

2022 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 & 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. 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 & 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. Shore Quality Partners 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.

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 program in Atlantic county. The program provides cancer-screening services for the underserved populations at convenient locations within the community.

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 health care 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 2022 Community Needs Assessment process included revamping all the statistics, adding new topics such as COVID-19, and condensing content for consistency. In addition a small community survey was completed during 2022 in order to gain input from the community. 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 as COVID-19 vaccinations and mental health; and survey 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
- Mental Health and Substance Abuse (including opioids)
- COVID-19
- Poverty (including education and access)
- Physician Access

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

- Chronic disease reduction
- Improved access to care (including mental 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 100,500 cases that used Shore Medical Center's services in 2021, 80.8% 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. Northfield
8. Linwood
9. Galloway
10. Ventnor
11. Marmora
12. Margate
13. Ocean View
14. Cape May Court House
15. Woodbine

Key Quantitative Sources of Data

- American Diabetes Association
- Centers for Disease Control and Prevention
- County Health Rankings, University of Wisconsin
- Mayo Clinic
- National Cancer Institute
- National Institute of Drug Abuse
- National Institute of Health
- New Jersey State Health Assessment Data
- New Jersey Cancer Registry
- New Jersey Department of Health
- The State of New Jersey Department of Human Services Division of Mental Health and Addiction Services
- United States Census Bureau

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The Community Health Needs Assessment – 2022 document was completely updated during 2022. The Community Health Needs Assessment and Implementation Plan were presented to the Audit and Finance Committee on November 7, 2022. Shore Medical Center’s Executive Team and Board of Trustees received the documents on December 5, 2022. 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 is as follows:

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

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 18.³

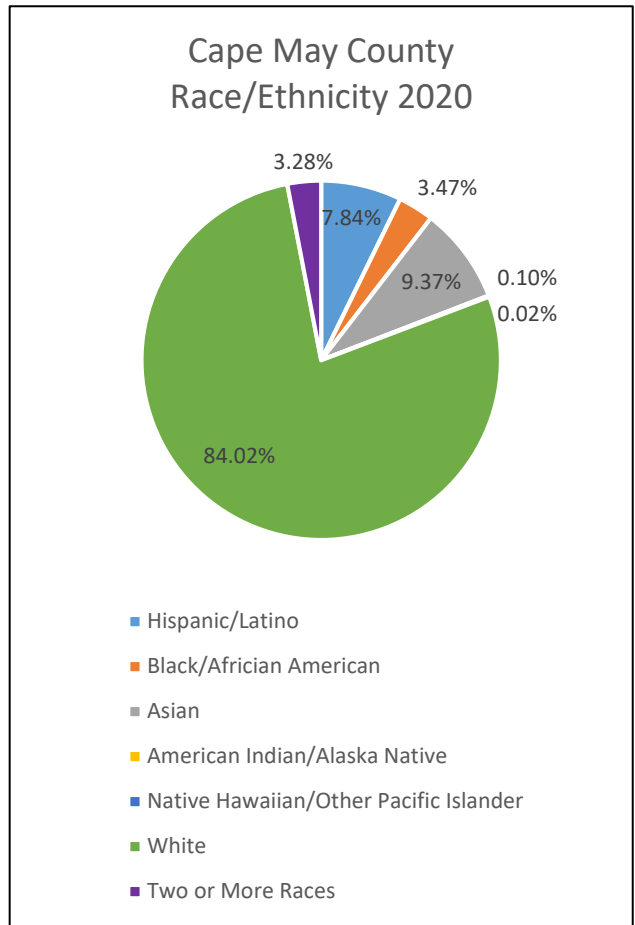
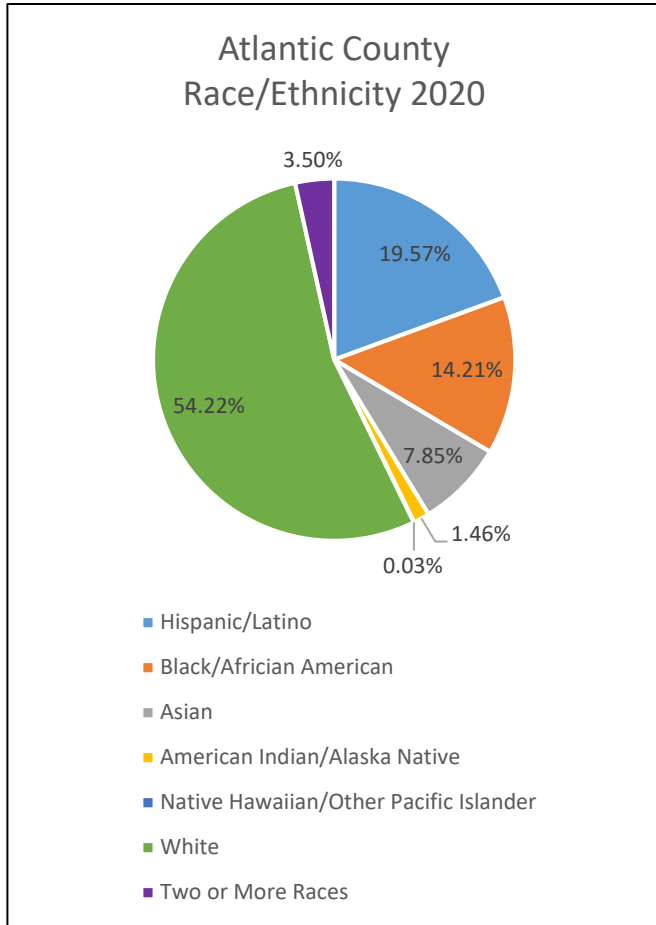
In 2020, the median ages were⁴:

- 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

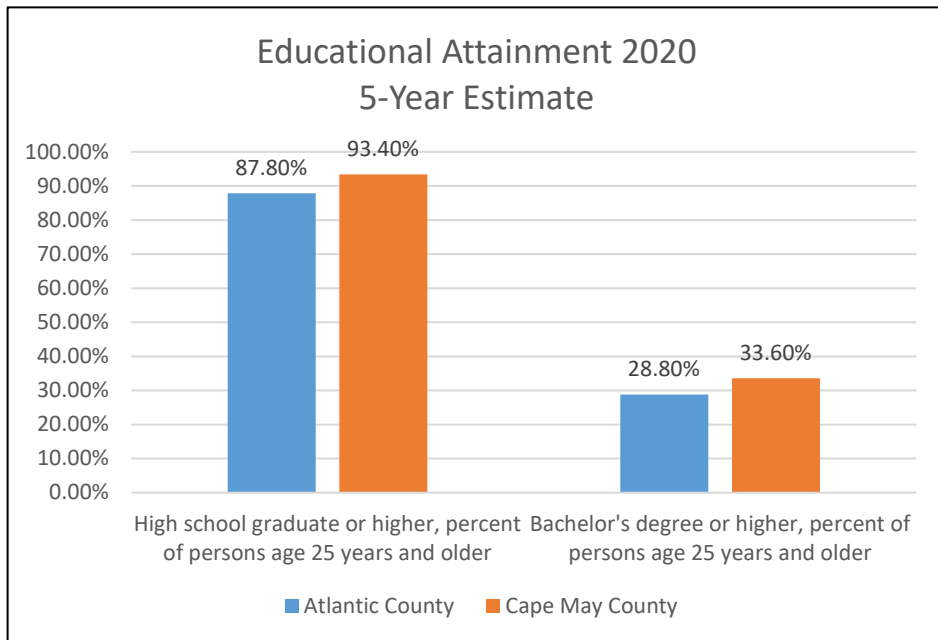
populations, whereas Cape May County is predominately White with smaller amounts of minority populations. It is important to note Cape May County's minority population has grown over the last ten years. See the next page for the breakdown.⁵

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 ²				



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 that speak 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 are isolated households in which English is limited. In Atlantic County 5.0% of all households are limited English-speaking households with the most 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 most 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

