TRINITAS
Regional Medical Center

2016 Community Health Needs Assessment

BAKER TILLY

Candor. Insight. Results.

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About Trinitas Regional Medical Center

Established in January 2000, following the consolidation of St. Elizabeth Hospital and Elizabeth General Medical Center, Trinitas Regional Medical Center is a full-service non-profit healthcare facility serving those who live and work in Eastern and Central Union County.

Operating on two major campuses, Trinitas Regional Medical Center has 554 beds, including a 120-bed long-term care center. Trinitas Regional Medical Center is proud to offer state-of-the-art medicine backed by compassion and competence.

Our friendly, professional staff and skilled physicians are the foundation of the care we provide. Together, our medical team offers the community the most advanced technological care in every area of medicine and surgery.

Utilizing a full spectrum of sophisticated inpatient, outpatient and long-term care services, Trinitas Regional Medical Center is proud to have forged a lifelong partnership with families, physicians and communities to provide the best care in a supportive and caring environment. We treat over 17,000 inpatients annually, 70,000 emergency patients, and several hundred thousand outpatients

Mission

Trinitas Regional Medical Center is a Catholic community teaching hospital sponsored by the Sisters of Charity of Saint Elizabeth in partnership with Elizabethtown Healthcare Foundation. At Trinitas Regional Medical Center we dedicate ourselves to God's healing mission. We strive to provide excellent, compassionate healthcare to the people and communities we serve, including those among us who are poor and vulnerable.

Vision

Trinitas Regional Medical Center will continue to advance its position as a premier healthcare provider in Central New Jersey that

- Supports the mission and core values of Trinitas Health
- Exemplifies service excellence by continually improving quality and exceeding customer expectation
- Is recognized for outstanding medical and nursing care and for advanced capabilities in selected clinical specialties
- Is acclaimed for the education of nurses, physicians, and other healthcare professionals
- Is the hospital of choice for physicians and patients

Our Commitment to Community Health

Trinitas Regional Medical Center is a true community hospital dedicated to serving the poor and disenfranchised in our community, regardless of their ability to pay. We consistently maintain the 7th largest charity care and Medicaid program in New Jersey, and Trinitas Regional Medical Center is one of the state's top safety-net hospitals.

We are the only hospital in Elizabeth, a densely populated immigrant city where 23% of adults do not own a car, meaning we are the only viable healthcare option for a significant percentage of the local population. Poverty is also an issue within the community we serve: 16% of families and 20% of individuals live below the poverty level. Much like the city of Elizabeth, our patient base is 60% Hispanic and 21% African American. Our total service area encompasses 65% of all union County households and 80% of the county's poorest residents.

As a safety net hospital, we are guided by a mission that promises access to quality medical care for all, regardless of ability to pay.

To guide our community health improvement efforts, we conducted a Community Health Needs Assessment (CHNA) from January to October 2016. The 2016 CHNA builds upon our 2013 CHNA and was conducted in a timeline consistent with the requirements set forth in the Affordable Care Act. The purpose of the CHNA was to gather information about our local health needs and health behaviors.

In conducting the CHNA, we examined a variety of household and health statistics with the input of our community partners to portray a full picture of the health of our community. We will use these findings to ensure that our community benefit and health improvement initiatives are aligned with the highest needs of our community.

After thorough analysis of health data and with insights from our community stakeholders, we determined the following health issues are priority health needs in our community:

- Cancer
- Chronic Disease
- Mental Health & Substance Abuse

To address these health priorities, we developed a plan for community health improvement that details local strategies and collaboration with our community partners. The following report details findings from the CHNA study of Union County and our plan for community health improvement over the next three year cycle.

Trinitas Regional Medical Center 2016 CHNA Executive Summary

2016 CHNA Oversight

The 2016 CHNA was led by TRMC leadership with participation of our community partners. We are thankful to the many health and social service experts who lent expertise and input to the CHNA process and continue to partner with TRMC to address health needs in our community.

Project Leaders:

Nancy DiLiegro, PhD, FACHE, Vice President of Clinical Operations and Physician Services and Chief Clinical Officer
Joseph McTernan, DHSc, FACHE, Senior Director of Community and Clinical Services

Community Partners:

Amparo Aguirre, Trinitas Regional Medical Center
Lucy Ankrah, Trinitas Regional Medical Center
Newton J. Burkett, Trinitas Health Foundation
Mark Collichio, City of Elizabeth
Kelly Collins, Family and Children's Services
Jill Dispernea, Jewish Family Services
Terry Finamore, Trinitas Regional Medical Center
David Fletcher, Elizabethtown Healthcare Foundation
Krishna Garlic, City of Elizabeth
Dan Ginder , United Way Greater Union County
Doug Harris, Trinitas Regional Medical Center
Catherine Hart, Housing Authority of the City of Elizabeth
Gordon Haas, Greater Elizabeth Chamber of Commerce
Charlene Komar Storey, City of Roselle
Janice Lilien, YWCA
Sandra Louis-Enniss, Partnership for Prenatal Care
Priscilla Machado, Prevention Links
Brant Maslowski, Trinitas Regional Medical Center
Alane McCahey, Gateway Family YMCA
Jim McCreath, Trinitas Regional Medical Center
Srabanti Sharkar, Proceed Inc.
Veronica Vasquez, Trinitas Regional Medical Center
Kamili Williams, Central Food Bank of New Jersey

Research Partner

Trinitas Regional Medical Center's research partner, Baker Tilly, assisted in all phases of the CHNA including project management, quantitative and qualitative data collection, report writing, and development of the Implementation Strategy. Baker Tilly's expertise ensured the validity of the research and assisted in developing a long-term action plan to address the highest health needs across Union County.

Research Methodology

The 2016 CHNA was conducted between September 2015 and October 2016, building upon the last CHNA conducted in 2013. Quantitative and qualitative methods, representing both primary and secondary research, were used to illustrate and compare health trends and disparities across Union County. Primary research methods solicited input from key community stakeholders representing the broad interests of the community, including experts in public health and individuals representing medically underserved, low-income, and minority populations. Secondary research methods sought to identify community health needs across geographic areas and populations.

The following research was conducted to determine community health needs:

- A review of public health and demographic data portraying the health and socioeconomic status of the community. A full listing of data references is included in Appendix A.
- A Partner Forum with 25 community representatives to solicit input about community health priorities, community assets, gaps in services, and partnership opportunities. A list of partners is included in Appendix B.

Identified Priority Health Needs

As part of the 2016 CHNA, Trinitas Regional Medical Center invited local health and human service providers and other community-based organizations to participate in a partner forum to review research results from the CHNA and provide feedback on community health priorities. The following table shows priorities from the 2013 CHNA compared to findings from the 2016 CHNA and a related CHNA conducted by the North Jersey Health Collaborative which also studied Union County. Research initiatives consistently demonstrated health needs related to access to care, mental health and substance abuse, chronic disease prevention, and obesity.

<table>
<tr><th>2013 Trinitas CHNA Priorities</th><th>2016 Trinitas CHNA Priorities</th><th>2016 North Jersey Health Collaborative CHNA Priorities</th></tr>
<tr><td></td><td>Access to Care</td><td>Health Literacy</td></tr>
<tr><td>Mental Health & Substance Abuse</td><td>Mental Health & Substance Abuse</td><td>Mental Health Services</td></tr>
<tr><td>Cancer</td><td>Cancer</td><td></td></tr>
<tr><td rowspan="3">Obesity w/ Focus on Prevention of Chronic Disease/Metabolic Syndrome Illness</td><td rowspan="3">Diabetes
Heart Disease
Obesity</td><td>Diabetes</td></tr>
<tr><td>Heart Disease</td></tr>
<tr><td>Obesity</td></tr>
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Community representatives that participated in a partner forum to review CHNA findings and determine priority health needs across the community agreed that health needs identified during the 2013 CHNA are still relevant to the community. Suggestions were made to focus on chronic disease prevention measures and build upon existing community initiatives aimed at improving physical activity and access to food.

Trinitas Regional Medical Center leadership reviewed research findings from the 2016 CHNA, concurrent regional initiatives, and community input in determining priority health needs across its service area. Based on the medical center's existing services, resources, and areas of expertise, Trinitas leadership determined to adopt the following priority health needs as part of its 2016-2019 Community Health Implementation Plan:

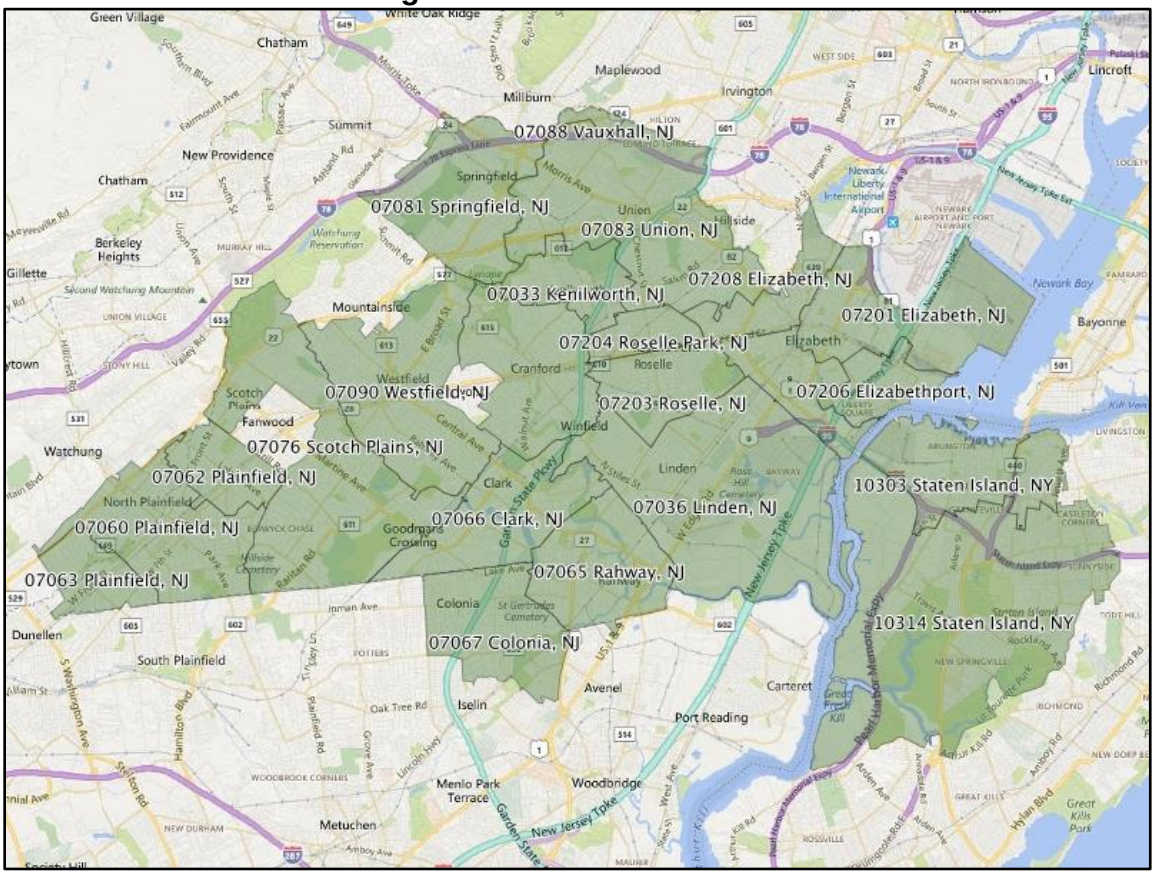
- Cancer
- Chronic Disease Prevention
- Mental Health & Substance Abuse

Trinitas Regional Medical Center will continue to focus on increasing access to care and addressing health disparities as cross-cutting strategies in meeting these health needs.

Trinitas Regional Medical Center's Service Area

Trinitas Regional Medical Center serves a population of 637,450 residents across a service area spanning five primary zip codes and 22 secondary zip codes. The total service area population increased 2.8% from the 2010 Census.

Trinitas Regional Medical Center Service Area



Trinitas Regional Medical Center Primary Service Area Zip Codes		
07201 Elizabeth	07206 Elizabethport	07208 Elizabeth
07202 Elizabeth	07207 Elizabeth	

Trinitas Regional Medical Center Secondary Service Area Zip Codes			
07016 Cranford	07063 Plainfield	07083 Union	10302 Staten Island, NY
07033 Kenilworth	07065 Rahway	07088 Vauxhall	10303, Staten Island NY
07036 Linden	07066 Clark	07090 Westfield	10314 Staten Island, NY
07060 Plainfield	07067 Colonia	07091 Westfield	
07061 Plainfield	07076 Scotch Plains	07203 Roselle	
07062 Plainfield	07081 Springfield	07204 Roselle Park	

The total service area population is diverse with approximately 60% white and 21% Black or African American residents, and nearly 32% of residents identifying as Hispanic or Latino and 6.4% Asian. The median age is similar to the state median, but lower in the primary service area. Median household income is lower than the state. In aggregate, Black/ African American and Hispanic/Latino residents have a lower median income than Asian or White residents.

