Office of the
Food Security
Advocate

DECEMBER 2025

The State of Food Security in New Jersey:

A Data Chart Book

Prepared by:
New Jersey Office of the Food Security Advocate

ACKNOWLEDGEMENTS

This iteration of the data chart book was prepared by Dr. Jennifer Schrum of the New Jersey Office of the Food Security Advocate and Katie Jacobs of Hunger Solutions Consulting, with special assistance from Randy Rosse and Becca Jensen Compton.

About OFSA

The New Jersey Office of the Food Security Advocate (OFSA) is the state's food security advocacy office, which is placed at the highest level of state government, the Governor's Office. Under the leadership of Governor Murphy and Speaker Coughlin, legislation was drafted to create OFSA in 2021, with the Office commencing its work in September 2022.

The mission and vision of OFSA is to create positive outcomes in food security in the state of New Jersey through collaborative efforts with multi-sector stakeholders that are driven by strong research, evaluation, and community-driven program design. OFSA will achieve this vision by supporting state agencies, advancing food security policy, creating consensus and collaboration in the philanthropic sector, and advocating for and supporting collaborative and community-driven actions and programming in the state.

This chartbook will be updated and evolved with new data and additional metrics annually.

INTRODUCTION

Food security is a complex social condition with continually changing and interacting factors with underlying causes. There are multiple ways to define food security. The New Jersey Office of the Food Security Advocate (OFSA) adopted a definition from the United Nations' High Level Panel of Experts on Food Security and Nutrition found in the *Food Security and Nutrition: Building a Global Narrative Towards 2030 report*.

> ***"Food security exists when all people, at all times, have physical, social, and economic access to sufficient, safe, and nutritious food which meets their dietary needs and food preferences for an active and healthy life."***

This definition is based on six dimensions of food security: availability, access, utilization, stability, agency, and sustainability. Food insecurity may result from limitations in any of the six dimensions because each depends on and interacts with the others. Explore the fundamentals of the six dimensions of food security on OFSA's About Food Security in New Jersey webpage and the Food Security in New Jersey: A Primer on the Six Dimensions of Food Security.

Purpose and Use

Focusing on a single **metric** of food security can give an incomplete (and potentially inaccurate) understanding of the issue. This data chartbook provides a guided summary of a select few food security metrics, including determinants, measures, and impacts, to provide a nuanced yet streamlined overview of the state of food security in New Jersey.

The metrics included in this chartbook are not an exhaustive representation of the issue. For a more comprehensive and localized snapshot of food security metrics in New Jersey, we recommend exploring the Trenton Health Team's NJ Statewide Food Insecurity Index and Rutgers' New Jersey Food System Dashboard or searching for other food security-related information available in OFSA's Public Data Catalog.

Report Organization

We organized information into three overlapping categories: social determinants of food security, measures of food security, and impacts of food insecurity. Data for each metric is publicly available and regularly updated. For each metric, we provide a definition, **methodology**, a summary of the level and trends at the state level, a county-by-county comparison table, and charts or maps visually representing the data. Where available, we break down the data by characteristics like race, ethnicity, or age to show how the metric is experienced differently by various groups. We provide notes about the data's limits to clarify its context and highlight the necessity of using multiple metrics to understand the state of food security in New Jersey fully.

For measures of food security, we denote its associated food security dimensions. Each of the six dimensions of food security has a corresponding icon as shown in the figure below.

Contents

SOCIAL DETERMINANTS IMPACTING FOOD SECURITY

Food security is shaped by a range of social and economic conditions that influence whether individuals and families can reliably access and afford nutritious food. These **s**ocial determinants, such as employment, income, housing costs, education, and transportation, affect both the resources households have available for food and the environments in which they obtain it. For example, rising housing costs can limit disposable income for groceries, while limited transportation options can restrict access to full-service supermarkets. Examining these indicators provides important context for understanding variations in food security across New Jersey and highlights where policies and programs can strengthen the conditions that support stable and equitable access to food.

The following section presents key metrics on New Jersey's population, housing cost burden, unemployment, poverty, and average meal costs, factors that collectively shape the social and economic landscape of food security in the state.

Population

Metric Source: *U.S. Census Bureau*

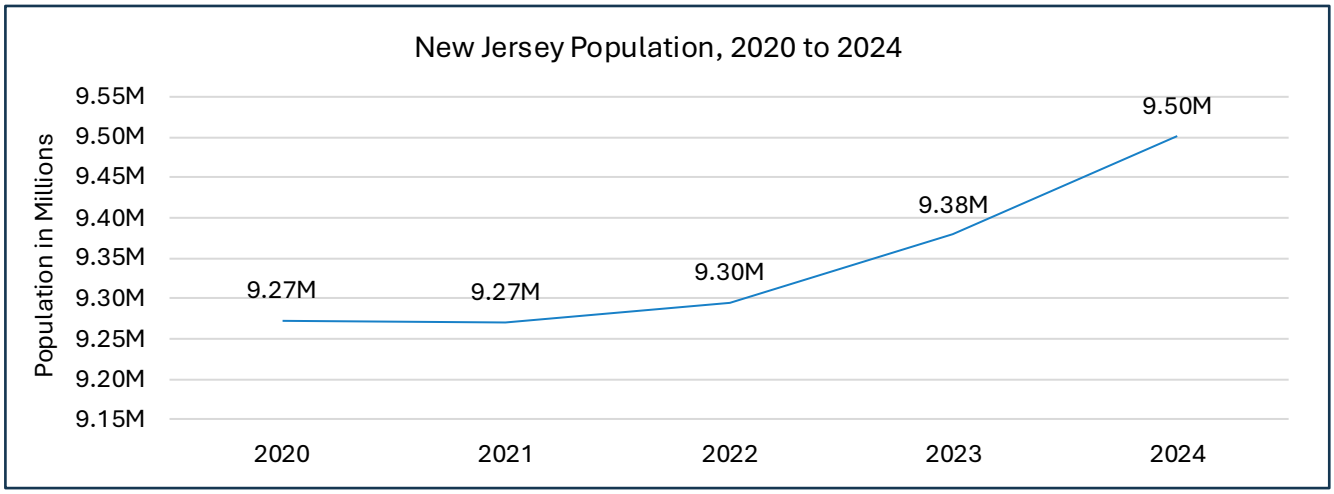
Total population is the number of individuals in a given geographic area. Population can often be reported by age, sex, race, and ethnicity. Population characteristics are an important factor to consider when analyzing and interpreting other food security-related metrics because factors impacting food security are experienced differently across various communities, including distinctions based on demographic characteristics.

Quick Facts

Definition: Total number of individuals living in a specified geographic area
Status in New Jersey: 9.5 million
Latest Year of Data: 2024 data
Trends: *Increasing*. The total population in New Jersey rose from 9.27 million in 2020 to 9.5 million in 2024, an increase- of 2.5%
Data source(s): U.S. Census Bureau County Population by Characteristics and County Population Totals and Components of Change: 2020-2024

Status in New Jersey

- In 2024, New Jersey's total population reached 9.5 million people, an increase of approximately 121,000 people (1.3%) compared to the previous year, 2023.
- From 2020 to 2024, New Jersey's population grew from 9.27 million to 9.50 million, an increase of 228,000 people or 2.5%.
- Cape May (-1.2%) is the only county to have experienced population loss comparing 2020 to 2023.



County-Level Data

Total Population in New Jersey, by County, 2020-2024

County	Total Population					Percent Change	
	2020	2021	2022	2023	2024	2020-2024	2023-2024
Atlantic	274,196	274,991	276,111	276,937	279,114	1.8%	0.8%
Bergen	953,711	955,510	957,235	966,484	978,641	2.6%	1.3%
Burlington	461,694	464,547	466,710	470,561	475,515	3.0%	1.1%
Camden	523,151	524,176	525,395	529,576	533,988	2.1%	0.8%
Cape May	95,051	95,720	95,415	94,643	93,875	-1.2%	-0.8%
Cumberland	153,724	152,100	151,686	153,338	155,678	1.3%	1.5%
Essex	860,020	854,416	854,738	864,310	881,527	2.5%	2.0%
Gloucester	302,575	304,636	306,936	308,840	311,783	3.0%	1.0%
Hudson	721,909	703,545	708,657	721,320	736,185	2.0%	2.1%
Hunterdon	128,793	129,691	129,977	130,633	131,708	2.3%	0.8%
Mercer	386,492	382,231	382,165	386,296	392,138	1.5%	1.5%
Middlesex	861,460	862,513	866,241	876,119	890,119	3.3%	1.6%
Monmouth	642,778	646,531	644,994	644,941	647,520	0.7%	0.4%
Morris	508,472	510,691	512,685	517,738	523,053	2.9%	1.0%
Ocean	638,554	649,990	656,386	660,445	666,434	4.4%	0.9%
Passaic	523,464	518,494	516,287	520,219	526,597	0.6%	1.2%
Salem	64,843	65,062	65,167	65,429	65,874	1.6%	0.7%
Somerset	344,788	346,562	348,319	352,095	357,467	3.7%	1.5%
Sussex	143,919	145,741	145,638	146,294	147,444	2.4%	0.8%
Union	573,680	572,930	573,600	582,080	594,160	3.6%	2.1%
Warren	109,520	110,464	110,885	111,344	112,031	2.3%	0.6%
New Jersey	**9,272,794**	**9,270,541**	**9,295,227**	**9,379,642**	**9,500,851**	**2.5%**	**1.3%**

Source: U.S. Census Bureau, Population Division. (March 2025). Annual Estimates of the Resident Population for Counties in New Jersey: April 1, 2020 to July 1, 2024 (CO-EST2024-POP-34).

Methodology

Methodology: The U.S. Census population estimate starts with a population base (e.g., the last decennial census or the previous point in the time series), adds births, subtracts deaths, and adds net migration (both international and domestic).
Data source: U.S. Census Bureau, Population Division

Explore More Related Public Data

- New Jersey Census profile[1]
- National Institute of Minority Health and Health Disparities Data Portal

[1] At the time of this publication, the public data source is temporarily unavailable.

Unemployment Rate

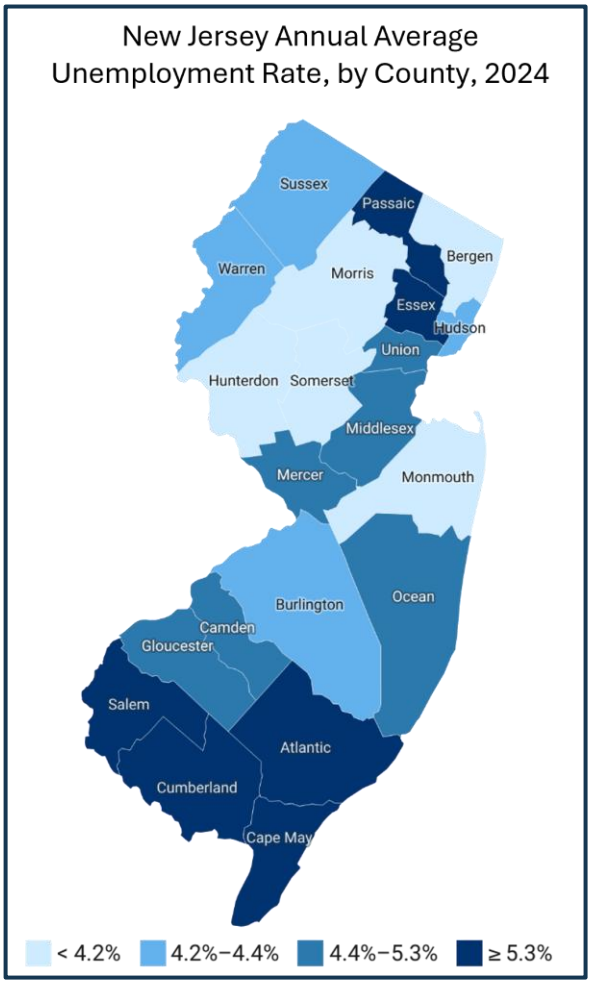
Metric Source: *New Jersey Department of Labor*

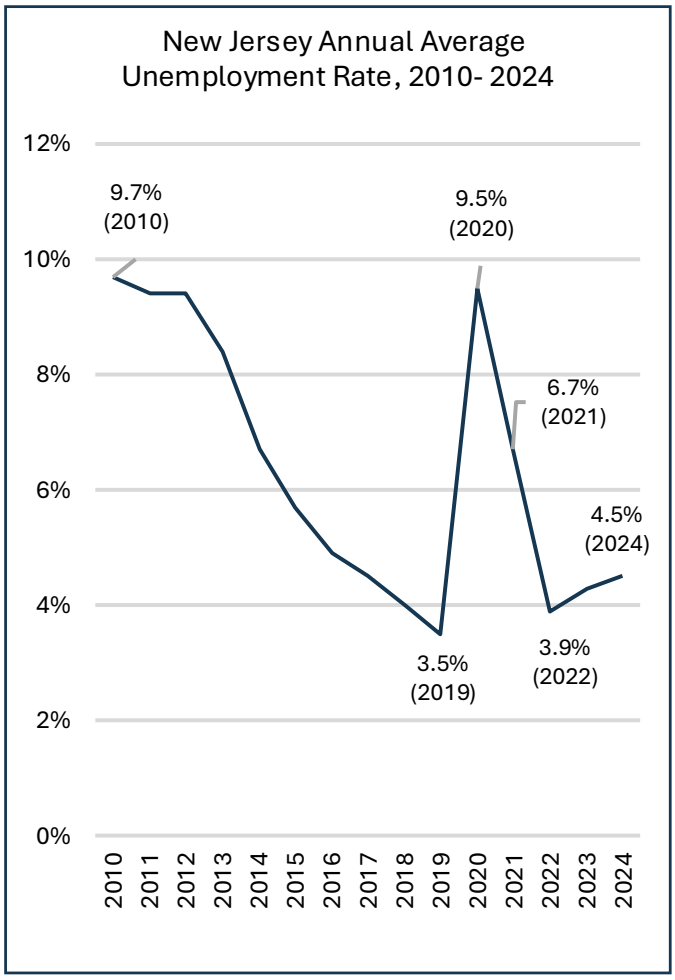
The unemployment rate (UR) is the share of the labor force that is unemployed and looking for work. The labor force consists of people aged 16 or older who actively looked for work in the past 4 weeks. Unemployment is an important factor in assessing food insecurity as it can be a driver of inadequate resources necessary to access adequate food.

Quick Facts

Definition: The percentage of working-age individuals who are not employed.
Prevalence in New Jersey: 4.5%
Latest Year of Data: 2024 data
Trends: *Getting worse*. The unemployment rate fell in New Jersey from 2020 to 2022 but increased from 2022 to 2024 and has not returned to the lower benchmark pre-COVID-19 pandemic levels (~3.5%).

Status of Unemployment in New Jersey





- The unemployment rate in New Jersey in 2024 was 4.5%, ranging from 3.5% in Hunterdon County to 8.0% in Cape May County.
- Every county experienced a sharp spike in unemployment from 2019 to 2020 related to the COVID-19 pandemic-induced economic shutdown[2].
- Unemployment fell from 2020 to 2022 in all counties, but from 2022 to 2024, the overall unemployment rate increased by 15.4% (from 3.9% to 4.5%).
- While unemployment varied across New Jersey counties, no county has yet to return to pre- COVID-19 pandemic unemployment levels.

County-Level Data

Unemployment Rate (UR) in New Jersey, by County, 2019-2024

County	Unemployment Rate (%)							Change in Unemployment Rate (%)	
	2019	2020	2021	2022	2023	2024	Ranking 2024 UR (Best [1] to Worst)	1-year Change (2023 to 2024)	5-year Change (2019 to 2024)
Atlantic	4.6%	15.9%	9.2%	4.9%	5.2%	5.7%	18	9.6%	23.9%
Bergen	2.8%	9.2%	6.2%	3.3%	3.6%	3.7%	2	2.8%	32.1%
Burlington	3.3%	8.2%	5.8%	3.6%	3.9%	4.2%	6	7.7%	27.3%
Camden	4.0%	9.8%	7.2%	4.2%	4.7%	5.0%	15	6.4%	25.0%
Cape May	7.2%	14.6%	9.9%	7.1%	7.9%	8.0%	21	1.3%	11.1%
Cumberland	5.7%	11.1%	8.6%	5.6%	6.7%	7.0%	20	4.5%	22.8%
Essex	4.1%	10.6%	8.0%	4.5%	5.1%	5.5%	17	7.8%	34.2%
Gloucester	3.6%	9.0%	6.4%	3.8%	4.2%	4.4%	10	4.8%	22.2%
Hudson	3.1%	9.7%	6.9%	3.6%	4.0%	4.2%	6	5.0%	35.5%
Hunterdon	2.7%	7.1%	5.0%	3.0%	3.4%	3.5%	1	2.9%	29.6%
Mercer	3.4%	8.0%	6.1%	3.6%	4.1%	4.4%	10	7.3%	29.4%
Middlesex	3.2%	8.8%	6.4%	3.7%	4.2%	4.5%	12	7.1%	40.6%
Monmouth	3.2%	8.8%	6.1%	3.6%	3.9%	4.1%	5	5.1%	28.1%
Morris	2.7%	7.5%	5.3%	3.1%	3.5%	3.7%	2	5.7%	37.0%
Ocean	3.8%	9.6%	6.7%	4.0%	4.3%	4.5%	12	4.7%	18.4%
Passaic	4.1%	11.8%	8.4%	4.5%	5.0%	5.3%	16	6.0%	29.3%
Salem	4.9%	9.5%	7.9%	5.0%	5.5%	5.9%	19	7.3%	20.4%
Somerset	2.8%	7.2%	5.2%	3.1%	3.5%	3.8%	4	8.6%	35.7%
Sussex	3.3%	9.0%	6.2%	3.8%	4.0%	4.3%	9	7.5%	30.3%
Union	3.5%	9.4%	6.9%	4.0%	4.5%	4.8%	14	6.7%	37.1%
Warren	3.3%	8.3%	5.9%	3.6%	4.0%	4.2%	6	5.0%	27.3%
New Jersey	**3.5%**	**9.5%**	**6.7%**	**3.9%**	**4.3%**	**4.5%**		**4.7%**	**28.6%**

Source: New Jersey Department of Labor, Office of Research and Information, New Jersey Annual Average Unemployment Rate by County: 1990-2024, April 29, 2025

Note: Counties with the same 2024 unemployment rate share the highest (best) ranking among them.