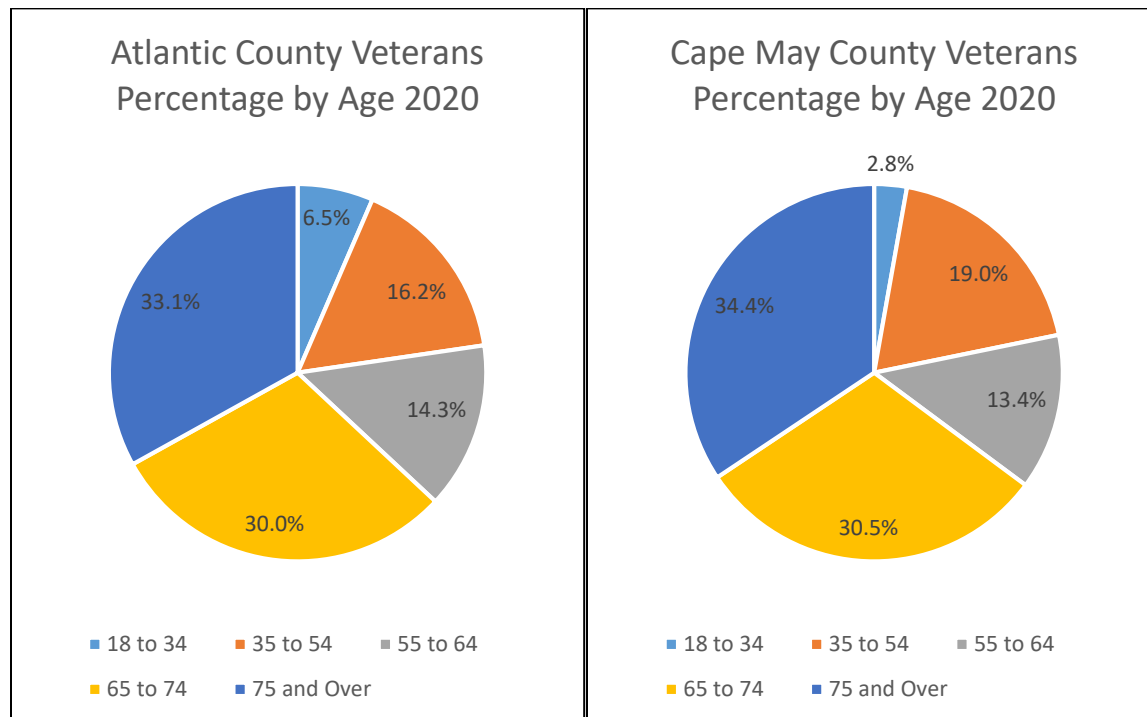
incomes, higher poverty status and need public assistance more often. Children under eighteen experience the greatest level of poverty with Atlantic County at 19.9% and Cape May County at 14.5%.¹³

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

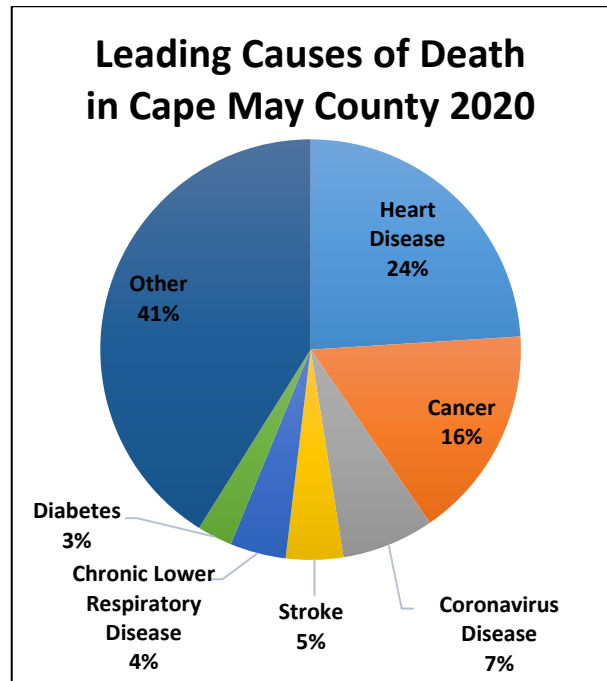
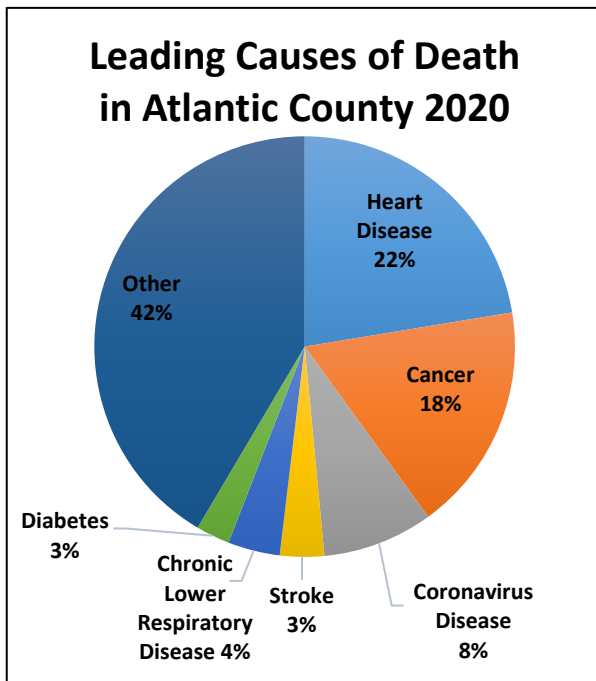
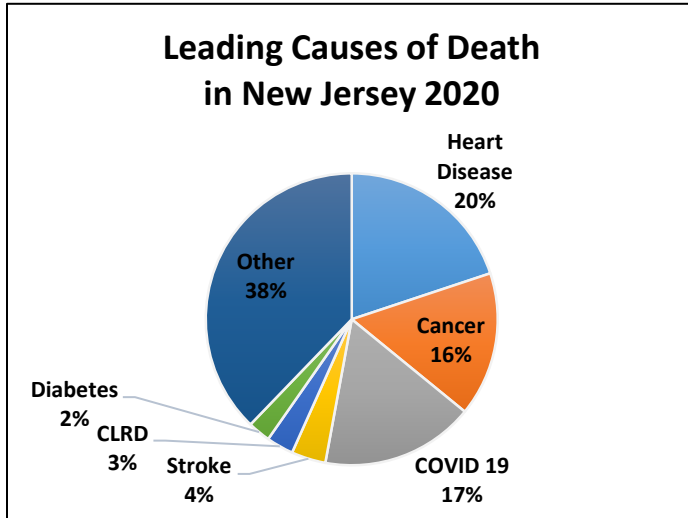
I. Leading Causes of Death

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

second leading cause of death in 2020 for New Jersey and third in Atlantic and Cape May Counties.

Atlantic County and Cape May County were very similar in regards to causes of death with heart disease, cancer and COVID-19 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

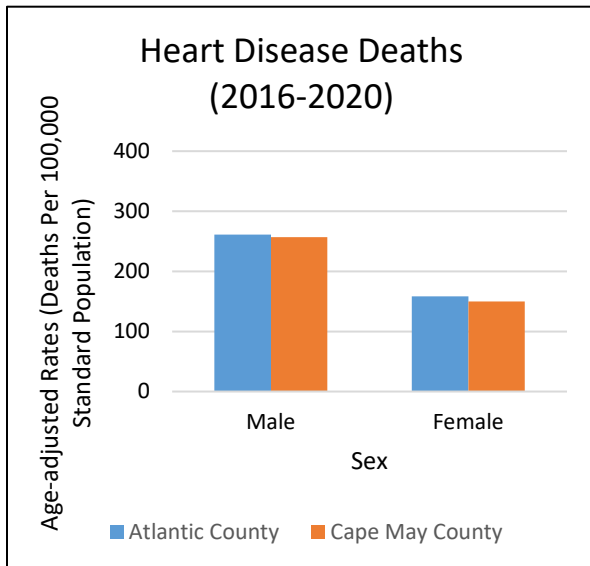


II. Heart Disease

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 populations. 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 2020, 7.8% 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 increases depending on 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 2016 to 2020. The state's mortality rate per 100,000 people was 162.8. Both Atlantic and Cape May Counties have some of the highest rates in the state. The mortality rate for Atlantic County was 203.0 and for Cape May County was 197.9 per 100,000 people. The mortality rate in both Atlantic County and Cape May was higher than New Jersey.¹⁹

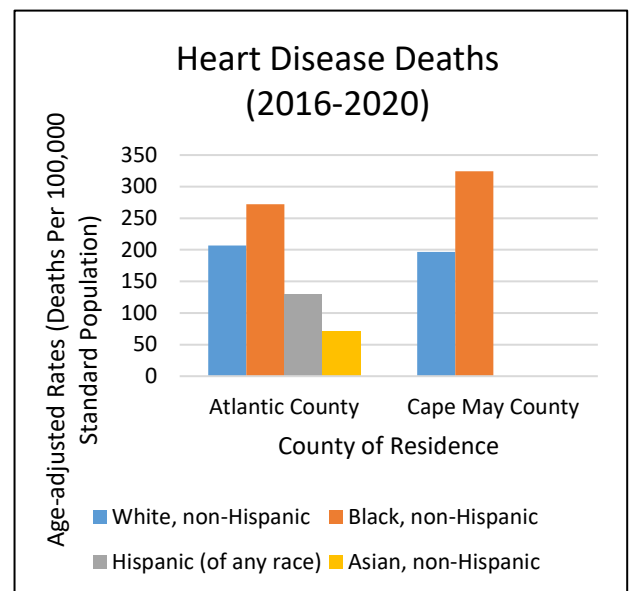


Males had a higher death rate per 100,000 than females in both Atlantic County and Cape May County. In Atlantic County males and females had a death rate of 261.0 and 158.2 per 100,000, respectively. In Cape May County males and females had death rate of 257.1 and 150.1 per 100,000, respectively.

