVER AVENUE	LAKEWOOD	NJ	08701	OCEAN	(732) 367-1133	(732) 370-1087	AMBASSADOR HATZLACHA LLC
ADULT DAY HEALTH CARE SERVICES	658334	Complete Care at Whiting	3000 HILLTOP ROAD	WHITING	NJ	08759	OCEAN	(732) 849-4969	(732) 849-0918	COMPLETE CARE AT WHITING LLC
ADULT DAY HEALTH CARE SERVICES	658333	Seacrest Village	1001 CENTER STREET	LITTLE EGG HARBOR TW	NJ	08087	OCEAN	(609) 296-9292	(609) 296-0508	SEACREST VILLAGE, INC.
ADULT DAY HEALTH CARE SERVICES	15102	Silver Time Adult Day Health Care Center LLC	600 MULE ROAD	TOMS RIVER	NJ	08753	OCEAN	(848) 224-4285	(732) 234-5902	SILVER TIME ADULT DAY HEALTH CARE CENTER LLC
AMBULATORY CARE FACILITY	25070	ADVANCED SPINE CARE AND PHYSICAL REHABILITATION, LLC	728 BENNETTS MILLS ROAD, SUITE 1	JACKSON	NJ	08527	OCEAN	(732) 415-1401	(732) 415-1403	NORTHEAST SPINE & SPORTS MEDICINE
AMBULATORY CARE FACILITY	25106	AMI ATLANTICARE	517 ROUTE 72 WEST	MANAHAWKIN	NJ	08050	OCEAN	(609) 568-9149		AMI ATLANTICARE, L.L.C.
AMBULATORY CARE FACILITY	24413	ATLANTIC MEDICAL IMAGING	455 JACK MARTIN BOULEVARD	BRICK	NJ	08724	OCEAN	(732) 840-6500	(732) 840-6459	ATLANTIC MEDICAL IMAGING
AMBULATORY CARE FACILITY	24186	ATLANTIC MEDICAL IMAGING	864 ROUTE 37 WEST, WEST HILLS PLAZA	TOMS RIVER	NJ	08755	OCEAN	(732) 240-2772	(732) 240-3795	ATLANTIC MEDICAL IMAGING
AMBULATORY CARE FACILITY	24090	ATLANTIC MEDICAL IMAGING, LLC	1430 HOOPER AVENUE	TOMS RIVER	NJ	08753	OCEAN	(732) 349-2867	(732) 349-3810	ATLANTIC MEDICAL IMAGING, LLC
AMBULATORY CARE FACILITY	25285	BEACON OF LIFE	800 ROUTE 70	LAKEHURST	NJ	08733	OCEAN	(732) 592-3401		ACUTECARE HEALTH SYSTEM, LLC
AMBULATORY CARE FACILITY	22208	FAMILY PLANNING CENTER OF OCEAN COUNTY, INC.	40 BEY LEA ROAD SUITE B103	TOMS RIVER	NJ	08753	OCEAN	(732) 364-9696	(732) 364-2225	FAMILY PLANNING CENTER OF OCEAN COUNTY, INC.
AMBULATORY CARE FACILITY	23227	GARDEN STATE RADIATION ONCOLOGY	501 LAKEHURST ROAD	TOMS RIVER	NJ	08755	OCEAN	(732) 240-0053	(732) 240-9360	GARDEN STATE RADIATION ONCOLOGY, L.L.C.
AMBULATORY CARE FACILITY	24092	HEALTH VILLAGE IMAGING	1301 ROUTE 72 WEST, SUITE 100	MANAHAWKIN	NJ	08050	OCEAN	(609) 660-9729	(609) 978-2076	HEALTH VILLAGE IMAGING, L.L.C.
AMBULATORY CARE FACILITY	24836	HEALTH VILLAGE IMAGING AT JACKSON	27 SOUTH COOKS BRIDGE ROAD	JACKSON	NJ	08527	OCEAN	(732) 497-1200	(732) 284-3221	HEALTH VILLAGE IMAGING, L.L.C.
AMBULATORY CARE FACILITY	23139	JERSEY ADVANCED MRI AND DIAGNOSTIC CENTER II	1 KATHLEEN DRIVE	JACKSON	NJ	08527	OCEAN	(732) 901-6820	(732) 901-7550	JERSEY ADVANCED MRI AND DIAGNOSTIC CENTER
AMBULATORY CARE FACILITY	22257	NJIN OF TOMS RIVER-EAST	21 STOCKTON DRIVE	TOMS RIVER	NJ	08755	OCEAN	(732) 286-6333	(732) 505-0325	THE NEW JERSEY IMAGING NETWORK LLC
AMBULATORY CARE FACILITY	24063	NORTH DOVER OPEN MRI LLC	1215 ROUTE 70	LAKEWOOD	NJ	08701	OCEAN	(732) 370-9902	(732) 370-9908	NORTH DOVER OPEN MRI LLC
AMBULATORY CARE FACILITY	23027	OCEAN HEALTH INITIATIVES	101 2ND STREET	LAKEWOOD	NJ	08701	OCEAN	(732) 363-6655	(732) 901-0663	OCEAN HEALTH INITIATIVES
AMBULATORY CARE FACILITY	25048	OCEAN HEALTH INITIATIVES	1610 ROUTE 88, SUITE 203	BRICK	NJ	08723	OCEAN	(732) 363-6655		OCEAN HEALTH INITIATIVES

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FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
AMBULATORY CARE FACILITY	24853	OHI - MANCHESTER TOWNSHIP NEW ACCESS POINT	686 STATE ROUTE 70	MANCHESTER TOWNSHIP	NJ	08733	OCEAN	(732) 363-6655		OCEAN HEALTH INITIATIVES
AMBULATORY CARE FACILITY	24990	SHORE HEART GROUP, P.C.	115 EAST BAY AVENUE	MANAHAWKIN	NJ	08050	OCEAN	(609) 971-3300	(609) 597-4656	SHORE HEART GROUP, P.C.
AMBULATORY CARE FACILITY	24252	SHORE POINT RADIATION ONCOLOGY CENTER	900 ROUTE 70 EAST	LAKEWOOD	NJ	08701	OCEAN	(732) 901-7333	(732) 370-1294	SHORE POINT MEDICAL ASSOCIATES, L.L.C.
AMBULATORY CARE FACILITY	25071	SHORE SPINE AND PHYSICAL REHABILITATION, PC	1104 ARNOLD AVENUE	POINT PLEASANT	NJ	08742	OCEAN	(732) 714-0070	(732) 714-0188	NORTHEAST SPINE AND SPORTS MEDICINE
AMBULATORY CARE FACILITY	24017	SLEEP HEALTH, LLC	483 RIVER AVENUE	LAKEWOOD	NJ	08701	OCEAN	(732) 364-3530	(732) 364-3531	SLEEP HEALTH LLC
AMBULATORY CARE FACILITY	22570	TOMS RIVER X-RAY/CT/MRI CENTER	154 HIGHWAY 37 WEST	TOMS RIVER	NJ	08755	OCEAN	(732) 244-0777	(732) 244-1428	TOMS RIVER X-RAY/CT/MRI CENTER
AMBULATORY CARE FACILITY	25205	TRU OB/GYN & BIRTH CENTER	1382 LANES MILL ROAD	LAKEWOOD	NJ	08701	OCEAN	(732) 994-4242	(732) 835-6411	TRU OB/GYN & BIRTH CENTER, LLC
AMBULATORY CARE FACILITY	23343	UNIVERSITY RADIOLOGY GROUP, LLC	3822 RIVER ROAD	POINT PLEASANT	NJ	08742	OCEAN	(732) 892-1200	(732) 892-1202	UNIVERSITY RADIOLOGY GROUP, LLC
AMBULATORY CARE FACILITY	23274	UNIVERSITY RADIOLOGY, LLC	833 LACEY ROAD, UNITS #2 AND #3	FORKED RIVER	NJ	08731	OCEAN	(609) 242-2334	(609) 242-2402	UNIVERSITY RADIOLOGY GROUP, LLC
AMBULATORY CARE FACILITY - SATELLITE	25020	CENTER FOR HEALTH EDUCATION MEDICINE AND DENTISTRY	108 HILLSIDE BOULEVARD	LAKEWOOD	NJ	08701	OCEAN	(732) 364-6666	(732) 534-8072	LAKEWOOD RESOURCES AND REFERRAL CENTER (LRRC)
AMBULATORY CARE FACILITY - SATELLITE	25162	CENTER FOR HLTH EDUCATION, MEDICINE AND DENTISTRY	485 LOCUST STREET	LAKEWOOD	NJ	08701	OCEAN	(732) 364-6666		LAKEWOOD RESOURCES AND REFERRAL CENTER (LRRC)
AMBULATORY CARE FACILITY - SATELLITE	25274	OCEAN HEALTH INITIATIVES	101 2ND STREET	LAKEWOOD	NJ	08701	OCEAN	(732) 363-6655	(732) 363-6656	OCEAN HEALTH INITIATIVES
AMBULATORY CARE FACILITY - SATELLITE	24663	OCEAN HEALTH INITIATIVES AT CLIFTON AVENUE GRADE SCHOOL	625 CLIFTON AVENUE	LAKEWOOD	NJ	08701	OCEAN	(732) 363-6655		OCEAN HEALTH INITIATIVES
AMBULATORY CARE FACILITY - SATELLITE	24259	OHI MOBILE VAN	101 2ND STREET	LAKEWOOD	NJ	08701	OCEAN	(732) 363-6655	(732) 901-0663	OCEAN HEALTH INITIATIVES, INC
AMBULATORY SURGICAL CENTER	24143	ATLANTICARE SURGERY CENTER-OCEAN COUNTY	798 ROUTE 539, BUILDING A, SUITE 1	LITTLE EGG HARBOR TW	NJ	08087	OCEAN	(609) 296-1122	(609) 296-1142	ATLANTICARE SURGERY CENTER, L.L.C.
AMBULATORY SURGICAL CENTER	R24511	BEY LEA AMBULATORY SURGICAL CENTER	54 BEY LEA ROAD BUILDING 2	TOMS RIVER	NJ	08753	OCEAN	(732) 281-1020	(732) 281-1024	BEY LEA AMBULATORY SURGICAL CENTER LLC
AMBULATORY SURGICAL CENTER	24918	CHILDREN'S DENTAL SURGERY OF JACKSON, LLC	27 SOUTH COOKS BRIDGE ROAD, SUITE L2	JACKSON	NJ	08527	OCEAN	(732) 928-1099	(732) 833-1690	CHILDREN'S DENTAL SURGERY CENTER OF JACKSON, LLC
AMBULATORY SURGICAL CENTER	R24544	COASTAL ENDOSCOPY CENTER	175 GUNNING RIVER ROAD BLDG A UNIT 4	BARNEGAT	NJ	08005	OCEAN	(609) 698-0700	(609) 698-0777	COASTAL ENDO, LLC

FACILITY_TYPE	LICH	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
AMBULATORY SURGICAL CENTER	R24582	ENDOSCOPY CENTER OF OCEAN COUNTY	477 LAKEHURST ROAD	TOMS RIVER	NJ	08755	OCEAN	(732) 349-4422	(732) 349-8126	ENDOSCOPY CENTER OF OCEAN COUNTY, LLC
AMBULATORY SURGICAL CENTER	R24581	ENDOSCOPY CENTER OF TOMS RIVER LLC	473 LAKEHURST ROAD	TOMS RIVER	NJ	08755	OCEAN	(732) 349-4422	(732) 349-8126	ENDOSCOPY CENTER OF TOMS RIVER, LLC
AMBULATORY SURGICAL CENTER	R24568	GARDEN STATE AMBULATORY SURGERY CENTER	1 PLAZA DRIVE	TOMS RIVER	NJ	08757	OCEAN	(732) 341-7010	(732) 341-5066	GARDEN STATE AMBULATORY SURGEREY CENTER, PC
AMBULATORY SURGICAL CENTER	R24568	GARDEN STATE AMBULATORY SURGERY CENTER	1 PLAZA DRIVE	TOMS RIVER	NJ	08757	OCEAN	(732) 341-7010	(732) 341-5066	GARDEN STATE AMBULATORY SURGERY CENTER, PC
AMBULATORY SURGICAL CENTER	24106	JASPER AMBULATORY SURGICAL CENTER, L.L.C.	74 BRICK BOULEVARD, BUILDING 3, SUITE 121	BRICK	NJ	08723	OCEAN	(732) 262-0700	(732) 262-0400	JASPER AMBULATORY SURGICAL CENTER, L.L.C.
AMBULATORY SURGICAL CENTER	23286	LAKEWOOD SURGERY CENTER, LLC	1215 ROUTE 70	LAKEWOOD	NJ	08701	OCEAN	(732) 719-1800	(732) 719-1801	LAKEWOOD SURGERY CENTER LLC
AMBULATORY SURGICAL CENTER	24462	MANCHESTER SURGERY CENTER	1100 ROUTE 70	WHITING	NJ	08759	OCEAN	(732) 716-8116	(732) 849-1511	MANCHESTER SURGERY CENTER
AMBULATORY SURGICAL CENTER	R24521	NJ CATARACT AND LASER INSTITUTE P.A.	101 PROSPECT STREET, SUITE 102	LAKEWOOD	NJ	08701	OCEAN	(732) 367-0699	(732) 367-0937	NJ CATARACT AND LASER INSTITUTE LLC
AMBULATORY SURGICAL CENTER	R24502	NORTHEAST SURGI-CARE LLC	475 ROUTE 70, SUITE 203	LAKEWOOD	NJ	08701	OCEAN	(732) 719-8806	(732) 987-5302	NORTHEAST SURGICARE LLC
AMBULATORY SURGICAL CENTER	R24571	OCEAN COUNTY EYE ASSOCIATES	18 MULE ROAD	TOMS RIVER	NJ	08755	OCEAN	(732) 818-1200	(732) 349-6350	OCEAN COUNTY EYE ASSOCIATES, PC
AMBULATORY SURGICAL CENTER	22909	OCEAN ENDOSURGERY CENTER	129 ROUTE 37 WEST, SUITE 1	TOMS RIVER	NJ	08755	OCEAN	(732) 797-3960	(732) 797-3963	OCEAN ENDOSURGERY CENTER, L.L.C.
AMBULATORY SURGICAL CENTER	22660	PHYSICIANS' SURGICENTER, LLC	1 PLAZA DRIVE, UNITS 2-4	TOMS RIVER	NJ	08757	OCEAN	(732) 818-0059	(732) 818-9997	PHYSICIANS' SURGI-CENTER, LLC
AMBULATORY SURGICAL CENTER	23141	SEASHORE SURGICAL INSTITUTE, LLC	495 JACK MARTIN BOULEVARD	BRICK	NJ	08724	OCEAN	(732) 836-9800		SEASHORE SURGICAL INSTITUTE, LLC
AMBULATORY SURGICAL CENTER	22372	SHORE OUTPATIENT SURGICENTER, LLC	360 ROUTE 70	LAKEWOOD	NJ	08701	OCEAN	(732) 942-9835	(732) 942-7496	SHORE OUTPATIENT SURGICENTER, L.L.C.
AMBULATORY SURGICAL CENTER	24394	SHORE SURGICAL PAVILION L.L.C.	475 ROUTE 70	LAKEWOOD	NJ	08701	OCEAN	(732) 730-3939	(732) 730-9119	SHORE SURGICAL PAVILION, LLC
AMBULATORY SURGICAL CENTER	R24517	THE SURGICENTER	500 LAKEHURST ROAD	TOMS RIVER	NJ	08755	OCEAN	(732) 914-2233	(732) 914-8974	SURGICENTER, LLC (THE)
AMBULATORY SURGICAL CENTER	22908	TOMS RIVER SURGERY CENTER, LLC	1430 HOOPER AVENUE	TOMS RIVER	NJ	08753	OCEAN	(732) 240-2277	(732) 240-5428	TOMS RIVER SURGERY CENTER
ASSISTED LIVING PROGRAM	15A101	Spring Oak Of Toms River	2145 WHITESVILLE ROAD	TOMS RIVER	NJ	08755	OCEAN	(732) 905-9222	(732) 905-9442	THE RESIDENCE AT LAKE RIDGE, LLC
ASSISTED LIVING RESIDENCE	15A116	Artis Senior Living Of Brick	466 JACK MARTIN BOULEVARD	BRICK	NJ	08724	OCEAN	(732) 475-7040	(732) 475-7351	ARTIS SENIOR LIVING OF BRICK TOWNSHIP, LLC
ASSISTED LIVING RESIDENCE	65A008	Bella Terra By Monarch	2 KATHLEEN DRIVE	JACKSON	NJ	08527	OCEAN	(732) 730-9500	(732) 730-1859	MONARCH BELLA TERRA TENANT, LLC
ASSISTED LIVING RESIDENCE	65a005	Brandywine Living at Reflections	1594 ROUTE 88	BRICK	NJ	08724	OCEAN	(732) 785-3370	(732) 785-5502	WELL BL OPCO LLC

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
ASSISTED LIVING RESIDENCE	90143	Brandywine Living at The Gables	515 JACK MARTIN BLVD	BRICK	NJ	08723	OCEAN	(732) 836-1400	(732) 836-9600	WELL BL OPCO LLC
ASSISTED LIVING RESIDENCE	65A112	Brandywine Living at Toms River	1587 OLD FREEHOLD ROAD	TOMS RIVER	NJ	08755	OCEAN	(732) 240-0043	(732) 240-4036	WELL BL OPCO LLC
ASSISTED LIVING RESIDENCE	65A000	Brighton Gardens of Leisure Park	1400 ROUTE 70	LAKEWOOD	NJ	08701	OCEAN	(732) 370-0444	(732) 370-1783	SNH NJ TENANT LLC
ASSISTED LIVING RESIDENCE	65a007	The Chelsea at Brick	458 JACK MARTIN BLVD.	BRICK	NJ	08724	OCEAN	(732) 206-9800	(732) 206-9801	BRICK SENIOR CARE, LLC
ASSISTED LIVING RESIDENCE	65A114	The Chelsea at Toms River	1657 SILVERTON ROAD	TOMS RIVER	NJ	08753	OCEAN	(732) 941-8100	(732) 941-8299	CMG BRENTWOOD, LLC
ASSISTED LIVING RESIDENCE	90119	Complete Care at Arbors Haven	1700 ROUTE 37 WEST	TOMS RIVER	NJ	08757	OCEAN	(732) 341-0880	(732) 341-0451	COMPLETE CARE AT ARBORS HAVEN, LLC
ASSISTED LIVING RESIDENCE	65a004	Complete Care at Shorrock Haven	75 OLD TOMS RIVER ROAD	BRICK	NJ	08723	OCEAN	(732) 451-1000		COMPLETE CARE AT SHORROCK, LLC
ASSISTED LIVING RESIDENCE	65A001	Georgetown Commons at The Pines at Whiting	507 ROUTE 530	WHITING	NJ	08759	OCEAN	(732) 849-0400	(732) 350-4456	KESWICK PINES, INC.
ASSISTED LIVING RESIDENCE	15A115	Harmony Village at CareOne Jackson	11 HISTORY LANE	JACKSON	NJ	08527	OCEAN	(732) 367-6600	(732) 905-9641	11 HISTORY LANE OPERATING COMPANY, L.L.C.
ASSISTED LIVING RESIDENCE	65A111	The Lakewood Courtyard	52 MADISON AVENUE	LAKEWOOD	NJ	08701	OCEAN	(732) 905-2055	(732) 905-4030	LAKEWOOD COURTYARD ASSISTED LIVING, L.L.C.
ASSISTED LIVING RESIDENCE	YMOSFX	Magnolia Gardens	1935 LAKEWOOD ROAD	TOMS RIVER	NJ	08755	OCEAN	(732) 557-6500	(732) 557-6501	MAGNOLIA GARDENS SOUTH, LP
ASSISTED LIVING RESIDENCE	3EGDKS	The Orchards At Bartley	100 NORTH COUNTY LINE ROAD	JACKSON	NJ	08527	OCEAN	(732) 730-1700	(732) 730-1738	BARTLEY ASSISTED LIVING LLC
ASSISTED LIVING RESIDENCE	65a006	Spring Oak Assisted Living at Forked River	601 NORTH MAIN STREET	LANOKA HARBOR	NJ	08734	OCEAN	(609) 242-2661	(609) 242-7955	SPRING OAK ASSISTED LIVING AT FORKED RIVER LLC
ASSISTED LIVING RESIDENCE	65A113	Spring Oak of Toms River	2145 WHITESVILLE ROAD	TOMS RIVER	NJ	08755	OCEAN	(732) 905-9222	(732) 905-9442	THE RESIDENCE AT LAKE RIDGE, LLC
ASSISTED LIVING RESIDENCE	15A112	Sunrise Assisted Living Of Jackson	390 NORTH COUNTY LINE ROAD	JACKSON	NJ	08527	OCEAN	(732) 928-5600	(732) 928-5601	MS JACKSON SH, LLC
ASSISTED LIVING RESIDENCE	15A113	SEACREST ASSISTED LIVING, LLC	281 MATHISTOWN ROAD	LITTLE EGG HARBOR TW	NJ	08087	OCEAN	(609) 857-4141		SEACREST ASSISTED LIVING, LLC
COMPREHENSIVE PERSONAL CARE HOME	65C000	Complete Care at Bey Lea, LLC	1351 OLD FREEHOLD ROAD	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 Center	1400 ROUTE 70	LAKEWOOD	NJ	08701	OCEAN	(732) 370-0444	(732) 370-1783	SNH NJ TENANT LLC
COMPREHENSIVE REHABILITATION HOSPITAL	21525	ENCOMPASS HEALTH REHABILITATION HOSPITAL OF TOMS RIVER, LLC	14 HOSPITAL DRIVE	TOMS RIVER	NJ	08755	OCEAN	(732) 244-3100	(732) 818-4840	ENCOMPASS HEALTH REHAB HOSP OF TOMS RIVER,LLC

FACILITY_TYPE	LICII	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
COMPREHENSIVE REHABILITATION HOSPITAL	22219	JOHNSON REHABILITATION INSTITUTE AT OMC	425 JACK MARTIN BOULEVARD, 2ND FLOOR, EAST WING	BRICK	NJ	08724	OCEAN	(732) 836-4530	(732) 836-4531	HMH HOSPITALS CORPORATION
END STAGE RENAL DIALYSIS	22882	BRICKTOWN DIALYSIS CENTER	525 JACK MARTIN BOULEVARD, SUITE 200	BRICK	NJ	08724	OCEAN	(732) 836-9669	(732) 836-9709	SHINING STAR DIALYSIS, INC
END STAGE RENAL DIALYSIS	41501	FMC-JOHN J DEPALMA RENAL CENTER	1 PLAZA DRIVE	TOMS RIVER	NJ	08757	OCEAN	(732) 505-0637	(732) 505-8399	RENAL INSTITUTE OF CENTRAL JERSEY, L.L.C.
END STAGE RENAL DIALYSIS	22820	FRESENIUS KIDNEY CARE BRICK BOULEVARD	150 BRICK BOULEVARD	BRICK	NJ	08723	OCEAN	(732) 477-2247	(732) 477-3479	FRESENIUS MEDICAL CARE BRICK BOULEVARD, LLC
END STAGE RENAL DIALYSIS	24697	FRESENIUS MEDICAL CARE TOMS RIVER	970 HOOPER AVENUE	TOMS RIVER	NJ	08753	OCEAN	(732) 286-6502	(732) 240-3154	FRESENIUS MEDICAL CARE TOMS RIVER, L.L.C.
END STAGE RENAL DIALYSIS	24984	JACKSON TOWNSHIP DIALYSIS	260 NORTH COUNTY LINE ROAD, SUITE 120	JACKSON	NJ	08527	OCEAN	(732) 364-2055	(732) 901-1905	RONAN DIALYSIS, LLC
END STAGE RENAL DIALYSIS	23007	LAKEWOOD DIALYSIS SERVICES, LLC	1328 RIVER AVENUE, SUITE 16	LAKEWOOD	NJ	08701	OCEAN	(732) 730-2222	(732) 730-2229	LAKEWOOD DIALYSIS SERVICES, LLC
END STAGE RENAL DIALYSIS	24999	MERIDIAN-FRESENIUS DIALYSIS AT BRICK	1640 ROUTE 88, SUITE 102	BRICK	NJ	08724	OCEAN	(732) 785-2690	(732) 785-2696	FRESENIUS MEDICAL CARE OCEAN, L.L.C.
END STAGE RENAL DIALYSIS	24920	OCEAN COUNTY DIALYSIS CENTER	635 BAY AVENUE - SUITE 215	TOMS RIVER	NJ	08753	OCEAN	(732) 341-2730	(732) 557-4186	KAMAKEE DIALYSIS L.L.C.
END STAGE RENAL DIALYSIS	23371	RCG WHITING	430 PINEWALD-KESWICK ROAD, ROUTE 530	WHITING	NJ	08759	OCEAN	(732) 350-8405	(732) 350-8172	WHITING DIALYSIS SERVICES L.L.C.
END STAGE RENAL DIALYSIS	22333	SOUTHERN OCEAN COUNTY DIALYSIS CENTER	1301 ROUTE 72, SUITE 110	MANAHAWKIN	NJ	08050	OCEAN	(609) 597-1039	(609) 597-4925	SOUTHERN OCEAN COUNTY DIALYSIS CLINIC, LLC
END STAGE RENAL DIALYSIS	25124	WAHCONAH DIALYSIS LLC	601 WASHINGTON AVENUE, SUITE F	MANAHAWKIN	NJ	08050	OCEAN	(609) 891-3070	(609) 891-3095	WAHCONAH DIALYSIS, LLC
FEDERALLY QUALIFIED HEALTH CENTERS	24191	CENTER FOR HEALTH EDUCATION, MEDICINE & DENTISTRY	1771 MADISON AVENUE ROUTE 9	LAKEWOOD	NJ	08701	OCEAN	(732) 364-2144	(732) 534-8072	LAKEWOOD RESOURCES AND REFERRAL CENTER (LRRC)
FEDERALLY QUALIFIED HEALTH CENTERS	24941	OCEAN HEALTH INITIATIVES	855 SOMERSET AVENUE	LAKEWOOD	NJ	08701	OCEAN	(732) 363-6655	(732) 901-0663	OCEAN HEALTH INITIATIVES
FEDERALLY QUALIFIED HEALTH CENTERS	25011	OCEAN HEALTH INITIATIVES INC	798 COUNTY ROAD 539	LITTLE EGG HARBOR TW	NJ	08087	OCEAN	(732) 363-6655	(732) 901-0663	OCEAN HEALTH INITIATIVES
FEDERALLY QUALIFIED HEALTH CENTERS	24427	OCEAN HEALTH INITIATIVES, INC	333 HAYWOOD ROAD	MANAHAWKIN	NJ	08050	OCEAN	(732) 363-6655	(609) 489-0171	OCEAN HEALTH INITIATIVES

Acute, Long Term Care and Medical Ambulatory Services

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
FEDERALLY QUALIFIED HEALTH CENTERS	23453	OCEAN HEALTH INITIATIVES, INC.	10 STOCKTON DRIVE	TOMS RIVER	NJ	08755	OCEAN	(732) 363-6655		OCEAN HEALTH INITIATIVES, INC
GENERAL ACUTE CARE HOSPITAL	11501	COMMUNITY MEDICAL CENTER	99 RT 37 WEST	TOMS RIVER	NJ	08755	OCEAN	(732) 557-8000	(732) 557-8087	COMMUNITY MEDICAL CENTER
GENERAL ACUTE CARE HOSPITAL	11502	MONMOUTH MEDICAL CENTER-SOUTHERN CAMPUS	600 RIVER AVE	LAKEWOOD	NJ	08701	OCEAN	(732) 363-1900	(732) 886-4406	MONMOUTH MEDICAL CENTER
GENERAL ACUTE CARE HOSPITAL	11505	OCEAN UNIVERSITY MEDICAL CENTER	425 JACK MARTIN BLVD	BRICK	NJ	08724	OCEAN	(732) 840-2200	(732) 840-3284	HMH HOSPITALS CORPORATION
GENERAL ACUTE CARE HOSPITAL	11504	SOUTHERN OCEAN MEDICAL CENTER	1140 RT 72 W	MANAHAWKIN	NJ	08050	OCEAN	(609) 597-6011	(609) 978-8920	HMH HOSPITALS CORPORATION
HOME HEALTH AGENCY	71501	BAYADA HOME HEALTH CARE, INC	401 LACEY ROAD	WHITING	NJ	08759	OCEAN	(732) 350-2355	(732) 350-1905	BAYADA HOME HEALTH CARE, INC.
HOME HEALTH AGENCY	22366	HACKENSACK MERIDIAN HEALTH AT HOME OCEAN COUNTY	LAURELTON PLAZA, 1759 STATE HIGHWAY 88, SUITE 100	BRICK	NJ	08724	OCEAN	(732) 206-8100	(732) 206-8101	HACKENSACK MERIDIAN AMBULATORY CARE, INC.
HOME HEALTH AGENCY	71502	VNA HEALTH GROUP OF NEW JERSEY, LLC	1433 HOOPER AVENUE	TOMS RIVER	NJ	08753	OCEAN	(732) 818-6872	(732) 784-9710	VNA HEALTH GROUP OF NEW JERSEY, L.L.C.
HOSPICE CARE BRANCH	25235	ANGELIC HOSPICE	81 EAST WATER STREET, SUITE 2A	TOMS RIVER	NJ	08753	OCEAN	(732) 664-4909	(609) 939-1714	ATLANTIC HOSPICE INC.
HOSPICE CARE BRANCH	25073	BAYADA HOSPICE	10 ALLEN STREET, SUITE 1A	TOMS RIVER	NJ	08753	OCEAN	(609) 387-6410	(609) 387-6414	BAYADA HOME HEALTH CARE, INC.
HOSPICE CARE BRANCH	24357	COMPASSIONATE CARE HOSPICE OF MARLTON, L.L.C.	1130 HOOPER AVENUE, SUITE 200	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	86 EAST WATER STREET	TOMS RIVER	NJ	08753	OCEAN	(732) 722-5001	(800) 783-7854	LIFE CHOICE HOSPICE OF NEW JERSEY, LLC
HOSPICE CARE BRANCH	22747	HACKENSACK MERIDIAN HEALTH HOSPICE	80 NAUTILUS DRIVE	MANAHAWKIN	NJ	08050	OCEAN	(609) 489-0252	(609) 489-0371	HACKENSACK MERIDIAN AMBULATORY CARE, INC.
HOSPICE CARE BRANCH	22644	HOLY REDEEMER HOSPICE-NJ, SHORE	1228 ROUTE 37 WEST	TOMS RIVER	NJ	08755	OCEAN	(732) 240-2449	(732) 288-7055	HOLY REDEEMER VISITING NURSE AGENCY, INC
HOSPICE CARE PROGRAM	25234	AFFINITY CARE OF NJ, LLC	635 DUQUESNE BOULEVARD, SUITE 1	BRICK	NJ	08723	OCEAN	(732) 800-9494	(732) 399-8294	AFFINITY CARE OF NJ, LLC
HOSPICE CARE PROGRAM	24834	CARESENSE HEALTH	1935 SWARTHMORE AVENUE	LAKEWOOD	NJ	08701	OCEAN	(888) 444-8157	(215) 933-5631	CARESENSE HEALTH, L.L.C.
HOSPICE CARE PROGRAM	24822	HOLISTICARE HOSPICE OF NEW JERSEY, LLC	1268 ROUTE 37 WEST, UNIT #2	TOMS RIVER	NJ	08755	OCEAN	(844) 254-4400	(732) 349-0567	CARE HOSPICE, INC.
HOSPICE CARE PROGRAM	24928	OCEAN HOSPICE, LLC	A-108 COMMONS WAY	TOMS RIVER	NJ	08755	OCEAN	(732) 505-0080	(732) 505-0083	OCEAN HOSPICE, LLC

