

2025 Community Health Needs Assessment

*In partnership with the South
Jersey Health Collaborative*



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



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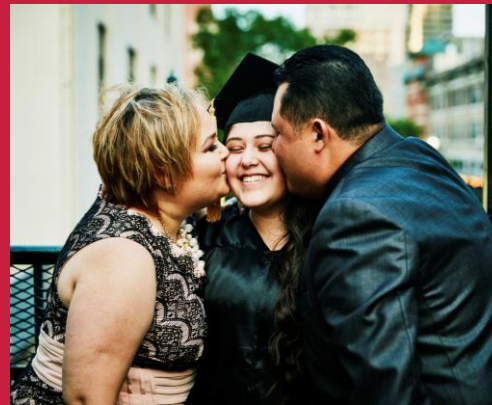


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About Cooper University Health Care

Cooper University Health Care is a leading academic health system affiliated with Cooper Medical School of Rowan University. Cooper, headquartered in Camden, New Jersey, has revenues of more than \$2.4 billion and an A+ credit rating from both S&P Global and Fitch Ratings. Cooper has nearly 14,000 team members, including nearly 1,600 nurses, more than 1,000 employed physicians representing 95 specialties and subspecialties, and more than 600 advanced practice professionals. Cooper operates MD Anderson Cancer Center at Cooper as well as three hospitals – its 663-bed flagship Cooper University Hospital in Camden, its 229-bed Cooper University Hospital Cape Regional in Cape May Courthouse, and Children’s Regional Hospital also in Camden.



Cooper University Hospital in Camden is the only Level 1 trauma center in South Jersey and the busiest in the region. The hospital has been recognized as a top-performing regional hospital by U.S. News & World Report’s Best Hospitals annual survey for six years. More than 2.4 million patients visit Cooper’s facilities annually. Cooper’s ambulatory network encompasses three outpatient surgery centers, several urgent care centers, a wound care center, and more than 130 physician, physical therapy, and radiology offices extending from the Delaware River to the New Jersey shore. Cooper was named one of America’s Best Large Employers for 2025 by *Forbes*, ranking among the top 200 in the nation. Visit CooperHealth.org to learn more.

South Jersey Health Collaborative

The South Jersey Health Collaborative, consisting of hospitals, health systems, and health departments within Burlington, Camden, and Gloucester counties, came together to undertake a comprehensive regional community health needs assessment (CHNA). The South Jersey Health Collaborative included the following partners: Cooper University Health Care, Jefferson Health – New Jersey, Virtua Health, and the 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 be used to guide community benefit initiatives at Virtua and will engage the South Jersey Health Collaborative agencies and other community partners to address identified needs.

South Jersey Health Collaborative Partners



South Jersey Health Collaborative

CHNA Steering Committee Members

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

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

Summary of the Previous CHNA

The 2022 Community Health Needs assessment for Cooper University Health Care 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.cooperhealth.org/sites/default/files/Cooper.CHNA.CHIP.2022.pdf>

Following approval by the Cooper University Health Care Board of Directors, Cooper University Health Care developed strategies to operationalize the 2022 CHNA. In 2022, the implementation strategy was developed by the Community Health Department at Cooper University Health with recommendations from key community partners. The 2022 implementation strategy was reviewed on an annual basis. The Cooper University Health Care Community Health Implementation Plan (CHIP) was organized into the following four domains and related priority issues: Chronic Disease Management, Adult Mental Health Equity, Maternal and Child Health, and Youth Mental Health Equity. An Evaluation of Impact from the 2019 CHNA and CHIP reports is included on page 171.

2022 Priorities and Goal Statements

Priorities for Action: Building Trust and Equity

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



Equity Approach:

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

Access	Life Expectancy	Build Resilience	Equal Start
Access to Care: <u>Goal:</u> 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: <u>Goal:</u> 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: <u>Goal:</u> Foster community building opportunities to ameliorate the impact of traumatic events designed for all ages.	Women and Children's Health: <u>Goal:</u> Achieve equitable outcomes and support for all babies and people who give birth.

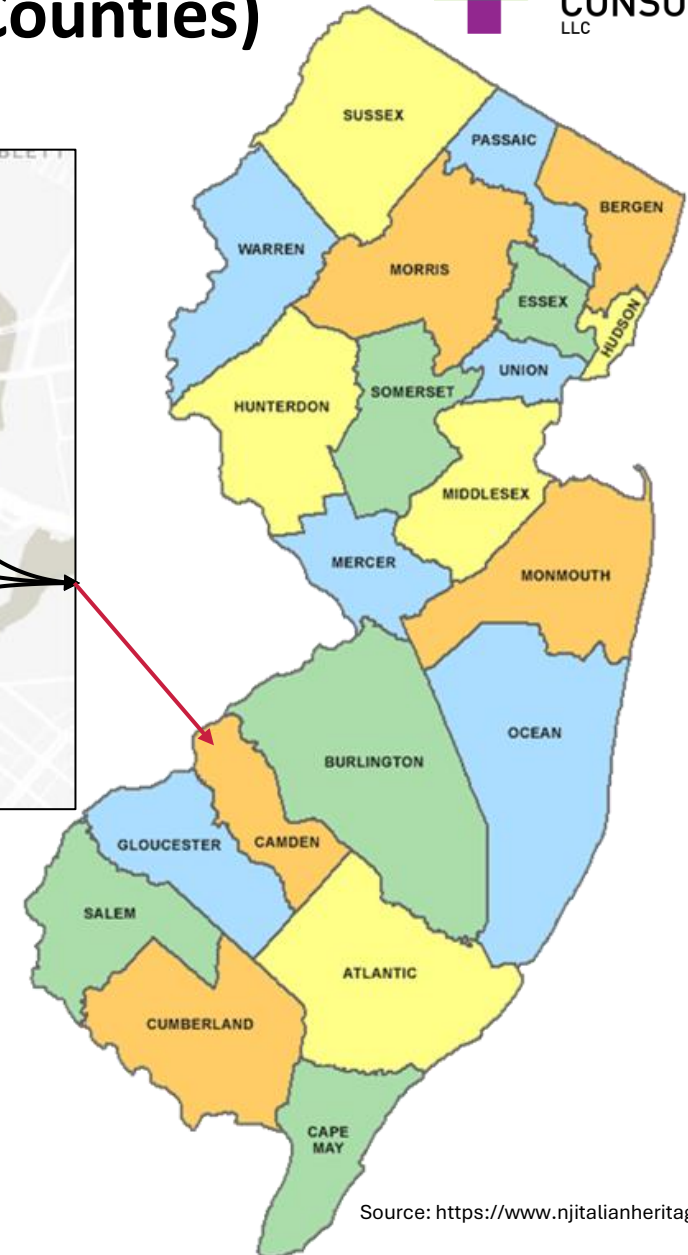
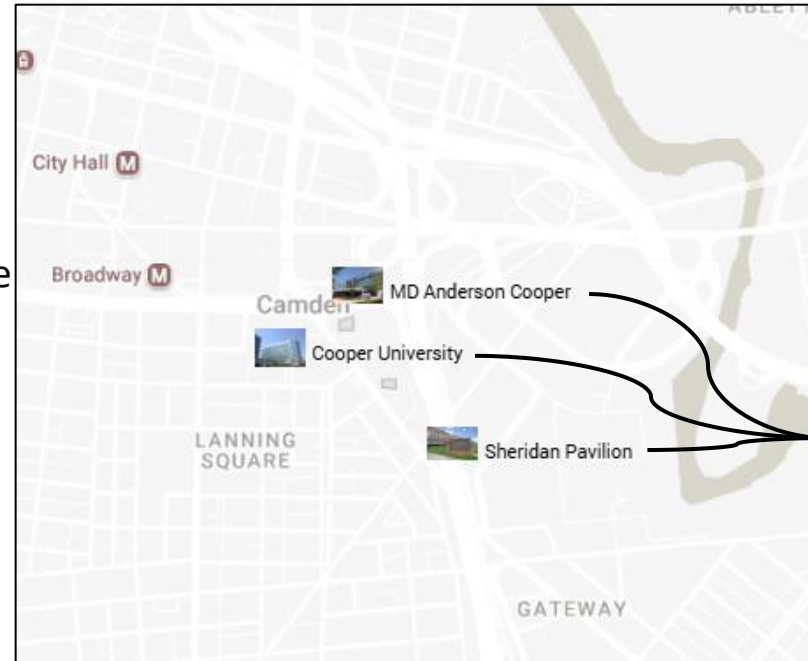
South Jersey Background (Burlington, Camden, Gloucester Counties)

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.

Cooper University Health Care



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

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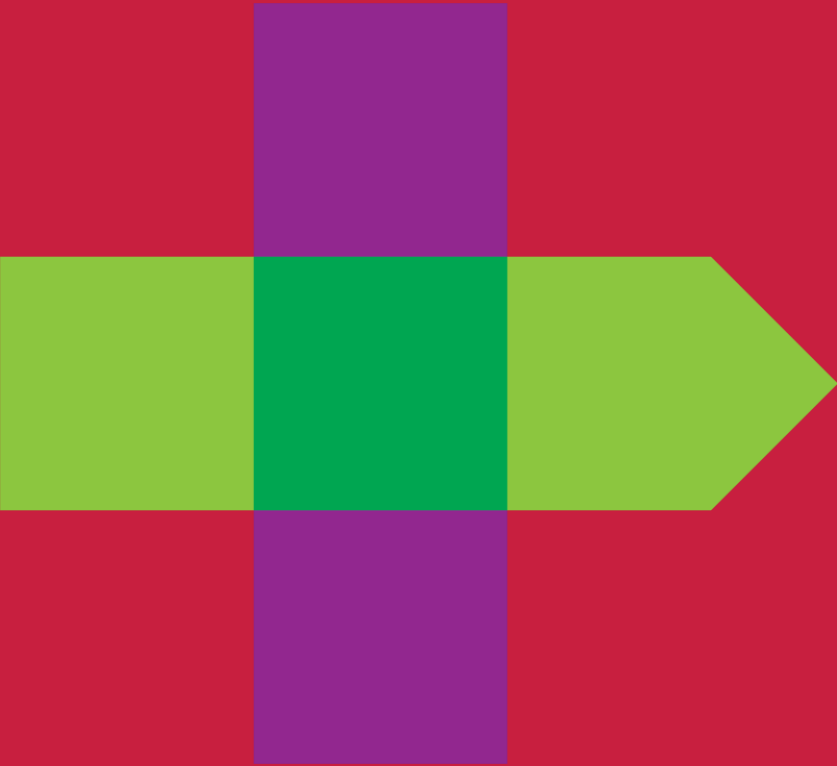
Evaluation of Impact: 2022-2025 CHIP Updates

2026-2028 CHIP Plan

APPENDIX A: SECONDARY DATA REFERENCES

APPENDIX B: 2025 COMMUNITY SURVEY RESULTS DIRECTLY FROM COOPER UNIVERSITY HEALTH PORTAL LINK

APPENDIX C: 35TH STREET CONSULTING, OUR RESEARCH PARTNER



2025 Community Health Needs Assessment

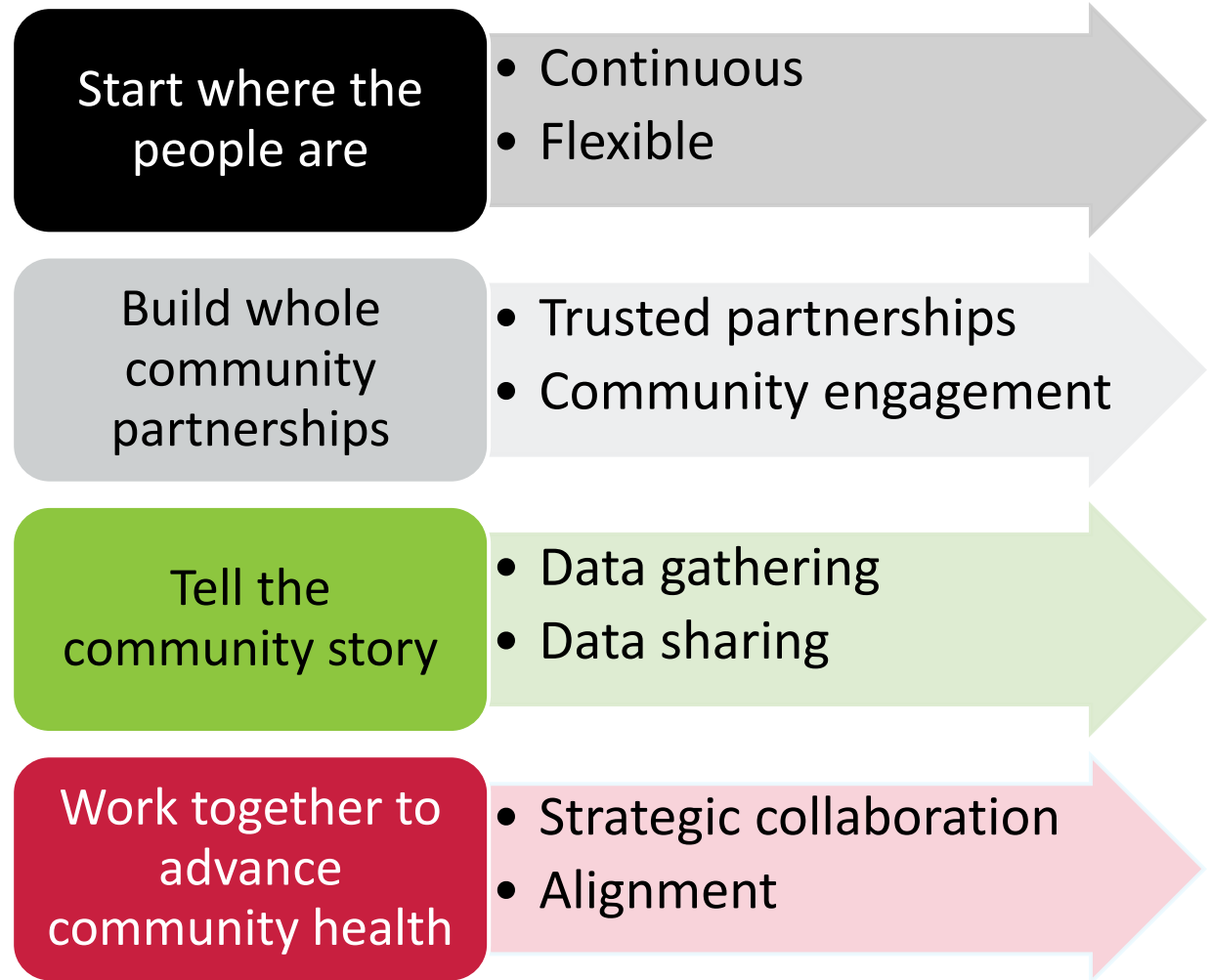
Methods and Definitions

2025 CHNA Process: Reaching Everyone

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

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

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



Secondary Data Profile

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

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

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

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

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

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

How Environment Impacts Well-being

Where we live impacts the choices available to us.

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

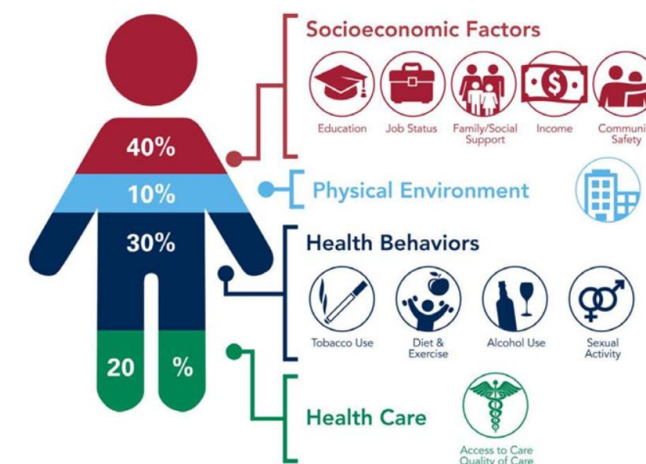
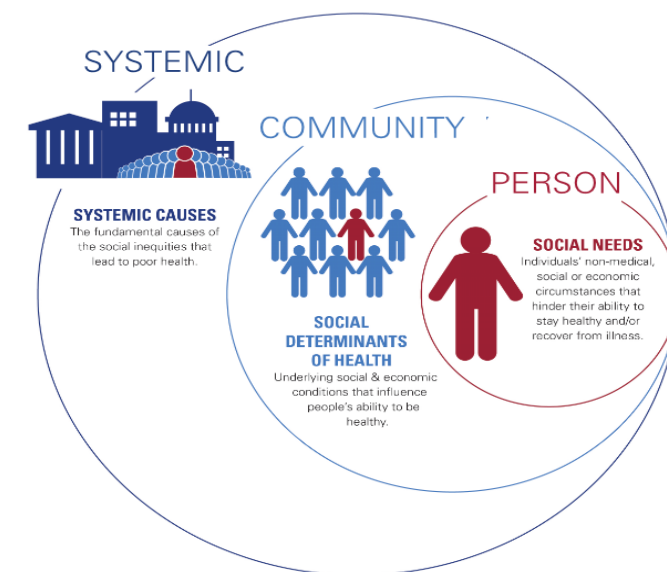
The mix of ingredients that influence each person's overall health profile includes: individual behaviors, genetics, the accessibility and quality of health services, the physical or built environment, and socioeconomic conditions, known as Social Drivers of Health (SDoH). Public health agencies, including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

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

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

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

SOCIETAL FACTORS THAT INFLUENCE HEALTH



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

In 2024 and 2025, the South Jersey Health Collaborative – comprised of key representatives, Cooper University Health Care, Jefferson Health, Virtua Health, and the County Health Departments from Burlington County, Camden County, and Gloucester County– 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 Cooper University Health Care, 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, 226 key stakeholder through the Key Stakeholder Survey, a combined 1,470 residents through the Community Survey including a subset of 113 respondents specifically from Cooper University Health Care’s outreach, and 5 focus groups, with 56 participants.

South Jersey Health Collaborative 2025 CHNA Priorities



A preliminary prioritization process was conducted in a hybrid workshop facilitated by 35th Street Consulting with 15 representatives from Cooper University Health, Jefferson 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 37 community representatives at a Community Forum hosted at Cooper University Hospital in Camden, New Jersey on June 18, 2025. All 37 forum attendees agreed with the priorities listed here.

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

Housing and transportation

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

Income variability and ALICE

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

Mental health and mental strain

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

Welcome, representation, language

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

Differences in education

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

Chronic disease

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

Cooper University Health Care Priorities for Action and Approval of 2025 CHNA

South Jersey Health Collaborative 2025 CHNA Priorities



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

Approval and Adoption of the 2025 CHNA:

The Cooper University Health Board of Directors reviewed and approved this report to address these priority areas **on xxx, 2025**. The report is widely available to the public through Cooper University Health Care's website. <https://cooperhealth.org/> For more information, feedback or comments, please email communityoutreach@cooperhealth.edu



South Jersey By The Numbers

Secondary Data Profile

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



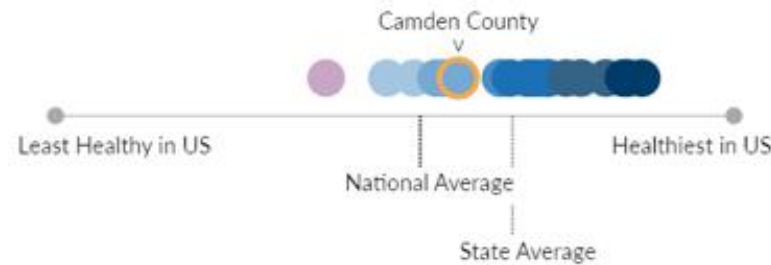
Burlington County Health Factors - 2024



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



Camden County Health Factors - 2024



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



Gloucester County Health Factors - 2024



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

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



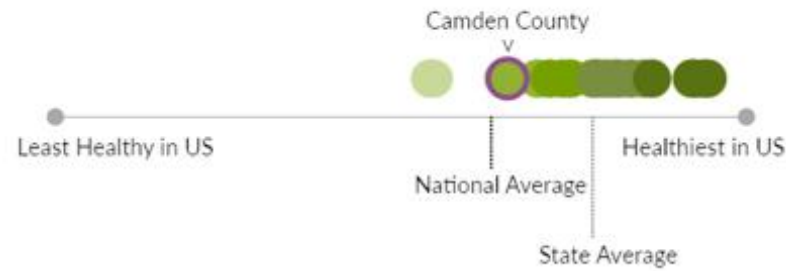
Burlington County Health Outcomes - 2024



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



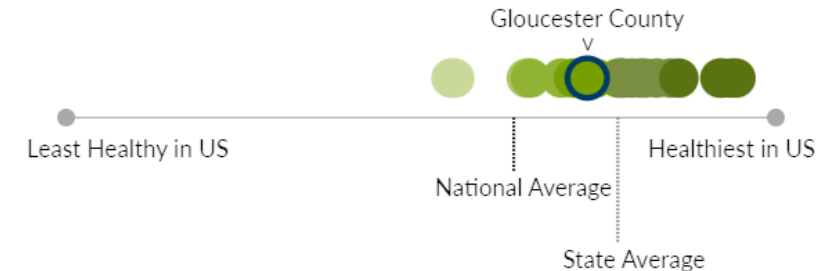
Camden County Health Outcomes - 2024



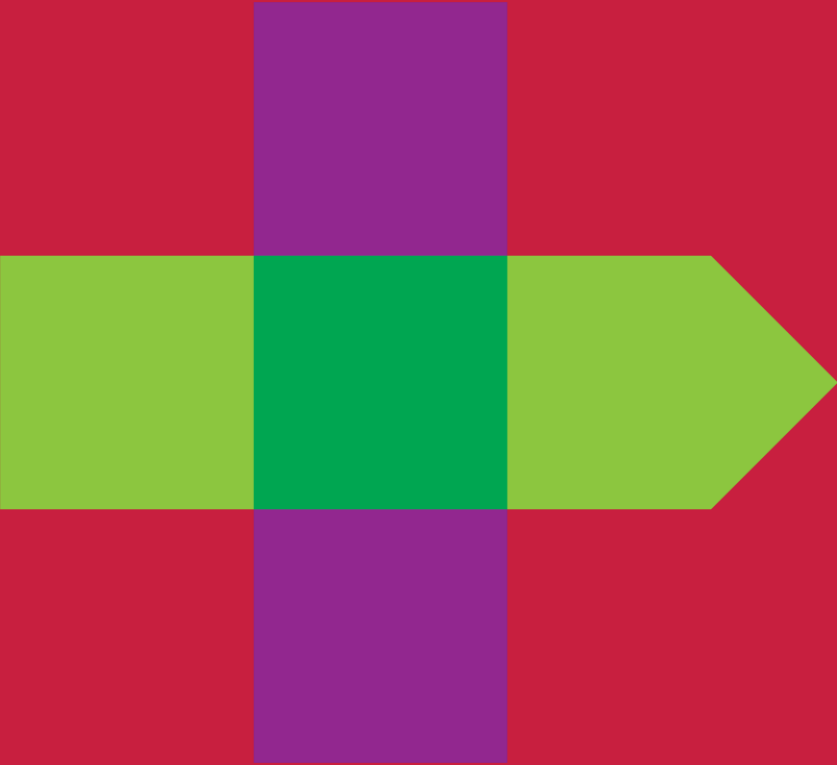
Camden County is faring slightly worse than the average county in New Jersey for Health Outcomes and slightly better than the average county in the nation.



Gloucester County Health Outcomes - 2024



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



Who lives in South Jersey?

Demographic Profile

Demographics: Our Community and Residents



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

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

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



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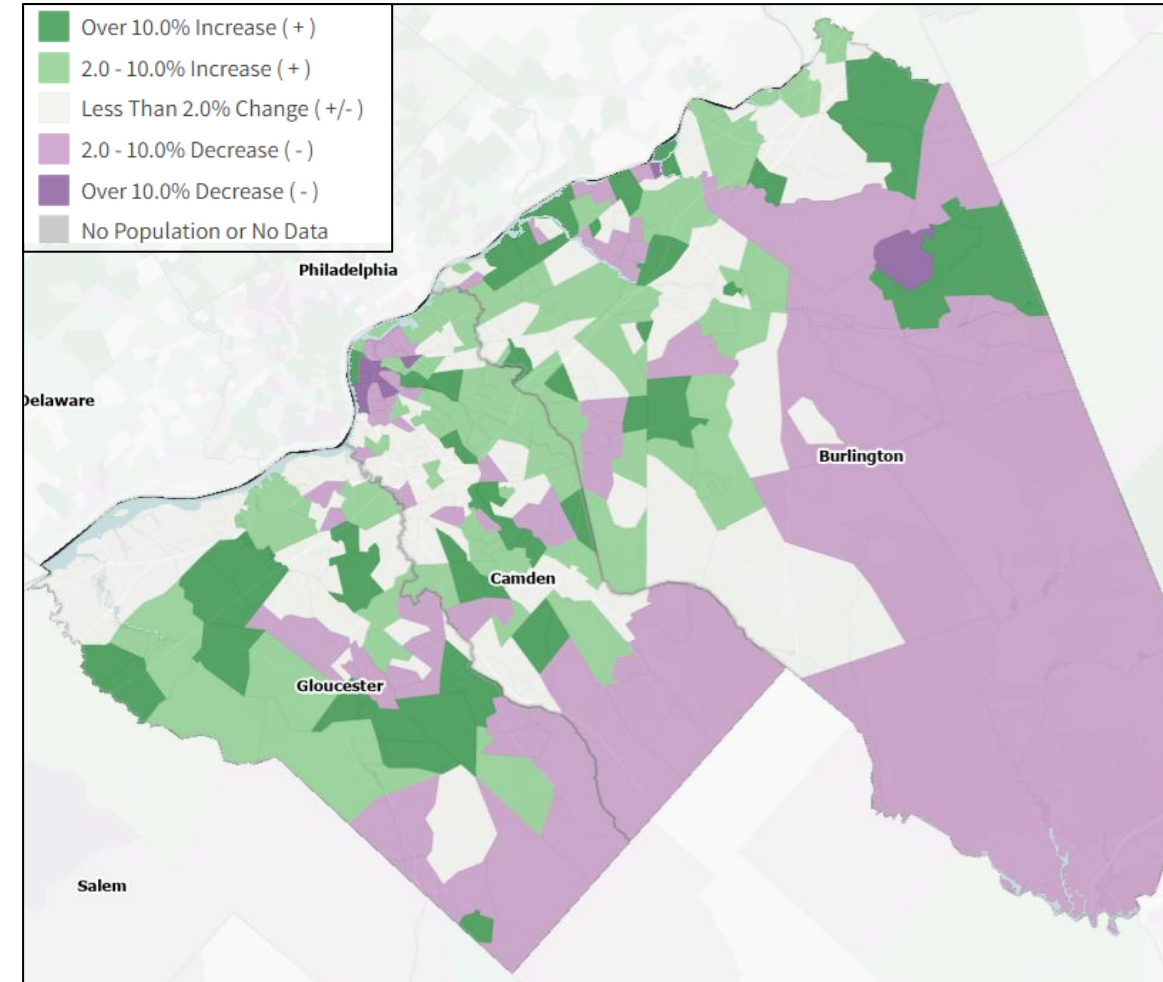
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Overall Population and Population Change

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

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



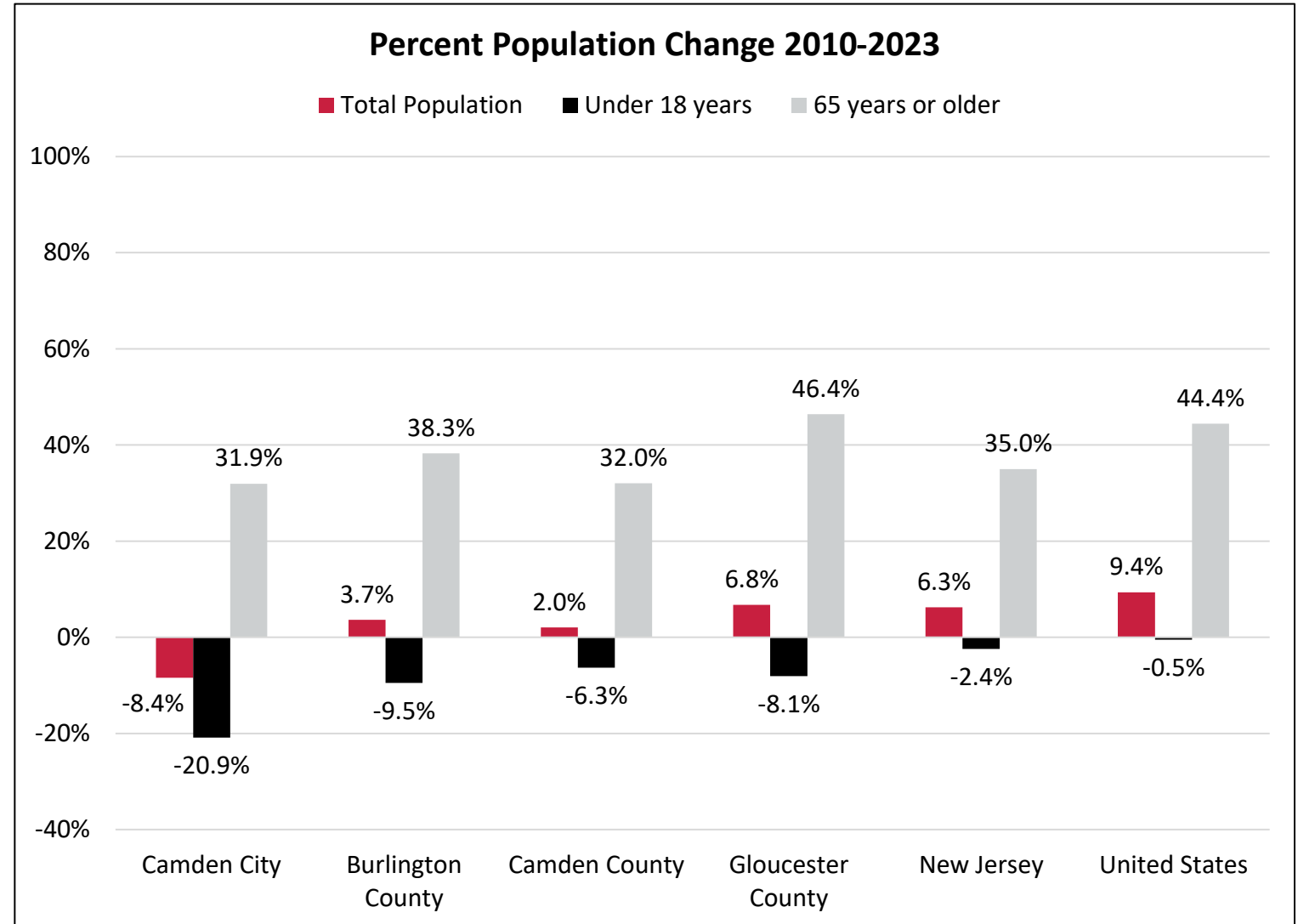
Population Change: A Closer Look

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.

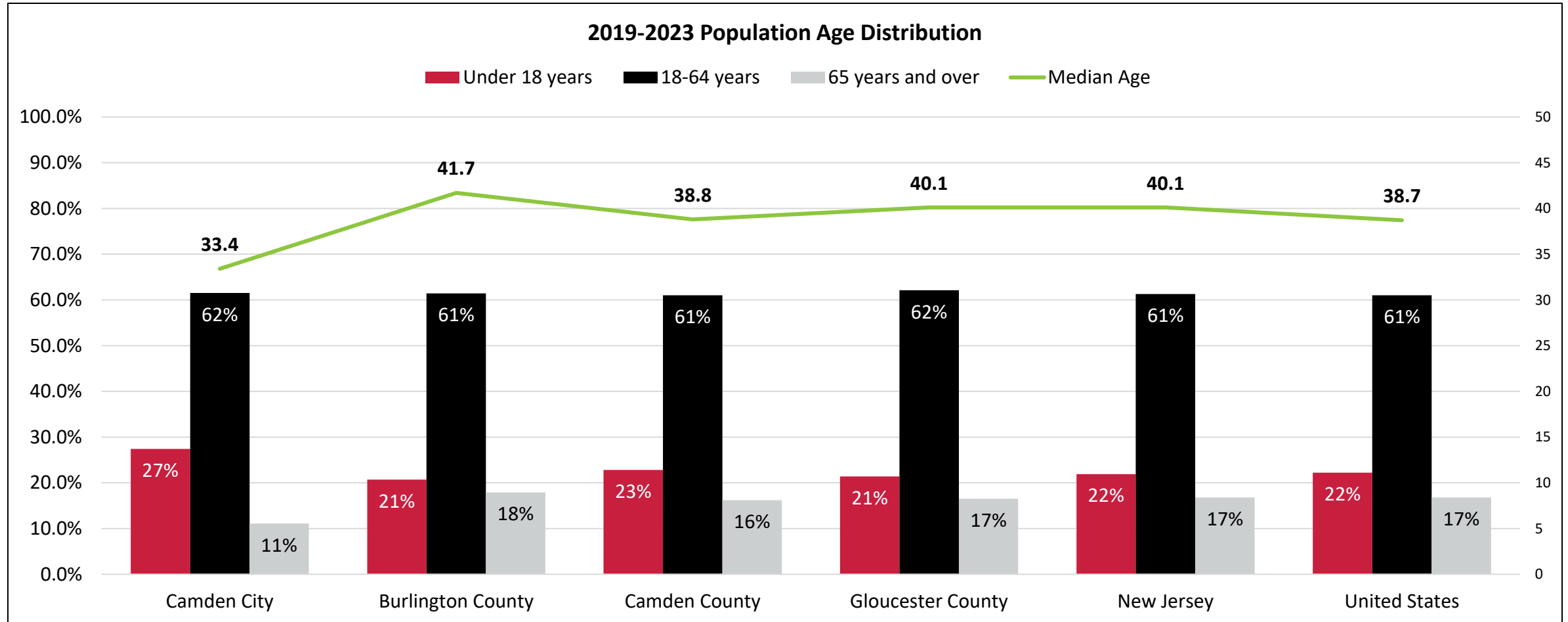
The percentage of the population over age 65 has increased, likely due to existing residents remaining in place and growing older.

“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...”



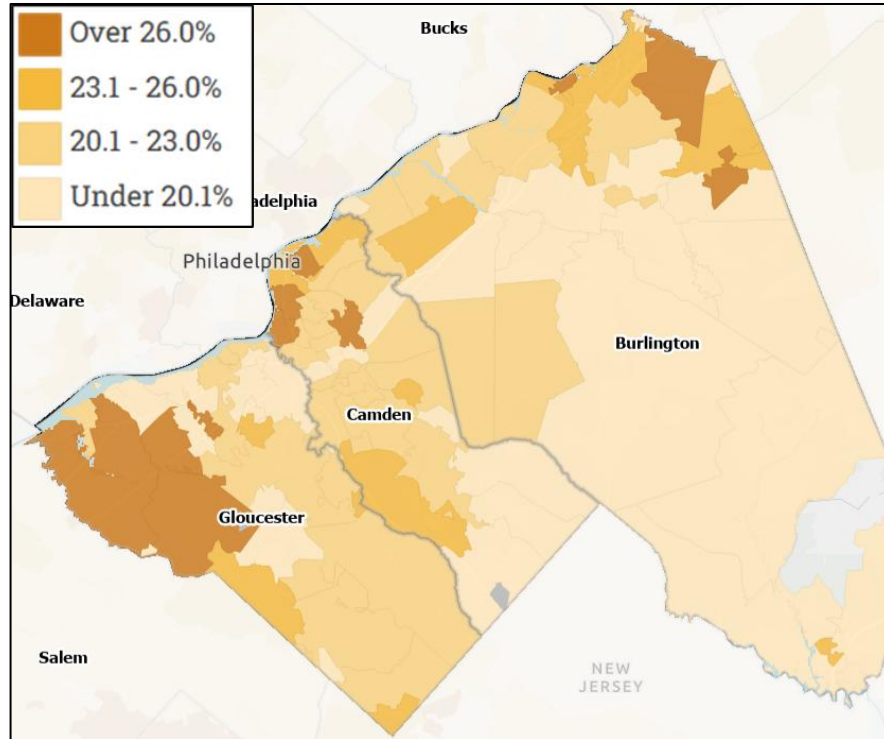
Population by Age

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



Population by Age and Zip Code

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



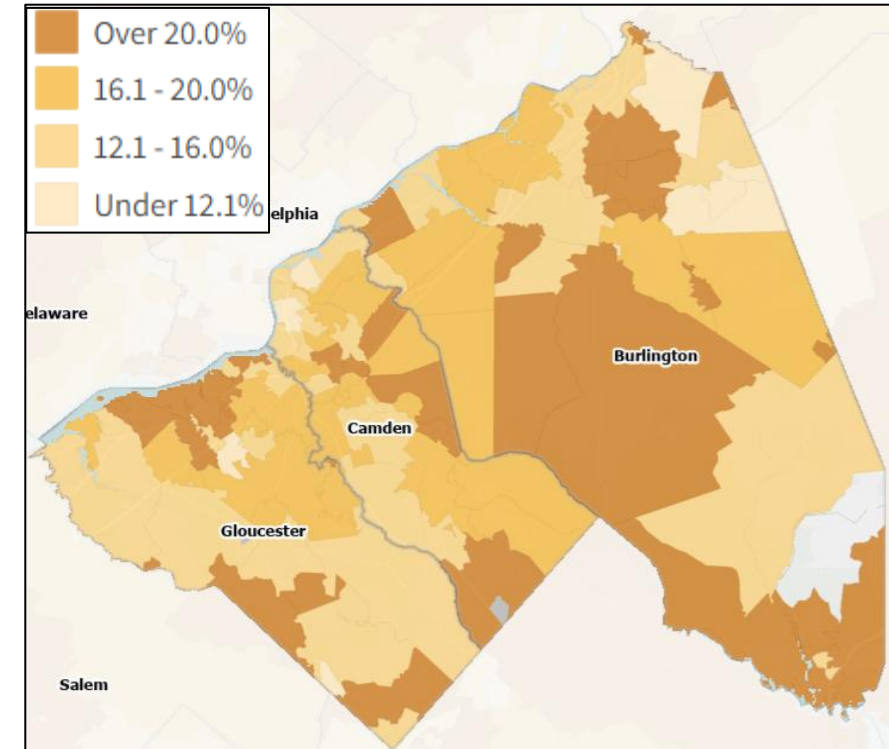
Highest Concentration of Children

08033, Haddonfield	08085, Swedesboro
08104, Camden	08554, Roeboling
08105, Camden	08640, 08641 Joint Base MDL

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

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

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



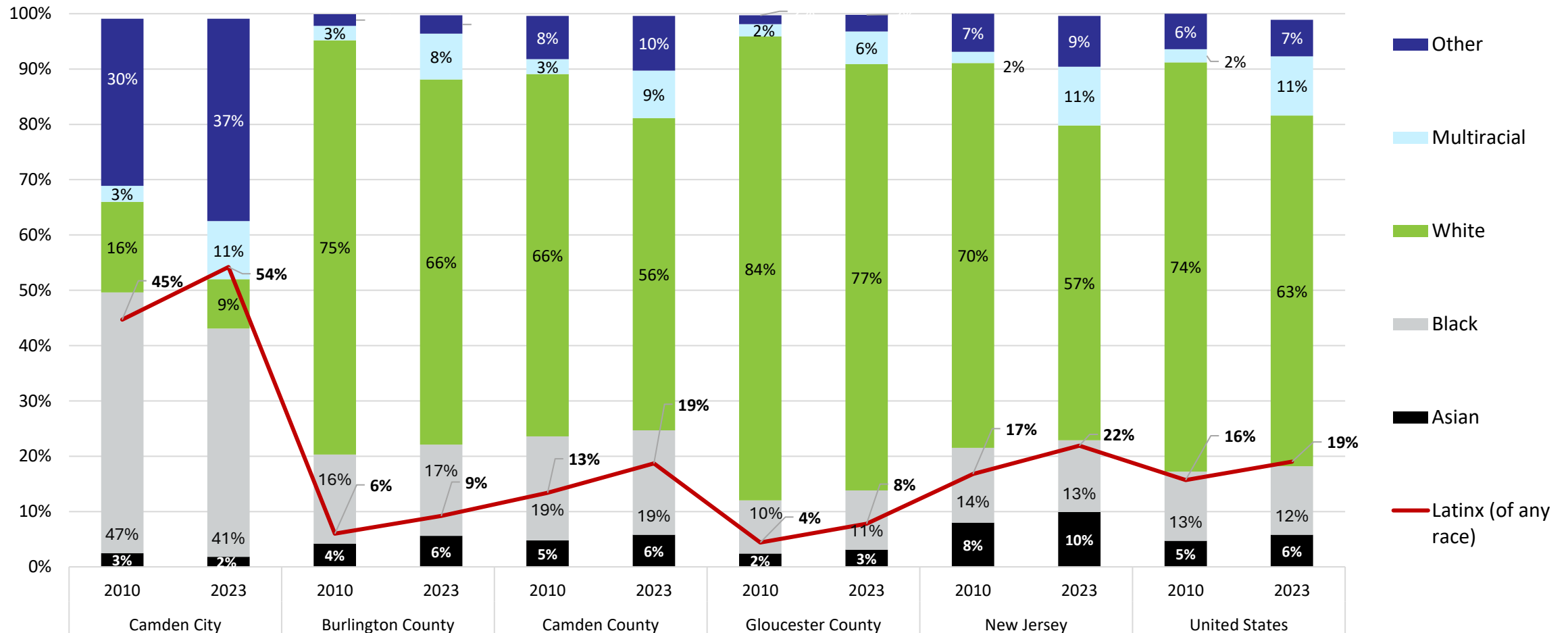
Highest Concentration of Older Adults

08042, Clarksboro	08041, Jobstown
08039, Harrisonville	08042, Juliustown
08088, Vincentown	08022, Columbus

Population by Race and Ethnicity

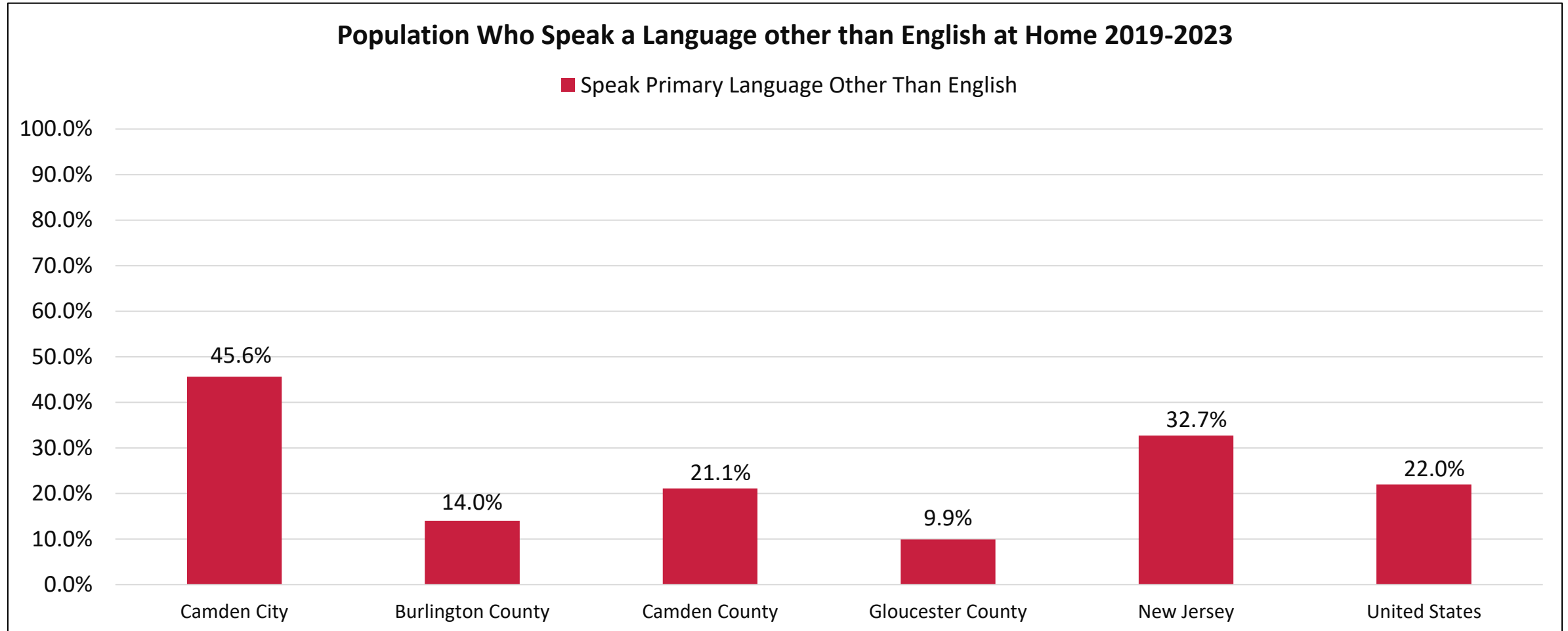
All South Jersey counties are majority White (56% or more) but have become more diverse since 2010. The City of Camden is a majority “minority” city (41% Black), unlike the surrounding counties. In 2023, more than half of Camden City residents identify as Latinx, which is double the national percentage.

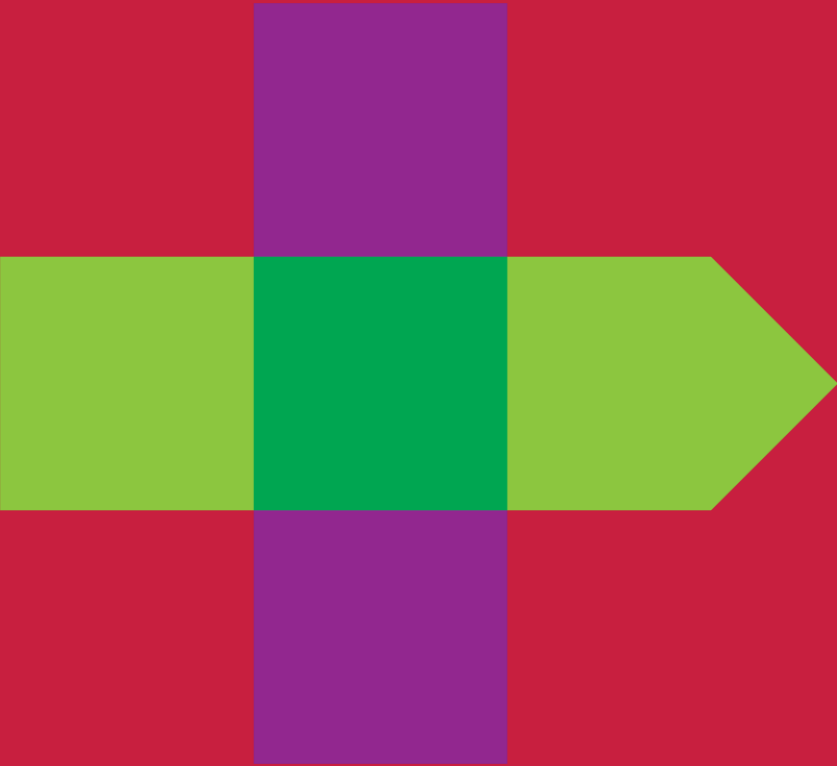
**Select Racial and Ethnic Population Distributions,
2010 versus 2023**



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.





Income and Work

Money impacts healthy choices

Income and Work



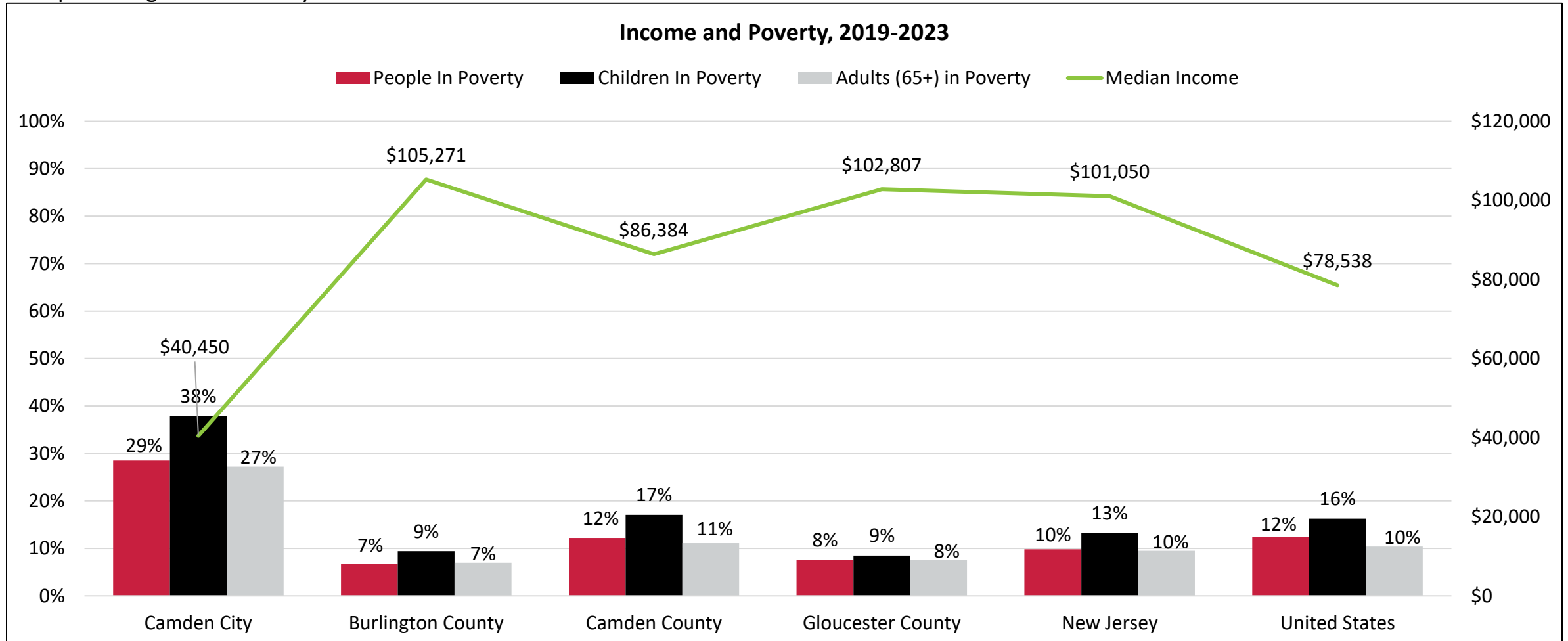
According to the Centers for Disease Control and Prevention (CDC), 40% of any person's health profile is determined by socioeconomic factors. This is because financial resources and income dictate how much money each of us has available to meet basic needs such as housing, food, and health care. The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

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

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

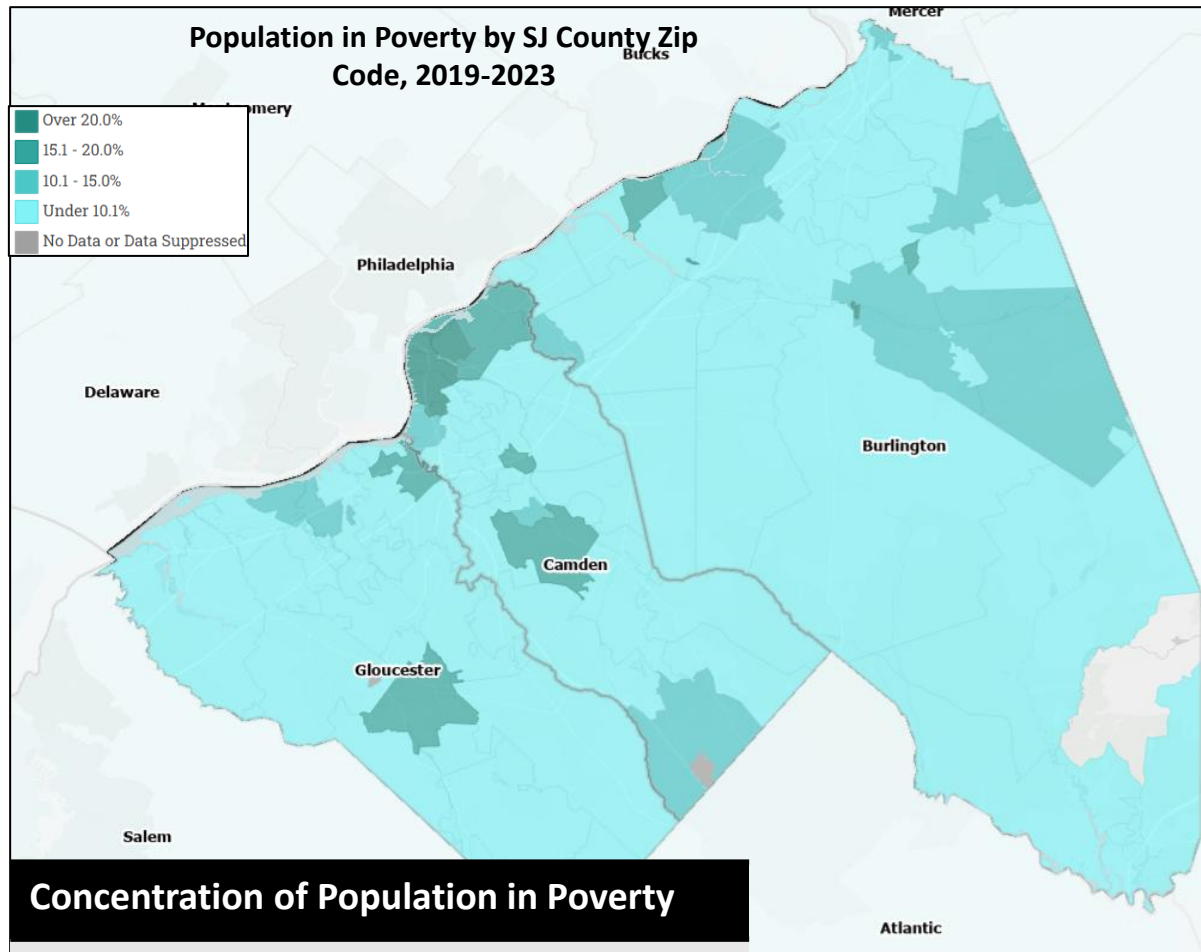
Income and Poverty

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.



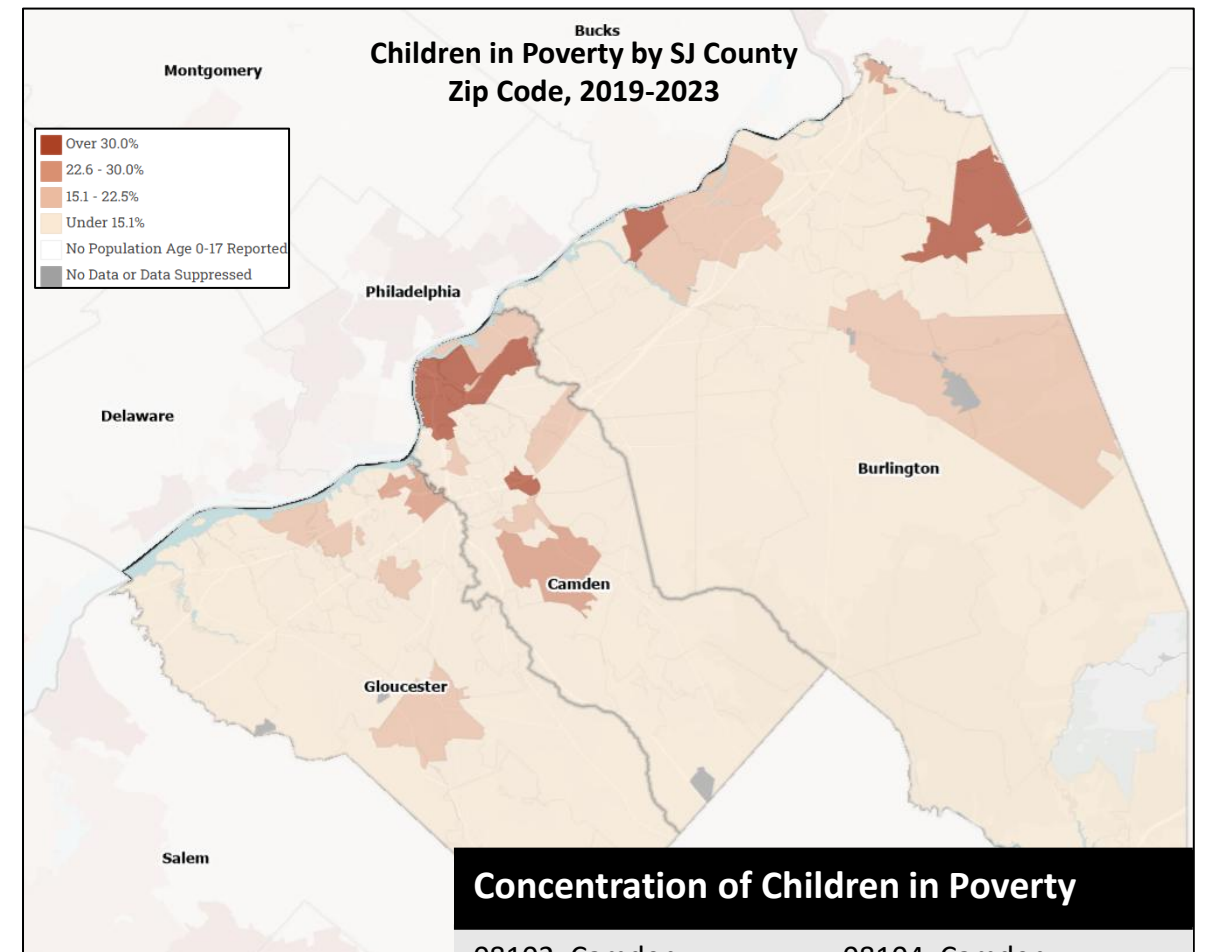
Concentration of Poverty

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.



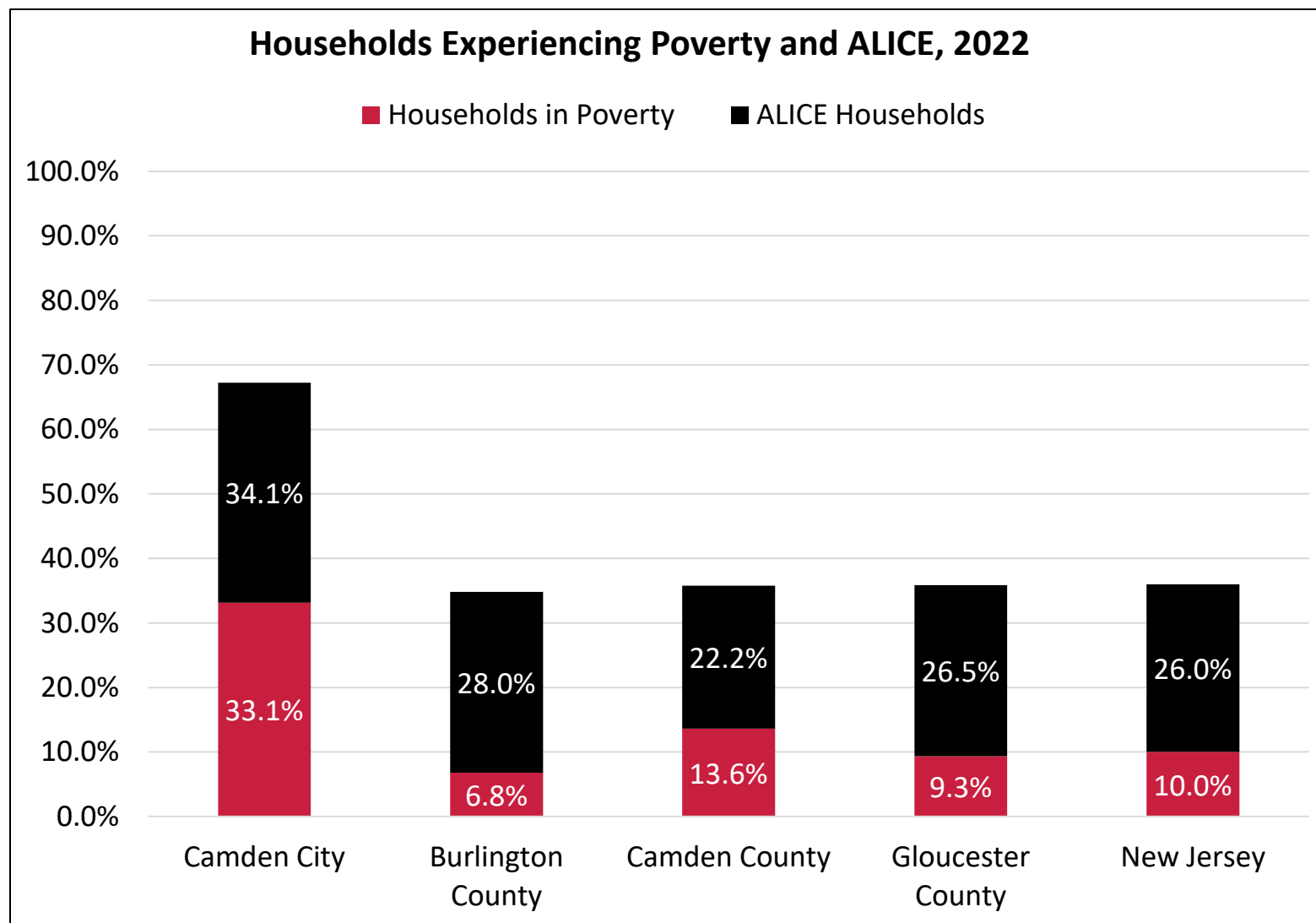
Concentration of Population in Poverty

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



Concentration of Children in Poverty

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



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

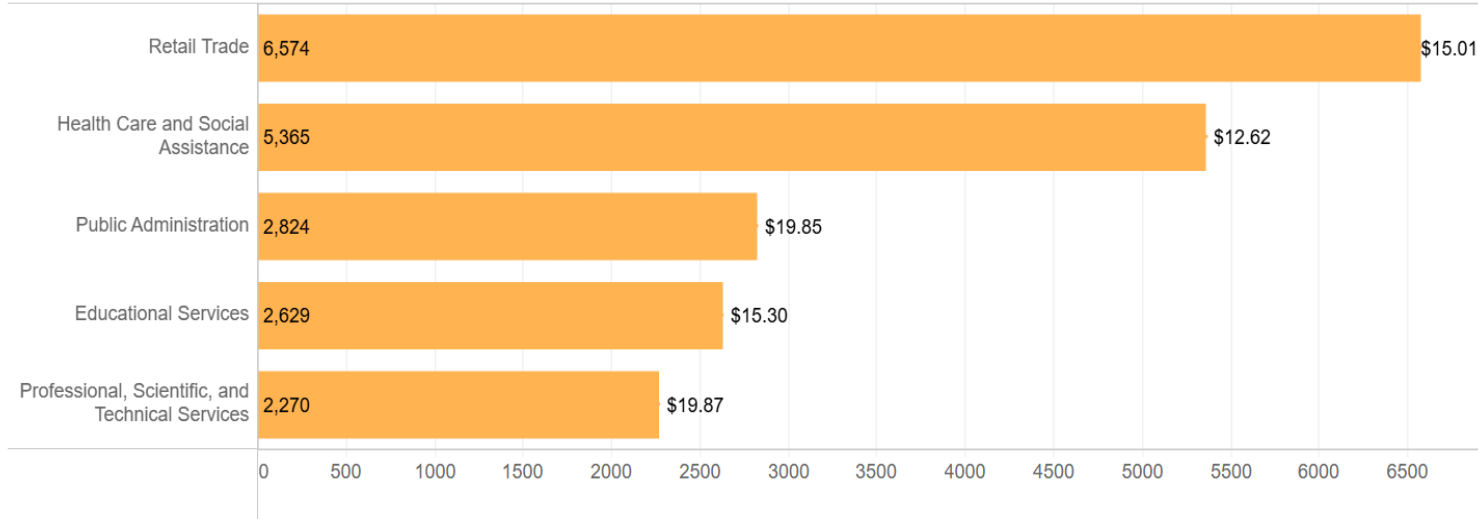
While poverty is generally low, nearly 1 in 4 South Jersey households meet the ALICE criteria and struggle to make ends meet.

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



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

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

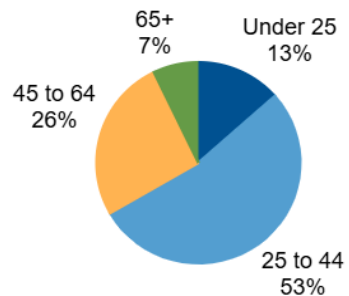


**In
Burlington
County
ALICE
Workers
are most
likely to:**

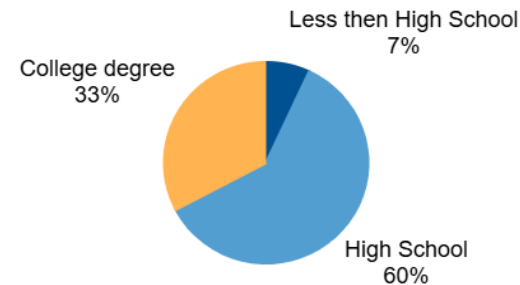
- Work in retail, health care or social assistance
- Have only a high school diploma or less (67%)
- Are between the ages of 25-44 (53%)
- Commute 15 minutes or less to work (47%), which suggests they are local

Below ALICE Threshold Worker Characteristics

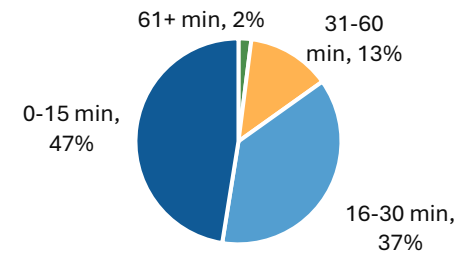
Age



Educational Attainment



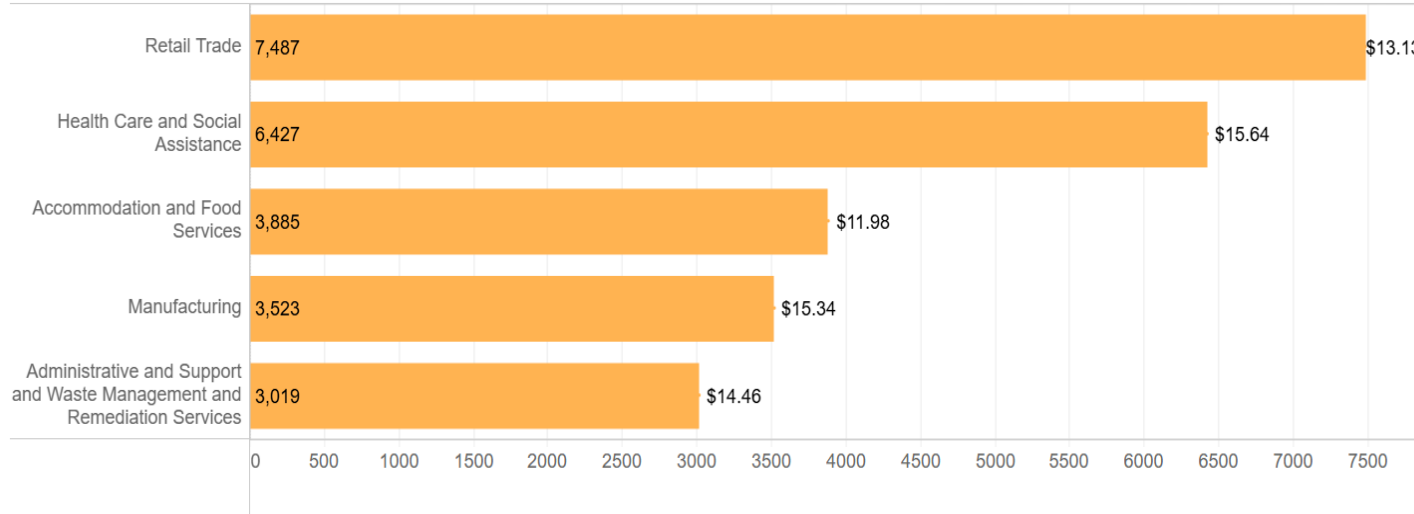
Commute Time



ALICE is an acronym for **A**sset Limited, **I**ncome Constrained, **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.

