



# 2025 Community Health Needs Assessment

*In partnership with the South Jersey Health Collaborative*



**35TH STREET CONSULTING**  
LLC  
A New Jersey certified Small Business and WBE





# To Our Community Partners,

On behalf of Virtua Health, I am proud to present the 2025 Community Health Needs Assessment (CHNA). Since 2013, Virtua Health has conducted a comprehensive CHNA for the South Jersey region through the South Jersey Health Collaborative. This unique partnership includes the public health departments of Burlington, Camden, and Gloucester counties and three health systems (Virtua Health, Jefferson Health, and Cooper University Health), all dedicated to improving the health and well-being of everyone in South Jersey.

This 2025 Community Health Needs Assessment reflects detailed data collection and real-life stories from our South Jersey neighbors. Thanks to the involvement of more than 1,600 local residents, we have gained invaluable insights into the key factors impacting health and quality of life.

At Virtua, we strive each day to serve as Champions of Humanity. This means we show up, stand for what's right, and dedicate ourselves to improving lives. This report, and the collaborative work it represents, embodies our commitment to this ideal. It reflects our belief that every person deserves to be seen and supported in their journey to optimal health.

Past CHNAs have informed the community-based offerings that Virtua is widely known for. Examples include the Eat Well umbrella of food access programs and the Healthy Neighbor partnership with Medtronic LABS. This new report will similarly help us identify opportunities to meaningfully impact the lives of those we serve each day.

We thank our research partner, 35th Street Consulting, for its expertise and leadership in this project. We invite you to explore the extensive data in this report and use these findings to help us promote communities of wellness. Together, we can change lives through quality, compassionate, and human-centric healthcare services.

Sincerely,

*Dennis Pullin*

Dennis Pullin, President and CEO

Virtua Health



**Virtua** Here for good.  
Health



**Virtua Marlton Hospital**

90 Brick Road, Marlton, NJ  
08053



**Virtua Voorhees Hospital**

100 Bowman Drive,  
Voorhees, NJ 08043



**Virtua Willingboro Hospital**

218A Sunset Road,  
Willingboro, NJ 08046



**Virtua Our Lady of Lourdes Hospital**

1600 Haddon Ave,  
Camden, NJ 08103



**Virtua Mount Holly Hospital**

175 Madison Ave, Mount  
Holly, NJ 08060

Virtua Health is an academic health system committed to helping the people of South Jersey be well, get well, and stay well by providing the complete spectrum of advanced, accessible, and trusted health care services. Virtua's 15,000 colleagues provide tertiary care, including renowned cardiology and transplant programs, complemented by a community-based care portfolio. In addition to five hospitals, two satellite emergency departments, 42 ambulatory surgery centers, and more than 400 other locations, Virtua brings health services directly into communities through Hospital at Home, physical therapy and rehabilitation, mobile screenings, and its paramedic program.

Virtua has 3,000 affiliated doctors and other clinicians, and its specialties include **cardiovascular and gastrointestinal health**, orthopedics, advanced surgery, and maternity. Virtua is academically affiliated with Rowan University, leading research, innovation, and immersive education at the Virtua Health College of Medicine & Life Sciences of Rowan University. Virtua is also affiliated with Penn Medicine for cancer care and neurosciences, and the Children's Hospital of Philadelphia for pediatrics.

As a not-for-profit **health system**, Virtua is committed to the well-being of the community and provides innovative outreach programs that address social challenges affecting health, most notably the "Eat Well" food access initiative, which includes the unparalleled Eat Well Mobile Grocery Store. Discover more at [virtua.org](https://virtua.org).



# South Jersey Health Collaborative



The South Jersey Health Collaborative, consisting of hospitals, health systems, and health departments within Burlington, Camden, and Gloucester counties, came together to undertake a comprehensive regional community health needs assessment (CHNA). The South Jersey Health Collaborative included the following partners: Cooper University Health Care, Jefferson Health – New Jersey, Virtua Health, and the County Public Health Departments from Burlington, Camden, and Gloucester counties.

The South Jersey Health Collaborative partners have worked together since 2013 to create a collective CHNA for the region, a rigorous and inclusive process conducted every three years in accordance with the Affordable Care Act. This collective action has generated robust, shared regional data and Community Health Improvement Plans to further the hospitals' commitment to community health and population health management.

This 2025 CHNA builds upon the hospitals' 2013, 2016, 2019, and 2022 collaborative regional reports in accordance with the timelines and requirements set out in the Affordable Care Act. A wide variety of methods and tools were used to analyze data collected from community members and other sources throughout the region, leveraging socially distanced in-person conversations, video conferencing, phone calls, and survey tools. The findings gathered through this collaborative, inclusive process will be used to guide community benefit initiatives at Virtua and will engage the South Jersey Health Collaborative agencies and other community partners to address identified needs.

## South Jersey Health Collaborative Partners



# South Jersey Health Collaborative CHNA Steering Committee Members

These representatives from the participating institutions met every two weeks from September 2024 through May 2025 to provide expertise, share insights, and collaborate on the creation of this CHNA.

<b>Hospital Network Representatives</b>	<b>Public Health Representatives</b>
<b>Cooper University Health Care</b>	<b>Burlington County Health Department</b>
Maxwell Kursh	Holly Funkhouser- Cucuzzella
Danielle Santiago-Roach	Tracy Little
<b>Jefferson Health – New Jersey</b>	<b>Camden County Department of Health and Human Services</b>
Tanya McKeown	Koren Norwood
Christina Carty	Lynn Rosner
	Caryelle Vilaubi
<b>Virtua Health</b>	Paschal Nwako
Bageshree Cheulkar	
	<b>Gloucester County Department of Health</b>
	Annmarie Ruiz

The 2022 Community Health Needs assessment for Virtua Health was also conducted as a collaborative effort through the South Jersey Health Collaborative, in alignment with the requirements of the IRS guidelines. The IRS guidelines for collaborating hospital facilities, such as SJHC, stipulate that a single joint CHNA fulfills the IRS requirements so long as the CHNA report contains the information that would be present in separate reports and the joint CHNA covers the entire community served by the collaborating hospital facilities.

The 2022 analysis revealed four main health needs: Access to Care; Chronic Disease and Life Expectancy; Build Resilience: Behavioral Health, Trauma and Adverse Childhood Experiences; and Equal Start: Women and Children’s Health. All completed Community Health Needs Assessment Reports, including the 2022 New Jersey report, are available to the public through the following website: [www.virtua.org](http://www.virtua.org)

Following approval by the Virtua Health Board of Directors, Virtua Health developed strategies to operationalize the 2022 CHNA. In 2022, the Virtua Health team developed the implementation strategy with recommendations from key community partners.

An Evaluation of the Impact of the 2022 CHNA and CHIP reports is included on page 171.

## 2022 Priorities and Goal Statements

### Priorities for Action: Building Trust and Equity

Using an equity lens, the themes identified above represent the following priority areas for collective action for the South Jersey Health Collaborative:



#### Equity Approach:

- Achieve equitable outcomes for all residents by challenging structural and institutional inequities
- Leverage collaboration to counteract social drivers of health
- Change processes and policies to reimagine equitable distribution of services

Access	Life Expectancy	Build Resilience	Equal Start
<p><b>Access to Care:</b>  <u>Goal:</u> Achieve equitable access to services for all people regardless of race, ethnicity, age, insurance, zip code, income, gender or language.</p>	<p><b>Chronic Disease and Life Expectancy:</b> <u>Goal:</u> Achieve equitable life expectancy for all people regardless of race, ethnicity, zip code, insurance, income, gender or language.</p>	<p><b>Behavioral Health, Trauma and Adverse Childhood Experiences:</b> <u>Goal:</u> Foster community building opportunities to ameliorate the impact of traumatic events designed for all ages.</p>	<p><b>Women and Children’s Health:</b> <u>Goal:</u> Achieve equitable outcomes and support for all babies and people who give birth.</p>

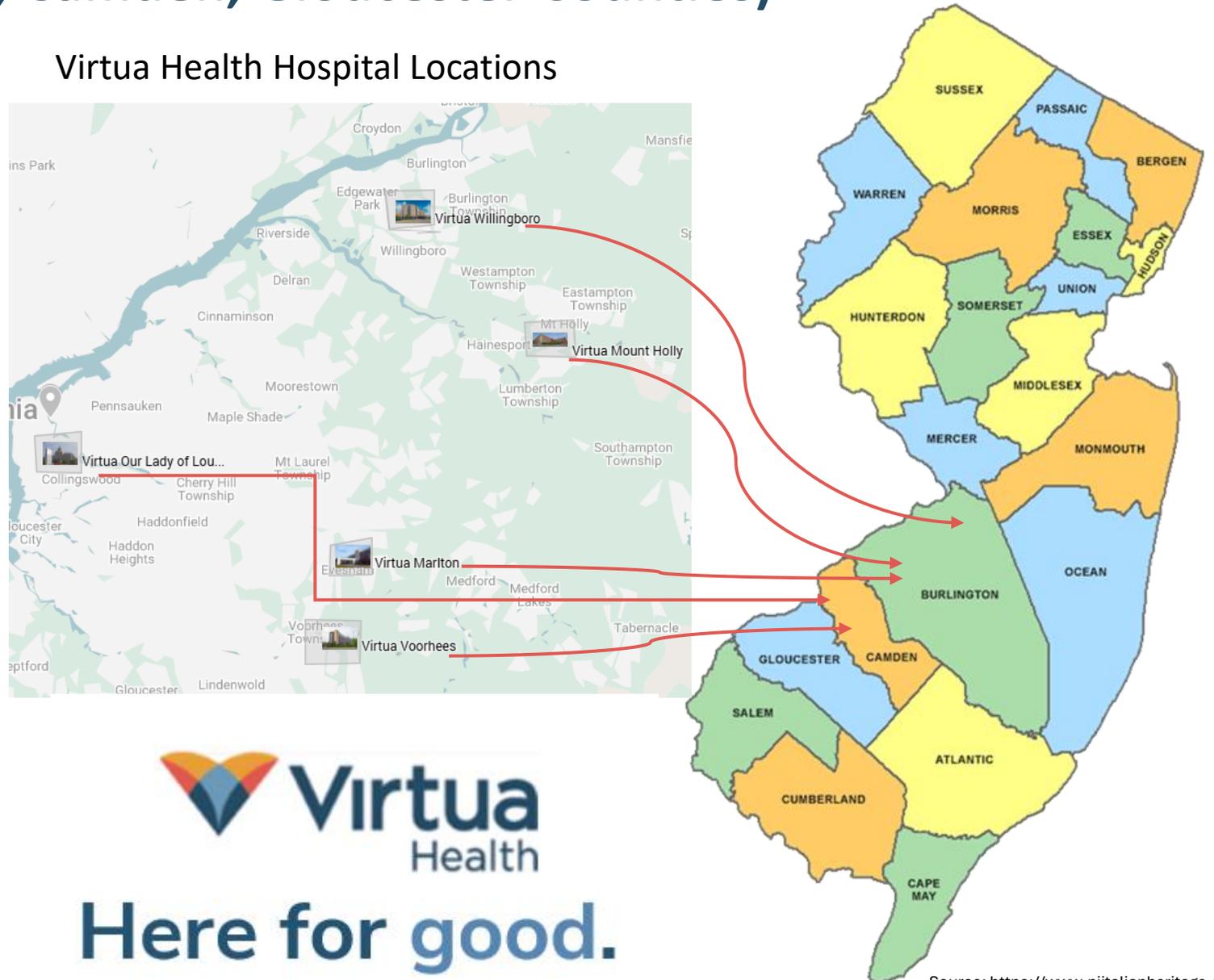
# South Jersey Background (Burlington, Camden, Gloucester Counties)

For the purposes of the 2025 CHNA, South Jersey includes Burlington, Camden and Gloucester Counties, located in the southwestern portion of New Jersey, known as part of the Delaware Valley.

Many parts of South Jersey are suburban and are home to residents who use one of the many iconic bridges across the Delaware River to commute to Philadelphia. This region is also defined by its rich agriculture and by its own distinctive cities, including Camden and Cherry Hill.

Together, the South Jersey Health Collaborative Partners serve the health needs of these diverse communities.

Virtua Health Hospital Locations



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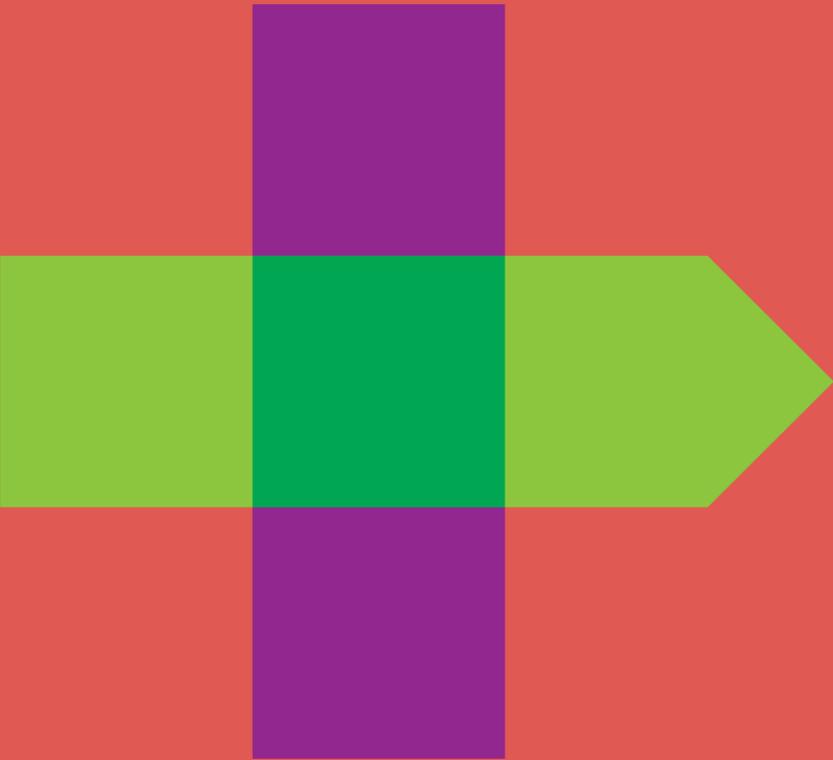
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# 2025 Community Health Needs Assessment

*Methods and Definitions*

## Here for good

The purpose of this report is to provide a data profile that describes the population of South Jersey and their health status, ensuring that everyone has access to opportunities for improved health and greater well-being. This involves recognizing each individual we serve as a whole person, acknowledging that each one begins their journey toward better health from a different starting point.

To make an impact in achieving this goal, we must look beyond the healthcare system and address the unintended barriers present in our institutions and communities that hinder people's ability to reach their health goals. This requires all of us to collaborate, thoughtfully utilizing our strengths and those of our partners to build a healthier community for everyone, both now and in the future.

Please use the information provided here to enhance the availability and accessibility of resources aimed at improving the health and well-being of all individuals across South Jersey.



***We start with a comprehensive report of demographic, health, and socioeconomic statistics.***

The Virtua Health 2025 CHNA, research methodology, conducted in partnership with the South Jersey Health Collaborative Partners, included a comprehensive view of statistical health and social indicators for the South Jersey region. For this report, the South Jersey region includes Burlington, Camden, and Gloucester Counties, New Jersey. The following data are a summary of this analysis.

Secondary data, including demographic, socioeconomic, and public health indicators, were analyzed for the South Jersey region to measure key data trends and priority health issues, and to assess emerging health needs. Data were compared to state and national benchmarks and [Healthy People 2030 \(HP2030\)](#) goals, as available, to assess areas of strength and opportunity. Healthy People 2030 is a national initiative establishing 10-year goals for improving the health of all Americans.

All reported demographic and socioeconomic data were provided by the [US Census Bureau, American Community Survey](#), unless otherwise noted. Public health data were compiled from a variety of state and national sources like the [New Jersey Center for Health Statistics and Informatics/NJSHAD](#), [Centers for Disease Control and Prevention \(CDC\)](#), and the [Health Resources and Services Administration](#), among others. A comprehensive list of data sources can be found in Appendix A.

The most recently available data at the time of publication is used throughout the report. Secondary data typically lags behind “real time.” It is important to consider community feedback to both identify significant trends and disparities and to better understand new or emerging health needs.

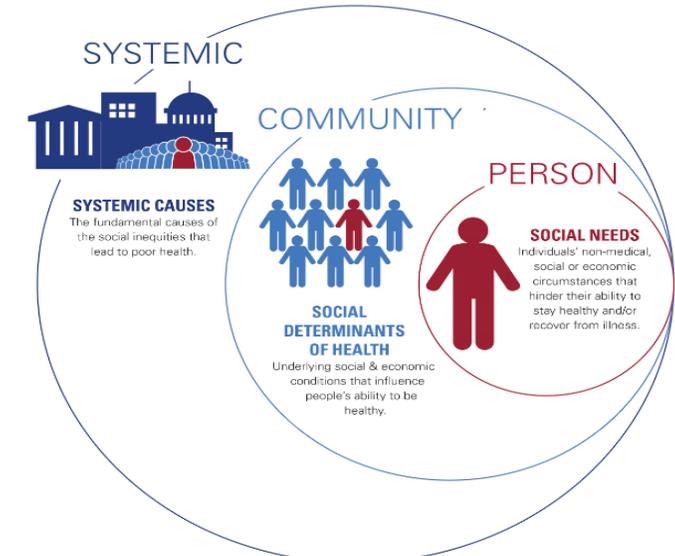
Data are reported for Burlington, Camden, and Gloucester Counties plus Camden City, the most populous municipality in the region, as available, to demonstrate localized health needs and disparities.

# How Environment Impacts Well-being

*Where we live impacts the choices available to us.*

SOCIETAL FACTORS THAT INFLUENCE HEALTH

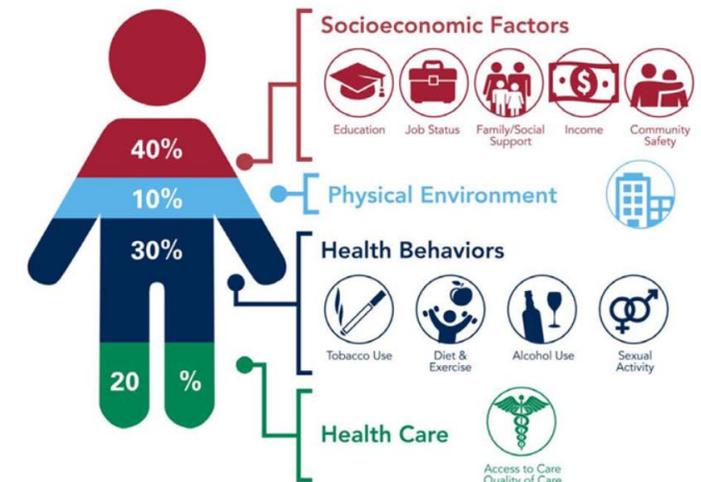
The ability to make choices that promote health is affected by forces at individual, community, and systemic levels. These graphics, borrowed from the American Hospital Association, describe systemic factors, such as the legacy of historic discrimination and exclusion that existed when many of our institutions and communities were founded. These factors persist in all communities and impact the types of choices that are available in the neighborhoods where we live and work. All people make choices about their well-being based on the array of options available to them. By examining not only what the data identify as emerging needs but also the landscape in which these needs exist, we can begin to address the root causes of health inequities in the communities where we all live, work, and play.



The mix of ingredients that influence each person's overall health profile includes: individual behaviors, genetics, the accessibility and quality of health services, the physical or built environment, and socioeconomic conditions, known as Social Drivers of Health (SDoH). Public health agencies, including the CDC, consistently state that at least 50% of a person's health profile, and ultimately a person's life expectancy, is determined by SDoH.

**Disparities, or differences in health outcomes between groups of people, often have their roots in social and structural factors that have existed for a long time.** SDoH are typically grouped into five domains: economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social and community context.

This report includes a variety of quantitative and qualitative measures designed to show opportunities to leverage existing strengths in addressing SDoH, remove barriers, and ensure greater health opportunities for everyone.



Note: \*Social *Determinants* of Health and Social *Drivers* of Health, both shorthanded to SDoH, refer to the same measure of external factors that contribute significantly to a person's overall health profile. For the purposes of this report, we will use Social *Drivers* of Health; however, some included sources will reference Social *Determinants* of Health.

## Diagnosis

The act or process of identifying or determining the nature and cause of a disease or injury through evaluation of patient history, examination of a patient, and review of laboratory data.

## Incidence

The number of cases of disease starting during a prescribed period of time, usually expressed as a rate. Measuring incidence may be complicated because the population at risk for the disease may change during the period of interest due to births, deaths, or migration, for example. Because of these difficulties in measuring incidence, many health statistics are instead measured in terms of prevalence.

## Prevalence

The total number of cases of a disease, number of infected people during a particular period of time. Prevalence includes new diagnoses plus ongoing cases that have not been resolved. It is often expressed as a rate (for example, the prevalence of diabetes per 1,000 people during a year).

## Age-Adjusted Rates

The method of determining effects between different groups is by calculating an age-adjusted rate per 100,000 population. Age adjusting is a statistical method of making a fair comparison of two or more groups who have different age distributions. For example, in New Jersey, non-Hispanic Black/African American and Latinx racial and ethnic groups have younger age distributions than non-Hispanic white residents. Since negative outcomes such as hospitalization and death from diseases like COVID-19 increase with advanced age, by age adjusting, the impact of COVID-19 or other health outcomes on groups with different distributions of age can be compared as if the effect of age distribution is the same in all populations.

Source: <https://www.cdc.gov/nchs/hus/sources-definitions>

### Diagnosis:

*First identification of disease or condition*

### Incidence:

*New diagnoses during a specific period of time*

### Prevalence:

*All new plus all existing cases that have not yet been resolved during a specific time*

Outcome Resolution =  
*Recovery*

Or

Outcome Resolution =  
*Death*

In 2024 and 2025, the South Jersey Health Collaborative – comprised of key representatives, Virtua Health, Cooper University Health Care, Jefferson Health, and the health departments of Burlington, Camden and Gloucester Counties– worked alongside the 35<sup>th</sup> Street Consulting team to craft this CHNA. The data included in this report are designed to generate priority areas for action for Virtua Health, in alignment with priorities for collective action among the South Jersey Health Collaborative partner agencies.

To determine priorities, statistical data and primary qualitative data were analyzed. Statistical data includes health indicators and socioeconomic measures, which document health disparities and underlying inequities experienced by people living throughout Burlington, Camden, and Gloucester Counties, as well as a focus on people living in the City of Camden. Perspectives on data trends and direct feedback on community health priorities were collected via 13 one-on-one interviews, more than 226 key stakeholder through the Key Stakeholder Survey, a combined 1,470 residents through the Community Survey including a subset of 173 respondents specifically from Virtua Health’s outreach, and 5 focus groups, with 56 participants.

## South Jersey Health Collaborative 2025 CHNA Priorities



A preliminary prioritization process was conducted in a hybrid workshop facilitated by 35<sup>th</sup> Street Consulting with 15 representatives from Virtua Health, Cooper University Health, Virtua Health and Burlington, Camden, and Gloucester County Health departments.

Through this process, the following specific health needs were identified by the South Jersey Health Collaborative as shared priorities.

A summary of the 2025 CHNA data and the priorities were discussed with 33 community representatives at a Community Forum hosted at Virtua Health, Marlton, New Jersey on May 13, 2025. All 33 forum attendees agreed with the priorities listed here.

These themes from the 2025 CHNA data formed the foundation of a collaborative exercise to determine the shared priorities of the South Jersey Health Collaborative for 2025 on March 25, 2025.

## Housing and transportation

- Home prices are less than other places in NJ, but still expensive
- Rent is very high, especially in Burlington County
- About half of renters pay more than 30% on housing costs
- The numbers of unhoused people is growing everywhere
- Investments in creative transportation solutions are working but it is still a barrier

## Income variability and ALICE

- There are pockets of poverty and wealth across the area
- The cost of care remains a barrier
- Roughly 1 in 4 households meet ALICE criteria
- ALICE households may earn too much for income-based supports
- Most ALICE workers are in RETAIL or HEALTHCARE
  - Can ALICE employers be engaged to reach ALICE households?

## Mental health and mental strain

- New programs and providers are good but still not enough
- ACEs underlie many health issues for all ages, especially seniors
- Stigma/lack of Mental Health knowledge prevents youth and seniors from accessing care
- Concern that youth are escalating behaviors to access mental health care
- Perinatal Mental Health is effective but other providers to learn signs
- Stress, just tired, worn-out feelings

## Welcome, representation, language

- Language is a barrier to accurate Mental Health diagnosis, care
- Insisting or explaining “taking up space” is exhausting, creates barriers for people of color, disabilities
- Front line staff, waiting area interaction, imagery impacts sense of care
- Online communication is helpful but sometimes confusing
- Positive messaging about successful outcomes, relatable images motivates people

## Differences in education

- High School Graduation is very low and falling in key communities
- Employment, other opportunities expand with education
- Most young kids in ALICE households are not in preschool
- Education is ranked #1 in Burlington and Gloucester and #3 in Camden.
- Growing concern about ACEs impact among seniors
- ID and education exposure impact MH diagnosis and physical health treatment

## Chronic disease

- Cancer prevalence and death is high but improving
- Incidence of Female Breast, Prostate, and Lung cancer is higher than US, but death rates are the same, indicating cancer is being found and treated
- Heart disease risks are similar to NJ but death is higher. This is an opportunity for improvement
- Heart disease death is particularly high among Black/African American people

## Priorities for Action and Approval of 2025 CHNA

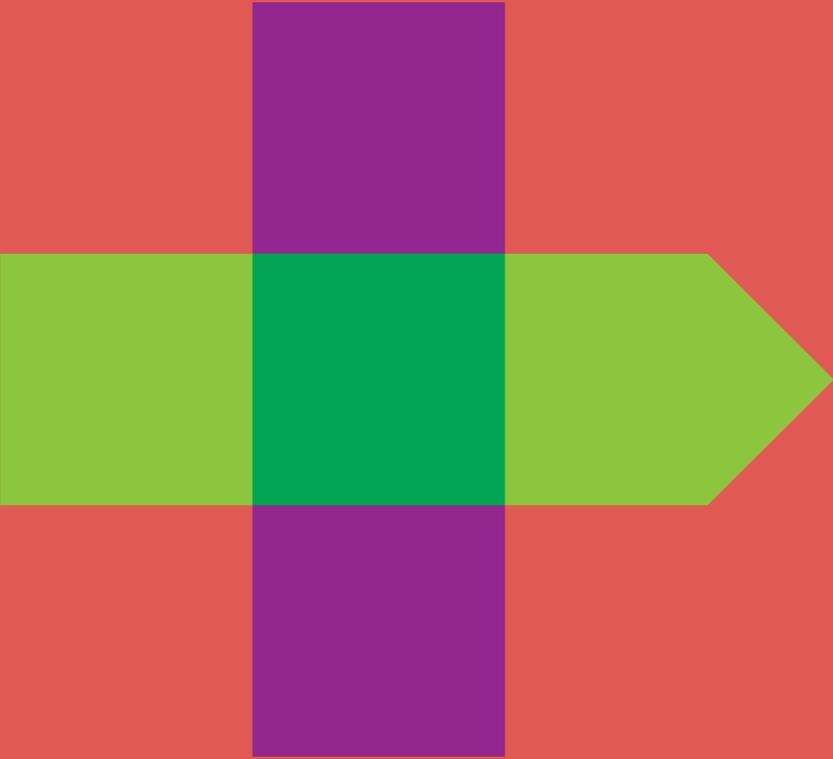
### South Jersey Health Collaborative 2025 CHNA Priorities



*Acronyms Explained:*  
**ALICE:** Asset Limited Income Constrained Employed (working poor)  
**ACEs:** Adverse Childhood Experiences

#### Approval and Adoption of the 2025 CHNA:

The Virtua Health Board of Directors reviewed and approved this report to address these priority areas in September 2025. The report is widely available to the public through Virtua Health’s website. [www.virtua.org](http://www.virtua.org). For more information, feedback, or comments, please email [BCheulkar@virtua.org](mailto:BCheulkar@virtua.org)



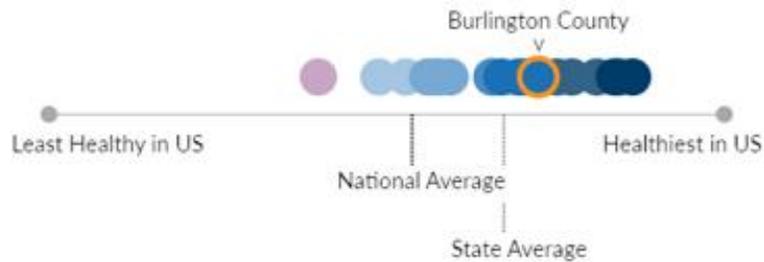
# South Jersey By The Numbers

## *Secondary Data Profile*

# How Do Burlington, Camden, and Gloucester Counties Compare to New Jersey in Health Factors?



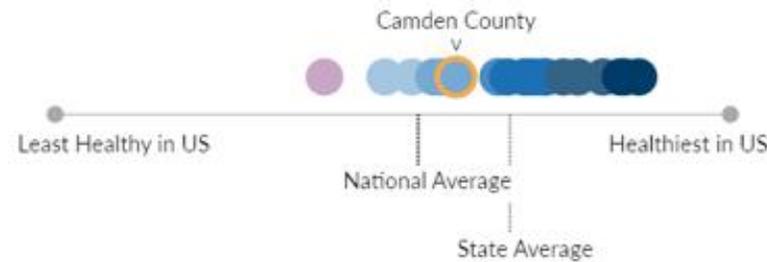
Burlington County Health Factors - 2024



Burlington County is faring about the same as the average county in New Jersey for Health Factors, and better than the average county in the nation.



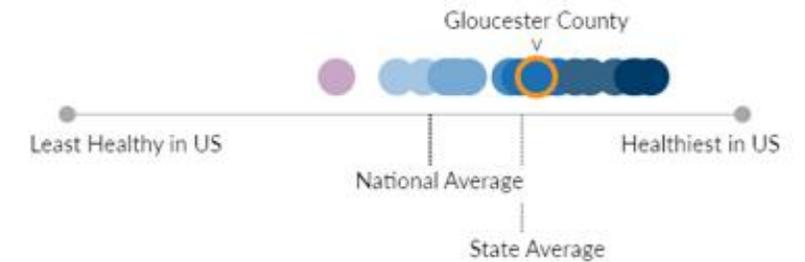
Camden County Health Factors - 2024



Camden County is faring worse than the average county in New Jersey for Health Factors, and about the same as the average county in the nation.



Gloucester County Health Factors - 2024



Gloucester County is faring about the same as the average county in New Jersey for Health Factors, and better than the average county in the nation.

# How Do Burlington, Camden and Gloucester Counties Compare to New Jersey in Health Outcomes?



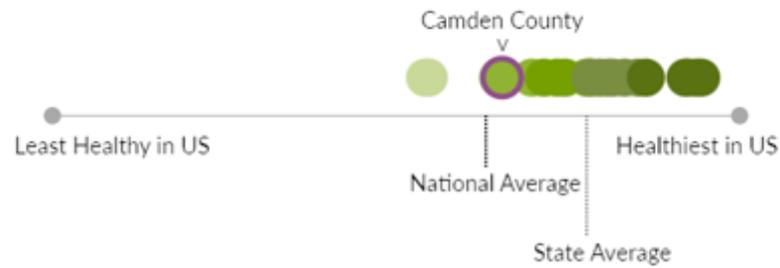
Burlington County Health Outcomes - 2024



Burlington County is faring slightly better than the average county in New Jersey for Health Outcomes and better than the average county in the nation.



Camden County Health Outcomes - 2024



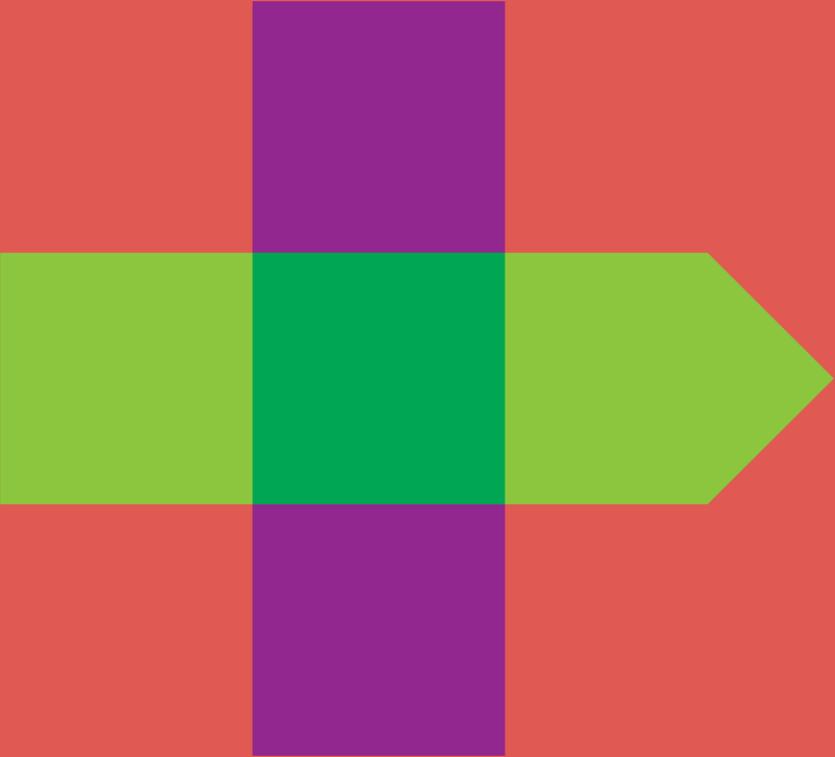
Camden County is faring slightly worse than the average county in New Jersey for Health Outcomes and slightly better than the average county in the nation.



Gloucester County Health Outcomes - 2024



Gloucester County is faring about the same as the average county in New Jersey for Health Outcomes and better than the average county in the nation.



# Who lives in South Jersey?

*Demographic Profile*

# Demographics: Our Community and Residents



Demographic characteristics, such as age, race, language, zip code, education, income, and employment, among other features, are important in understanding the particular strengths and specialized needs of the people living in any community.

These demographic characteristics play a big role in understanding current health status, which helps inform decisions about priorities and resources for future planning.

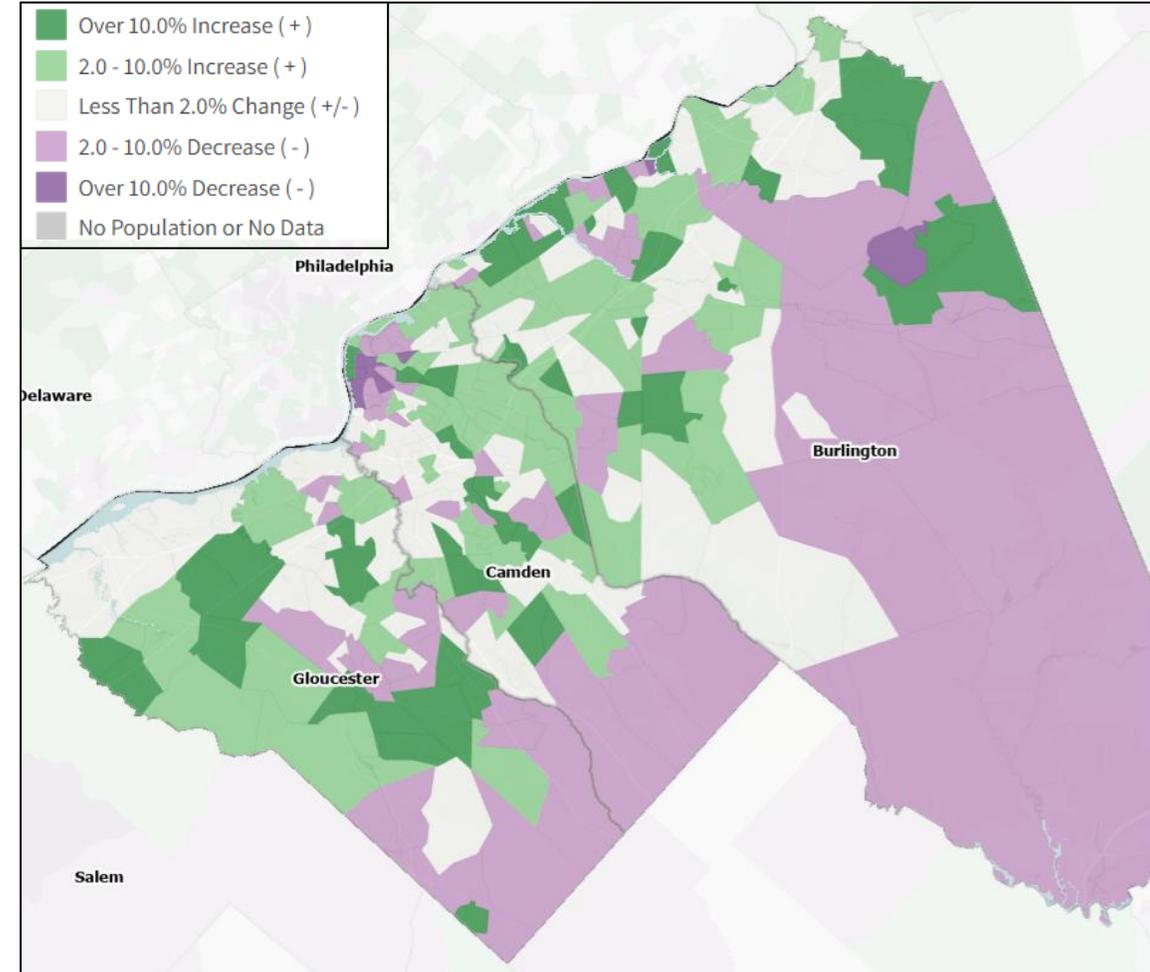
Disparities, or differences observed and experienced in health outcomes, that become clear when we view data in segments separated by demographic characteristics, are often reflections of barriers to access based on some combination of these characteristics.

# Overall Population and Population Change

The overall population increased across all three counties. Gloucester County has the smallest population of the three counties, but has the largest percent increase in population during this time period. Camden City lost nearly 10% of the overall population.

**Percent Population Change by Census Tract for SJ Counties, 2010-2020**

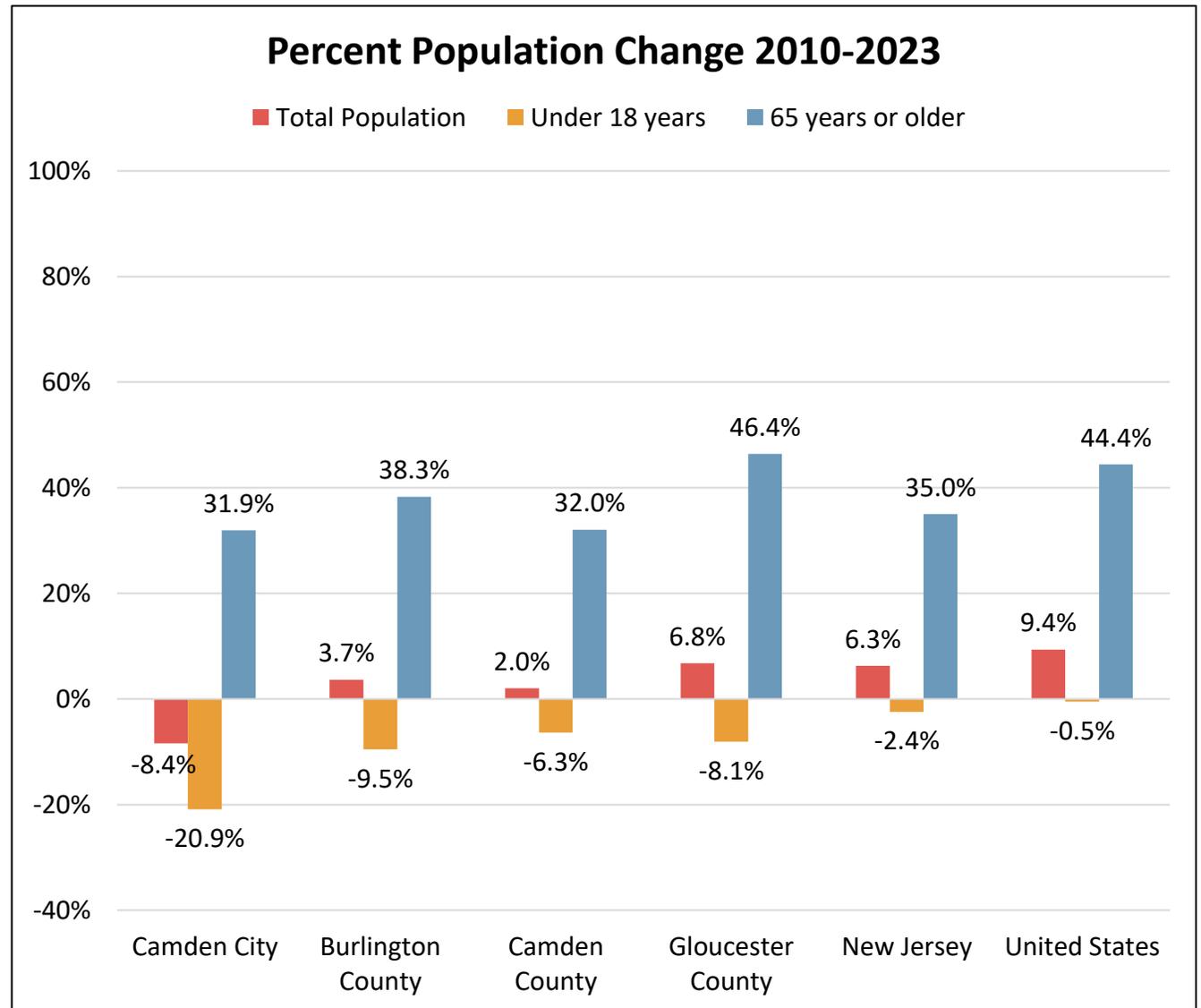
	Total Population		% Change
	2010	2023	
Camden City	78,047	71,471	-9%
Burlington County	447,861	464,226	+4%
Camden County	513,574	524,042	+2%
Gloucester County	285,223	304,504	+7%
New Jersey	8,721,577	9,267,014	+6%
United States	303,965,272	332,387,540	+9%



The total population has increased slightly across the South Jersey region, except in the City of Camden, where the overall population has decreased.

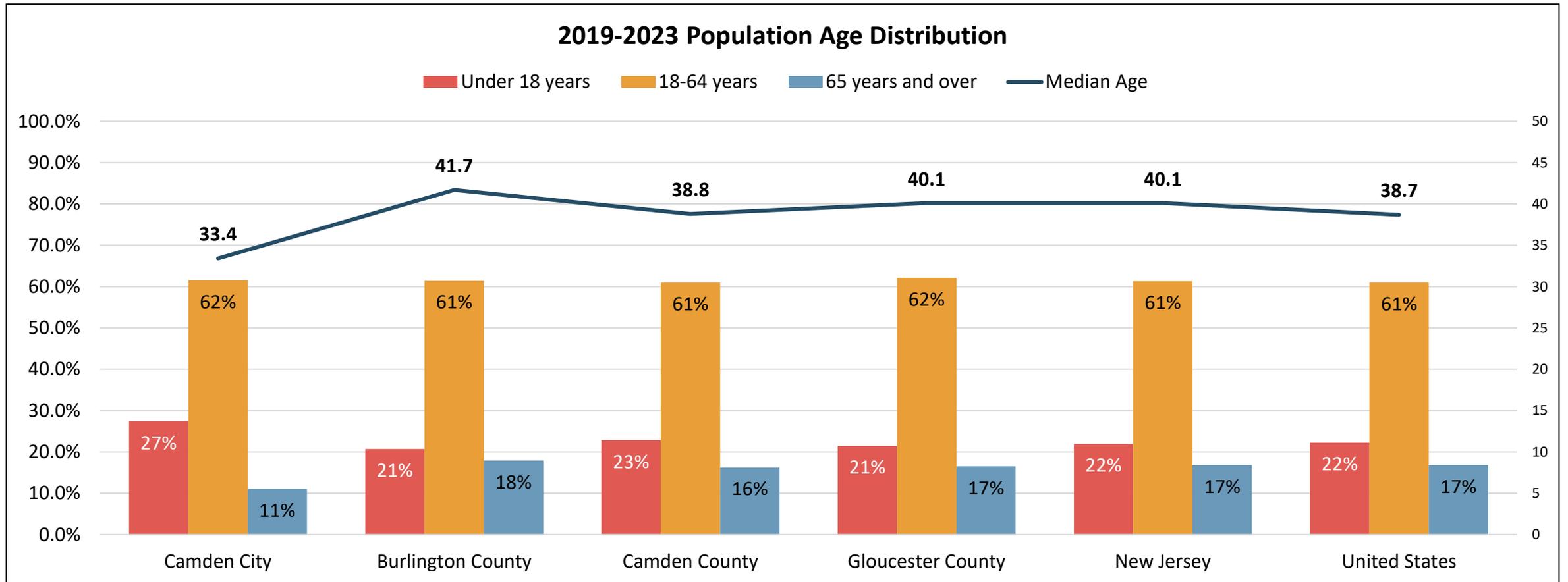
The proportion of children under 18 has decreased in all communities, most dramatically in the City of Camden. This suggests that more young families are moving away from South Jersey than are moving in.

The percentage of the population over age 65 has increased, likely due to existing residents remaining in place and growing older.

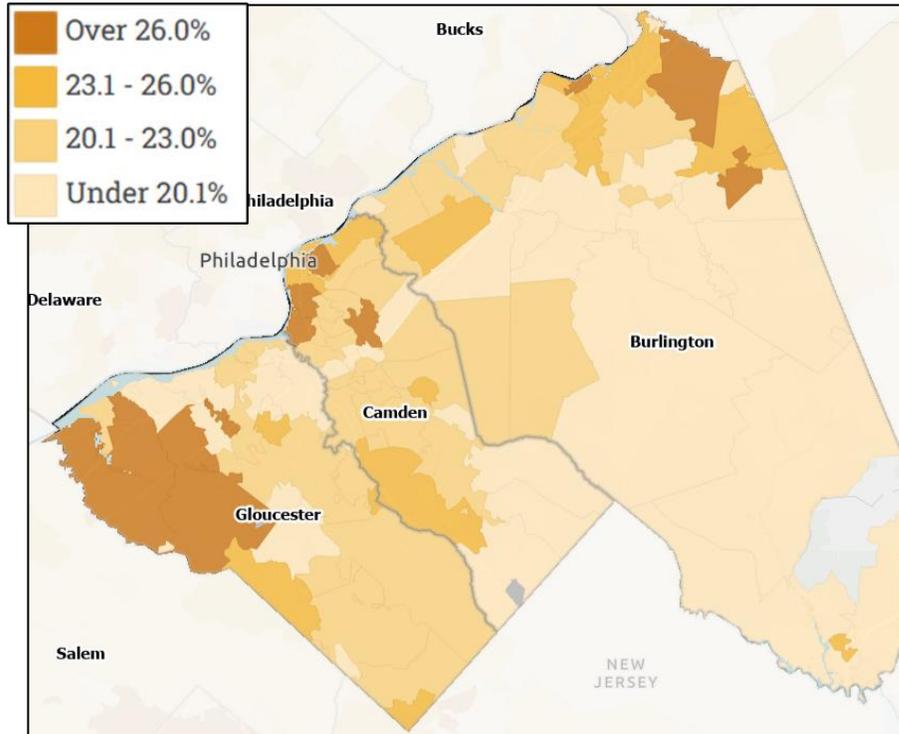


*“Generally this area has good infrastructure. Incomes are modest. schools are generally good. fresh food is readily available.”*

People have different health and social needs at various stages of life. It is important to understand the age distribution of the populations served to ensure appropriate interventions. In South Jersey, population distribution by age is quite similar, particularly among working-age adults (ages 18-64). Burlington County has an older median age of 41.7 years and a slightly larger proportion of older adults compared to other areas. In contrast, the City of Camden is different; nearly one in three residents is 18 years or younger, while approximately one in ten residents is aged 65 or older.



**Youth Population Aged 0-17 by Zip Code, 2019-2023**

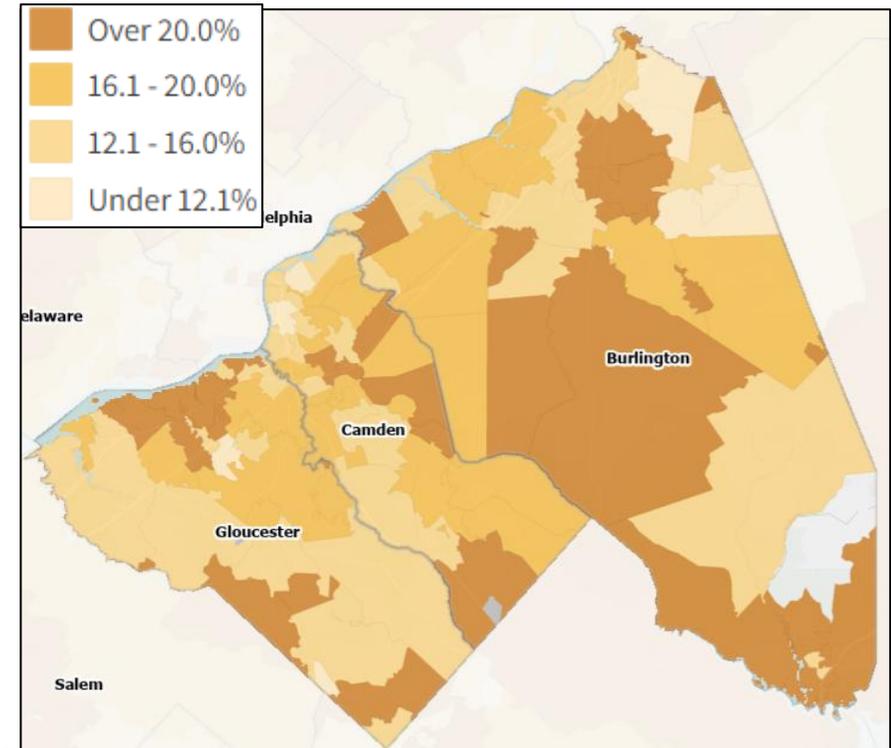


Highest Concentration of Children	
08033, Haddonfield	08085, Swedesboro
08104, Camden	08554, Roebling
08105, Camden	08640, 08641 Joint Base MDL

Different age groups have different health needs. Understanding the proportion of different age groups in geographic areas helps determine appropriate interventions and investments.

The western regions of all three counties have higher concentrations of children, while the eastern and more rural areas tend to have a greater number of older adults.

**Older Adult Population Aged 65 or Over by Zip Code, 2019-2023**

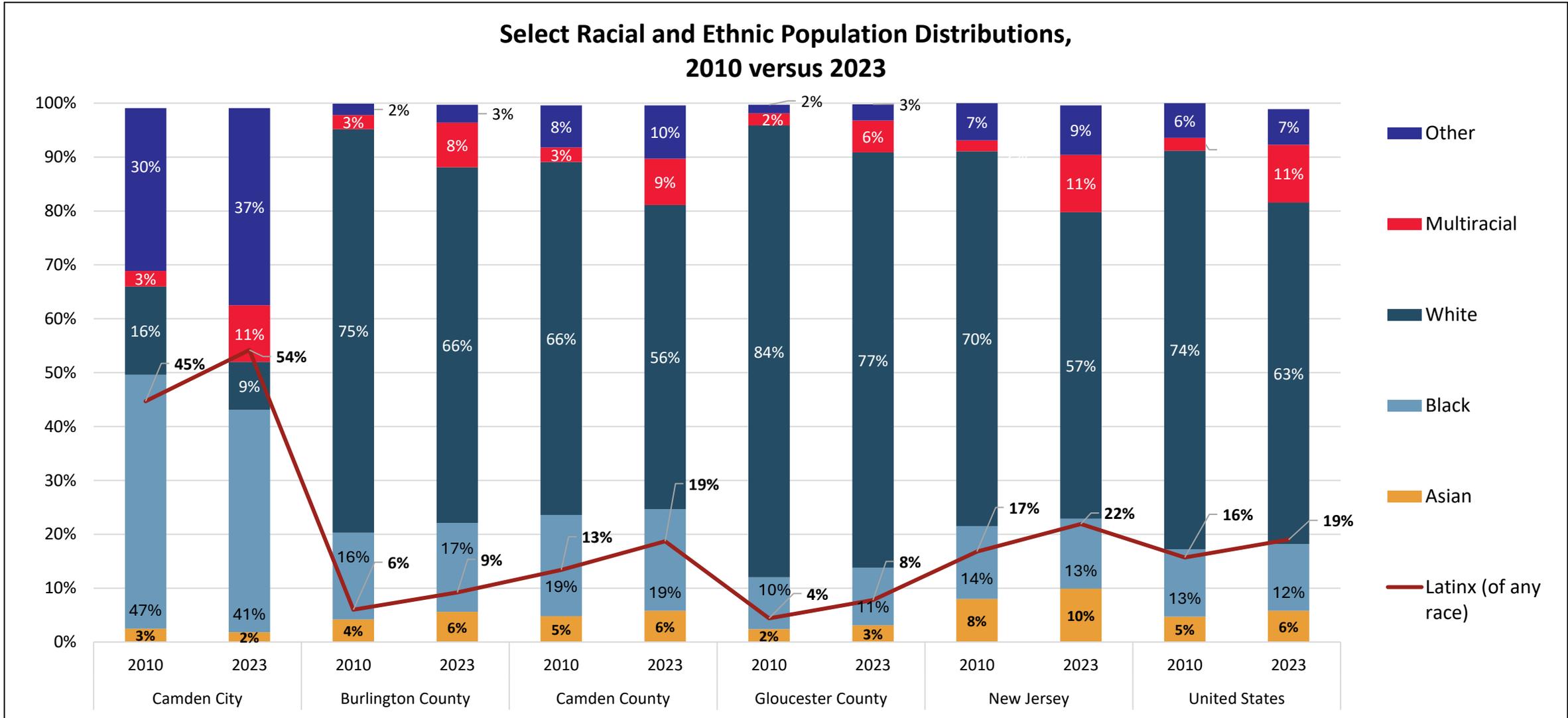


Highest Concentration of Older Adults	
08042, Clarksboro	08041, Jobstown
08039, Harrisonville	08042, Juliustown
08088, Vincentown	08022, Columbus

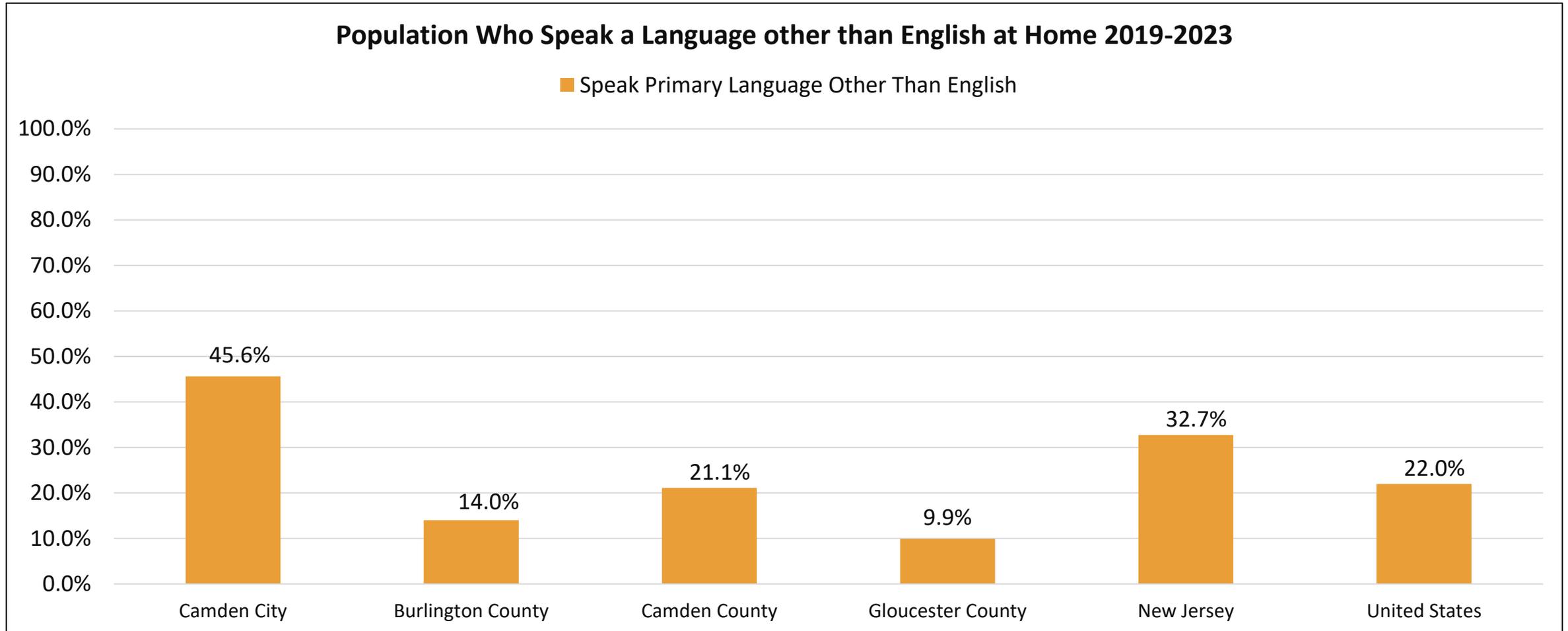
# Population by Race and Ethnicity

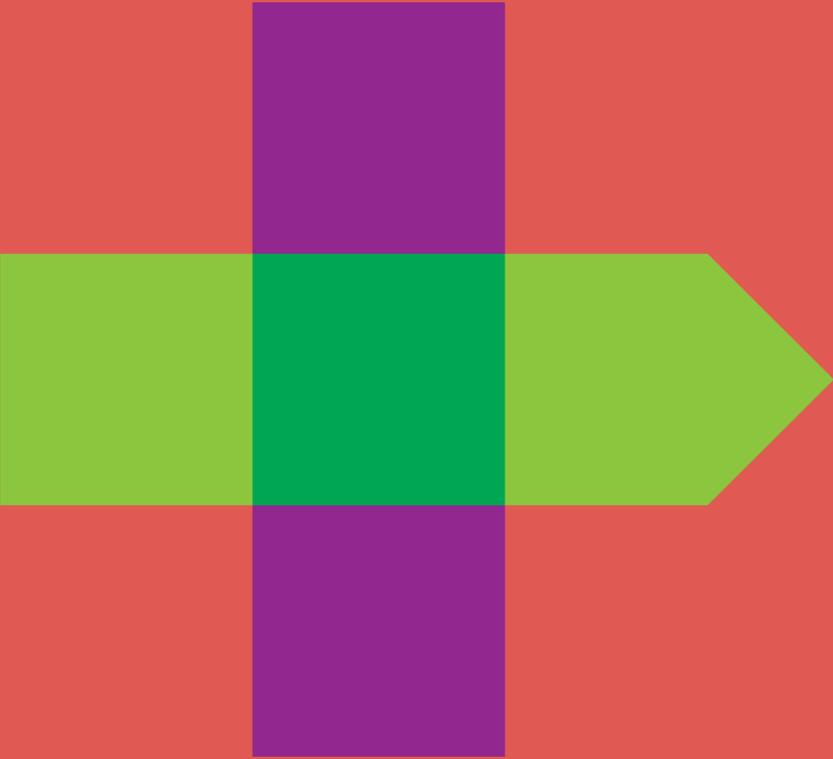
All South Jersey counties are majority White (56% or more), but have become more diverse since 2010. The City of Camden is a majority “minority” city (16% White), unlike the surrounding counties. In 2023, more than half of Camden City residents identify as Latinx, which is double the national percentage.

Select Racial and Ethnic Population Distributions, 2010 versus 2023



Nearly half (45.6%) of the people living in the City of Camden speak a language other than English at home. Outside of Camden City, fewer than 1 in 4 residents primarily speak a language other than English at home.





## **Income and Work**

*Money impacts healthy choices*

# Income and Work

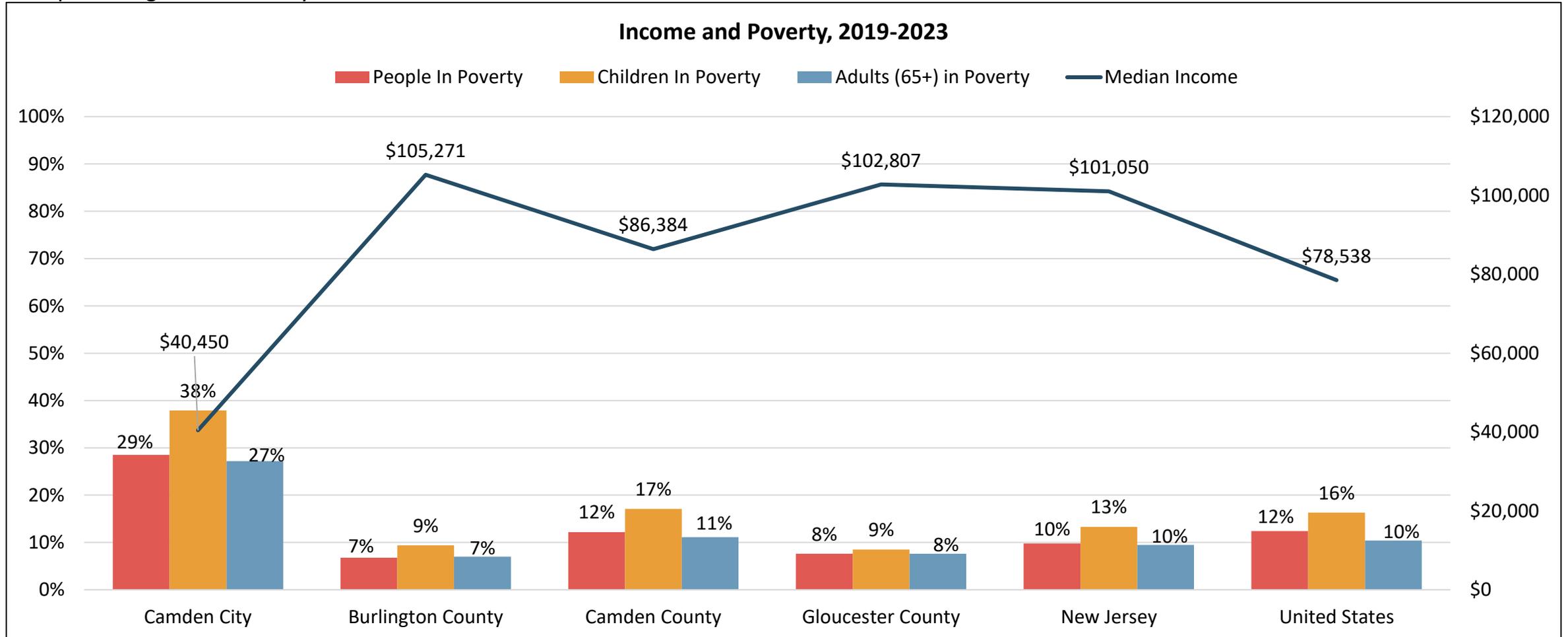


According to the Centers for Disease Control and Prevention (CDC), 40% of any person's health profile is determined by socioeconomic factors. This is because financial resources and income dictate how much money each of us has available to meet basic needs such as housing, food, and health care. The more financial flexibility a person has, the more opportunities they have to live in a stable, well-maintained home, purchase enough healthy food, and engage in exercise and leisure activities.

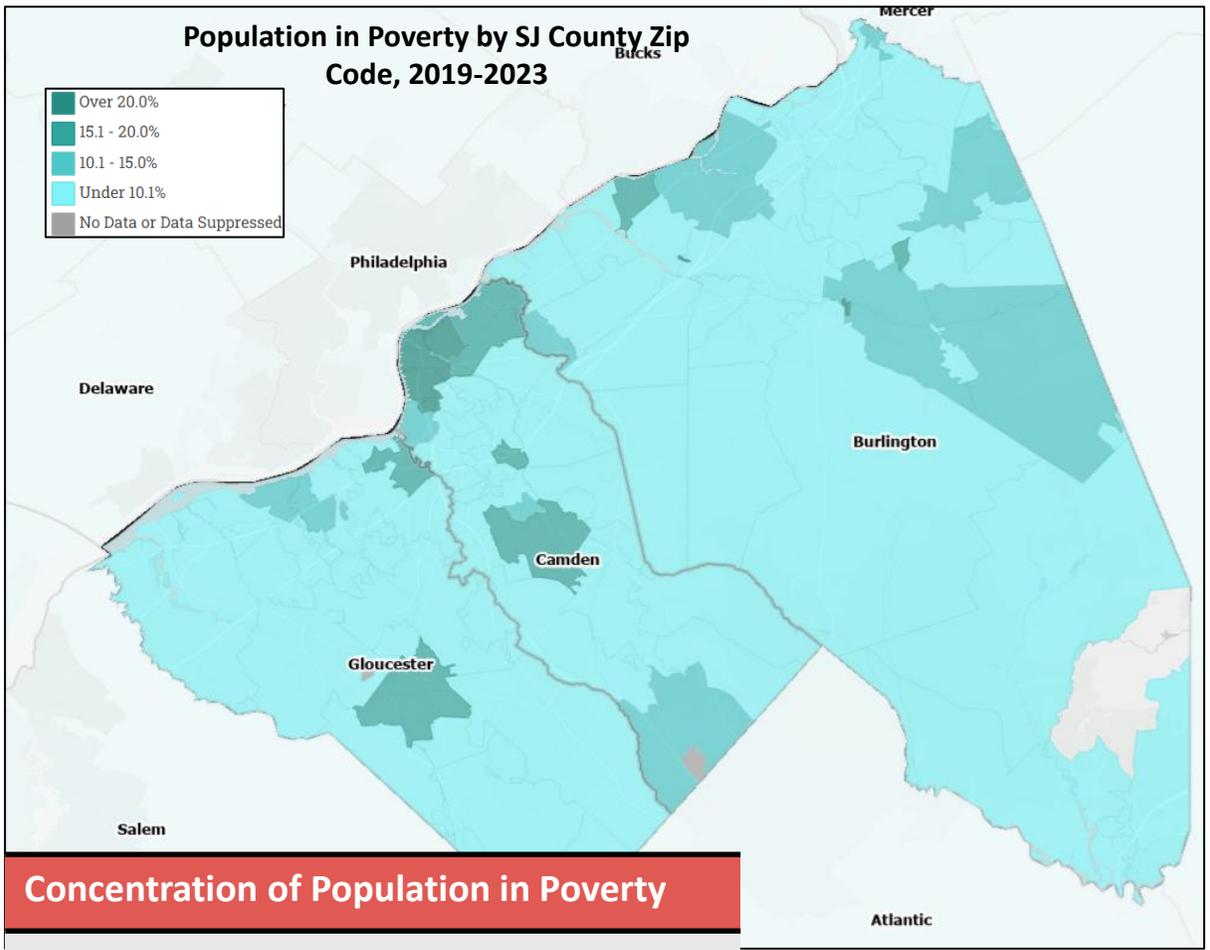
Employment is affected by both individual characteristics, such as education and training, and by the availability of employment opportunities at a living wage in the communities where people live. Although a large proportion of Americans access health insurance through their jobs, many jobs do not offer health insurance benefits.

Disparities seen in health outcomes often reflect inequities in socioeconomic opportunities at the community level. Therefore, it is important to consider socioeconomic characteristics at both the individual and community levels.

The median income in Burlington and Gloucester Counties is consistent with New Jersey and higher than the US median. The median income in Camden County is higher than the US median but lower than the New Jersey median. This is, in part, due to the low median income in the City of Camden (\$40,450), which is roughly half of the US median income. One in three Camden City residents lives in poverty, which is twice the national percentage and three times the percentage in New Jersey.

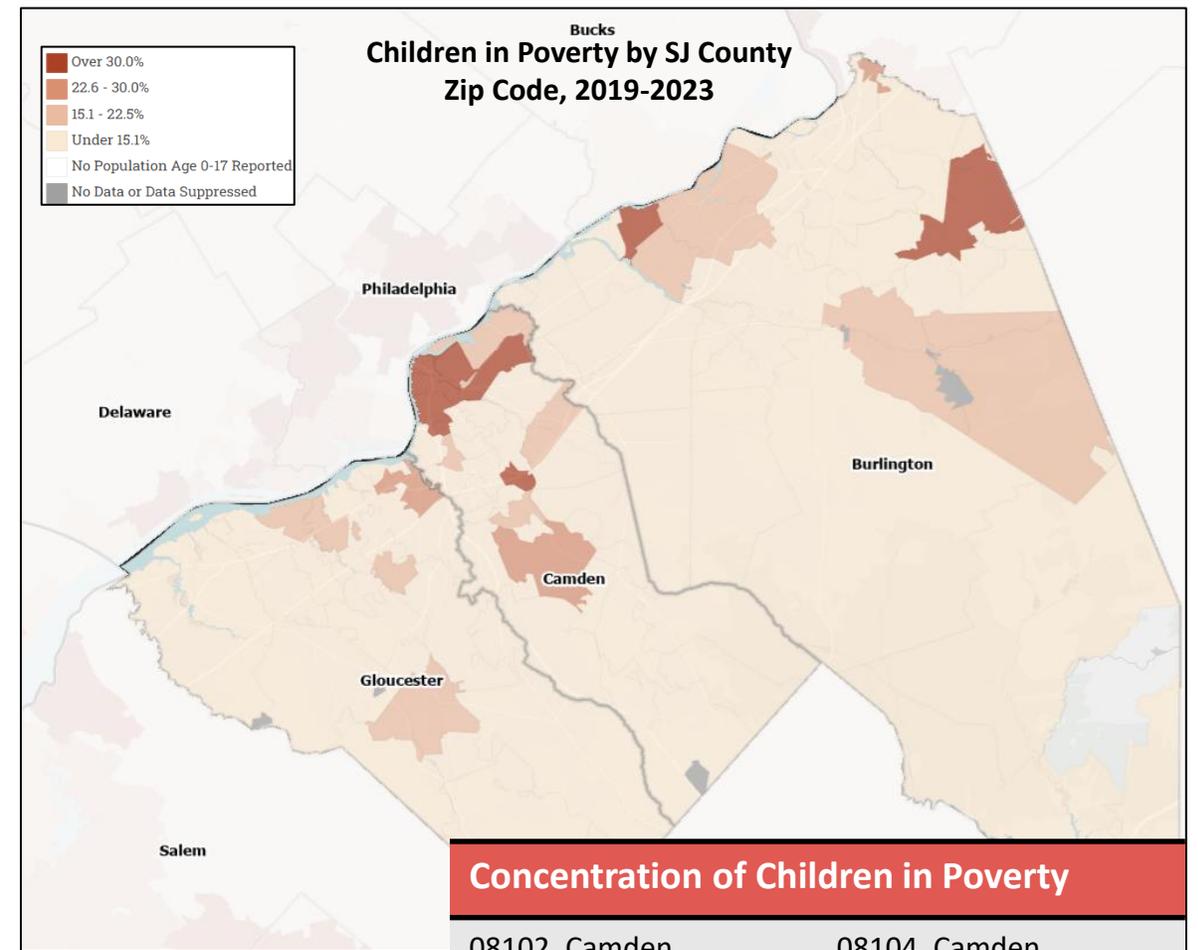


Poverty is not equally distributed across the region and is concentrated in certain parts of each county. Within parts of Camden and Burlington Counties, more than 1 in 3 children lives in poverty.



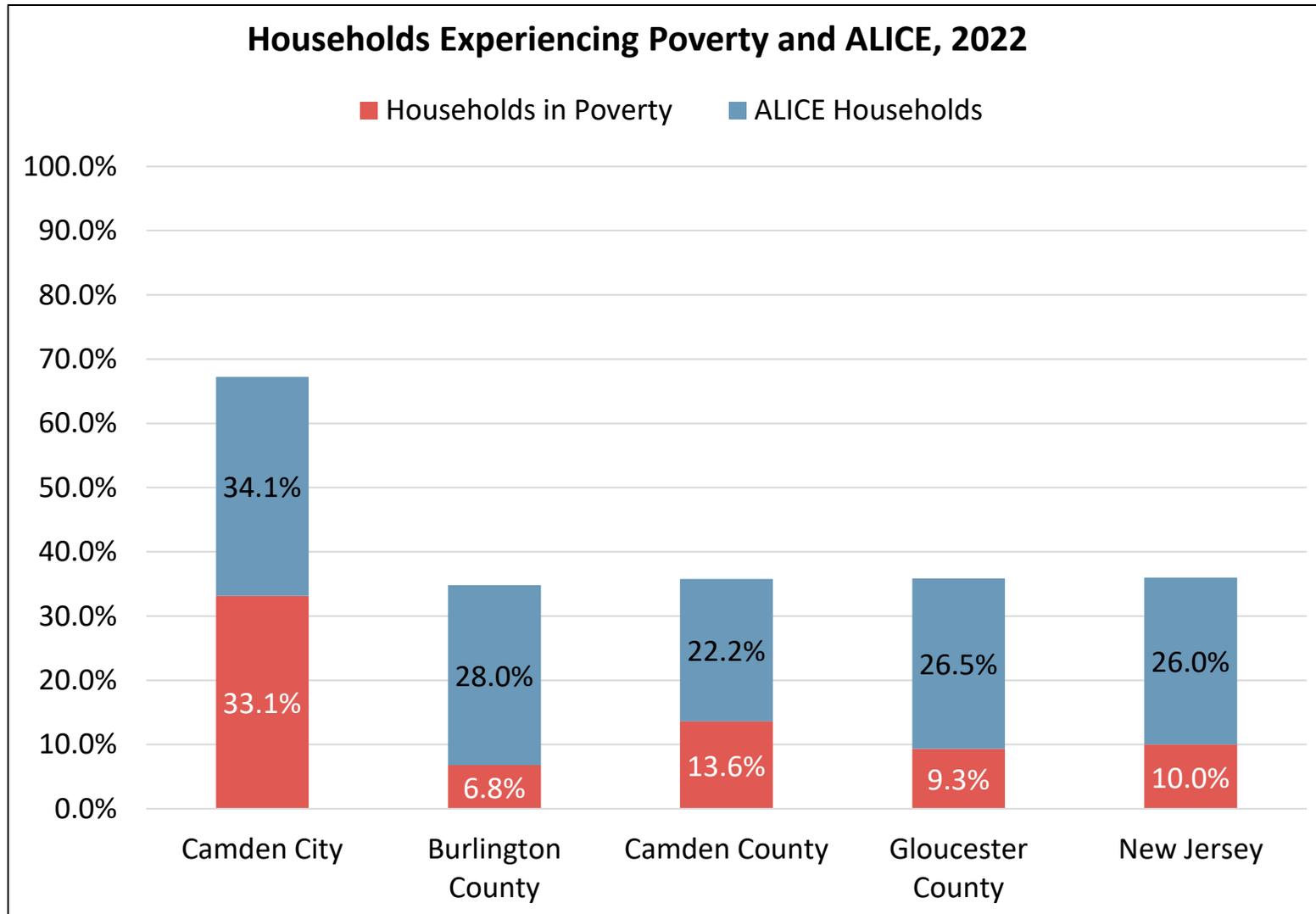
**Concentration of Population in Poverty**

08102, Camden	08103, Camden
08104, Camden	08105, Camden



**Concentration of Children in Poverty**

08102, Camden	08104, Camden
08010, Beverly	08103, Camden
08562, Wrightstown	08105, Camden



ALICE (Asset Limited Income Constrained Employed) captures the percentage of working households whose income is above the federal poverty level, but below the threshold necessary to meet basic needs, such as food, clothing, utilities, or healthcare, based on localized cost of living and average household sizes.

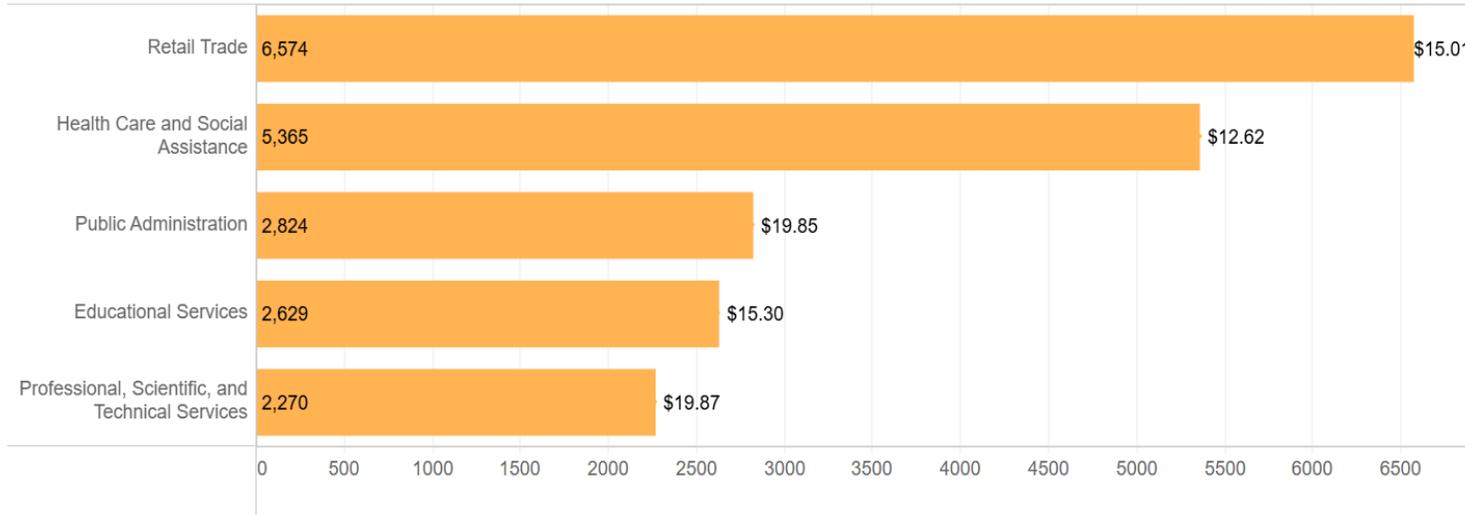
While poverty is generally low, nearly 1 in 4 South Jersey households meets the ALICE criteria and struggles to make ends meet.

