

2025 Shore Medical Center

Community Needs Assessment



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ABOUT SHORE MEDICAL CENTER

Shore Medical Center is a 196-bed, non-profit acute-care hospital located in Somers Point, New Jersey, approximately ten miles south of Atlantic City. Founded in 1928 and chartered in 1940, Shore Medical Center serves the healthcare needs of year-round and summer residents of Atlantic and Cape May counties, as well as visitors from all over the country.

Shore Medical Center has a strong commitment to providing the highest quality care in the region and has made significant investments to enhance quality and safety. Shore Medical Center has invested in engaging key specialists to be available 24/7, 365 days a year in areas such as:

- Hospitalists/Intensivists
- Pediatric Hospitalists
- Anesthesia
- Laborists
- Neonatology
- ICU

Centers of Excellence at Shore Medical Center include cancer, cardiovascular, neurological, emergency, spine and orthopedics, and maternal care.

Shore Medical Center's Surgical Pavilion

Shore Medical Center's state-of-the-art Surgical Pavilion is recognized as the most advanced in the region. The 135,000 square foot surgical pavilion features eleven modern operating and recovery rooms and other support space along with the latest technology (including robotics). More than 5,000 surgeries are performed at Shore Medical Center each year. The Pavilion features a 400-square-foot, state-of-the-art cardiac catheterization suite staffed by University of Pennsylvania interventional cardiologists.

Affiliations

Shore Physicians Group

Shore Medical Center is aligned with Shore Physicians Group (SPG), a multi-specialty physician group that is committed to changing the way people are cared for in the community. This group features specialists in the fields of endocrinology, neurology, non-operative sports medicine, primary care, and rheumatology. The Surgical Division, which is a Penn Surgical affiliate, offers general surgery, endovascular surgery, vascular surgery, plastic and reconstructive surgery, neurosurgery, and urology. SPG also cares for its community through its orthopedic division in Somers Point and its urgent care center in Northfield.

Shore Quality Partners

Shore Quality Partners (SQP) is aimed at achieving clinical integration through the collaboration of independent physicians, employed physicians and Shore Medical Center. SQP allows community physicians to remain independent while forming a cooperative model that responds to local and national healthcare reform and competitive pressures, while addressing and prioritizing community healthcare needs. SQP is designed to help its participants improve patient care through quality and cost improvements.

Penn Medicine

The medical center's long-standing affiliation with Penn Medicine continues to be a valuable partnership, providing patients with access to advanced treatment in multiple disciplines, including cancer care, maternal-fetal medicine, cardiac care, and pulmonology.

- In December 2019, Shore Cancer Center became a member of the Penn Cancer Network. As part of this network, clinicians at the Shore Cancer Center have expanded access to advanced expertise and a variety of resources.
- The Penn maternal-fetal medicine program at Shore Medical Center provides extra care to mothers-to-be and their children. Women facing high-risk pregnancies can be treated for a variety of conditions, including heart disease, placental problems, diabetes, multiple gestation pregnancy and later-age pregnancy.
- Through a cardiology affiliation with Penn Medicine, Shore Medical Center offers patients with cardiovascular disease the highest levels of medical expertise and care, as well as access to Penn's leading interventional cardiologists.
- In 2020, Penn Pulmonology opened its Somers Point office in the Shore Medical Office Building where it offers interventional pulmonology capabilities.
- In 2021, Shore Medical Center became a member of the Penn Neuroscience Network. The Shore Neuroscience Center's extraordinary high-tech diagnosis and treatment options, which are enhanced through the advanced technology found within the Shore surgical pavilion, are delivered with the caring touch expected from the medical center. As a member of the Penn Neuroscience Network, specialists from the Shore Neurosciences Center and the Penn Neuroscience Network collaborate using a multi-disciplinary approach to evaluation, diagnosis and treatment. Highly complex cases can be referred with accuracy and speed, aided by a seamless exchange of information.

Mayo Medical Laboratories

Shore Medical Center continues to utilize Mayo Medical Laboratories as its primary reference laboratory, a relationship established in 2014 that gives the medical center access to Mayo

Clinic's extensive menu of laboratory tests and clinical expertise, while enhancing the efficiency and affordability of advanced laboratory testing.

Additional Clinical Partnerships

- Advanced Radiology Solutions for diagnostic imaging services.
- Envision Healthcare to provide 24/7 anesthesiologist coverage.
- Onsite Neonatal Partners provides neonatologists in the hospital. Onsite physicians also provide staffing for Shore's Pediatric Care Center.
- Advantage Women's Health for its laborist program.

Shore School of Radiologic Technology

The Shore Medical Center School of Radiologic Technology is a full-time, 21-month certificate program in Radiologic Technology. The program is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT) and the New Jersey Department of Environmental Protection (NJDEP), Bureau of X-ray Compliance.

Philadelphia College of Osteopathic Medicine

Shore Medical Center serves as a core clinical campus for the Philadelphia College of Osteopathic Medicine (PCOM). This designation reflects a collaborative partnership in which Shore provides a hands-on learning environment for 3rd year PCOM students. Over the course of their one-year program, students rotate through multiple specialties under the guidance of Shore's expert physicians, gaining practical experience and exposure to a wide range of patient care scenarios. This partnership supports the education of future physicians and strengthens Shore's commitment to advancing medical training for the next generation of compassionate, skilled healthcare providers.

Caring for the Community

The medical center's wellness program has been an integral part of the community, offering health education and screenings for more than 20 years.

Shore Medical Center's Center for Family Caregivers is a free resource for people who were suddenly in the position of caring for a loved one at home. The Center is housed next to the lobby of Shore Medical Center, but is open to the entire community. The Center hosts monthly support groups, including one specifically for caregivers of patients with Alzheimer's and Dementia.

Shore Medical Center is also the lead agency for the New Jersey Cancer Education and Early Detection (NJCEED) program and the Office of Cancer Control and Prevention (OCCP) grant in

Atlantic and Cape May County. The NJCEED program provides cancer-screening services for the underserved populations at convenient locations within the community while the OCCP grant provides funding for the Cape Atlantic Coalition for Health which focuses on cancer community outreach, policy system environmental projects, and survivorship workshops.

EXECUTIVE SUMMARY

Shore Medical Center completes a Community Needs Assessment every three years. This is to ensure that Shore Medical Center's outreach efforts and initiatives truly reflect the changing health needs of the community it serves and to fulfill the annual Affordable Care Act requirement.

Although access to quality, affordable healthcare plays a significant role in the health and wellbeing of members of our community, their health is also affected by other social determinants. Understanding these factors, such as economics, education, race, and age, can also lead to reductions in health disparities and improvements in health indicators. These indicators can be used to describe the overall health of a population and determine community needs and addressing those issues.

Shore Medical Center's 2025 Community Needs Assessment process included updating relevant statistics, updating COVID-19 discussions due to significant changes, and adding topics of interest such as food insecurity. In addition, new community information was added including Atlantic County and Cape May County CHIP (Community Health Improvement Plan), key informant interviews and a focus group project. All statistical information was gathered from quality data sources.

Detailed information can be found throughout the document with concentrations on demographics of Atlantic and Cape May counties; disease burden such as incidence and mortality rates of heart disease, cancer and other chronic diseases; health risk factors such as obesity, smoking rates and opioids; new information such food insecurity and STDs; and community input information.

Shore Medical Center identified the following health-related issues as our priority community health needs and will address them in our implementation strategies:

- Obesity
- Tobacco
- Cancer and Cancer Screening
- Behavioral Health and Substance Abuse (including opioids)
- Poverty (including education and access)
- Food Insecurity
- Primary Care Physician Access

Through the Implementation Strategy Plan, Shore Medical Center looks to impact the following:

- Chronic disease reduction
- Improved access to care (including behavioral health)
- Increased access to addiction treatment
- Improvement to healthy lifestyles
- Connection to financial resources

More details regarding Shore Medical Center's Implementation Strategies may be accessed at www.shoremedicalcenter.org.

Purpose of the Assessment

This community needs assessment was conducted in order to ensure that the Shore Medical Center's outreach efforts truly reflect the changing health needs of the community that it serves. It is a requirement of the Affordable Care Act.

Definition of Community

A "community" can take on many meanings. For the purpose of this needs assessment, our community is defined as Atlantic and Cape May County as most data is available by county. It is recognized that our most common municipalities are within a circle around the health system.

A report was pulled by the hospital to examine which municipalities most utilize the hospital by zip code. Smaller towns should be recognized despite their small populations. An example of this would Longport. Out of the approximately 111,761 visits that used Shore Medical Center's services in 2024, 83% of the cases came from these fifteen regions:

1. Egg Harbor Township
2. Somers Point
3. Pleasantville
4. Ocean City
5. Atlantic City
6. Mays Landing
7. Galloway
8. Northfield
9. Linwood
10. Ventnor
11. Margate
12. Cape May Court House
13. Woodbine
14. Marmora
15. Ocean View

Key Quantitative Sources of Data

- American Diabetes Association
- Centers for Disease Control and Prevention
- County Health Rankings, University of Wisconsin
- National Center for Health Statistics
- National Institute of Drug Abuse
- National Institute of Health
- New Jersey State Health Assessment Data
- New Jersey Cancer Registry
- New Jersey Department of Health
- United States Census Bureau
- United States Department of Health and Human Services
- World Health Organization

Existing Healthcare Resources

Hospital Resources

Shore Medical Center	609-653-3500; www.shoremedicalcenter.org
Financial Assistance/Billing Hotline	609-653-3717 ext. 1
Cancer Screenings (uninsured)	609-653-3484
Urgent Care	609-365-5333
AtlantiCare	1-888-569-1000; www.atlanticare.org
AtlantiCare Behavioral Health	1-888-569-1000; www.atlanticare.org
Urgent Care	1-888-569-1000; www.atlanticare.org
Cooper University Hospital Cape Regional	609-463-2273; www.cooperhealthcape.com

Federally Qualified Health Services

Southern Jersey Family Medical Center	1-800-486-0131; www.sjfmcc.org/
AtlantiCare FQHC	1-888-569-1000; www.atlanticare.org
Complete Care	609-465-0258; www.completecarenj.org

County Resources

Atlantic County Division of Public Health	609-645-5933; www.atlanticcountynj.gov
Cape May County Health Department	609-465-1187; www.capemaycountynj.gov

State Resources

New Jersey Department of Health	www.state.nj.us/health
NJ Family Care/Medicaid	1-800-701-0710; njfamilycare.dhs.state.nj.us

National Resources

U.S. Department of Health & Human Services	www.hhs.gov
Medicare	www.medicare.gov
Social Security	www.ssa.gov
Health Insurance Exchange	www.healthinsurance.org

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The Community Health Needs Assessment document was updated during 2025. The Community Health Needs Assessment and Implementation Plan were presented to the Audit and Finance Committee on October 6, 2025. Shore Medical Center's Executive Team and Board of Trustees received the documents on December 1, 2025. The Community Health Needs Assessment, Executive Summary and Implementation Plan was approved.

DEMOGRAPHICS

Shore Medical Center primarily serves the people who live in Atlantic and Cape May Counties in Southeast New Jersey. Each county has different demographics and can often increase during the summer tourism season.

