Jefferson Health
HOME OF SIDNEY KIMMEL MEDICAL COLLEGE

Jefferson Health – East Region 2025 Community Health Needs Assessment

Conducted in partnership with the South Jersey Health Collaborative

Jefferson Health
HOME OF SIDNEY KIMMEL MEDICAL COLLEGE

Cooper University Health Care

camden county
Making It Better, Together.

Virtua Health

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

CLOSE TO EVERYTHING
Gloucester County
FAR FROM IT ALL

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

A Letter from Our President, Jefferson Health – East Region

Dear Health Care and Community Partners:

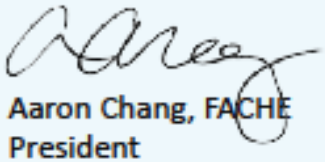
On behalf of Jefferson Health - New Jersey, we are proud to present the 2025 Community Health Needs Assessment (CHNA). Since 2013, Jefferson in New Jersey has conducted a collaborative and comprehensive CHNA for the South Jersey region, as part of the South Jersey Health Collaborative. The South Jersey Health Collaborative is a unique partnership that includes the Burlington, Camden, and Gloucester Public Health departments and the Jefferson Health, Cooper University Health, and Virtua Health networks, which are all committed to improving the health and well-being of all South Jersey residents.

This 2025 Community Health Assessment represents the culmination of a rigorous, collaborative effort of quantitative and qualitative data collection and analysis process. This information is refined by the thoughtful input and perspectives shared by our partners and diverse South Jersey residents during the past year. We thank our research partners, 35th Street Consulting, a New Jersey-certified, woman-owned business, for providing expertise and leadership in this endeavor.

The information in this report represents a wide range of demographic, social, and health statistics that identify key factors impacting the health and quality of life of diverse people across South Jersey. With the involvement of more than 1,600 South Jersey residents and the dedication of South Jersey Health Collaborative partners, we gained insights into how these numbers affect your lives and what support and opportunities matter to you. Gathered through surveys, interviews, focus groups, and forums. Jefferson Health is committed to data-driven, evidence-based programming, and the data we have gathered, represented in this CHNA, will drive those plans and actions.

Jefferson Health is proud to be among the dedicated people and organizations committed to collaboratively serving the unique public health needs across Burlington, Camden, and Gloucester Counties. We invite everyone in South Jersey and beyond to explore the extensive data in this report and use these findings to help us improve the health and well-being of everyone in our community.

Sincerely,



Aaron Chang, FACHE
President
Jefferson Health – East Region

30+ years of nationally ranked care

By U.S. News & World Report

Thomas Jefferson University Hospitals

- **2nd** in the Philadelphia metro area
- **2nd** in Pennsylvania
- **2nd** in the nation for Ophthalmology (Wills Eye Hospital)

Jefferson Abington Hospital

- **7th** in the Philadelphia metro area

Jefferson Moss-Magee Rehabilitation

- **MossRehab 8th** in the nation for Rehabilitation

Jefferson Health New Jersey

- **8th** in New Jersey
- **12th** in the Philadelphia Region

THOMAS JEFFERSON UNIVERSITY HOSPITALS

Nationally Ranked in 7 Specialties

#2 Ophthalmology
WILLS EYE HOSPITAL

#20 Orthopedics
ROTHMAN ORTHOPAEDICS AT JEFFERSON HEALTH
THE PHILADELPHIA HAND TO SHOULDER CENTER AT JEFFERSON HEALTH

#20 Ear, Nose & Throat

#27 Neurology & Neurosurgery

#29 Urology

#31 Gastroenterology & GI Surgery

#39 Pulmonology & Lung Surgery

HIGH PERFORMING
Cancer
JEFFERSON HEALTH – SIDNEY KIMMEL COMPREHENSIVE CANCER CENTER

HIGH PERFORMING
Cardiology, Heart & Vascular Surgery

HIGH PERFORMING
Diabetes and Endocrinology

HIGH PERFORMING
Geriatrics

Thomas Jefferson University

200+ Graduate and undergraduate programs

77,000+ Alumni

17 NCAA Division II teams

8,300+ Students (full/part time)

Over **$200 million** In applied, basic, clinical and scholarly research

1,000+ Patents for new drugs, software innovations, medical devices and diagnostic tools

Data is FY24 - updated January 2025

Jefferson Health

4,350 Employed physicians

13,600+ Nurses (full/part time)

4 Magnet® designated locations

4 Pathway to Excellence® designations

32 Hospital campuses

700+ Sites of care

2,500+ Advanced Practice Clinicians

8.8+ million Outpatient visits (hospital and physician)

Data is FY24 - updated April 2025

Jefferson Health Plans

362,000+ Total members

40+ Years of service

316,000+ Medicaid members

750 Employees

13,000+ Medicare members

20,000+ CHIP members

13,000+ Individual and family plans

Data is 12/24 - updated January 2025

About Jefferson Health in New Jersey

At Jefferson Health, we are reimagining health care through our service-minded and diverse community of providers and specialists. Our mission is to improve lives. We strive to be bold and innovative, while putting your health and safety first. Jefferson Health New Jersey provides a full continuum of healthcare services, from acute-care hospitals to a broad spectrum of outpatient and wellness programs. Headquartered in Pennsylvania, Jefferson Health comprises a robust network of 32 hospitals and physician practices across the Delaware Valley, including three hospitals serving Burlington, Camden and Gloucester Counties in New Jersey. The three New Jersey-based hospitals are Jefferson Cherry Hill Hospital, Jefferson Stratford Hospital, and Jefferson Washington Township Hospital.

Jefferson Cherry Hill Hospital

Jefferson Stratford Hospital

Jefferson Washington Township Hospital

Jefferson Health offers trusted, compassionate care to our community – from Center City to the suburbs. We are committed to improving the lives of the people we interact with in our hospitals, clinics, and neighborhoods. Our work extends beyond the bedside – through programs like Jefferson Health's Center for Urban Health, which seeks to improve the health and well-being of young and older Philadelphia residents through prevention and wellness programs, health education seminars and screenings, and Project H.O.M.E., which provides clinical care to the homeless and more. Jefferson Health is home to nationally ranked experts who provide a personalized care plan for you. Sidney Kimmel Comprehensive Cancer Center – Jefferson Health is one of the few NCI-designated Comprehensive Cancer Centers in the country. With more than 55,000 employees—including nurses, physicians, practitioners, faculty, and others—we are the second-largest employer in Philadelphia and the largest health system in the Philadelphia region by total licensed beds. Our work to improve lives is never done.

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 Partnership included the following partners: Cooper University Health Care, Jefferson Health, Virtua Health, and the Health Departments of 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 guide community benefit initiatives at Jefferson Health's New Jersey Hospitals 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

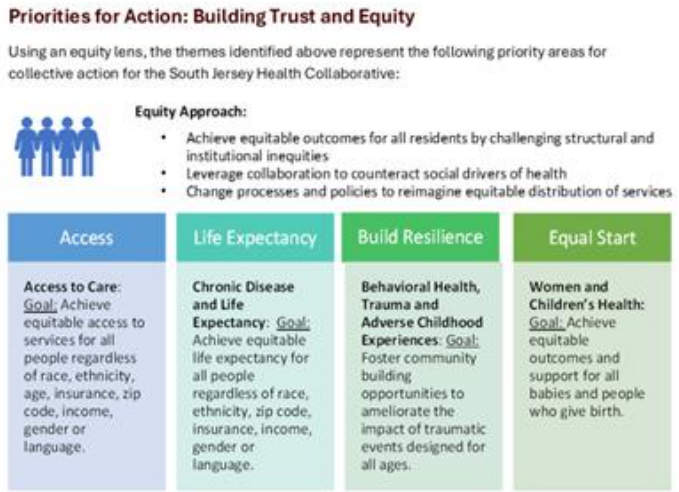
These representatives from the participating institutions met every two weeks from September 2024 through May 2025 to provide expertise, share insights, and collaborate on the creation of this CHNA.

Hospital Network Representatives	Public Health Representatives
Cooper University Health	**Burlington County Health Department**
Maxwell Kursh	Holly Funkhouser- Cucuzzella
Danielle Santiago-Roach	Tracy Little
Jefferson Health – East Region	**Camden County Department of Health**
Tanya McKeown	Koren Norwood
Christina Carty	Lynn Rosner
	Caryelle Vilaubi
Virtua Health	Paschal Nwako
Bageshree Cheulkar	
	Gloucester County Health Department
	Annmarie Ruiz

Summary of the Previous CHNA

The 2022 Community Health Needs assessment for Jefferson 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: https://www.jeffersonhealth.org/about-us/community/community-health-needs-assessment

Following approval by the Jefferson Health Board of Directors, Jefferson Health developed strategies to operationalize the 2022 CHNA. In 2022, the implementation strategy was developed by the Senior Administration/CHNA Oversight Committee, the Center for Urban Health, key leaders from Thomas Jefferson University and Jefferson Health-Center City, and recommendations from key community partners. An Evaluation of Impact from the 2022 CHNA and CHIP reports is included in Appendix B.



2022 Priorities and Goal Statements

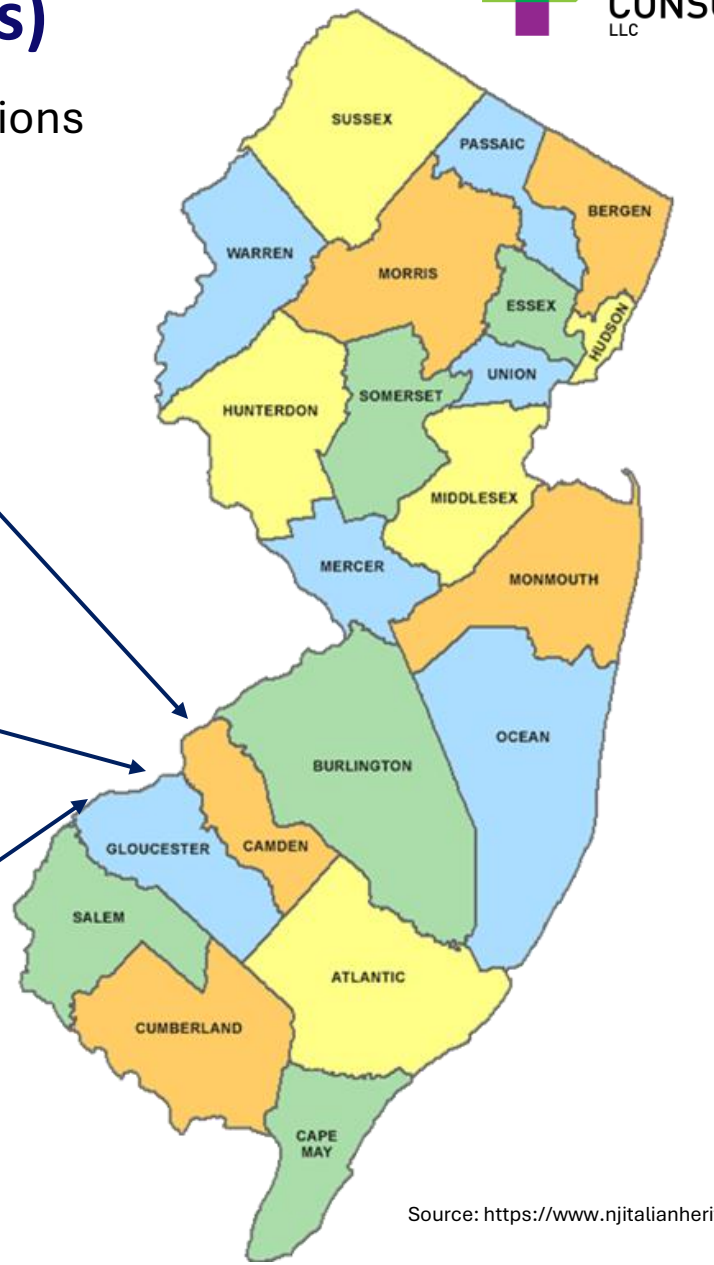
South Jersey Background (Burlington, Camden, Gloucester Counties)

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.

Jefferson Health South Jersey Locations



Source: https://www.njitalianheritage.org/

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2025 Community Health Needs Assessment

Methods and Definitions

How Environment Impacts Well-being

Where we live impacts the choices available to us.

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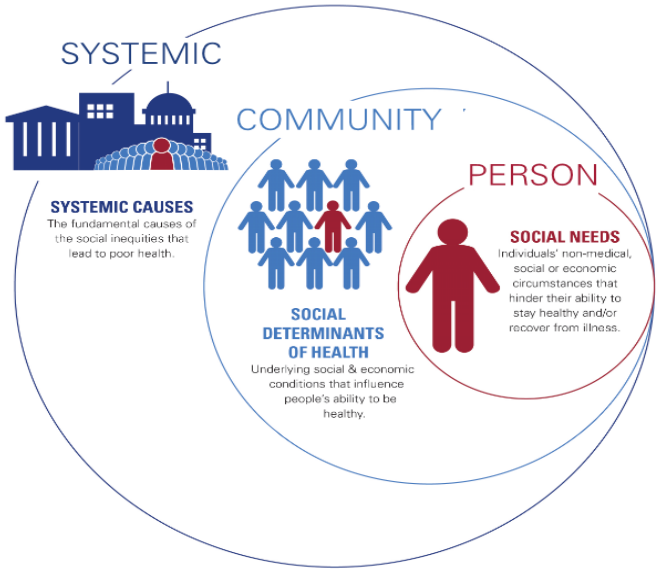
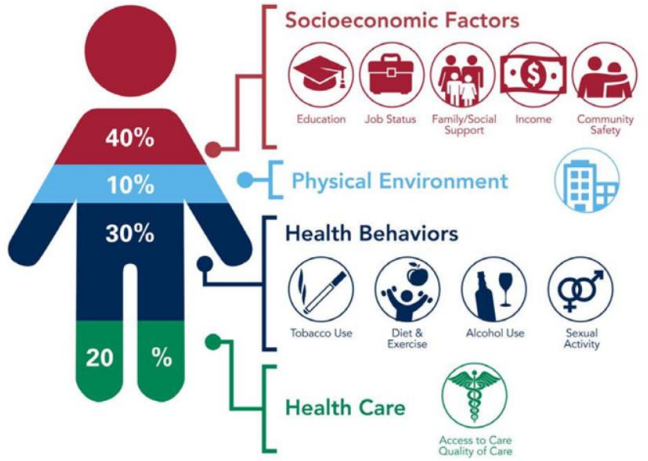
The ability to make choices that promote health is affected by forces at individual, community, and systemic levels. These graphics, borrowed from the American Hospital Association, describe systemic factors, such as the legacy of historic discrimination and exclusion that existed when many of our institutions 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 Determinants 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. Addressing SDoH is a primary approach to achieving *health equity.*

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 equity of health opportunity for everyone.





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www.aha.org

Health Equity

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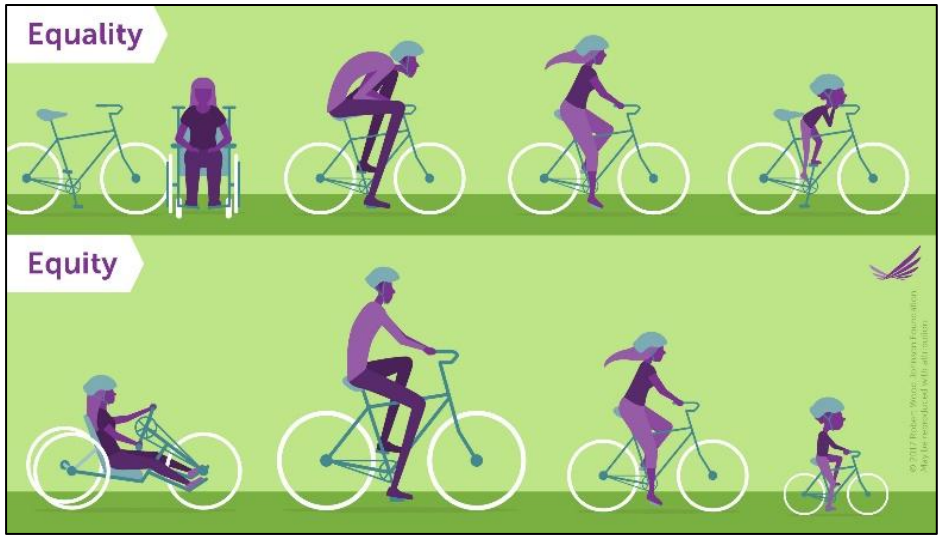
Health equity can be defined simply as "a fair and just opportunity for every person to be as healthy as possible."

To achieve health equity, we need to look beyond the healthcare system, examine and repair inherited systematic inequities, and ensure that opportunities for improved health and greater well-being are available to everyone. This is a slightly different concept from equality, which means that all people are provided with the same thing, regardless of their starting place. Equity considers that not all groups and individuals begin with the same set of resources. Working together towards equity—thoughtfully utilizing diverse resources among diverse people, with a focus on leveraging strengths and dismantling barriers—builds a healthier community for everyone now and in the future.



Source: Robert Wood Johnson Foundation

Key Terms for Interpreting Health Data

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:

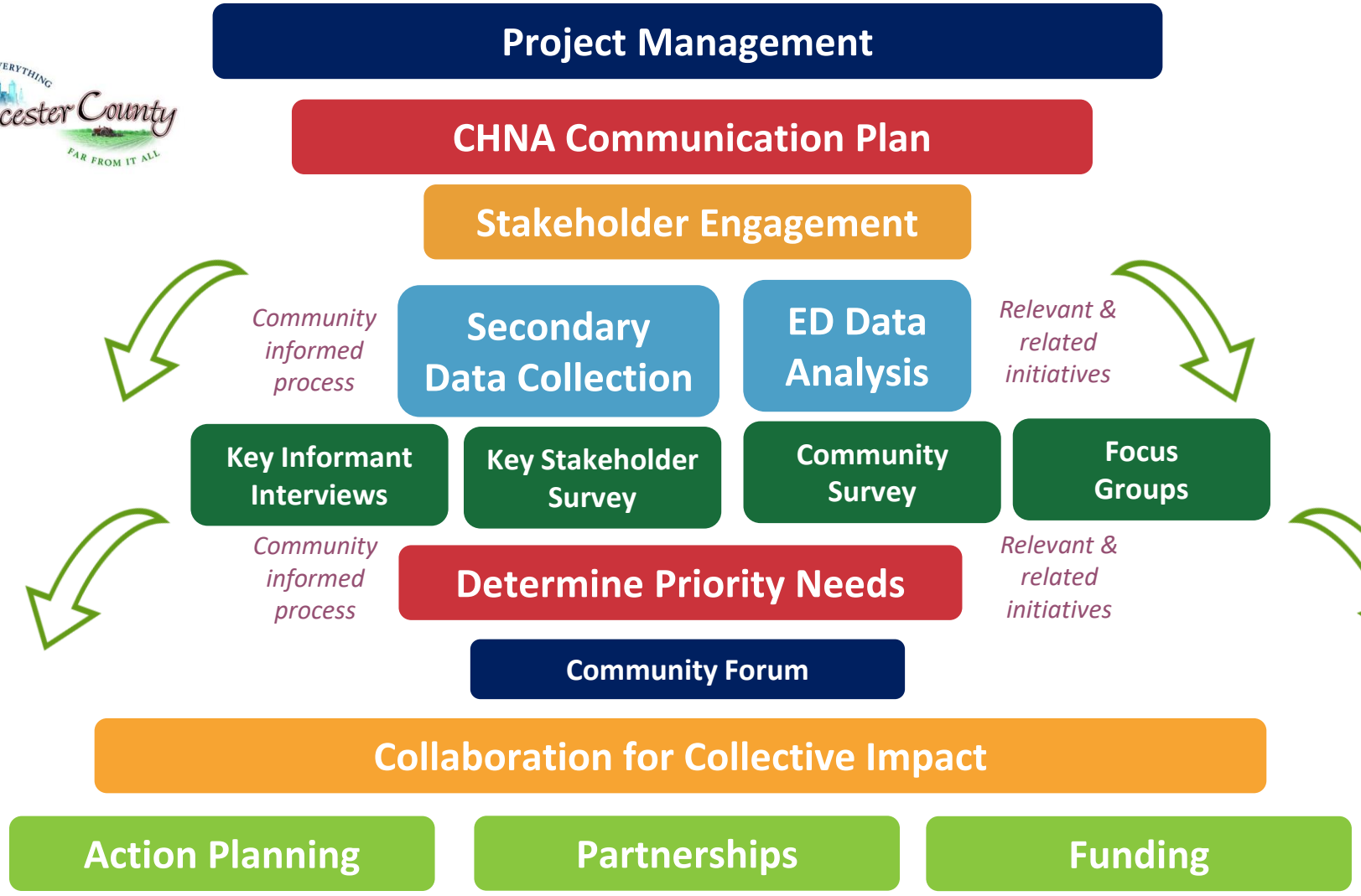
All new plus all existing cases that have not yet been resolved during a specific time

Outcome Resolution = *Recovery*

Or

Outcome Resolution = *Death*

South Jersey Health Collaborative
2025 CHNA



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Determining Community Priorities

In 2024 and 2025, the South Jersey Health Collaborative – comprised of key representatives, Jefferson Health, Cooper University Health Care, Virtua Health, Burlington County Health Department, Camden County Health Department, and Gloucester County Health Department – worked alongside the 35th Street Consulting team to craft this CHNA. The data included in this report are designed to generate priority areas for action for Jefferson 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 Jefferson Health's outreach, and 5 focus groups, with 56 participants.

A preliminary prioritization process was conducted in a hybrid workshop facilitated by 35th Street Consulting with 15 representatives from Jefferson 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 SJHC as priorities.

A summary of the 2025 CHNA data and the priorities were discussed with 28 community representatives at a Community Forum hosted at Jefferson Health Washington Township on April 29, 2025. All 28 forum attendees agreed with the priorities listed here.

Themes from the 2025 CHNA quantitative and qualitative data

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

Social Factors are Health

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

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 impact of ACES, financial strain
- 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)

Build Trust and Connection

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.)
- Consider literacy, education, ID limitations
- Language barriers
- Consider time, resource limitations among ALICE
- Your workmates are your clients too

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 MH
- Inform, identify, address ACES and trauma in all ages
- Seek solutions to language barriers for people in need of MH or SUD care
- Collaborate to find solutions for connecting youth with MH support and care outside the ED

CONSISTENT, RELIABLE COMMUNICATION AND PARTNERSHIP

Approval and Adoption of the 2025 CHNA:

The Jefferson Health New Jersey Board of Directors reviewed and approved this report to address these priority areas May 2025. The report is widely available to the public through Jefferson Health's website. https://www.jeffersonhealth.org/about-us/community/community-health-needs-assessment

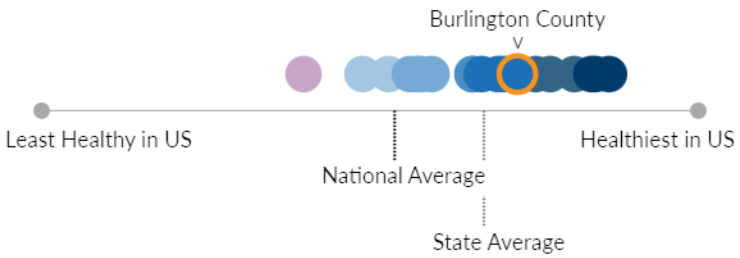
For more information, feedback or comments, please email Tanya.McKeown@jefferson.edu

South Jersey By The Numbers
Secondary Data Profile

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

County Health Rankings & Roadmaps

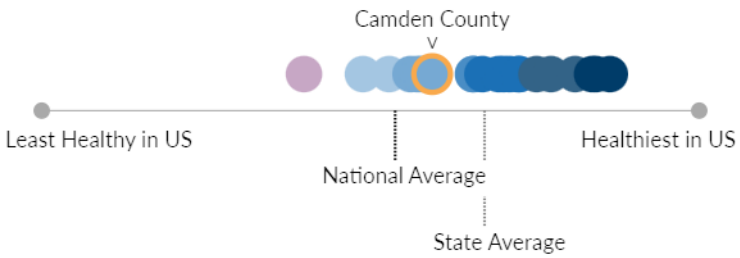
Burlington County Health Factors - 2024



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.

County Health Rankings & Roadmaps

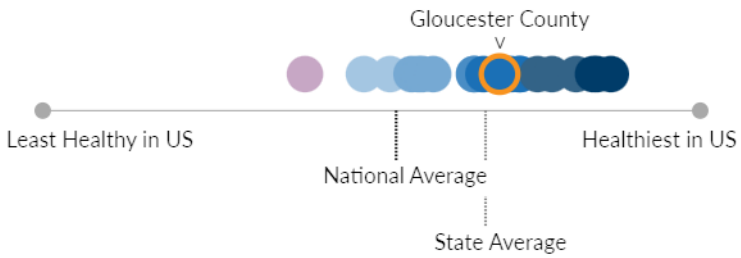
Camden County Health Factors - 2024



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.

County Health Rankings & Roadmaps

Gloucester County Health Factors - 2024

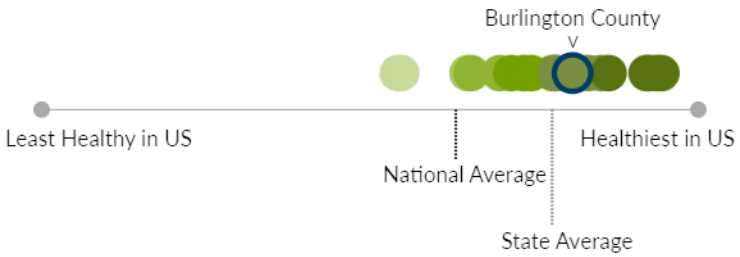


Gloucester County is faring about the same as the average county in New Jersey for Health Factors, and better than the average county in the nation.

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

County Health Rankings & Roadmaps

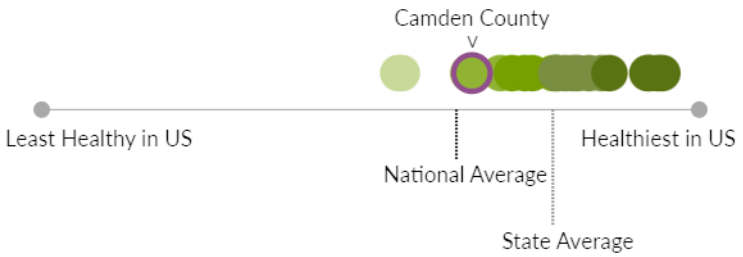
Burlington County Health Outcomes - 2024



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.

County Health Rankings & Roadmaps

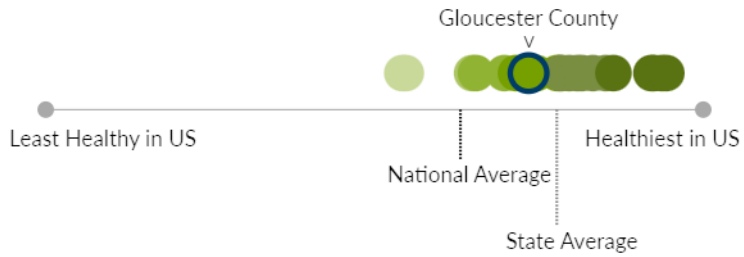
Camden County Health Outcomes - 2024



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.

County Health Rankings & Roadmaps

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.

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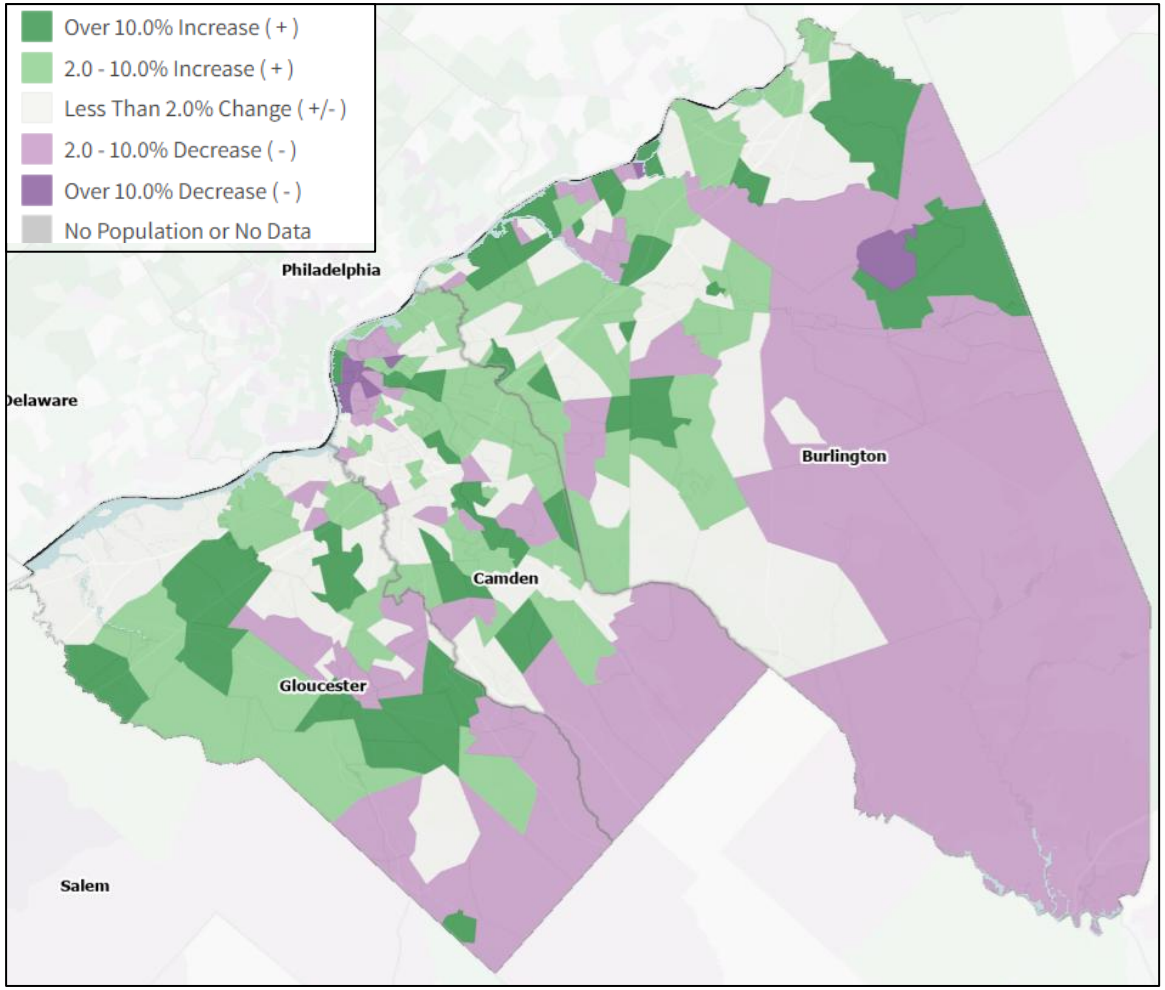
Overall Population: Burlington, Camden and Gloucester Counties

	Total Population		
	2010	2023	% Change
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%

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



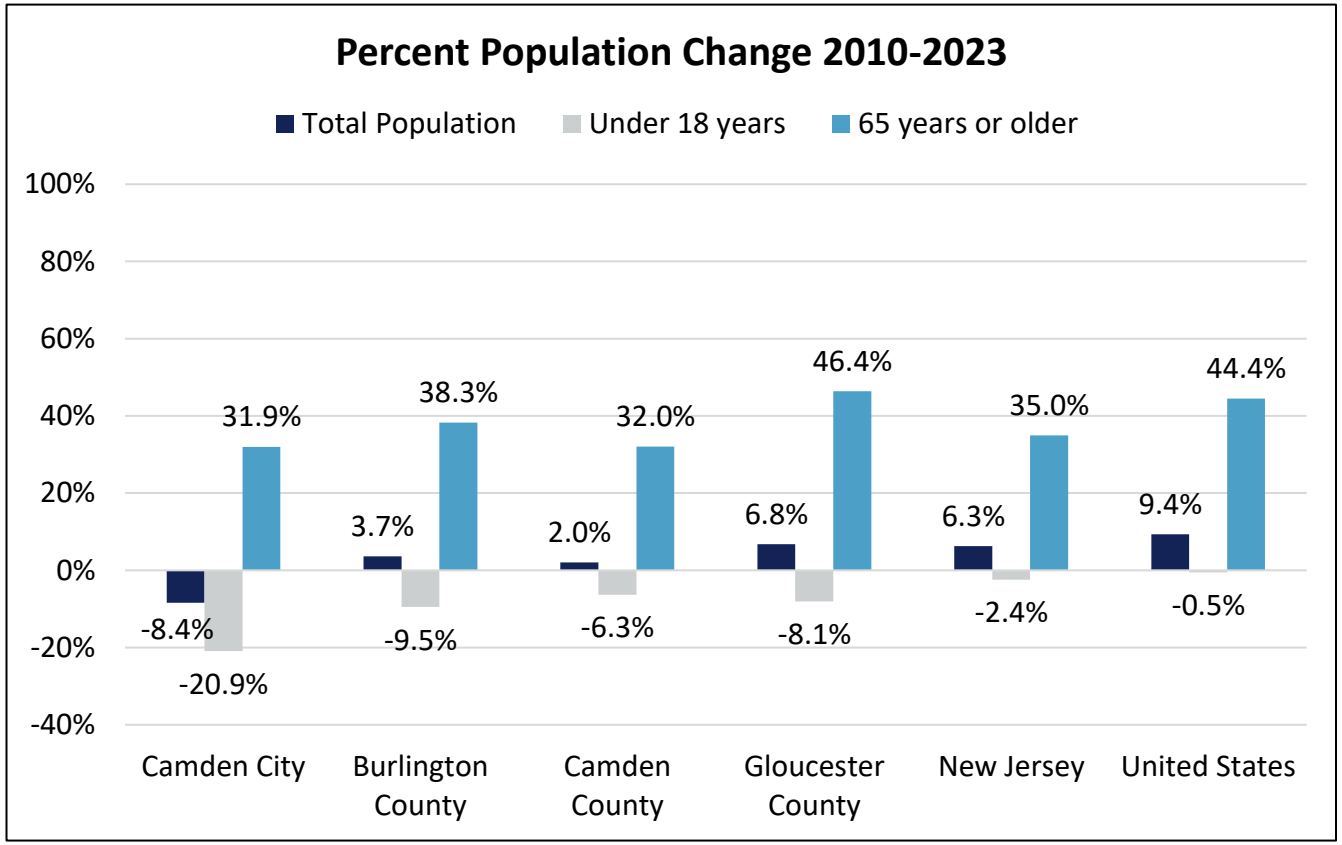
Source: US Census Bureau, American Community Survey

Population Change

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.

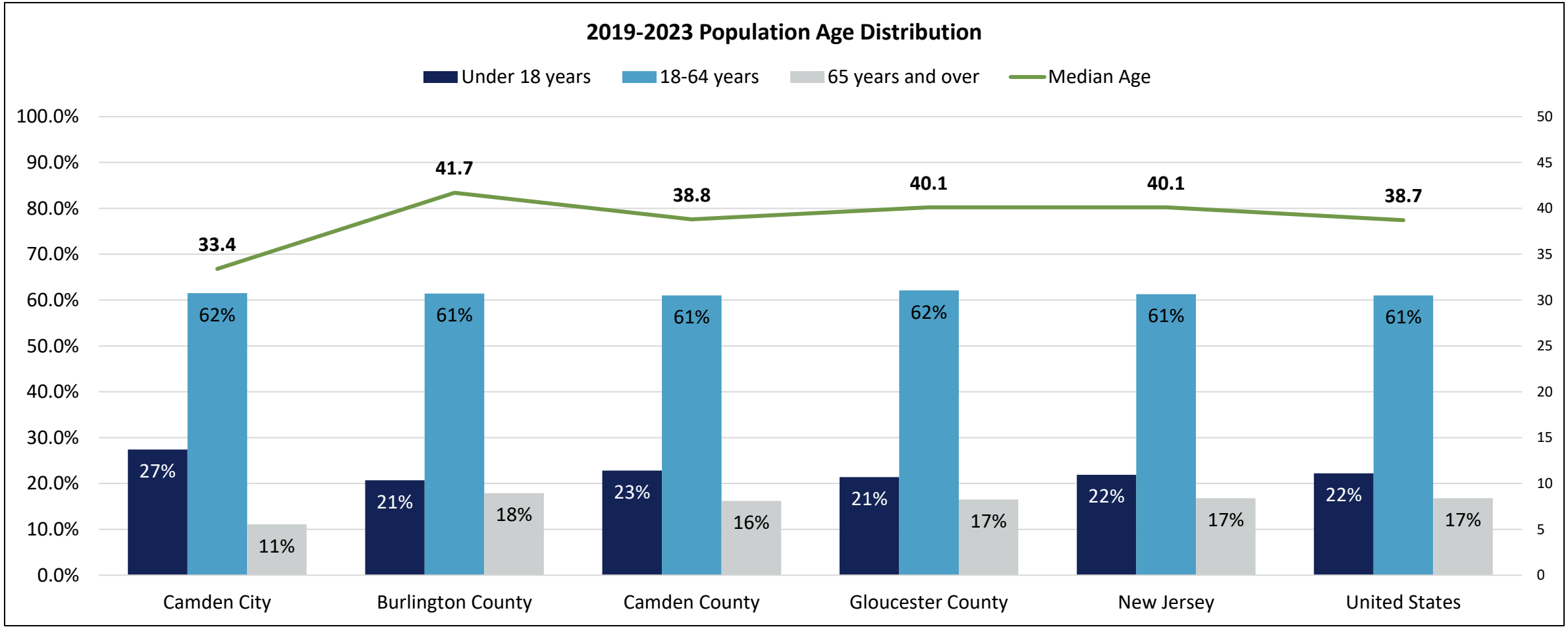


"The neighborhood [in Camden City] overall is suffering from unemployment, housing, and the need for substance abuse treatment, and poverty – I think the poverty level is really high…"

Source: US Census Bureau, American Community Survey

Population by Age

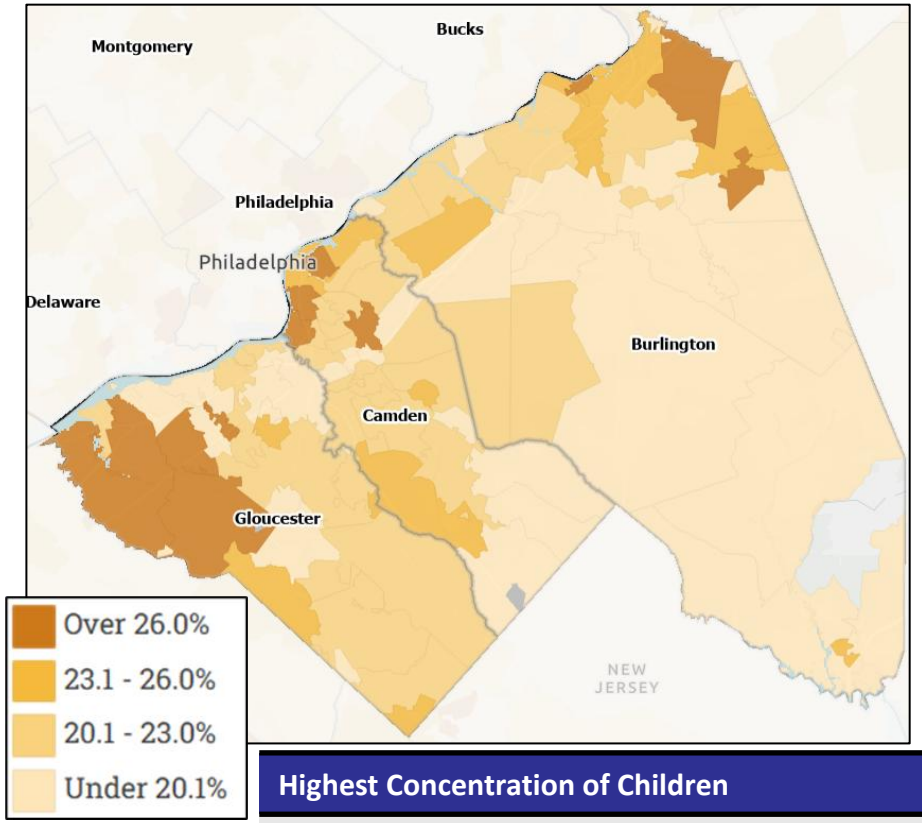
The population distribution by age is similar across South Jersey. Burlington County has an older median age (41.7 years) as well as a slightly larger proportion of older adults. In the City of Camden, more than 1 in 4 people is aged 18 or younger, which drives its younger median age (33.4 years).



Source: US Census Bureau, American Community Survey

Population by Age and Zip Code

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

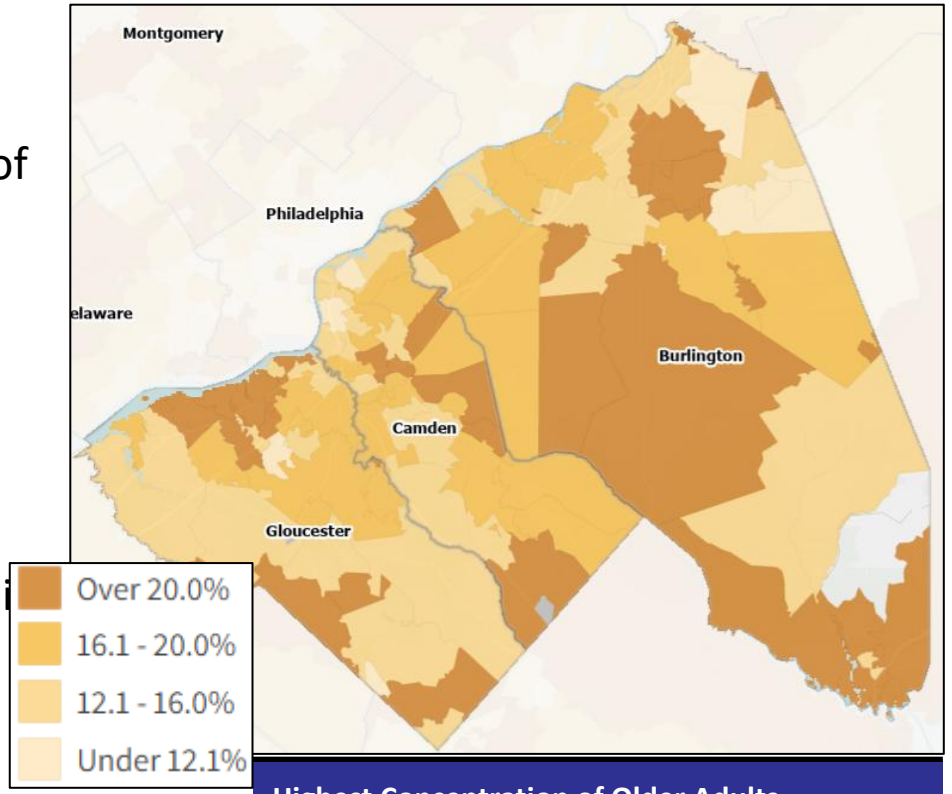


Highest Concentration of Children	
08033, Haddonfield	08085, Swedesboro
08104, Camden	08554, Roebling
08105, Camden	08640, 08641 Joint Base MDL

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

Concentrations of children and older adults tend to be located i different parts of each county.

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

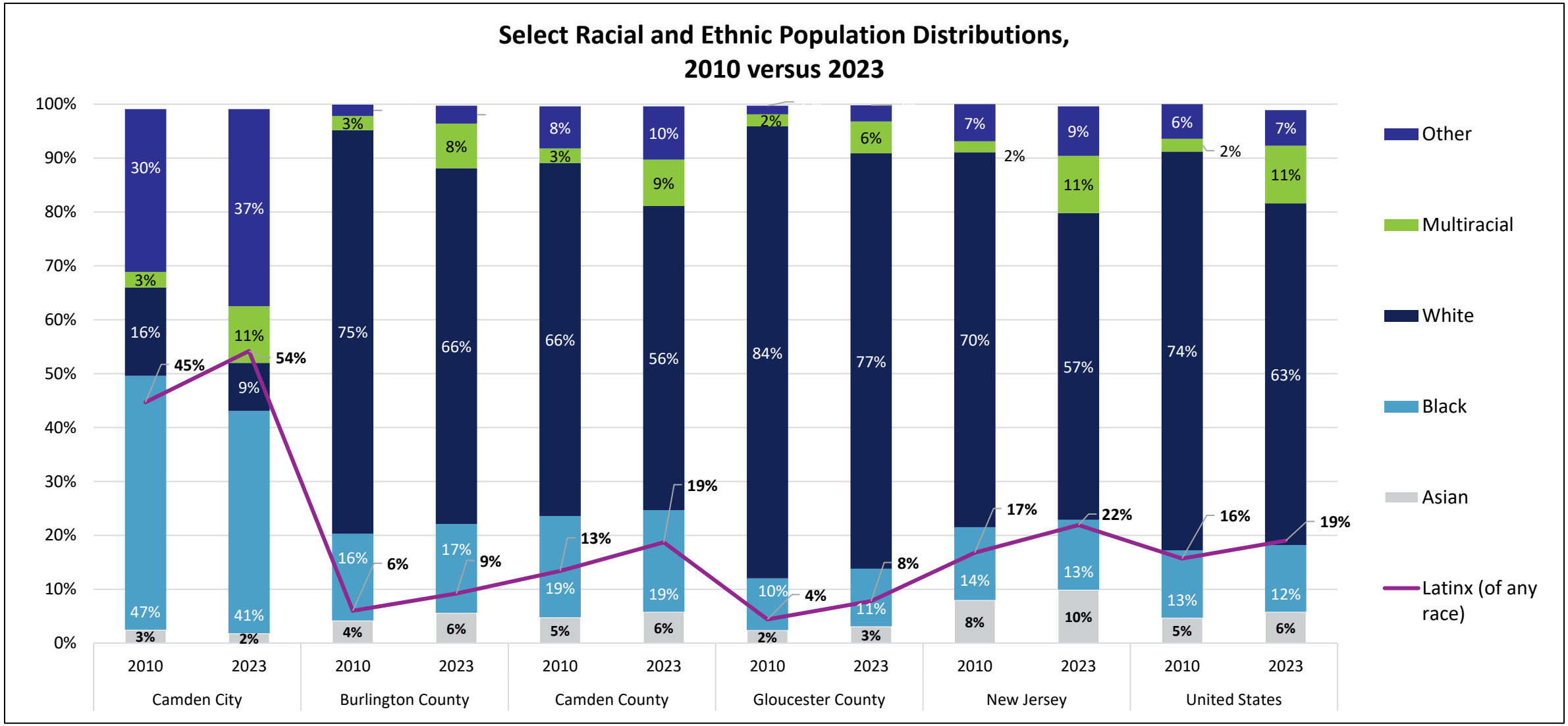


Highest Concentration of Older Adults	
08042, Clarksboro	08041, Jobstown
08039, Harrisonville	08042, Juliustown
08088, Vincentown	08022, Columbus

Source: US Census Bureau, American Community Survey & Center for Applied Research and Engagement Systems

Population by Race and Ethnicity

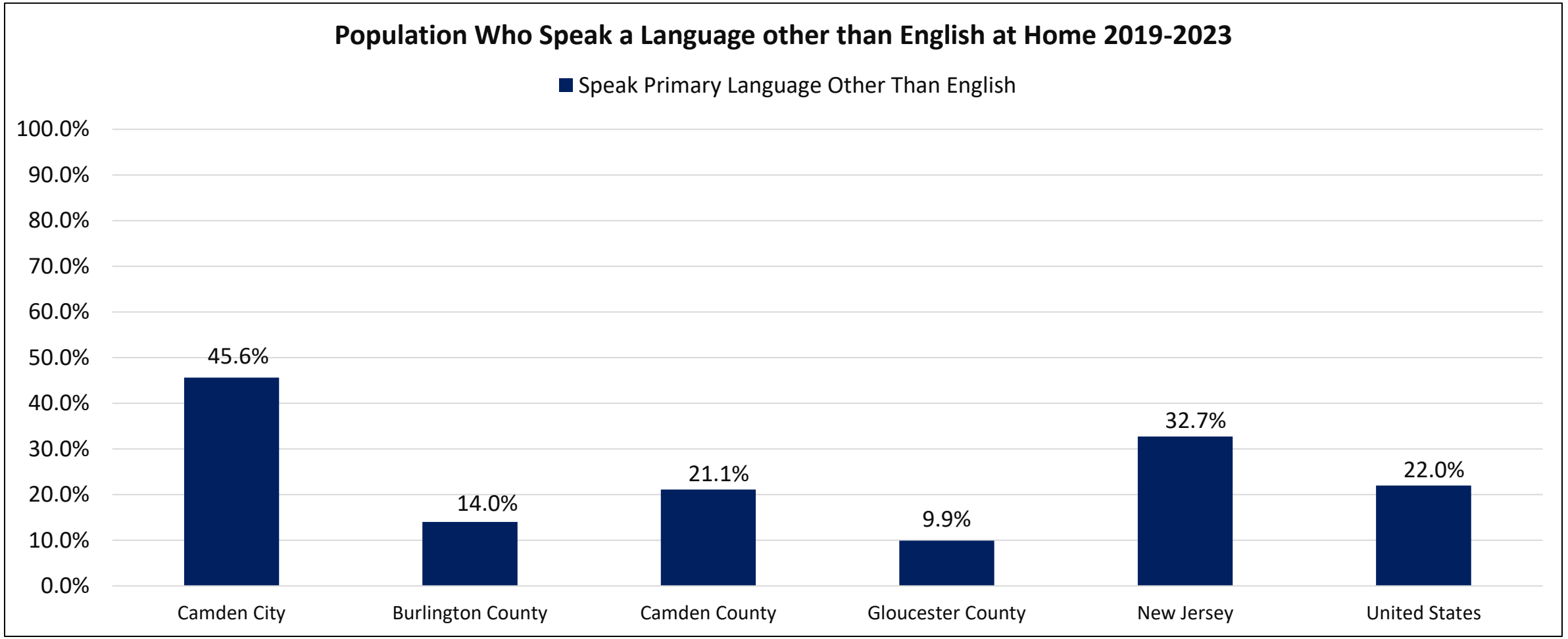
All South Jersey counties are majority white (56% or more) but have become more diverse since 2010. The City of Camden is a majority "minority" city (41% white), unlike the surrounding counties. In 2023, more than half of Camden City residents identify as Latinx, which is double the national percentage.



Source: US Census Bureau, American Community Survey

Preferred Language

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.



Source: US Census Bureau, American Community Survey

Income and Work

Money impacts the choices we have to be healthy

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.

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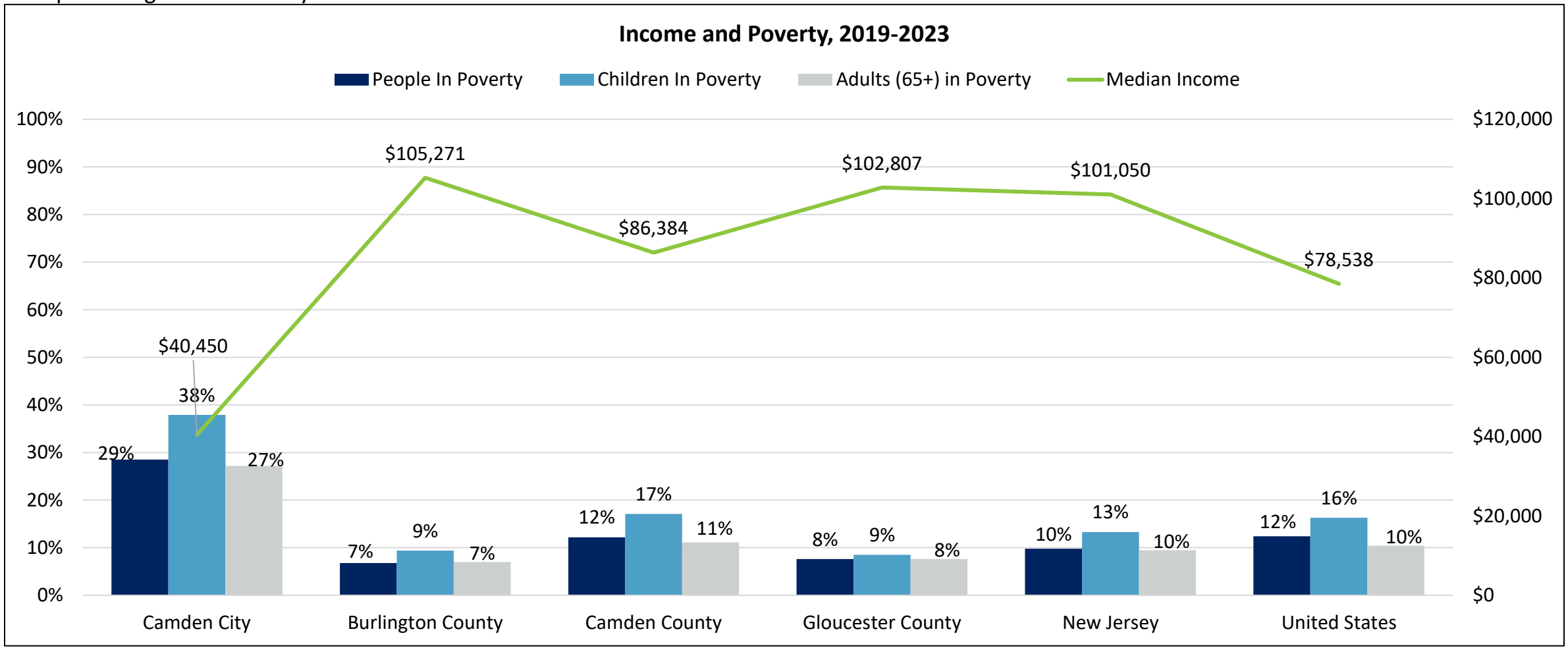
Income and Poverty

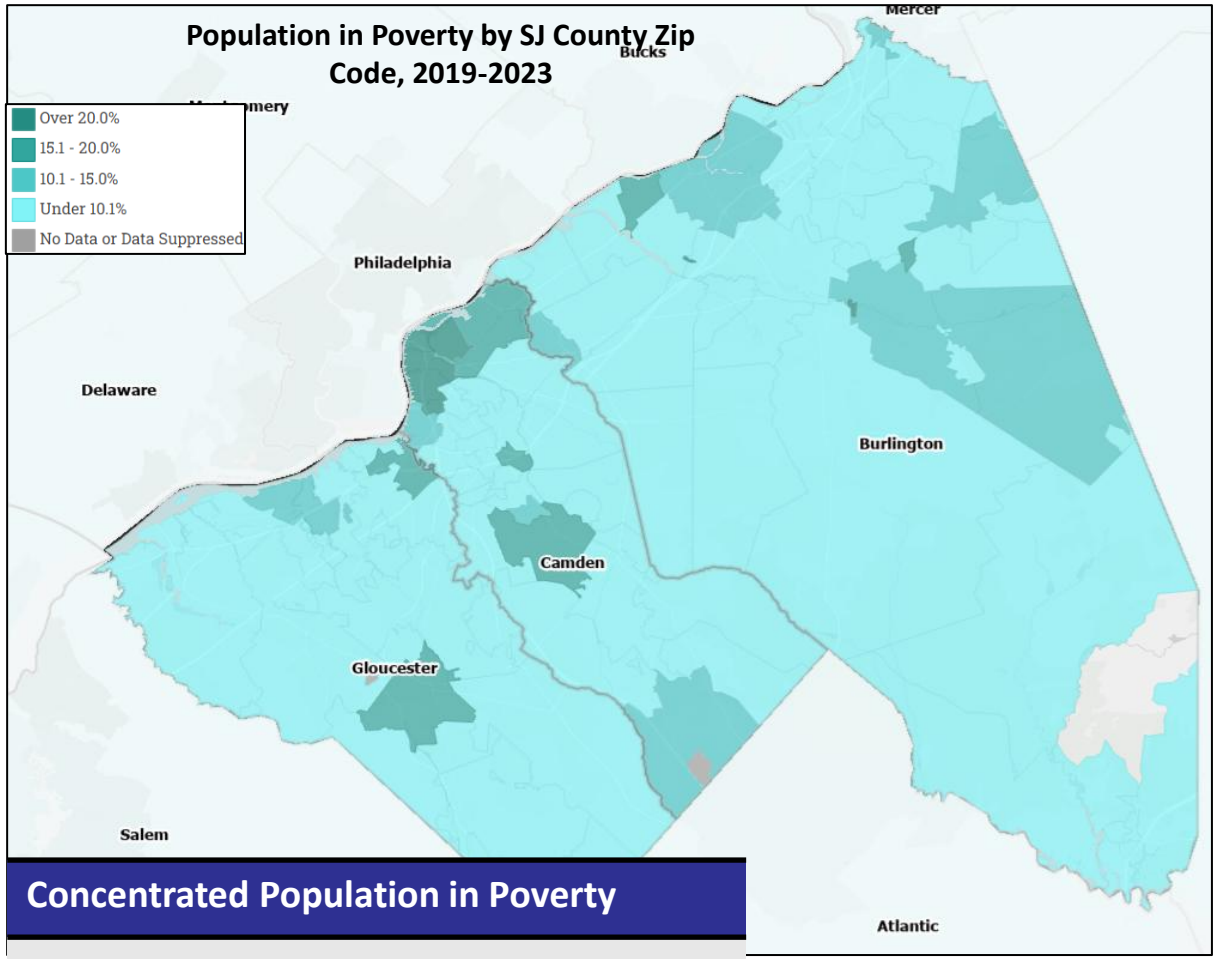
The median income in Burlington and Gloucester Counties is consistent with New Jersey, and higher than the US median. The median income in Camden County is higher than the US median but lower than the New Jersey median. This is, in part, due to the low median income in the City of Camden ($40,450), which 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.



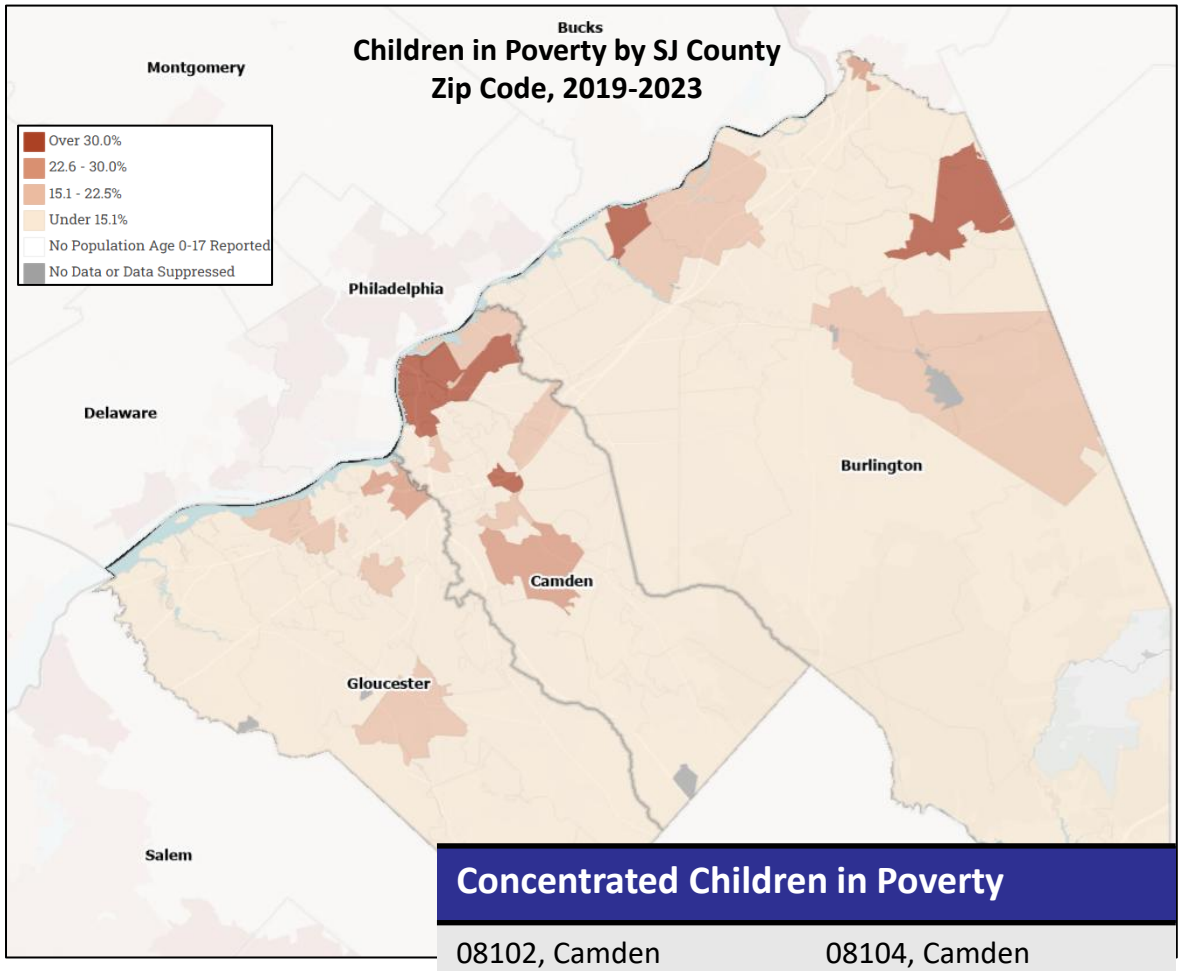
Source: US Census Bureau, American Community Survey

Concentration of Poverty

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.



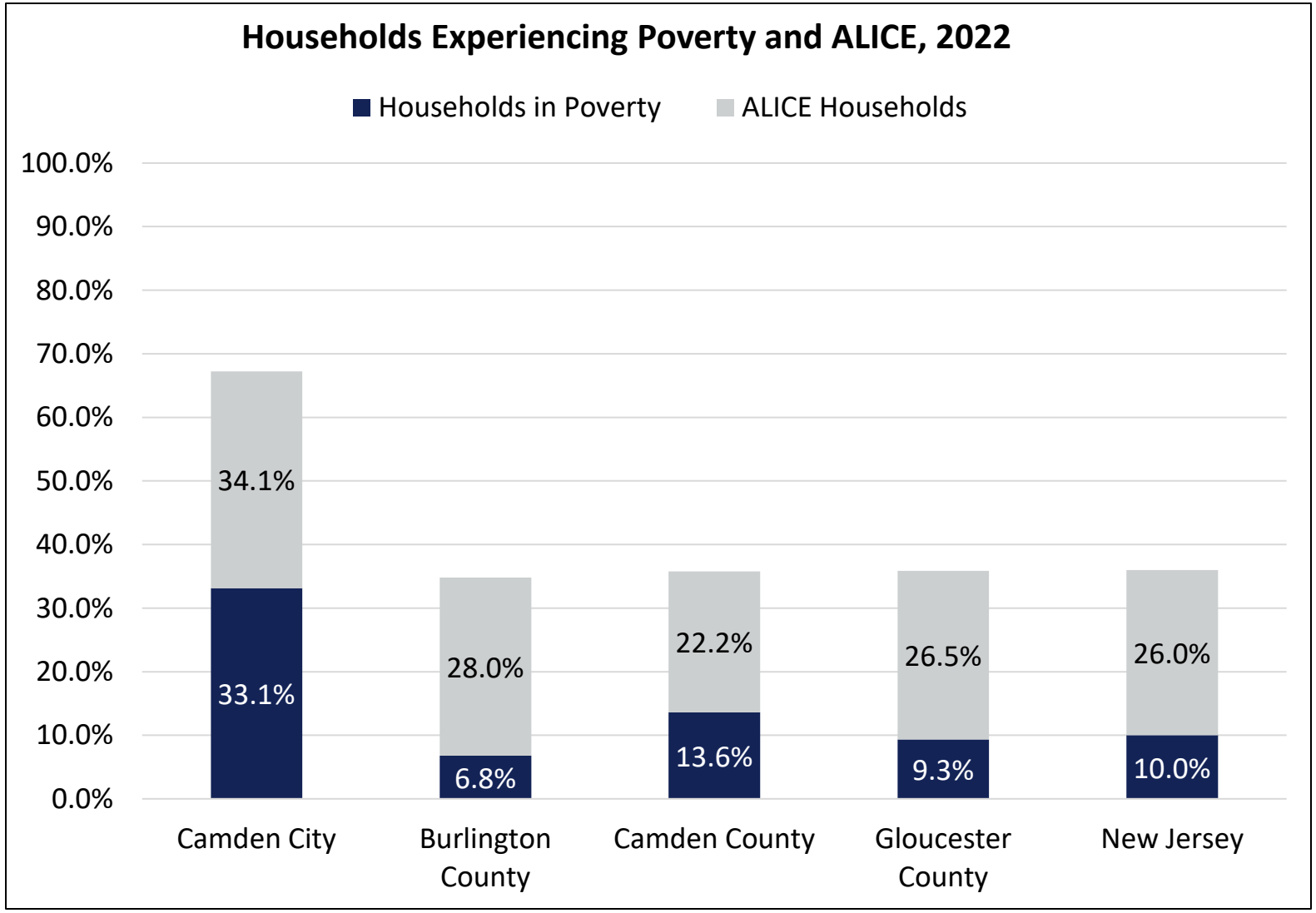
Concentrated Population in Poverty	
08102, Camden	08103, Camden
08104, Camden	08105, Camden



Concentrated Children in Poverty	
08102, Camden	08104, Camden
08010, Beverly	08103, Camden
08562, Wrightstown	08105, Camden

Source: US Census Bureau, American Community Survey & Center for Applied Research and Engagement Systems

ALICE – Asset Limited Income Constrained Employed



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.