In the City of Camden, nearly 7 in 10 households are either ALICE households or below the poverty level.



**ALICE** is an acronym for **A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed, and represents the growing number of families who are unable to afford the basics of housing, child care, food, transportation, health care, and technology. These workers often struggle to keep their own households from financial ruin, while keeping our local communities running.

## Most Common Industries for Workers Below ALICE Threshold with Number of Workers and Average Full-Time Hourly Wage

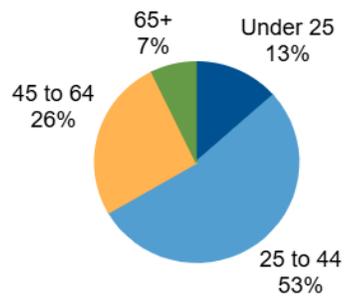


In Burlington County ALICE Workers are most likely to:

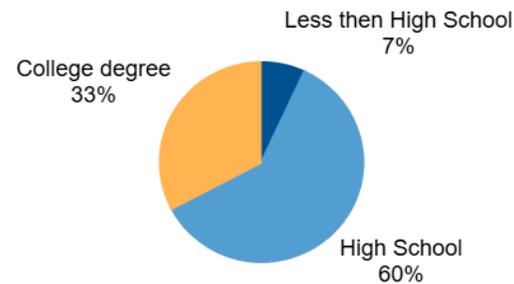
- Work in retail, health care or social assistance
- Have only a high school diploma or less (67%)
- Are between the ages of 25-44 (53%)
- Commute 15 minutes or less to work (47%), which suggests they are local

## Below ALICE Threshold Worker Characteristics

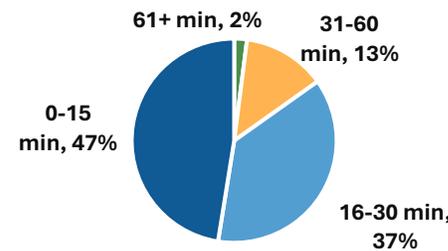
Age



Educational Attainment

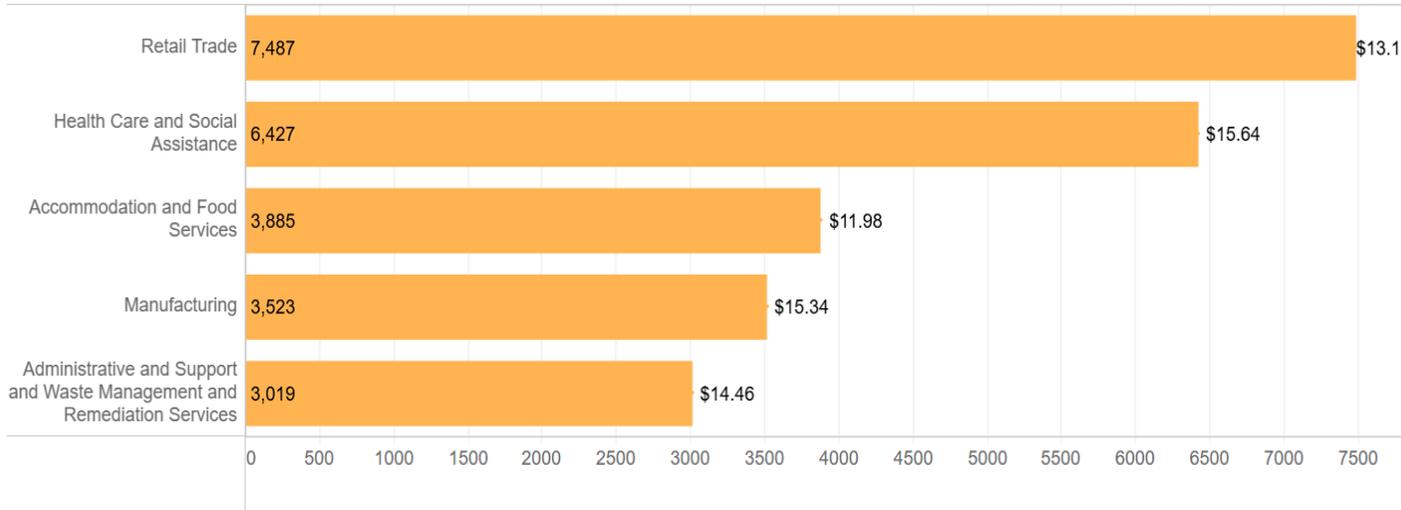


Commute Time



ALICE is an acronym for Asset Limited, Income Constrained, Employed, and represents the growing number of families who are unable to afford the basics of housing, child care, food, transportation, health care, and technology. These workers often struggle to keep their own households from financial ruin, while keeping our local communities running.

## Most Common Industries for Workers Below ALICE Threshold with Number of Workers and Average Full-Time Hourly Wage

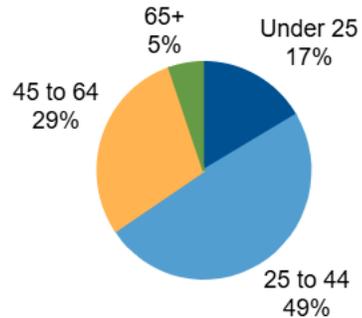


**In Camden County, ALICE Workers are most likely to:**

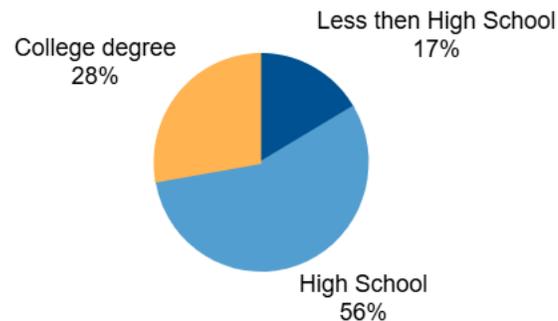
- Work in retail, health care or social assistance
- Have a high school diploma or less (73%)
- Are between the ages of 25-44 (49%)
- Commute 15 minutes or less to work (51%), which suggests they are local

## Below ALICE Threshold Worker Characteristics

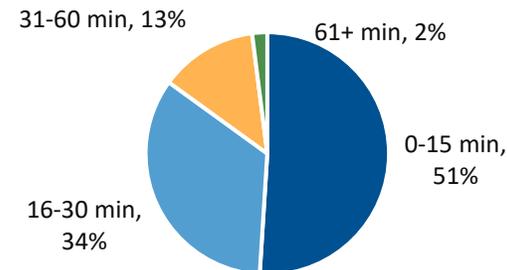
Age



Educational Attainment

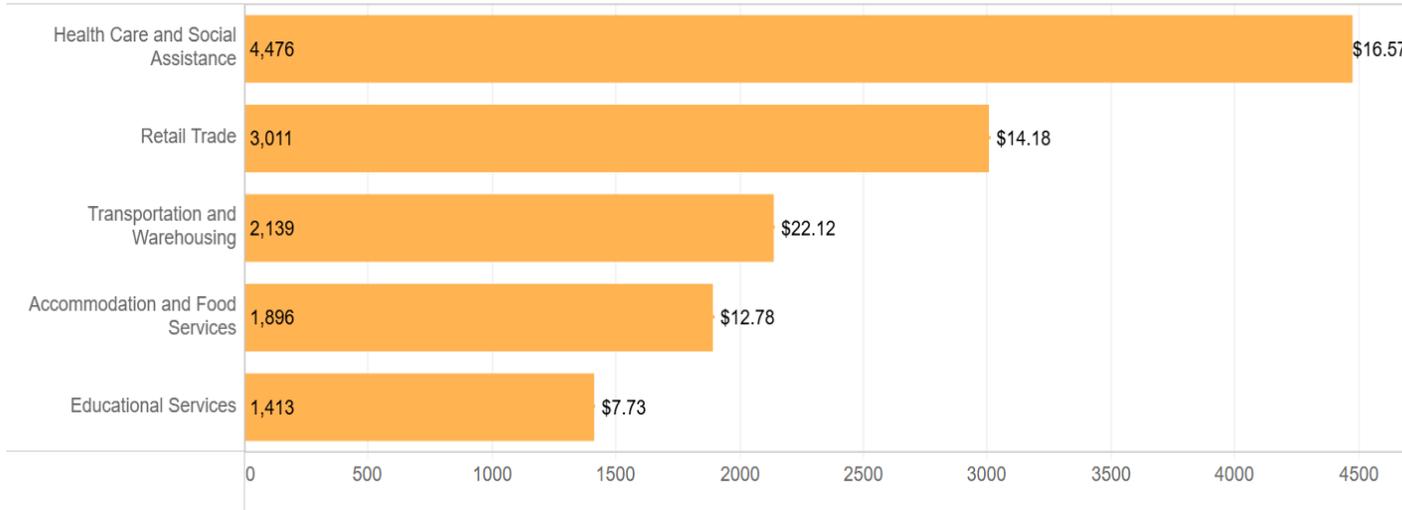


Commute Time



ALICE is an acronym for Asset Limited, Income Constrained, Employed, and represents the growing number of families who are unable to afford the basics of housing, child care, food, transportation, health care, and technology. These workers often struggle to keep their own households from financial ruin, while keeping our local communities running.

## Most Common Industries for Workers Below ALICE Threshold with Number of Workers and Average Full-Time Hourly Wage

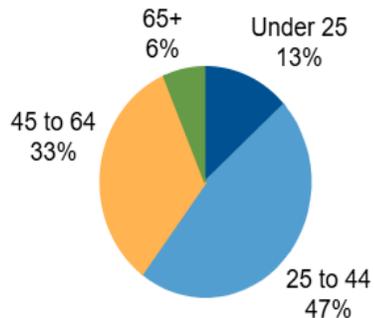


**In Gloucester County, ALICE Workers are most likely to:**

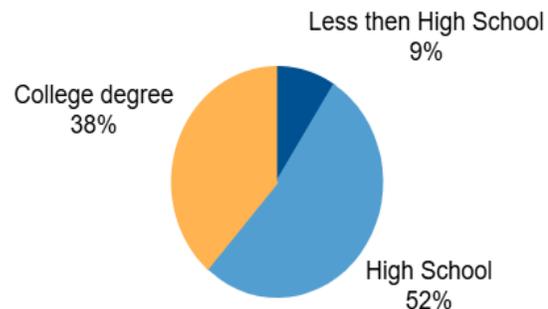
- Work in health care or social assistance or retail
- Have only a high school diploma (61%)
- Are between the ages of 25-44 (47%)
- Commute 15 minutes or less to work (52%), which suggests they are local

## Below ALICE Threshold Worker Characteristics

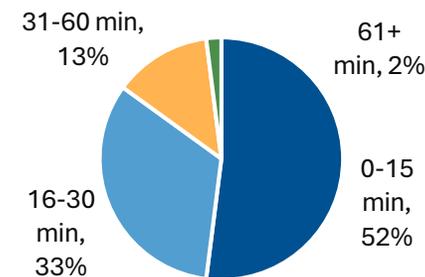
Age



Educational Attainment



Commute Time

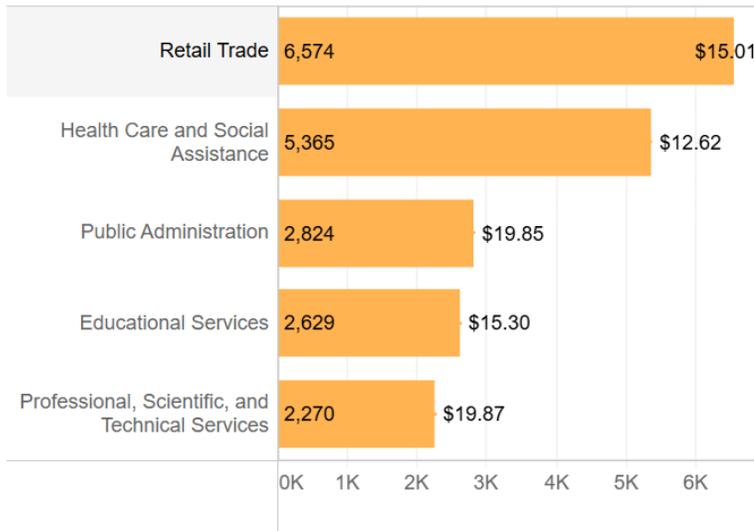


ALICE is an acronym for Asset Limited, Income Constrained, Employed, and represents the growing number of families who are unable to afford the basics of housing, child care, food, transportation, health care, and technology. These workers often struggle to keep their own households from financial ruin, while keeping our local communities running.

# Most Common Industries for ALICE Workers: A Comparison Across Counties

## Burlington County

Most Common Industries for Workers Below ALICE Threshold with Number of Workers and Average Full-Time Hourly Wage



## Camden County

Most Common Industries for Workers Below ALICE Threshold with Number of Workers and Average Full-Time Hourly Wage



## Gloucester County

Most Common Industries for Workers Below ALICE Threshold with Number of Workers and Average Full-Time Hourly Wage



Across all three South Jersey counties, employed households struggling to make ends meet are most likely to work in the retail or health care and social assistance industries. Coordinating health care events by building relationships with employers in these industries could make health care and social services more accessible to people who would benefit from them.



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## ALICE Household Survival Budget, Burlington County, New Jersey, 2022

Monthly Costs and Credits	Single Adult	One Adult, One Child	One Adult, One In Child Care	Two Adults	Two Adults Two Children	Two Adults, Two In Child Care	Single Adult 65+	Two Adults 65+
Housing - Rent	\$1,004	\$1,072	\$1,072	\$1,072	\$1,301	\$1,301	\$1,004	\$1,072
Housing - Utilities	\$163	\$258	\$258	\$258	\$310	\$310	\$163	\$258
Child Care	\$0	\$278	\$742	\$0	\$556	\$1,492	\$0	\$0
Food	\$516	\$874	\$784	\$945	\$1,590	\$1,404	\$476	\$872
Transportation	\$439	\$573	\$573	\$680	\$1,089	\$1,089	\$375	\$551
Health Care	\$183	\$402	\$402	\$402	\$686	\$686	\$593	\$1,187
Technology	\$86	\$86	\$86	\$116	\$116	\$116	\$86	\$116
Miscellaneous	\$239	\$354	\$392	\$347	\$565	\$640	\$270	\$406
Tax Payments	\$415	\$814	\$918	\$527	\$1,058	\$1,256	\$488	\$860
Tax Credits	\$0	(\$227)	(\$227)	\$0	(\$453)	(\$453)	\$0	\$0
<b>Monthly Total</b>	<b>\$3,045</b>	<b>\$4,484</b>	<b>\$5,000</b>	<b>\$4,347</b>	<b>\$6,818</b>	<b>\$7,841</b>	<b>\$3,455</b>	<b>\$5,322</b>
<b>ANNUAL TOTAL</b>	<b>\$36,540</b>	<b>\$53,808</b>	<b>\$60,000</b>	<b>\$52,164</b>	<b>\$81,816</b>	<b>\$94,092</b>	<b>\$41,460</b>	<b>\$63,864</b>
Hourly Wage	\$18.27	\$26.90	\$30.00	\$26.08	\$40.91	\$47.05	\$20.73	\$31.93

This table outlines the budget amounts needed for working households in Burlington County to meet basic needs. While the minimum wage in New Jersey is relatively high at \$15.13 per hour, a single full-time minimum wage job is insufficient to support an individual living in Burlington County.

The estimated monthly rent for a single adult is \$1,004, which exceeds the recommended guideline of 30% of household income for housing expenses. For families with children, the required income levels are even higher.



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## ALICE Household Survival Budget, Camden County, New Jersey, 2022

Monthly Costs and Credits	Single Adult	One Adult, One Child	One Adult, One In Child Care	Two Adults	Two Adults Two Children	Two Adults, Two In Child Care	Single Adult 65+	Two Adults 65+
Housing - Rent	\$840	\$884	\$884	\$884	\$1,074	\$1,074	\$840	\$884
Housing - Utilities	\$163	\$258	\$258	\$258	\$310	\$310	\$163	\$258
Child Care	\$0	\$297	\$792	\$0	\$594	\$1,625	\$0	\$0
Food	\$524	\$889	\$798	\$961	\$1,616	\$1,427	\$484	\$887
Transportation	\$107	\$213	\$107	\$213	\$427	\$213	\$107	\$213
Health Care	\$183	\$402	\$402	\$402	\$686	\$686	\$612	\$1,223
Technology	\$86	\$86	\$86	\$116	\$116	\$116	\$86	\$116
Miscellaneous	\$190	\$303	\$333	\$283	\$482	\$545	\$229	\$358
Tax Payments	\$300	\$672	\$754	\$390	\$853	\$1,008	\$391	\$725
Tax Credits	\$0	(\$227)	(\$227)	\$0	(\$453)	(\$453)	\$0	\$0
<b>Monthly Total</b>	<b>\$2,393</b>	<b>\$3,777</b>	<b>\$4,187</b>	<b>\$3,507</b>	<b>\$5,705</b>	<b>\$6,551</b>	<b>\$2,912</b>	<b>\$4,664</b>
<b>ANNUAL TOTAL</b>	<b>\$28,716</b>	<b>\$45,324</b>	<b>\$50,244</b>	<b>\$42,084</b>	<b>\$68,460</b>	<b>\$78,612</b>	<b>\$34,944</b>	<b>\$55,968</b>
Hourly Wage	\$14.36	\$22.66	\$25.12	\$21.04	\$34.23	\$39.31	\$17.47	\$27.98

This table outlines the budget amounts required for working households in Camden County to meet their basic needs. A single adult in Camden County cannot support themselves on a full-time minimum wage job, despite New Jersey's relatively high minimum wage of \$15.13 per hour.

The estimated monthly rent for a single adult is \$840, which exceeds the recommended guideline of spending no more than 30% of household income on housing.

For families with children, the income requirements are even higher.



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## ALICE Household Survival Budget, Gloucester County, New Jersey, 2022

Monthly Costs and Credits	Single Adult	One Adult, One Child	One Adult, One In Child Care	Two Adults	Two Adults Two Children	Two Adults, Two In Child Care	Single Adult 65+	Two Adults 65+
Housing - Rent	\$918	\$974	\$974	\$974	\$1,183	\$1,183	\$918	\$974
Housing - Utilities	\$163	\$258	\$258	\$258	\$310	\$310	\$163	\$258
Child Care	\$0	\$312	\$833	\$0	\$625	\$1,667	\$0	\$0
Food	\$498	\$846	\$759	\$914	\$1,537	\$1,358	\$460	\$844
Transportation	\$439	\$573	\$573	\$680	\$1,089	\$1,089	\$375	\$551
Health Care	\$183	\$402	\$402	\$402	\$686	\$686	\$605	\$1,211
Technology	\$86	\$86	\$86	\$116	\$116	\$116	\$86	\$116
Miscellaneous	\$229	\$345	\$389	\$334	\$555	\$641	\$261	\$395
Tax Payments	\$390	\$789	\$909	\$498	\$1,032	\$1,259	\$466	\$828
Tax Credits	\$0	(\$227)	(\$227)	\$0	(\$453)	(\$453)	\$0	\$0
<b>Monthly Total</b>	<b>\$2,906</b>	<b>\$4,358</b>	<b>\$4,956</b>	<b>\$4,176</b>	<b>\$6,680</b>	<b>\$7,856</b>	<b>\$3,334</b>	<b>\$5,177</b>
<b>ANNUAL TOTAL</b>	<b>\$34,872</b>	<b>\$52,296</b>	<b>\$59,472</b>	<b>\$50,112</b>	<b>\$80,160</b>	<b>\$94,272</b>	<b>\$40,008</b>	<b>\$62,124</b>
Hourly Wage	\$17.44	\$26.15	\$29.74	\$25.06	\$40.08	\$47.14	\$20.00	\$31.06

Working households in Gloucester County require the budget amounts shown in this table to meet the basic needs listed.

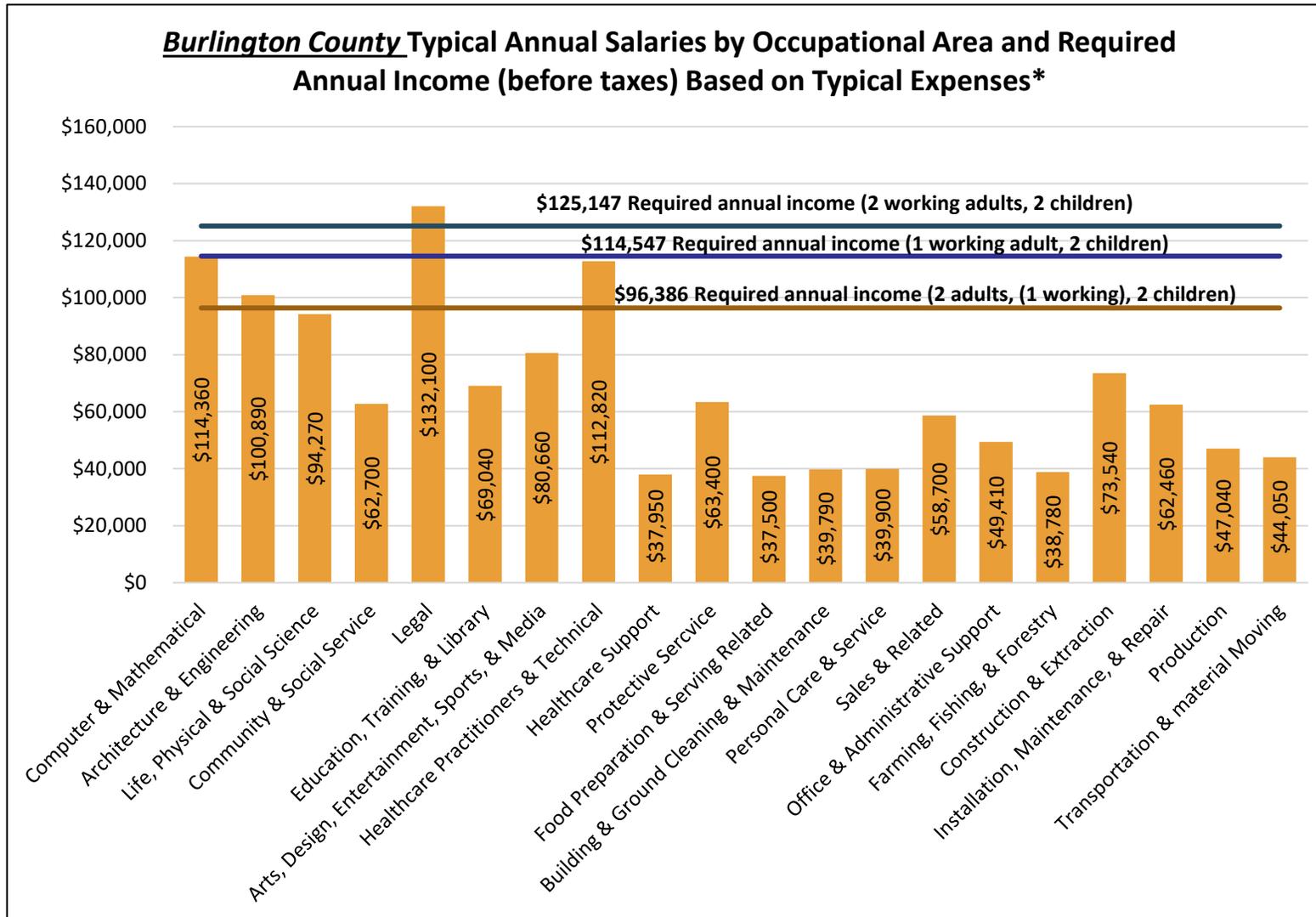
A single adult living in Gloucester County cannot support themselves with one full-time minimum wage job, even though the minimum wage in New Jersey is relatively high (\$15.13).

The estimated rent for a single adult (\$918/month) is above the recommended 30% of household income for housing.

For families with children, the income needs are even higher.



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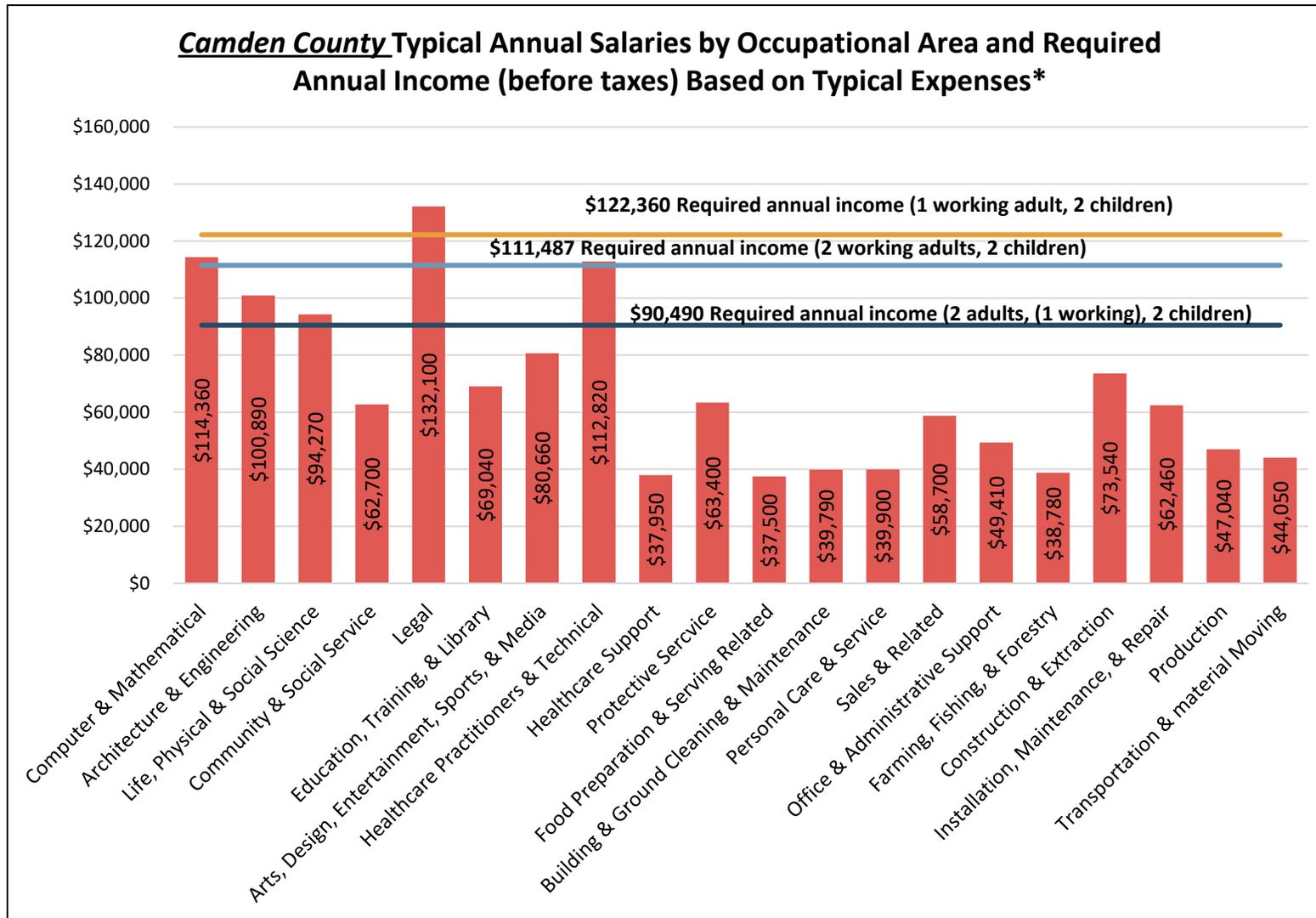
The living wage calculator shows the typical wages for common jobs compared to the income needed to meet basic needs in Burlington County. There are few jobs that provide a livable wage based on the local cost of living.

*“The living wage shown is the hourly rate that an **individual** in a household must earn to support themselves and/or their family, working full-time, or 2080 hours per year...in households with two working adults, all hourly values reflect what one working adult requires to earn to meet their families’ basic needs, assuming the other adult also earns the same.”*

*“Childcare, access to transportation, food, being able to afford your meds, criminal justice, to a degree – all connected to poverty. Poverty is the one big elephant in the room; with that in mind, you realize that SDoH it’s all euphemism for poverty at its core.”*

Source: *Living Wage Calculator - Living wage Calculation for Burlington County, New Jersey.* (n.d.). <https://livingwage.mit.edu/counties/34005>

Typical expenses include food, childcare, medical care, housing, transportation, civic expenses, and other costs. Required annual income reflects the amount needed by each working adult, whether that person is single or part of a family.



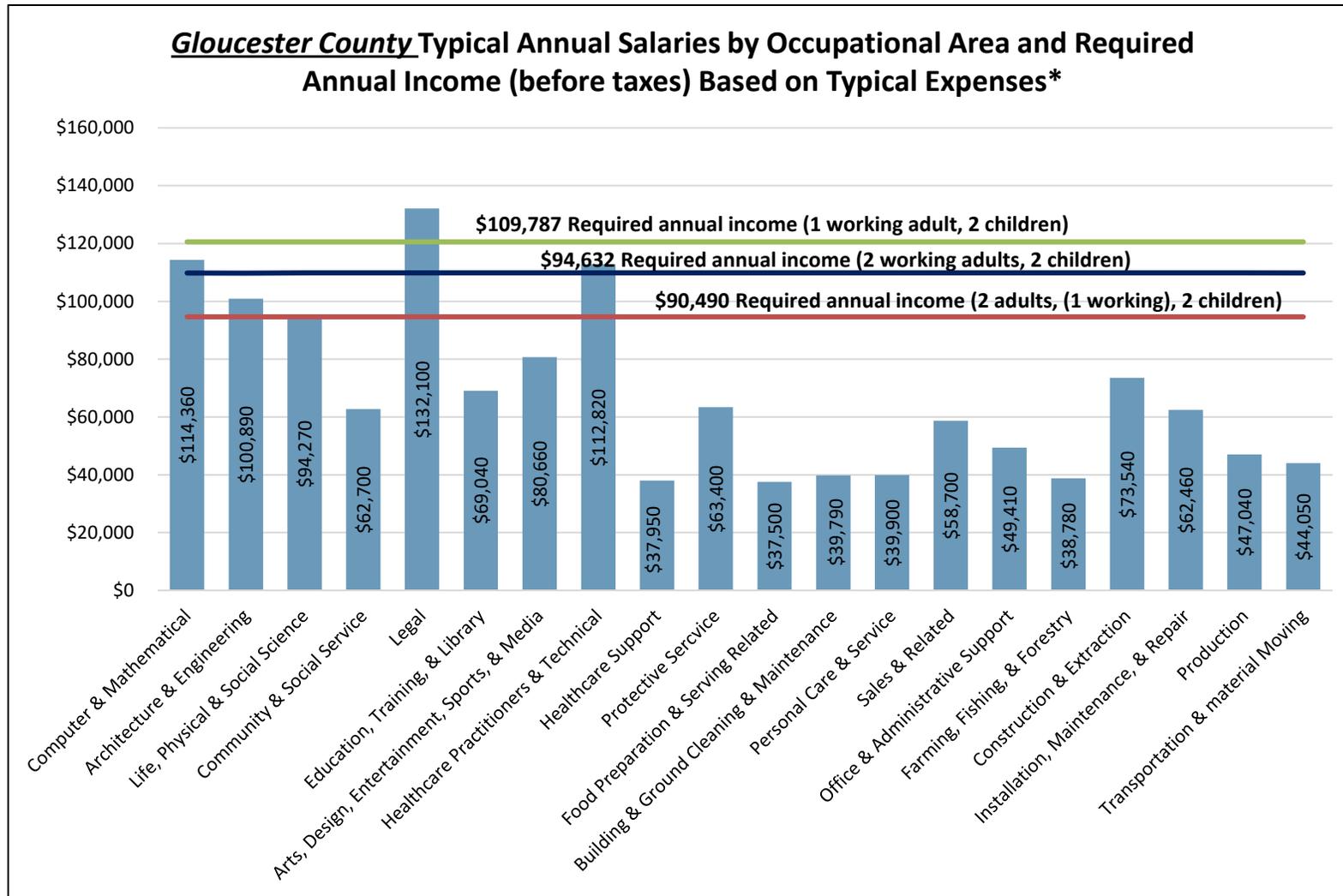
The living wage calculator compares typical wages for common jobs with the income required to meet basic needs in Camden County. Few jobs provide a livable wage based on the local cost of living.

*“The living wage shown is the hourly rate that an **individual** in a household must earn to support themselves and/or their family, working full-time, or 2080 hours per year...in households with two working adults, all hourly values reflect what one working adult requires to earn to meet their families’ basic needs, assuming the other adult also earns the same.”*

*“It’s not infrequent that people’s insurance will lapse if they miss one or two pieces of mail, and then it’s 6 months before they’re re-established. People are missing appointments and it’s hard to get in touch because their phone is broken or they can’t pay their bill. A lot comes back to financial.”*

Source: Living Wage Calculator - Living wage Calculation for Camden County, New Jersey. (n.d.). <https://livingwage.mit.edu/counties/34007>

Typical expenses include food, childcare, medical care, housing, transportation, civic expenses, and other costs. The required annual income is calculated for each working adult, regardless of whether the individual is single or part of a family.



The living wage calculator shows the typical wages for common jobs compared to the income needed to meet basic needs in Gloucester County. There are few jobs that provide a livable wage based on the local cost of living.

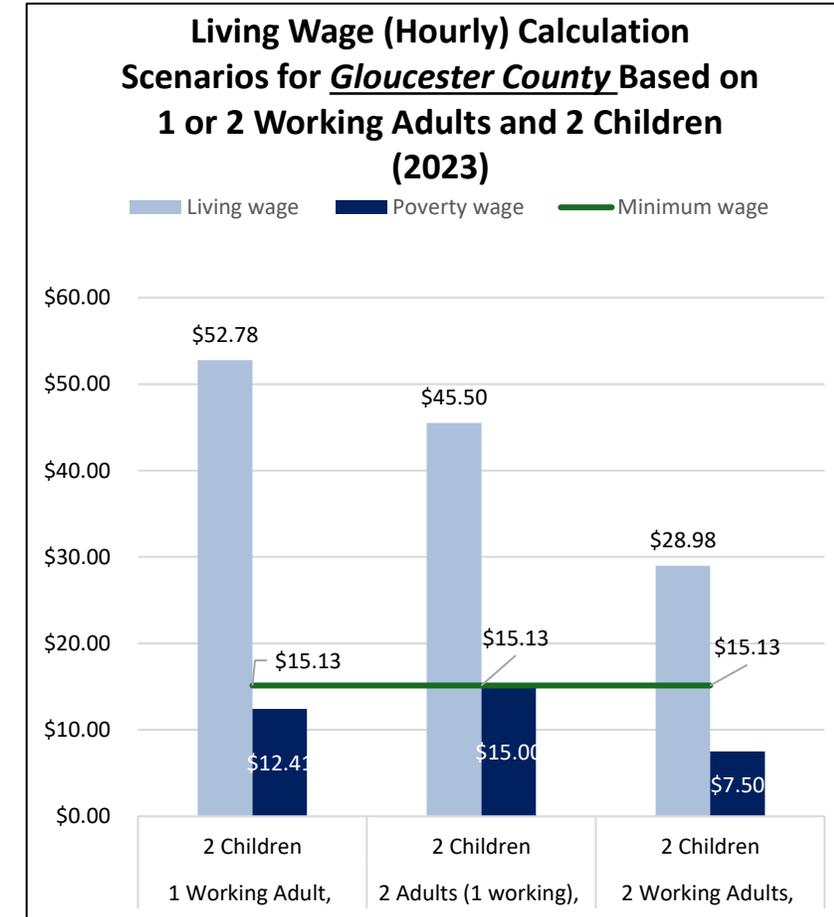
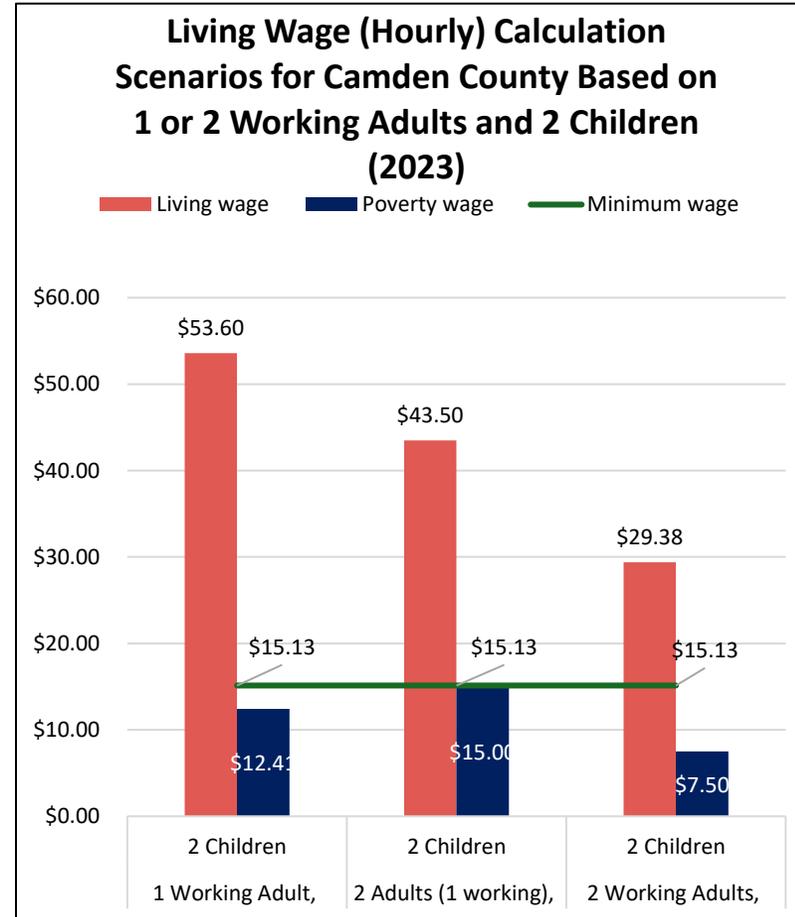
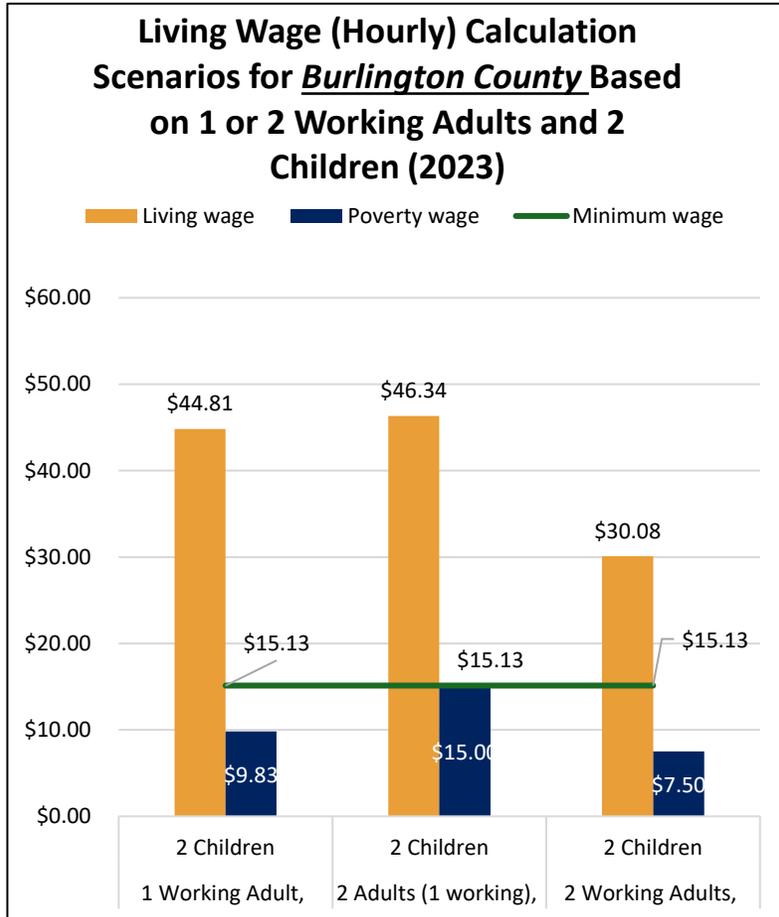
*“The living wage shown is the hourly rate that an **individual** in a household must earn to support themselves and/or their family, working full-time, or 2080 hours per year...in households with two working adults, all hourly values reflect what one working adult requires to earn to meet their families’ basic needs, assuming the other adult also earns the same.”*

*“Rent and housing prices are too high. As a single person on one income, it’s almost impossible to get ahead.”*

Source: Living Wage Calculator - Living wage Calculation for Gloucester County, New Jersey. (n.d.). <https://livingwage.mit.edu/counties/34015>

Typical expenses include food, childcare, medical care, housing, transportation, civic expenses, and other costs. The required annual income is calculated for each working adult, regardless of whether the individual is single or part of a family.

The first column in each graph represents the wage needed to meet the basic needs of a **3-person household**, consisting of 2 children and 1 working adult. The second column displays the wage required for a 4-person household with **2 children and 2 adults, where 1 adult works outside the home** while the other provides unpaid childcare. The third column indicates the wage needed for each adult in a 4-person household with **2 children and 2 adults who both work full-time outside the home**. For families with children, childcare is often their single largest expense, surpassing even the cost of housing.



Source: *Living Wage Calculator - Living wage Calculation for Burlington, Camden, Gloucester County, New Jersey.* (n.d.). <https://livingwage.mit.edu/states/34/locations>

Source: Nagpaul, S. (2024, May 16). *Childcare now costs more than housing in all 50 states.* Fortune. <https://fortune.com/2024/05/16/child-care-costs-more-than-housing-in-all-50-states/>

\*Typical expenses include food, childcare, medical, housing, transportation, civic, and other costs. The required annual income reflects the amount needed by each working adult, whether the person is single or part of a family.

## Childcare Availability and Affordability

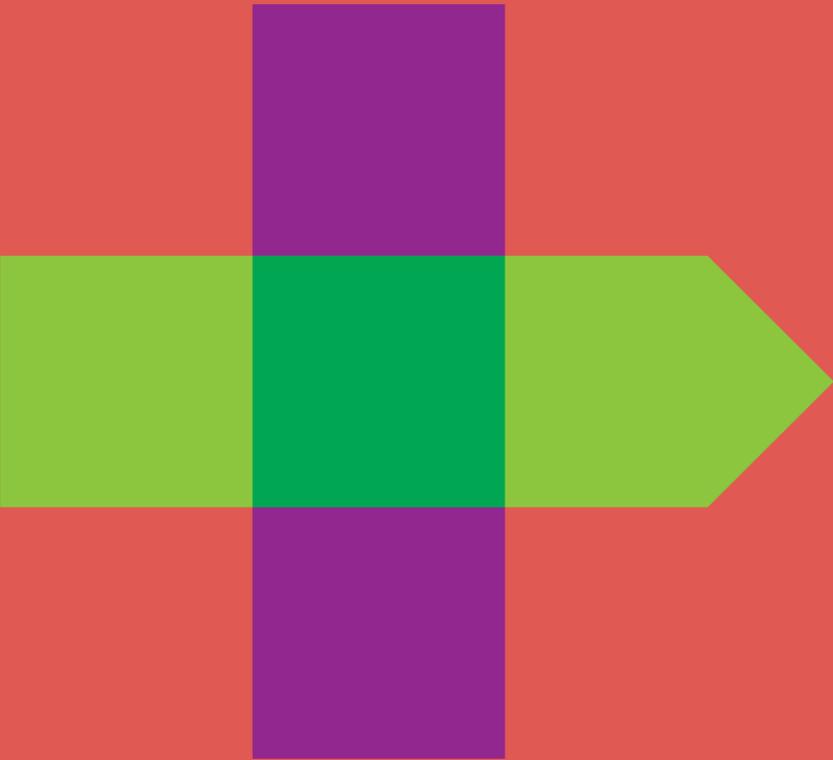
	Number of childcare centers per 1,000 population under 5 years old	Childcare costs for a household with two children, as a percentage of median household income
Burlington County	6.1	24.0%
Camden County	7.1	32.6%
Gloucester County	8.2	22.3%
New Jersey	8.2	27.4%
United States	7.0	27.0%

*“[Resources should be invested in] Childcare...Very hard for parent to get a start in this life.”*

The cost of childcare for a household with two children in South Jersey, measured as a percent of median household income, ranges from 22.3% in Gloucester County to 32.6% in Camden County. For some families, this expense is greater than housing. Families spend a substantial portion of their income on childcare alone, which may affect their ability to afford housing, food, and other basic needs.

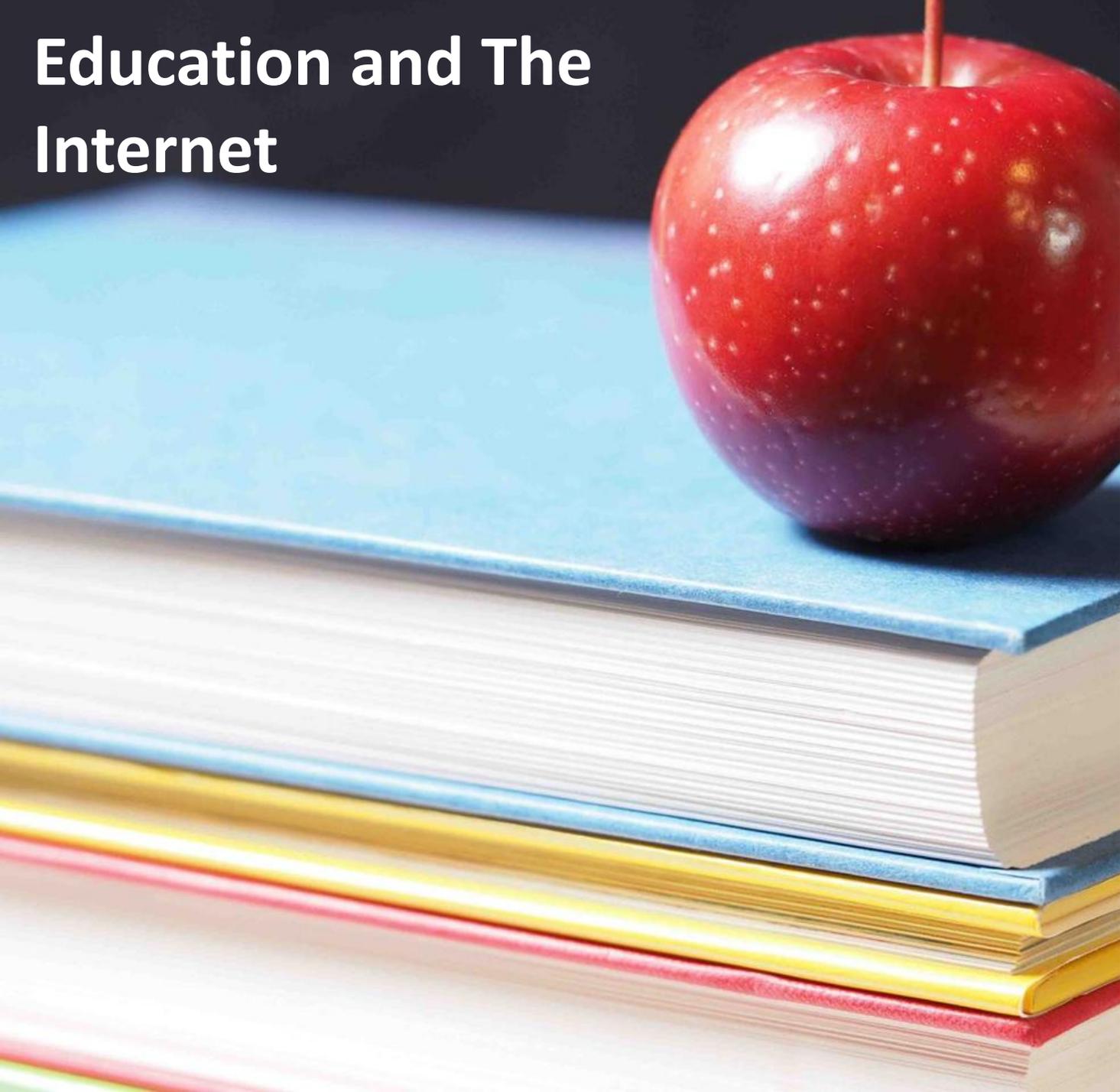
There is also a shortage of childcare supply in Burlington County, as there are only 6.1 childcare centers per 1,000 children under 5 years old, compared to 8.2 in New Jersey and 7.0 in the United States.

Neither of these statistics—the number of childcare centers per 1,000 children and childcare costs as a percent of income—includes the availability or expense of after-school and summer care for school-aged children.



***Education and the Internet***  
***Building bridges and barriers***

# Education and The Internet



Higher levels of education and income are associated with better health and social outcomes. This is, in part, because higher levels of education can lead to higher paid jobs and jobs with benefits, such as health insurance. Familiarity with scientific terms and confidence in literacy help ensure that medication directions, food labels, and health care treatment options are communicated effectively between patients and providers. Therefore, interventions to help kids stay in school, connect adults with continuing education, and support families with educational interventions can have positive long-term outcomes for youth, families, and communities.

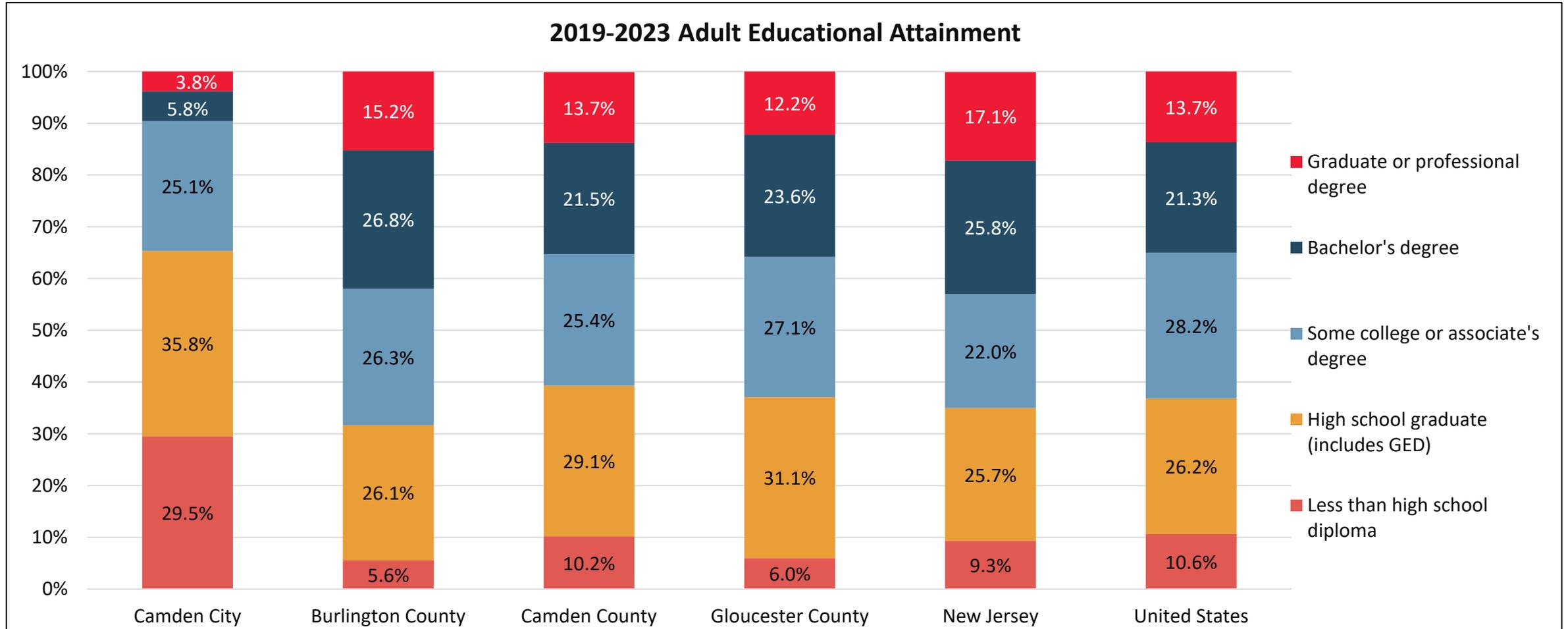
Having access to the internet, whether through computers, cell phones, or other devices, connects people to school, employment opportunities, health care, family and friends, and special interest groups. Barriers to accessing the internet, ranging from not understanding how to use devices, availability or cost of broadband access, or the limits of data plans, prohibit people of all ages and walks of life from making connections to care, services, and one another. Since the start of the COVID-19 pandemic, many resources—including education, job opportunities, training, scheduling, and health resources—have become increasingly available, and sometimes exclusively, via the internet. Having access to the tools necessary to connect to the internet—broadband access and a personal computer or smartphone—has become an increasingly essential component for education, employment, and community connections.



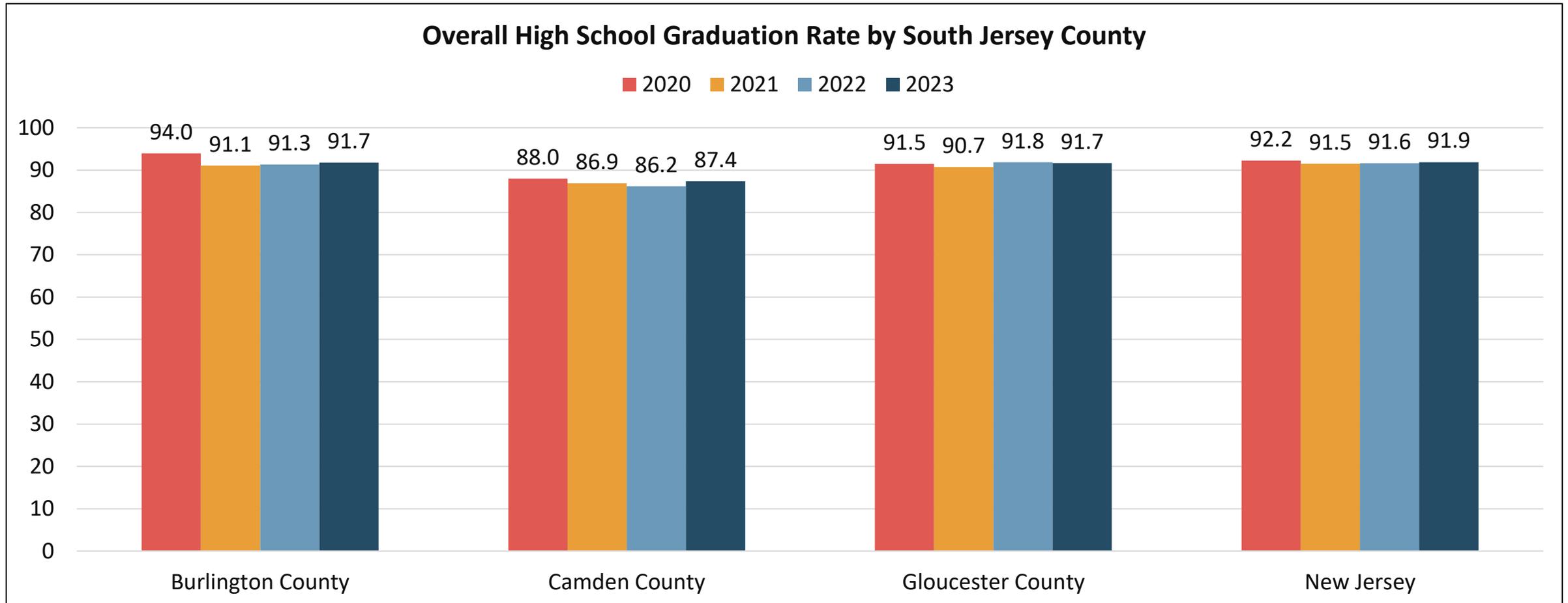
**35TH STREET  
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LLC

A New Jersey certified  
Small Business and WBE

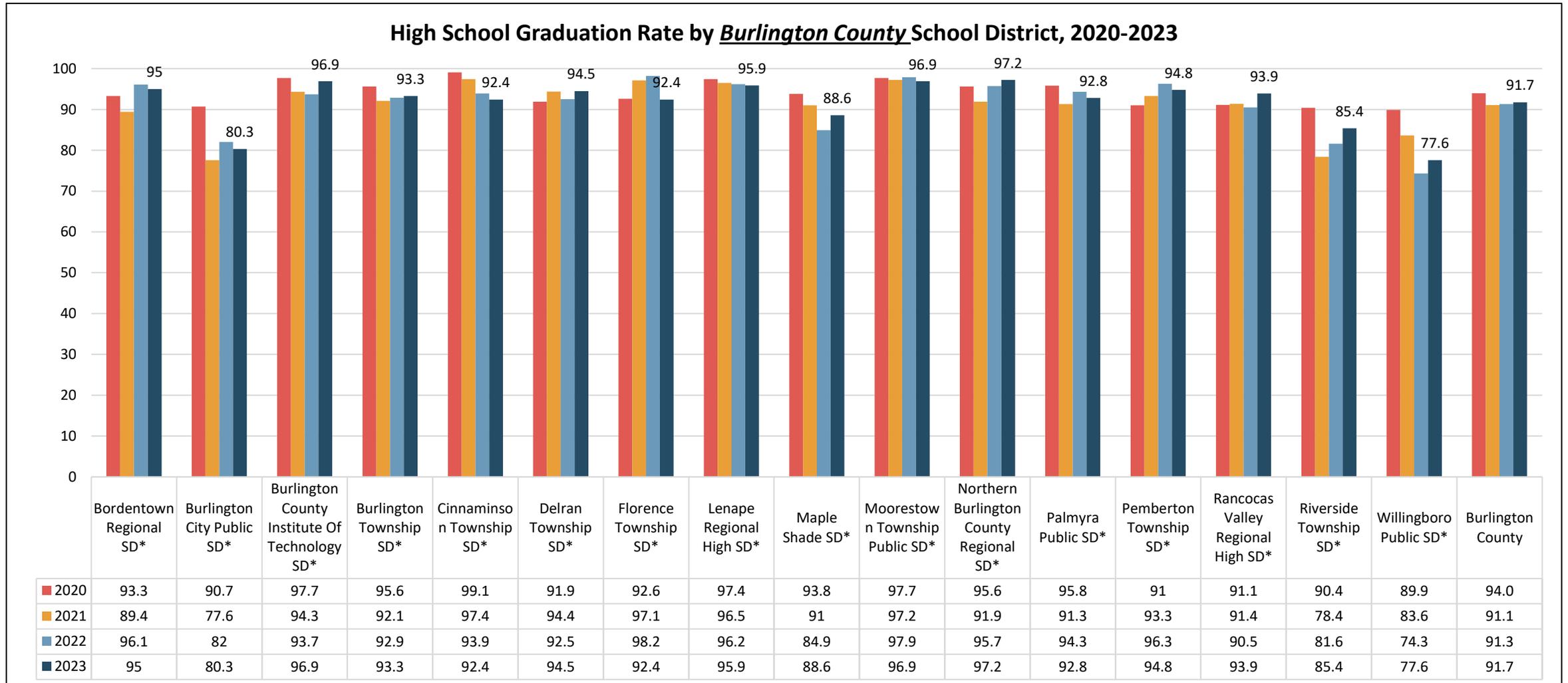
Higher levels of education are associated with improved health outcomes and increased access to higher-paying jobs that often come with benefits, such as health insurance. Additionally, higher education is linked to better health literacy, which is important for effectively navigating the health care system and understanding medical information. In South Jersey, the adult population is generally well-educated, with over 60% of adults having completed some form of college education. However, a disparity exists in the City of Camden, where 65% of adult residents have a high school diploma or less.



Graduating from high school is associated with better physical and mental well-being, as well as a longer life. It also creates access to better employment and other resources. In general, most high school students in South Jersey graduate on time. However, Camden County school districts have lower graduation rates compared to both New Jersey and neighboring counties. Finding ways to support teens in staying in school and graduating on time will improve future economic opportunities for them, their families, and their communities.

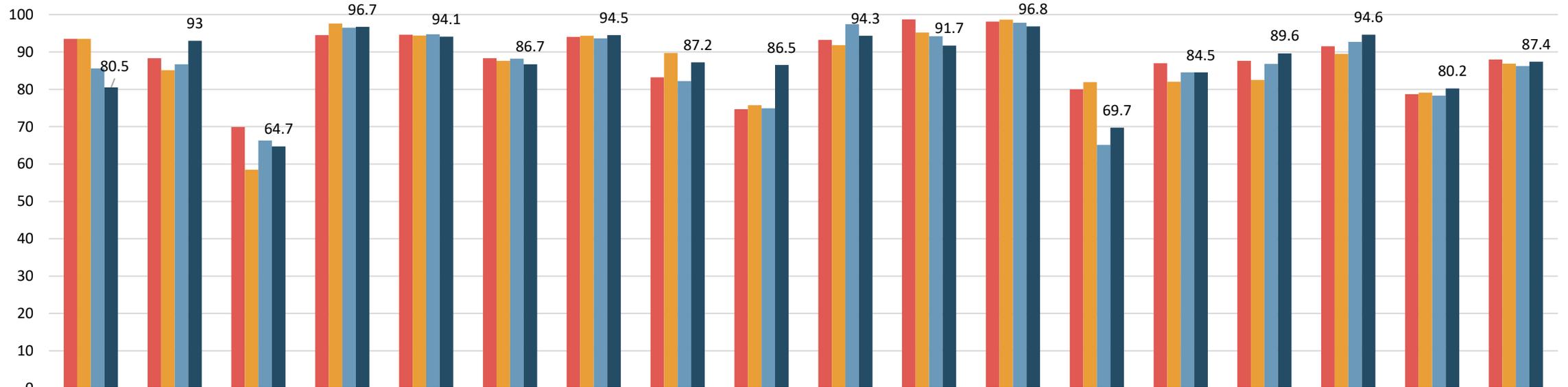


While most Burlington County students graduate from high school on time, one in five students in the Willingboro and Burlington City School Districts does not graduate on time. Ensuring that young people complete at least a high school diploma increases opportunities for employment, health, and well-being among youth, families, and communities.



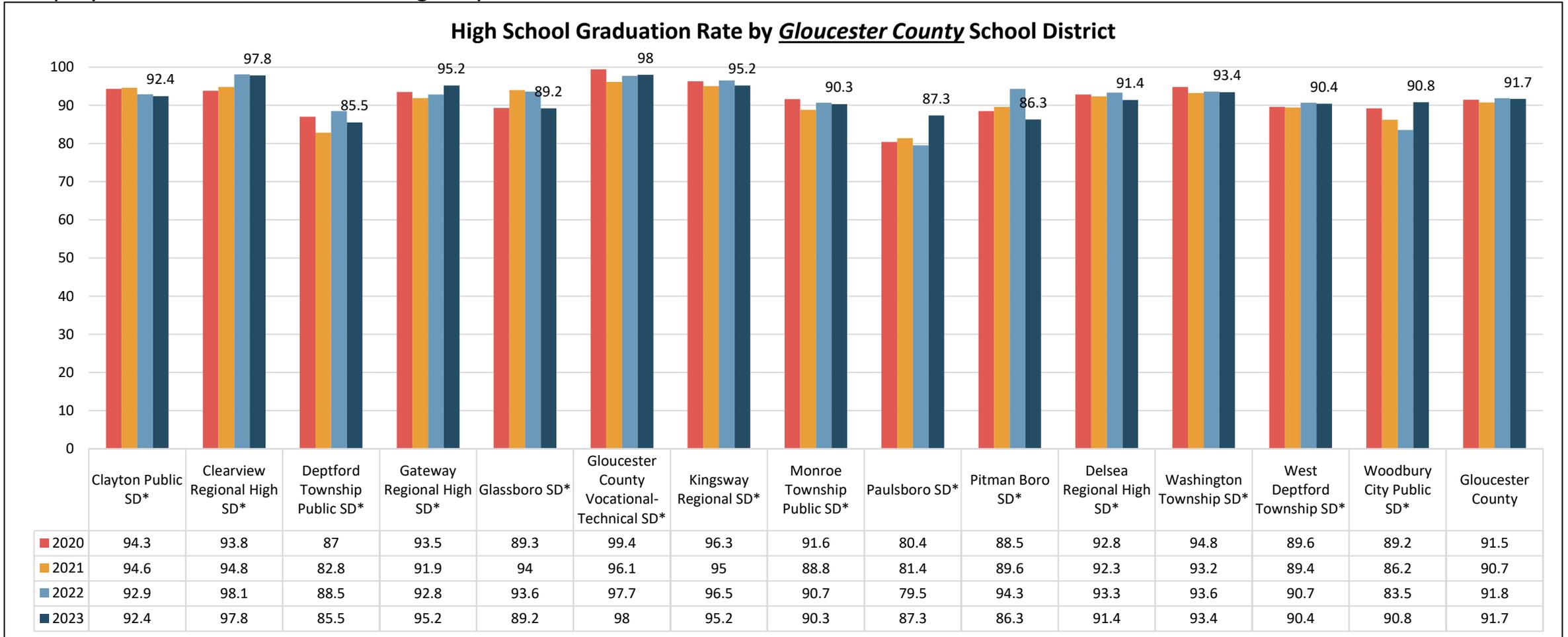
While most Camden County students graduate from high school on time, more than 3 in 10 students in Camden City and Lindenwold School Districts do not graduate on time. Ensuring that young people complete at least a high school diploma increases opportunities for employment, health, and well-being for youth, families, and communities.

**High School Graduation Rate by Camden County School District**



	Audubon Public SD*	Black Horse Pike Regional SD*	Camden City SD*	Camden County Technical SD*	Cherry Hill SD*	Collingswood Public SD*	Eastern Camden County Regional SD*	Gloucester City Public SD*	Mastery Schools Of Camden Inc.	Haddon Heights SD*	Haddon Township SD*	Haddonfield SD*	Lindenwold Public SD*	Pennsauken Township Board Of Education SD*	Pine Hill SD*	Sterling Regional SD*	Winslow Township SD*	Camden County
2020	93.5	88.3	69.9	94.5	94.6	88.3	94	83.2	74.7	93.2	98.7	98.1	80	87	87.6	91.5	78.7	88.0
2021	93.5	85.1	58.5	97.6	94.4	87.6	94.3	89.7	75.7	91.8	95.2	98.6	81.9	82	82.5	89.5	79.1	86.9
2022	85.6	86.7	66.3	96.5	94.7	88.2	93.6	82.2	74.9	97.4	94.2	97.8	65.1	84.5	86.8	92.7	78.3	86.2
2023	80.5	93	64.7	96.7	94.1	86.7	94.5	87.2	86.5	94.3	91.7	96.8	69.7	84.5	89.6	94.6	80.2	87.4

Most Gloucester County students graduate from high school, but Deptford Township, Paulsboro, and Pitman Borough School Districts have lower graduation rates than the countywide rate. However, Paulsboro has experienced a significant increase in recent years, which is a positive finding. Ensuring that young people complete at least a high school diploma increases opportunities for employment, health, and well-being for youth, families, and communities.



Source: New Jersey Department of Education, School Performance. \*Graduation rate calculates the percentage of students who begin in the same cohort and graduate in six years from a four-year program.

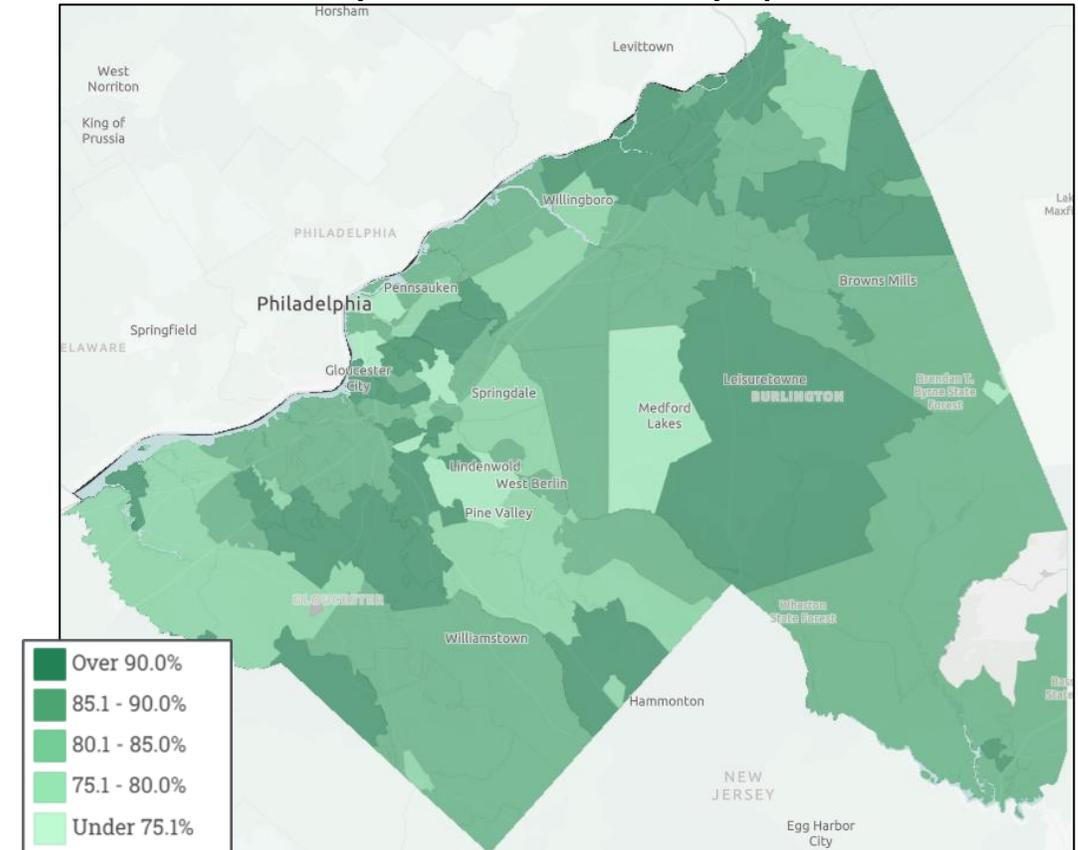
\*SD- School District

Since the Pandemic, online resources for telehealth, scheduling, education, job and benefit applications, and virtual social groups have increased access to a wide range of helpful services for many people. Most South Jersey households have access to the internet and a device that can connect. However, disparities exist in the City of Camden, where 1 in 5 households do not have a smartphone or internet access, and roughly half of households do not have a computer or tablet. This disparity leaves families without access to health, employment, emergency, or social information.

**Households by Digital Access, 2019-2023**

	With Computer Access				With Internet Access	
	Computer Device (any)	Desktop / Laptop	Smartphone	Tablet/iPad	Internet Subscription	Broadband Internet
Camden City	89.6%	56.2%	84.3%	51.3%	83.6%	83.5%
Burlington County	96.1%	86.9%	90.7%	70.4%	94.2%	94.1%
Camden County	94.8%	80.7%	89.1%	66.0%	91.4%	91.2%
Gloucester County	95.8%	85.1%	90.3%	68.5%	92.0%	91.9%
New Jersey	95.3%	83.1%	90.1%	66.5%	91.9%	91.8%
United States	94.8%	79.8%	89.8%	63.6%	89.9%	89.7%

**Households with any Broadband Internet by Zip Code, 2019-2023**

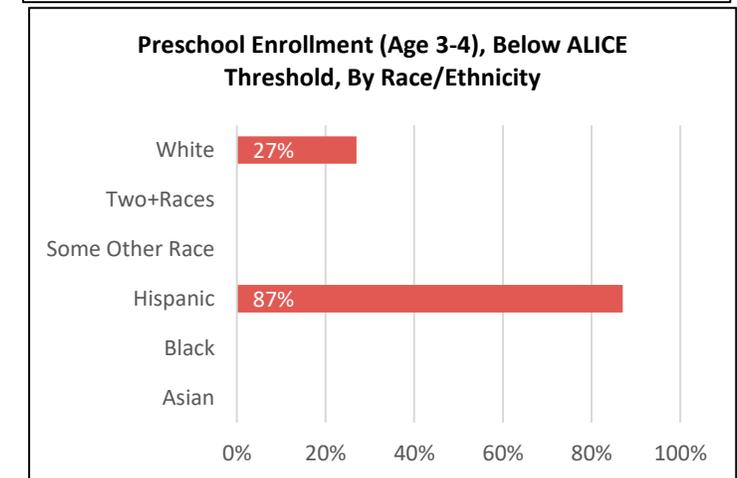
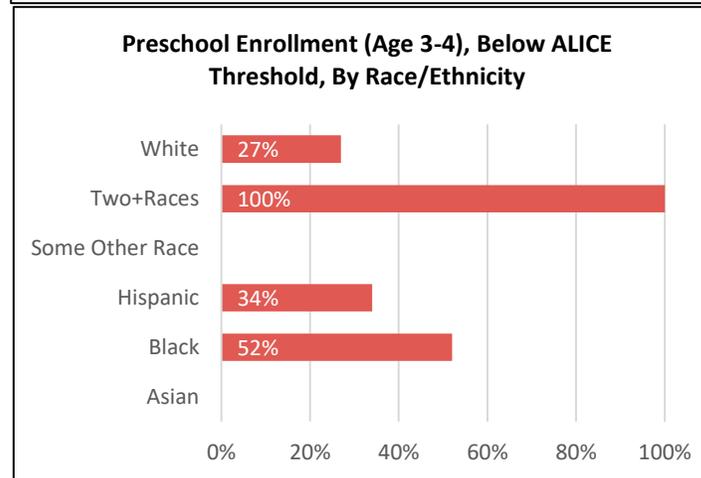
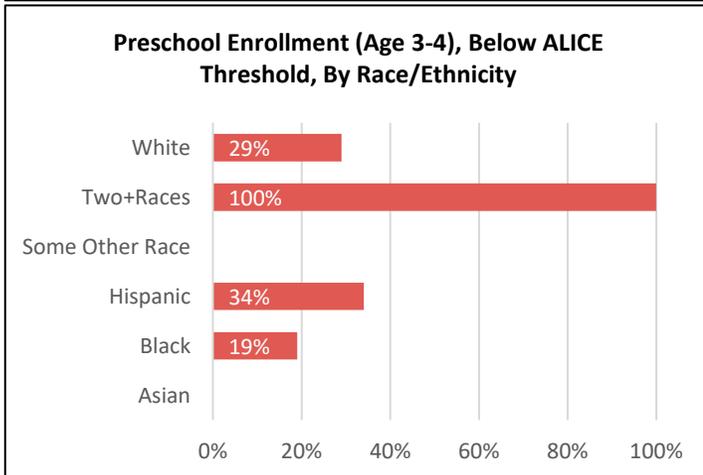
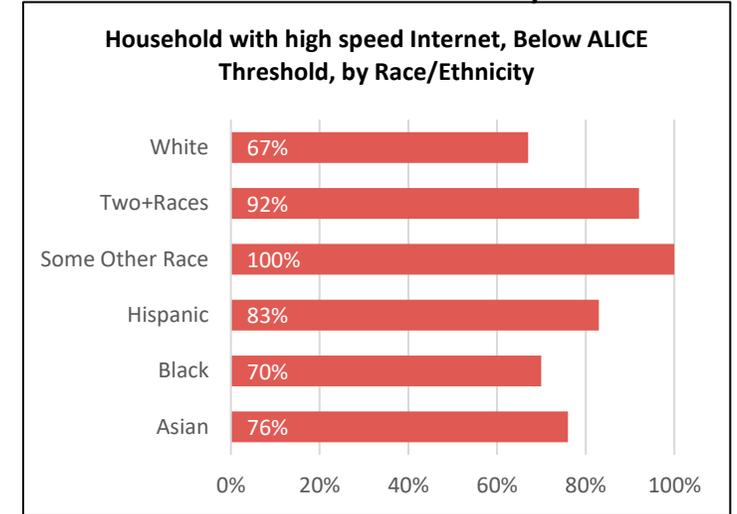
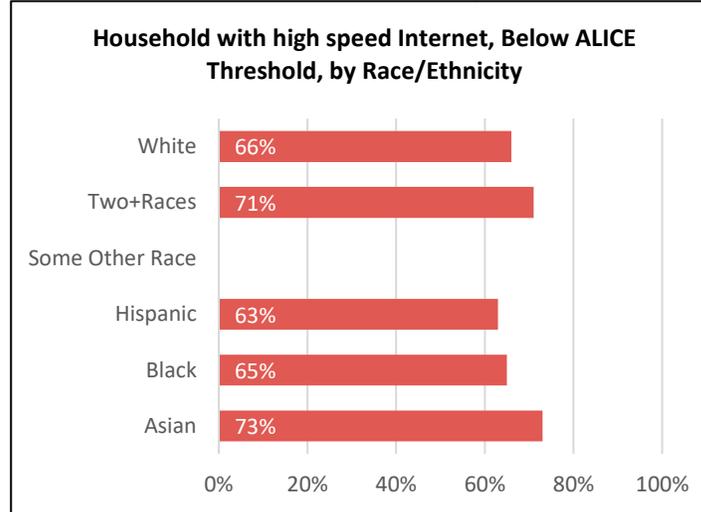
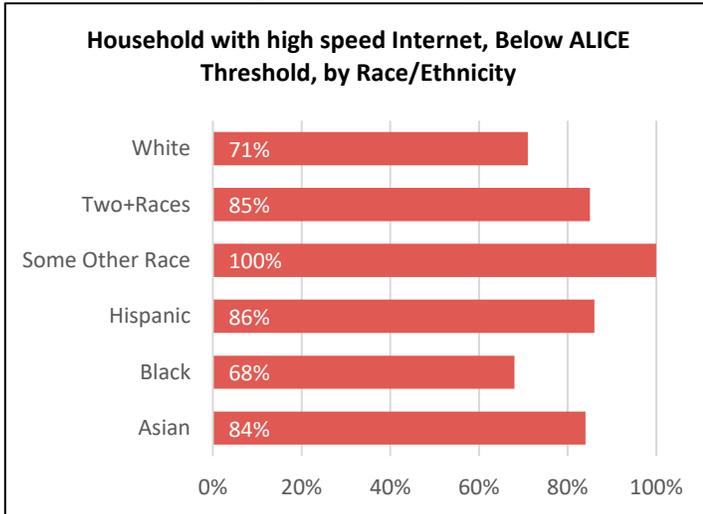


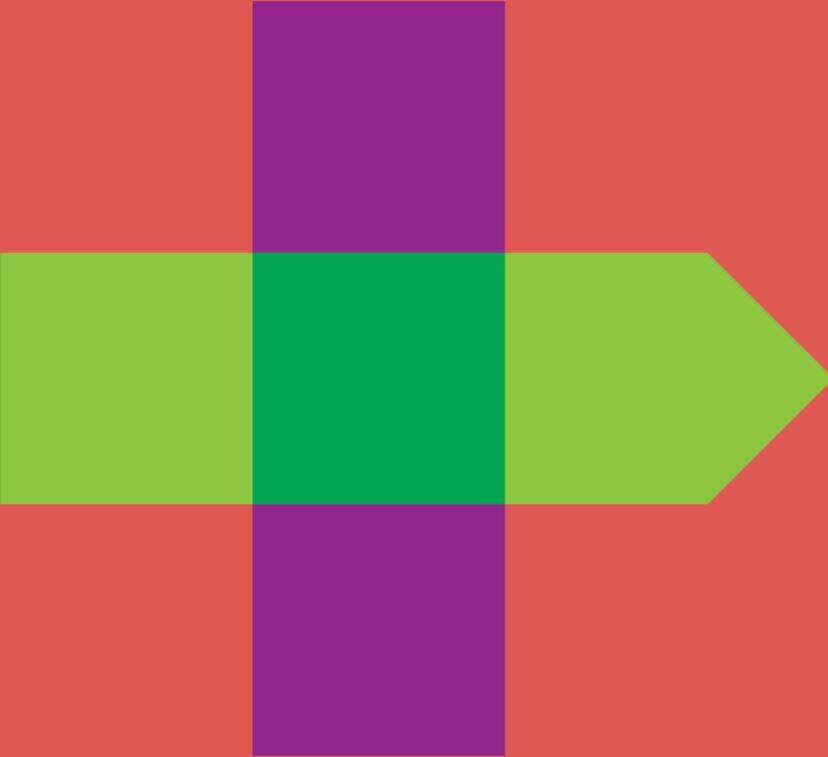
Differences in internet access and preschool enrollment vary across South Jersey counties and by race. Reducing barriers to accessing these resources can help connect families to tools that improve health and wellness.

