



# 2025 Community Health Needs Assessment



Dear Health Care and Community Partners,

On behalf of Deborah Heart and Lung Center, we are proud to present the 2025 Community Health Needs Assessment (CHNA). This report doesn't just represent our commitment to our community; it is a continuation of our Mission and what has made Deborah special for the last 100 years. Our People Centric Care Model extends beyond the four walls of the hospital and our goals in this report reflect our steadfast bond with our surrounding network of Deborah Family members.

The 2025 Community Health Assessment is the culmination of a thorough and collaborative process that involved both quantitative and qualitative data collection and analysis. The insights and perspectives provided by our partners and diverse residents of South Jersey over the past year have been invaluable in refining this information. We would like to extend our gratitude to our research partners, 35th Street Consulting, a New Jersey-certified, woman-owned business, for their expertise and leadership in this effort.

The information in this report provides a comprehensive overview of the demographic, social, and health statistics that highlight key factors affecting health and quality of life for individuals across South Jersey. With the participation of over 700 South Jersey residents and the dedication of Deborah's partners, we gained valuable insights into how these statistics impact your lives and the support and opportunities that matter most to you.

These insights were gathered through surveys, interviews, focus groups, and community forums. Deborah Heart and Lung Center is committed to data-driven, evidence-based programming, and the findings presented in this Community Health Needs Assessment (CHNA) will inform our plans and actions. As a specialty hospital, we depend on our partners to help us address the comprehensive health needs of the people in our communities, and we appreciate your continued partnership and trust.

Deborah Heart and Lung Center takes pride in being part of a dedicated group of individuals and organizations that work together to address the unique health needs of our communities. We encourage everyone in South Jersey and beyond to explore the comprehensive data presented in this report. We hope these findings will help us enhance the health and well-being of everyone in our community.

In partnership,



Jim Andrews, MHL  
President & CEO

Our commitment to community is at the heart of Deborah’s Mission, reflected in its founders’ motto:

**“There is no price on life.”**

We believe that no one should have to make a medical decision based on their personal financial situation. Deborah is the only hospital in the nation that treats both adults and children and that has never balance billed a patient for care provided in the hospital. Deborah is also active in our local communities and service areas, providing community-based health and wellness programs. Deborah represents the best of the traditional nonprofit hospital and serves as a regional safety net for exceptional cardiovascular and pulmonary services and care.

## Our Story:

Deborah Heart and Lung Center is New Jersey’s premier provider of high-quality heart, lung, and vascular care that is innovative, compassionate, and patient-focused. The Deborah Story traces its history back to 1922 when the hospital was founded as a tuberculosis sanatorium and pulmonary center. Dr. Charles Bailey, a pioneer in heart surgery, performed the hospital’s first open-heart surgeries in 1958 (one on an adult and one on a child), which were also the first procedures of their kind in New Jersey. The specialization in cardiac diseases was immediately embraced, and with a natural expansion to include vascular surgery and care, Deborah is now New Jersey’s only heart, lung, and vascular specialty hospital. Today, Deborah offers leading-edge surgical techniques and non-surgical procedures for diagnosing and treating all forms of heart, lung, and vascular diseases in adults, as well as congenital and acquired heart defects in adults and children.

We believe in partnerships and collaborations with organizations that share the same commitment to improving the health of the community. Deborah Heart and Lung Center is proud of its alliance with the Cleveland Clinic Heart, Vascular & Thoracic Institute. Partnering with Capital Health, Cooper University HealthCare, Ivy Rehab, and Sidney Kimmel Medical College at Thomas Jefferson University to provide care to our patients, the Deborah campus is a health and wellness resource. We serve together to bring high-quality, compassionate care close to home.



**Deborah Heart and Lung Center, Browns Mills, NJ**



**Cymrot Building, Browns Mills, NJ**



**Medical Office Building, Browns Mills, NJ**



**Deborah Specialty Physicians at Galloway, Galloway, NJ**



**Deborah Specialty Physicians at Lawrenceville, Lawrenceville, NJ**



**Deborah Specialty Physicians at Manahawkin, Manahawkin, NJ**



**Deborah Specialty Physicians at Mt. Laurel, Mt. Laurel, NJ**



**Deborah Specialty Physicians at Toms River – Cory Building, Toms River, NJ**



**Deborah Specialty Physicians at Toms River –Professional Building, Toms River, NJ**



**Deborah Specialty Physicians at Toms River –Pyramid Building, Toms River, NJ**



**Deborah Specialty Physicians at Whiting, Whiting, NJ**

# Deborah Heart and Lung Center

## CHNA Steering Committee Members

Name	Title
James Andrews, MHL	President & CEO
Brian Case	Vice President, Strategic Planning and Business Development
Jennifer Chiarelli	Outreach Coordinator
Lewis Clark, Jr.	Vice President, Marketing, Media & Public Relations
John J. Hill, MBA, RRT-NPS	Vice President, Pulmonary Product Line/Clinical Ancillary Services
Cyndy Kornfeld	Director, Volunteer Services
Aaron Kugelmass, MD	Executive Vice President and Chief Medical Officer
Mike Lieb, FACHE	Executive Vice President & Chief Operating Officer
Donna McArdle	Community Health Outreach
Joe Vescio, MBA	Director, Budget, Reimbursement, Cost & Decision Support

### Core Values



**OUR VALUES**

- COMPASSION**  
 We cultivate a welcoming environment for our patients, their families, and our team that upholds our reputation of being "a special place."
- QUALITY**  
 We take pride in our collective skills, commitment to integrity, and dedication to providing exceptional, safe patient care.
- INNOVATION**  
 We are committed to leveraging best-in-class technology and continuously pursue better ways to serve our patients.
- TEAMWORK**  
 We collaborate and communicate across all levels of care to create successful outcomes and a lasting impact.
- RESPECT**  
 We welcome and include diverse perspectives to promote a culture of respect.

The 2022 Community Health Needs assessment for Deborah Heart and Lung Center was also conducted in alignment with the requirements of the IRS guidelines. The IRS guidelines stipulate that a CHNA covers the entire community served by the hospital. Deborah is located in Browns Mills in Burlington County, New Jersey. As a highly specialized medical provider providing care at or above national benchmarks, Deborah draws patients from every area of New Jersey and beyond. For the purposes of the 2022 CHNA, Deborah defined its service area as including three distinct geographies:

1. Immediate Service Area – the community in which Deborah is physically located, including Pemberton Township and Borough, Browns Mills, New Lisbon, Birmingham, Wrightstown, and the Joint Base McGuire-Dix-Lakehurst.
2. Primary Service Area – this is the heart of Deborah’s patient population and includes the remainder of Burlington County (separate from the Immediate Service Area) and all of Ocean County.
3. Secondary Service Area – while the majority of Deborah’s patient population resides within Burlington and Ocean counties, a growing number reside within neighboring Mercer County zip codes. Demographic and socioeconomic data are included for these neighboring zip codes to better understand existing social determinants of health and drivers of healthcare utilization.

The 2022 analysis revealed three main health needs: Access to Care and Services; Chronic Disease Prevention and Management; Issues of Aging and Well-being. The completed Community Health Needs Assessment Report is available to the public through the following website: <https://demanddeborah.org/>

Following approval by the Deborah Heart and Lung Center Board of Directors, Deborah developed strategies to operationalize the 2022 CHNA. In 2022, the Deborah team developed the implementation strategy with recommendations from key community partners.

An Evaluation of the Impact of the 2022 CHNA and CHIP reports is included on [page 136](#).

## 2022 CHNA Priorities\*

- Access to care and services
- Chronic disease prevention and management
- Issues of aging and well-being

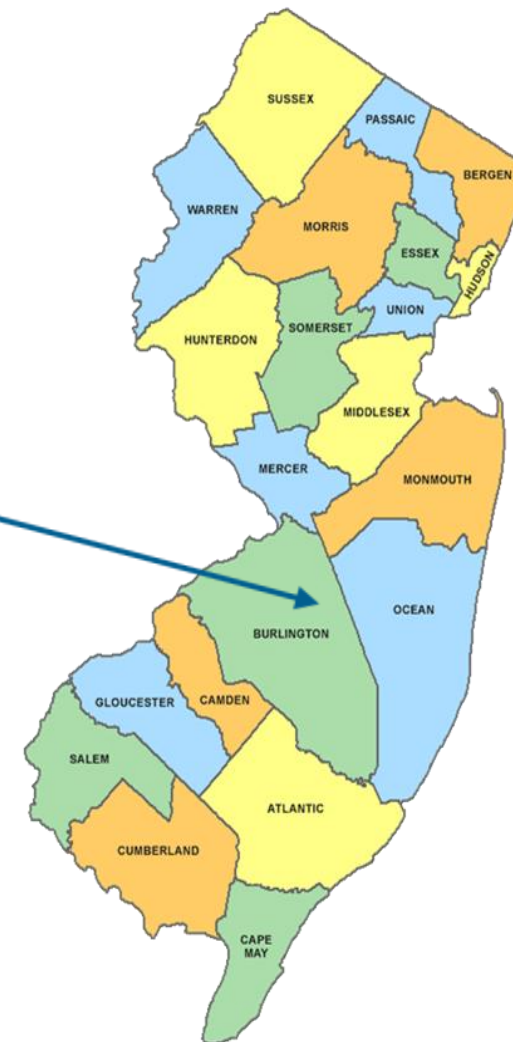
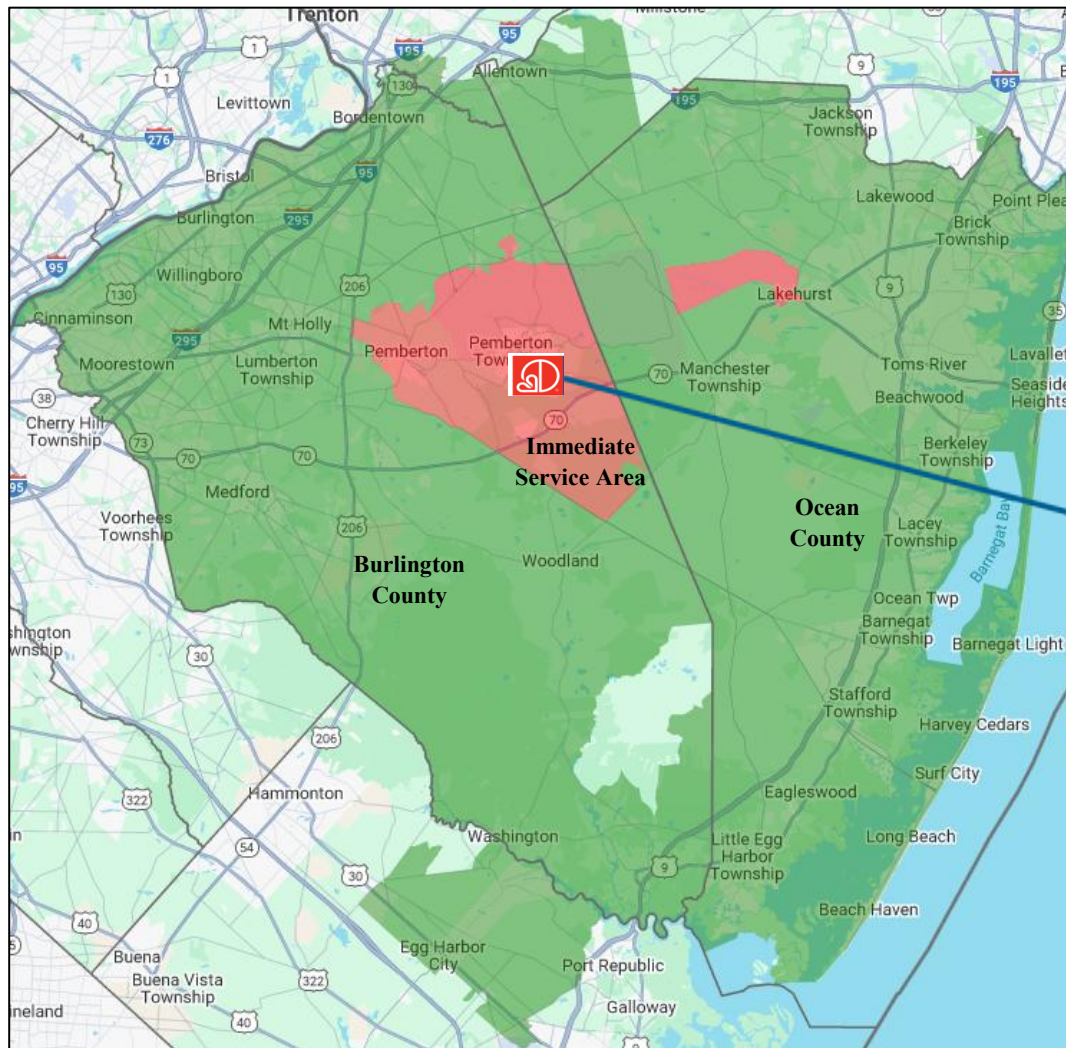
*\*Mental Health and Substance Use Disorder were noted as significant needs but were not included as priority areas because they are outside the scope of the expertise at Deborah*

# Service Area

Deborah is located in Browns Mills in Burlington County, New Jersey. As a highly specialized medical provider providing care at or above national benchmarks, Deborah draws patients from every area of New Jersey and beyond. For the 2025 CHNA, Deborah defined its service area as including two distinct geographies:

**Immediate Service Area** – This includes the community where Deborah is physically located, encompassing Pemberton Township and Borough, Browns Mills, New Lisbon, Birmingham, Wrightstown, and the Joint Base McGuire-Dix-Lakehurst.

**Primary Service Area** – This area represents the core of Deborah’s patient population and includes the remainder of Burlington County (excluding the Immediate Service Area) and all of Ocean County.



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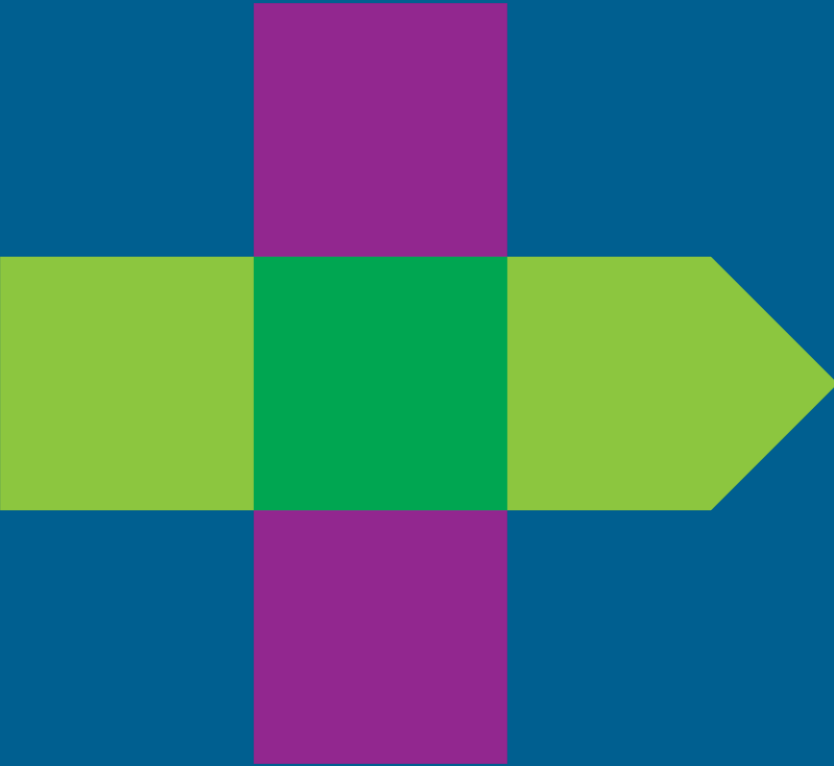
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# 2025 Community Health Needs Assessment

## *Methods and Definitions*

# How Environment Impacts Well-being

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

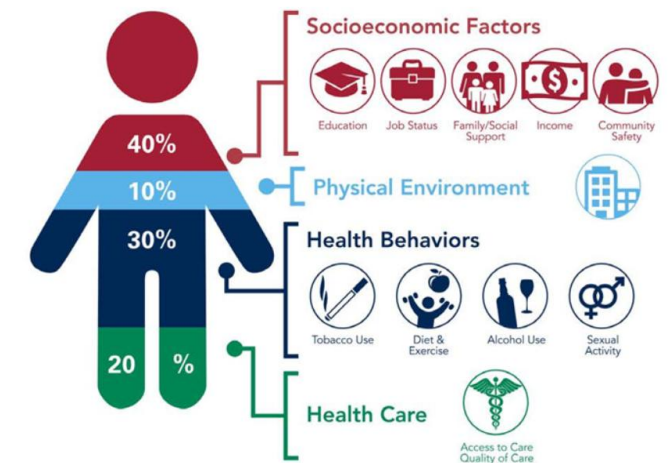
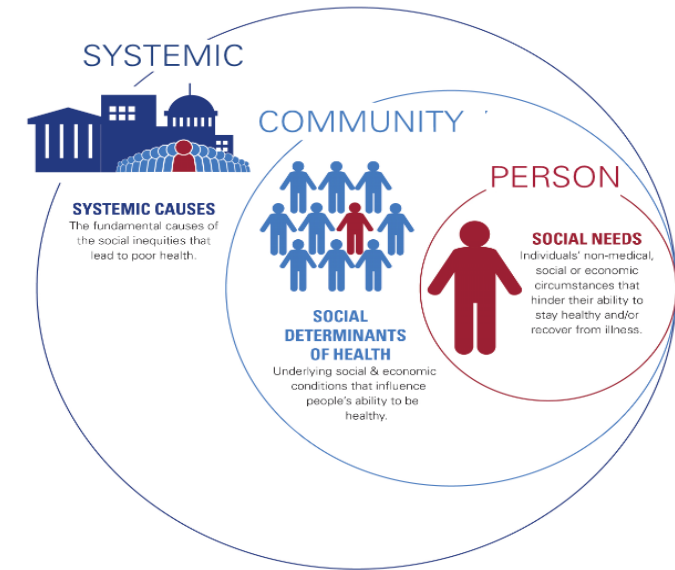
The ability to make choices that promote health is affected by forces at individual, community, and systemic levels. These graphics, borrowed from the American Hospital Association, describe systemic factors, such as the legacy of historic discrimination and exclusion that existed when many of our institutions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

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

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

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

## SOCIETAL FACTORS THAT INFLUENCE HEALTH



Our goal is to ensure that everyone has access to opportunities for improved health and greater well-being. This means recognizing each of our patients as whole individuals, each starting their journey towards better health from a different place.

To make the greatest impact in achieving this goal, we must look beyond the healthcare system and address the unintended barriers in our institutions and communities that prevent people from reaching their health goals. This requires all of us to work together, thoughtfully leveraging our strengths and those of our partners to build a healthier community for everyone now and in the future.

Start where the people are

- Continuous
- Flexible

Build whole community partnerships

- Trusted partnerships
- Community engagement

Tell the community story

- Data gathering
- Data sharing

Work together to advance community health

- Strategic collaboration
- Alignment

## Diagnosis

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

## Incidence

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

## Prevalence

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

## Age Adjusted Rates

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

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

### Diagnosis:

*First identification of disease or condition*

### Incidence:

*New diagnoses during a specific period of time*

### Prevalence:

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

Outcome  
Resolution  
= *Recovery*

Or

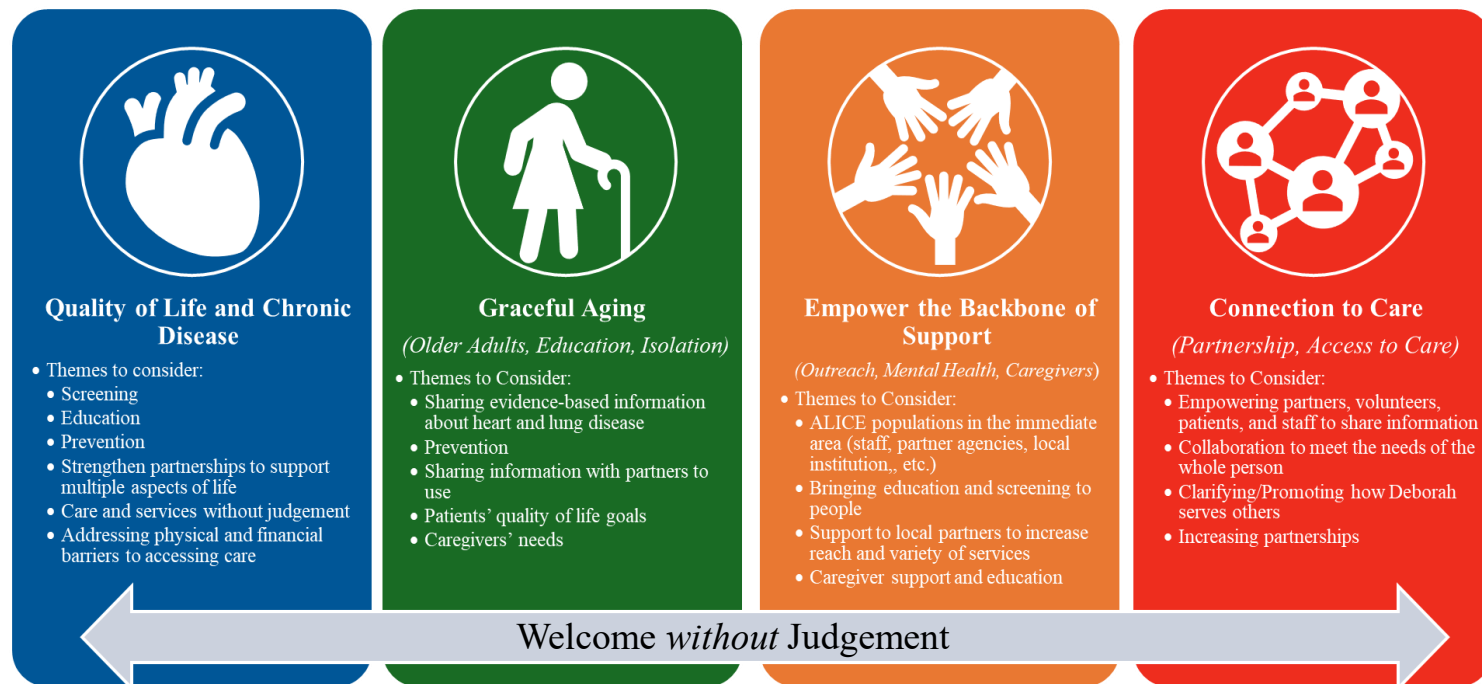
Outcome  
Resolution  
= *Death*

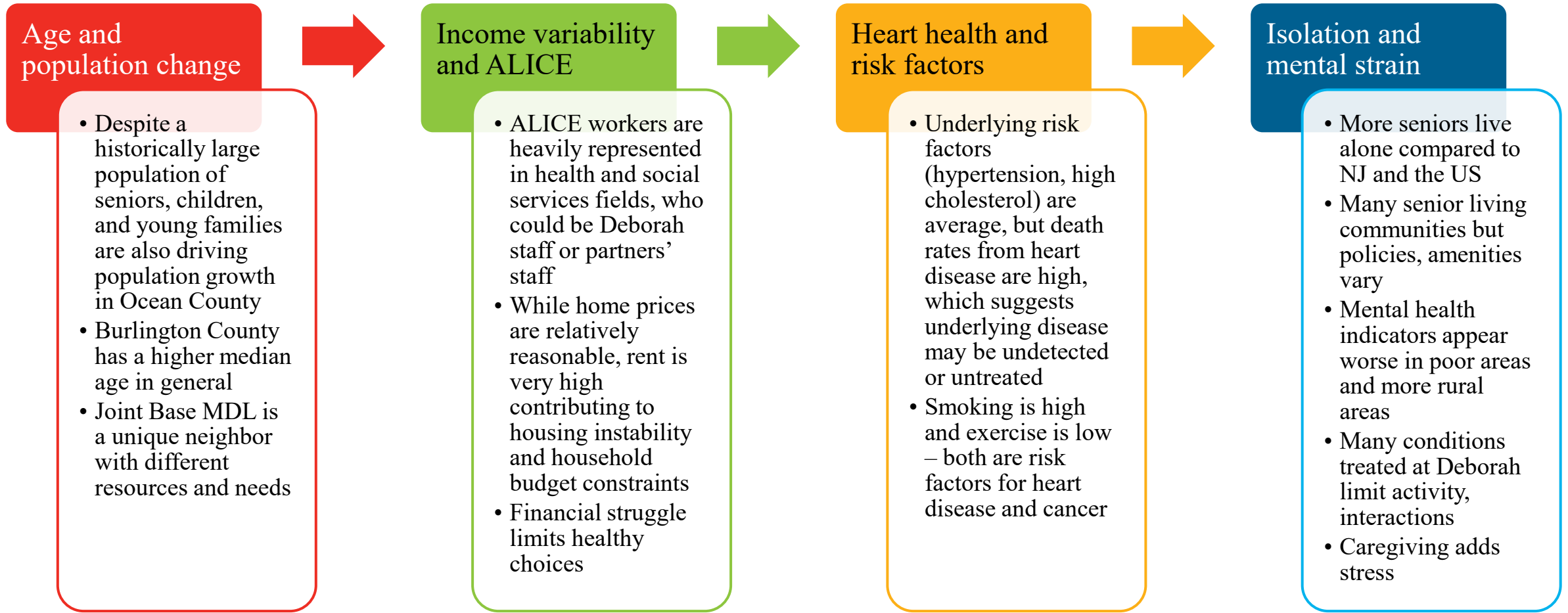
In 2025, the Deborah Heart and Lung Center CHNA Steering Committee worked alongside the 35<sup>th</sup> Street Consulting team to craft this CHNA. The data included in this report are designed to generate priority areas for action for Deborah Heart and Lung Center. To determine priorities, statistical data and primary qualitative data were analyzed. Statistical data includes health indicators and socioeconomic measures, which document health disparities and underlying inequities experienced by people living throughout Burlington and Ocean counties. Perspectives on data trends and direct feedback on community health priorities were collected via 11 one-on-one interviews, 30 key stakeholders through the Key Stakeholder Survey, a combined 9,486 residents through the Community Survey – including a subset of 653 respondents specifically from Deborah Heart and Lung Center’s outreach – and 3 focus groups, with 30 participants.

A preliminary prioritization process was conducted in a hybrid workshop facilitated by 35<sup>th</sup> Street Consulting with nine representatives from across Deborah Heart and Lung Center. Following this meeting, draft priority areas were presented to the Deborah Heart and Lung Center Board of Directors for feedback.

Through this process, the following specific health needs were identified by Deborah Heart and Lung Center as priorities for action.

A summary of the 2025 CHNA data and the priorities were discussed with 30 community representatives at a Community Forum hosted at Deborah Heart and Lung Center, Browns Mills, New Jersey on October 17, 2025. All 30 forum attendees agreed with the priorities listed here.





## Key Informant Interviews

Communication and collaboration

Connection and community

Deborah should continue building community trust

Social determinants of health

Health education and preventative care

Collective action and policy advocacy

## Key Stakeholder Survey

Chronic disease

Mental health

Transportation

Wait times/limited resources

Need more caregiver support

## Community Survey

Transportation

Don't know where/how to get care

Patient portals and "helpers" are wanted

Wait times are too long

Affordability and insurance are barriers

Want a healthy environment

## Focus Groups

Coordination and consistency improves care and relieves stress

Want to talk with people with similar experiences

Confusion about what Deborah provides

Trauma impacts all patients and partners

Financial concerns

Caregiver support is needed

Want to help Deborah help others like them

Deborah could be a reliable source of health information

Increase outreach and engagement

# Deborah Heart and Lung Center

## Priorities for Action and Approval of 2025 CHNA



### Quality of Life and Chronic Disease

- Themes to consider:
  - Screening
  - Education
  - Prevention
  - Strengthen partnerships to support multiple aspects of life
  - Care and services without judgement
  - Addressing physical and financial barriers to accessing care



### Graceful Aging

*(Older Adults, Education, Isolation)*

- Themes to Consider:
  - Sharing evidence-based information about heart and lung disease
  - Prevention
  - Sharing information with partners to use
  - Patients' quality of life goals
  - Caregivers' needs



### Empower the Backbone of Support

*(Outreach, Mental Health, Caregivers)*

- Themes to Consider:
  - ALICE populations in the immediate area (staff, partner agencies, local institution, etc.)
  - Bringing education and screening to people
  - Support to local partners to increase reach and variety of services
  - Caregiver support and education



### Connection to Care

*(Partnership, Access to Care)*

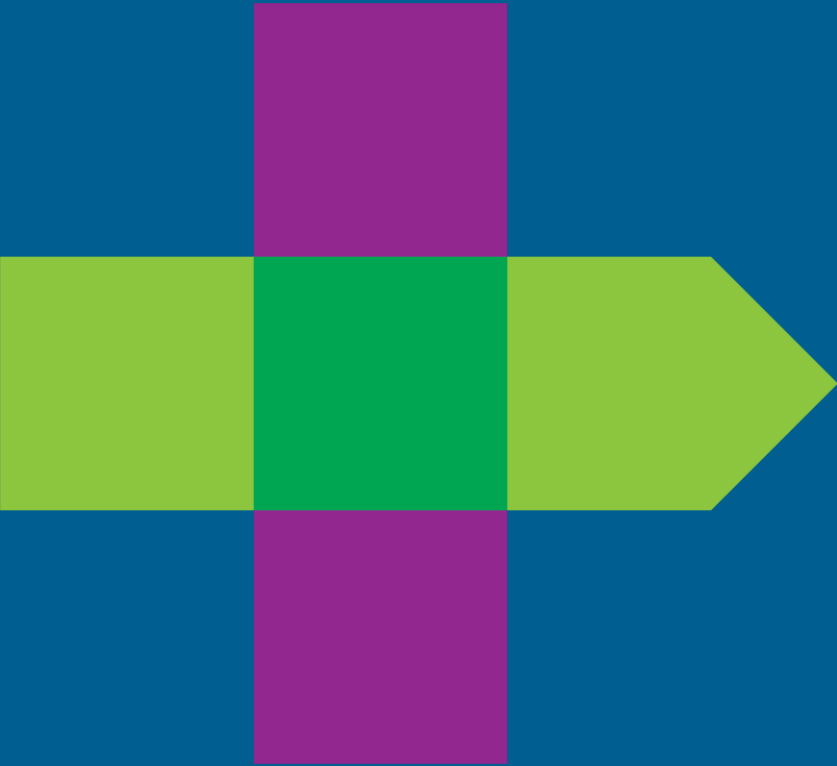
- Themes to Consider:
  - Empowering partners, volunteers, patients, and staff to share information
  - Collaboration to meet the needs of the whole person
  - Clarifying/Promoting how Deborah serves others
  - Increasing partnerships

*Welcome without Judgement*

### Approval and Adoption of the 2025 CHNA:

The Deborah Heart and Lung Center Board of Directors reviewed and approved this report to address these priority areas December 2025. The report is widely available to the public through Deborah's website <https://demanddeborah.org/>. For more information, feedback, or comments, please email

[CHNAReporting@Deborah.org](mailto:CHNAReporting@Deborah.org)



**Deborah By The Numbers**  
*Secondary Data Profile*

# Secondary Data Profile

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

Deborah Heart and Lung’s 2025 CHNA research methodology included a comprehensive view of statistical health and social indicators for their primary service areas in Southern New Jersey. The following data slides are a summary of this analysis.

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

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

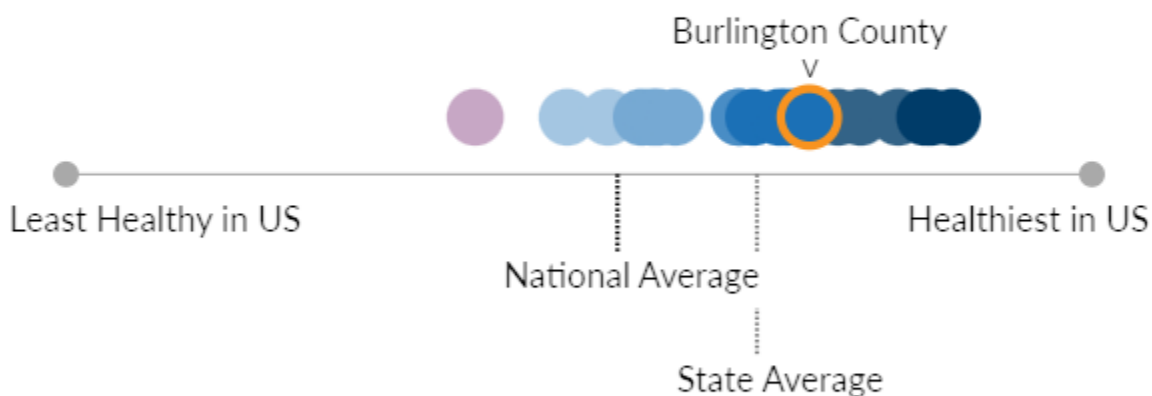
The most recently available data at the time of publication is used throughout the report. Secondary data typically lags “real time.” It is important to consider community feedback to both identify significant trends and disparities and to better understand new or emerging health needs.

Data are reported for Burlington and Ocean Counties, and by municipality, as available, to demonstrate localized health needs and disparities.

# How Do Burlington and Ocean Counties Compare to New Jersey in Health Factors?



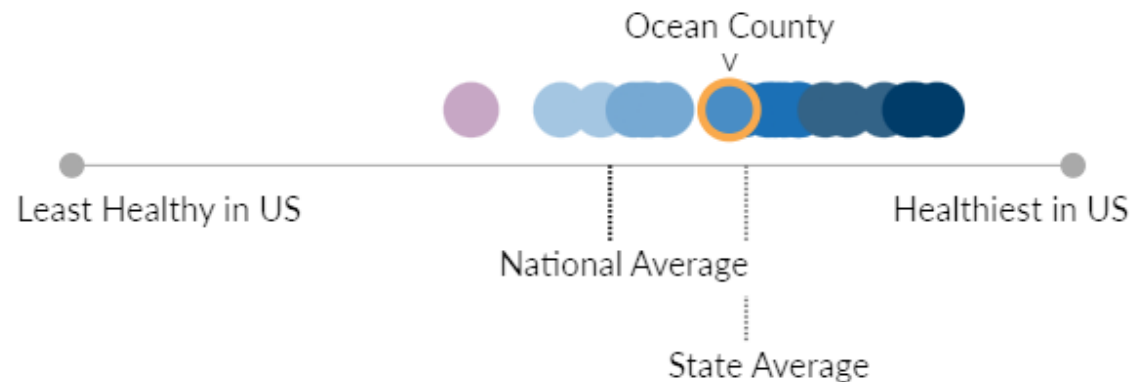
## Burlington County Health Factors - 2024



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



## Ocean County Health Factors - 2024

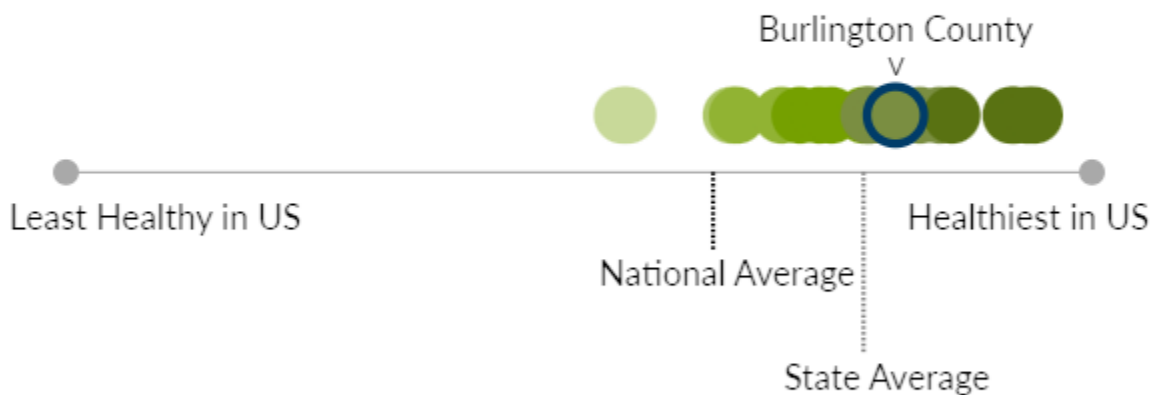


Ocean County is faring slightly worse than the average county in New Jersey for Health Factors, and slightly better than the average county in the nation.

# How Do Burlington and Ocean Counties Compare to New Jersey in Health Outcomes?



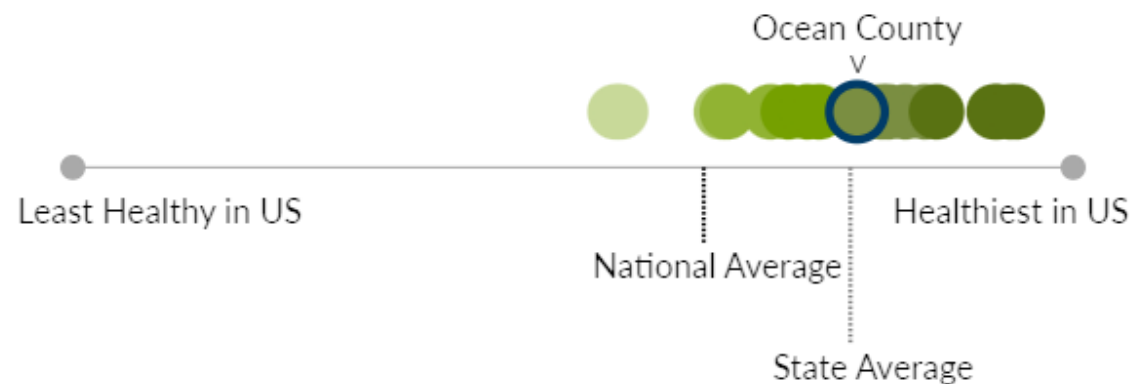
## Burlington County Health Outcomes - 2024



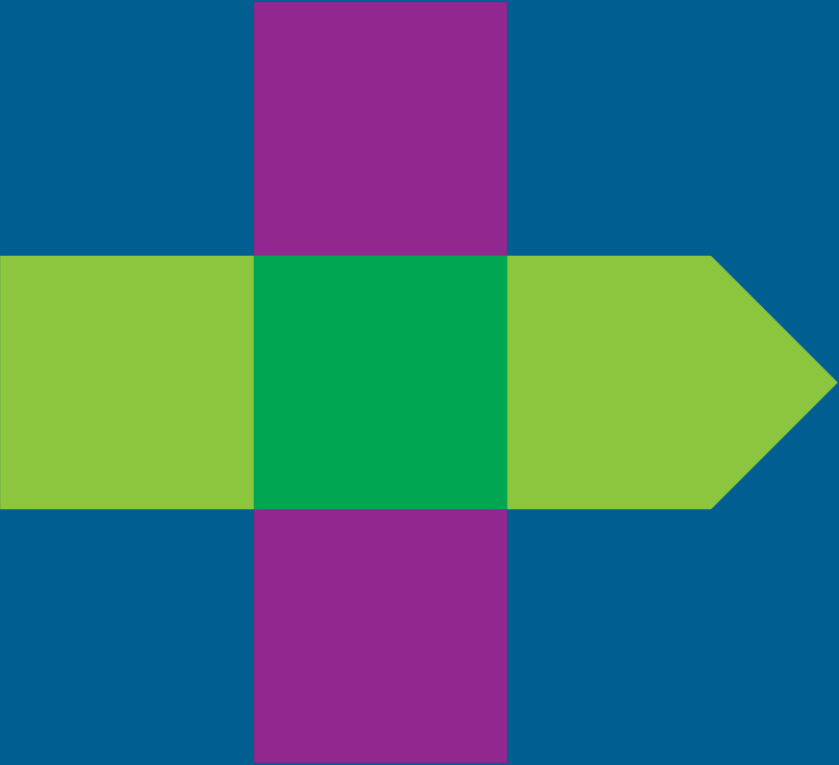
Burlington County is faring slightly better than the average county in New Jersey for Health Outcomes, and better than the average county in the nation.



## Ocean County Health Outcomes - 2024



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



**Who lives in Burlington and Ocean Counties?**  
*Demographic Profile*

# Demographics: Our Community and Residents



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

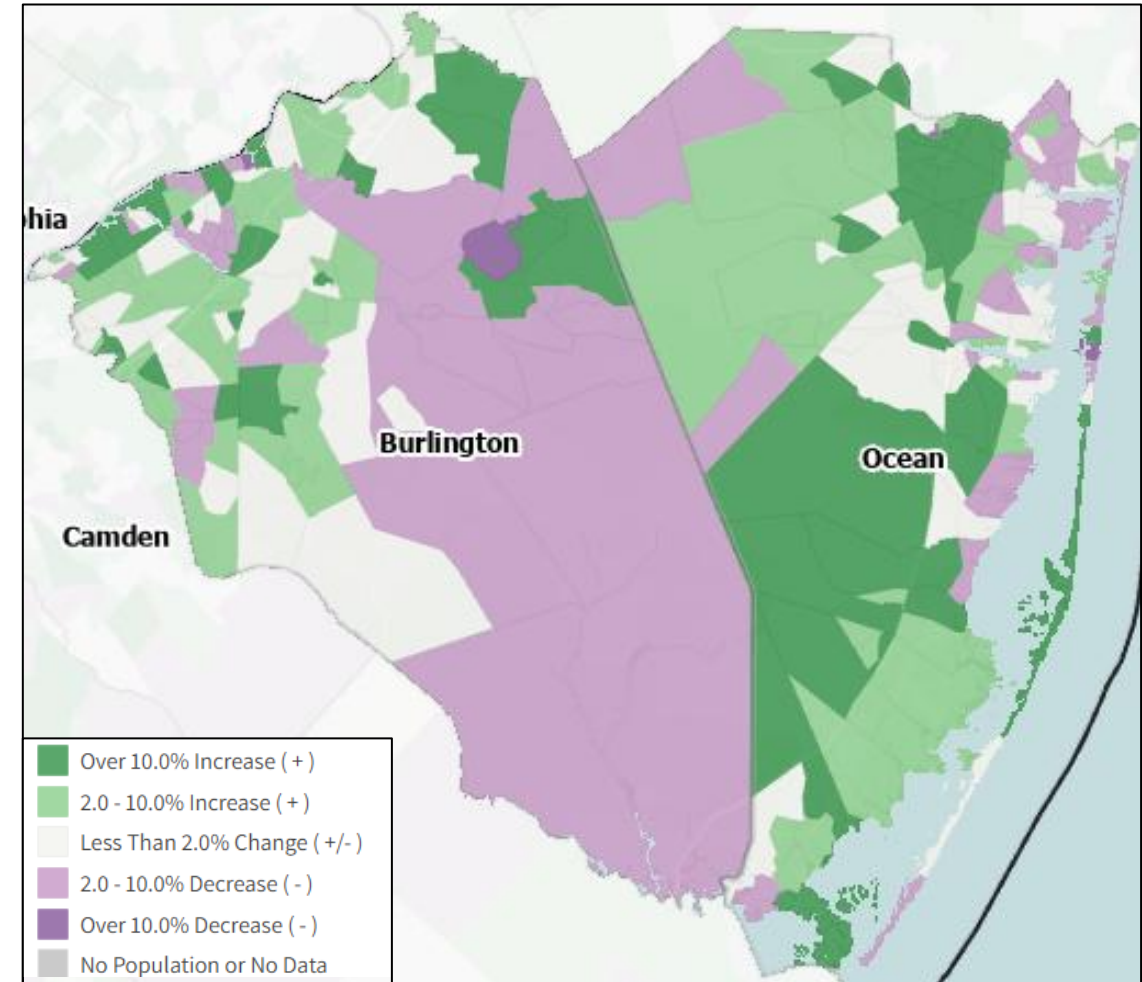
These demographic characteristics play a big role in understanding current health status, which helps inform decisions about priorities and resources for future planning.

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

Ocean County is one of the fastest-growing counties in NJ, fueled largely by younger people and families. Burlington County is losing population, particularly younger people and families.

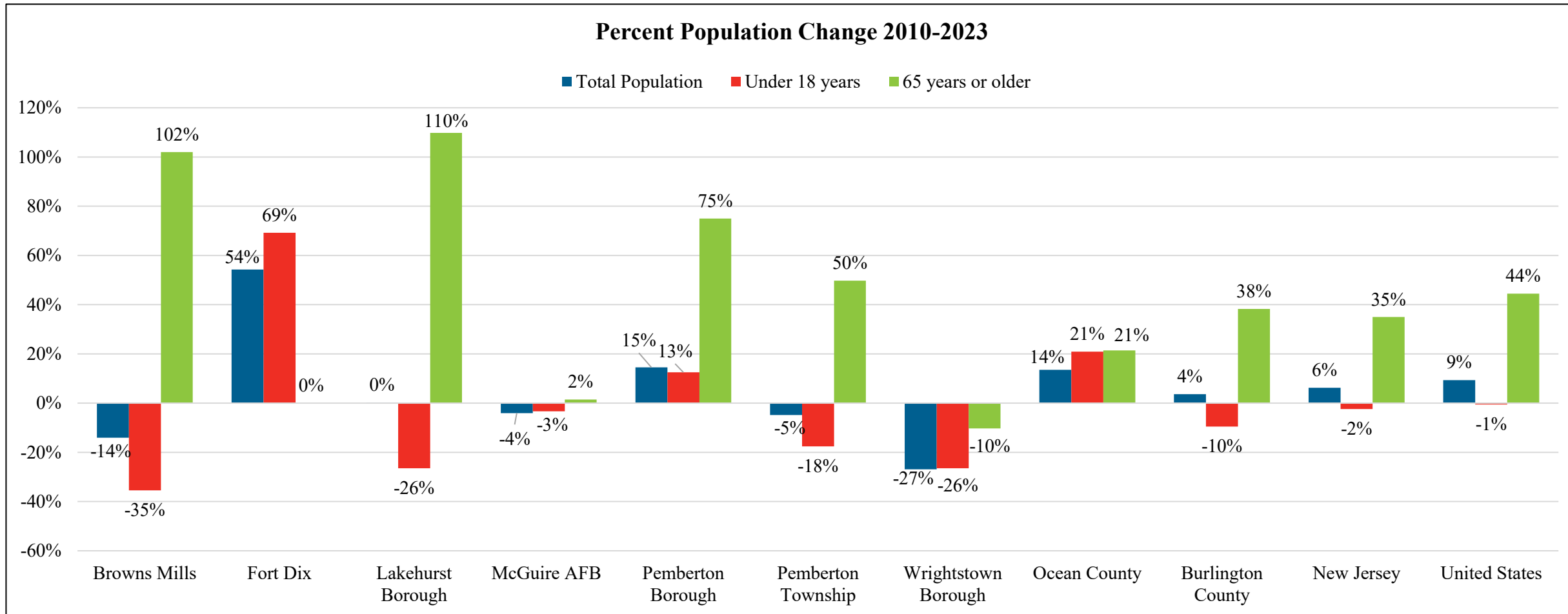
	Total Population		% Change
	2010	2023	
Browns Mills	11,129	9,561	-14.1%
Fort Dix	5,206	8,034	+ 54.0%
Lakehurst Borough	2,661	2,666	+0.2%
McGuire AFB	4,682	4,491	-4.1%
Pemberton Borough	1,199	1,373	+14.5%
Pemberton Township	28,266	26,897	-4.8%
Wrightstown Borough	714	522	-14.1%
Burlington County	447,861	464,226	+4.0%
Ocean County	569,374	638,691	+13.5%
New Jersey	8,721,577	9,267,014	+6.0%
United States	303,965,272	332,387,540	+9.0%

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



# Population Change

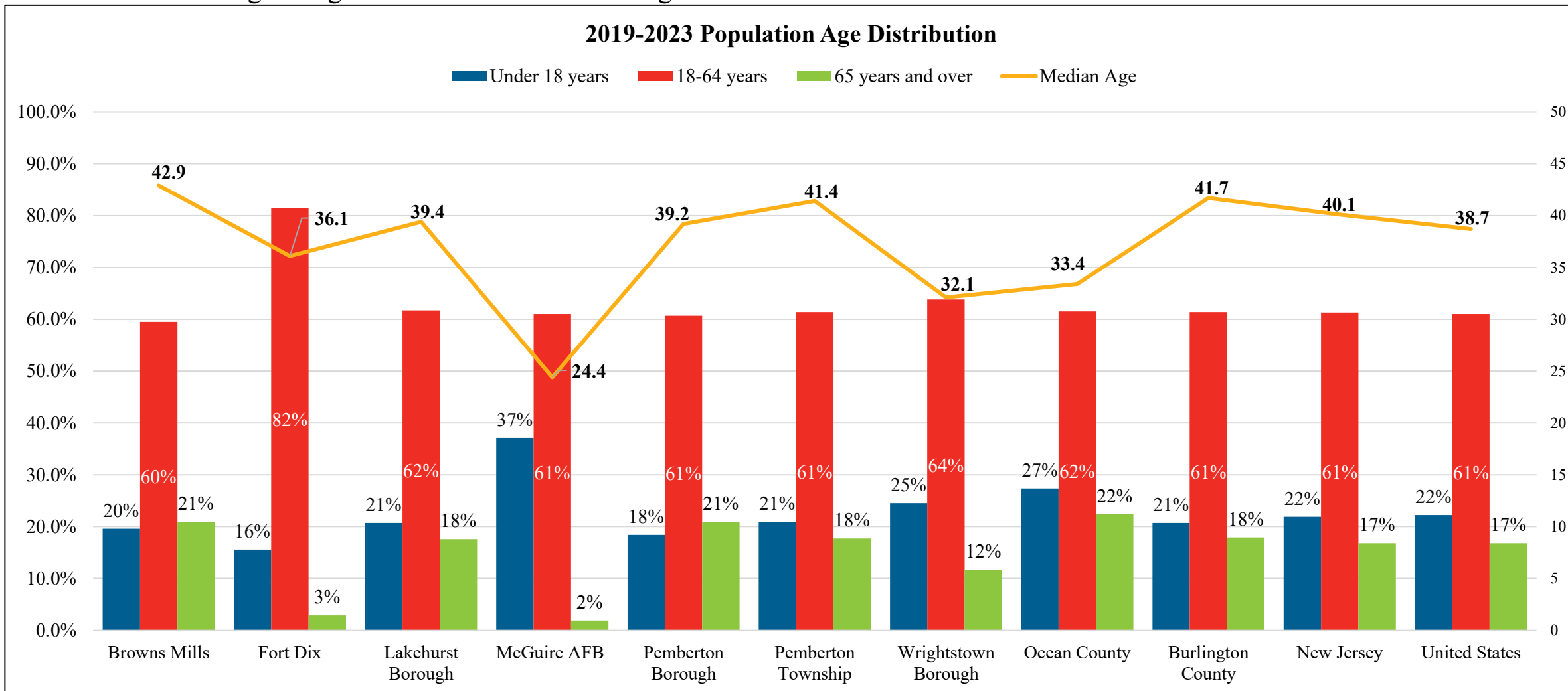
From 2010 to 2023, the population of older adults (65+) increased sharply across all areas, especially in McGuire AFB (+110%), Fort Dix (+102%), and Pemberton Borough (+75%). In contrast, the decline in residents under 18 suggests that more young families are moving away from these communities than moving in.