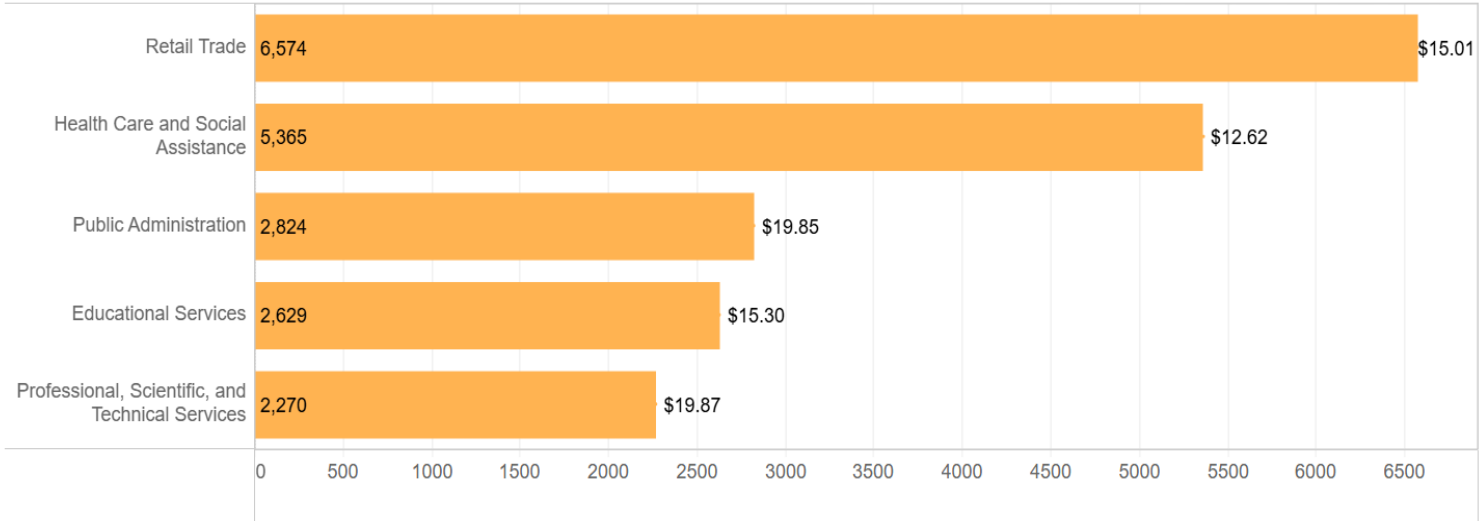
In the City of Camden, nearly 7 in 10 households are either ALICE households or below the poverty level.

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.

Source: United for ALICE

ALICE Characteristics: *Burlington County*

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



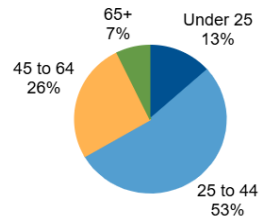
Across Burlington County, workers who meet the ALICE criteria and struggle to make ends meet are most likely to:

- Work in the retail industry
- Have only a high school diploma (60%)
- Be between the ages of 25-44 (53%)
- Commute 15 minutes or less to work (47%), which suggests they are local

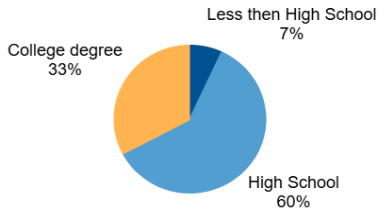
ALICE is an acronym for **A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed, and represents the growing number of families who are unable to afford the basics of housing, child care, food, transportation, health care, and technology. These workers often struggle to keep their own households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

Below ALICE Threshold Worker Characteristics

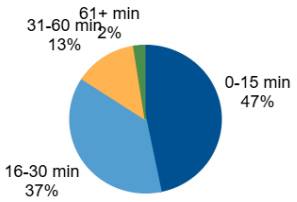
Age



Educational Attainment



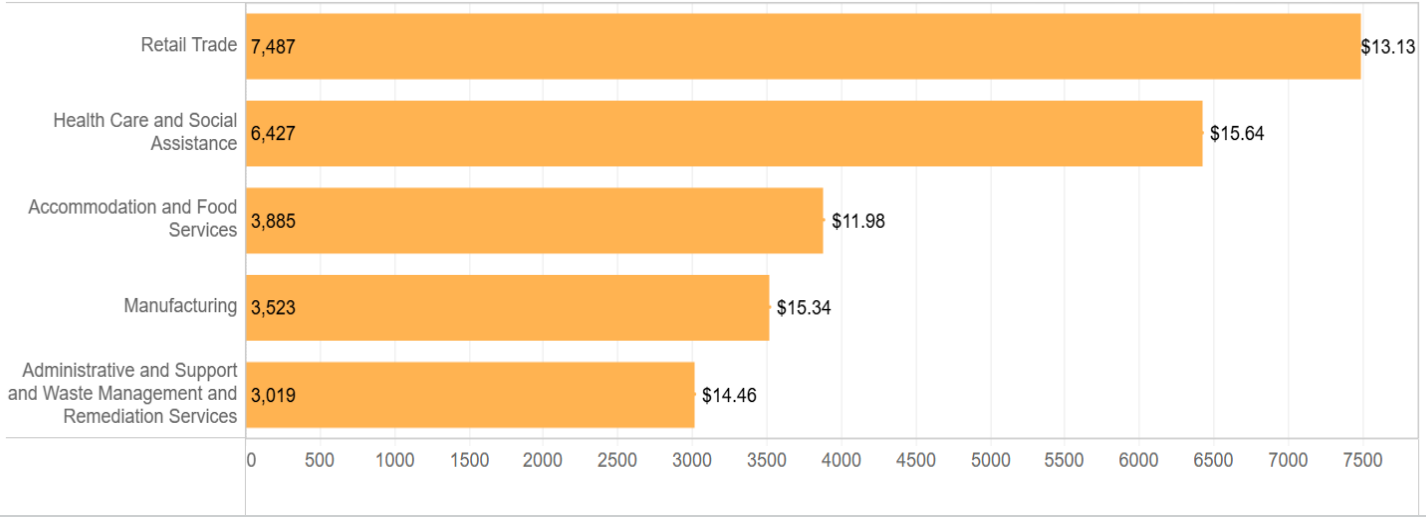
Commute Time



Source: United for ALICE

ALICE Characteristics: *Camden County*

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

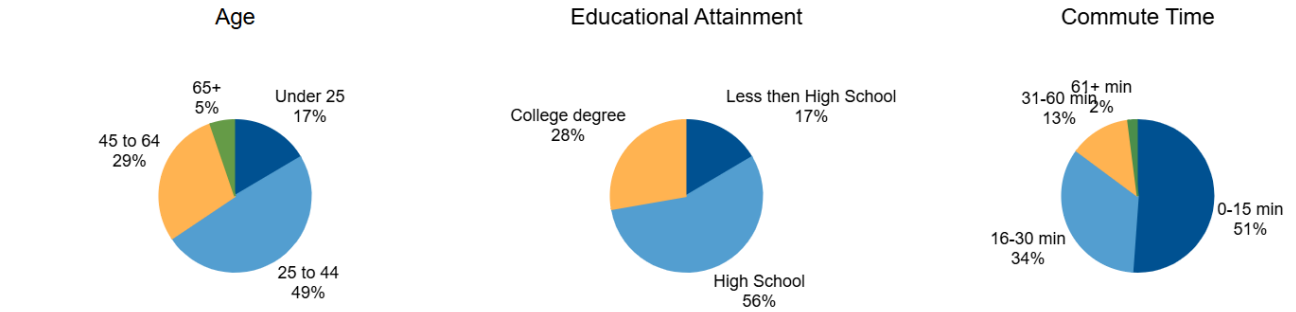


Across Camden County, workers who meet the ALICE criteria and struggle to make ends meet are most likely to:

- Work in the retail industry
- Have only a high school diploma (56%)
- Be between the ages of 25-44 (49%)
- Commute 15 minutes or less to work (51%), which suggests they are local

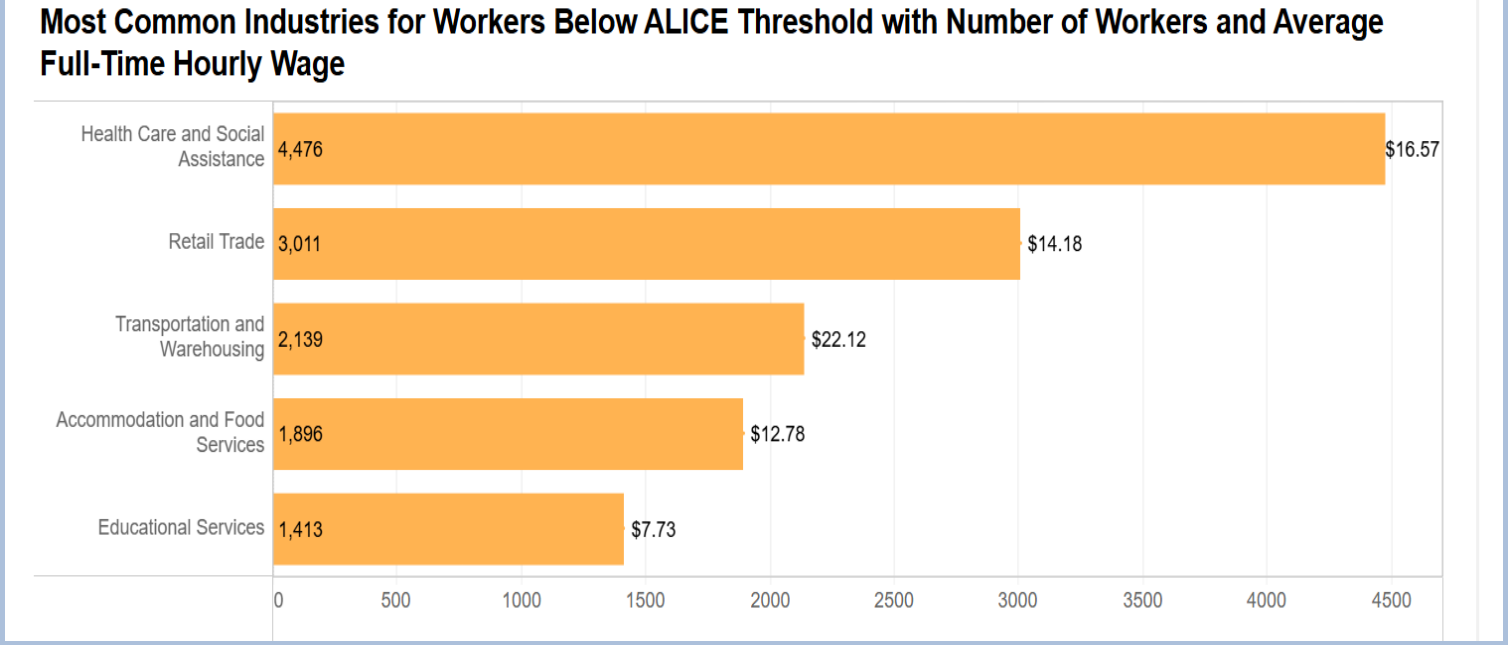
ALICE is an acronym for **A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed, and represents the growing number of families who are unable to afford the basics of housing, child care, food, transportation, health care, and technology. These workers often struggle to keep their own households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

Below ALICE Threshold Worker Characteristics



Source: United for ALICE

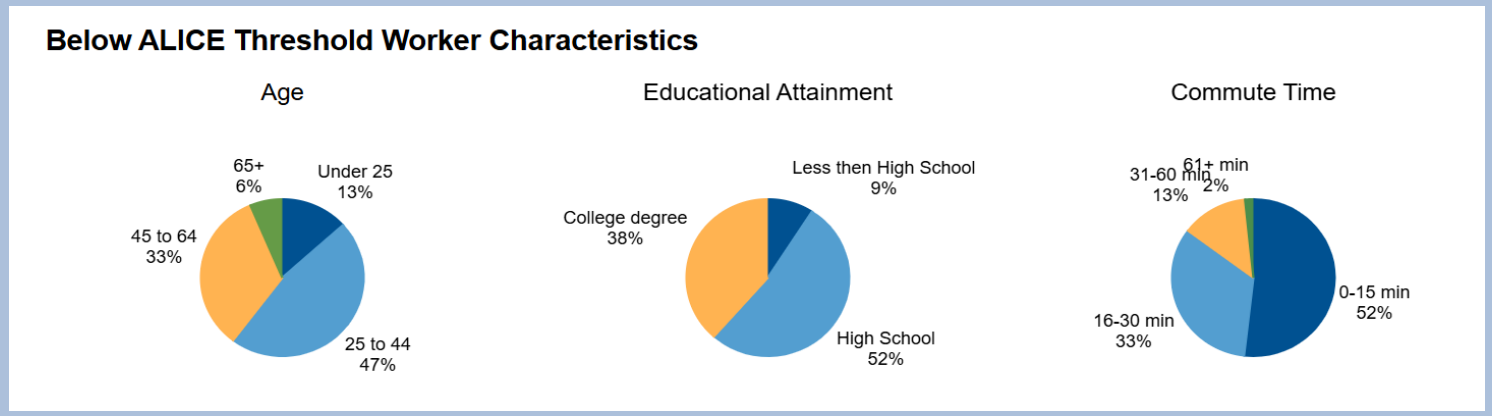
ALICE Characteristics: *Gloucester County*



Across Gloucester County, workers who meet the ALICE criteria and struggle to make ends meet are most likely to:

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

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.



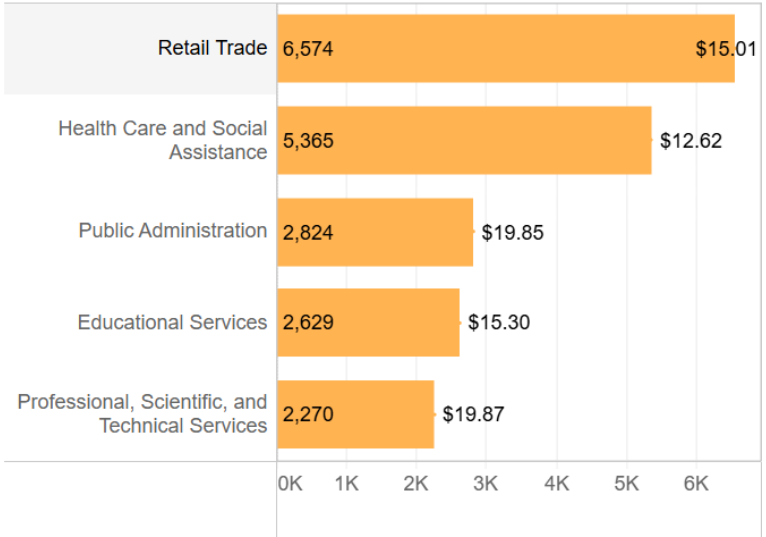
Source: United for ALICE

Most Common Industries for ALICE Workers:

A Comparison Across Counties

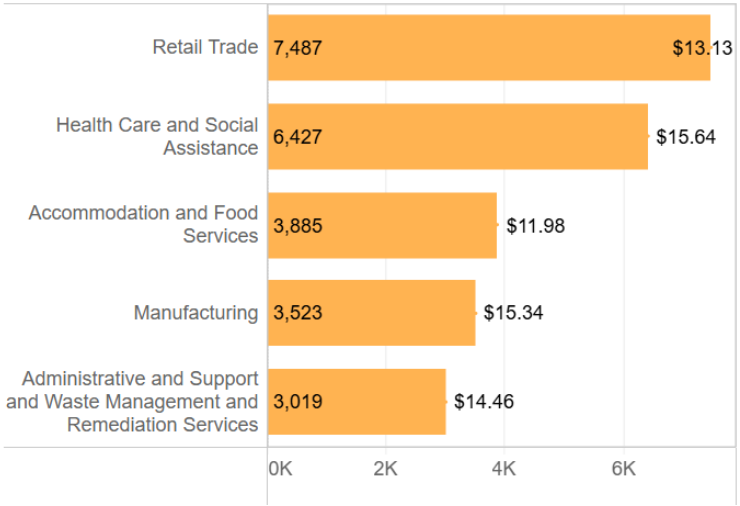
Burlington County

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



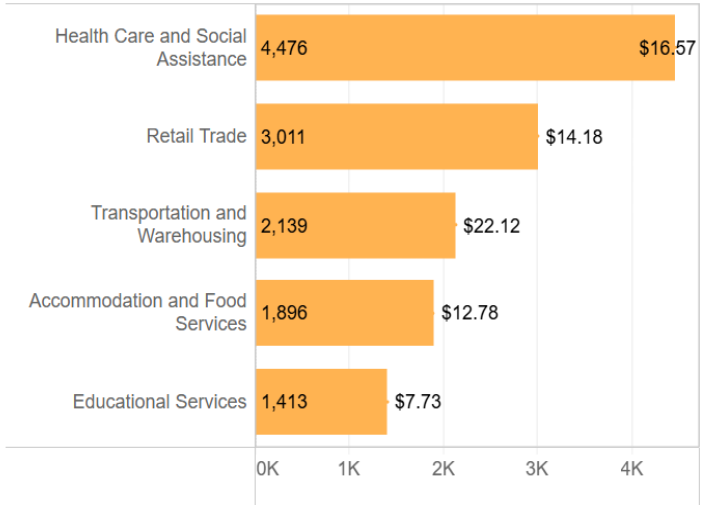
Camden County

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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Source: United for ALICE

Burlington County ALICE Survival Budget

This table reflects the budget amounts necessary for working households in Burlington County to ensure the basic needs listed here are met.

Although the minimum wage in New Jersey is relatively high ($15.13), one full-time minimum wage job is not enough to support a single adult living in Burlington County. The estimated rent for a single adult ($1,004 per month) is above the recommended 30% of household income for housing. For families with children, the income needs are even higher.

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.

Source: United for ALICE

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
Monthly Total	$3,045	$4,484	$5,000	$4,347	$6,818	$7,841	$3,455	$5,322
ANNUAL TOTAL	$36,540	$53,808	$60,000	$52,164	$81,816	$94,092	$41,460	$63,864
Hourly Wage	$18.27	$26.90	$30.00	$26.08	$40.91	$47.05	$20.73	$31.93

Camden County ALICE Survival Budget

This table reflects the budget amounts necessary for working households in Camden County to ensure the basic needs listed here are met.

A single adult living in Camden 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 ($840 per month) is above the recommended 30% of household income for housing. For families with children, the income needs are even higher.

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.

Source: United for ALICE

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
Monthly Total	$2,393	$3,777	$4,187	$3,507	$5,705	$6,551	$2,912	$4,664
ANNUAL TOTAL	$28,716	$45,324	$50,244	$42,084	$68,460	$78,612	$34,944	$55,968
Hourly Wage	$14.36	$22.66	$25.12	$21.04	$34.23	$39.31	$17.47	$27.98

Gloucester County ALICE Survival Budget

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.

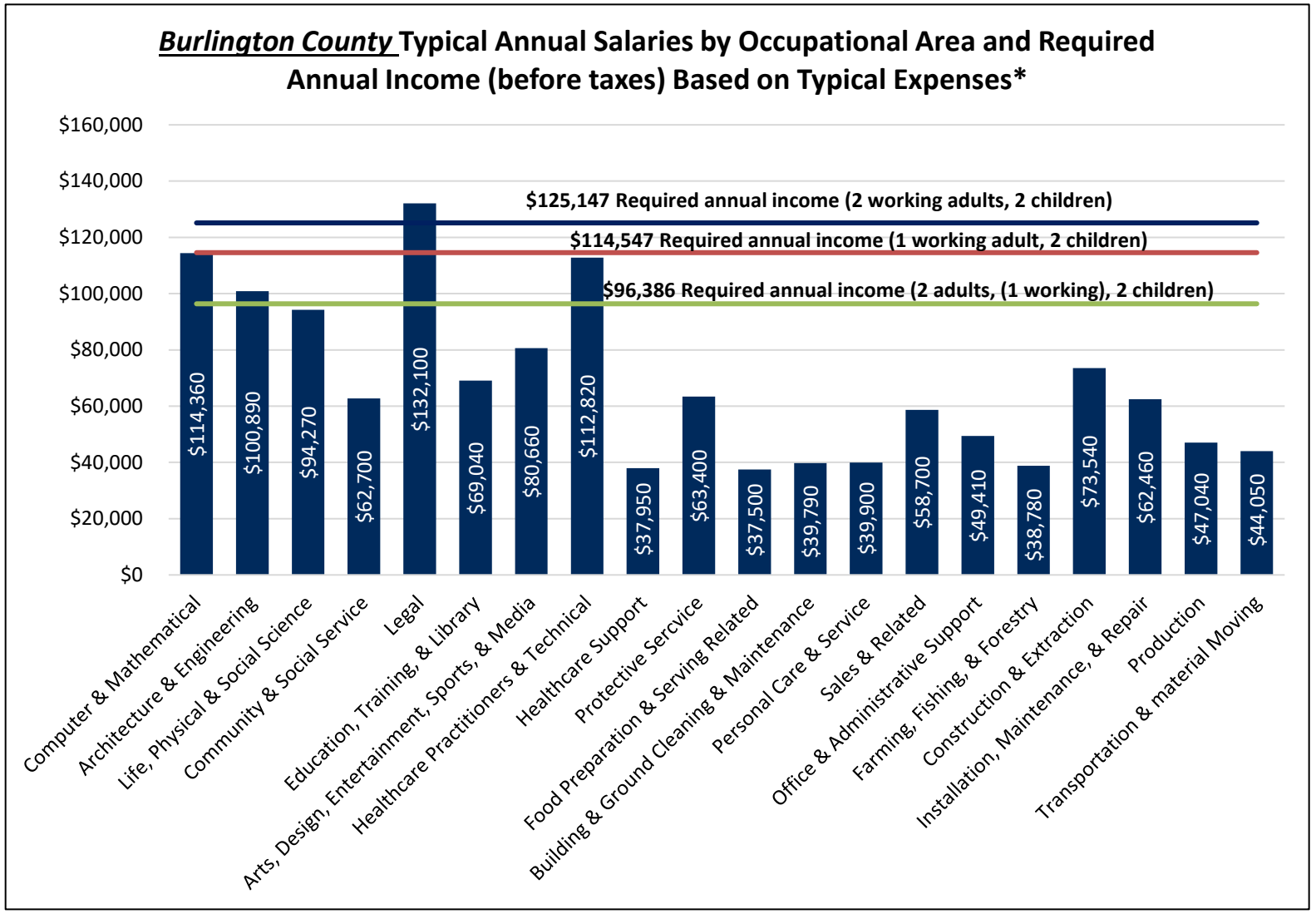
ALICE is an acronym for **A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed, and represents the growing number of families who are unable to afford the basics of housing, child care, food, transportation, health care, and technology. These workers often struggle to keep their own households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

Source: United for ALICE

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
Monthly Total	$2,906	$4,358	$4,956	$4,176	$6,680	$7,856	$3,334	$5,177
ANNUAL TOTAL	$34,872	$52,296	$59,472	$50,112	$80,160	$94,272	$40,008	$62,124
Hourly Wage	$17.44	$26.15	$29.74	$25.06	$40.08	$47.14	$20.00	$31.06

Living Wage Calculator – Burlington County



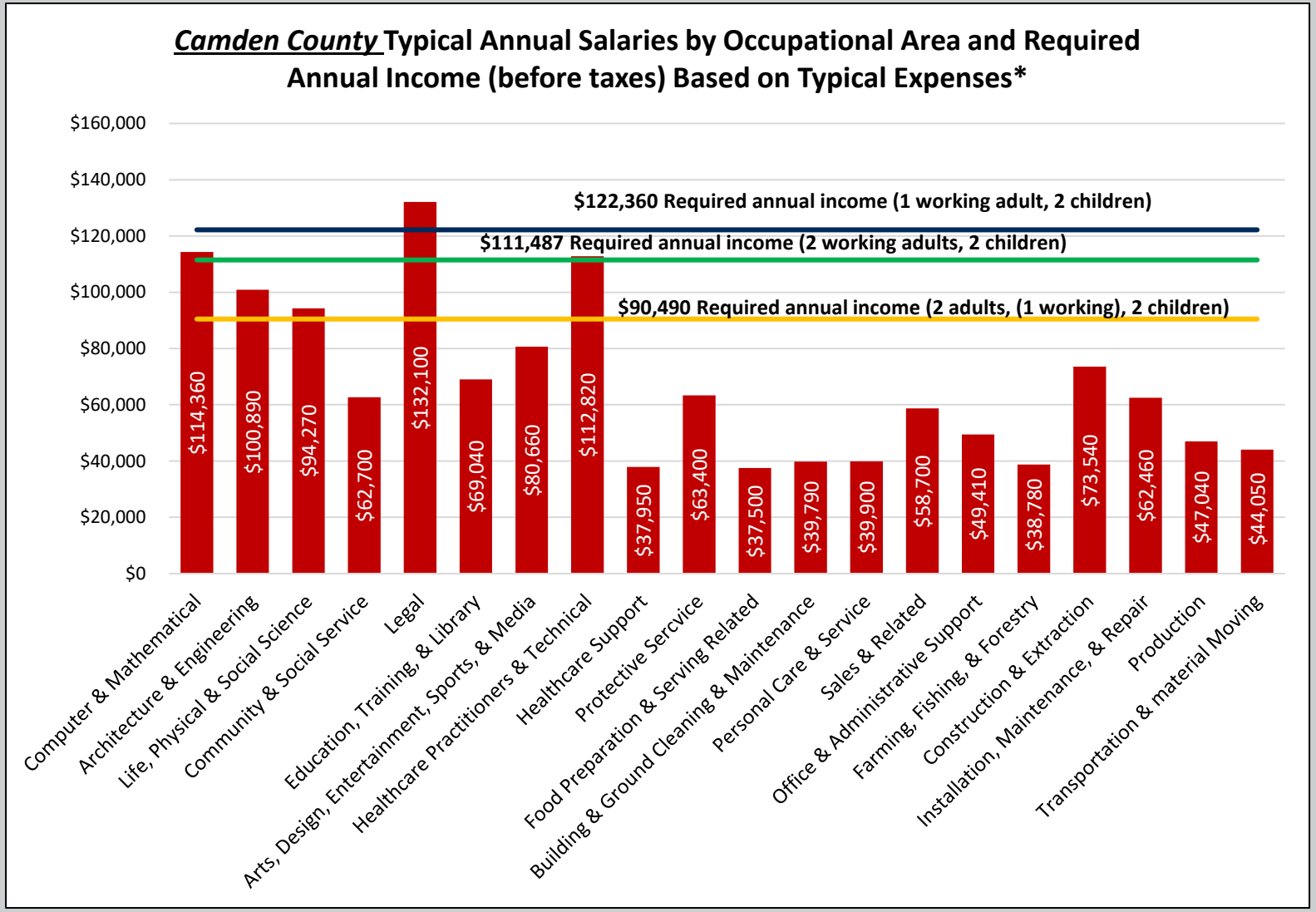
The living wage calculator shows the typical wages for common jobs compared to the income needed to meet basic needs in Burlington County. There are few jobs that provide a livable wage based on the local cost of living.

*"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/34029
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.

Living Wage Calculator – Camden County



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.

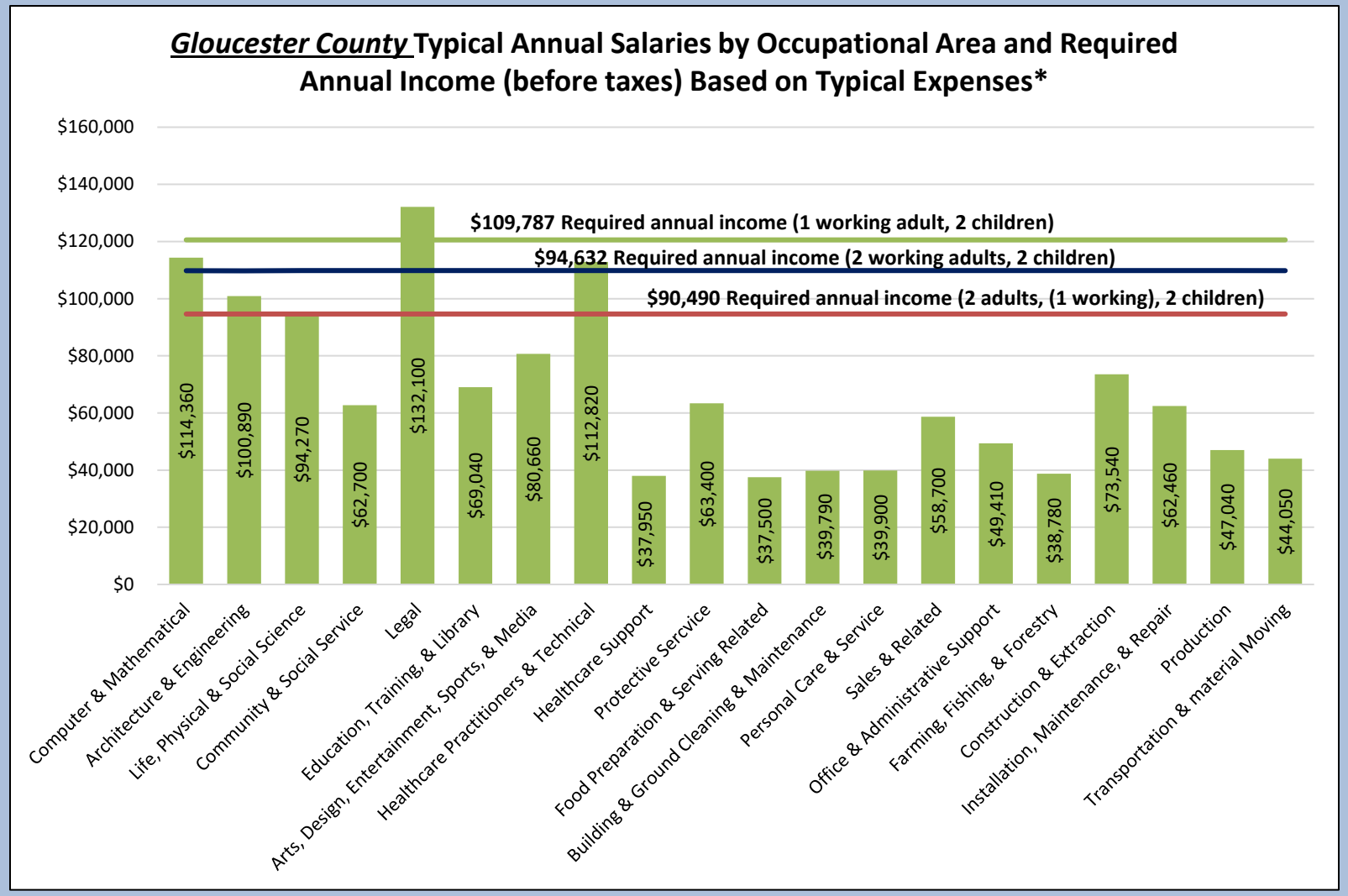
*"The living wage shown is the hourly rate that an **individual** in a household must earn to support themselves and/or their family, working full-time, or 2080 hours per year…in households with two working adults, all hourly values reflect what one working adult requires to earn to meet their families' 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/34029

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.

Living Wage Calculator – Gloucester County



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."*

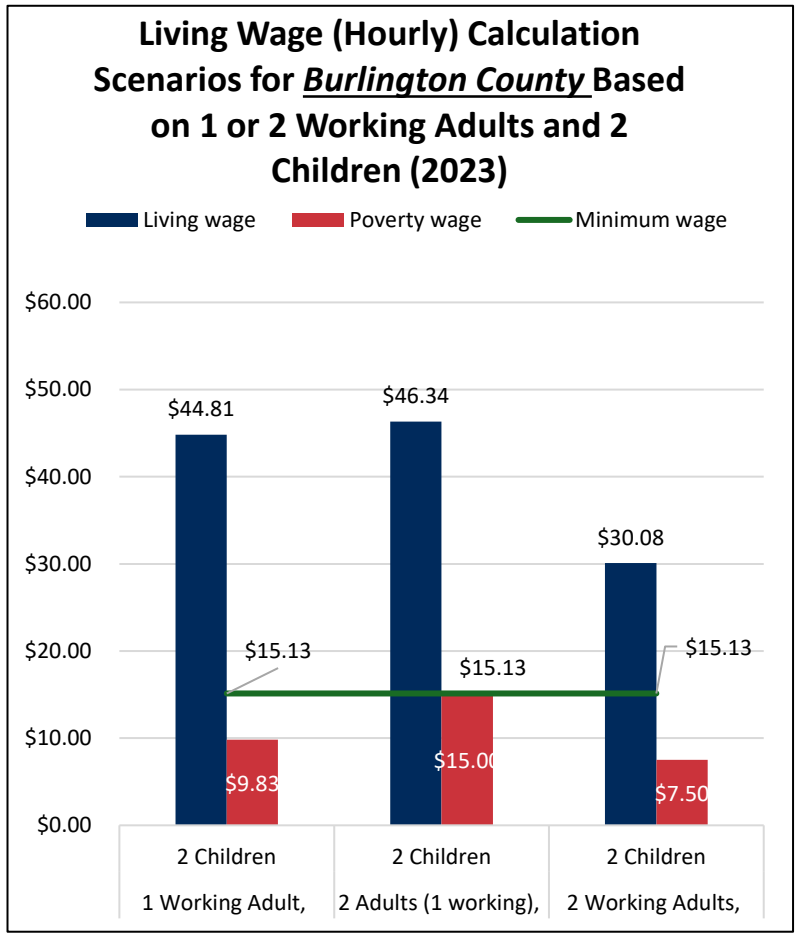
"Rent and housing prices are too high. As a single person on one income, it's almost impossible to get ahead."

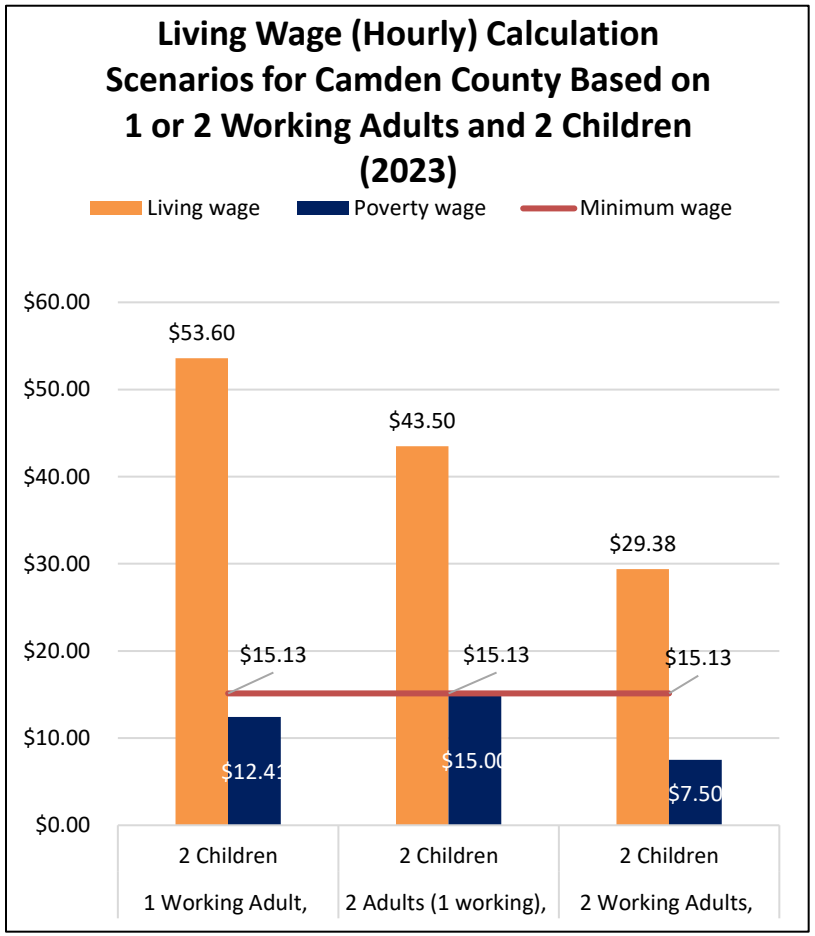
Source: *Living Wage Calculator - Living wage Calculation for Gloucester County, New Jersey*. (n.d.). https://livingwage.mit.edu/counties/34029

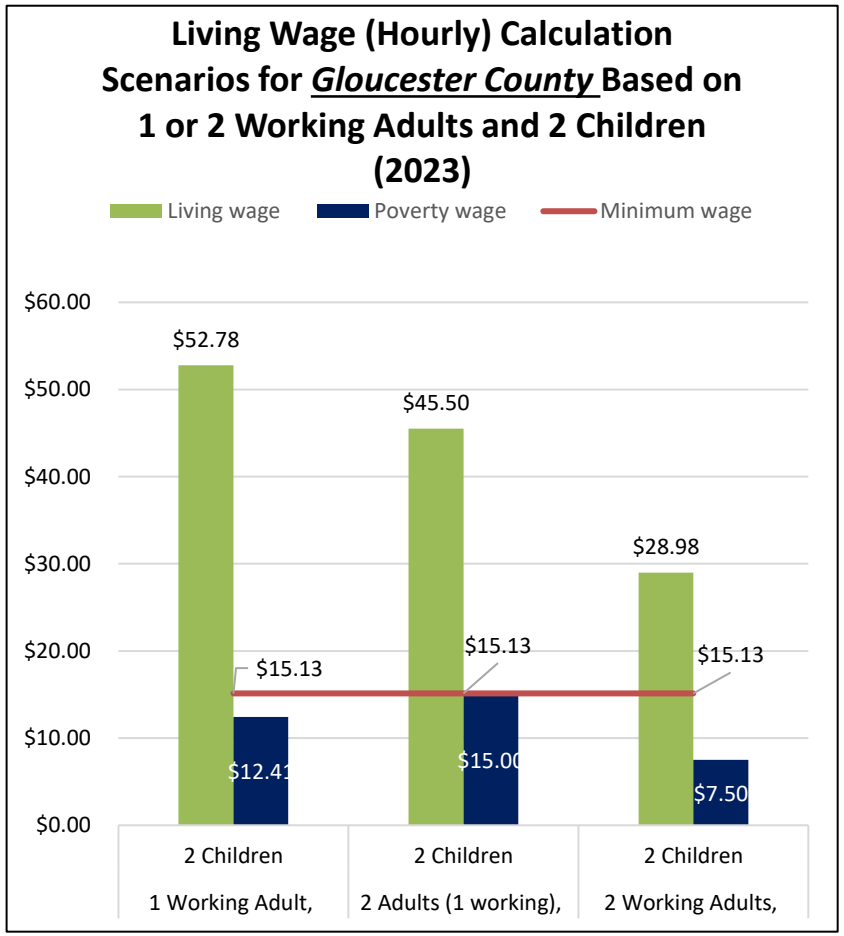
Typical expenses include food, childcare, medical care, housing, transportation, civic expenses, and other costs. The required annual income is calculated for each working adult, regardless of whether the individual is single or part of a family.

Living Wage Calculator – South Jersey

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







Source: *Living Wage Calculator - Living wage Calculation for Burlington, Camden, Gloucester County, New Jersey*. (n.d.). https://livingwage.mit.edu/counties/34029

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

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 significant portion of their income on childcare alone, which may affect their ability to afford housing, food, and other basic needs.

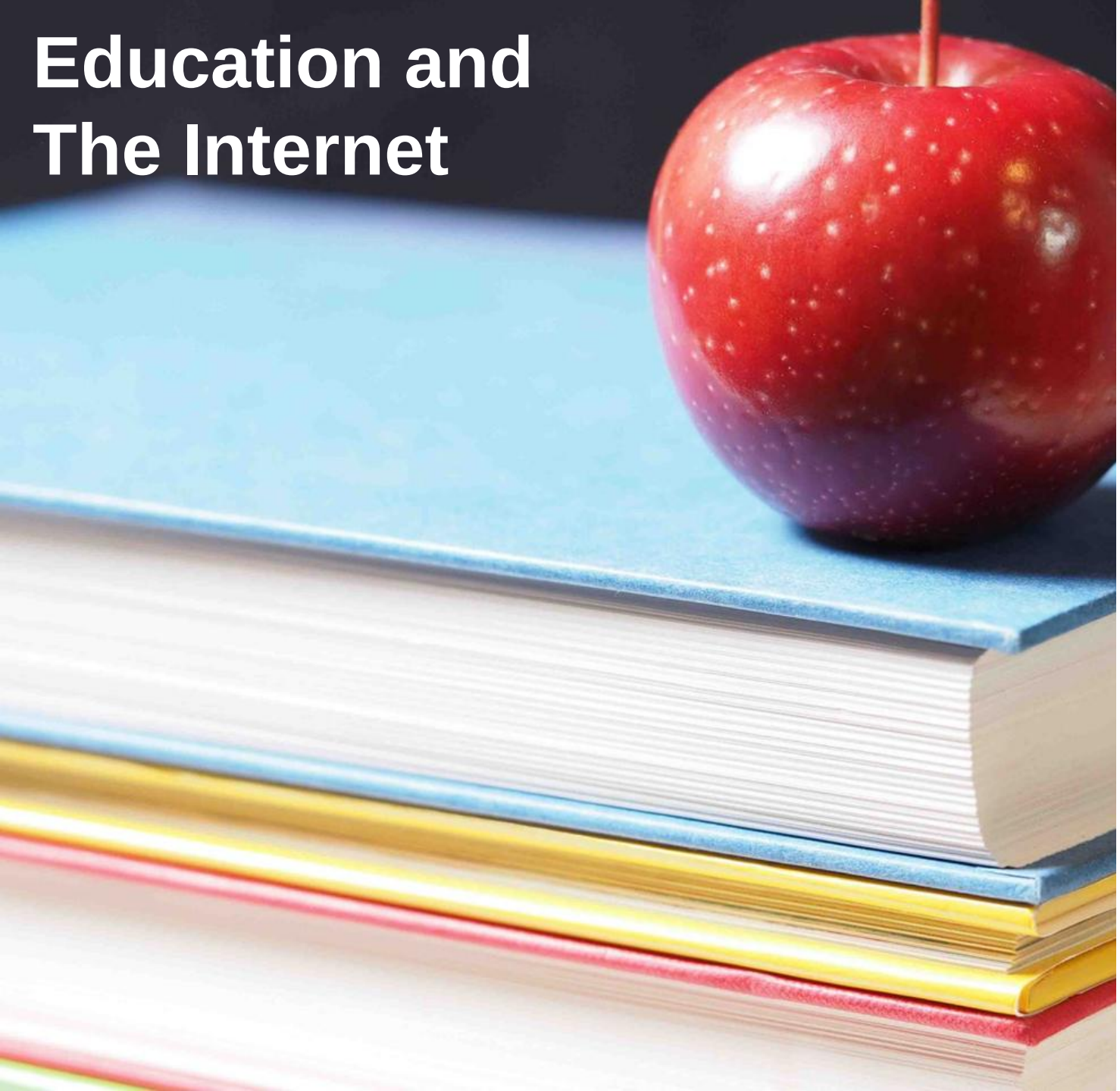
There is also a shortage of childcare supply in Burlington County, as there are only 6.1 childcare centers per 1,000 children under 5 years old, compared to 8.2 in New Jersey and 7.0 in the United States.

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.

Source: Homeland Infrastructure Foundation-Level Data, 2010-2022 & The Living Wage Institute, Small Area Income and Poverty Estimates, 2023 & 2022

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.

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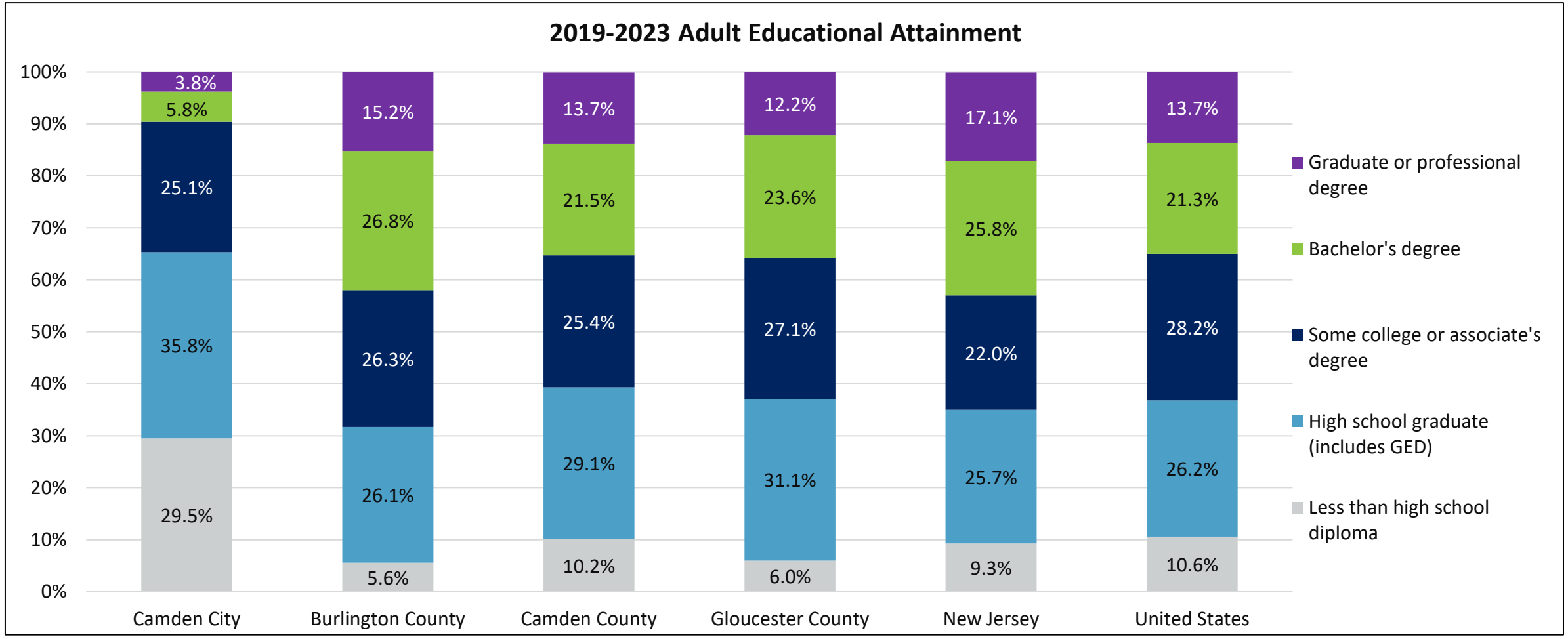
Adult Educational Attainment

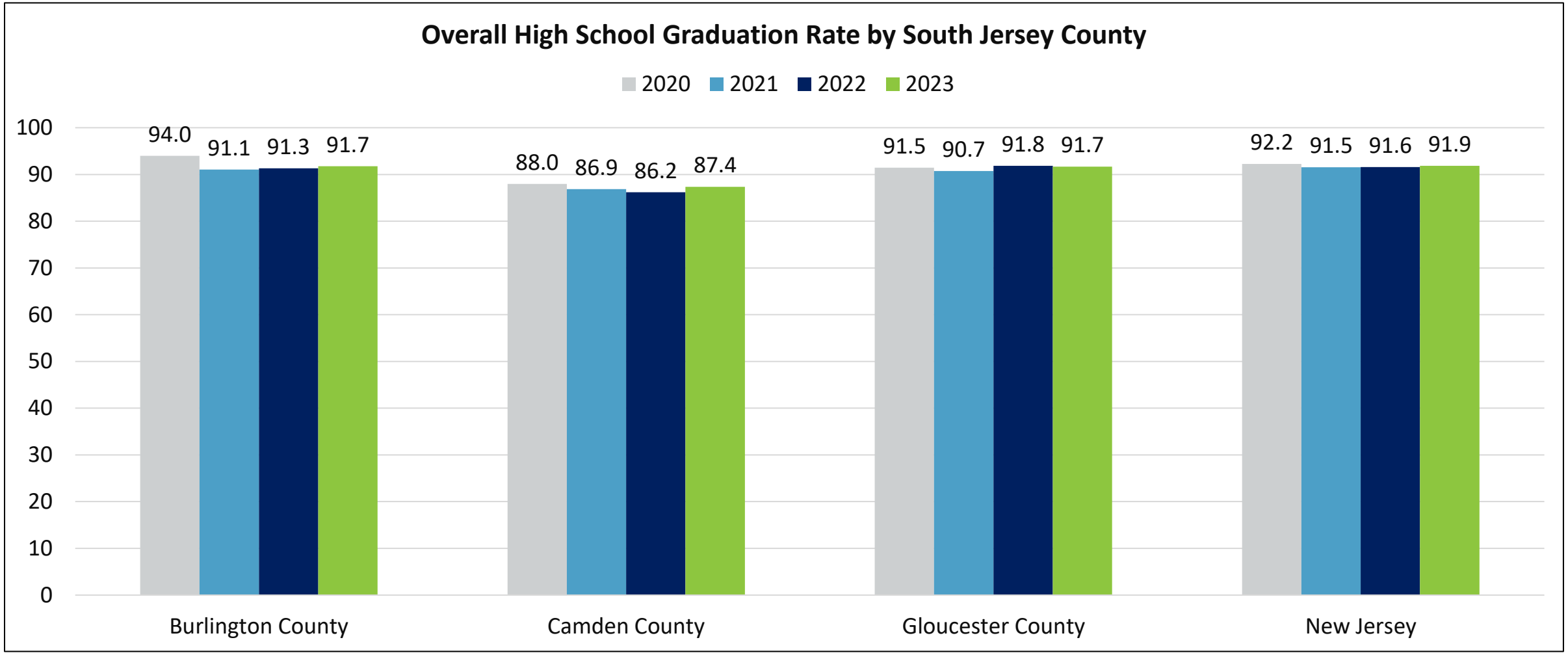
Higher levels of education are associated with positive health outcomes as well as access to higher wage jobs, and jobs that include benefits, such as health insurance. South Jersey adults are generally highly educated; 60% or more of South Jersey adults have some college education. However, a disparity exists in the City of Camden, where 65% of adult residents have a high school diploma or less.



Source: US Census Bureau, American Community Survey

High School Graduation – South Jersey Region

As a whole, South Jersey high school students graduate from high school on time. Camden County school districts have lower graduation rates than New Jersey as a whole and neighboring counties. Finding ways to help teens stay in school and graduate on time will improve future economic opportunities for young people, their families, and their communities.

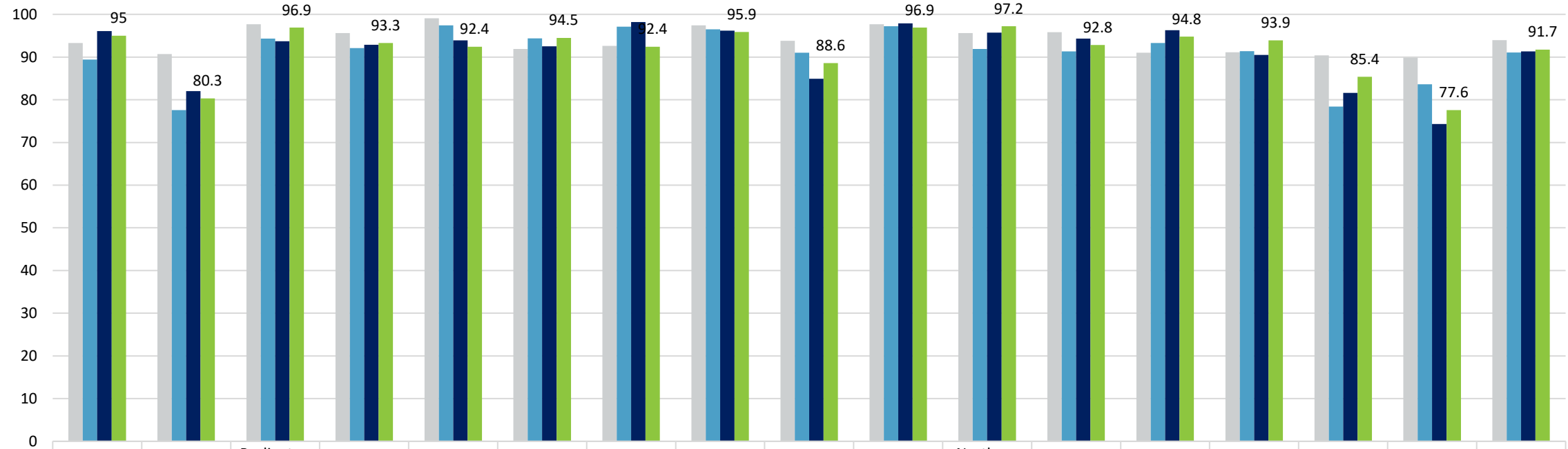


Source: New Jersey Department of Education, School Performance. *Graduation rate calculates the percentage of students who begin in the same cohort and who graduate in six years from a four-year program.

High School Graduation: Burlington County

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.

High School Graduation Rate by *Burlington County* School District, 2020-2023

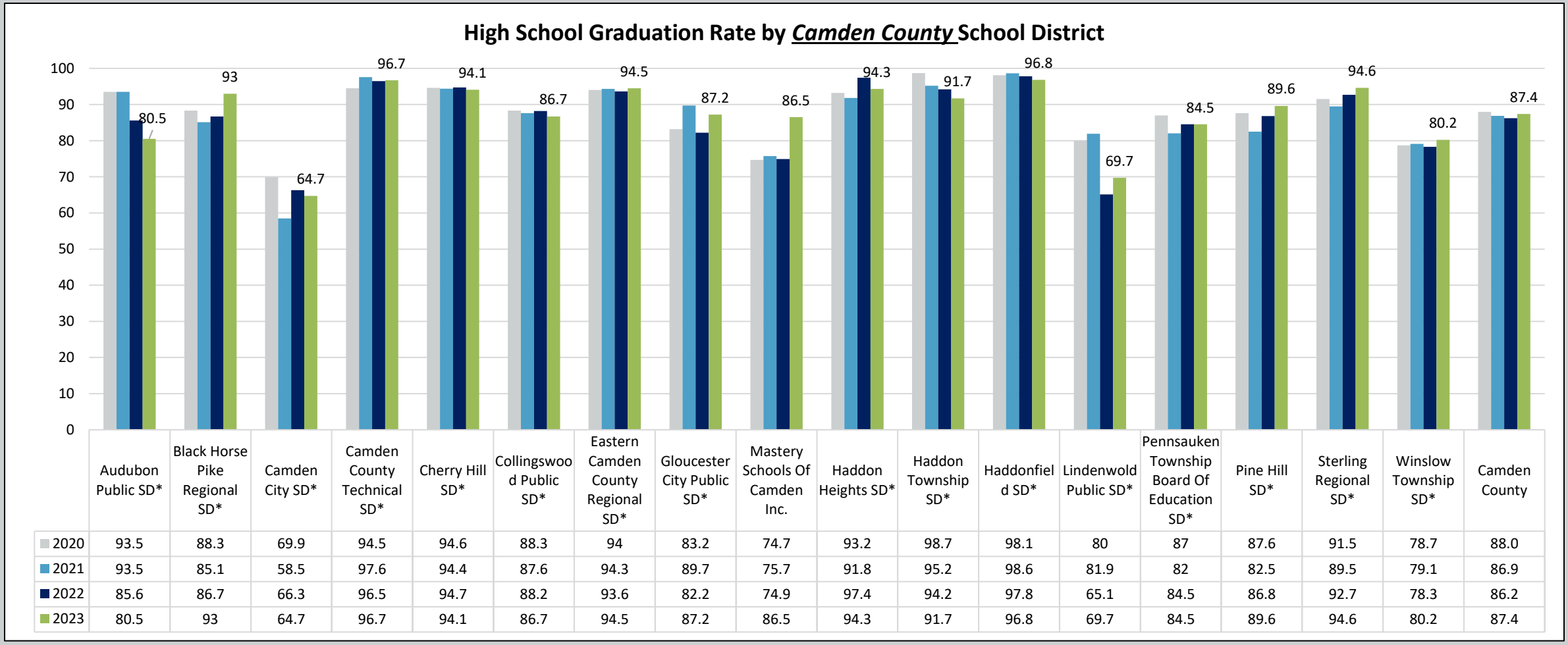


	Bordentown Regional SD*	Burlington City Public SD*	Burlington County Institute Of Technology SD*	Burlington Township SD*	Cinnaminson Township SD*	Delran Township SD*	Florence Township SD*	Lenape Regional High SD*	Maple Shade SD*	Moorestown Township Public SD*	Northern Burlington County Regional SD*	Palmyra Public SD*	Pemberton Township SD*	Rancocas Valley Regional High SD*	Riverside Township SD*	Willingboro Public SD*	Burlington County
2020	93.3	90.7	97.7	95.6	99.1	91.9	92.6	97.4	93.8	97.7	95.6	95.8	91	91.1	90.4	89.9	94.0
2021	89.4	77.6	94.3	92.1	97.4	94.4	97.1	96.5	91	97.2	91.9	91.3	93.3	91.4	78.4	83.6	91.1
2022	96.1	82	93.7	92.9	93.9	92.5	98.2	96.2	84.9	97.9	95.7	94.3	96.3	90.5	81.6	74.3	91.3
2023	95	80.3	96.9	93.3	92.4	94.5	92.4	95.9	88.6	96.9	97.2	92.8	94.8	93.9	85.4	77.6	91.7

Source: New Jersey Department of Education, School Performance. *Graduation rate refers to the percentage of students who start in the same cohort and graduate within six years of entering a four-year program. *SD – School District

High School Graduation – Camden County

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.



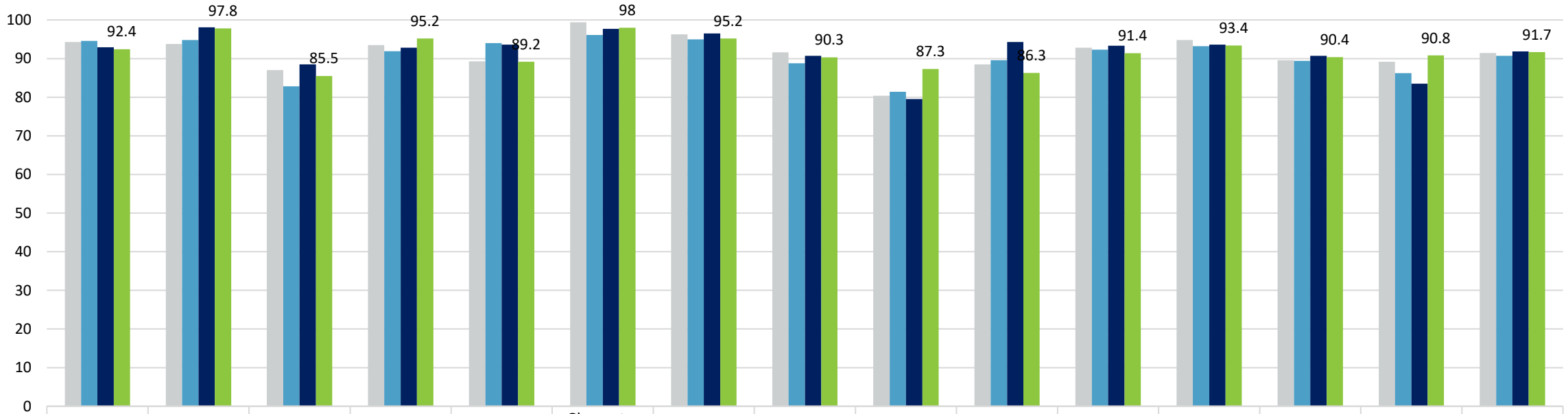
	Audubon Public SD*	Black Horse Pike Regional SD*	Camden City SD*	Camden County Technical SD*	Cherry Hill SD*	Collingswood Public SD*	Eastern Camden County Regional SD*	Gloucester City Public SD*	Mastery Schools Of Camden Inc.	Haddon Heights SD*	Haddon Township SD*	Haddonfield SD*	Lindenwold Public SD*	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

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. *SD – School District

High School Graduation – Gloucester County

While most Gloucester County students graduate from high school, 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.

High School Graduation Rate by *Gloucester County* School District



	Clayton Public SD*	Clearview Regional High SD*	Deptford Township Public SD*	Gateway Regional High SD*	Glassboro SD*	Gloucester County Vocational-Technical SD*	Kingsway Regional SD*	Monroe Township Public SD*	Paulsboro SD*	Pitman Boro SD*	Delsea Regional High SD*	Washington Township SD*	West Deptford Township SD*	Woodbury City Public SD*	Gloucester County
2020	94.3	93.8	87	93.5	89.3	99.4	96.3	91.6	80.4	88.5	92.8	94.8	89.6	89.2	91.5
2021	94.6	94.8	82.8	91.9	94	96.1	95	88.8	81.4	89.6	92.3	93.2	89.4	86.2	90.7
2022	92.9	98.1	88.5	92.8	93.6	97.7	96.5	90.7	79.5	94.3	93.3	93.6	90.7	83.5	91.8
2023	92.4	97.8	85.5	95.2	89.2	98	95.2	90.3	87.3	86.3	91.4	93.4	90.4	90.8	91.7

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

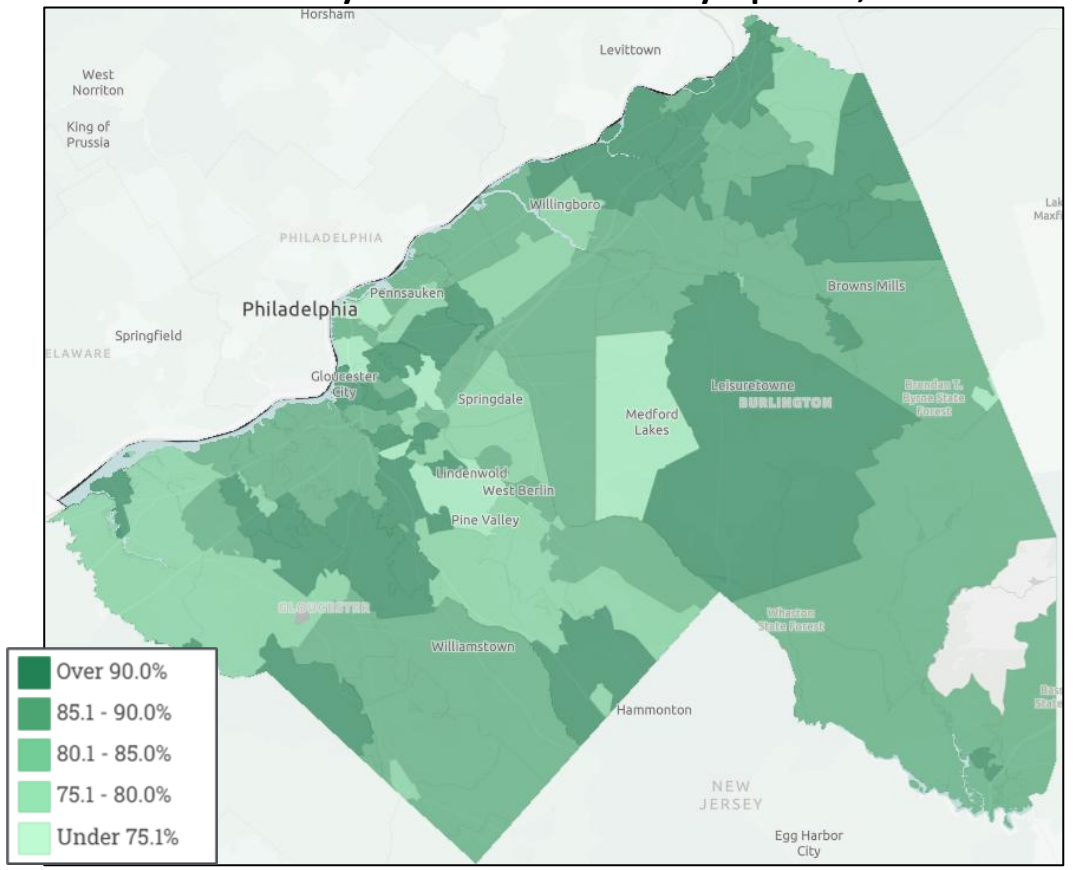
Digital Access

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



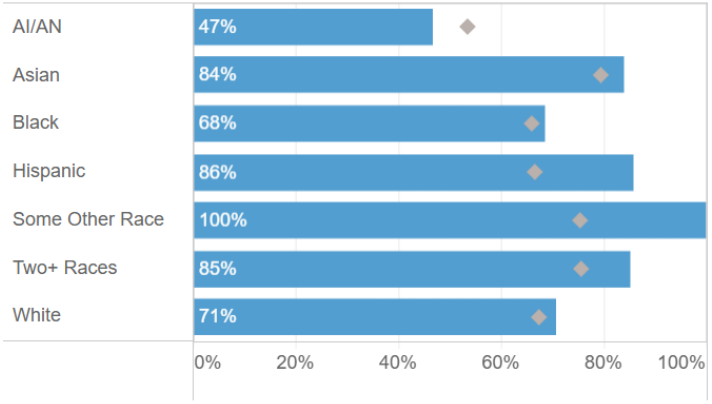
Source: US Census Bureau, American Community Survey & Center for Applied Research and Engagement Systems

Digital and Education Access in ALICE Populations

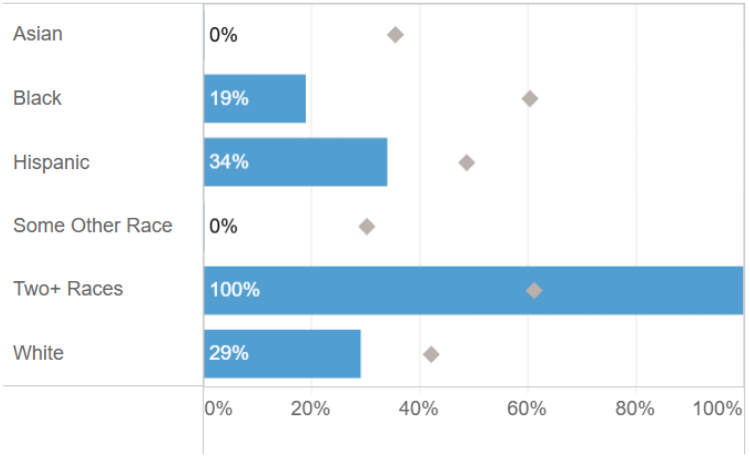
Differences in internet access and preschool enrollment vary across South Jersey counties and by race. Reducing barriers to accessing these resources can help connect families to tools that improve health and wellness.