**Burlington County**

**Camden County**

**Gloucester County**





# Our Homes and Where we Live

*Housing Conditions and Unhoused People*

# Our Homes and Where We Live



Homeownership has been shown to both stabilize communities and create generational wealth for families. Housing costs are the largest household expense for most families.

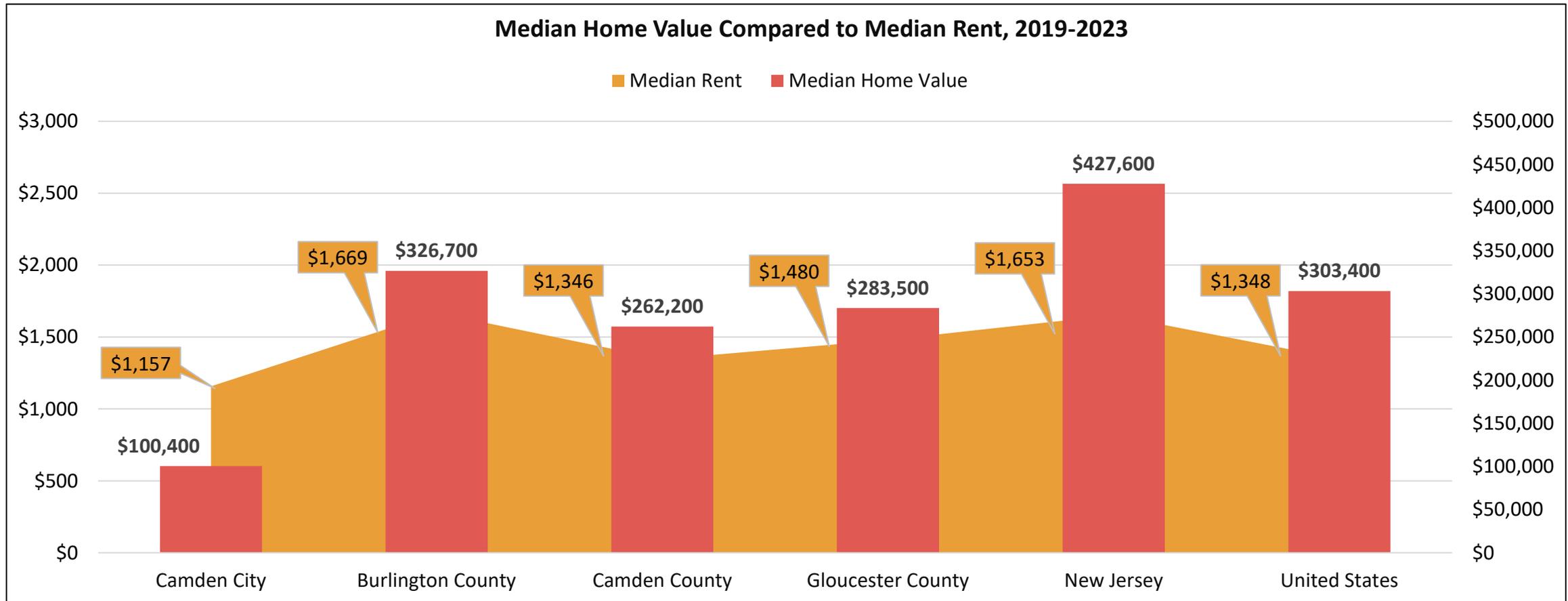
When more than 30% of household income is spent on housing, fewer resources are available for other basic needs such as food, transportation, clothing, and health care.

Renters are much more vulnerable to being priced out at annual lease renewals due to changes in the market and to experiencing substandard living conditions, which unresponsive landlords may exacerbate.

When rents are high, especially compared to home values, first-time homeownership—and the stability it provides for families and communities—may be out of reach for renters, who may struggle to save money effectively or build good credit.

# Housing Cost and Rent

Median home values and rents are more affordable in Camden and Gloucester Counties than in other parts of New Jersey and the US; however, rent remains comparatively expensive. Burlington County has more affordable median home values than New Jersey overall, but these values are more expensive than those in the US. Although home values in Burlington County are lower than those in New Jersey, the median rent in Burlington County is higher than in any of the other areas listed here.





In New Jersey, 35% of children live in households with high housing cost burden, and 14% of children live in poverty (2021).



64% of New Jersey housing was built prior to 1978 and may contain lead-based paint; approximately 17% was built in 1939 or earlier.



In 2021, 1.9% of the 23.8% of New Jersey children under six tested had an elevated blood lead level (5mg/dL or more); 766 of them had blood lead levels of 10 mg/dL or more.



In 2021, the six cities with the highest percentage of children under six years old with elevated blood lead levels were Trenton (8.2%), East Orange (6.0%), Irvington (5.9%), Patterson (4.2%), Passaic (3.9%), and Newark (3.8%).



Almost 9% of adults and over 5% of children have current asthma in New Jersey (2021).



On average, 13 New Jersey residents die annually from carbon monoxide exposure (2017-2021). In 202, carbon monoxide poisoning was responsible for 212 emergency department visits in New Jersey.

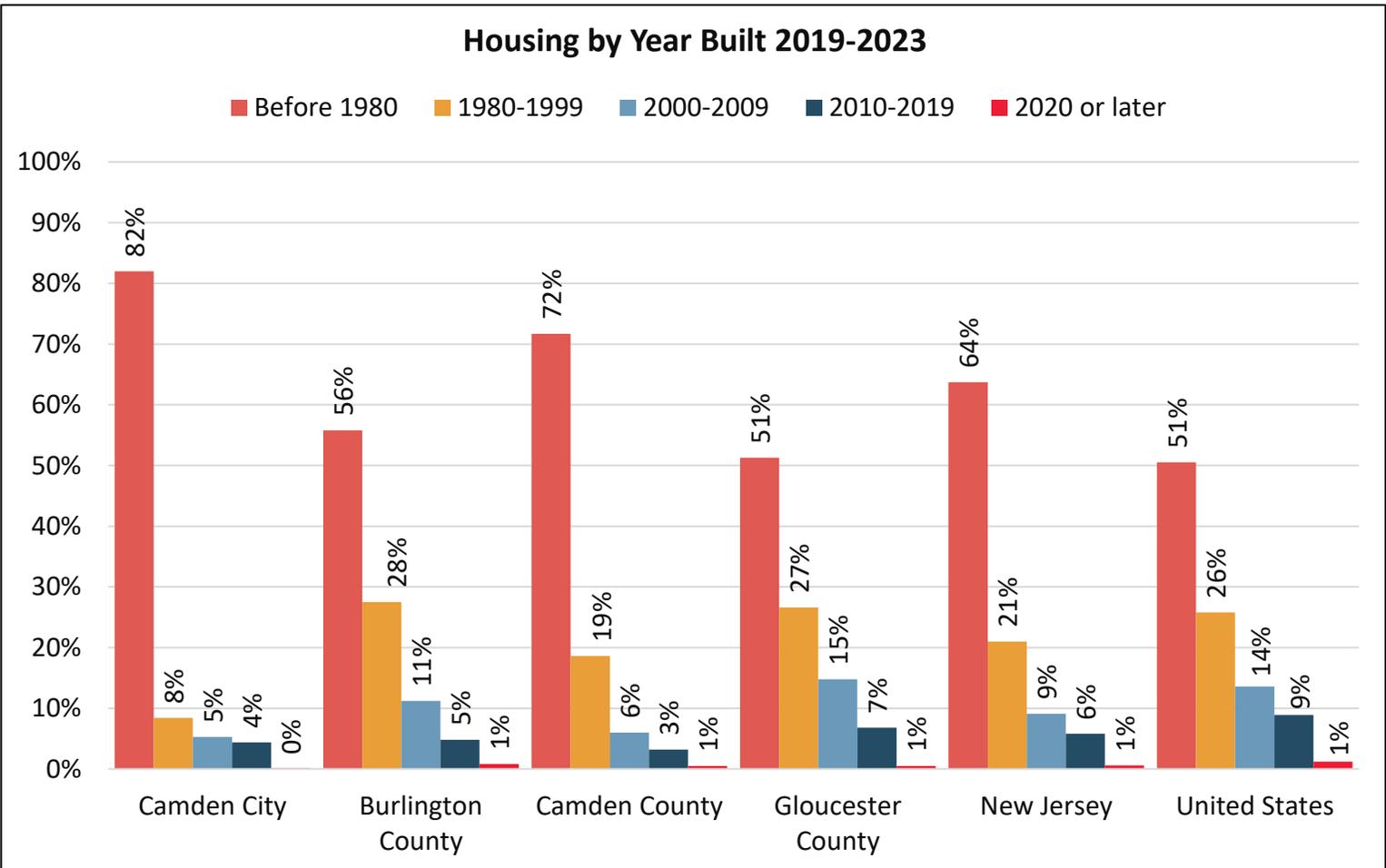


Radon is associated with between 140 and 250 lung cancer deaths in New Jersey each year. Over 33% of New Jersey homes have been tested for radon; 46% of homes found to have radon levels  $\geq$  4pCi/L have been mitigated (2021).

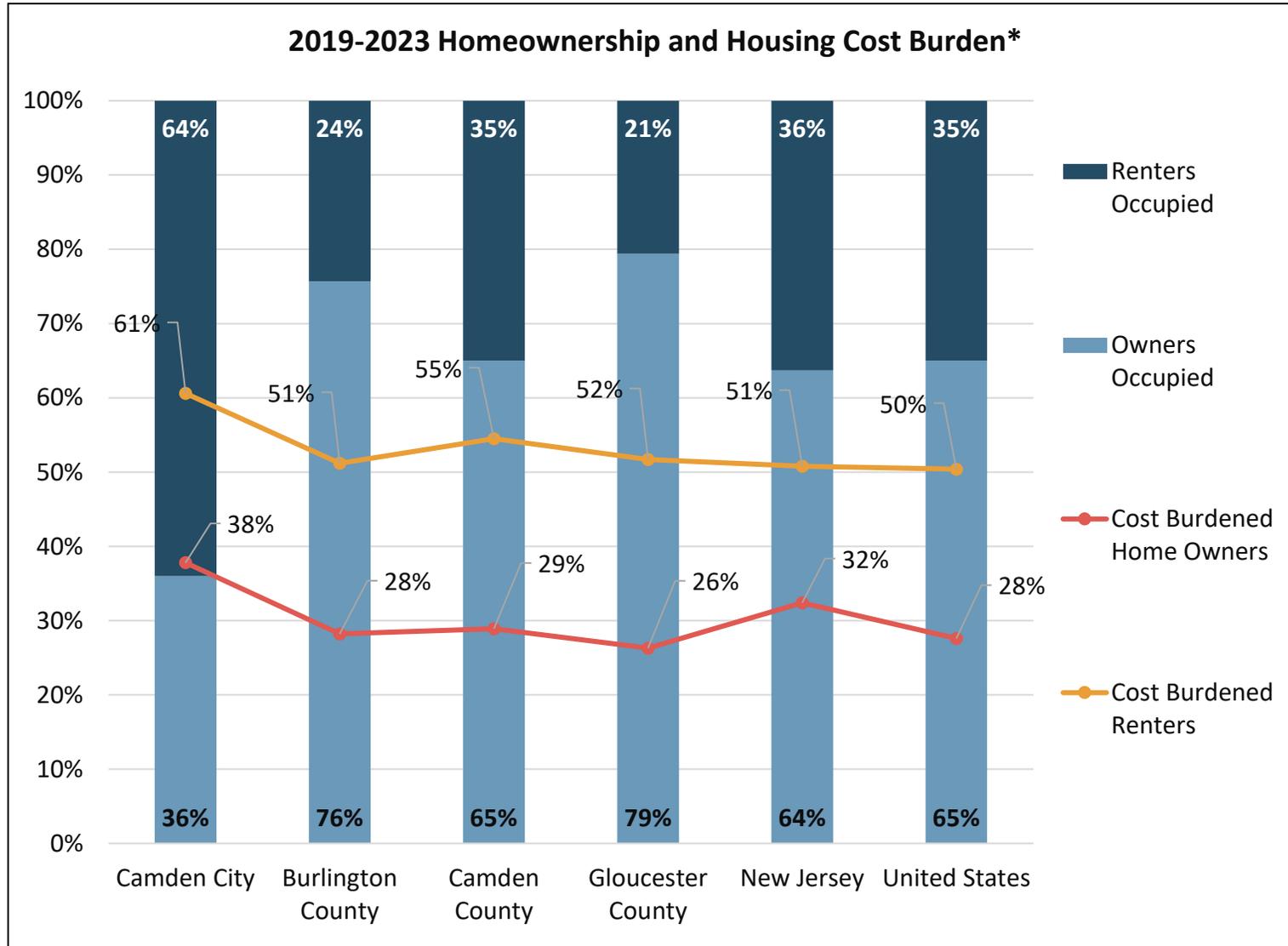


In 2020, 487 New Jerseyans over 65 died, and in 2015 approximately 17,000 were hospitalized as a result of unintentional falls.

Older homes are at greater risk of containing lead. Three out of four homes across Camden County were built during a time when lead was more likely to be found, putting most homes at risk. That proportion is even higher in Camden City, home to lower-income residents who are disproportionately renters, and reliant on landlords for remediation. More than half of the homes in Burlington and Gloucester Counties were built during a time when lead was more commonly found.



# Housing Tenure and Cost Burden



## Homeowners

Most people across South Jersey own their homes, except in the City of Camden, where 64% of households are renters.

Roughly one in three homeowners across the region is cost burdened and may not have additional resources available for costly home repairs or an increased property tax burden.

## Renters

Half or more of all renters across Burlington, Camden, and Gloucester Counties pay more than 30% of their income on housing.

Paying more than 30% of household income on rent makes it challenging to afford other necessities, such as healthy food, and also makes it more difficult to save for a home purchase, even in communities where housing prices are relatively low.

### ***Did you know?***

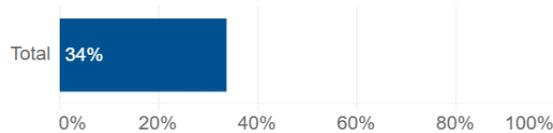
*According to HUD, when households spend more than 30% of their income on housing, they are considered "housing cost burdened." Mortgage lenders and others use the 30% threshold for housing costs as a standard to ensure that adequate resources remain for other necessities, such as food, clothing, transportation, and healthcare.*

The rent-to-own gap measures the proportion of households paying the same, *or more*, for rent than they would for a mortgage payment for an equivalent dwelling. Within the ALICE population, the gap between the median cost of rent versus the median cost of homeownership is largest in Burlington County (34%), where median rent is most expensive.

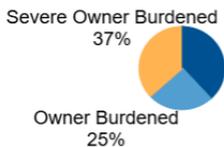
**ALICE** is an acronym for **A**sset Limited, **I**ncome **C**onstrained, **E**mloyed, and represents the growing number of families who are unable to afford the basics of housing, child care, food, transportation, health care, and technology. These workers often struggle to keep their own households from financial ruin, while keeping our local communities running.

## Burlington County

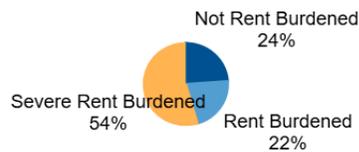
**Rent-to-Own Gap, Renter Households Below ALICE Threshold Paying Greater Than or Equal to Median Owner Costs**



**Owner Cost Burden, Households Below ALICE Threshold**

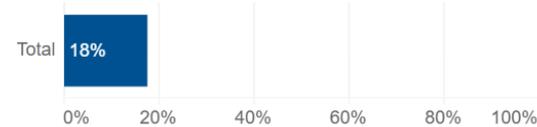


**Rent Burden, Households Below ALICE Threshold**

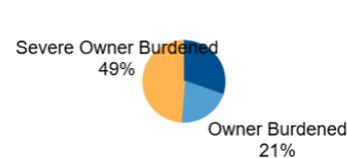


## Camden County

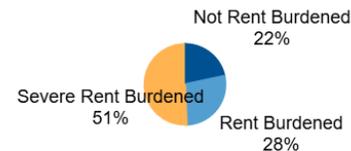
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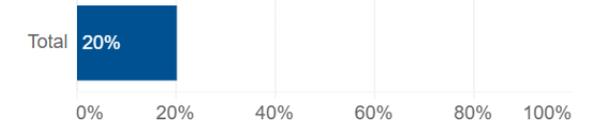


**Rent Burden, Households Below ALICE Threshold**

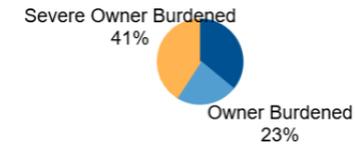


## Gloucester County

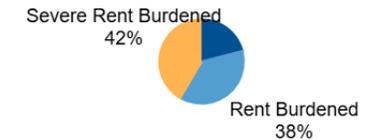
**Rent-to-Own Gap, Renter Households Below ALICE Threshold Paying Greater Than or Equal to Median Owner Costs**



**Owner Cost Burden, Households Below ALICE Threshold**



**Rent Burden, Households Below ALICE Threshold**

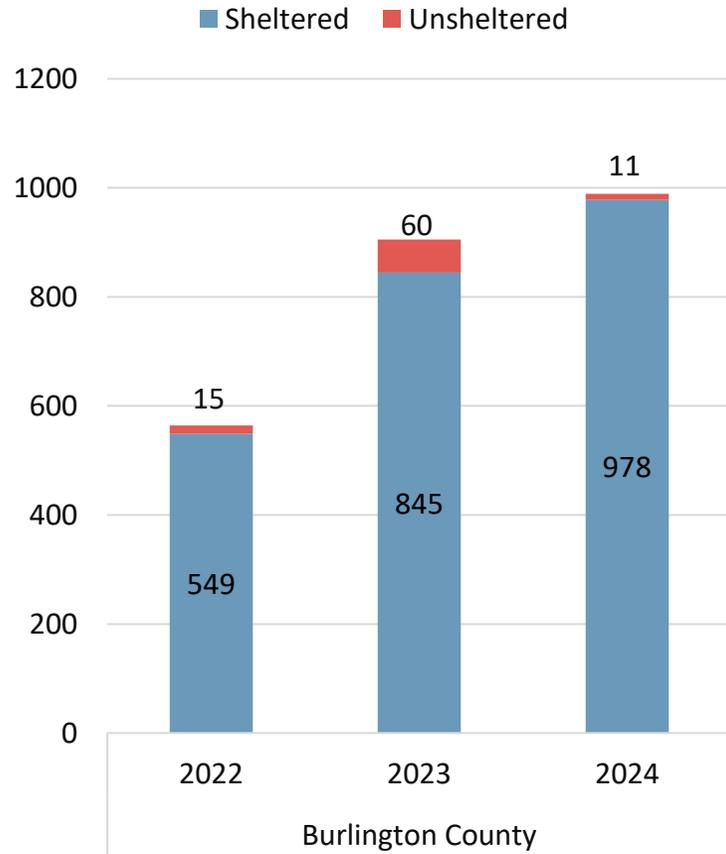


“Severe” rent- or owner-burdened refers to the proportion of households that pay 50% or more of their income on housing.

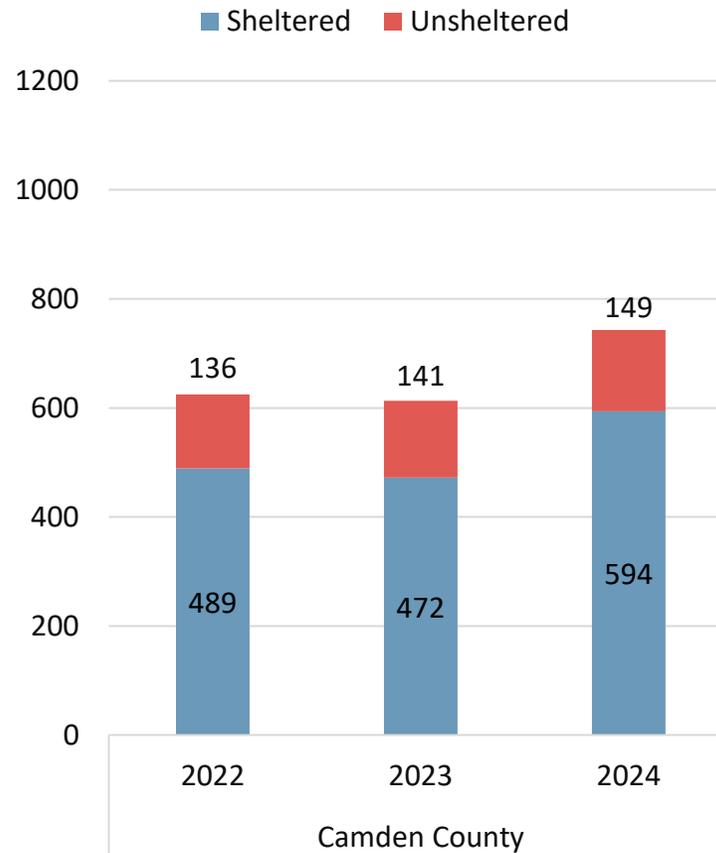
Homelessness is impacting more people every year. Burlington County has the largest number of people experiencing homelessness. Camden County has the largest number of people who are unsheltered.

*“Because of the pandemic, many people who have never been homeless before or struggled are in bad places.”*

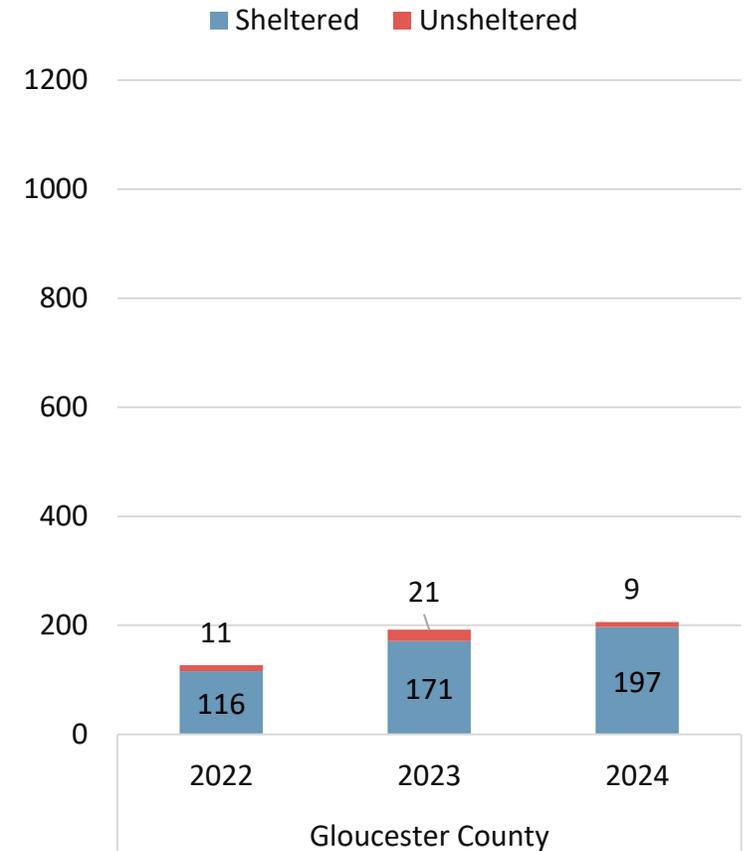
**Total Homeless Population for Burlington County**



**Total Homeless Population For Camden County**

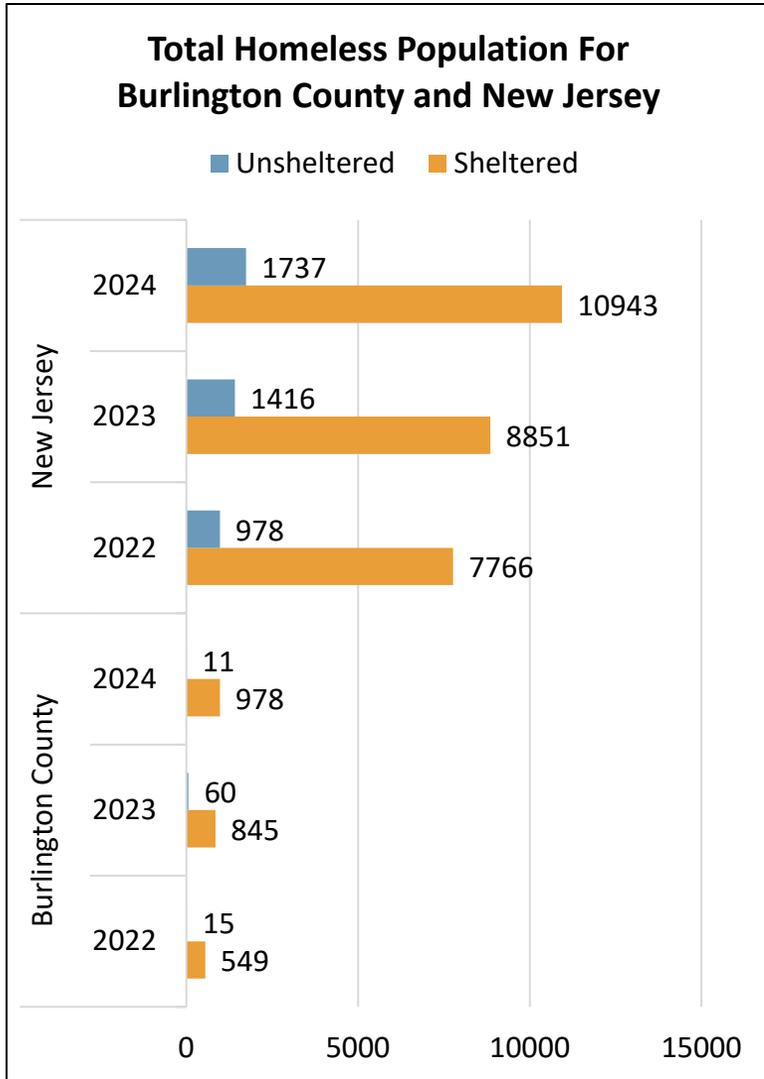


**Total Homeless Population for Gloucester County**

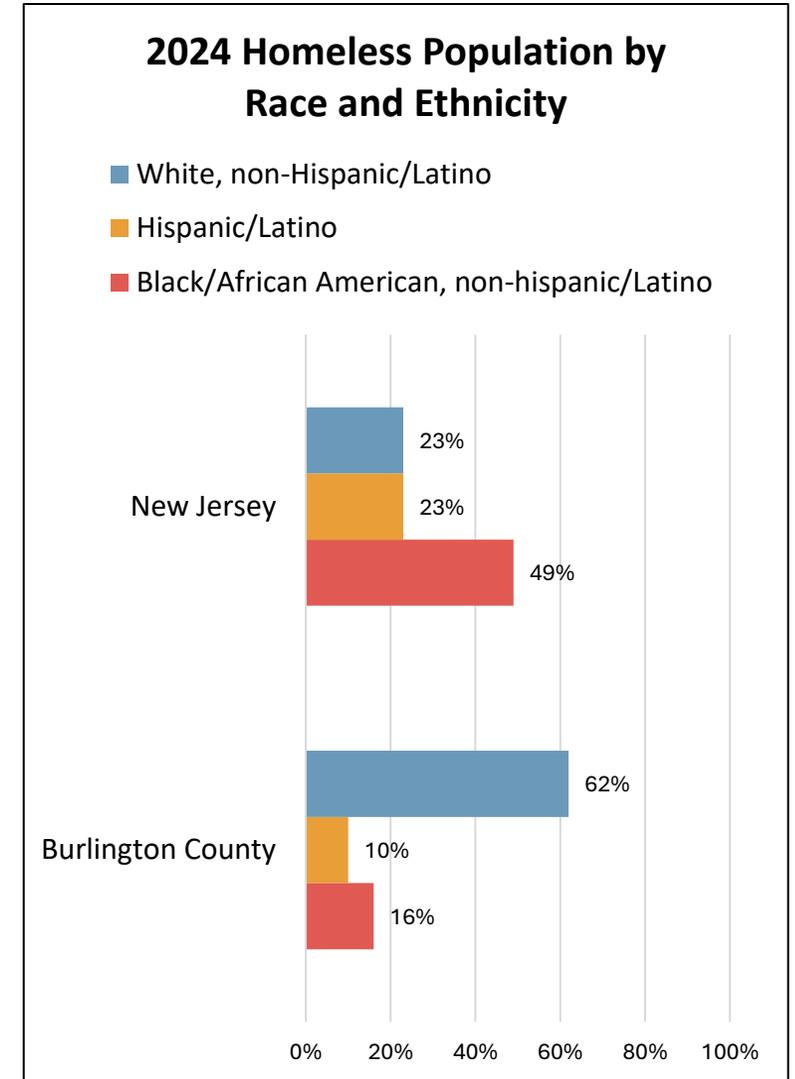


# Unhoused People – Burlington County

The number of people experiencing homelessness in Burlington County has increased every year.

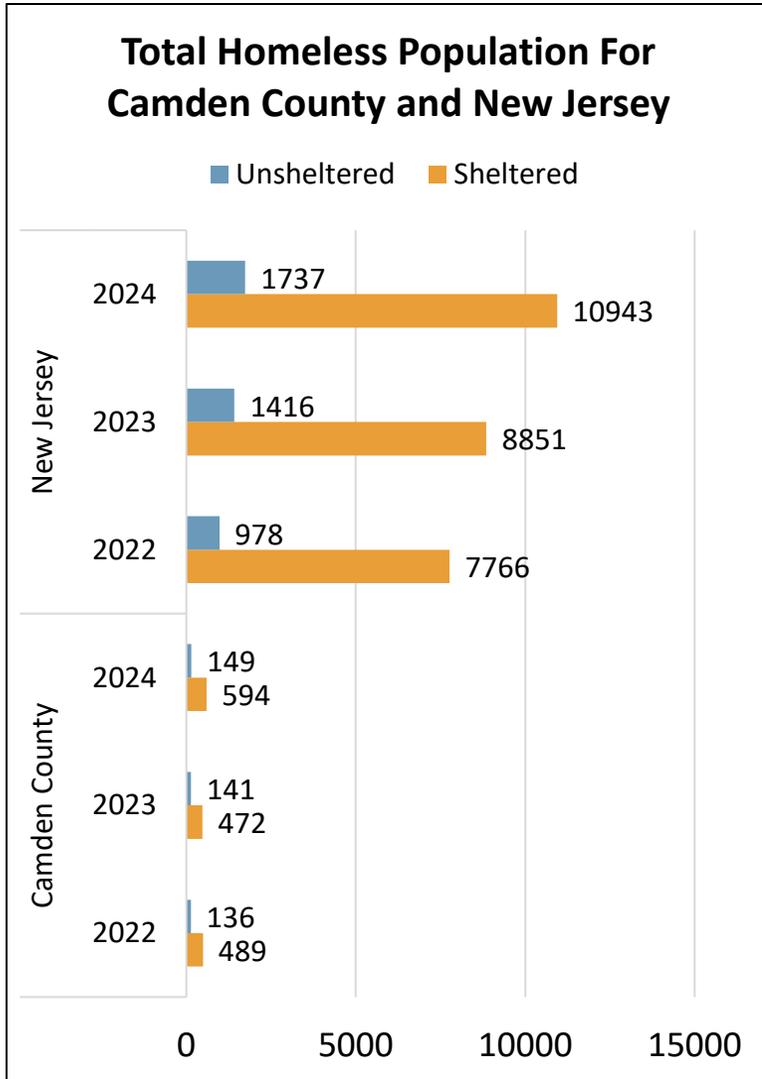


1,005 People Homeless in Burlington County, NJ on January 23, 2024	
8% Change in Homelessness	
	994 (99%) SHELTERED
	11 (1%) UNSHeltered
	503 (50%) MAN (BOY IF CHILD)
	492 (49%) WOMAN (GIRL IF CHILD)
	332 (33%) CHILDREN UNDER 18
	121 (12%) ADULTS AGE 55+
	291 (29%) HOMELESS 1+ YEARS
	372 (37%) REPORTED 1/1+ DISABILITIES
	169 (17%) CHRONICALLY HOMELESS
	107 (11%) VICTIMS OF DOMESTIC VIOLENCE
	7 (1%) VETERANS

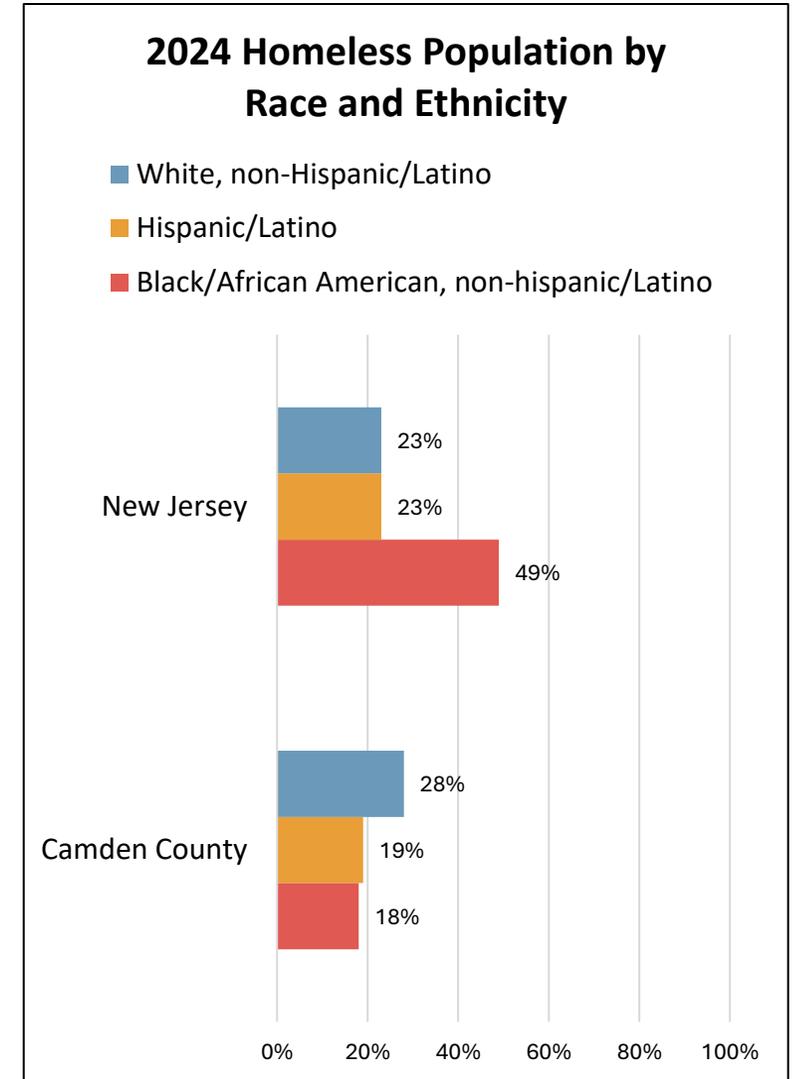


# Unhoused People – Camden County

The number of people experiencing homelessness in Camden County has increased every year.

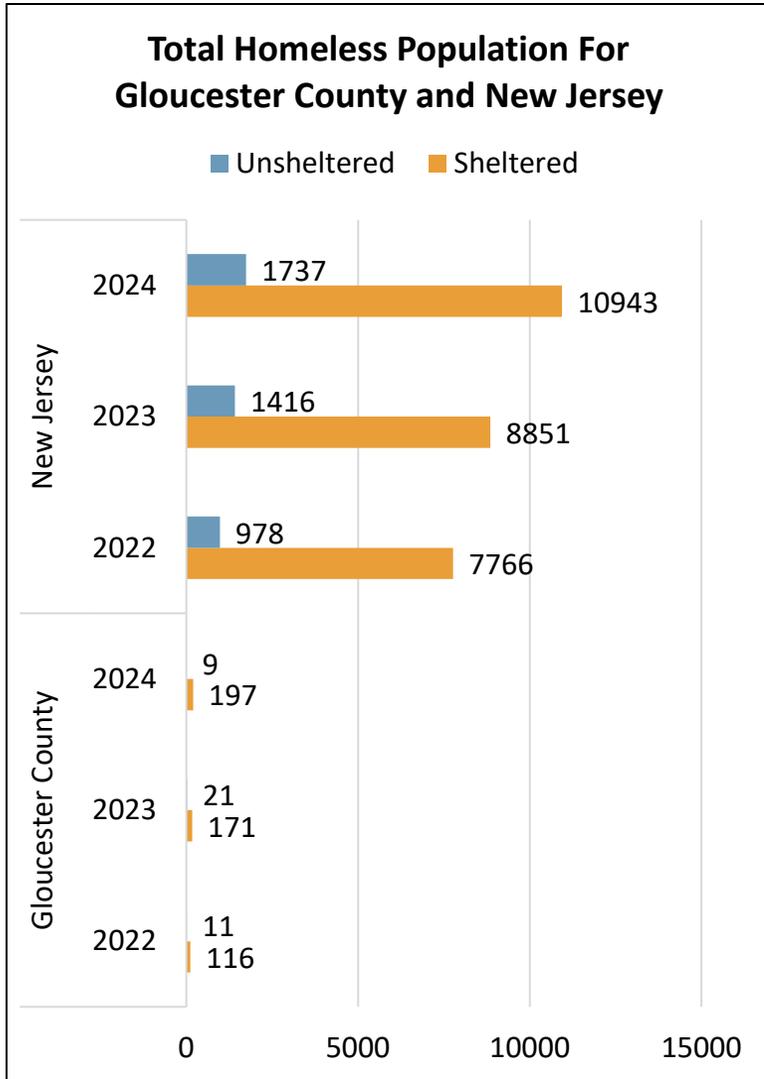


743 People Homeless in Camden County, NJ on January 23, 2024	
21% Change in Homelessness	
	<b>594 (80%)</b> SHELTERED
	<b>149 (20%)</b> UNSHELTERED
	<b>446 (60%)</b> MAN (BOY IF CHILD)
	<b>282 (38%)</b> WOMAN (GIRL IF CHILD)
	<b>104 (14%)</b> CHILDREN UNDER 18
	<b>193 (26%)</b> ADULTS AGE 55+
	<b>253 (34%)</b> HOMELESS 1+ YEARS
	<b>446 (60%)</b> REPORTED 1/1+ DISABILITIES
	<b>129 (17%)</b> CHRONICALLY HOMELESS
	<b>91 (12%)</b> VICTIMS OF DOMESTIC VIOLENCE
	<b>115 (18%)</b> VETERANS

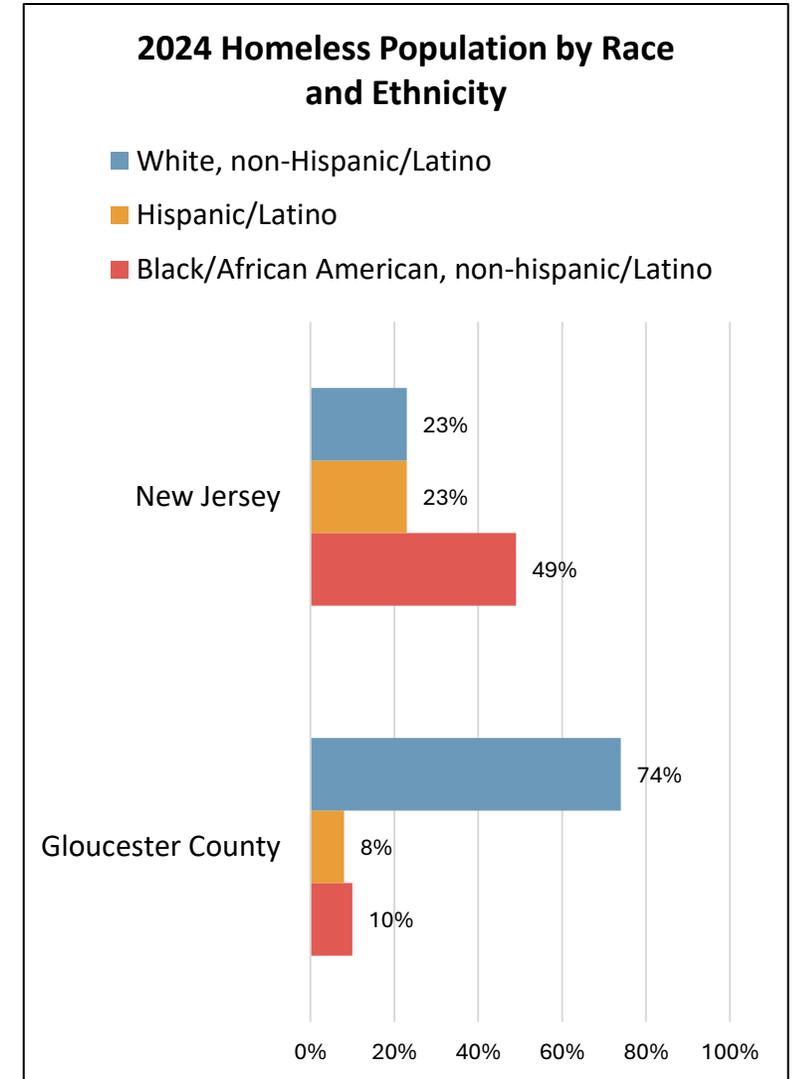


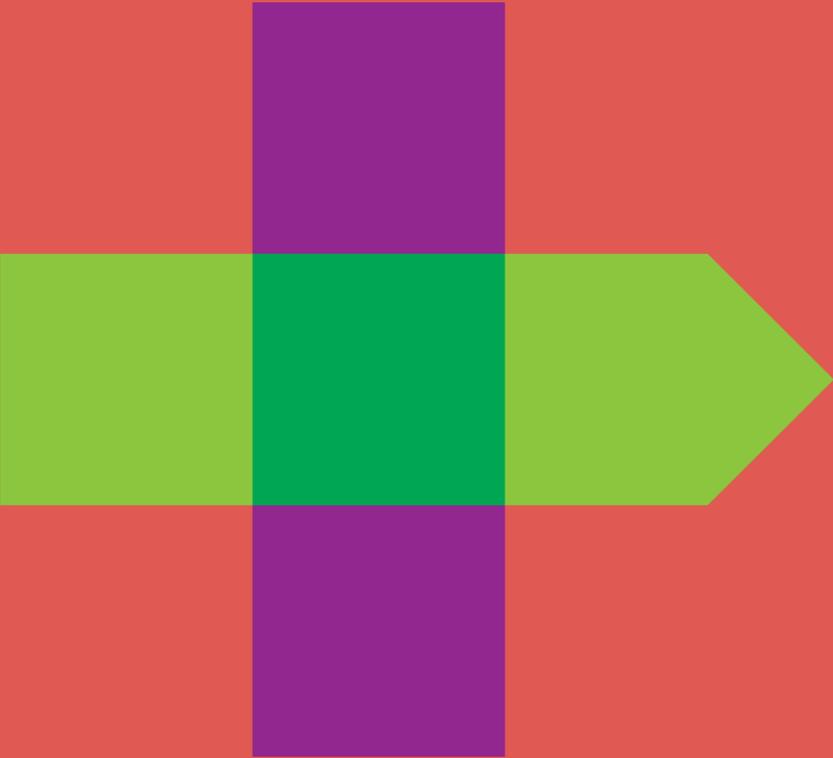
Source: New Jersey Coalition to End Homelessness

The number of people experiencing homelessness in Gloucester County has increased every year.



206 People	
Homeless in Gloucester County, NJ on January 23, 2024	
7% Change in Homelessness	
	<b>197 (96%)</b> SHELTERED
	<b>9 (4%)</b> UNSHelterED
	<b>72 (35%)</b> MAN (BOY IF CHILD)
	<b>119 (58%)</b> WOMAN (GIRL IF CHILD)
	<b>80 (39%)</b> CHILDREN UNDER 18
	<b>27 (13%)</b> ADULTS AGE 55+
	<b>56 (27%)</b> HOMELESS 1+ YEARS
	<b>84 (41%)</b> REPORTED 1/1+ DISABILITIES
	<b>23 (11%)</b> CHRONICALLY HOMELESS
	<b>50 (24%)</b> VICTIMS OF DOMESTIC VIOLENCE
	<b>0 (0%)</b> VETERANS





# **Neighborhood and Built Environment**

*Physical Activity and Food*



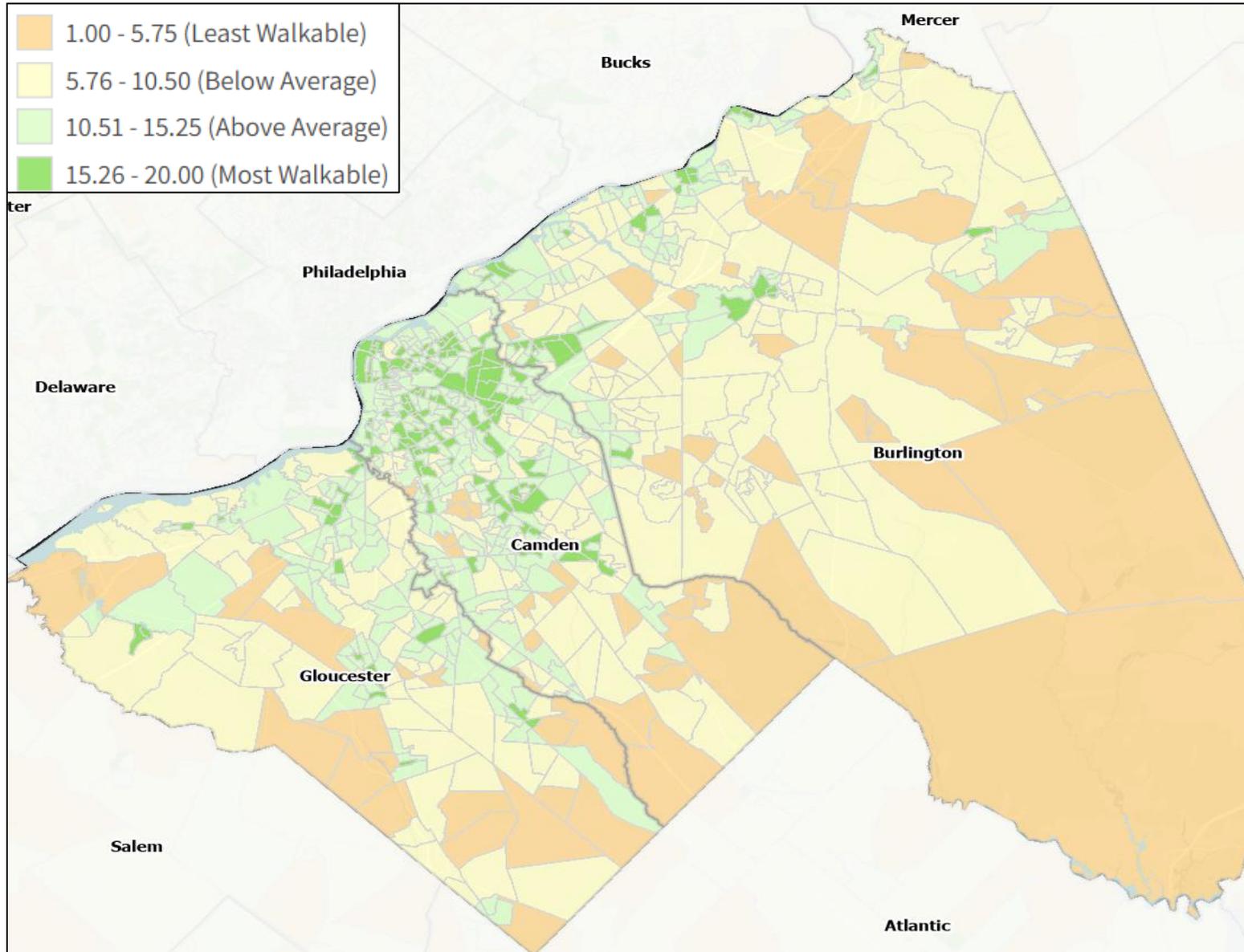
# Neighborhood and the Built Environment

Physical activity is an important component of maintaining a healthy life and preventing disease, as it helps maintain a healthy weight, build strength, and improve mental health. The CDC recommends that all people engage in at least 30 minutes of physical activity per day. Having leisure time that is free from work or household-related responsibilities is essential to achieving this goal, as it allows individuals to focus on physical activity.

Another necessary component for good health is having the opportunity to exercise. This includes access to safe, affordable, and appropriate spaces for physical activity, including walkable communities, so that people do not require motorized transport to access their basic needs. The Environmental Protection Agency has created a walkability measure that indicates how accessible the streets, commercial sectors, sidewalks, and other structural components are for walkers. The least walkable category indicates areas where transportation, such as a personal car or public transportation, is required to access resources such as employment, goods, and services.

Where you live also impacts what you eat. The United Nations' Committee on World Food Security defines "food security" to mean that everyone has physical, social, and economic access to sufficient, safe, and nutritious food that meets their food preferences and dietary needs for an active and healthy life. Food security depends on many factors. The availability, accessibility, and affordability of places to purchase fresh foods, such as supermarkets and farmers' markets, are important components. Even though fresh foods are for sale, they may not be accessible to everyone. Affordability of food, access to transportation options, and the means to purchase and properly prepare nutritious food also play a role in food security.

# Walkability and Car Dependence



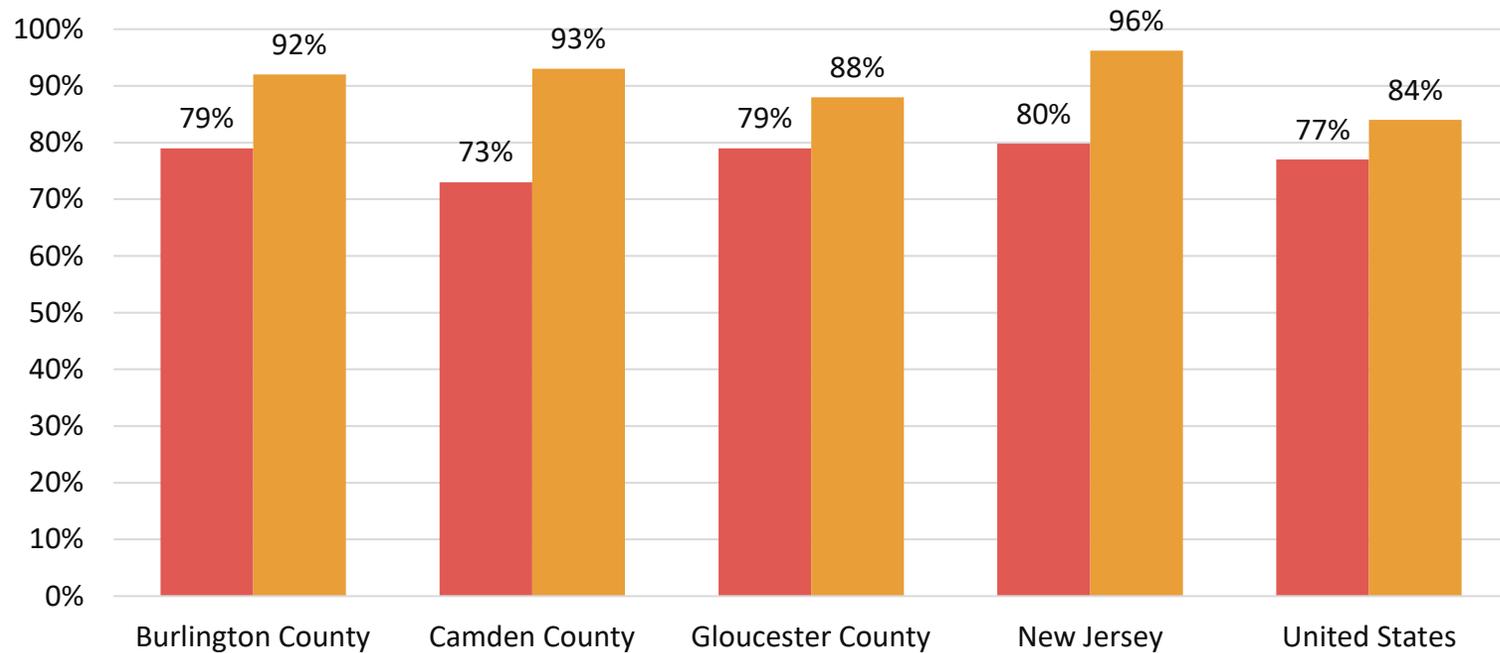
The Centers for Disease Control (CDC) ranks neighborhoods on walkability and pedestrian friendliness. A high score means people can walk to shops, services, and public transportation easily.

The western side of all three counties is more walkable than the eastern, more rural areas of each county. This is consistent with the more densely populated, urban, and suburban communities adjacent to Philadelphia.

Car-dependent areas create additional barriers to accessing health care, food, exercise, employment, education, supportive services, and socialization opportunities.

## Physical Activity Opportunity and Participation

- Adults participating in \*Leisure time Physical Activity (2021)
- Population with \*adequate access to locations for Physical Activity (2020/2022-2023)



All three South Jersey counties have above-average access to locations for physical activity compared to the nation, such as parks, walking paths, sidewalks, and other resources.

Participation in leisure-time physical activity in Burlington and Gloucester counties is consistent with the percentages for New Jersey and the US.

Fewer than three in four adults in Camden County participate in leisure-time physical activity, despite above-average access. This suggests that other barriers may be affecting Camden County residents' ability to exercise.

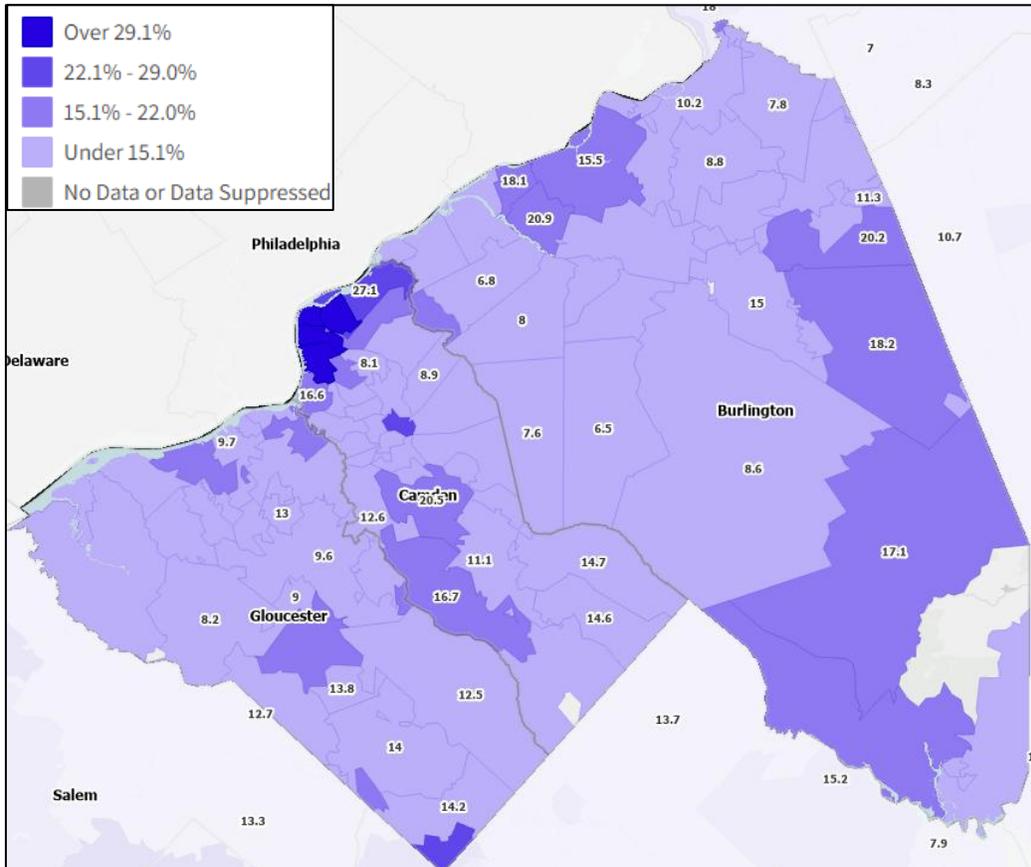
\*Leisure Time Physical Activity- the percentage of adults who reported engaging in physical activities or exercise outside of their regular job e.g., running, walking, gardening, sports, or other workouts.

\*Adequate access-to locations for Physical Activity- the percentage of the population with sufficient access to safe and convenient places to be physically active, such as parks, trails, recreation centers, playgrounds, or sidewalks.

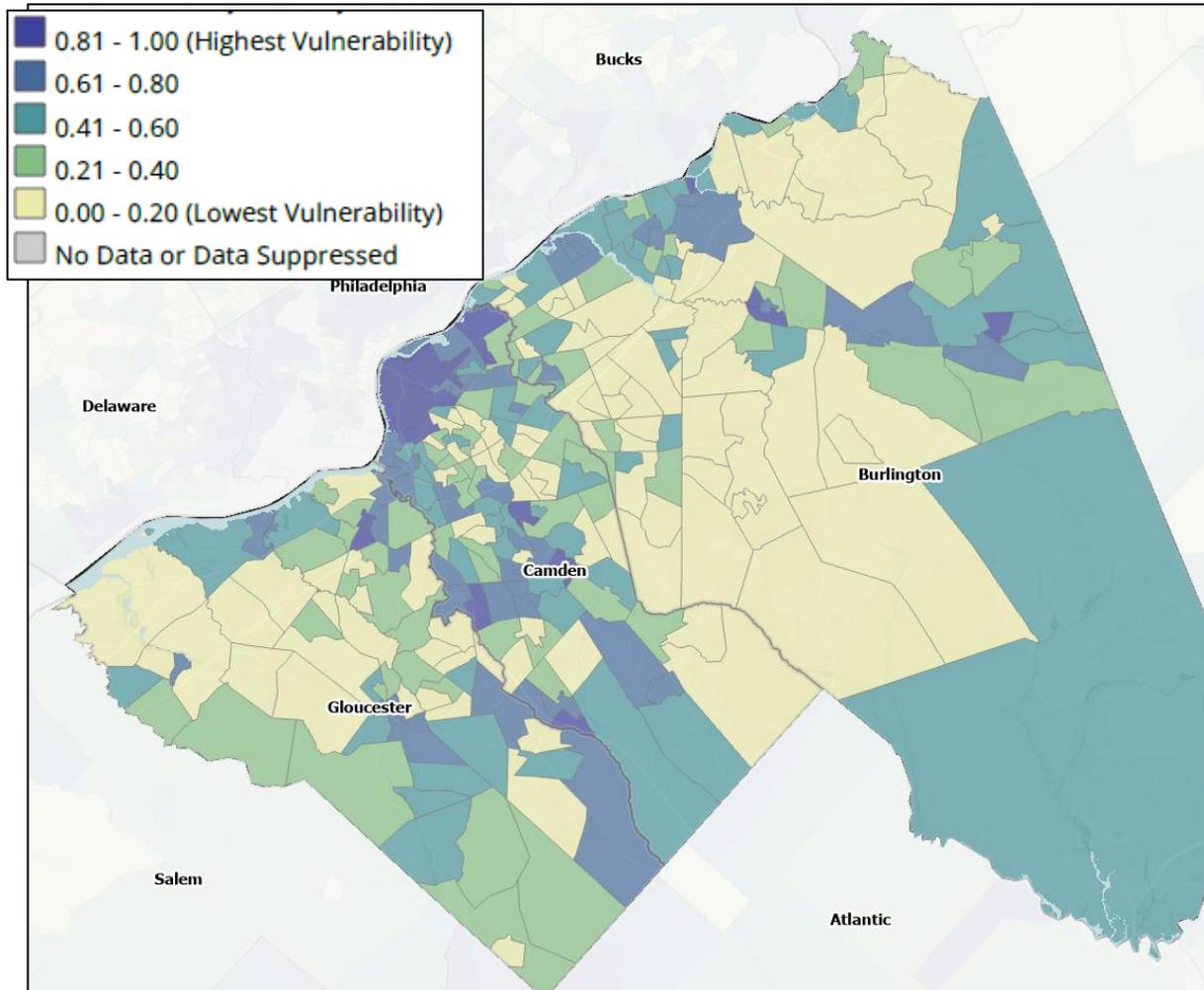
People in South Jersey are more likely to be food insecure than in other parts of the state. Approximately 1 in 10 residents in South Jersey face food insecurity, with the highest levels concentrated in Camden City and southeastern Gloucester County, as well as rural parts of Burlington County. Children in South Jersey are more likely to experience food insecurity than adults. Year by year, data indicate that food insecurity is increasing across South Jersey counties.

*“Focus on preventive and nutrition. Be aware of lack of food markets in Camden and how it affects the city health.”*

**2022 Prevalence of Adults Food Insecurity for South Jersey Counties by Zip code**



**Social Vulnerability Index for South Jersey Counties by Census Tract**



**The Social Vulnerability Index (SVI)** refers to the potential negative effects on communities caused by external stresses on human health. Such stresses include natural disasters, disasters caused by humans, or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss.

Vulnerability to negative outcomes from disasters varies widely across the South Jersey region, with the highest vulnerability found predominantly in Camden County.

These variations are driven, in large part, by factors such as population characteristics, environmental features, economic and educational opportunities, and other variables.

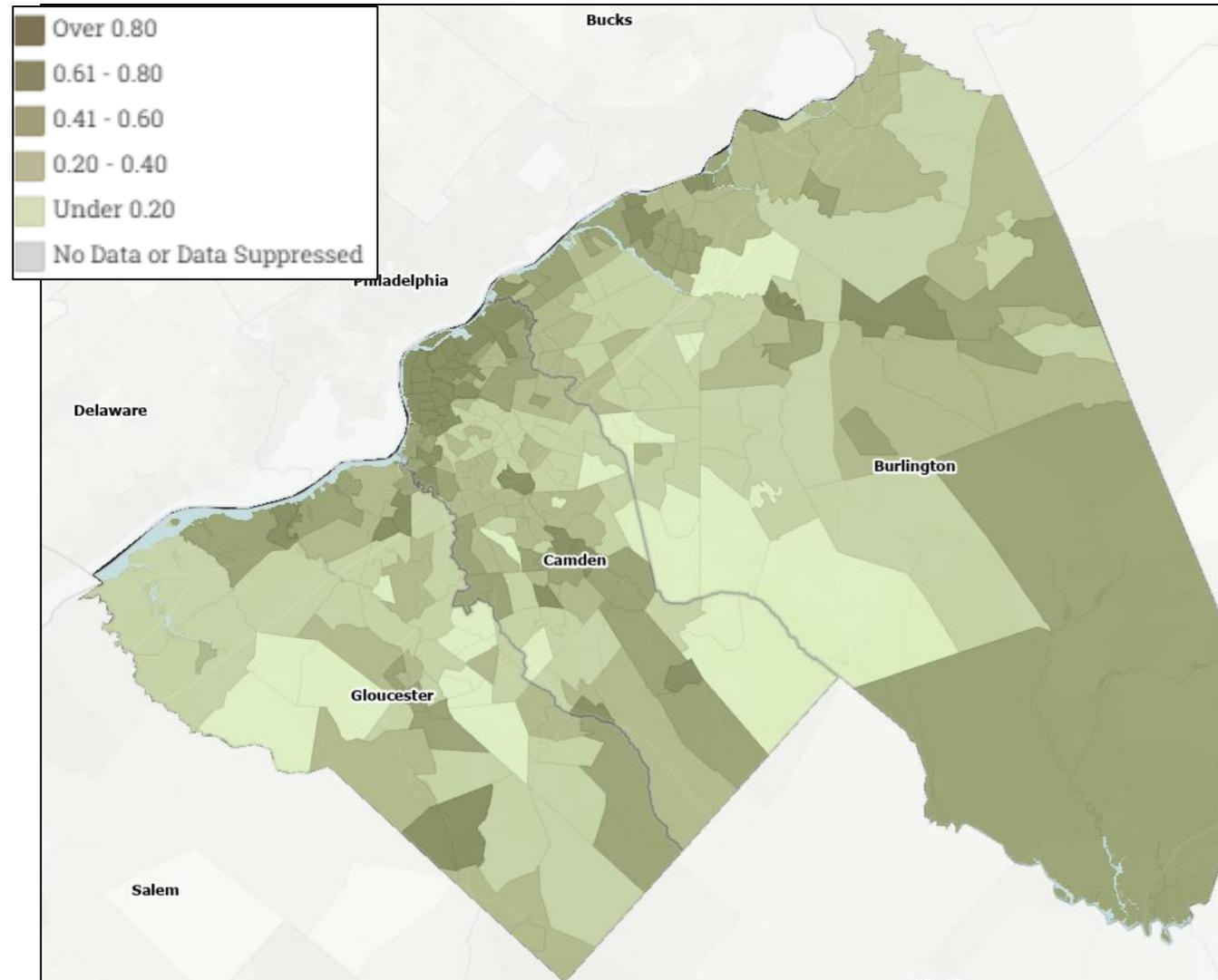
*“Improved infrastructure to ensure every household has clean water for drinking, bathing and agricultural activities. Many neighborhoods in SJ lack access to clean water, and people suffer lasting health problems as a result. Clean water infrastructure in Camden and many other communities would also help address food insecurity by allowing people to grow their own food. I believe policies and budgets should also provide more sustainable support to bolster the local food economy. Empowering underserved communities to move to grow, aggregate, sell and buy their own food would have huge benefits for community health.”*

## 2022 South Jersey Environmental Justice Index Percentile Rankings

The **Environmental Justice Index** is used by the Centers for Disease Control (CDC) to demonstrate the relative effects of environmental conditions, such as air and water quality, on measures of justice and parity in health outcomes within a particular community. The Environmental Justice Index uses data from the Census Bureau, Environmental Protection Agency, Mine Safety and Health Administration, and Centers for Disease Control and Prevention, to rank the cumulative impacts of environmental injustice on health for every census tract in the nation.

The factors that impact this rank include social vulnerability factors, such as socioeconomic status, housing type and demographic characteristics, air, water, and soil pollution, transportation, green spaces, as well as the prevalence of underlying diseases, such as asthma.

The areas of highest risk are concentrated in the urban center of Camden City, as well as more rural parts of Burlington County.

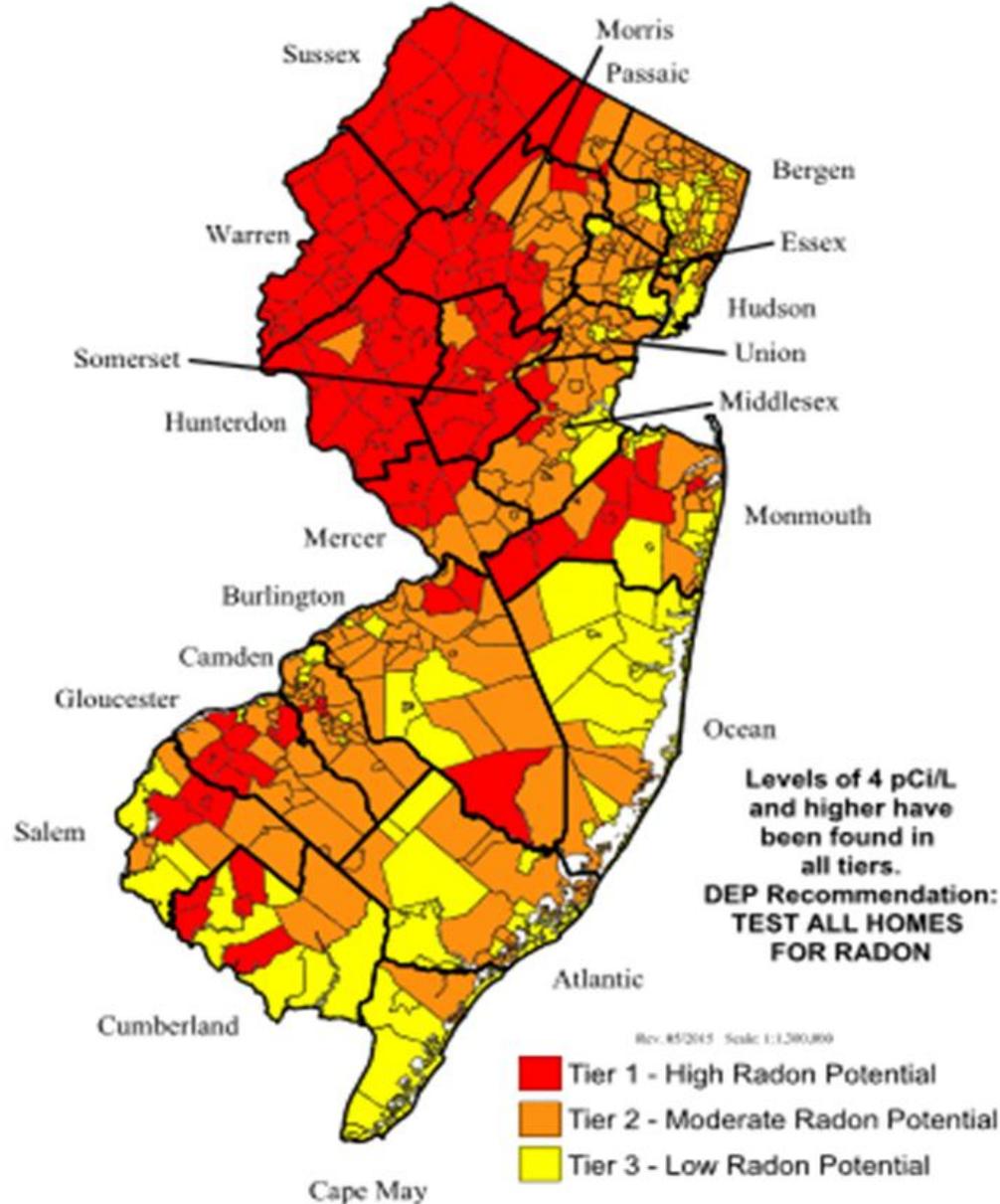




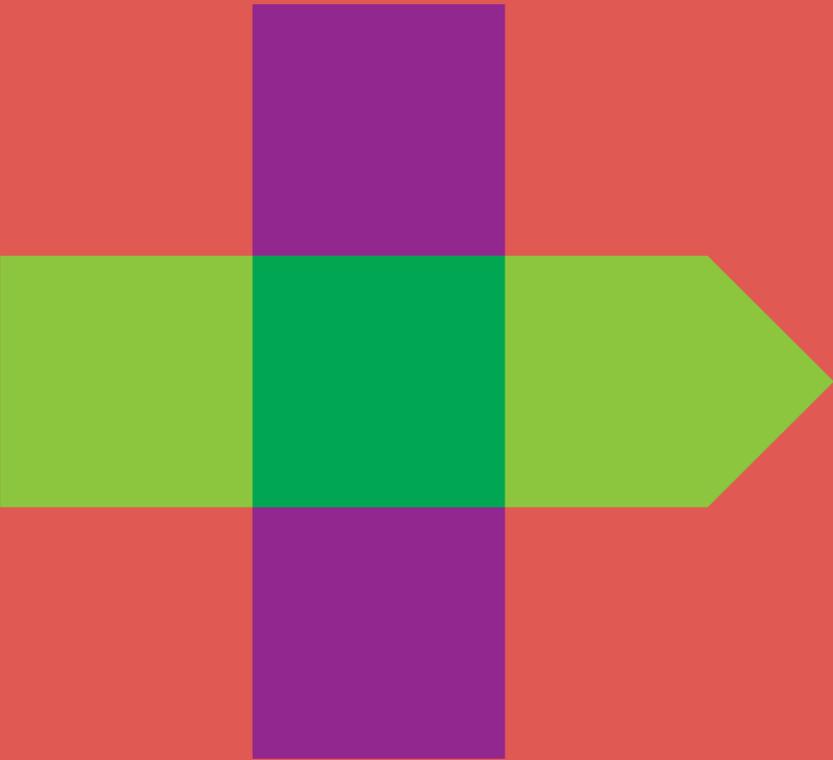
Radon is a naturally occurring, odorless, colorless gas that comes from underground; it impacts air quality in homes and buildings and contributes to lung cancer diagnoses.

While there is variability between the communities across the South Jersey region, Burlington, Camden, and Gloucester Counties generally have moderate radon potential, with some pockets of high potential in each county.

Detection and remediation in homes, schools, and workplaces is strengthened by strong public policy and collaboration.

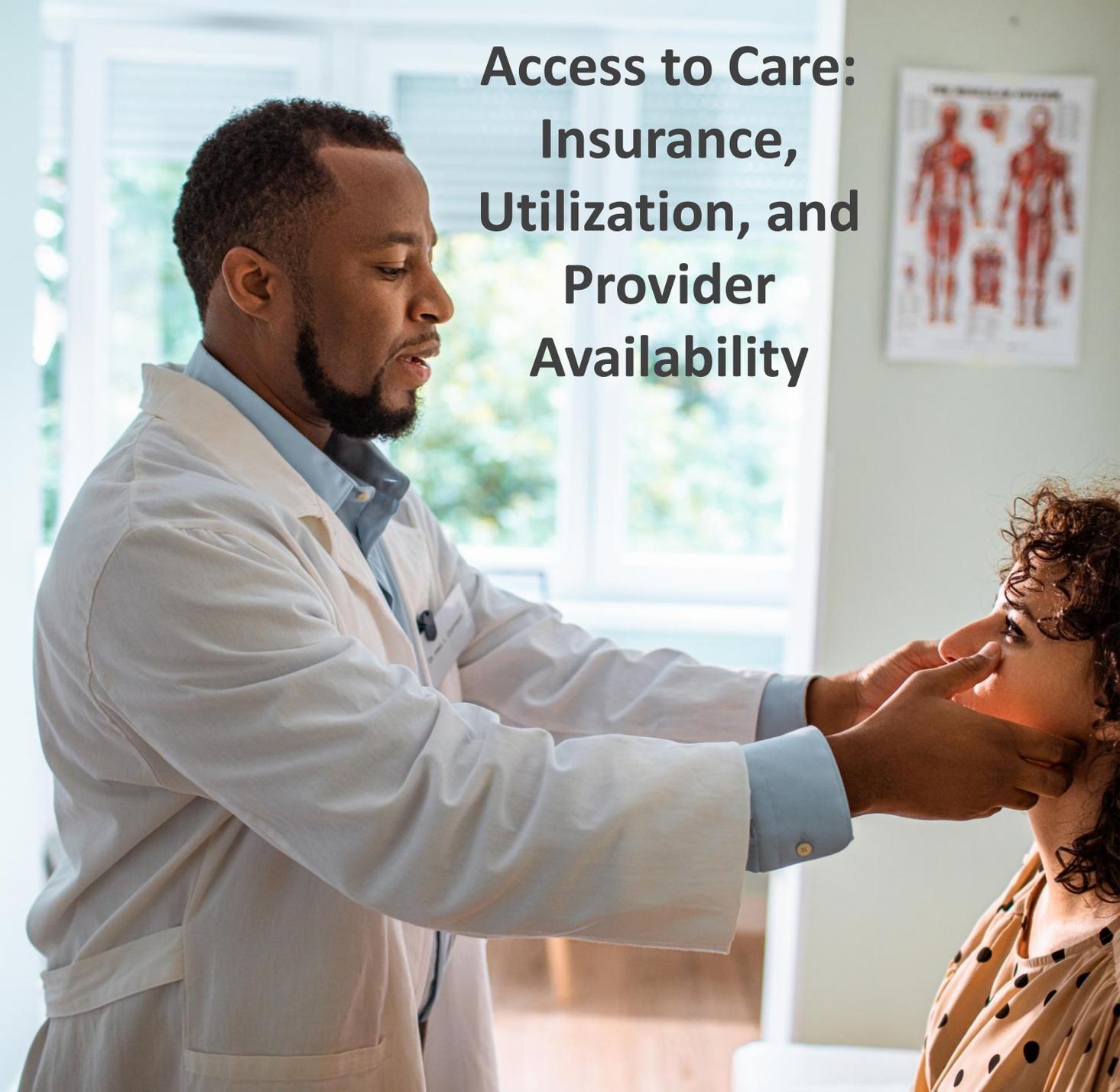


Municipalities with High Radon Potential (Tier 1)	
County	Town
Burlington	Chesterfield Township
	Mansfield Township
Camden	Lawnside Borough
	Magnolia Borough
	Runnemede Borough
	Somerdale Borough
	Deptford Township
Gloucester	East Greenwich Township
	Greenwich Township
	Harrison Township
	South Harrison Township
	Swedesboro Borough
	Washington Township
	Wenonah Borough
	Woolwich Township



## **Access to Care**

*Insurance and Provider Availability*

A photograph of a male doctor with a beard, wearing a white lab coat over a light blue shirt, examining a female patient's face. The doctor is on the left, looking towards the patient on the right. The patient has dark curly hair and is wearing a patterned top. The background shows a bright window with greenery outside and a framed anatomical chart on the wall.