# Different Age Groups Have Different Needs

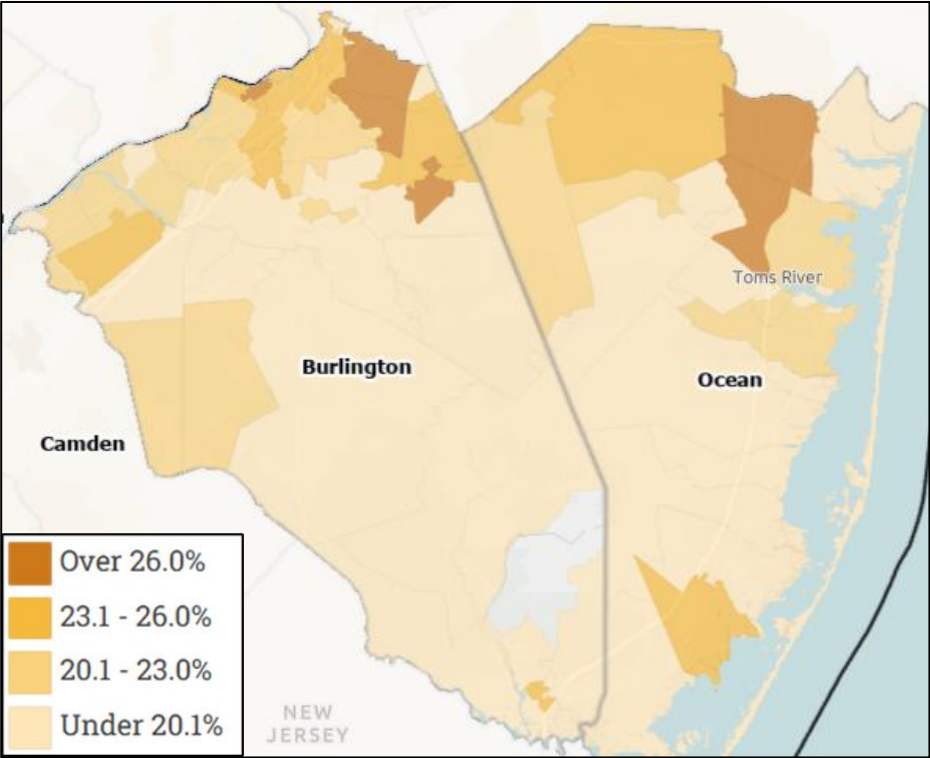
As younger people and families move out of Burlington County, older people who have remained become a larger proportion of the remaining population, raising the median age. Conversely, as younger people and families move into Ocean County, the median age drops, in accordance with the growing number of children under age 18.

2019-2023 Population Age Distribution



Source: US Census Bureau, American Community Survey  
 Note: New Lisbon and Birmingham are part of Pemberton Township.

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



**Highest Concentration of Children**

08518, Florence	08042, Juliustown
08515, Chesterfield	08755, Toms River
08544, Roebling	08640, 08641 Joint Base MDL

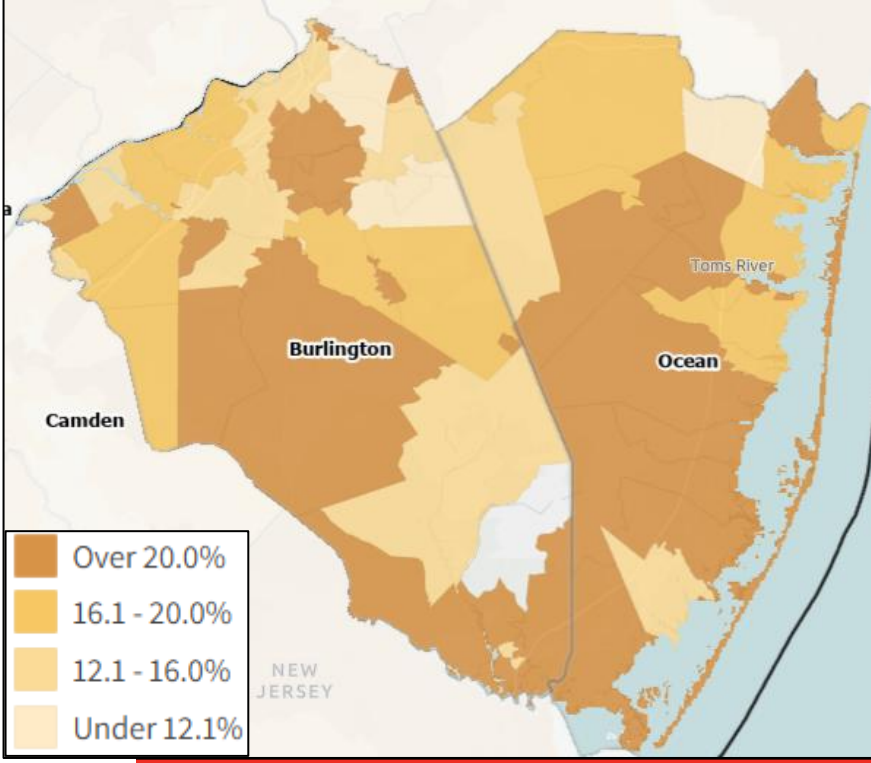
Different age groups have different health needs.

*Older adults tend to live in more rural parts of both counties*

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

*“Retirees have a different skillset than younger people but they are living longer, and looking for ways to stay active.”*

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

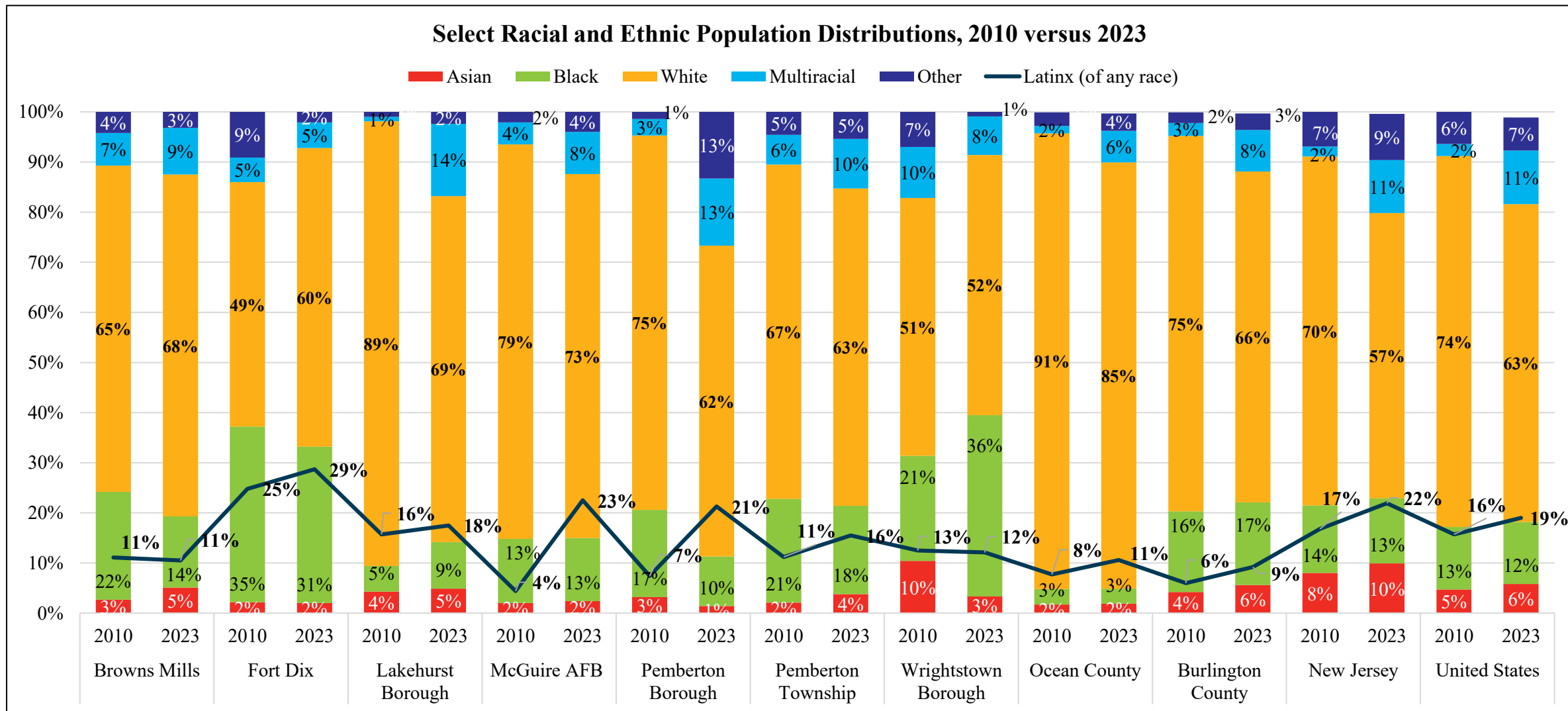


**Highest Concentration of Older Adults**

08022, Columbus	08759, Manchester Township
08041, Jobstown	08042, Juliustown
08088, Vincentown	08087, Tuckerton
08005, Barnegat	08758, Waretown

# Population by Race and Ethnicity

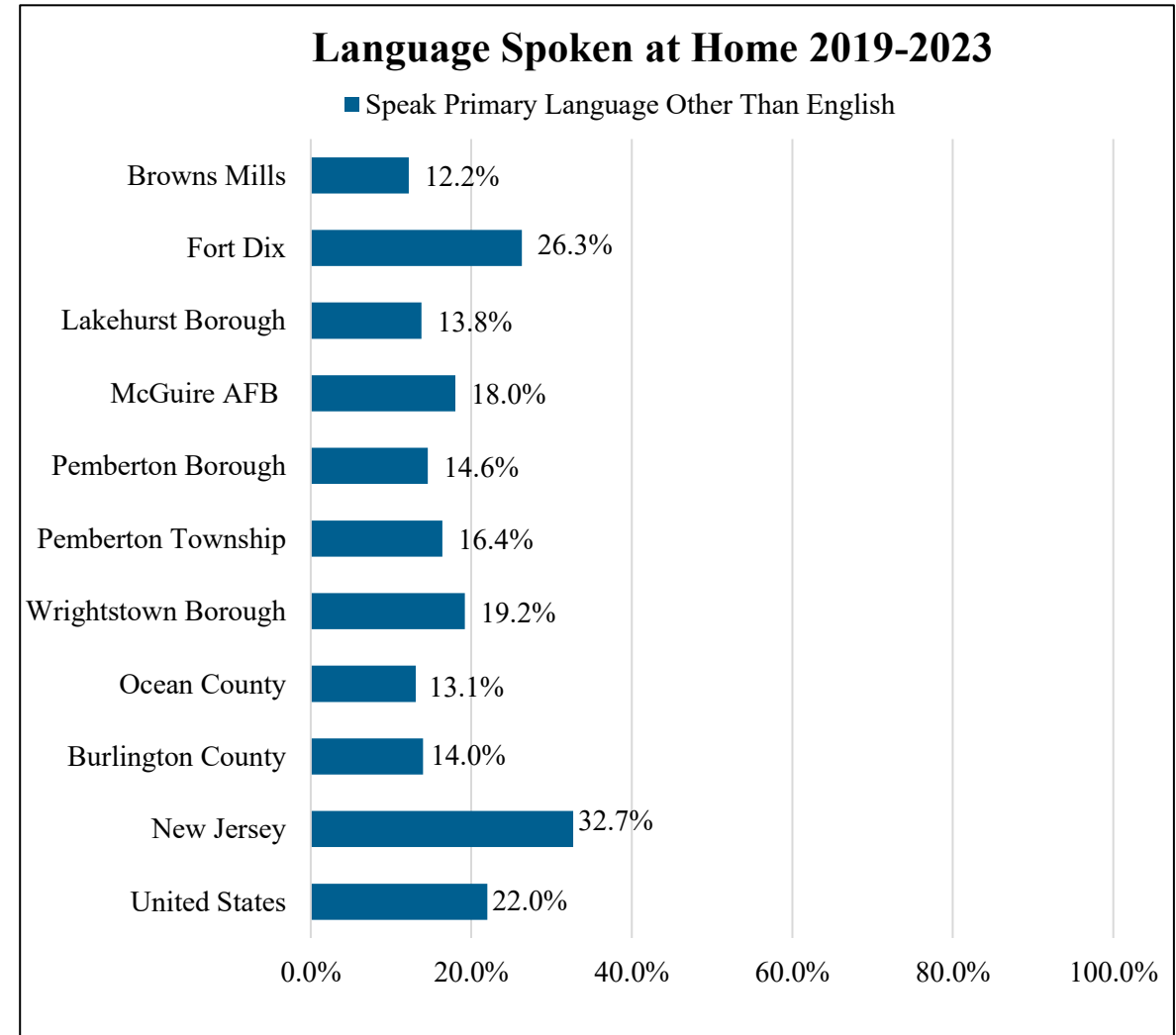
Both Burlington and Ocean Counties are predominantly white, but both have become more diverse over time.



# Preferred Language

While the majority of residents across Deborah’s service area speak English, in many communities, at least 1 in 10 residents do not. The most commonly spoken language other than English is Spanish, but the community is diverse. It is important to grow Deborah’s capacity to communicate with all potential patients, and to recognize that *speaking* a language does not necessarily guarantee literacy in that language.

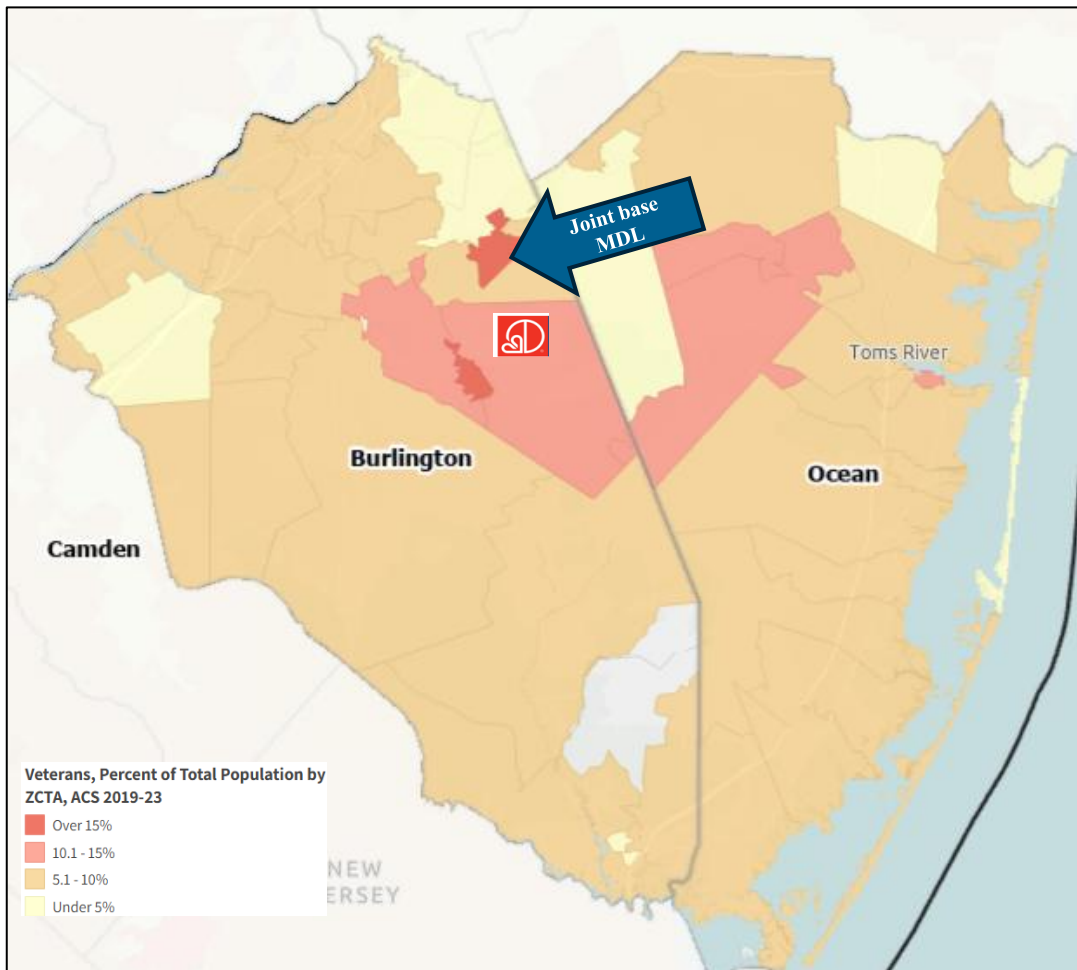
Top 5 Most Common Languages Other than English Spoken at Home	
Burlington County	Ocean County
1 Spanish	Spanish
2 Other Indo-European languages ((incl. Scandinavian, Romance, and Indic languages))	German or other West Germanic languages (Incl. German, Luxembourgish)
3 Tagalog (incl. Filipino)	Other Indo-European languages ((incl. Scandinavian, Romance, and Indic languages))
4 Other and unspecified languages ((incl. Uralic, Semitic, and Indigenous languages of Africa and the Americas)	Other and unspecified languages ((incl. Uralic, Semitic, and Indigenous languages of Africa and the Americas)
5 Other Asian and Pacific Island languages ((incl. Chinese (incl. Mandarin, Cantonese), Japanese, Korean, Vietnamese))	Russian, Polish, or other Slavic languages



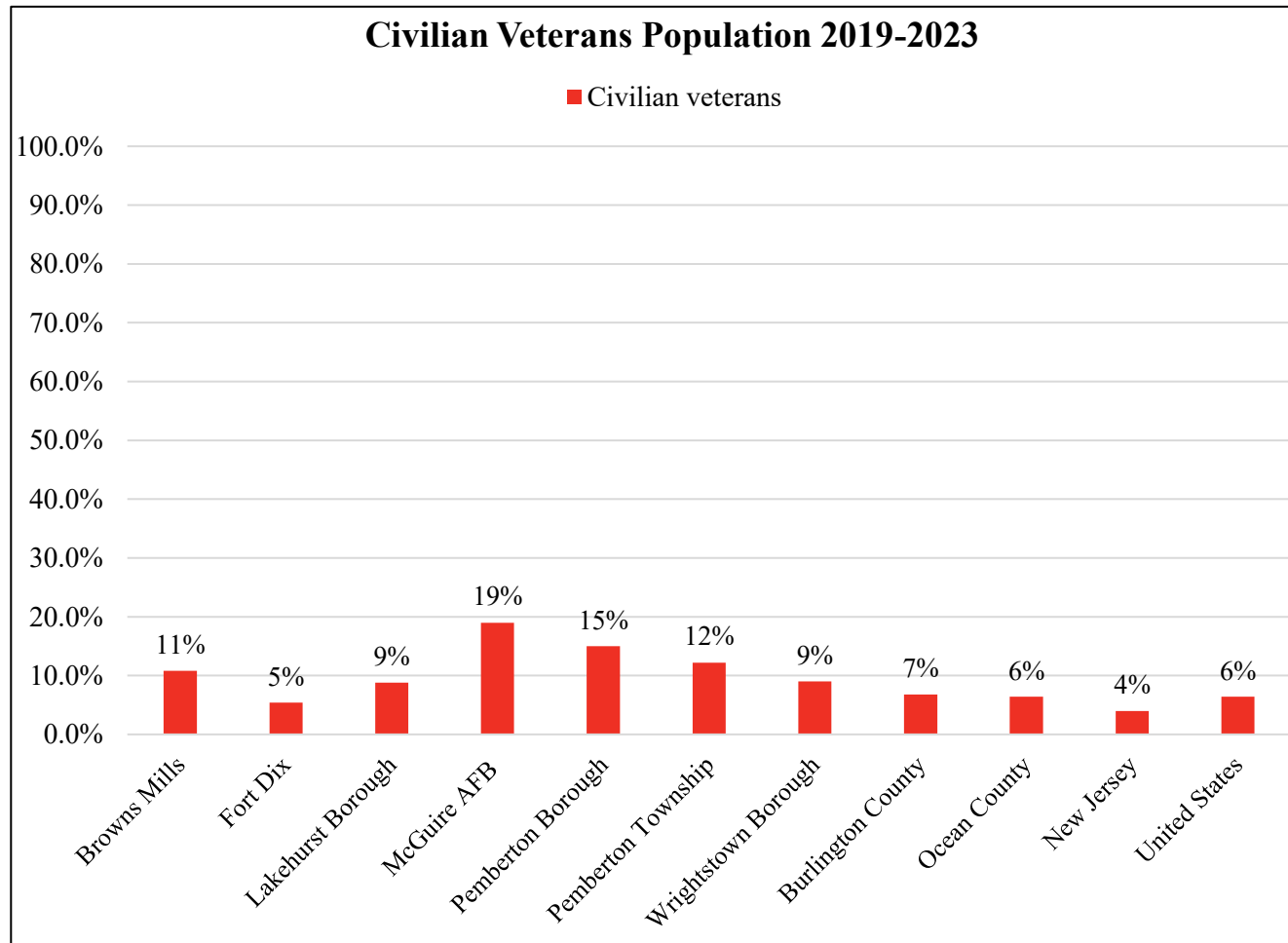
# Veteran Population

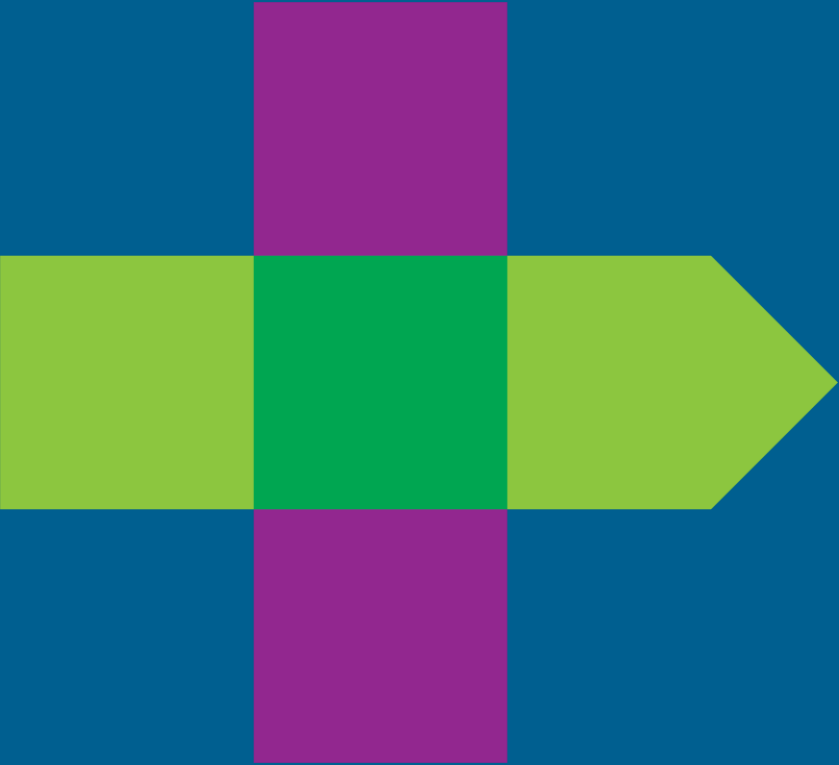
Deborah's primary service area is also home to Joint Base McGuire-Dix-Lakehurst which is home to many active military service people and their families. Additional service members and veterans have chosen to live in the areas surrounding the Joint Base.

**Percent of Veterans Population for Burlington and Ocean Counties by Zip Code, 2019-2023**



**Civilian Veterans Population 2019-2023**





# **Income and Work**

*Money impacts the choices we have to be healthy*

# Income and Work



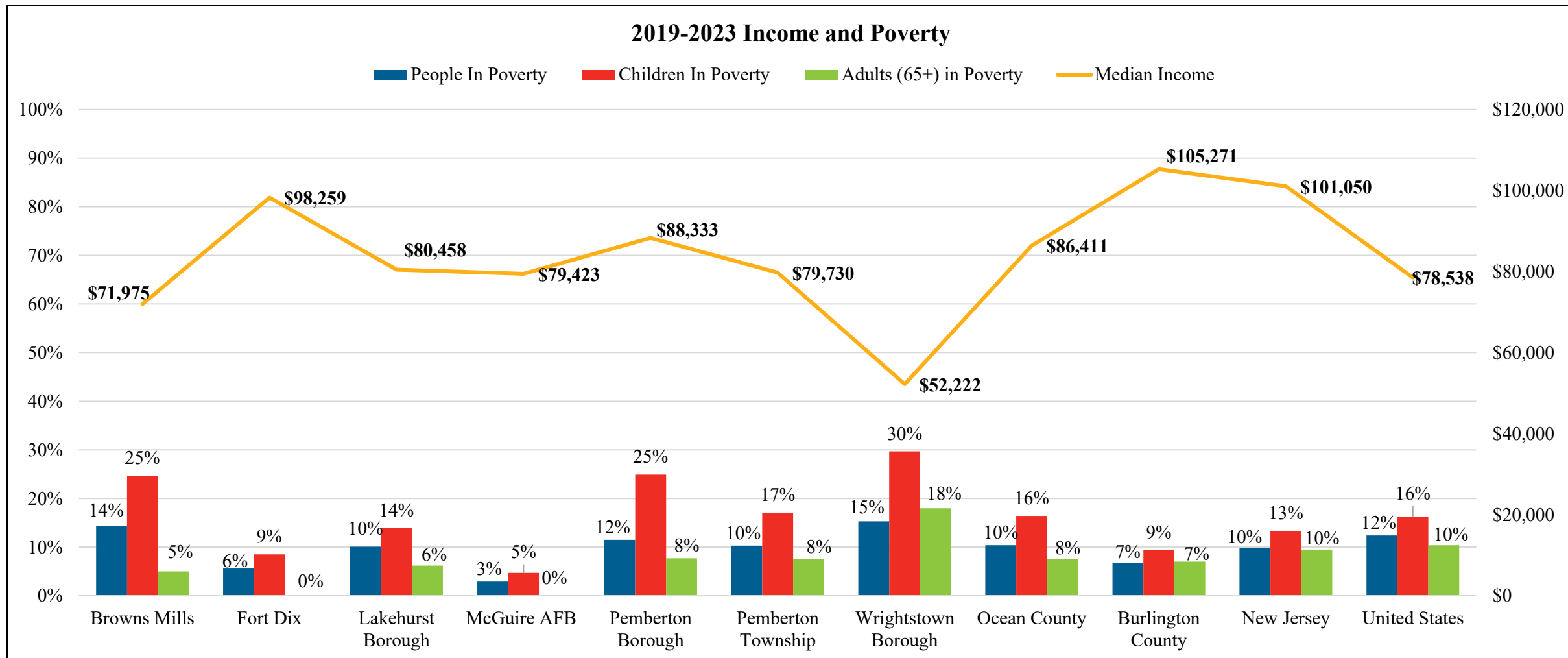
According to the Centers for Disease Control and Prevention (CDC), 40% of any person's health profile is determined by socioeconomic factors. This is because financial resources and income dictate how much money each of us has available to meet basic needs such as housing, food, and health care. The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

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

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

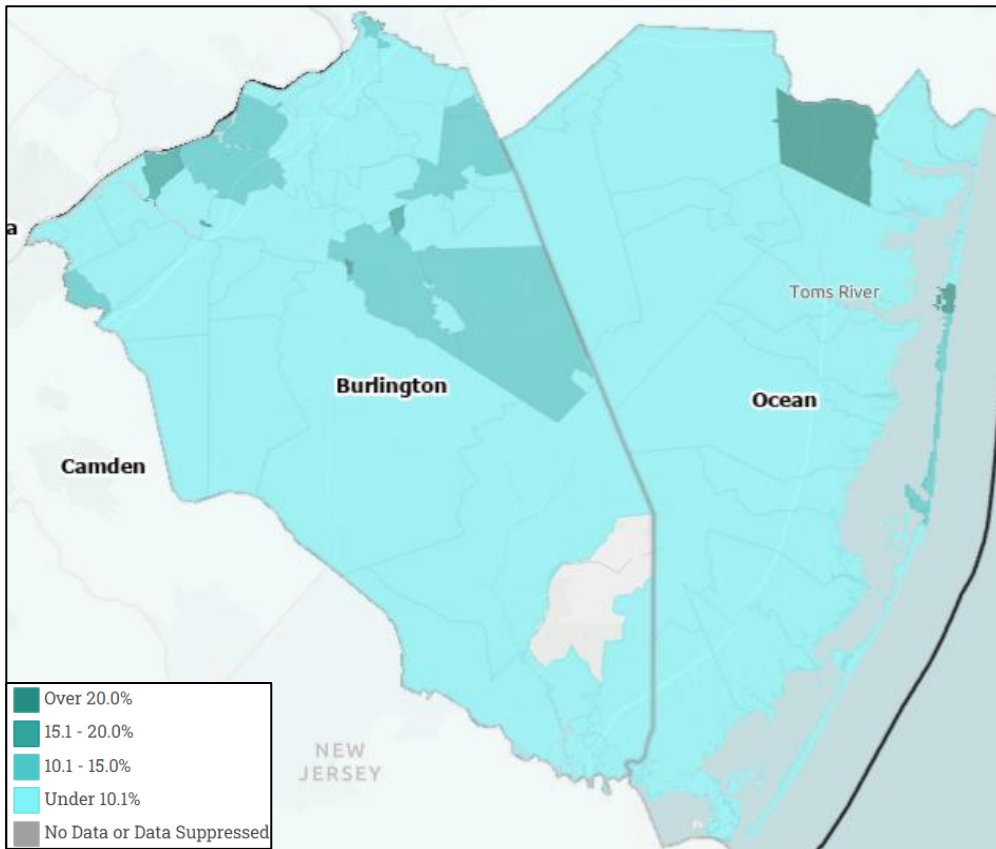
# Income and Poverty

In Deborah's primary service area, generally, 1 in 10 people live in poverty. Wrightstown Borough and Browns Mills have median incomes lower than the US median, far lower than the NJ median income.



# Concentration of Poverty

Population in Poverty by Burlington and Ocean County Zip Code, 2019-2023

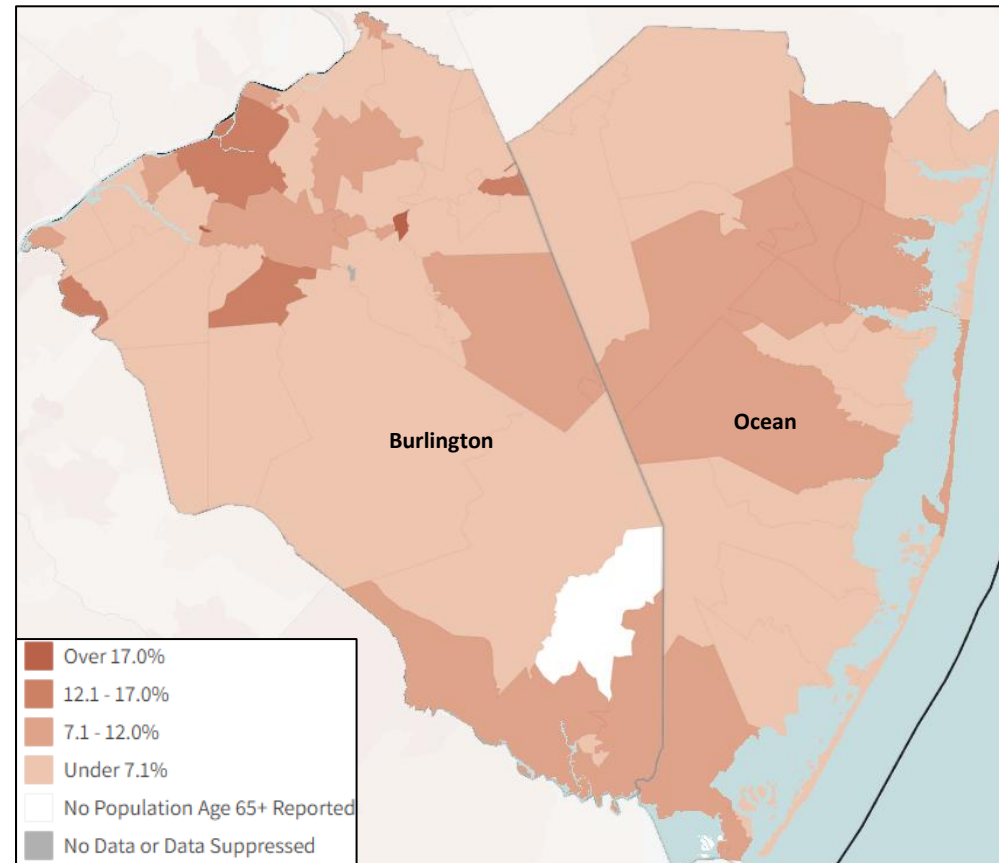


## Concentrated Population in Poverty

08011, Birmingham      08073, Rancocas  
08042, Juliustown      08010, Beverly

Poverty is not evenly distributed across Burlington and Ocean Counties. Certain communities show higher levels of poverty overall, and some have particularly high rates among adults aged 65+.

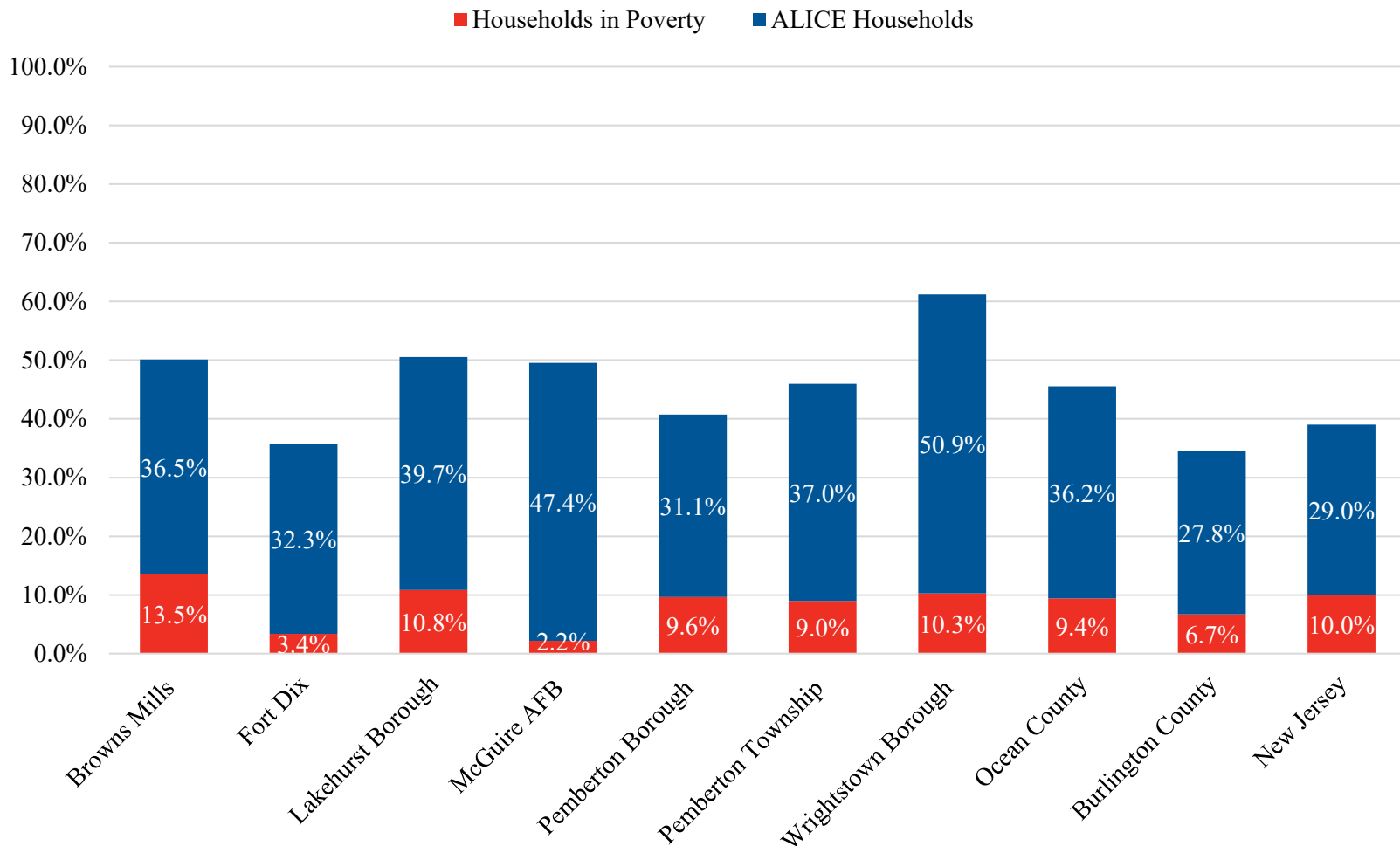
Older Adult Population Aged 65+ in Poverty by Zip Code, 2019-2023



## Concentrated Older Adults 65+ in Poverty

08073, Rancocas      08042, Juliustown  
08016, Burlington      08052, Maple Shade

## Households Experiencing Poverty and ALICE, 2023



More than **1 in 3 households** across Deborah’s primary service area meet the ALICE criteria and struggle to make ends meet.

*Financial challenges make it difficult to make healthy choices.*

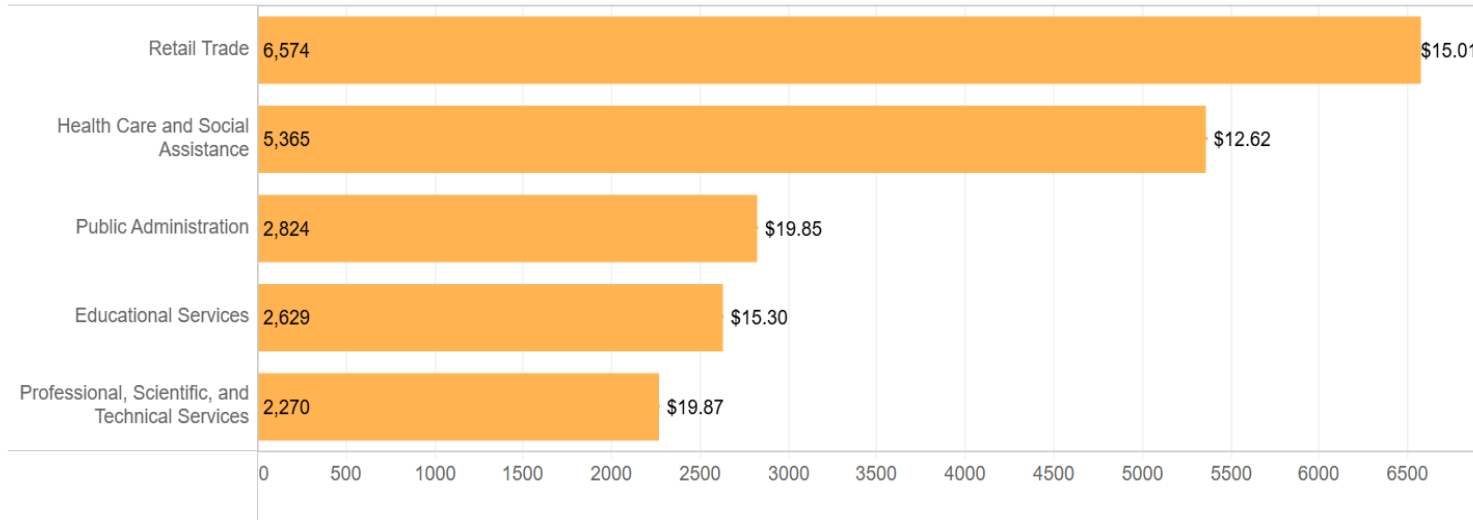
**At least 1 in 2 households** meet the ALICE criteria or are at the poverty level in the following areas:

- McGuire Air Force Base
- Browns Mills
- Lakehurst Borough
- Wrightstown Borough



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

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



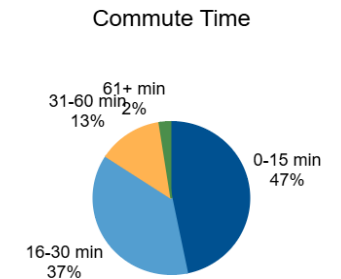
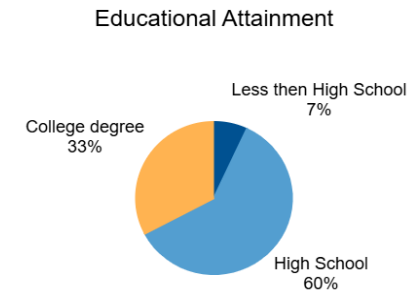
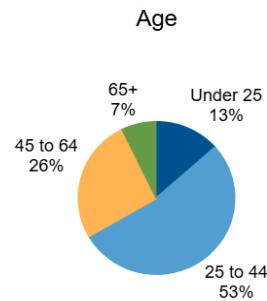
**In Burlington County, ALICE Workers are most likely to:**

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

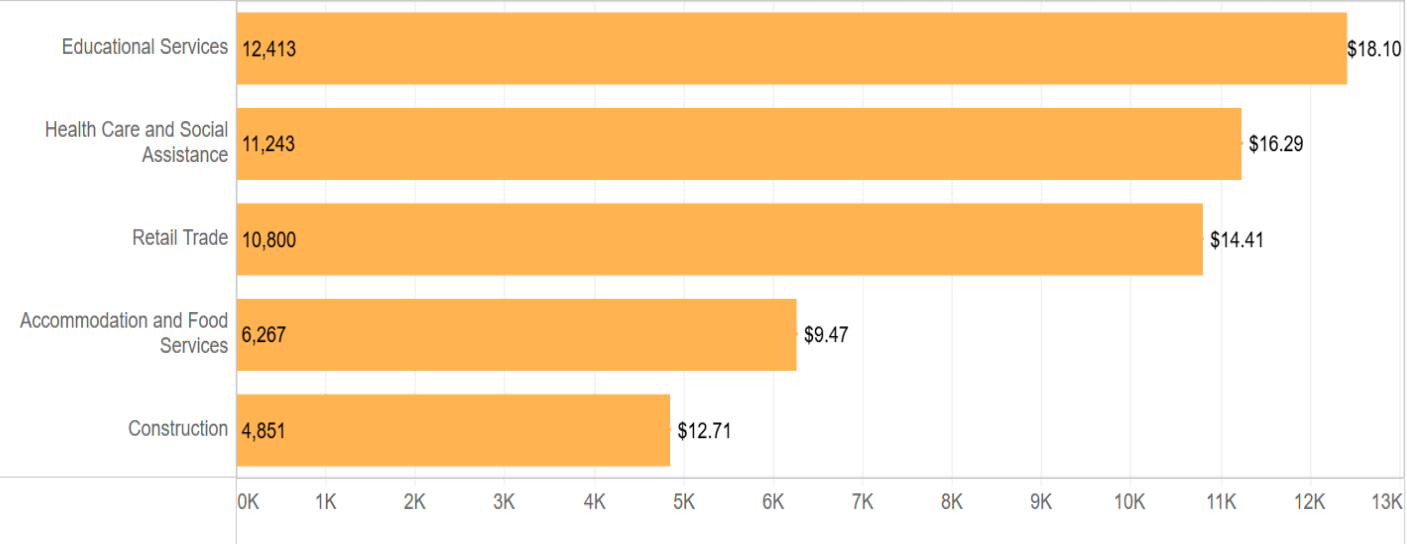


**ALICE** is an acronym for **A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed, and represents the growing number of families who are unable to afford the basics of housing, child care, food, transportation, health care, and technology. These workers often struggle to keep their own households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

## Below ALICE Threshold Worker Characteristics



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



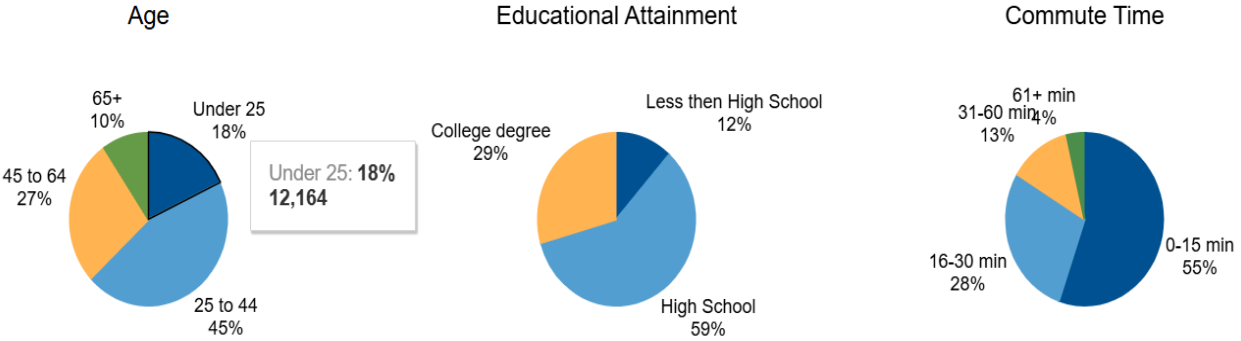
**In Ocean County, ALICE Workers are most likely to:**

- Be employed in Education or Health Care and Social Services fields,
- Have only a high school education,
- Be between the ages of 25-44 years old.
- Commute 15 minutes or less to work (55%), which suggests they are local



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

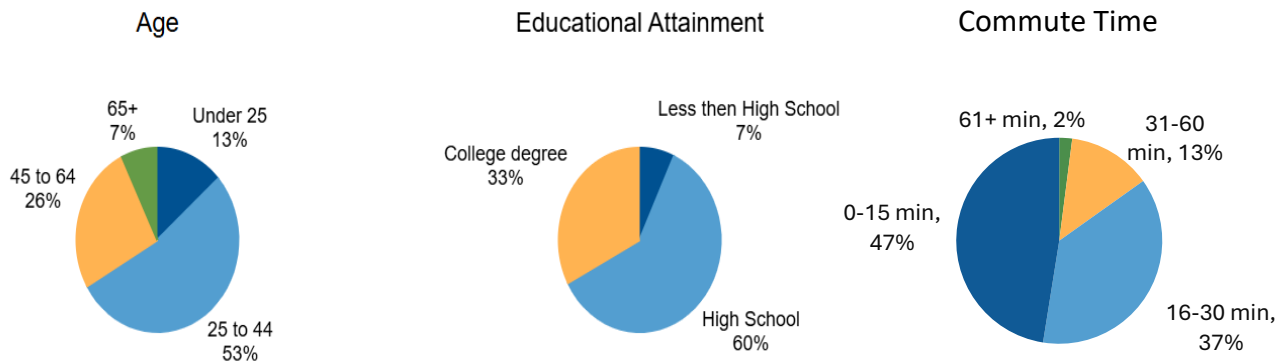
**Below ALICE Threshold Worker Characteristics**



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

## Burlington County

### Below ALICE Threshold Worker Characteristics



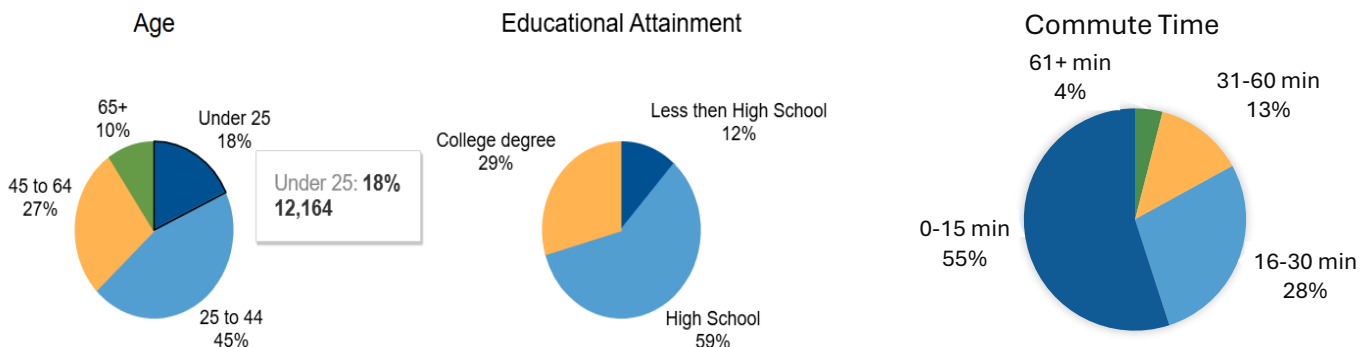
### Most ALICE Workers in this area:

- Live close to work
- Are between 25-44 years old
- Have a High School education

	#1 Most Common Job	#2 Most Common Job
Burlington County	Retail	Health Care and Social Assistance
Ocean County	Education	Health Care and Social Assistance

## Ocean County

### Below ALICE Threshold Worker Characteristics



Under 25: 18%  
12,164



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

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

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

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

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



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

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

Although the minimum wage in New Jersey is relatively high (\$15.13), one full time minimum wage job is not enough to support a single adult living in Ocean County. The estimated rent for a single adult (\$936/month), is 36% of a single, full-time, minimum wage income, above the recommended 30% threshold. For families with children, the income needs are even higher.