[2] Falk, F., Nicchitta, I.A., Nyhof, E.C., Romero, P.D. (2021). Unemployment Rates During the COVID-19 Pandemic. Congressional Research Service. https://www.congress.gov/crs-product/R46554

Methodology

Methodology: Unemployment rate is calculated as a ratio using unemployment insurance claims and Census employment-population
Numerator: Number of people in the labor force who are unemployed as measured by unemployment insurance claims
Denominator: Number of people in the labor force as estimated by the U.S. Census
Data source: New Jersey Department of Labor

Limitations and Gaps in the Public Data

- The unemployment rate does not account for underemployed people, meaning those working in low-paid or part-time jobs.
- The unemployment rate is measured using unemployment insurance applications. Therefore, it does not account for individuals who are looking for work but haven't applied for unemployment insurance, either because they are not eligible for or do not know they are eligible for unemployment insurance.

Explore More Related Public Data

- New Jersey Department of Labor and Workforce Development, Unemployment Rates and Labor Force Estimates
- U.S. Bureau of Labor Statistics New Jersey Economy at a Glance table
- New Jersey Department of Labor and Workforce Development, Labor Market Information

Poverty

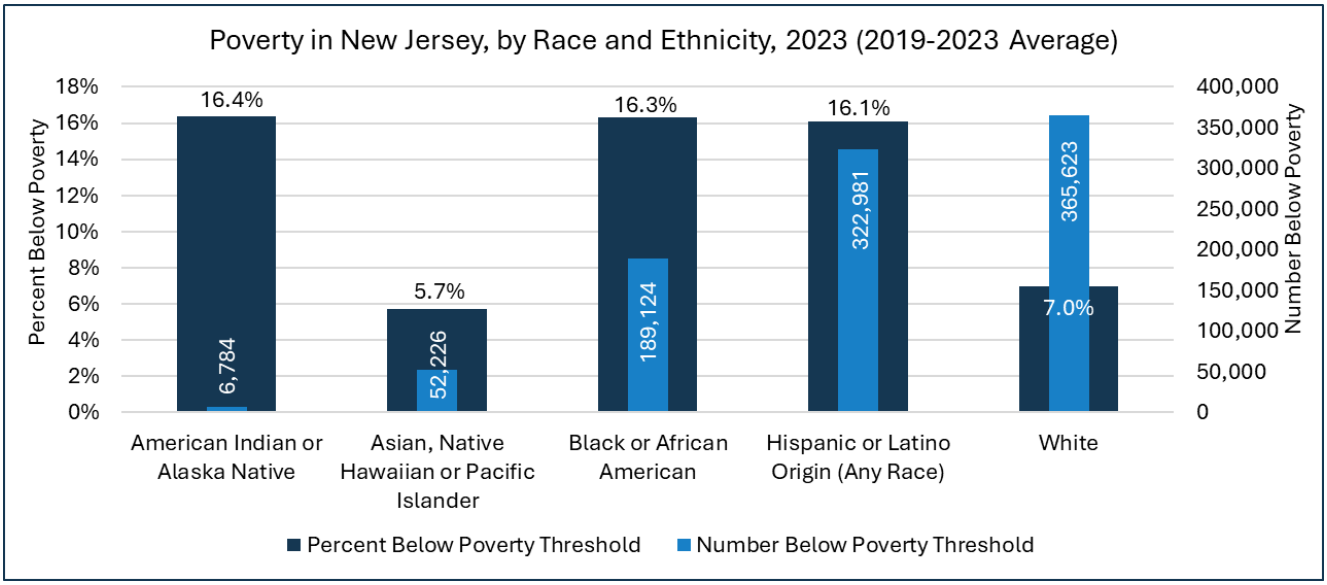
Metric Source: *U.S. Census Bureau American Community Survey*

The Official Poverty Measure is defined as having a pre-tax cash household income below the U.S. federal poverty threshold. The federal poverty threshold was set at three times the cost of a minimum food diet in 1963 and is adjusted for family size and composition (e.g., presence of children and age of the head-of-households). The threshold is adjusted annually for inflation using the Consumer Price Index. In 2025, the federal poverty limit for a family of four was $32,150.

Quick Facts

Definition: Having a household income below the federal poverty threshold
Prevalence in New Jersey: 9.8%
Latest Year of Data: 2023 data (2019-2023 average at the county level)

Status of Poverty in New Jersey



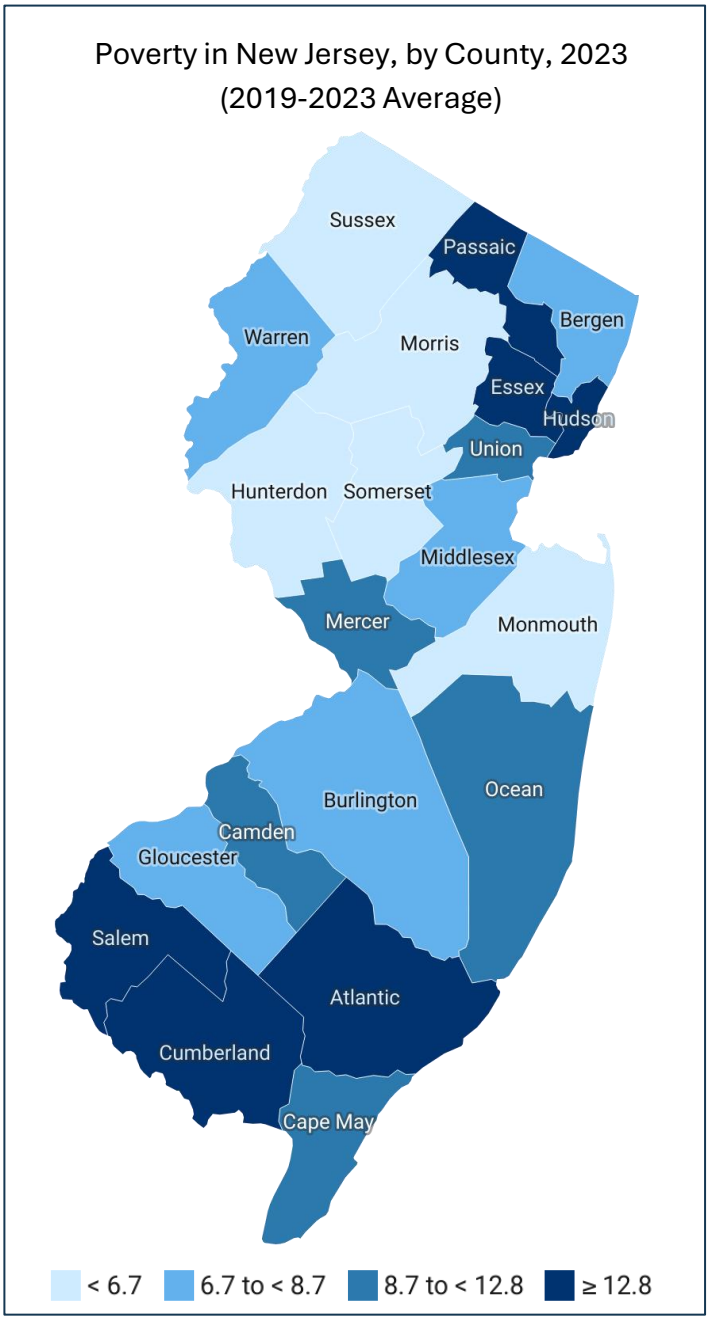
- Hunterdon County had the lowest poverty rate (3.78%) in New Jersey in 2023, while Cumberland County had the highest (16.3%).
- The poverty rate among Black (16.3%), Hispanic or Latino (16.1%), and American Indian or Alaska Native (16.4%) individuals in New Jersey is more than double the poverty rate among white individuals (7.0%).

County-Level Data

Poverty in New Jersey, by County, 2023 (2019-2023 Average)

County	Number of Persons with Income Below Poverty	Percent with Income Below Poverty	Ranking 2023 Percent Poverty [Best (1) to Worst]
Atlantic	35,247	13.1%	17
Bergen	63,408	6.7%	6
Burlington	30,725	6.8%	7
Camden	62,934	12.2%	15
Cape May	8,169	8.7%	11
Cumberland	23,410	16.3%	21
Essex	125,419	15.0%	20
Gloucester	22,676	7.6%	8
Hudson	103,860	14.8%	19
Hunterdon	4,894	3.8%	1
Mercer	40,446	11.1%	14
Middlesex	71,078	8.5%	10
Monmouth	40,958	6.4%	5
Morris	25,572	5.1%	2
Ocean	66,599	10.4%	13
Passaic	69,781	13.7%	18
Salem	8,131	12.8%	16
Somerset	18,851	5.5%	4
Sussex	7,794	5.4%	3
Union	50,508	8.9%	12
Warren	8,827	8.1%	9
New Jersey	889,287	9.8%	
U.S.	40,390,045	12.4%	

Source: U.S. Census Bureau, American Community Survey, 2019-2023 as analyzed by HDPulse - National Institute on Minority Health and Health Disparities. New Jersey Poverty - Table. Persons below poverty.



Poverty in New Jersey, by County, by Race and Ethnicity, 2023 (2019-2023 Average), Persons Below Poverty										
County	White*		Black or African American*		American Indian or Alaska Native*		Asian, Native Hawaiian or Pacific Islander*		Hispanic or Latino Origin (Any Race)	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Atlantic	13,269	8.5%	7,743	**21.0%**	289	**25.2%**	3,186	**15.0%**	11,497	**21.5%**
Bergen	33,700	6.1%	5,310	10.0%	399	14.8%	7,555	4.8%	21,973	10.5%
Burlington	15,448	5.1%	7,155	9.8%	33	3.1%	1,795	6.9%	4,477	11.0%
Camden	21,029	7.2%	17,551	18.2%	464	**29.5%**	2,870	**9.4%**	22,930	**23.6%**
Cape May	6,059	7.4%	481	15.8%	8	4.2%	18	3.0%	1,402	18.7%
Cumberland	8,872	**11.6%**	6,508	**27.4%**	214	12.8%	201	**9.5%**	9,737	18.9%
Essex	21,881	7.9%	62,908	20.6%	591	15.4%	2,748	5.6%	42,601	**20.5%**
Gloucester	14,428	6.2%	4,748	15.0%	64	21.8%	648	7.2%	2,834	12.3%
Hudson	31,171	**12.0%**	17,635	20.8%	1,442	23.5%	10,568	9.1%	54,831	19.2%
Hunterdon	3703	3.5%	191	7.6%	25	16.9%	309	5.3%	725	6.5%
Mercer	13,224	7.3%	12,664	18.1%	377	14.1%	2,127	4.9%	13,647	16.6%
Middlesex	26,804	7.4%	8,076	9.4%	1,165	14.9%	9,856	4.6%	32,030	16.5%
Monmouth	25,604	5.3%	5,381	13.8%	451	14.4%	1,219	3.6%	9,523	11.7%
Morris	15,031	4.2%	1,667	10.5%	166	24.2%	1,859	3.4%	8,424	10.8%
Ocean	56,820	**10.4%**	2,351	12.6%	160	6.5%	614	5.1%	7,647	11.3%
Passaic	19,986	8.4%	10,366	19.4%	290	15.7%	2,185	7.8%	43,564	19.5%
Salem	4,737	10.0%	2,451	**28.0%**	39	**25.5%**	12	1.8%	1,400	20.4%
Somerset	7,276	3.9%	2,766	8.4%	113	8.4%	2,647	4.0%	5,718	9.7%
Sussex	6,703	5.5%	239	7.3%	46	16.5%	26	1.0%	1116	7.0%
Union	13,434	5.7%	11,997	10.4%	418	23.2%	1,730	5.4%	25,606	13.2%
Warren	6,444	7.4%	936	16.1%	30	7.6%	53	1.6%	1,299	9.9%
New Jersey	**365,623**	**7.0%**	**189,124**	**16.3%**	**6,784**	**16.4%**	**52,226**	**5.7%**	**322,981**	**16.1%**
U.S.		**9.9%**		**21.3%**		**21.8%**		**10.2%**		**16.9%**

Source: U.S. Census Bureau, American Community Survey, 2019-2023 as analyzed by HDPulse - National Institute on Minority Health and Health Disparities. New Jersey Poverty - Table. Persons below poverty.

Note: Bolded percentages indicate the three counties with the highest proportion of poverty among each race and ethnicity category.

* The race categories, white; Black or African American; Asian, Native Hawaiian or Pacific Islander; and American Indian or Alaska Native include individuals identifying as Hispanic/Latino

Methodology

Methodology: Poverty is calculated from data collected in the annual U.S. Census Bureau's American Community Survey (ACS).
Numerator: Number of people with income below the poverty threshold
Denominator: Number of people for whom poverty status is defined
Data source: American Community Survey Table S1701

Limitations and Gaps in the Public Data

- The poverty measure identifies individuals under the poverty threshold but does not give us an understanding of the depth of economic need. The Census Bureau indicates that the poverty threshold is to be interpreted as a statistical yardstick and that the poverty threshold is not a complete measure of what people and families need to live.
- Poverty thresholds do not account for geographic variations in the cost of living.
- The way that the Official Poverty Measure defines a "family" as persons living in the same household who are related by birth, marriage, or adoption does not reflect the nature of many households today, including those made up of cohabitors, unmarried partners with children from previous relationships, and foster children.
- Income used to assess poverty status does not account for government benefits (like SNAP, WIC, or housing subsidies) or necessary expenses like taxes, childcare, or medical expenses. The Supplemental Poverty Measure (SPM) extends the official poverty measure by taking into account these factors. Learn more about how the U.S. Census Measures Poverty.
- Poverty status is not defined for people in institutional group quarters (such as prisons or nursing homes, college dormitories, military barracks, and living situations without conventional housing (and who are not in shelters); therefore, the denominator of the measure of poverty does not take into account people in these housing situations.
- To help increase the reliability of the data, county-level measures for poverty are based on five years of American Community Survey responses; therefore, even the newest year of data is an average of the past 5 years and may not fully represent the state of poverty in the present moment.

Explore More Related Public Data

- U.S. Census Bureau's New Jersey QuickFacts
- Measuring America: How the U.S. Census Bureau Measures Poverty
- ALICE (Asset Limited, Income Constrained, Employed) data measures households that earn more than the Federal Poverty Level, but not enough to afford the basics where they live, taking into account geographic variations in the cost of living.
- Economic Policy Institute (EPI) Family Budget Calculator
- Massachusetts Institute of Technology (MIT) Living Wage Calculator
- Supplemental Poverty Measure (SPM)

Average Meal Costs

Metric Source: *Map the Meal Gap*

Average meal cost is the dollar amount a food secure household spends on a meal per person. This metric is estimated by Feeding America's *Map the Meal Gap* using food-secure households' responses to a question in the Current Population Survey that asks how much the household usually spends on food in a week, including purchases made with SNAP benefits. Average meal cost is calculated by taking the average weekly dollar amount food-secure households report spending on food, dividing it by 21 (assuming three meals per day, seven days a week), and adjusting to a per-person basis (versus the whole household). The national average meal cost amount is adjusted to reflect local food prices (using a "cost-of-food index" estimated by Map the Meal Gap) and relevant taxes to get county estimates of average meal cost. Reported food expenditures by food-secure individuals are used to ensure that the result best reflects the cost of an adequate diet.