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
HOSPICE CARE PROGRAM	22746	VNA HEALTH GROUP OF NEW JERSEY LLC	1433 HOOPER AVENUE	TOMS RIVER	NJ	08753	OCEAN	(732) 818-6800	(732) 784-9916	VNA HEALTH GROUP OF NEW JERSEY, LLC
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1513	CARDIOVASCULAR LAB AT COMMUNITY MEDICAL CENTER	67 HIGHWAY 37 WEST, RIVERWOOD BLDG 1	TOMS RIVER	NJ	08755	OCEAN	(732) 557-8000		COMMUNITY MEDICAL CENTER
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1354	CHILDREN'S SPECIALIZED HOSPITAL OUTPATIENT CENTER-TOMS RIVER	94 STEVENS ROAD	TOMS RIVER	NJ	08755	OCEAN	(732) 258-7050	(732) 258-7210	CHILDREN'S SPECIALIZED HOSPITAL
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1330	CMC RADIOLOGY CENTER AT WHITING	65 LACEY ROAD	MANCHESTER	NJ	08759	OCEAN	(732) 557-8000		COMMUNITY MEDICAL CENTER
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1499	COMMUNITY MEDICAL CENTER WOMEN'S IMAGING CENTER	368 LAKEHURST ROAD	TOMS RIVER	NJ	08755	OCEAN	(732) 557-8000	(732) 557-8087	COMMUNITY MEDICAL CENTER
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1441	MERIDIAN REHAB OUTPATIENT THERAPY AT MANAHAWKIN	56 NAUTILUS DRIVE	MANAHAWKIN	NJ	08050	OCEAN	(609) 978-3110	(609) 978-8985	HMH HOSPITALS CORPORATION
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1446	MERIDIAN REHABILITATION OUTPATIENT THERAPY CENTER AT BRICK	1686 ROUTE 88	BRICK	NJ	08724	OCEAN	(732) 836-4368	(732) 836-4012	HMH HOSPITALS CORPORATION
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1114	OCEAN CARE CENTER	1517 RICHMOND AVENUE, ROUTE 35 SOUTH	POINT PLEASANT	NJ	08742	OCEAN	(732) 295-6377	(732) 206-8241	HMH HOSPITALS CORPORATION
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1480	SLEEPCARE CENTER OF OCEAN MEDICAL CENTER, THE	1610 ROUTE 88, SECOND FLOOR	BRICK	NJ	08724	OCEAN	(792) 836-4295	(732) 836-4578	OCEAN MEDICAL CENTER
LONG TERM CARE FACILITY	61517	AristaCare at Manchester	1770 TOBIAS AVENUE	MANCHESTER	NJ	08759	OCEAN	(732) 657-1800	(732) 657-6802	ARISTACARE AT MANCHESTER, LLC
LONG TERM CARE FACILITY	061523	AristaCare at Whiting	23 SCHOOLHOUSE ROAD	WHITING	NJ	08759	OCEAN	(732) 849-4300	(732) 849-0090	ARISTACARE AT WHITING, LLC
LONG TERM CARE FACILITY	061504	Atlantic Coast Rehabilitation & Health Care	485 RIVER AVE	LAKEWOOD	NJ	08701	OCEAN	(732) 364-7100	(732) 994-0138	ATLANTIC COAST REHABILITATION, LLC
LONG TERM CARE FACILITY	061524	Barnetat Nursing & Rehab LLC	859 WEST BAY AVE	BARNEGAT	NJ	08005	OCEAN	(609) 698-1400	(609) 698-4384	BARNEGAT NURSING & REHB LLC
LONG TERM CARE FACILITY	061521	Bartley Healthcare Nursing and Rehabilitation	175 BARTLEY ROAD	JACKSON	NJ	08527	OCEAN	(732) 370-4700	(732) 370-8872	BARTLEY HEALTHCARE NURSING & REHABILITATION
LONG TERM CARE FACILITY	22248L	Children's Specialized Hospital	94 STEVENS ROAD	TOMS RIVER	NJ	08755	OCEAN	(732) 797-3800	(732) 797-3830	CHILDREN'S SPECIALIZED HOSPITAL
LONG TERM CARE FACILITY	656100	Community Medical Center Tcu	99 ROUTE 37 WEST	TOMS RIVER	NJ	08755	OCEAN	(732) 557-8000	(732) 557-8087	COMMUNITY MEDICAL CENTER

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
LONG TERM CARE FACILITY	061537	Complete Care at Arbors	1750 ROUTE 37 WEST	TOMS RIVER	NJ	08757	OCEAN	(732) 914-0090	(732) 914-9377	COMPLETE CARE AT ARBORS, LLC
LONG TERM CARE FACILITY	061529	COMPLETE CARE AT BEY LEA, LLC	1351 OLD FREEHOLD ROAD	TOMS RIVER	NJ	08753	OCEAN	(732) 240-0090	(732) 244-8551	COMPLETE CARE AT BEY LEA, LLC
LONG TERM CARE FACILITY	061531	Complete Care at Green Acres	1931 LAKEWOOD ROAD	TOMS RIVER	NJ	08755	OCEAN	(732) 286-2323	(732) 286-2191	GREEN ACRES REHAB AND NURSING, LLC
LONG TERM CARE FACILITY	061526	Complete Care at Holiday City	4 PLAZA DRIVE	TOMS RIVER	NJ	08757	OCEAN	(732) 240-0900	(732) 240-0905	COMPLETE CARE AT HOLIDAY, LLC
LONG TERM CARE FACILITY	061532	Complete Care at Laurelton, LLC	475 JACK MARTIN BLVD	BRICK	NJ	08724	OCEAN	(732) 458-6600	(732) 458-9456	COMPLETE CARE AT LAURELTON, LLC
LONG TERM CARE FACILITY	656003	Complete Care at Shorrock	75 OLD TOMS RIVER ROAD	BRICK	NJ	08723	OCEAN	(732) 451-1000	(732) 451-0877	COMPLETE CARE AT SHORROCK, LLC
LONG TERM CARE FACILITY	061534	Complete Care at Whiting	3000 HILLTOP ROAD	WHITING	NJ	08759	OCEAN	(732) 849-4400	(732) 849-0918	COMPLETE CARE AT WHITING LLC
LONG TERM CARE FACILITY	061519	Concord Healthcare & Rehabilitation Center	963 OCEAN AVE	LAKEWOOD	NJ	08701	OCEAN	(732) 367-7444	(732) 367-7603	CONCORD HEALTHCARE & REHABILITATION CENTER
LONG TERM CARE FACILITY	061502	Crest Pointe Rehabilitation and Healthcare Center	1515 HULSE ROAD	PT PLEASANT	NJ	08742	OCEAN	(732) 295-9300	(732) 295-8781	CREST POINTE OPERATOR, LLC
LONG TERM CARE FACILITY	061533	Springpoint at Crestwood, Inc	50 LACEY ROAD	WHITING	NJ	08759	OCEAN	(732) 849-4900	(732) 849-8036	SPRINGPOINT AT CRESTWOOD, INC
LONG TERM CARE FACILITY	061501	Crystal Spring Center, LLC	395 LAKESIDE BLVD	BAYVILLE	NJ	08721	OCEAN	(732) 269-0500	(732) 269-1704	CRYSTAL SPRING CENTER, LLC
LONG TERM CARE FACILITY	061536	Fountain View Care Center	527 RIVER AVENUE	LAKEWOOD	NJ	08701	OCEAN	(732) 905-0700	(732) 364-4566	SHORE HEALTH CARE CENTER, INC.
LONG TERM CARE FACILITY	656000	Hamilton Place at The Pines at Whiting	507 ROUTE 530	WHITING	NJ	08759	OCEAN	(732) 849-0400	(732) 350-0540	KESWICK PINES, INC.
LONG TERM CARE FACILITY	061535	Hampton Ridge Healthcare and Rehabilitation	94 STEVENS ROAD	TOMS RIVER	NJ	08755	OCEAN	(732) 286-5005	(732) 736-5363	HAMPTON RIDGE HEALTHCARE AND REHABILITATION, LLC
LONG TERM CARE FACILITY	061528	Harrogate	400 LOCUST STREET	LAKEWOOD	NJ	08701	OCEAN	(732) 905-7070	(732) 905-0459	HARROGATE
LONG TERM CARE FACILITY	061515	Leisure Chateau Rehabilitation	962 RIVER AVE	LAKEWOOD	NJ	08701	OCEAN	(732) 370-8600	(732) 370-1996	LEISURE CHATEAU ACQUISITION, LLC
LONG TERM CARE FACILITY	061520	Manahawkin Convalescent Center	1211 RT 72 WEST	MANAHAWKIN	NJ	08050	OCEAN	(609) 597-8500	(609) 597-3621	M.R. OF MANAHAWKIN LLC
LONG TERM CARE FACILITY	656001	Hackensack Meridian Ambulatory Care, Inc	415 JACK MARTIN BLVD	BRICK	NJ	08724	OCEAN	(732) 206-8000	(732) 206-1922	HACKENSACK MERIDIAN AMBULATORY CARE, INC.
LONG TERM CARE FACILITY	656004	Mystic Meadows Rehab & Nursing Center	151 NINTH AVENUE	LITTLE EGG HARBOR TW	NJ	08087	OCEAN	(609) 294-3200	(609) 294-1961	LEH OPERATING, LLC
LONG TERM CARE FACILITY	061511	Rose Garden Nursing and Rehabilitation Center	1579 OLD FREEHOLD ROAD	TOMS RIVER	NJ	08753	OCEAN	(732) 505-4477	(732) 349-8036	OCEAN CONVALESCENT CENTER, INC.

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
LONG TERM CARE FACILITY	061522	Seacrest Operator,LLC	1001 CENTER ST	LITTLE EGG HARBOR TW	NJ	08087	OCEAN	(609) 296-9292	(609) 296-0508	SEACREST OPERATOR, LLC
LONG TERM CARE FACILITY	656002	Shore Gardens Rehabilitation and Nursing Center, LLC	231 WARNER STREET	TOMS RIVER	NJ	08755	OCEAN	(732) 942-0800	(732) 942-9288	SHORE GARDENS REHABILITATION AND NURSING CENTER, L
LONG TERM CARE FACILITY	080413	Southern Ocean Center	1361 ROUTE 72 WEST	MANAHAWKIN	NJ	08050	OCEAN	(609) 978-0600	(609) 978-1635	1361 ROUTE 72 WEST OPERATIONS LLC
LONG TERM CARE FACILITY	656005	Tallwoods Care Center	18 BUTLER BOULEVARD	BAYVILLE	NJ	08721	OCEAN	(732) 237-2220	(732) 237-2225	RIVERFRONT HEALTHCARE ASSOCIATES, INC.
LONG TERM CARE FACILITY	061518	Willow Springs Rehabilitation and Healthcare Center	1049 BURNT TAVERN ROAD	BRICK	NJ	08724	OCEAN	(732) 840-3700	(732) 840-0572	WILLOW SPRINGS OPERATOR, LLC
PEDIATRIC DAY HEALTH CARE SERVICES	158337	Manchester Pediatric Medical Day Care	1770 TOBIAS AVENUE	MANCHESTER	NJ	08759	OCEAN	(732) 323-8400	(732) 323-8408	MANCHESTER PEDIATRIC MEDICAL DAY CARE LLC
PSYCHIATRIC HOSPITAL	21501	SAINT BARNABAS BEHAVIORAL HEALTH CENTER, INC	1691 HIGHWAY 9	TOMS RIVER	NJ	08755	OCEAN	(732) 914-1688	(732) 914-3854	SAINT BARNABAS BEHAVIORAL HEALTH CENTER, INC
RESIDENTIAL DEMENTIA CARE HOME	D35001	Alcoeur Gardens At Brick	320 HERBERTSVILLE ROAD	BRICK	NJ	08724	OCEAN	(732) 840-0940	(732) 840-0755	ALCOEUR GARDENS AT BRICK LLC
RESIDENTIAL DEMENTIA CARE HOME	D35000	Alcoeur Gardens At Toms River	1126 ROUTE 166	TOMS RIVER	NJ	08755	OCEAN	(732) 244-1931	(732) 244-2831	ALCOEUR GARDENS AT TOMS RIVER LLC
SPECIAL HOSPITAL	23142	SPECIALTY HOSPITAL OF CENTRAL JERSEY	600 RIVER AVENUE, 4 WEST	LAKEWOOD	NJ	08701	OCEAN	(732) 806-3200	(732) 806-3308	ACUTECARE HEALTH SYSTEM, LLC
SURGICAL PRACTICE	R24706	DR MICHAEL ROSEN MD PC	1114 HOOPER AVENUE	TOMS RIVER	NJ	08753	OCEAN	(732) 240-6396	(732) 240-3074	MICHAEL ROSEN, M.D., P.C.

Mental Health Services

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

Deaf Enhanced Screening Center
Monmouth Medical Center
Southern Campus (Barnabas Health)
600 River Avenue
Lakewood, NJ 08701
(732) 886-4474/866-904-4474

Early Intervention Support Services
Community Resource for Emergency Support and Treatment Bright Harbor Healthcare
409 Main Street
Toms River, NJ 08753
(732) 240-3760 x509

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

Crisis Diversion
Bright Harbor Healthcare
687 Route 9
Bayville, NJ 08721
(732) 269-4849

Deaf Enhanced 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
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
591 Lakehurst Road Toms River, NJ 08755
(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
Preferred Behavioral Health of NJ - D.A.R.E.
700 Airport Road
Lakewood, NJ 08701
(732) 367-4700

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

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

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

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

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

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)
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) 286-7962/367--4700

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

Self-Help Center
Brighter Days SHC
268 Bennetts Mills Road
Jackson, NJ 08527
(732) 534-9960

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

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

Self-Help Center
Journey to Wellness
226 Route 37 West, Unit 14
Toms River, NJ 08755
(732) 914-1546

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

Supported Employment Services
Preferred Behavioral Health of NJ
725 Airport Road
Lakewood, NJ 08701
(732) 367-5439

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

Supportive Education
Preferred Behavioral Health Services
LEARN of the Jersey Shore
725 Airport Road, Suite 7G
Lakewood, NJ 08701
(732) 276-1510, ext. 5208

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
44 Washington Street, Suite 101
Toms River, NJ 08753
(732) 380-1012

Addiction Health Services

Source: Department of Human Services, Division of Mental Health and Addiction Services Download Oct 3, 2022

STATE OF NEW JERSEY
Department of Human Services
Division of Mental Health and Addiction Services

ADDICTION SERVICES TREATMENT DIRECTORY

Carole Johnson
Commissioner
Department of Human Services
(DHS)

Valerie Mielke
Assistant Commissioner
Division of Mental Health and Addiction Services
(DMHAS)

Acenda, Inc. Outpatient Substance Abuse Treatment Facility License No: 2000842 Agency Type: Unknown Phone No: 8444223632	**Services:** ○ Co-Occurring Treatment Services ○ Intensive Outpatient Treatment ○ Outpatient Treatment	**Address:** 399 NORTH MAIN STREET MANAHAWKIN NJ 08050 **County:** Ocean
AGAPE Counseling Services License No: 2000190 Agency Type: Non-Profit Phone No: 6092420086	**Services:** ○ Co-Occurring Treatment Services ○ Intensive Outpatient Treatment ○ Outpatient Treatment *IDRC affiliated:* **Yes**	**Address:** 815 RTE 9 LANOKA HARBOR NJ 08734 **County:** Ocean
Andrew King NPI Number: 1164515953 Phone No: 7323492424	**Services:** ○ Medication-Assisted Treatment	**Address:** 1163 Route 37 West Suite A2 Toms River New Jersey 08755 **County:** Ocean
Counseling Center at Toms River, LLC License No: 2000528 Agency Type: Unknown Phone No: 7327366559	**Services:** ○ Co-Occurring Treatment Services ○ Intensive Outpatient Treatment ○ Outpatient Treatment ○ Partial Care *IDRC affiliated:* **Yes**	**Address:** 1198 LAKEWOOD ROAD, SUITE 102 & 202 TOMS RIVER NJ 08753 **County:** Ocean
Creative Change Counseling, Inc. License No: 2000858 Agency Type: Unknown Phone No: 6095774310	**Services:** ○ Co-Occurring Treatment Services ○ Intensive Outpatient Treatment ○ Outpatient Treatment ○ Partial Care *IDRC affiliated:* **Yes**	**Address:** 322 EAST 5TH STREET LAKEWOOD NJ 08701 **County:** Ocean
Crossroads of N.J.	**Services:**	**Address:**

Management, LLC d/b/a Crossroads Treatment Center of Toms River License No: 2000819 Agency Type: Non-Profit Phone No: 8482244578	◦ Co-Occurring Treatment Services ◦ Intensive Outpatient Treatment ◦ Opiate Treatment Program ◦ Outpatient Treatment *IDRC affiliated:* **Yes**	751 Route 37 West Toms River NJ 08755 **County:** Ocean
Crossroads Treatment Centers of Pennsauken License No: 2000898 Agency Type: Profit Phone No: (856)755-5668	**Services:** ◦ Opiate Treatment Program ◦ Outpatient Treatment	**Address:** 5261 MARLTON PIKE SUITE B PENNSAUKEN NJ 08109 **County:** Ocean
David Russo NPI Number: 1588647143 Phone No: 8668669277	**Services:** ◦ Medication-Assisted Treatment	**Address:** 4 Murray Grove Lane Lanoka Harbor New Jersey 08734 **County:** Ocean
Evolve Recovery Center, LLC License No: 1000161 Agency Type: Profit Phone No: 7323952740	**Services:** ◦ Long Term Residential Substance Abuse Treatment Beds Capacity: 21 Available:19 *IDRC affiliated:* **Yes**	**Address:** 16 WHITESVILLE ROAD TOMS RIVER NJ 08753 **County:** Ocean
GENPSYCH, PC License No: 2000430 Agency Type: Profit Phone No: 7324756152	**Services:** ◦ Intensive Outpatient Treatment ◦ Outpatient Treatment ◦ Partial Care *IDRC affiliated:* **Yes**	**Address:** 940 CEDARBRIDGE AVENUE 2ND FLOOR BRICK NJ 08723 **County:** Ocean
Integrity House License No: 2000631 Agency Type: Profit Phone No: 7325693736	**Services:** ◦ Co-Occurring Treatment Services ◦ Intensive Outpatient Treatment ◦ Outpatient Treatment ◦ Partial Care *IDRC affiliated:* **Yes**	**Address:** 310 MAIN STREET SUITE #6A TOMS RIVER NJ 08753 **County:** Ocean
IRON Recovery and Wellness Center, Inc. License No: 2000870	**Services:** ◦ Co-Occurring Treatment Services	**Address:** 226 MAIN STREET TOMS RIVER NJ 08753

Agency Type: Unknown
Phone No: 7322441600

- Intensive Outpatient Treatment
- Outpatient Treatment

IDRC affiliated: **Yes**

County: Ocean

IRON Recovery and Wellness Center, Inc.
License No: 2000871
Agency Type: Unknown
Phone No: 7329202700

Services:
- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment

IDRC affiliated: **Yes**

Address:
35 BEAVERSON BLVD., BUILDING 6, SUITE A
BRICK NJ 08723
County: Ocean

John Swidryk
NPI Number: 1689656043
Phone No: 8668669277

Services:
- Medication-Assisted Treatment

Address:
4 Murray Grove Lane
Lanoka Harbor New Jersey 08734
County: Ocean

Matthew Kaspar
NPI Number: 1588948244
Phone No: 8668669277

Services:
- Medication-Assisted Treatment

Address:
4 Murray Grove Lane
Lanoka Harbor New Jersey 08734
County: Ocean

Monmouth Healthcare Services, LLC d/b/a Harbor MAT
License No: 2000838
Agency Type: Profit
Phone No: 7323440596

Services:
- Intensive Outpatient Treatment
- Opiate Treatment Program
- Outpatient Treatment

IDRC affiliated: **Yes**

Address:
495 Jack Martin Blvd., Unit 6
Brick NJ 08724
County: Ocean

Morris Antebi MD
NPI Number: 1578532404
Phone No: 6096458884

Services:
- Medication-Assisted Treatment

Address:
1173 Beacon Ave Ste B
Manahawkin New Jersey 08050
County: Ocean

Ocean Healthcare PCP - Tuckerton, LLC dba Taylor Care Adult Behavioral Health at Tuckerton
License No: 2000862
Agency Type: Unknown
Phone No: 6098792233

Services:
- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment
- Partial Care

Address:
213 W. Main Street
Tuckerton NJ 08087
County: Ocean

IDRC affiliated: **Yes**

Ocean Medical Services
License No: 2000086
Agency Type: Unknown
Phone No: 7322889322

Services:
- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Opiate Treatment Program
- Outpatient Treatment
- Partial Care

IDRC affiliated: **Yes**

Address:
2001 RTE 37 E
TOMS RIVER 08753
County: Ocean

Ocean Medical Services
License No: 2000086
Agency Type: Unknown
Phone No: 7322889322

Services:
- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Opiate Treatment Program
- Outpatient Treatment
- Partial Care

IDRC affiliated: **Yes**

Address:
2001 RTE 37 E
TOMS RIVER NJ 08753
County: Ocean

Ocean Mental Health Services, Inc., Project Recovery
License No: 2000409
Agency Type: Non-Profit
Phone No: 7323495550

Services:
- Ambulatory Withdrawal Management
- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment
- Partial Care

IDRC affiliated: **Yes**

Address:
340 ROUTE 9
BAYVILLE NJ 08721
County: Ocean

Ocean Monmouth Care, LLC
License No: 2000451
Agency Type: Non-Profit
Phone No: 7324582180

Services:
- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Opiate Treatment Program
- Outpatient Treatment

IDRC affiliated: **Yes**

Address:
150 BRICK BLVD.
BRICK NJ 08723
County: Ocean

Preferred Behavioral Health of N.J., Inc.
License No: 2000330
Agency Type: Non-Profit
Phone No: 6096600197

Services:
- Co-Occurring Treatment Services
- Intensive Outpatient Treatment

Address:
848 W BAY AVE
UNIT C-1
BARNEGAT NJ 08005
County: Ocean

- Outpatient Treatment
- Partial Care

IDRC affiliated: **Yes**

Preferred Behavioral Health of New Jersey @ Toms River
License No: 2000557
Agency Type: Non-Profit
Phone No: 7323674700

Services:
- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment

IDRC affiliated: **Yes**

Address:
1191 LAKEWOOD ROAD
TOMS RIVER NJ 08755
County: Ocean

Preferred Behavioral Health of New Jersey, Inc.
License No: 2000152
Agency Type: Non-Profit
Phone No: 7323674700

Services:
- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment
- Partial Care

IDRC affiliated: **Yes**

Address:
700 AIRPORT RD
LAKEWOOD NJ 08701
County: Ocean

Quantum Behavioral Health Services, LLC
License No: 2000861
Agency Type: Profit
Phone No: 6093002180

Services:
- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment
- Partial Care

IDRC affiliated: **Yes**

Address:
144 Mill Street
South Toms River NJ 08757
County: Ocean

Sunrise Detox Toms River LLC
License No: 1000086
Agency Type: Unknown
Phone No: 7327972505

Services:
- Inpatient Withdrawal Management
  Beds Capacity: 38 Available:38

IDRC affiliated: **Yes**

Address:
16 Whitesville Road
Toms River NJ 08753
County: Ocean

The Center at Advanced Behavioral Care Services, LLC
License No: 2000421
Agency Type: Unknown
Phone No: 7329619666

Services:
- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment
- Partial Care

IDRC affiliated: **Yes**

Address:
501 Prospect Street
Bldg. 1a, Suite 8
Lakewood NJ 08701
County: Ocean

Appendix F- Additional Data Tables

Population Overview

Table 7. CMC CHNA Community Survey Respondent Sample Characteristics (n=311), 2021

Age	
Under 30	8.5%
30 to 49	20.2%
50 to 64	44.0%
65+	27.4%
Gender	
Female	73.4%
Male	25.9%
Additional Gender Category/ Transgender	0.7%*
Race/Ethnicity	
African American/ Black	3.3%
Asian	1.3%
Hispanic/ Latino, Latino(a)	3.3%
Multiracial	0.3%
White/ Caucasian	90.2%
Other	1.6%
Sexual Orientation	
Heterosexual	94.2%
Homosexual	1.7%
Bisexual	2.7%
Additional Sexual Orientation	1.4%

Income	
Under $25,000	8.6%
$25,000 to $50,000	15.3%
$50,001 to $100,000	31.7%
$100,001 to $125,000	9.3%
$125,001 to $150,000	8.2%
$150,001 to $200,000	11.9%
Over $200,000	14.9%
Employment	
Employed full-time	58.0%
Employed part-time	10.8%
Student	3.1%
Homemaker	2.5%
Disabled	2.8%
Retired	20.1%
Unemployed	2.8%
Marital Status	
Married	54.2%
Single	21.6%
Separated/divorced/widowed	20.3%
Domestic partnership/civil union/living together	3.9%

Education	
Less than high school graduate or GED	1.6%
High school graduate or GED	15.4%
Some college	15.7%
Associate or technical degree/certification	15.4%
College graduate	27.5%
Post graduate or professional degree	24.3%

DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021
Note: Asterisk (*) indicates n<5.

Table 8. Total Population, by Gender, State, and County, 2011-2015 and 2016-2020

	2015		2020		% change	
	Male	Female	Male	Female	Male	Female
New Jersey	48.8%	51.2%	48.9%	51.1%	0.1%	-0.1%
Ocean County	48.0%	52.0%	48.3%	51.7%	0.3%	-0.3%
Bayville	49.7%	50.3%	50.3%	49.7%	0.6%	-0.6%
Beachwood	50.6%	49.4%	49.3%	50.7%	-1.3%	1.3%
Forked River	48.3%	51.7%	47.8%	52.2%	-0.5%	0.5%
Island Heights	43.8%	56.2%	48.9%	51.1%	5.1%	-5.1%
Lakehurst	47.2%	52.8%	47.9%	52.1%	0.7%	-0.7%
Lanoka Harbor	48.5%	51.5%	47.1%	52.9%	-1.4%	1.4%
Lavallette	44.8%	55.2%	45.0%	55.0%	0.2%	-0.2%
Manchester	43.9%	56.1%	43.7%	56.3%	-0.2%	0.2%
Ocean Gate	46.7%	53.3%	45.2%	54.8%	-1.5%	1.5%
Pine Beach	47.7%	52.3%	48.0%	52.0%	0.3%	-0.3%
Seaside Heights	39.3%	60.7%	59.9%	40.1%	20.6%	-20.6%
Seaside Park	49.4%	50.6%	44.9%	55.1%	-4.5%	4.5%
Toms River (08753)	49.4%	50.6%	48.5%	51.5%	-0.9%	0.9%
Toms River (08755)	48.1%	51.9%	47.1%	52.9%	-1.0%	1.0%
Toms River (08757)	43.5%	56.5%	43.3%	56.7%	-0.2%	0.2%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2011-2015 and 2016-2020

Table 9. Age Distribution and Percent Change, by Town, 2011-2015, 2016-2020

	Under 18 years			18-24 years			25-44 years			45-64 years			65-74 years			75 years and older		
	2011-2015	2016-2020	%change	2011-2015	2016-2020	%change	2011-2015	2016-2020	%change	2011-2015	2016-2020	%change	2011-2015	2016-2020	%change	2011-2015	2016-2020	%change
Bayville	16.7%	23.8%	7.1%	7.6%	6.2%	-1.4%	25.1%	25.2%	0.1%	28.1%	28.1%	0.0%	9.2%	11.4%	2.2%	7.5%	5.5%	-2.0%
Beachwood	24.4%	24.6%	0.2%	9.9%	10.5%	0.6%	26.0%	25.9%	-0.1%	28.7%	27.3%	-1.4%	7.4%	7.8%	0.4%	3.5%	3.7%	0.2%
Forked River	20.4%	20.6%	0.2%	6.4%	6.0%	-0.4%	25.7%	20.0%	-5.7%	28.0%	34.3%	6.3%	11.0%	13.1%	2.1%	8.4%	6.1%	-2.3%
Island Heights	18.0%	18.5%	0.5%	7.9%	3.9%	-4.0%	16.7%	23.7%	7.0%	32.1%	26.6%	-5.5%	17.4%	18.1%	0.7%	7.9%	9.1%	1.2%
Lakehurst	30.1%	25.9%	-4.2%	9.1%	6.7%	-2.4%	29.4%	31.6%	2.2%	23.3%	27.0%	3.7%	5.0%	5.6%	0.6%	3.1%	3.2%	0.1%
Lanoka Harbor	13.7%	15.9%	2.2%	8.7%	8.9%	0.2%	21.2%	23.6%	2.4%	32.2%	27.1%	-5.1%	11.9%	18.1%	6.2%	7.7%	6.3%	-1.4%
Lavallette	12.2%	8.0%	-4.2%	3.7%	4.4%	0.7%	10.4%	10.2%	-0.2%	28.0%	28.8%	0.8%	24.9%	29.0%	4.1%	20.7%	19.5%	-1.2%
Manchester	10.3%	9.9%	-0.4%	4.6%	4.3%	-0.3%	13.6%	12.2%	-1.4%	23.3%	24.3%	1.0%	21.9%	22.6%	0.7%	26.1%	26.7%	0.6%
Ocean Gate	18.8%	16.2%	-2.6%	11.5%	15.5%	4.0%	23.9%	18.9%	-5.0%	30.7%	28.7%	-2.0%	7.1%	12.5%	5.4%	8.0%	8.1%	0.1%
Pine Beach	21.8%	19.6%	-2.2%	10.1%	7.5%	-2.6%	16.4%	15.7%	-0.7%	32.2%	35.4%	3.2%	13.4%	14.8%	1.4%	6.2%	6.8%	0.6%
Seaside Heights	21.9%	23.9%	2.0%	11.2%	12.3%	1.1%	32.4%	30.1%	-2.3%	28.0%	23.2%	-4.8%	2.4%	6.1%	3.7%	4.2%	4.5%	0.3%
Seaside Park	6.3%	12.7%	6.4%	3.8%	2.1%	-1.7%	18.1%	16.5%	-1.6%	36.9%	31.2%	-5.7%	19.0%	24.6%	5.6%	13.6%	13.0%	-0.6%
Toms River (08753)	16.7%	21.7%	5.0%	8.2%	8.4%	0.2%	25.2%	23.5%	-1.7%	29.2%	29.6%	0.4%	8.9%	10.3%	1.4%	6.1%	6.4%	0.3%
Toms River (08755)	15.9%	22.5%	6.6%	6.3%	6.9%	0.6%	19.8%	20.1%	0.3%	29.3%	26.0%	-3.3%	11.7%	10.0%	-1.7%	13.4%	14.4%	1.0%
Toms River (08757)	9.0%	10.7%	1.7%	4.2%	4.6%	0.4%	14.2%	15.1%	0.9%	23.2%	23.4%	0.2%	19.6%	22.9%	3.3%	26.5%	23.2%	-3.3%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Table 10. Age Distribution, by Gender, State, and County, 2016-2020

	Under 18 years		18-24 years		25-44 years		45-64 years		65-74 years		75 years and older	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
New Jersey	23.0%	21.0%	9.0%	8.2%	26.5%	25.0%	27.3%	27.7%	8.6%	9.7%	5.7%	8.4%
Ocean County	25.5%	22.7%	7.8%	6.9%	22.0%	20.2%	24.8%	25.2%	11.1%	12.8%	8.8%	12.3%
Bayville	25.1%	22.4%	6.3%	6.0%	25.2%	25.2%	27.2%	28.7%	12.3%	10.4%	3.9%	7.1%
Beachwood	24.2%	20.2%	9.0%	11.5%	22.8%	24.2%	26.5%	26.4%	11.3%	13.0%	6.1%	4.6%
Forked River	20.0%	25.6%	7.8%	6.5%	20.1%	13.9%	35.2%	30.4%	12.0%	10.2%	5.0%	13.2%
Island Heights	19.3%	17.6%	3.2%	4.9%	20.6%	17.4%	25.5%	27.0%	20.1%	24.7%	11.2%	8.2%
Lakehurst	23.9%	18.2%	10.6%	4.6%	32.9%	30.7%	24.5%	25.4%	6.7%	14.7%	1.5%	6.5%
Lanoka Harbor	14.2%	17.5%	7.9%	9.9%	26.4%	21.2%	29.3%	25.2%	15.1%	20.8%	7.2%	5.5%
Lavallette	16.2%	13.2%	6.3%	2.2%	9.9%	13.9%	28.7%	29.2%	24.8%	22.8%	14.1%	18.7%
Manchester	10.7%	8.2%	3.5%	3.5%	16.0%	10.5%	26.1%	23.8%	20.1%	23.3%	23.7%	30.7%
Ocean Gate	21.1%	14.7%	8.2%	14.4%	22.5%	21.0%	25.1%	30.2%	18.8%	11.8%	4.3%	8.0%
Pine Beach	20.0%	17.3%	10.0%	5.2%	14.3%	15.9%	28.3%	40.5%	24.0%	12.6%	3.3%	8.5%
Seaside Heights	30.6%	18.4%	14.5%	7.2%	26.2%	17.8%	21.7%	42.4%	4.4%	6.6%	2.8%	7.4%
Seaside Park	12.3%	13.0%	1.9%	2.2%	13.3%	19.1%	35.1%	27.8%	26.2%	23.3%	11.1%	14.6%
Toms River (08753)	21.8%	21.7%	8.4%	8.5%	24.9%	22.2%	29.5%	29.8%	10.7%	9.9%	4.9%	7.8%
Toms River (08755)	26.9%	18.7%	6.1%	7.6%	20.5%	19.7%	26.1%	25.8%	9.4%	10.5%	10.9%	17.6%
Toms River (08757)	11.2%	10.4%	4.3%	4.9%	30.8%	12.0%	25.5%	21.9%	19.4%	25.5%	20.6%	25.3%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Table 11. Age Distribution, by Race/Ethnicity, State, and County, 2016-2020

	Asian					
	Under 18 years	18-24 years	25-44 years	45-64 years	65-74 years	75 years and older
New Jersey	14.6%	5.0%	21.8%	17.0%	4.8%	3.0%
Ocean County	12.6%	5.3%	16.8%	18.9%	6.7%	4.6%
	Black					
	Under 18 years	18-24 years	25-44 years	45-64 years	65-74 years	75 years and older
New Jersey	15.0%	6.7%	18.3%	17.3%	4.8%	3.3%
Ocean County	12.9%	8.1%	18.7%	18.2%	5.0%	3.4%
	Hispanic/ Latino					
	Under 18 years	18-24 years	25-44 years	45-64 years	65-74 years	75 years and older
New Jersey	19.1%	6.7%	20.4%	14.9%	3.3%	2.2%
Ocean County	22.6%	7.0%	18.7%	13.3%	3.1%	2.3%
	White					
	Under 18 years	18-24 years	25-44 years	45-64 years	65-74 years	75 years and older
New Jersey	12.2%	5.1%	14.7%	20.1%	7.8%	6.3%
Ocean County	15.0%	4.5%	13.1%	16.8%	8.6%	7.7%
	Some Other Race					
	Under 18 years	18-24 years	25-44 years	45-64 years	65-74 years	75 years and older
New Jersey	28.5%	10.3%	32.4%	21.5%	4.6%	2.6%
Ocean County	33.2%	11.7%	30.9%	19.4%	2.8%	2.0%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

NOTE: Some Other Race includes individuals that identified as American Indian/Alaskan Native, Native Hawaiian or Other Pacific Islander, or as some other race.