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

populations in Atlantic County had 206.8 death rate while Black populations had a 272.1 death rate per 100,000. In Cape May County White populations had a 196.6 rate while Black populations had a 324.2 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, placing Black men at high risk for heart disease.²¹



III. Cancer

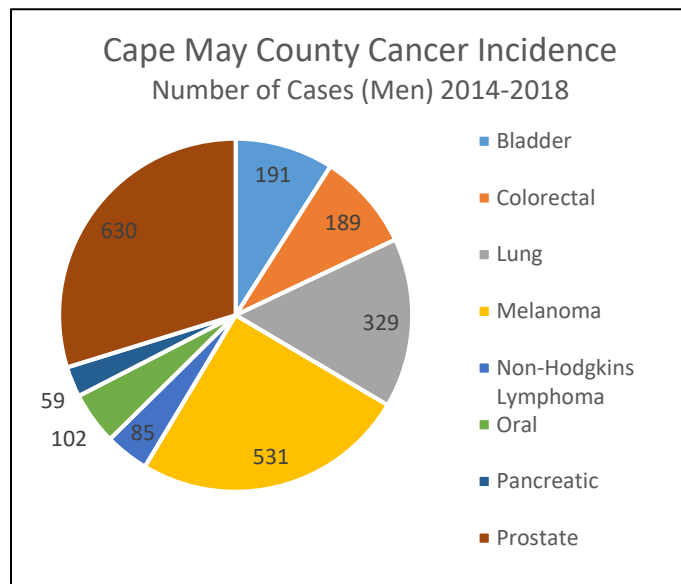
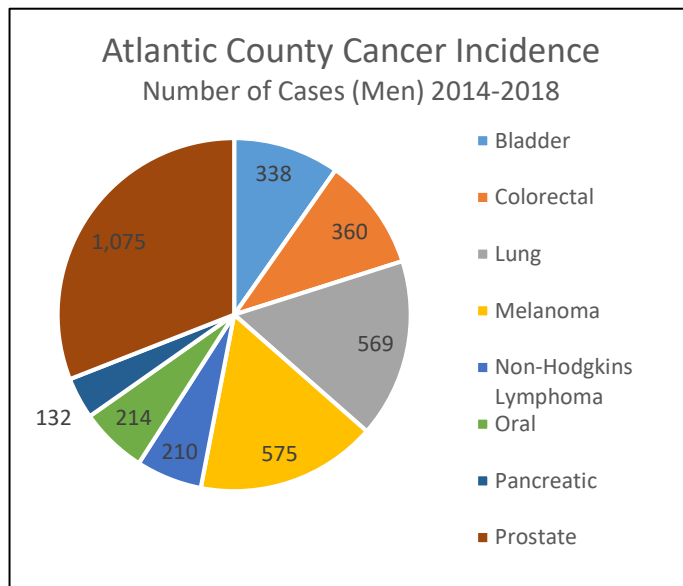
Cancer is defined as the abnormal development of cells in the body. Cancer develops when the body's normal control mechanism fails. These abnormal cells grow when they should not and create problems for the body's system. Cancer can be develop in almost anywhere in the human body.²² According to American 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 3.2% higher than the state, at 558.5 vs. 541.3 per 100,000. Atlantic County ranks in the middle of the state.

Cape May County's cancer incidence rate for all cancers is 22.7% higher than the state, at 664.1 vs. 541.3 per 100,000. This places Cape May County with the highest incidence rate in New Jersey.²⁴

In terms of numbers, Atlantic County men are most affected by prostate, lung, colorectal, bladder and Melanoma. Atlantic County's lung cancer incidence rate is 20.5% higher and the Melanoma rate is 31.5% higher than New Jersey.²⁵



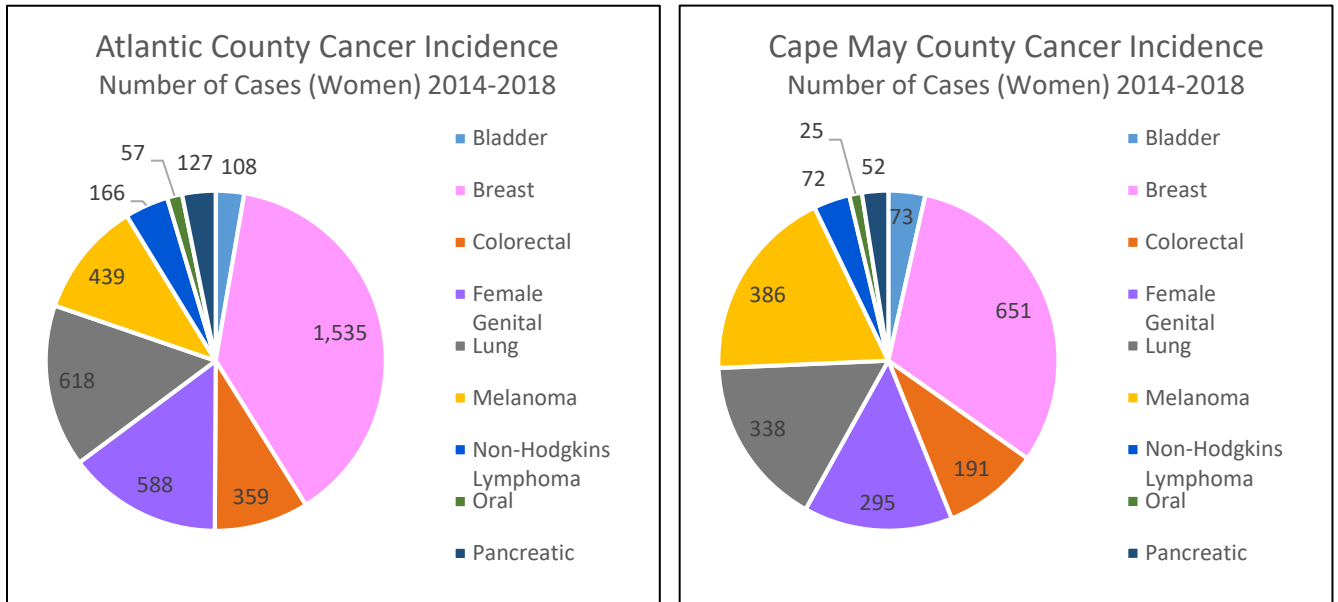
In terms of numbers, Cape May County men are most affected by prostate, lung, Melanoma, bladder and colorectal. Cape May County's lung cancer incidence rate is 39.3% higher and the Melanoma rate is 145.5% higher than New Jersey.²⁶ There are more Melanoma cases among Cape May County men than colorectal, typically the third most common cancer. Cape May County has the highest rate in the state in regards to Melanoma.²⁷

Women in Atlantic County are most affected by breast, lung, female gynecological, Melanoma and colorectal cancer in terms of numbers. Atlantic

ⁱ All cancer rates are 5 year rates (2014-2018) per 100,000. Rates are age-adjusted to the 2000 US Standard Million Population.