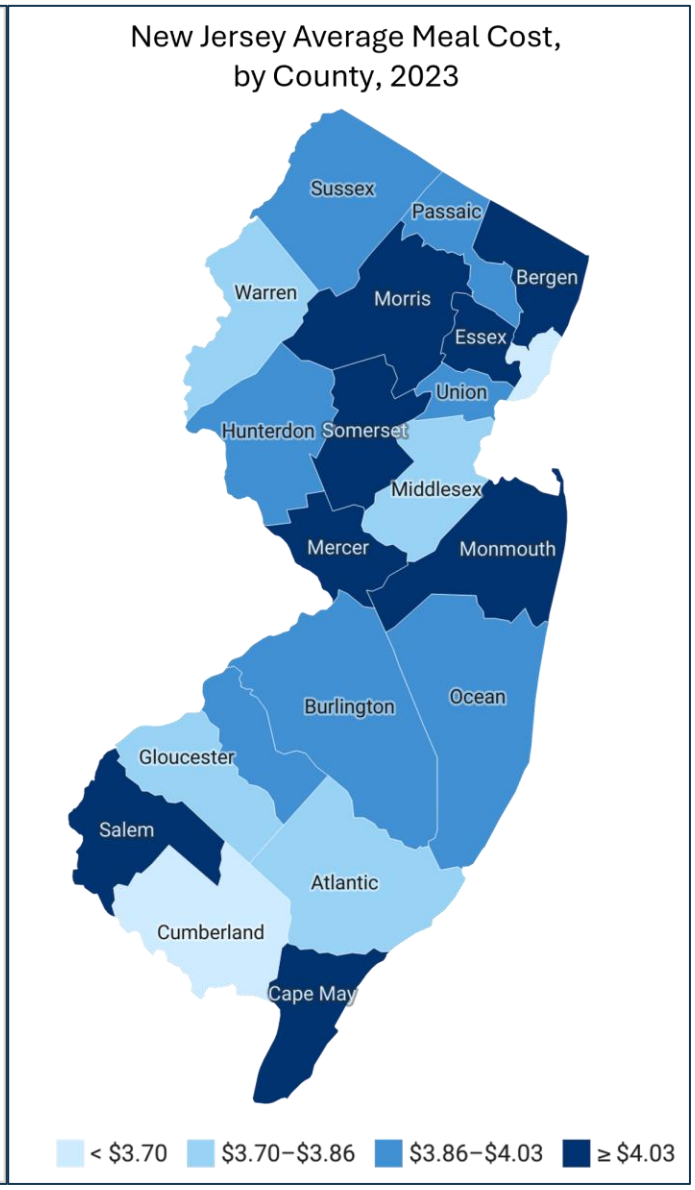
Quick Facts

Definition: The average cost of one meal
Amount in New Jersey: $3.74
Latest Year of Data: 2023 data
Trends: *Decreasing*. While the average meal cost in New Jersey decreased 11% from a 2022 high of $4.19 to $3.74 in 2023, it remains 10% higher than the 2019 average of $3.41. This is consistent with the national trend.

Status of Meal Costs in New Jersey

- The average meal cost in New Jersey in 2023 was $3.74, 4.5% higher than the national average meal cost ($3.58). Every New Jersey county (except Cumberland County) has higher meal costs than the national average.
- This average meal cost equates to $4,095 per person in meal costs per year (assuming three meals per day, 365 days a year). This an increase of $361 from $3,734 in 2019.
- The 2023 average meal cost in New Jersey ranges from $3.54 in Cumberland County (lowest) to $4.35 in Essex County (highest).
- From 2019 to 2023, the average meal cost in New Jersey rose by $0.33 per meal from $3.41 to $3.74, a 9.7% increase.
- The changes in average meal cost from 2019 to 2023 varied across New Jersey counties.
    - While all counties saw at least a 10% decrease in meal costs from 2022 to 2023, average meal costs remain above 2019 levels for all counties except Sussex.
    - Average meal costs vary across New Jersey counties by the rate of change from 2019 to 2023 ranging from a 0.3% decrease in average cost in Sussex County to a 15.4% increase in Cape May County over the same period.


Average Meal Cost in New Jersey, 2017-2023
$4.40
$4.20
$4.00
$3.80
$3.60
$3.40
$3.20
$3.00
$3.24
$3.34
$3.41
$3.60
$3.77
$4.19
$3.74
2017 2018 2019 2020 2021 2022 2023


New Jersey Average Meal Cost, by County, 2023
Sussex
Passaic
Bergen
Warren
Morris
Essex
Union
Hunterdon
Somerset
Middlesex
Mercer
Monmouth
Burlington
Ocean
Gloucester
Salem
Atlantic
Cumberland
Cape May
< $3.70
$3.70–$3.86
$3.86–$4.03
≥ $4.03

County-Level Data

Average Meal Cost in New Jersey, by County, 2019, 2022, 2023

County	2019	2022	2023	Ranking 2023 Cost [Highest (1) to Lowest]	Dollar Change from 2019	Percent Change from 2019	Ranking Percent Change [Largest change (1) to Smallest (21)]
Atlantic	$3.43	$4.30	$3.83	17	$0.40	11.7%	8
Bergen	$4.00	$4.72	$4.20	4	$0.20	5.0%	19
Burlington	$3.49	$4.38	$3.88	15	$0.39	11.2%	9
Camden	$3.58	$4.54	$4.02	9	$0.44	12.3%	6
Cape May	$3.71	$4.81	$4.28	2	$0.57	15.4%	1
Cumberland	$3.15	$3.98	$3.54	21	$0.39	12.4%	5
Essex	$4.07	$4.90	$4.35	1	$0.28	6.9%	18
Gloucester	$3.44	$4.19	$3.72	19	$0.28	8.1%	15
Hudson	$3.32	$4.17	$3.68	20	$0.36	10.8%	10
Hunterdon	$3.59	$4.47	$3.94	12	$0.35	9.7%	13
Mercer	$3.59	$4.54	$4.04	8	$0.45	12.5%	4
Middlesex	$3.32	$4.24	$3.76	18	$0.44	13.3%	3
Monmouth	$3.68	$4.72	$4.20	5	$0.52	14.1%	2
Morris	$3.94	$4.77	$4.24	3	$0.30	7.6%	17
Ocean	$3.53	$4.40	$3.91	14	$0.38	10.8%	11
Passaic	$3.51	$4.48	$3.94	13	$0.43	12.3%	7
Salem	$3.78	$4.60	$4.08	7	$0.30	7.9%	16
Somerset	$3.80	$4.65	$4.13	6	$0.33	8.7%	14
Sussex	$3.99	$4.46	$3.98	11	-$0.01	-0.3%	21
Union	$3.66	$4.57	$4.02	10	$0.36	9.8%	12
Warren	$3.68	$4.33	$3.85	16	$0.17	4.6%	20
New Jersey	$3.41	$4.19	$3.74		$0.78	22.9%	
U.S.	$3.13	$3.99	$3.58		$0.86	27.5%	

Methodology

Methodology: Average meal cost is a rate dollar amount per meal. It is calculated by taking the average weekly dollar amount food-secure individuals report spending on food, as estimated by the Current Population Survey, divided by 21 (assuming three meals per day, seven days a week).
Numerator: The average dollar amount spent on food in a week by food-secure individuals
Denominator: 21 meals (this assumes three meals per day, seven days a week)
Data source: *Map the Meal Gap* analysis of Current Population Survey data

Limitations and Gaps in the Public Data

- The methodology used to estimate average meal cost involves assumptions about the composition of a meal and the cost of those components. These assumptions might not align with the actual dietary habits or needs of specific populations, particularly those with dietary restrictions (e.g., food allergies or intolerances) or cultural preferences.
- The average meal cost typically reflects the cost of ingredients to prepare a meal at home, but it may not account for the full cost of that meal, such as transportation costs to acquire food or the time and resources needed for meal preparation.
- Average meal cost estimates released in 2025 utilize 2023 data for the calculation, and therefore, the current data does not account for the most recent changes in food prices to-date related to factors like inflation, supply chain disruptions, tariffs, or local economic conditions. This lag can mean that the average meal cost may be underestimated and should be accounted for in current decision-making.
- This metric provides an average meal cost at the county level, which might not reflect the wide variability in meal costs within that county. For example, urban areas may have higher meal costs than rural areas, but county-wide averages might mask these differences.

Explore More Related Public Data

- Economic Policy Institute (EPI) Family Budget Calculator
- USDA Economic Research Service Fruit and Vegetable Prices

MEASURES OF FOOD SECURITY

While social and economic conditions influence food security, food security measurement data provide a direct view of how people experience it in practice. Measures of food security capture both the prevalence and distribution of food insecurity and the factors that reflect access to adequate and nutritious food. These indicators, such as rates of household food insecurity, limited access to healthy foods, fruit and vegetable consumption, and the number of farms, help describe how food security manifests across New Jersey's communities. Together, they offer a clearer understanding of where challenges persist and how progress toward food security can be tracked over time.

There are many ways to define and measure food security. The following section presents key measures that illustrate the current state of food security in New Jersey, drawing from federal and state data sources to highlight patterns, disparities, and trends across counties.

Household Food Insecurity

Metric Source: *U.S. Department of Agriculture (USDA), Economic Research Service (ERS), Household Food Security in the United States Report*

Food insecurity is defined by the U.S. Department of Agriculture (USDA) as a household having a lack of access, at times, to enough food for an active, healthy life for all members of a given household and limited or uncertain availability of nutritionally adequate foods. Under the USDA definition of food insecurity, households that experience food insecurity have difficulty, at some time during the year, providing enough food for all their members because of a lack of money or other resources. This USDA measure provides valuable national- and state-level information on households' food security status related to their economic access to food. The Household Food Security in the United States in 2024 report was anticipated to be released on October 22, 2025. To-date, this report has not been released. OFSA analysis of the 2023 report[3] data provides the following key takeaways.

Quick Facts

Definition: Households having a lack of access, at times, to enough food for an active, healthy life for all members of a given household and limited or uncertain availability of nutritionally adequate foods
Prevalence in New Jersey: 9.8%
Latest Year of Data: 2023 data
Trends: *Getting Worse*. Food security increased by 16.7% from 8.4% in 2018-2020 to 9.8% in 2021-2023.
Associated Food Security Dimensions: Access

The State of Household Food Insecurity in New Jersey

- New Jersey (9.8%) has a lower rate of food insecurity than the U.S. (12.2%), averaging 2021-2023 data.
- Throughout the state, one in every 10 households (9.8%) experienced food insecurity on average from 2021-2023 in New Jersey.
- Over 347,000 New Jersey households experienced food insecurity each year from 2021-2023 on average.
- The rate of food insecurity is increasing in New Jersey. Food insecurity increased from 8.4% of households in 2018-2020 to 9.8% in 2021-2023, an increase of 16.7%.
- Nationally in 2023, the rate of food insecurity is higher in households with children (17.9%) compared to households without children (13.5%).

[3] In September 2025, the U.S. Department of Agriculture (USDA) announced it will end its longstanding Household Food Security Report. Read OFSA's blog about the ending of the Report here.

Methodology

Methodology: The household food insecurity rate is a percentage—it is an analysis of household-level survey data collected by the US Census Bureau's Food Security Supplement to the Current Population Survey.
Numerator: The number of households reporting three or more food insecure conditions, weighted to account for nonresponse bias.
Denominator: The total number of surveyed households.
Data source: USDA Household Food Insecurity in the United States in 2023

Limitations and Gaps in the Public Data

- Self-report measures may underreport the actual prevalence of more severe food insecure conditions.
- Household level data may not account for individual differences of food insecurity within the same household.
    - In households with children, parents tend to shield children from food insecurity[4]; however, parents' reports of food insecurity experienced by their children sometimes differ from children's self-reported food insecurity[5]. The extent to which children's food insecurity may be underreported remains unknown.

Explore More Related Public Data

- USDA Food Security Key Statistics & Graphics
- Map the Meal Gap New Jersey 2023

[4] Rabbitt, M.P., Hales, L.J., Reed-Jones, M. (2024). Food Security and Nutrition Assistance: Food insecurity rates are highest for households with incomes below the poverty line and single-mother households.
[5] Landry M.J., van den Berg A.E., Asigbee F.M., Vandyousefi S., Ghaddar R., Davis J.N. (2019). Child Compared with Parent Perceptions of Child-Level Food Security. Curr Dev Nutr. 27;3(10):nzz106. doi: 10.1093/cdn/nzz106. PMID: 31637366; PMCID: PMC6794475. https://pmc.ncbi.nlm.nih.gov/articles/PMC6794475/.

Map the Meal Gap Food Insecurity Estimates

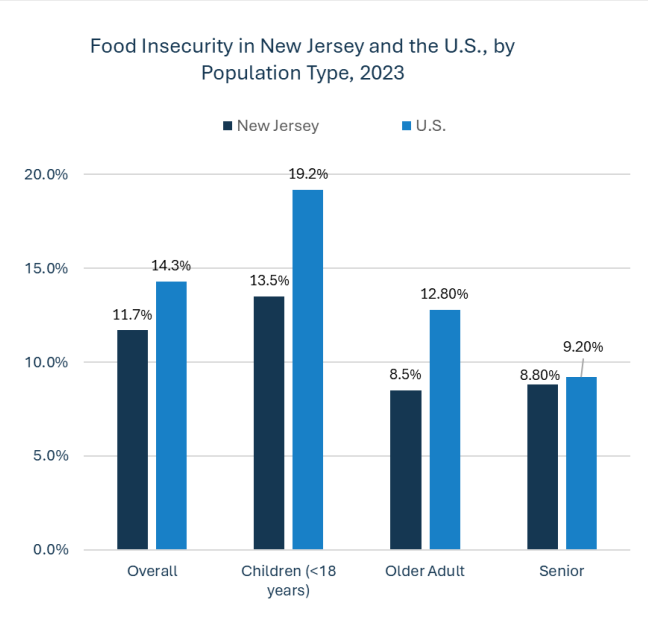
Metric Source: *Map the Meal Gap*

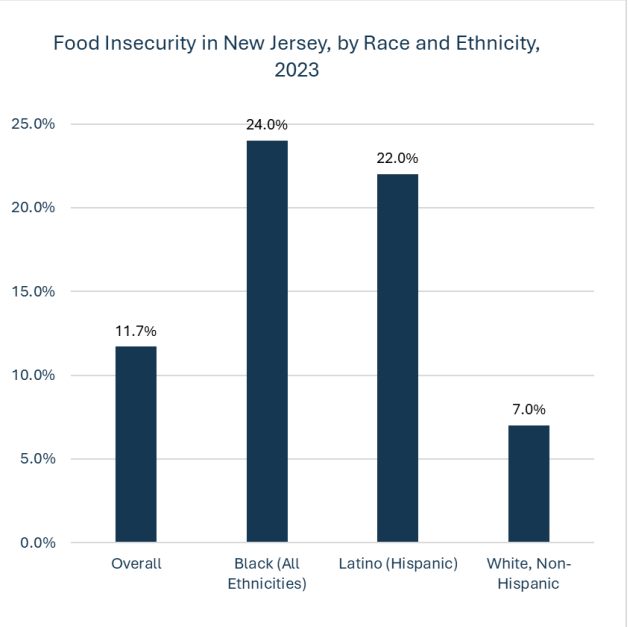
USDA measures food insecurity in the U.S. and each state at the household level. Feeding America's Map the Meal Gap uses USDA's state-level data to generate county-level estimates based on associations with closely linked indicators, including poverty, unemployment, homeownership, and disability prevalence. Estimates for 2020 and beyond are not comparable to prior years' estimates due to methodological updates.

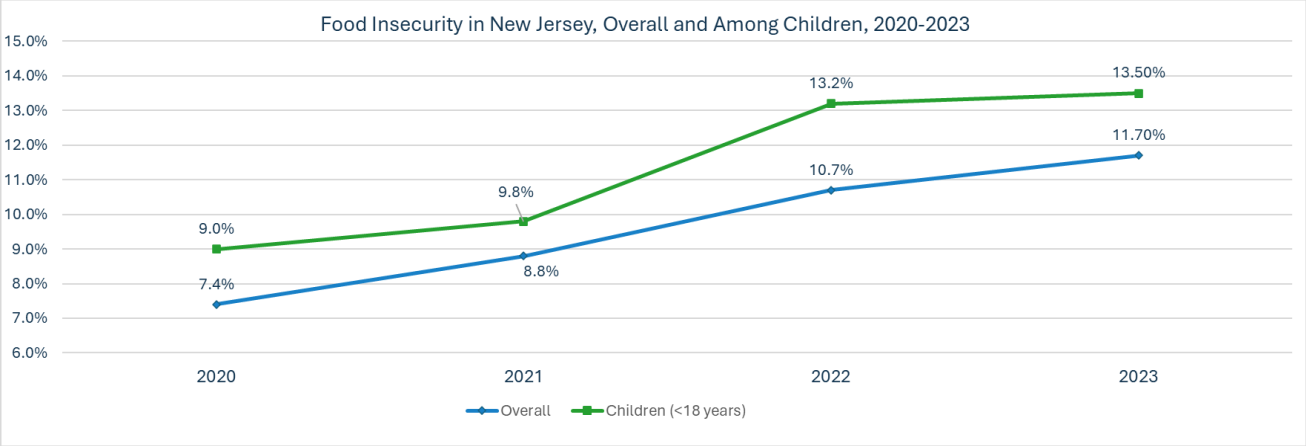
Quick Facts

Definition: A lack of access, at times, to enough food for an active, healthy life
Prevalence in New Jersey: 11.7%
Latest Year of Data: 2023 data
Trends: *Getting Worse*. Food insecurity has risen from 7.4% in 2020 to 11.7% in 2023 in New Jersey
Associated Food Security Dimensions: Access

The State of Map the Meal Gap's Food Insecurity Estimates in New Jersey







*Data prior to 2020 are not included in these analyses as Feeding America methodology was adjusted for variables including disability status and poverty. Data from 2020 and beyond are comparable across years as they each use this updated methodology.