I. Population

Population has been fairly consistent in New Jersey, Atlantic County and Cape May County over the last ten years. Slight increases between 2010 and 2015 occurred and slight decreases between 2015 and 2020 occurred.¹ The breakdown for 2020 and 2024 is as follows:

New Jersey: 8,885,418
Atlantic County: 264,650
Cape May County: 92,701

New Jersey: 9,500,851 (6.99% ↑)
Atlantic County: 279,114 (5.5%.↑)
Cape May County: 93,875 (1.3% ↑)

Both, Atlantic and Cape May County are consistent in regards to gender with slightly more than half of the population being female. Age is where a notable difference can be seen with over one-quarter of Cape May County's population being more than 65 years old, as well as a lower percentage of people under the age of 18.²

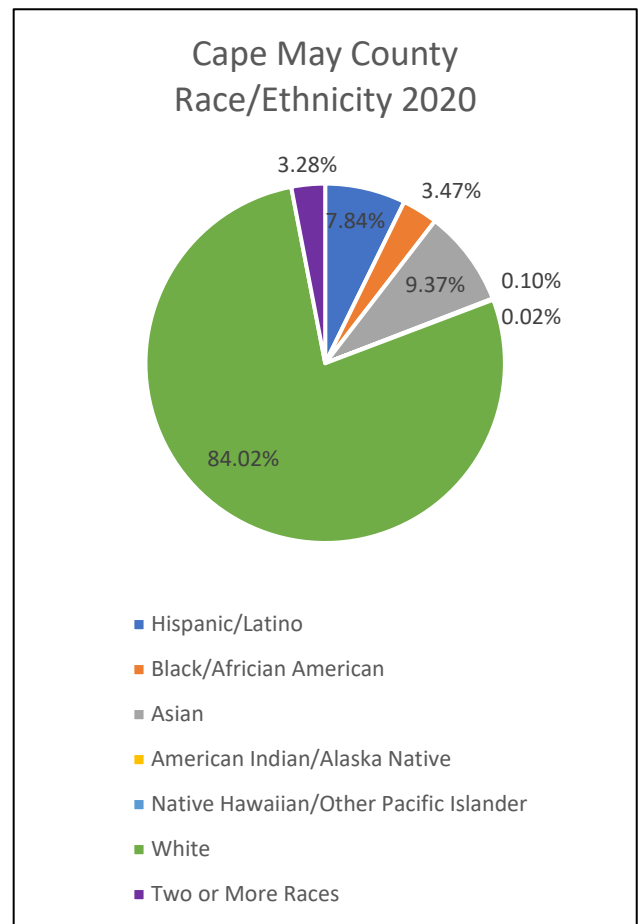
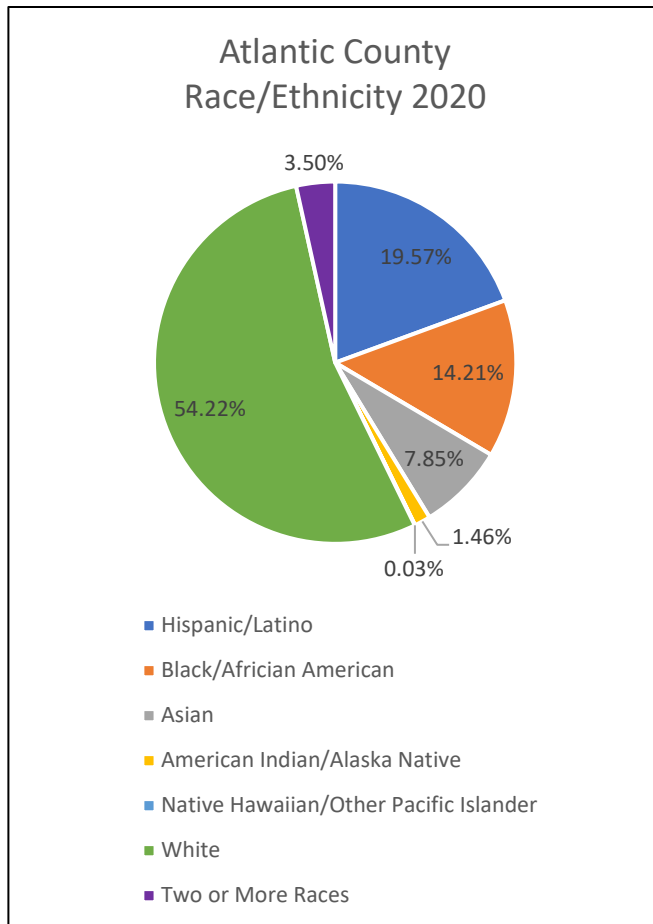
In 2020, the median ages were:⁴

- New Jersey: 40.0
- Atlantic County: 41.8
- Cape May County: 50.3

The two counties also look different in regards to race and ethnicity. Atlantic County has higher percentages of Black/African American, Hispanic/Latino, and Asian populations, whereas Cape May County is predominately White with smaller amounts of minority populations. It is

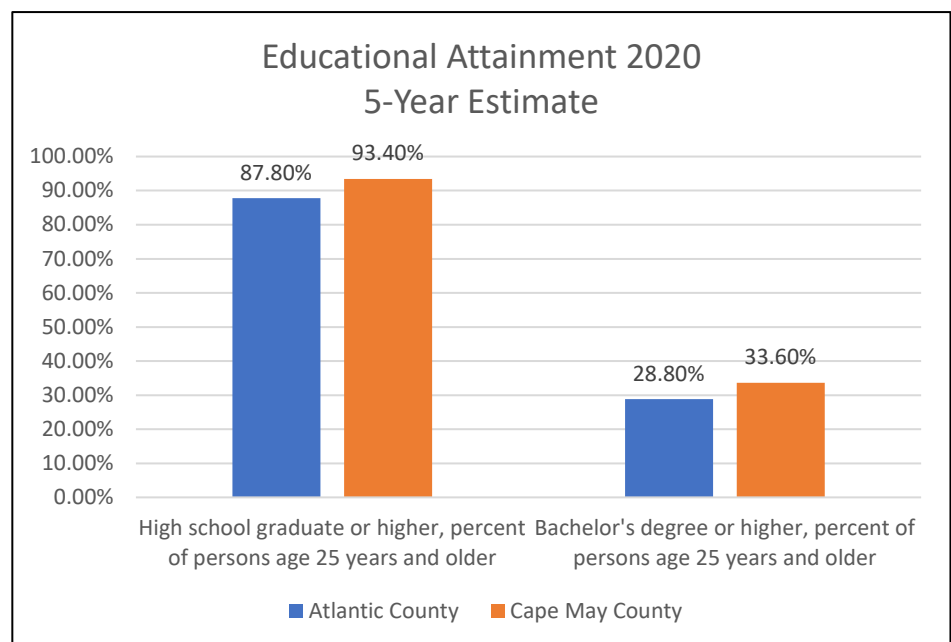
important to note Cape May County's minority population has grown over the last ten years. See the next page for the breakdown.⁵

Population by Age, 2020				
	Atlantic County		Cape May County	
Total	264,650	100%	92,701	100%
Under 18	56,260	21.3%	16,255	17.5%
Female	27,493	x	7,825	x
Male	28,767	x	8,430	x
18 to 64	160,484	60.6%	51,788	55.9%
Female	82,295	x	25,940	x
Male	78,189	x	25,848	x
65 & over	47,906	18.1%	24,658	26.6%
Female	26,708	x	13,609	x
Male	21,198	x	11,049	x
American Community Survey (2020), U.S. Census Bureau ³				



II. Education

Atlantic County is slightly lower and Cape May County is slightly higher in regards to educational attainment compared to New Jersey. The percentages are very close between men and women. Even though the high school diploma or equivalency percentage is high this still leaves approximately twenty-two thousand Atlantic County residents and



forty-six hundred Cape May County residents with less than a high school education.⁶ It seems

that many of the residents with lower educational levels move into our community. In Atlantic County 70% and in Cape May County 60% of people without a high school diploma/equivalency were born outside of the county in another state or country.⁷ In addition minorities are often more likely to have lower educational attainment levels. In Atlantic County, White (6.7%) populations have a lower percentage of people who do not have a high school diploma or equivalency over the age of twenty-five, compared to Black/African Americans (15.1%), Asians (18.9%) and Latino/a (29.5%) populations. Cape May County minority numbers are too small to obtain data.⁸

III. Language

Approximately 72.7% of all Atlantic County residents and 91.8% of Cape May County residents speak only English. The most common language other than English is Spanish. Sixty percent of people in Atlantic County and 72% of people in Cape May County whose primary language is Spanish speak English “very well”. Similar percentages for other languages fall in the same categories with 61% of Atlantic County and 77% of Cape May County populations that speak another language speak English “very well”.⁹ The concern is isolated households in which English is limited. In Atlantic County 5.0% of all households are limited English-speaking households with the greatest number of households speaking Spanish and Asian/Pacific Island languages. In Cape May County 1.0% of all households are limited English-speaking households with the greatest number of households speaking Spanish, Other Indo-European languages and Asian/Pacific Island languages.¹⁰ It is important to note that not all people living in our community are counted in surveys. It is estimated that there were about twelve thousand undocumented immigrants living in Atlantic County in 2017. Cape May County numbers were not available as they were included with multiple counties. It is estimated that New Jersey is home to approximately 498,000 undocumented immigrants.¹¹ Many of these populations speak another language and may experience language barriers.

IV. Income and Poverty

Finances can cause tremendous stress when people are struggling. Both Atlantic and Cape May Counties have lower income levels.

Income/Poverty Household Estimates (2020)			
	New Jersey	Atlantic County	Cape May County
Median Income	85,245	63,680	72,385
Mean Income	117,868	88,111	99,103
Poverty Status	9.7%	13.5%	9.9%
Receives Assistance	18.1%	29.3%	21.0%
American Community Survey (2020), U.S. Census Bureau ¹²			

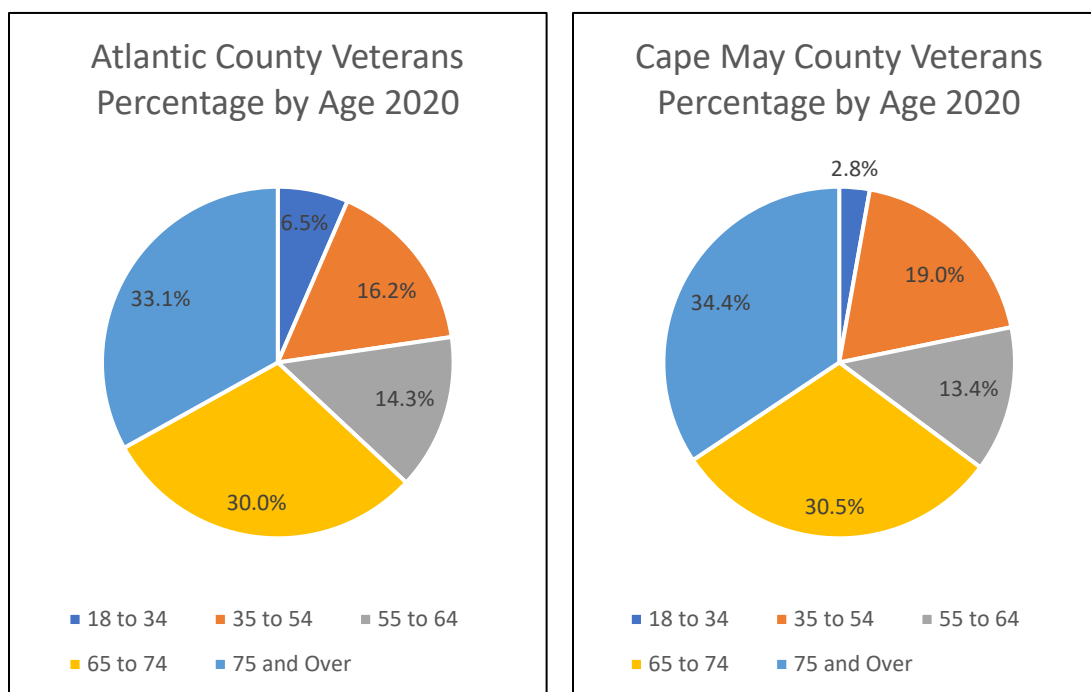
It is also found that Black/African Americans, Hispanic/Latino, women with children and no spouse living in the home, as well as other minority groups are consistently experiencing lower incomes, higher poverty status and need public assistance more often. Children under eighteen experience the greatest level of poverty with Atlantic County at 19.9% and Cape May County at 14.5%.¹³

Housing affordability can also cause difficulties financially. Home costs can take a significant amount from a family's available income. In addition, the numbers below show how difficult it can be for lower income populations to be able to afford their own home.¹⁴ Renters may also be more likely to share housing with other nonfamily members.

- Atlantic County: The median household mortgage is \$23,784 per year with 26.9% of mortgages falling between \$1,500 and \$1,999 per month. The median household renter cost is \$10,596 per year with 49.9% falling between \$600 and \$999 per month.
- Cape May County: The median household mortgage is \$22,152 per year with 29.0% of mortgages falling between \$1,500 and \$1,999 per month. The median household renter cost is \$9,624 per year with 50.3% falling between \$600 and \$999 per month.

V. Veterans

In 2020, Atlantic County had approximately 11-12 thousand veterans. This is 5.5% of the population with a majority being Vietnam era veterans at 38.5%. In Cape May County there were approximately 6-7 thousand veterans with a majority also being from the Vietnam era at 38.0%. It is important to note that there are also a considerable number of Gulf War veterans as well and Korean War veterans.¹⁵ See below for the age breakdowns in each county.