County's lung cancer incidence rate is 22.1% higher and the Melanoma rate is 20.7% higher than New Jersey.²⁸

Women in Cape May County are most affected by breast, Melanoma, lung, female gynecological, and colorectal cancer in terms of numbers. Cape May County's lung cancer incidence rate is 41.1% higher, the Melanoma rate is 156.8% higher, and the colorectal cancer rate is 20.1% higher than New Jersey. Cape May County has the highest rate of Melanoma, second highest rate of lung cancer, and the third highest rate of colorectal cancer in New Jersey.²⁹



Mortality

Atlantic County's cancer mortality rate for all cancers is 9.5% higher than the state, at 162.4 vs. 148.3. Atlantic County ranks eighth in the state. Cape May County's cancer mortality rate for all cancers is 22.5% higher than the state, at 181.7 vs. 148.3. This places Cape May County third in the state for mortality rates.³⁰

Lung, prostate and colorectal cancer accounts for the most deaths for men in regards to cancer mortality in both Atlantic and Cape May County. For women the most deaths in regards to cancer mortality are lung, breast, female gynecological cancers and colorectal cancer in both Atlantic and Cape May County.³¹

Cancer mortality does not affect all races evenly. Black populations often have higher mortality rates than White populations. This is especially recognized in prostate cancer mortality rates and breast cancer mortality rates.³²

- Atlantic County - breast: 21.5 vs. 34.0
- Atlantic County - prostate: 17.0 vs. 41.3
- Cape May black rates are too small to compare.

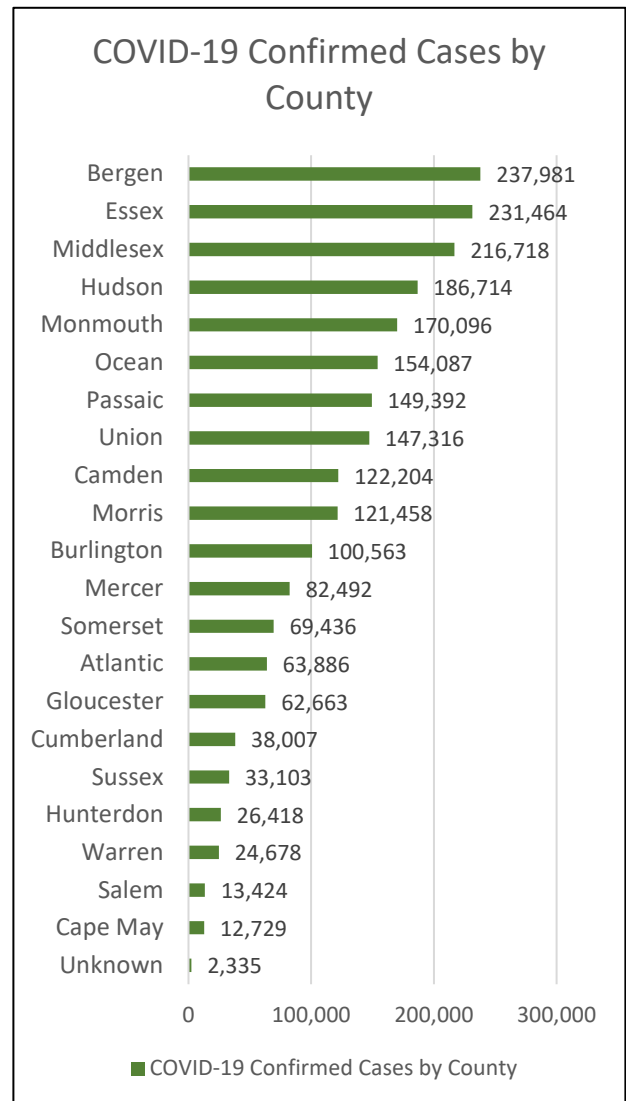
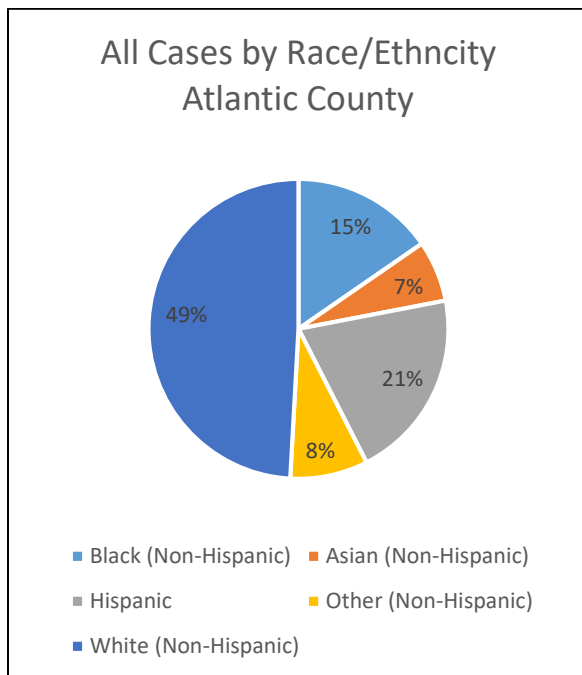
Some types of cancer can be avoided. Many cancers are linked to lifestyle choices such as eating a healthy diet, exercising, controlling one's weight, not smoking and reducing UV exposure. Screening can lead to earlier detection, which can improve survival outcomes.

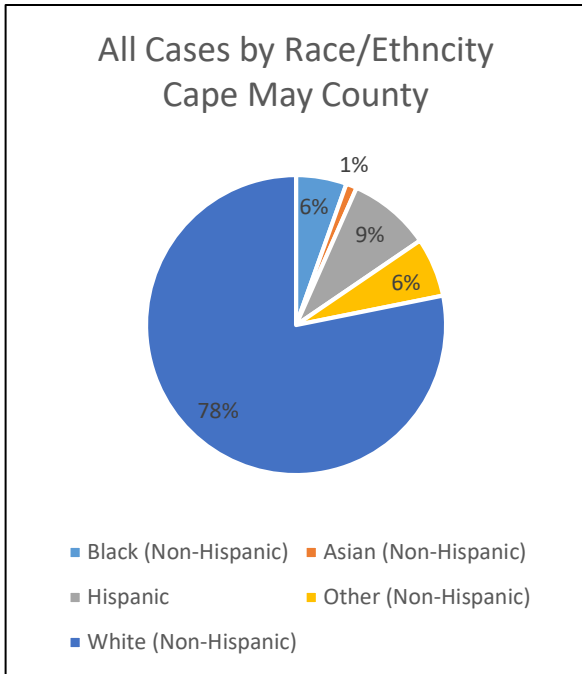
IV. Coronavirus Disease

SARS-CoV-2, a coronavirus, is the cause of COVID-19.³³ As of August 25, 2022 there have been over 93 million cases and over one million deaths in the United States.³⁴ New Jersey has experienced 2.6 million cases and over 34,000 deaths. In order to gain an understanding of what this means this calculates to 29,969 cases and 388 deaths per 100,000 people in New Jersey.³⁵

According to the New Jersey Department of Health, between April 2020 and July 2022 COVID-19 ranged in the number of cases throughout the state. Atlantic County had approximately 64,000 cases and Cape May County had approximately 13,000 cases.³⁶

Atlantic County race/ethnicity breakdown consists of White, Black and Hispanic populations as having the most cases. This is consistent with the population base in Atlantic County.³⁷





Cape May County race/ethnicity breakdown of cases is predominately White. This is consistent with the population base in Cape May County.³⁸

Unfortunately an age breakdown was not available by county. In New Jersey age groups with the highest percentage of case were:³⁹

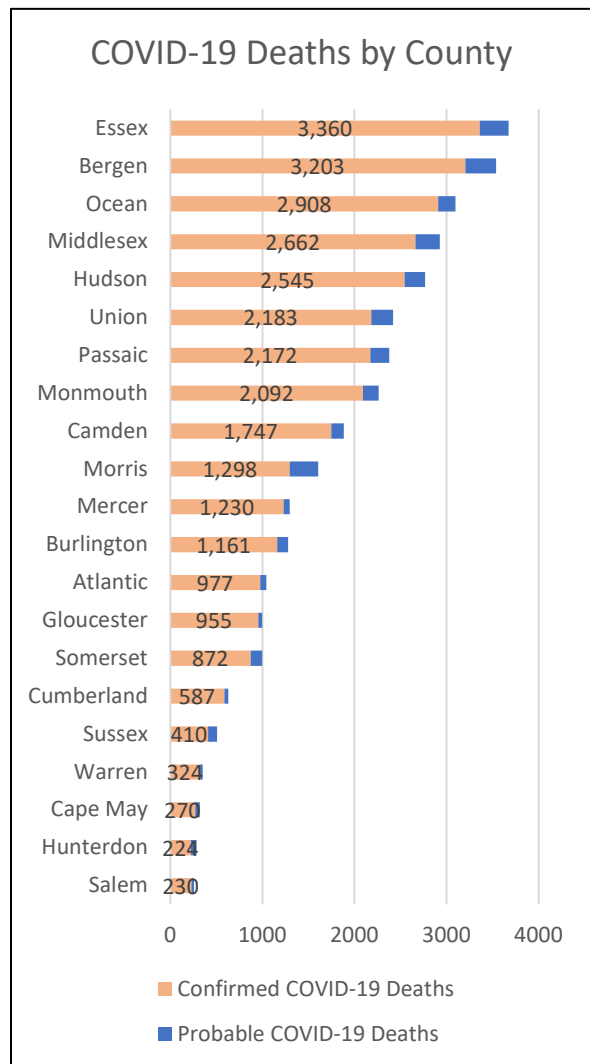
- 31.1% ... 30-49
- 20.2% ... 50-64
- 18.5% ... 18-29
- 13.6% ... 5-17
- 9.3% ... 65-79
- 3.8% ... 0-4
- 3.5% ... 80+