## Access to Care: Insurance, Utilization, and Provider Availability

Access to care is impacted by three major factors: health insurance, utilization of care services, and availability of providers. Having health insurance creates an opportunity to better access preventive care and treatment. While various safety net options can assist people with low incomes in accessing health insurance, most Americans obtain health insurance through their employers.

Utilization of primary care services, including dental care, is an important component of education and engagement in health-promoting activities. Regular engagement with primary care helps to identify and address health challenges at earlier and more treatable stages.

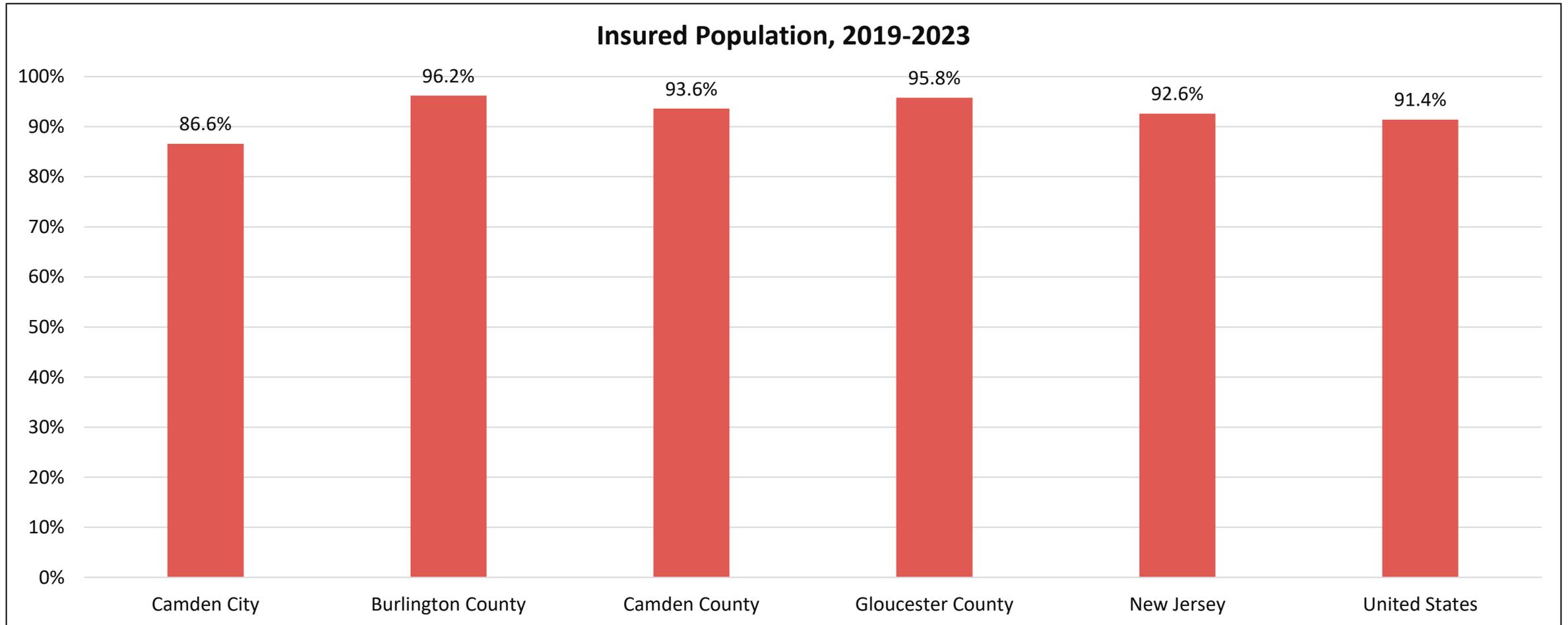
The ratio of primary care and dental providers to the population is an indicator of the availability of health care resources in any community. While many other factors impact accessibility, such as cost, insurance, language, and other barriers, the presence of an adequate number of qualified providers is a first step.



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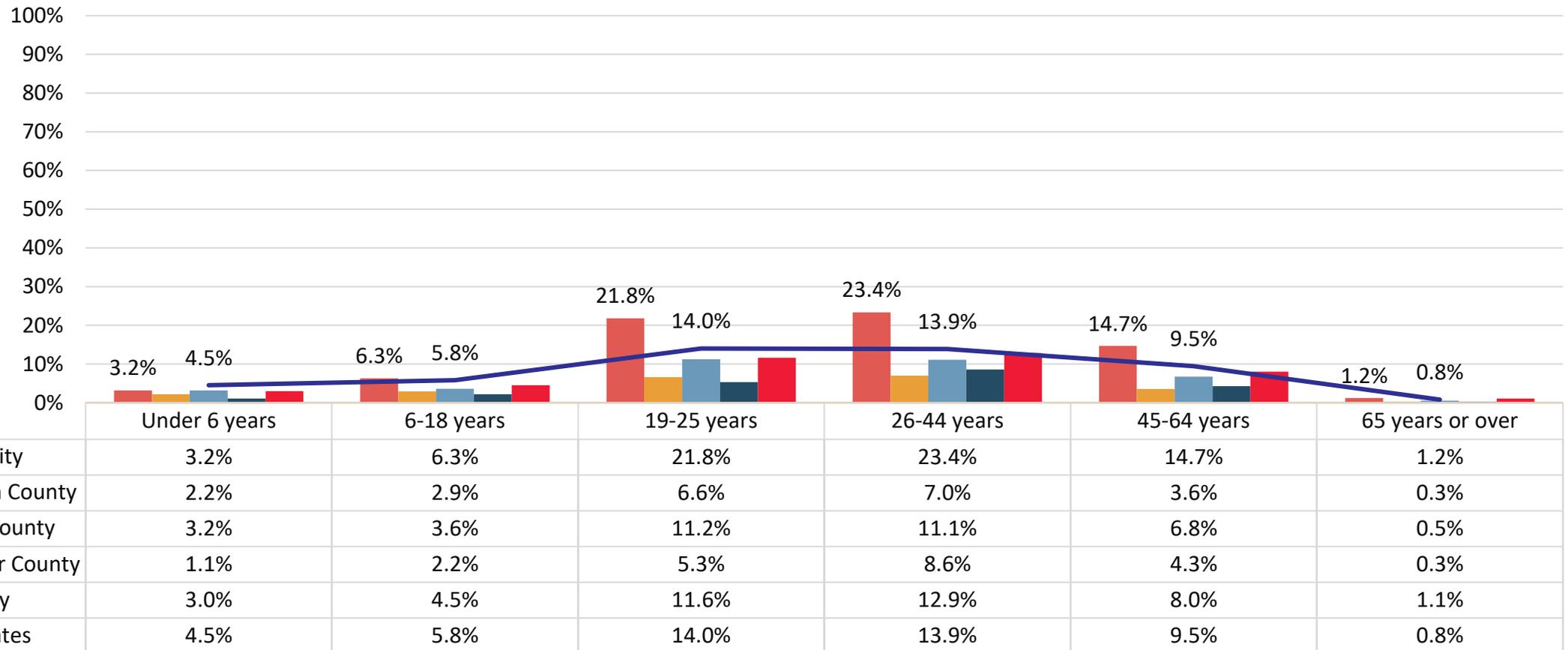
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Having health insurance makes it easier and more affordable for people to access the health care they need. Most people across South Jersey have health insurance. However, roughly 1 in 7 Camden City residents does not have health insurance, presenting a barrier to accessing healthcare.

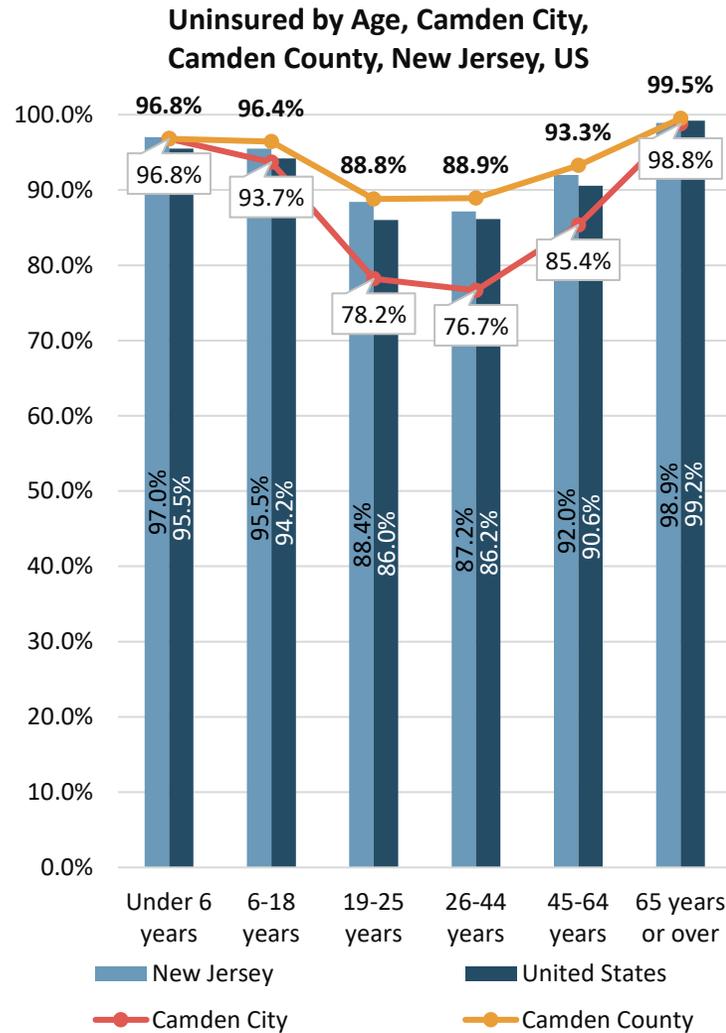


Most people across South Jersey have health insurance compared to the rest of the US. Working-age adults (ages 19-64) are the least likely to have health insurance, especially in Camden City. This is an important age group for the prevention and early identification of chronic disease. This suggests that working-age adults in South Jersey may not have jobs that offer affordable health insurance.

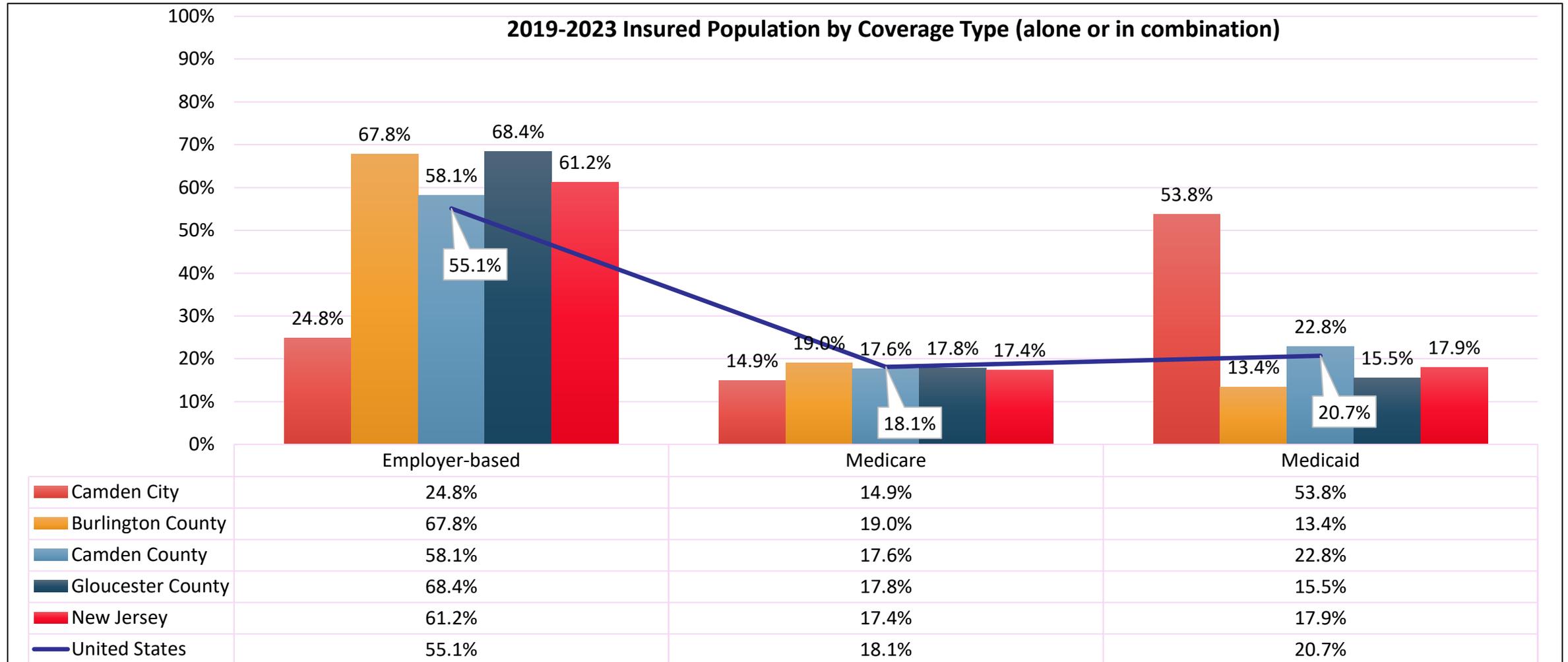
**Uninsured Population by Age, 2019-2023**



The percentage of uninsured is highest among working age adults (19-64). In the City of Camden, more than 1 in 5 working-age adults (ages 19–44) are uninsured, which creates a barrier to accessing health care during a critical period for preventing future chronic conditions.



Most insured people in South Jersey obtain their health insurance through their employers. However, in the City of Camden, 53.8% of insured residents are covered by Medicaid, which is much higher than in other areas.

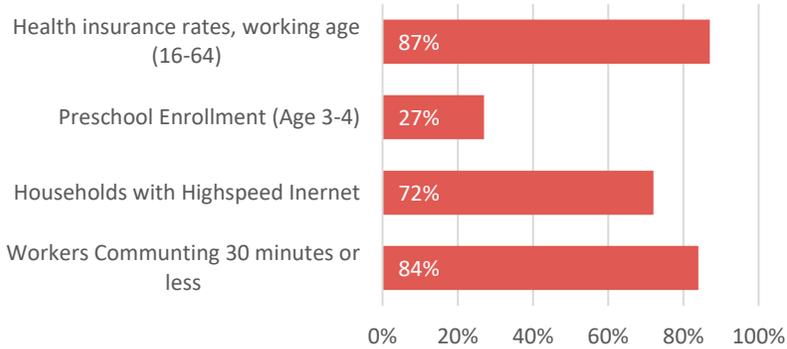


## Burlington County

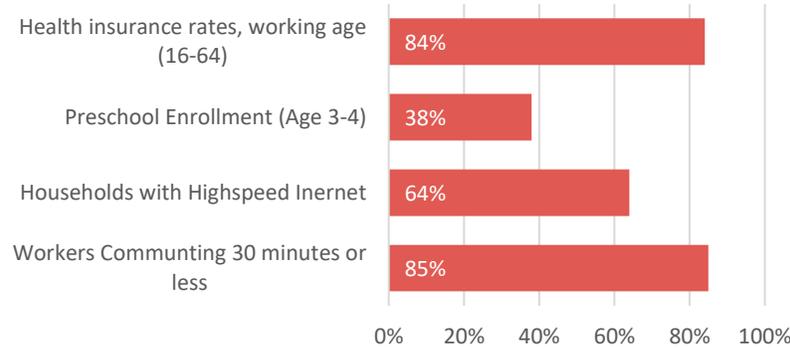
## Camden County

## Gloucester County

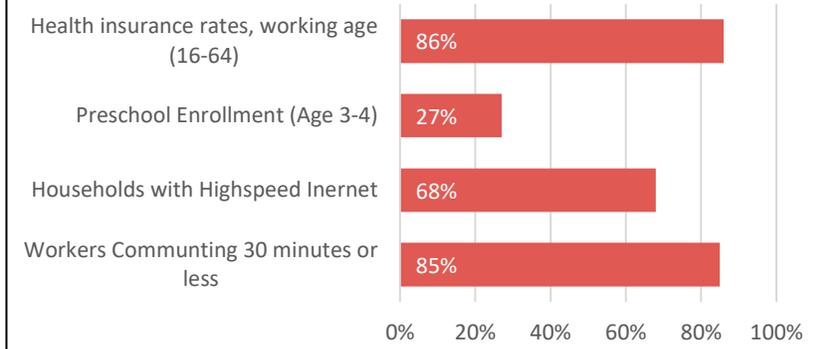
**Key Variable: Community Score Variables, Below the ALICE Threshold**



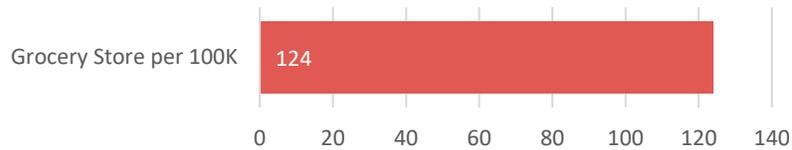
**Key Variable: Community Score Variables, Below the ALICE Threshold**



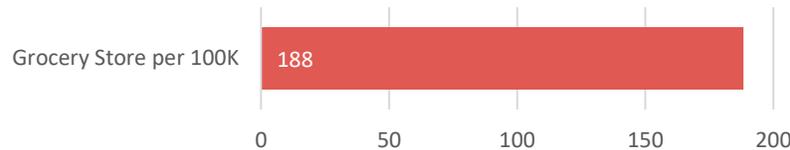
**Key Variable: Community Score Variables, Below the ALICE Threshold**



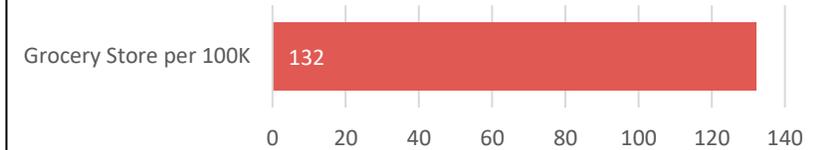
## Grocery Store per 100K



## Grocery Store per 100K



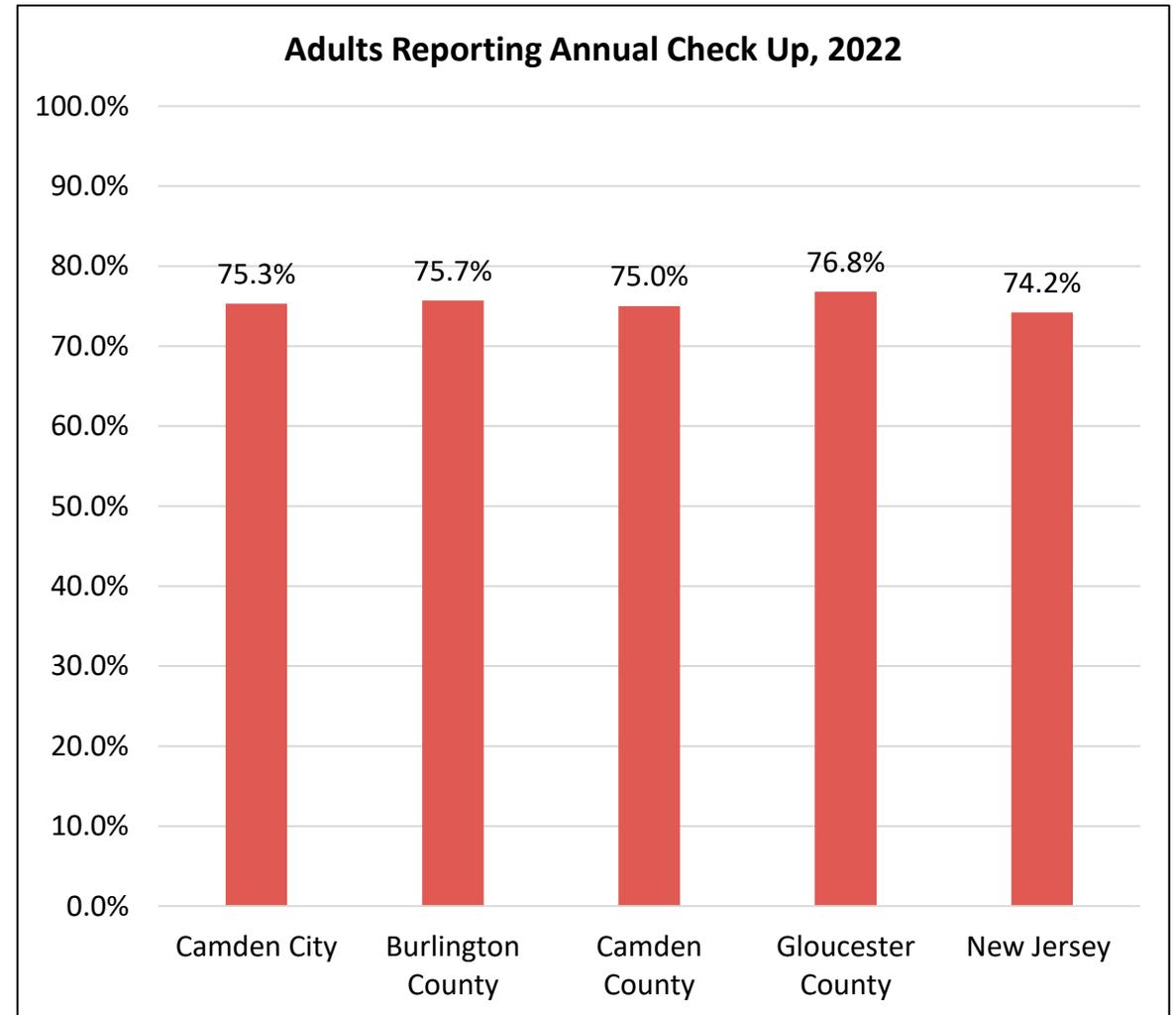
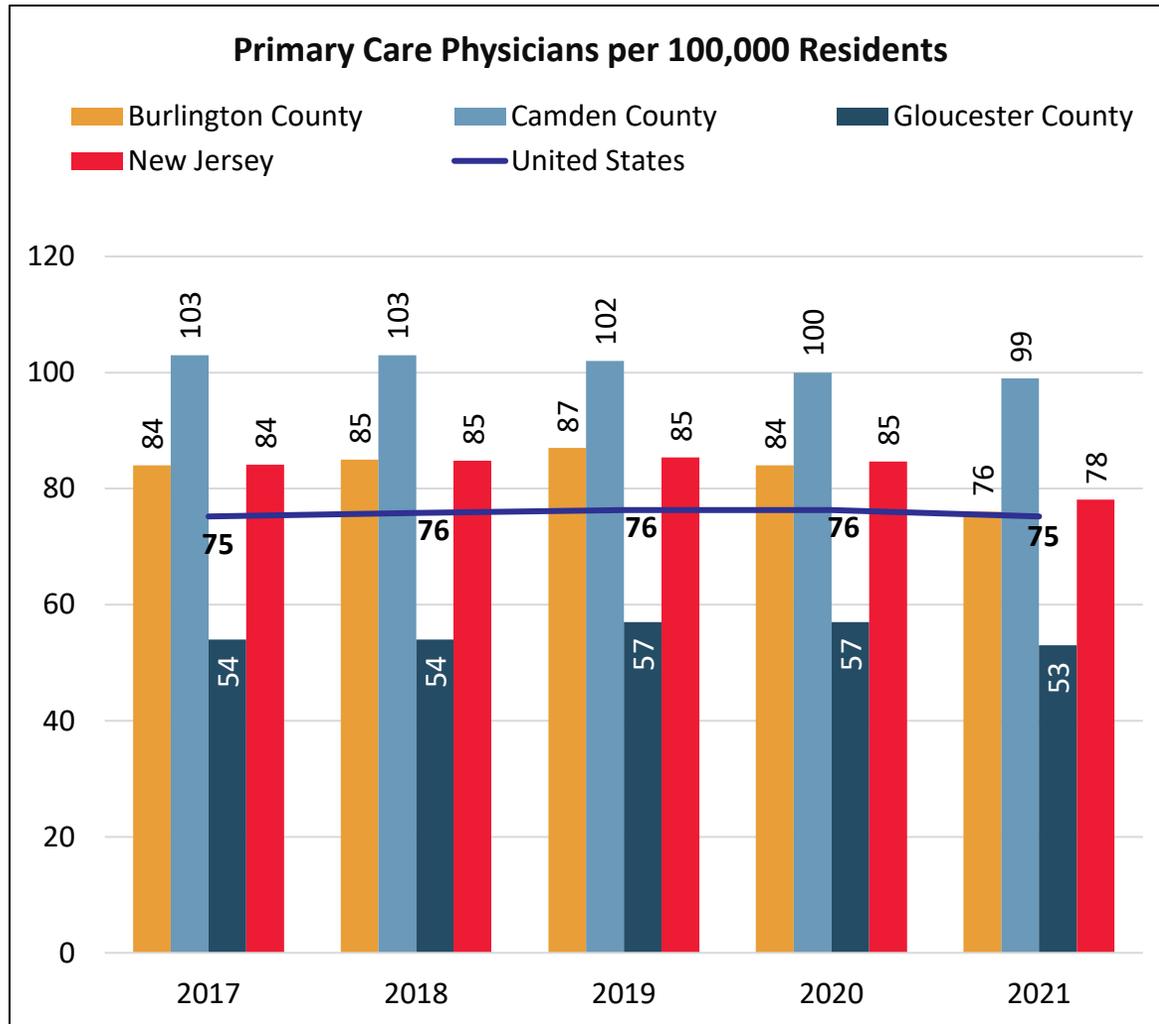
## Grocery Store per 100K



ALICE is an acronym for Asset Limited, Income Constrained, Employed, and represents the growing number of families who are unable to afford the basics of housing, child care, food, transportation, health care, and technology. These workers often struggle to keep their own households from financial ruin, while keeping our local communities running.

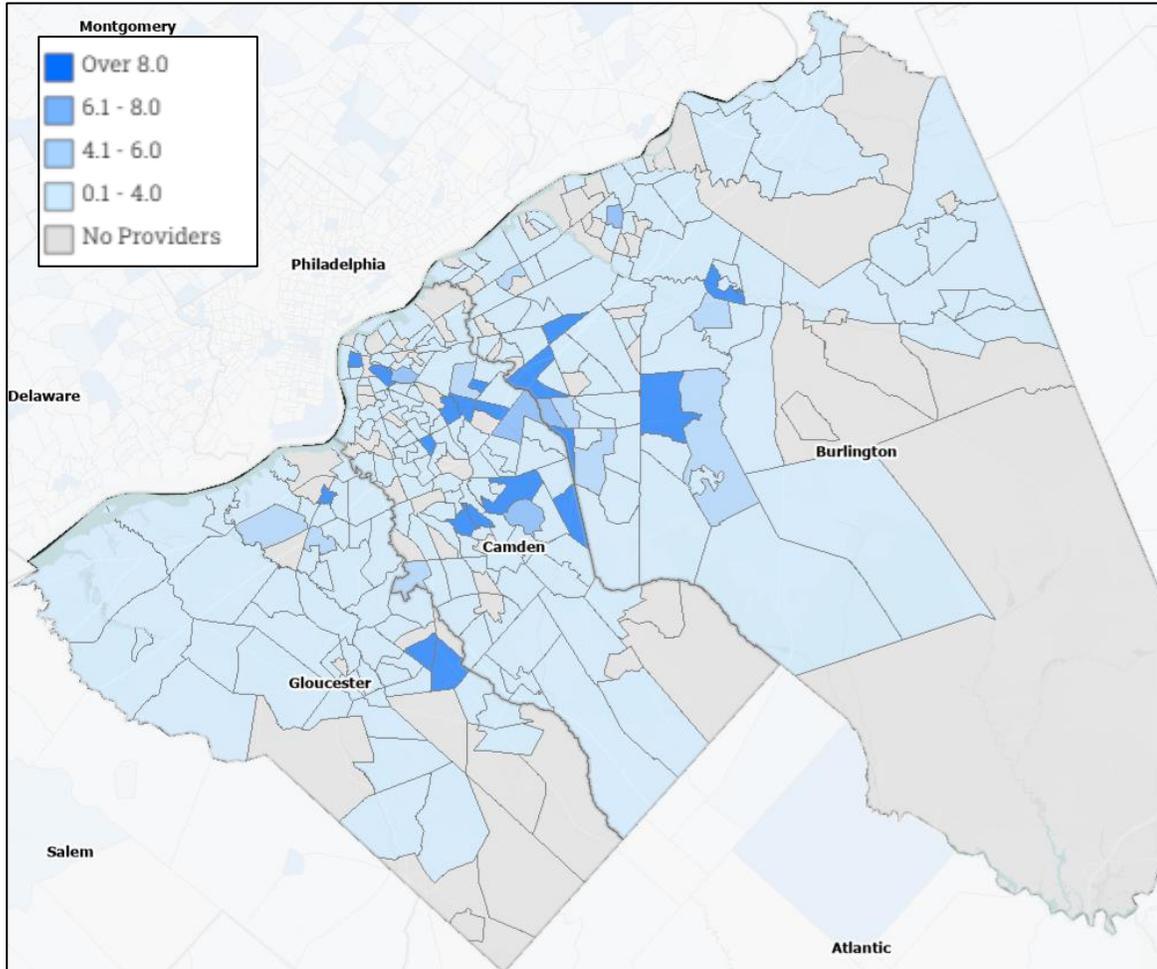
Most workers in ALICE households across South Jersey have shorter commute times to work and are more likely to have health insurance than their ALICE peers elsewhere in New Jersey, although there is some variability between the counties.

Burlington and Camden Counties have more Primary Care Physicians per 100,000 residents than New Jersey and the US. However, Gloucester County has notably fewer providers per capita. Despite the variability in provider availability, three out of four adults in each county reports having an annual checkup.

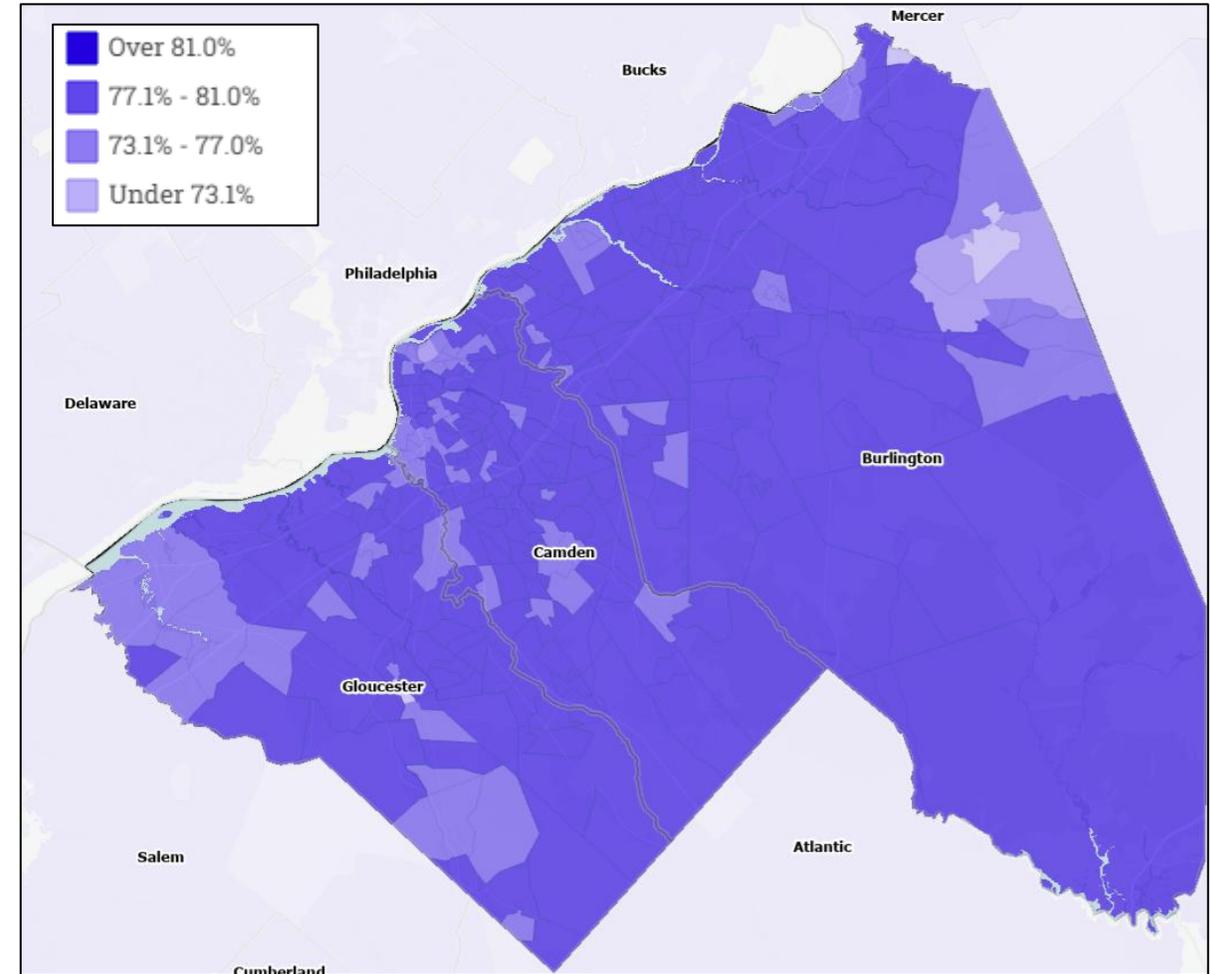


Most adults report having an annual primary care visit, despite variability in the availability of providers.

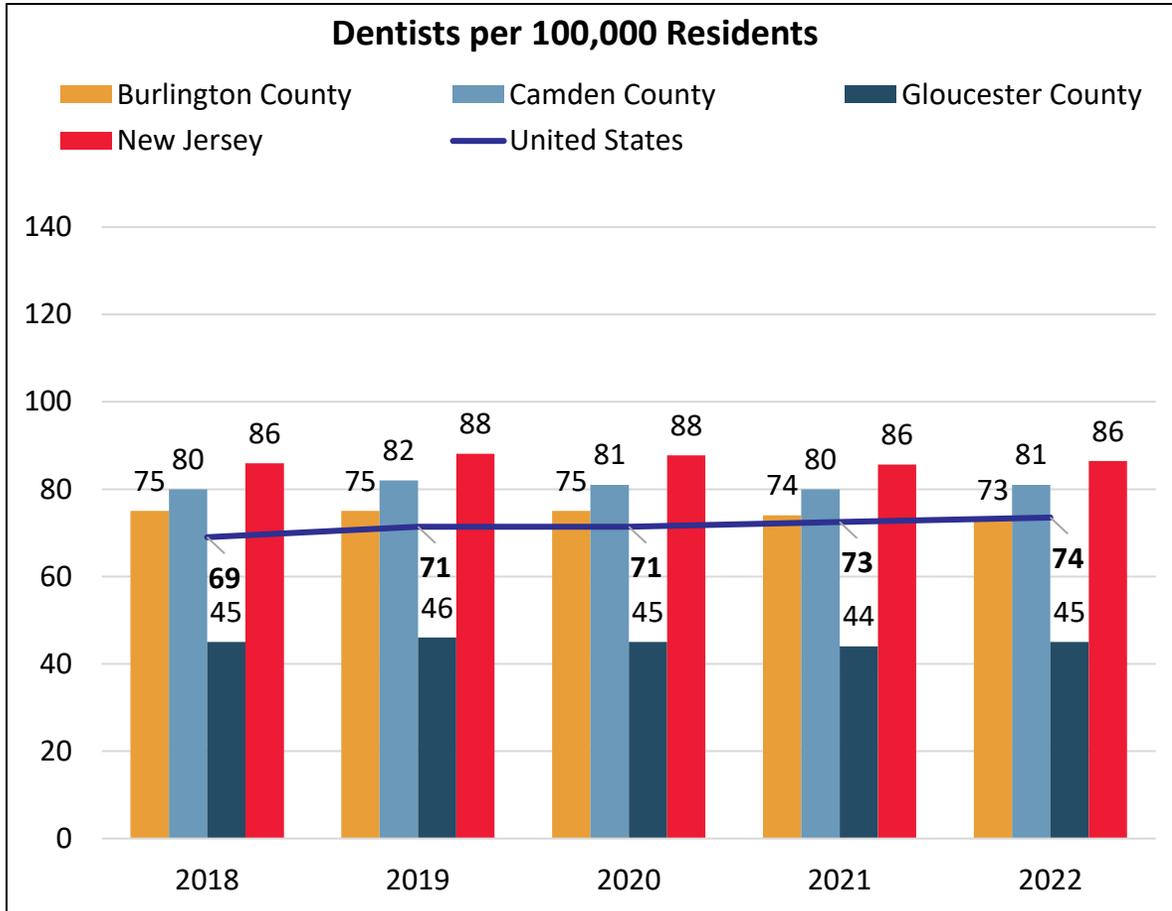
**All Primary Care Providers, Rate per 10,000 People by Census Tract, 2022**



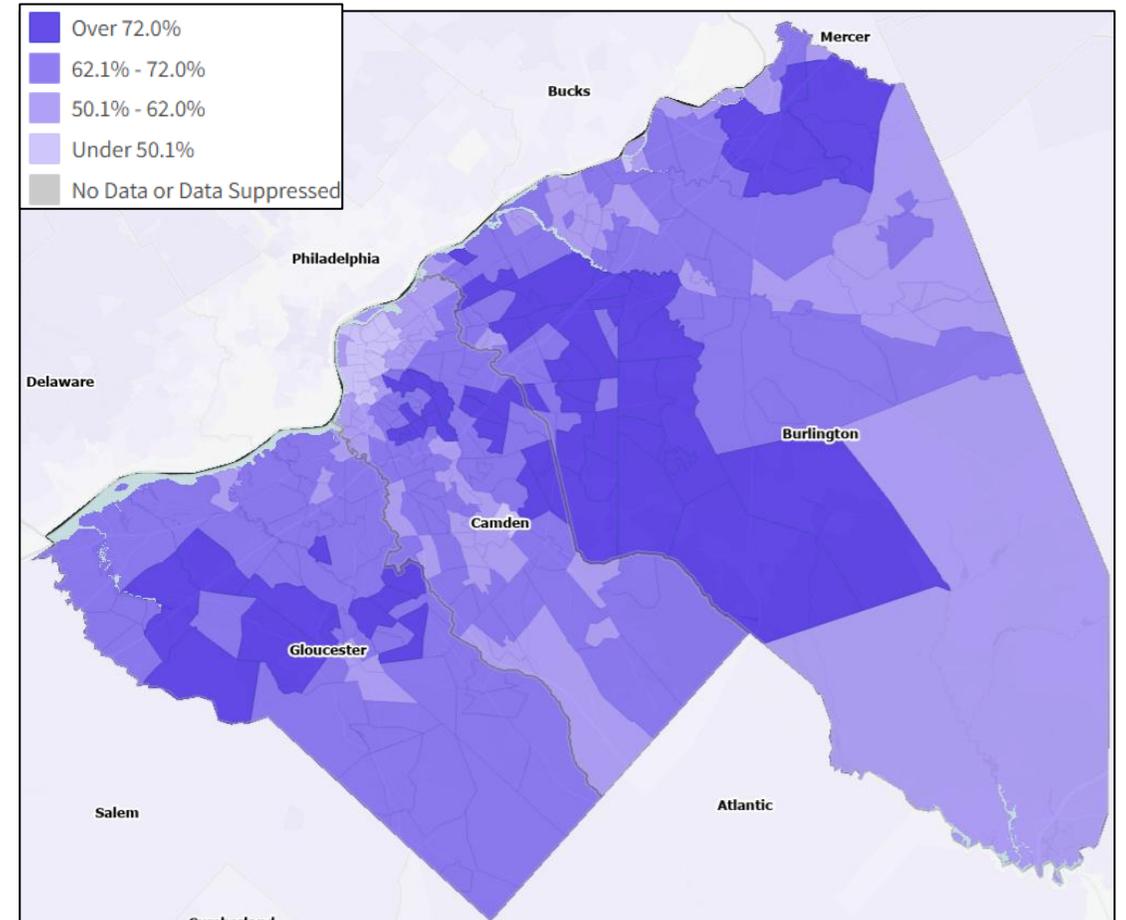
**Adults with a Primary Care Visit Within the Past Year by Census Tract, 2022**

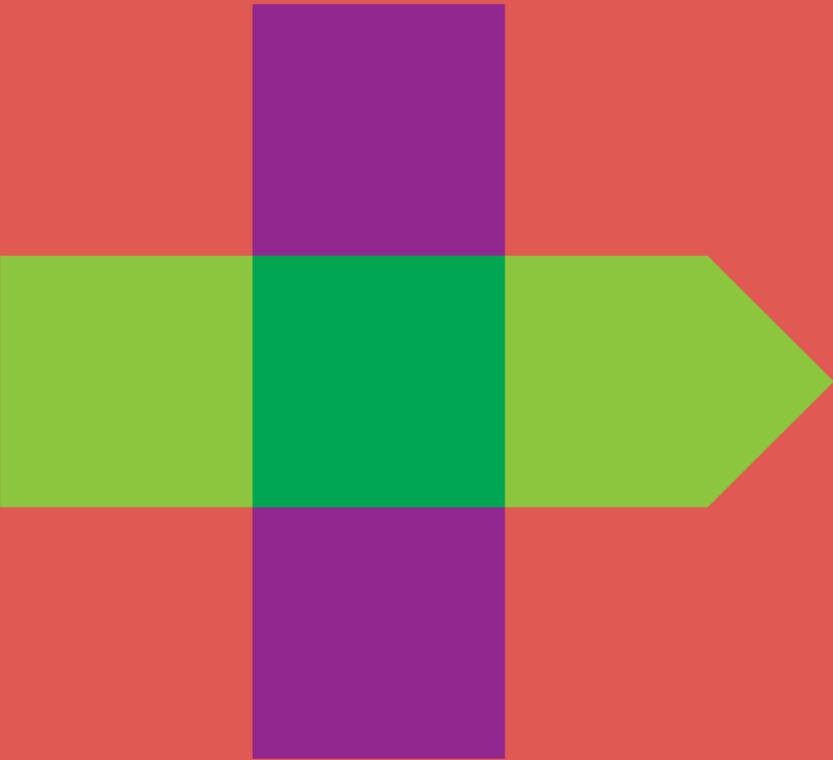


There are more dentists per person in Burlington and Camden Counties than in other parts of New Jersey or the US. However, there are far fewer dentists per capita in Gloucester County than in other areas. Despite the lower number of dentists per capita in Gloucester County, most adults have visited a dentist in the past year.



### Adults with a Dental Care Visit Within the Past Year by Census Tract 2022





# Life Expectancy, Chronic Disease, and Quality of Life

# Life Expectancy, Chronic Disease, and Quality of Life



Life expectancy is an overall measure of health and social opportunity within a community. Structural factors, including housing quality and affordability, environmental conditions, employment, education, transportation, food security, and experiences of racism and other forms of discrimination, all play a role in affecting the quality and length of lives. Fostering equal access to prevention, screening, and treatment, as well as equitable access to choices for healthy living, should be a top priority to ensure equitable health outcomes for all.

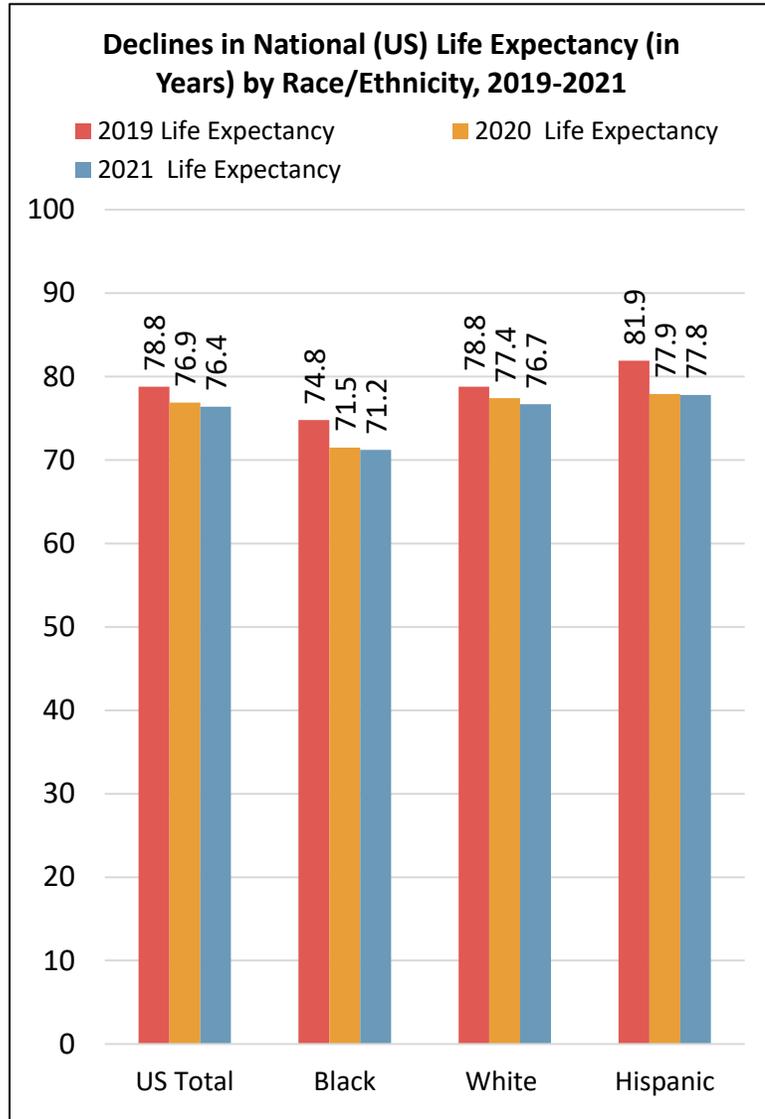
The leading causes of death among all populations across New Jersey and the US continue to be chronic diseases, with heart disease as the top cause. Cancer, diabetes, and chronic lower respiratory diseases also contribute to deaths in New Jersey and nationwide. Death from chronic disease is caused by a combination of factors at the environmental, social, clinical, and individual levels. For example, COVID-19 reduced the overall life expectancy of all Americans in 2020, but the impact was not felt equally. COVID-19 worsened existing disparities within our social, economic, and health systems, and exposed long-standing inequities in power and opportunities within our society. These disparities result in clear differences in the life expectancy of people in our communities by racial identity, differences which persist today.



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# The Big Picture: Life Expectancy

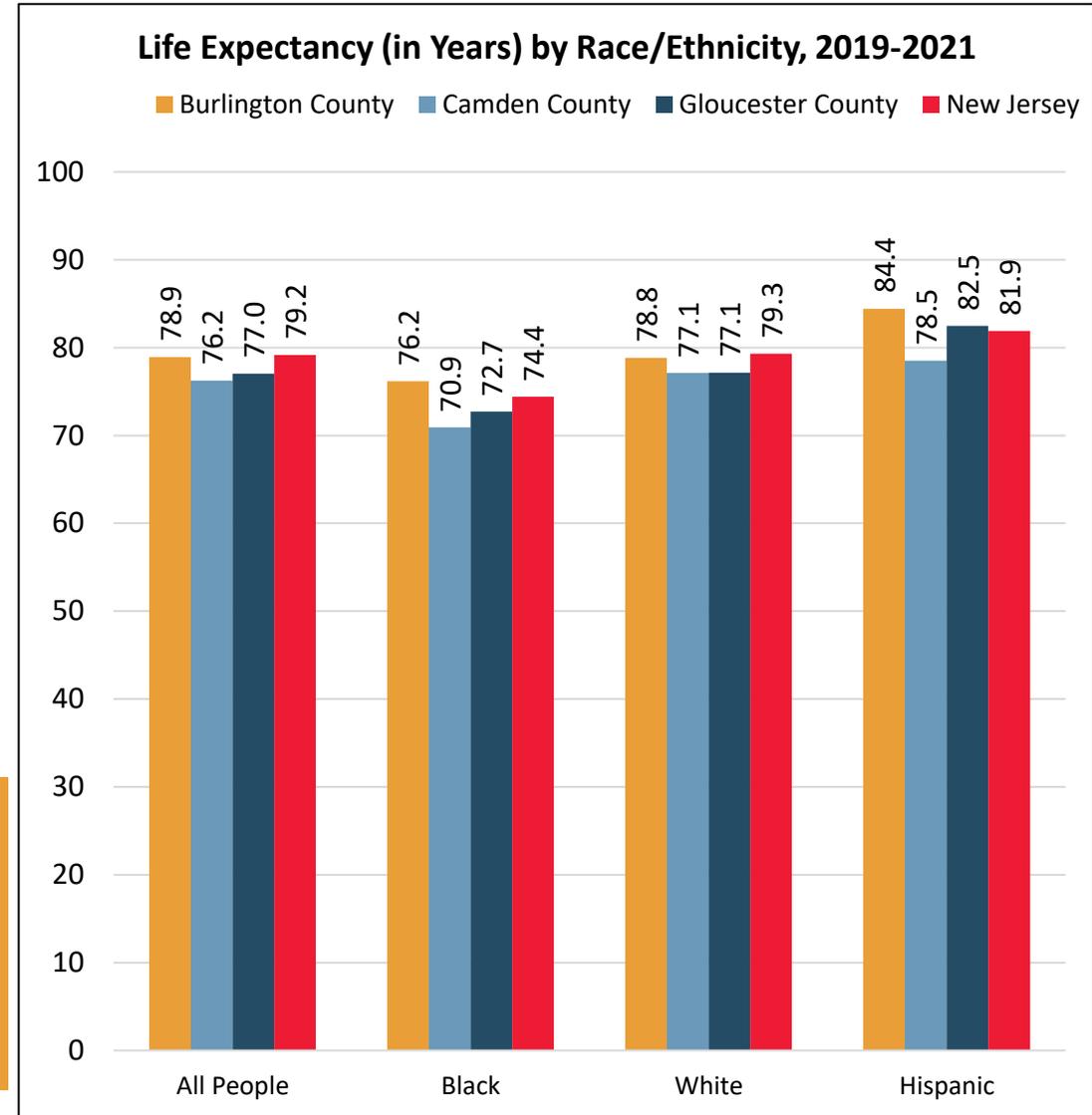


Life expectancy is an overall measure of health and social opportunity within a community. During the COVID years, there was a decrease in life expectancy nationwide. However, even before COVID, not everyone was able to live a long life. This is true in New Jersey as well.

**Black residents live shorter lives** than their white and Hispanic neighbors in all three counties, with the largest disparity (10 years) between Black and Hispanic residents in Gloucester County.

**Did you know?**  
Fifty percent of our overall health is determined by socioeconomic and environmental factors—social determinants of health related to where we live—which impact the quality and length of all our lives.

Source: National Vital Statistics System



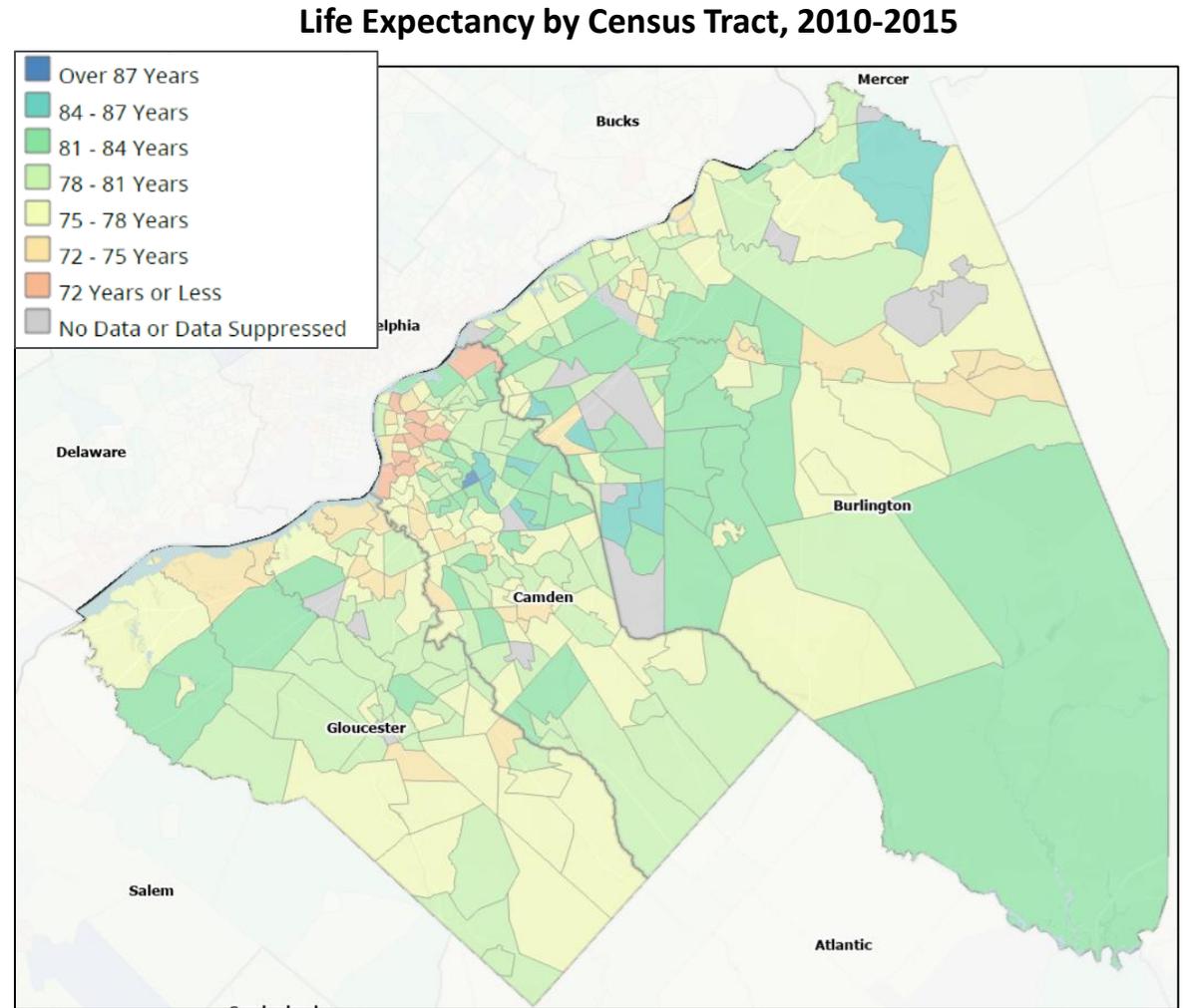
Source: National Vital Statistics System

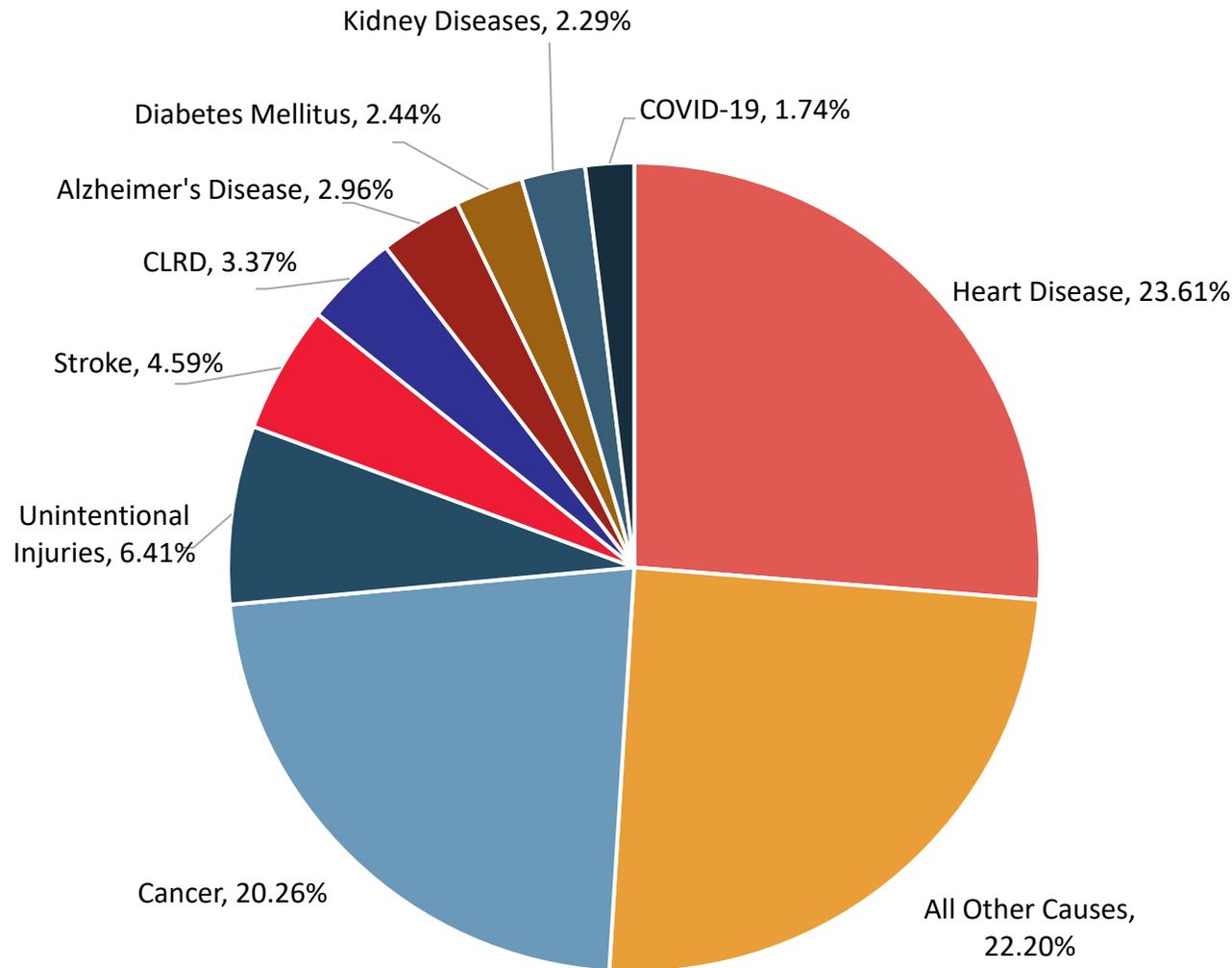
Experiences of health and social well-being vary widely across South Jersey, reflecting disparities in economic stability, community access, and other factors.

There is more than a 15-year difference in life expectancy based on geography across South Jersey. Residents of the westernmost communities of Camden County, which border Philadelphia, have the lowest life expectancy.

This map shows the average life expectancy across Burlington, Camden, and Gloucester Counties by census tract.

*Note: The average life expectancy by census tract is based on the most recent available data from 2010 to 2015.*





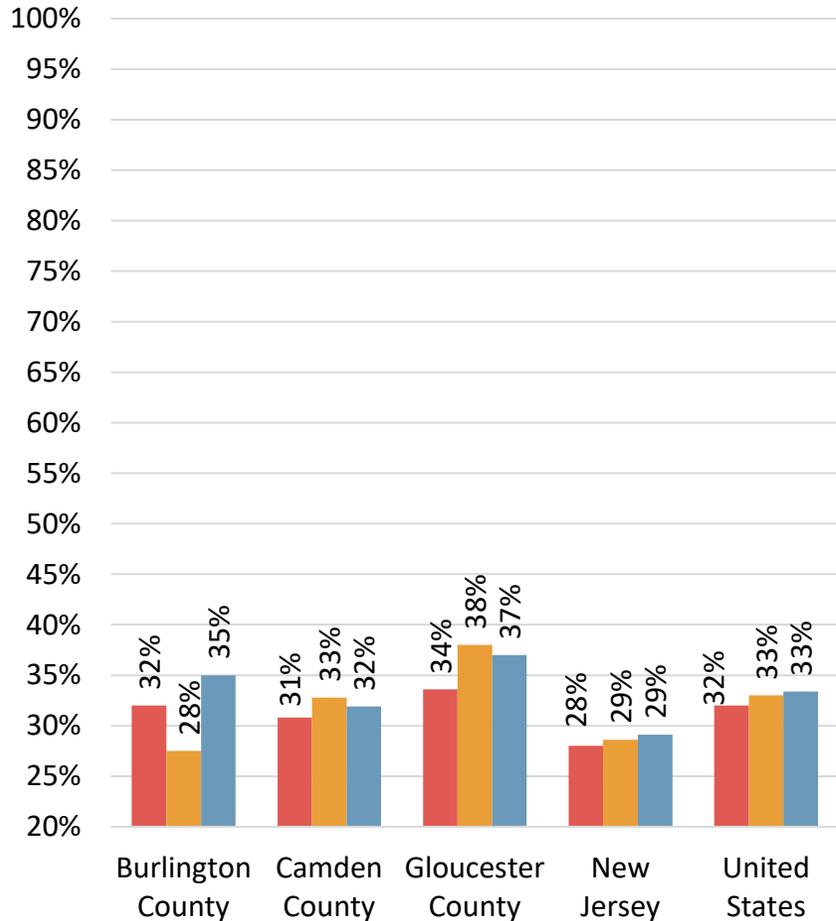
Heart disease and cancer are responsible for nearly half (44%) of all deaths in New Jersey, consistent with the US.

“All other causes (residual)” category refers to causes that were not ranked among the top 10 causes of death for a specified population...”<sup>1</sup>

Examples of conditions that fall under the 'All Other Causes' category include Septicemia, Influenza and Pneumonia, Parkinson’s Disease, and Chronic Liver Disease and Cirrhosis. While these causes are not part of the top 10 leading causes of death, they were common in New Jersey.

**Age-Adjusted Adult (Age 18+) Obesity\***

2020 2021 2022



Obesity and being overweight are risk factors for many chronic diseases, including diabetes.

The prevalence of obesity is slightly higher across South Jersey than in the rest of the state, but it is similar to the national prevalence.

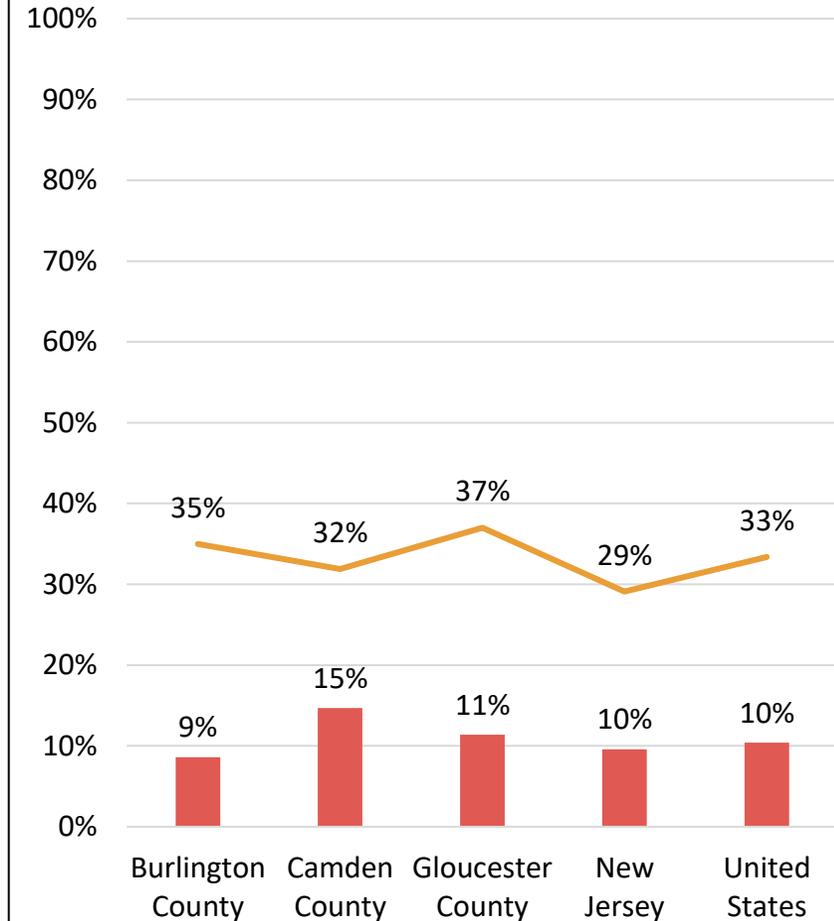
The prevalence of diabetes in Camden County is higher than in the surrounding areas, even though obesity is slightly lower.

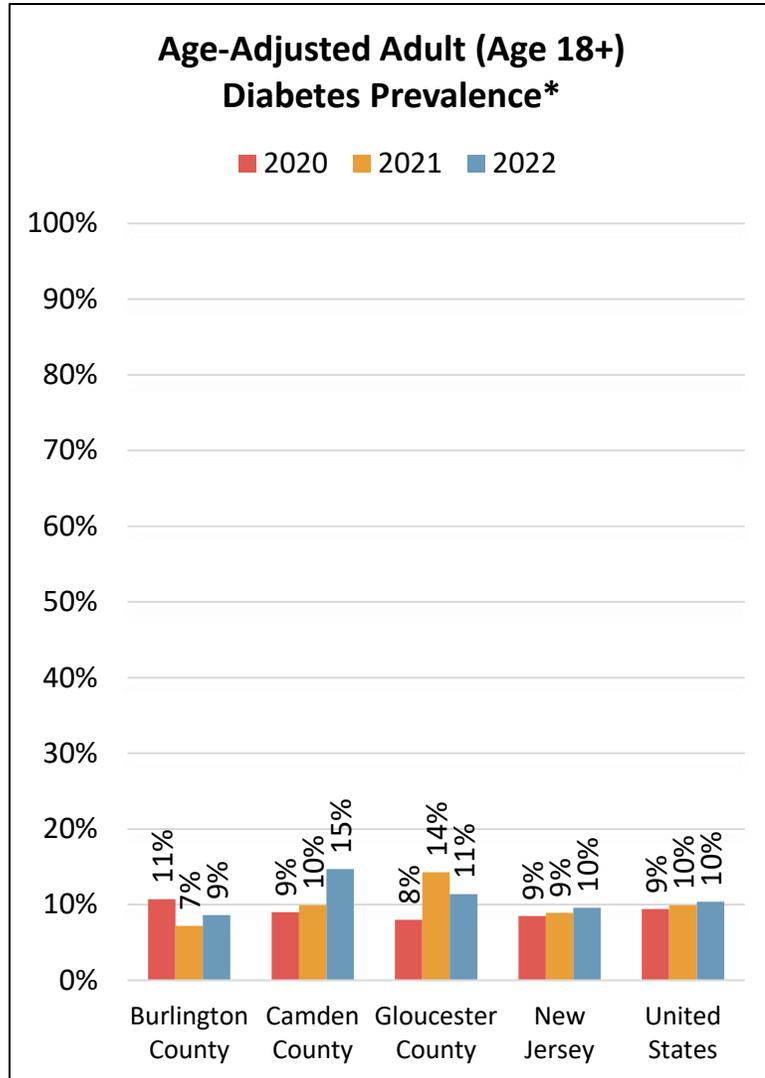
**Did you know?**

Obesity and being overweight are risk factors for chronic disease, such as heart disease, diabetes, and cancer, and can lead to a decreased quality of life. Many factors contribute towards the prevalence of obesity, including the presence of adverse childhood experiences (ACEs), access to affordable healthy foods, time, knowledge, and access to appropriate spaces for food preparation, and exercise opportunities, among other factors.

**Prevalence of Diabetes and Obesity 2022**

Diabetes Obesity



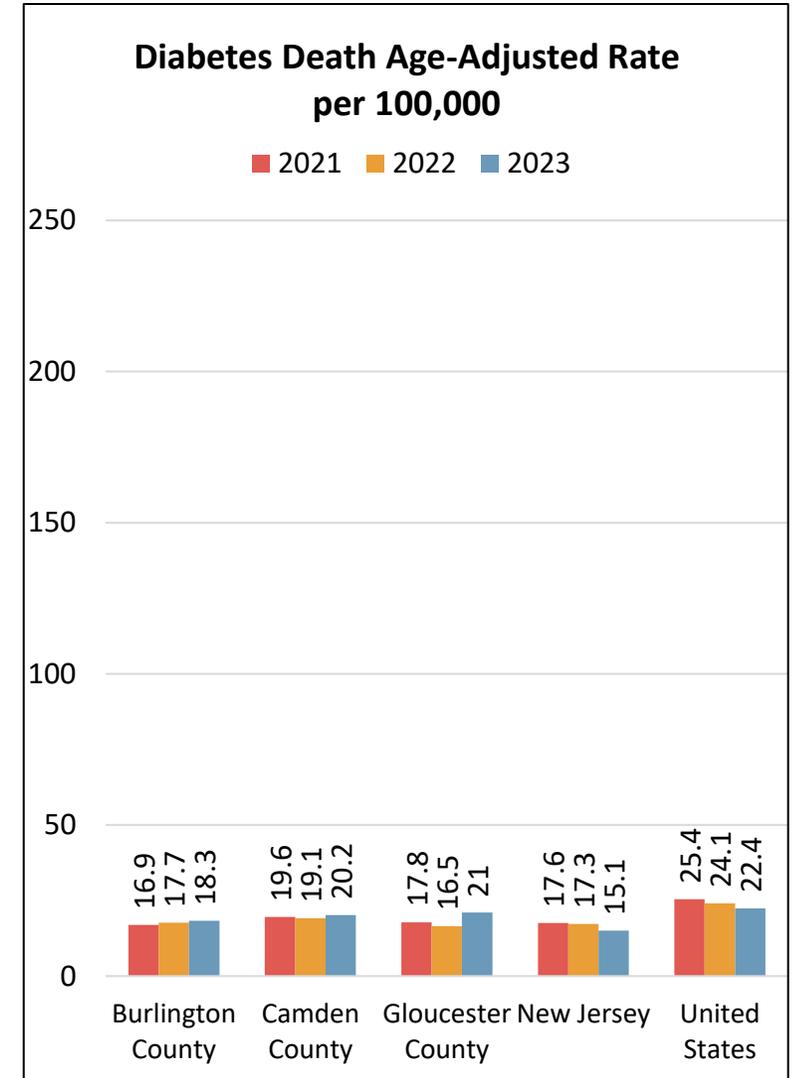


The prevalence of diabetes among adults across South Jersey is slightly higher than in New Jersey or the US.

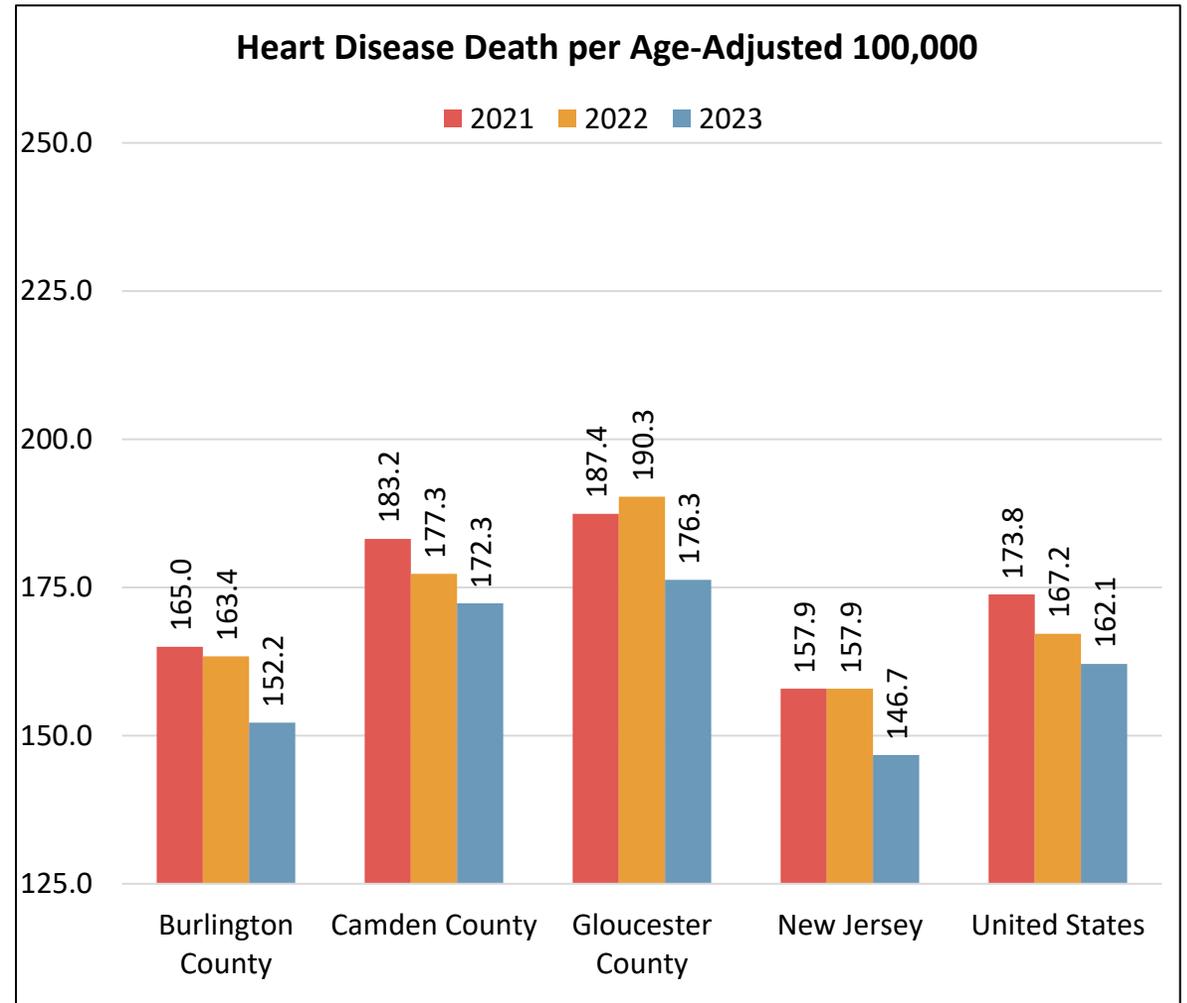
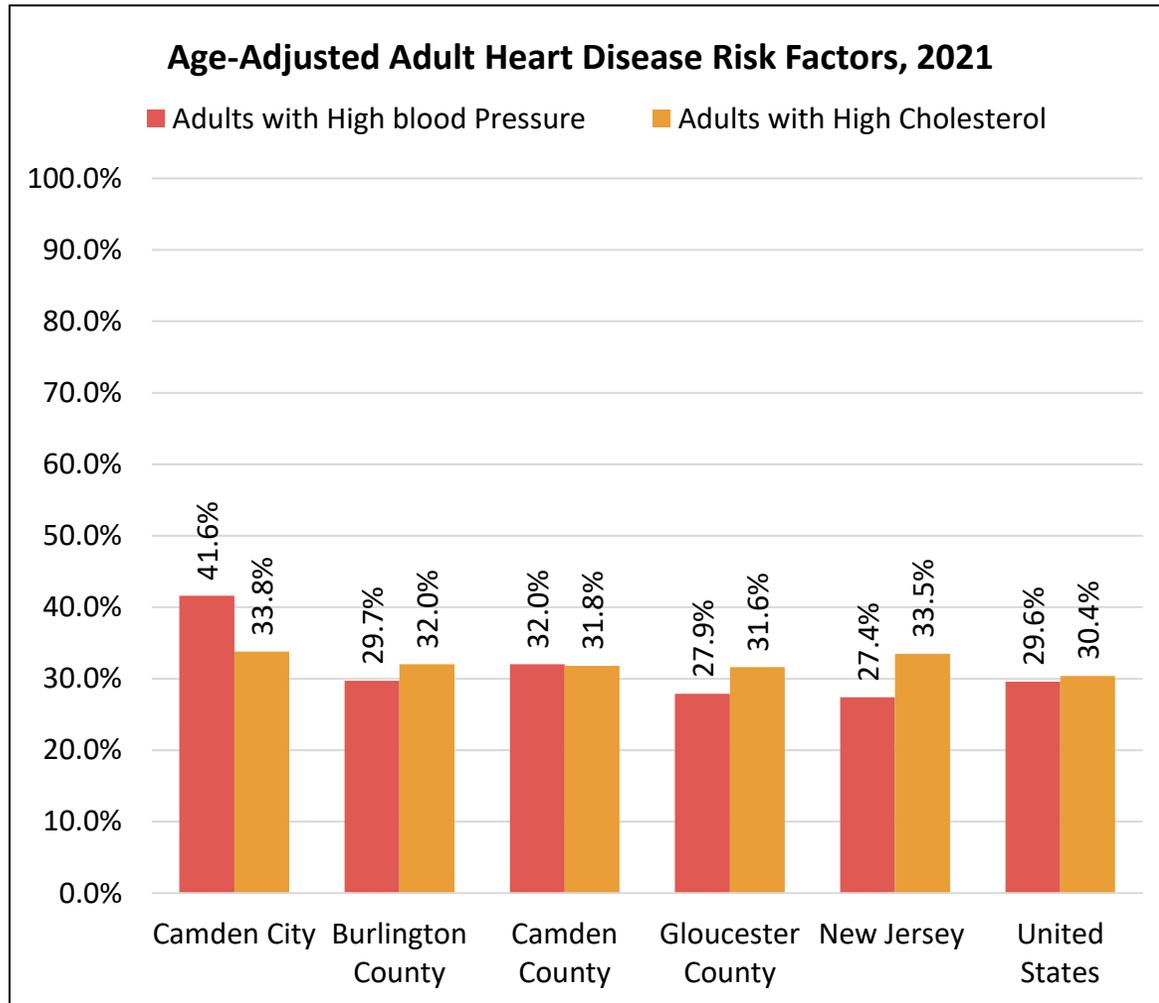
While deaths due to diabetes are higher in South Jersey than in New Jersey overall, the rate of death from diabetes is lower in South Jersey than in the US, even though the prevalence is similar.