ALICE Characteristics: *Camden County*

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

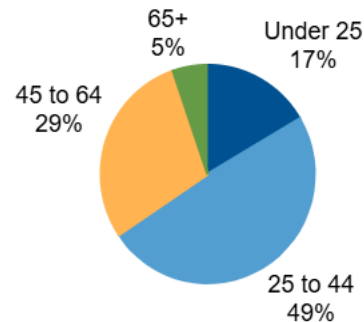


In Camden County, ALICE Workers are most likely to:

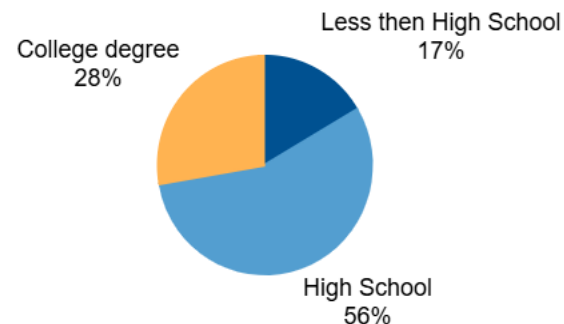
- Work in retail, health care or social assistance
- Have a high school diploma or less (73%)
- Are between the ages of 25-44 (49%)
- Commute 15 minutes or less to work (51%), which suggests they are local

Below ALICE Threshold Worker Characteristics

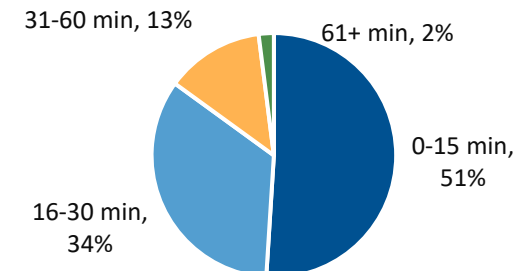
Age



Educational Attainment



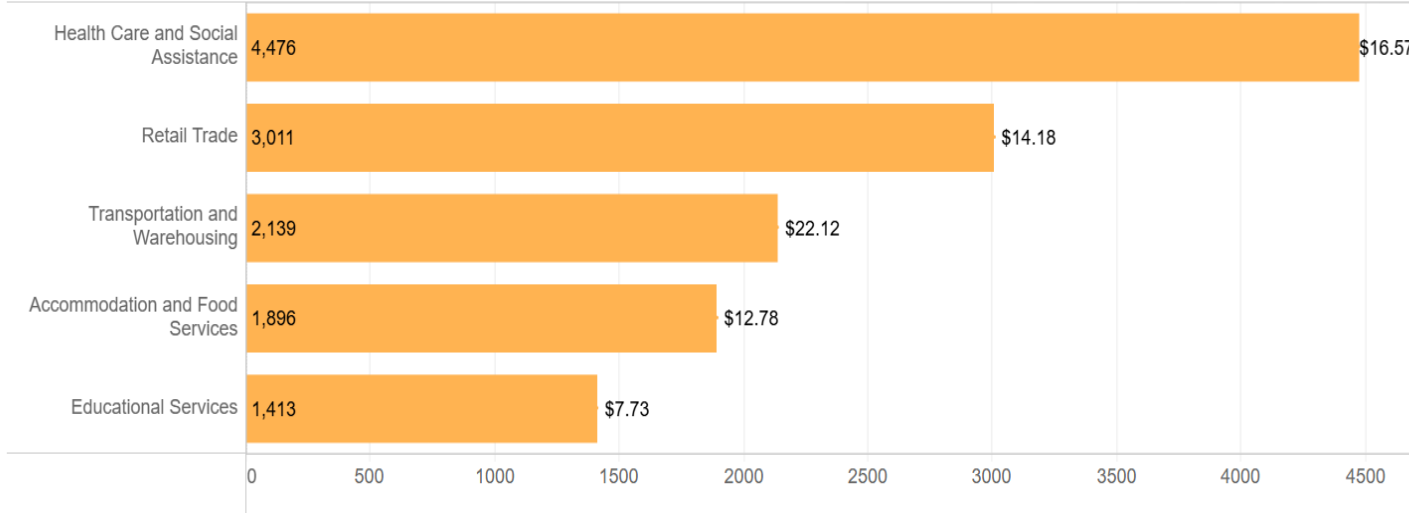
Commute Time



ALICE is an acronym for **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.

ALICE Characteristics: *Gloucester County*

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

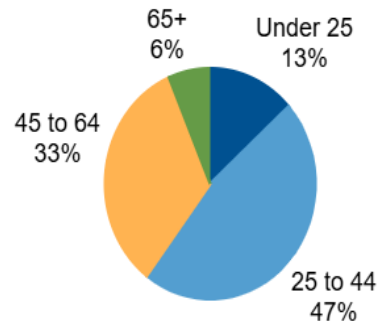


In Gloucester County, ALICE Workers are most likely to:

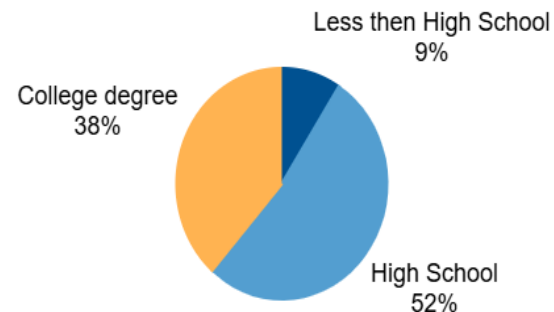
- Work in health care or social assistance or retail
- Have only a high school diploma (61%)
- Are between the ages of 25-44 (47%)
- Commute 15 minutes or less to work (52%), which suggests they are local

Below ALICE Threshold Worker Characteristics

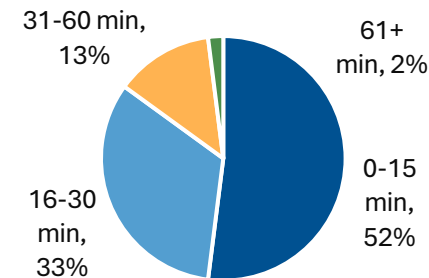
Age



Educational Attainment



Commute Time

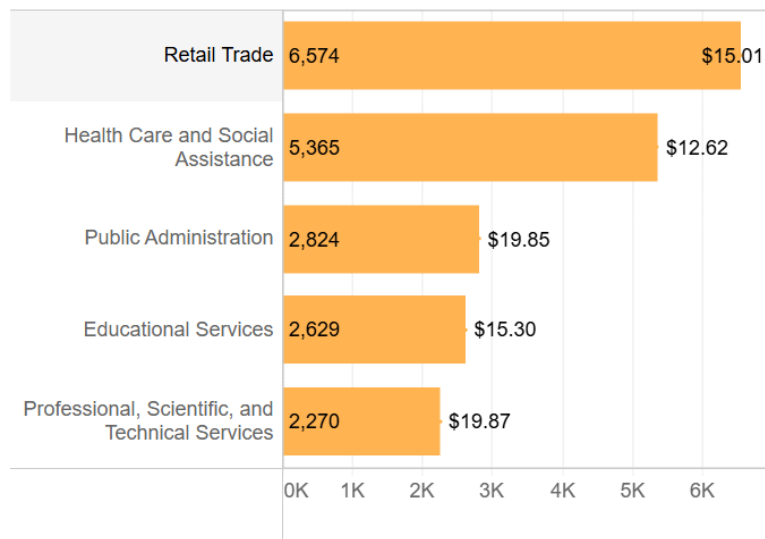


ALICE is an acronym for **A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed, and represents the growing number of families who are unable to afford the basics of housing, child care, food, transportation, health care, and technology. These workers often struggle to keep their own households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

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

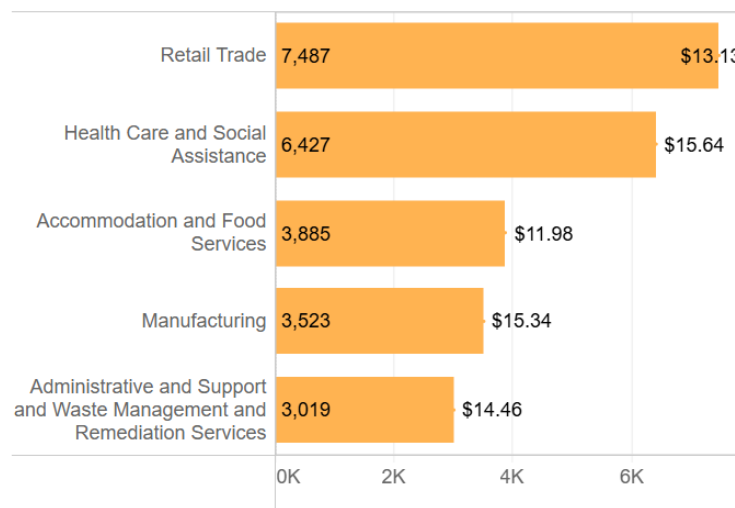
Burlington County

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



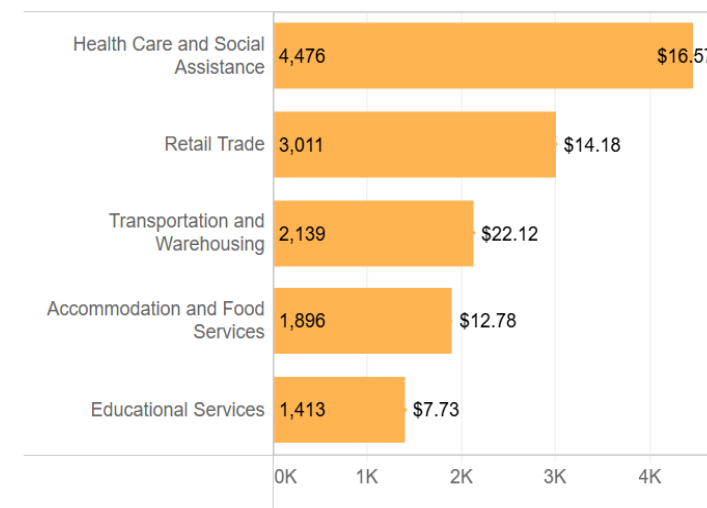
Camden County

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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Burlington County ALICE Survival Budget

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

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

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



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Camden County ALICE Survival Budget

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

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

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

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



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Gloucester County ALICE Survival Budget

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

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

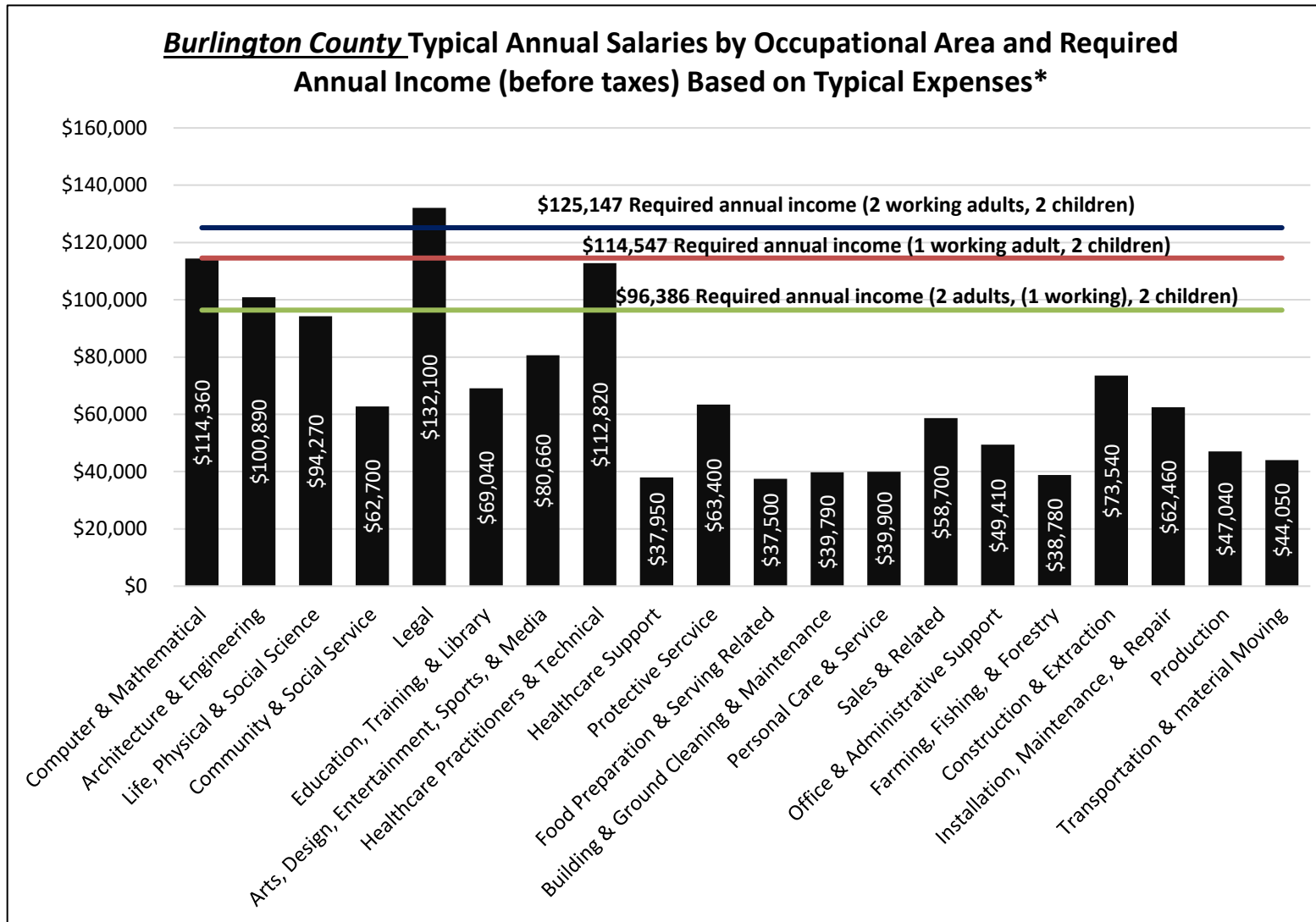
A single adult living in Gloucester County cannot support themselves with one full-time minimum wage job, even though the minimum wage in New Jersey is relatively high (\$15.13).

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

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



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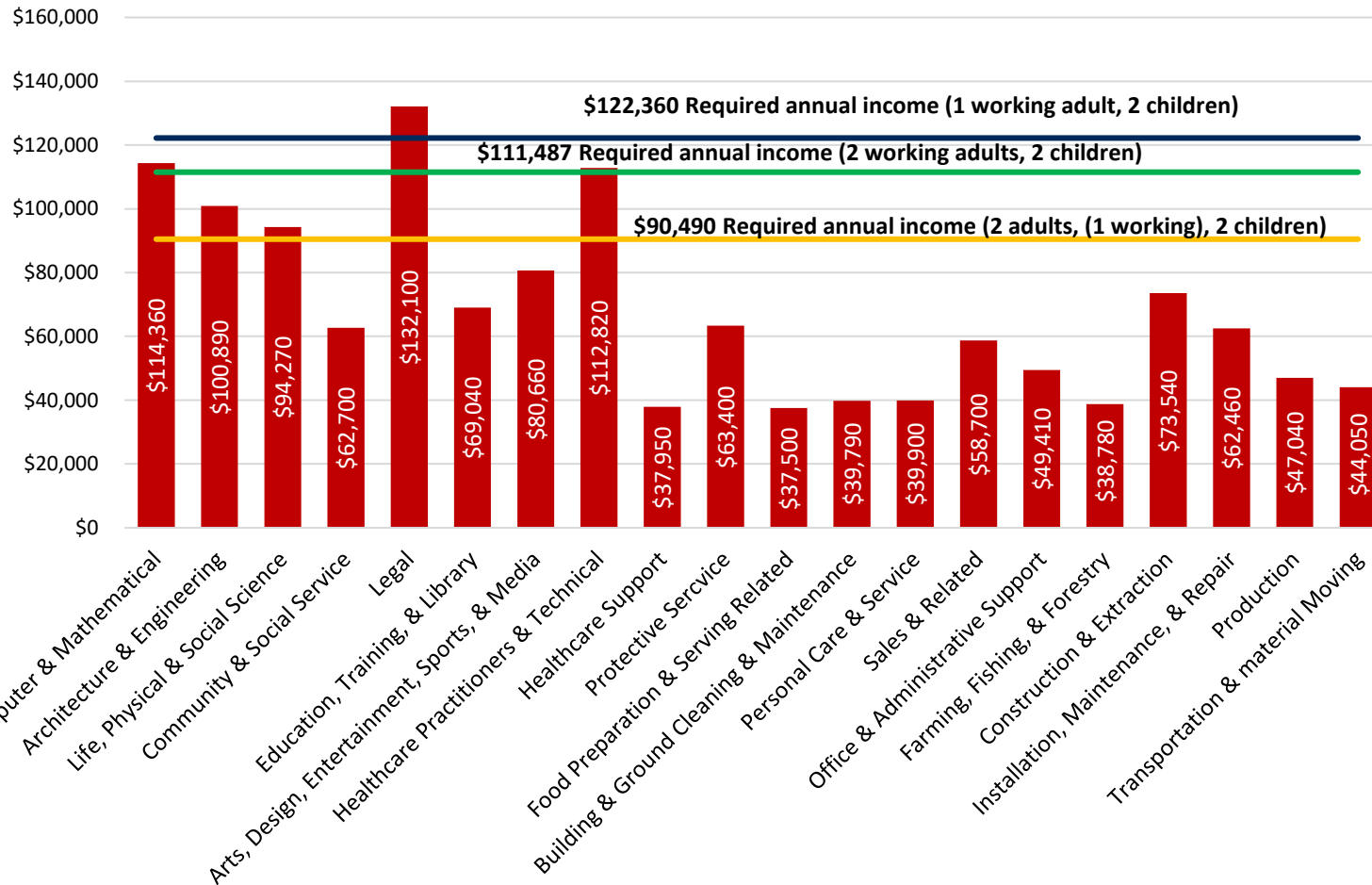
The living wage calculator shows the typical wages for common jobs compared to the income needed to meet basic needs in Burlington County. There are few jobs that provide a livable wage based on the local cost of living.

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

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

Living Wage Calculator – Camden County

Camden County Typical Annual Salaries by Occupational Area and Required Annual Income (before taxes) Based on Typical Expenses*



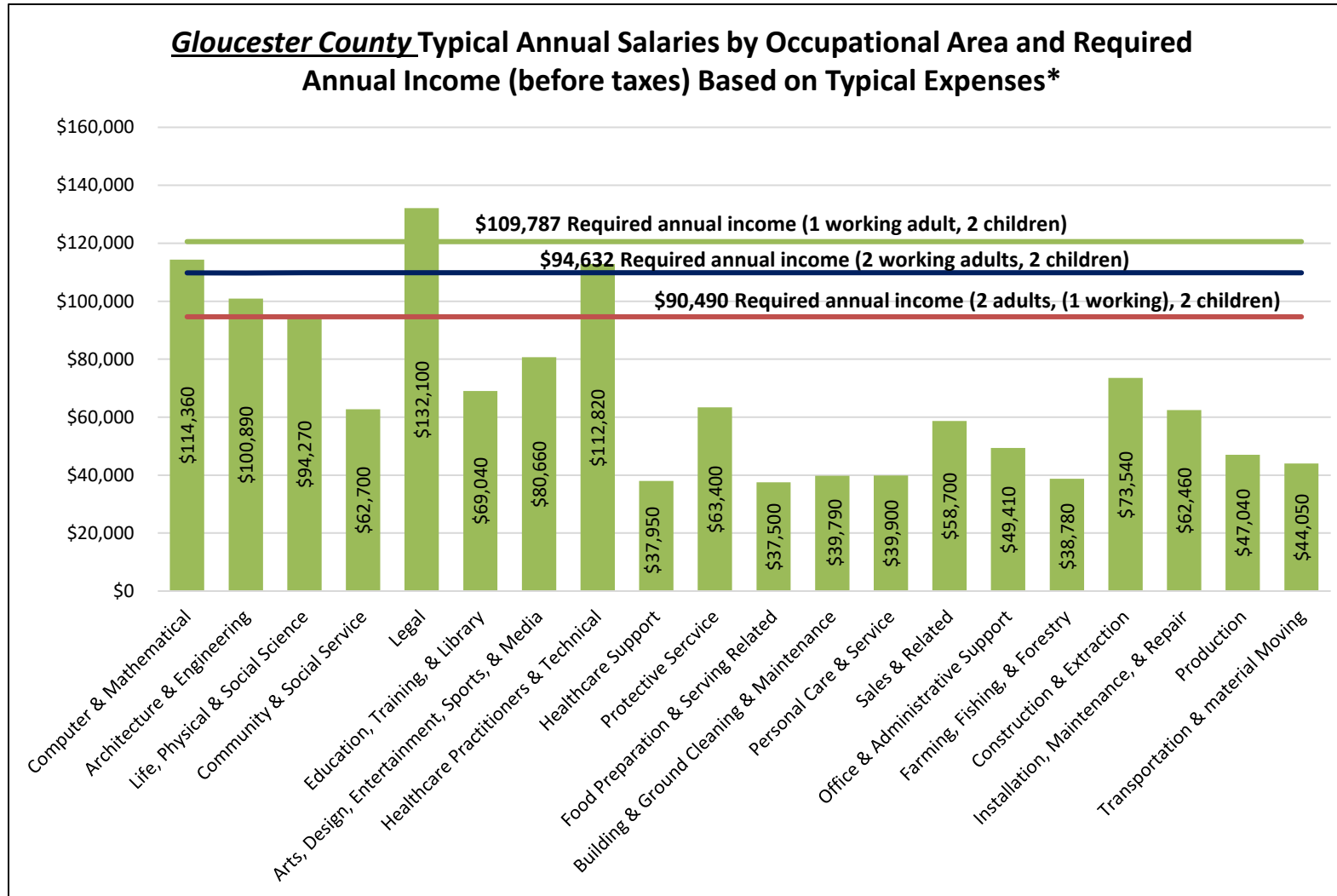
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“It’s not infrequent that people’s insurance will lapse if they miss one or two pieces of mail, and then it’s 6 months before they’re re-established. People are missing appointments and it’s hard to get in touch because their phone is broken or they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

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

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

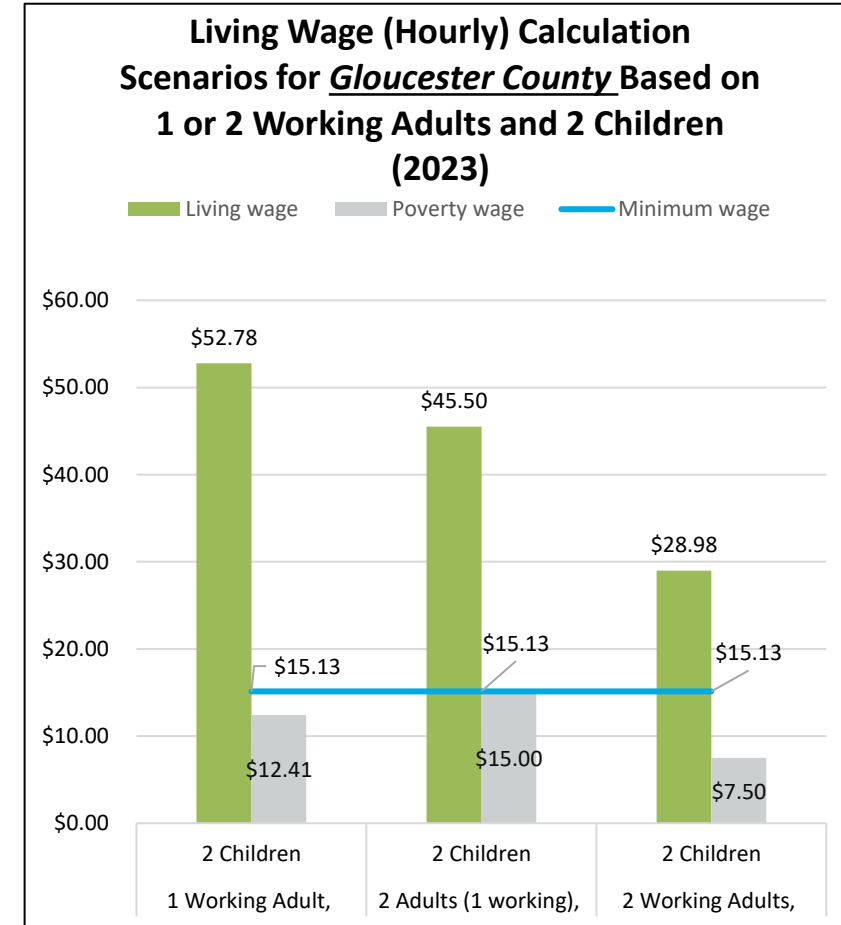
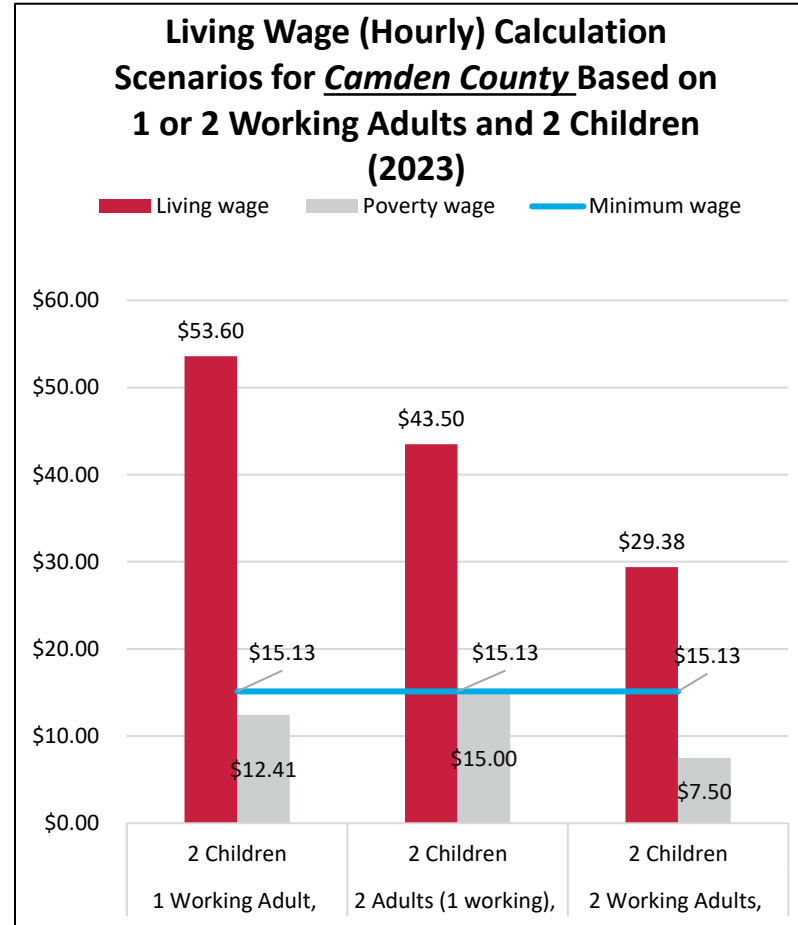
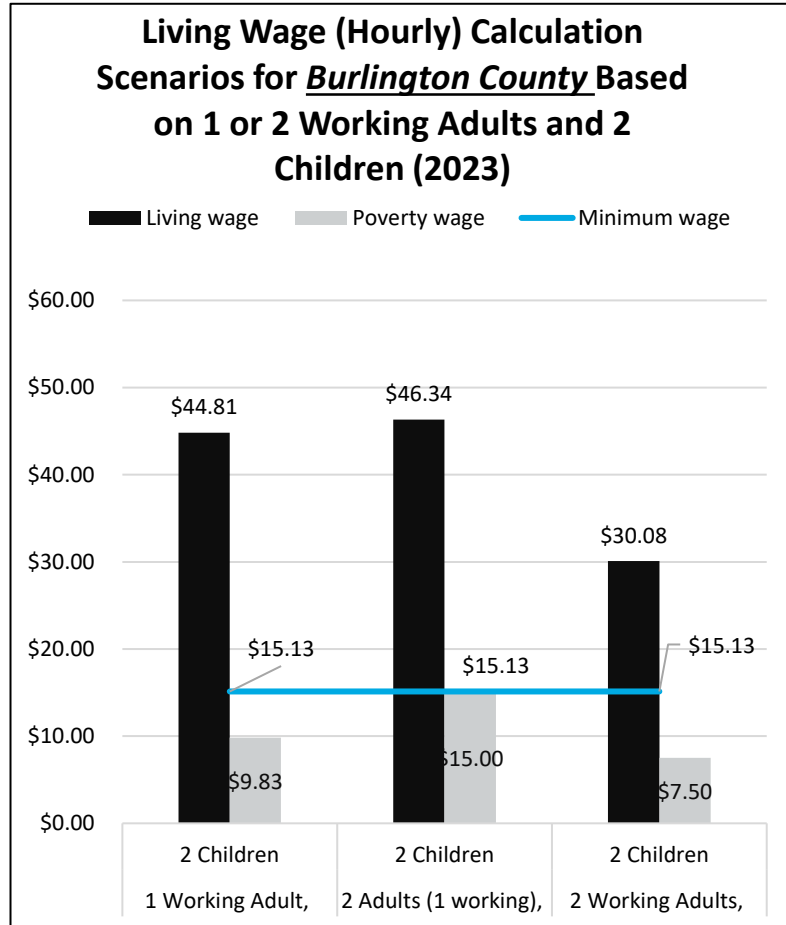


The living wage calculator shows the typical wages for common jobs compared to the income needed to meet basic needs in Gloucester County. There are few jobs that provide a livable wage based on the local cost of living.

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

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



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

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

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

Childcare Availability and Affordability

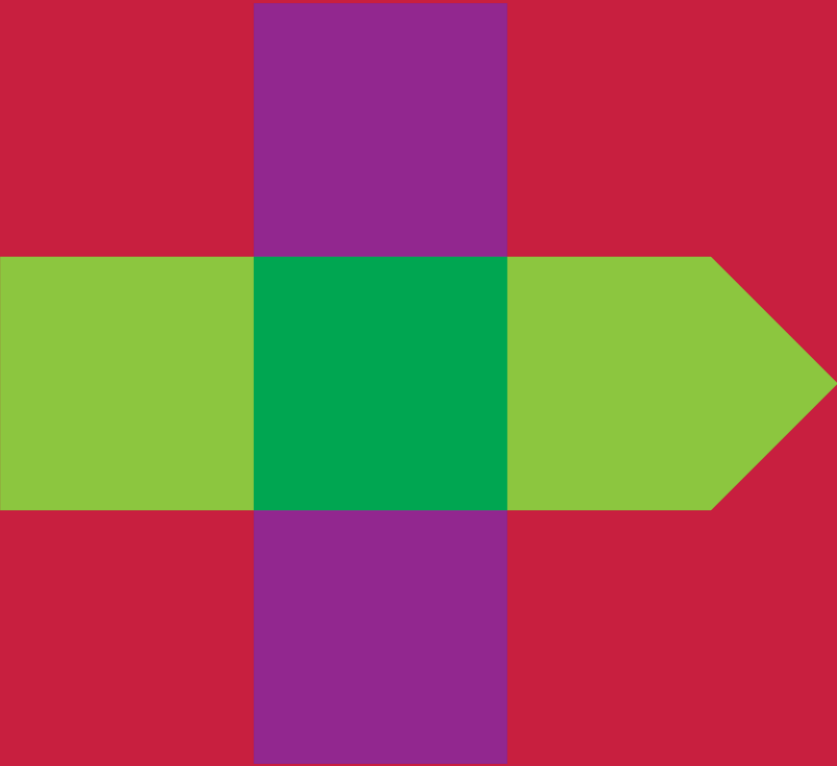
	Number of childcare centers per 1,000 population under 5 years old	Childcare costs for a household with two children, as a percentage of median household income
Burlington County	6.1	24.0%
Camden County	7.1	32.6%
Gloucester County	8.2	22.3%
New Jersey	8.2	27.4%
United States	7.0	27.0%

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

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

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

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



Education and the Internet
Building bridges and barriers

Education and The Internet



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

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

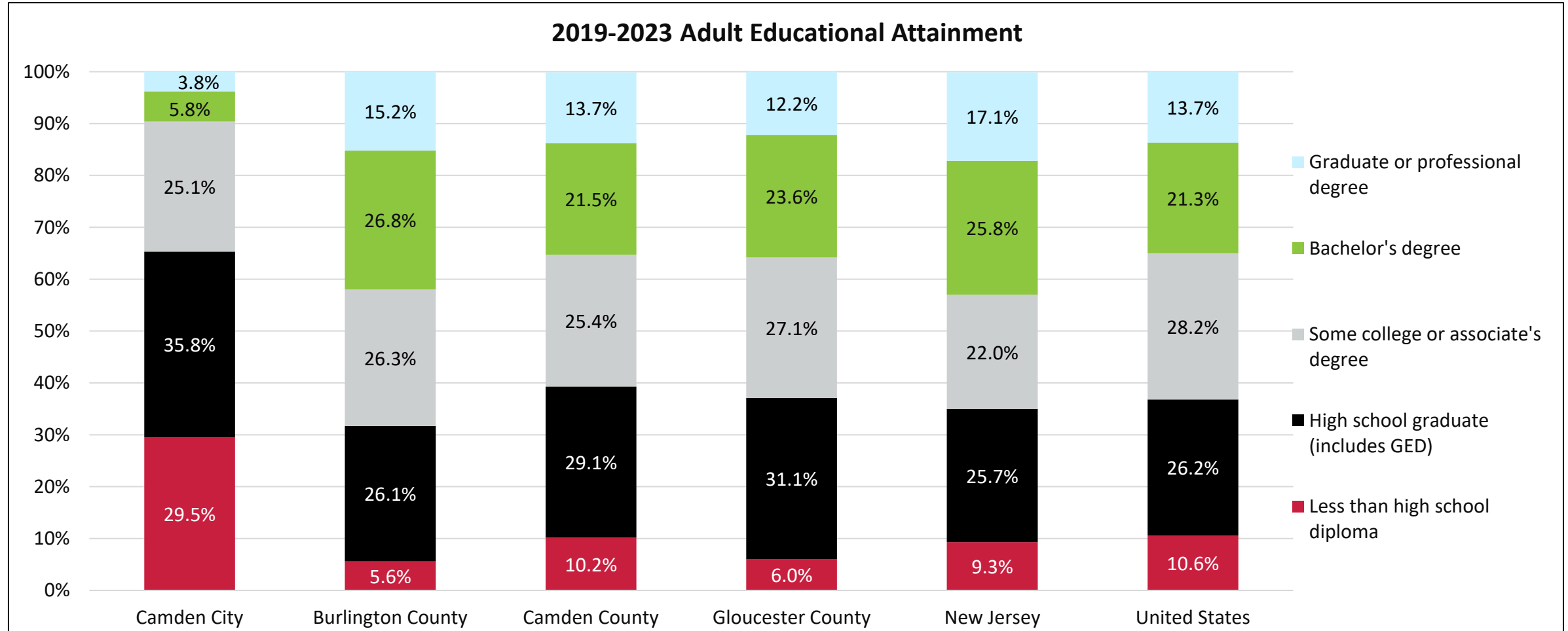


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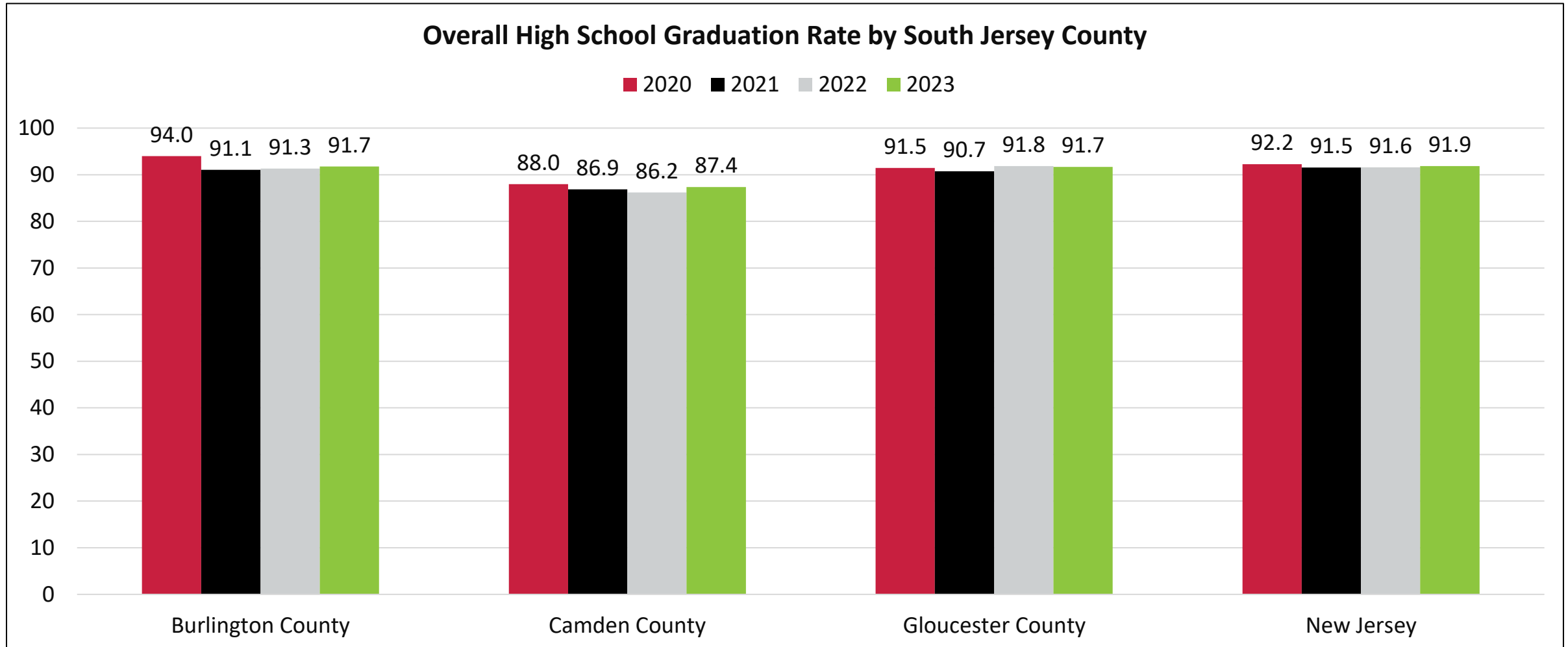
Adult Educational Attainment

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

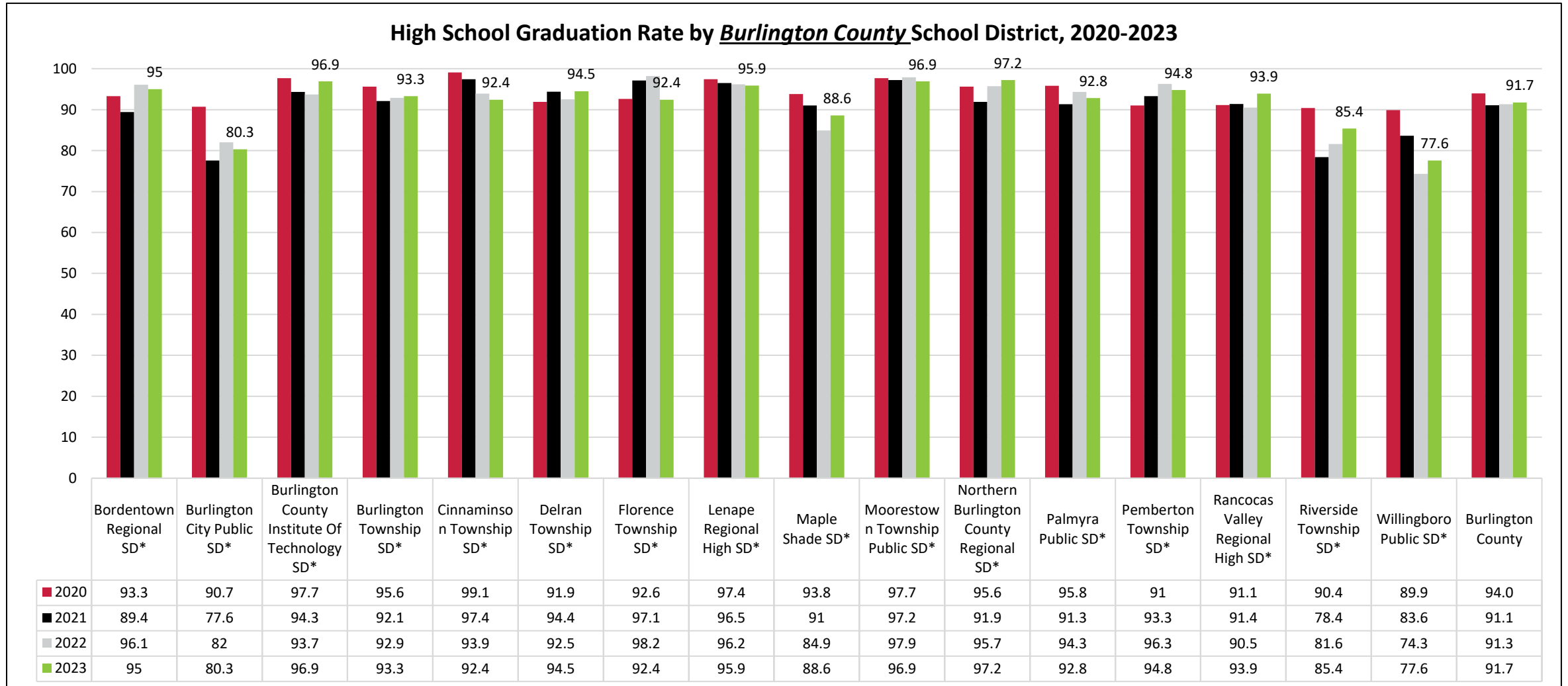


High School Graduation – South Jersey Region

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



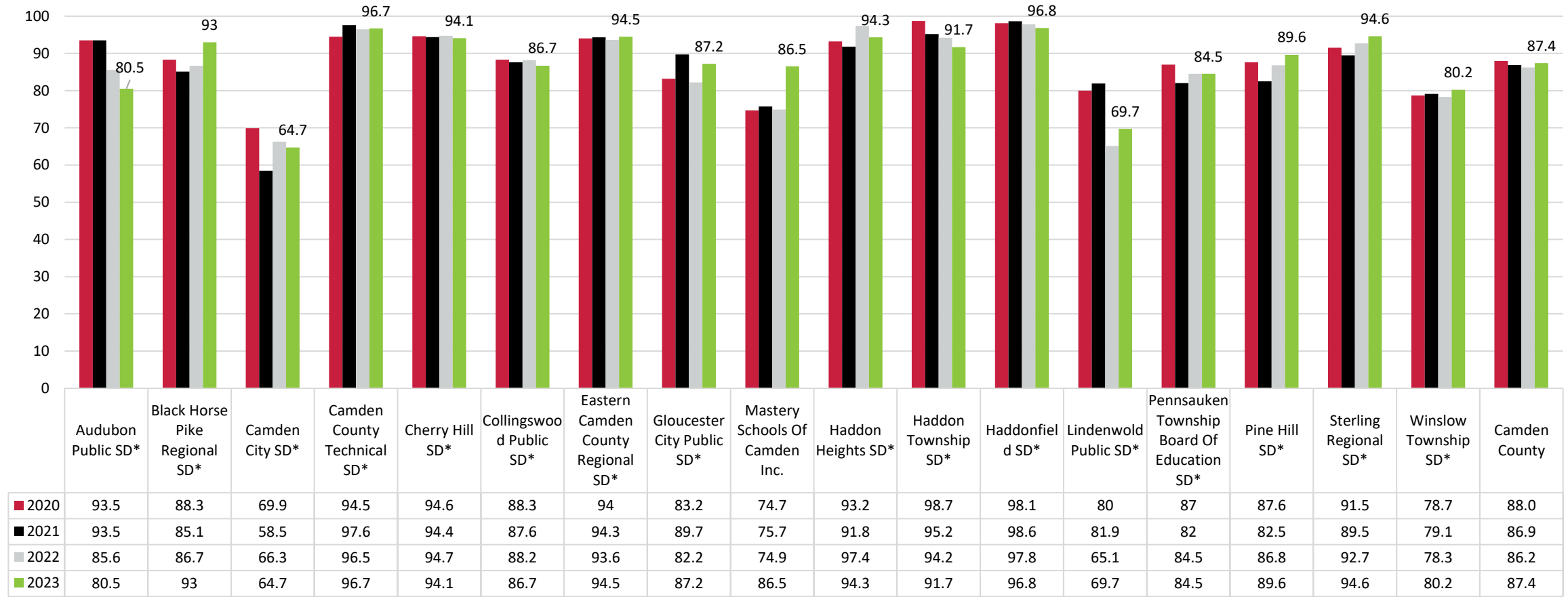
While most Burlington County students graduate from high school on time, one in five students in the Willingboro and Burlington City School Districts does not graduate on time. Ensuring that young people complete at least a high school diploma increases opportunities for employment, health, and well-being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



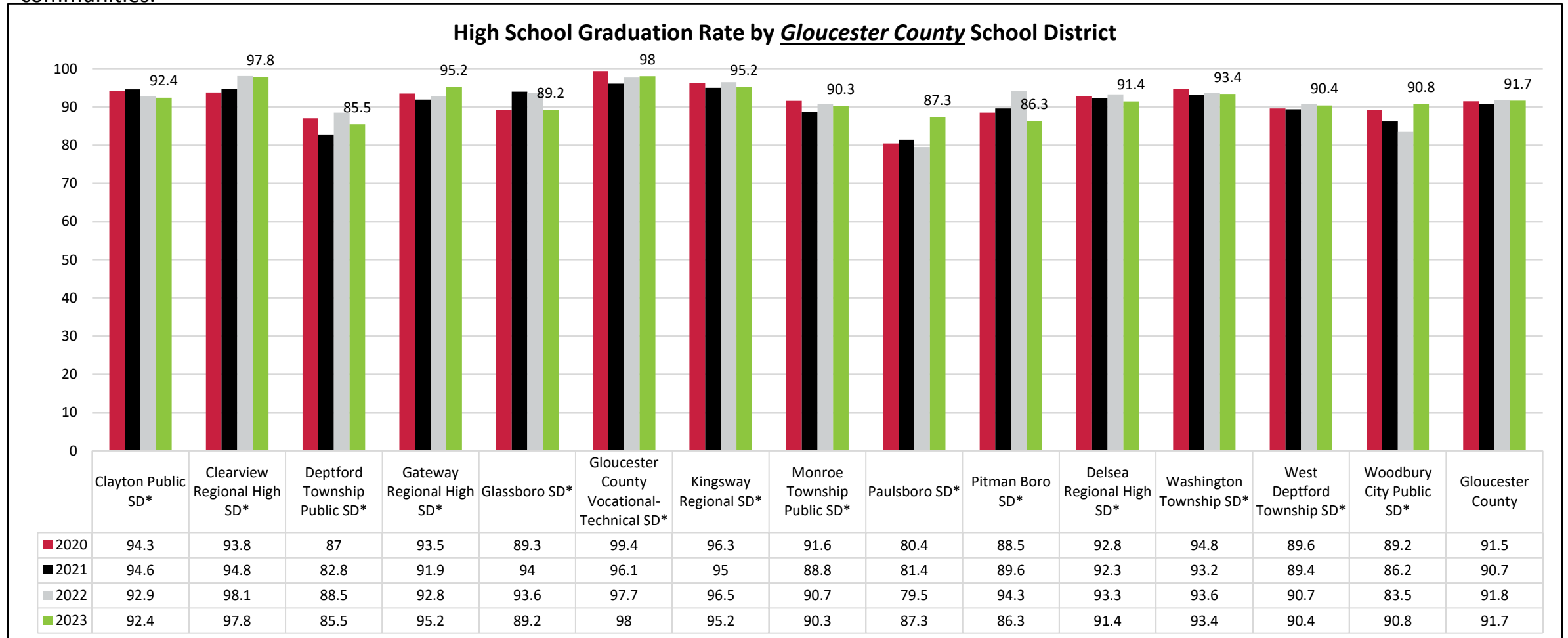
High School Graduation – Camden County

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.

High School Graduation Rate by Camden County School District



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.

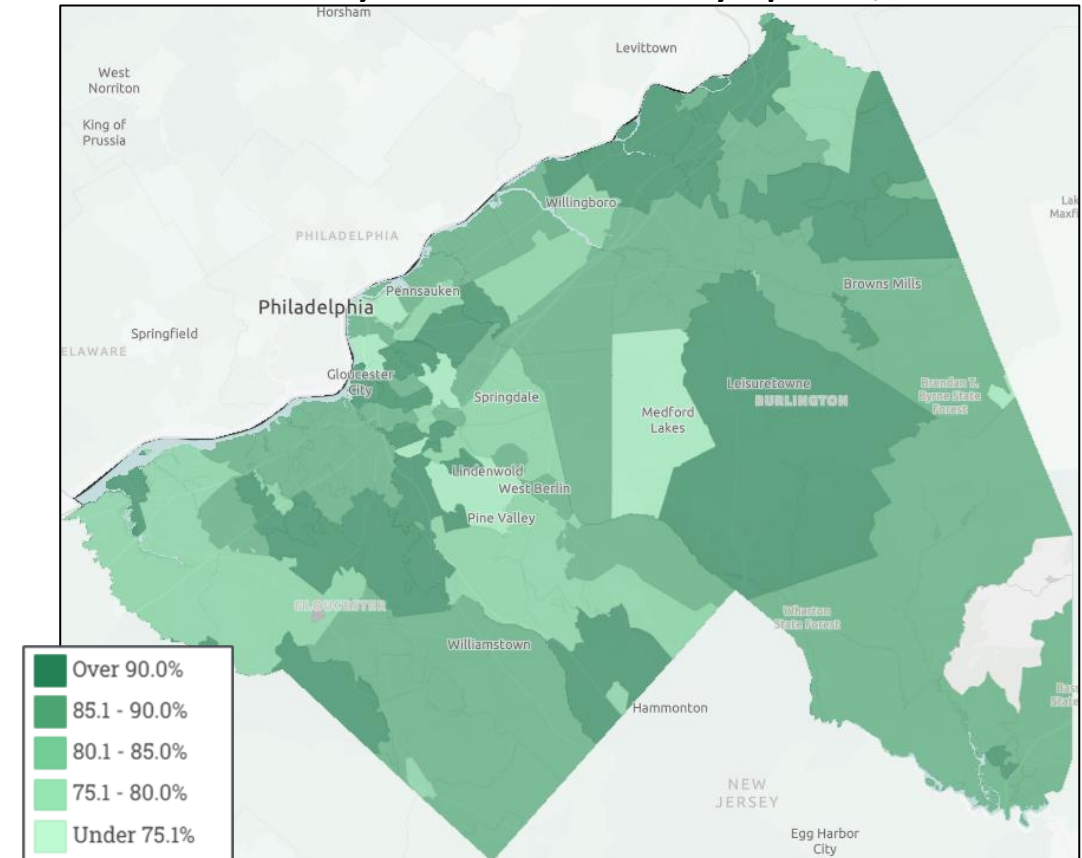


Since the Pandemic, online resources for telehealth, scheduling, education, job and benefit applications, and virtual social groups have increased access to a wide range of helpful services for many people. Most South Jersey households have access to the internet and a device that can connect. However,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

Households by Digital Access, 2019-2023

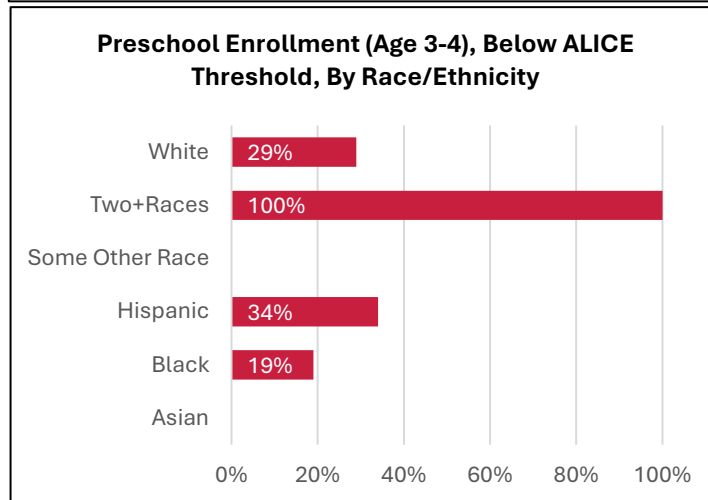
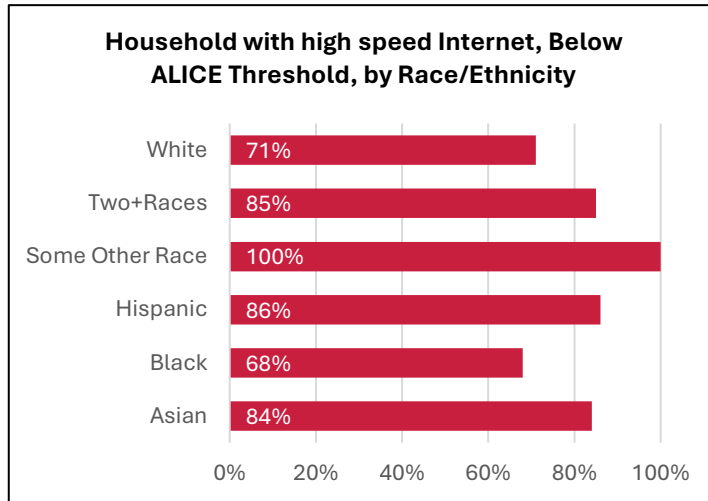
	With Computer Access				With Internet Access	
	Computer Device (any)	Desktop / Laptop	Smartphone	Tablet/iPad	Internet Subscription	Broadband Internet
Camden City	89.6%	56.2%	84.3%	51.3%	83.6%	83.5%
Burlington County	96.1%	86.9%	90.7%	70.4%	94.2%	94.1%
Camden County	94.8%	80.7%	89.1%	66.0%	91.4%	91.2%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

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

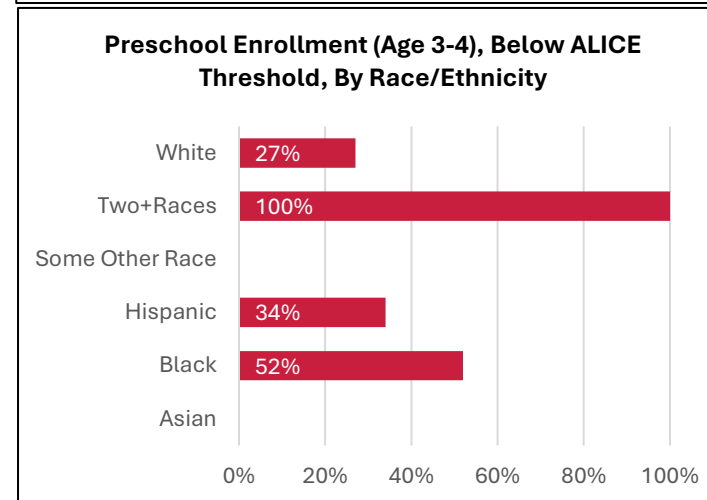
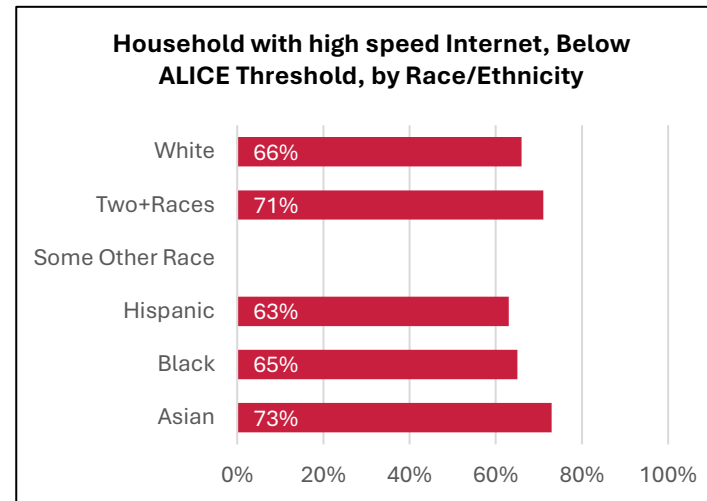


Differences in internet access and preschool enrollment vary across South Jersey counties and by race. Reducing barriers to accessing these resources can help connect families to tools that improve health and wellness.

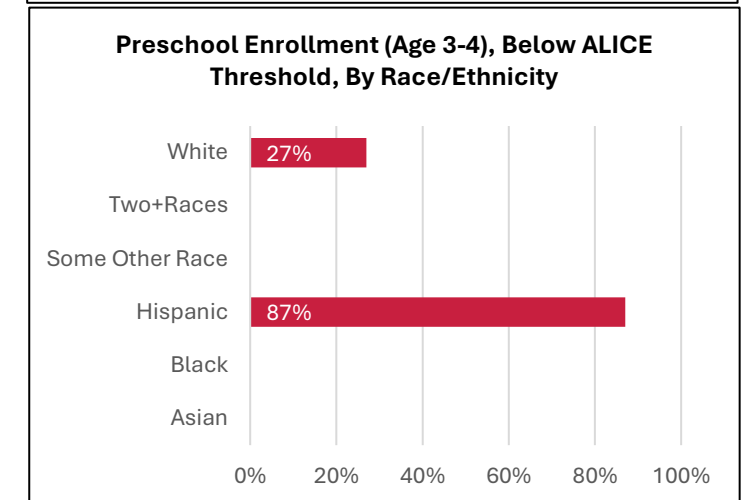
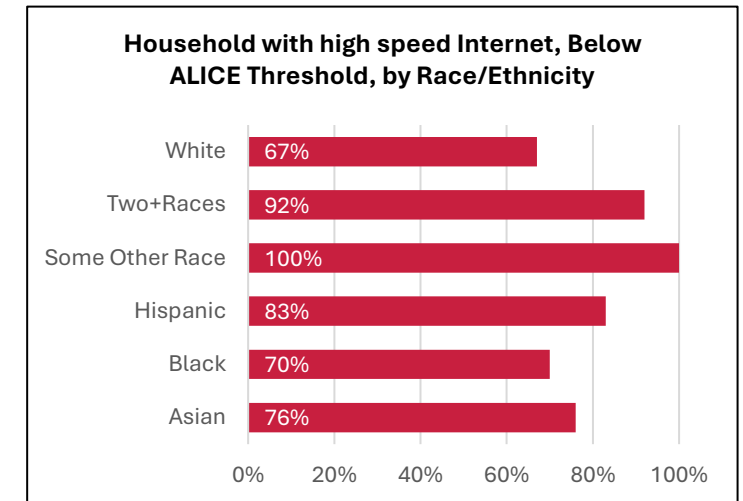
Burlington County

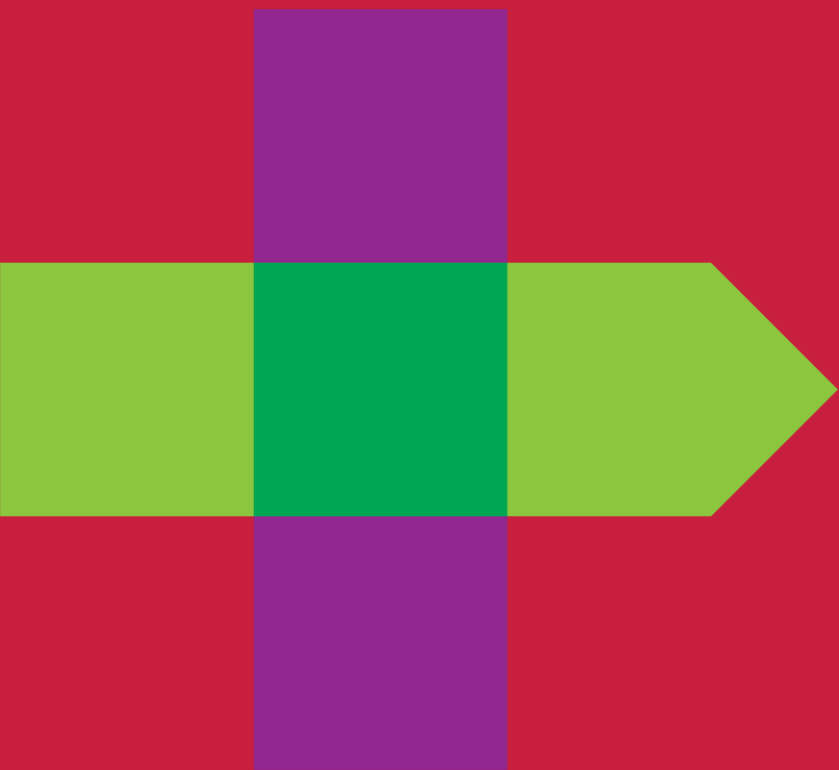


Camden County



Gloucester County





Our Homes and Where We Live

Housing Conditions and Unhoused People

Our Homes and Where We Live



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

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

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

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

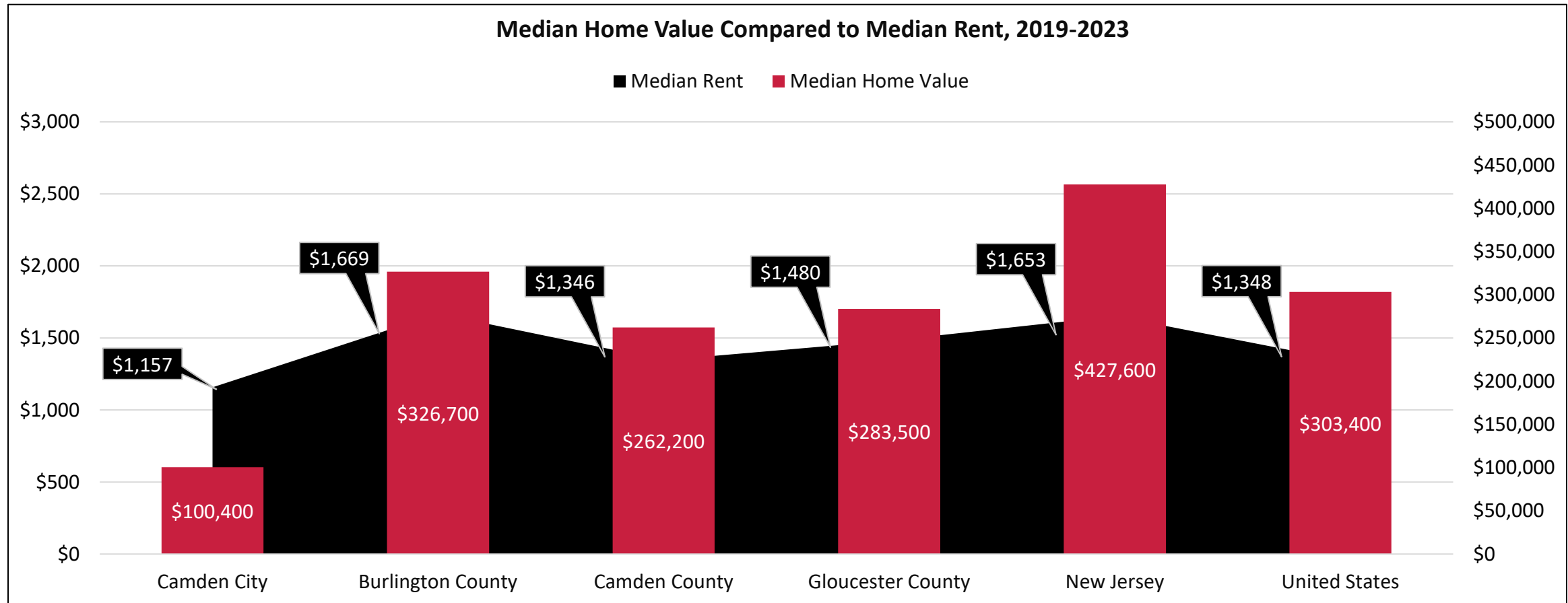


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Housing Cost and Rent

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.



Housing Age and Lead



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



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



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



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



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



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

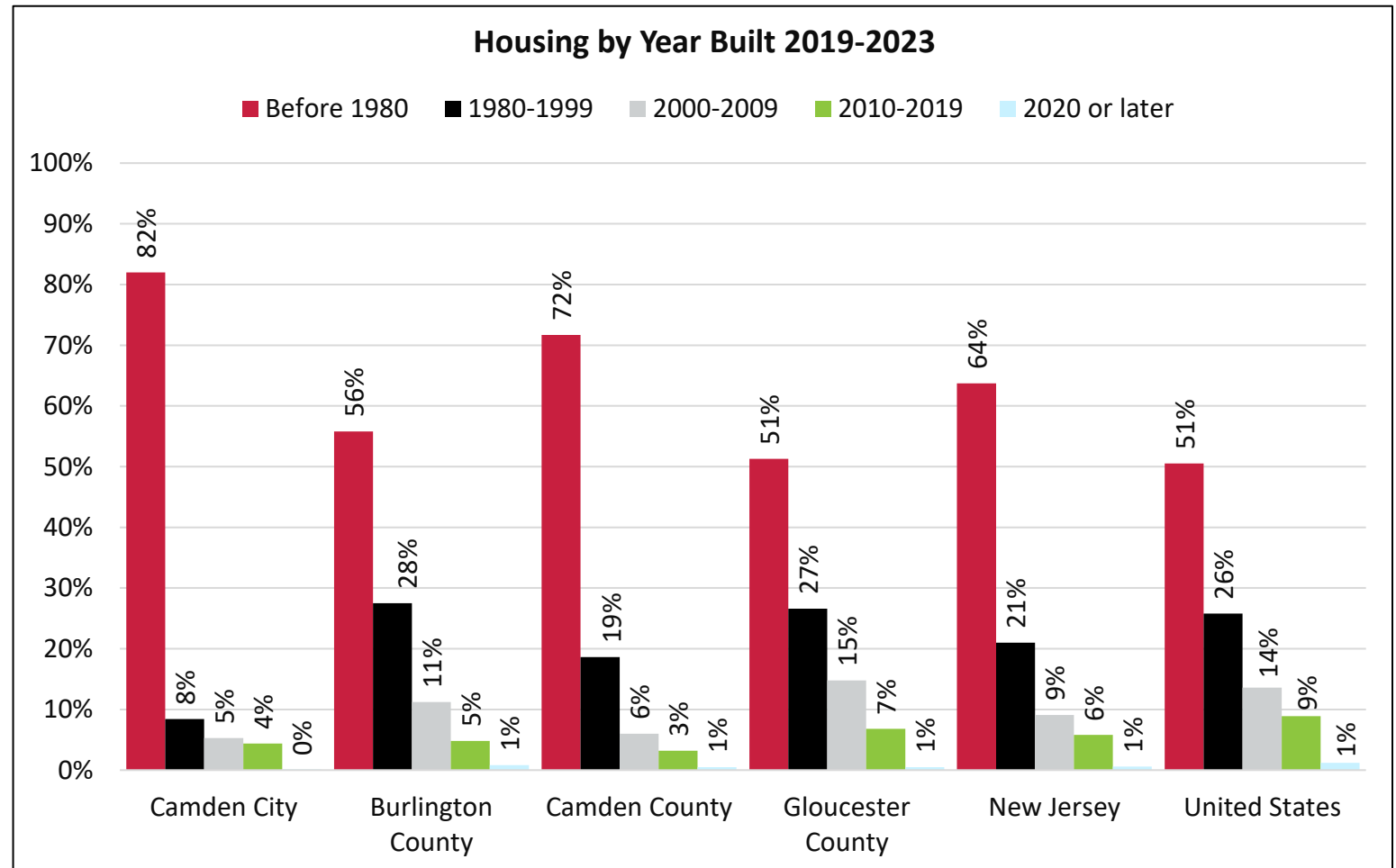


Radon is associated with between 140 and 250 lung cancer deaths in New Jersey each year. Over 33% of New Jersey homes have been tested for radon; 46% of homes found to have radon levels ≥ 4 pCi/L have been mitigated (2021).

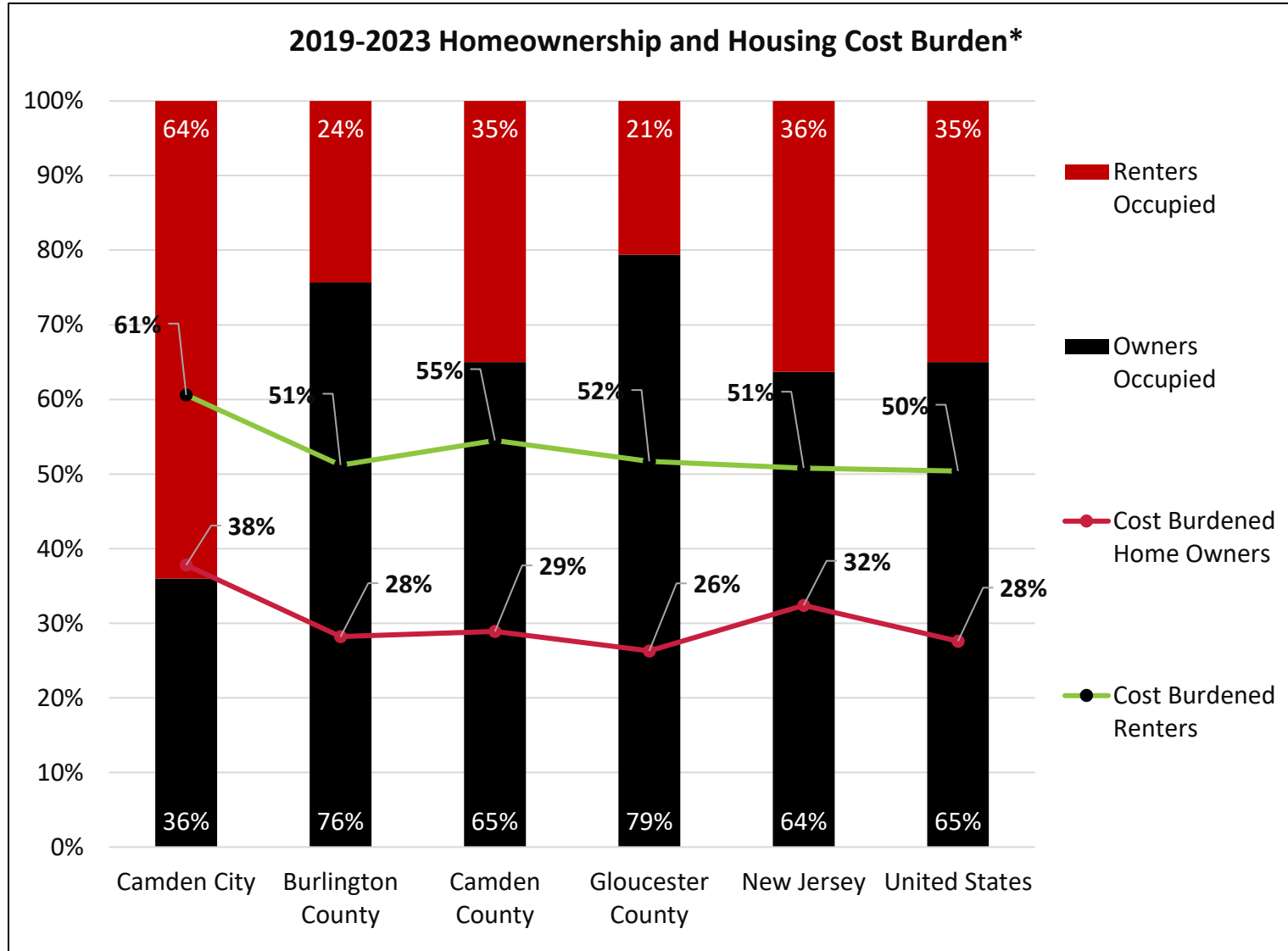


In 2020, 487 New Jerseyans over 65 died, and in 2015 approximately 17,000 were hospitalized as a result of unintentional falls.