DISEASE BURDEN

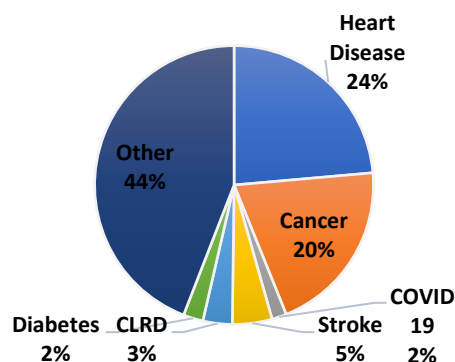
I. Leading Causes of Death

Unsurprisingly the leading cause of death in New Jersey, Atlantic County and Cape May County is heart disease. Generally leading causes of death have been consistent over the years. COVID-19 significantly affected mortality rates in 2020, but has decreased significantly in 2023.

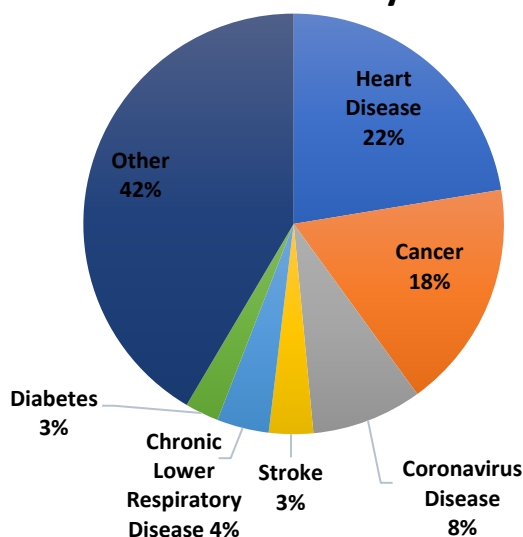
Atlantic County and Cape May County 2023 totals are not available yet, but it is expected that there will be a decrease in regards to COVID-19 as well. The leading causes of death for both counties were very similar in regards to causes of death with heart disease and cancer taking the lead. Some of the most prevalent diseases are illustrated in the pie chart below.

The other category is a range of diseases such as Alzheimer's to accidental deaths which would include motor vehicle accidents.¹⁶

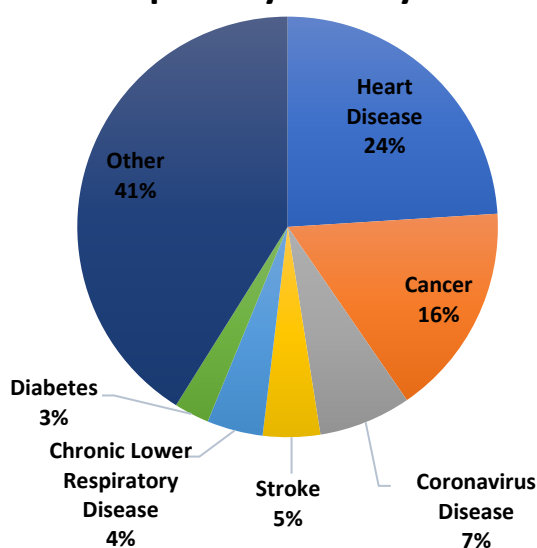
**Leading Causes of Death
in New Jersey 2023**



**Leading Causes of Death
in Atlantic County 2020**



**Leading Causes of Death
in Cape May County 2020**

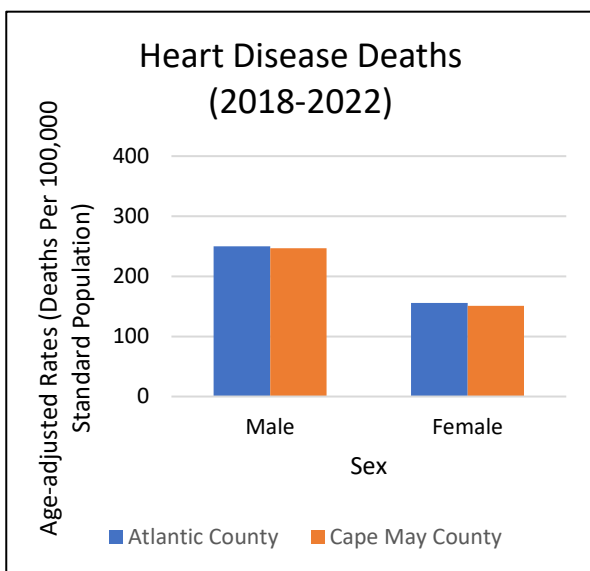


II. Heart Disease

According to the Centers for Disease Control and Prevention (CDC), heart disease is the leading cause of death in the United States for men, women and most racial and ethnic categories. Key risk factors for heart disease are high blood pressure, high blood cholesterol and smoking. Additionally, being an unhealthy weight, eating an unhealthy diet, lack of physical activity, excessive alcohol use, as well as, being diabetic can also put people at risk for heart disease.¹⁷

In 2023, 6.7% of New Jersey adults were told by a professional they had angina/coronary heart disease, a heart attack/myocardial infarction, or a stroke. This percentage is subject to increase due to certain factors such as lower educational attainment levels, gender (male), lower income levels and higher age (65+).¹⁸

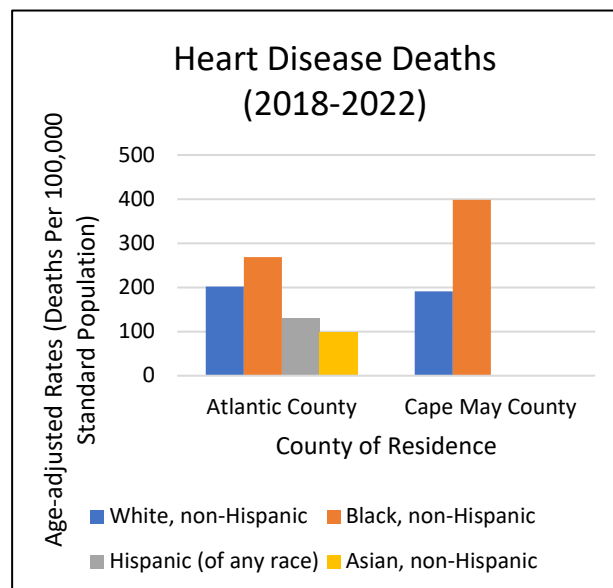
Heart disease, according to the New Jersey Department of Health was the leading cause of death in New Jersey from 2018 to 2022. The state's mortality rate per 100,000 people was 161.9. Both Atlantic and Cape May Counties have some of the highest rates in the state. The mortality rate for Atlantic County was 197.5 and for Cape May County was 194.2 per 100,000 people. The mortality rate in both Atlantic County and Cape May was higher than New Jersey.¹⁹



Males had a higher death rate per 100,000 than females in both Atlantic County and Cape May County. In Atlantic County males and females had a death rate of 249.8 and 155.9 per 100,000, respectively. In Cape May County males and females had death rate of 246.9 and 150.9 per 100,000, respectively.

Race has a significant impact on heart disease deaths rates in our local counties.

White populations in Atlantic County had 201.7 death rate while Black populations had a 269.0 death rate per 100,000. In Cape May County White populations had a 191.1 rate while Black populations had a 398.5 rate per 100,000. Hispanic and Asian rates are lower in Atlantic County and unavailable for Cape May County.²⁰



In both counties, males outnumber females in terms of mortality. Black populations pass away at a higher rate than all other race/ethnic groups. This predisposes Black men at a higher risk for heart disease.²¹

III. Cancer

Cancer is defined as the abnormal development of cells in the body. Cancer develops when the body's normal control mechanism fails. These abnormal cells grow when they should not and create problems for the body's system. Cancer can be developed in almost anywhere in the human body.²² According to American Cancer Society one in two men and one in three women will be diagnosed with cancer at some point in their lifetime.²³

Incidence

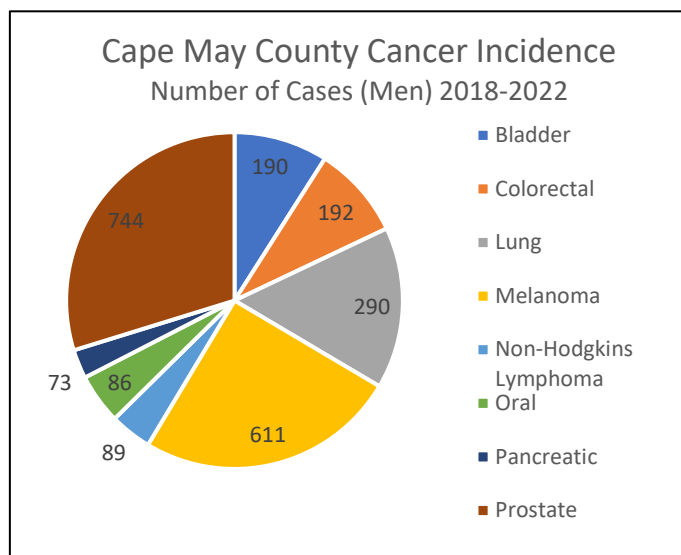
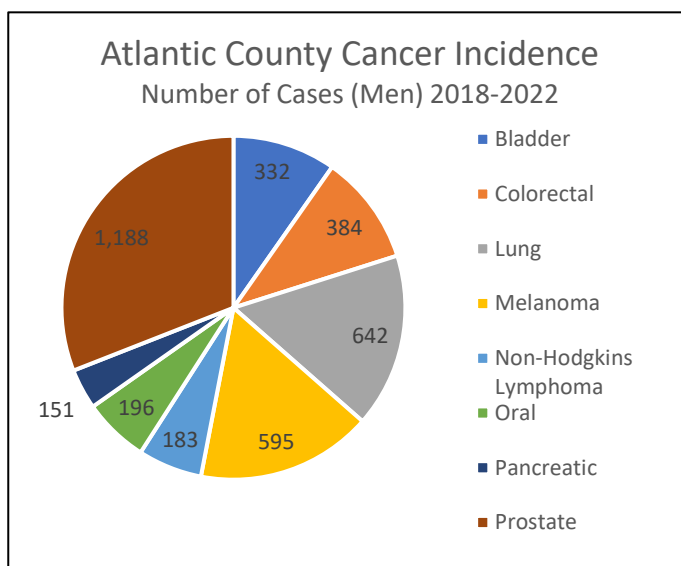
Atlantic County's cancer incidence rate for all cancers is 3.4% higher than the state, at 545.8 vs. 528.0 per 100,000. Atlantic County ranks in the middle of the state.²⁴

Cape May County's cancer incidence rate for all cancers is 20.4% higher than the state, at 635.6 vs. 528.0 per 100,000. This places Cape May County with the highest incidence rate in New Jersey.²⁵ ¹

Statistically, Atlantic County men are most affected by prostate, lung, colorectal, bladder and Melanoma.

Atlantic County's lung cancer incidence rate is 39.3% higher and the Melanoma rate is 27.7% higher than New Jersey.²⁶

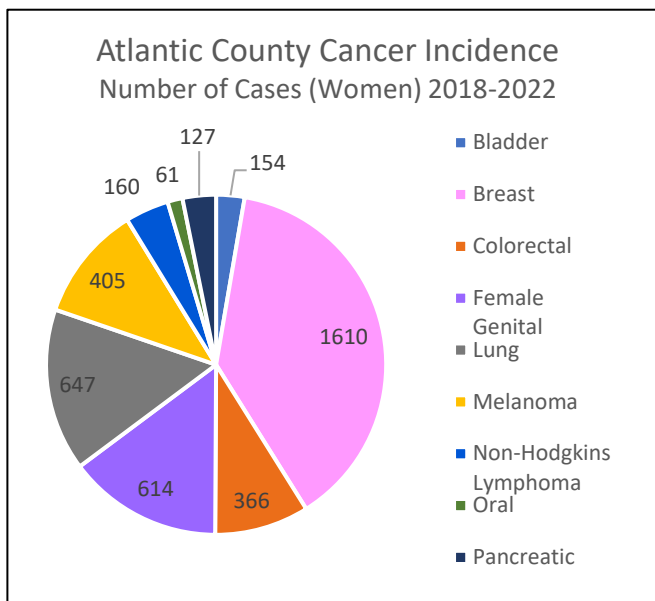
Statistically, Cape May County men are most affected by prostate, lung, Melanoma, bladder and colorectal. Cape May County's lung cancer incidence rate is 30.1% higher and the Melanoma rate is 184.3% higher than New Jersey.²⁷ There are more Melanoma cases among Cape



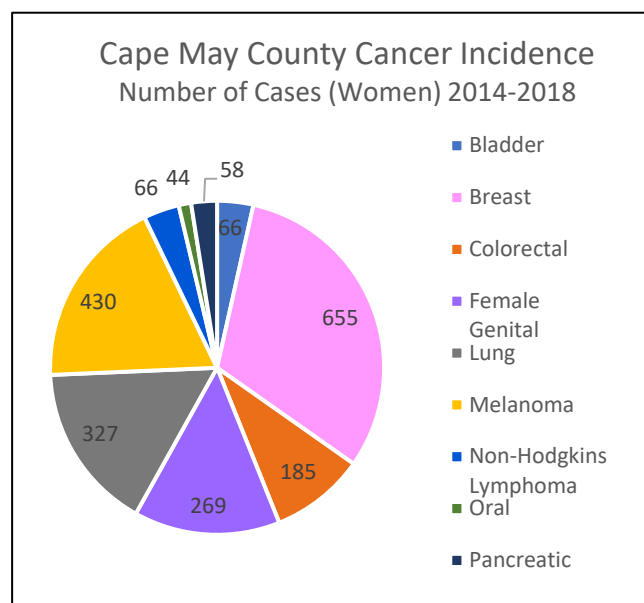
¹ All cancer rates are 5-year rates (2018-2022) per 100,000. Rates are age-adjusted to the 2000 US Standard Million Population.