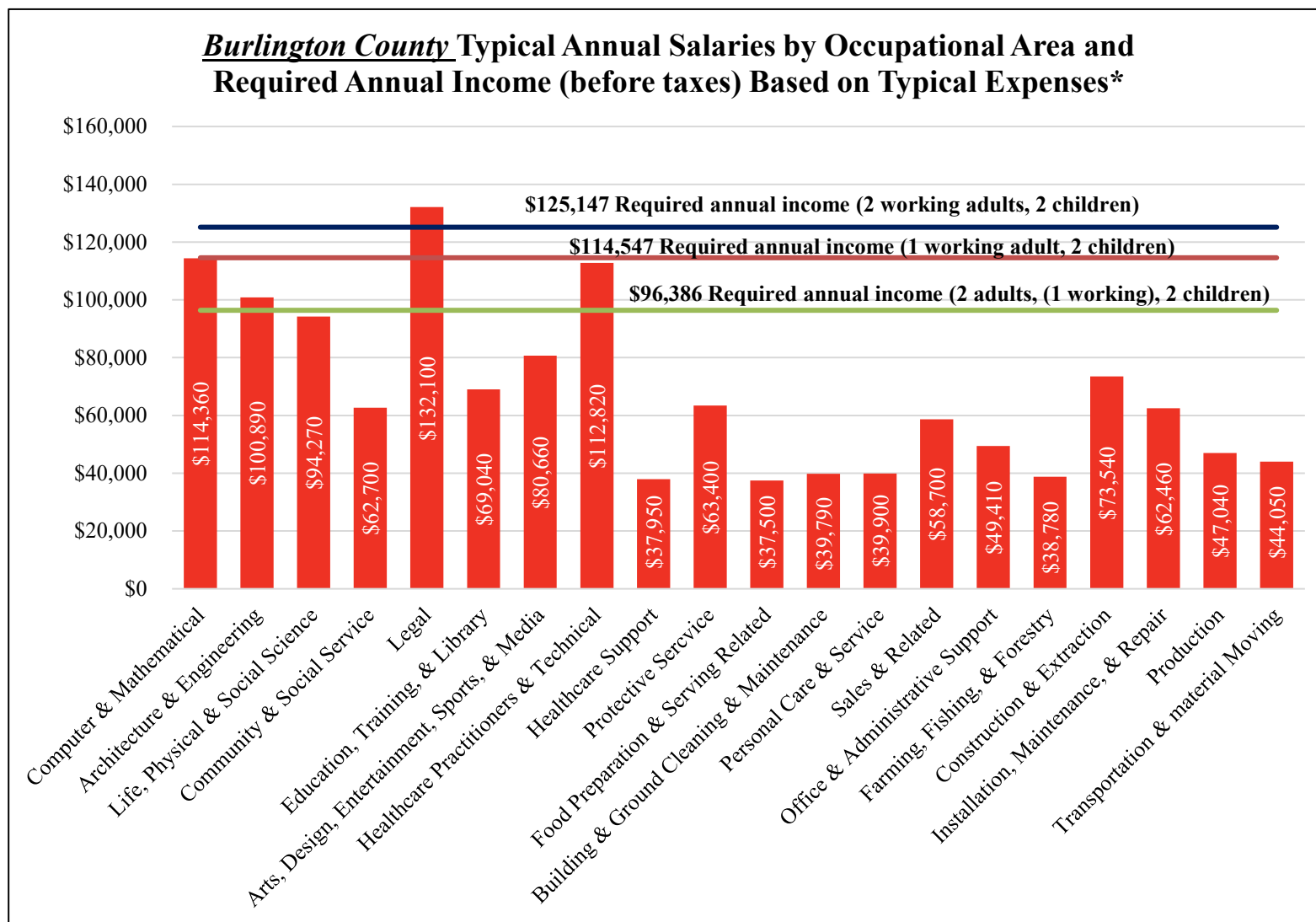
## ALICE Household Survival Budget, Ocean County, New Jersey, 2022

Monthly Costs and Credits	Single Adult	One Adult, One Child	One Adult, One In Child Care	Two Adults	Two Adults Two Children	Two Adults, Two In Child Care	Single Adult 65+	Two Adults 65+
Housing - Rent	\$936	\$980	\$980	\$980	\$1,258	\$1,258	\$936	\$980
Housing - Utilities	\$163	\$258	\$258	\$258	\$310	\$310	\$163	\$258
Child Care	\$0	\$305	\$812	\$0	\$609	\$1,688	\$0	\$0
Food	\$530	\$898	\$806	\$971	\$1,633	\$1,443	\$489	\$896
Transportation	\$439	\$573	\$573	\$680	\$1,089	\$1,089	\$375	\$551
Health Care	\$183	\$402	\$402	\$402	\$686	\$686	\$602	\$1,204
Technology	\$86	\$86	\$86	\$116	\$116	\$116	\$86	\$116
Miscellaneous	\$234	\$350	\$392	\$341	\$570	\$659	\$265	\$401
Tax Payments	\$402	\$803	\$918	\$512	\$1,072	\$1,310	\$476	\$843
Tax Credits	\$0	(\$227)	(\$227)	\$0	(\$453)	(\$453)	\$0	\$0
Monthly Total	\$2,973	\$4,428	\$5,000	\$4,260	\$6,890	\$8,106	\$3,392	\$5,249
ANNUAL TOTAL	\$35,676	\$53,136	\$60,000	\$51,120	\$82,680	\$97,272	\$40,704	\$62,988
Hourly Wage	\$17.84	\$26.57	\$30.00	\$25.56	\$41.34	\$48.64	\$20.35	\$31.49



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

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



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

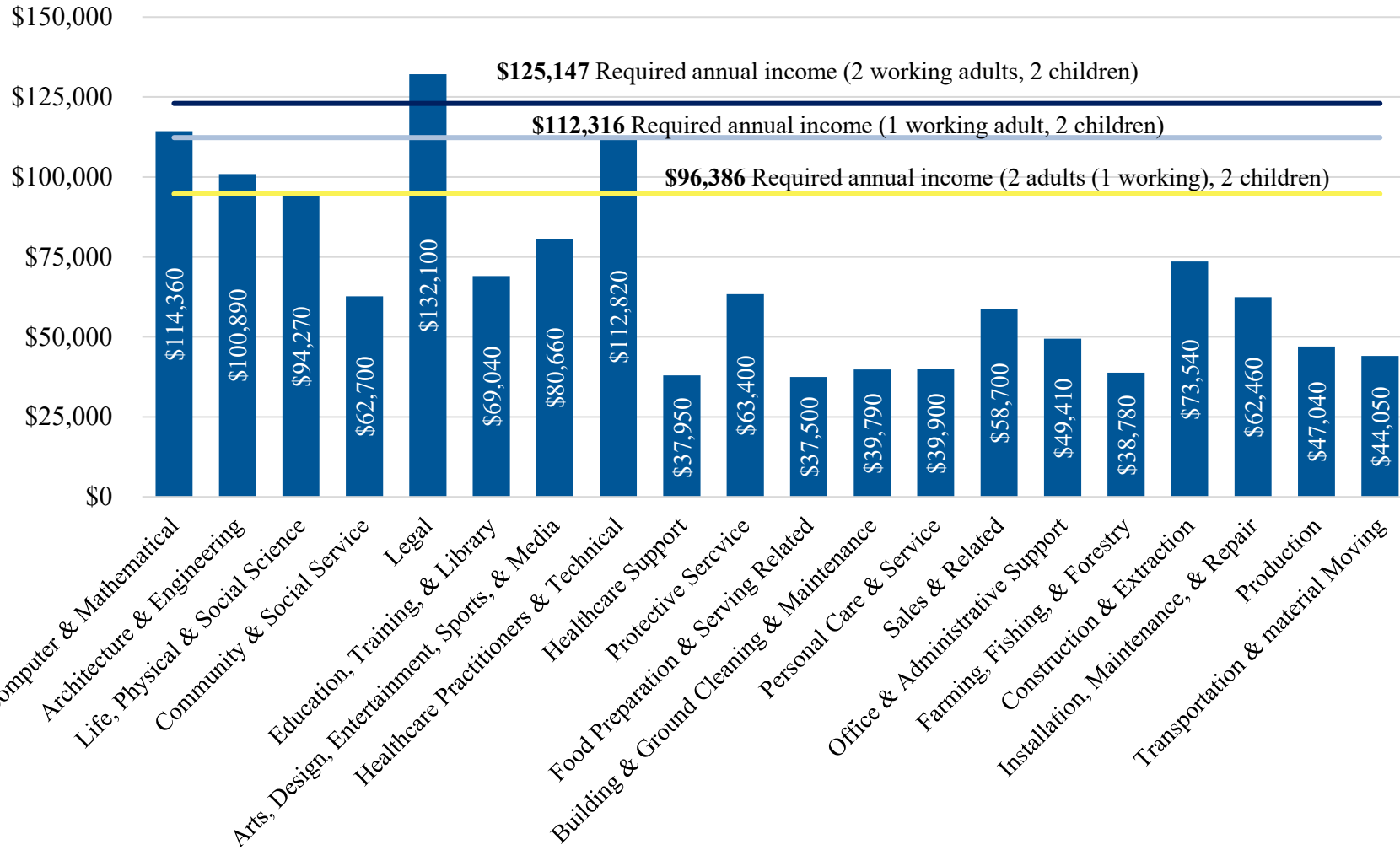
*“The living wage shown is the hourly rate that an **individual** in a household must earn to support themselves and/or their family, working full-time, or 2080 hours per year...in households with two working adults, all hourly values reflect what one working adult requires to earn to meet their families’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

*“I had to sell life insurance to get help from the state to pay for medical bills.”*

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

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

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



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

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

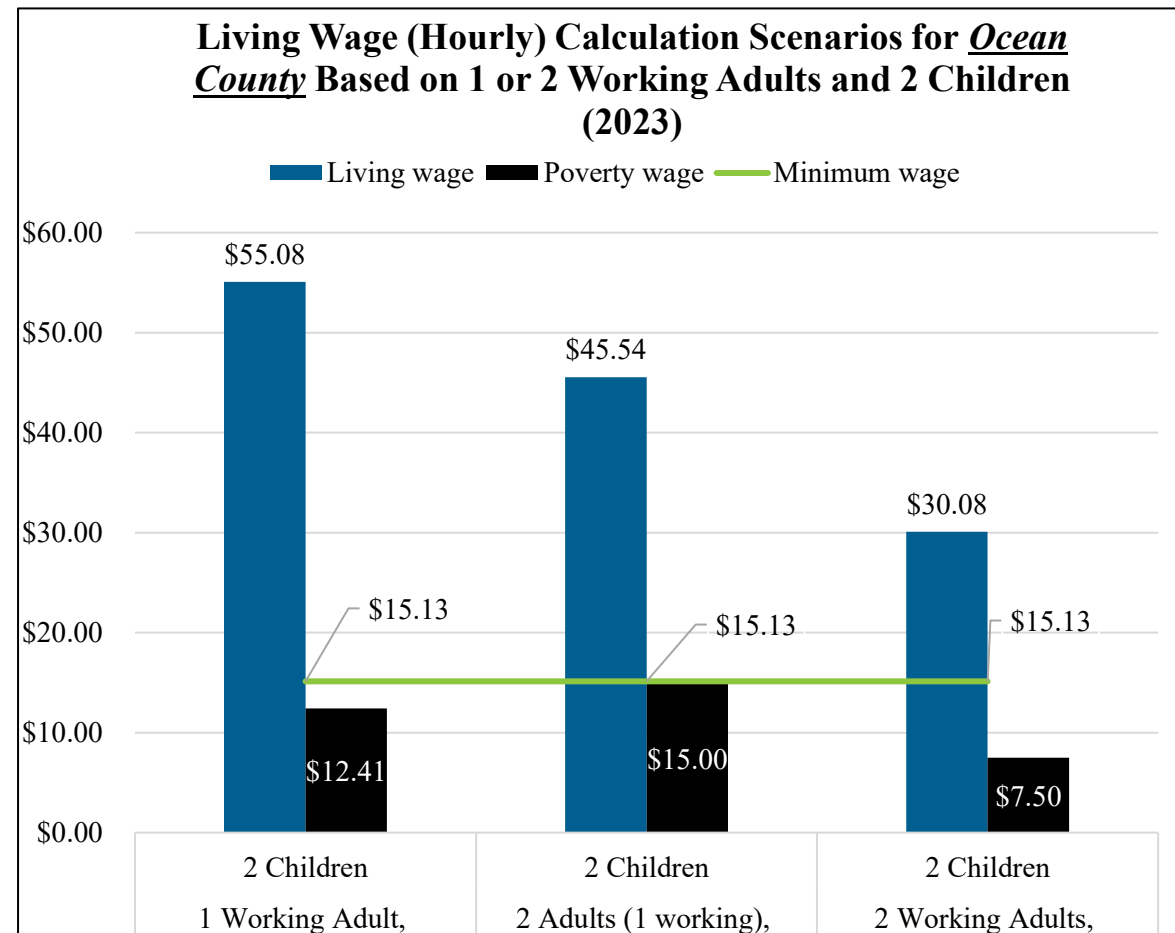
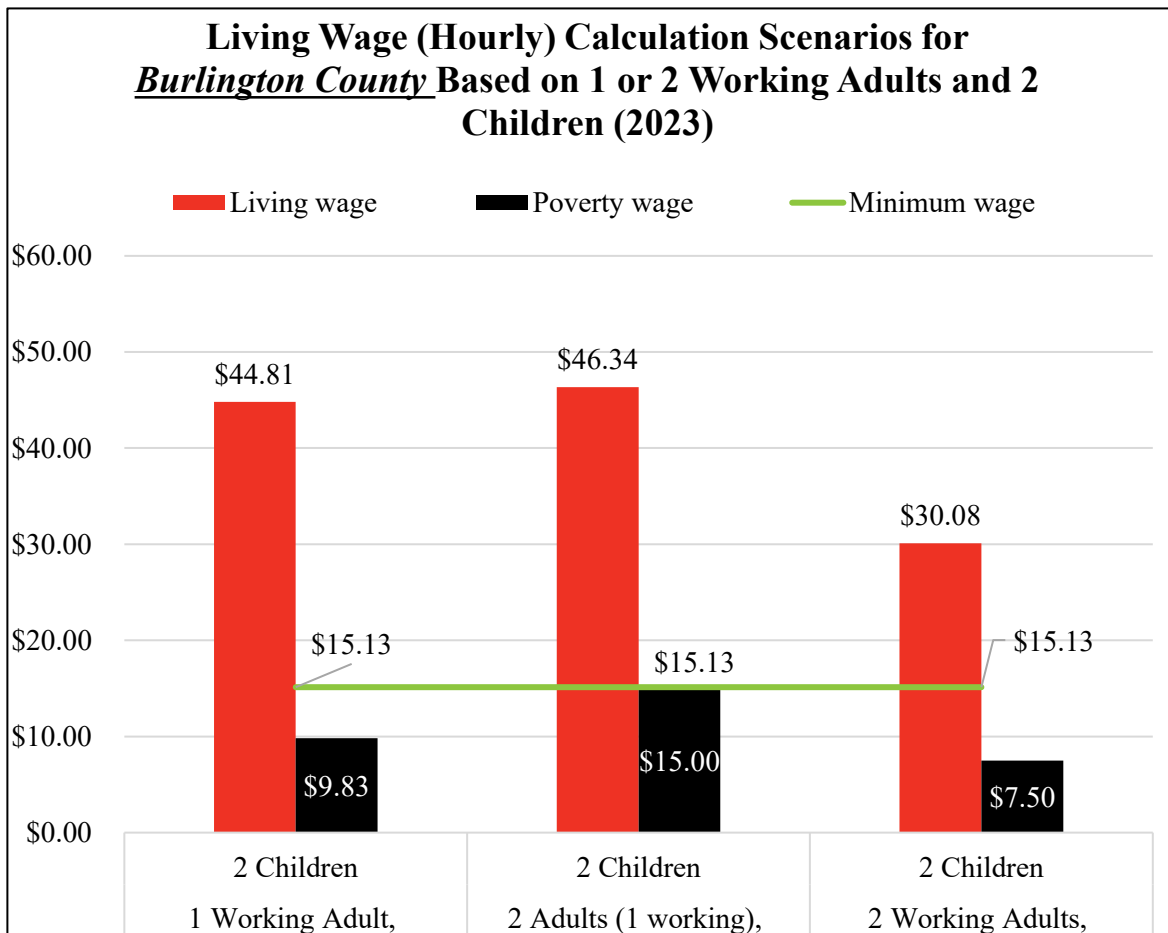
*“Affordable food. The ability to get groceries is becoming very difficult. Certain food we no longer purchase because we can not afford it. Energy costs are increasing. It's becoming harder to make monthly mortgage payments and keep utilities current.”*

\*Typical expenses include food, childcare, medical, housing, transportation, civic, other. Required annual income reflects **per working adult**, single or in a family.

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

# Living Wage Calculator

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



Source: *Living Wage Calculator - Living wage Calculation for Burlington, Ocean Counties, New Jersey.* (n.d.). <https://livingwage.mit.edu/counties/34005>, <https://livingwage.mit.edu/counties/34029>

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

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

## Childcare Availability and Affordability

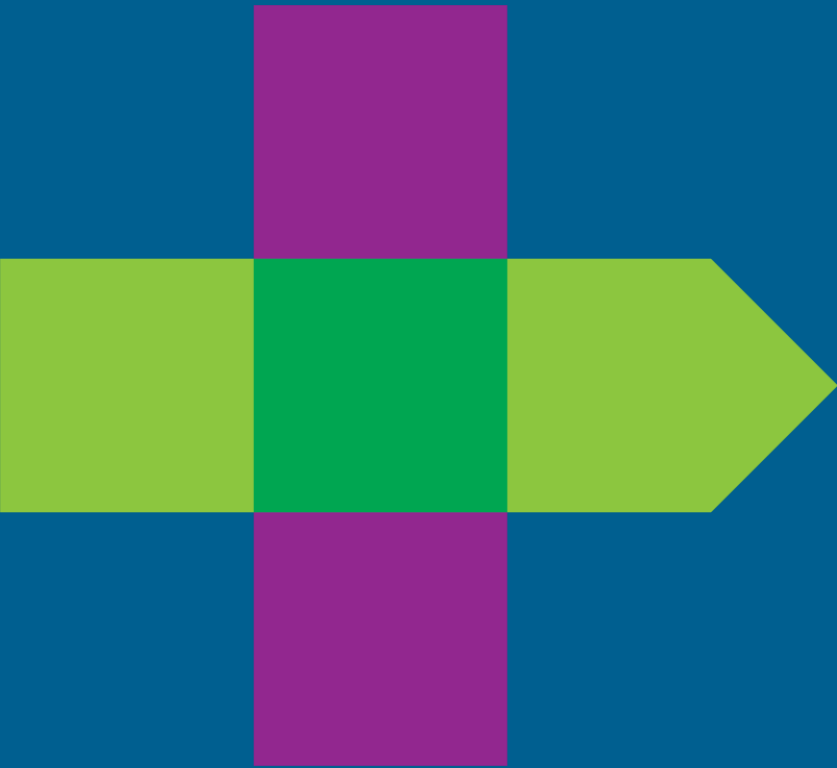
	Number of childcare centers per 1,000 population under 5 years old	Childcare costs for a household with two children, as a percentage of median household income
Burlington County	6.1	24.0%
Ocean County	3.4	29.3%
New Jersey	8.2	27.4%
United States	7.0	27.0%

*“We need more affordable, accessible childcare and a skating rink locally for exercise, recreation and socialization.”*

The cost of childcare for a household with two children in the Deborah primary service area, measured as a percent of median household income, is 24.0% in Burlington County to 29.3% in Ocean County. For some families, this expense is greater than housing. Families spend a significant portion of their income on childcare alone, which may affect their ability to afford housing, food, and other basic needs.

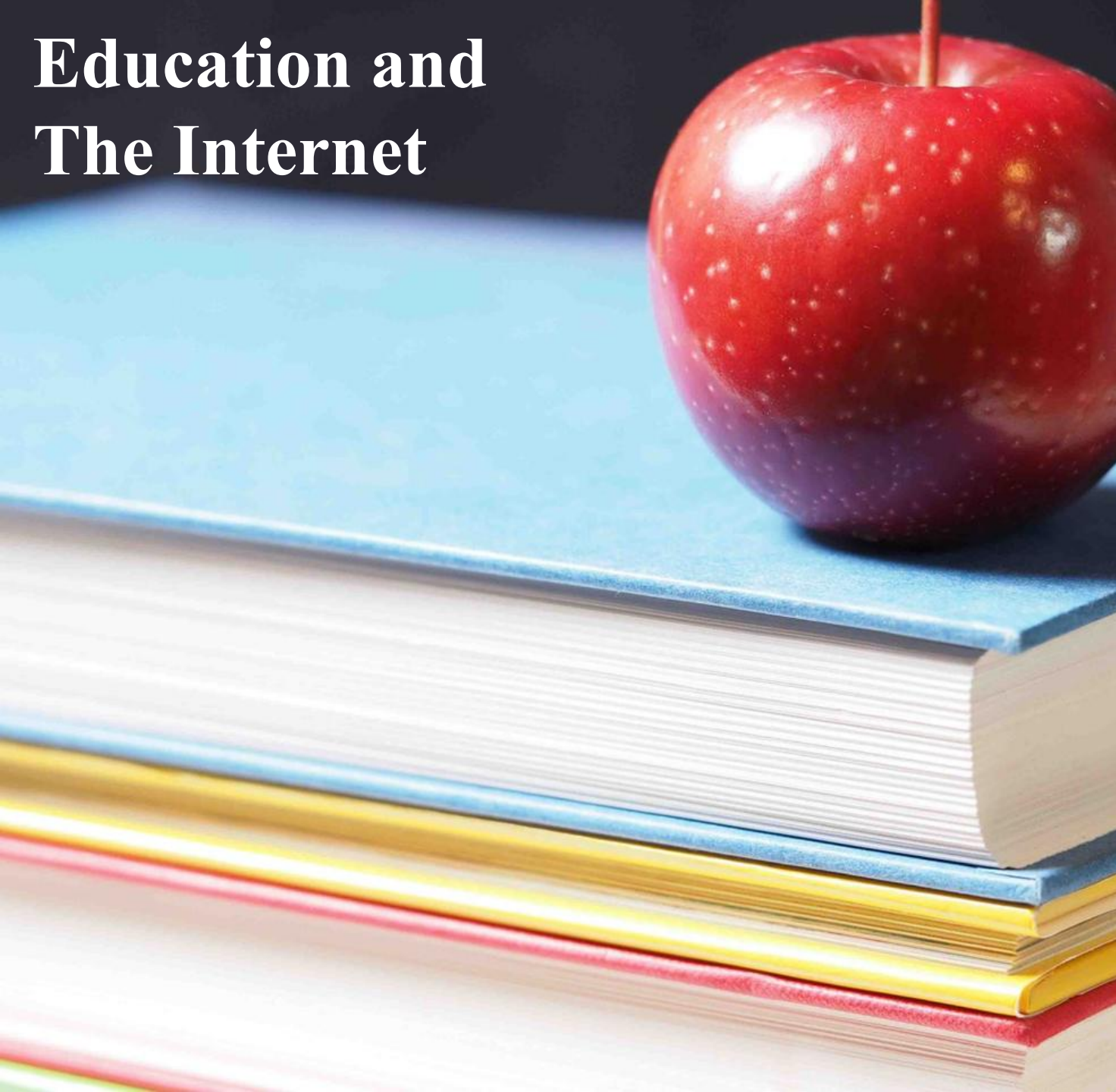
There is also a shortage of childcare supply in Burlington County, as there are only 6.1 childcare centers per 1,000 children under 5 years old, compared to 8.2 in New Jersey and 7.0 in the United States.

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



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

# Education and The Internet



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

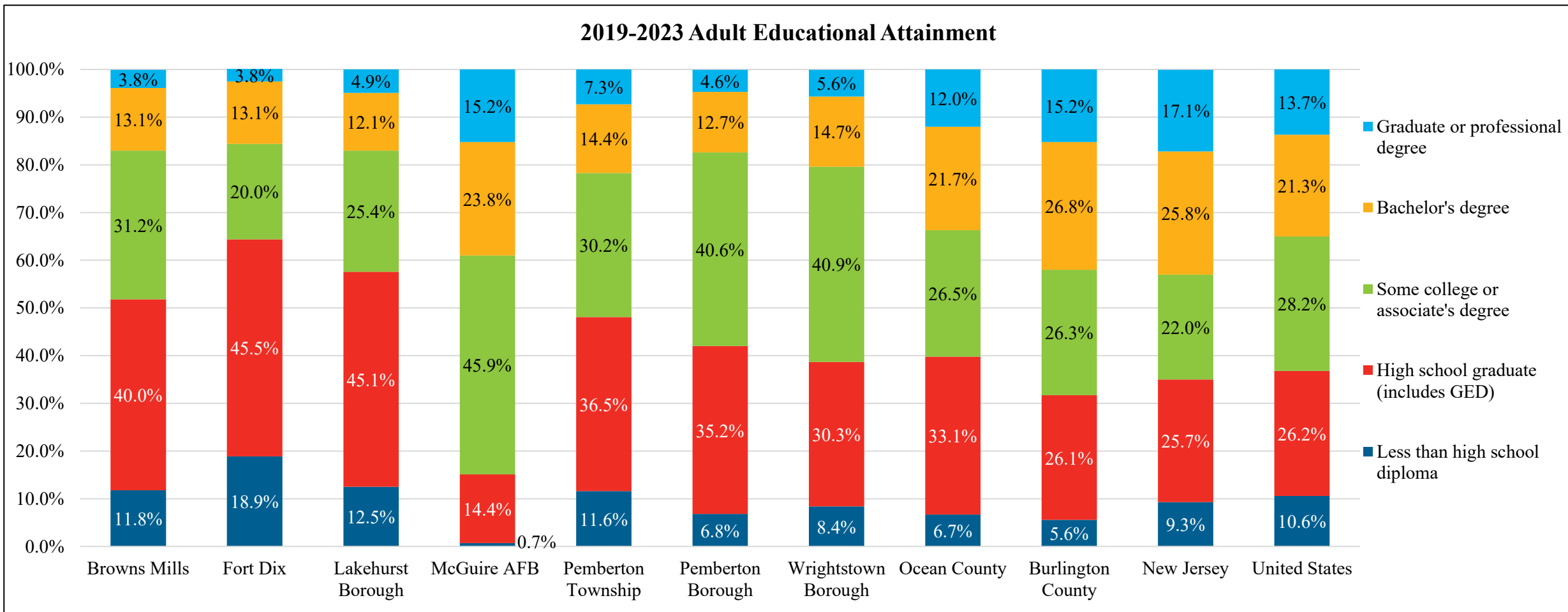
Having access to the internet, whether through computers, cell phones, or other devices, connects people to school, employment opportunities, health care, family and friends, and special interest groups. Barriers to accessing the internet, ranging from not understanding how to use devices, availability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



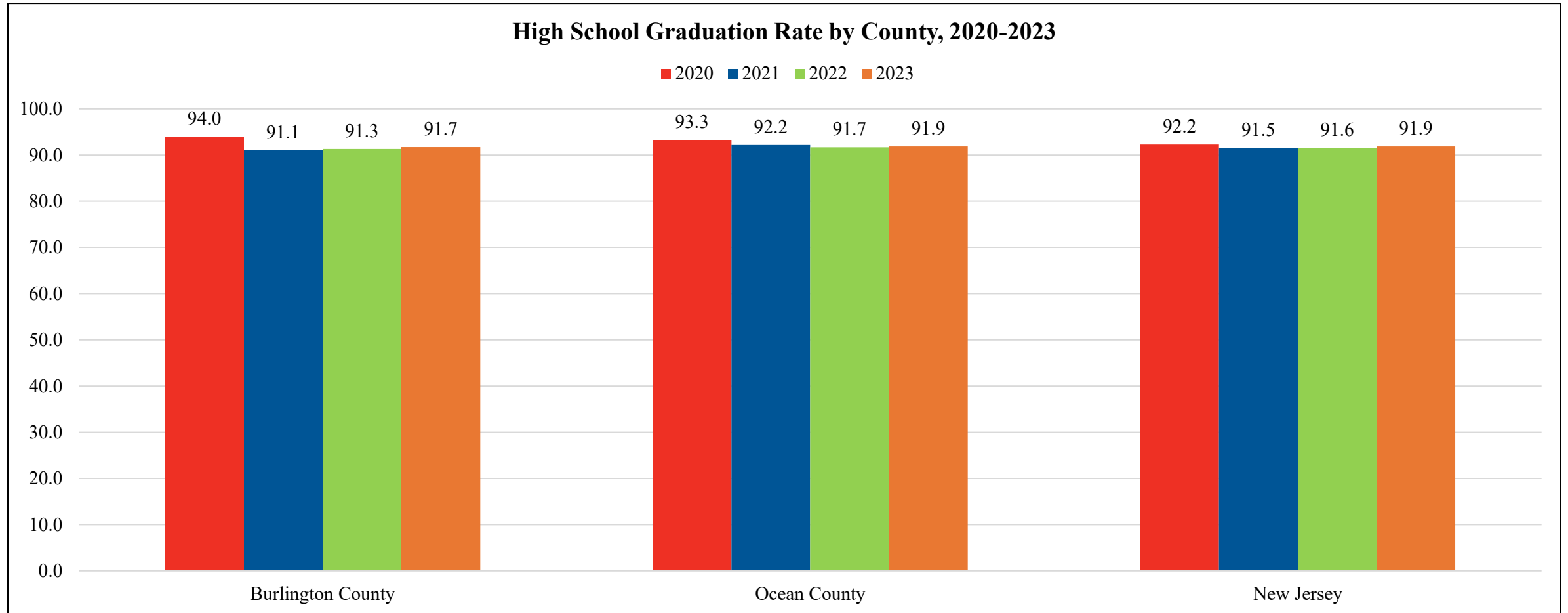
# Adult Educational Attainment

Higher levels of education are linked to better health outcomes and access to higher-paying jobs that often include benefits like health insurance. Additionally, formal education often influences a person's ability to comprehend complex instructions provided by medical professionals.

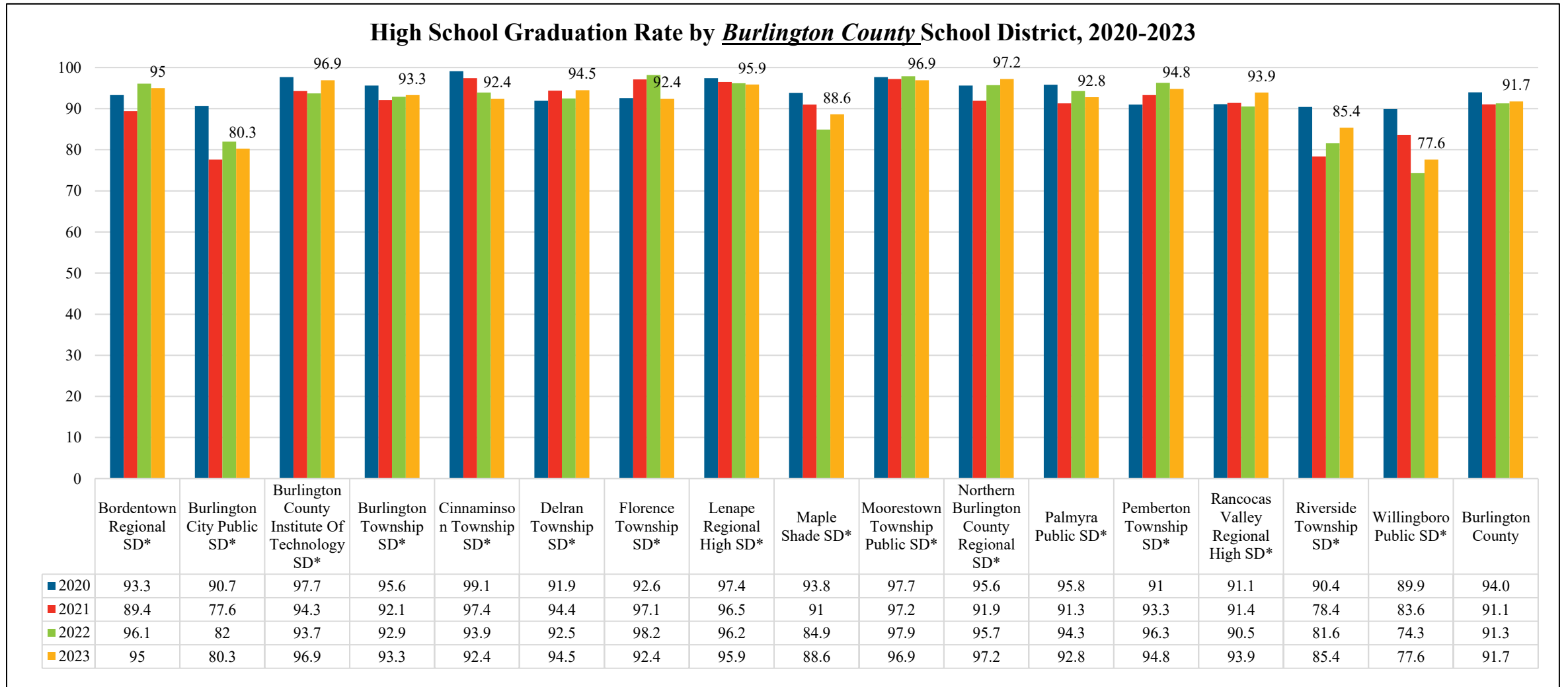
Differences in education levels vary from place to place. This includes significant differences in education levels between Fort Dix and McGuire AFB.



In both counties high school students graduate from high school on time. Finding ways to help teens stay in school and graduate on time will improve future economic opportunities for young people, their families, and their communities.



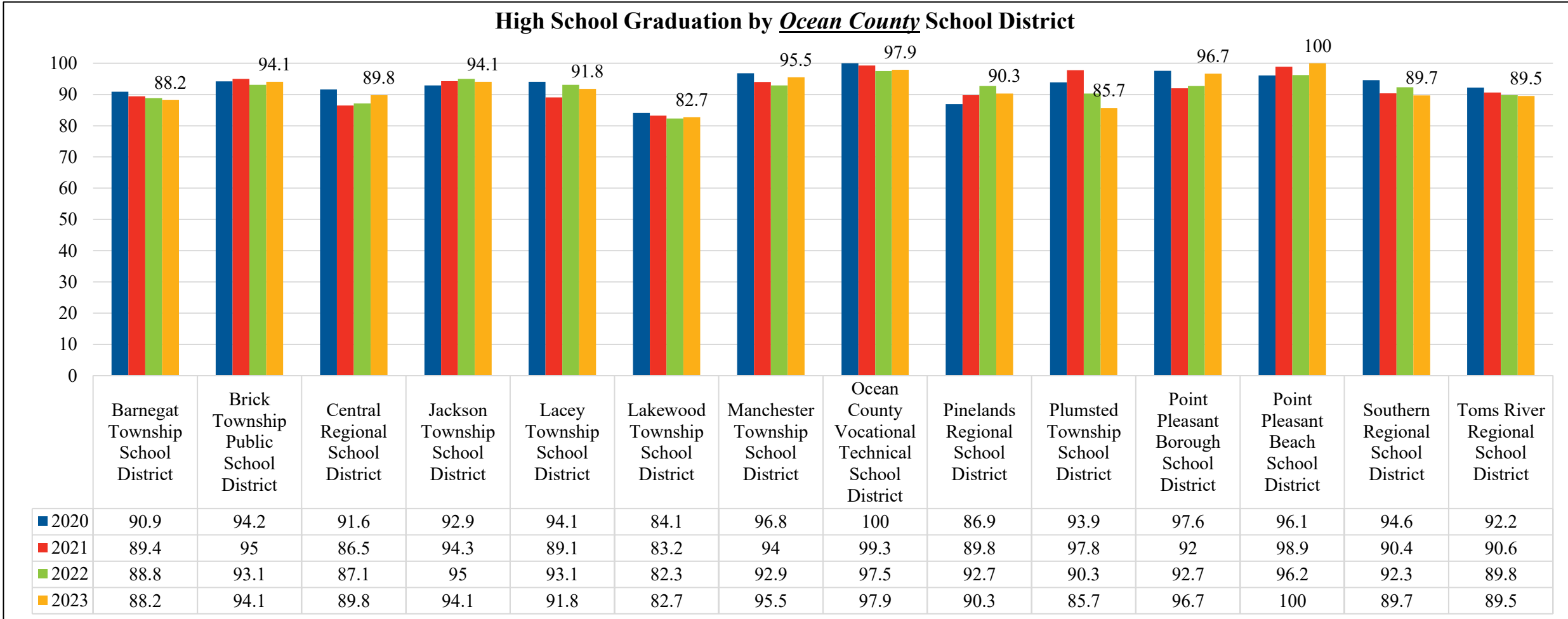
While most Burlington County students graduate from high school on time, one in five students in the Willingboro and Burlington City School Districts does not graduate on time. Ensuring that young people complete at least a high school diploma increases opportunities for employment, health, and well-being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



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

\*SD – School District

Most students in Ocean County graduate from high school on time, but the proportion varies by district. Lakewood Township has fewer graduates than other districts (82.7% in 2023) and has trended downward since 2020. Plumsted (85.7%), Pinelands (90.3%), Southern Regional (89.7%), and Lacey (91.8%) school districts are also trending downward. Ensuring young people complete a minimum of a High School diploma increases opportunities for employment, and health and well-being for youth, families, and communities.



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

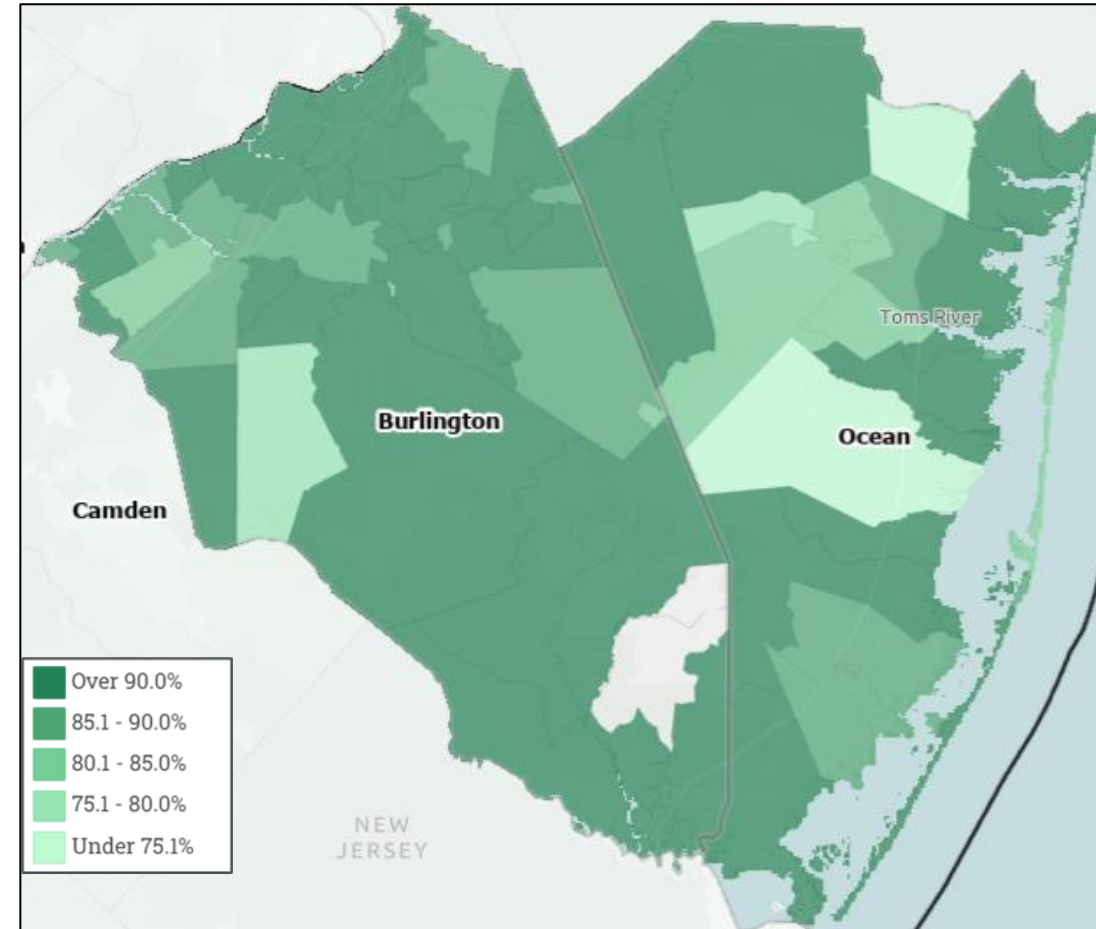
\*SD – School District

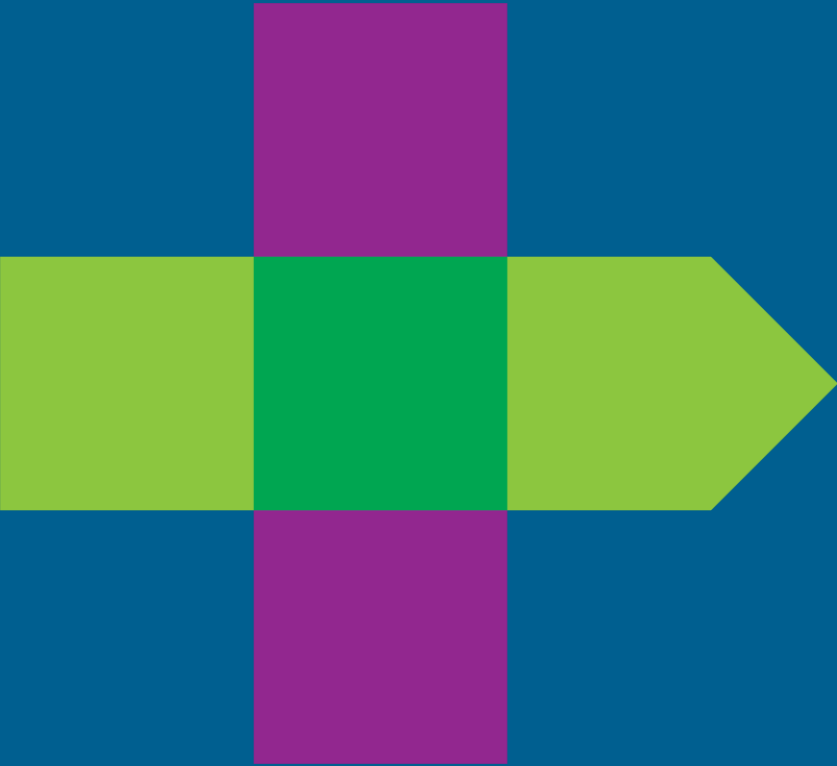
Since the Pandemic, online resources for telehealth, scheduling, education, job and benefit applications, and virtual social groups have increased access to a wide range of helpful services for many people.