Racial, Ethnic, and Language Diversity

Table 12. Percent Change in Racial and Ethnic Distribution in New Jersey, 2011-2020

	New Jersey			Ocean County		
	2015	2020	% change	2015	2020	% change
Asian	9.0%	9.6%	0.6%	1.9%	1.8%	-0.1%
Black or African American	12.7%	12.6%	-0.1%	2.9%	2.8%	-0.1%
Hispanic/ Latino, any race	19.0%	20.4%	1.4%	8.8%	9.3%	0.5%
White, non-Hispanic	57.2%	54.7%	-2.5%	85.1%	84.3%	-0.8%
Other	0.5%	0.6%	0.1%	0.1%	0.2%	0.1%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2011-2020

NOTE: "Other" is represents those who identify as American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, and those identifying as another race or more than one race.

Table 13. Percent Change in Racial and Ethnic Distribution, by Town, 2011-2020

	Asian			Black or African-American			Hispanic/ Latino			White, NH			Other Race, NH		
	2015	2020	% change	2015	2020	% change	2015	2020	% change	2015	2020	% change	2015	2020	% change
Bayville	1.4%	4.4%	3.0%	2.6%	0.7%	-1.9%	6.9%	12.3%	5.4%	87.7%	80.4%	-7.3%	0.1%	0.0%	-0.1%
Beachwood	1.7%	0.4%	-1.3%	1.4%	2.2%	0.8%	7.5%	12.2%	4.7%	87.8%	82.5%	-5.3%	0.4%	0.1%	-0.3%
Forked River	2.1%	1.4%	-0.7%	0.7%	0.3%	-0.4%	4.7%	12.4%	7.7%	92.4%	84.0%	-8.4%	0.1%	1.6%	1.5%
Island Heights	1.0%	0.2%	-0.8%	1.1%	0.5%	-0.6%	3.4%	3.9%	0.5%	89.5%	87.5%	-2.0%	0.1%	0.0%	-0.1%
Lakehurst	0.6%	11.7%	11.1%	7.5%	5.1%	-2.4%	12.3%	17.0%	4.7%	76.8%	63.0%	-13.8%	0.5%	0.0%	-0.5%
Lanoka Harbor	0.0%	0.3%	0.3%	0.6%	0.3%	-0.3%	4.5%	1.6%	-2.9%	94.4%	97.6%	3.2%	0.2%	0.0%	-0.2%
Lavallette	0.0%	0.3%	0.3%	0.0%	0.0%	0.0%	2.1%	2.4%	0.3%	97.4%	95.9%	-1.5%	0.0%	0.0%	0.0%
Manchester	2.6%	2.3%	-0.3%	5.2%	3.2%	-2.0%	5.5%	5.3%	-0.2%	84.6%	87.9%	3.3%	0.2%	0.1%	-0.1%
Ocean Gate	0.2%	0.0%	-0.2%	1.6%	2.4%	0.8%	4.5%	6.1%	1.6%	93.7%	90.8%	-2.9%	0.0%	0.0%	0.0%
Pine Beach	1.5%	1.6%	0.1%	0.1%	1.1%	1.0%	3.9%	8.3%	4.4%	94.1%	88.9%	-5.2%	0.0%	0.0%	0.0%

Seaside Heights	2.3%	0.0%	-2.3%	0.5%	2.8%	2.3%	37.1%	24.6%	-12.5%	58.5%	68.7%	10.2%	0.0%	3.9%	3.9%
Seaside Park	0.0%	0.4%	0.4%	1.2%	0.2%	-1.0%	0.3%	1.1%	0.8%	97.7%	97.2%	-0.5%	0.0%	0.0%	0.0%
Toms River (08753)	3.2%	3.1%	-0.1%	2.4%	2.8%	0.4%	8.5%	8.7%	0.2%	84.1%	82.6%	-1.5%	0.1%	0.5%	0.4%
Toms River (08755)	7.2%	4.1%	-3.1%	1.4%	6.0%	4.6%	8.8%	10.6%	1.8%	81.7%	76.8%	-4.9%	0.2%	0.2%	0.0%
Toms River (08757)	1.8%	1.6%	-0.2%	5.5%	4.8%	-0.7%	9.1%	10.3%	1.2%	81.7%	81.2%	-0.5%	0.4%	0.1%	-0.3%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2011-2020

Table 14. Racial and Ethnic Distribution, by State and County, 2011-2015

	New Jersey	Ocean County
Asian, non-Hispanic	9.0%	1.9%
Black, non-Hispanic	12.7%	2.9%
Hispanic/Latino	19.0%	8.8%
White, non-Hispanic	57.2%	85.1%
Other, non-Hispanic	0.5%	0.1%
American Indian and Alaska Native	0.1%	0.0%
Native Hawaiian and Other Pacific Islander	0.0%	0.0%
Some other race	0.4%	0.1%
Two or more races	1.6%	1.2%
Minoritized	41.2%	13.7%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2011-2015
NOTE: "Other" is represents those who identify as American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, and those identifying as another race or more than one race.

Table 15. Racial and Ethnic Distribution, by State and County, 2016-2020

	New Jersey	Ocean County
Asian, non-Hispanic	9.60%	1.80%
Black, non-Hispanic	12.6%	2.8%
Hispanic/Latino	20.4%	9.3%
White, non-Hispanic	54.7%	84.3%
Other, non-Hispanic	0.6%	0.2%
American Indian and Alaska Native	0.10%	0.00%
Native Hawaiian and Other Pacific Islander	0.00%	0.00%
Some other race	0.50%	0.20%
Two or more races	2.10%	1.50%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020
NOTE: "Other" is represents those who identify as American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, and those identifying as another race or more than one race.

Table 16. Racial and Ethnic Distribution, by Town, 2011-2015

	Asian, Non-Hispanic	Black, Non-Hispanic	Hispanic/ Latino	White, Non-Hispanic	Other Race/ Ethnicity, Non-Hispanic
Ocean County					
Bayville	1.4%	2.6%	6.9%	87.7%	0.1%
Beachwood	1.7%	1.4%	7.5%	87.8%	0.4%
Forked River	2.1%	0.7%	4.7%	92.4%	0.1%
Island Heights	1.0%	1.1%	3.4%	89.5%	0.1%
Lakehurst	0.6%	7.5%	12.3%	76.8%	0.5%
Lanoka Harbor	0.0%	0.6%	4.5%	94.4%	0.2%
Lavallette	0.0%	0.0%	2.1%	97.4%	0.0%
Manchester	2.6%	5.2%	5.5%	84.6%	0.2%
Ocean Gate	0.2%	1.6%	4.5%	93.7%	0.0%
Pine Beach	1.5%	0.1%	3.9%	94.1%	0.0%
Seaside Heights	2.3%	0.5%	37.1%	58.5%	0.0%
Seaside Park	0.0%	1.2%	0.3%	97.7%	0.0%
Toms River (08753)	3.2%	2.4%	8.5%	84.1%	0.1%
Toms River (08755)	7.2%	1.4%	8.8%	81.7%	0.2%
Toms River (08757)	1.8%	5.5%	9.1%	81.7%	0.4%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2011-2015

Table 17. Racial and Ethnic Distribution, by Town, 2016-2020

	Asian, Non-Hispanic	Black, Non-Hispanic	Hispanic/ Latino	White, Non-Hispanic	Other Race/ Ethnicity, Non-Hispanic
Ocean County					
Bayville	4.4%	0.7%	12.3%	80.4%	0.0%
Beachwood	0.4%	2.2%	12.2%	82.5%	0.1%
Forked River	1.4%	0.3%	12.4%	84.0%	1.6%
Island Heights	0.2%	0.5%	3.9%	87.5%	0.0%
Lakehurst	11.7%	5.1%	17.0%	63.0%	0.0%
Lanoka Harbor	0.3%	0.3%	1.6%	97.6%	0.0%
Lavallette	0.3%	0.0%	2.4%	95.9%	0.0%
Manchester	2.3%	3.2%	5.3%	87.9%	0.1%
Ocean Gate	0.0%	2.4%	6.1%	90.8%	0.0%
Pine Beach	1.6%	1.1%	8.3%	88.9%	0.0%
Seaside Heights	0.0%	2.8%	24.6%	68.7%	3.9%
Seaside Park	0.4%	0.2%	1.1%	97.2%	0.0%
Toms River (08753)	3.1%	2.8%	8.7%	82.6%	0.5%
Toms River (08755)	4.1%	6.0%	10.6%	76.8%	0.2%
Toms River (08757)	1.6%	4.8%	10.3%	81.2%	0.1%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Table 18. Racial and Ethnic Distribution, by Town, 2020

	Asian, Non-Hispanic	Black, Non-Hispanic	Hispanic/ Latino	White, Non-Hispanic	Other Race/ Ethnicity, Non-Hispanic
Ocean County					
Bayville	-	-	-	-	-
Beachwood	1.4%	2.2%	11.9%	80.7%	0.4%
Forked River	0.7%	0.6%	8.8%	86.2%	0.6%
Island Heights	0.8%	0.5%	3.3%	90.1%	1.0%
Lakehurst	2.9%	9.0%	19.2%	63.7%	0.5%
Lanoka Harbor	-	-	-	-	-
Lavallette	0.4%	0.4%	3.4%	92.7%	0.2%
Manchester	2.3%	4.1%	7.8%	83.0%	0.4%
Ocean Gate	0.3%	2.4%	8.1%	84.0%	0.4%
Pine Beach	1.4%	0.8%	6.2%	87.7%	0.4%
Seaside Heights	1.5%	5.6%	23.2%	64.5%	0.6%
Seaside Park	0.6%	-	3.8%	92.8%	0.5%
Toms River (08753)	-	-	-	-	-
Toms River (08755)	-	-	-	-	-
Toms River (08757)	-	-	-	-	-

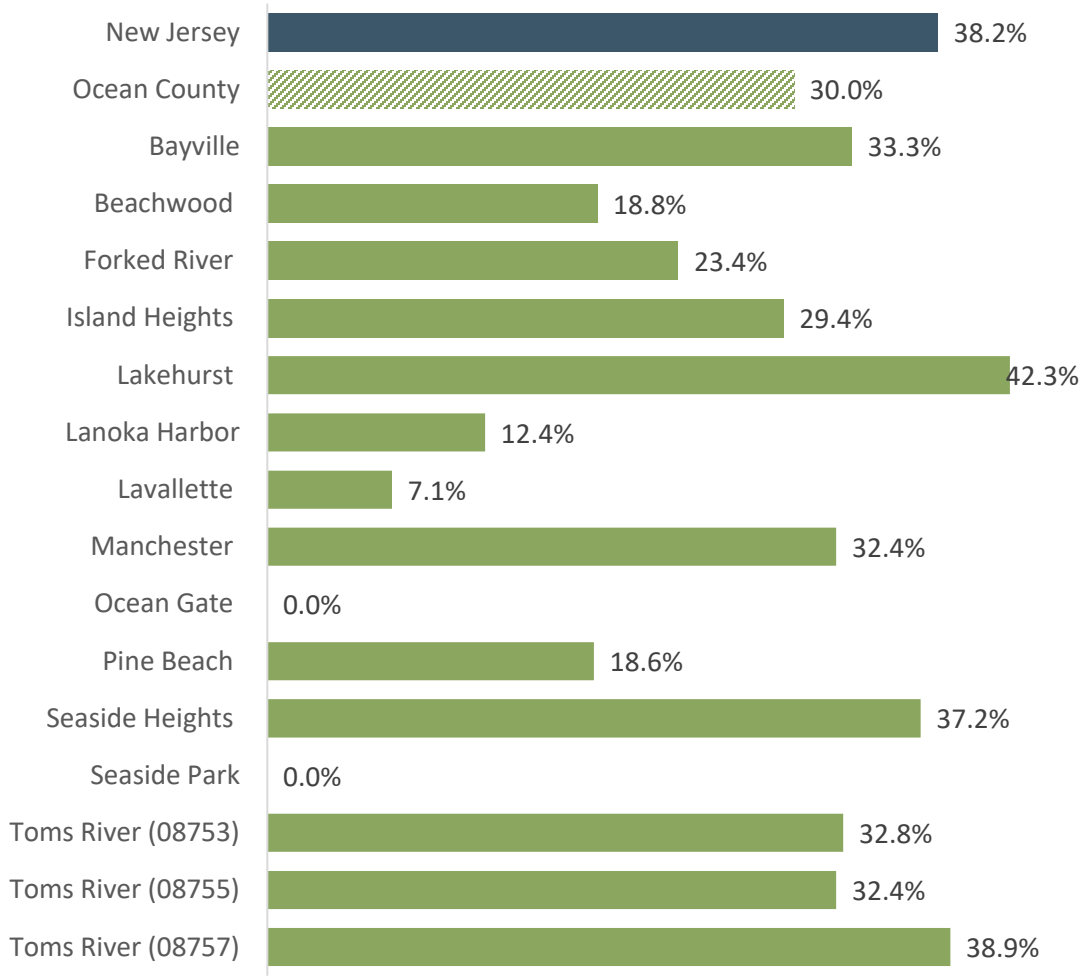
DATA SOURCE: U.S. Census Bureau, Decennial Census of Population and Housing, 2020
NOTE: - indicates data not available.

Table 19. Foreign-Born Population by Top Countries of Origin, by State and County, 2016-2020

	New Jersey		Ocean County	
1	India	13.1%	Mexico	14.1%
2	Dominican Republic	9.1%	Philippines	6.9%
3	Mexico	5.1%	Italy	5.7%
4	Colombia	4.3%	Poland	3.6%
5	Ecuador	4.1%	Dominican Republic	3.3%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Figure 67. Population Lacking English Proficiency (Out of Population who Speak a Language Other than English at Home), by State, County, and Town, 2016-2020



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Education

Table 20. Educational Attainment among Adults 25 Years and Older, by State, County, and Town, 2016-2020

	Less than 9th grade	9th to 12th grade, no diploma	High school graduate / GED	Some college, no degree	Associate's degree	Bachelor's degree	Graduate or professional degree
New Jersey	4.7%	5.1%	26.7%	16.1%	6.6%	24.8%	15.9%
Ocean County	2.6%	5.0%	33.5%	19.7%	7.9%	20.7%	10.7%
Bayville	3.7%	5.0%	37.5%	18.7%	8.8%	19.2%	7.2%
Beachwood	2.5%	4.4%	31.7%	26.4%	9.4%	18.9%	6.6%
Forked River	0.7%	3.7%	43.1%	18.0%	8.9%	17.0%	8.4%
Island Heights	1.9%	0.7%	21.3%	17.3%	9.9%	30.3%	18.6%
Lakehurst	4.4%	10.0%	31.9%	27.1%	6.6%	15.1%	5.0%
Lanoka Harbor	1.8%	3.3%	30.7%	18.7%	10.6%	21.0%	13.9%
Lavallette	0.7%	1.5%	19.6%	17.6%	5.8%	33.6%	21.3%
Manchester	2.9%	6.7%	42.2%	18.5%	7.9%	14.0%	7.9%
Ocean Gate	5.5%	4.6%	36.1%	12.9%	5.9%	27.0%	8.1%
Pine Beach	0.4%	2.0%	22.5%	16.6%	15.5%	29.9%	13.1%
Seaside Heights	3.0%	11.9%	41.8%	20.8%	2.3%	15.9%	4.3%
Seaside Park	0.9%	0.0%	25.0%	16.2%	9.8%	25.7%	22.4%
Toms River (08753)	2.0%	4.1%	30.9%	19.6%	9.5%	22.6%	11.2%
Toms River (08755)	4.7%	5.0%	35.1%	20.3%	7.1%	17.6%	10.3%
Toms River (08757)	3.2%	9.0%	45.7%	18.1%	7.1%	12.1%	4.8%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Table 21. Educational Attainment among Adults 25 Years and Older, by Race/Ethnicity and Town, 2016-2020

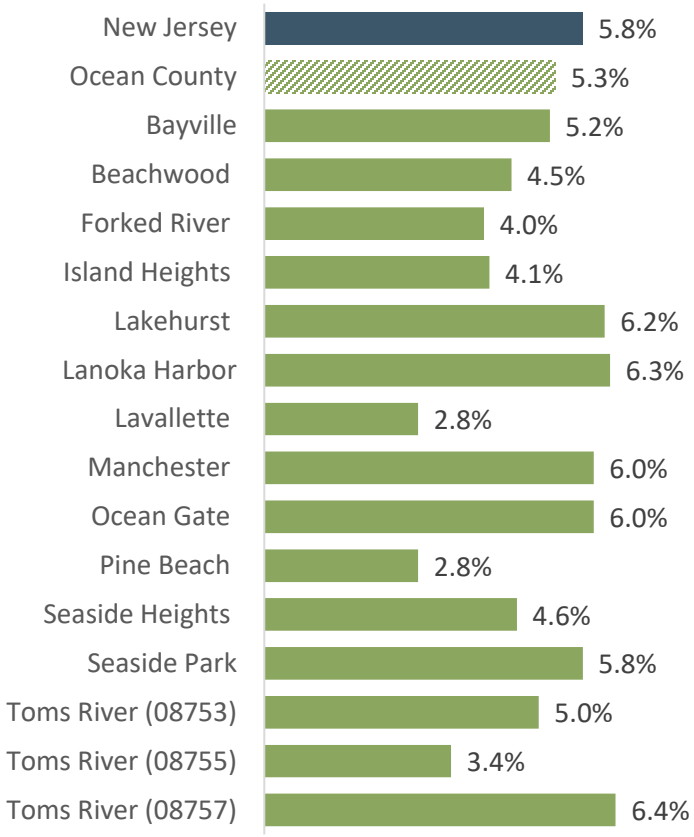
	Asian, NH		Black, NH		Hispanic/ Latino		White, NH		Other race, NH	
	HS+	BA/BS+	HS+	BA/BS+	HS+	BA/BS+	HS+	BA/BS+	HS+	BA/BS+
New Jersey	92.8%	71.0%	88.6%	25.2%	75.6%	20.6%	94.6%	45.1%	71.4%	15.3%
Ocean County	91.1%	57.6%	89.1%	23.4%	75.7%	16.9%	94.0%	32.1%	69.0%	15.6%
Bayville	94.7%	51.7%	67.0%	16.8%	67.4%	10.1%	93.6%	26.8%	49.1%	10.6%
Beachwood	100.0%	81.0%	93.7%	13.2%	80.1%	18.4%	94.6%	26.6%	58.5%	9.2%

Forked River	100.0%	16.7%	-	-	96.5%	36.1%	95.3%	22.9%	95.9%	84.7%
Island Heights	100.0%	100.0%	100.0%	0.0%	100.0%	57.1%	97.2%	49.8%	100.0%	100.0%
Lakehurst	90.7%	30.7%	91.7%	22.0%	77.7%	8.5%	84.7%	18.4%	60.8%	0.0%
Lanoka Harbor	100.0%	62.5%	97.7%	16.3%	90.2%	14.8%	95.0%	35.3%	100.0%	0.0%
Lavallette	0.0%	0.0%	-	-	100.0%	81.4%	98.6%	55.2%	-	-
Manchester	94.3%	56.7%	95.4%	32.2%	72.0%	8.8%	91.1%	21.3%	75.5%	2.5%
Ocean Gate	-	-	-	-	100.0%	31.3%	89.5%	35.6%	-	-
Pine Beach	100.0%	10.7%	100.0%	40.9%	96.9%	48.5%	97.6%	44.0%	86.4%	27.3%
Seaside Heights	100.0%	100.0%	100.0%	0.0%	63.8%	9.0%	88.5%	24.1%	57.3%	0.4%
Seaside Park	-	-	100.0%	0.0%	100.0%	0.0%	99.1%	48.2%	-	-
Toms River (08753)	95.4%	55.1%	87.2%	28.0%	82.6%	11.0%	94.9%	34.6%	84.3%	22.8%
Toms River (08755)	87.8%	61.9%	88.6%	21.4%	59.2%	8.6%	93.6%	28.2%	81.5%	13.3%
Toms River (08757)	85.6%	60.0%	80.7%	17.3%	80.6%	10.3%	88.9%	16.4%	67.6%	9.9%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Employment and Workforce

Figure 68. Unemployment Rate among Workers 16 Years and Above, 2016-2020



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Table 22. Population Employed by Industry Type, State, County, and Town, 2016-2020

	Agriculture, forestry, fishing and hunting, and mining	Construction	Manufacturing	Wholesale trade	Retail trade	Transportation and warehousing, and utilities	Information	Finance and insurance, and real estate and rental and leasing	Professional, scientific, and management, and administrative and waste management services	Educational services, and health care and social assistance	Arts, entertainment, and recreation, and accommodation and food services	Other services, except public administration	Public administration
New Jersey	0.3%	5.9%	8.1%	3.3%	10.7%	6.4%	2.6%	8.5%	13.7%	24.1%	7.8%	4.2%	4.4%
Ocean County	0.3%	7.9%	4.8%	2.7%	13.2%	5.9%	2.0%	6.6%	10.3%	27.4%	8.6%	4.6%	5.6%
Bayville	0.3%	10.1%	3.8%	1.6%	14.1%	9.2%	2.1%	6.6%	8.0%	24.7%	6.5%	6.0%	7.1%
Beachwood	0.0%	4.3%	5.5%	1.4%	12.7%	6.1%	1.7%	3.9%	12.9%	26.5%	11.2%	6.0%	7.9%
Forked River	0.0%	13.1%	4.4%	2.3%	9.3%	5.8%	0.6%	6.5%	11.8%	23.5%	10.0%	11.4%	1.2%
Island Heights	0.0%	5.2%	5.7%	3.6%	9.8%	1.8%	3.6%	10.1%	13.5%	32.5%	7.3%	1.4%	5.4%
Lakehurst	0.5%	5.9%	8.4%	1.5%	9.3%	9.5%	1.1%	4.5%	13.0%	22.7%	9.5%	6.8%	7.4%
Lanoka Harbor	0.0%	8.3%	2.7%	2.7%	15.6%	5.3%	1.7%	5.2%	8.7%	31.5%	6.7%	6.0%	5.6%
Lavallette	0.0%	10.7%	4.5%	13.2%	13.1%	2.2%	0.7%	15.6%	9.9%	17.3%	6.5%	1.5%	4.9%
Manchester	0.0%	6.7%	5.4%	3.1%	13.7%	7.5%	1.6%	6.5%	11.0%	25.3%	5.5%	5.9%	7.9%
Ocean Gate	0.0%	8.5%	10.4%	0.0%	9.2%	1.9%	4.6%	2.3%	12.1%	33.2%	5.2%	3.9%	8.5%
Pine Beach	0.0%	12.1%	2.1%	0.0%	8.7%	6.4%	3.4%	2.5%	5.0%	34.0%	5.9%	4.5%	15.5%
Seaside Heights	0.1%	5.3%	14.8%	1.9%	7.9%	3.5%	4.7%	7.8%	16.2%	16.9%	10.6%	5.3%	5.1%
Seaside Park	0.0%	3.9%	4.9%	1.7%	10.7%	13.1%	1.3%	5.2%	9.4%	32.0%	8.7%	4.3%	4.8%
Toms River (08753)	0.2%	7.7%	3.9%	3.4%	12.5%	6.1%	2.4%	5.8%	9.2%	26.7%	10.5%	5.1%	6.5%
Toms River (08755)	0.0%	6.4%	8.7%	1.7%	13.1%	6.7%	1.3%	4.1%	8.7%	31.5%	6.1%	4.3%	7.4%
Toms River (08757)	0.1%	8.0%	5.8%	3.2%	14.6%	7.7%	2.1%	5.6%	8.7%	27.1%	7.7%	5.2%	4.2%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Table 23. Unemployment Rate by Gender, State, County, and Town, 2016-2020

	Female	Male
New Jersey	5.6%	5.4%
Ocean County	4.9%	5.2%
Bayville	2.8%	6.5%
Beachwood	3.3%	5.3%
Forked River	6.8%	0.9%
Island Heights	5.8%	2.6%
Lakehurst	7.3%	6.3%
Lanoka Harbor	5.5%	8.2%
Lavallette	1.3%	5.5%
Manchester	4.5%	8.1%
Ocean Gate	5.7%	5.6%
Pine Beach	1.7%	5.0%
Seaside Heights	3.1%	7.0%
Seaside Park	7.3%	5.4%
Toms River (08753)	4.3%	5.4%
Toms River (08755)	3.2%	2.3%
Toms River (08757)	5.2%	8.6%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

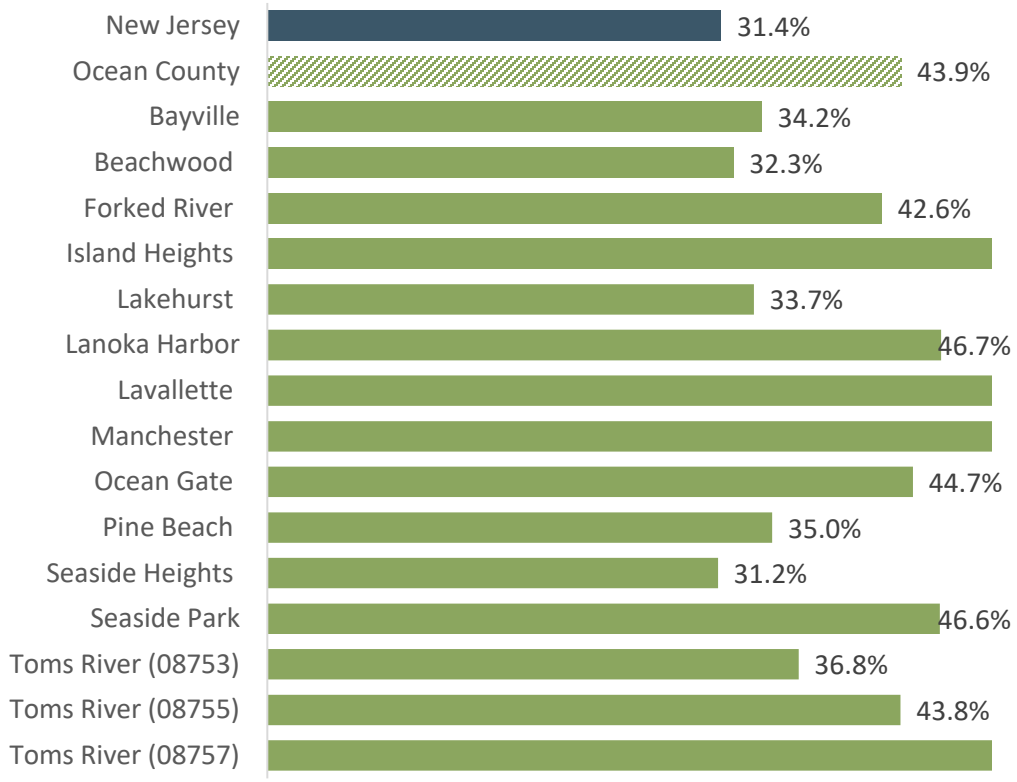
Table 24. Unemployment Rate by Age, State, and County, 2016-2020

	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	17.2%	11.4%	6.5%	5.2%	4.6%	4.6%	4.5%	4.4%	4.8%	4.2%
Ocean County	12.7%	7.7%	5.2%	5.0%	3.4%	4.8%	5.8%	4.9%	5.6%	4.2%
Bayville	9.0%	2.4%	5.2%	3.8%	6.5%	4.6%	6.0%	2.9%	11.6%	0.0%
Beachwood	6.1%	6.6%	8.6%	1.5%	1.1%	4.5%	5.0%	8.2%	6.8%	0.0%
Island Heights	-	0.0%	0.0%	0.0%	5.9%	7.5%	4.8%	0.0%	4.7%	0.0%
Forked River	32.8%	4.7%	4.9%	0.0%	4.3%	0.0%	12.9%	0.0%	0.0%	0.0%
Lakehurst	0.0%	19.1%	5.6%	4.8%	3.3%	6.0%	18.2%	0.0%	0.0%	0.0%
Lanoka Harbor	6.1%	0.0%	8.3%	10.5%	17.9%	3.3%	0.0%	0.0%	2.6%	0.0%
Lavallette	0.0%	22.2%	0.0%	0.0%	0.0%	2.9%	5.6%	0.0%	0.0%	0.0%
Manchester	8.0%	10.9%	6.1%	12.9%	1.7%	4.8%	6.2%	8.8%	4.7%	0.0%
Ocean Gate	-	0.0%	0.0%	9.6%	12.0%	0.0%	15.4%	0.0%	13.9%	0.0%
Pine Beach	0.0%	9.7%	0.0%	11.1%	4.9%	0.0%	3.7%	2.7%	0.0%	0.0%
Seaside Heights	0.0%	0.0%	35.9%	-	8.1%	0.3%	0.0%	19.3%	0.0%	0.0%
Seaside Park	-	0.0%	0.0%	16.7%	16.8%	2.8%	3.4%	0.0%	4.2%	0.0%
Toms River (08753)	7.2%	7.3%	6.1%	3.5%	3.9%	4.7%	5.3%	3.9%	4.3%	10.4%
Toms River (08755)	11.5%	2.7%	4.6%	3.7%	1.5%	2.6%	1.5%	5.8%	5.4%	18.7%
Toms River (08757)	7.5%	1.4%	8.2%	11.8%	3.9%	13.0%	5.1%	4.9%	3.7%	4.5%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Income, Poverty, and Food Insecurity

Figure 69. Percent Households Receiving Social Security Income, by State, County, and Town, 2016-2020



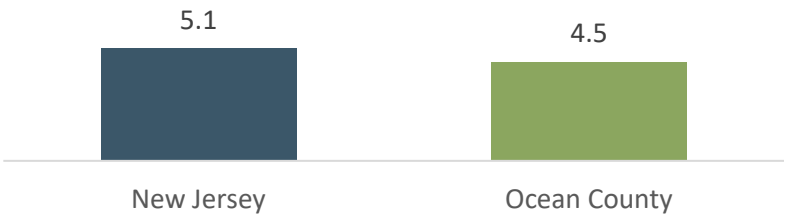
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Table 25. Median Household Income, by Race/Ethnicity, State, County, and Town, 2016-2020

	Asian, Non-Hispanic	Black, Non-Hispanic	Hispanic/ Latino	White, Non-Hispanic	American Indian and Alaska Native	Native Hawaiian and Other Pacific Islander	Some other race
New Jersey	$126,232	$55,453	$60,352	$96,531	$59,827	$61,563	$54,334
Ocean County	$89,440	$59,138	$72,217	$72,840	-	-	$71,484
Bayville	$121,510	-	$85,649	$93,286	-	-	-
Beachwood	-	$65,854	$71,542	$84,490	-	-	-
Forked River	-	-	-	$62,625	-	-	-
Island Heights	-	-	-	$91,382	-	-	-
Lakehurst	$84,871	$113,750	$57,000	$60,448	-	-	$73,333
Lanoka Harbor	-	-	-	$100,091	-	-	-
Lavallette	-	-	$174,167	$87,841	-	-	-
Manchester	$88,362	$77,703	$34,710	$45,571	-	-	-
Ocean Gate	-	-	-	$54,737	-	-	-
Pine Beach	-	-	$92,578	$112,557	-	-	-
Seaside Heights	-	-	$119,375	$47,520	-	-	-
Seaside Park	-	-	-	$71,094	-	-	-
Toms River (08753)	$99,214	$45,156	$90,774	$84,695	-	-	$64,038
Toms River (08755)	$102,500	$41,779	$71,706	$69,434	-	-	-
Toms River (08757)	-	$49,913	$61,250	$44,656	-	-	-

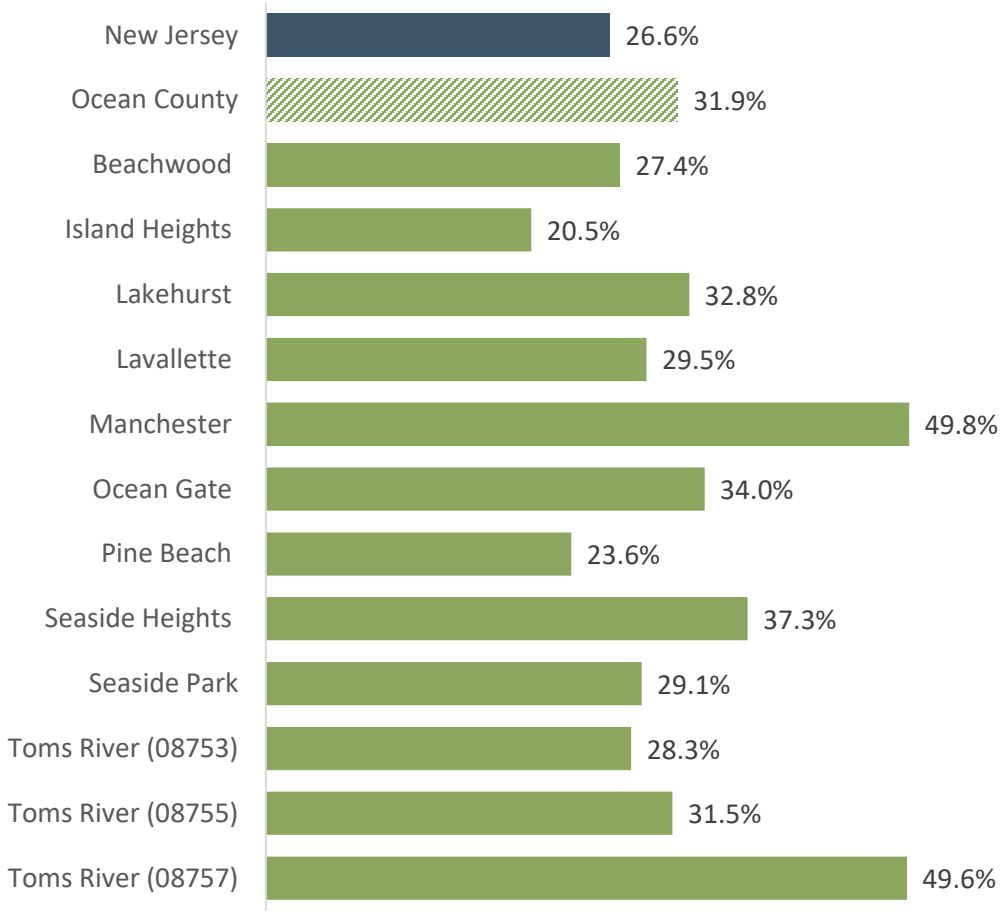
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Figure 70. Income Inequality (80th to 20th Percentile Income Ratio), by State and County, 2016-2020



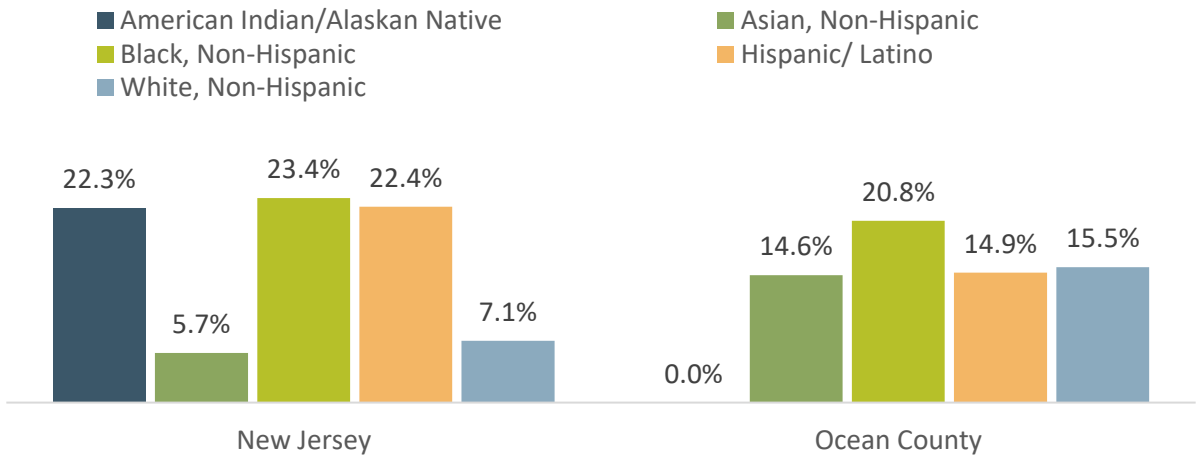
DATA SOURCE: U.S. Census Bureau, American Community Survey as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2016-2020
NOTE: The ratio of household income at the 80th percentile to that at the 20th percentile, where the incomes of all households in a county are listed from highest to lowest, the 80th percentile is the level of income at which only 20% of households have higher incomes, and the 20th percentile is the level of income at which only 20% of households have lower incomes. A higher inequality ratio indicates greater division between the top and bottom ends of the income spectrum.