Burlington County

Households With High-Speed Internet, Below ALICE Threshold, by Race/Ethnicity

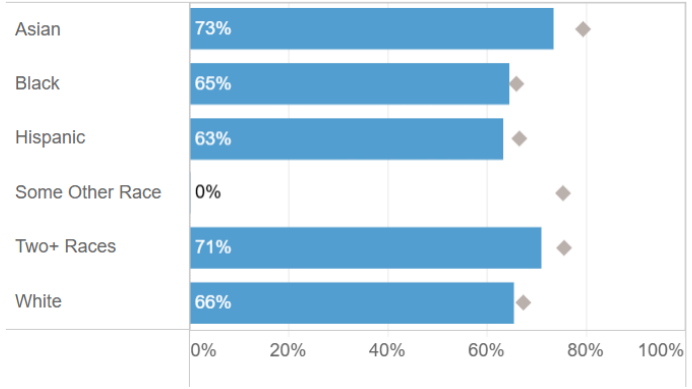


Preschool Enrollment (Age 3–4), Below ALICE Threshold, by Race/Ethnicity

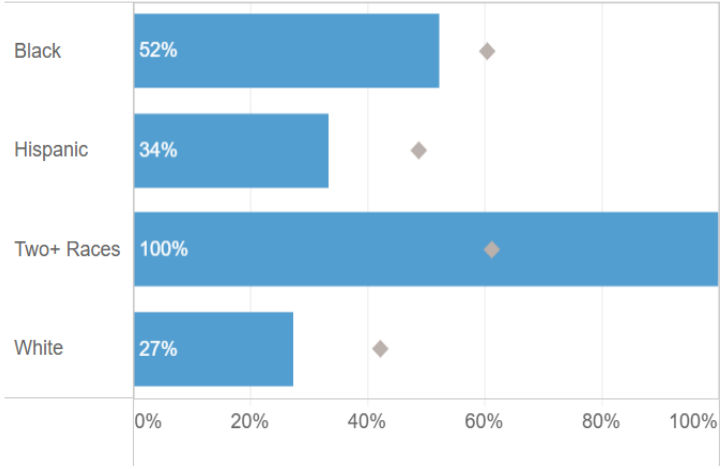


Camden County

Households With High-Speed Internet, Below ALICE Threshold, by Race/Ethnicity

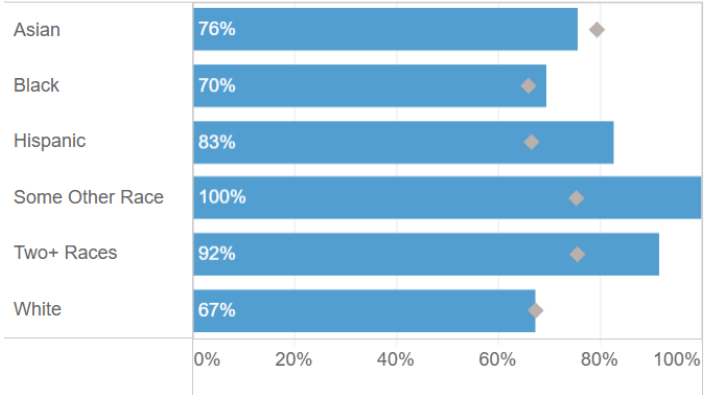


Preschool Enrollment (Age 3–4), Below ALICE Threshold, by Race/Ethnicity

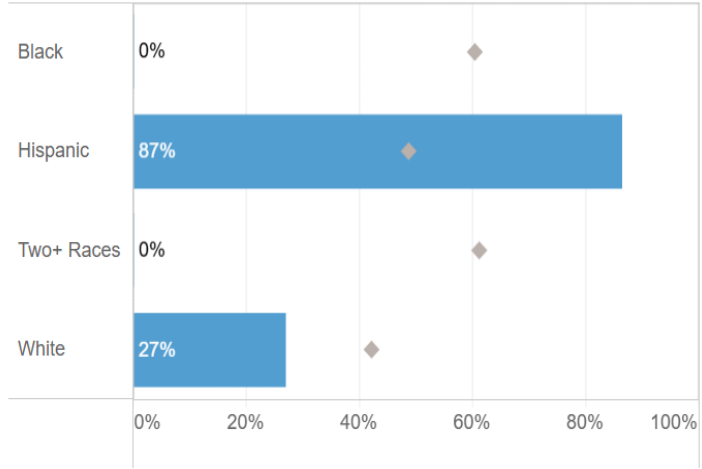


Gloucester County

Households With High-Speed Internet, Below ALICE Threshold, by Race/Ethnicity



Preschool Enrollment (Age 3–4), Below ALICE Threshold, by Race/Ethnicity



Source: United for ALICE

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.

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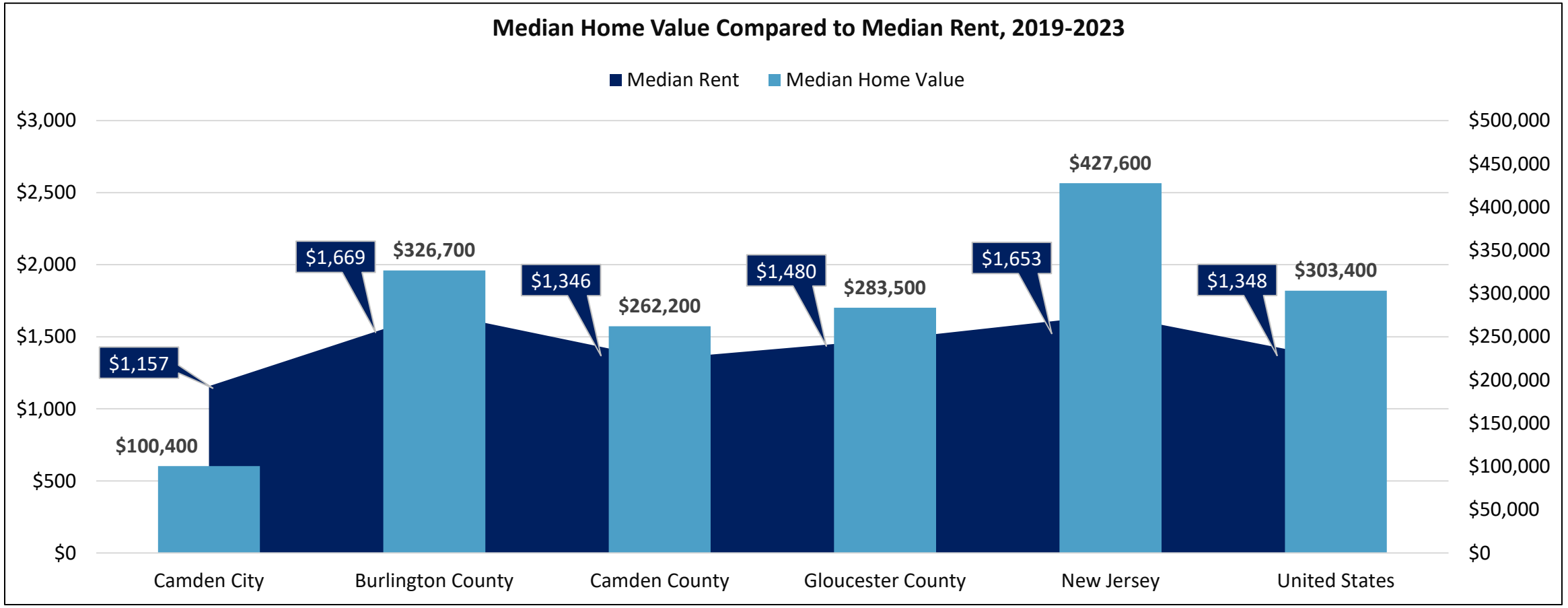
Housing Cost and Rent

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.



Source: US Census Bureau, American Community Survey

Housing Age and Lead

In New Jersey, **35% of children live in households with a 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** (5 µg/dL or more); **766 of them had blood lead levels of 10 µg/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).

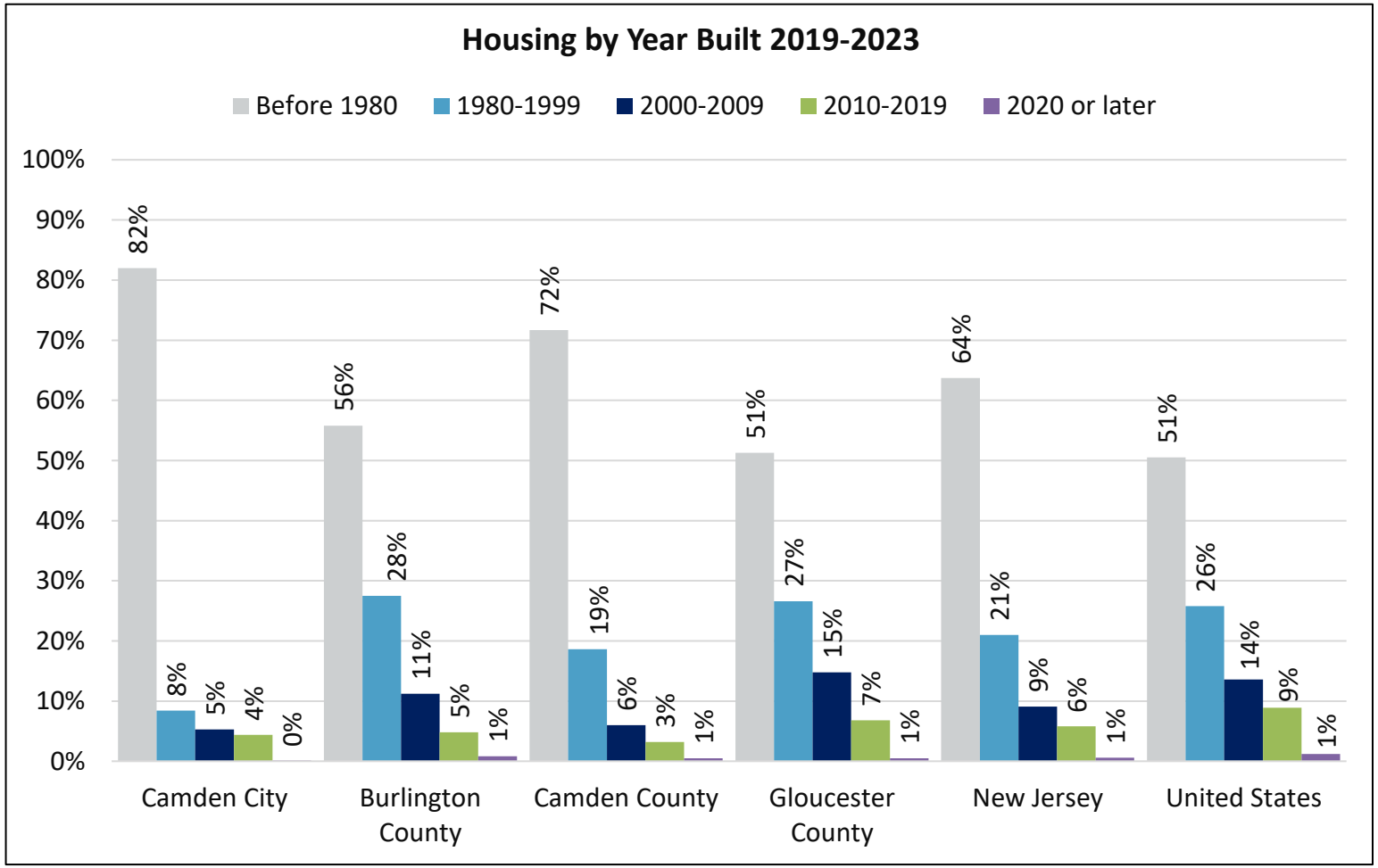
On average, **13 New Jersey residents die annually** from carbon monoxide exposure (2017-2021). In 2020, **carbon monoxide poisoning was responsible for 212 emergency department** visits in New Jersey.

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 ≥ 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.**

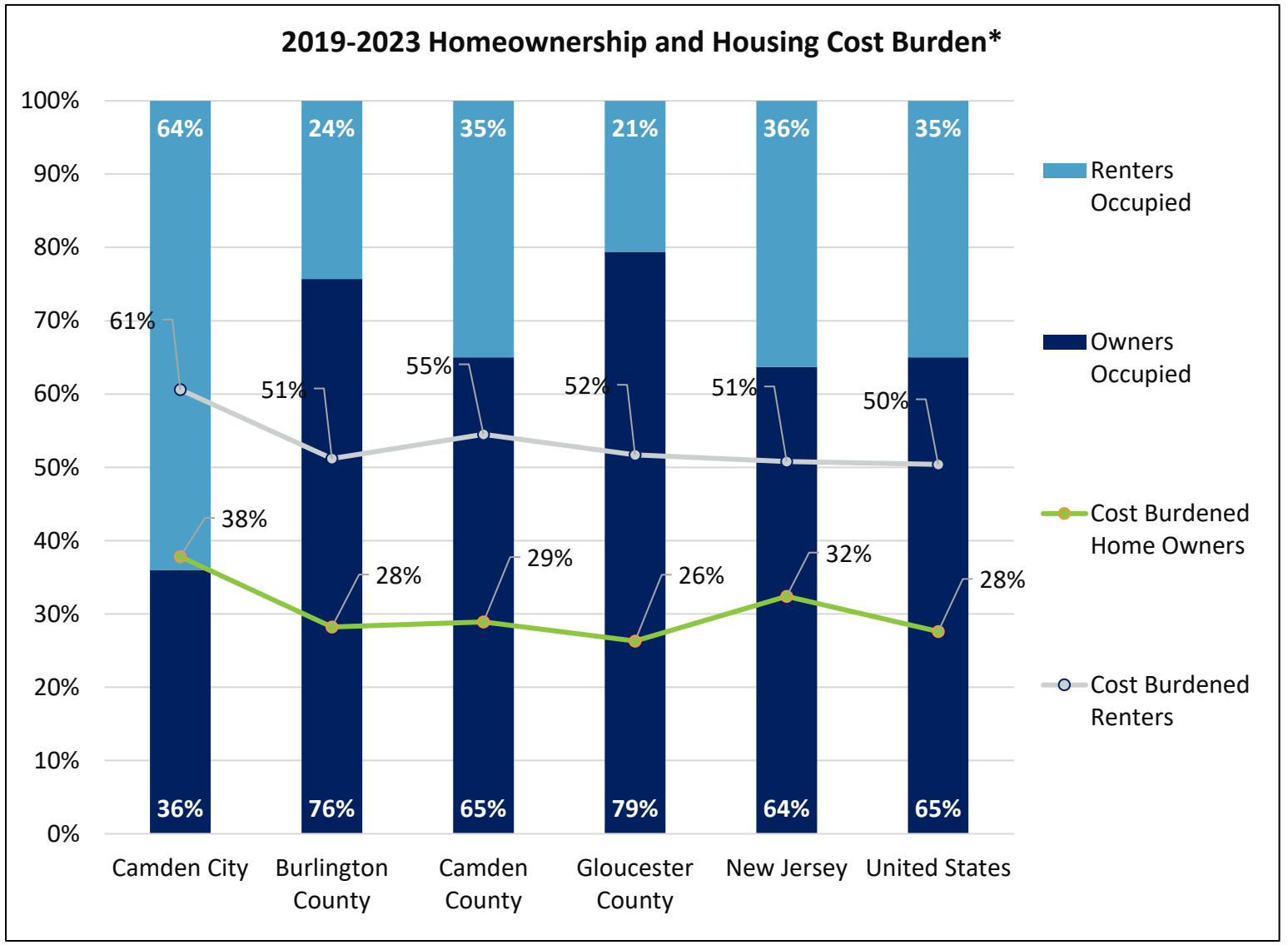
Source: National Center for Healthy Housing, 2024

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.



Source: US Census Bureau, American Community Survey

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.

Source: US Census Bureau, American Community Survey

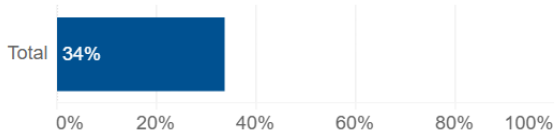
Housing Affordability Among ALICE Populations

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.

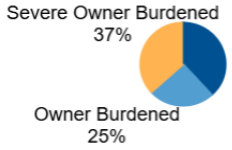
ALICE is an acronym for **A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed, and represents the growing number of families who are unable to afford the basics of housing, child care, food, transportation, health care, and technology. These workers often struggle to keep their own households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

Burlington County

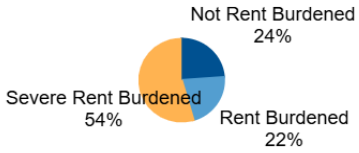
Rent-to-Own Gap, Renter Households Below ALICE Threshold Paying Greater Than or Equal to Median Owner Costs



Owner Cost Burden, Households Below ALICE Threshold

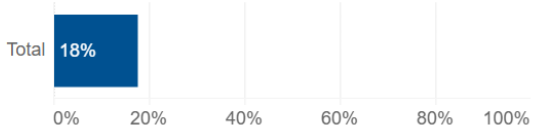


Rent Burden, Households Below ALICE Threshold

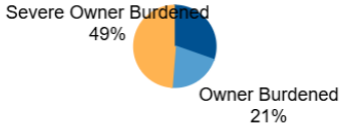


Camden County

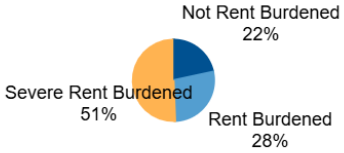
Rent-to-Own Gap, Renter Households Below ALICE Threshold Paying Greater Than or Equal to Median Owner Costs



Owner Cost Burden, Households Below ALICE Threshold

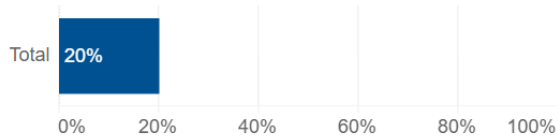


Rent Burden, Households Below ALICE Threshold

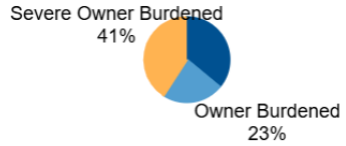


Gloucester County

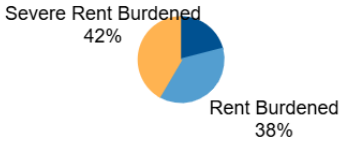
Rent-to-Own Gap, Renter Households Below ALICE Threshold Paying Greater Than or Equal to Median Owner Costs



Owner Cost Burden, Households Below ALICE Threshold



Rent Burden, Households Below ALICE Threshold



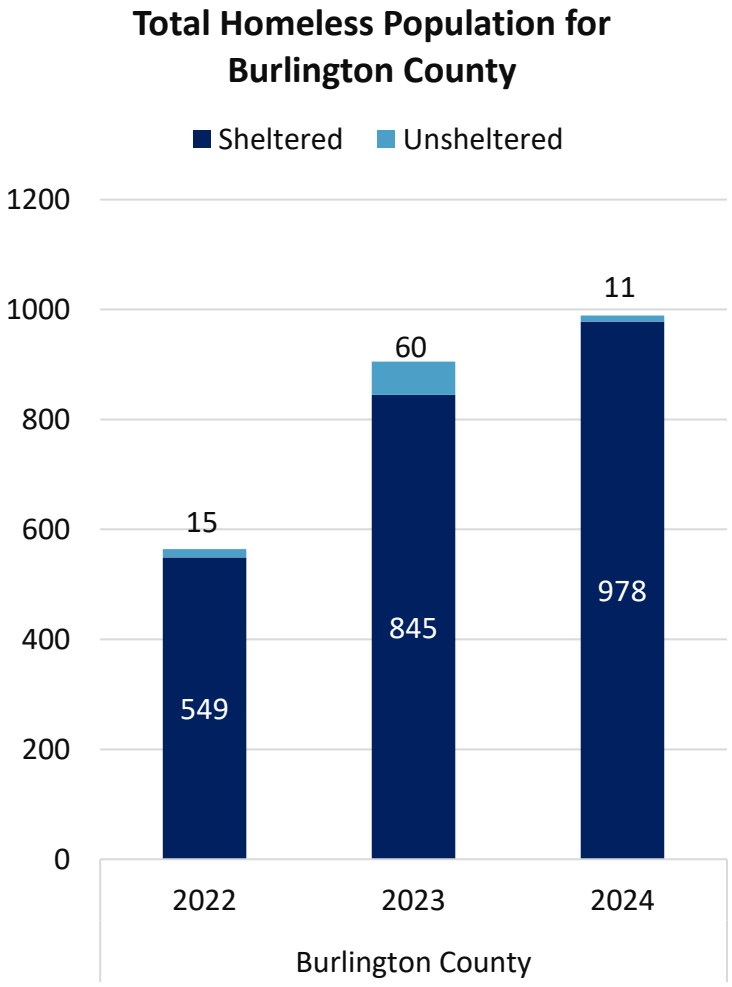
"Severe" rent- or owner-burdened refers to the proportion of households that pay 50% or more of their income on housing.

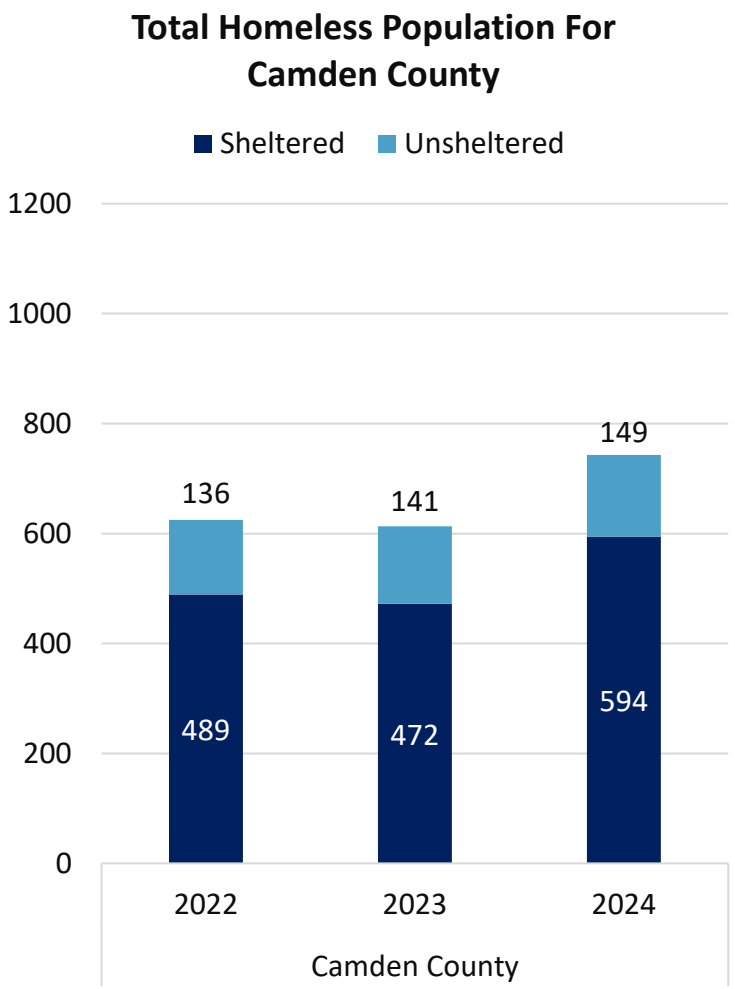
Source: United for ALICE

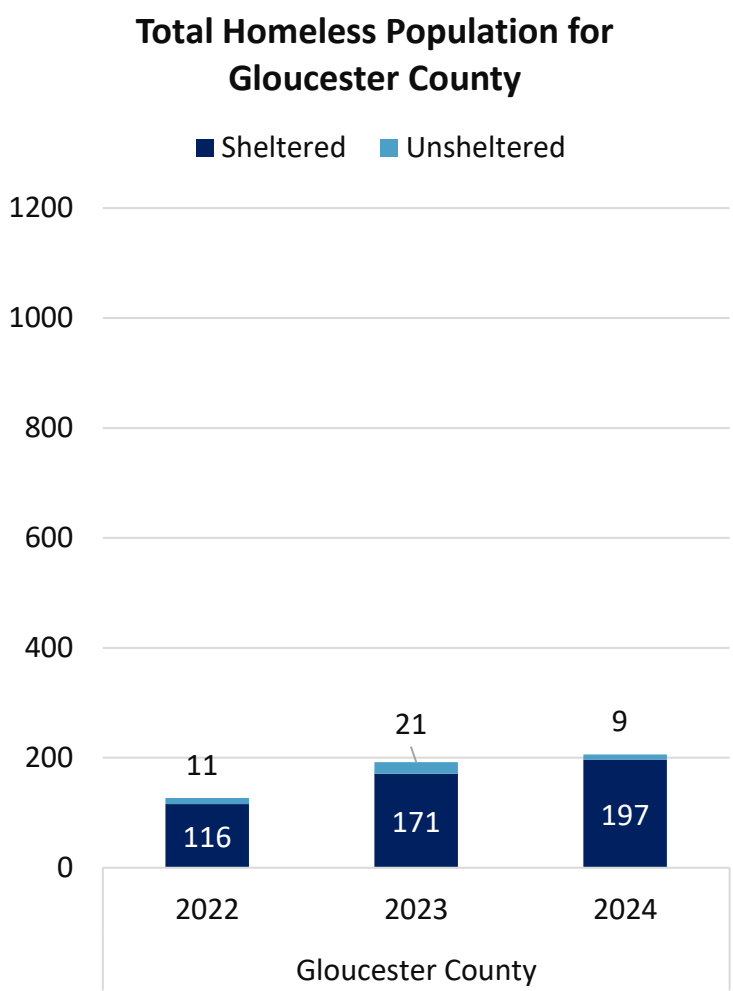
South Jersey Point-In-Time Homeless Count

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."



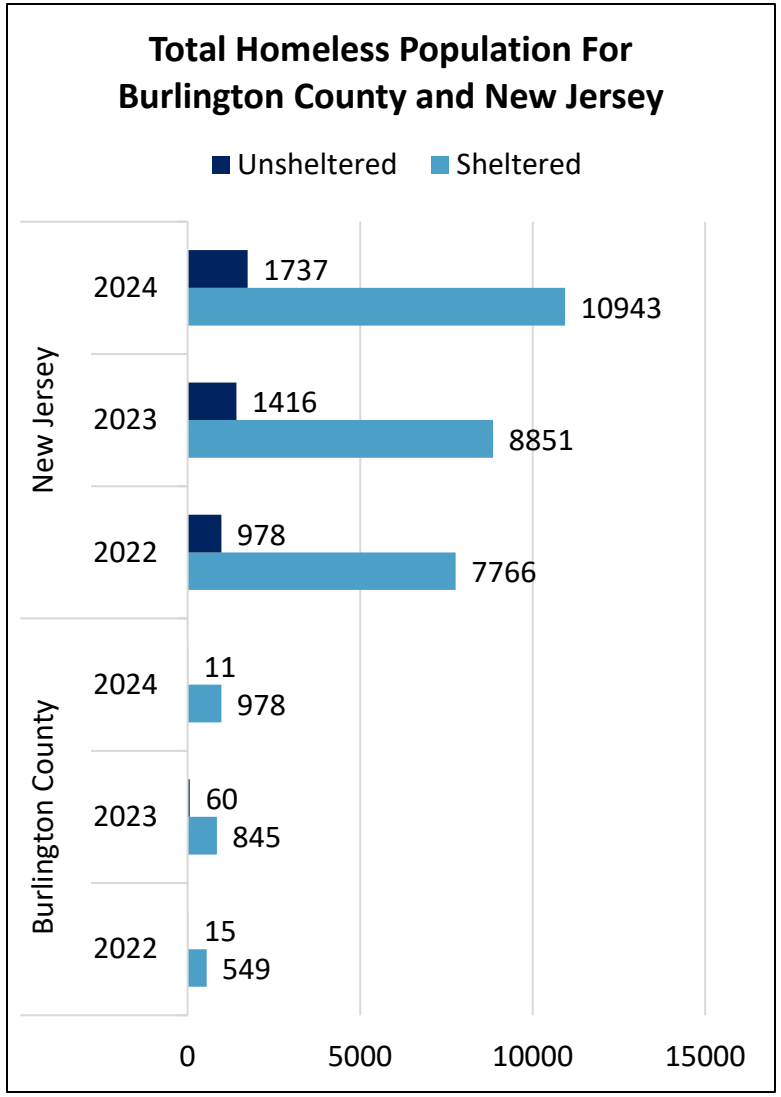




Source: New Jersey Coalition to End Homelessness

Unhoused People – Burlington County

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



1,005
People Homeless on January 23rd, 2024

8%
Change in Homelessness

994
SHELTERED

11
UNSHELTERED

50%
MAN (BOY IF CHILD)

49%
WOMAN (GIRL IF CHILD)

33%
CHILDREN UNDER 18

12%
ADULTS AGES 55+

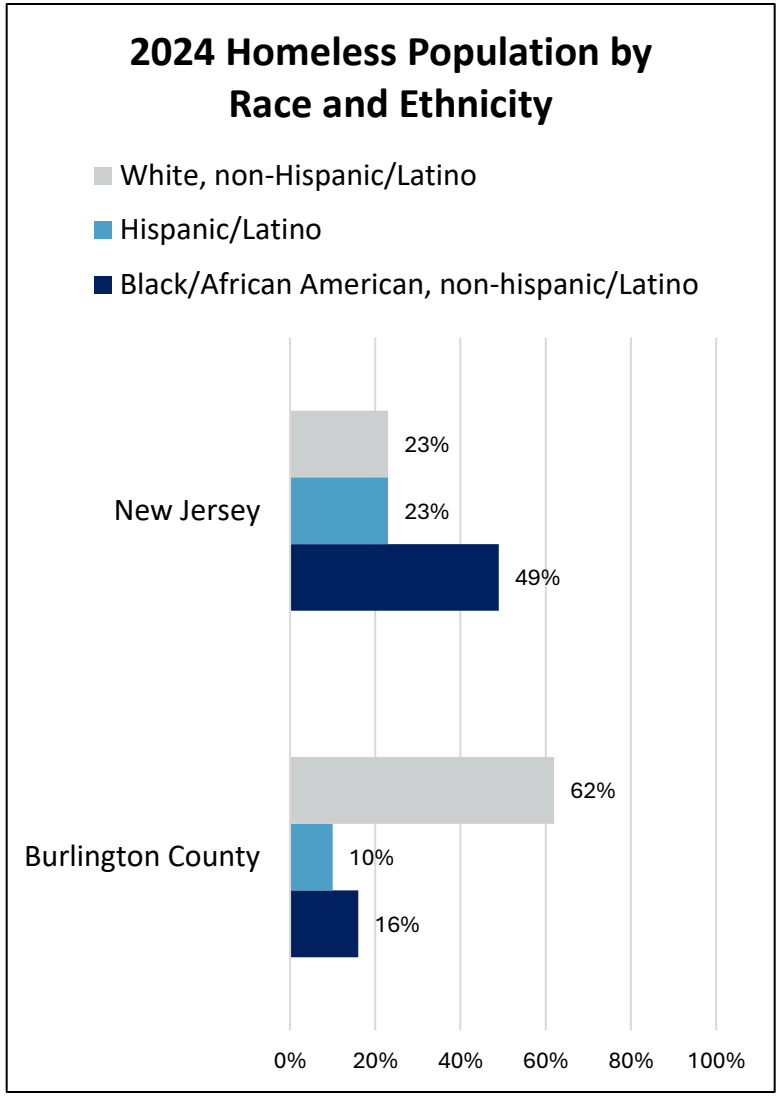
29%
HOMELESS 1+ YEARS

37%
REPORTED 1/1+ DISABILITIES

169 (17%)
CHRONICALLY HOMELESS

107 (11%)
VICIMS OF DOMESTIC VIOLENCE

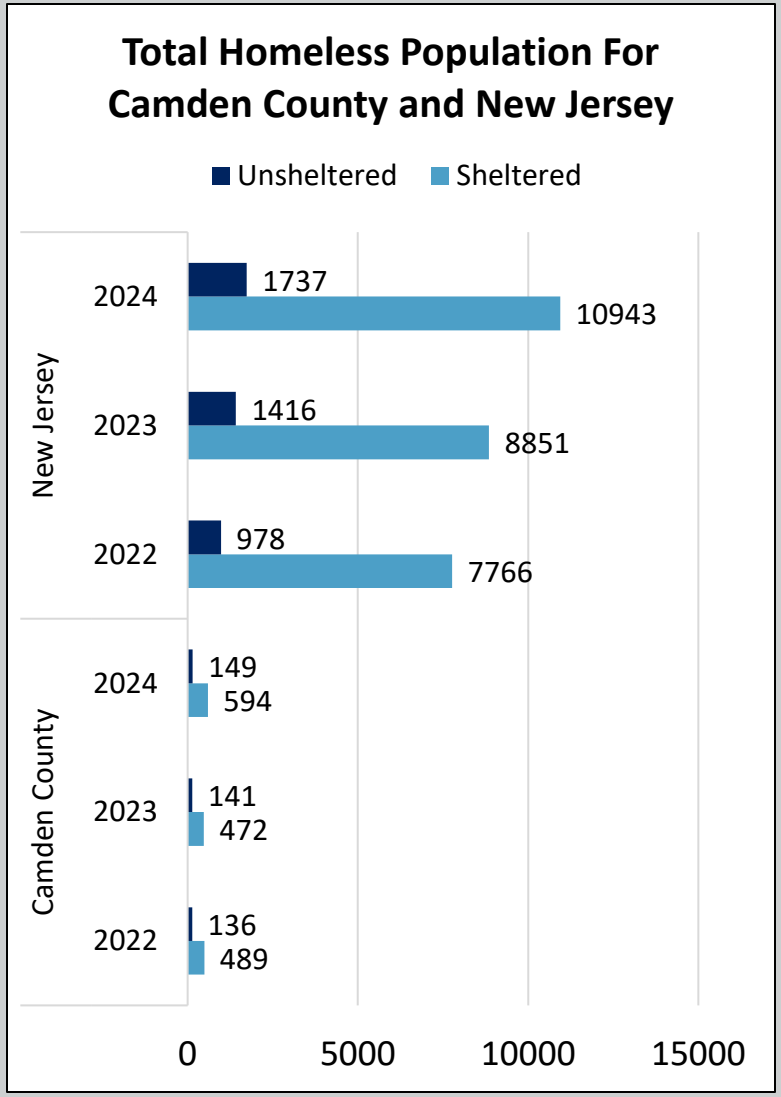
7 (1%)
VETERANS

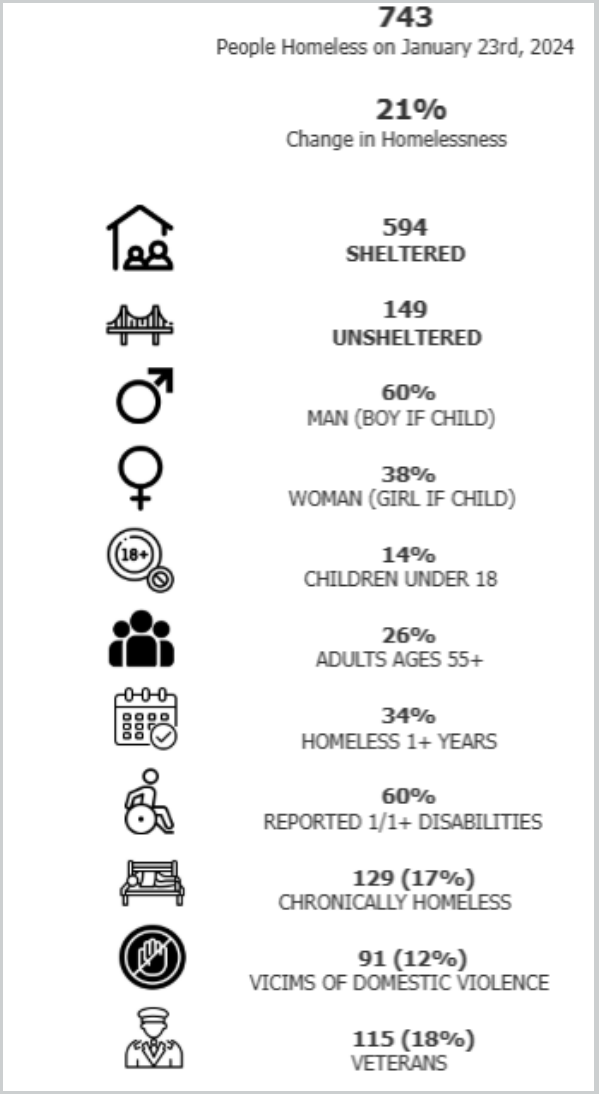


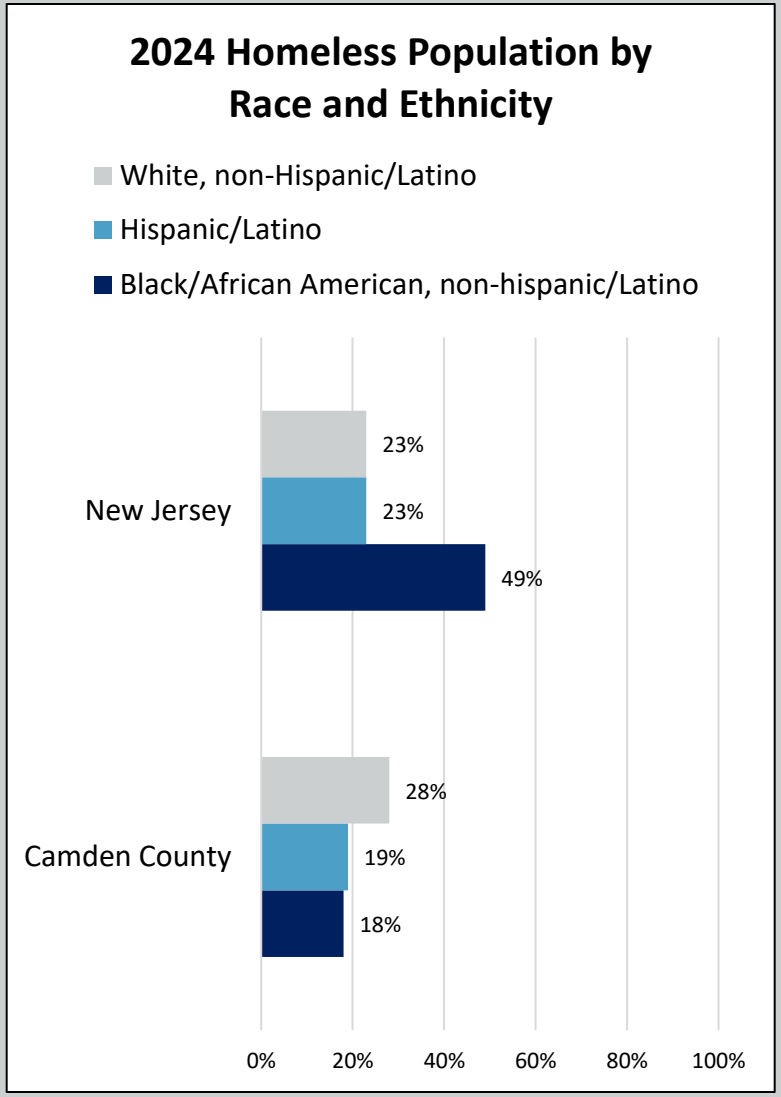
Source: New Jersey Coalition to End Homelessness

Unhoused People – Camden County

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



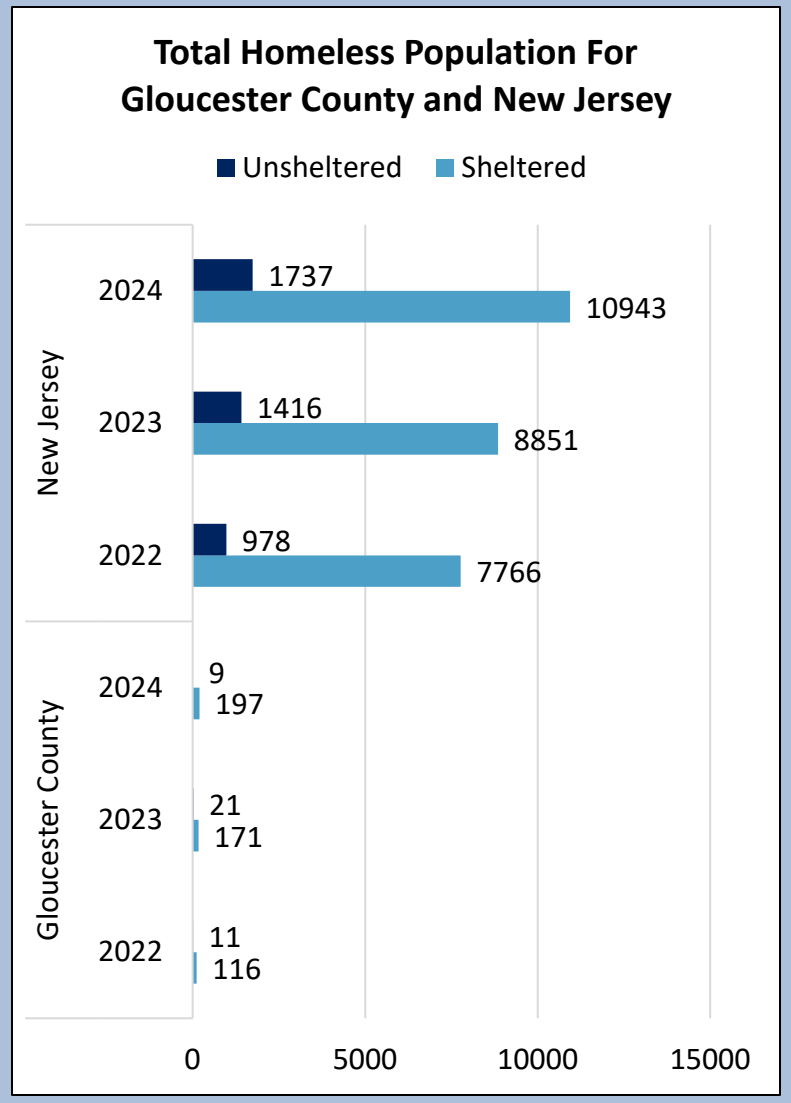


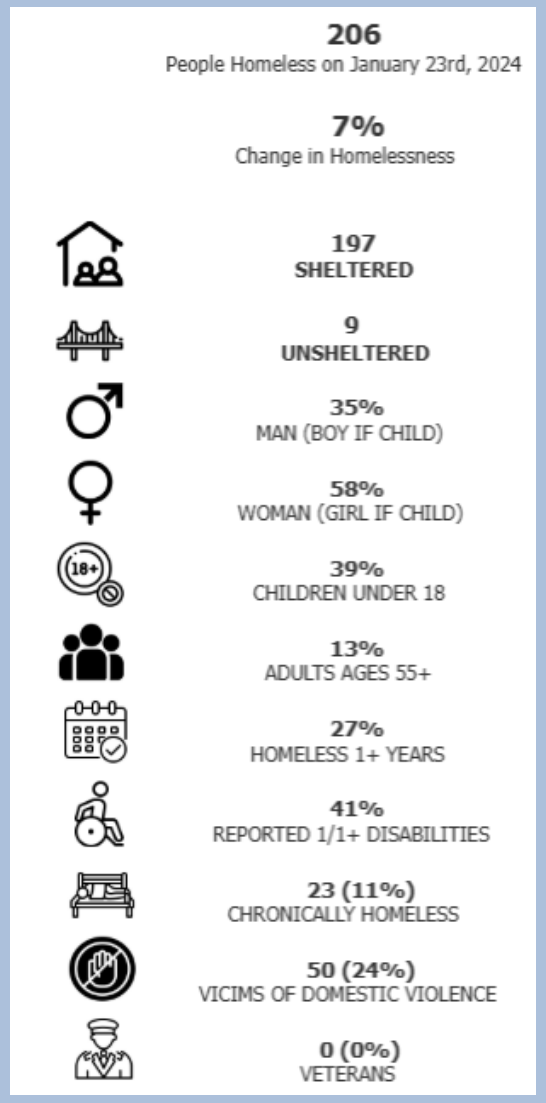


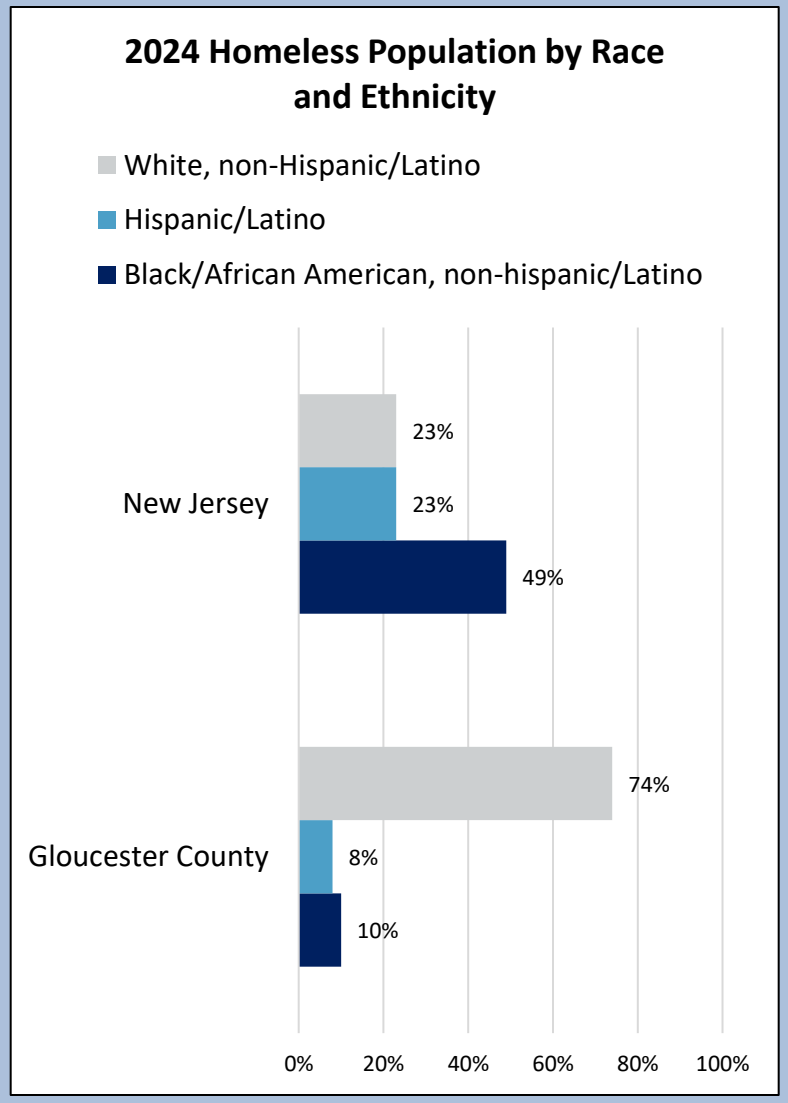
Source: New Jersey Coalition to End Homelessness

Unhoused People – Gloucester County

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



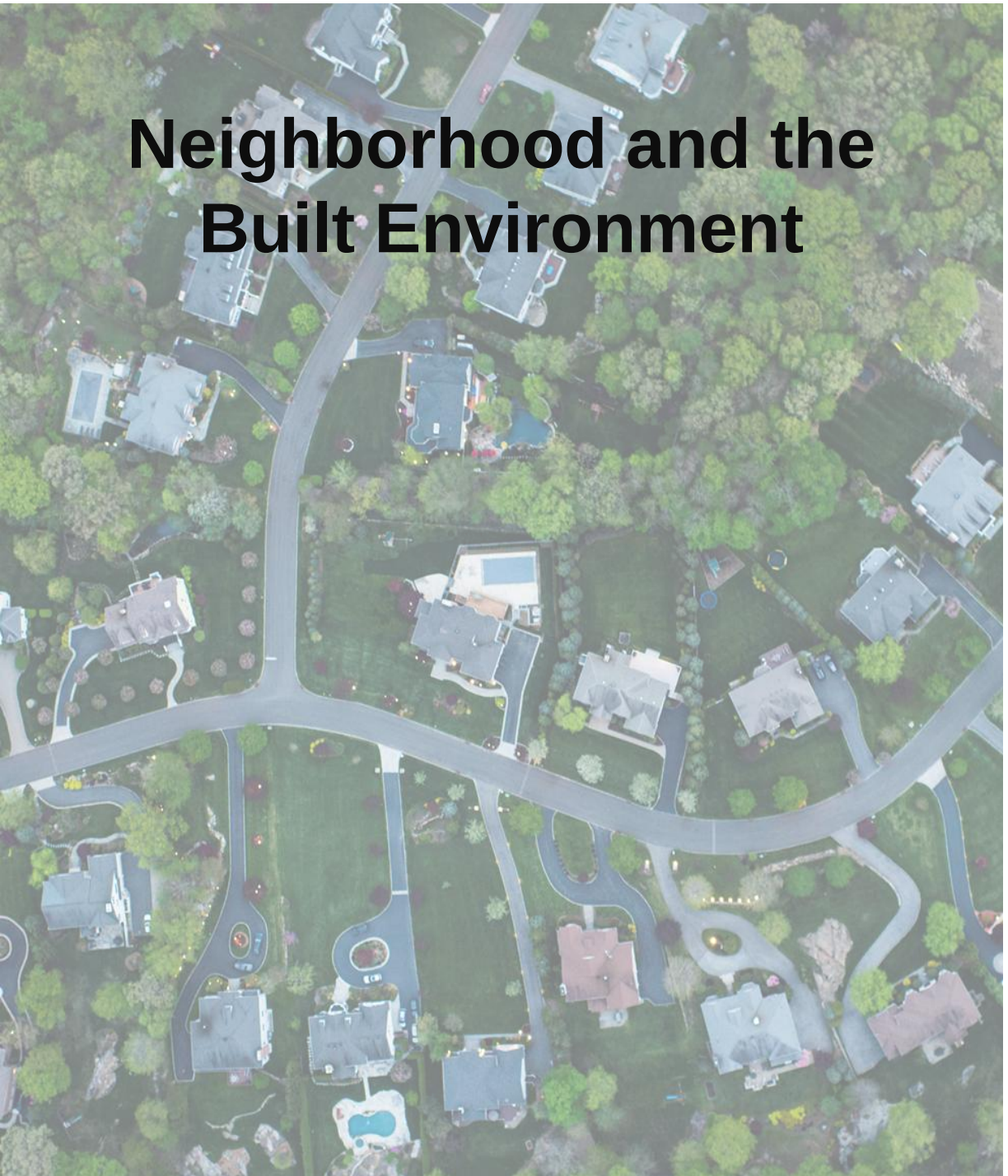




Source: New Jersey Coalition to End Homelessness

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 EPA 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.

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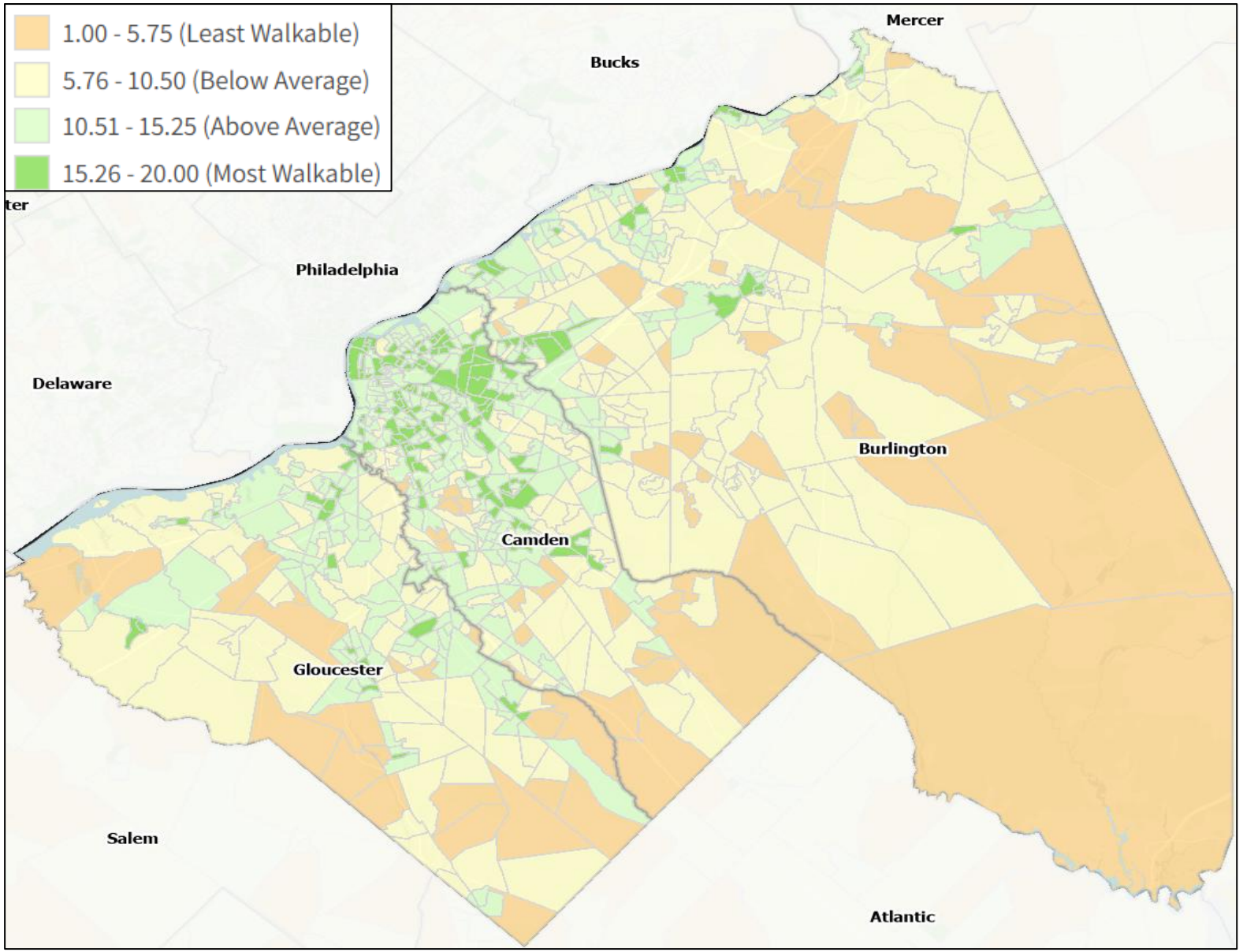
Walkability and Car Dependence



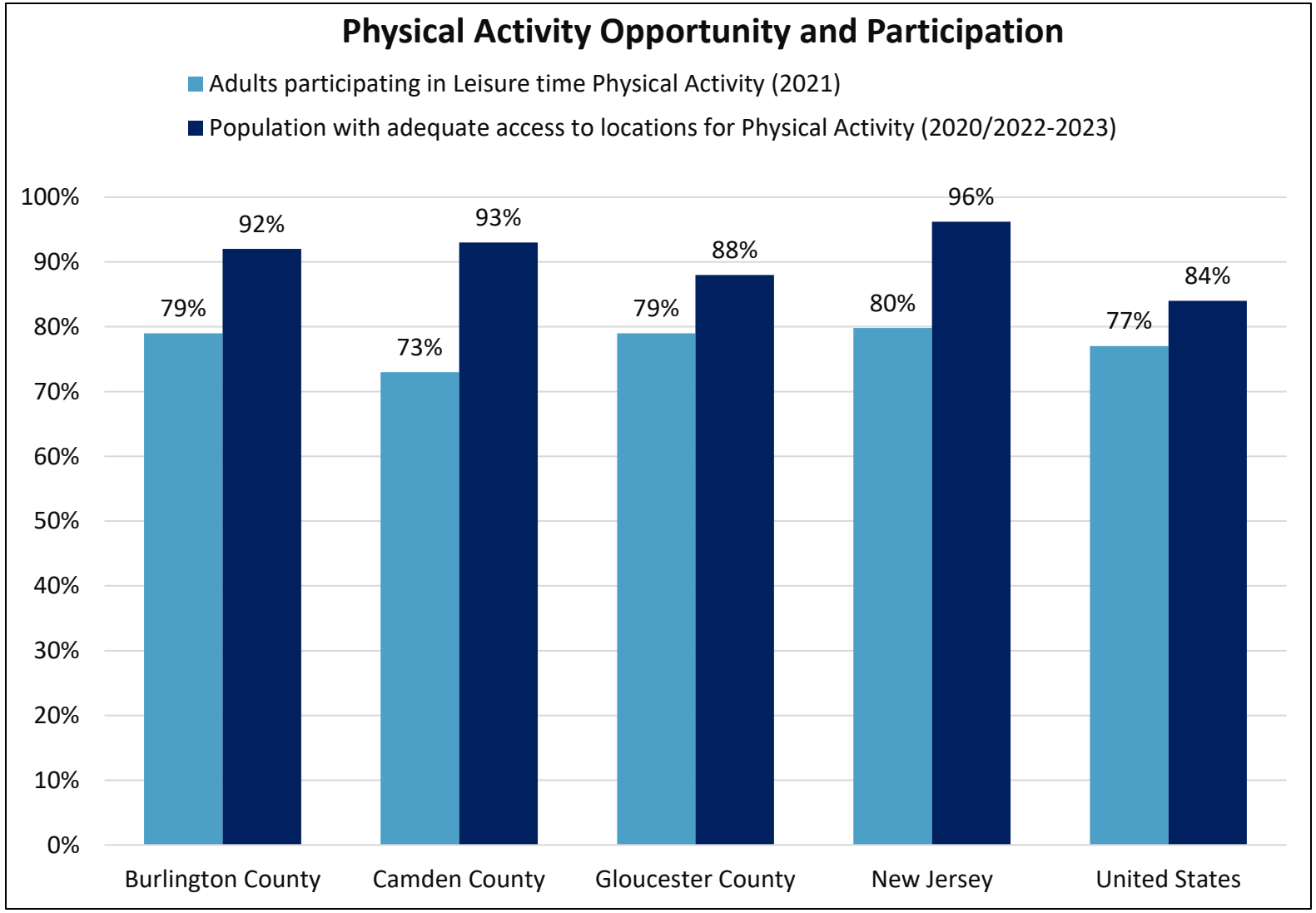
The CDC's National Walkability Index ranks neighborhoods on pedestrian friendliness. A high score means people can walk to shops, services, and public transportation easily.

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.

Source: ArcGIS Business Analyst and Living Atlas of the World/YMCA/US Census Bureau & Centers for Disease Control and Prevention & Environmental Protection Agency & Center for Applied Research and Engagement Systems

Physical Activity Opportunity and Participation



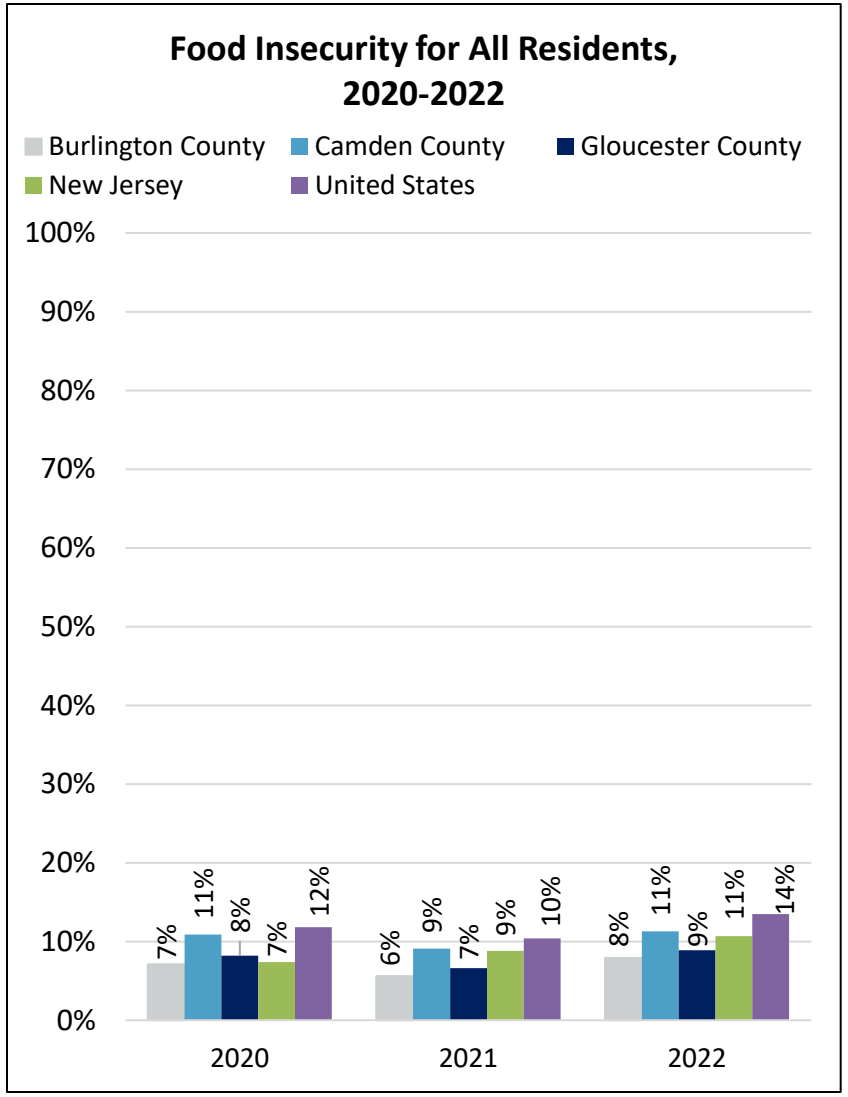
All three South Jersey counties have above-average access to locations for physical activity compared to the nation, such as parks, walking paths, sidewalks, and other resources.

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.

Source: US Census Bureau & Centers for Disease Control

Food Insecurity

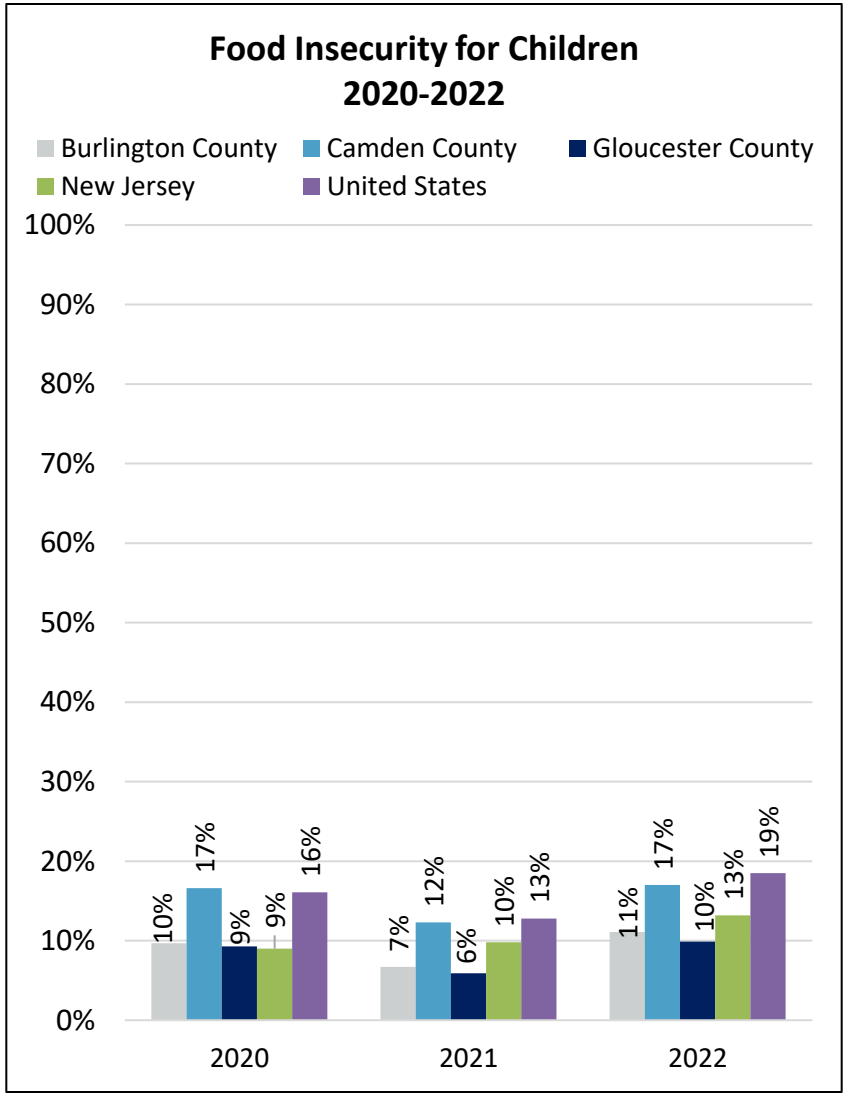


Roughly 1 in 10 South Jersey residents experiences food insecurity. This is slightly higher compared to other parts of New Jersey.

