



Monmouth County Health Department



2024 Community Health Assessment (CHA)

Prepared by:



35TH STREET
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The Health Improvement Coalition of Monmouth County (HICMC)

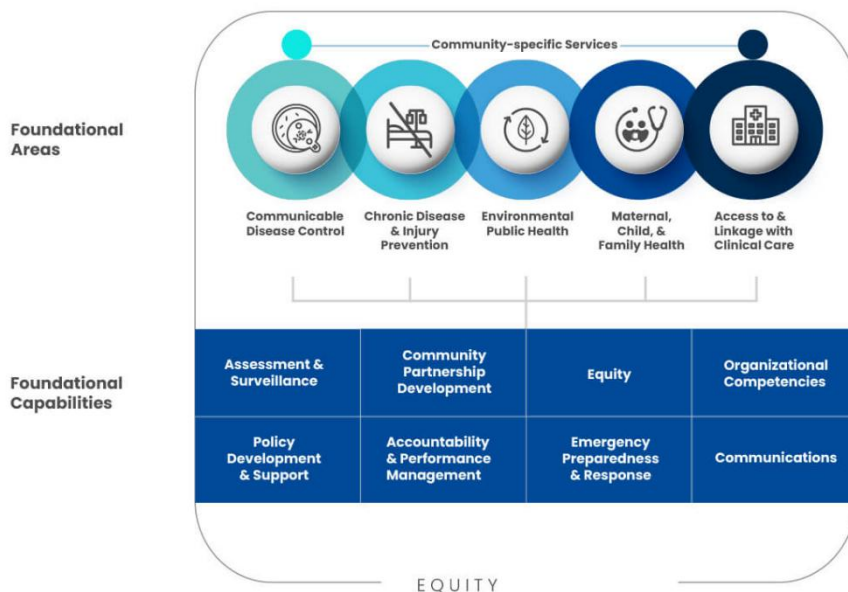
The Health Improvement Coalition of Monmouth County (HICMC) began in 2005 as dozens of community agencies, organizations, and concerned citizens met to articulate a shared vision for the residents of Monmouth County and improve the health and quality of life. The vision, “a model community committed to empowering all residents to achieve optimum health,” has been the guiding force of the coalition. Since 2005, the HICMC has collaborated to complete a comprehensive Community Health Assessment (CHA) and a Community Health Improvement Plan (CHIP) for Monmouth County.



In 2023, the HICMC - formally comprised of the Monmouth County Health Department, Colts Neck Health Department, Freehold Area Health Department, Jersey Shore Regional Health Commission, Long Branch Health Department, and the Middletown Health Department, began collaborating to create this Community Health Assessment (CHA) in alignment with the Public Health Accreditation Board (PHAB) recommendation for public health departments.



Foundational Public Health Services



February 2022





CHA Advisory Committee

The Community Health Assessment (CHA) process has been a collaborative effort facilitated by 35th Street Consulting and the HICMC partners. The CHA process is designed to illuminate unique community health strengths and challenges and to inform the development of a Community Health Improvement Plan (CHIP). The CHIP is a collaborative planning tool based on the findings from the CHA which outlines action steps and measures for partners to work collectively towards a more equitable, healthy Monmouth County for all people. The following individuals from the HICMC met bi-monthly throughout the process to review progress and offer insight to ensure a robust collaborative report.

- Michael Balka, Jersey Shore Regional Health Commission
- Enrico Cabredo, Monmouth County Health Department
- Richard DeBenedetto, Middletown Health Department
- Tom Frank, Colts Neck Health Department
- Kelsey Grenus, Freehold Area Health Department
- Margy Jahn, Freehold Area Health Department
- Michael Kowal, Long Branch Health Department
- Stacy Krause, Middletown Health Department
- Christopher Merkel, Monmouth County Health Department
- Brett Nance, Freehold Area Health Department

Our Research Partner



A New Jersey certified WBE and SBE
www.35thStreetConsulting.com

A New Jersey certified Small Business Enterprise (SBE) and Women Owned Business Enterprise (WBE), 35th Street Consulting specializes in transforming data into action that advances health and social equity through practical and impactful strategies. Our interdisciplinary team of community development experts, health planners, researchers, and data analysts have worked with hundreds of healthcare providers, payors, public health departments, government agencies, health and human service providers, and other community-based organizations to direct action and funding to reimagine policies and achieve realistic, measurable social impact.

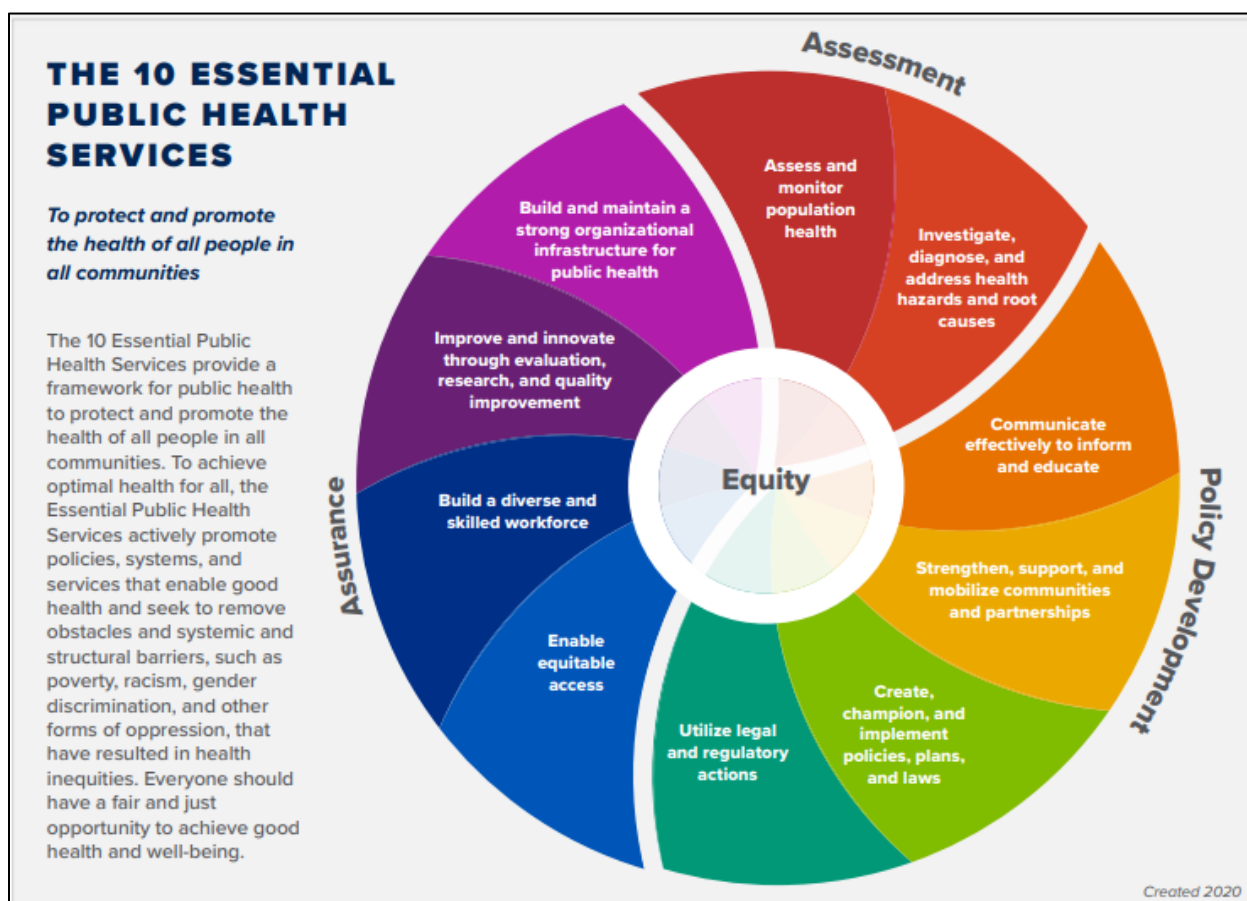
We use quantitative and qualitative research methods to conduct studies and develop solutions to address community health, housing, socioeconomic disparities, capacity-building, population health management, and similar challenges. We specialize in transforming research into action through strategic planning, policy change, and collective impact.



The 10 Essential Public Health Services

The work of Monmouth County Health Department aligns with the [10 Essential Public Health Services](#) created by the Public Health National Center for Innovations and the de Beaumont Foundation. The 10 Essential Public Health Services are recognized by the CDC and others as the framework for public health to protect and promote the health of all people in all communities. The key directions for Essential Public Health Services include Assessment, Assurance, and Policy Development.

The 10 Essential Public Health Services actively promote policies, systems, and overall community conditions that enable good health and seek to remove health barriers, such as poverty, racism, gender discrimination, and other forms of oppression. Everyone should have a fair and just opportunity to work towards their healthiest lives and healthiest communities.





About the Monmouth County Health Department

The Monmouth County Health Department (MCHD) is one of six health departments in Monmouth County. 26 of Monmouth County’s 53 municipalities participate in the Monmouth County Board of Health System. The Monmouth County Board of Health, established in 1978, is composed of 9 citizen members who are appointed by the Monmouth County Board of Chosen Commissioners. **Christopher P. Merkel, M.P.H.**, is the Public Health Coordinator and Health Officer, and **Susan M. Kiley**, is the Commissioner Liaison to the Monmouth County Board of Health.

BOARD OF HEALTH MEMBERS

NAME	TITLE
Brian CHARNICK	President
Anna Marina ACKERSON	Vice President
Ellynn KAHLE	
Christopher MACALUSO	
Andrew WARDELL,	

Monmouth County Board of Commissioners

Name	Title
Thomas A. Arnone	Commissioner Director
Ross F. Licitra	Commissioner Deputy Director
Susan M. Kiley	Department Liaison
Dominick “Nick” DiRocco	
Erik Anderson	

The Monmouth County Health Department is vital to the overall health and well-being of Monmouth County residents. In the time since the onset of the COVID-19 pandemic, residents have grown in their understanding of who public health is and the services they offer.

Monmouth County Health Department has been proactive and strategic in its partnerships, particularly with the development and implementation of Monmouth County ACTS (Assisting Community Through Services) Hubs, lending a public health perspective to teams working to actively engage resident needs, including Early Childhood Success, Housing and Homelessness, Positive Youth Development, Behavioral Health, Successful Aging, and Financial Empowerment.

The organizational chart of the Monmouth County Department of Health, as well as a map of the jurisdictions of the multiple health departments throughout Monmouth County, are featured on the following pages:

Monmouth County Health

Department Mission Statement:

To empower residents of Monmouth County to achieve an optimal quality of environment and health.

Monmouth County Health

Department Vision:

To stand at the forefront of public health, to identify health disparities and forge innovative health solutions, and to advocate for, protect and improve our community and environment.

Values: “The Five E’s”

Empathy: For one another and other we serve to inspire greatness

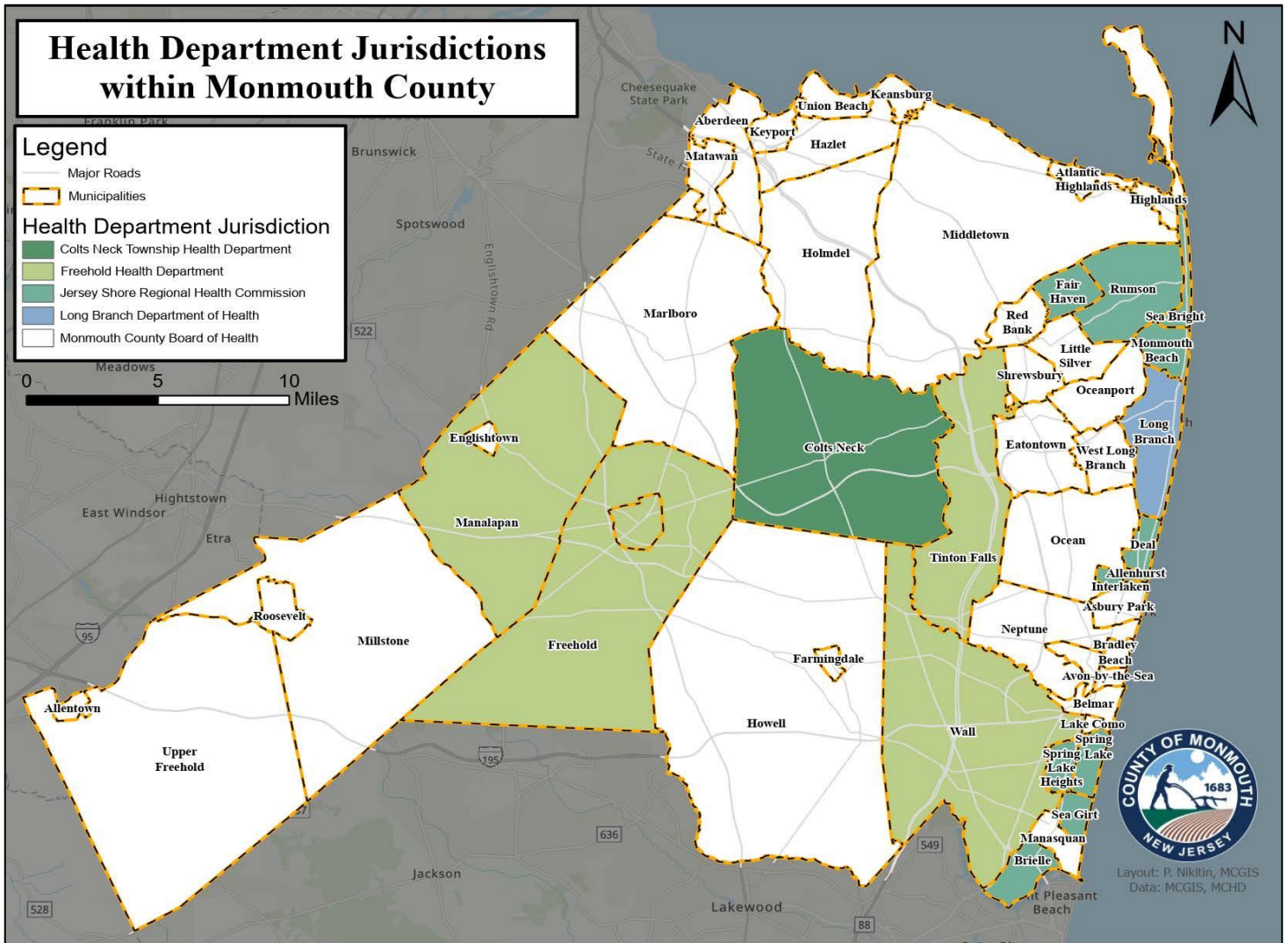
Education: Inform on policies and procedures, communicate on health issues, internally evaluate, continue research

Equitability: Positive impact on individuals and communities, honest and ethical practices, treat others with dignity and respect, enact fairness throughout our communities

Empowerment: Support by listening and responding, strength for education and safety

Expansion: Internal and external partnership, collaboration of skills and knowledge, innovative solutions.





Layout: P. Nikitin, MCGIS
Data: MCGIS, MCHD

Municipalities Served by Monmouth County Health Department					
Aberdeen Township	Allentown	Asbury Park	Atlantic Highlands	Avon-by-the-Sea	Belmar
Bradley Beach	Eatontown	Englishtown	Farmingdale	Hazlet Township	Highlands
Holmdel Township	Howell Township	Keansburg	Keyport	Lake Como	Little Silver
Manasquan	Marlboro Township	Matawan	Middletown Township	Millstone Township	Neptune City
Neptune Township	Ocean Township	Oceanport	Red Bank	Roosevelt	Shrewsbury
Shrewsbury Township	Union Beach	Upper Freehold Township	West Long Branch		



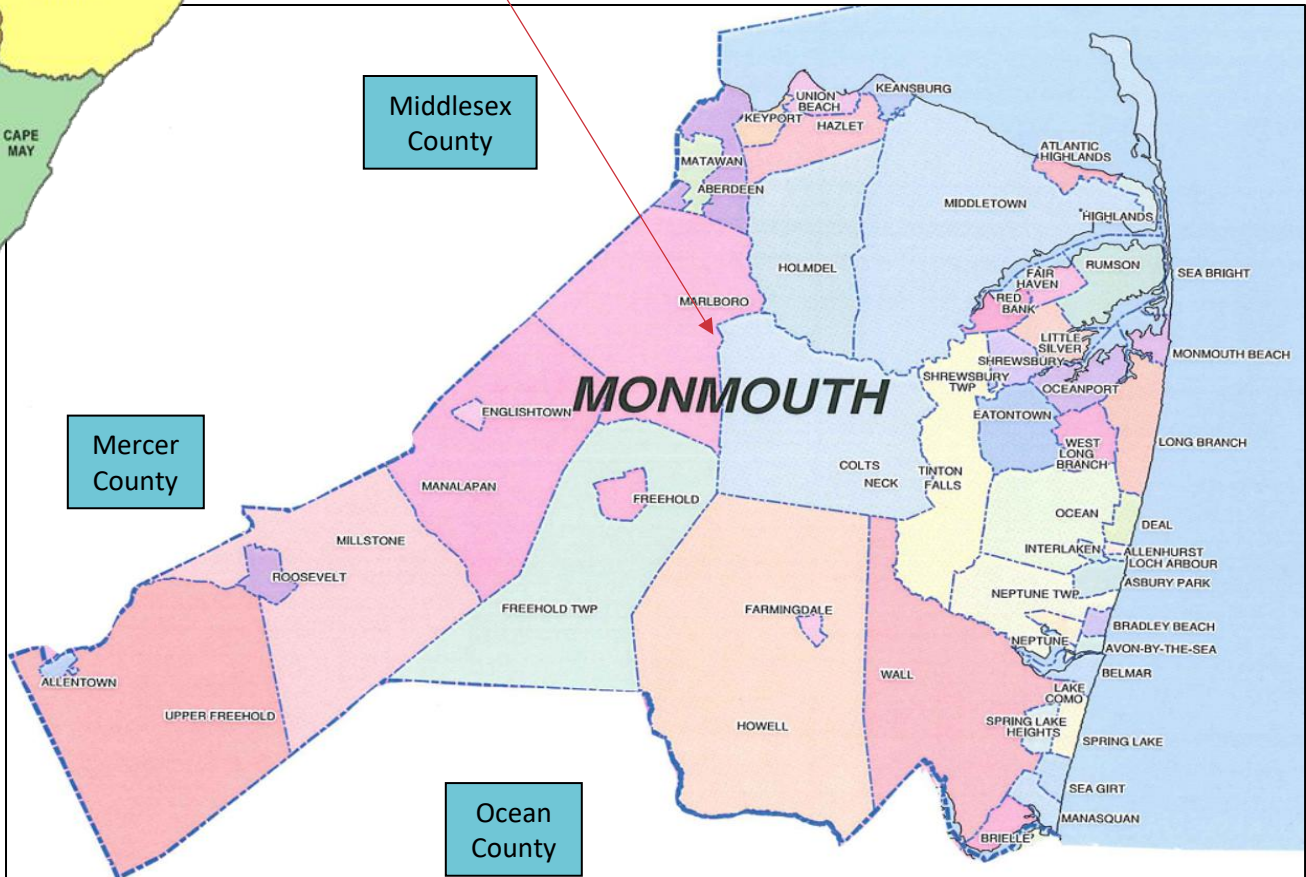
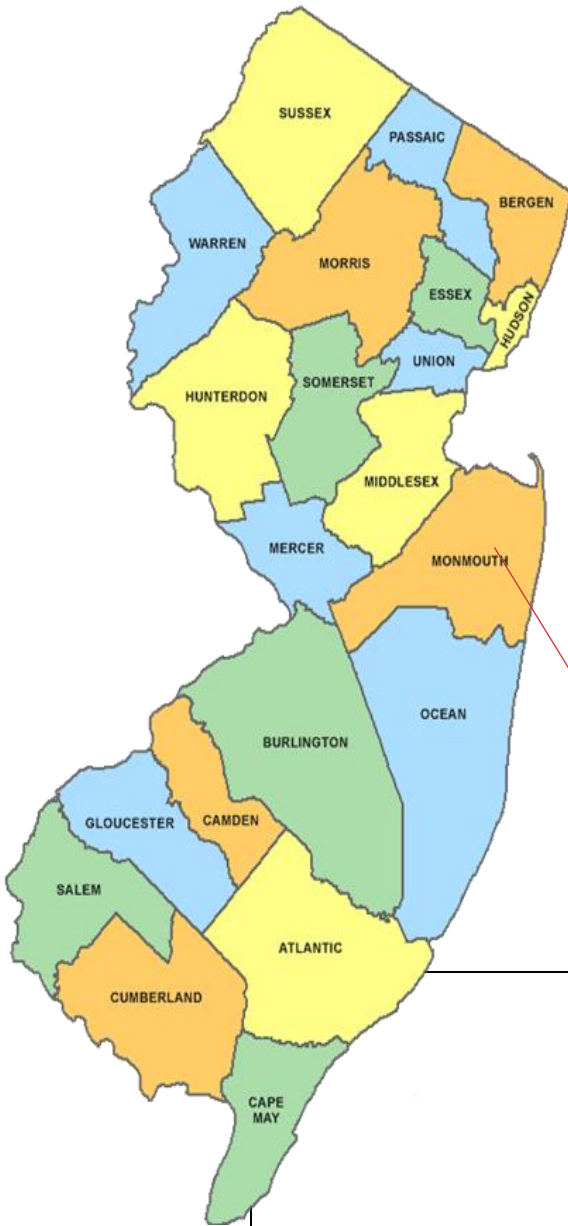


Monmouth County Background

Monmouth County is located on the central east coast of the state of New Jersey. It is known for its desirable beaches and coastal communities – with a large uptick in short- and long-term visitors in the summer months – but is also home to a variety of geographies throughout its interior. As a result of its proximity to New York City, Monmouth County attracts many commuter families as well as New Americans who may land initially in New York City but look to settle elsewhere. Founded in 1683, Monmouth County boasts 53 distinct municipalities. Monmouth County is known as both a hub of boating and fishing, as well as home to some of the largest names in technology and telecommunications.

Source:
NJ Italian Heritage
Commission

“The network of public health providers and local nonprofits are connected well and offer nearly every resource or service to meet the needs of Monmouth County’s most vulnerable populations.”
– Key Stakeholder Survey Respondent



Community Health Assessment (CHA) Background

Community Health Assessment and Improvement Planning

<https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment>

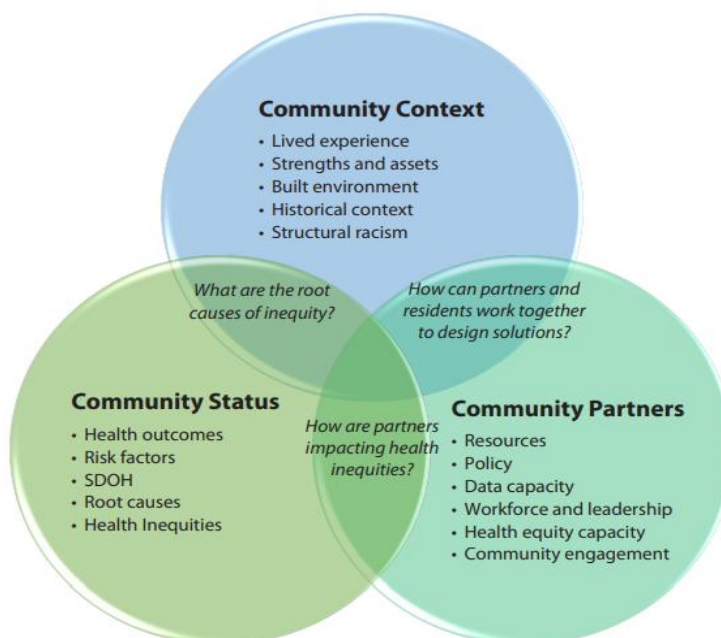
“The fundamental purpose of public health is defined by three core functions: assessment, policy development, and assurance. Community health assessments (CHAs) provide information for problem and asset identification and policy formulation, implementation, and evaluation. CHAs also help measure how well a public health system is fulfilling its assurance function.

A CHA should be part of an ongoing broader community health improvement process. A community health improvement process uses CHA data to identify priority issues, develop and implement strategies for action, and establish accountability to ensure measurable health improvement, which are often outlined in the form of a community health improvement plan (CHIP). A community health improvement process looks outside of the performance of an individual organization serving a specific segment of a community to the way in which the activities of many organizations contribute to community health improvement.”

Health challenges and disparities do not affect all people equally. Rather, certain structural and systemic issues, such as unequal access to physical or financial resources, contribute to higher levels of disease burden and worsen health outcomes for some populations.

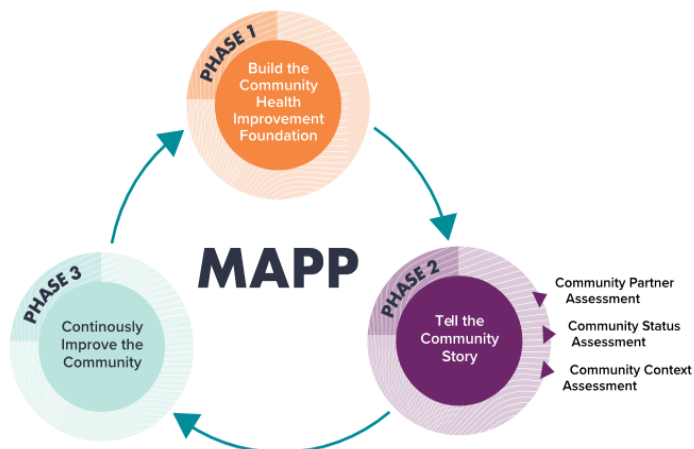
Achieving equitable health opportunities for all people requires committed and sustained action to provide fair and just opportunity regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, preferred language, and geography. These actions are key to advancing equitable health outcomes for residents and improving our community’s overall health and well-being.

A key measure of equitable health opportunity within a community is life expectancy and lifespan variations across different populations. Life expectancy measures how long a person can expect to live and is the culmination of living conditions, physical health, mental health, economic security, and the general experience of residents within their community. Achieving equitable life expectancy means that our community offers the opportunity, resources, and tools that residents need at all stages of life. This understanding informed the CHA process and was the cornerstone of the development of the CHIP.



2024 CHA Research Methods

The 2023-2024 CHA process was conducted from September 2023 to June 2024 and included quantitative and qualitative research methods to show health trends and disparities across Monmouth County, New Jersey. Through a comprehensive view of statistical health indicators and community stakeholder feedback, a profile of priority areas was determined. The findings will guide healthcare services and health improvement efforts, as well as serve as a community resource for grantmaking and advocacy, and to support the many programs provided by health and social service partners.



Leveraging the MAPP 2.0 Framework

The research methods employed in this report align with the tools and priorities outlined in the Mobilizing for Action through Planning and Partnerships (MAPP) 2.0 created by the National Association of City and County Health Officials (NACCHO). A key component of MAPP 2.0 is the integration of the focus on health equity in all aspects of the research, planning, and implementation. The updated process includes educating stakeholders about health equity; creating a shared understanding of the root causes of inequity, including structural racism; ensuring participation in research and planning by historically disenfranchised communities; and broadening partners to include policy makers.



Source: MAPP 2.0 Users Handbook





Secondary Data Profile

Secondary data, including demographic, socioeconomic, and public health indicators, were analyzed for the service area 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)¹ goals, as available, to assess areas of existing strength and opportunity for improvement. As data availability permits, analysis to illustrate disparities by geography, race, ethnicity, gender identity, income, and other socioeconomic measures that underscore localized differences and similarities is included **to illuminate underlying inequities**.

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 sources like the New Jersey State Health Assessment Data (NJ SHAD), the Centers for Disease Control and Prevention (CDC), and the Health Resources and Services Administration (HRSA), among other sources. 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. Reported data typically lag behind “real time.” It is important to consider community feedback to both name significant positive trends and disparities and to better understand new or emerging health needs.

Primary Research and Community Engagement

Community engagement was an integral part of the 2024 CHA. Input was solicited and received from individuals who represent the broad interests of the community, as well as underserved, low-income, and racial and ethnic minority populations. These individuals provided perspectives on health needs, existing resources to meet those needs, and service delivery gaps that contribute to health disparities and inequities. Primary research and community engagement study included the methods listed below.

Interviews with Key Informants

One-to-one conversations with 15 Key Informants, including health and social service experts, community leaders and champions, advocates and policymakers, and others, were conducted. These conversations were valuable in understanding the experiences of stakeholder groups, capturing unique perspectives, gathering input on priority needs from a macro level, and collecting recommendations for problem-solving.

Key Stakeholder Survey

The key stakeholder survey was built on MAPP 2.0 templates and refined based on the secondary data and Key Informant interview findings for Monmouth County. The key stakeholder survey captures the unique strengths, barriers, and opportunities present in Monmouth County, from the perspective of stakeholders whose work is serving diverse community members. The survey tool combined quantitative and qualitative questions with “free form” feedback. For this study, 122 community representatives from diverse fields shared insights from their work with diverse populations across Monmouth County to help define local organizational capacity, strengths, gaps, and opportunities.

¹ Healthy People 2030 is a national initiative establishing 10-year goals for improving the health of all Americans.





Focus Groups

Focus Groups allow for in-depth discussions with individuals to understand the “whys” behind the numbers. Focus groups are facilitated small group conversations designed to solicit candid feedback from individuals that represent key groups which HICMC partners and others often struggle to engage, in order to learn more about what motivates them, what worries them, and how to better build trust. These insights are essential in crafting relevant, actionable plans that engage the resources, enthusiasm, and interests of the people HICMC partners strive to serve. Discussion topics explored themes derived from research findings, including statistical data analysis, Key Informant Interviews, the Key Stakeholder Survey, and related research findings. Topics, participants, and recruitment strategies were determined in consultation with the HICMC representatives. Six focus groups were conducted with 31 residents from Monmouth County to further define the particular challenges and recommendations for engagement from the following historically excluded groups:

- African American/Black residents of diverse age, gender identity, income
- LGBTQIA+ residents of diverse age, gender identity, income
- Spanish-speaking residents of diverse age, gender identity, income
- Residents seeking housing assistance
- Residents who are receiving home visiting services from County nursing and lead inspection
- Residents who are un/underinsured

Community Forum

On June 27, 2024, the HICMC, including Monmouth County Health Department, hosted a Community Forum at CentraState Healthcare System Campus in Freehold Township where the findings from this CHA report were first shared with partners. The in-person forum was attended by 60 community partners. These participants represented agencies across all sectors, including policy and planning, healthcare, behavioral health services, the criminal legal system, homelessness intervention, education, and many others. In closing, participants were invited to share their feedback regarding the overall direction of the goals that would undergird the CHIP process.

Following the formal presentation, all participants discussed the CHA findings, the priority areas for action, and initial recommendations in facilitated breakout sessions. All participants were invited to take part in the Community Health Improvement (CHIP) planning and implementation process, and all indicated interest. Each breakout group discussed the four priority areas recommended by the HICMC and confirmed that they believed the priorities to be important, achievable, and relevant. A full list of Community Forum attendees can be found in Appendix B.



Key Terms for Interpreting Disease Data²

Age Adjusted Rates

The CDC and the State of New Jersey track deaths by race and ethnicity to identify, reach, and treat communities most impacted by disease and early death. 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.

Diagnosis

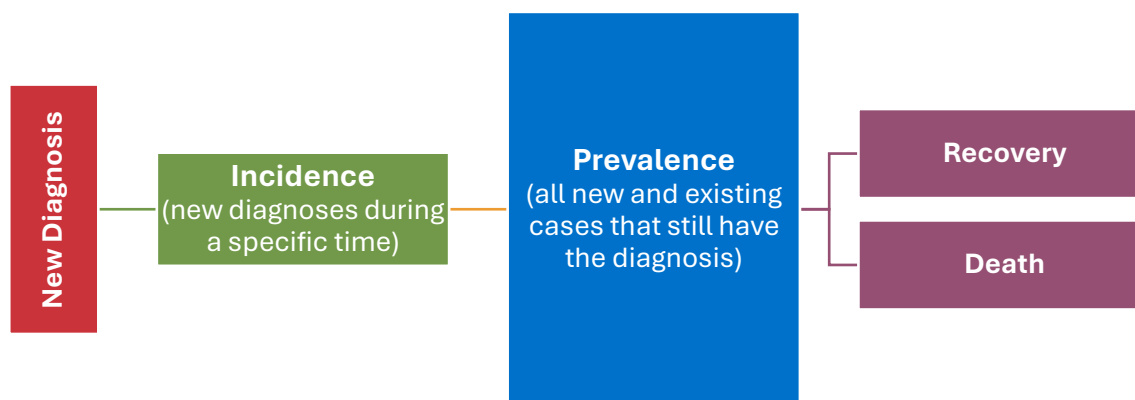
The act or process of identifying or determining the nature and cause of a disease or injury through evaluation of patient history, examination of a patient, and review of laboratory data.

Incidence

The number of cases of disease having their onset during a prescribed period of time. It is often 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 measured in terms of prevalence.

Prevalence

The number of cases of a disease, number of infected people, or number of people with some other attribute present during a particular interval of time. It is often expressed as a rate (for example, the prevalence of diabetes per 1,000 people during a year).



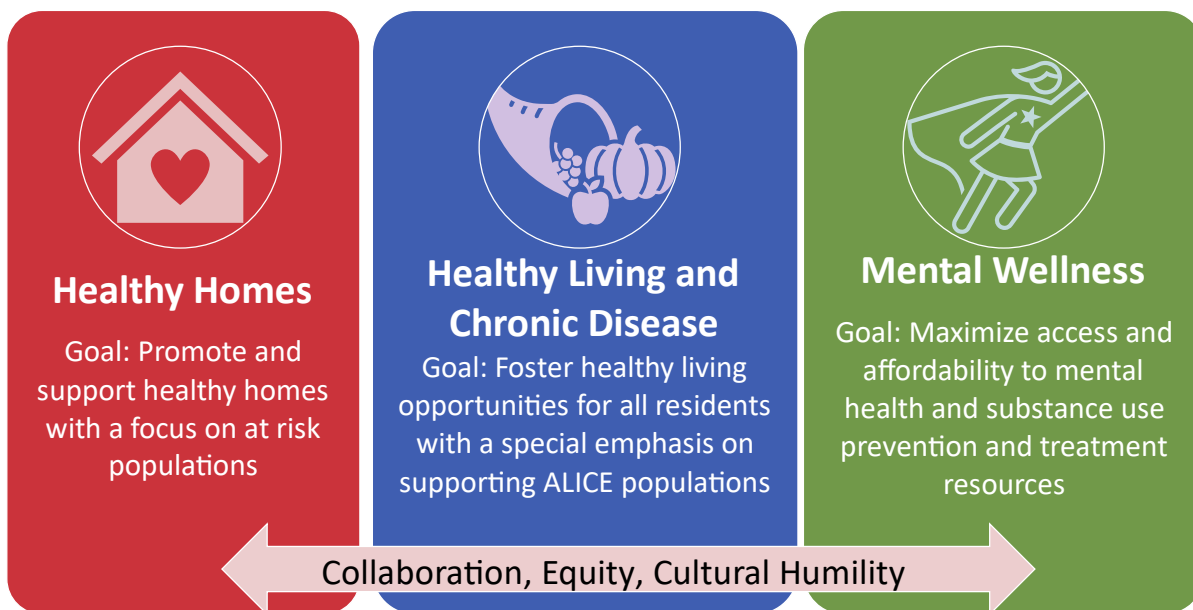
² <https://www.cdc.gov/nchs/hus/sources-definitions>



Determining Community Priorities

In 2023-2024, HICMC partners worked alongside the 35th Street Consulting team to update statistical data, engage key stakeholders, and conduct Focus Groups and a Community Forum to better understand the health needs and challenges of the community. From this process, the following specific health needs were confirmed as priorities and will be the focus of the 2024-2028 CHIP.

2024 HICMC CHIP Priorities



In developing its CHIP, Monmouth County Health Department and its partners look to enhance connections between community partners, families, and individuals as a key strategy undergirding all the priority areas. By leveraging public health’s cross-cutting and multidisciplinary roles across all of Monmouth County, Monmouth County Health Department is committed to seeking opportunities to serve as a convener and connector of resources and people to target underlying disparities in social determinants of health that contribute to priority area issues. This strategy is consistent with an upstream health promotion approach to build healthier communities for all people now and in the future.

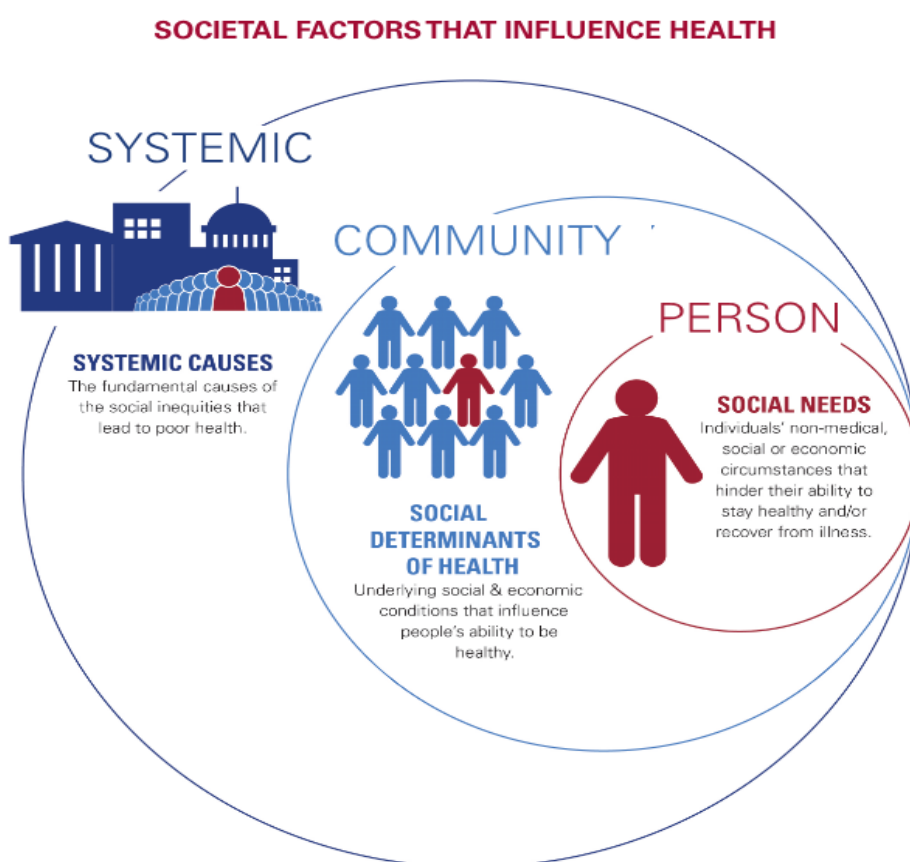
Approval and Adoption of CHA

Monmouth County Health Department reviewed and approved the CHA report and the priority areas on [date]. Following approval, the report was made available to the public via the Monmouth County Health Department website at <https://www.visitmonmouth.com/Page.aspx?Id=1932>. For more information, feedback, or comments, please email [email address].



How our Environment Impacts our Well-being: *Where we live impacts what choices are available*

The ability to make choices that promote health is affected by forces at individual, community, and systemic levels. The graphic below, borrowed from the American Hospital Association, describes 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 of our 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* within which these needs exist, we are able to begin to address the roots of health inequities in the communities where we all live.



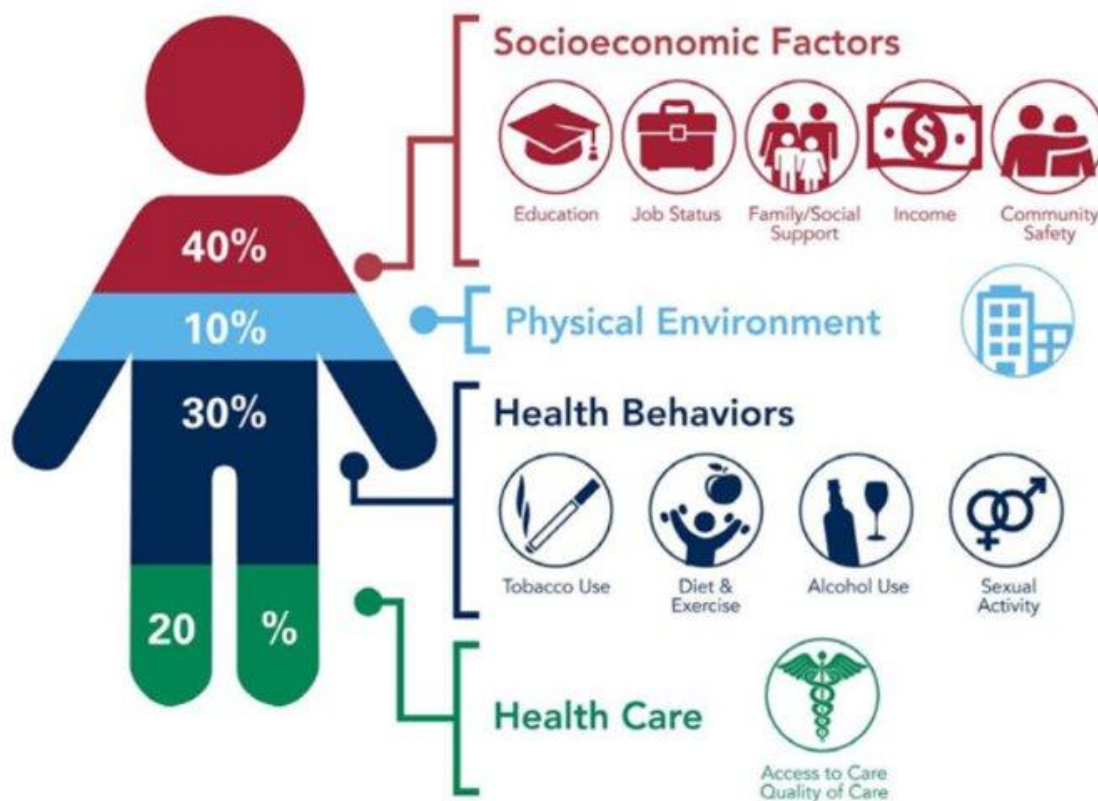
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www.aha.org

The data collected in this report are designed to name some of the inherited barriers that have made it more difficult for certain populations to access the same set of choices available to others to live their healthiest lives.



Social Determinants of Health

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, are consistent in the belief that **at least 50% of a person’s health profile, and ultimately a person’s life expectancy, is determined by SDoH.**



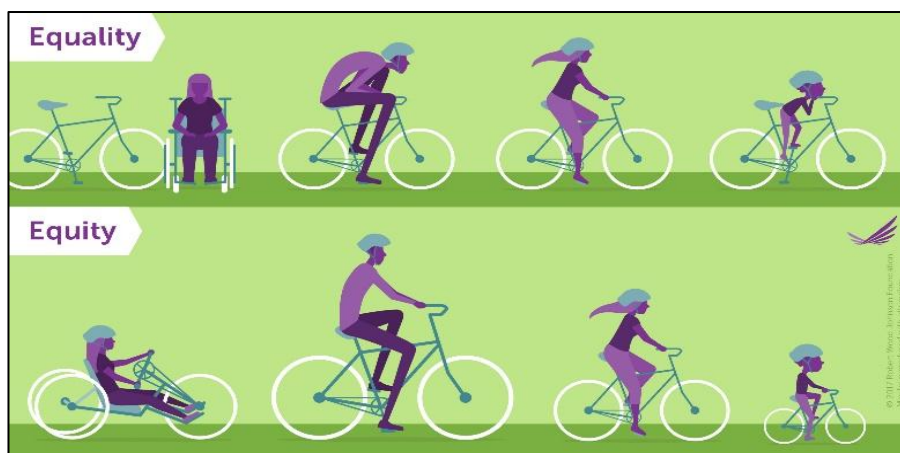
Disparities, or differences in health outcomes between different groups of people, often find their roots in social structural factors that have been in place long before today. SDoH are typically grouped into five domains: economic stability, education access and quality, healthcare access and quality, 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 that are designed to show opportunities to leverage existing strengths in addressing SDoH to remove barriers, ensuring greater equity of health opportunity for everyone.



Health Equity

Health equity can be defined simply as “a fair and just opportunity for every person to be as healthy as possible.” To achieve health equity, we must look beyond the healthcare system to examine and repair inherited systematic inequities in every facet of life to ensure that the opportunities for improved health and greater well-being are available to everyone. This concept differs slightly from “equality,” which means that all people are provided with the same thing, regardless of specific need or starting position. Equity considers that not all groups and individuals begin with the same set of resources. Working together towards equity – recognizing a diversity of needs and existing strengths and resources among people – builds a healthier community for all people now and in the future.



Credit: Robert Wood Johnson Foundation

A host of indexes are available to illustrate the potential for health disparities and inequities at the community-level based on SDoH. A description of each index is provided below, followed by data visualizations of each tool that show how Monmouth County fares compared to state and national benchmarks.

- ▶ **Social Vulnerability Index (SVI):** The CDC’s SVI has historically been used to help public health officials and local planners better prepare for and respond to emergency events like hurricanes, disease outbreaks, or exposure to dangerous chemicals. The SVI shows census tract-level community vulnerability to these events based on social factors such as poverty, lack of access to transportation, and overcrowded housing. Each census tract receives a ranking from 0.0 (lowest vulnerability) to 1.0 (highest vulnerability).
- ▶ **Asset Limited Income Constrained Employed (ALICE):** The ALICE index measures the minimum income level needed for survival for an average sized household, based on localized cost of living and local average household sizes. The ALICE index captures the percent of households whose income is above the federal poverty level, but below the threshold necessary to meet all basic needs according to the cost of living in specific communities.



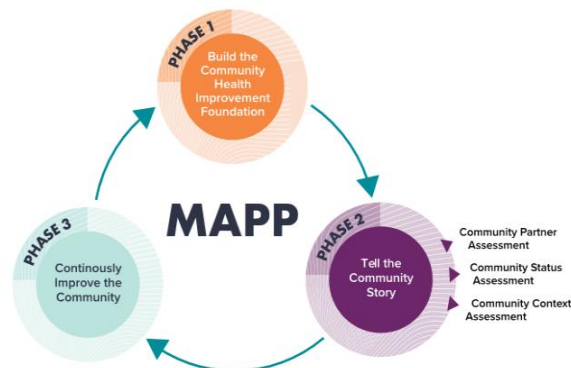
Executive Summary of CHA Findings

What is the purpose of this report?

- To develop an accurate snapshot of demographic, social, economic, environmental, and health indicators that impact the quality of life for all people throughout Monmouth County.
- To demonstrate the impact of Social Determinants of Health (SDoH), identify disparities in outcomes, and illuminate pathways for improvement and increased health equity.
- To make local data available to inform community health improvement efforts.

How was this accomplished?

The 2023-2024 CHA was a collaborative effort through the Health Improvement Coalition of Monmouth County (HICMC), comprised of the health departments in Monmouth County, New Jersey and community-based organizations. The methods included quantitative and qualitative research to determine health trends and disparities across Monmouth County communities. The research methods align with Mobilizing for Action through Planning and Partnerships (MAPP) 2.0, created by National Association of County and City Health Officials (NACCHO). A key component of MAPP 2.0 is the integration of health equity in all aspects of the research, planning, and implementation. Through a comprehensive view of statistics and community stakeholder feedback, health priority areas were determined. A summary of these findings is included here. The full report can be found at <https://www.visitmonmouth.com/Page.aspx?Id=1932>

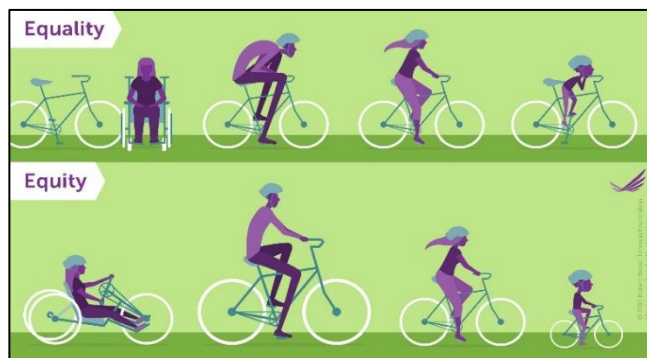


What data sources and methods were used?

- A mix of local, regional, state, and national datasets including NJSHAD, CDC Wonder, American Community Survey (ACS), and others were used to create a statistical profile.
- Key Informant Interviews, a Key Stakeholder Survey, and Focus Groups conducted in English and Spanish were used to gather qualitative data.

What is an Equity of Opportunity Approach?

- Strive towards equitable outcomes for all by naming and challenging structural and institutional inequities
- Leverage collaboration
- Change processes and policies to reimagine equitable delivery of services
- Focus on upstream – or root causes of – disparities in health outcomes
- Emphasize collaborative effort in building community resilience
- Review internal processes to identify opportunities to remove barriers and unconscious biases



Source: Robert Wood Johnson Foundation





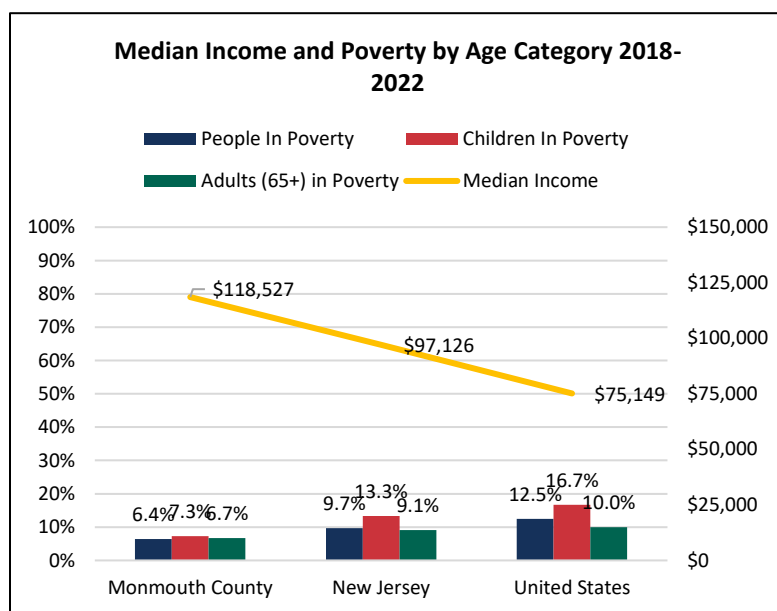
Who Lives in Monmouth County?

The population of Monmouth County has increased marginally since 2010. The age distribution of the population in Monmouth County is similar to the US and slightly younger than New Jersey. 1 in 5 people in Monmouth County are 18 or younger. Demographics like age, race, language, education, and income play a big role in health. Disparities we can see in health outcomes between groups of people are often due to barriers to access based on race, language, or other factors.

Total Population 2010-2022

	Total Population 2010	Total Population 2022
Monmouth County	628,112	643,064
New Jersey	8,721,577	9,249,063
United States	303,965,272	331,097,593

Source: US Census Bureau, American Community Survey

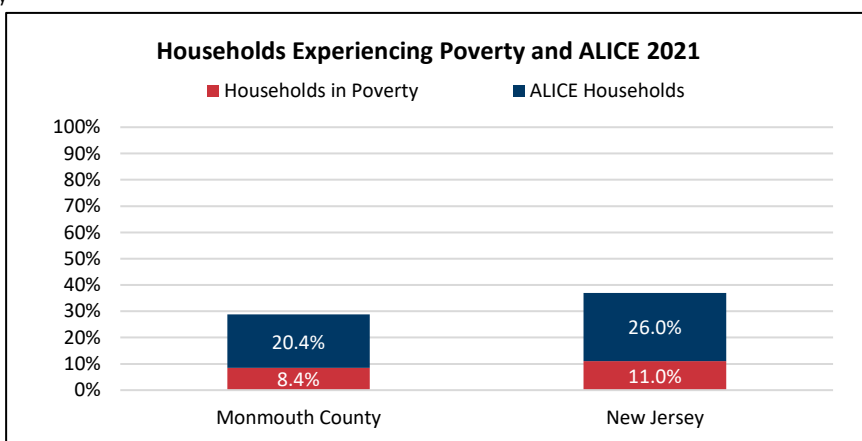


Source: US Census Bureau, American Community Survey

According to the Centers for Disease Control (CDC), 40% of our health status is determined by socioeconomic factors. This is because our income sets how much money we have to meet basic needs like housing, food, and health care.

Monmouth County is relatively high-income; the median income is 22% higher than the median income across New Jersey, but there are disparities across communities.

While there is a relatively low proportion of Monmouth County residents who live below the federal poverty level, roughly 1 in 5 households do not have the financial resources to make ends meet despite having a job, also known as ALICE.



Source: United for ALICE



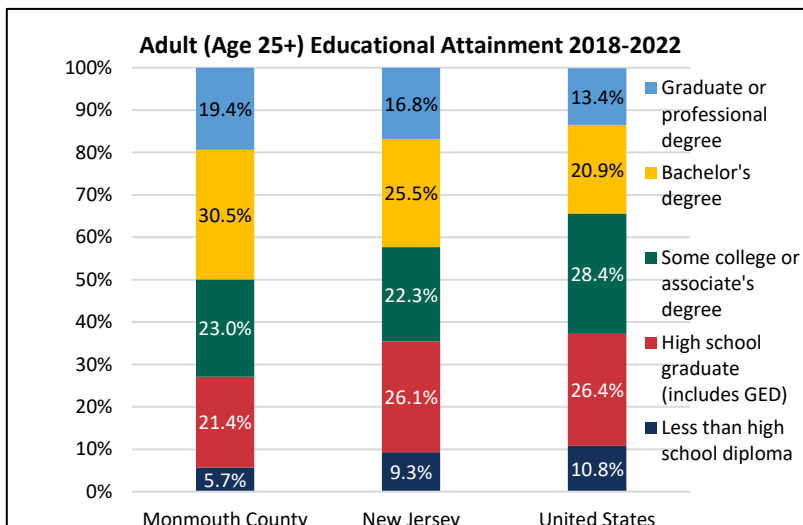


Education and Young People

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. Supporting families with continuing education and helping kids be successful in school are investments in healthy communities. Half of adults in Monmouth County have completed a Bachelor’s degree or higher, more than adults across New Jersey (42%), and significantly more than adults nationwide (34%). However, there is *not* equal opportunity across Monmouth County.

“The segregation of resources, economic resources, those are some of the major issues and that’s why I continue to stay involved.”

High School graduation rates across Monmouth County are higher than the statewide rate. Monmouth County did not experience the COVID-19-era drop-off that many other communities across the state experienced. Very few teens and young adults are not in school and not working. While these are positive findings, the qualitative research suggests that young people are struggling emotionally.



Source: US Census Bureau, American Community Survey

“When I was in school, it was reading, writing, and arithmetic. Now it’s reading, writing, arithmetic, and mental health. Mental health is probably number one now because kids, for whatever reason – some people blame it on the pandemic and some people blame it on social media – whatever the blame is, many children have issues with mental health.”

High School Graduation Rate by Monmouth County School District

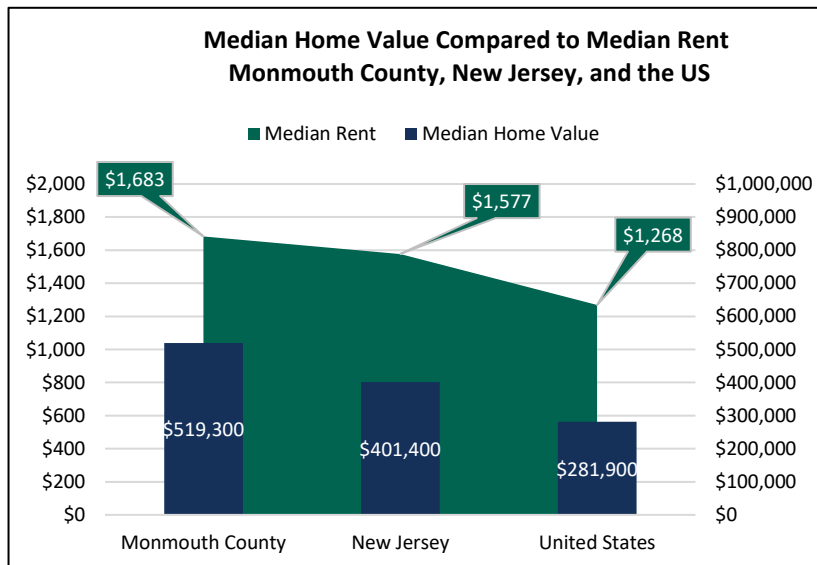
	2019	2020	2021	2022
Allentown High School	97.2	92.7	96.0	96.0
Asbury Park High School	75.8*	82.1*	79.3*	84.8
Henry Hudson Regional High School	97.7	100.0^	95.2	94.0
Keansburg High School	87.9	87.7	83.0	79.4
Keyport High School	93.5	90.1	94.7	91.5
Manasquan High School	93.8	91.7	94.2	96.0
Matawan Regional High School	94.8	91.0	90.5	86.2
Middletown High School North	93.9	92.7	94.7	93.5
Middletown High School South	95.7	97.7	96.0	96.8
Monmouth County Vocational School District	98.6^	97.0	98.4^	99.5^
Neptune High School	79.6	84.7	81.1	76.2*
Ocean Township High School	94.4	94.2	90.5	94.6
Raritan High School	97.6	96.6	95.2	94.7
Red Bank Regional High School	92.1	94.3	95.5	92.9
Rumson-Fair Haven Regional High School	96.6	97.9	97.6	98.1
Monmouth County	95.4	95.3	95.5	95.3
New Jersey	90.6	91.0	90.6	90.9

Source: New Jersey Department of Education, School Performance *indicates the smallest proportion ^indicates the largest proportion



Our Homes and Where We Live

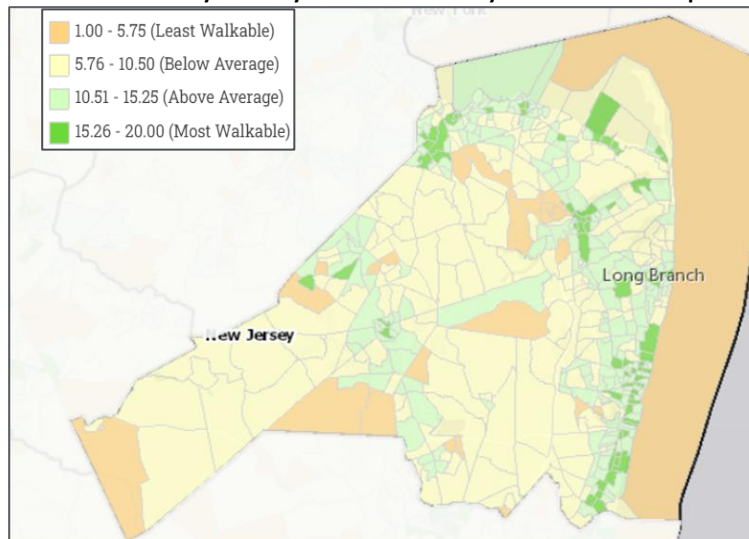
Monmouth County is an expensive place to live. 52.3% of renters and 30.9% of homeowners pay more than 30% of their income towards housing; this is referred to as being cost-burdened, meaning that residents may not have sufficient disposable funds to cover other basic needs. Even as 75.6% of Monmouth County residents are homeowners, a proportion far higher than across the state and nation, those individuals may have difficulty keeping up with needed home repairs, especially given the relatively older age of the average home in Monmouth County. It also makes it difficult for renters – a growing proportion of residents – to save up to buy a home.



Source: US Census Bureau, American Community Survey, 2018-2022

Neighborhood and Built Environment

National Walkability Index by Monmouth County Census Block Group 2021



Source: Environmental Protection Agency & Center for Applied Research and Engagement Systems

Most of Monmouth County meets the EPA’s criteria for “Least Walkable,” meaning that cars are required in most parts of the county to meet basic needs; this contributes to barriers to activities, employment opportunities, supportive services, and healthy food options.

Many community residents, community service providers and key leaders expressed great interest in both increasing safe and affordable access to recreational green spaces such as bike lanes, as well as concern about the impact of climate change on their communities and homes.

As a senior, there’s no transportation for the things I want to do or at the times I want to do them. My husband is on dialysis and if he has to be there at 7am, the medical transport doesn’t even start until 9am; also Manalapan is mostly white and wealthy and there’s not a lot of equal opportunity for other families; most of what I do is through the church...not everyone wants to go to the doctor, they want to go shopping or to socialize with a friend, but the only transportation available is for doctors appointments...”





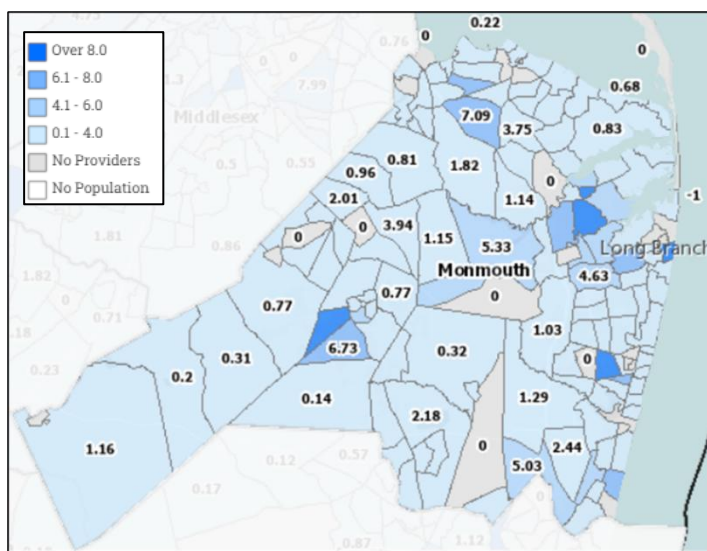
Access to Care

Monmouth County consistently has proportionately more uninsured people than New Jersey or the US. While still a relatively high proportion, the least insured population is working age adults (26-44 years) (91%). This is the segment of the population most reliant on employer-provided health insurance.

"[It is] difficult to find psychiatry providers and dental services that understand the needs of people with intellectual and developmental disabilities."

Despite a higher proportion of insured residents and providers per capita, a similar proportion of adults have had an annual checkup (72.8%) in Monmouth County compared to New Jersey (74.9%) and the US (71.8%), suggesting there may be *other* barriers to accessing preventive care services. One barrier may be the large swaths of the county with fewer than two providers per 10,000 residents.