Figure 71. Percent Households Falling into ALICE Population, by State, County, and Town, 2018



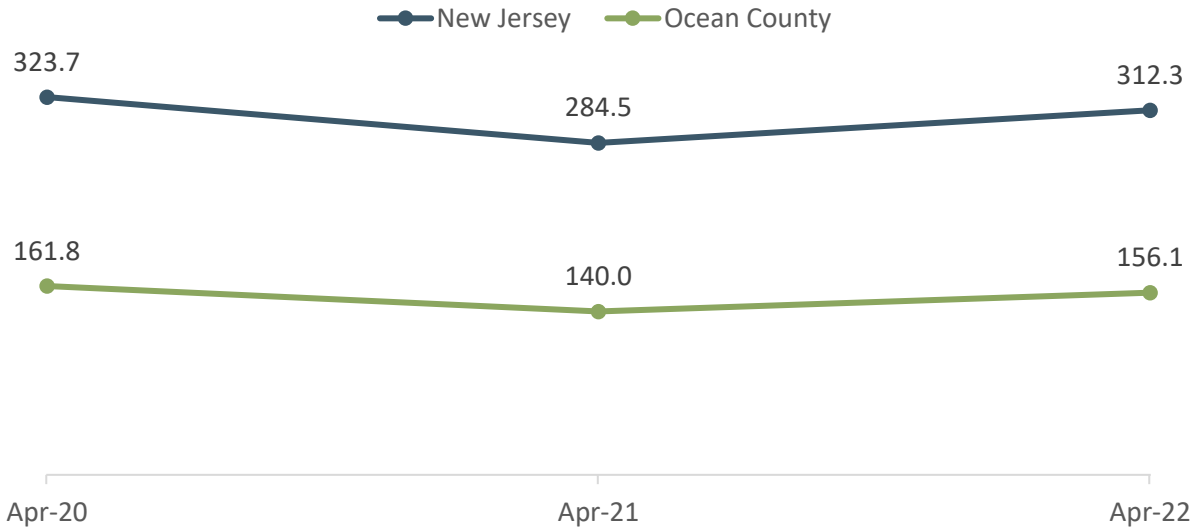
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2014-2018 as reported by United Ways of New Jersey, Alice in New Jersey: A Financial Hardship Study, 2020
NOTE: ALICE refers to the population in our communities that are Asset Limited, Income Constrained, Employed. The ALICE population represents those among us who are working, but due to child care costs, transportation challenges, high cost of living and so much more are living paycheck to paycheck. Bayville, Forked River, and Lanoka Harbor have no data available.

Figure 72. Children in Poverty, by State and County, 2019



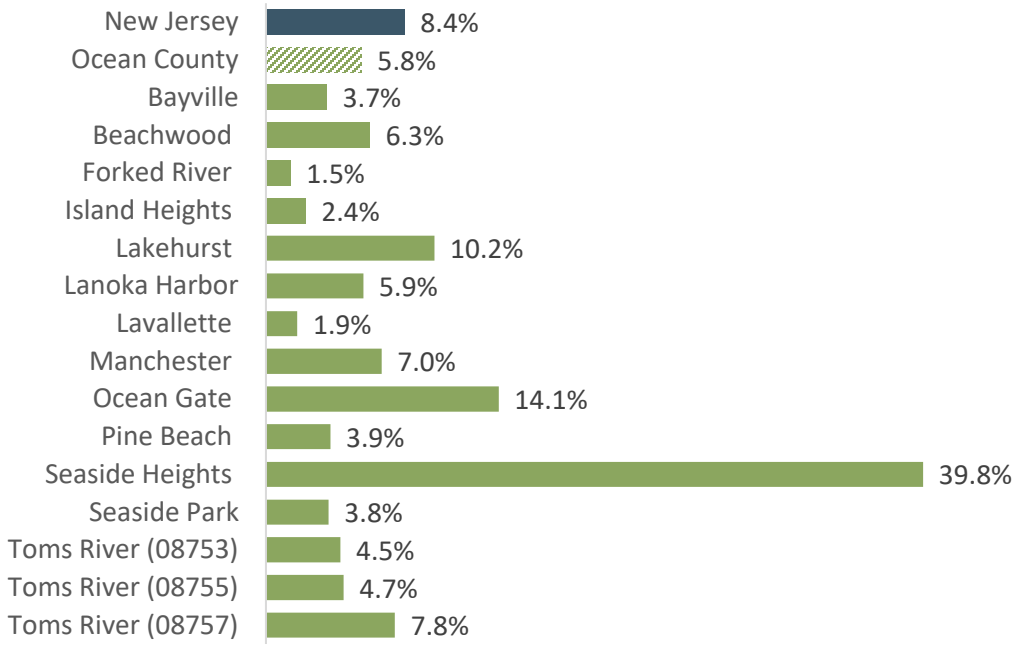
DATA SOURCE: U.S. Census Bureau, Small Area Income and Poverty Estimates, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2019

Figure 73. Number of Participating Persons, Adults, and Children Receiving WFNJ/TANF per 100,000, by State and County, 2020-2022



DATA SOURCE: New Jersey Department of Human Services, Division of Family Development, Current Program Statistics 2020-2022

Figure 74. Households Receiving Food Stamps/SNAP, by State, County, and Town, 2016-2020



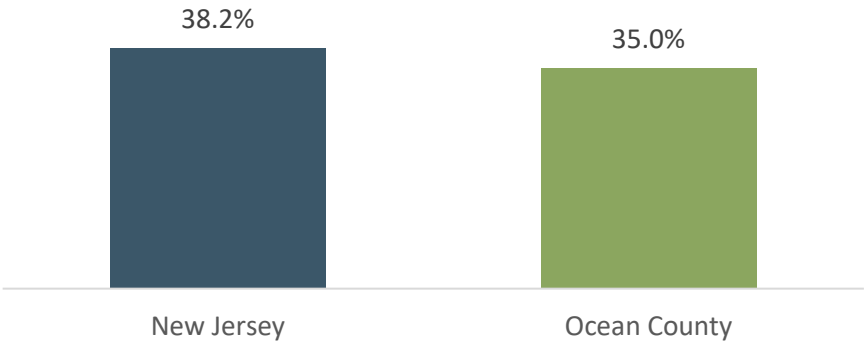
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Table 26. Households Receiving Food Stamps/SNAP, by State, County, and Town, 2016-2020

	Asian, Non-Hispanic	Black, Non-Hispanic	Hispanic/ Latino	White, Non-Hispanic	Other Race/ Ethnicity, Non-Hispanic
New Jersey	5.2%	27.3%	37.0%	29.5%	22.0%
Ocean County	1.6%	5.5%	10.4%	81.4%	13.9%
Bayville	7.6%	0.0%	9.0%	79.5%	4.0%
Beachwood	0.0%	27.2%	19.2%	53.6%	69.2%
Forked River	0.0%	0.0%	0.0%	100.0%	0.0%
Island Heights	0.0%	29.4%	0.0%	70.6%	0.0%
Lakehurst	10.7%	0.0%	21.4%	62.1%	44.7%
Lanoka Harbor	0.0%	0.0%	0.0%	100.0%	0.0%
Lavallette	0.0%	0.0%	0.0%	100.0%	-
Manchester	1.3%	1.3%	3.3%	94.1%	0.0%
Ocean Gate	0.0%	0.0%	0.0%	89.6%	-
Pine Beach	0.0%	0.0%	45.7%	54.3%	-
Seaside Heights	0.0%	0.0%	19.6%	75.1%	54.4%
Seaside Park	0.0%	8.3%	0.0%	91.7%	-
Toms River (08753)	2.6%	10.6%	13.4%	73.3%	15.9%
Toms River (08755)	6.4%	0.0%	6.8%	86.8%	0.0%
Toms River (08757)	1.3%	9.0%	8.9%	80.8%	0.0%

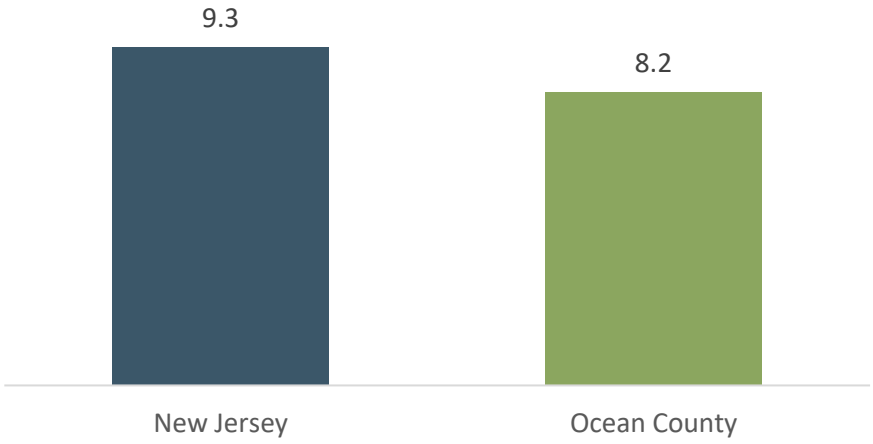
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Figure 75. Children Eligible for Free or Reduced Price Lunch, by State and County, 2019-2020



DATA SOURCE: National Center for Education Statistics, 2019-2020 from University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps, 2021

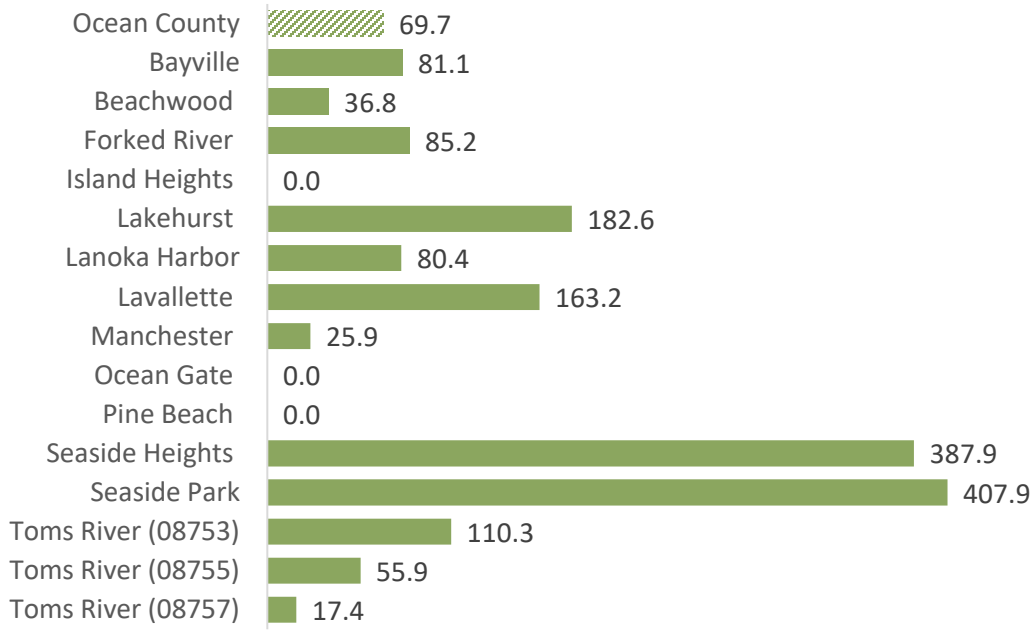
Figure 76. Food Environment Index, by State and County, 2019



DATA SOURCE: USDA Food Environment Atlas, Map the Meal Gap from Feeding America, 2019 as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2022

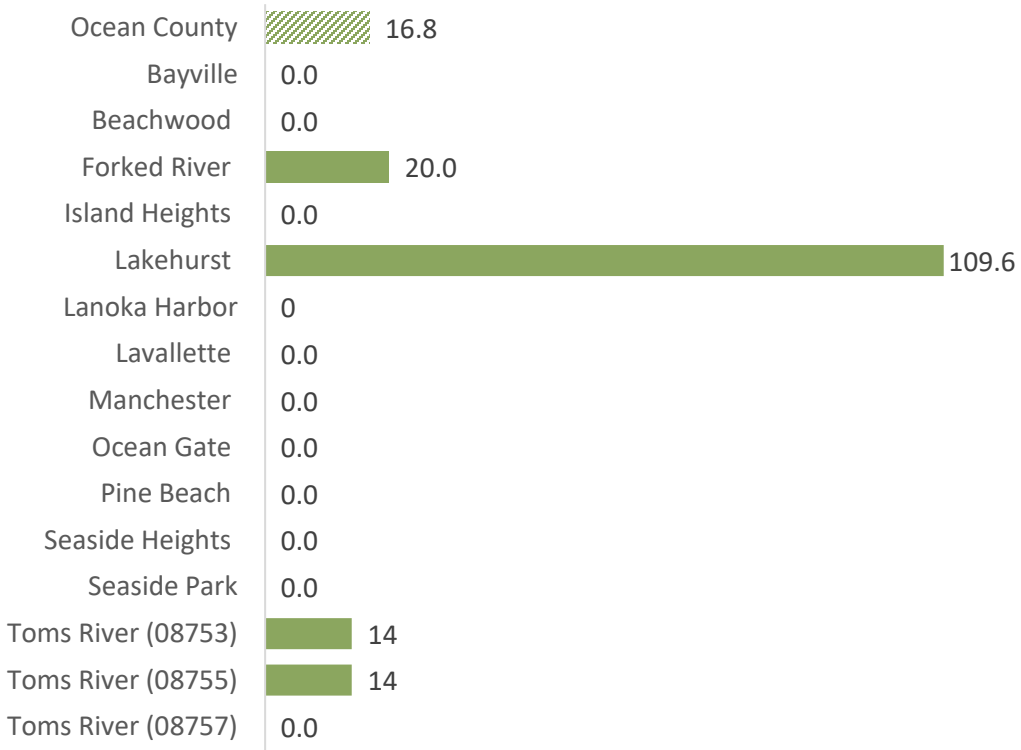
NOTE: Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).

Figure 77. Fast Food Establishments per 100,000 by County, and Town, 2020



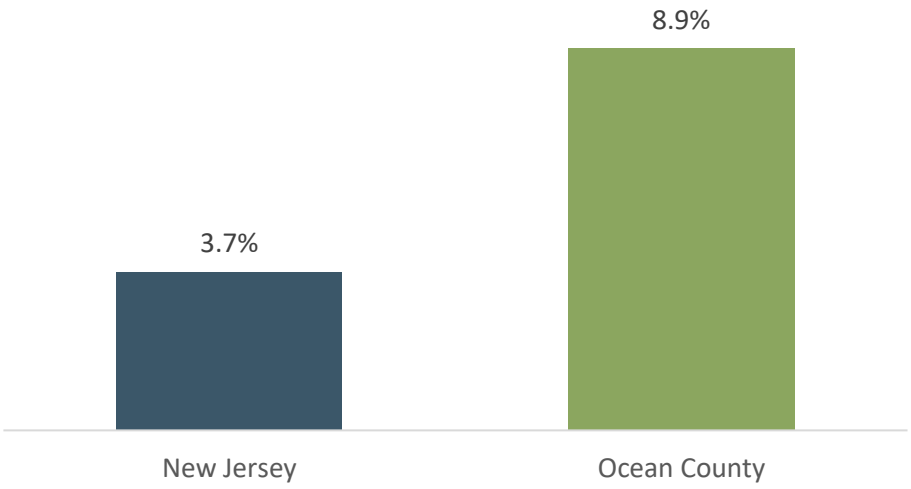
DATA SOURCE: Community Commons, Census County Business Patterns, analyzed by Center for Applied Research and Engagement Systems (CARES), 2020

Figure 78. Grocery Stores and Supermarkets per 100,000 by State, County, and Town, 2020



DATA SOURCE: Community Commons, Census County Business Patterns, analyzed by Center for Applied Research and Engagement Systems (CARES), 2020

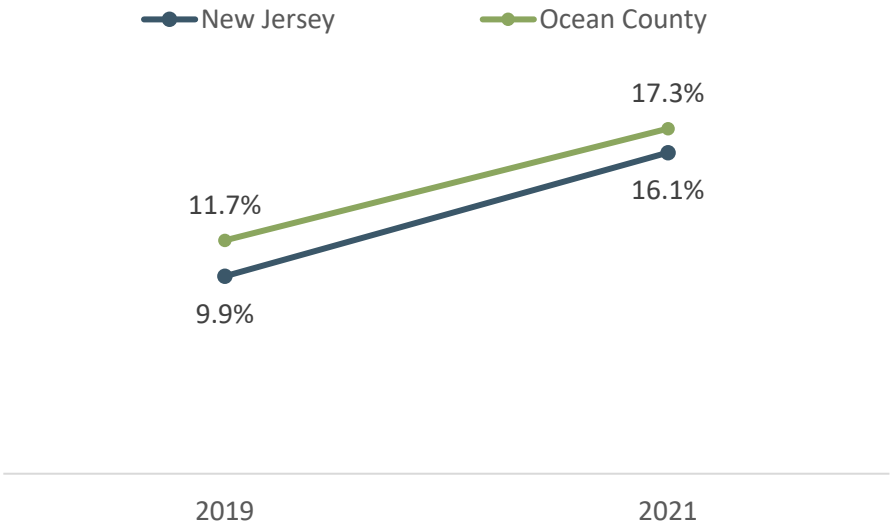
Figure 79. Food Desert Among Residents, by State and County, 2019



DATA SOURCE: U.S. Department of Agriculture, Economic Research Service, Food Access Research Atlas, 2019 , as reported by, County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2022

NOTE: Food desert defined as the percentage of population with low income and without access to a grocery store at 1 mile for urban areas and 10 miles for rural areas

Figure 80. Percent Under 18 Food Insecure, by State and County, 2019 and 2021

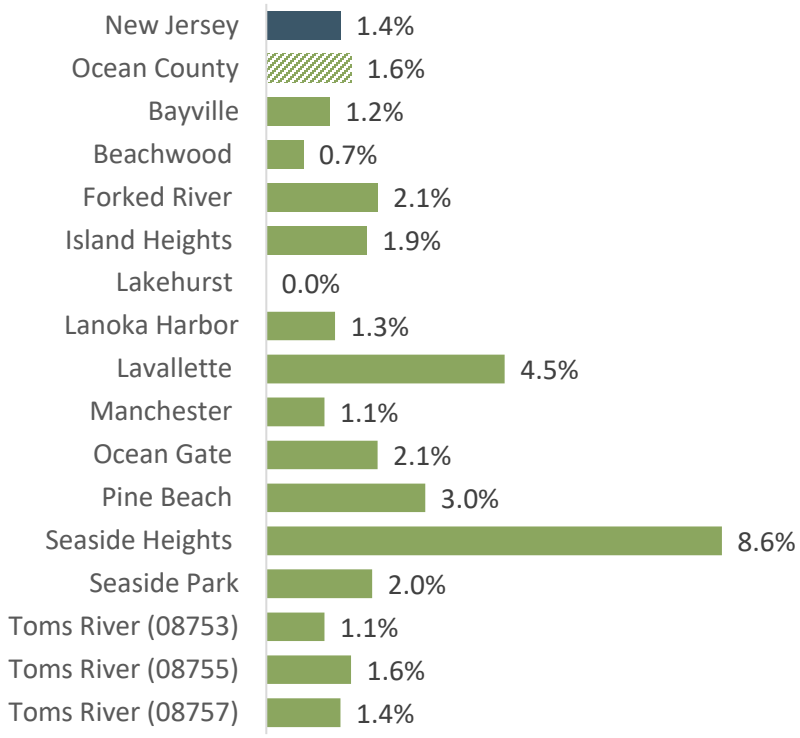


DATA SOURCE: Feeding America, Map the Meal Gap 2021

NOTE: 2021 data are projections of food insecurity levels in response to projected changes to annual unemployment and poverty due to COVID-19.

Housing

Figure 81. Homeowner Vacancy Rate, by State and County, 2016-2020



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Table 27. Household Occupants per Room, by State and County, 2016-2020

	1.00 or less	1.01 to 1.50	1.51 or more
New Jersey	96.7%	2.1%	1.1%
Ocean County	97.8%	1.6%	0.6%
Bayville	98.1%	1.0%	0.9%
Beachwood	99.3%	0.7%	0.0%
Forked River	99.5%	0.5%	0.0%
Island Heights	98.9%	1.1%	0.0%
Lakehurst	100.0%	0.0%	0.0%
Lanoka Harbor	100.0%	0.0%	0.0%
Lavallette	98.0%	2.0%	0.0%
Manchester	99.5%	0.5%	0.0%
Ocean Gate	100.0%	0.0%	0.0%
Pine Beach	100.0%	0.0%	0.0%
Seaside Heights	100.0%	0.0%	0.0%
Seaside Park	100.0%	0.0%	0.0%
Toms River (08753)	99.3%	0.6%	0.1%

Toms River (08755)	98.3%	1.5%	0.2%
Toms River (08757)	99.2%	0.7%	0.1%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Figure 82. Percentage of children that live in a household headed by a single parent by State and County, 2016-2020

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2016-2020

Figure 83. Severe Housing Problems, by State and County, 2014-2018

DATA SOURCE: U.S. Department of Housing and Urban Development, Comprehensive Housing Affordability Strategy (CHAS) data, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2014-2018
NOTE: Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.

Transportation

Table 28. Households (Renter v. Owner-Occupied) Without Access to a Vehicle, by State and County, 2016-2020

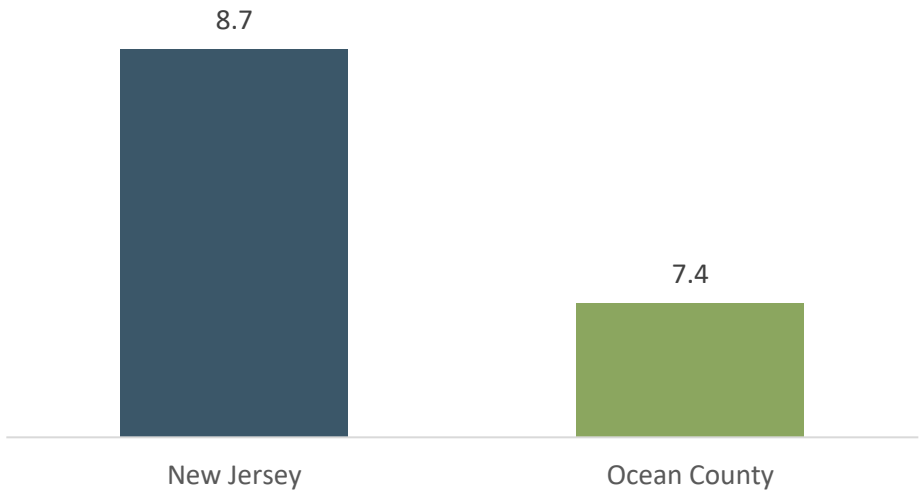
	Owner-occupied	Renter-occupied
New Jersey	3.6%	24.8%
Ocean County	4.1%	15.3%

Bayville	1.5%	15.3%
Beachwood	3.7%	0.0%
Forked River	3.2%	0.0%
Island Heights	0.7%	5.6%
Lakehurst	4.6%	12.6%
Lanoka Harbor	0.0%	47.9%
Lavallette	5.8%	0.0%
Manchester	7.8%	35.4%
Ocean Gate	4.4%	21.7%
Pine Beach	2.4%	0.0%
Seaside Heights	6.3%	38.6%
Seaside Park	0.7%	1.2%
Toms River (08753)	3.5%	8.5%
Toms River (08755)	8.6%	17.9%
Toms River (08757)	8.3%	18.8%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Community, Crime, and Violence

Figure 84. Membership in Social Associations, by State and County, 2019



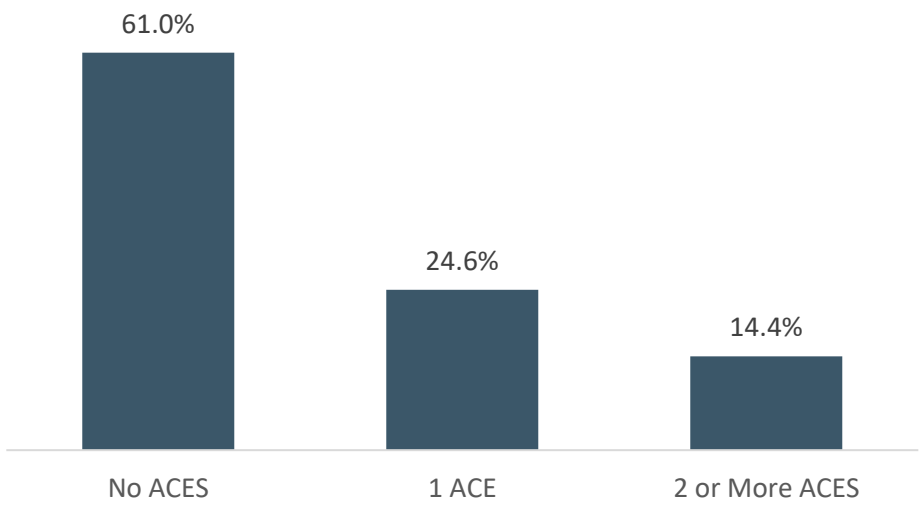
DATA SOURCE: County Business Patterns as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2019

Table 29. Domestic Violence Offenses, by State, 2019

	2019
New Jersey	59,645

DATA SOURCE: State of New Jersey, Department of Law and Public Safety, Uniform Crime Reporting Unit, Uniform Crime Report, 2019

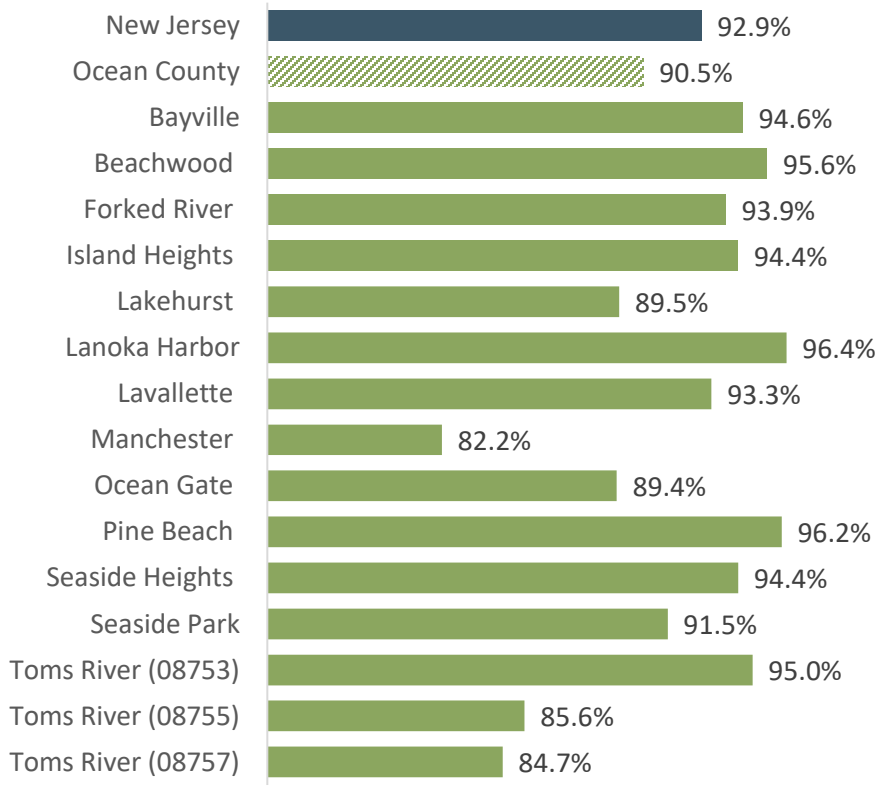
Figure 85. Percent of Children with Adverse Childhood Experiences (ACEs), by State, 2019



DATA SOURCE: Child and Adolescent Health Measurement Initiative (CAHMI), Data Resource Center for Child and Adolescent Health, National Survey of Children's Health Interactive Data Query, 2019

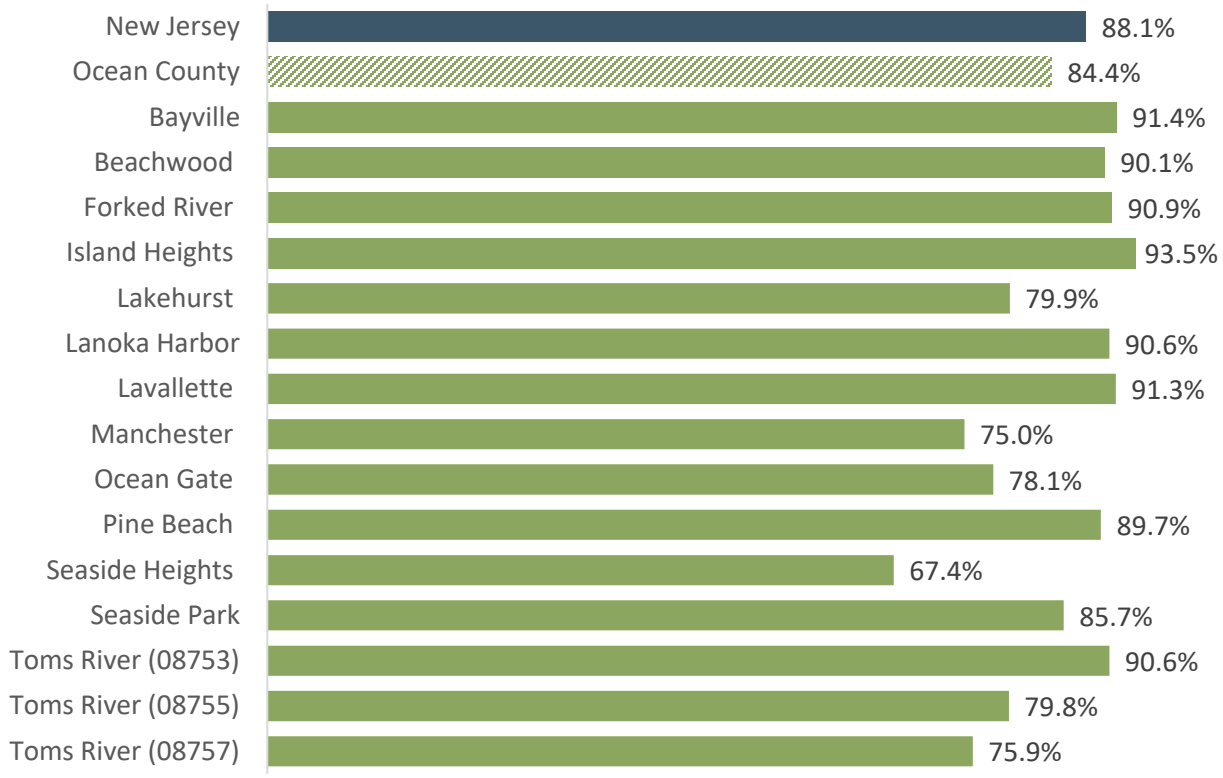
Technology

Figure 86. Households with a Computer, by State, County, and Town, 2016-2020



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

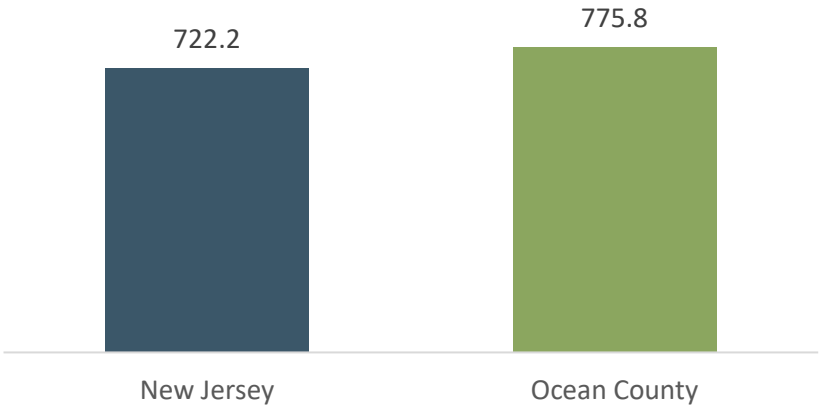
Figure 87. Households with Internet, by State, County, and Town, 2016-2020