According to the New Jersey Department of Health, between April 2020 and July 2022 COVID-19 ranged in the number of associated deaths throughout the state. Atlantic County had approximately one thousand deaths and Cape May County had approximately 300 deaths. This yields Atlantic County at a 380 and Cape May County at a 335 death rate per 100,000.⁴⁰

Although race/ethnicity death breakdowns are not available by county it is available by state with White (59.83%), Black (16.57%) and Hispanic (13.75%) populations being of the highest percentages of deaths by COVID-19.⁴¹

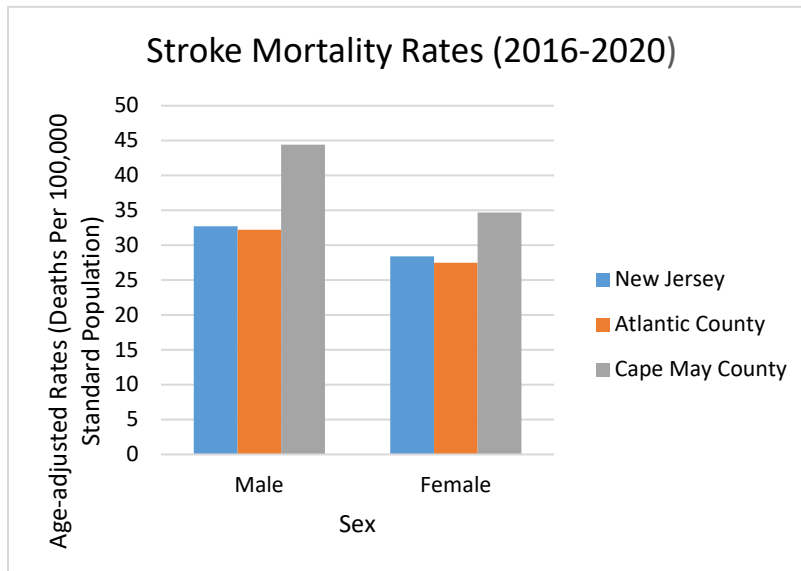
Older populations are most affected by COVID-19 deaths despite not having the highest percentage of cases. In New Jersey age groups with the highest percentage of deaths were:⁴²

- 45.13% ... 80+
- 33.47% ... 65-79
- 16.61% ... 50-64
- 4.33% ... 30-49
- 0.42% ... 18-29
- 0.02% ... 5-17
- 0.03% ... 0-4



V. 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. 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.⁴³ The stroke mortality rate in Atlantic County is slightly lower than the state rate. Male stroke mortality in Cape May County is 35.8% higher than the state rate, at 44.4 vs. 32.7. Female stroke mortality in Cape May County is 22.2% higher than the state rate, at 34.7 vs. 35.7. Cape May County's mortality rates are higher than the state as a whole and Atlantic County.⁴⁴



There are numerous risk factors that increase the risk 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

avoid having a stroke.⁴⁵

VI. Chronic Lower Respiratory Diseases (CLRD)

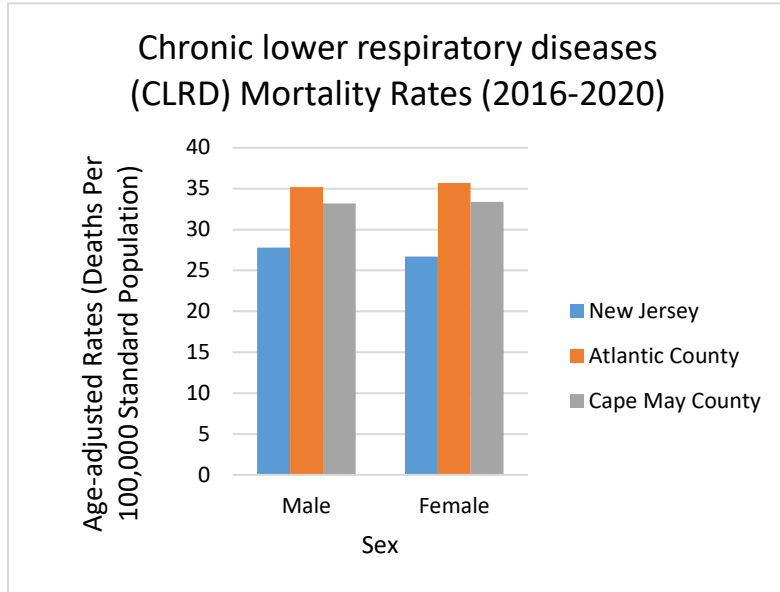
Chronic Lower Respiratory Diseases consist of multiple lung diseases.

- 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.⁴⁶

According to the CDC, approximately 5% of U.S. adults have been told by a health provider that they have COPD, emphysema or chronic bronchitis and approximately 8% of adults have been told they have asthma between 2019 and 2021.⁴⁷ 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.^{48 49}

Atlantic County men’s CLCD mortality rate is 26.6% higher than the state rate, at 35.2 vs. 27.8. Atlantic County women have a 33.7% higher CLRD mortality rate than the state, at 35.7 vs. 26.7. Cape May County men’s CLCD mortality rate is 19.4% higher than the state rate, at 33.2 vs. 27.8. Cape May County women have a 25.1% higher CLRD mortality rate than the state, at 33.4 vs. 26.7.



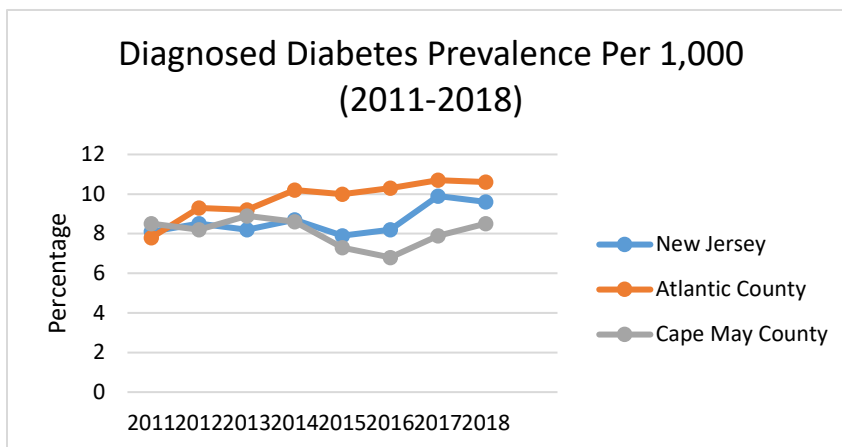
When compared to the state as a whole, both Atlantic County and Cape May County have higher mortality rates. This is not surprising due to the county smoking rates.

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 daily life for people living with these conditions.⁵⁰

VII. 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. The result is too much blood sugar in your bloodstream. Over time this can lead to serious health conditions.⁵¹

The American Diabetes Association estimates that 645,000 adults in New Jersey have diabetes. 207,000 people in New Jersey are unaware they have diabetes. Diabetes is becoming more prevalent in New Jersey with approximately 53,000 people diagnosed each year.⁵²



From 2011 to 2018, the prevalence percentage of diagnosed diabetes in Atlantic County increased steadily. Cape May County fluctuated over the years, with an overall decrease in diagnosed diabetes, however there has been an increase since 2016. Both men and women follow the same trend with women slightly lower in their rates.⁵³

According to CDC, Atlantic County and Cape May County are more vulnerable in regards to 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.⁵⁴

Diabetes also has considerable financial challenges. Diabetes patients 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. It also contributes to other serious health complications such as heart disease, stroke, amputation, end-stage kidney disease, blindness, and death.⁵⁵

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.⁵⁶ 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 health complications that can have a negative impact on a person's quality of life.

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.