May County men than colorectal and lung cancer, typically the third and second most common cancers. Cape May County has the highest rate in the state in regards to Melanoma.²⁸

Women in Atlantic County are most affected by breast, lung, female gynecological, Melanoma and colorectal cancer in terms of numbers. Atlantic County's lung cancer incidence rate is 28.3% higher and the Melanoma rate is 19.5% higher than New Jersey.²⁹



Statistically women in Cape May County are most affected by breast, Melanoma, lung, female gynecological, and colorectal cancer. Cape May County's lung cancer incidence rate is 41.0% higher, the



Melanoma rate is 177.8% higher, and the colorectal cancer rate is 11.4% higher than New Jersey. Cape May County has the highest rate of Melanoma, highest rate of lung cancer, and the fourth highest rate of colorectal cancer in New Jersey.³⁰

Mortality

Atlantic County's cancer mortality rate for all cancers is 17.0% higher than the state, at 155.9 vs. 133.3. Atlantic County ranks sixth in the state. Cape May County's cancer mortality rate for all cancers is 17.9% higher than the state, at 157.2 vs. 133.3. This places Cape May County fourth in the state for mortality rates.³¹

Lung, prostate and colorectal cancer accounts for a majority of deaths caused by cancer in both Atlantic and Cape May County. For women a majority of deaths caused by cancer are lung, breast, female gynecological cancers and colorectal cancer in both Atlantic and Cape May County.³²

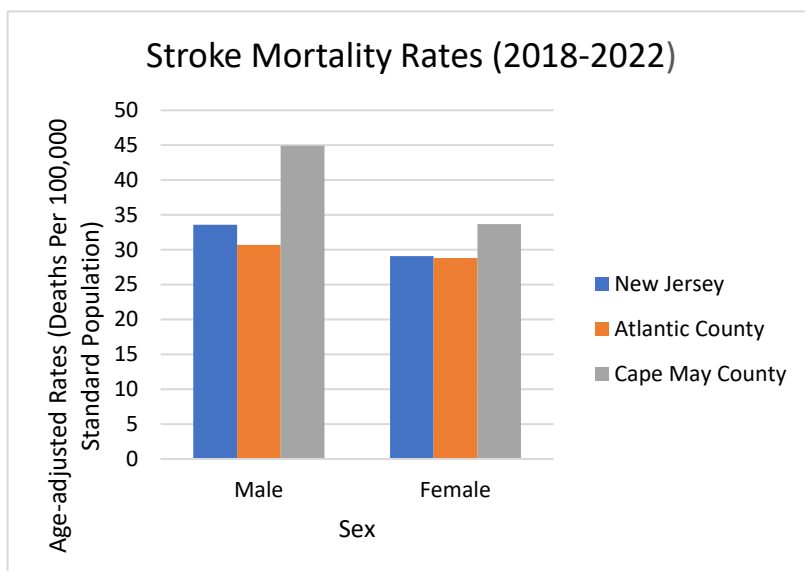
Cancer mortality does not affect all races evenly. Black populations often have higher mortality rates than White populations. This is especially recognized in prostate and breast cancer mortality rates.³³

- Atlantic County - breast: 20.7 vs. 33.2
- Atlantic County - prostate: 22.1 vs. 29.4
- Cape May black rates are too small to compare.

Some types of cancer can be avoided with proper lifestyle choices as many cancers are linked to lifestyle choices such as eating a healthy diet, exercising, controlling one's weight, not smoking and reducing UV exposure. Cancer screening can lead to earlier detection, which can improve survival outcomes.

IV. Stroke

A stroke occurs when blood supply to a portion of the brain is cut off or reduced, preventing brain tissue from receiving oxygen and nutrients. Brain cells start to die within minutes when this occurs. A stroke is a medical emergency that must be treated as soon as possible. Early intervention can help to prevent brain damage and other complications.³⁴ The stroke mortality rate in Atlantic County is slightly lower than the state rate. Male stroke mortality in Cape May County is 33.63% higher than the New Jersey rate, at 44.9 vs. 33.6. Female stroke mortality in Cape May County is 15.81% higher than the New Jersey rate, at 33.7 vs. 29.1. Cape May County's mortality rates are higher than the New Jersey as a whole and Atlantic County.³⁵



There are numerous risk factors that increase the odds of having a stroke. These include: high blood pressure, high cholesterol, heart disease, previous strokes or “mini strokes”, diabetes, sickle cell disease, being overweight, obesity, physical inactivity, cigarette smoking or secondhand smoke exposure, and drinking too much alcohol. Knowing your

stroke risk factors, following your doctor's advice, and living a healthy lifestyle are the best ways to lower the risk of having a stroke.³⁶

V. Chronic Lower Respiratory Diseases (CLRD)

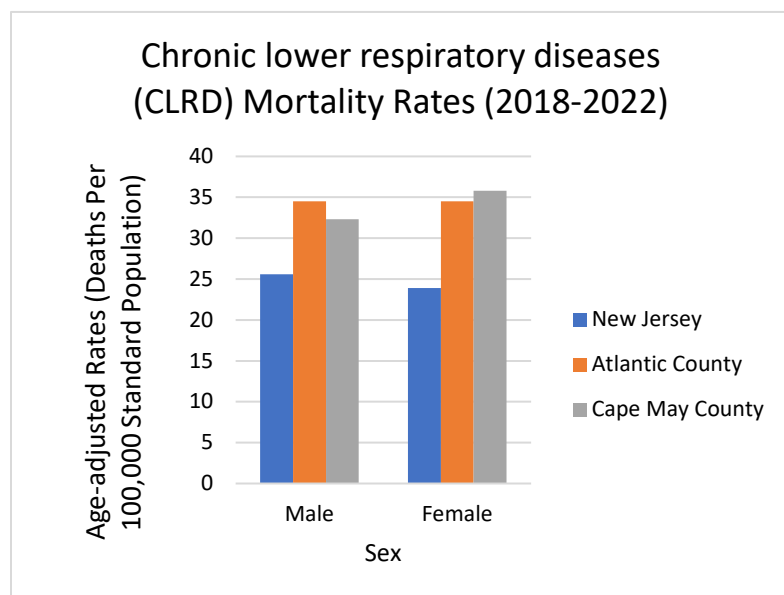
Chronic Lower Respiratory Diseases consist of multiple lung diseases.

- chronic obstructive pulmonary disease (COPD): limited airflow in and out of the lungs
- chronic bronchitis: inflammation of the lungs lining
- emphysema: damaged lung air sacs
- asthma: airways are sensitive to triggers

Although each disease has different symptoms - common symptoms are shortness of breath, wheezing, mucus, cough, racing heartbeat and fatigue.³⁷

According to the CDC, approximately 4.62% of U.S. adults have been told by a health provider that they have COPD, emphysema or chronic bronchitis and approximately 8.4% of adults have been told they have asthma between 2019 and 2023.³⁸ Smoking is the most common risk factor accounting for 80% of cases; however, air pollutants, genetics, respiratory infections, occupational chemicals and dusts can also be contributors to CLRD.^{39 40}

Atlantic County men's CLRD mortality rate is 34.8% higher than the New Jersey rate, at 34.5 vs. 25.6. Atlantic County women have a 44.4% higher CLRD mortality rate than New Jersey, at 34.5 vs. 23.9. Cape May County men's CLRD mortality rate is 26.2% higher than the New Jersey rate, at 32.3 vs. 25.6. Cape May County women have a 49.8% higher CLRD mortality rate than the New Jersey, at 35.8 vs. 23.9.



When compared to the state as a whole, both Atlantic County and Cape May County have higher mortality rates. This is not surprising due to the county smoking rates.

Although CLRDs are not curable, various forms of treatment that help open the airways and improve shortness of breath can help control symptoms and improve quality of life for people living with these conditions.⁴¹

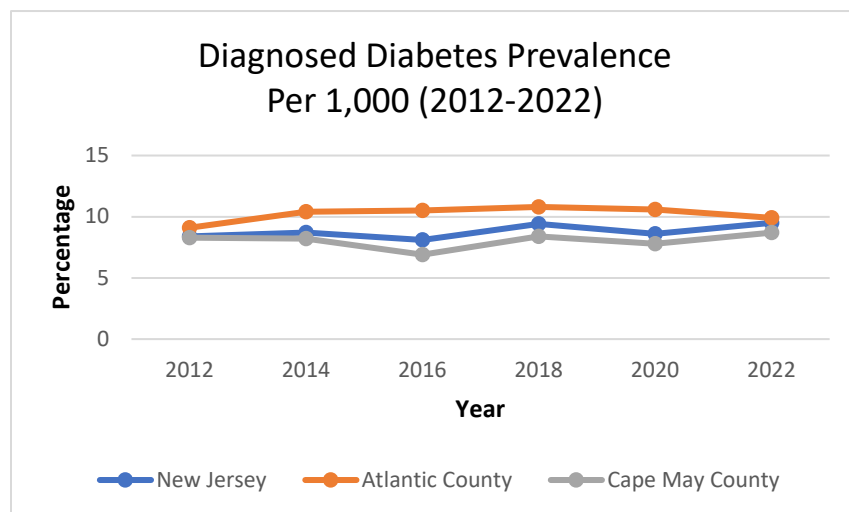
VI. Diabetes

Diabetes is a long-term health condition that affects how your body converts food into energy and produces insulin. If you have diabetes, your body either does not produce enough insulin or

does not use insulin efficiently which results in too much blood sugar in your bloodstream. Over time this can lead to serious health conditions.⁴²

The American Diabetes Association estimates that in 2023, 693,223 adults in New Jersey had diabetes. 207,000 people in New Jersey are unaware they have diabetes. Diabetes is becoming more prevalent in New Jersey with approximately 56,000 people diagnosed each year.⁴³

From 2012 to 2022, the prevalence percentage of diagnosed diabetes in Atlantic County decreased slightly while Cape May increased slightly. Both men and women follow the same trend with women slightly lower in their rates.⁴⁴



According to CDC, Atlantic County and Cape May County are more vulnerable diabetes. Social determinants of health are made up of fifteen social factors including poverty, housing, etc. The social vulnerability index is then applied to the county comparing the county to other counties in the United

States. High percentages refer to potential negative effects on the communities due to external stresses. Overall social vulnerability for our local community:

- Atlantic County is more vulnerable than 79.11% of U.S. Counties
- Cape May County is more vulnerable than 33.98% of U.S. Counties

By focusing on minority status and language, this places Atlantic County at 92.80% and Cape May County at 57.98% more vulnerable than other U.S. Counties.⁴⁵

Diabetes also has considerable financial challenges. Patients with diabetes have medical expenses that are approximately 2.3 times higher than those who do not have diabetes. In 2017, the total direct medical expenses for diagnosed diabetes in New Jersey was estimated to be \$6.7 billion. Diabetes also contributes to other serious health complications such as heart disease, stroke, amputation, end-stage kidney disease, blindness, and death.⁴⁶

Prediabetes is when blood glucose levels are higher than normal, but not high enough to be classified as diabetes. There are about 2.3 million New Jersey adults or 34% of the population with prediabetes.⁴⁷ Again, many do not know they are in this category.

Diabetes can be prevented and managed in a variety of ways. Adopting a healthy lifestyle that includes losing weight and increasing physical activity can help prevent or postpone the onset of

diabetes. If a person has already been diagnosed with diabetes, self-management can be an important step in preventing negative health complications that can impact a person's quality of life.