2015 Population Overview

	Total Service Area	Primary Service Area	Secondary Service Area	NJ
White	58.6%	53.8%	59.8%	66.6%
Black or African American	20.8%	21.3%	20.7%	13.7%
Asian	6.4%	2.1%	7.5%	9.2%
Hispanic or Latino (of any race)	31.5%	62.8%	23.4%	19.5%
Median Age	38.3	34.6	39.4	39.6
Median Income	$67,121	$44,629	$73,893	$71,094

Source: The Nielsen Company, 2015

The service area represents a diverse socioeconomic environment. The zip codes outlined in the table below have worse socioeconomic measures when compared to overall service area measures. Zip codes are presented in descending order by "Families in Poverty."

Socioeconomic Indicators by County Zip Code

	Black/ African American	Hispanic/ Latino	Families in Poverty	Families w/ Children in Poverty	Unemploy-ment	Less than HS Diploma
07206, Elizabethport	24.3%	67.6%	23.6%	21.5%	10.1%	32.0%
07202, Elizabeth	14.9%	68.7%	18.1%	16.1%	10.5%	27.2%
07201, Elizabeth	26.8%	57.8%	17.8%	15.2%	7.7%	26.7%
07060, Plainfield	32.4%	51.1%	15.9%	13.9%	9.3%	23.4%
10302, Staten Island, NY	20.5%	45.4%	15.8%	11.5%	5.1%	18.2%
10303, Staten Island, NY	37.7%	38.8%	15.8%	12.5%	5.4%	17.7%
07063, Plainfield	38.2%	47.8%	14.4%	13.0%	10.3%	22.8%
07208, Elizabeth	22.4%	54.9%	14.3%	12.5%	9.8%	21.3%
07062, Plainfield	55.1%	31.1%	11.6%	10.7%	11.8%	17.9%
Total Service Area	**20.8%**	**31.5%**	**9.4%**	**7.7%**	**7.2%**	**14.9%**

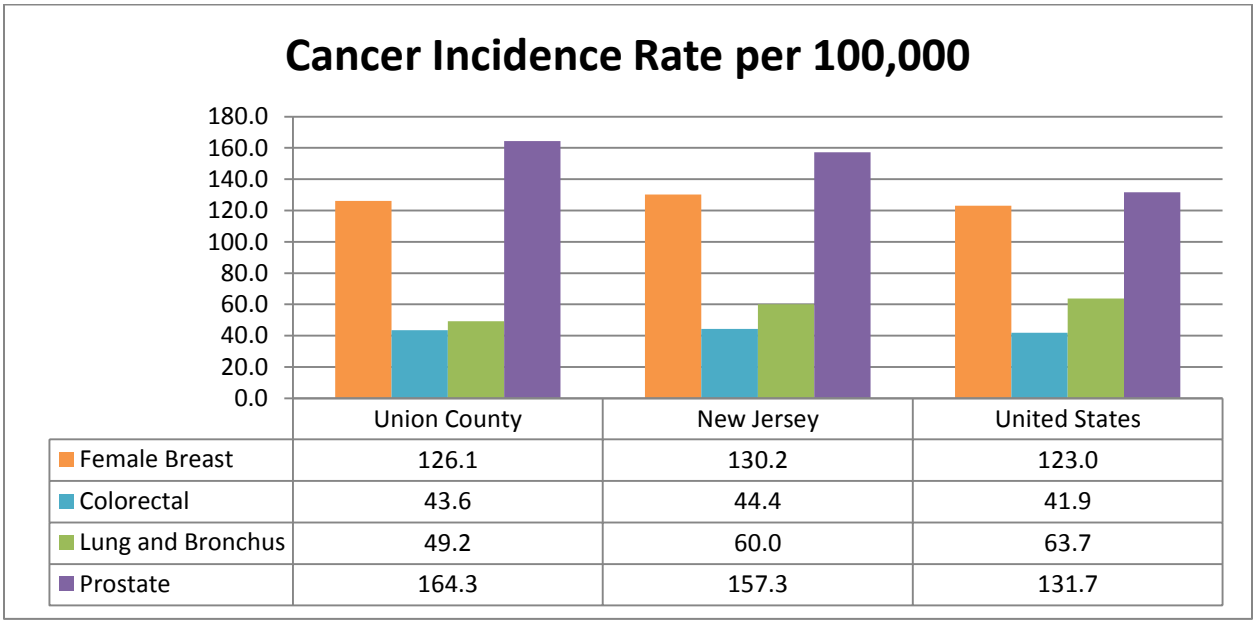
Source: The Nielsen Company, 2015

Yellow highlight indicates more than 2% points higher than the Total Service Area

Overview of Research Findings Related to Prioritized Health Needs

Cancer

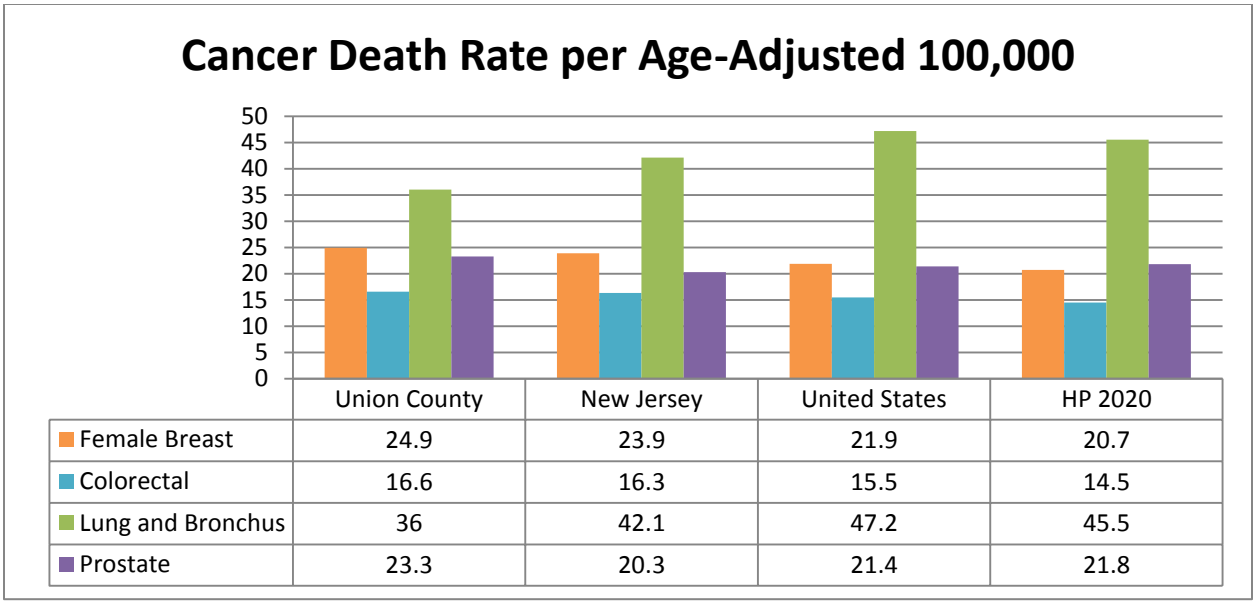
Cancer is the leading cause of death in Union County. The county's overall cancer incidence rate declined 35 points between reporting cycles 2004-2008 to 2008-2012, but still remains nearly 10 points higher than the nation. Incidence rates for female breast and colorectal cancer also remain slightly higher, and the prostate cancer incidence rate exceeds the nation by 33 points. Higher incidence rates can be linked to increased screenings; however, Union County men have a similar PSA screening rate (54.8%) compared to the nation (54.4%).



	Union County	New Jersey	United States
Female Breast	126.1	130.2	123.0
Colorectal	43.6	44.4	41.9
Lung and Bronchus	49.2	60.0	63.7
Prostate	164.3	157.3	131.7

Source: National Cancer Institute, 2008-2012

The overall age-adjusted cancer death rate in Union County declined 17 points between reporting cycles 2004-2008 to 2008-2012 and now meets the Healthy People 2020 goal. However, death rates are still elevated for female breast, colorectal, and prostate cancer compared to the state and the nation.

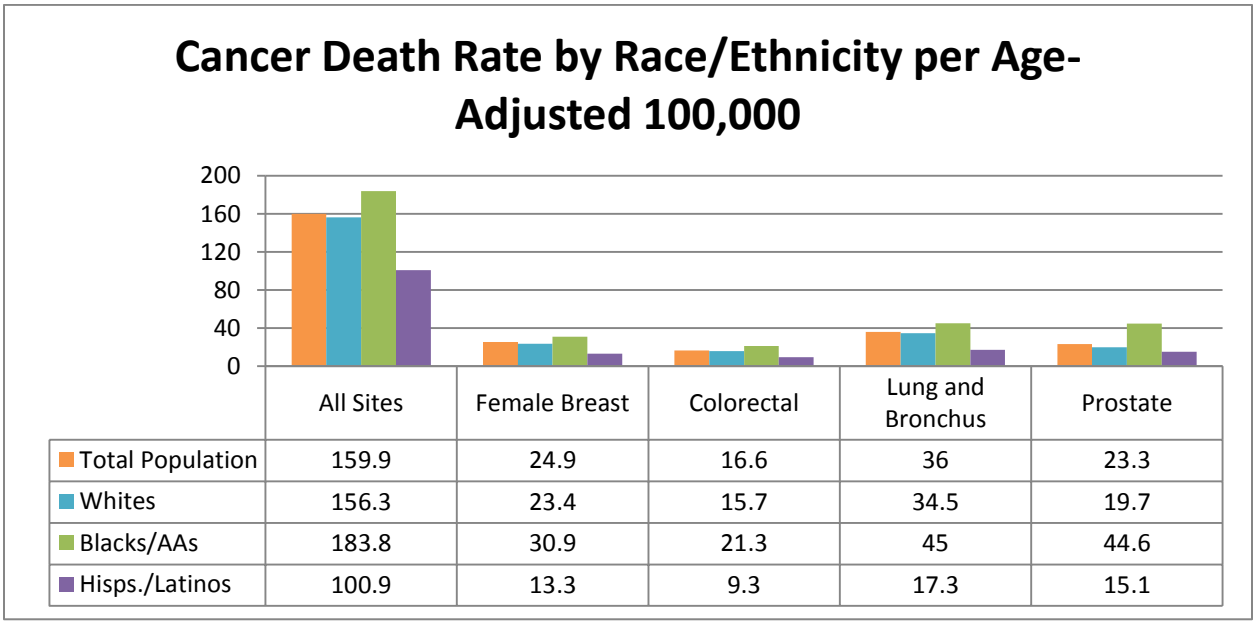


	Union County	New Jersey	United States	HP 2020
Female Breast	24.9	23.9	21.9	20.7
Colorectal	16.6	16.3	15.5	14.5
Lung and Bronchus	36	42.1	47.2	45.5
Prostate	23.3	20.3	21.4	21.8

Source: National Cancer Institute, 2008-2012 & Healthy People 2020

The cancer incidence rate in Union County is highest among Whites, but the cancer death rate is highest among Blacks/African Americans. The Black/African American death rate exceeds Whites by 28 points. Blacks/African Americans also have higher death rates for female breast, colorectal, lung, and prostate cancer.

Cancer disparities among Blacks/African Americans are greatest for prostate cancer. The Black/African American prostate cancer incidence rate is 93 points higher than the rate among Whites; the death rate is 25 points higher than the rate among Whites.