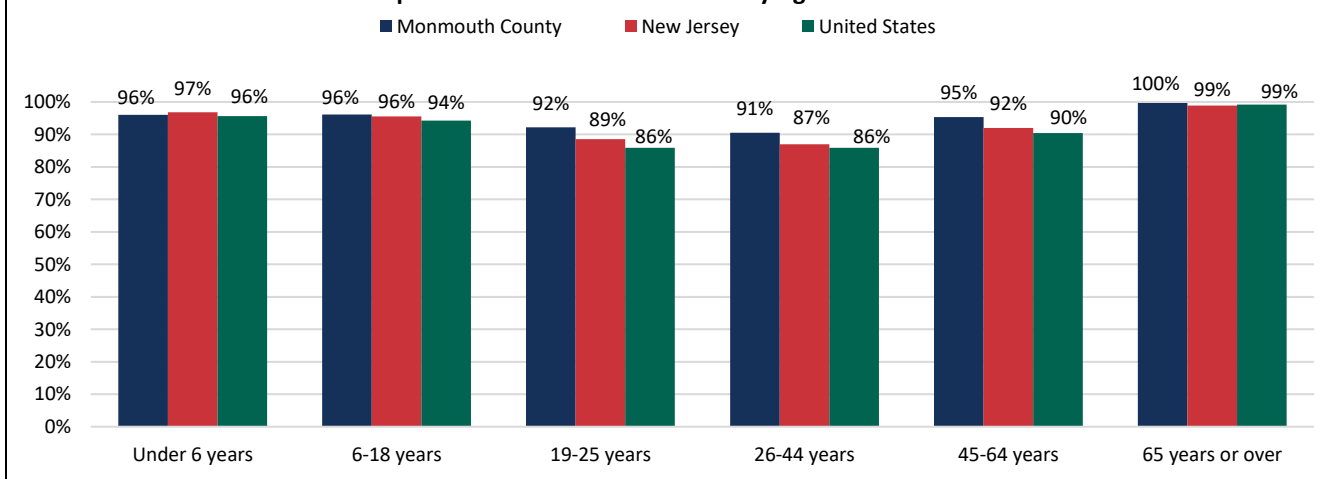
All Primary Care Providers, Rate per 10,000 by Census Tract 2022



Though a large proportion of the county population is insured, across geographies, there are larger pockets of uninsured residents, including children under 6 years old; key stakeholders and residents alike shared challenges in (re)enrolling in coverage, despite programs like "Cover All Kids," at the close of expanded COVID-19-era benefits.

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

Population with Health Insurance by Age 2018-2022



Source: US Census Bureau, American Community Survey

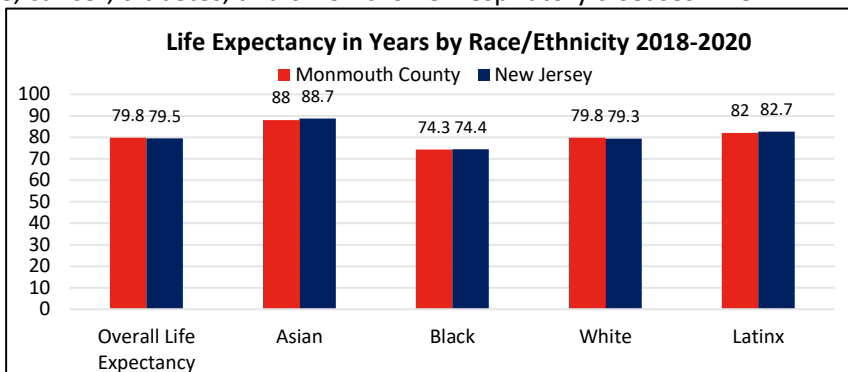




Life Expectancy, Chronic Disease and Quality of Life

The leading causes of death among all populations in the US and in Monmouth County continue to be chronic diseases such as heart disease, cancer, diabetes, and chronic lower respiratory diseases. Life expectancy is considered an overall measure of health and social equity within a community.

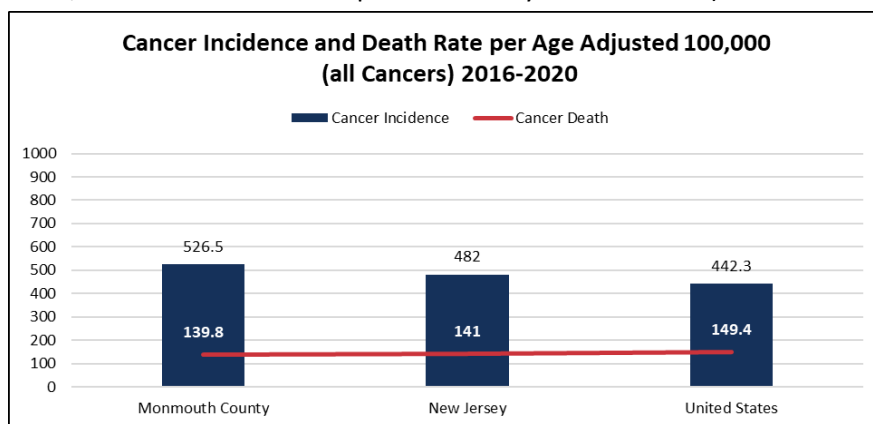
Housing quality and affordability, environmental conditions, employment, education, transportation, food security, and experiences of racism and other discrimination, all impact quality and length of life.



Source: National Vital Statistics System

Overall life expectancy in Monmouth County is similar to New Jersey; however, not everyone lives a long life.

There is a 14-year difference in life expectancy by race in Monmouth County (74.3 years for Black/African Americans compared to 88.0 years for Asians).

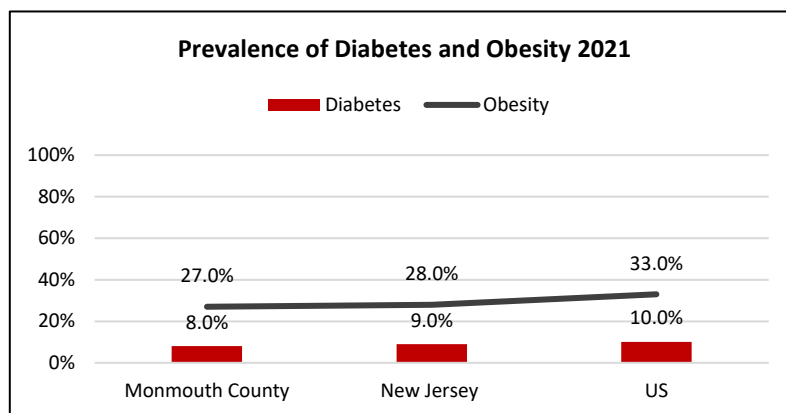


Source: Centers for Disease Control and Prevention

Monmouth County has a greater incidence but a *lower* death rate from all cancers than New Jersey or the US. This suggests that cancers are *being identified early and treated effectively*.

“You go the doctor and they’re like ‘don’t be stressed’...my stress [around housing/finances] causes my diabetes to [act up]; my pills don’t work; I’m trying to be strong because I don’t want my kids to be afraid.”

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



Source: Centers for Disease Control and Prevention

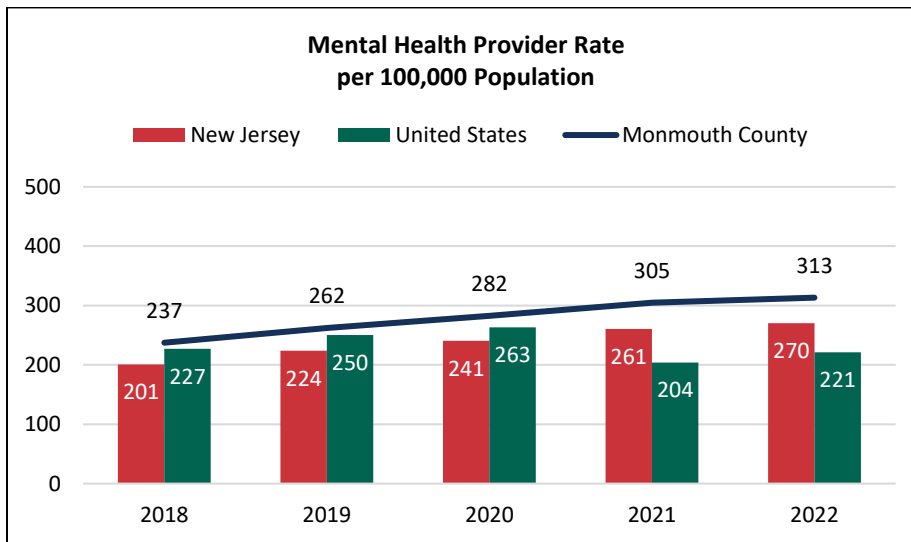




Mental Health and Substance Use:

Mental and behavioral disorders span a wide range of diagnoses, including anxiety, depression, and personality disorders. These disorders are not created by alcohol drugs, 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 behaviors. SUD can be a cause of and outcome from 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 concerns.

There are more mental health providers per capita in Monmouth County compared to New Jersey and the nation, and the rates are increasing; however, the demand for care remains high.



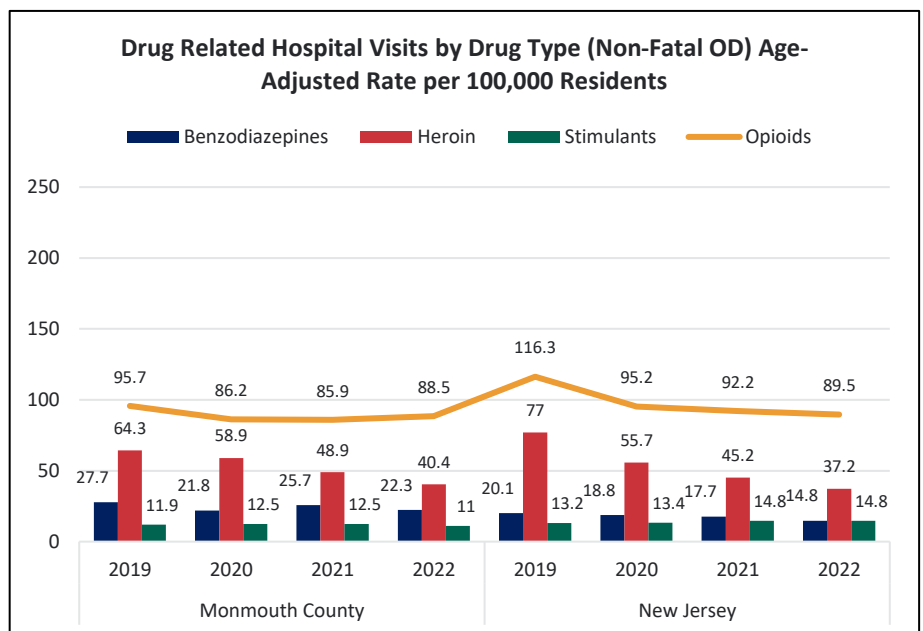
“You could find them 20 [new] counselors and probably within a few months [your schedules would] probably be filled already.”

“In 40 years this is the worst I’ve seen for hiring... pushing for staff to go back in the field meant a lot of people left for places where they could stay remote.”

Source: Centers for Medicare and Medicaid Services

Drug related non-fatal emergency department visits are generally decreasing for all substances across Monmouth County, but rates are decreasing much more slowly than elsewhere in New Jersey, with a comparatively much smaller difference in rates from 2019 to 2022 for all categories of substances except stimulants.

Opiates, including heroin, are still the most common source of substance use-related emergency department visits.



Source: New Jersey Department of Health, Population Health





In Your Words – Qualitative Research Findings

Representatives from community agencies and local leaders, as well as 31 diverse residents from throughout Monmouth County, participated in interviews, surveys, and focus groups, in English and Spanish. These individuals shared their ideas and perspectives about the strengths, needs, and opportunities for improving the health and quality of life for all people in Monmouth County. The following themes emerged from those conversations.

Community Strengths

- ▶ Monmouth County is a resource-rich place.
- ▶ Growing collaboration across community agencies, such as through participation in Monmouth ACTS and the Hubs, is increasingly effective in meeting the diverse needs of Monmouth County residents.
- ▶ Monmouth County is geographically diverse and becoming more culturally diverse every day.
- ▶ In recent years, innovative messaging, education, and outreach strategies that have been employed across Monmouth County have had measurable, positive impact in reaching broader, new audiences. There is an opportunity to apply these strategies in new contexts to increase equitable access to information and resources.

Community Needs

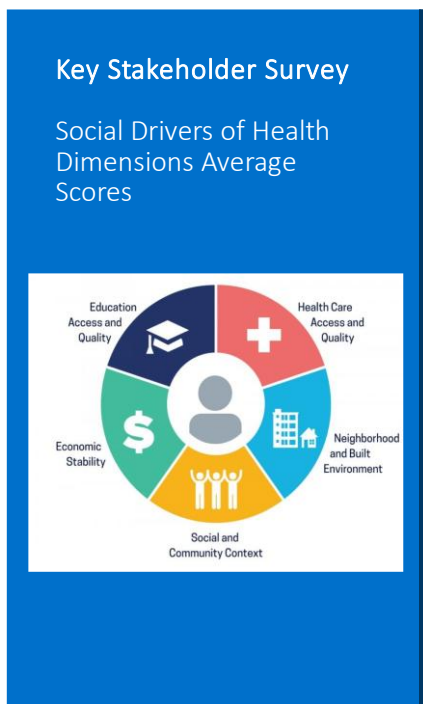
- ▶ Monmouth County is an expensive place to live. The high cost of housing drives financial, social and emotional insecurity, negatively impacting physical and mental wellness and community stability.
- ▶ Most communities require the use of a car, and public transportation is limited. This creates barriers to resources for healthy living, employment, and improvements in overall quality of life.
- ▶ There are staffing shortages across healthcare and social service agencies, limiting the availability of needed resources for healthy living.
- ▶ Young people are still struggling to recover from the negative impacts of isolation, learning loss, and other factors from the height of the COVID-19 pandemic period.
- ▶ While efforts are being made, resources to meet the specific needs of immigrant/migrant communities, racial and ethnic minority groups, LGBTQ+ residents, and older adults exceed demand.
- ▶ Most service providers indicated that from their perspective, mental health and substance use are the biggest barriers to success for the people they serve

Community Opportunities

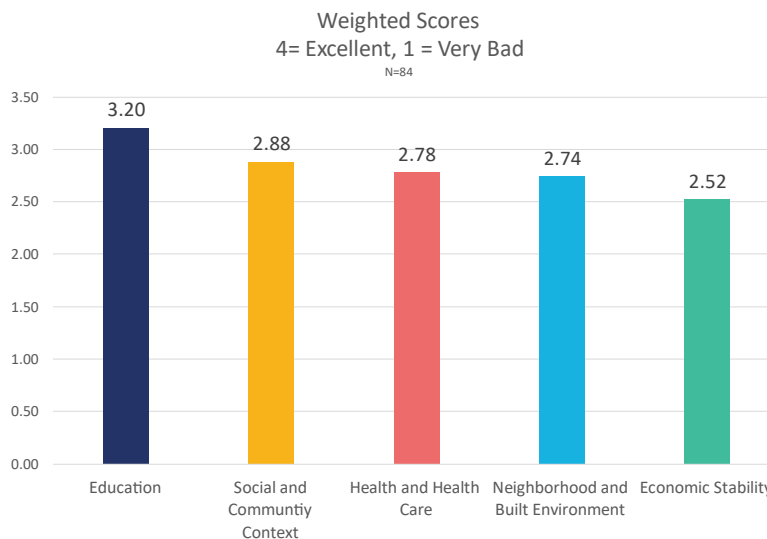
- ▶ Community agencies across Monmouth County have excelled in initiating partnerships and laying the groundwork to create a uniquely robust and coordinated safety net across the county. This creates the opportunity to increase collaboration towards policy change to improve systems level barriers to more effective and equitable care countywide.
- ▶ Many new grassroots partners, particularly faith-based institutions, were effective in connecting people who needed help with partners providing care and are interested in continuing to build trust and partnerships.
- ▶ Schools and other education partners across Monmouth County have built trust with families and the communities they serve. The coordination of safety net services and streamlining of accessing services can engage education partners in new ways to reach vulnerable populations and build community connections.
- ▶ Most community leaders and agencies acknowledged that creative, community-based initiatives are making progress towards creating greater opportunity and healthier living for all, but there is still work to be done.



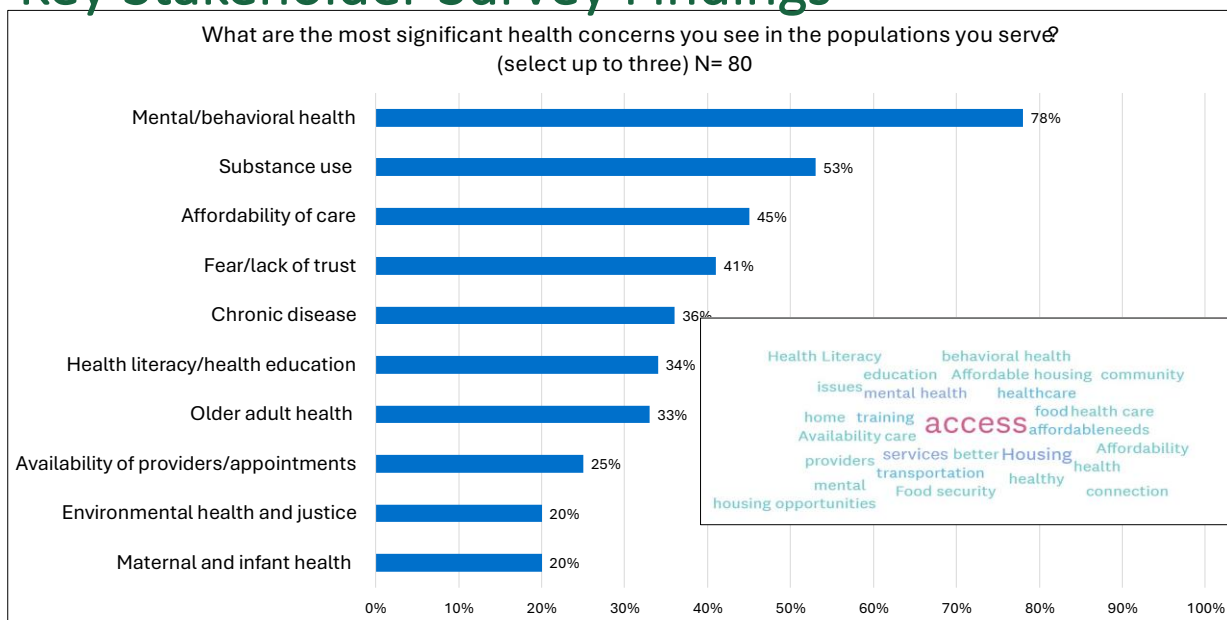
In all, 122 key stakeholders across various sectors, including healthcare, education, social services, policy, and others, completed the survey.



Thinking of Monmouth County as a whole, RATE the following Social Drivers of Health Dimensions on a scale of 1-4 (n=84)






Key Stakeholder Survey Findings



Thirty-one Monmouth County residents participated in six diverse focus groups. The compositions of the groups were decided to better understand the experience of specific needs that rose to the surface in both the quantitative and qualitative research, or because the population groups selected are often overlooked in data collection and community-wide planning. Community partners who had been involved in the interview and survey processes were identified and leveraged for assistance with recruiting focus group participants, as well as, when needed, offering their space to host the focus group meetings.

Focus Group Findings (n=6, 31 participants)

 <h3 style="text-align: center;">Housing</h3> <p>Housing (in)security impacts ability to “choose” health</p> <p>Seniors facing housing insecurity for the first time in their lives</p> <p>Nearly impossible to hold landlords accountable</p> <p>Homeowners unable to afford repairs</p> <p><i>“Everything they’re building, it’s not for ‘us”</i></p>	 <h3 style="text-align: center;">Cultural Humility</h3> <p>Black residents expressed general feelings of unwelcome</p> <p>Spanish-speaking residents cited Freehold as a safe haven, but shared that the rest of the county is difficult access and acclimate to</p> <p>LGBTQIA residents expressed relative safety, BUT have few providers who provide safe, welcoming care</p>	 <h3 style="text-align: center;">Access</h3> <p>Transportation is a barrier in all aspects of life</p> <p>Dependence on trusted community members for information, advice, referrals</p> <p>Referral pathways are confusing for all</p> <p>Hospitals are unwelcoming spaces</p> <p>Cultural humility in care could be improved</p>
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In summary

Key Informant Interview Themes	Key Stakeholder Survey Themes	Focus Group Themes
<div style="background-color: #007bff; color: white; padding: 5px; text-align: center; margin-bottom: 5px;">Monmouth is resource rich</div> <div style="background-color: #dc3545; color: white; padding: 5px; text-align: center; margin-bottom: 5px;">Transportation is difficult</div> <div style="background-color: #6c757d; color: white; padding: 5px; text-align: center; margin-bottom: 5px;">Aging adults are experiencing financial difficulties</div> <div style="background-color: #ffc107; color: white; padding: 5px; text-align: center; margin-bottom: 5px;">Youth are struggling</div> <div style="background-color: #343a40; color: white; padding: 5px; text-align: center;">Mental Health/substance use</div>	<div style="background-color: #007bff; color: white; padding: 5px; text-align: center; margin-bottom: 10px;">Monmouth County is resource rich but has barriers like...</div> <ul style="list-style-type: none"> Transportation Disparities in health literacy A difficult-to-navigate web of social services Cost of care/services Too few appointment openings, secondary stress/trauma among providers A lack of meaningful representation across social service and healthcare agencies Limited language capacity beyond English <div style="background-color: #dc3545; color: white; padding: 5px; text-align: center; margin-bottom: 10px;">Monmouth County is resource rich and has opportunities like...</div> <ul style="list-style-type: none"> Coordinated efforts to improve collaboration are working Strategies to make linkages are seeing some success Efforts towards diversifying workforces are underway 	<div style="background-color: #007bff; color: white; padding: 20px; text-align: center; margin-bottom: 20px;">Housing</div> <div style="background-color: #dc3545; color: white; padding: 20px; text-align: center; margin-bottom: 20px;">Cultural Humility</div> <div style="background-color: #6c757d; color: white; padding: 20px; text-align: center;">Barriers to Access</div>



Determining Community Health Priorities

On June 27, 2024, the HICMC, including the Monmouth County Health Department, hosted a Community Forum at CentraState Healthcare System Campus in Freehold Township, where the findings from this CHA report were first shared with partners. The in-person forum was attended by 60 community partners. Following the formal presentation, facilitated breakout sessions, including all participants, discussed the CHA findings, the priority areas for action, and initial recommendations. From this process, the following specific health needs were confirmed as priorities and will be the focus of the 2024-2028 CHIP:

2024 HICMC CHIP Priorities



In developing its CHIP, Monmouth County Health Department and its partners sought to enhance making connections between community partners, families and individuals as a key strategy underlying all of the priority areas. By leveraging public health’s cross-cutting and multidisciplinary roles across all of Monmouth County, the Health Department is committed to seeking opportunities to serve as a convener and connector of resources and people to target underlying disparities in social drivers of health that contribute to priority area issues. This strategy is consistent with an upstream health promotion approach to build healthier communities for all people now and in the future.

Approval and Adoption of CHA

Monmouth County Health Department reviewed and approved the CHA report and the priority areas on [date]. Following approval, the report was made available to the public via the Monmouth County Health Department website at <https://www.visitmonmouth.com/Page.aspx?Id=1932>. For more information, feedback, or comments, please email [email address].





Demographics: Who Lives in Monmouth County?

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 health status as it exists today in order to make appropriate decisions about priorities and resources to plan for future needs. Disparities, or differences seen 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 these characteristics.

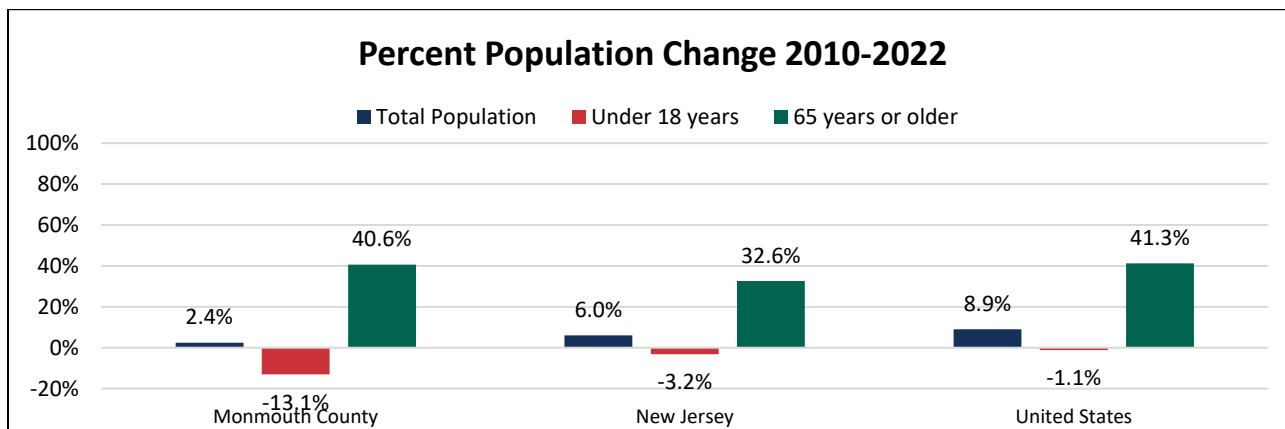
Our Community and Residents: At a Glance

- ➔ The population of Monmouth County has increased since 2010.
- ➔ Since 2010, the people who call Monmouth County home have gotten older. The proportion of people aged 65+ increased about 40% from 2010 to 2022.
- ➔ There has been a decrease in the population under age 18; this may be a result of a few people moving away and few people moving in. When people stay in their communities, every year the people get older, increasing the number of people in older age groups. A decline in the proportion of the population under the age 18 suggests there may be barriers to attracting young families. The high cost of living in Monmouth County may be a factor.
- ➔ Monmouth County has a more homogenous population than New Jersey and the US. 79% of residents across Monmouth County identify as white, but it is becoming more diverse. There have been increases in recent years among people identifying as Multiracial, Hispanic/Latinx, or “Other.”
- ➔ In Monmouth County, 17% of people speak a language other than English at home.

2010-2022 Total Population

	Total Population 2010	Total Population 2022
Monmouth County	628,112	643,064
New Jersey	8,721,577	9,249,063
United States	303,965,272	331,097,593

Source: US Census Bureau, American Community Survey



Source: US Census Bureau, American Community Survey





Total Population by Municipality 2010-2022

	Total Population	
	2010	2022
Aberdeen Township	18,106	19,234
Allentown	1,828	1,817
Asbury Park	16,275	15,245
Atlantic Highlands	4,442	4,409
Avon-by-the-Sea	2,097	1,792
Belmar	5,844	5,877
Bradley Beach	4,395	4,268
Eatontown	12,939	13,522
Englishtown	1,835	2,129
Farmingdale	1,339	1,326
Hazlet Township	20,540	20,249
Highlands	5,063	4,646
Holmdel Township	16,599	17,369
Howell Township	50,776	53,479
Keansburg	10,227	9,761
Keyport	7,312	7,188
Lake Como	1,813	1,710
Little Silver	5,987	6,104
Manasquan	5,975	5,921
Marlboro Township	39,424	41,480
Matawan	8,786	9,546
Middletown Township	66,709^	66,952^
Millstone Township	10,293	10,371
Neptune Township	27,925	28,115
Neptune City	4,916	4,619
Ocean Township	27,258	27,733
Oceanport	5,842	6,119
Red Bank	12,131	12,868
Roosevelt	712*	1,037*
Shrewsbury	3,771	4,138
Shrewsbury Township	1,095	1,269
Union Beach	6,324	5,751
Upper Freehold Township	6,435	7,244
West Long Branch	8,115	8,547
Monmouth County	628,112	643,064
New Jersey	8,721,577	9,249,063
United States	303,965,272	331,097,593

Source: US Census Bureau, American Community Survey, *indicates the smallest proportion ^indicates the largest proportion





Percent Population Change by Age Group and Municipality 2010-2022

	Total population	Under 18 years	65 years and over
Aberdeen Township	6.2%	-13.1%	58.9%
Allentown	-0.6%	-17.8%	66.3%
Asbury Park	-6.3%	-49.7%	11.8%
Atlantic Highlands	-0.7%	-20.1%	30.9%
Avon-by-the-Sea	-14.5%	-18.8%	15.4%
Belmar	0.6%	-17.8%	23.9%
Bradley Beach	-2.9%	8.6% ↑	89.8%
Eatontown	4.5%	-12.2%	38.7%
Englishtown	16.0%	-9.0%	10.8%
Farmingdale	-1.0%	-21.2%	78.1%
Hazlet Township	-1.4%	-12.6%	29.8%
Highlands	-8.2%	-34.3%	60.8%
Holmdel Township	4.6%	-12.4%	41.1%
Howell Township	5.3%	-15.8%	82.5%
Keansburg	-4.6%	-37.1%	1.5%
Keyport	-1.7%	-9.7%	17.5%
Lake Como	-5.7%	-34.4%	64.5%
Little Silver	2.0%	-16.9%	13.7%
Manasquan	-0.9%	-1.1%	6.9%
Marlboro Township	5.2%	-14.9%	69.1%
Matawan	8.7%	18.0%	19.6%
Middletown Township	0.4%	-12.8%	24.2%
Millstone Township	0.8%	-38.8%	107.9%
Neptune Township	0.7%	-32.4%	33.2%
Neptune City	-6.0%	-6.7%	-23.8% ↓
Ocean Township	1.7%	-0.5%	48.5%
Oceanport	4.7%	-15.4%	71.9%
Red Bank	.1%	44.7% ↑	67.2%
Roosevelt	45.6%	87.8% ↑	94.6%
Shrewsbury	9.7%	11.8% ↑	9.8%
Shrewsbury Township	15.9%	-38.6%	17.8%
Union Beach	-9.1%	-46.2%	18.5%
Upper Freehold Township	12.6%	-12.1%	105.4%
West Long Branch	5.3%	-6.8%	4.6%

Source: American Community Survey

Generally, population decreased in the 18 years and under population and increased in the 65 and older population. The arrows reflect towns where the opposite is true during this time period.



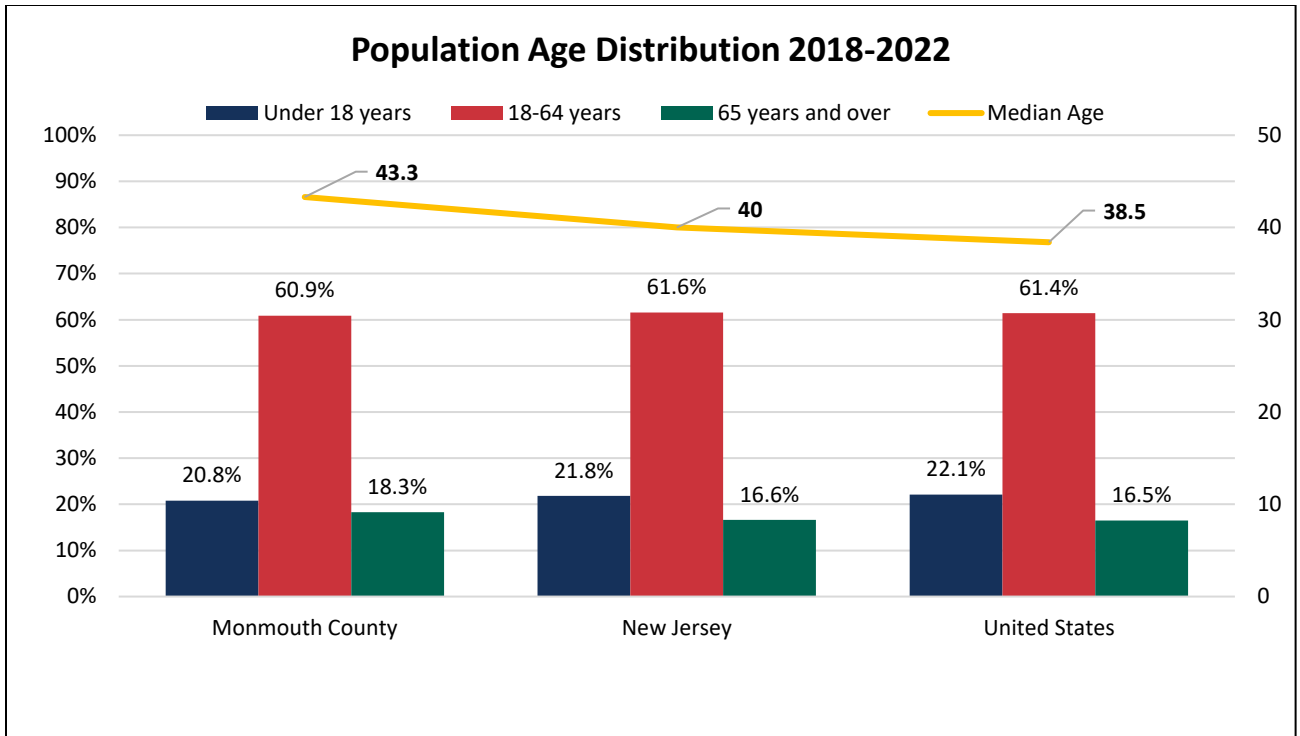


Population Age Distribution 2018-2022

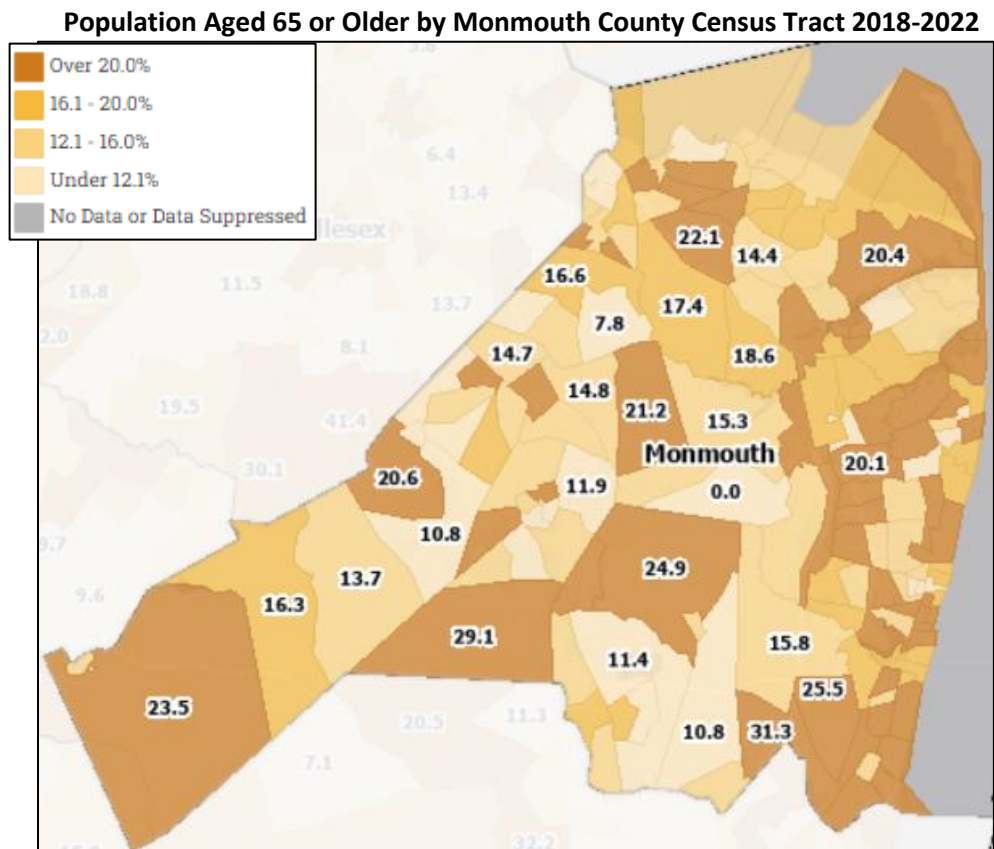
	Under 18 years	18-64 years	65 years and over
Aberdeen Township	18.8%	66.0%	15.2%
Allentown	22.8%	62.6%	14.6%
Asbury Park	15.1%	72.3%	12.6%
Atlantic Highlands	19.5%	60.9%	19.6%
Avon-by-the-Sea	13.1%	53.5%	33.4%^
Belmar	13.3%	69.2%	17.5%
Bradley Beach	14.8%	60.7%	24.5%
Eatontown	17.8%	64.4%	17.8%
Englishtown	22.9%	65.5%	11.6%
Farmingdale	17.3%	67.4%	15.3%
Hazlet Township	19.9%	60.6%	19.5%
Highlands	13.7%	64.9%	21.4%
Holmdel Township	22.8%	56.0%	21.2%
Howell Township	22.3%	61.2%	16.5%
Keansburg	18.1%	69.1%	12.8%
Keyport	17.8%	61.2%	21.0%
Lake Como	13.8%	67.0%	19.2%
Little Silver	23.6%	58.5%	17.9%
Manasquan	21.9%	59.1%	19.0%
Marlboro Township	24.5%	59.6%	15.9%
Matawan	22.2%	64.9%	12.9%
Middletown Township	22.0%	60.7%	17.3%
Millstone Township	17.8%	67.7%	14.5%
Neptune Township	16.0%	62.8%	21.2%
Neptune City	17.8%	68.7%	13.5%
Ocean Township	23.0%	55.9%	21.1%
Oceanport	17.1%	58.5%	24.4%
Red Bank	21.0%	58.1%	20.9%
Roosevelt	31.1%^	51.4%	17.5%
Shrewsbury	28.5%	50.1%*	21.4%
Shrewsbury Township	10.8%*	78.2%^	11.0%*
Union Beach	16.2%	71.9%	11.9%
Upper Freehold Township	21.7%	54.8%	23.5%
West Long Branch	19.1%	64.3%	16.6%
Monmouth County	20.8%	60.9%	18.3%
New Jersey	21.8%	61.6%	16.6%
United States	22.1%	61.4%	16.5%

Source: American Community Survey *indicates the smallest proportion ^indicates the largest proportion





Source: US Census Bureau, American Community Survey



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





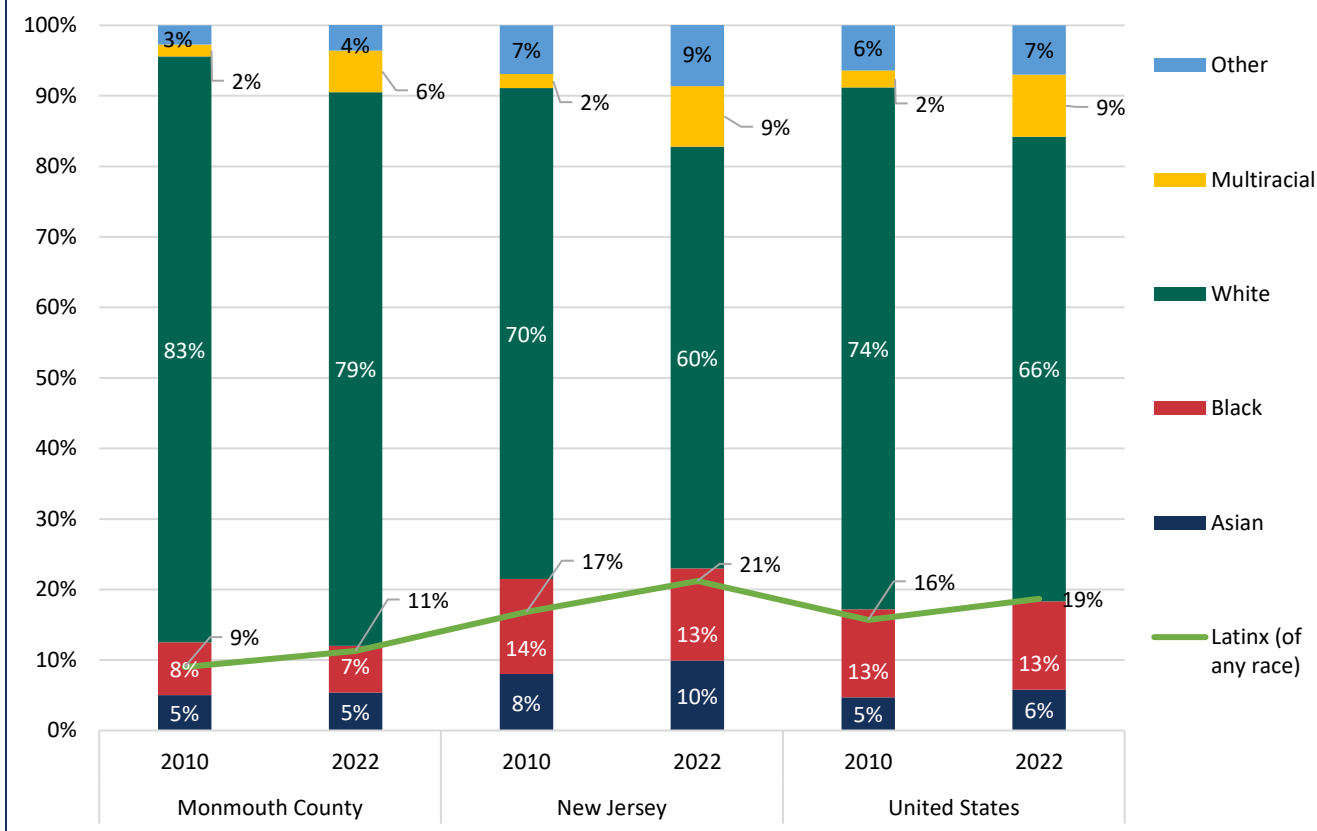
Population by Race/Ethnicity^{3*} 2018-2022

	Asian	Black or African American	White	Other Race	Two or More Races	Latinx origin (any race)
Monmouth County	5.4%	6.6%	78.5%	4.0%	5.9%	11.3%
New Jersey	9.9%	13.1%	59.8%	9.0%	8.6%	21.2%
United States	5.8%	12.5%	65.9%	7.0%	18.7%	18.7%

*Alaska Native and Hawaiian/Pacific Islander were not included because of low numbers in Monmouth County & New Jersey

Source: US Census Bureau, American Community Survey

Select Racial and Ethnic Population Distributions 2010 versus 2022



Source: US Census Bureau, American Community Survey

³ The census data included in this report follow [standards on race and ethnicity](https://www.census.gov/newsroom/blogs/random-samplings/2021/08/measuring-racial-ethnic-diversity-2020-census.html) set by the U.S. Office of Management and Budget (OMB) in 1997. Per these standards, all Census indicators represent data on Ethnicity/[Hispanic origin](https://www.census.gov/newsroom/blogs/random-samplings/2021/08/measuring-racial-ethnic-diversity-2020-census.html) and [race](https://www.census.gov/newsroom/blogs/random-samplings/2021/08/measuring-racial-ethnic-diversity-2020-census.html) as two separate questions. The OMB standards emphasize that people of Hispanic/ Latinx origin can be of any race <https://www.census.gov/newsroom/blogs/random-samplings/2021/08/measuring-racial-ethnic-diversity-2020-census.html>





Population by Race and Ethnicity, 2018-2022

	Asian	Black	White	Other Race	Two or More Races	Latinx origin (any race)
Aberdeen Township	8.1%	9.1%	72.2%	3.6%	7.0%	14.6%
Allentown	2.6%	6.4%	86.5%	0.7%	3.7%	3.1%
Asbury Park	2.1%	35.8%^	44.2%*	9.0%	7.3%	20.6%
Atlantic Highlands	0.7%	0.2%	93.4%	1.4%	3.8%	5.6%
Avon-by-the-Sea	1.2%	0.7%	93.7%	0.0%*	4.4%	6.8%
Belmar	0.9%	6.3%	85.7%	2.8%	4.3%	14.9%
Bradley Beach	3.9%	0.7%	85.1%	7.1%	3.1%	22.9%
Eatontown	10.3%	9.1%	69.5%	3.0%	7.3%	12.8%
Englishtown	8.8%	6.7%	75.4%	2.9%	6.0%	14.5%
Farmingdale	0.0%	1.6%	93.4%	0.0%*	5.0%	7.3%
Hazlet Township	2.1%	2.7%	84.4%	3.7%	7.1%	12.9%
Highlands	5.6%	0.7%	87.5%	0.0%*	6.2%	5.3%
Holmdel Township	15.6%	0.9%	75.8%	0.4%	6.9%	5.7%
Howell Township	5.2%	3.8%	81.5%	3.2%	6.4%	12.7%
Keansburg	2.0%	9.3%	74.0%	8.6%	6.1%	16.3%
Keyport	2.9%	4.7%	80.3%	3.3%	8.8%	17.4%
Lake Como	1.2%	1.6%	86.0%	7.1%	3.6%	17.8%
Little Silver	0.0%*	0.0%*	99.5%^	0.0%*	0.0%*	0.9%*
Manasquan	0.5%	0.0%*	92.7%	1.4%	4.2%	4.8%
Marlboro Township	21.9%^	1.8%	70.7%	2.0%	3.7%	5.3%
Matawan	3.0%	11.9%	74.1%	2.0%	8.6%	13.0%
Middletown Township	3.0%	1.8%	88.2%	1.4%	5.4%	7.4%
Millstone Township	10.4%	0.4%	76.2%	4.9%	8.0%	13.3%
Neptune Township	2.3%	31.4%	54.3%	4.7%	7.1%	16.4%
Neptune City	0.6%	25.7%	67.7%	1.9%	4.0%	6.3%
Ocean Township	3.8%	10.6%	74.5%	2.6%	7.8%	10.3%
Oceanport	2.1%	0.5%	90.5%	0.0%*	6.9%	3.6%
Red Bank	1.0%	8.2%	69.4%	10.4%^	9.0%	25.6%
Roosevelt	1.3%	0.7%	85.3%	0.5%	12.2%	28.1%^
Shrewsbury	4.5%	0.6%	89.2%	0.7%	4.6%	2.0%
Shrewsbury Township	7.9%	13.7%	51.3%	3.2%	23.9%^	12.5%
Union Beach	1.4%	3.0%	84.0%	5.3%	6.3%	12.5%
Upper Freehold Township	9.3%	1.3%	87.7%	0.2%	1.4%	7.9%
West Long Branch	0.6%	5.5%	86.9%	3.1%	3.8%	6.0%
Monmouth County	5.4%	8.0%	83.9%	3.2%	5.9%	11.3%
New Jersey	9.9%	15.3%	67.3%	8.3%	8.6%	21.2%
United States	5.8%	12.5%	65.9%	6.0%	8.8%	18.7%

Source: US Census Bureau, American Community Survey *indicates the smallest proportion ^indicates the largest proportion

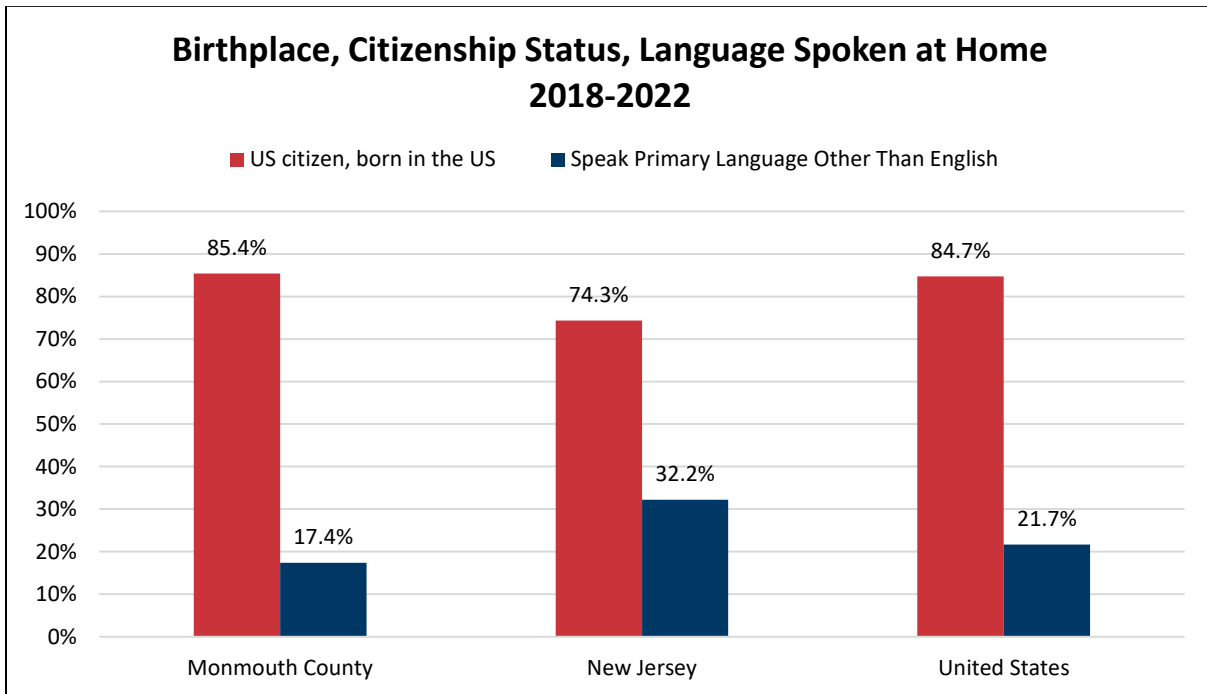




Birthplace, Citizenship Status, Language Spoken at Home 2018-2022

	US citizen, born in the US	Speak Primary Language Other Than English
Monmouth County	85.4%	17.4%
New Jersey	74.3%	32.2%
United States	84.7%	21.7%

Source: US Census Bureau, American Community Survey



Source: US Census Bureau, American Community Survey

Top 5 Languages Spoken at Home Other Than English 2022

Top 5 Languages Spoken at Home Other Than English	Monmouth County Estimated Count
Spanish	18,666
Other Indo-European languages	13,908
Russian, Polish, or other Slavic languages	7,459
Chinese (incl. Mandarin, Cantonese)	4,624
Other Asian and Pacific Island languages	2,254
Total Population Speaking a Language other than English	111,893

Source: US Census Bureau, American Community Survey





Citizenship Status, Language Spoken at Home Other Than English 2018-2022

	U.S. citizen, born in the United States	Language Other than English Spoken at Home
Aberdeen Township	84.1%	17.6%
Allentown	92.1%	7.4%
Asbury Park	81.5%	26.6%
Atlantic Highlands	92.3%	8.2%
Avon-by-the-Sea	91.9%	8.6%
Belmar	89.4%	16.8%
Bradley Beach	84.4%	24.3%
Eatontown	77.1%	23.8%
Englishtown	73.6%*	37.2%^
Farmingdale	97.4%^	1.9%*
Hazlet Township	90.8%	12.0%
Highlands	85.2%	9.3%
Holmdel Township	79.2%	20.5%
Howell Township	85.9%	15.2%
Keansburg	90.1%	16.7%
Keyport	86.8%	17.9%
Lake Como	86.8%	20.3%
Little Silver	95.0%	5.0%
Manasquan	96.3%	4.1%
Marlboro Township	74.8%	31.8%
Matawan	84.7%	14.7%
Middletown Township	91.9%	10.2%
Millstone Township	85.2%	17.1%
Neptune Township	82.8%	20.7%
Neptune City	92.6%	10.3%
Ocean Township	84.5%	18.9%
Oceanport	95.4%	4.9%
Red Bank	81.4%	23.5%
Roosevelt	88.7%	12.6%
Shrewsbury	92.1%	7.0%
Shrewsbury Township	85.0%	16.5%
Union Beach	79.6%	6.8%
Upper Freehold Township	86.7%	14.6%
West Long Branch	93.5%	8.9%
Monmouth County	85.4%	17.4%
New Jersey	74.3%	32.2%
United States	84.7%	21.7%

Source: US Census Bureau, American Community Survey *indicates the smallest proportion ^indicates the largest proportion





Income and Work

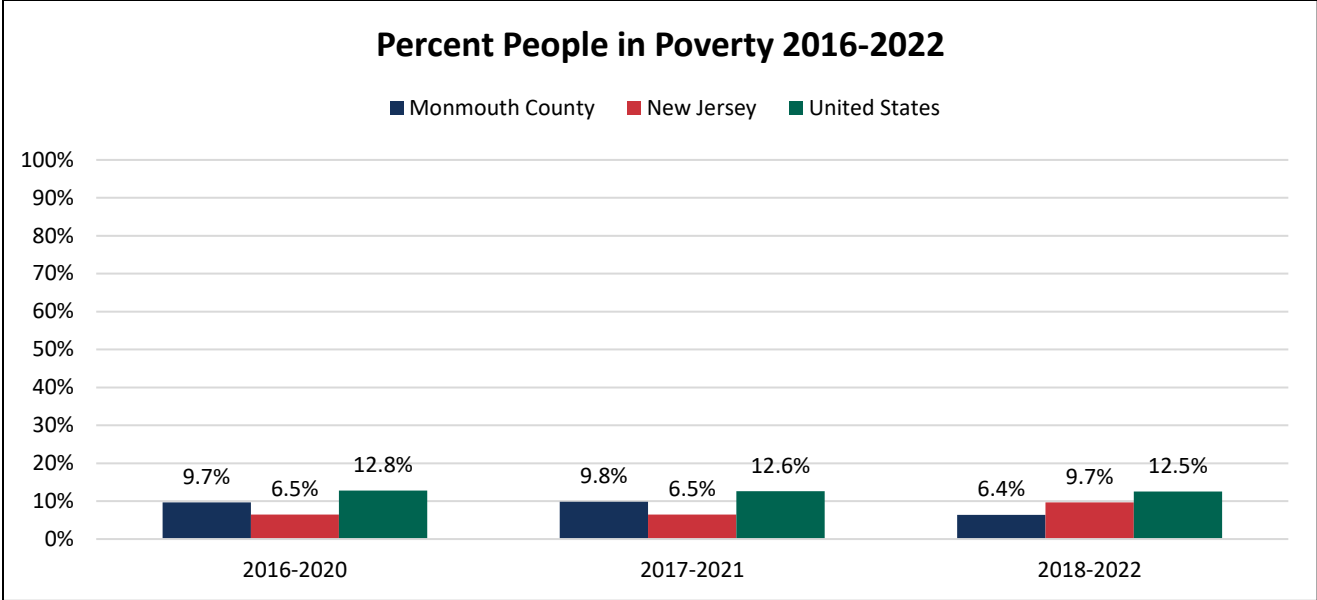
Money impacts the choices we have to be healthy

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 have available to meet basic needs such as housing, food, and health care. The greater the amount of financial flexibility one has, the greater the opportunity one has to live in a stable, upkept home, purchase enough healthy food, engage in exercise and leisure activities, etc. Employment is affected by both individual characteristics, such as education and training, and also 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 that are seen in health outcomes oftentimes reflect inequities in socioeconomic opportunities at the community level. Therefore, it is important to consider socioeconomic characteristics at both the individual and community level.

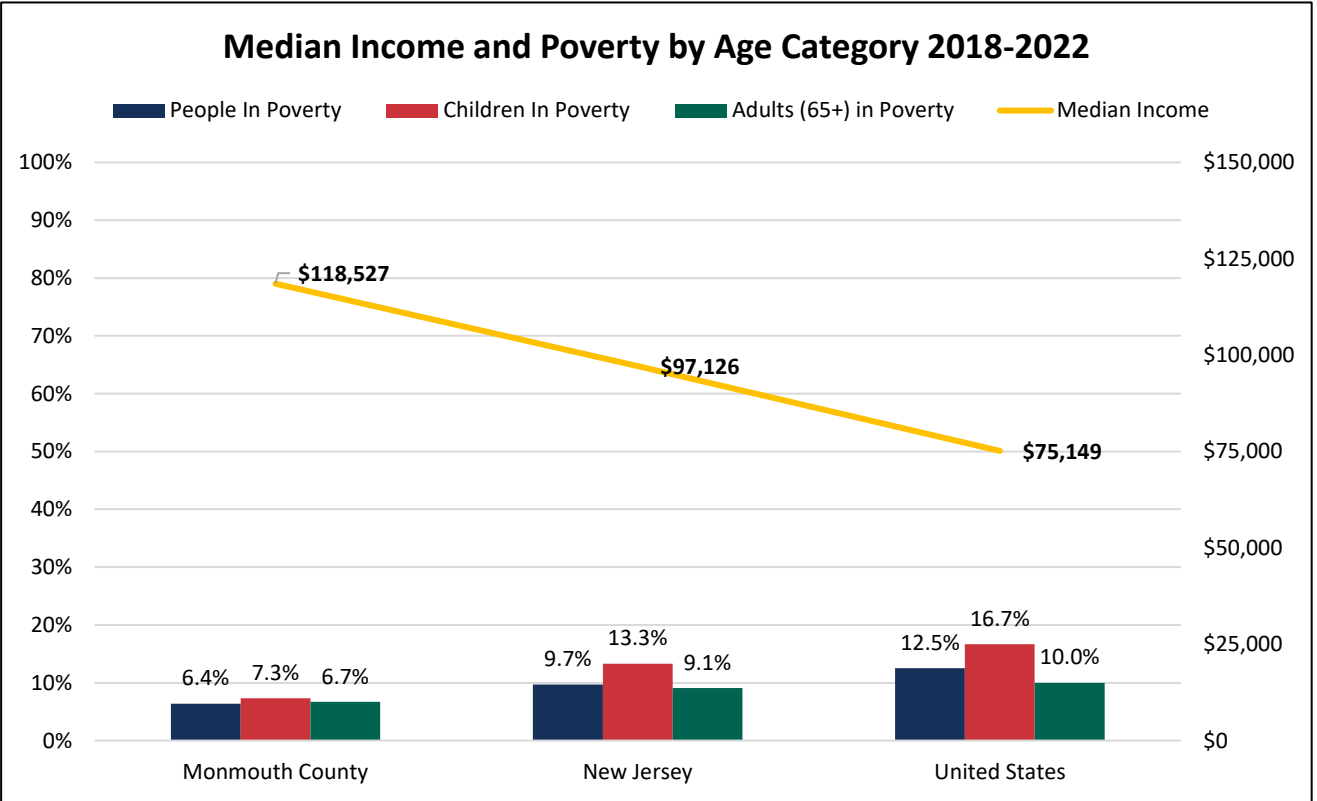
Income and Work: At a Glance

- ➔ People in Monmouth County generally have high incomes compared to people across New Jersey and the US. The median income in Monmouth County (\$118,527) is 22% higher than the median income across New Jersey (\$97,126), which is a relatively higher-income state.
- ➔ Poverty is lower in Monmouth County (6% compared to 10% in New Jersey and 13% in the US), and unemployment is slightly lower (4% compared to 5% in New Jersey and the US).
- ➔ Although the proportion of people living at or below the federal poverty level is low, 1 in 5 households meets the ALICE threshold of working poor. That means that 1 in 5 households are working, but struggling to make ends meet and may not qualify for income-based supports.
- ➔ While most people are employed, the average pay across most job categories is not enough to meet the cost of living for a family of four in Monmouth County. 20% of households do not make enough money to make ends meet given the cost of living in Monmouth County, even when employed.





Source: US Census Bureau, American Community Survey



Source: US Census Bureau, American Community Survey





Median Income and Poverty by Age 2018-2022

	People in Poverty	Children in Poverty	Older Adult (65+) Poverty	Median Income
Aberdeen Township	4.3%	5.4%	4.4%	\$118,085
Allentown	3.5%	0.5%	2.3%	\$113,438
Asbury Park	19.7%^	34.7%^	15.7%	\$63,461*
Atlantic Highlands	5.4%	3.1%	1.5%	\$118,591
Avon-by-the-Sea	9.1%	24.8%	5.5%	\$106,563
Belmar	7.4%	13.2%	5.8%	\$89,736
Bradley Beach	5.2%	3.6%	0.7%*	\$89,967
Eatontown	7.0%	3.5%	12.3%	\$88,393
Englishtown	13.0%	20.5%	22.9%^	\$101,750
Farmingdale	2.3%	0.0%*	2.0%	\$93,523
Hazlet Township	3.9%	3.8%	5.7%	\$118,360
Highlands	6.1%	0.0%*	4.1%	\$86,901
Holmdel Township	4.3%	5.7%	4.5%	\$169,242
Howell Township	5.6%	4.6%	7.7%	\$128,177
Keansburg	15.7%	27.7%	8.7%	\$80,144
Keyport	7.7%	0.9%	17.8%	\$75,709
Lake Como	5.9%	18.6%	0.9%	\$82,500
Little Silver	1.2%*	0.0%*	1.9%	\$216,974^
Manasquan	2.2%	0.5%	6.0%	\$130,240
Marlboro Township	3.5%	3.0%	3.1%	\$170,357
Matawan	7.0%	8.6%	8.4%	\$125,040
Middletown Township	3.9%	3.8%	5.0%	\$137,717
Millstone Township	2.8%	1.4%	7.6%	\$190,559
Neptune Township	9.6%	16.6%	9.2%	\$89,386
Neptune City	15.3%	37.5%	3.3%	\$82,009
Ocean Township	6.0%	5.5%	5.5%	\$112,614
Oceanport	3.7%	1.8%	8.3%	\$132,723
Red Bank	10.3%	10.6%	12.4%	\$89,500
Roosevelt	2.0%	1.9%	2.2%	\$101,339
Shrewsbury	3.1%	4.2%	3.5%	\$158,065
Shrewsbury Township	12.2%	29.2%	20.9%	\$77,656
Union Beach	2.1%	0.0%*	8.5%	\$124,828
Upper Freehold Township	3.5%	6.2%	1.9%	\$170,033
West Long Branch	6.1%	10.1%	6.8%	\$114,036
Monmouth County	6.4%	7.3%	6.7%	\$118,527
New Jersey	9.7%	13.3%	9.1%	\$97,126
United States	12.5%	16.7%	10.0%	\$75,149

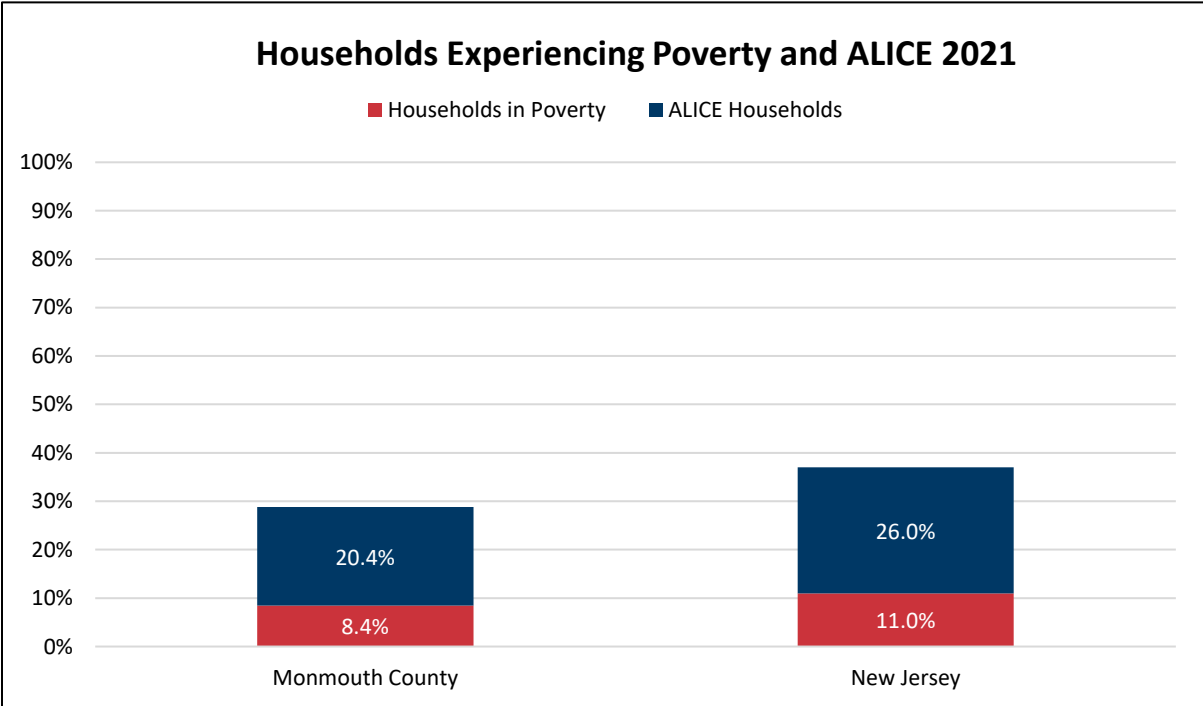
Source: US Census Bureau, American Community Survey *indicates lowest values ^indicates highest values



Asset Limited Income Constrained Employed (ALICE)

The ALICE index captures the percent of working households whose income is above the federal poverty level, but below the threshold necessary to meet basic needs based on localized cost of living and average household sizes. ALICE measures the proportion of households considered to be the working poor; people who are employed, but based on their income, household size, and local cost of living, will struggle to meet basic needs such as food, clothing, utilities, or healthcare. This population often does not qualify for income-based services and may not have the resources to address an unexpected financial need, such as a home or car repair.