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



Housing Tenure and Cost Burden



Homeowners

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

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

Renters

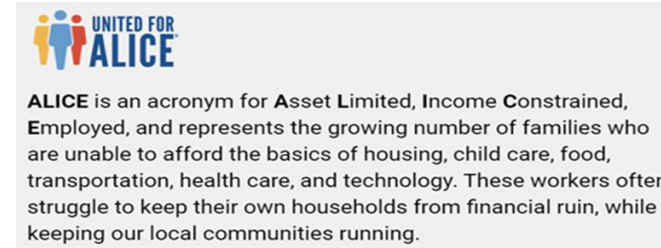
Half or more of all renters across Burlington, Camden, and Gloucester Counties pay more than 30% of their income on housing.

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

Did you know?

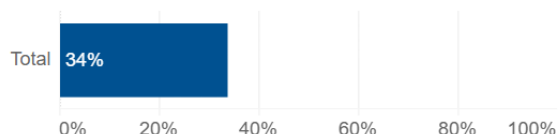
According to HUD, when households spend more than 30% of their income on housing, they are considered "housing cost burdened." Mortgage lenders and others use the 30% threshold for housing costs as a standard to ensure that adequate resources remain for other necessities, such as food, clothing, transportation,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

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

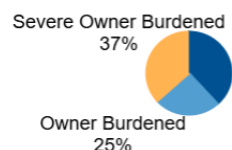


Burlington County

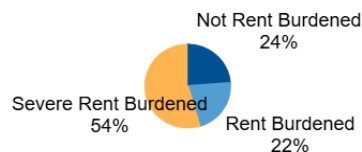
Rent-to-Own Gap, Renter Households Below ALICE Threshold Paying Greater Than or Equal to Median Owner Costs



Owner Cost Burden, Households Below ALICE Threshold

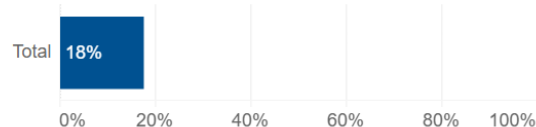


Rent Burden, Households Below ALICE Threshold

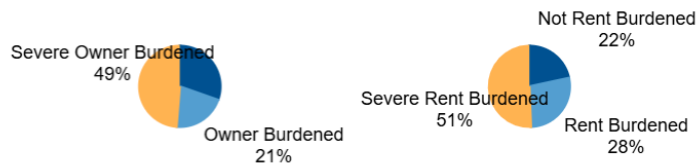


Camden County

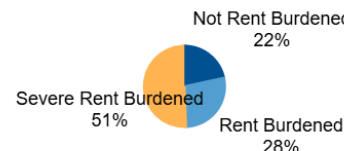
Rent-to-Own Gap, Renter Households Below ALICE Threshold Paying Greater Than or Equal to Median Owner Costs



Owner Cost Burden, Households Below ALICE Threshold

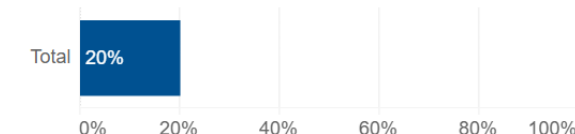


Rent Burden, Households Below ALICE Threshold

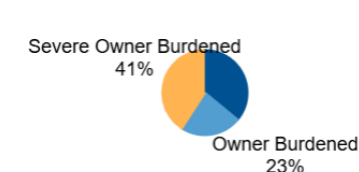


Gloucester County

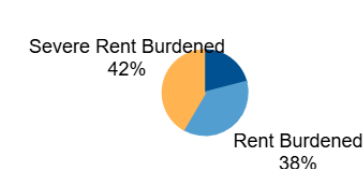
Rent-to-Own Gap, Renter Households Below ALICE Threshold Paying Greater Than or Equal to Median Owner Costs



Owner Cost Burden, Households Below ALICE Threshold



Rent Burden, Households Below ALICE Threshold



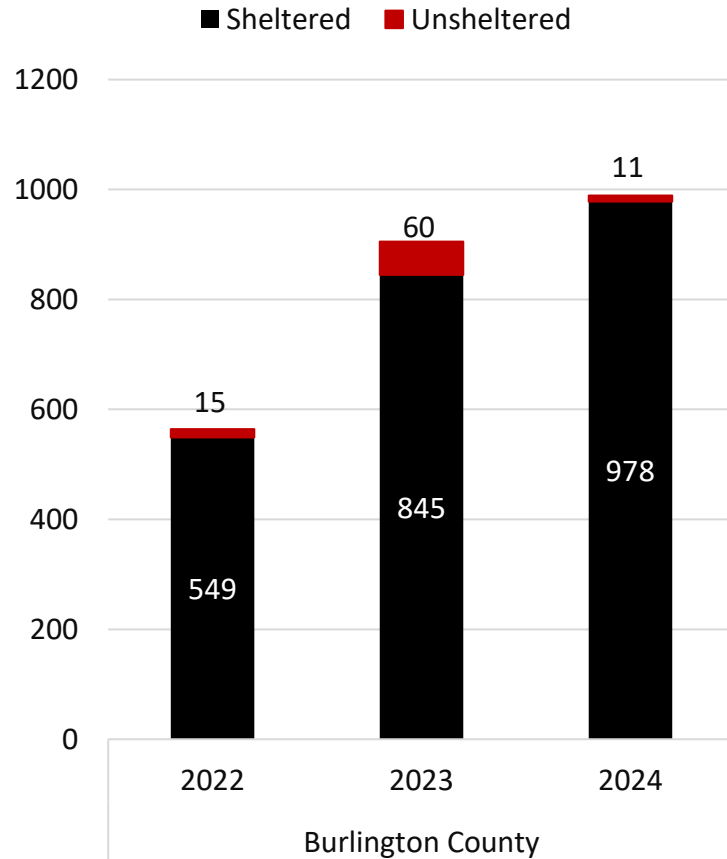
“Severe” rent- or owner-burdened refers to the proportion of households that pay 50% or more of their income on housing.

South Jersey Point-In-Time Homeless Count

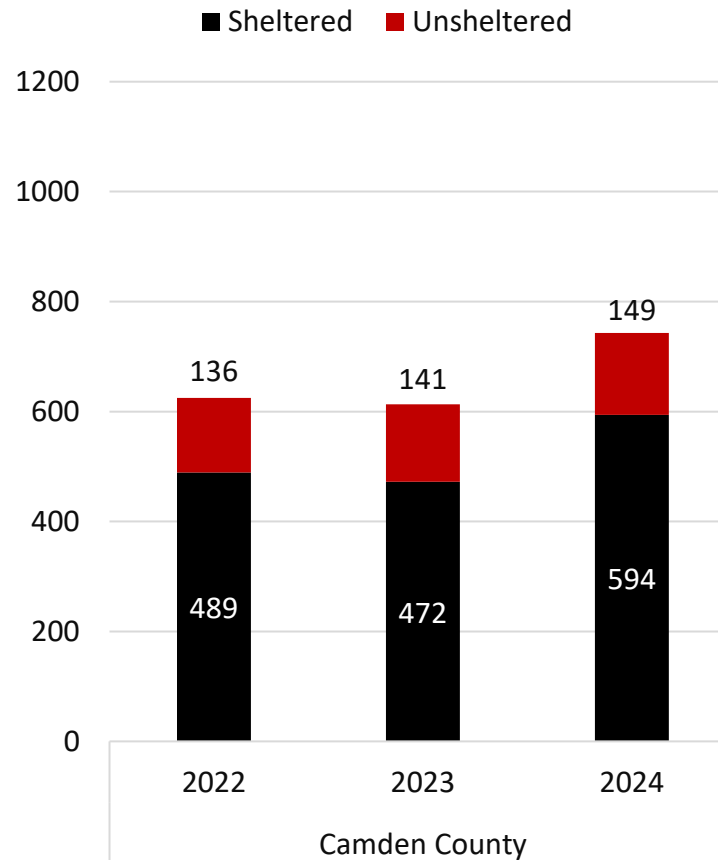
Homelessness is impacting more people every year. Burlington County has the largest number of people experiencing homelessness. Camden County has the largest number of people who are unsheltered.

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

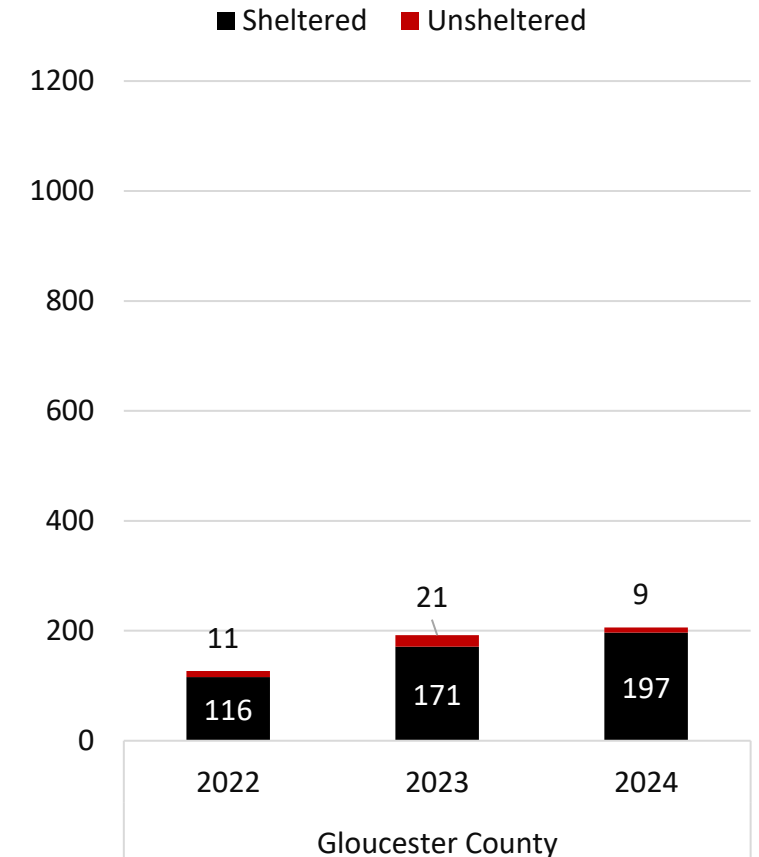
**Total Homeless Population for
Burlington County**



**Total Homeless Population For
Camden County**

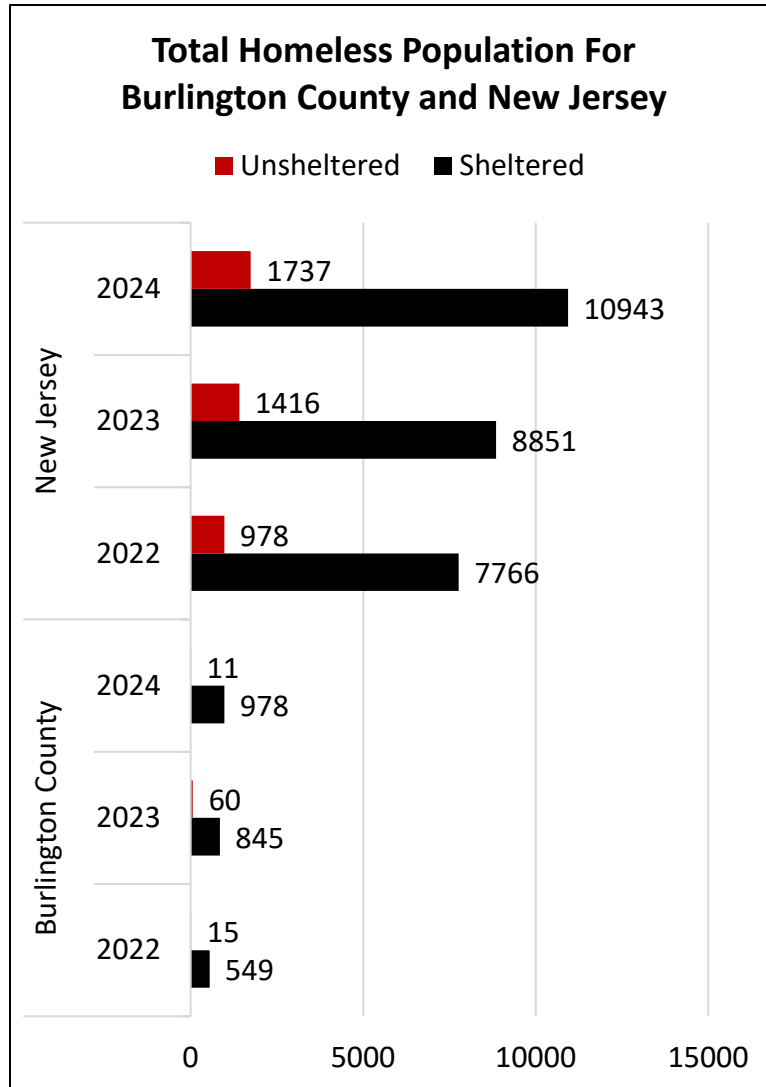


**Total Homeless Population for
Gloucester County**

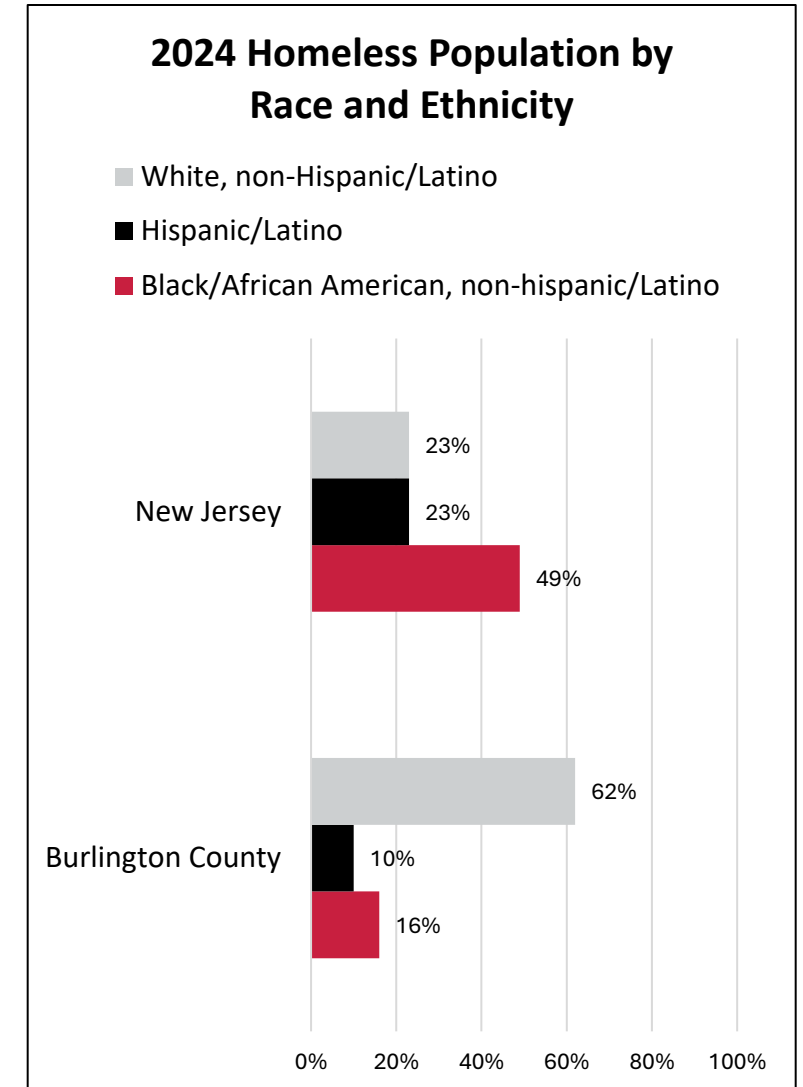


Unhoused People – Burlington County

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

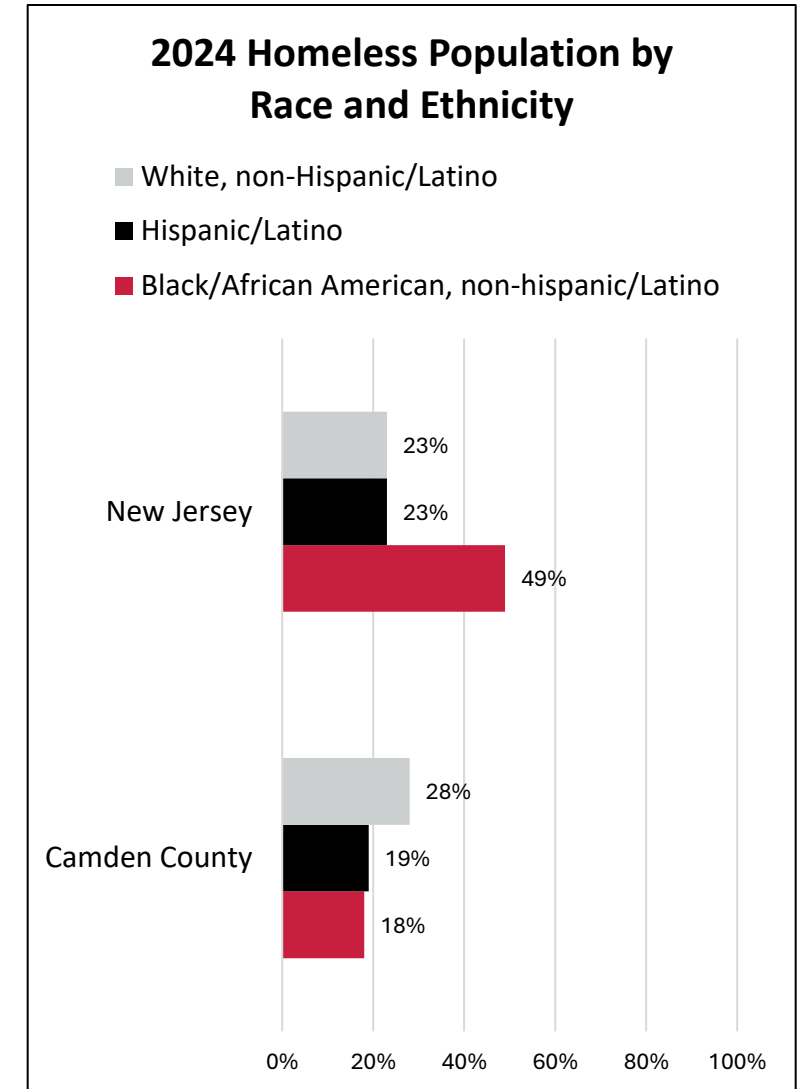
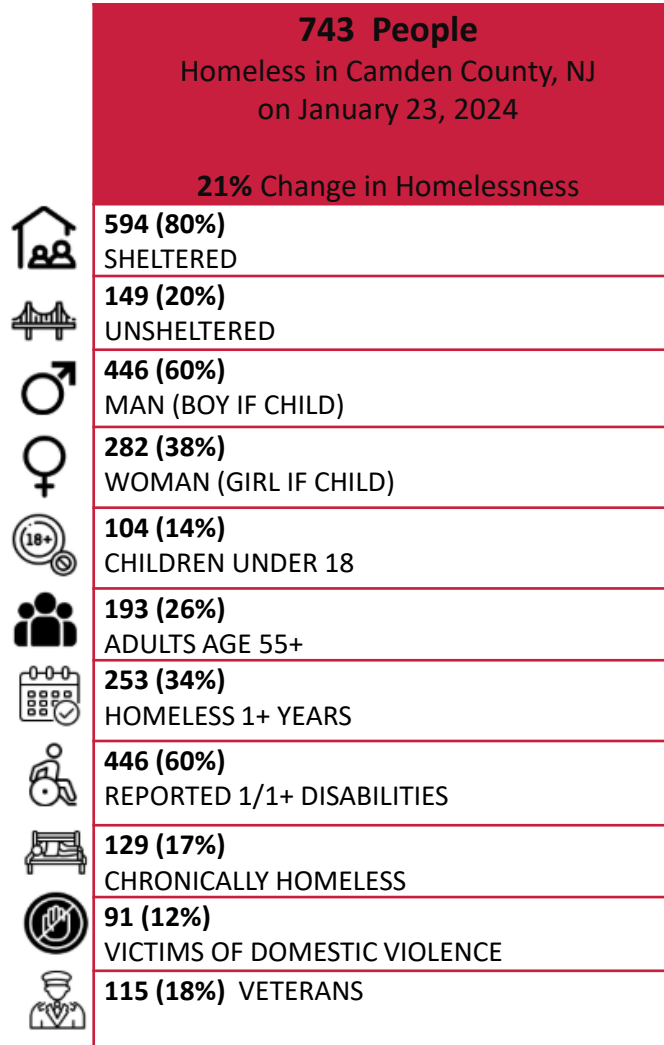
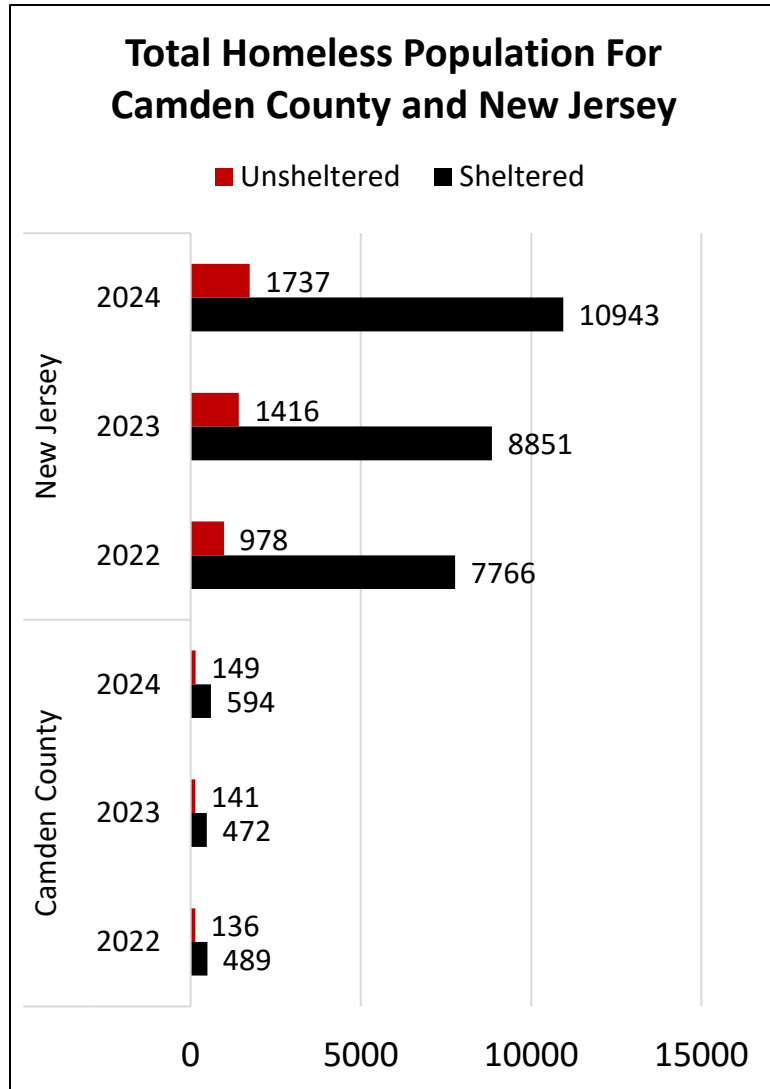


	1,005 People Homeless in Burlington County, NJ on January 23, 2024
	8% Change in Homelessness
	994 (99%) SHELTERED
	11 (1%) UNSHELTERED
	503 (50%) MAN (BOY IF CHILD)
	492 (49%) WOMAN (GIRL IF CHILD)
	332 (33%) CHILDREN UNDER 18
	121 (12%) ADULTS AGE 55+
	291 (29%) HOMELESS 1+ YEARS
	372 (37%) REPORTED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



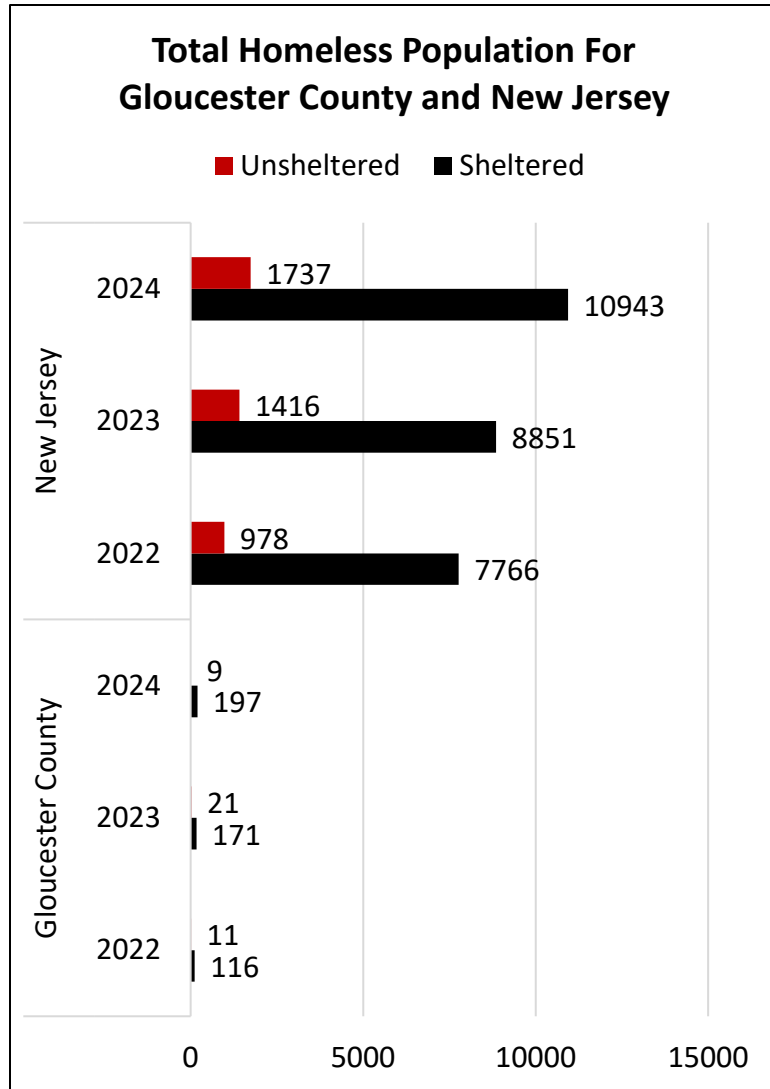
Unhoused People – Camden County

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



Unhoused People – Gloucester County

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



206 People

Homeless in Gloucester County, NJ on
January 23, 2024

7% Change in Homelessness

197 (96%)
SHELTERED

9 (4%)
UNSHeltered

72 (35%)
MAN (BOY IF CHILD)

119 (58%)
WOMAN (GIRL IF CHILD)

80 (39%)
CHILDREN UNDER 18

27 (13%)
ADULTS AGE 55+

56 (27%)
HOMELESS 1+ YEARS

84 (41%)
REPORTED 1/1+ DISABILITIES

23 (11%)
CHRONICALLY HOMELESS

50 (24%)
VICTIMS OF DOMESTIC VIOLENCE

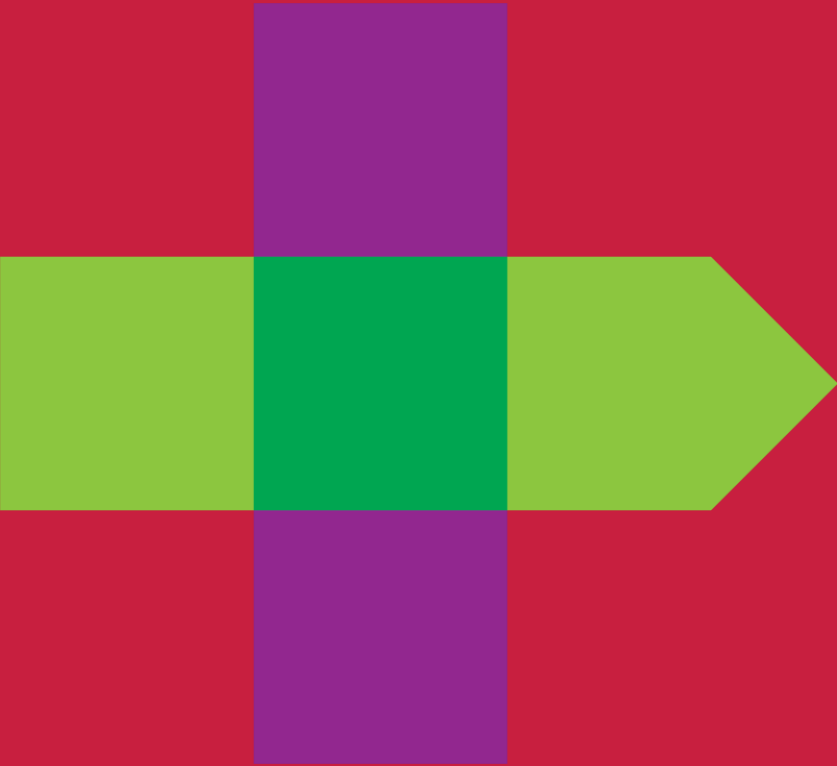
0 (0%)
VETERANS

2024 Homeless Population by Race and Ethnicity

■ White, non-Hispanic/Latino

■ Hispanic/Latino

■ Black/African American, non-hispanic/Latino



Neighborhood and Built Environment

Physical Activity and Food



Neighborhood and the Built Environment

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

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

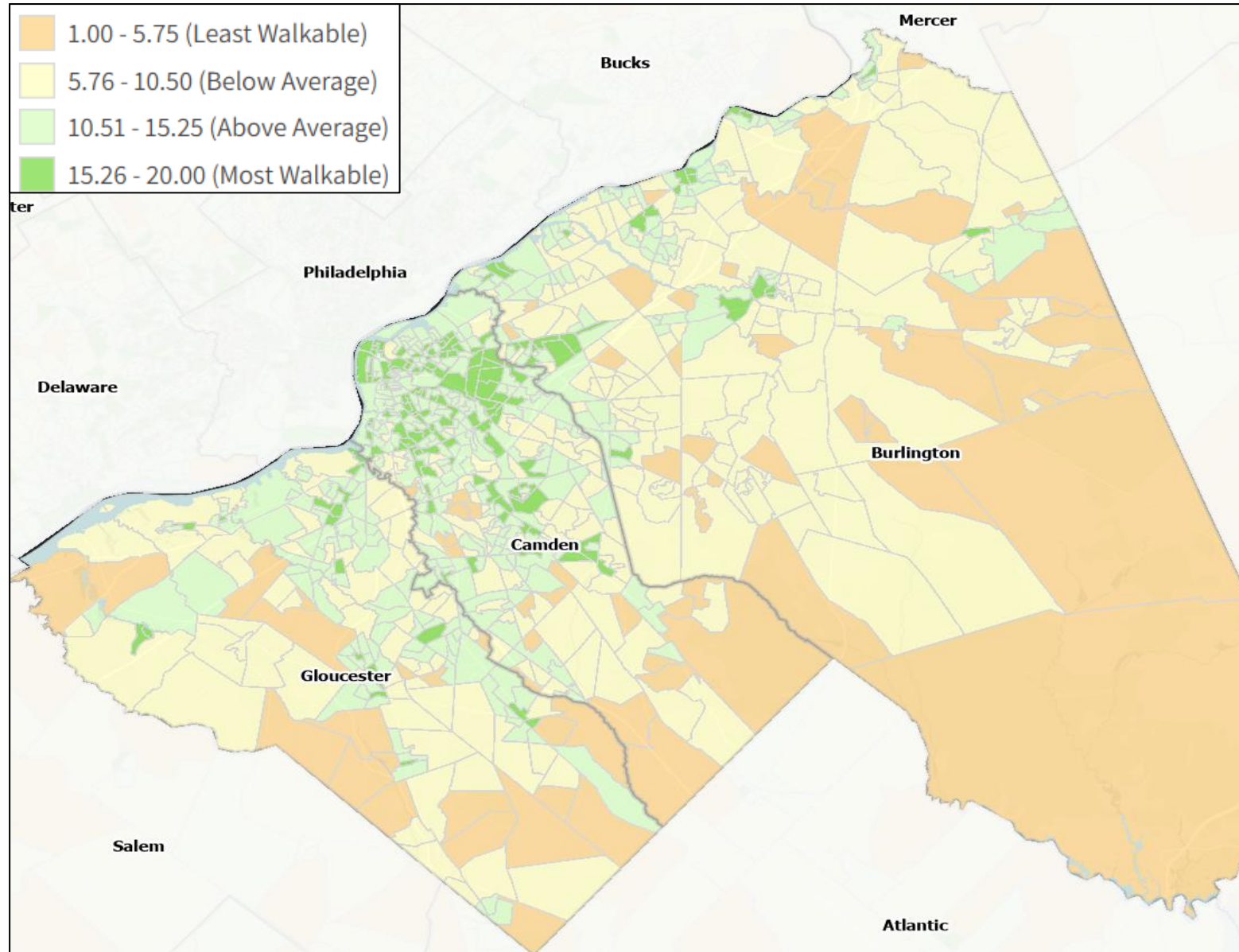
Where you live also impacts what you eat. The United Nations' Committee on World Food Security defines "food security" to mean that everyone has physical, social, and economic access to sufficient, safe, and nutritious food that meets their food preferences and dietary needs for an active and healthy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



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Walkability and Car Dependence



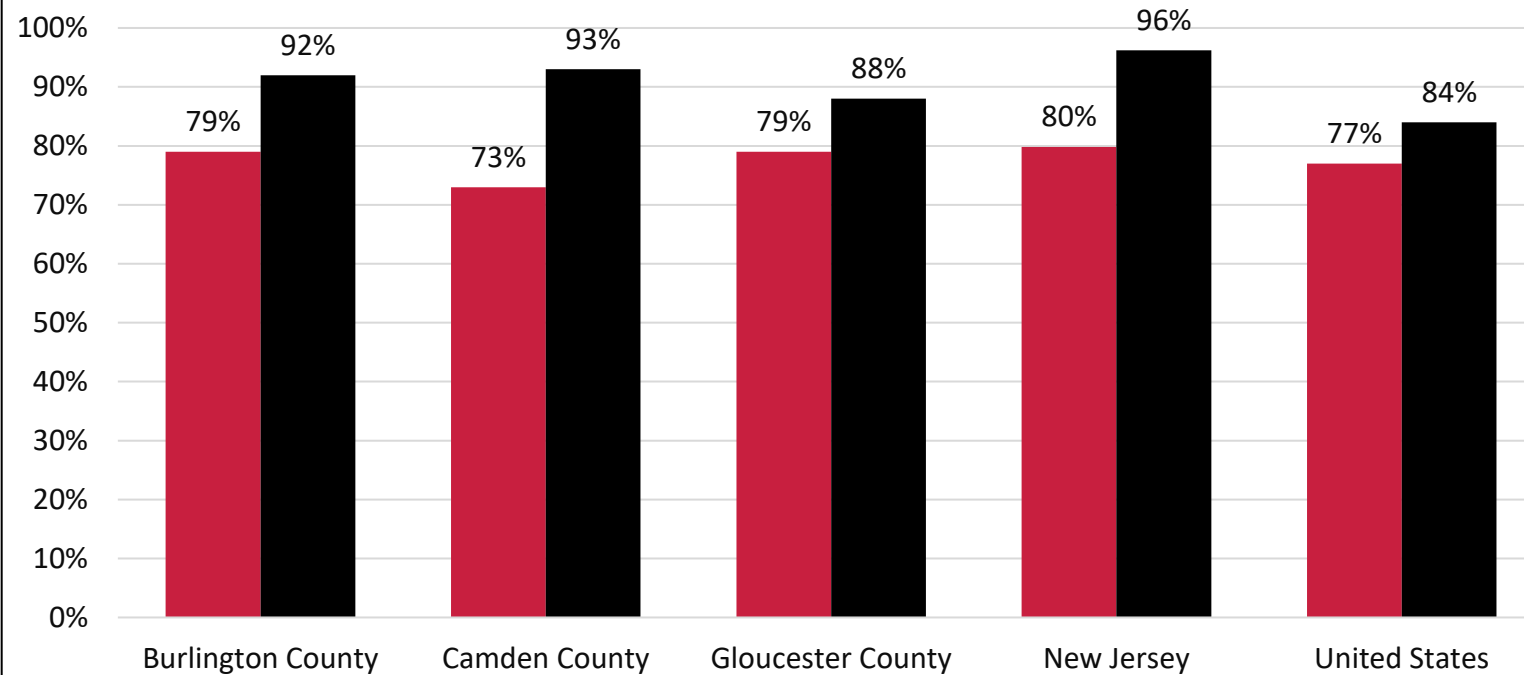
The Centers for Disease Control (CDC) ranks neighborhoods on walkability and pedestrian friendliness. A high score means people can walk to shops, services, and public transportation easily.

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

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

Physical Activity Opportunity and Participation

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



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

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

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

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

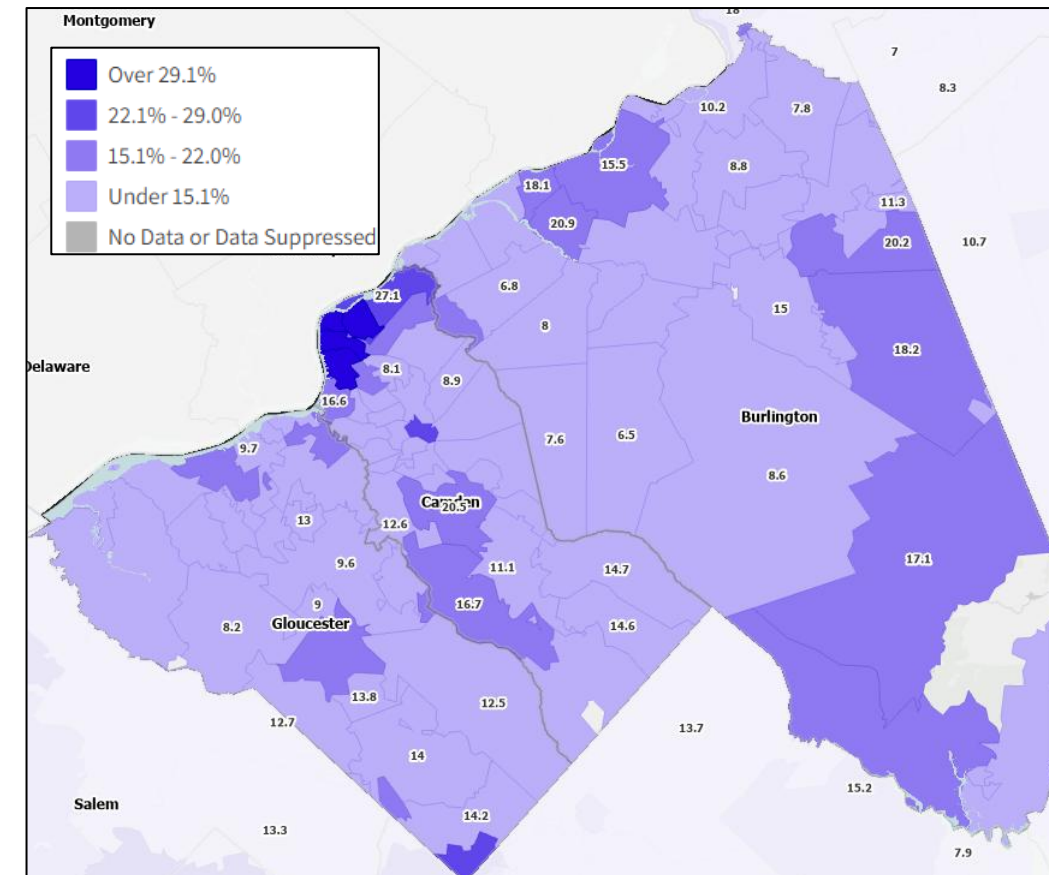
*Adequate access-to locations for Physical Activity- the percentage of the population with sufficient access to safe and convenient places to be physically active, such as parks, trails, recreation centers, playgrounds, or sidewalks.

Food Insecurity

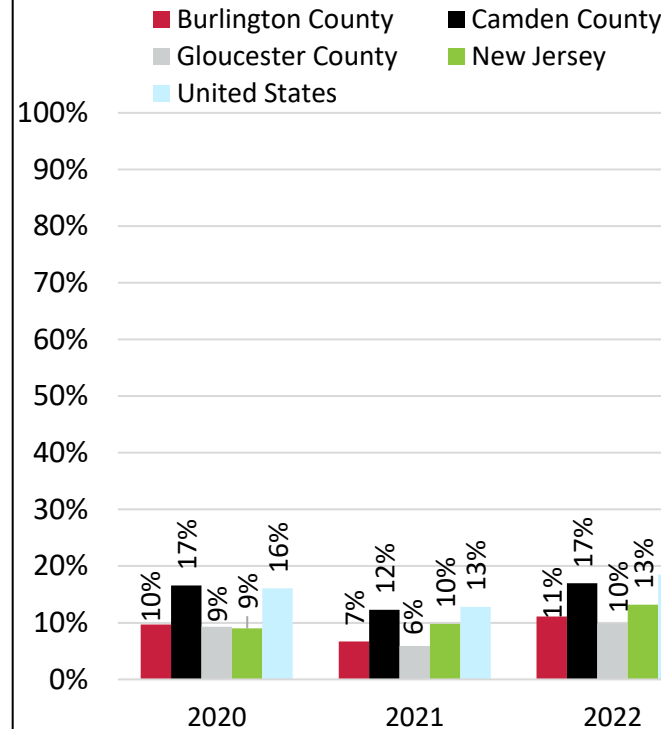
People in South Jersey are more likely to be food insecure than in other parts of the state. Approximately 1 in 10 residents in South Jersey face food insecurity, with the highest levels concentrated in Camden City and southeastern Gloucester County, as well as rural parts of Burlington County. Children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

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

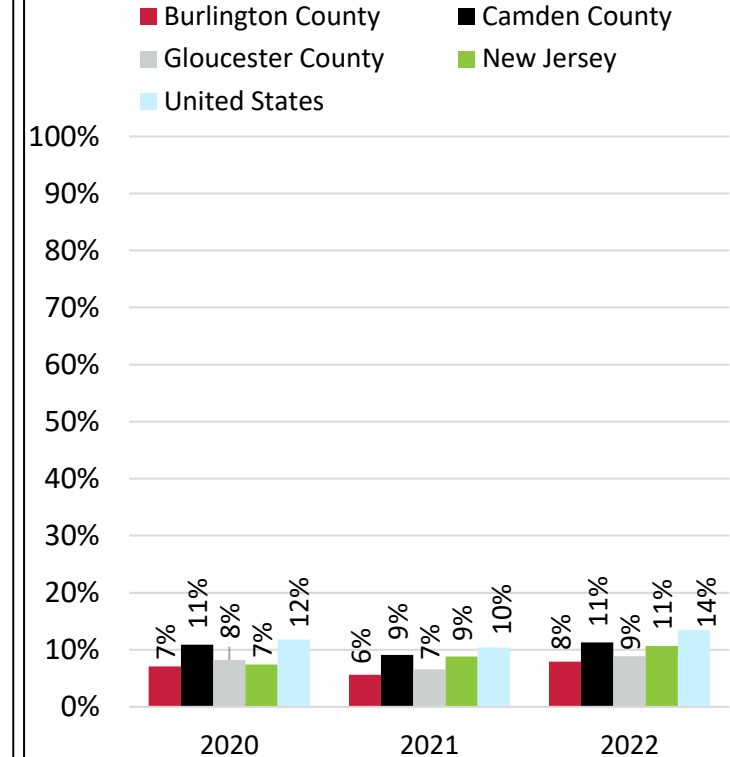
2022 Prevalence of Adults Food Insecurity for South Jersey Counties by Zip code



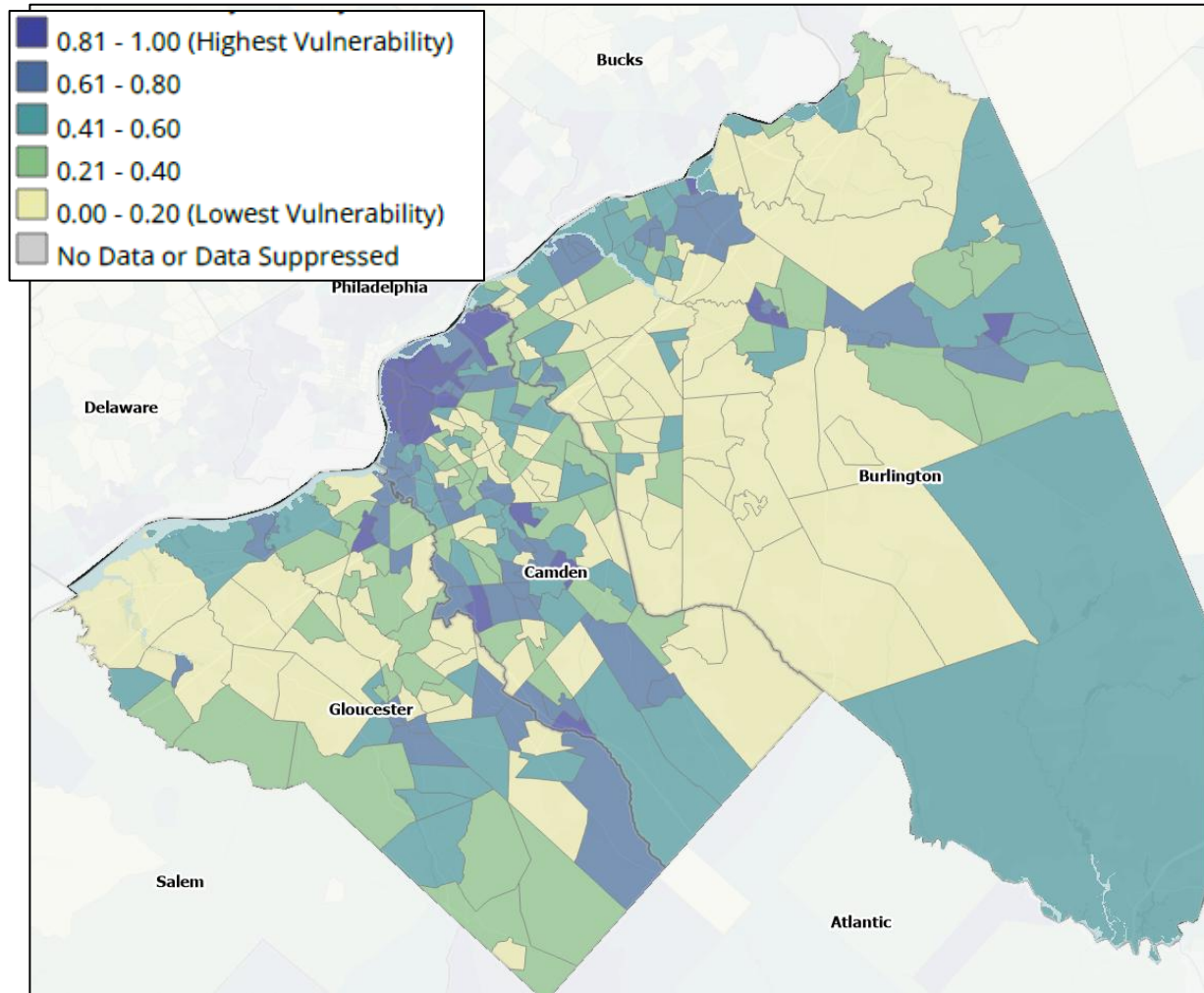
**Food Insecurity for Children
2020-2022**



**Food Insecurity for All Residents,
2020-2022**



Social Vulnerability Index for South Jersey Counties by Census Tract



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

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

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

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

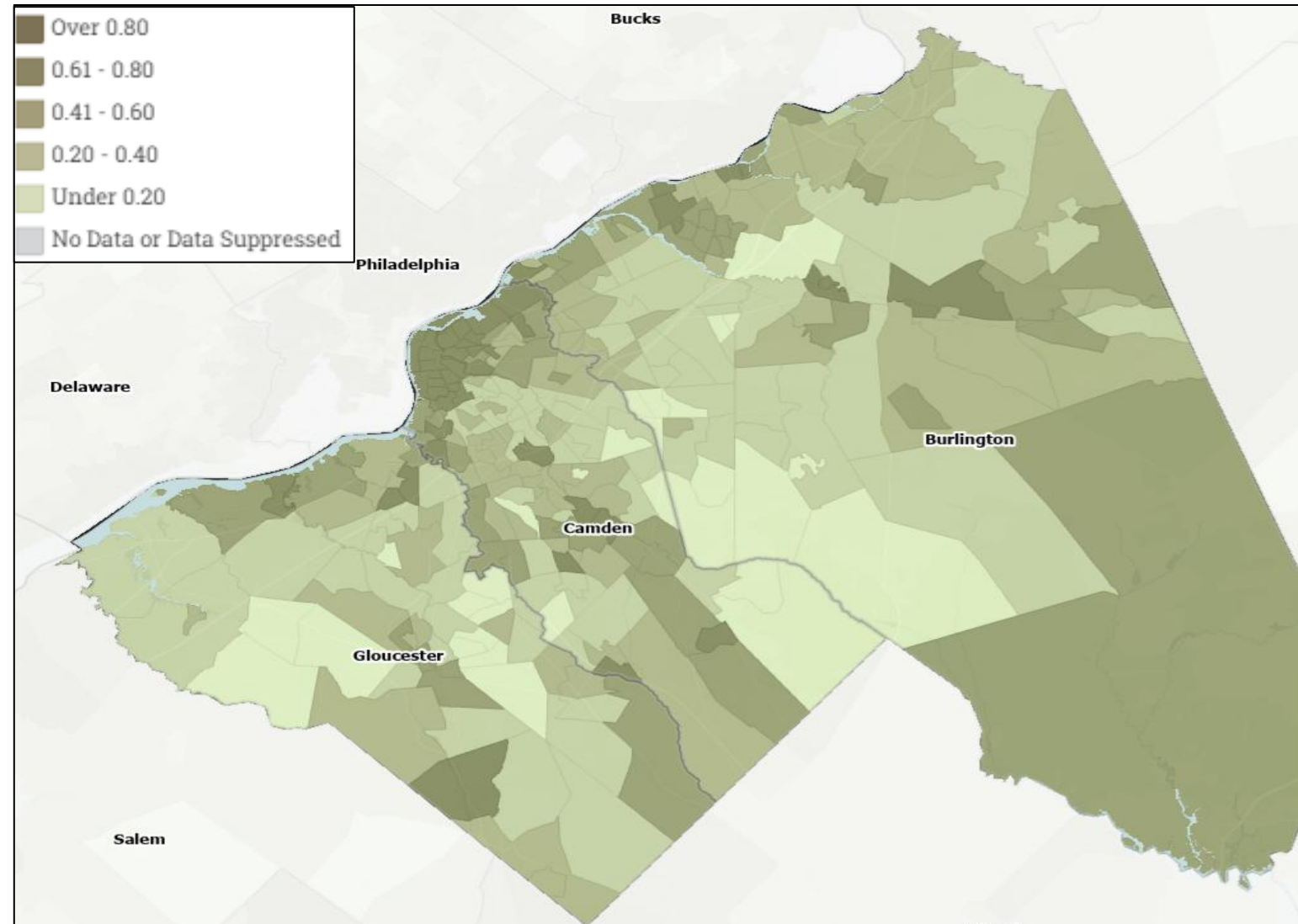
Environmental Justice Index

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

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

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

2022 South Jersey Environmental Justice Index Percentile Rankings



Radon

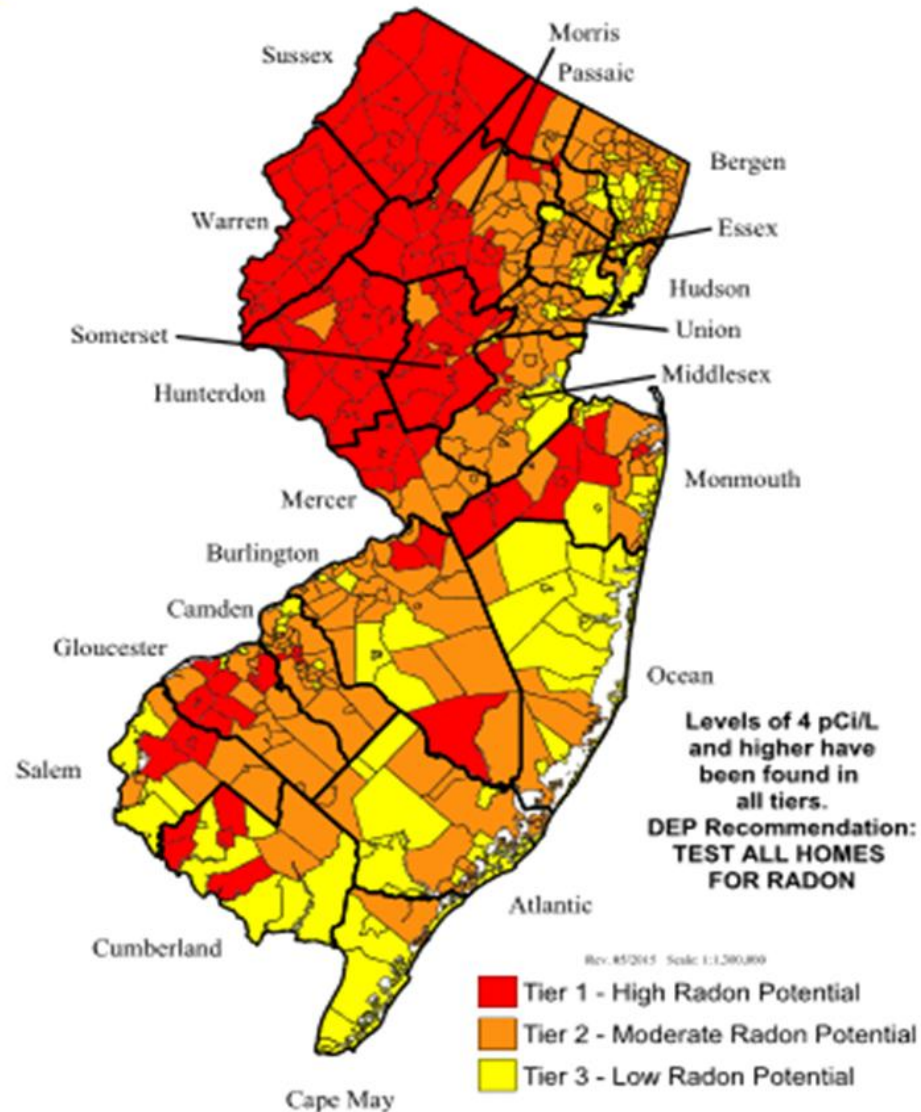
Radon is a naturally occurring, odorless, colorless gas that comes from underground; it impacts air quality in homes and buildings and contributes to lung cancer diagnoses.

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.

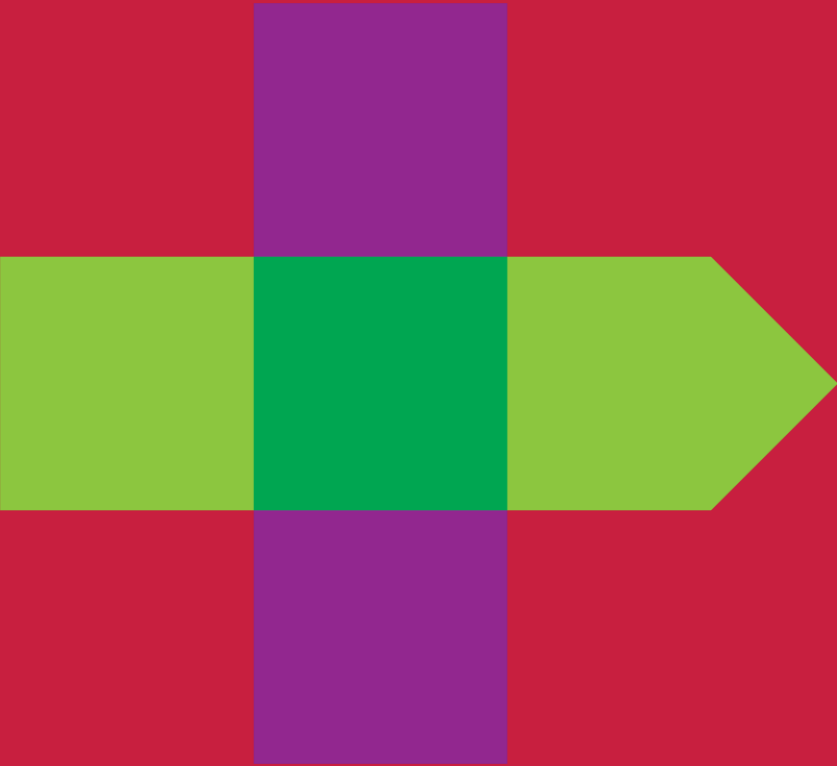
Detection and remediation in homes, schools, and workplaces is strengthened by strong public policy and collaboration.



New Jersey Department of Environmental Protection
Radon Potential Map



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



Access to Care

Insurance and Provider Availability



Access to Care: Insurance, Utilization, and Provider Availability

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

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

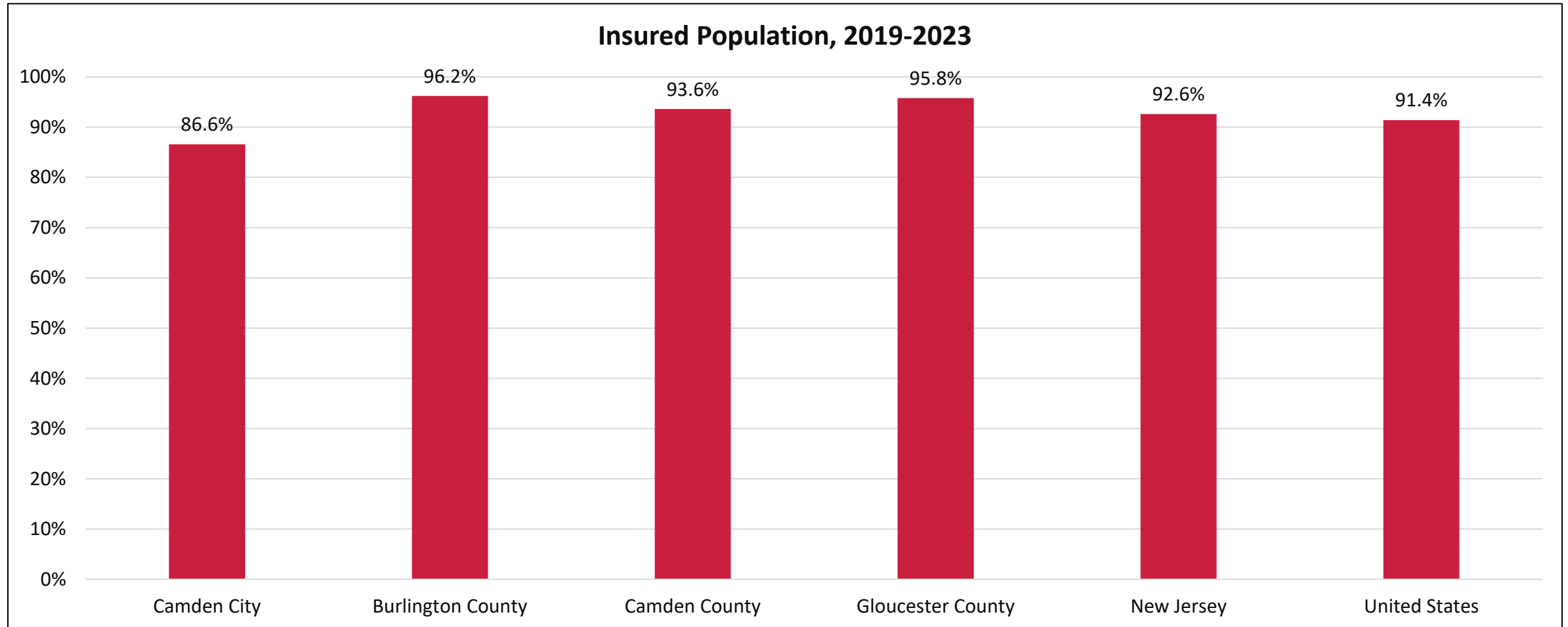
The ratio of primary care and dental providers to the population is an indicator of the availability of health care resources in any community. While many other factors impact accessibility, such as cost, insurance, language, and other barriers, the presence of an adequate number of qualified providers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



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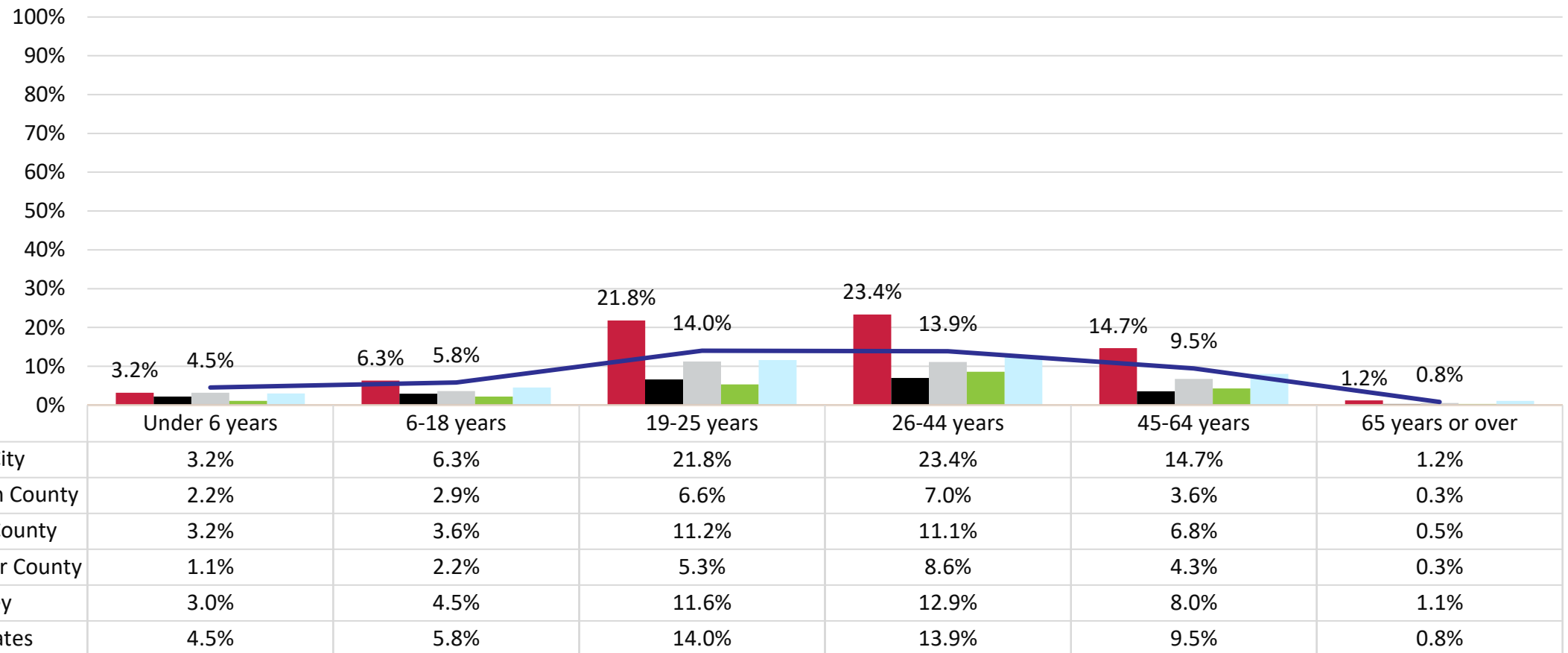
Having health insurance makes it easier and more affordable for people to access the health care they need. Most people across South Jersey have health insurance. However, roughly 1 in 7 Camden City residents does not have health insurance, presenting a barrier to accessing healthcare.



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.

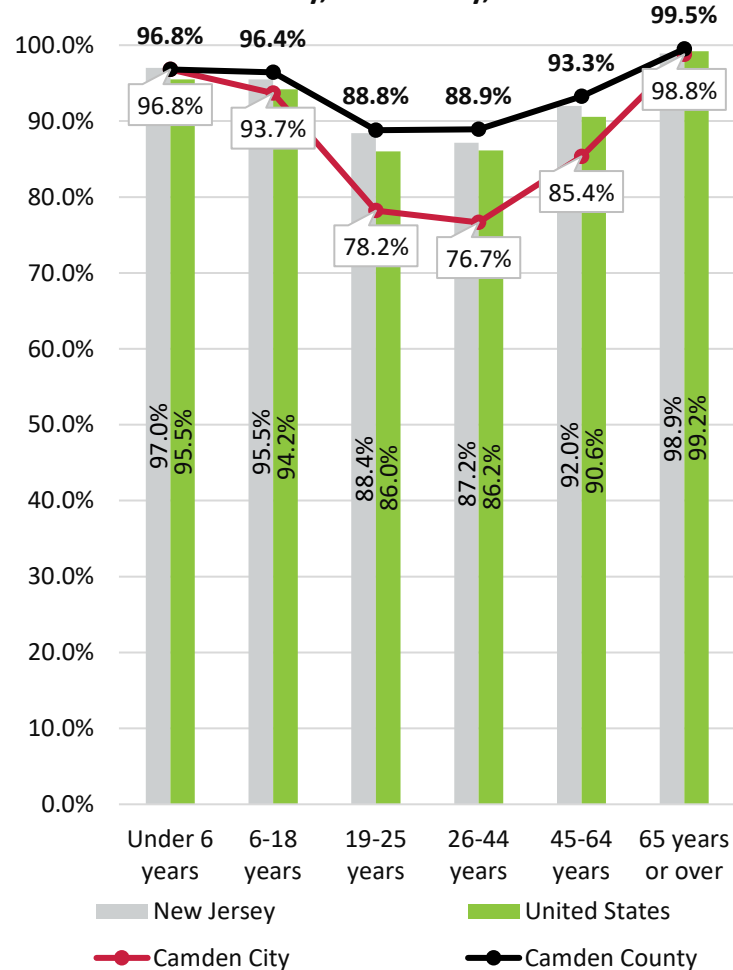
Uninsured Population by Age, 2019-2023



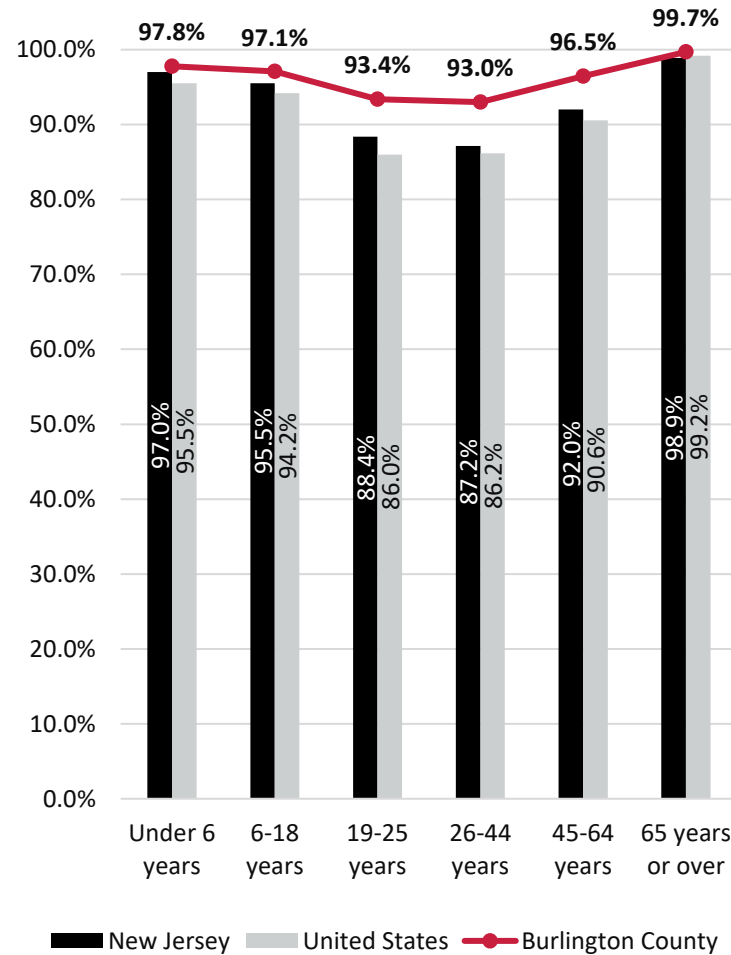
Health Insurance by Age

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.