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

	With Computer Access				With Internet Access	
	Computer Device (any)	Desktop / Laptop	Smartphone	Tablet/iPad	Internet Subscription	Broadband Internet
Browns Mills	92.5%	73.2%	84.4%	59.7%	87.2%	87.1%
Fort Dix	100.0%	98.6%	99.4%	80.6%	98.3%	98.3%
Lakehurst Borough	94.2%	72.2%	88.5%	57.9%	78.3%	78.3%
McGuire AFB	100.0%	99.3%	97.5%	87.3%	99.6%	99.6%
Pemberton Borough	86.1%	73.0%	81.7%	64.3%	80.0%	80.0%
Pemberton Township	94.7%	77.5%	89.3%	61.9%	90.2%	90.2%
Wrightstown Borough	97.2%	78.0%	86.0%	53.7%	88.3%	88.3%
Burlington County	96.1%	86.9%	90.7%	70.4%	94.2%	94.1%
Ocean County	92.8%	82.0%	83.1%	61.8%	87.8%	87.6%
New Jersey	96.5%	83.1%	92.1%	66.6%	94.1%	94.0%
United States	94.8%	79.8%	89.8%	63.6%	89.9%	89.7%

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





# **Our Homes and Where we Live**

*Housing Conditions and Unhoused People*

# Our Homes and Where We Live



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

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

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

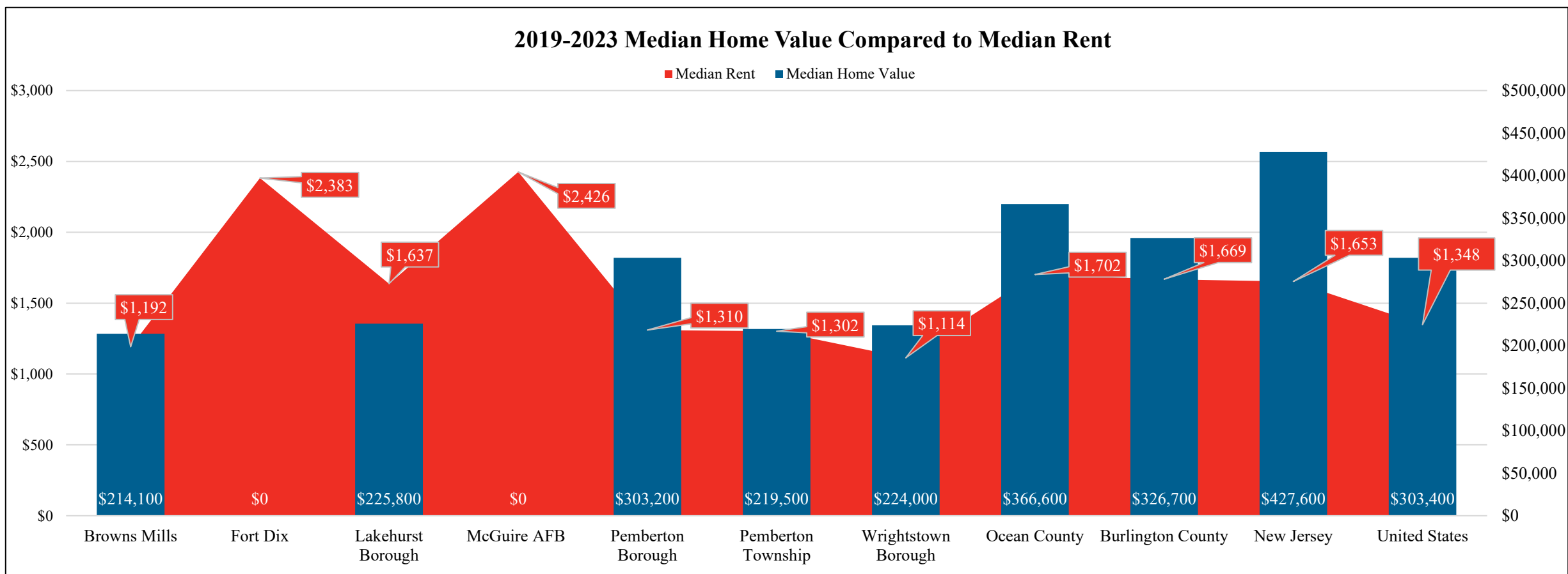
When rents are high, especially compared to home values, first-time homeownership—and the stability it provides for families and communities—may be out of reach for renters, who may struggle to save money effectively or build good credit.



# Housing Cost and Rent

Median home values and rents are more affordable in Browns Mills, Lakehurst Borough, Pemberton Township, and Wrightstown Borough compared to both county, state, and national averages.

In contrast, Fort Dix and McGuire AFB report no median home values due to their designation as military areas. However, rents in these communities are significantly higher than in other parts of New Jersey and have limited private housing options.



Source: US Census Bureau, American Community Survey. *Note:* New Lisbon and Birmingham are part of Pemberton Township.

*\*Note:* Fort Dix and McGuire AFB are primarily Group Quarters (GO) areas, such as military barracks, dormitories which are not included in owner/renter stats.

# Housing Age and Lead



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



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



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



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



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



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

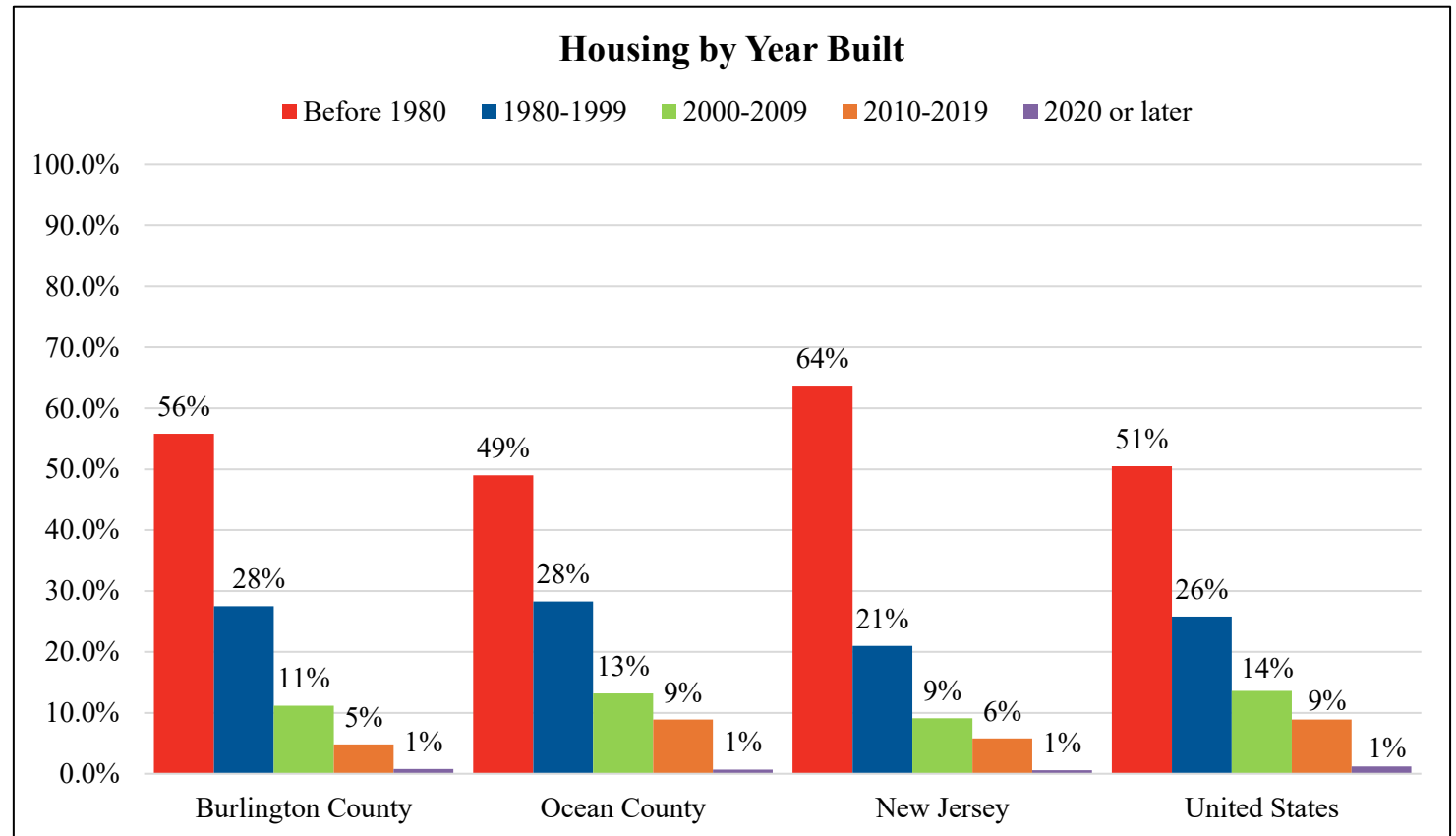


Radon is associated with between 140 and 250 lung cancer deaths in New Jersey each year. Over 33% of New Jersey homes have been tested for radon; 46% of homes found to have radon levels  $\geq 4$ pCi/L have been mitigated (2021).



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

There is no safe level of lead in homes. Older homes are at greater risk of containing lead. More than half of the homes in Burlington County were built during a time when lead was more commonly found. Nearly half of all Ocean County homes were also built during a time when lead was more commonly found. In addition to the increased potential of including lead, older homes also often require expensive upkeep, something that people on fixed incomes, such as many of the older adults served by Deborah, struggle with.



# Housing Tenure and Cost Burden

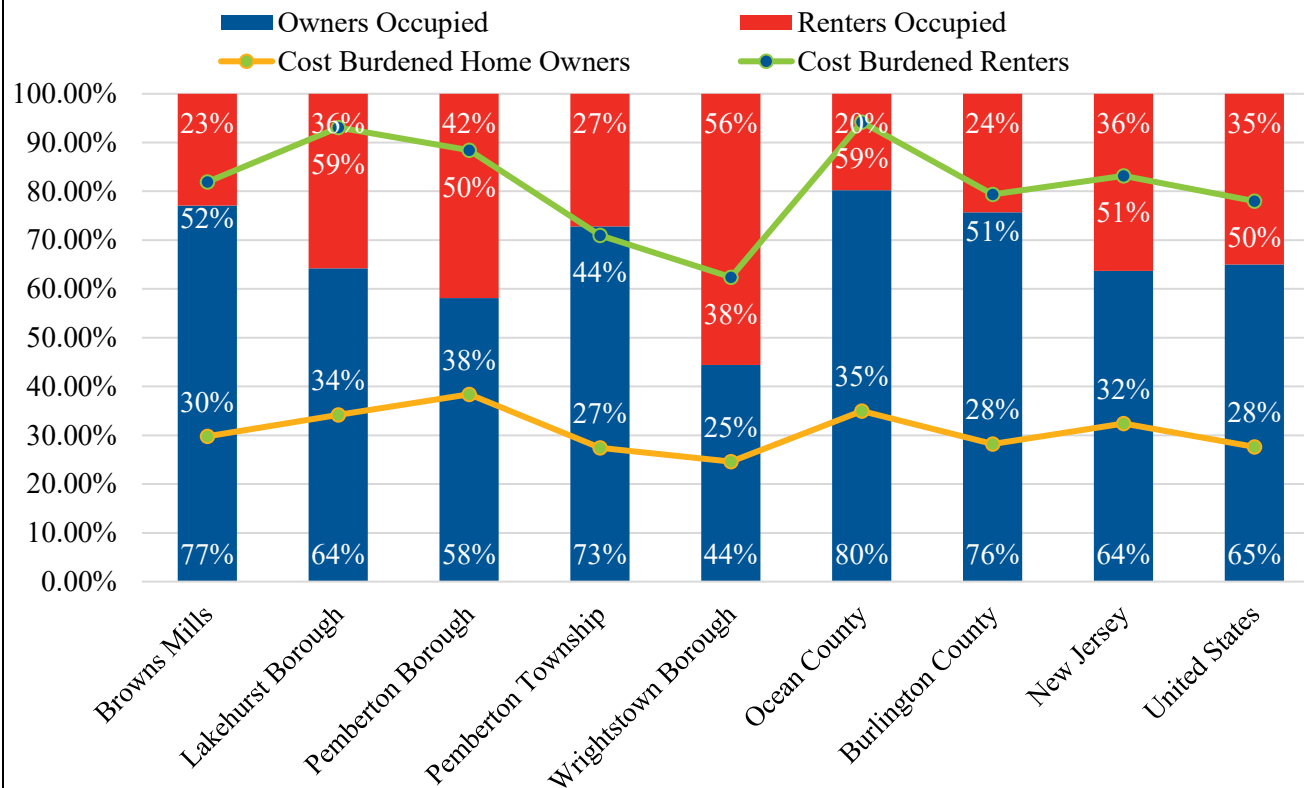
## Homeowners

Most people across South Jersey own their homes. Roughly 1 in 3 homeowners across the region is cost-burdened and may not have additional resources available for costly home repairs or an increased property tax burden.

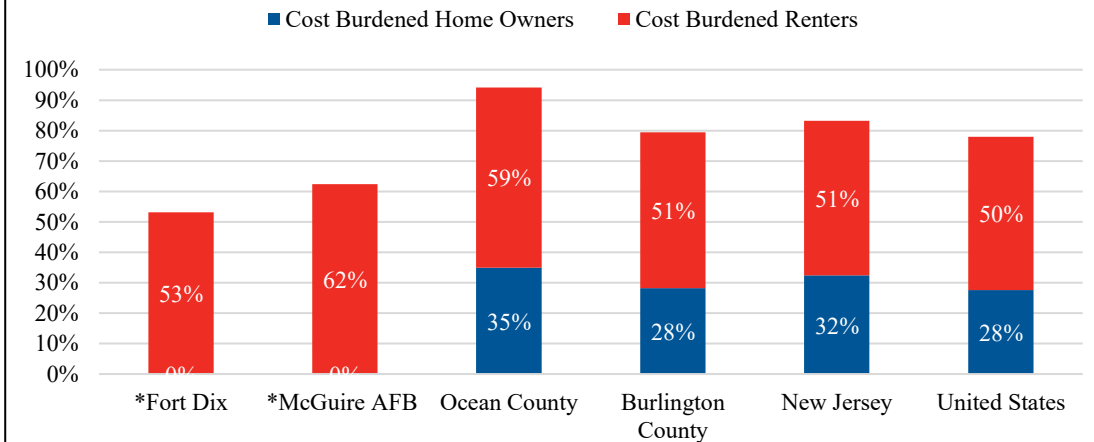
## Renters

In Burlington and Ocean Counties, over half of renters spend more than 30% of their income on housing. This high cost makes it difficult to afford necessities like healthy food and to save for a home, even in areas with lower housing prices.

2019-2023 Homeownership and Housing Cost Burden\*



2019-2023 Homeownership and Housing Cost Burden\*



### Did you know?

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

Source: US Census Bureau, American Community Survey. Note: New Lisbon and Birmingham are part of Pemberton Township.

\*Note: Fort Dix and McGuire AFB are primarily Group Quarters (GQ) areas, such as military barracks, dormitories which are not included in owner/renter stats. Browns Mills and Pemberton Township are civilian communities near the base, so typical homeownership and rental patterns apply.

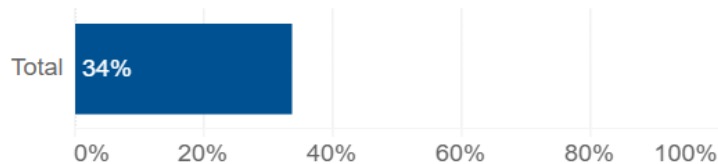


ALICE is an acronym for Asset Limited, Income Constrained, Employed, and represents the growing number of families who are unable to afford the basics of housing, child care, food, transportation, health care, and technology. These workers often struggle to keep their own households from financial ruin,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

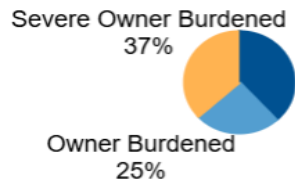
The rent-to-own gap measures the proportion of households paying the same, *or more*, for rent than they would for a mortgage payment for an equivalent dwelling. Within the ALICE population, the gap between the median cost of rent versus the median cost of homeownership is largest in Burlington County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

## Burlington County

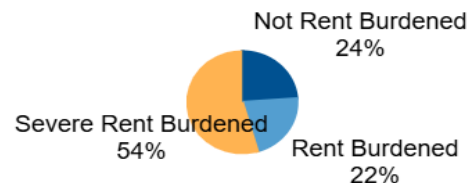
**Rent-to-Own Gap, Renter Households Below ALICE Threshold Paying Greater Than or Equal to Median Owner Costs**



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

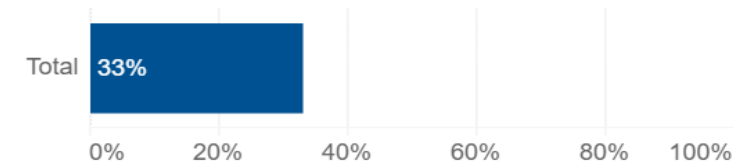


**Rent Burden, Households Below ALICE Threshold**

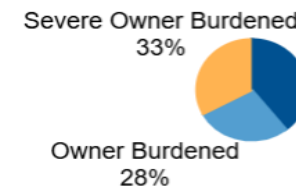


## Ocean County

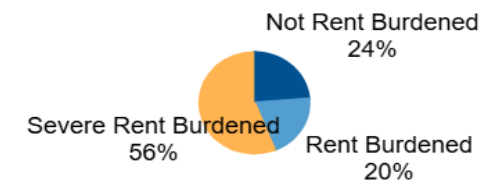
**Rent-to-Own Gap, Renter Households Below ALICE Threshold Paying Greater Than or Equal to Median Owner Costs**



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

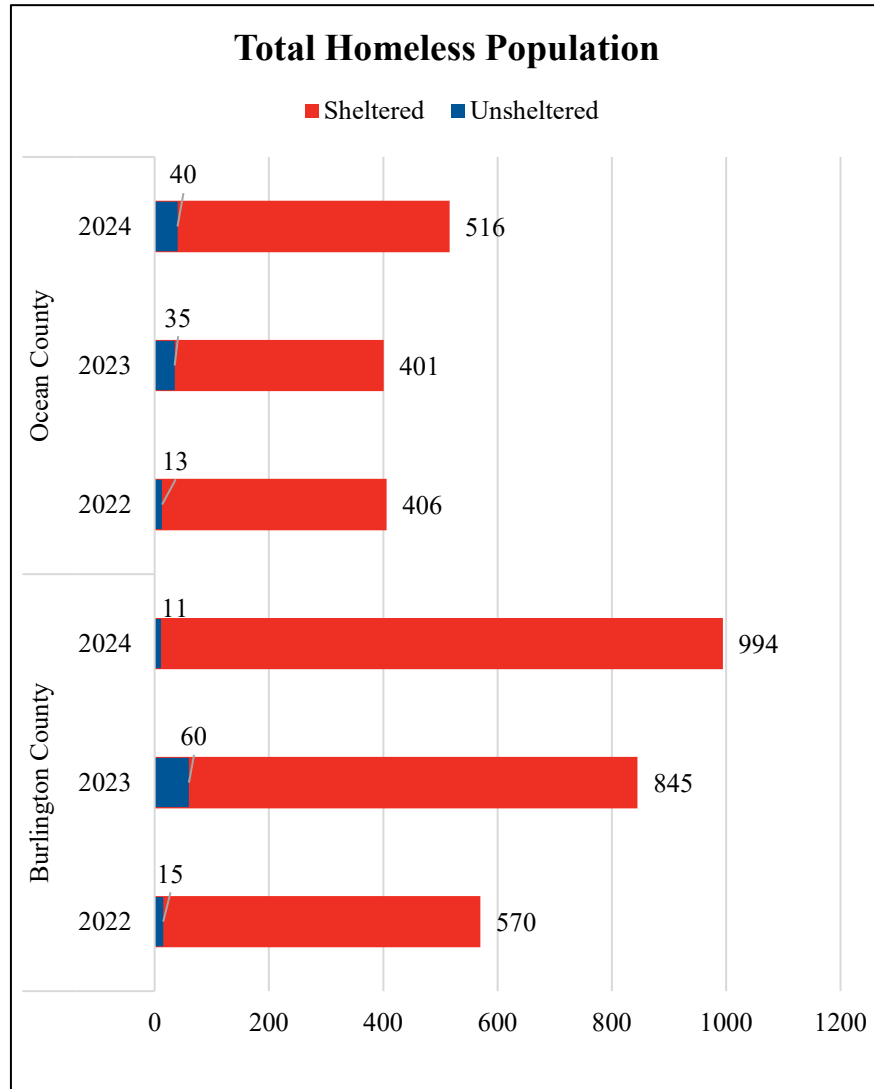













**Rent Burden, Households Below ALICE Threshold**



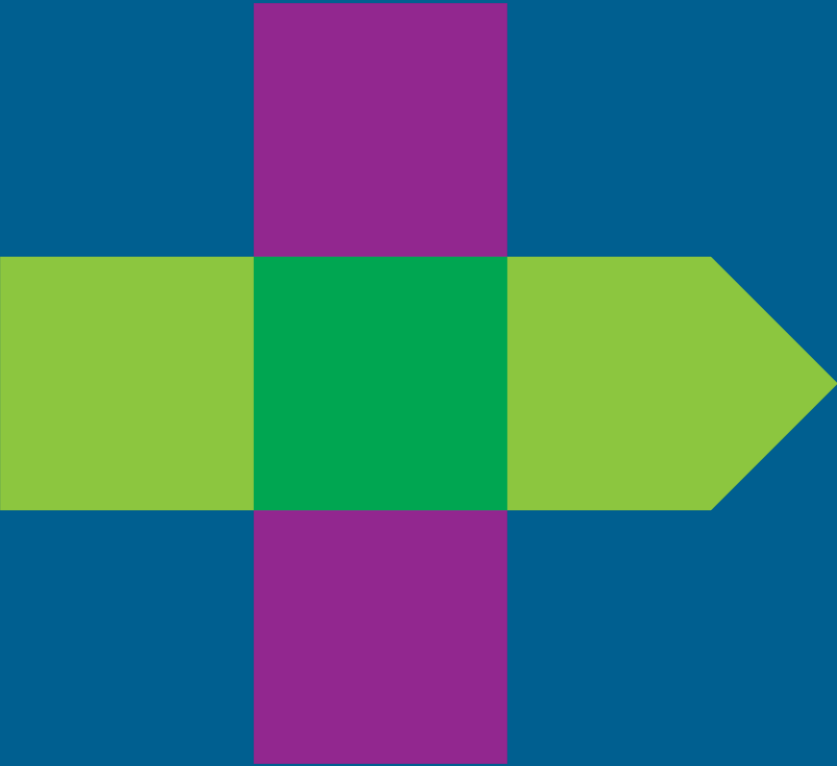
“Severe” rent- or owner-burdened refers to the proportion of households that pay 50% or more of their income on housing.

# South Jersey Point-In-Time Homeless Count



	1,005 People Homeless in Burlington County, NJ on January 23, 2024  8% Change in Homelessness	556 People Homeless in Ocean County, NJ on January 23, 2024  28% Change in Homelessness
	994 (99%) SHELTERED	516 (93%) SHELTERED
	11 (1%) UNSHELTERED	40 (7%) UNSHELTERED
	503 (50%) MAN (BOY IF CHILD)	267 (48%) MAN (BOY IF CHILD)
	492 (49%) WOMAN (GIRL IF CHILD)	278 (50%) WOMAN (GIRL IF CHILD)
	332 (33%) CHILDREN UNDER 18	150 (27%) CHILDREN UNDER 18
	121 (12%) ADULTS AGE 55+	106 (19%) ADULTS AGE 55+
	291 (29%) HOMELESS 1+ YEARS	161 (29%) HOMELESS 1+ YEARS
	372 (37%) REPORTED 1/1+ DISABILITIES	239 (43%) REPORTED 1/1+ DISABILITIES
	169 (17%) CHRONICALLY HOMELESS	111 (20%) CHRONICALLY HOMELESS
	107 (11%) VICTIMS OF DOMESTIC VIOLENCE	72 (13%) VICTIMS OF DOMESTIC VIOLENCE
	7 (1%) VETERANS	6 (1%) VETERANS

Each year, at the end of January, each county conducts a count of self-identified homeless residents. Homelessness has increased in both counties between 2022- 2024. Burlington county shows the highest counts rising from 585 to 1005 individuals, while Ocean county’s total increased from 419 to 556. Most people experiencing homelessness in both counties are sheltered.



**Neighborhood and Built Environment**  
*Physical Activity and Food*



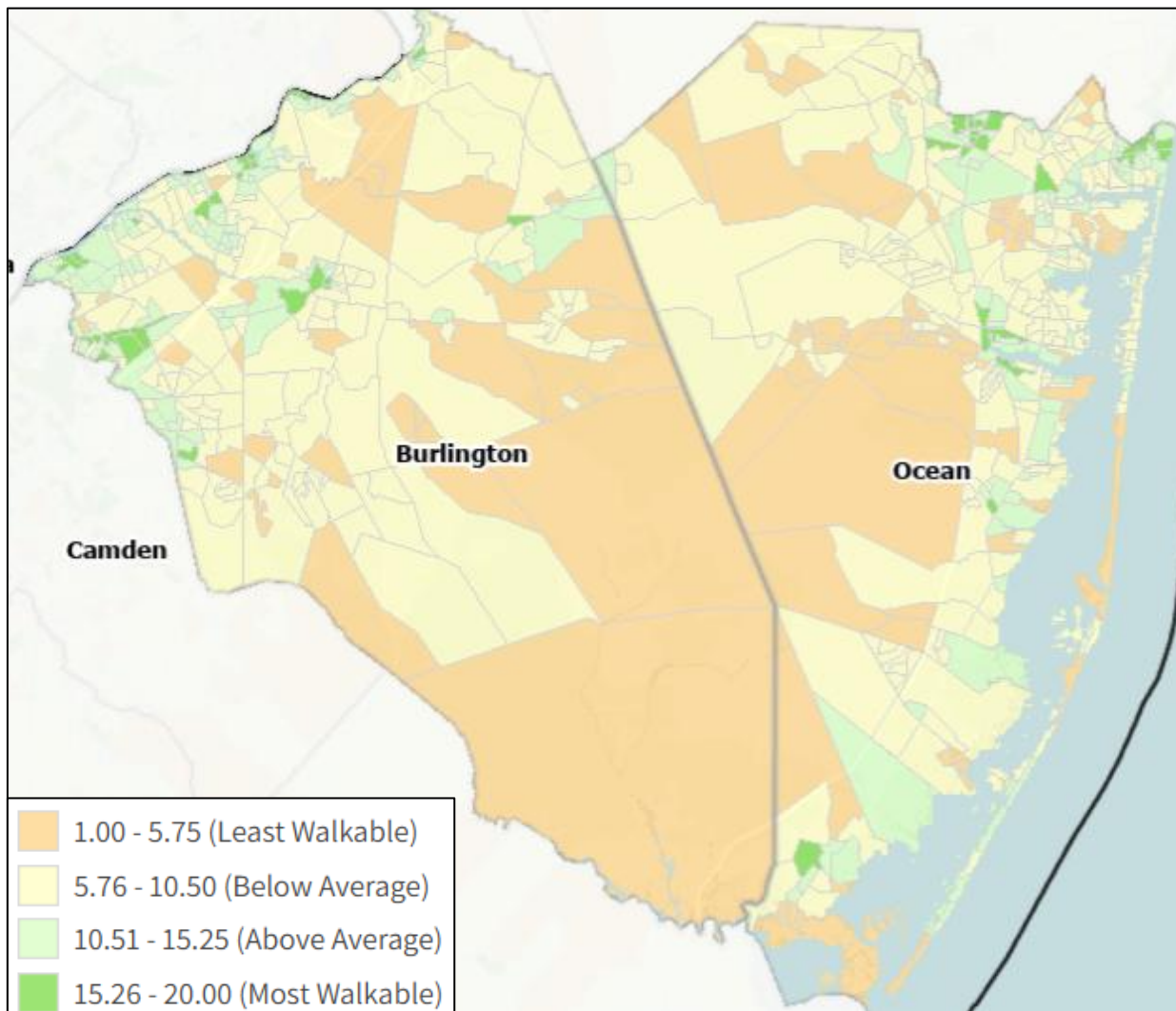
# Neighborhood and the Built Environment

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

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

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

# Walkability and Car Dependence

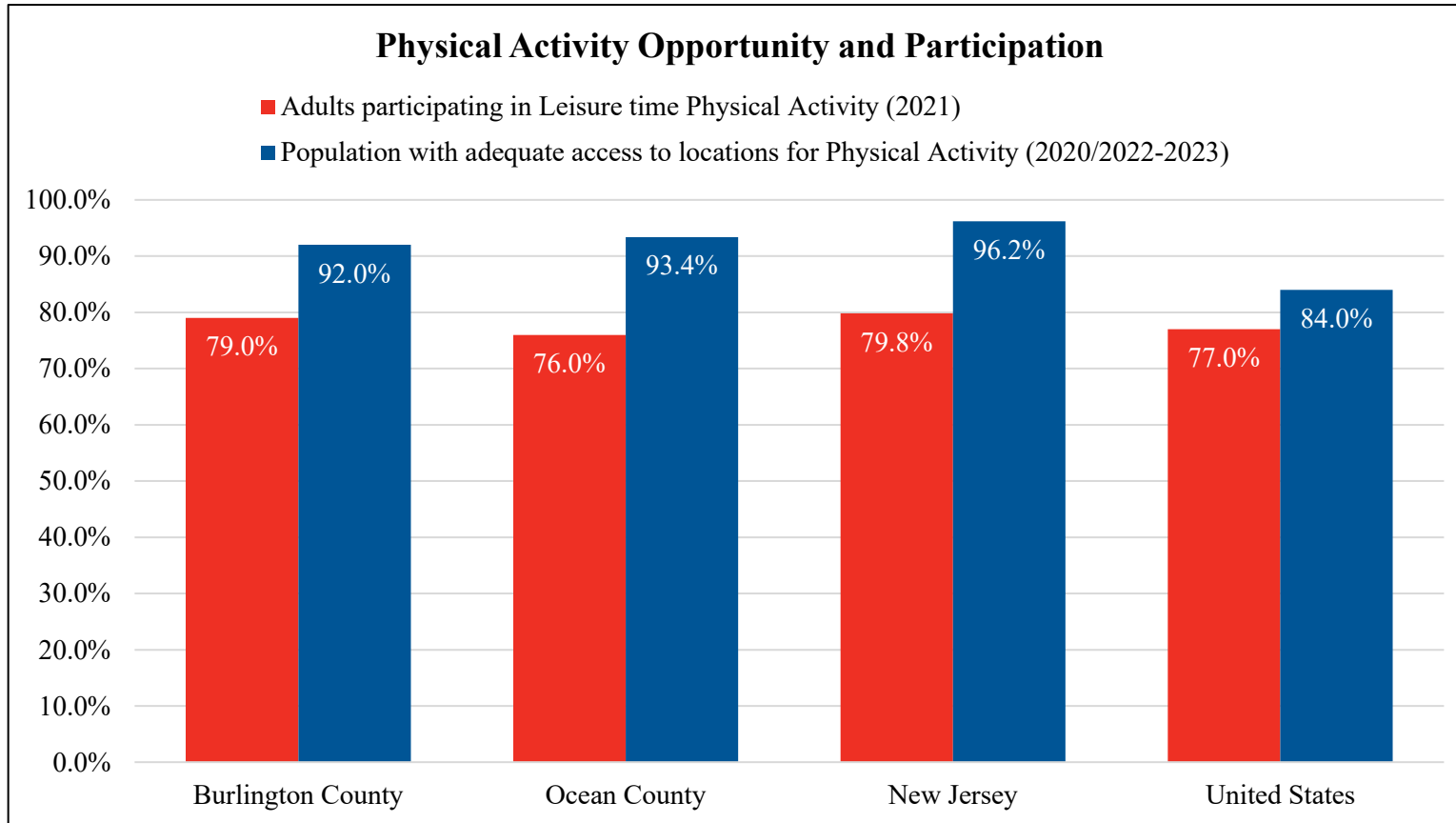


The EPA's National Walkability Index ranks neighborhoods on pedestrian friendliness. A high score means people can walk to shops, services, and public transportation easily.

The more rural southern and eastern portions of Burlington County and central Ocean County are less walkable and more car dependent than other parts of Burlington County. This can create additional barriers for people who could benefit from care from Deborah Heart and Lung Center who may not be able to drive or have limited access to cars.

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

*"We don't have bus services, Ubers are expensive for senior citizens. Partner with someone or I have a magic wand, supply us with a bus and a driver, and pick up patients, and pick up the families. We have a 95-year-old husband here, and the 93-year-old wife at home, and she can't get here to visit. Even just going to the hospital to visit a loved one, and those are sometimes the most critical time in people's lives."*



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

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

Participation in leisure time physical activity has both physical and mental health benefits. Community survey respondents from across South Jersey indicated interest in participating in activities that utilize local green space.

*“Improved recreational areas in Toms River. Winding River Park has an overgrown, dark, secluded, enclosed and somewhat scary vibe which is not conducive to walking/biking, especially for women and children. Gille Park in Lacey Township and Veterans Park in Bayville are significantly more open and safer feeling, but quite a distance away. Having an open and safe recreational space close to home would benefit residents who need to move more given sedentary lifestyles (in terms of health, sitting is the new smoking from what I've heard).”*

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

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

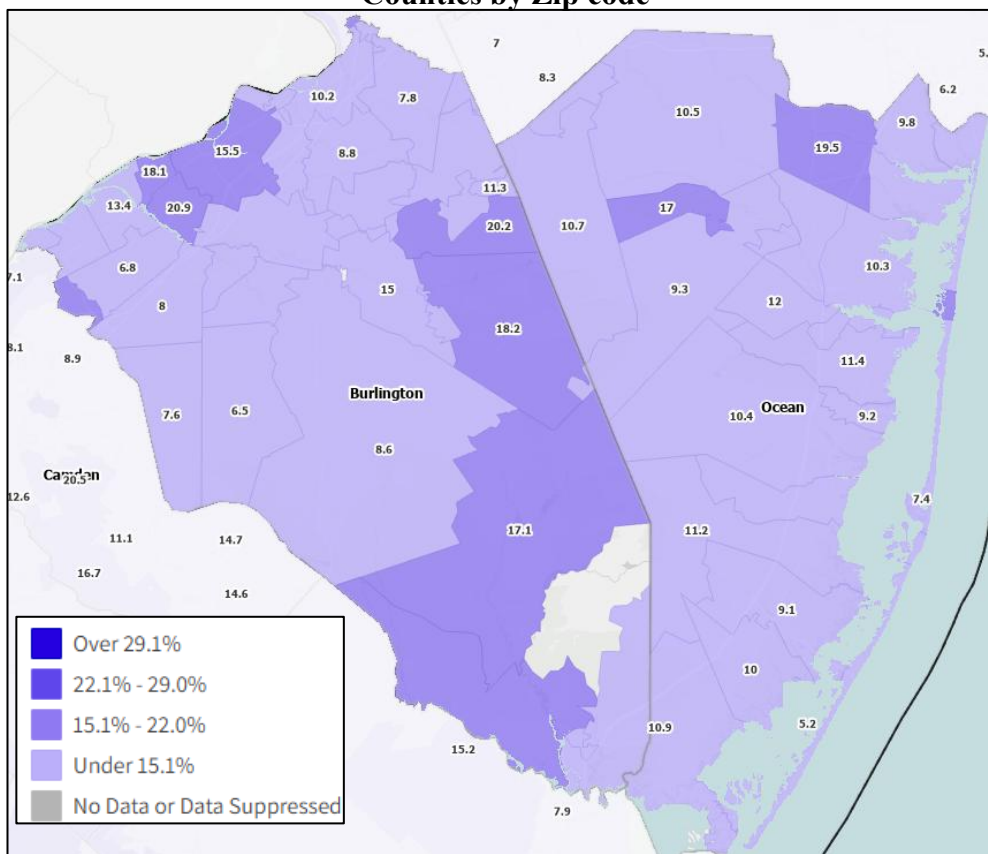
# Food Insecurity

Food insecurity is associated with a higher risk of chronic disease and can lead to malnutrition, anemia, and increased stress, anxiety, and depression. All of those factors can lead to a greater risk of poor health outcomes.

Roughly 1 in 10 Ocean County residents experiences food insecurity. This is slightly higher compared to Burlington County and other parts of New Jersey. Food insecurity in both Ocean and Burlington Counties appears to be increasing.

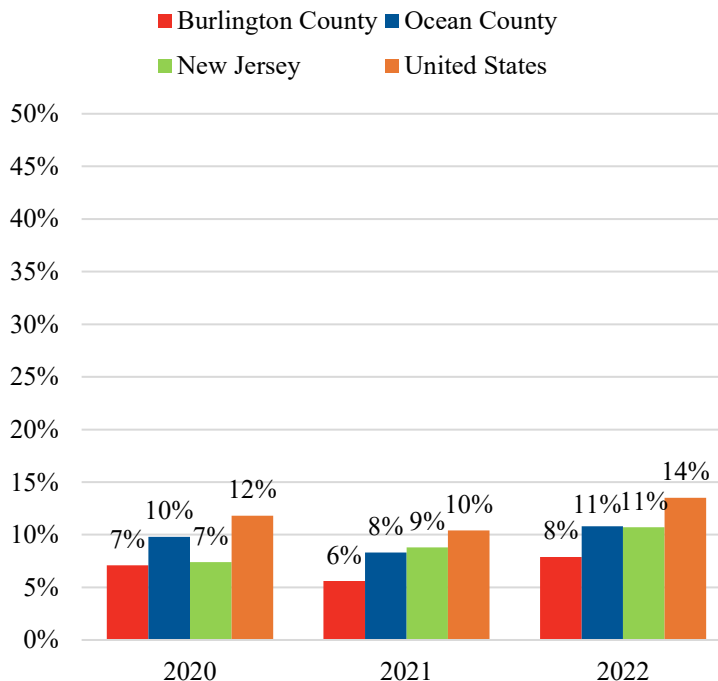
*“Pemberton is 65 square miles with no jobs or transportation. [We have] Grace Church food bank once per month the number of people and veterans that come in that is sinful. There’s nothing worse than standing in line at commissary at the holidays and figuring out how they’re going to pay for their food. We pay it forward and pride ourselves in paying it forward as the American Legion.”*

**2022 Prevalence of Adults Food Insecurity for Burlington & Ocean Counties by Zip code**



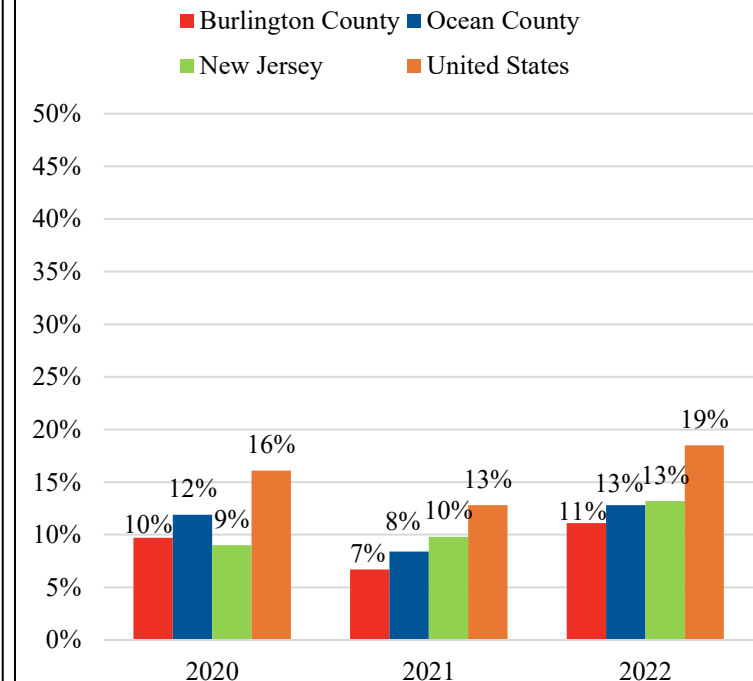
**Food Insecurity for All Residents, 2020-2022\***

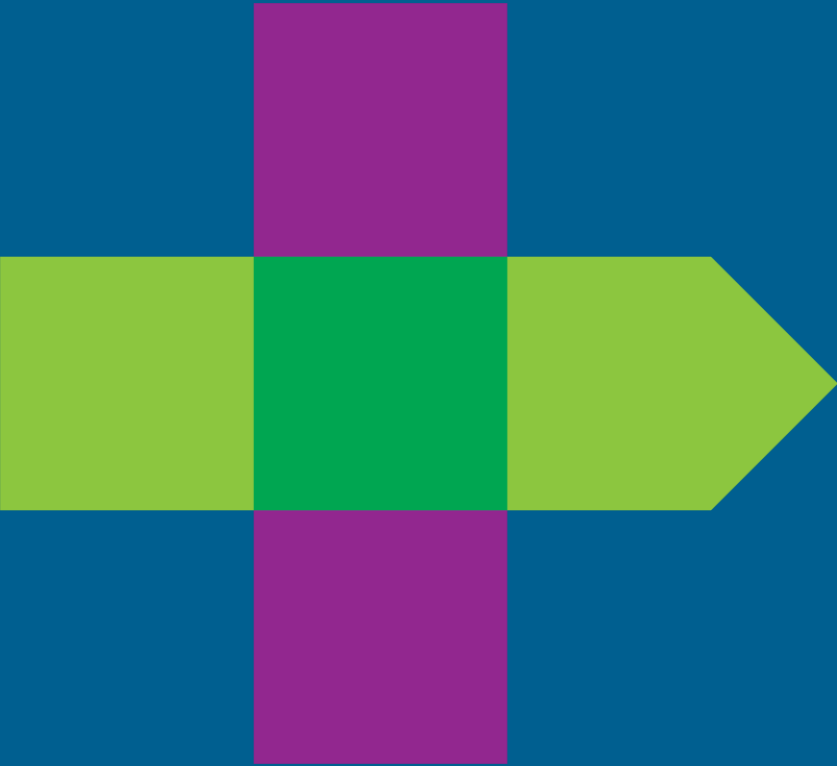
\*note: This graph is on a 50% scale



**Food Insecurity for Children 2020-2022\***

\*note: This graph is on a 50% scale





# **Access to Care**

*Insurance and Provider Availability*

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

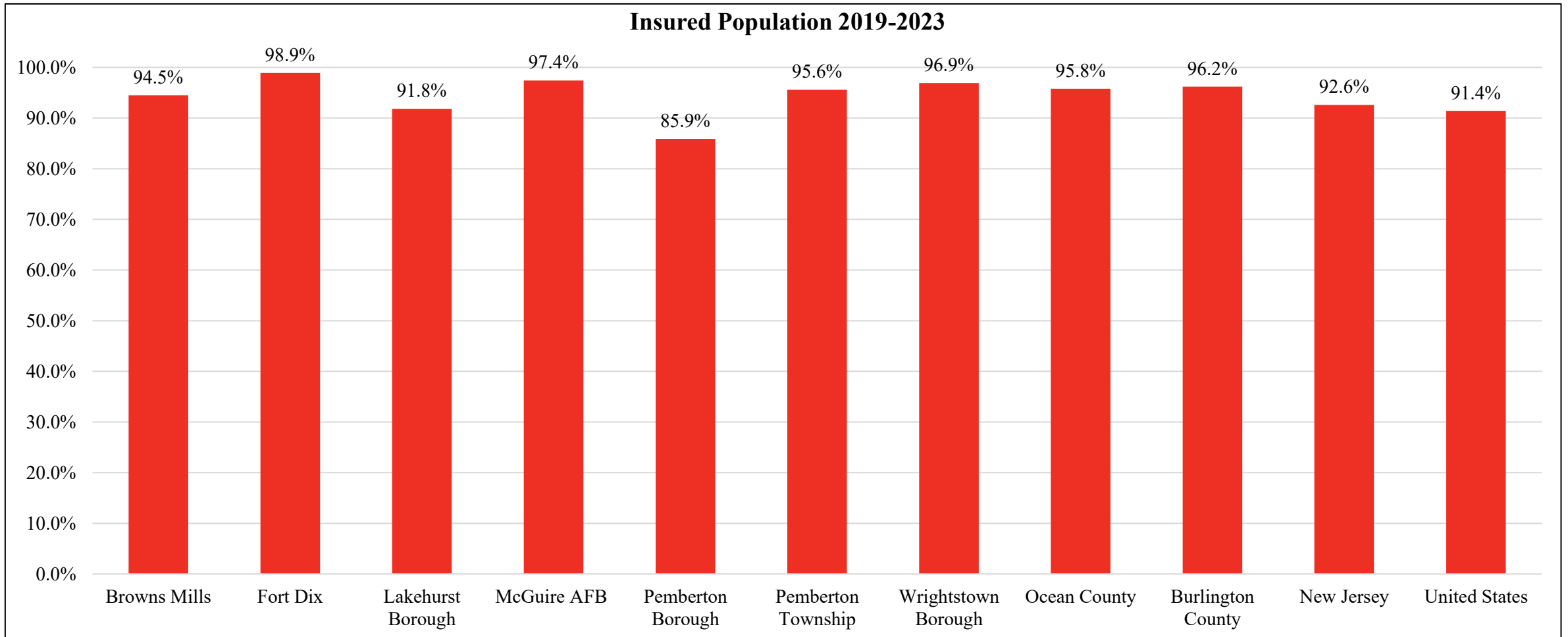


Access to care is impacted by three major factors – health insurance, utilization of care services, and availability of providers. Having health insurance creates an opportunity to better access preventive care and treatment. While there are various safety net options that can assist people with low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

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

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

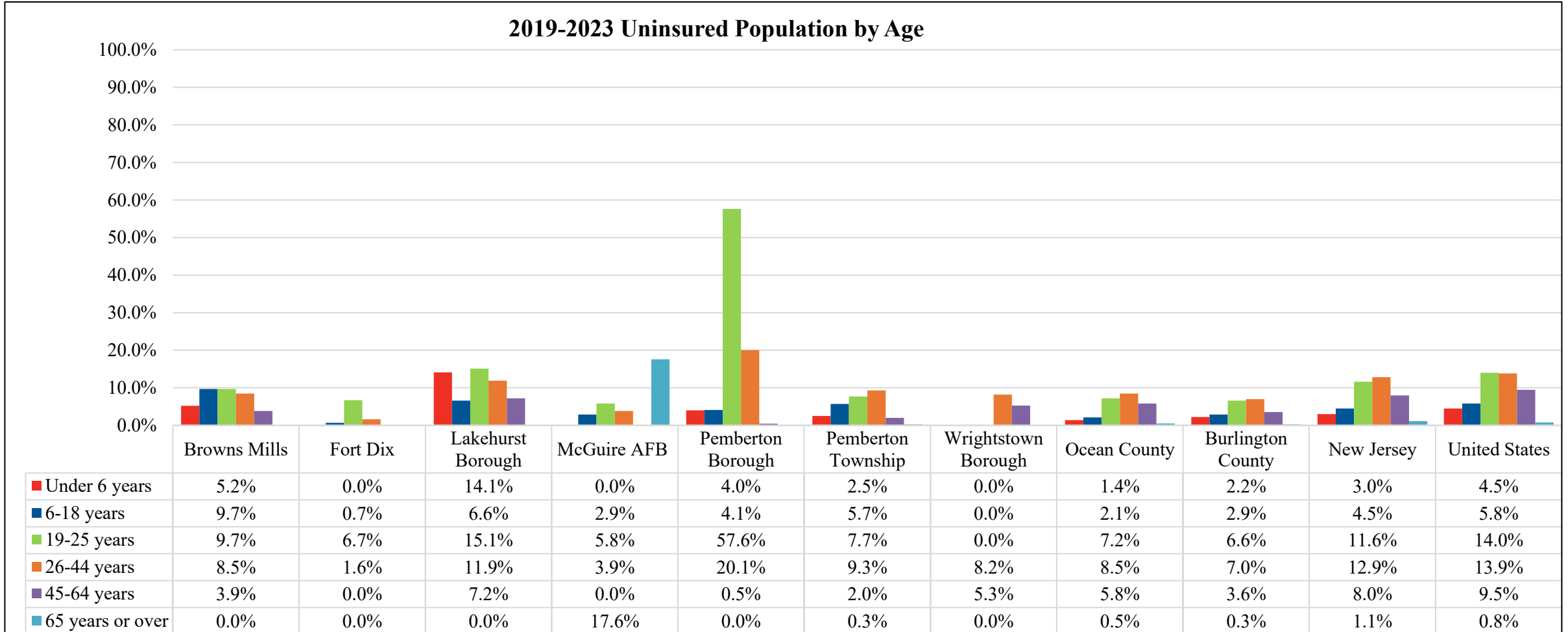
Having health insurance makes it easier and more affordable for people to access the health care they need. Health insurance coverage is high across most municipalities in Burlington and Ocean counties. However, **Lakehurst** (Ocean County) and **Pemberton Borough** (Burlington County) have more uninsured people than other municipalities, NJ and the US.