This suggests that diabetes is being identified and that people in South Jersey are connected to effective care.

However, both the prevalence of diabetes and deaths due to diabetes are increasing in all three South Jersey counties.

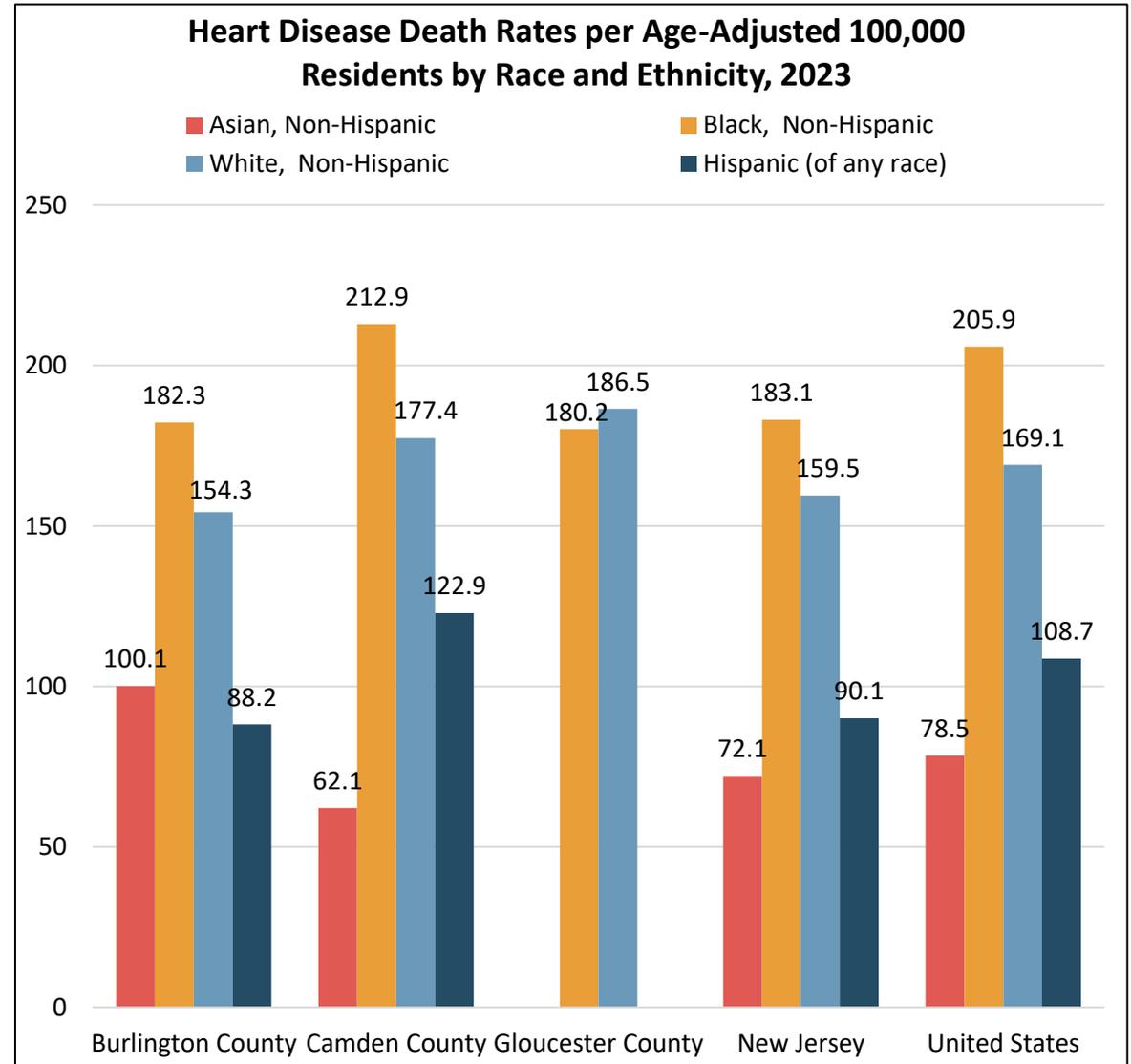
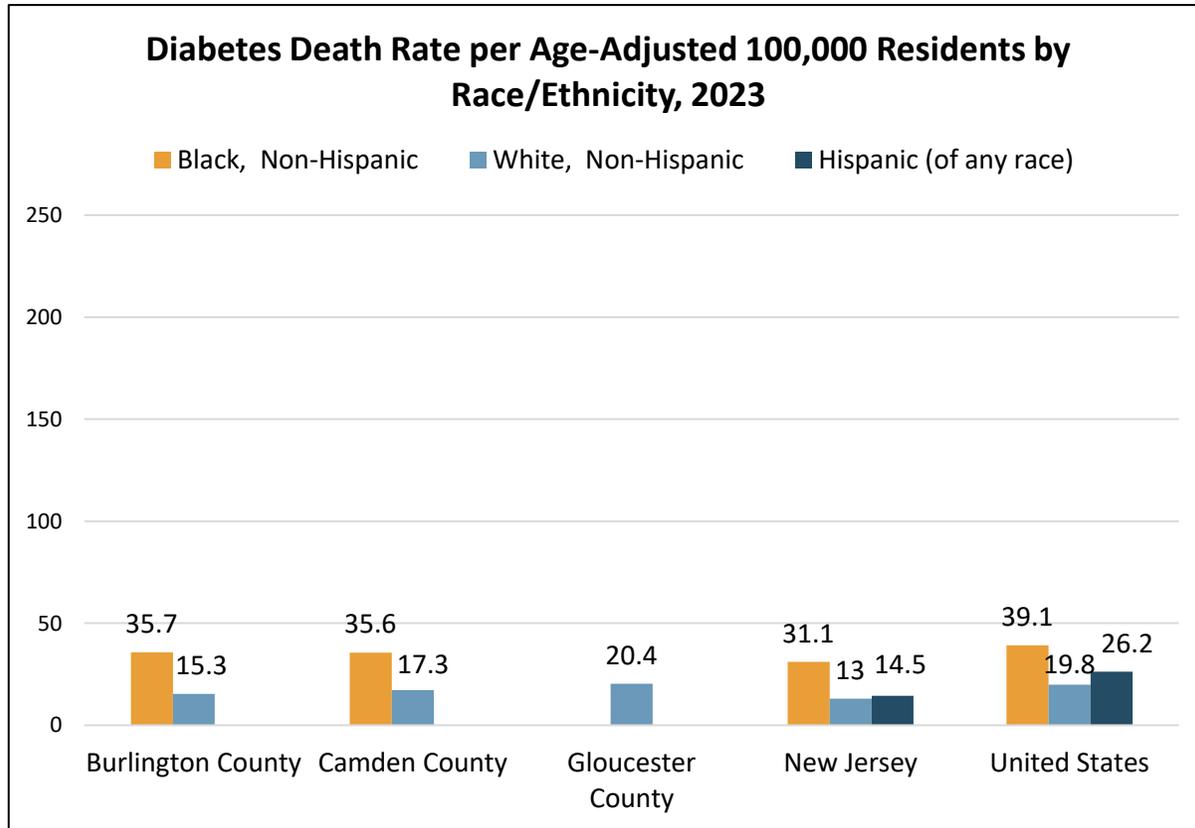


Heart disease remains the leading cause of death for all people everywhere. The prevalence of high blood pressure and high cholesterol is consistent with statewide and national levels, except in Camden City, where the prevalence of high blood pressure is higher. The rate of death due to heart disease is higher across South Jersey than in New Jersey, but it is improving. This suggests that healthcare providers are identifying and treating risk factors effectively.



# Diabetes and Heart Disease Disparities\*

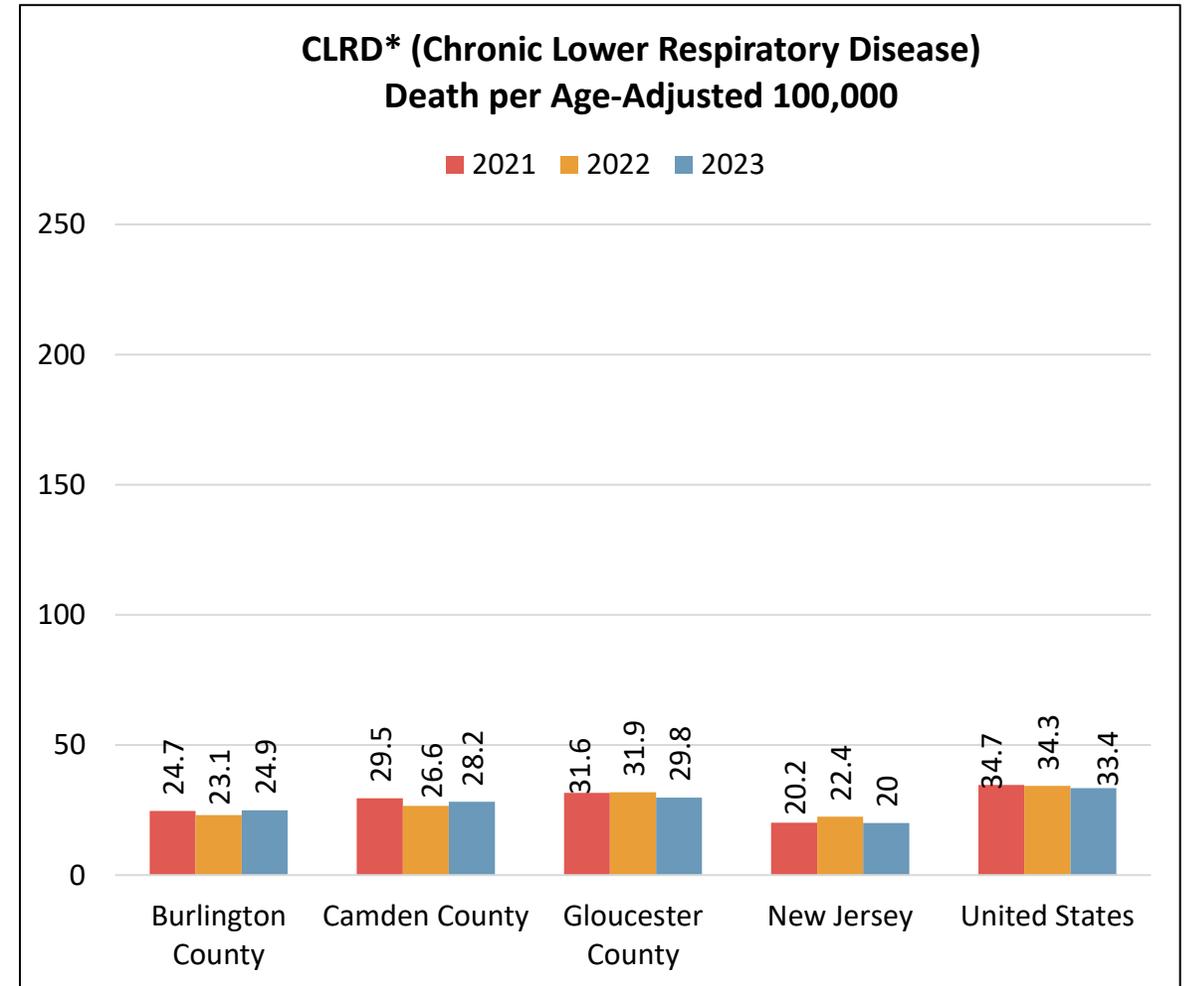
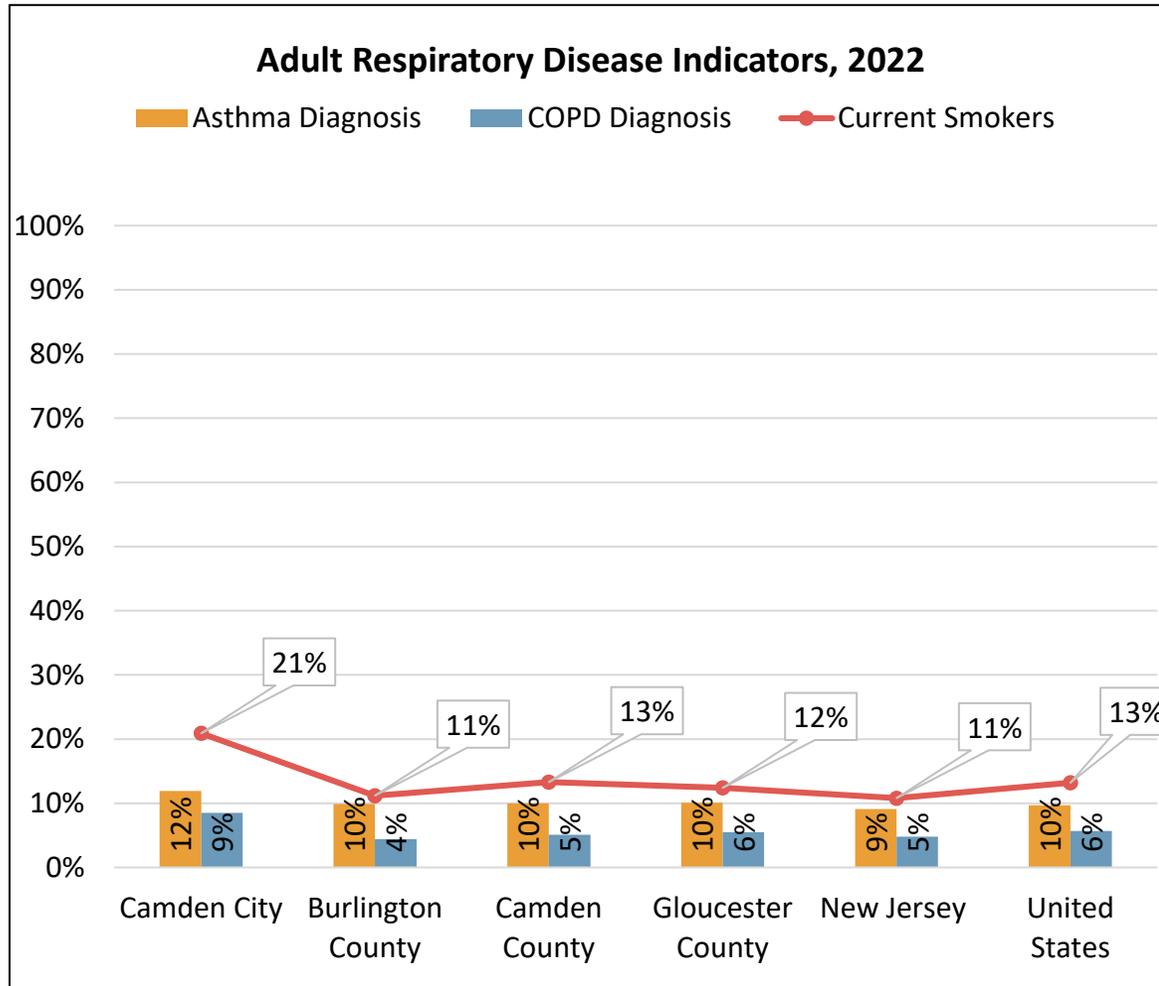
Heart disease remains the leading cause of death. However, deaths from heart disease do not affect all people equally. Rates of death due to heart disease are generally highest in Camden County, particularly among people identifying as Black, non-Hispanic. Barriers that limit access to resources and socioeconomic opportunities contribute to this disparity.



Source: Centers for Disease Control and Prevention and New Jersey State Health Assessment Data.

\*Note: Race and ethnicity data are included as available.

Respiratory diseases are among the leading causes of death for Americans and contribute to diminished quality of life. Smoking is a risk factor for Chronic Lower Respiratory Disease and other chronic diseases. More than 1 in 5 adults in Camden City report smoking, putting a greater portion of the Camden City population at higher risk for respiratory disease and other chronic diseases.

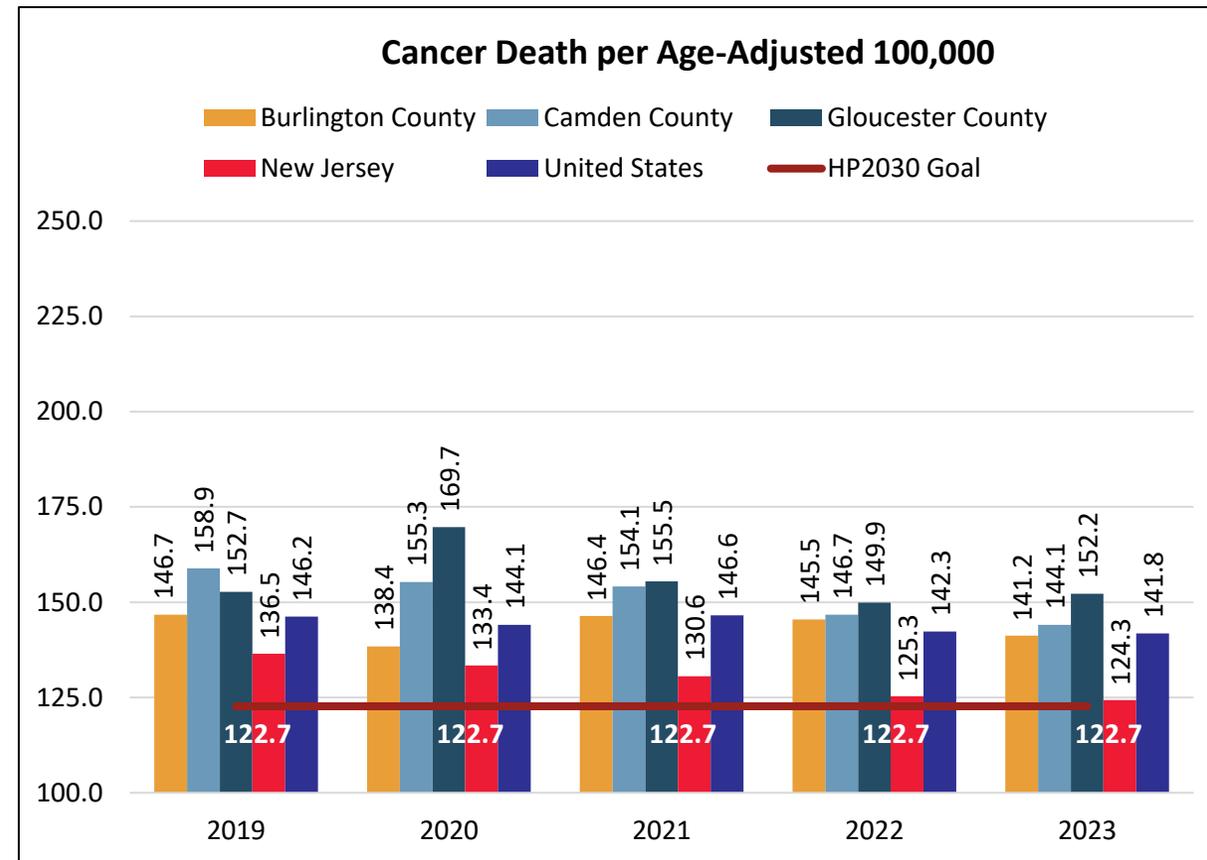
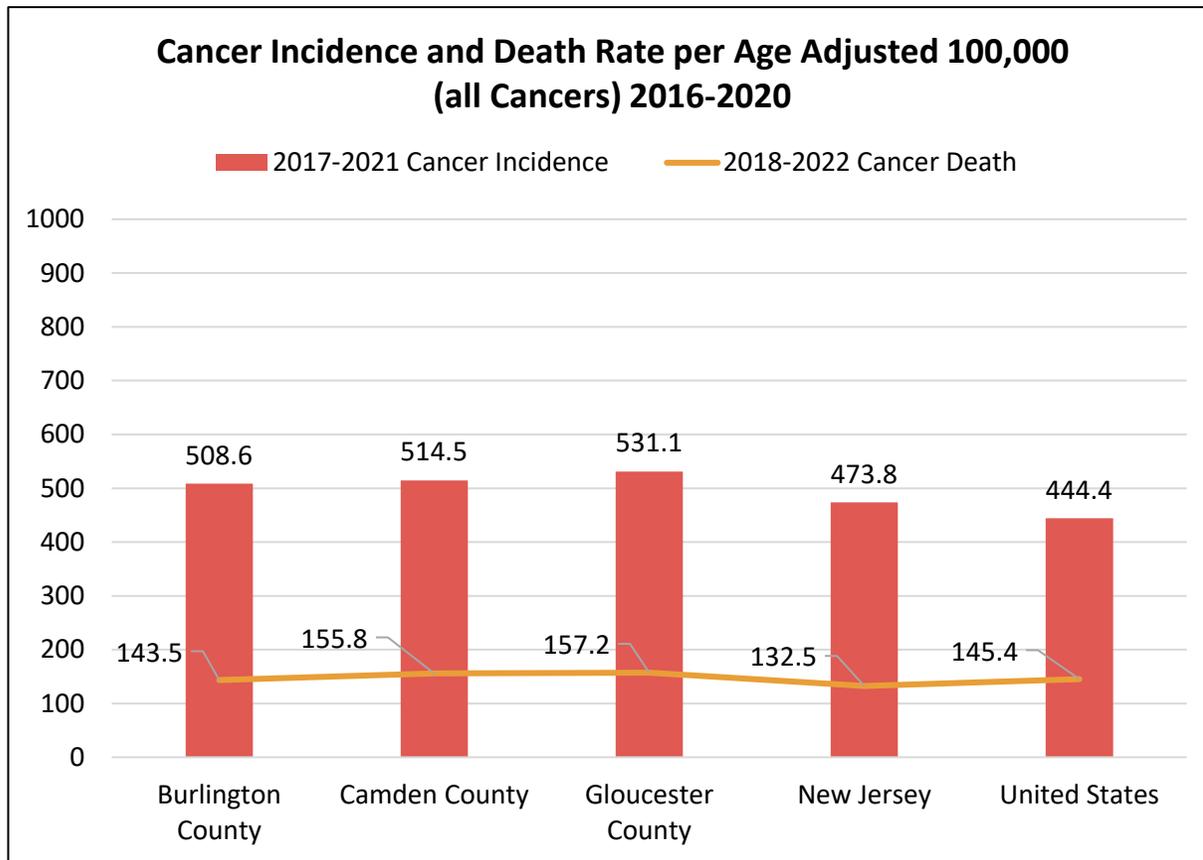


Source: Centers for Disease Control and Prevention and New Jersey State Health Assessment Data

\*Chronic Lower Respiratory Disease (CLRD) includes conditions such as chronic obstructive pulmonary disease (COPD), asthma, emphysema, and chronic bronchitis.

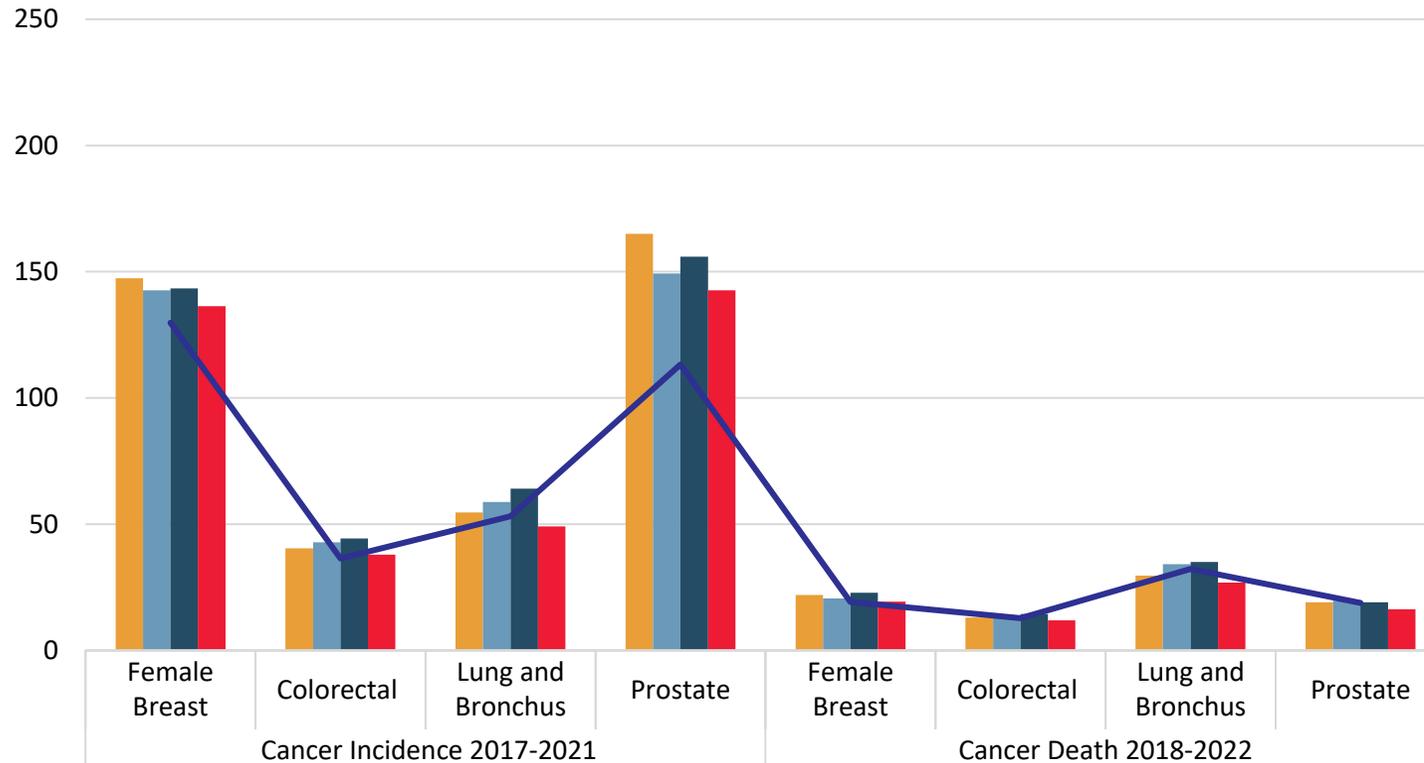
Incidence and death from all cancers are higher across South Jersey compared to the state and the US, with the highest rates in Gloucester County. Many cancers are treatable, especially when they are identified early.

While death from cancer is higher in South Jersey compared to New Jersey and the US, cancer death rates across South Jersey are generally decreasing. This suggests that more cancer is being identified, and people are being connected to effective treatment. Despite this positive finding, no South Jersey county has met the Healthy People 2030 Goal of 122.7 cancer deaths per age adjusted 100,000.



Source: Centers for Disease Control and Prevention & New Jersey State Health Assessment Data  
 \*Cancer incidence data are delayed and are reported for the most recent years available.

**Cancer Incidence and Death Rate per Age Adjusted 100,000**

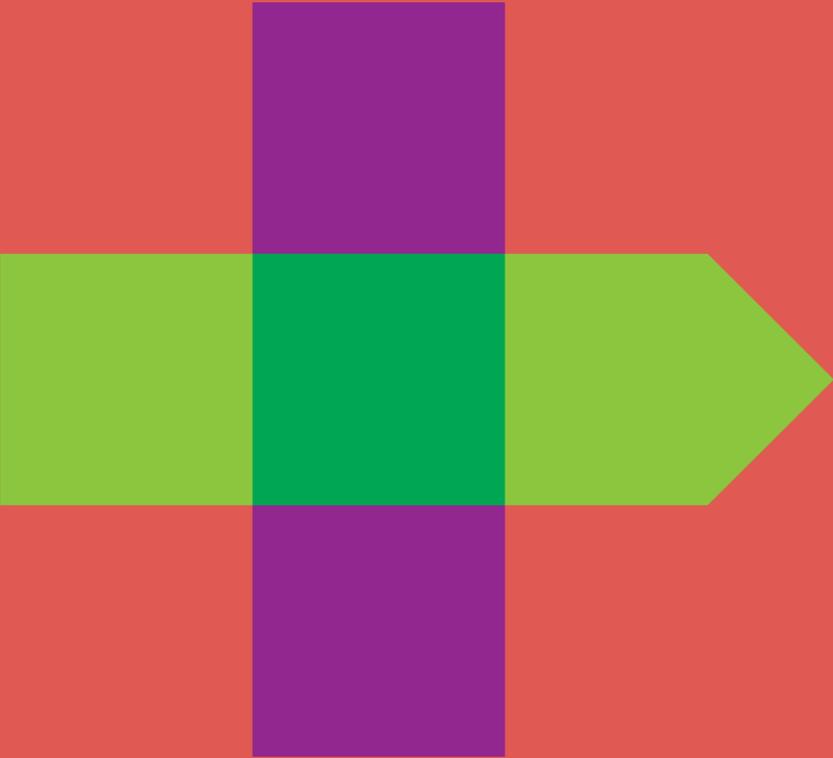


The incidence of four of the most common cancers is higher in South Jersey than in the state and the US.

Despite the higher incidence, the rate of death due to these forms of cancer is about the same as or lower in South Jersey compared to the state and nation.

This suggests that these forms of cancer are being identified at a treatable stage, and people are being connected to appropriate care.

Opportunities to address barriers to prevention, screening, and treatment, as well as underlying risk factors such as smoking, can have a positive impact on cancer outcomes.



# Mental Health and Substance Use

# Mental Health and Substance Use

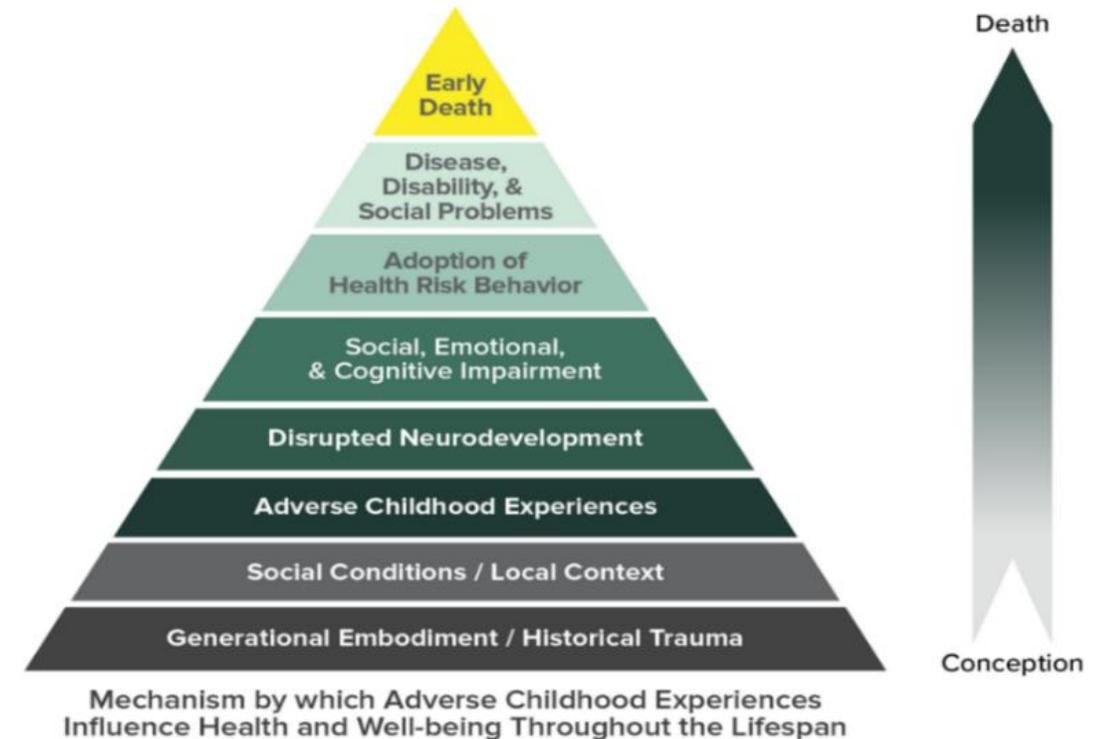
Mental and behavioral disorders span a wide range of diagnoses, including anxiety disorders, schizophrenia, and other delusional disorders, as well as mood disorders, such as depression or personality disorders. These disorders are not created by the use of alcohol and other psychoactive substances, but they may co-occur with or be made worse by substance use.

Substance Use Disorder (SUD) is a diagnosable disease that affects a person's brain and behavior. SUD may lead to an inability to control the use of substances including alcohol, cannabis, opioids, and other substances. Alcohol is the most prevalent addictive substance used among adults. Excessive alcohol use increases the risk for chronic diseases and other health issues, including high blood pressure, liver disease, cancers, poor mental health, and injury. SUD can be a cause or a result of Adverse Childhood Experiences (ACEs) and can increase the risk of negative social, economic, and health outcomes. Interventions that build resilience and prevent trauma at the community level should be used to address SUD, ACEs, and mental health issues.

Mental health and substance use conditions are most effectively treated in community-based settings outside of the emergency department (ED). However, nationwide, people experiencing these conditions make up one of the fastest-growing patient populations in emergency departments. This is often due to shortages in available community-based services and difficulties navigating the healthcare system.

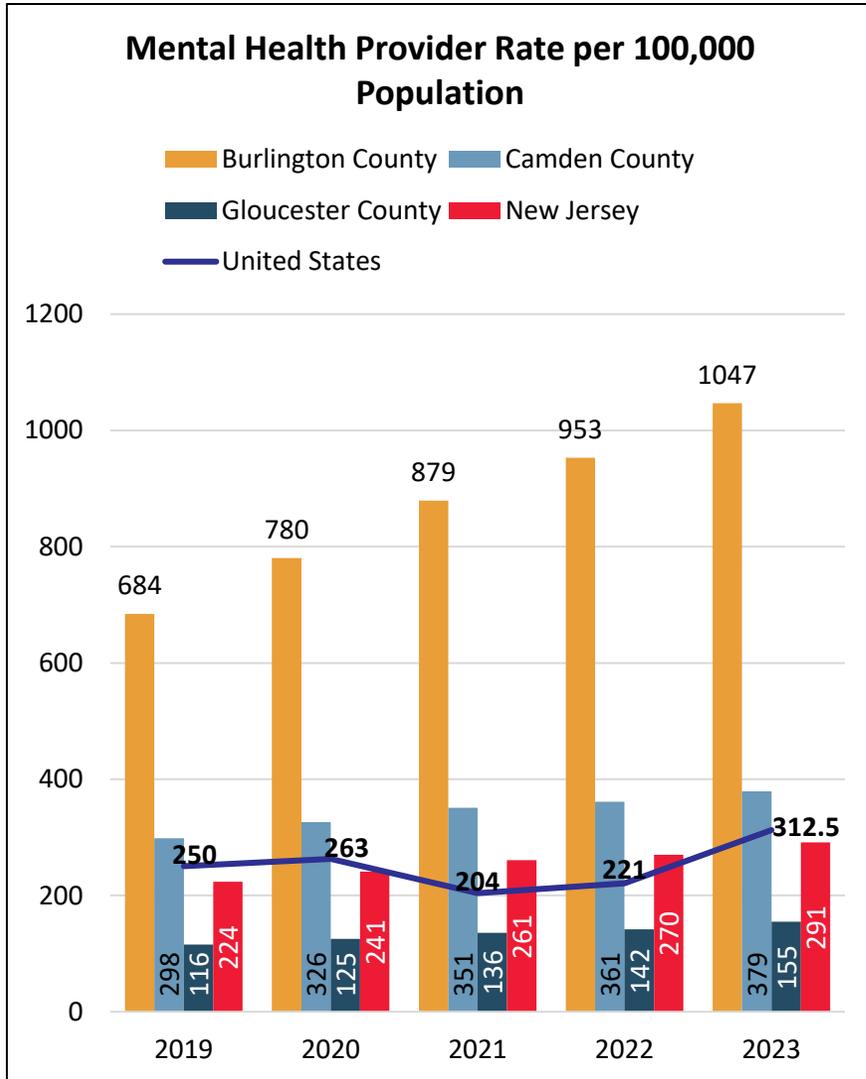


# Healthy Roots: ACEs and an Upstream View



By taking an upstream approach and emphasizing interventions that address adverse community environments, such as promoting trauma-informed care, we can identify and reduce the negative impacts of ACEs.

Focusing community health interventions on underlying social determinants of ACEs, such as poverty and experiences of discrimination, can yield more effective and impactful treatment of downstream risk behaviors, and pave the way for more equitable community outcomes.



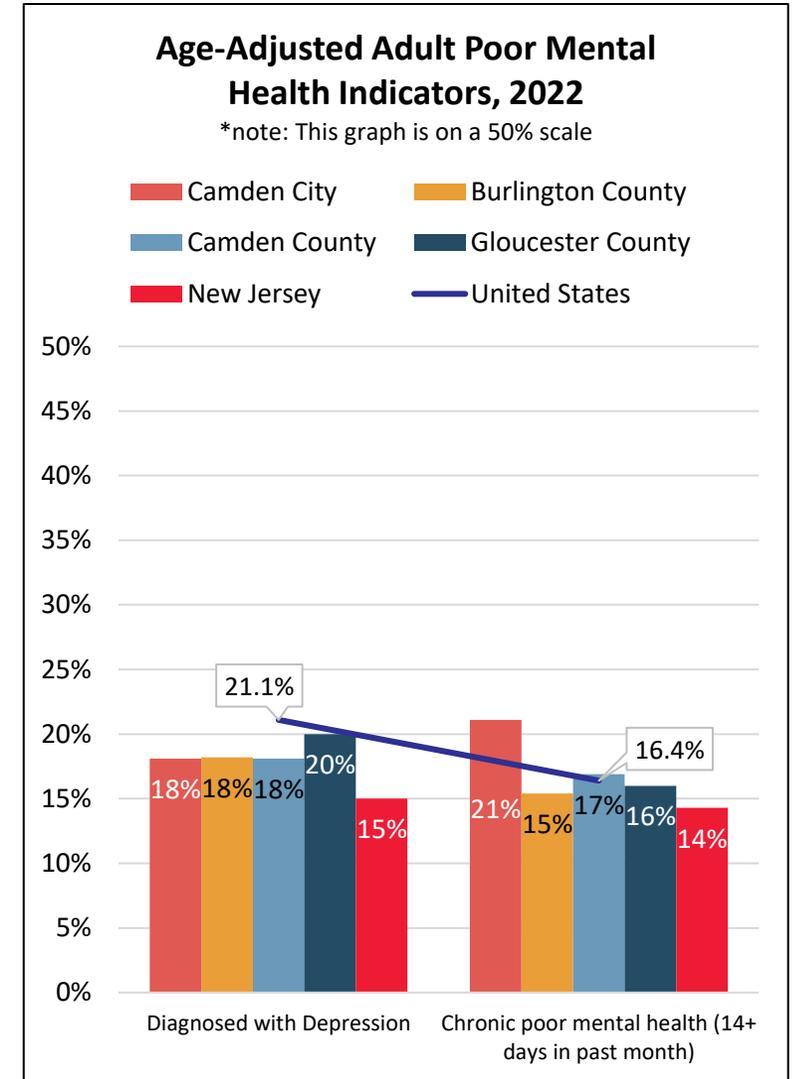
Burlington County has far more mental health providers than New Jersey, the US, and other South Jersey counties.

Camden County has more mental health providers than the state or US. While the availability of providers is increasing in Gloucester County, there are still far fewer providers compared to the state or US.

Having fewer providers available decreases access to care and increases wait times for needed services.

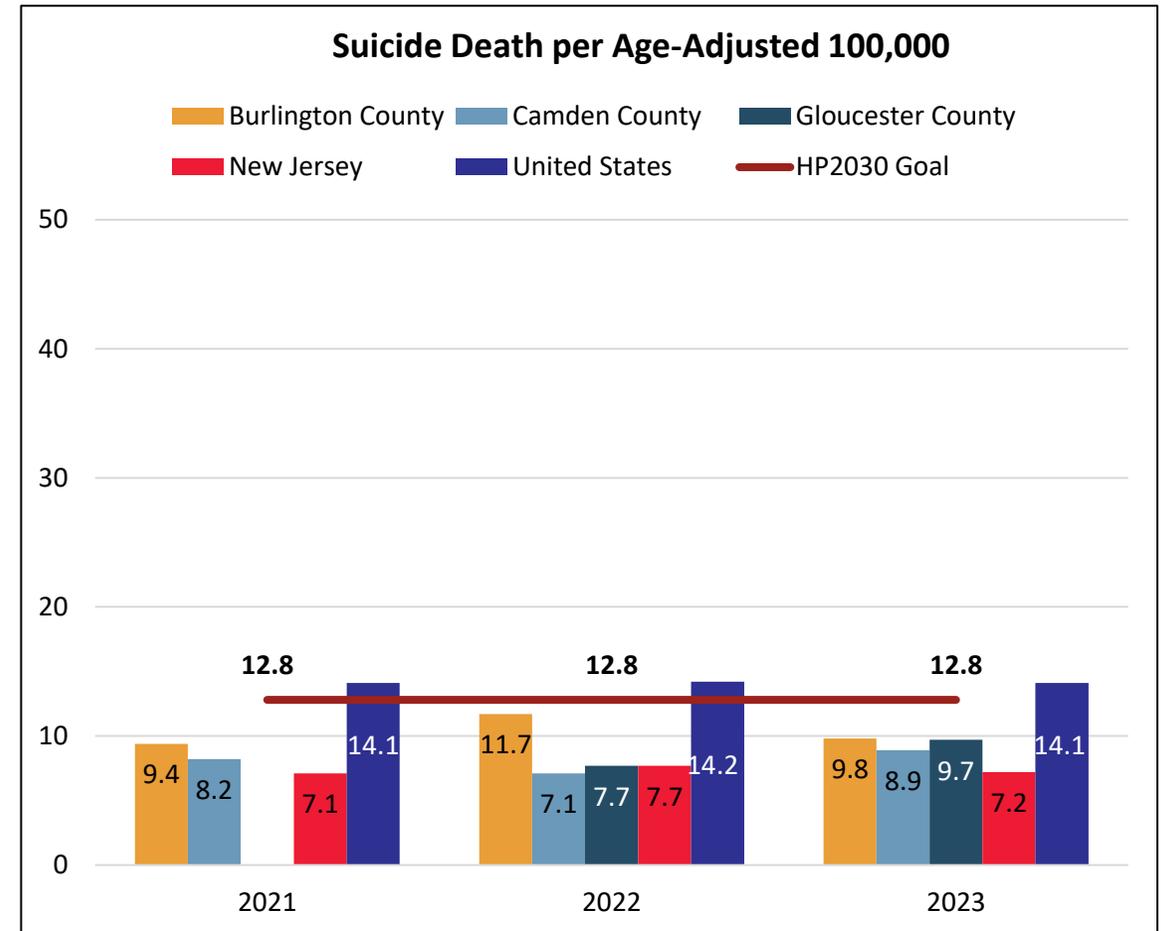
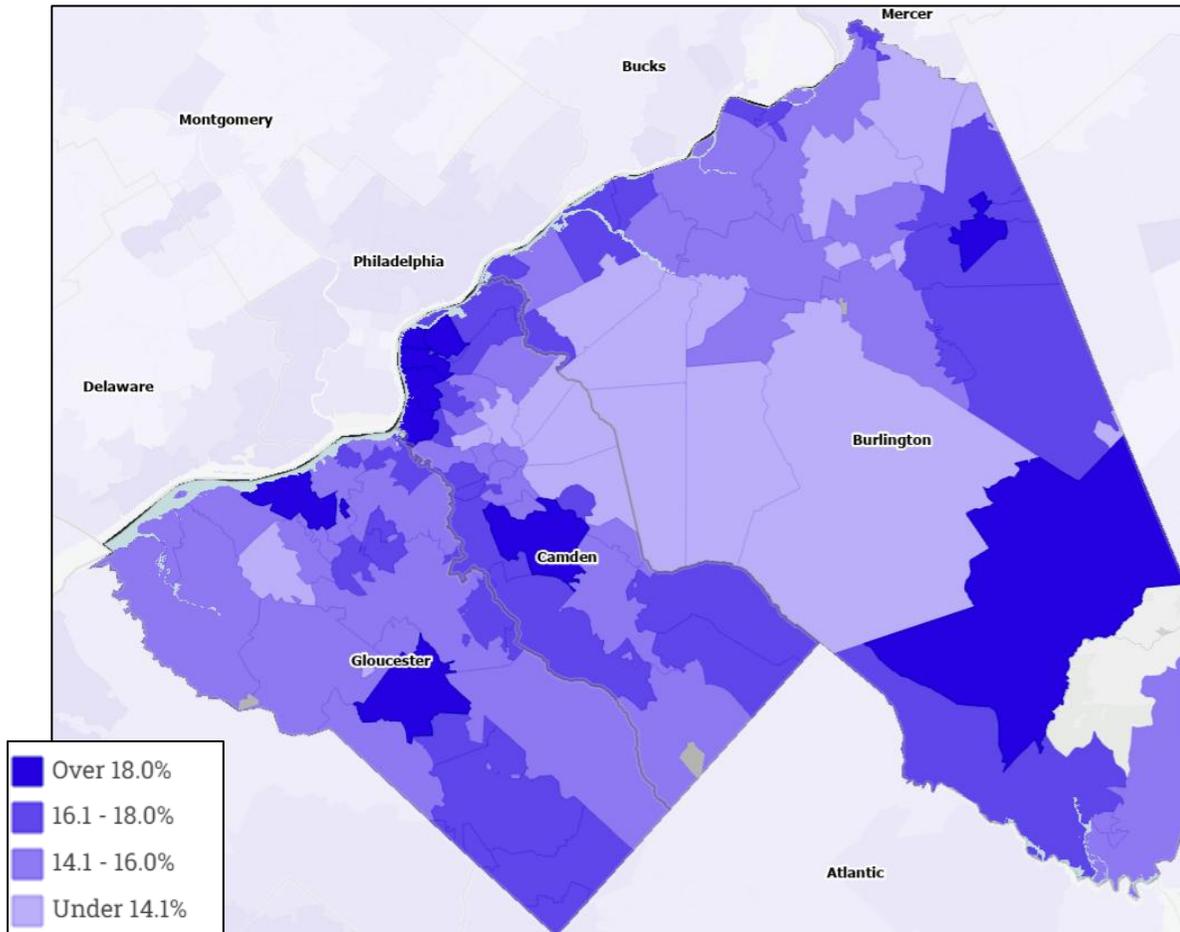
Roughly 1 in 5 South Jersey adults report a diagnosis of depression or chronic poor mental health. This rate is higher than that of New Jersey overall.

*“It’s hard to get in or behavioral health providers are private pay only and we have a lot of Medicaid patients.”*



Across South Jersey, the proportion of adults reporting chronic poor mental health varies by geography. Understanding where residents feel most distressed helps to plan effective interventions. The rate of death due to suicide across South Jersey has varied in recent years but remains lower than the rates in New Jersey and the US, and each county has met the Healthy People 2030 goal.

**Chronic Poor Mental Health (14+ days in past month) by Zip Code, 2022**

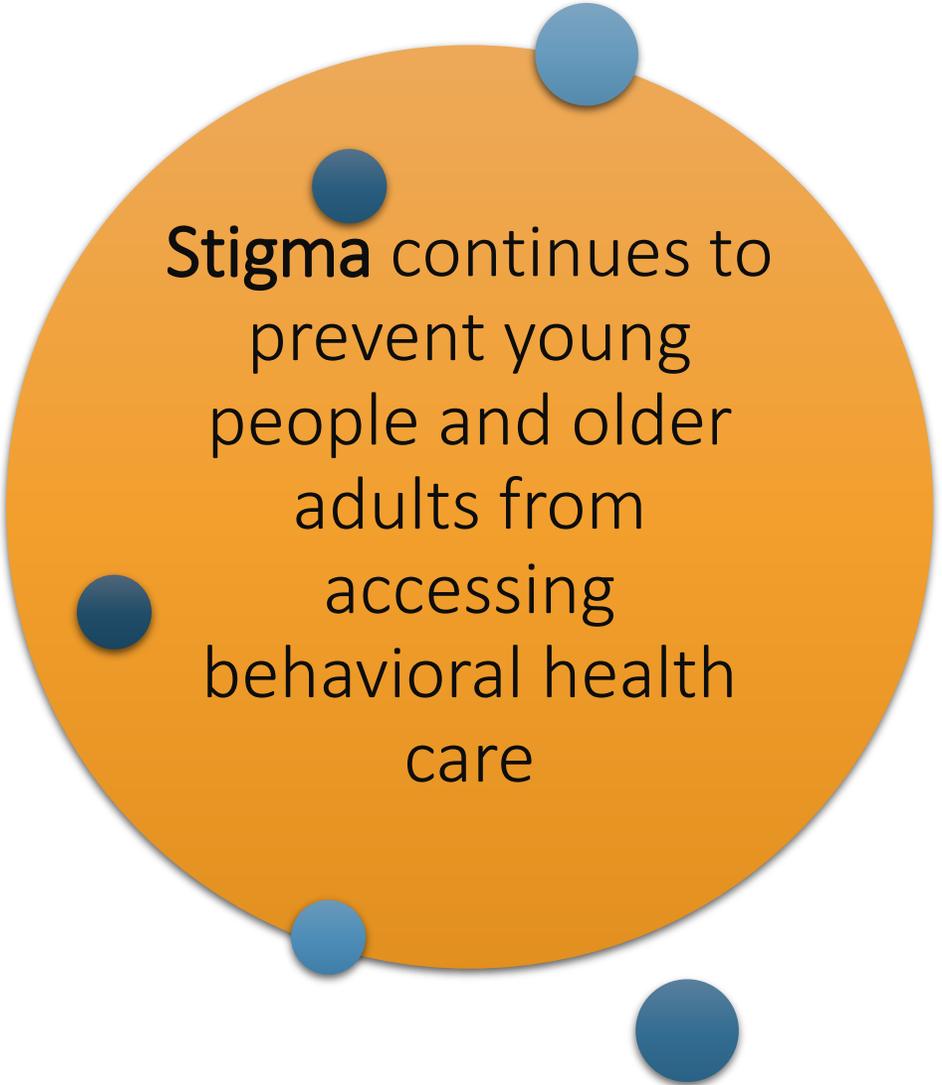


Source: Centers for Disease Control and Prevention & New Jersey State Health Assessment Data & Center for Applied Research and Engagement Systems

\*County suicide death rates are included as available

# Specific Concerns About Mental Health

*From South Jersey Mental Health Providers*



Stigma continues to prevent young people and older adults from accessing behavioral health care

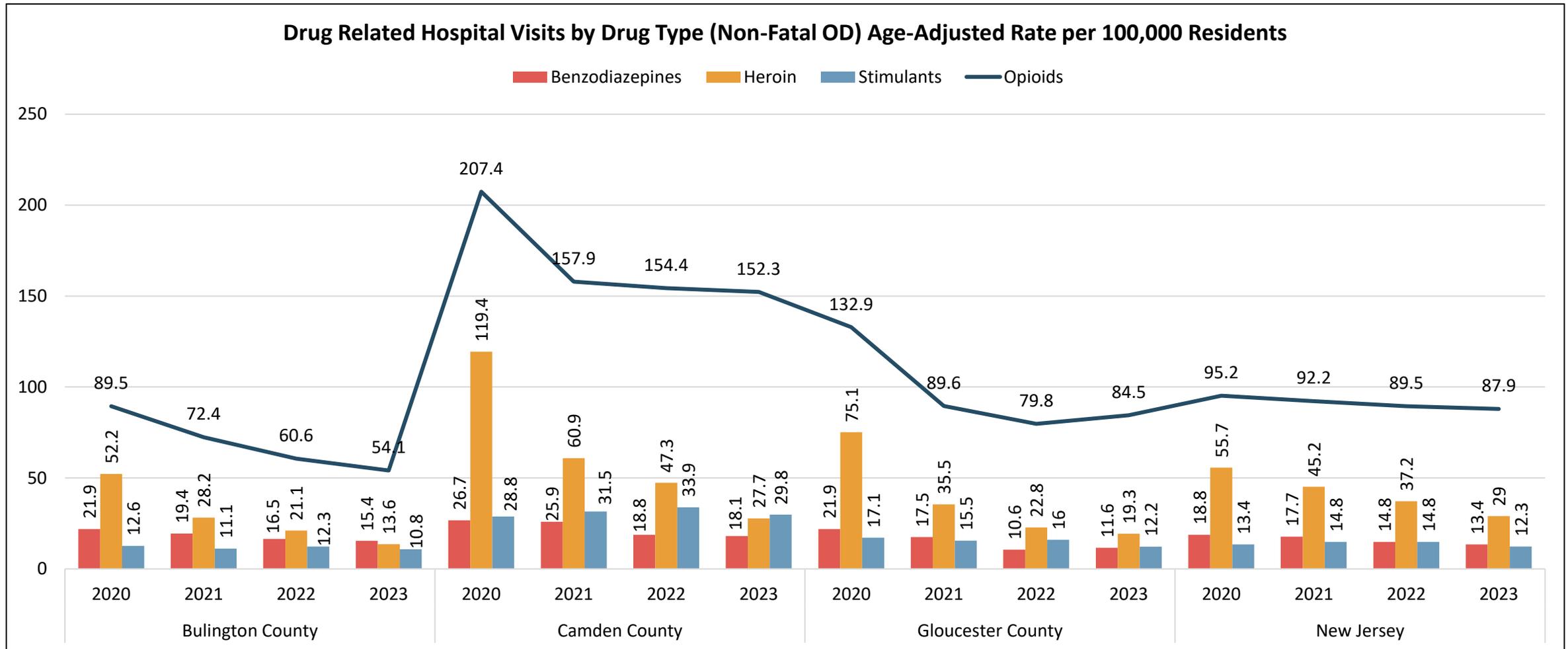
South Jersey Mental Health Providers described **young people intentionally harming themselves so their parents will take them to the hospital to get the mental health care they need.**

The increase in perinatal mental health support services highlighted the **need to educate providers about the differences in how depression manifests during the perinatal period.**

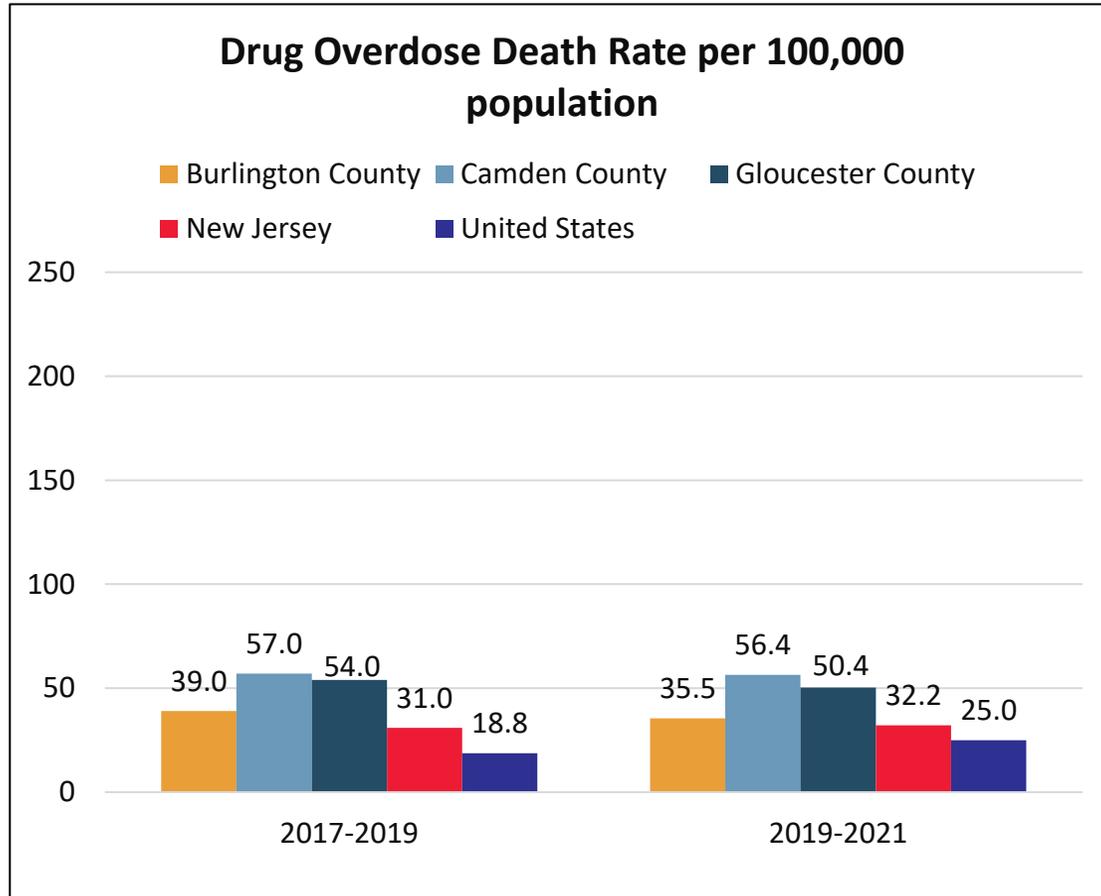
South Jersey Mental Health Providers described an **increase in older adults being diagnosed with unaddressed ACES**, resulting in depression, anxiety that they believed was cognitive decline. **Patients and their families often express disappointment** in receiving a depression diagnosis, although it is treatable.

**Resources** for screening, diagnosis, and treatment for behavioral health and neurological testing are still **extremely limited in languages other than English.**

Nonfatal drug-related hospital visits have generally decreased across South Jersey for four common drugs. Opioids remain the most common substance driving nonfatal overdose. Although Camden County has the highest rates, rates for all substances are decreasing, which is a positive finding.



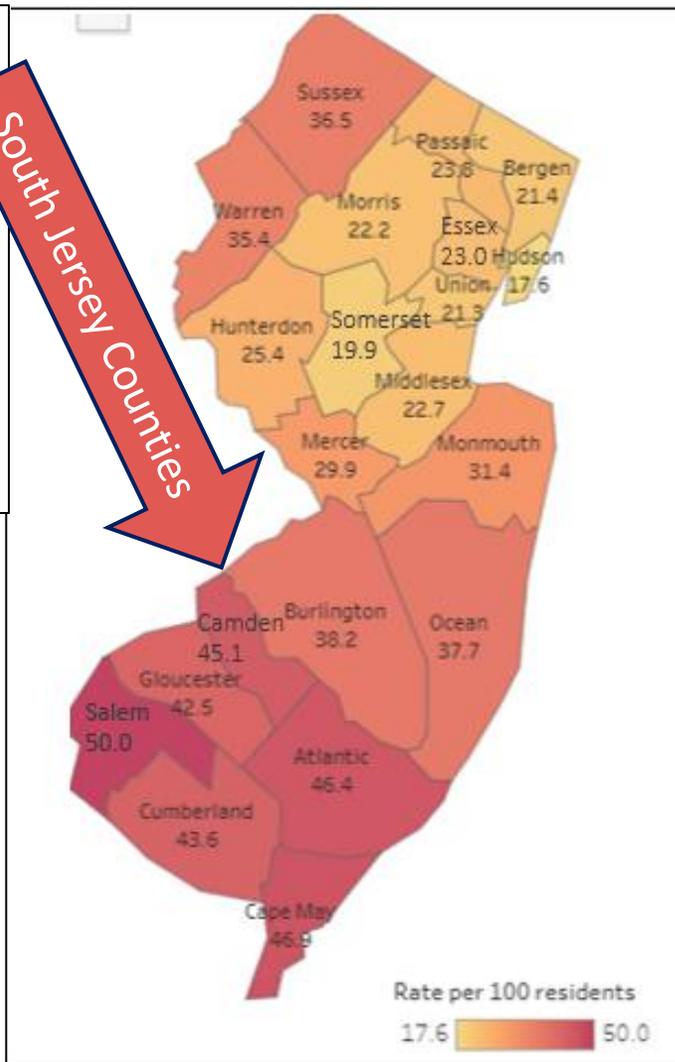
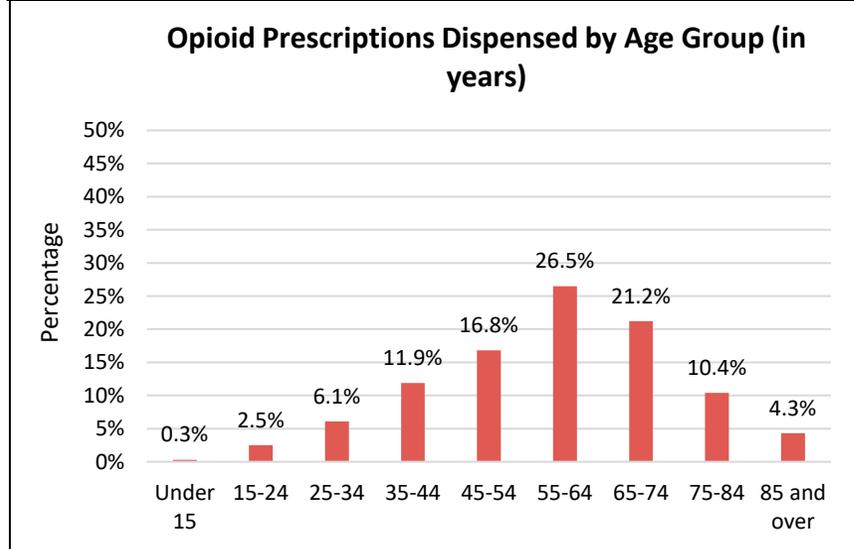
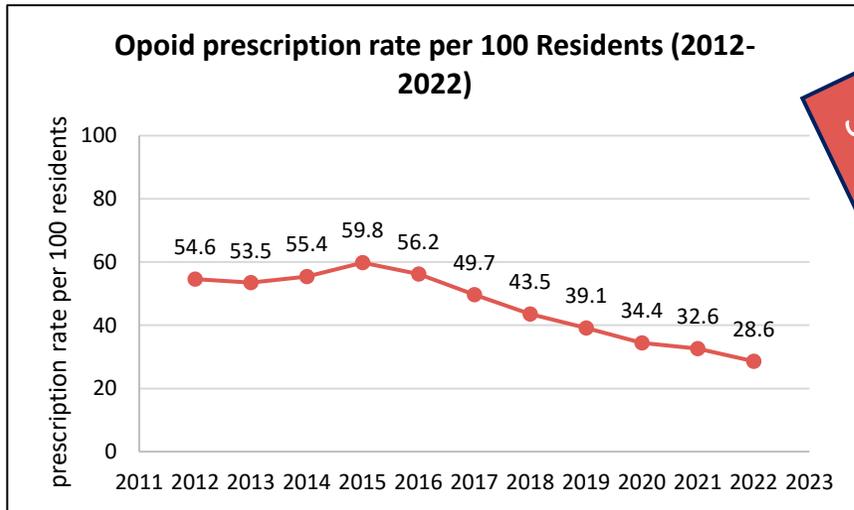
Overdose deaths are higher in South Jersey than in the state and the US. However, overdose deaths are generally decreasing in South Jersey, while they are increasing in the state and the US.



	2022 Adults Reporting Binge or Heavy Drinking (age-adjusted)	2018-2022 Driving Deaths due to Alcohol Impairment
Burlington County	19.0%	27.5%
Camden County	19.1%	17.5%
Gloucester County	19.5%	27.0%
New Jersey	18.4%	23.4%

Source: Centers for Disease Control and Prevention & BRFSS and New Jersey Department of Health, Population Health

Note: **Excessive Drinking**- ≥2 drinks/day for men and ≥1 drink/day for women and **Binge Drinking**- ≥5 drinks/occasion for men and ≥4 drinks/occasion for women



Many substance use disorders begin with a prescribed medication for pain.

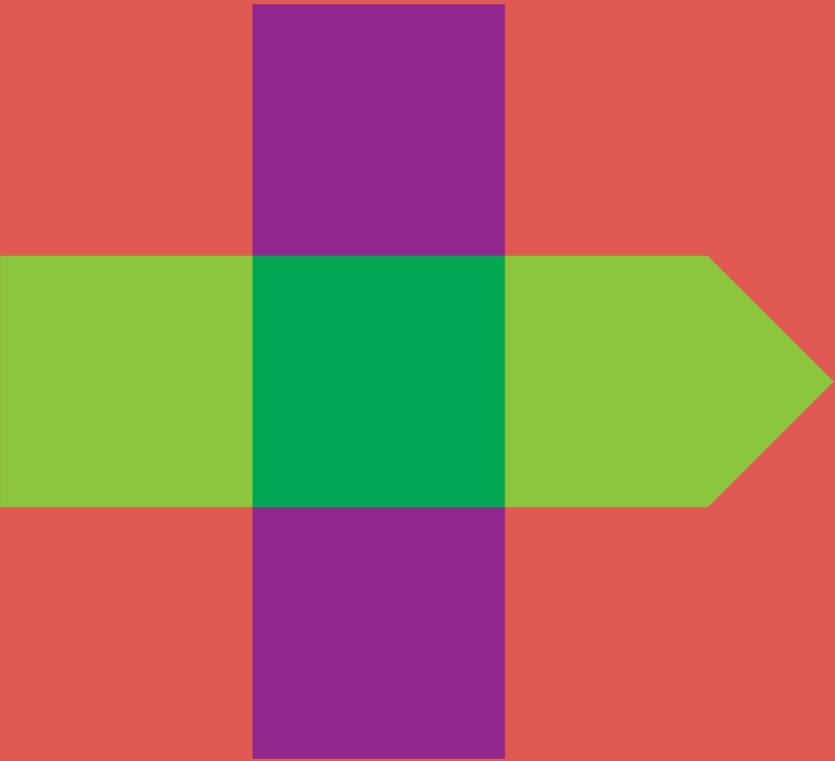
Opioids remain a notable driver of overdose emergencies and overdose deaths in New Jersey.

The rate of opiate prescriptions has steadily fallen across New Jersey since 2018.

South Jersey counties, including Burlington, Camden, and Gloucester, still have higher opiate prescription rates than the rest of New Jersey.

Ensuring that providers are well versed in pain management best practices, as well as in identifying and treating people who experience dependence, can help reduce negative outcomes from opioid use.

Source: New Jersey Department of Health, New Jersey Prescription Monitoring Program (NJMPMP)



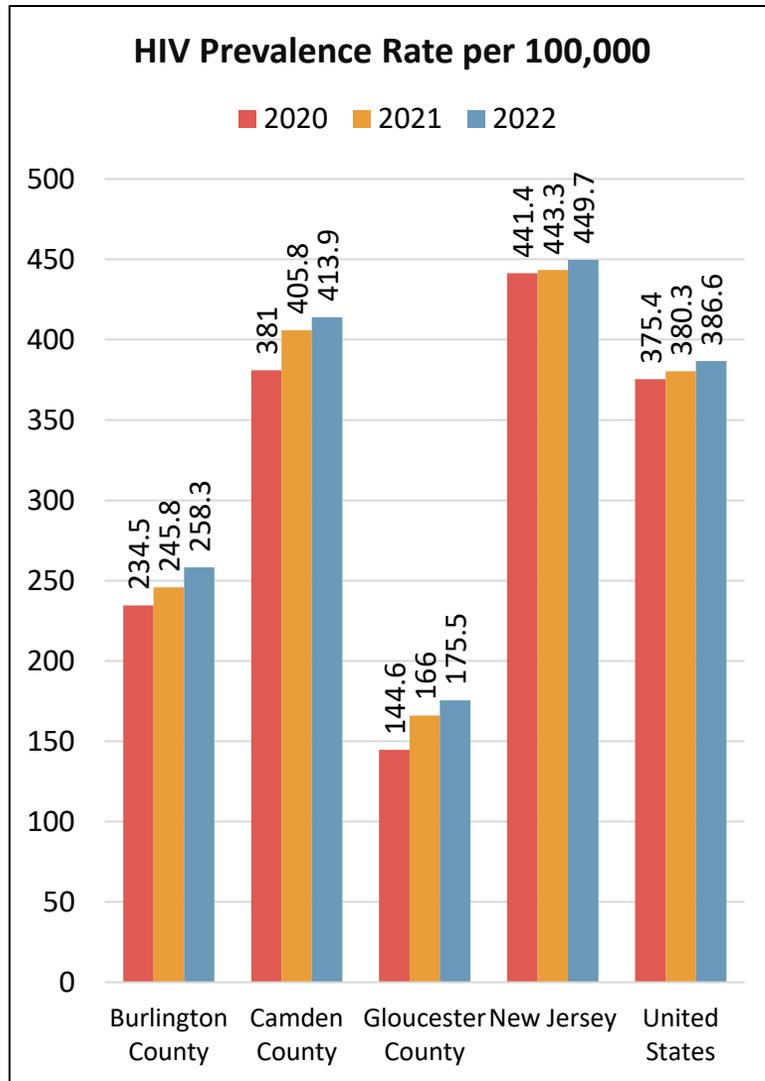
# Communicable Disease

# Communicable Disease



One of the responsibilities of public health is surveillance, testing, and emergency response for communicable diseases. Reportable diseases include tuberculosis, COVID-19, Hepatitis A, Hepatitis B, sexually transmitted infections (STIs), such as chlamydia, gonorrhea, and HIV, as well as tick-borne diseases and other emerging infections. In combination, patient education and vaccination are effective in preventing the spread of communicable diseases, but only when cases are detected in a timely manner. Education about prevention, vaccination, testing, and treatment is key to preventing severe infection and debilitating disease effects, as well as widespread disease.

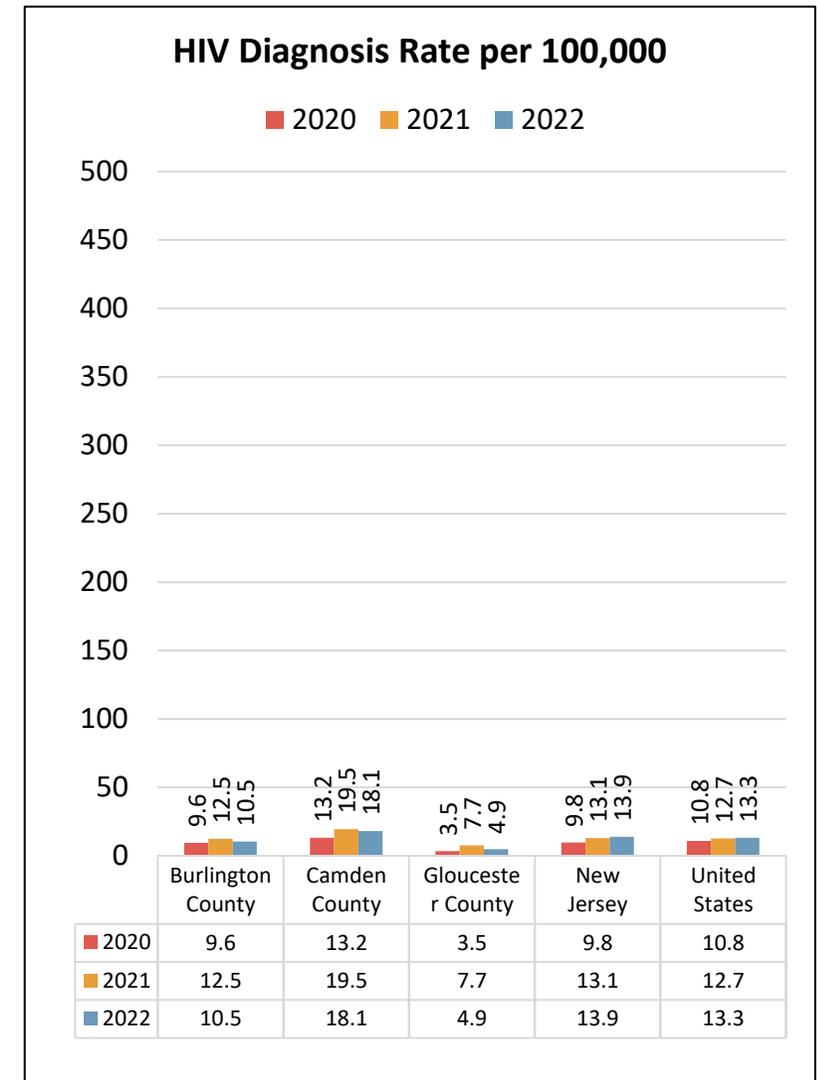
The experience of the COVID-19 pandemic has brought about many changes, particularly in healthcare and public health, as agencies have pivoted to address new and exacerbated needs. This has created new opportunities for collaboration. Communicable diseases do not affect all people equally. Population density, low-income status, and crowded workplaces contribute to higher levels of spread and worse outcomes from infectious diseases for some of the population. As an example, COVID-19 worsened existing disparities within the health and social service systems and exposed longstanding inequities in power and socioeconomic opportunities within our society.



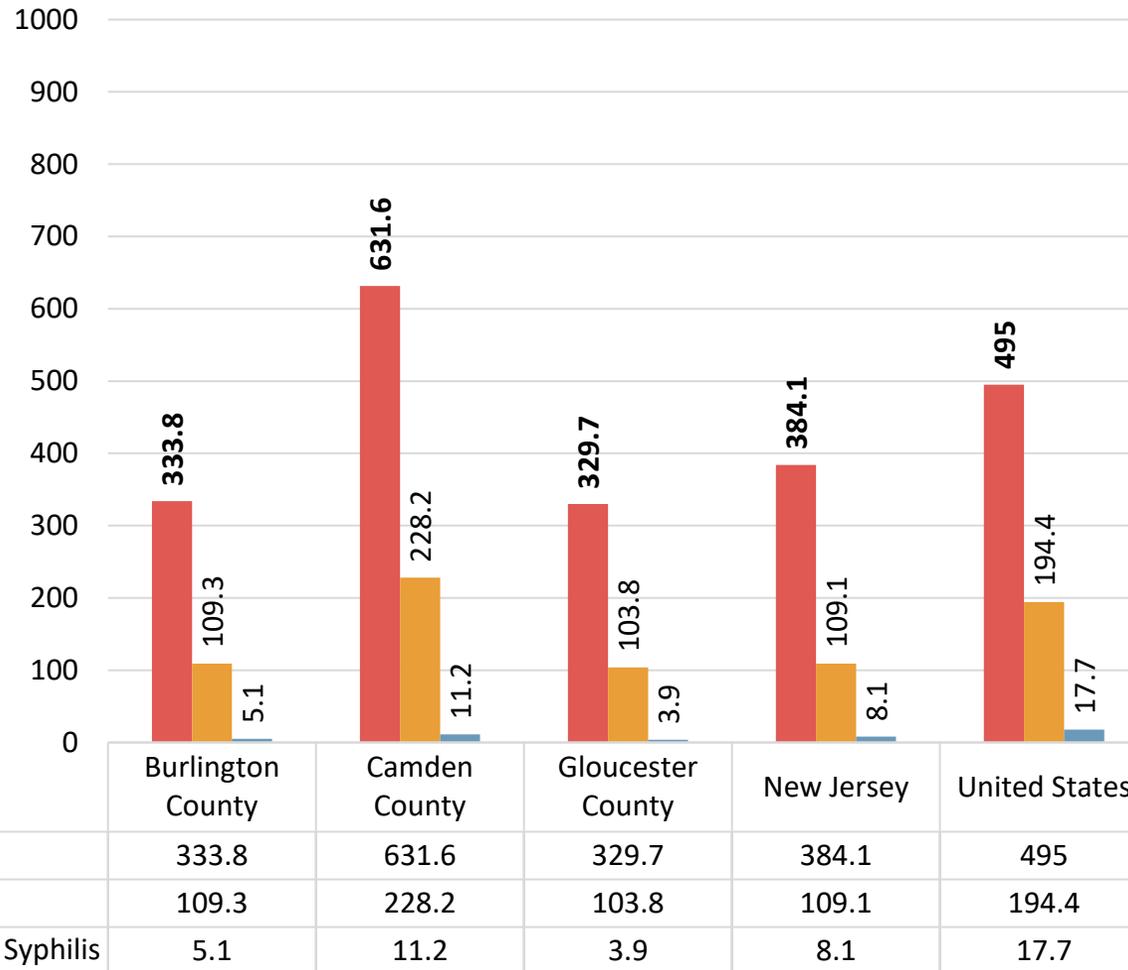
While there is no cure for HIV infection yet, there are effective treatments that can prevent transmission to others and allow people with HIV to live long, healthy lives.

The prevalence of HIV in Burlington, Camden, and Gloucester counties is lower than New Jersey. However, it is trending upward, consistent with national rates. This suggests that new cases are being identified and treated.

There are more new diagnoses in Camden County than in other areas. This is a positive finding because it indicates that people with HIV are being identified and connected with care. It also represents an opportunity for increased education around HIV prevention.



**STI Prevalence Rate per 100,000, 2021**



Many sexually transmitted infections (STIs) have few signs or symptoms in early stages but can be effectively treated if they are identified. Left undiagnosed or untreated, STIs can lead to physical, mental, and reproductive health challenges. Knowing the prevalence of STIs can help target preventative education, testing, and treatment interventions.

The prevalence of the three most common reportable STIs in Burlington and Gloucester Counties is lower than New Jersey and the US.