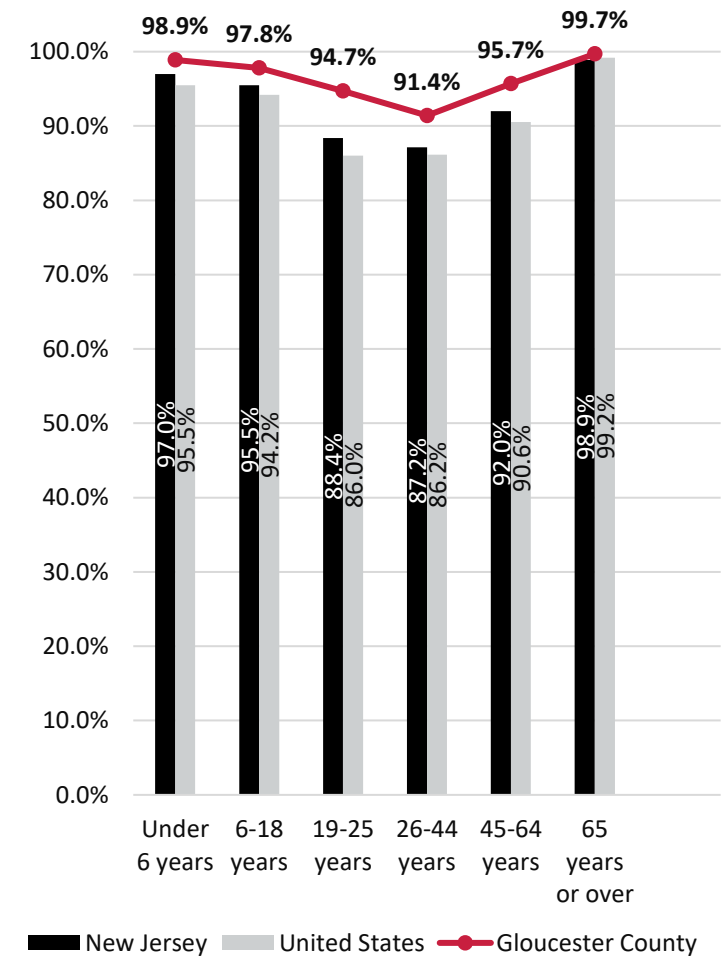
Uninsured by Age, Camden City, Camden County, New Jersey, US



Uninsured by Age Burlington County, New Jersey, US

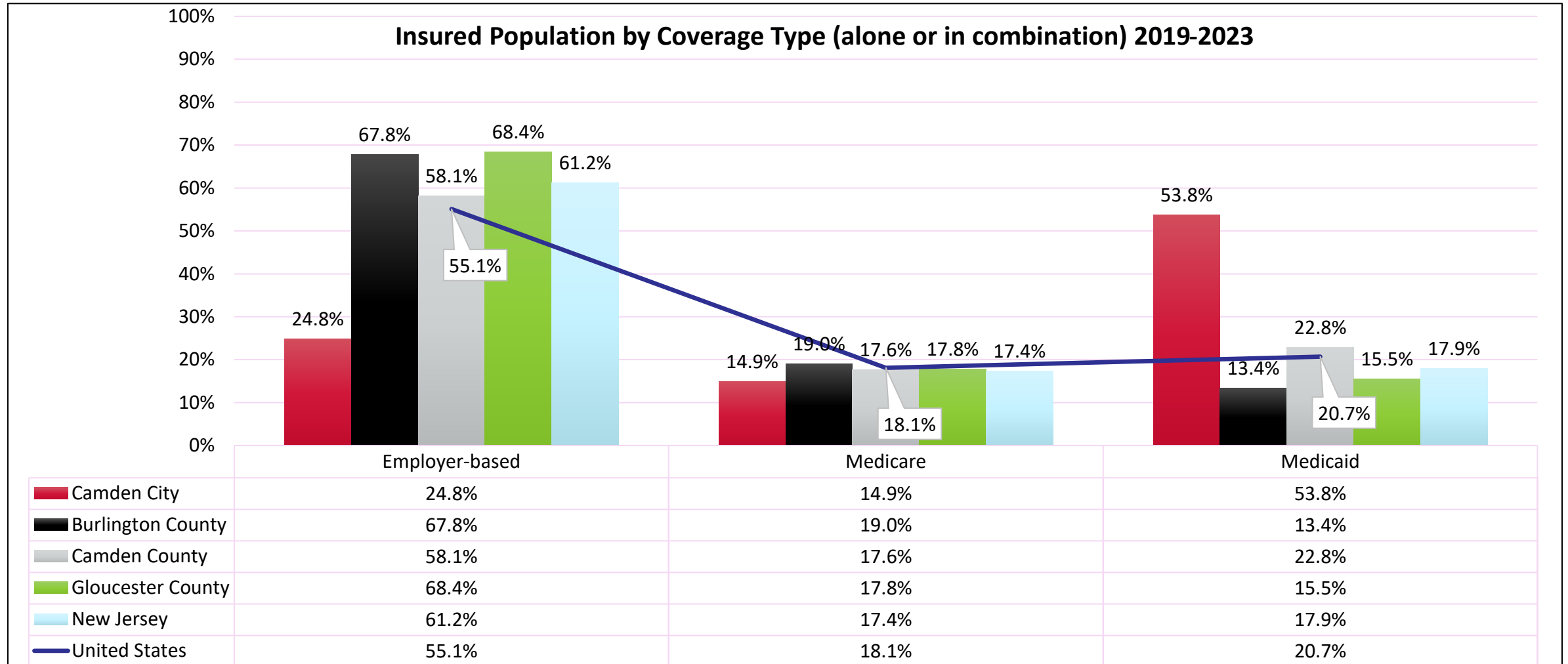


Uninsured by Age Gloucester County, New Jersey, US



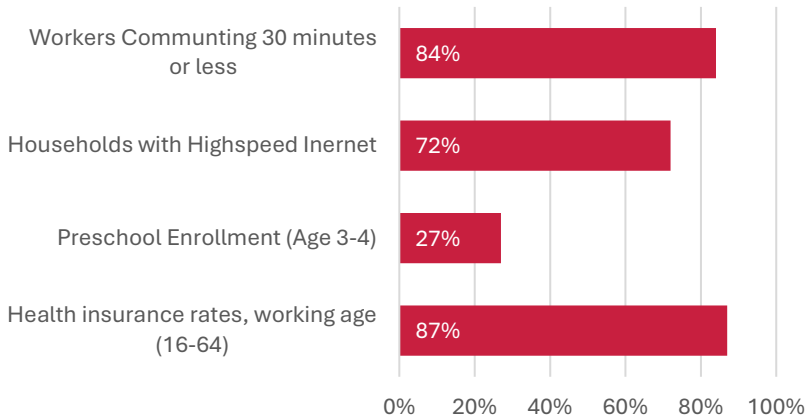
Health Insurance by Insurance Type

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.

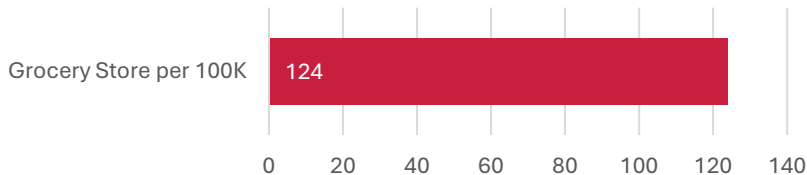


Burlington County

Key Variable: Community Score Variables, Below the ALICE Threshold

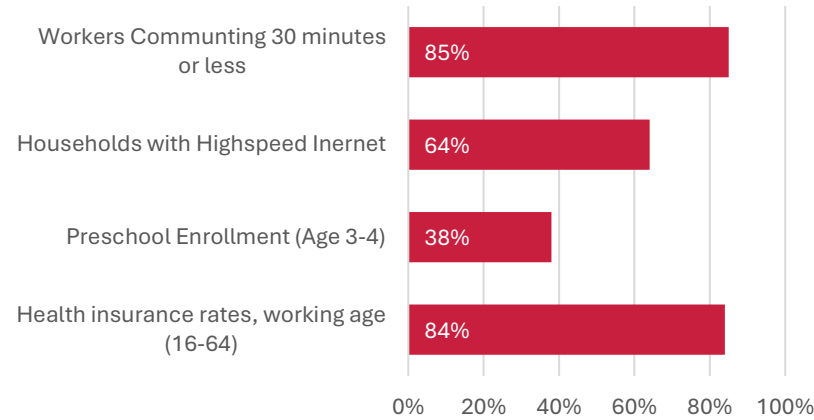


Grocery Store per 100K

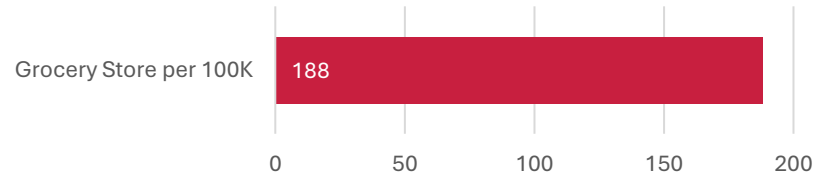


Camden County

Key Variable: Community Score Variables, Below the ALICE Threshold

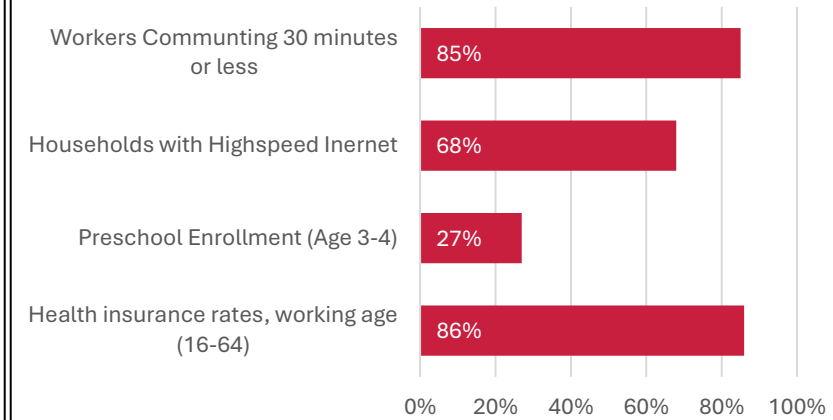


Grocery Store per 100K

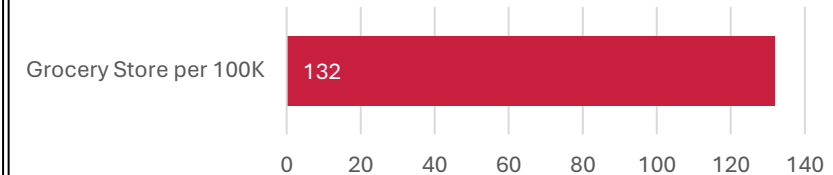


Gloucester County

Key Variable: Community Score Variables, Below the ALICE Threshold



Grocery Store per 100K



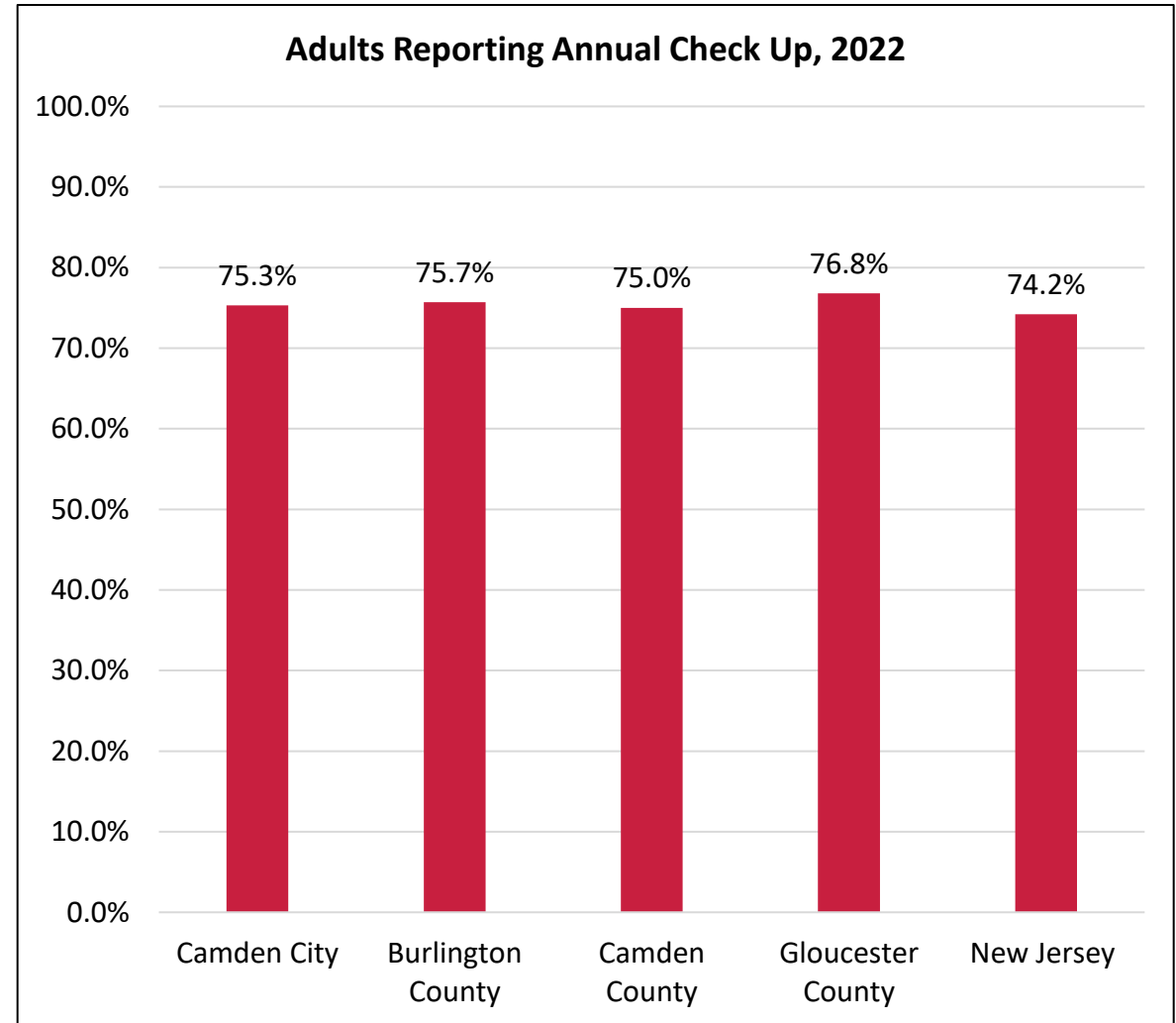
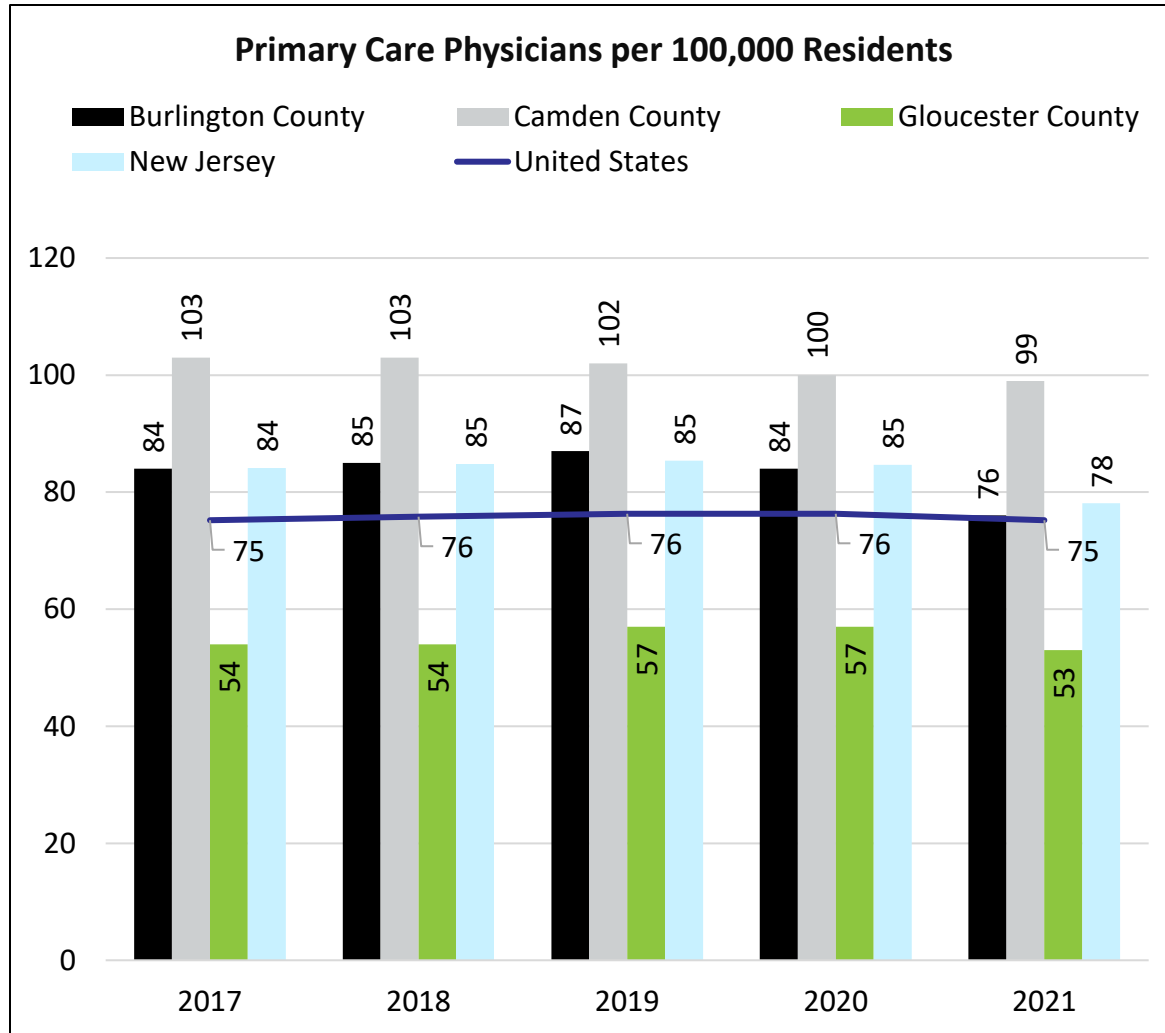
ALICE is an acronym for Asset Limited, Income Constrained, Employed, and represents the growing number of families who are unable to afford the basics of housing, child care, food, transportation, health care, and technology. These workers often struggle to keep their own households from financial ruin,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

Source: [United for ALICE](#)

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.

Primary Care Providers

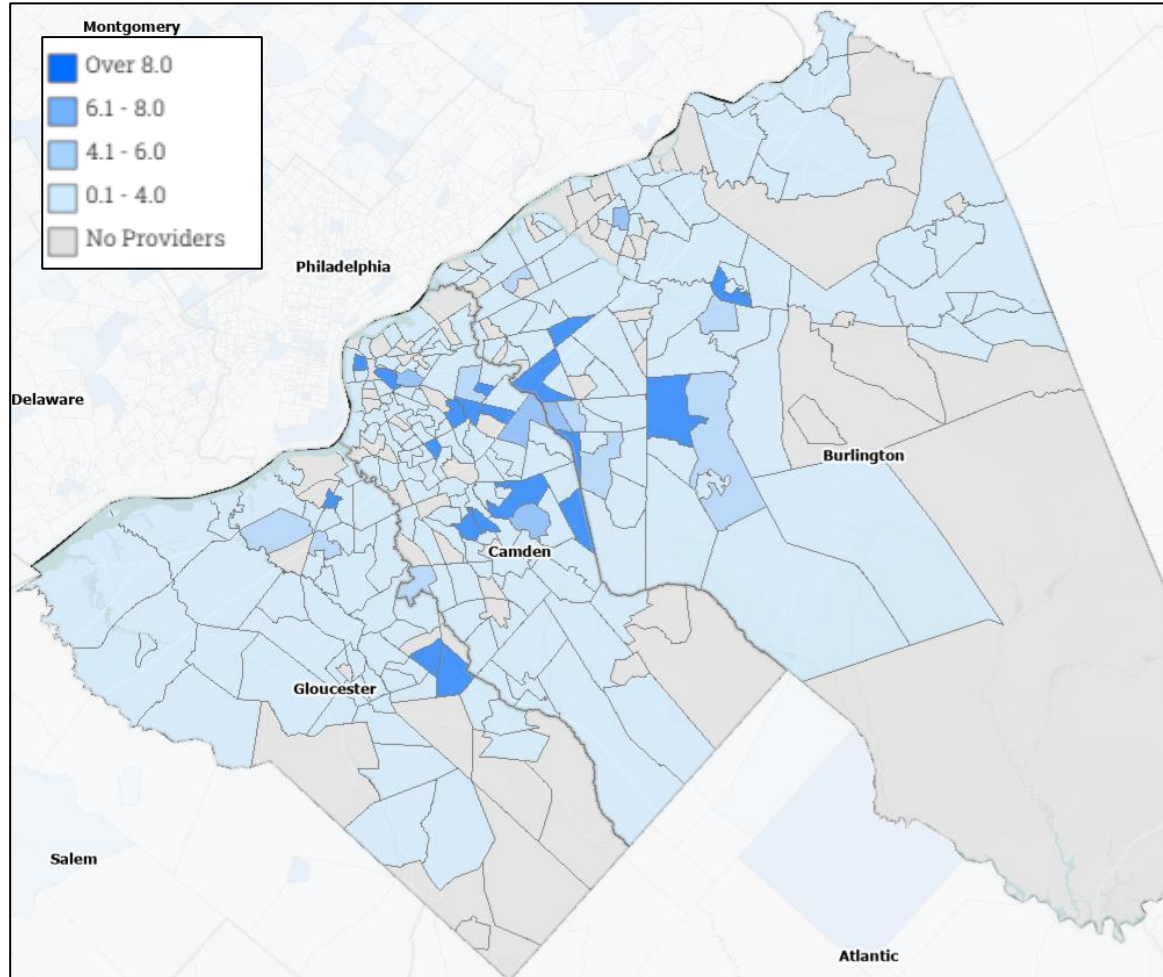
Burlington and Camden Counties have more Primary Care Physicians per 100,000 residents than New Jersey and the US. However, Gloucester County has notably fewer providers per capita. Despite the variability in provider availability, three out of four adults in each county reports having an annual checkup.



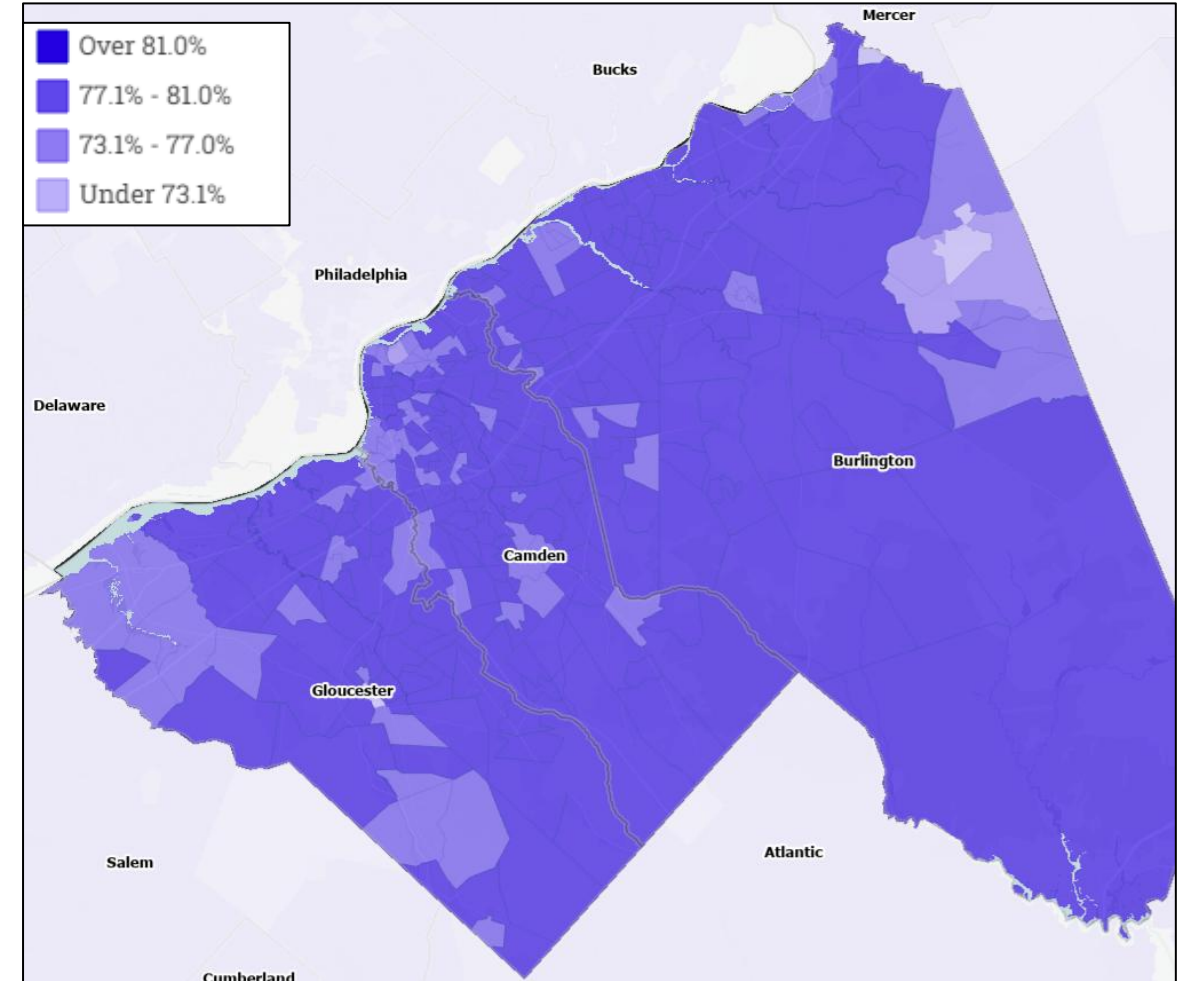
Adult Primary Care Availability: A Closer Look

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

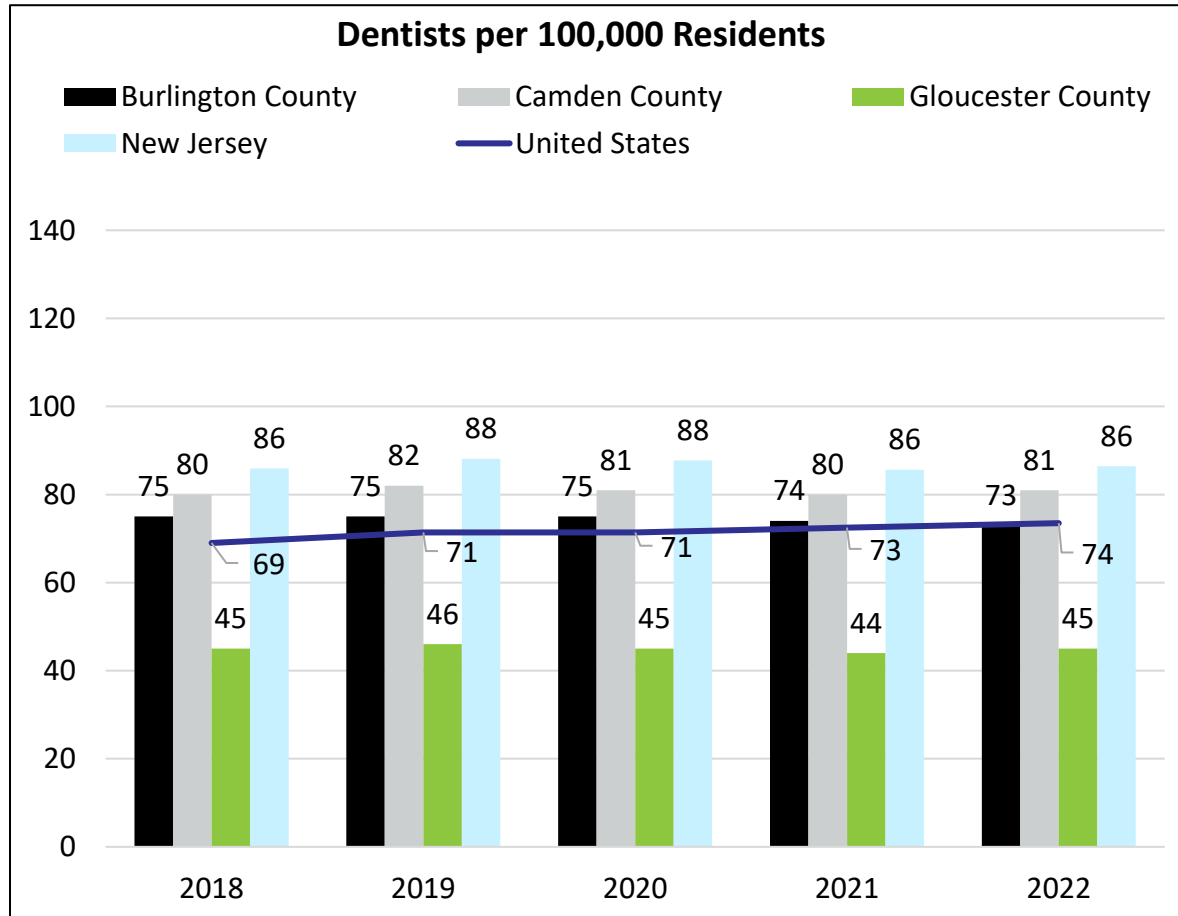
**All Primary Care Providers, Rate per 10,000 People by
Census Tract, 2022**



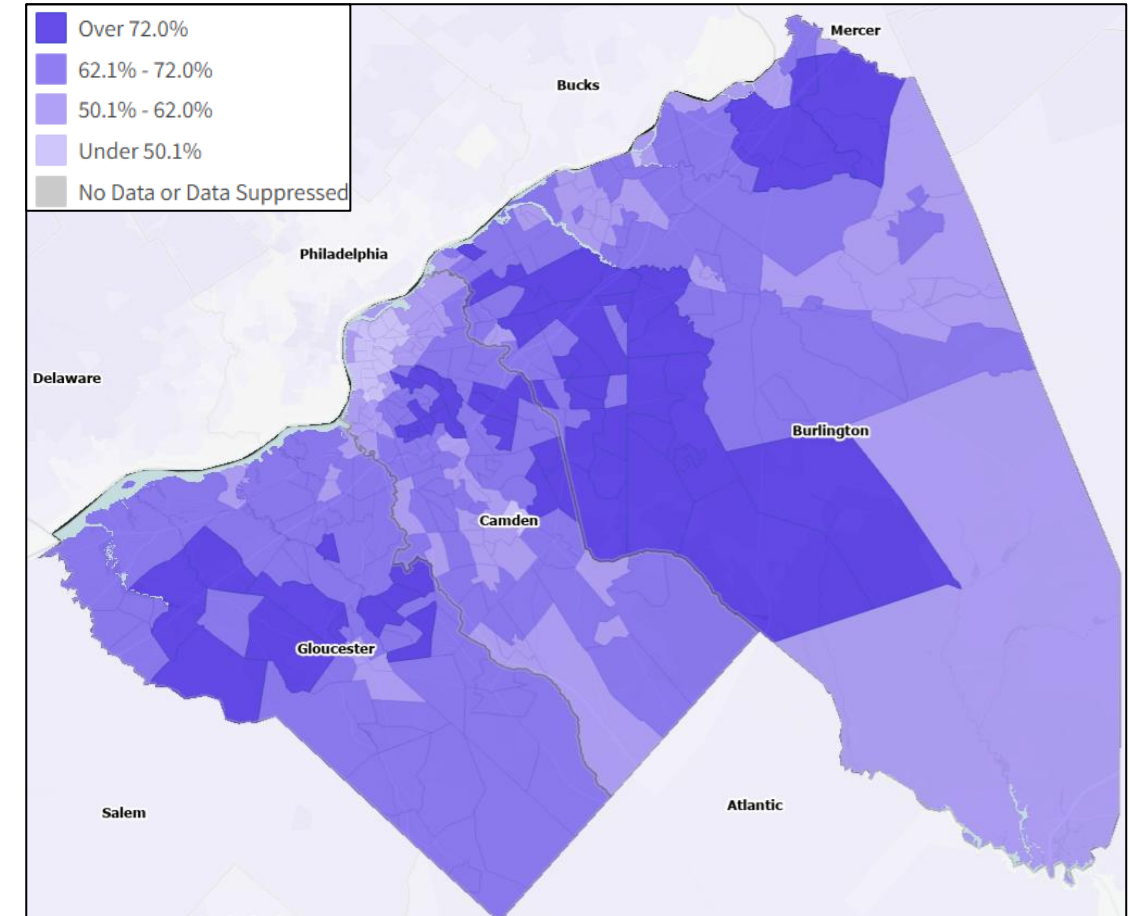
**Adults with a Primary Care Visit Within the Past Year by
Census Tract, 2022**

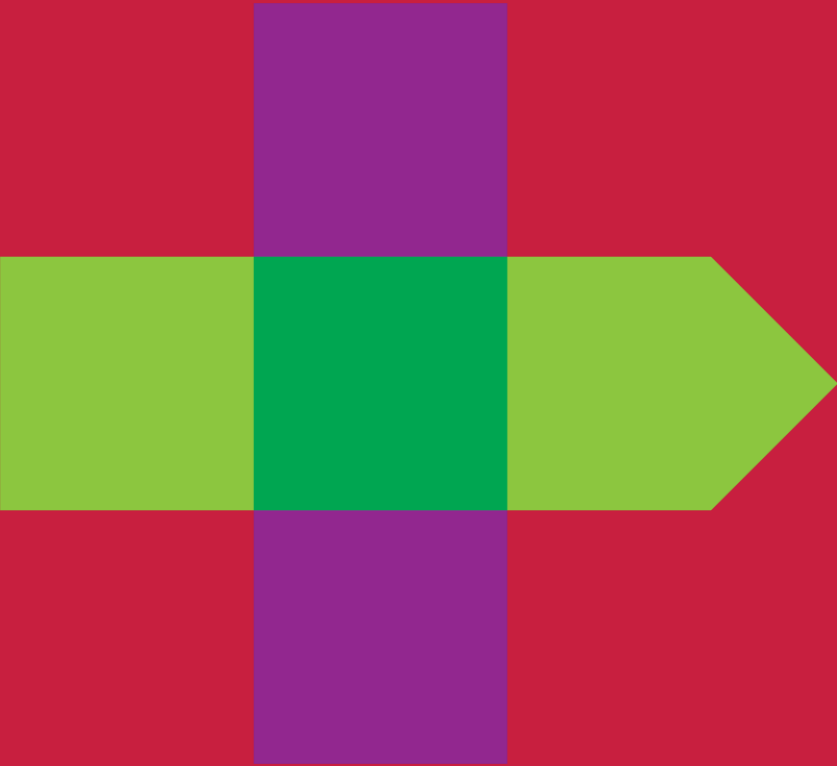


There are more dentists per person in Burlington and Camden Counties than in other parts of New Jersey or the US. However, there are far fewer dentists per capita in Gloucester County than in other areas. This can create barriers to care in Gloucester County. Despite the lower number of dentists per 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





Life Expectancy, Chronic Disease, and Quality of Life

Life Expectancy, Chronic Disease, and Quality of Life



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

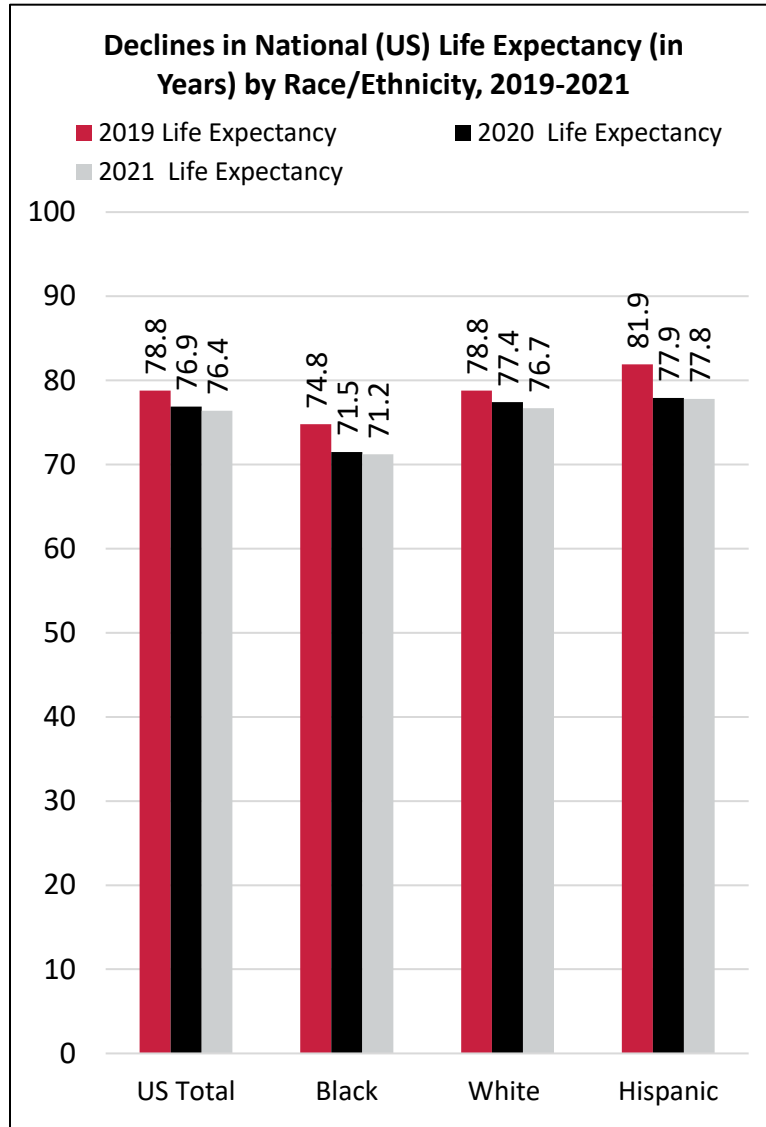
The leading causes of death among all populations across New Jersey and the US continue to be chronic diseases, with heart disease as the top cause. Cancer, diabetes, and chronic lower respiratory diseases also contribute to deaths in New Jersey and nationwide. Death from chronic disease is caused by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



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The Big Picture: Life Expectancy



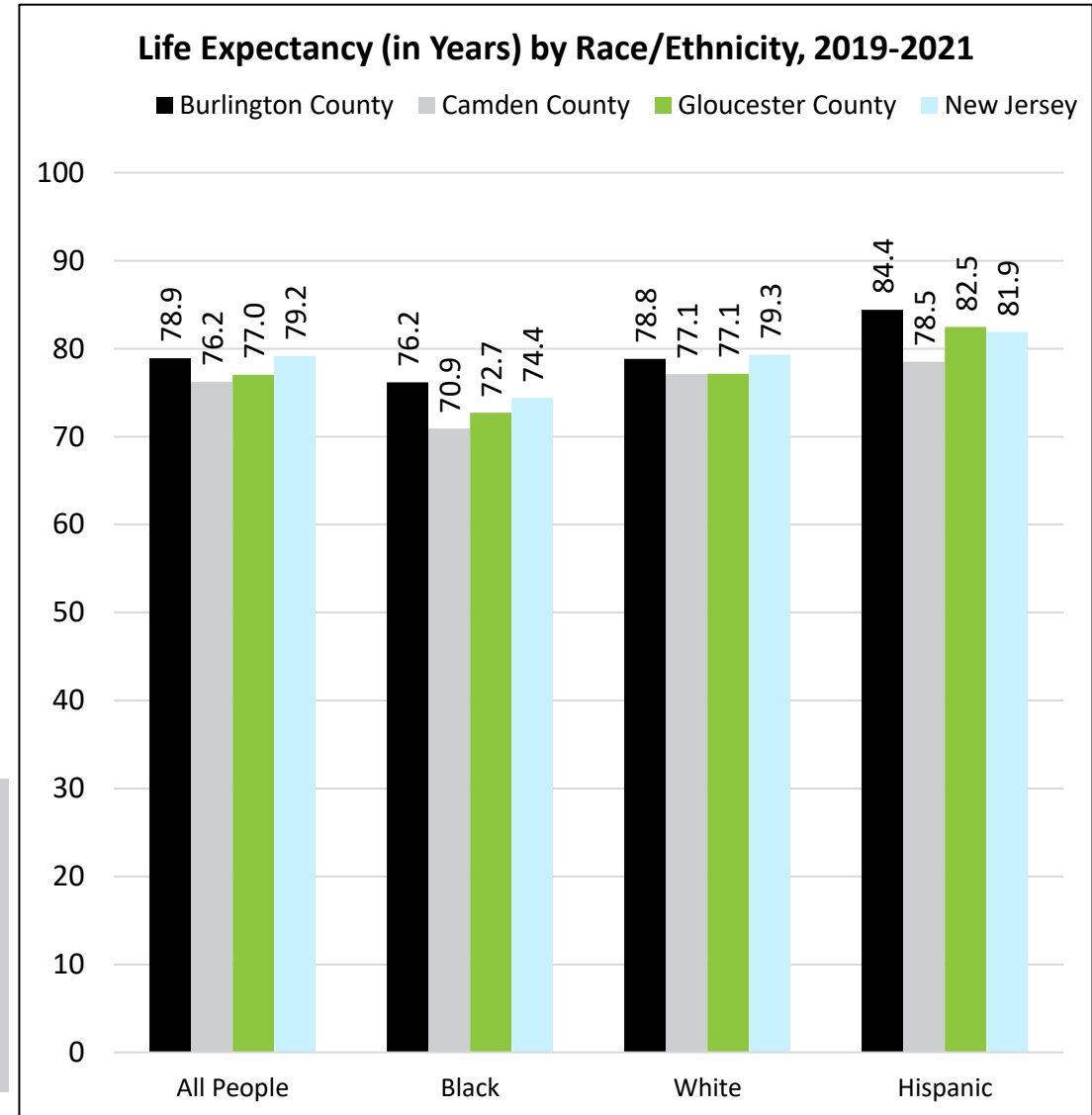
Life expectancy is an overall measure of health and social opportunity within a community. During the COVID years, there was a decrease in life expectancy nationwide. However, even before COVID, not everyone was able to live a long life. This is true in New Jersey as well.

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

Did you know?

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

Source: National Vital Statistics System



Source: National Vital Statistics System

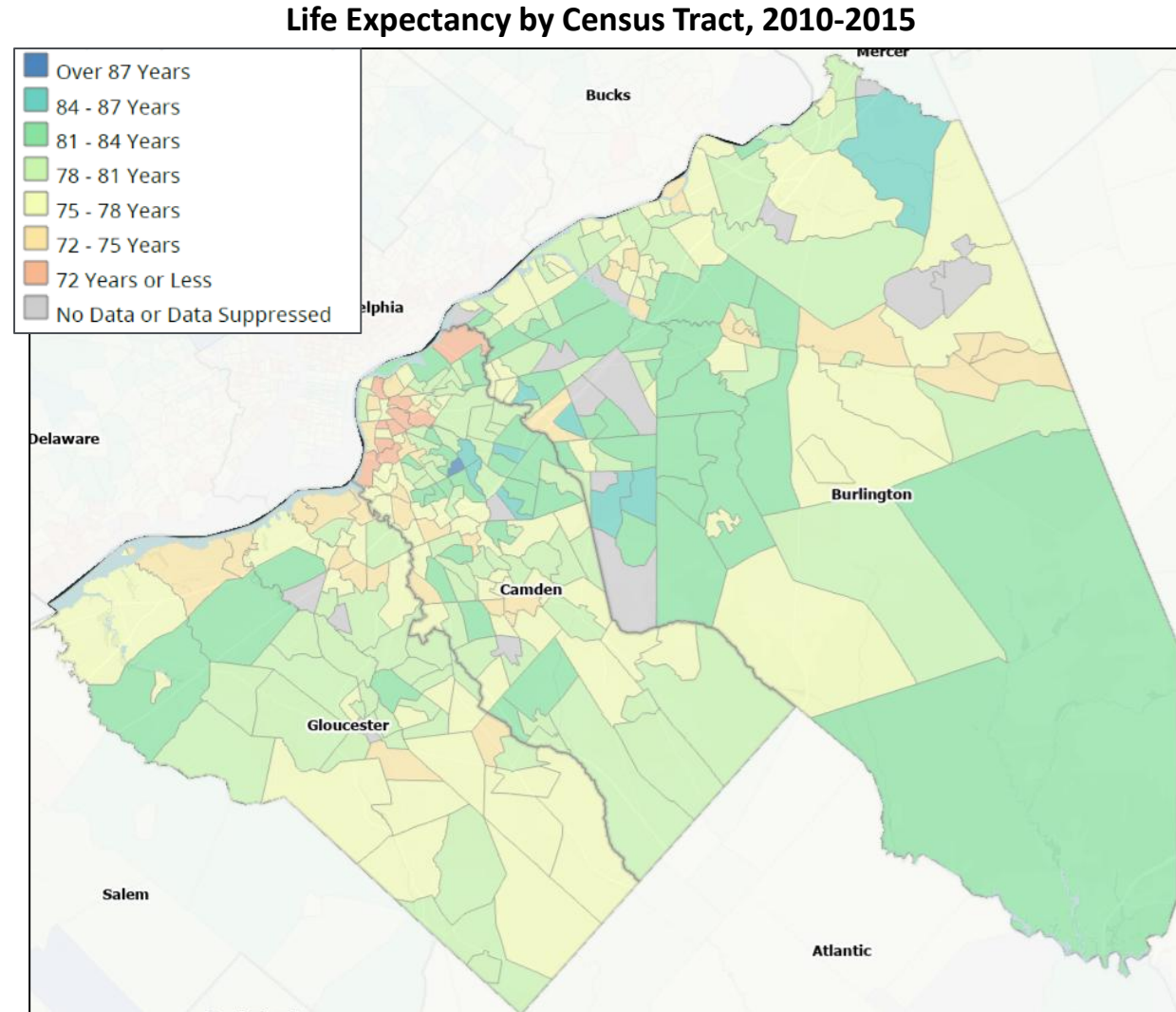
Life Expectancy: A Historical View

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

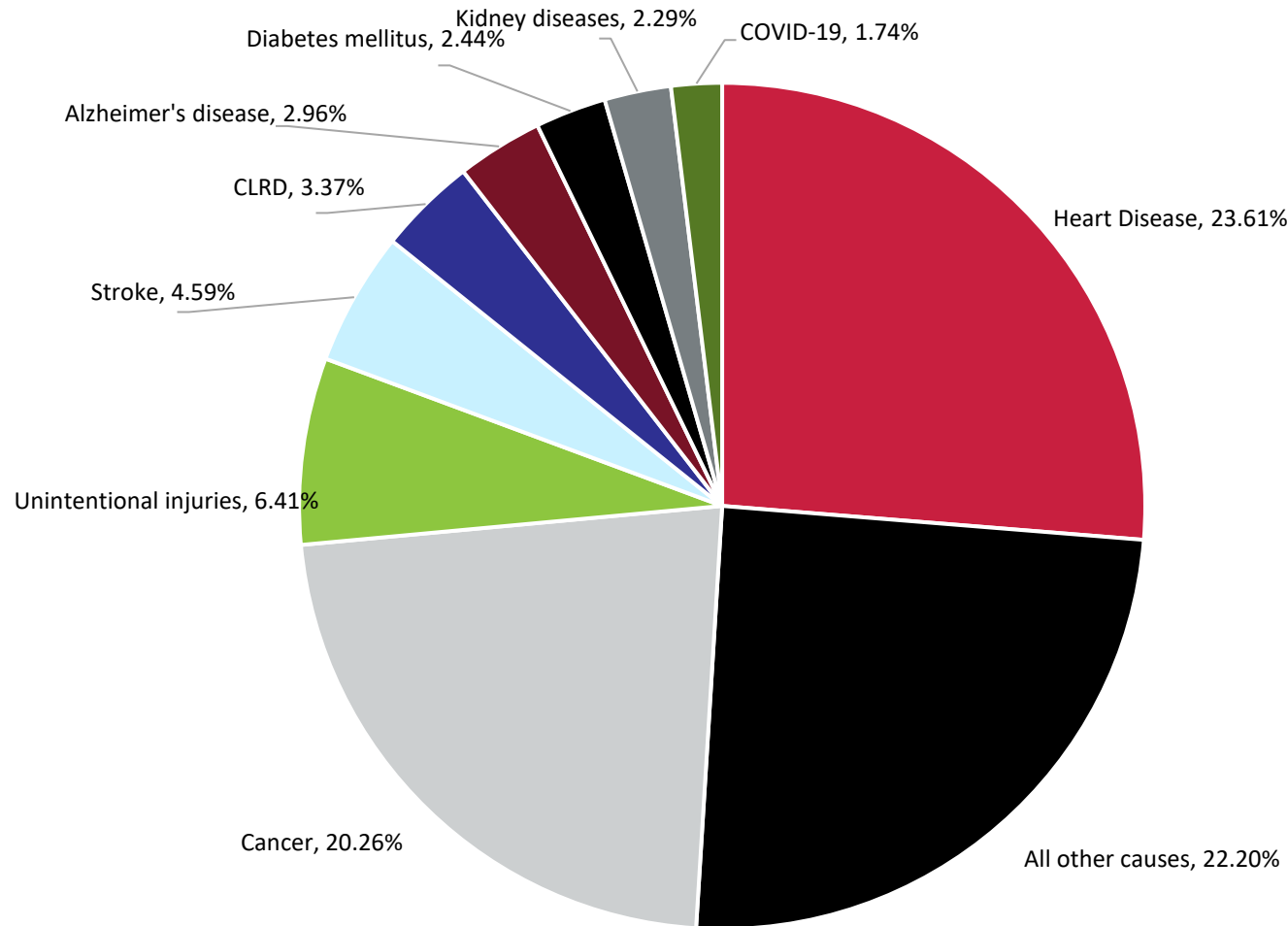
There is more than a 15-year difference in life expectancy based on geography across South Jersey. Residents of the westernmost communities of Camden County, which border Philadelphia, have the lowest life expectancy.

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.



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.

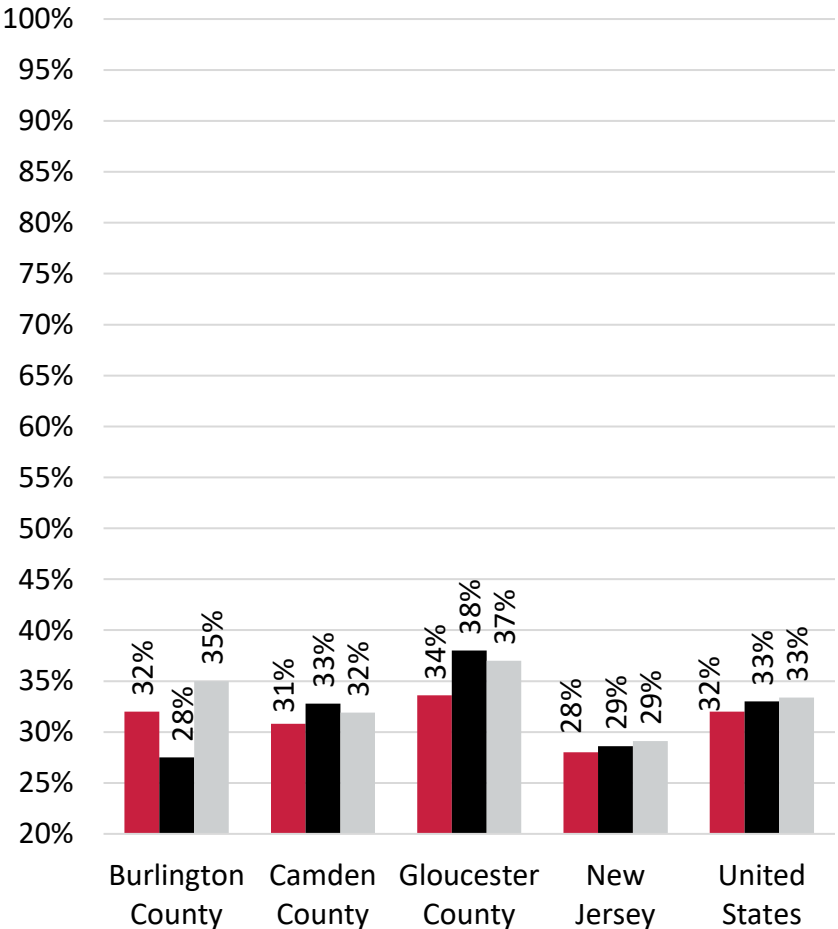
“All other causes (residual)” category refers to causes that were not ranked among the top 10 causes of death for a specified population,...”¹

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.

Prevalence of Obesity and Diabetes

Age-Adjusted Adult (Age 18+) Obesity*

2020 2021 2022



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

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

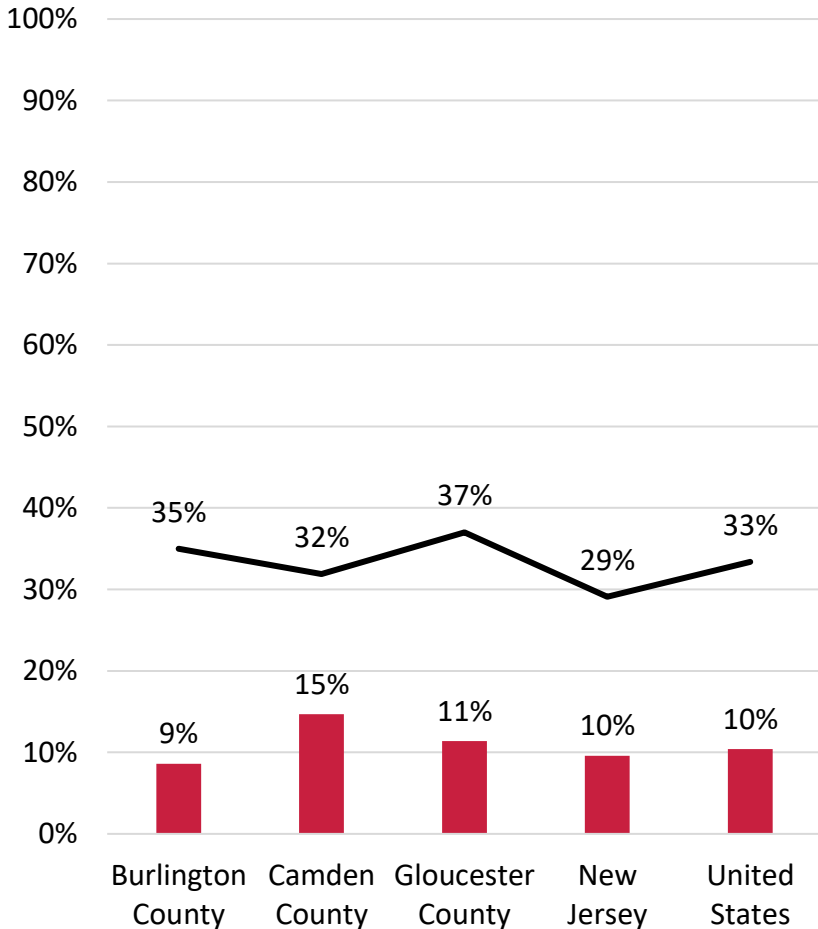
The prevalence of diabetes in Camden County is higher than in the surrounding areas, even though obesity is slightly lower.

Did you know?

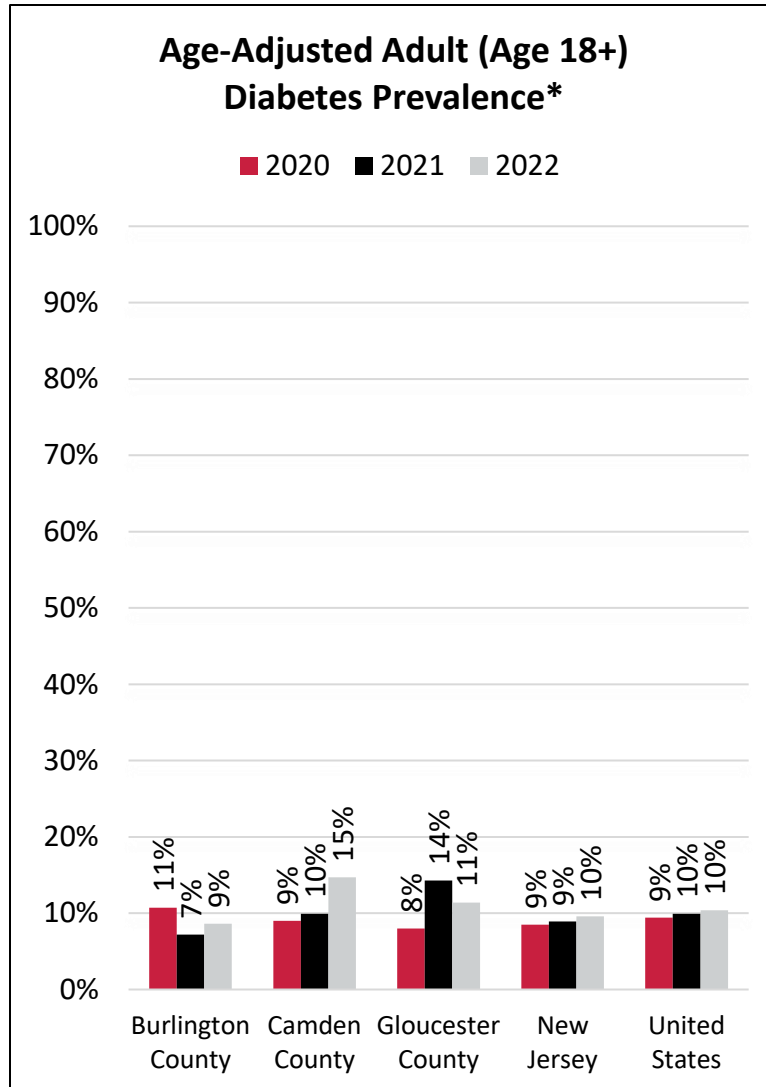
Obesity and being overweight are risk factors for chronic disease, such as heart disease, diabetes, and cancer, and can lead to a decreased quality of life. Many factors contribute towards the prevalence of obesity, including the presence of adverse childhood experiences (ACEs), access to affordable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

Prevalence of Diabetes and Obesity 2022

Diabetes Obesity



Diabetes Prevalence and Death

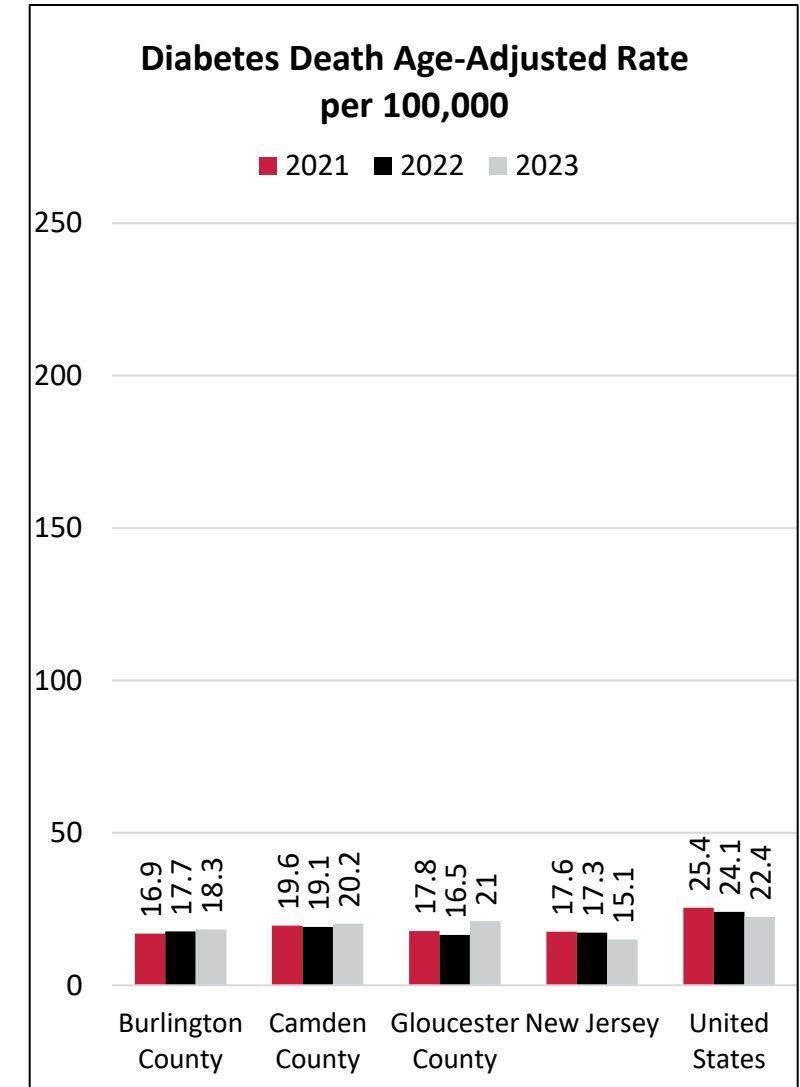


The prevalence of diabetes among adults across South Jersey is slightly higher than in New Jersey or the US.

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.

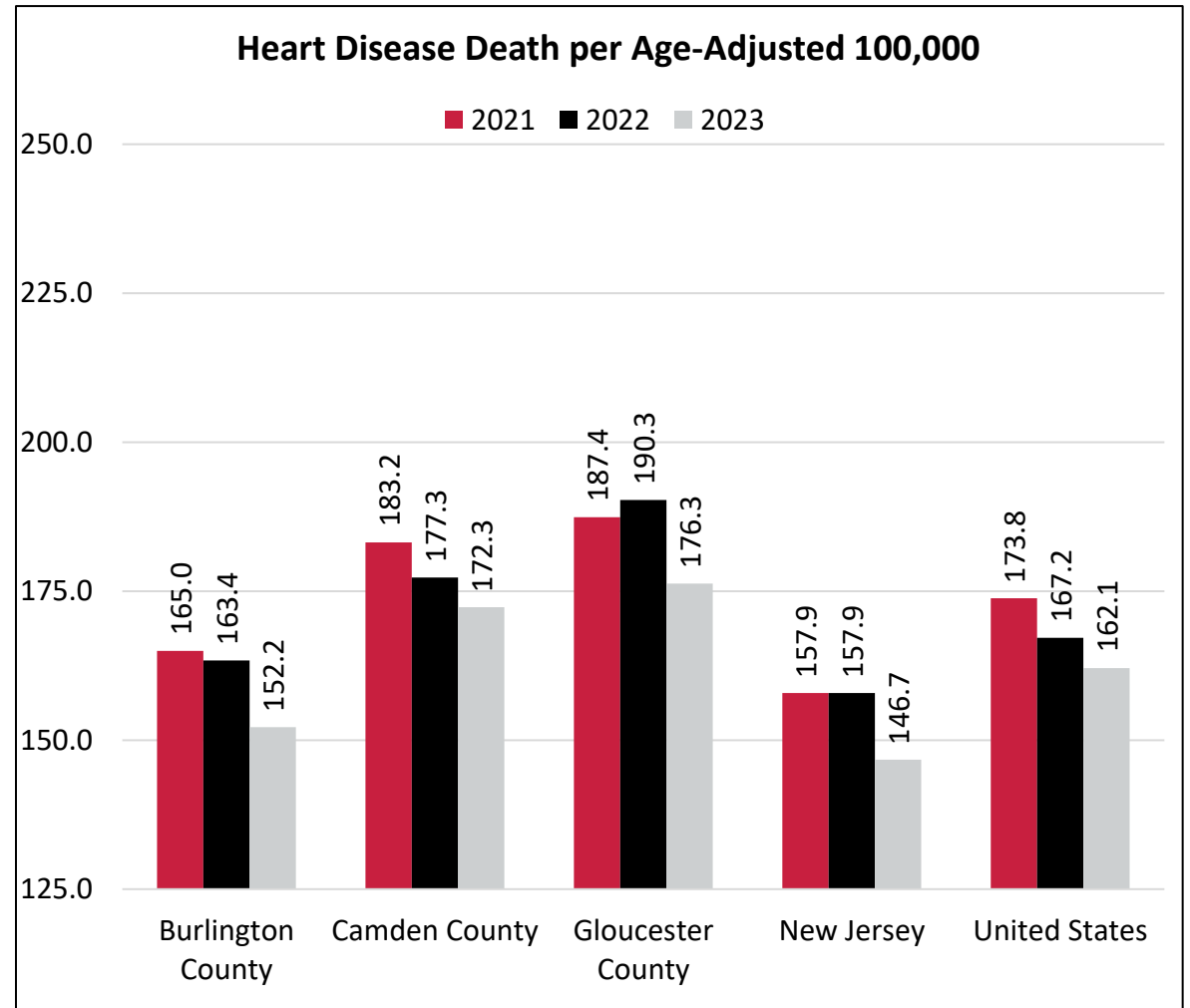
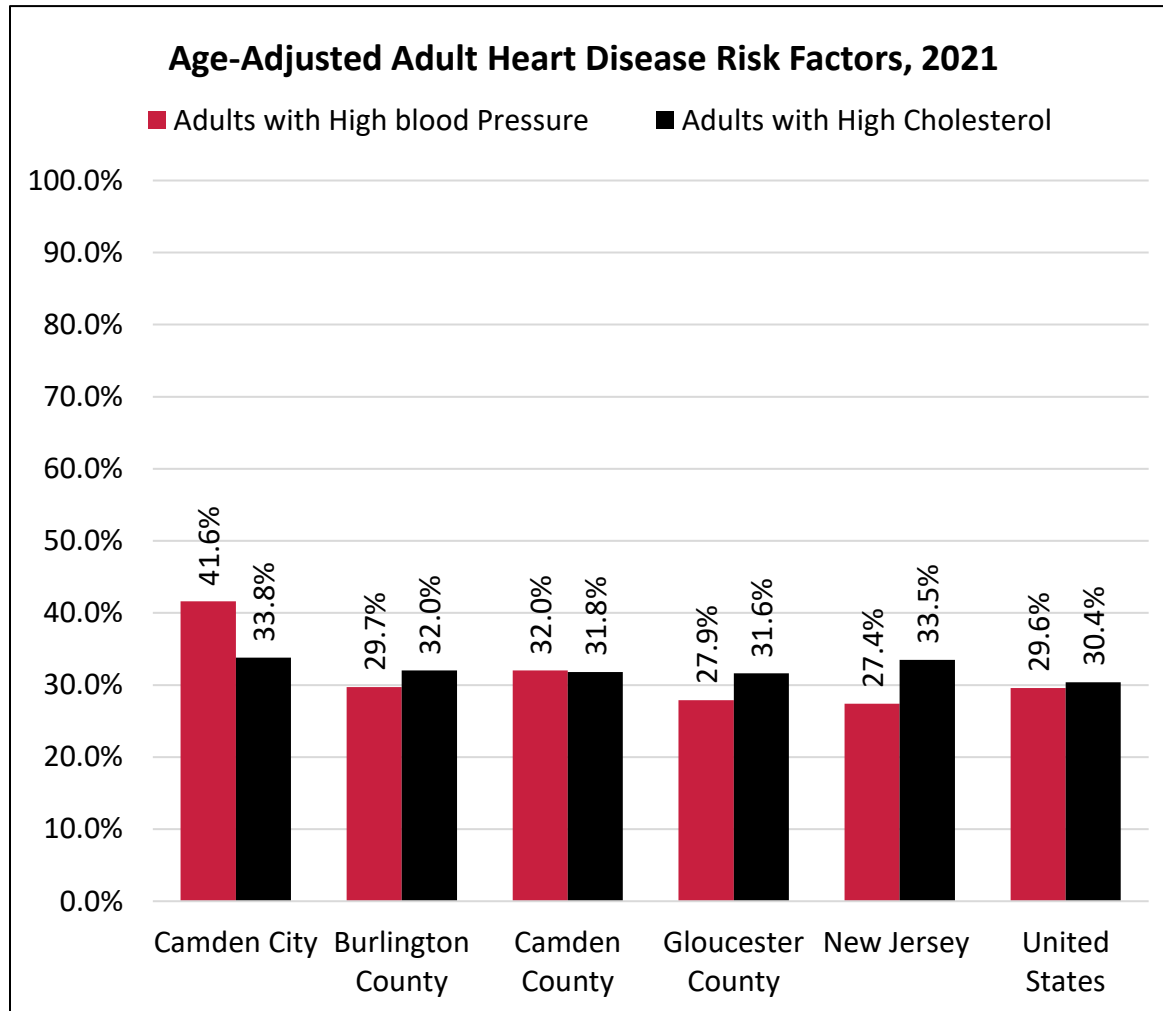
This suggests that diabetes is being identified and that people in South Jersey are connected to effective care.