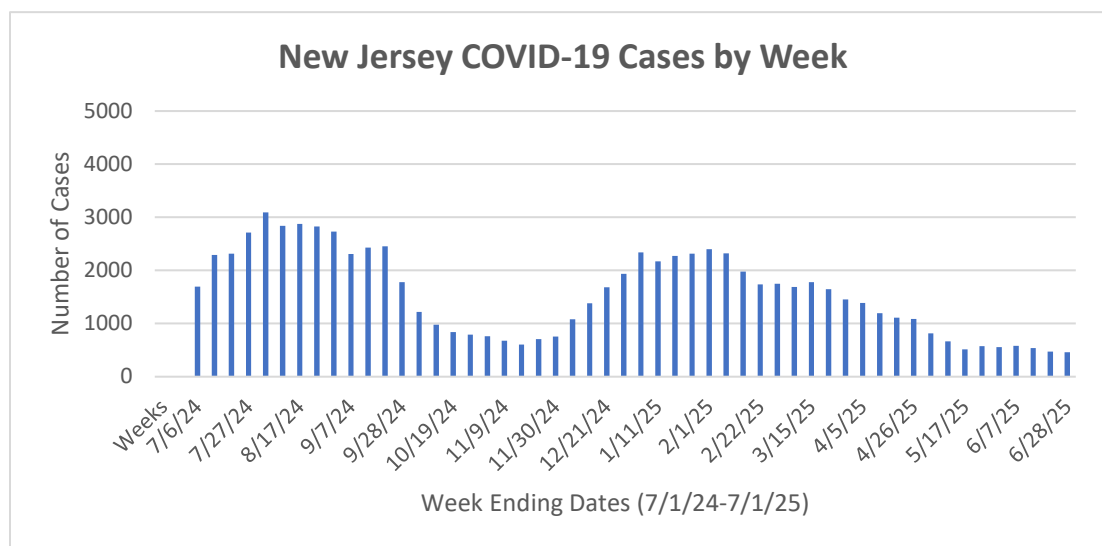
VII. Coronavirus Disease

As of July 22, 2023 there have been over 99 million cases and over 1.1 million deaths in the United States. New Jersey has experienced 2.9 million cases and over 35,000 deaths due to COVID-19.⁴⁸ According to the CDC, the most recent cumulative New Jersey data between January 1, 2020 through June 21, 2025 has led to 38,234 deaths at a 327.8 death per 100,000 population.⁴⁹

A breakdown amongst New Jersey Counties report 89,852 cases and 1,073 deaths in Atlantic County⁵⁰ and 29,823 cases and 332 deaths in Cape May County.⁵¹

Rates have declined since the beginning of the COVID-19 pandemic. In 2020, COVID-19 was the second leading cause of death in New Jersey, responsible for 16,495 deaths. In 2021 the number of deaths declined to 8,445, making COVID-19 the third leading cause of death. In 2022, 4,949 deaths occurred placing COVID-19 as the fourth cause of death and preliminary data show COVID-19 as the tenth cause of death in 2023 and fourteenth in 2024.⁵²

Many COVID-19 dashboards are no longer being maintained due to the decrease in cases. In New Jersey COVID-19 reporting is now reported on the New Jersey Respiratory Illness Dashboard along with influenza and respiratory syncytial virus (RSV). Data charts illustrate a rising of COVID-19 during the 2024 summer followed by a decrease and then again up in 2024/2025 winter season. The 2025 summer season is lower than the previous summer season, below 2,000 cases. This data is most likely still being tabulated, but is routinely being monitored.⁵³



Black and Hispanic populations were more likely to be affected due to COVID-19 compared to White, non-Hispanic populations. This is unsurprising as disparities are often caused by social determinants of health (SDOH). The COVID-19 Pandemic Task Force on Racial and Health Disparities report that minority populations had higher risks of COVID-19 infections, hospitalizations and death rates in New Jersey. Atlantic County was ranked high in social vulnerability and was in the middle for the COVID-19 morbidity rate at 27,216 per 100,000. Cape May County was ranked medium-high in social vulnerability and lower in the morbidity rate at 15,644 per 100,000.⁵⁴

U.S. Risk of COVID-19			
Rate Ratios	Cases	Hospitalizations	Death
Black/African American (non-Hispanic)	1.1x	2.8x	1.9x
Hispanic	2.0x	3.0x	2.3x
Asian (non-Hispanic)	0.7x	1.0x	1.0x
American Indian/Alaska Native (non-Hispanic)	1.6x	3.5x	2.4x
Rate Ratio: compared to white (non-Hispanic)			
COVID-19 Pandemic Task Force on Racial and Health Disparities Report (2024) ⁵⁵			

Long COVID is a serious illness that can occur from experiencing the virus. This can occur in both adults and children and leads to chronic conditions requiring care. Studies have shown that people at most risk include women, Hispanic populations, people who have experienced a more serious COVID-19 illness, people with underlying health conditions, 65+ populations and people who did not get a COVID-19 vaccine.⁵⁶

A wide variety of symptoms from Long COVID can occur from mild to severe. Symptoms can last weeks, months or years and can be difficult to recognize or diagnose. Some general symptoms include tiredness/fatigue, symptoms that get worse after physical or mental effort, and fever. Commonly reported symptoms are fatigue, brain fog and post-exertional malaise, but more than 200 symptoms have been identified. Respiratory and heart, neurological, digestive and other symptoms such as joint pain have been identified, as well as complicating chronic disease conditions such as diabetes and heart conditions.⁵⁷

HEALTH RISKS FACTORS

A health risk factor is something that increases the chance of developing a disease or illness; however, having a risk factor does not mean a person will get the disease. Some risk factors cannot be changed such as age whereas other risk factors can be changed such as healthy eating.

I. Low Birth Weights

Low birth weight is when a baby is born weighing less than 5 pounds, 8 ounces and is a contributing factor to community health. It increases the risk of infant mortality, making these infants more likely to die in their first month of life. Low birth weight infants can be affected by developmental disabilities and/or chronic illnesses throughout their lives. Women of color tend to have higher rates.⁵⁸

Atlantic County (7.6%) and Cape May County (6.3%) are comparable to New Jersey (7.8%) in regards to low birth weights. This equates to approximately 251 babies in our community that were born at a low birth weight in 2023.⁵⁹ In New Jersey Black mothers compared to other racial/ethnic groups are more likely to deliver babies with low birth weight.⁶⁰

Prenatal care is a key component to reducing low birth weights. Black and Hispanic women have lower levels of first trimester prenatal care. Healthy New Jersey 2020 objectives focus on increasing prenatal care in the first trimester.⁶¹ Additionally multiple births and tobacco use during pregnancy can increase the likelihood of low birth weights.⁶²

II. Health Insurance

Americans who do not have health insurance are less likely to receive annual preventive care such as routine exams and screenings for chronic disease or access to medication. These individuals often receive delayed treatment, have poorer health outcomes and premature mortality. Populations such as racial and ethnic minorities and lower-income adults are at greater risk for not having health insurance. Studies have shown that consistent access to health insurance provides improved health outcomes and access to health services.⁶³

Uninsured Populations: Adults Under 65, 2022			
Population	New Jersey	Atlantic County	Cape May County
Women (all income and races)	7.1%	7.1%	6.1%
Women (250% of PL)	13.9%	10.3%	10.4%
Women (138% of PL)	15.2%	11.1%	11.7%
Men (all income and races)	8.9%	10.4%	9.4%
Men (250% of PL)	17.1%	14.8%	15.6%
Men (138% of PL)	17.0%	14.6%	16.0%

Approximately 18,789 people in Atlantic County and 5,184 people in Cape May County do not have health insurance. Higher percentages of men are without health insurance. In addition, populations

at the 138% level of poverty qualify for New Jersey Medicaid and should have access to health

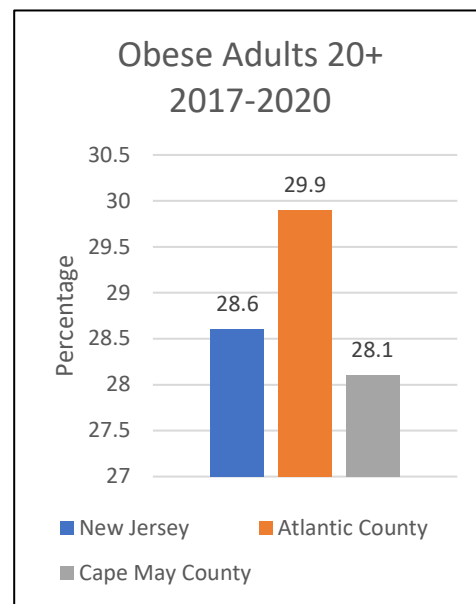
insurance yet higher percentages of this population are still without health insurance.⁶⁴ Medicaid is a government provided affordable health insurance that assists with access to healthcare.⁶⁵ It is important to note that this is a great improvement from past years. Between 2017 and 2022 uninsured percentages for the overall population has stayed steady in the 7-12 percent range; however, 12-16% of low-income populations remain uninsured.⁶⁶

III. Obesity

Obesity is a common, serious chronic disease that has become a significant problem in the United States. Excess weight leads to various health problems such as heart disease, type 2 diabetes, stroke, breathing problems (asthma and sleep apnea), joint problems⁶⁷ and certain types of cancers.⁶⁸

Body Mass Index (BMI) is a screening tool for overweight and obesity. BMIs between 25.0 and <30 falls within the overweight range. BMI's 30.0 or higher is in the obesity range.⁶⁹

In New Jersey, approximately 2.1 million adults or 29% of the population have obesity. The NJ adult obesity rate is projected to increase to 47% by 2030.⁷⁰ According to New Jersey State Health Assessment Data, Atlantic and Cape May County fall into these same percentages.⁷¹ The New Jersey Behavioral Risk Factor Surveillance System (NJBRFSS) estimates that 35% of Atlantic County⁷² and 32% of Cape May County⁷³ adults 18 and over were obese in 2021.



BMI weight classification in 2031 through the NJBRFSS continues to illustrate concern regarding obesity. 28.9 % of the adult population were obese and 35.9 % of the adult population was overweight. Men were more likely to be obese/overweight.⁷⁴

Children are also suffering from obesity. From 2017 to March 2020, the prevalence of obesity among U.S. children and adolescents (2-19) was 19.7%. In New Jersey, 30% of students were identified as overweight or obese based on BMI, (34% of females and 28% of males).⁷⁵ CDC has found:

- Approximately 1 in 5 U.S. children and adolescents have obesity;
- Obesity percentages are higher among Black and Hispanic children;
- Lower levels of obesity reside in homes with higher educational and income levels;⁷⁶ and
- Childhood obesity is associated with anxiety, depression, low self-esteem, lower self-reported quality of life, bullying, and obesity as adults.⁷⁷

IV. Food Insecurity

Food insecurity in Atlantic and Cape May Counties continue to pose negative health implications for residents, as across the counties nearly 1 in 10 households are affected by a lack of access to healthy and nutritious foods. As a result of food insecurity, residents are disproportionately predisposed to increased health risks for chronic diseases such as diabetes, heart disease and mental health disorders, namely anxiety and depression.⁷⁸

In 2023, 36,660 residents or 13.3% of the Atlantic County population struggled with food insecurity. An estimated 32% of those individuals were above SNAP and other food resource program thresholds.⁷⁹ This is an increase from 2019 data that recorded 10.6% of the population was impacted by food insecurity and 27% being over the threshold for resources.⁸⁰ In the same year (2023), 11,710 residents or 12.3% of the Cape May County population was impacted by food insecurity with an estimate of 46% of those individuals were above the threshold for resource support.⁸¹ This data shows an increase from 2019 data which reported 11.3% of the population was impacted by food insecurity and 40% being over the threshold for support.⁸²

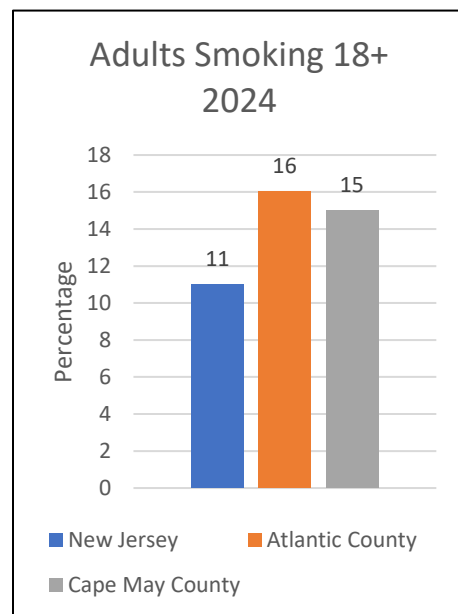
With the cost of goods continuing to increase paired with little to no changes to wages, food insecurity remains on the rise. In an effort to prevent hunger, food banks across both Atlantic and Cape May Counties assist those in need alongside government funded programs such as SNAP.