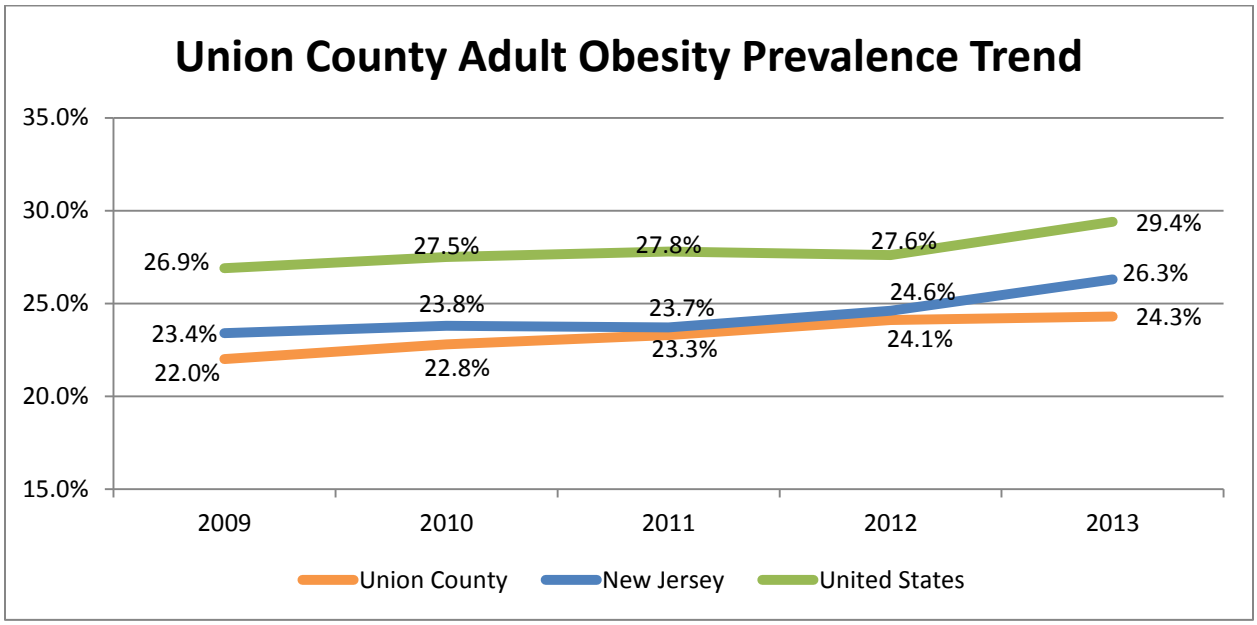
	All Sites	Female Breast	Colorectal	Lung and Bronchus	Prostate
Total Population	159.9	24.9	16.6	36	23.3
Whites	156.3	23.4	15.7	34.5	19.7
Blacks/AAs	183.8	30.9	21.3	45	44.6
Hisps./Latinos	100.9	13.3	9.3	17.3	15.1

Source: National Cancer Institute, 2008-2012

Partner forum participants shared that despite the prevalence of prostate cancer within the community, community members are not ready to address it as an issue. Prostate cancer screening sessions, including free sessions, and appointments are poorly attended. Partners stated that there is ongoing community outreach and communication regarding prostate cancer and the importance of screenings, but there is a need for the "right program in the right location with the right incentive." Partners also stated the need for advocates within the community to change culture and perception around prostate cancer screenings.

Chronic Disease Prevention

The prevalence of chronic disease is impacted by a number of risk factors, most commonly healthy weight management. Approximately 24% of adults in Union County are obese. The percentage is lower than the state and the nation, but represents a 2.3 point increase from 2009. In addition, 19.3% of low-income preschool children are obese, which exceeds the nation by more than 5 points.

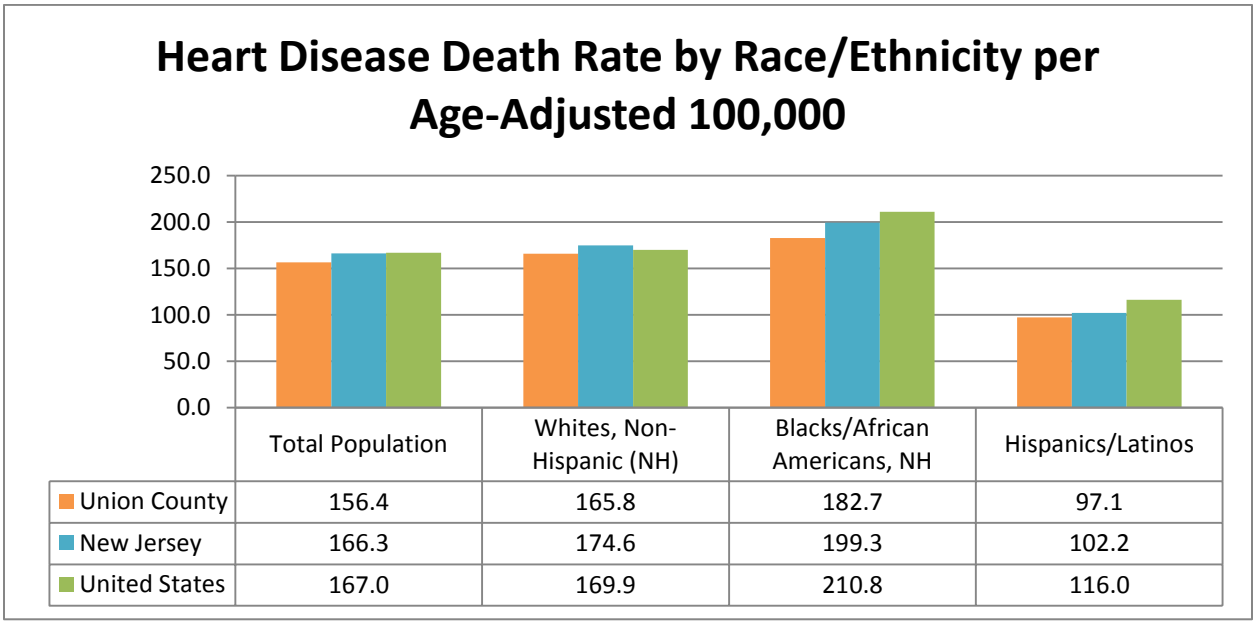


Source: Centers for Disease Control and Prevention, 2009-2013

*A change in methods occurred in 2011 that may affect the validity of comparisons to past years

According to the 2015 County Health Rankings, nearly all residents in Union County (99.5%) have access to physical activity venues (parks, gyms, community centers, YMCAs, dance studios, pools, etc.). However, the percentage of physically inactive adults ages 20 or older in Union County (25.8%) is higher than the state (24.3%) and the nation (23%) and increased from the 2013 CHNA report of 23.9%.

Heart disease and diabetes were recognized by partner forum participants as two of the top health conditions affecting residents. The Union County heart disease death rate decreased approximately 54 points from 2003 to 2014 and is lower than the state and the nation, but it is still the second leading cause of death. Blacks/African Americans have a higher rate of heart disease death, exceeding Whites by 17 points.

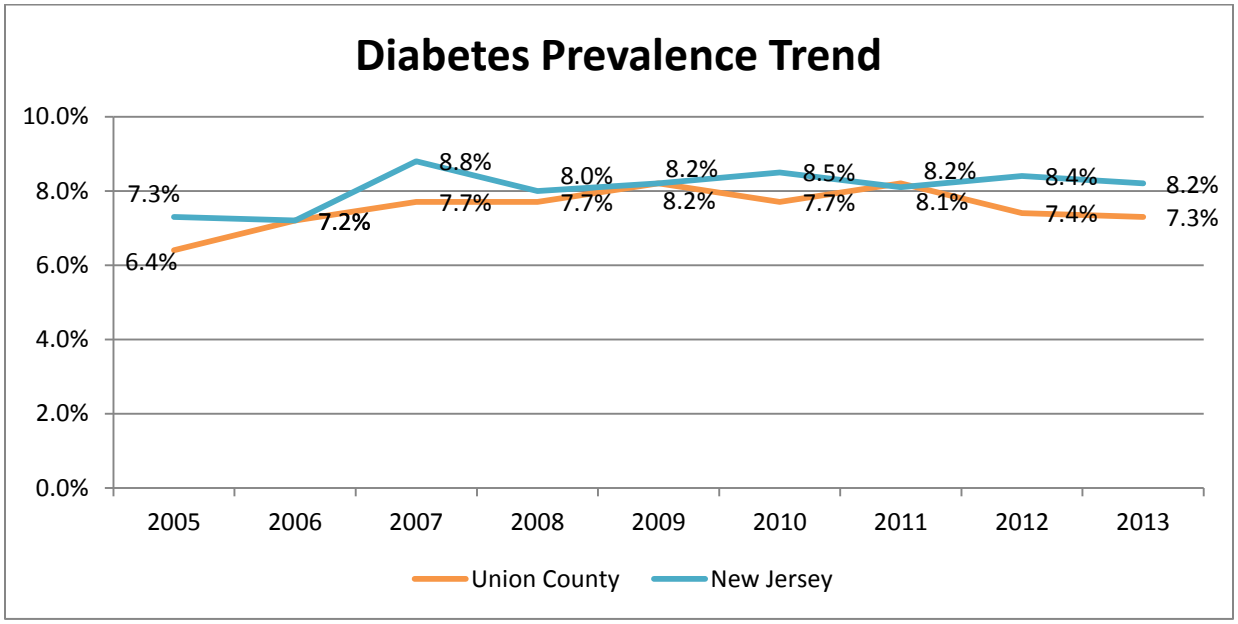


	Total Population	Whites, Non-Hispanic (NH)	Blacks/African Americans, NH	Hispanics/Latinos
Union County	156.4	165.8	182.7	97.1
New Jersey	166.3	174.6	199.3	102.2
United States	167.0	169.9	210.8	116.0

Source: Centers for Disease Control and Prevention, 2014

Heart disease is impacted by high blood pressure and high cholesterol, which can result from poor diet and exercise habits. In Union County, 28.8% of adults have high blood pressure and 37.1% have high cholesterol. Percentages are lower than the state and the nation, but account for one-quarter to one-third of adults.

The prevalence of diabetes among Union County adults increased between 2005 and 2009, but has remained stable and consistent with the state in recent years. However, diabetes prevalence is higher among Medicare Beneficiaries 65 years or over in both Union County and the state (32.6%) compared to the nation (27.4%).



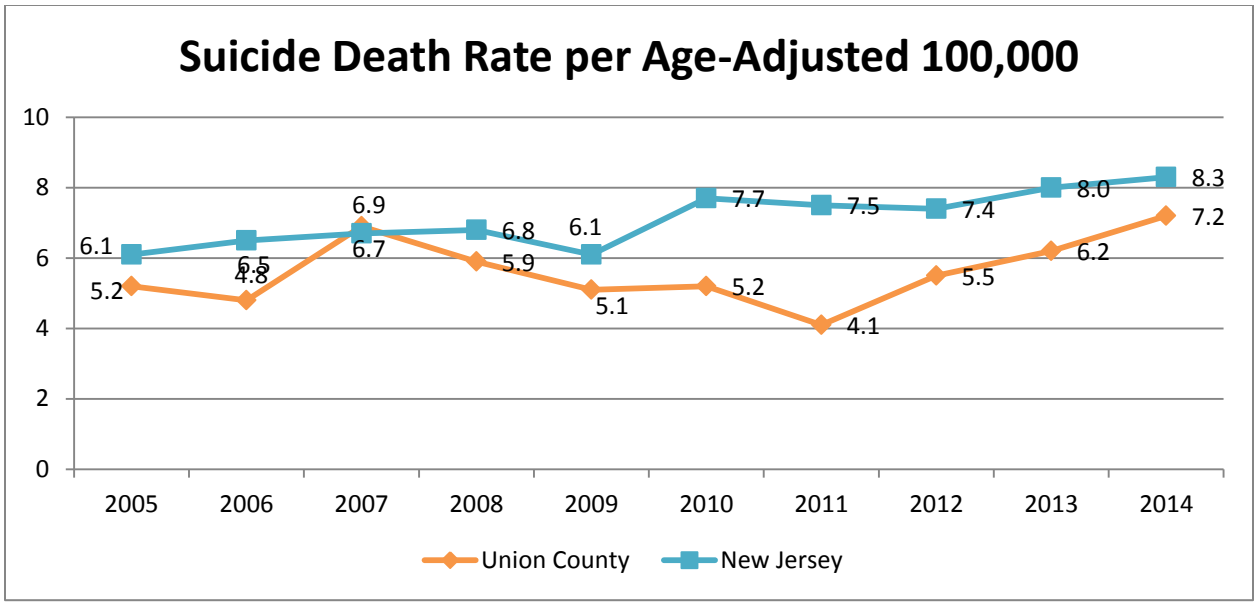
Source: Centers for Disease Control and Prevention
*A change in methods occurred in 2011 that may affect the validity of comparisons to past years

The Union County age-adjusted diabetes death rate is equivalent to the state and the nation and has been decreasing since 2005. However, the death rate is higher among Blacks/African Americans (27.4 per 100,000) compared to Whites (20.7 per 100,000).

Mental Health & Substance Abuse

In 2014, mental health and substance abuse diagnoses accounted for 9,287 or 5.4% of all emergency department visits across Union County hospitals. The behavioral health use rate, measuring the total behavioral health visits as a proportion of the total county population, increased 2.4 points from 2010 to 2014. Medicaid- HMO & Fee-for-Service (FFS) and charity care/uninsured patients accounted for 58.7% of all 2014 visits.

The suicide death rate in Union County is lower than the state and the nation and meets the Healthy People 2020 goal, but increased 3 points between 2011 and 2014. The mental and behavioral disorders death rate is also lower in Union County compared to the state and the nation, but increased 10 points between 2007 and 2014.



Source: Centers for Disease Control and Prevention

The drug-induced death rate in Union County is lower than the state and the nation, but increased 3 points between 2011 and 2014. Union County had 3,096 substance abuse treatment admissions in 2014; 2,272 were for unduplicated clients. Admissions were primarily for heroin and alcohol.