Food insecurity across South Jersey counties appears to be increasing.

South Jersey children are more likely to be food insecure than adults.

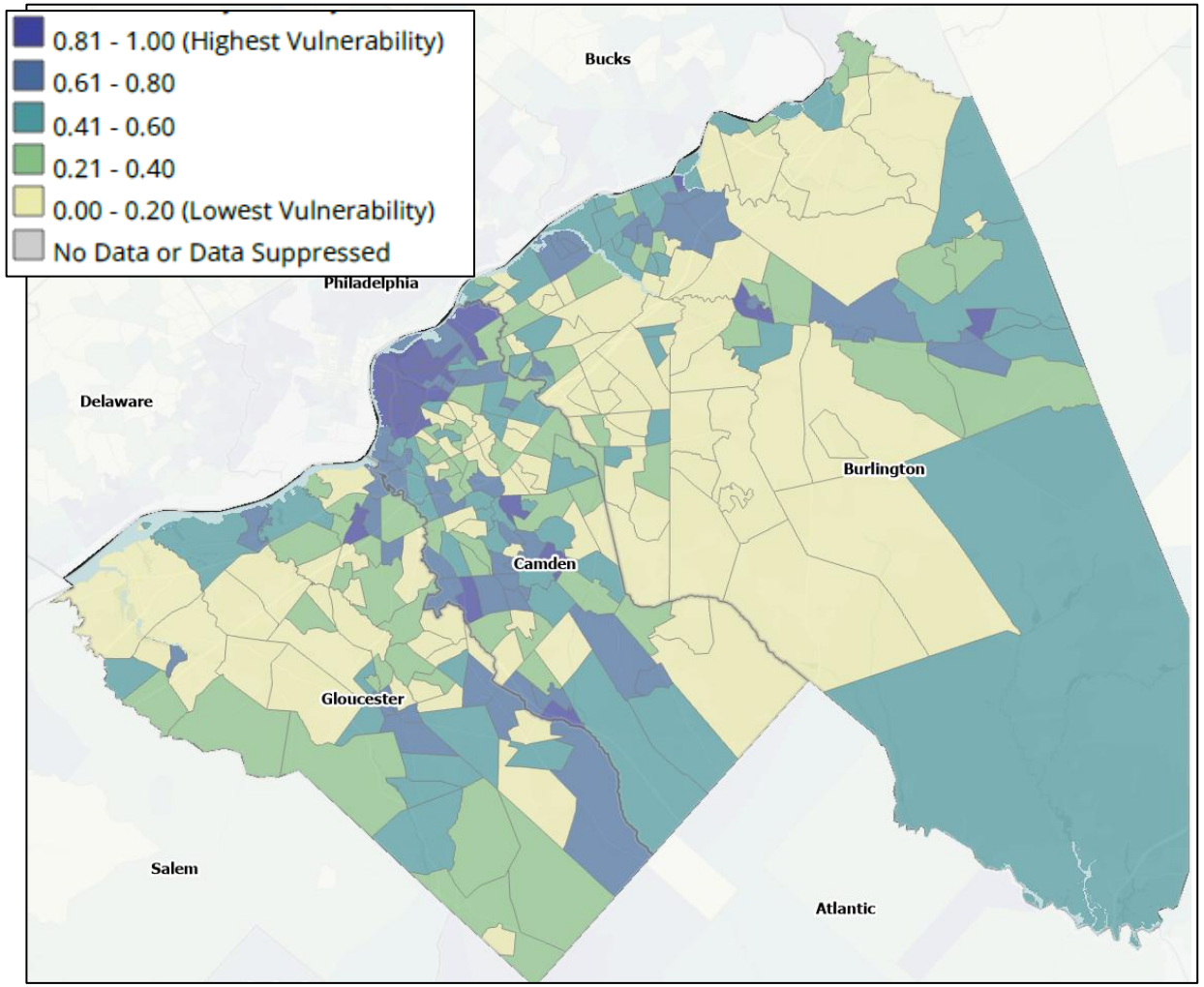
"Focus on preventive and nutrition. Be aware of lack of food markets in Camden and how it affects the city health."



Source: Feeding America

Environmental Health

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.

Source: Centers for Disease Control and Prevention & Center for Applied Research and Engagement Systems

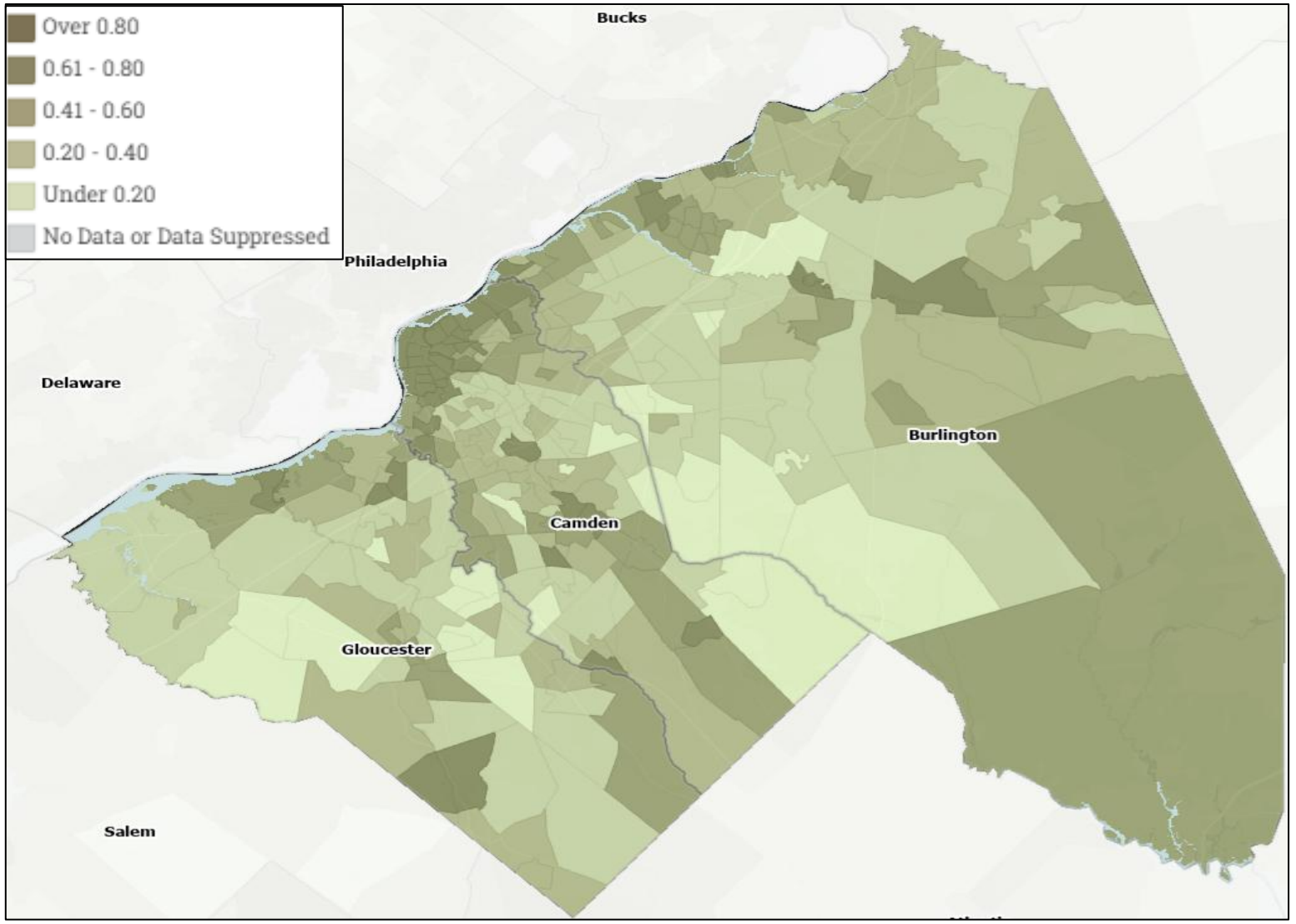
Environmental Justice Index

The Environmental Justice Index is used by the CDC to demonstrate the relative effects of environmental conditions, such as air and water quality, on measures of justice and equity 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.

2022 South Jersey Environmental Justice Index Percentile Rankings



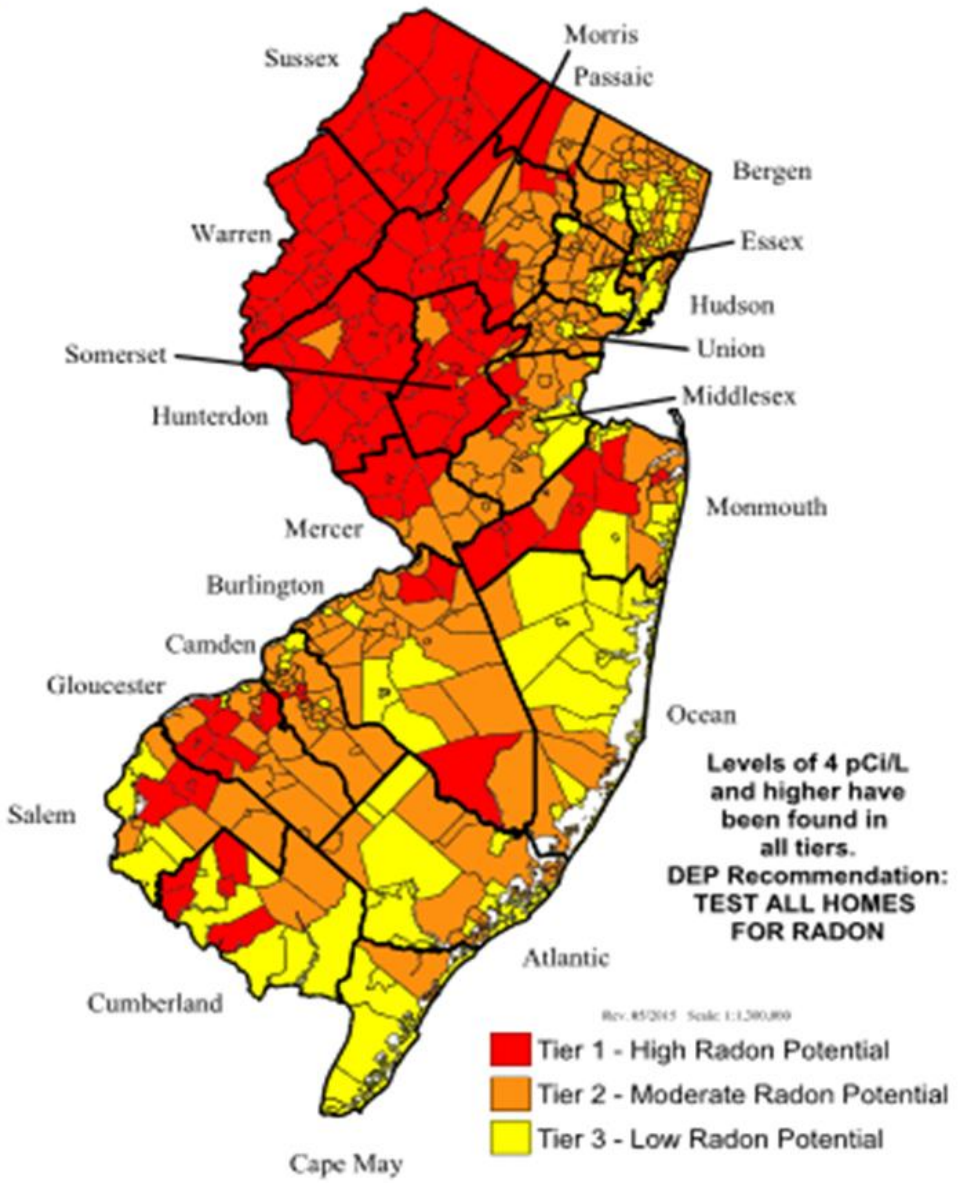
Source: Centers for Disease Control and Prevention & Center for Applied Research and Engagement Systems

Radon

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.

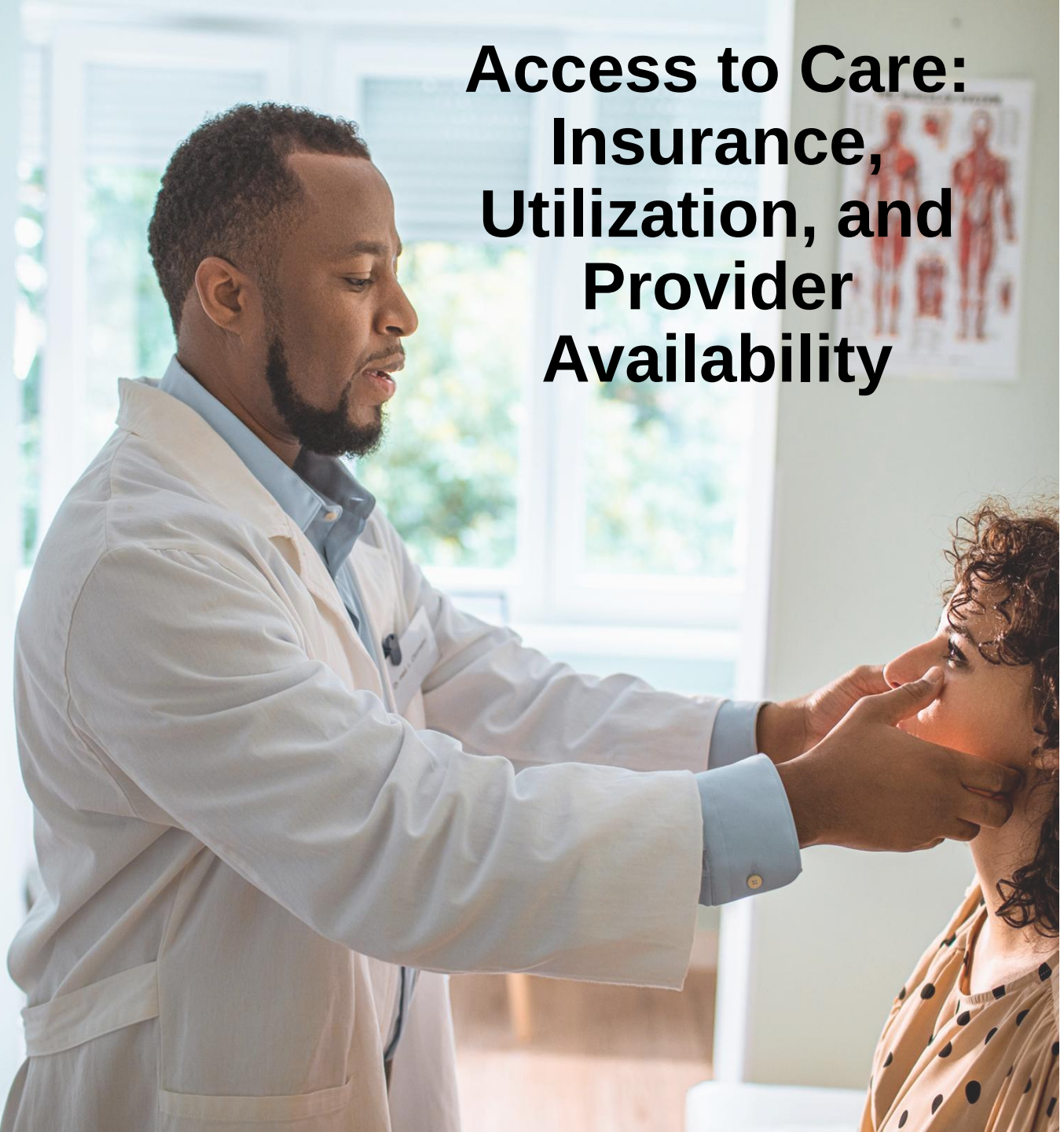


Municipalities with High Radon Potential (Tier 1)	
County	**Town**
Burlington	Chesterfield Township
	Mansfield Township
	Washington Township
Camden	Lawnside Borough
	Magnolia Borough
	Runnemede Borough
	Somerdale Borough
Gloucester	Deptford Township
	East Greenwich Township
	Greenwich Township
	Harrison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

Source: www.njradon.org; 2015

Access to Care

Insurance and Provider Availability



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 there are various safety net options that 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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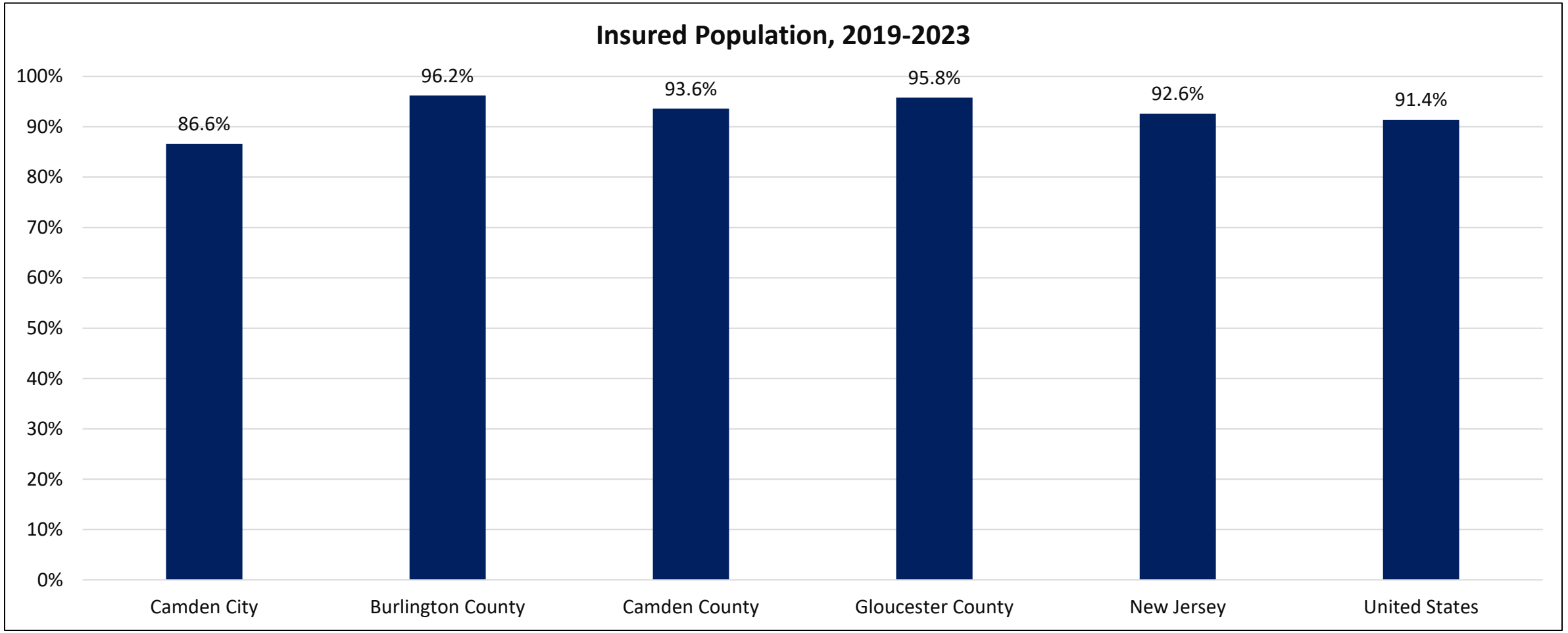
Health Insurance

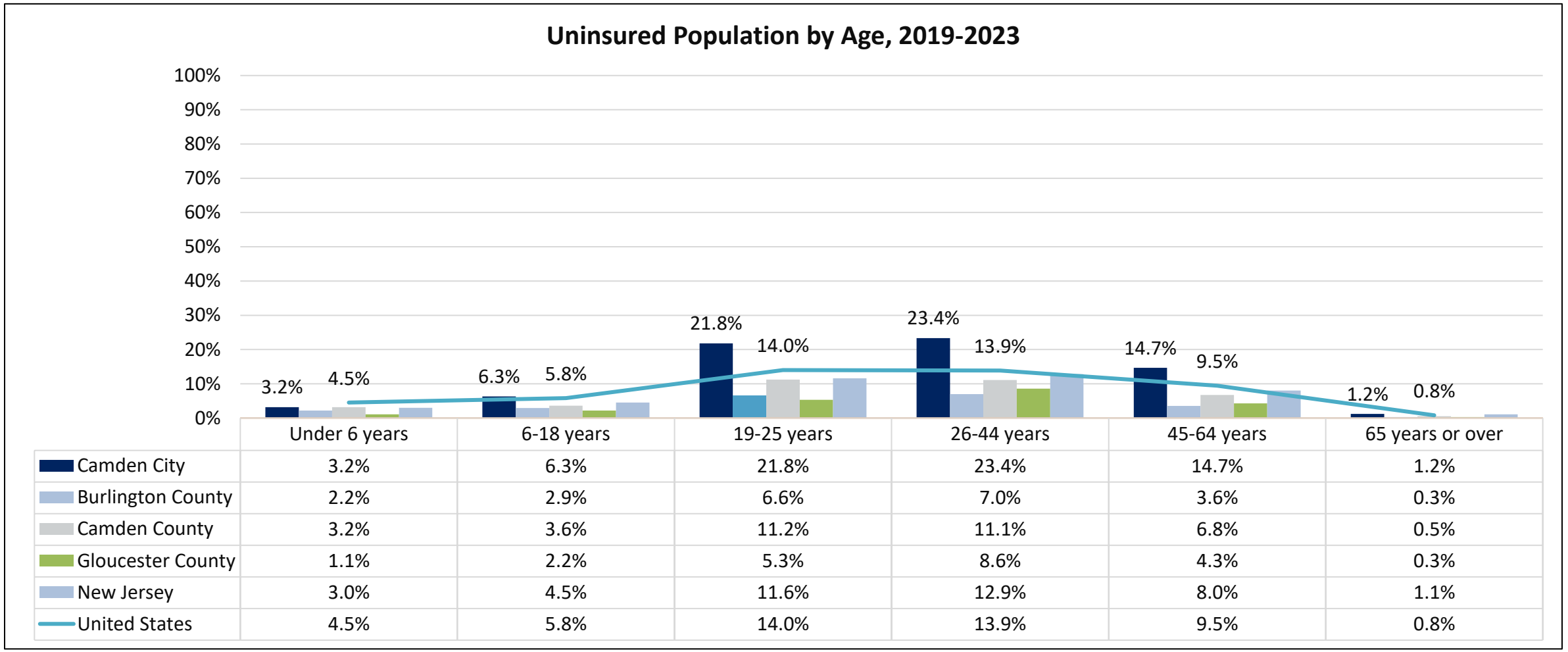
Having health insurance makes it easier and more affordable for people to access the health care they need. Most people across South Jersey have health insurance. However, roughly 1 in 7 Camden City residents does not have health insurance, presenting a barrier to accessing healthcare.



Source: US Census Bureau, American Community Survey

Uninsured Population by Age

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.



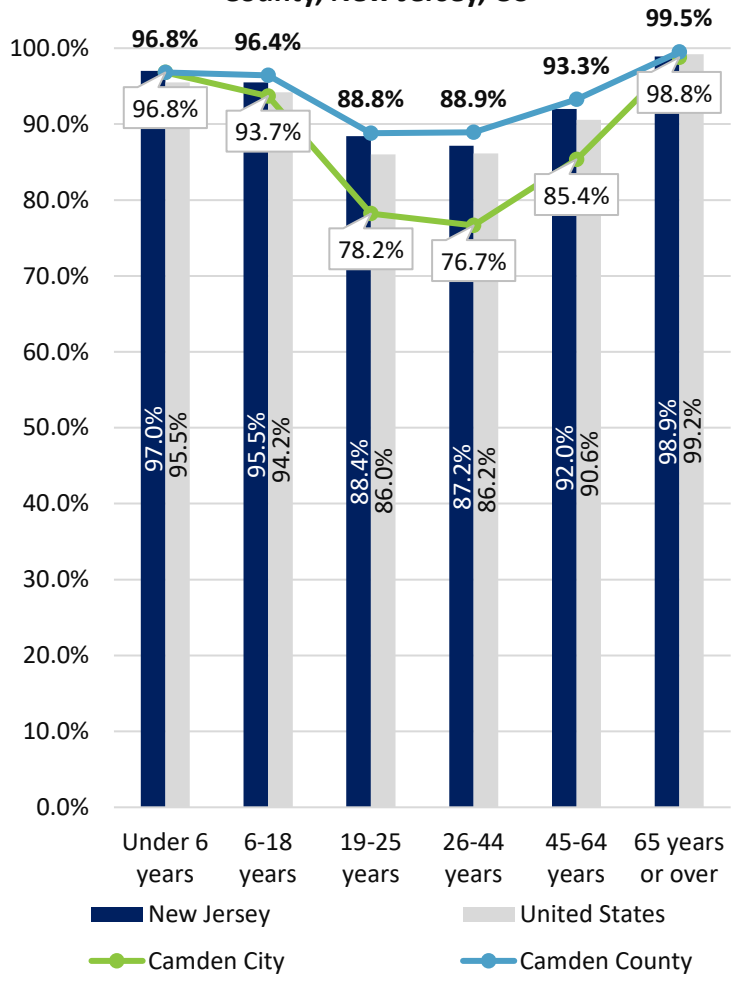
	Under 6 years	6-18 years	19-25 years	26-44 years	45-64 years	65 years or over
Camden City	3.2%	6.3%	21.8%	23.4%	14.7%	1.2%
Burlington County	2.2%	2.9%	6.6%	7.0%	3.6%	0.3%
Camden County	3.2%	3.6%	11.2%	11.1%	6.8%	0.5%
Gloucester County	1.1%	2.2%	5.3%	8.6%	4.3%	0.3%
New Jersey	3.0%	4.5%	11.6%	12.9%	8.0%	1.1%
United States	4.5%	5.8%	14.0%	13.9%	9.5%	0.8%

Source: US Census Bureau, American Community Survey

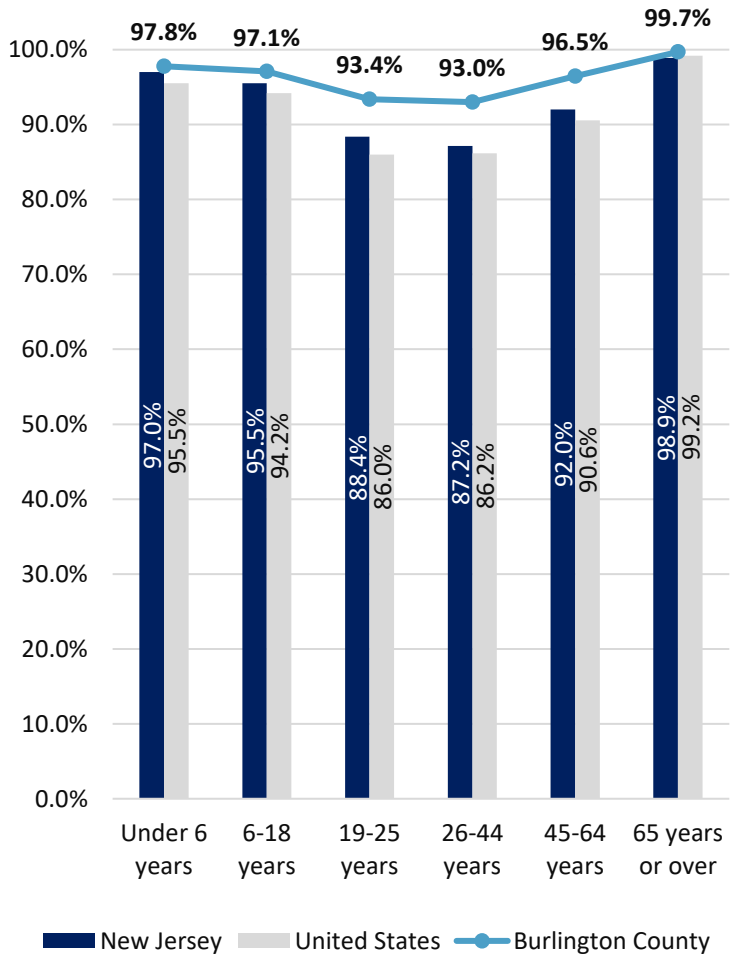
Health Insurance by Age

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.

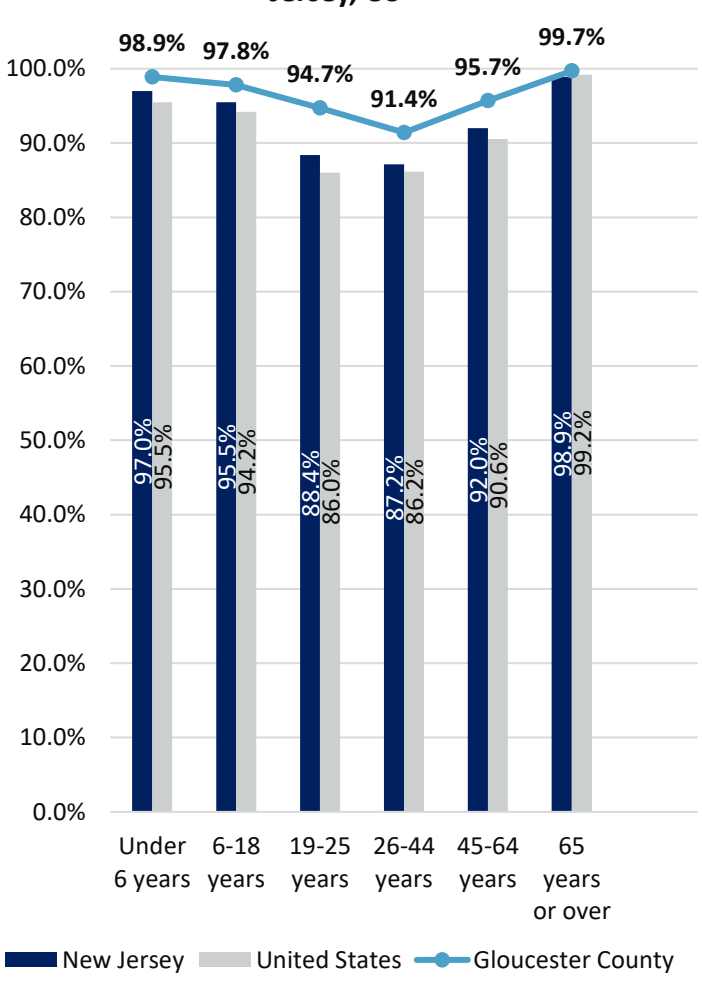
Uninsured by Age, Camden City, Camden County, New Jersey, US



Uninsured by Age Burlington County, New Jersey, US



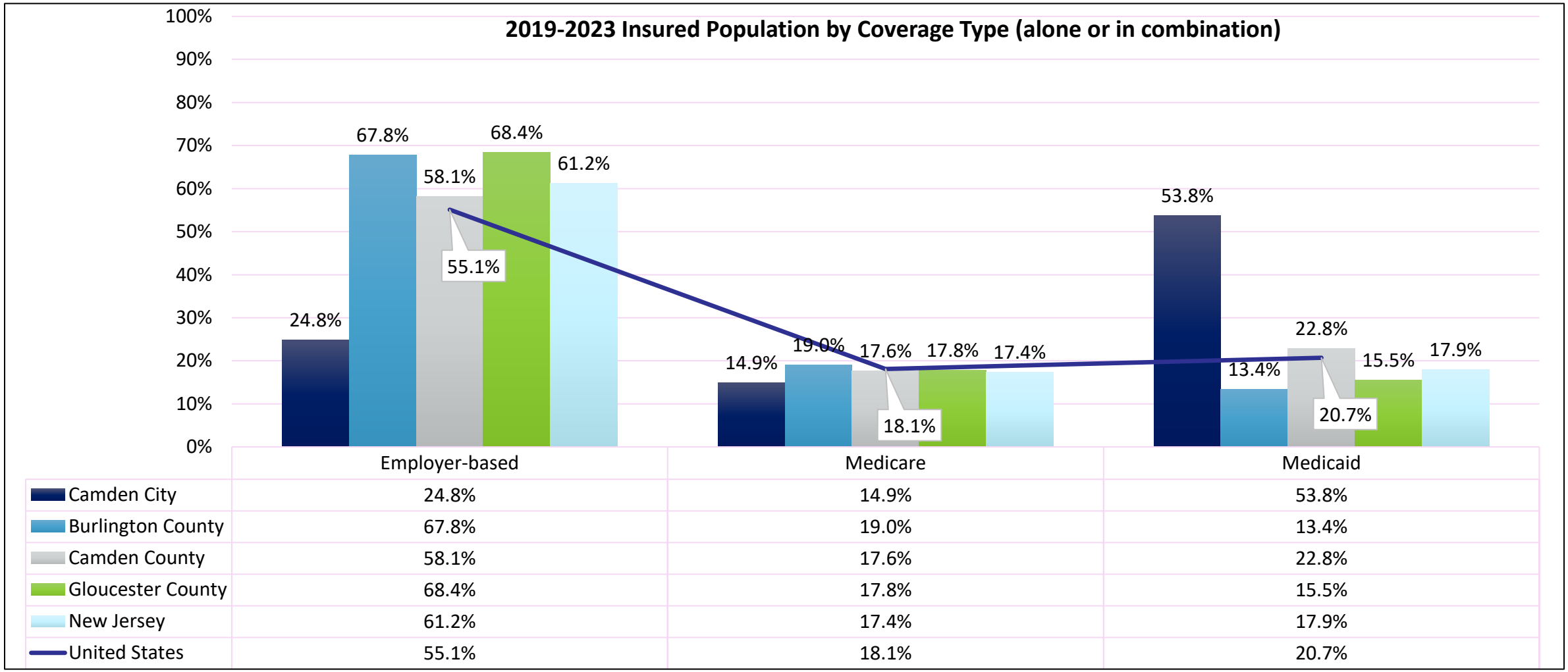
Uninsured by Age Gloucester County, New Jersey, US



Source: US Census Bureau, American Community Survey, 2019-2023

Health Insurance by Insurance Type

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.



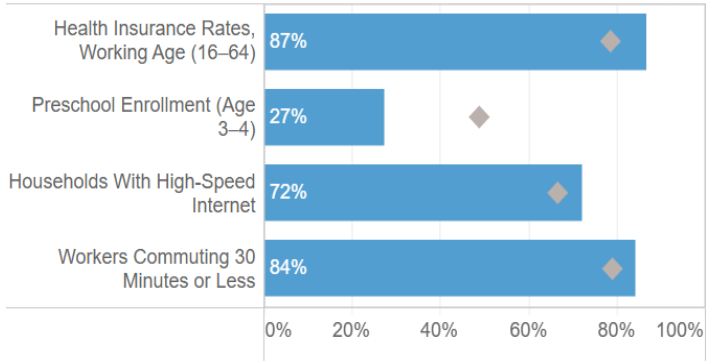
	Employer-based	Medicare	Medicaid
Camden City	24.8%	14.9%	53.8%
Burlington County	67.8%	19.0%	13.4%
Camden County	58.1%	17.6%	22.8%
Gloucester County	68.4%	17.8%	15.5%
New Jersey	61.2%	17.4%	17.9%
United States	55.1%	18.1%	20.7%

Source: US Census Bureau, American Community Survey

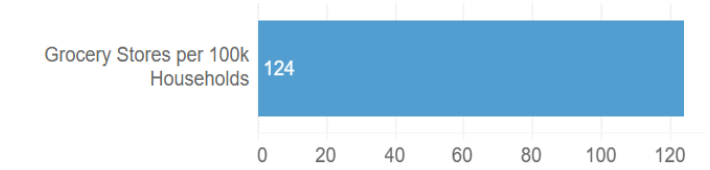
Access and Quality of Life for ALICE Populations

Burlington County

Key Variable: Community Score Variables, Below the ALICE Threshold

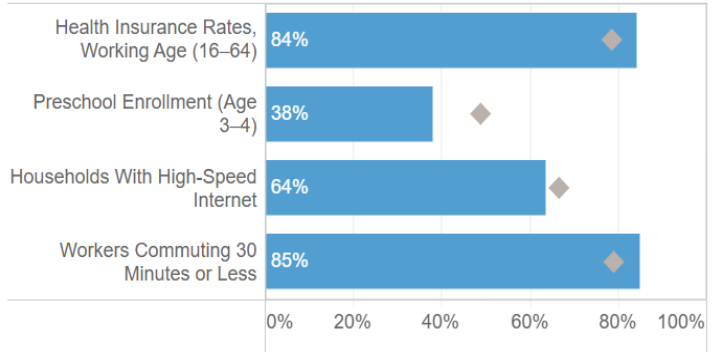


Grocery Stores per 100K

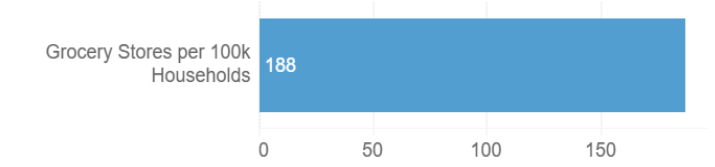


Camden County

Key Variable: Community Score Variables, Below the ALICE Threshold

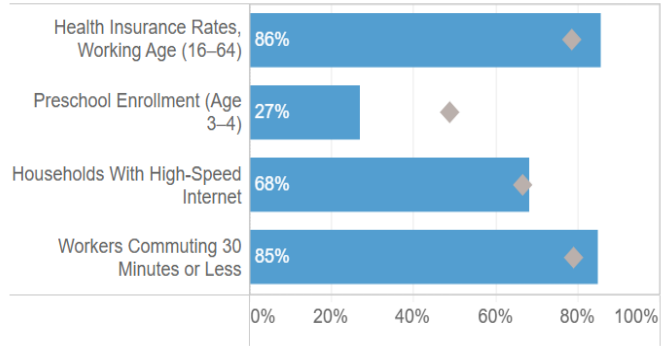


Grocery Stores per 100K

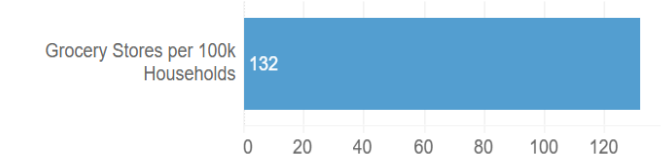


Gloucester County

Key Variable: Community Score Variables, Below the ALICE Threshold



Grocery Stores per 100K



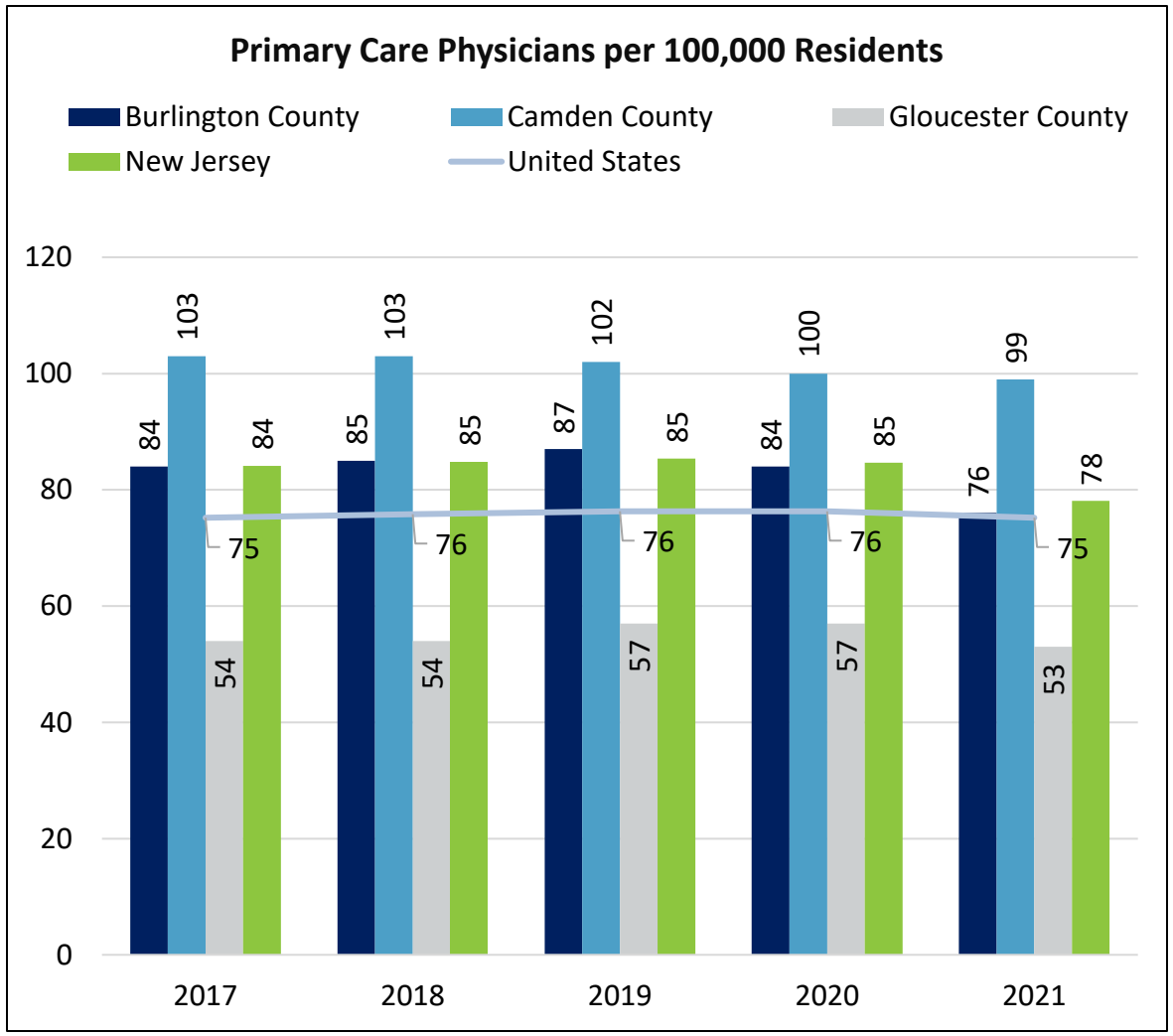
ALICE is an acronym for **A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed, and represents the growing number of families who are unable to afford the basics of housing, child care, food, transportation, health care, and technology. These workers often struggle to keep their own households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

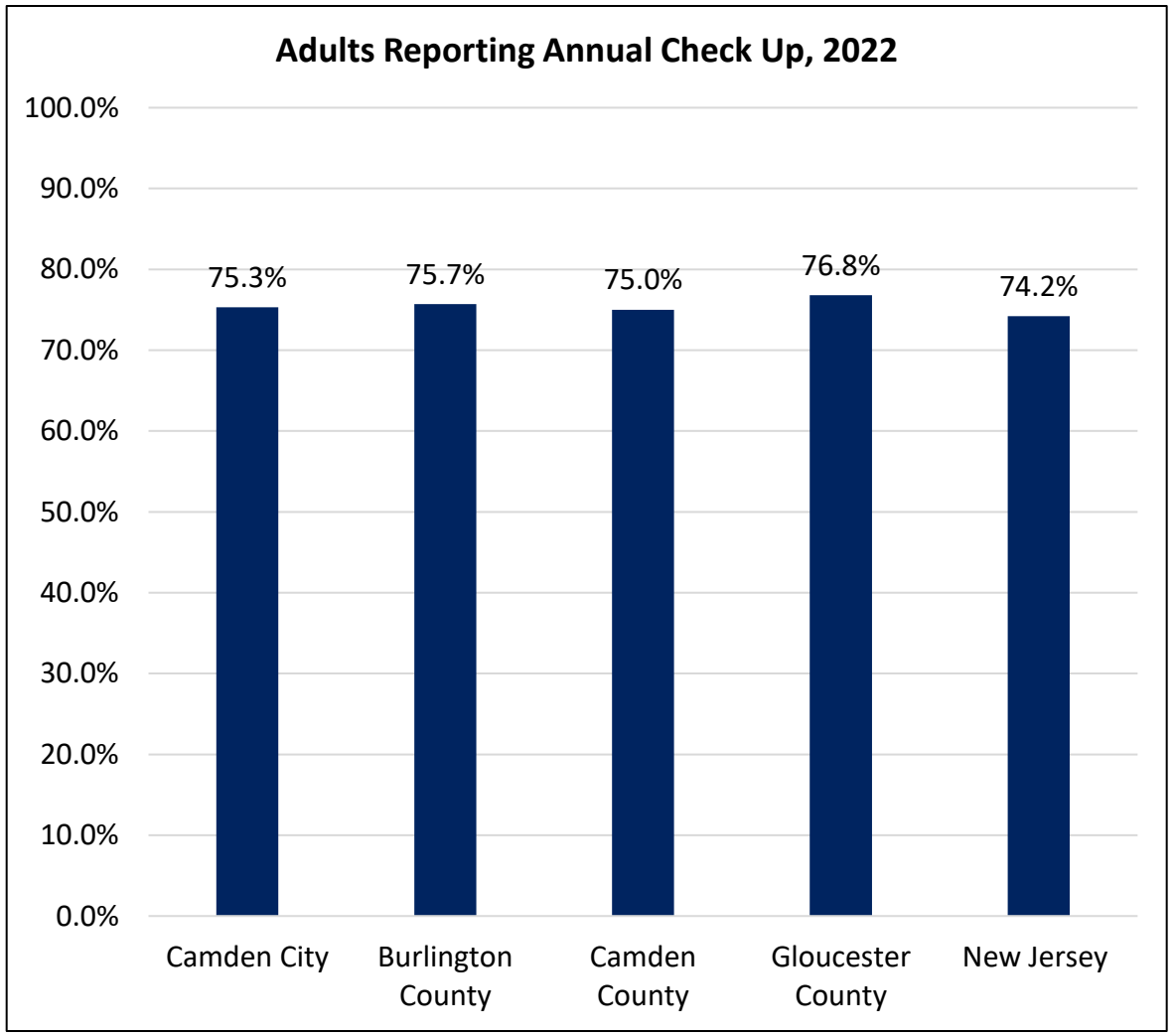
Most workers in ALICE households across South Jersey have shorter commute times to work and are more likely to have health insurance than their ALICE peers elsewhere in New Jersey, although there is some variability between the counties.

Source: United for ALICE

Primary Care Providers

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.



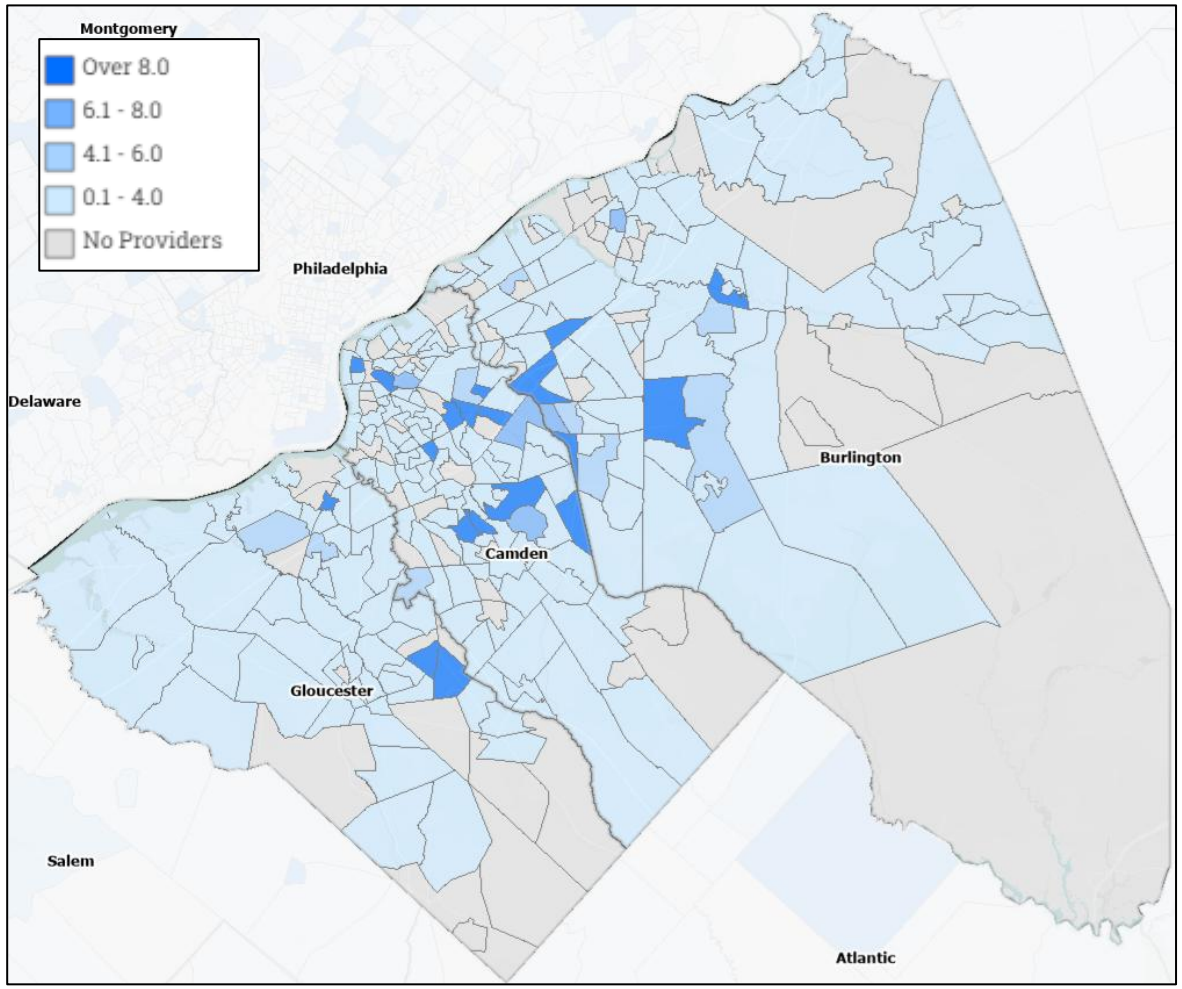


Source: Health Resources & Services Administration & Centers for Medicare and Medicaid Services

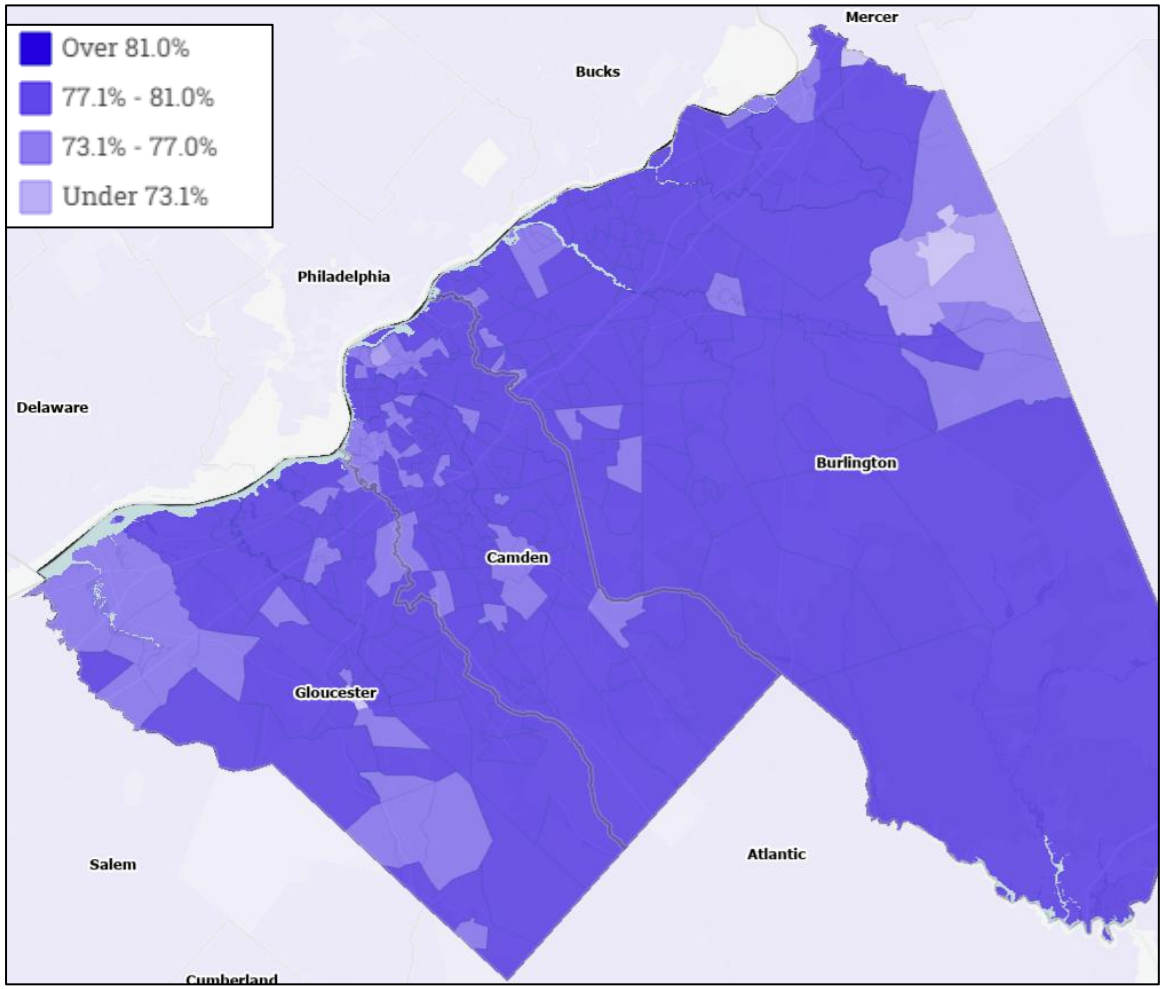
Adult Primary Care Availability: A Closer Look

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



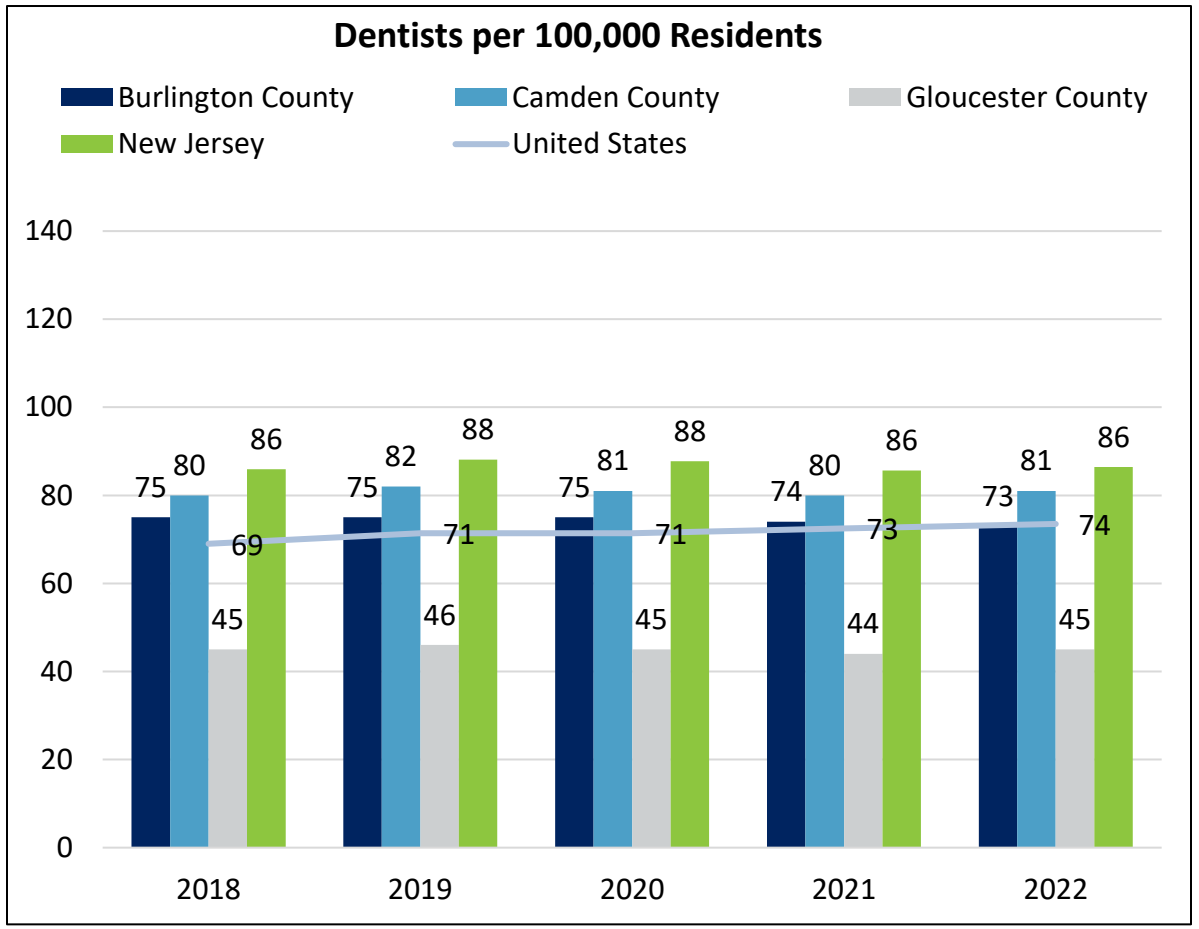
Adults with a Primary Care Visit Within the Past Year by Census Tract, 2022



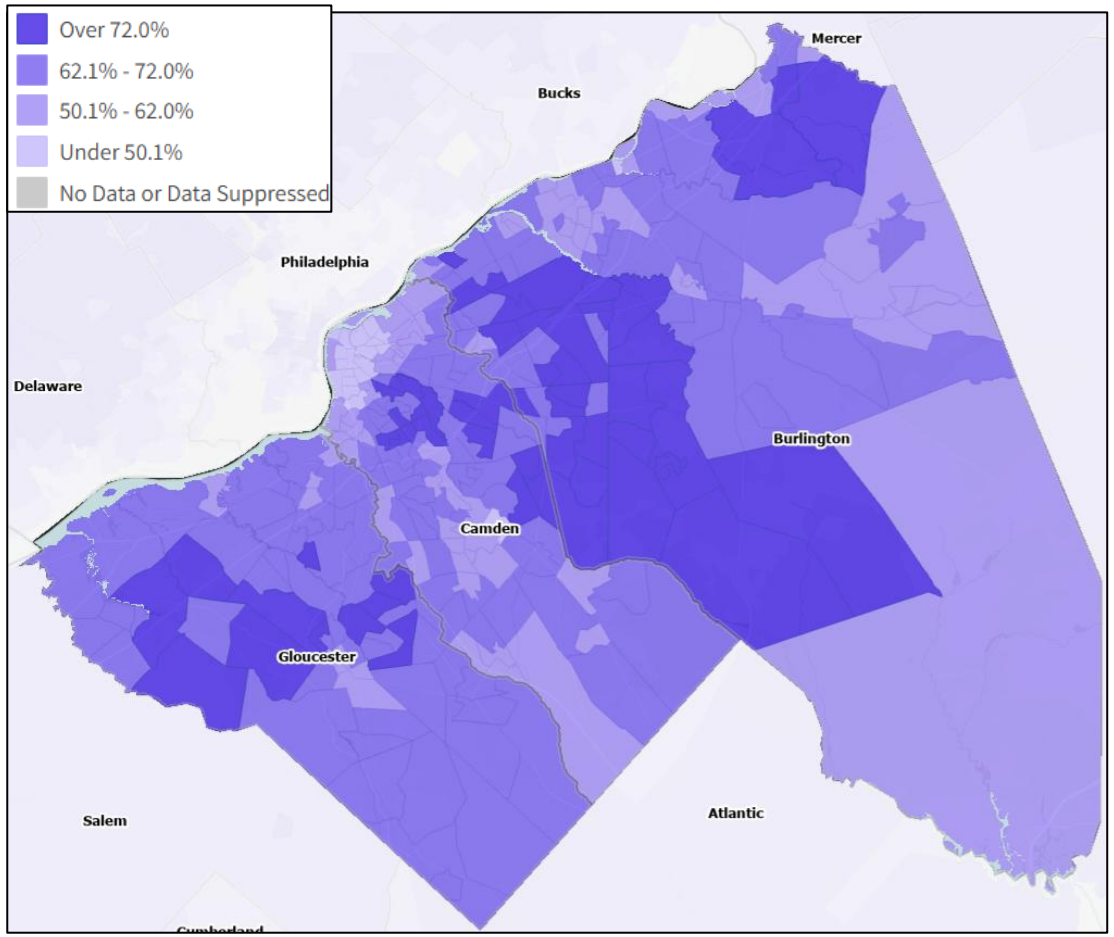
Source: Centers for Disease Control and Prevention & Center for Applied Research and Engagement Systems

Dental Care

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. This can create barriers to care in Gloucester County. 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



Source: Health Resources & Services Administration & Centers for Medicare and Medicaid Services & Center for Applied Research and Engagement Systems

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 equity 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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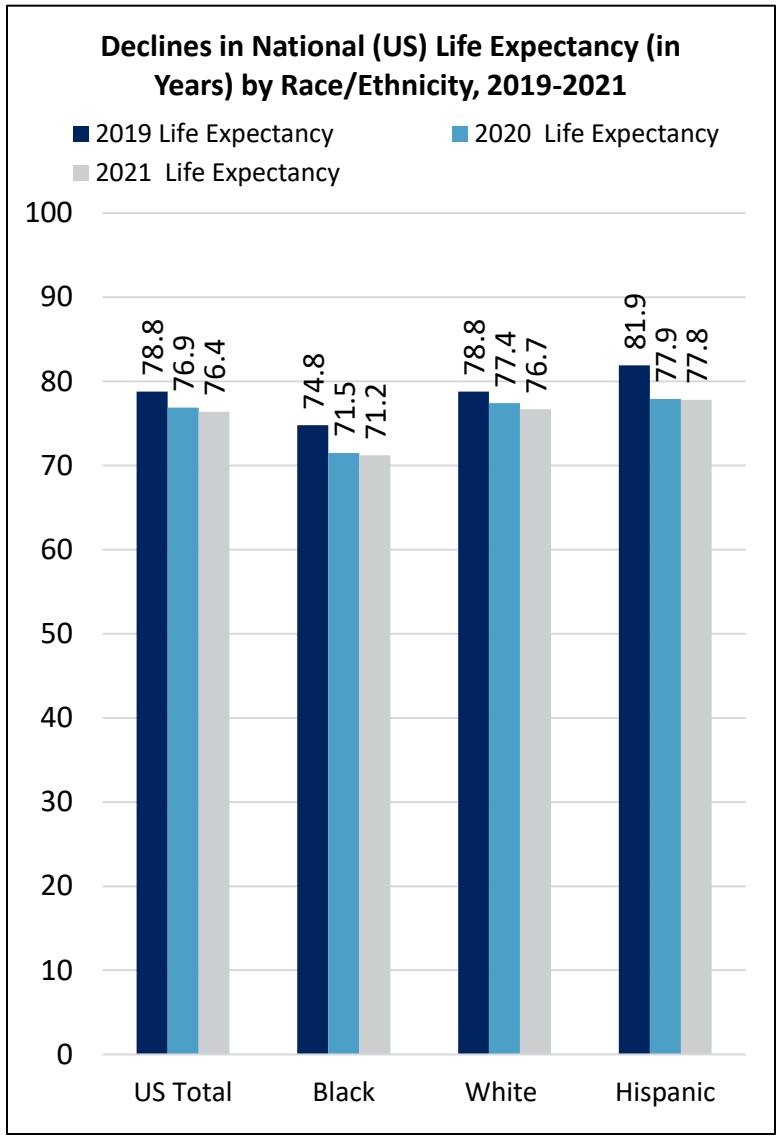
The Big Picture: Life Expectancy



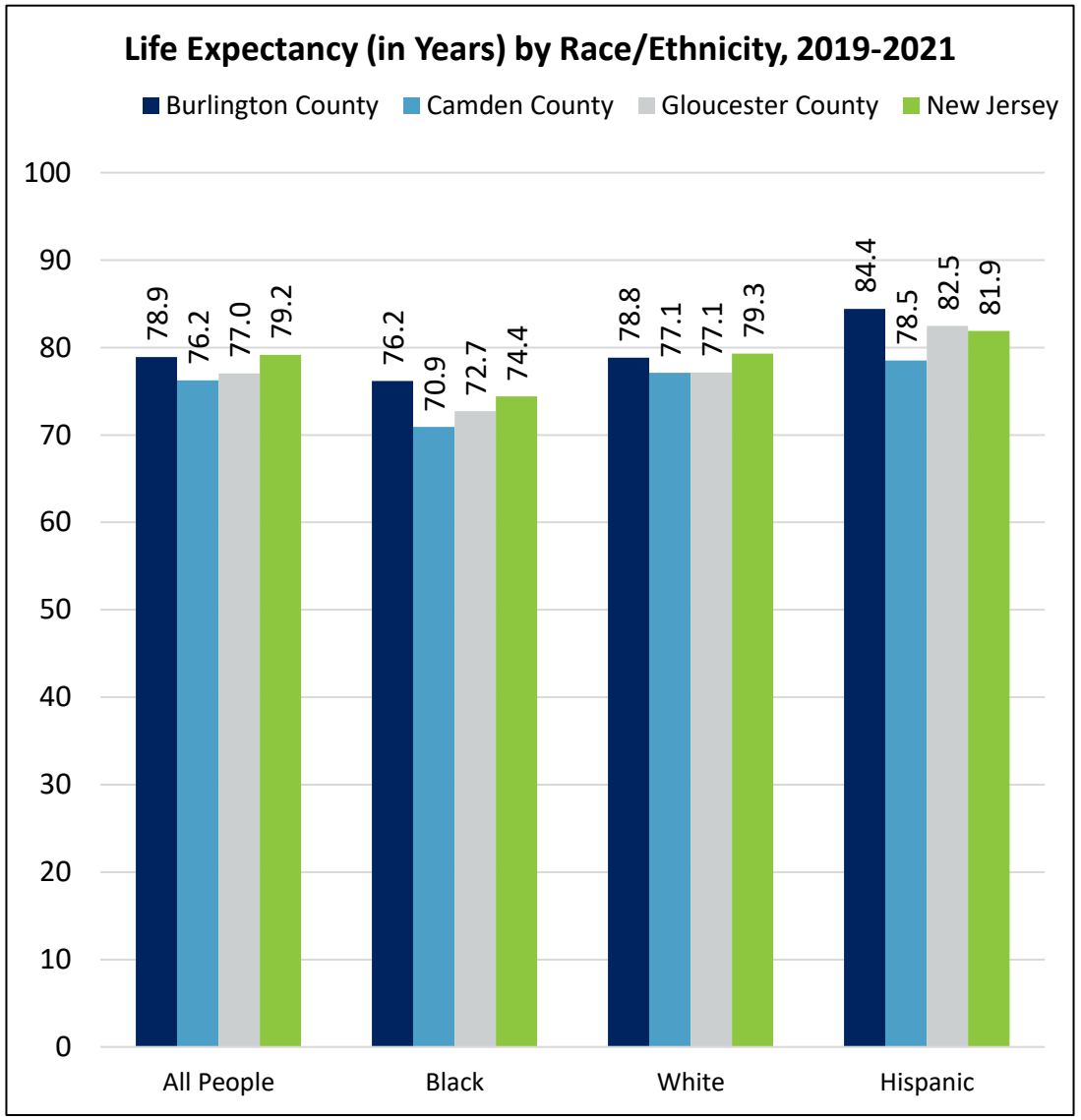
Source: National Vital Statistics System

Life expectancy is an overall measure of health and social equity 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

Life Expectancy

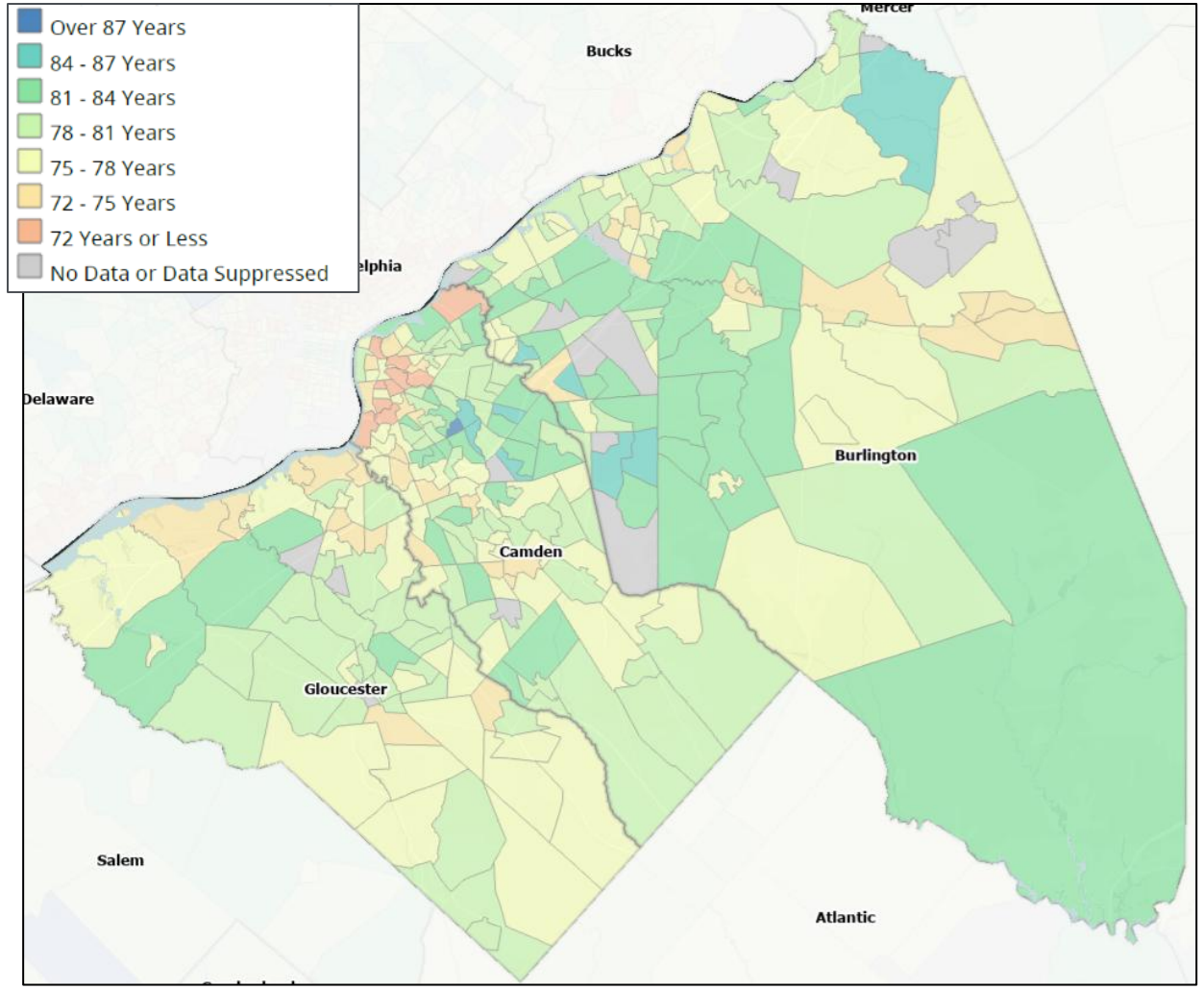
Experiences of health and social well-being vary widely across South Jersey, reflecting disparities in economic stability, community access, and other factors.