VIII. 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.⁵⁷

Atlantic County (7.9%) and Cape May County (7.4%) are comparable to New Jersey (7.7%) in regards to low birth weights. This equates to approximately 250 babies in our community that were born at a low birth weight in 2020.⁵⁸ In New Jersey Black mothers compared to other racial/ethnic groups are more likely to deliver low birth weight babies.⁵⁹

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.⁶⁰ Additionally multiple births and tobacco use during pregnancy can increase the likelihood of low birth weights.⁶¹

IX. 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.⁶²

Uninsured Populations: Adults Under 65, 2020			
Population	New Jersey	Atlantic County	Cape May County
Women (all income and races)	7.8%	8.5%	7.8%
Women (250% of PL)	15.2%	13.4%	12.5%
Women (138% of PL)	15.9%	14.7%	13.0%
Men (all income and races)	9.7%	9.1%	9.8%
Men (250% of PL)	18.2%	12.7%	15.2%
Men (138% of PL)	17.2%	12.1%	14.0%

Approximately 15,000 people in Atlantic County and 4,500 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.⁶³ Medicaid is a government provided affordable health insurance that assists with access to health care.⁶⁴ It is important to

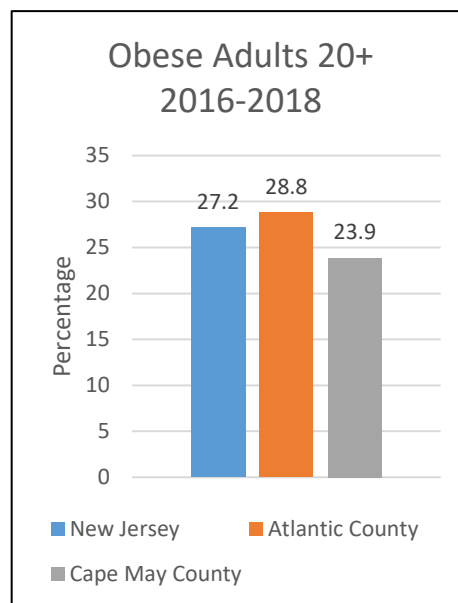
note that this is a great improvement from past years. Between 2010 and 2016 uninsured percentages have gone from the 20-25 percentage area to current percentages.⁶⁵

X. 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 problems⁶⁶ and certain types of cancers.⁶⁷

Body Mass Index (BMI) is a screening tool for overweight and obesity. BMI's between 25.0 and <30 falls within the overweight range. BMI's 30.0 or higher is in the obesity range.⁶⁸

In New Jersey, over the last ten years obesity rates increased 40%. This calculates to one in four adults or 24.6% of the adult population being obese. If obesity rates continue to rise at this rate nearly half of New Jersey will be obese by 2030.⁶⁹ According to New Jersey State Health Assessment Data, Atlantic and Cape May County fall into these same percentages.⁷⁰ The New Jersey Behavioral Risk Factor Surveillance System (NJBRFSS) estimates that 30% of Atlantic County and 32%⁷¹ of Cape May County adults 18 and over were obese in 2018.⁷²



BMI weight classification in 2021 through the NJBRFSS continues to illustrate concern regarding obesity. Twenty-eight percent of the adult population were obese and 36.4% of the adult population was overweight. Men were more likely to be obese/overweight.⁷³

Children are also suffering from obesity. In New Jersey one in four children (10-17) are overweight or obese (24.7%). Eleven percent of high school students are obese.⁷⁴ CDC has found:

- Obesity percentages increase as children get older;
- Obesity percentages are higher among Black and Hispanic children;
- Lower levels of obesity reside in homes with higher educational and income levels;⁷⁵ and
- Childhood obesity is associated with anxiety, depression, low self-esteem, lower self-reported quality of life, bullying, and obesity as adults.⁷⁶

XI. 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, and respiratory diseases. Lung cancer is generally the first thought in regards to cancer caused by

smoking; however smoking can cause cancer is almost any part of the body and increases risk of many types of cancer. One in three cancer deaths are attributed to smoking.⁷⁷

Both Atlantic and Cape May County have some of the highest smoking percentages in New Jersey⁷⁸ and explains the high lung cancer rates and respiratory disease numbers in the community. The 2021 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 higher⁷⁹

The NJBRFSS shows a low percentage of adults using E-cigarettes.⁸⁰ However, youth 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.⁸¹ 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.⁸²

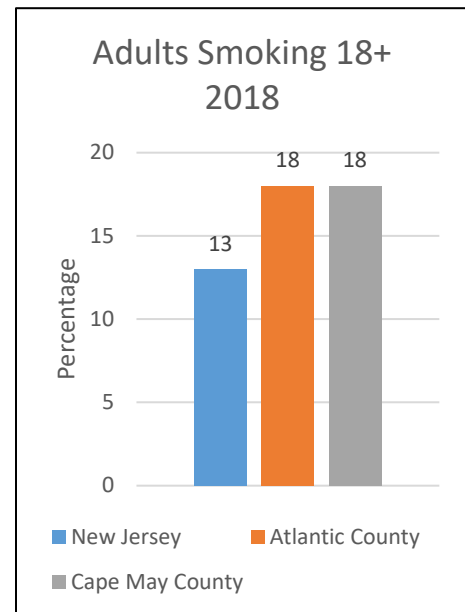
E-cigarettes are considered unsafe for children; contains harmful nicotine; is highly addictive; and leads to future cigarette smoking in the future.⁸³

XII. Alcohol

Each year in the United States, more than 140,000 people die from excessive alcohol. This breaks down to more than 380 deaths each day.⁸⁴

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.⁸⁵

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.⁸⁶



<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>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).⁸⁷ Data from 2021 NJBRFSS presented a slight possibility of higher percentages based on gender (males) and household income (higher incomes), but for the most part illustrated that alcohol use</p>
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occurs in all socioeconomic populations.⁸⁸

Mixing alcohol with other substances can increase risks for injury and disease due to unsafe mixing, as well as increase overdose risk. Effects may be stronger or unpredictable,⁸⁹ and may mask signs of impairment.⁹⁰ 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.⁹¹ The 2020 New Jersey Underage Drinking report illustrates the following:

- 23.1% (236,900) youth ages 12-20 used alcohol in the past month;
- 14.8% (151,900) youth ages 12-20 binge drank;
- Highest percentages fell in the oldest age group of 18-20 at 45.2% (152,400) and 31.5% (106,100) respectively;
- 82 alcohol attributed deaths (under 21).⁹²

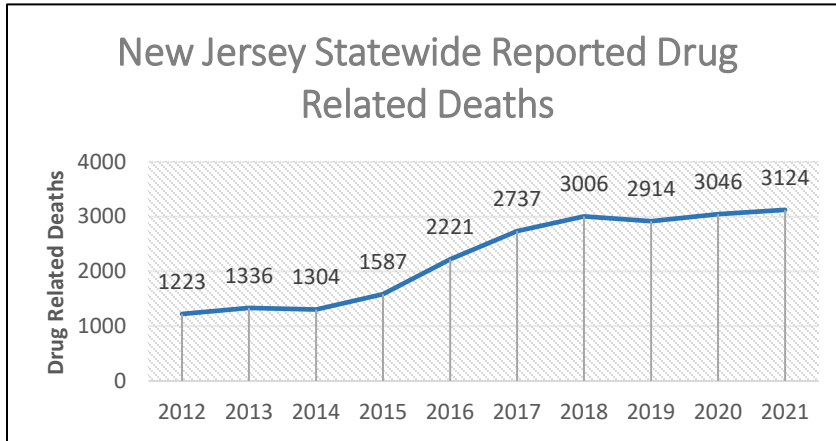
Underage drinking is the most common substance used among young people in the United States. It can lead to many consequences such as school problems, social problems, legal problems, illness, sexual activity problems, suicide/homicide, motor vehicle crashes and other unintentional injuries, memory problems, misuse of other substances, brain development effects, and alcohol poisoning.⁹³

XIII. Opioids

Opioids are drugs containing chemicals that relax the body, relieve pain, and create a high. 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.⁹⁴

Substance misuse of both illegal drugs and prescribed medication pose a serious health crisis on 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.⁹⁵