Union County Substance Abuse Treatment Admissions by Primary Drug

	Count	Percent
Heroin	1,200	42%
Alcohol	782	27%
Marijuana	506	18%
Cocaine	164	6%
Other opiates/drugs	214	7%

Source: New Jersey Department of Human Services Division of Mental Health and Addiction Services, 2014

Partner forum participants identified the need for additional childhood trauma counseling and substance abuse support services to address behavioral health in Union County. Partners stated that there is a lack of counseling services for children who experience trauma related to family substance abuse disorders and incarcerated parents. Transitional housing options were identified as the most needed substance abuse support services.

Community Health Implementation Plan

Trinitas Regional Medical Center developed a Community Health Implementation Plan to guide community benefit and population health improvement activities across Union County. The plan builds upon previous health improvement activities, while recognizing new health needs and a changing health care delivery environment, to address the county's most pressing community health needs. The plan is included on Page 61 of this report.

Board Approval and Dissemination

A Community Health Implementation Plan, recognizing county-wide priorities, was developed to build upon past efforts and measure ongoing initiatives for community health improvement. The CHNA Final Report and Implementation Plan were reviewed and adopted by the Trinitas Regional Medical Center Board on December 7, 2016. Both reports are made widely available to the public through the hospital's website.

For more information regarding the Community Health Needs Assessment or to submit comments or feedback, contact Joseph McTernan, Senior Director of Community and Clinical Services (jmcternan@trinitas.org).

Trinitas Regional Medical Center 2016 CHNA Demographic Analysis of Service Area

The following section outlines key demographic indicators related to the social determinants of health within the service area. Social determinants of health are factors within the environment in which people live, work, and play that can affect health and quality of life, and are often the root cause of health disparity. Healthy People 2020 defines a health disparity as "a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage." All reported demographic data are provided by © 2015 The Nielsen Company.

Language Spoken at Home

Approximately 42% of all service area residents speak a primary language other than English, compared to 30% of residents across the state. The percentage of non-English speaking residents is higher in the primary service area. Spanish is the service area's second most common language (26%), followed by Indo-European languages (11%)

2015 Primarily English Speaking Population

Total Service Area	Primary Service Area	Secondary Service Area	New Jersey
58.1%	29.0%	65.5%	69.7%

Financial and Occupation Demographics

Fewer service area residents, particularly primary service area residents, own their home compared to the state. Renters are more likely to experience housing cost burden, defined as spending more than 30% of household income on housing.

The percentage of renters versus home owners may be influenced by median home value and median income. Across the total service area, the median home value is higher than the state, but the median household income is lower. The primary service area has the lowest median home value, but also the lowest median household income.

2015 Households by Occupancy and Income

	Total Service Area	Primary Service Area	Secondary Service Area	New Jersey
Renter-occupied	40.9%	73.6%	33.0%	34.8%
Owner-occupied	59.1%	26.4%	67.0%	65.2%
Median home value	$362,156	$285,851	$369,379	$333,727
Median Household Income	$67,121	$44,629	$73,893	$71,094

The service area's median household income is lower than the state. Across the service area, Black/ African American and Hispanic/Latino residents have a lower median income than Asian and White residents. The secondary service area, in particular, experiences disparities in income with approximately a $33,000 difference between incomes for Blacks/African Americans and Asians.

2015 Population by Median Household Income & Race/Ethnicity

	Total Service Area	Primary Service Area	Secondary Service Area	New Jersey
White	$73,136	$48,813	$80,363	$76,433
Black or African American	$52,061	$32,865	$60,501	$46,864
Asian	$91,254	$54,103	$93,635	$102,458
Hispanic or Latino (of any race)	$56,153	$45,459	$66,061	$50,887
Total Population	**$67,121**	**$44,629**	**$73,893**	**$71,094**

Unemployment measures the percentage of the eligible workforce (residents age 16 years or over) who are actively seeking work, but have not obtained employment. Unemployment in the primary service area is nearly 10%, approximately 3 points higher than the secondary service area and the state.

2015 Unemployed Population

Total Service Area	Primary Service Area	Secondary Service Area	New Jersey
7.2%	9.6%	6.7%	6.8%

The majority of the total service area workforce holds white collar positions, but the percentage is lower in the primary service area (39.4%) compared to the secondary service area (63.5%). Primary service area residents are more likely to hold blue collar positions.

2015 Population by Occupation

	Total Service Area	Primary Service Area	Secondary Service Area	New Jersey
White collar	58.7%	39.4%	63.5%	65.6%
Blue collar	23.1%	37.1%	19.6%	17.5%
Service and farm	18.2%	23.5%	16.9%	16.9%

Education Demographics

Education is the largest predictor of poverty and one of the most effective means of reducing inequalities. Residents in the primary service area are less likely to be educated when compared to the state. Approximately 27% of the population has less than a high school diploma, more than double the state percentage (11.8%), and only 12.2% of the population has attained a bachelor's degree or higher.

Hispanic/Latino residents in the total service area have notably lower educational attainment compared to the overall population. The disparity is more pronounced in the primary service area with only 7.2% of Hispanics/Latinos earning a bachelor's degree or higher.

2015 Population by Educational Attainment

	Total Service Area	Primary Service Area	Secondary Service Area	New Jersey
Less than a high school diploma	14.9%	26.6%	12.0%	11.8%
High school graduate	32.4%	39.6%	30.6%	28.9%
Some college or associate's degree	24.7%	21.6%	25.5%	23.3%
Bachelor's degree or higher	28.0%	12.2%	31.9%	36.0%

2015 Hispanic/Latino Population Educational Attainment

	Total Service Area	Primary Service Area	Secondary Service Area	New Jersey
Less than a high school diploma	27.7%	31.0%	25.3%	29.4%
High school graduate	35.5%	40.2%	32.1%	32.6%
Some college or associate's degree	24.1%	21.6%	26.0%	22.1%
Bachelor's degree or higher	12.6%	7.2%	16.6%	15.9%

*Educational attainment is not available for Blacks/African Americans or other racial groups

Poverty

Families represent two or more people who are related and residing together. The percentage of families and families with children living in poverty in the total service area is slightly higher than the state. The percentages in the primary service area are higher than all comparisons, exceeding the state by approximately 10 points.

Families in Poverty

	Total Service Area	Primary Service Area	Secondary Service Area	New Jersey
Families	9.4%	18.3%	7.3%	8.1%
Families with Children	7.7%	16.2%	5.7%	6.2%

Social Determinants of Health by Zip Code

Social determinants impact health for all individuals within a community; populations most at risk for health disparities are highlighted below by zip code to allow Trinitas Regional Medical Center to focus its health improvement efforts where it can have the greatest impact. Zip codes are presented in descending order by "Families in Poverty."

Primary Service Area Zip Codes

	Black/ African American	Hispanic/ Latino	English Speaking	Families in Poverty	Families w/ Children in Poverty	Single Female Households with Children	Unemploy-ment	Less than HS Diploma
07206, Elizabethport	24.3%	67.6%	28.0%	23.6%	21.5%	22.8%	10.1%	32.0%
07202, Elizabeth	14.9%	68.7%	24.3%	18.1%	16.1%	16.4%	10.5%	27.2%
07201, Elizabeth	26.8%	57.8%	31.9%	17.8%	15.2%	18.1%	7.7%	26.7%
07208, Elizabeth	22.4%	54.9%	33.7%	14.3%	12.5%	16.7%	9.8%	21.3%
Primary Service Area (SA)	**21.3%**	**62.8%**	**29.0%**	**18.3%**	**16.2%**	**18.2%**	**9.6%**	**26.6%**
Total Service Area (SA)	**20.8%**	**31.5%**	**58.1%**	**9.4%**	**7.7%**	**11.1%**	**7.2%**	**14.9%**

*Data is not available for zip code 07207, Elizabeth

Color Coding Guide
More than 2% points higher than the Total SA Exception: English Speaking cells are more than 2% points lower than the Total SA

Secondary Service Area Zip Codes

	Black/ African American	Hispanic/ Latino	English Speaking	Families in Poverty	Families w/ Children in Poverty	Single Female Households with Children	Unemploy-ment	Less than HS Diploma
07060, Plainfield	32.4%	51.1%	49.5%	15.9%	13.9%	15.7%	9.3%	23.4%
10302, Staten Island, NY	20.5%	45.4%	60.7%	15.8%	11.5%	13.8%	5.1%	18.2%
10303, Staten Island, NY	37.7%	38.8%	57.8%	15.8%	12.5%	21.0%	5.4%	17.7%
07063, Plainfield	38.2%	47.8%	50.4%	14.4%	13.0%	14.1%	10.3%	22.8%
07062, Plainfield	55.1%	31.1%	68.5%	11.6%	10.7%	15.5%	11.8%	17.9%
07203, Roselle	54.6%	30.5%	57.6%	11.2%	9.0%	12.9%	9.1%	11.8%
07088, Vauxhall	78.4%	9.0%	74.0%	9.5%	9.0%	18.1%	13.2%	12.8%
07065, Rahway	31.9%	27.6%	66.1%	7.7%	6.6%	12.3%	7.8%	11.6%
07036, Linden	27.3%	28.4%	55.8%	7.6%	6.3%	11.4%	8.3%	14.5%
10314, Staten Island, NY	4.6%	14.0%	67.1%	6.5%	4.1%	6.7%	3.8%	10.0%
07083, Union	29.2%	18.1%	60.7%	4.6%	3.2%	6.8%	7.0%	12.1%
07067, Colonia	5.6%	10.8%	69.7%	4.4%	2.7%	4.8%	6.1%	8.5%
07066, Clark	1.1%	9.0%	78.1%	3.8%	2.6%	4.3%	5.7%	7.9%
07033, Kenilworth	3.2%	18.6%	70.9%	3.7%	2.9%	5.8%	7.2%	10.1%
07204, Roselle Park	7.3%	33.7%	54.6%	3.7%	3.5%	8.9%	10.1%	9.2%
07081, Springfield	7.4%	11.8%	73.3%	3.6%	1.9%	5.5%	5.0%	5.5%
07016, Cranford	2.9%	7.8%	88.4%	2.6%	2.1%	4.8%	4.5%	5.0%
07076, Scotch Plains	10.9%	8.0%	81.9%	1.7%	0.9%	5.4%	5.2%	3.5%
07090, Westfield	3.0%	5.8%	84.8%	1.7%	1.6%	4.8%	5.6%	4.2%
Secondary Service Area (SA)	**20.7%**	**23.4%**	**65.5%**	**7.3%**	**5.7%**	**9.4%**	**6.7%**	**12.0%**
Total Service Area (SA)	**20.8%**	**31.5%**	**58.1%**	**9.4%**	**7.7%**	**11.1%**	**7.2%**	**14.9%**

*Data is not available for zip code 07061, Plainfield and 07091, Westfield

Color Coding Guide
More than 2% points higher than the Total SA Exception: English Speaking cells are more than 2% points lower than the Total SA

Trinitas Regional Medical Center 2016 CHNA Public Health Analysis of Service Area

Background

Publicly reported health statistics were collected and analyzed to display health trends and identify health disparities across the service area. The following analysis uses data compiled by secondary sources such as the County Health Rankings & Roadmaps program, New Jersey Department of Health, and the Centers for Disease Control and Prevention (CDC). A full listing of all public health data sources can be found in Appendix A.

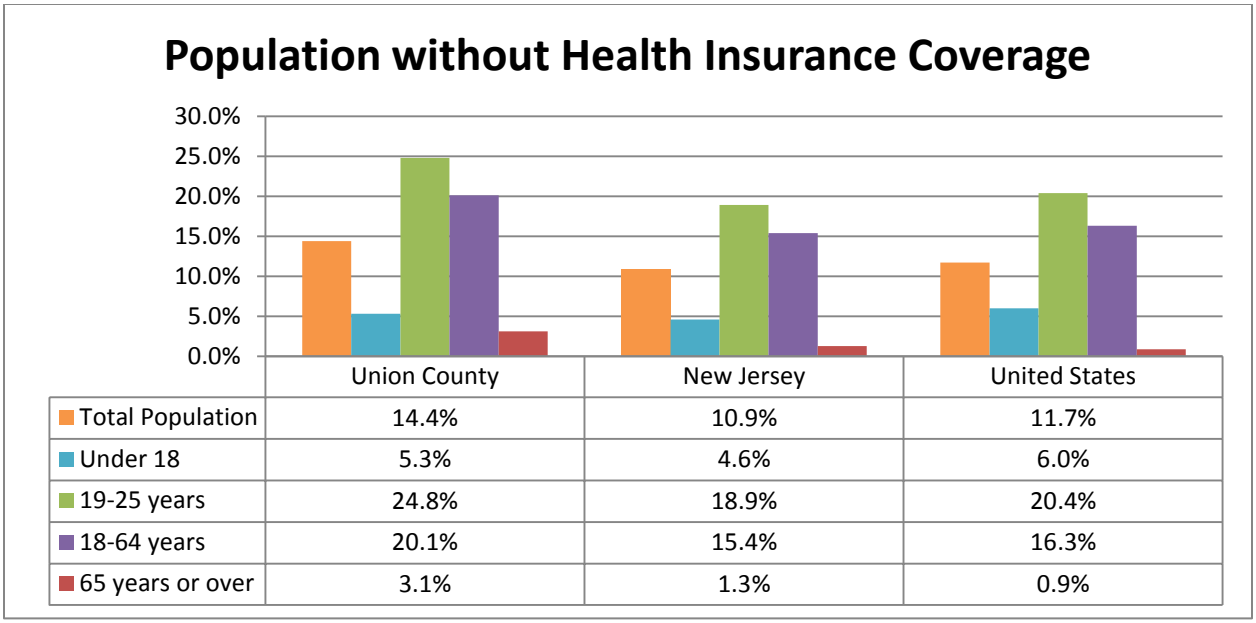
Public health data focuses on the primary county served by the hospital, Union County. County statistics are compared to state and national averages and Healthy People 2020 (HP 2020) goals, where applicable. State and national averages represent comparable year(s) of data to county-level statistics, unless otherwise noted. Healthy People 2020 goals are national goals created by the U.S. Department of Health and Human Services to set a benchmark for all communities to strive towards. Healthy People goals are updated every ten years and progress is tracked throughout the decade.