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.

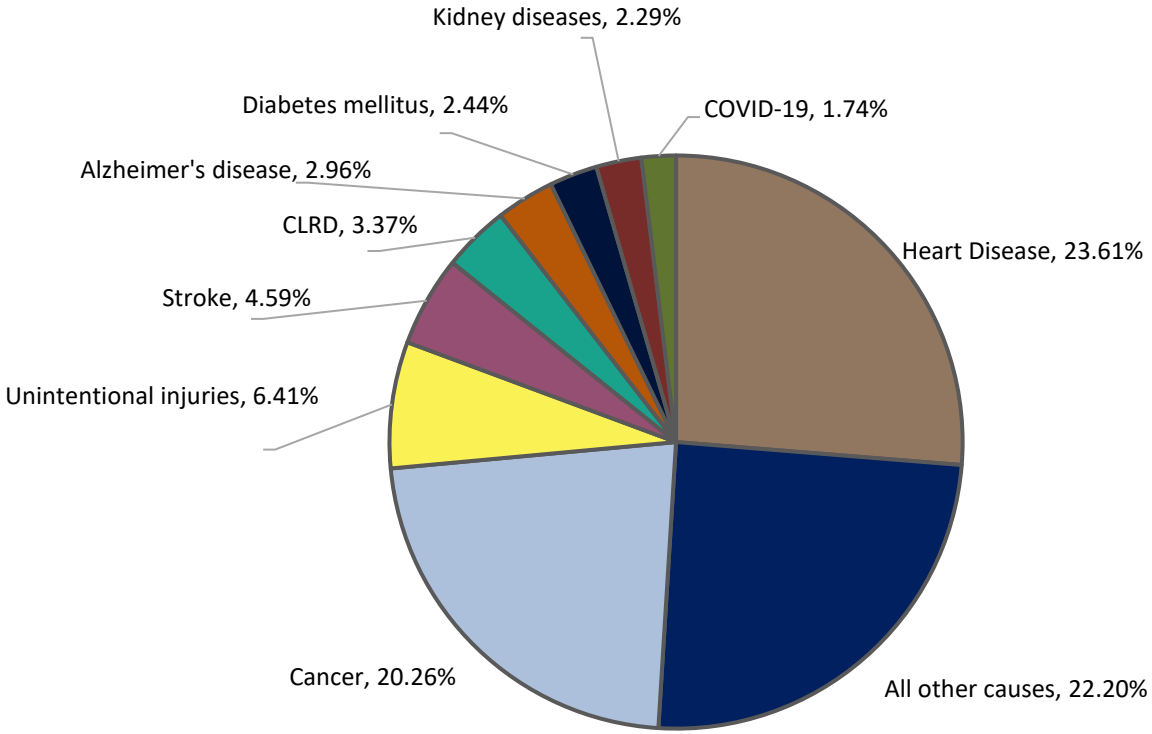
Note: The average life expectancy by census tract is based on the most recent available data from 2010 to 2015.

Life Expectancy by Census Tract, 2010-2015



Source: Tejada-Vera B, Bastian B, Arias E, Escobedo LA., Salant B, Life Expectancy Estimates by U.S. Census Tract, 2010-2015. National Center for Health Statistics. 2020.

Leading Causes of Death For New Jersey, 2023



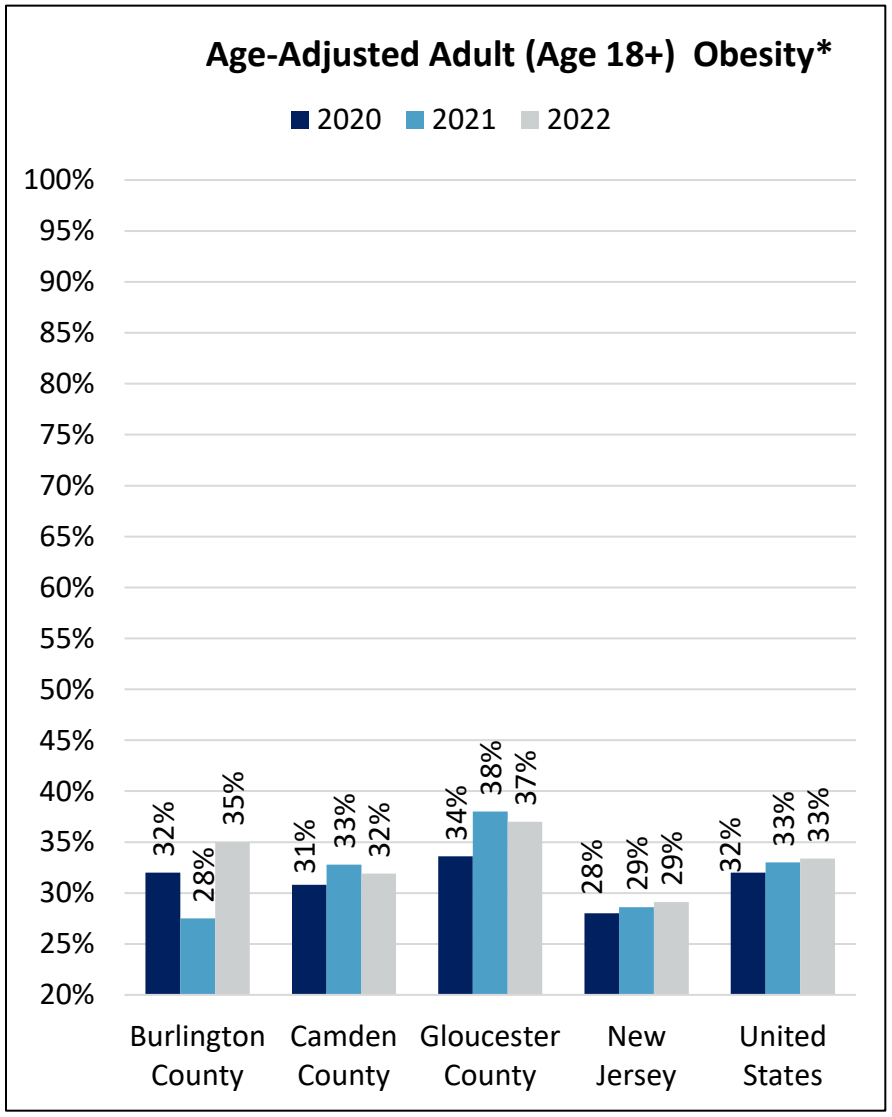
Heart disease and cancer are responsible for nearly half (44%) of all deaths in New Jersey, consistent with the US.

"All other causes (residual)" category refers to causes that were not ranked among the top 10 causes of death for a specified population,…"[1]

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.

Source: 1. Centers for Disease Control and Prevention & New Jersey State Health Assessment Data https://www.cdc.gov/nchs/data/nvsr/nvsr73/NVSR73-10.pdf.

Prevalence of Obesity and Diabetes



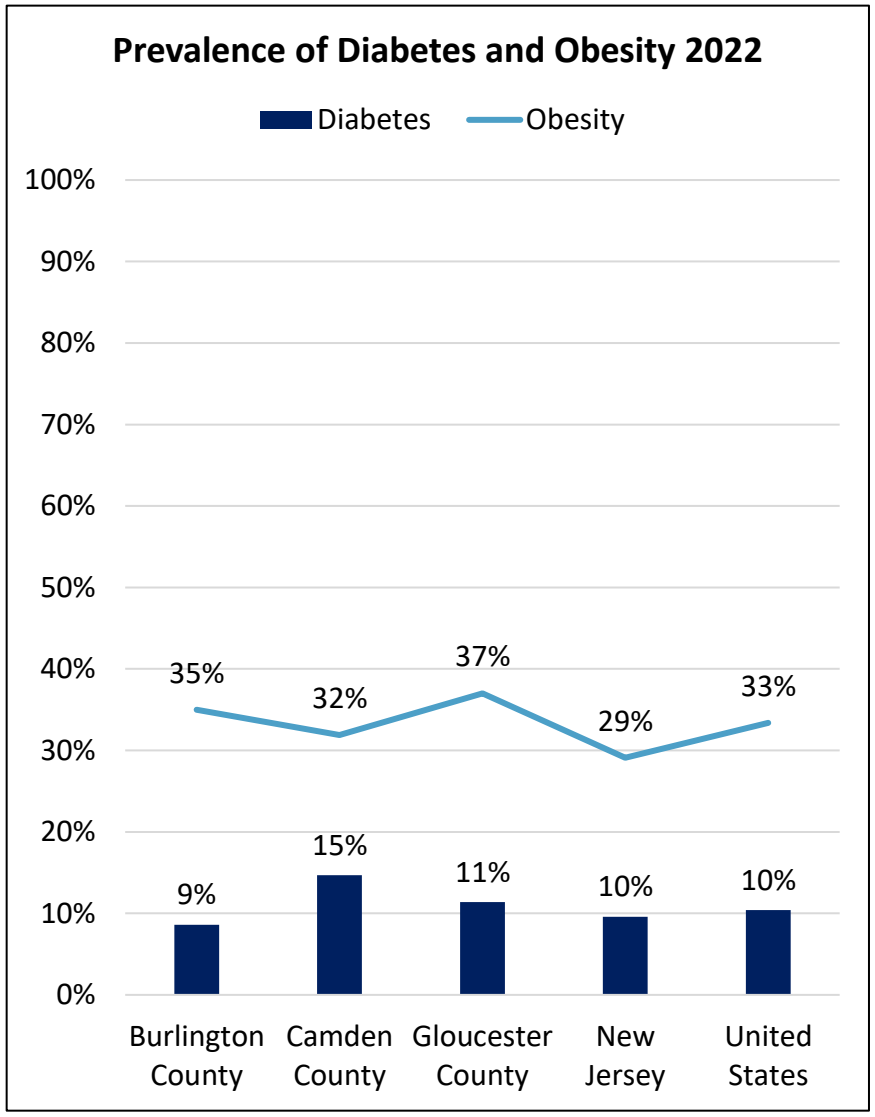
Obesity and being overweight are risk factors for many chronic diseases, including diabetes.

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.

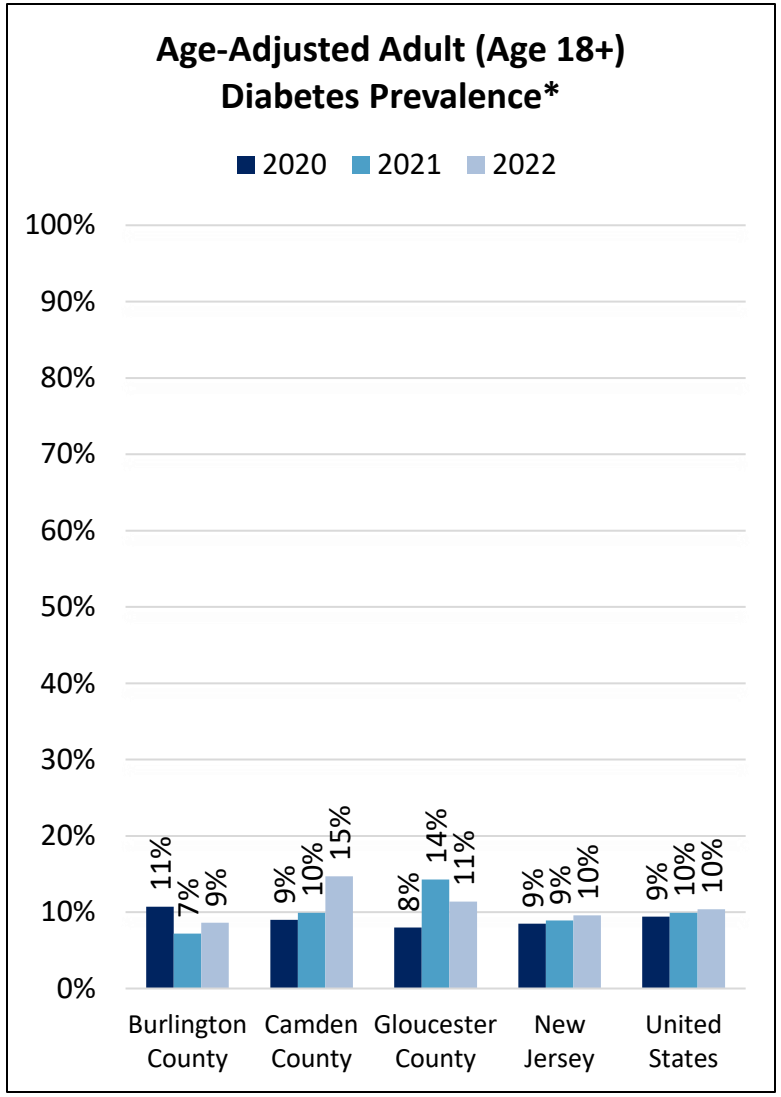
Did you know?

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.



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

Diabetes Prevalence and Death

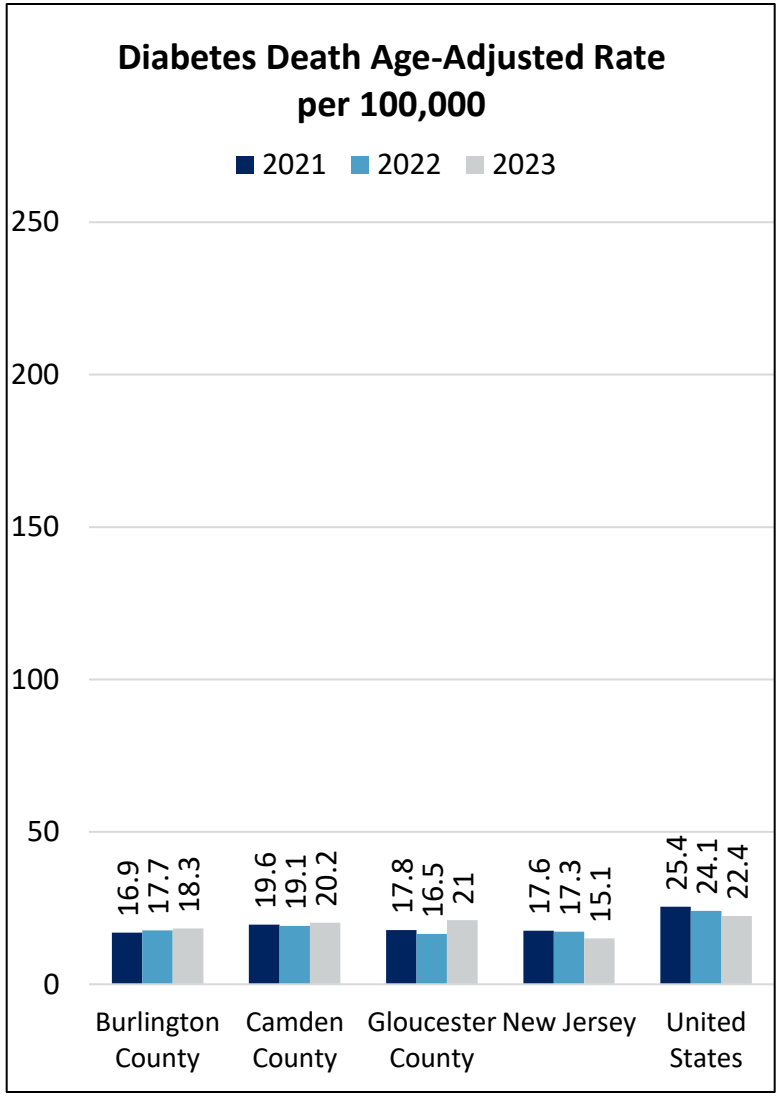


The prevalence of diabetes among adults across South Jersey is slightly higher than in New Jersey or the US.

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.

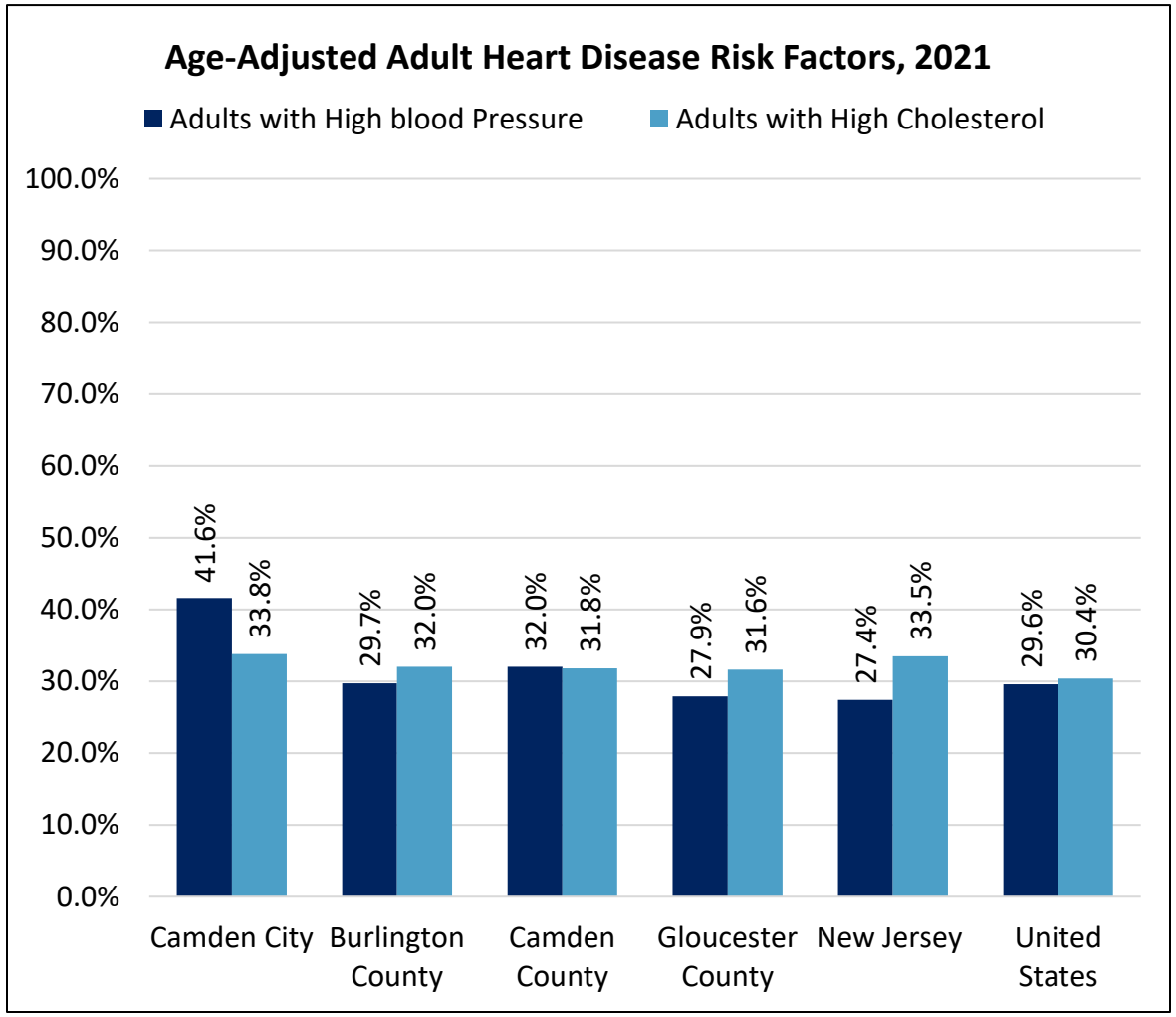
However, both the prevalence of diabetes and deaths due to diabetes are increasing in all three South Jersey counties.

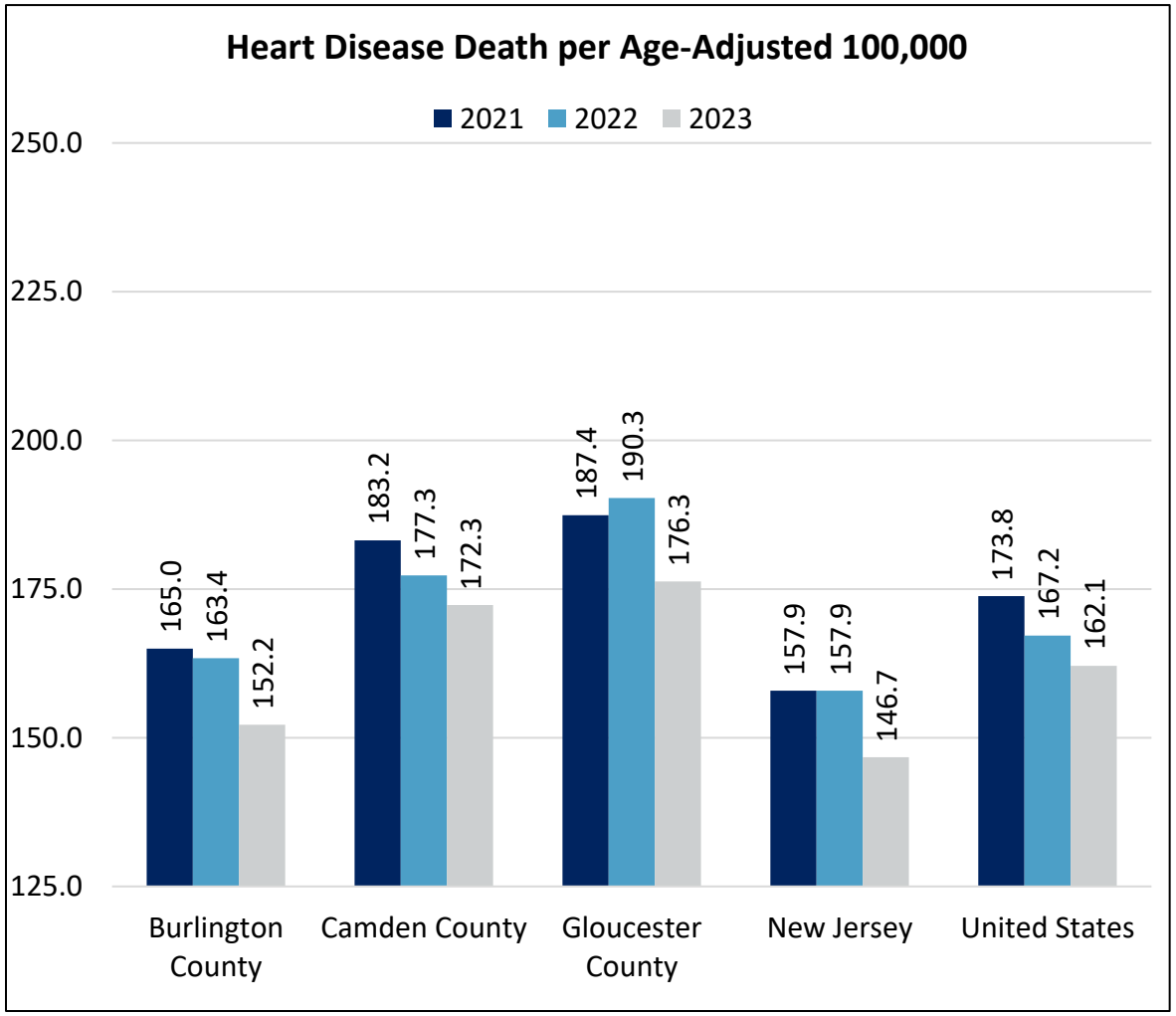


Source: Centers for Disease Control and Prevention & New Jersey State Health Assessment Data

Heart Disease

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.

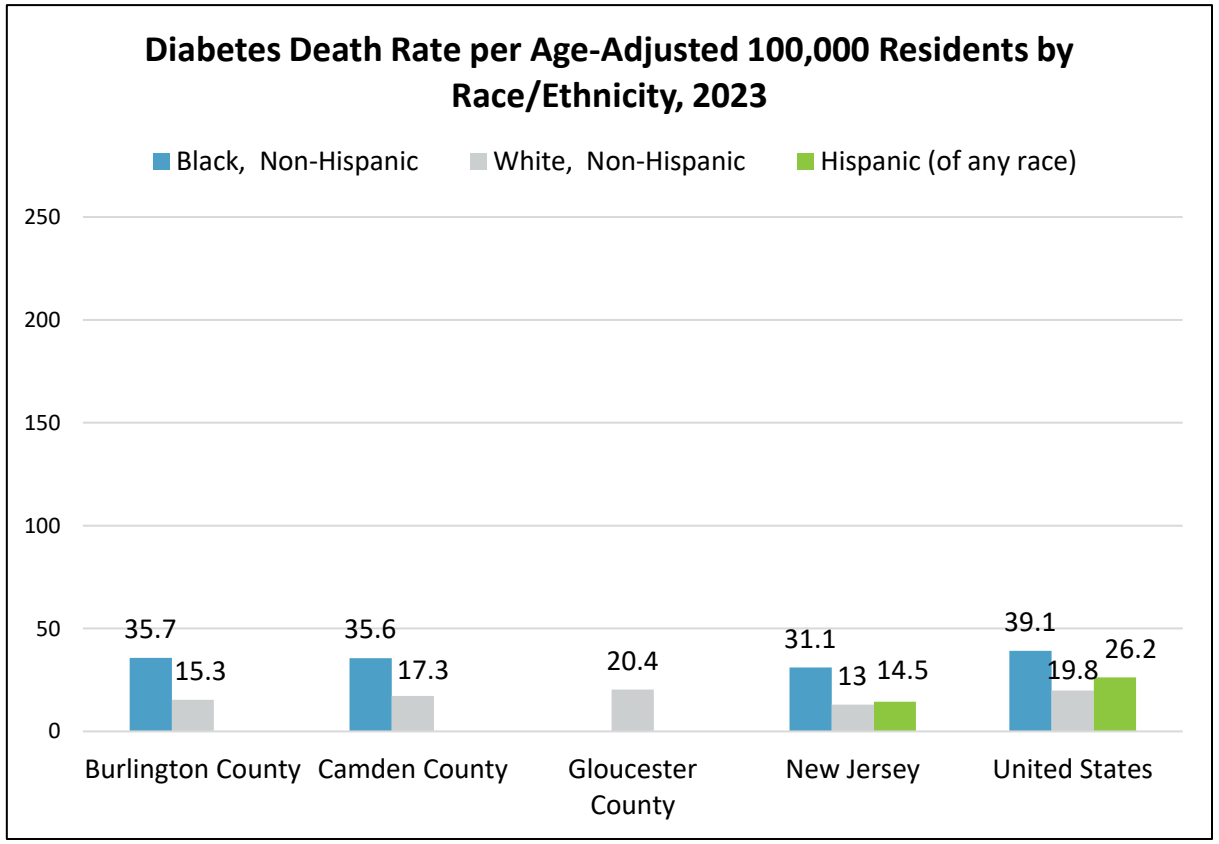


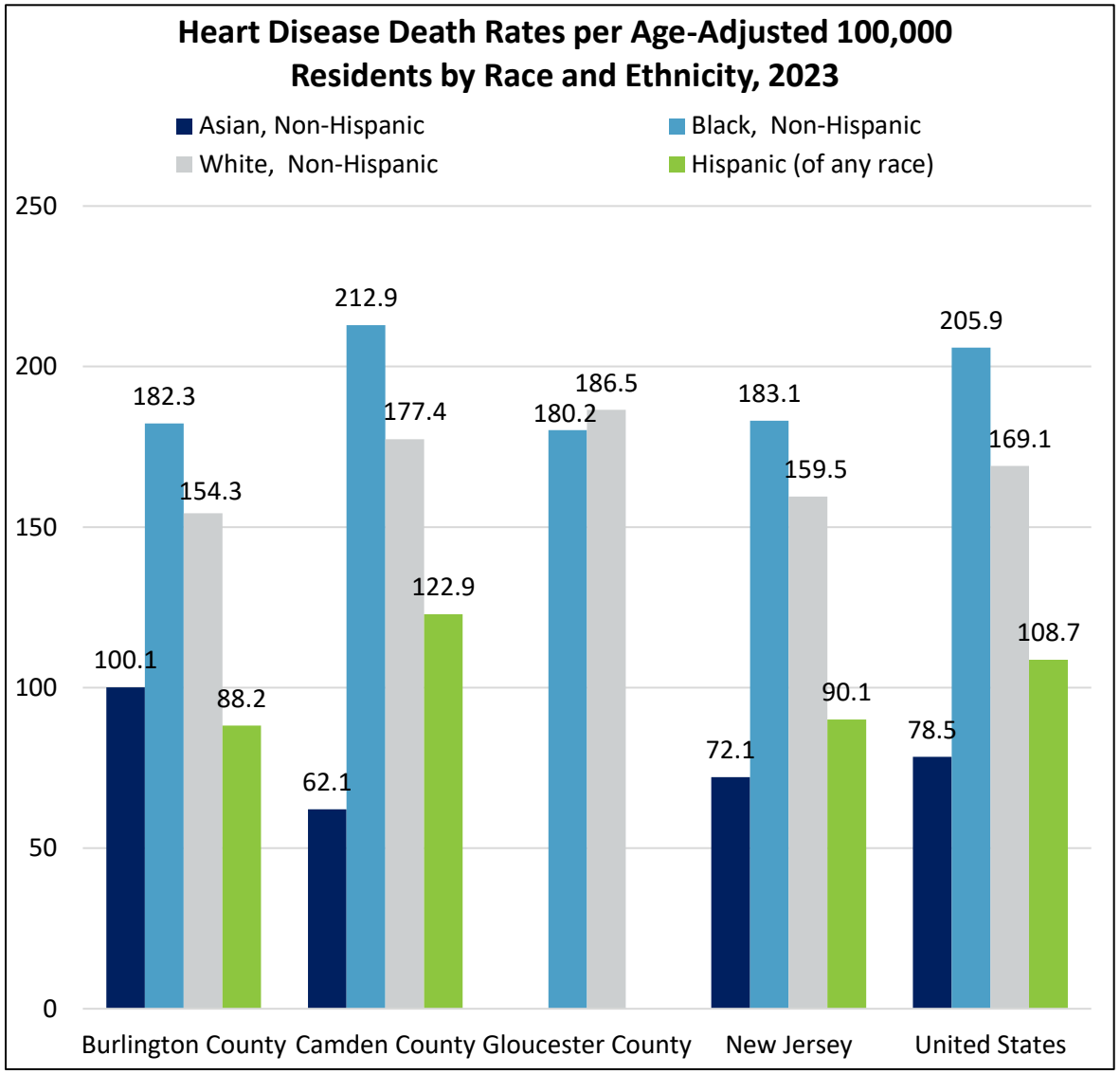


Source: Centers for Disease Control and Prevention & New Jersey State Health Assessment Data
*Data are included as available

A Closer Look: Diabetes and Heart Disease*

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.

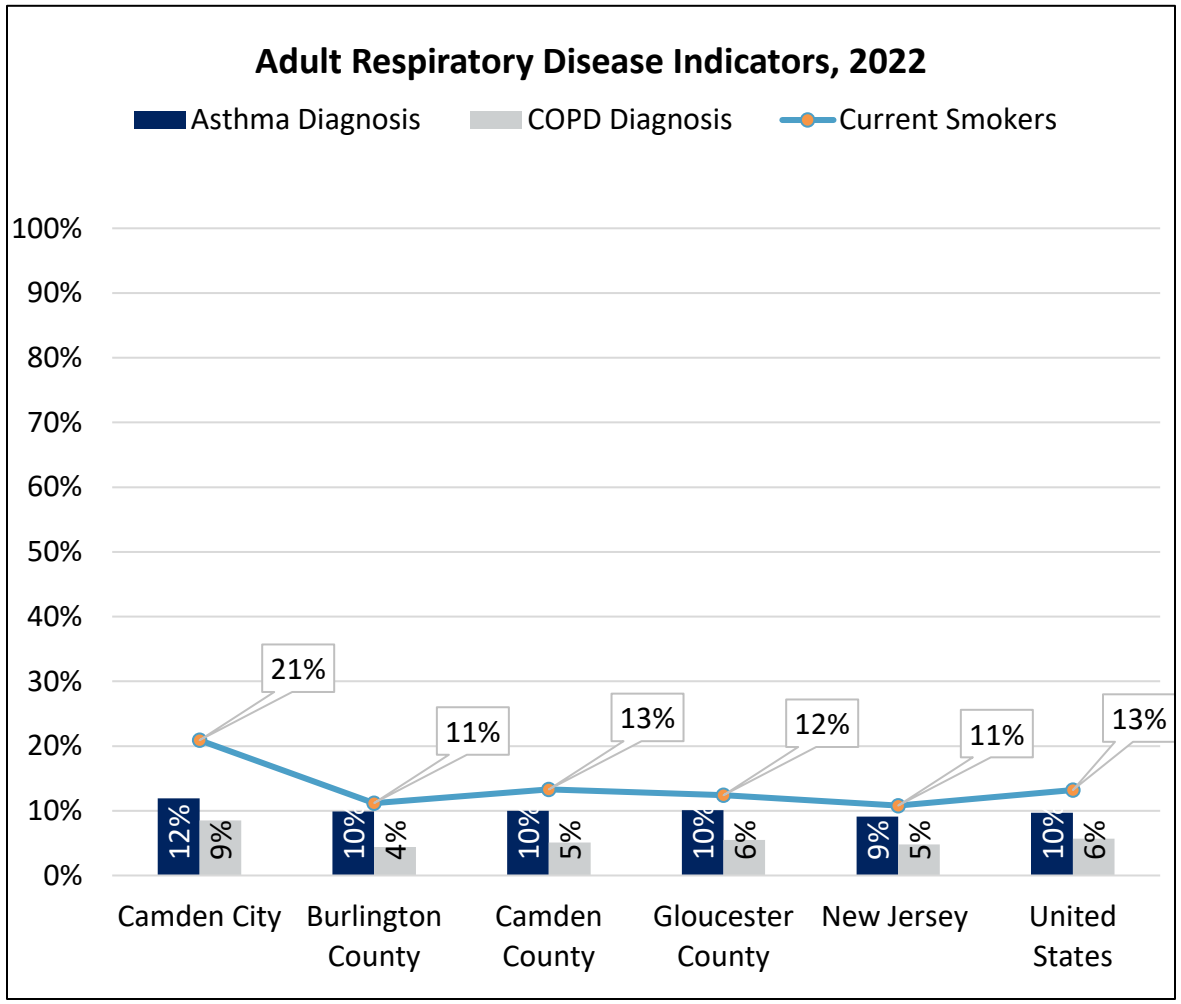


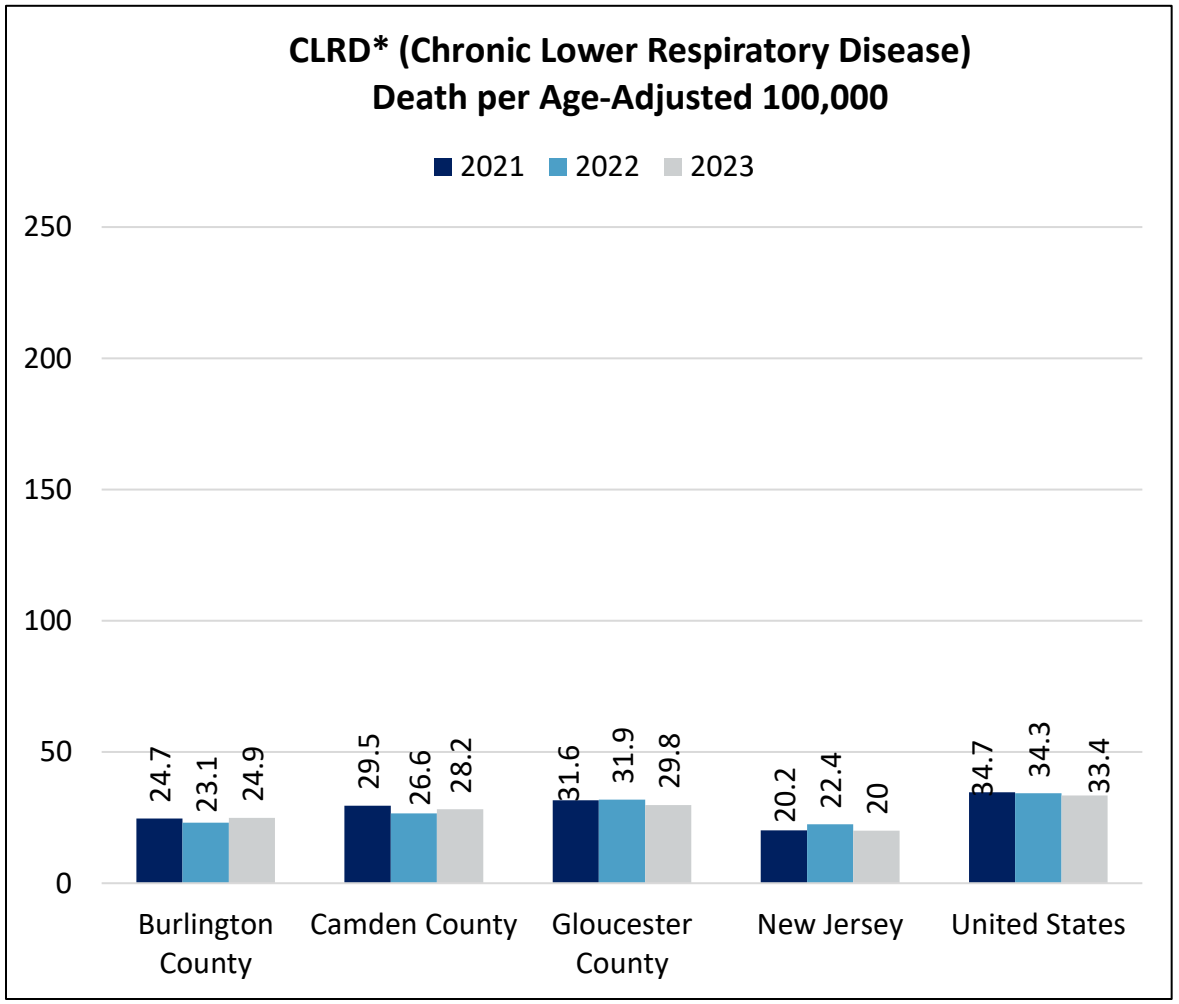


Source: Centers for Disease Control and Prevention and New Jersey State Health Assessment Data.
*Note: Race and ethnicity data are included as available.

Respiratory Disease: Asthma, Smoking, COPD and CLRD

Respiratory diseases are among the leading causes of death for Americans and contribute to diminished quality of life. Smoking is a risk factor for CLRD 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.





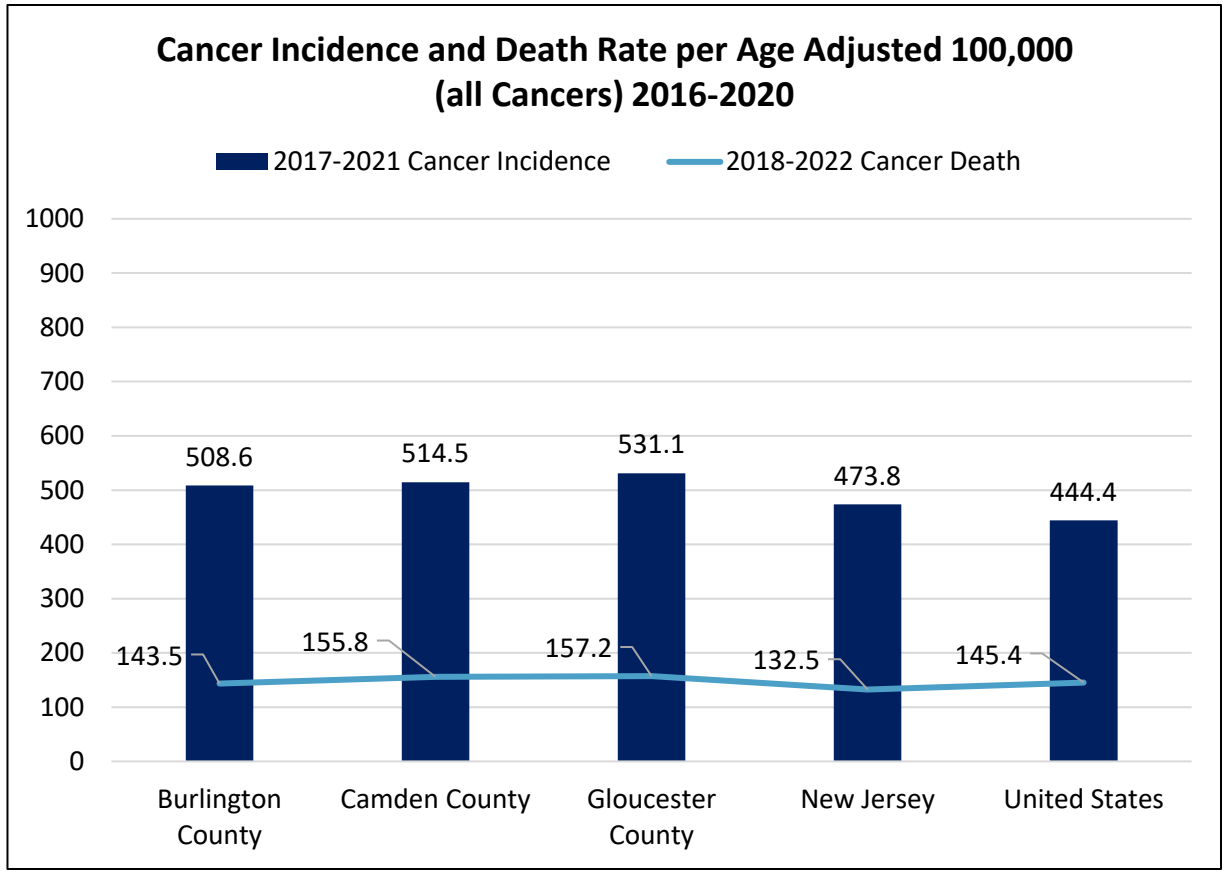
Source: Centers for Disease Control and Prevention and New Jersey State Health Assessment Data

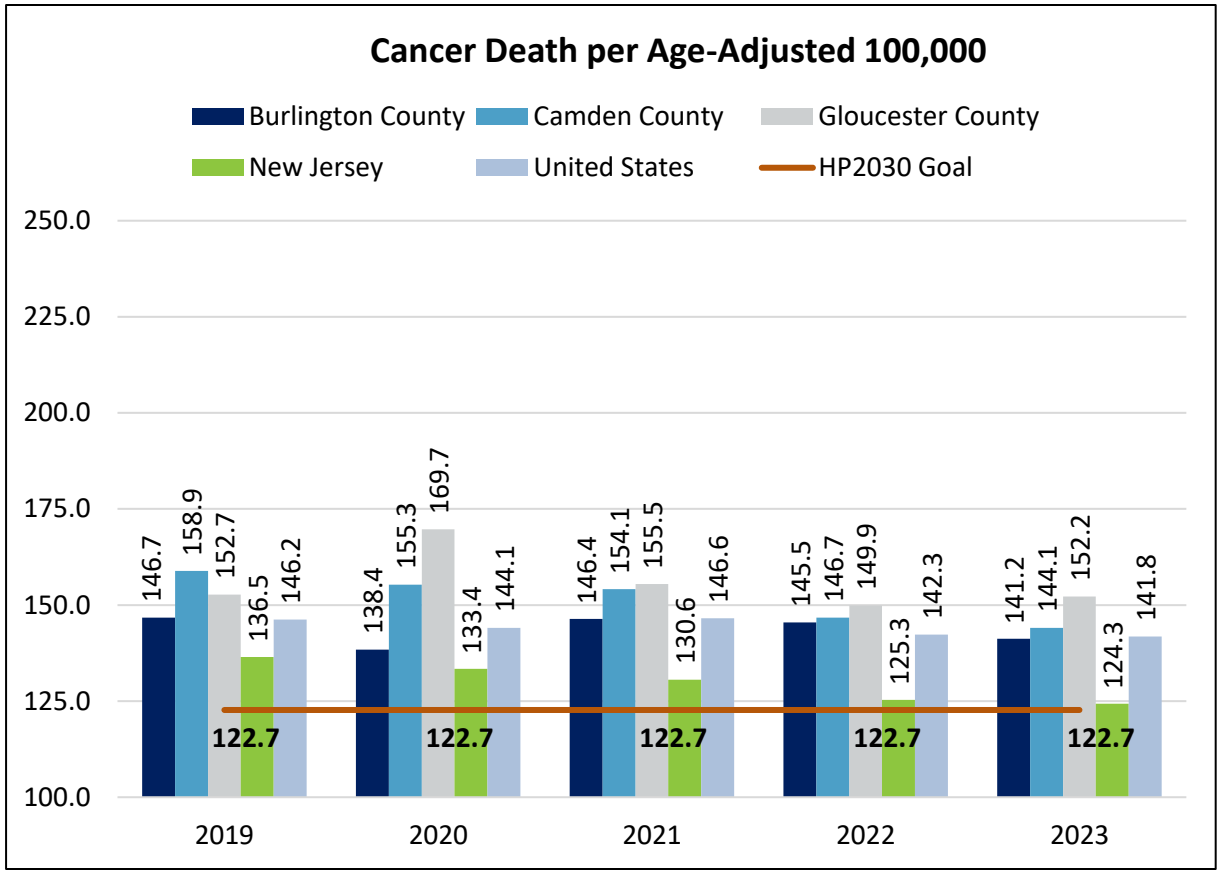
*CLRD includes conditions such as chronic obstructive pulmonary disease (COPD), asthma, emphysema, and chronic bronchitis.

Cancer

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.

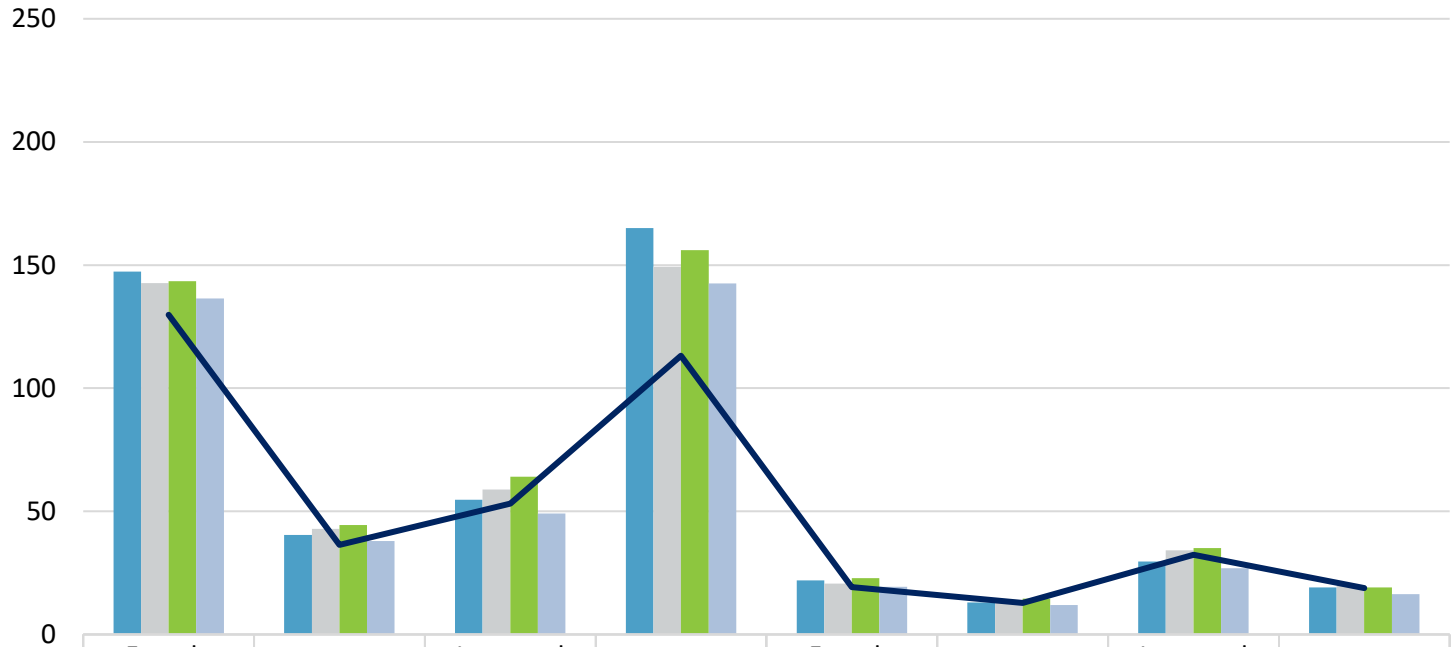




Source: Centers for Disease Control and Prevention & New Jersey State Health Assessment Data

*Cancer incidence data are delayed and are reported for the most recent years available.

A Closer Look: Four Common Forms of Cancer



	Cancer Incidence 2017-2021				Cancer Death 2018-2022			
	Female Breast	Colorectal	Lung and Bronchus	Prostate	Female Breast	Colorectal	Lung and Bronchus	Prostate
Burlington County	147.4	40.4	54.7	165	22	13	29.6	19.1
Camden County	142.7	42.9	58.8	149.3	20.6	13.5	34.2	19.7
Gloucester County	143.4	44.4	64.1	156	22.9	14.5	35.1	19.1
New Jersey	136.4	37.9	49.1	142.6	19.3	11.9	26.9	16.3
United States	129.8	36.4	53.1	113.2	19.2	12.8	32.3	18.8

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.

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

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.

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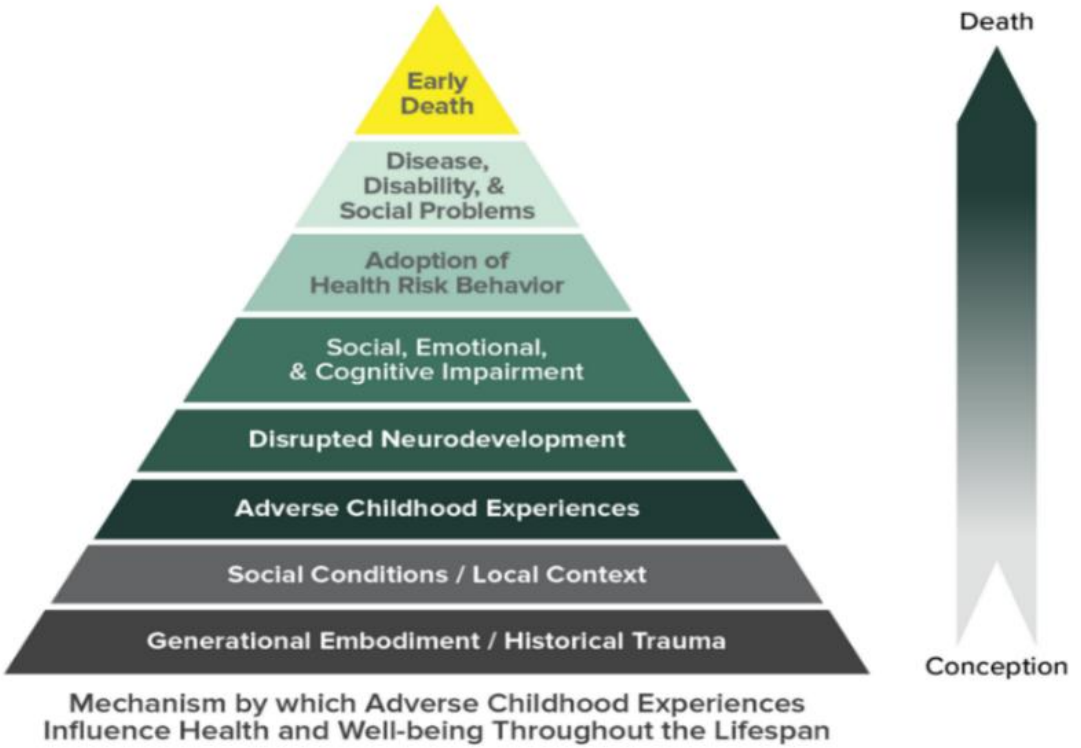
Healthy Roots: ACEs and an Upstream View

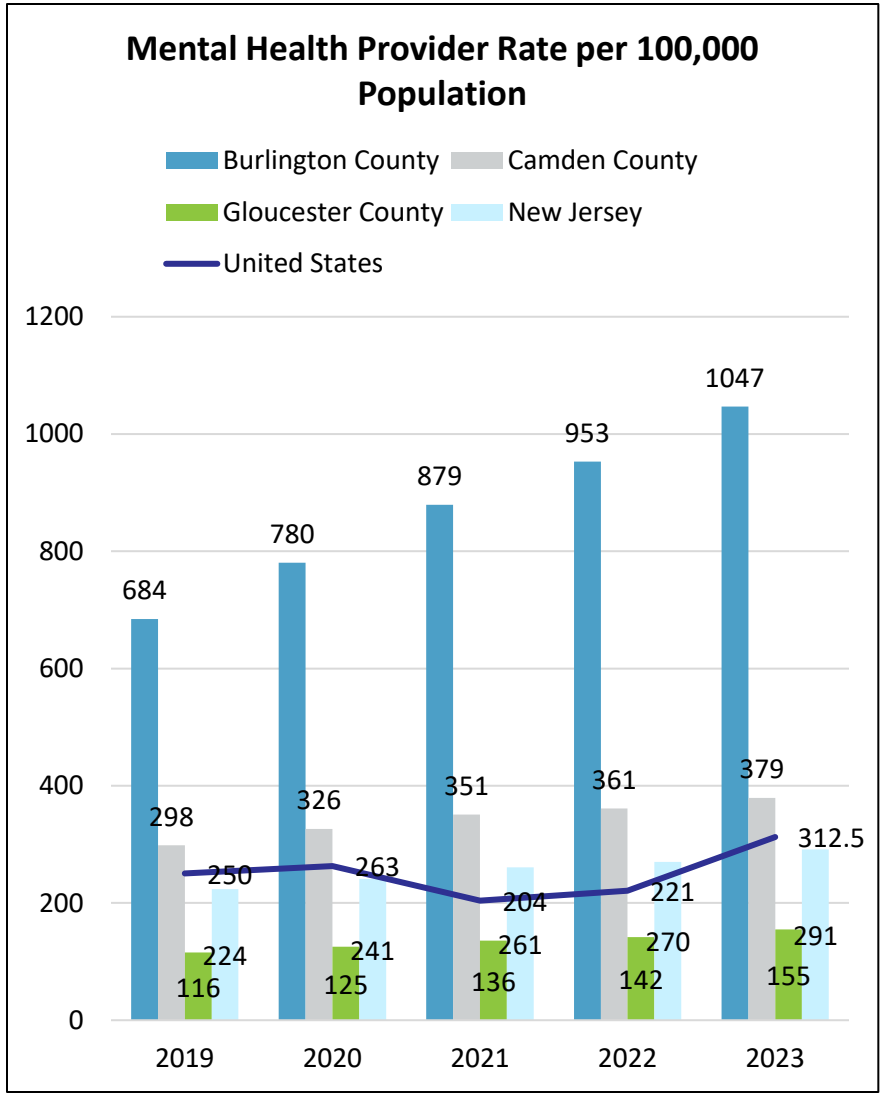


Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

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.

Mental Health Providers



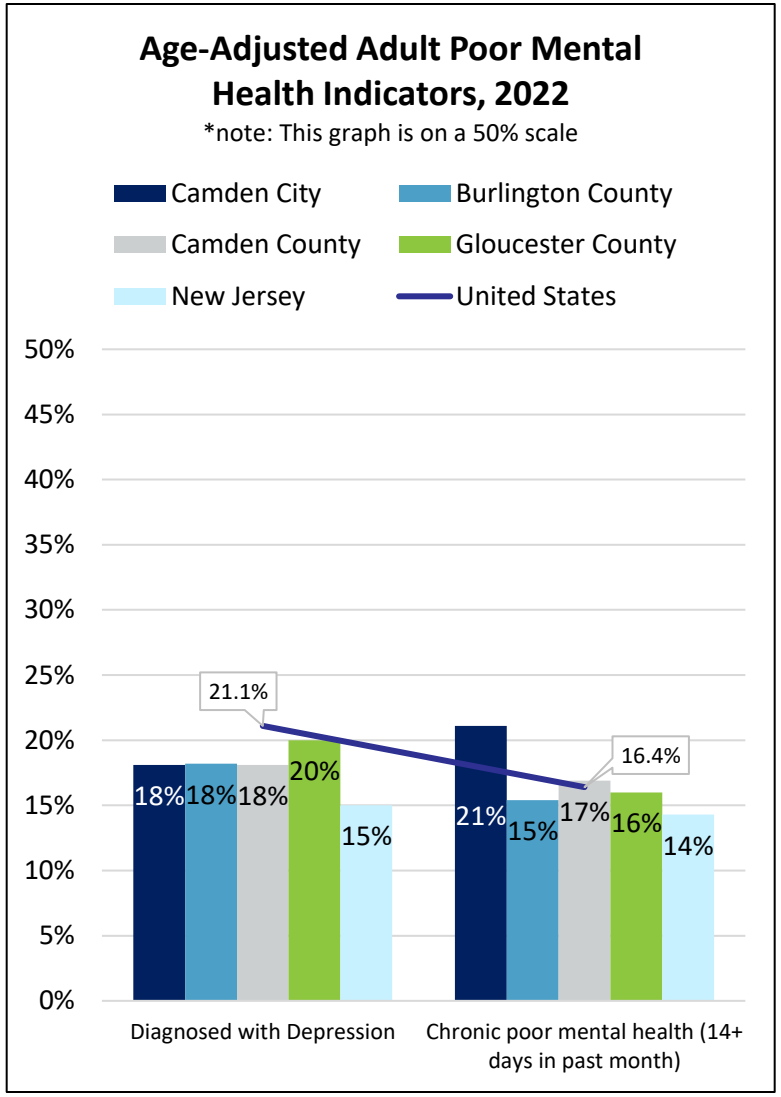
Burlington County has far more mental health providers than New Jersey, the US, and other South Jersey counties.

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."