- In 2023, almost 1.1 million individuals experienced food insecurity in New Jersey. The estimated food insecurity rate was 11.7% in New Jersey, lower when compared to 14.3% in the U.S.
- The rate of estimated food insecurity is higher among children (<18 years), with roughly 271,650 (13.5%) experiencing food insecurity in New Jersey in 2023.
- Black (all ethnicities) (24.0%) and Latino (Hispanic) (22.0%) individuals experience food insecurity at higher rates than white (7.0%) individuals across New Jersey. While food insecurity increased for all races/ethnicities from 2020 to 2023, the magnitude of that increase is greater for Black and Latino individuals compared to white individuals.
- From 2020 to 2023, food insecurity in New Jersey has worsened, changing from 7.4% overall and 9% among children to 11.7% overall and 13.5% among children.
- As a result of the COVID-19 pandemic and associated, temporary relief programs, in 2020 food insecurity in New Jersey decreased to 7.4% overall and 9.0% for adults and children, respectively.[6]

[6] Lacko, A. (2022, September 14). The pandemic disrupted a decade-long decline in food insecurity in 2020, but government policy has been a critical support. *Food Research & Action Center*. https://frac.org/blog/food-insecurity-and-2022-poverty-reports

County-Level Data

Map the Meal Gap's Estimates of Food Insecurity Rate, by New Jersey County, by Population, 2023 compared to 2019						
County	All People			Children (< age 18)		
	2020	2023	Percent Change	2020	2023	Percent Change
Atlantic	15.1%	13.3%	-11.9%	24.3%	18.2%	-25.1%
Bergen	7.9%	9.8%	24.1%	7.6%	7.9%	3.9%
Burlington	7.1%	9.2%	29.6%	9.7%	12.1%	24.7%
Camden	10.9%	12.7%	16.5%	16.6%	17.1%	3.0%
Cape May	12.5%	12.3%	-1.6%	17.1%	15.3%	-10.5%
Cumberland	12.1%	14.8%	22.3%	20.5%	20.8%	1.5%
Essex	12.3%	14.0%	13.8%	22.1%	21.8%	-1.4%
Gloucester	8.2%	9.9%	20.7%	9.3%	11.4%	22.6%
Hudson	12.2%	14.9%	22.1%	18.2%	18.9%	3.8%
Hunterdon	5.5%	7.3%	32.7%	1.9%	4.4%	131.6%
Mercer	8.3%	11.1%	33.7%	11.9%	13.2%	10.9%
Middlesex	8.4%	10.4%	23.8%	10.2%	11.2%	9.8%
Monmouth	7.8%	9.2%	17.9%	7.0%	7.4%	5.7%
Morris	6.4%	8.5%	32.8%	4.0%	5.3%	32.5%
Ocean	9.8%	11.1%	13.3%	11.9%	14.0%	17.6%
Passaic	12.0%	13.6%	13.3%	19.0%	16.7%	-12.1%
Salem	11.7%	13.2%	12.8%	17.6%	19.1%	8.5%
Somerset	5.7%	8.2%	43.9%	4.6%	6.6%	43.5%
Sussex	7.6%	8.9%	17.1%	7.3%	8.0%	9.6%
Union	8.3%	10.9%	31.3%	13.4%	13.3%	-0.7%
Warren	8.9%	10.5%	18.0%	9.1%	11.2%	23.1%
New Jersey	7.4%	11.7%	58.1%	9.0%	13.5%	50.0%
U.S.	11.8%	14.3%	21.0%	16.1%	19.2%	19.3%

Map the Meal Gap's Estimates of Food Insecurity Rate, by New Jersey County, by Race and Ethnicity, 2023 compared to 2019											
County	Black Population			Latino Population			White Population			Disparity in rate of 2023 food insecurity*	
	2020	2023	Percent Change	2020	2023	Percent Change	2020	2023	Percent Change	Black/ White Disparity	Latino/ White Disparity
Atlantic	21%	27%	29%	21%	26%	24%	5%	9%	80%	3.0	2.9
Bergen	12%	20%	67%	14%	18%	29%	3%	7%	133%	2.9	2.6
Burlington	10%	16%	60%	16%	18%	13%	3%	7%	133%	2.3	2.6
Camden	17%	23%	35%	21%	26%	24%	4%	8%	100%	2.9	3.3
Cape May	18%	27%	50%	20%	22%	10%	5%	8%	60%	3.4	2.8
Cumberland	20%	26%	30%	20%	24%	20%	6%	10%	67%	2.6	2.4
Essex	22%	29%	32%	20%	25%	25%	4%	8%	100%	3.6	3.1
Gloucester	13%	20%	54%	16%	20%	25%	3%	7%	133%	2.9	2.9
Hudson	19%	27%	42%	19%	24%	26%	7%	10%	43%	2.7	2.4
Hunterdon	11%	10%	-9%	13%	14%	8%	1%	5%	400%	2.0	2.8
Mercer	19%	25%	32%	18%	21%	17%	3%	8%	167%	3.1	2.6
Middlesex	12%	21%	75%	17%	21%	24%	4%	8%	100%	2.6	2.6
Monmouth	15%	22%	47%	16%	17%	6%	2%	6%	200%	3.7	2.8
Morris	13%	20%	54%	13%	17%	31%	2%	6%	200%	3.3	2.8
Ocean	13%	20%	54%	15%	20%	33%	5%	9%	80%	2.2	2.2
Passaic	20%	28%	40%	19%	23%	21%	4%	8%	100%	3.5	2.9
Salem	22%	29%	32%	24%	26%	8%	5%	9%	80%	3.2	2.9
Somerset	9%	16%	78%	14%	17%	21%	1%	5%	400%	3.2	3.4
Sussex	7%	10%	43%	13%	15%	15%	3%	6%	100%	1.7	2.5
Union	14%	20%	43%	16%	20%	25%	3%	6%	100%	3.3	3.3
Warren	14%	19%	36%	15%	16%	7%	4%	8%	100%	2.4	2.0
New Jersey	17%	24%	41%	17%	22%	29%	3%	7%	133%	3.4	3.1

*This is the number of times that the food insecurity rate is for the Black and Hispanic populations compared to white populations in the same geography. E.g., 'The rate of food insecurity for Black individuals in New Jersey is 3.4 times the rate for white individuals. This number is calculated by dividing the food insecurity rate for Black and Hispanic populations by the food insecurity rate for white populations.

Methodology

Methodology: Map the Meal Gap's Estimates of Food Insecurity is a percentage – it is an analysis of a household level survey using associations with closely linked social determinants of health
Numerator: Population with a lack of access, at times, to enough food for an active, healthy life or with uncertain availability of nutritionally adequate foods
Denominator: Total population
Data source: *Map the Meal Gap*

Limitations and Gaps in the Public Data

- Map the Meal Gap relies on statistical modeling using national survey data (mainly the Current Population Survey) combined with local economic indicators — not actual surveys of households in each county.
- The data used often trail by 1–2 years, meaning estimates may not reflect current conditions or emerging crises.
- Cross-county comparisons should be made cautiously because local cost structures, program participation, and data quality vary widely.
- The model heavily weights income and poverty indicators, potentially underestimating food insecurity among households above the poverty line but still struggling with costs of living.

Explore More Related Public Data

- USDA Food Security Key Statistics & Graphics
- Household Food Security in the United States in 2023
- Map the Meal Gap New Jersey 2023
- Food insecurity index

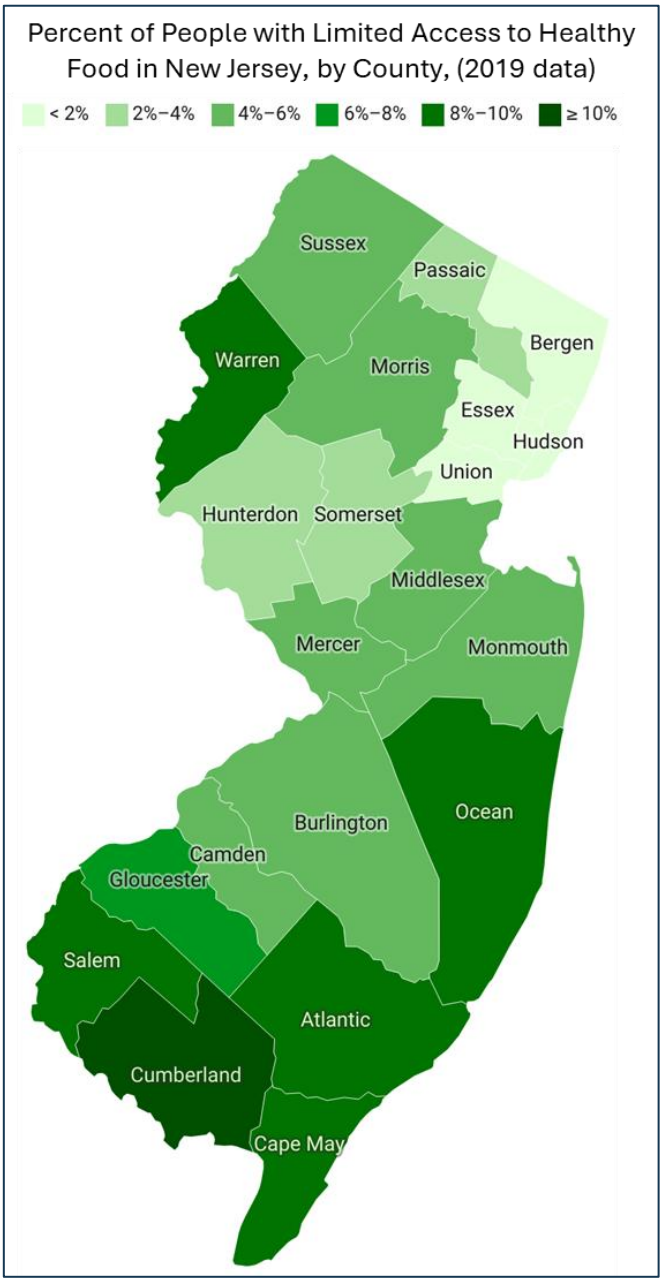
Limited Access to Healthy Foods

Metric Source: *U.S. Department of Agriculture Food Access Research Atlas*

Limited access to healthy food is defined as having a low income and not living near a grocery store. Living close to a grocery store is defined differently in rural and nonrural areas; in rural areas, it means living less than 10 miles from a grocery store; in nonrural areas, less than one mile. Low income is defined as having an annual family income of less than or equal to 200 percent of the federal poverty threshold for the family size. This measure is defined at the individual level, and data are combined to provide a percentage of the population experiencing this at the county or state levels. Data for this measure have not been updated by the USDA since the 2025 release using 2019 data.

Quick Facts

Definition: The percentage of the population that has low income and does not live close to a grocery store.
Prevalence in New Jersey: 4% (321,000 individuals)
Latest Year of Data: 2019 data
Trends: *Stable*. Limited access to healthy food in New Jersey remained at 4% from 2015 to 2019.
Associated Food Security Dimensions: Access, Availability



The State of Limited Access to Health Foods in New Jersey

- Over 320,000 individuals have limited access to healthy food as of 2019; this represents 4% of the New Jersey population.
- The percentage of individuals with limited access to healthy food ranges from 0% in Hudson County to 12% in Cumberland County.
- From 2015 to 2019, the number of individuals with limited access to healthy foods got worse in ten New Jersey counties, with the most severe increases in limited access to healthy food in Cumberland (19% increase), Somerset (19% increase), Hunterdon (25% increase), Warren (38% increase), and Salem (157% increase) counties.

County-Level Data

Limited Access to Healthy Food in New Jersey, by County, 2015 and 2019						
County	2015*		2019**		Change from 2015 to 2019	
	Number	Percent	Number	Percent	Number	Percent
Atlantic	23,210	8%	21,480	8%	-1730	-7%
Bergen	8,557	1%	8,099	1%	-458	-5%
Burlington	25,339	6%	22,582	5%	-2757	-11%
Camden	23,759	5%	22,869	4%	-890	-4%
Cape May	8,545	9%	8,505	9%	-40	0%
Cumberland	15,469	10%	18,332	12%	2863	19%
Essex	5,536	1%	5,869	1%	333	6%
Gloucester	25,221	9%	18,649	6%	-6572	-26%
Hudson	765	0%	754	0%	-11	-1%
Hunterdon	2,700	2%	3,379	3%	679	25%
Mercer	13,386	4%	13,450	4%	64	0%
Middlesex	30,235	4%	31,605	4%	1370	5%
Monmouth	28,888	5%	29,628	5%	740	3%
Morris	17,369	4%	18,135	4%	766	4%
Ocean	51,964	9%	51,113	9%	-851	-2%
Passaic	8,692	2%	9,151	2%	459	5%
Salem	2,164	3%	5,569	8%	3405	157%
Somerset	8,710	3%	10,364	3%	1654	19%
Sussex	8,252	6%	7,979	5%	-273	-3%
Union	5,591	1%	5,062	1%	-529	-9%
Warren	6,154	6%	8,499	8%	2345	38%
New Jersey	320,505	4%	321,074	4%	569	0%

*2015 data reported in 2019
**2019 data reported in 2024

Methodology

Methodology: Limited access to healthy food is a percentage.
Numerator: The numerator is the number of people who are low income and do not live close to a grocery store.
Denominator: Total population as measured by the 2010 U.S. census.
Data source: County Health Ranking's analysis of U.S. Department of Agriculture Food Access Research Atlas data

Limitations and Gaps in the Public Data

- The data for this measure are not updated annually, and the latest year of available data is 2019; therefore, data may not fully reflect the current state of the issue.
- Many factors not accounted for in this measure impact a household's access to healthy food, including vehicle access and access to adequate public transportation. Additionally, the measure does not account for access to culturally relevant and preferred foods.

Explore More Related Public Data

- Food Access Research Atlas
- Food Environment Atlas
- County Health Ranking's Limited Access to Healthy Foods
- Rutgers Food System Dashboard, Food Deserts and US Department of Agriculture (USDA) Supplemental Nutrition Assistance Program (SNAP) Retail Locations

Fruit and Vegetable Consumption

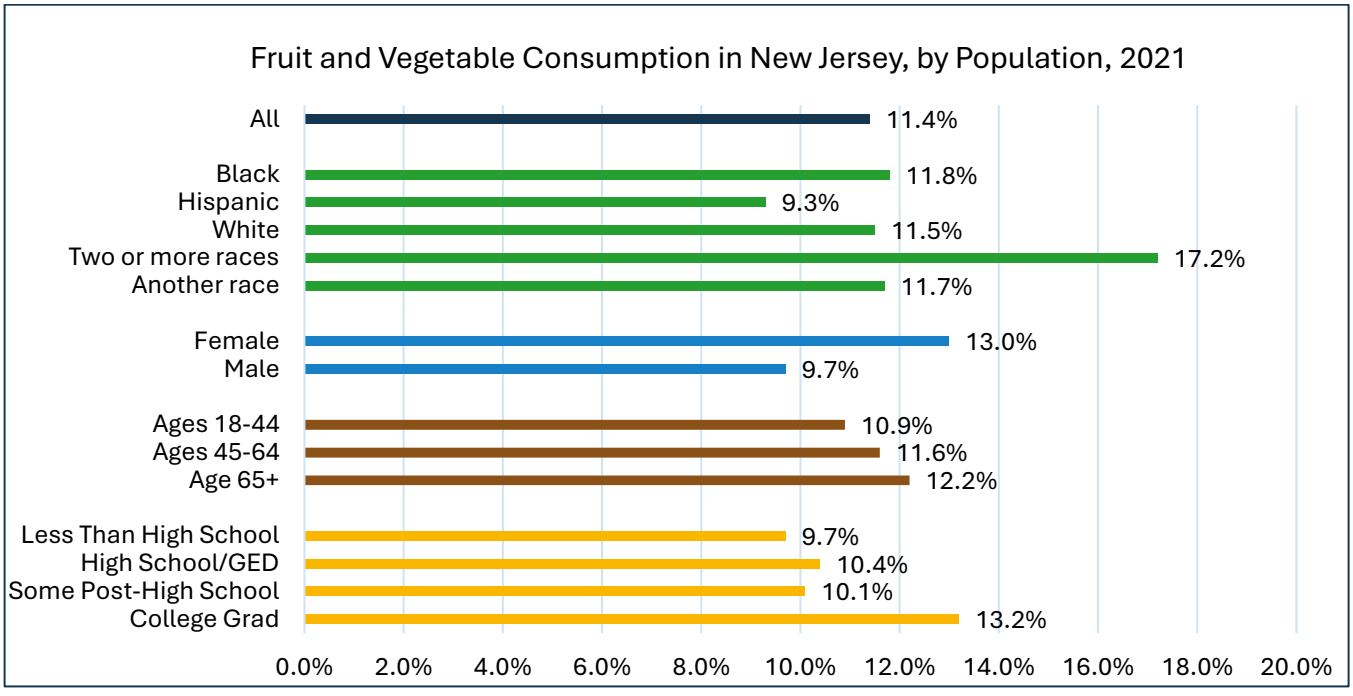
Metric Source: *Behavioral Risk Factor Surveillance System survey*

The fruit and vegetable consumption metric measures the percentage of adults (aged ≥18 years) who consume two or more fruits and three or more vegetables daily, as reported by the Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is a telephone survey that asks respondents health related questions. To assess fruit and vegetable consumption, the survey asks respondents about how many times per day, week, or month they consume the following fruits and vegetables: 1) 100% pure fruit juices; 2) fruit; 3) green salad; 4) fried potatoes; 5) other potatoes; and 6) other vegetables. Total daily fruit consumption is calculated based on responses to questions 1 and 2, and total daily vegetable consumption is calculated based on questions 3-6.