Access to Health Services

According to the 2015 County Health Rankings, Union County ranks 11th out of the 21 counties in New Jersey for clinical care. The ranking is based on a number of indicators, including health insurance coverage and access to providers.

Residents in Union County are more likely to be uninsured than the state and the nation.
The uninsured rate is highest among young adults (24.8%).

The percentage of uninsured Union County residents declined 2.4 points from 2010 to 2014, but exceeds the state and the nation and does not meet the Healthy People 2020 goal to have 100% of residents insured. Uninsured rates are highest among young adults 19 to 25 years (24.8%) and adults 18 to 64 years (20.1%).



	Union County	New Jersey	United States
Total Population	14.4%	10.9%	11.7%
Under 18	5.3%	4.6%	6.0%
19-25 years	24.8%	18.9%	20.4%
18-64 years	20.1%	15.4%	16.3%
65 years or over	3.1%	1.3%	0.9%

Source: American Community Survey, 2014

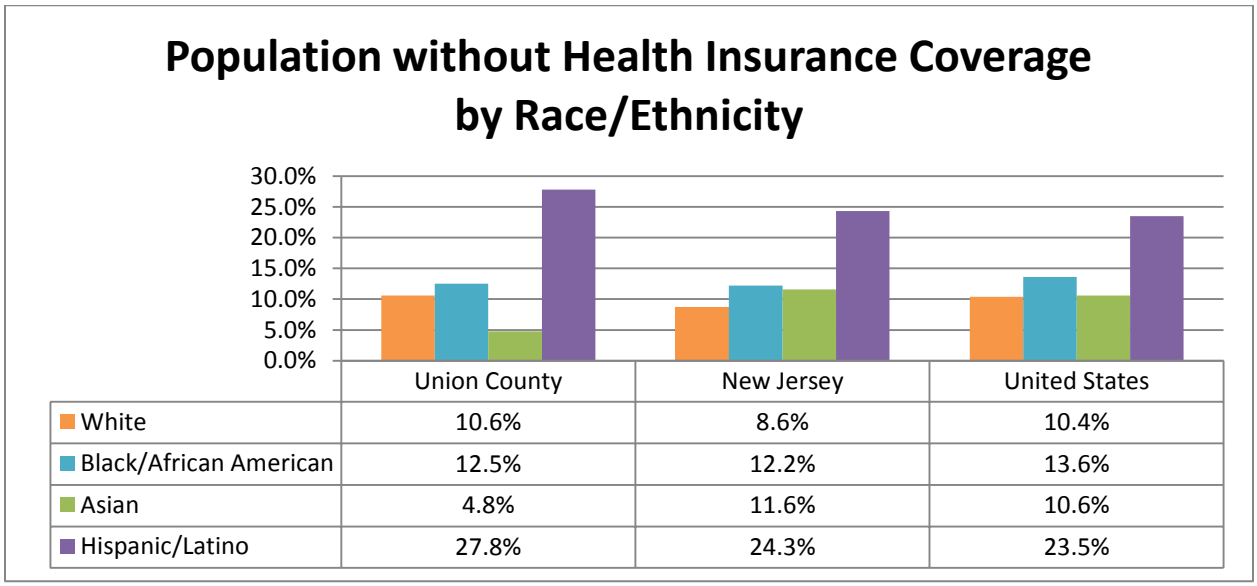
The following zip codes served by Trinitas Regional Medical Center have a higher uninsured rate. Zip code 07206, Elizabeth has the highest uninsured rate (30.7%), but 07060, Plainfield has the greatest number of uninsured residents (13,127).

Uninsured Rates by Zip Code

Zip Code	Uninsured Rate	Number of People Affected
07206, Elizabeth	30.7%	8,430
07201, Elizabeth	29.5%	7,299
07060, Plainfield	28.9%	13,127
07202, Elizabeth	26.5%	10,796
07063, Plainfield	25.9%	3,611
07208, Elizabeth	23.5%	7,555
07062, Plainfield	22.5%	2,830
07203, Roselle	19.6%	4,175
07036, Linden	16.9%	7,150

Source: American Community Survey, 2010-2014

Black/African American and Hispanic/Latino populations in Union County are more likely to be uninsured when compared to the White population. Hispanic/Latino residents have the highest uninsured rate (27.8%).



	Union County	New Jersey	United States
White	10.6%	8.6%	10.4%
Black/African American	12.5%	12.2%	13.6%
Asian	4.8%	11.6%	10.6%
Hispanic/Latino	27.8%	24.3%	23.5%

Source: American Community Survey, 2014

Provider Access

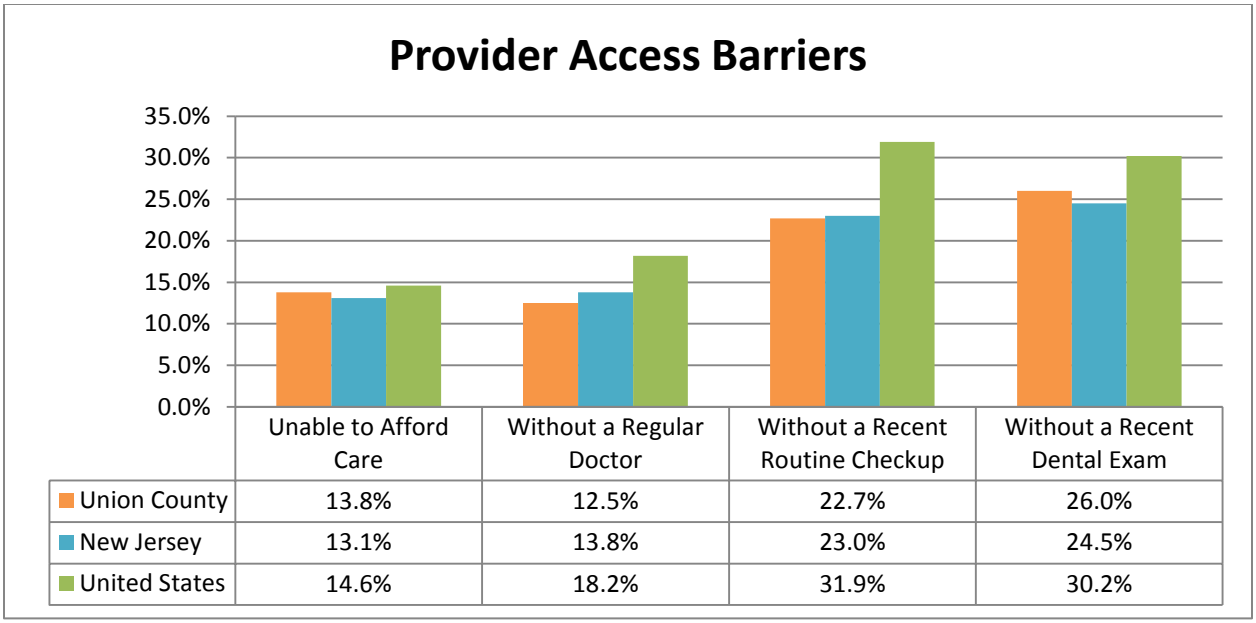
Provider rates are noted for primary care, dental care, and mental health providers. In Union County, provider rates are similar to the state for all providers except primary care. The Union County primary care provider rate is approximately 16 points lower than the state. The primary care and dental provider rate remained stable from past reporting years, but the mental health provider rate increased approximately 32 points.

Provider Rate Changes

	Primary Care		Dental		Mental	
	2011	2012	2012	2013	2013	2014
Union County	71.2	69.7	81.4	82.3	128.5	160.0
New Jersey	85.2	85.6	79.3	80.7	123.6	160.5

Source: United States Department of Health & Human Services, Health Resources and Services Administration & Centers for Medicare & Medicaid Services

Despite a having a lower primary care provider rate, fewer adults in Union County are without a personal doctor or health care provider (12.5%) and/or have gone more than a year without a routine checkup (22.7%) when compared to the state and the nation. A similar percentage of adults are unable to see a doctor due to cost barriers compared to the state and the nation.



	Unable to Afford Care	Without a Regular Doctor	Without a Recent Routine Checkup	Without a Recent Dental Exam
Union County	13.8%	12.5%	22.7%	26.0%
New Jersey	13.1%	13.8%	23.0%	24.5%
United States	14.6%	18.2%	31.9%	30.2%

Source: New Jersey Health Collaborative, 2012 & Centers for Disease Control and Prevention, 2006-2010
*All indicators represent the adult (18 years or over) population

None of the population in New Jersey lives in a health professional shortage area (HPSA), but the East Jersey State Prison in Rahway and the Immigration and Custom Enforcement Center in Elizabeth are designated HPSA facilities for primary care, dental care, and mental health care.

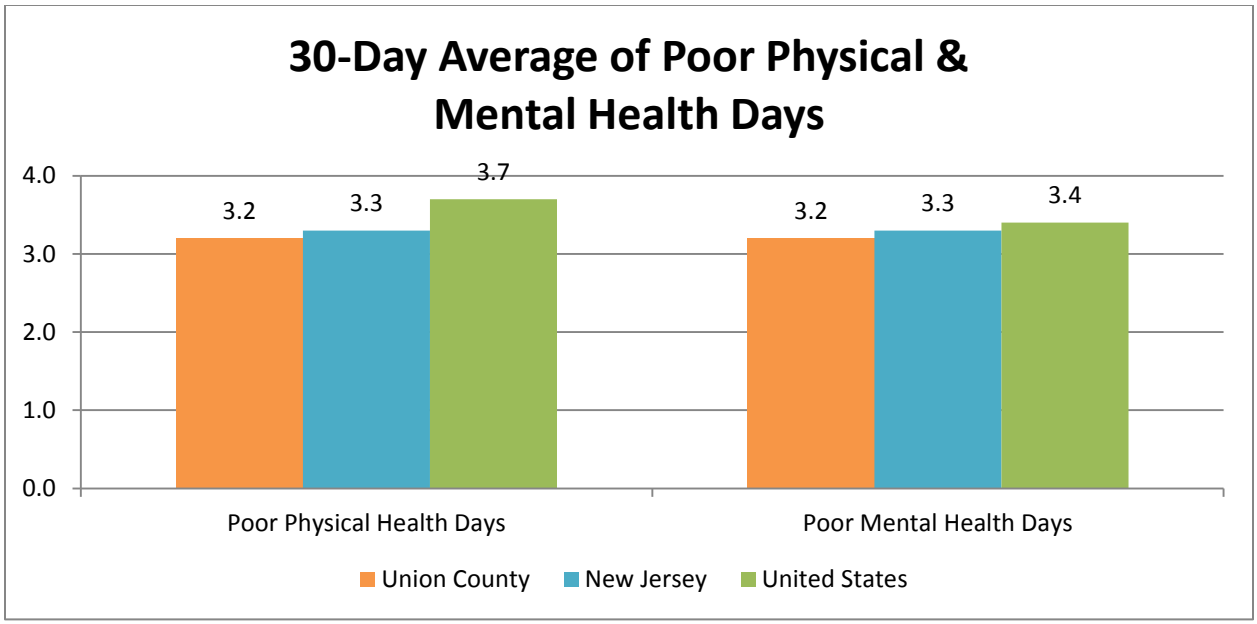
Overall Health Status

According to the 2015 County Health Rankings, Union County ranks 9th out of 21 New Jersey counties for health outcomes. Health outcomes are measured in relation to length of life (premature death) and quality of life.

The premature death rate measures the years of potential life lost before age 75. Union County has a lower premature death rate (5,285 per 100,000) compared to the state (5,558 per 100,000) and the nation (6,622 per 100,000).

Union County residents are less likely to die prematurely when compared to the state and the nation

The percentage of Union County adults that self-report having “poor” or “fair” health (17.1%) is higher when compared to the state (15%) and the nation (16.5%); however, Union County adults report lower 30-day averages for poor physical and mental health days.