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

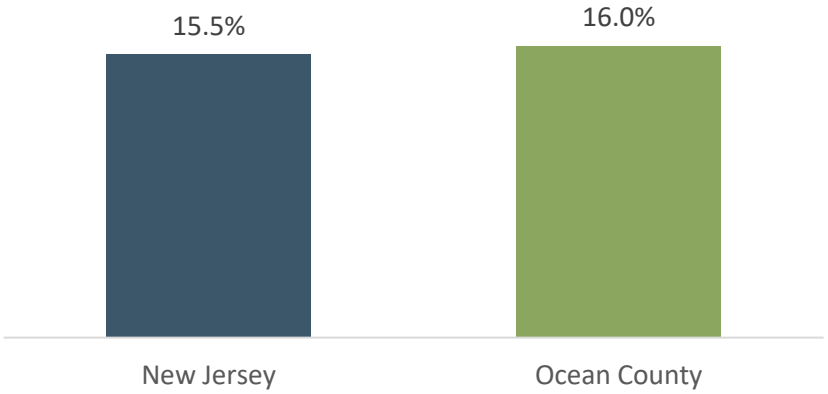
Overall Health

Figure 88. Age-Adjusted Mortality Rate per 100,000 population, by State, County, and Selected Municipalities, 2018-2020



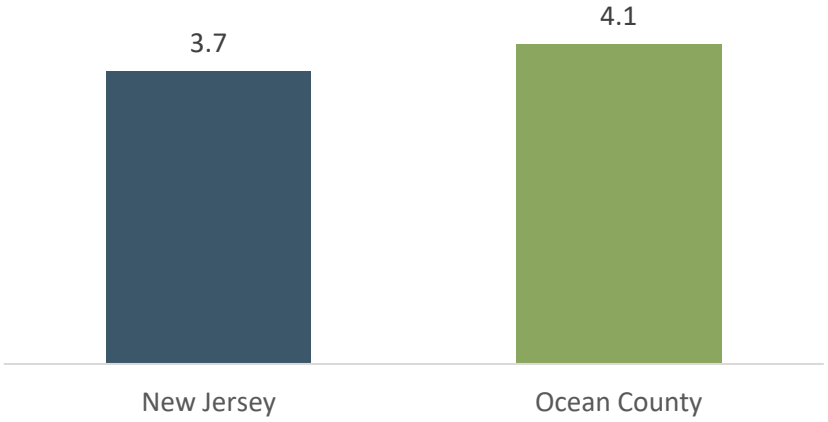
DATA SOURCE: New Jersey Department of Health, New Jersey Death Certificate Database, Office of Vital Statistics and Registry, 2018-2020

Figure 89. Percent Poor or Fair Health, by State and County, 2018



DATA SOURCE: Behavioral Risk Factor Surveillance System, as reported University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps, 2018

Figure 90. Poor Physical Health Days by State and County, 2018



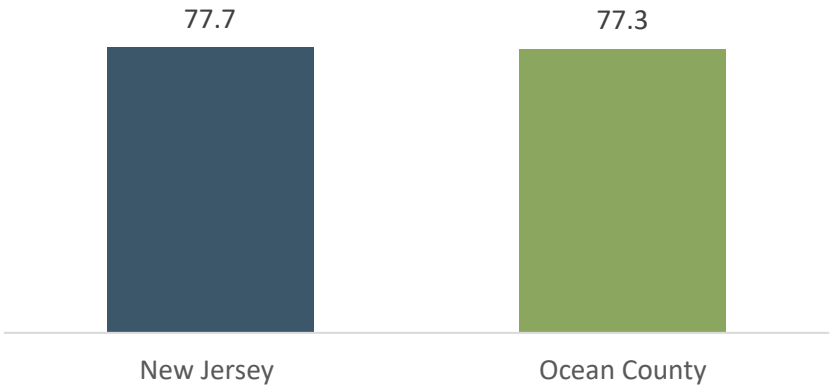
DATA SOURCE: Behavioral Risk Factor Surveillance System, as reported University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps, 2018

Table 30. Community Need Index, by Zip Code in Counties, 2021

	Ocean
Highest Need in County	Seaside Heights (4.2)
Lowest Need in County	Barnegat Light, Island Heights (1.2)

DATA SOURCE: Truven Health Analytics, 2021; Insurance Coverage Estimates, 2021; The Nielson Company, 2021; and Community Need Index, 2021.

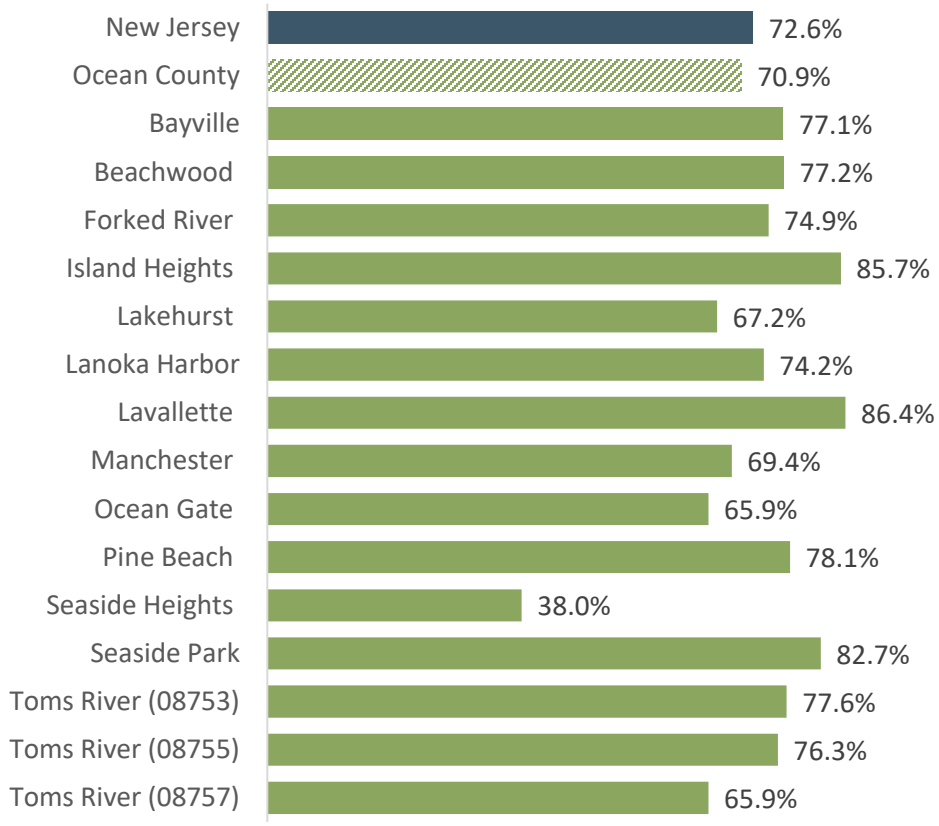
Figure 91. Life Expectancy by State and County, 2020



DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health 2020

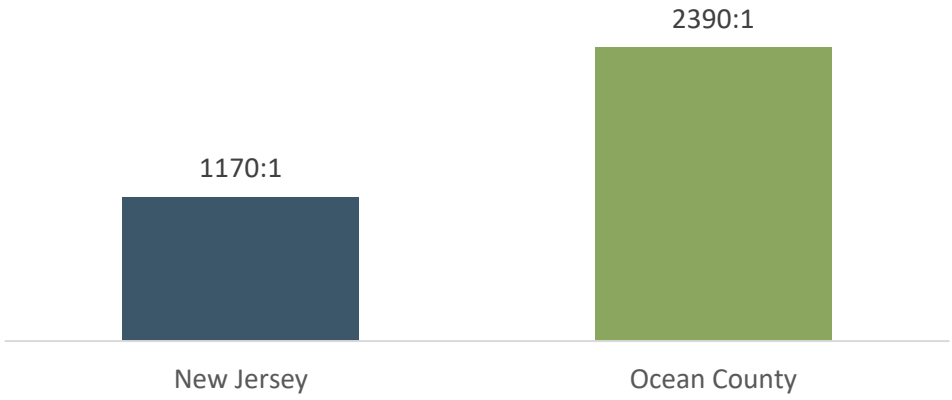
Access to Care

Figure 92. Population with Private Insurance, by State, County and Town, 2016-2020



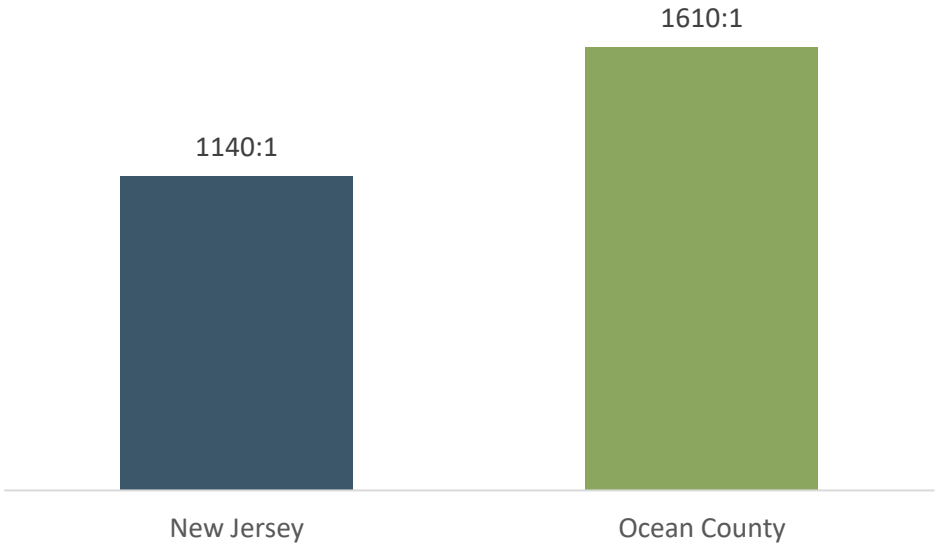
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Figure 93. Ratio of Population to Primary Care Physicians, by State and County, 2019



DATA SOURCE: American Medical Association, Area Health Resource File, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2019

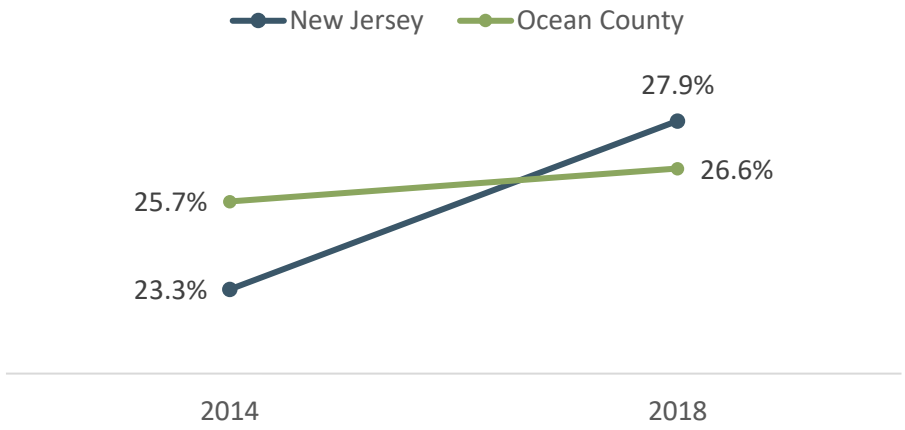
Figure 94. Ratio of Population to Dentists, by State and County, 2020



DATA SOURCE: National Provider Identification file, Centers for Medicare and Medicaid Services, Area Health Resource File, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2020

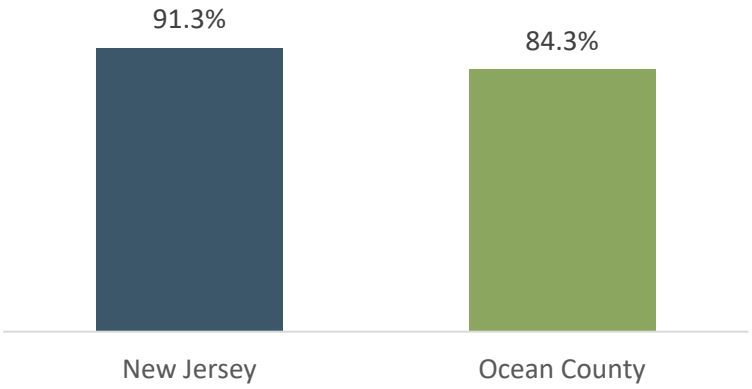
Healthy Living

Figure 95. Percent Adults Reported to Have Had No Leisure Time Physical Activity, by State and County, 2014 and 2018



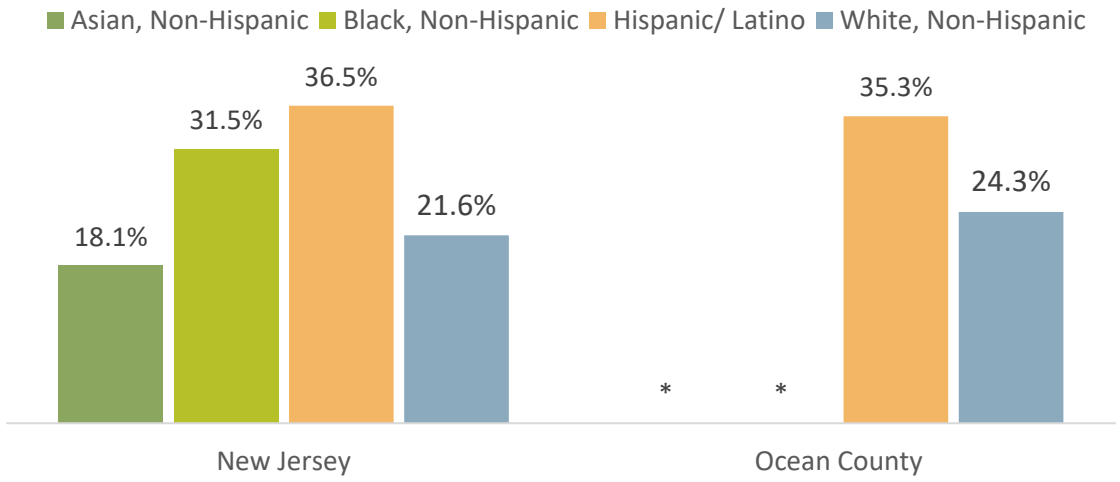
DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2014 and 2018

Figure 96. Population with adequate access to location for physical activity, by State and County, 2010 and 2021



DATA SOURCE: ESRI & U.S. Census Tigerline Files, Business Analyst, Delorme map data, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2010 & 2021

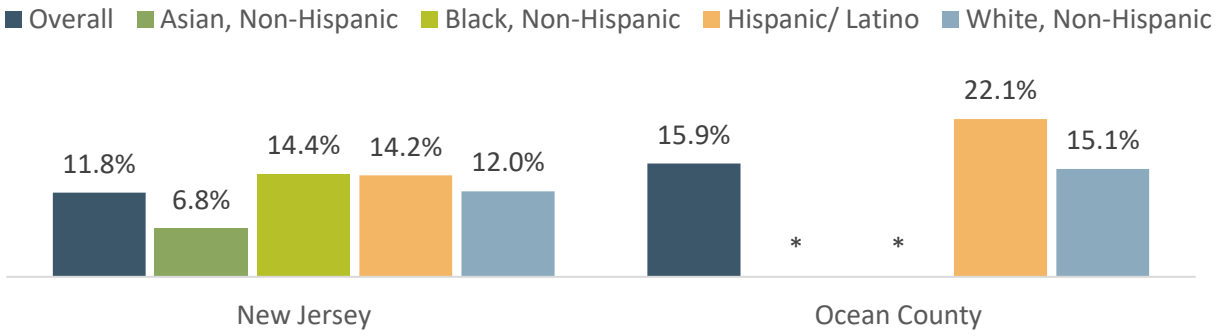
Figure 97. Percent Adults Reported to Have Had No Leisure Time Physical Activity by Race/Ethnicity, by State and County, 2016-2020



DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2016-2020
NOTE: Asterisks (*) denote insufficient data to calculate reliable rate

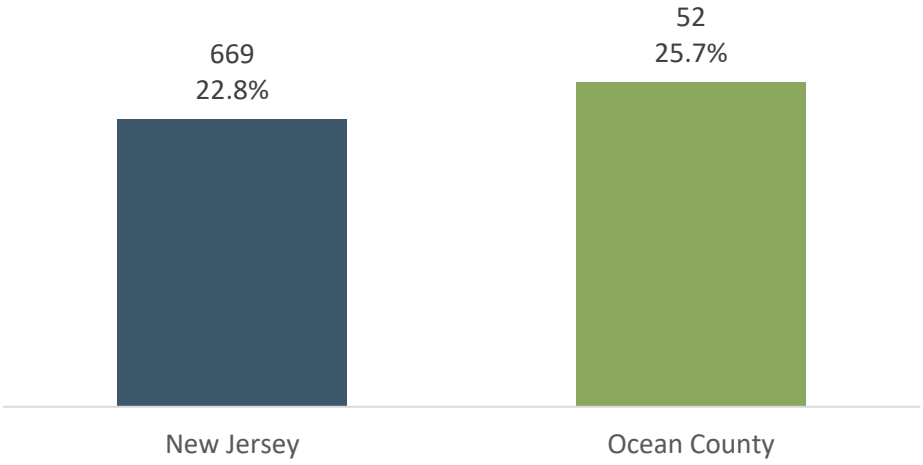
Substance Use

Figure 98. Percent Adults Reported Current Smokers, by State and County, 2017-2020



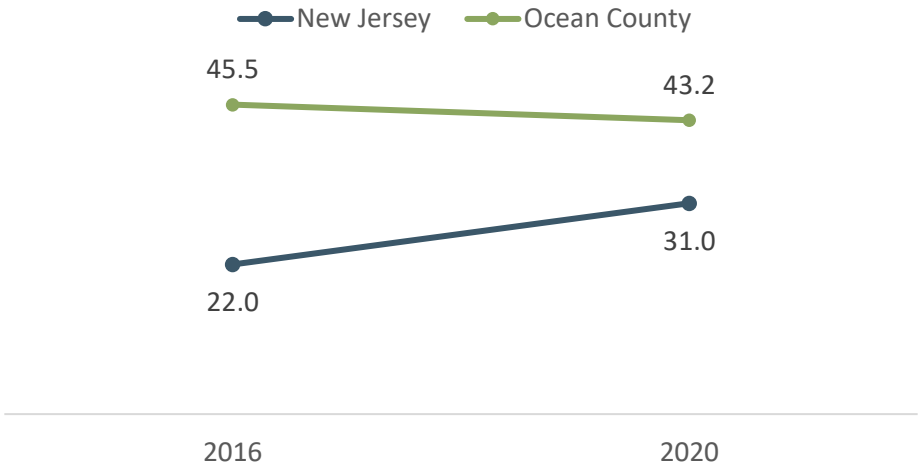
DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2017-2020
NOTE: Asterisks (*) denote insufficient data to calculate reliable rate

Figure 99. Alcohol-impaired Driving Deaths, by State and County, 2016-2020



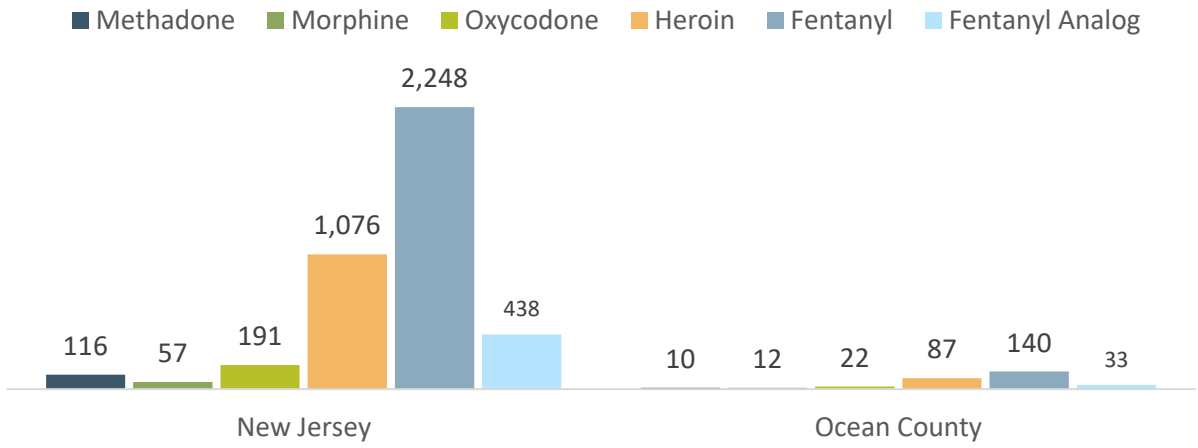
DATA SOURCE: Fatality Analysis Reporting System as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2016-2020

Figure 100. Age-Adjusted Unintentional Drug Induced Poisoning Mortality Rate per 100,000 Population, by State and County, 2016 and 2020



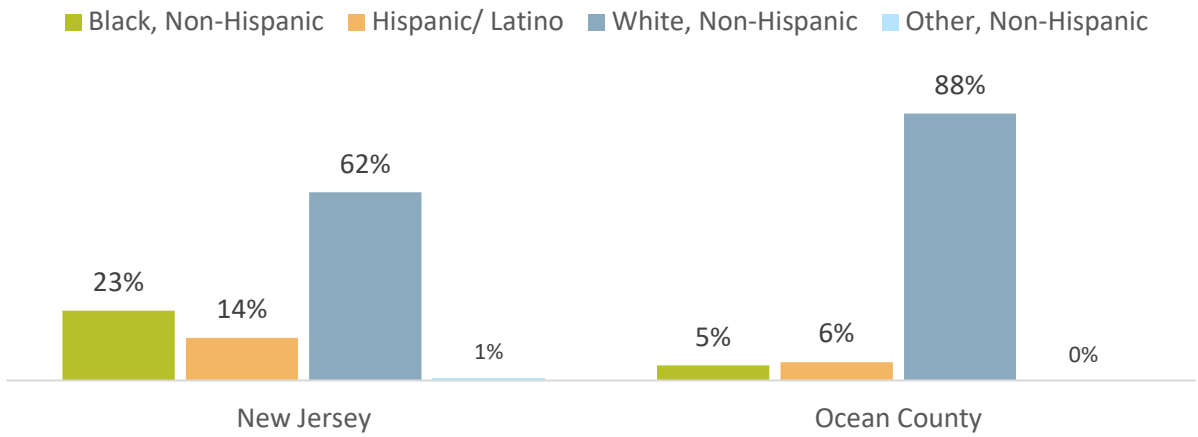
DATA SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 1999-2020 on CDC WONDER Online Database, 2016 and 2020
NOTE: Includes ICD-10 codes X40-X44

Figure 101. Count of Opioid Related Deaths by Drug, by State and County, 2019



DATA SOURCE: Drug Deaths for 2019, New Jersey Office of the State Medical Examiner

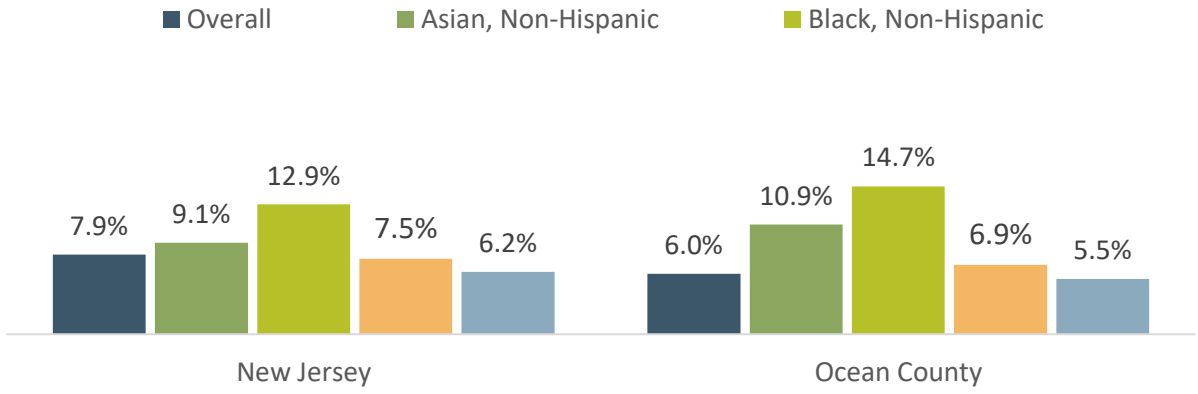
Figure 102. Substance Use Treatment Admissions by Race/Ethnicity, by State and County, 2020



DATA SOURCE: New Jersey Department of Human Services, Division of Mental Health and Addiction Services, New Jersey Drug and Alcohol Abuse Treatment Substance Abuse Overview, 2020

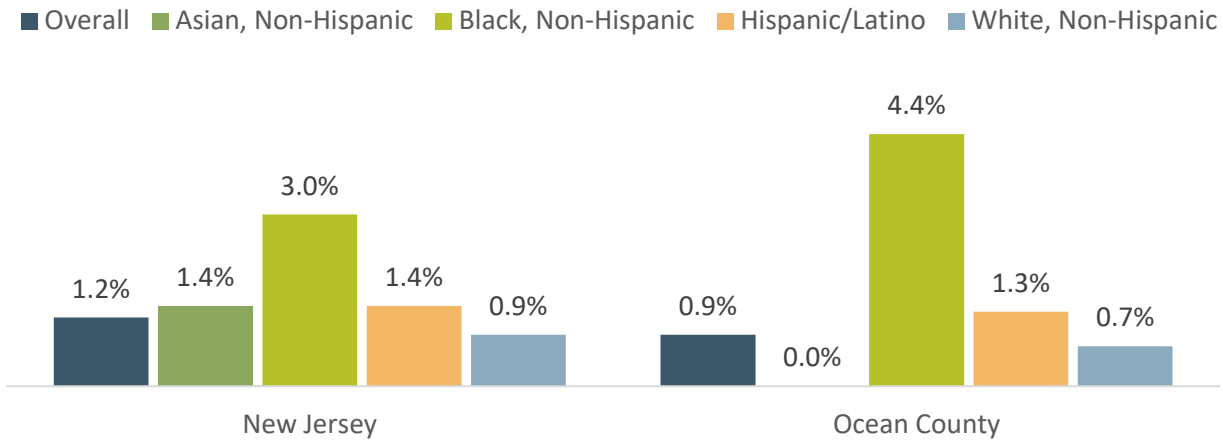
Maternal and Infant Health

Figure 103. Percent Low Birth Weight Births by Race/Ethnicity, by State and County, 2016-2020



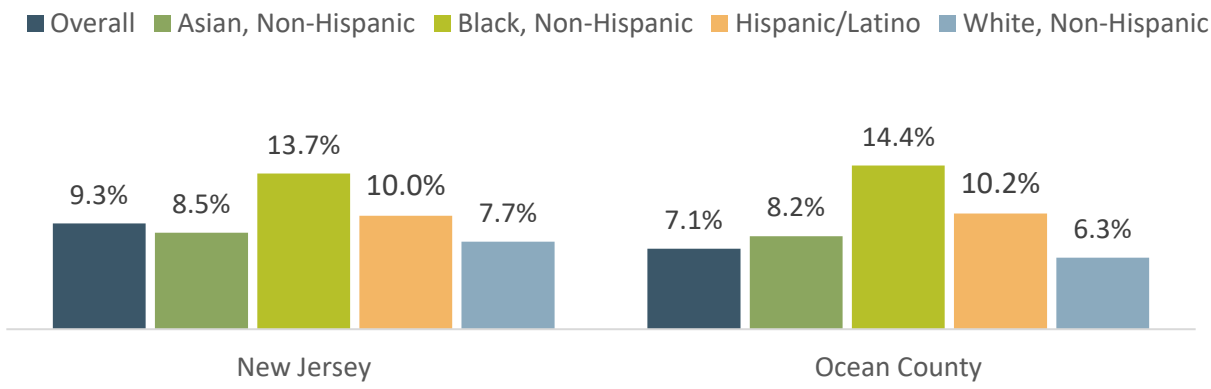
DATA SOURCE: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2016-2020
NOTE: Low birth weight as defined as less than 2,500 grams

Figure 104. Percent Very Low Birth Weight Births, by Race/Ethnicity, by State and County, 2020



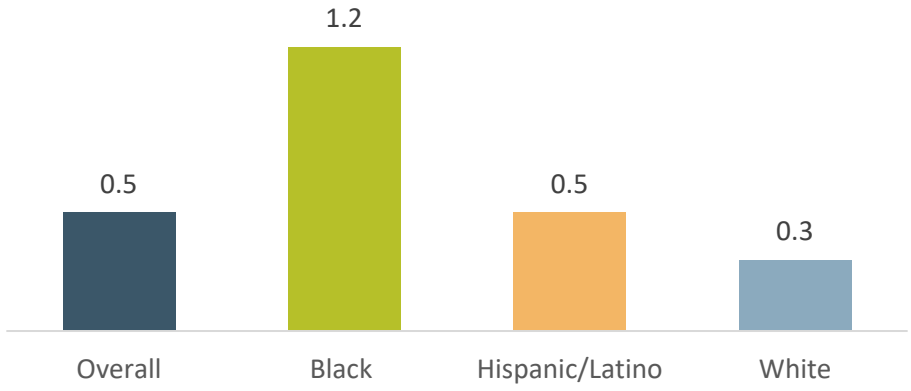
DATA SOURCE: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2020
NOTE: Very low birth weight is defined as less than 1,500 grams

Figure 105. Percent Preterm Births, by Race/Ethnicity, State, and County, 2020



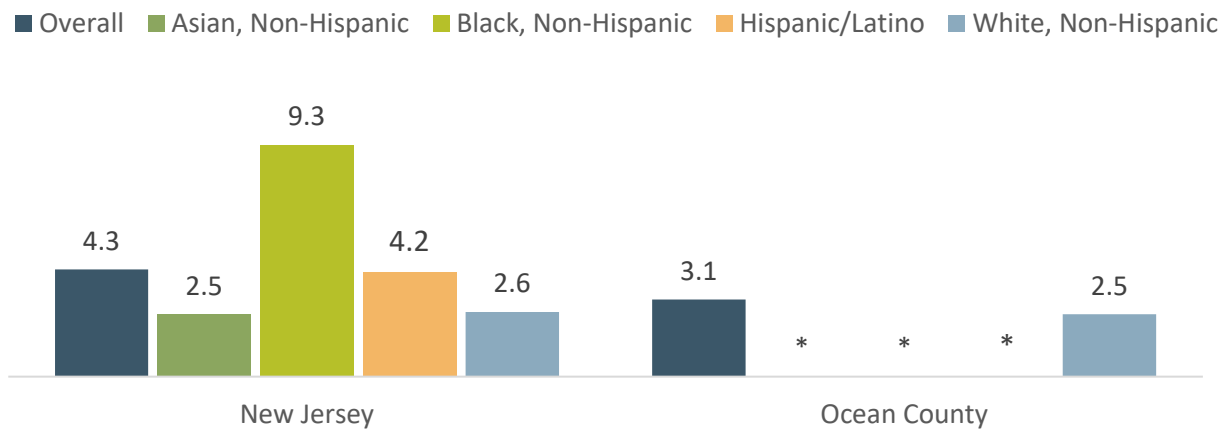
DATA SOURCE: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2020
NOTE: Preterm is defined as less than 37 weeks gestation

Figure 106. Maternal mortality rate per 100,000 population, by State and Race/Ethnicity, 2015-2019