Quick Facts

Definition: Percentage of adults who reported consuming two or more fruits and three or more vegetables daily
Prevalence in New Jersey: 11.4%
Latest Year of Data: 2021 data
Trends: *Improving*. The proportion of adults eating two or more fruits and three or more vegetables daily increased from 8.9% in 2017 to 11.4% in 2021
Associated Food Security Dimensions: Utilization

The State of Fruit and Vegetable Consumption in New Jersey



- 11.4% of New Jersey adults eat two or more fruits and three or more vegetables daily compared to just 7.4% of adults in the U.S. overall.
- New Jersey has the third highest fruit and vegetable consumption (11.4%) among all states, only behind New York (12.0%) and Vermont (12.9%).
- Fruit and vegetable consumption increased from 8.9% in 2017 to 11.4% in 2021, a 28% increase.
- Women have significantly higher fruit and vegetable consumption than men in the U.S. and in New Jersey.

Population-Level Data

Fruit and Vegetable Consumption in New Jersey, 2017 and 2021
(Percentage of adults who reported consuming two or more fruits and three or more vegetables daily)

Population	2017	2021	Change from 2017 to 2021
All	8.9%	11.4%	28.1%
Race and Ethnicity*			
Black	9.8%	11.8%	20%
Hispanic	8.4%	9.3%	11%
White	8.7%	11.5%	32%
Two or more races	**	17.2%	-
Another race	**	11.7%	-
Gender			
Female	10.2%	13.0%	27%
Male	7.5%	9.7%	29%
Education (among adults age 25+)			
Less Than High School	8.8%	9.7%	10%
High School/GED	7.1%	10.4%	46%
Some Post-High School	9.1%	10.1%	11%
College Grad	11.4%	13.2%	16%
Age			
Ages 18-44	8.6%	10.9%	27%
Ages 45-64	9.5%	11.6%	22%
Age 65+	8.5%	12.2%	44%

*Data is not reported for American Indian/Alask Native, Asian, and Hawaiian/Pacific Islander populations in New Jersey because of a large margin of error relative to the estimate.
**Data is not available from America's Health Rankings

Methodology

Methodology: Fruit and vegetable consumption is a percentage
Numerator: The percentage of survey respondents aged 18 and older who reported consuming two or more fruits and three or more vegetables daily.
Denominator: Total number of survey respondents
Data source: America's Health Rankings' analysis of CDC, 2021 Behavioral Risk Factor Surveillance System survey data

Limitations and Gaps in the Public Data

- Data for fruit and vegetable consumption is not publicly available at the county level.
- The BRFSS survey relies on self-reported data, which can introduce bias, resulting in inaccuracies. Respondents may overestimate their consumption of fruits and vegetables or may not accurately recall their intake.
- The BRFSS survey questions on fruit and vegetable consumption do not capture detailed information about portion sizes, types of fruits and vegetables consumed, or preparation methods.
- The response rate to the BRFSS survey can vary. Individuals who do not participate in the survey may differ in important ways from those who do, potentially leading to non-response bias. For example, people with lower incomes or education levels who may have different dietary behaviors might be underrepresented.
- Data is not stratified by income nor participation in public benefit nutrition programs like SNAP or WIC.
- The fruit and vegetable metric does not assess underlying reasons why an individual is or is not consuming two or more fruits and three or more vegetables daily. There is a need for data assessing food utilization barriers to better understand the causes behind the metric's estimate.
- Data on fruit and vegetable intake are not collected by New Jersey annually. The latest available data (2021) may not fully reflect the current state of this issue.

Explore More Related Public Data

- America's Health Rankings Fruit and Vegetable Consumption measure
- Center for Disease Control and Prevention (CDC) Fruit and Vegetables Data, Trends and Maps
- CDC New Jersey Action Guide on Fruits and Vegetables

Number of Farms

Metric Source: *Census of Agriculture*

The Census of Agriculture is a complete count of U.S. farms and ranches. All rural and urban plots of land count in the census if $1,000 or more of agricultural products were produced and sold during the census year. The Census of Agriculture is conducted every 5 years, and the most recent census took place in 2022, with data released in 2024. The Census provides agriculture data for every state and county in the U.S. The data collected is self-reported by each agricultural operation.

Quick Facts

Definition: The number of farms in the state, including all rural and urban operations, that produced and sold $1,000 or more of agricultural products
Number in New Jersey: 30,674 acres of land over 9,998 farms
Latest Year of Data: 2022 data
Trends: The total number of farms in New Jersey grew 1.2% from 2017 (9,883 farms) to 2022 (9,998 farms); however, the land in farms decreased by 3.1%, a loss of 22,500 acres during this same period.
Associated Food Security Dimensions: Availability, Sustainability

The State of Farms in New Jersey

- In 2022, New Jersey was home to 9,998 farms with 30,674 acres of land.
- While the number of farms increased by 115 (1.2%) from 2017 to 2022, the acres of land across these farms decreased by 3.1%, a loss of 22,500 acres during this same period.

County-Level Data

Farms in New Jersey, by County, 2017 and 2022

	Atlantic	Bergen	Burlington	Camden	Cape May	Cumberland	Essex	New Jersey
Number of Farms								
Total Number of Farms (2017)	450	74	915	197	164	560	22	9,883
Total Number of Farms (2022)	483	73	925	149	171	539	32	9,998
Number Change from 2017 to 2022	33	-1	10	-48	7	-21	10	115
Percent Change from 2017 to 2022	7.3%	-1.4%	1.1%	-24.4%	4.3%	-3.8%	45.5%	1.2%
Land in Farms (acres)								
Land in farms (2017)	29,016	1,051	96,256	9,298	8,135	66,256	191	734,084
Land in Farms (2022)	30,674	771	93,594	7,431	7,821	68,491	(D)	711,502
Number Change from 2017 to 2022	1658	-280	-2662	-1867	-314	2235	-	-22582
Percent Change from 2017 to 2022	5.7%	-26.6%	-2.8%	-20.1%	-3.9%	3.4%	-	-3.1%
Number of farms by acres (2022)								
Average size of farm (acres)	64	11	101	50	46	127	(D)	71
Median size of farm (acres)	17	5	19	16	16	28	1	16
Cropland and market value (2022)								
Total acres of cropland	18,865	230	50,776	5,051	3,638	50,465	(D)	449,717
Average market value of agricultural products sold per farm ($)	$310,268	$145,342	$146,189	$229,410	$103,165	$565,867	$130,277	$148,805
Percent of state agriculture sales	10%	1%	9%	2%	1%	21%	-	100%
Land use practices (2022) (% of farms)								
No till	10%	14%	15%	7%	16%	21%	-	
Reduced till	9%	12%	11%	9%	5%	14%	-	
Intensive till	22%	3%	18%	21%	22%	27%	19%	
Cover crop	19%	4%	14	13	25	19	6	
Percent of Farms that:								
Farm organically	2%	1%	-	1%	1%	2%	-	1%
Sell directly to consumers	19%	32%	17%	17%	29%	13%	22%	19%
Are family farms	94%	84%	92%	92%	89%	92%	78%	94%

Note: (D) Withheld to avoid disclosing data for individual farms. - = No value

Farms in New Jersey, by County, 2017 and 2022 (continued)

	Gloucester	Hudson	Hunterdon	Mercer	Middlesex	Monmouth	Morris	New Jersey
Number of Farms								
Total Number of Farms (2017)	580	4	1,604	323	217	838	418	9,883
Total Number of Farms (2022)	546	3	1,623	298	193	931	471	9,998
Number Change from 2017 to 2022	-34	-1	19	-25	-24	93	53	115
Percent Change from 2017 to 2022	-5.9%	-25.0%	1.2%	-7.7%	-11.1%	11.1%	12.7%	1.2%
Land in Farms (acres)								
Land in farms (2017)	49,381	26	101,290	25,230	16,023	39,198	14,514	734,084
Land in Farms (2022)	42,076	(D)	91,588	19,030	12,302	44,226	14,552	711,502
Number Change from 2017 to 2022	-7305	-	-9702	-6200	-3721	5028	38	-22582
Percent Change from 2017 to 2022	-14.8%	-	-9.6%	-24.6%	-23.2%	12.8%	0.3%	-3.1%
Number of farms by acres (2022)								
Average size of farm (acres)	77	(D)	56	64	64	48	31	71
Median size of farm (acres)	16	2	16	20	14	11	12	16
Cropland and market value (2022)								
Total acres of cropland	32,012	(D)	53,916	13,302	8,576	27,235	6,831	449,717
Average market value of agricultural products sold per farm ($)	$250,153	$3,262	$70,975	$93,149	$215,609	$128,391	$72,031	$148,805
Percent of state agriculture sales	%	-	8%	2%	3%	8%	2%	100%
Land use practices (2022) (% of farms)								
No till	24%	-	15%	17%	17%	13%	8%	
Reduced till	9%	-	7%	13%	10%	6%	5%	
Intensive till	26%	-	7%	19%	24%	9%	13%	
Cover crop	20	-	8	10	17	8	7	
Percent of Farms that:								
Farm organically	1%	-	1%	2%	1%	1%	2%	1%
Sell directly to consumers	20%	100%	18%	23%	21%	15%	23%	19%
Are family farms	98%	-	95%	93%	92%	93%	95%	94%

Note: (D) Withheld to avoid disclosing data for individual farms. - = No value

Farms in New Jersey, by County, 2017 and 2022 (continued)	Ocean	Passaic	Salem	Somerset	Sussex	Union	Warren	New Jersey
Number of Farms								
Total Number of Farms (2017)	260	89	781	452	1,008	9	918	9,883
Total Number of Farms (2022)	224	99	779	469	1,052	15	923	9,998
Number Change from 2017 to 2022	-36	10	-2	17	44	6	5	115
Percent Change from 2017 to 2022	-13.8%	11.2%	-0.3%	3.8%	4.4%	66.7%	0.5%	1.2%
Land in Farms (acres)								
Land in farms (2017)	8,510	1,893	98,239	35,862	59,766	75	73,874	734,084
Land in Farms (2022)	6,961	1,830	97,465	30,015	71,688	139	70,747	711,502
Number Change from 2017 to 2022	-1549	-63	-774	-5847	11922	64	-3127	-22582
Percent Change from 2017 to 2022	-18.2%	-3.3%	-0.8%	-16.3%	19.9%	85.3%	-4.2%	-3.1%
Number of farms by acres (2022)								
Average size of farm (acres)	31	18	125	64	68	9	77	71
Median size of farm (acres)	10	9	23	18	20	1	20	16
Cropland and market value (2022)								
Total acres of cropland	2,721	412	79,218	17,425	35,048	67	43,894	449,717
Average market value of agricultural products sold per farm ($)	$137,969	$47,301	$177,253	$49,551	$29,435	$20,974	$138,959	$148,805
Percent of state agriculture sales	2%	-	9%	2%	2%	-	9%	100%
Land use practices (2022) (% of farms)								
No till	8%	18%	26%	14%	8%	-	14%	
Reduced till	4%	1%	14%	7%	7%	-	10%	
Intensive till	13%	5%	23%	9%	10%	13%	12%	
Cover crop	7	4	20	7	8	53	9	
Percent of Farms that:								
Farm organically	-	1%	-	2%	1%	-	1%	1%
Sell directly to consumers	32%	27%	10%	21%	20%	7%	20%	19%
Are family farms	93%	94%	96%	92%	95%	53%	95%	94%

Note: (D) Withheld to avoid disclosing data for individual farms. - = No value

Limitations and Gaps in the Public Data

- The Census relies on self-reported information from farmers and agricultural producers. Self-reporting can introduce biases, inaccuracies, or inconsistencies, particularly for smaller operations.
- Some farmers or operations may not respond to the census, leading to gaps or underrepresentation of certain types of farms or farming practices.
- The Census of Agriculture is conducted every five years, meaning that the data may not capture real-time changes in agriculture. Rapid developments, such as technological advancements, economic shifts, or climate-related impacts, may occur between censuses.
- While the Census tracks farm-related income, it may not provide a comprehensive picture of the overall financial well-being of farmers, including off-farm income, access to healthcare, retirement savings, and other socioeconomic factors.
- The Census provides an overview of farms and the food they produce, but it does not capture the amount or proportion of those foods that stay local to New Jersey.

Explore More Related Public Data

- Rutgers Food System Dashboard: Agriculture/Land Use data
- 2022 Full Census of Agriculture Report and 2022 State and County Profiles
- NJ Office of Information Technology Open Data Center - Agriculture

IMPACTS OF FOOD INSECURITY

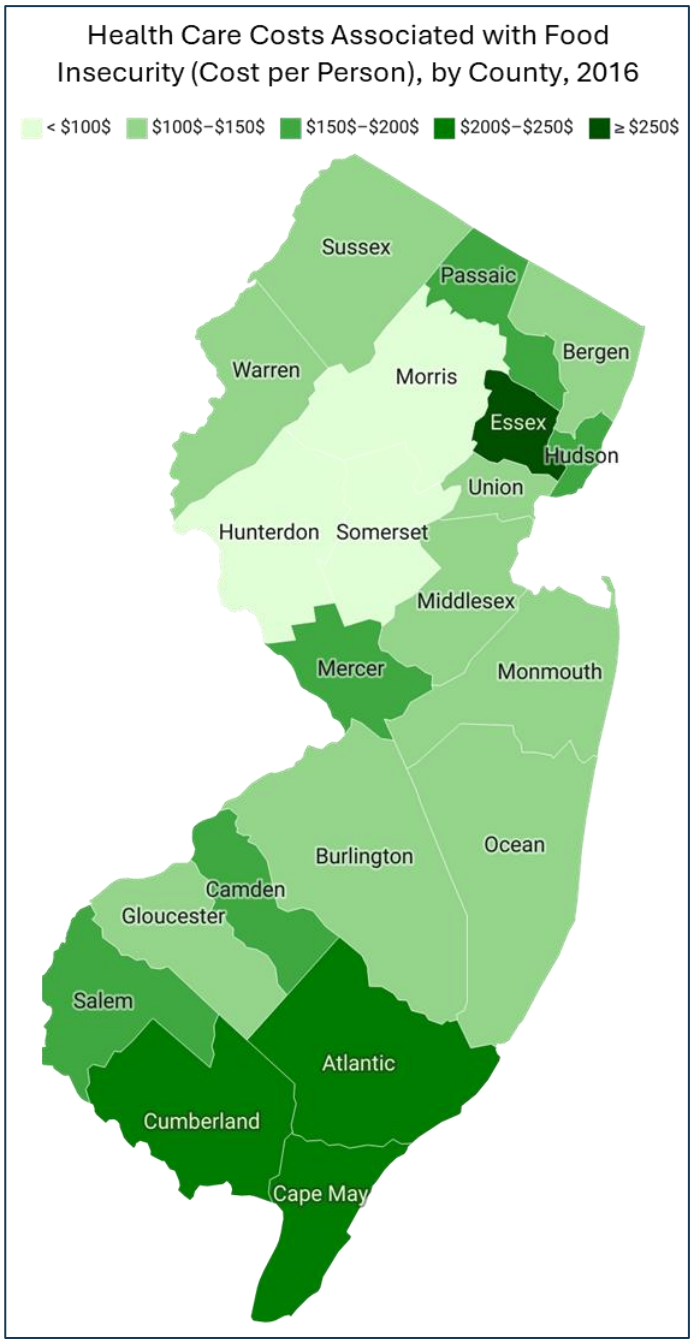
Food insecurity has far-reaching effects that extend beyond nutrition, influencing health, well-being, and economic stability. Individuals and families experiencing food insecurity are more likely to face higher health care costs, poorer health outcomes, and increased vulnerability across the life course. These impacts of food insecurity can include chronic disease, low birth weight, and other conditions linked to inadequate or inconsistent access to nutritious food. Understanding these downstream consequences helps illustrate why addressing food insecurity is critical not only for meeting immediate needs but also for improving population health and reducing long-term social and economic costs.

The following section presents key indicators of the health and economic impacts of food insecurity in New Jersey, including associated health care costs, low birth weight, infant mortality, diabetes, and obesity.

Health Care Costs Associated with Food Insecurity

Metric Source: *Centers for Disease Control and Prevention (CDC) research*

Health care costs associated with food insecurity is the total dollar amount of excess health expenditures that individuals experiencing food insecurity have in one year for a given geographic area. The metric includes all health care costs (e.g., inpatient admissions, outpatient visits, medication costs). Researchers calculated this metric by comparing the average health care costs of individuals experiencing food insecurity and those with food security to estimate the national average healthcare cost per person ($1,834/adult). This national average is then adjusted for local (state or county) costs and health care utilization and multiplied by the number of adults and children experiencing food insecurity to get a total estimated health care cost associated with food insecurity. This metric can also be represented as a cost per person by dividing the total estimated cost by the total population.