Source: Centers for Disease Control and Prevention, 2006-2012

Health Behaviors

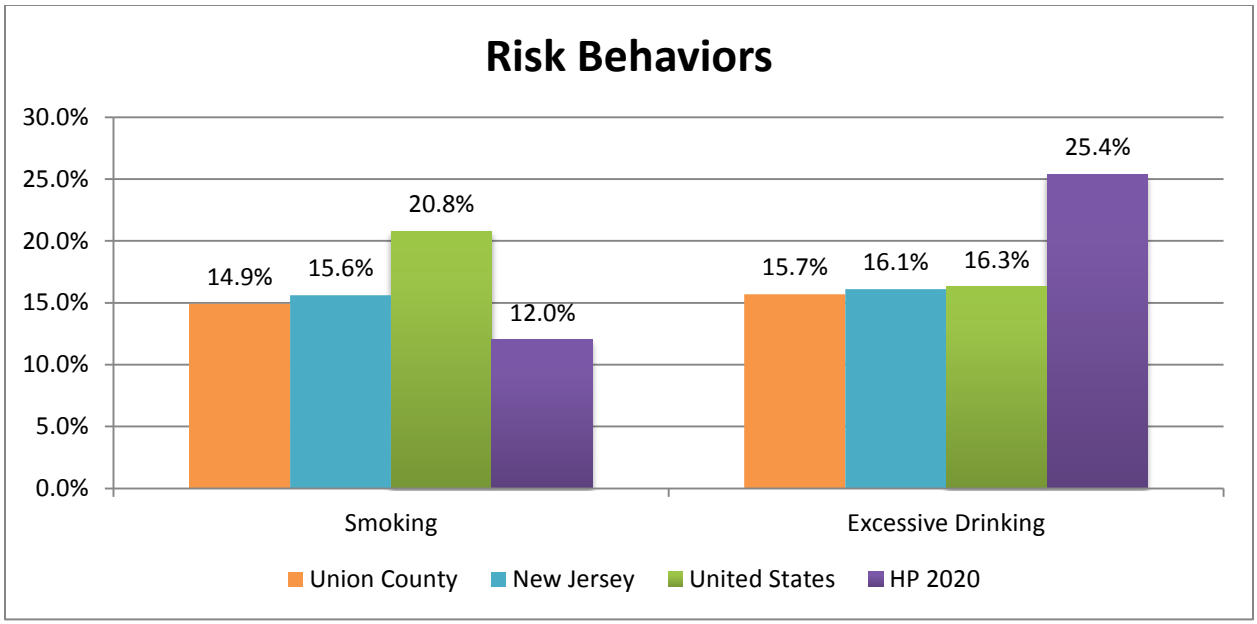
Individual health behaviors, including smoking, excessive drinking, physical inactivity, and obesity, have been shown to contribute to or reduce the chance of disease. The prevalence of these health behaviors is provided below, compared to New Jersey, the nation, and Healthy People 2020 goals.

Risk Behaviors

Union County adults are just as likely to smoke when compared to the state, but less likely when compared to the nation. The percentage of adult smokers is lower than the nation by approximately 6 points. However, the county exceeds the Healthy People 2020 goal for smoking by approximately 3 points.

Union County adults are less likely to smoke when compared to the nation, but do not meet the HP 2020 goal

Union County adults are just as likely to drink excessively when compared to the state and the nation and meet the Healthy People 2020 goal. Excessive drinking includes heavy drinking (15 or more drinks per week for men and eight or more drinks per week for women) and binge drinking (five or more drinks on an occasion for men and four or more drinks on an occasion for women).



Source: Centers for Disease Control and Prevention, 2006-2012 & Healthy People 2020

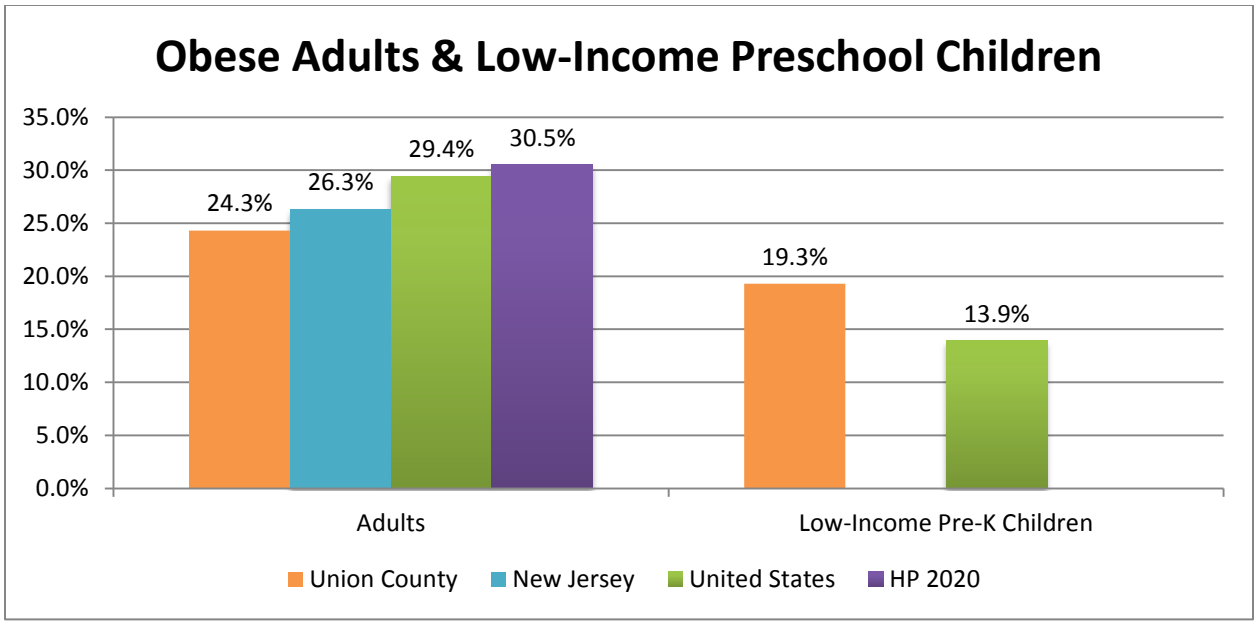
Obesity

The percentage of obese adults and children is a national epidemic. In Union County, the percentage of obese adults is lower than the state, the nation, and the Healthy People 2020 goal. However, the percentage is increasing, rising 2.3 points between 2009 and 2013.

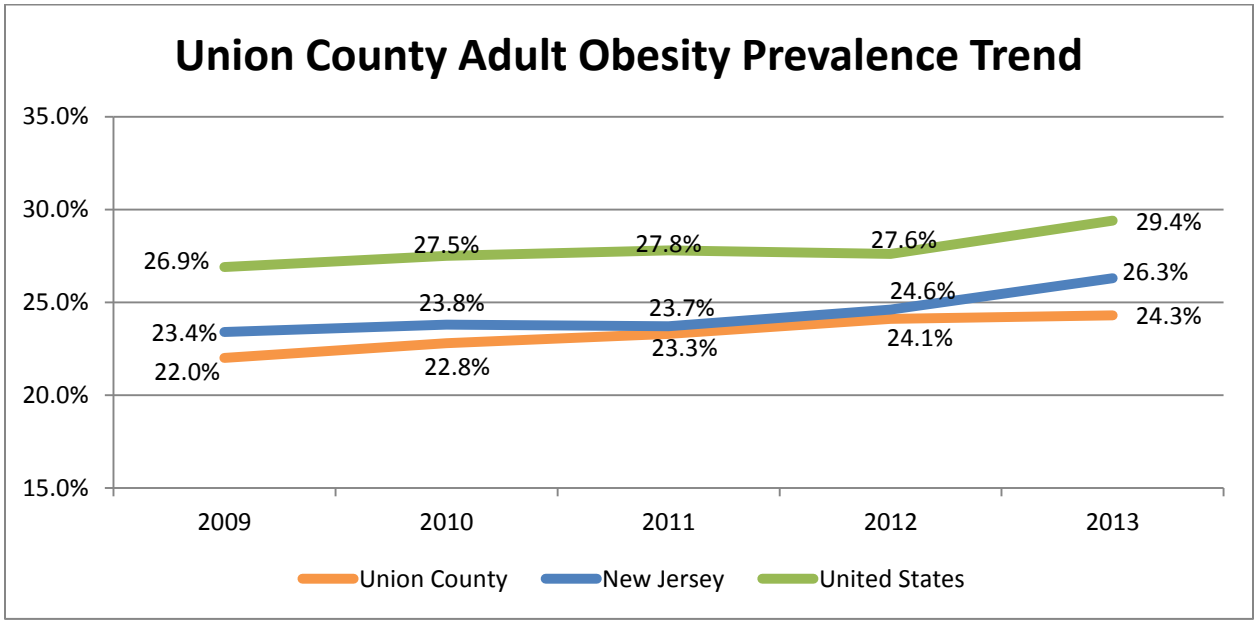
The percentage of obese adults increased by 2 points from 2009, but is lower than the nation.

Obese low-income preschool children exceed the nation by more than 5 points.

The percentage of obese low-income preschool children in Union County exceeds the nation by more than 5 points. The children represented by this indicator are ages 2 to 4 years and participate in federally funded health and nutrition programs. Data for this age group is not available for the state or Healthy People 2020.



Source: Centers for Disease Control & Prevention, 2013; USDA Food Environment Atlas, 2009-2011; Healthy People 2020
*Obesity among low-income preschool children is not available for New Jersey or Healthy People 2020
**Adult obesity data for Union County and New Jersey is age-adjusted



Source: Centers for Disease Control and Prevention, 2009-2013
*A change in methods occurred in 2011 that may affect the validity of comparisons to past years

Obesity is affected by access to nutritious food and exercise opportunities. Food insecurity, defined as being without a consistent source of sufficient and affordable nutritious food, is a measure of food access. In Union County, 11.6% of all residents and 16.7% of children are food insecure. Both percentages are lower than state and national benchmarks.

16.7% of children in Union County are food insecure compared to 23.7% nationally

Percentage of Food Insecure Residents

	All Residents	Children
Union County	11.6%	16.7%
New Jersey	12.4%	18.3%
United States	15.1%	23.7%

Source: Feeding America, 2013

Another measure of healthy food access is the number of fast food restaurants versus grocery stores in the area. Union County has a lower rate of fast food restaurants and a higher rate of grocery stores when compared to state and national comparisons, indicating residents have higher access to fresh and healthy foods.

Healthy Food Access & Environment

	Fast Food Restaurants per 100,000	Grocery Stores per 100,000
Union County	68.6	30.9
New Jersey	76.6	30.5
United States	72.7	21.2

Source: United States Census, 2013

According to the 2015 County Health Rankings, nearly all residents in Union County (99.5%) have access to physical activity venues (parks, gyms, community centers, YMCAs, dance studios, pools, etc.). The percentage is higher when compared to the state (95.6%) and the nation (85%). However, the percentage of physically inactive adults ages 20 or older in Union County (25.8%) is higher than the state (24.3%) and the nation (23%) and increased from the last report of 23.9%.

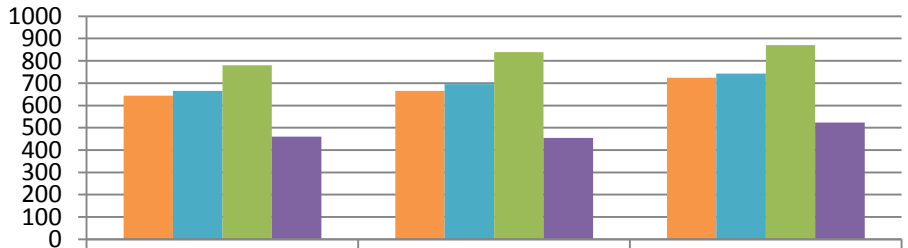
Nearly 100% of residents have access to physical activity venues in Union County

Mortality

The 2014 all cause age-adjusted death rate in Union County (643.4 per 100,000) is lower than both the state and the nation; however, the death rate among Blacks/African Americans in the county (780.8 per 100,000) is higher than the overall death rate and the rate among Whites (665 per 100,000).