# Uninsured Population by Age

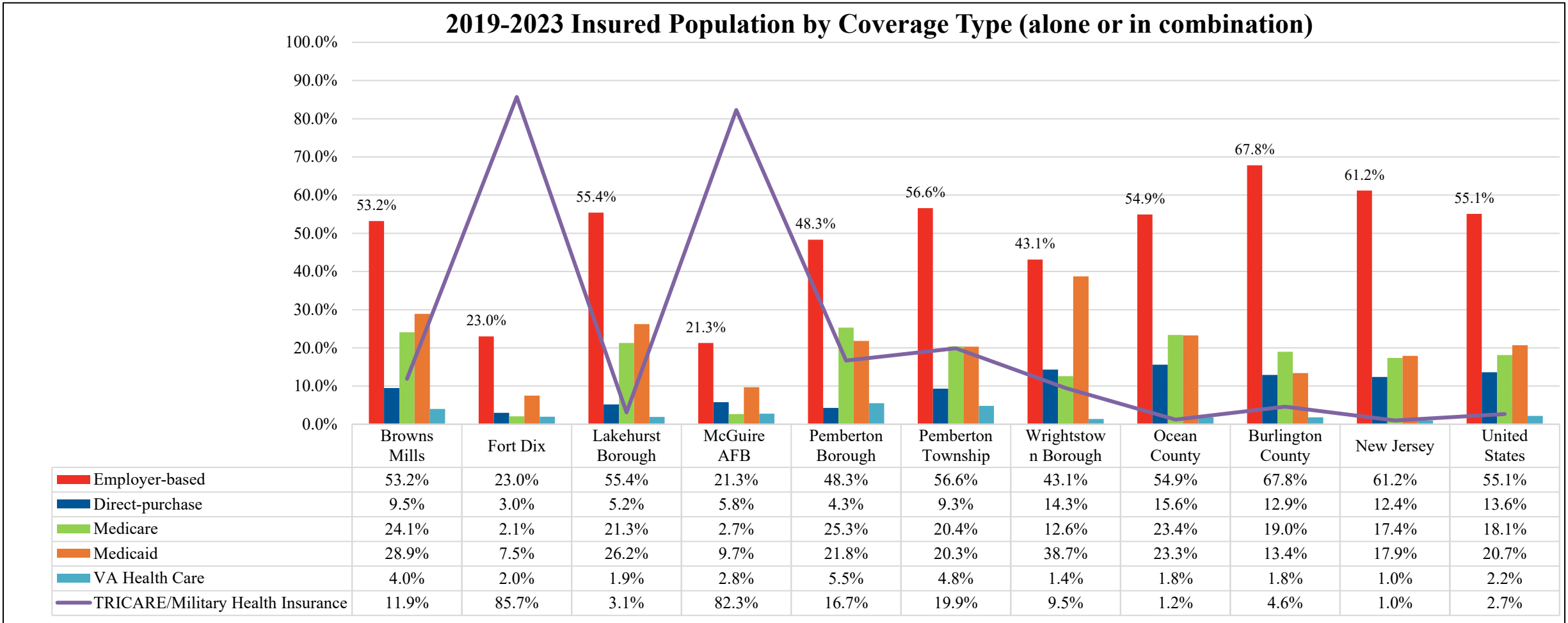
**Working-age adults (ages 19-64) are least likely to have health insurance, especially in Pemberton Borough.** This suggests that people in this age group either do not have jobs with insurance benefits or the available benefits may be cost prohibitive.

The prevention and early identification of chronic disease are particularly important in this age group.



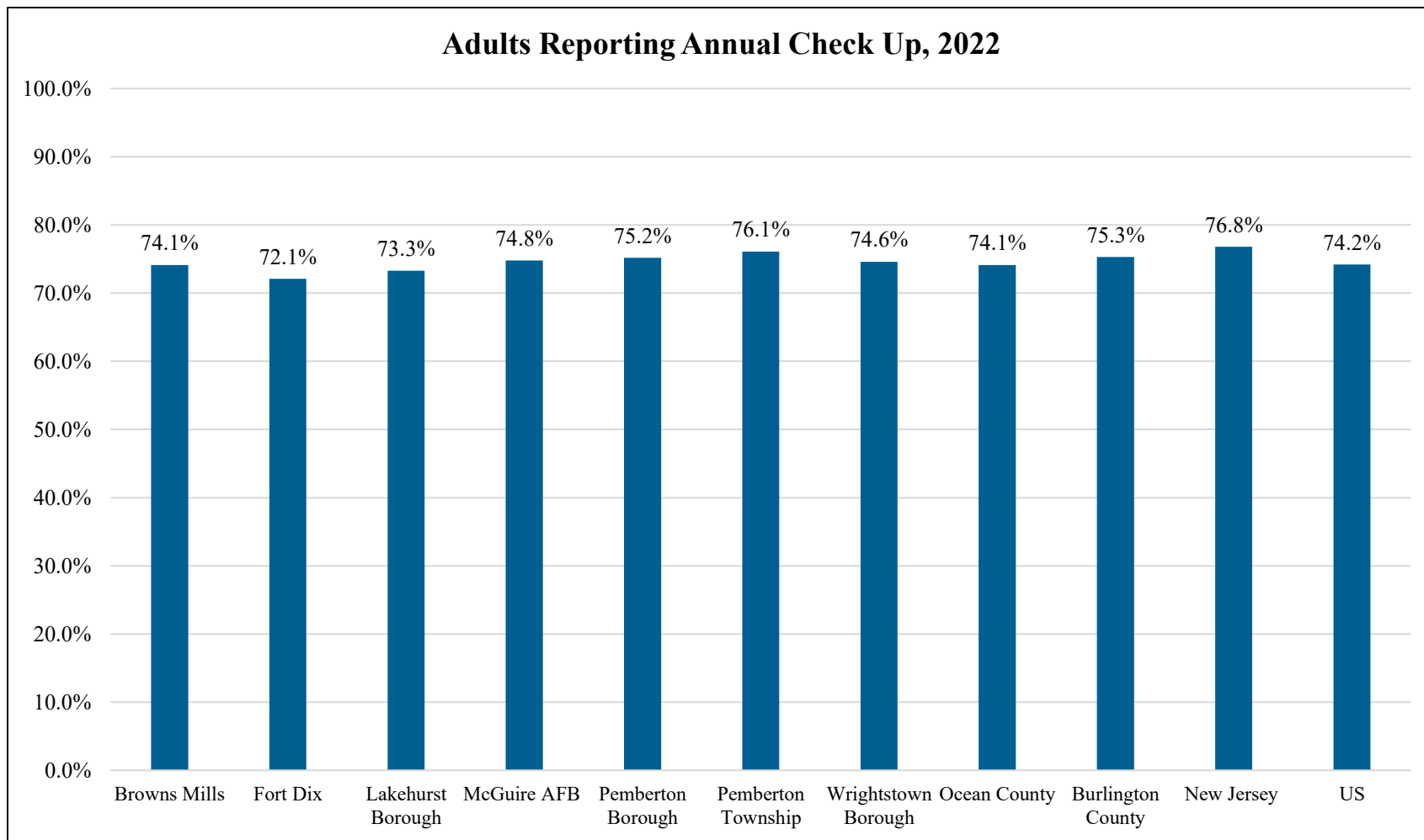
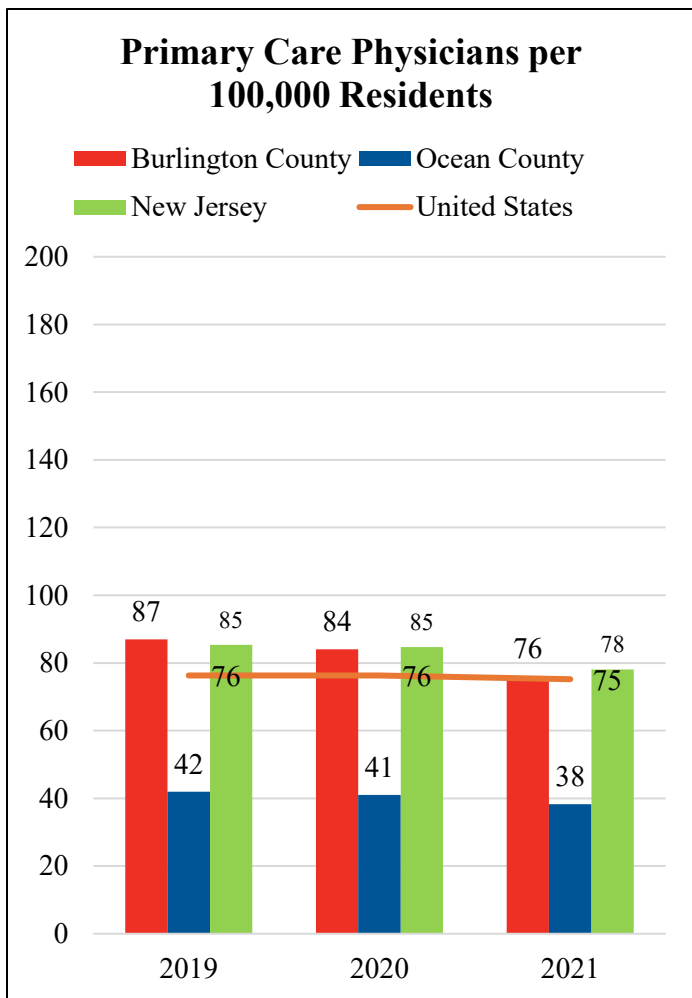
# Health Insurance by Insurance Type

Across Burlington and Ocean counties, Medicare remains the most common form of insurance coverage. Towns such as Pemberton Borough, Pemberton Township, and Wrightstown have a relatively higher share of Medicaid and employer-based coverage. In contrast, Fort Dix and McGuire AFB show extremely high TRICARE enrollment, reflecting the enlisted individuals and military families who live on both bases.



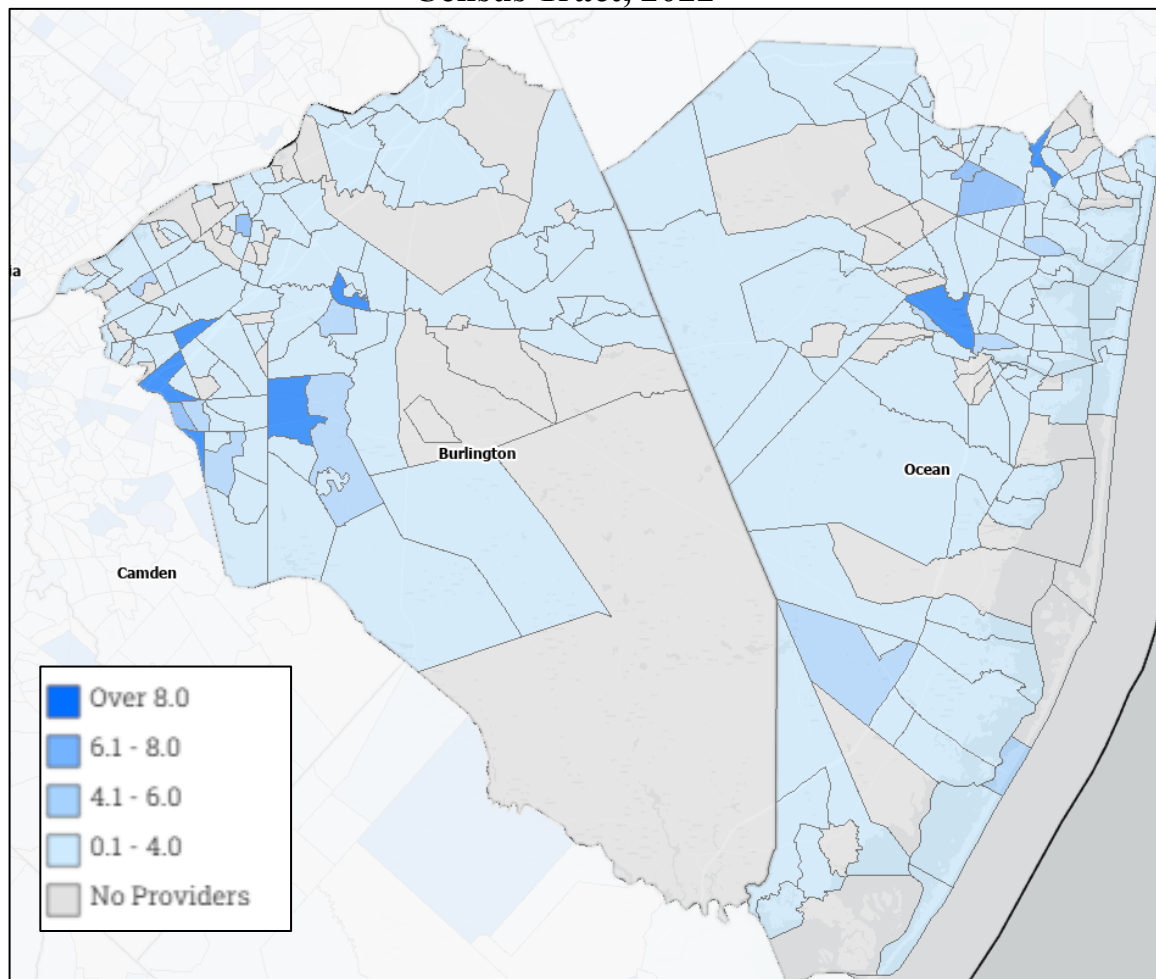
# Primary Care Providers

Burlington County has more Primary Care Physicians per 100,000 residents than New Jersey and the US. However, Ocean County has notably fewer providers per capita. Despite the variability in provider availability, three out of four adults in each county report having an annual checkup. This suggests that adults are able to access care despite having differences in the number of available providers in each county.

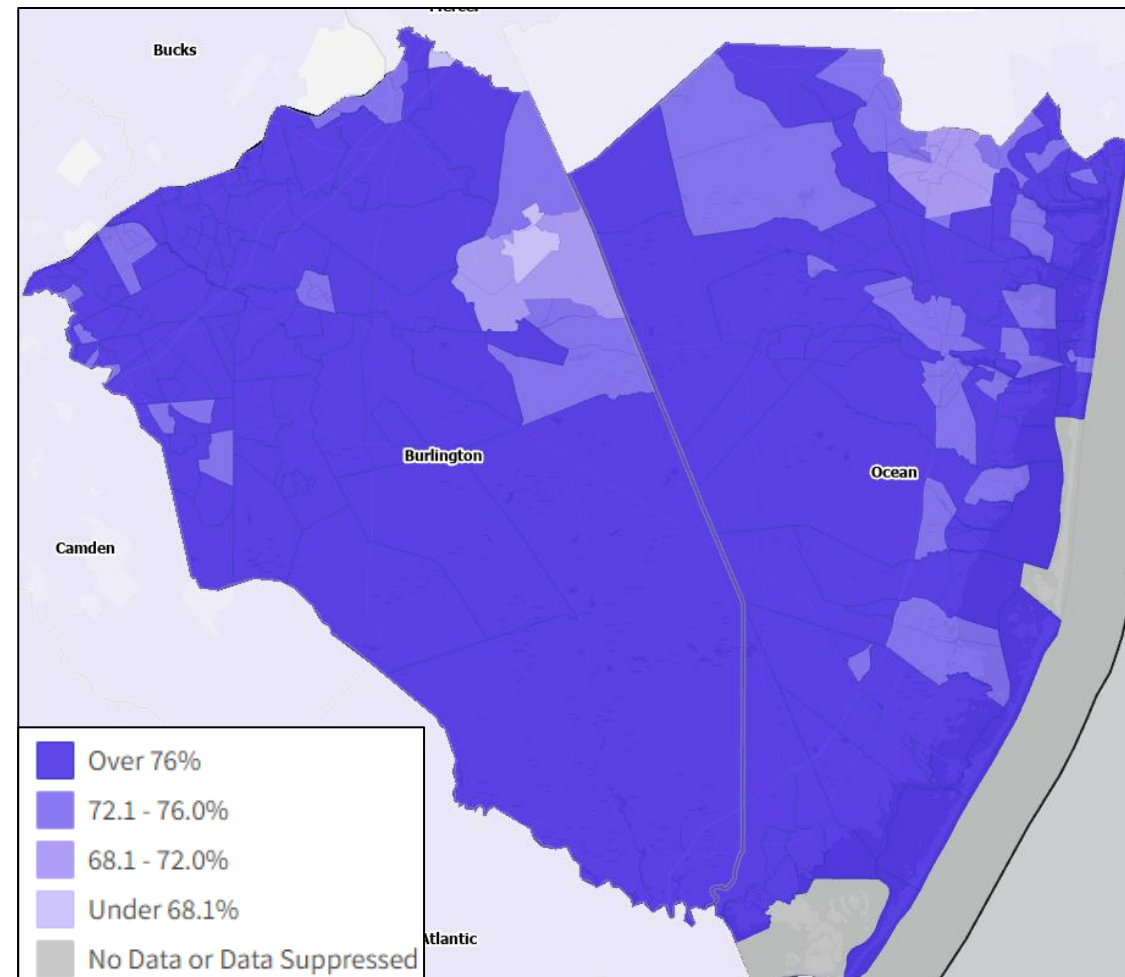


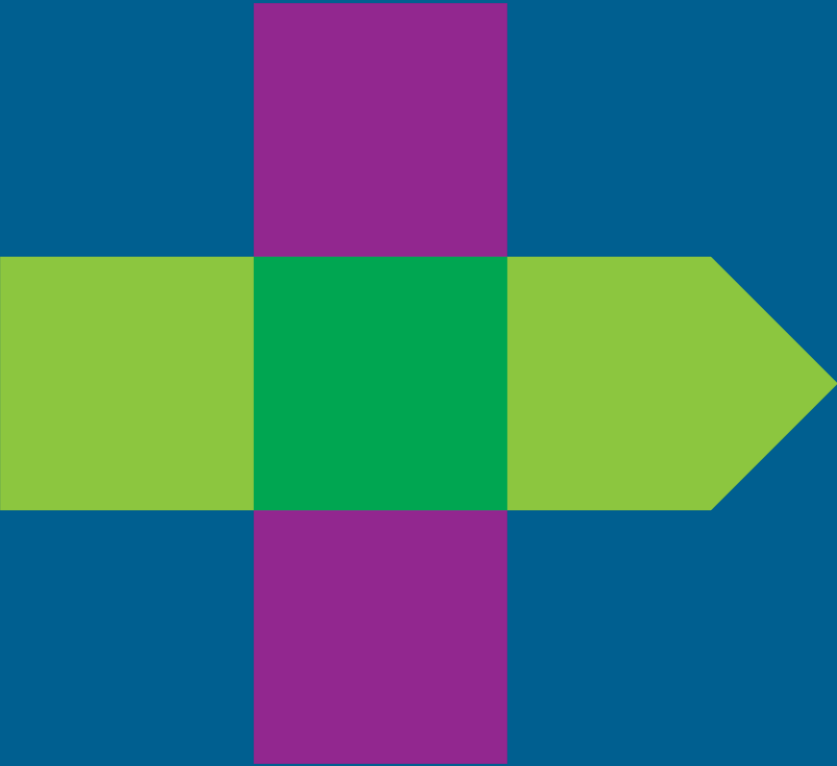
There are large sections of primarily rural areas in both Burlington and Ocean Counties **without any primary care providers**. However, **most adults** in both counties **report having an annual primary care visit**, despite differences in the availability of providers.

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



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





# Life Expectancy, Chronic Disease, and Quality of Life

# Life Expectancy, Chronic Disease, and Quality of Life

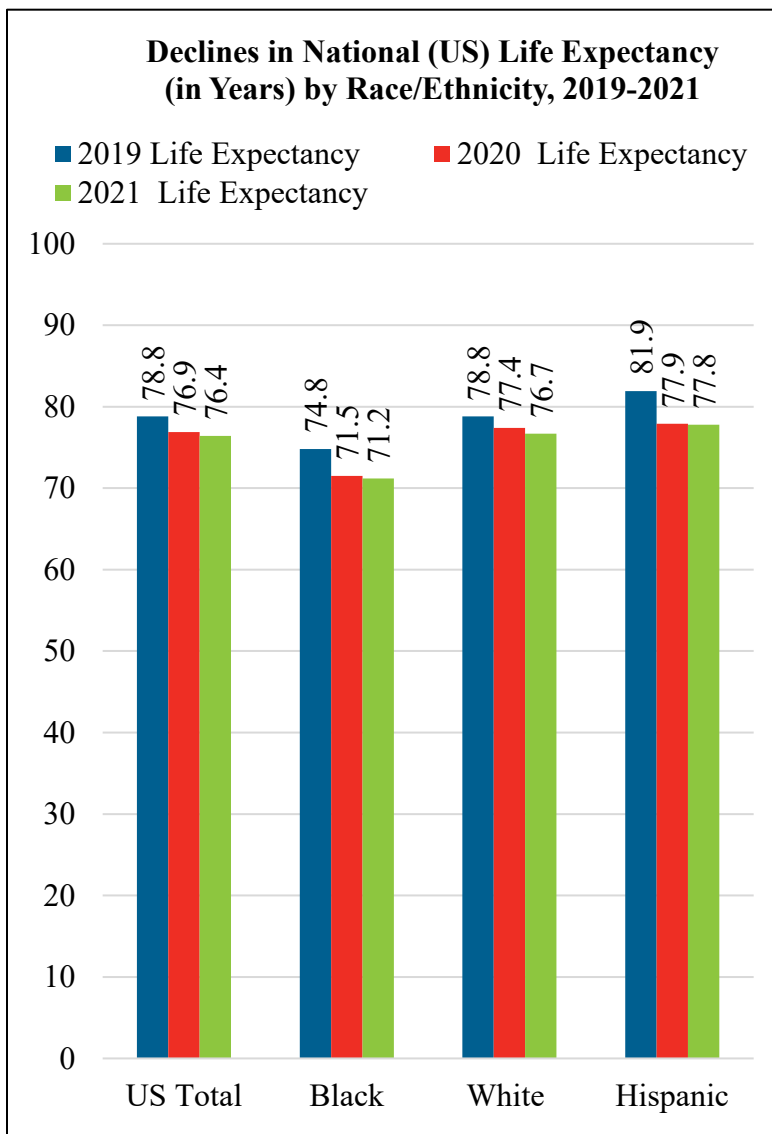


Life expectancy is an overall measure of health and social equity within a community. Structural factors, including housing quality and affordability, environmental conditions, employment, education, transportation, food security, and experiences of racism and other forms of discrimination, all play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

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



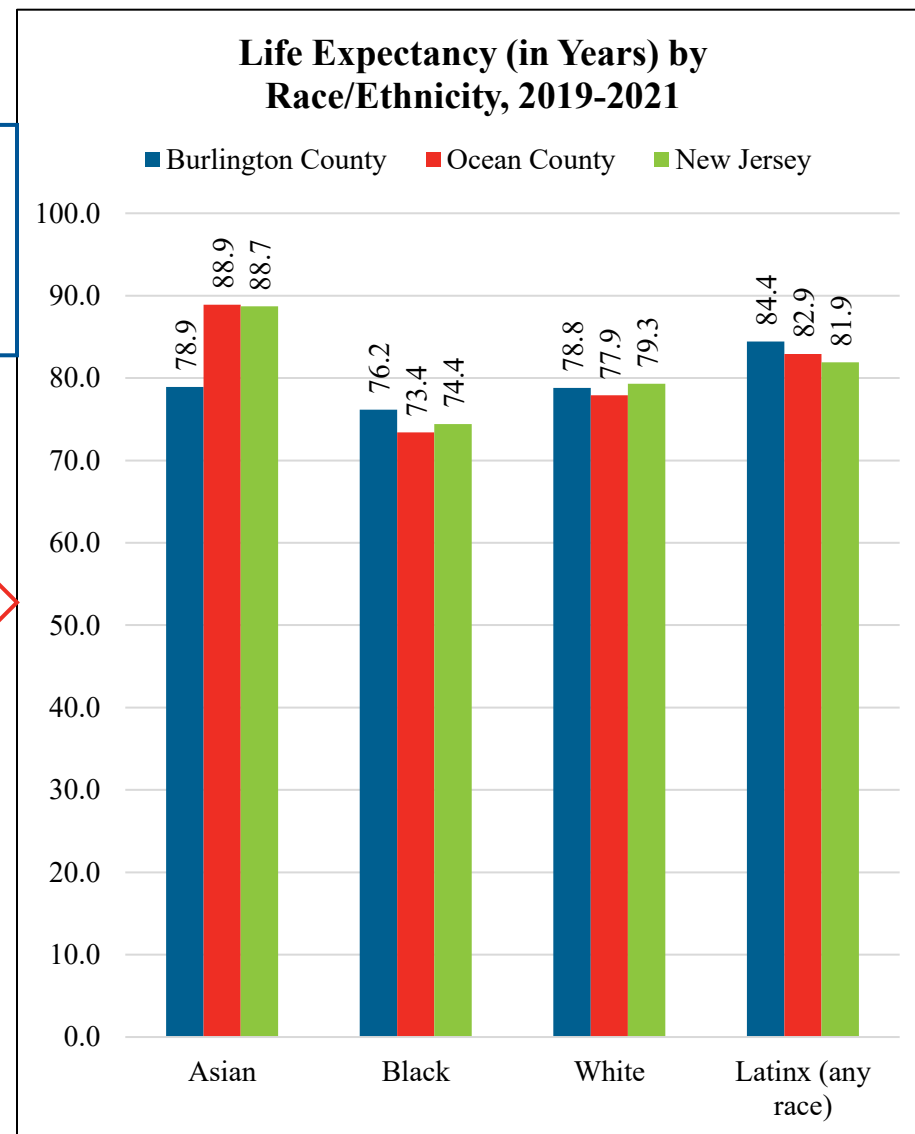
# The Big Picture: Life Expectancy



**Life expectancy declined** for all Americans during the Pandemic, but the decrease was **not the same for everyone.**

**Black residents** in South Jersey have life expectancies up to **15 years shorter** than their neighbors.

**50% of overall health** is determined by socioeconomic and environmental factors – **social drivers of health** where we live.

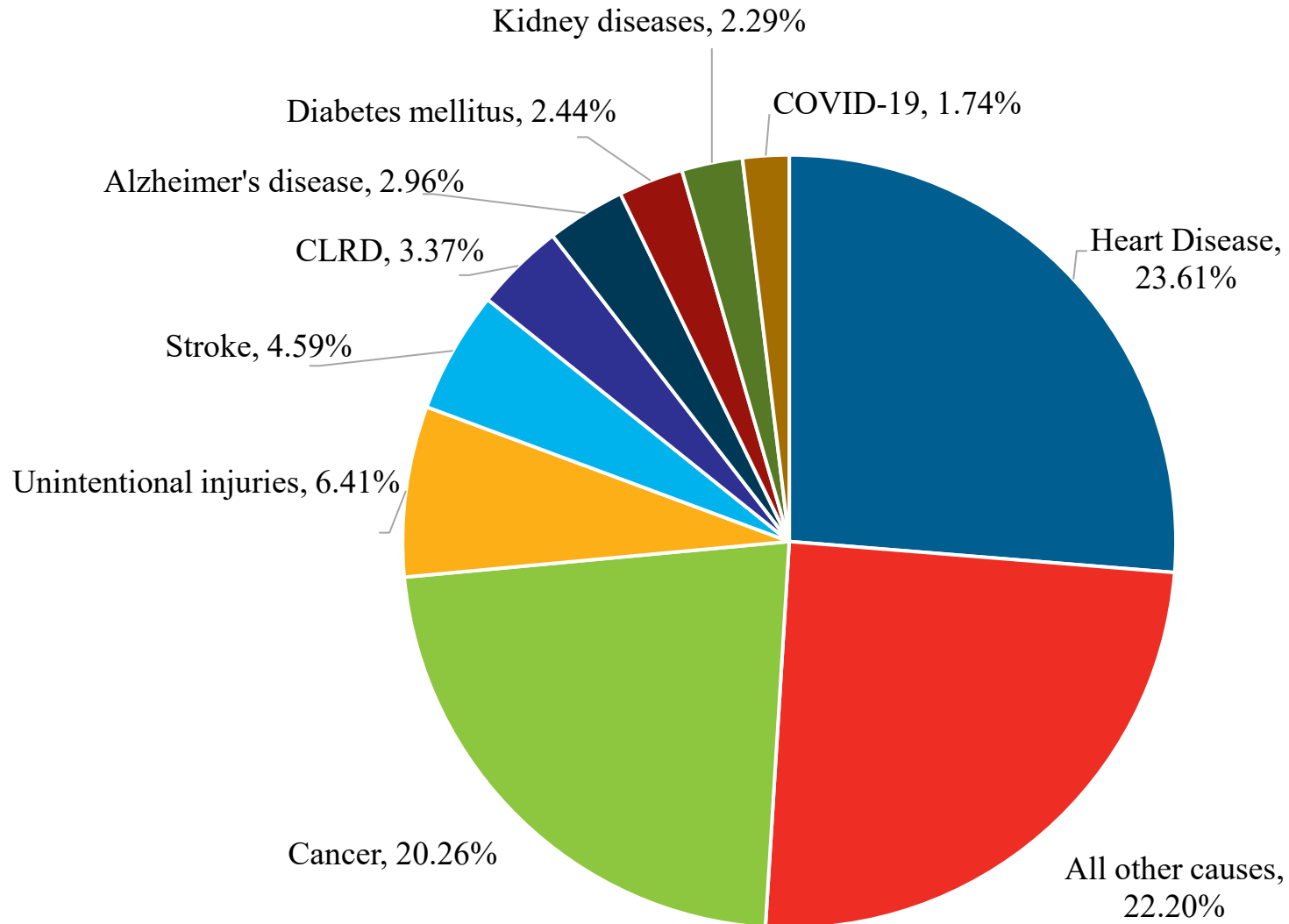




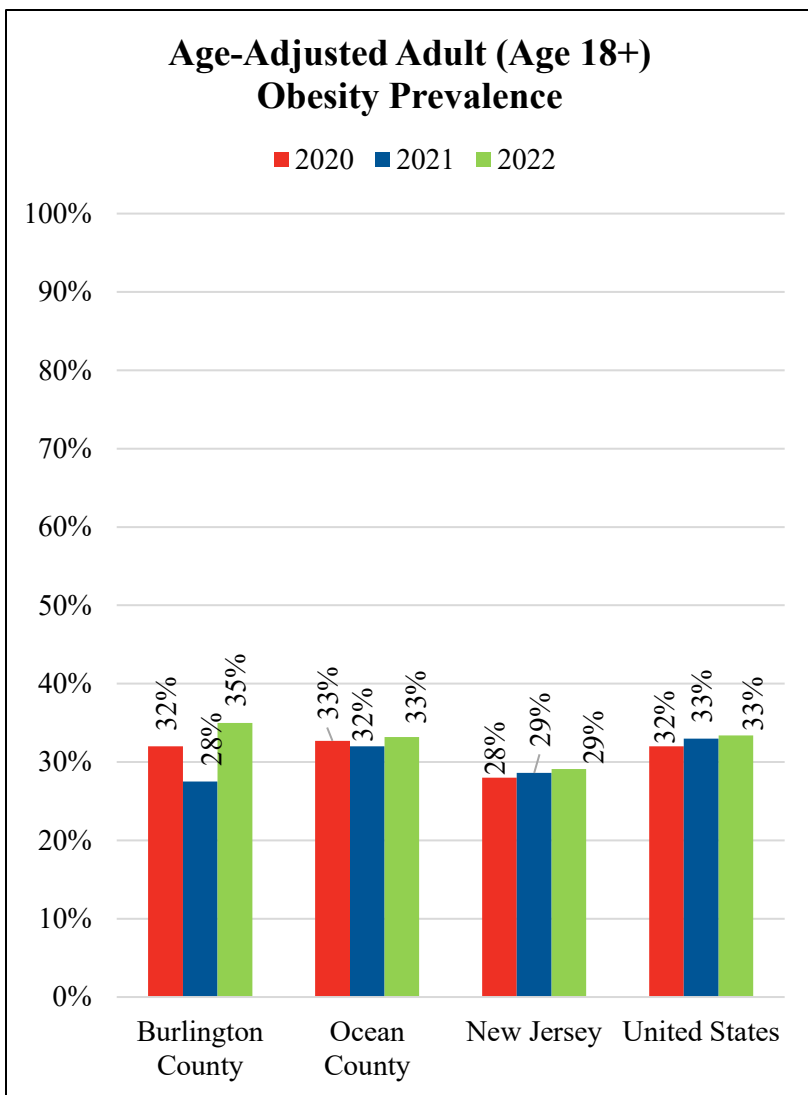
Heart disease and cancer are responsible for nearly half (44%) of all deaths in New Jersey, consistent with the US.

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

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



# Prevalence of Obesity and Diabetes

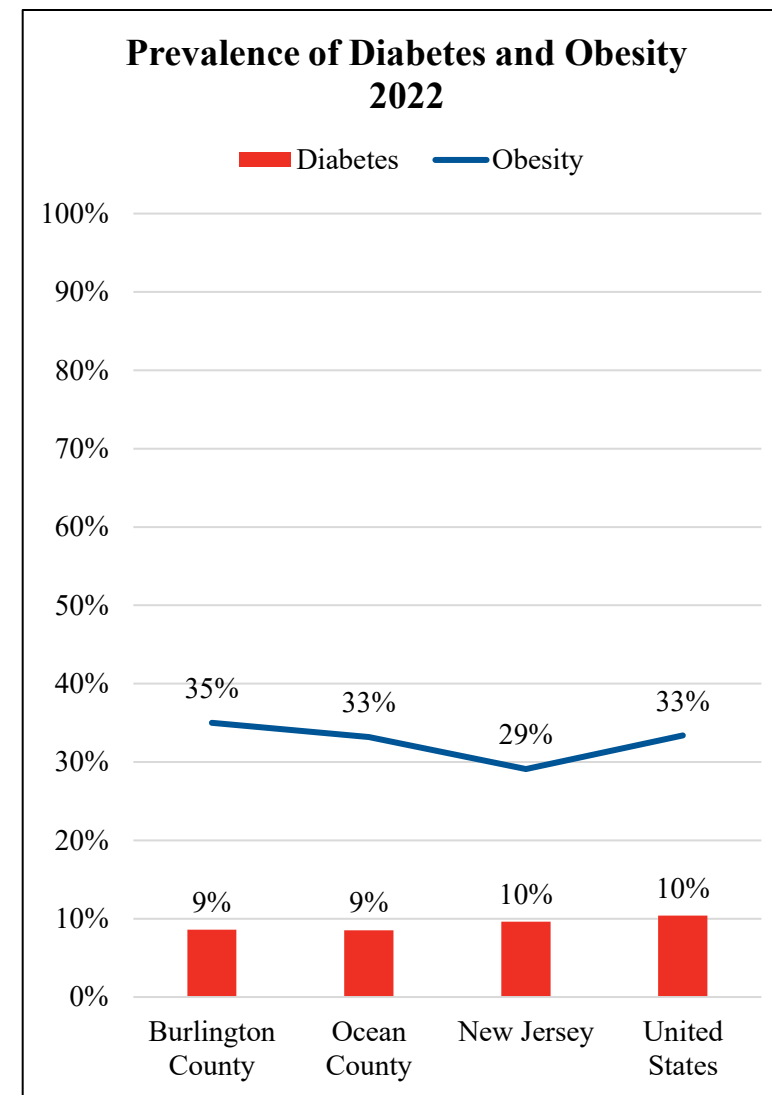


Obesity and being overweight are risk factors for many chronic diseases, including heart disease and diabetes. Both diabetes and obesity can complicate underlying heart or lung disease.

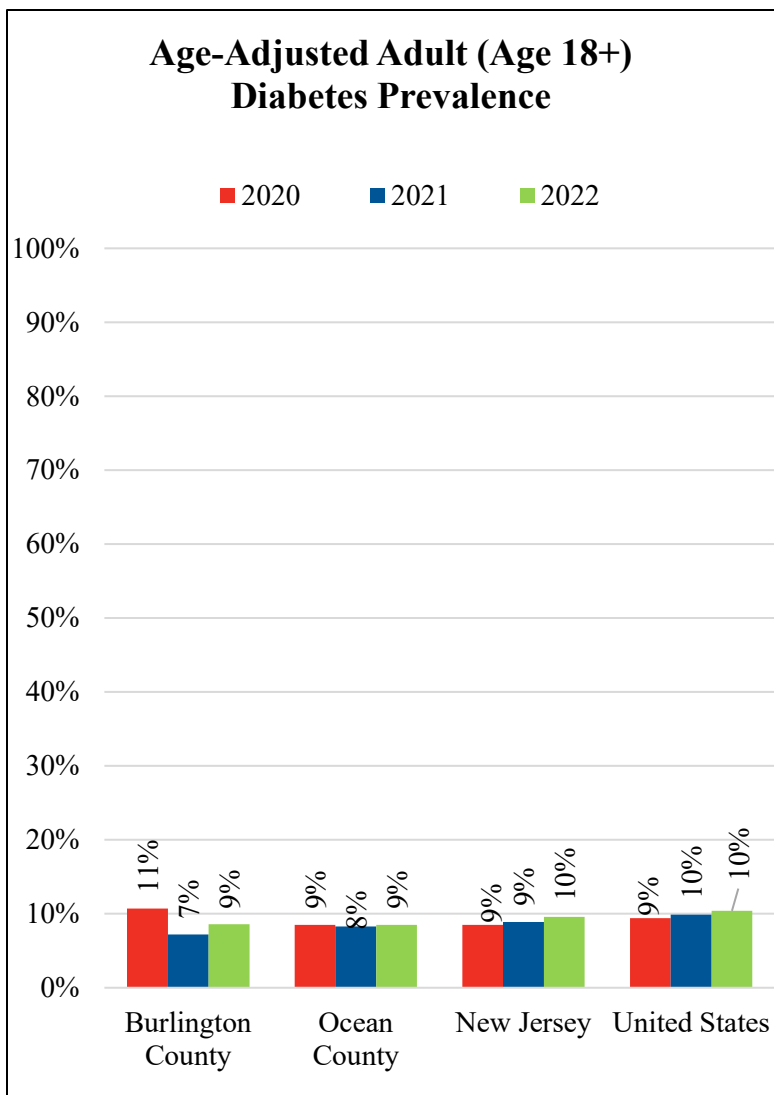
Obesity prevalence in both Burlington and Ocean counties are slightly higher than the state average. Diabetes prevalence in these counties is similar to both the state and national rates.

#### *Did you know?*

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



# Diabetes Prevalence and Death



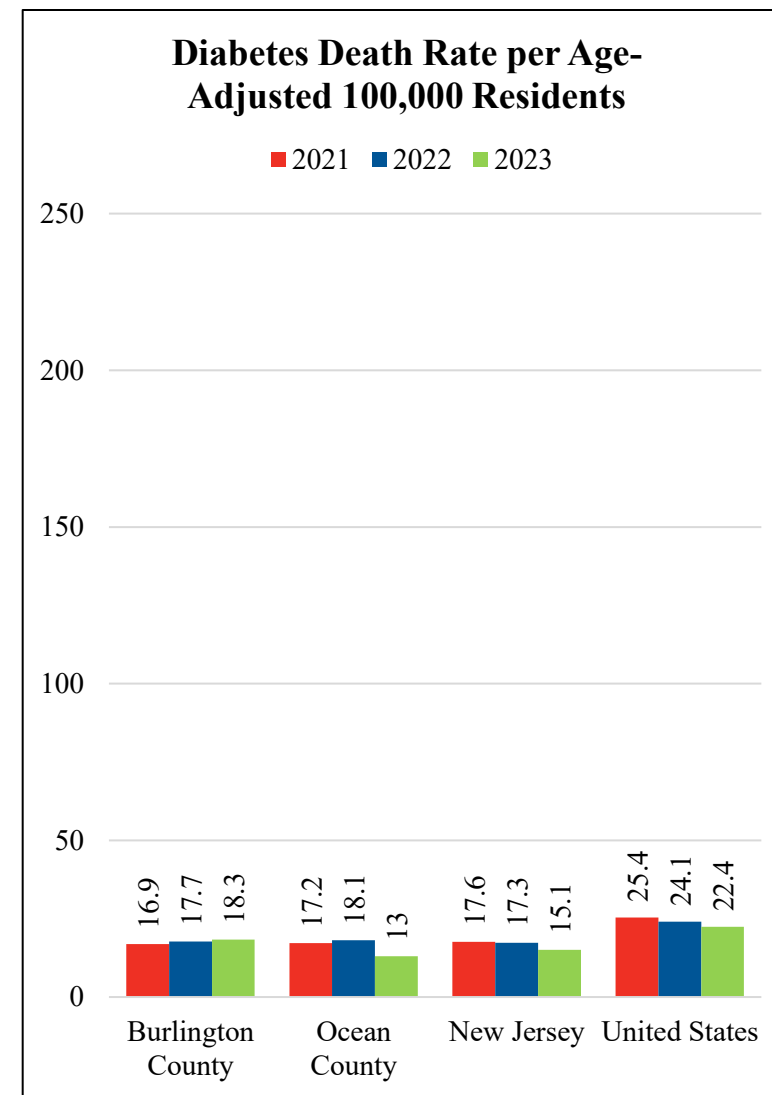
A diagnosis of diabetes can increase complications of underlying heart or lung disease, leading to a lowered quality of life, potentially decreasing length of life.

The prevalence of diabetes among adults in the Deborah Service Area is similar to New Jersey and the US.

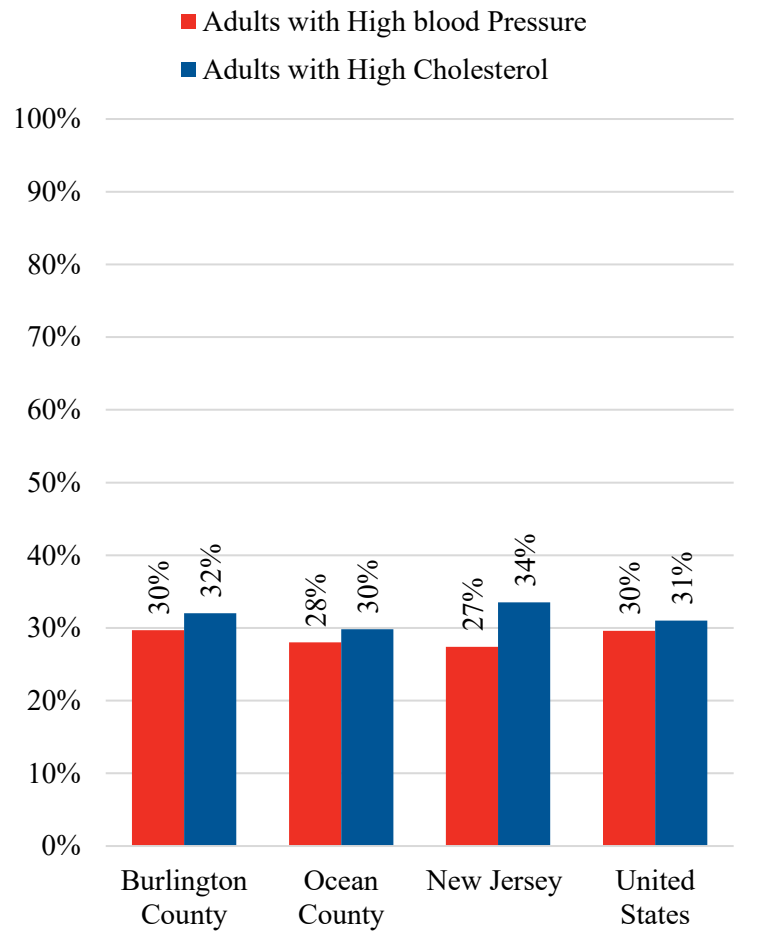
While deaths due to diabetes are higher in Burlington County than in Ocean County or New Jersey overall, the rate of death from diabetes is lower in Burlington County than in the US, even though the prevalence is similar.

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

However, both the prevalence of diabetes and deaths due to diabetes are increasing.



## Age-Adjusted Adult Heart Disease Risk Factors, 2021



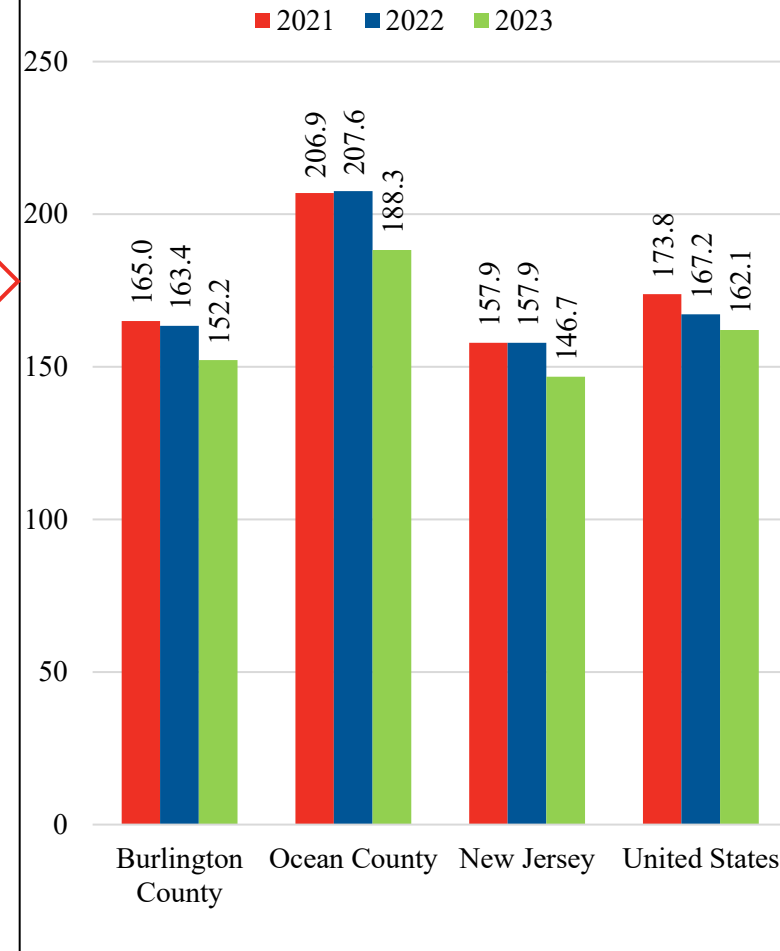
Risk factors for heart disease in South Jersey are similar to NJ and US.

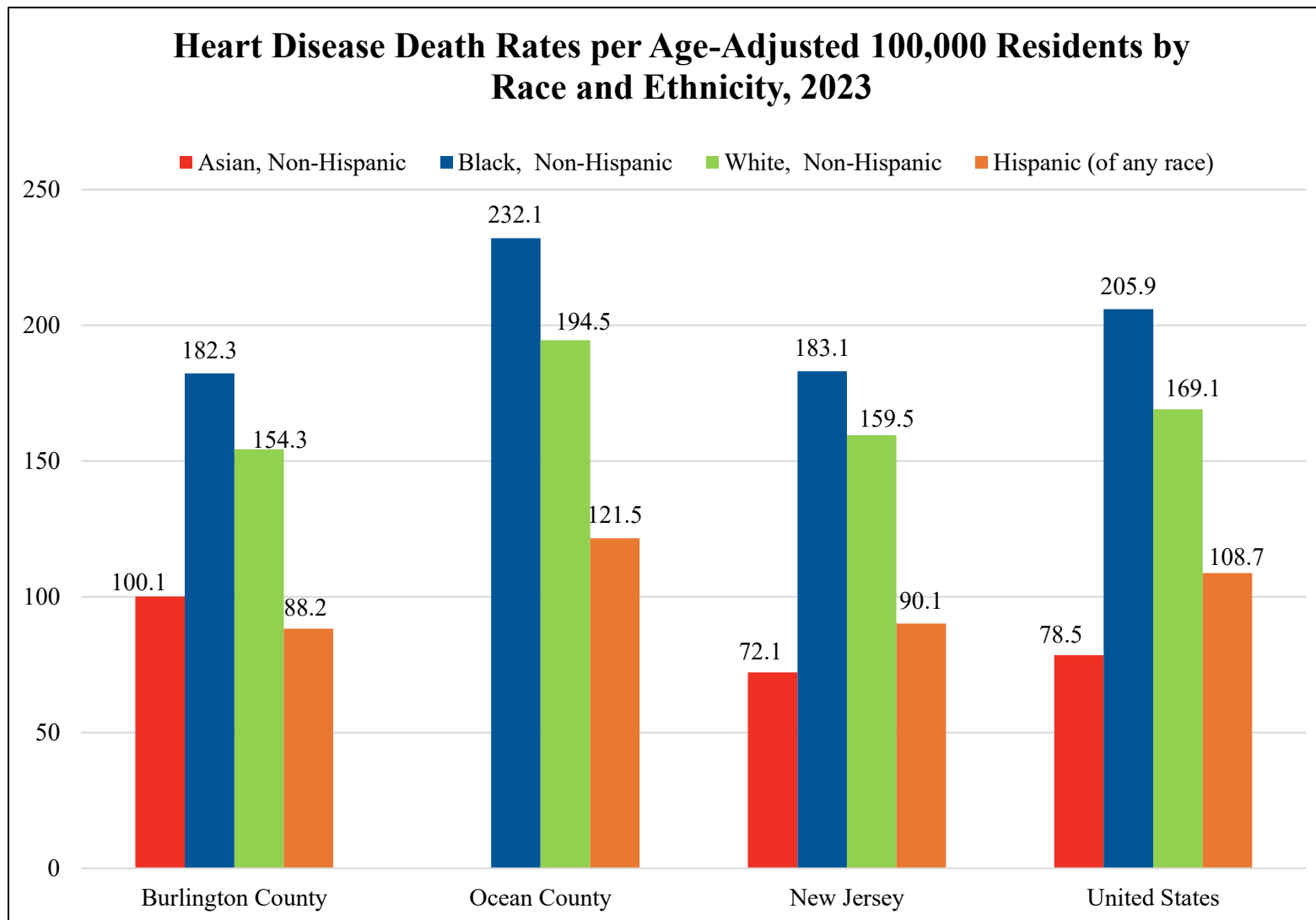
The rate of death from heart disease is higher in Ocean County than in New Jersey and the United States.