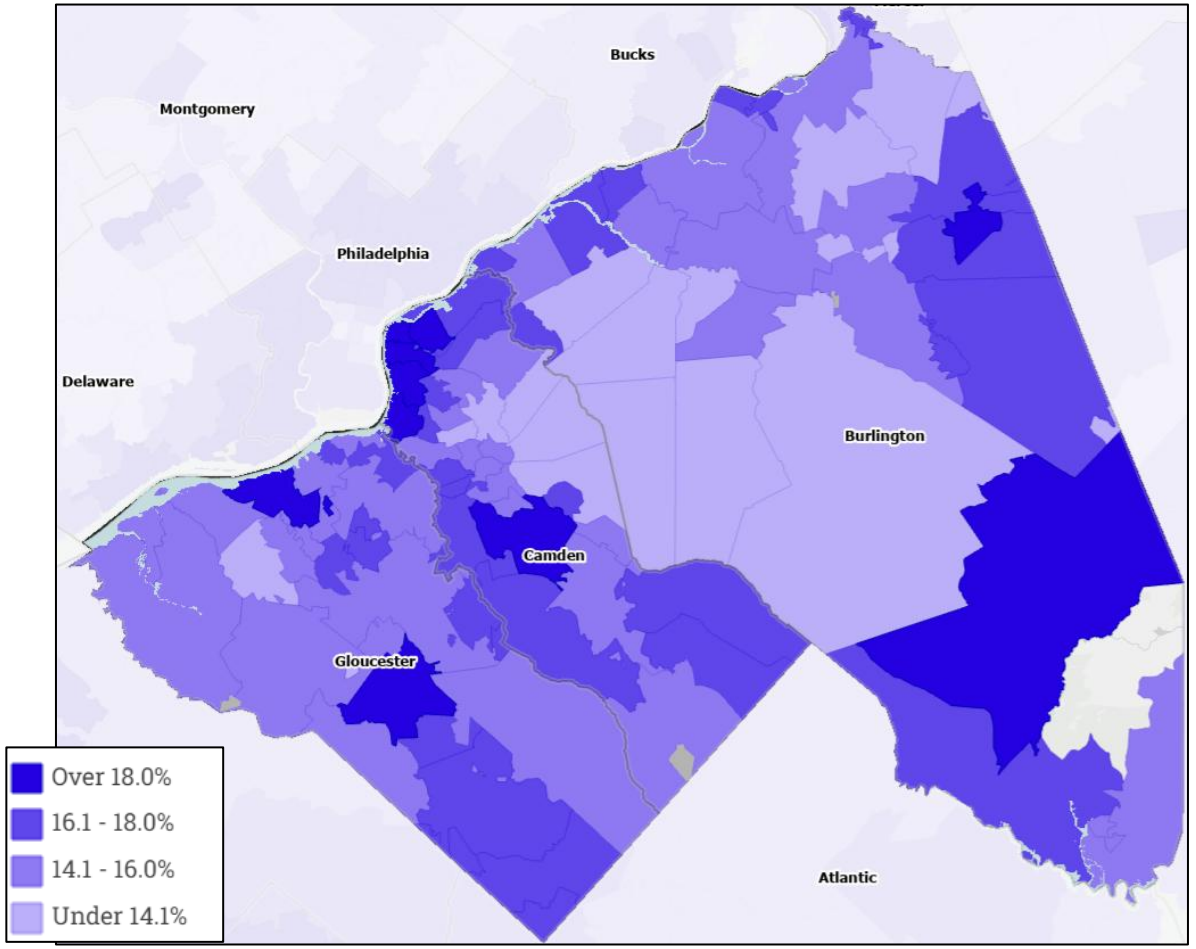


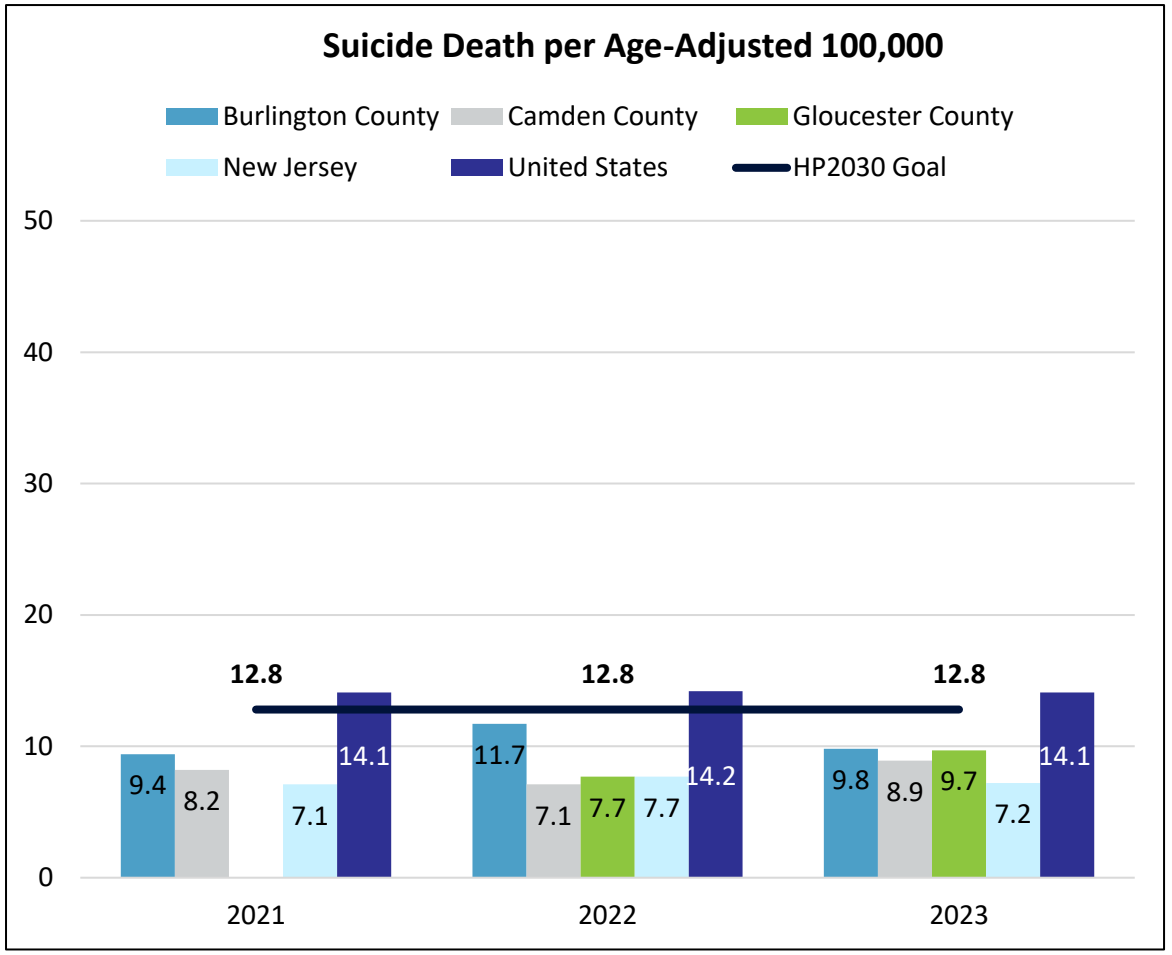
Source: Health Resources & Services Administration & Centers for Medicare and Medicaid Services

A Closer Look: Mental Health

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



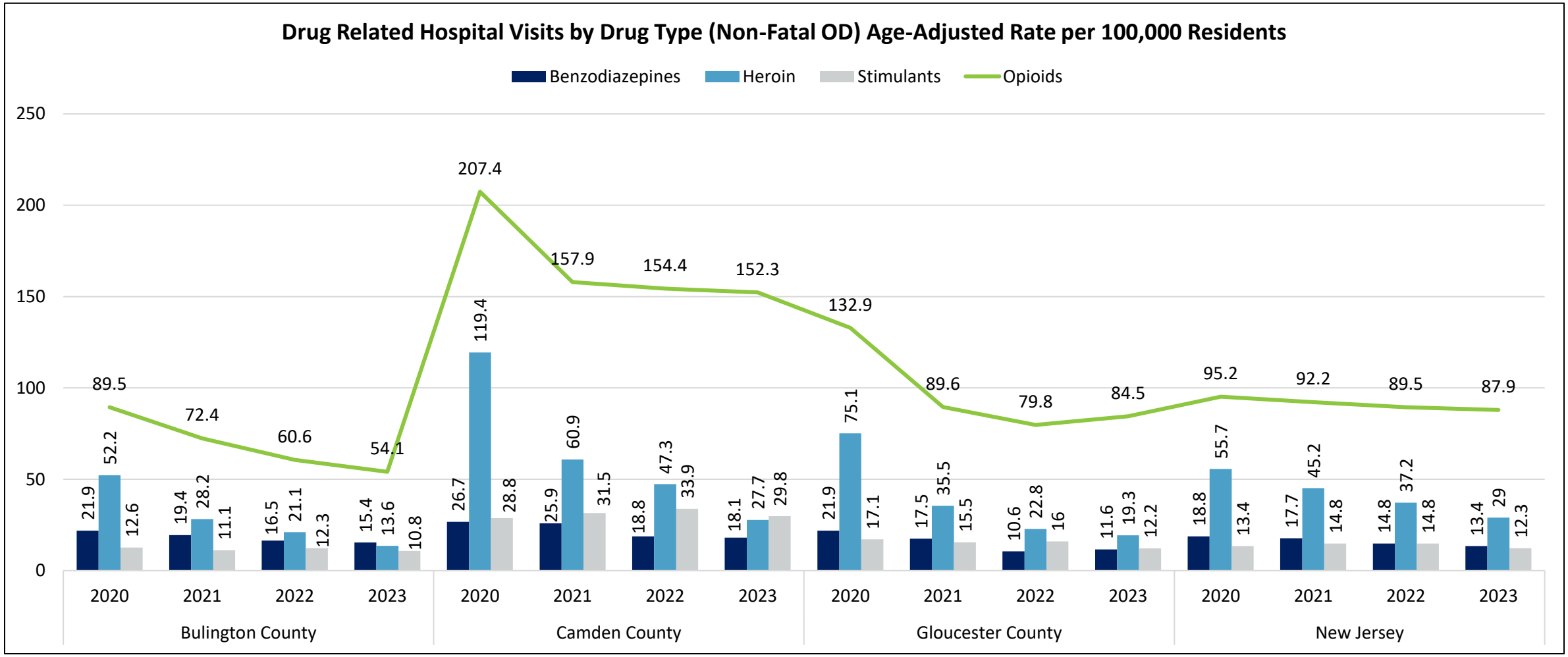


Source: Centers for Disease Control and Prevention & New Jersey State Health Assessment Data & Center for Applied Research and Engagement Systems

*County suicide death rates are included as available

Substance Use Disorder

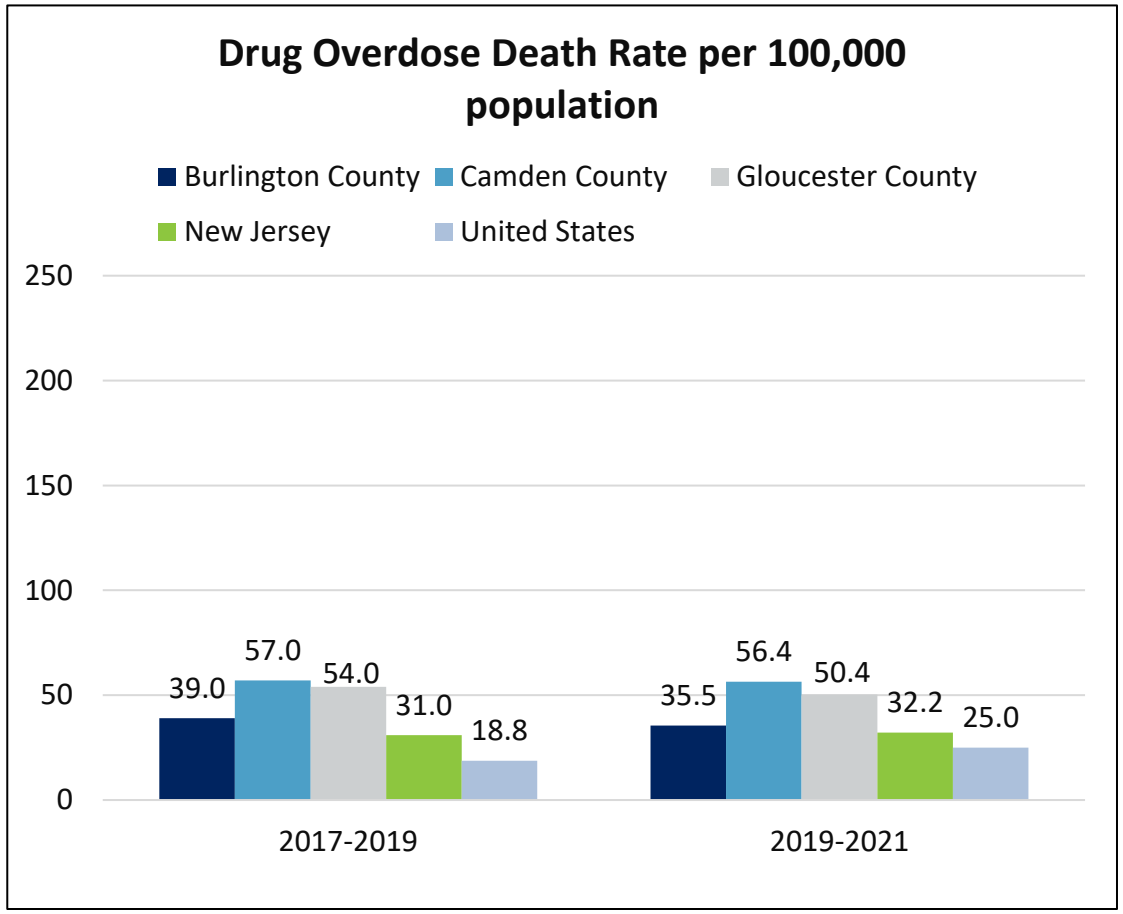
Nonfatal drug-related hospital visits have generally decreased across South Jersey for four common drugs. Opioids remain the most common substance driving nonfatal overdose. Although Camden County has the highest rates, rates for all substances are decreasing, which is a positive finding.



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

Substance Use Disorder

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.

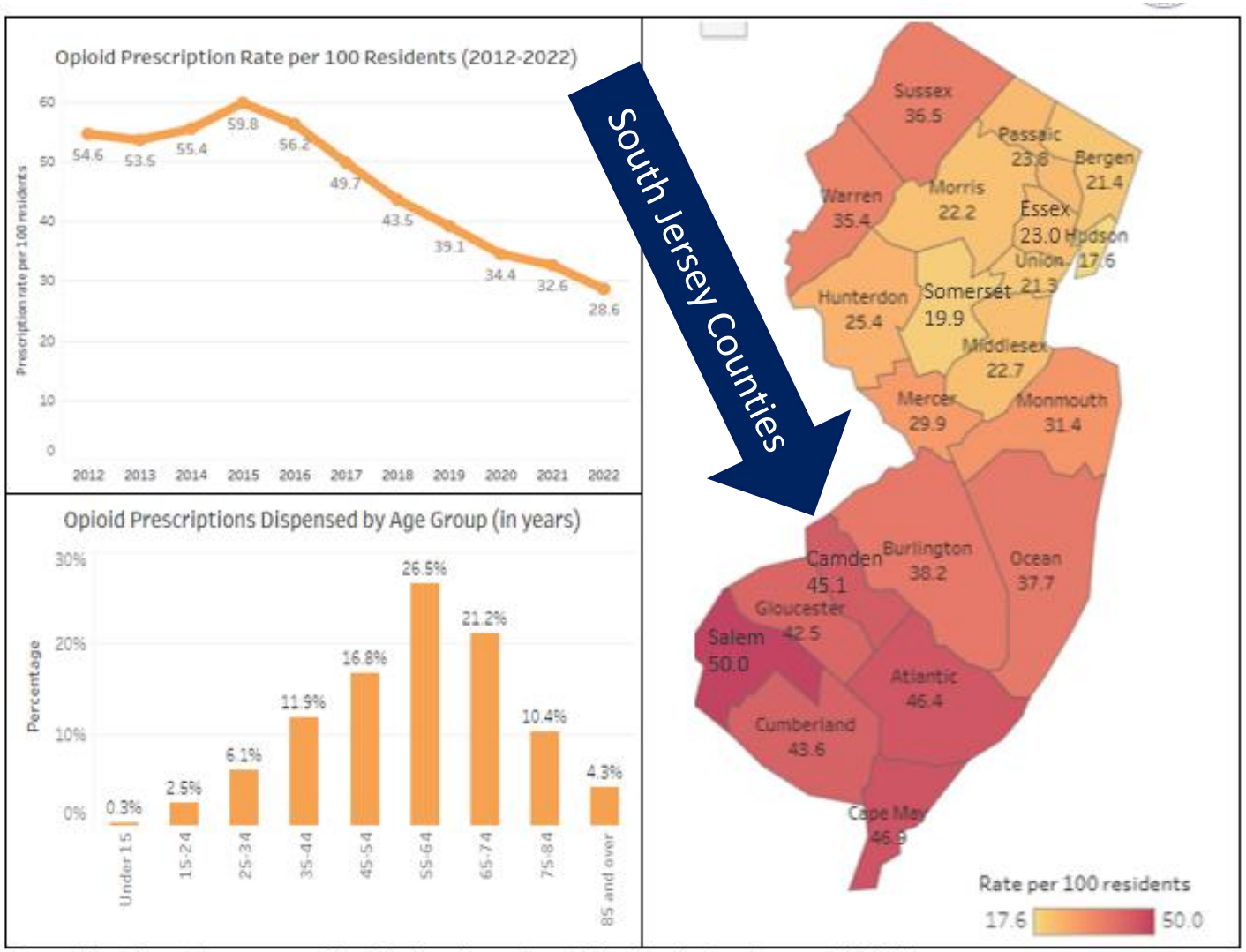


	2022 Adults Reporting Binge or Heavy Drinking (age-adjusted)	2018-2022 Driving Deaths due to Alcohol Impairment
Burlington County	19.0%	27.5%
Camden County	19.1%	17.5%
Gloucester County	19.5%	27.0%
New Jersey	18.4%	23.4%

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

New Jersey Opioid Prescription Rate



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

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.

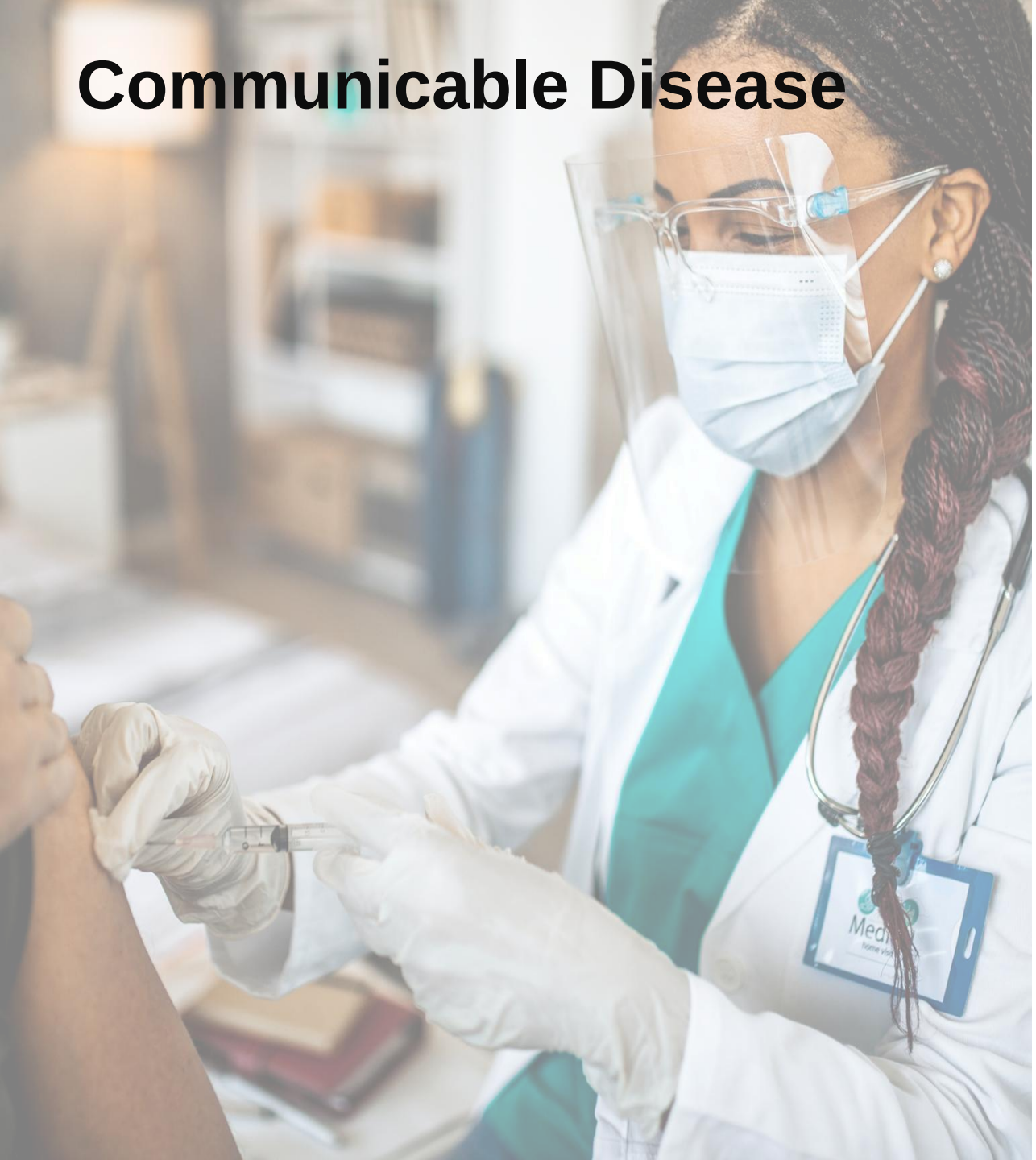
South Jersey counties, including Burlington, Camden, and Gloucester, still have higher opiate prescription rates than the rest of New Jersey.

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

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.

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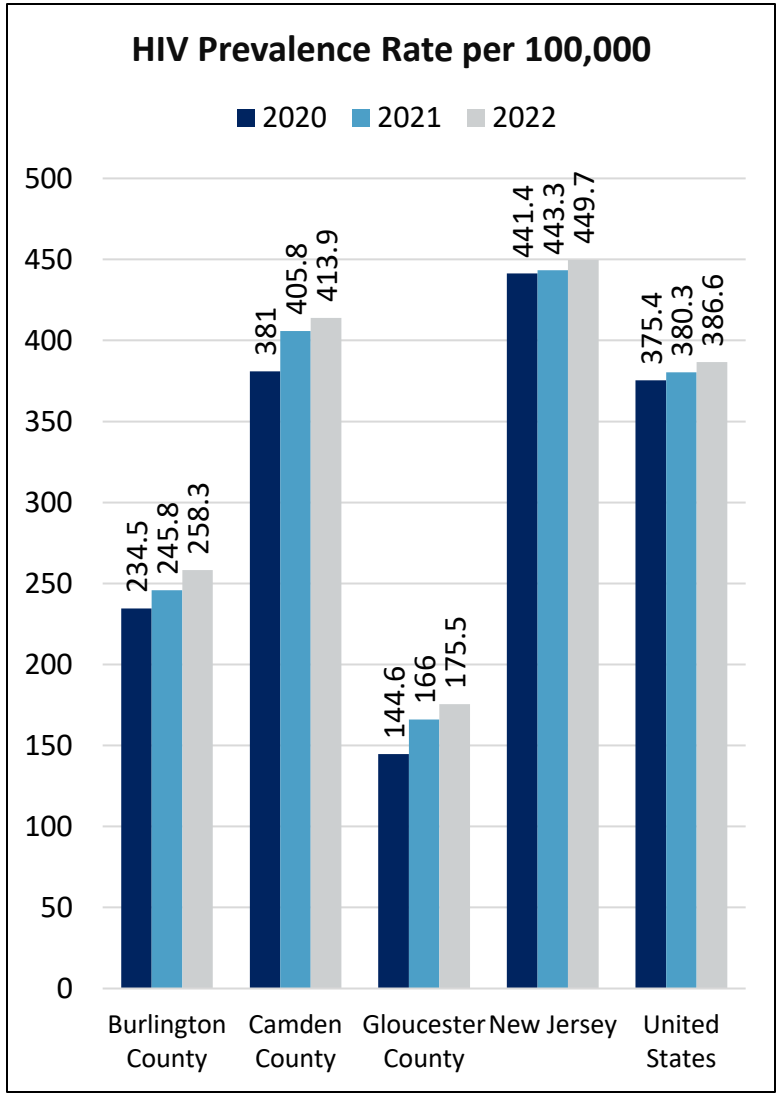
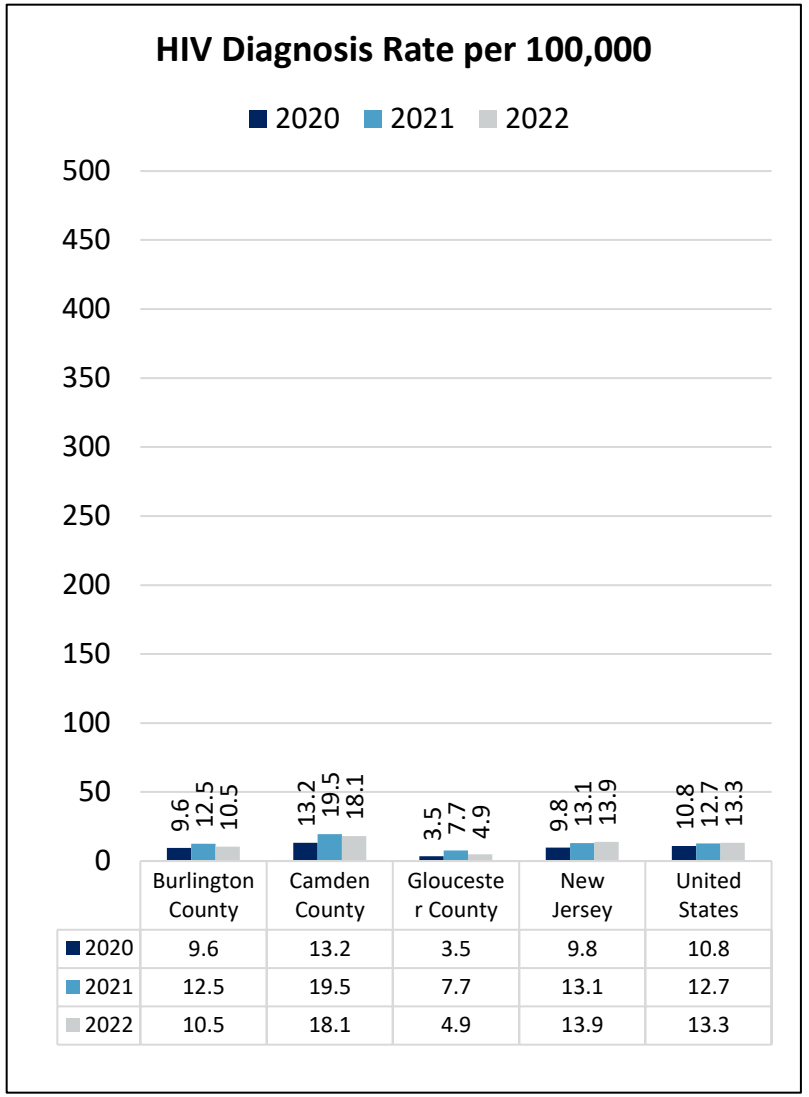
HIV Prevalence and Diagnosis



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.

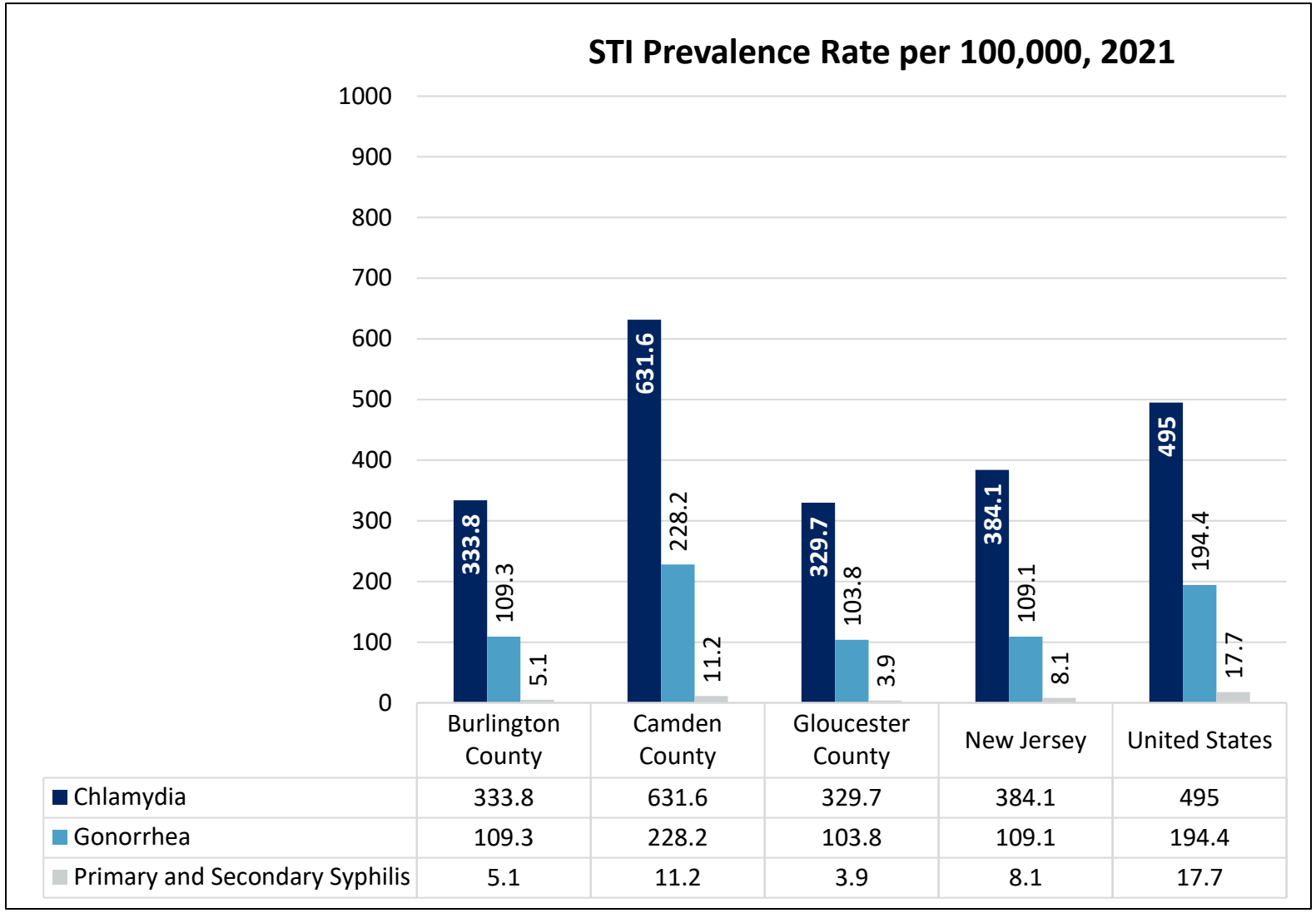
There are more new diagnoses in Camden County than in other areas. This is a positive finding because it indicates that people with HIV are being identified and connected with care. It also represents an opportunity for increased education around HIV prevention.



	Burlington County	Camden County	Gloucester County	New Jersey	United States
2020	9.6	13.2	3.5	9.8	10.8
2021	12.5	19.5	7.7	13.1	12.7
2022	10.5	18.1	4.9	13.9	13.3

Source: Centers for Disease Control and Prevention

Sexually Transmitted Infections



	Burlington County	Camden County	Gloucester County	New Jersey	United States
Chlamydia	333.8	631.6	329.7	384.1	495
Gonorrhea	109.3	228.2	103.8	109.1	194.4
Primary and Secondary Syphilis	5.1	11.2	3.9	8.1	17.7

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.

Source: Centers for Disease Control and Prevention

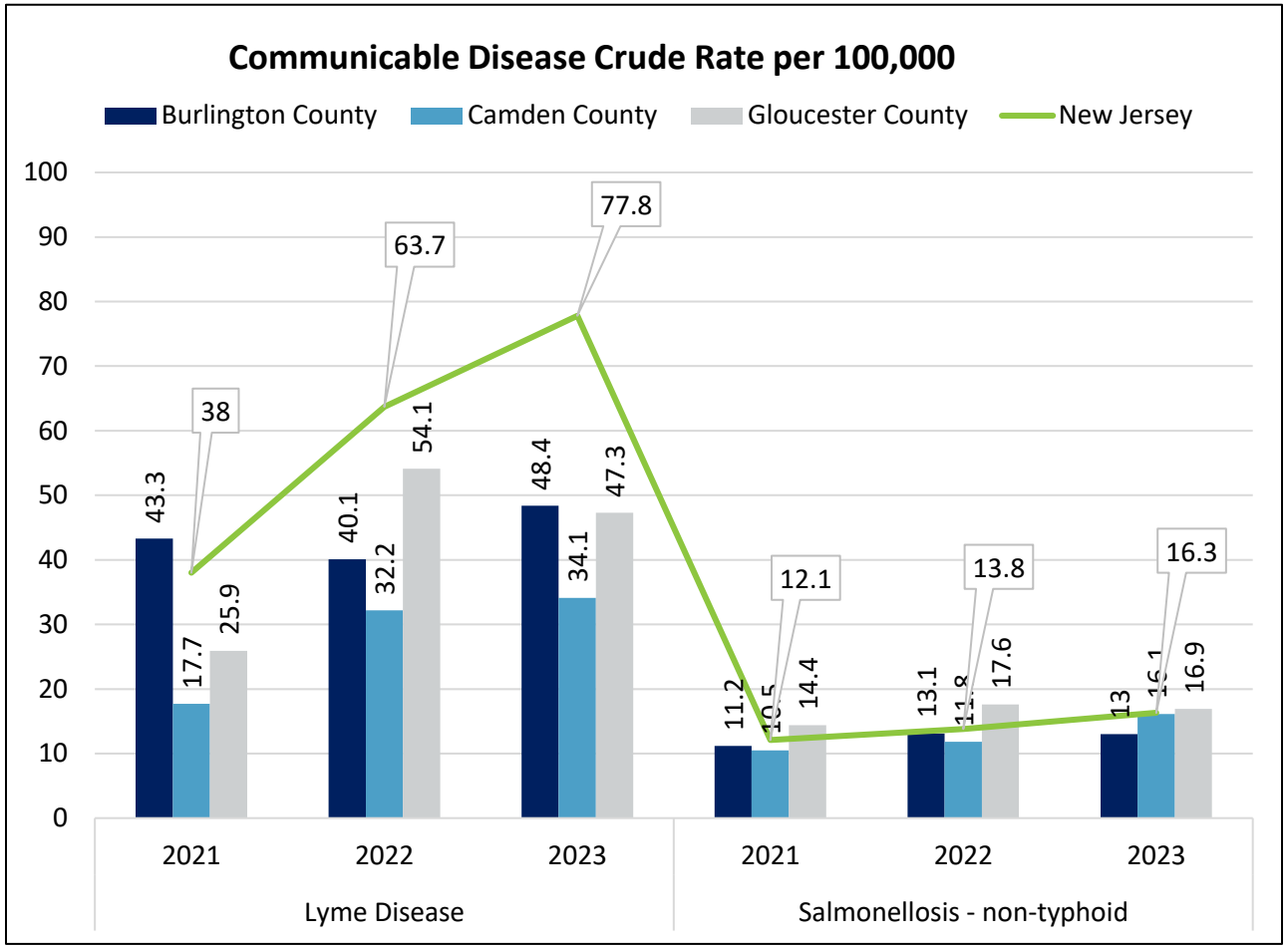
Infectious Diseases

The crude rate of Lyme disease is lower in all three South Jersey counties than it is in New Jersey. 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 to be vulnerable due to increased likelihood of chronic disease, risk of social isolation, and economic instability due to a limited ability to earn income. By adhering to recommended schedules for preventative care, older adults can reduce the burden of disease, limit healthcare utilization and associated costs, and improve their quality of life. Nationally, among Medicare beneficiaries aged 65 years or older, 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 deteriorating mental and physical health, as well as substance misuse. They 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.

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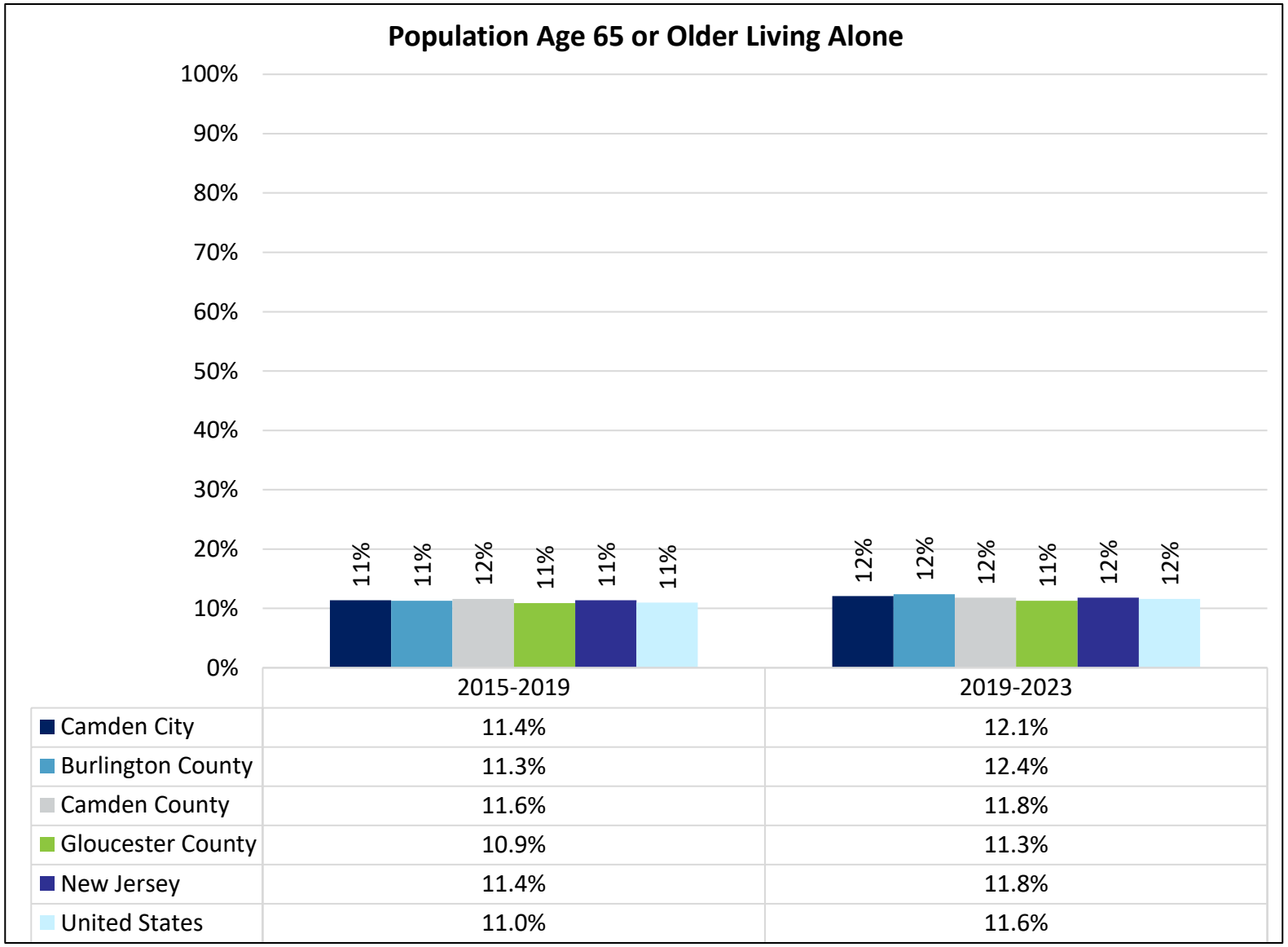
Older Adults Living Alone



	2015-2019	2019-2023
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.

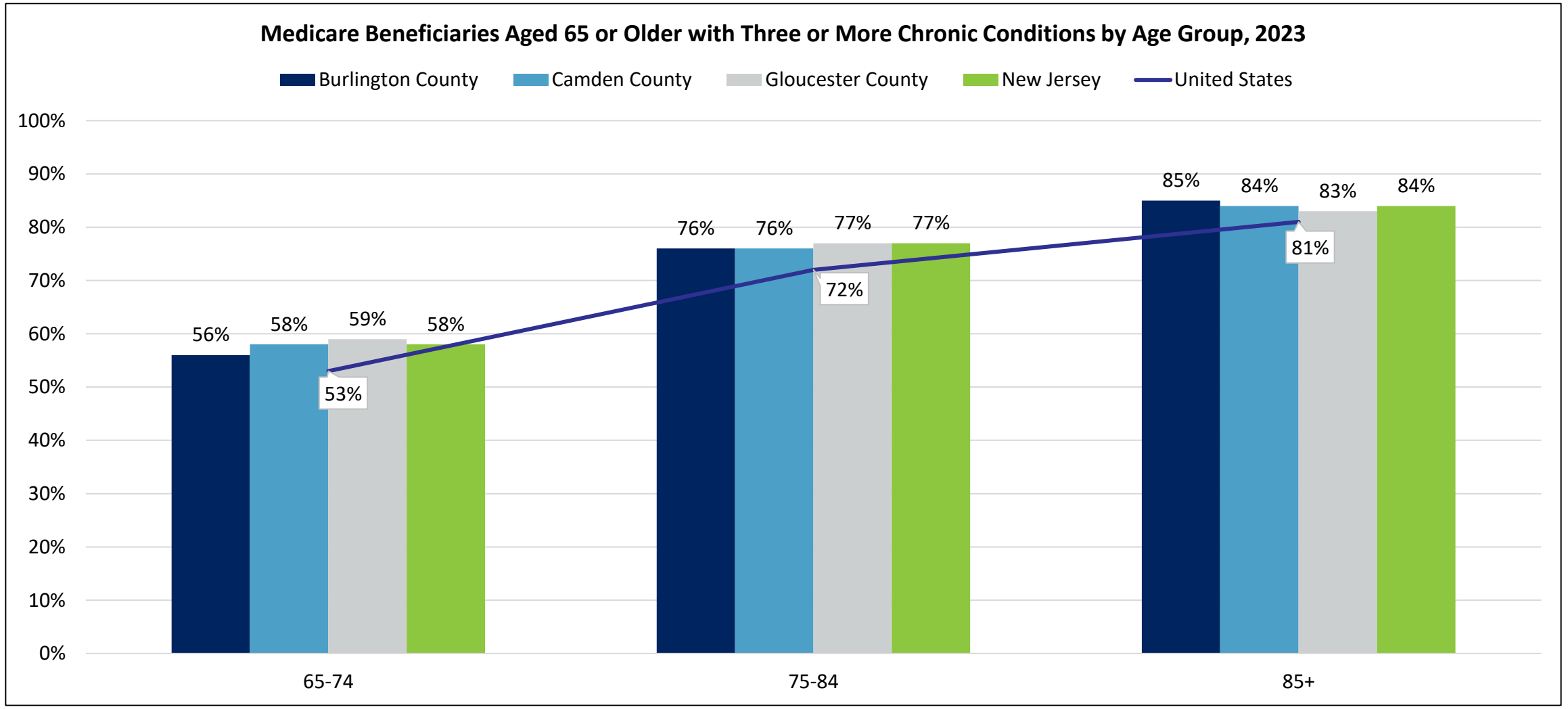
Older adults who live alone are at increased risk of cognitive decline, mental health issues, and physical health complications.

"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."

Source: US Census Bureau, American Community Survey

Chronic Conditions in Older Adults

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.



Source: Centers for Medicare & Medicaid Services

A Closer Look: Chronic Conditions in Older Adults

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

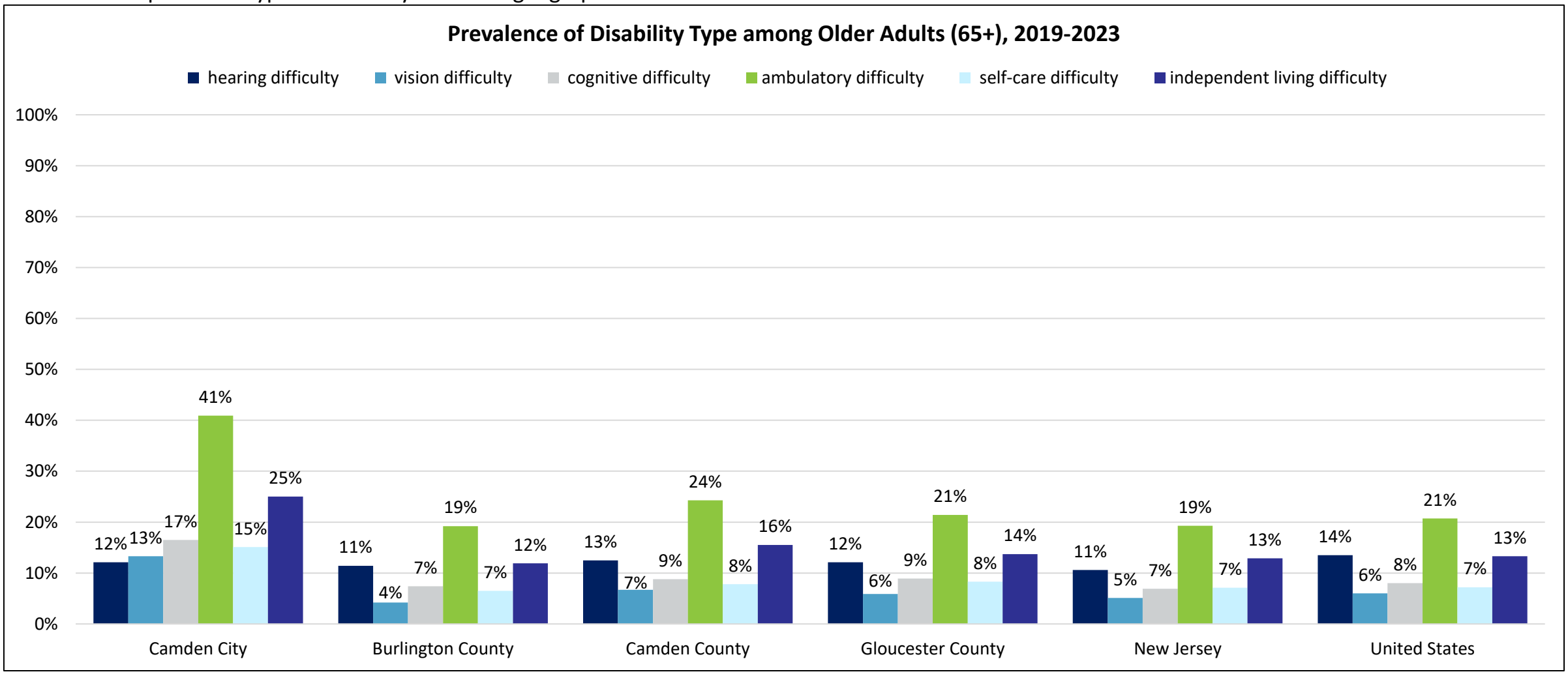
Selected Chronic Conditions among Medicare Beneficiaries, 2023

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%

Source: Centers for Medicare & Medicaid Services

Common Disabilities Among Older Adults

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.



Source: US Census Bureau, American Community Survey

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 sufficient academic progress.

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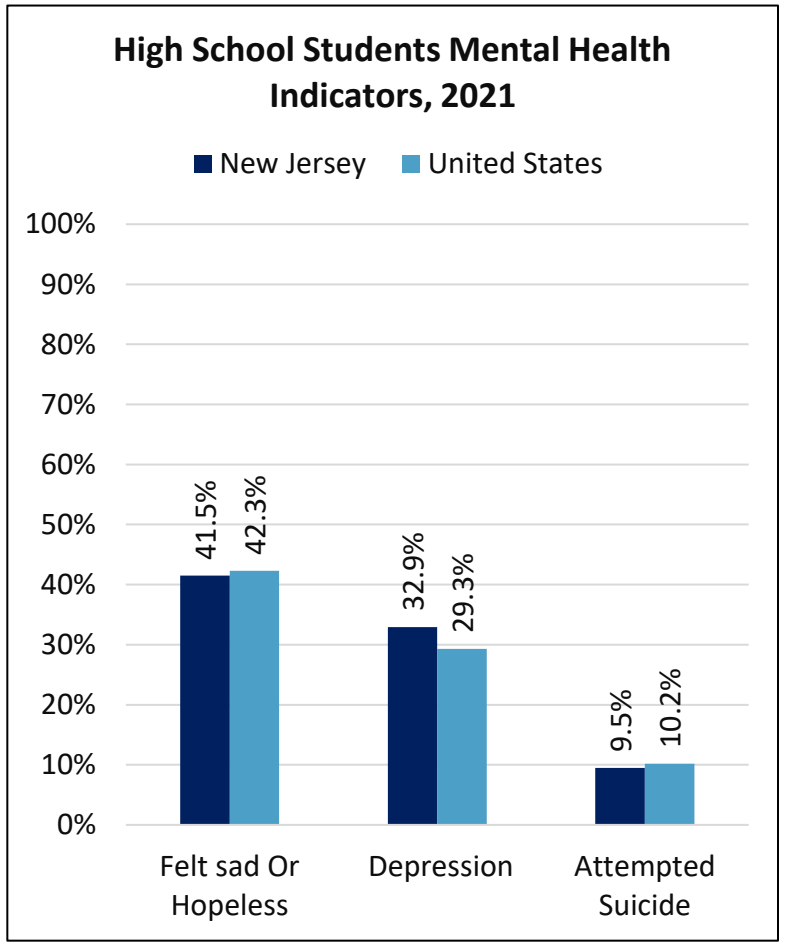
Youth Mental Health

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

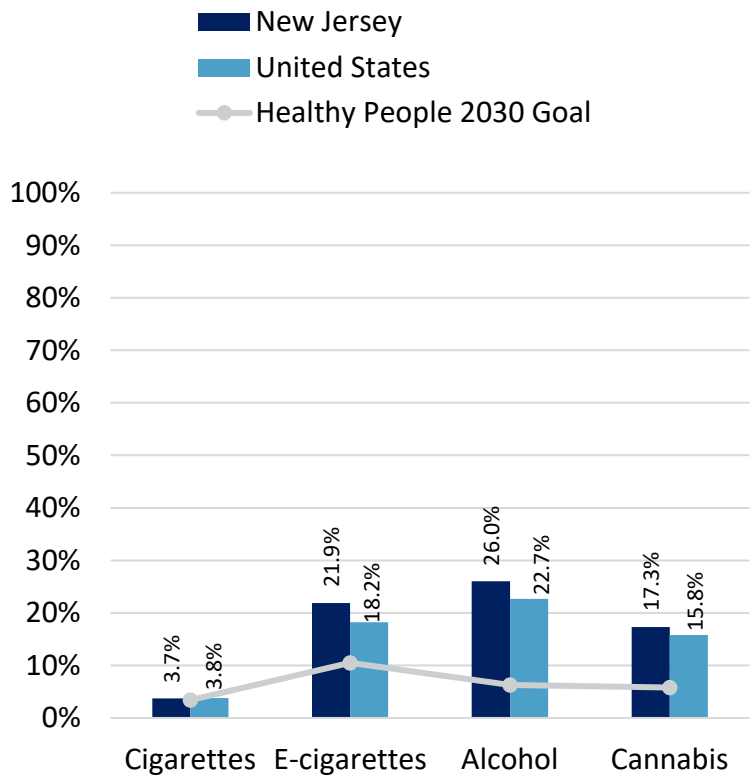
	New Jersey	United States
Gender		
Female	10.9%	13.3%
Male	7.9%	6.6%
Race and Ethnicity		
Asian	10.8%	6.4%
Black or African American	13.0%	14.5%
Latinx origin (any race)	10.8%	10.7%
White	7.3%	9.0%

Source: Centers for Disease Control and Prevention, YRBS

Youth Activities and Substance Use

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.

2021 High School Students Substance Use(within past 30 days)



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%

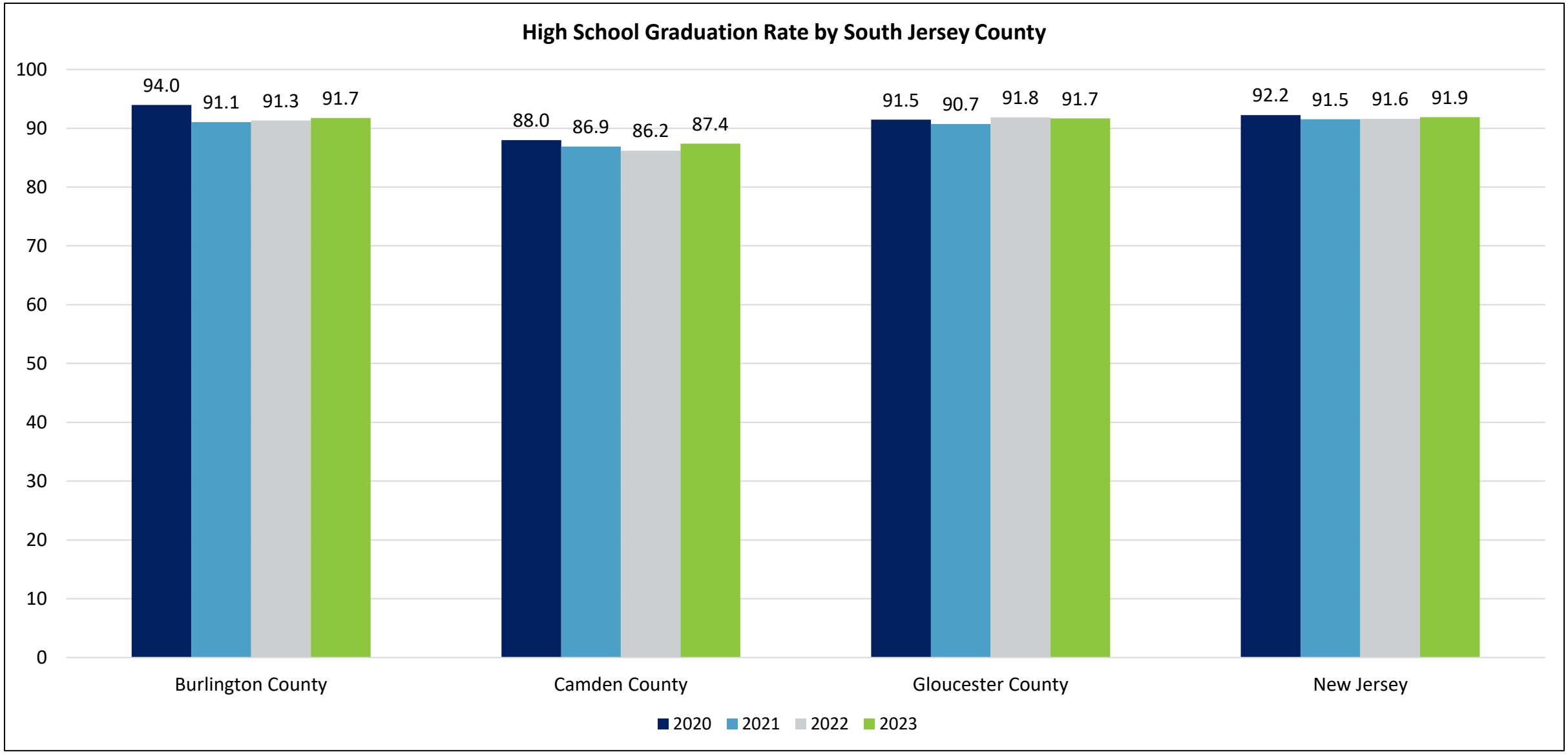
"We got a lot of stuff going on outside of school. Work and sports.."

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

	New Jersey	United States
Gender		
Female	25.7%	21.5%
Male	17.0%	15.3%
Race and Ethnicity		
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%

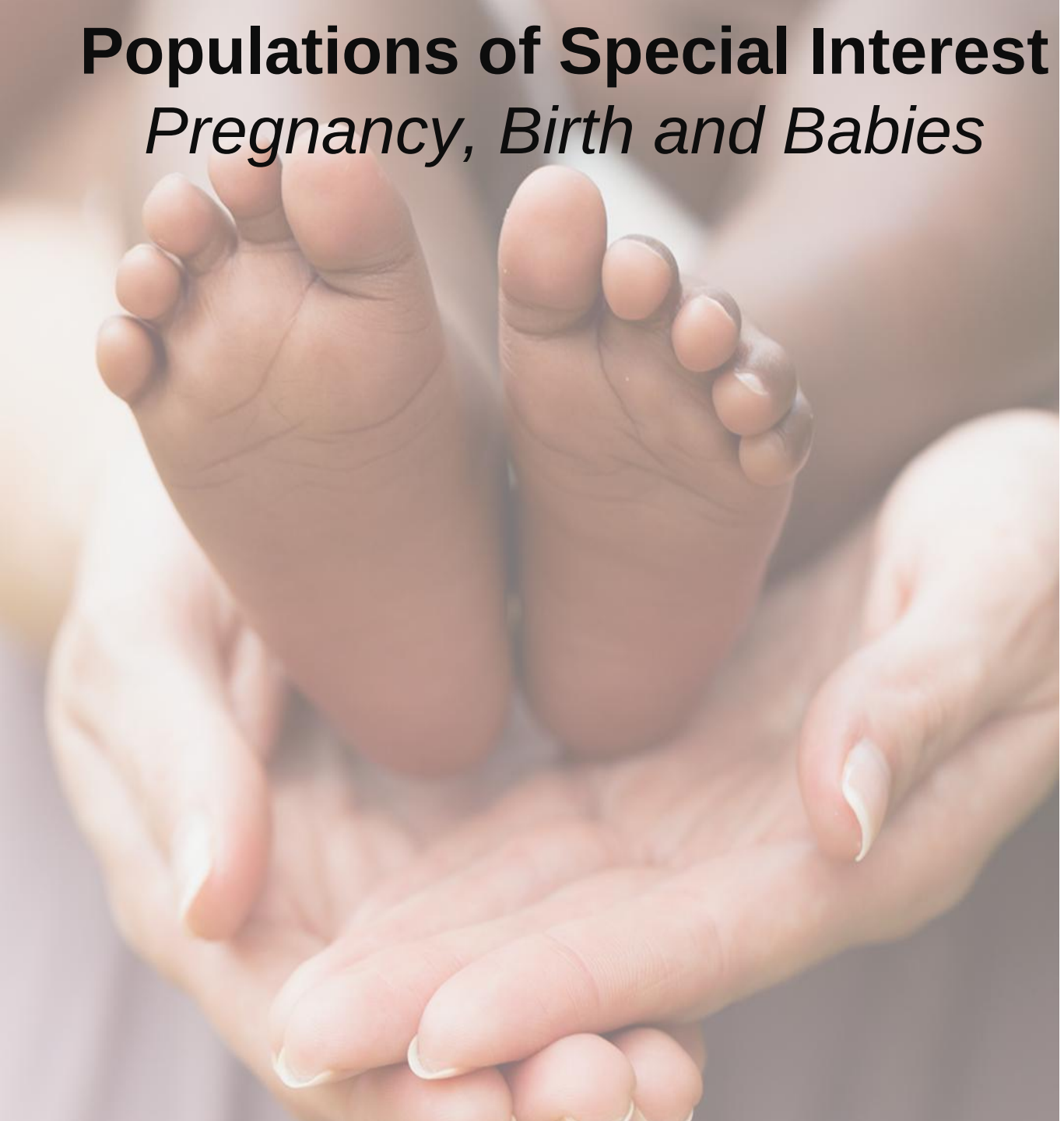
Source: Centers for Disease Control and Prevention, YRBS

High School Graduation by County



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/

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Births Across South Jersey

All Births and Birth Rate All Ages per 1,000 Population 2022	Count	Birth Rate per 1,000
Camden City	**1,143**	**16.1**
Burlington County	**4,725**	**10.1**
Black/African American, non-Hispanic	822	9.4
Hispanic/Latinx (any race)	837	17.5
White, non-Hispanic	2,529	8.4
Camden County	**6,115**	**11.6**
Black/African American, non-Hispanic	1,132	10.8
Hispanic/Latinx (any race)	1,739	16.6
White, non-Hispanic	2,529	9.3
Gloucester County	**3,050**	**9.9**
Black/African American, non-Hispanic	334	8.8
Hispanic/Latinx (any race)	397	14.8
White, non-Hispanic	2,120	8.8
New Jersey	**99,375**	**10.9**
Black/African American, non-Hispanic	12,500	10.4
Hispanic/Latinx (any race)	30,683	15.1
White, non-Hispanic	45,886	9.4
United States	**3,667,758**	**11.0**
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
Burlington County	**2.1**	*
Black/African American, non-Hispanic	*	*
Hispanic/Latinx (any race)	*	*
White, non-Hispanic	*	*
Camden County	**5.9**	*
Black/African American, non-Hispanic	*	*
Hispanic/Latinx (any race)	*	*
White, non-Hispanic	*	*
Gloucester County	**2.1**	*
Black/African American, non-Hispanic	*	*
Hispanic/Latinx (any race)	*	*
White, non-Hispanic	*	*
New Jersey	**3.6**	**16.1**
Black/African American, non-Hispanic	5.3	27.3
Hispanic/Latinx (any race)	7.3	36.6
White, non-Hispanic	0.4	3.6
United States	**6.3**	**24.4**
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

Burlington County Births

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
Burlington County	**4,725**	**10.1**
Black/African American, non-Hispanic	822	9.4
Hispanic/Latinx (any race)	837	17.5
White, non-Hispanic	2,529	8.4
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Teen Birth Rate per 1,000 Females 2022	Teen (15-17) Birth Rate	Teen (18-19) Birth Rate
Burlington County	**2.1**	**
Black/African American, non-Hispanic	*	*
Hispanic/Latinx (any race)	*	*
White, non-Hispanic	*	*
New Jersey	**3.6**	**16.1**
Black/African American, non-Hispanic	5.3	27.3
Hispanic/Latinx (any race)	7.3	36.6
White, non-Hispanic	0.4	3.6
United States	**6.3**	**24.4**
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

Camden County and Camden City Births

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
Camden City	**1,143**	**16.1**
Camden County	**6,115**	**11.6**
Black/African American, non-Hispanic	1,132	10.8
Hispanic/Latinx (any race)	1,739	16.6
White, non-Hispanic	2,529	9.3
New Jersey	**99,375**	**10.9**
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Teen Birth Rate per 1,000 Females 2022	Teen (15-17) Birth Rate	Teen (18-19) Birth Rate
Camden County	**5.9**	**
Black/African American, non-Hispanic	*	*
Hispanic/Latinx (any race)	*	*
White, non-Hispanic	*	*
New Jersey	**3.6**	**16.1**
Black/African American, non-Hispanic	5.3	27.3
Hispanic/Latinx (any race)	7.3	36.6
White, non-Hispanic	0.4	3.6
United States	**6.3**	**24.4**
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

Gloucester County Births

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.

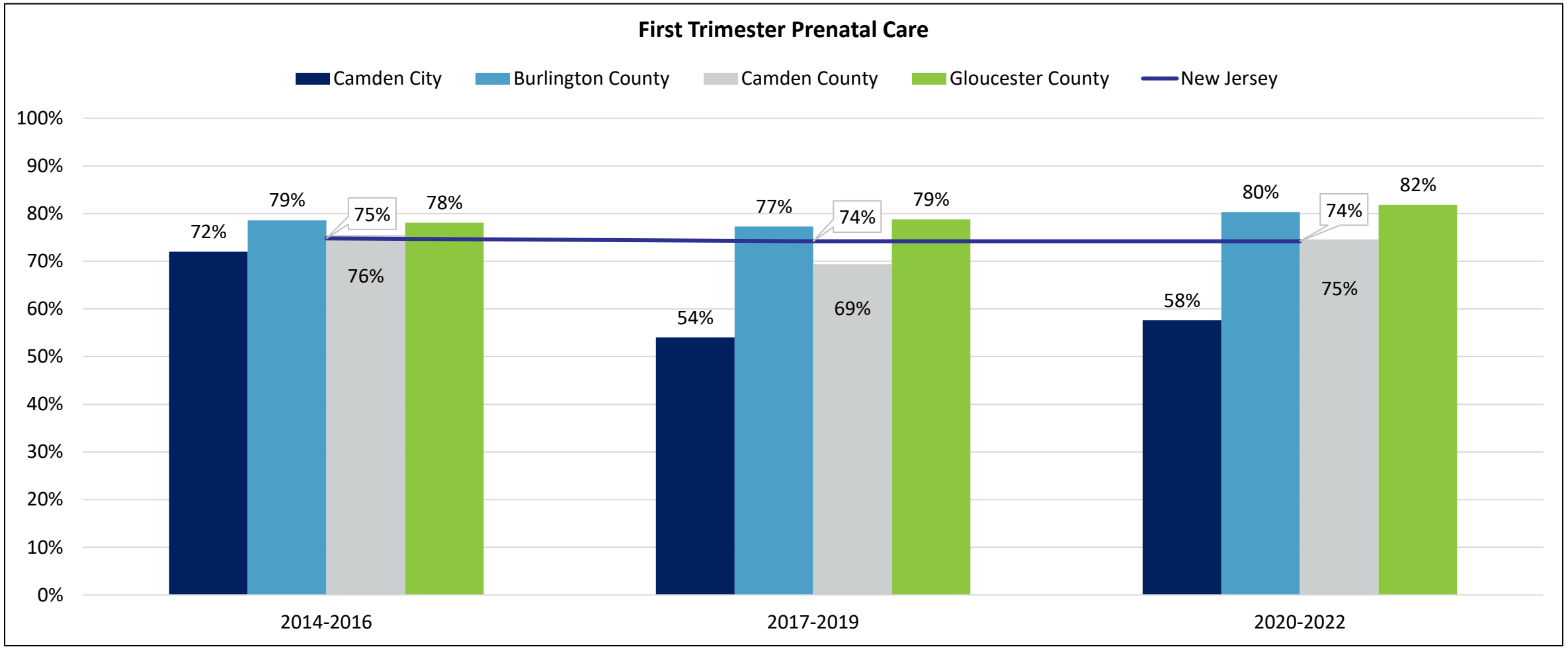
All Births and Birth Rate All Ages per 1,000 Population 2022	Count	Birth Rate per 1,000
Gloucester County	**3,050**	**9.9**
Black/African American, non-Hispanic	334	8.8
Hispanic/Latinx (any race)	397	14.8
White, non-Hispanic	2,120	8.8
New Jersey	**99,375**	**10.9**
Black/African American, non-Hispanic	12,500	10.4
Hispanic/Latinx (any race)	30,683	15.1
White, non-Hispanic	45,886	9.4
United States	**3,667,758**	**11.0**
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
Gloucester County	**2.1**	*
Black/African American, non-Hispanic	*	*
Hispanic/Latinx (any race)	*	*
White, non-Hispanic	*	*
New Jersey	**3.6**	**16.1**
Black/African American, non-Hispanic	5.3	27.3
Hispanic/Latinx (any race)	7.3	36.6
White, non-Hispanic	0.4	3.6
United States	**6.3**	**24.4**
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

Prenatal Care

The Healthy People 2030 Goal is to ensure that 80.5% of people access prenatal care during their first trimester of pregnancy. 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.