V. Tobacco

Cigarette smoking harms nearly every part of the body and is attributed to numerous preventable deaths. Each year approximately one in five or 480,000 premature deaths can be attributed to smoking in the United States. Smokers are at greater risk for heart disease, stroke, cancer and respiratory diseases. Lung cancer is generally the first thought in regards to cancer caused by smoking; however, smoking can cause cancer in almost any part of the body and increases risk of many types of cancer. One in three cancer deaths are attributed to smoking.⁸³

Both Atlantic and Cape May County have some of the highest smoking percentages in New Jersey⁸⁴ and this explains the high lung cancer rates and respiratory disease numbers in the community. The 2023 NJBRFSS illustrates populations at risk for smoking:

- Higher percentages among populations with lower educational attainment;
- Higher percentages among populations with lower income levels.



- The gap between men and women who smoke is closing with men’s percentages slightly higher⁸⁵

The NJBRFSS shows a low percentage of adults using E-cigarettes.⁸⁶ However, vaping or use of electronic cigarettes have increased and have surpassed traditional cigarette smoking among youth. In 2018, the Youth New Jersey Tobacco Survey reported that 18.5% of males and 17% of females used electronic cigarettes.⁸⁷ In addition the High School Youth Risk Behavior Survey (HS-YRBS) found that in 2019 New Jersey students reported that:

- 44.7% have tried electronic vapor products;
- 27.6% currently used vapor products at least once within thirty days;
- 5.7% currently used vapor products frequently; and
- 3.7% currently used vapor products daily.⁸⁸

E-cigarettes are considered unsafe for children; contains harmful nicotine; is highly addictive; and leads to future cigarette smoking in the future.⁸⁹

VI. Alcohol

Each year in the United States, more than 178,000 people die from excessive alcohol. This breaks down to more than 487 deaths each day.⁹⁰

Excessive drinking consists of binge drinking and heavy drinking. Binge drinking is when men consume more than five or women consume more than four alcoholic beverages on a single occasion. Heavy drinking is defined as drinking fifteen or more drinks per week for men and eight drinks or more per week for women.⁹¹

<p><u>Short-Term risks:</u></p> <ul style="list-style-type: none"> • Injuries (motor vehicle, falls, drownings, etc.) • Violence (homicide, suicide, sexual assault, intimate partner) • Risky sexual behaviors (unprotected, multiple partners, etc.) • Miscarriage, stillborn, FASD among pregnant women. 	<p><u>Long-Term risks:</u></p> <ul style="list-style-type: none"> • High blood pressure, heart disease, liver disease, digestive problems • Multiple types of cancer • Weakening of the immune system • Learning/memory problems • Depression/anxiety • Alcohol disorder or alcohol dependence (addiction) 	<p>There are two types of health risks that go with excessive alcohol. Short-term risks which consist of immediate consequences and long-term risks which occur over time and lead to chronic disease or other serious problems.⁹² Overall, 16% of New Jersey adults report binge drinking or heavy drinking in 2018. Atlantic County fell at 17% and Cape May County fell at 21% (one of the highest in the state).⁹³ Data from 2021 NJBRFSS presented a slight possibility of higher percentages based on gender (males) and household</p>
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income (higher incomes), but for the most part illustrated that alcohol use occurs in all socioeconomic populations.⁹⁴

Mixing alcohol with other substances can increase risks for injury and disease, as well as increase overdoses risk. Effects may be stronger or unpredictable,⁹⁵ and may mask signs of impairment.⁹⁶ Some substances may include: marijuana, opioids, heroin or other illicit drugs, medications not as prescribed and caffeine.

In 2019, 30.0% of New Jersey high school students surveyed had at least one drink 30 days before the HS-YRBS. In addition, 15.3% have binge drank at least one day within 30 days before the survey.⁹⁷ The 2022 New Jersey Underage Drinking report illustrates the following:

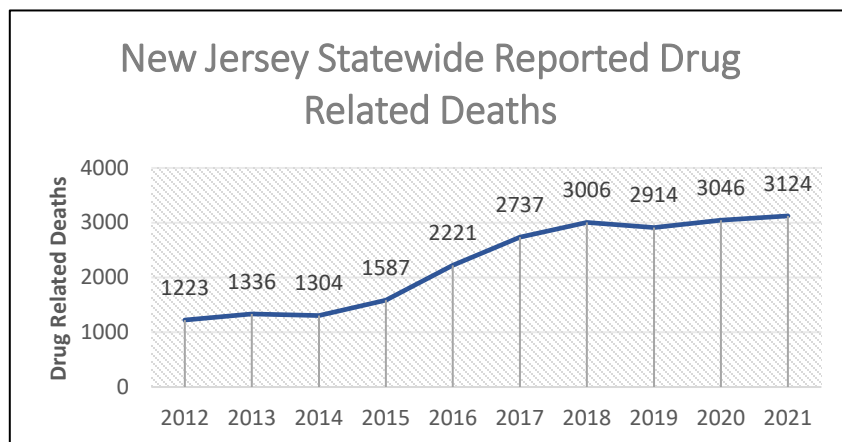
- 22.7% (232,000) youth ages 12-20 used alcohol in the past month;
- 14.5% (149,000) youth ages 12-20 binge drank;
- Highest percentages fell in the oldest age group of 18-20 at 44.6% (154,000) and 29.9% (103,000) respectively;
- 67 alcohol attributed deaths (under 21).⁹⁸

Underage drinking is the most common substance used among young people in the United States. It can lead to many consequences such as school problems, social problems, legal problems, illness, sexual activity problems, suicide/homicide, motor vehicle crashes and other unintentional injuries, memory problems, misuse of other substances, brain development effects, and alcohol poisoning.⁹⁹

VII. Opioids

Opioids are drugs containing chemicals that relax the body, relieve pain, and create a euphoric high sensation. These drugs are very addictive. Overdoses and death are common. Opioids consist of legal prescription medications, as well as illegal drugs. Common legal prescription opioid medications are hydrocodone, oxycodone, oxymorphone, morphine, codeine, and fentanyl. Prescription opioids may be prescribed by a physician for use of pain. The most commonly prescribed opioid is oxycodone. Heroin is an illegal opioid and never used as a medication. Long-term use of prescription opioids can cause people to develop a tolerance, drug dependence, and/or drug addiction. Repeat use can also lead to overdose or death.¹⁰⁰

Substance misuse of both illegal drugs and prescribed medication pose a serious health crisis in the community. According to the State of New Jersey Department of Law and Public Safety, over the past ten years, drug related deaths across the state have increased which illustrates the need for intervention.¹⁰¹



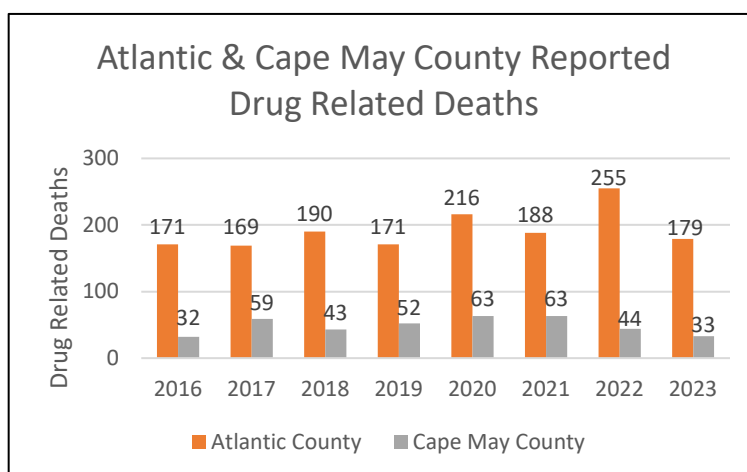
Mortality data supports the uphill trend that the opioid epidemic has worsened over time. These statistics support that 2022 is on track to be one of the highest years of reported cases of drug related deaths statewide.¹⁰² Although the number of deaths from opioid overdoses have

increased across all racial/ethnic groups, Black and White, non-Hispanic individuals are the most affected by opioid overdose deaths.¹⁰³

Atlantic County and Cape May County have also recorded greater numbers of drug-related mortality. However, both counties are starting to reflect a slight decrease from previous years.

Due to the increase of opioid use, efforts have been made to curb the opioid epidemic. Projects such as:

- Opioid Reduction Options (aims to reduce opioid prescribing)¹⁰⁴
- Project Medicine Drop (proper disposal of medications)¹⁰⁵
- Naloxone (Narcan) Initiatives (medication to reverse overdoses)^{106 107}



Naloxone, a medication designed to reverse opioid overdose rapidly, is available for emergency responders, as well as in the community through pharmacies with standing orders to dispense (prescription not needed).¹⁰⁸ Between 2018 and 2023, 5,171 administrations in Atlantic County and 1,381 administrations in Cape May County have occurred.¹⁰⁹

VIII. Sexually Transmitted Disease

The number of cases of sexually transmitted diseases, namely Chlamydia, Gonorrhea, Syphilis and HIV have remained an ongoing health concern in New Jersey. In 2024, there were 48,377 cases of sexually transmitted disease (Chlamydia, Gonorrhea and Syphilis-all stages).¹¹⁰

Data shows an increase in cases between 2022 to 2024 with the following statistics:

- In 2024 in Atlantic County there were 1,381 cases of Chlamydia and 247 cases in Cape May County. This is an increase from 2022 as there were 1,252 cases in Atlantic County and 245 cases in Cape May County.¹¹¹
- Cases for Gonorrhea showed an increase with 351 cases in Atlantic County and 75 cases in Cape May County in 2024 compared to 286 cases in Atlantic County and 30 cases in Cape May County in 2022.¹¹²
- Syphilis cases appeared to vary with small numbers as there were 11 cases in Atlantic County and no cases in Cape May County reported in 2024 and 15 cases in Atlantic County and no cases in Cape May County reported in 2022.¹¹³
- According to America's HIV Epidemic Analysis Dashboard, in New Jersey, there were an estimated 790 new cases of HIV in 2022. This reflects a state incidence rate of 10.1 per 100,000 people. In 2023, there were 935 diagnoses of HIV in New Jersey which computes to a rate of 11.9. While there is no direct data set on Atlantic and Cape May counties the rise in HIV is concerning.¹¹⁴

Chlamydia, Gonorrhea, and Syphilis are bacterial infections and can be cured with a course of antibiotics. However, these STDs still have lasting health impacts and sometimes result in infertility.¹¹⁵ Due to the steady rises in STDs over the years, there has been a further push for education on diseases and increased testing resources in the community. While more recent data is not readily available, historically, the use of condoms for protection during sexual activity has shown to curb the spread of STDs.

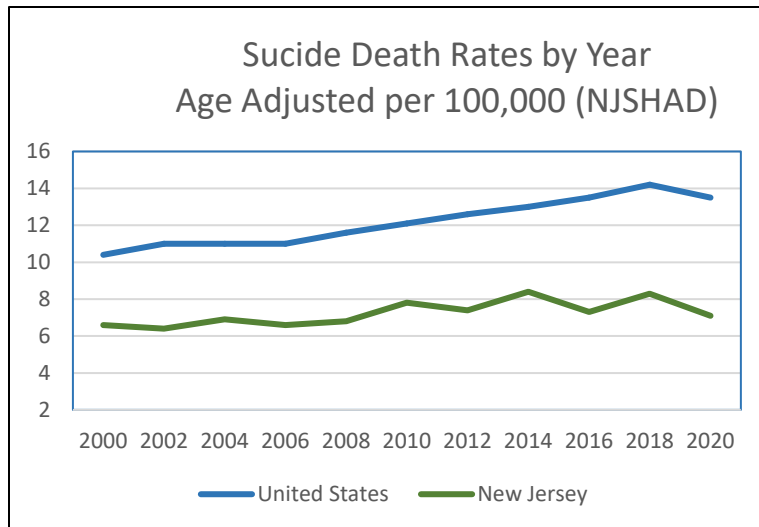
IX. Health Literacy

90 million people in the U.S. have difficulty with health literacy. Health literacy is the ability to read, understand and act on health information. Limited health literacy increases the disparity in healthcare access among vulnerable populations (such as racial/ethnic minorities and the elderly). Literacy skills are a strong predictor of an individual's health status. According to the Center for Health Care Strategies, a disproportionate number of minorities and immigrants are estimated to have literacy problems: 50% of Hispanics, 40% of African Americans, and 22% of Asians.¹¹⁶ Low health literacy is a huge cost burden on the American healthcare system. Annual healthcare cost for individuals with low literacy skills are four times higher than those with higher literacy skills.¹¹⁷

X. Behavioral Health

Mental health consists of one's emotional, psychological and social well-being that affects how they might act, think and feel. Mental health can dictate how individuals make choices, relate to others and manage stress.¹¹⁸ Physical health and mental health go hand in hand and are both equally vital to maintaining overall good health.