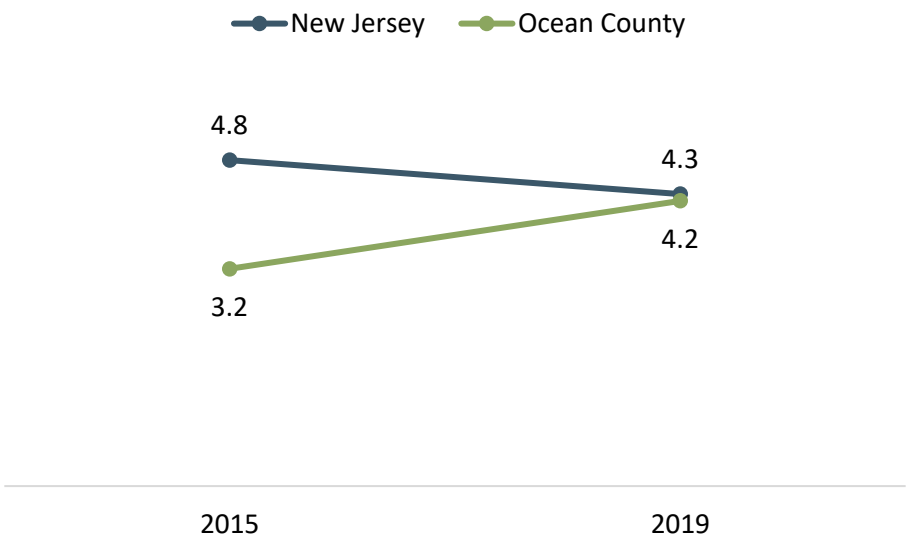
DATA SOURCE: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2015-2019

Figure 107. Infant Mortality Rate per 1,000 Births by Race/Ethnicity, by State, 2015-2019



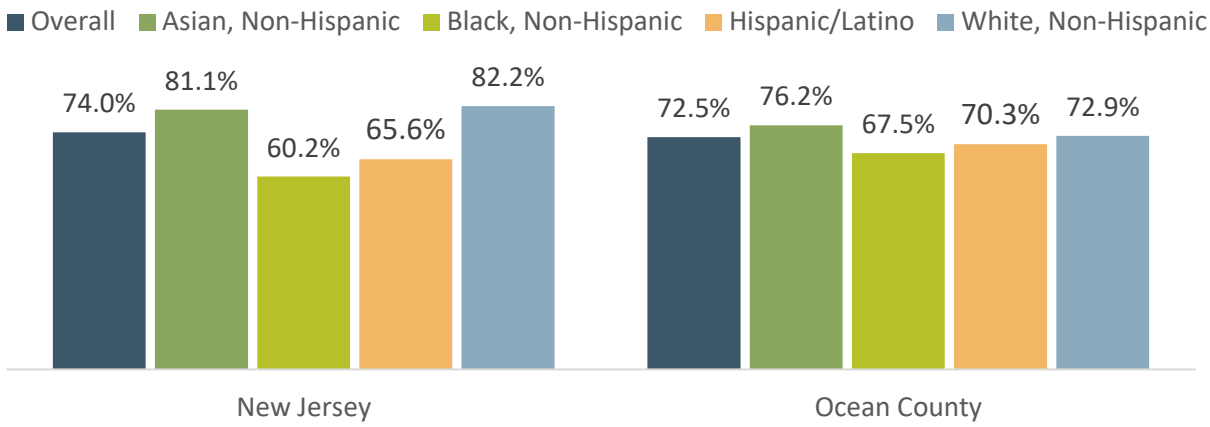
DATA SOURCE: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2015-2019
NOTE: Asterisks (*) denote insufficient data to calculate reliable rate

Figure 108. Infant Mortality Rate per 1,000 Births, by State and County, 2015 and 2018



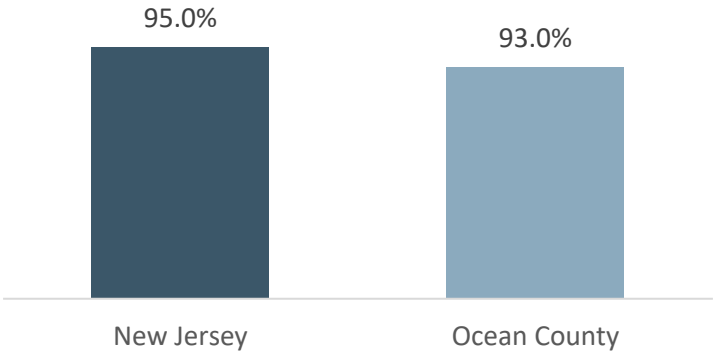
DATA SOURCE: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2015 and 2018
NOTE: Asterisks (*) denote insufficient data to calculate reliable rate

Figure 109. Percent Births with Prenatal Care in First Trimester by Race/Ethnicity, by State, 2016-2020



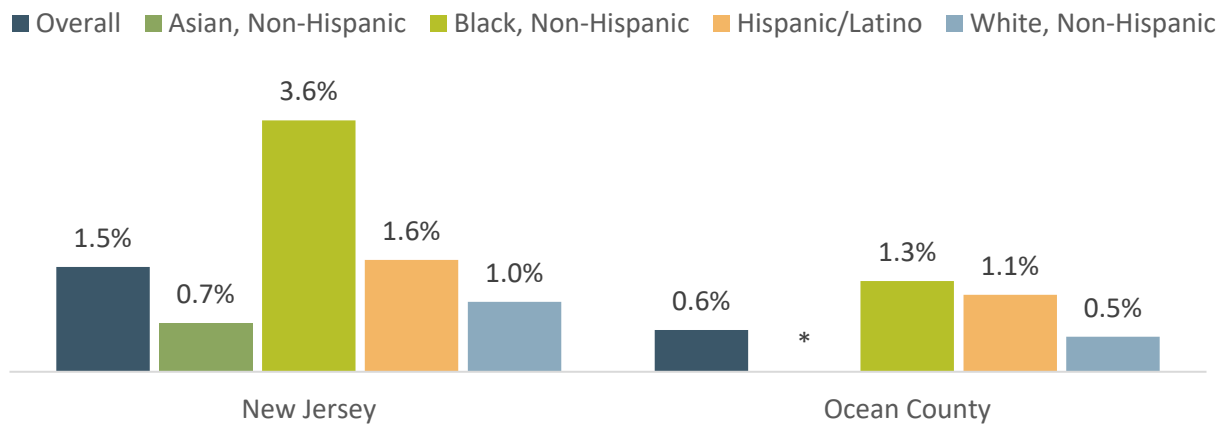
DATA SOURCE: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2016-2020

Figure 110. Percent of Immunized Children, by State and County, 2017-2018



DATA SOURCE: Annual Immunization Status Reports, Communicable Disease Service, New Jersey Department of Health, as reported by New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2017-2018
NOTE: Includes childcare/preschool, Kindergarten/Grade 1 (entry level), Grade 6, and transfer students in any grade

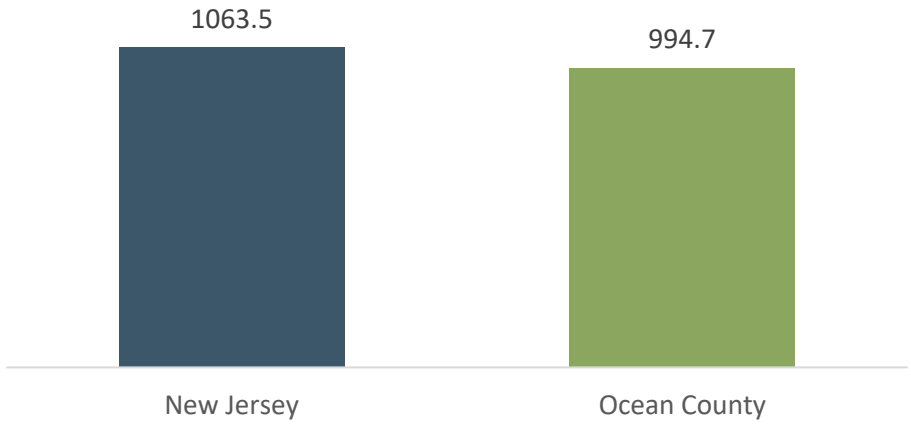
Figure 111. Percent Births with No Prenatal Care Overall by Race/Ethnicity, by State, 2016-2020



DATA SOURCE: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2016-2020
NOTE: Asterisks (*) denote insufficient data to calculate reliable rate

Environmental Health

Figure 112. Age-Adjusted Rate of Asthma Hospitalizations, by State and County, 2020

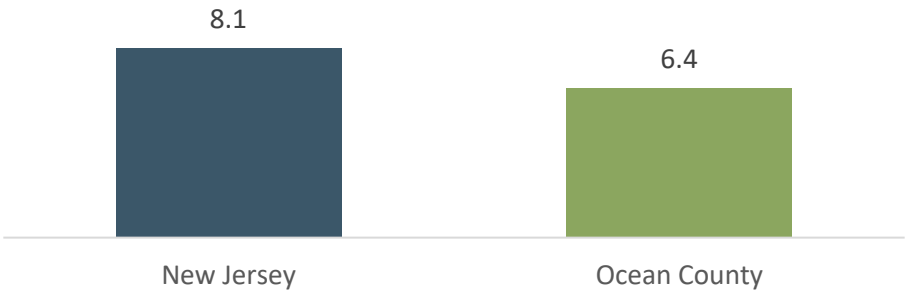


DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2020
NOTE: Includes all asthma diagnoses, including primary, secondary, and other diagnoses.

Figure 113. Percent of Children Aged 1 -5 Years With Elevated Blood Lead Level (>= 5mcg/dL), by State and County, 2019

DATA SOURCE: Childhood Lead Exposure in New Jersey Annual Report, New Jersey Department of Public Health, Office of Local Public Health, Childhood Lead Program, State Fiscal Year 2019

Figure 114. Air pollution- particulate matter by State and County, 2018



DATA SOURCE: Center for Disease Control and Prevention (CDC), Environmental Public Health Tracking Network, as reported by, County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2018

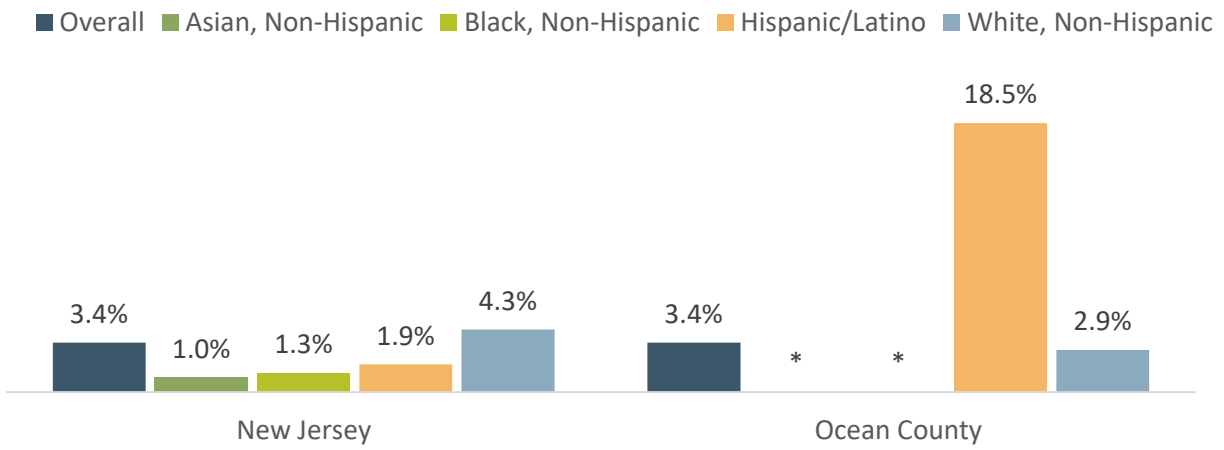
Figure 115. Drinking Water Violations by County, 2020

	Presence of Water Violation
Ocean County	Yes

DATA SOURCE: Environmental Protection Agency, Safe Drinking Water Information System, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2020

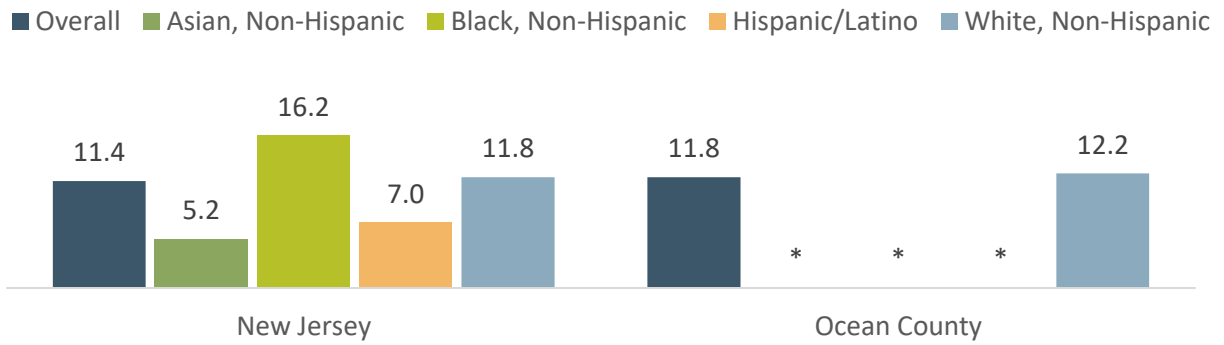
Chronic Diseases

Figure 116. Adults reporting angina or coronary heart disease, by State and County, by Race/Ethnicity, 2020



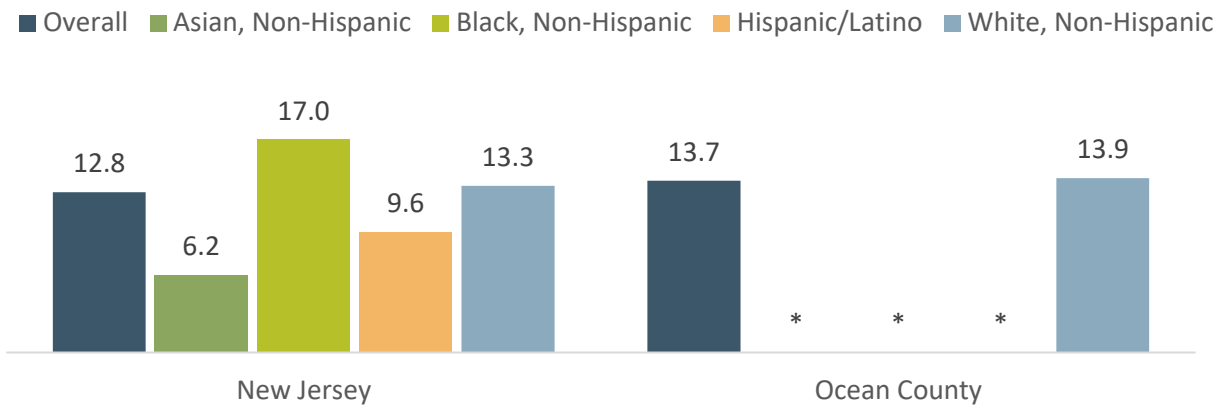
DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2018
NOTE: Asterisks (*) denote insufficient data to calculate reliable rate

Figure 117. Breast Cancer Mortality Rate per 100,000 Population, by Race/Ethnicity, by State and County, 2016-2020



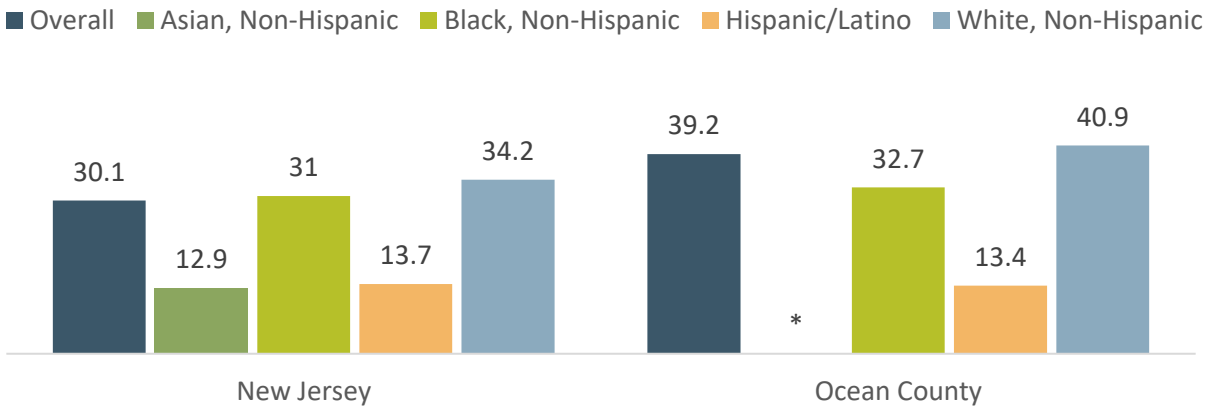
DATA SOURCE: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2016-2020
NOTE: Asterisks (*) denote insufficient data to calculate reliable rate

Figure 118. Colorectal Cancer Mortality Rate per 100,000 Population, by Race/Ethnicity, by State and County, 2016-2020



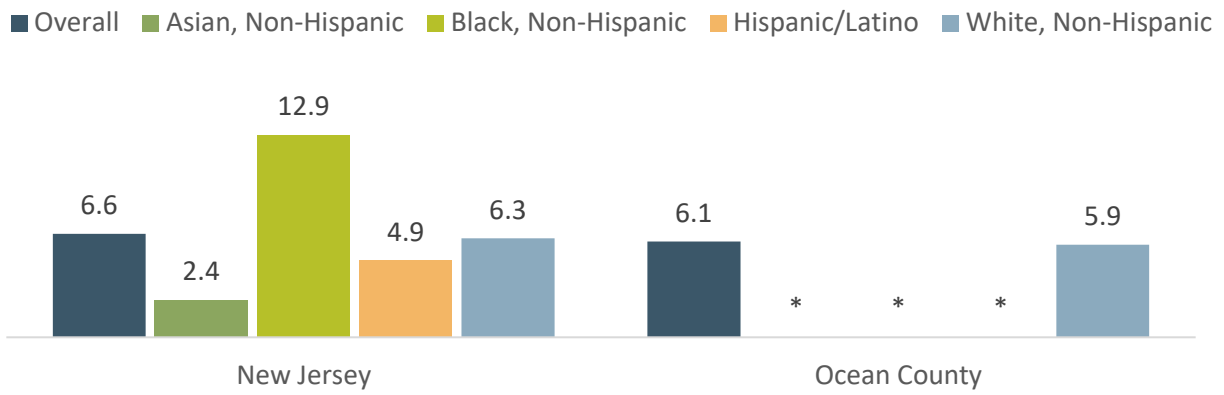
DATA SOURCE: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2016-2020
NOTE: Asterisks (*) denote insufficient data to calculate reliable rate

Figure 119. Lung/Bronchus Cancer Mortality Rate per 100,000 Population, by Race/Ethnicity, by State and County, 2016-2020



DATA SOURCE: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2016-2020
NOTE: Asterisks (*) denote insufficient data to calculate reliable rate

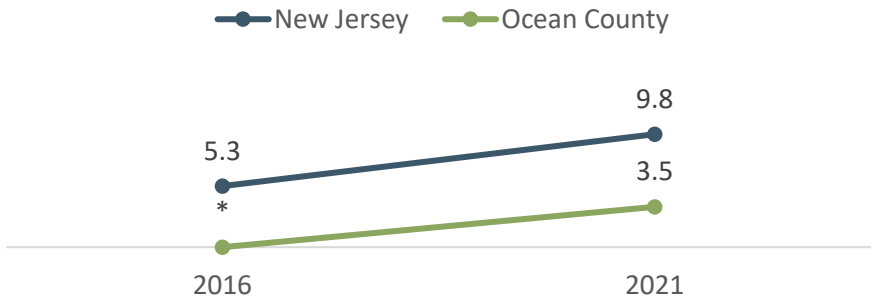
Figure 120. Prostate Cancer Mortality Rate per 100,000 Population, by Race/Ethnicity, by State and County, 2016-2020



DATA SOURCE: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2016-2020
NOTE: Asterisks (*) denote insufficient data to calculate reliable rate

Communicable Disease

Figure 121. Syphilis Incidence Rate per 100,000 Population, by State and County, 2016 and 2021



DATA SOURCE: Communicable Disease Reporting and Surveillance System, New Jersey Department of Health, Division of HIV, STD, and TB Services, 2016 and 2021
NOTE: Includes primary and secondary syphilis. Crude rate.
NOTE: Asterisks (*) denote insufficient data to calculate reliable rate

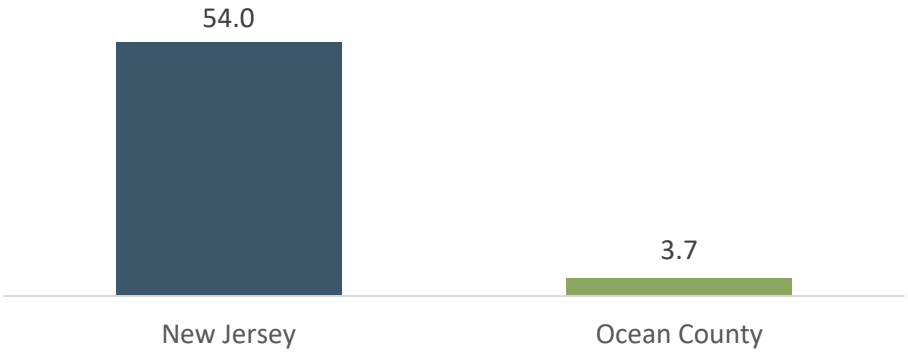
Figure 122. COVID-19 Death Rate per 100,000 Residents, by County, January-August 2022

	Rate
Ocean County	97

DATA SOURCE: New Jersey Department of Public Health, COVID-19 Dashboard, updated 9/11/2022

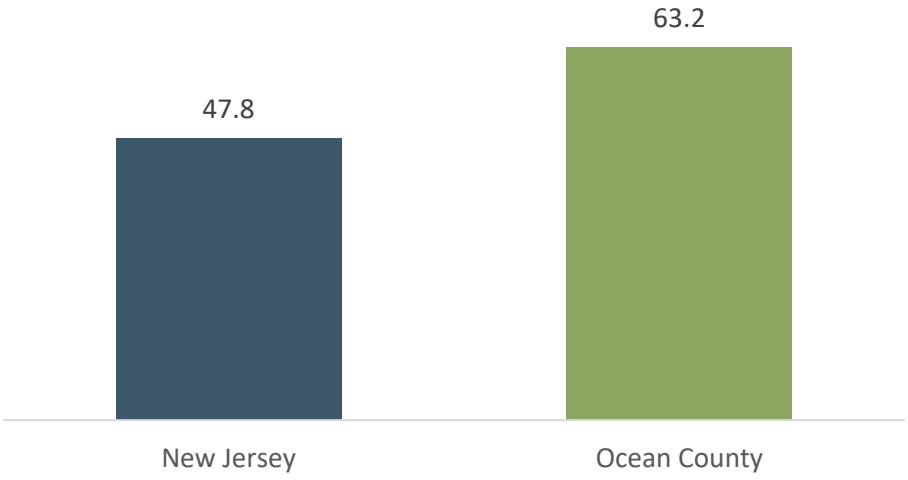
Injury

Figure 123. ED visits due to unintentional injury (age adjusted) per 10,000, by State and County, 2016-2020



DATA SOURCE: New Jersey Department of Health, Office of Health Care Quality Assessment, New Jersey Data Collection System, as reported by New Jersey State Health Assessment Data (NJSHAD), 2016-2020

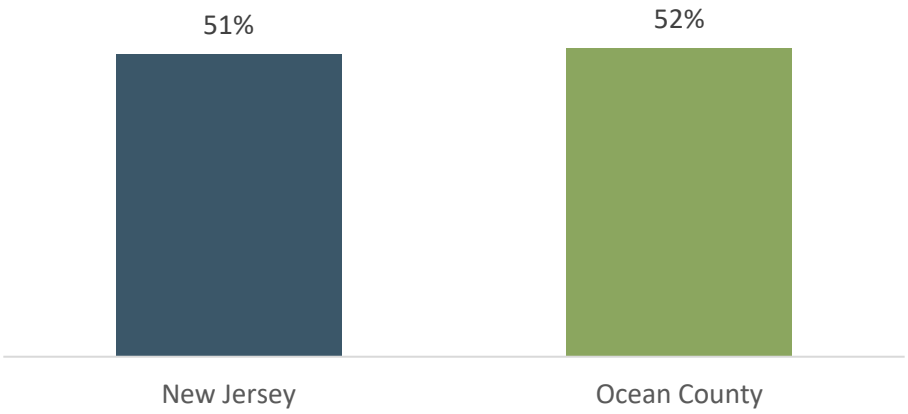
Figure 124. Unintentional Injury Deaths per 100,000 Population, by State and County, 2016-2020



DATA SOURCE: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2016-2020

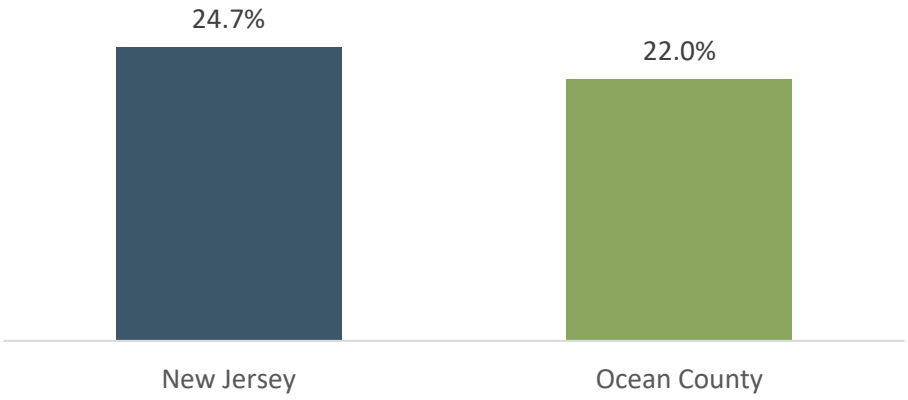
Previous Health Care

Figure 125. Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination, by State and County, 2019



DATA SOURCE: Centers for Medicare & Medicaid Services, Office of Minority Health's Mapping Medicare Disparities tool, as reported by County Health Rankings & Roadmaps, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2019

Figure 126. Age-Adjusted Pneumococcal Vaccination (Ever), by State and County, 2020



DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2020

Appendix G- Hospitalization Data

Figure 127. Emergency Room Treat & Release Counts and Rates per 1,000 Population of Patients Treated in New Jersey, by Patient County of Residence and Age, 2017-2019

		Count of Patients Treated & Released		Rate per 100,000 Population	
Year	Age	New Jersey	Ocean County	New Jersey	Ocean County
2017	0-17	690,506	39,776	334.4	294.8
	18-44	1,259,377	70,587	416.8	400.7
	45-64	757,159	49,301	302.2	335.0
	65+	450,704	47,544	320.4	353.5
	All Ages	3,157,746	207,208	350.9	349.6
2018	0-17	673,100	39,222	343.2	278.4
	18-44	1,217,047	69,834	394.5	404.9
	45-64	748,821	49,911	301.1	339.9
	65+	463,456	48,697	322.9	355.8
	All Ages	3,102,424	207,664	345.9	347.8
2019	0-17	658,207	36,950	334.6	257.3
	18-44	1,219,299	68,267	392.2	392.1
	45-64	760,293	48,574	305.8	331.1
	65+	489,485	49,356	330.6	354.3
	All Ages	3,127,284	203,147	345.8	336.5

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 128. Emergency Room Treat & Release Counts and Rates per 1,000 Population of New Jersey Resident Patients Treated at RWJBH Hospitals, by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	142,919	69.2
	18-44	242,892	80.4
	45-64	139,427	55.6
	65+	82,129	58.4
	All Ages	607,367	67.5
2018	0-17	145,643	74.3
	18-44	239,710	77.7
	45-64	139,051	55.9
	65+	82,293	57.3
	All Ages	606,697	67.6
2019	0-17	142,215	72.3
	18-44	238,051	76.6
	45-64	141,147	56.8
	65+	88,005	59.0
	All Ages	609,418	67.4

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 129. Emergency Room Treat & Release Counts and Rates per 1,000 Population of Ocean County Resident Patients Treated at CMC by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	9,798	72.6
	18-44	18,371	104.3
	45-64	13,332	90.6
	65+	15,195	113.0
	All Ages	56,696	95.7
2018	0-17	9,128	64.8
	18-44	17,018	98.7
	45-64	12,897	87.8
	65+	14,784	108.0
	All Ages	53,827	90.2
2019	0-17	8,553	59.6
	18-44	17,032	97.8
	45-64	12,673	86.4
	65+	15,352	110.2
	All Ages	53,610	88.8

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 130. Emergency Room Treat and Release Counts and Rates per 1,000 Population of Patients Residing in CMC's Primary Service Area Treated in New Jersey, by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	14,494	345.4
	18-44	28,302	456.9
	45-64	21,272	351.0
	65+	22,694	325.7
	All Ages	86,762	370.5
2018	0-17	14,409	340.3
	18-44	27,776	445.4
	45-64	21,301	353.3
	65+	22,884	323.3
	All Ages	86,370	366.3
2019	0-17	13,465	312.7
	18-44	27,792	442.3
	45-64	20,956	349.9
	65+	23,767	331.3
	All Ages	85,980	361.9

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 131. Emergency Room Treat and Release Counts and Rates per 1,000 Population of Patients Residing in CMC's Primary Service Area Treated at CMC, by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	8,986	214.2
	18-44	15,970	257.8
	45-64	12,262	202.3
	65+	14,545	208.8
	All Ages	51,763	221.0
2018	0-17	8,312	196.3
	18-44	14,849	238.1
	45-64	11,808	195.8
	65+	14,156	200.0
	All Ages	49,125	208.4
2019	0-17	7,802	181.2
	18-44	14,981	238.4
	45-64	11,654	194.6
	65+	14,704	204.9
	All Ages	49,141	206.9

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 132. Emergency Room Treat & Release Counts and Rates per 1,000 Population of Patients Treated in New Jersey, by Patient County of Residence and Race/Ethnicity, 2017-2019

		Count		Rate per 100,000 Population	
Year	Race/Ethnicity	New Jersey Residents	Ocean County	New Jersey Residents	Ocean County
2017	American Indian or Alaska Native	6,530	133	201.1	122.6
	Asian	80,692	1,416	92.2	118.6
	Black or African American	780,645	14,339	628.0	718.4
	Hawaiian & Pacific Islander	3,949	81	985.5	485.0
	Other Race	610,721	17,710	935.3	1080.2
	Two or More Races	11,014	734	38.6	70.3
	White	1,563,896	172,795	264.8	325.2
	All Race/Ethnicities	3,057,447	207,208	340.0	122.6
2018	American Indian or Alaska Native	6,035	104	185.4	94.9
	Asian	80,655	1,580	90.3	128.7
	Black or African American	755,704	14,671	608.9	721.9
	Hawaiian & Pacific Islander	8,405	123	2,031.7	745.5
	Other Race	633,209	18,004	961.3	1068.1
	Two or More Races	11,395	860	39.5	79.6
	White	1,509,245	172,322	258.0	322.7
	All Race/Ethnicities	3,004,648	207,664	335.0	94.9
2019	American Indian or Alaska Native	5,360	97	164.0	89.6
	Asian	81,556	1,535	89.8	127.1
	Black or African American	754,534	14,456	600.1	715.5
	Hawaiian & Pacific Islander	4,203	132	1,005.3	643.9
	Other Race	683,104	18,302	1,012.6	1074.8
	Two or More Races	11,025	887	37.5	82.3
	White	1,486,019	167,738	253.0	310.1
	All Race/Ethnicities	3,025,801	203,147	334.6	89.6

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 133. Emergency Room Treat & Release Counts and Rates per 1,000 Population of New Jersey Resident Patients Treated at RWJBH Hospitals, by Race/Ethnicity, 2017-2019

Year	Race/Ethnicity	Count	Rate per 1,000
2017	American Indian or Alaska Native	608	18.7
	Asian	17,289	19.8
	Black or African American	197,472	158.9
	Hawaiian & Pacific Islander	577	144.0
	Other Race	147,525	225.9
	Two or More Races	1,571	5.5
	White	227,264	38.5
	All Race/Ethnicities	592,306	-
2018	American Indian or Alaska Native	548	16.8
	Asian	17,617	19.7
	Black or African American	198,391	159.8
	Hawaiian & Pacific Islander	474	114.6
	Other Race	153,992	233.8
	Two or More Races	1,745	6.0
	White	219,439	37.5
	All Race/Ethnicities	592,206	-
2019	American Indian or Alaska Native	593	18.1
	Asian	18,706	20.6
	Black or African American	195,413	155.4
	Hawaiian & Pacific Islander	480	114.8
	Other Race	162,149	240.4
	Two or More Races	1,946	6.6
	White	215,469	36.7
	All Race/Ethnicities	594,756	-

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 134. Emergency Room Treat and Release Counts and Rates per 1,000 Population of Patients Residing in CMC's Primary Service Area Treated in New Jersey, by Race/Ethnicity, 2017-2019