The death rate among Blacks/African Americans in Union County is 116 points higher than the rate among Whites

Death Rate by Race/Ethnicity per Age-Adjusted 100,000

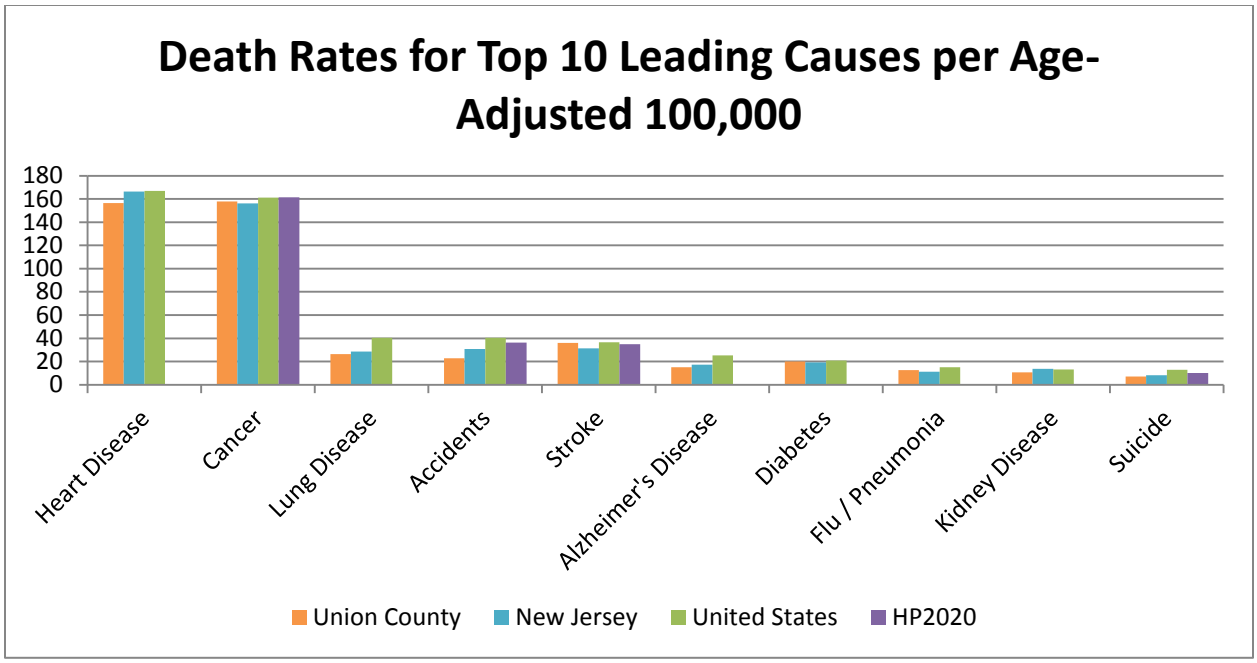


	Union County	New Jersey	United States
Total Population	643.4	665.7	724.6
Whites, Non-Hispanic (NH)	665	695.2	742.8
Blacks/African Americans, NH	780.8	839.5	870.7
Hispanics/Latinos	459.9	454.8	523.3

Source: Centers for Disease Control and Prevention, 2014

Union County has lower rates of death for six of the top 10 causes compared to the state and the nation: heart disease, chronic lower respiratory disease (lung disease), accidents, Alzheimer's disease, kidney disease, and suicide. The following graph represents 2014 death rates and the most recent health status of the county. Throughout the remainder of the report, year-over-year trending data is often provided to show areas of improvement and opportunity.

Union County has lower rates of death for six of the top 10 causes compared to the state and the nation



Source: Centers for Disease Control and Prevention, 2014 & Healthy People 2020

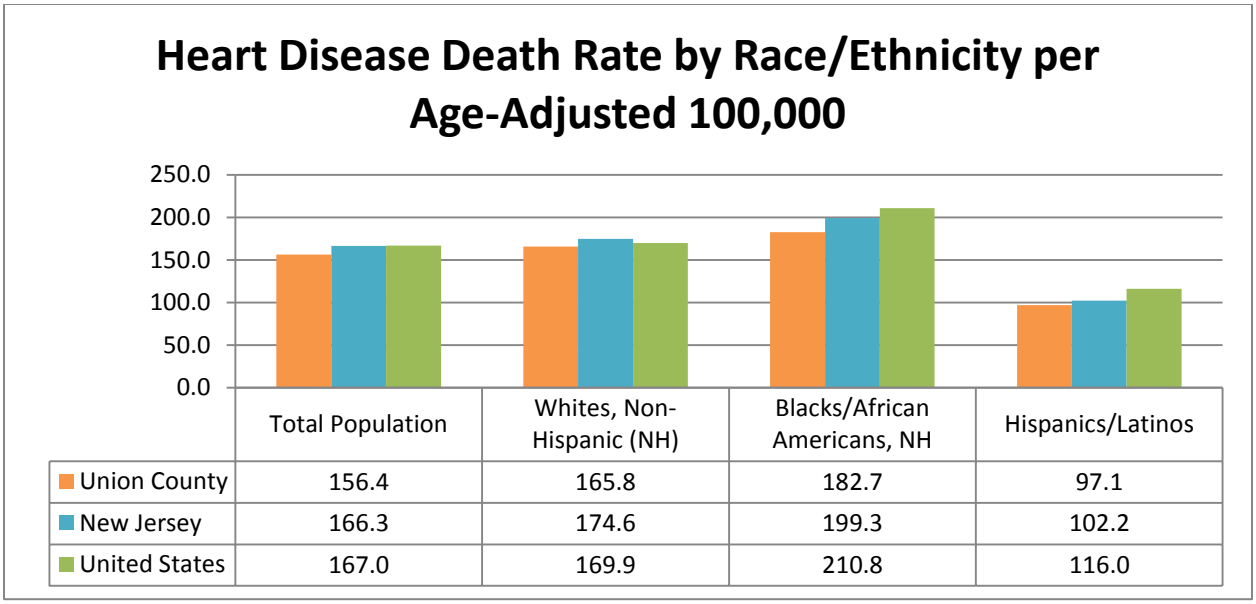
Chronic Diseases

Chronic disease rates are increasing across the nation and are the leading causes of death and disability. Chronic diseases are often preventable through reduced health risk behaviors like smoking and alcohol use, increased physical activity and good nutrition, and early detection of risk factors and disease.

Heart Disease

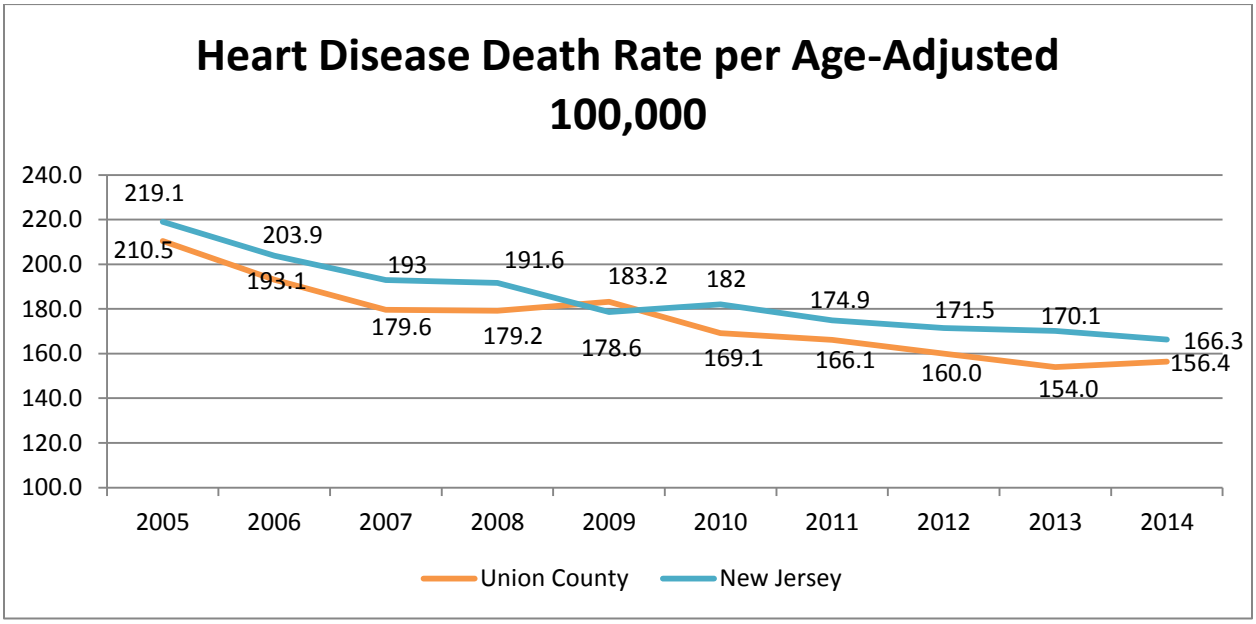
Heart disease is the leading cause of death in the nation. The heart disease death rate is lower in Union County when compared to the state and the nation. The death rate is also declining, falling 54 points from 2005. However, racial disparities in heart disease death exist in Union County; the death rate among Blacks/African Americans is 17 points higher than the rate among Whites.

The heart disease death rate is declining, but still affects Blacks/African Americans at a higher rate than Whites



	Total Population	Whites, Non-Hispanic (NH)	Blacks/African Americans, NH	Hispanics/Latinos
Union County	156.4	165.8	182.7	97.1
New Jersey	166.3	174.6	199.3	102.2
United States	167.0	169.9	210.8	116.0

Source: Centers for Disease Control and Prevention, 2014



Source: Centers for Disease Control and Prevention

Coronary heart disease is a form of heart disease characterized by the buildup of plaque inside the coronary arteries. Approximately 4% of adults in Union County have been diagnosed with coronary heart disease, similar to the state and the nation.

The Union County coronary heart disease death rate meets the HP 2020 goal and decreased 42 points from 2005

The coronary heart disease death rate in Union County is lower than the state and meets the Healthy People 2020 goal. The death rate declined 42 points from a 2005 rate of 141.6 per 100,000.

Several types of heart disease, including coronary heart disease, are risk factors for stroke. Approximately 2% of adults in Union County have had a stroke, similar to the state. However, the stroke death rate in Union County is slightly higher than both the state and the Healthy People 2020 goal. The rate has remained variable over the past 10 years.

The stroke death rate in Union County is higher than the state and the HP 2020 goal

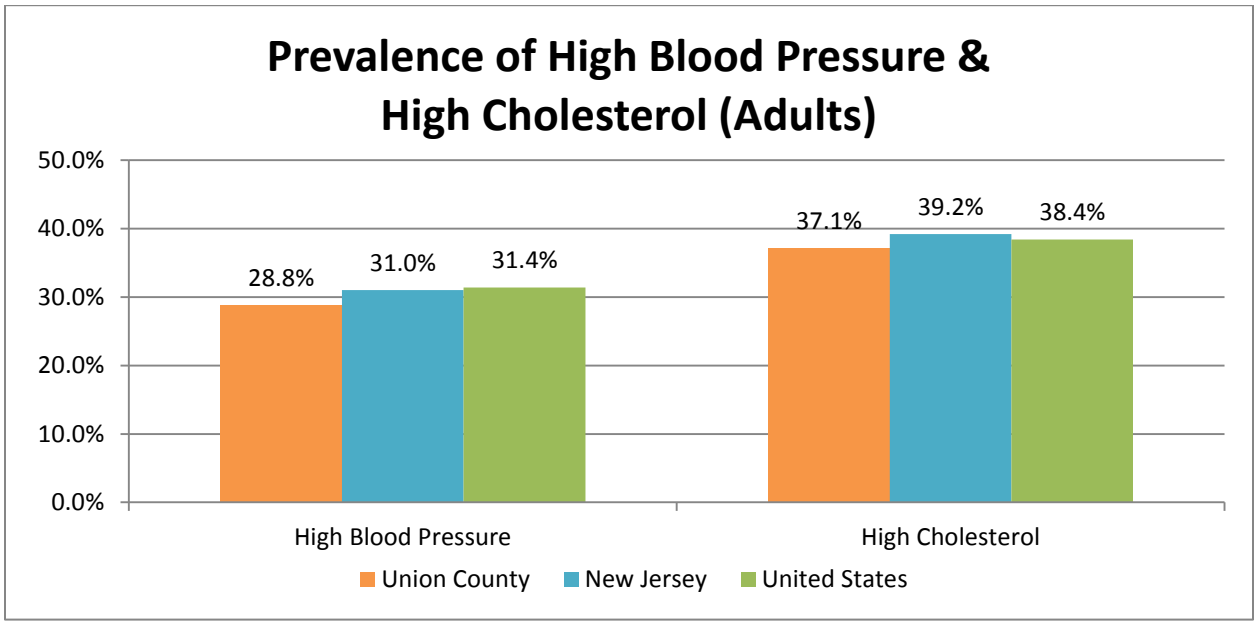
Coronary Heart Disease and Stroke Prevalence and Death Rates

	Coronary Heart Disease		Stroke	
	Prevalence* (Adults)	Death Rate per Age-Adjusted 100,000	Prevalence (Adults)	Death Rate per Age-Adjusted 100,000
Union County	3.9%	99.2	2.1%	36.0
New Jersey	3.7%	100.5	2.5%	31.4
United States	4.1%	98.8	NA	36.5
HP 2020	NA	103.4	NA	34.8

Source: Centers for Disease Control and Prevention, 2013 & 2014 & New Jersey Department of Health, 2013

*Prevalence includes coronary heart disease and angina

Heart Disease is often a result of high blood pressure and high cholesterol, which can result from poor diet and exercise habits. Union County has a lower percentage of adults with high blood pressure and high cholesterol when compared to the state and the nation, but percentages account for approximately one-quarter to one-third of adults.