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



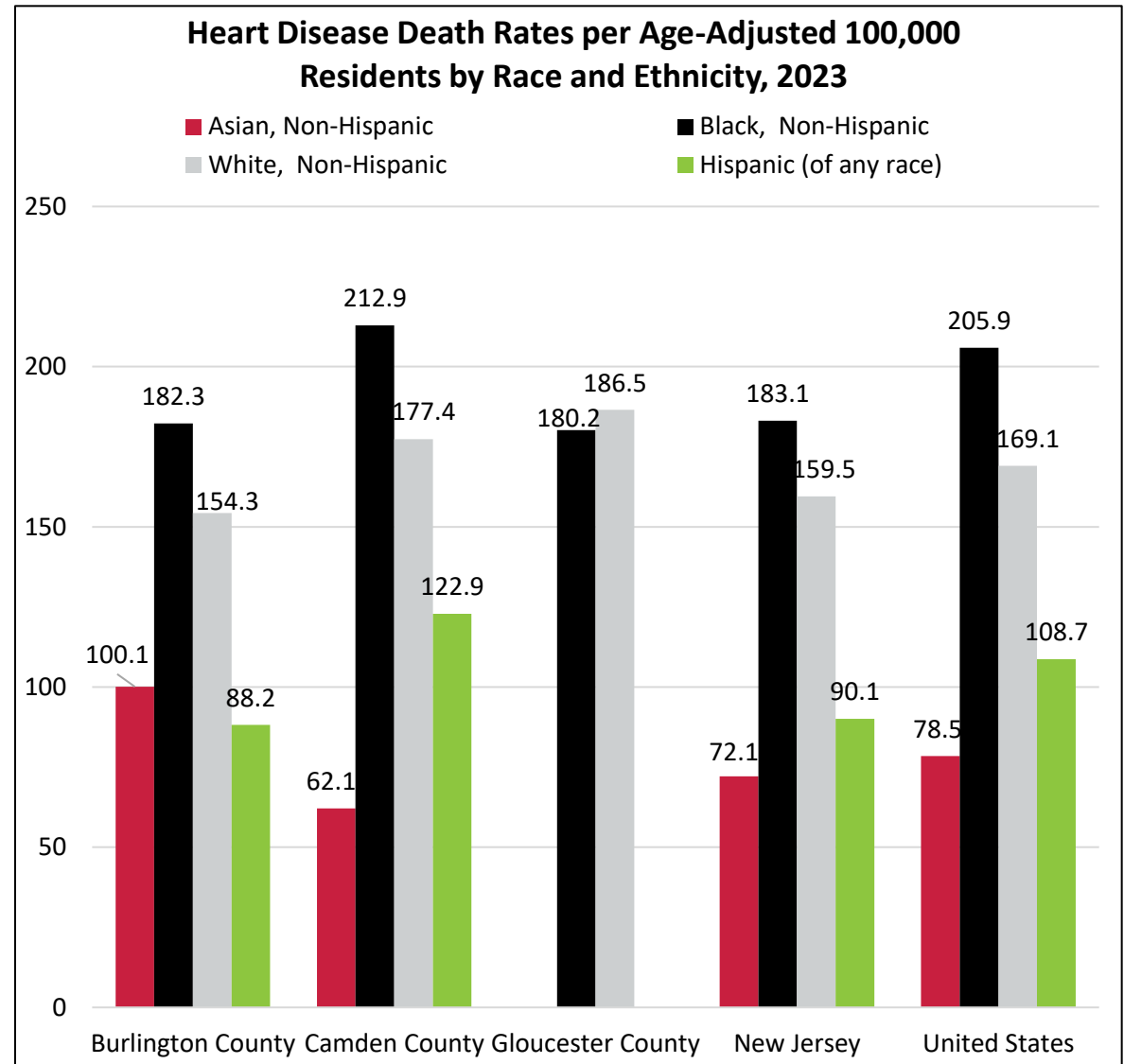
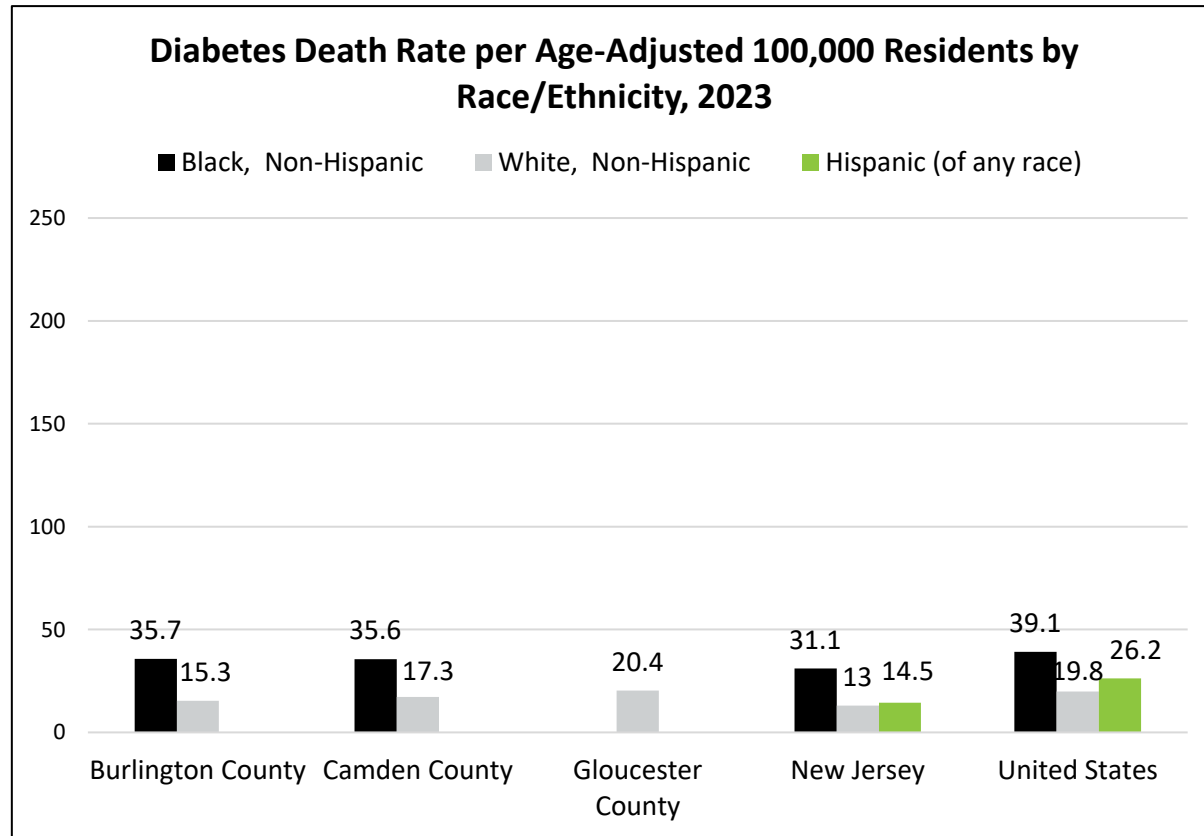
Heart Disease

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.



Diabetes and Heart Disease Disparities*

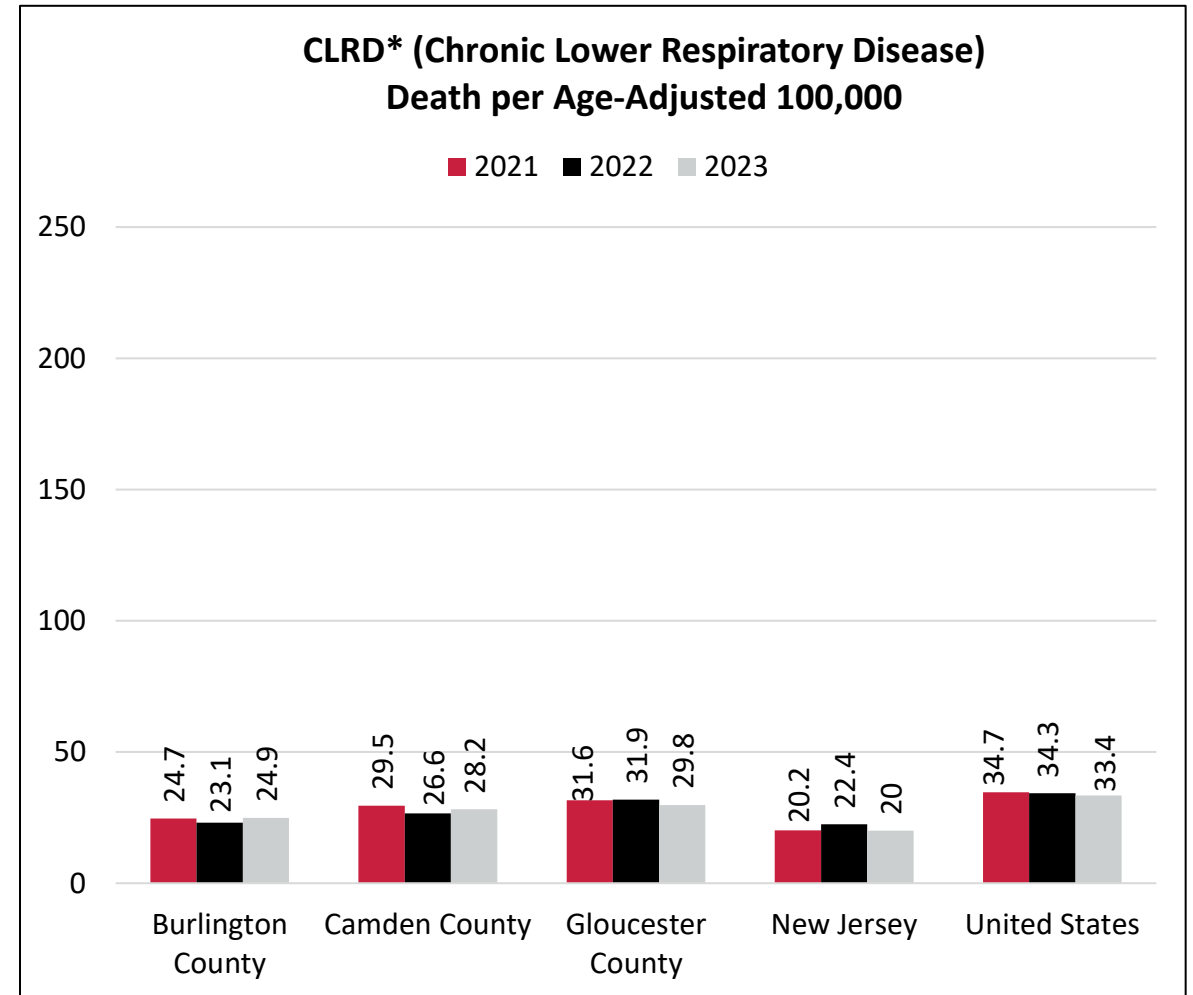
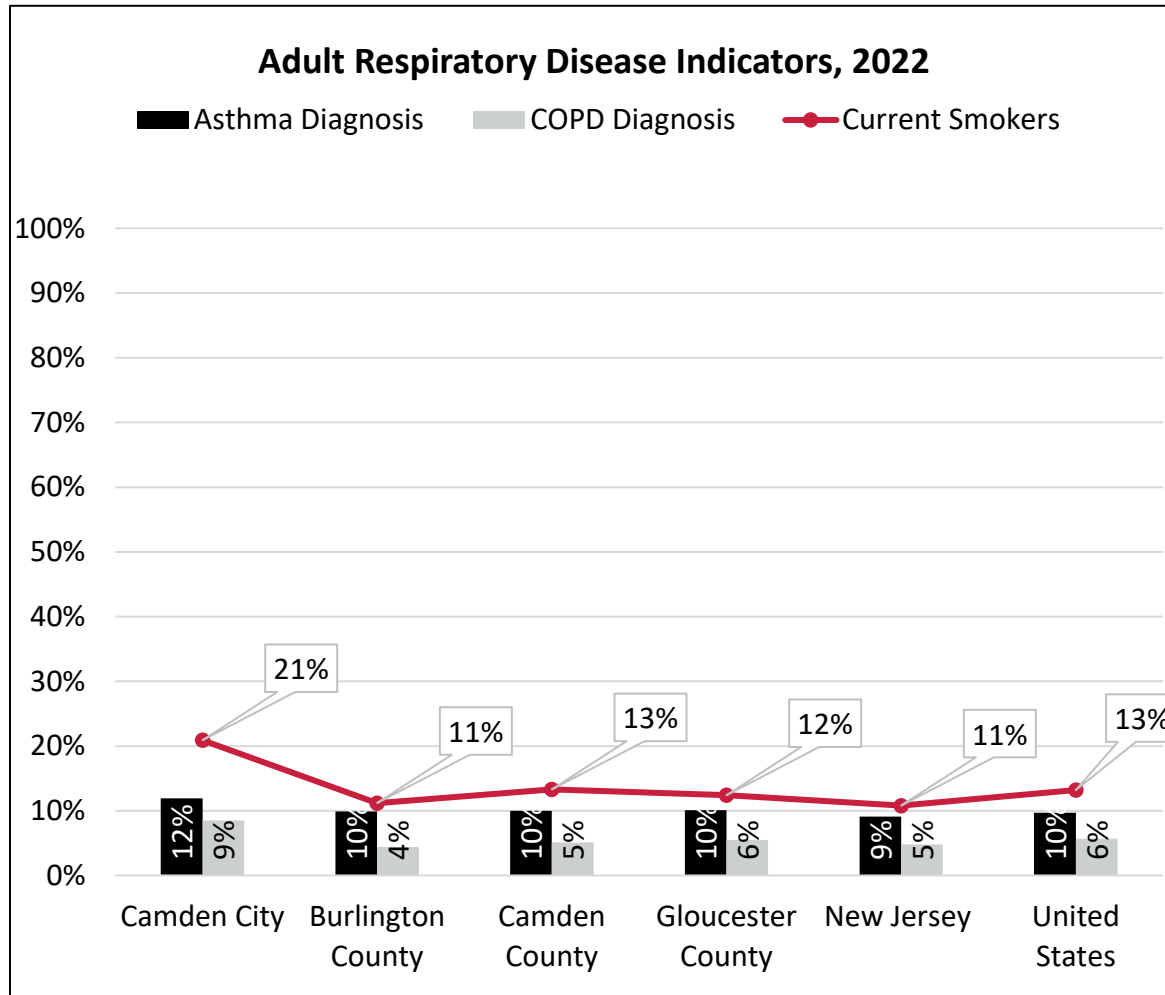
Heart disease remains the leading cause of death. However, deaths from heart disease do not affect all people equally. Rates of death due to heart disease are generally highest in Camden County, particularly among people identifying as Black, non-Hispanic. Barriers that limit access to resources and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



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

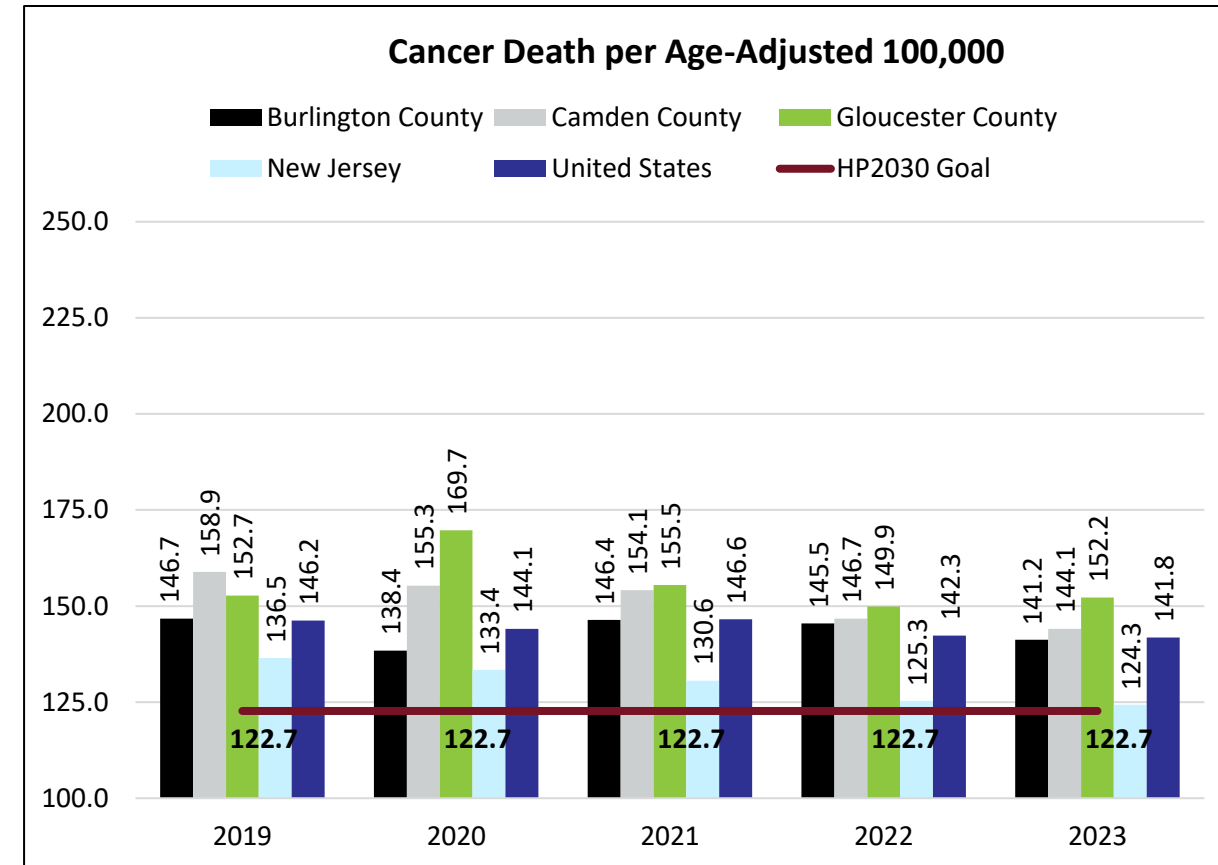
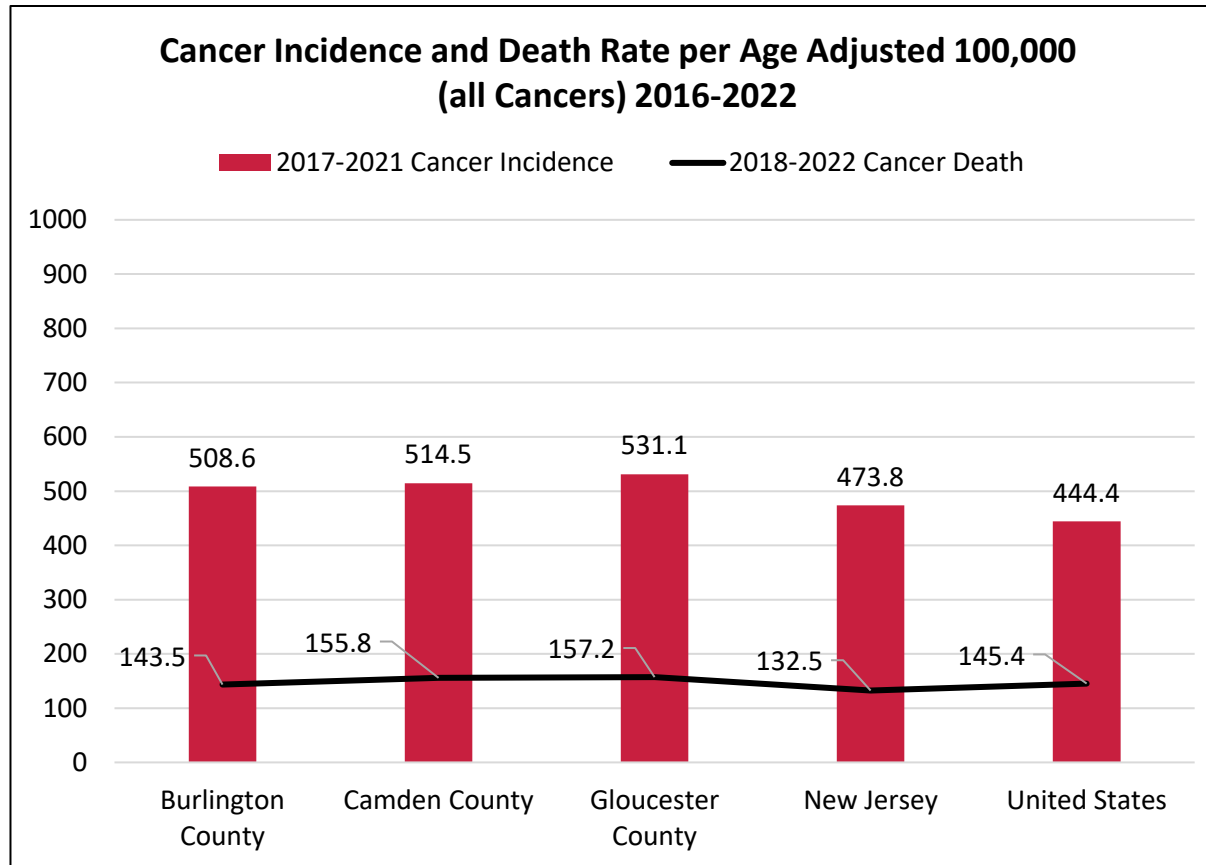
*Note: Race and ethnicity data are included as available. In Gloucester County, there are two few events among residents identifying as Asian, non-Hispanic and Hispanic (any race) to calculate a rate.

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.



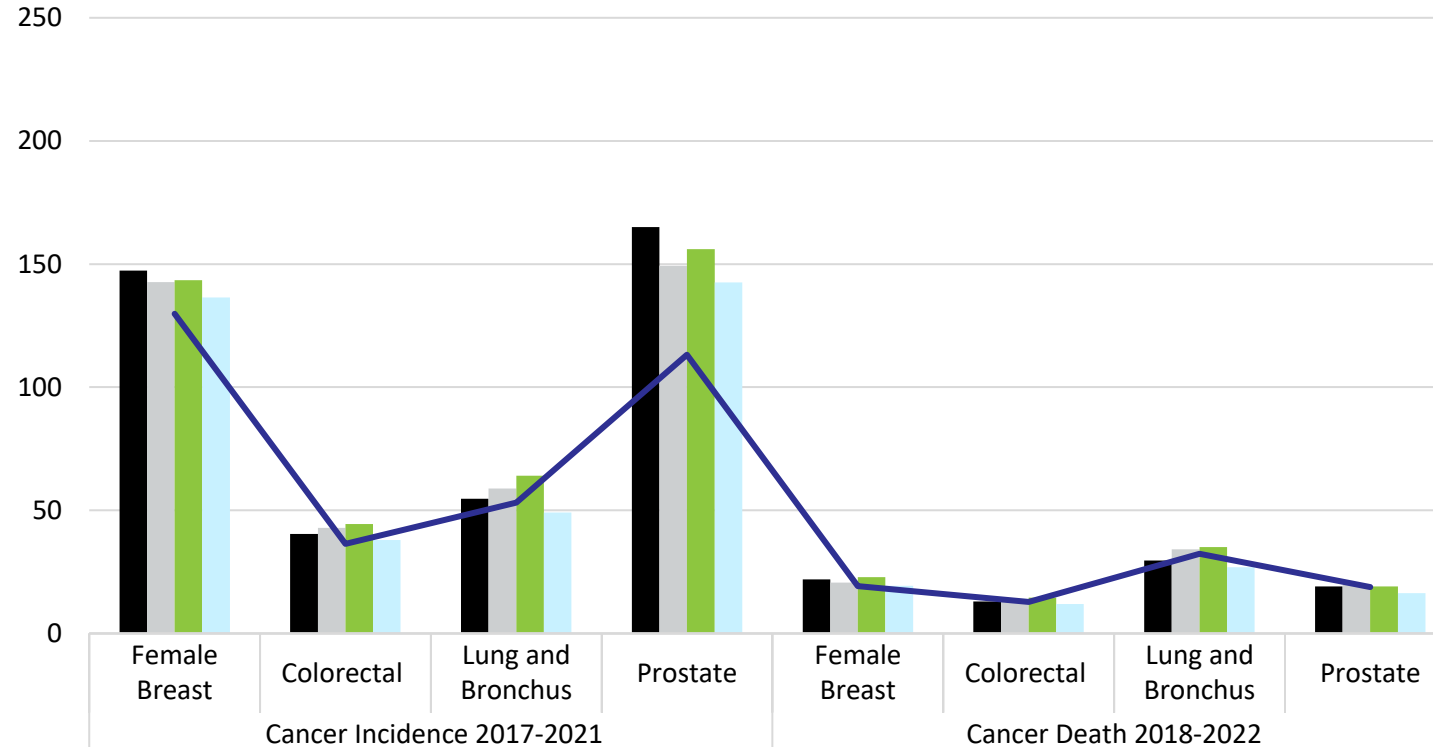
Incidence and death from all cancers are higher across South Jersey compared to the state and the US, with the highest rates in Gloucester County. Many cancers are treatable, especially when they are identified early.

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.



A Closer Look: Four Common Forms of Cancer

Cancer Incidence and Death Rate per Age Adjusted 100,000

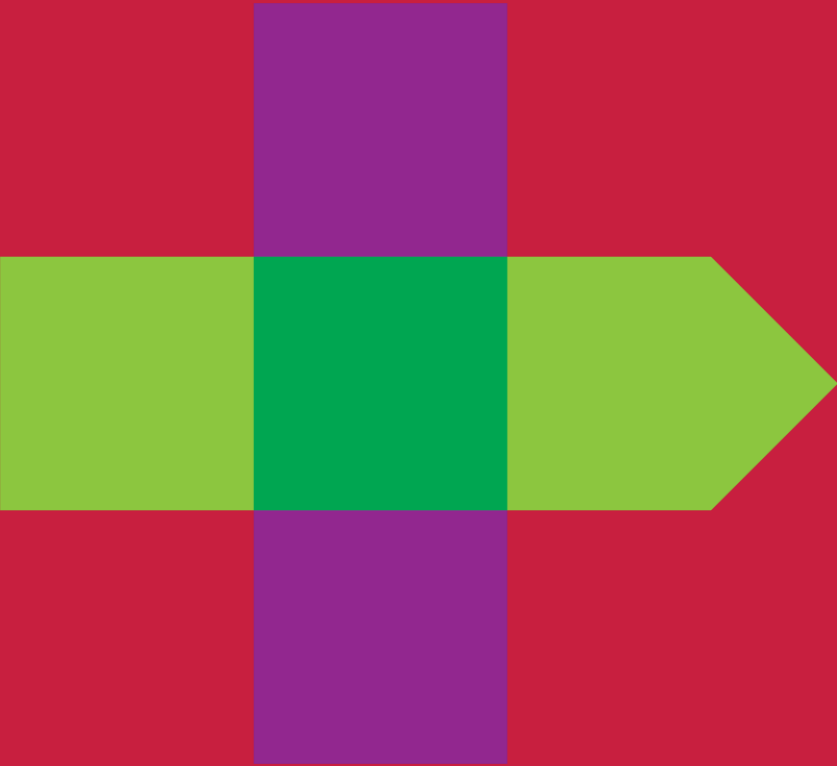


The incidence of four of the most common cancers is higher in South Jersey than in the state and the US.

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

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

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



Mental Health and Substance Use

Mental Health and Substance Use

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

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

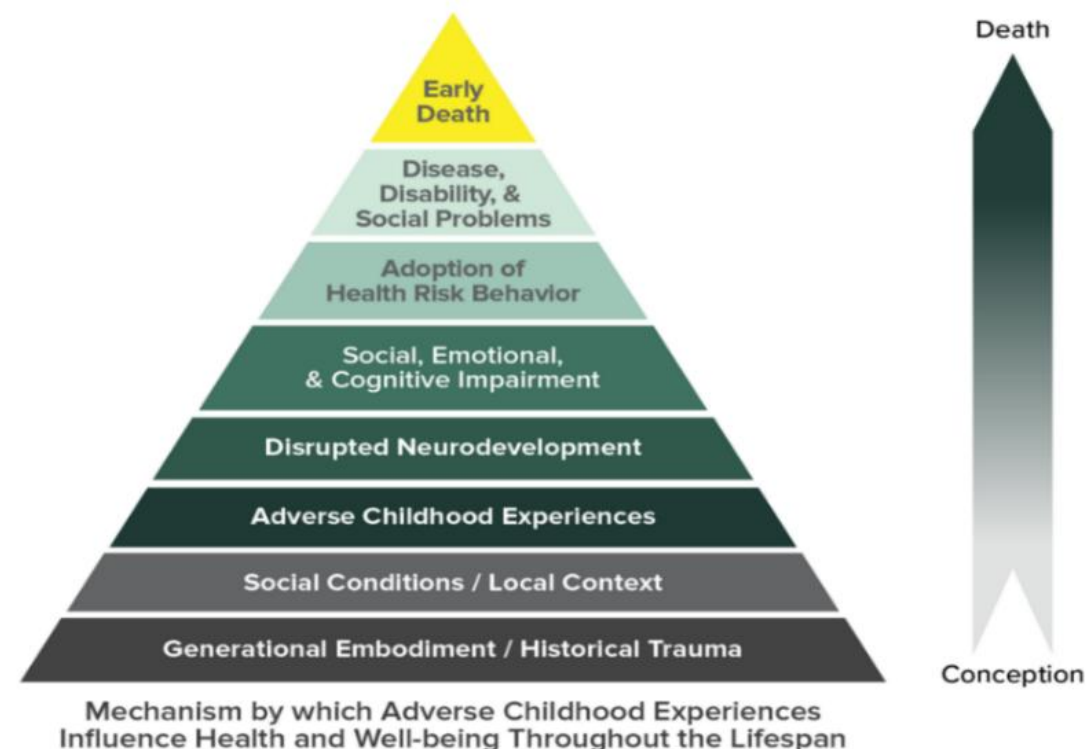
Mental health and substance use conditions are most effectively treated in community-based settings outside of the emergency department (ED). However, nationwide, people experiencing these conditions make up one of the fastest-growing patient populations in emergency departments. This is often due to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



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Healthy Roots: ACEs and an Upstream View

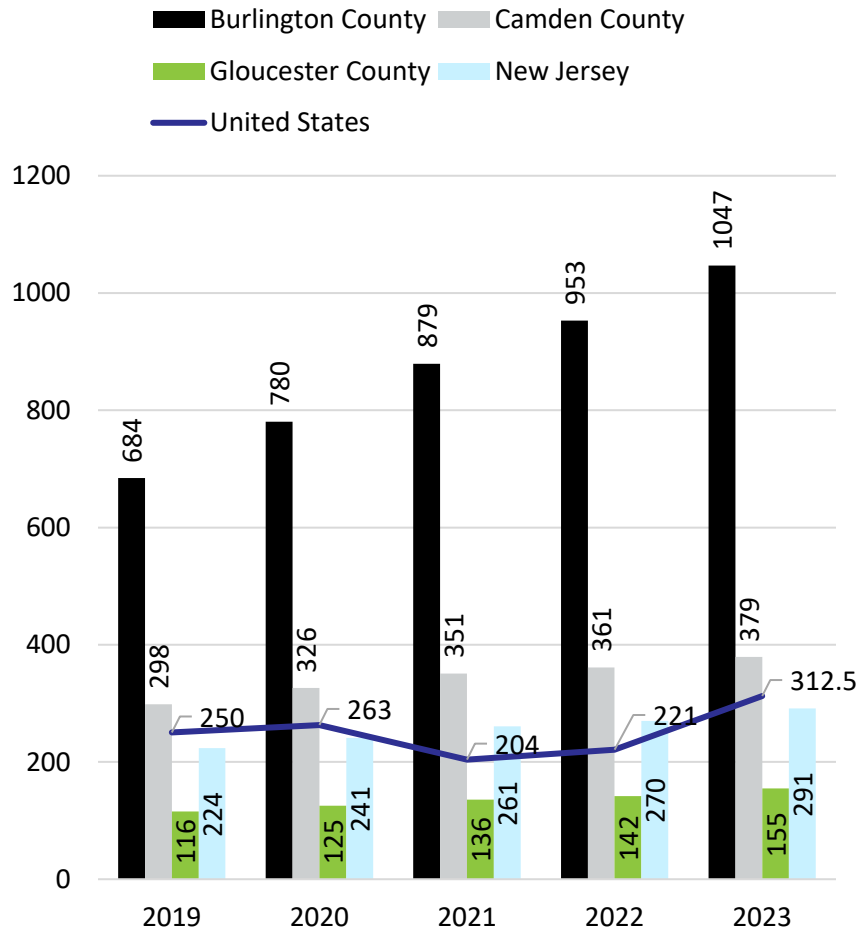


By taking an upstream approach and emphasizing interventions that address adverse community environments, such as promoting trauma-informed care, we can identify and reduce the negative impacts of ACEs.

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

Mental Health Providers

Mental Health Provider Rate per 100,000 Population



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.

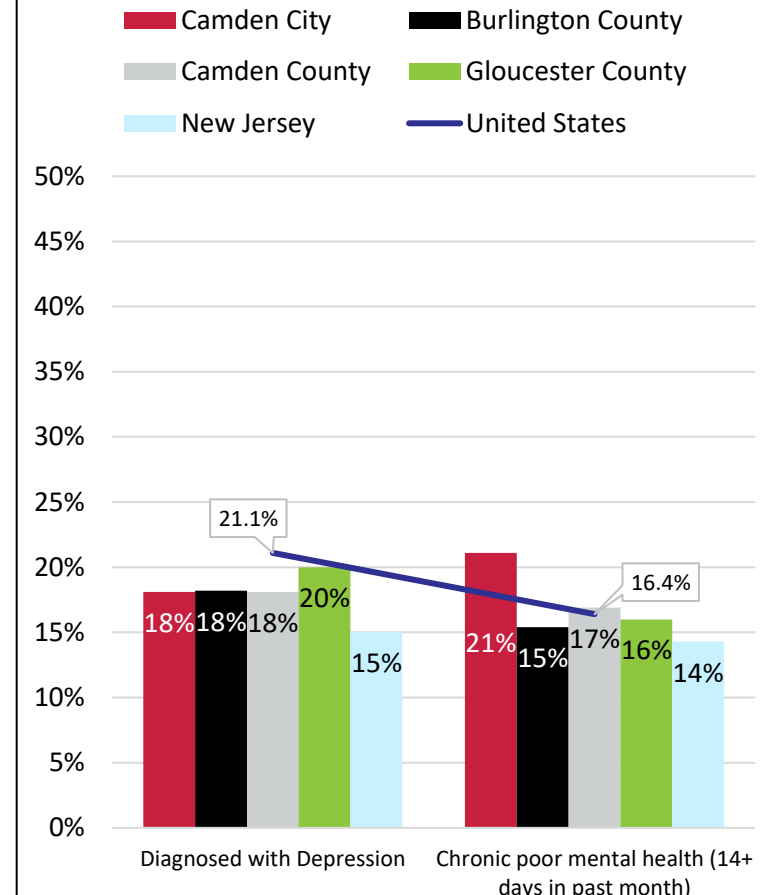
Having fewer providers available decreases access to care and increases wait times for needed services.

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."

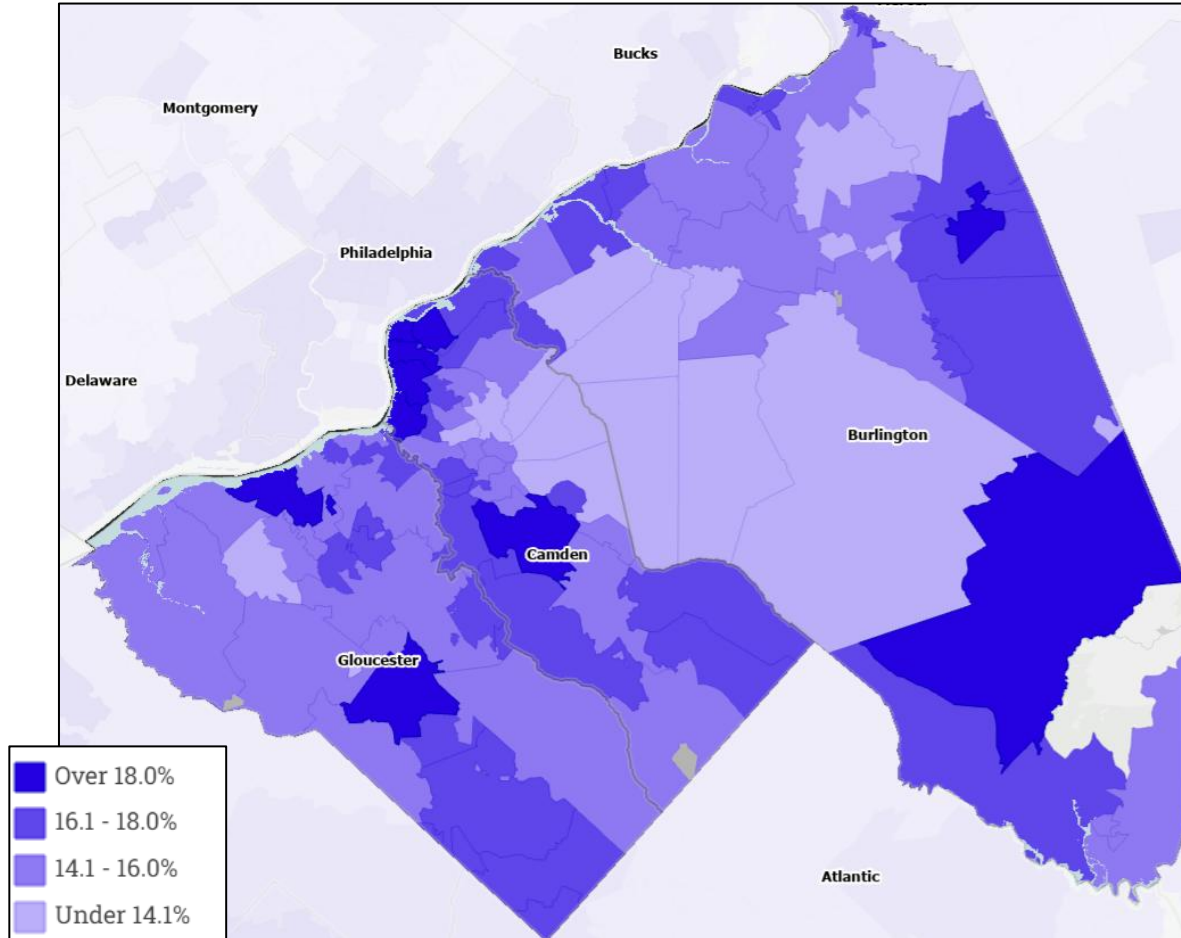
Age-Adjusted Adult Poor Mental Health Indicators, 2022

*note: This graph is on a 50% scale

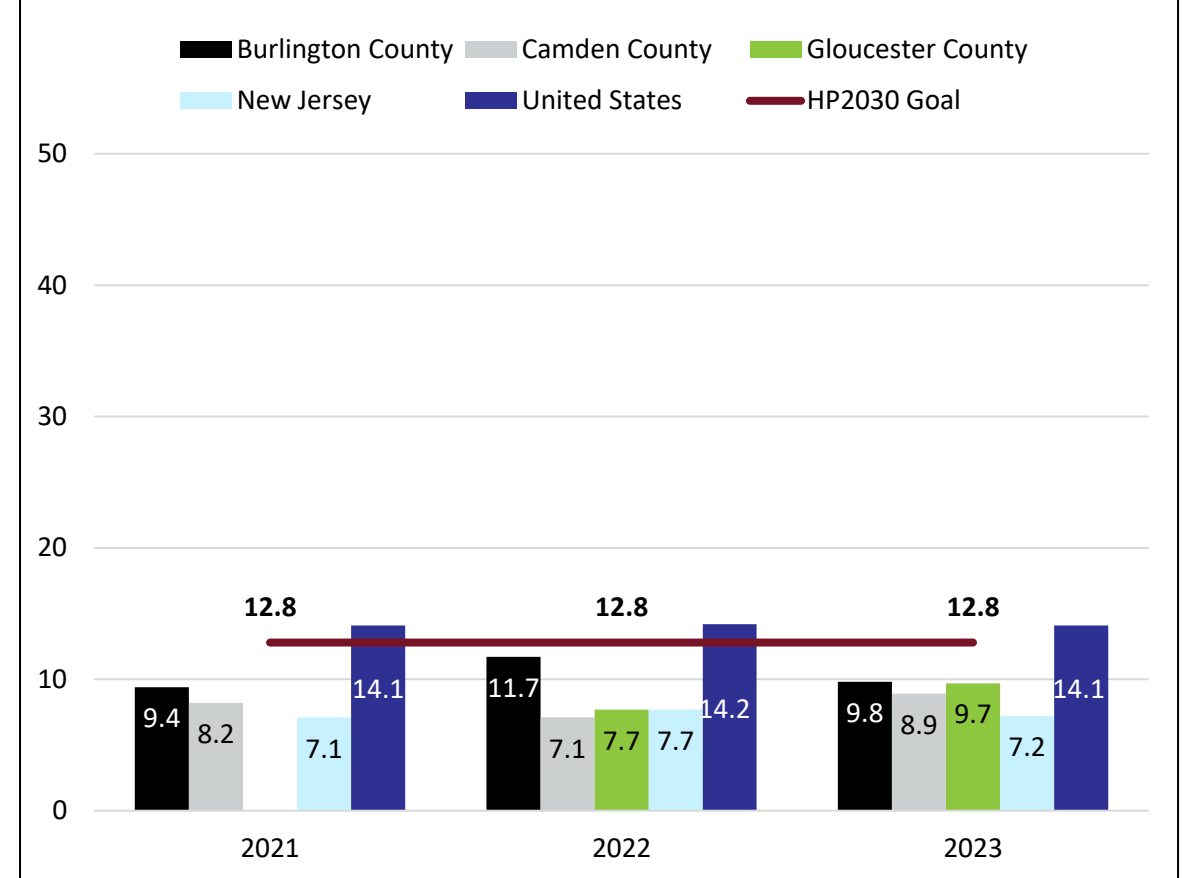


Across South Jersey, the proportion of adults reporting chronic poor mental health varies by geography. Understanding where residents feel most distressed helps to plan effective interventions. The rate of death due to suicide across South Jersey has varied in recent years but remains lower than the 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

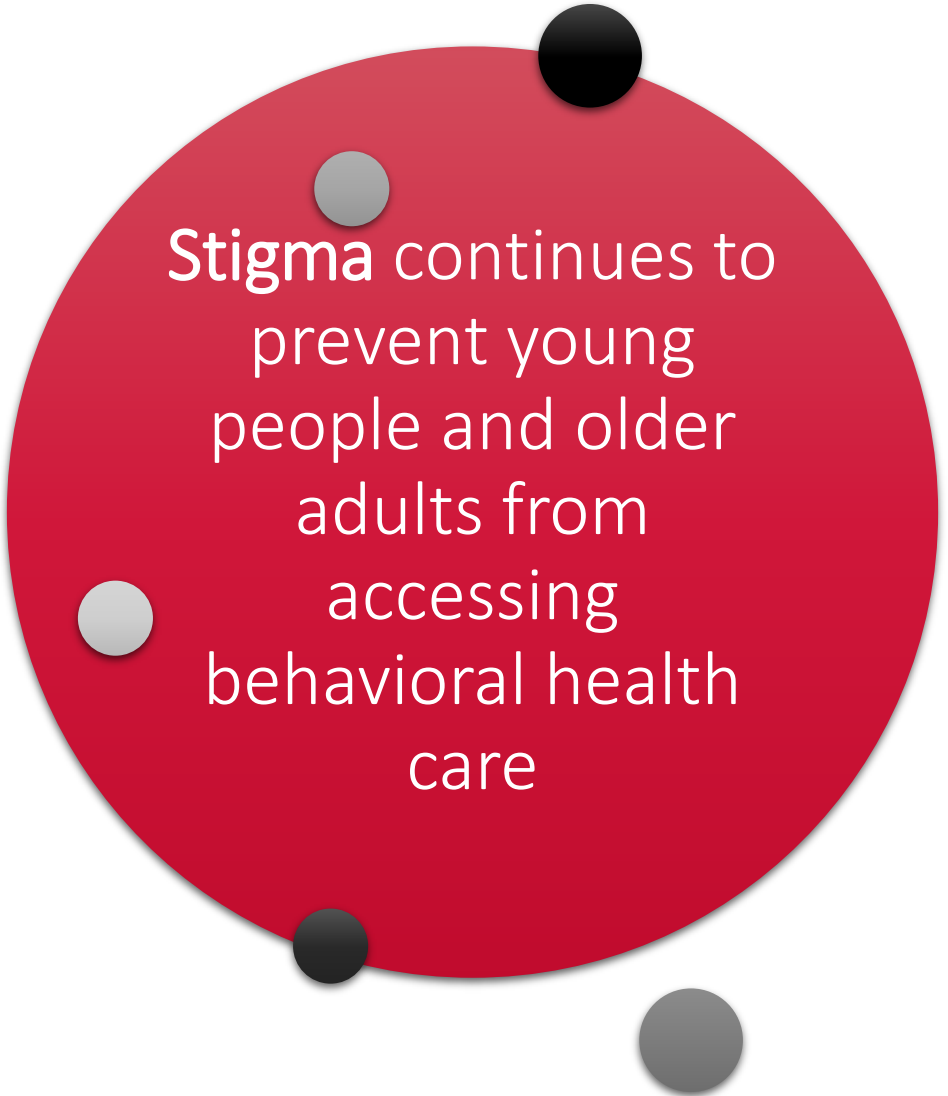


Suicide Death per Age-Adjusted 100,000



Specific Concerns About Mental Health

From South Jersey Mental Health Providers



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

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

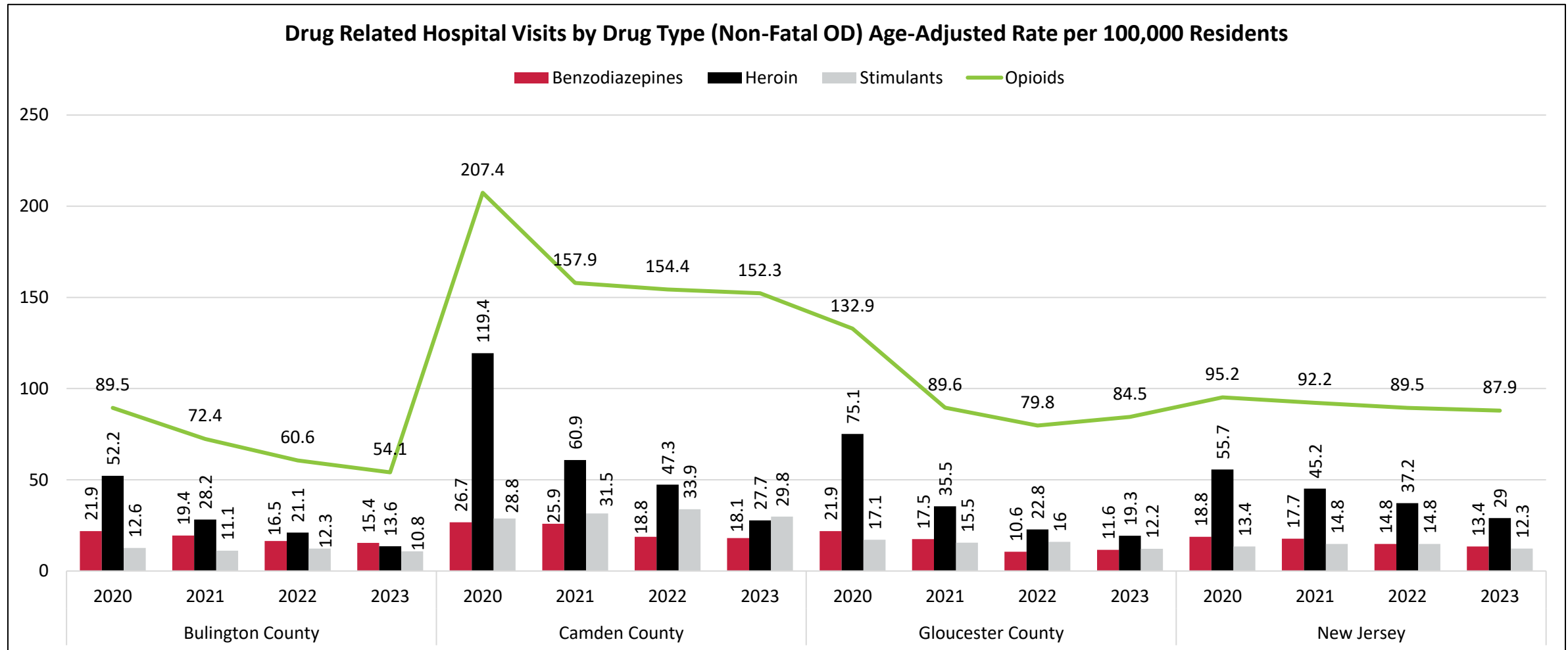
South Jersey Mental Health Providers described an **increase in older adults being diagnosed with unaddressed ACES**, resulting in depression, anxiety that they believed was cognitive decline. **Patients and their families often express disappointment** in receiving a depression diagnosis, although it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

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

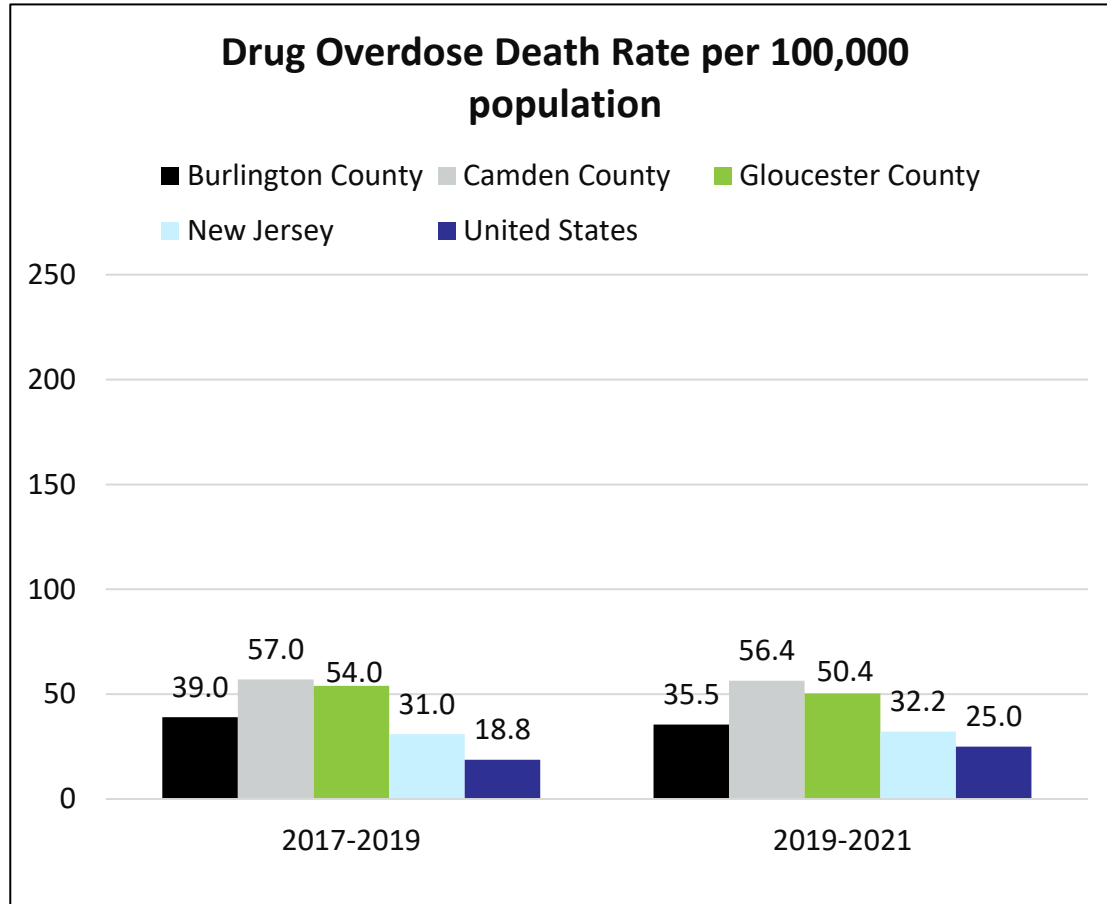
Resources for screening, diagnosis, and treatment for behavioral health and neurological testing are still **extremely limited in languages other than English.**

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.

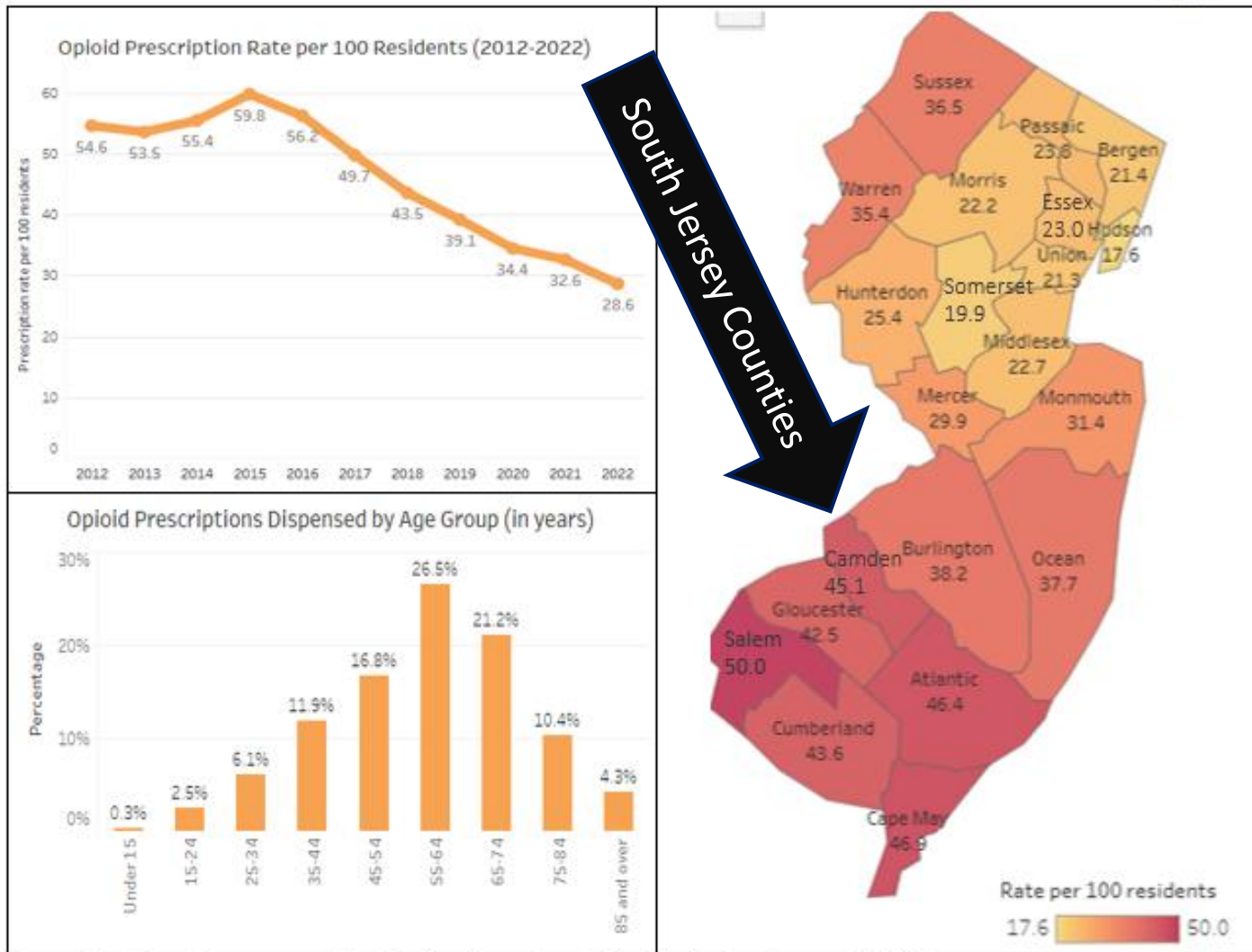


Overdose deaths are higher in South Jersey than in the state and the US. However, overdose deaths are generally decreasing in South Jersey, while they are increasing in the state and the US.



	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%

New Jersey Opioid Prescription Rate



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

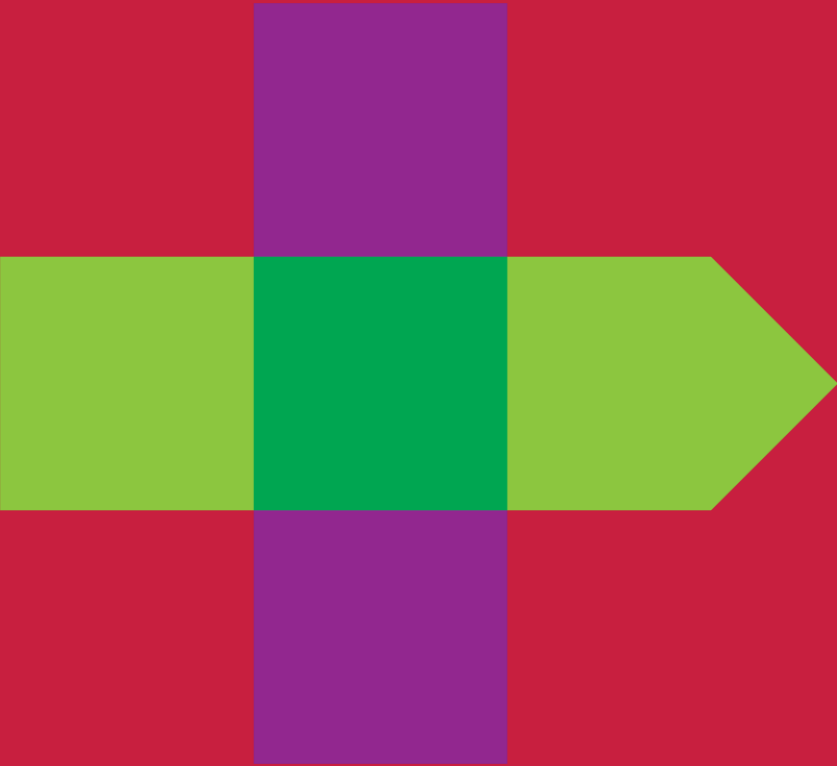
Many substance use disorders begin with a prescribed medication for pain.

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.



Communicable Disease

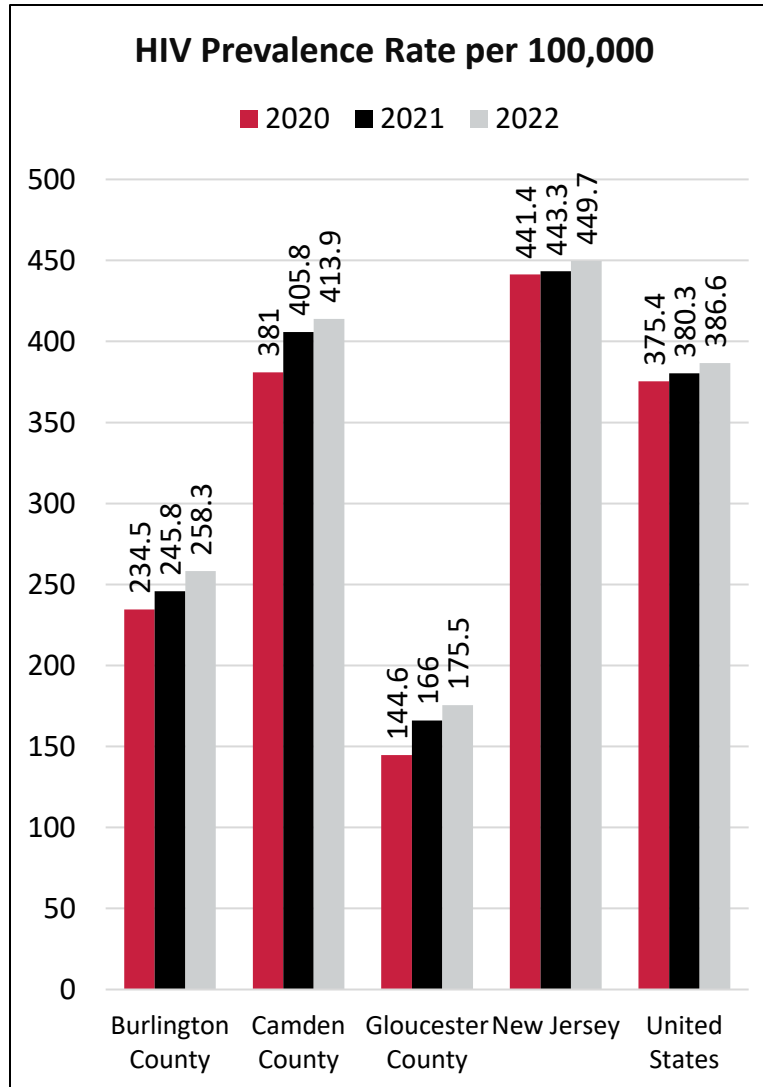
Communicable Disease



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.

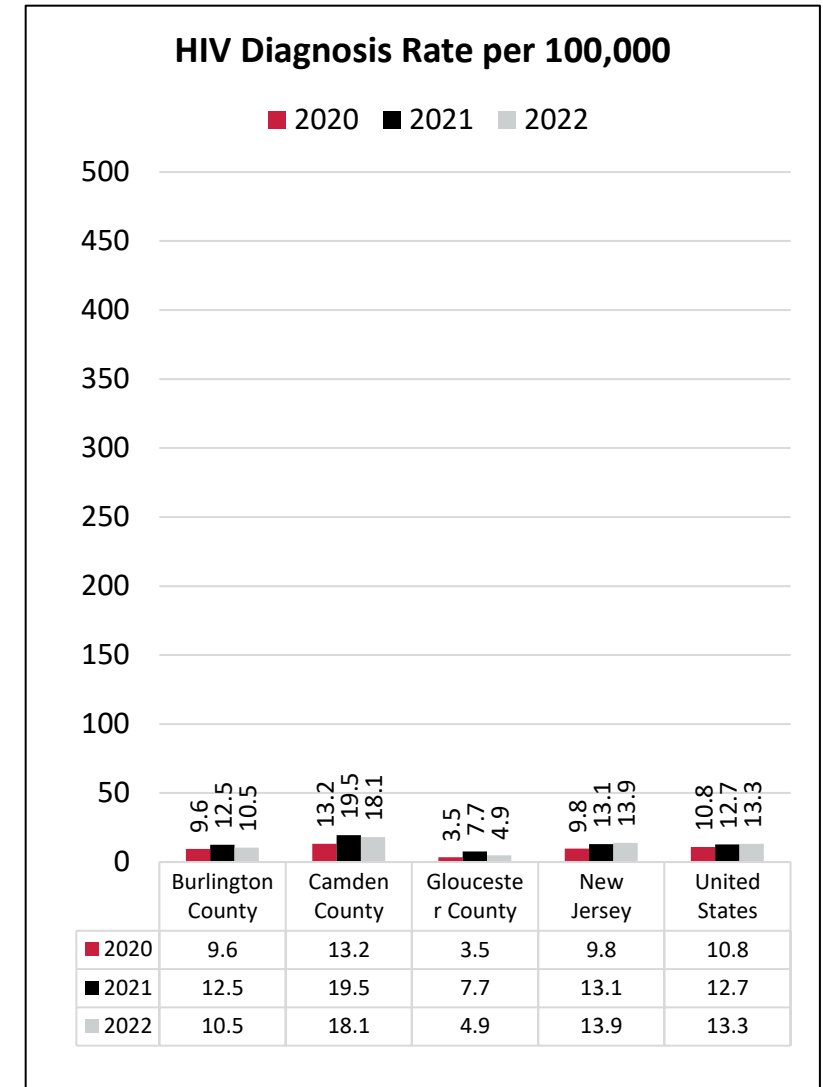
HIV Prevalence and Diagnosis



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.

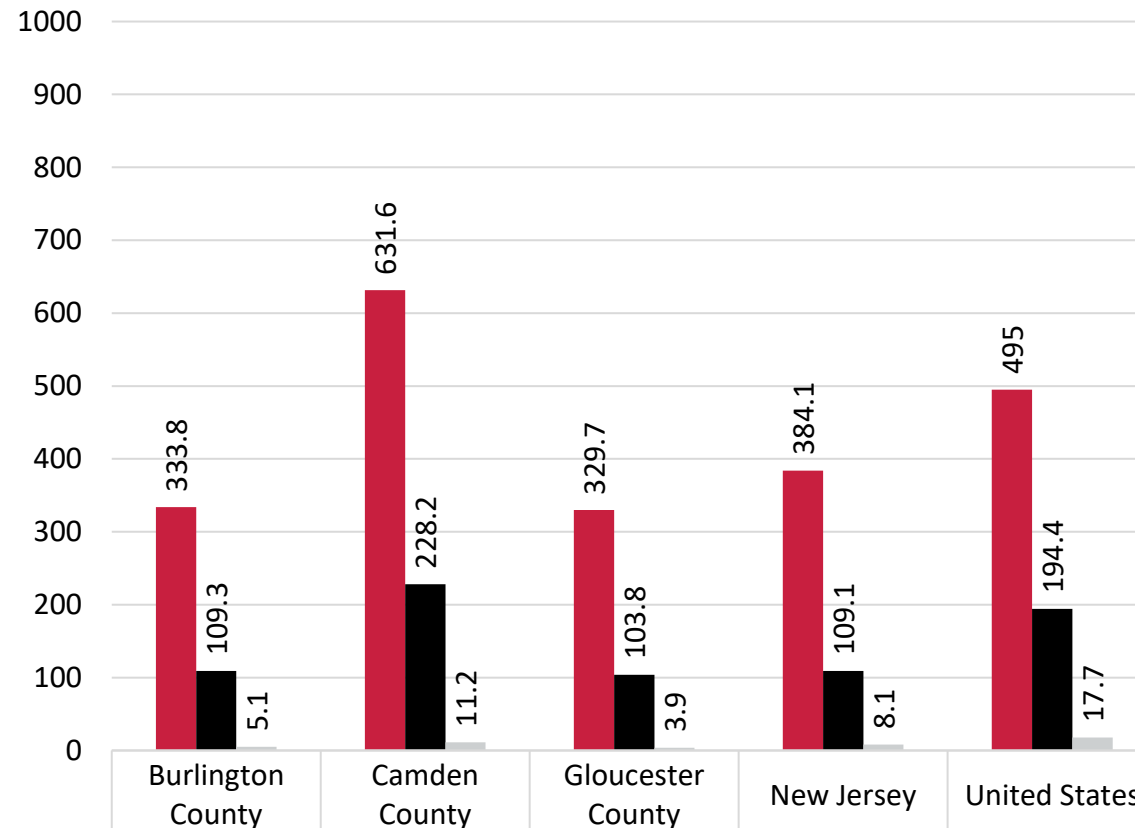
The prevalence of HIV in Burlington, Camden, and Gloucester counties is lower than New Jersey. However, it is trending upward, consistent with national rates. This suggests that new cases are being identified and treated.

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.



Sexually Transmitted Infections

STI Prevalence Rate per 100,000, 2021



■ 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.

Infectious Diseases

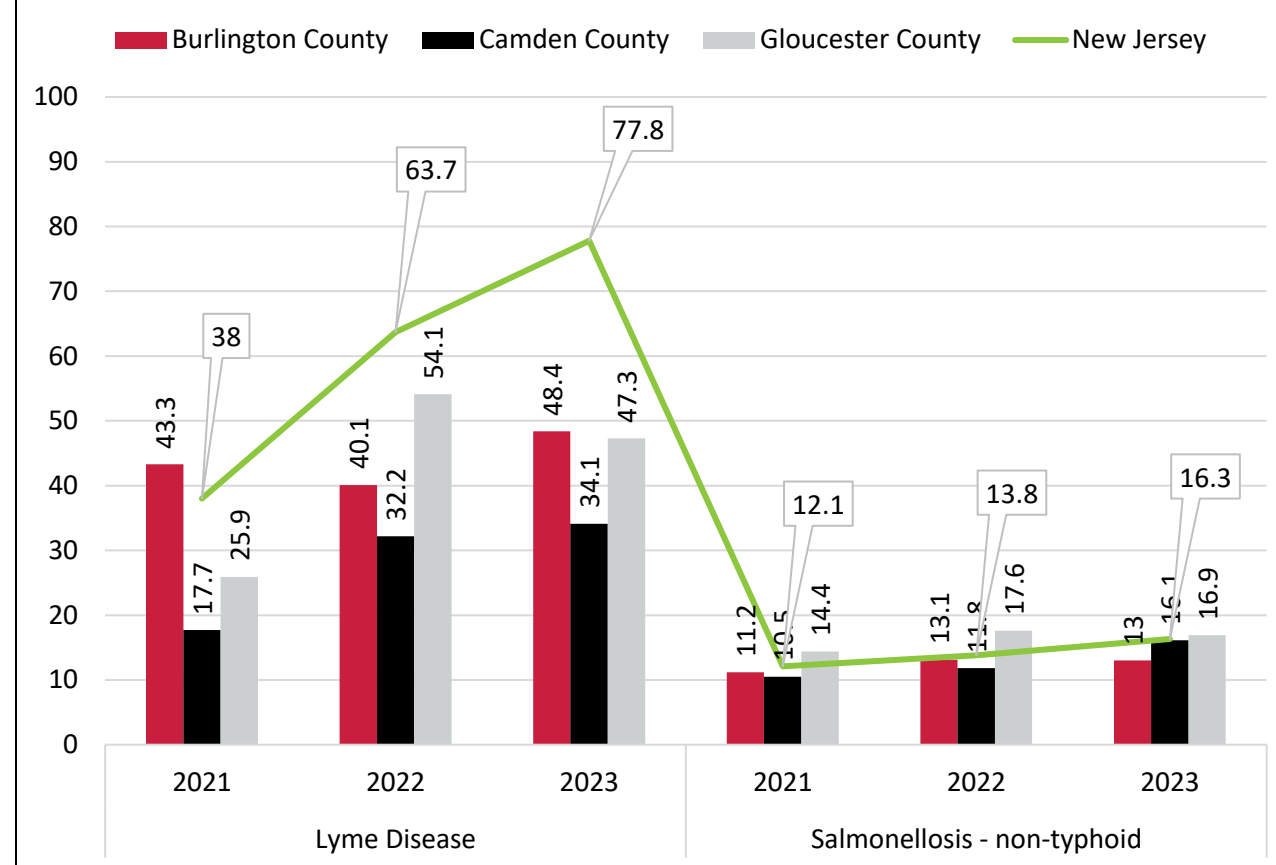
The crude rate of Lyme disease is lower in all three South Jersey counties than it is in New Jersey. The rate is slightly higher in Gloucester and Burlington Counties, which are more rural than Camden County. The crude rate of Salmonellosis is consistent with the statewide rate.