Year	Race/Ethnicity	Count	Rate per 1,000 Population
2017	American Indian or Alaska Native	32	29.5
	Asian	505	42.3
	Black or African American	3,909	195.9
	Hawaiian & Pacific Islander	15	89.8
	Other Race	4,512	275.2
	Two or More Races	153	14.7
	White	47,570	89.5
	All Race/Ethnicities	56,696	-
2018	American Indian or Alaska Native	26	23.7
	Asian	564	45.9
	Black or African American	3,759	185.0
	Hawaiian & Pacific Islander	30	181.8
	Other Race	4,636	275.0
	Two or More Races	253	23.4
	White	44,559	83.4
	All Race/Ethnicities	53,827	-
2019	American Indian or Alaska Native	14	12.9
	Asian	546	45.2
	Black or African American	3,723	184.3
	Hawaiian & Pacific Islander	23	112.2
	Other Race	4,837	284.1
	Two or More Races	299	27.7
	White	44,168	81.7
	All Race/Ethnicities	53,610	-

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 135. Emergency Room Treat and Release Counts and Rates per 1,000 Population of Patients Residing in CMC's Primary Service Area Treated at CMC, by Race/Ethnicity, 2017-2019

Year	Race/Ethnicity	Count	Rate per 1,000 Population
2017	American Indian or Alaska Native	52	140.2
	Asian	695	114.6
	Black or African American	5,795	774.9
	Hawaiian & Pacific Islander	28	459.0
	Other Race	5,341	1146.1
	Two or More Races	304	69.0
	White	74,547	353.1
	All Race/Ethnicities	86,762	370.5
2018	American Indian or Alaska Native	42	109.9
	Asian	772	123.3
	Black or African American	5,937	776.1
	Hawaiian & Pacific Islander	59	1000.0
	Other Race	5,797	1207.0
	Two or More Races	383	83.6
	White	73,380	346.1
	All Race/Ethnicities	86,370	366.3
2019	American Indian or Alaska Native	39	104.6
	Asian	795	129.0
	Black or African American	6,031	793.2
	Hawaiian & Pacific Islander	51	662.3
	Other Race	6,315	1332.0
	Two or More Races	405	88.8
	White	72,344	338.0
	All Race/Ethnicities	85,980	361.9

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 136. Emergency Room Treat & Release Counts and Rates for Behavioral Health per 1,000 Population of Patients Treated in New Jersey, by Patient County of Residence and Race, 2017-2019

		Count of Patients Treated & Released		Count of Patients Treated & Released	
Year	Race/Ethnicity	New Jersey	Ocean County	New Jersey	Ocean County
2017	American Indian or Alaska Native	334	21	10.3	19.4
	Asian	3,380	61	3.9	5.1
	Black or African American	44,153	946	35.5	47.4
	Hawaiian & Pacific Islander	187	2	46.7	12.0
	Other Race	22,769	690	34.9	42.1
	Two or More Races	490	36	1.7	3.4
	White	106,929	11,393	18.1	21.4
	All Race/Ethnicities	178,242	13,149	19.8	22.2
2018	American Indian or Alaska Native	350	16	10.8	14.6
	Asian	3,497	66	3.9	5.4
	Black or African American	44,282	972	35.7	47.8
	Hawaiian & Pacific Islander	187	3	45.2	18.2
	Other Race	24,682	710	37.5	42.1
	Two or More Races	651	55	2.3	5.1
	White	104,601	11,566	17.9	21.7
	All Race/Ethnicities	178,250	13,388	19.9	22.5
2019	American Indian or Alaska Native	322	15	9.8	13.9
	Asian	3,466	64	3.8	5.3
	Black or African American	43,789	933	34.8	46.2
	Hawaiian & Pacific Islander	187	4	44.7	19.5
	Other Race	27,076	873	40.1	51.3
	Two or More Races	609	38	2.1	3.5
	White	99,593	10,588	17.0	19.6
	All Race/Ethnicities	175,042	12,515	19.4	20.8

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 137. Emergency Room Treat & Release Counts and Rates for Behavioral Health per 1,000 Population of Patients Treated in New Jersey, by Patient County of Residence and Age, 2017-2019

		Count of Patients Treated & Released		Rate of Patients Treated & Released	
Year	Age	New Jersey	Ocean County	New Jersey	Ocean County
2017	0-17	24,837	1637	12.0	12.1
	18-44	91,990	6508	30.4	36.9
	45-64	55,496	3941	22.1	26.8
	65+	10,688	1131	7.6	8.4
	All Ages	183,011	13,217	20.3	22.3
2018	0-17	26,241	1681	13.4	11.9
	18-44	90,808	6358	29.4	36.9
	45-64	55,715	4126	22.4	28.1
	65+	11,055	1316	7.7	9.6
	All Ages	183,819	13,481	20.5	22.6
2019	0-17	25,172	1622	12.8	11.3
	18-44	90,172	6076	29.0	34.9
	45-64	54,046	3609	21.7	24.6
	65+	11,851	1343	8.0	9.6
	All Ages	181,241	12,650	20.0	21.0

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 138. Inpatient Discharge Counts and Rates per 1,000 Population of Patients Treated in New Jersey, by Patient County of Residence and Age, 2017-2019

		Count		Rate per 1,000 Population	
Year	Age	New Jersey	Ocean County	New Jersey	Ocean County
2017	0-17	131,591	10,386	63.7	77.0
	18-44	231,158	16,365	76.5	92.9
	45-64	226,349	15,547	90.3	105.6
	65+	363,285	35,737	258.2	265.7
	All Ages	952,383	78,035	105.8	131.7
2018	0-17	130,739	10,576	66.7	75.1
	18-44	225,360	16,482	73.0	95.6
	45-64	221,118	15,546	88.9	105.9
	65+	364,459	35,461	254.0	259.1
	All Ages	941,676	78,065	105.0	130.7
2019	0-17	127,024	10,807	64.6	75.3
	18-44	218,270	16,347	70.2	93.9
	45-64	215,320	15,380	86.6	104.8
	65+	368,288	36,702	248.7	263.5
	All Ages	928,902	79,236	102.7	131.2

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 139. Inpatient Discharge Counts and Rates per 1,000 Population of New Jersey Resident Patients Treated at RWJBH Hospitals, by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	32,923	15.9
	18-44	50,878	16.8
	45-64	44,240	17.7
	65+	68,104	48.4
	All Ages	196,145	21.8
2018	0-17	32,768	16.7
	18-44	49,365	16.0
	45-64	43,076	17.3
	65+	67,477	47.0
	All Ages	192,686	21.5
2019	0-17	32,107	16.3
	18-44	48,316	15.5
	45-64	41,662	16.8
	65+	67,539	45.6
	All Ages	189,624	21.0

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 140. Inpatient Discharge Counts and Rates per 1,000 Population of Ocean County Resident Patients Treated at CMC, by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	2,150	15.9
	18-44	3,390	19.2
	45-64	3,827	26.0
	65+	11,725	87.2
	All Ages	21,092	35.6
2018	0-17	2,008	14.3
	18-44	3,264	18.9
	45-64	3,842	26.2
	65+	11,280	82.4
	All Ages	20,394	34.2
2019	0-17	1,982	13.8
	18-44	3,136	18.0
	45-64	3,796	25.9
	65+	11,485	82.4
	All Ages	20,399	33.8

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 141. Inpatient Discharge Counts and Rates per 1,000 Population of Patients Residing in CMC's Primary Service Area Treated in New Jersey, by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	2,546	60.7
	18-44	5,415	87.4
	45-64	7,431	122.6
	65+	18,507	265.6
	All Ages	33,899	144.8
2018	0-17	2,611	61.7
	18-44	5,393	86.5
	45-64	7,669	127.2
	65+	18,394	259.9
	All Ages	34,067	144.5
2019	0-17	2,577	59.8
	18-44	5,263	83.8
	45-64	7,434	124.1
	65+	18,907	263.5
	All Ages	34,181	143.9

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 142. Inpatient Discharge Counts and Rates per 1,000 Population of Patients Residing in CMC's Primary Service Area Treated at CMC, by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	1,088	25.9
	18-44	2,157	34.8
	45-64	3,381	55.8
	65+	11,082	159.1
	All Ages	17,708	75.6
2018	0-17	1,029	24.3
	18-44	2,116	33.9
	45-64	3,435	57.0
	65+	10,716	151.4
	All Ages	17,296	73.4
2019	0-17	1,015	23.6
	18-44	2,008	32.0
	45-64	3,418	57.1
	65+	10,860	151.4
	All Ages	17,301	72.8

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 143. Inpatient Discharge Counts and Rates per 1,000 Population of Patients Treated in New Jersey, by Patient County of Residence and Race/Ethnicity, 2017-2019

		Count		Rate per 1,000 Population	
Year	Race/Ethnicity	New Jersey	Ocean County	New Jersey	Ocean County
2017	American Indian or Alaska Native	1913	36	58.9	33.2
	Asian	40,158	555	45.9	46.5
	Black or African American	164,073	2,634	132.0	132.0
	Hawaiian & Pacific Islander	1438	40	358.9	239.5
	Other Race	135,193	4,031	207.0	245.9
	Two or More Races	1733	80	6.1	7.7
	White	607,875	70,659	102.9	133.0
	All Race/Ethnicities	952,383	78,035	268.3	33.2
2018	American Indian or Alaska Native	1689	43	51.9	39.2
	Asian	40,286	532	45.1	43.3
	Black or African American	160,752	2,692	129.5	132.5
	Hawaiian & Pacific Islander	2146	54	518.7	327.3
	Other Race	146,436	4,120	222.3	244.4
	Two or More Races	1929	100	6.7	9.3
	White	588,438	70,524	100.6	132.0
	All Race/Ethnicities	941,676	78,065	267.7	39.2
2019	American Indian or Alaska Native	1559	570	47.7	36.9

Year	Race/Ethnicity	Count		Rate per 1,000 Population	
		New Jersey	Ocean County	New Jersey	Ocean County
	Asian	38,291	2,728	42.2	47.2
	Black or African American	156,678	4,172	124.6	135.0
	Hawaiian & Pacific Islander	1442	103	344.9	243.9
	Other Race	152,844	71,573	226.6	245.0
	Two or More Races	1767	79,236	6.0	9.6
	White	576,321	570	98.1	132.3
	All Race/Ethnicities	928,902	2,728	262.7	36.9

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System 2021

Figure 144. Inpatient Discharge Counts and Rates per 1,000 Population of New Jersey Resident Patients Treated at RWJBH Hospitals, by Race/Ethnicity, 2017-2019

Year	Race/Ethnicity	Count	Rater per 1,000
2017	American Indian or Alaska Native	207	6.4
	Asian	8,753	10.0
	Black or African American	45,498	36.6
	Hawaiian & Pacific Islander	188	46.9
	Other Race	33,999	52.1
	Two or More Races	255	0.9
	White	107,245	18.2
	All Race/Ethnicities	196,145	55.2
2018	American Indian or Alaska Native	181	5.6
	Asian	8,850	9.9
	Black or African American	45,635	36.8
	Hawaiian & Pacific Islander	199	48.1
	Other Race	34,880	53.0
	Two or More Races	250	0.9
	White	102,691	17.6
	All Race/Ethnicities	192,686	54.8
2019	American Indian or Alaska Native	244	7.5
	Asian	8,642	9.5
	Black or African American	44,186	35.1
	Hawaiian & Pacific Islander	200	47.8
	Other Race	34,415	51.0
	Two or More Races	339	1.2
	White	101,598	17.3
	All Race/Ethnicities	189,624	53.6

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 145. Inpatient Discharge Counts and Rates per 1,000 Population of Ocean County Resident Patients Treated at CMC, by Race/Ethnicity, 2017-2019

Year	Race/Ethnicity	Count	Rater per 1,000 Population
2017	American Indian or Alaska Native	-	2.8
	Asian	197	16.5
	Black or African American	706	35.4
	Hawaiian & Pacific Islander	-	41.9
	Other Race	1,476	90.0
	Two or More Races	-	0.7
	White	18,696	35.2
	All Race/Ethnicities	21,092	-
2018	American Indian or Alaska Native	-	3.6
	Asian	162	13.2
	Black or African American	694	34.1
	Hawaiian & Pacific Islander	16	97.0
	Other Race	1,229	72.9
	Two or More Races	13	1.2
	White	18,276	34.2
	All Race/Ethnicities	20,394	-
2019	American Indian or Alaska Native	-	7.4
	Asian	170	14.1
	Black or African American	693	34.3
	Hawaiian & Pacific Islander	18	87.8
	Other Race	1,264	74.2
	Two or More Races	31	2.9
	White	18,215	33.7
	All Race/Ethnicities	20,399	-

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 146. Inpatient Discharge Counts and Rates per 1,000 Population of Patients Residing in CMC's Primary Service Area Treated in New Jersey, by Race/Ethnicity, 2017-2019

Year	Race/Ethnicity	Count	Rate per 1,000 Population
2017	American Indian or Alaska Native	15	40.4
	Asian	292	48.1
	Black or African American	1,154	154.3
	Hawaiian & Pacific Islander	19	311.5
	Other Race	1,403	301.1
	Two or More Races	35	7.9
	White	30,981	146.7
	All Race/Ethnicities	33,899	144.8
2018	American Indian or Alaska Native	12	31.4
	Asian	261	41.7
	Black or African American	1,224	160.0
	Hawaiian & Pacific Islander	29	491.5
	Other Race	1,365	284.2
	Two or More Races	44	9.6
	White	31,132	146.8
	All Race/Ethnicities	34,067	144.5
2019	American Indian or Alaska Native	13	34.9
	Asian	291	47.2
	Black or African American	1,237	162.7
	Hawaiian & Pacific Islander	24	311.7
	Other Race	1,521	320.8
	Two or More Races	42	9.2
	White	31,053	145.1
	All Race/Ethnicities	34,181	143.9

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 147. Inpatient Discharge Counts and Rates per 1,000 Population of Patients Residing in CMC's Primary Service Area Treated at CMC, by Race/Ethnicity, 2017-2019

Year	Race/Ethnicity	Count	Rate per 1,000 Population
2017	American Indian or Alaska Native	-	5.4
	Asian	170	28.0
	Black or African American	543	72.6
	Hawaiian & Pacific Islander	-	49.2
	Other Race	742	159.2
	Two or More Races	-	1.6
	White	16,241	76.9
	All Race/Ethnicities	17,708	75.6
2018	American Indian or Alaska Native	-	10.5
	Asian	136	21.7
	Black or African American	544	71.1
	Hawaiian & Pacific Islander	12	203.4
	Other Race	663	138.0
	Two or More Races	11	2.4
	White	15,926	75.1
	All Race/Ethnicities	17,296	73.4
2019	American Indian or Alaska Native	-	18.8
	Asian	149	24.2
	Black or African American	558	73.4
	Hawaiian & Pacific Islander	14	181.8
	Other Race	753	158.8
	Two or More Races	19	4.2
	White	15,801	73.8
	All Race/Ethnicities	17,301	72.8

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 148. Hospital Admission Rates per 1,000 Population, by Race/Ethnicity, New Jersey and CMC, 2019

		Admission Rate per 1,000			
		Total Overall	Acute	Chronic	Diabetic
New Jersey	Asian	2.6	0.8	1.8	0.4
	Black	16.7	3.0	13.7	4.1
	Hispanic	5.4	1.4	4.0	1.5
	White	9.6	2.9	6.7	1.5
	All Race/Ethnicities	10.4	2.8	7.7	2.0
CMC	Asian	34.1	4.5	1.8	2.8
	Black	118.0	20.9	3.4	17.5
	Hispanic	58.2	7.0	1.8	5.2
	White	118.8	17.6	5.1	12.5
	All Race/Ethnicities	118.3	17.3	4.9	12.4

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 149. Hospital Admission Rates per 1,000 Population by Reason for Admission, by Race/Ethnicity, New Jersey and CMC, 2019

		Admission Rate per 1,000			
		Total Overall	Cardiac	Mental Health	Substance Use
New Jersey	Asian	5.2	3.9	1.0	0.3
	Black	26.1	16.6	6.7	2.7
	Hispanic	10.3	6.2	2.6	1.5
	White	17.2	12.2	3.2	1.9
	All Race/Ethnicities	18.6	12.5	4.0	2.1
CMC	Asian	34.1	6.0	0.3	-
	Black	118.0	18.2	5.7	1.1
	Hispanic	58.2	7.5	1.5	1.2
	White	118.8	22.5	1.7	1.8
	All Race/Ethnicities	118.3	21.9	2.0	1.8

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 150. Hospital Admission and Emergency Department Visit Rates per 1,000 Population, by Age and Race/Ethnicity, New Jersey and CMC 2019

		Admission Rate per 1,000 Population					Emergency Department Visits per 1,000 Population				
	Age	Asian	Black	Hispanic	White	All Race/ Ethnicities	Asian	Black	Hispanic	White	All Race/ Ethnicities
New Jersey	All	5.2	26.1	10.3	17.2	18.6	108.8	682.4	430.2	271.2	403
	Under 18	0.4	1.9	1.4	1.1	1.6	99.8	477.1	497.4	181.7	344
	18 to 64	3.5	26.5	9.3	12	15	91.4	760.5	392.4	248	396.6
	65+	25.3	73.3	46.6	48.7	54.8	233.8	698.1	548.2	428.5	505.8
CMC	All	76.7	80.3	91.0	33.2	55.9	321.6	215.0	487.9	91.7	493.3
	Under 18	2.1	13.2	10.1	8.8	9.6	338.3	124.9	341.2	84.0	714.5
	18 to 64	29.0	139.0	57.1	84.5	88.9	294.2	180.1	528.1	77.4	411.9
	65+	105.0	263.9	201.2	229.4	234.0	404.5	363.3	568.9	203.5	482.6

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 151. Inpatient Discharge Counts and Rates per 1,000 Diagnosed with Mental Diseases and Disorders & Alcohol/Drug Use or Induced Mental Disorder Treated in New Jersey, by County of Residence, 2017-2019

	Count		Rate per 1,000 Population	
Year	New Jersey	Ocean County	New Jersey	Ocean County
2017	73,005	5,288	8.1	8.9
2018	69,282	5,057	7.7	8.5
2019	65,610	4,605	7.3	7.6

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 152. Inpatient Discharge Counts and Rates per 1,000 Diagnosed with Diseases and Disorders of the Circulatory System Treated in New Jersey, by County of Residence, 2017-2019

	Count		Rate per 1,000 Population	
Year	New Jersey	Ocean County	New Jersey	Ocean County
2017	126,968	8.9	14.1	20.2
2018	125,886	8.5	14.0	19.2
2019	126,198	7.6	14.0	20.0

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Figure 153. Inpatient Discharge Counts and Rates per 1,000, Residents of Ocean County Treated at CMC, by Major Diagnostic Category, 2017-2019

	Count			Rate per 1,000 Population		
Major Diagnostic Category	2017	2018	2019	2017	2018	2019
Mental Diseases and Disorders & Alcohol/Drug Use or Induced Mental Disorder	241	271	320	0.4	0.5	0.5
Diseases and Disorders of the Circulatory System	3,477	3,203	3,254	5.9	5.4	5.4

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Appendix H- Cancer Data

APPENDIX H1: CANCER INCIDENCE RATE REPORT: CANCER PATIENT ORIGIN OCEAN COUNTY 2020

Almost eighty eight percent of CMC's cancer inpatients and 75.6 % of cancer outpatients resided in the Primary Service Area. In total, 97.1% of inpatients and 96.2% of outpatients resided in Ocean County. Manchester (08759) and Toms River (08757) represent the largest segment of CMC's inpatient cancer patients. Similarly, Manchester (08759) and TomsRiver (08753) represent the largest segments of C MC'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	2020 CMC IP PATIENTS	%	2020 CMC OP PATIENTS	%
Ocean County	2,150	97.1%	2,535	96.2%
Primary Service Area	1,942	87.7%	1,992	75.6%
Secondary Service Area	205	9.3%	542	20.6%
Out of Service Area (NJ)	47	2.1%	91	3.5%
Out of State	21	0.9%	9	0.3%
TOTAL	**2,215**	**100.0%**	**2,634**	**100.0%**
Manchester (08759)	547	24.7%	564	21.4%
Toms River (08757)	436	19.7%		
Toms River (08753)			446	16.9%

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

APPENDIX H2: CANCER INCIDENCE RATE REPORT: OCEAN COUNTY 2013-2017

INCIDENCE RATE REPORT FOR OCEAN COUNTY 2013-2017				
Cancer Site	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend
All Cancer Sites	521.2	4511	falling	-0.6
Bladder	23.9	231	falling	-2.2
Brain & ONS	7.7	54	*	*
Breast	132.9	586	stable	-0.2
Cervix	8.2	27	stable	-1.5
Colon & Rectum	43.7	393	falling	-1.8
Esophagus	5.7	52	stable	-0.7
Kidney & Renal Pelvis	17.8	147	rising	1.5
Leukemia	16.9	145	stable	0.6
Liver & Bile Duct	8.3	75	rising	3.2
Lung & Bronchus	70.8	672	falling	-1.1
Melanoma of the Skin	34	283	stable	0.2
Non-Hodgkin Lymphoma	22.5	196	stable	0.4
Oral Cavity & Pharynx	12.8	108	rising	1.7
Ovary	12	55	stable	-1.1
Pancreas	15.7	148	rising	1.5
Prostate	112.1	466	falling	-3.6
Stomach	7	62	stable	-0.7
Thyroid	24	147	rising	5.4
Uterus (Corpus & Uterus, NOS)	31.5	150	stable	0.2

The Source for H2 and following tables H3, H4, H5 and H6 is: https://statecancerprofiles.cancer.gov

APPENDIX H3: CANCER INCIDENCE DETAILED RATE REPORT: OCEAN COUNTY 2013-2017 SELECT CANCER SITES: RISING INCIDENCE RATES

		Kidney & Renal Pelvis	Liver & Bile Duct	Oral Cavity & Pharynx	Pancreas	Thyroid
INCIDENCE RATE REPORT FOR OCEAN COUNTY 2013-2017 All Races (includes Hispanic), All Ages	Age-Adjusted Incidence Rate - cases per100,000	17.8	8.3	12.8	15.7	24
	Average Annual Count	147	75	108	148	147
	Recent Trend	rising	rising	rising	rising	rising
	Recent 5-Year Trend in Incidence Rates	1.5	3.2	1.7	1.5	5.4
White Non-Hispanic, All Ages	Age-Adjusted Incidence Rate - cases per100,000	18	8.1	12.6	16	24.5
	Average Annual Count	135	68	98	139	131
	Recent Trend	rising	rising	rising	rising	rising
	Recent 5-Year Trend in Incidence Rates	1.4	3	1.4	1.6	5.2
Black (includes Hispanic), All Ages	Age-Adjusted Incidence Rate - cases per100,000	*	*	*	*	*
	Average Annual Count	3 or fewer	3 or fewer	3 or fewer	3 or fewer	3 or fewer
	Recent Trend	*	*	*	*	*
	Recent 5-Year Trend in Incidence Rates	*	*	*	*	*
Asian or Pacific Islander (includes Hispanic), All Ages	Age-Adjusted Incidence Rate - cases per100,000	*	*	*	*	*
	Average Annual Count	3 or fewer	3 or fewer	3 or fewer	3 or fewer	3 or fewer
	Recent Trend	*	*	*	*	*
	Recent 5-Year Trend in Incidence Rates	*	*	*	*	*
Hispanic (any race), All Ages	Age-Adjusted Incidence Rate - cases per100,000	19.9	11.3	14.9	17.1	22.1
	Average Annual Count	7	4	6	5	10
	Recent Trend	*	*	*	stable	*
	Recent 5-Year Trend in Incidence Rates	*	*	*	-0.5	*
MALES	Age-Adjusted Incidence Rate - cases per100,000	25.7	12.5	19	18.2	12
	Average Annual Count	96	51	73	73	37
	Recent Trend	rising	rising	rising	rising	rising
	Recent 5-Year Trend in Incidence Rates	1.9	2.5	3.2	1.9	4.3
FEMALES	Age-Adjusted Incidence Rate - cases per100,000	11.4	5	7.6	13.7	35.5
	Average Annual Count	51	24	35	75	110
	Recent Trend	stable	rising	stable	stable	rising
	Recent 5-Year Trend in Incidence Rates	0.6	4.9	1	0.9	5.8

** 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 roundedto 3).*

APPENDIX H6: CANCER INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
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), BothSexes, All Ages				
New Jersey	485.9	51,689	falling	-0.8
US (SEER+NPCR)	448.7	1,673,102	falling	-1
Cape May County	564.6	881	stable	-0.2
Salem County	554.1	462	stable	0
Gloucester County	541.6	1,853	stable	-0.2
Burlington County	527.8	2,956	falling	-0.4
Camden County	524.6	3,123	falling	-0.4
Monmouth County	523.2	4,160	stable	0.4
Ocean County	521.2	4,511	falling	-0.6
Cumberland County	512	895	stable	0.1
Sussex County	510.3	932	falling	-0.8
Warren County	506.4	706	falling	-0.8
Mercer County	503.9	2,138	falling	-0.6
Atlantic County	495.8	1,699	falling	-0.8
Morris County	487.9	3,030	falling	-0.9
Hunterdon County	475.1	794	stable	-0.4
Bergen County	472.4	5,571	falling	-1
Somerset County	463.3	1,827	falling	-0.8
Essex County	462.1	3,930	falling	-0.7
Middlesex County	460.8	4,293	falling	-0.9
Union County	453.7	2,802	falling	-1.2
Passaic County	451.6	2,510	falling	-0.8
Hudson County	403.5	2,607	falling	-1.2
Bladder: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	23.1	2,487	falling	-1.1
US (SEER+NPCR)	20	74,787	falling	-1.9
Cape May County	30.9	51	stable	-0.3
Warren County	27.2	39	stable	-0.4
Gloucester County	27.1	90	stable	0
Atlantic County	26.8	93	stable	-0.6
Salem County	26.5	23	stable	0.6
Burlington County	26.5	151	stable	-0.2

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Hudson County	5.7	38	*	*
Union County	5.6	33	*	*
Essex County	5.5	46	*	*
Breast: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	136.6	7,668	rising	0.5
US (SEER+NPCR)	125.9	244,411	rising	0.3
Morris County	148.1	480	stable	0
Burlington County	147	433	rising	1.3
Hunterdon County	146.2	129	stable	0.2
Monmouth County	146.2	616	stable	0.1
Gloucester County	144.3	267	stable	0.3
Somerset County	144.2	306	stable	0.1
Mercer County	141.9	316	stable	0.2
Camden County	141	450	stable	0.6
Bergen County	140.8	865	stable	0.5
Essex County	137.4	641	rising	1.9
Union County	136.7	454	stable	0
Cape May County	135.7	106	stable	-0.1
Sussex County	135.6	129	stable	-0.2
Ocean County	132.9	586	stable	-0.2
Atlantic County	131.4	238	stable	0.2
Salem County	130.6	56	stable	0.1
Middlesex County	129.7	639	stable	-0.1
Warren County	125.9	92	stable	-0.7
Passaic County	124.4	367	rising	1.1
Cumberland County	118.9	108	stable	0.6
Hudson County	111.1	389	stable	0.5
Cervix: All Races (includes Hispanic), Both Sexes, AllAges				
New Jersey	7.7	382	falling	-1.9
US (SEER+NPCR)	7.6	12,833	stable	0.3
Cumberland County	15.3	11	stable	-1.4
Cape May County	11.7	5	stable	0.8
Salem County	10.6	3	*	*
Hudson County	9.4	33	falling	-2.2
Union County	9.3	29	stable	-0.3

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Atlantic County	9.2	14	stable	-1.1
Essex County	9.2	40	falling	-3
Passaic County	8.6	23	stable	-2.1
Ocean County	8.2	27	stable	-1.5
Camden County	8.1	23	falling	-2.7
Warren County	8	4	stable	-0.5
Somerset County	7.5	13	stable	4.7
Gloucester County	6.9	12	stable	-0.8
Middlesex County	6.9	32	stable	-1.5
Bergen County	6.8	36	stable	-0.9
Burlington County	6.4	16	stable	12.6
Morris County	6.3	18	stable	-1.1
Mercer County	6.2	12	falling	-3.9
Monmouth County	6.1	21	stable	-2.3
Sussex County	5.9	5	stable	-2.7
Hunterdon County	5.1	3	falling	-4
Colon & Rectum: All Races (includes Hispanic), BothSexes, All Ages				
New Jersey	40.8	4,342	falling	-1.6
US (SEER+NPCR)	38.4	142,225	falling	-1.4
Salem County	48.4	40	falling	-2.6
Cape May County	46.5	72	falling	-2.8
Cumberland County	46.3	80	falling	-2.5
Gloucester County	44.8	151	falling	-2.7
Burlington County	44.7	249	stable	-1
Ocean County	43.7	393	falling	-1.8
Camden County	43.7	256	falling	-2.9
Warren County	42.8	61	falling	-3
Sussex County	42.1	74	falling	-3.4
Essex County	42.1	354	stable	-0.1
Monmouth County	40.9	325	falling	-3.3
Atlantic County	40.4	138	falling	-3.6
Hudson County	40.3	259	falling	-2.9
Middlesex County	39.6	370	falling	-3
Passaic County	39.5	220	stable	-0.8
Union County	39.1	243	falling	-3.2
Bergen County	39	464	stable	1.1

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Hunterdon County	37.7	62	falling	-2.6
Mercer County	37.3	158	falling	-3.3
Morris County	37.1	233	falling	-3.4
Somerset County	35.2	139	falling	-3.4
Esophagus: All Races (includes Hispanic), Both Sexes,All Ages				
New Jersey	4.3	469	falling	-1.3
US (SEER+NPCR)	4.5	17,419	falling	-1.1
Warren County	7	10	stable	-0.1
Gloucester County	6.4	23	rising	2.2
Cape May County	6.4	10	stable	1.4
Sussex County	6.1	12	stable	-1.1
Ocean County	5.7	52	stable	-0.7
Cumberland County	5.1	9	stable	-0.3
Camden County	5	31	stable	-0.8
Hunterdon County	4.7	8	stable	-1.8
Salem County	4.7	4	stable	-3.4
Morris County	4.6	30	stable	-0.4
Passaic County	4.5	25	stable	-0.3
Burlington County	4.4	25	stable	-0.9
Atlantic County	4.3	15	falling	-2.1
Monmouth County	4.3	36	falling	-2
Mercer County	4.2	18	falling	-2.8
Essex County	3.7	32	falling	-3
Union County	3.7	23	stable	-1.9
Middlesex County	3.6	34	falling	-2
Bergen County	3.2	39	falling	-1.4
Hudson County	3.2	20	falling	-2.8
Somerset County	3.2	13	stable	-1.6
Kidney & Renal Pelvis: All Races (includes Hispanic),Both Sexes, All Ages				
New Jersey	16.3	1,736	rising	0.8
US (SEER+NPCR)	16.8	62,705	rising	0.6
Cumberland County	21	36	stable	-10.5
Burlington County	19.6	110	stable	1.3
Camden County	19.6	116	rising	2
Gloucester County	18.6	65	stable	0.4

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Ocean County	17.8	147	rising	1.5
Mercer County	17.7	76	rising	2
Salem County	17.7	15	stable	0.2
Atlantic County	17.4	60	stable	0.2
Cape May County	17.3	26	stable	2.1
Monmouth County	16.7	133	rising	0.9
Warren County	16.5	22	stable	0.8
Bergen County	16.4	194	stable	0.5
Passaic County	15.8	88	stable	0.9
Morris County	15.7	98	stable	0.7
Middlesex County	15.7	146	stable	0
Sussex County	15.4	31	stable	-0.4
Union County	15	93	stable	0.2
Somerset County	14.6	58	stable	-0.1
Hunterdon County	13.8	23	stable	-0.7
Essex County	13.4	115	stable	0.6
Hudson County	12.8	84	stable	0.5
Leukemia: All Races (includes Hispanic), Both Sexes, AllAges				
New Jersey	15.7	1,610	rising	0.8
US (SEER+NPCR)	14.2	51,227	falling	-2.1
Sussex County	19.4	32	rising	2.9
Monmouth County	17.4	134	rising	1.5
Gloucester County	17.4	58	stable	1.2
Ocean County	16.9	145	stable	0.6
Morris County	16.8	101	rising	1.2
Mercer County	16.6	68	rising	1.8
Cape May County	16.5	23	stable	-1.2
Burlington County	16.3	88	stable	0.9
Cumberland County	16.1	28	rising	1.7
Warren County	16	21	stable	0.4
Union County	15.7	93	stable	1
Bergen County	15.6	182	stable	1.3
Passaic County	15.6	83	stable	1
Somerset County	15.4	57	stable	-0.5
Middlesex County	15.4	139	stable	0.3
Camden County	15.3	88	stable	0.4

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Hunterdon County	14.7	23	stable	-0.8
Essex County	14.2	117	stable	0.5
Atlantic County	13.7	45	stable	-0.2
Salem County	13.7	10	stable	-1.1
Hudson County	11.5	72	stable	0
Liver & Bile Duct: All Races (includes Hispanic), BothSexes, All Ages				
New Jersey	7.8	869	rising	2.1
US (SEER+NPCR)	8.4	33,355	stable	0.4
Cumberland County	10.5	19	rising	4.8
Cape May County	9.9	17	stable	4
Camden County	9.4	60	rising	2.4
Atlantic County	9.1	32	stable	2.1
Hudson County	8.7	57	rising	2.6
Gloucester County	8.6	30	rising	2.1
Mercer County	8.4	37	stable	1.8
Ocean County	8.3	75	rising	3.2
Salem County	8.3	7	stable	-15.4
Passaic County	8.2	47	stable	1.1
Essex County	7.9	71	stable	0.8
Middlesex County	7.9	76	rising	2.5
Burlington County	7.7	45	rising	2.4
Monmouth County	7.6	64	rising	2.4
Bergen County	7.1	89	stable	1.1
Warren County	6.7	10	stable	1.9
Sussex County	6.7	13	stable	1.5
Morris County	6.6	43	rising	2.2
Union County	6.3	40	rising	1.8
Somerset County	6	25	stable	1.6
Hunterdon County	5.4	10	rising	3
Lung & Bronchus: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	55.3	5,950	falling	-1.6
US (SEER+NPCR)	58.3	221,568	falling	-2
Salem County	85.4	73	rising	2.5
Cape May County	76.3	130	stable	-0.8
Gloucester County	74.6	252	falling	-1.2