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

Prenatal Care and Birth Outcomes

Maternal and Infant Health Indicators 2022

	First Trimester Prenatal Care	Preterm Births	Low Birth Weight Births
Burlington County	**81.4%**	**8.7%**	**7.6%**
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%
Camden County	**77.5%**	**10.5%**	**8.9%**
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%
Gloucester County	**83.7%**	**10.0%**	**8.3%**
Asian, non-Hispanic	**	**	**
Black/African American, non-Hispanic	**	**	**
Hispanic/Latinx (any race)	**	**	**
White, non-Hispanic	88.1%	8.9%	7.2%
New Jersey	**75.1%**	**9.2%**	**7.7%**
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%
United States	**78.3%**	**10.5%**	**8.5%**
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%
HP2030 Goal	>80.5%	<9.4%	**

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.

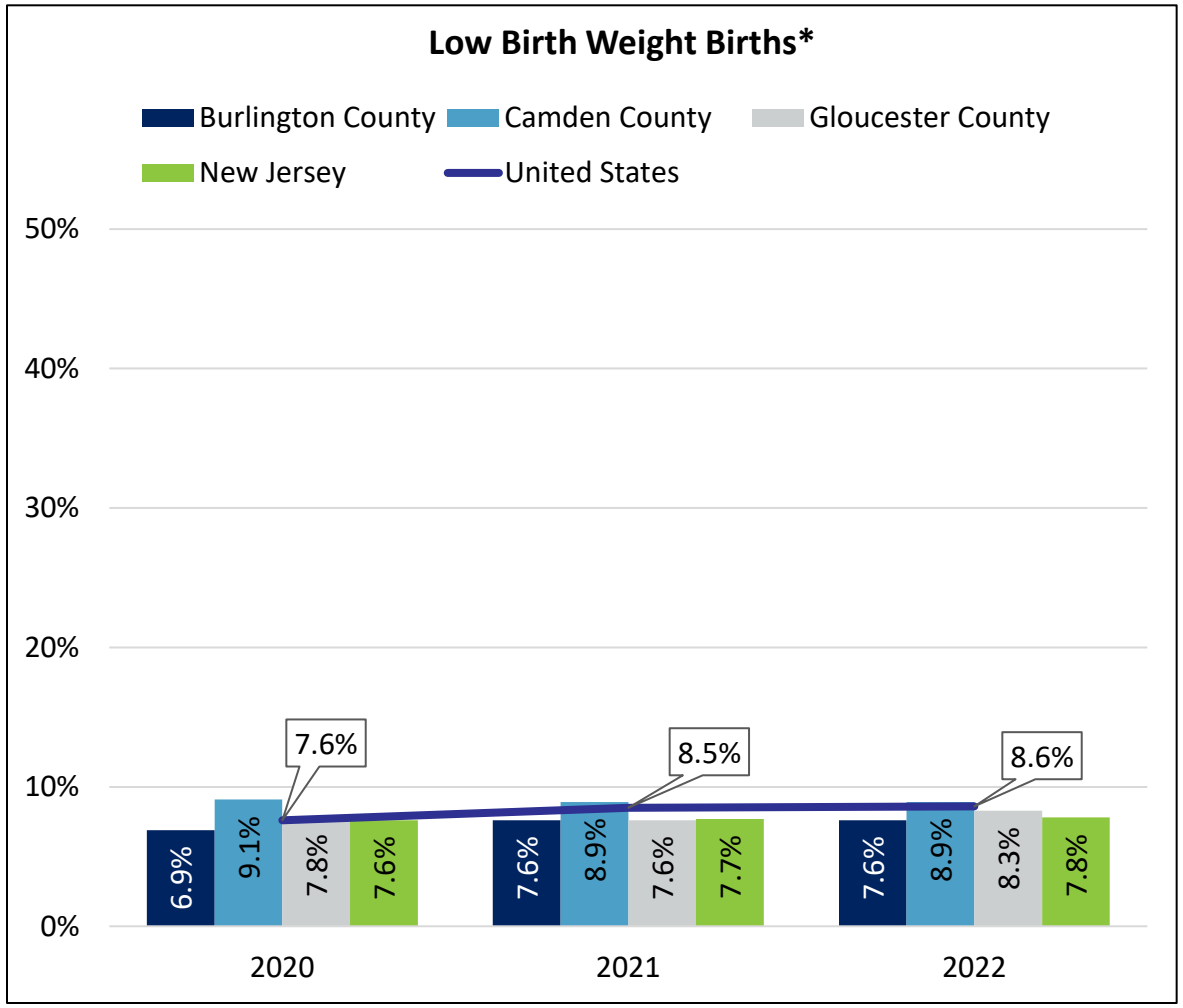
Black/African American babies are 50%-100% more likely to be born preterm and with low birth weight than other babies.

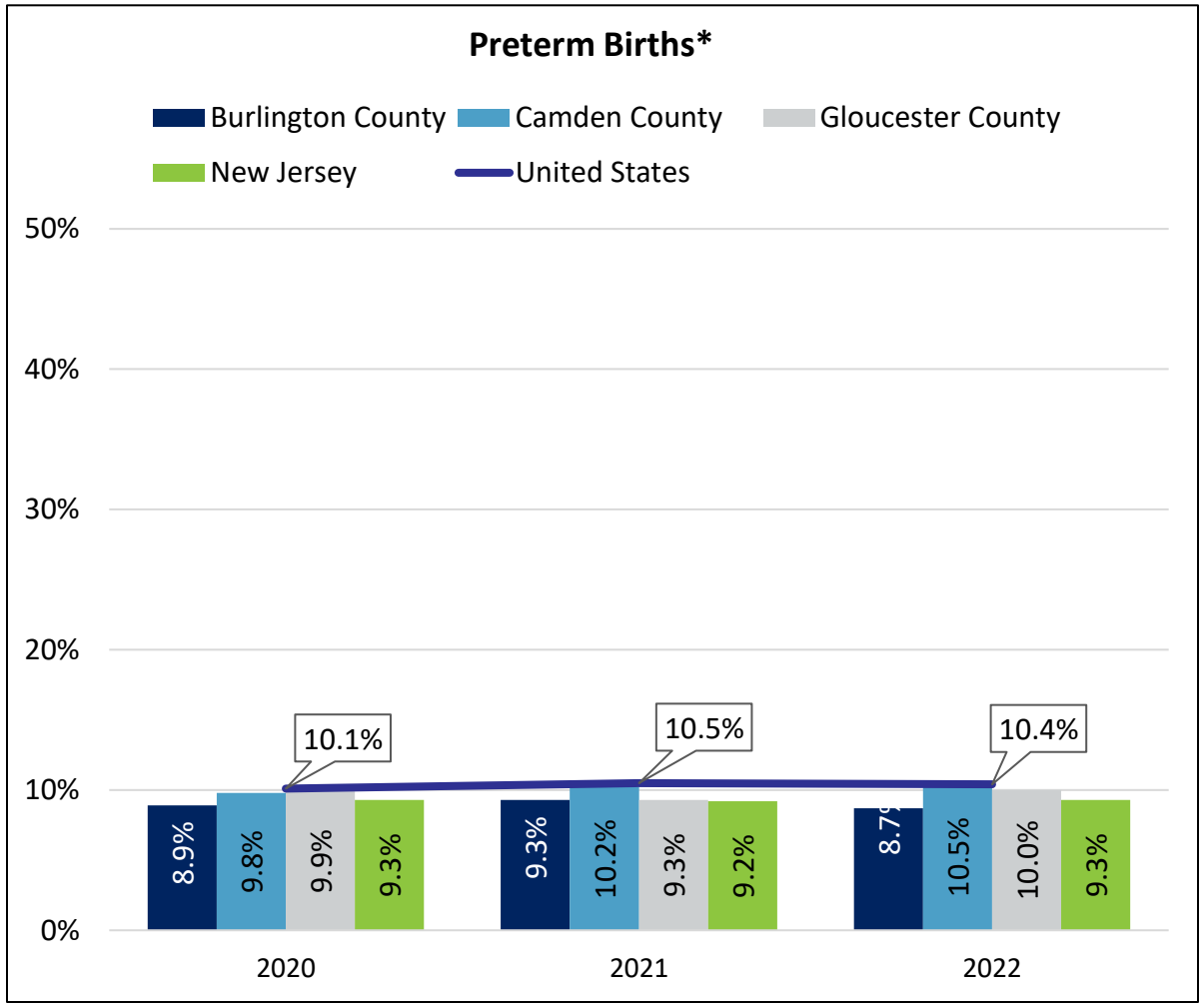
"The 'Super Woman mentality' among Black women makes asking for help difficult…when we DO reach the African American community, they don't know we exist…they have accepted the status quo to some degree because it's their 'normal'… We reach people through word of mouth. If they're receiving care, they're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

Source: Centers for Disease Control and Prevention & New Jersey State Health Assessment Data. *Note:***Too few events to calculate rate; Note: Values in red do not meet HP2030 goals

Birth Outcomes: Low Birth Weight and Preterm Births

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.

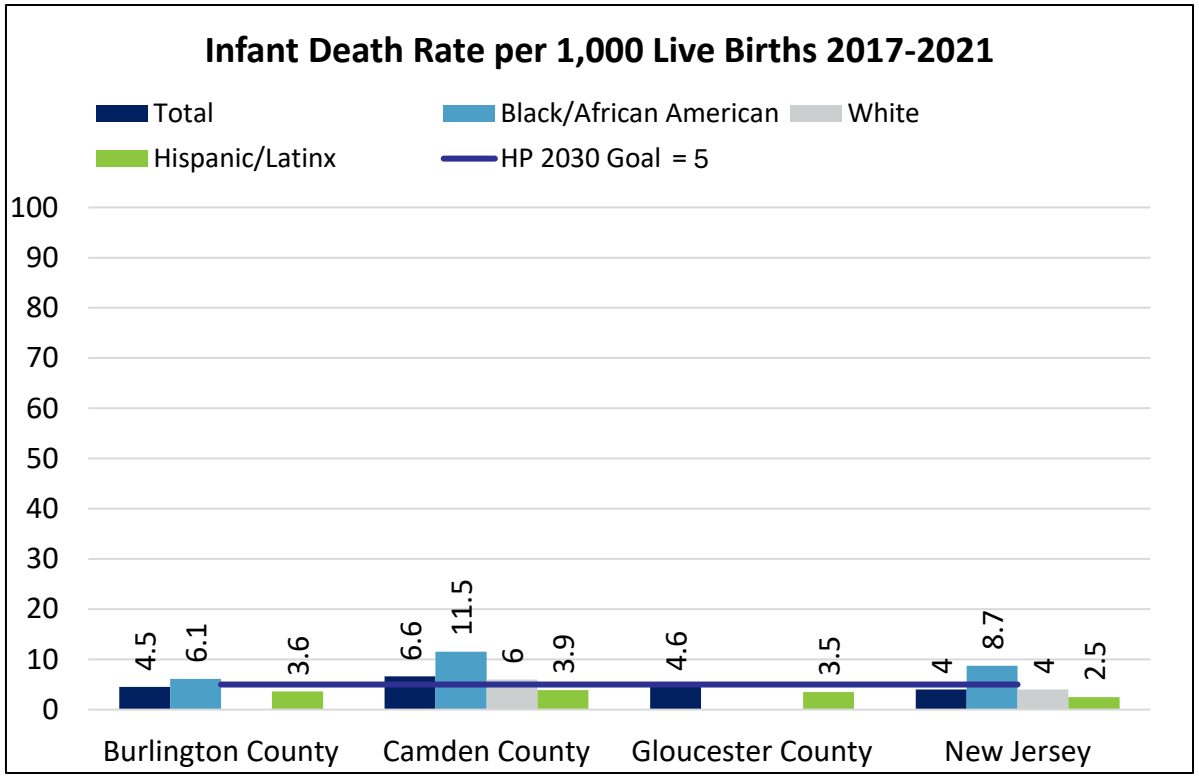




Source: Centers for Disease Control and Prevention & NJSHAD *Note: graphs displayed at 50% scale

Infant and Maternal Mortality

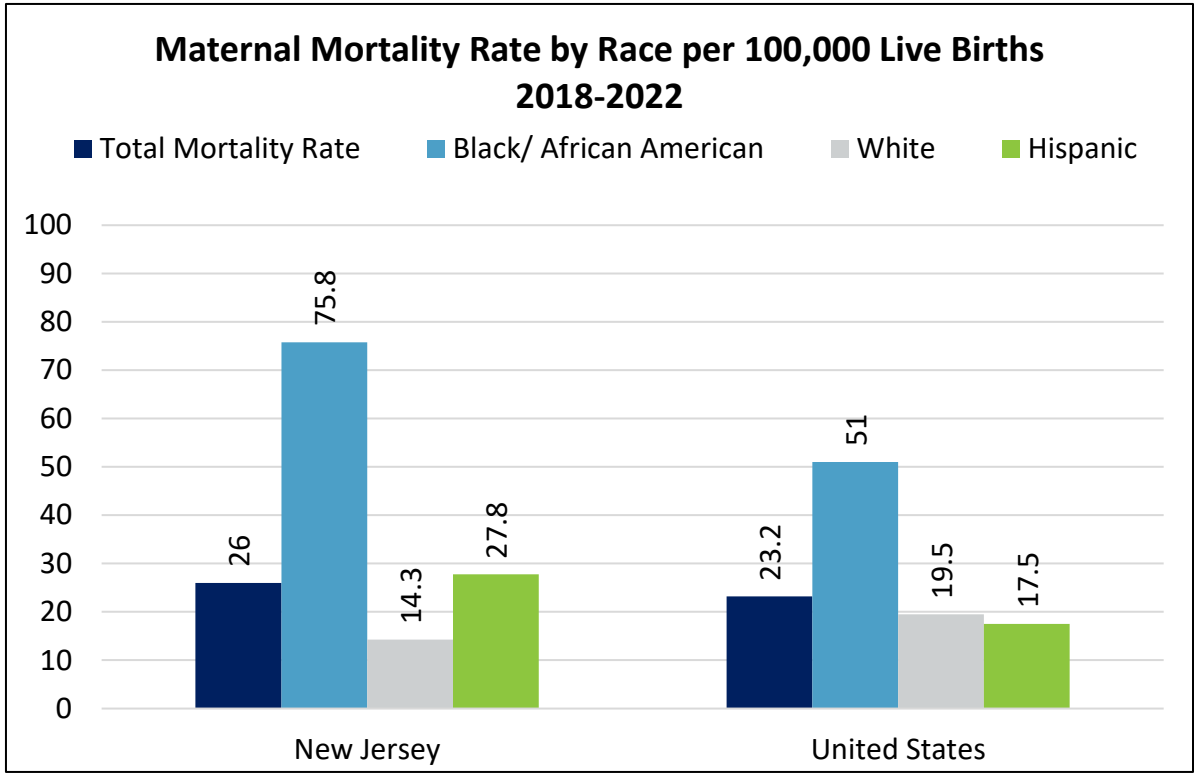
Burlington and Gloucester counties meet HP2030 goals, while Camden County does not. Black/African American babies are more likely to die within the first year after birth than babies of other races or ethnicities in every region.



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.

Source: New Jersey State Health Assessment Data & America's Health Rankings.
Note: **There are too few events to calculate the rate.

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.



"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/

Jefferson Health
HOME OF SIDNEY KIMMEL MEDICAL COLLEGE

In your words:

Responses from people across South Jersey

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

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Emphasis on Stakeholder Engagement

Contextualizing Data and Taking Action

The research process is grounded in a focus on health equity across all aspects of research, planning, and implementation. This embraces the inclusion of stakeholders throughout the process by opening data driven discussions to foster a shared understanding of the root causes of disparities, 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
28	Individuals gathered in person at Jefferson Health on April 29, 2025, to review the full CHNA findings, and confirm priorities for the Community Health Improvement Plan (CHIP)

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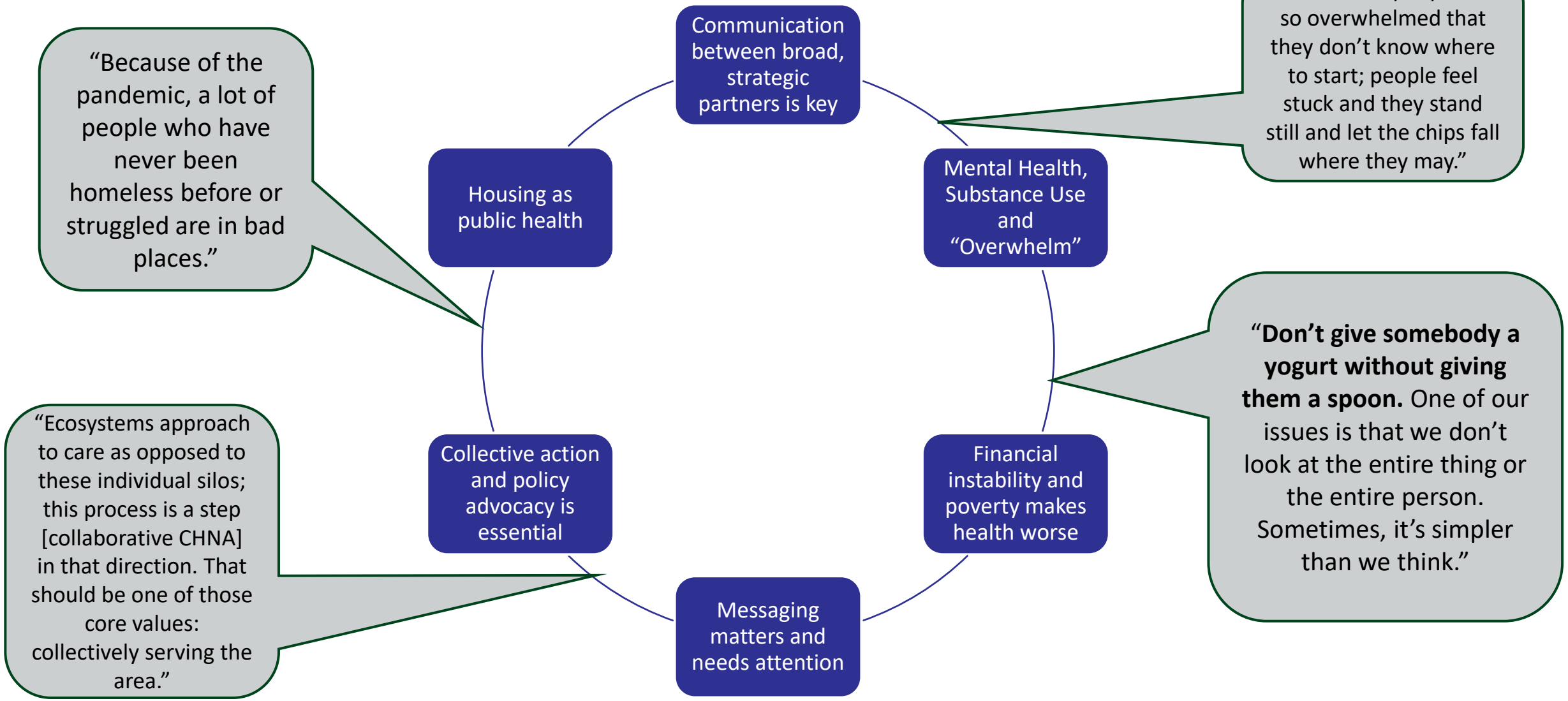
South Jersey Health Collaborative
Themes: 2025 Key Informant Interviews (12)



2025 Key Informant Interviews: *In Your Words*

"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

December 2024- January 2025

South Jersey Health Collaborative Partners

Jefferson Health
HOME OF SIDNEY KIMMEL MEDICAL COLLEGE

Cooper University Health Care

camden county
Making It Better, Together.

Virtua Health

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

Close to Everything
Gloucester County
Far From It All

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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

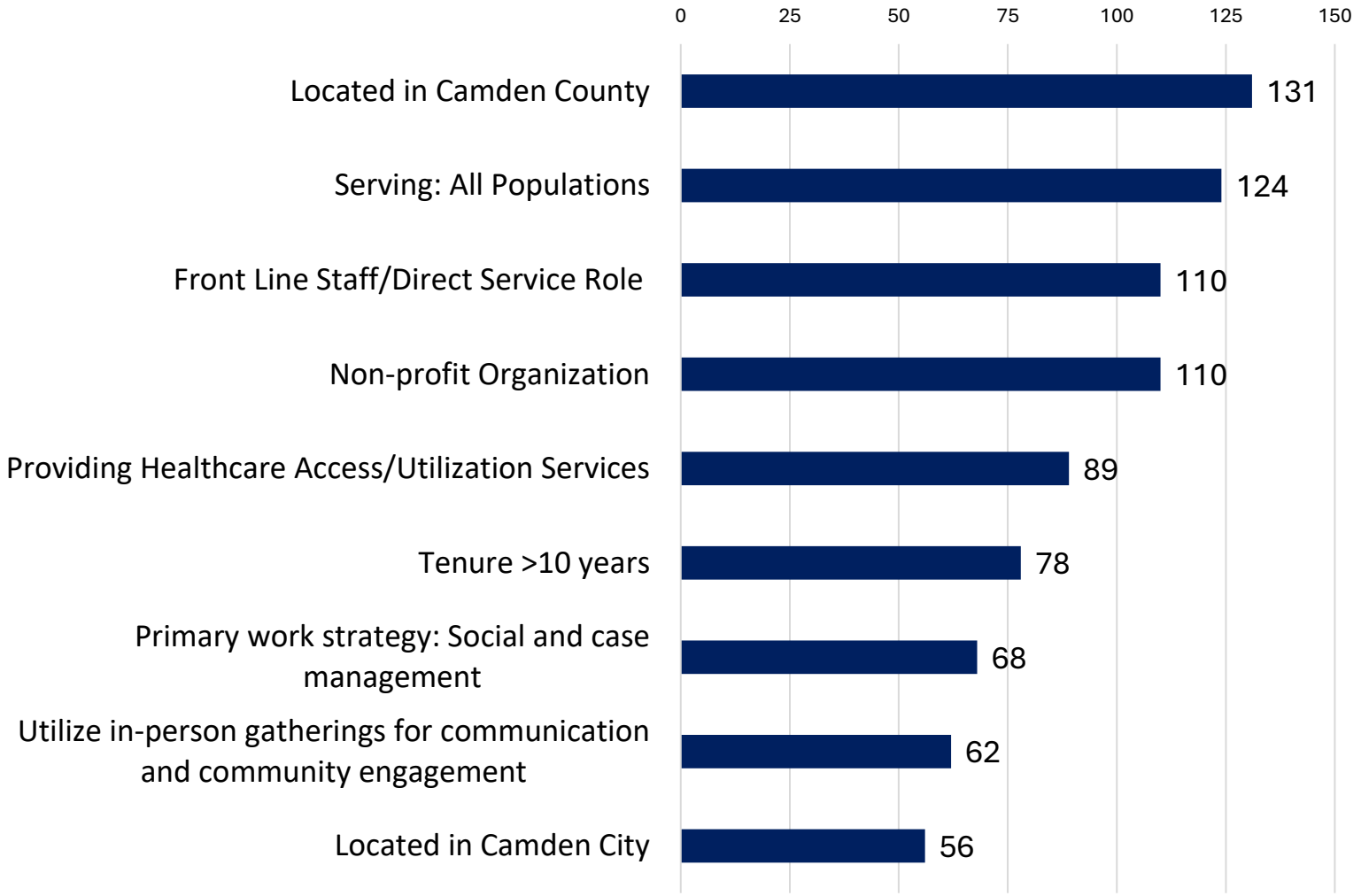
Translation provided by bilingual researchers, not AI

South Jersey 2025 Key Stakeholder Survey Respondents

Survey respondents were more likely to serve:

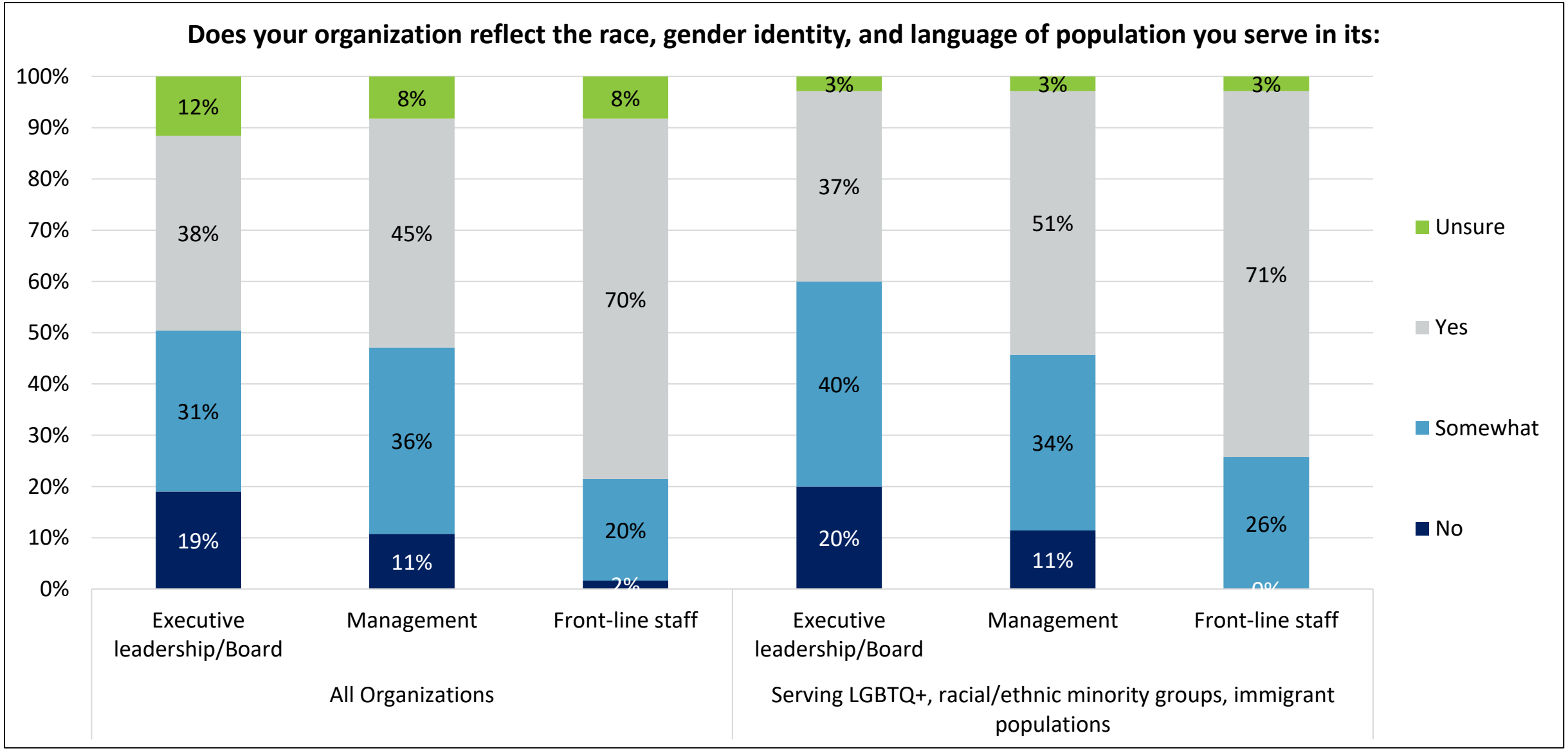
- Camden City
- Blackwood
- Westhampton
- Marlton
- Voorhees
- Multiple Counties

Snapshot of Respondents/Organizations



South Jersey Health Collaborative Partners

2025 South Jersey Health Collaborative Key Stakeholder Survey Respondents

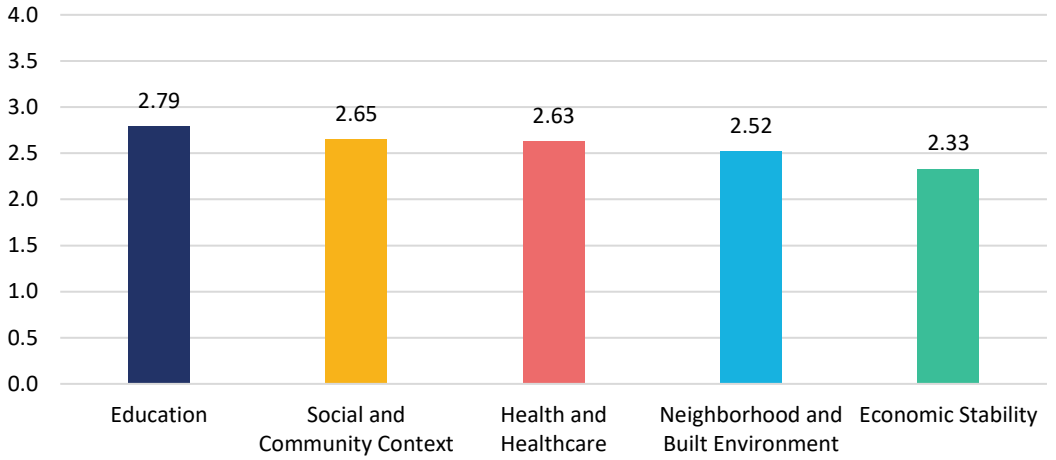


Social Drivers of Health

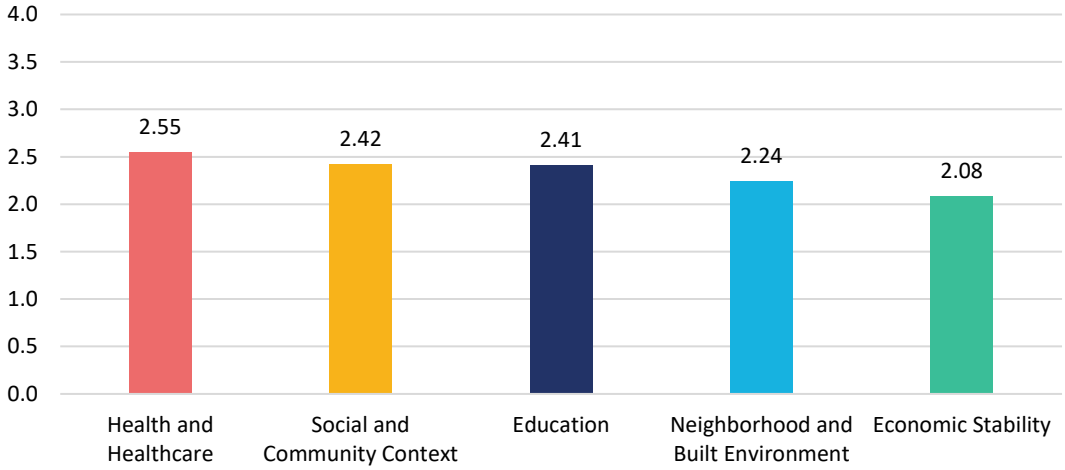
2025 South Jersey Key Stakeholder Survey Findings

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

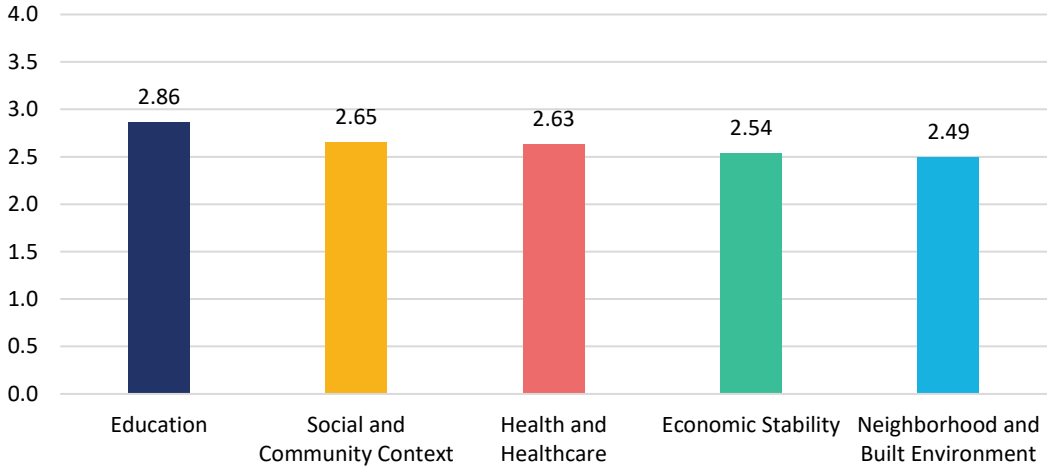
Burlington County (n=65)



Camden County (n=118)



Gloucester County (n=46)



Findings From 2025 South Jersey Health Collaborative Key Stakeholder Survey

(n=226)

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

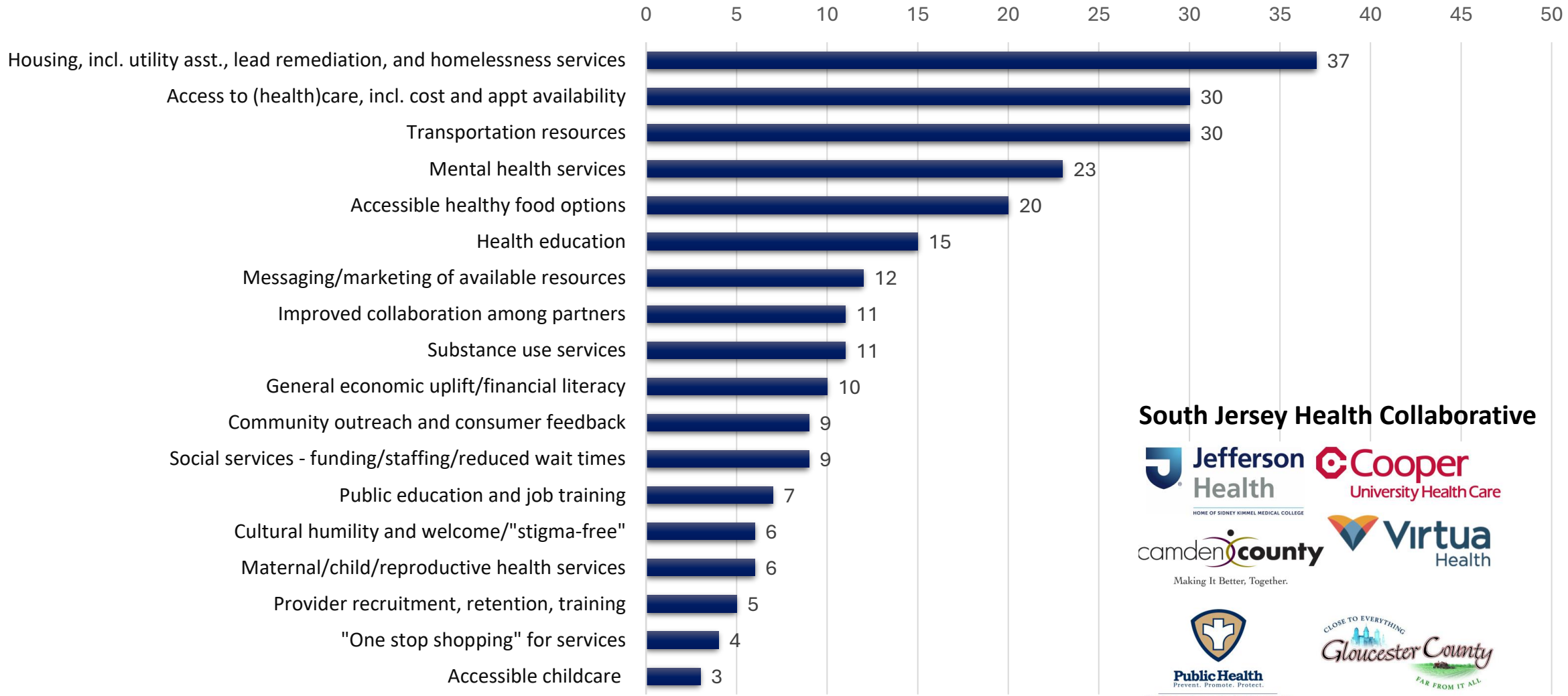
- Mental/ behavioral health **(110)**
- Substance use **(89)**
- Chronic disease **(71)**

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)**

2025 South Jersey Health Collaborative Key Stakeholder Survey Priorities

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

35TH STREET CONSULTING LLC

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35TH STREET CONSULTING LLC

What is the 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

Jefferson Health
HOME OF SIDNEY KIMMEL MEDICAL COLLEGE

Cooper University Health Care

camden county
Making It Better, Together.

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

CLOSE TO EVERYTHING
Gloucester County
FAR FROM IT ALL

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

Organization	1,470 Survey Responses (1,581 total responses, including zips outside the tri-county study area)*
Burlington County Health Department	344
Camden County Dept of Children's Services	58
Camden County Health Department	163
Center for Family Services	4
Cooper	113
The Cooperative	49
Deborah Heart and Lung	168
Food Bank of South Jersey	133
Food Bank of South Jersey, Health and Wellness Program	151
Gloucester County Health Department	55
Jefferson	173
New Hope IBHC	13
Virtua	142
Waterford Township Public Library	15

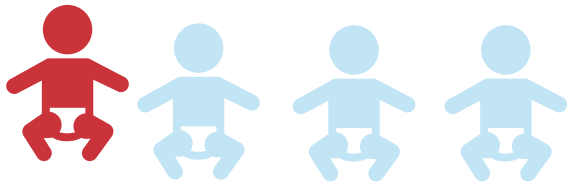
*Respondents indicating their primary residence as outside Burlington, Camden, or Gloucester Counties were excluded from this analysis.

2025 South Jersey Health Collaborative Community Survey Results:

Jefferson Health – East Region, Respondent Profile Snapshot

A snapshot of the profiles of the 173 respondents who accessed the survey tool specifically via Jefferson Health Outreach.

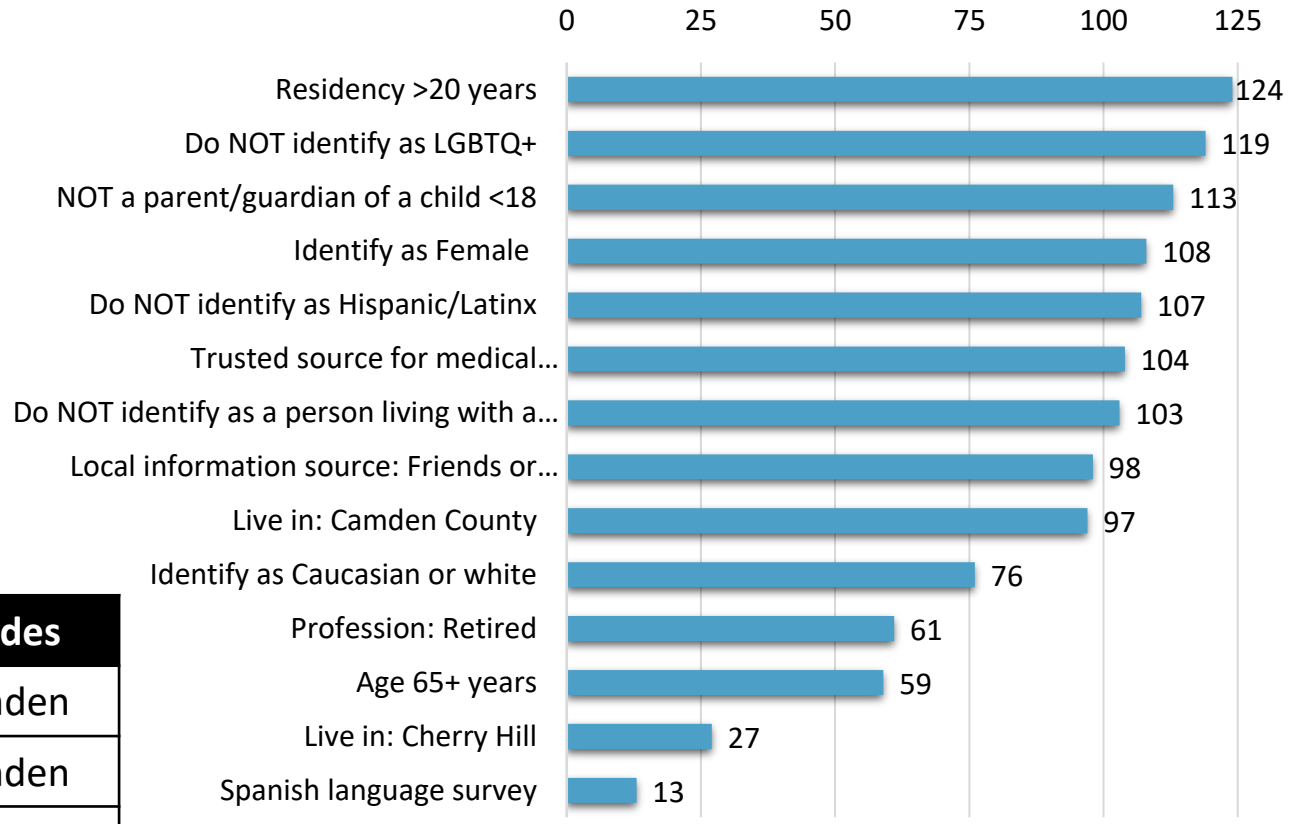
One in four respondents is a parent or guardian of a child under 18.



One in seven respondents does identify as living with a disability.

Top 5 Zip Codes
08003 – Camden
08105 – Camden
08080 - Gloucester
08034 - Camden
08053 - Burlington

Jefferson Health Respondent Snapshot (N=173)

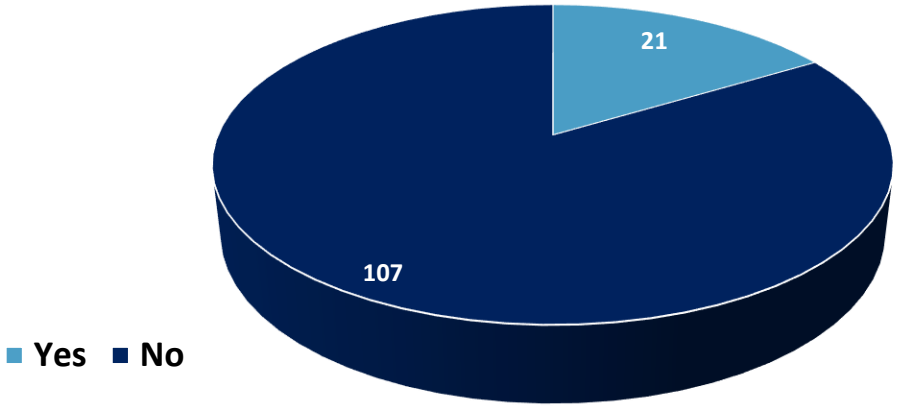


2025 South Jersey Health Collaborative Community Survey Results:

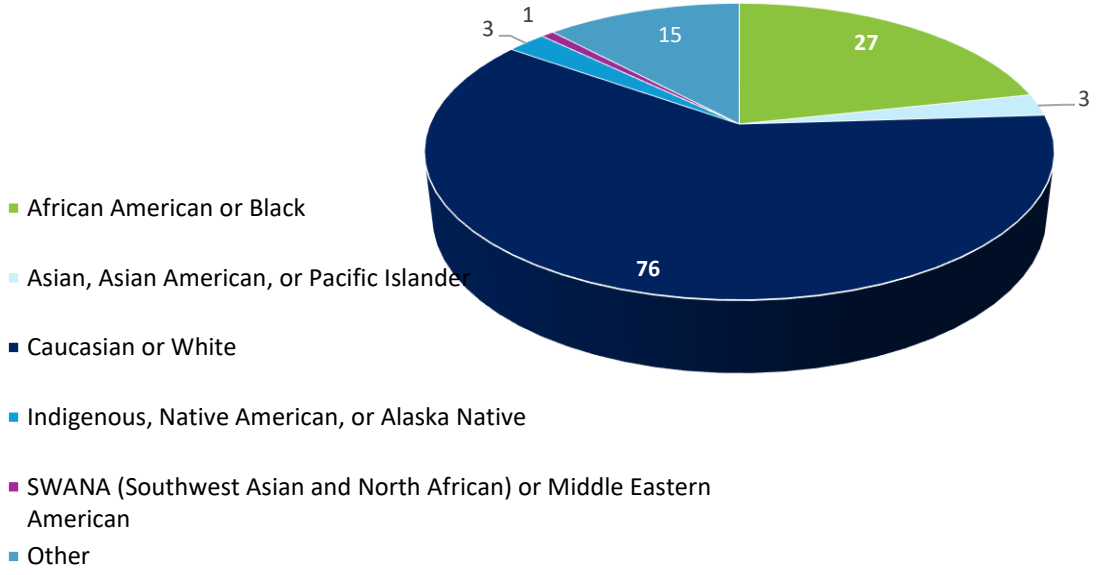
Comparison of the Jefferson Health subset with the combined total responses across Burlington, Camden, and Gloucester Counties

Jefferson Health Responses, N=173

Do you identify as Hispanic/Latinx? (n=128)

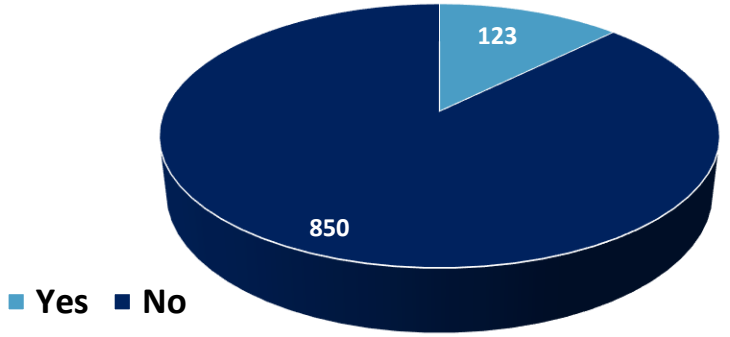


What is your race? (check all that apply) (n=121)

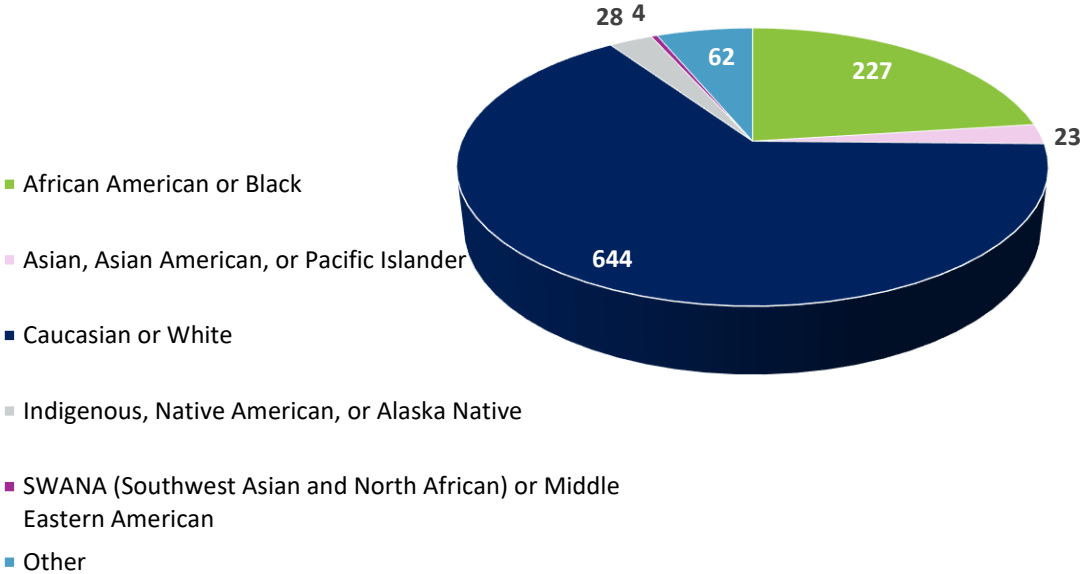


Combined total responses for 2025, N = 1,470

Do you identify as Hispanic/Latinx? (n=973)



What is your race? (check all that apply) (n=943)



2025 South Jersey Health Collaborative Community Survey Results:

Comparison of the Jefferson Health subset with the combined total responses across Burlington, Camden, and Gloucester Counties

Jefferson Health Responses

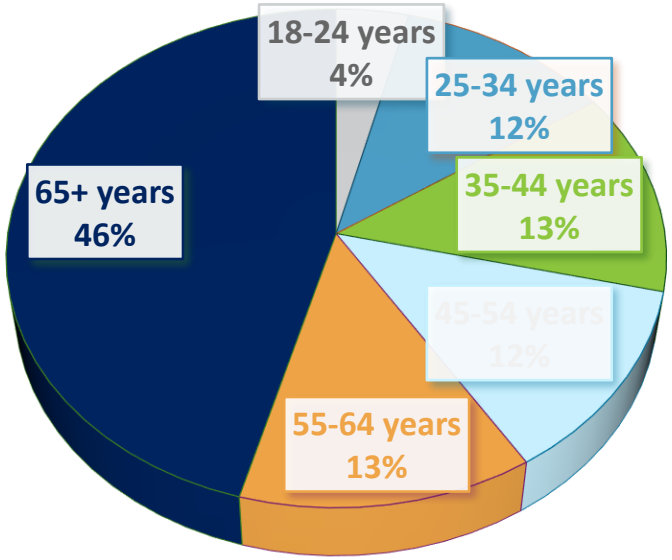
N=173

14%

3%

27%

HOW OLD ARE YOU?



2025 Combined Total Responses

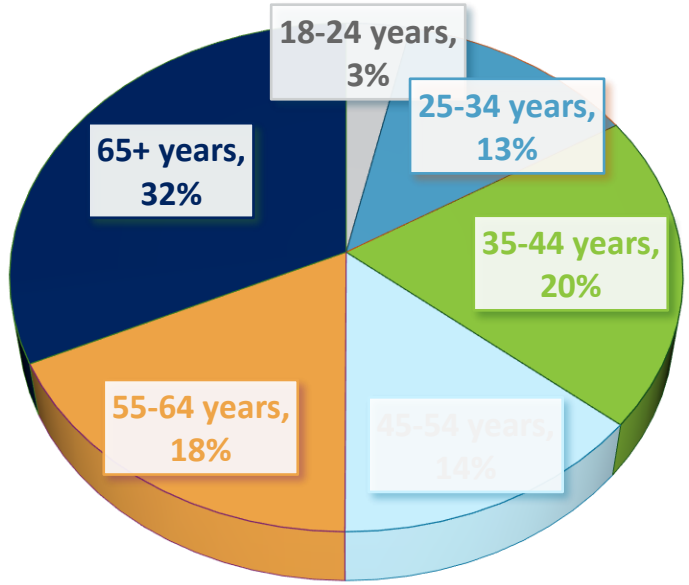
N=1,470

14%

4%

30%

HOW OLD ARE YOU?

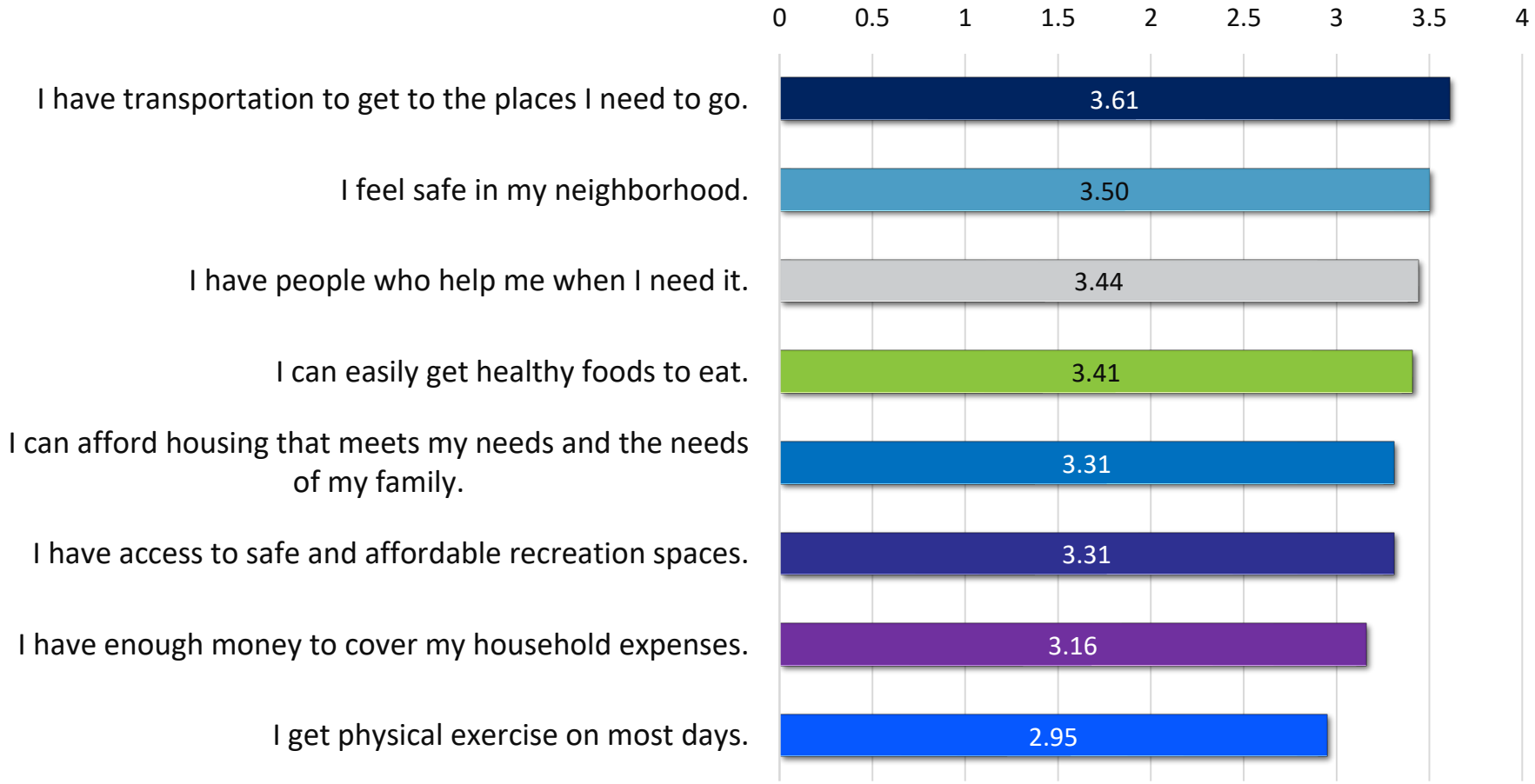


2025 South Jersey Health Collaborative Community Survey Results:

Jefferson Health – East Region Subset

Please tell us about your day-to-day experiences

(weighted average, 1=strongly disagree – 4=strongly agree) (n=151)



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

(n=145)

Weighted Average:

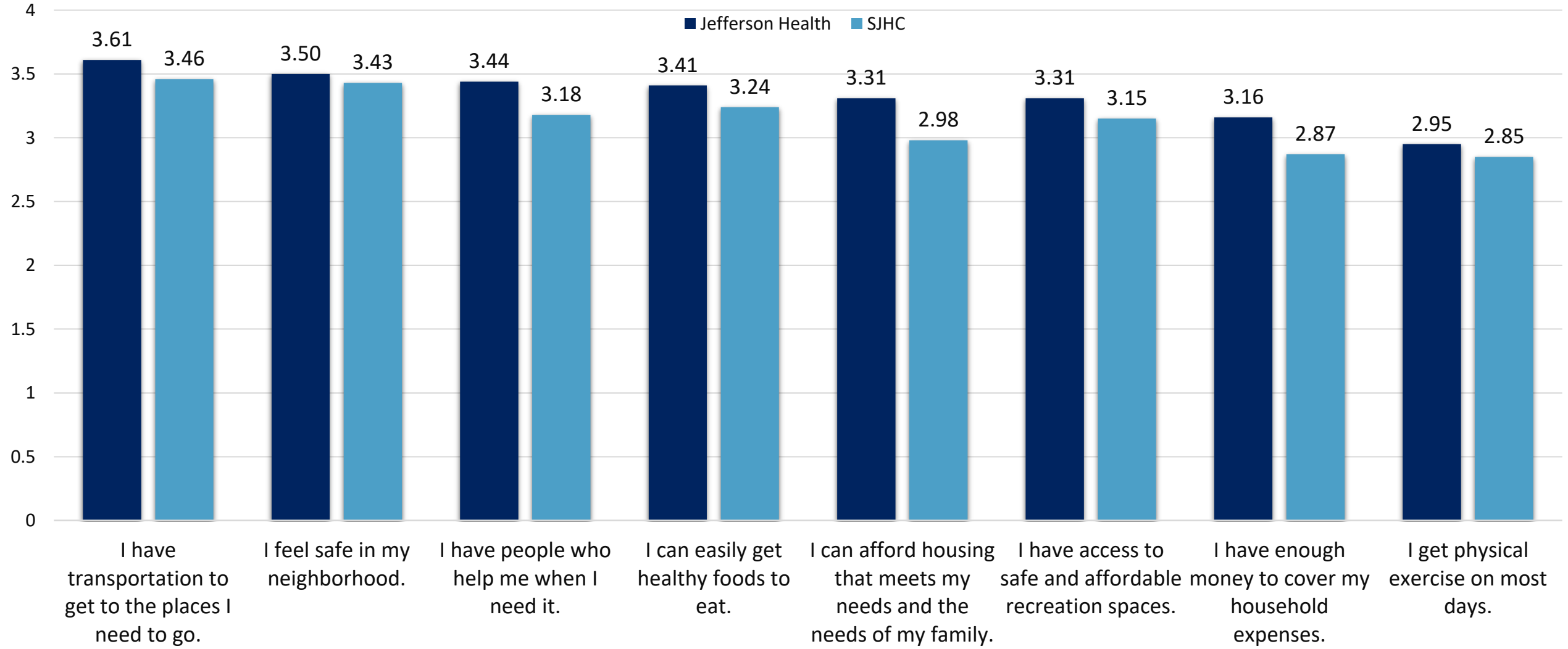
3.6 out of 5

2025 South Jersey Health Collaborative Community Survey Results:

Comparison of the Jefferson Health subset with the combined total responses across Burlington, Camden, and Gloucester Counties

Please tell us about your day-to-day experiences

(weighted average, 1=strongly disagree – 4=strongly agree) (n=151)



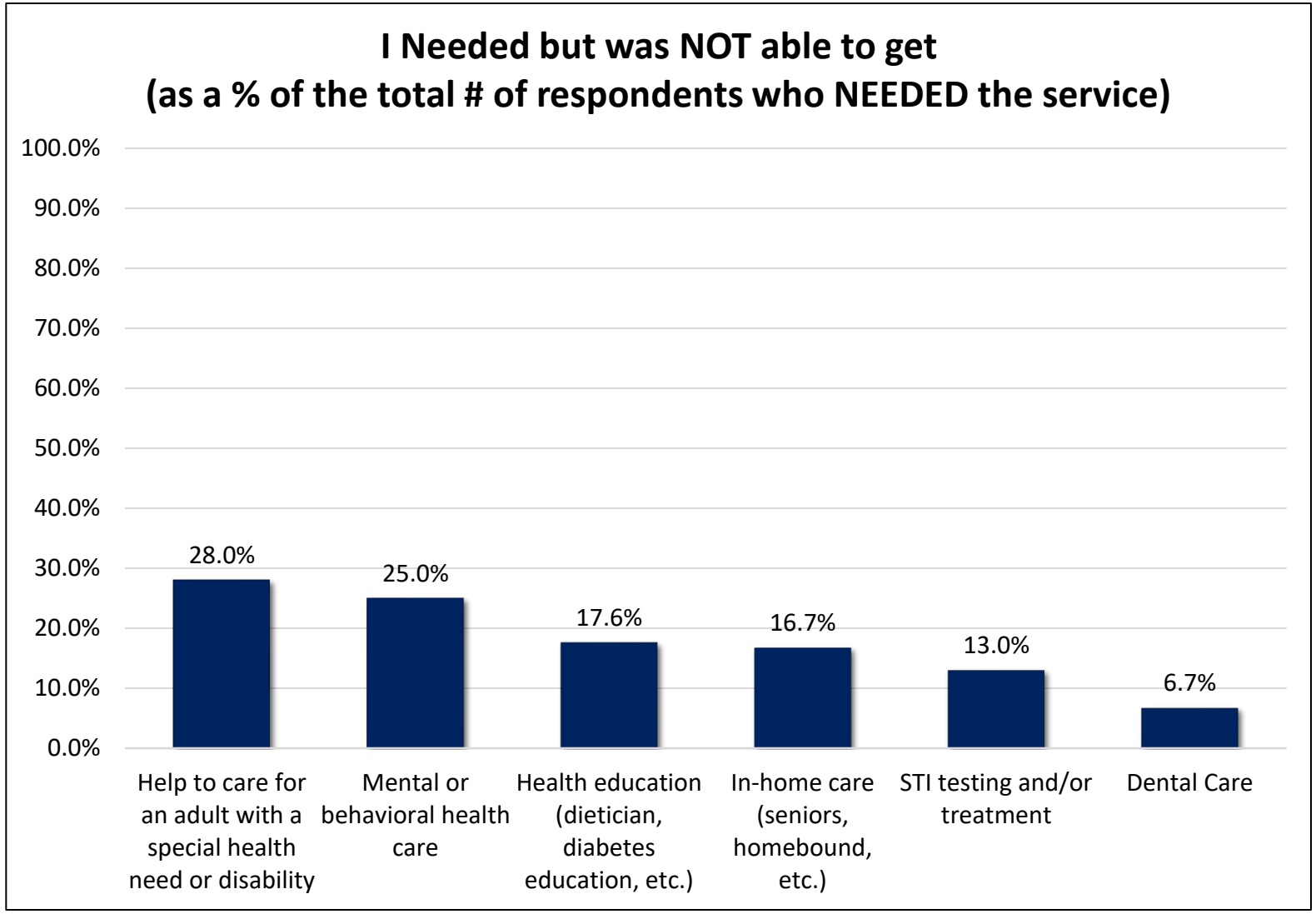
2025 South Jersey Health Collaborative Community Survey Results:

Jefferson Health – East Region Subset

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 (76%)
2. Prescription medications (71%)
3. Dental care (69%)



2025 South Jersey Health Collaborative Community Survey Results:

Comparison of the Jefferson Health subset with the combined total responses across Burlington, Camden, and Gloucester Counties

WAS THERE A TIME IN 2024 WHEN YOU NEEDED THESE HEALTH SERVICES AND COULDN'T GET THEM?

JEFFERSON HEALTH RESPONSES	SJHC TOTAL RESPONSES
Help to care for an adult with a special health need or disability (28%)	In-home care for seniors or homebound (39%)
Mental or behavioral health care	Help to care for an adult with a special health need or disability
Health education (dietician, diabetes education, etc.)	Mental or behavioral health care
In-home care for seniors or homebound	Help to care for a child with a special health need or disability
STI testing and/or treatment	Health education (dietician, diabetes education, etc.)
Dental care	Substance use treatment

2025 South Jersey Health Collaborative Community Survey Results:

Comparison of the Jefferson Health subset with the combined total responses across Burlington, Camden, and Gloucester Counties

What is most helpful when accessing services?