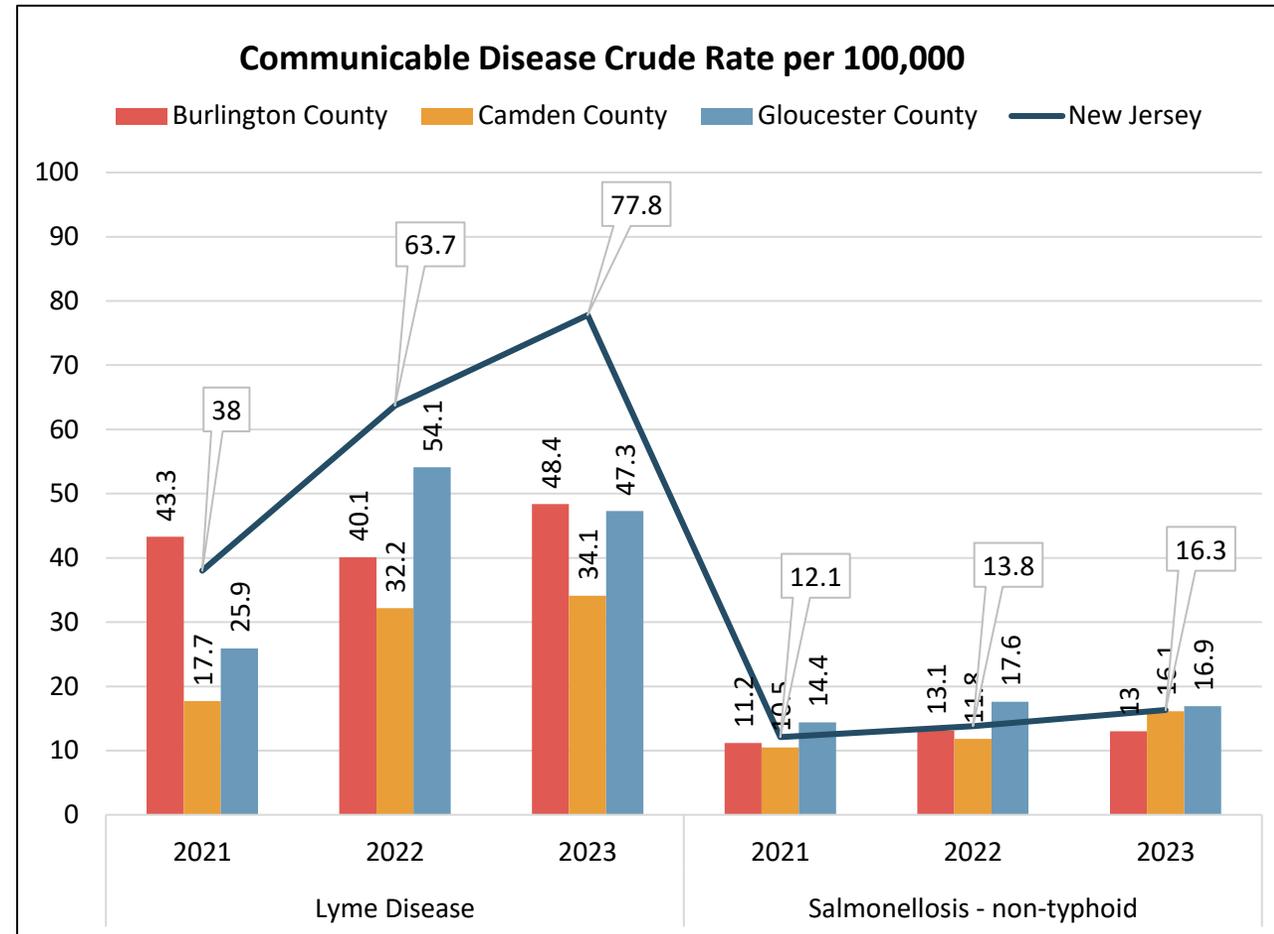
The prevalence of Chlamydia and Gonorrhea in Camden County is nearly twice the rate found in New Jersey and is higher than the rates in the US and in surrounding counties.

The crude rate of Lyme disease is lower in all three South Jersey counties than it is in New Jersey. The rate is slightly higher in Gloucester and Burlington Counties, which are more rural than Camden County. The crude rate of Salmonellosis is consistent with the statewide rate.

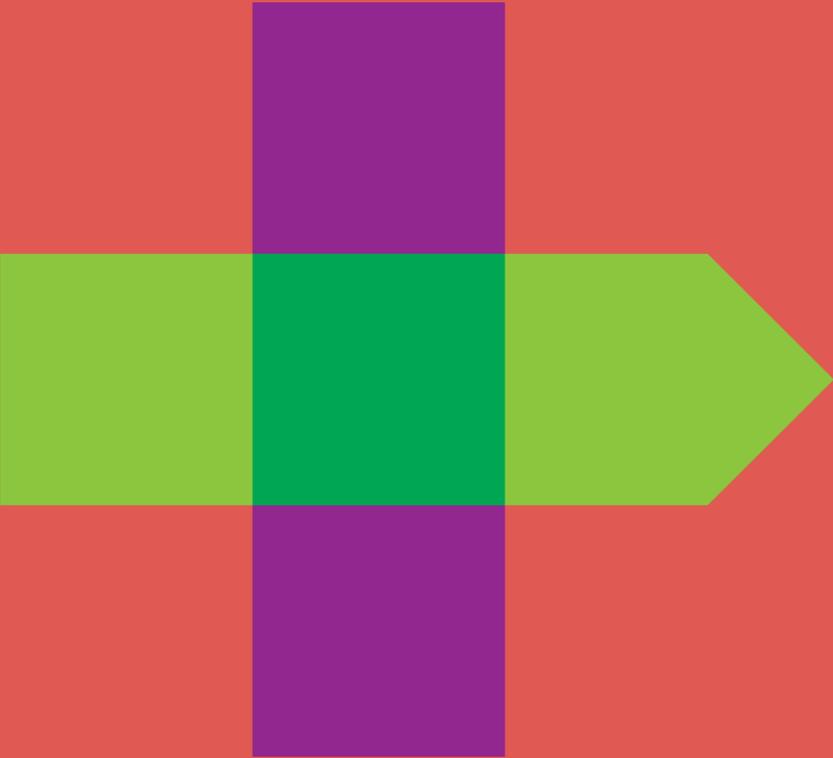
**New Jersey and United States  
Communicable Disease Rates per 100,000, 2022**

	New Jersey		United States	
	Cases	Rate per 100,000	Cases	Rate per 100,000
Tuberculosis	289	3.1	8,332	2.5
Hepatitis A	42	0.5	2,265	0.7
Hepatitis C	67	0.7	4,848	1.5

Source: Centers for Disease Control and Prevention



Source: Communicable Disease Reporting and Surveillance System, New Jersey Department of Health



# Populations of Special Interest:

*Older Adults*

# Populations of Special Interest

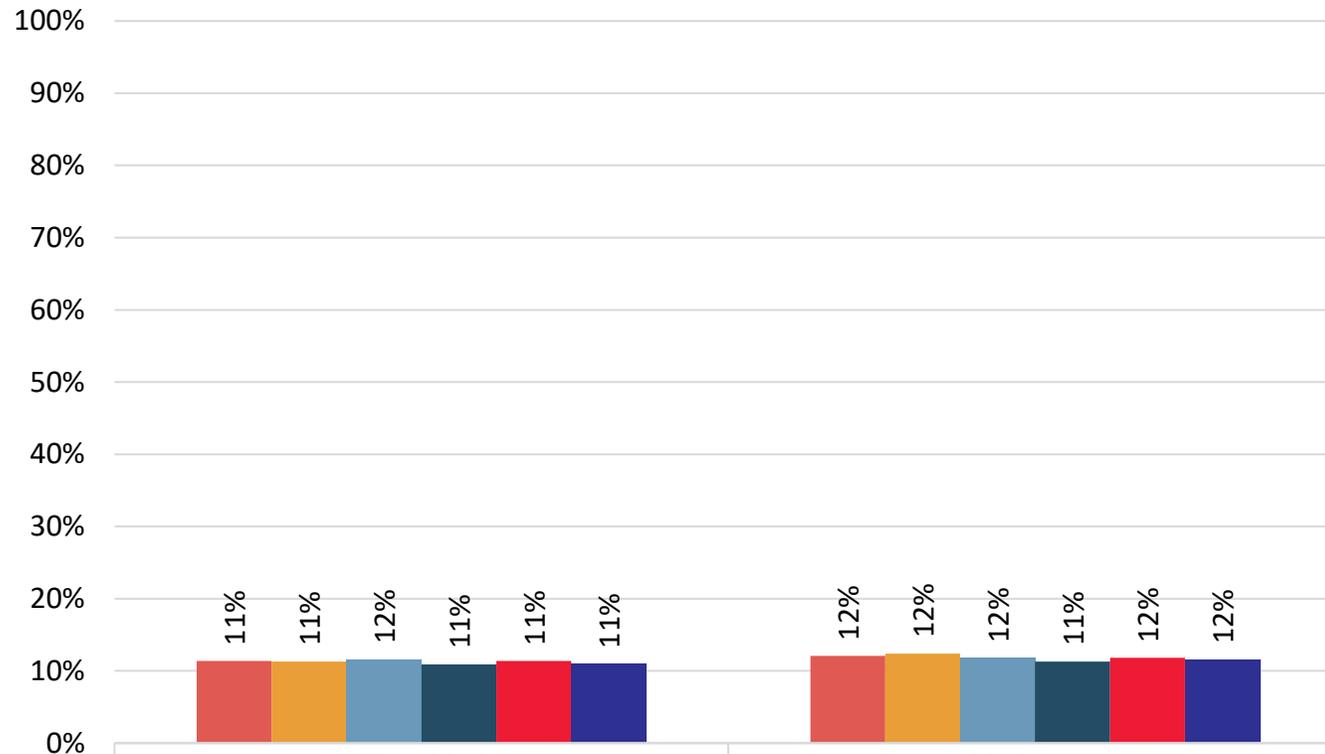
## *Older Adults*

Older adults are considered vulnerable because older age is associated with increased likelihood of chronic disease, risk of social isolation, and economic instability due to a limited ability to earn income. By following recommended schedules for preventative care, older adults can reduce the burden of disease, appropriately streamline healthcare utilization and associated costs, and improve their quality of life. Nationally, among Medicare beneficiaries, the most common chronic conditions are hypertension, high cholesterol, and arthritis.

A key indicator of the health and well-being of older adults in the community is the percentage of adults aged 65 or older who live alone. While in some cases, completely independent living can be considered a sign of good health, there are also many risks associated with older adults living alone. When older adults live alone, they may be vulnerable to social isolation, which can manifest as a decrease in mental and physical health, as well as challenges with medication use, appropriate nutrition, and substance use.

Older people who live alone are also more likely to seek medical help later than people who have companions in the home. This indicator can be useful for allocating resources, particularly targeted outreach efforts and home-based interventions.

Population Age 65 or Older Living Alone



Camden City	11.4%	12.1%
Burlington County	11.3%	12.4%
Camden County	11.6%	11.8%
Gloucester County	10.9%	11.3%
New Jersey	11.4%	11.8%
United States	11.0%	11.6%

Roughly 1 in 10 older adults (ages 65+) live alone across South Jersey, consistent with New Jersey and the US.

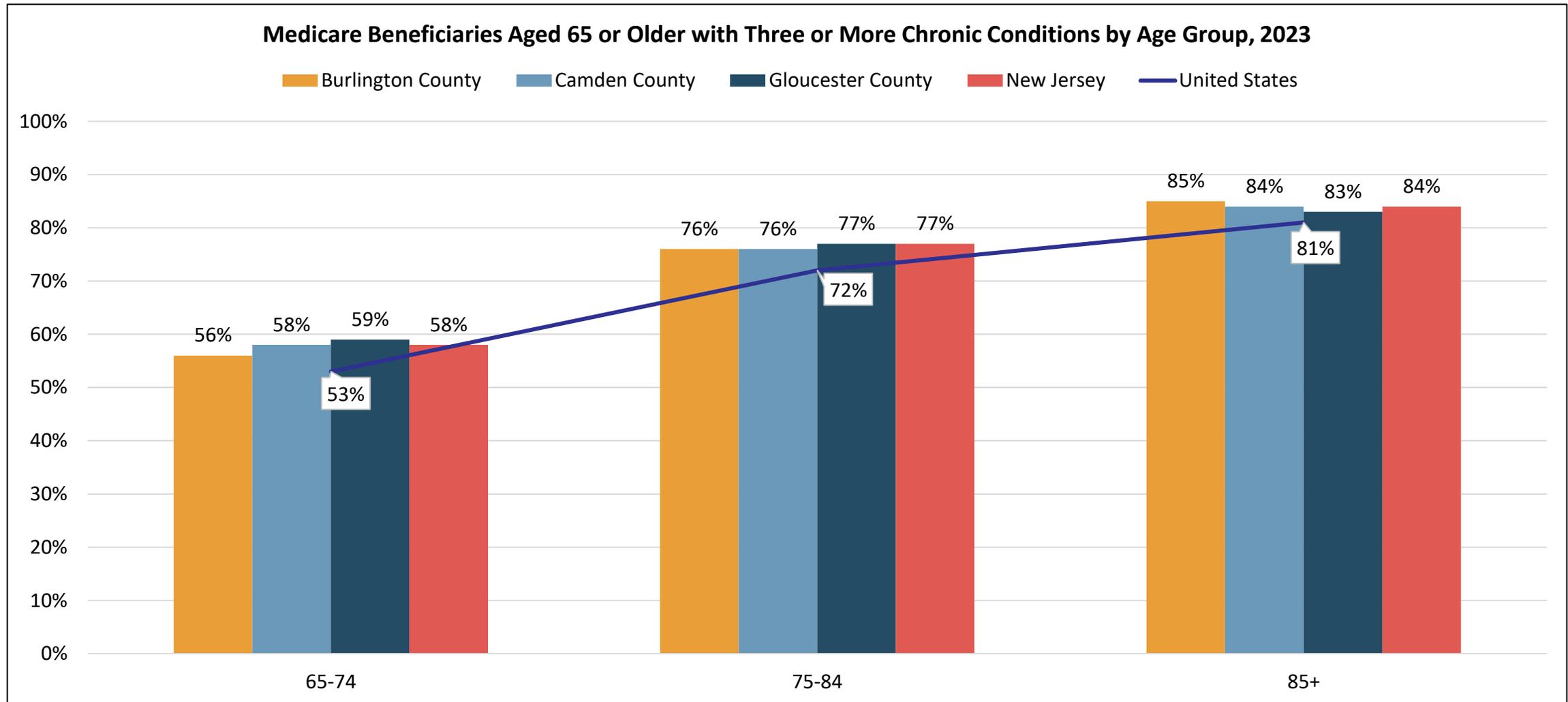
While this may indicate a choice made in good health, it also poses a risk for social isolation.

A lack of social connection can have a negative impact on quality of life, particularly for older adults.

Older adults who live alone are at increased risk of cognitive decline, mental health issues, and physical health complications.

*“On the older adult side of things, you can give reassuring and good news to people that you don’t have Alzheimer’s... you’ve had depression, trauma. I’m shocked by how many people would prefer to hear Alzheimer’s than depression.”*

Older adults in all three South Jersey counties are more likely to have three or more chronic conditions than those in the US. However, they experience chronic conditions at rates similar to those of other older adults across New Jersey.



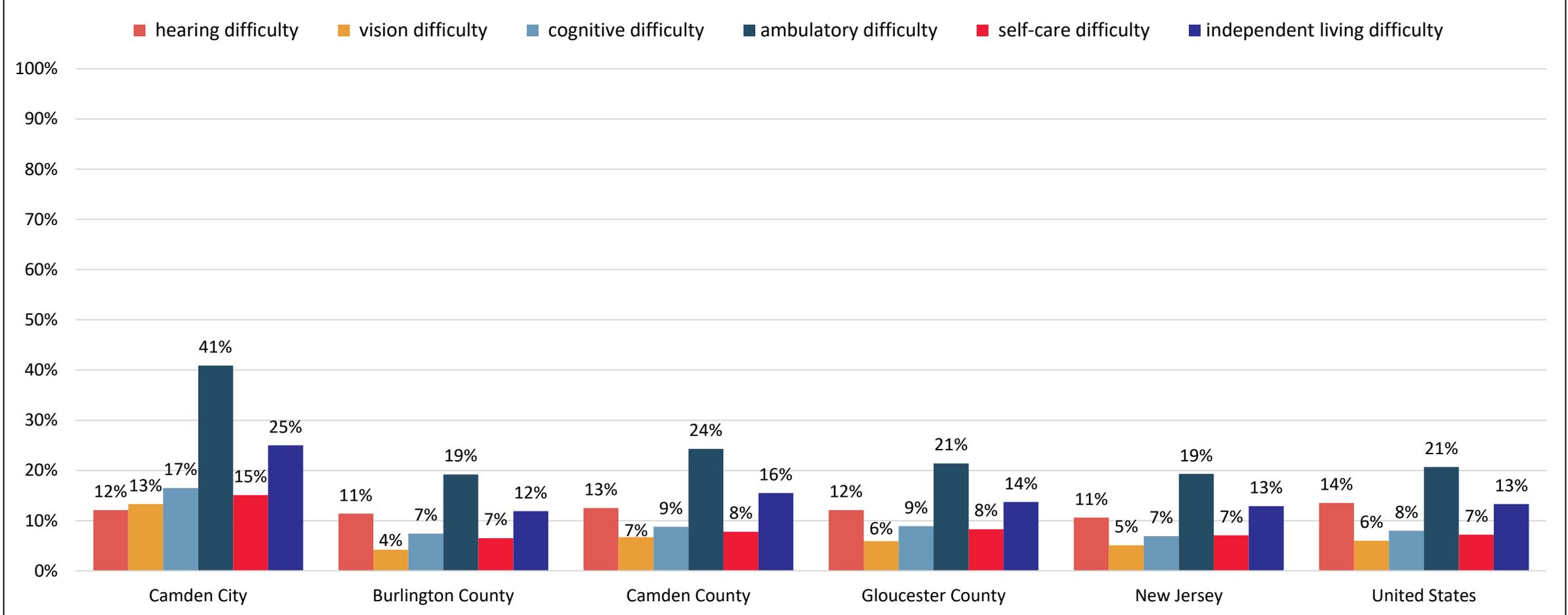
The prevalence of most chronic conditions in South Jersey counties is consistent with New Jersey and the US, except for hypertension and high cholesterol, which are higher, despite similar proportions of other related conditions, such as diabetes and obesity.

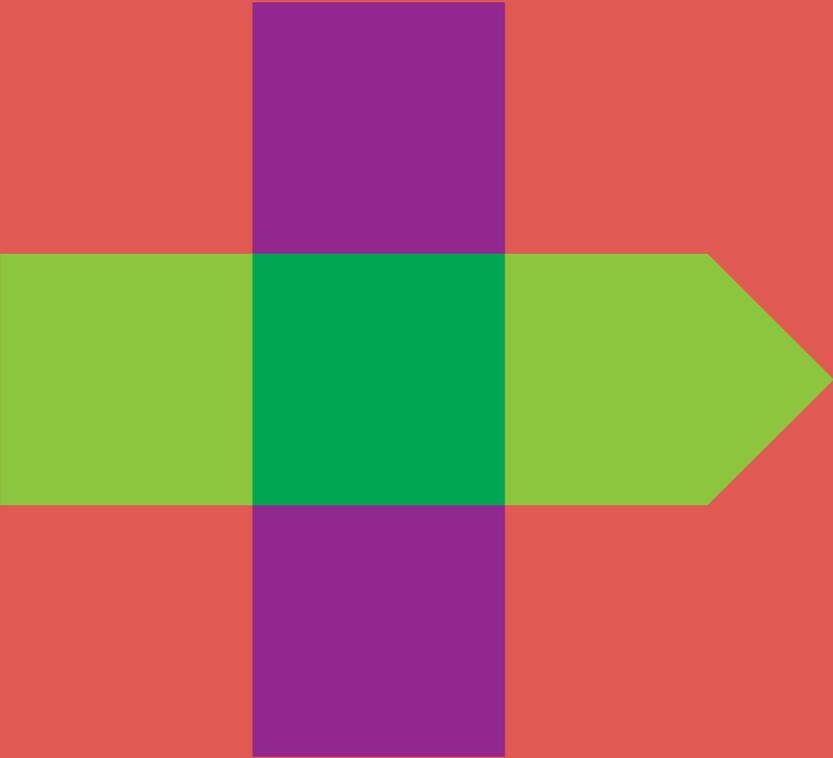
## Selected Chronic Conditions among Medicare Beneficiaries, 2023

Aged 65-74 Years	Burlington County	Camden County	Gloucester County	New Jersey	United States
Alzheimer's disease, related disorders, senile dementia	3%	3%	2%	2%	2%
Cancer (breast, lung, colorectal, prostate)	10%	11%	10%	10%	9%
Depression	14%	16%	15%	14%	15%
Diabetes	23%	25%	25%	25%	23%
High cholesterol	70%	70%	71%	70%	61%
Hypertension	60%	62%	62%	60%	58%
Obesity	19%	20%	23%	23%	22%
Rheumatoid arthritis	32%	34%	32%	31%	31%
Aged 75-84 Years	Burlington County	Camden County	Gloucester County	New Jersey	United States
Alzheimer's disease, related disorders, senile dementia	8%	9%	9%	8%	8%
Cancer (breast, lung, colorectal, prostate)	17%	17%	17%	16%	15%
Depression	18%	18%	18%	17%	18%
Diabetes	29%	32%	33%	33%	29%
High cholesterol	83%	82%	82%	82%	74%
Hypertension	79%	79%	81%	79%	75%
Obesity	18%	18%	24%	23%	21%
Rheumatoid arthritis	44%	42%	44%	42%	41%
Aged 85 Years or Older	Burlington County	Camden County	Gloucester County	New Jersey	United States
Alzheimer's disease, related disorders, senile dementia	25%	26%	27%	26%	25%
Cancer (breast, lung, colorectal, prostate)	17%	16%	16%	16%	15%
Depression	25%	26%	25%	25%	22%
Diabetes	29%	31%	32%	32%	28%
High cholesterol	80%	80%	79%	80%	71%
Hypertension	88%	87%	87%	87%	84%
Obesity	11%	14%	10%	14%	12%
Rheumatoid arthritis	50%	50%	50%	49%	46%

The prevalence of common disability types among older adults across the three South Jersey counties is generally consistent with state and national prevalence. However, more older adults in Camden City experience each type of disability than those in the county, state, or nation. Ambulatory difficulties are the most prevalent type of disability across all geographies.

**Prevalence of Disability Type among Older Adults (65+), 2019-2023**





# Populations of Special Interest:

*Youth*

# Populations of Special Interest

## *Youth*

Communities with healthy children, teens, and young adults assure us that there will be opportunities for a future with greater well-being for all. The roots of our future parents, workforce, and leaders are being established among our young people today. This includes measures of mental and physical wellness, as well as social support, skills development, and opportunities to foster hope for a brighter future.

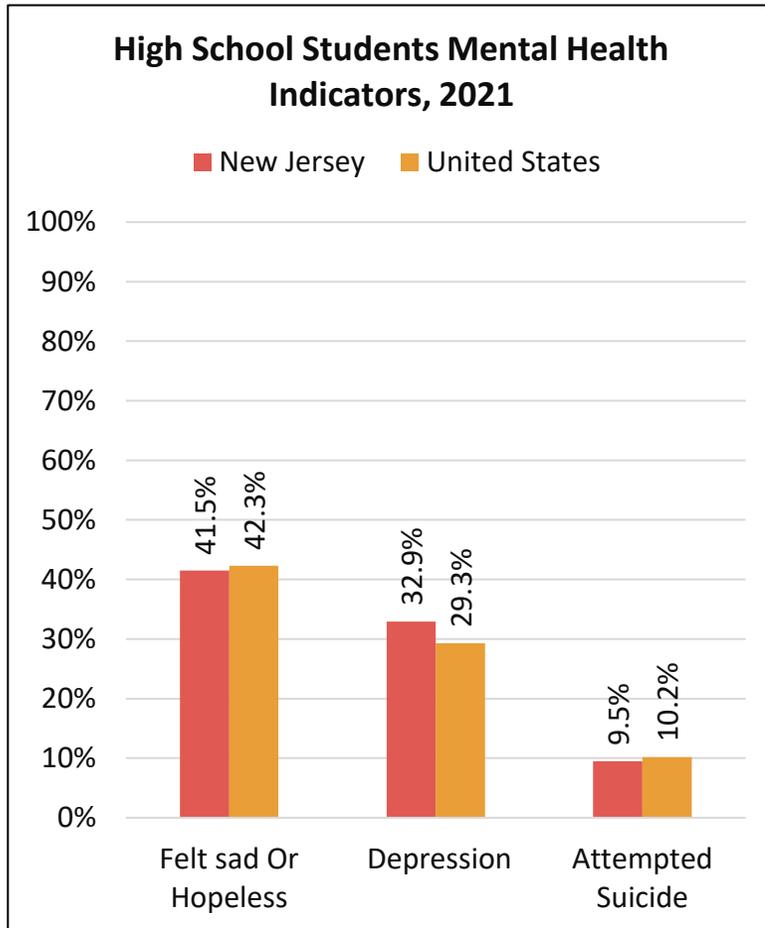
Like their peers worldwide, young people in South Jersey spent a significant portion of 2020-2022 attending school remotely or in a limited fashion out of an abundance of caution during the COVID-19 pandemic. This disruption upended education and opportunities for extracurricular enrichment for young people worldwide, and worsened underlying inequities and health concerns, including behavioral and mental health concerns, and insufficient academic progress.



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Since the onset of the COVID-19 pandemic, young people across the nation have faced increasing mental health challenges. On April 1, 2025, fifteen students from Pennsauken High School participated in a focus group to share their personal experiences and insights. The students emphasized that having a trusted adult who is available to listen and offer support during difficult times would significantly improve their well-being.



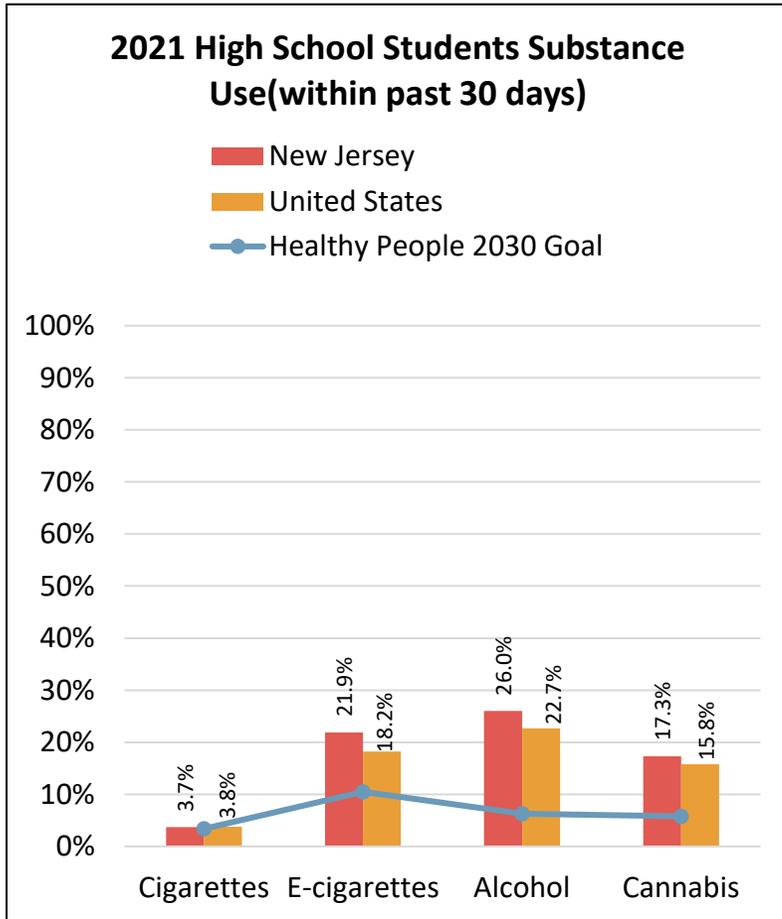
*“[I would like it if] everybody would be openminded. I feel like a lot of people have fences up. To hear people out, it would change the world.”*

*“[A good role model is someone who] helps build you up rather than puts you down. You’re going through something and you want to vent to them, they try to understand the situation, and not get over it but get through it.”*

**High School Students Reporting Attempted Suicide, 2021**

	New Jersey	United States
<b>Gender</b>		
Female	10.9%	13.3%
Male	7.9%	6.6%
<b>Race and Ethnicity</b>		
Asian	10.8%	6.4%
Black or African American	13.0%	14.5%
Latinx origin (any race)	10.8%	10.7%
White	7.3%	9.0%

Teens in South Jersey are more likely to be involved in school, work, or other structured activities compared to their peers nationwide. This kind of engagement not only prepares young people for future success but also supports their mental well-being. Among the 15 Pennsauken High School students who participated in a focus group on April 1, 2025, all were enrolled in both high school and career training programs, and 13 held after-school jobs.



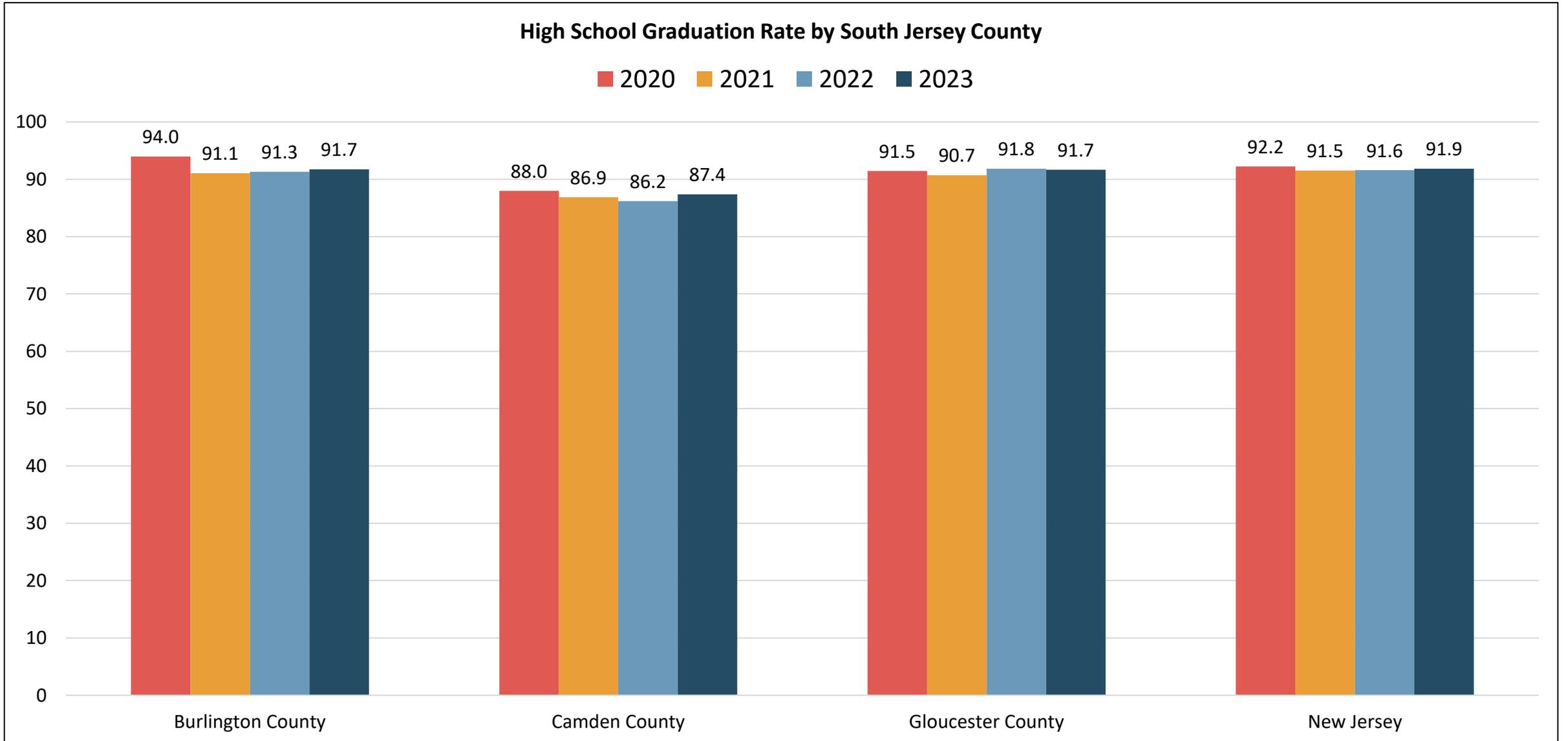
### Disconnected Youth: Percentage of Teens and Young Adults Aged 16-19 Who Are Neither Working nor in School, 2018-2022

	Percent
Burlington County	5.5%
Camden County	6.4%
Gloucester County	4.7%
New Jersey	5.2%
United States	7.0%

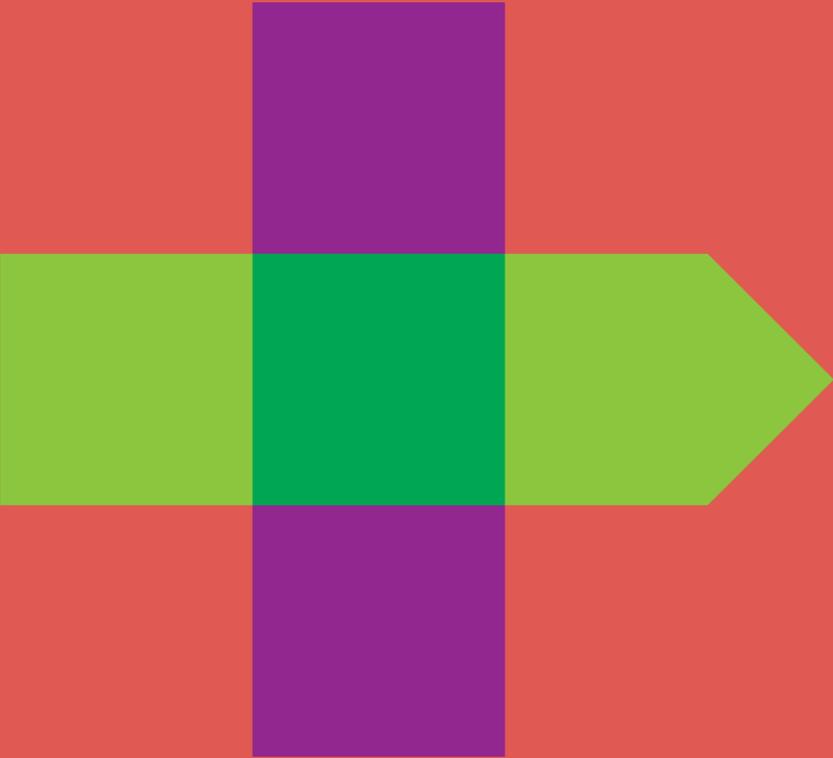
*"We got a lot of stuff going on outside of school. Work and sports.."*

### 2021 High School Students Reporting Current (within past 30 days) E-Cigarette Use

	New Jersey	United States
<b>Gender</b>		
Female	25.7%	21.5%
Male	17.0%	15.3%
<b>Race and Ethnicity</b>		
Asian	13.5%	5.5%
Black or African American	15.7%	14.1%
Latinx origin (any race)	22.3%	18.0%
White	25.7%	20.6%



Source: New Jersey Department of Education, School Performance. \*Graduation rate calculates the percentage of students who begin in the same cohort and who graduate in six years from a four-year program.



# **Populations of Special Interest:** *Pregnancy, Birth and Babies*

# Populations of Special Interest

## *Pregnancy, Birth and Babies*

Healthy communities offer an opportunity for a healthy start to life. The best way to begin a healthy life is with a healthy pregnancy. According to March of Dimes, infants born to mothers who have not accessed adequate prenatal care experience an infant death rate five times higher than that of infants whose mothers begin prenatal care in the first trimester. Four of the most common barriers that limit women from accessing appropriate levels of care are: *disrespectful treatment; discrimination* based on gender identity, race, ethnicity, language, or socioeconomic status; *harmful practices; shortages* of culturally sensitive and/or appropriately trained medical professionals and accessible facilities.

The World Health Organization uses infant mortality as an indicator of the overall well-being of the entire population. Disparities in infant mortality are most directly affected by structural factors, such as social and economic opportunity, educational opportunity, and quality of life for birthing people *before* the onset of pregnancy. Therefore, addressing upstream inequities can provide a healthy start for all babies.

Every Mother Counts. (2024). *The Issue*. Every Mother Counts (EMC) | Improving Maternal Health. <https://everymothercounts.org/our-story/the-issue/>



# Births Across South Jersey

All Births and Birth Rate All Ages per 1,000 Population 2022	Count	Birth Rate per 1,000
<b>Camden City</b>	<b>1,143</b>	<b>16.1</b>
<b>Burlington County</b>	<b>4,725</b>	<b>10.1</b>
Black/African American, non-Hispanic	822	9.4
Hispanic/Latinx (any race)	837	17.5
White, non-Hispanic	2,529	8.4
<b>Camden County</b>	<b>6,115</b>	<b>11.6</b>
Black/African American, non-Hispanic	1,132	10.8
Hispanic/Latinx (any race)	1,739	16.6
White, non-Hispanic	2,529	9.3
<b>Gloucester County</b>	<b>3,050</b>	<b>9.9</b>
Black/African American, non-Hispanic	334	8.8
Hispanic/Latinx (any race)	397	14.8
White, non-Hispanic	2,120	8.8
<b>New Jersey</b>	<b>99,375</b>	<b>10.9</b>
Black/African American, non-Hispanic	12,500	10.4
Hispanic/Latinx (any race)	30,683	15.1
White, non-Hispanic	45,886	9.4
<b>United States</b>	<b>3,667,758</b>	<b>11.0</b>
Black/African American, non-Hispanic	511,439	12.3
Hispanic/Latinx (any race)	937,421	14.7
White, non-Hispanic	1,840,739	9.5

Teen Birth Rate per 1,000 Females 2022	Teen (15-17) Birth Rate	Teen (18-19) Birth Rate
<b>Burlington County</b>	<b>2.1</b>	<b>*</b>
Black/African American, non-Hispanic	*	*
Hispanic/Latinx (any race)	*	*
White, non-Hispanic	*	*
<b>Camden County</b>	<b>5.9</b>	<b>*</b>
Black/African American, non-Hispanic	*	*
Hispanic/Latinx (any race)	*	*
White, non-Hispanic	*	*
<b>Gloucester County</b>	<b>2.1</b>	<b>*</b>
Black/African American, non-Hispanic	*	*
Hispanic/Latinx (any race)	*	*
White, non-Hispanic	*	*
<b>New Jersey</b>	<b>3.6</b>	<b>16.1</b>
Black/African American, non-Hispanic	5.3	27.3
Hispanic/Latinx (any race)	7.3	36.6
White, non-Hispanic	0.4	3.6
<b>United States</b>	<b>6.3</b>	<b>24.4</b>
Black/African American, non-Hispanic	9.4	40.8
Hispanic/Latinx (any race)	9.2	36.4
White, non-Hispanic	3.1	16.3

Source: Centers for Disease Control and Prevention & NJSHAD; \*\*Counts too few to calculate rates

The birth rate in Burlington County is similar to that of New Jersey and the US for all races and ethnicities. The birth rate for Burlington County teens is lower than that of New Jersey and the US.

All Births and Birth Rate All Ages per 1,000 Population 2022	Count	Birth Rate per 1,000
<b>Burlington County</b>	<b>4,725</b>	<b>10.1</b>
Black/African American, non-Hispanic	822	9.4
Hispanic/Latinx (any race)	837	17.5
White, non-Hispanic	2,529	8.4
<b>New Jersey</b>	<b>99,375</b>	<b>10.9</b>
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Teen Birth Rate per 1,000 Females 2022	Teen (15-17) Birth Rate	Teen (18-19) Birth Rate
<b>Burlington County</b>	<b>2.1</b>	<b>*</b>
Black/African American, non-Hispanic	*	*
Hispanic/Latinx (any race)	*	*
White, non-Hispanic	*	*
<b>New Jersey</b>	<b>3.6</b>	<b>16.1</b>
Black/African American, non-Hispanic	5.3	27.3
Hispanic/Latinx (any race)	7.3	36.6
White, non-Hispanic	0.4	3.6
<b>United States</b>	<b>6.3</b>	<b>24.4</b>
Black/African American, non-Hispanic	9.4	40.8
Hispanic/Latinx (any race)	9.2	36.4
White, non-Hispanic	3.1	16.3

The birth rate in Camden County is similar to that of New Jersey and the US for people of all races and ethnicities. However, the birth rate in Camden City is higher than in Camden County, New Jersey, and the US. This is consistent with Camden City's younger median age and its larger proportion of adults of childbearing age. The birth rate among teens is higher in Camden County than in New Jersey, but lower than the national rate.

All Births and Birth Rate All Ages per 1,000 Population 2022	Count	Birth Rate per 1,000
<b>Camden City</b>	<b>1,143</b>	<b>16.1</b>
<b>Camden County</b>	<b>6,115</b>	<b>11.6</b>
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Hispanic/Latinx (any race)	1,739	16.6
White, non-Hispanic	2,529	9.3
<b>New Jersey</b>	<b>99,375</b>	<b>10.9</b>
Black/African American, non-Hispanic	12,500	10.4
Hispanic/Latinx (any race)	30,683	15.1
White, non-Hispanic	45,886	9.4
<b>United States</b>	<b>3,667,758</b>	<b>11.0</b>
Black/African American, non-Hispanic	511,439	12.3
Hispanic/Latinx (any race)	937,421	14.7
White, non-Hispanic	1,840,739	9.5

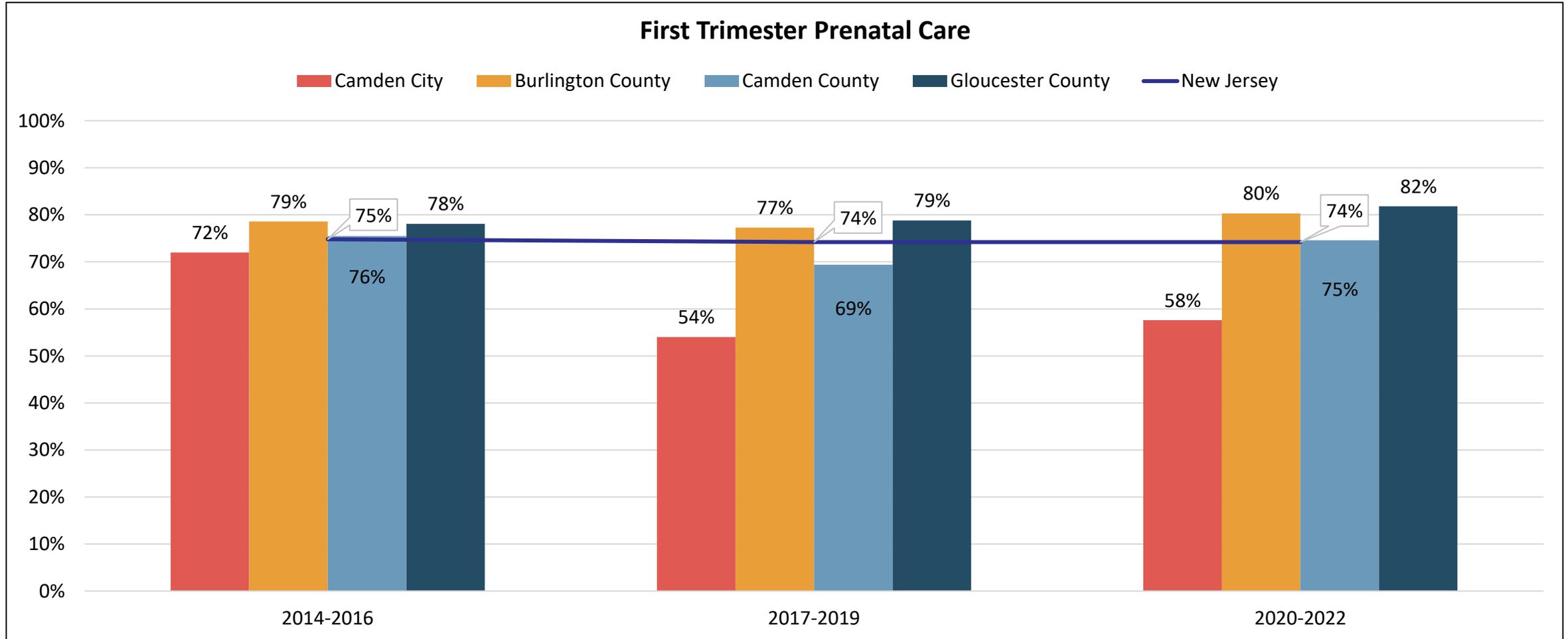
Teen Birth Rate per 1,000 Females 2022	Teen (15-17) Birth Rate	Teen (18-19) Birth Rate
<b>Camden County</b>	<b>5.9</b>	<b>*</b>
Black/African American, non-Hispanic	*	*
Hispanic/Latinx (any race)	*	*
White, non-Hispanic	*	*
<b>New Jersey</b>	<b>3.6</b>	<b>16.1</b>
Black/African American, non-Hispanic	5.3	27.3
Hispanic/Latinx (any race)	7.3	36.6
White, non-Hispanic	0.4	3.6
<b>United States</b>	<b>6.3</b>	<b>24.4</b>
Black/African American, non-Hispanic	9.4	40.8
Hispanic/Latinx (any race)	9.2	36.4
White, non-Hispanic	3.1	16.3

The overall birth rate and teen birth rate are lower in Gloucester County than in New Jersey or the US. This is consistent with the older median age and decreasing population in recent years in Gloucester County.

All Births and Birth Rate All Ages per 1,000 Population 2022	Count	Birth Rate per 1,000
<b>Gloucester County</b>	<b>3,050</b>	<b>9.9</b>
Black/African American, non-Hispanic	334	8.8
Hispanic/Latinx (any race)	397	14.8
White, non-Hispanic	2,120	8.8
<b>New Jersey</b>	<b>99,375</b>	<b>10.9</b>
Black/African American, non-Hispanic	12,500	10.4
Hispanic/Latinx (any race)	30,683	15.1
White, non-Hispanic	45,886	9.4
<b>United States</b>	<b>3,667,758</b>	<b>11.0</b>
Black/African American, non-Hispanic	511,439	12.3
Hispanic/Latinx (any race)	937,421	14.7
White, non-Hispanic	1,840,739	9.5

Teen Birth Rate per 1,000 Females 2022	Teen (15-17) Birth Rate	Teen (18-19) Birth Rate
<b>Gloucester County</b>	<b>2.1</b>	<b>*</b>
Black/African American, non-Hispanic	*	*
Hispanic/Latinx (any race)	*	*
White, non-Hispanic	*	*
<b>New Jersey</b>	<b>3.6</b>	<b>16.1</b>
Black/African American, non-Hispanic	5.3	27.3
Hispanic/Latinx (any race)	7.3	36.6
White, non-Hispanic	0.4	3.6
<b>United States</b>	<b>6.3</b>	<b>24.4</b>
Black/African American, non-Hispanic	9.4	40.8
Hispanic/Latinx (any race)	9.2	36.4
White, non-Hispanic	3.1	16.3

The Healthy People 2030 Goal is to ensure that 80.5% of pregnant people access prenatal care during their first trimester. From 2020 to 2022, only Gloucester County met that goal. In Camden City, fewer than 6 in 10 pregnant people access prenatal care during their first trimester. Access to early and consistent prenatal care contributes to healthier birth outcomes.



## Maternal and Infant Health Indicators 2022

	First Trimester Prenatal Care	Preterm Births	Low Birth Weight Births
<b>Burlington County</b>	<b>81.4%</b>	<b>8.7%</b>	<b>7.6%</b>
Asian, non-Hispanic	**	**	**
Black/African American, non-Hispanic	71.9%	12.7%	11.8%
Hispanic/Latinx (any race)	72.3%	7.2%	7.8%
White, non-Hispanic	86.0%	7.8%	6.0%
<b>Camden County</b>	<b>77.5%</b>	<b>10.5%</b>	<b>8.9%</b>
Asian, non-Hispanic	**	**	**
Black/African American, non-Hispanic	63.9%	13.7%	14.7%
Hispanic/Latinx (any race)	65.4%	10.5%	8.6%
White, non-Hispanic	85.1%	9.4%	6.9%
<b>Gloucester County</b>	<b>83.7%</b>	<b>10.0%</b>	<b>8.3%</b>
Asian, non-Hispanic	**	**	**
Black/African American, non-Hispanic	**	**	**
Hispanic/Latinx (any race)	**	**	**
White, non-Hispanic	88.1%	8.9%	7.2%
<b>New Jersey</b>	<b>75.1%</b>	<b>9.2%</b>	<b>7.7%</b>
Asian, non-Hispanic	81.8%	8.3%	9.1%
Black/African American, non-Hispanic	63.8%	13.1%	12.8%
Hispanic/Latinx (any race)	64.0%	10.0%	7.8%
White, non-Hispanic	83.2%	7.8%	5.9%
<b>United States</b>	<b>78.3%</b>	<b>10.5%</b>	<b>8.5%</b>
Asian, non-Hispanic	**	9.2%	**
Black/African American, non-Hispanic	69.7%	14.7%	14.6%
Hispanic/Latinx (any race)	72.5%	10.2%	7.8%
White, non-Hispanic	83.2%	9.4%	7.0%
<b>HP2030 Goal</b>	<b>&gt;80.5%</b>	<b>&lt;9.4%</b>	<b>**</b>

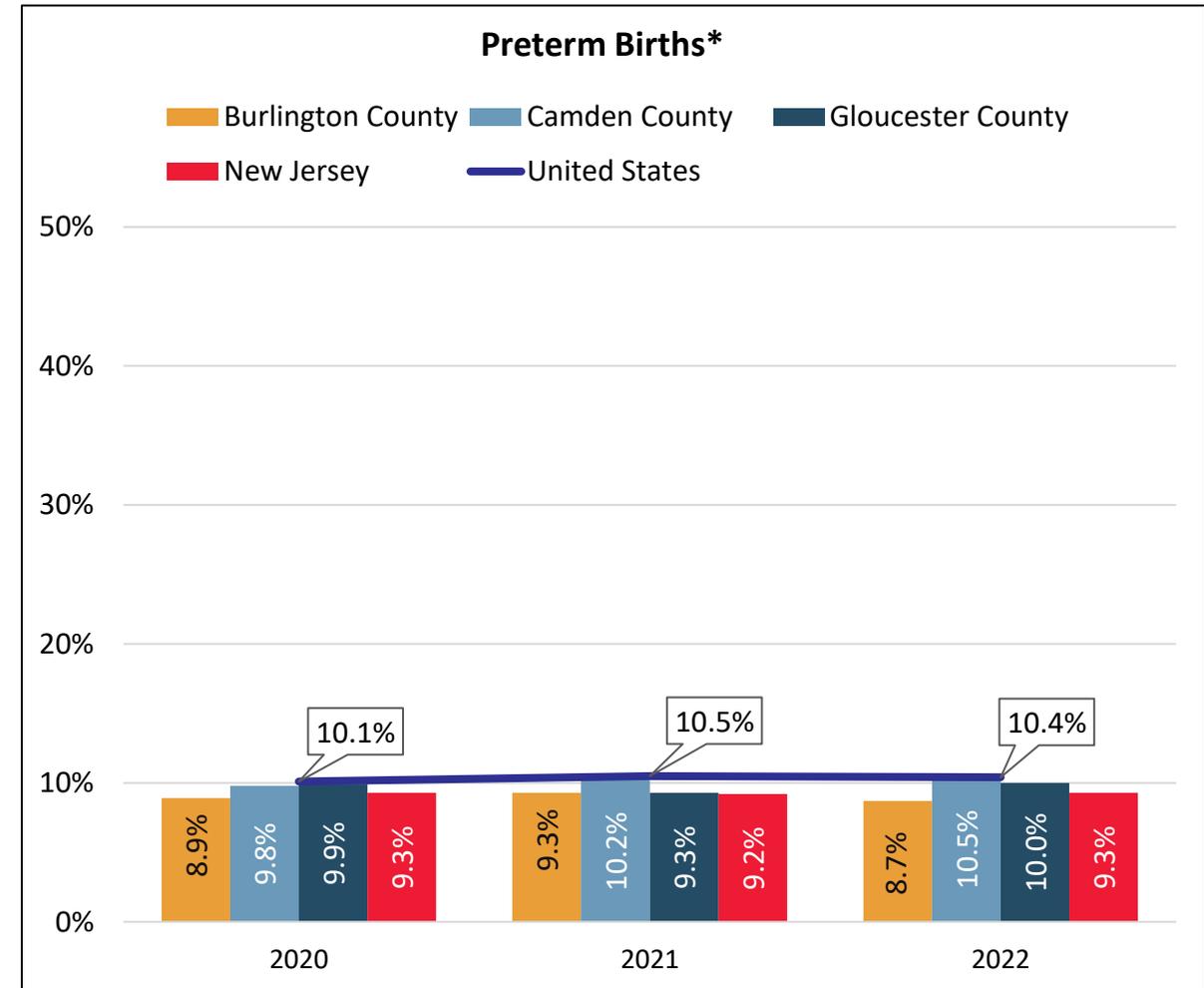
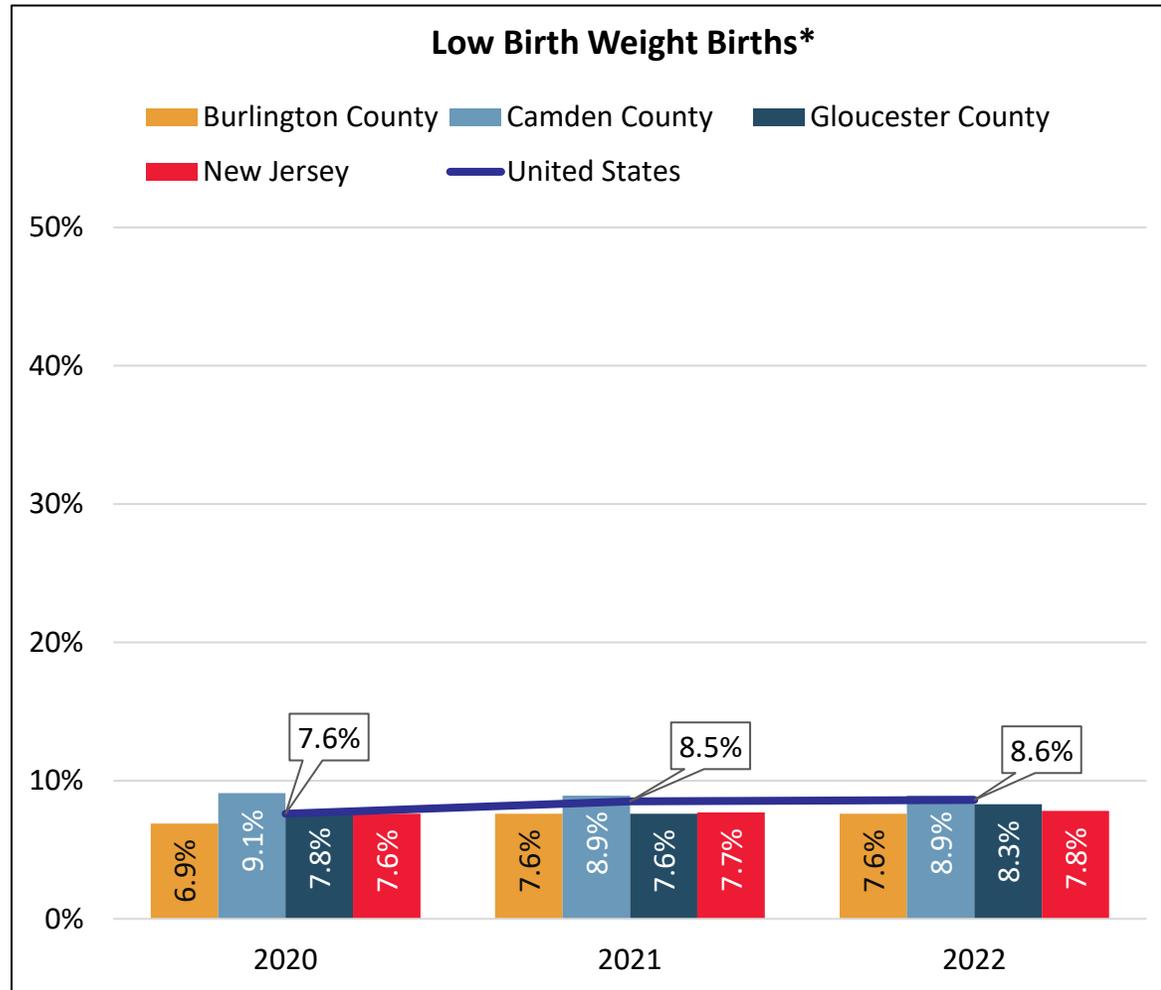
Camden County experiences the poorest birth outcomes of the three South Jersey counties, faring worse than the state and nation as well.

Across every geography, Black/African American and Hispanic/Latinx people are less likely to access first-trimester prenatal care than white people.

Black/African American babies are 50%-100% more likely to be born preterm and with low birth weight than other babies.

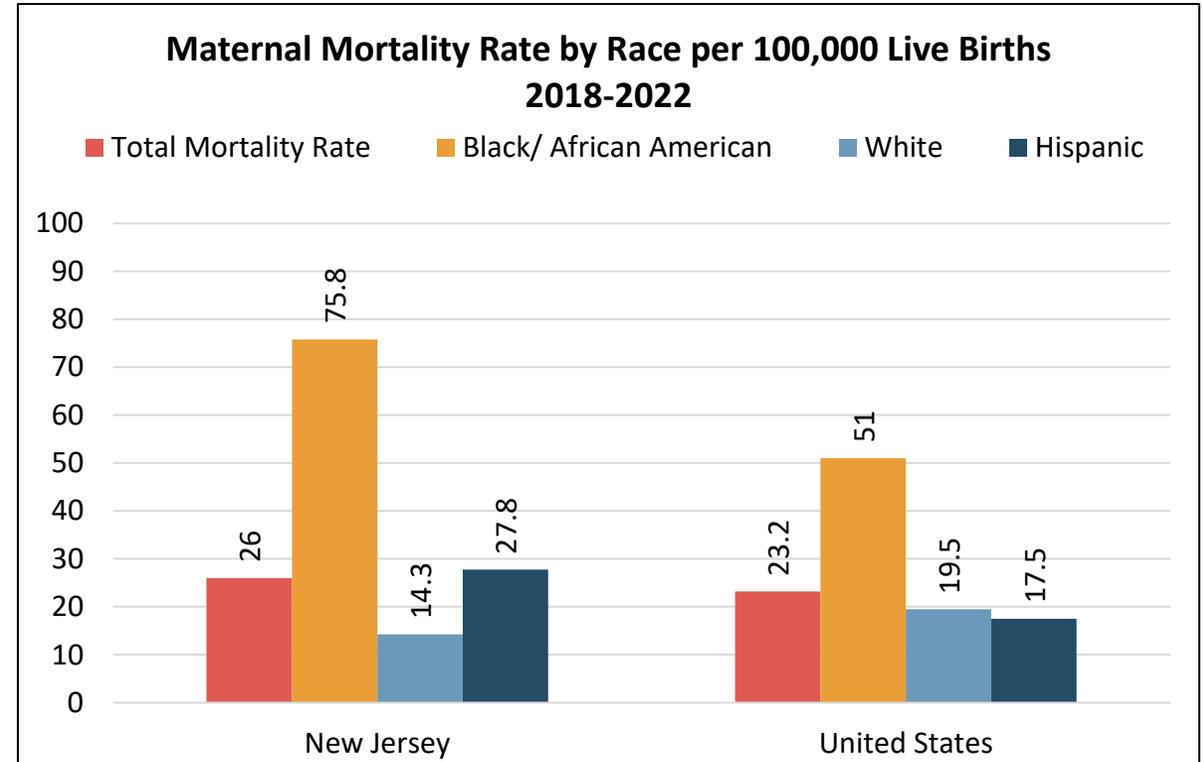
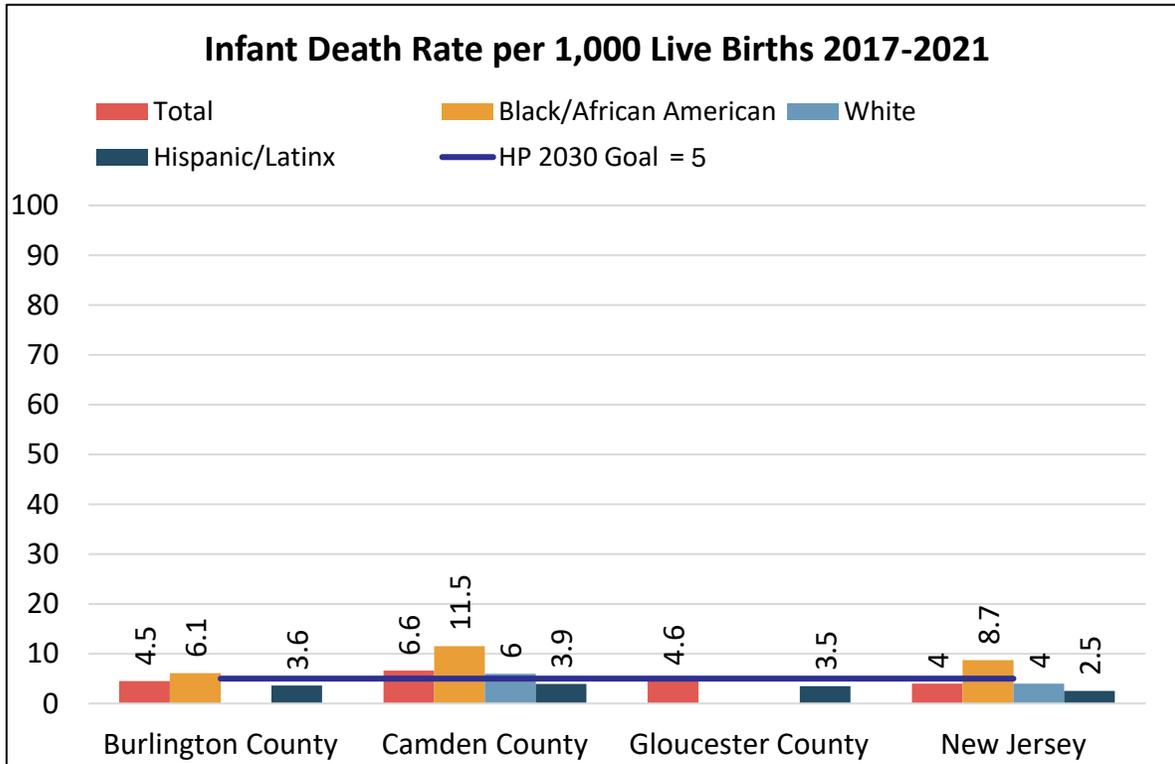
*“The ‘Super Woman mentality’ among Black women makes asking for help difficult...when we DO reach the African American community, they don’t know we exist...they have accepted the status quo to some degree because it’s their ‘normal’... We reach people through word of mouth. If they’re receiving care, they’re telling their friends.”*

New Jersey and the US report similar rates of low birth weight and preterm births as those in Burlington and Gloucester Counties, while Camden County continues to have higher rates. Little change has been observed in these indicators over the last few years.



Burlington and Gloucester counties meet HP2030 goals, while Camden County does not. Black/African American babies are more likely to die within the first year after birth than babies of other races or ethnicities in every region.

Black/African American people in New Jersey are 5.3 times as likely to die during childbirth or within the first year after giving birth compared to white people, highlighting a higher maternal mortality rate in the state than the national average, *and* a worse disparity.



**Did you know?** Maternal and infant mortality rates serve as crucial indicators of a population's overall health, highlighting issues such as access to quality healthcare, socioeconomic disparities, and the effectiveness of public health systems.

*“Women in the United States are more likely to die from childbirth or problems related to pregnancy than women in other high-income countries. In addition, there are persistent disparities by race/ethnicity. Improving the quality of medical care for women before, during, and after pregnancy can help reduce maternal deaths.”* <https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth>



# *In your words:* Responses from people across South Jersey

- KEY INFORMANT INTERVIEWS
- KEY STAKEHOLDER SURVEY
- COMMUNITY SURVEY
- FOCUS GROUPS
- COMMUNITY FORUM



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The research process is grounded in a focus on incorporating the perspectives of the people we are serving across all aspects of research, planning, and implementation. This means including feedback from stakeholders throughout the process by opening data-driven discussions to foster a shared understanding of the root causes of the gaps that the data illuminates, ensuring participation in research and planning by historically excluded communities, and broadening partnerships.

Aligned with best practices, we have used Community-Based Participatory Research (CBPR) methods to engage stakeholders and gather broad perspectives to define and solve challenges with the people who experience them. CBPR is a partnership approach to research that equitably involves stakeholders, organizational representatives, and researchers in the research process and honors all participants' expertise and input in co-developing solutions.

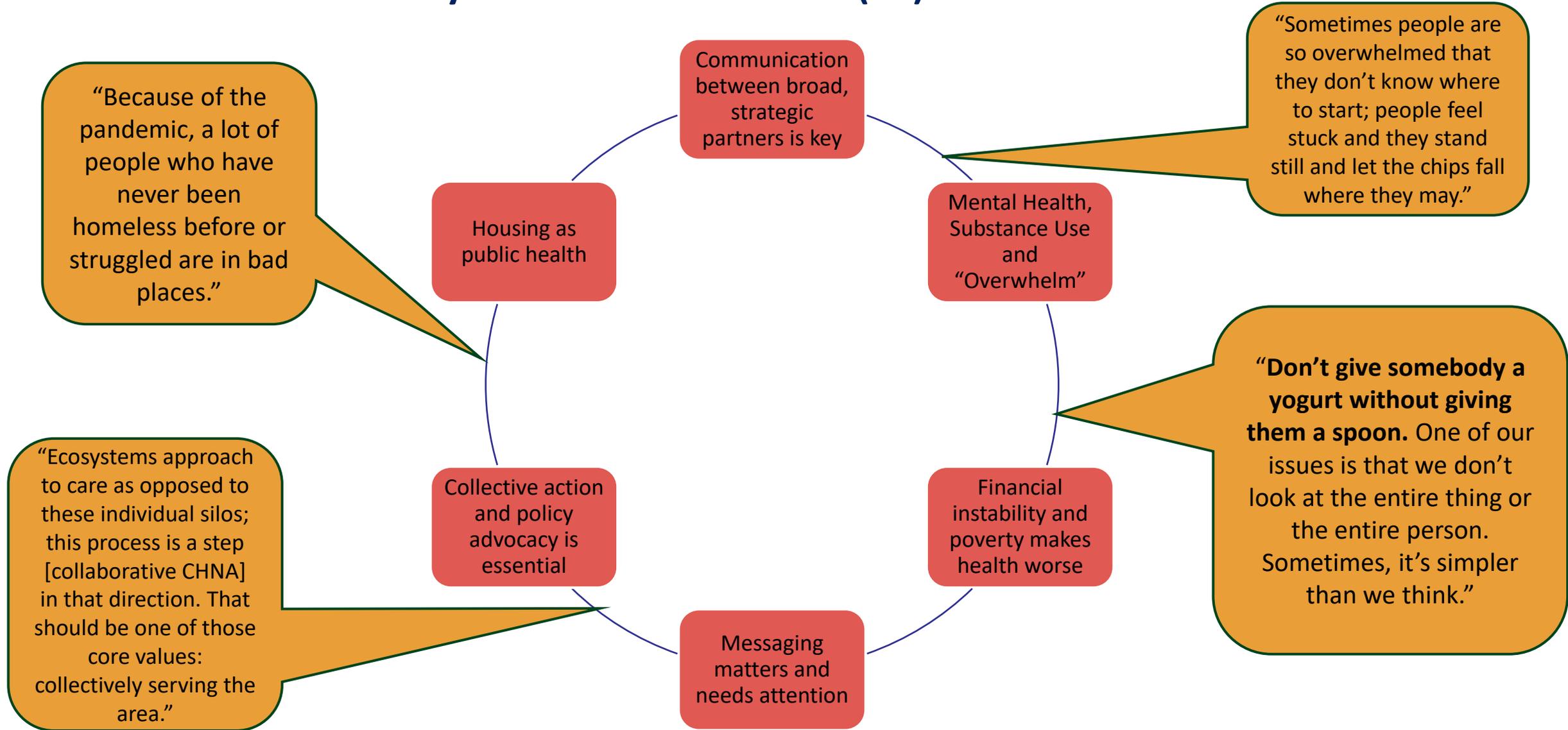


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# *In Your Words: Qualitative Research Stakeholder Engagement, by the numbers*

#	Participation
13	Individuals identified as key informants were interviewed for one hour each via Zoom
226	Individuals, including school employees, first responders, faith-based leaders, policymakers, and others, completed the Key Stakeholder Survey
14	Partner agencies, including South Jersey Health Collaborative partners, helped distribute the Community Survey to diverse populations across South Jersey
1470	Individuals completed the Community Survey.
56	Residents across South Jersey – of diverse age, race, preferred language, sexual orientation, gender identity, income strata, and occupation – participated across 5 separate hour-long focus group conversations
35	Individuals gathered over Zoom on January 24, 2025, to learn how to support the distribution of the Community Survey
33	Individuals gathered in person at Virtua Health on May 13, 2025, to review the full CHNA findings, and confirm priorities for the Community Health Improvement Plan (CHIP)



“People don’t trust the system because the system has a tendency to brush people off or send them on a ‘wild goose chase.’ I believe in warm hand-offs.”

“People don’t actually know the skills that they have. And almost everyone wants to be wanted or needed somewhere. People need purpose.”

“It’s very hard to recruit staff, especially bilingual staff.”

“We have a lot of inpatient [behavioral health] capacity but there’s nowhere to discharge them to.”

“The Pandemic did bring mental health into our living rooms, to our kitchen tables but now people who had been avoiding treatment are trying to enter into this system that already overloaded.”

“We’re relying on things that have always worked and they really don’t work anymore. How do we bridge the gap between staying professional but being more engaging [on social media]?”

“The most important this is the relationship; the clients come, they receive the services, and they come back again. We try to make this place feel like home.”

“Trust is such an issue in the community today. Better that we’re transparent that we don’t have enough resources for everyone, and this is the lottery system we’re going to use, instead of, ‘prove to me that you’re hungry, prove to me that you’re homeless.’ We don’t trust the folks we serve, so why should they trust us?”



# South Jersey Health Collaborative Key Stakeholder Survey

Understanding needs, opportunities and capacity of the local safety net providers across South Jersey

South Jersey Health Collaborative Partners

December 2024- January 2025



# What is the Key Stakeholder Survey?

Intended for **people whose work is serving others** such as:

Case managers, Nurses,  
Elected Officials, Faith Based  
Leaders, First Responders,  
Teachers, Outreach Workers,  
**People like you!**

Online Survey in  
English and Spanish,  
other languages as  
needed

Unlimited participation

Sent via email to the  
list in the shared drive

The email can be  
forwarded to others  
(coworkers, other  
partner agencies, etc.)