This suggests there is an opportunity to improve access to screenings, connections to care, and maintenance of treatments for risk factors.

*“Outreach wellness program, if we could do that here [at the Legion] that would be amazing... screenings and blood pressure...we’ll give [Deborah] the room for free. We can fit 100 people here and see the families and babies and blood pressure and we’ll help with the paperwork.”*

## Heart Disease Death Rate per Age-Adjusted 100,000 Residents





People who identify as **Black** are most likely to die prematurely from heart disease.

People living in **Ocean County** are more likely than their neighbors to die prematurely from heart disease across all racial/ethnic categories

**Considerations for improving outcomes:**

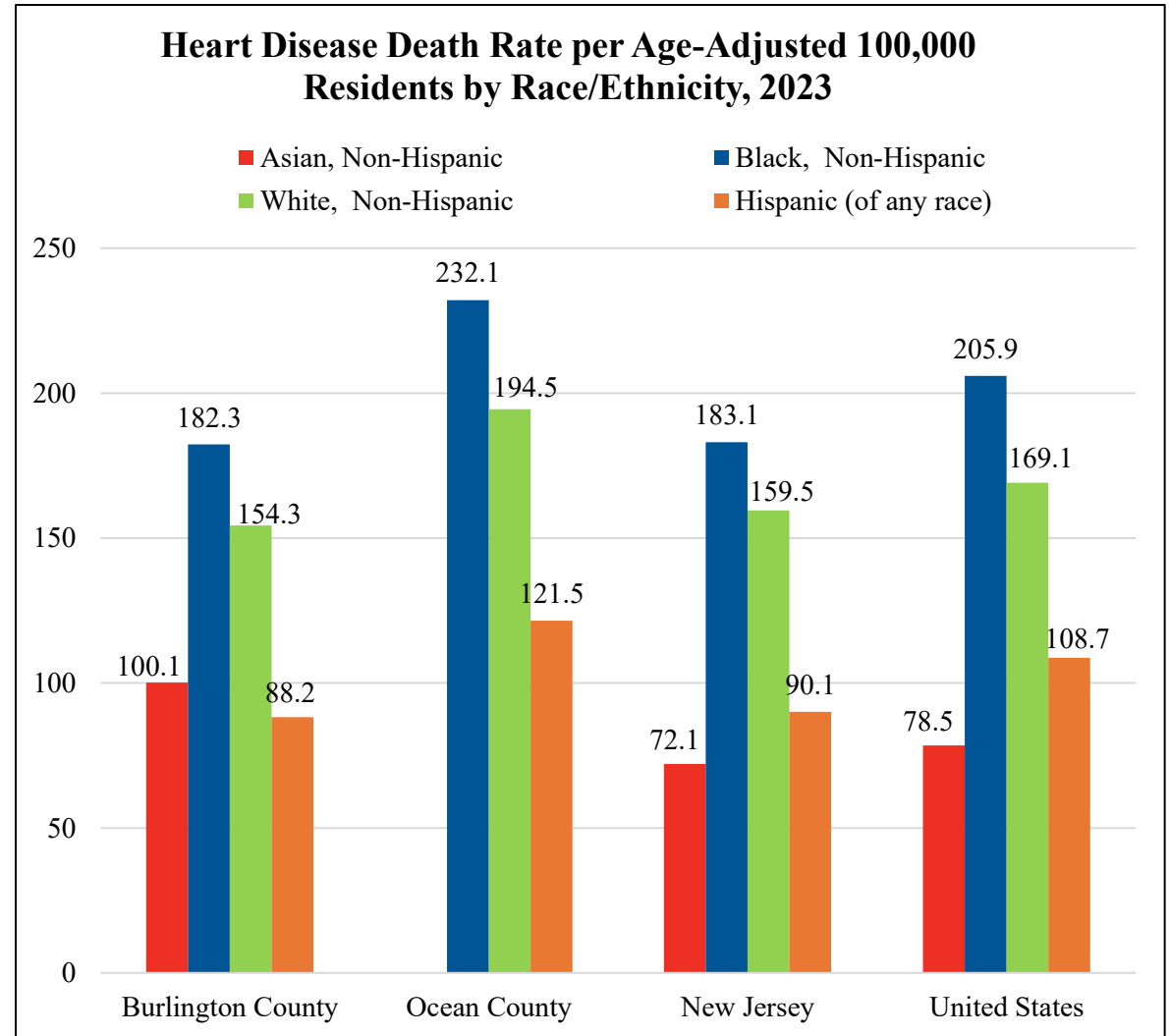
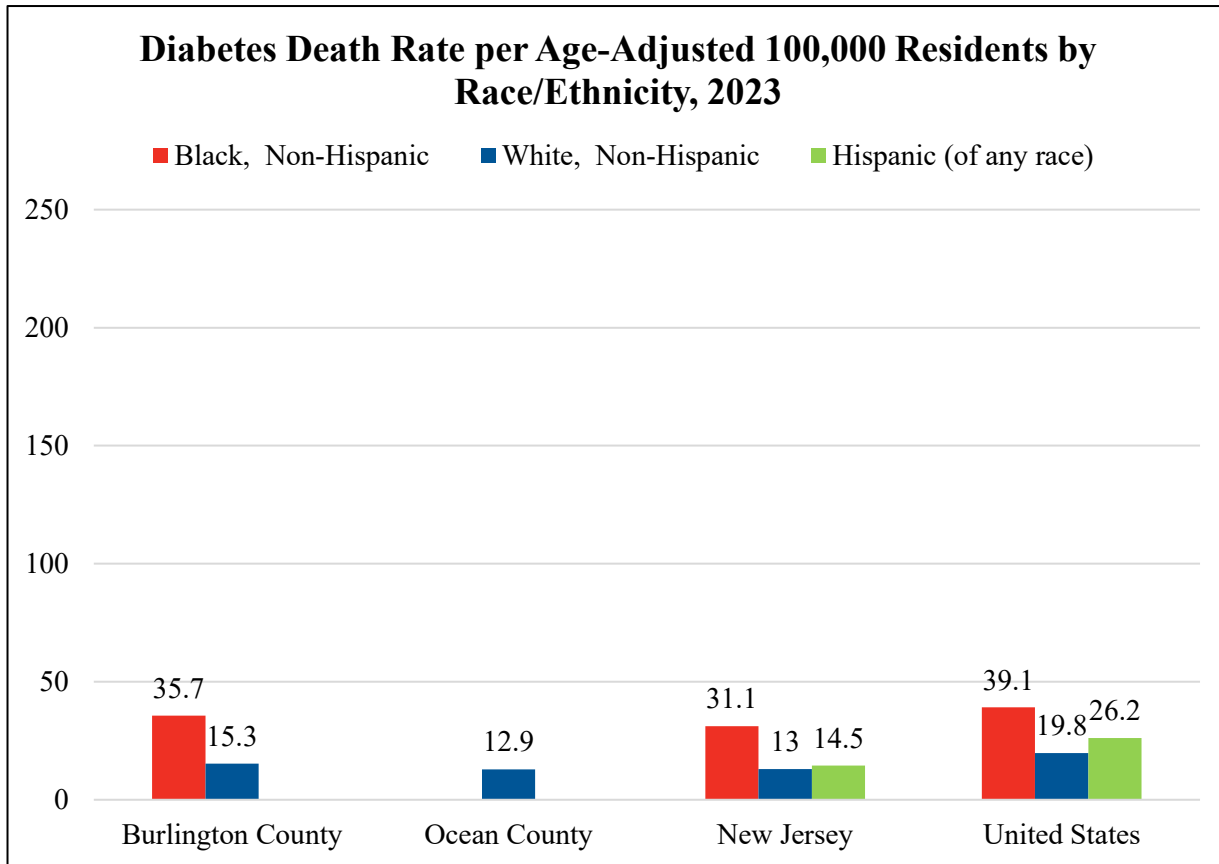
- Increase access to screening for people who are most likely to be at risk.
- Connect people with care when risk factors are identified.
- Ensure healthy living plans are maintained.

It is helpful to start with those most at risk of poor outcomes.

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

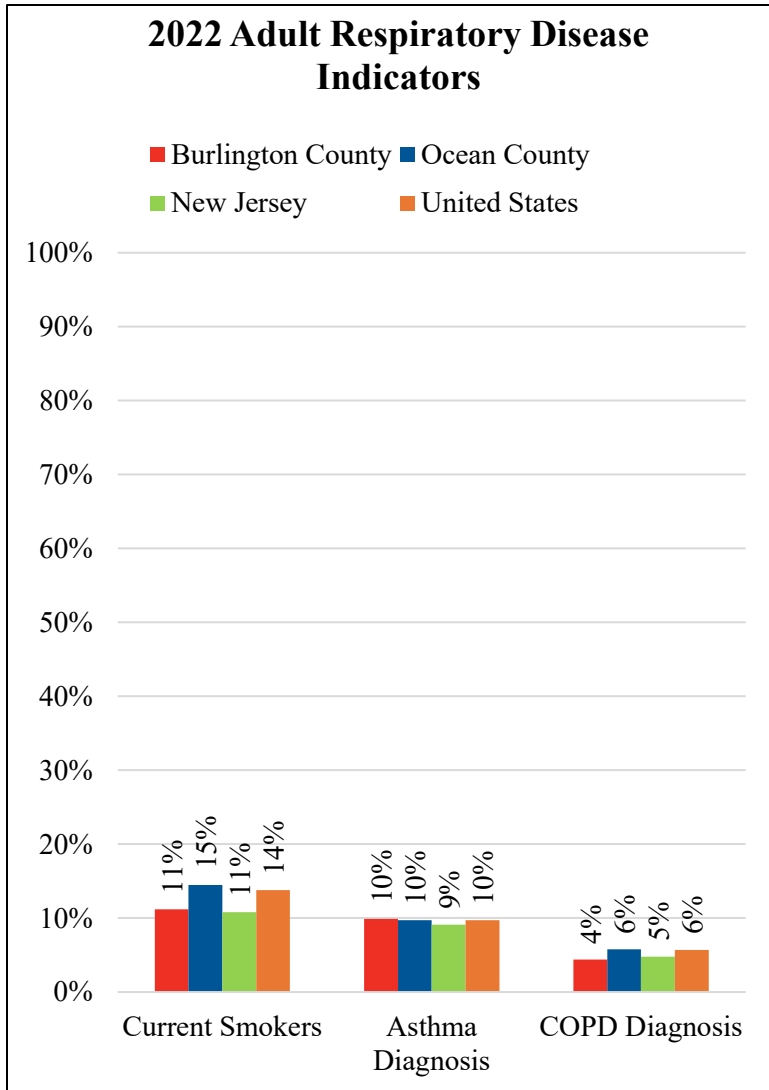
\*Note: Race and ethnicity data are included as available.

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



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

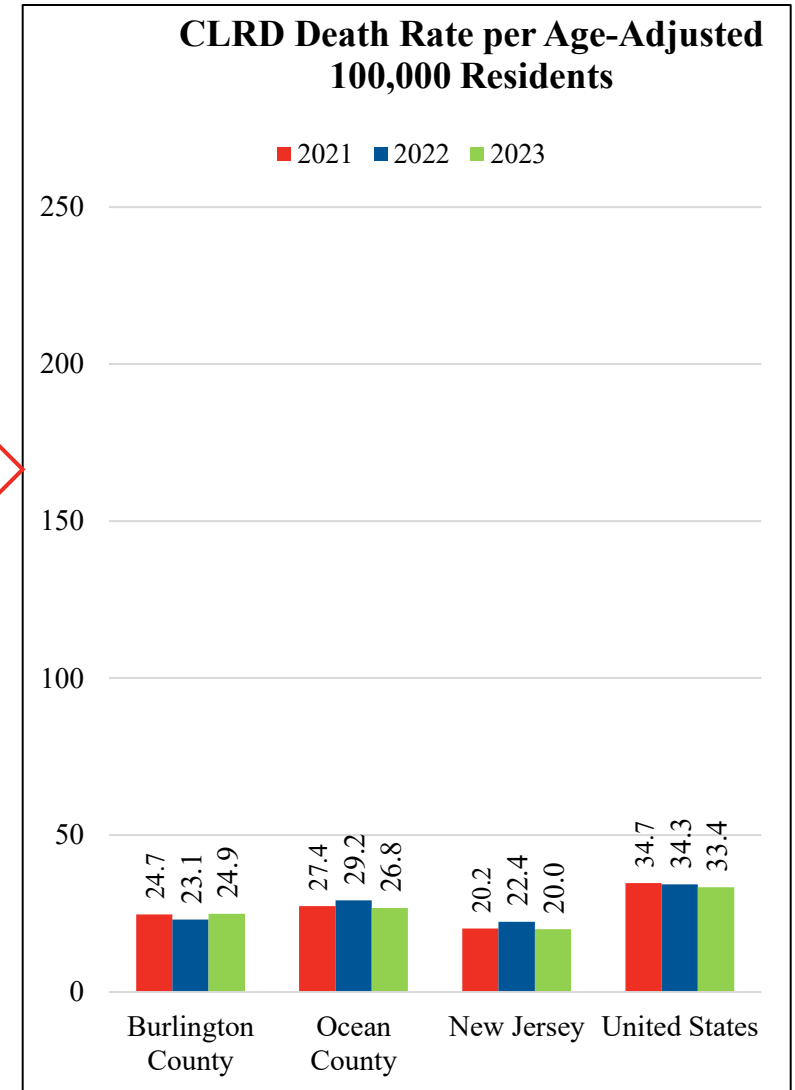
\*Note: Race and ethnicity data are included as available.



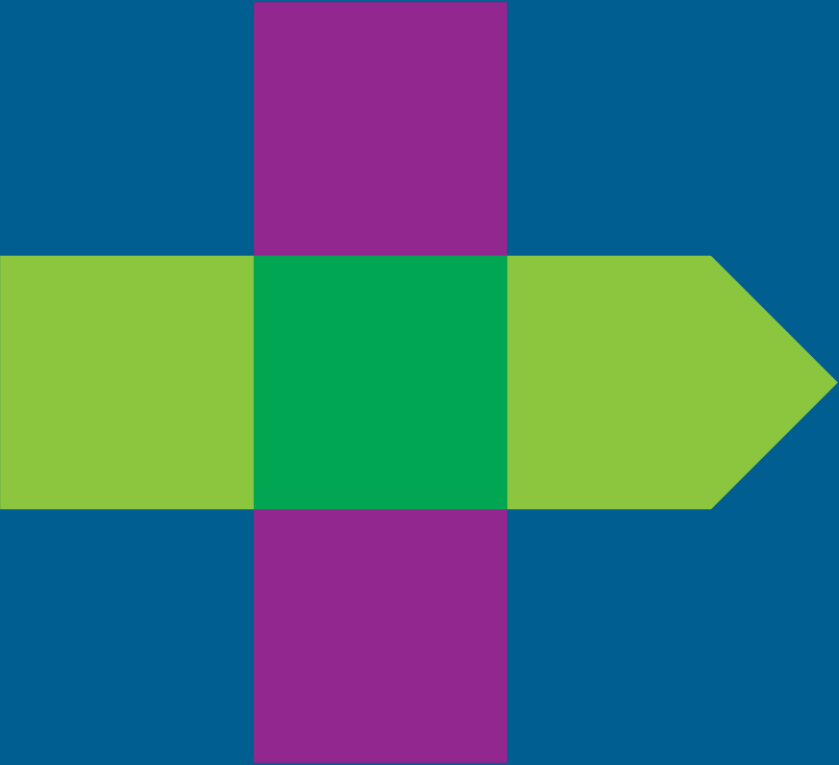
**Ocean County has proportionately more smokers and COPD diagnoses.**

**Death due to CLRD is also higher in Ocean County, but still lower than the US.**

***Did you know?***  
COPD impacts people's quality of life negatively, making it difficult to do daily work tasks, climb stairs or walk for long distances, and can lead to cognitive decline. In addition, people with COPD are more likely to have comorbid chronic conditions, such as asthma, diabetes, and heart disease, as well as depression.\*



Source: Centers for Disease Control and Prevention\* and New Jersey State Health Assessment Data  
\*CLRD includes conditions such as chronic obstructive pulmonary disease (COPD), asthma, emphysema, and chronic bronchitis.



# Mental Health and Substance Use

# Mental Health and Substance Use

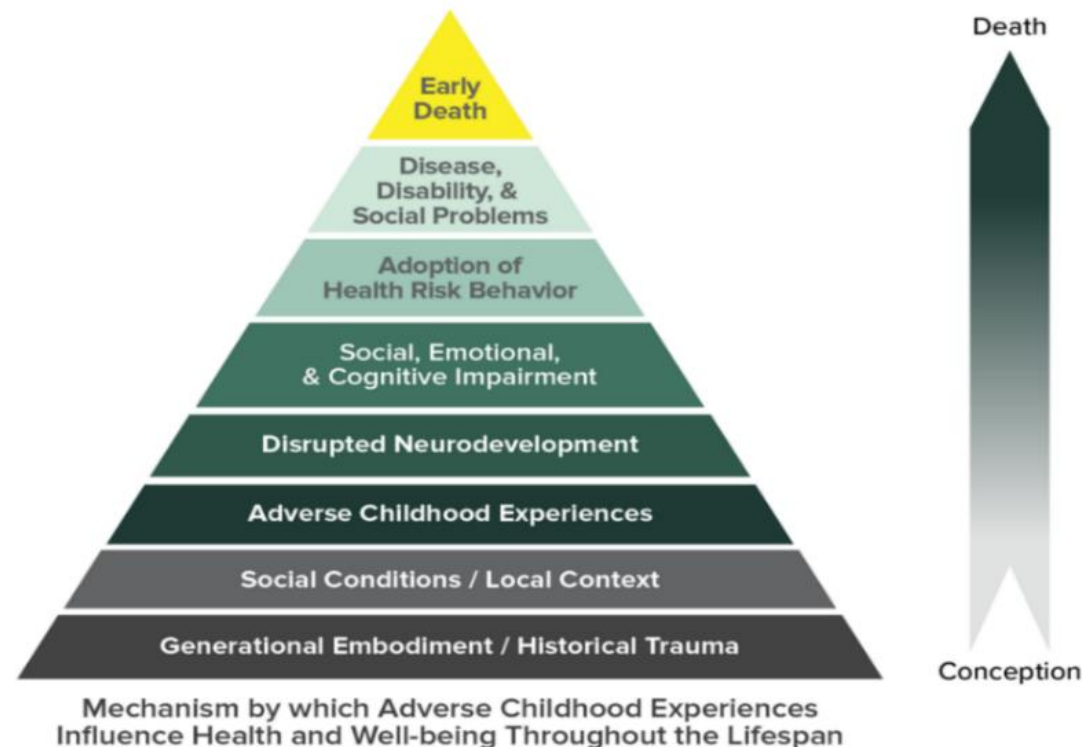


Mental and behavioral disorders span a wide range of diagnoses, including anxiety disorders, schizophrenia, and other delusional disorders, as well as mood disorders, such as depression or personality disorders. These disorders are not created by the use of alcohol and other psychoactive substances,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

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

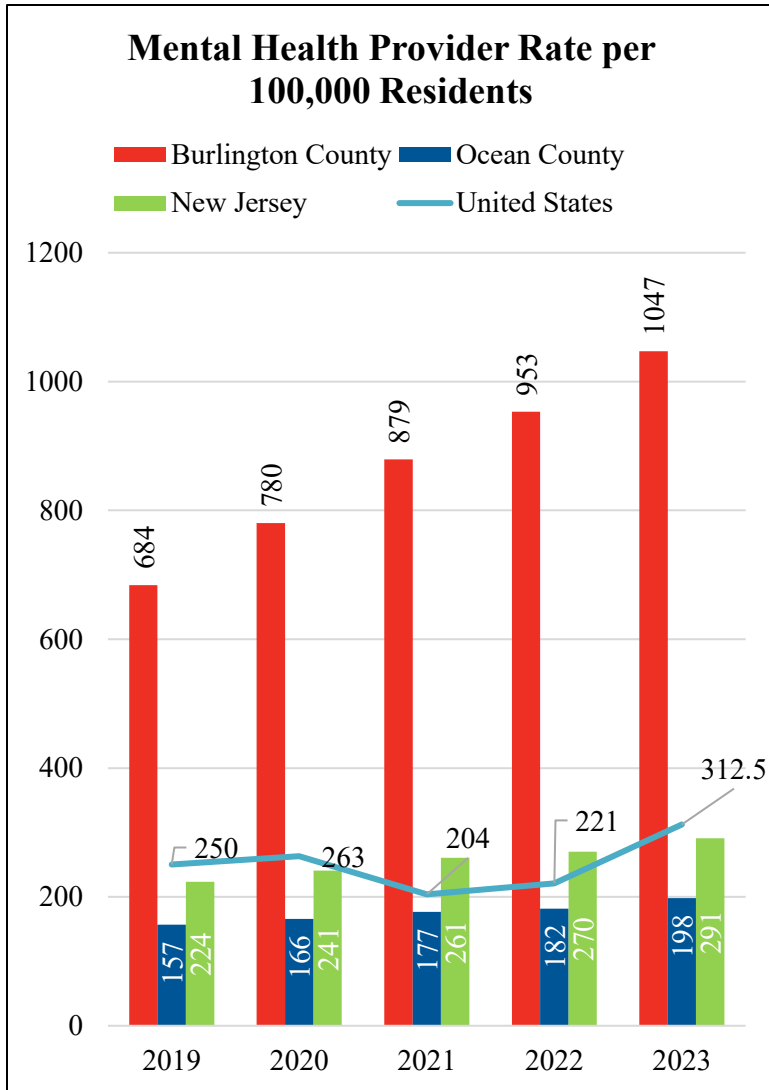
Mental health and substance use conditions are most effectively treated in community-based settings outside of the emergency department (ED). However, nationwide, people experiencing these conditions make up one of the fastest-growing patient populations in emergency departments. This is often due to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

# Healthy Roots: ACEs and an Upstream View



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

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

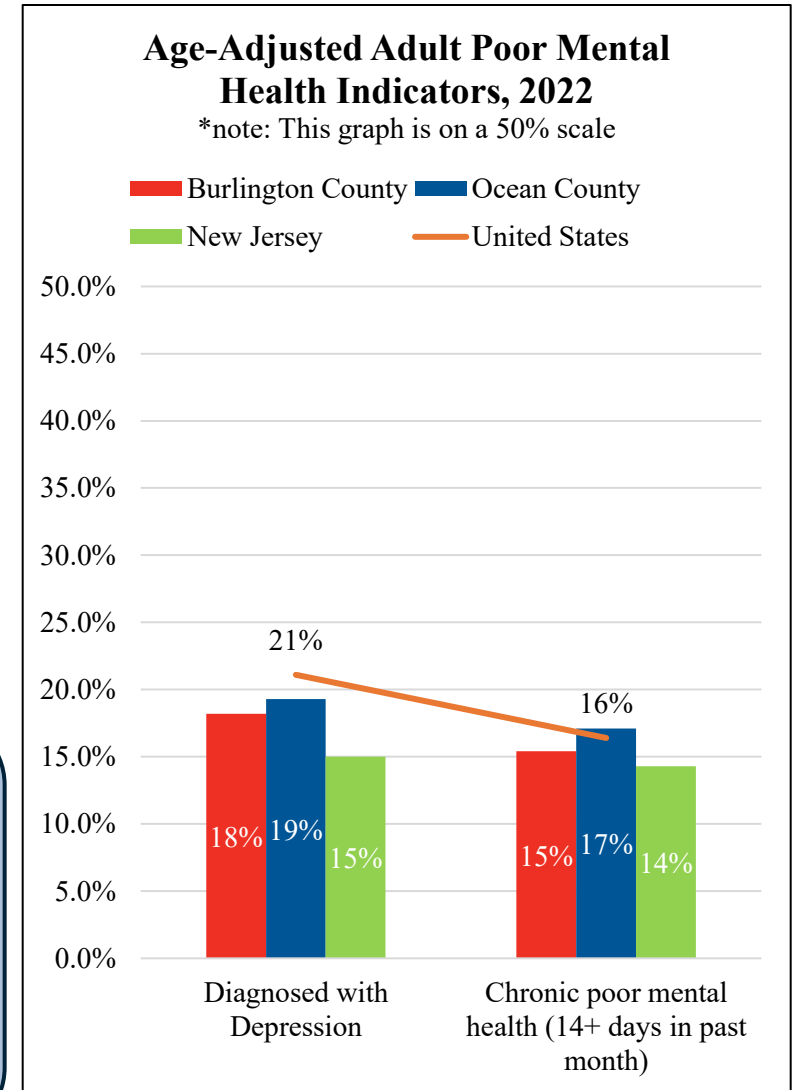


Burlington County has far more mental health providers than New Jersey, the US, and other South Jersey counties.

While Deborah Heart and Lung Center does not provide mental health care, many chronically ill patients struggle with poor mental health as well. It is important for Deborah to continue to build relationships with providers in the area, and to approach *all* care from a trauma-informed lens.

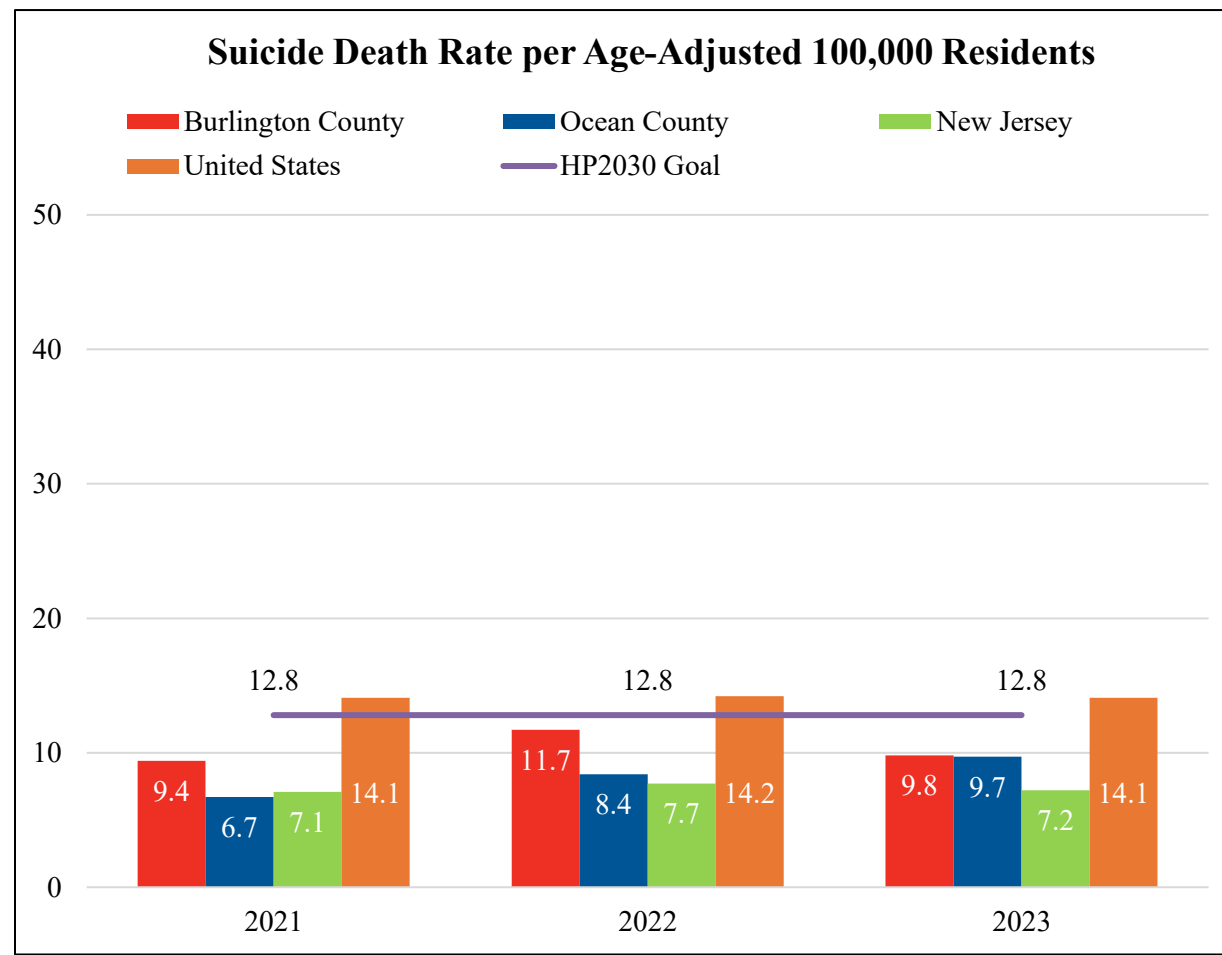
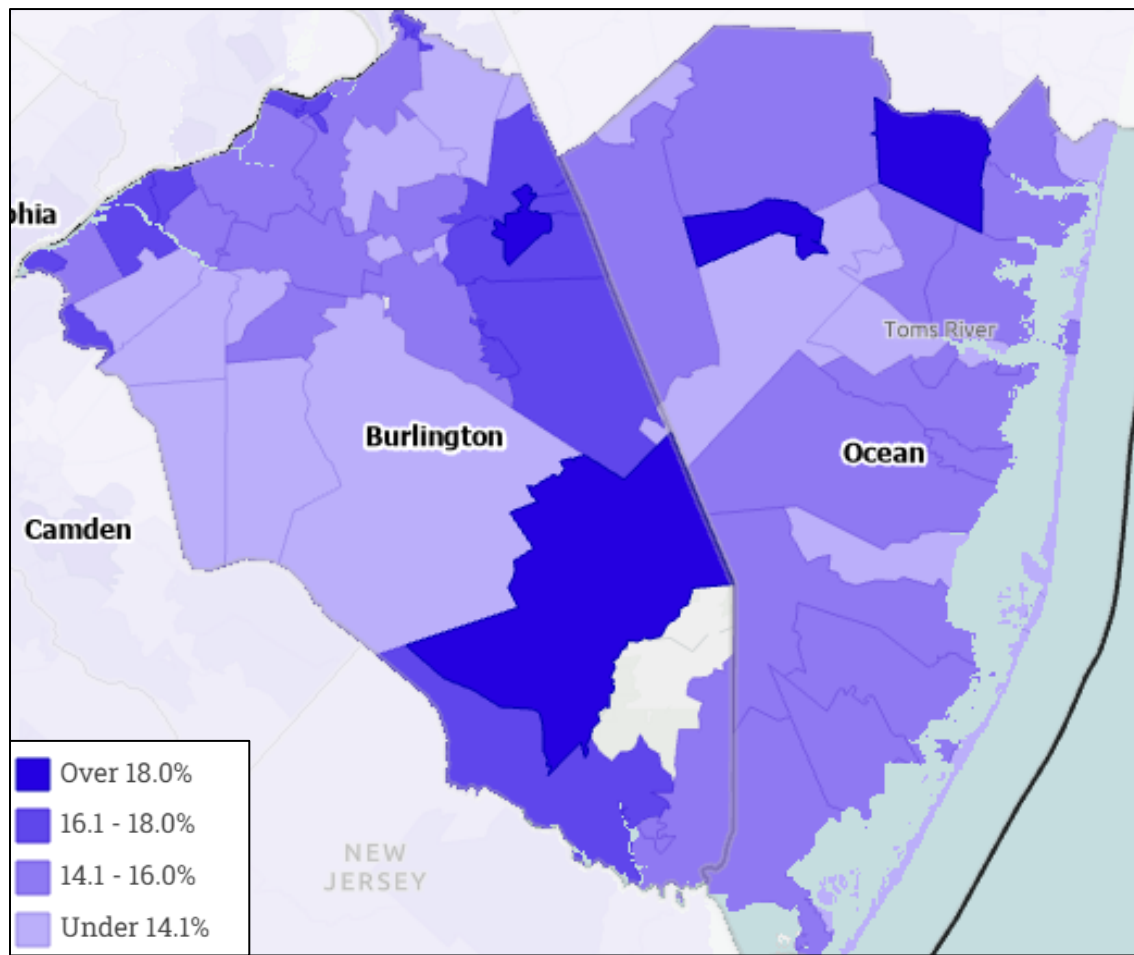
Roughly 1 in 5 South Jersey adults report a diagnosis of depression or chronic poor mental health. This rate is higher than that of New Jersey overall.

*“We have a dedicated department for isolation and loneliness, we have a phone buddy program, we have virtual pets, and we’re trying to fill that void, but right now that’s not a reimbursable void. And, unfortunately, until these issues are reimbursable, we’re really not going to be able to see a big impact.”*



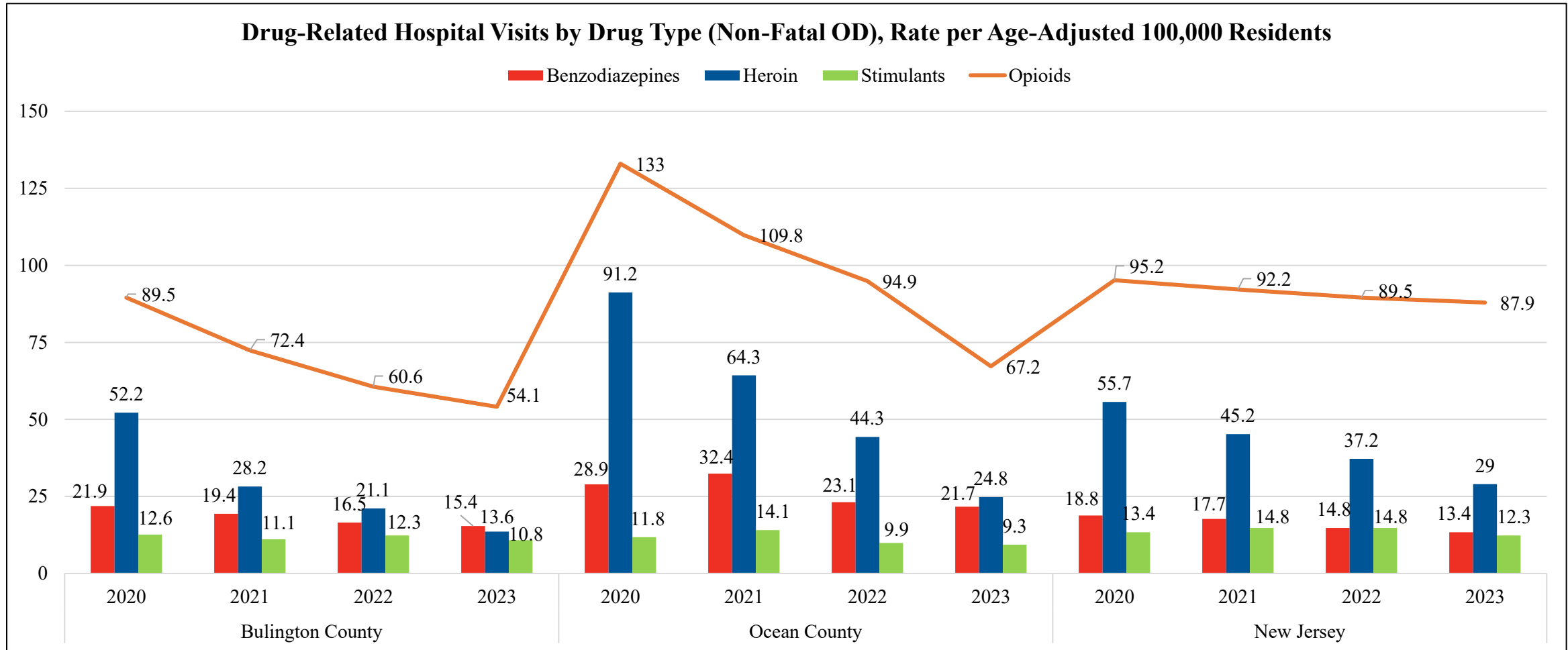
Across South Jersey, the proportion of adults reporting chronic poor mental health varies by geography. Understanding where residents feel most distressed helps to plan effective interventions. The rate of death due to suicide across South Jersey has varied in recent years but remains lower than the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

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



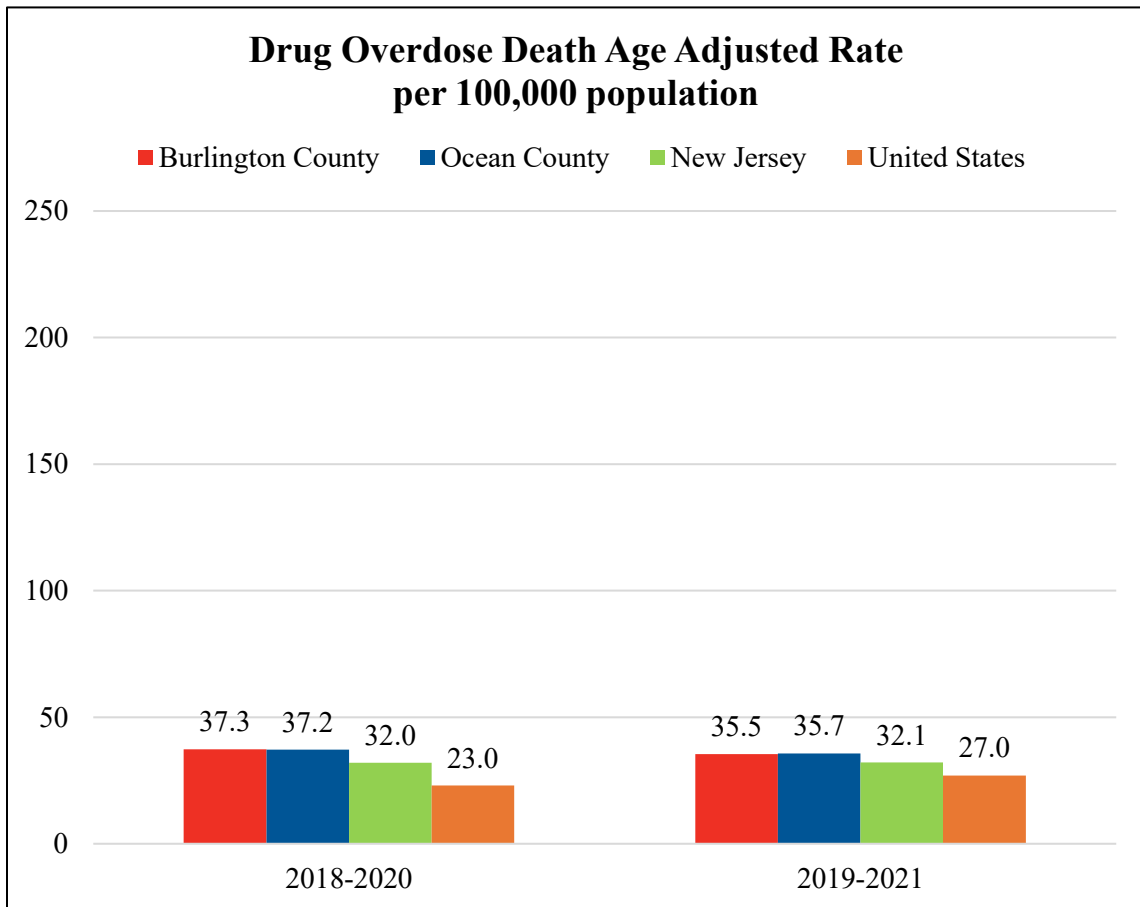
# Substance Use Disorder

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



# Substance Use Disorder

Substance use can both exacerbate and contribute to the many chronic diseases and early death. Alcohol impaired driving deaths are higher in the primary service area than NJ. 1 in 5 Burlington County adults report binge drinking. While overdose death is decreasing in this area, it is still higher than NJ and US rates.

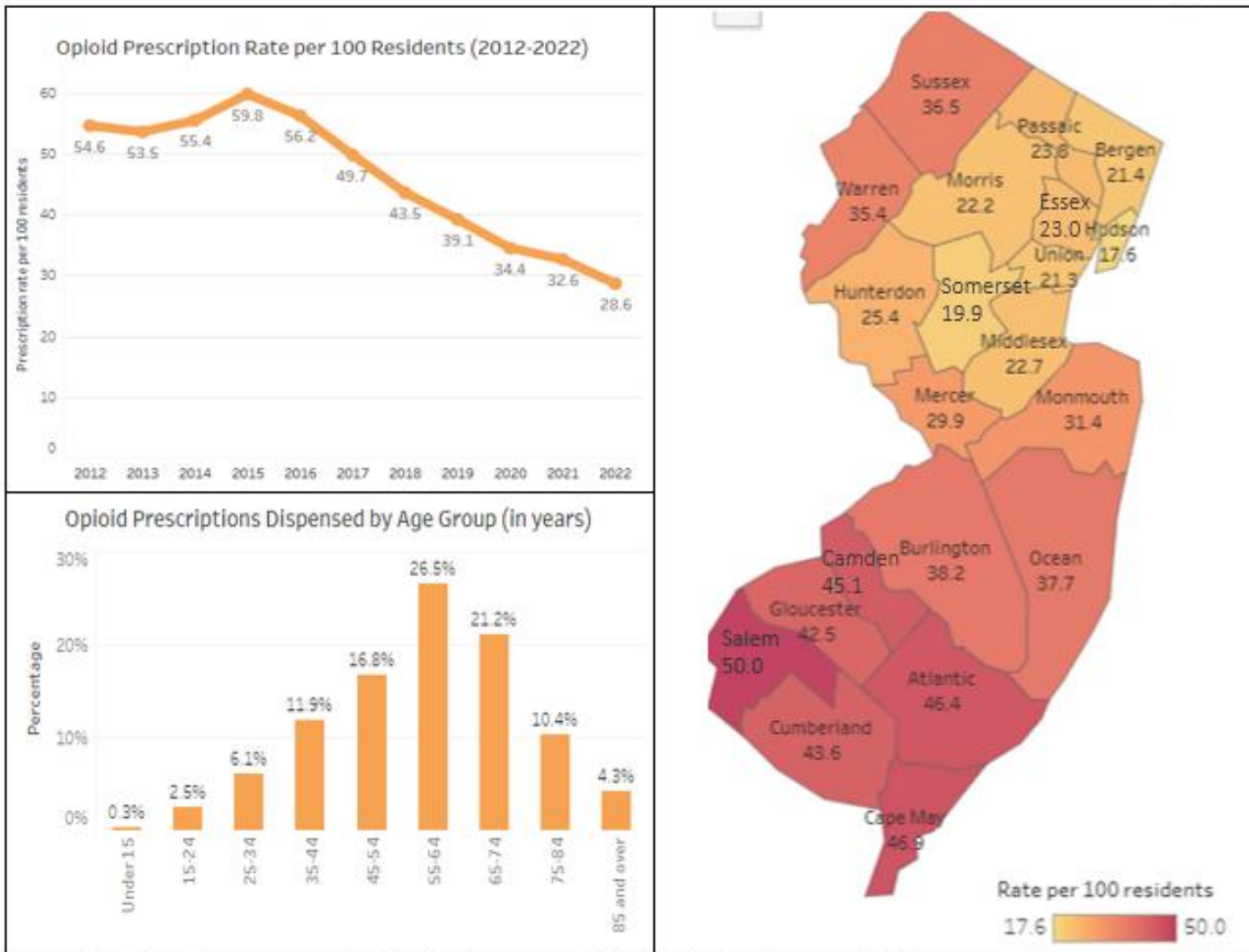


	2022 Adults Reporting Binge or Heavy Drinking (age-adjusted)	2018-2022 Driving Deaths due to Alcohol Impairment
Burlington County	19.0%	27.5%
Ocean County	15.9%	25.9%
New Jersey	18.4%	23.4%

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

Note: **Heavy Drinking**-  $\geq 2$  drinks/day for men and  $\geq 1$  drink/day for women and **Binge Drinking**-  $\geq 5$  drinks/occasion for men and  $\geq 4$  drinks/occasion for women

# New Jersey Opioid Prescription Rate



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

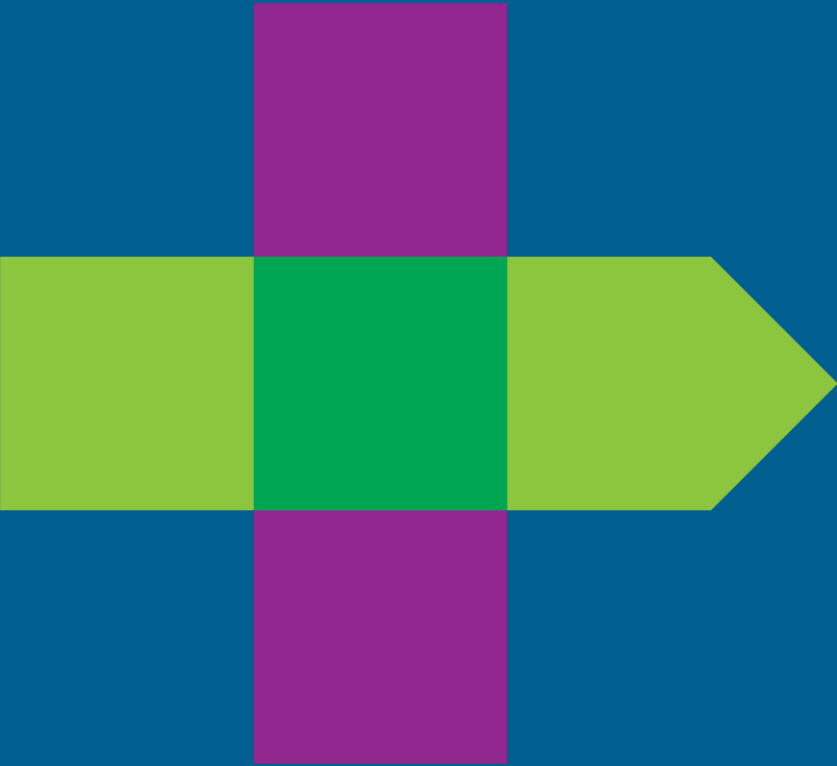
Many substance use disorders begin with a prescribed medication for pain.