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

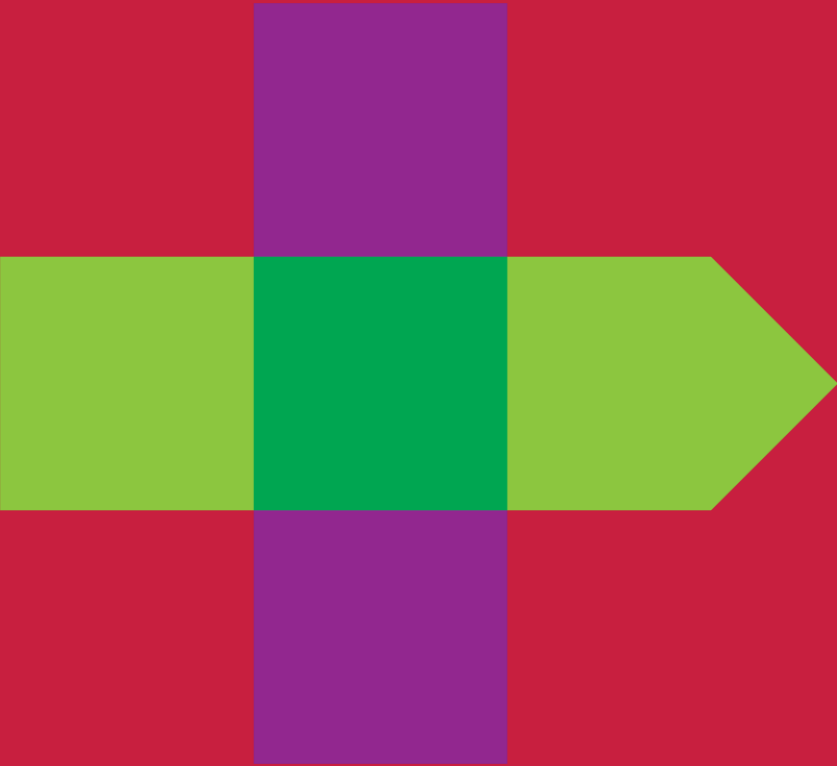
	New Jersey		United States	
	Cases	Rate per 100,000	Cases	Rate per 100,000
Tuberculosis	289	3.1	8,332	2.5
Hepatitis A	42	0.5	2,265	0.7
Hepatitis C	67	0.7	4,848	1.5

Source: Centers for Disease Control and Prevention

Communicable Disease Crude Rate per 100,000



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



Populations of Special Interest:

Older Adults

Populations of Special Interest

Older Adults

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

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

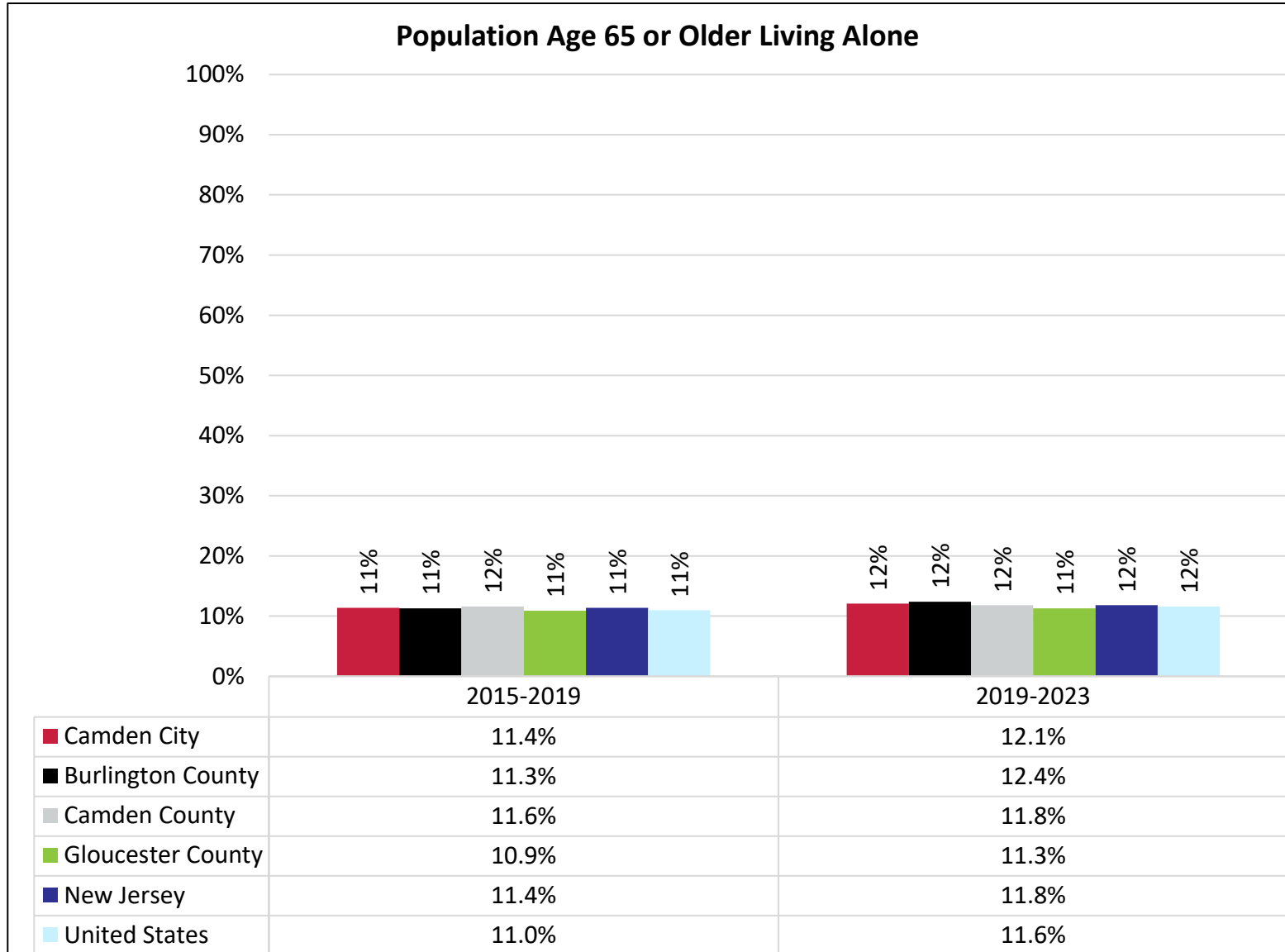
Older people who live alone are also more likely to seek medical help later than people who have companions in the home. This indicator can be useful for allocating resources, particularly targeted outreach efforts and home-based interventions.



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Older Adults Living Alone



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.

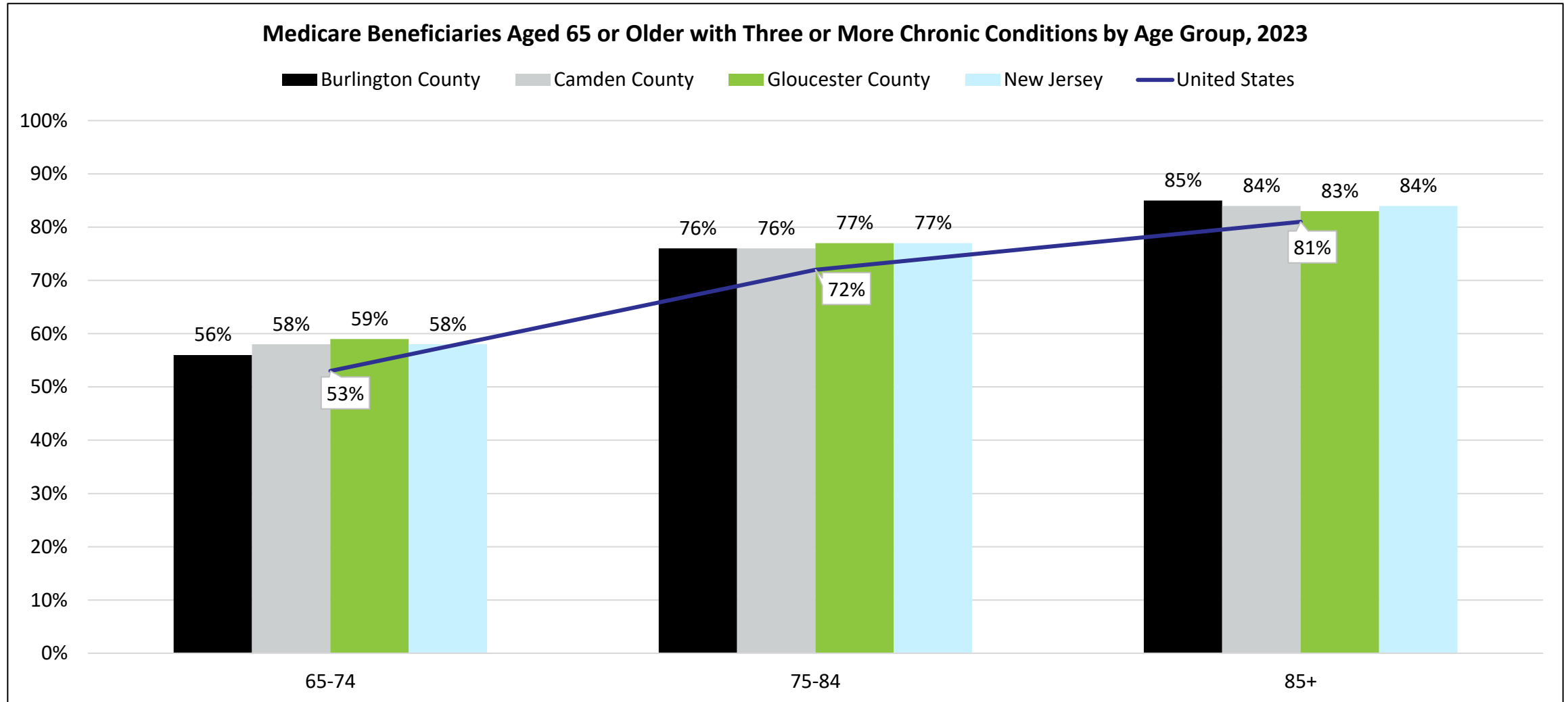
A lack of social connection can have a negative impact on quality of life, particularly for older adults.

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."

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.



Chronic Conditions in Older Adults

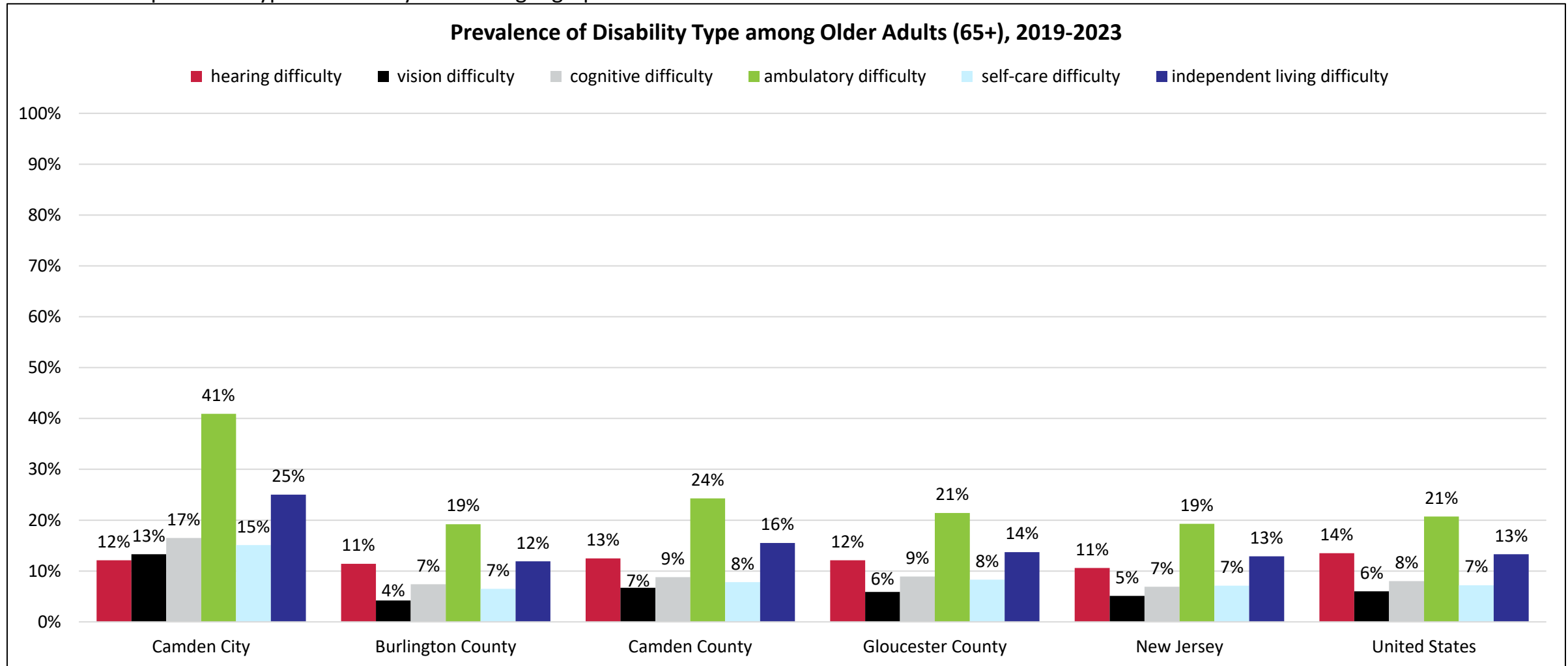
The prevalence of most chronic conditions in South Jersey counties is consistent with New Jersey and the US, except for hypertension and high cholesterol, which are higher, despite similar proportions of other related conditions, such as diabetes and obesity.

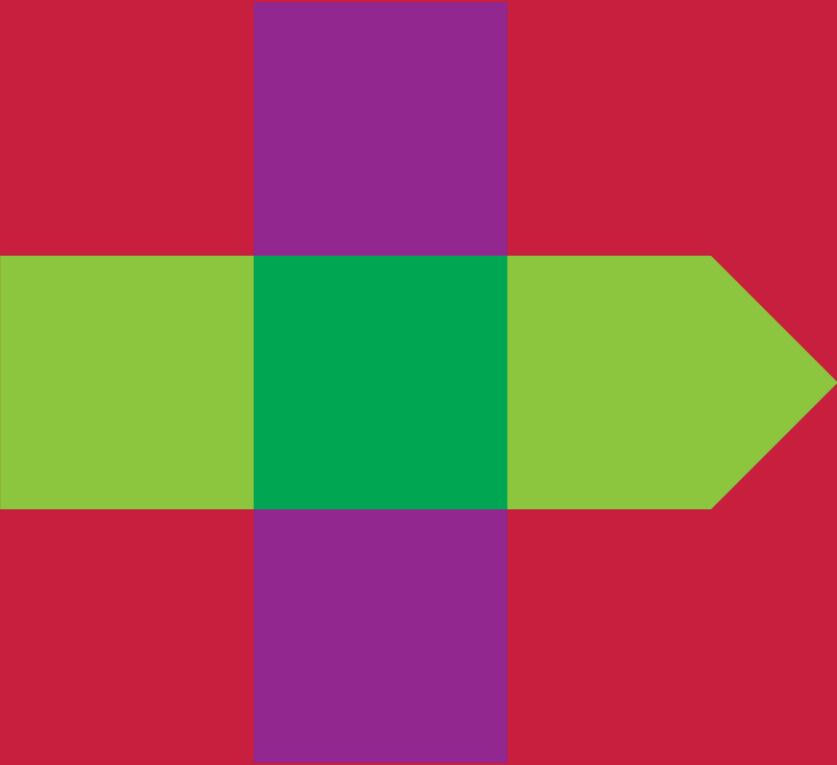
Selected Chronic Conditions among Medicare Beneficiaries, 2023

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

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.





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.

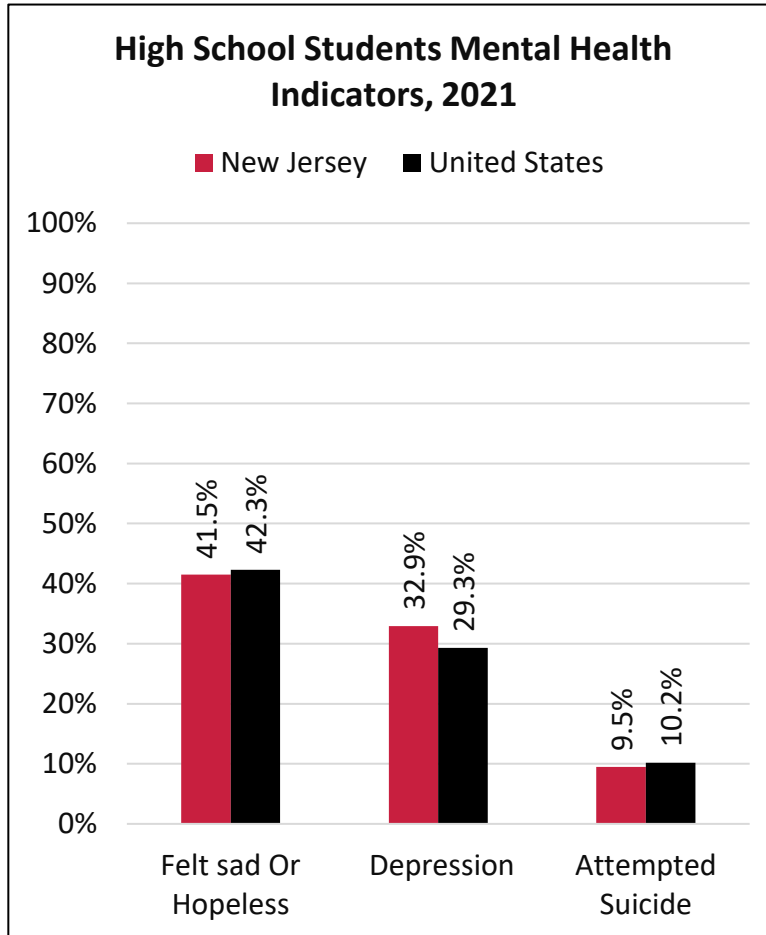
Like their peers worldwide, young people in South Jersey spent a significant portion of 2020-2022 attending school remotely or in a limited fashion out of an abundance of caution during the COVID-19 pandemic. This disruption upended education and opportunities for extracurricular enrichment for young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



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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."

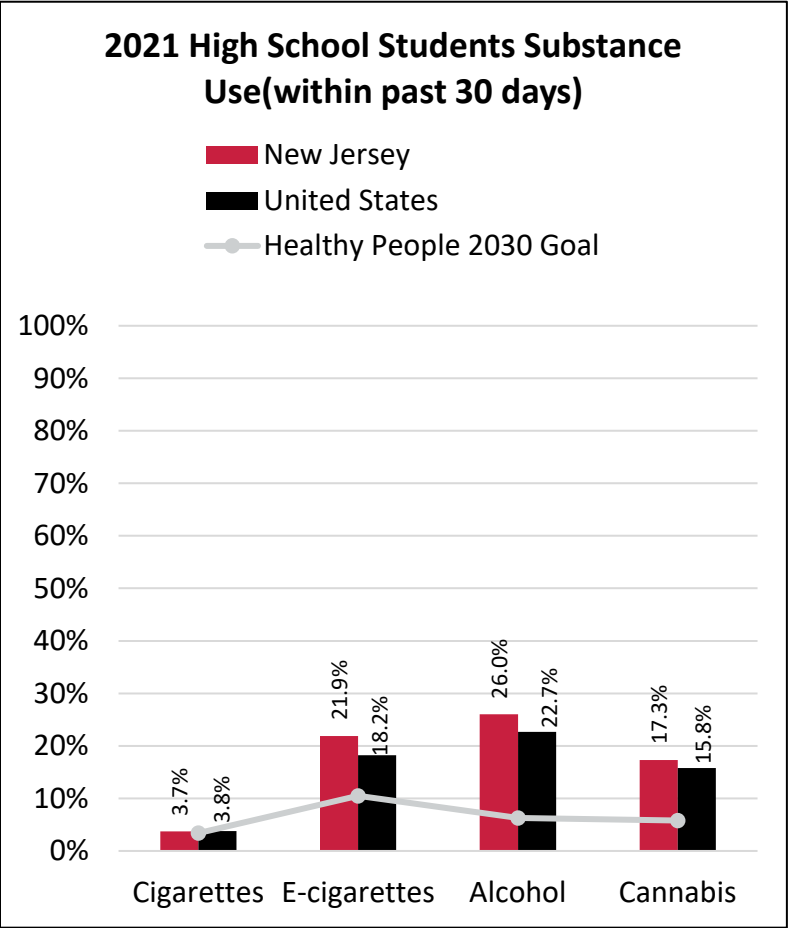
"[A good role model is someone who] helps build you up rather than puts you down. You're going through something and you want to vent to them, they try to understand the situation, and not get over it but get through it."

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%

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.



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

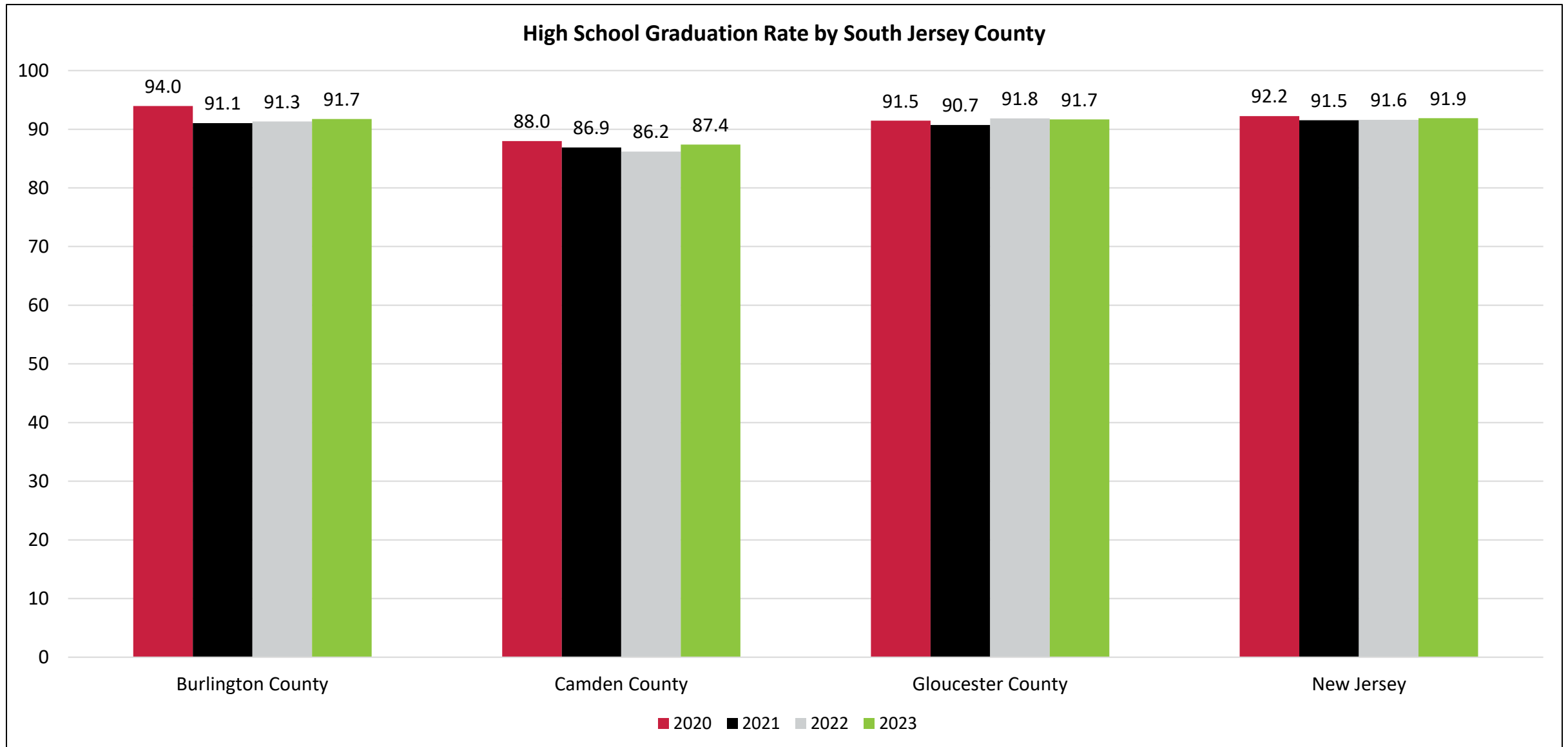
Percent	
Burlington County	5.5%
Camden County	6.4%
Gloucester County	4.7%
New Jersey	5.2%
United States	7.0%

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

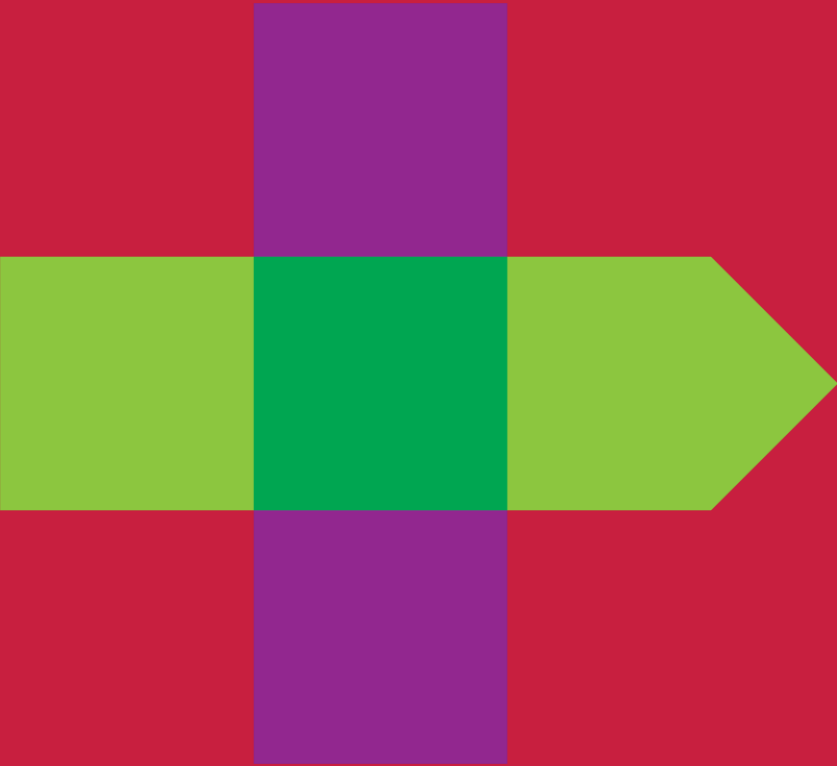
2021 High School Students Reporting Current (within past 30 days) E-Cigarette Use

	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%

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

Note: ** Too few events 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
New Jersey	99,375	10.9
Black/African American, non-Hispanic	12,500	10.4
Hispanic/Latinx (any race)	30,683	15.1
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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	*	*
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

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
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
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

Gloucester County Births

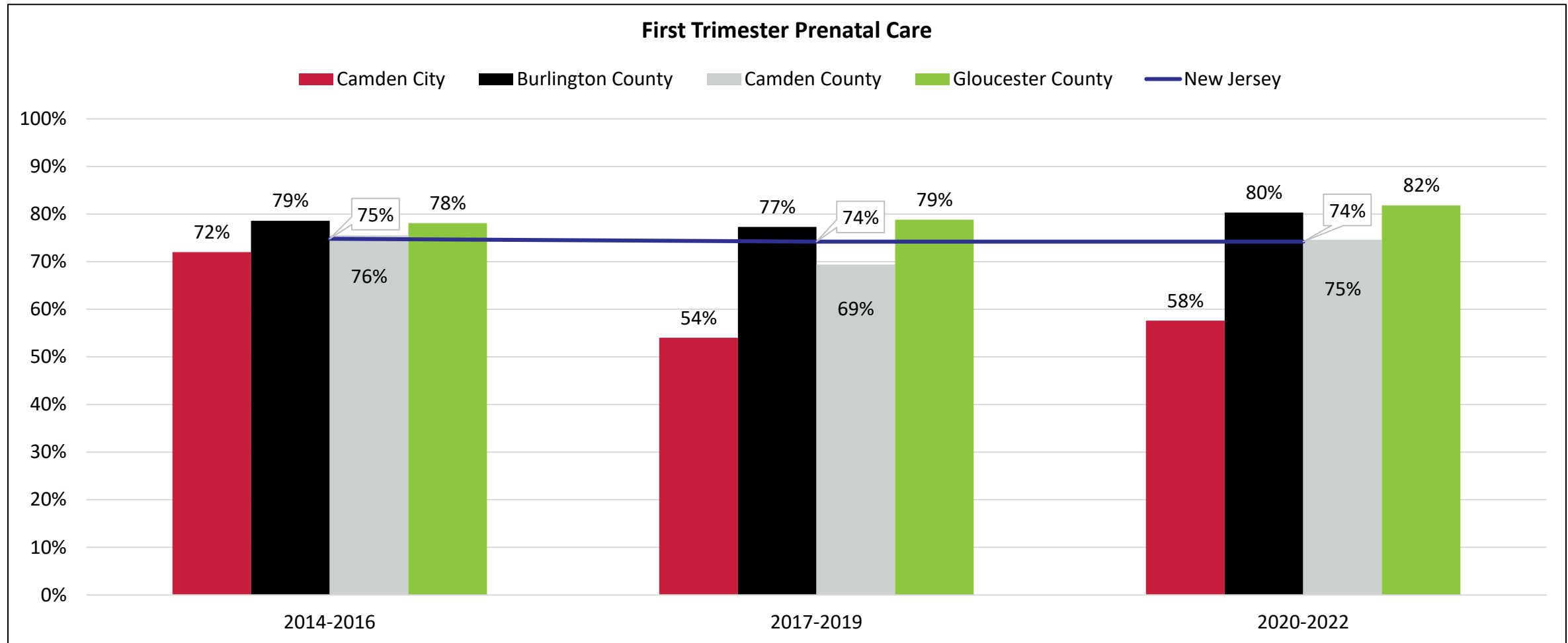
The overall birth rate and teen birth rate are lower in Gloucester County than in New Jersey or the US. This is consistent with the older median age and decreasing population in recent years in Gloucester County.

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

Prenatal Care

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



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.

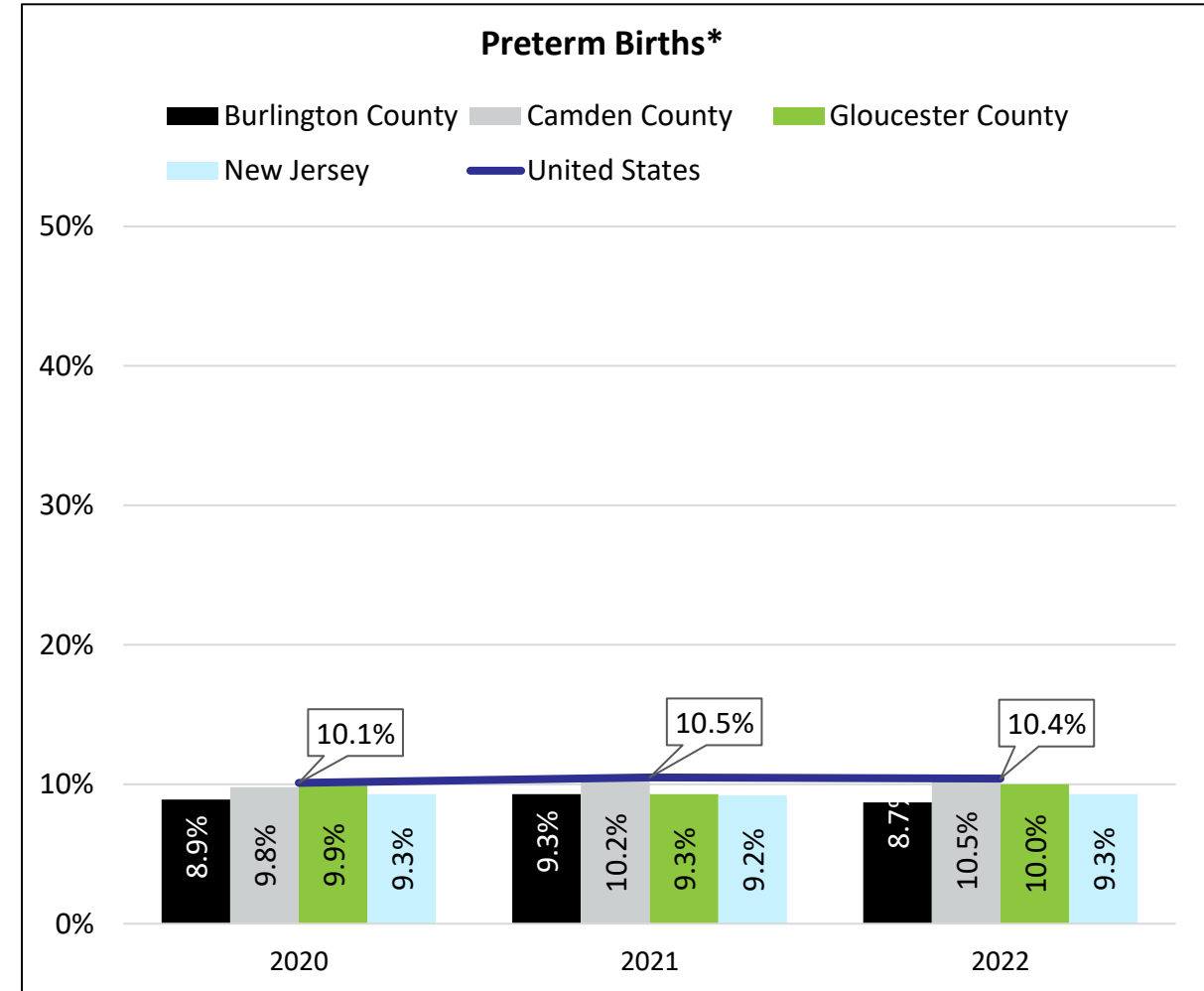
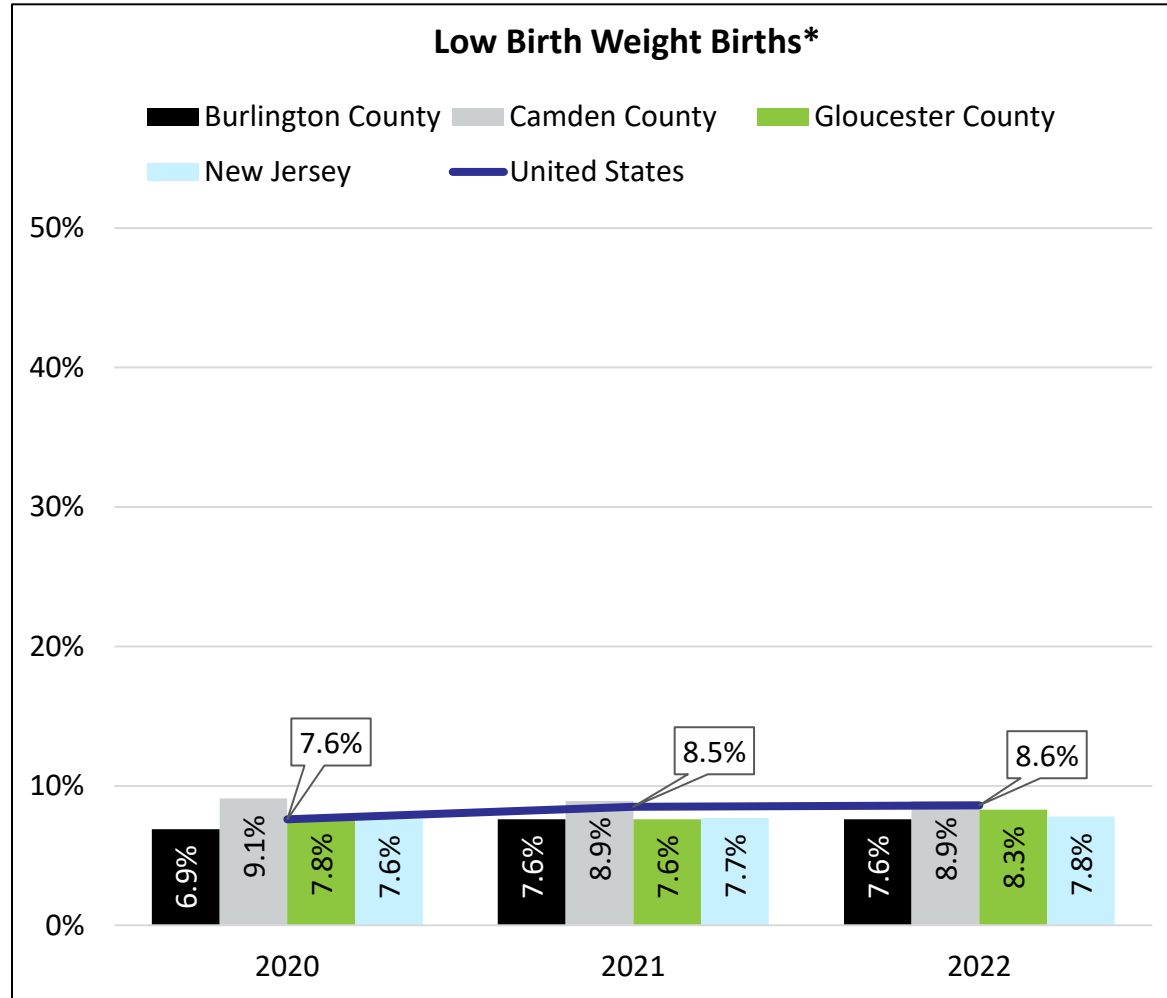
Across every geography, Black/African American and Hispanic/Latinx people are less likely to access first trimester prenatal care than White people.

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.”

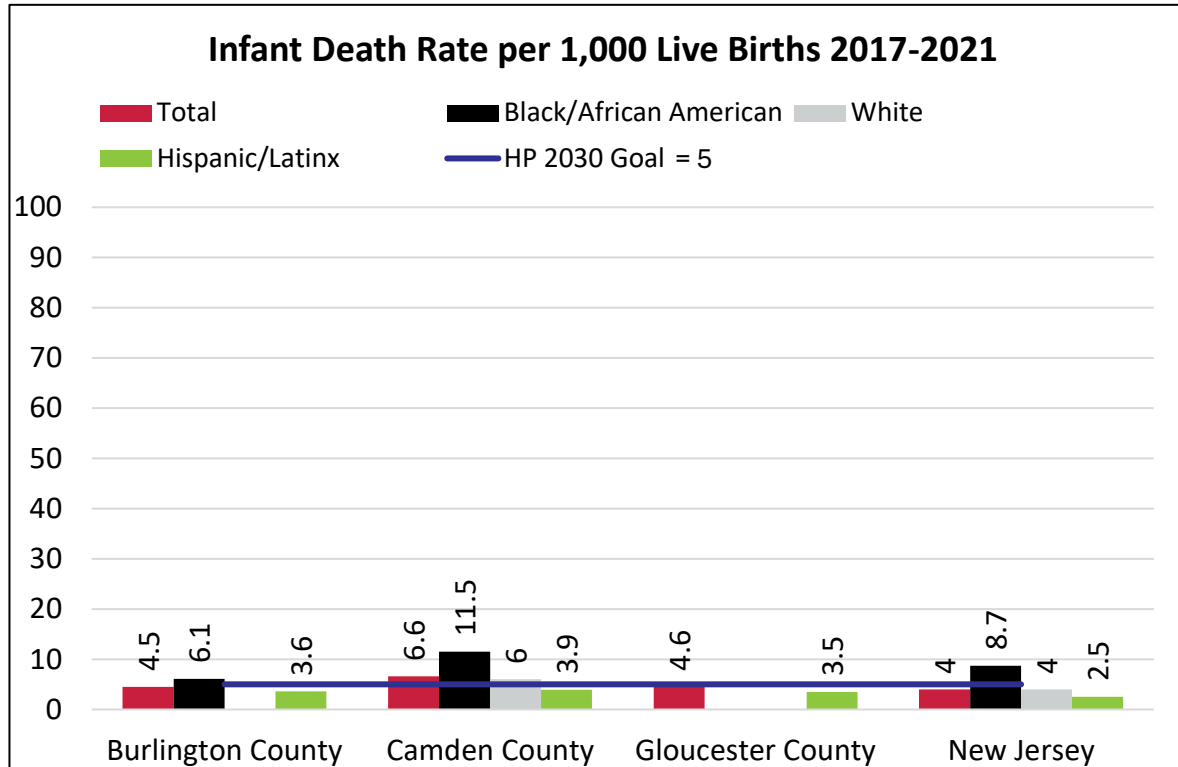
Birth Outcomes

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.



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.



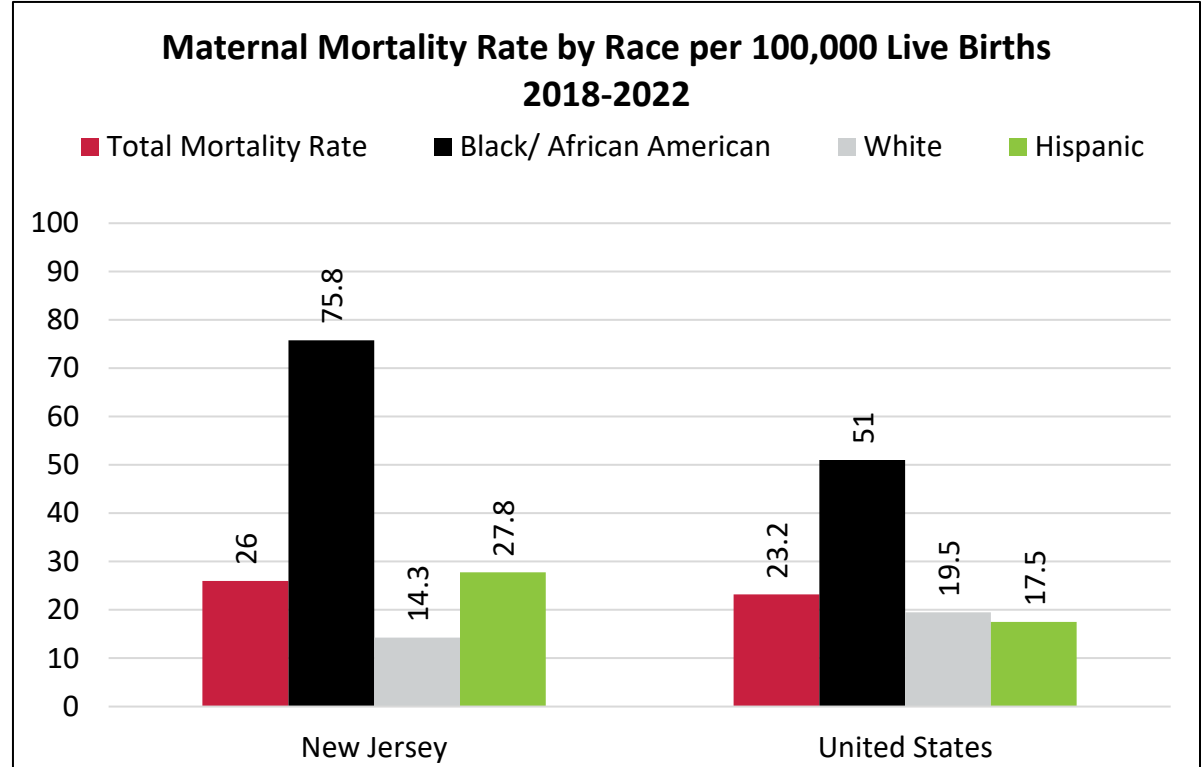
Did you know?

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: **Too few events to calculate rates

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/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth>



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

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



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Emphasis on Stakeholder Engagement

Contextualizing Data and Taking Action

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

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



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In Your Words: Qualitative Research

Stakeholder Engagement, by the numbers

#	Participation
13	Individuals identified as key informants were interviewed for one hour each via Zoom
226	Individuals, including school employees, first responders, faith-based leaders, policymakers, and others, completed the Key Stakeholder Survey
14	Partner agencies, including South Jersey Health Collaborative partners, helped distribute the Community Survey to diverse populations across South Jersey
1470	Individuals completed the Community Survey.
56	Residents across South Jersey – of diverse age, race, preferred language, sexual orientation, gender identity, income strata, and occupation – participated across 5 separate hour-long focus group conversations
35	Individuals gathered over Zoom on January 24, 2025, to learn how to support the distribution of the Community Survey
37	Individuals gathered in person at Cooper University Health in Camden, New Jersey on June 18, 2025, to review the full CHNA findings, and confirm priorities for the Community Health Improvement Plan (CHIP)

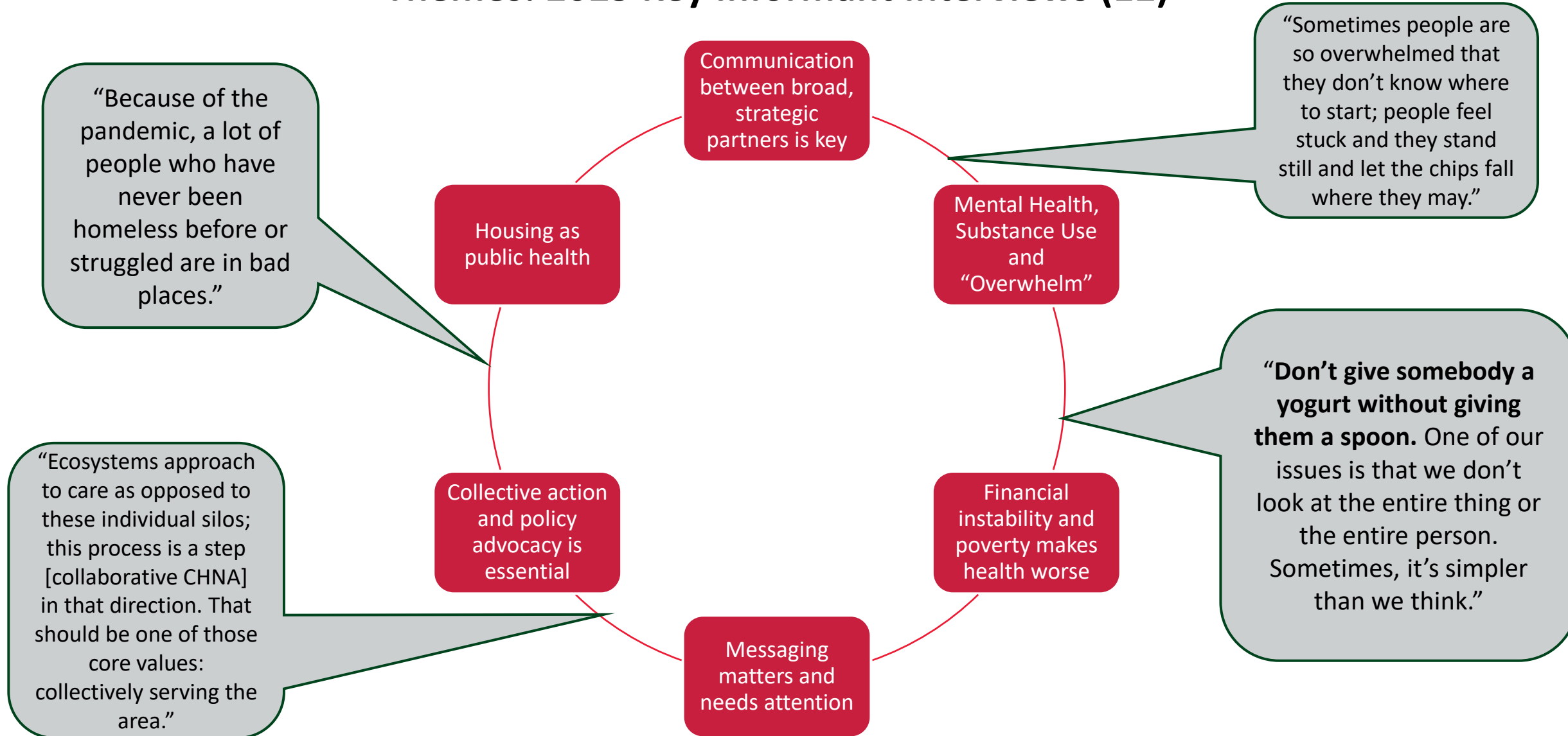


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South Jersey Health Collaborative

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 Partners



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



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A New Jersey certified
Small Business and WBE

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

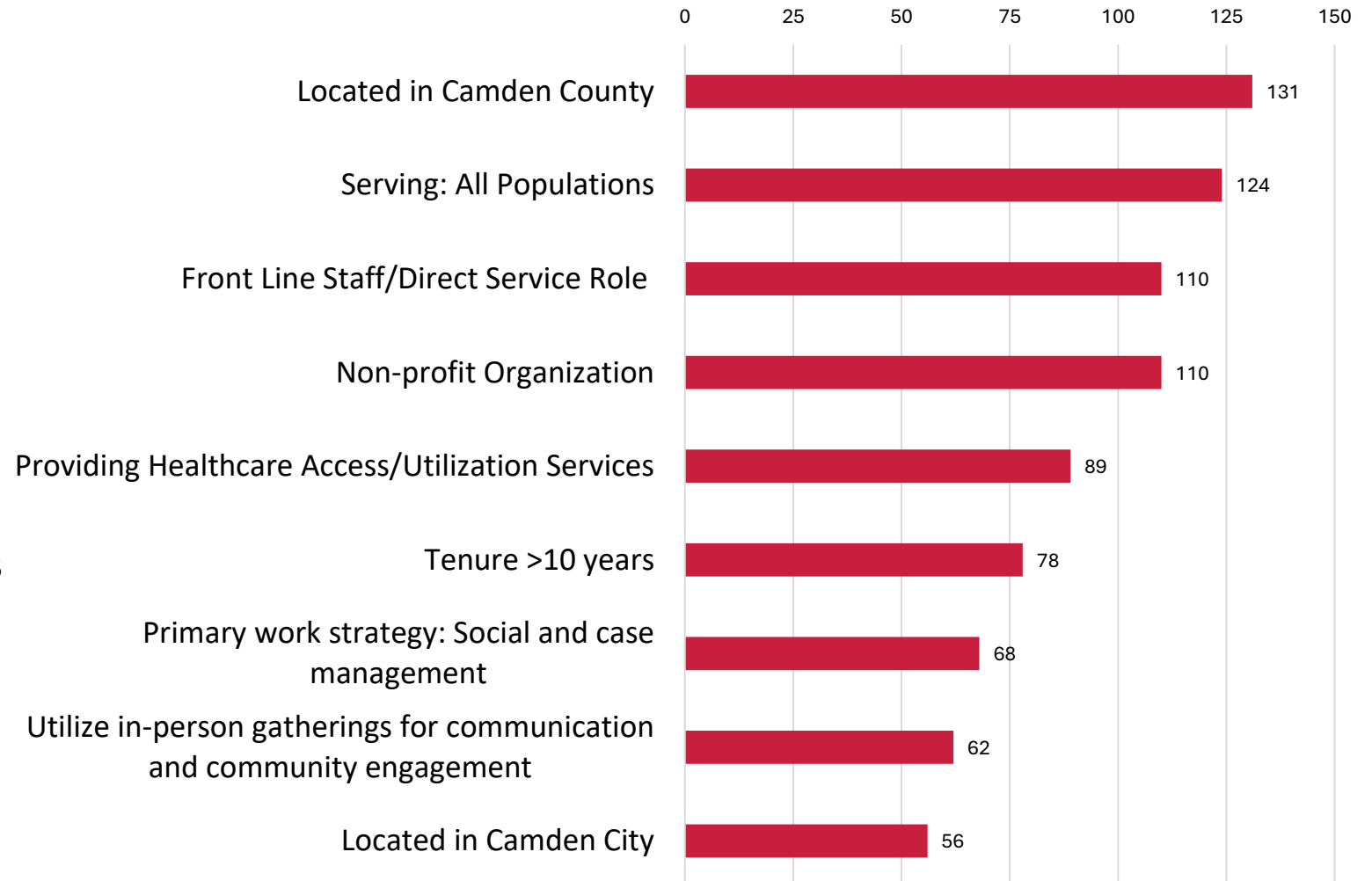
Survey respondents were more likely to serve:

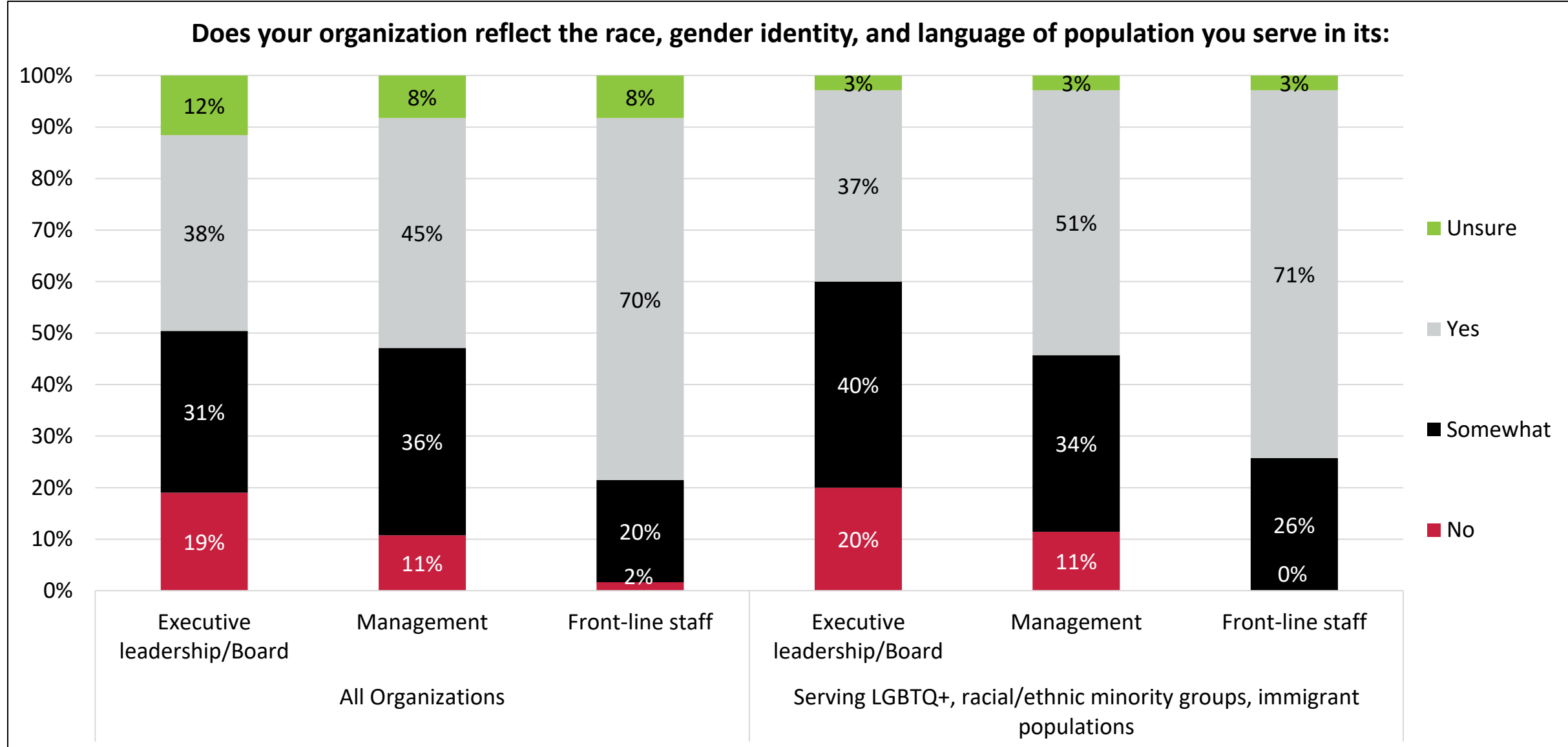
- Camden City
- Blackwood
- Westampton
- Marlton
- Voorhees
- Multiple Counties

South Jersey Health Collaborative Partners



Snapshot of Respondents/Organizations



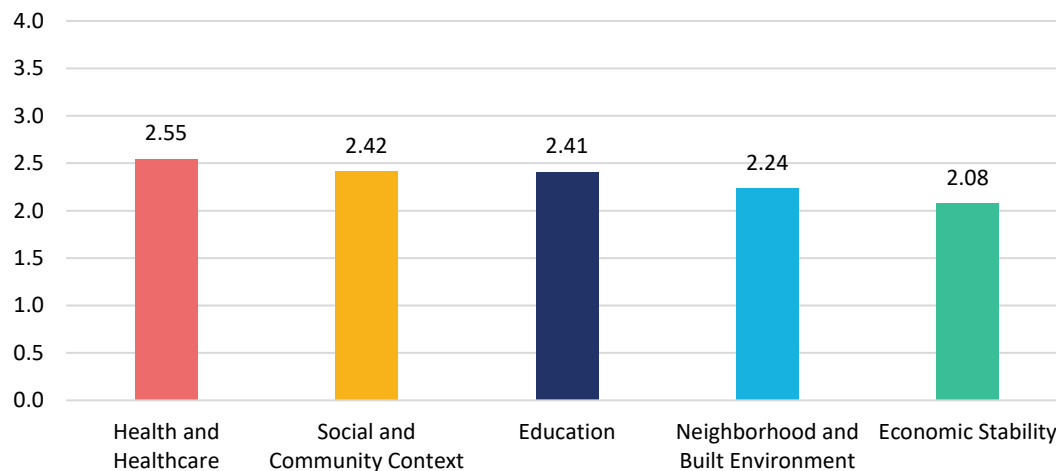


2025 South Jersey Key Stakeholder Survey Findings (n=226)

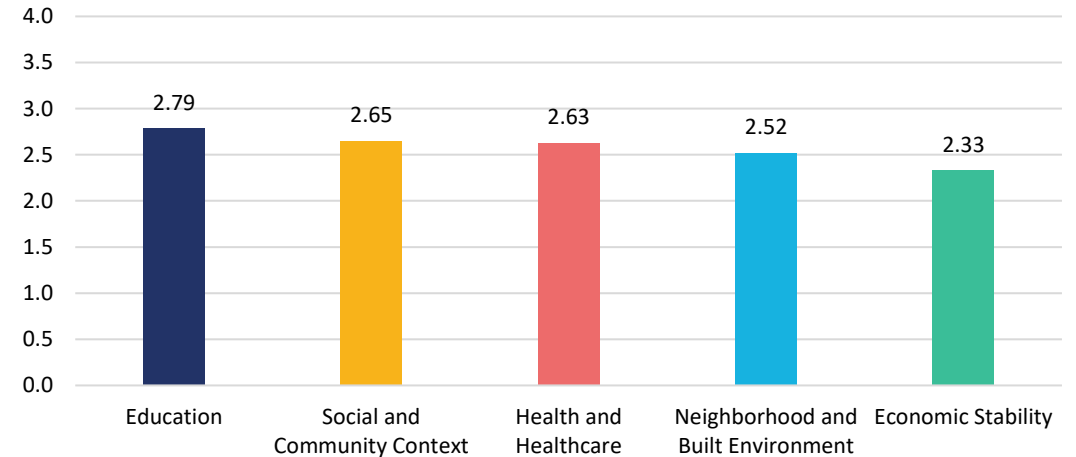
Social Drivers of Health Dimensions Average Scores (weighted average: 1 (bad) – 4 (excellent))



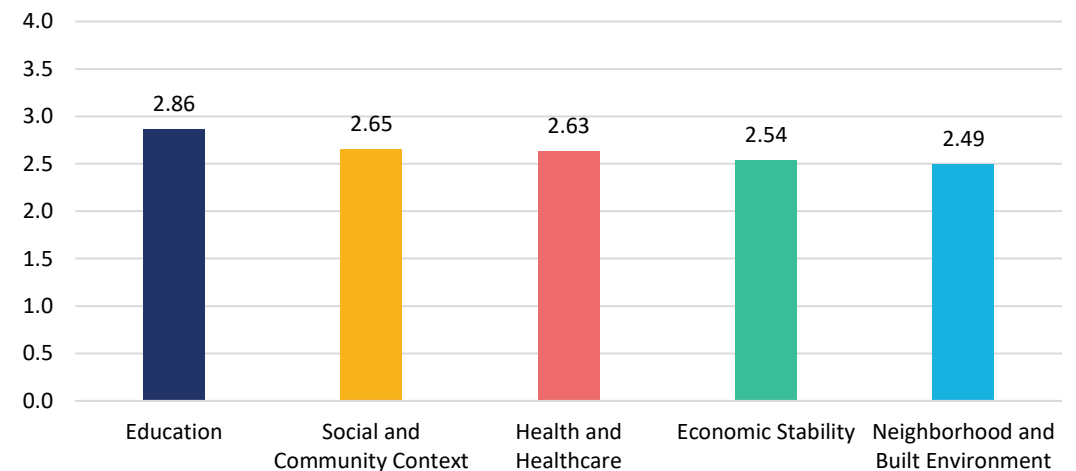
Camden County (n=118)



Burlington County (n=65)



Gloucester County (n=46)



Top Barriers Faced by Providers At Work

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

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

Transportation
(60)

Language barriers
(52)

Top Health Concerns Providers See Among their Clients

Mental/ behavioral
health **(110)**

Substance use **(89)**

Chronic disease **(71)**

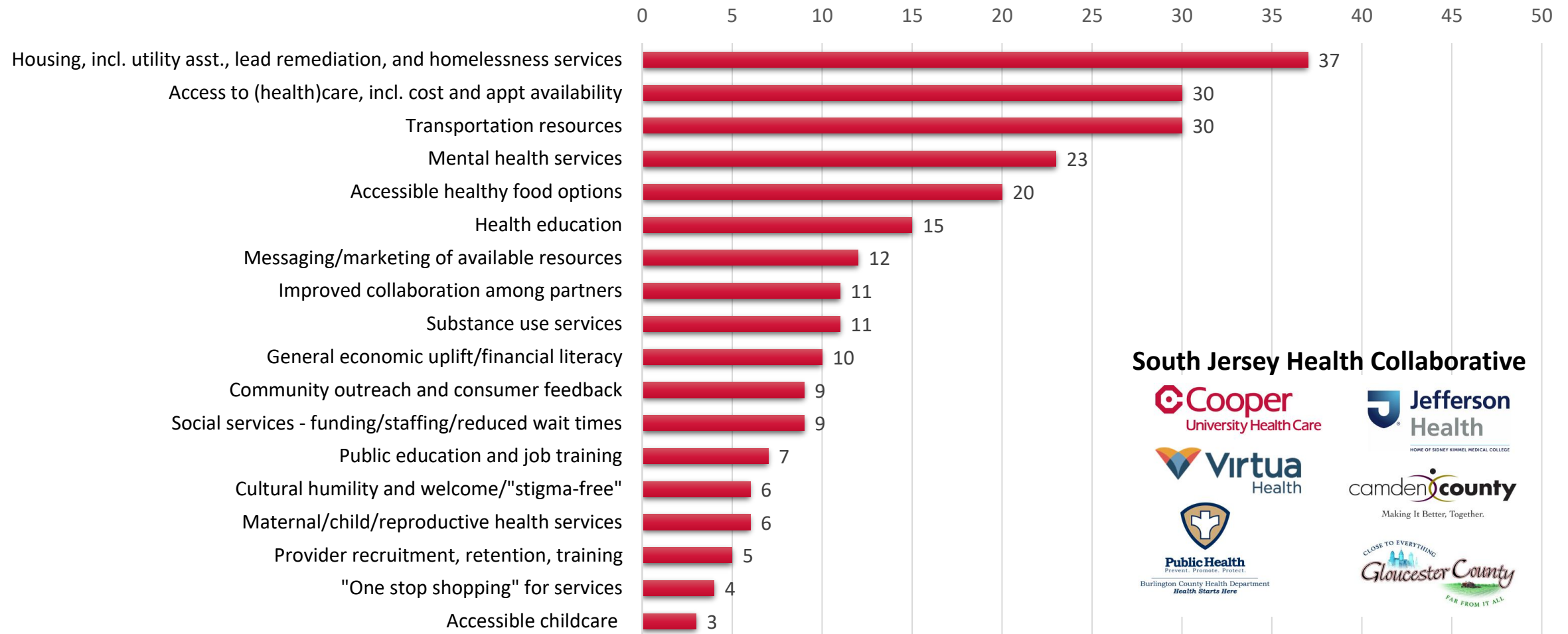
Top Barriers Providers See Clients Face Preventing a Healthier Life

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

Affordability of
care/healthy foods
(88)

Housing insecurity or
homelessness **(75)**

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



South Jersey Health Collaborative





2025 Community Survey

South Jersey Health Collaborative

February – March 2025



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



South Jersey Health Collaborative 2025 Community Survey

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

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

SJHC Community Survey

FEBRUARY 3, 2025-MARCH 21, 2025

Respondent Snapshot (n=1,470)

0 100 200 300 400 500 600 700 800 900 1000

Top 5 Zip Codes

08016 – Burlington

08046 – Burlington

08060 - Burlington

08015 - Burlington

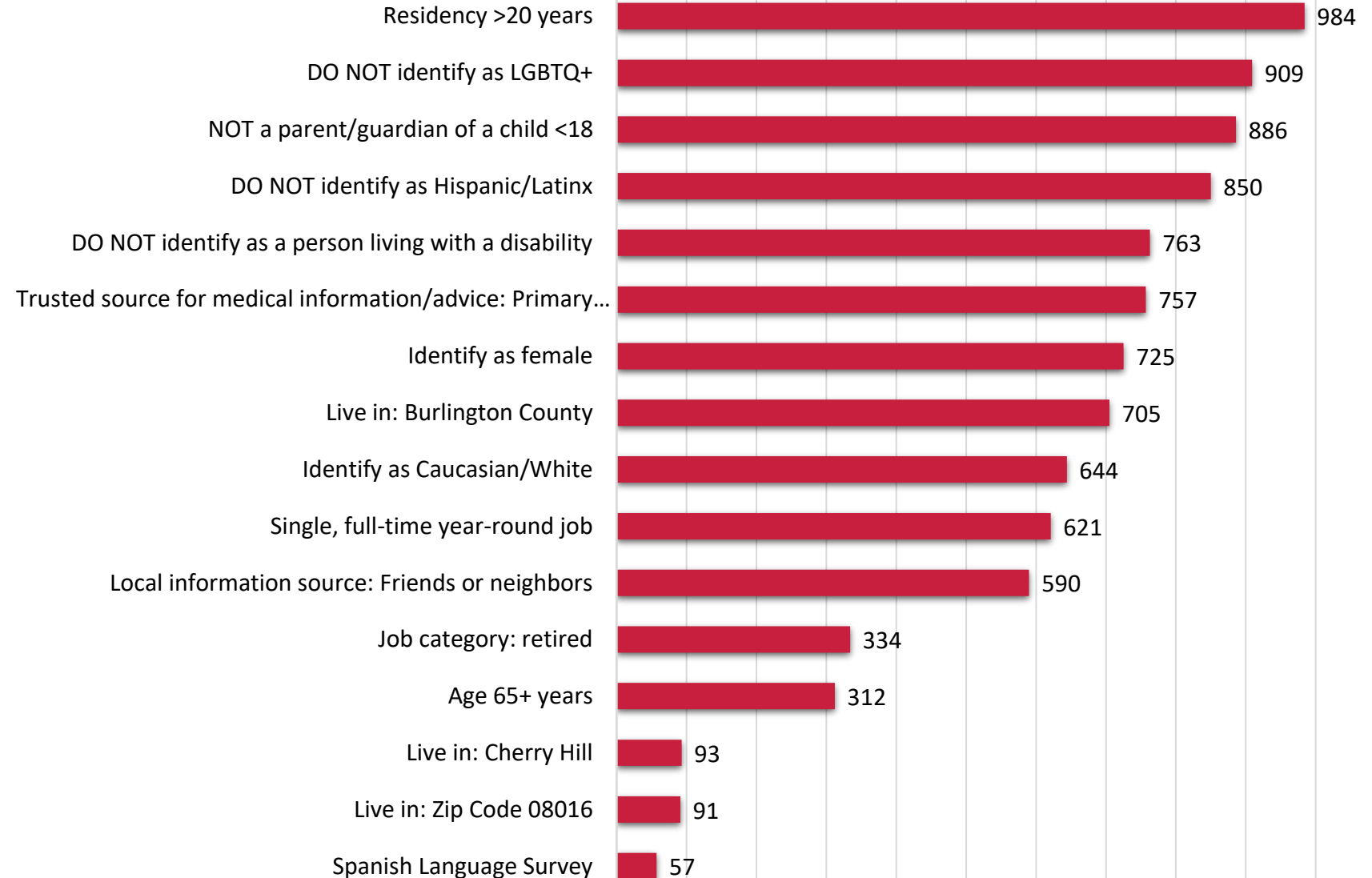
08081 - Camden



1 in 3 respondents **ARE** parent/guardian
of a child under 18

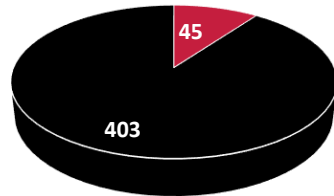


1 in 7 respondents **DO** identify as living
with a disability



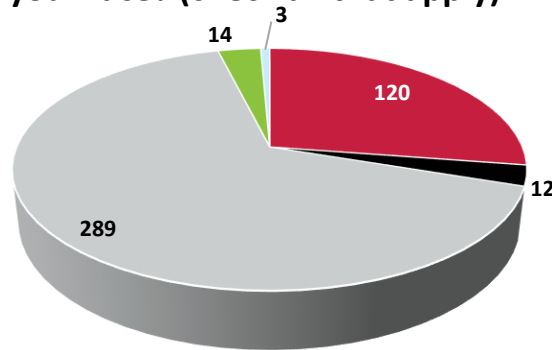
Burlington County, N=705

Do you identify as Hispanic/Latinx?