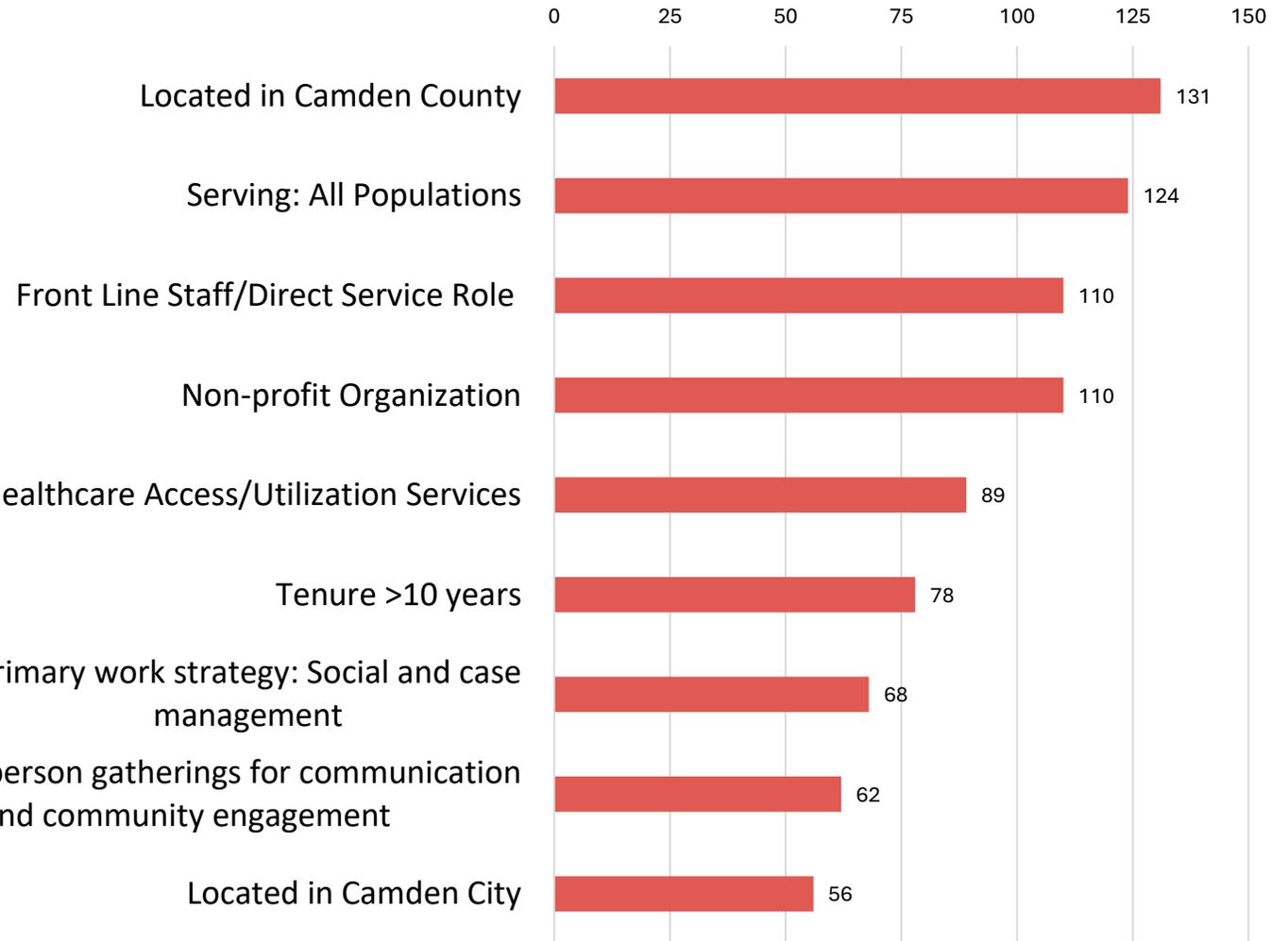
Quick to complete ~ 10  
minutes

Translation provided by  
bilingual researchers,  
not AI

## Snapshot of Respondents/Organizations

Survey respondents were more likely to serve:

- Camden City
- Blackwood
- Westhampton
- Marlton
- Voorhees
- Multiple Counties

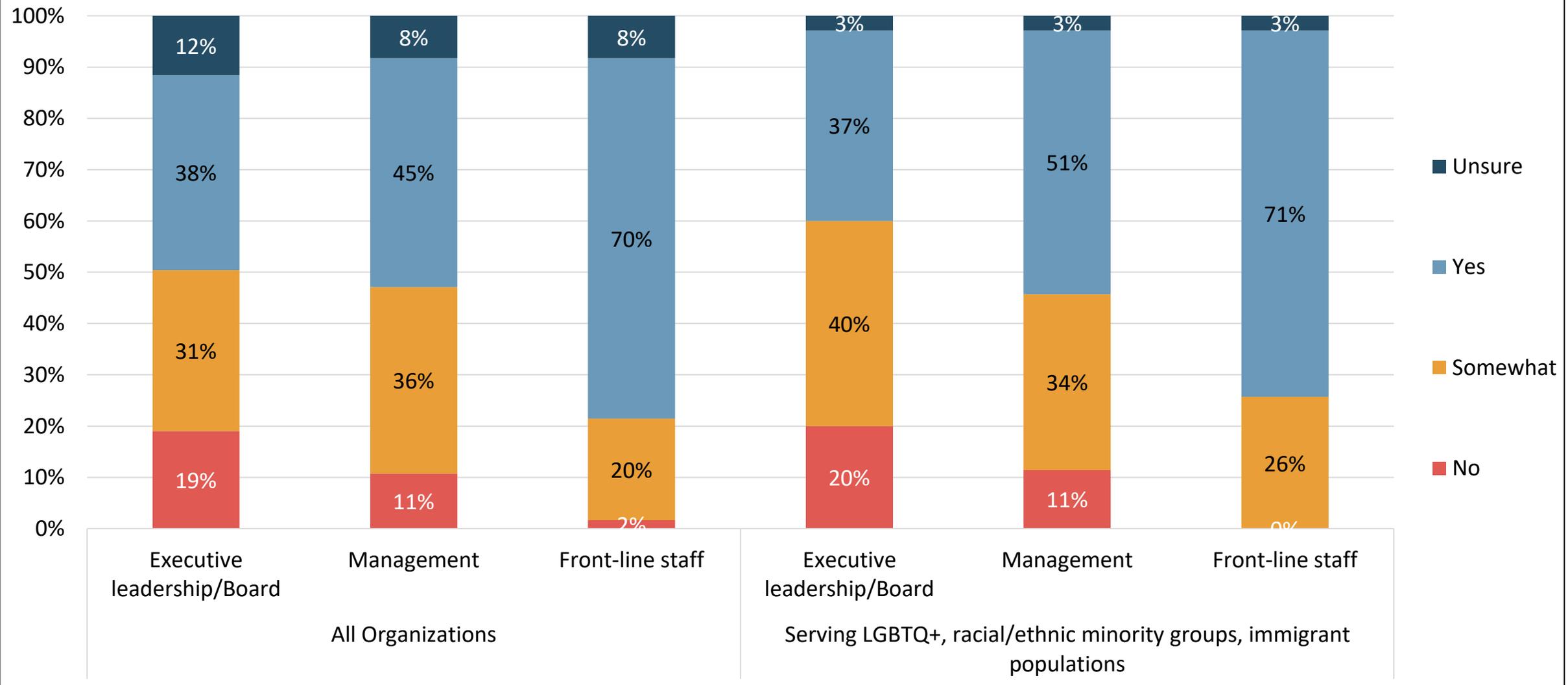


### South Jersey Health Collaborative Partners



Providing Healthcare Access/Utilization Services

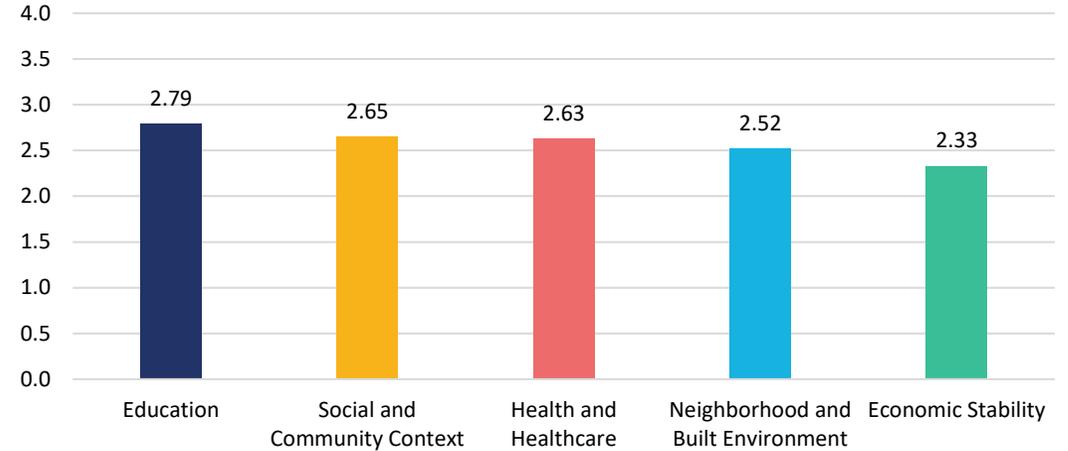
## Does your organization reflect the race, gender identity, and language of population you serve in its:



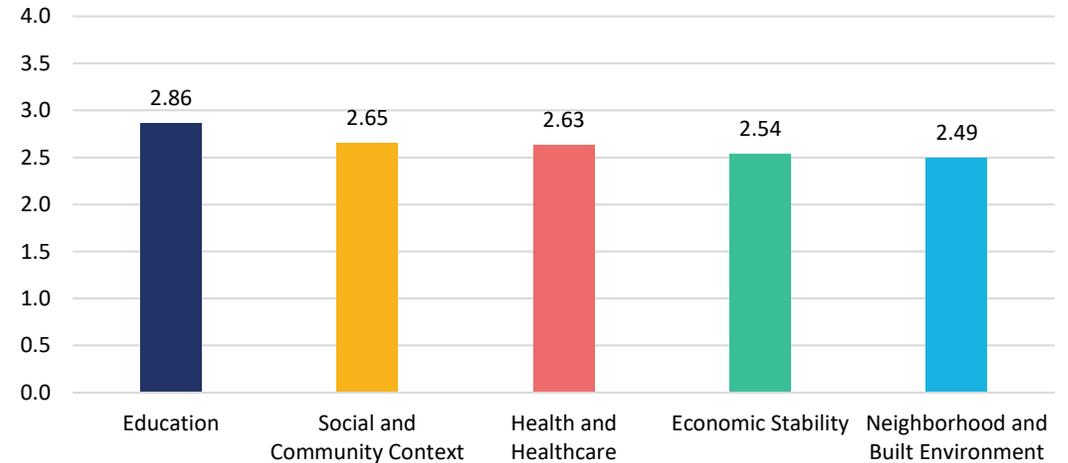
(n=226) Social Drivers of Health Dimensions Average Scores  
(weighted average: 1 (bad) – 4 (excellent))



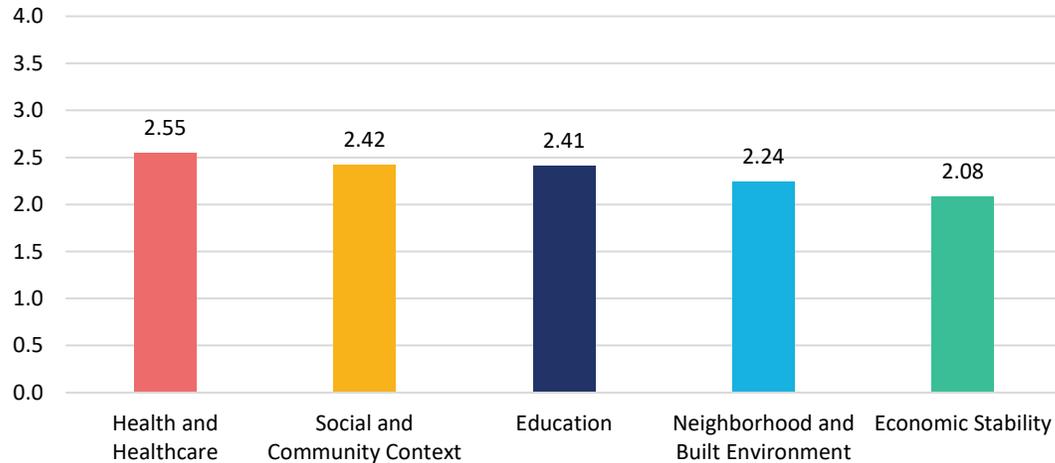
**Burlington County (n=65)**



**Gloucester County (n=46)**



**Camden County (n=118)**



Top Barriers Faced by Providers At Work

Not enough resources to meet demand/long waitlists **(72)**

Lack of funding/staff shortages **(63)**

Transportation **(60)**

Language barriers **(52)**

Top Health Concerns Providers See Among their Clients

Mental/ behavioral health **(110)**

Substance use **(89)**

Chronic disease **(71)**

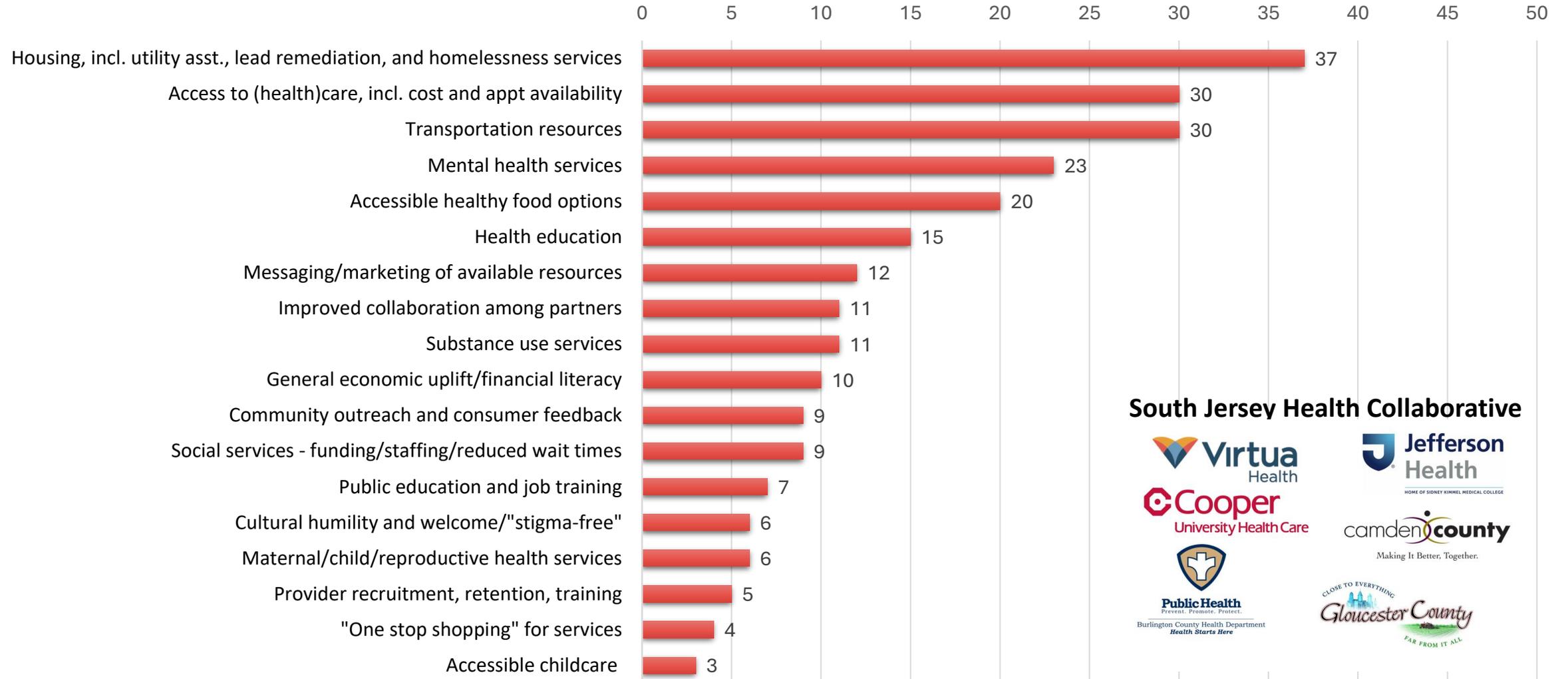
Top Barriers Providers See Clients Face Preventing a Healthier Life

General financial strain or instability **(90)**

Affordability of care/healthy foods **(88)**

Housing insecurity or homelessness **(75)**

What do you think should be the top 3 priorities the South Jersey Health Collaborative should tackle to improve the health and quality of life of the people you serve?



## South Jersey Health Collaborative





# 2025 Community Survey

South Jersey Health Collaborative

February – March 2025



**Public Health**  
Prevent. Promote. Protect.  
Burlington County Health Department  
Health Starts Here



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# What is the 2025 Community Survey?

South Jersey Health Collaborative 2025 Community Survey

An online survey for community residents to describe their needs, barriers, strengths and ideas.

Designed as a planning tool to identify issues regular people are motivated to work on

Online Survey in English and Spanish – other languages as needed

A unique QR code can be created for any interested partner to promote the survey with the population they serve

If partners collect 50+ responses, they will get their results back for their own use!

Unlimited participation

Quick to complete ~ 10 minutes

Depending on responses, can stratify by demographic or geographic characteristics

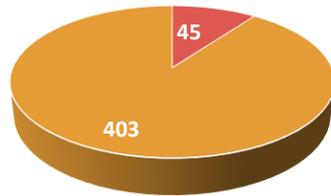


# 2025 South Jersey Health Collaborative Community Survey: Partner Organizations Participating in Survey Distribution

<b>Organization</b>	<b>1,470 Survey Responses</b> (1,581 total responses, including non-tri-county zips, excluded from shared data)
Burlington County Health Department	344
Camden County Department of Children’s Services	58
Camden County Department of Health and Human Services	163
Center for Family Services	4
Cooper University Health Care	113
The Cooperative	49
Deborah Heart and Lung Center	168
Food Bank of South Jersey	133
Food Bank of South Jersey, Health and Wellness Program	151
Gloucester County Health Department	55
Jefferson Health – New Jersey	173
New Hope IBHC	13
Virtua Health	142
Waterford Township Public Library	15

## Burlington County, N=705

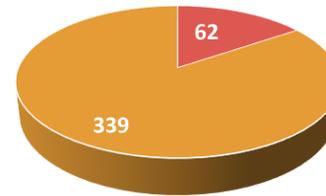
Do you identify as Hispanic/Latinx?



■ Yes ■ No

## Camden County, N=578

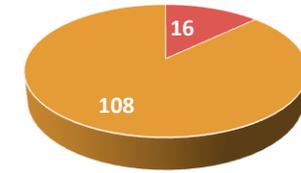
Do you identify as Hispanic/Latinx?



■ Yes ■ No

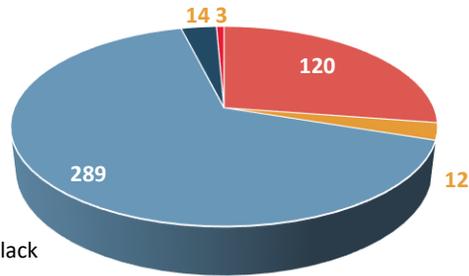
## Gloucester County, N=181

Do you identify as Hispanic/Latinx?



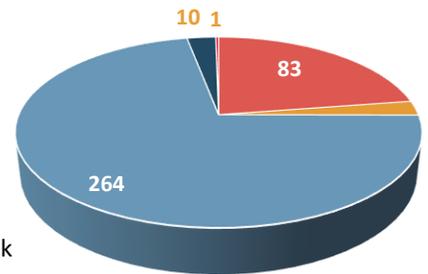
■ Yes ■ No

What is your race? (check all that apply)



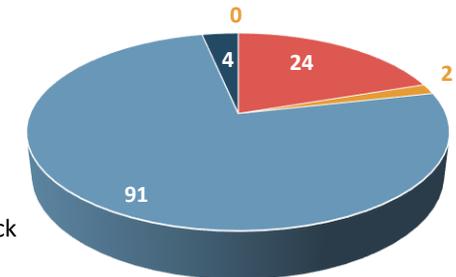
- African American or Black
- Asian, Asian American, or Pacific Islander
- Caucasian or White
- Indigenous, Native American, or Alaska Native
- SWANA (Southwest Asian and North African) or Middle Eastern American

What is your race? (check all that apply)



- African American or Black
- Asian, Asian American, or Pacific Islander
- Caucasian or White
- Indigenous, Native American, or Alaska Native
- SWANA (Southwest Asian and North African) or Middle Eastern American

What is your race? (check all that apply)



- African American or Black
- Asian, Asian American, or Pacific Islander
- Caucasian or White
- Indigenous, Native American, or Alaska Native
- SWANA (Southwest Asian and North African) or Middle Eastern American

## Burlington County, N=705



**16%** Living with a disability

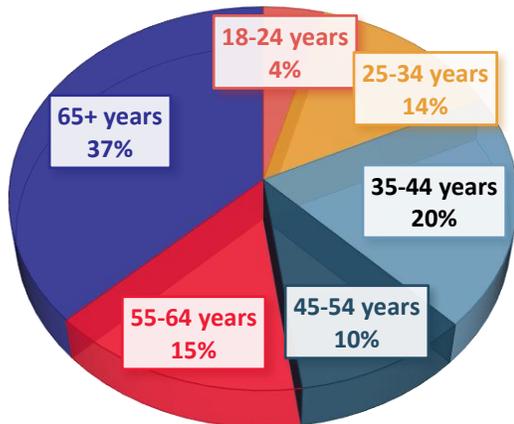


**3%** LGBTQ+



**30%** Parent of children under 18

### HOW OLD ARE YOU?



## Camden County, N=578



**14%** Living with a disability

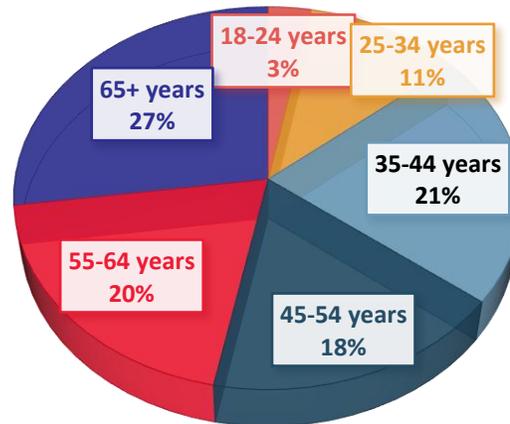


**5%** LGBTQ+



**29%** Parent of children under 18

### HOW OLD ARE YOU?



## Gloucester County, N=181



**13%** Living with a disability

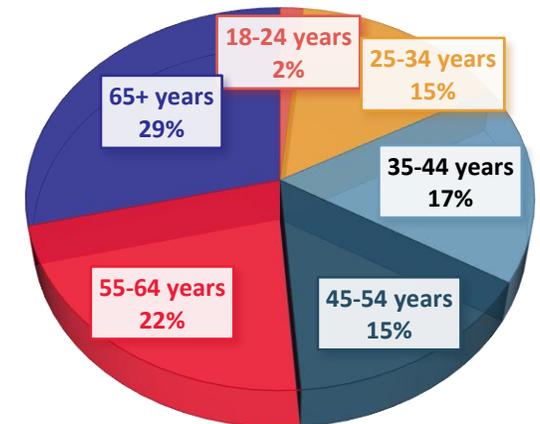


**3%** LGBTQ+



**31%** Parent of children under 18

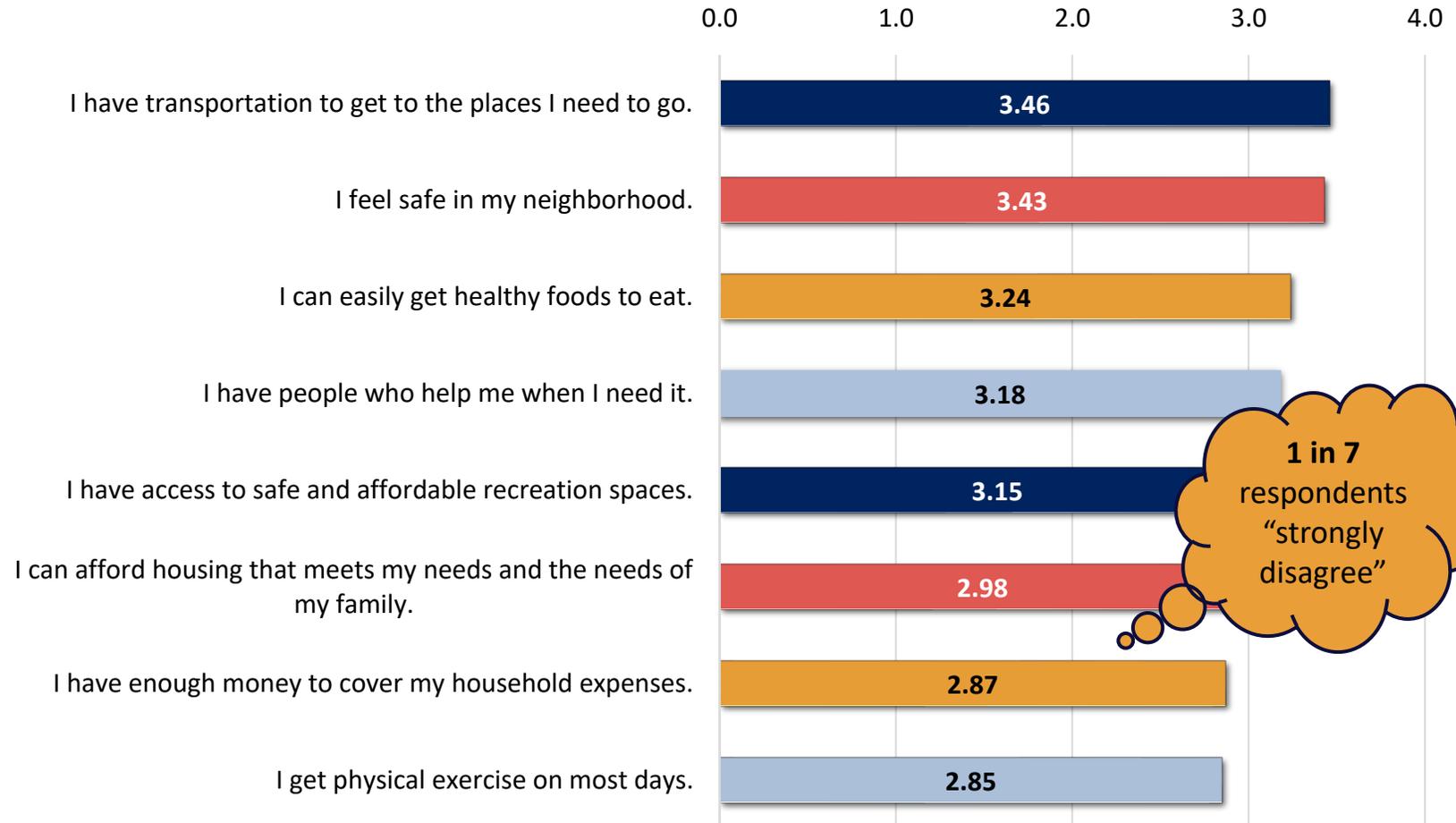
### HOW OLD ARE YOU?



On a scale of 1-5, how would you rank your situation or quality of life over the past month? (n=1,210)

Weighted Average:  
**3.3 out of 5**

**Please tell us about your day-to-day experiences**  
(weighted average, 1=strongly disagree – 4=strongly agree) (n=1,235)



## South Jersey Health Collaborative 2025 Community Survey

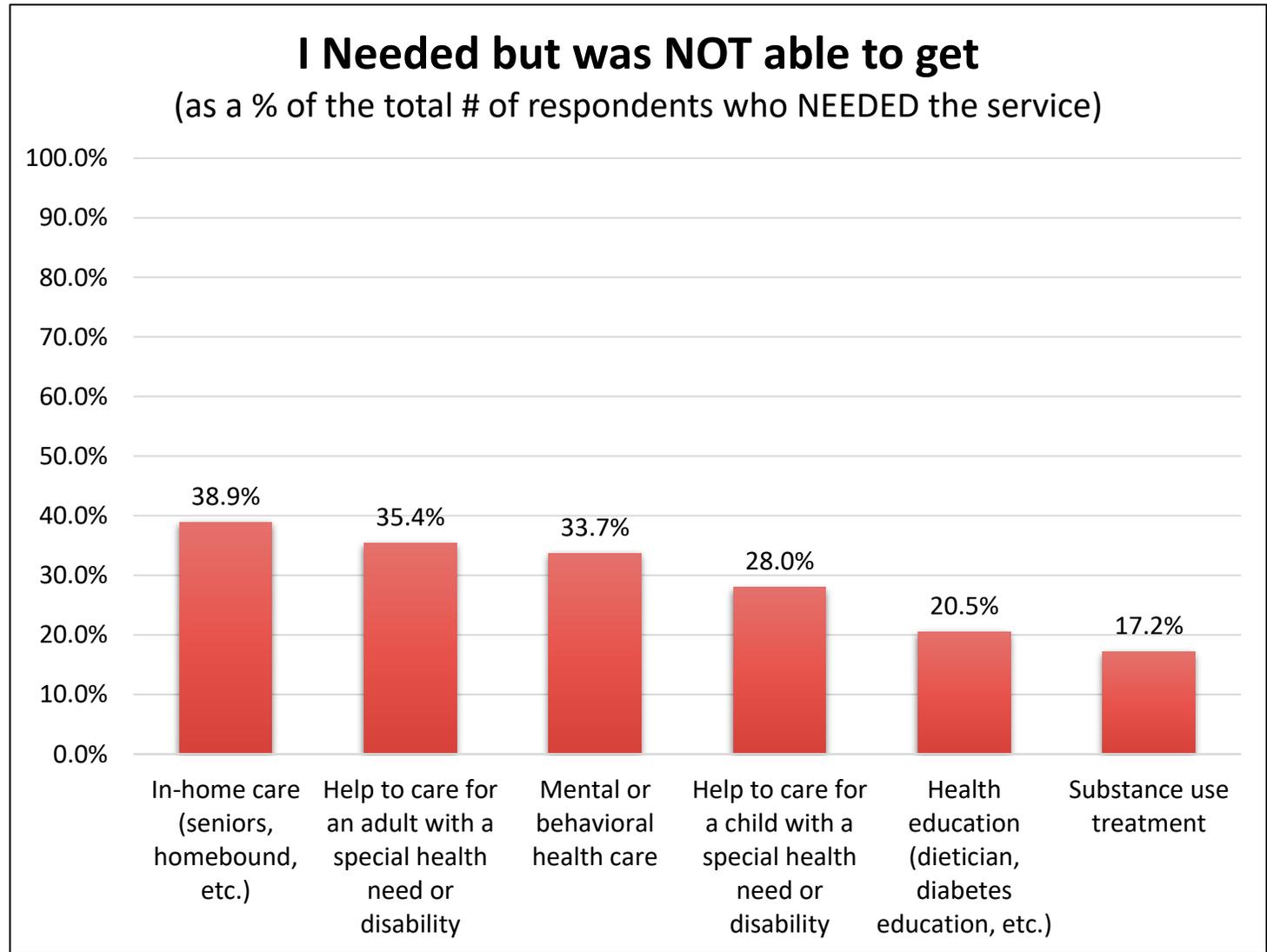


# Was there a time in 2024 when you needed any of these health services or medical care?

## Most Needed Health Services:

1. General or primary care (66%)
2. Prescription medications (66%)
3. Dental care (64%)

## South Jersey Health Collaborative 2025 Community Survey



# Was there a time in 2024 when you needed any of these health services or medical care?

## Needed but Couldn't Get

Burlington County	Camden County	Gloucester County
In-home care for seniors or homebound <b>(39%)</b> 	Help to care for an <b>adult</b> with a special health need or disability <b>(42%)</b> 	Mental or behavioral health care <b>(42%)</b> 
Mental or behavioral health care 	In-home care for seniors or homebound 	Help to care for a <b>child</b> with a special health need or disability 
Help to care for an <b>adult</b> with a special health need or disability 	Mental or behavioral health care 	In-home care for seniors or homebound 
Help to care for a <b>child</b> with a special health need or disability 	Help to care for a <b>child</b> with a special health need or disability 	Help to care for an <b>adult</b> with a special health need or disability 
Health education (dietician, diabetes education, etc.) 	Substance use treatment 	STI testing and/or treatment 
End-of-life care for a loved one (hospice, palliative care, etc.) 	Health education (dietician, diabetes education, etc.) 	Health education (dietician, diabetes education, etc.) 

# 2025 Community Survey: Barriers and Tools for Accessing Health Services

## Most Common Barriers to Care:

1. I could not afford my share of the cost
2. I did not know where to go for care
3. The wait was too long
4. The provider did not take my health insurance
5. I did not have health insurance
6. It was too frustrating to get care

## South Jersey Health Collaborative 2025 Community Survey



## What is most helpful in accessing services?

### Transportation:

- Personal transportation
- Public transportation
- Provider facilitated transportation

Online patient portals for scheduling and communication

‘Good’ health insurance

### Helpers such as:

- Patient navigators
- Home health aides
- Volunteers
- Family members

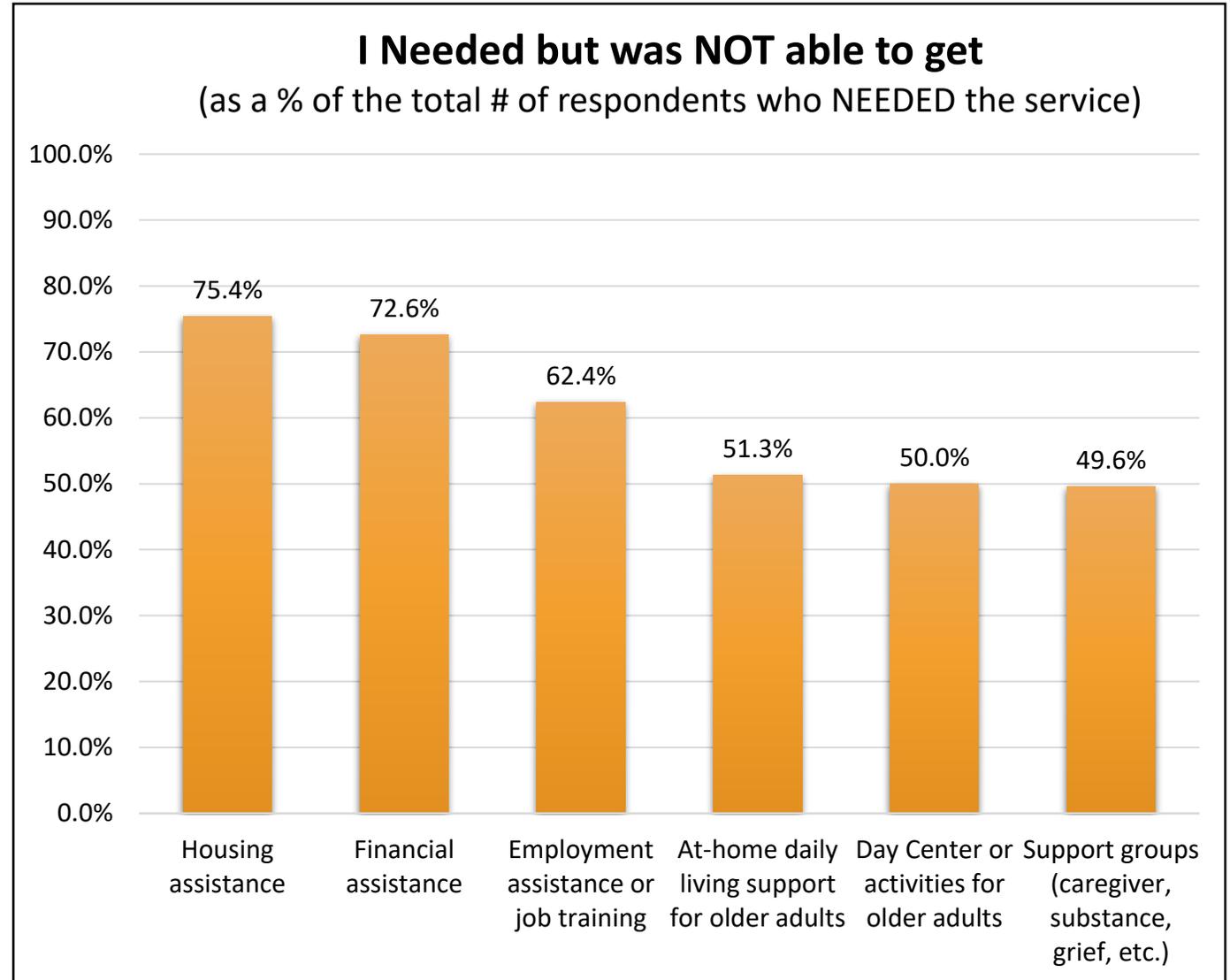
“When providers and staff felt confident in their jobs, they provided better care.”

“There were so many unnecessary appointments that could have been condensed into fewer appointments if doctors would just collaborate.”

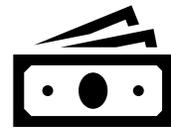
## Most Needed Community Services:

1. Food assistance (20%)
2. Financial assistance (18%)
3. Housing assistance (12%)

## South Jersey Health Collaborative 2025 Community Survey



## Needed but Couldn't Get

Burlington County		Camden County		Gloucester County	
Housing assistance (74%)		Housing assistance (82%)		Financial assistance (65%)	
Financial assistance		Financial assistance		Housing assistance	
Employment assistance or job training		Employment assistance or job training		At-home daily living supports for older adults	
Afterschool or summer programs for kids		Transportation assistance		Employment assistance or job training	
Day Center or activities for older adults		Support groups (caregiver, substance, grief, etc.)		Support groups (caregiver, substance, grief, etc.)	
Childcare		Day Center or activities for older adults		Emergency preparedness resources for your home or business	

# 2025 Community Survey: Barriers and Tools for Accessing Supportive Services

## What is most helpful in accessing supportive services?

### Most Common Barriers to Access:

1. I did not qualify for services
2. I did not know where to go for services
3. I did not want to get services
4. There was a waitlist for services
5. I could not afford my share of the cost
6. It was too frustrating to get the services I needed

Referrals from trusted  
community orgs.

Online scheduling and  
communication

Friends, family,  
neighbors, “word of  
mouth”

*“Efforts in community  
to publicize information  
through a range of  
media and locations.”*

South Jersey Health Collaborative  
2025 Community Survey



**Where do you think resources should be better invested to help improve the health and well-being of your friends, family, and neighbors?**

South Jersey Health Collaborative  
2025 Community Survey



BURLINGTON COUNTY	CAMDEN COUNTY	GLOUCESTER COUNTY
Public transportation options 	Public transportation options 	Cultural & social events for all, volunteering, community cohesion 
Public schools, incl. adult education 	Cultural & social events for all, volunteering, community cohesion 	Living wage job development and training opportunities 
Green spaces, incl. playgrounds, parks, dog parks, etc. 	Living wage job development and training opportunities 	Green spaces, incl. playgrounds, parks, dog parks, etc. 
Free/low-cost activities for kids/teens, incl. mentoring, sports, arts, etc. 	Public schools, incl. adult education 	Public transportation options 
Living wage job development and training opportunities 	Green spaces, incl. playgrounds, parks, dog parks, etc. 	Environmental concerns, incl. water, air quality, climate vulnerability 

# Focus Groups



Opportunity to explore the “why” behind the statistics

Group compositions will be derived from research findings

Helps identify strategies that resonate with key audiences

Facilitated and themed by a live, trained person fluent in English, Spanish or other languages

3-5 groups of 10-12 people

In person or virtual, depending on which method works best for the group

Researchers conducted five focus groups to learn more from individuals representing a variety of perspectives. This approach aimed to better understand the needs, barriers, and opportunities of greatest interest among key segments of the South Jersey population. Participants attended the focus groups both in person and over Zoom, with sessions held in English and Spanish. A total of 56 individuals participated.

Perspective	Organization	In person or virtual	Number	Date
Low income/ food insecure	Abundant Life Church	In person	15	03.18.25
Spanish-speaking	Movimiento Tricolor	In person	11	04.30.25
LGBTQ+ identifying clinicians	Providers from Cooper University Health Care, Jefferson Health, and Virtua Health	Virtual	3	03.06.25
Mental Health Providers	South Jersey Health Collaborative staff and community partners	Virtual	12	03.14.25
Youth	Pennsauken High School	In Person	15	04.01.25



Youth are increasing self-harm to get parents to take them for MH



ACEs are a driving force in older adults seeking screening for dementia



Clear sense of differences in quality of care based on race, ethnicity, LGBTQ+ status



Welcome from front line staff, phone, internet extremely important



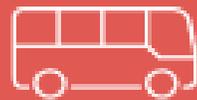
ALICE – working people at food banks, youth working while balancing school/athletics, LGBTQ+ people limited by transportation to/out of pocket costs for specialty clinics



Youth need consistency and positive reinforcement to thrive.



Online scheduling and communication is very helpful



Transportation is limited and expensive in most areas



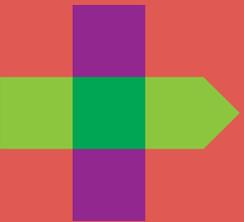
More language resources are needed, including access to English classes



Housing is a major Problem and source of worry



People desire to feel seen – welcoming artwork, correct naming/pronouns, a genuinely listening ear.



# Setting Priorities for Action





# South Jersey Health Collaborative 2025 CHNA PRELIMINARY PRIORITIZATION DISCUSSION 03.25.25



On March 25, 2025, representatives from all partner agencies of the South Jersey Health Collaborative held a hybrid meeting with consultants from 35th Street Consulting. The purpose of the meeting was to identify priority areas for collective action in the coming years. 35th Street Consulting facilitated a consensus-building process to help determine these priority areas, with key highlights included in the following slides.

These priorities were discussed and confirmed with community partners during a community forum. Feedback from the forum helped finalize the language that will be used in the 2025 Community Health Improvement Plan (CHIP) documents for each partner agency in the South Jersey Health Collaborative.

# Themes for consideration from the 2025 CHNA data

Housing and transportation	Income variability and ALICE	Mental health and mental strain	Welcome, representation, language	Differences in education	Chronic disease
<ul style="list-style-type: none"> <li>• Home prices are less than other places in NJ, but still expensive</li> <li>• Rent is very high, especially in Burlington County</li> <li>• About half of renters pay more than 30% on housing costs</li> <li>• The numbers of unhoused people is growing everywhere</li> <li>• Investments in creative transportation solutions are working but it is still a barrier</li> </ul>	<ul style="list-style-type: none"> <li>• There are pockets of poverty and wealth across the area</li> <li>• The cost of care remains a barrier</li> <li>• Roughly 1 in 4 households meet ALICE criteria</li> <li>• ALICE households may earn too much for income-based supports</li> <li>• Most ALICE workers are in RETAIL or HEALTHCARE               <ul style="list-style-type: none"> <li>• Can ALICE employers be engaged to reach ALICE households?</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• New programs and providers are good but still not enough</li> <li>• ACES underlie many health issues for all ages, esp. seniors</li> <li>• Stigma/lack of MH knowledge prevents youth and seniors from accessing care</li> <li>• Concern that youth are escalating behaviors to access BH care</li> <li>• Perinatal MH is effective but other providers to learn signs</li> <li>• Stress, just tired, worn-out feelings</li> </ul>	<ul style="list-style-type: none"> <li>• Language is a barrier to accurate MH diagnosis, care</li> <li>• Insisting or explaining “taking up space” is exhausting, creates barriers</li> <li>• Front line staff, waiting area interaction, imagery impacts sense of care</li> <li>• Online communication is helpful but sometimes confusing</li> <li>• Positive messaging about successful outcomes, relatable images motivates people</li> </ul>	<ul style="list-style-type: none"> <li>• HS Graduation is very low and falling in key communities</li> <li>• Employment, other opportunities expand with education</li> <li>• Most young kids in ALICE households are not in preschool</li> <li>• Education is ranked #1 in Burlington and Gloucester and #3 in Camden.</li> <li>• Growing concern about ACES impact among seniors</li> <li>• ID and education exposure impact MH diagnosis and physical health treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Cancer prevalence and death is high but improving</li> <li>• Incidence of Female Breast, Prostate, and Lung cancer is higher than US, but death rates are the same, indicating cancer is being found and treated</li> <li>• Heart disease risks are similar to NJ but death is higher. This is an opportunity for improvement</li> <li>• Heart disease death is particularly high among Black/African Americans</li> </ul>

# Themes: 2025 CHNA Qualitative Research

## Key Informant Interviews

Broad, strategic communication between partners necessary

Mental Health, Substance Use and “Overwhelm”

Financial instability and poverty makes health worse

Messaging matters and needs attention

Collective action and policy advocacy is essential

Housing as public health

## Key Stakeholder Survey

Housing

Access to Care

Improved Finances

Mental Health Resources

Transportation

Access to Healthy Foods

## Community Survey

Green spaces, incl. playgrounds, bike lanes, sidewalks & walking paths

Cultural & social events for all, volunteering, community cohesion

Public schools, incl. adult education

Housing, incl. affordability, utility assistance, homelessness services & prevention

Public transportation options

Job training and development

Activities for kids/teens, incl. mentoring, sports, arts, summer camps, etc.

Environmental concerns, incl. water, air quality, climate vulnerability

## Focus Groups

More resources are available for MH but not enough

Welcome – language, cultural sensitivity, sensitivity to grief/loss, inclusion, naming and pronouns – is really important

Stress, overwhelm, exhaustion from “explaining taking up space” is heavy

Positive role models/messages of people who sought help are needed

Transportation and un/underinsurance status are most significant barriers to accessing healthcare services

2025 South Jersey Health  
Collaboration Prioritization  
Discussion

# Making Choices

## *Some questions*

1. What stands out to you the most right now?
2. How has this new information impacted your understanding of the 2019 priorities?
3. Which issues, ideas or strengths listed here are “must do’s” for you?
4. From your perspective, which issues have the greatest impact on the health of South Jersey as a whole? Why?
5. What do you wish you could focus on but feel like you can’t or shouldn’t?
6. What are some ways we can center reaching everyone in naming priorities?
7. What is the cost of not acting?

03.25.25



## Social Factors are Health

### Themes to Consider:

- Continue and expand transportation solutions
- Housing security and support
- Hours of access
- ALICE population and employer partnerships
- Consider time, resource limitations among ALICE
- Financial hardship
- Interest in having a centralized source of reliable information
- Literacy, education, and intellectual development barriers for all ages
- Seek creative solutions to limit language barriers
- Consider local strengths and barriers (ex: urban/rural)



## Long Lives with Healthy Bodies

### Themes to Consider:

- Learn from cancer improvements to address other chronic disease
- Screening, connection to care, maintenance of care is essential
- Consider, include, address populations at higher risk for negative outcomes
- Messaging about successful outcomes
- Streamline referral processes
- Creative partnerships to increase availability of screenings, maintenance and follow ups (ex: employers)
- Consider impact of ACES, financial strain

### Acronyms Explained:

**ALICE:** Asset Limited Income Constrained Employed (working poor)  
**ACES:** Adverse Childhood Experiences



## Create Welcome

### Themes to Consider:

- Relatable images motivates people, signals welcome
- Prioritize quality of “first touch” (phone, front desk, online)
- Identify, destigmatize ACES and trauma in patient interactions, education
- Streamline data collection and sharing to reduce barriers to access
- Go to where the people are (employers, schools, etc.)
- Your workmates are your clients too
- Consider literacy, education, intellectual development limitations
- Language barriers
- Consider time, resource limitations among ALICE

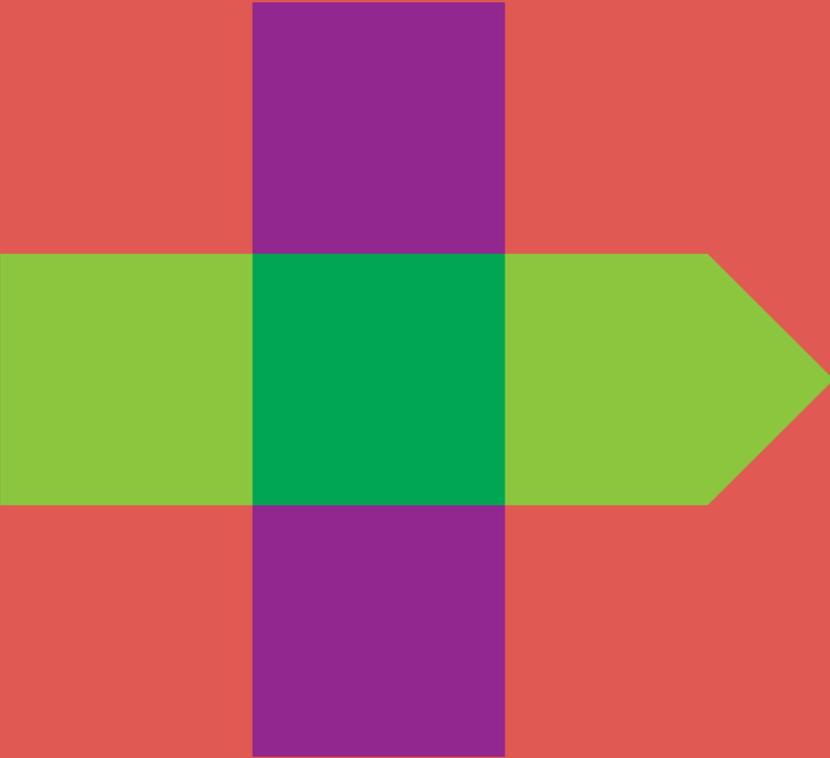


## Relief from Mental Strain and Cushioning ACEs for all Ages

### Themes to Consider:

- Stress/Overwhelm
- Stigma
- Signal trusted source of care particularly for vulnerable and marginalized populations
- Leverage, expand, utilize green spaces for activities
- Create and emphasize social opportunities for connection
- Educate providers and public about perinatal Mental Health
- Inform, identify, address ACES and trauma in all ages
- Seek solutions to language barriers for people in need of Mental Health or Substance Use care
- Collaborate to find solutions for connecting youth with MH support and care outside the ED

**CONSISTENT, RELIABLE COMMUNICATION AND PARTNERSHIP**



**Community Forum**

**Virtua Health**

**Marlton, New Jersey**

**May 13, 2025**

**33 Attendees**



# South Jersey Health Collaborative Community Forum



Burlington County Health Department  
Health Starts Here



*Sharing Community Health Needs Assessment (CHNA) Findings, Planning for Action*

**May 13, 2025**

**Virtua Health, Marlton, New Jersey**



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# Today's Agenda

South Jersey Health Collaborative Community Forum at Virtua Health  
May 13, 2025

## Welcome

- Debra Moran, Senior VP Health Advancement and Community Programs, Virtua Health

## What is a CHNA?

- Process and Methods

## Data Review and Discussion

- CHNA Key Findings
- What are your ideas?
- Action Items

Thank you



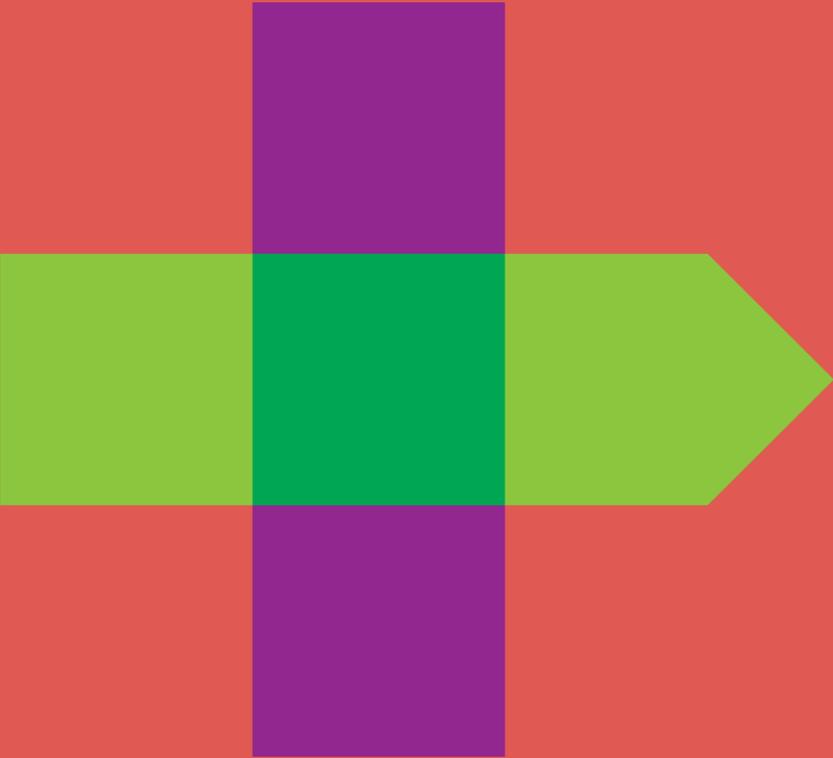
## Discussion Questions

1. Do these priorities resonate with the work you are doing?
2. If we want to create a healthier South Jersey, what actions should we focus on first?
3. What are the strengths you see that we can build on?
4. What barriers can we address together?
5. What are some ways Virtua Health and the South Jersey Health Collaborative can support this work?

## Small Group Discussion Themes

- Yes! These are the right priorities.
- Investing in maternal, child, and youth health, starting as early as elementary school, can set the foundation for long-term health outcomes.
- Trust and communication are also key, especially with ethnic communities and underserved groups.
- Community Health Workers need fair pay and support to stay engaged.
- Expanding mobile health services and tech tools (like apps) is an effective way to reach residents.
- Awareness of available services is limited; consistent messaging and outreach will help get information to the public.
- Better coordination across partners and organizations can reduce duplication and increase impact.
- The nonprofit database in South Jersey offers opportunities for collaboration and resource sharing.
- Demographic shifts and provider shortages highlight the need for long-term planning.

 <p><b>Social Factors are Health</b></p>	 <p><b>Long Lives with Healthy Bodies</b></p>	 <p><b>Build Trust and Connection</b></p>	 <p><b>Relief from Mental Strain and Cushioning ACEs for all Ages</b></p>
<p><b>Themes to Consider:</b></p> <ul style="list-style-type: none"> <li>•Continue and expand transportation solutions</li> <li>•Housing security and support</li> <li>•Hours of access</li> <li>•ALICE population and employer partnerships</li> <li>•Financial hardship</li> <li>•Interest in having a centralized source of reliable information</li> <li>•Literacy, education, and ID barriers for all ages</li> <li>•Seek creative solutions to limit language barriers</li> <li>•Consider local strengths and barriers (ex: urban/rural)</li> <li>•Consider time, resource limitations among ALICE</li> </ul>	<p><b>Themes to Consider:</b></p> <ul style="list-style-type: none"> <li>•Learn from cancer improvements to address other chronic disease</li> <li>•Screening, connection to care, maintenance of care is essential</li> <li>•Consider impact of ACEs, financial strain</li> <li>•Consider, include, address populations at higher risk for negative outcomes</li> <li>•Messaging about successful outcomes</li> <li>•Streamline referral processes</li> <li>•Creative partnerships to increase availability of screenings, maintenance and follow ups (ex: employers)</li> </ul>	<p><b>Themes to Consider:</b></p> <ul style="list-style-type: none"> <li>•Relatable images motivates people, signals welcome</li> <li>•Prioritize quality of “first touch” (phone, front desk, online)</li> <li>•Identify, destigmatize ACEs and trauma in patient interactions, education</li> <li>•Streamline data collection and sharing to reduce barriers to access</li> <li>•Go to where the people are (employers, schools, etc.)</li> <li>•Consider literacy, education, ID limitations</li> <li>•Language barriers</li> <li>•Consider time, resource limitations among ALICE</li> <li>•Your workmates are your clients too</li> </ul>	<p><b>Themes to Consider:</b></p> <ul style="list-style-type: none"> <li>•Stress/Overwhelm</li> <li>•Stigma</li> <li>•Signal trusted source of care particularly for vulnerable and marginalized populations</li> <li>•Leverage, expand, utilize green spaces for activities</li> <li>•Create and emphasize social opportunities for connection</li> <li>•Educate providers and public about perinatal MH</li> <li>•Inform, identify, address ACEs and trauma in all ages</li> <li>•Seek solutions to language barriers for people in need of MH or SUD care</li> <li>•Collaborate to find solutions for connecting youth with MH support and care outside the ED</li> </ul>
<p><b>← CONSISTENT, RELIABLE COMMUNICATION AND PARTNERSHIP →</b></p>			

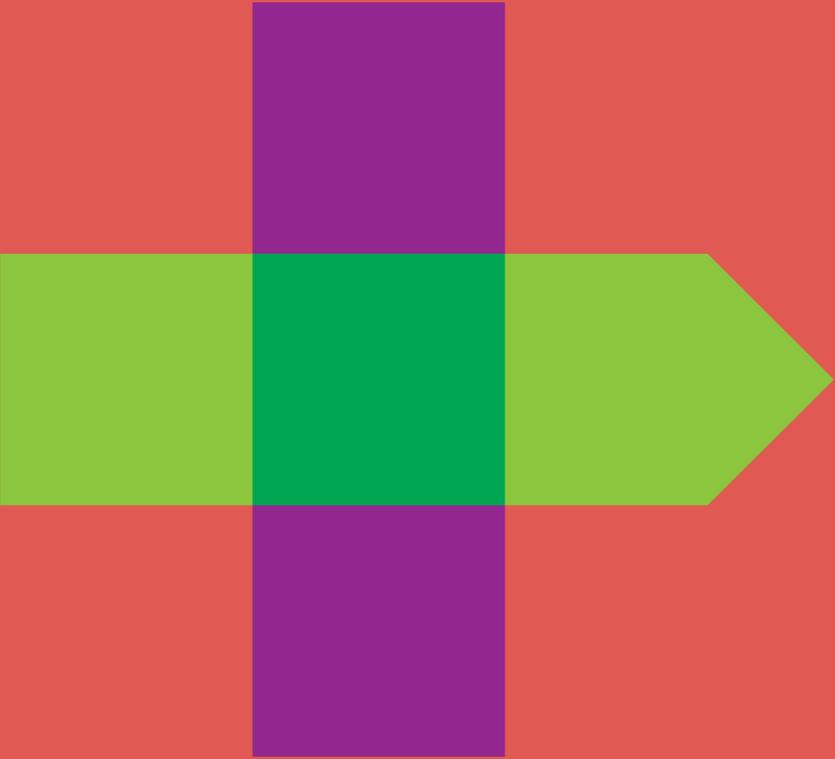


# Emergency Department Utilization (2022-2024)

Jefferson	2022	2023	2024
Symptoms: Pain, Injury, Nausea, Dizziness	23.31%	25.18% ▲	24.73% ▼
Injury and Poisoning	12.98%	12.93% ▼	12.70% ▼
Respiratory system disorders	8.51%	7.62% ▼	8.31% ▲
Behavioral Health	7.78%	7.79% →	7.31% ▼
Musculoskeletal system disorders	6.12%	6.61% ▲	6.83% ▲
Cooper	2022	2023	2024
Symptoms: Pain, Injury, Nausea, Dizziness	28.56%	29.25% ▲	27.11% ▼
Injury and Poisoning	12.26%	12.37% ▲	12.58% ▲
Musculoskeletal system disorders	8.79%	9.25% ▲	9.10% ▼
Respiratory system disorders	7.25%	6.66% ▼	7.29% ▲
Behavioral Health	5.29%	5.22% →	5.28% →
Virtua	2022	2023	2024
Symptoms: Pain, Injury, Nausea, Dizziness	23.75%	23.98% ▲	27.27% ▲
Injury and Poisoning	14.66%	15.34% ▲	15.09% ▼
Respiratory system disorders	10.86%	10.13% ▼	9.82% ▼
Musculoskeletal system disorders	6.61%	6.83% ▲	6.98% ▲
Digestive system disorders	5.91%	6.47% ▲	6.17% ▼

## Top 5 Most Common ED Diagnoses Overall (2022-2024) By South Jersey Hospital Networks

	Jefferson	Cooper	Virtua
1	Symptoms: Pain, Injury, Nausea, Dizziness (24.62%) 	Symptoms: Pain, Injury, Nausea, Dizziness (28.29%) 	Symptoms: Pain, Injury, Nausea, Dizziness (24.99%) 
2	Injury and Poisoning (12.85%) 	Injury and Poisoning (12.41%) 	Injury and Poisoning (15.03%) 
3	Respiratory system disorders (8.08%) 	Musculoskeletal system disorders (9.05%) 	Respiratory system disorders (10.27%) 
4	Behavioral Health (7.60%) 	Respiratory system disorders (7.07%) 	Musculoskeletal system disorders (6.81%) 
5	Musculoskeletal system disorders (6.60%) 	Behavioral Health (5.26%) 	Digestive system disorders (6.19%) 



# Evaluation of Impact 2022 CHIP Activity

# Evaluation of Impact

## 2022 South Jersey Health Collaborative

### CHIP Priorities and Goals

#### Priorities for Action: Building Trust and Equity

Using an equity lens, the themes identified above represent the following priority areas for collective action for the South Jersey Health Collaborative:



#### Equity Approach:

- Achieve equitable outcomes for all residents by challenging structural and institutional inequities
- Leverage collaboration to counteract social drivers of health
- Change processes and policies to reimagine equitable distribution of services

Access	Life Expectancy	Build Resilience	Equal Start
<p><b>Access to Care:</b>  <u>Goal:</u> Achieve equitable access to services for all people regardless of race, ethnicity, age, insurance, zip code, income, gender or language.</p>	<p><b>Chronic Disease and Life Expectancy:</b> <u>Goal:</u> Achieve equitable life expectancy for all people regardless of race, ethnicity, zip code, insurance, income, gender or language.</p>	<p><b>Behavioral Health, Trauma and Adverse Childhood Experiences:</b> <u>Goal:</u> Foster community building opportunities to ameliorate the impact of traumatic events designed for all ages.</p>	<p><b>Women and Children’s Health:</b> <u>Goal:</u> Achieve equitable outcomes and support for all babies and people who give birth.</p>



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GOAL: Achieve equitable access to services for all people regardless of race, ethnicity, age, insurance, zip code, income, gender or language.

### OBJECTIVES:

- Reduce transportation barriers, addressing the areas of most need
- Maintain preventative health screenings and services through mobile fleet and on-site services
- Improve navigation of healthcare and social services to link individuals to appropriate, transparent and cost-effective care
- Collect and utilize data to drive action

## Program Highlights:

### Ride Health Program

- 40% increase in rides (over 7000 rides in 2024) from hospital and ED discharges in Camden, Mount Holly and Willingboro
- 57% increase in rides (3079 rides in 2024) for outpatient medical appointments in Camden

### Early Intervention and Pediatric Mobile services programs.

- Flu shots provided to children under 6 years increased three times;
- 27-fold increase in lead poisoning screening in children under 6 years
  - 100% referral to care
- Oral preventive care visits increased three times

### Mobile Health & Cancer Screening Services:

- NJ CEED cancer screenings more than doubled (2077 screenings in 2024)
- Mobile mammograms and Cervical cancer testing increased threefold

### Community Connection: FindHelp application

- 30% of positive screened patients on SDoH referred to community resources and services
- Transitioning to Unite US from Find help in Q12025.

### Enterprise-wide data collection

- Baseline 90.5% (2022)
- 100% systemwide 2025

# 2022 Evaluation of Impact: Priority Area

## Chronic Disease and Life Expectancy

### GOAL:

Achieve equitable life expectancy for all people regardless of race, ethnicity, zip code, insurance, income, gender or language.

### OBJECTIVES:

- Increase chronic disease and behavioral health screenings
- Improve control of chronic disease
- Improve communication with patients and providers to establish clearer patient understanding of their care plan
- Increase access to care via mobile fleet

### Program Highlights:

Data driven targeting of specific primary care practices for diabetic and hypertension screening and control

- Improvement in Diabetic Screening and Control outcomes overall and in high-risk communities
- Increased tracking of hypertension control metrics at key primary care locations

Data driven focus on increasing access and information about health for most vulnerable populations

- Increased utilization of My Chart at primary care practices, connecting patients with information, resources and better communication with providers

Community Health Workers used innovative strategies to enroll people in Healthy Neighbor Program

- 273 patients enrolled in the program and connected to care

Data Driven increase in use of Mobile Outreach to connect with under resourced communities.

- 1.5-fold increase in outreach via mobile services over two years (2023-24)

Leveraged NJ-QIP Program to increase screening and connection to care for behavioral health comorbidities.

- Preventive care and screening for depression in all Virtua Emergency Departments
- Improvements in connections to behavioral health services post-discharge
- Screenings exceeded Statewide target of 80% consistently - average screening rate at 96.2% (Mt Holly) and 97.7% (Willingboro)

# 2022 Evaluation of Impact: Priority Area

## Behavioral Health, Trauma, and Adverse Childhood Experiences

**GOAL:** Foster community-building opportunities to ameliorate the impact of traumatic events, designed for all ages.

**OBJECTIVES:**

- Improve behavioral health screenings and assessments
- Focus on behavioral health care transitions post-patient discharge
- Address access to behavioral health care and treatment
- Provide behavioral health and substance abuse treatment services

### Program Highlights:

#### Screenings and connections to care increased in all Emergency Departments

- All Virtua Emergency Departments screen for tobacco, drug, alcohol use and suicide
- Behavioral Health patients are connected with care within 72 hours post hospital (ED or inpatient) discharge

#### NJ QIP Program participation helped increase follow up care connections for Behavioral Health

- 33% increase since 2022 in follow-up connections for BH services post-discharge

#### Increased access to behavioral health treatment in pediatrics

- CASTLE program provides support to support vulnerable children and families from referral through treatment including partial day programs for children

#### Medication for Addiction Treatment (MAT)

- Two-fold increase in outpatient substance use visits

**GOAL:** To reduce disparities resulting in increased equitable outcomes and support for all babies and people who give birth.

**OBJECTIVES:**

- Impact equitable access to care by improving the rate of initiation of prenatal care in pregnant people
- Improve control of hypertension in all people who give birth
- Improve NSTV C-section rates to align with Healthy People 2030 goals

### Program Highlights:

#### Hypertension control in birthing women improved

- 10.2% increase in % of birthing women with acute onset of hypertension who were treated within one hour with recommended medication
- Improved access to prenatal care and perinatal services, resulting in a 2.5% reduction in % of patients who experience severe range episodes of hypertension

#### NSTV C-section rates were better than the HP 2030 target

- Best-practices of management and provider education implemented at all locations
- Reduced NSTV C-section rate from 23.2% to 22.5% exceeding HP2030 target (23.6%)

#### Midwifery care model

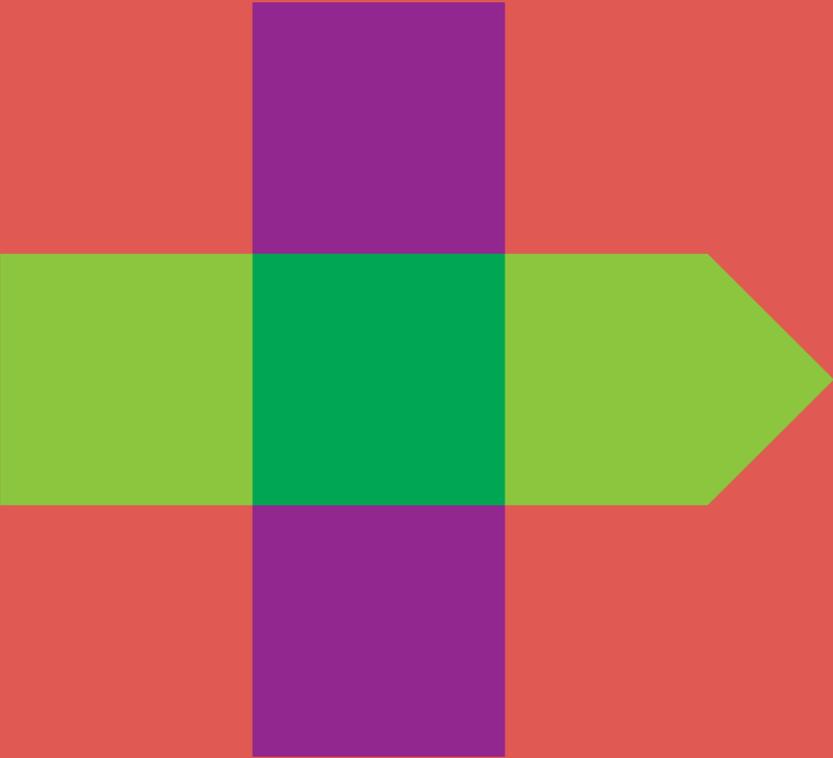
- Improved trust and built relationships between the community and health care in Camden City and Camden County by promoting the midwifery care model in Camden City and County.

#### Doula Program

- Partnered with Community Doulas to establish Virtua sponsored doula program
- Created local employment in high-risk areas for doulas
- Increased access to care, social support, and health information for pregnant people and new parents

#### Maternal Fetal Medicine

- Continued to improve outreach, access, screening, referrals and follow up to ensure connections for care and treatment of high-risk pregnancies to reduce preterm and low birth weight babies and other complications



# Appendix A: Secondary Data Sources

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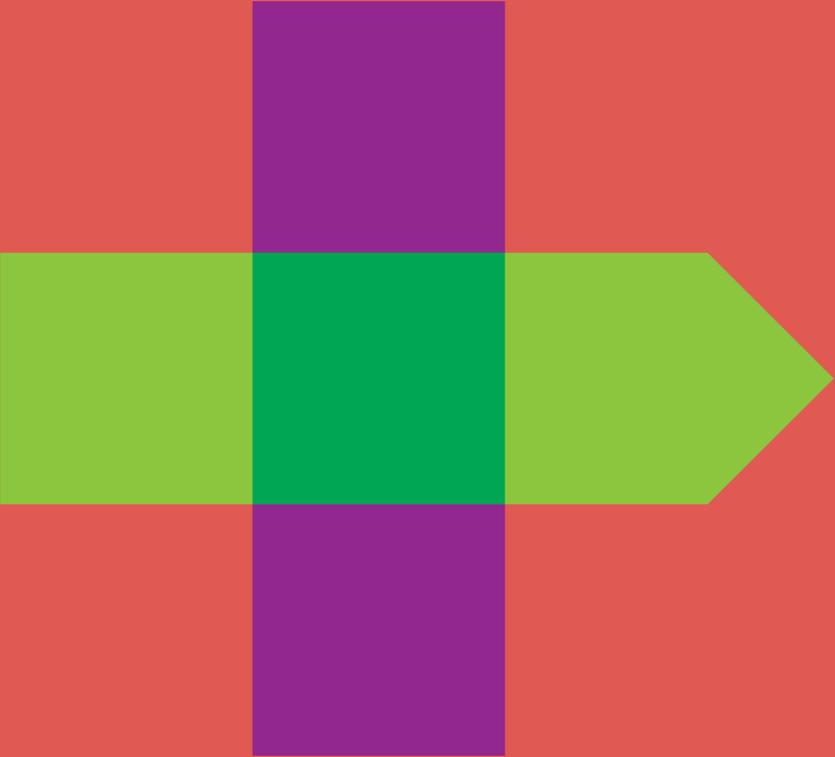
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## Appendix B:

2025 Community Survey Results  
From Virtua Health Portal



Top 5 Zip Codes
08054 – Burlington
08034 – Camden
08053 - Burlington
08012 - Camden
08021 - Camden



**1 in 4** respondents **ARE** parent, guardian, or primary caregiver of a child under 18



**1 in 8** respondents **DO** identify as living with a disability



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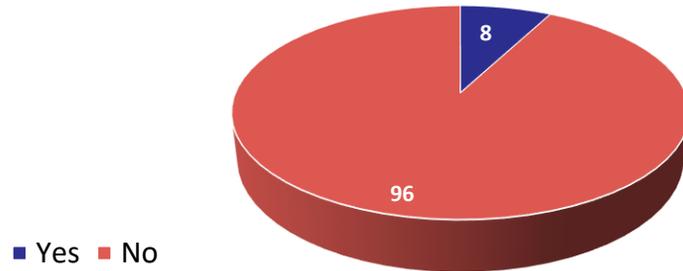
## Virtua Health Respondent Snapshot (N=142)



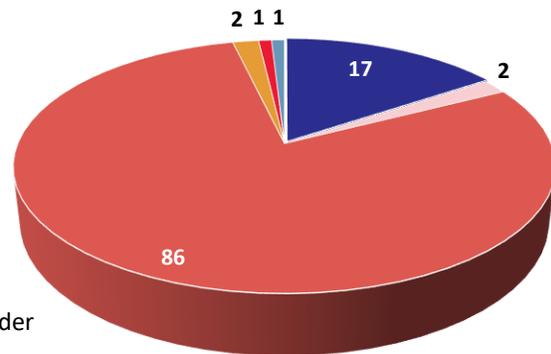
**SJHC Community Survey –**  
FEBRUARY 3, 2025-MARCH 21, 2025

## Virtua Health Responses, N=142

Do you identify as Hispanic/Latinx?

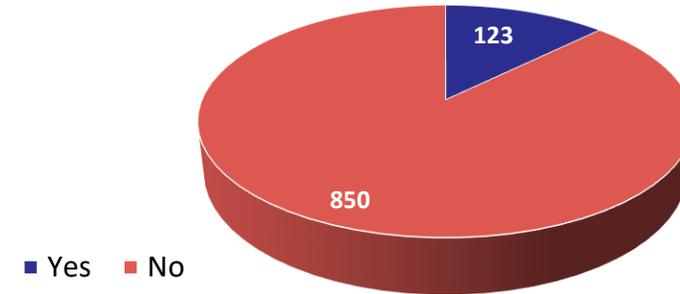


What is your race? (check all that apply)

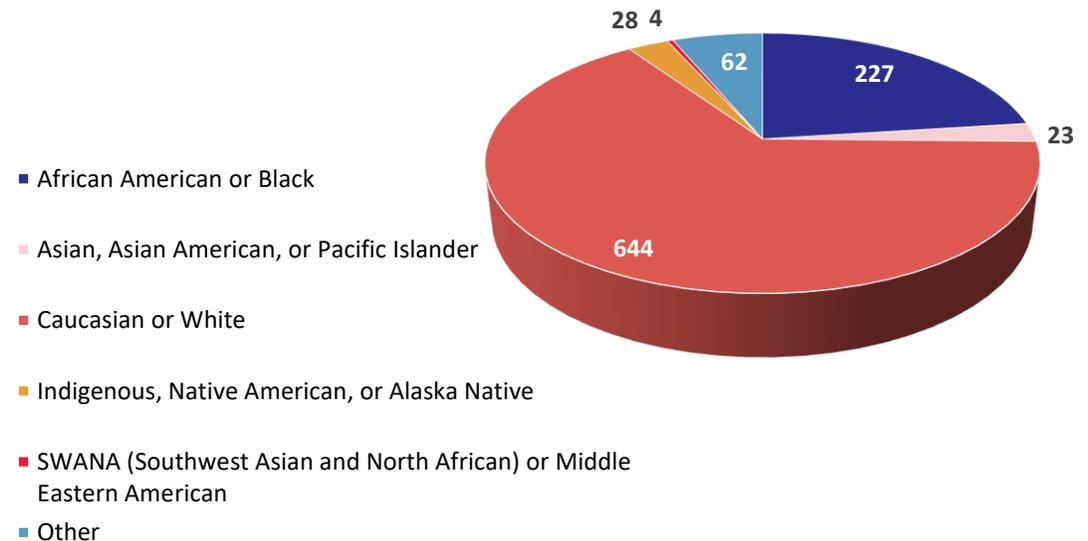


## SJHC Total Responses, N=1,470

Do you identify as Hispanic/Latinx?