ALICE: Asset Limited Income Constrained Employed
The ALICE Index measures the proportion of working households who do not earn enough to meet all of their basic needs given the local cost of living.



Source: United for ALICE

The takeaway: While there is a relatively low proportion of Monmouth County residents who live below the federal poverty level, 1 in 5 households do not have the financial resources to make ends meet despite having a job. In Keyport and Lake Como, that proportion increases to **1 in 3**.





Households Experiencing Poverty and ALICE 2021

	Households in Poverty	ALICE Households
Aberdeen Township	3.0%	19.3%
Allentown	4.6%	23.8%
Asbury Park	20.8%^	32.1%
Atlantic Highlands	5.5%	16.9%
Avon-by-the-Sea	8.4%	22.9%
Belmar	7.9%	26.0%
Bradley Beach	6.3%	28.8%
Eatontown	9.1%	30.7%
Englishtown	9.7%	25.2%
Farmingdale	3.7%	32.2%
Hazlet Township	5.1%	21.1%
Highlands	8.7%	24.8%
Holmdel Township	3.6%	14.7%
Howell Township	5.8%	19.7%
Keansburg	20.2%	20.0%
Keyport	11.6%	32.9%
Lake Como	6.6%	35.5%^
Little Silver	2.1%	9.2%
Manasquan	2.6%	24.3%
Marlboro Township	3.6%	11.2%
Matawan	7.1%	18.2%
Middletown Township	4.0%	17.7%
Millstone Township	6.1%	7.8%*
Neptune Township	16.7%	26.1%
Neptune City	9.6%	26.2%
Ocean Township	6.4%	21.8%
Oceanport	1.3%	16.9%
Red Bank	11.3%	27.6%
Roosevelt	2.7%	18.3%
Shrewsbury	1.5%*	20.5%
Shrewsbury Township	11.1%	25.1%
Union Beach	2.8%	14.2%
Upper Freehold Township	2.9%	14.5%
West Long Branch	6.9%	21.2%
Monmouth County	8.4%	20.4%
New Jersey	26.0%	11.0%

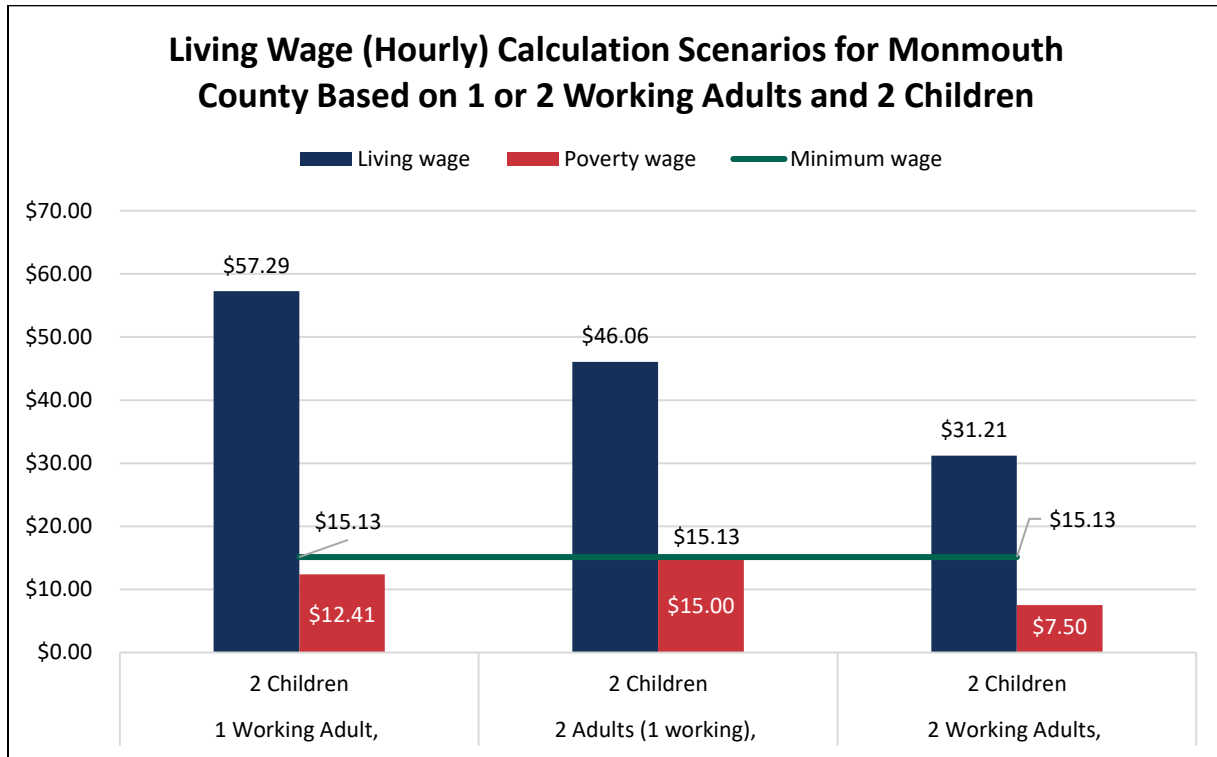
Source: United for ALICE *indicates the smallest proportion ^indicates the largest proportion





Living Wage Calculator

“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.”⁴



Source: Living Wage Calculator

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

While a household with one adult means *three* total household members compared to *four* in the households with two adults, the living wage required in the household with *one* adult is higher (\$57.29) than that for a household with *four* total people but one adult *not* working outside the home (\$46.06), as a result of the cost-of-childcare differential; it assumes that the household with only one adult working outside of the home has a \$0 childcare expenditure, that the adult who does not have outside employment provides full-time childcare. For families with children, childcare is often their single largest expense, even more expensive than housing⁵.

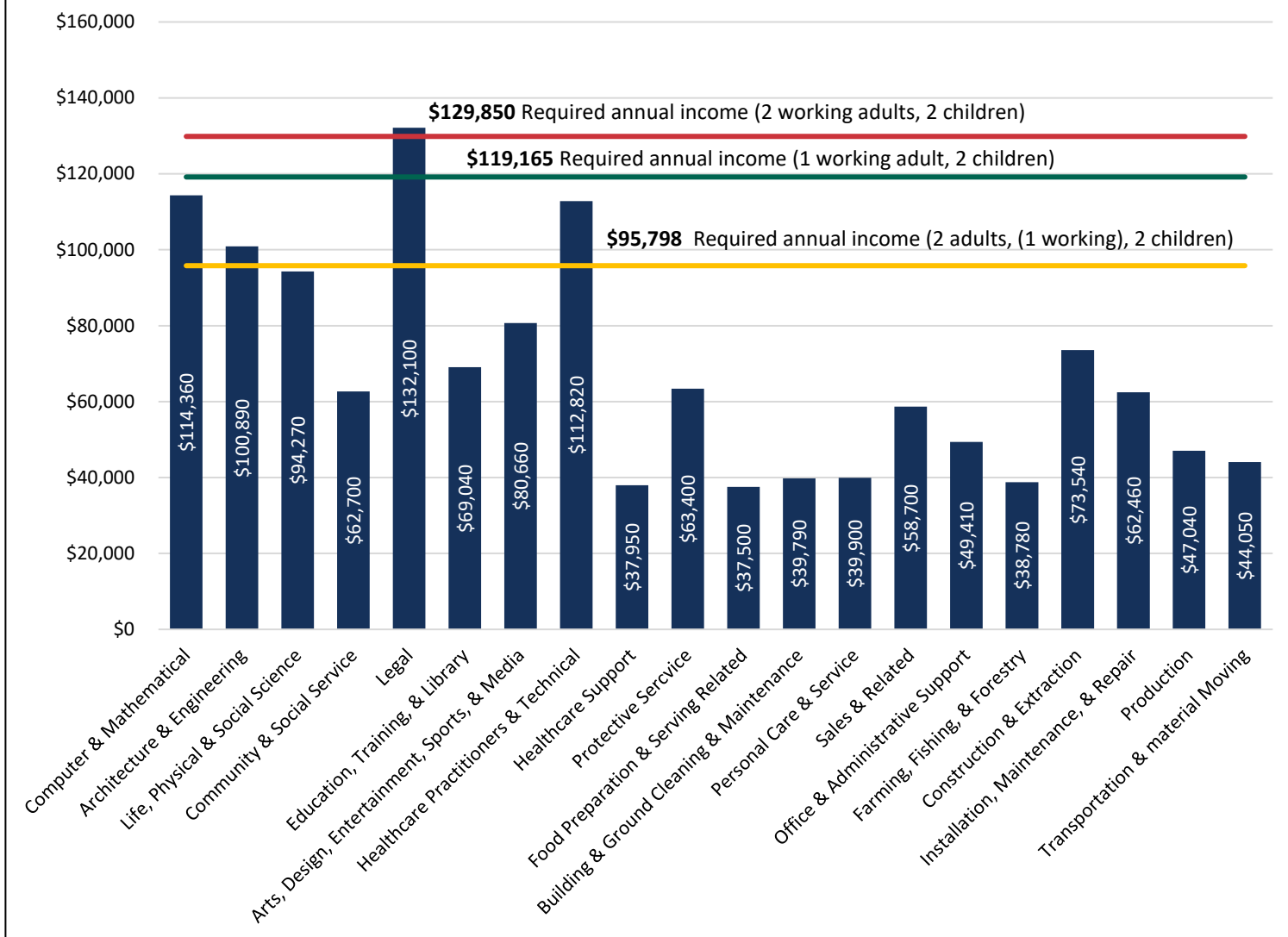
⁴ Glasmeier, Dr. A. J. (2024, February 14). *Living wage calculator*. Living Wage Calculator - Living Wage Calculation for Cumberland County, New Jersey. <https://livingwage.mit.edu/counties/34011>

⁵ 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/>





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



Source: Living Wage Calculator

*Typical expenses include food, childcare, medical, housing, transportation, civic, other. Required annual income reflects per working adult, single or in 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 percent of median household income
Monmouth County	8.2	30.5%
New Jersey	8.2	31.4%
United States	7.0	27.0%

Source: Homeland Infrastructure Foundation-Level Data, 2010-2022 & The Living Wage Calculator, Small Area Income and Poverty Estimates, 2022 & 2021





Education and Internet:

Building bridges and barriers

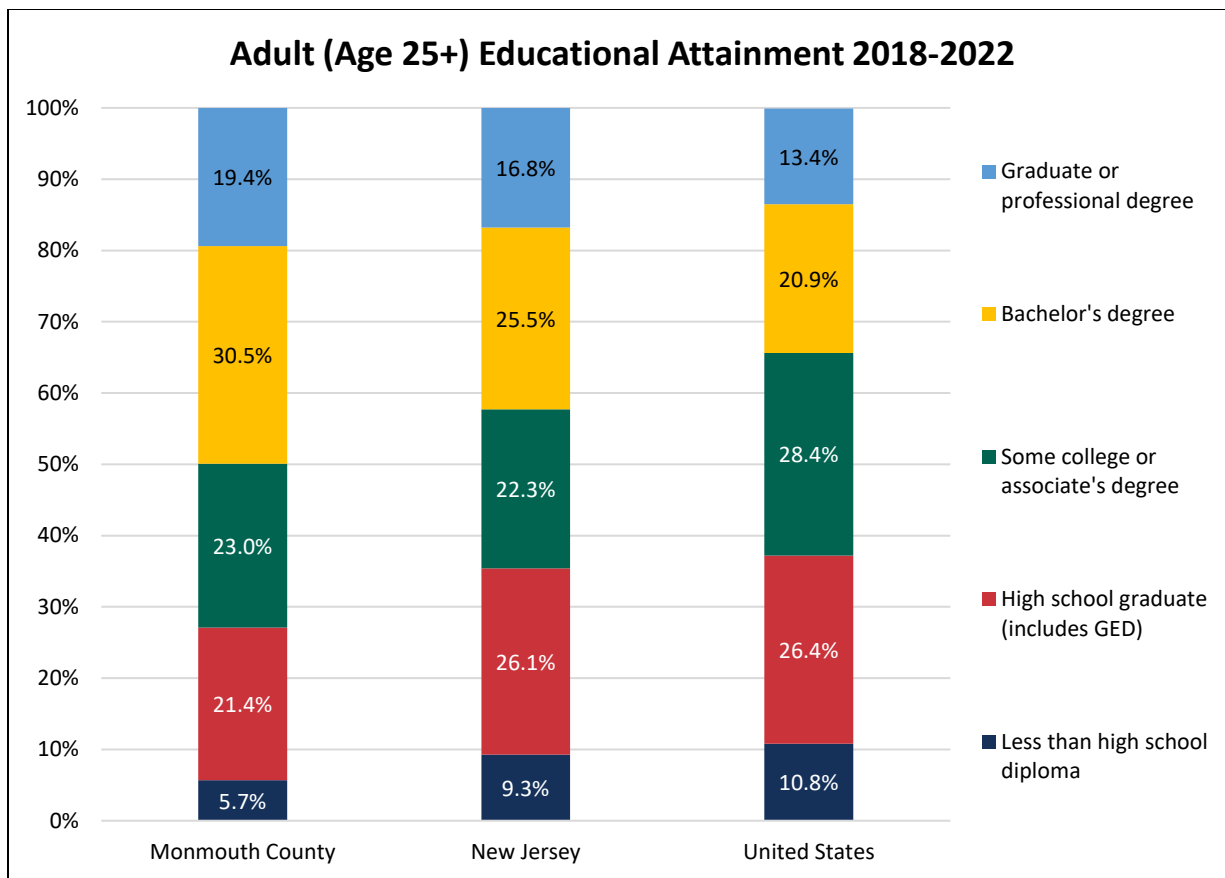
Higher levels of education and income are associated with better health and social outcomes. This is, in part, because higher levels of education can lead to higher paid jobs and jobs with benefits, such as health insurance. Familiarity with scientific terms and confidence in literacy help to ensure 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 supporting 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 stop 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, ranging from 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 having a personal computer or smart phone – have become increasingly essential components for education, employment, and community connections.

Education and the Internet: At a Glance

- ➔ People in Monmouth County are educated. Half (50%) of adults living in Monmouth County have a bachelor's degree or higher, a percentage above the rest of New Jersey (42%) and the United States (34%).
- ➔ Most young people in Monmouth County complete high school on time. In 2022, every district graduated more than 90% of its senior class on time, rates higher than across the rest of New Jersey.
- ➔ Most districts *did not* experience a COVID-19-era decline in graduation rates common in many other places in New Jersey and across the nation. There is opportunity to learn from and share the strategies implemented across Monmouth County to keep youth engaged during this universally challenging time.
- ➔ Access to broadband internet is robust, but varies across the county.
- ➔ Evidence shows that low-income households and people over age 65 are less likely to have the tools necessary to connect online. Both low-income and older adults are vulnerable populations who may be experiencing specific barriers to online information and resources.





Source: US Census Bureau, American Community Survey

High School Graduation Rate by Monmouth County School District

	2019	2020	2021	2022
Allentown High School	97.2	92.7	96.0	96.0
Asbury Park High School	75.8*	82.1*	79.3*	84.8
Henry Hudson Regional High School	97.7	100.0^	95.2	94.0
Keansburg High School	87.9	87.7	83.0	79.4
Keyport High School	93.5	90.1	94.7	91.5
Manasquan High School	93.8	91.7	94.2	96.0
Matawan Regional High School	94.8	91.0	90.5	86.2
Middletown High School North	93.9	92.7	94.7	93.5
Middletown High School South	95.7	97.7	96.0	96.8
Monmouth County Vocational School District	98.6^	97.0	98.4^	99.5^
Neptune High School	79.6	84.7	81.1	76.2*
Ocean Township High School	94.4	94.2	90.5	94.6
Raritan High School	97.6	96.6	95.2	94.7
Red Bank Regional High School	92.1	94.3	95.5	92.9
Rumson-Fair Haven Regional High School	96.6	97.9	97.6	98.1
Monmouth County	95.4	95.3	95.5	95.3
New Jersey	90.6	91.0	90.6	90.9

Source: New Jersey Department of Education, School Performance *indicates the smallest proportion ^indicates the largest proportion





Adult (Age 25+) Educational Attainment 2018-2022

	Less than High School Diploma	High School Graduate (includes equivalency)	Some College or Associate's Degree	Bachelor's Degree	Graduate or Professional Degree
Aberdeen Township	5.9%	22.5%	24.5%	30.1%	17.0%
Allentown	6.9%	16.7%	22.3%	35.0%	19.2%
Asbury Park	10.5%	26.1%	21.1%	25.8%	16.4%
Atlantic Highlands	1.0%	21.5%	24.7%	35.0%	17.8%
Avon-by-the-Sea	2.4%	13.9%	12.5%	40.8%	30.4%
Belmar	7.2%	16.8%	25.9%	35.6%	14.4%
Bradley Beach	10.2%	14.5%	15.9%	31.8%	27.6%
Eatontown	9.5%	25.8%	24.3%	24.7%	15.6%
Englishtown	5.6%	31.7%	29.1%	24.4%	9.1%
Farmingdale	5.7%	27.7%	31.2%	28.1%	7.3%
Hazlet Township	5.6%	37.8%^	25.6%	21.7%	9.3%
Highlands	8.9%	16.8%	24.7%	26.6%	23.0%
Holmdel Township	2.8%	12.5%	18.8%	36.4%	29.6%
Howell Township	4.9%	26.7%	25.4%	27.4%	15.6%
Keansburg	15.9%^	37.8%^	28.3%	14.5%*	3.4%*
Keyport	8.2%	29.5%	28.5%	20.2%	13.6%
Lake Como	3.8%	21.2%	22.1%	34.2%	18.7%
Little Silver	1.1%	7.9%*	13.4%*	43.9%^	33.8%^
Manasquan	0.3%*	12.1%	18.1%	41.1%	28.4%
Marlboro Township	3.1%	14.4%	18.3%	33.0%	31.3%
Matawan	2.4%	28.7%	26.8%	29.9%	12.1%
Middletown Township	3.4%	23.1%	23.5%	33.4%	16.6%
Millstone Township	4.6%	18.2%	20.9%	39.1%	17.4%
Neptune Township	8.5%	24.5%	29.4%	25.2%	12.3%
Neptune City	2.8%	23.7%	41.5%^	20.5%	11.6%
Ocean Township	5.4%	19.9%	25.3%	29.1%	20.2%
Oceanport	3.8%	17.9%	29.7%	31.3%	17.2%
Red Bank	8.3%	19.7%	20.8%	28.8%	22.4%
Roosevelt	2.1%	21.9%	28.5%	27.9%	19.7%
Shrewsbury	2.8%	15.5%	16.2%	37.2%	28.2%
Shrewsbury Township	6.3%	30.9%	39.8%	16.5%	6.5%
Union Beach	5.7%	26.7%	32.0%	21.9%	13.8%
Upper Freehold Township	2.5%	15.6%	19.3%	36.7%	25.9%
West Long Branch	9.3%	21.0%	24.9%	28.8%	16.0%
Monmouth County	5.7%	21.4%	23.0%	30.5%	19.4%
New Jersey	9.3%	26.1%	22.3%	25.5%	16.8%
United States	10.8%	26.4%	28.4%	20.9%	13.4%

Source: US Census Bureau, American Community Survey *indicates the smallest proportion ^indicates the largest proportion



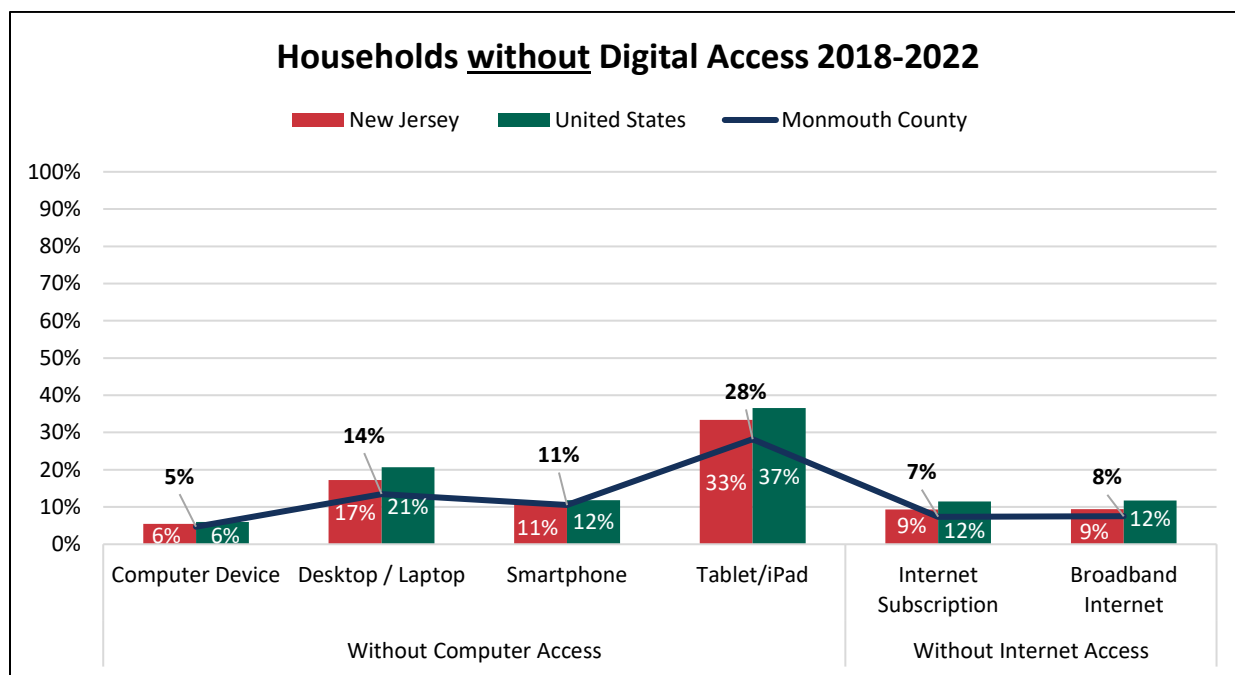


Digital Access

Households with Digital Access 2018-2022

	With Computer Access				With Internet Access	
	Computer Device (any)	Desktop / Laptop	Smartphone	Tablet/iPad	Internet Subscription	Broadband Internet
Monmouth County	95.3%	86.5%	89.5%	71.8%	92.6%	92.5%
New Jersey	94.5%	82.8%	88.7%	66.6%	90.7%	90.6%
United States	94.0%	79.3%	88.2%	63.4%	88.5%	88.3%

Source: US Census Bureau, American Community Survey

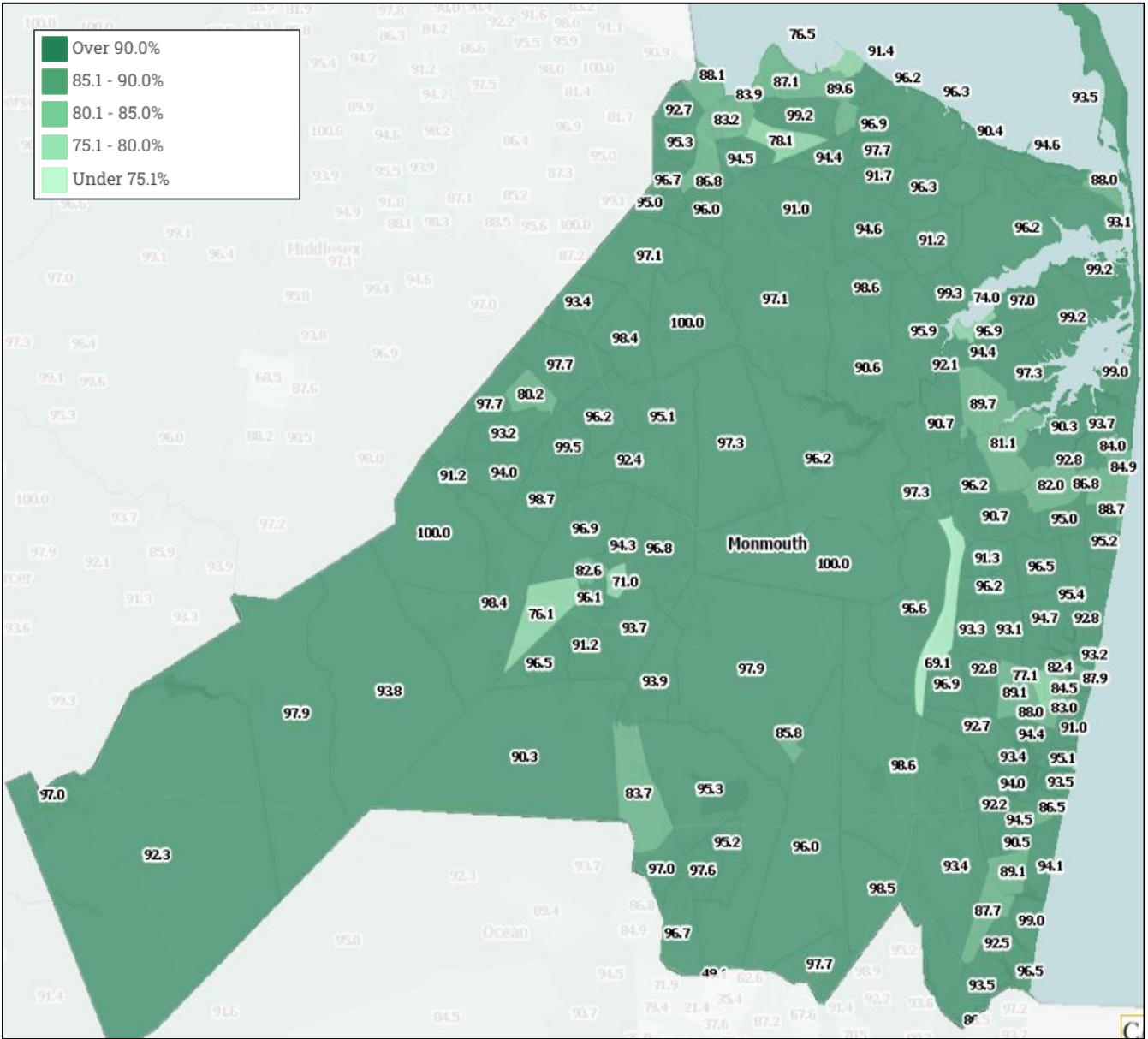


Source: US Census Bureau, American Community Survey





Households with any Broadband Internet by Monmouth County Census Tract 2018-2022



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





Households with Digital Access 2018-2022

	With Computer Access			With Internet Access	
	Computer Device (any)	Desktop/ Laptop	Smartphone	Internet Subscription	Broadband Internet
Aberdeen Township	97.6%	91.8%	92.3%	91.8%	91.8%
Allentown	97.3%	90.2%	92.8%	97.4%^	97.0%
Asbury Park	94.0%	75.7%	89.2%	88.4%	88.4%
Atlantic Highlands	96.2%	88.9%	88.8%	94.5%	94.5%
Avon-by-the-Sea	96.5%	83.6%	90.1%	95.0%	95.0%
Belmar	96.2%	81.1%	92.7%	93.8%	93.8%
Bradley Beach	93.9%	83.3%	89.3%	90.8%	90.8%
Eatontown	92.7%	78.6%	89.7%	90.8%	90.8%
Englishtown	93.2%	83.9%	92.6%	91.2%	91.2%
Farmingdale	93.7%	83.0%	85.2%	85.8%	85.8%
Hazlet Township	93.4%	84.8%	84.3%	91.6%	91.2%
Highlands	95.7%	85.3%	86.8%	89.6%	89.6%
Holmdel Township	96.0%	92.1%	91.6%	94.2%	94.2%
Howell Township	96.1%	90.6%	91.2%	94.8%	94.6%
Keansburg	91.5%	74.7%	84.3%	84.9%	84.9%
Keyport	90.6%	78.3%	81.1%*	83.5%*	83.5%*
Lake Como	97.6%	81.6%	94.4%	86.5%	86.5%
Little Silver	97.2%	95.5%^	95.6%^	97.3%	97.3%^
Manasquan	97.8%	91.5%	93.4%	94.6%	94.6%
Marlboro Township	98.4%^	94.9%	94.7%	96.1%	96.1%
Matawan	95.4%	87.7%	93.4%	96.2%	96.2%
Middletown Township	96.6%	88.7%	90.8%	95.3%	95.1%
Millstone Township	97.7%	93.8%	91.2%	96.1%	95.3%
Neptune Township	93.3%	82.2%	85.5%	90.2%	90.0%
Neptune City	97.5%	77.4%	93.6%	94.4%	94.4%
Ocean Township	96.7%	87.6%	91.3%	94.5%	94.2%
Oceanport	92.2%	87.9%	87.8%	89.6%	89.6%
Red Bank	96.2%	85.0%	84.2%	89.8%	89.8%
Roosevelt	96.7%	85.4%	91.3%	97.0%	97.0%
Shrewsbury	95.6%	89.2%	91.8%	89.4%	89.4%
Shrewsbury Township	91.5%	73.8%*	88.4%	90.4%	90.4%
Union Beach	93.6%	77.6%	85.9%	87.1%	87.1%
Upper Freehold Township	97.2%	93.4%	89.9%	93.6%	92.3%
West Long Branch	87.1%*	80.5%	83.4%	85.6%	85.6%
Monmouth County	95.3%	86.5%	89.5%	92.6%	92.5%
New Jersey	94.5%	82.8%	88.7%	90.7%	90.6%
United States	94.0%	79.3%	88.2%	88.5%	88.3%

Source: US Census Bureau, American Community Survey *indicates the smallest proportion ^indicates the largest proportion





Our Homes and Where We Live

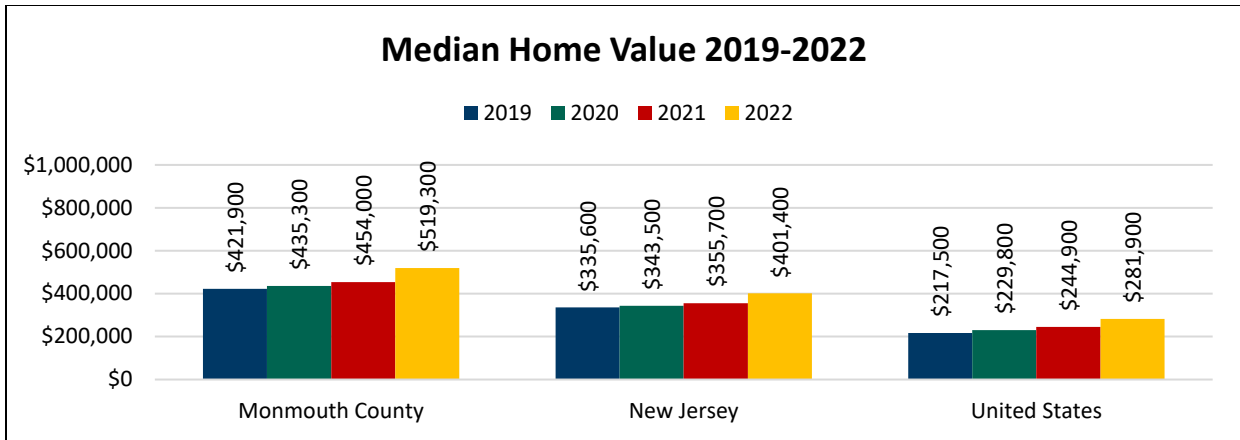
Housing conditions and unhoused people

Homeownership has been shown to both stabilize communities and create generational wealth for families. Housing costs are most families' largest household expense. When more than 30% of household income is spent on monthly housing costs, it makes fewer resources available for other basic needs, such as food, transportation, clothing, and health care.

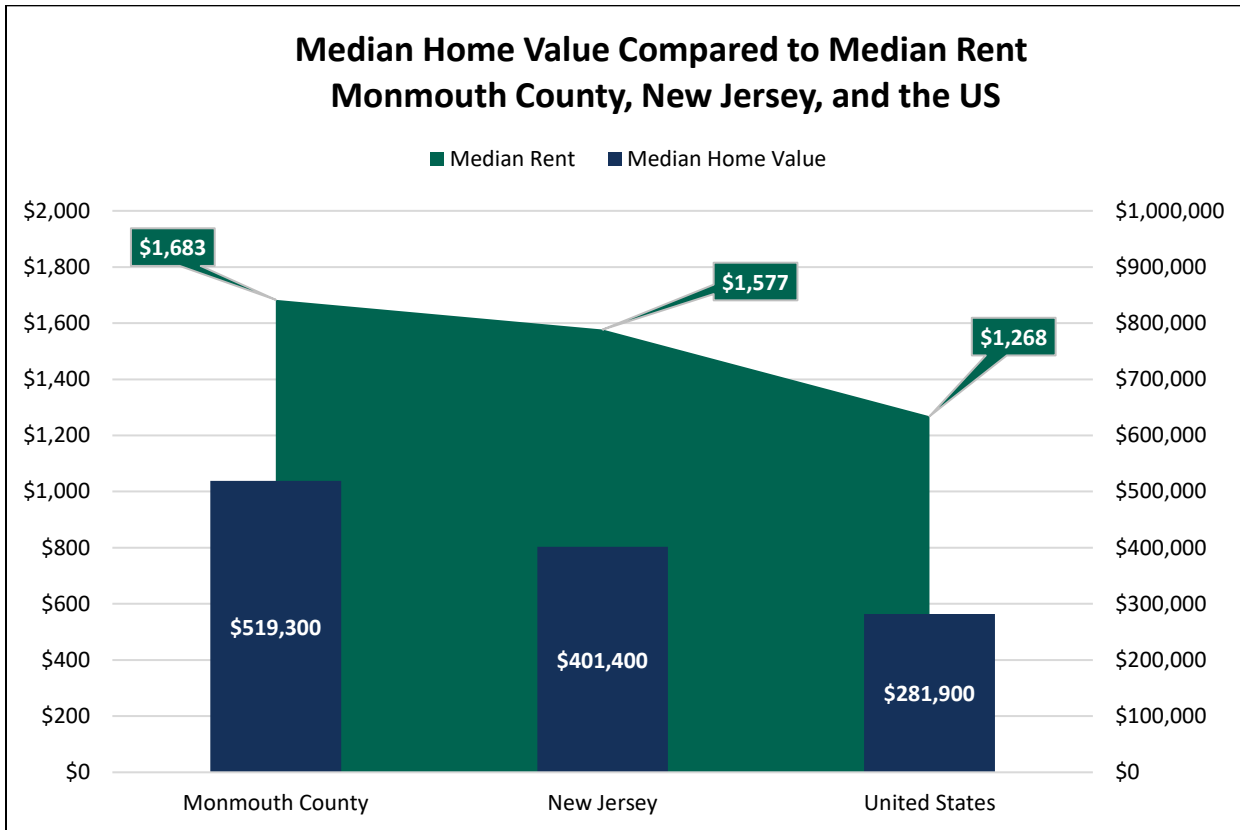
Our Homes and Where We Live: At a Glance

- ➔ More people in Monmouth County own their home than rent, compared to New Jersey and the US.
- ➔ More than half (52.3%) of all renters in Monmouth County are “cost-burdened,” meaning they pay more than 30% of their income towards housing. Mortgage lenders and others use the 30% proportion towards housing costs as a standard to ensure that there are adequate household resources available to spend on other necessities such as food, clothing, transportation, and healthcare. When households are cost-burdened by housing, there are fewer resources available to allocate towards healthy choices.
- ➔ The median home value in Monmouth is nearly twice the national median, and 30% higher than the rest of New Jersey. This means that first-time home ownership may be out-of-reach for many Monmouth County residents.
- ➔ The median rent is also higher in Monmouth County than New Jersey and the US. Monmouth County renters may be vulnerable to being priced out at annual lease renewals due to changes in the market, as well as substandard living conditions worsened by unresponsive landlords
- ➔ Nearly 1 in 3 homeowners and *half of all renters* across Monmouth County have documented housing problems that meet the HUD standards of distressed housing.





Source: US Census Bureau, American Community Survey



Source: US Census Bureau, American Community Survey, 2018-2022





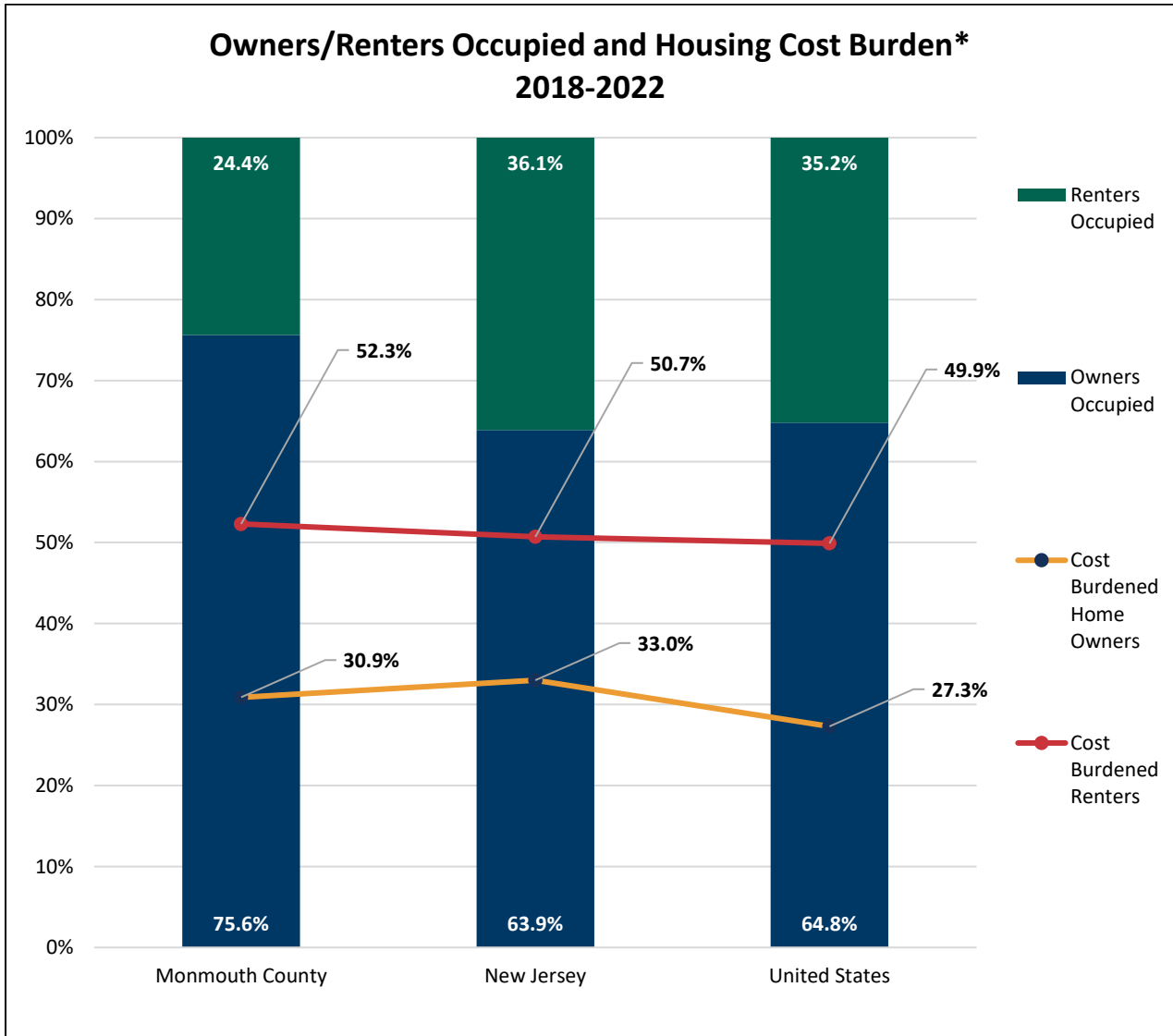
Median Home Value Compared to Median Rent

	Median Rent	Median Home Value
Aberdeen Township	\$2,026	\$397,000
Allentown	\$1,543	\$367,900
Asbury Park	\$1,554	\$455,000
Atlantic Highlands	\$1,831	\$589,300
Avon-by-the-Sea	\$1,628	\$1,168,500^
Belmar	\$1,722	\$716,600
Bradley Beach	\$1,678	\$830,400
Eatontown	\$1,491	\$400,300
Englishtown	\$1,669	\$419,000
Farmingdale	\$1,454	\$392,300
Hazlet Township	\$1,297	\$418,600
Highlands	\$1,725	\$396,200
Holmdel Township	\$2,955	\$801,100
Howell Township	\$1,974	\$429,400
Keansburg	\$1,591	\$254,000
Keyport	\$1,251 *	\$355,000
Lake Como	\$1,765	\$549,800
Little Silver	\$3,500+ ^	\$817,200
Manasquan	\$1,408	\$865,600
Marlboro Township	\$2,517	\$621,600
Matawan	\$1,759	\$407,800
Middletown Township	\$1,542	\$518,900
Millstone Township	\$2,216	\$628,300
Neptune Township	\$1,617	\$390,300
Neptune City	\$1,323	\$367,900
Ocean Township	\$1,390	\$565,300
Oceanport	**	\$644,200
Red Bank	\$1,886	\$424,700
Roosevelt	\$2,540	\$346,500
Shrewsbury	\$3,500+ ^	\$698,900
Shrewsbury Township	\$1,737	\$142,000*
Union Beach	\$1,729	\$380,800
Upper Freehold Township	**	\$641,600
West Long Branch	\$1,862	\$611,600
Monmouth County	\$1,683	\$519,300
New Jersey	\$1,577	\$401,400
United States	\$1,268	\$281,900

Source: US Census Bureau, American Community Survey, 2018-2022 *indicates the smallest value ^indicates the largest value

**Data is not available





Source: US Census Bureau, American Community Survey

*Defined as spending 30% or more of household income on rent or mortgage expenses.





Owners/Renters Occupied and Housing Cost Burden** 2018-2022

	Owner-occupied	Renter-occupied	Cost Burdened* Homeowners	Cost Burdened* Renters
Aberdeen Township	71.9%	28.1%	30.0%	44.8%
Allentown	75.1%	24.9%	27.5%	42.1%
Asbury Park	30.8%*	69.2%^	26.9%	56.2%
Atlantic Highlands	69.7%	30.3%	12.2%*	52.2%
Avon-by-the-Sea	68.4%	31.6%	34.4%	33.4%
Belmar	50.9%	49.1%	37.9%	50.4%
Bradley Beach	45.7%	54.3%	50.0%^	45.0%
Eatontown	57.5%	42.5%	33.8%	48.6%
Englishtown	63.6%	36.4%	37.4%	51.8%
Farmingdale	58.2%	41.8%	16.3%	54.9%
Hazlet Township	90.8%	9.2%	34.2%	60.5%
Highlands	67.0%	33.0%	33.9%	47.5%
Holmdel Township	90.0%	10.0%	31.5%	59.0%
Howell Township	89.4%	10.6%	30.7%	58.7%
Keansburg	51.2%	48.8%	35.8%	59.4%
Keyport	55.8%	44.2%	44.4%	36.0%
Lake Como	58.9%	41.1%	27.6%	46.4%
Little Silver	96.2%	3.8%	25.4%	23.7%
Manasquan	87.0%	13.0%	42.4%	44.4%
Marlboro Township	92.8%	7.2%	26.9%	46.8%
Matawan	62.2%	37.8%	32.5%	34.1%
Middletown Township	84.9%	15.1%	26.9%	59.3%
Millstone Township	91.7%	8.3%	27.2%	5.4%*
Neptune Township	67.1%	32.9%	32.3%	52.3%
Neptune City	58.0%	42.0%	42.5%	44.2%
Ocean Township	66.0%	34.0%	22.7%	52.6%
Oceanport	92.6%	7.4%	34.8%	16.1%
Red Bank	51.8%	48.2%	33.3%	45.9%
Roosevelt	81.8%	18.2%	35.3%	66.7%
Shrewsbury	86.5%	13.5%	30.7%	97.5%^
Shrewsbury Township	66.7%	33.3%	14.9%	43.0%
Union Beach	91.9%	8.1%	20.2%	46.1%
Upper Freehold Township	97.5%^	2.5%*	30.0%	33.3%
West Long Branch	73.1%	26.9%	32.5%	66.2%
Monmouth County	75.6%	24.4%	30.9%	52.3%
New Jersey	63.9%	36.1%	33.0%	50.7%
United States	64.8%	35.2%	27.3%	49.9%

Source: US Census Bureau, American Community Survey *indicates the smallest proportion ^indicates the largest proportion

**Defined as spending 30% or more of household income on rent or mortgage expenses.





Housing Problems

The US Department of Housing and Urban Development (HUD) tracks the reporting of housing problems and severe housing problems nationwide.

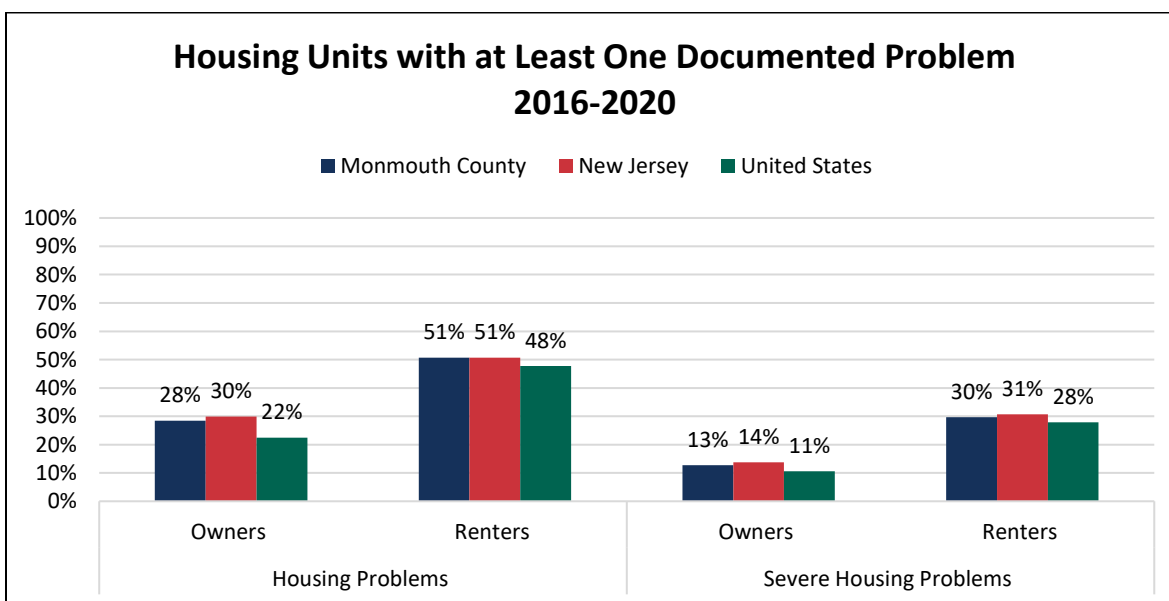
- Housing problems are defined as housing units that have at least one of the following problems: high housing costs (representing more than 30% of household income for housing expenses), incomplete kitchens, incomplete plumbing facilities, overcrowding (representing more than one person per bedroom).
- Severe housing problems are defined as housing units having more than one of the following problems: incomplete kitchens, incomplete plumbing facilities, overcrowding representing more than 1.5 persons per bedroom, and households where more than 50% of income is needed for housing costs.

Housing Units with at Least One Problem and Percentage of Total Units by Geography

	Housing Problems		Severe Housing Problems	
	Owners	Renters	Owners	Renters
Monmouth County	50,230 (28.4%)	30,965 (50.7%)	22,455 (12.7%)	18,170 (29.7%)
New Jersey	627,230 (29.9%)	596,475 (50.7%)	286,930 (13.7%)	361,145 (30.7%)
United States	17,831,680 (22.4%)	20,971,565 (47.7%)	8,434,335 (10.6%)	12,240,385 (27.9%)

Source: US Census Bureau, American Community Survey, 2016-2020

Across Monmouth County, more than 1 in 3 homeowners and 50% of renters have documented housing problems that meet the HUD standards of housing problems. Collaboration that yields policies that work to identify and remediate housing problems would have a substantial positive impact on the quality of life of many Monmouth County residents.



Source: US Census Bureau, American Community Survey, 2016-2020



During 2020, COVID-19 required children to attend school remotely and many adults worked from home or lost their jobs altogether, causing Americans to spend far more time in their homes than in times past. The presence of documented housing problems increased risks for impacted households during the height of the COVID-19 pandemic, when many families experienced extended exposure to household contaminants, such as lead, as well as enduring financial hardships.

Lead Exposure

Homes across New Jersey are old, with more than half of all houses built before 1978, increasing the risk of lead exposure. Lead is a toxin that damages developing brains in children, leading to changes in learning, memory, and behavior that last a lifetime. There is no documented safe level of lead exposure. Older houses, built before the ban of lead paint in 1978—particularly rental properties in low-income areas—are more likely to have lead-based paint and plumbing fixtures.

More than half of the homes across Monmouth County were built before 1980, putting many residents at risk of lead exposure.

New Jersey 2022 Healthy Housing Fact Sheet

1978

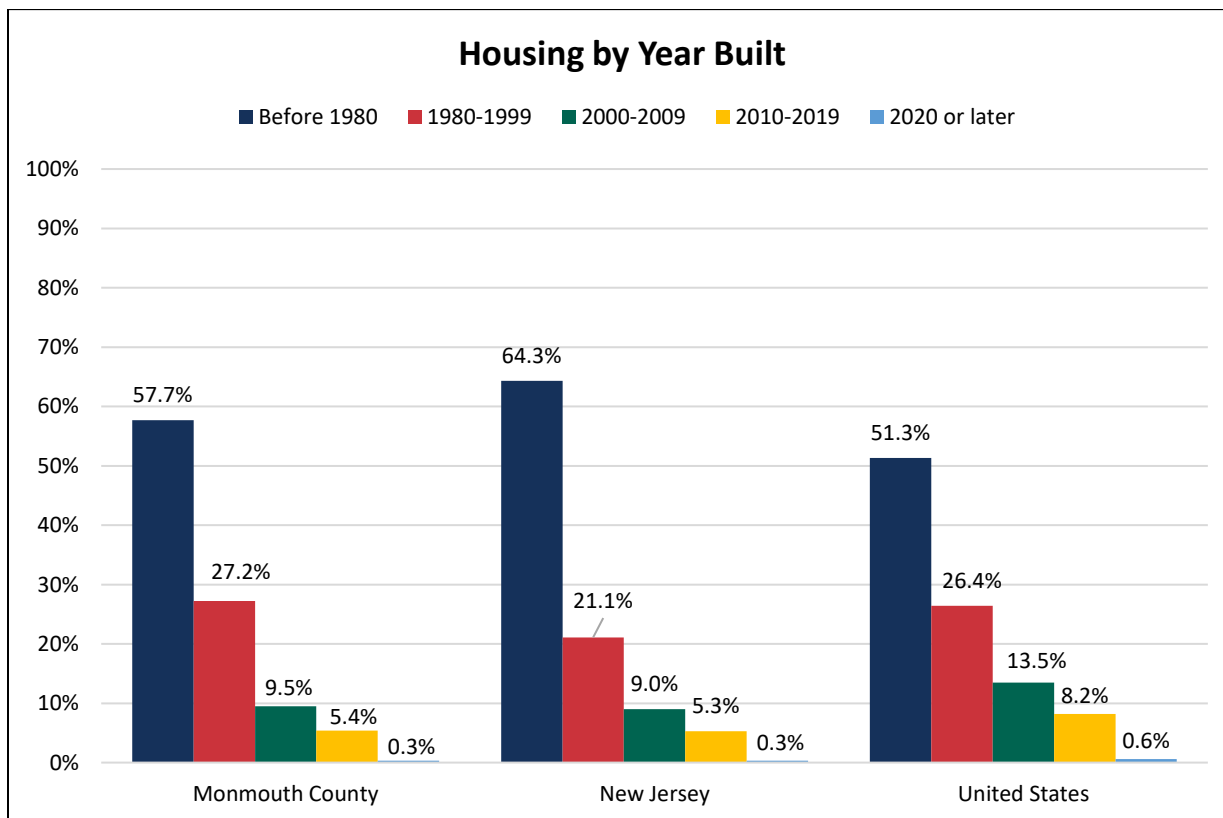
66% of New Jersey housing was built prior to 1978 and may contain lead-based paint; approximately 18% was built in 1939 or earlier.

In 2019, **2.3% of the 23.1% of New Jersey children under six tested had an elevated blood lead level (5 µg/dL or more); 740 of them had blood lead levels of 10 µg/dL or more.**

In 2019, the **six cities with the highest percentage of children under six years old with elevated blood lead levels** were East Orange (6.6%), Trenton (5.9%), Atlantic City (5.9%), Irvington (5.9%), West Orange (4.3%), and Newark (3.9%).

Almost **9% of adults and 8% of children have current asthma** in New Jersey (2020).

Source: National Center for Healthy Housing, 2022



Source: US Census Bureau, American Community Survey 2018-2022





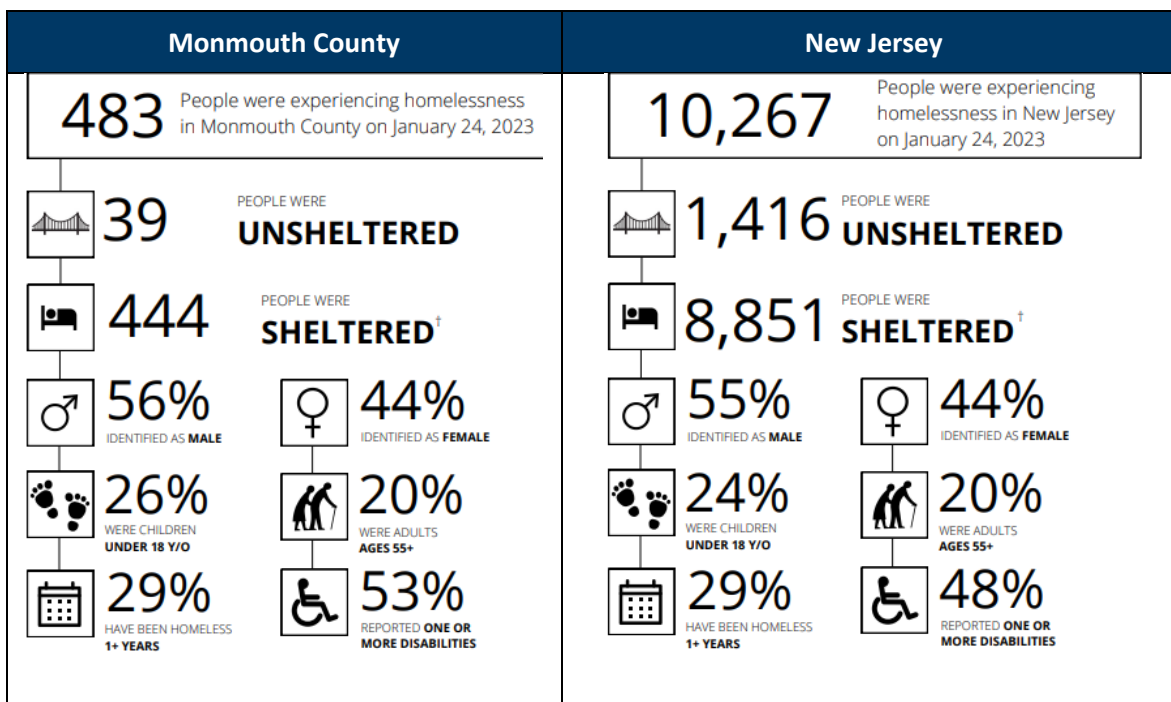
Unhoused People

The Point-in-Time (PIT) count is a count of sheltered and unsheltered people experiencing homelessness required by the United States Department of Housing and Urban Development (HUD) for communities that participate in its' Continuum of Care program. The count is usually conducted during the last 10 days of January each year.

Point-in-Time Homeless Count by Continuum of Care (CoC) Program* 2023

	Monmouth County CoC
Total Households	473
Individual Characteristics	
Individuals	483
Families with Children	72
Chronically homeless	98
Underage 18	124
Veterans	14
Shelter Status	
Unsheltered individuals (e.g., living in cars, streets, parks, etc.)	39
Sheltered – Emergency Shelter	335
Sheltered – Transitional Housing	109

Source: New Jersey Coalition to End Homelessness



Source: New Jersey Coalition to End Homelessness





Neighborhood and Built Environment

Physical activity and food

Physical activity is important to maintaining health and preventing disease by helping to maintain a healthy weight, build strength, and improve mental health. The CDC recommends that all people should engage in at least 30 minutes of physical activity per day. An essential aspect of “good health” is having leisure time that is “free” from work or household related responsibilities so one can choose to focus on physical activity.

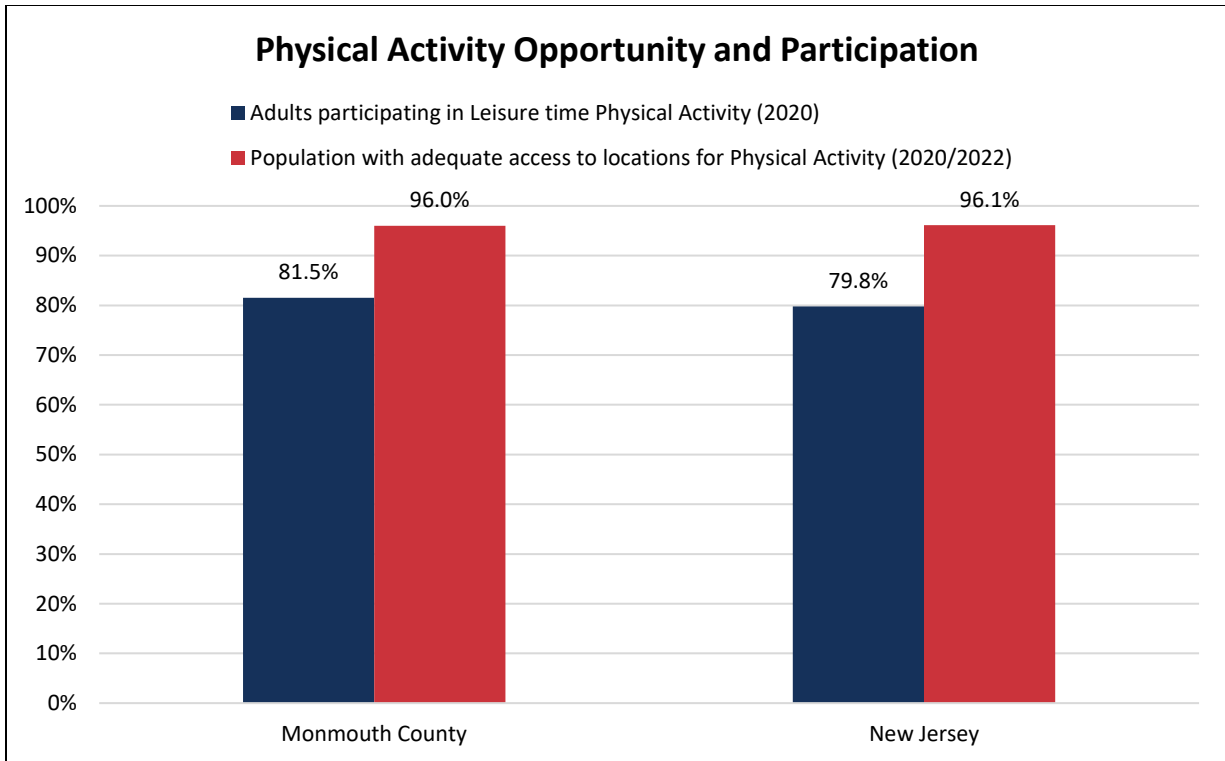
Opportunities for physical activity require access to safe, affordable, and appropriate spaces, including “walkable” communities. The EPA has created a walkability measure that evaluates how accessible the streets, commercial sectors, sidewalks, and other structural components are for walkers. The least walkable category shows areas where transportation, such as a personal car or public transportation, is needed to access resources such as employment, goods, and services.

Where you live also affects 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 buy fresh foods, such as supermarkets and farmers markets, are important components. Even if fresh foods are for sale, they may not be accessible to everyone. Affordability of food and access to transportation to buy nutritious food also play a role in food security.

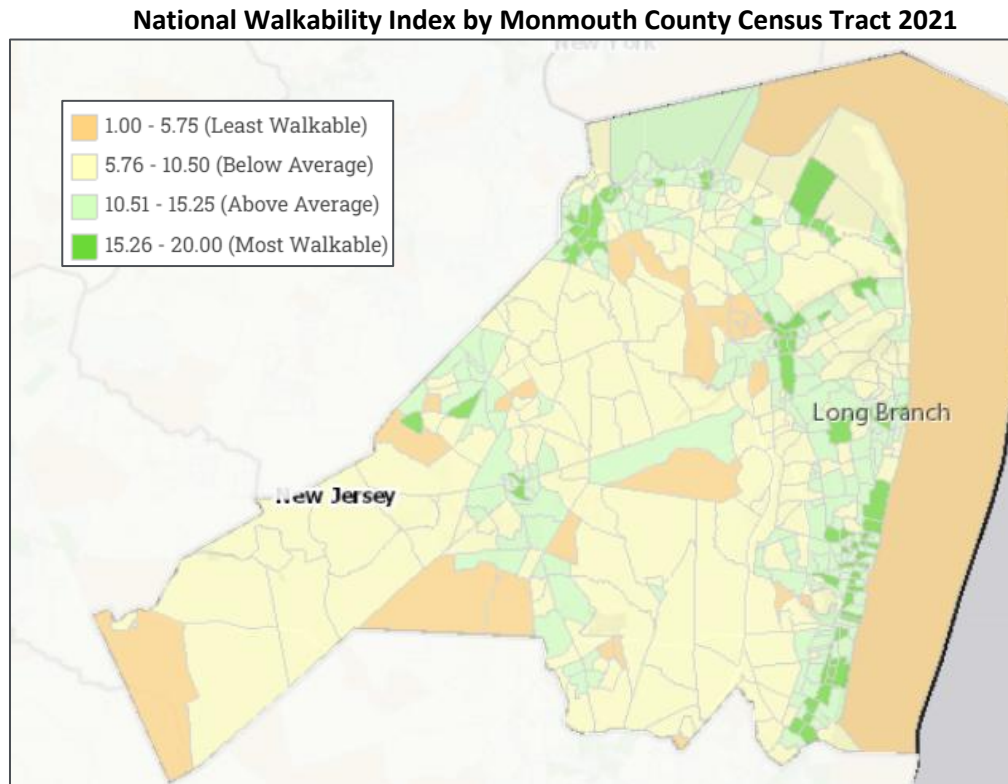
Neighborhood and Built Environment: At a Glance

- ➔ Monmouth County has similar access to locations for physical activity compared to the rest of New Jersey, and slightly more adults who take part in leisure time activities.
- ➔ Most of Monmouth County meets the EPA’s criteria for “Below Average” walkability, meaning that cars are needed in most parts of the county to meet basic needs.
- ➔ While food insecurity for children has remained stagnant across New Jersey, the proportion of children (under age 18) in Monmouth County who experience food insecurity is low and is declining.
- ➔ About 14% of schoolchildren are eligible for free or reduced-price lunch across all of Monmouth County, much lower than the rest of New Jersey. However, those children may be especially vulnerable when school is not in session.