Quick Facts

Definition: The total amount of health care costs that are associated with food insecurity
Amount in New Jersey: $1.3 billion in 2016, or $150 per New Jerseyan
Latest Year of Data: 2016 data

Status of Healthcare Costs of Food Insecurity in New Jersey

- Health care costs associated with food insecurity total over $1.3 billion in New Jersey
- This translates to $150 in additional healthcare costs per person across the state.
- Per person health care costs associated with food insecurity vary widely across New Jersey counties, ranging from $82/person in Hunterdon County to $262/person in Essex County.

County-Level Data

Health Care Costs Associated with Food Insecurity, 2016

	Cost Factor*	Estimated Cost ($)	Total Population	Cost Per Person ($)[a]	Rank Cost Per Capita [Lowest (1) to Highest]
Atlantic	1.17	54,910,466	274,026	200	18
Bergen	1.18	114,256,246	930,310	123	5
Burlington	1.05	61,230,357	450,236	136	11
Camden	1.15	92,976,949	511,145	182	16
Cape May	1.12	19,280,909	95,404	202	19
Cumberland	1.17	31,647,213	155,744	203	20
Essex	1.21	207,941,388	792,586	262	21
Gloucester	1.15	43,328,533	291,286	149	12
Hudson	1.27	122,068,853	668,526	183	17
Hunterdon	0.97	10,307,226	125,708	82	1
Mercer	1.10	59,548,414	371,101	160	14
Middlesex	1.14	109,453,686	831,852	132	7
Monmouth	1.13	80,995,291	627,532	129	6
Morris	1.06	44,308,774	498,215	89	2
Ocean	1.14	79,282,566	586,166	135	9
Passaic	1.23	80,076,301	507,204	158	13
Salem	1.08	11,607,913	64,504	180	15
Somerset	1.05	32,007,899	331,686	97	3
Sussex	1.03	14,450,551	144,694	100	4
Union	1.03	72,898,707	550,436	132	8
Warren	1.13	14,448,274	107,095	135	10
New Jersey	1.14	1,339,957,000	8,915,456	150	
U.S.	1.00	56,202,921,998	318,558,162	176	

*The estimate of health care costs associated with food insecurity in adults is $1,834/adult in the U.S. The 'Cost Factor' adjusts this national estimate to state and county prices and intensity of care. The resulting cost factor is greater than 1 for areas with higher-than-average costs and less than 1 for areas with lower-than-average costs.

a. Per person refers to entire population, not only to the food insecure population within the geographic area.

b. state total and county sum is not equivalent due to rounding and variation in methodology.

Methodology

Methodology: Complex methodology based on multiple data sources representing different years, analyzed through econometric modeling to estimate healthcare costs.[7]
Data source: Original research published on the Centers for Disease Control and Prevention (CDC): State-Level and County-Level Estimates of Health Care Costs Associated with Food Insecurity, by Seth A. Berkowitz, MD, MPH; Sanjay Basu, MD, PhD; Craig Gundersen, PhD; and Hilary K. Seligman, MD, MAS
Citation: Berkowitz SA, Basu S, Gundersen C, Seligman HK. State-Level and County-Level Estimates of Health Care Costs Associated with Food Insecurity. Prev Chronic Dis 2019;16:180549. DOI: http://dx.doi.org/10.5888/pcd16.180549

Limitations and Gaps in the Public Data

- This data was published in 2019 using data from 2011-2016. Health care costs have increased since this time, meaning this metric may underestimate the current health care costs associated with food insecurity.
- The researchers that published this data specify that the cost estimates are likely conservative because there is evidence that the Medical Expenditure Panel Survey data they used in their calculation underestimates health care expenditures, and they did not consider indirect costs (like lost productivity owing to illness).
- The researchers combined data from different surveys and years to calculate this metric, which can make the data less reliable. County estimates of food insecurity are from Feeding America's Map the Meal Gap and are based on econometric modeling of data from the Current Population Survey (CPS), which is meant for state and national estimates and applied to county-level data from the American Community Survey.
- Data for this measure are no longer being collected. The latest available data are from 2011-2016 and do not reflect the current state of this issue. OFSA continues to include this measure in the chartbooks to highlight the importance of this data type.

Explore More Related Public Data

- Feeding America Research's The Healthcare Costs of Food Insecurity dashboard and data brief
- USDA Economic Research Service Food Security in the US report series
- Household Pulse Survey
- Map the Meal Gap Food Insecurity Estimates

[7] The researchers linked 2011–2013 National Health Interview Survey/Medical Expenditure Panel Survey data (NHIS/MEPS) data to estimate average health care costs associated with food insecurity, Map the Meal Gap data to estimate state-level and county-level food insecurity prevalence (2016), and Dartmouth Atlas of Health Care data to account for local variation in health care prices and intensity of use. They used targeted maximum likelihood estimation to estimate health care costs associated with food insecurity, separately for adults and children, adjusting for sociodemographic characteristics.

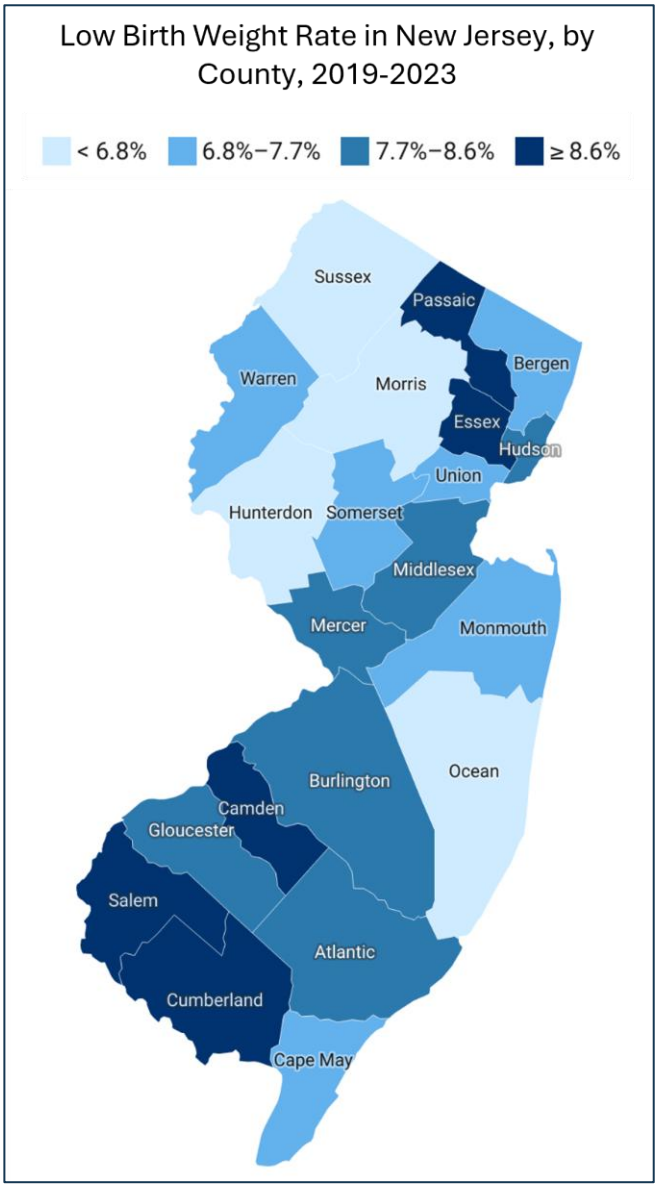
Low Birth Weight

Metric Source: *Birth Certificate Database, Office of Vital Statistics and Registry, NJ DoH*

Proper nutrition in early life is critical for growth and development. Food insecurity is associated with pregnancy complications like low birth weight. Low birth weight is an important metric to assess because it increases the risk for infant mortality and other health risks, including more intensive care needed at birth and a higher risk of developmental disabilities and chronic illnesses throughout life. The low-birth-weight rate is the percentage of live births where the infant weighed under 2,500 grams (approximately 5 pounds, 8 ounces), classified as 'low weight'. The data for this metric are obtained through the New Jersey DoH State Health Assessment Data.

Quick Facts

Definition: Percent of infants born with low birth weight
Prevalence in New Jersey: 7.8%
Latest Year of Data: 2023 data (2019-2023 average at the county level)
Trends: *Stable*. The percentage of live births with low birth weight has been at about 8% since 2015.



Status of Low-Birth-Weight Rate in New Jersey

- The overall rate of low birth weight in New Jersey has remained around 8% since 2000.
- Cumberland County has the highest rate in the state (9.6%), and Ocean County has the lowest rate (5.8%), (2019-2023).
- Most counties' low birth weight rates have changed only slightly from 2004 to 2023, with only three counties experiencing more than a one percentage point drop in the 5-year average rate from 2004-2008 to 2019-2023: Mercer (1.3% from 9.3% to 8.0%), Essex (1.1% from 10.3% to 9.2%), and Morris (1.1% from 7.3% to 6.2%).
- Low birth weight rates among Black infants are more than double the rate among white infants in New Jersey.

- While the low-birth-weight rate for white infants ranges from 5.0% to 8.0%, the rate ranges from 10.5% to 15.8% for Black infants.

- Likewise, the rate of low birth weight among Hispanic infants is as high or higher than the rate among white infants in all New Jersey counties except Cape May County. The highest disparity in rates of low-birth-weight rate between Hispanic and white infants is in Bergen County, where the rate for Hispanic infants is 1.4 times as high as the rate for white infants.
- The rate of low birth weight among Asian infants is also higher than the rate among white infants in all New Jersey counties for which data is available and ranges from 1.3 times the rate for white infants in Atlantic County to 1.9 times in Passaic County.

County-Level Data

Low Birth Weight Rate in New Jersey, by County, five-year averages 2004-2023

	2004-2008	2009-2013	2014-2018	2019-2023*	Percent Point Change from 2004-2008 to 2019-2023
Atlantic	8.8%	8.2%	8.1%	**8.2%**	-0.6
Bergen	6.8%	7.8%	7.8%	7.4%	+0.6
Burlington	8.4%	8.2%	8.3%	7.8%	-0.6
Camden	9.3%	9.0%	9.0%	**9.1%**	-0.2
Cape May	7.1%	6.5%	7.0%	7.1%	0
Cumberland	9.5%	9.7%	9.7%	**9.6%**	+0.1
Essex	10.3%	9.9%	9.5%	**9.2%**	-1.1
Gloucester	8.5%	8.3%	8.2%	**8.0%**	-0.5
Hudson	7.3%	8.4%	8.5%	**8.2%**	+0.9
Hunterdon	6.6%	6.8%	6.2%	6.2%	-0.4
Mercer	9.3%	8.9%	8.5%	**8.0%**	-1.3
Middlesex	8.0%	8.1%	8.1%	**8.1%**	+0.1
Monmouth	7.3%	7.6%	7.5%	6.8%	-0.5
Morris	7.3%	7.3%	6.4%	6.2%	-1.1
Ocean	6.0%	6.2%	6.1%	5.8%	-0.2
Passaic	8.7%	8.4%	8.5%	**9.1%**	+0.4
Salem	8.7%	7.8%	7.8%	**9.10%**	+0.4
Somerset	8.1%	7.9%	7.7%	7.2%	-0.9
Sussex	6.8%	7.0%	6.0%	6.1%	-0.7
Union	8.2%	8.2%	7.7%	7.4%	-0.8
Warren	7.6%	7.6%	7.8%	7.6%	0
New Jersey	8.1%	8.2%	8.0%	7.8%	-0.3

*Bolded county percentages indicate the rate is higher than the state average rate

Low Birth Weight Rate (%) in New Jersey, by County, five-year averages 2009-2013 and 2019-2023

	Asian			Black			Hispanic			White			Disparity in Low Birth Weight Rate (2019-2023)*		
	2009-2013	2019-2023	Percentage Point Change	2009-2013	2019-2023	Percentage Point Change	2009-2013	2019-2023	Percentage Point Change	2009-2013	2019-2023	Percentage Point change	Asian/ White Disparity	Black/ White Disparity	Hispanic/ White Disparity
Atlantic	8.6%	8.3%	-0.3	11.5%	13.6%	**2.1**	7.0%	7.1%	**0.1**	7.5%	6.6%	-0.9	1.3	2.1	1.1
Bergen	7.9%	8.8%	**0.9**	12.8%	12.2%	-0.6	7.6%	8.1%	**0.5**	7.3%	5.9%	-1.4	1.5	2.1	1.4
Burlington	8.9%	9.5%	**0.6**	12.2%	12.0%	-0.2	7.0%	7.8%	**0.8**	7.1%	6.2%	-0.9	1.5	1.9	1.3
Camden	8.2%	9.0%	**0.8**	13.0%	15.0%	**2.0**	8.7%	8.9%	**0.2**	7.2%	6.6%	-0.6	1.4	2.3	1.3
Cape May	**	**	**	**	**	**	7.8%	6.6%	-1.2	5.4%	7.2%	**1.8**	**	**	0.9
Cumberland	**	**	**	14.0%	13.7%	-0.3	7.9%	8.8%	**0.9**	9.4%	8.0%	-1.4	**	1.7	1.1
Essex	10.1%	9.5%	-0.6	12.6%	12.6%	0.0	7.6%	7.2%	-0.4	7.5%	6.1%	-1.4	1.6	2.1	1.2
Gloucester	**	**	**	13.3%	13.5%	**0.2**	8.0%	8.8%	**0.8**	7.4%	6.8%	-0.6	**	2.0	1.3
Hudson	9.4%	8.9%	-0.5	13.3%	14.1%	**0.8**	7.3%	8.0%	**0.7**	7.8%	6.2%	-1.6	1.4	2.3	1.3
Hunterdon	**	**	**	**	**	**	5.5%	6.8%	**1.3**	6.7%	5.7%	-1.0	**	**	1.2
Mercer	8.4%	8.5%	**0.1**	13.4%	12.4%	-1.0	7.4%	7.1%	-0.3	7.2%	5.8%	-1.4	1.5	2.1	1.2
Middlesex	8.5%	9.3%	**0.8**	11.5%	11.4%	-0.1	6.8%	7.7%	**0.9**	7.9%	6.2%	-1.7	1.5	1.8	1.2
Monmouth	9.4%	9.6%	**0.2**	13.2%	13.8%	**0.6**	6.5%	7.2%	**0.7**	7.0%	5.9%	-1.1	1.6	2.3	1.2
Morris	10.0%	8.9%	-1.1	10.9%	12.2%	**1.3**	5.6%	6.2%	**0.6**	7.0%	5.0%	-2.0	1.8	2.4	1.2
Ocean	7.9%	**	**	10.3%	13.9%	**3.6**	6.8%	6.4%	-0.4	6.0%	5.5%	-0.5	**	2.5	1.2
Passaic	9.9%	12.7%	**2.8**	13.4%	15.8%	**2.4**	7.9%	8.9%	**1.0**	7.1%	6.7%	-0.4	1.9	2.4	1.3
Salem	**	**	**	11.1%	**	**	6.3%	8.9%	**2.6**	7.2%	7.2%	0.0	**	**	1.2
Somerset	9.3%	9.8%	**0.5**	10.7%	10.5%	-0.2	6.5%	6.3%	-0.2	7.3%	5.5%	-1.8	1.8	1.9	1.1
Sussex	**	**	**	**	**	**	5.4%	6.5%	**1.1**	6.9%	5.6%	-1.3	**	**	1.2
Union	9.9%	7.9%	-2.0	12.0%	11.3%	-0.7	6.9%	6.8%	-0.1	7.1%	5.7%	-1.4	1.4	2.0	1.2
Warren	**	**	**	**	**	**	7.0%	8.3%	**1.3**	7.2%	6.5%	-0.7	**	**	1.3

Note: Bolded percentage point changes indicate that the rate is getting worse

*This is the number of times that the low birth weight rate is for Asian, Black, and Hispanic populations compared to white populations in the same geography. E.g., the rate of low birth weight for Black individuals in Ocean County is 2.5 times the rate for white individuals. This number is calculated by dividing the low birth weight rate for Asian, Black, and Hispanic populations by the rate for white populations.

**Data unavailable

Methodology

Methodology: Low Birthweight is the percentage of live births where the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.).
Numerator: Number of live births for which the infants weighed less than 2,500 grams (approximately 5 lbs., 8 oz.)
Denominator: Total number of live births for which weight was recorded
Data source: New Jersey Department of Health State Health Assessment Data, Birth Weight Data 1990-2023

Limitations and Gaps in the Public Data

- To obtain county-level data by race and ethnicity, multiple years of data are combined to create large enough samples for an accurate estimate. This means the measure is reflective of the average of those multiple years and may be below or above the current state of the issue, depending on how it is trending. Single year estimates by county alone are publicly available (see NJ State Health Assessment Data) but may have large margins of error for some groups..
- Data is not publicly available for all race and ethnicity populations for every county; in some cases this is due to small population sizes in those counties.

Explore More Related Public Data

- New Jersey State Health Assessment Data for Low Birth Weight and Birth, Infants, and Maternal Health
- CDC WONDER database and Stats of the States

Infant Mortality

Metric Source: *New Jersey Department of Health, State Health Assessment Data*

Infant mortality is the death of an infant before their first birthday. The infant mortality rate is the number of infant deaths for every 1,000 live births. The leading causes of infant death are congenital anomalies, short gestation/low birth weight, and Sudden Infant Death Syndrome (SIDS). Deaths are counted in the county of residence, regardless of where the death occurred.