It is difficult to know exactly how many people in our community suffer from mental health issues; however, in 2021 the NJBRFSS data reported that the average number of mentally unhealthy days within the past 30 days were 5.3 for Atlantic County and 5.0 for Cape May County. In addition, 16% of adults reported 14 or more days of poor mental health per month in both Atlantic and Cape May County.¹¹⁹



New Jersey State Health Assessment Data also offers data, but the sample sizes are small. Suicide was the 15th leading cause of death among New Jerseyans in 2020 with an average annual suicide count of about 740 per year. New Jersey rates are lower than the U.S.¹²⁰

Children also suffer in regards to mental health. According to the 2019 HS-YRBS high school

survey, twelve months prior to the survey high school students reported that:

- 35.8 % felt sad or hopeless for two weeks or more so that they stopped usual activities;
- 14.5% seriously considered attempting suicide; and
- 5.9% actually attempted suicide.¹²¹

Although the numbers above illustrate some of the need, we know many more people have behavioral health needs especially with the recent pandemic and isolation. It has been found that mental illness is amid the most commonly recognized health conditions in the United States. Statically, more than 50% of Americans will be diagnosed with a behavioral health disorder at some point within their lifetime.¹²²

- 1 in 5 Americans will experience mental illness in a given year¹²³
- 1 in 5 children currently or at some point in their lifetime will have a serious debilitating mental illness¹²⁴
- 1 in 25 Americans live with a serious mental illness, namely major depression, schizophrenia or bipolar disorder¹²⁵

The need for behavioral health services can change over a person's lifetime as a result of various factors. In 2021 it was found that access to behavioral health providers is limited in both counties with ratios of 540/1 in Atlantic County and 830/1 in Cape May County.¹²⁶ Instances of abuse, trauma, discrimination and stigma are a few examples of factors that might dictate mental

health. When an individual exceeds their ability to cope or address these factors, their mental health can be greatly impacted.¹²⁷ Chronic disease such as heart disease, diabetes and stroke can be influenced by the presence of mental health issues, namely depression and anxiety.¹²⁸ Chronic conditions can in turn strain mental health quality and increase the risk for more serious mental illness.

XI. COVID Vaccinations

COVID-19 vaccines help the body develop protection from the virus. Vaccinated populations can still be infected, but vaccines lower the risk of getting very sick, being hospitalized, or dying from COVID-19.¹²⁹

A majority of the United States population received at least one dose of the COVID-19 vaccine. As of May 2023, 81% of the population received at least one dose and 70% of the population is considered fully vaccinated. New Jersey had higher rates of vaccination with 93% of the population receiving at least one dose and 78% fully vaccinated.¹³⁰

Death rates due to COVID-19 have declined dramatically over time. According to the State of New Jersey, death rates in New Jersey have gone from a high in 2020 of 143.5 to a low in 2023 of 10.8. At the beginning of the pandemic men had higher rates, as well as black and Hispanic populations; however, all of these populations' rates have decreased to comparable rates.¹³¹

Moving forward booster vaccines are recommended. Populations six months and older are recommended to get a 2024-2025 COVID-19 vaccine. This is especially recommended for higher risk groups such as 65 and older populations, individuals at high risk and anyone who has never received a vaccine.¹³² In general, COVID-19 vaccination boosters are low. As of April 2025, 23% of United States adults 18 and over received the 2024-2025 COVID-19 vaccine.¹³³

COVID-19 vaccine effectiveness is monitored by the Centers for Disease Control and Prevention. A website specifically dedicated to studies illustrates the multiple studies reporting on the effectiveness of the vaccines in a variety of populations. An example of effectiveness includes adults with a weakened immune system who received a COVID-19 vaccine were one-third less likely to be hospitalized with COVID-19.¹³⁴ Studies around the world have also found that approved vaccines are highly protective against COVID-19 and especially important for high-risk groups.¹³⁵

COMMUNITY INFORMATION

Information regarding the community of Atlantic and Cape May County have been gathered by Shore Medical Center and local health departments.

I. Public Health Interviews conducted by Shore Medical Center

Shore Medical Center completed key representative interviews. A representative from Atlantic County and Cape May County were identified. The qualitative data was tallied and put together to form a picture of the community.

Leaders throughout our community have identified the most important barriers to making healthy choices to be dependent on environmental and financial factors. Transportation and access to healthy affordable food options were identified as a major barrier to receiving healthcare. For example, our leaders stated that there are not enough markets and grocery stores in every community that have healthy and affordable options. Fast food is a cheaper and more convenient source of food. The lack of healthy and affordable options may lead to obesity, diabetes, and many other health concerns.

When asked about barriers to receiving healthcare, our leaders identified loss of trust in healthcare in general to be the biggest barrier to healthcare in both communities. The cost of healthcare and/or having an insurance that does not cover the majority of care was also a top barrier to healthcare.

The following aspects were identified by our leaders:

- The greatest health concern in our community is chronic disease and access to care. Residents' ability to work and live a productive life are greatly impacted by chronic disease. Access to care is fragmented and residents still go to urgent care instead of having a medical home.
- Three of the greatest public health issues we face today are food insecurity, smoking and substance abuse/alcohol.
- Not everyone is getting the care they need due to distrust, transportation and a lack of insurance.
- Community members are informed about the numerous programs that are available, but most do not access the information until they are in need at the moment. If they cannot find assistance immediately, they do not keep searching and assume the information is not available.
- There is a lack of high-quality options for child and elder care. ¹³⁶

II. Atlantic County Division of Public Health Community Health Assessment

ACDPH's Community Health Assessment (CHA) 2024-2027 efforts began with monthly Coalition meetings to assess population health, identify gaps in services, review data, and select priorities. Data was gathered from the county-wide Community Voices Survey.

The Atlantic County Community Voices Survey provided insight to health and social issues affecting residents. Based on survey results, the top five community health priorities are:

1. Housing (47.81%)
2. Food Access (36.33%)
3. Health Insurance (26.51%)
4. Employment (23.38%)
5. Mental Healthcare (22.96%)¹³⁷

Exploring the Connection Between Primary Care Access and Preventative Health Behaviors:

- 82.5% of individuals with a primary care provider reported eating healthy foods most days, while 17.5% of individuals without a primary care provider reported eating healthy foods most days.
- 79.9% of individuals with a primary care provider reported engaging in regular physical activity, while 20.1 % of individuals without a primary care provider reported an active lifestyle.
- 81.7% of individuals with a primary care provider reported being able to manage their stress most days, while 18.3% of individuals without a primary care provider reported effective stress management.¹³⁸

Health Barriers:

- Lack of availability of doctors' appointments, including difficulties related to work, time and distance (25.8%)
- Inability to pay (19.8%)
- Lack of insurance (20%)
- Lack of transportation (18.3%)
- Fear or confusion about navigating the healthcare system (13.6%)
- Distrust in healthcare facilities (12%)
- Language (7.3%)¹³⁹

III. Cape May County Department of Health Community Health Assessment

Cape May County Department Health Assessment (CHNA) 2025. Data was gathered from the county-wide Community Survey.

The Cape May County Community Survey provided insight to health and social issues affecting residents. Based on survey results, the top five community health priorities are:

1. Housing (93%)
2. Financial Assistance (72.7%)
3. Employment (55.6%)
4. Food Access (51.7%)
5. Childcare (50.0%)
6. Lead Testing and/or Treatment (50.0%)

Health Services Needed but Could Not Access

- In-home care (seniors, homebound, etc.) (56.8%)
- Help caring for an adult with a special health need or disability (47.7%)
- Help caring for a child with a special health need or disability (46.2%)
- Mental or behavioral healthcare (37.5%)
- Health education (dietician, diabetes education, etc.) (34.6%)
- Substance abuse treatment (23.1%)

Biggest Barriers to Accessing Services:

- I couldn't afford the costs
- The wait is too long
- Not available in Cape May County
- The provider did not take my health insurance
- I did not have health insurance
- I did not know where to go for care ¹⁴⁰

IV. New Jersey Regional Chronic Disease Coalition Collaborative Focus Group Project

Shore Medical Center Community Outreach Team assisted with leading a statewide focus group initiative along with several partners. Below is a collaborative effort on focus groups around the state, as well as specific results from Atlantic and Cape May focus groups.

Each Coalition was charged to conduct focus groups within their respective communities as part of the FY2023 grant cycle. The purpose of the project was to gain insight directly from communities regarding barriers to cancer screenings, especially among non-Hispanic Black, Hispanic, seasonal migrant workers, foreign-born, undocumented, tribal and LGBTQ+ populations.

To optimize efforts several Coalitions partnered to achieve continuity across geographies providing a collective view and greater value in reporting. A core group of coordinators worked together to create the survey, process guidelines, note taking template, and a facilitator script/narrative package to establish a standardized implementation and data collection process available in both English and Spanish.¹⁴¹

Focus Group Commonalities

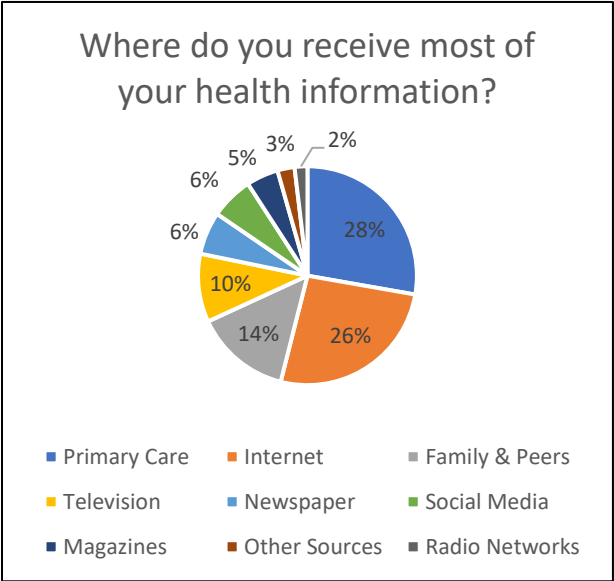
- An overwhelming lack of trust and frustration with the medical community was heard from participants throughout the groups. All of the focus groups shared feelings of being rushed, their concerns not being heard, and a lack of clear communication. Due to inconsistency with seeing the same provider for appointments; it is difficult for patients to build a relationship with their providers.
- Guidelines for healthcare screenings are often unclear to community members. This consists of what they are, what they are for, and when they should be completed.
- Rural communities experience a lack of providers in the area where they live and often need to travel for healthcare. This may bring transportation barriers into play.
- The Spanish communities experience language barriers with both comprehension and understanding. Additionally, they often have low levels of education and health literacy which can create a barrier to understanding educational and medical handouts even when in their first language.
- The concern of cost and affordability is on patients' minds. The lack of health insurance interferes with access to preventative screenings. In addition, the community is unsure how to access resources or even where to ask about resources.
- Access to healthcare with limited office hours creates difficulties for patients who are fearful of missing work (loss of job, loss wages, etc.).
- Communities struggling with housing and food insecurities are focused more on their immediate needs rather than health screenings.

Individual Counties

1. This in-person focus group consisted of both men and women, was conducted with a target demographic of a Black faith-based population, and was held in a rural area of Atlantic County. The group was knowledgeable about screenings, but did not know when these screenings were recommended to take place. The biggest concern/barrier expressed was the lack of access to quality providers within their area. Providers used are a distance and transportation at times is an issue. This group felt that most providers did not spend enough time with patients, leaving them feeling rushed and unheard in regards to their healthcare concerns. They often felt the providers took an easy approach by writing a prescription instead of educating patients and offering tools to improve health. The group did not feel connected to their healthcare provider because of the inconsistency with seeing the same provider each time they went to the office. Due to this lack of consistency, it is felt that there is ineffective communication and education on screening information. The inconsistency of providers has led to a large mistrust of the medical community. The lack of insurance and fear of getting bad news were also mentioned as possible barriers.
2. Cape May County held an in-person focus group at the Branches Homeless Center with both men and women. Participants expressed that they understood the importance of cancer screenings for early detection. The consensus of the group did not trust healthcare providers and expressed frustration with a lack of consistency of seeing the same provider to build a trusting relationship. The Branches group often felt put off to nurse practitioners and rarely, if ever got to see a physician. Securing transportation to get to medical appointments was limited and difficult to acquire. All, but one, were experiencing homelessness and therefore expressed that the primary focus was the immediate needs of securing shelter and food. Preventative screenings took a backseat to those immediate concerns.