Source: ArcGIS Business Analyst and Living Atlas of the World; YMCA; US Census Bureau; & Centers for Disease Control and Prevention

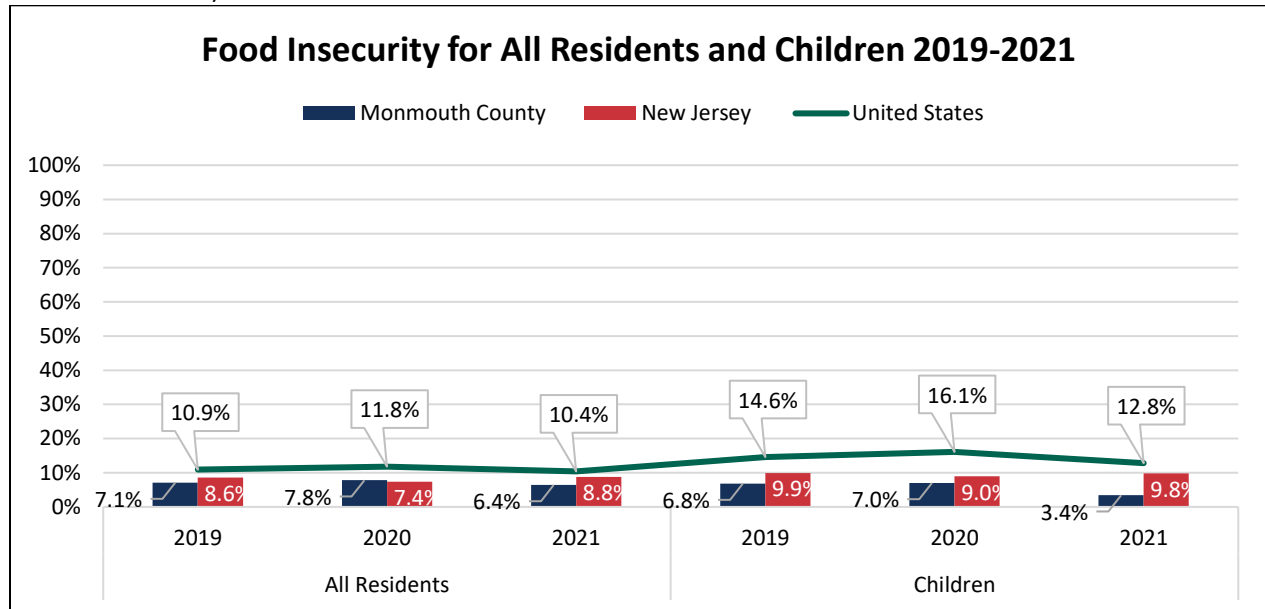


Source: Environmental Protection Agency & Center for Applied Research and Engagement Systems





Food Insecurity



Source: Feeding America & USDA Food Environment Atlas

[The National School Lunch Program](#) provides nutritionally balanced, low-cost or free lunches to children ages 18 and younger each school day. During the 2022-2023 school year in New Jersey, children of families whose income was below 185% of the federal poverty level qualified for the free or reduced lunch program.





Monmouth County Students Eligible for Free and Reduced Meals 2022-2023

	Total Student Enrollment	Students Participating in Free Lunch Program	Students Participating in Reduced-Price Lunch Program
Asbury Park SD**	1,490	46.7%	0.0%*
Atlantic Highlands SD**	256	8.6%	2.0%
Avon Borough SD**	117	13.7%	0.1%
Belmar Elementary SD**	394	42.4%	8.9%
Bradley Beach SD**	205	43.4%	7.3%
Eatontown Public SD**	966	30.6%	7.7%
Fair Haven SD**	962	0.5%	0.0%*
Farmingdale Public SD**	163	22.1%	0.6%
Hazlet Township Public SD**	2,655	13.1%	4.0%
Henry Hudson Regional SD**	296	13.9%	4.7%
Holmdel Township SD**	2,906	1.5%	0.7%
Keansburg SD**	1,549	43.6%	2.4%
Keyport SD**	924	33.9%	5.4%
Little Silver Boro SD**	730	0.0%*	0.1%
Manasquan SD**	1,433	8.3%	2.0%
Marlboro Township SD**	4,522	2.2%	0.2%
Matawan-Aberdeen Regional SD**	3,902	15.7%	6.2%
Middletown Township Public SD**	8,883^	8.9%	2.0%
Millstone Township SD**	1,172	1.5%	0.1%
Monmouth County Vocational SD**	2,018	7.3%	2.0%
Neptune City SD**	266	44.0%	4.5%
Neptune Township SD**	3,436	32.9%	5.6%
Oceanport SD**	559	4.3%	1.6%
Red Bank Borough Public SD**	1,265	61.0%^	16.5%^
Red Bank Regional SD**	1,177	23.6%	5.1%
Roosevelt Borough Public SD**	89*	0.0%*	0.0%*
Rumson Borough SD**	909	0.1%	0.0%*
Rumson-Fair Haven Regional High SD**	875	0.3%	0.0%*
Shrewsbury Borough SD**	462	0.6%	0.0%*
Township of Ocean SD**	3,191	21.3%	5.1%
Union Beach Public SD**	638	21.6%	6.4%
Upper Freehold Regional SD**	2,063	4.7%	1.0%
West Long Branch SD*	543	12.3%	2.0%
Monmouth County	90,628	11.6%	2.0%
New Jersey	2,743,842	30.6%	5.4%

Source: New Jersey Department of Education

*indicates the smallest proportion ^indicates the largest proportion

**SD = School District

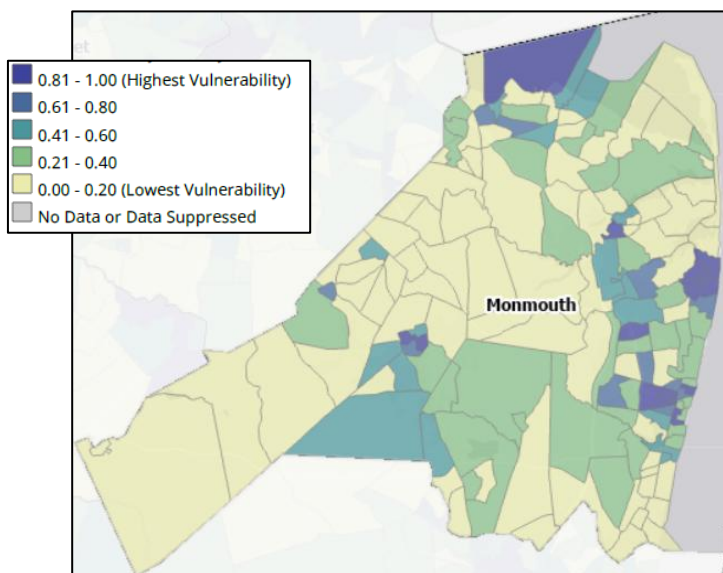
Note: As of January 2024, in New Jersey, students will now be eligible for free or reduced-prices school meals if their household income is at or below 224% of the federal poverty level. Further distinctions regarding the eligibility of free or reduced lunch, are determined at a district level.



Environmental Health

The Social Vulnerability Index refers to the potential negative effects on communities caused by external stresses on human health. Such stresses include natural or human-caused disasters, or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss. The CDC/ATSDR Social Vulnerability Index (CDC/ATSDR SVI) uses 16 U.S. census variables to help local officials identify communities that may need support before, during, or after disasters.⁶

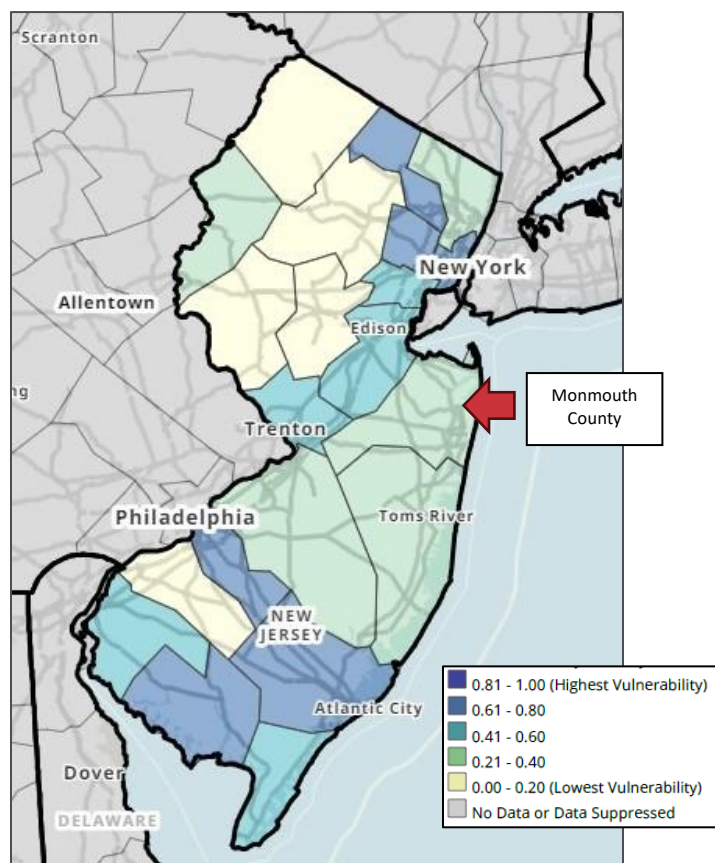
Social Vulnerability Index by Monmouth County Census Tract



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

The statewide map shows a moderate level of vulnerability to severe outcomes from emergencies and disasters. A closer look reveals variability in vulnerability inside Monmouth County, with higher levels of vulnerability present generally along the coastal areas and to the north.

Social Vulnerability Index by County within New Jersey



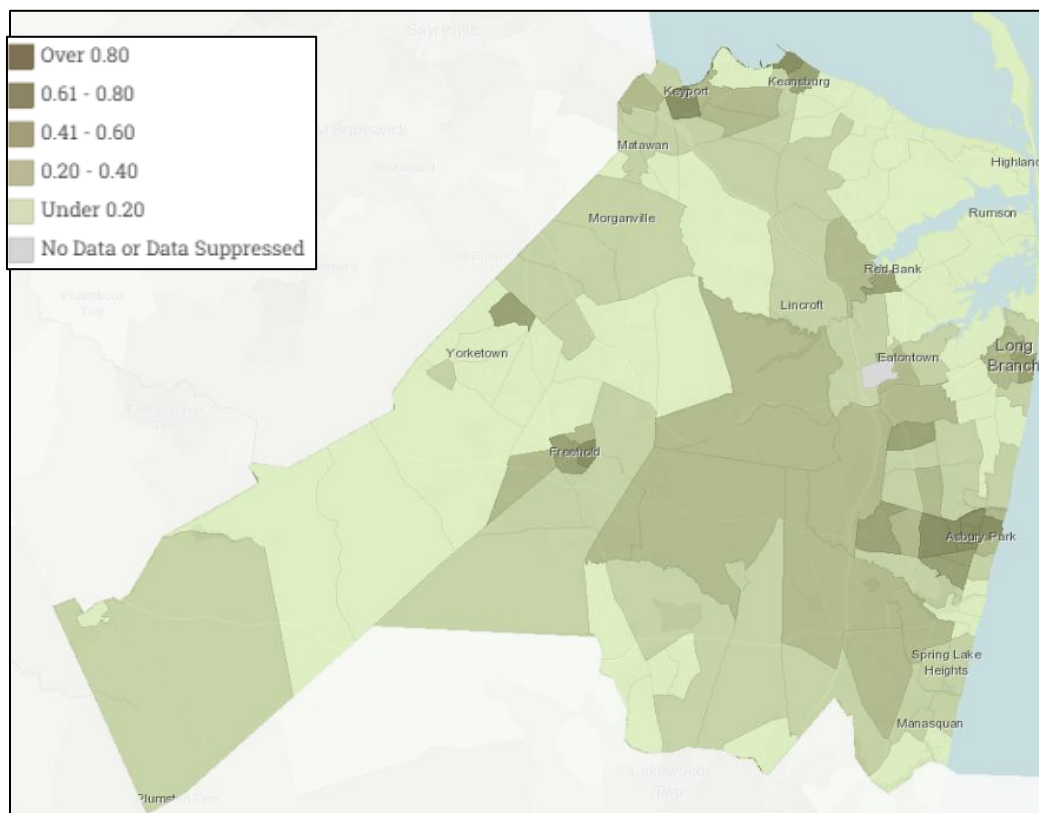
These variations are driven in large part by differences in factors such as population characteristics, environmental features, economic and educational opportunity, and other variables. Looking at the SVI by census tract in the can help prioritize planning efforts to prevent and respond to emergency events.

⁶ <https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>



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

Monmouth County Environmental Justice Index 2022



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

This map shows there is variability in risk of severe environmental impacts throughout Monmouth County, with areas of highest risk generally – but not exclusively - concentrated along coastal areas. The factors that impact this rank include social vulnerability factors such as socioeconomic status, housing type and demographic characteristics, air, water, and soil pollution, transportation, green spaces, as well as the prevalence of underlying diseases, such as asthma. These types of issues are best addressed through inclusion of a wide range of participants and collaboration towards both short-term fixes and longer-term policy change.





Water Quality

While the major tap water providers across Monmouth County are not currently in excess of federally mandated limits for any one contaminant, there are common and harmful contaminants detected in excess of updated *recommendations*. Legal limits for tap water contamination have not been updated for more than 20 years. The Environmental Working Group (EWG), a non-partisan, non-profit organization based in Washington DC, is dedicated to protecting human health and the environment. “EWG reviewed the best and latest scientific evidence, legal standards and health advisories, and then we defined water quality goals that will truly protect public health. The fifth edition of EWG’s national Tap Water Database applies no-compromise standards for water contaminants that have no federal legal limit or that have legal limits too weak to ensure safe water quality.”⁷

Major Tap Water Contaminants 2019-2021

	Population Served	Arsenic	Haloacetic Acids (HAA9)	Nitrate	Radium (combined - 226 & -228)	Total Trihalomethanes (TTHMs)
Keansburg Water & Sewer Department	10,105	1.23 ppb	7.26 ppb	<0.14 ppm	1.42 pCi/L	29.00 ppb
Marlboro Township Water Utility Division	29,480	0.17 ppb	30.50 ppb	<0.14 ppm	<0.05 pCi/L	42.30 ppb
NJ American Water – Coastal North (Aberdeen Township & Asbury Park City)	335,449	<0.004 ppb	14.00 ppb	<0.14 ppm	0.91 pCi/L	52.20 ppb
Shorelands Water Company, Inc. (Hazlet Township)	36,164	<0.004 ppb	8.52 ppb	<0.14 ppm	<0.05 pCi/L	36.30 ppb
New Jersey Average	NA	0.32 ppb	20.80 ppb	0.96 ppm	0.46 pCi/L	24.00 ppb
United States Average	NA	0.65 ppb	23.70 ppb	0.94 ppm	0.62 pCi/L	32.00 ppb
EWG Guideline	NA	0.004 ppb	0.06 ppb	0.14 ppm	0.05 pCi/L	0.15 ppb
Legal Limit	NA	10.00 ppb	NA	10.00 ppm	5.00 pCi/L	80.00 ppb

Source: Environmental Working Group

Note: Data available for water sources serving >10,000 residents

*TTHMs include Chloroform, Bromodichloromethane, Chlorodibromomethane, and Bromoform

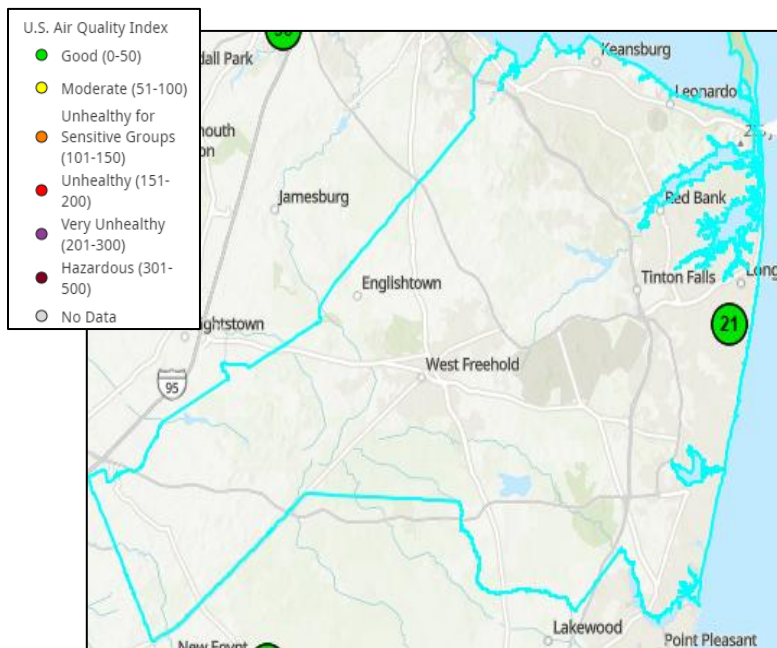
*HAA9 include Monochloroacetic acid, Dichloroacetic acid, Trichloroacetic acid, Monobromateic acid, Dibromoacetic acid, Bromochloroacetic acid, Bromodichloroacetic acid, Dibromochloroacetic acid, and Tribromoacetic acid

⁷ Environmental Working Group. (n.d.). *EWG Standards for Drinking Water Contaminants* | @ewg | #WaterSafety. <https://www.ewg.org/tapwater/ewg-standards.php>





Air Quality Index



Monmouth County Air Quality Index Days 2022	
# Days with AQI	248
# Days Good	226
# Days Moderate	20
# Days Unhealthy for Sensitive	1
# Days Unhealthy	1
# Days Very Unhealthy	0
# Days Hazardous	0

Source: United States Environmental Protection Agency, 2022

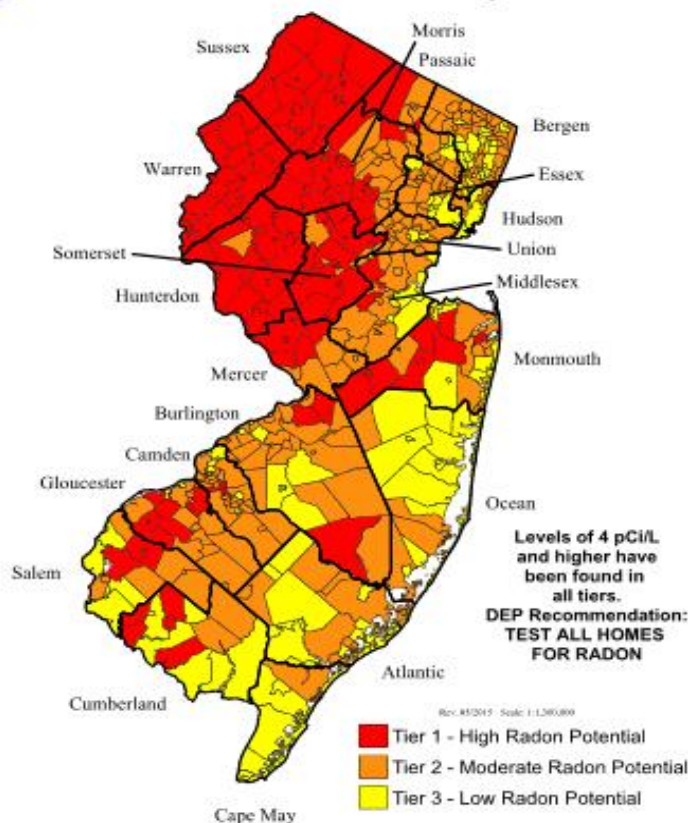


New Jersey Department of Environmental Protection Radon Potential Map

Radon

Radon is a naturally occurring, odorless, colorless gas that comes from underground and impacts air quality in homes and buildings and increases lung cancer risk. Monmouth County has moderate to high risk for radon, but risk level varies by town. Detection and remediation in homes, schools, and workplaces is strengthened by strong public policy and collaboration.

Monmouth County generally has moderate to high risk for radon. While vulnerability varies across municipalities, many northern communities in the county are at high risk for radon exposure.



Source: www.njradon.org; 2015





Our Health Status as a Community

Access to Care

Insurance, utilization, and provider availability

Access to care is affected 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 a variety of safety net options that can help people with low incomes access health insurance, most Americans access health insurance through their employer.

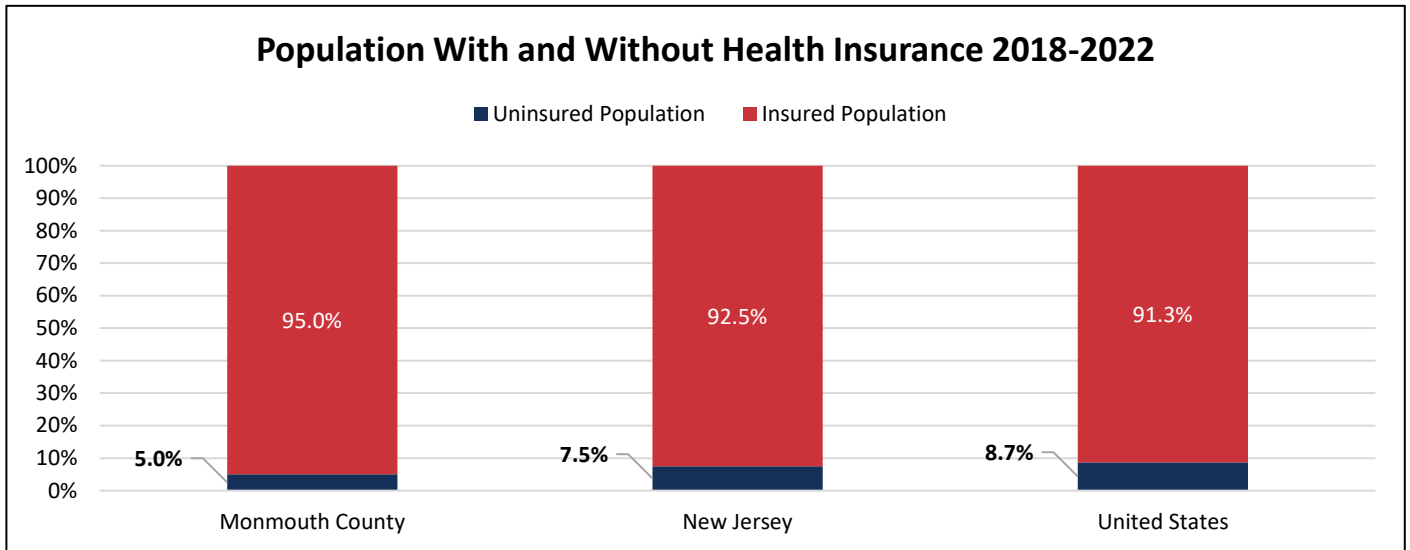
Utilization of primary care services, including dental care, is an important component of health education and engagement in health-promoting activities. Regular engagement with primary care helps to identify and treat health challenges at earlier and more treatable stages.

The ratio of primary care and dental providers per population is a first step towards understanding 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.

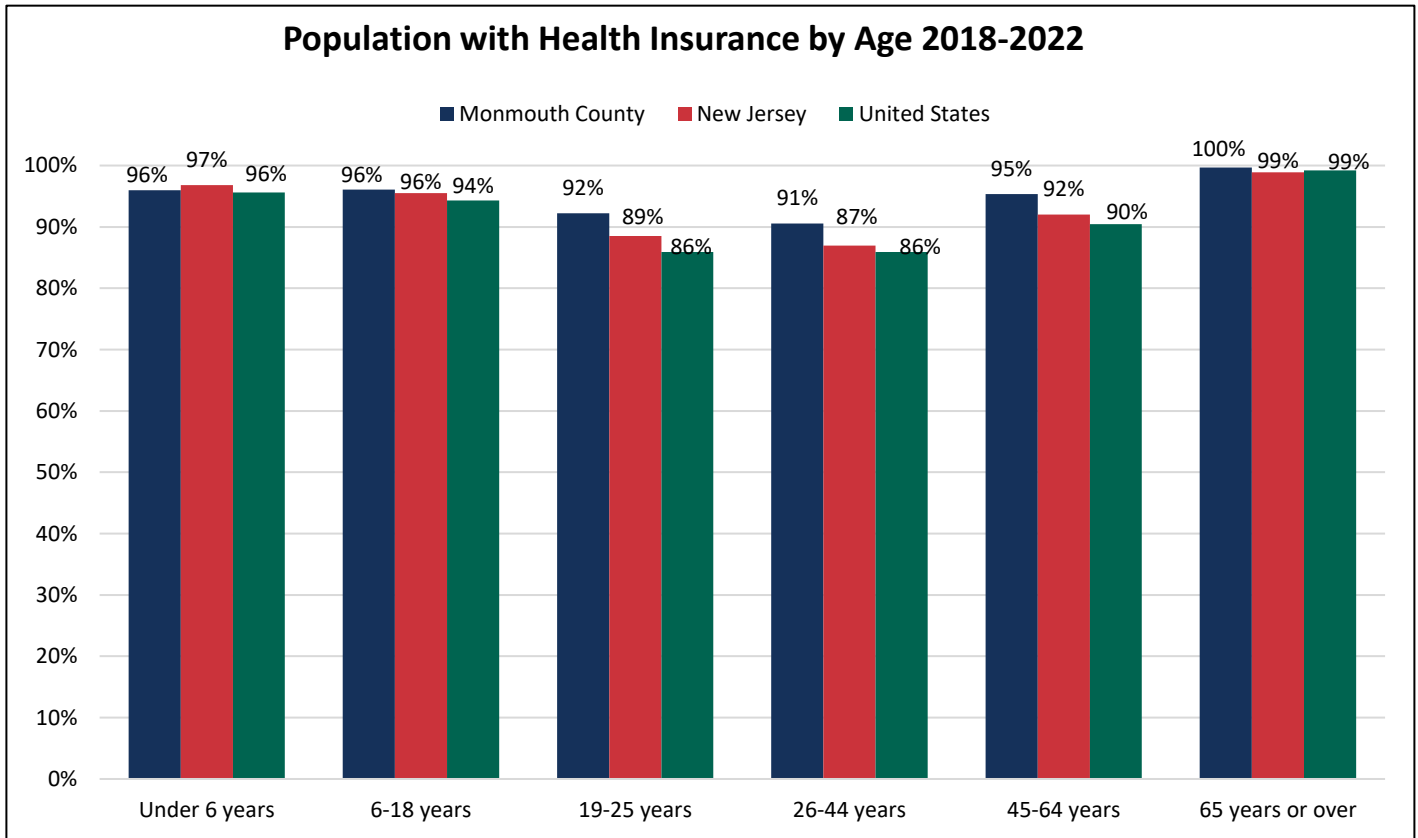
Access to Care: At a Glance

- ➔ More than 90% of people in all age groups across Monmouth County have health insurance, exceeding both New Jersey and US benchmarks.
- ➔ About 70% of insured people get their insurance through their employer in Monmouth County, a percentage higher than in the rest of New Jersey and the US.
- ➔ Monmouth County has significantly more primary care providers per population than the rest of New Jersey, with the highest concentrations in areas in Freehold, Holmdel, and Little Silver.
- ➔ Despite a higher proportion of insured residents and providers per capita, a similar proportion of adults have had an annual checkup (72.8%) in Monmouth County compared to New Jersey (74.9%) and the US (71.8%), suggesting there may be *other* barriers to accessing preventive care services.
- ➔ There are more dentists per capita than in New Jersey and the US in Monmouth County.
- ➔ About 7 in 10 adults have had a routine dental visit in Monmouth County, slightly more than in New Jersey or the US, though there are a few communities with an overall lower proportion of annual adult dental visits, like Ocean and Neptune Township.





Source: US Census Bureau, American Community Survey



Source: US Census Bureau, American Community Survey





Population with Health Insurance by Age 2018-2022

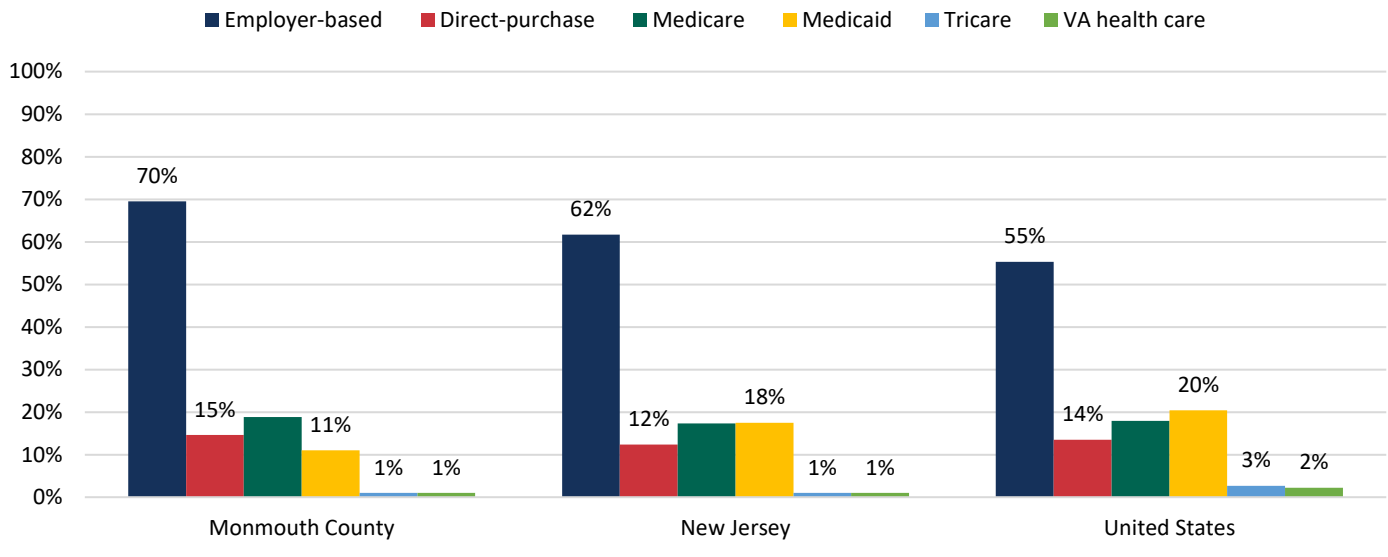
	Under 6 years	6 to 18 years	19 to 25 years	26-44 years	45-64 years	65 years and older
Aberdeen Township	95.4%	95.9%	90.0%	94.3%	97.5%	99.1%*
Allentown	100.0%	97.1%	100.0%	96.9%	98.8%	100.0%
Asbury Park	92.8%	93.6%	82.0%	76.8%	90.3%	100.0%
Atlantic Highlands	100.0%	100.0%	88.5%	94.1%	97.8%	99.3%
Avon-by-the-Sea	100.0%	98.0%	100.0%	92.1%	97.3%	100.0%
Belmar	100.0%	96.6%	96.7%	90.2%	88.8%	100.0%
Bradley Beach	100.0%	79.6%*	78.0%*	71.2%*	91.1%	100.0%
Eatontown	94.3%	94.3%	94.5%	93.3%	89.3%	99.1%*
Englishtown	100.0%	99.2%	94.2%	97.7%	92.4%	100.0%
Farmingdale	100.0%	98.5%	89.3%	96.0%	92.9%	100.0%
Hazlet Township	100.0%	100.0%	98.2%	96.7%	95.0%	100.0%
Highlands	100.0%	100.0%	100.0%	92.3%	93.3%	100.0%
Holmdel Township	92.3%	96.9%	97.4%	92.8%	98.6%	100.0%
Howell Township	100.0%	96.6%	91.2%	92.9%	95.7%	100.0%
Keansburg	100.0%	95.7%	96.0%	89.2%	89.8%	100.0%
Keyport	100.0%	100.0%	82.2%	93.8%	97.4%	100.0%
Lake Como	97.4%	98.9%	96.9%	76.5%	85.7%*	100.0%
Little Silver	100.0%	100.0%	95.7%	97.1%	100.0%	100.0%
Manasquan	100.0%	98.5%	100.0%	93.0%	97.2%	100.0%
Marlboro Township	97.8%	98.6%	95.7%	98.4%	97.8%	99.5%
Matawan	100.0%	100.0%	89.2%	96.3%	95.1%	100.0%
Middletown Township	99.5%	98.7%	95.4%	95.3%	96.9%	99.7%
Millstone Township	100.0%	97.3%	96.7%	92.7%	96.6%	100.0%
Neptune Township	96.6%	92.2%	90.4%	82.1%	92.6%	99.4%
Neptune City	100.0%	100.0%	87.0%	96.0%	97.8%	100.0%
Ocean Township	91.7%	92.4%	94.9%	82.8%	92.7%	99.9%
Oceanport	90.9%	100.0%	100.0%	93.8%	97.6%	100.0%
Red Bank	95.6%	88.4%	80.4%	86.9%	93.0%	100.0%
Roosevelt	97.4%	100.0%	95.3%	97.3%	95.9%	100.0%
Shrewsbury	100.0%	98.6%	100.0%	100.0%	100.0%	100.0%
Shrewsbury Township	94.1%	96.6%	93.9%	90.0%	86.2%	100.0%
Union Beach	89.8%	100.0%	96.7%	88.3%	97.7%	100.0%
Upper Freehold Twp	88.4%*	100.0%	92.4%	97.9%	96.1%	100.0%
West Long Branch	90.9%	99.0%	96.1%	92.9%	95.5%	100.0%
Monmouth County	96.0%	96.1%	92.2%	90.4%	95.3%	99.7%
New Jersey	96.8%	95.5%	88.5%	86.9%	92.0%	98.9%
United States	95.6%	94.3%	85.9%	85.9%	90.4%	99.2%

Source: US Census Bureau, American Community Survey *indicates the smallest proportion





Population with Health Insurance by Coverage Type (alone or in combination) 2018-2022



Source: US Census Bureau, American Community Survey





Population with Health Insurance by Coverage Type (alone or in combination) 2018-2022

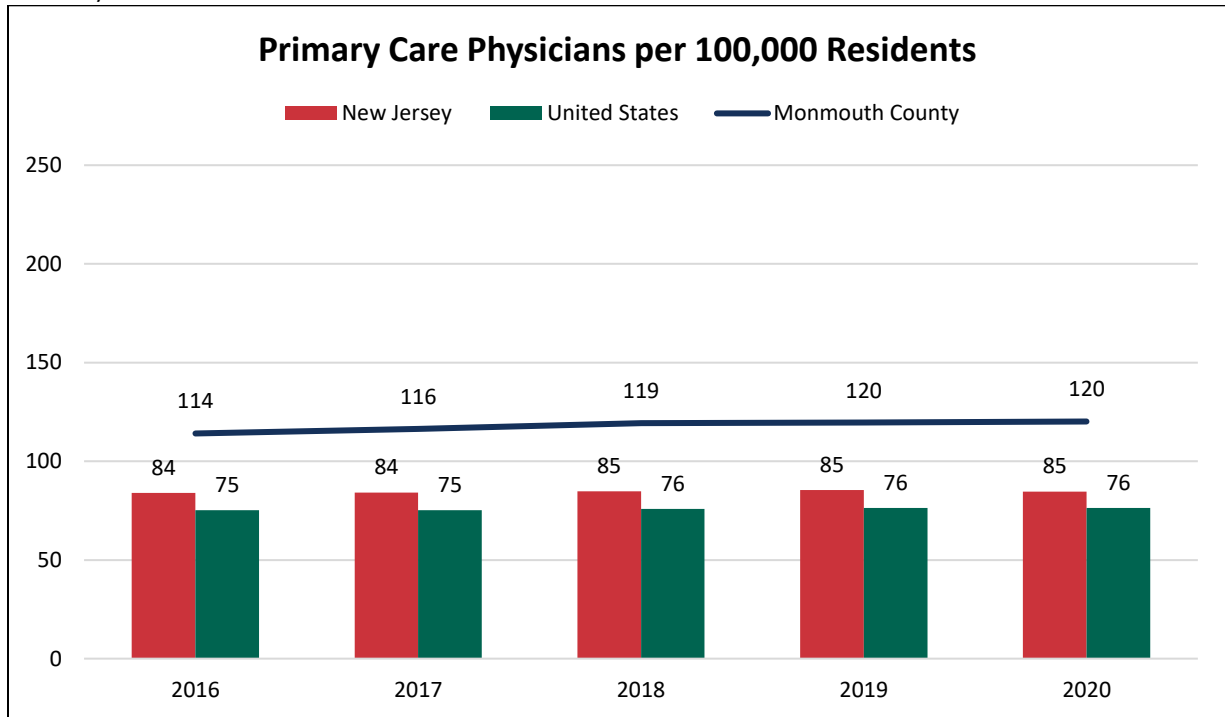
	Employer-based	Direct purchase	Medicare	Medicaid	Tricare	VA health care
Aberdeen Township	76.2%	11.6%	15.8%	9.5%	1.0%	1.2%
Allentown	81.8%	8.4%	16.1%	7.8%	1.9%	0.7%
Asbury Park	45.2%*	11.1%	16.6%	31.4%	1.2%	2.6%
Atlantic Highlands	74.9%	14.6%	20.2%	8.6%	0.3%	1.4%
Avon-by-the-Sea	70.5%	22.9%	32.6%^	10.0%	0.0%*	0.6%
Belmar	60.7%	22.5%	18.0%	15.1%	0.0%*	1.5%
Bradley Beach	55.7%	18.7%	23.6%	11.4%	3.0%	5.2%^
Eatontown	62.3%	16.2%	18.9%	15.8%	3.1%^	1.9%
Englishtown	62.8%	17.1%	11.2%	16.5%	0.0%*	0.2%
Farmingdale	69.2%	12.6%	16.4%	8.0%	2.0%	3.2%
Hazlet Township	75.0%	12.9%	19.7%	9.8%	0.9%	1.4%
Highlands	56.8%	27.8%^	22.4%	12.0%	0.4%	2.5%
Holmdel Township	69.5%	21.2%	20.1%	4.7%	0.3%	0.8%
Howell Township	71.8%	13.2%	17.7%	9.1%	1.0%	0.8%
Keansburg	52.8%	6.5%*	16.7%	34.6%^	0.6%	0.1%
Keyport	62.8%	10.9%	23.2%	18.6%	1.2%	1.6%
Lake Como	61.3%	10.2%	19.5%	11.2%	0.5%	0.9%
Little Silver	82.7%	15.8%	17.6%	2.7%*	1.4%	0.3%
Manasquan	81.8%	16.8%	18.7%	3.4%	0.8%	2.0%
Marlboro Township	78.8%	13.3%	16.4%	6.3%	0.5%	0.6%
Matawan	70.1%	9.1%	12.7%	16.6%	0.9%	0.4%
Middletown Twp	76.1%	14.7%	17.5%	7.6%	0.8%	1.1%
Millstone Township	79.9%	11.4%	14.9%	6.6%	0.3%	0.5%
Neptune Township	61.9%	14.2%	22.7%	16.7%	1.7%	1.5%
Neptune City	64.0%	21.5%	14.2%	22.7%	0.3%	2.9%
Ocean Township	63.9%	14.2%	22.1%	14.1%	0.5%	0.6%
Oceanport	73.5%	20.6%	23.4%	3.7%	0.3%	0.7%
Red Bank	59.2%	16.5%	20.6%	16.7%	0.2%	0.4%
Roosevelt	83.3%^	9.5%	17.1%	3.0%	0.0%*	1.7%
Shrewsbury	75.4%	22.0%	18.6%	4.5%	0.9%	1.7%
Shrewsbury Township	60.0%	11.7%	16.9%	22.2%	0.8%	0.5%
Union Beach	74.5%	9.3%	11.1%*	9.8%	0.6%	0.8%
Upper Freehold Twp	73.3%	16.2%	21.7%	4.7%	0.0%*	0.0%*
West Long Branch	74.6%	16.7%	17.4%	8.0%	0.3%	0.7%
Monmouth County	69.5%	14.6%	18.8%	11.0%	1.0%	1.0%
New Jersey	61.7%	12.4%	17.3%	17.5%	1.0%	1.0%
United States	55.3%	13.5%	17.9%	20.4%	2.7%	2.2%

Source: US Census Bureau, American Community Survey *indicates the smallest proportion ^indicates the largest proportion



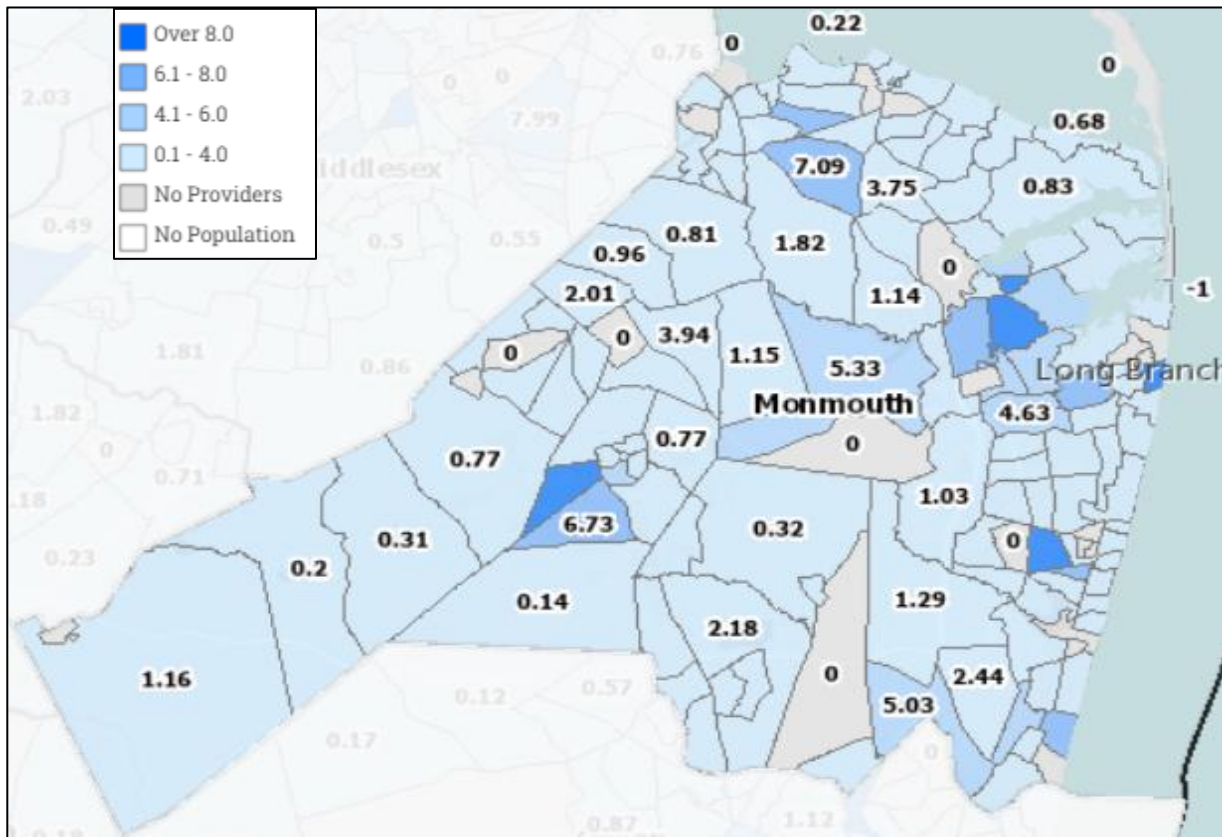


Primary Care



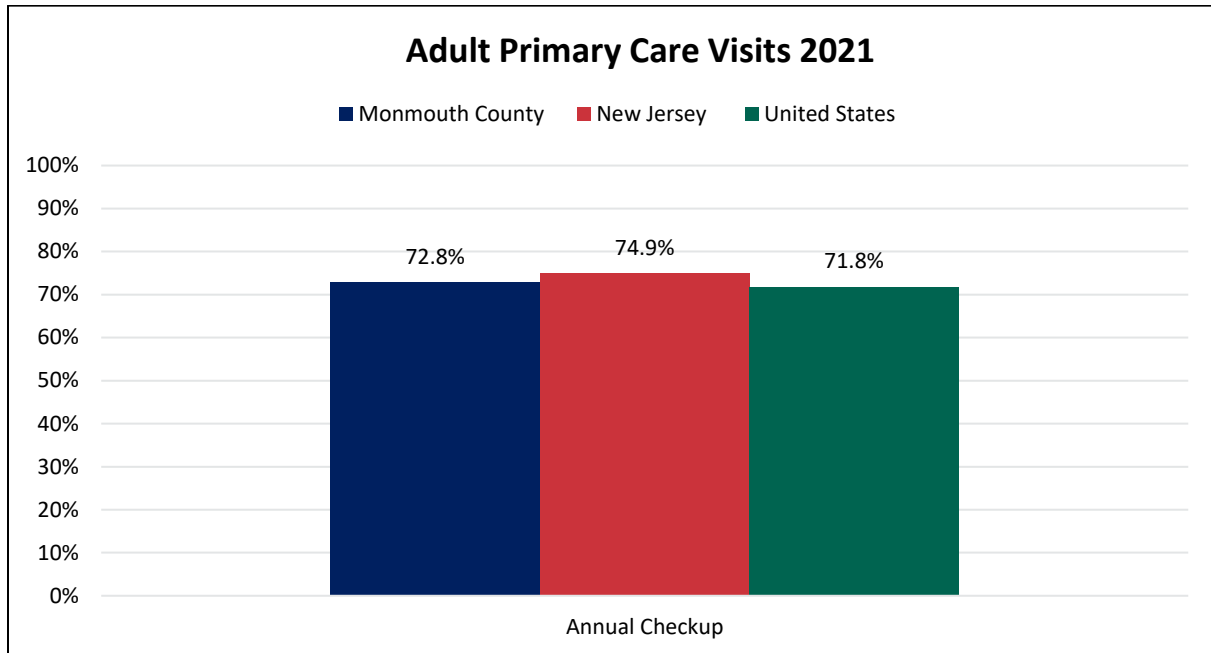
Source: Health Resources & Services Administration

All Primary Care Providers, Rate per 10,000 by Monmouth County Census Tract 2022



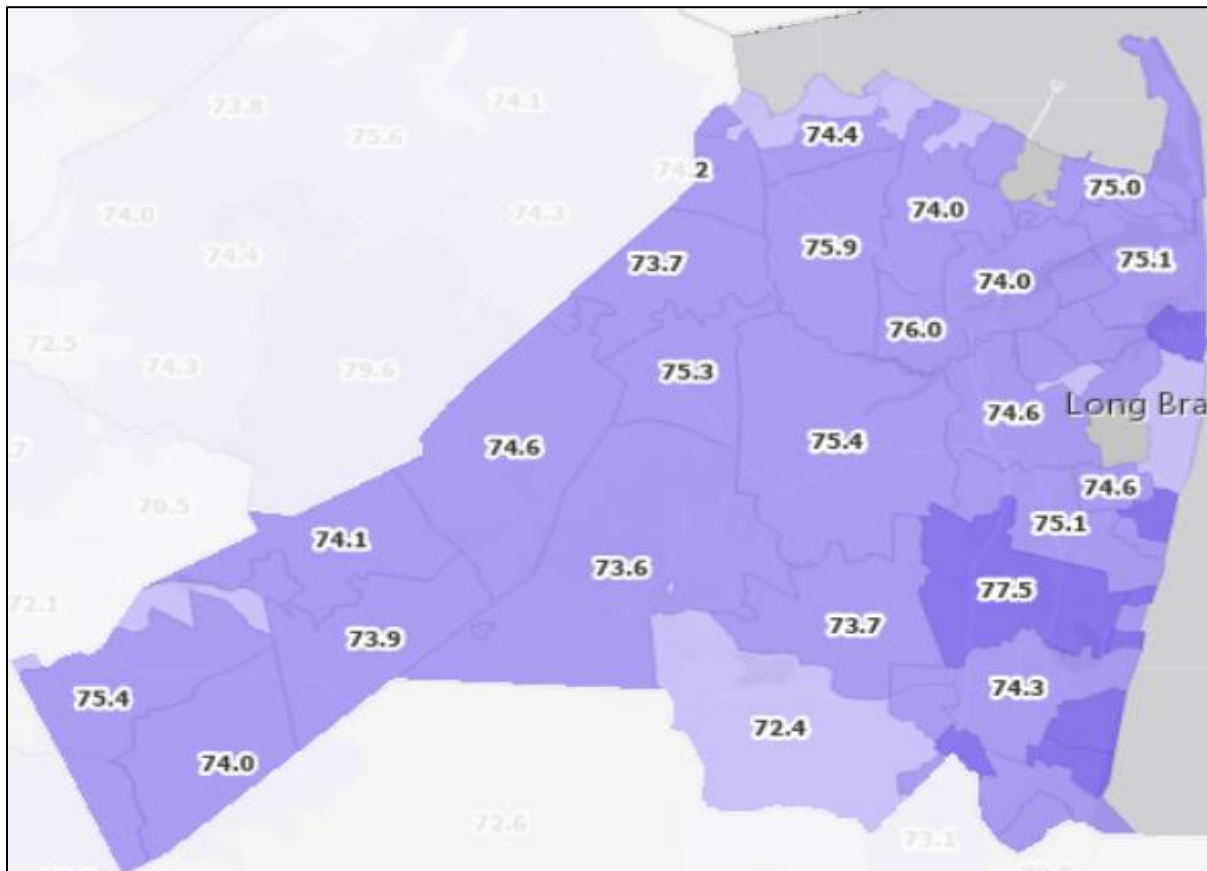
Source: Centers for Medicare and Medicaid Services & Center for Applied Research and Engagement Systems





Source: Centers for Disease Control and Prevention

Adults with a Primary Care Visit Within the Past Year by Monmouth County Zip Code 2021



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





Adult Primary Care and Dental Visits

	Dental Visit	Primary Care Visit
Allentown	74%	72%
Asbury Park	60%*	73%
Atlantic Highlands	74%	72%
Avon-by-the-Sea	76%	72%
Belmar	70%	71%
Bradley Beach	70%	72%
Eatontown	66%	72%
Englishtown	67%	72%
Farmingdale	68%	70%*
Highlands	73%	72%
Keansburg	58%	71%
Keyport	69%	72%
Lake Como	65%	71%
Little Silver	80%	72%
Manasquan	79%^	72%
Matawan	71%	72%
Millstone Township	71%	72%
Neptune City	67%	72%
Ocean Township	71%	74%^
Oceanport	74%	71%
Red Bank	65%	72%
Roosevelt	75%	72%
Shrewsbury	72%	71%
Union Beach	70%	71%
West Long Branch	69%	72%

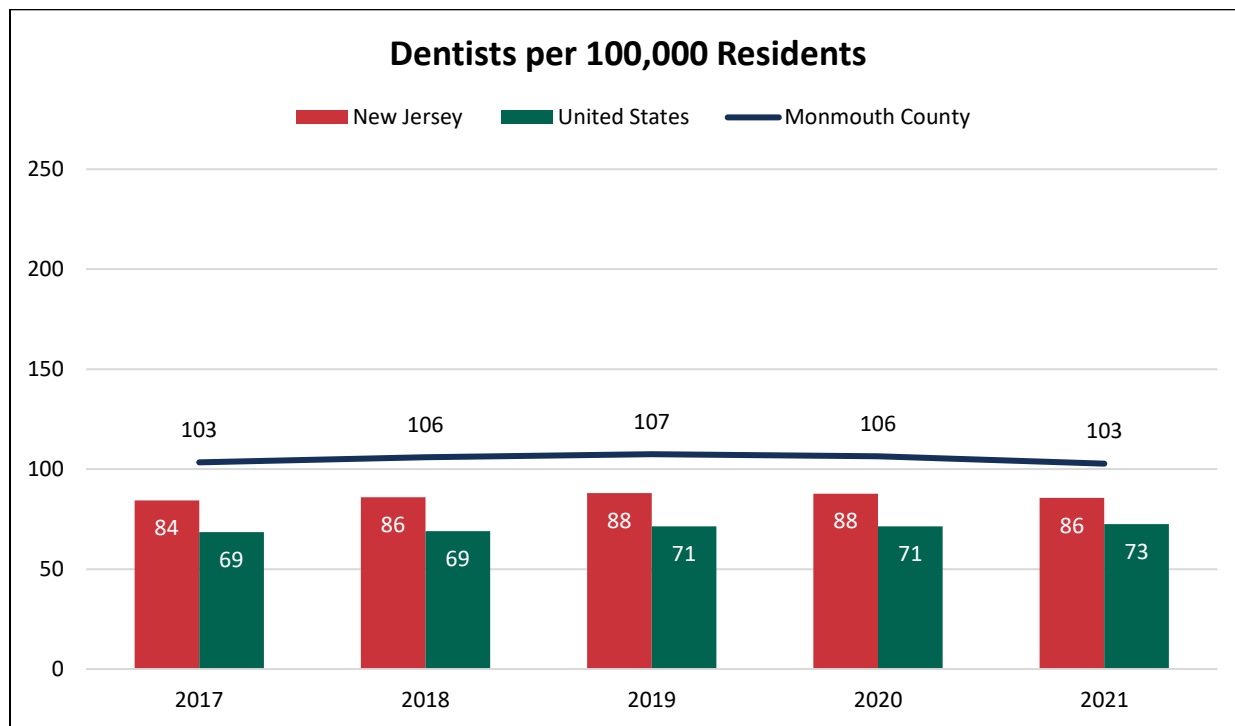
Source: Centers for Disease Control and Prevention, 2022. *indicates the smallest proportion ^indicates the largest proportion

Note: Data included as available for municipalities at time of reporting

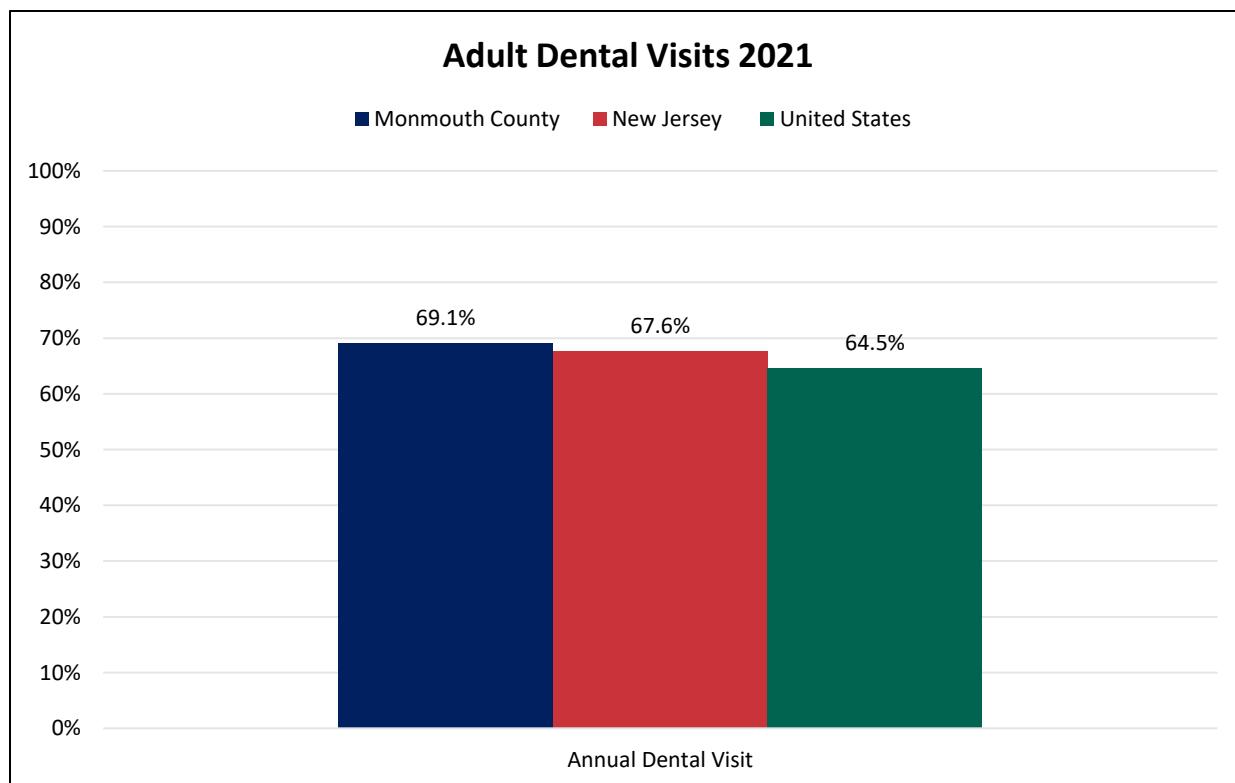




Dental Care



Source: Health Resources & Services Administration

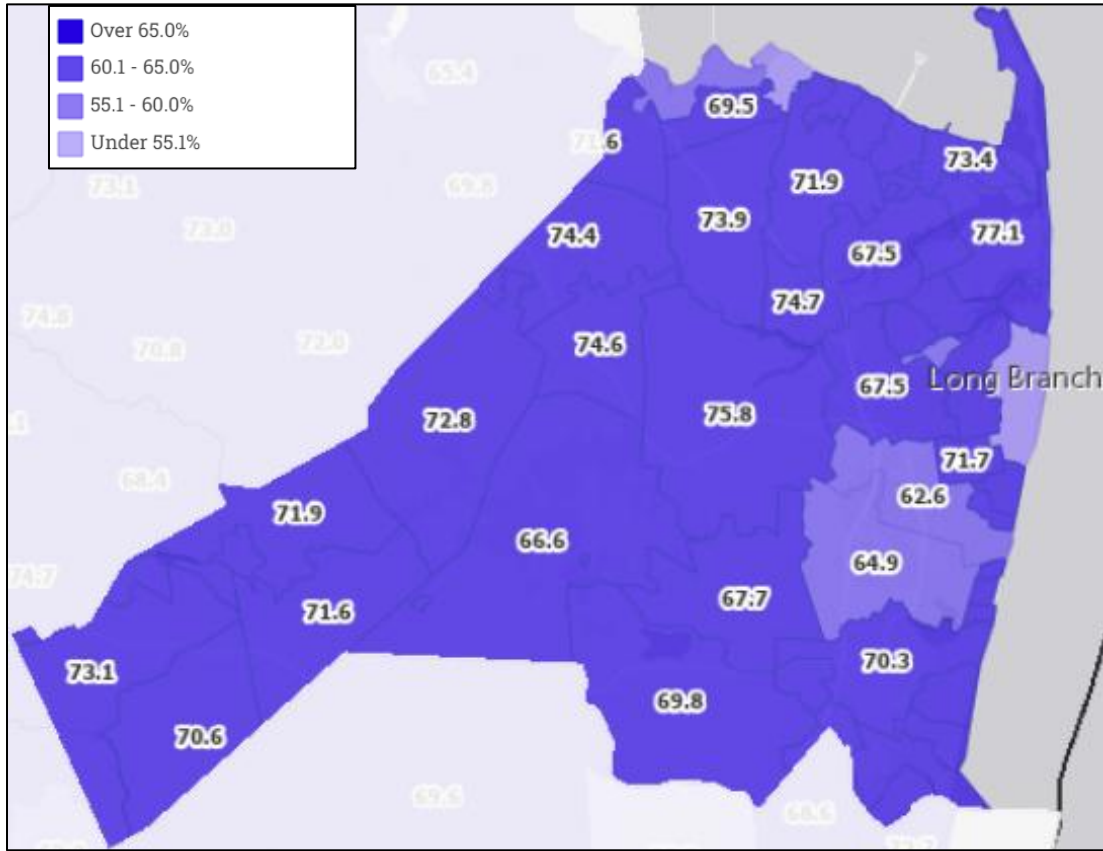


Source: Centers for Disease Control and Prevention





Adults with a Dental Care Visit Within the Past Year by Monmouth County Zip Code 2020



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





Life Expectancy, Chronic Disease, and Quality of Life

Health risk factors and chronic disease

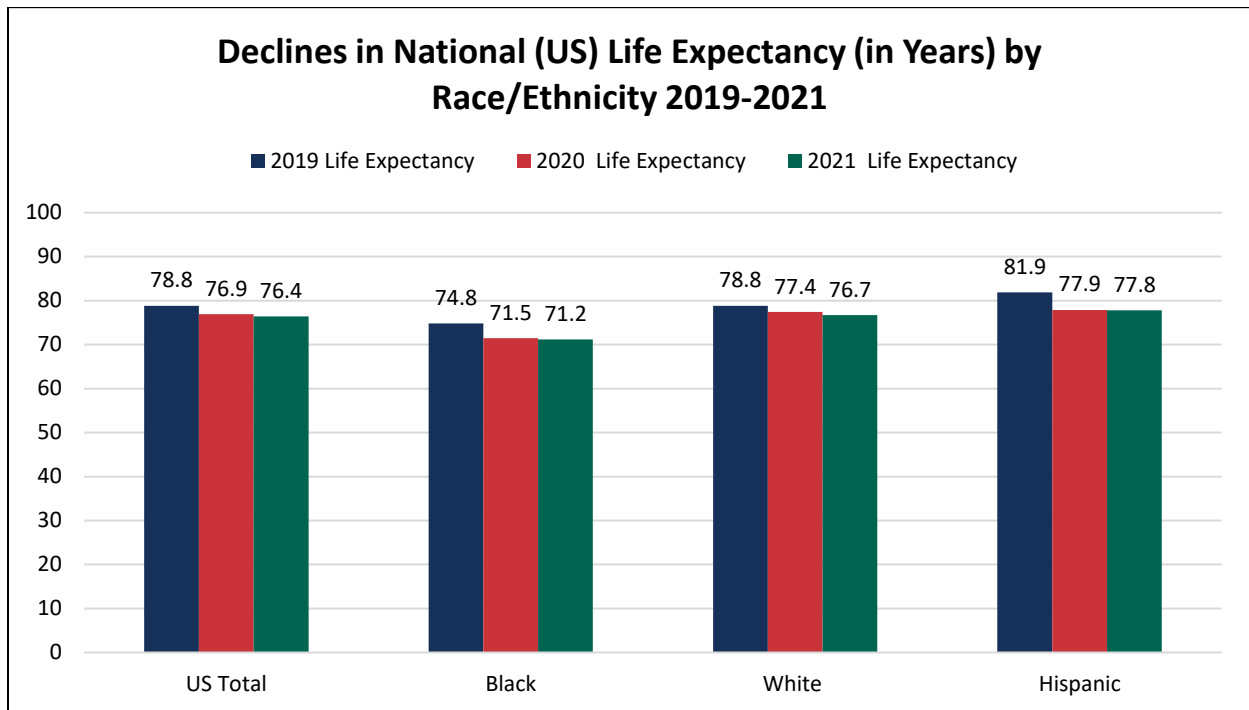
Life expectancy is an overall measure of health and social equity within a community. Structural factors, including housing quality and affordability, environmental conditions, employment, education, transportation, food security, and experiences of racism and other discrimination, all play a role in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

The leading causes of death among all populations in the US and in Monmouth County continue to be chronic diseases, with heart disease being the top cause of death. Cancer, diabetes, and chronic lower respiratory diseases also contribute towards deaths in Monmouth County and nationwide. Death from chronic disease is caused by a combination of many factors at the environmental, social, clinical, and individual level. 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 that persist today.