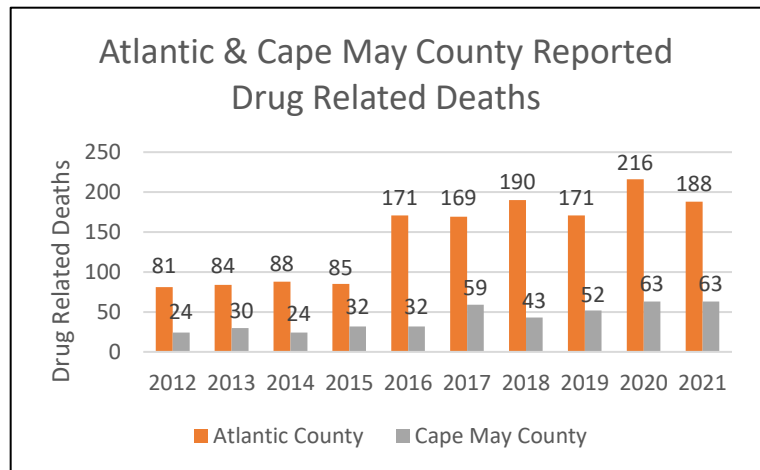


Mortality data supports the uphill trend that the opioid epidemic has worsened over time. These statistics support that 2022 is on track to be one of the highest years of reported cases of drug related deaths statewide.⁹⁶ Although the number of deaths from opioid overdoses have increased across all racial/ethnic groups, Black and White, non-Hispanic individuals are the most affected by opioid overdose deaths.⁹⁷

Atlantic County and Cape May County have also recorded greater numbers of drug-related mortality. Both counties continue to reflect the general rising trend also seen in New Jersey.⁹⁸

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)⁹⁹
- Project Medicine Drop (proper disposal of medications)¹⁰⁰
- Naloxone (Narcan) Initiatives (medication to reverse overdoses)^{101 102}



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).¹⁰³ Between 2015 and 2021, 5,425 administrations in Atlantic County and 1,652 administrations in Cape May County have occurred.¹⁰⁴

XIV. 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

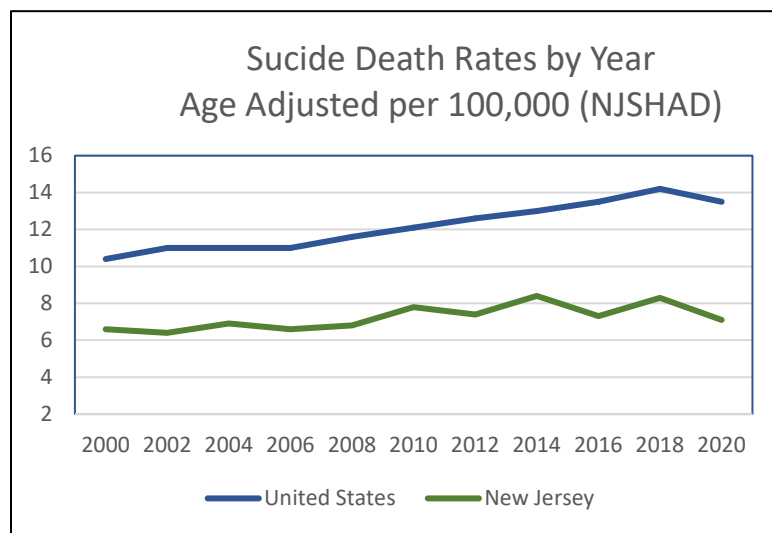
health care access among vulnerable populations (such as racial/ethnic minorities and the elderly). Literacy skills are a stronger predictor of an individual’s health status. According to the Center for Health Care Strategies, a disproportionate number of minorities and immigrants are estimated to have literacy problems: 50% of Hispanics, 40% of African Americans, and 22% of Asians.¹⁰⁵ Low health literacy is a huge cost burden on the American healthcare system. Annual health care cost for individuals with low literacy skills are four times higher than those with higher literacy skills.¹⁰⁶

XV. Mental 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.¹⁰⁷ 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 2018 (prior to COVID), the NJBRFSS data reported that the average number of mentally unhealthy days within the past 30 days were 4.9 for Atlantic County and 4.5 for Cape May County. In addition, 14% of adults reported 14 or more days of poor mental health per month in both Atlantic and Cape May County.¹⁰⁸

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.¹⁰⁹



Children also suffer in regards to mental health. According to the 2019 HS-YRBS high school survey, twelve months prior to the survey high schools 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.¹¹⁰

Although the numbers above illustrates some of the need, we know many more people have mental 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 mental illness or disorder at some point within their lifetime.¹¹¹

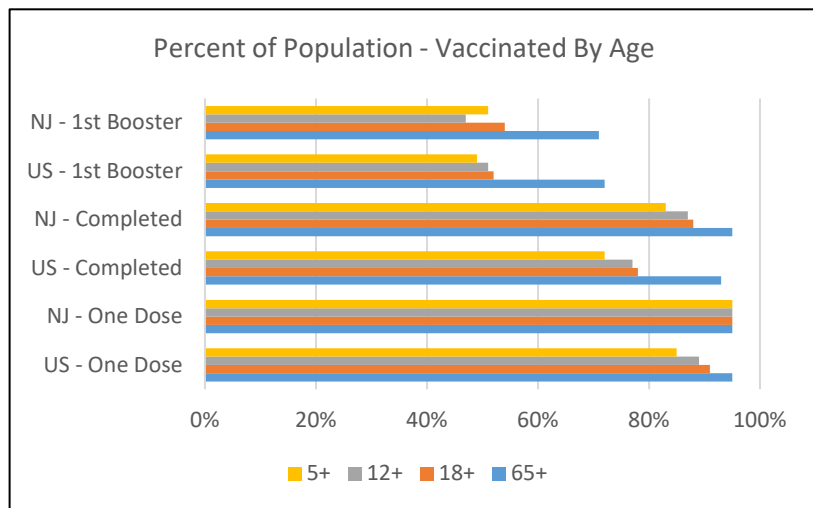
- 1 in 5 Americans will experience mental illness in a given year ¹¹²
- 1 in 5 children currently or at some point in their lifetime will have a serious debilitating mental illness¹¹³
- 1 in 25 Americans live with a serious mental illness, namely major depression, schizophrenia or bipolar disorder¹¹⁴

The need for mental health services can change over a person’s lifetime as a result of various factors. In 2021 it was found that access to mental health providers are limited in both counties with ratios of 540/1 in Atlantic County and 830/1 in Cape May County.¹¹⁵ 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.¹¹⁶ The COVID-19 pandemic has undoubtedly exacerbated mental health conditions for many individuals. Over 3 in 10 adults in the United States have reported symptoms of depression and or anxiety since May 2020 in comparison to only 1 in 10 adults with similar reporting in 2019.¹¹⁷ Chronic disease such as heart disease, diabetes and stroke can be influenced by the presence of mental health issues, namely depression and anxiety.¹¹⁸ Chronic conditions can in turn strain mental health quality and increase the risk for more serious mental illness.

XVI. 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-19.¹¹⁹

A majority of the United States population has received at least one dose of the COVID-19 vaccine. New Jersey has higher rates of vaccinations in each category for most ages with 95% of the population five and over receiving at least one dose and 82.5% of the five and over population receiving the completed series. New Jersey populations 65 and over have

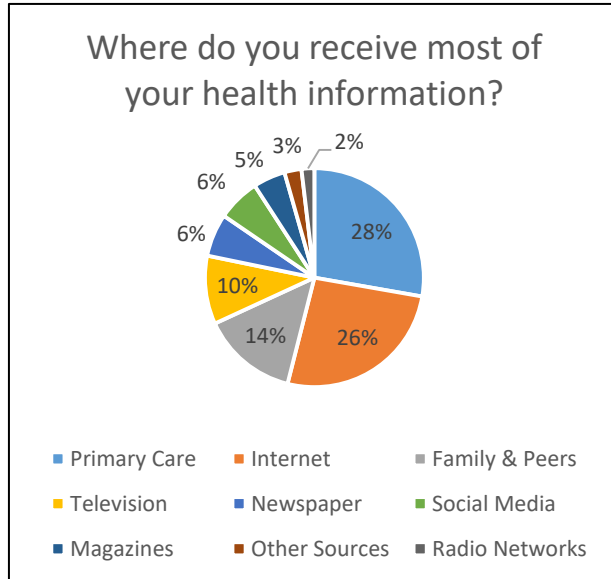


the highest percentage of compliance with 95% of the population receiving the full series, 71% getting the first booster and 45% getting the most recent second booster. Based on the percentages people begin to get less compliant the more doses to complete.¹²⁰

Vaccinations have been approved for populations six months and older. As of October 2022, 70% of all residents of Atlantic County has been fully vaccinated and 91% of 65 and older residents have been vaccinated. In Cape May County 77% of all residents have been fully vaccinated and 95% of 65 and older residents have been vaccinated.¹²¹

COMMUNITY INFORMATION

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.