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

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

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

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



# Populations of Special Interest:

*Older Adults*

# Populations of Special Interest

## *Older Adults*



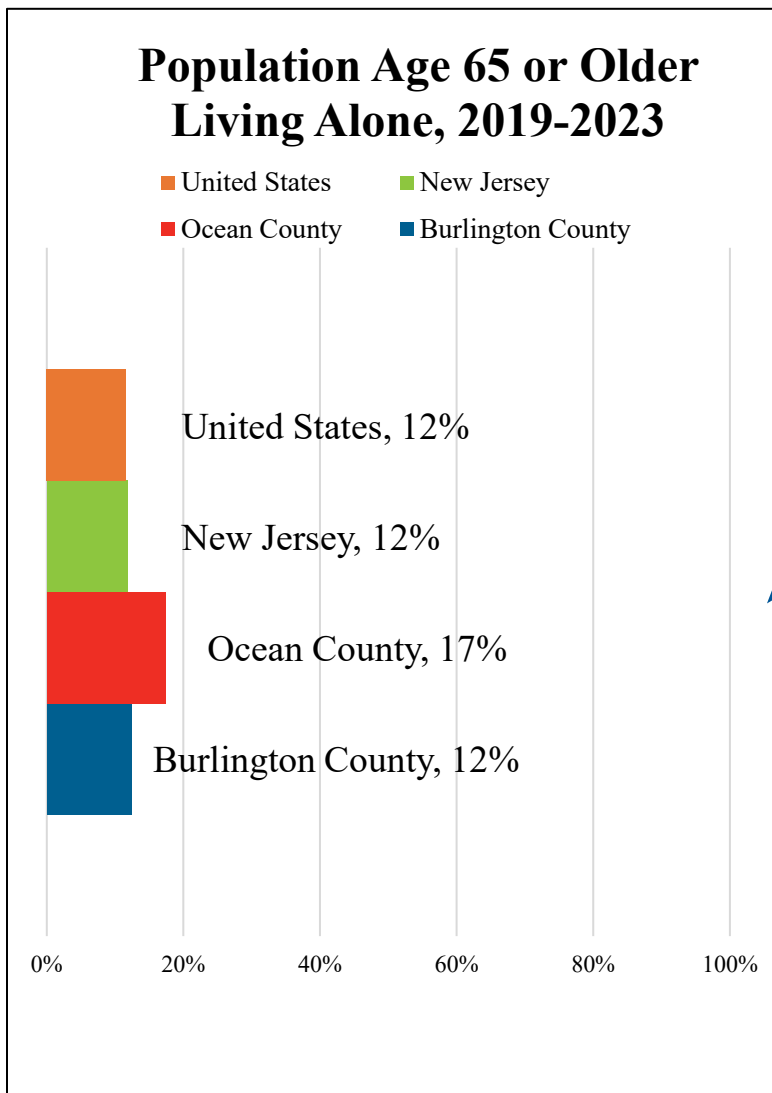
Older adults are considered to be vulnerable due to increased likelihood of chronic disease, risk of social isolation, and economic instability due to a limited ability to earn income. By adhering to recommended schedules for preventative care, older adults can reduce the burden of disease, limit healthcare utilization and associated costs, and improve their quality of life. Nationally, among Medicare beneficiaries aged 65 years or older, the most common chronic conditions are hypertension, high cholesterol, and arthritis.

A key indicator of the health and well-being of older adults in the community is the percentage of adults aged 65 or older who live alone. While in some cases, completely independent living can be considered a sign of good health, there are also many risks associated with older adults living alone. When older adults live alone, they may be vulnerable to social isolation, which can manifest as deteriorating mental and physical health, as well as substance misuse. They are also more likely to seek medical help later than people who have companions in the home.

This indicator can be useful for allocating resources, particularly targeted outreach efforts and home-based interventions.

# Older Adults Living Alone

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

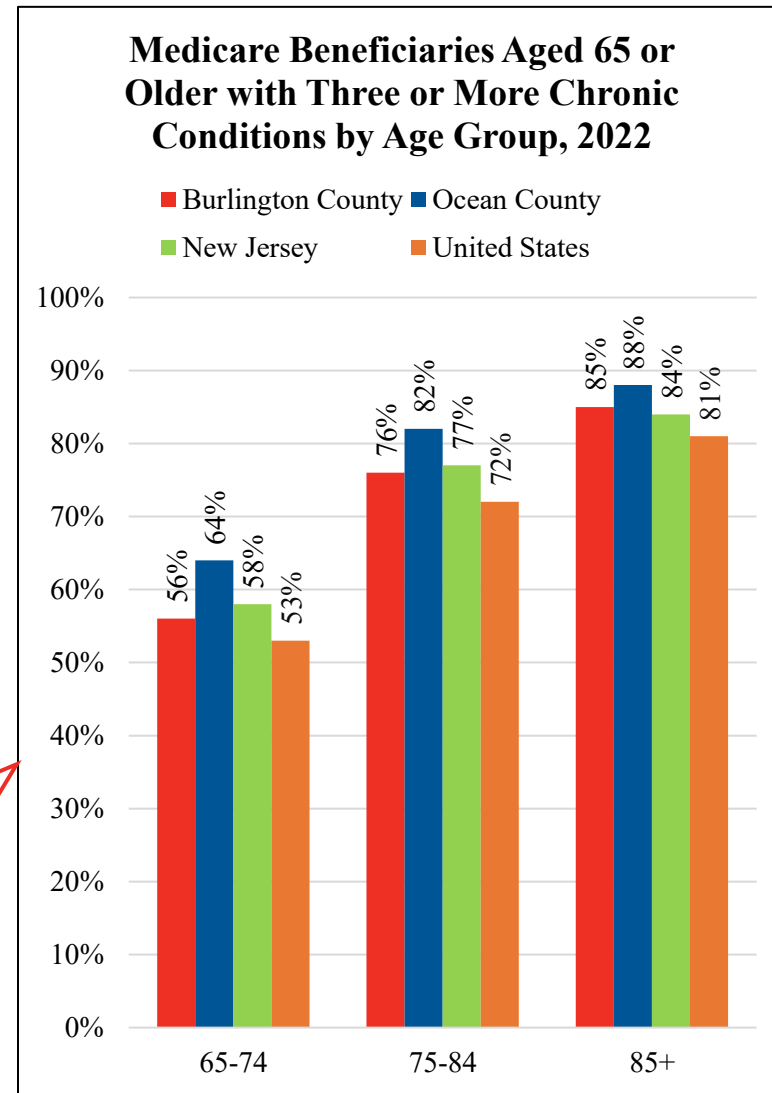


Nearly **1 in 5** older adults in Ocean County live alone, more than in Burlington County, NJ, or the US.

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

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

Older adults in Ocean and Burlington Counties are **more likely to have 3+ diagnosed chronic conditions** than in the US at all age levels, particularly those in Ocean County.

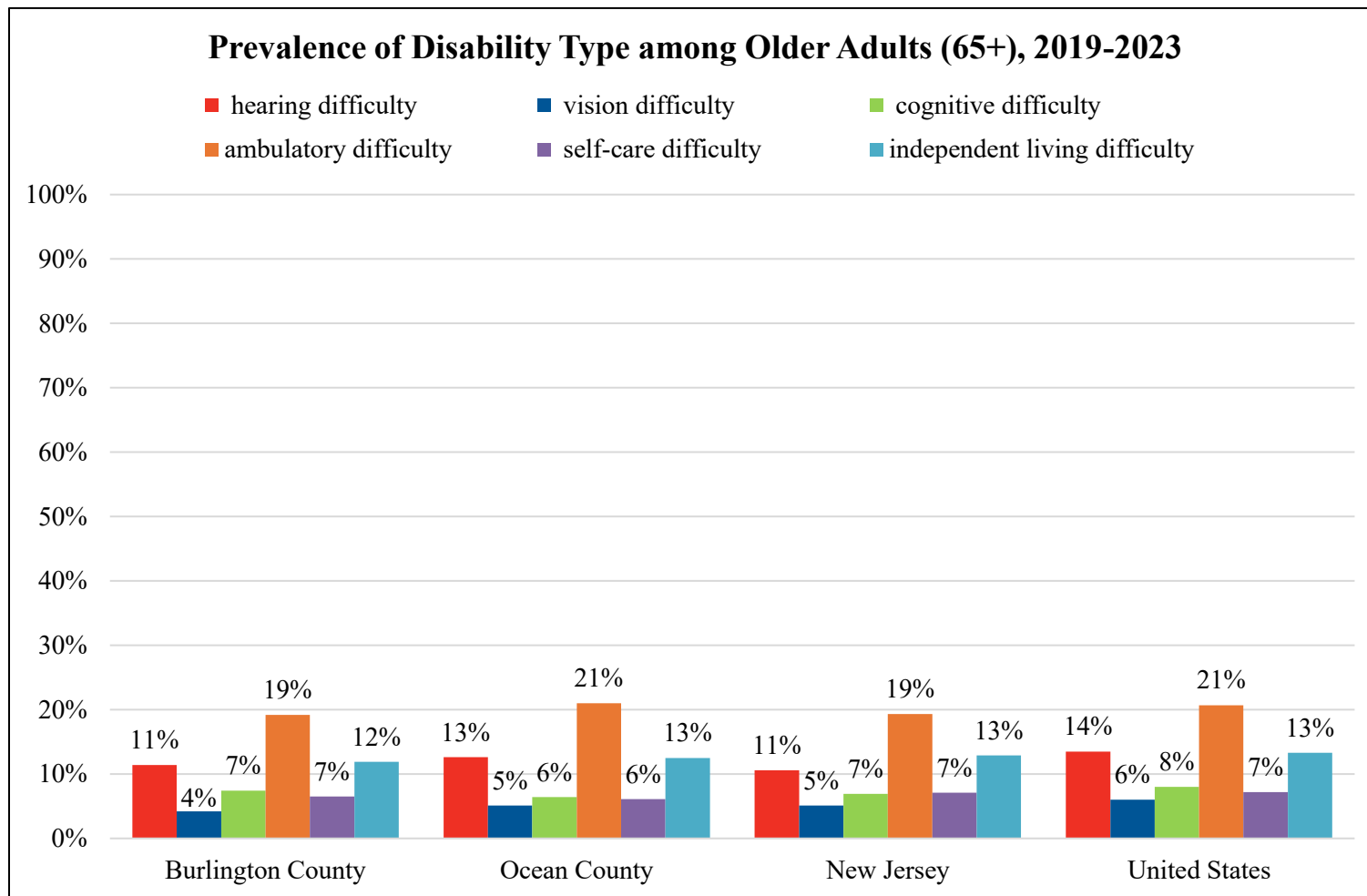


The prevalence of most chronic conditions in South Jersey counties are consistent with New Jersey, and the US, with the exception of hypertension and high cholesterol, which are higher, despite similar proportions of other related conditions, such as diabetes and obesity.

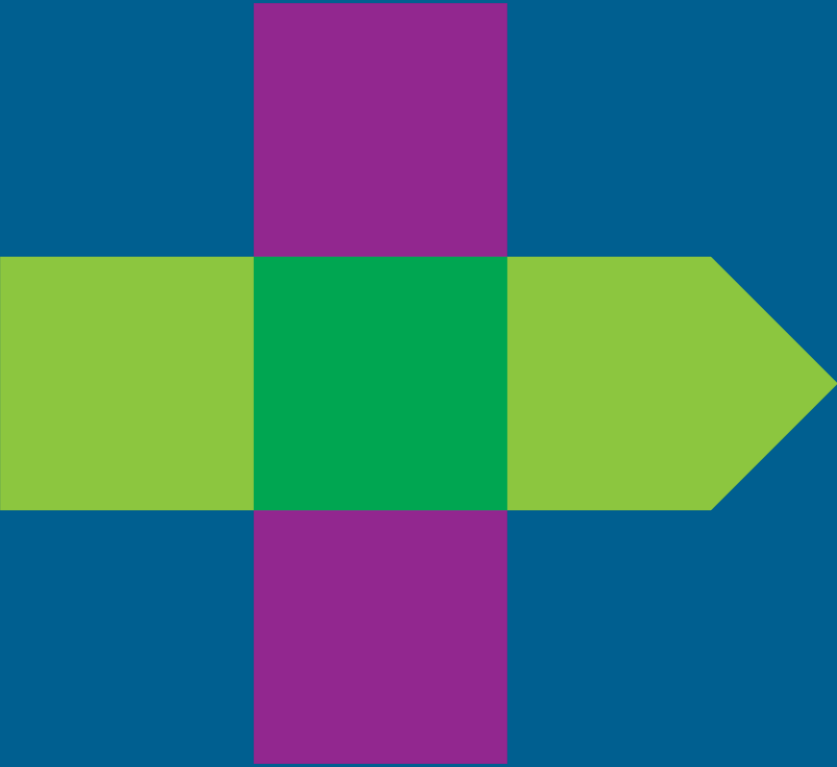
## Selected Chronic Conditions among Medicare Beneficiaries, 2023

Aged 65-74 Years	Burlington County	Ocean County	New Jersey	United States
Alzheimer's disease, related disorders, senile dementia	3%	2%	2%	2%
Cancer (breast, lung, colorectal, prostate)	10%	11%	10%	9%
Depression	14%	15%	14%	15%
Diabetes	23%	30%	25%	23%
High cholesterol	70%	74%	70%	61%
Hypertension	60%	67%	60%	58%
Obesity	19%	26%	23%	22%
Rheumatoid arthritis	32%	36%	31%	31%
Aged 75-84 Years	Burlington County	Ocean County	New Jersey	United States
Alzheimer's disease, related disorders, senile dementia	8%	8%	8%	8%
Cancer (breast, lung, colorectal, prostate)	17%	18%	16%	15%
Depression	18%	17%	17%	18%
Diabetes	29%	37%	33%	29%
High cholesterol	83%	86%	82%	74%
Hypertension	79%	85%	79%	75%
Obesity	18%	26%	23%	21%
Rheumatoid arthritis	44%	48%	42%	41%
Aged 85 Years or Older	Burlington County	Ocean County	New Jersey	United States
Alzheimer's disease, related disorders, senile dementia	25%	25%	26%	25%
Cancer (breast, lung, colorectal, prostate)	17%	17%	16%	15%
Depression	25%	23%	25%	22%
Diabetes	29%	35%	32%	28%
High cholesterol	80%	84%	80%	71%
Hypertension	88%	91%	87%	84%
Obesity	11%	14%	14%	12%
Rheumatoid arthritis	50%	53%	49%	46%

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



*“Services for elderly care, and those things are such a need but you don’t know the things until you need it and then you’re in crisis...we don’t get educated enough on the different ages and the stages.”*



# Populations of Special Interest:

*Youth*

# Populations of Special Interest

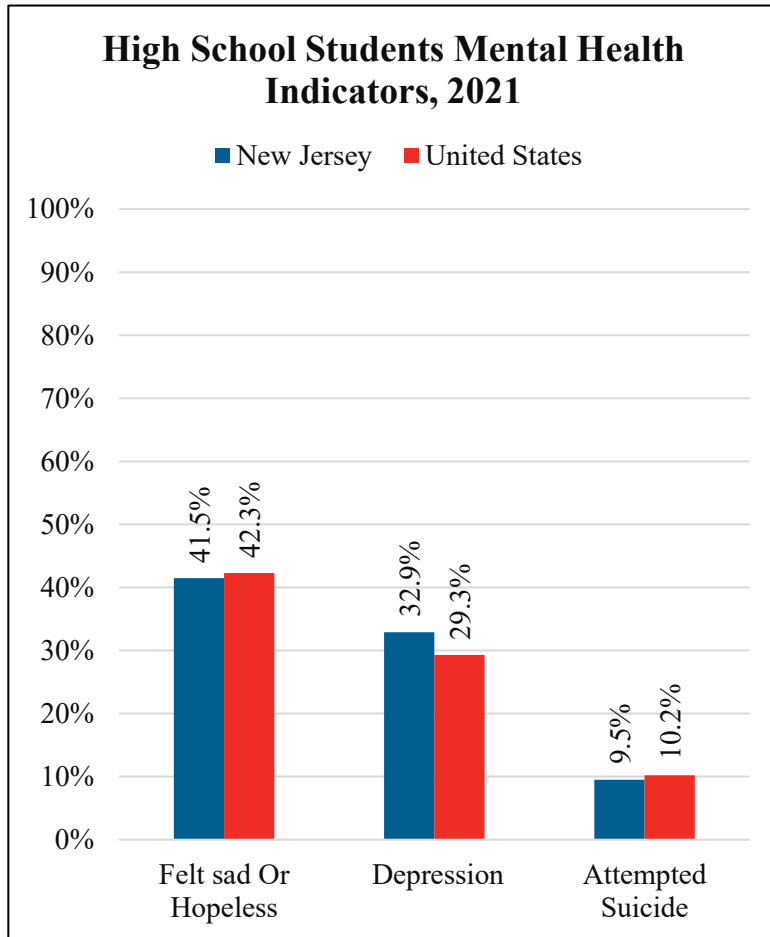
## *Youth*



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

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

Since the onset of the COVID-19 pandemic, young people across the nation have faced increasing mental health challenges. Historically, Deborah has partnered with local schools to welcome high school interns to the Deborah team, and to provide school supplies. Initiatives like these can be helpful towards connecting with young people and their families, to provide health education, and connections to other community providers and programming.



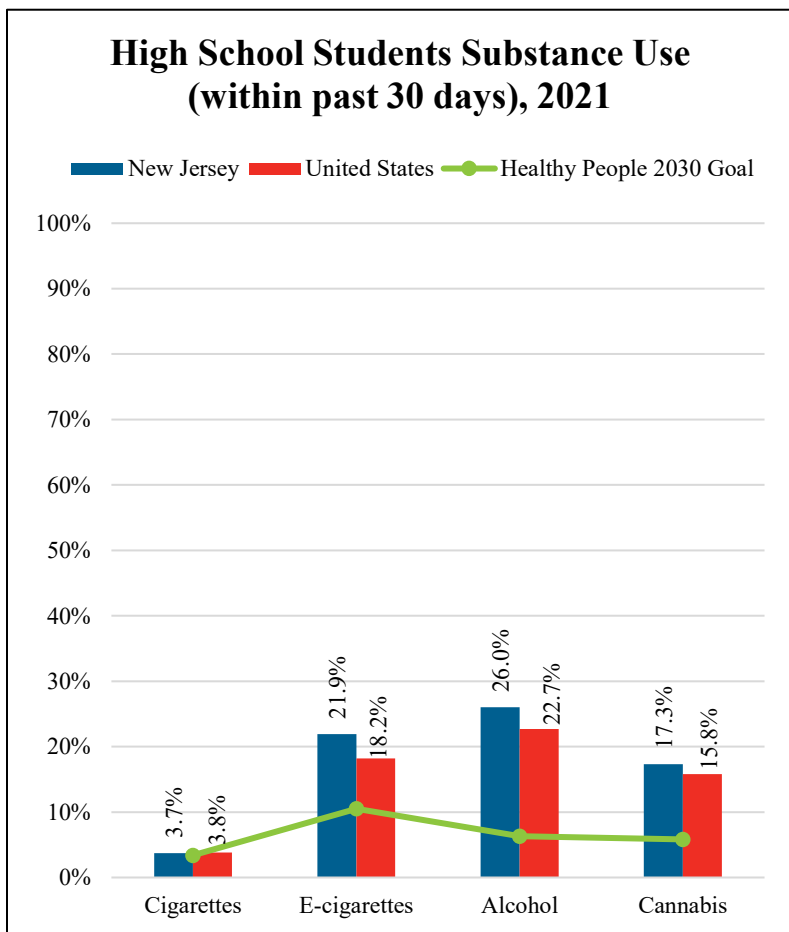
*“[With my magic wand] caretaker resources, we need more of that for those that are in that role. Who do you go to when you need to step away? [We need] grief counseling for children, in general but also in the school system to equip those teachers and staff members to care for children who are navigating grief.”*

*“Community programming on the chronic diseases, heart disease, those sorts of things, seems to a lot of times be focused on the elderly, where I think we need to start with a younger population. For them to start thinking about their heart health, and even working with some of the school districts about elementary school kids.”*

### High School Students Reporting Attempted Suicide, 2021

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

Teens in South Jersey are more likely to be involved in school, work, or other structured activities compared to their peers nationwide. This kind of engagement not only prepares young people for future success but also supports their mental well-being.



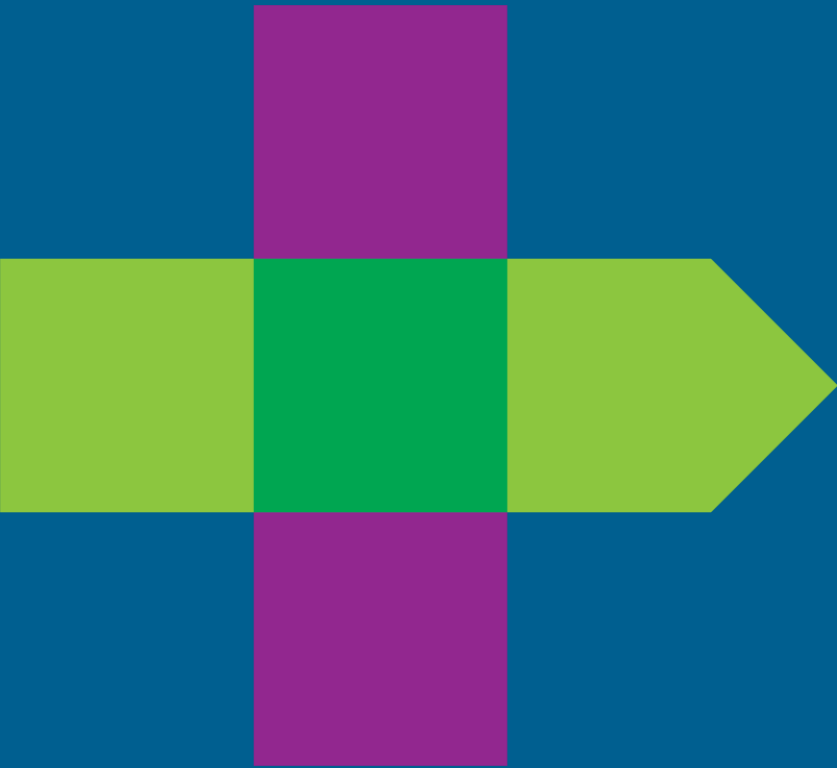
Disconnected Youth: Percentage of Teens and Young Adults Aged 16-19 Who Are Neither Working nor in School, 2018-2022

Location	Percent
Burlington County	5.5%
Ocean County	4.4%
New Jersey	5.2%
United States	7.0%

*“Especially our kids, is the mental health aspect. Considering that they’re on the military base and there’s just so much of that around.”*

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

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



# Populations of Special Interest:

*Veterans*



## Joint base MDL



- Only tri-service base (Air Force, Army, Navy) in the U.S.
- Covers 42,000 acres across Burlington and Ocean Counties.
- Hosts 80+ mission partners supporting global operations including, mobility and training, testing
- Home to the U.S. Air Force Expeditionary Center



## Fort-Dix



- Located within Joint Base McGuire–Dix–Lakehurst in Burlington County, NJ, ~16 miles from Trenton.
- Part of a joint installation with McGuire Air Force Base and Lakehurst Naval Air Engineering Station.
- Serves as a major military training and operations hub.



## McGuire Air Force Base

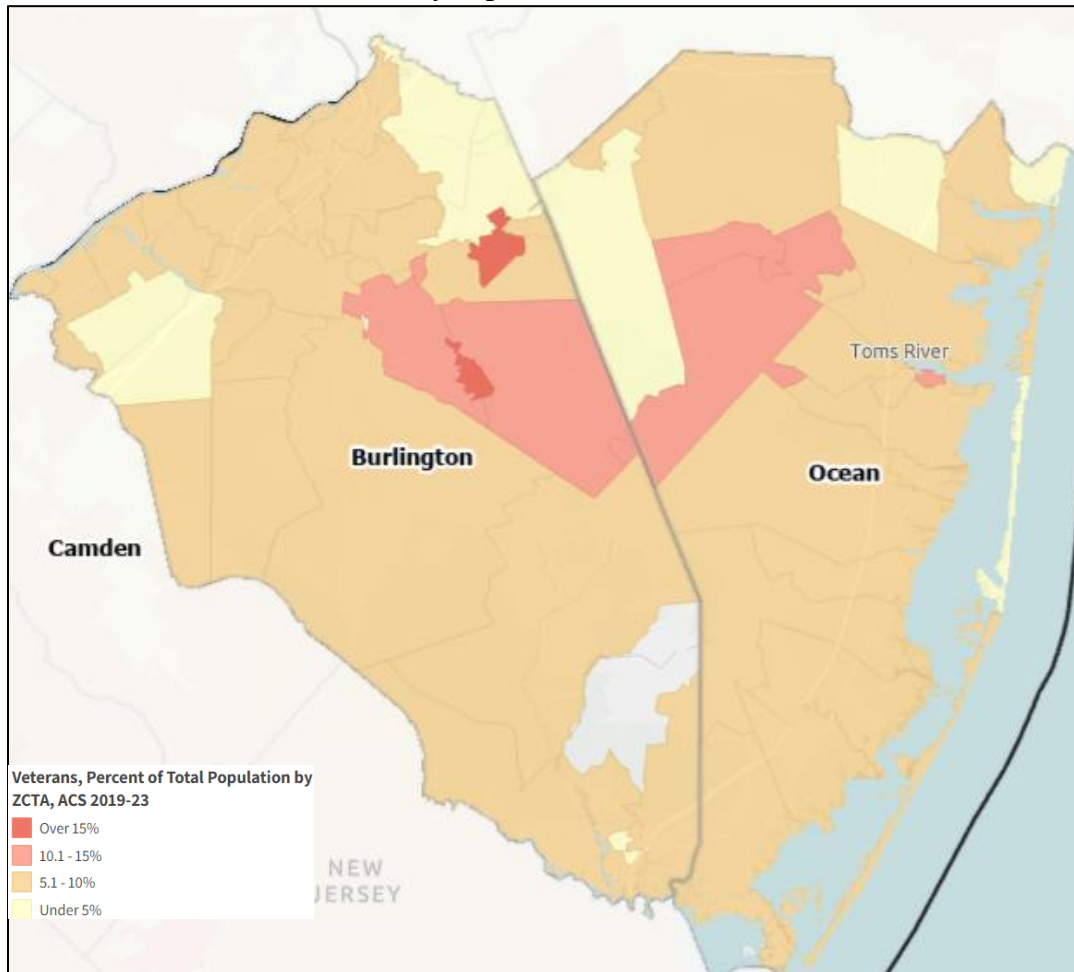


- Part of Joint Base McGuire–Dix–Lakehurst in South Central New Jersey about 90 miles from New York City and 45 miles from Philadelphia.
- Key hub for airlifting troops and equipment worldwide.
- Known as the "East Coast Air Mobility Center" for its role in global reach and power projection

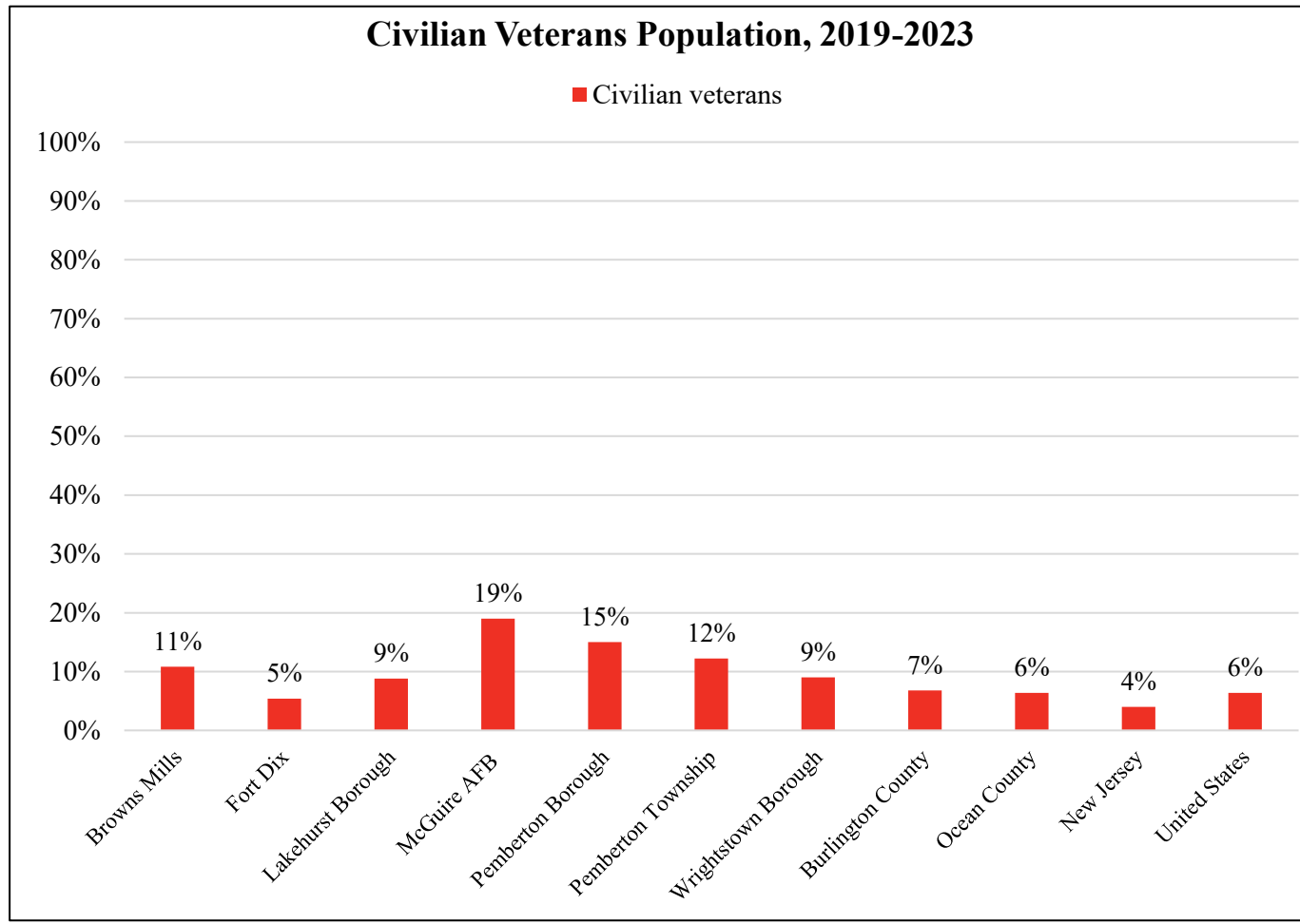
# Veteran Population

Deborah's primary service area is also home to Joint Base McGuire-Dix-Lakehurst which is home to many active military service people and their families. Additional service members and veterans have chosen to live in the areas surrounding the Joint Base.

**Percent of Veterans Population for Burlington and Ocean Counties by Zip Code, 2019-2023**



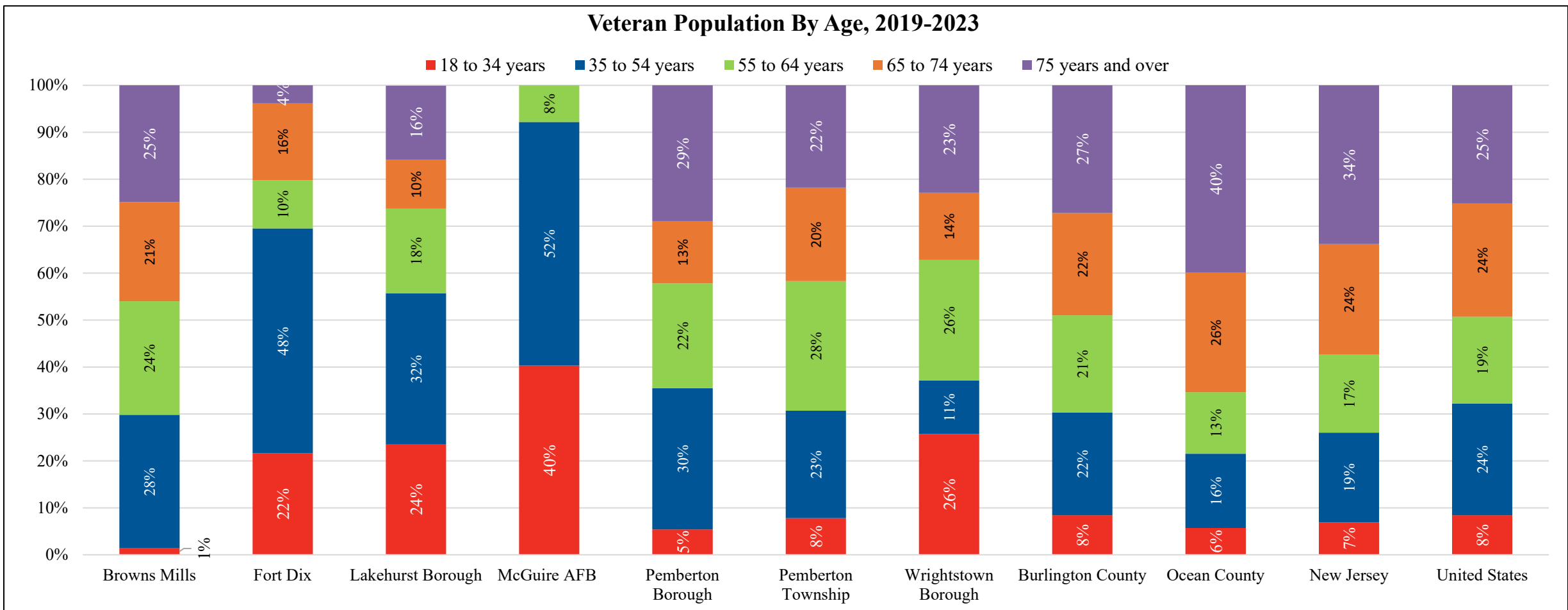
**Civilian Veterans Population, 2019-2023**



# Veteran Population By Age

The veteran population is primarily composed of older adults, with the majority aged 55 and above across all communities except McGuire AFB and Fort Dix. However, younger veterans (ages 18-34) are more concentrated in McGuire AFB, Wrightstown, Fort Dix, and Brown Mills compared to other areas.

*“Military members, especially the younger ones, they are not near family. Especially our pregnant population, one of the most needy [groups], the stressors of the job, it’s a lot.”*

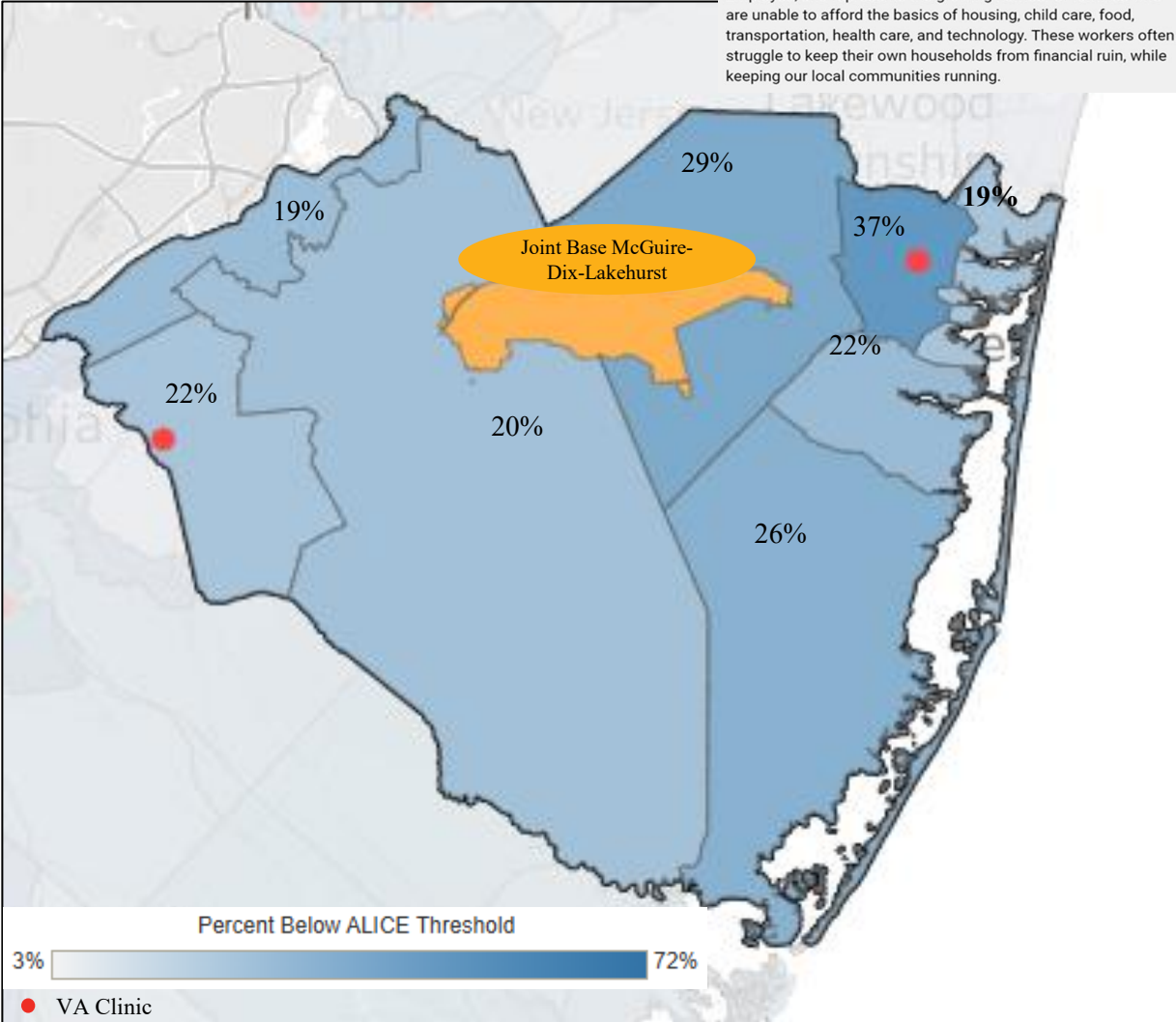
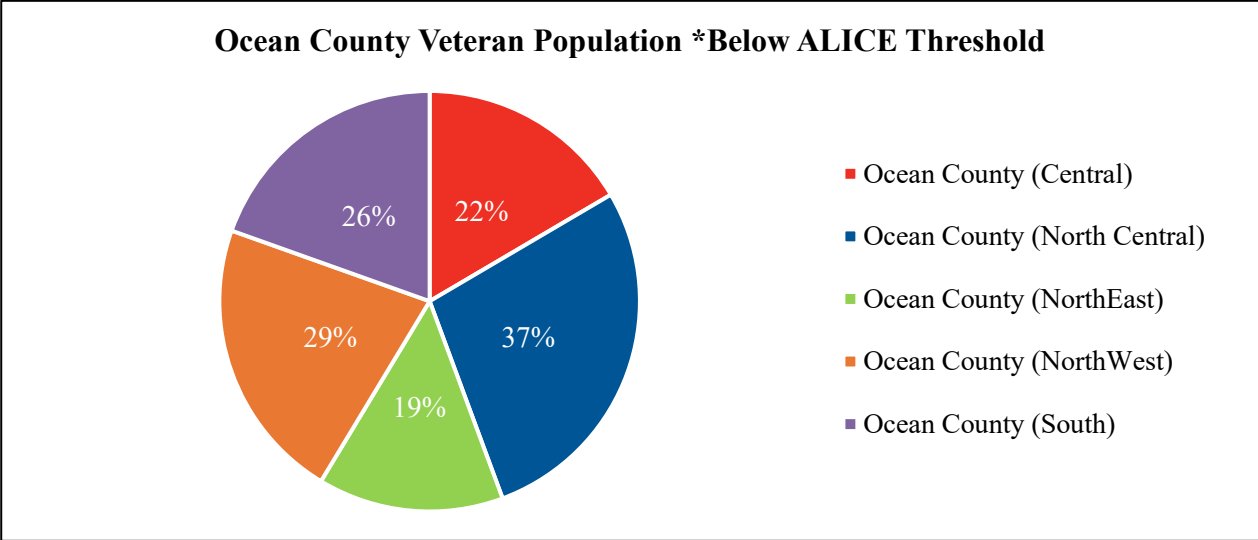
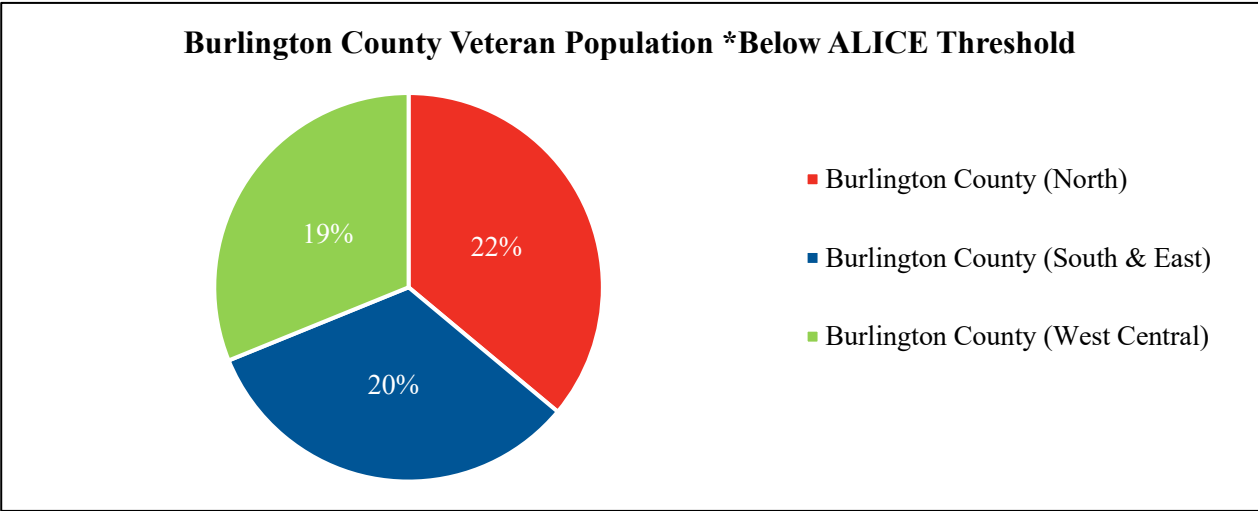


# ALICE – Veteran Population

Deborah’s primary service area is also home to Joint Base McGuire-Dix-Lakehurst which is home to many active military service people and their families. Additional service members and veterans have chosen to live in the areas surrounding the Joint Base. More than 1 in 5 veterans in Deborah’s primary service area are among the ALICE working poor.



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



Source: United for ALICE

\*Below ALICE Threshold- Include both those living in poverty (below Federal Poverty Level) and ALICE households (Asset Limited, Income Constrained, Employed).

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

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



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# Emphasizing Stakeholder Engagement

## *Contextualizing Data and Taking Action*

The research process is grounded in a focus on health equity across all aspects of research, planning, and implementation. This embraces the inclusion of stakeholders throughout the process by opening data driven discussions to foster a shared understanding of the root causes of disparities, ensuring participation in research and planning by historically excluded communities, and broadening partnerships.

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





#	Participation
11	Individuals identified as key informants were interviewed for one hour each via Zoom
30	Individuals, including school employees, first responders, faith-based leaders, policymakers, and others, completed the Key Stakeholder Survey
658	Individuals completed the Community Survey.
30	Residents across South Jersey – of diverse age, race, preferred language, sexual orientation, gender identity, income strata, and occupation – participated across 3 separate hour-long focus group conversations
30	Individuals gathered in-person at Deborah Heart and Lung Center on October 17, 2025, to review the full CHNA findings, and confirm priorities for the Community Health Improvement Plan (CHIP)

# Key Informant Interviews (N =11)

Key informant interviews are one-on-one, in-depth conversations with researchers that allow for a broad, high-level perspective of your community from a diversity of viewpoints from leaders who focus on different segments of the population. Each interview lasts about one hour and takes place over Zoom.

Community leaders and key partners representing hard-to-reach and historically underrepresented groups were identified for interviews at the beginning of the CHNA process. Their feedback informs additional areas of inquiry using other qualitative research tools, including surveys and focus groups.