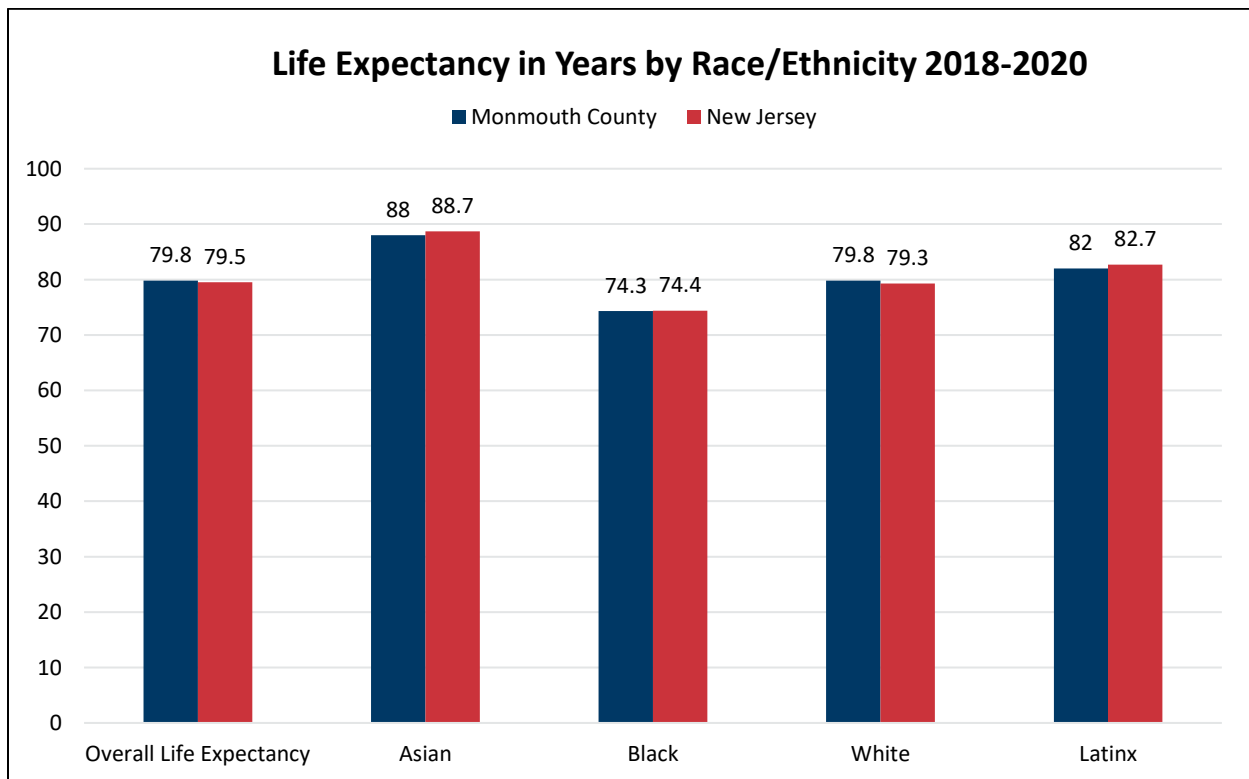
Life Expectancy and Quality of Life: At a Glance

- ➔ Life expectancy in Monmouth County (79.8 years) is marginally higher than in New Jersey (79.5 years), but not everyone lives a long life.
- ➔ There is a 14-year difference in life expectancy by race in Monmouth County (74.3 years for Black/African Americans compared to 88.0 years for Asians in Monmouth County).
- ➔ The death rates from heart disease and diabetes are slightly lower in Monmouth County (161.1) than New Jersey (166.3) and the US (168.2), despite similar incidence of hypertension and high cholesterol. Heart disease is the leading cause of death for all people in Monmouth County.
- ➔ Monmouth County has a similar prevalence of lung disease risk factors – such as residents who smoke, as well as conditions such as asthma and COPD – as New Jersey and the US. Monmouth County also experiences relatively similar rates of death from lung disease and long and bronchus cancers as New Jersey and the US, despite elevated risk for radon across the county.
- ➔ Monmouth County has a greater incidence of all cancers (526.5) than New Jersey (482.0) or the US (442.3); however, there is a proportionately lower death rate from all cancers (139.8 compared to 141.0 and 149.4 respectively). This is a very positive finding because it suggests that cancers are being identified early and treated effectively.
- ➔ Overall, lower death rates from some chronic diseases and cancers, despite similar or higher incidence, suggest that diseases are being found early and treated effectively. There are opportunities to apply the screening and treatment strategies that have been effective across many population groups to *all* people across Monmouth County towards an overall more equitable life expectancy.





Source: National Center for Health Statistics, National Vital Statistics System, Mortality data File

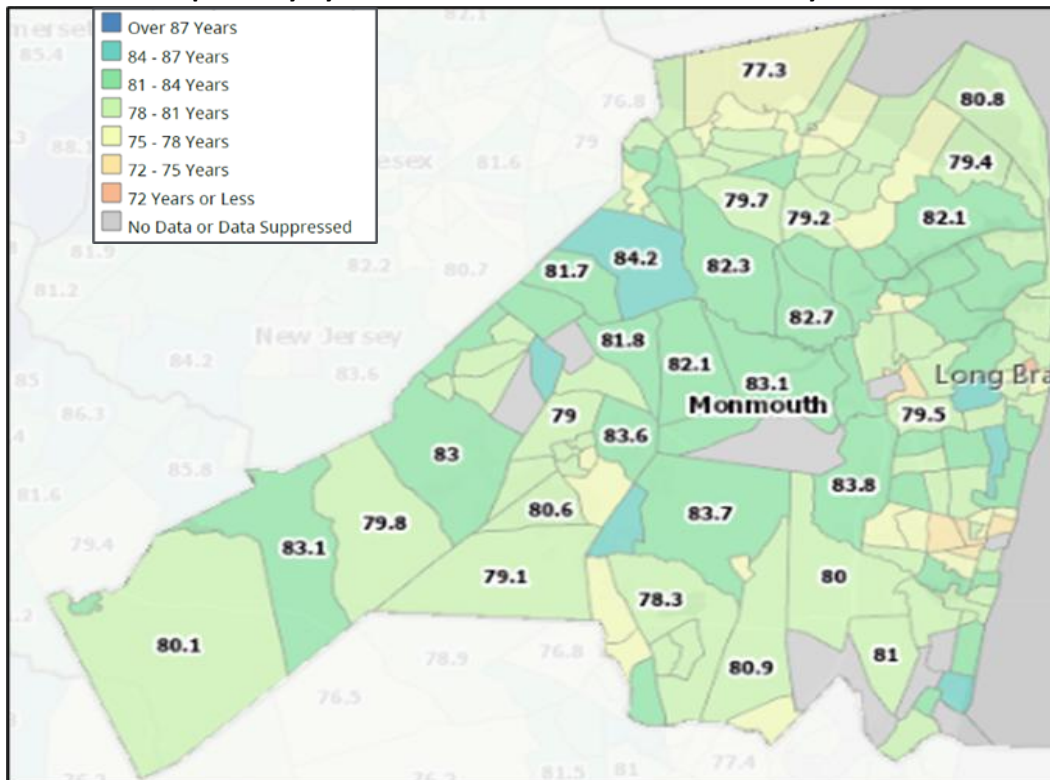


Source: National Vital Statistics System





Life Expectancy by Census Tract within Monmouth County 2010-2015



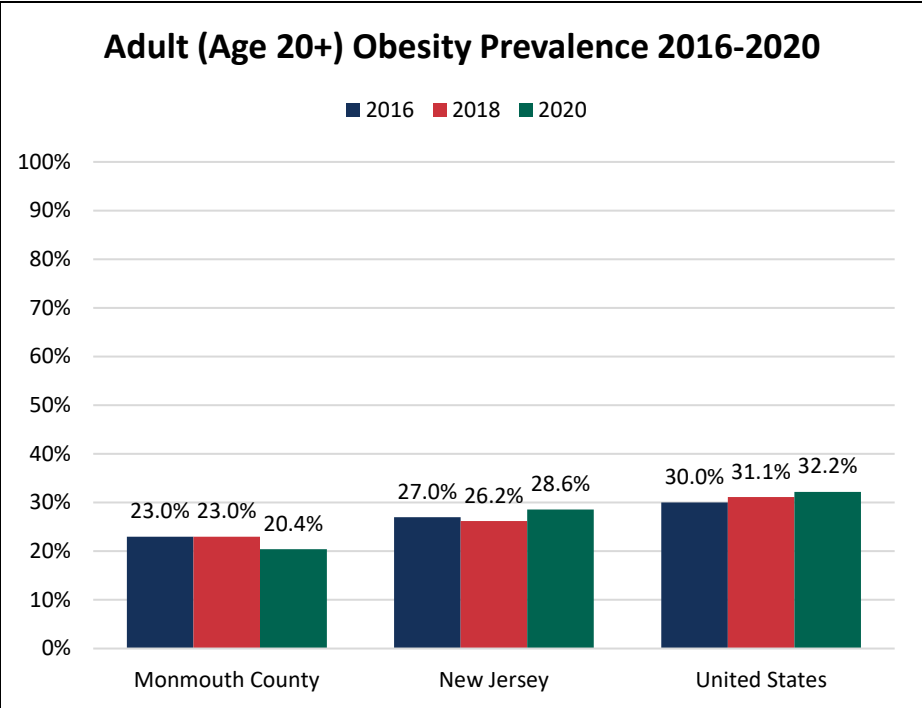
Source: Centers for Disease Control and Prevention & Center for Applied Research and Engagement Systems

Life Expectancy by Race/Ethnicity 2018-2020

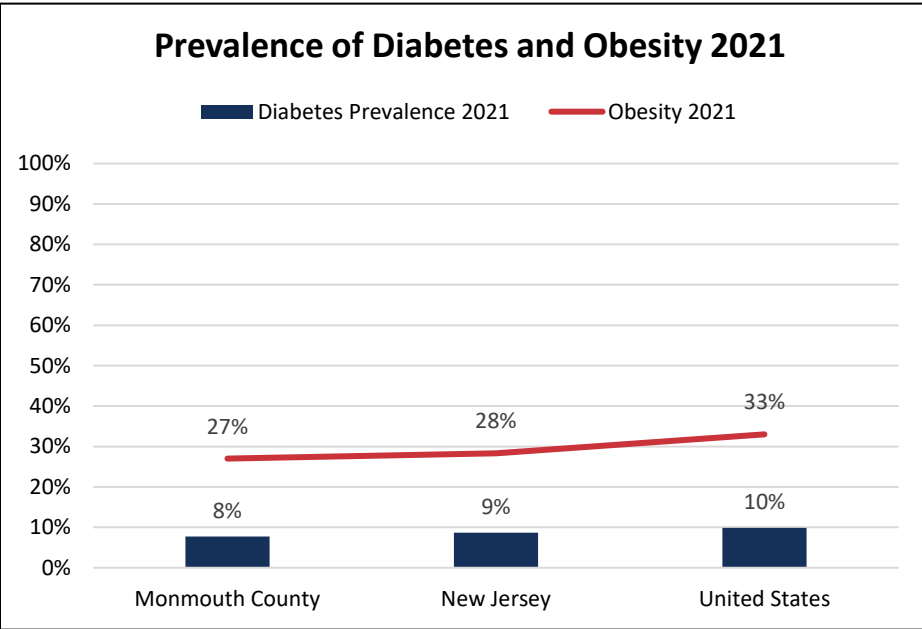
	Overall Life Expectancy	Asian	Black	White	Latinx
Monmouth County	79.8	88.0	74.3	79.8	82.0
New Jersey	79.5	88.7	74.4	79.3	82.7

Source: National Vital Statistics System





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



Source: Centers for Disease Control and Prevention
 Note: Data included for Towns as available. Population size, frequency of the condition and other factors prevent rates and percentages from being calculated in every area of interest.

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), lack of access to affordable healthy foods, lack of time, knowledge, and access to proper cooking spaces, and limited exercise opportunities, among other factors.



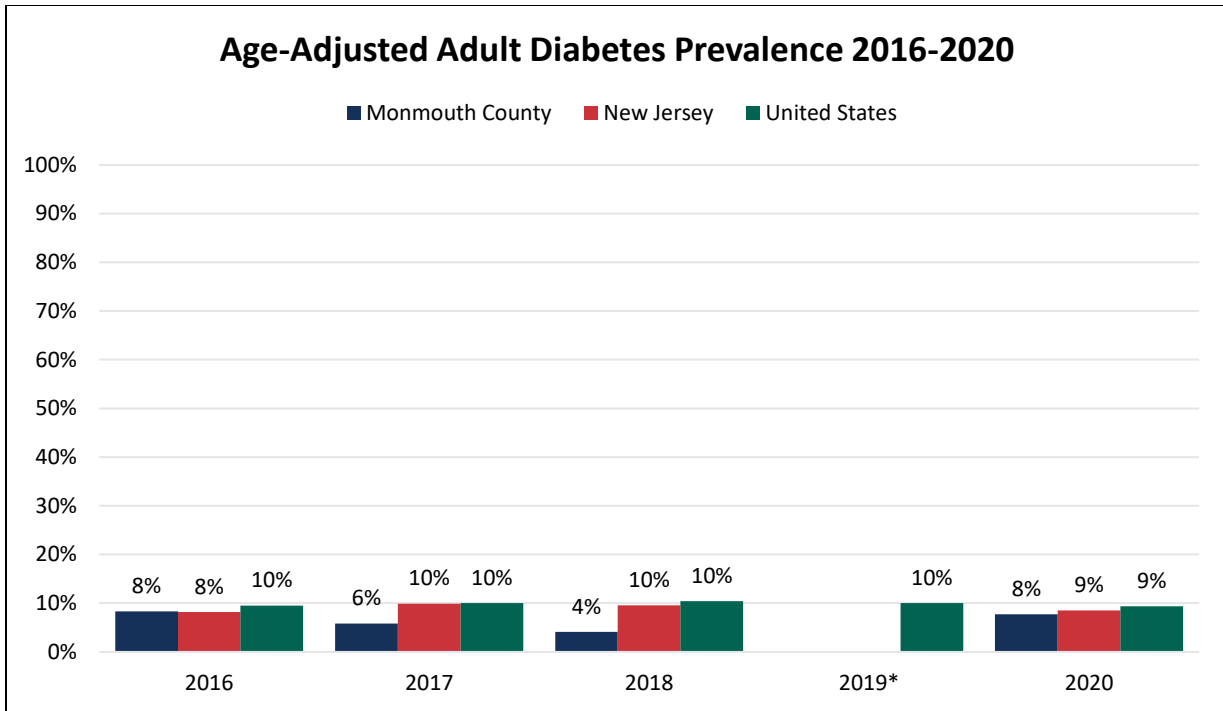


Prevalence of Diabetes and Obesity 2021

	Diabetes	Obesity
Allentown	7%	28%
Asbury Park	12%^	36%^
Atlantic Highlands	7%	28%
Avon-by-the-Sea	7%	27%
Belmar	8%	29%
Bradley Beach	8%	30%
Eatontown	9%	30%
Englishtown	9%	30%
Farmingdale	8%	29%
Highlands	7%	28%
Keansburg	10%	34%
Keyport	8%	30%
Lake Como	9%	32%
Little Silver	6%*	25%*
Manasquan	6%*	26%
Matawan	8%	29%
Millstone Township	7%	28%
Neptune City	9%	32%
Ocean Township	7%	29%
Oceanport	7%	28%
Red Bank	9%	32%
Roosevelt	7%	27%
Shrewsbury	7%	28%
Union Beach	8%	29%
West Long Branch	8%	30%

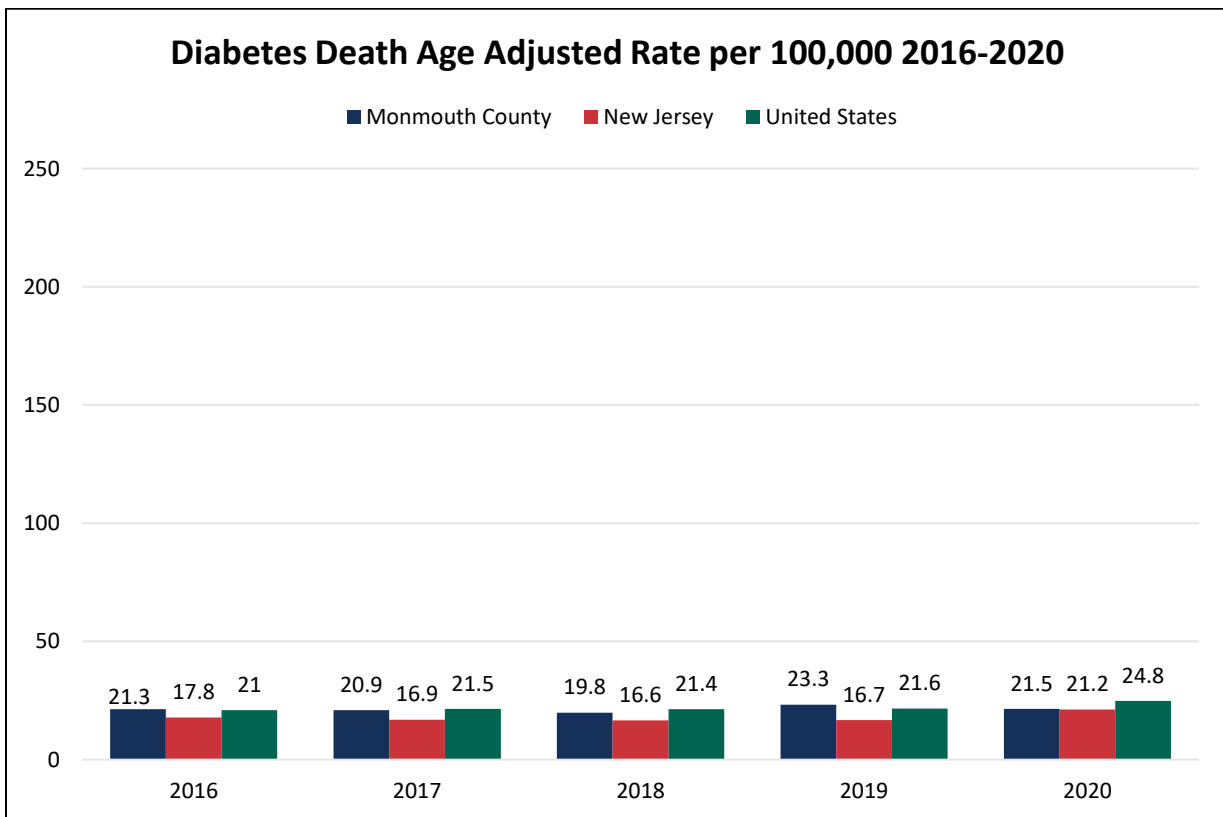
Source: Centers for Disease Control and Prevention, 2022. *indicates the smallest proportion ^indicates the largest proportion
 Note: Data included as available for municipalities at time of reporting





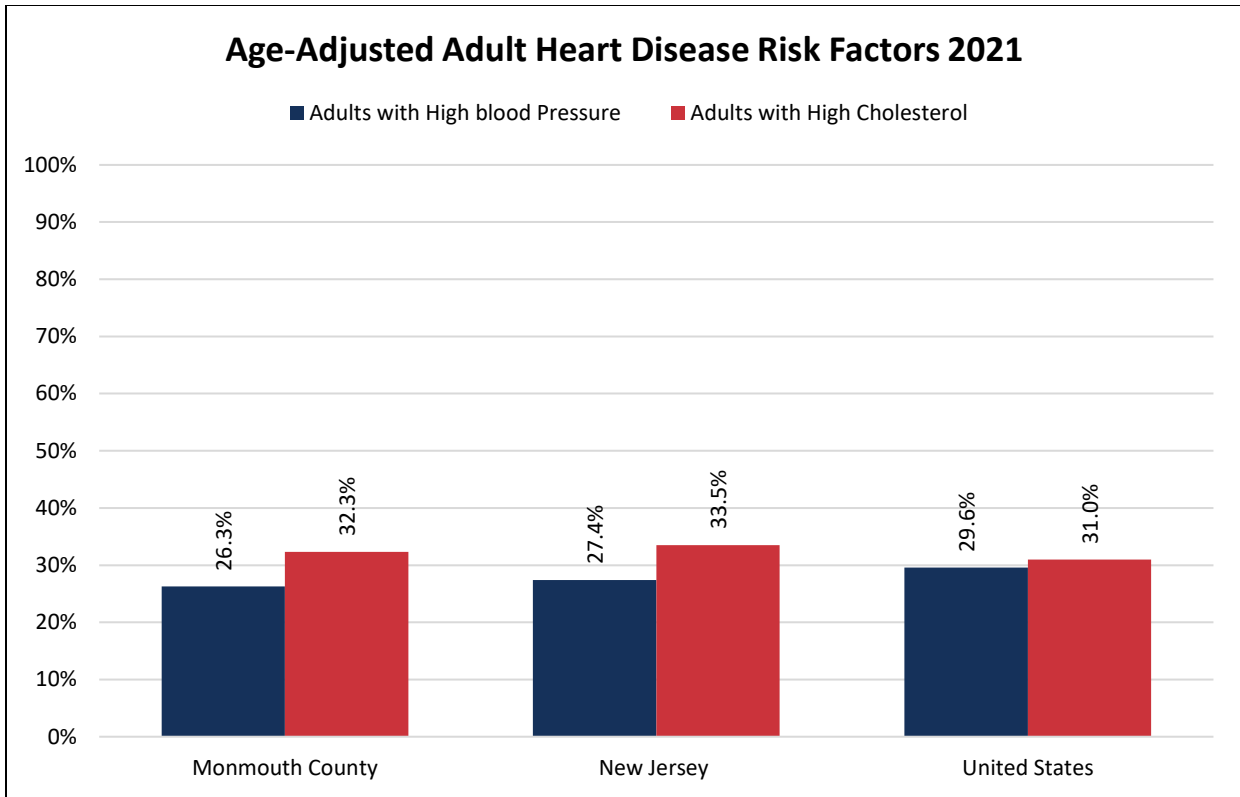
Source: Centers for Disease Control and Prevention

*For 2019 only national level data is available

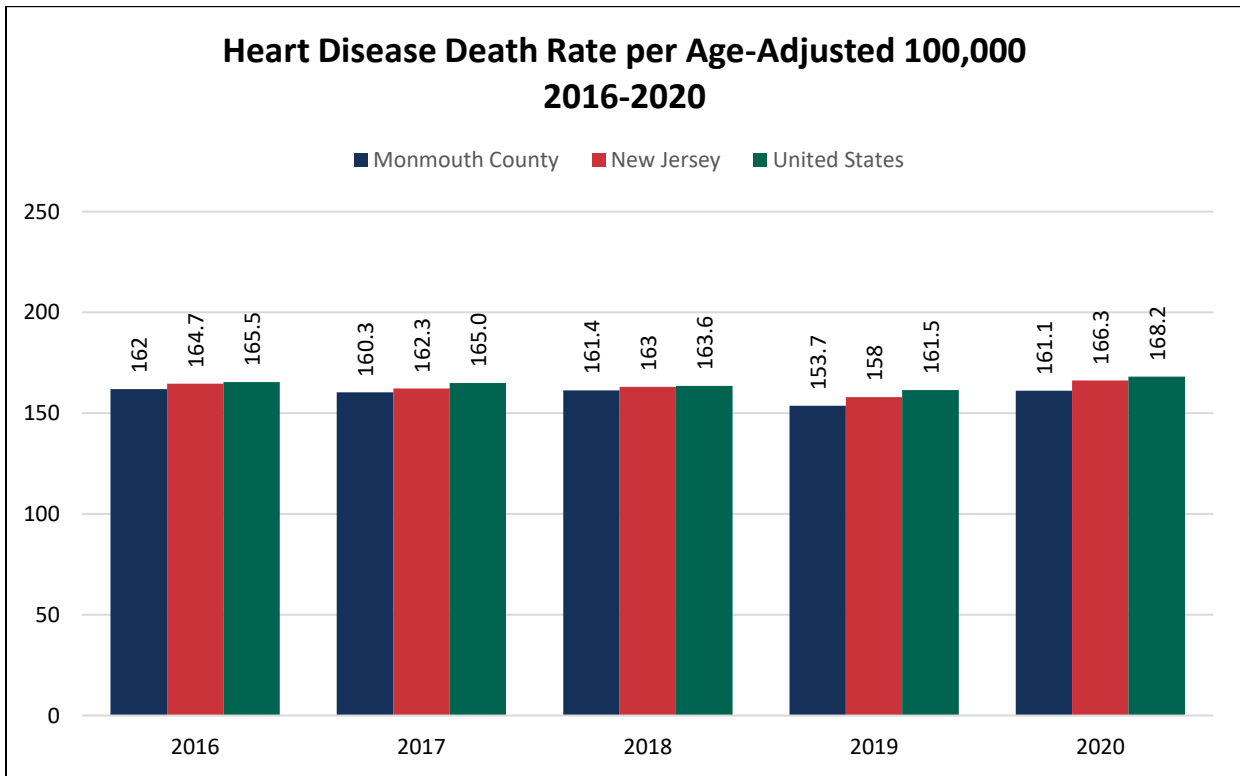


Source: Centers for Disease Control and Prevention





Source: Centers for Disease Control and Prevention



Source: Centers for Disease Control and Prevention





Age-Adjusted Adult Heart Disease Risk Factors 2021

	High Blood Pressure	High Cholesterol
Allentown	26%	32%
Asbury Park	33%^	33%^
Atlantic Highlands	25%	32%
Avon-by-the-Sea	25%	32%
Belmar	27%	32%
Bradley Beach	27%	33%^
Eatontown	28%	32%
Englishtown	28%	33%^
Farmingdale	27%	32%
Highlands	26%	32%
Keansburg	31%	33%^
Keyport	28%	33%^
Lake Como	29%	33%^
Little Silver	23%*	31%
Manasquan	24%	31%
Matawan	27%	32%
Millstone Township	25%	31%
Neptune City	30%	32%
Ocean Township	27%	30%*
Oceanport	25%	32%
Red Bank	29%	33%^
Roosevelt	25%	32%
Shrewsbury	26%	32%
Union Beach	26%	32%
West Long Branch	27%	32%

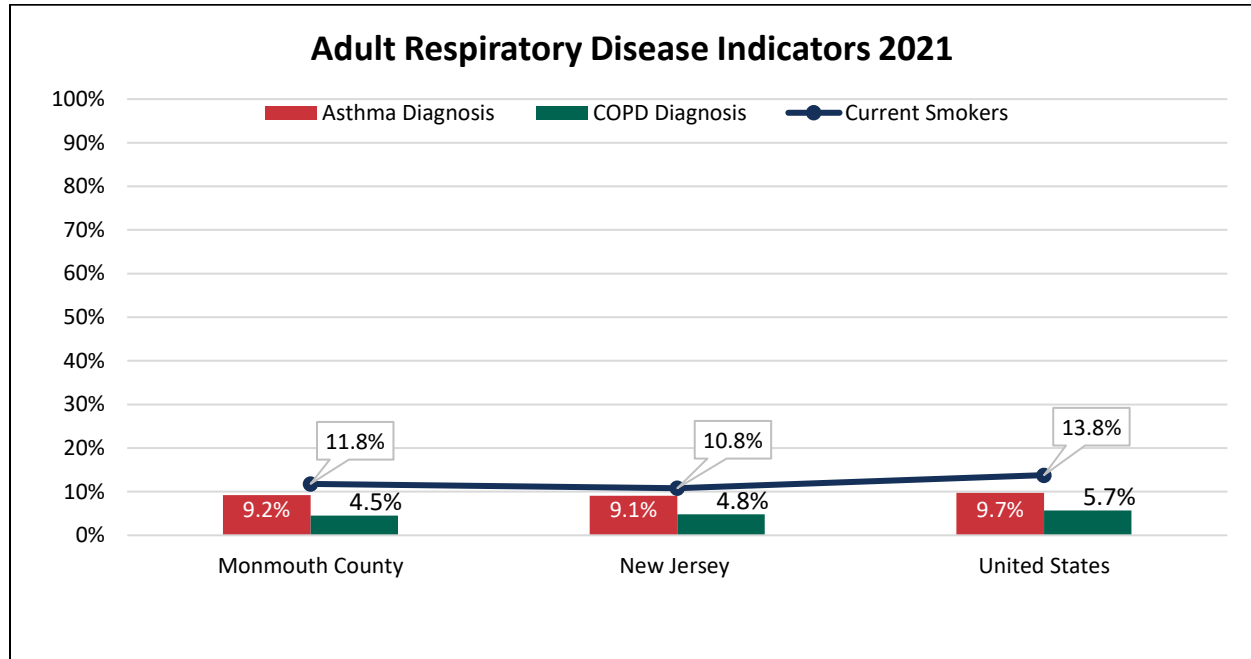
Source: Centers for Disease Control and Prevention, 2022. *indicates the smallest proportion ^indicates the largest proportion
 Note: Data included as available for municipalities as available at time of reporting



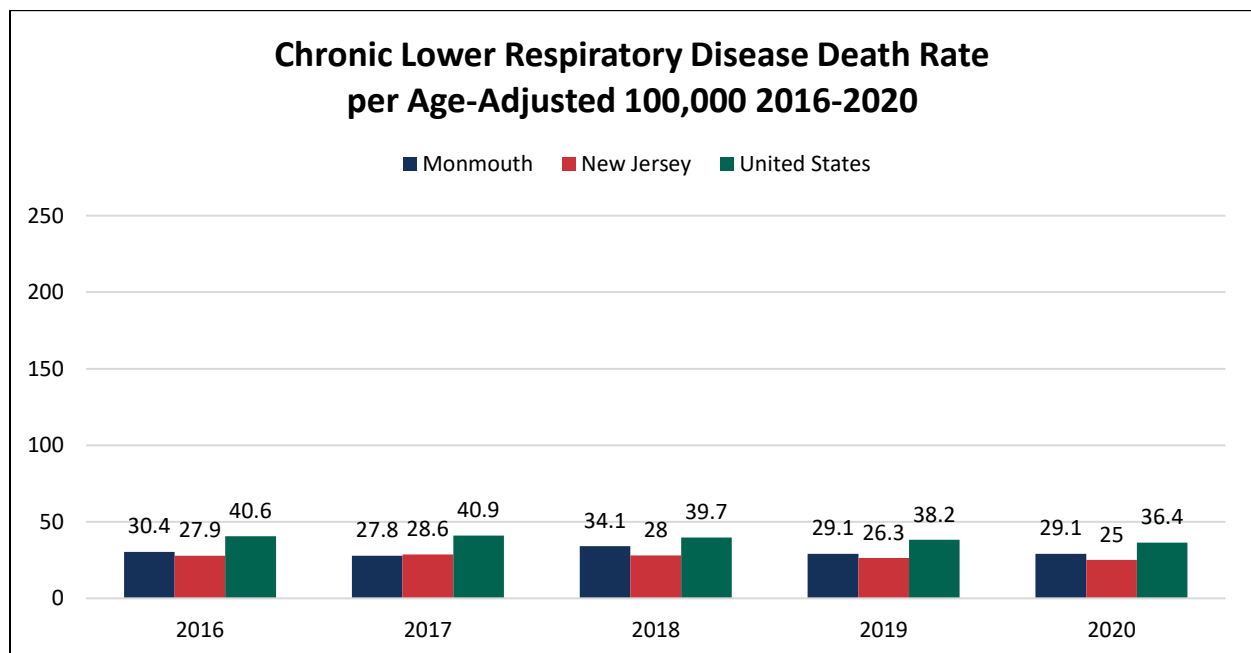


Respiratory Disease

Chronic lower respiratory disease (CLRD) refers to a large group of diseases that cause breathing-related problems, COPD, and asthma. These conditions can lead to diminished quality of life and are a leading cause of early death.



Source: Centers for Disease Control and Prevention



Source: Centers for Disease Control and Prevention





Adult Respiratory Disease Indicators 2021

	Asthma	COPD	Current Smoking
Allentown	10%	4%	10%
Asbury Park	11%^	6%	14%
Atlantic Highlands	10%	4%	10%
Avon-by-the-Sea	9%*	4%	8%
Belmar	10%	5%	12%
Bradley Beach	10%	5%	10%
Eatontown	10%	5%	13%
Englishtown	10%	5%	13%
Farmingdale	10%	5%	14%
Highlands	10%	4%	11%
Keansburg	11%^	7%^	18%^
Keyport	10%	5%	12%
Lake Como	10%	6%	15%
Little Silver	9%*	3%*	7%*
Manasquan	9%*	3%*	7%*
Matawan	10%	4%	11%
Millstone Township	9%*	4%	11%
Neptune City	11%^	5%	12%
Ocean Township	10%	4%	10%
Oceanport	10%	5%	10%
Red Bank	10%	5%	12%
Roosevelt	9%*	4%	9%
Shrewsbury	10%	4%	11%
Union Beach	10%	5%	12%
West Long Branch	10%	5%	12%

Source: Centers for Disease Control and Prevention, 2022. *indicates the smallest proportion ^indicates the largest proportion

Note: Data included as available for municipalities as available at time of reporting



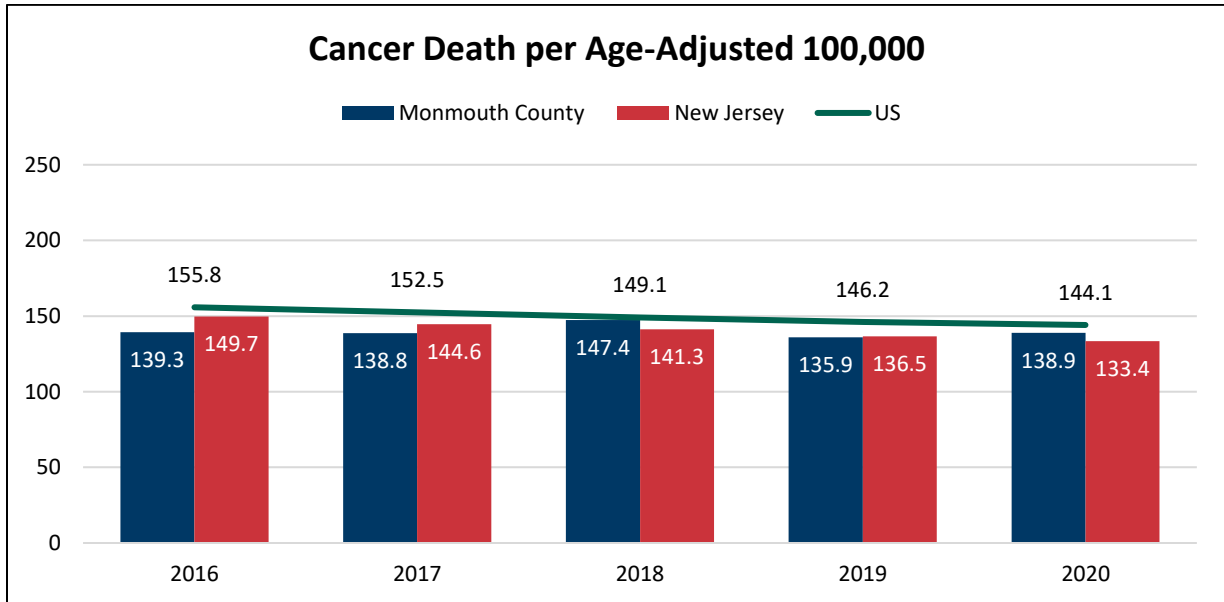


Cancer

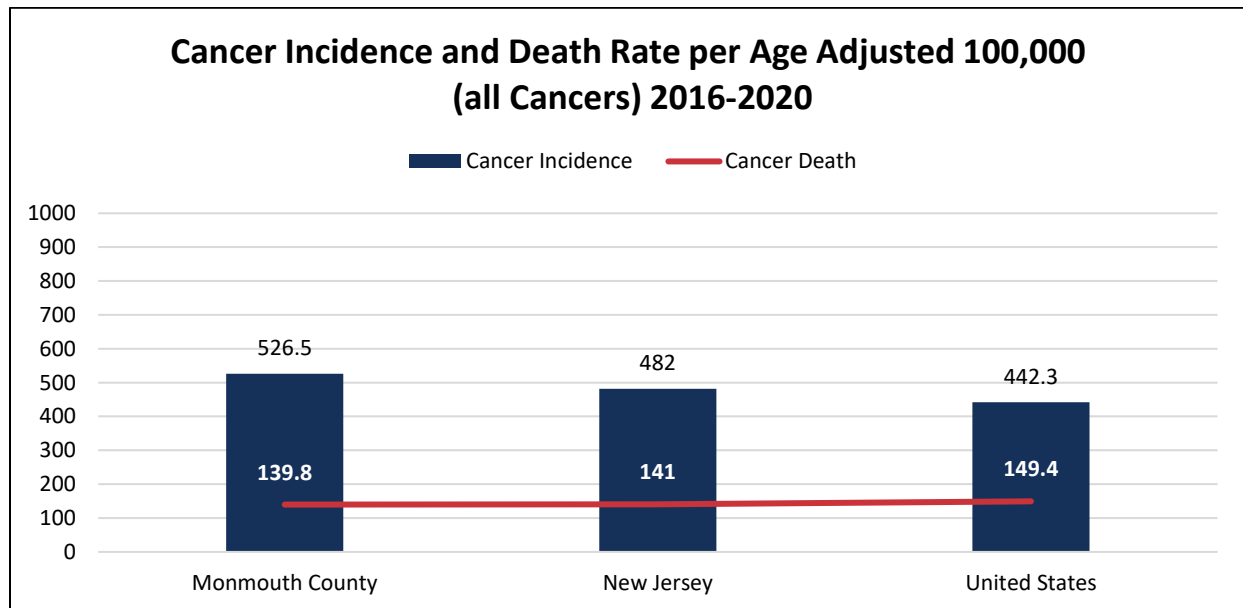
Cancer Incidence (All Types) per Age-Adjusted 100,000 2016-2020

	Cancer Incidence Rate
Monmouth County	526.5
New Jersey	482.0
United States	442.3

Source: Department of Health and Human Resources & Centers for Disease Control and Prevention



Source: Centers for Disease Control and Prevention

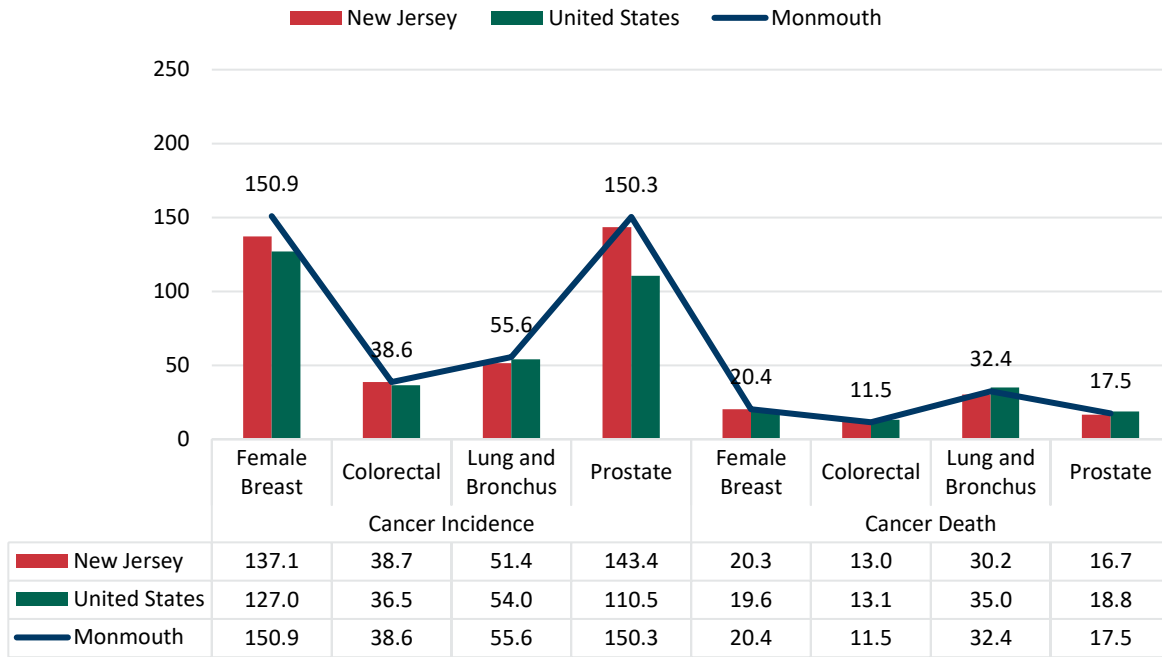


Source: Centers for Disease Control and Prevention





Four Select Common Cancers Incidence and Death per Age-Adjusted 100,000 2016-2020



Source: Centers for Disease Control and Prevention





Mental Health and Substance Use

Healthy Minds

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 behaviors. 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 problems including high blood pressure, liver disease, cancers, decreased mental health, and injury. SUD can be a cause of or an outcome from 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). But, nationwide, people experiencing these conditions are one of the fastest growing ED patient populations. This is often due to shortages in available community-based services and difficulties navigating the healthcare system.

Mental Health and Substance Use: At a Glance

- ➔ The proportion of mental health providers in Monmouth County is increasing, and there are more providers available per capita in Monmouth County compared to New Jersey and the US.
- ➔ The rate of death from suicide has slowly increased during the COVID-19 pandemic but is still lower in Monmouth County compared to New Jersey, while outpacing the US in general.
- ➔ In 2021, roughly 1 in 5 Monmouth County adults were diagnosed with depression, slightly more than in New Jersey or the US.
- ➔ The overdose death rate (32.0) in Monmouth is only slightly higher than the rate for New Jersey (30.9), however it has been slowly increasing.
- ➔ Drug-related non-fatal emergency department visits are generally decreasing for all substances across Monmouth County. But rates are decreasing much more slowly than elsewhere in New Jersey, with a comparatively much smaller difference in rates from 2019 to 2022 for all categories of substances except stimulants.
- ➔ Opiates, including heroin, are still the most common source of substance use related emergency department visits across Monmouth County.



Healthy Roots: ACEs and an Upstream View

Mental health concerns like depression and anxiety can be worsened by strains to social determinants of health, like income, employment, and environment; they can pose risks of physical health problems by complicating an individual’s ability to keep up other aspects of their healthcare and general well-being, as well as contributing to elevated stress levels, which can manifest in chronic physical health conditions.

Adverse Childhood Experiences (ACEs)

Mental and behavioral health disorders can result from and be the cause of Adverse Childhood Experiences (ACEs), defined as traumatic or stressful events that occur before the age of 18. ACEs can have lifelong impacts on the economic, educational, mental, and physical health outcomes for individuals, and are associated with decreased life expectancy. While most ACEs are the result of individualized experiences, the graphic below represents how Adverse Community Environments amplify the impact of individual ACEs.

The Pair of ACEs

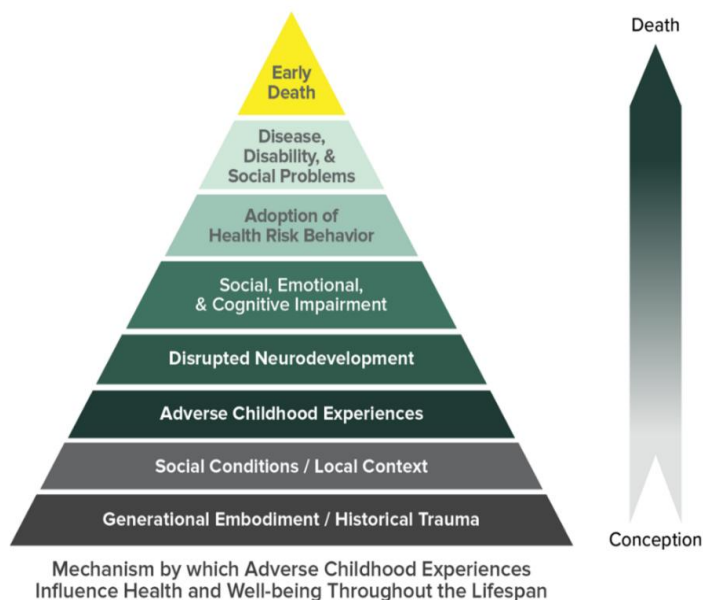
Source: Centers for Disease Control and Prevention



By taking an upstream approach to emphasize interventions that address adverse community environments, such as promoting “trauma informed care,” we can prevent, identify, and decrease the negative impacts of ACEs.

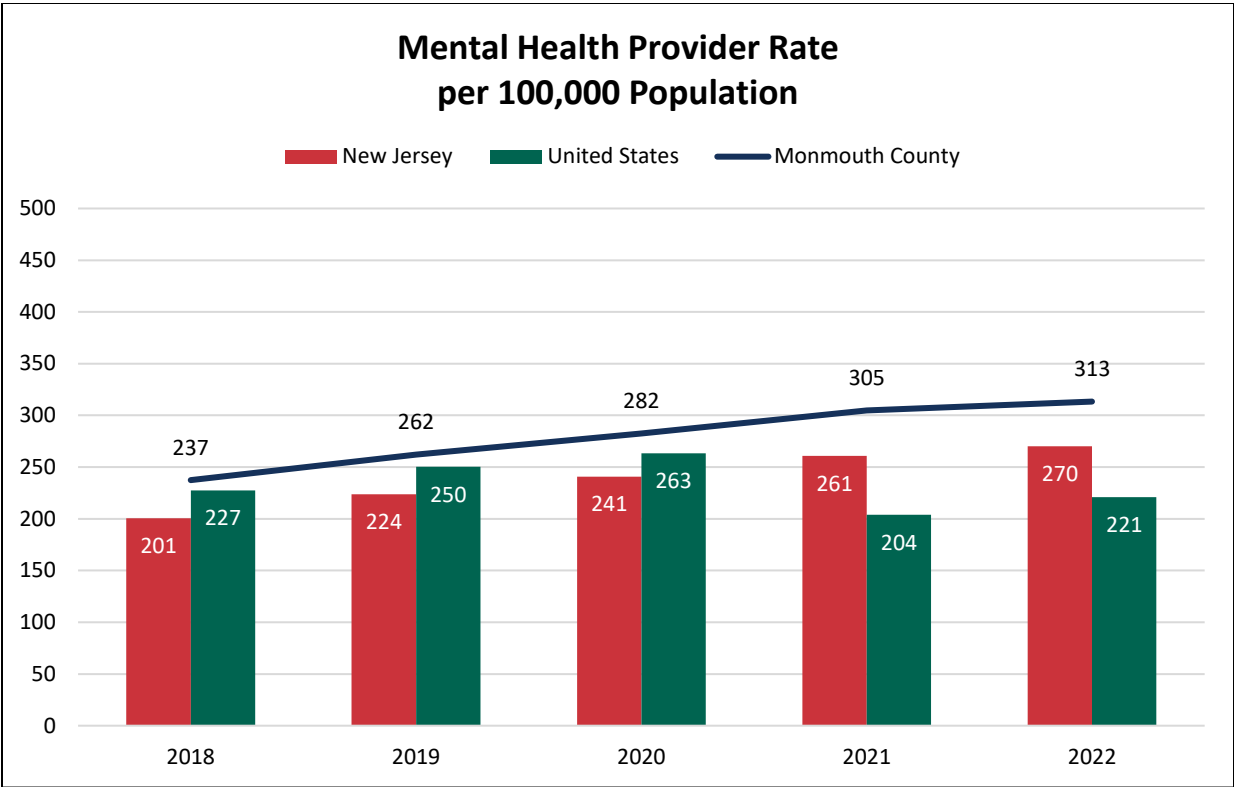
Focusing community health interventions on underlying social determinants of ACEs, such as poverty and discrimination, can yield more effective and impactful treatment of downstream risk behaviors, and pave the way for more equitable community outcomes.

Source: Centers for Disease Control and Prevention

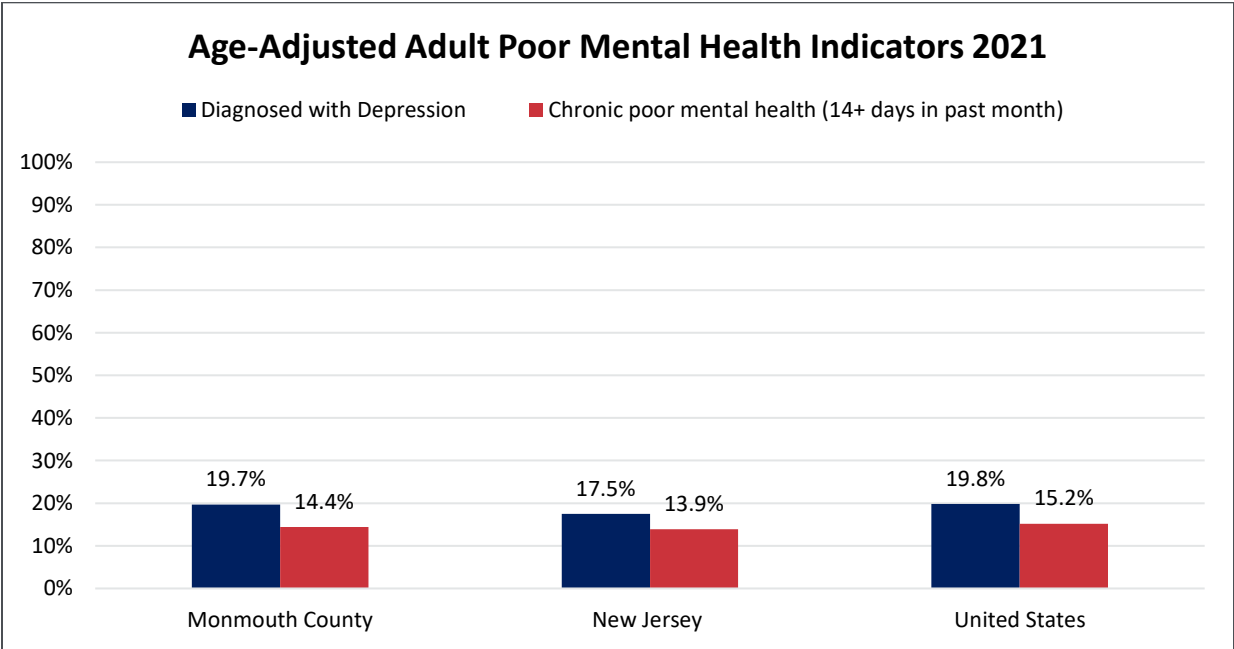




Mental Health



Source: Centers for Medicare and Medicaid Services



Source: Centers for Disease Control and Prevention





Age-Adjusted Adult Poor Mental Health Indicators 2021

	Diagnosed with Depression	Chronic Poor Mental Health (14+ days in past month)
Allentown	18%	14%
Asbury Park	16%*	17%
Atlantic Highlands	18%	15%
Avon-by-the-Sea	17%	13%
Belmar	18%	15%
Bradley Beach	18%	15%
Eatontown	17%	16%
Englishtown	18%	16%
Farmingdale	18%	17%
Highlands	18%	15%
Keansburg	19%^	19%^
Keyport	17%	15%
Lake Como	19%^	17%
Little Silver	16%*	12%*
Manasquan	17%	13%
Matawan	17%	15%
Millstone Township	17%	15%
Neptune City	18%	17%
Ocean Township	19%^	15%
Oceanport	18%	15%
Red Bank	17%	16%
Roosevelt	17%	13%
Shrewsbury	18%	15%
Union Beach	18%	16%
West Long Branch	19%^	16%

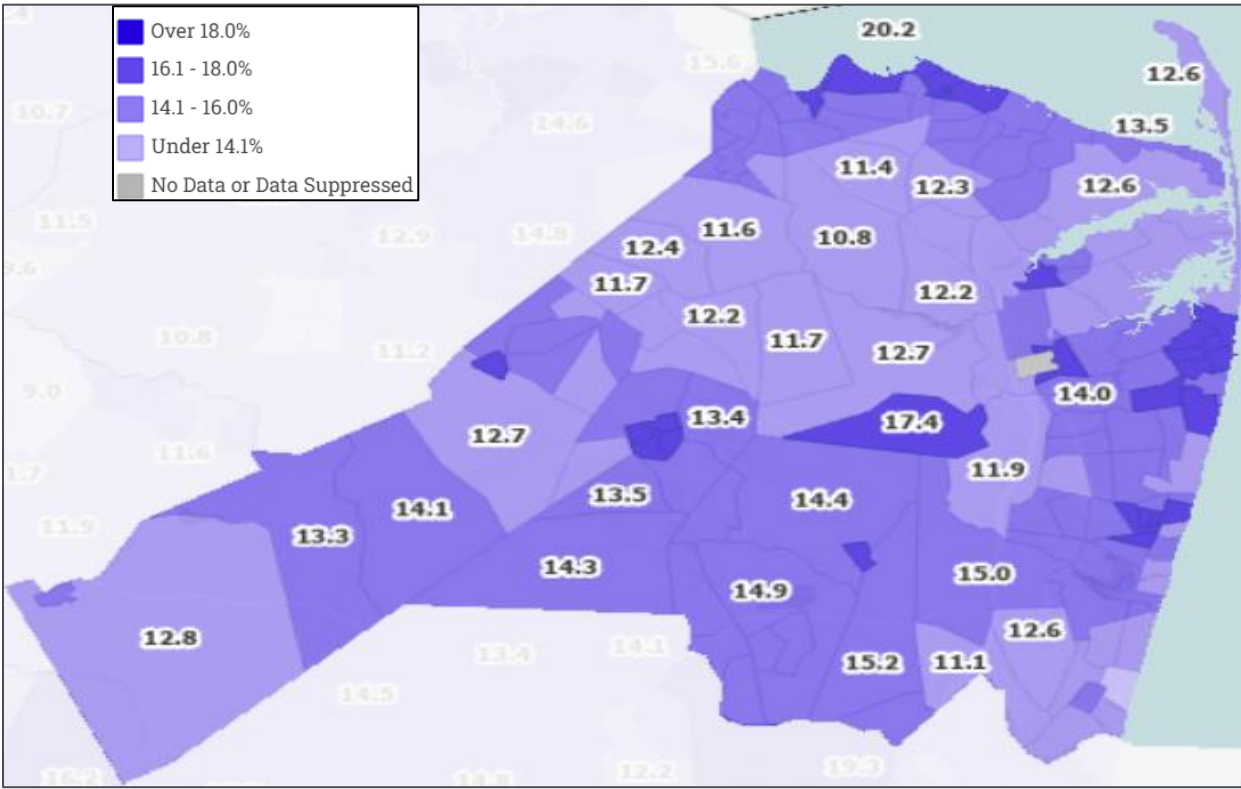
Source: Centers for Disease Control and Prevention, 2022. *indicates the smallest proportion ^indicates the largest proportion

Note: Data included as available for municipalities at time of reporting



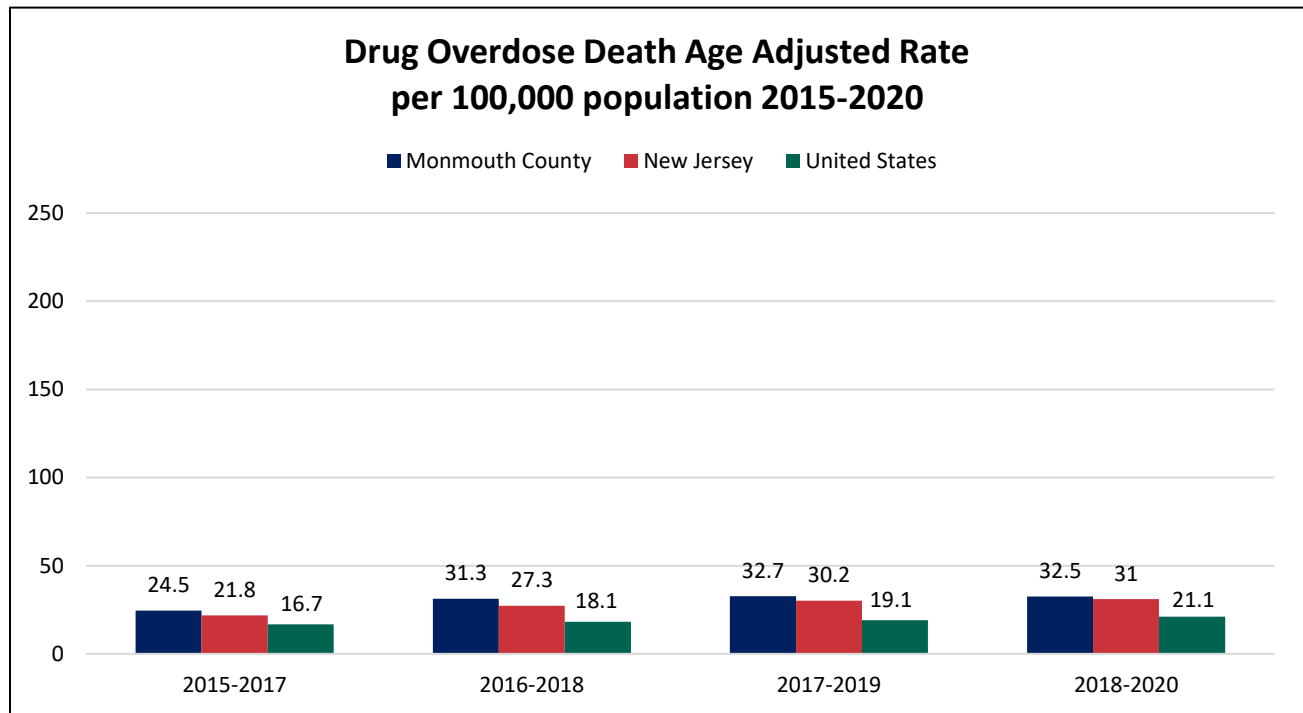


Adults with Chronic Poor Mental Health (14+ days in past month) by Monmouth County Census Tract 2021

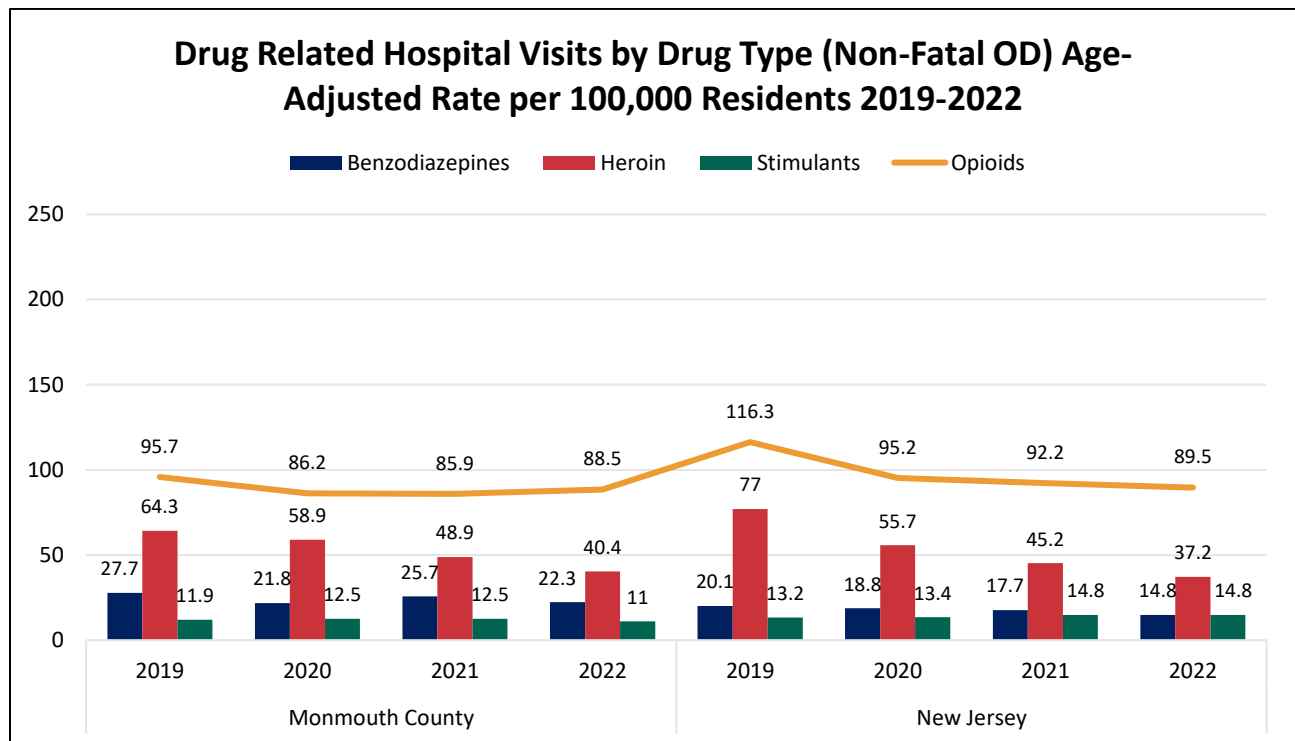




Substance Use

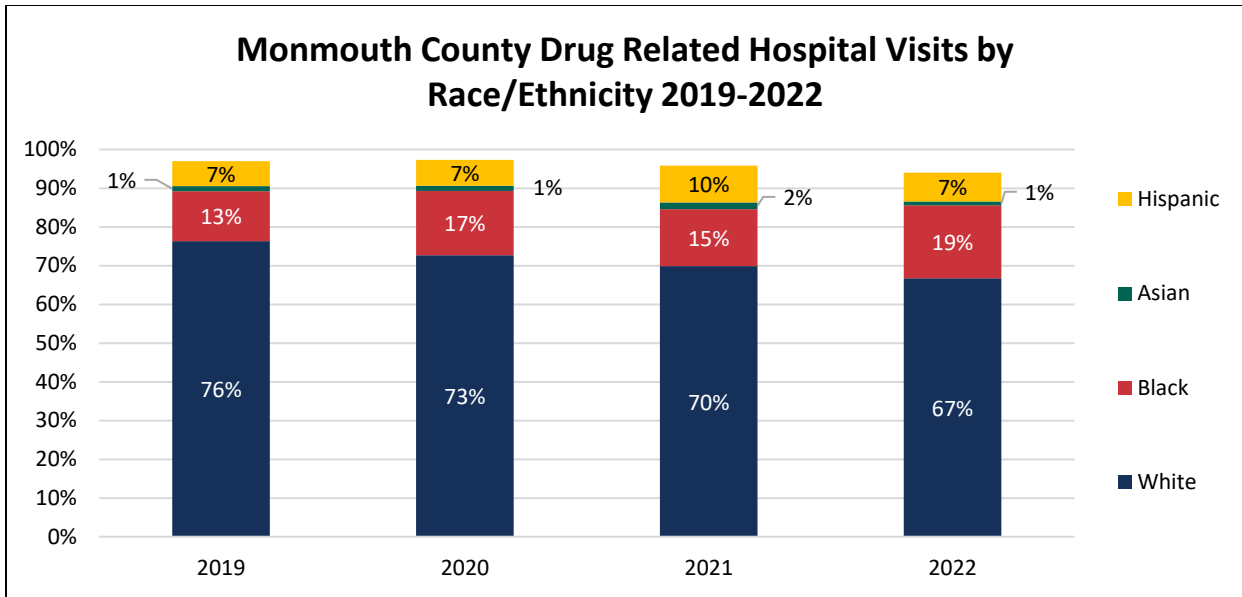


Source: Centers for Disease Control and Prevention



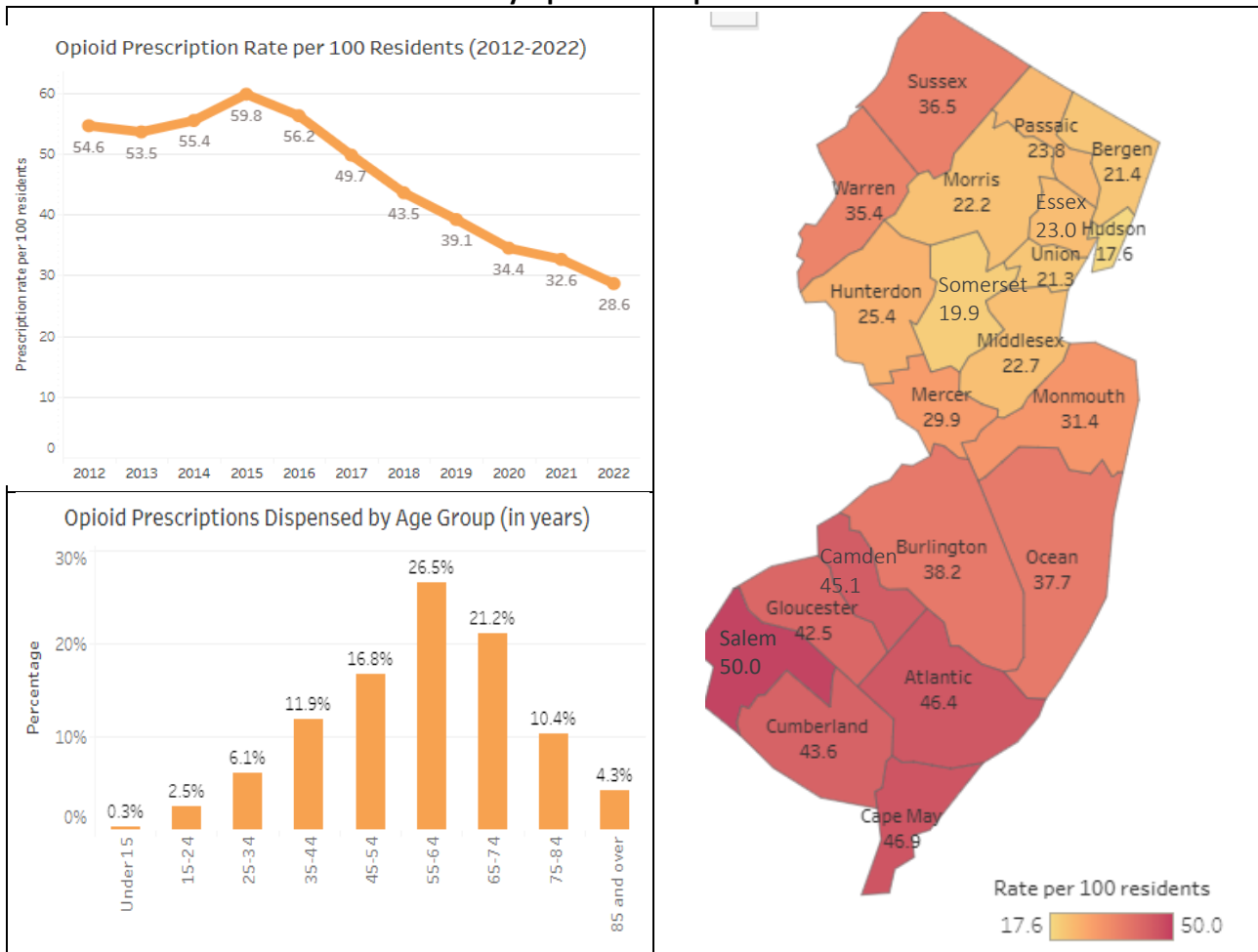
Source: New Jersey Department of Health, Population Health





Source: New Jersey Department of Health, Population Health

New Jersey Opioid Prescription Rate 2022



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





Communicable Diseases

One of the responsibilities of public health is disease surveillance, testing, and emergency response for communicable diseases. Reportable diseases include tuberculosis, COVID-19, Hepatitis A, Hepatitis B, sexually transmitted infections (STIs), such as chlamydia, gonorrhea, and HIV, as well as tick-borne diseases and other emerging infections. In combination, patient education and vaccination are effective in preventing the spread of communicable diseases, but only when detected in a timely manner. Education about prevention, vaccination, testing, and treatment are key to preventing severe infection and debilitating disease effects, as well as wide spread of disease.