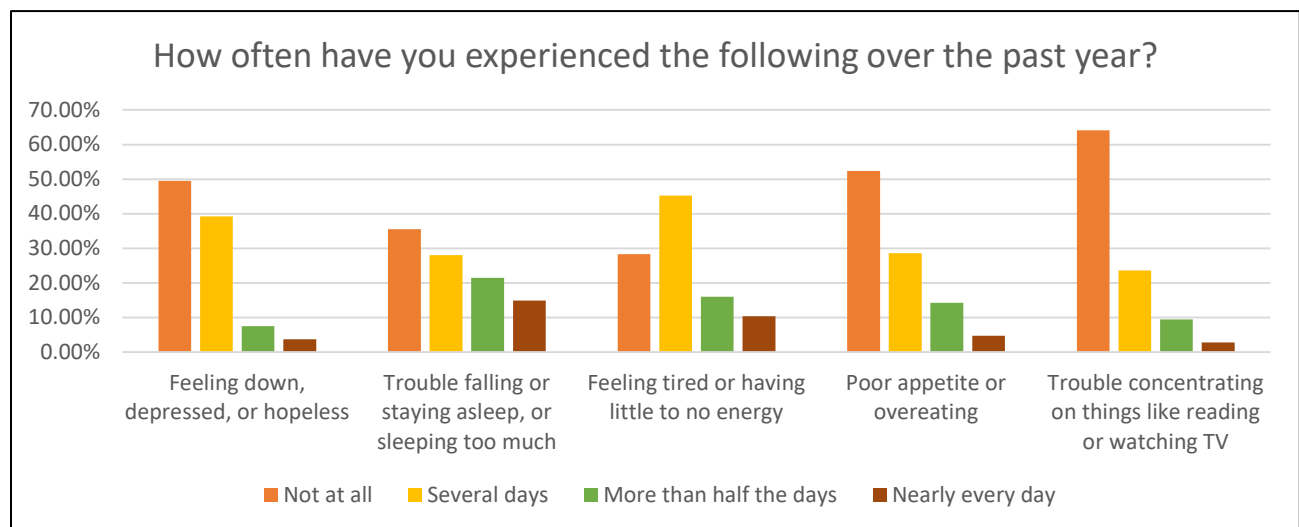
People who participated in the survey were predominately women, White, and/or over 65. For an increased understanding of community needs, further research is necessary amongst more residents in general, as well as more residents that are diverse in race, ethnicity, gender and age.

Samples of information found:

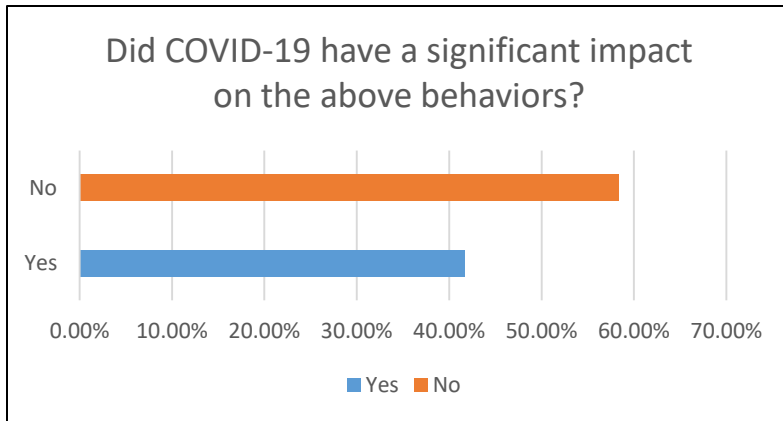
- The vast majority of participants receive health information from their primary care providers as well as the internet. As the internet has boomed so too has the number of people getting health information from the internet. Sources on the internet can be valuable, but there is also inaccurate

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.



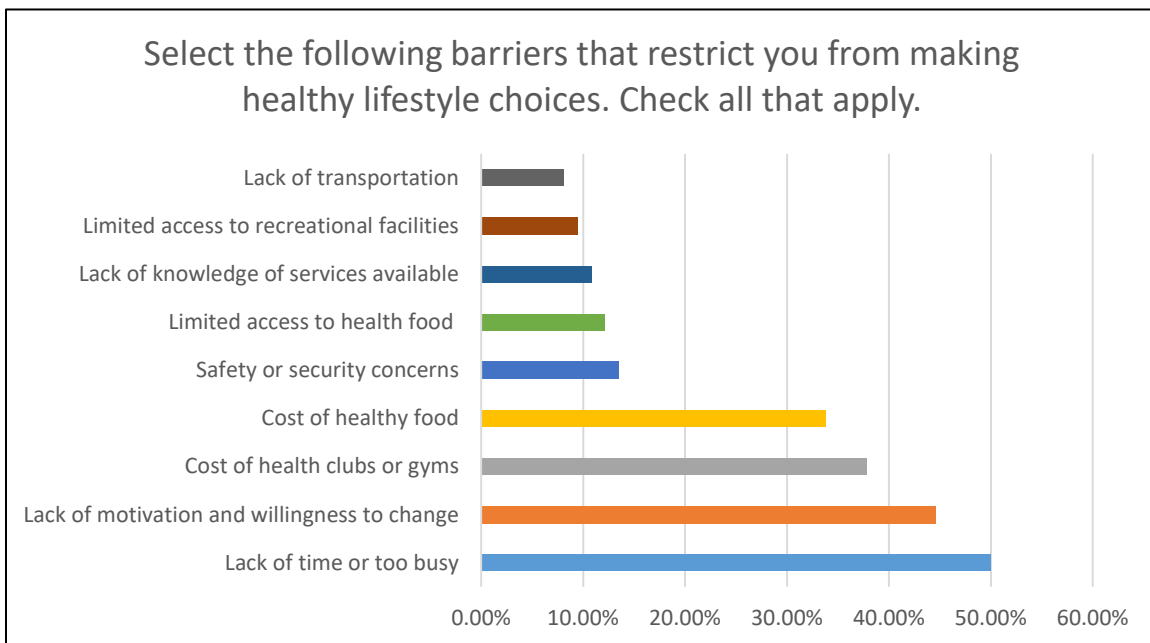
- As a follow up question participants were asked to gage the experience of the COVID-19 pandemic and its impact on anxiety and depression symptoms as well as health awareness. More than 40% did find a change in their mental health due to COVID-19.



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 health care. Understanding factors such as economics, education, race disparities and age can lead to reductions in health disparities and improvements in health indicators.

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. However, the largest change in regards to disease was the COVID-19 pandemic. In 2020 the third leading cause of death in both Atlantic and Cape May County was COVID-19. The COVID-19 pandemic affected everything from health and life expectancy to economics and livelihood. It is anticipated that downturns may occur and continue for years due delayed primary care and screening utilization.

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. 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 rising mortality rates due to the opioid epidemic. Mental 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 12-15% 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. Vaccination rates in our community were very good especially with the first dose, but a consistent compliance with each additional dose lags.

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
- Mental Health and Substance Abuse (including opioids)
- COVID-19
- Poverty (including education and access)
- Physician Access

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

- Chronic disease reduction
- Improved access to care (including mental 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.shoremicalcenter.org.

ENDNOTES

- ¹ Sex by Age 5-Year Estimate (Chart S0101). (2010, 2015, 2020). American Community Survey. U.S. Census Bureau. Retrieved from:
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- ² Sex by Age 5-Year Estimate (Chart B01001) (2020). American Community Survey. U.S. Census Bureau. Retrieved from:
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- ⁴ Sex by Age 5-Year Estimate (Chart B01001) (2020). American Community Survey. U.S. Census Bureau. Retrieved from:
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- ⁵ Hispanic or Latino, and not Hispanic or Latino by Race (Chart P2). (2020). Decennial Census. U.S. Census Bureau. Retrieved from:
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- ⁶ Sex by Educational Attainment for the Population 25 Years and Over 5-Year Estimate (Chart B15002). (2020). American Community Survey. U.S. Census Bureau. Retrieved from:
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- ⁷ Place of Birth by Educational Attainment in the United States 5-Year Estimate (Chart B06009). (2020). American Community Survey. U.S. Census Bureau. Retrieved from:
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- ⁸ Sex by Educational Attainment for the Population 25 Years and Over White Alone, Not Hispanic or Latino (Chart B15002H). (2019). American Community Survey. U.S. Census Bureau. Retrieved from:
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