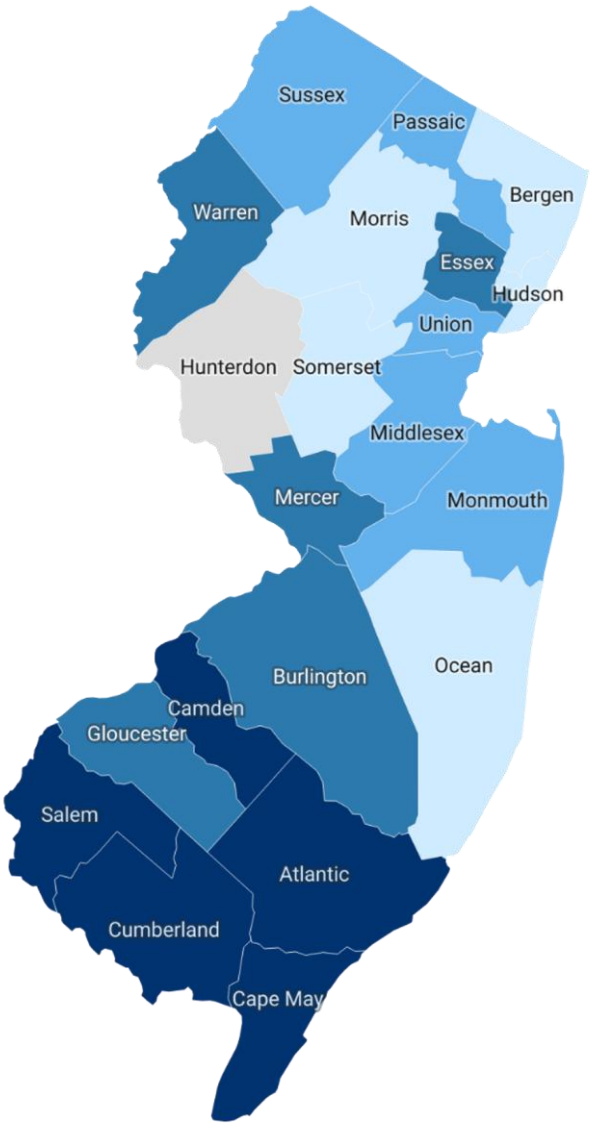
Quick Facts

Definition: Number of infant deaths per 1,000 live births
Prevalence in New Jersey: 3.5 per 1,000
Latest Year of Data: 2022 data (2018-2022 average at the county level)
Trends: *Stable*. Infant mortality in New Jersey remained the same at 3.5 in 2022 compared to 2021 after steadily declining from 6.4 in 2001.
Source: New Jersey Department of Health (NJSHAD)

Status of Infant Mortality in New Jersey

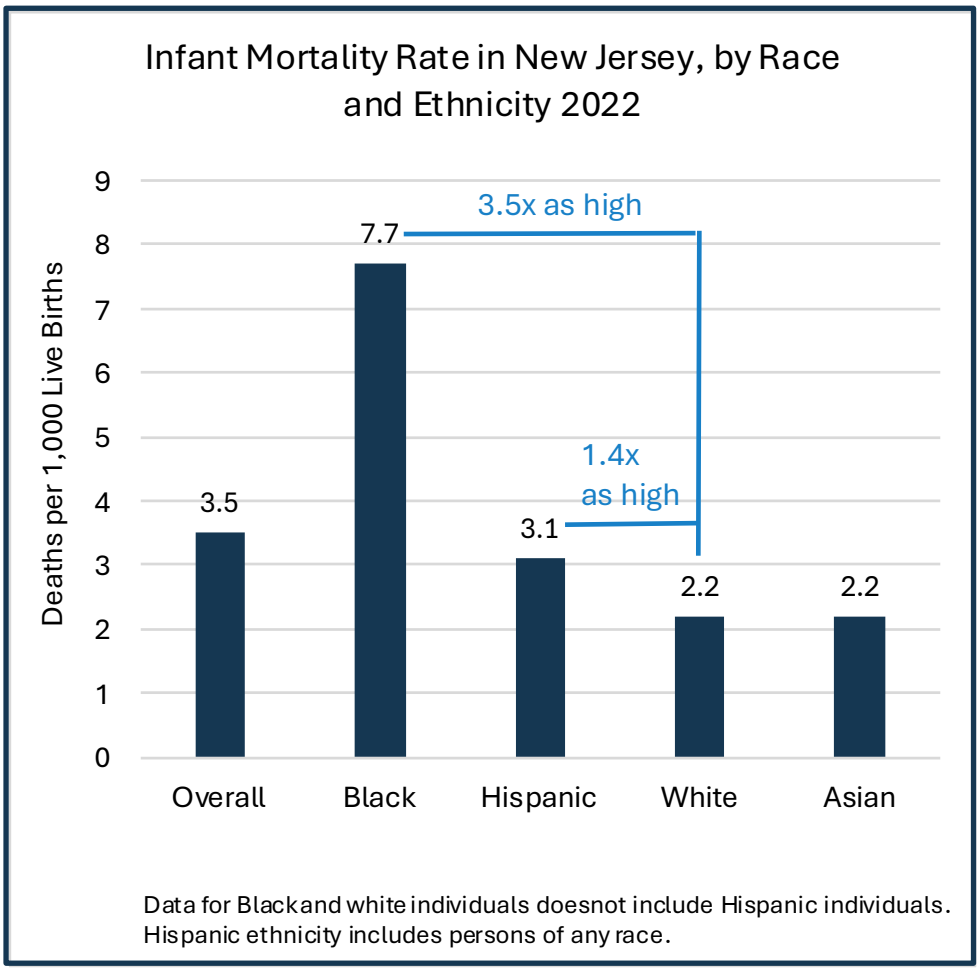
- The infant mortality rate in New Jersey is lower than the U.S. rate. In 2022, the infant mortality rate was 5.6 deaths per 1,000 births nationally, compared to 3.5 deaths per 1,000 births in New Jersey. This places New Jersey at the fourth-lowest rate in the nation.
- In 2022, New Jersey had the lowest infant mortality rate across states for both Hispanic and Asian populations, the second lowest for white populations and the fourth-lowest state rate for the Black populations.[8]

Infant Mortality in New Jersey, by County, 2018-2022 average



[8] Calculated among states with 20 or more infant deaths in these race and ethnicity categories.

- The infant mortality rate in New Jersey has declined over the past two decades, from 6.4 per 1,000 live births in 2001 to 3.5 in 2022, a 45% decrease. However, the infant mortality rate varies widely by county and by race and ethnicity.
- The infant mortality rate ranges from 2.5 in Hudson County to 7.1 in Salem County.
- Five counties have statistically significantly higher rates of infant mortality than the state, averaging 2018-2022: Essex (4.9), Cumberland (5.8), Camden (5.9), Atlantic (6.3), and Salem (7.1).
- Although New Jersey's infant mortality rates are low compared to the U.S. overall, New Jersey has the second-largest disparity between Black and white infant mortality rates. Disparity is calculated as the ratio of one group's rate to another's. The infant mortality rate for Black populations in New Jersey (7.7) is 3.5 times as high as the rate for white populations (2.2), and the rate for Hispanic populations (3.1) is 1.4 times as high as the rate for white populations (2.2).



County-Level Data

Infant Mortality in New Jersey, by Mother's County of Residence, 2018-2022 average

	Deaths per 1,000 Live Births	95% Confidence Interval, Lower Limit	95% Confidence Interval, Upper Limit	Ranking Deaths per 1,000 Live Births [Fewest (1) to Most]
Atlantic	**6.3**	5	7.6	19
Bergen	3	2.5	3.5	3
Burlington	4	3.1	4.8	11
Camden	**5.9**	5.1	6.8	18
Cape May	5.2	2.9	7.5	16
Cumberland	**5.8**	4.3	7.4	17
Essex	**4.9**	4.3	5.5	14
Gloucester	4.3	3.3	5.4	12
Hudson	2.5	2	2.9	1
Hunterdon*				
Mercer	4.8	3.8	5.8	13
Middlesex	3.8	3.2	4.4	8
Monmouth	3.1	2.4	3.7	6
Morris	2.7	2	3.3	2
Ocean	3	2.5	3.4	4
Passaic	3.8	3.1	4.4	9
Salem	**7.1**	4.3	9.9	20
Somerset	3	2.2	3.9	5
Sussex	3.1	1.8	4.5	7
Union	3.9	3.3	4.6	10
Warren	4.9	3	6.9	15
New Jersey**	3.8	3.7	4	
U.S.	5.5			

Note: Bolded numbers in the Deaths per 1,000 Live Births column indicate that the county rate is statistically significantly higher than the state rate, meaning the range of the county confidence interval is fully above the state confidence interval.

* The rate for Hunterdon County is not displayed because it does not meet National Center for Health Statistics standards of statistical reliability.

**The New Jersey and US rates in this table differ from the previously stated 2022 rates, because they are five-year averages to make them comparable with the counties' 5-year averages. 5-year averages are necessary at the county level to help ensure an accurate measure.

Methodology

Methodology: Infant mortality is a rate.
Numerator: Total number of infant deaths
Denominator: Total number of live births
Data source: New Jersey Department of Health, State Health Assessment Data, Complete Health Indicator Report of Infant Mortality

Limitations and Gaps in the Public Data

- Infant death is relatively rare. In counties with smaller populations, the rates of infant death can fluctuate significantly from year to year. These fluctuations are often due to normal variations and do not necessarily indicate a real change in the underlying risk of infant death in the county. Therefore, to obtain county-level data, multiple years of data are combined to create large enough samples for an accurate estimate. This means the measure reflects the average of those years and may be below or above the current state of the issue, depending on how it is trending.
- Data is not publicly available for other race and ethnicity populations and may not reflect the true range of diversity in New Jersey.
- Infant mortality rates by county or race/ethnicity are publicly available in the NJ State Health Assessment Data, but not by county and race/ethnicity, likely due to small sample sizes.

Explore More Related Public Data

- The NJ State Health Assessment Data Infant Death Data Query allows users to create tables, graphs, and maps of New Jersey infant deaths by maternal age, race/ethnicity, birthplace, marital status, education, and other characteristics
- County Health Rankings & Roadmaps Infant Mortality
- CDC WONDER database and Stats of the States

Diabetes Prevalence

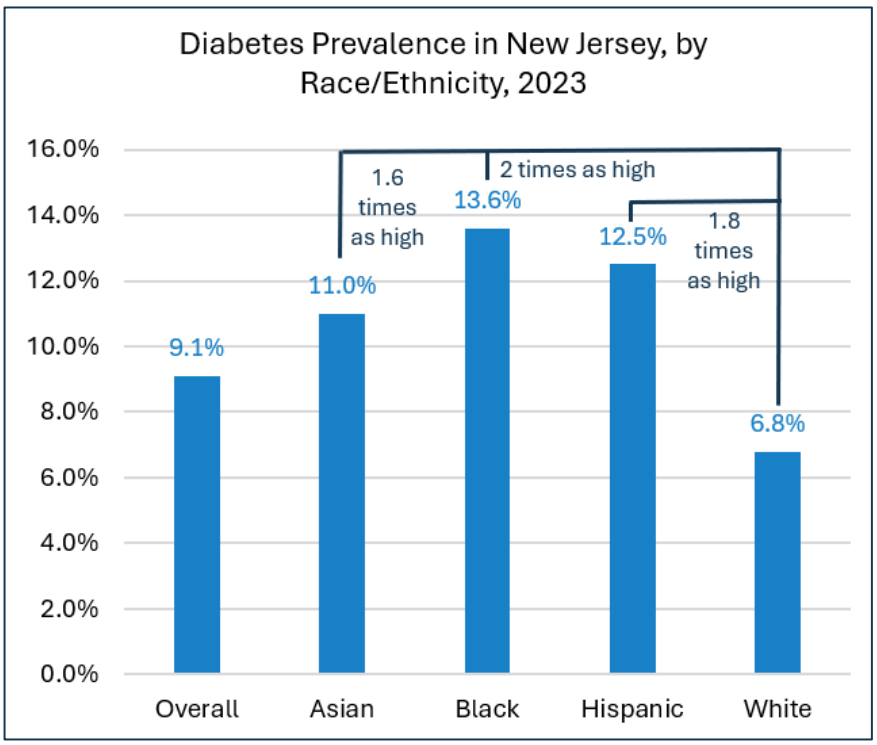
Metric Source: *Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health (NJ DoH)*

Diabetes prevalence is defined as an estimate of the percentage of adults aged 18 and above with diagnosed diabetes of any kind (excluding gestational diabetes). This prevalence is then age-adjusted to fairly compare counties with differing age structures. Data to calculate diabetes prevalence is obtained from the New Jersey Behavioral Risk Factor Surveillance System (BRFSS) survey, an annual telephone survey conducted in all states. The survey asks respondents to answer the question, "Has a doctor ever told you that you have diabetes?"

Quick Facts

Definition: Percent of adults diagnosed with diabetes
Prevalence in New Jersey: 9.1%
Latest Year of Data: 2023 data (2021-2023 average at the county level)
Trends: *Stable*. The percentage of adults diagnosed with diabetes decreased by 5.2% from 9.6% in 2022 to 9.1% in 2023. From 2011 to 2023, the percentage of adults diagnosed with diabetes fluctuated from year to year but hovers around 8-9%

Status of Diabetes in New Jersey



- 9.1% of individuals aged 18 and above in New Jersey have been diagnosed with diabetes. That rate varies by geography and race/ethnicity
- Diabetes prevalence varies widely by geography in New Jersey, with some counties having 2 to 3 times the rate of other counties. Diabetes prevalence ranges from 5.8% in Morris County to 16.9% in Cape May County.
- Diabetes prevalence also varies greatly by race and ethnicity in the state. In 2023, Asian adults (11.0%), Hispanic adults (12.5%), and Black adults (13.6%) all have a higher prevalence of diagnosed diabetes compared to white adults (6.8%).
- The prevalence of diabetes for Black adults is twice as high as the prevalence for white adults, and the prevalence for Asian and Hispanic adults is 1.6 and 1.8 times as high, respectively, as the prevalence for white adults.

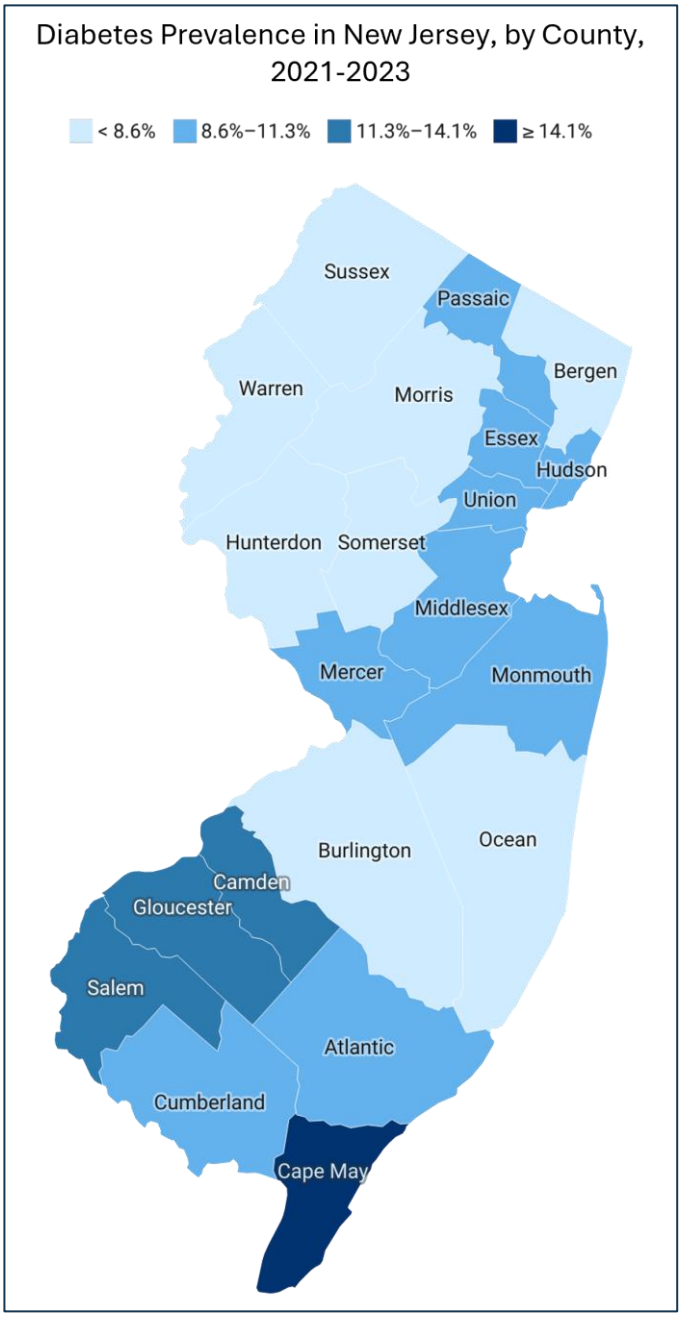
County-Level Data

Diabetes Prevalence in New Jersey, by County, 2021-2023 average

	Percentage of Adults (Age-adjusted)	**Ranking** [Lowest(1) to Highest]
Atlantic	9.6%	11
Bergen	7.1%	3
Burlington	7.6%	6
Camden	**11.8%**	18
Cape May	**16.9%**	21
Cumberland	10.4%	15
Essex	10.1%	13
Gloucester	**13.1%**	19
Hudson	10.5%	16
Hunterdon	7.2%	5
Mercer	8.9%	10
Middlesex	10.1%	14
Monmouth	8.6%	9
Morris	5.8%	1
Ocean	8.0%	7
Passaic	10.8%	17
Salem	13.2%	20
Somerset	8.0%	8
Sussex	7.1%	4
Union	9.8%	12
Warren	6.9%	2
New Jersey*	9.2%	

Note: Bolded numbers in the Percentage of Adults column indicate that the county rate is statistically significantly higher than the state rate, meaning the range of the county confidence interval is fully above the state confidence interval.