The experience of the COVID-19 pandemic has brought about many changes, particularly in healthcare and public health, as agencies have pivoted to address new and exacerbated needs. This has created new opportunities for collaboration. Communicable diseases do not affect all people equally. Population density, low-income status, and crowded workplaces contribute to higher levels of spread and worse outcomes from infectious diseases for some of the population. As an example, COVID-19 worsened existing disparities within the health and social service systems and exposed longstanding inequities in power and socioeconomic opportunities within our society.

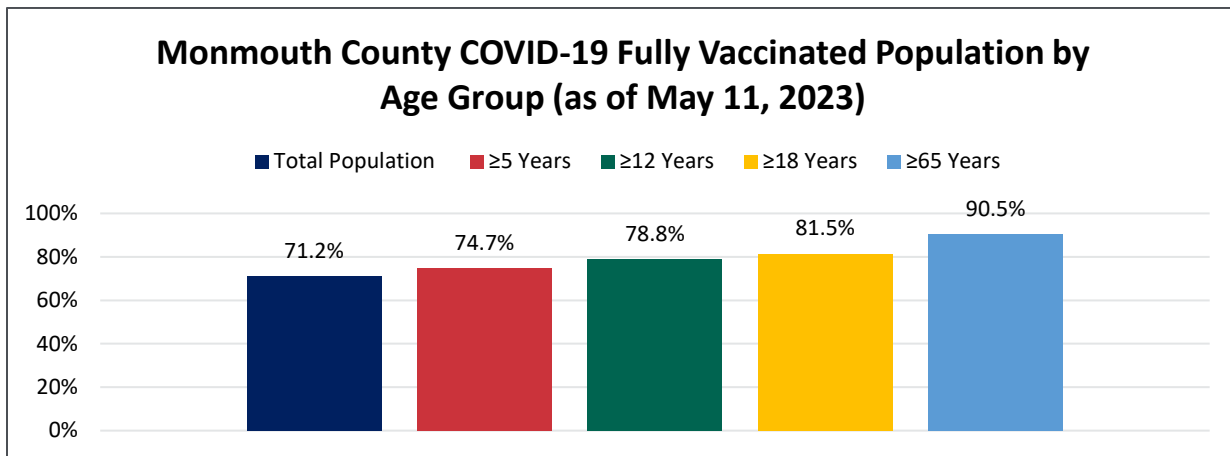
Communicable Diseases: At a Glance

- ➔ Most people in Monmouth County have had some vaccination against COVID-19, but 39% of people had not received a primary two-dose vaccination series as of May 2023. COVID-19 vaccination recommendations continue to be updated, and ongoing public health messaging is essential for stemming surges and mitigating the long-term potential health impacts of COVID-19 infection.
- ➔ There was an increase in influenza vaccination during and after the COVID-19 pandemic to 46% of the population compared to 32% in 2016. Continued messaging around vaccination uptake is an essential role of public health.
- ➔ The incidence (new infections) and prevalence (total number of infections) of HIV has been stable in Monmouth County.
- ➔ Rates of both chlamydia and gonorrhea infections rose in 2021 after periods of decline across Monmouth County, though overall rates of infection are lower than for New Jersey and the US.
- ➔ New Jersey overall has a higher rate of tuberculosis (TB) infection than the US.
- ➔ Monmouth County has higher rates of both tick-borne illnesses and salmonella than New Jersey.





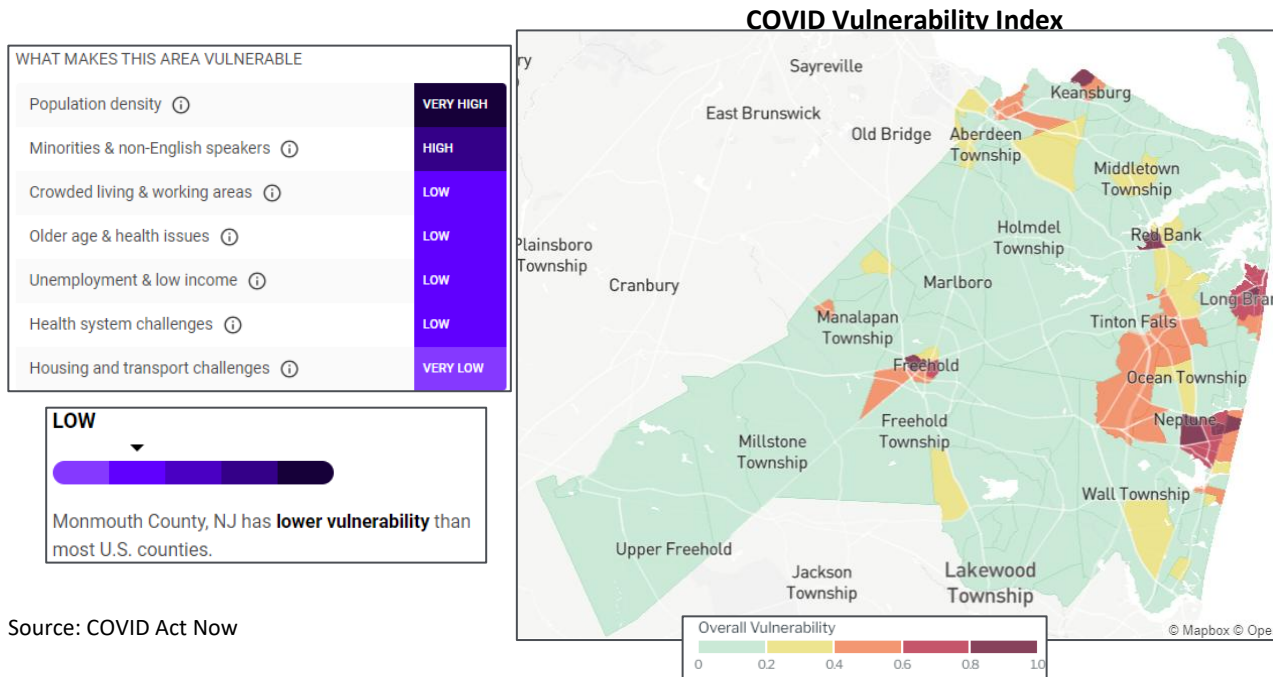
COVID-19



Source: Centers for Disease Control and Prevention

Note: "Fully vaccinated" refers to residents who met the criteria for "up-to-date" vaccination status as of May 11, 2023, defined as a two-dose primary vaccine series.

"Known as the COVID-19 Community Vulnerability Index (CCVI), this index compares states, counties, and metros across the US and ranks their vulnerability relative to each other, for example with the least vulnerable county assigned a score of 0 percent, and the most vulnerable county in the US with a score of 100 percent.⁸" The CCVI is a helpful measure, not just to understand community vulnerability as it relates to COVID-19, but also to understand which communities might be most vulnerable to the spread of other communicable disease outbreaks.



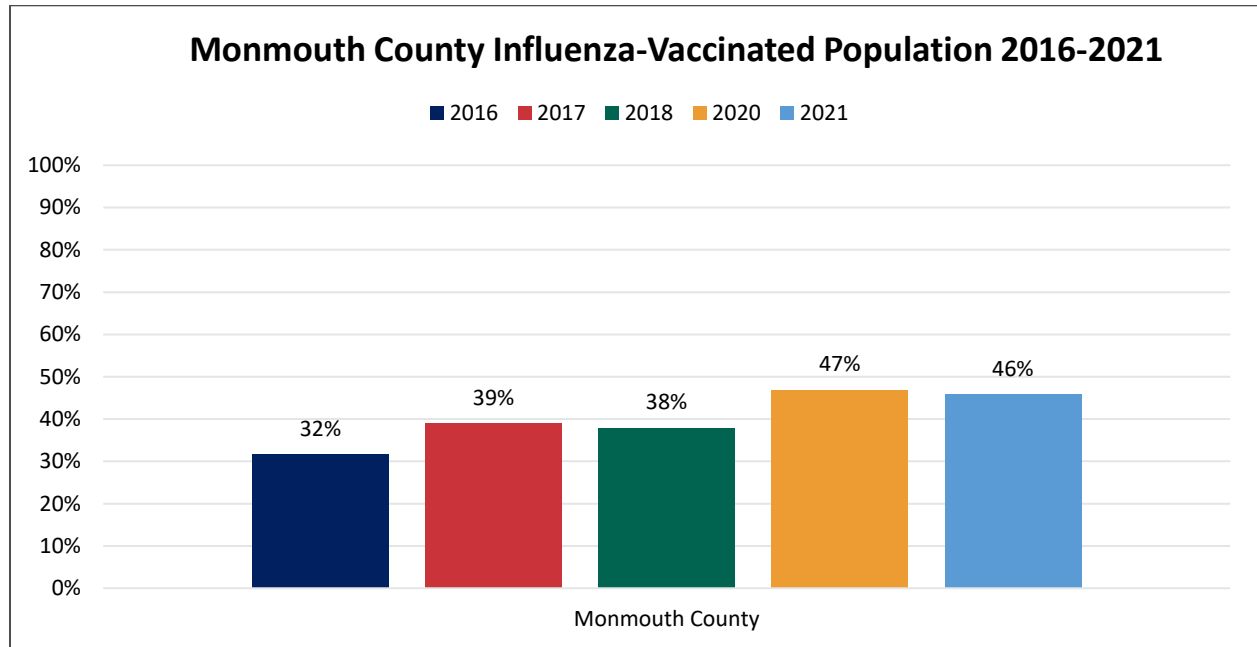
Source: COVID Act Now

⁸ U.S. COVID risk & Vaccine Tracker. (n.d.). Covid Act Now. <https://covidactnow.org/covid-community-level-metrics#vulnerability>





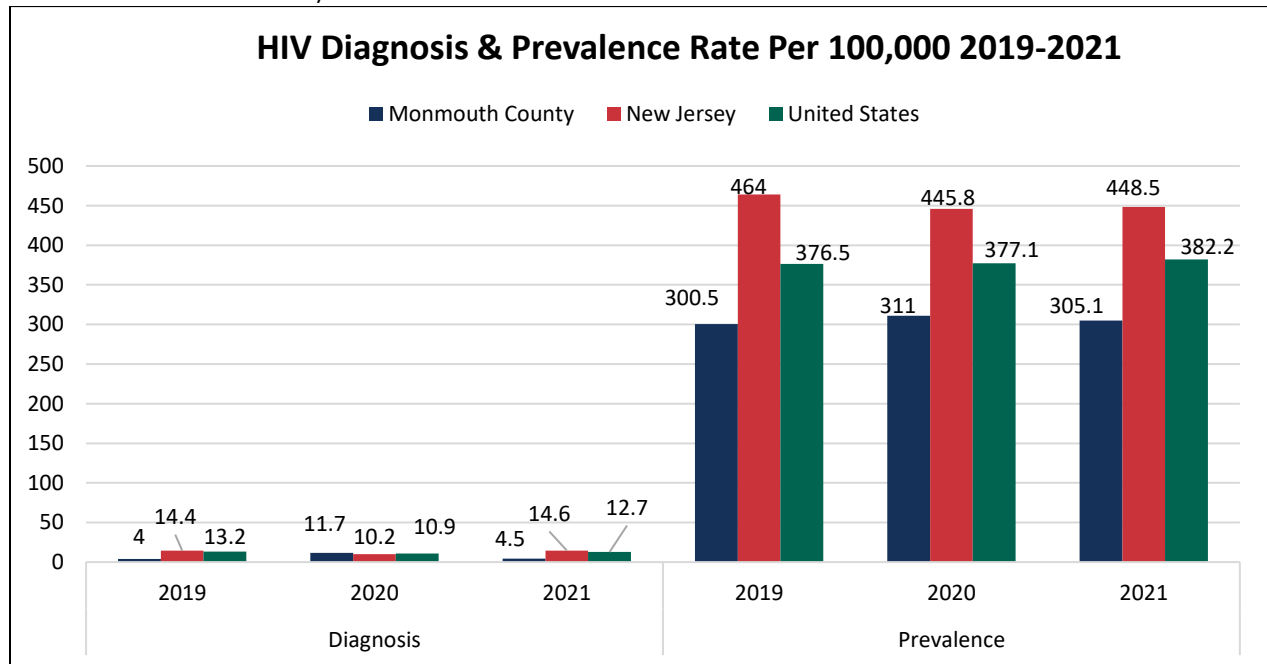
Influenza



Source: New Jersey State Health Assessment Data

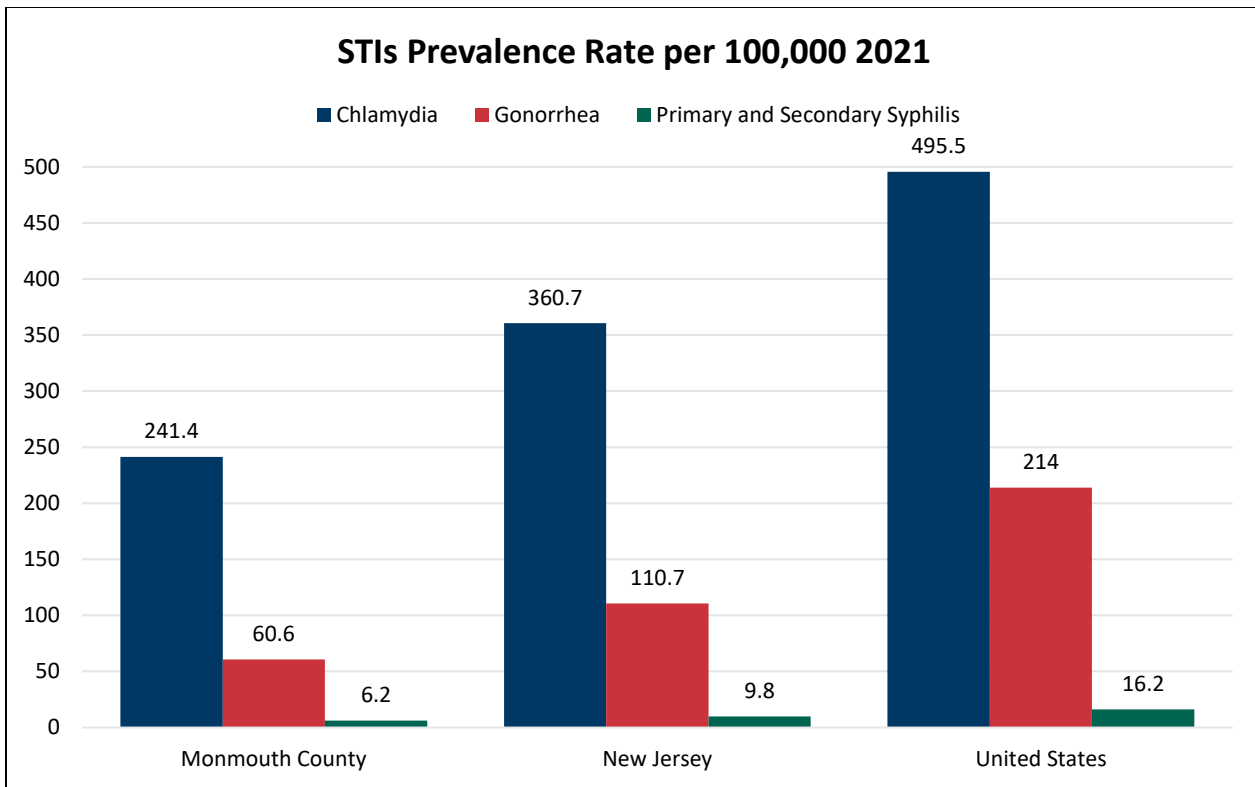
*2019 data is not available

HIV and Other Sexually Transmitted Infections

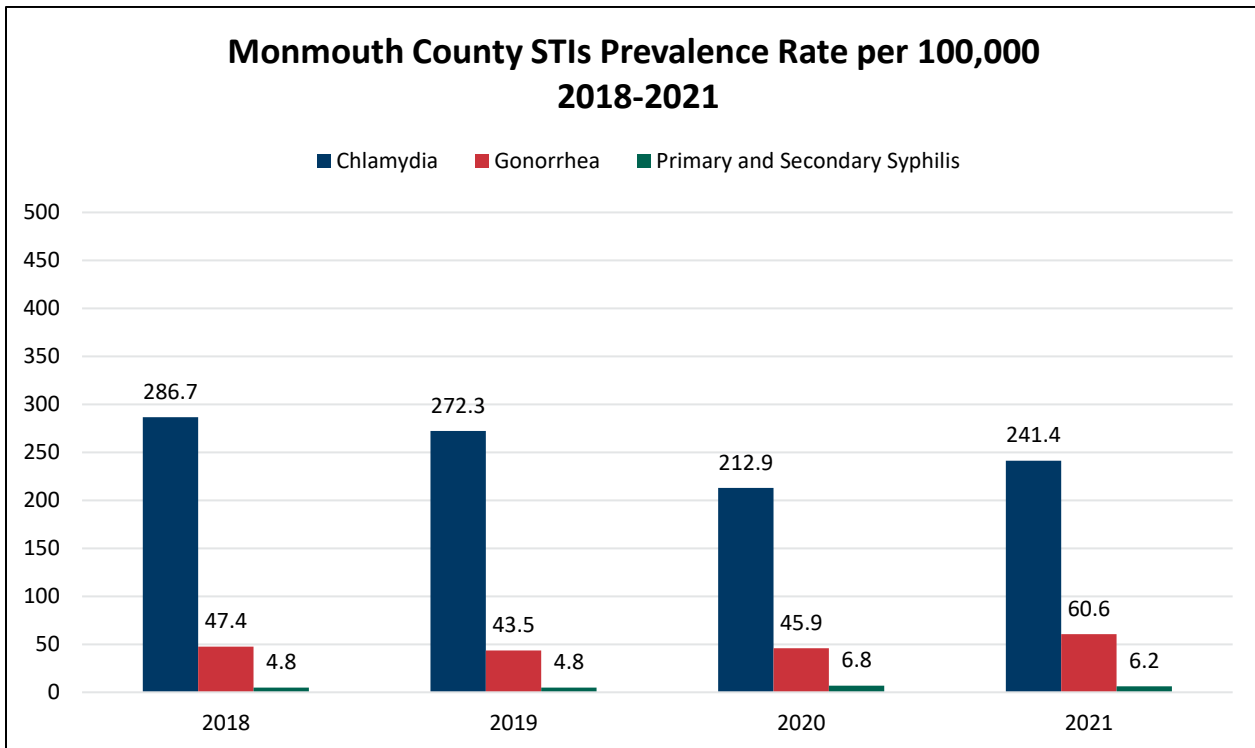


Source: Centers for Disease Control and Prevention





Source: Centers for Disease Control and Prevention



Source: Centers for Disease Control and Prevention





Other Communicable Diseases

New Jersey and United States Communicable Disease Rates per 100,000 2021

	New Jersey		United States	
	Cases	Rate per 100,000	Cases	Rate per 100,000
Tuberculosis	292	3.2	7,882	2.4
Hepatitis A	124	0.9	5,023	1.7
Hepatitis C	88	1.3	5,728	1.6

Source: Centers for Disease Control and Prevention

Monmouth County and New Jersey Communicable Disease Crude Rate per 100,000 2022

	Monmouth County		New Jersey	
	Cases	Crude Rate per 100,000	Cases	Crude Rate per 100,000
Lyme Disease	580	90.0	5,897	63.7
Salmonellosis - non-typhoid	133	20.6	1,273	13.7

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





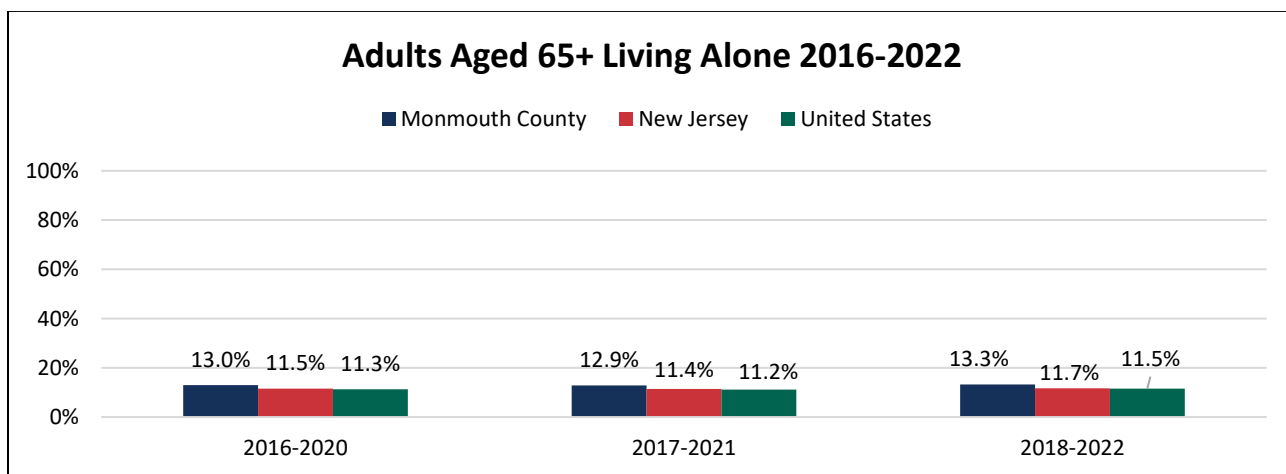
Populations of Special Interest: Older Adults

Older adults are considered to be vulnerable due to increasing likelihood of chronic disease, risk of social isolation, and economic instability. 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 counted as a sign of good health, there can also be many risks associated with older adults living alone. When older adults live alone, they can be vulnerable to social isolation, which can manifest in deteriorating mental and physical health, as well as substance misuse. They are also more likely to seek medical help later than people with a companion in the home. This indicator can be useful for allocating resources, particularly targeted outreach efforts and home-based interventions.

Older Adults: At a Glance

- ➔ Around 13% of adults over 65 live alone in Monmouth County, slightly more than in New Jersey and the US.
- ➔ In Monmouth County, an equal or marginally smaller proportion of adults over 65 years reports living with any kind of disability compared to the state and nation. Nearly 1 in 5 report an ambulatory disability.
- ➔ However, this may not reflect whether individuals have adequate or proper insurance coverage. Low incomes in this community may make seeking specialized aging care difficult to afford beyond what is covered by Medicare A and B.
- ➔ About 57% of adults over 65 reports having three or more chronic conditions, a slightly higher proportion than in New Jersey or the US.



Source: US Census Bureau, American Community Survey



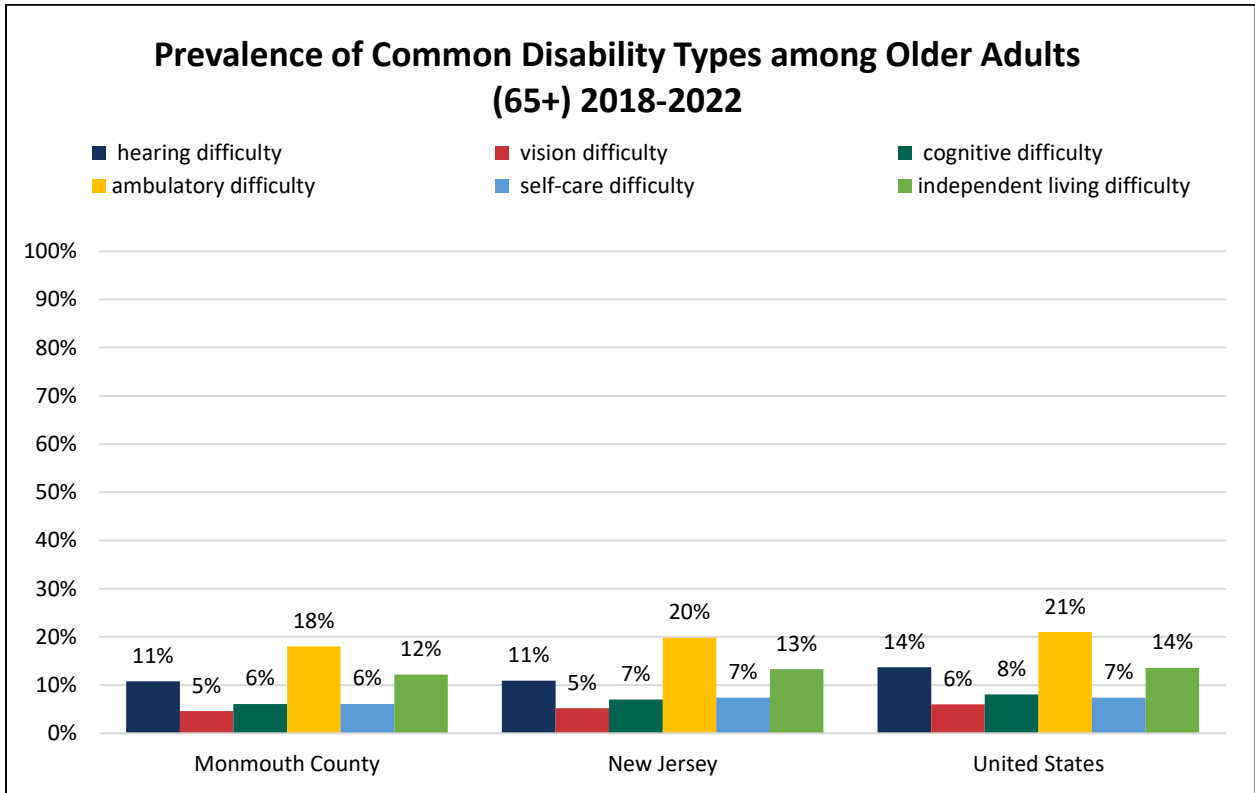


Adults Aged 65+ Living Alone 2016-2022

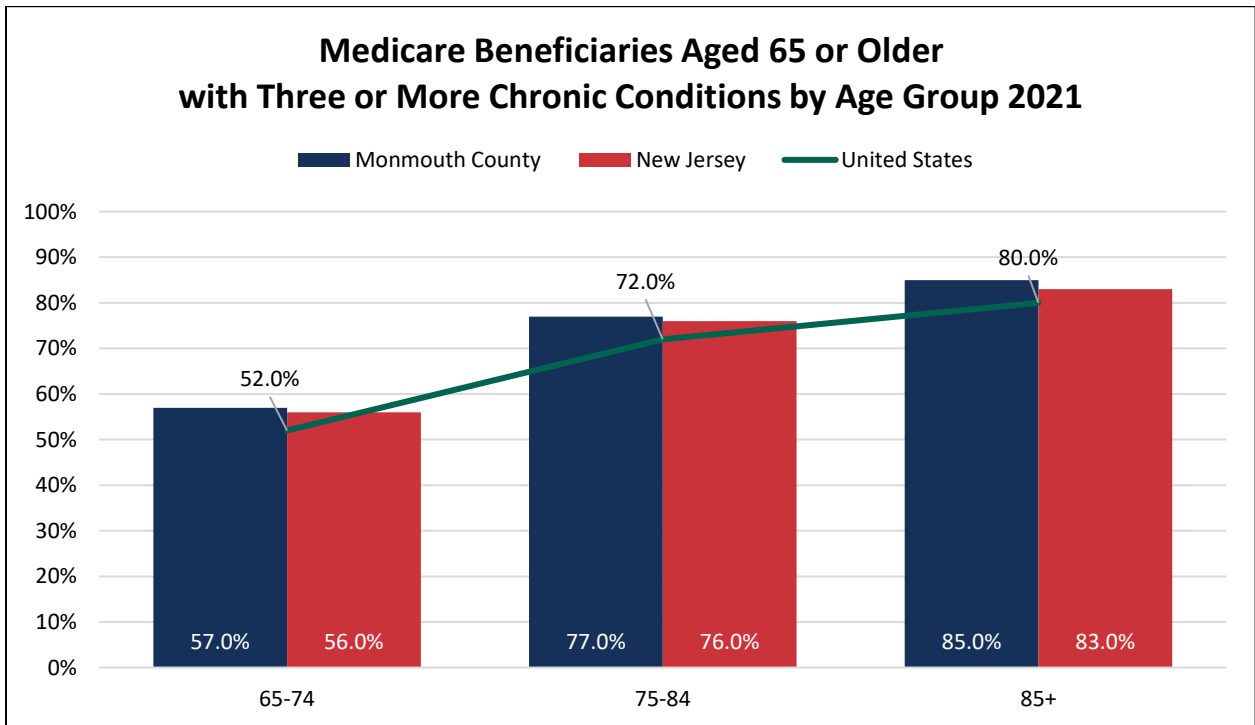
	2016-2020	2017-2021	2018-2022
Aberdeen Township	6.3%	6.8%	6.6%
Allentown	4.7%	5.5%*	6.8%
Asbury Park	12.8%	13.9%	12.8%
Atlantic Highlands	13.1%	12.4%	12.8%
Avon-by-the-Sea	25.1%	27.9%^	24.4%^
Belmar	8.5%	9.1%	11.4%
Bradley Beach	11.8%	18.1%	14.7%
Eatontown	13.5%	13.7%	14.9%
Englishtown	8.9%	6.9%	7.3%
Farmingdale	10.9%	14.9%	14.8%
Hazlet Township	14.3%	14.9%	15.7%
Highlands	30.3%^	19.9%	20.9%
Holmdel Township	13.0%	12.1%	11.1%
Howell Township	9.5%	10.5%	11.4%
Keansburg	10.6%	10.7%	11.8%
Keyport	23.8%	23.5%	24.3%
Lake Como	8.5%	9.0%	8.3%
Little Silver	10.1%	12.1%	11.9%
Manasquan	14.1%	13.3%	12.6%
Marlboro Township	6.7%	6.3%	7.1%
Matawan	9.5%	8.7%	9.9%
Middletown Township	13.1%	12.5%	13.8%
Millstone Township	4.5%*	6.2%	7.6%
Neptune Township	17.8%	16.9%	17.8%
Neptune City	12.5%	14.4%	13.8%
Ocean Township	11.8%	11.5%	12.8%
Oceanport	18.4%	17.2%	22.0%
Red Bank	18.9%	20.7%	21.7%
Roosevelt	7.6%	6.8%	6.0%*
Shrewsbury	11.7%	12.9%	14.5%
Shrewsbury Township	13.4%	11.3%	11.4%
Union Beach	5.9%	6.0%	7.2%
Upper Freehold Township	8.6%	7.3%	8.1%
West Long Branch	19.2%	19.9%	18.6%
Monmouth County	13.0%	12.9%	13.3%
New Jersey	11.5%	11.4%	11.7%
United States	11.3%	11.2%	11.5%

Source: US Census Bureau, American Community Survey *indicates the smallest proportion ^indicates the largest proportion





Source: US Census Bureau, American Community Survey



Source: Centers for Medicare and Medicaid Services





Select Chronic Conditions among Medicare Beneficiaries 2022

Aged 65-74 Years	Monmouth County	New Jersey	United States
Alzheimer's disease, related disorders, senile dementia	2%	2%	2%
Cancer (breast, lung, colorectal, prostate)	11%	10%	9%
Depression	13%	13%	15%
Diabetes	24%	25%	23%
High cholesterol	70%	68%	59%
Hypertension	61%	60%	58%
Obesity	18%	22%	21%
Rheumatoid arthritis	33%	30%	30%
Aged 75-84 Years	Monmouth County	New Jersey	United States
Alzheimer's disease, related disorders, senile dementia	8%	8%	9%
Cancer (breast, lung, colorectal, prostate)	18%	16%	15%
Depression	16%	17%	18%
Diabetes	32%	33%	29%
High cholesterol	83%	80%	73%
Hypertension	80%	79%	76%
Obesity	19%	22%	20%
Rheumatoid arthritis	45%	41%	40%
Aged 85 Years or Older	Monmouth County	New Jersey	United States
Alzheimer's disease, related disorders, senile dementia	27%	26%	25%
Cancer (breast, lung, colorectal, prostate)	17%	16%	15%
Depression	26%	24%	22%
Diabetes	32%	31%	27%
High cholesterol	81%	78%	70%
Hypertension	89%	87%	84%
Obesity	13%	14%	11%
Rheumatoid arthritis	50%	48%	46%

Source: Centers for Medicare & Medicaid Services





Prevalence of Common Disability Types among Older Adults (65+) 2018-2022

	Hearing difficulty	Vision difficulty	Cognitive difficulty	Ambulatory difficulty	Self-care difficulty	Independent living difficulty
Aberdeen Township	10.8%	4.7%	4.3%	10.8%	3.9%	7.8%
Allentown	9.8%	3.0%	4.9%	15.4%	7.1%	7.9%
Asbury Park	12.6%	6.0%	12.0%	31.7%	7.4%	18.3%
Atlantic Highlands	13.1%	2.1%	2.7%	16.3%	0.0%*	7.3%
Avon-by-the-Sea	12.5%	6.2%	6.7%	14.4%	8.5%	15.4%
Belmar	7.8%	4.7%	2.6%	18.0%	7.1%	12.5%
Bradley Beach	6.8%	3.3%	3.2%	11.0%	1.8%	8.2%
Eatontown	13.7%	7.2%	13.2%	18.9%	6.8%	14.3%
Englishtown	15.7%^	5.9%	22.5%^	43.6%	30.9%^	40.3%^
Farmingdale	10.8%	4.4%	5.4%	27.6%	7.4%	10.3%
Hazlet Township	9.1%	7.4%	7.5%	24.4%	7.5%	18.3%
Highlands	10.8%	0.0%*	7.7%	12.5%	5.5%	4.7%
Holmdel Township	12.4%	4.9%	7.4%	18.1%	8.4%	14.7%
Howell Township	7.8%	4.2%	4.9%	14.9%	6.0%	10.8%
Keansburg	11.9%	4.5%	6.8%	25.4%	0.8%	9.0%
Keyport	10.9%	8.9%^	12.4%	36.4%	9.9%	21.3%
Lake Como	4.0%	1.5%	1.8%	14.9%	4.6%	3.6%
Little Silver	7.7%	3.4%	1.6%	10.4%	3.3%	3.1%*
Manasquan	9.6%	2.7%	4.5%	13.2%	4.8%	7.7%
Marlboro Township	10.0%	4.4%	4.9%	16.4%	7.1%	12.8%
Matawan	8.4%	6.7%	2.3%	15.4%	1.6%	12.2%
Middletown Twp	11.8%	3.3%	5.5%	18.9%	7.0%	11.3%
Millstone Township	5.6%	3.7%	5.1%	8.7%*	4.3%	13.0%
Neptune Township	10.7%	8.2%	6.5%	20.1%	7.1%	12.8%
Neptune City	14.7%	5.8%	2.7%	51.8%^	26.3%	17.6%
Ocean Township	11.1%	3.4%	6.0%	17.6%	6.3%	9.5%
Oceanport	9.1%	0.9%	6.7%	13.4%	7.2%	8.1%
Red Bank	7.9%	4.4%	5.2%	14.6%	1.9%	10.5%
Roosevelt	3.3%*	0.0%*	3.9%	18.8%	8.8%	8.8%
Shrewsbury	10.8%	2.6%	8.2%	19.1%	12.8%	18.3%
Shrewsbury Twp	10.1%	6.5%	0.0%*	30.2%	0.0%*	24.5%
Union Beach	9.8%	0.0%*	8.2%	9.5%	2.0%	10.3%
Upper Freehold Twp	8.6%	1.1%	2.5%	10.5%	4.1%	6.2%
West Long Branch	14.7%	3.1%	3.0%	14.0%	5.3%	8.3%
Monmouth County	10.8%	4.6%	6.1%	18.0%	6.1%	12.2%
New Jersey	10.9%	5.2%	7.0%	19.8%	7.4%	13.3%
United States	13.7%	6.0%	8.1%	21.0%	7.4%	13.6%

Source: US Census Bureau, American Community Survey *indicates the smallest proportion ^indicates the largest proportion





Populations of Special Interest: Youth

Communities with healthy children, teens, and young adults assure us of the opportunity for a future with greater well-being for all; the roots of our future parents, workforce, and leaders are being built 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 young people worldwide, young people in Monmouth County 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 education challenges.

Young People: At a Glance

- ➔ Fewer teens (3.4%) in Monmouth are *not* in school or *not* working compared to New Jersey (5.6%) and the US (7.0%), suggesting that they are occupied and engaged meaningfully in pursuing long-term goals.
- ➔ Young people are struggling with their mental health. In New Jersey in 2021, 4 in 10 high school students reported feeling sad or hopeless, 1 in 3 reported a diagnosis of depression, and roughly 1 in 10 high school students reported an attempted suicide. These proportions are consistent with national numbers.
- ➔ There are disparities by gender and race in rates of attempted suicide, with a higher proportion of female-identifying youth compared to male youth, and Asian, Black, and Latinx youth compared to white youth reporting an attempted suicide. Racial disparities are especially notable, given improving but long-standing increased stigma around mental health in communities of color.
- ➔ Young people in New Jersey are more likely to use e-cigarettes, alcohol, and cannabis compared to the US. But young people in New Jersey have met the Healthy People 2030 Goal for cigarette use.

Disconnected Youth:

Percentage of Teens and Young Adults Aged 16-19 Who Are Neither Working nor in School 2017-2021

	Percent
Monmouth County	3.4%
New Jersey	5.6%
United States	7.0%

Source: US Census Bureau, American Community Survey





High School Graduation Rate by Monmouth County School District

	2019	2020	2021	2022
Allentown High School	97.2	92.7	96.0	96.0
Asbury Park High School	75.8*	82.1*	79.3*	84.8
Henry Hudson Regional High School	97.7	100.0^	95.2	94.0
Keansburg High School	87.9	87.7	83.0	79.4
Keyport High School	93.5	90.1	94.7	91.5
Manasquan High School	93.8	91.7	94.2	96.0
Matawan Regional High School	94.8	91.0	90.5	86.2
Middletown High School North	93.9	92.7	94.7	93.5
Middletown High School South	95.7	97.7	96.0	96.8
Monmouth County Vocational School District	98.6^	97.0	98.4^	99.5^
Neptune High School	79.6	84.7	81.1	76.2*
Ocean Township High School	94.4	94.2	90.5	94.6
Raritan High School	97.6	96.6	95.2	94.7
Red Bank Regional High School	92.1	94.3	95.5	92.9
Rumson-Fair Haven Regional High School	96.6	97.9	97.6	98.1
Monmouth County	95.4	95.3	95.5	95.3
New Jersey	90.6	91.0	90.6	90.9

Source: New Jersey Department of Education, School Performance

High School Students with Obesity 2015-2021

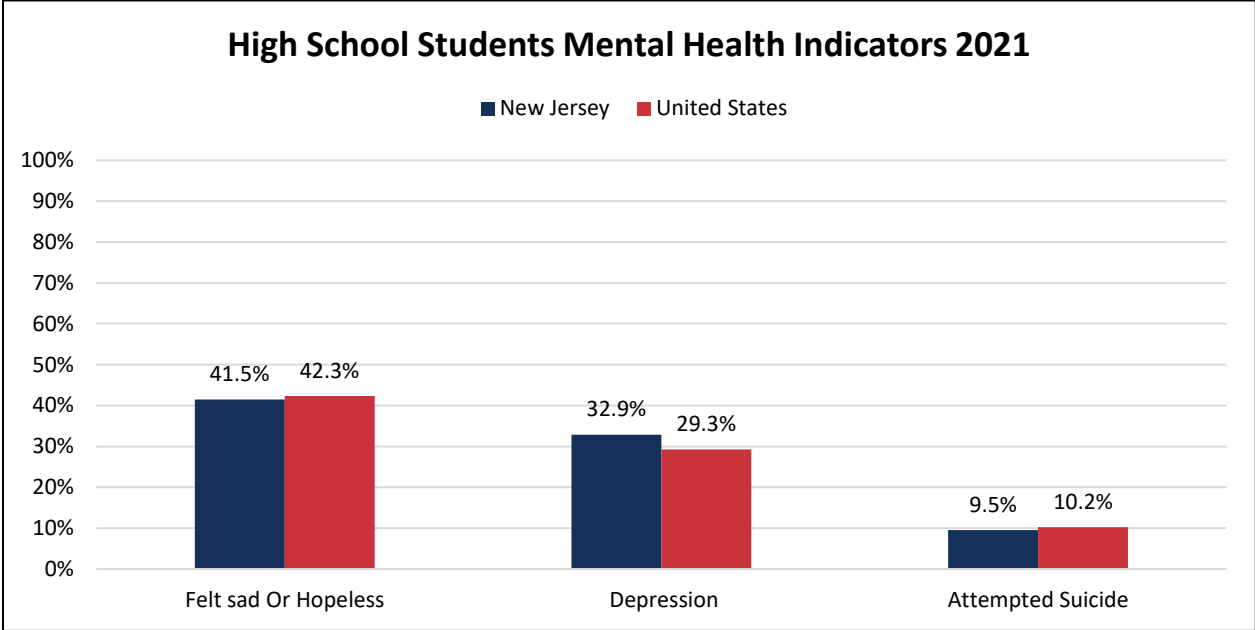
	2015	2017	2019	2021
New Jersey	N/A	N/A	11.9%	13.8%
United States	13.9%	14.8%	15.5%	16.3%

Source: Centers for Disease Control and Prevention, YRBS





Youth Behavioral Health



Source: Centers for Disease Control and Prevention, YRBS

High School Students Reporting an Attempted Suicide 2021

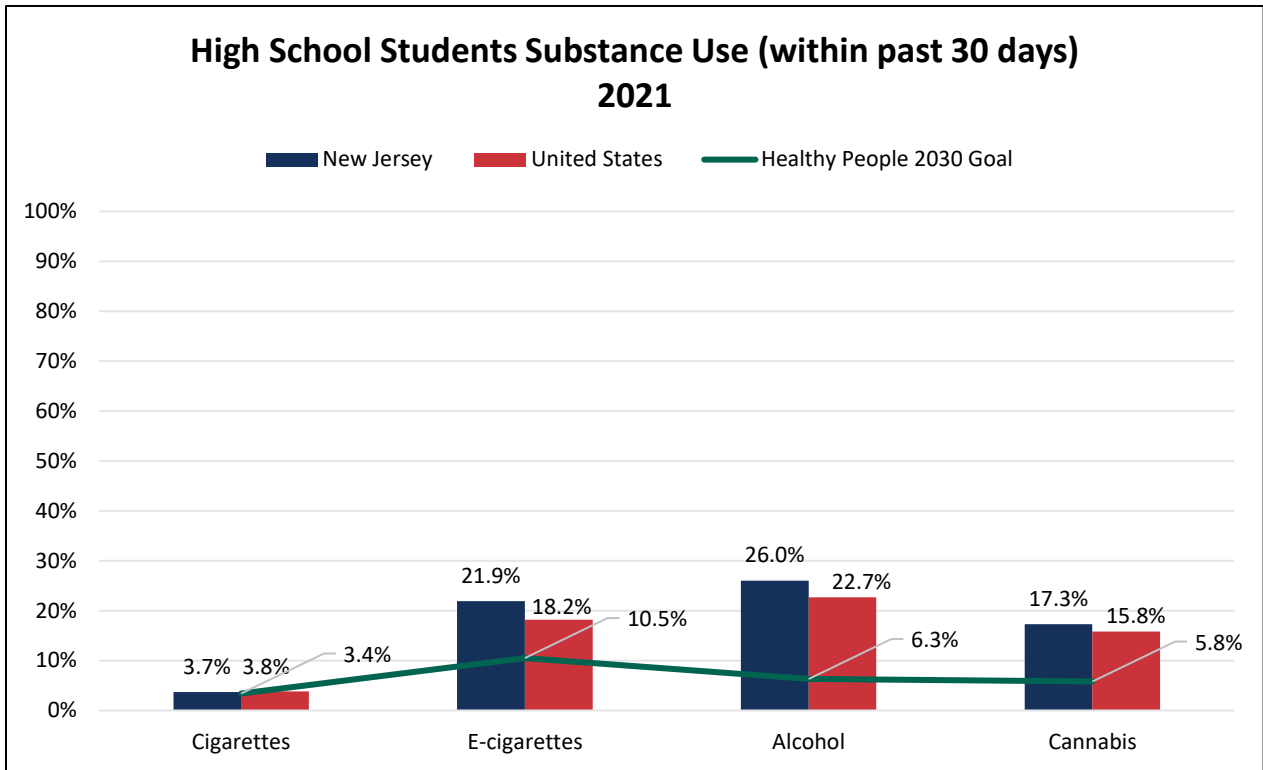
	New Jersey	United States
Gender		
Female	10.9%	13.3%
Male	7.9%	6.6%
Race and Ethnicity		
Asian	10.8%	6.4%
Black or African American	13.0%	14.5%
Latinx origin (any race)	10.8%	10.7%
White	7.3%	9.0%

Source: Centers for Disease Control and Prevention, YRBS





Youth Substance Use (Tobacco, Alcohol, Cannabis)



Source: Centers for Disease Control and Prevention, YRBS

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

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

Source: Centers for Disease Control and Prevention, YRBS





Populations of Special Interest: Pregnancy, Birth, and Babies

Healthy communities offer an opportunity for a healthy start to life. The best way to begin a healthy life is with a healthy pregnancy. According to March of Dimes, infants born to mothers who have not accessed adequate prenatal care have an infant death rate five times the rate of infants born to mothers accessing prenatal care starting in the first trimester of pregnancy. Four of the most common barriers that limit women from accessing appropriate levels of care are: *disrespectful treatment; discrimination* based on gender identity, race, ethnicity, language, or socioeconomic status; *harmful practices; shortages* of culturally sensitive and/or appropriately trained medical professionals and accessible facilities⁹.

The World Health Organization uses infant mortality as an indicator of the overall well-being of the entire population. Disparities in infant mortality are most directly affected by structural factors, such as social and economic opportunity, educational opportunity, and quality of life for birthing people before the onset of pregnancy. Therefore, addressing upstream inequities can provide a healthy start for all babies.

Pregnancy, Birth, and Babies: At a Glance

- ➔ The Monmouth County infant mortality rate (3.1) is lower than New Jersey (3.8) and surpasses the Healthy People 2030 target (<5)
- ➔ In Monmouth County, 81% of people access prenatal care during their first trimester of pregnancy; however, there are disparities across racial and ethnic groups.
- ➔ In Monmouth County, there are fewer preterm births compared to New Jersey (9.2%) and the US (10.5%); however, nearly 15% of Black/African American babies are born prematurely, more than any other racial or ethnic group in Monmouth County, as well compared to Black/African American babies born elsewhere in New Jersey or, in the United States.
- ➔ In Monmouth County, there are fewer low birth weight babies (5.9%) compared to New Jersey (7.7%) and the US (8.5%). However, disparities persist for Black/African American babies (14.9%)
- ➔ In New Jersey, the maternal mortality rate for Black birthing people (75.4) is 509% greater than the maternal mortality rate for white birthing people (14.8).

⁹ Every Mother Counts. (2024). *The Issue*. Every Mother Counts (EMC) | Improving Maternal Health. <https://everymothercounts.org/our-story/the-issue/>





All Births and Birth Rate per 1,000 Population 2021

	Count	Birth Rate per 1,000
Monmouth County	6,124	9.5
New Jersey	101,330	10.9
United States	3,664,292	11.0

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

Maternal and Infant Health Indicators 2021

	First Trimester Prenatal Care	Preterm Births	Low Birth Weight Births
Monmouth County	80.8%	7.9%	5.9%
Asian, non-Hispanic	80.9%	7.5%	5.8%
Black/African American, non-Hispanic	66.6%	14.9%	14.9%
Hispanic/Latinx (any race)	65.3%	9.0%	6.2%
White, non-Hispanic	85.9%	7.1%	5.2%
New Jersey	75.1%	9.2%	7.7%
Asian, non-Hispanic	81.8%	8.3%	9.1%
Black/African American, non-Hispanic	63.8%	13.1%	12.8%
Hispanic/Latinx (any race)	64.0%	10.0%	7.8%
White, non-Hispanic	83.2%	7.8%	5.9%
United States	78.3%	10.5%	8.5%
Asian, non-Hispanic	**	9.2%	**
Black/African American, non-Hispanic	69.7%	14.7%	14.6%
Hispanic/Latinx (any race)	72.5%	10.2%	7.8%
White, non-Hispanic	83.2%	9.4%	7.0%
HP2030 Goal	>80.5%	<9.4%	**

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

Note: Values in red do not meet HP2030 Goal

The Takeaway: The Healthy People 2030 target is 80.5% of pregnant mothers accessing prenatal care during the first trimester. Monmouth County has *just* met this goal, at 80.8%. However, there are disparities in access to care across race and ethnic groups, with pregnant Black/African American (66.6%) and Latinx (of any race) (65.3%) people falling far short of that goal.





All Births and Birth Rate per 1,000 Population 2021

	Count	Birth Rate per 1,000
Aberdeen Township	13	**
Allentown	172	11.3
Asbury Park	33	7.5
Atlantic Highlands	16	**
Avon-by-the-Sea	39	6.6
Belmar	22	5.1*
Bradley Beach	176	12.9^
Eatontown	23	9.8
Englishtown	18	**
Farmingdale	34	7.3
Hazlet Township	105	6.0
Highlands	536	9.9
Holmdel Township	114	11.7
Howell Township	65	9.0
Keansburg	77	12.6
Keyport	46	7.7
Lake Como	266	6.4
Little Silver	103	10.7
Manasquan	234	12.1
Marlboro Township	714^	10.6
Matawan	73	7.0
Middletown Township	289	10.2
Millstone Township	53	11.5
Neptune Township	304	10.9
Neptune City	53	8.6
Ocean Township	224	11.0
Oceanport	138	10.7
Red Bank	11*	**
Roosevelt	33	7.9
Shrewsbury	15	**
Shrewsbury Township	17	**
Union Beach	63	11.0
Upper Freehold Township	68	9.3
West Long Branch	79	9.2
Monmouth County	6,124	9.5
New Jersey	101,330	10.9
United States	3,664,292	11

Source: New Jersey State Health Assessment Data *indicates the smallest value ^indicates the largest value

Note:**Too few events to calculate rate



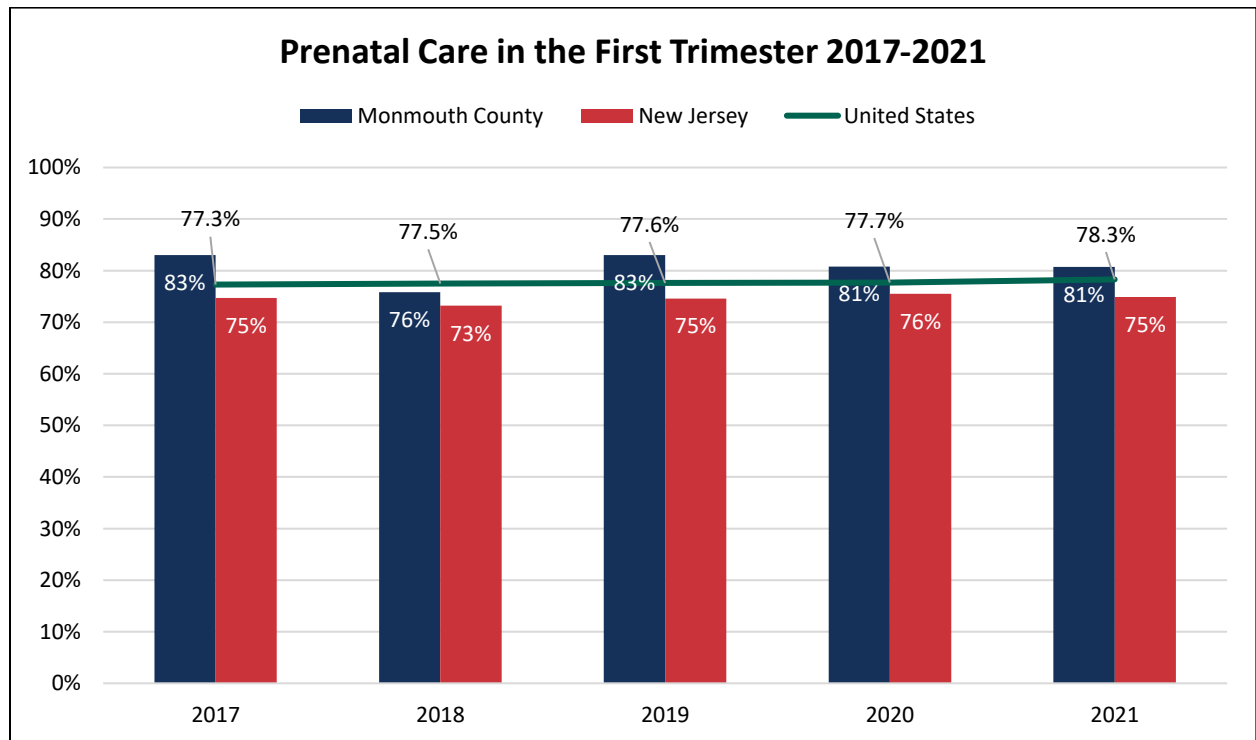


Teen Birth Rate per 1,000 Females by Race and Ethnicity 2021

	Teen (15-17) Birth Rate Per 1000 Females	Teen (18-19) Birth Rate Per 1000 Females
Monmouth County	**	9.2
Asian, non-Hispanic	**	**
Black/African American, non-Hispanic	**	**
Hispanic/Latinx (any race)	**	36.3
White, non-Hispanic	**	**
New Jersey	2.9	16.1
Asian, non-Hispanic	**	0.6
Black/African American, non-Hispanic	5.3	27.3
Hispanic/Latinx (any race)	7.3	36.6
White, non-Hispanic	0.4	3.6
United States	5.6	24.4
Asian, non-Hispanic	**	**
Black/African American, non-Hispanic	9.4	40.8
Hispanic/Latinx (any race)	9.2	36.4
White, non-Hispanic	3.1	16.3

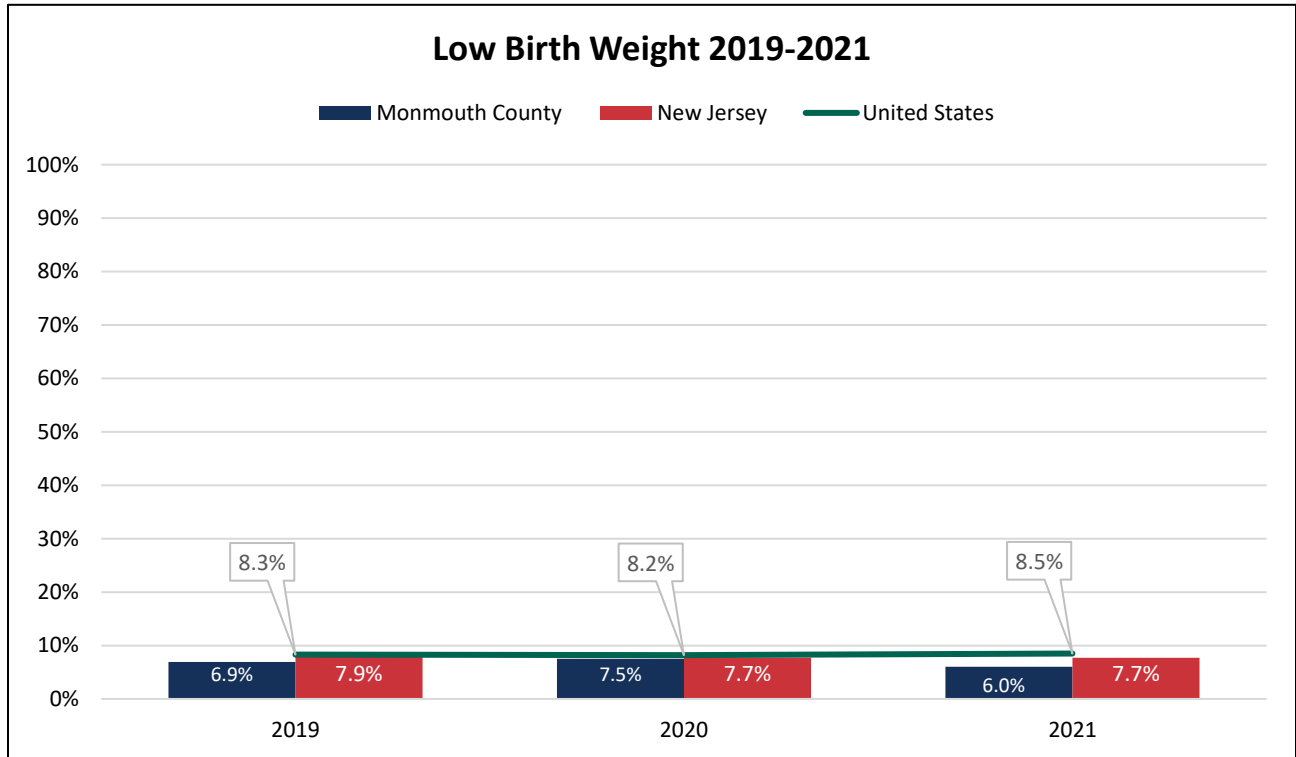
Source: New Jersey State Health Assessment Data & Centers for Disease Control and Prevention

**Too few events to calculate rate

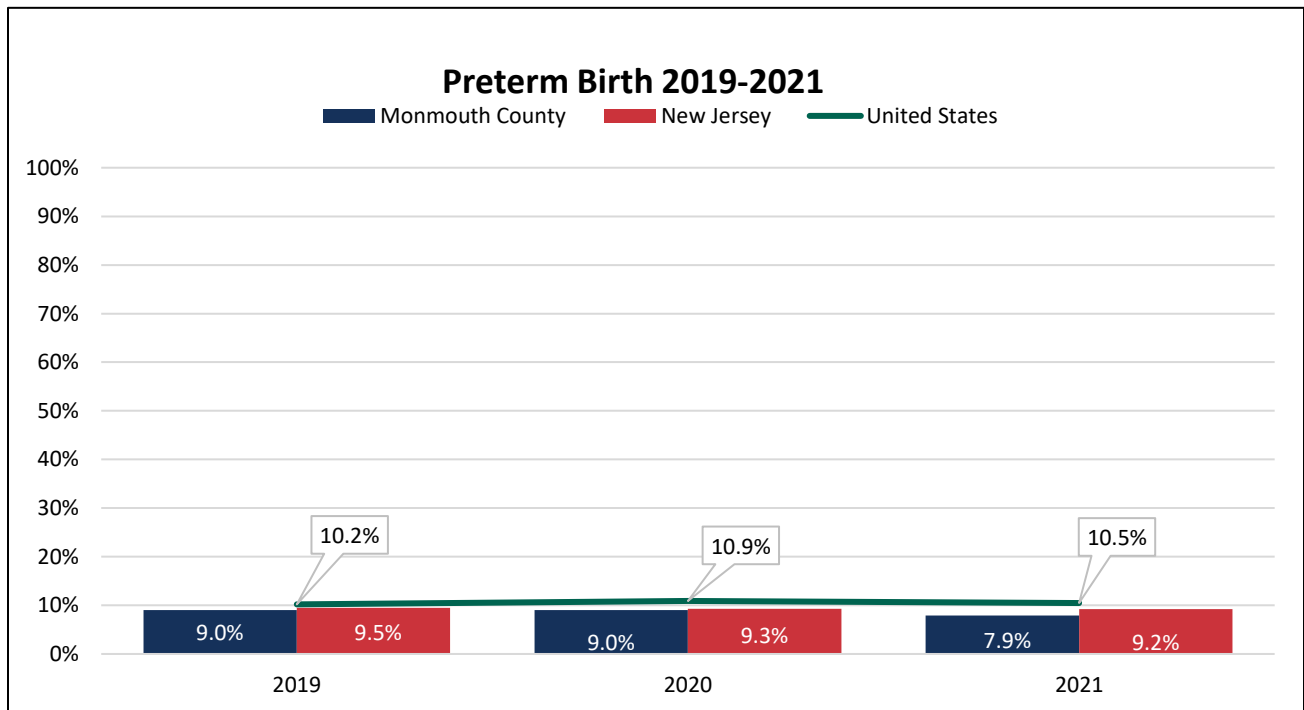


Source: New Jersey State Health Assessment Data & Centers for Disease Control and Prevention





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



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





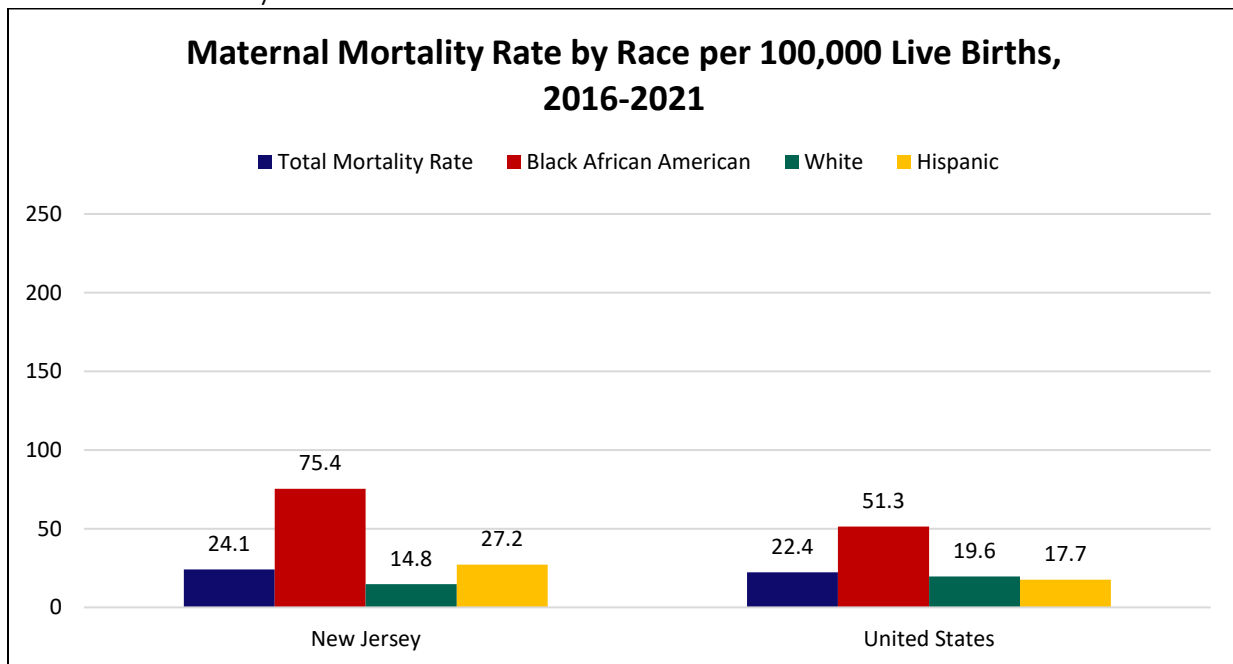
Infant Death per 1,000 Live Births 2017-2021

	Infant Mortality Rate per 1,000
Monmouth County	3.1
Asian, non-Hispanic	**
Black/African American, non-Hispanic	**
Latinx (of any race)	4.2
White, non-Hispanic	2.5
New Jersey	3.8
Asian, non-Hispanic	2.5
Black/African American, non-Hispanic	8.7
Latinx (of any race)	4.0
White, non-Hispanic	2.5
HP2030 Goal	<5

Source: New Jersey State Health Assessment Data

Notes: **Too few events to calculate rate. Values in red do not meet HP2030 Goal.