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Ocean County	70.8	672	falling	-1.1
Cumberland County	69.2	123	falling	-0.8
Camden County	67.2	404	falling	-1.4
Atlantic County	64.7	226	falling	-1.9
Warren County	63.8	91	stable	-1
Sussex County	62.5	114	falling	-1.3
Burlington County	61.8	350	falling	-1
Monmouth County	59.7	482	falling	-1.5
Mercer County	56.7	242	falling	-1.5
Middlesex County	49.7	459	falling	-2.1
Bergen County	49.4	598	falling	-1.7
Hunterdon County	48.6	81	stable	-1.2
Morris County	47.7	300	falling	-2
Essex County	46.9	393	falling	-2.4
Passaic County	44.8	250	falling	-5.8
Somerset County	44	173	falling	-1.8
Hudson County	43.7	273	falling	-2.5
Union County	43.1	262	falling	-2.2
Melanoma of the Skin: All Races (includes Hispanic),Both Sexes, All Ages				
New Jersey	22.2	2,335	stable	0.5
US (SEER+NPCR)	22.3	81,226	rising	1.8
Cape May County	51.3	77	rising	3.3
Hunterdon County	39.8	65	stable	1.9
Ocean County	34	283	stable	0.2
Salem County	32.4	26	stable	-16.8
Monmouth County	32.1	249	rising	1.6
Sussex County	31.9	56	rising	3.1
Gloucester County	27.2	91	stable	0.7
Atlantic County	27.1	92	rising	1.6
Morris County	26.7	164	stable	0.2
Burlington County	26.4	146	stable	0.5
Warren County	25.7	34	stable	0.1
Somerset County	24.4	97	stable	0.2
Camden County	21.7	128	stable	0.3
Mercer County	21.1	88	stable	0.4
Middlesex County	18.1	167	stable	1

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Bergen County	18	212	falling	-1.3
Cumberland County	16.4	28	stable	1.3
Union County	15.7	97	stable	0.2
Passaic County	14.3	77	stable	0.2
Essex County	12.2	103	stable	-0.1
Hudson County	8.2	53	stable	-0.7
Non-Hodgkin Lymphoma: All Races (includes Hispanic),Both Sexes, All Ages				
New Jersey	21.8	2,272	stable	0
US (SEER+NPCR)	19.3	70,661	falling	-1.5
Warren County	24.9	34	stable	-0.2
Monmouth County	24.3	188	stable	0
Morris County	23.7	145	stable	-0.3
Somerset County	23.7	92	stable	0.3
Sussex County	23.5	41	stable	-0.5
Atlantic County	23.2	78	stable	0
Bergen County	23.1	268	stable	0.1
Mercer County	22.6	94	stable	0
Ocean County	22.5	196	stable	0.4
Gloucester County	22.1	73	rising	0.9
Middlesex County	22.1	202	stable	-0.1
Cumberland County	22	37	stable	-0.1
Union County	21.1	129	stable	-6.5
Burlington County	21.1	117	stable	-0.5
Salem County	20.8	17	stable	-0.5
Hunterdon County	20.6	35	stable	-0.3
Camden County	20.6	122	stable	-0.4
Passaic County	20.4	109	stable	0.4
Essex County	18.4	153	stable	-0.7
Cape May County	18.3	29	stable	-0.3
Hudson County	17.1	110	stable	-0.4
Oral Cavity & Pharynx: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	11.1	1,204	rising	0.8
US (SEER+NPCR)	11.8	45,129	stable	0
Salem County	16.1	14	stable	1.2
Cape May County	14.6	23	stable	0.2

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Atlantic County	14.4	51	rising	1.5
Cumberland County	14	25	rising	2.3
Monmouth County	12.9	105	rising	1
Ocean County	12.8	108	rising	1.7
Sussex County	12.7	25	stable	1.7
Camden County	12.2	75	stable	1.2
Warren County	11.7	17	stable	2.1
Gloucester County	11.5	41	stable	0.8
Hunterdon County	11.4	21	stable	1.9
Morris County	11.4	74	rising	1.7
Burlington County	11.2	65	stable	1.3
Middlesex County	10.7	100	rising	1.6
Essex County	10.7	92	rising	8.2
Somerset County	10.5	43	stable	0.4
Passaic County	10.1	57	stable	-0.2
Bergen County	9.5	115	stable	-0.1
Mercer County	9.4	42	falling	-1.2
Union County	9	57	stable	-0.1
Hudson County	8.3	55	stable	-1.3
Ovary: All Races (includes Hispanic), Both Sexes, AllAges				
New Jersey	11.8	679	falling	-2.1
US (SEER+NPCR)	10.9	21,338	falling	-3.1
Cape May County	17.1	13	stable	0.2
Somerset County	13.6	29	falling	-2.1
Camden County	13.4	42	falling	-1.6
Mercer County	13.2	30	stable	-0.9
Burlington County	12.8	39	stable	-0.9
Warren County	12.5	9	stable	0.2
Atlantic County	12.3	22	falling	-2.7
Gloucester County	12.3	23	falling	-2.9
Ocean County	12	55	stable	-1.1
Hunterdon County	11.9	11	falling	-2.7
Middlesex County	11.8	59	falling	-2.1
Hudson County	11.7	41	stable	-1.1
Morris County	11.4	38	falling	-2.5
Bergen County	11.3	72	falling	-3.9

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Essex County	11.3	54	falling	-1.8
Passaic County	11.2	34	falling	-2.7
Monmouth County	11	48	falling	-2.2
Union County	10.6	36	falling	-2.4
Cumberland County	10.4	9	stable	15.6
Sussex County	10.2	10	falling	-3.3
Salem County	9.3	4	stable	-2.1
Pancreas: All Races (includes Hispanic), Both Sexes, AllAges				
New Jersey	14.4	1,556	rising	1.1
US (SEER+NPCR)	12.9	48,832	rising	0.8
Warren County	17	24	stable	1.8
Mercer County	16.1	69	rising	2.3
Salem County	15.9	14	stable	1.5
Burlington County	15.9	91	rising	2
Ocean County	15.7	148	rising	1.5
Hunterdon County	15.4	27	rising	2.2
Camden County	15.1	91	rising	1.1
Gloucester County	14.7	50	stable	0.8
Cape May County	14.7	25	stable	0.4
Monmouth County	14.5	121	rising	1.3
Essex County	14.2	120	stable	0.7
Atlantic County	14.2	50	stable	1.3
Bergen County	14.1	171	stable	0.3
Morris County	14	90	rising	1.3
Hudson County	14	87	rising	2.1
Passaic County	13.5	76	stable	0
Sussex County	13.5	25	stable	2.3
Cumberland County	13.4	24	stable	0.6
Union County	13.4	82	stable	0.5
Middlesex County	12.9	121	stable	0.8
Somerset County	12.8	51	stable	1.1
Prostate: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	131.3	6,723	falling	-2.9
US (SEER+NPCR)	104.5	192,918	stable	-0.4
Essex County	153.1	593	falling	-3.2

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Essex County	11.3	54	falling	-1.8
Passaic County	11.2	34	falling	-2.7
Monmouth County	11	48	falling	-2.2
Union County	10.6	36	falling	-2.4
Cumberland County	10.4	9	stable	15.6
Sussex County	10.2	10	falling	-3.3
Salem County	9.3	4	stable	-2.1
Pancreas: All Races (includes Hispanic), Both Sexes, AllAges				
New Jersey	14.4	1,556	rising	1.1
US (SEER+NPCR)	12.9	48,832	rising	0.8
Warren County	17	24	stable	1.8
Mercer County	16.1	69	rising	2.3
Salem County	15.9	14	stable	1.5
Burlington County	15.9	91	rising	2
Ocean County	15.7	148	rising	1.5
Hunterdon County	15.4	27	rising	2.2
Camden County	15.1	91	rising	1.1
Gloucester County	14.7	50	stable	0.8
Cape May County	14.7	25	stable	0.4
Monmouth County	14.5	121	rising	1.3
Essex County	14.2	120	stable	0.7
Atlantic County	14.2	50	stable	1.3
Bergen County	14.1	171	stable	0.3
Morris County	14	90	rising	1.3
Hudson County	14	87	rising	2.1
Passaic County	13.5	76	stable	0
Sussex County	13.5	25	stable	2.3
Cumberland County	13.4	24	stable	0.6
Union County	13.4	82	stable	0.5
Middlesex County	12.9	121	stable	0.8
Somerset County	12.8	51	stable	1.1
Prostate: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	131.3	6,723	falling	-2.9
US (SEER+NPCR)	104.5	192,918	stable	-0.4
Essex County	153.1	593	falling	-3.2

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Cape May County	152.9	122	falling	-1.9
Mercer County	148.1	300	falling	-2.3
Burlington County	147.9	407	falling	-3.1
Camden County	142.3	405	falling	-1.8
Gloucester County	140.7	236	falling	-1.8
Monmouth County	139.3	549	falling	-2.2
Salem County	139.3	58	stable	-1.7
Passaic County	136.2	359	falling	-2.5
Union County	134.6	390	falling	-3.7
Cumberland County	129.8	109	stable	-0.6
Bergen County	128.6	729	falling	-3.3
Morris County	127.6	392	falling	-3.3
Middlesex County	124.1	555	stable	1.2
Somerset County	122	232	falling	-2.9
Warren County	120	85	falling	-3.5
Sussex County	119.2	117	falling	-4.3
Atlantic County	117.7	203	falling	-2.5
Hudson County	112.7	319	falling	-3.9
Ocean County	112.1	466	falling	-3.6
Hunterdon County	108	94	rising	9.1
Stomach: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	7.9	847	falling	-1.1
US (SEER+NPCR)	6.5	24,190	falling	-1.1
Passaic County	10.4	58	stable	-0.2
Union County	9.7	59	stable	-0.8
Hudson County	9.5	60	falling	-1.7
Essex County	9	76	falling	-2
Cumberland County	8.8	15	stable	-2
Camden County	8.7	51	stable	0.3
Bergen County	8.6	104	stable	-0.9
Mercer County	8.1	34	stable	-0.5
Atlantic County	7.7	26	stable	-1
Middlesex County	7.5	70	falling	-2.5
Sussex County	7.5	14	stable	0.3
Burlington County	7	40	stable	-0.4
Ocean County	7	62	stable	-0.7

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Somerset County	7	28	falling	-1.8
Gloucester County	6.7	23	stable	-0.9
Monmouth County	6.7	56	falling	-1.5
Morris County	6.4	41	falling	-1.7
Salem County	5.9	5	stable	0
Hunterdon County	5.7	9	stable	-0.1
Warren County	5.6	8	stable	0.7
Cape May County	5.1	8	stable	-1.6
Thyroid: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	19.3	1,840	stable	-0.3
US (SEER+NPCR)	14.3	48,211	falling	-2.2
Monmouth County	26.8	182	stable	1.4
Gloucester County	24.4	76	rising	4
Mercer County	24.1	96	rising	4
Ocean County	24	147	rising	5.4
Camden County	22	118	rising	2.7
Burlington County	20.8	102	rising	2.4
Bergen County	20.3	207	stable	0.3
Salem County	20.2	13	rising	4
Somerset County	19.8	71	falling	-12.1
Middlesex County	19.2	169	stable	-0.9
Morris County	19.1	102	stable	-3.9
Sussex County	18	29	rising	3.9
Warren County	17	20	stable	1.6
Atlantic County	16.9	48	stable	0.9
Passaic County	16.2	85	stable	-7.6
Cape May County	16	17	rising	2.4
Union County	15.8	92	falling	-8.9
Hudson County	15.1	107	stable	-0.1
Cumberland County	14.6	24	stable	0.5
Hunterdon County	14.4	20	rising	3.6
Essex County	13.7	113	rising	4.3
Uterus (Corpus & Uterus, NOS): All Races (includesHispanic), Both Sexes, All Ages				
New Jersey	31.9	1,913	rising	0.8
US (SEER+NPCR)	27	55,004	rising	1.2

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Warren County	39.3	30	stable	1.2
Cumberland County	39.1	37	rising	1.9
Cape May County	38.2	32	rising	3.1
Sussex County	36.3	38	stable	0.9
Camden County	35.3	119	rising	2.1
Mercer County	34.3	82	rising	1.6
Hunterdon County	34.3	31	stable	-1
Gloucester County	33.7	66	stable	1.2
Salem County	33.7	16	stable	1.1
Essex County	33.5	165	rising	1.7
Morris County	32.8	115	stable	0.3
Atlantic County	32.4	61	stable	1.2
Somerset County	32.4	73	stable	0.4
Burlington County	32.2	101	stable	1
Middlesex County	32	168	stable	0.5
Ocean County	31.5	150	stable	0.2
Monmouth County	30.8	140	stable	-0.2
Bergen County	29.9	198	stable	-0.1
Union County	29.3	102	stable	1
Passaic County	28.8	90	stable	0.3
Hudson County	26.8	98	stable	0.6

APPENDIX H7: COMMUNITY MEDICAL CENTER - TUMOR REGISTRY SUMMARY

In 2019, CMC's tumor registry data showed that 6.2% and 17.9% 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: Hematopoietic and Reticuloendothelial Systems (28.1%), Lip and Oral Cavity (33.3%), and Respiratory System (40.7%). Compared to 2018, there was a increase of 60 cases (+3.7%) in 2019. The two biggest increases in overall cases occurred in Male Genital Organs (55, +42.6%), followed by Urinary Tract (16, +18.0%). Please note that case volume counts smaller than 10 are suppressed. Staging percentages are calculated on analytic cases only.

		Cases (both analytic and non- analytic)			2018			2019			2018 - 2019		
Main Site	Sub Site	2018	2019	% Stage 3	% Stage 4	Total % Stage 3 & 4	% Stage 3	% Stage 4	Total % Stage 3 & 4	Change in Case Volume	Change in % points for Stage 3	Change in % points for Stage 4	Change in % points for Stage 3 & 4
BREAST		258	250	6.6%	3.8%	10.4%	2.5%	3.0%	5.5%	(8)	(4.1)	(0.8)	(4.9)
CONNECTIVE, SUBCUTANEOUS AND OTHER SOFT TISSUES		11		16.7%	0.0%	16.7%	11.1%	11.1%	22.2%	(2)	(5.6)	11.1	5.6
DIGESTIVE ORGANS		309	299	8.3%	27.7%	36.0%	9.0%	22.2%	31.2%	(10)	0.7	(5.5)	(4.8)
	ANUS AND ANAL CANAL	13	13	9.1%	9.1%	18.2%	20.0%	10.0%	30.0%	0	10.9	0.9	11.8
	COLON	97	104	0.0%	18.8%	18.8%	2.2%	14.1%	16.3%	7	2.2	(4.6)	(2.4)
	ESOPHAGUS	28	26	16.7%	33.3%	50.0%	38.9%	38.9%	77.8%	(2)	22.2	5.6	27.8
	LIVER AND INTRAHEPATIC BILE DUCTS	39	36	16.7%	33.3%	50.0%	4.3%	8.7%	13.0%	(3)	(12.3)	(24.6)	(37.0)
	OTHER AND UNSPECIFIED PARTS OF BILIARY TRACT	13	12	10.0%	30.0%	40.0%	0.0%	57.1%	57.1%	(1)	(10.0)	27.1	17.1
	PANCREAS	51	41	16.7%	44.4%	61.1%	7.1%	50.0%	57.1%	(10)	(9.5)	5.6	(4.0)
	RECTOSIGMOID JUNCTION	12	12	0.0%	27.3%	27.3%	0.0%	41.7%	41.7%	0	0.0	14.4	14.4
	RECTUM	24	29	18.2%	22.7%	40.9%	27.3%	9.1%	36.4%	5	9.1	(13.6)	(4.5)
	STOMACH	16	18	0.0%	20.0%	20.0%	0.0%	26.7%	26.7%	2	0.0	6.7	6.7
EYE, BRAIN AND OTHER PARTS OFCENTRAL NERVOUS SYSTEM		40	52	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1 2	0.0	0.0	0.0
	BRAIN	18	20	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2	0.0	0.0	0.0
	MENINGES	20	28	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	8	0.0	0.0	0.0
FEMALE GENITAL ORGANS		111	99	8.5%	9.6%	18.1%	5.9%	11.8%	17.6%	(12)	(2.6)	2.2	(0.4)
	CORPUS UTERI	67	54	3.2%	3.2%	6.5%	2.1%	4.2%	6.3%	(13)	(1.1)	0.9	(0.2)
	OVARY	18	17	16.7%	33.3%	50.0%	0.0%	43.8%	43.8%	(1)	(16.7)	10.4	(6.3)
HEMATOPOIETIC AND RETICULOENDOTHELIAL SYSTEMS		78	92	0.0%	29.4%	29.4%	0.0%	28.1%	28.1%	14	0.0	(1.3)	(1.3)
LIP, ORAL CAVITY AND PHARYNX		40	32	9.4%	25.0%	34.4%	5.6%	33.3%	38.9%	(8)	(3.8)	8.3	4.5
LYMPH NODES		50	50	10.8%	29.7%	40.5%	10.8%	13.5%	24.3%	0	0.0	(16.2)	(16.2)

MALE GENITAL ORGANS	129	184	9.2%	9.2%	18.4%	9.4%	12.3%	21.7%	55	0.2	3.1	3.3
PROSTATE GLAND	124	182	9.6%	9.6%	19.2%	9.6%	12.5%	22.1%	58	0.0	2.9	2.9
RESPIRATORY SYSTEM AND INTRATORACIC ORGANS	334	325	16.1%	34.0%	50.2%	10.4%	40.7%	51.1%	(9)	(5.8)	6.7	0.9
BRONCHUS AND LUNG	315	308	16.3%	34.4%	50.7%	10.4%	41.5%	51.9%	(7)	(5.9)	7.1	1.2
LARYNX	15	12	18.2%	27.3%	45.5%	14.3%	14.3%	28.6%	(3)	(3.9)	(13.0)	(16.9)

		Cases (both analytic and non-analytic)			2018			2019			2018 - 2019		
Main Site	**Subsite**	**2018**	**2019**	**% Stage 3**	**% Stage 4**	**Total % Stage 3 & 4**	**% Stage 3**	**% Stage 4**	**Total % Stage 3 & 4**	**Change in Case Volume**	**Change in % points for Stage 3**	**Change in % points for Stage 4**	**Change in % points for Stage 3 & 4**
SKIN		124	130	1.1%	3.3%	4.4%	1.0%	4.0%	5.0%	6	(0.1)	0.7	0.6
THYROID AND OTHER ENDOCRINE GLANDS		45	40	0.0%	0.0%	0.0%	0.0%	2.7%	2.7%	(5)	0.0	2.7	2.7
THYROID GLAND		41	37	0.0%	0.0%	0.0%	0.0%	2.8%	2.8%	(4)	0.0	2.8	2.8
UNKNOWN PRIMARY SITE		19	30	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	11	0.0	0.0	0.0
URINARY TRACT		89	105	1.6%	14.1%	15.6%	1.4%	13.9%	15.3%	16	(0.2)	(0.2)	(0.3)
	BLADDER	52	75	2.4%	9.5%	11.9%	0.0%	7.5%	7.5%	23	(2.4)	(2.0)	(4.4)
	KIDNEY	27	22	0.0%	25.0%	25.0%	7.7%	38.5%	46.2%	(5)	7.7	13.5	21.2
Grand Total		1,646	1,706	8.4%	18.1%	26.5%	6.2%	17.9%	24.1%	60	(2.2)	(0.2)	(2.4)

Appendix I- Outcomes and Results Report of the Previous Implementation Plan

Community Medical Center | RWJBarnabas HEALTH

COMMUNITY HEALTH NEEDS ASSESSMENT

IMPLEMENTATION PLAN RESULTS

2019-2022

Introduction

In 2019, Community Medical Center (CMC) conducted and adopted its Community Health Needs Assessment (CHNA) which consisted of a community health needs survey of residents in our service area, a detailed review of secondary source data and a survey of local health officials and community agencies. The primary objective of this research was to obtain opinions of residents within CMC's Primary Service Area (PSA) in order to conduct a comprehensive health assessment to better serve our community and meet the CHNA requirements. The Plan can be accessed at www.rwjbarnabashealth.org/communitymedicalcenter.aspx.

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 CMC will address each priority need and the expected outcome for the evaluation of its efforts. The implementation plan which follows is based on the three selected priority areas*:

- **Chronic Disease Prevention and Management**
- **Behavioral Health: Mental Health & Substance Use**
- **Cancer**

CMC collaborates with many local organizations on health issues including: discussing and prioritizing needs, coordinating services, providing education and specialty knowledge, and supporting local health promotions. CMC also works with Ocean County Health Department to plan and implement a local needs assessment/health status and to support community health and wellness events.

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

Goal 1: Chronic Disease Prevention and Management

Key CHNA Findings:

- Two thirds of residents have been diagnosed with one of the following: high blood pressure, diabetes, high cholesterol, weight problems, or heart conditions.

- All conditions prevalent among older and lower income groups

- CHF is the most common inpatient ACSC among adults in the CMC service area

- Need for free/low cost preventative services in the community, and communicating effectively with culturally and ethnically diverse populations

- Free or low cost screenings for preventative health services are of the greatest importance of females, single residents and lower income groups

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
1.1	Evaluate and improve the care transitions for chronic cardiac conditions. Identify high risk cardiac failure patients and offer Transitions of Care program throughout their hospitalization.	• Reduce CHF admissions by 5% by 2022 • Reduce AMI readmissions by 5% by 2022	Cardiac/ Nursing	2019 Baseline: CHF: 15.8% AMI: 19.4% Outcome: **2020**: AMI 15.91% CHF 22.42% **2021** AMI 21.85% CHF 21.52% **2022 YTD July** AMI 12.9% CHF 21.95%

**Responsible Staff for internal purposes only; Not published on final document*

Goal 1: Chronic Disease Prevention and Management

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- CHF is the most common inpatient ACSC among adults in the CMC service area

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- Free or low cost screenings for preventative health services are of the greatest importance of females, single residents and lower income groups

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
1.2	In collaboration with community partners, continue to provide screenings for heart disease, cancer and related risk factors including blood pressure and diabetes to enhance early identification and treatment.	• Expand the annual number of attendees by 3% per year, 2022.	Community Outreach	2019 Baseline: 17,143 Attendees expected to increase given more coordinated efforts **Outcome:** 2020: 768 attendees as of end of 2/2020 then Pandemic 2021: 2,767 attendees 2022 YTD: 3,710 attendees

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Goal 1: Chronic Disease Prevention and Management

Key CHNA Findings:

- Two thirds of residents have been diagnosed with one of the following: high blood pressure, diabetes, high cholesterol, weight problems, or heart conditions.

- All conditions prevalent among older and lower income groups

- CHF is the most common inpatient ACSC among adults in the CMC service area

- Need for free/low cost preventative services in the community, and communicating effectively with culturally and ethnically diverse populations

- Free or low cost screenings for preventative health services are of the greatest importance of females, single residents and lower income groups

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
1.3	Continue efforts to educate community members about diabetes self-care.	• Continue to provide outpatient diabetic self-management classes monthly • Continue to provide outpatient education and support groups	Community Outreach	In-house program continued as described **Outcome**: 2020 – 797 patients 2021 – 1139 patients 2022 – 740 patients 2019 Support Groups baseline: 135 attendees **Outcome:** 2020: 72 attendees 2021: 91 attendees 2022 YTD: Diabetes educator retired; new educator hired in Spring of 2022

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Goal 1: Chronic Disease Prevention and Management

Key CHNA Findings:

- Two thirds of residents have been diagnosed with one of the following: high blood pressure, diabetes, high cholesterol, weight problems, or heart conditions
- All conditions prevalent among older and lower income groups
- CHF is the most common inpatient ACSC among adults in the CMC service area
- Need for free/low cost preventatives services in the community, and to communicate effectively with culturally and ethnically diverse populations
- Free or low cost screenings for preventative health services are of the greatest importance of females, single residents and lower income groups

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
1.4	Continue sponsorship of exercise activities in the community to promote health awareness and improvement	• Increase participation in Jingle Bell 5k run, Running with the Devils 5k run/walk, Dancing for Heart Health	Community Outreach/ Foundation	2019 Jingle Bell 5K Baseline: 150 2019 Running with the Devils 5k Run/Walk Baseline: 600 2019 Dancing for Heart Health Baselines: 500 **Outcome:** Jingle Bell Affiliation discontinued Devils 5K: 2020 – 761 (all virtual) 2021 – 1137 Dance for Heart Health 2020: 300
1.5	Offer "The Whimsical Foodtastic Fun Tour" – Children's National School Assembly Program to children grades K-4 in Ocean County schools encouraging healthy eating habits.	• Increase number of schools served. • Increase number of students in attendance.	Community Outreach/ Foundation	Performed three school assemblies for a total of 325 children **Outcome:** 2019: No assemblies held 2020;2021: Pandemic
1.6	Continue hosting an annual food drive in the spring/summer when food pantries are low in stock, to provide proper nutrition to Ocean County children and families in need.	• Continue to track total and increase pounds of food donated by employees and Medical Staff.	Community Outreach/ Foundation	2019: 20,147 lbs **Outcome:** 2020: 34,479 lbs. 2021: 30,218 lbs. 2022: 27,373 lbs.

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Goal 1: Chronic Disease Prevention and Management

Key CHNA Findings:

- Two thirds of residents have been diagnosed with one of the following: high blood pressure, high cholesterol, weight problems, or heart conditions. All conditions prevalent among older and lower income groups

- CHF is the most common inpatient ACSC among adults in the CMC service area

- Need for free/low cost preventatives services in the community. Need to communicate effectively with culturally and ethnically diverse populations.

- Free or low cost screenings for preventative health services are of the greatest importance of females, single residents and lower income groups

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
1.7	Establish three additional PCP hubs within Ocean County over the next 3 years to increase access to primary care services and to address community need.	• Number of new PCP hubs in Ocean County	Physician Development	2019 Baseline – 2 existing PCP Hubs **Outcome**: Barnegat HUB: 7/21 Toms River East HUB: 11/21 Lakewood Hub: 3/22
1.8	Matthew J. Morahan Cardiac & ImPact Concussion Screenings – provide education and health screenings regarding concussion and pediatric cardiac disease	• Provide education, evaluation, and assessment of sports injury and sports-related cardiac and concussion screenings	Cardiac/ Neuroscience	2019 Baseline Screenings: Cardiac and ImPact Concussion: 138 **Outcome:** 2020;2021: Pandemic 2022: No Screening Program held
1.9	In collaboration with community partners, continue to provide bilingual health fairs and screenings	• Provide educational material in Spanish with bilingual healthcare providers to communicate effectively with the community	K. Britske	2019 Baseline – 2 events **Outcome:** 2020: Pandemic 2021: Pandemic 2022: 6 Bilingual health fairs and screenings YTD

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Goal 2: Behavioral Health: Mental Health & Substance Use

Key CHNA Findings:

- Substance use was the highest health concern of residents surveyed; mental health was also frequently mentioned as a concern
- Total Ocean County substance use treatment admission were 46% higher than the State
- Ocean County residents had a higher rate of inpatient mental health admissions and a higher mental health ED use rate than the State
- Nearly 16% of County residents report 14 or more days of poor physical health, and 15% report 14 or more days of poor mental health

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
2.1	ED staff with psychiatric nurses, mental health screeners and mental health associates in conjunction with a fulltime psychiatrist to assess and treat patients providing principles of wellness and recovery in our mission to help prevent unnecessary hospitalizations.	• Track turnaround time from evaluate/treat to disposition, using Cerner	ED Admin	Achieve Length of Stay less than 10 hours from medical clearance to discharge Outcome: 2020: 15.19 hours 2021: 18.08 hours 2022 YTD: 19.15 hours
2.2	Through collaboration with RWJBarnabas Health Behavioral Health Center ("BHBHC"), increase staff awareness and provide appropriate referrals to select services to needed individuals and families. • Project MORE program for youths at risk for social problems, emotional problems, etc. • Strengthening Families Programs.	• Provide quarterly postings to Hospital ED staff and Nursing Staff of select BHBHC programs and services being offered to at risk populations and the community.	Behavioral Health	Behavioral Health program information will be shared with CMC employees and posted in the emergency department to include, but not limited to: Depression Awareness, PTSD and Smoking Cessation.
2.3	The Opioid Overdose Program responds to individuals reversed from an opioid overdose who are treated at CMC's Emergency Department as a result of the reversal.	• Navigators will target to track 90% of each patient to monitor treatment compliance	Institute for Recovery and Prevention	Monthly outcomes will be distributed to CMC Administration and the Division of Mental Health 2020: 100% 2021: 100% 2022 YTD: 100%

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	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
2.4	Peer Recovery specialist program to be utilized for the ED and inpatients who consent.	• Increase the number of peer recovery deployments by 3%.	Institute for Recovery and Prevention	Monitor recovery specialist referral process ED and inpatient: 1,270 of deployments in 2019 **Outcome:** 2020: 3,125 2021: 2509 2022 as of 6/30/22: 1283

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Community Medical Center | RWJBarnabas HEALTH

Goal 3: Cancer

Key CHNA Findings:

- ***Cancer tops the list of health issues among consumer survey respondents***
- ***Mammograms and pap smears for women are seen as being most important to survey respondents***
- ***Breast Cancer has the highest incidence rate in the County (and increased from 2010-2013), followed by Prostate, Lung, Melanoma and Colorectal.***
- ***Rates for Breast, Melanoma, Lung and Colorectal were higher than the State***

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
3.1	Continue to offer free cancer screenings for breast, cervical, prostate and colon cancer to the uninsured/underinsured, pursuant to the NJ Screen grant program objectives	• Increase number of participants by 5% annually, 2022 • Number of positive findings/patients referred for treatment	Oncology Outreach	2019 Baseline: 201 patients screened with 57 positive or questionable findings referred for follow up 2020: Lung screening completed (LDCT): 152 Lung Screening (LDCT) completed through ScreenNJ: 0 (Received funding from ScreenNJ from January 2020- June 2020) 2021: Lung screening (LDCT) completed: 198 Lung Screening (LDCT) completed through ScreenNJ: 1 (Received funding from ScreenNJ from January 2021- June 2021) 2022: (YTD September 30) Lung screening completed (LDCT): 176 Breast screening through NJCEED funding: • Referred: 34 • Completed: 17 No Screen NJ Grant awarded in 2022 (grant year would be July 2021 – to June 2022)

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3.2	Provide access to clinical trials in partnership with CINJ and Rutgers to maintain accrual compliance/comprehensive cancer status as required by the Commission on Cancer (COC) and NAPBC	CoC and NAPBC requirements for clinical trial. **CoC requirements**: • 4% in 2019 **NAPBC requirements:** • 2% in 2019	Oncology Admin	**2019 CMC accruals:** CoC : 22% NAPBC: 1% **Outcome:** 2020: NAPBC: 11/200=5.5% CoC: 121/1254=10% 2021 NAPBC: 12/264=4.5% CoC: 72/1305=5% 2022 NAPBC: 10/215=3.7% CoC: 54/1047=5%
3.3	Through marketing and outreach efforts we provided access to 844-CANCERNJ phone line to referring MDs and PCPs for complex cases	• Develop and maintain referral for high complex oncology cases	Oncology Admin	Utilize tracking system for referrals **Outcome:** 2020- 34 Calls 2021- 31 Calls 2022- 36 YTD (September)

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Goal 3: Cancer

Key CHNA Findings:

- Cancer is one of the health issues among consumer survey respondents. Mammograms and pap smears for women are seen as being most important to survey respondents.

- Breast Cancer has the highest incidence rate in the County (and increased from 2010-2013), followed by Prostate, Lung, Melanoma and Colorectal. Rates for Breast, Melanoma, Lung and Colorectal were higher than the State.

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
3.4	Provide a patient navigator process to address the needs of all cancer patients and will continue to monitor the number of patients served.	• Increase number of participants served by 5% annually.	Oncology Admin	Disparities/Barriers to Care in 2019 include **Fear of screening:** Widespread fear of a lung cancer diagnosis which prohibits large number of the high risk population from obtaining screening CT **Lack of understanding of navigator:** Trend is for patients to not call navigator for assistance due to lack of understanding of role. They associate navigator with the department in which they meet, despite education as to navigator's role. Also, separate patient surveys were sent to evaluate navigation services. To-date, 638 lung navigation patient visits face-to-face or phone. To date, 1,023 general navigation patient visits face-to-face, or phone. **Disparities to care identified:** Lack of education about the disease process and coordination of care remain the two largest barriers to quality care. **Lack of familiarity or trust:** 2019 trend noticed in physician practices and fellow navigator that patients reluctant to have surgery at CMC and transfer their surgery and/or care to other hospitals. Going forward, these are numbers that will be tracked to better understand the problem and formulate a plan of action

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	Strategy/Initiative	Indicator/Metric		
3.4	Provide a patient navigator process to address the needs of all cancer patients and will continue to monitor the number of patients served.	• Increase number of participants served by 5% annually.	Oncology Admin	Outcomes: 2020: 674 Nurse Navigators were pulled to assist with Pandemic volume 2021: 914 2022 YTD: 863

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