- Multiple options for connecting with providers, ie. answered telephones, online, etc.
- Online patient portals for scheduling and communication
- 'Good' health insurance
- Individual helpers such as patient navigators, home health aides, and other volunteers or family members
- Urgent care availability

Most Common Barriers to Care:

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

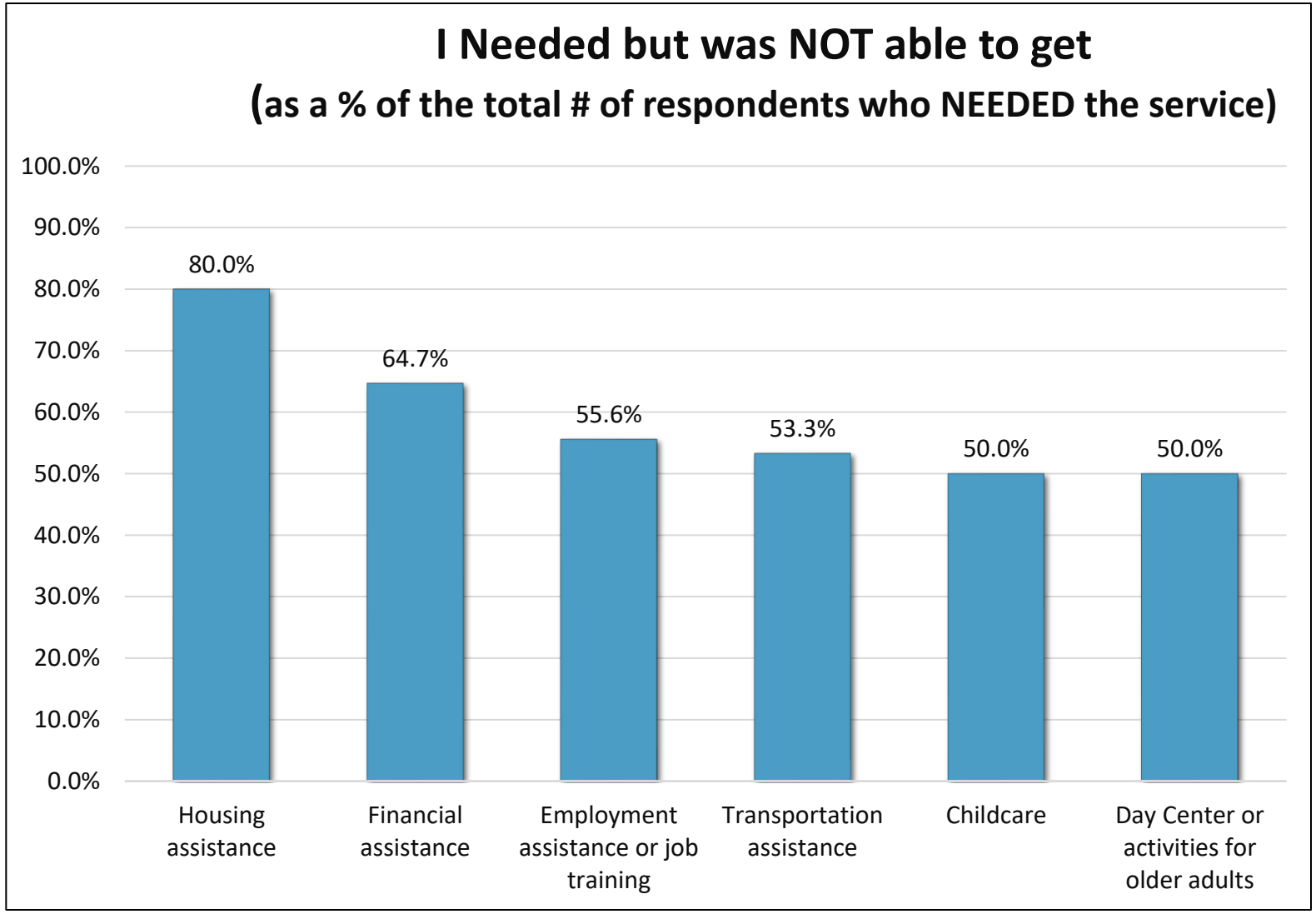
2025 South Jersey Health Collaborative Community Survey Results:

Jefferson Health – East Region subset

Was there a time in 2024 when you needed any of these community or public health services?

Most Needed Community and Public Health Services:

1. After-school or summer programs for children (11%)
2. Support groups (caregiver, substance, grief, etc.) (11%)
3. Food assistance (10%)



2025 South Jersey Health Collaborative Community Survey Results:

Comparison of the Jefferson Health subset with the combined total responses across Burlington, Camden, and Gloucester Counties

WAS THERE A TIME IN 2024 WHEN YOU NEEDED ANY OF THESE COMMUNITY OR PUBLIC HEALTH SERVICES AND COULDN'T GET THEM?

JEFFERSON HEALTH RESPONSES	SJHC TOTAL RESPONSES
Housing assistance **(80%)**	Housing assistance **(75%)**
Financial assistance	Financial assistance
Employment assistance or job training	Employment assistance or job training
Transportation assistance	At-home daily living supports for older adults
Childcare	Day center or activities for older adults
Day center or activities for older adults	Support groups (caregiver, substance, grief, etc.)

2025 South Jersey Health Collaborative Community Survey Results:

Jefferson Health –East Region subset

What is most helpful when accessing community or public health services?

Support of family and friends

Online patient portals for scheduling and communication

Support group/trusted community connections

Most common barriers to accessing community or public health services:

1. I did not know where to go for services
2. I did not want to get services
3. I could not find the help I needed to complete the application
4. I did not qualify for services
5. I could not afford my share of the cost

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

Jefferson Health
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2025 South Jersey Health Collaborative Community Survey Results:

Comparison of the Jefferson Health subset with the combined total responses across Burlington, Camden, and Gloucester Counties

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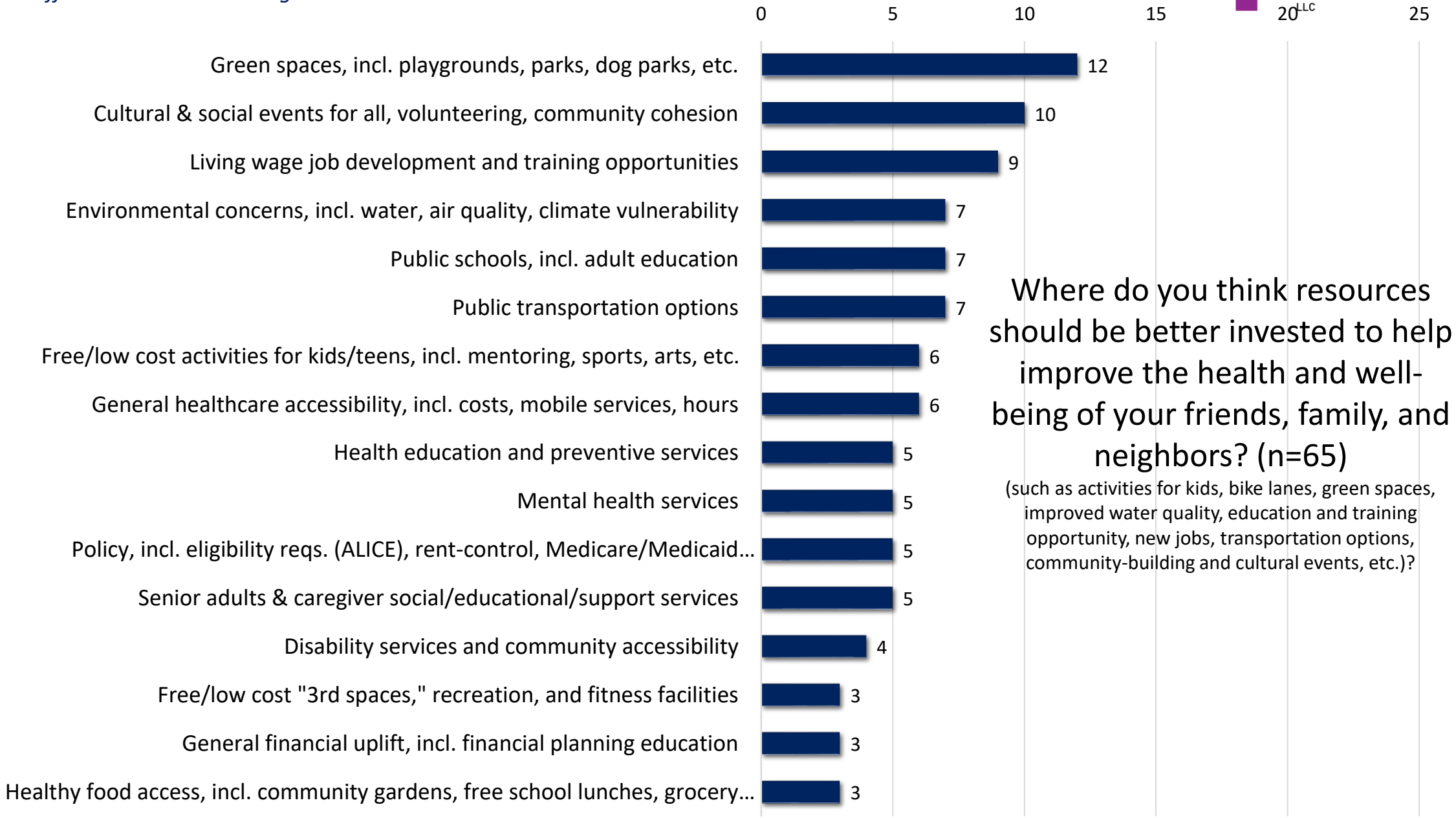
JEFFERSON HEALTH RESPONSES	SJHC TOTAL RESPONSES
Green spaces, incl. playgrounds, parks, dog parks, etc.	Public transportation options
Cultural & social events for all, volunteering, community cohesion	Cultural & social events for all, volunteering, community cohesion
Living wage job development and training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

2025 South Jersey Health Collaborative Community Survey Results:

Jefferson Health – East Region subset



Where do you think resources should be better invested to help improve the health and well-being of your friends, family, and neighbors? (n=65)

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

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

South Jersey Health Collaborative 2025 Focus Groups

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

Focus Group Themes

5 Groups, 56 participants

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

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

Online scheduling and communication is very helpful

Housing is a major problem and source of worry

Transportation is limited and expensive in most areas

Central hub of reliable information would be helpful

Difficult for low-and-moderate-income people to afford healthcare costs, with and without insurance

Youth need consistency and positive reinforcement to thrive.

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

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

More language resources are needed, including access to English classes

Information about and access to healthy foods is needed

Setting Priorities for Action

South Jersey Health Collaborative 2025 CHNA

PRELIMINARY PRIORITIZATION DISCUSSION 3.25.25

A New Jersey Certified Small Business and WBE
www.35thStreetConsulting.com

Themes for consideration from the 2025 CHNA data

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, esp. seniors
- Stigma/lack of MH knowledge prevents youth and seniors from accessing care
- Concern that youth are escalating behaviors to access BH care
- Perinatal MH is effective but other providers to learn signs
- Stress, just tired, worn-out feelings

Welcome, representation, language

- Language is a barrier to accurate MH diagnosis, care
- Insisting or explaining “taking up space” is exhausting, creates barriers
- 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

- HS 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 Americans

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
- Public transportation options
- Cultural & social events for all, volunteering, community cohesion
- Job training and development
- Public schools, incl. adult education
- Activities for kids/teens, incl. mentoring, sports, arts, summer camps, etc.
- Housing, incl. affordability, utility assistance, homelessness services & prevention
- 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

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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 equity in naming priorities?
7. What is the cost of not acting?

South Jersey Health Collaborative 2025 Draft Priorities for Discussion

Social Factors are Health

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

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 impact of ACES, financial strain
- 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)

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.)
- Consider literacy, education, ID limitations
- Language barriers
- Consider time, resource limitations among ALICE
- Your workmates are your clients too

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 MH
- Inform, identify, address ACES and trauma in all ages
- Seek solutions to language barriers for people in need of MH or SUD care
- Collaborate to find solutions for connecting youth with MH support and care outside the ED

CONSISTENT, RELIABLE COMMUNICATION AND PARTNERSHIP

Community Forum – April 29, 2025

Jefferson Washington Township Hospital

South Jersey Health Collaborative Community Forum

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

April 29, 2025

Jefferson Washington Township Hospital, New Jersey

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Today's Agenda

South Jersey Health Collaborative Community Forum at Jefferson Health
April 29, 2025

35TH STREET CONSULTING LLC

Welcome
- Aaron Chang, FACHE
  President - East Region
  Jefferson Health

What is a CHNA?
- Process and Methods

Data Review and Discussion
- CHNA Key Findings
- What are your ideas?
- Action Items

Thank you
- Aaron Chang, FACHE
  President - East Region
  Jefferson Health

Jefferson Health
HOME OF SIDNEY KIMMEL MEDICAL COLLEGE

Cooper University Health Care

camden county
Making It Better, Together.

Virtua Health

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

CLOSE TO EVERYTHING
Gloucester County
FAR FROM IT ALL

South Jersey Health Collaborative Community Forum at Jefferson Health

April 29, 2025

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 Jefferson Health and the South Jersey Health Collaborative can support this work?

Small Group Discussion Themes

- Yes! These are the right priorities.
- Transportation initiatives have been shown to lead to a marked increase in programming participation and adherence to treatment schedules.
- Trust is the basis for much of the success that CBOs and providers alike experience.
- Looming funding cuts will require agility to maintain community presence and build on good work.
- Health education is sorely needed. These efforts require identifying and leveraging trusted community champions, as well as effective collaboration between partners.
- Better communication would allow entities to partner and offer multiple opportunities for people at a single location or event.
- People of all ages are struggling with isolation, especially older adults. How can we connect them to one another and to others in the community?
- The South Jersey Health Collaborative can share data, facilitate information sharing, and co-sponsor community programming.

Jefferson Health, New Jersey

Approval and Adoption of 2025 CHNA

Social Factors are Health

Themes to Consider:
- Continue and expand transportation solutions
- Housing security and support
- Hours of access
- ALICE population and employer partnerships
- Financial hardship
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- Literacy, education, and ID barriers for all ages
- Seek creative solutions to limit language barriers
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- Consider impact of ACES, financial strain
- 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)

Build Trust and Connection

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.)
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- Seek solutions to language barriers for people in need of MH or SUD care
- Collaborate to find solutions for connecting youth with MH support and care outside the ED

CONSISTENT, RELIABLE COMMUNICATION AND PARTNERSHIP

Following approval, the report was made available to the public via the Jefferson Health website https://www.jeffersonhealth.org/about-us/community/community-health-needs-assessment For more information, feedback, or comments, please email Tanya.McKeown@jefferson.edu

Appendix A:
Secondary Data Sources

Secondary Data References

America's Health Rankings United Health Foundation. (2023). Maternal mortality in United States. Retrieved from https://www.americashealthrankings.org/

Center for Applied Research and Engagement Systems. (2024). *Map room*. Retrieved from https://careshq.org/map-rooms/

Centers for Disease Control and Prevention. (2024). *CDC wonder*. Retrieved from http://wonder.cdc.gov/

Centers for Disease Control and Prevention. (2024). *CDC/ATSDR social vulnerability index*. Retrieved from https://www.atsdr.cdc.gov/placeandhealth/svi/index.html

Centers for Disease Control and Prevention. (2024). *National center for HIV, viral hepatitis, STD, and tuberculosis prevention*. Retrieved from https://www.cdc.gov/nchhstp/about/atlasplus.html?CDC_AAref_Val=https://www.cdc.gov/nchhstp/atlas/index.htm

Centers for Disease Control and Prevention. (2024). *National vital statistics system*. Retrieved from https://www.cdc.gov/nchs/nvss/index.htm

Centers for Disease Control and Prevention. (2024). *PLACES: Local data for better health*. Retrieved from https://www.cdc.gov/places/

Centers for Disease Control and Prevention. (2024). *United States cancer statistics: data visualizations*. Retrieved from https://gis.cdc.gov/Cancer/USCS/#/StateCounty/

Centers for Disease Control and Prevention. (2023). *BRFSS prevalence & trends data*. Retrieved from http://www.cdc.gov/brfss/brfssprevalence/index.html

Centers for Medicare & Medicaid Services. (2023). *Mapping Medicare disparities by population*. Retrieved from https://data.cms.gov/tools/mapping-medicare-disparities-by-population

County Health Rankings & Roadmaps. (2024). *Rankings data.* Retrieved from http://www.countyhealthrankings.org/

Environmental Protection Agency. (2024). *National walkability index*. Retrieved from https://www.epa.gov/smartgrowth/smart-location-mapping#walkability

Feeding America. (2023). *Food insecurity in the United States*. Retrieved from https://map.feedingamerica.org/

Health Resources and Service Administration. (2024). *HPSA find*. Retrieved from https://data.hrsa.gov/tools/shortage-area/hpsa-find

Living Wage Calculator. (2022). *Living wage calculation for Burlington County, New Jersey.* Retrieved from https://livingwage.mit.edu

Living Wage Calculator. (2022). *Living wage calculation for Camden County, New Jersey.* Retrieved from https://livingwage.mit.edu

Living Wage Calculator. (2022). *Living wage calculation for Gloucester County, New Jersey.* Retrieved from https://livingwage.mit.edu

Monarch Housing Associates. (2020). New Jersey 2020 point-in-time count of homeless. Retrieved from https://cdn.monarchhousing.org/

Secondary Data References

National Center for Healthy Housing, State Healthy Housing Fact Sheet. (2022). Retrieved from https://nchh.org/who-we-are/nchh-publications/fact-sheets/state-hh-fact-sheets/

New Jersey Department of Education. (2023). Fall enrollment reports. Retrieved from https://www.nj.gov/education/doedata/enr/index.shtml

New Jersey Department of Education. (2023). Fall enrollment reports. Retrieved from https://www.nj.gov/education/schoolperformance/grad/

New Jersey Department of Health. (2023). New Jersey cancer registry. Retrieved from https://www.cancer-rates.info/nj/

New Jersey Department of Health. (2022). New Jersey overdose data dashboard. Retrieved from https://www.state.nj.us/health/populationhealth/opioid/

New Jersey Department of Health. (2023). New Jersey state health assessment data. Retrieved from https://www-doh.state.nj.us/doh-shad/

United for ALICE. (2024). *Research center- – New Jersey.* Retrieved from https://www.unitedforalice.org/state-overview-mobile/NewJersey

United States Census Bureau. (n.d.). *American community survey*. Retrieved from https://data.census.gov/cedsci/

United States Department of Health and Human Services. (2010). *Healthy people 2030.* Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives

Appendix B:
Evaluation of Impact

Evaluation of Impact:

2022 CHIP Priorities

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

2022 Priorities and Goal Statements

2022 Evaluation of Impact

CHIP Priority Area: Access to Care

Jefferson Health worked towards an overarching goal to achieve equitable access to services for all people regardless of race, ethnicity, age, insurance, zip code, gender, or language. As part of the 2022-2025 CHIP, Jefferson Health implemented the following programs and initiatives:

Programs/Activities

- Leveraged grant funding to hire a team of culturally, linguistically, and geographically representative community health workers to provide culturally competent care across our region. This team participated in over 800 community-based events during this timeframe.
- Offered health screenings for chronic health conditions, including cardiology, cancer, blood pressure, glucose, and HIV.
- Hosted hundreds of educational workshops about various health topics in different languages, including English, Spanish, Arabic, Vietnamese, Chinese, and Korean.
- Connected seniors to the NJ Save program for financial resources related to prescription costs, hearing aids, utilities, and more.
- Hosted hundreds of pop-up clinics, administering vaccines for COVID-19, Flu, RSV, Shingles, and Pneumonia for community members with and without insurance.
- Leveraged a language access grant to bring bilingual clinicians into trusted community settings, including houses of worship, senior housing complexes, bodegas, and clinics, to deliver educational workshops about the importance of language access in healthcare.
- Used grant funding to sponsor bilingual employees and community members to become qualified bilingual employees and certified medical interpreters.
- Improved documentation of patient languages in EMR to improve health outcomes.
- Embedded social work and case management services into key primary and specialty care practices to better serve at-risk patients.

We implemented a Health-Related Social Needs (HRSN) screening across various departments, including inpatient, primary care, behavioral health, and women's health, to identify the most pressing needs of our patients. By tracking our screening rates, we measure how many patients in these areas receive HRSN screening. The data from these screenings helps us pinpoint the top positive domains affecting our patients, allowing us to focus our efforts where they are most needed. Consistently, social isolation has emerged as the primary concern. To address this, we organize events both within the hospital and in the community, providing our patients with opportunities to connect and engage with others.

2022 Evaluation of Impact

In 2024, in celebration of Jefferson's bicentennial anniversary, employees and families completed over 200,000 volunteer hours in support of community-based organizations. We leveraged the skills of our clinical and administrative staff and their families to bring health and wellness resources to our surrounding communities.

CHIP Priority Area: Chronic Disease and Life Expectancy

Jefferson Health worked towards achieving equitable life expectancy for all people regardless of race, ethnicity, zip code, insurance, income, gender, or language. Jefferson Health implemented the following programs and initiatives:

Programs/Activities

- Improvements were made to staff training, availability, and interdepartmental scheduling to positively impact patient care. Through these efforts, we were able to ease patient burdens by ensuring timely care, including follow-up appointments between hospitalizations and ambulatory appointments and primary and specialty care visits.
- Increased education for all clinicians and staff within inpatient and ambulatory settings around policies, care, and documentation of programs improving life expectancy.
- Participated in hundreds of community health and wellness events, inclusive of food demonstrations, screenings, vaccine clinics, and health workshops to promote preventive care and chronic disease management.

Life Expectancy Program and Strategy Highlights

- We focused on language access during this timeframe to improve patient safety and health outcomes:
  - Educated clinicians and staff about the National CLAS Standards (culturally and linguistically appropriate services).
  - Updated language access policies.
  - Created new mechanisms to document language services in our EMR.
  - Provided opportunities for staff and community members to become qualified bilingual employees and/or certified medical interpreters.
  - Translated patient-facing materials into multiple languages to improve care.
  - Offered health screenings, food demonstrations, vaccine clinics, and educational workshops across our region in different languages.

2022 Evaluation of Impact

All of these activities towards building mental health equity strengthened the safety net for all people in South Jersey by strengthening relationships. These activities mad connections and built trust with hundreds of community partners, including community- and faith-based organizations, municipalities, county health departments, small businesses and others. Together, we delivered health education and care in trusted community settings. Mental health and social determinants of health were common areas of focus.

CHIP Priority Area: Mental Health Equity

Jefferson Health – New Jersey focused on improving behavioral health services for individuals of all ages in clinical and community-based settings.

Programs/Activities

- Added behavioral health clinicians (BHCs) to primary and specialty care practices to deliver integrated care.
- Expanded medication assisted treatment (MAT) programming.
- Strengthened relationships with community-based behavioral and mental health substance abuse providers.
- Expanded program to address treatment resistant depression.
- Increased the number of patients screened through primary care for depression, anxiety, and substance use disorders.
- Worked on QIP measures related to NJ Medicaid patients to improve access, substance abuse screening.
- Added a health-related social needs (HRSN) survey for inpatients, primary care patients, and patients of several key specialty care practices to uncover needs and barriers for treatment.
- Improved community trust of Jefferson Health – New Jersey through community and clinic-based service delivery.

Life Expectancy Program and Strategy Highlights

- Leveraged COVID-19 grant funding to provide social workers to a local school district to mitigate the mental health impacts of the pandemic. A Community Wellness Manager was also deployed to support the district's surrounding community by running a weekly food distribution site and offering resource navigation for community members in need.
- Screened nearly 90,000 patients in one year through the HRSN survey, helping our system identify individual and community needs, provide resource navigation, and design future programming to address trends across our patient population.

2022 Evaluation of Impact

Among the actions designed to strengthen opportunities for an equal start, Jefferson Health created a "Centering Pregnancy" program for expectant parents to promote healthier babies, fewer preterm deliveries, and improved pregnancy outcomes.

"CenteringPregnancy is group prenatal care bringing women due at the same time out of exam rooms and into a comfortable group setting… Providing care in this way allows moms and providers to relax and get to know each other on a much deeper and meaningful level. Members of the group form lasting friendships and are connected in ways not possible in traditional care."
https://centeringhealthcare.org/what-we-do/centering-pregnancy

CHIP Priority Area: Equal Start - Maternal and Child Health

Jefferson Health – New Jersey worked to achieve equitable outcomes and support for all babies and people who give birth. Jefferson Health implemented the following programs and initiatives:

Programs/Activities

- Increased programming to build trust in our healthcare system for people giving birth.
- Helped patients navigate insurance barriers to improve access to care.
- Integrated behavioral health and social services throughout the perinatal period.
- Improved diversity on our team, adding providers who are culturally and linguistically representative of our patient population.
- Built a diverse team of providers who respect the rights of people to make decisions regarding their pregnancies.
- Increased screenings to address social determinants of health and health-related social needs.

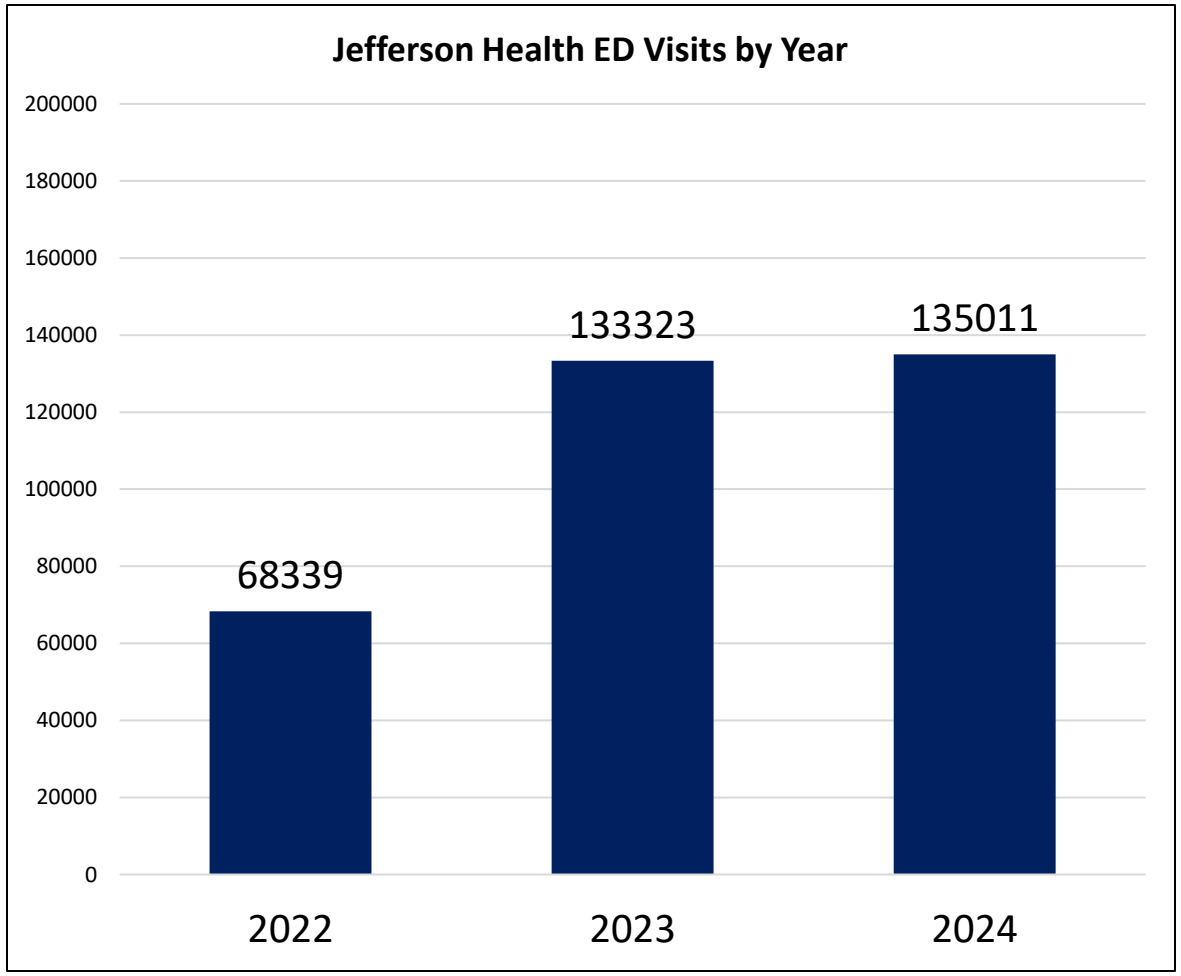
Life Expectancy Program and Strategy Highlights

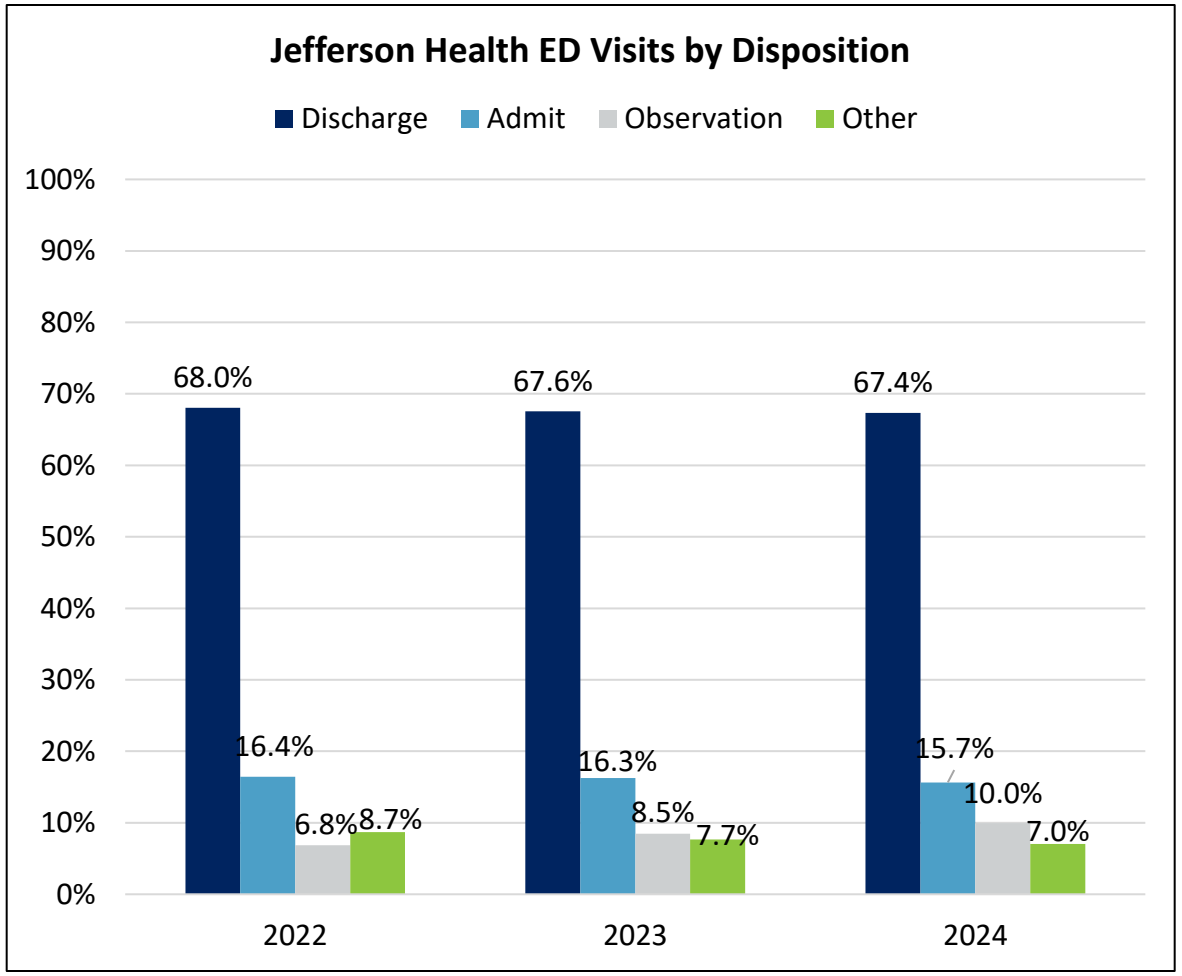
- Implemented a doula program.
- Leveraged grants to translate maternal health materials into various languages to educate diverse patient and community populations.
- Improved access to equitable care for insured and uninsured patients alike.
- Deployed a full-time LCSW to provide care coordination for patients.
- Laid the foundation for a MAT program to better serve patients.

Appendix C:
Emergency Department Data Findings 2022-2024

Total Emergency Department (ED) visits at Jefferson Health, categorized by type and year.

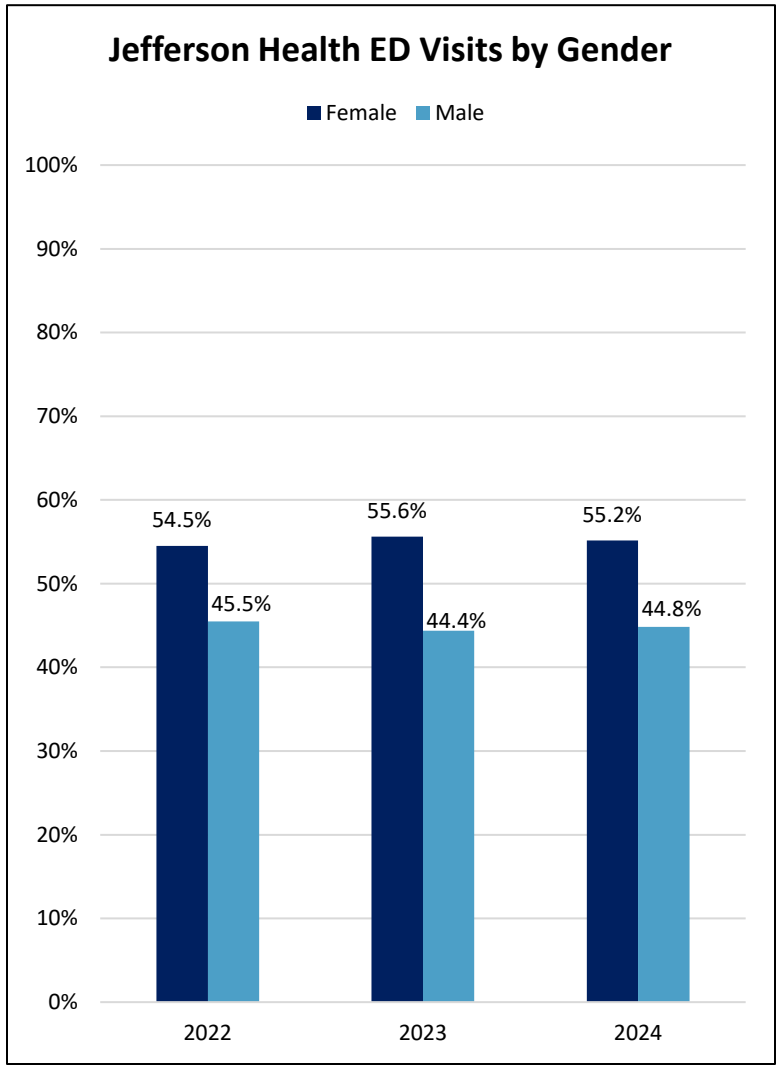
The ED data available for analysis in 2022 was incomplete, reflecting only the second half of the year. While it does not reflect a complete calendar year, the available data for 2022 is otherwise complete. The number of ED visits increased incrementally between 2023 and 2024. Despite the change in volume, most patients continued to be discharged, and the disposition remained consistent.

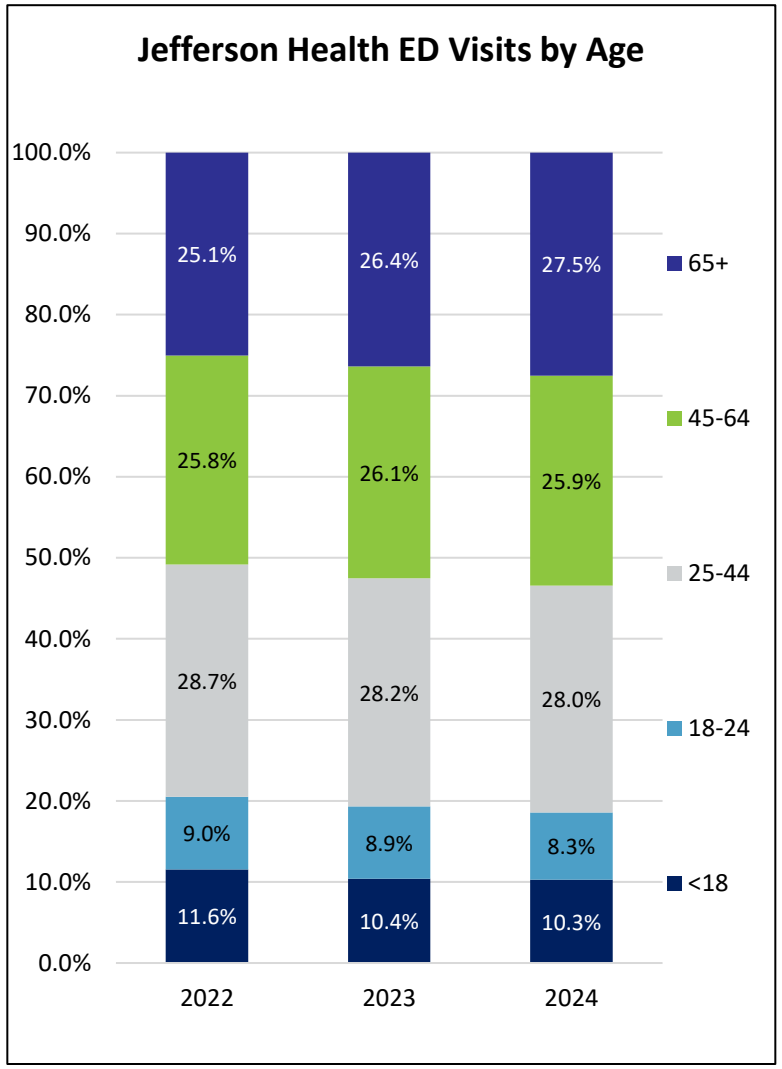


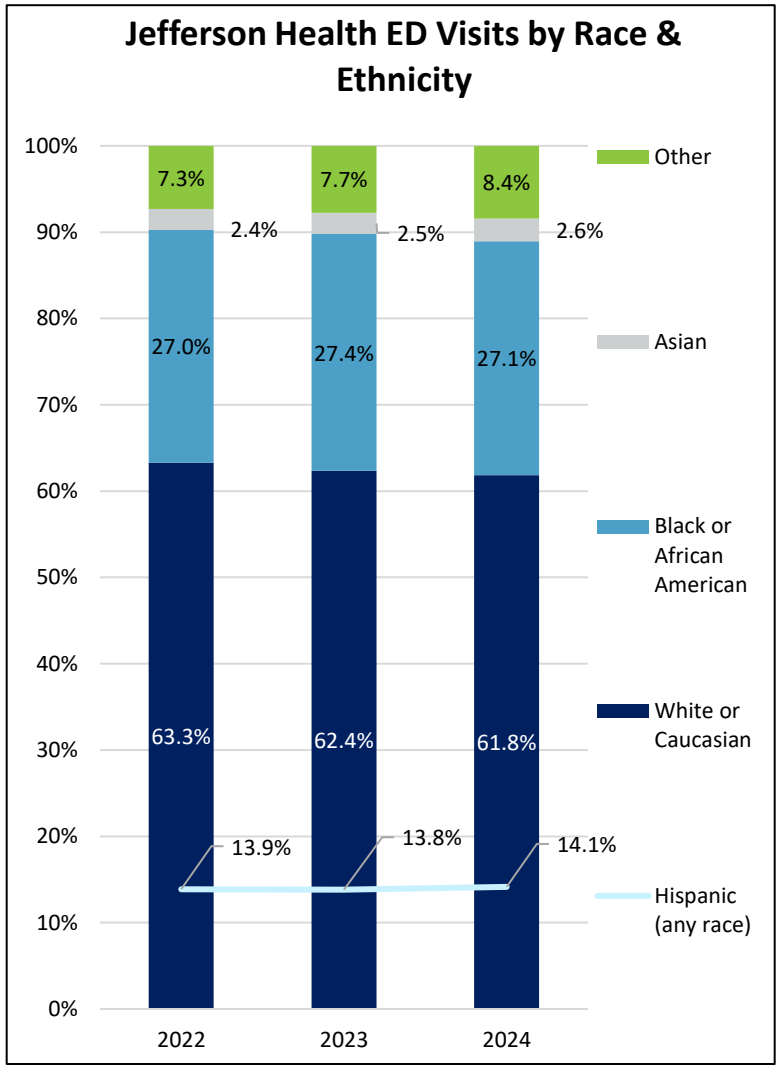


Jefferson Health ED Visits by Demographics

The ED patient profile was consistent from 2022-2024. Jefferson ED patients were most likely to be female, age 25+ and white.



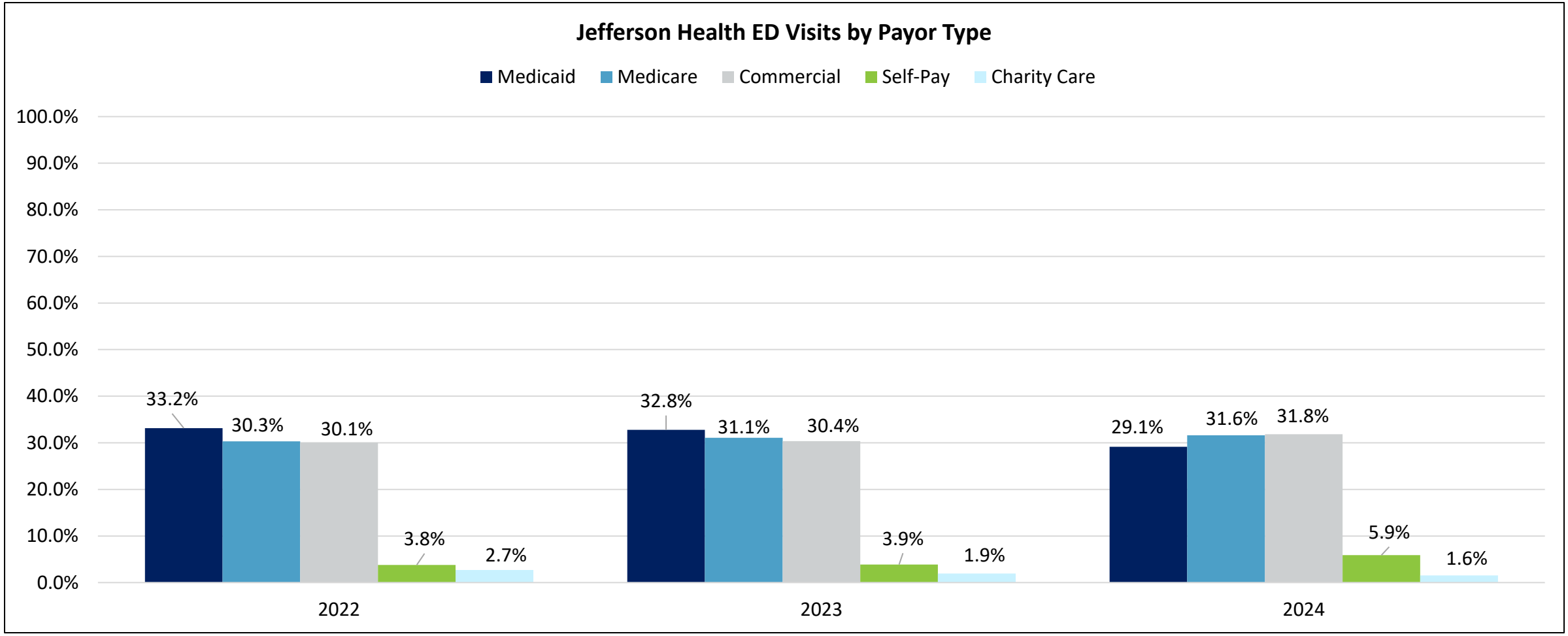




Note: *Other-Two or More Races, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander and Unknown

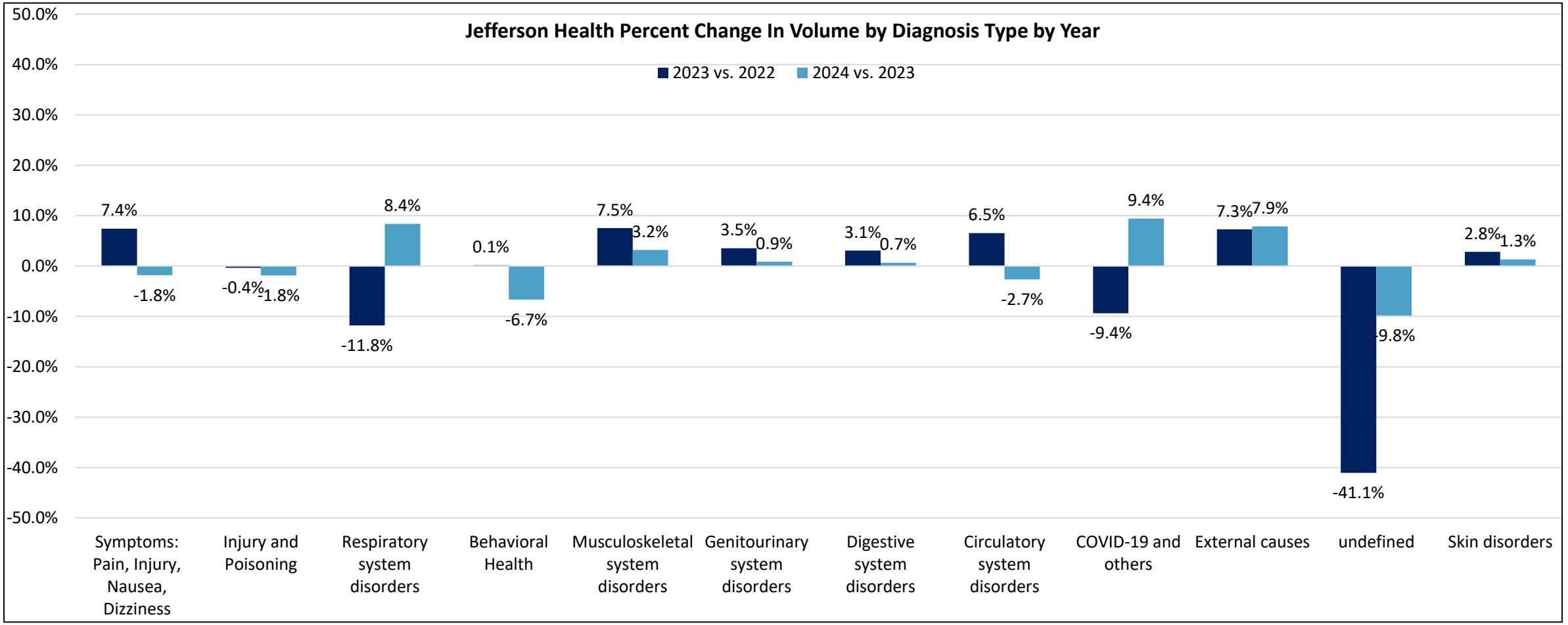
Jefferson Health ED Visits by Payor Type

There was a relatively equal mix between Medicaid, Medicare and Commercial insurance among the patients visiting Jefferson's ED from 2022-2024. In 2024, the proportion of Medicaid patients decreased slightly, and the proportion of self-pay patients increased slightly. This slight change aligns timewise with changes in the Medicaid enrollment and continuity process.



Jefferson ED Data: Changes in Diagnosis Volume Over Time

Among the most common ED diagnoses, Jefferson ED saw an increase in respiratory system disorders and COVID-19 over time. Jefferson also found a decrease in “undefined” diagnoses over time, demonstrating an improvement in data collection and reporting.



Appendix D:
2025 Community Survey Results by County

Community Survey

South Jersey Health Collaborative

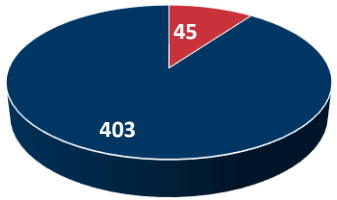
February – March 2025

35TH STREET CONSULTING LLC

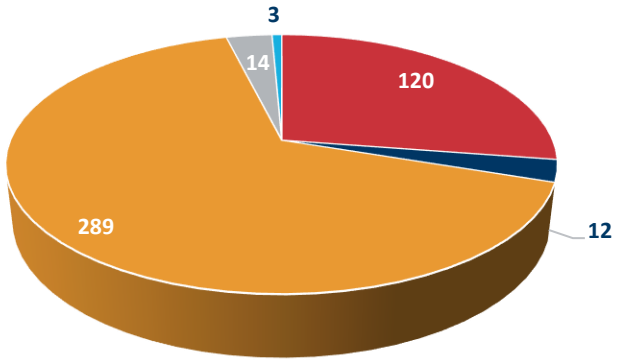
A New Jersey certified Small Business and WBE

Burlington County, N=705

Do you identify as Hispanic/Latinx?

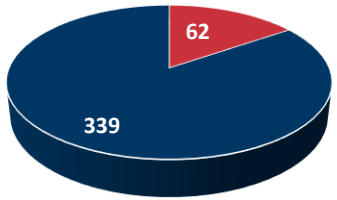


What is your race? (check all that apply)

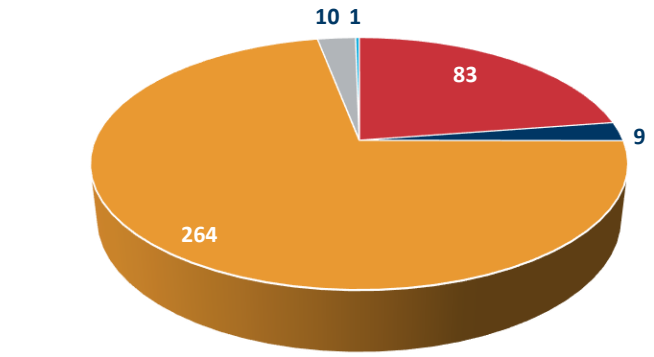


Camden County, N=578

Do you identify as Hispanic/Latinx?

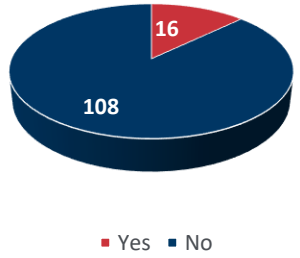


What is your race? (check all that apply)

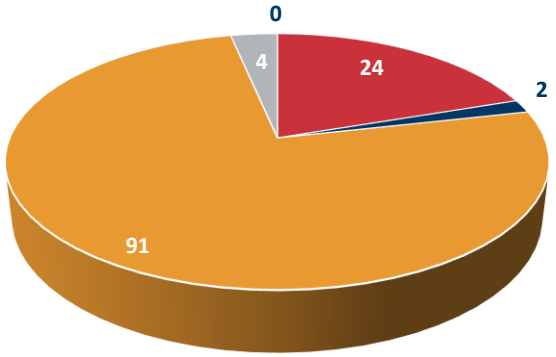


Gloucester County, N=181

Do you identify as Hispanic/Latinx



What is your race? (check all that apply)



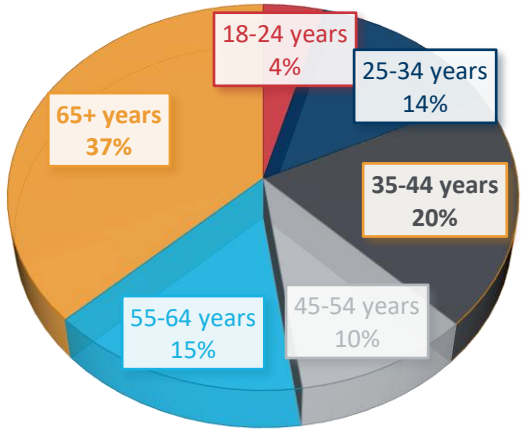
Burlington County, N=705

16%

3%

30%

HOW OLD ARE YOU?



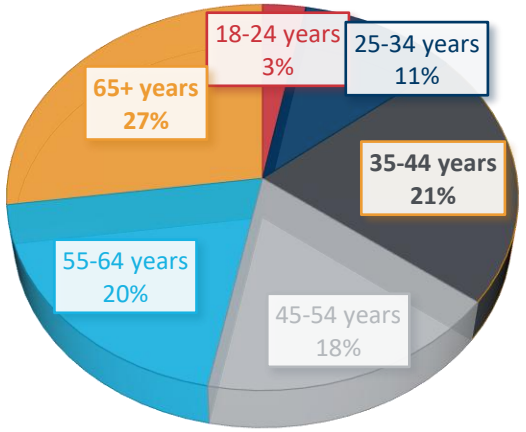
Camden County, N=578

14%

5%

29%

HOW OLD ARE YOU?



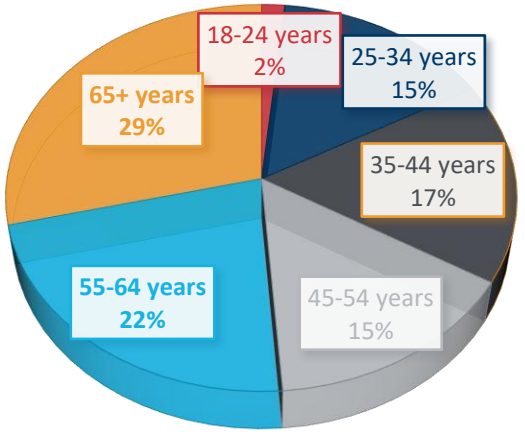
Gloucester County, N=181

13%

3%

31%

HOW OLD ARE YOU?



South Jersey Health Collaborative
2025 Community Survey

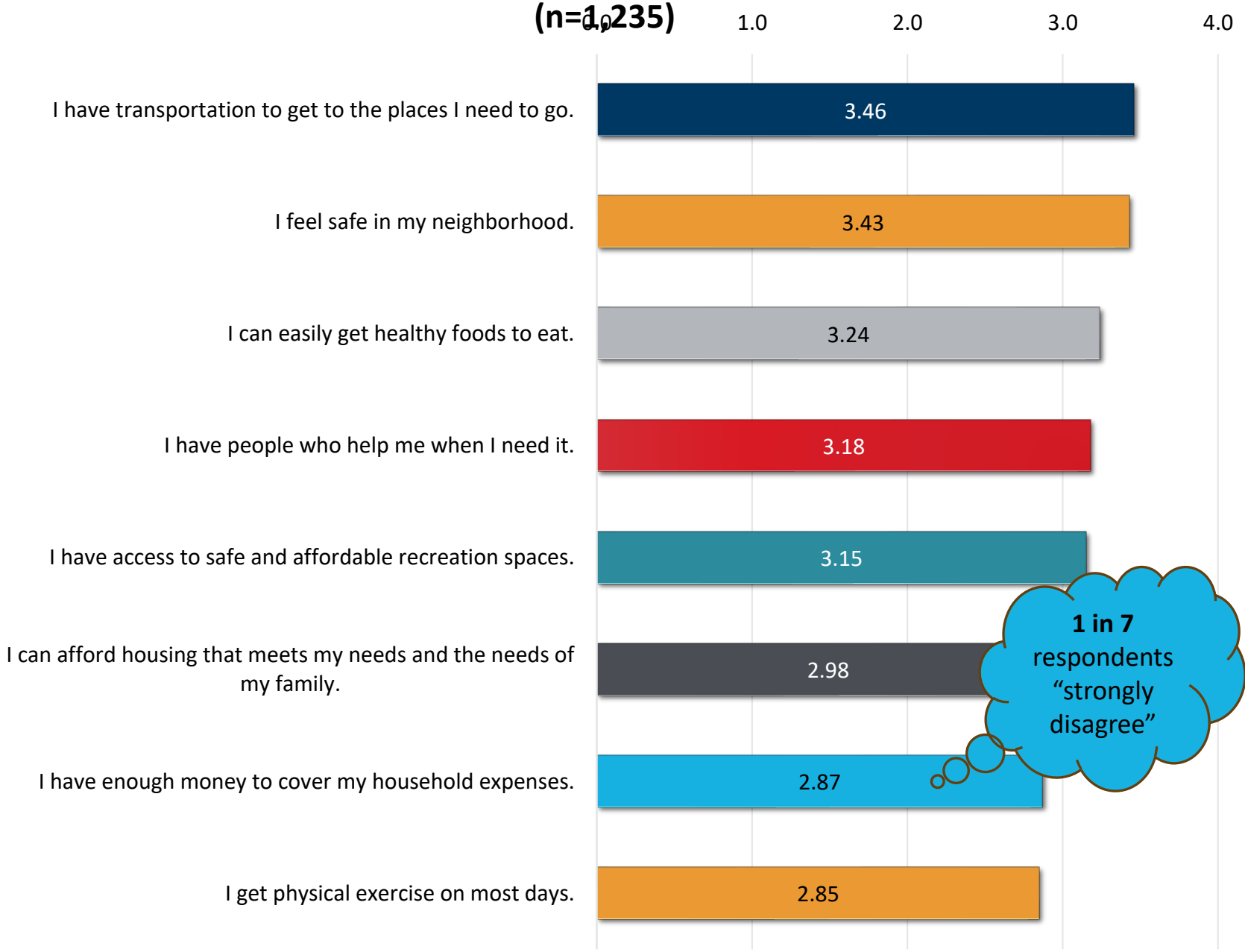
On a scale of 1-5, how would you rank your situation or quality of life over the past month? (n=1,210)

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)



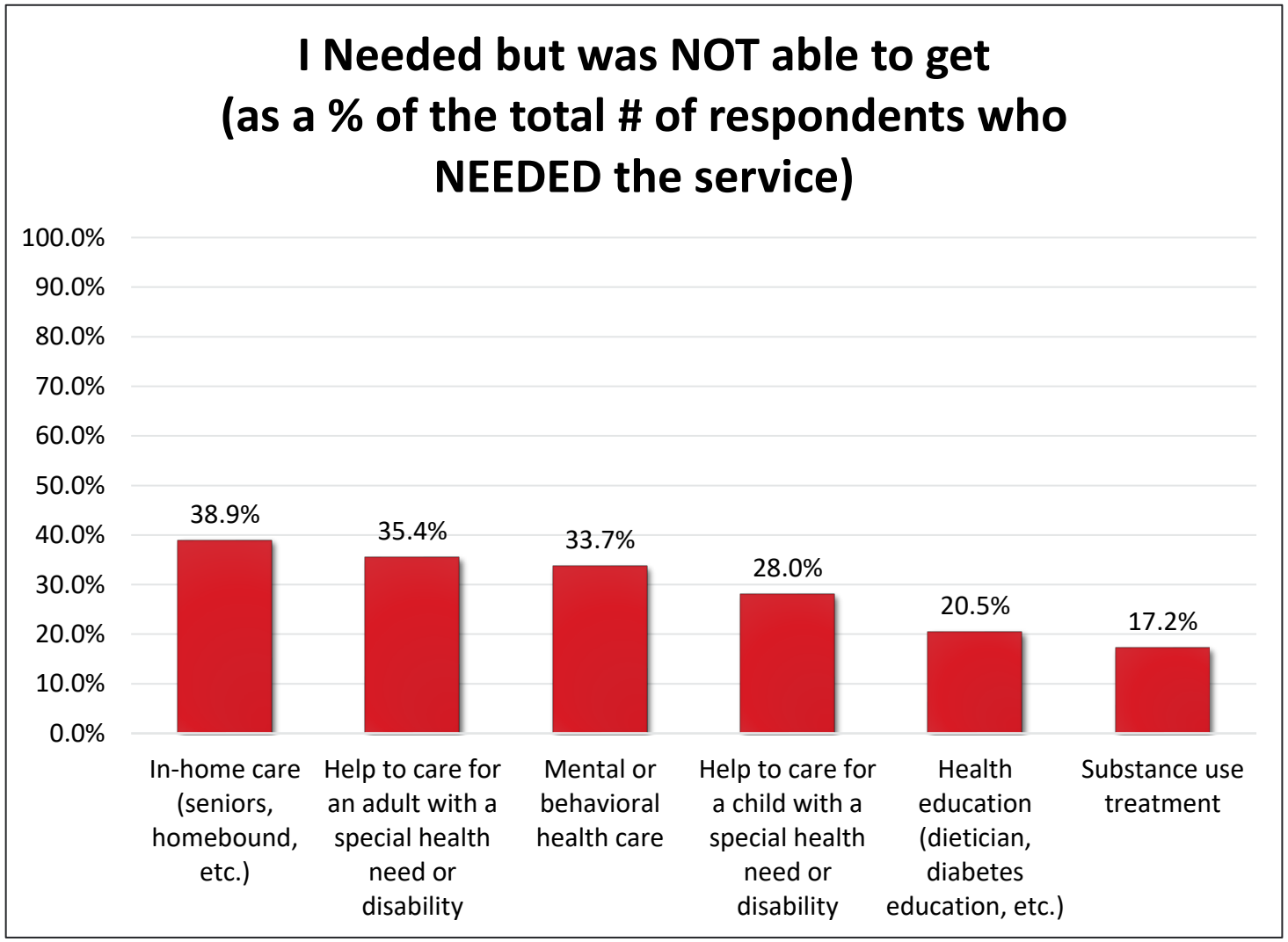
South Jersey Health Collaborative
2025 Community Survey

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%)

Community Survey



South Jersey Health Collaborative
2025 Community Survey

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

Needed but Couldn't Get

Burlington County	Camden County	Gloucester County
In-home care for seniors or homebound **(39%)**	Help to care for an **adult** with a special health need or disability **(42%)**	Mental or behavioral health care **(42%)**
Mental or behavioral health care	In-home care for seniors or homebound	Help to care for a **child** with a special health need or disability
Help to care for an **adult** with a special health need or disability	Mental or behavioral health care	In-home care for seniors or homebound
Help to care for a **child** with a special health need or disability	Help to care for a **child** with a special health need or disability	Help to care for an **adult** 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.)

Community Survey: Barriers and Tools for Accessing Health Services

35TH STREET CONSULTING LLC

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

Cooper University Health Care

Jefferson Health — Home of Sidney Kimmel Medical College

Virtua Health

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

camden county — Making It Better, Together.

Close to Everything Gloucester County — Far From It All

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."

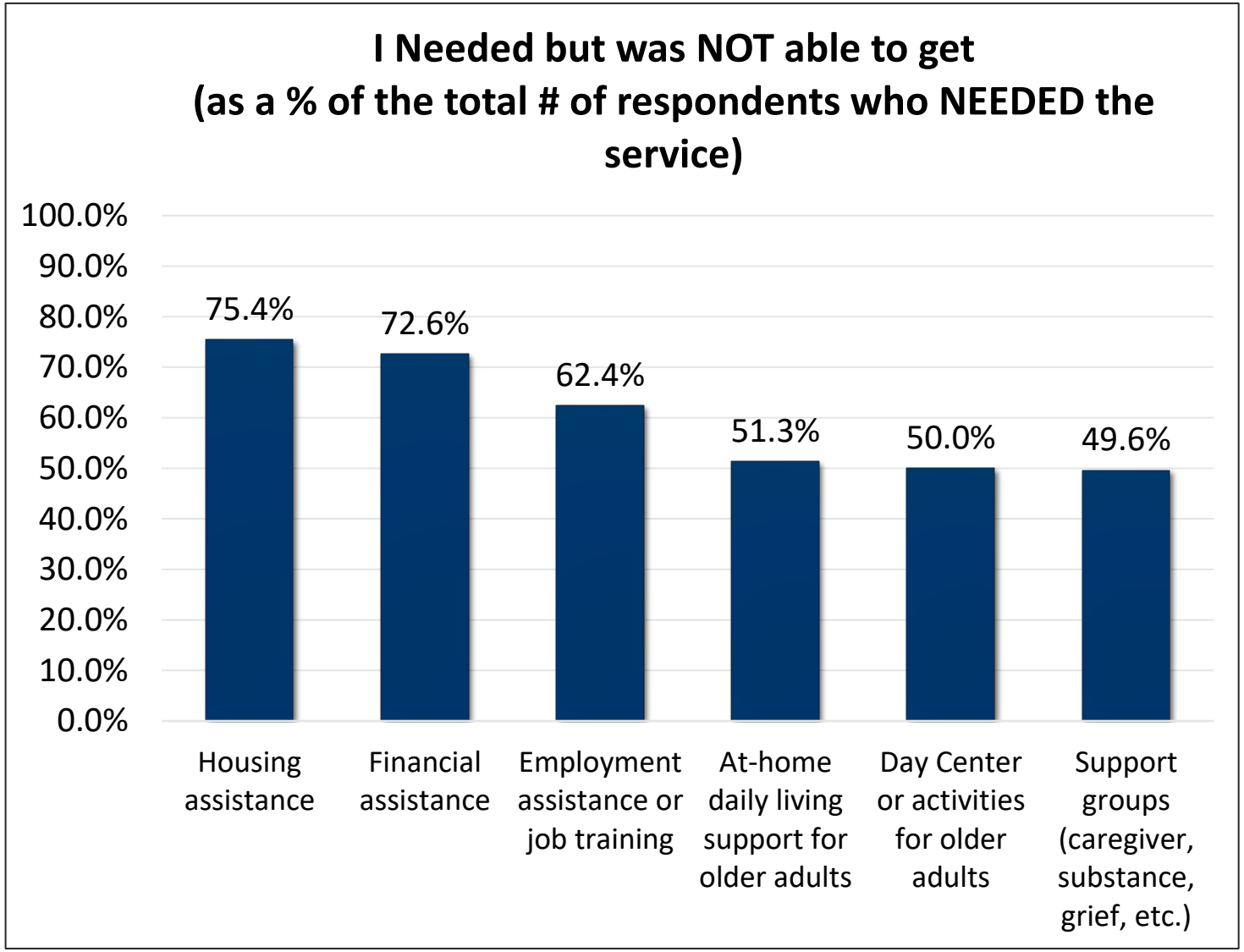
South Jersey Health Collaborative
2025 Community Survey

Was there a time in 2024 when you needed any of these community or public health services?

Most Needed Services:

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

Community Survey



South Jersey Health Collaborative
2025 Community Survey

Was there a time in 2024 when you needed any of these community or public health services?

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

Community Survey: Barriers and Tools for Accessing Supportive Services

35TH STREET CONSULTING LLC

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

South Jersey Health Collaborative
2025 Community Survey

Cooper University Health Care | Jefferson Health, Home of Sidney Kimmel Medical College | Virtua Health

Public Health. Prevent. Promote. Protect. Burlington County Health Department. Health Starts Here | camden county. Making It Better, Together. | Close to Everything. Gloucester County. Far From It All.

What is most helpful in accessing supportive services?

- 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.”

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

35TH STREET CONSULTING LLC

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

South Jersey Health Collaborative

2025 Community Health Needs Assessment

Research Partner

35TH STREET CONSULTING LLC

A New Jersey certified Small Business and WBE

35th 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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A New Jersey Certified WBE and SBE