Maternal Mortality



Source: America's Health Rankings

*Data are provided by race and ethnicity as available.





In Your Words – Qualitative Research Findings

- ➔ 15 individuals identified as key informants were interviewed for one hour each via Zoom
- ➔ 122 individuals, including school employees, first responders, faith-based leaders, policymakers, and other, completed the Key Stakeholder Survey
- ➔ 31 residents – of diverse age, race, preferred language, sexual orientation, gender identity, income strata, and occupation – of Monmouth County participated across 6 separate hour-long focus group conversations
- ➔ 60 individuals who had participated in the Community Health Assessment (CHA) process gathered on June 27th in order to review the full CHA findings, and confirm priorities for the Community Health Improvement Plan (CHIP)
- ➔

Key Informant Interviews:

Background

As part of the HICMC’s 2024 CHA/CHIP process, in-depth interviews were conducted with diverse community leaders from across Monmouth County. These conversations took place over Zoom and lasted approximately one hour each. Fifteen total interviews were completed, with a full list of interviewees located in Appendix C. Interviewees were recommended by the HICMC partners because of their capacity to view the strengths and needs of Monmouth County from a high-level systems view. During the interviews, perceptions of individual health and social needs in accessing health and social services and identifying available and needed community resources were discussed. These responses were analyzed collectively in an effort to identify key themes for further inquiry through other primary research methods.

Key Interview Takeaways

Community Strengths

- ▶ **Monmouth County is a resource rich place**
 - Monmouth County ACTS is seeking to more effectively close referral loops for behavioral health and social services
 - Hubs bring together people across different disciplines and organizations, united around specific populations, for maximum inter-disciplinary collaboration, planning, and problem-solving
 - The HICMC in and of itself serves as an excellent example of collaboration, resource sharing, and collective action
 - *“I think there are tons of services and programs for underserved populations and homeless and other groups that that need certain services. I think the thing – and we’re not alone – that’s always the challenge is getting those services to the people who need it the most because the people who need the services the most have the most problem reaching those services.”*





▶ **Monmouth County is incredibly diverse, perhaps deceptively so**

- When viewed as a whole, Monmouth County appears to be a primarily white and upper-middle class area. Upon a closer look, however, there is geographic, cultural, and socioeconomic diversity across the county. While this makes it difficult to apply a one-size-fits-all model of services, there are opportunities to leverage local champions who are deeply connected to smaller subsets of the community to deliver more tailored services, while building trust through consistency and humility.
 - Partners expressed a high degree of cultural humility: a recognition and appreciation of the diversity present across the county and sincere desires to better serve *all* residents
 - *“[If] I go into Asbury Park and I start talking to people, they don't know me and they don't trust me probably. But you get their pastor on board, and they go to church and they're going to listen to what their pastor has to say.”*
 - Programs recognize that it is not sufficient to just provide food to people in need. Care needs to be given to also ensure that there are foods with which populations are familiar and understand how to prepare and be intentional about providing suitable foods for community members.
 - *“We also saw that it's one thing to provide fresh produce, but many of the people there don't know what to do with it. It may be a cultural thing. For instance, I know that our we have a bilingual nutritionist and she said that one week in the boxes was beautiful kale and most of the people were just opening the boxes, looking at it and then pulling the kale out and leaving it on the table and then she would explain to them in Spanish what kale was and how to cook it and what the value was. So, we quickly learned we needed to do something more than that [just providing boxes of food]; we needed to develop recipes in Spanish and English. So, we've developed probably 50 or more recipes around fresh produce and some of the shelf staple items that one would find in a pantry to put together nutritious meals that maybe had less sodium, less sugar, things to swap out. So, we have recipe cards that are bilingual and they're really pretty. They have photos.”*
 - *“We try very hard to hire a diverse workforce...so trying to make sure that we have staff members who speak the languages of our clients and can build really trusting relationships with our clients.”*
 - *“We are doing our part in terms of understanding where we are not and where do we need to be and then really connecting with that community to understand who is living here, what are their needs? Are there any of these kind of 'pocket populations' that are existing in the spaces to make sure that we're engaging with partners that have a natural pipeline to those types of clients.”*





Community Needs

- Buying homes in Monmouth County is expensive, but rent costs are also very high, even for the “adequately employed.”
 - If you have a home, then you have the time to get healthier, to have a healthier lifestyle and a healthier family
 - *“I make a decent wage, and I couldn't afford to live in this county for the house that I have and what I would want my family to live in. I could buy a shack in Monmouth County but the house that I have [in a different community], you put that house in Monmouth County and it's probably 3 to 4 times the price.”*
 - *“[A] one bedroom [apartment] here can be \$1,500 and you're supposed to only be paying 30% of your [income towards] rent.”*
- There are few options for the unhoused in the community
 - Few warming centers, and not distributed equally across geographies
- Food pantries have experienced unparalleled increases in clients served in 2023
 - Anecdotally, public service providers believe that exorbitant housing costs have led community members to “pantry shop” in order to make room in the budget to keep a roof over their family’s head
 - WIC saw an increase of 20% in families served in 2023 compared to 2022; Other food programs reported double the number of clients over the same period
 - *“They [came] looking for housing. They weren't interested in nutrition programs. They don't have a kitchen...we even see it with, sadly to say, we see that with some of our employees.”*
 - Many referenced the ending of COVID-19 pandemic-era assistance as contributing to a greater current prevalence of financial need overall and housing insecurity in specific

▶ Public transportation is not adequate

- *“Even my wife, we had a time period where we were in between insurances and so we had to actually come to Freehold to get my son vaccinated for school and it was a hike. I was taking a car to work and at that time we only had one car. She had to spend about three hours getting somewhere that is a 20-minute drive to take our young son and then have to repeat that process from home. So effectively, she spent my whole workday just getting here to get one shot and then get back home.”*
- *“A lot of our senior population, they are a lot more leery of using shared ride services or things along those lines simply because they're concerned about – between RSV and Covid and all those other things...and now we're in flu season – they have been less likely.”*
- *“Public transportation runs along very touristy arteries in the county. If you look at a map of our train system, it runs beautifully down the coast. You can stop in all of those coastal towns and be less than a mile from the beach. When I step off a train, I'm basically within walking distance of the water. But it does not allow people who are on the western side of the county to get to the hospitals. There's a train that stops not even 100 yards from the hospital in Long Branch. But if I'm in Upper Freehold, there's no bus that will get me there. There's no train will get me there. So, I think one of the things that we really need is more transportation hubs,*





not even necessarily arteries, but if we had a more diverse hub structure so that we're able to get people further west, that would be critical."

▶ **Administrative fees and lengthy documentation requirements are barriers to accessing available services**

- Documentation requirements are particularly onerous, especially for literally "undocumented" residents, as well as for residents with unstable housing
- Administrative fees that may feel "small," can still be cost prohibitive for the people needing services most acutely
- Some programs offer a lot, but when you interact with community members, it feels overly-cumbersome with all of the documentation/assessments for someone to actually be successfully enrolled in the program

▶ **Online information and service access and cost are barriers to connecting older adults to the care they need even when the care is available**

- Across every geography in Monmouth County, the population under age 18 is decreasing, while the population 65+ increases
 - *"The cost of placing your loved one in a nursing home or an assisted living is very costly. And, there are very few seniors that actually have the revenue and have the means to be able to do that. The only people you'll find in assisted living are those people with a lot of money."*
- Both directly and indirectly due to COVID-19, people are also sicker, and seeking help at later stages of sickness
- Technology and other barriers make *learning* about opportunities and assistance as difficult as *getting* assistance
 - *"For example, in seniors they're unaware that they qualify for SNAP. And one of the ways in which they can increase their benefit is by providing medical and non-medical information, but kind of like medical spending information that kind of plays into their application, which is slightly different than somebody who isn't considered a senior. So just being able to kind of get information to them and we know it's going to look a lot different than a younger population because they might not be as comfortable with technology. The applications are on welfare. Some of them have tried to fill them out on their own. They weren't successful. So, they just think, 'Oh, I just don't qualify.' And the reality is, they don't know the things that you can add to their application to allow them to actually receive benefits."*
 - *"We became such a resource to the aging population because we actually answered the phone."*

The negative social impacts of the COVID-19 period are still affecting young people

- *"Learning how to interact in a more positive way... they're [trying to] recapture that skill that they had previously."*
- Cyberbullying is prevalent – a major agenda item of the prosecutor's office





- *“When I was in school, it was reading, writing, and arithmetic. Now it's reading, writing, arithmetic, and mental health. Mental health is probably number one now because kids, for whatever reason – some people blame it on the pandemic and some people blame it on social media – whatever the blame is, many children have issues with mental health.”*
- *“It’s not necessarily the kids who are saying no to treatment, it’s the parents.”*
- Anecdotally, LGBTQIA+ youth are struggling with rejection both in school environments and at home
- *“There's also a false narrative that very young people are going to look at everything that you put on social media, whereas, yes, they may be on, but are they specifically, following the county or following the board of health? Just because you put it out there doesn't mean that they're going to see it and digest it.”*

▶ **Providers are eager to work together and are trying to find creative ways to address structural barriers to collaboration**

- Healthcare service providers are all on different platforms, making it challenging to share patient information, leading to duplication of services and frustrated patients
 - *“Technology is very effortful and costly to be as nimble as we need to be.”*
- Grant requirements often work *against* natural workflows, making care delivery more difficult, and sometimes actually *more* costly
 - Needed: More operational support (supplies, equipment, less restrictive spending)
- While Monmouth County ACTS has been effective in bringing social service providers together to better close referral loops, there is still effort needed to bring everyone on the same page

▶ **There is still room to grow in reaching diverse populations within Monmouth County**

- Prevalent language/cultural needs
 - Spanish
 - Portuguese
 - Haitian Creole
 - Ukrainian
 - Sensitivity to immigrant and refugee experiences
- *“I thought that [Black people] well, they don't want people to know their business, or it may be a pride thing, but I've come to find out it might be some of that, but it is also that they've had bad experiences with social services. They've had bad experiences, not necessarily with nonprofits, but with that is more transportation getting access to it. But for Human Services part, they've had bad experiences, so they tend not to want to [seek them out].”*
- *“We assume everybody has access to a computer or a laptop or whatever, but we found out during a pandemic that they don't.”*
- *“Our policies are based on certain things, like they will do diversity to a point. But, when it gets too much, they'll cut back, or they'll do certain things that **show** diversity.”*





- *“I wish organizations would do more staff education that's just not a ten-minute shot bullet on a little screen of a little video. I wish that also would come out of their buildings and get in the trenches and get on the ground and see how people actually live and see what their issues actually are and go into the neighborhoods and learn the names of the streets and the buildings and activities that are important to the people. And by that, I mean don't dictate resources and needs for the people. Ask them what they really need.”*
- *“Monmouth County is extremely segregated. They don't even realize how segregated they are. Health disparities are real and the people in my community – I was speaking of Black and brown – people don't always have the advantages, the knowledge, the awareness or the interconnection. The segregation of resources, economic resources, those are some of the major issues and that's why I continue to stay involved.”*

▶ **Mental health concerns and substance use are top-of-mind for most service providers**

- It is universally acknowledged that people are struggling mentally and emotionally
- Staff recruitment and retention, particularly for mental and behavioral health services, is more challenging than ever
 - *“You could find them 20 [new] counselors and probably within a few months [your schedules would] probably be filled already.”*
 - *“In 40 years, this is the worst I've seen for hiring.”*
 - *“Pushing for staff to go back in the field meant a lot of people left for places where they could stay remote.”*
 - Bilingual providers are really hard to find
- There are ZERO in-patient behavioral health providers with Spanish-language capacity

Community Opportunities

▶ **Leveraging the myriad resources that exist while NOT duplicating work and services**

- Utilizing a key central resource such as the HICMC to convene community partners and share meeting schedules and working group lists, could be both an efficient directory so that people know who to ask about what, as well as highlight areas of overlap and make clear which gaps remain
 - There are A LOT of meetings and working groups, which can saturate people's schedules and reduce investment, as well as lead to duplication of processes and programming
 - *“It's very challenging when not the same people come to each meeting like it's very hard to get anything done...so-and-so is at one meeting but doesn't come back when you're working on something, so trying to have that consistency.”*
 - *“A clear action plan, clear outcomes, timelines, you name it, to really hold us accountable and make sure we are actually moving towards like the common good. And I think that you can't really do that without a really strong evaluation plan and having somebody really champion that, because I think, again, what happens a lot of times we all sit in on various committees – for those that are more action oriented –you raise your hand, you get involved in certain parts of it, and as much as you would love to really dedicate your time, you also have a full time job over here that requires your attention. And so, it almost requires somebody to be*





responsible for just that and not have to also go to their 9-to-5. I think we do our best to kind of throw our skill set at the issue and kind of work together, but sometimes it does require a dedicated person who's keeping everybody together and really pushing things forward so that that happens efficiently."

- *"A lot of groups/agencies did not know what else was there. They knew what they did, and they knew there were other people competing for certain contracts, but they didn't know what other information was available. So, once we were able to share that information, believe it or not, it made them more willing to work together because they were able to identify who they could pass information to or glean information from or potentially get letters of support from, so basically giving them something to gain from their participation in the process."*
- Recognize and use the unique positioning of "gateway services" such as WIC, places where people go for their most basic of needs *and* usually have to wait. Both are primed to help with myriad things, not limited to: voter registration, insurance sign-up, SNAP benefits, housing assistance, advertising for community events and resources such as local farmers markets
- Other partners who actively conduct needs assessments and thus have data should collaborate

▶ **Leverage schools and other education partners**

- Current collaborations between community partners/government and schools include:
 - Community Affairs and Resource Center – FAFSA and other scholarship application workshops with local high schools
 - VNA Health Services – *"school-based nurse practitioner program where we place school-based nurse practitioners inside the school, working alongside with the school nurse, where they could actually treat diagnose students right there on site. So, it saves the parent from taking off from work and so on."*
 - Afterschool culinary and gardening programs
 - NJ for students – initiative from Governor Murphy – where Monmouth County public schools serve as a hub where there is a psychologist, clinical psychologist, and social workers available to help schools with kids that are in crisis.
- School-based partnerships may also provide the unique opportunity to reach first-generation American young people whose parents/guardians may have less access to and understanding of cultural norms and pathways for finding opportunities and services
 - Programs, such as COVER ALL KIDS, which provides health insurance to all children *regardless* of immigration status, are largely under-utilized

▶ **Leverage faith-based partners**

- People in Monmouth County are connected to their local churches and other places of worship. Many showed up in the midst of the COVID-19 pandemic to provide food and other needed services, and clergy are still eager to help, and to do so by "non-traditional" means.
 - Bringing vaccine clinics onsite
 - Using these spaces to provide health education



- *“Religious community is hungry for training on how to incorporate training on mental health in their community.”*
- *“We had a couple of churches who provided church vans in order to get people to and from senior centers in other locations and that actually seemed to work. They felt comfortable with that individual because it was more, I guess, they viewed it more as a friend is giving me a ride as opposed to a complete stranger. Even though the risk is the same, their perception of the risk is different.”*
- *“Not everybody's going back to church like they used to, so what I'm finding is I have to be more immersed in the community rather than just waiting for people to come to church. By being by being in the community, they have greater access to me than they would if they had to try to come to my church.”*
- *“I think that if other organizations are willing to reach out in communities, to find people like me and other organizations like ours, then it would benefit them because then there's more of a direct line to services.”*
- *“Give **me** a presentation so I can then go to community leaders and other organizations say, ‘hey, this is important. This is why it's important and we love to get you to participate.’ So, instead of hearing it from somebody from the health center or health department, they hear it from me and other community leaders to say this.”*

▶ **Convene inter-disciplinary teams to organize around policy issues**

- Among partners, there are people who have seats at important tables – take advantage
- Areas of concern
 - Limitations and restrictions around how grant funding can be used,
 - Documentation requirements for residents seeking services; *“softening what’s required at the outset so that it’s not such a barrier for initial engagement”*
 - The potential for state-funded translation services for service providers
 - Inadequacy of emergency rooms for mental health crises, particularly for youth
 - *“We have clinicians that we can send into the schools, but the schools still send kids to the ER; we’re not doing a good job of utilizing the services that we have to avoid traumatizing children even more.”*
 - Incentives for hospital to “do better,” “pay for performance”
 - Patterns of “giving people a bath and a hot meal, and then sending them right back out the next day”



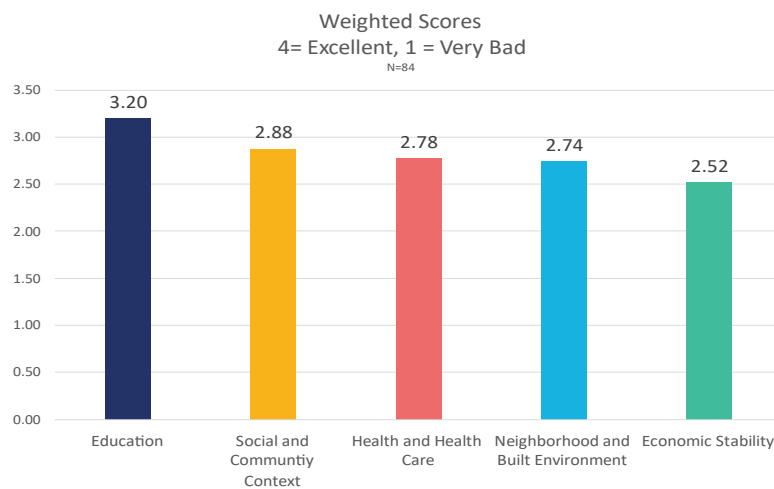
Key Stakeholder Survey:

The Key Stakeholder Survey was launched on January 14, 2024, and closed on February 24, 2024. The online survey link was shared via email with a list of community partners who were invited to both take the survey themselves, as well as to share it with colleagues. In all, 122 key stakeholders across various sectors, including healthcare, education, social services, policy, and others, completed the survey. A full report of all questions and results of the survey can be found in Appendix D.

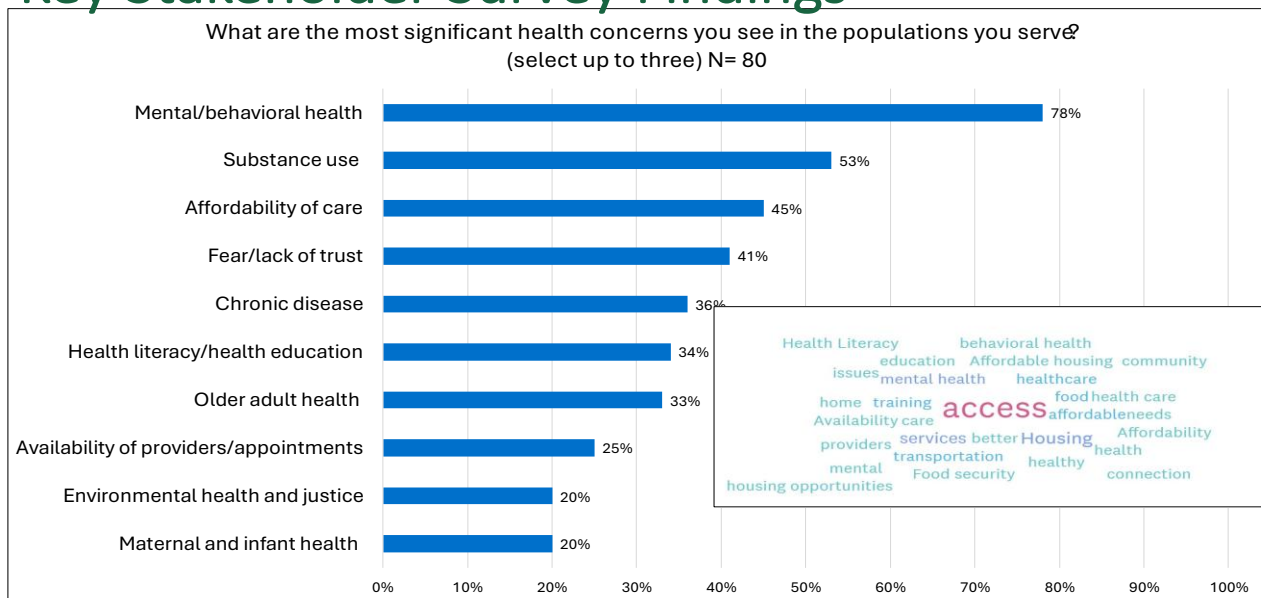
Key Stakeholder Survey Takeaways



Thinking of Monmouth County as a whole, RATE the following Social Drivers of Health Dimensions on a scale of 1-4 (n=84)



Key Stakeholder Survey Findings



Monmouth County is Resource Rich But...

Key Stakeholder Survey Findings (n=122)

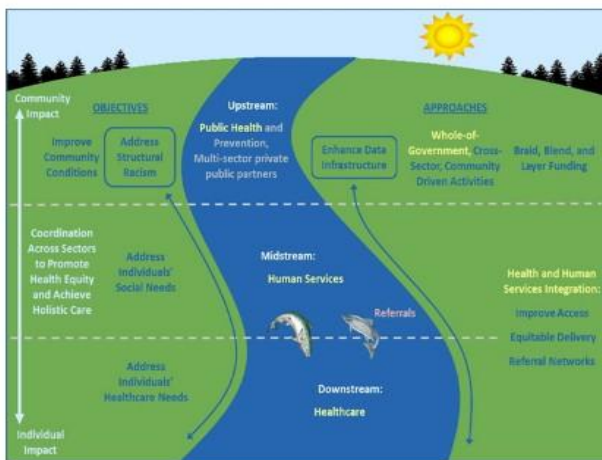


Figure 2. The Social Determinants of Health (SDOH) Ecosystem
Source: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services.

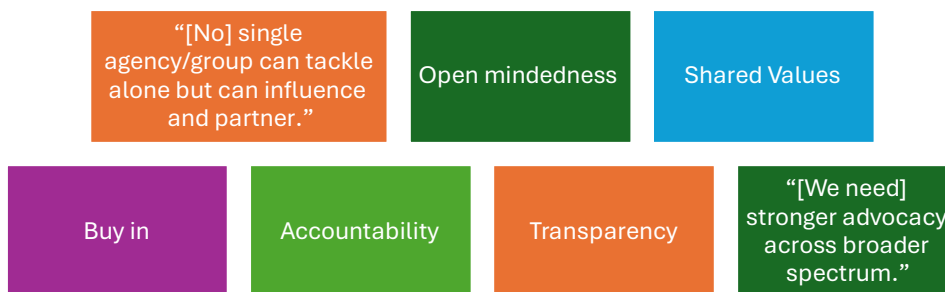
These barriers persist:

- Transportation
- Disparities in health literacy
- Complicated access to healthcare
- Cost of care/services
- Too few appointment openings
- Representation is limited
- Limited language availability

Monmouth County is Resource Rich *AND*...

Collaboration and inclusion is essential

What makes collaboration successful? Key Stakeholder Survey Findings (n=122)



Inclusion is essential.

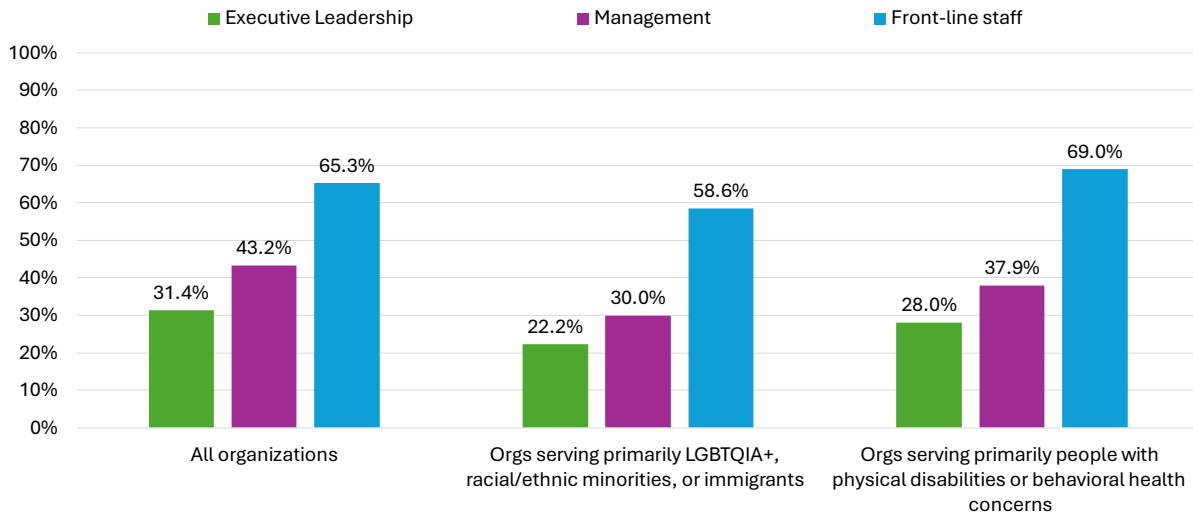
43% of stakeholders skipped the question asking how their agency gathers input from clients.





Representation Matters on the Front Lines and in Leadership

Does your organization reflect the race, gender and language of population you serve in its..."YES" **Key Stakeholder Survey Findings** (n=122)



Community Focus Groups:¹⁰

Background

Based on feedback from the Key Informant Interview and Key Stakeholder Survey processes, the HICMC determined priority areas of interest for conducting focus groups. Focus groups were organized in order to hear more from residents experiencing these particular challenges and/or professionals working in the identified areas of specific need. The compositions of the groups were chosen to align with people experiencing specific issues that emerged in both the quantitative and qualitative research, *or* because the population groups selected are often overlooked in data collection, and community-wide planning.


Community partners who had been involved in the interview and survey processes helped with recruiting focus group participants as well as, when needed, offering their space to host the focus group meeting. The population groups that represent the areas of additional inquiry in the form of focus groups included the following groups:

Uninsured/underinsured residents	Front-line staff working with the un/underinsured
Residents accessing housing assistance	Residents accessing food pantries
LGBTQIA+ residents of diverse age/income	Black/African American residents of diverse age/income
Spanish-speaking residents of diverse/age income	Lead inspectors/home-visiting case managers from the county health departments, providing feedback on observations from the field

Three focus groups were conducted over Zoom, and three focus groups were conducted in person, including one conducted in Spanish between April 16, 2024, and May 21, 2024. There were 31 total participants.

Key Focus Group Takeaways

Focus Group Findings (n=6, 31 participants)




Housing

Housing (in)security **impacts ability to “choose” health**

Seniors facing housing insecurity for the first time in their lives

Nearly impossible to **hold landlords accountable**

Homeowners **unable to afford repairs**
“Everything they’re building, it’s not for ‘us’”




Cultural Humility

Black residents expressed general feelings of unwelcome

Spanish-speaking residents cited Freehold as a safe haven, but shared that the rest of the county is difficult access and acclimate to

LGBTQIA residents expressed relative safety, BUT have few providers who provide safe, welcoming care



Access

Transportation is a barrier in all aspects of life

Dependence on trusted community members for information, advice, referrals

Referral pathways are confusing for all

Hospitals are unwelcoming spaces

Cultural humility in care could be improved

¹⁰ A full list of partner/host organizations and the types of questions asked during the focus groups can be found in Appendix E.





In your words - Quotes from focus group participants:

- *(Paraphrased) "We used to be able to get everything done at the clinic [where staff speak Spanish and are familiar and helpful], but now the clinic sends bloodwork and other tests to LabCorp. LabCorp doesn't accept Charity Care, so we get a big bill. Now, we have to go to the hospital if we need tests done and the hospital is [harder to get to and unpleasant]."*
- *"We're very fortunate to have multiple food pantries in this area; people are struggling to feed themselves; how are we supposed to stay healthy if we can't nourish our bodies?"*
- *"...things that will make you feel safe: just by talking to us like we're people, because we are."*
- *When people actually have the opportunity to thrive, imagine what we can accomplish."*
- *Anything, I want to do, I'd have to go to Freehold and I live in Manalapan. As a senior, there's no transportation for the things I want to do or at the times I want to do them. My husband is on dialysis and if he has to be there at 7am, the medical transport doesn't even start until 9 am; also, Manalapan is mostly white and wealthy and there's not a lot of equal opportunity for other families; most of what I do is through the church...not everyone wants to go to the doctor, they want to go shopping or to socialize with a friend, but the only transportation available is for doctor's appointments. Seniors living really anywhere, would need to have a car."*
- *"ISSUES THAT ARE NEGLECTED BY THE LANDLORD ARE PROBABLY THE NUMBER ONE THING. I'll see something and bring it up, and they'll say 'oh yeah we've been going back and forth with the landlord for months,' or tenants trying to just fix things themselves and not doing it properly. One time I saw a big hole in the wall, and I was going to call the landlord, and they said, 'no, no, don't call the landlord, we don't want any problems!'"*
- *"Life goes around and now you see yourself in a situation; before I didn't want to use services because I thought they were for people who really needed them."*
- *"You go the doctor and they're like 'don't be stressed'...my stress [around housing/finances] causes my diabetes to [act up]; my pills don't work; I'm trying to be strong because I don't want my kids to be afraid."*





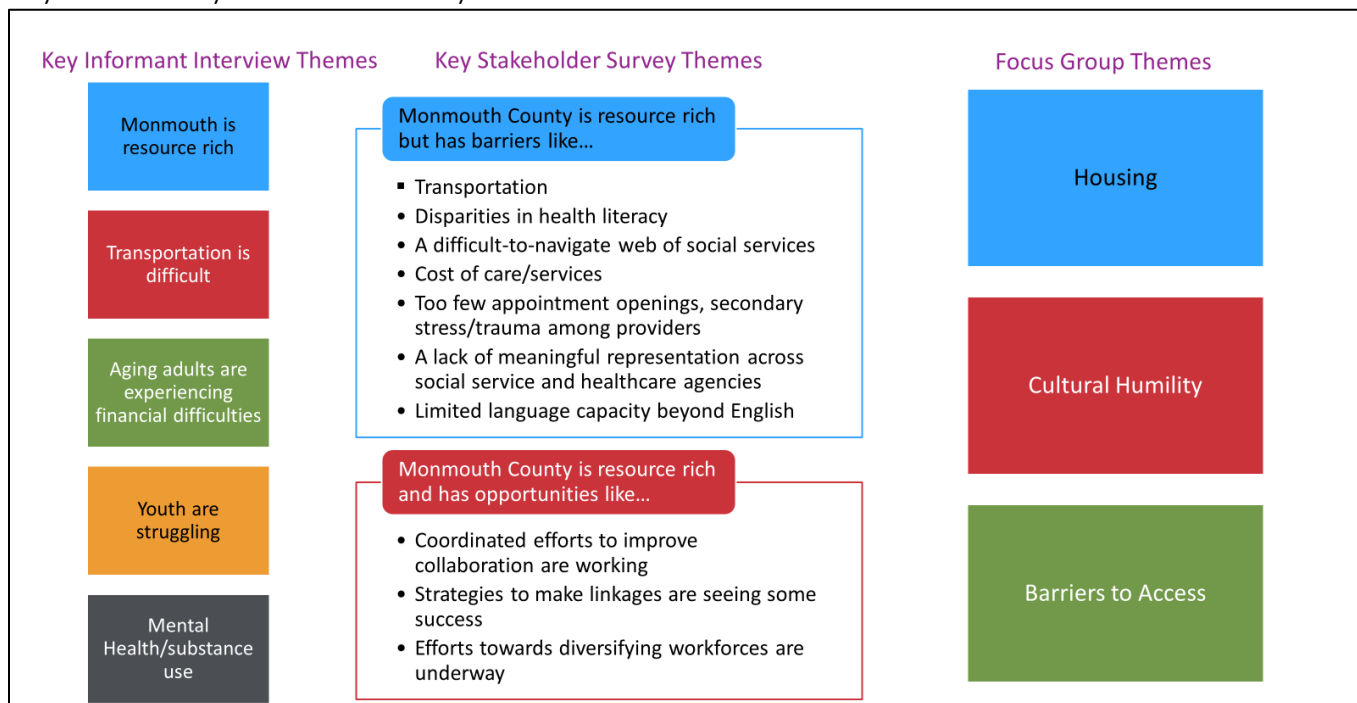
Community Forum:

Background

On June 27, 2024, the HICMC hosted a Community Forum at Centra State Medical Center in Freehold, NJ. The forum was attended by 60 community partners in-person. These participants represented agencies across all sectors, including policy and planning, healthcare, behavioral health services, the criminal legal system, homelessness intervention, education, and many others. During that time, data and findings from the CHA were shared with those in attendance. Participants were invited to share their feedback regarding the overall direction of the goals undergirding the CHIP process in facilitated small group discussions. It is important, before embarking formally on the CHIP process, to engage the feedback of community partners whose buy-in, investment, and collaboration will be essential to the ultimate success of any long-term goals and transformation in Monmouth County.

Following the formal presentation, all who registered for the event (including partners who were ultimately unable to attend), were sent a copy of the presentation slides for their continued reference, including email addresses for the 35th Street Consulting team, inviting further feedback on both the CHA process and direction of the CHIP, as well as the forum itself. Overall, participants were, and continue to be, in alignment with a health equity lens through which to address and impact the determined priority areas. A full list of Community Forum attendees can be found in Appendix B.

Key Community Forum Takeaways



Draft 2024 HICMC CHIP Priorities for Discussion: June 27, 2024



1. Do these priorities resonate with you?

- a. Overwhelmingly, YES, priorities resonate
 - i. Yes – from both an organization strategic planning perspective and work priority perspective.
 - ii. Yes – and it’s nice to hear that these priorities also came to the forefront from the mouths of other community stakeholders and organizations.
 - iii. Yes – questions arise about how we get this information out into the community beyond professional organizations gathered at the forum today.
 - iv. AND – Socioeconomics are at the root of ALL priority areas
 - v. AND – consider nuance/language in public messaging
 1. Access to mental health not viewed as synonymous with “community resilience
 2. “Cultural humility” may not be widely understood

2. What will it take to create greater welcome and trust for all people in Monmouth County?

- a. Being proactive “meeting people where they are at” and building relationships and trust – “going beyond your comfort zone” as individuals part of an organization
 - i. “I showed up to a meeting as the only renter, and people were talking about sending out communication in the water bill, but what about the people who don’t receive a water bill”
 - ii. “Not going in to say, ‘this is what we’re going to do for you, but asking people what they need”
 - iii. 43% of stakeholders skipped the key stakeholder survey question about how their agency gathers input from clients – that suggests an area we should





- b. Staff org chart(s) being representative of the community(ies) they serve
- c. Monmouth County Resource Net is regularly updated but not marketed well
- d. Remove barriers where possible
 - i. Ex. Housing credit checks are barriers for many (e.g. survivors of Domestic Violence); can use other measures for qualifying
 - ii. Ex. Improve language capacity beyond Spanish
 - iii. Consider myriad paths for engaging the community (method, language, literacy)

3. What are some “wins” we could aim for in the short term on the road to equity for all?

- a. Hospital – people not utilizing ER as PCP
- b. Increased insurance enrollment
- c. Ensuring communications are readable and in multiple languages
- d. Increased number of SNAP-certified vendors
- e. Increased usage of services (actively tracked) like Monmouth ACTS for referrals; getting on board the same referral platform for as many organizations as possible
- f. Securing sustainable funding as opposed to limited grants for infrastructure and programming
- g. Advocacy focus on residents in the ALICE population -> poverty prevention
 - i. Affordable housing
 - ii. “Train the trainer” opportunities to paint a clearer picture of needs that are often overlooked by those in power
- h. Ongoing planned meetings to share programming/resources/updates, which will mitigate the duplication of efforts and hopefully keep vulnerable people from falling through the cracks

4. What markers will help us see if our actions are more equitable?

- a. DATA: Utilization data, Referral data, Health outcomes data

5. How do we know the services and activities we provide are reaching the people who need them most?

- a. When the people that you serve start to advocate for your services and for others, making the circle bigger
- b. We have to give it time for the metric to move – it’s not an immediate change. We need intermittent metrics to measure and capture the ‘baby steps,’ and we must STAY THE COURSE; it’s easy to become discouraged.
- c. Closing referral loops and tracking
- d. DATA – see question 4

6. What are some ways the health departments across Monmouth can support this work?

- a. Convene networking/data sharing/community forum opportunities
 - i. Faith leaders
 - ii. Real estate professionals/landlords
 - iii. Community-based organizations





- iv. Hospitals
- v. Schools/school officials
- vi. Local farmers
- b. Convene policy/advocacy groups and initiatives
 - i. Housing
 - 1. Housing needs to be the starting point – it impacts everything
 - 2. “Can we change the narrative? Housing is Healthcare”
 - 3. Holding landlords accountable
 - a. Shifting our understanding of Monmouth County as a whole as a renter community in the way that we prioritize advocacy and policy around codes and landlords, learning from communities with a high proportion of renters
 - b. There are currently no enforceable mold statutes, for example
 - 4. Advocacy around affordable rental housing/programs for homeowner repairs
 - ii. Transportation
 - 1. Efforts underway
 - iii. Insurance enrollment
 - iv. Available and affordable healthy foods
 - v. Availability of mental health providers and treatment
 - 1. More universal mental health/ACEs screenings
 - a. There has been improvement in screenings but ongoing care is difficult to secure
 - 2. Increased reimbursement rates for providers working with vulnerable communities





Appendix A: Public Health Secondary Data References

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Appendix B: Community Forum

June 27, 2024, Forum Attendees

Name	Organization
Rachel Baer	Visiting Nurse Association NJ WIC Program
Marjorie Bafaty	Monmouth Cares
Michael Balka	Jersey Shore Regional Health Commission
Sarina Brady	Visiting Nurse Association NJ
Dennis Canada	Freehold resident
Jacquelyn Canada	Freehold resident
Luren Carroll	Visiting Nurse Association NJ
Brian Charnick	
Leonora Chojnowski	Visiting Nurse Association NJ
Nicole Cyr	Monmouth County Dept of Human Services
Charli Czackowski	
Richard DeBenedetto	Middletown Department of Health
Mary Beth DeBrito	Visiting Nurse Association NJ
Priyanka Dhamane	35 th Street Consulting
Sascha Duckenfield	We Are the Future
Annette Dunnah	The Arc of Monmouth
Suzy Dyer	Parker Family Health Center
George Echeverria	Monmouth County Health Department
Angelica Espinal-Garcia	Freehold Area Health Department
Thomas Frank	Colts Neck Health Department
Genny Gavin	Visiting Nurse Association NJ CHC
Teresa Giordano	Long Branch Health Department
Kelsey Grenus	Freehold Area Health Department
Genay Jackson	35 th Street Consulting
Christine Jagerburger	United Way of Monmouth County
Margaret Jahn	Freehold Area Health Department
Teretha Jones	Black Nurses Association
Annette Jordan	Freehold Area Health Department
Ellynn Kahle	
Sue Kiley	Monmouth County
Dustin Knoblauch	Monmouth County
Stacy Krause	Middletown Department of Health
Jeryl Krautle	Monmouth County Health Department
Catherine Lord	Monmouth DSS
Chris Merkel	Monmouth County Health Department
Joseph Metani	The Arc of Monmouth
Colleen Milligan	35 th Street Consulting
Christa Moor	Freehold Area Health Department
Karyn Moskowitz	Inter Faith
Brett Nance	Freehold Area Health Department
Colleen Nelson	Visiting Nurse Association NJ
Beatriz Oesterheld	Community Affairs and Resource Center NJ
Michele O'Shaughnessy	Monmouth County
Sue Pearl	Atlantic Health
Mariya Peudova	Freehold Area Health Department
Rebecca Ponder	We Are the Future





Name	Organization
Edgar Romero	Atlantic Health
Stephanie Ros	35 th Street Consulting
Kim Simers	Centra State
Jenna Sistad	Visiting Nurse Association NJ
Georgianne Taylor	Monmouth County Health Department
Patricia Thomas	Monmouth County Health Department
Abby Thompson	Monmouth Medical Center
Chris Tomaszewicz	Monmouth County Health Department
Arleny Valdez Torres	Planned Parenthood
Ashley Vanni	Hackensack Meridian Health
Kristina Veintimilla	Monmouth County
Anthony Verrone	Centra State
Danielle Walters	35 th Street Consulting
Desiree Whyte	Monmouth County





Appendix C: Key Informant Interviews

Interviewees

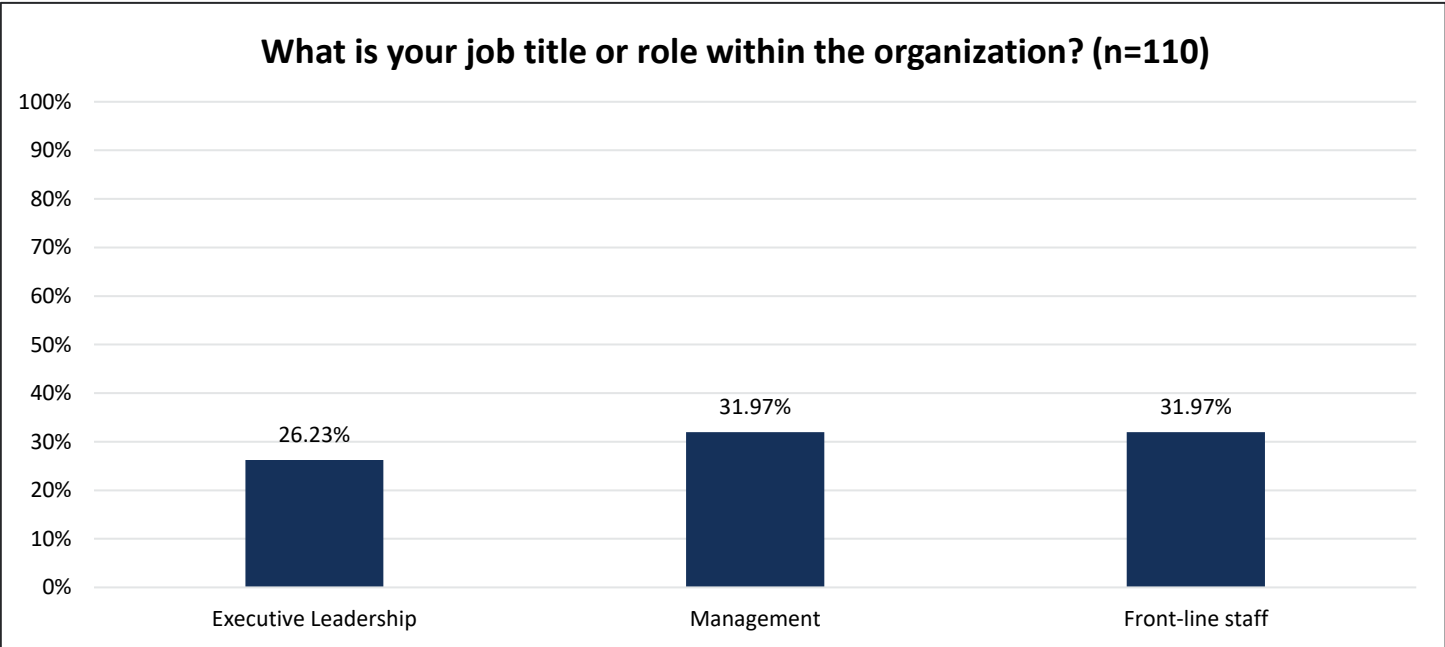
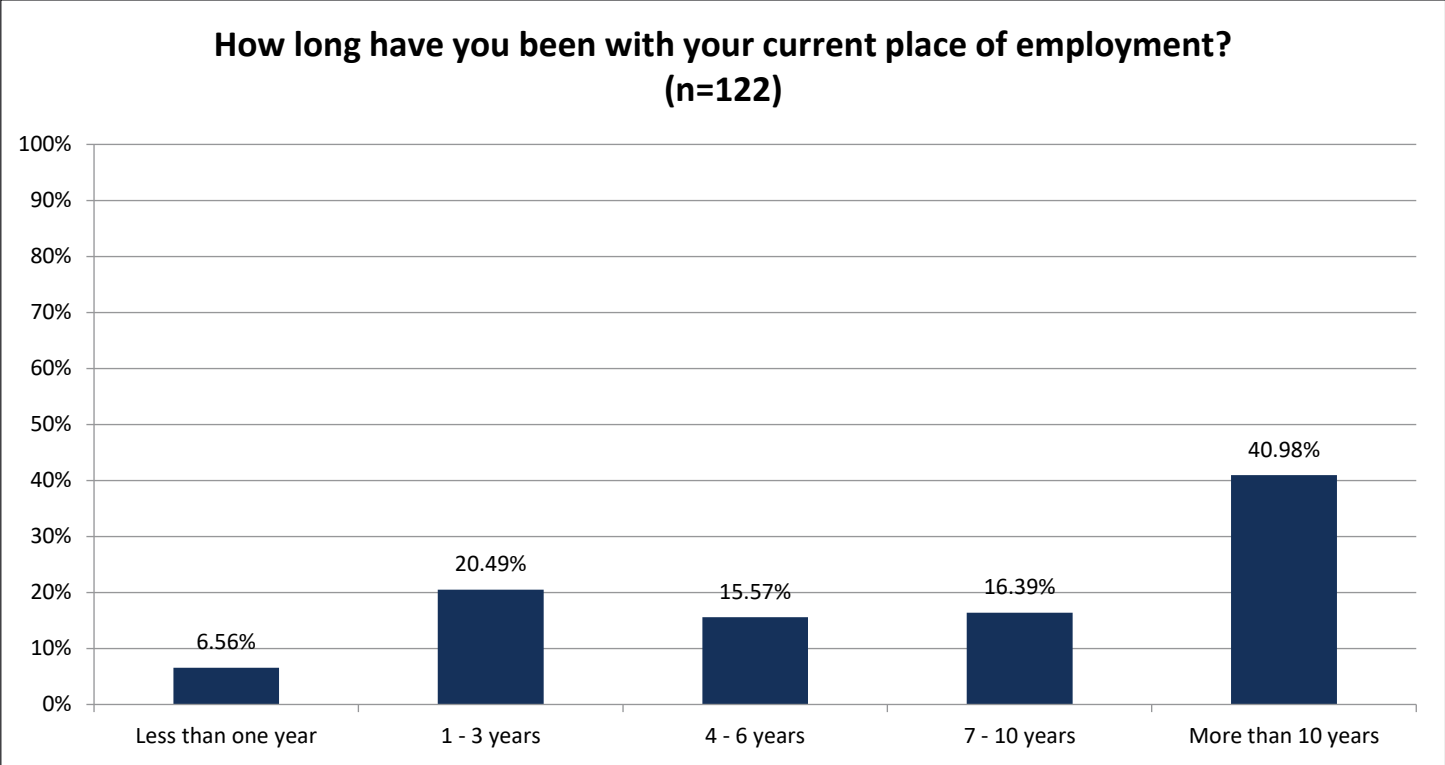
Name	Partner Organization	Role
Allison Cerco	Hackensack Meridian Health Network	Regional Director, Community Outreach and Engagement
Beatriz Oesterheld	Community Affairs and Resource Center	CEO
Chris Merkel	Monmouth County Department of Health	County Health Officer
Colleen Nelson	VNA Health Group	VP, Children and Family Health Institute
Dr. Janelle Garcia	Fulfill	VP, Community Impact
Jean McKinney	RWJ Barnabas Health	Regional Director, Community Health and Social Impact
Laura Frank	Hackensack Meridian Health Network	President, Community Outreach and Engagement
Dr. Les Richens	NJ State Department of Education	Executive County Superintendent of Monmouth County
Lynn Seaward	Monmouth County	Director, Division of Behavioral Health
Peter-Donnell Boynton	Monmouth County	Director, Human Services
Rev. Ron Sparks	Bethel AME Church	Pastor
Ryan Hill-Husosky	Hackensack Meridian Health Network	Director, Operations for Community Engagement
Sarina Brady	VNA Health Group	CEO, Community Health Center
Suzy Dyer	Parker Family Health Centers	Executive Director
Teretha Jones	NJ State Department of Health	Retired RN





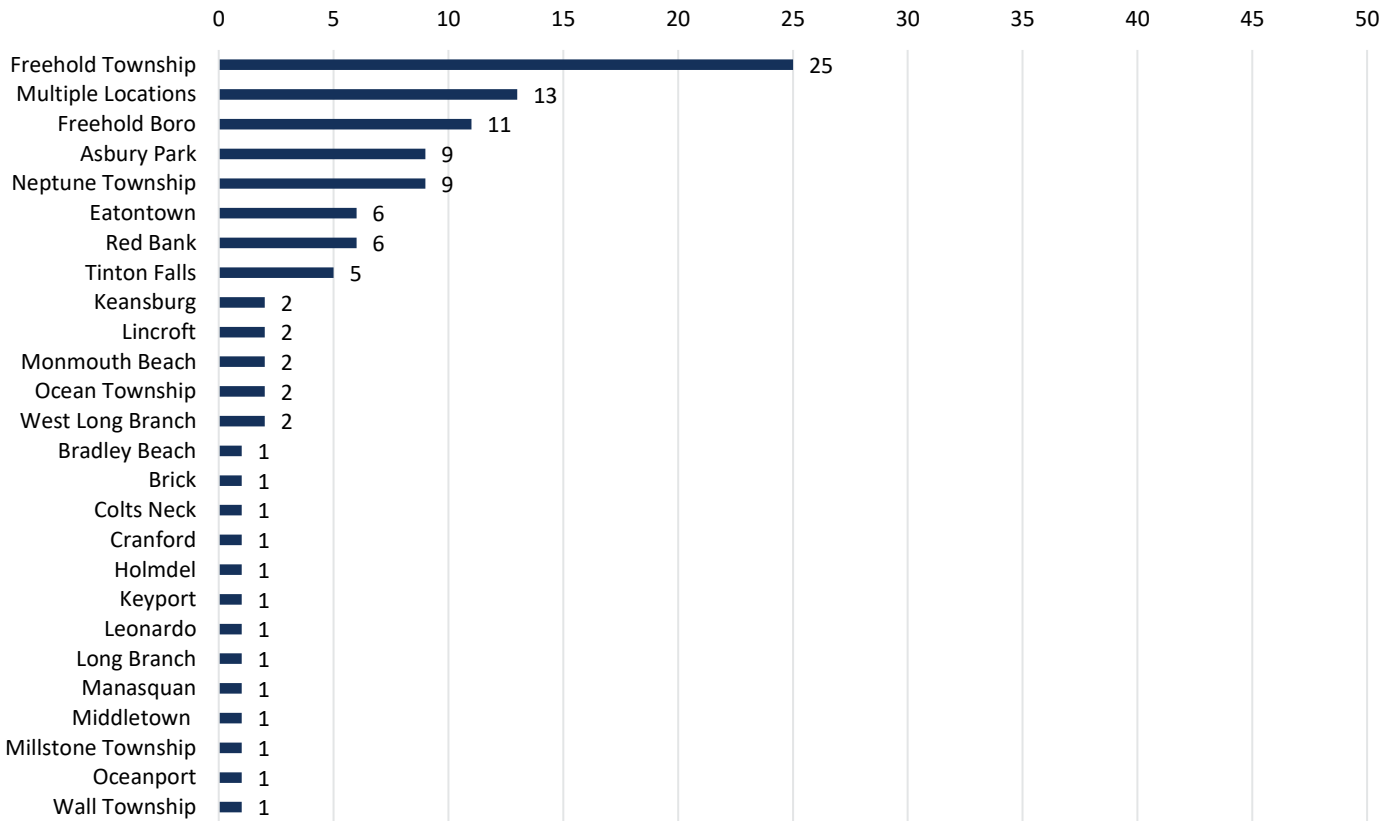
Appendix D: Key Stakeholder Survey (n = 122)

*Note: There were no required questions; as a result, not every question garnered 122 responses. Each graph shows the number of people who answered *that* question. Any percentages represented are out of the total 122 respondents.