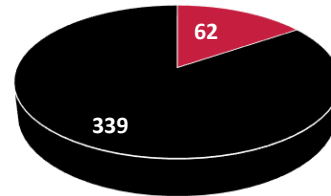
■ Yes ■ No

What is your race? (check all that apply)



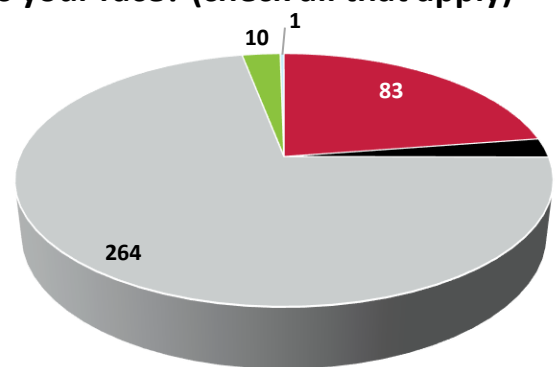
Camden County, N=578

Do you identify as Hispanic/Latinx?



■ Yes ■ No

What is your race? (check all that apply)



■ African American or Black

■ Asian, Asian American, or Pacific Islander

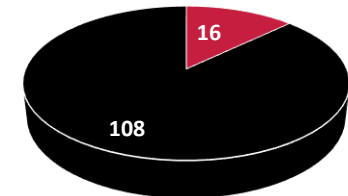
■ Caucasian or White

■ Indigenous, Native American, or Alaska Native

■ SWANA (Southwest Asian and North African) or Middle Eastern American

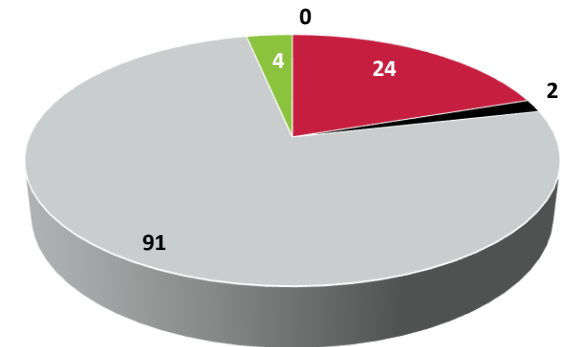
Gloucester County, N=181

Do you identify as Hispanic/Latinx



■ Yes ■ No

What is your race? (check all that apply)



■ African American or Black

■ Asian, Asian American, or Pacific Islander

■ Caucasian or White

■ Indigenous, Native American, or Alaska Native

■ SWANA (Southwest Asian and North African) or Middle Eastern American

Burlington County, N=705



16%

Living with a disability



3%

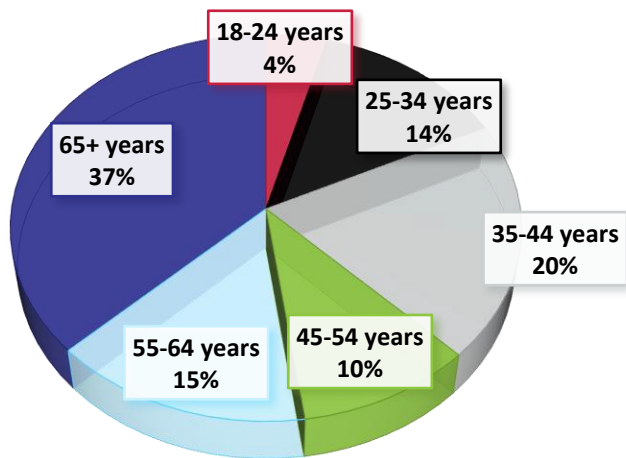
LGBTQ+



30%

Parent of children
under 18

HOW OLD ARE YOU?



Camden County, N=578



14%

Living with a disability



5%

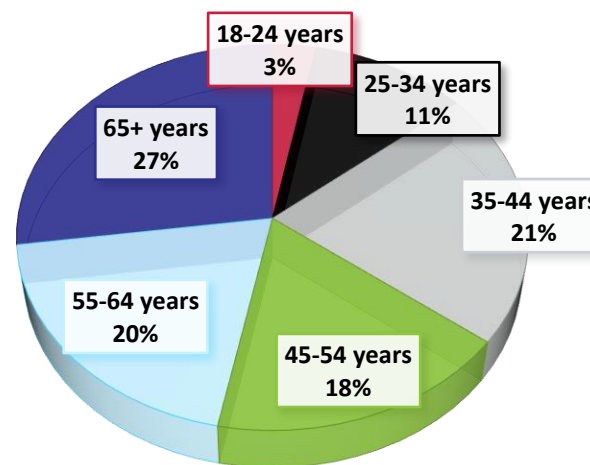
LGBTQ+



29%

Parent of children
under 18

HOW OLD ARE YOU?



Gloucester County, N=181



13%

Living with a disability



3%

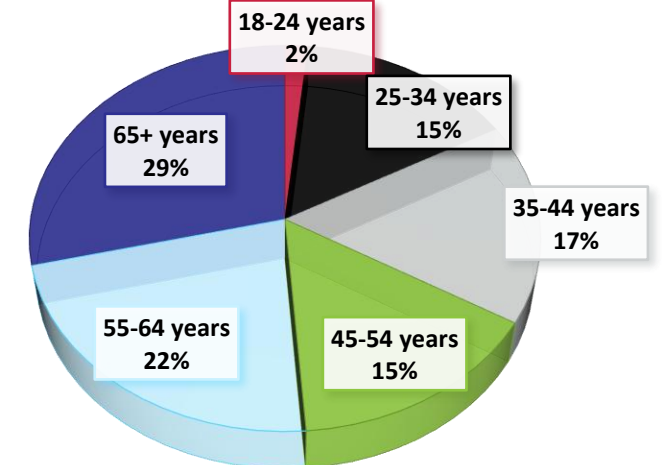
LGBTQ+



31%

Parent of children
under 18

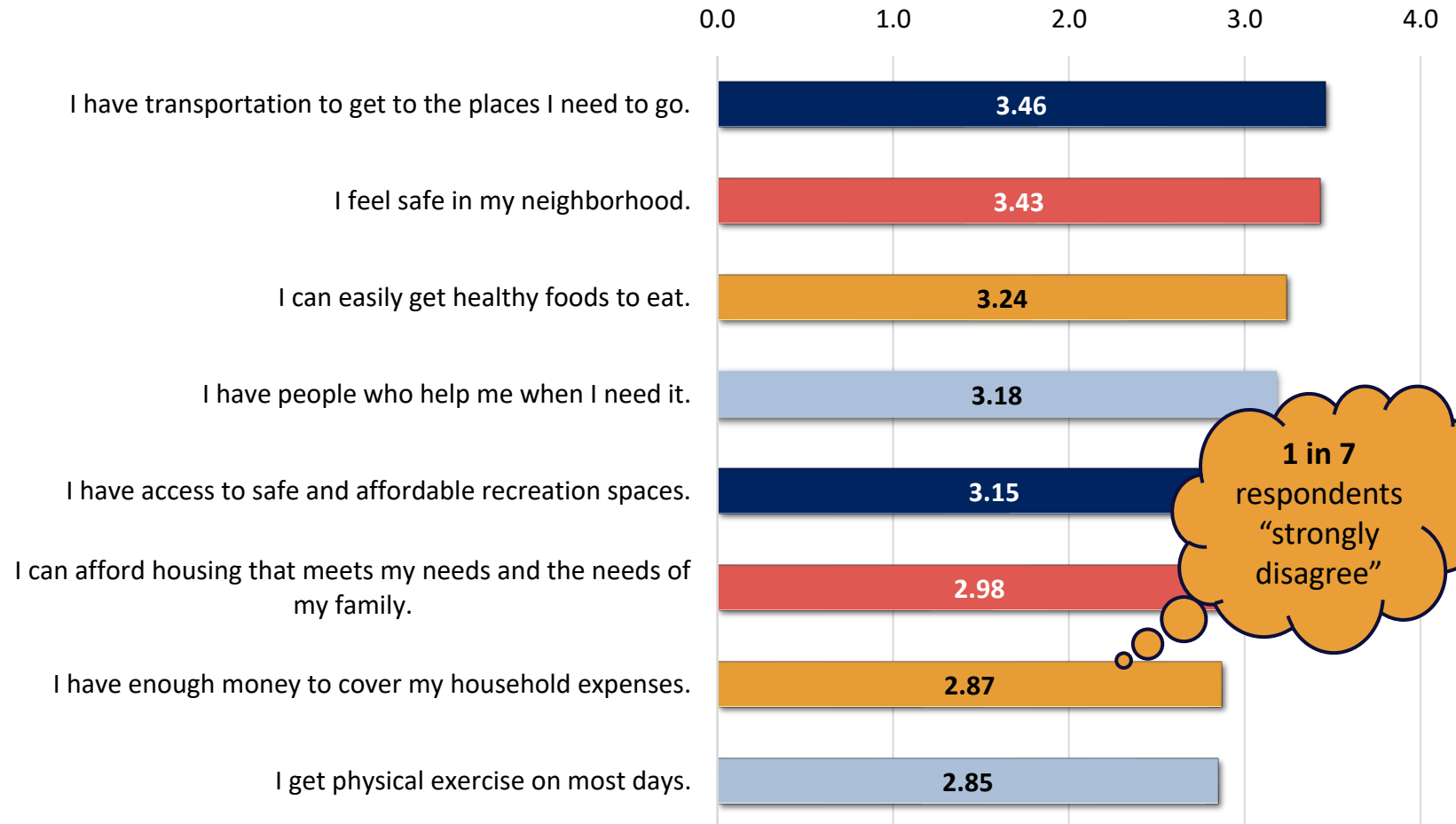
HOW OLD ARE YOU?



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

Weighted Average:
3.3 out of 5

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



South Jersey Health Collaborative

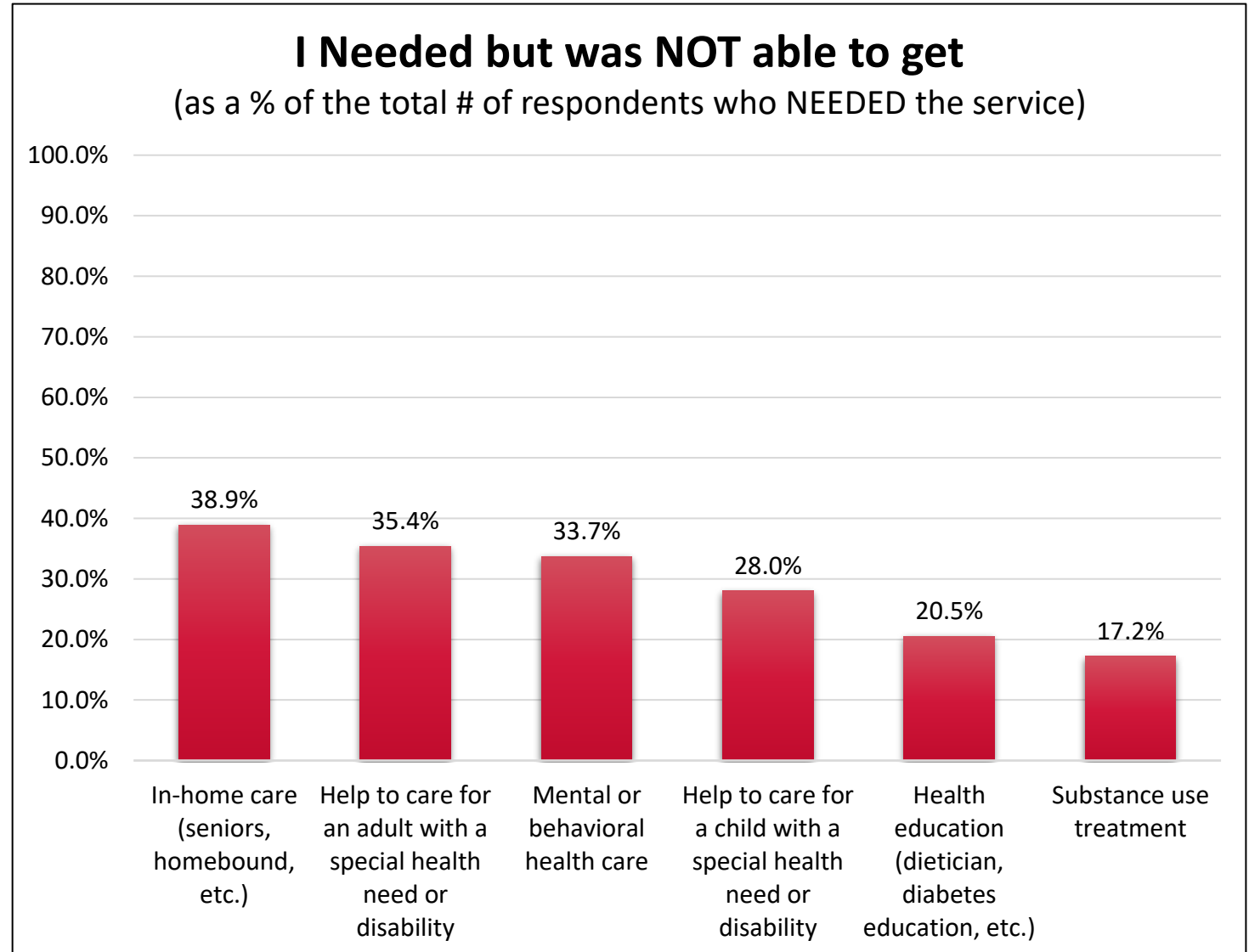


Was there a time in 2024 when you needed any of these health services or medical care?

Most Needed Health Services:



















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

South Jersey Health Collaborative



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

Needed but Couldn't Get

Burlington County	Camden County	Gloucester County
In-home care for seniors or homebound (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 (35%) 	In-home care for seniors or homebound (42%) 	Help to care for a child with a special health need or disability (35%) 
Help to care for an adult with a special health need or disability (34%) 	Mental or behavioral health care (30%) 	In-home care for seniors or homebound (33%) 
Help to care for a child with a special health need or disability (25%) 	Help to care for a child with a special health need or disability (28%) 	Help to care for an adult with a special health need or disability (24%) 
Health education (dietician, diabetes education, etc.) (24%) 	Substance use treatment (24%) 	STI testing and/or treatment (21%) 
End-of-life care for a loved one (hospice, palliative care, etc.) (19%) 	Health education (dietician, diabetes education, etc.) (16%) 	Health education (dietician, diabetes education, etc.) (19%) 

2025 Community Survey: Barriers and Tools for Accessing Health Services

Most Common Barriers to Care:

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

South Jersey Health Collaborative 2025 Community Survey



What is most helpful in accessing services?

Transportation:

- Personal transportation
- Public transportation
- Provider facilitated transportation

Online patient portals for
scheduling and
communication

‘Good’ health insurance

Helpers such as:

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

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

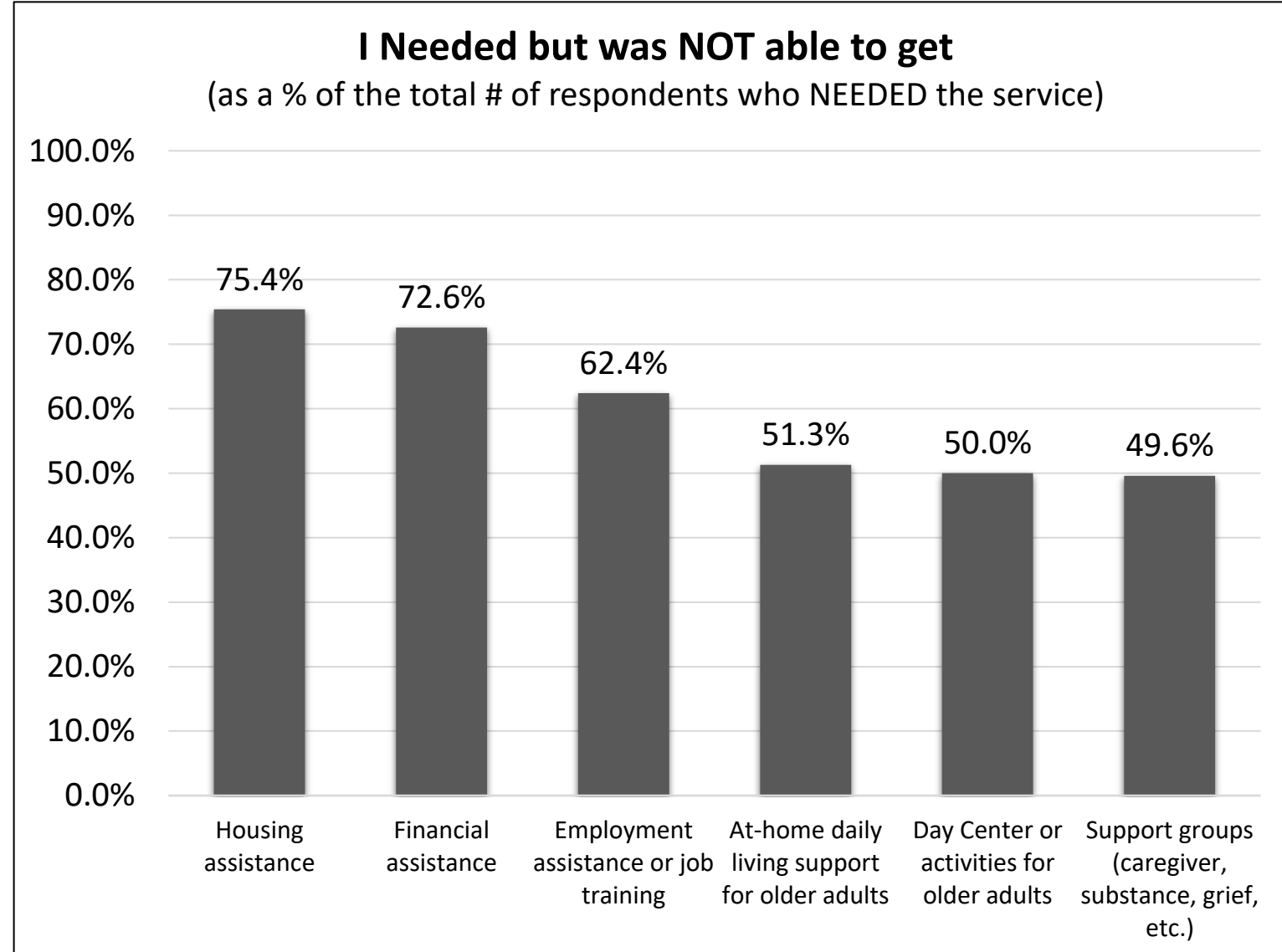
*“There were so many
unnecessary appointments
that could have been
condensed into fewer
appointments if doctors
would just collaborate.”*

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

Most Needed Services:















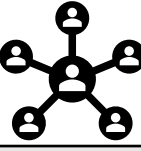



1. Food assistance (20%)
2. Financial assistance (18%)
3. Housing assistance (12%)

South Jersey Health Collaborative



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 (73%)		Financial assistance (75%)		Housing assistance (64%)	
Employment assistance or job Training (64%)		Employment assistance or job Training (62%)		At-home daily living supports for older adults (64%)	
Afterschool or summer programs for kids (51%)		Transportation assistance (57%)		Employment assistance or job Training (57%)	
Day Center or activities for older adults (50%)		Support groups (caregiver, substance, grief, etc.) (53%)		Support groups (caregiver, substance, grief, etc.) (56%)	
Childcare (49%)		Day Center or activities for older adults (52%)		Emergency preparedness resources for your home or Business (50%)	

2025 Community Survey: Barriers and Tools for Accessing Supportive Services

Most Common Barriers to Access:

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

South Jersey Health Collaborative
2025 Community Survey



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."*









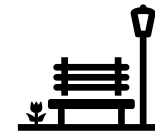






**Where do you think
resources should be
better invested to help
improve the health and
well-being of your friends,
family, and neighbors?**

**South Jersey Health Collaborative
2025 Community Survey**



Making It Better. Together.



BURLINGTON COUNTY	CAMDEN COUNTY	GLOUCESTER COUNTY
Public transportation options 	Public transportation options 	Cultural & social events for all, volunteering, community cohesion 
Public schools, incl. adult educational opportunities 	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 educational opportunities 	Public transportation options 
Living-wage job development and training opportunities 	Green spaces, incl. playgrounds, parks, dog parks, etc. 	Environmental concerns, incl. water, air quality, climate vulnerability 

Focus Groups



Opportunity to explore the “why” behind the statistics

Group compositions will be derived from research findings

Helps identify strategies that resonate with key audiences

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

3-5 groups of 10-12 people

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

South Jersey Health Collaborative 2025 CHNA

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

South Jersey Health Collaborative 2025 CHNA 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



Information about and access to healthy foods is needed



Housing is a major problem and source of worry



Transportation is limited and expensive in most areas



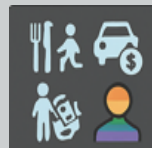
More language resources are needed, including access to English classes



Online scheduling and communication is very helpful



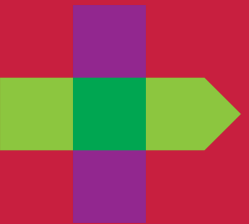
Youth need consistency and positive reinforcement to thrive



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



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



Setting Priorities for Action



South Jersey Health Collaborative 2025 CHNA PRELIMINARY PRIORITIZATION DISCUSSION 03.25.25



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

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

Themes for consideration from the 2025 CHNA data

Housing and transportation

- 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

Cultural & social events for all, volunteering, community cohesion

Public schools, incl. adult education

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

Public transportation options

Job training and development

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

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

Focus Groups

More resources are available for MH but not enough

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

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

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

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

Making Choices

Some questions

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



Social Factors are Health

Themes to Consider:

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



Long Lives with Healthy Bodies

Themes to Consider:

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

Acronyms Explained:

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



Create Welcome

Themes to Consider:

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



Relief from Mental Strain and Cushioning ACEs for all Ages

Themes to Consider:

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

CONSISTENT, RELIABLE COMMUNICATION AND PARTNERSHIP



Community Forum
Cooper University Health
Camden, New Jersey
June 18, 2025
37 Attendees



South Jersey Health Collaborative Community Forum



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

June 18, 2025

**Cooper University Health Care
Camden, New Jersey**



**35TH STREET
CONSULTING
LLC**

A New Jersey certified
Small Business and WBE

Today's Agenda

South Jersey Health Collaborative Community Forum at Cooper University Hospital
June 18, 2025

Welcome

Max Kursh, Director
Community and Population Health
Cooper University Health Care

What is a CHNA?

Process and Methods

Data Review and Discussion

CHNA Key Findings
What are your ideas?
Action Items

Thank you!



South Jersey Health Collaborative Community Forum

Cooper University Health, Camden, New Jersey

June 18, 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.
- Foster stronger collaboration between health care systems and community organizations to enhance service delivery and minimize duplication of efforts.
- Address financial barriers to behavioral health care, including copays, transportation challenges, and limited awareness of available resources.
- Promote accurate information sharing and overcome language barriers through culturally sensitive communication and outreach strategies.
- Provide adequate training, ongoing support, and fair compensation to community health workers to sustain their engagement and impact.
- Develop targeted youth engagement strategies that extend beyond digital platforms to reach low-tech or disconnected households.
- Prioritize housing solutions by addressing issues of affordability and poverty and explore options such as employer-supported housing.
- Leverage social media and community-based education to raise public awareness.

Cooper University Health Care

Approval and Adoption of 2025 CHNA

Acronyms Explained:

ALICE: Asset Limited Income

Constrained Employed (working poor)

ACEs: Adverse Childhood Experiences



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

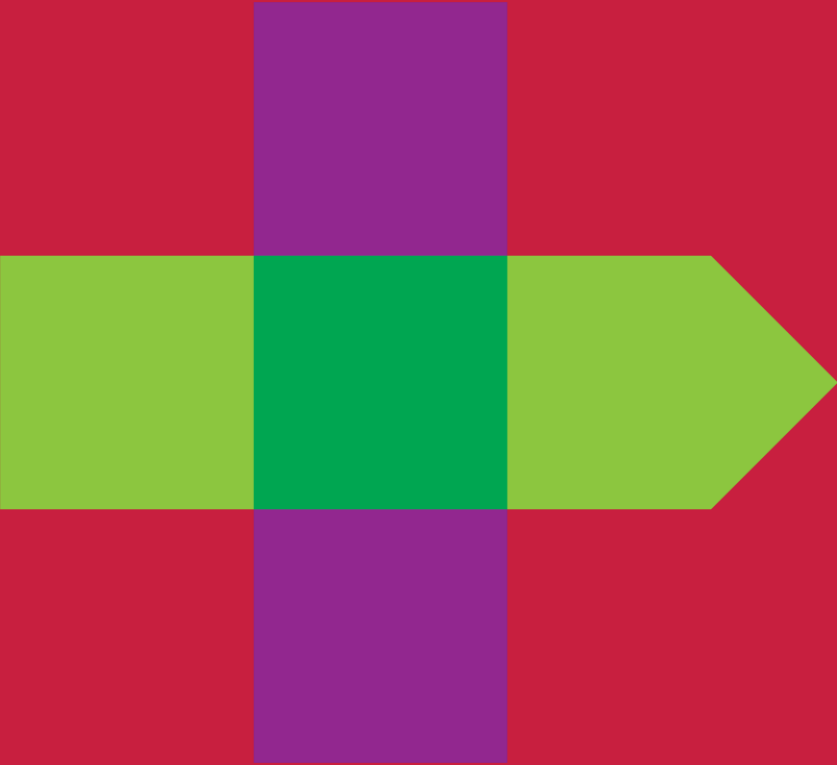
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- Leverage, expand, utilize green spaces for activities
- Create and emphasize social opportunities for connection
- Educate providers and public about perinatal MH
- Inform, identify, address ACEs and trauma in all ages
- Seek solutions to language 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














































Following approval, the report was made available to the public via the Cooper University Health website at www.cooperhealth.org

For more information, feedback, or comments, please email communityoutreach@cooperhealth.edu


















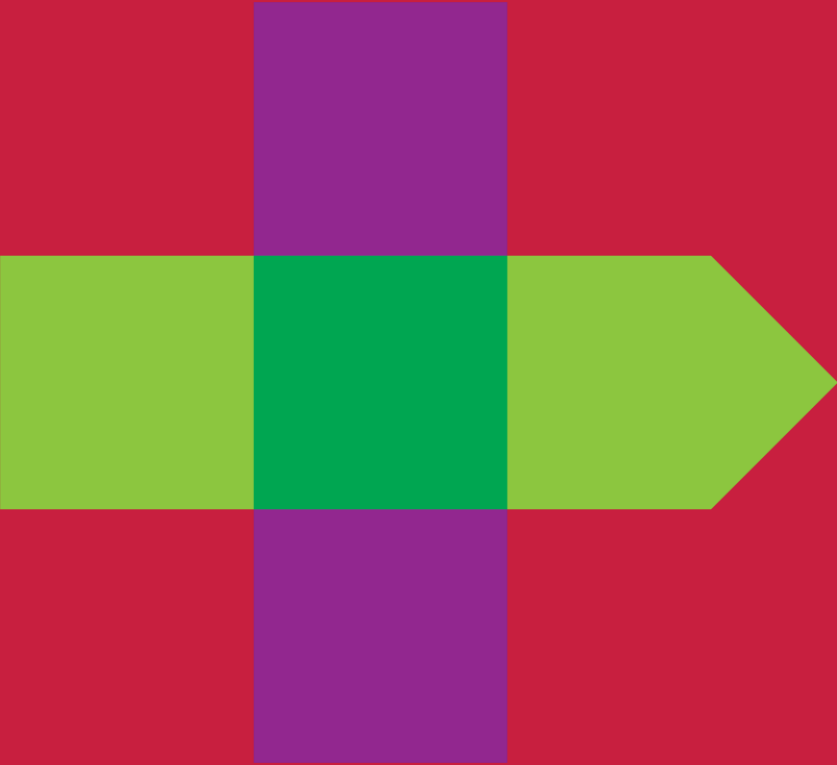
Emergency Department Data Findings

Top 5 Most Common ED Diagnosis from 2022-2024 By South Jersey Hospital Networks

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

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

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



Evaluation of Impact 2022-2025 CHIP Activity

Evaluation of Impact

2022 Cooper
University
Health Care

CHIP Priorities and Goals



**35TH STREET
CONSULTING**
LLC

A New Jersey certified
Small Business and WBE

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: <u>Goal:</u> 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: <u>Goal:</u> 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: <u>Goal:</u> Foster community building opportunities to ameliorate the impact of traumatic events designed for all ages.	Women and Children's Health: <u>Goal:</u> Achieve equitable outcomes and support for all babies and people who give birth.

2022 Evaluation of Impact: Priority Area

Access to Care

Program Highlights:

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

OBJECTIVES:

- Expand outreach & education offerings to vulnerable populations such veterans, military & first responders
- Expand SDOH screening & resource navigation services for vulnerable populations
- Expand community programs & access to screenings for chronic conditions & cancer
- Enhance digital engagement strategies for better patient connections within the community
- Leverage Emergency Medical Services for sub-Oxone administration within the community setting

Increased Access for Veterans, Military and First Responders

- Partnered with Deborah and 87th Medical Group to extend care to military families
- Established cancer screening and care connection for firefighters
- Participated in HeroCare Connect to provide education, screening and outreach 25+ times per year for veterans, service members and their families

Expanded SDOH Screening, Navigation for Vulnerable Populations

- Partnered with Camden agencies to address food insecurity
- Provided resource navigation in Camden corner stores
- Increased screening for SDOH
- Added to MyCooper patient portal
- Increased standardized SDOH screening protocol across multiple service locations
- Expanded Community Health Worker Program
- CHWs provided care navigation for 1300+ patients

Increased Community Collaboration

- Established Community Advisory Council in partnership with 27 community agencies
- Provided outreach, education and screenings at 300+ community events per year

Enhanced Digital Engagement Opportunities

- Provided digital literacy education for 7000+ patients
- Implemented Cooper Connect, Virtual Scheduling, Open Notes to improve access to health education

Increased Suboxone Access in Community Settings

- Created EMT training program in partnership with local agencies

2022 Evaluation of Impact: Priority Area

Behavioral Health, Trauma, and Adverse Childhood Experiences

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

OBJECTIVES:

- Provide training & capacity-building resources to incorporate substance use disorder services at healthcare facilities across the region
- Introduce evidence-based screening for Substance Use & provide behavioral intervention & care coordination for clinical and social community resources
- Expand consultative services for patients referred by pediatricians to assist in managing child/adolescent patients with mental health needs
- Reduce financial barriers to substance use treatment by providing medication for addiction treatment
- Develop a training program for child/adolescent mental health providers

Program Highlights:

Provided Training and Resources to Provide SUD Services in the Community

- Trained doulas to work with perinatal patients with SUD
- Center for Healing mobile van served 115+ community patients

Screening Tools Connected Patients to Wrap Around Care

- 657 screened patients accessed appointments at Center for Healing
- 2000+ patients connected with food, transportation and other resources

Increased access to behavioral health treatment in pediatrics

- Increased Pediatric Psychiatry Collaborative to 450+ providers
- Created and implemented training for pediatric providers in mental health treatment, training 350+ clinicians
- Held 9 community speaker sessions regarding youth mental health
- Created 3 integrated practices integrating neurodevelopmental assessments and therapy
- Provider training increased referrals for care and increased screening

Access to Medication for Addiction Treatment (MAT)

- 500+ uninsured or underinsured patients were provided medication and treatment

2022 Evaluation of Impact: Priority Area

Chronic Disease and Life Expectancy

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

OBJECTIVES:

- Improve access to navigation support for cancer screenings through culturally/linguistically appropriate services
- Improve health equity gaps in quality care measures (e.g. control of blood pressure) amongst diverse populations
- Expand care coordination services by removing access barriers & increasing access to Remote Patient Monitoring
- Introduce in-home patient dialysis program

Program Highlights:

Expanded Access to Cancer Survivorship and Screenings

- 30+ Cancer Survivorship Programs Annually
- Education materials and survivorship programs available in 4 languages

Revised Education to Improve Heart Disease Outcomes for At-Risk Populations

- 4% increase in hypertension control among Hispanic Patients
- 10% increase in statin compliance among female patients

Reframed Outreach and Workflows to Improve Support and Outcomes for People with Chronic Disease

- Established “Diabetes Excellence in Primary Care” to improve care management, outcomes
- Connected 30,000+ patients with chronic disease diagnosis with care management
- Cooper Discharge Clinic served 1000+ hospitalized patients who did not have a primary care provider

Reached Home Bound Patients with Life Sustaining Care

- APN's made 1600+ home visits to home bound patients
- Launched and in-home patient dialysis program for Camden City patients with physical and social barriers

2022 Evaluation of Impact: Priority Area

Equal Start: Women and Children's Health

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

OBJECTIVES:

- Introduce safer pregnancy and childbirth pilot for patients discharged from Emergency Department
- Improve processes and administration of proper drug to prevent stroke during delivery
- Expand education around unexpected complications in term newborns
- Enhance collaboration with community-based organizations for maternal & child health services
- Expand health care support resources for women during pregnancy
- Introduce group visits for pregnant women

Program Highlights:

Improved Continuum of Care for Pregnant ED Patients

- Supported transition to care for 300+ patients
- 65% of patients successfully attended scheduled appointments

Established a Doula Program in Collaboration with Local Partners

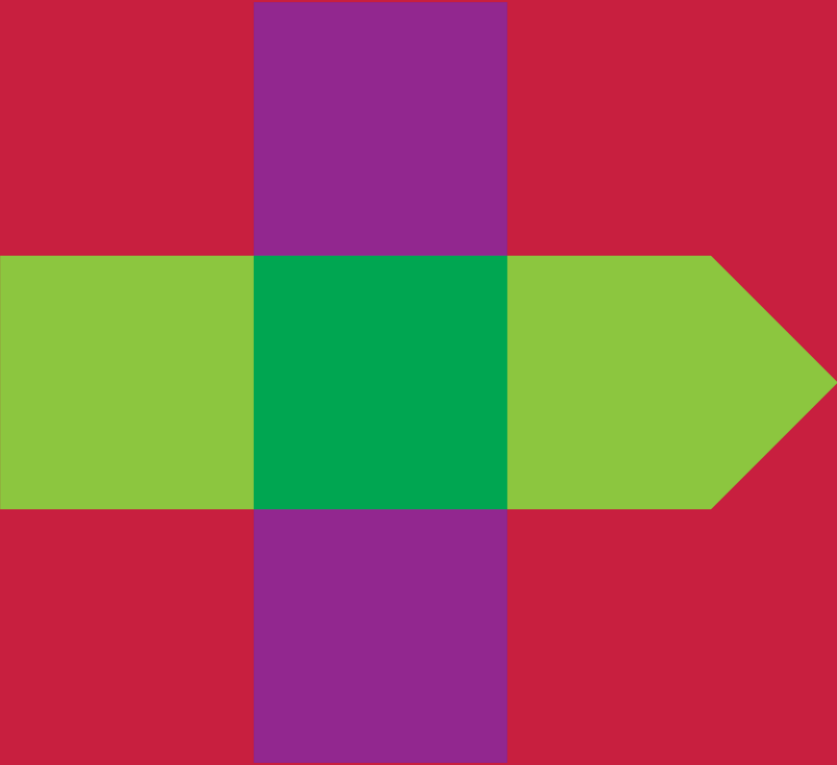
- Onboarded 11 doulas, piloting in Women's Care Center
- Integrated doulas into community outreach events

Expanded Access to Tools to Address Preeclampsia

- Increased speed of treatment with hypertensive agents by 27% in the first year
- Provided blood pressure monitors, glucometers, scales, canes, braces, nebulizers, pulse oximeters and more to 170+ uninsured or underinsured Camden City residents
- Provided maternity abdominal support bands for Camden City patients
- Immediate response to need for blood pressure monitors for Camden City residents with preeclampsia or post-natal hypertension

Improved Perinatal Support for Mothers with SUD

- Integrated opioid treatment for pregnant women and new mothers
- Provided weekly group meetings for perinatal women, integrating therapy, MAT, care coordination, and baby care items



2026-2028 Community Health Improvement Plan

Cooper University Health Care

Approval and Adoption of 2025 CHNA

Acronyms Explained:

ALICE: Asset Limited Income

Constrained Employed (working poor)

ACEs: Adverse Childhood Experiences



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

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Priority Area: Social Factors are Health

Goal: Advance health care equity by addressing social drivers of health that impact our patients' and community's well-being.

Objectives

Increase social determinants of health screenings and community-based resource connections

Advance language accessibility and promote digital and health literacy

Strategies

1. Establish a new translation service vendor and accompanying services to enhance patient communication
2. Enhance the MyCooper patient portal to incorporate Spanish
3. Increase education related to social determinants of health for patients, team members, and community members
4. Increase identification of financially vulnerable patients to connect them with programs like Medicaid and NJ Charity Care
5. Expand Community Health Worker services in high-need areas to reduce care barriers, promote equity, and connect patient to essential health and social resources

Priority Area: Long Lives with Healthy Bodies

Goal: Improve access to screenings and connections to care to address patients' risks and to optimize patient quality outcomes

Objectives

Enhance care management services for patients with chronic conditions

Expand access to care through increased hours, screenings and referrals

Strategies

1. Increase access to enrollment for digital remote patient monitoring programs
2. Improve diabetes management and outcomes by enhancing access to individualized and group-based care models for patients with diabetes
3. Implement LPN led hypertension groups visits
4. Strengthen the specialty care referral process and expand opportunities for patients to be connected to appropriate care during primary care visits
5. Increase patient access to care by offering non-traditional hours and enhancing provider availability
6. Expand access to preventative and cancer screenings in community-based settings
7. Strengthen care management and reduce hospital readmissions

Priority Area: Build Trust and Connect

Goal: Creating a welcoming health care environment that addresses all patient populations, literacy levels and communication preferences that lead to trusting and meaningful connections.

Objectives

Improve access and early engagement across the Cooper Health System in a variety of care settings

Expand access, coordination, and resources for patients and community members with intellectual and developmental disabilities

Strategies

1. Maximize early patient engagement by creating user-friendly environments that help individuals identify care aligned with their needs
2. Increase usability and transparency into clinician areas of expertise, credentials, and ease of provider finder
3. Advance enterprise-wide ease of access for patients
4. Expand and facilitate access with community partners to mobile care engaged with caring for patients with IDD
5. Facilitate care coordination to help families of patients with IDD navigate health care system
6. Increase the number of patients included in IDD clinical navigation program
7. Continue educational efforts for Cooper Team members and community for individuals with intellectual and developmental disabilities
8. Increase access to primary care home visits
9. Enhance the usability of self-scheduling to streamline patient access and improve user experience

Priority Area: Relief from Mental Strain

Goal: Offer a range of accessible behavioral health screening, prevention, treatment, and resource options that meet the needs of individuals.

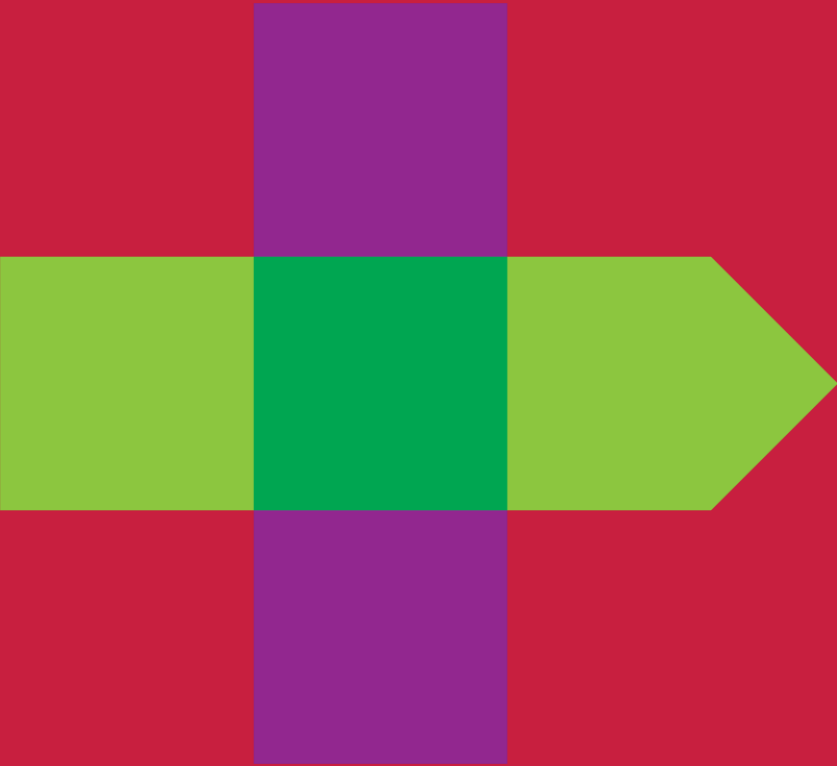
Objectives

Increase education of behavioral health for staff, providers, community members

Expand access, coordination, and resources across the mental and behavioral health care continuum

Strategies

1. Establish ECHO collaborative model focused on mental health topics to increase provider education
2. Continue psychiatric speaker series to advance provider knowledge and highlight best practices in emerging mental health care
3. Offer group visits to support grandparents of children/adolescents with mental health concerns
4. Expand access to addiction medicine to primary care and specialty offices
5. Expand purpose-driven groups in UHI to include educational component
6. Collaborate with The Cooperative on “Family Connects” home visiting program for post-partum patients
7. Provide interventional therapy to children/adolescents who have been diagnosed with neurodevelopmental/learning disability
8. Establish trauma-informed care education series for primary care team members



Appendix A: Secondary Data Sources

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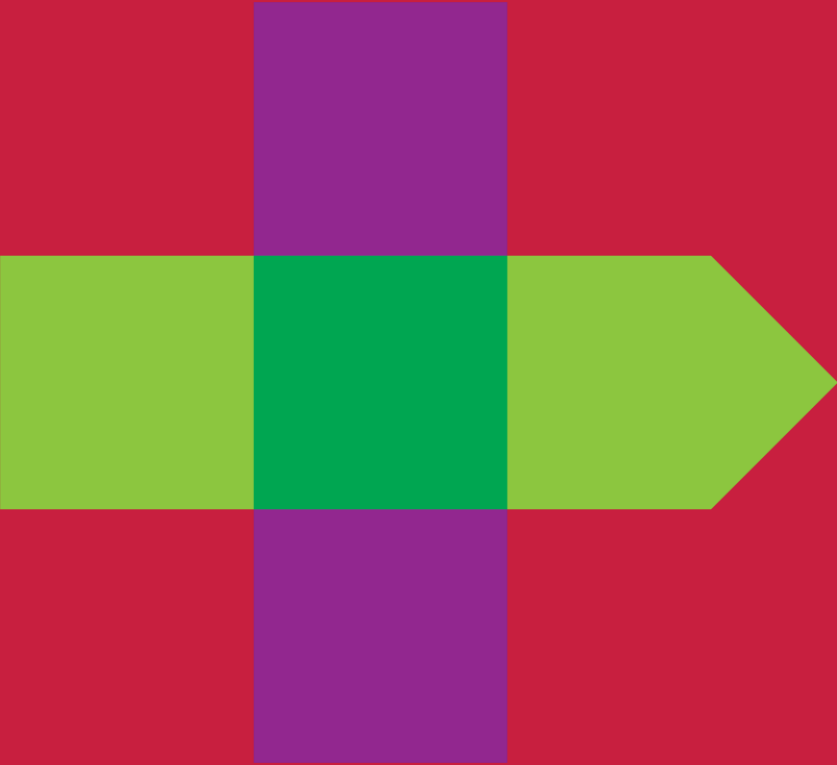
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Appendix B: Community Survey Results From Cooper University Health Care Portal

SJHC Community Survey –

FEBRUARY 3, 2025 –
MARCH 21, 2025

Top 6 Zip Codes

08053 – Burlington

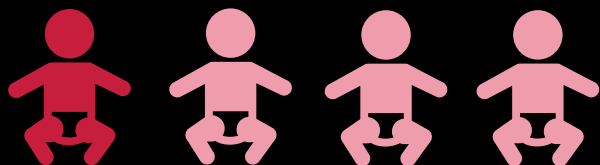
08081 – Camden

08108 - Camden

08043 - Camden

08057 - Burlington

08103 - Camden

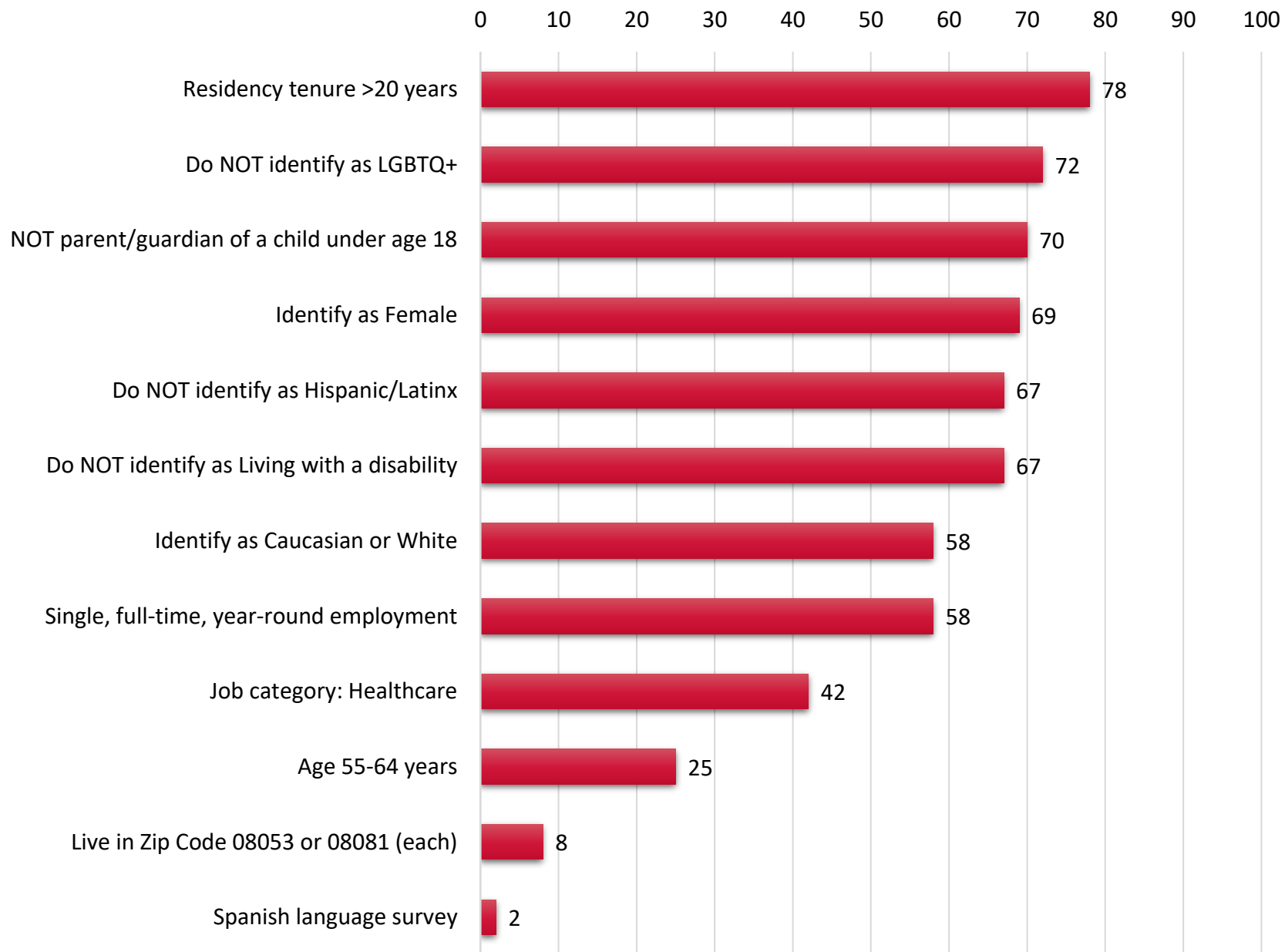


1 in 4 respondents **ARE** parent,
guardian, or primary caregiver
of a child under 18



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

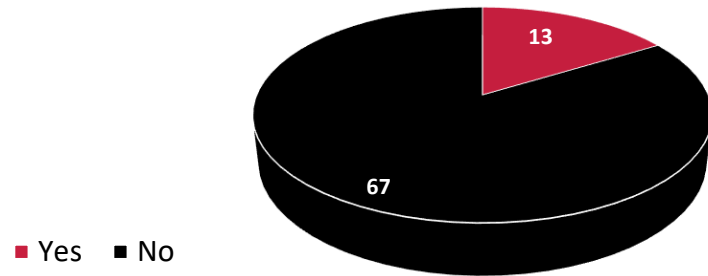
Cooper University Health Care Respondent Snapshot (n=113)



Demographic Characteristics of Respondents

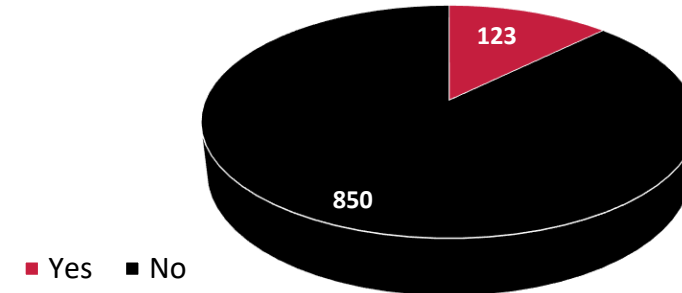
Cooper University Health Care Responses, N=113

Do you identify as Hispanic/Latinx?

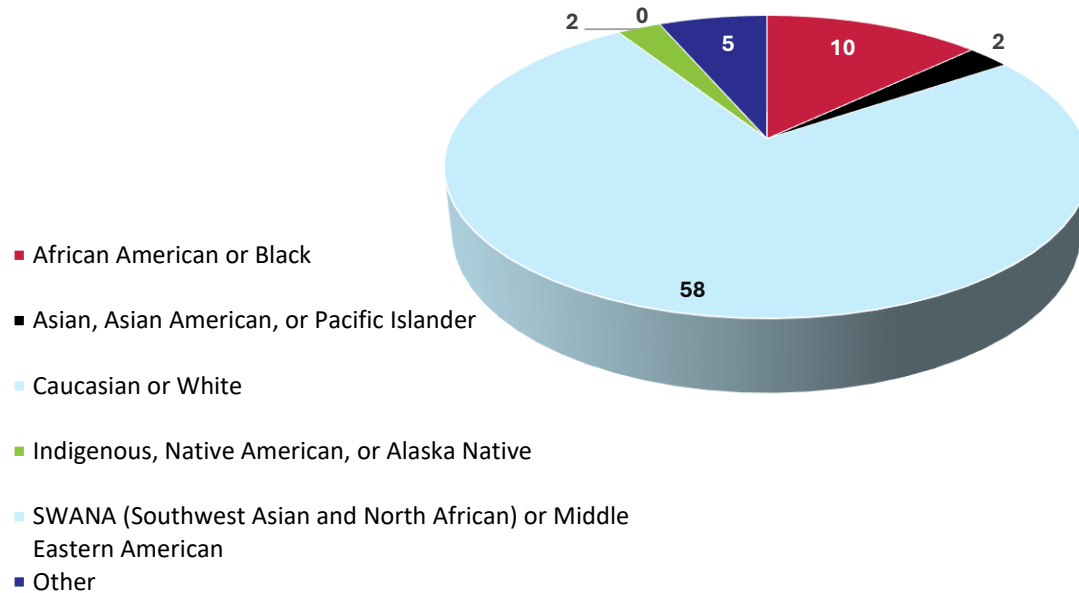


SJHC Total Responses, N=1,470

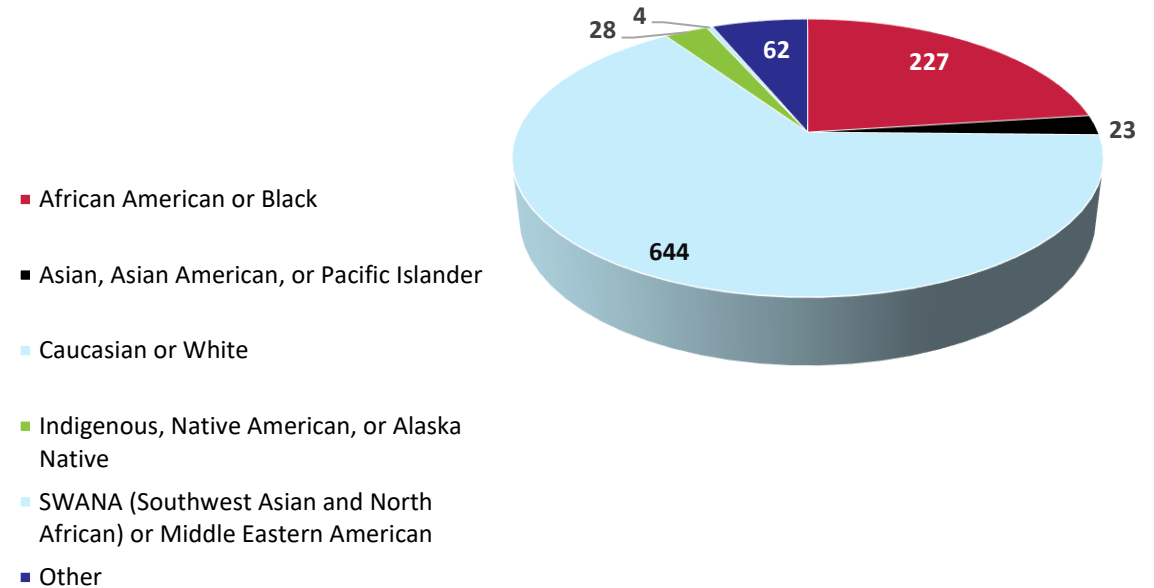
Do you identify as Hispanic/Latinx



What is your race? (check all that apply)



What is your race? (check all that apply)



Demographic Characteristics of Respondents

Cooper University Health Care Responses, N=113

SJHC Total Responses, N=1,470



12%



14%

HOW OLD ARE YOU?

HOW OLD ARE YOU?



6%



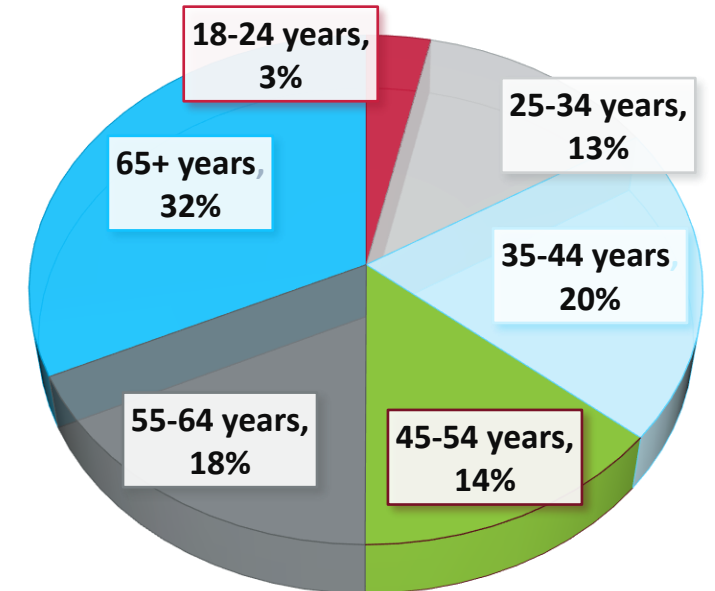
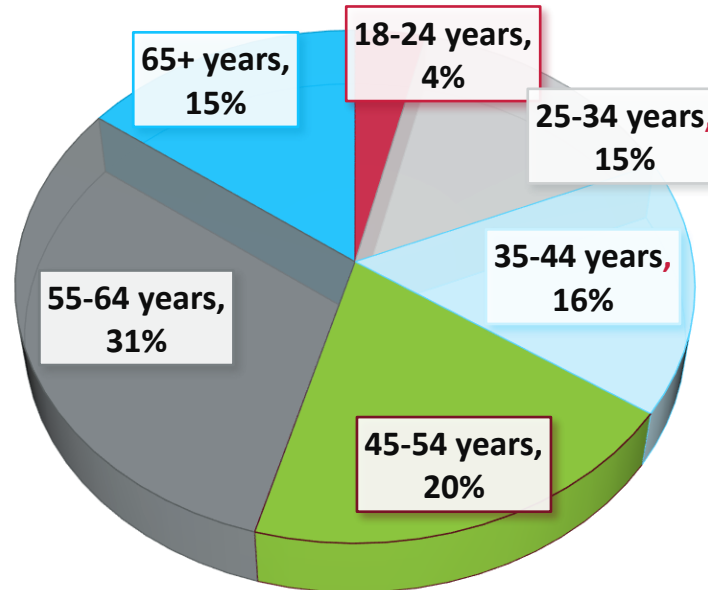
4%



23%

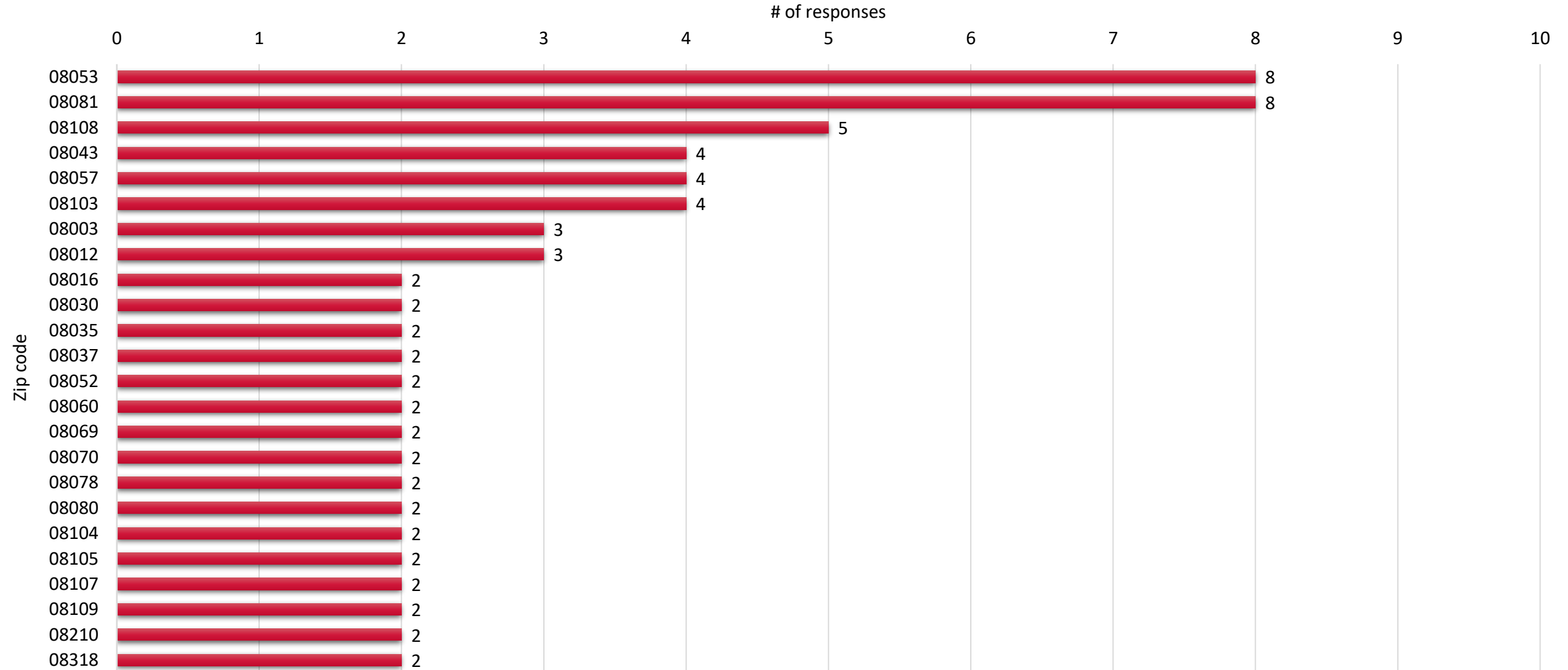


30%

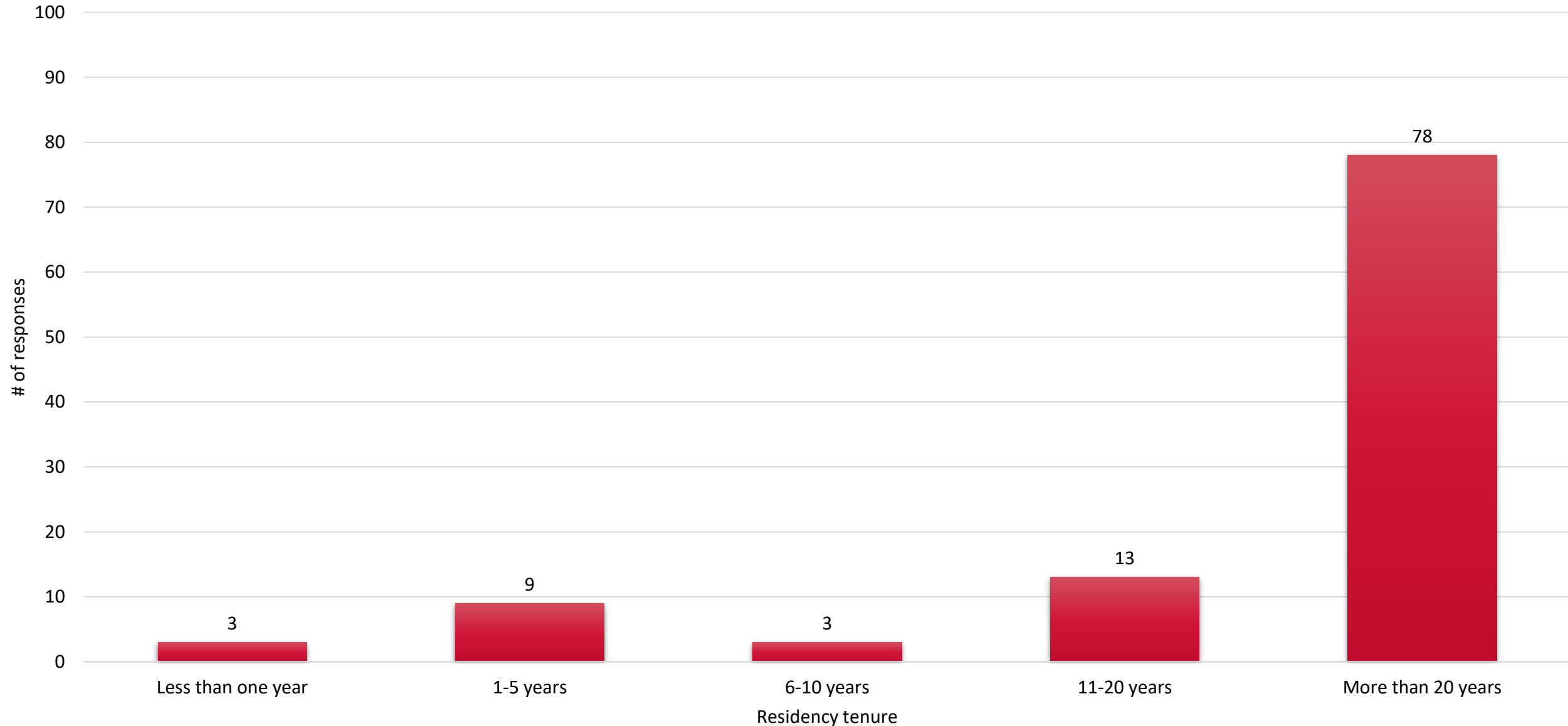


What is your zip code or town where you live? (n=113)

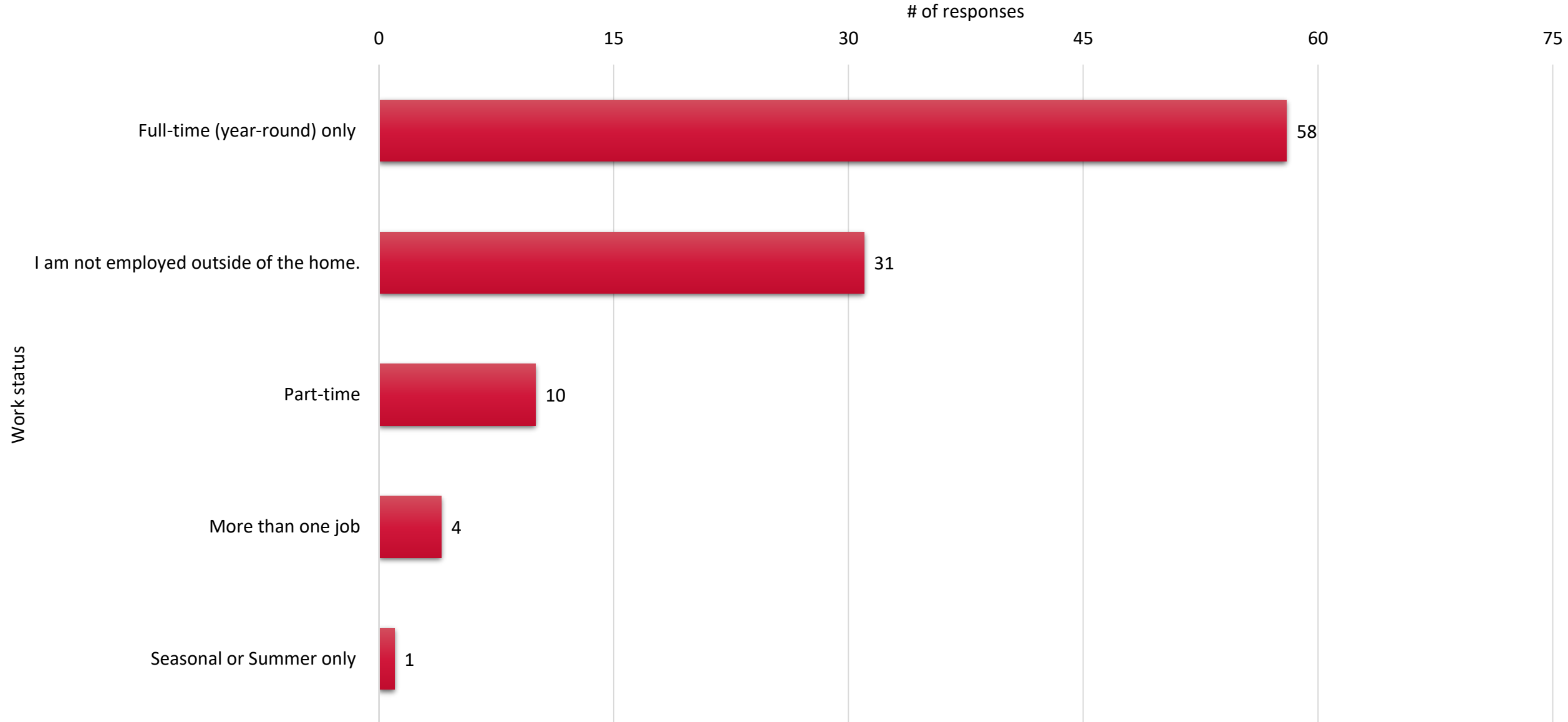
*There are an additional 36 zip codes with 1 respondent each

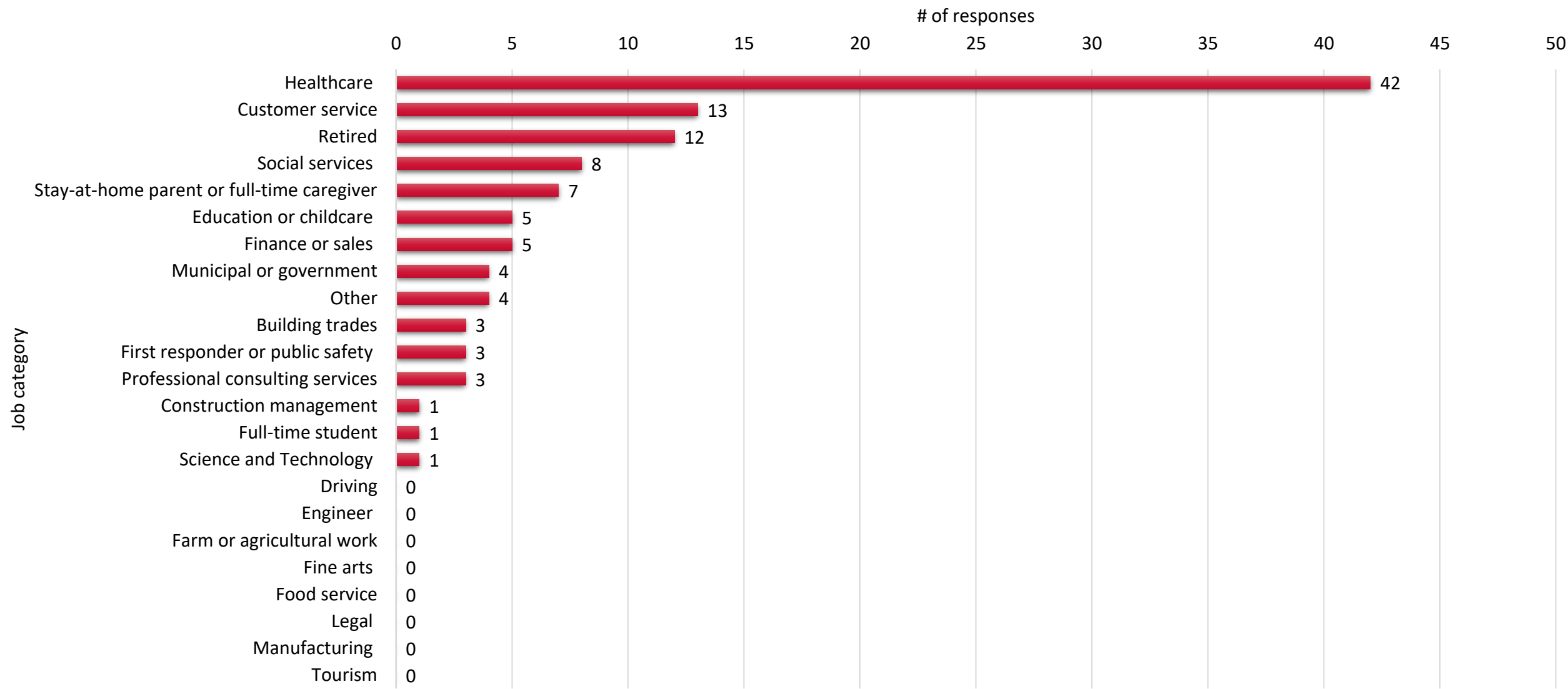


How long have you lived in South Jersey? (n=106)