Name		Organization
1	John Nicodemo, Deputy AG	New Jersey, Division of Criminal Justice
2	Mike Phippen	Volunteer Center of Burlington County
3	Holly Funkhouser-Cucuzzella, DrPH, MCHES, HO	Burlington County Health Department
4	Dr. Stephen Goldfine	Samaritan Palliative Care/Hospice
5	Bob Peluso	AristaCare - Whiting
6	Brittney Wagner	Encompass Health Care
7	Assemblywoman Carol Murphy	New Jersey State Legislature
8	Daniel Regenye, MHA, HO	Ocean County Health Department
9	Dr. Daniel Cline, W Capt. USAF	Joint Base McGuire-Dix-Lakehurst
10	Dr. Kendrick Go, V Capt. USAF, DHA	Joint Base McGuire-Dix-Lakehurst
11	Yazmin Sancho	Pinelands Family Success Center

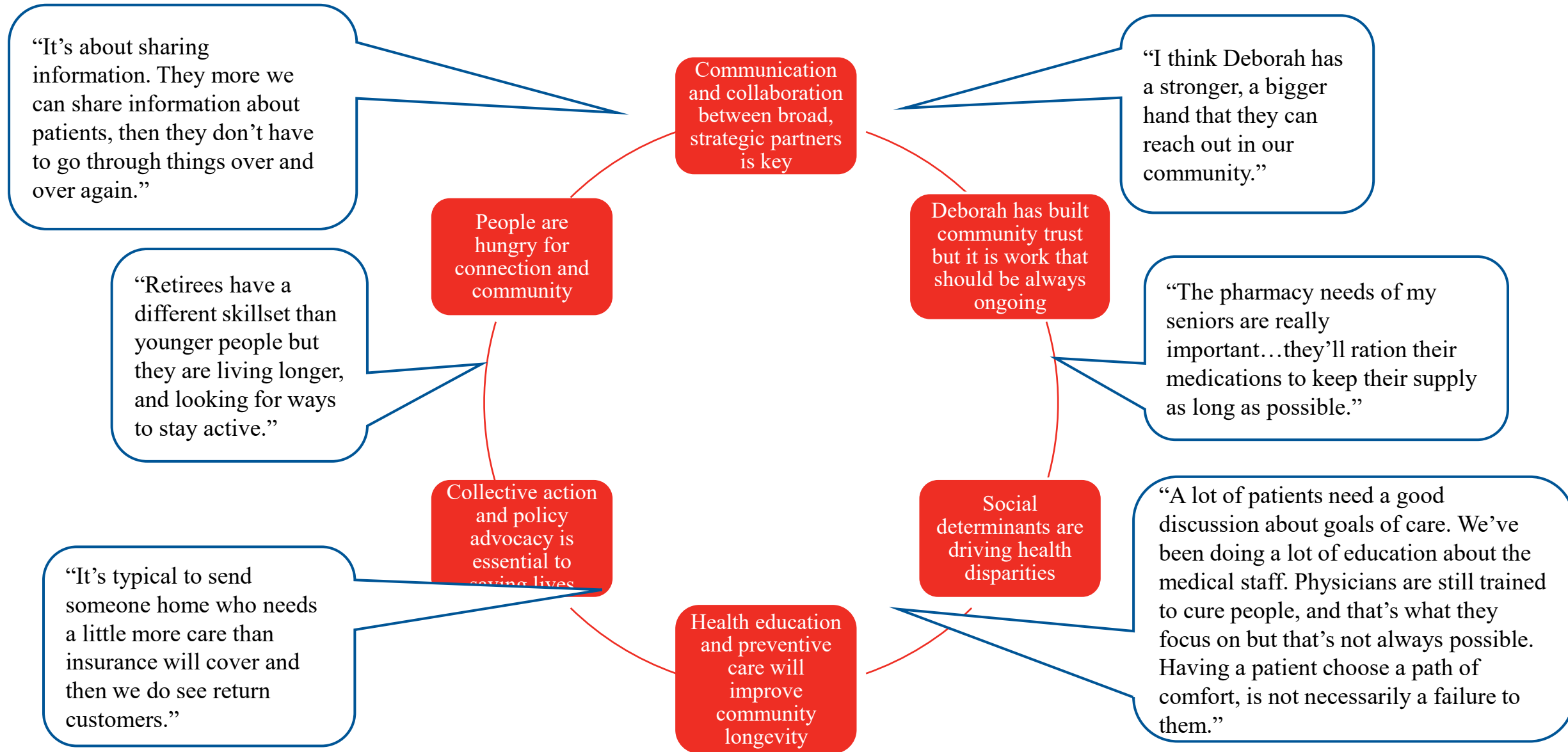
## Strategic Themes

- The importance of communication and collaboration between entities and to the community for delivering quality care cannot be overstated
- Trust is essential to reaching the community effectively...**Deborah has built a lot of trust**, and there is always room to grow
- Collective action to protect and expand Medicaid and Medicare access will save lives
- Health education and preventive care are key to improving long-term outcomes and quality of life
- Social Determinants are driving disparities in access for community members
- People are hungry for connection and community, but face barriers

## Direct Needs

- Coalition-building to preserve and increase healthcare access across specialties
- More and different avenues for distributing relevant health and social service information to the community
- Community health AND provider education programming
- Transportation for seniors and chronically ill persons *and* their caregivers
- Efforts to combat isolation and connect to community for people who are homebound, have limited mobility, live on the military base
- Initiatives that will act as “preventative” mental health care, as well as clinical mental health services

# Themes From Key Informant Interviews (N=11)





# Deborah Heart and Lung Center 2025 Key Stakeholder Survey

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

June 2025 - July 2025

# What is the Key Stakeholder Survey?

Intended for people whose work is serving others such as:

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

Online Survey in English and Spanish, other languages as needed

Unlimited participation

Sent via email to the list in the shared drive

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

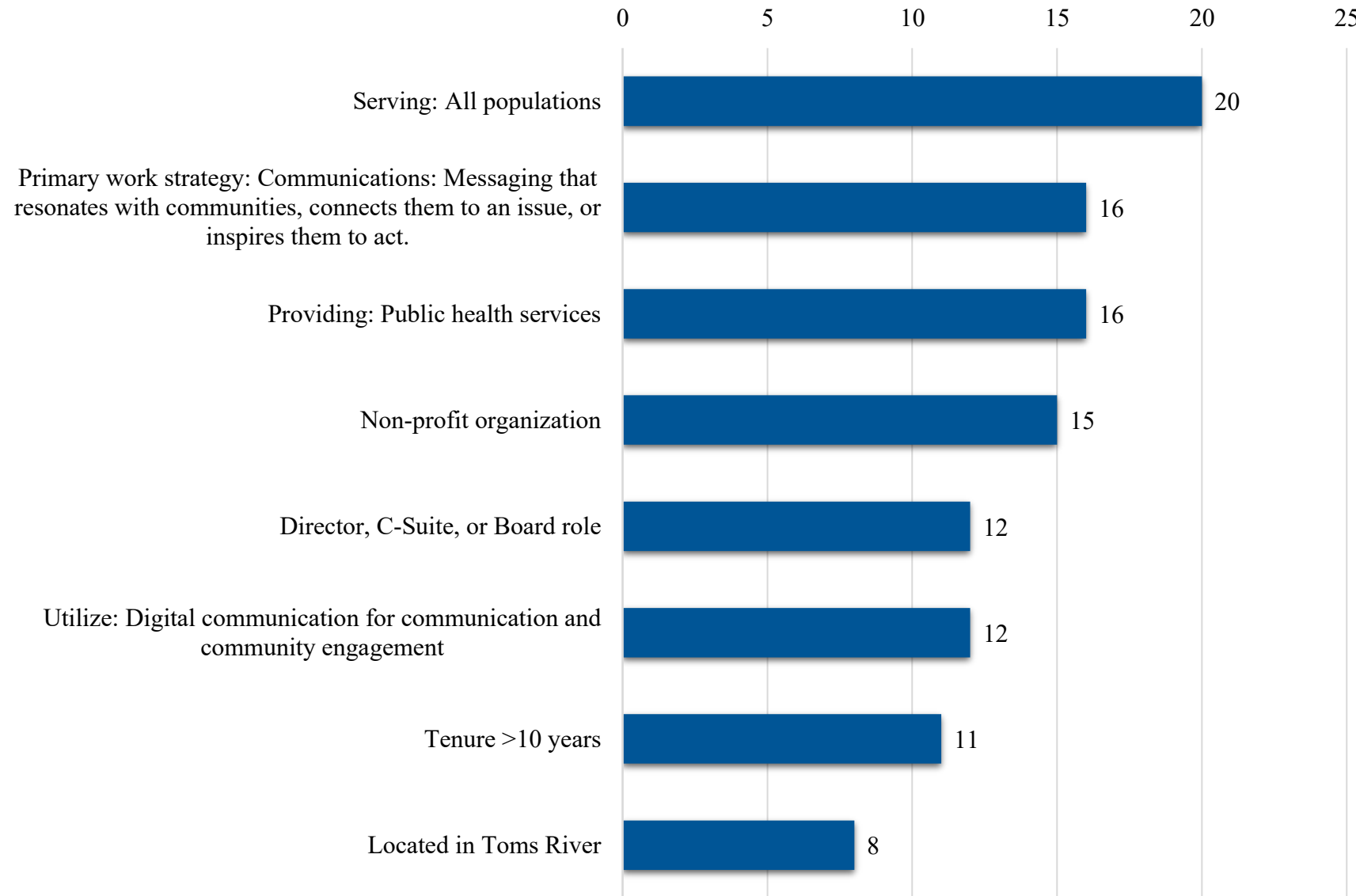
Quick to complete ~ 10 minutes

Translation provided by bilingual researchers, not AI

*Survey respondents are more likely to be:*

Top 6 Municipalities Represented
Toms River
Pemberton
Browns Mills
Mount Laurel
Westampton
Whiting

## Snapshot of Respondents/Organizations



## Top Barriers Faced by Providers

Not enough resources to meet demonstrated need/long waitlists **(13)**

Lack of funding/staff shortages **(13)**

Transportation **(10)**

Complex referral pathways/restrictive requirements **(10)**



## Top Health Concerns

Chronic disease & Substance use **(16 each)**

Mental health & Older adult health concerns **(14 each)**

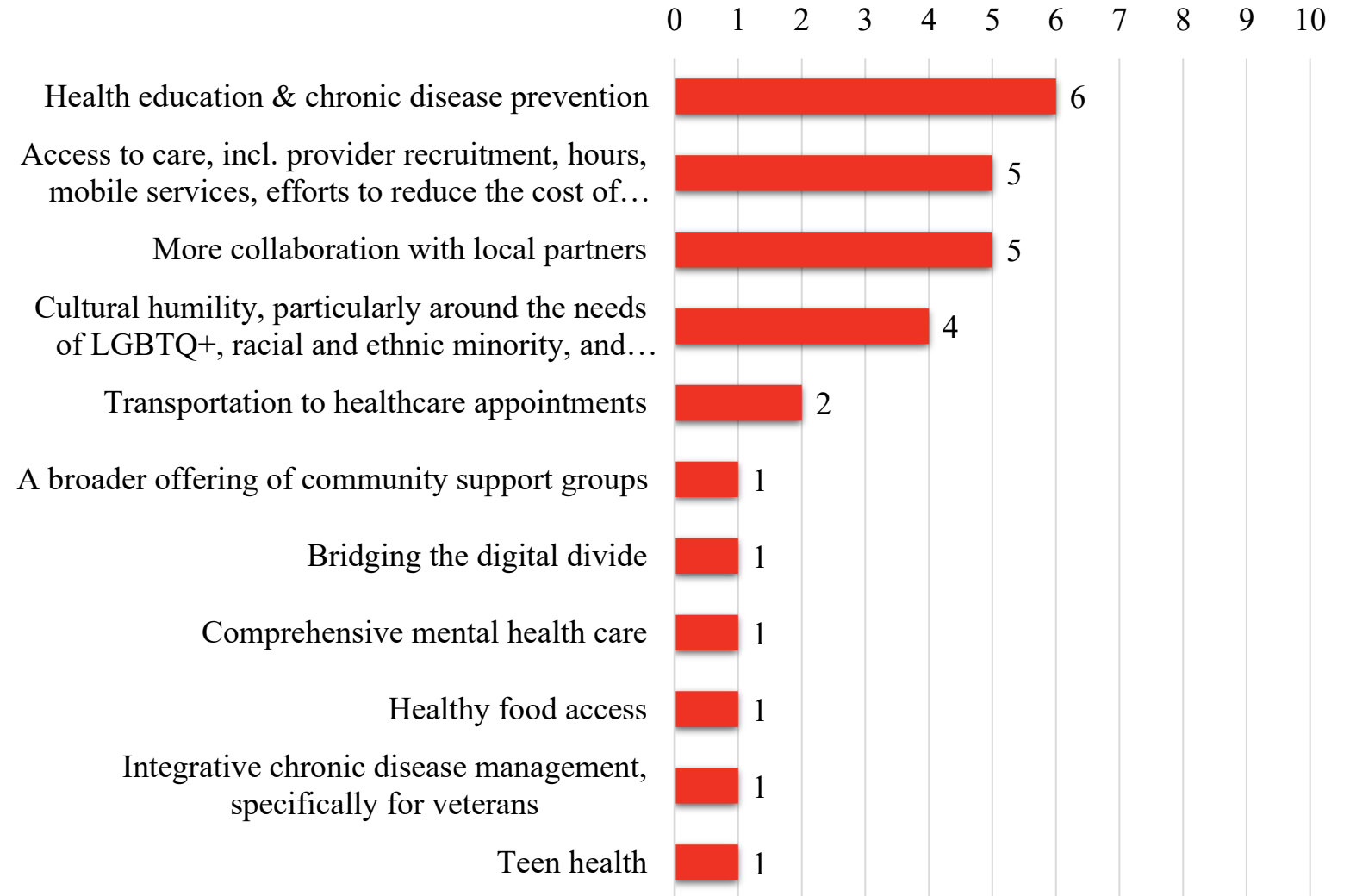
Affordability of care **(19)**

## Top Barriers to Achieving a Healthy Life

Transportation **(13)**

Lack of caregiver support **(12)**

From your perspective, what do you think should be the top 3 priorities Deborah Heart and Lung should tackle to improve the health and quality of life of the people you serve?



## *How can Deborah Heart and Lung support the work of your organization?*

### Collaborative Community Engagement:

- Health screenings, participate in coalition meetings, assist with community health needs assessments, space for clinics (WIC or other screenings)
- Deborah's involvement in coordinating efforts like toy collections has strengthened our community outreach. Partnering on additional community events or health education workshops could further empower the families we serve.
- Collaborate with our clinics, chronic disease, and immunizations departments to extend services to underserved populations we have good reputations with

### Financial Support for Community Drives and Programs:

- Their generous donations have been crucial for our back-to-school and holiday drives. Continued funding would help us reach more families and enhance these impactful initiatives.
- Deborah Heart and Lung could truly help us with financial support to remain in operation.
- Continue to do the support of food drives and toy drives.

### Health Education and Resources:

- Having more programming alongside us, especially in rural areas, like south and western New Jersey.
- Deborah's expertise and resources in heart and lung health could be integrated into our programs to raise awareness and promote preventative care among our community members, especially through workshops or accessible materials designed for all age groups, including those less connected digitally.
- Go out on Street/ Motel Outreach with us to homeless.

### Bridging the Digital Divide:

- Supporting initiatives to make health information and services more accessible for older adults and others who face technology barriers would greatly enhance the impact of both organizations.



**2025 Community  
Survey**  
*Residents from  
Burlington, Camden,  
Gloucester, and Ocean  
Counties, New Jersey*

In partnership with the South Jersey  
Health Collaborative

And

Ocean County Health Department

February – March 2025



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# 2025 CHNA Complete Community Surveys at a Glance:

*All partners' responses, including Deborah*

Ocean County Health Department Partners	
Total responses	8,016
% parent/guardian of a child under age 18	24%
% age 55+	45%* (70%)
% living with a disability	10%* (16%)
% Spanish-language surveys	3%
% Caucasian/white	59%* (97%)
Top 5 Zip Codes	08008 – Long Beach Twp, Beach Haven, Ship Bottom 08753 – Toms River 08701 – Lakewood 08724 – Brick Twp 08759 – Manchester Twp

South Jersey Health Collaborative Partners	
Total responses	1,470
% parent/guardian of a child under age 18	30%
% age 55+	33%* (50%)
% living with a disability	14%* (22%)
% Spanish-language surveys	4%
% Caucasian/white	44%* (70%)
Top 5 Zip Codes	08016 – Burlington City, Burlington Twp, Florence 08046 – Willingboro, Delran 08060 – Mount Holly, Eastampton Twp 08015 – Browns Mills 08081 – Sicklerville

Note: An answer was not required for every survey question. Values with an \* represent the percentage compared to the total number of respondents who completed the survey. The corresponding values in parentheses represent the percentage compared to the total number of respondents who answered that specific question.

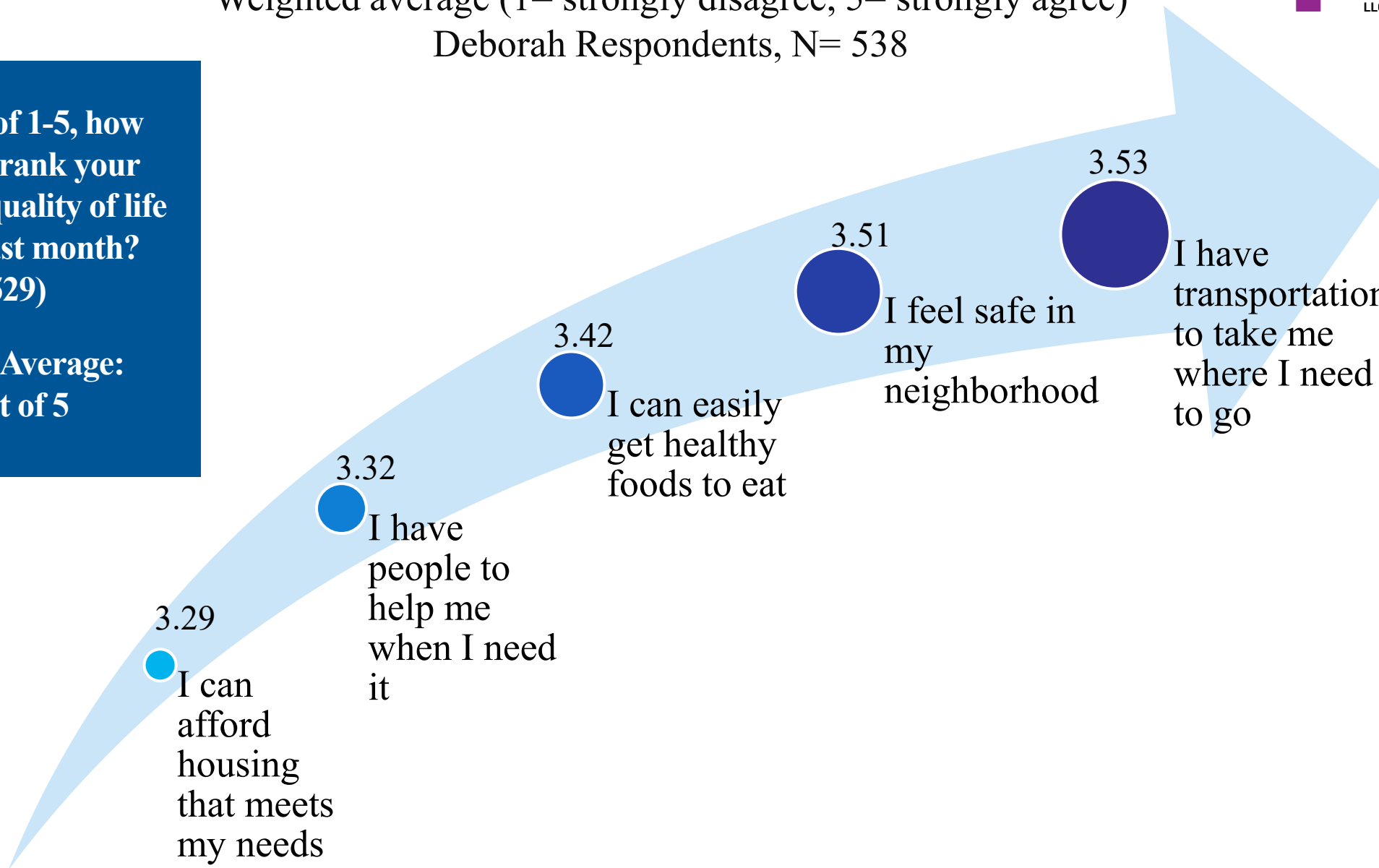
# Please tell us about your day-to-day experience

Weighted average (1= strongly disagree, 5= strongly agree)

Deborah Respondents, N= 538

On a scale of 1-5, how  
would you rank your  
situation or quality of life  
over the past month?  
(n=529)

Weighted Average:  
3.3 out of 5

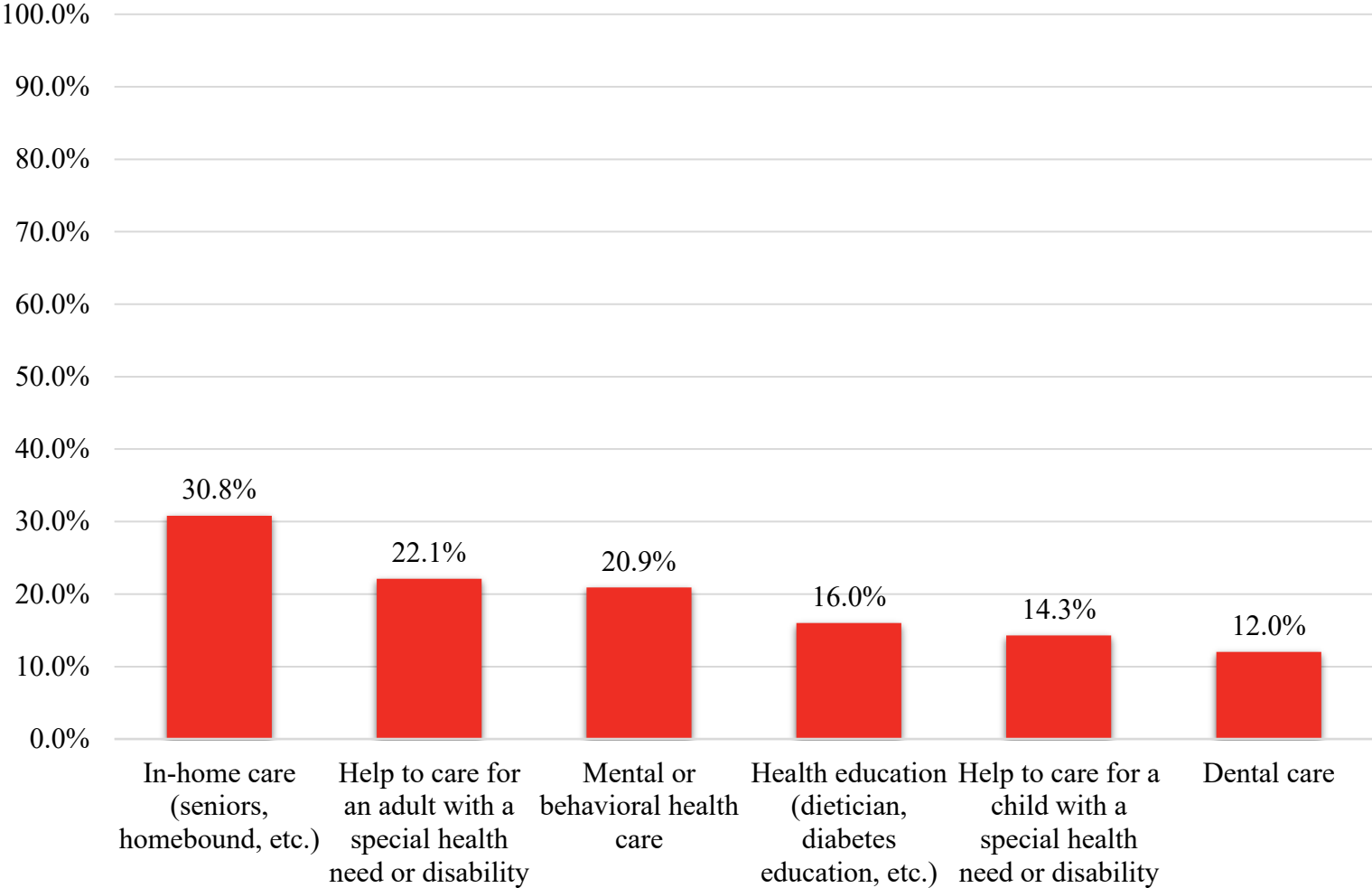


# Was there a time in 2024 when you needed any of these health services or medical care?

(Deborah Respondents, N=482)

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



















- Most Needed Health Services:**
- 1. Prescription medications (71%)
  - 2. General or primary care (67%)
  - 3. Vision (eye) care (59%)



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

2025 Collaborative Community Survey: Burlington, Camden, Gloucester, and Ocean Counties

## Needed but Couldn't Get

Deborah Heart and Lung	SJHC Total Responses	Ocean County Total Responses
In-home care for seniors or homebound (31%) 	In-home care for seniors or homebound (39%) 	In-home care for seniors or homebound (35%) 
Help to care for an <b>adult</b> with a special health need or disability 	Help to care for an <b>adult</b> with a special health need or disability 	Help to care for a <b>child</b> with a special health need or disability 
Mental or behavioral health care 	Mental or behavioral health care 	Help to care for an <b>adult</b> with a special health need or disability 
Health education (dietician, diabetes education, etc.) 	Help to care for a <b>child</b> with a special health need or disability 	Mental or behavioral health care 
Help to care for a <b>child</b> with a special health need or disability 	Health education (dietician, diabetes education, etc.) 	Health education (dietician, diabetes education, etc.) 
Dental care 	Substance use treatment 	End-of-life care for a loved one (hospice, palliative care, etc.) 

## Most Common Barriers to Health Care:

1. I could not afford my share of the cost
2. I did not want to get care
3. I did not know where to go for care
4. The wait to receive care was too long
5. I could not find a provider I felt comfortable with

## What is most helpful in accessing services?

Transportation, incl. personal transportation AND public or provider facilitated transportation

Online patient portals for scheduling and communication

‘Good’ health insurance

Individual helpers such as patient navigators, home health aides, and other volunteers or family members

“Deborah is the best and kindest care I have ever received. A million thanks from the driver to the physicians!”

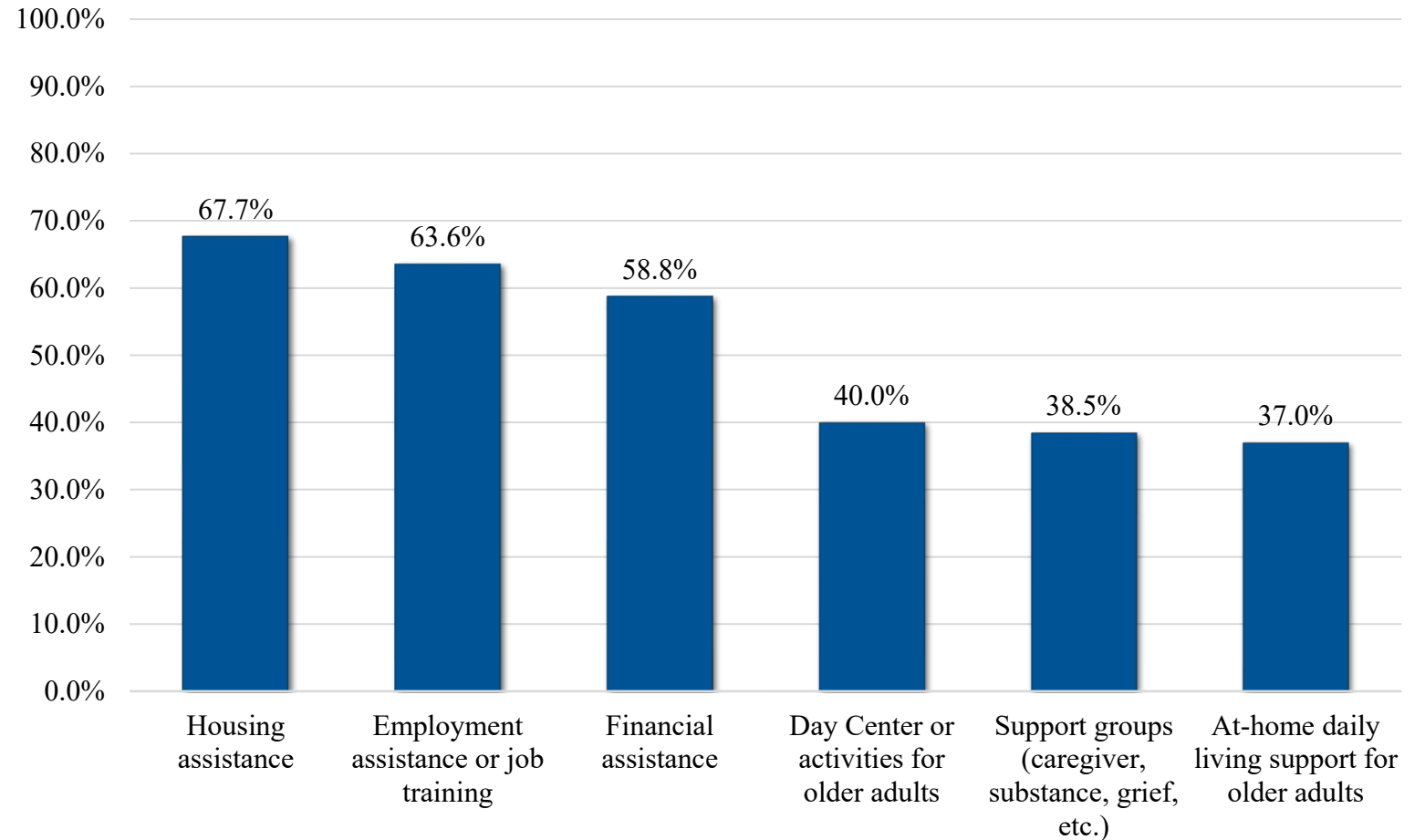
# Was there a time in 2024 when you needed any of these community or public health services?

Deborah Respondents, N= 446

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

### Most Needed Community or Public Health Services:



















1. Financial assistance (10%)
2. Food assistance (8%)
3. Transportation assistance (7%)



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

2025 Collaborative Community Survey: Burlington, Camden, Gloucester, and Ocean Counties

## Needed but Couldn't Get

Deborah Heart and Lung	SJHC Total Responses	Ocean County Total Responses
Housing assistance (68%) 	Housing assistance (75%) 	Housing assistance (67%) 
Employment assistance or job training 	Financial assistance 	Financial assistance 
Financial assistance 	Employment assistance or job training 	Employment assistance or job training 
Day Center or activities for older adults 	At-home daily living supports for older adults 	At-home daily living supports for older adults 
Support groups (caregiver, substance, grief, etc.) 	Day Center or activities for older adults 	Day Center or activities for older adults 
At-home daily living supports for older adults 	Support groups (caregiver, substance, grief, etc.) 	Food or retail inspection 

# What are the most common helpful tools and barriers to accessing community or public health services?

## Deborah Respondents

### Most Common Barriers to community or public health services:

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

### What is most helpful in accessing services?

Personal transportation

Online patient portals for scheduling and communication

Referrals from trusted community organizations or community champions

Individual helpers such as case managers, home health aides, and other volunteers or family members

“Nothing is easy but I have a friend who tries to get everything I need. I do not qualify for the assistance I received previously because I aged out and although my income is poverty level I am not quite poor enough. I have applied for most and have been denied.”

# Focus Groups



Opportunity to explore the “why” behind the statistics

Group compositions are derived from research findings

Helps identify strategies that resonate with key audiences

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

3 groups of 10-12 people

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

# 2025 CHNA Focus Groups

Researchers conducted three focus groups to learn more from individuals representing perspectives of strategic importance to Deborah and the diverse populations served.

This approach aimed to better understand the needs, barriers, and opportunities of greatest interest for key population groups who have historically experienced barriers to care.

Participants attended the focus groups in person. A total of 30 individuals participated.

Perspective	Organization	Number of Participants	Date
Black/African Americans	100 Black Women of South Jersey	14	6/7/2025
Veterans	American Legion, Pemberton, New Jersey	8	5/13/2025
Specialty Patients	Deborah LVAD Support Group	8	5/6/2025

# 2025 CHNA Focus Group Themes

3 Groups, 30 participants

Coordination of care and consistency of providers improves care and relieves stress

Patients and partners want to talk with other people with similar experiences

Confusion about what services Deborah provides is common

Trauma impacts all the patients and partners represented in the included groups

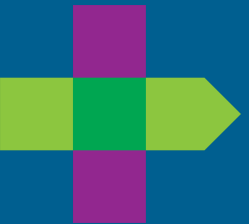
Financial concerns are top of mind for everyone; people are looking for work and other supports

Caregiver support needs are growing, and there are few policies and resources to address them

Partners and patients want to help Deborah help others like them

There is strong sentiment that Deborah could be a practical, reliable source of health information

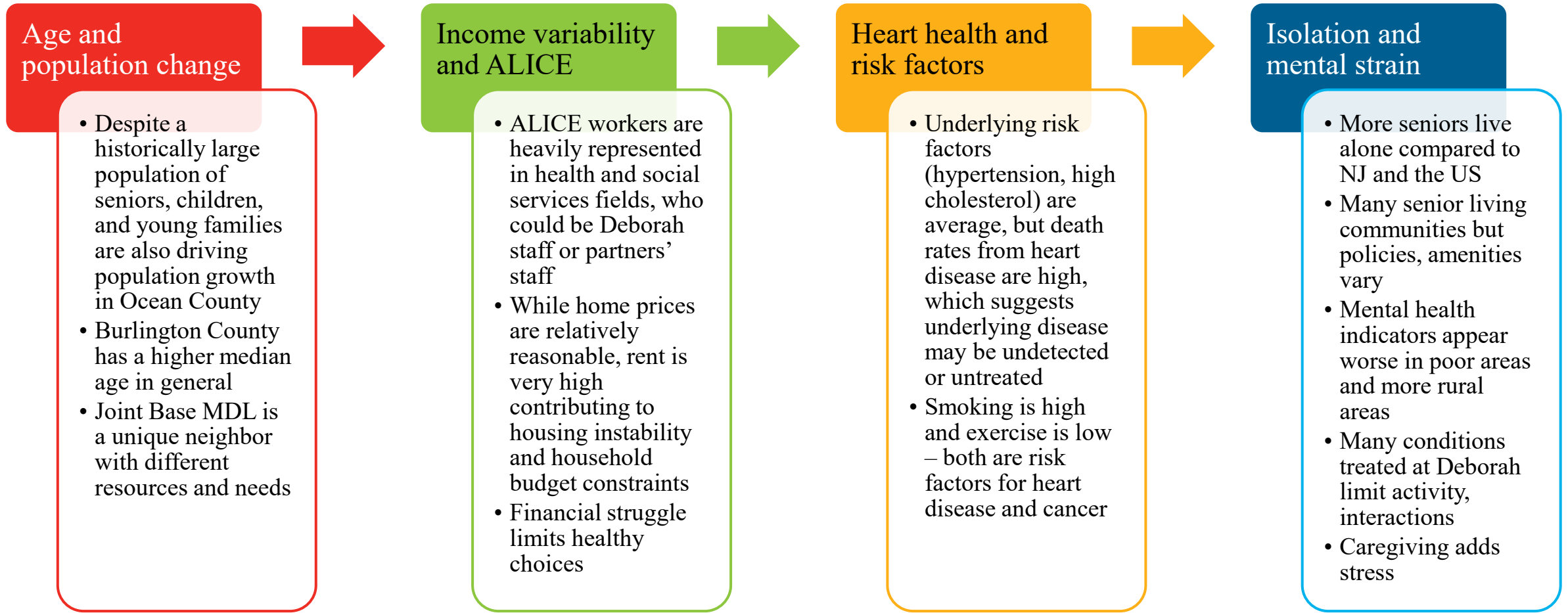
There is room for Deborah to grow in outreach and community engagement



# Setting Priorities for Action



# Themes for consideration from the 2025 CHNA data



## Key Informant Interviews

Communication and collaboration

Connection and community

Deborah should continue building community trust

Social determinants of health

Health education and preventative care

Collective action and policy advocacy

## Key Stakeholder Survey

Chronic disease

Mental health

Transportation

Wait times/limited resources

Need more caregiver support

## Community Survey

Transportation

Don't know where/how to get care

Patient portals and "helpers" are wanted

Wait times are too long

Affordability and insurance are barriers

Want a healthy environment

## Focus Groups

Coordination and consistency improves care and relieves stress

Want to talk with people with similar experiences

Confusion about what Deborah provides

Trauma impacts all patients and partners

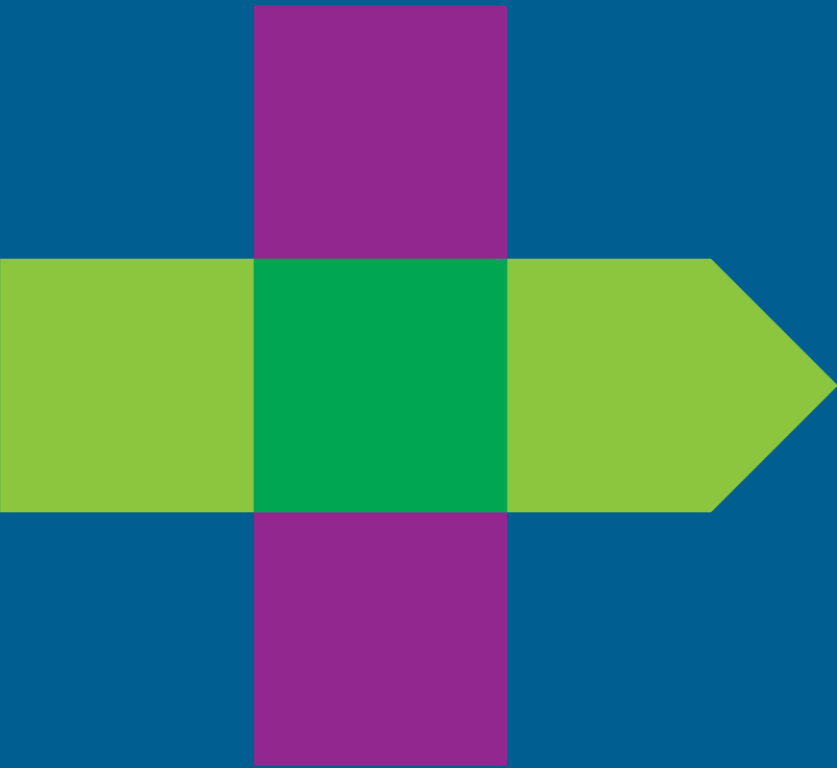
Financial concerns

Caregiver support is needed

Want to help Deborah help others like them

Deborah could be a reliable source of health information

Increase outreach and engagement



**Deborah Community Forum**  
**October 17, 2025**  
**30 Attendees**



# Deborah Heart and Lung Center Collaborative Community Forum



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

**October 17, 2025**

**Deborah Heart and Lung Center,  
Browns Mills, New Jersey**



## Today's Agenda

### Deborah Heart and Lung Center Community Forum 2025 CHNA

*October 17, 2025*

*30 Participants in Attendance*



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## Welcome

**Jim Andrews, MHL, President & CEO**

Administration, Deborah Heart and Lung Center

## What is a CHNA?

Process and Methods

## Data Review and Discussion

CHNA Key Findings

What are your ideas?

Action Items

## Thank you

**Cyndy Kornfeld, LPN, CAVS, CDVS**

Director, Volunteer Services and Community Engagement

Deborah Heart and Lung Center

## Discussion Questions

1. Do these priorities resonate with the work you are doing?
2. What are the strengths you see that we can build on?
3. What barriers can we address together?
4. What new trends or changes do you think we should pay attention to that could impact these priorities?
5. How can Deborah Heart and Lung support your work?

## Small Group Discussion Themes

1. YES!
2. There are many active initiatives that would benefit from greater partnership and/or broader marketing, including:
  - Deborah's senior volunteers program
  - BCAP's Military Families Initiative
  - Burlington County Library's mobile partnerships with Deborah and Virtua
  - Deborah Support Groups, including for caregivers
  - Deborah's No Balance Billing policy
  - Deborah's preference for hiring of military spouses/partners
3. Costs remain the most significant barrier for a variety of healthcare and quality of life measures; in addition, there are a handful of populations that partners are interested reaching more creatively
  - Healthcare costs not covered by insurance through non-Deborah providers, including prescription medications, visit co-pays, procedure balances, Medicare supplement premiums
  - Screenings, particularly for heart disease, are more challenging than cancer, because there are few cost-assistance initiatives for follow-up care for identified concerns
  - People, especially ALICE population (including many on base), are struggling to afford food, childcare, and utilities
  - Populations of concern/special interest, include:
    - Grandparents raising grandchildren, and multi-generational households
    - Youth (early health education)
    - Incarcerated people (re-entry)
    - Unsheltered homeless
    - People struggling with addiction
    - Military spouses/partners (have difficulty finding employment due to transience)

## Discussion Questions

1. Do these priorities resonate with the work you are doing?
2. What are the strengths you see that we can build on?
3. What barriers can we address together?
4. What new trends or changes do you think we should pay attention to that could impact these priorities?
5. How can Deborah Heart and Lung support your work?

## Small Group Discussion Themes

4. There are both positive and more challenging trends on the horizon
  - Telehealth is here, and is being embraced more and more by all population groups; there have been and will continue to be efforts to provide training and increase comfort with virtual tools (the library is currently working hard at this)
  - Unite Us is available in both Burlington and Ocean counties, and could be a tremendous resource
  - The population who would identify as caregivers, for either other adults or children, and in many cases both, is growing, as are their support needs
  - The Federal policy landscape is the source of a great deal of concern and may require thoughtful collective action, and the involvement of new and broader partners
    - Current government shutdown halting pivotal programming, including operations on base
    - Projected restrictions to SNAP, Medicaid, and Medicare, which will limit people's ability to afford food and healthcare, and ultimately all other aspects of life (housing is especially top of mind)
5. Overwhelmingly, partners in attendance have long-standing and positive relationships with Deborah, and are excited to think about how Deborah can support their work in more robust ways, and vice versa
  - Growing connections with local schools and colleges
  - More robust partnerships with local health departments and departments of aging/senior services
  - Reduce barriers to physician-to-physician referrals and closed referral loops
  - "Train the trainer" provided by Deborah to partners on a variety of topics, including de-escalation, trauma-informed care, and others
  - Strategic, partnered presence at community events to address multiple concerns in one go

# Deborah Heart and Lung Center

## Approval and Adoption of 2025 CHNA



### Quality of Life and Chronic Disease

- Themes to consider:
  - Screening
  - Education
  - Prevention
  - Strengthen partnerships to support multiple aspects of life
  - Care and services without judgement
  - Addressing physical and financial barriers to accessing care



### Graceful Aging

*(Older Adults, Education, Isolation)*

- Themes to Consider:
  - Sharing evidence-based information about heart and lung disease
  - Prevention
  - Sharing information with partners to use
  - Patients' quality of life goals
  - Caregivers' needs



### Empower the Backbone of Support

*(Outreach, Mental Health, Caregivers)*

- Themes to Consider:
  - ALICE populations in the immediate area (staff, partner agencies, local institution, etc.)
  - Bringing education and screening to people
  - Support to local partners to increase reach and variety of services
  - Caregiver support and education

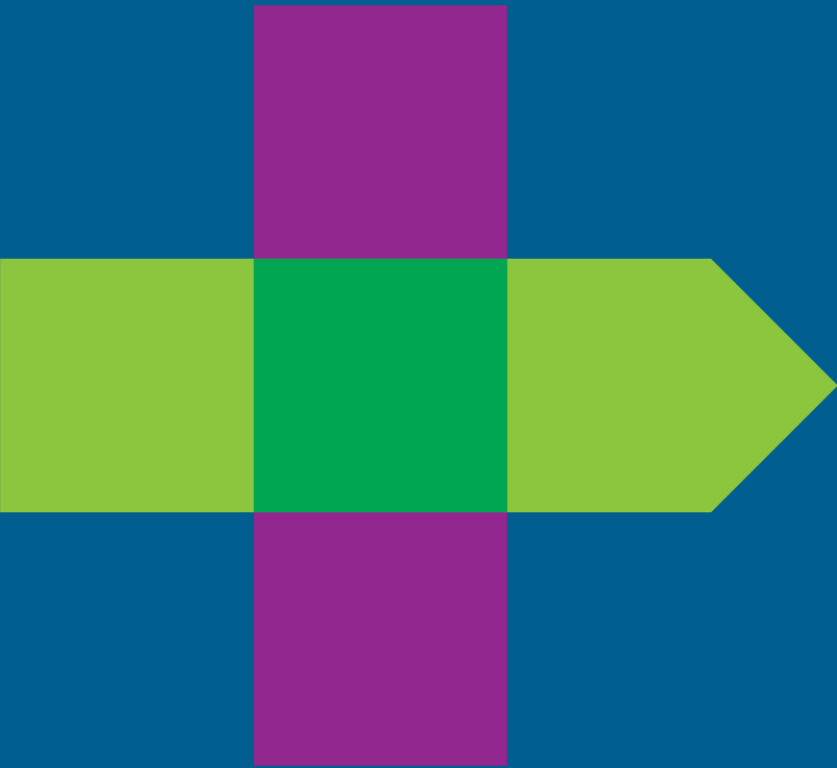


### Connection to Care

*(Partnership, Access to Care)*

- Themes to Consider:
  - Empowering partners, volunteers, patients, and staff to share information
  - Collaboration to meet the needs of the whole person
  - Clarifying/Promoting how Deborah serves others
  - Increasing partnerships

Welcome *Without Judgement*



# **Appendix A: Evaluation of Impact: 2022 CHIP Update**

# Deborah Priority Areas (2019 CHNA, 2022 CHNA)

2019 CHNA Priorities	Focus Area
Linkages to Care	<ul style="list-style-type: none"> <li>Financial barriers, out of pocket costs</li> <li>Uninsured disparities (Latinx)</li> <li>MUAs (Browns Mills/Pemberton)</li> <li>Ocean County provider availability</li> </ul>
Chronic Disease Management	<ul style="list-style-type: none"> <li>Increasing obesity</li> <li>Heart disease / cancer (leading causes of death and disability)</li> </ul>
Issues of Aging	<ul style="list-style-type: none"> <li>Older demographic</li> <li>Comorbidities</li> <li>Social Isolation</li> </ul>
Behavioral Health	<ul style="list-style-type: none"> <li>Diagnosed depression</li> <li>Suicide rates</li> <li>Opioid epidemic</li> </ul>

## 2022 CHNA Priorities\*

Access to care and services

Chronic disease prevention and management

Issues of aging and well-being

*\*Mental Health and Substance Use Disorder were noted as significant needs but were not included as priority areas because they are outside the scope of the expertise at Deborah*

# 2022 CHIP Evaluation of Impact

## Priority Area: Access to Care and Services

Deborah continues to expand access to healthcare services with an emphasis on equity, removing barriers for vulnerable and underserved populations. Efforts include screenings, outreach, partnerships, and financial assistance to ensure no patient is denied care.

### Programs and Activities:

- Community health screenings and education
- Charity care and financial assistance
- HeroCare Connect and First Responders Health Assessment
- Outreach and support services

### Highlights:

- Over 7,000 community members screened since 2023
- \$72,697 in cash donations since 2023
- 3,700+ volunteer hours since 2023 (Red Coats and Junior Volunteers combined)

*Goal: Improve Access to healthcare and assist in coordination of care.*

Since 2023, Deborah has brought outreach and screening to the community, in partnership with **45 distinct community partners** across **seven New Jersey counties** – serving children through senior adults – providing care across 63 total communities.

## Priority Area: Chronic Disease Prevention and Management

Focused efforts were made to reduce the burden of chronic disease through prevention, education, early detection, and disease management programs. Partnerships and targeted initiatives have been critical in improving community health outcomes.

### Programs and Activities:

- Cardiovascular and pulmonary screenings
- Diabetes education and prevention programs
- Nutrition and lifestyle education
- Chronic disease management clinics

### Highlights:

- 2,500+ cardiovascular screenings since 2023, resulting in:
- 350+ cardiovascular referrals
- 1,200+ participants in diabetes and nutrition programs
- Expansion of pulmonary rehabilitation and disease management services

*Goal: Increase education and awareness to identify and reduce chronic disease risk, and improve chronic disease management to reduce healthcare reliance and improve quality of life.*

Since 2023, Deborah has provided **community-based chronic disease prevention education** in partnership with **39 organizations** – including schools, senior centers, military bases and veterans' organizations, libraries, and others – reaching more than 15,000 community members.

# 2022 CHIP Evaluation of Impact

## Priority Area: Issues of Aging and Well-Being

Deborah's programs continue to address the unique needs of older adults in the community, with a focus on healthy aging, social supports, and access to resources for improved well-being.

### Programs and Activities:

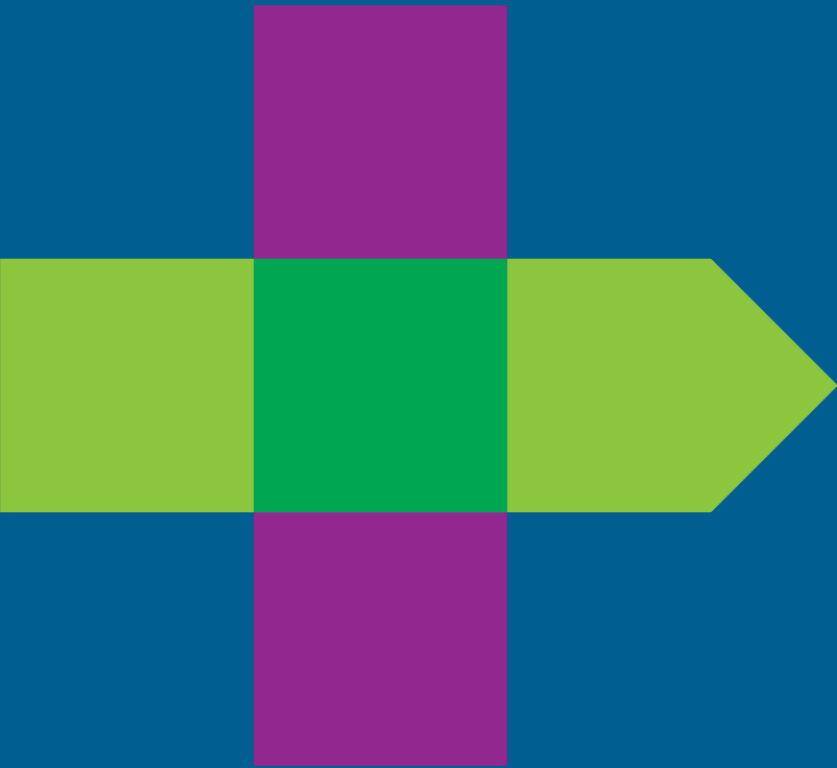
- Senior wellness initiatives
- Community partnerships to support aging populations
- Palliative and hospice care linkages
- Social and emotional support programs

### Highlights:

- 800+ seniors engaged through wellness programs since 2023
- Expansion of palliative care services
- Increased access to behavioral health and social supports

*Goal: Assist seniors in our immediate service area age successfully, maintain independence and plan for end of life that respects each patient's wishes.*

Deborah has built lasting relationships with **11 senior-serving** organizations and living communities across central New Jersey – visiting many multiple times per year – to provide education on estate planning, chronic disease management, screenings, and referrals to care and services.



# Appendix B: Secondary Data Sources

# Secondary Data References

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## *Our Research Partner*

### **35<sup>th</sup> STREET CONSULTING**

*At the intersection of health  
and community development*

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We specialize in transforming data into actionable insights that enhance the health and well-being of individuals, communities, and institutions through practical, localized strategies.

Our expertise lies in turning research findings into action through strategic planning, policy change, and collective impact initiatives.



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- Focus Group Design, Facilitation, Analysis
- Survey Design & Administration
- Large & Small Group Facilitation
- Project Management
- Community and Organizational Capacity Building
- SWOT Analysis and Strategic Planning
- Program Development & Evaluation
- Partnership and Collective Impact Development
- Grant Research & Writing

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