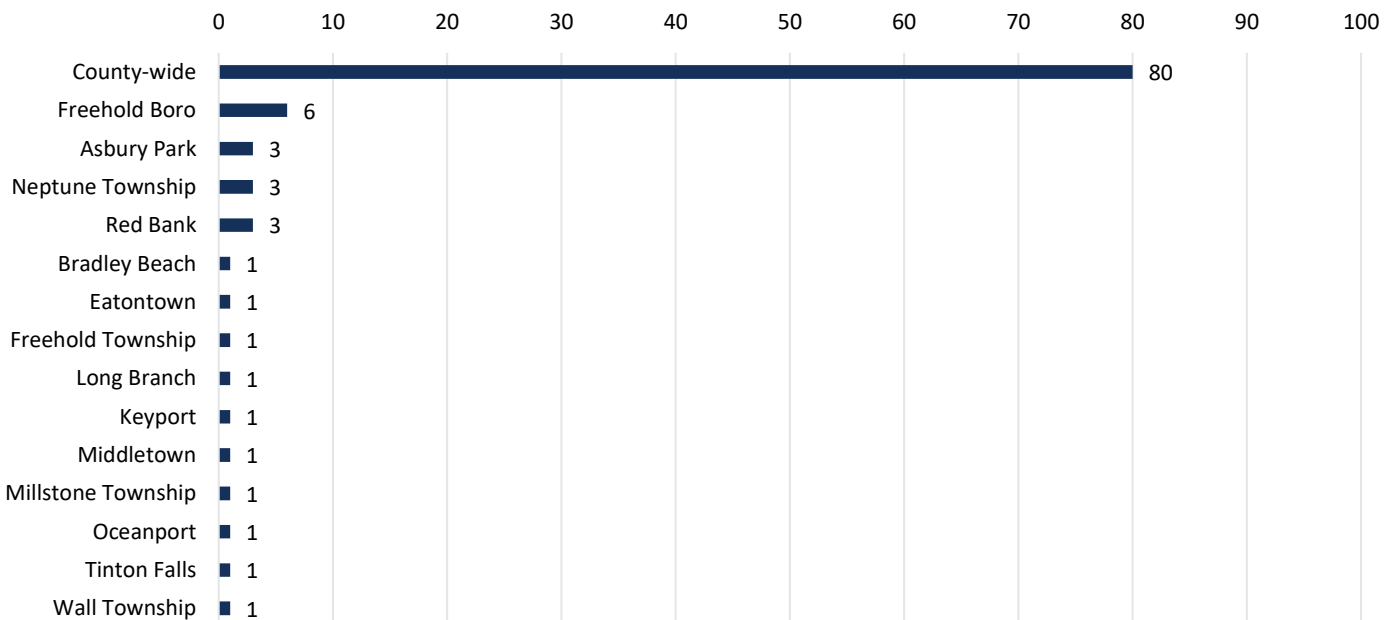




In what neighborhood, town, or city is your organization located? (n=107)

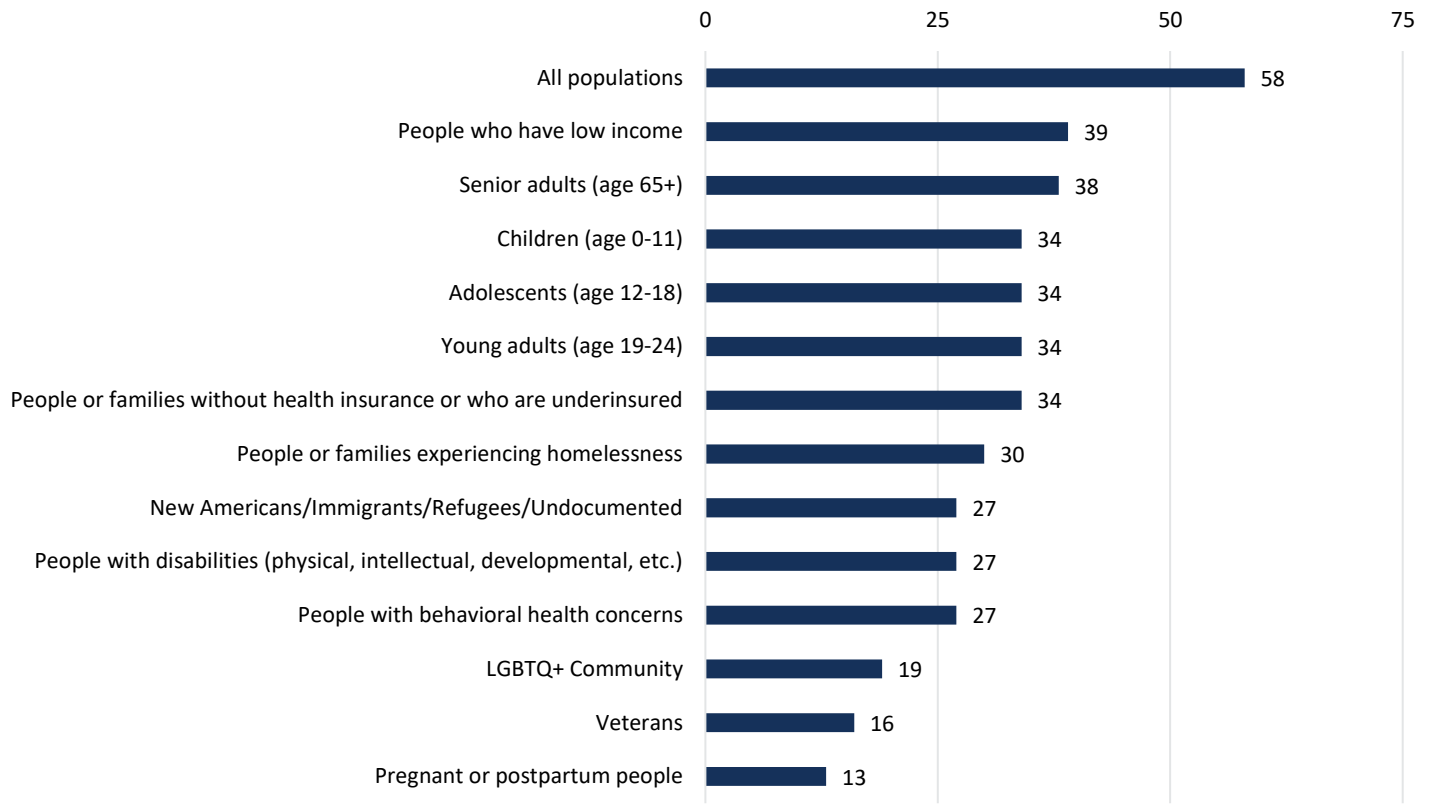


In what neighborhood, town, or city do your clients/constituents/patients primarily reside? (n=106)





Which population(s) does your organization primarily serve? (check all that apply)
(n=104)

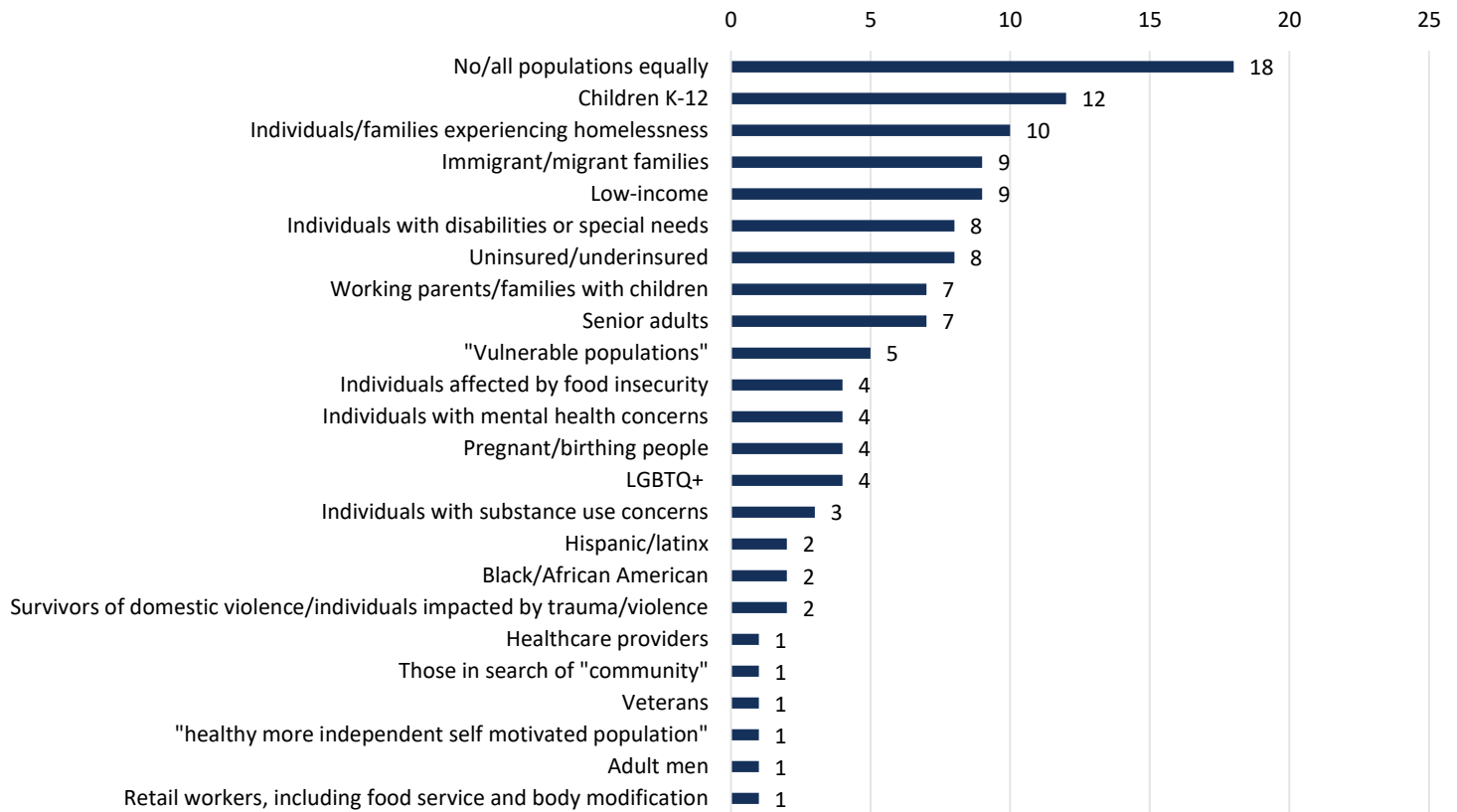


Other:

- Individuals affected by trauma
- Individuals at risk for HIV

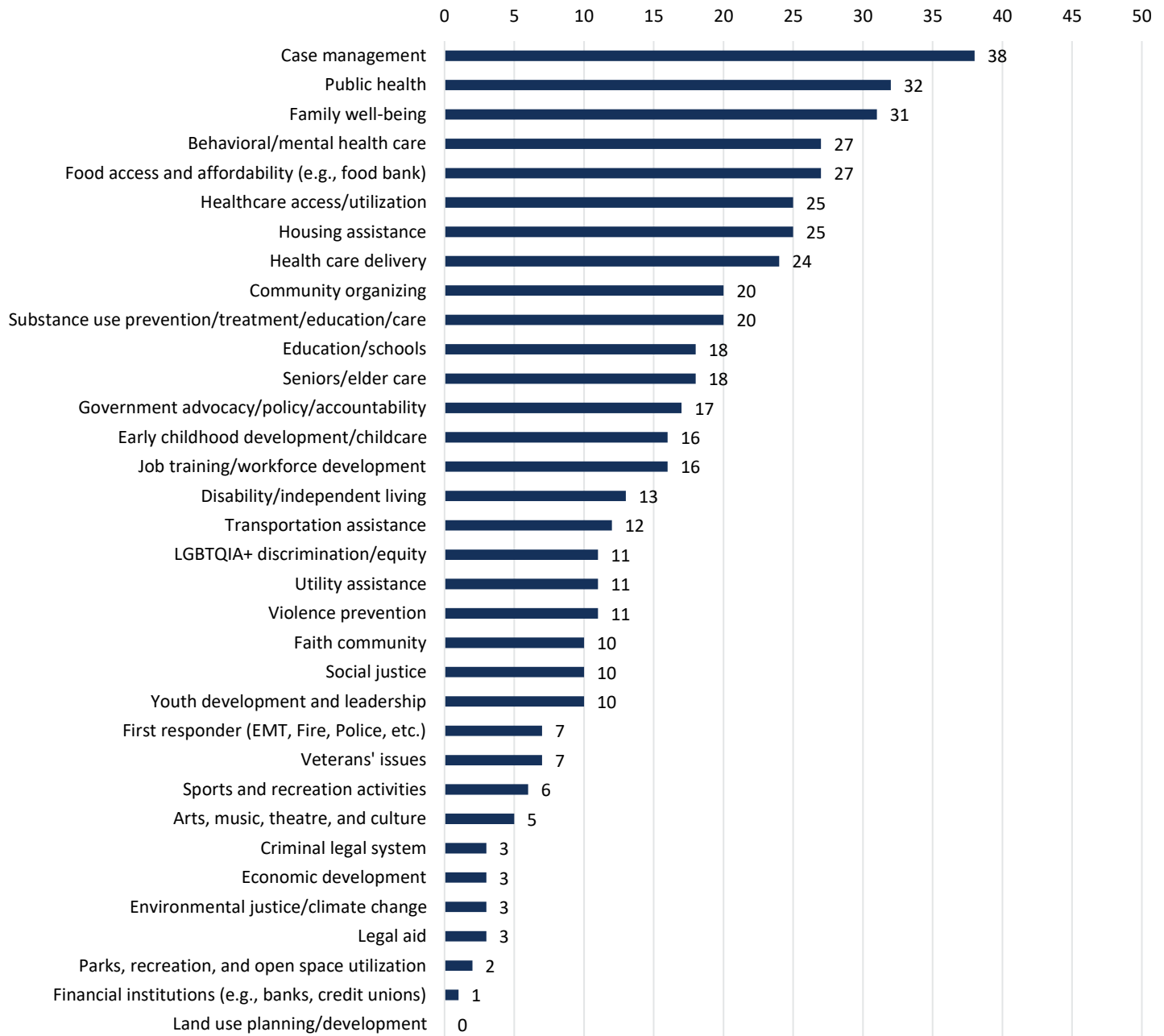


Within the overall population your organization serves, is there a specific subset or group that your organization is particularly good at serving? (n=89)



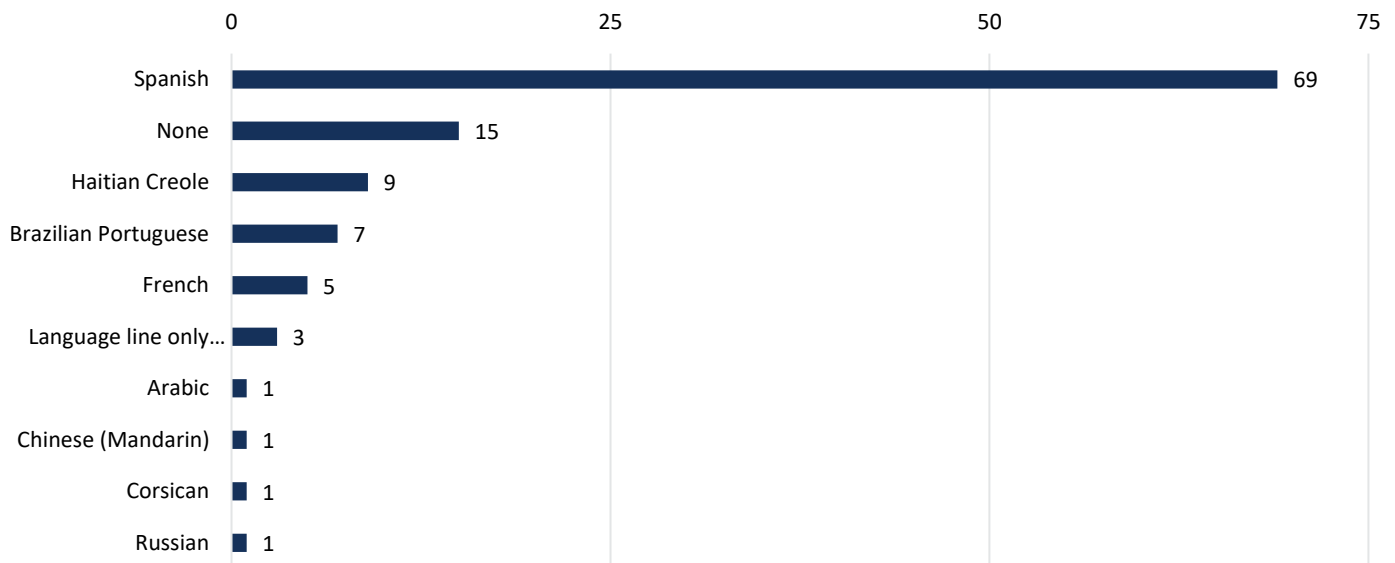


How would you categorize the work that your organization does? (check all that apply)
(n=99)

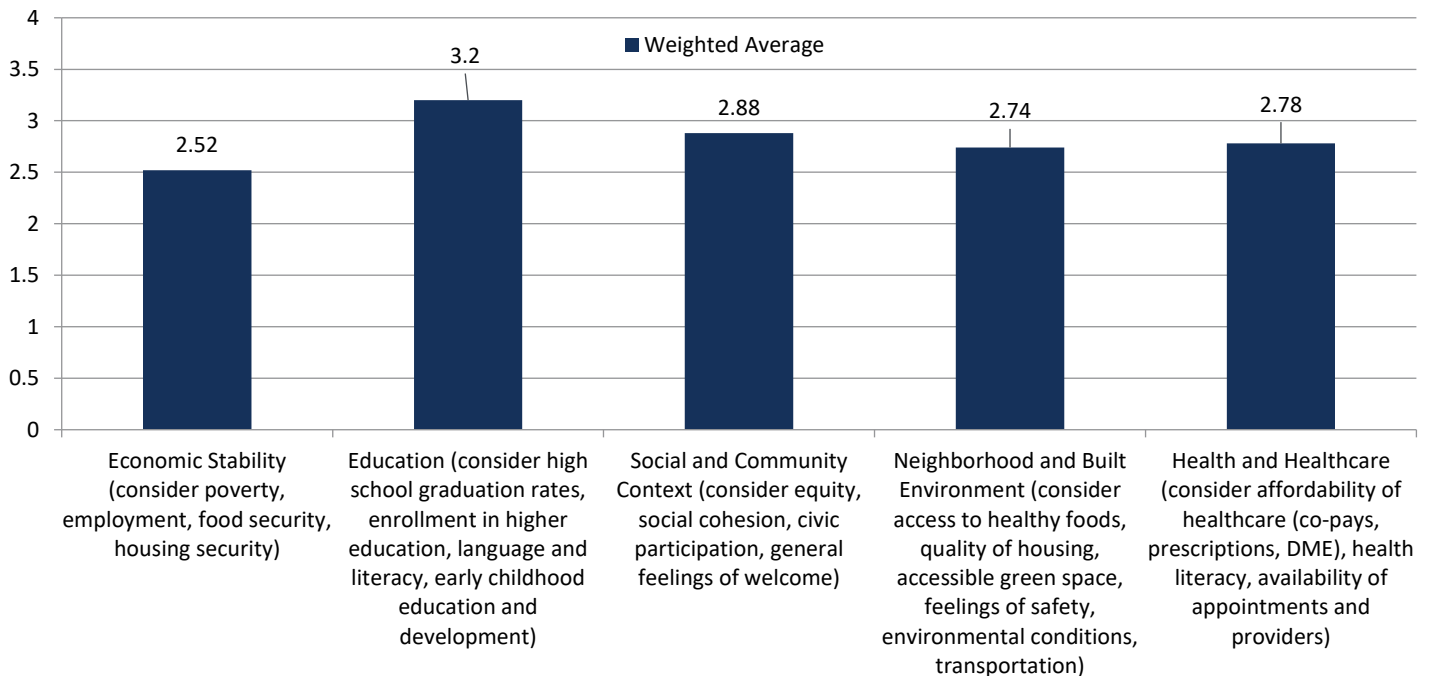




In what language(s) other than English, if any, does your organization have the capacity to provide direct services (without the use of a third-party translation service)? (n=87)

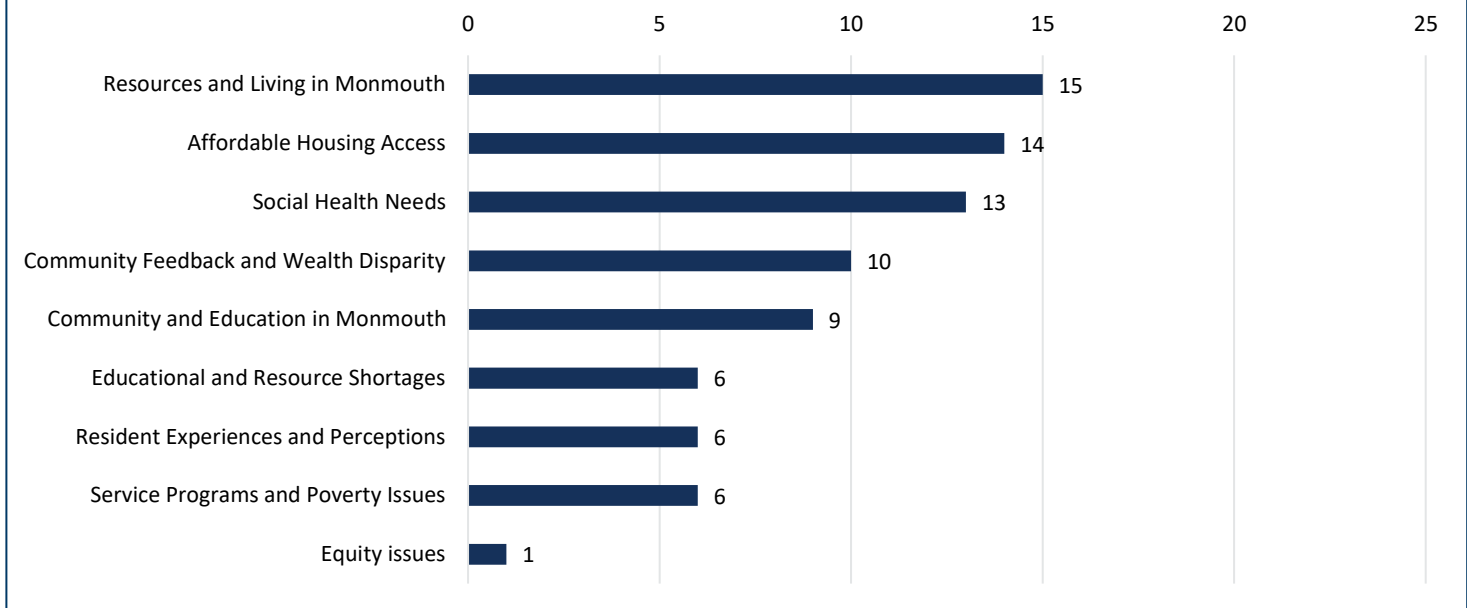


Thinking of Monmouth County as a whole, RATE the following Social Drivers of Health Dimensions as: excellent (4), good (3), bad (2), very bad (1), or unsure (N/A). (n=84)





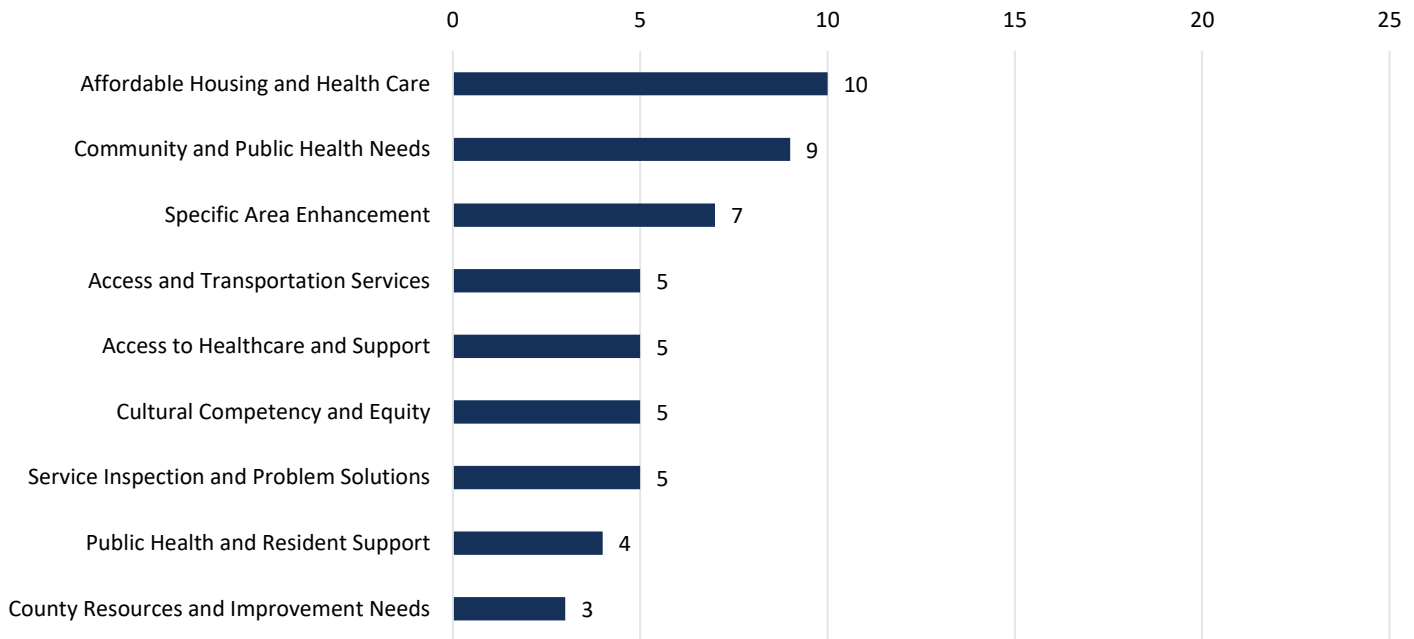
Discuss what factors influenced your rating of the Social Drivers of Health Dimensions question. (n=73)



- “Working in a Head Start program - low income, see the lack of affordability in the county, parents working multiple jobs, insurance applications taking a long time to process (and have seen some lost applications after our advocates helped through the process), medical/dental appointments taking a long time to get in (especially for dental treatment) and cost being a major factor to not getting the treatment completed. For education - teacher shortage has greatly affected all levels of primary education.”
- “The lack of housing is staggering and a crisis at the moment, without stable housing we will continue to see a decline in other human services. The county needs to provide more affordable housing to keep the community safe and healthy.”
- “I hoped for a more middle-of the road option for a few of these (I don't think some of these are good or bad, but rather, just OK). The fact that your identity can determine your experience in a lot of ways is something I kept in mind.”
- “Monmouth County AS A WHOLE, leans toward solid economic and educational security/opportunities. However, there is immense need here as well consolidated into pockets of poverty. Housing security is a major concern in our area.”
- “It's very difficult to rate Monmouth County is inner city, suburbia, and rural - The answers are strongly dependent on the area”



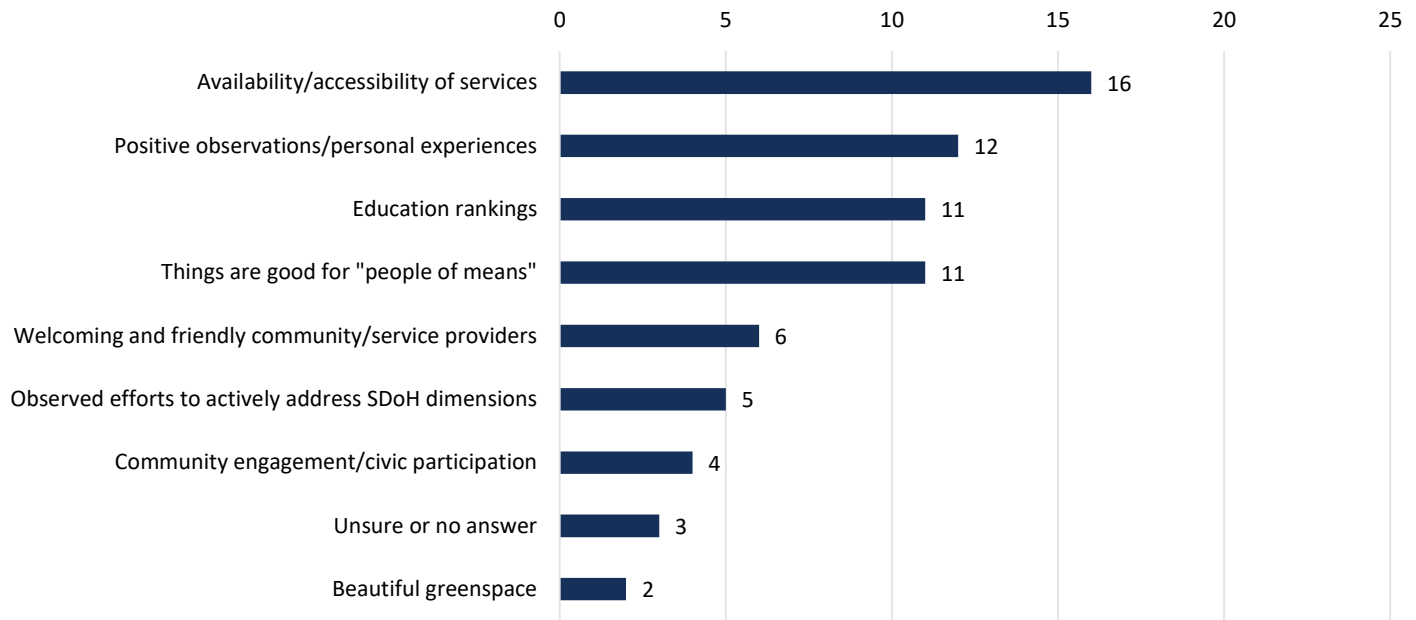
For any factor(s) you rated bad or very bad, what do you think public health can do or do differently to address the concerns you've highlighted? (n=63)



- “More programs or grants should be made available for developers willing to create and/or renovate affordable housing.”
- “Advocate for better healthcare, as well as barrier free housing that exists in other counties. Improve the transportation system as it creates a loss of independence, increases the level of isolation, and impacts a person's overall mental health and wellbeing.”
- “Better organization and effort by region within Monmouth County to service people in need - break down the silo mentality”
- “Need more bilingual health care workers”
- “If public health, across the board, worked to increase social opportunities for community members (clubs, events, activities where people can connect with one another), I think that would help with regards to "Social Community Context." I feel that in suburban/rural areas, it's a struggle to connect with the wider community.”



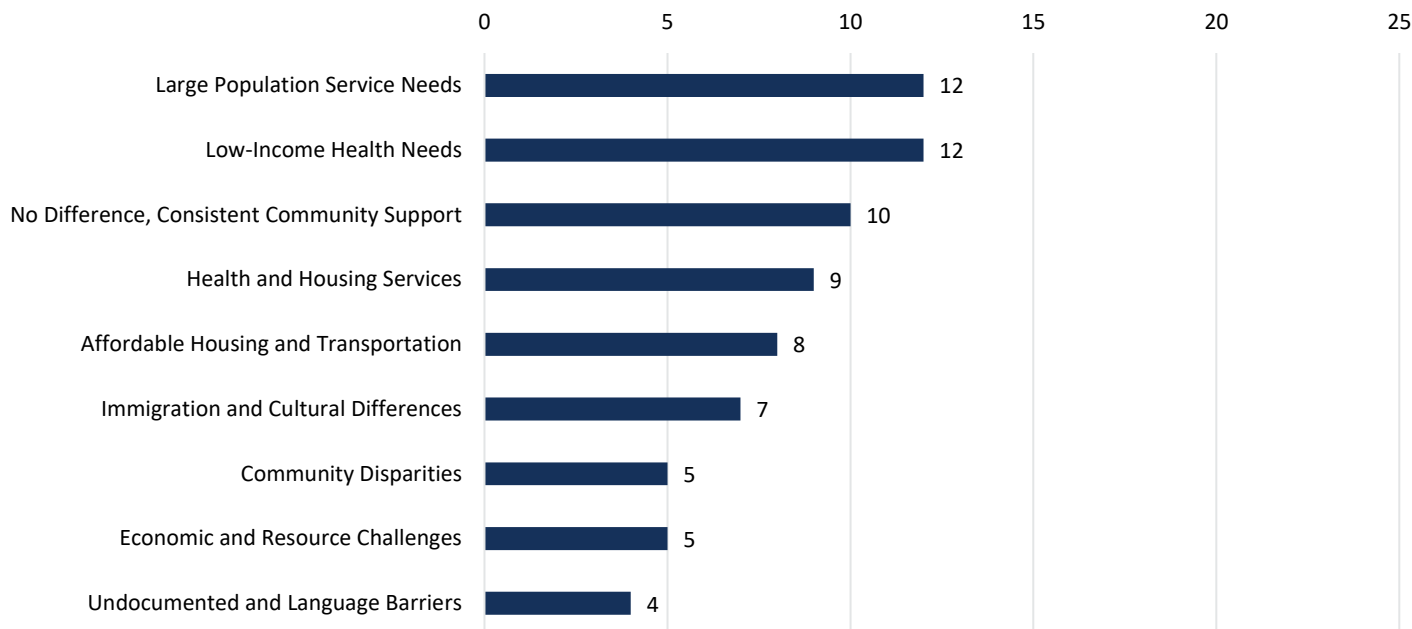
For the factor(s) you rated good or excellent, what specifically makes you feel that factor is good or excellent? (n=63)



- “Access to food and healthcare, I believe has improved and is available throughout Monmouth County to all residents. Undocumented residents also have great access to early intervention services for their children. There is still a need for more bilingual workers in this field.”
- “As I stated earlier, many towns and cities in the county have good to very good schools, fresh markets, beautiful parks and recreation and as long as you own your own car-families can drive to the facilities but for those that do not, it is limited or not accessible at all”
- “Lack of complaints, community news/local govt. issues. Positive articles on health improvement. COVID response in Monmouth County/ability to take corrective actions.”
- “General levels of literacy and all the free green spaces available in the county made me rate those Excellent.”
- “In general residents have access to jobs, education, inclusive neighborhoods, healthy foods, transportation, and healthcare; however, there are pockets of communities that have barriers/challenges/ limited access to the above which needs to be addressed.”



What (if anything) is the biggest difference between the population your organization serves and the broader population of Monmouth County? (n=71)

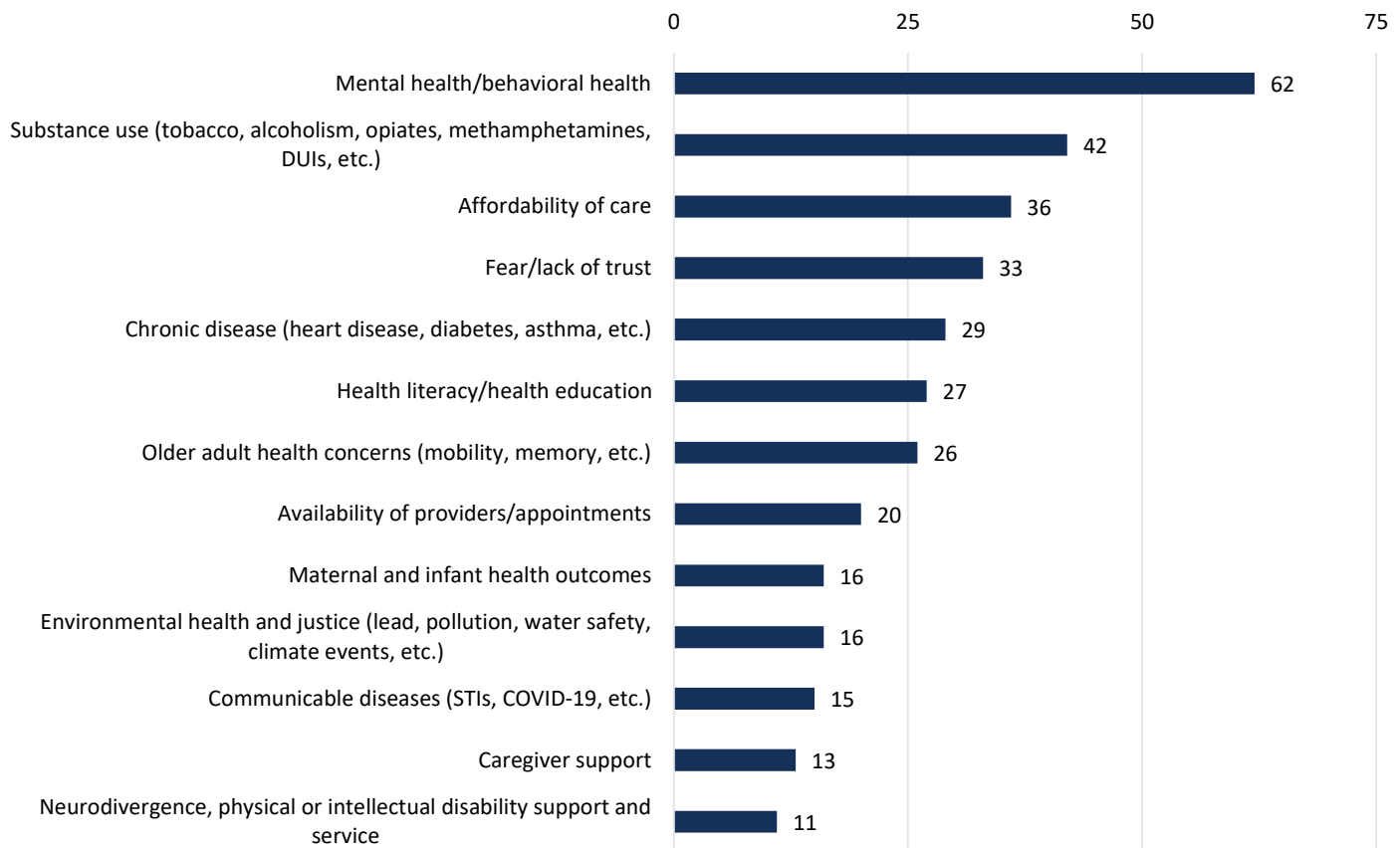


- “I serve the underinsured and uninsured community. Many are also undocumented from Latin American countries. Some have arrived with children. This population requires more services because they come as a family unit. Finding adequate housing for families poses a bigger problem than for single women and men.”
- “Renters vs. homeowners. The economic divide between these two groups makes for concise communications from local government tough as each population has different and unique concerns.”
- “Often times has less access to mental health and other physical health services. Difficult to find psychiatry providers and dental services that understand the needs of people with intellectual and developmental disabilities. Housing is also a challenge especially for people with high medical or behavioral needs.”
- “Our office is helping a lot of people whose monthly income is just social security, often below 1300.00 a month to live on.”
- “The majority of youth we serve live in middle to higher income families, have good homes, have access to open space and recreation, good food sources- including local farm markets, both parents are present, etc. However, substance misuse and mental health issues sometimes go under the radar because the community as a whole, looks so good from the outside.”





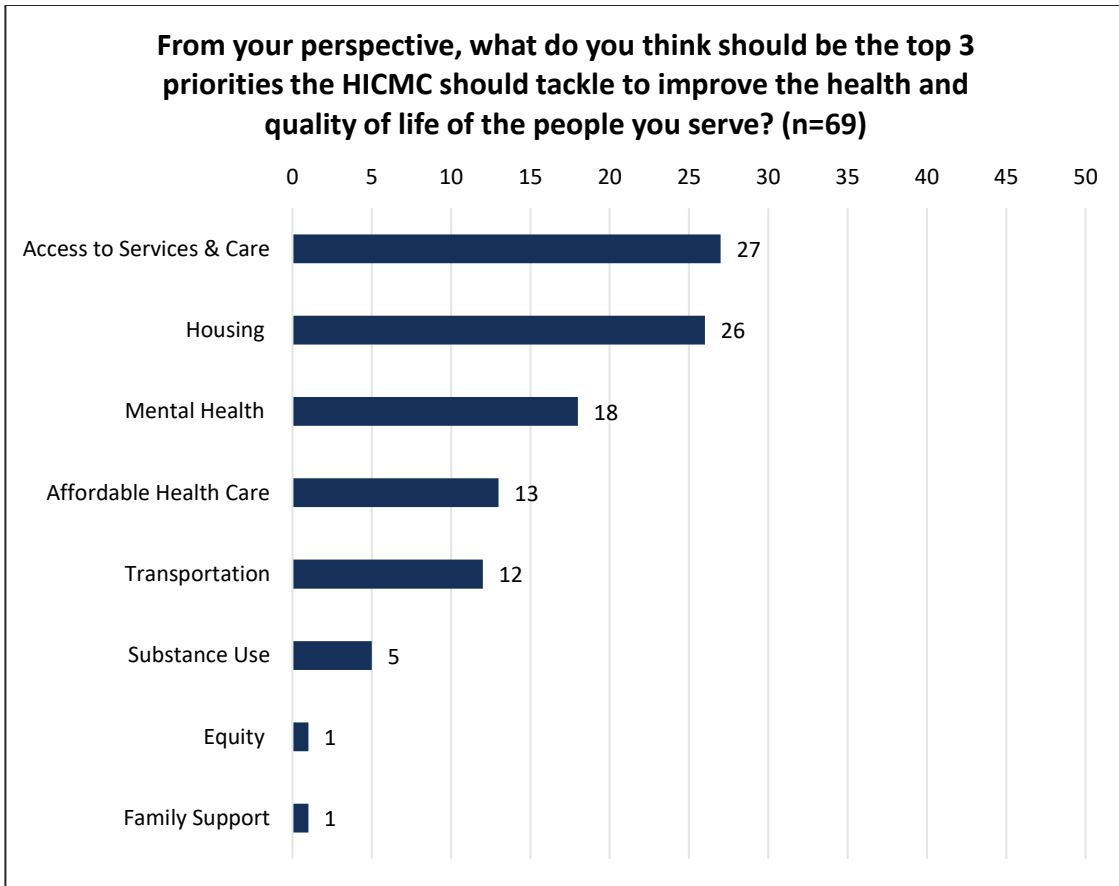
**What are the most significant health concerns you see in the populations you serve?
(select up to three) (n=80)**



Other:

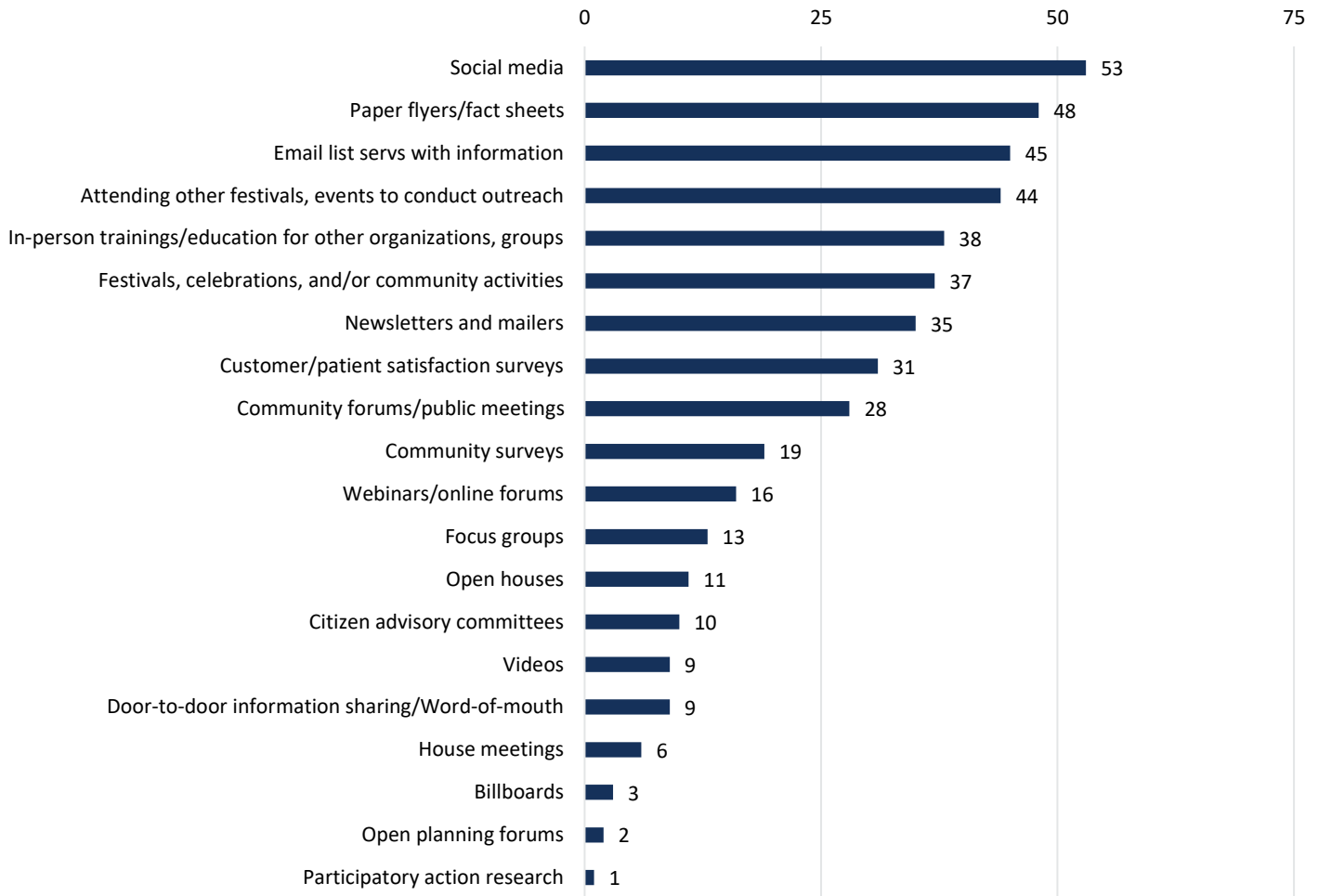
- Transportation
- Homelessness
- Being treated like human beings
- Scarcity of health assistance for those wishing to age in place as long as possible
- Stigma
- Access to culturally appropriate services
- Immigrant/refugee health care access/issues



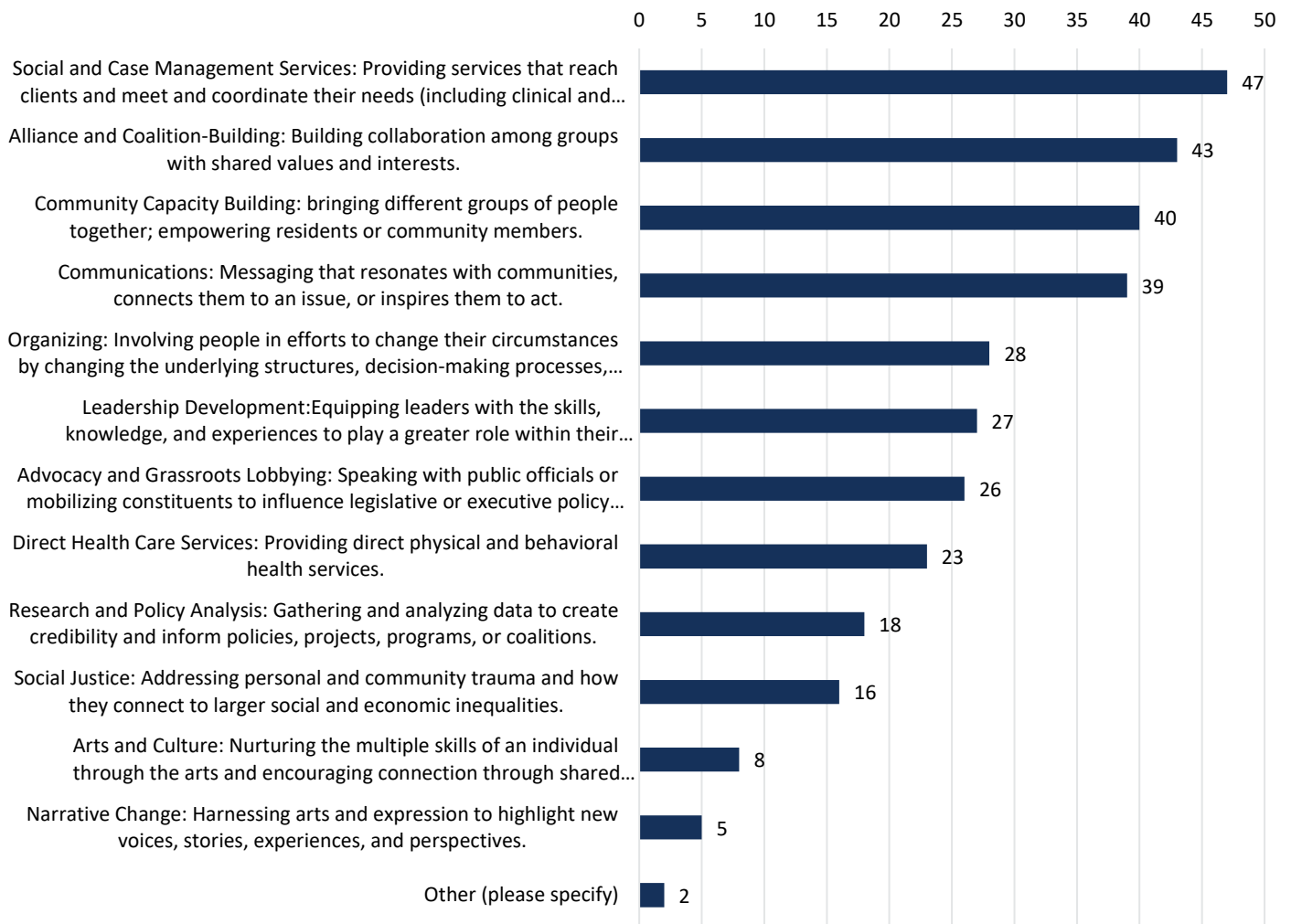




At your organization, which of the following methods of communication and community engagement does your organization use most often? (check all that apply)
(n=77)



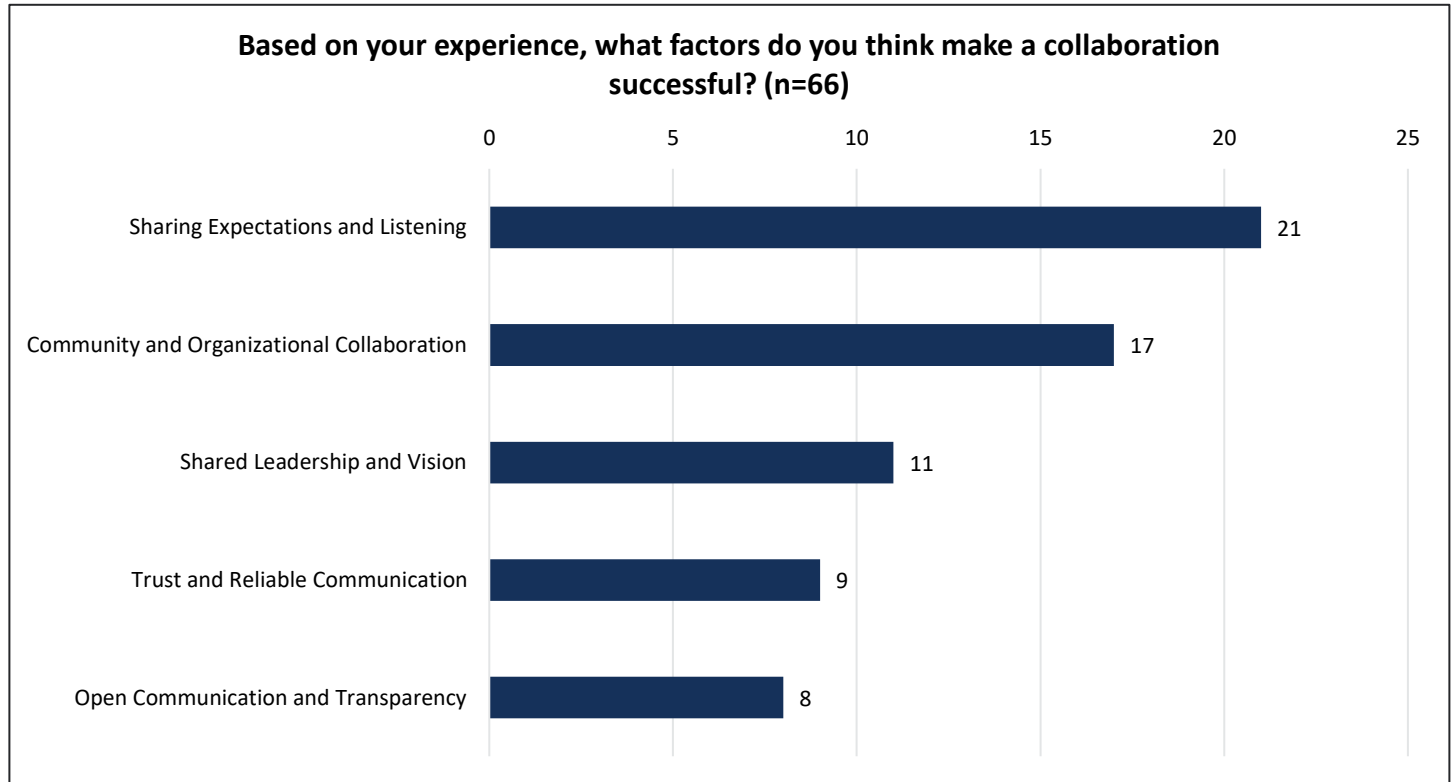
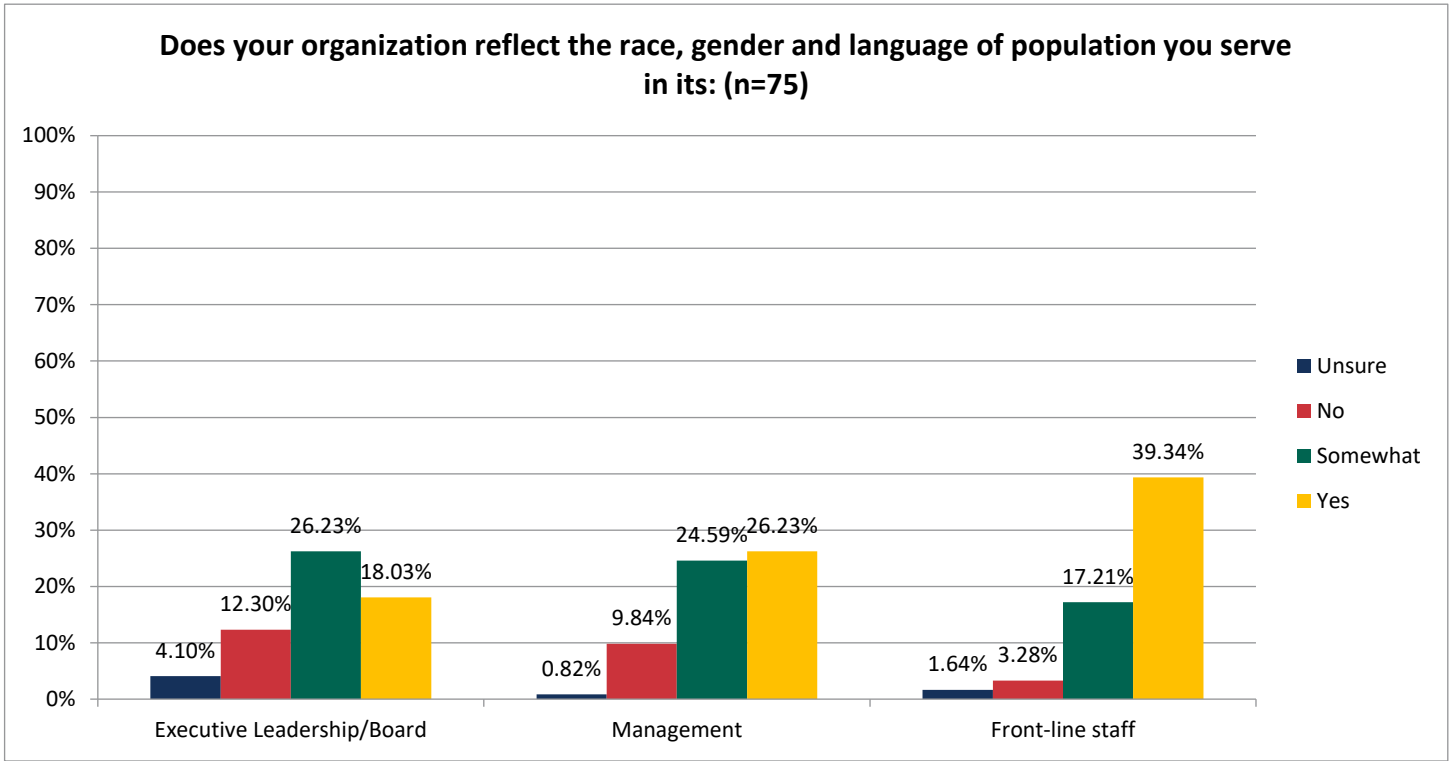
Which of the following strategies does your organization use to do your work? (check all that apply) (n=76)

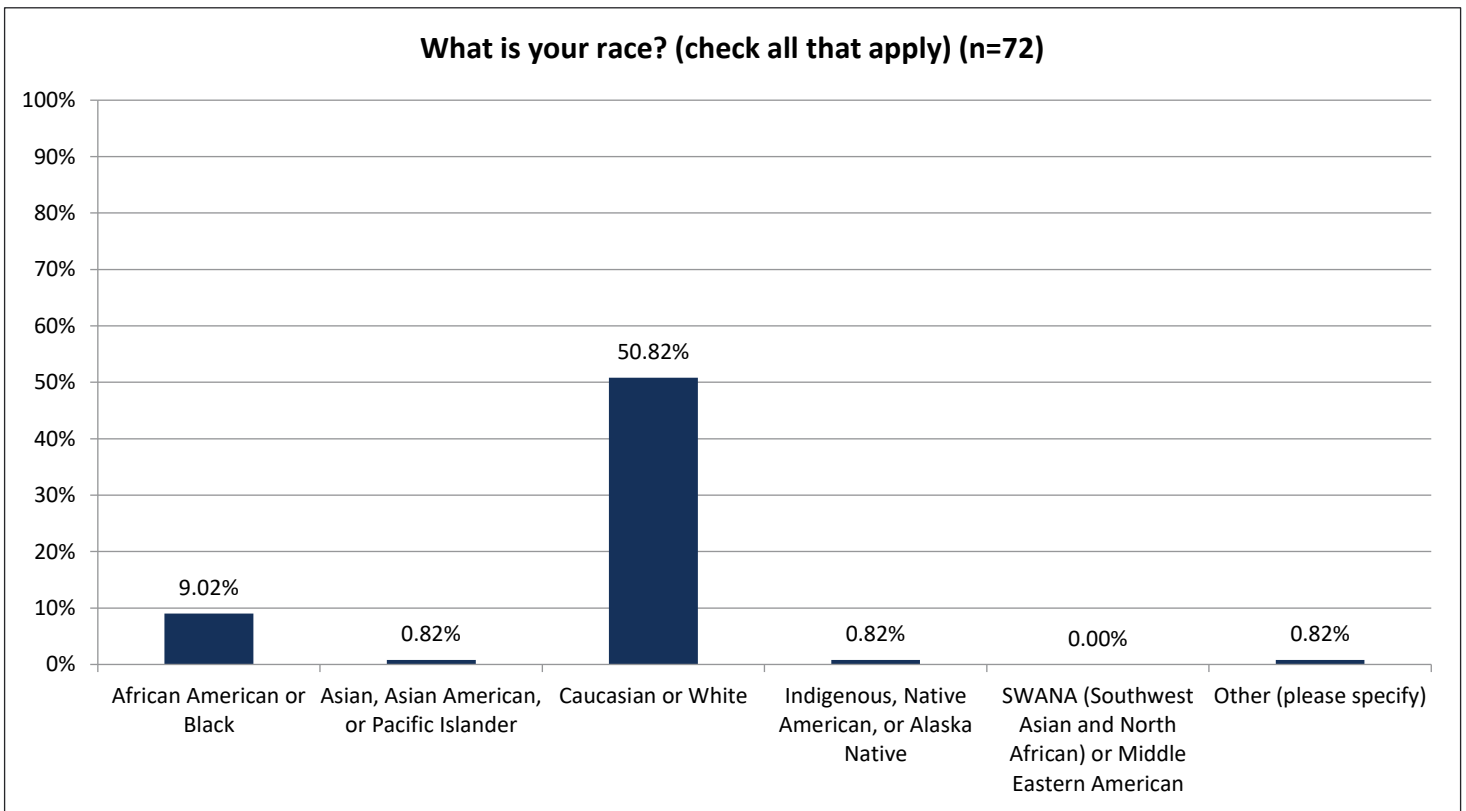
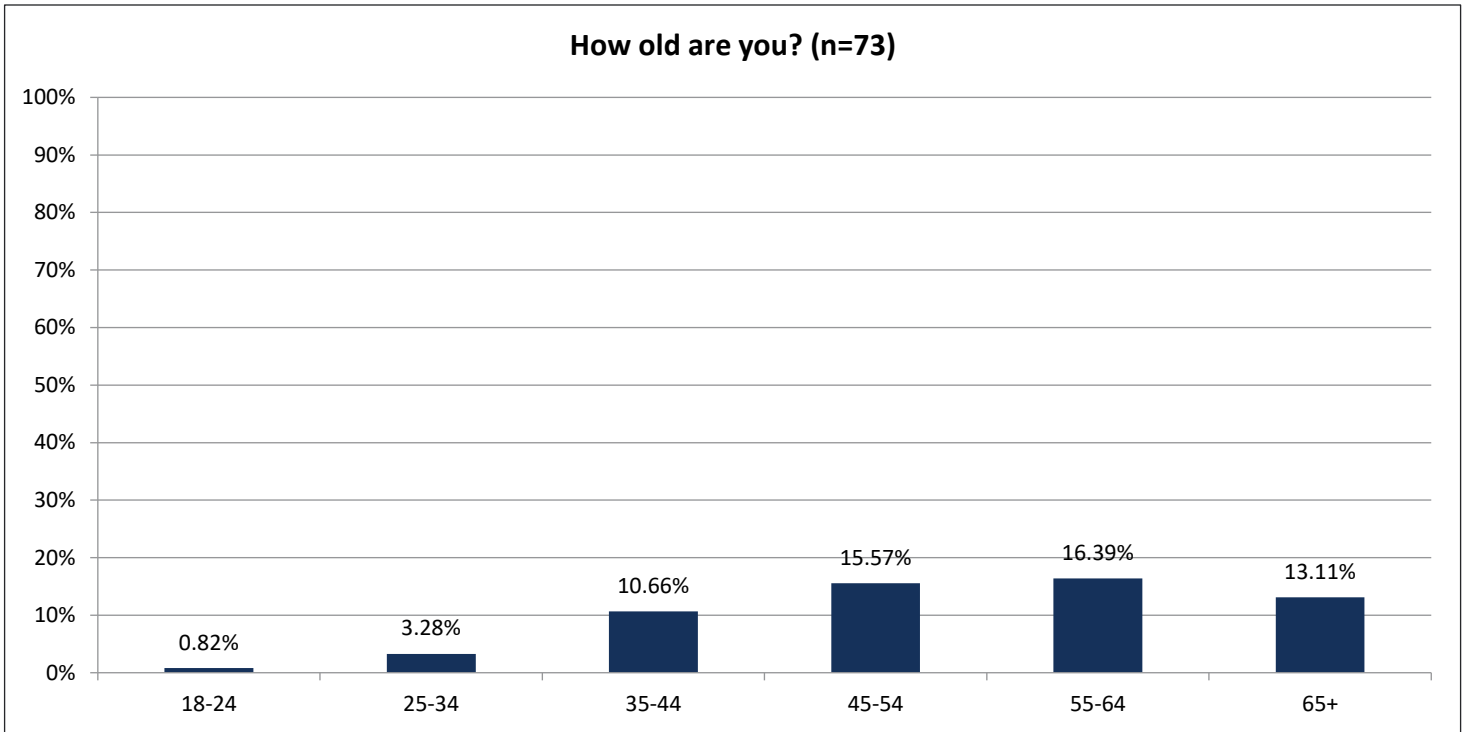


Other:

- Direct legal services
- In-person response to complaints and inspections of facilities in the public domain

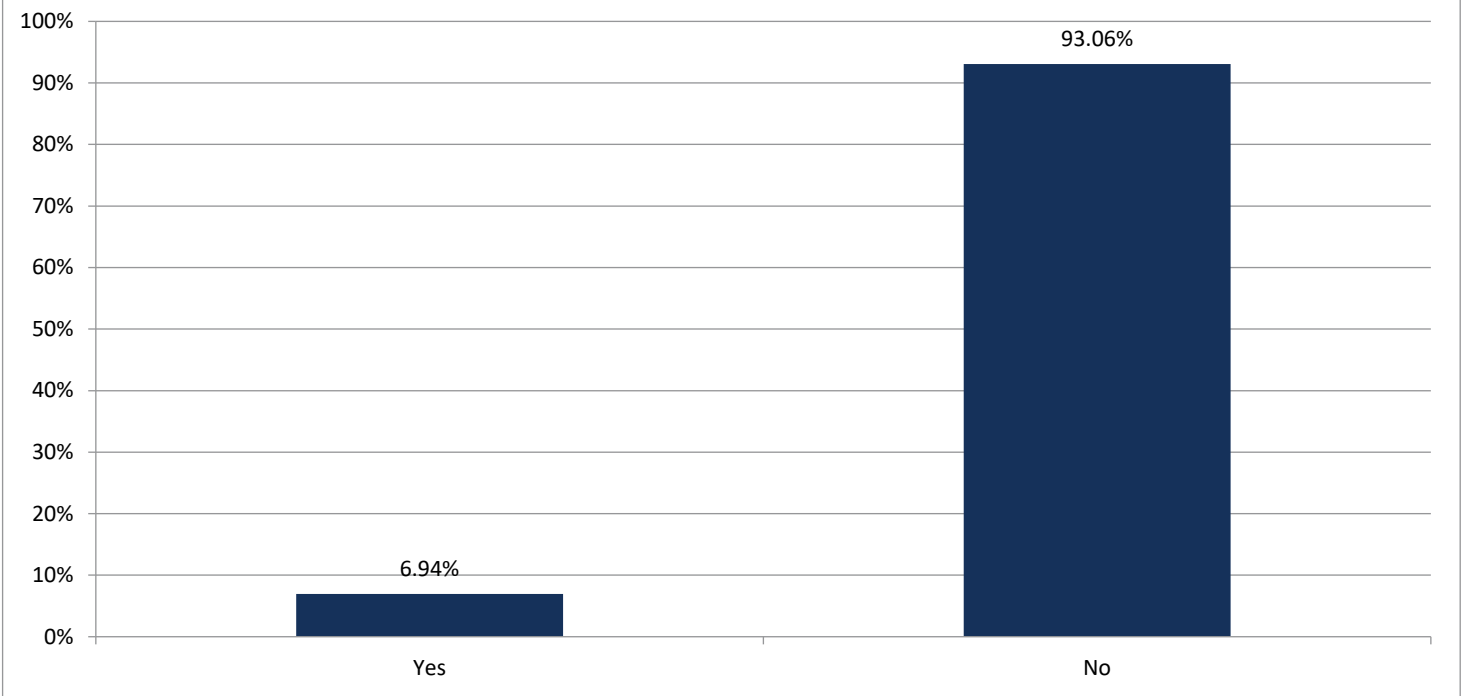








Do you identify as Hispanic or Latinx? (n=72)



Appendix E: Community Focus Groups

Focus Area	Organizational connection/host	In-person or Zoom	# of participants
Front-line staff working with the un/underinsured	Parker Family Health Centers	Zoom	4
Black/African American residents of diverse age/income	Bethel AME Church	Zoom	7
Residents accessing housing assistance	Community Action and Resource Center	In-person	5
Lead inspectors/home-visiting case managers	Monmouth County health departments	Zoom	3
LGBTQIA+ residents of diverse age/income	Project REAL	In-person	4
Spanish-speaking residents of diverse age/income (primarily parents of small children)	Monmouth County Council for Young Children	In-person	8

Focus Group Research Objectives:
(Uninsured, African American, LGBTQ+, People at Food Pantries, Spanish Speaking)

- Describe experiences accessing health and social services
- Identify sources and methods of trusted information
- Understand existing barriers to better wellbeing
- Explore ideas to address barriers
- Gather resources of interest that support health and wellbeing

Focus Group Research Objectives:
(Housing: Lead case managers, people seeking housing assistance)

- Discuss systemic issues impacting housing (ex: absentee landlords, zoning issues, accessing subsidies/remediation resources, credit issues, etc.)
- Identify other family concerns impacting housing needs
- Understand existing barriers to accessing resources
- Explore ideas to address barriers
- Gather resources of interest that support health and wellbeing