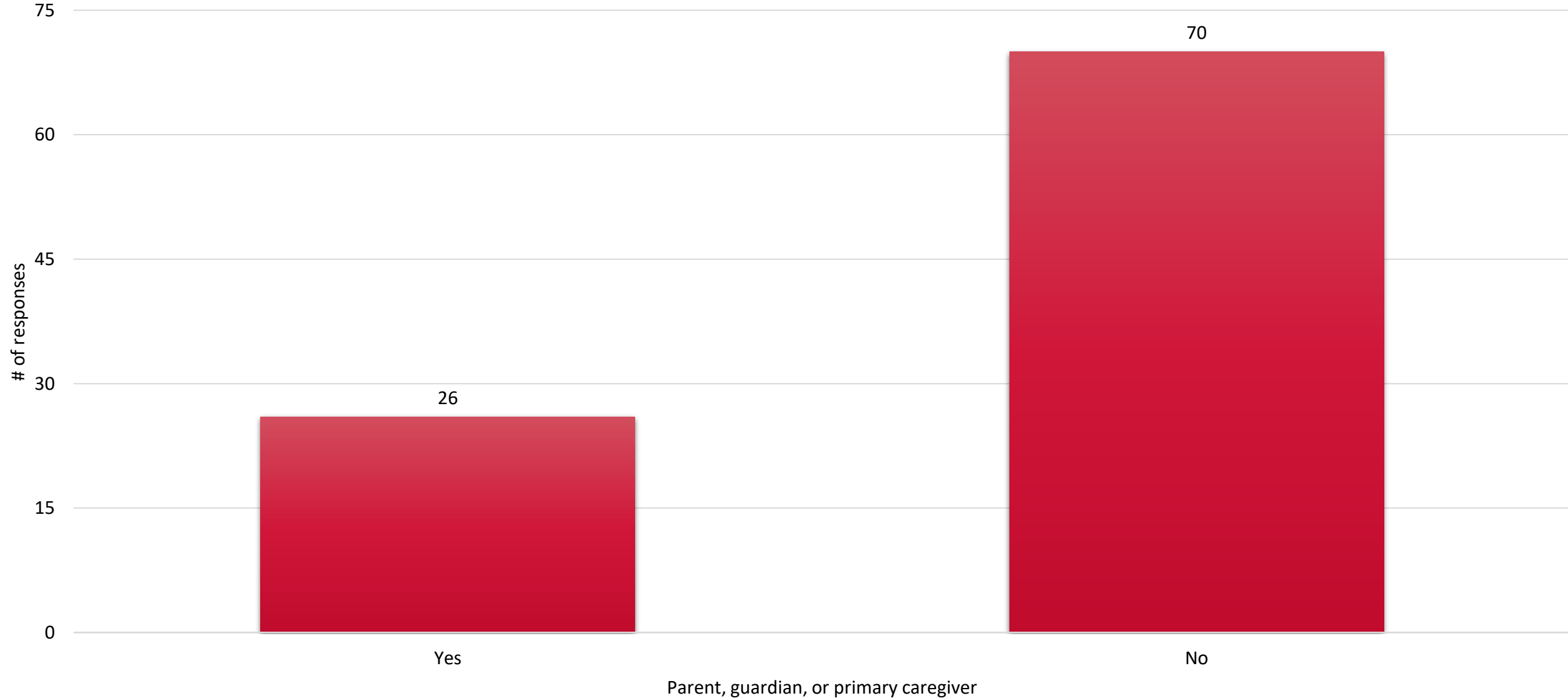


What is your work status? (n=104)





Are you the parent, guardian, or primary caregiver of one or more children under 18? (n=96)



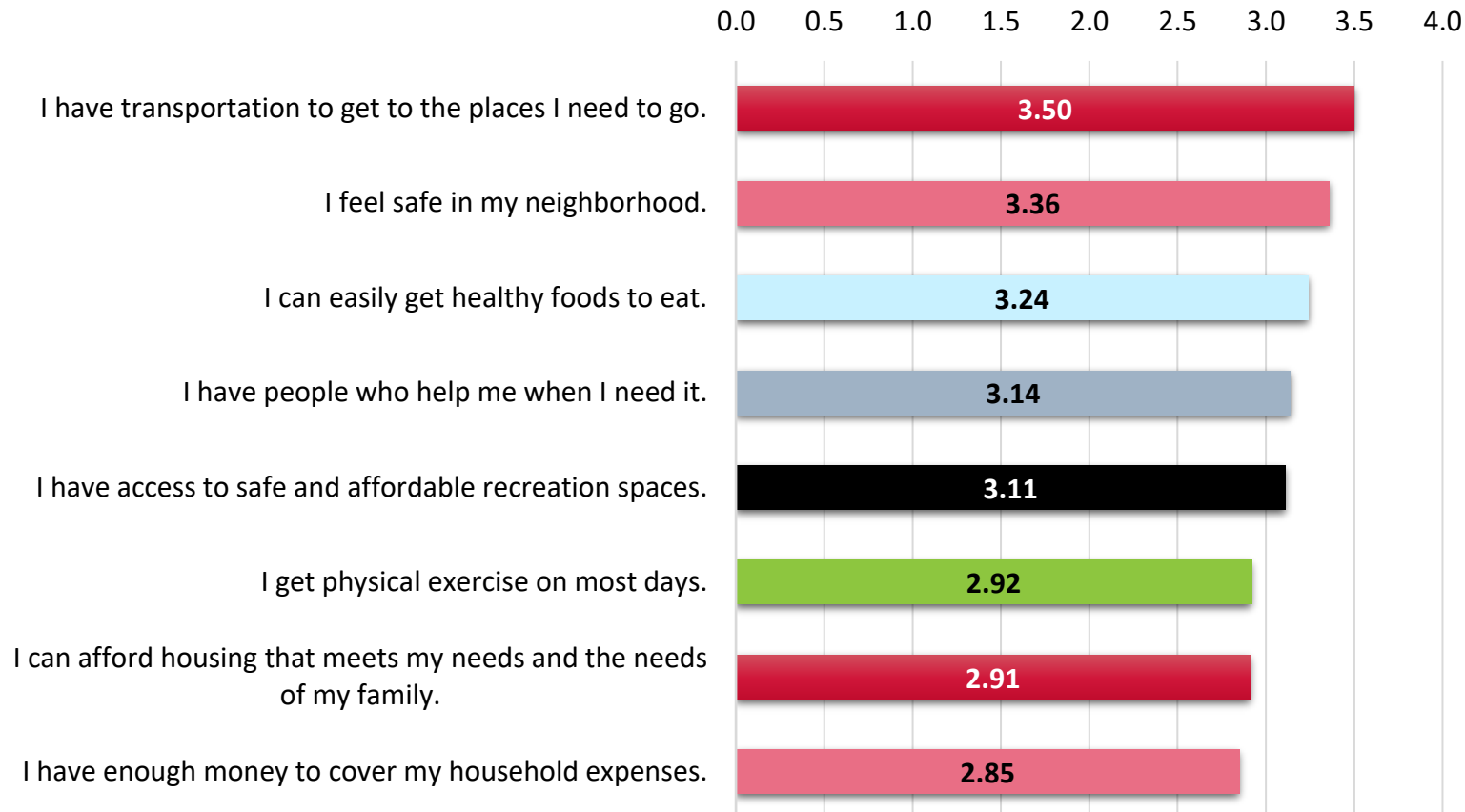
Quality of Life Measures

Cooper University Health Respondents

On a scale of 1-5, how would you rank your situation or quality of life over the past month? (n=91)

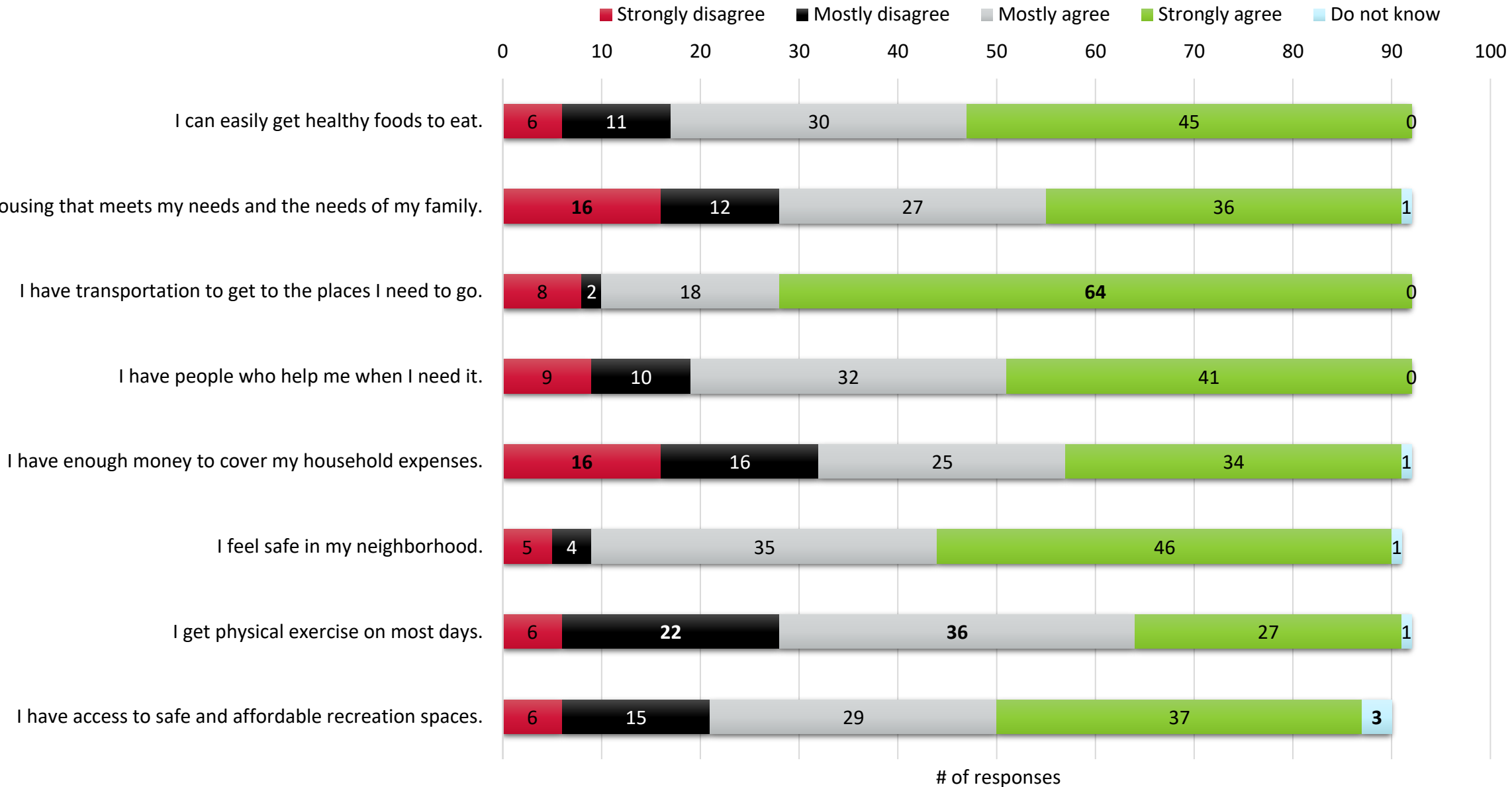
Weighted Average:
3.4 out of 5

Please tell us about your day-to-day experiences
(weighted average, 1=strongly disagree – 4=strongly agree) (n=92)

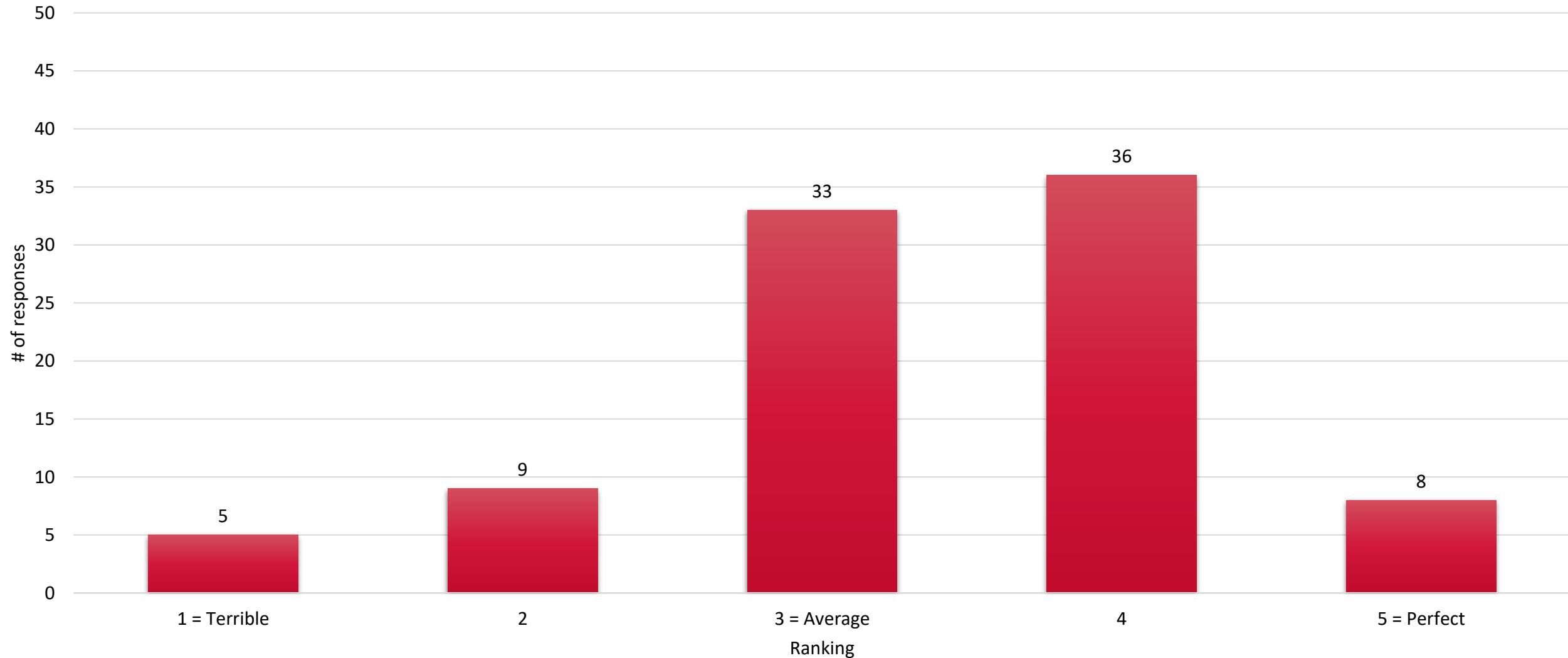


Please tell us about your day-to-day experiences (n=92)

Day-to-day experience

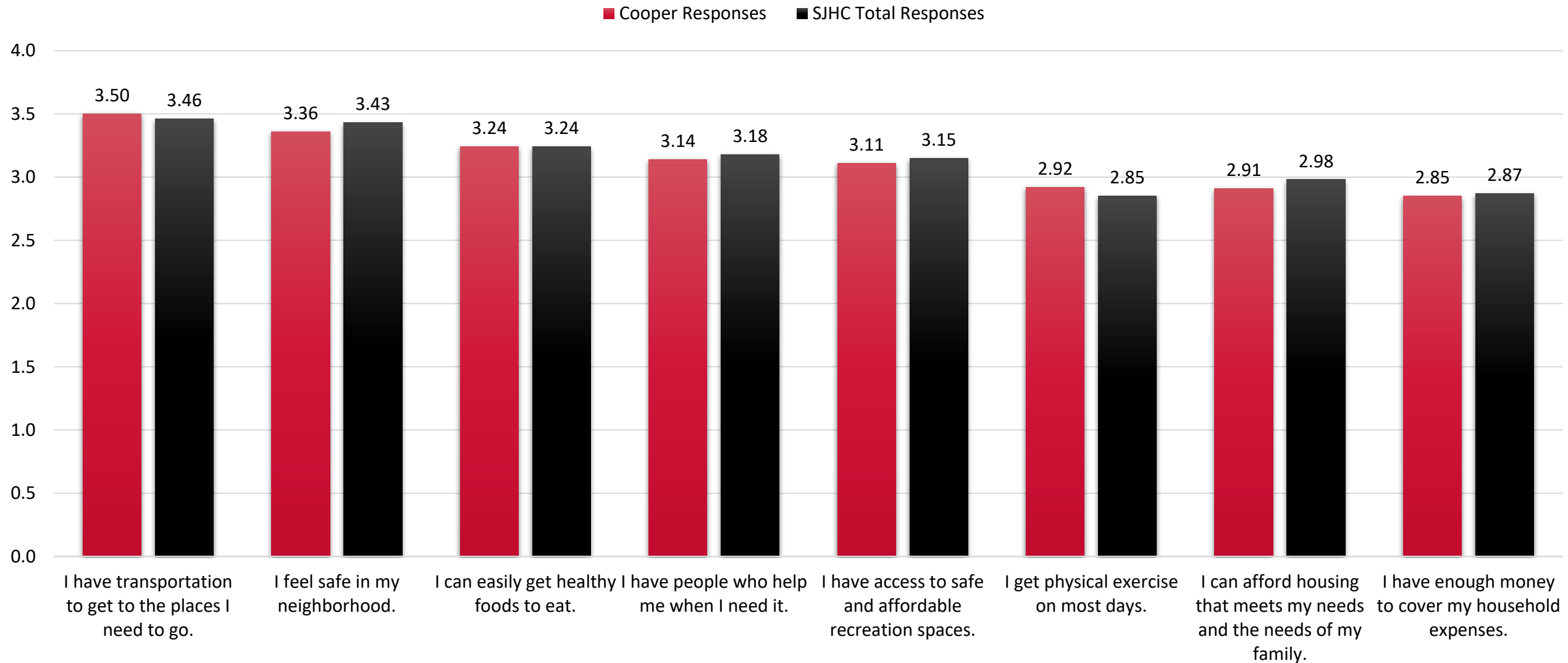


On a scale of 1-5 (5= perfect health, economic comfort, full ability to participate in community and personal social events), how would you rank your situation or quality of life over the past month? (n=91)

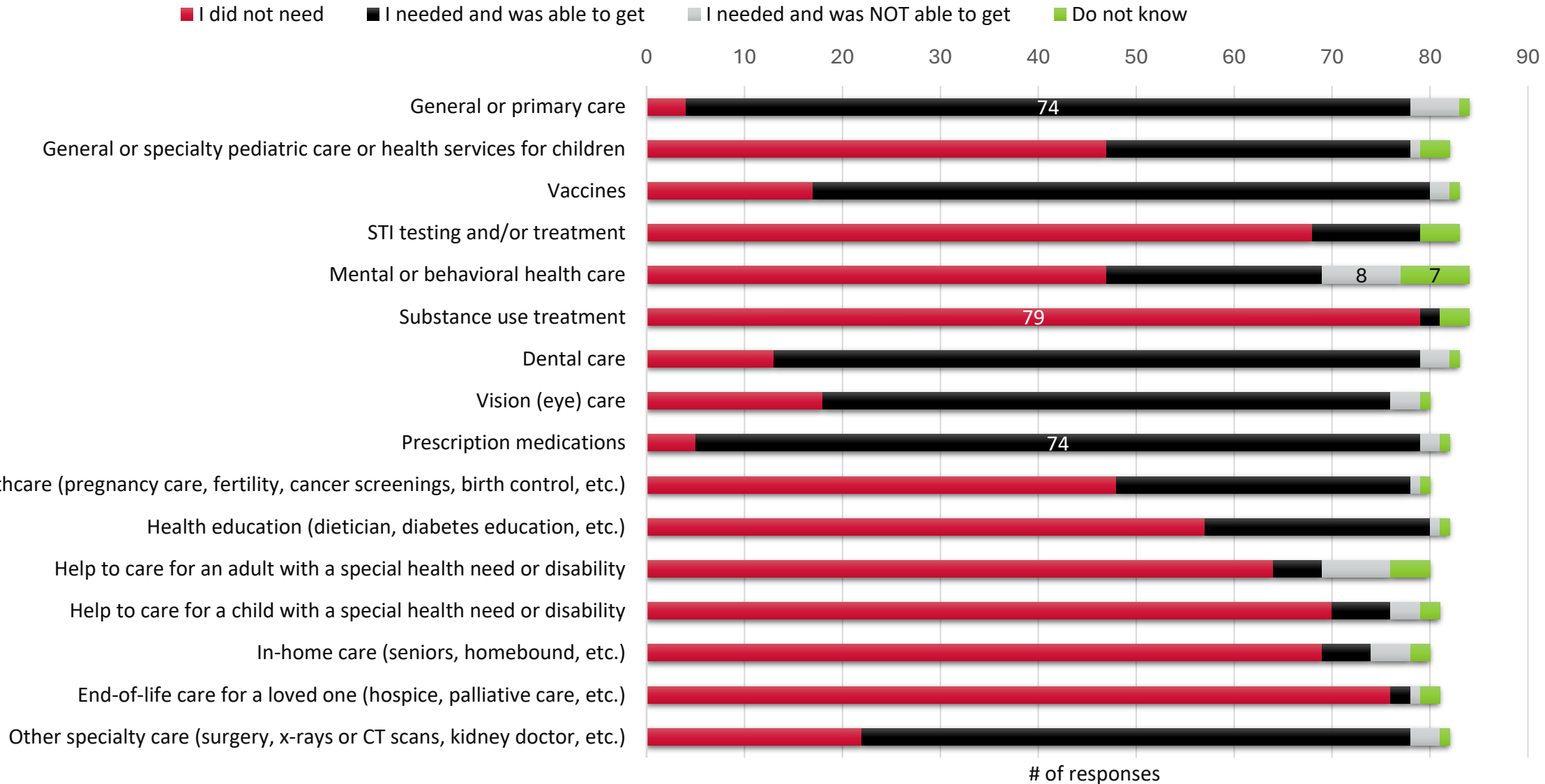


Please tell us about your day-to-day experiences

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



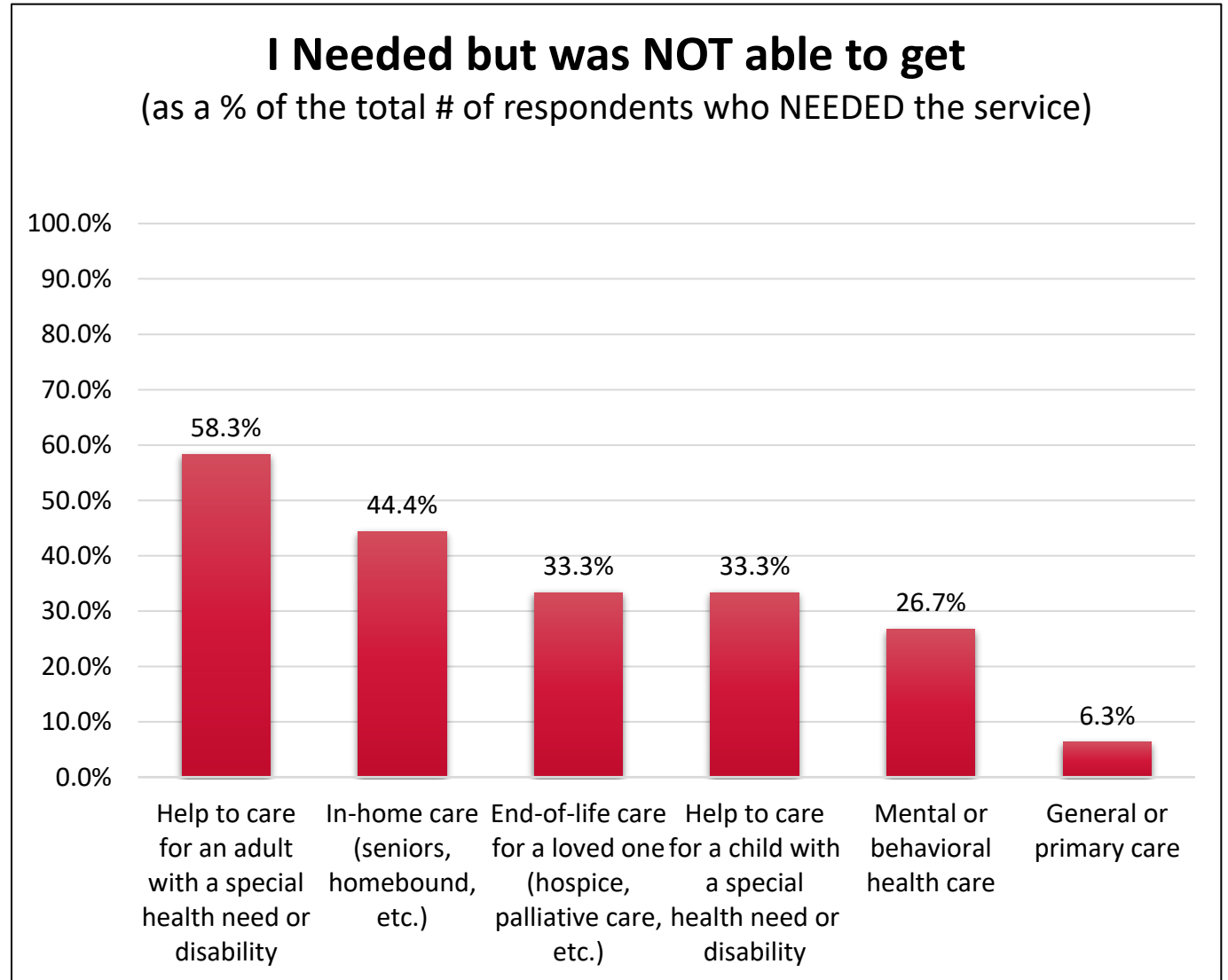
Was there a time in 2024 when you needed any of these health services or medical care? (n=84)



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 (70%)
2. Prescription medications (67%)
3. Dental care (61%)



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

Needed but Couldn't Get

Cooper Responses		SJHC Total Responses	
Help to care for an adult with a special health need or disability (58%)		In-home care for seniors or homebound (39%)	
In-home care for seniors or homebound (44%)		Help to care for an adult with a special health need or disability (35%)	
End-of-life care for a loved one (palliative care, hospice, etc.) (33%)		Mental or behavioral health care (34%)	
Help to care for a child with a special health need or disability (33%)		Help to care for a child with a special health need or disability (28%)	
Mental or behavioral health care (27%)		Health education (dietician, diabetes education, etc.) (21%)	
General or primary care (6%)		Substance use treatment (17%)	

Most common helpful tools and barriers to accessing services

(Cooper University Health Respondents, n= 84)

Most Common Barriers to Care:

1. I could not afford my share of the cost
2. The wait to receive care was too long
3. The provider did not take my health insurance
4. I could not go during the time services were available
5. It was too frustrating to receive care
6. I was not treated respectfully or was discriminated against
7. I did not know where to go for care
8. The needed service was not available in South Jersey

What is most helpful in accessing services?

Working for the health system

Online patient portals for scheduling and communication

Available transportation

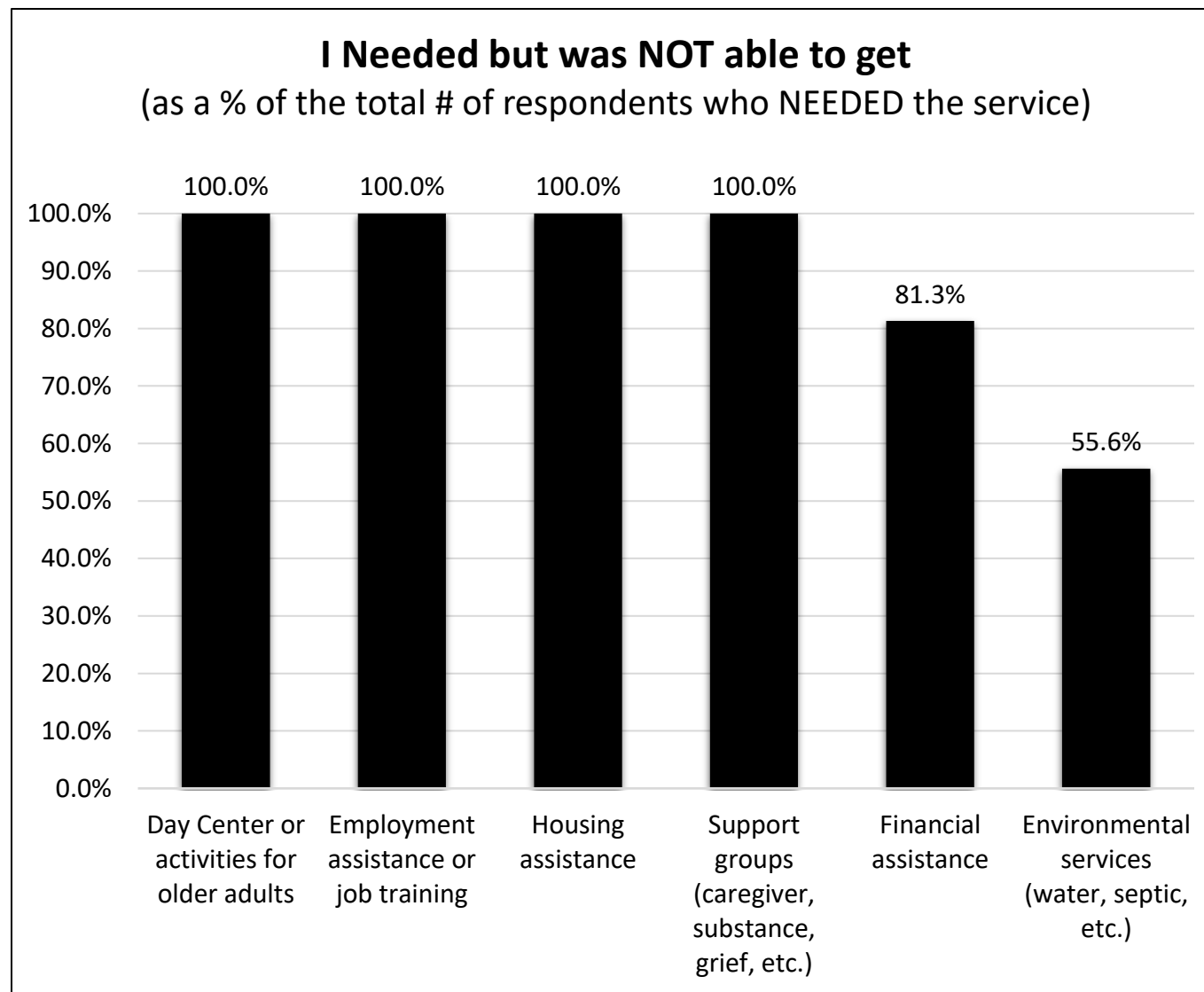
Patient navigator, 'helpful' registration staff

"Advocating for myself. And having good family support helped me during a very challenging time."

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

Most Needed Community Services:

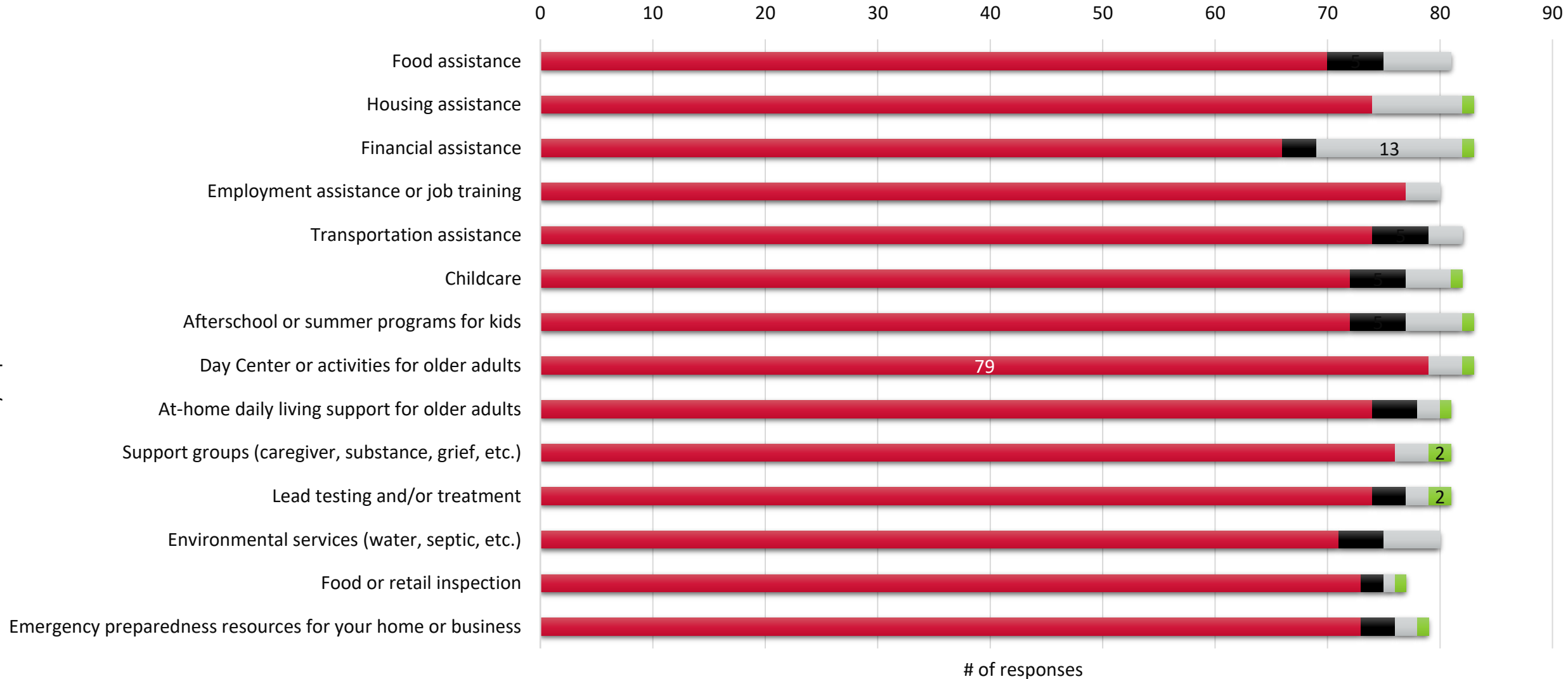
1. Financial assistance (14%)
2. Food assistance (10%)
3. Afterschool or summer programs for kids (9%)



Was there a time in 2024 when you needed any of these community or public health services? (n=83)












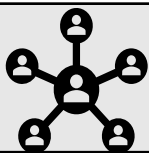
Community or public health service

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



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

Needed but Couldn't Get

Cooper Responses		SJHC Total Responses	
Day center or activities for older adults (100%)		Housing assistance (75%)	
Employment assistance or job Training (100%)		Financial assistance (73%)	
Housing assistance (100%)		Employment assistance or job Training (62%)	
Support groups (caregiver, substance, grief, etc.) (100%)		At-home daily living supports for older Adults (51%)	
Financial assistance (81%)		Day center or activities for older adults (50%)	
Environmental services (water, septic, etc.) (56%)		Support groups (caregiver, substance, grief, etc.) (50%)	

Most common helpful tools and barriers to accessing services

Most Common Barriers to Access:

1. I did not qualify for services
2. There was a waitlist for services
3. I did not want to get services
4. I could not afford my share of the cost
5. It was too frustrating to get the services I needed
6. I did not know where to go for services
7. I did not have transportation to get there
8. The needed service was not available in South Jersey

Community Survey:

What is most helpful in accessing services?

Insurance coverage for services where applicable

Online applications

"I currently have a computer sometimes. I don't live in a healthy situation. i get help to go to church from my Priest. Its soo hard to get transportation ."

Stayed the same

Better than before

Does not apply to me

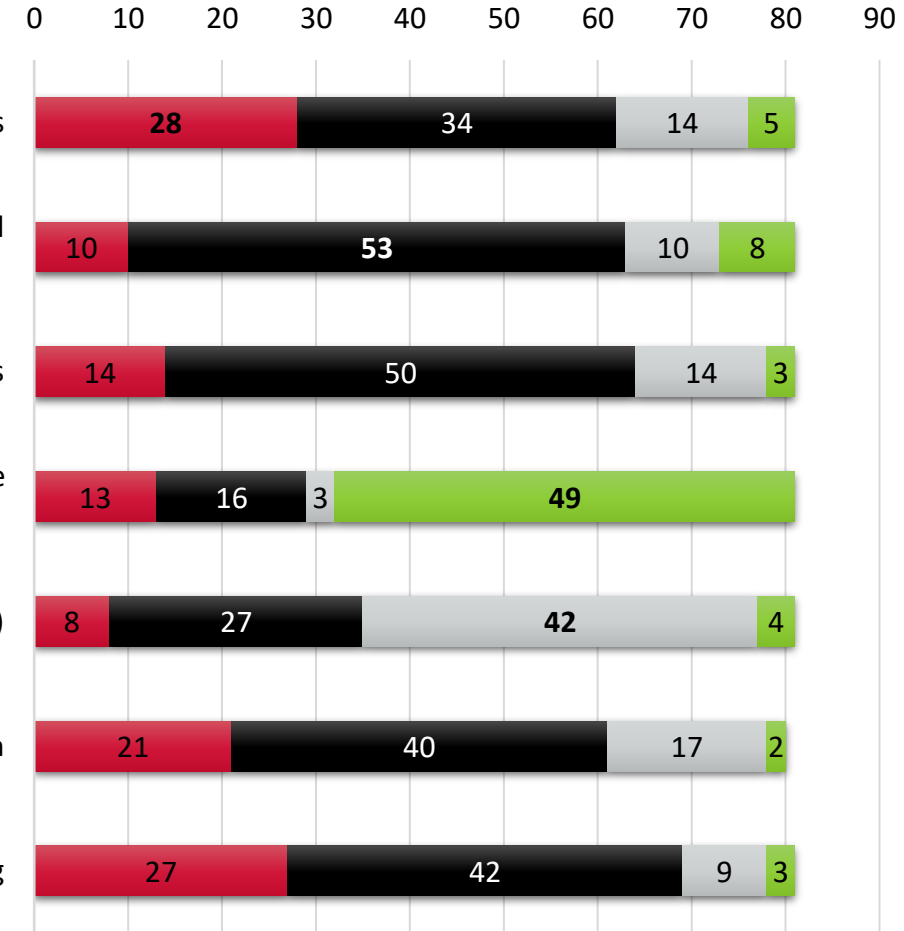
Since the COVID-19 pandemic, how have these things changed for you? (n=81)

- Your overall mental health and well-being
- Your overall physical health
- Your financial status
- Your ability to access services
- Your relationships with family, friends, and neighbors

Your comfort with virtual tools

Your experience of violence

- Your financial status
- Your ability to access services (education, medical, social services, etc.)
- Your relationships with family, friends, neighbors
- Your experience of violence (at home, in the community, in the local media)
- Your comfort with virtual tools (telehealth, Zoom, social media)
- Your overall physical health
- Your overall mental health and well-being

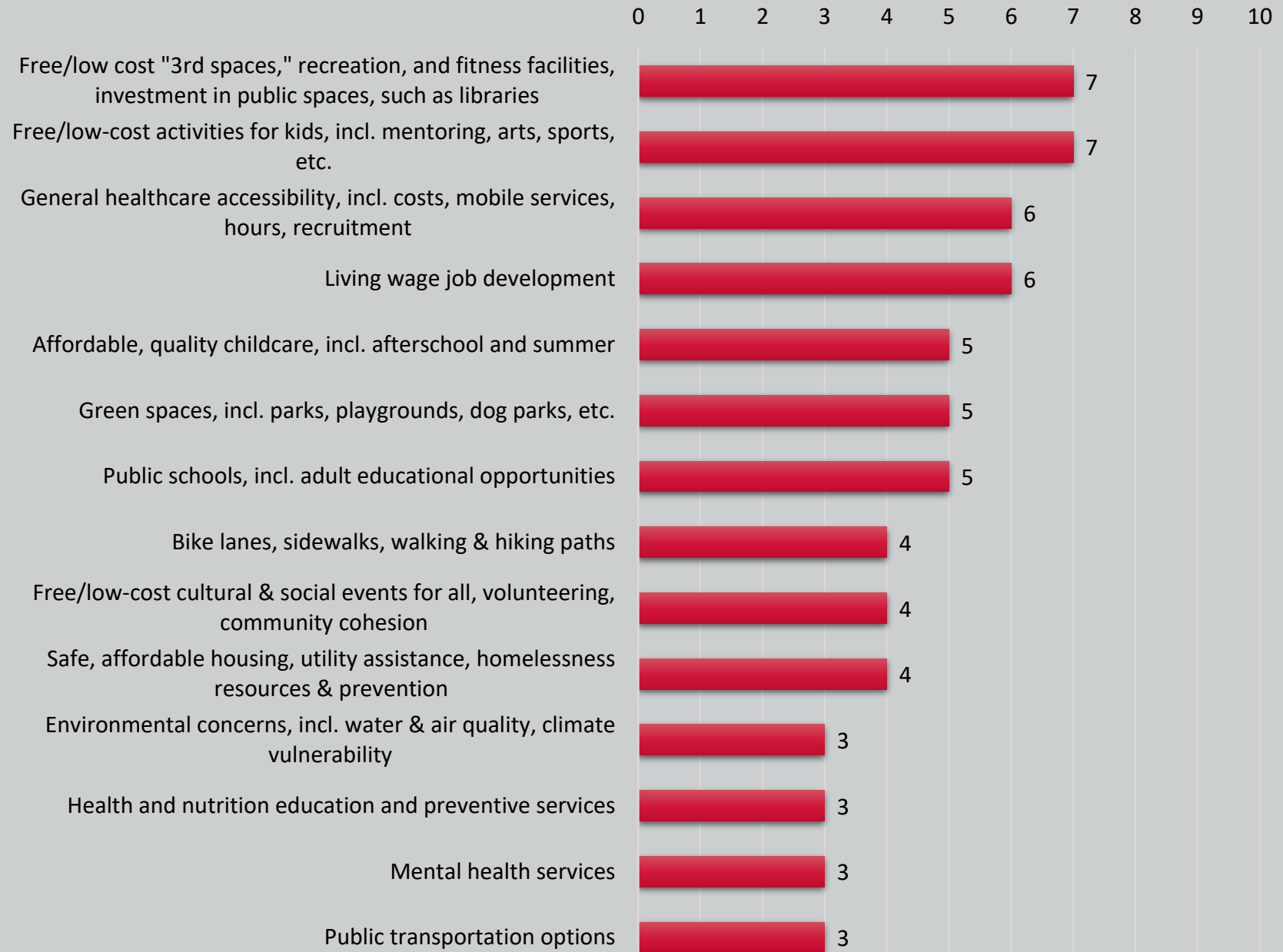


■ Worse ■ Same ■ Better ■ Does not apply

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

(Cooper University Health Respondents n=45)

(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.)?



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

(Cooper University Health Respondents n=45)

During the time when my husband had cancer, my income was the only one so I am so backed up because of loans I took out and my electric bill. But I didn't qualify for help because income to them is too high \$80/k

City water and sewer in rural areas would help water quality for families and remove high costs for Septic and well maintenance and repairs. Improve cellular service in our areas so when people have an emergency they have cell service to call for help. Energy efficiency programs for like insulation and weathering to help people that can't afford it to lower their bills. Recreational building for free or low cost swimming, gym and fitness

Improve primary care by increasing access to family physicians

Insurance should cover more . Less denials

I think the most vulnerable should be prioritized. Depending on the greatest need in any given county, resources should be invested there. Affordable, safe, accessible, and quality housing is a big need.

Improved public transportation options around South Jersey and to Philadelphia and Central/North Jersey. Also improved roads. It seems as if the same roads get repaved year after year and others remain full of potholes.

More communication surrounding where CUHC specialties are located

More after school programs for children. More health fairs. We need a radiology center, an urgent care center and more specialists in healthcare in Salem County, most people have to go to Woodbury, Camden County or Vineland for those doctors.

More green spaces - improve / increase parks. Expand childcare services, including summer programs, before/after care & public preschool. We also need more community centers / community events. LOVE the events in Washington township such as community night out, cops & bobbers, movies in the park etc

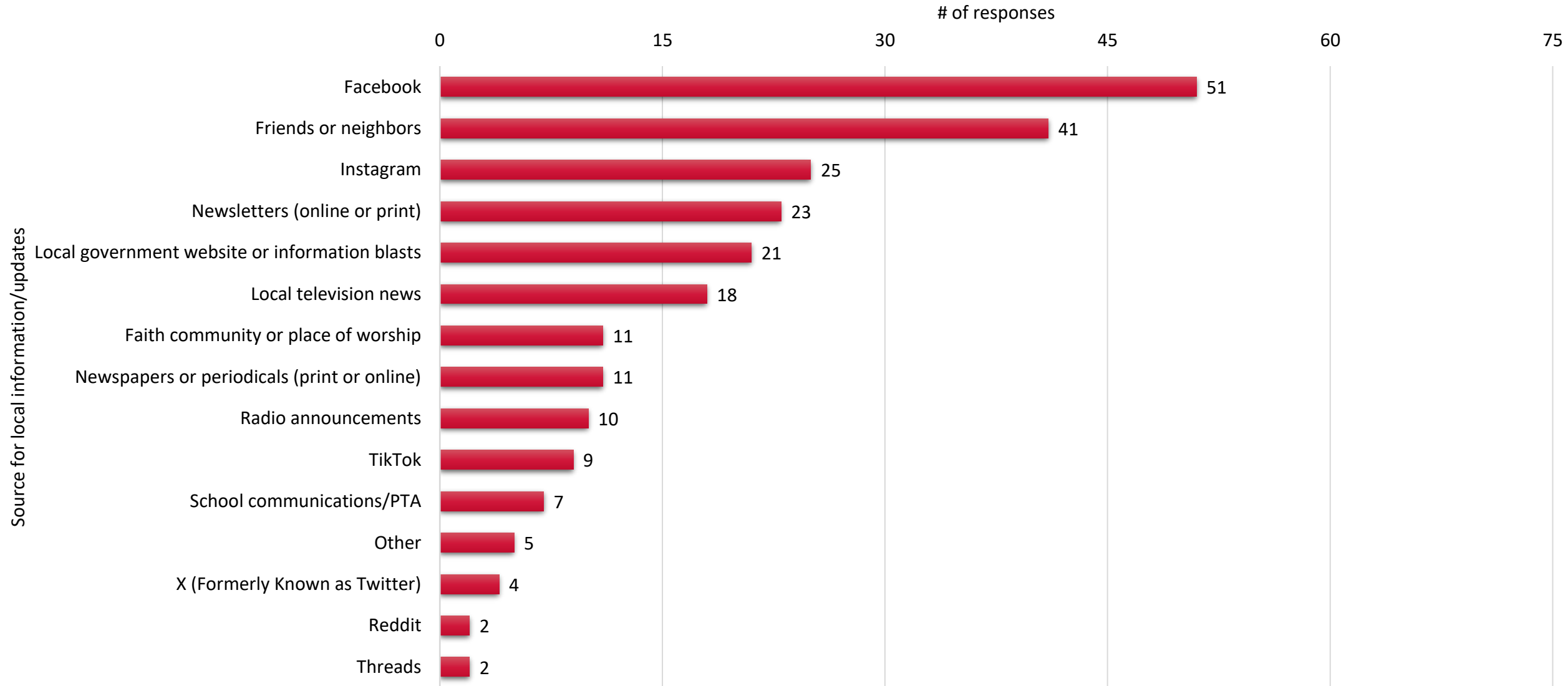
Wellness and affordable recreational activities that are kid friendly, outdoor social places like cafes, food trucks, playgrounds.

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

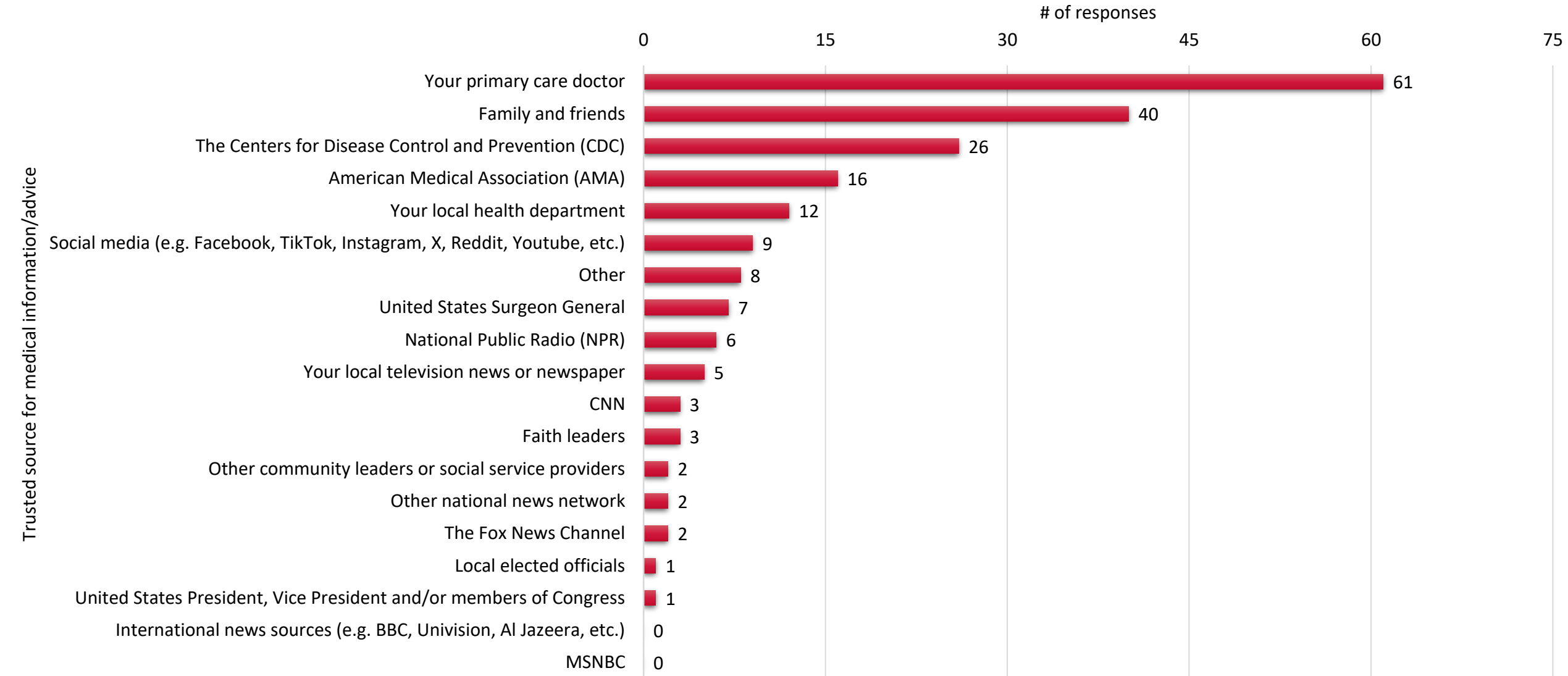


COOPER RESPONSES	SJHC TOTAL RESPONSES
Free/low cost "3rd spaces," recreation, and fitness facilities, investment in public spaces, such as libraries	Public transportation options
Free/low-cost activities for kids/teens, incl. mentoring, sports, arts, etc.	Free/low-cost cultural & social events for all, volunteering, community cohesion
General healthcare accessibility, incl. costs, mobile services, hours, recruitment	Living-wage job development
Living-wage job development	Public schools, incl. adult educational opportunities
Affordable, quality childcare, incl. afterschool and summer	Green spaces, incl. playgrounds, parks, dog parks, etc.
Green spaces, incl. playgrounds, parks, dog parks, etc.	Free/low-cost activities for kids/teens, incl. mentoring, sports, arts, etc.
Public schools, incl. adult educational opportunities	Bike lanes, sidewalks, walking & hiking paths

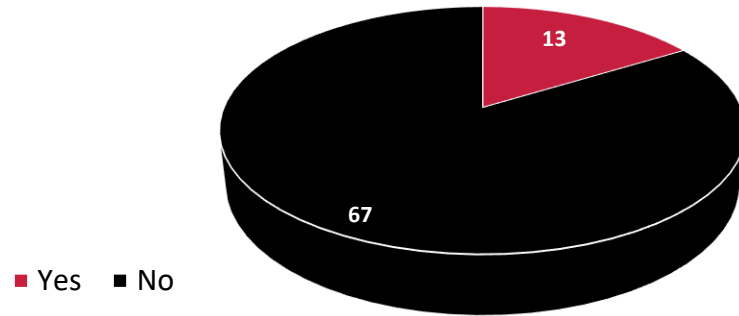
Where do you look to find information about local activities, news, events, and other local updates (check all that apply)? (n=79)



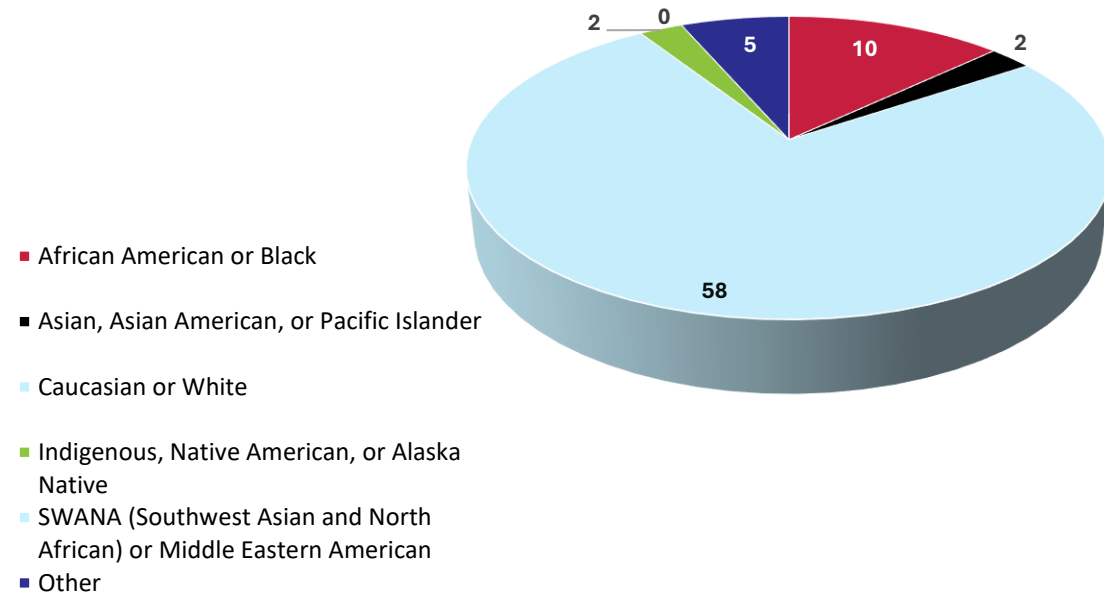
Which are your most trusted sources for information and advice regarding your personal health choices and healthcare in general? (check all that apply) (n=79)



Do you identify as Hispanic/Latinx?



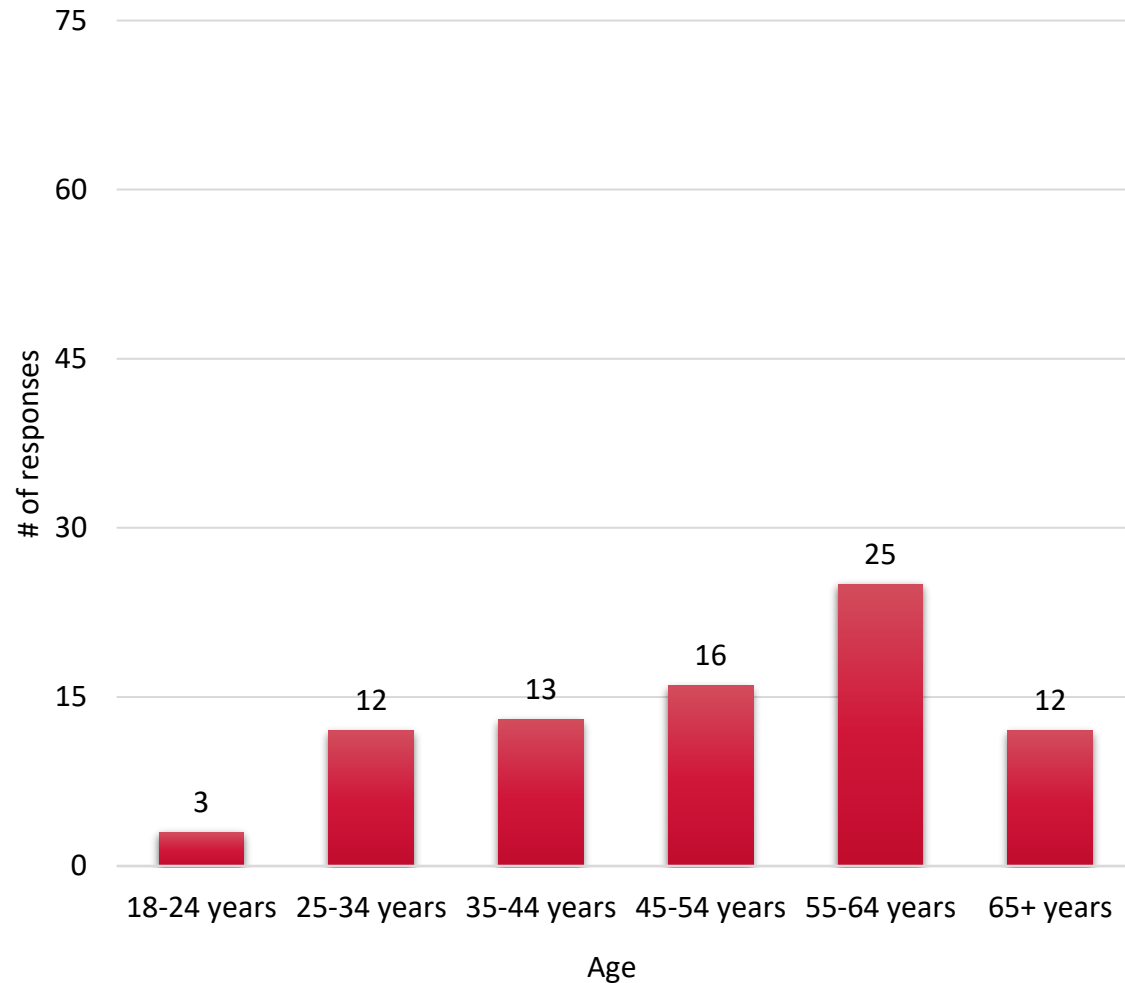
What is your race? (check all that apply)



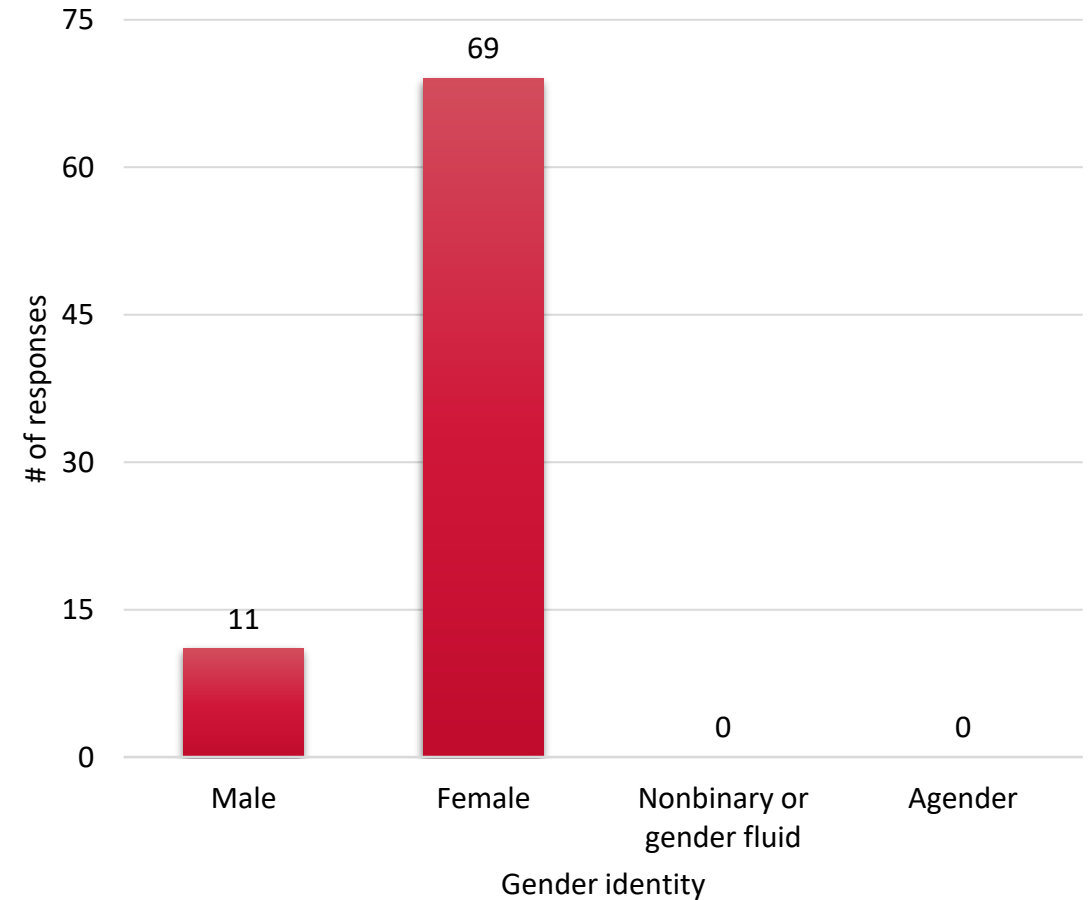
Does your family identify with any other specific cultural or global identities or traditions (such as Haitian, Italian, Korean, Jewish, etc.)? If so, please share. (n=21)

Identity or Tradition	# of responses	Identity or Tradition	# of responses
None/NA	10	European (general)	1
Christian (Catholic, Orthodox, and Protestant traditions)	3	German	1
Jewish	3	Irish	1
Italian	2	Nigerian	1
Black / African American (general)	1	Polish	1
Chinese	1	Puerto Rican	1
Dutch	1	Vietnamese	1
English / Scottish	1		

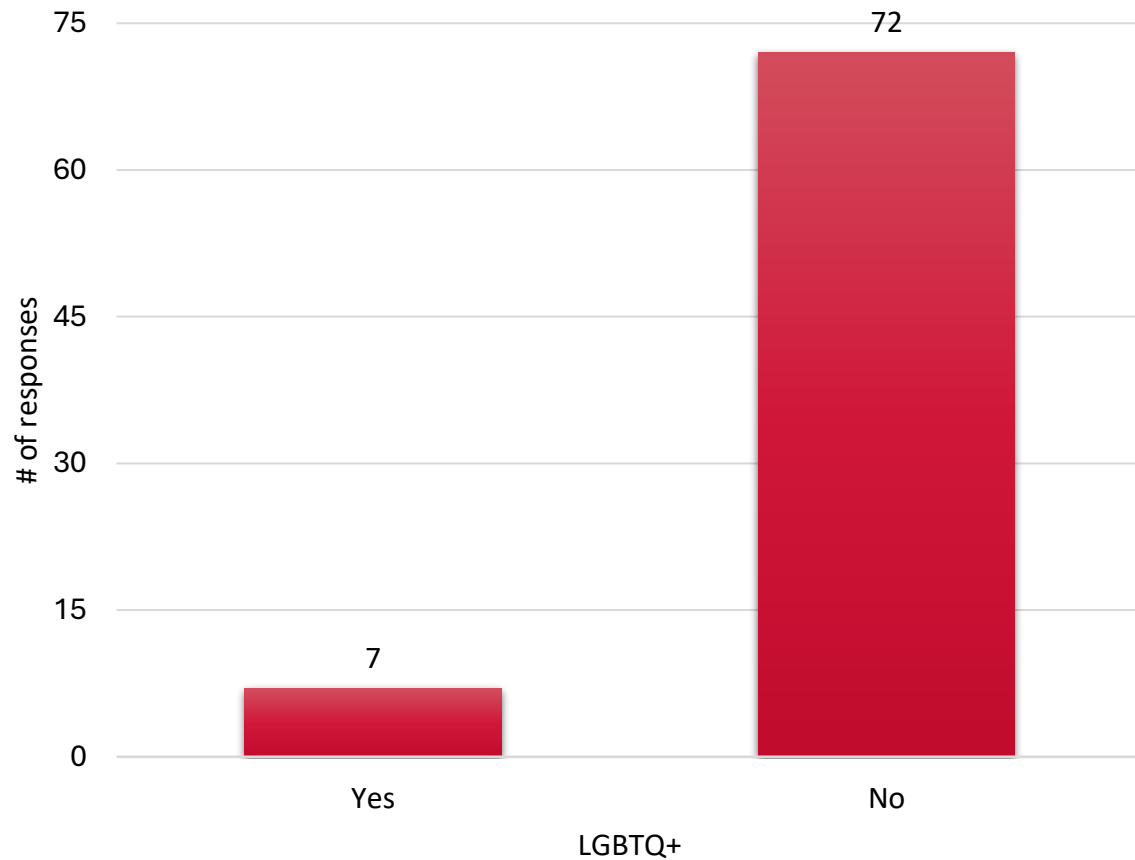
How old are you? (n=81)



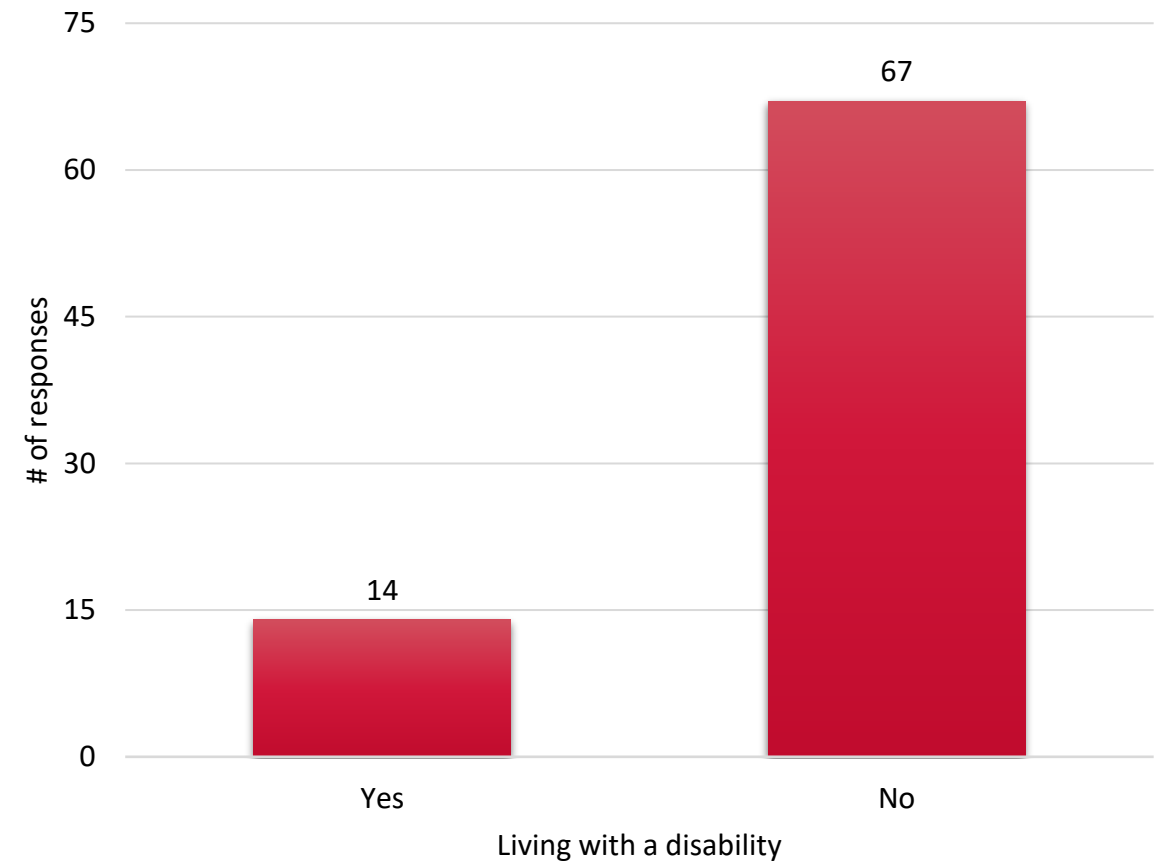
How do you identify your gender today? (check all that apply) (n=80)



Do you identify as a member of the LGBTQ+ community? (n=79)



Do you identify as a person living with a disability? (n=81)



South Jersey Health
Collaborative
2025 Community Health
Needs Assessment

Our Research Partner



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

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
- Project Management
- 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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