What is your race? (check all that apply)



**Virtua Health Responses, N=142**



**12%**

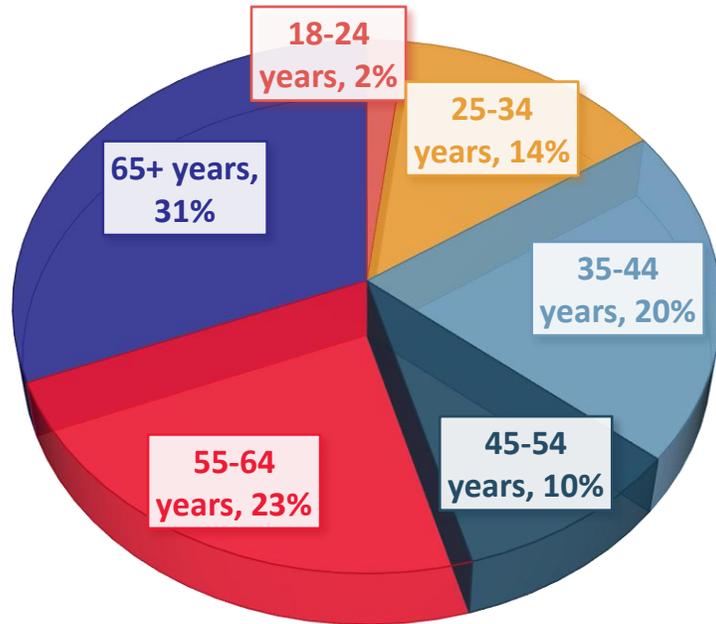
**HOW OLD ARE YOU?**



**9%**



**26%**



**SJHC Total Responses, N=1,470**



**14%**

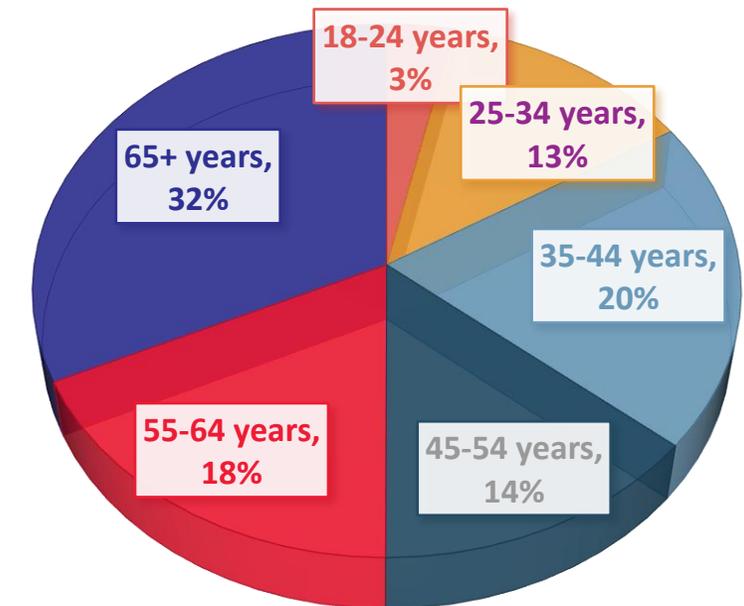
**HOW OLD ARE YOU?**



**4%**

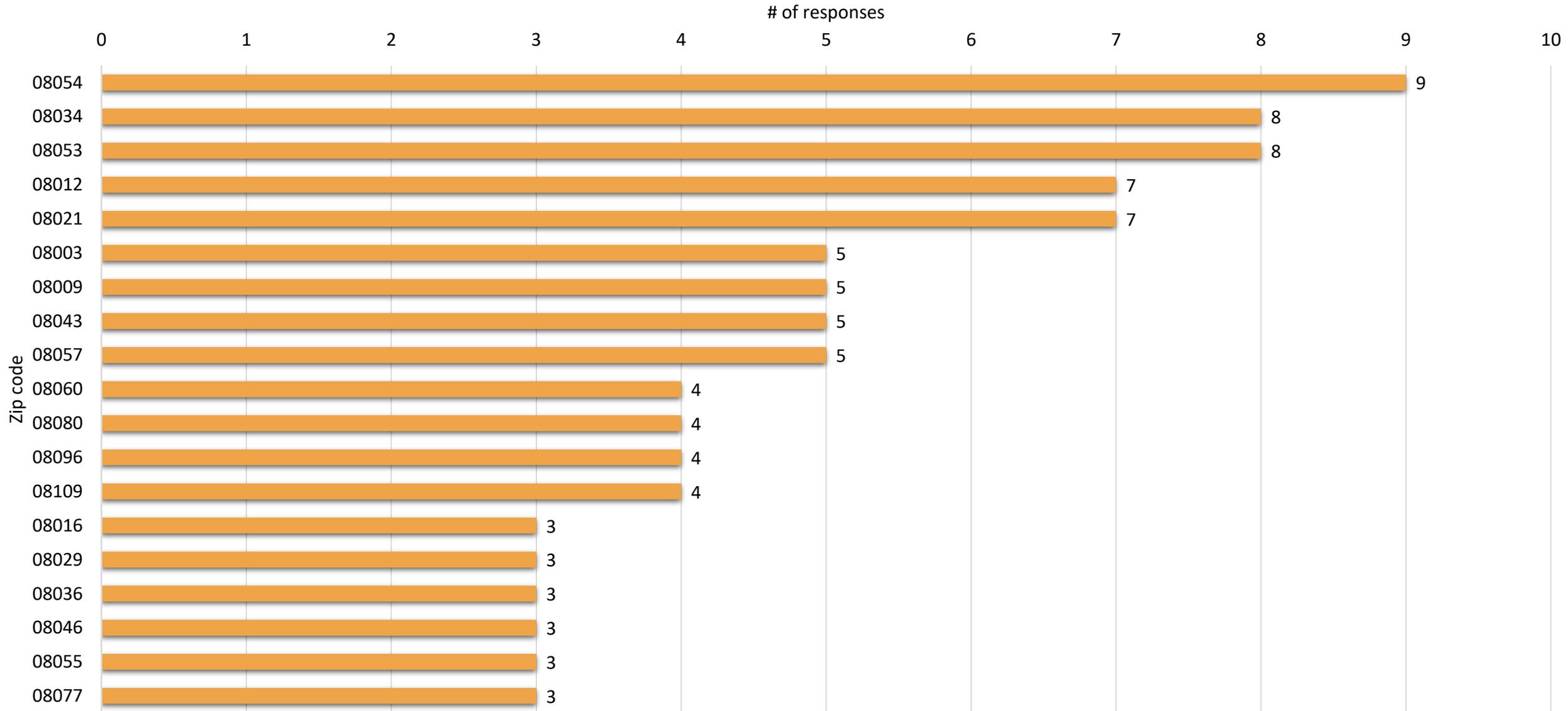


**30%**

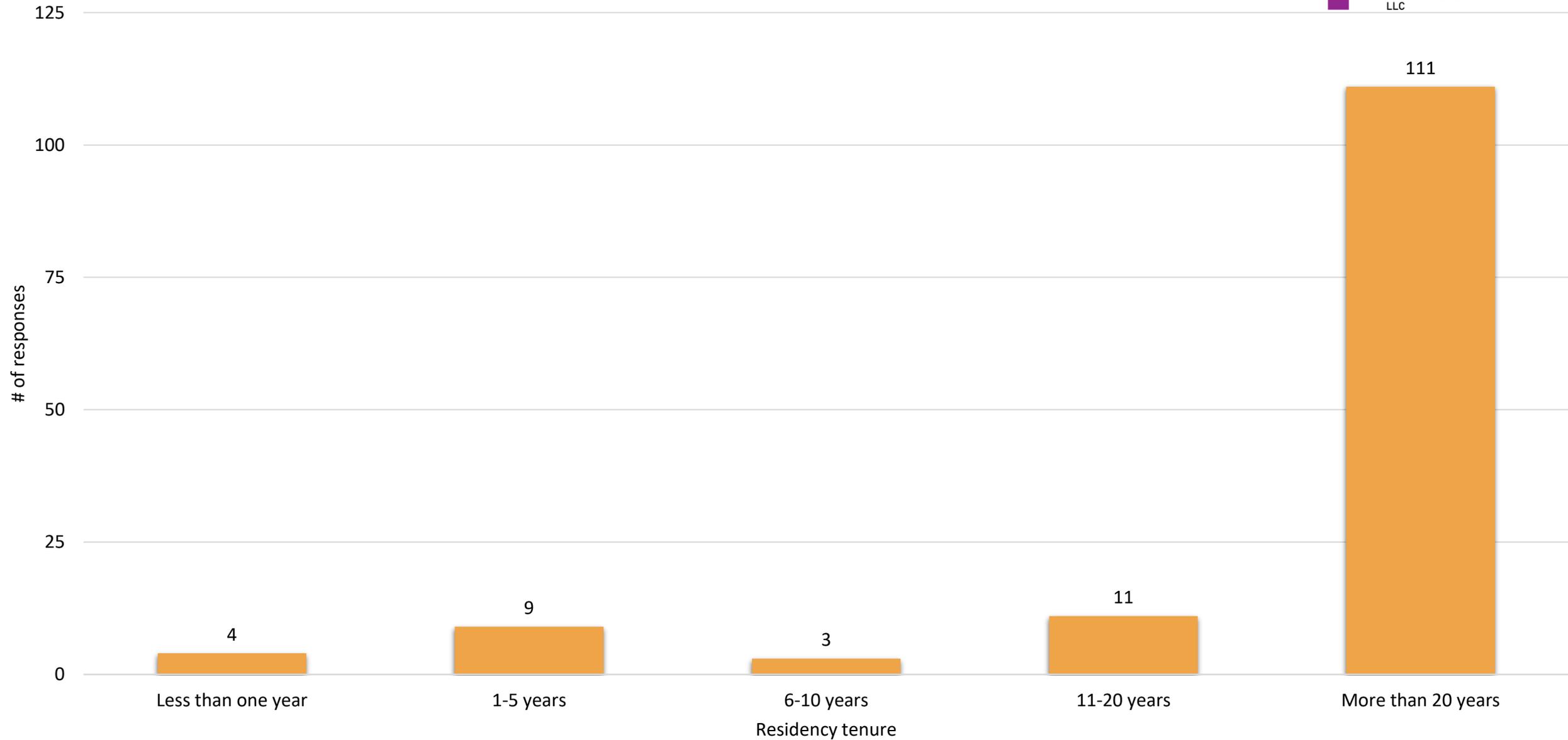


# What is your zip code or town where you live? (n=142)

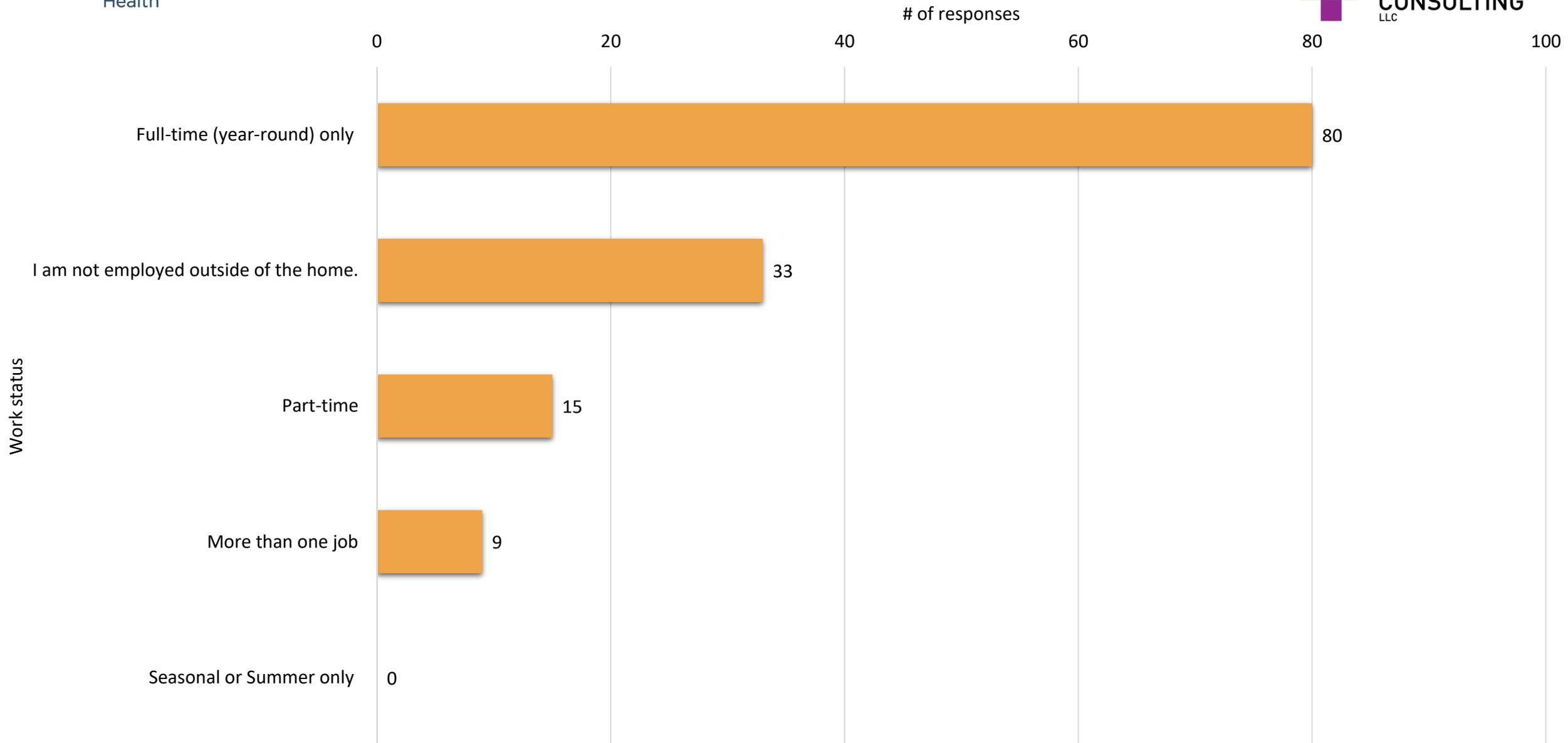
\*There are an additional 35 zip codes with 2 or fewer respondents each



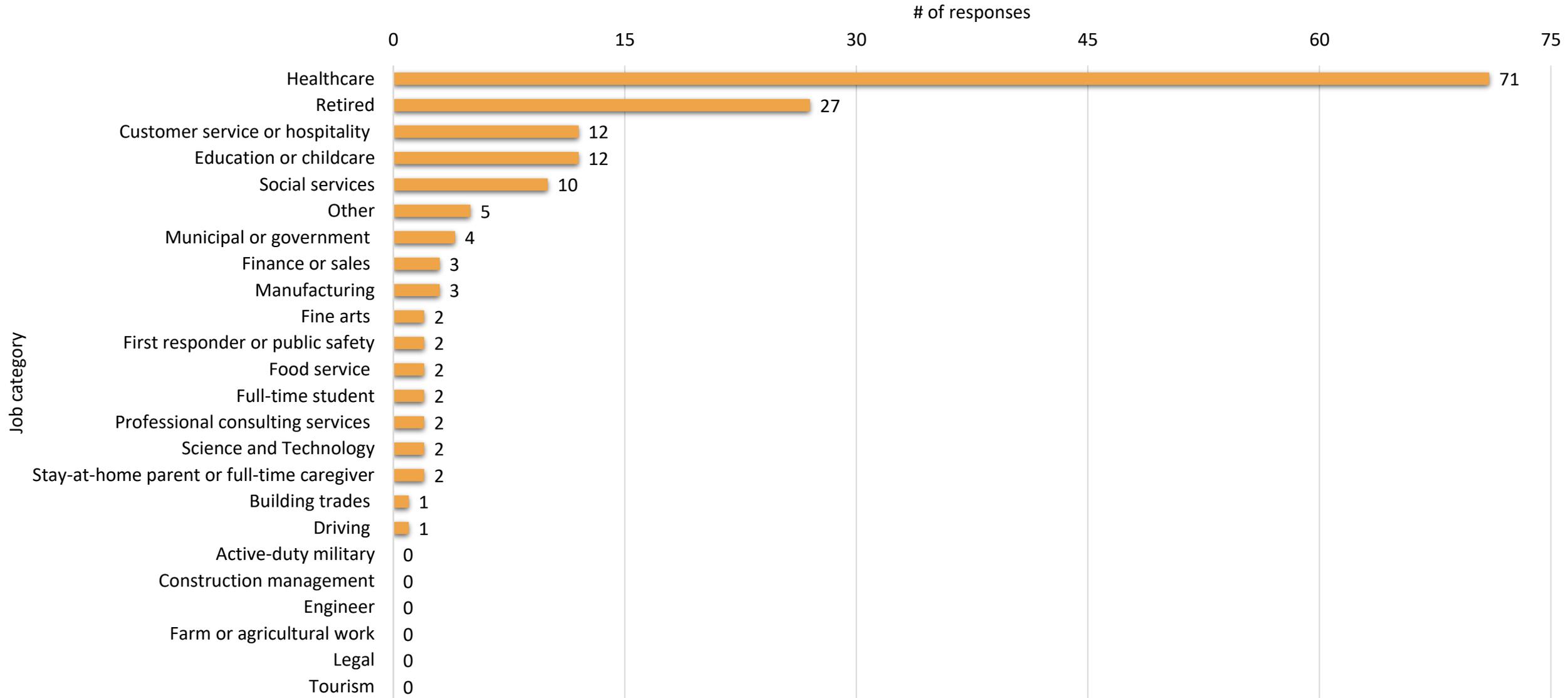
# How long have you lived in South Jersey? (n=138)



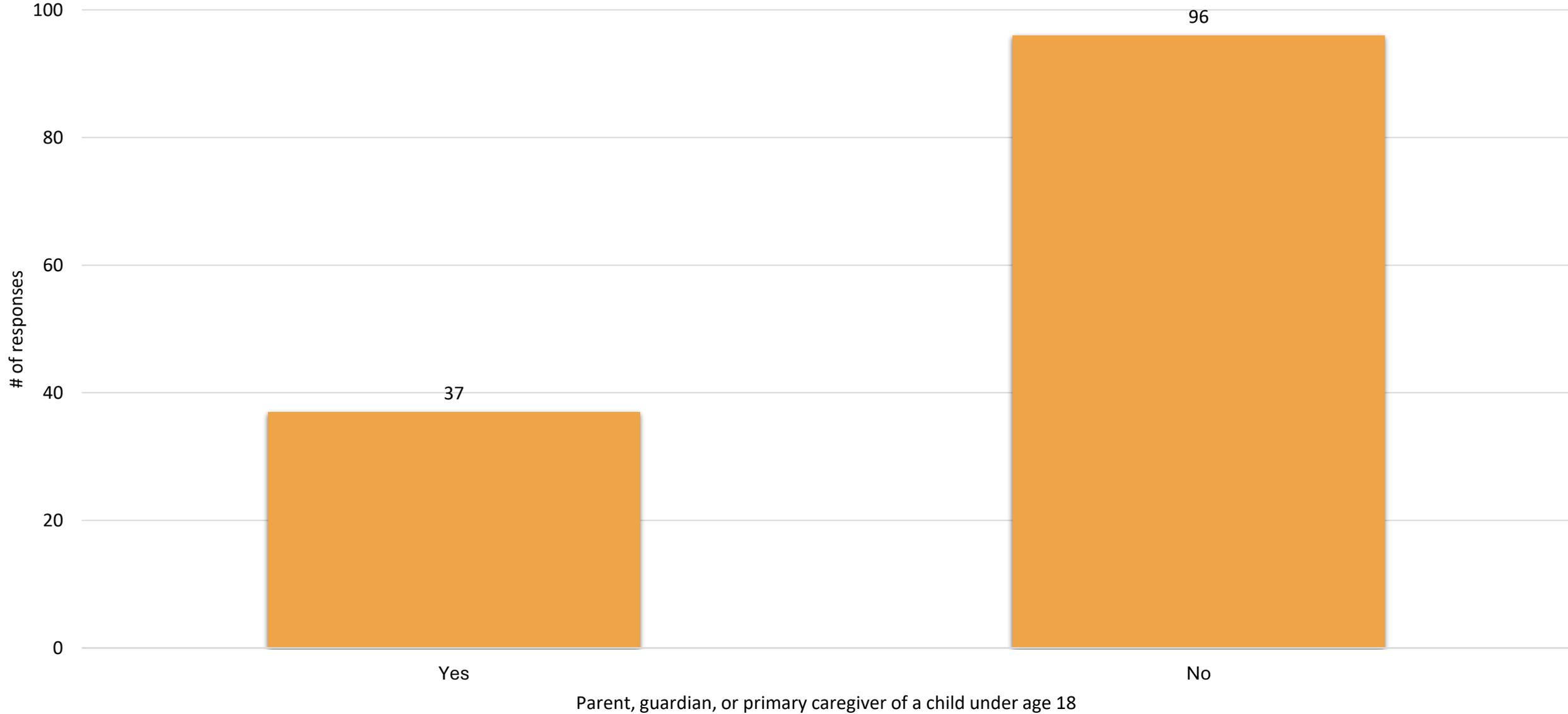
# What is your work status? (n=137)



# What category best describes your place of work or the kind of work you do (select all that apply)? (n=132)



# Are you the parent, guardian, or primary caregiver of one or more children under 18? (n=133)

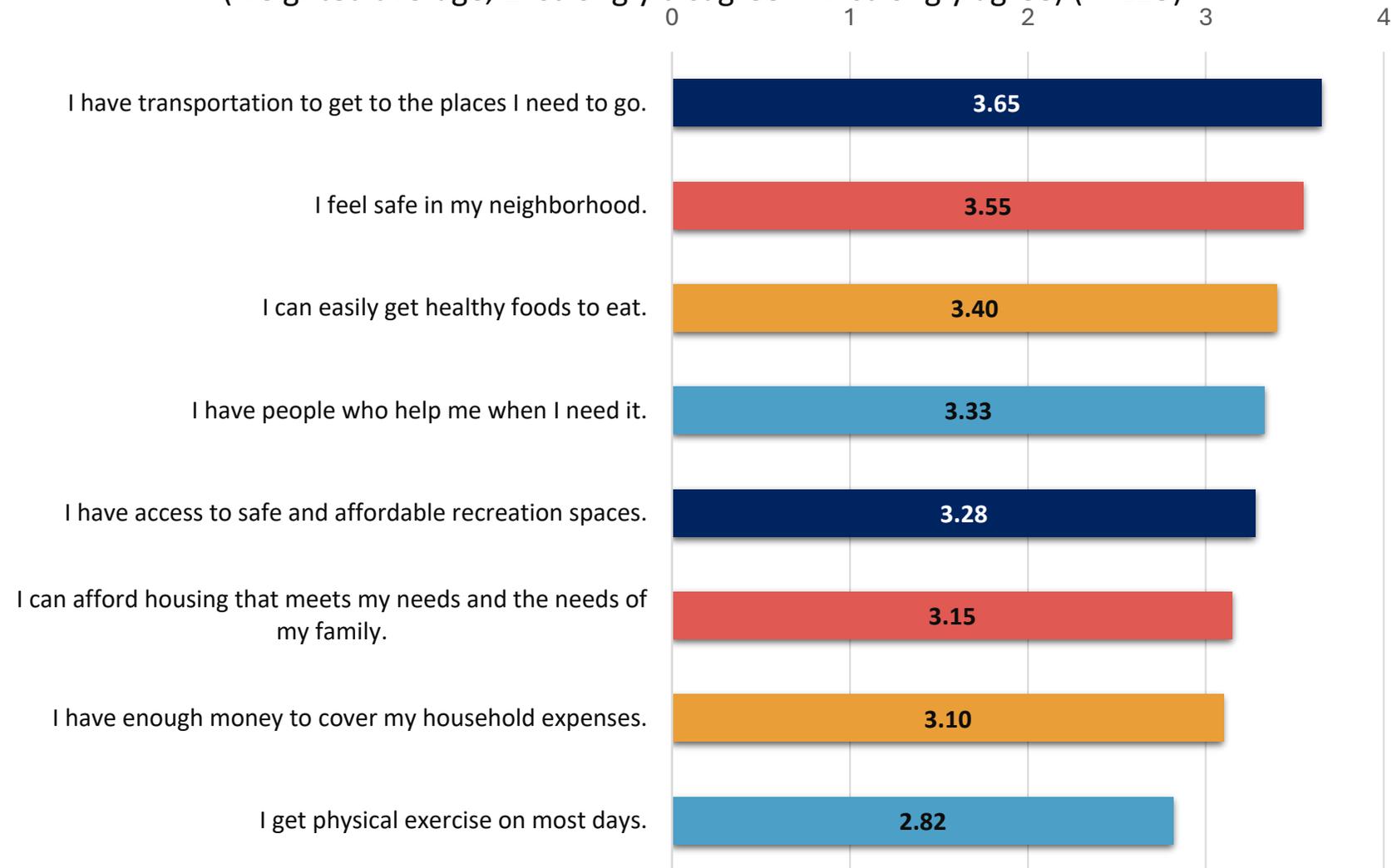


## Please tell us about your day-to-day experiences

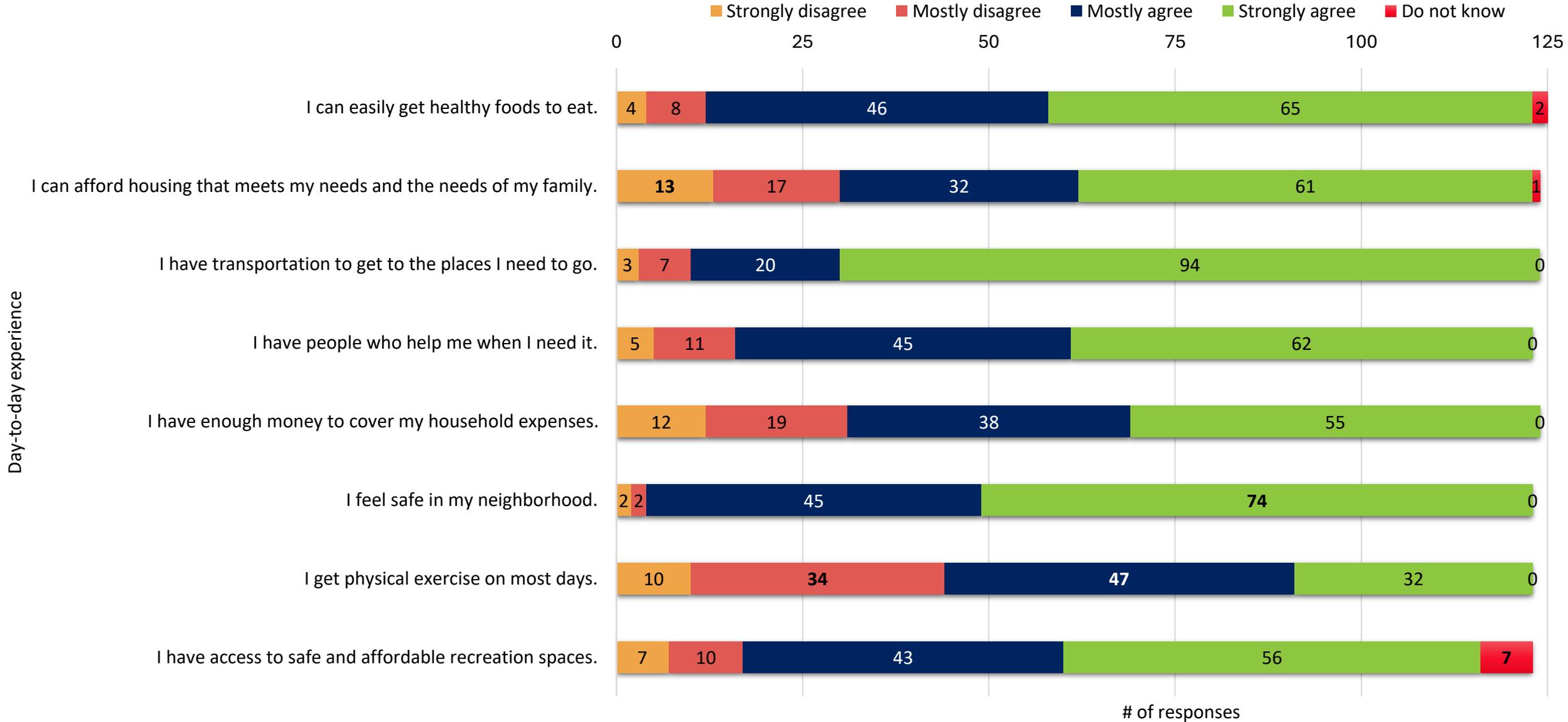
(weighted average, 1=strongly disagree – 4=strongly agree) (n=125)

On a scale of 1-5, how would you rank your situation or quality of life over the past month? (n=124)

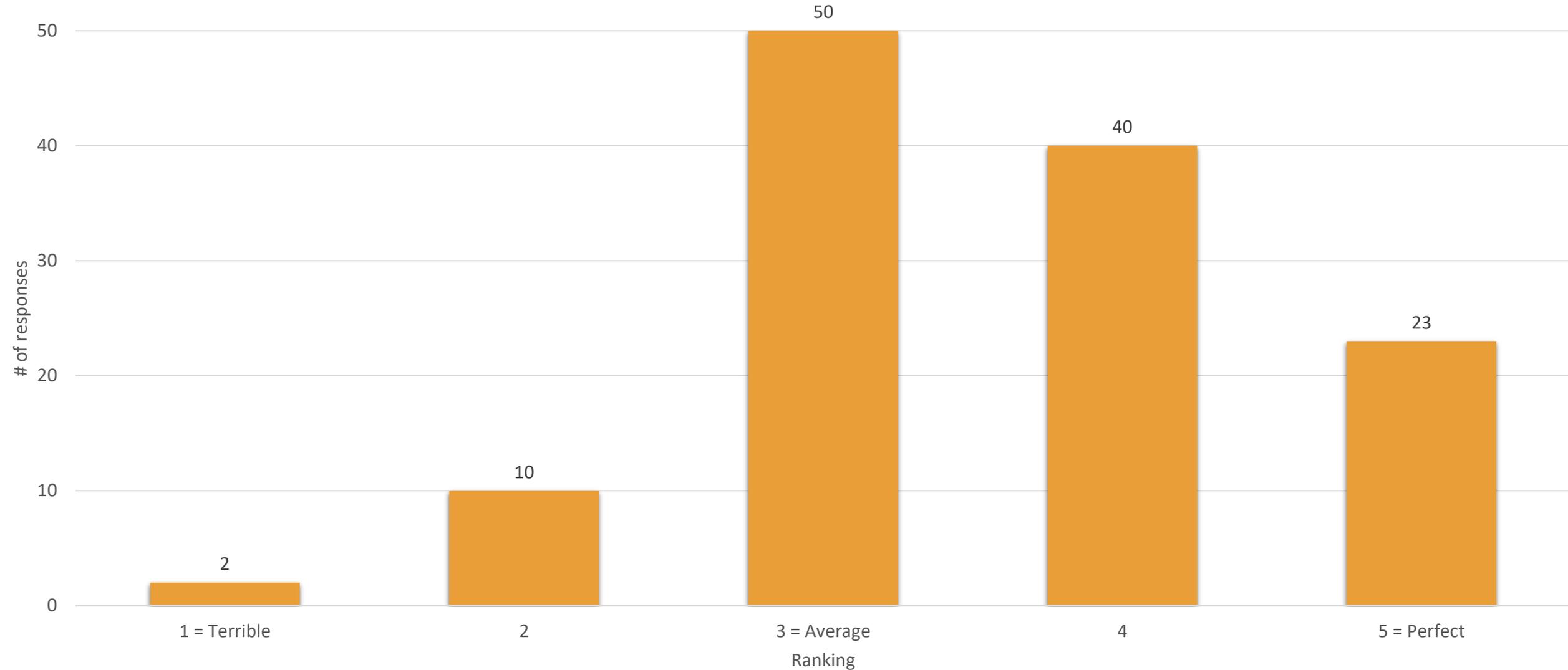
**Weighted Average:  
3.6 out of 5**



# Please tell us about your day-to-day experiences



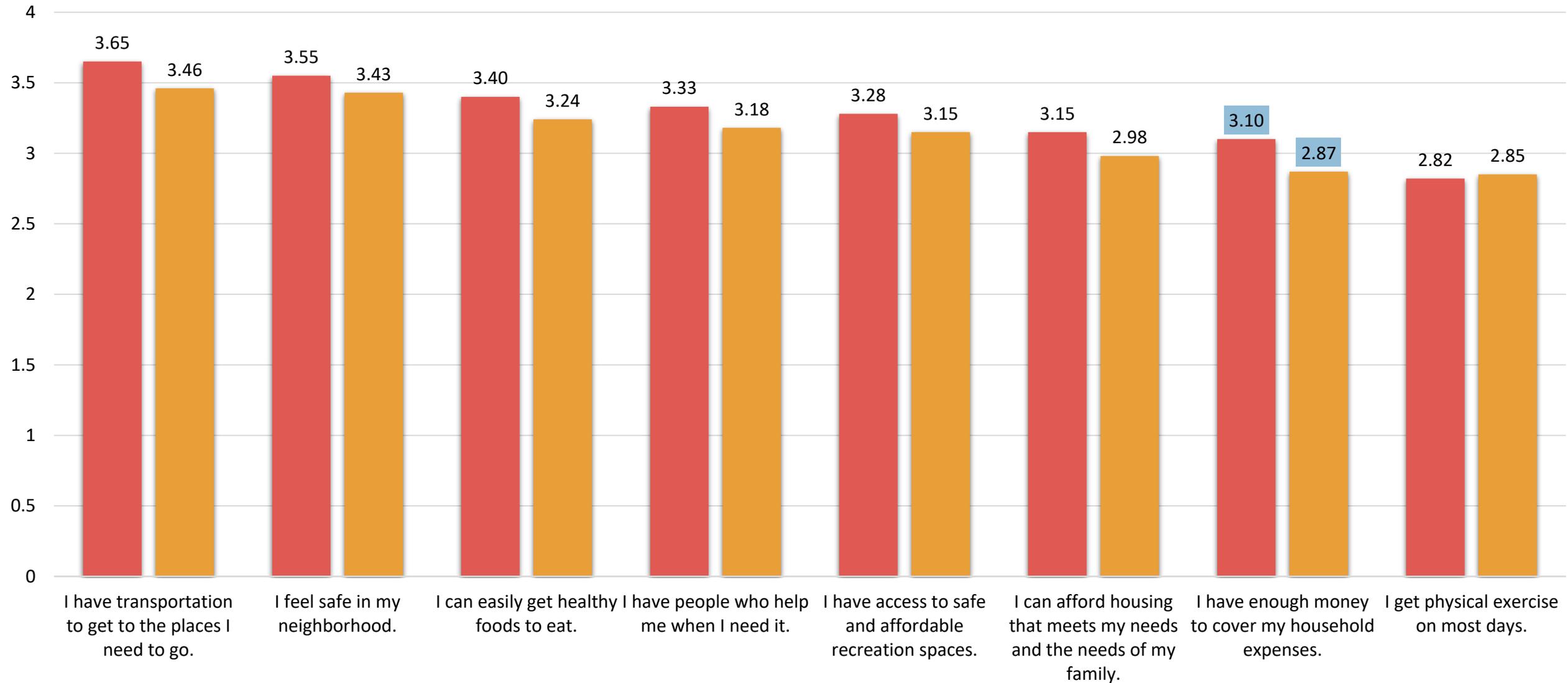
**On a scale of 1-5 (5= perfect health, economic comfort, full ability to participate in community and personal social events), how would you rank your situation or quality of life over the past month? (n=124)**



# Please tell us about your day-to-day experiences

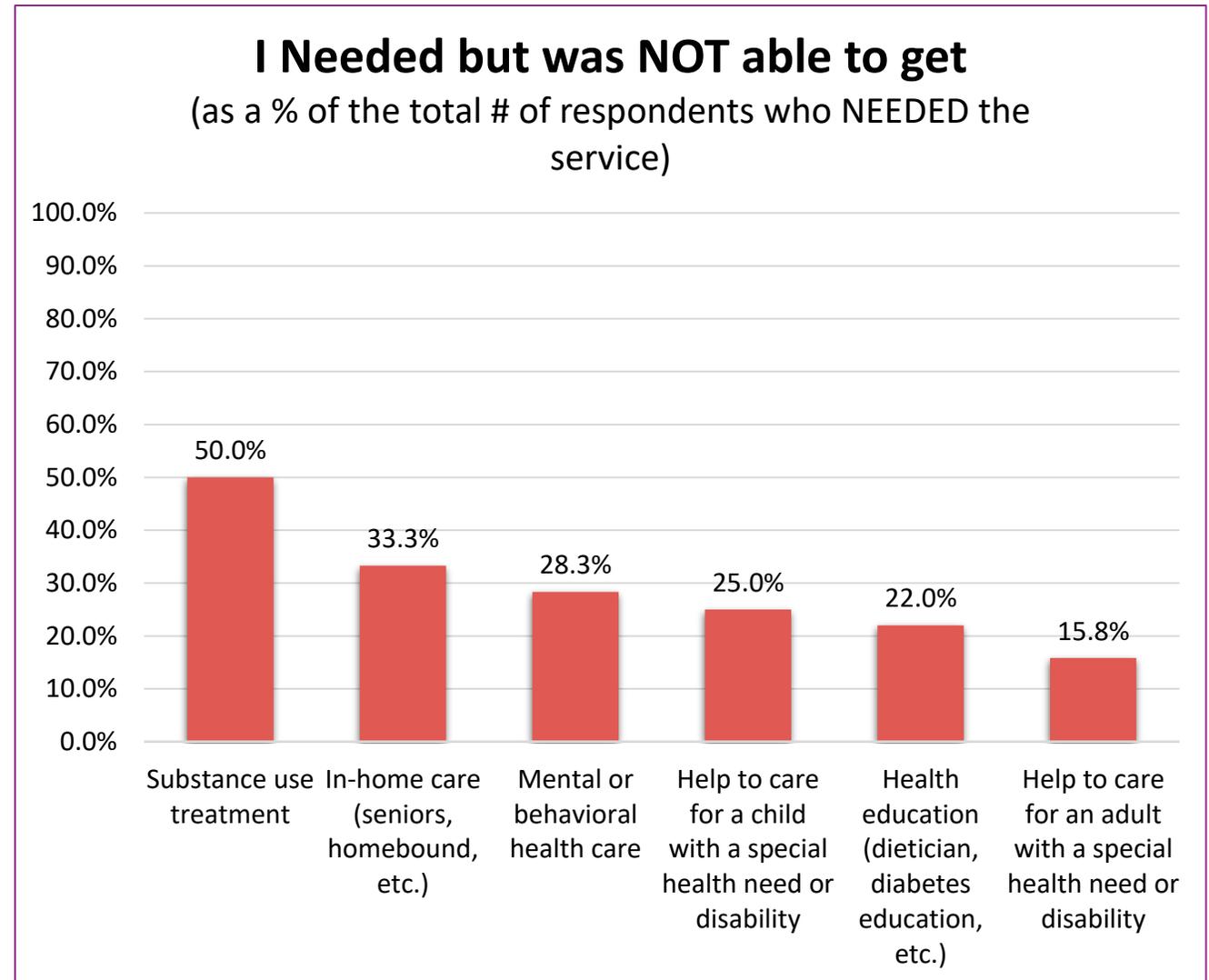
(weighted average, 1=strongly disagree – 4=strongly agree)

■ Virtua Health Responses ■ SJHC Total Responses



## Most Needed Health Services:

1. General or primary care (77%)
2. Prescription medications (74%)
3. Dental care (70%)

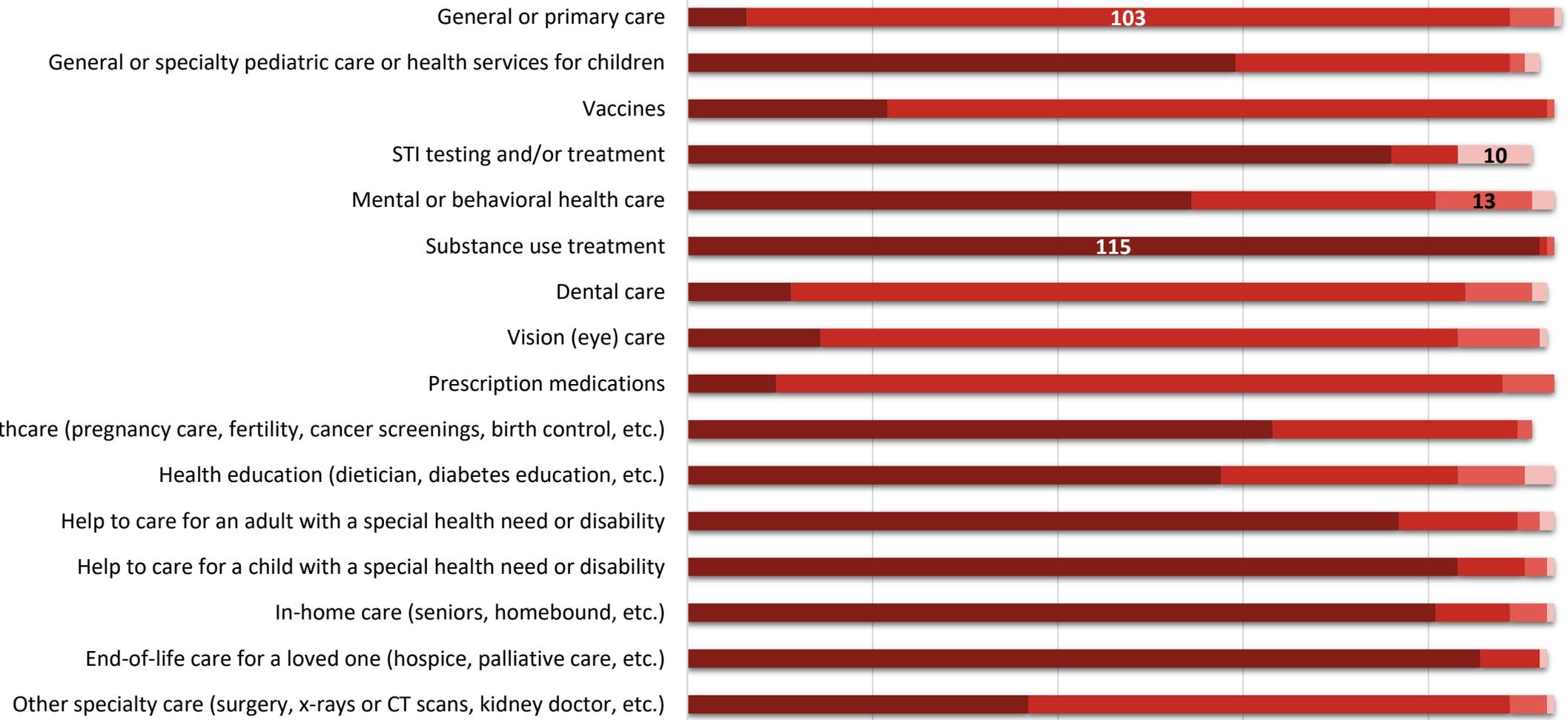


# Was there a time in 2024 when you needed any of these health services or medical care? (Virtua Health Respondents, n=118)

■ I did not need    
 ■ I needed and was able to get    
 ■ I needed and was NOT able to get    
 ■ Do not know

0                      25                      50                      75                      100                      125

Health service or medical care



# of responses

# Was there a time in 2024 when you needed any of these health services?

## Needed but Couldn't Get

Virtua Health Responses	SJHC Total Responses
Substance use treatment <b>(50%)</b> 	In-home care for seniors or homebound <b>(39%)</b> 
In-home care for seniors or homebound 	Help to care for an <b>adult</b> with a special health need or disability 
Mental or behavioral health care 	Mental or behavioral health care 
Help to care for a <b>child</b> with a special health need or disability 	Help to care for a <b>child</b> with a special health need or disability 
Health education (dietician, diabetes education, etc.) 	Health education (dietician, diabetes education, etc.) 
Help to care for an <b>adult</b> with a special health need or disability 	Substance use treatment 

## Most common helpful tools and barriers to accessing services

(Virtua Health Respondents n=110)

### Most Common Barriers to Care:

1. I could not afford my share of the cost
2. I did not know where to go for care
3. The provider did not take my health insurance
4. I could not take time off of work to get care
5. It was too frustrating to receive care



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## What is most helpful in accessing services?

Working for the health system

Online patient portals for scheduling and communication

'Good' health insurance

Available transportation

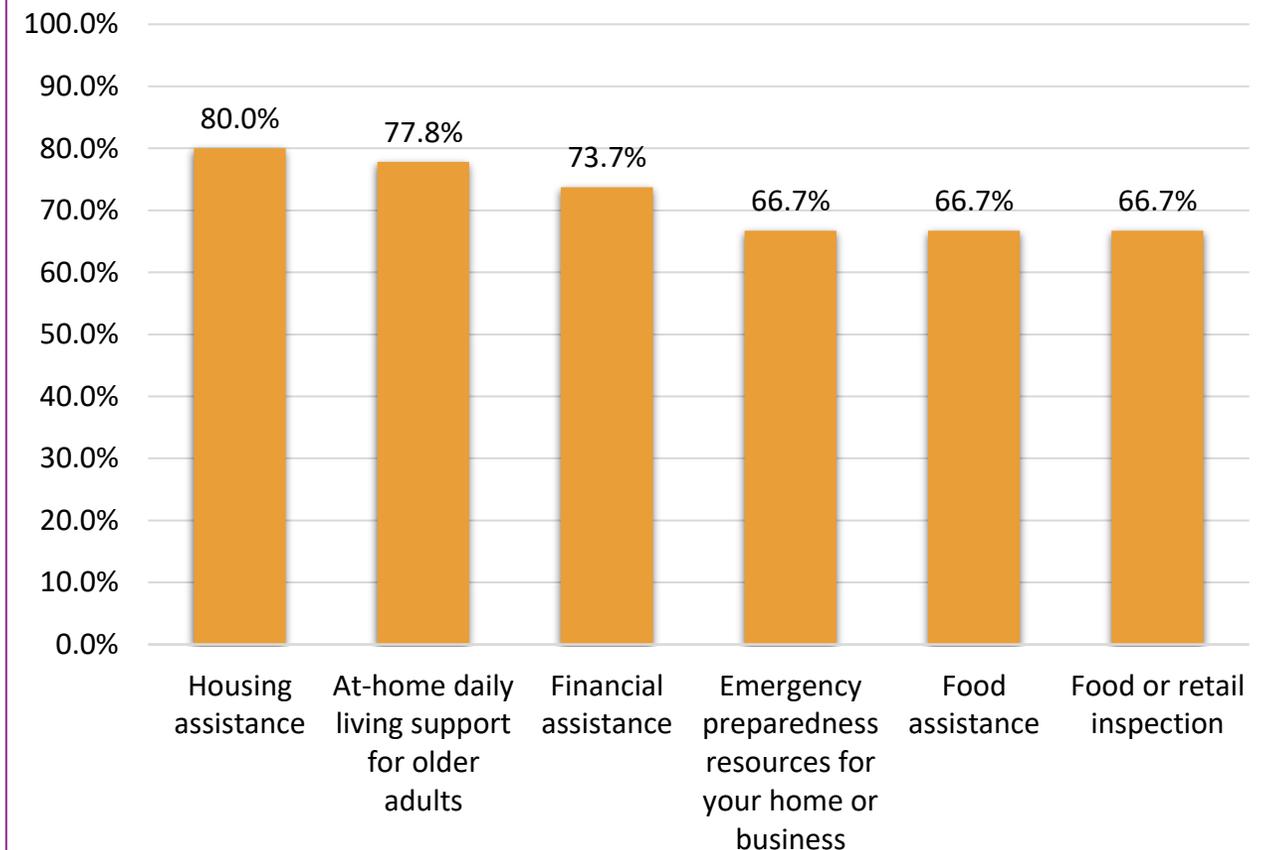
Urgent care availability

# Was there a time in 2024 when you needed any of these community or public health services? (Virtua Health Respondents, n=110)

## Most Needed Community Services:

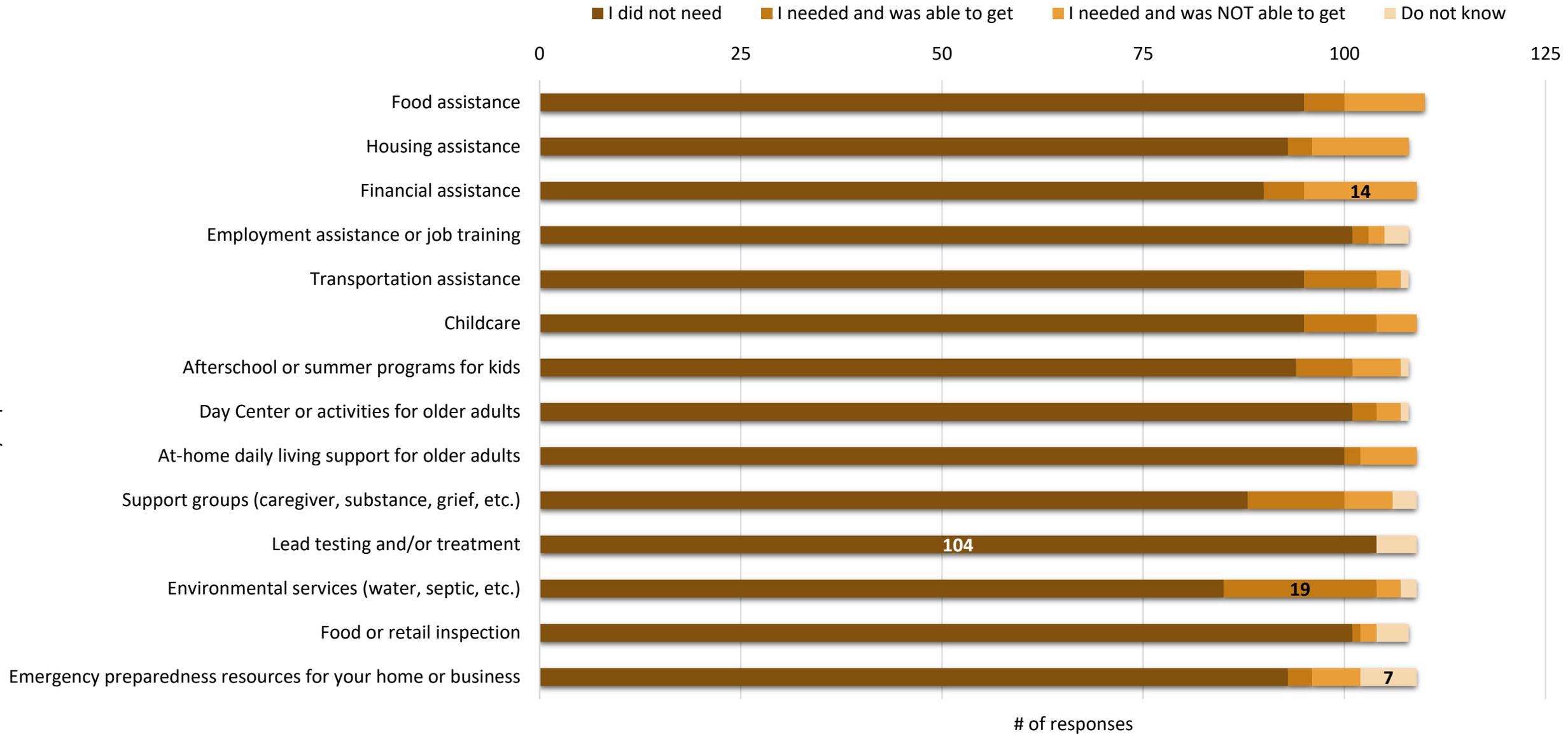
1. Environmental services (water, septic, etc.) (15%)
2. Financial assistance (13%)
3. Support groups (caregiver, substance, grief, etc.) (13%)

### I Needed but was NOT able to get (as a % of the total # of respondents who NEEDED the service)

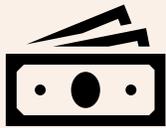
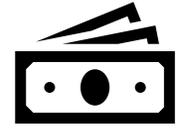


# Was there a time in 2024 when you needed any of these community or public health services? (Virtua Health Respondents, n=110)

Community or public health service



## Needed but Couldn't Get

Virtua Health Responses			SJHC Total Responses
Housing assistance <b>(80%)</b>		Housing assistance <b>(75%)</b>	
At-home daily living supports for older adults		Financial assistance	
Financial assistance		Employment assistance or job training	
Emergency preparedness resources for your home or business		At-home daily living supports for older adults	
Food assistance		Day center or activities for older adults	
Food or retail inspection		Support groups (caregiver, substance, grief, etc.)	

## Most common helpful tools and barriers to accessing services

(Virtua Health Respondents, n = 103)

### Most Common Barriers to Access:

1. I did not know where to go for services
2. I did not want to get services
3. I did not qualify for services
4. I could not afford my share of the cost
5. It was too frustrating to get the services I needed



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## What is most helpful in accessing services?

Provider-facilitated transportation

Online patient portals for scheduling and communication

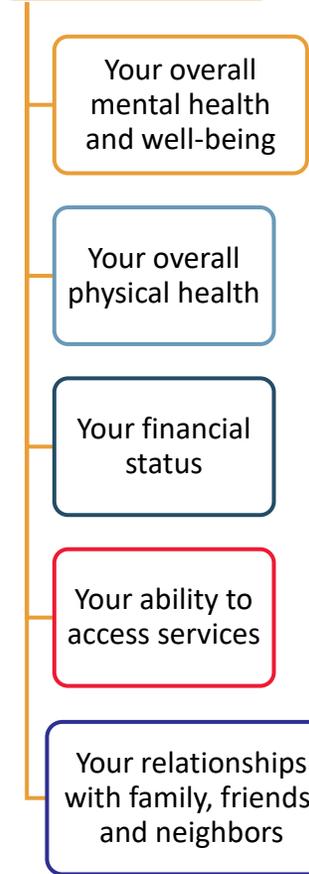
*"I'm fortunate to have the money, time, and access to a quality mental health provider. They referred me to a support group connected to their practice."*

**Stayed the same**

**Better than before**

**Does not apply to me**

## Since the COVID-19 pandemic, how have these things changed for you? (n=108)



Your experience of violence

Worse Same Better Does not apply

Your ability to access services (education, medical, social services, etc.)

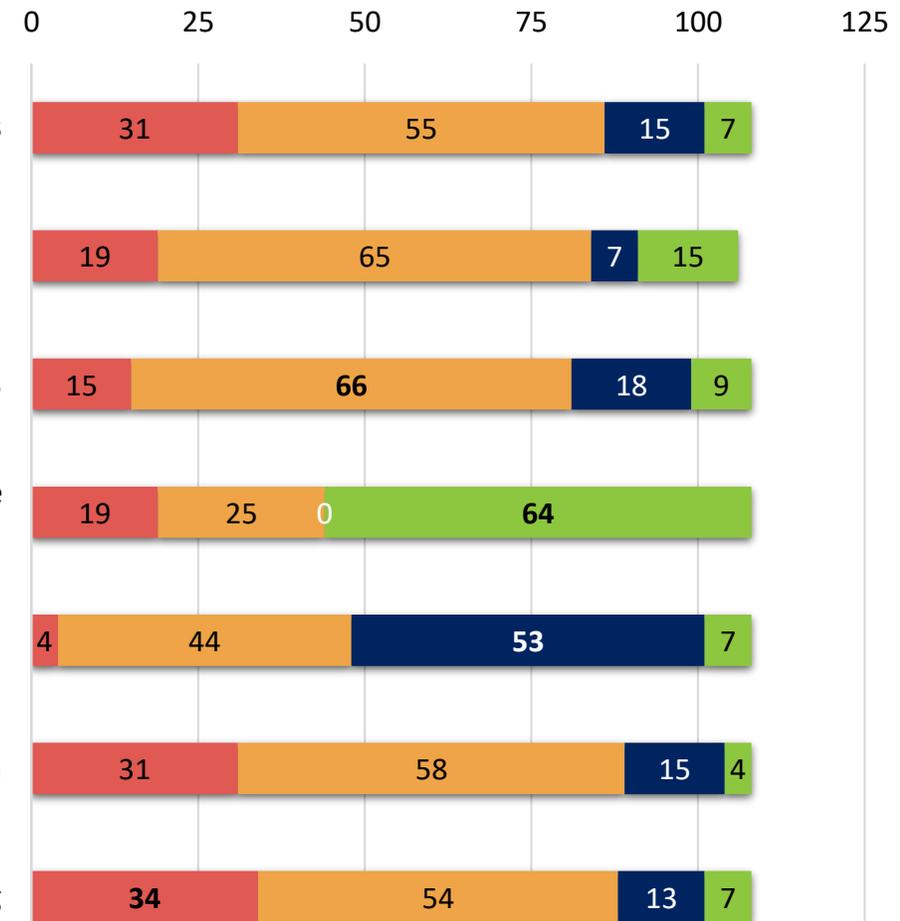
Your relationships with family, friends, neighbors

Your experience of violence (at home, in the community, in the local media)

Your comfort with virtual tools (telehealth, Zoom, social media)

Your overall physical health

Your overall mental health and well-being



## Where do you think resources should be better invested to help improve the health and well-being of your friends, family, and neighbors?

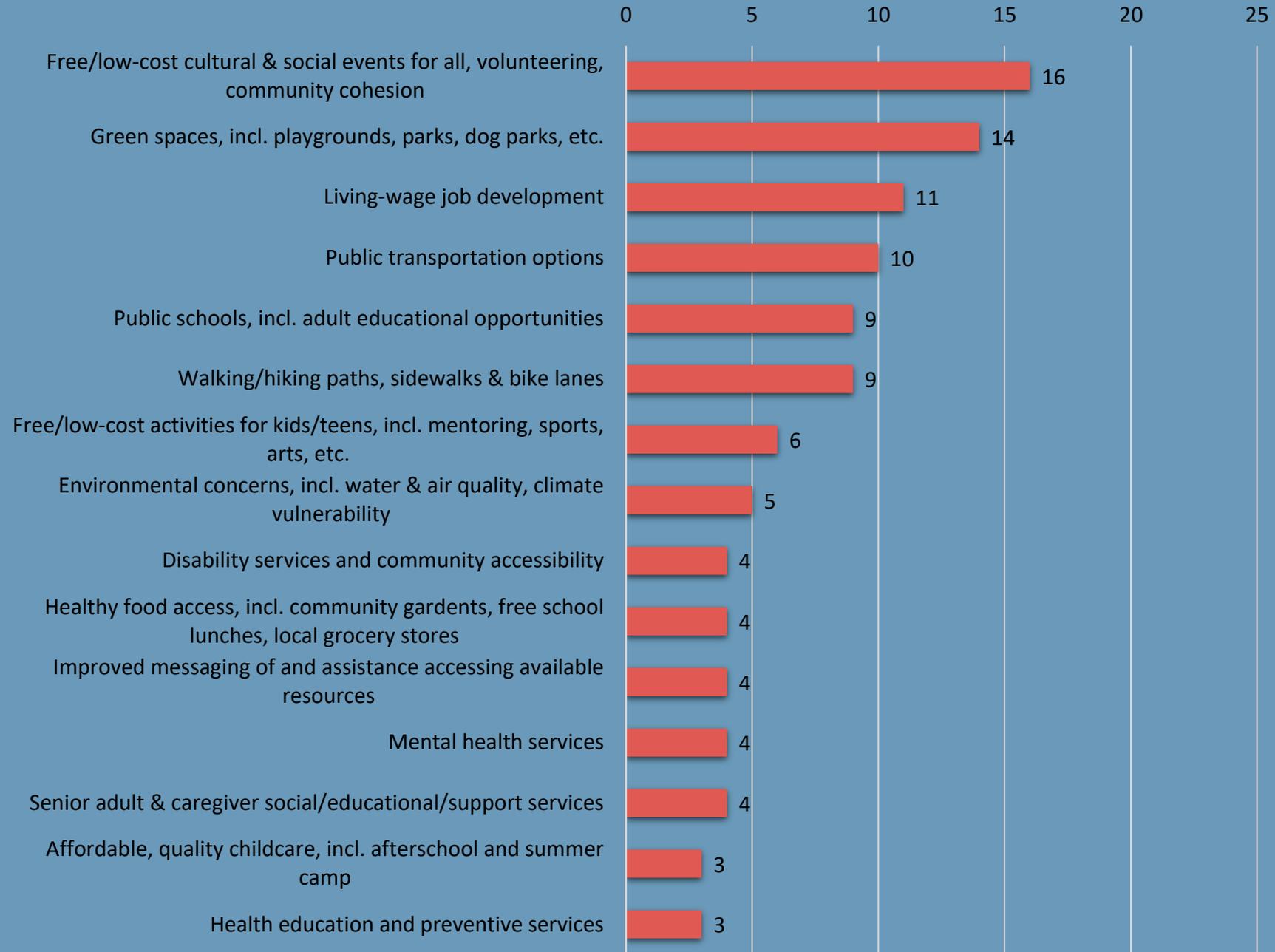
(Virtua Health Respondents, n=64)

(such as activities for kids, bike lanes, green spaces, improved water quality, education and training opportunities, new jobs, transportation options, community-building and cultural events, etc.)?



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# Where do you think resources (financial, time, policy focus) should be better invested to help improve the health and well-being of your family, friends, and neighbors? (Virtua Health Respondents, n=64)

*Always green spaces, parks, safe areas to walk, bike, have kids play. Public health-we have the best health department in NJ and should be using their resources throughout the county.*

*Better public transportation access in South Jersey (specifically a direct train line to NYC); more public activities that are inexpensive or free (similar to the Camden County summer concert series); eating disorder treatment centers (specifically for ARFID), since most of them are in Central and North Jersey; more options for theatre companies to join (for acting); parking for the small parks (there are a few in Camden County with no parking lots or street parking)*

*fair pay to those who provide direct support services to those in need of help in the community. They are underpaid and therefore hard to find. Revolving door.*

*Green spaces, preserving trees and wooded areas, easier ways to find and access services for elder care*

*More safe spaces for teens on the weekend to socialize. More drug/alcohol resources ie: mobile units traveling to different neighborhoods to address education, healthcare needs and provided outreach.*

*Accessibility in public spaces, educational and social/care supports for the disabled, community building*

*We need to invest in our very young. Early childhood options for mental health are non existent and a true hardship for families that child care cannot provide care for. These children need smaller classes with therapy options within their learning day.*

*Help teens and young adults with hiring process and locationing a job.*

*Improved infrastructure to ensure every household has clean water for drinking, bathing and agricultural activities. Many neighborhoods in SJ lack access to clean water, and people suffer lasting health problems as a result. Clean water infrastructure in Camden and many other communities would also help address food insecurity by allowing people to grow their own food. I believe policies and budgets should also provide more sustainable support to bolster the local food economy. Empowering underserved communities to move to grow, aggregate, sell and buy their own food would have huge benefits for community health.*

*Training, for persons hired and for those who train. Compassionate, knowledgeable, professional and the ability to be accountable for their actions or lack there of when attaining viable staff, should be paramount requirements.*

Where do you think resources (financial, time, policy focus) should be better invested to help improve the health and well-being of your family, friends, and neighbors?

### VIRTUA HEALTH RESPONSES

### SJHC TOTAL RESPONSES

Free/low-cost cultural & social events for all, volunteering, community cohesion



Public transportation options



Green spaces, incl. playgrounds, parks, dog parks, etc.



Free/low-cost cultural & social events for all, volunteering, community cohesion



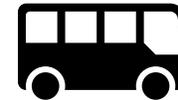
Living-wage job development



Living-wage job development



Public transportation options



Public schools, incl. adult educational opportunities



Public schools, incl. adult educational opportunities



Green spaces, incl. playgrounds, parks, dog parks, etc.



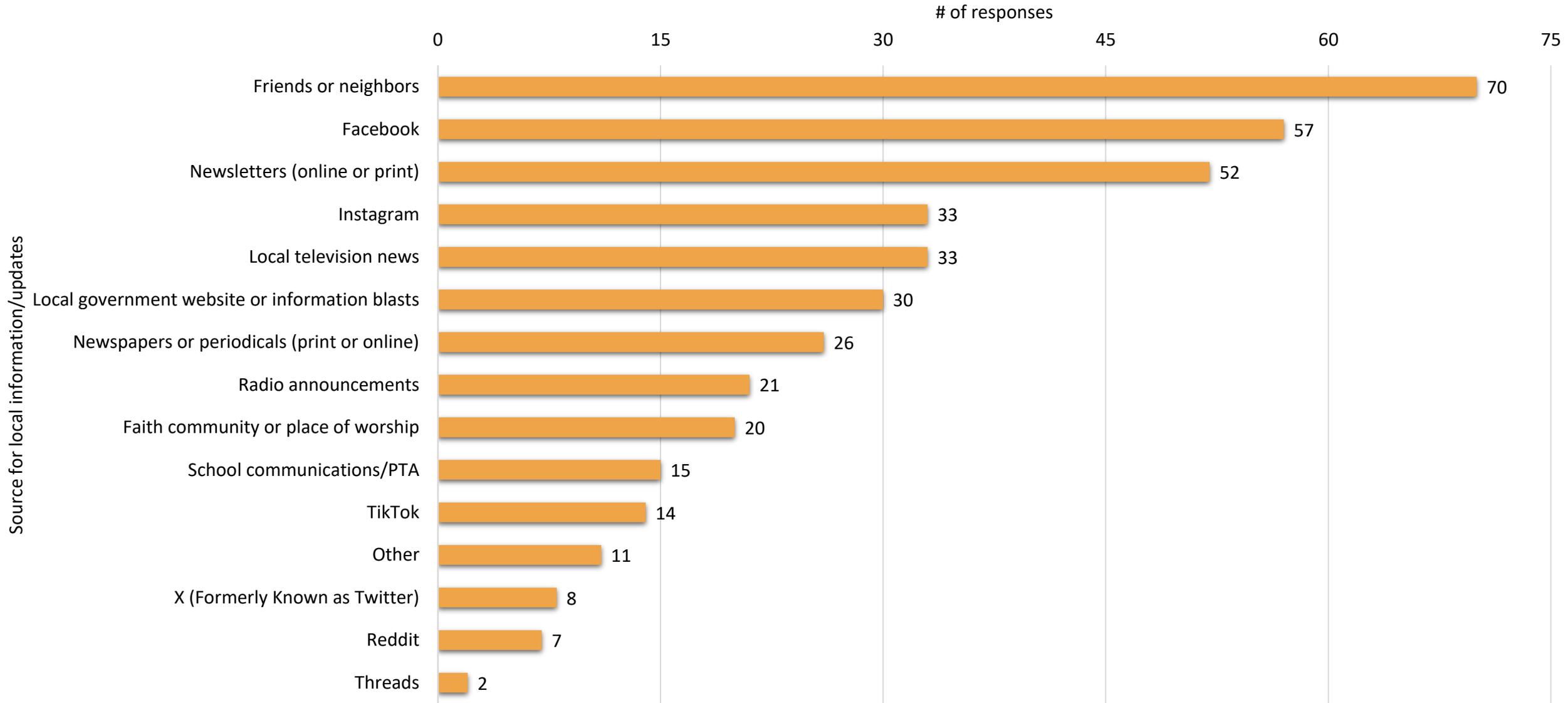
Walking/hiking paths, sidewalks & bike lanes



Free/low-cost activities for kids/teens, incl. mentoring, sports, arts, etc.

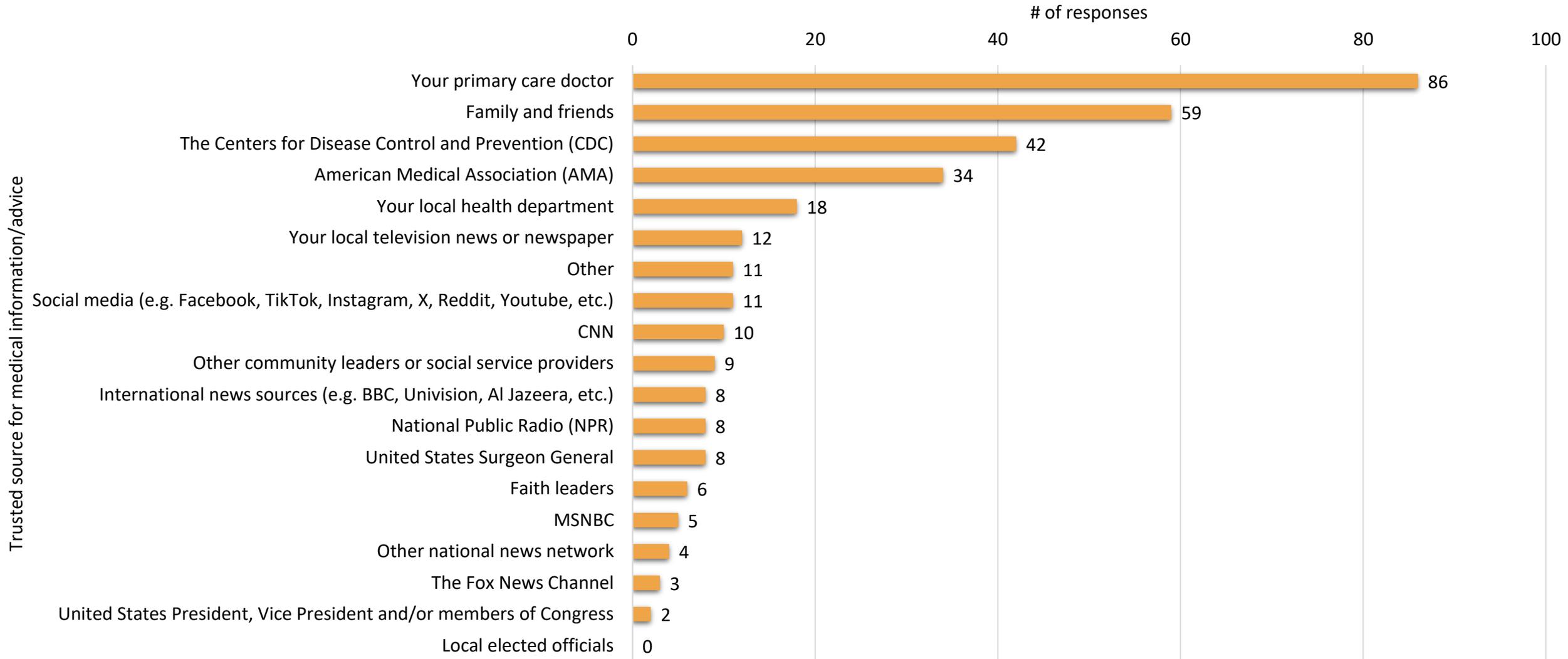


# Where do you look to find information about local activities, news, events, and other local updates (check all that apply)? (Virtua Health Respondents, n=103)

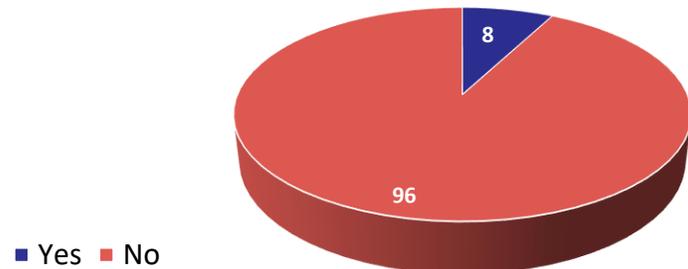


# Which are your most trusted sources for information and advice regarding your personal health choices and healthcare in general?

(check all that apply) (Virtua Health Respondents, n=103)



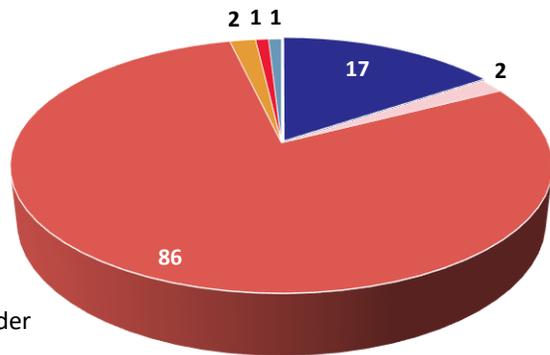
## Do you identify as Hispanic/Latinx? (n=104)



## Does your family identify with any other specific cultural or global identities or traditions (such as Haitian, Italian, Korean, Jewish, etc.)? If so, please share. (n=30)

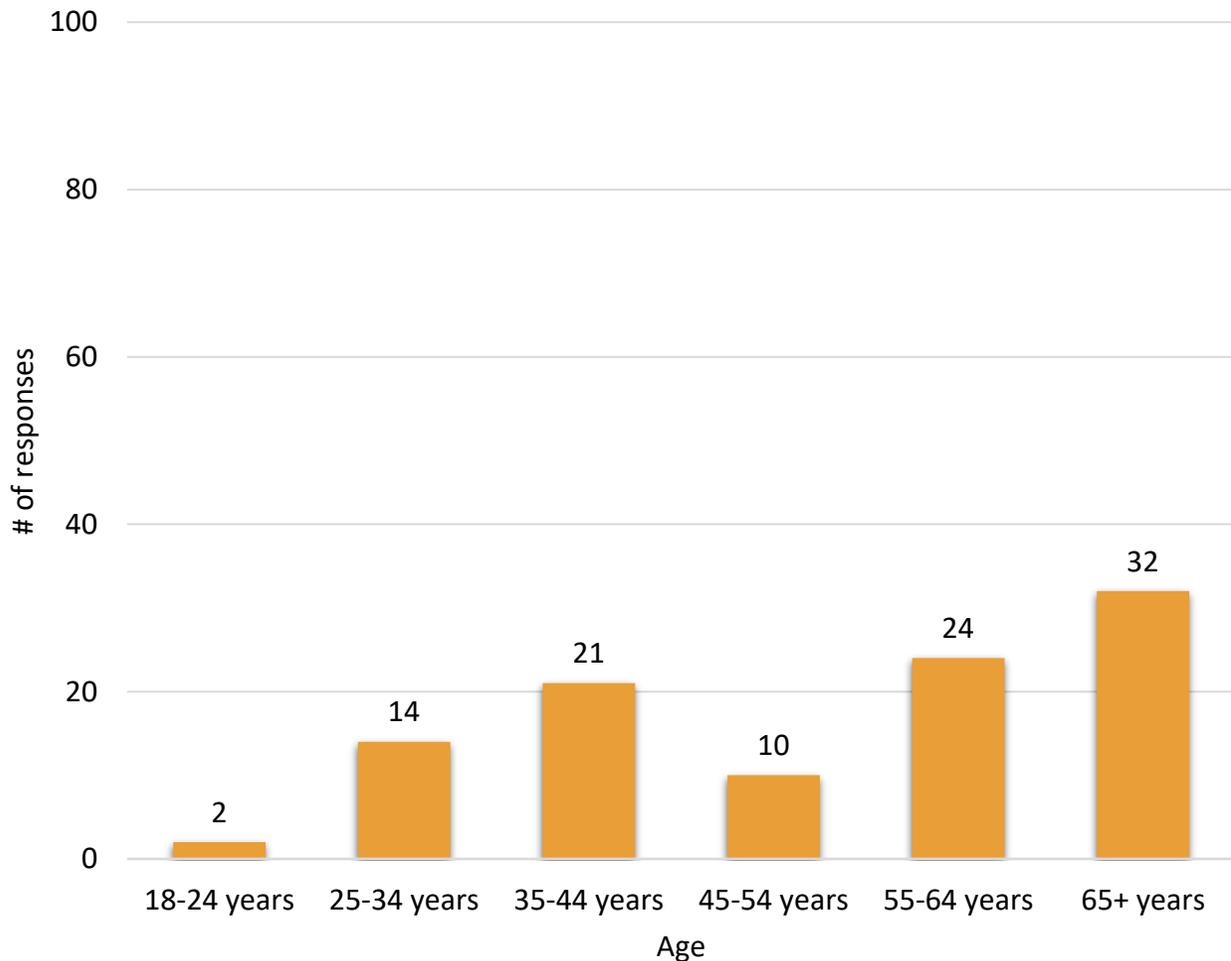
Identity or Tradition	# of responses
None/NA	15
Jewish	7
Italian	4
Irish	2
Dominican	1
Korean	1
Muslim	1

## What is your race? (check all that apply) (n=102)

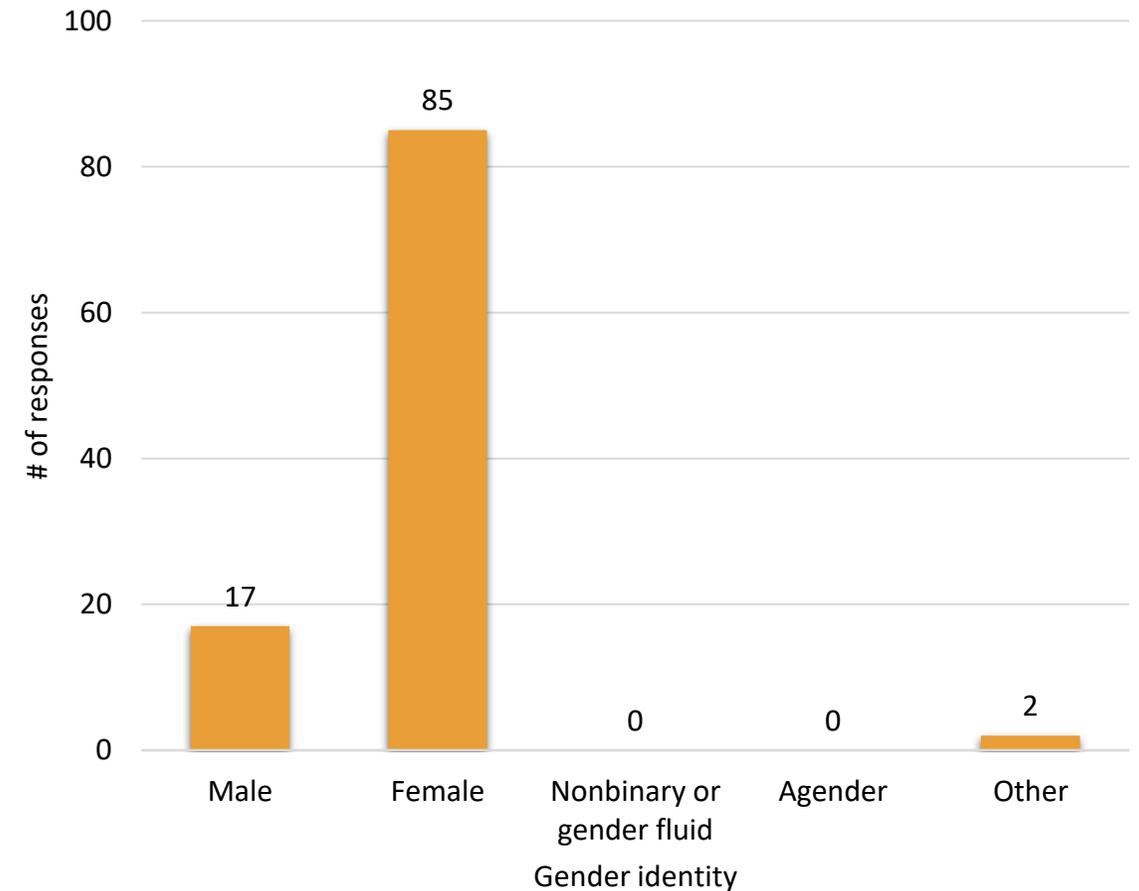


- African American or Black
- Asian, Asian American, or Pacific Islander
- Caucasian or White
- Indigenous, Native American, or Alaska Native
- SWANA (Southwest Asian and North African) or Middle Eastern American
- Other

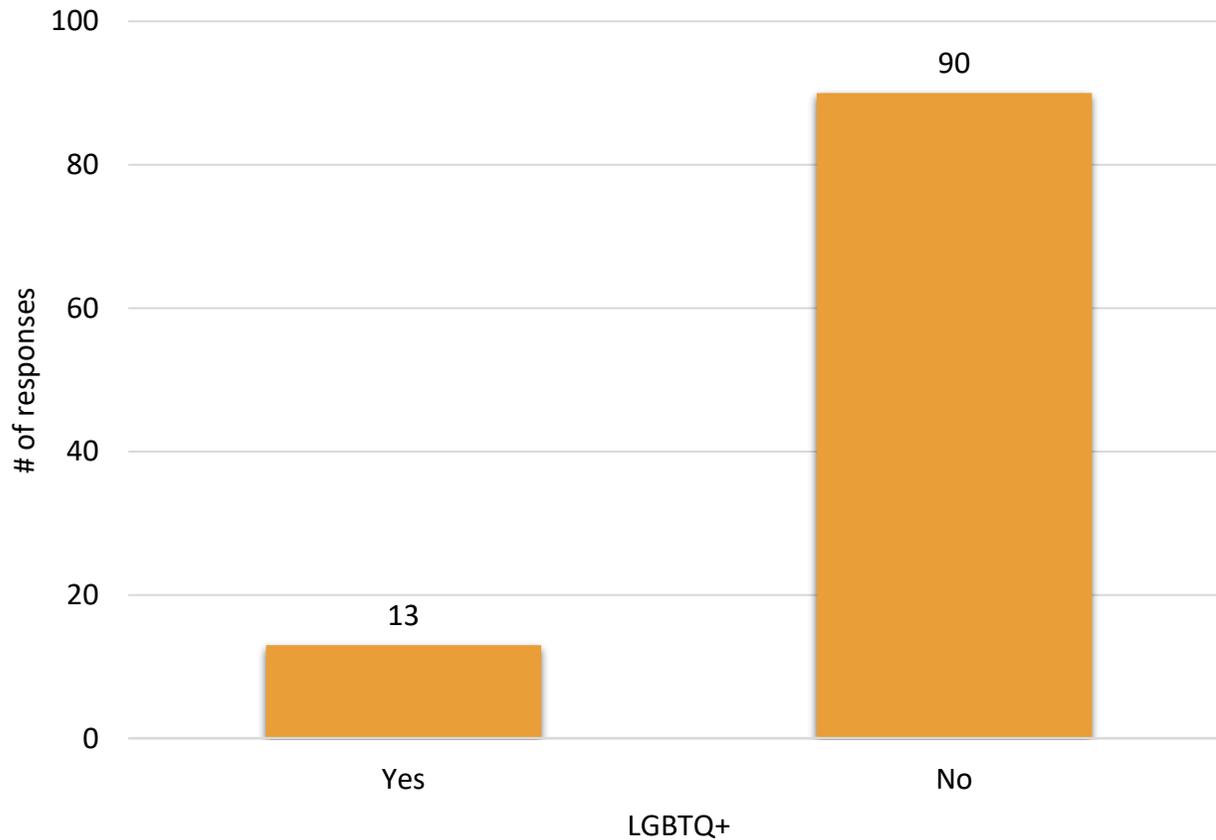
## How old are you? (n=103)



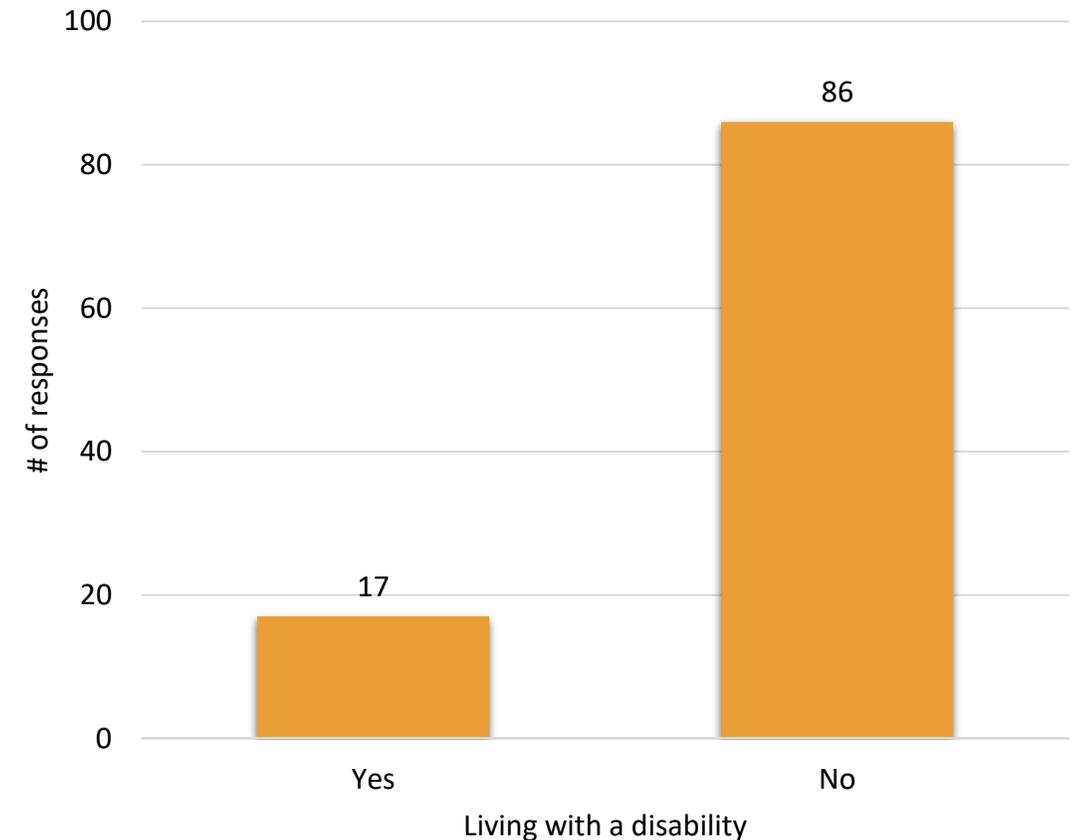
## How do you identify your gender today? (check all that apply) (n=102)



## Do you identify as a member of the LGBTQ+ community? (n=103)



## Do you identify as a person living with a disability? (n=103)





South Jersey Health  
Collaborative  
2025 Community Health  
Needs Assessment

## Our Research Partner



A New Jersey-based certified Small Business Enterprise (SBE) and Woman-Owned Business Enterprise (WBE), 35th Street Consulting specializes in transforming data into actionable insights that advance health and community development through practical strategies. Our multidisciplinary team partners with healthcare, government, nonprofits, and others to engage the people they serve in using data to direct funding and action towards policies and programs that achieve realistic, measurable improvements in creating healthy communities for all.

## 35<sup>th</sup> Street Consulting Core Competencies

- Community Health Needs Assessments
- Community Health Improvement Plans
- Quantitative Data Analysis & Interpretation
- Focus Group Design, Facilitation, Analysis
- Survey Design & Administration
- Large & Small Group Facilitation
- Community and Organizational Capacity Building
- SWOT Analysis and Strategic Planning
- Program Development & Evaluation
- Partnership and Collective Impact Development
- Grant Research & Writing

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