*The New Jersey rate in this table is different from the 2023 rate, because it is a three-year average to make it comparable with the counties' 3-year averages. 3-year averages are necessary at the county level to help ensure an accurate measure.



Methodology

Methodology: Diabetes prevalence is a percentage.
Numerator: Number of adult (18 and older) New Jersey respondents who responded "yes" (within the survey year) to the BRFSS question: "Has a doctor, nurse, or other health professional ever told you that you have diabetes?".
Denominator: Number of New Jersey adults (18 and older) who responded to the BRFSS within the survey year.
Data source: Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health, visualized within the NJSHAD Complete Health Indicator Report of Diabetes (Diagnosed) Prevalence

Limitations and Gaps in the Public Data

- Comparing rates between different states can be challenging because the Behavioral Risk Factor Surveillance System (BRFSS) survey is conducted separately in each state. This means that the sampling and statistical methods used may vary from state to state.
- The New Jersey Behavioral Risk Factor Survey aims to represent all non-institutionalized adult residents of the state. However, due to resource limitations, the survey does not include adults who have limited access to phone service or who are not fluent in English or Spanish.
- Like all surveys, the data from the BRFSS may contain errors due to nonresponse (e.g., people refusing to participate or answer certain questions) and inaccurate responses (e.g., responses influenced by social desirability or memory errors).
- Data is not publicly available at the county level by race/ethnicity.
- Many people with diabetes don't know that they have it. Data for this metric are only about diagnosed diabetes and include both type 1 and type 2 diabetes.

Explore More Related Public Data

- CDC's National Diabetes Statistics Report
- CDC's United States Diabetes Surveillance System
- County Health Rankings & Roadmaps' Diabetes Prevalence indicator

Adult Obesity Prevalence

Metric Source: *Behavioral Risk Factor Survey, Center for Health Statistics, NJ DoH*

Adult Obesity is estimated from responses to the Behavioral Risk Factor Surveillance System (BRFSS) survey. It is the percentage of the adult population (ages 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kilograms (weight) divided by the meters squared (height) (30kg/m^2). Participants are asked to self-report their height and weight; BMIs are calculated from these reported values. BMI as a measure of obesity is valuable as a population-level indicator. As of 2023, the American Medical Association urges physicians to de-emphasize use of BMI measurement in evaluating the health of individuals.[9]

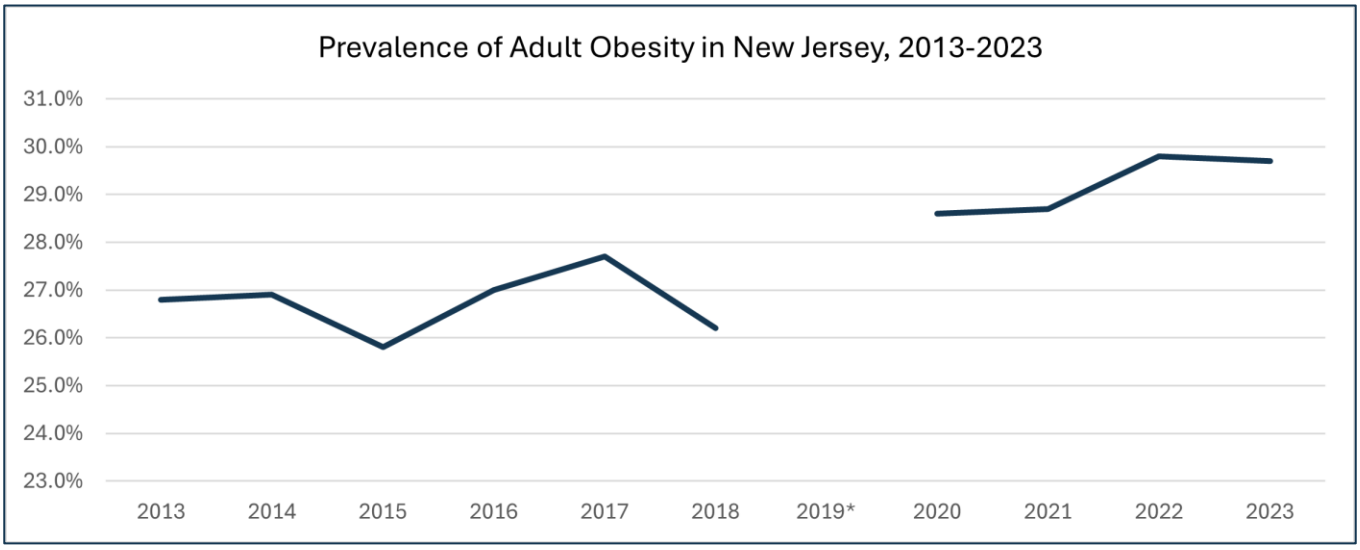
Quick Facts

Definition: Percent of adults with obesity
Prevalence in New Jersey: 28.9%
Latest Year of Data: 2023 data (2021-2023 average at the county level)
Trends: *Stable*. Although the prevalence of obesity among adults increased by 10.7% from 26.1% in 2013 to 28.9% in 2023, since 2020 it remained relatively stable, increasing by 3.2% from 28.0% of adults in 2020 to 28.9% in 2023.

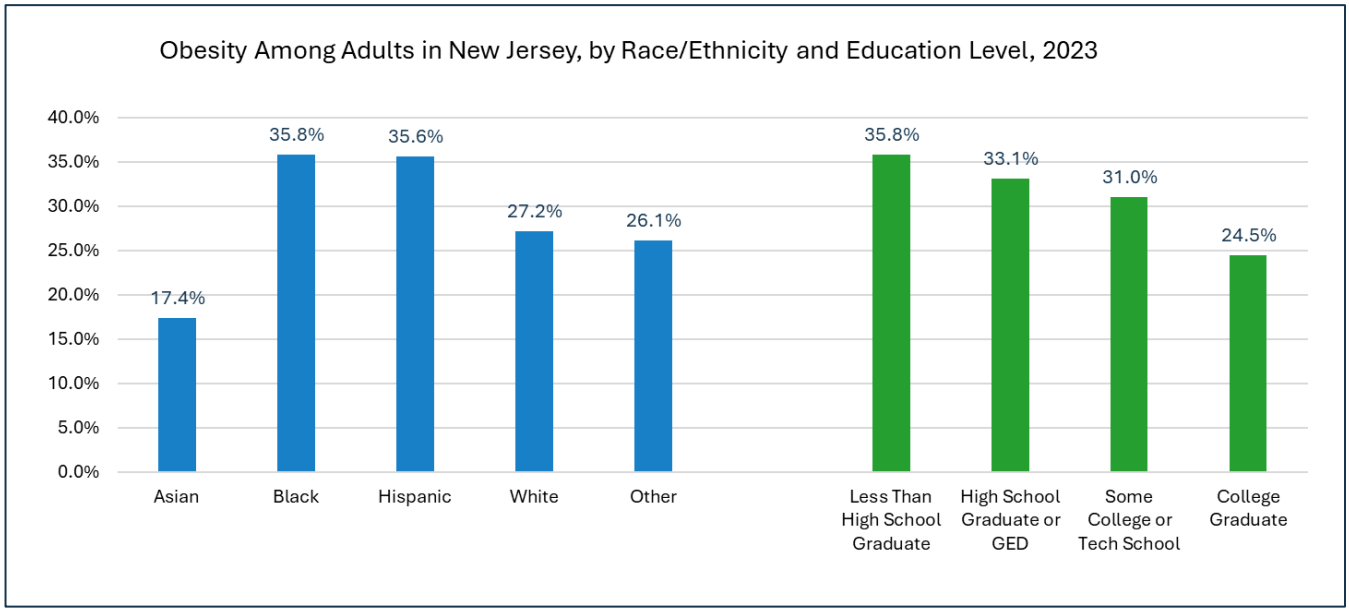
Status of Adult Obesity in New Jersey

- The prevalence of adult obesity is slightly lower in New Jersey than in the U.S. overall. In 2023, the prevalence of obesity among adults in New Jersey was 28.9% compared to 34.3% in the U.S.
- Adult obesity prevalence varies widely by geography in New Jersey, ranging from 23.2% in Morris County to 42.8 in Cumberland County.
- Adult obesity prevalence also varies greatly by race and ethnicity in the state. In 2023, Hispanic adults (35.6%), and Black adults (35.8%) had a higher prevalence of obesity compared to white adults (27.2%) and Asian adults (17.4%).
- Adult obesity prevalence is also broken down by education level. The higher the education level, the lower the prevalence of adult obesity. In 2023, adults with less than a high school education (35.8%), high-school graduates or GED (33.1%), and some college or technical school (31%) all had statistically significantly higher prevalence of obesity than adults who graduated college (24.5%).

[9] American Medical Association. (2023, June 14). *AMA adopts new policy clarifying role of BMI as a measure in medicine*. https://www.ama-assn.org/press-center/ama-press-releases/ama-adopts-new-policy-clarifying-role-bmi-measure-medicine



*No data were collected in 2019



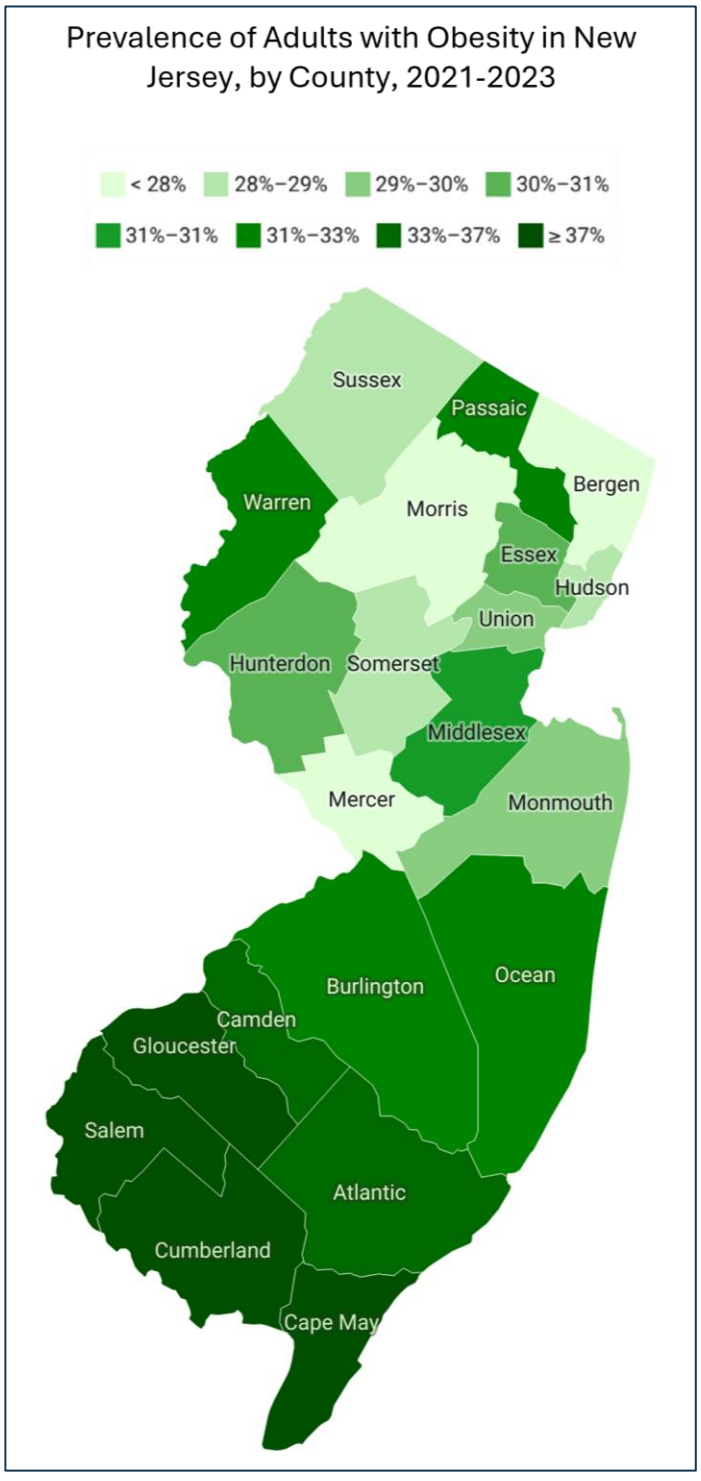
County-Level Data

Adult Obesity Prevalence in New Jersey, by County, 2021-2023 Average

	Percentage of Adults (Age-adjusted)	**Ranking** [Lowest (1) to Highest]
Atlantic	35.0%	17
Bergen	23.8%	2
Burlington	31.0%	12
Camden	33.1%	16
Cape May	**40.0%**	19
Cumberland	**42.8%**	21
Essex	29.6%	9
Gloucester	**37.3%**	18
Hudson	27.7%	5
Hunterdon	29.9%	10
Mercer	24.3%	3
Middlesex	30.6%	11
Monmouth	29.1%	8
Morris	23.2%	1
Ocean	31.1%	13
Passaic	31.1%	14
Salem	**42.1%**	20
Somerset	27.5%	4
Sussex	27.7%	6
Union	29.0%	7
Warren	31.4%	15
New Jersey*	29.4%	

Note: Bolded numbers in the Percentage of Adults column indicate that the county rate is statistically significantly higher than the state rate, meaning the range of the county confidence interval is fully above the state confidence interval.

*The New Jersey rate in this table is different from the 2023 rate, because it is a three-year average to make it comparable with the counties' 3-year averages. 3-year averages are necessary at the county level to help ensure an accurate measure.



Methodology

Methodology: Adult Obesity Prevalence is a percentage.
Numerator: Number of respondents who have a body mass index (BMI) greater than or equal to 30.0 kg/m2 calculated from self-reported weight and height
Denominator: Number of adult respondents for whom BMI can be calculated from their self-reported weight and height (excludes unknowns or refusals for weight and height)
Data source: Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health.

Limitations and Gaps in the Public Data

- Comparing rates between different states can be challenging because the Behavioral Risk Factor Surveillance System (BRFSS) survey is conducted separately in each state. This means that the sampling and statistical methods used may vary from state to state.
- The New Jersey Behavioral Risk Factor Survey aims to represent all non-institutionalized adult residents of the state. However, due to resource limitations, the survey does not include adults who have limited access to phone service or who are not fluent in English or Spanish.
- Like all surveys, the data from the BRFSS may contain errors due to nonresponse (e.g., people refusing to participate or answer certain questions) and faulty measurements (e.g., responses influenced by social desirability or memory errors).
- To obtain county-level data, multiple years of data are combined to create large enough samples for a more accurate estimate. This means the measure is reflective of the average of those multiple years and may be below or above the current state of the issue, depending on how it is trending. Single year estimates by county alone are publicly available (see NJ State Health Assessment Data) but may have large margins of error for some groups.
- Typically, the margin of error for three-year averages falls within 5 percent of the true population prevalence; however, for the 2021-2023 period, the margin of error for eight counties exceeds that threshold: Atlantic (5.6%), Cape May (9.9%), Cumberland (7.6%), Gloucester (5.7%), Hunterdon (7.6%), Salem (9.9%), Sussex (6.1%), and Warren (6.9%). Prevalence rates for these counties should be interpreted with that in mind.
- Data is not publicly available at the county level by race/ethnicity.
- BMI as a measure of obesity is valuable as a population-level indicator.
    - For individuals, BMI does not differentiate between fat and muscle, nor does it account for differences in age, race/ethnicity, or sex and should be considered with other factors, such as blood pressure, cholesterol levels, and physical examination.[10]

[10]CDC. (2024, May 20). *About Body Mass Index (BMI)*. https://www.cdc.gov/bmi/about/index.html

- BMI was primarily developed using data from earlier generations of non-Hispanic white individuals which impacts its accuracy as a measurement tool for individuals today.
- As of 2023, the American Medical Association urges physicians to de-emphasize use of BMI measurement in evaluating the health of individuals.[11]

Explore More Related Public Data

- County Health Rankings & Roadmaps Adult Obesity Indicator
- CDC Adult Obesity Prevalence Maps
- NJSHAD Obesity among High School Students Indicator Report
- CDC Youth Risk Behavior Surveillance System (YRBSS) New Jersey Results

[11] American Medical Association. (2023, June 14). *AMA adopts new policy clarifying role of BMI as a measure in medicine*. https://www.ama-assn.org/press-center/ama-press-releases/ama-adopts-new-policy-clarifying-role-bmi-measure-medicine.