V. Shore Medical Center Community Survey

A community health needs assessment survey was administered in May 2022 to measure community input and engage residents of Atlantic and Cape May County. Although the survey is not statistically significant it illustrates some interesting norms that impact the community.



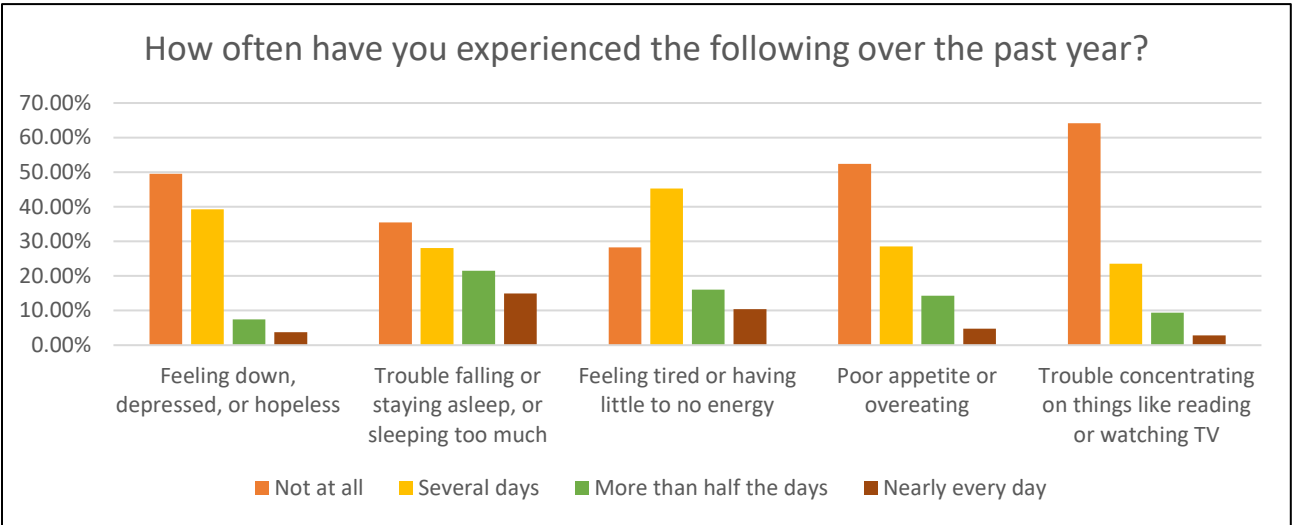
People who participated in the survey were predominately women, White, and/or over 65. For an increased understanding of community needs, further research is necessary amongst more residents in general, as well as more residents that are diverse in race, ethnicity, gender and age.

Samples of information found:

The vast majority of participants receive health information from their primary care providers as well as the internet. As the internet has

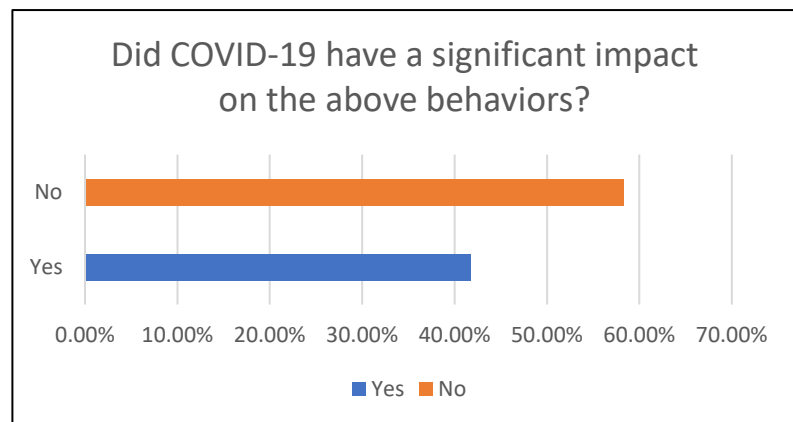
boomed so too has the number of people getting health information from the internet. Sources on the internet can be valuable, but there is also inaccurate information. It is important for providers to understand where their patients get their information.

Mental health issues especially anxiety and depression have been in the news a great deal during the COVID-19 pandemic. Using a Likert scale, participants were asked how often they have experienced a series of symptoms to gage the experience of both anxiety and depression. Although this varied, portions of the population were found to experience difficulties. For example, 36.5% of the people surveyed had trouble sleeping and 26.4% had little to no energy.

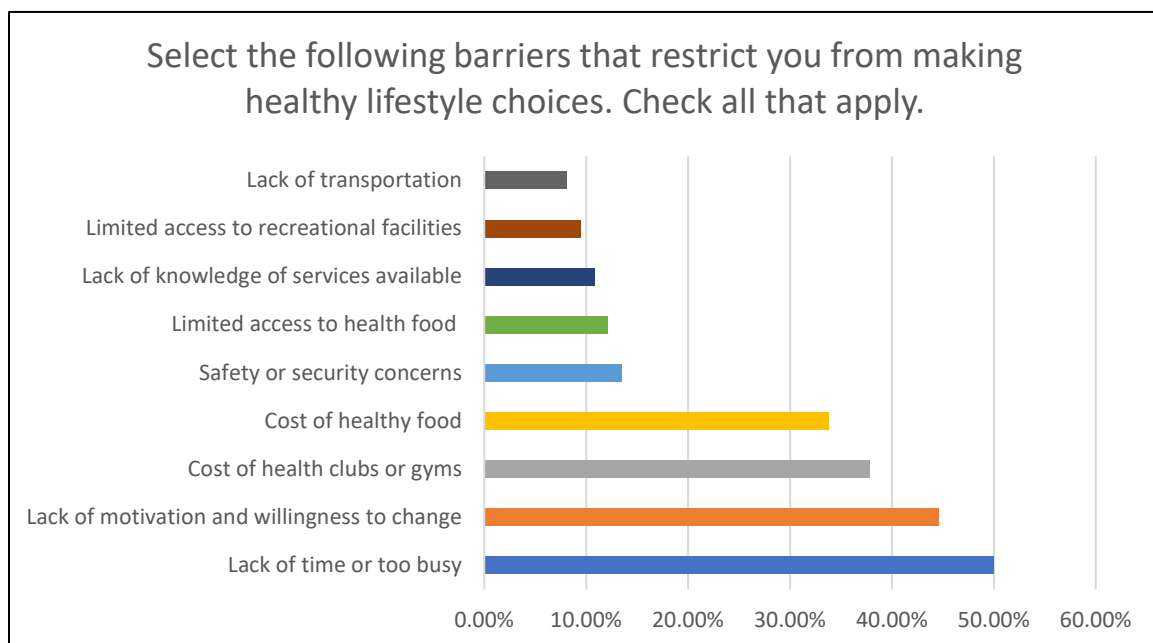


As a follow up question participants were asked to gauge the experience of the COVID-19 pandemic and its impact on anxiety and depression symptoms as well as health awareness. More than 40% did find a change in their mental health due to COVID-19.

Additionally, when asked if COVID-19 changed participants' health awareness, 55% percent said yes. This illustrates that people were thinking about their health and what the pandemic meant to their overall health.



It would seem that people thinking about their health may be looking to engage in a healthier lifestyle; however, this is easier said than done. Participants were asked about the barriers that restricted their ability to make health lifestyle choices. The majority of respondents reported that a lack of time, motivation and financial funds restrict their ability to make healthy lifestyle choices.



With this information, we can infer that the COVID-19 pandemic increased the community's level of health awareness; however, this does not mean it has become any easier to live a healthy lifestyle. By coping with the stresses of everyday living community members experience barriers from optimal health choices and gathering more of their information from sources outside their health providers.

FINAL THOUGHTS

Shore Medical Center completes a Community Needs Assessment every three years. This is to ensure that Shore Medical Center's outreach efforts and initiatives truly reflect the changing health needs of the community it serves and to fulfill the annual Affordable Care Act requirement.

Living with a good quality of health is a complex formula in which multiple factors play a significant role for both the individual and the community. Unfortunately, social determinants of health too often contribute to unequal access to healthcare. Understanding factors such as economics, education, race disparities and age can lead to reductions in health disparities and improvements in health indicators.

Shore Medical Center reviewed and/or took part in multiple sources that represent the community viewpoints and what they are experiencing. An identification of multiple difficulties include: 1) access to healthy foods whether it be through financial, convenience or location of grocery stores; 2) distrust of healthcare in general, a dissatisfaction of seeing different healthcare providers each time they are in the office and a fragmented system with the use of urgent care rather than medical homes; 3) cost of healthcare, having insurance that leaves large out of pocket costs and lack of insurance; 4) lack of quality options for child and elder care including assistance for disability needs; 5) financial stressors come up again and again whether it is in connection to housing, food access, health insurance or healthcare costs; 6) language barriers; 7) healthcare literacy; 8) transportation; 9) access to behavioral healthcare; and 10) access to substance abuse treatment. Additionally, it was found that individuals with a primary care provider were more likely to report eating healthy foods, engaging in regular physical activity and effective stress management.

Atlantic and Cape May County vary in their community makeup. Atlantic County is more diverse, has a younger median age, lower median income, higher levels of poverty, and a higher portion of the population on public assistance. Cape May County is less diverse, but is growing in diversity, has a higher median age, and a lower median income than New Jersey, but higher than Atlantic County. Cape May County is doing a little better in regards to educational levels, but both counties experience in-migration of residents with low educational levels. English is the predominate language; however, there are still isolated households in which Spanish is the most common language.

The leading causes of death in our communities are heart disease and cancer. In addition, stroke, chronic respiratory disease and diabetes are also a major concern. During 2020, COVID-19 was prevalent and rose to the third leading cause of death in both Atlantic and Cape May County;

however, this is expected to decrease much the same as it has in New Jersey once county statistics are available. It is important to note that issues are still resulting from COVID-19 such as delayed primary care, screening utilization and the development of Long COVID which is a serious illness causing a variety of symptoms and side effects still affecting our community.

Health risk factors affect overall health and risk for chronic disease. Many of these health risk factors are preventable including obesity and tobacco which are considered two of the leading contributing factors to the development of chronic disease. Additionally, these factors are more prevalent in disparate populations and often begin during childhood. Children's obesity percentages continue to rise and tobacco vaping has replaced smoking amongst youth which is connected to future smoking usage. Food security is problematic within the community with more families struggling to access healthy foods while also not meeting the threshold for assistance. The lack of proper food can contribute to health issues. Additionally, both Atlantic and Cape May counties have higher heavy drinking percentages compared to New Jersey and the state as a whole continues to deal with the opioid epidemic. Behavioral health has become more acknowledge especially due to the isolation found during COVID-19 pandemic shutdowns and residents of Atlantic and Cape May counties have reported struggles with poor mental health. On a positive note, the percentage of people who do not have insurance has been reduced over the years. This is in part due to the expansion of Medicaid; however, 12-16% of lower income populations still struggle to gain access to health insurance coverage. Populations without health insurance are unable to access healthcare consistently and often suffer from delay of care.

What does this all mean? The residents in Atlantic and Cape May Counties continue to struggle with maintaining consistent healthy lifestyles which in turn is connected to chronic disease. In addition, they may experience financial stressors and aspects that evolve from financial instability. This especially affects minority/ethnic populations.

For these reasons, Shore Medical Center identified the following health-related issues as our priority community health needs and will address them in our implementation strategies:

- Obesity
- Tobacco
- Cancer and Cancer Screening
- Behavioral Health and Substance Abuse (including opioids)
- Poverty (including education and access)
- Food Insecurity
- Primary Care Physician Access

Through the Implementation Strategy Plan, Shore Medical Center looks to impact the following:

- Chronic disease reduction
- Improved access to care (including behavioral health)
- Increased access to addiction treatment
- Improvement to healthy lifestyles
- Connection to financial resources

More details regarding Shore Medical Center's Implementation Strategies may be accessed at www.shoremedicalcenter.org.

ENDNOTES

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