Source: Centers for Disease Control and Prevention, 2013; New Jersey Department of Health, 2013; Healthy People 2020

Cancer

Cancer is the second leading cause of death in the nation behind heart disease. The overall cancer incidence rate in Union County is lower than the state, but slightly higher than the nation. The rate decreased 35 points over the past five reporting cycles.

The Union county overall cancer incidence rate decreased 35 points over the past five reporting cycles

Cancer screenings are essential for early diagnosis and preventing cancer death. Colorectal cancer screenings are recommended for adults age 50 years or over. In Union County, 56% of adults had a colorectal cancer screening within the past five years compared to 53.8% across the nation.

Prostate-specific antigen (PSA) tests are recommended for men 40 years and over to detect prostate cancer. In Union County, an equitable percentage of men had a PSA test within the past two years (54.8%) compared to the nation.

Clinical breast exams and mammograms are recommended to detect breast cancer. In Union County, 87.7% of all women age 18 years or over had a clinical breast exam and 78.5% of women age 40 years or over had a mammogram within the past two years. The percentages are higher than the nation.

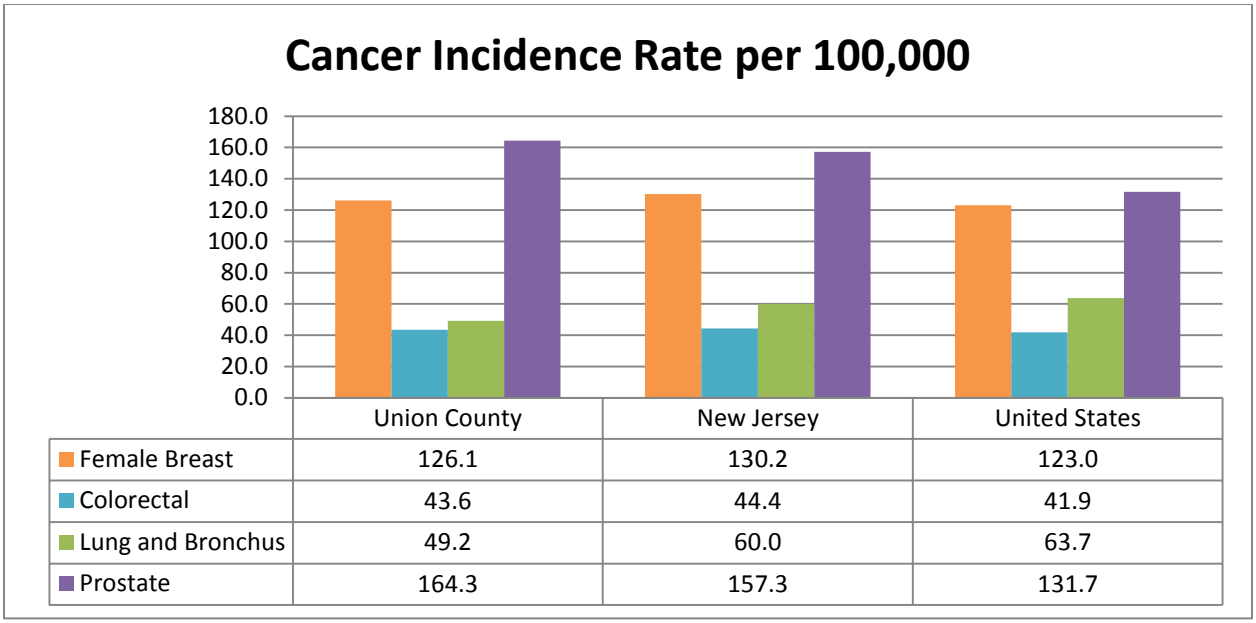
Cancer Screenings

	Colorectal Cancer Screening in Past Five Years	PSA Test in Past Two Years	Clinical Breast Exam in Past Two Years	Mammogram in Past Two Years
Union County	56.0%	54.8%	87.7%	78.5%
United States	53.8%	54.4%	75.7%	54.3%

Source: New Jersey Health Collaborative, 2012

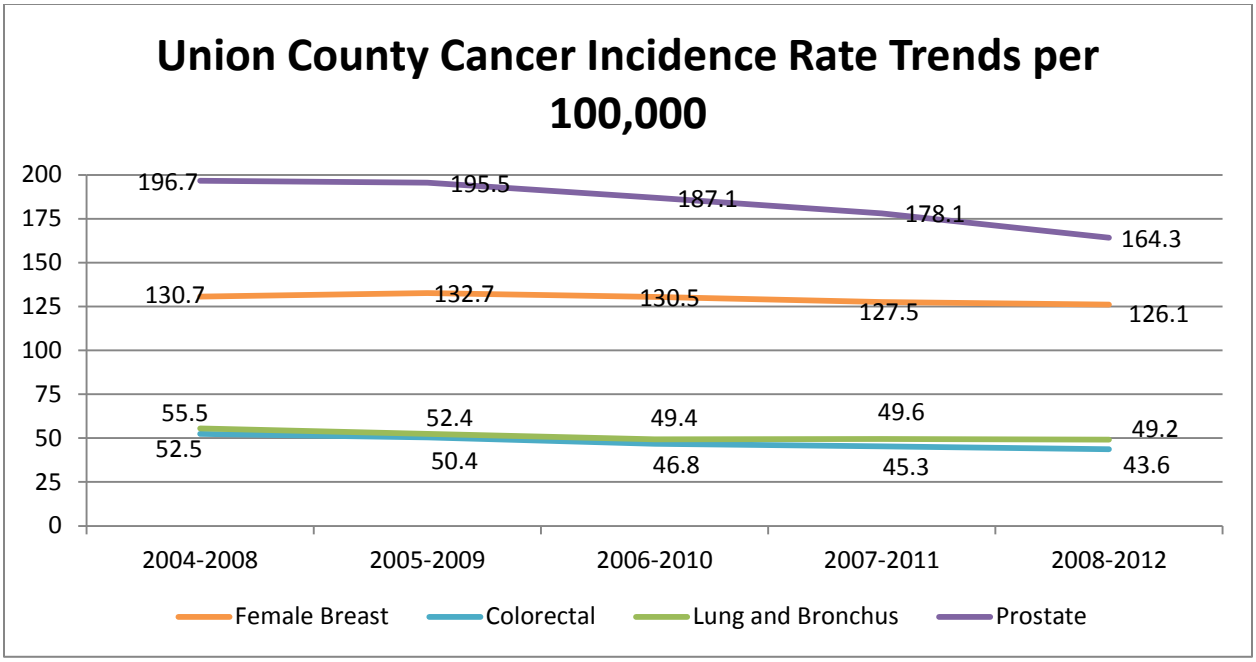
Presented below are the incidence rates for the most commonly diagnosed cancers: breast (female), colorectal, lung, and prostate (male). Incidence rates for all reported cancer types decreased over the past five reporting cycles. Rates for female breast and colorectal cancer are lower than the state, but slightly higher than the nation. The lung cancer incidence rate is lower than both the state and the nation. The prostate cancer incidence rate is higher than both the state and the nation, exceeding the nation by 33 points. Higher incidence rates can be linked to increased screenings; however, Union County men have a similar PSA screening rate compared to the nation.

Cancer incidence rates are declining, but prostate cancer incidence is still 33 points higher than the nation



	Union County	New Jersey	United States
Female Breast	126.1	130.2	123.0
Colorectal	43.6	44.4	41.9
Lung and Bronchus	49.2	60.0	63.7
Prostate	164.3	157.3	131.7

Source: National Cancer Institute, 2008-2012

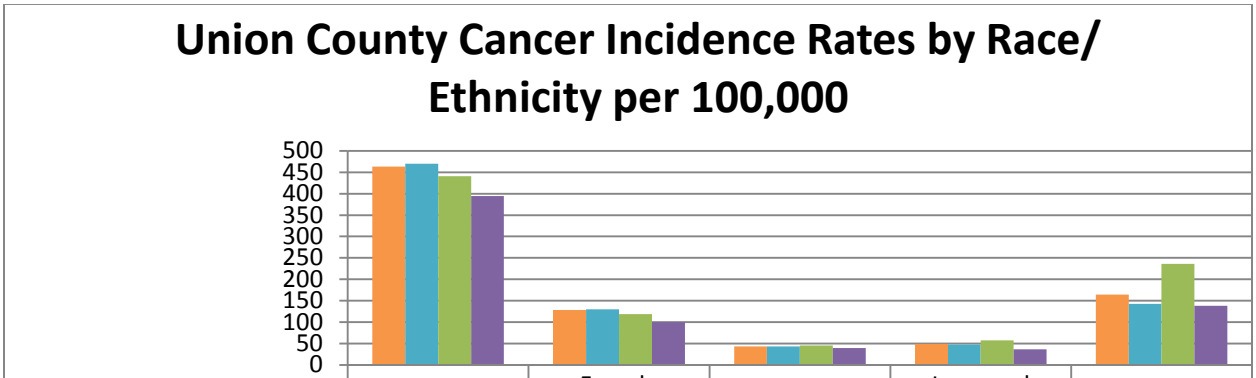


Source: National Cancer Institute

The overall cancer incidence rate in Union County is highest among Whites, exceeding Blacks/African Americans and Hispanics/Latinos by 29 points and 69 points respectively. However, Blacks/African Americans have higher rates of lung and

Overall cancer incidence is highest among Whites; however, the prostate cancer incidence rate among Blacks/African Americans is nearly 93 points higher than the rate among Whites

bronchus and prostate cancer. The prostate cancer incidence rate is particularly high, exceeding Whites by nearly 93 points.



	All Sites	Female Breast	Colorectal	Lung and Bronchus	Prostate
Total Population	463	126.1	43.6	49.2	164.3
Whites	469.7	129.6	42.9	48.1	142.9
Blacks/African Americans	441	118.4	45.5	57.7	235.7
Hispanics/Latinos	394.2	99.9	39.5	36.7	137.9

Source: National Cancer Institute, 2008-2012

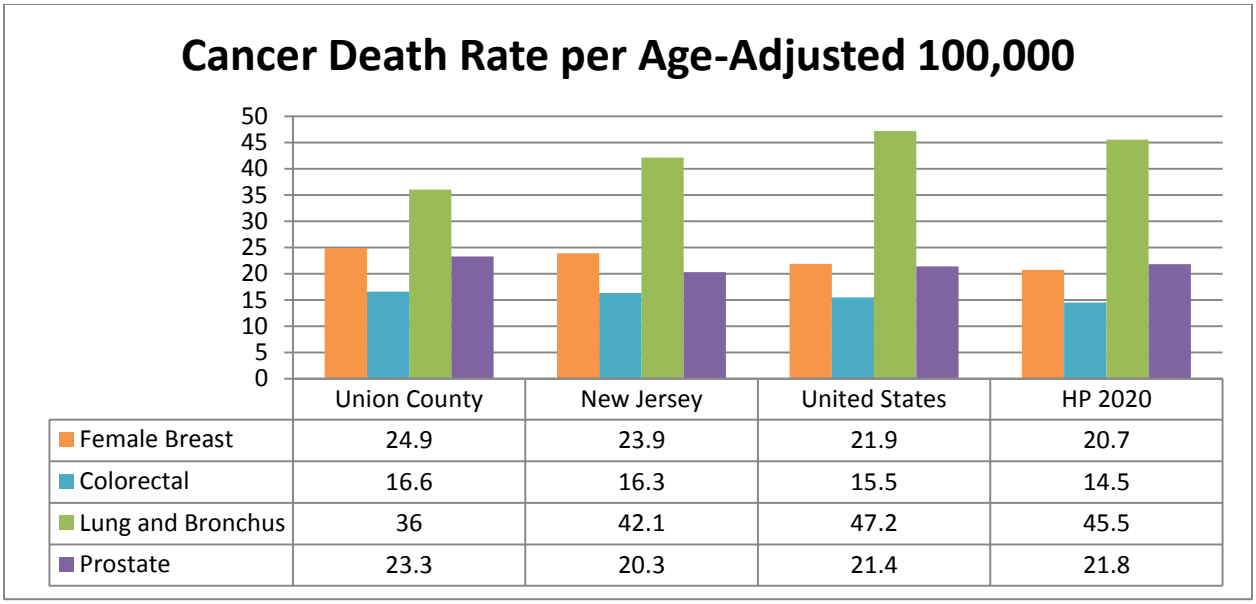
The Union County overall cancer death rate decreased 17 points over the past five reporting cycles and meets the HP 2020 goal

Age-adjusted cancer death rates for the same reporting period as cancer incidence (2008 to 2012) are measured below. The overall cancer death rate in Union County is lower than the state and the nation and meets the Healthy People 2020 goal. The rate decreased 17 points over the past five reporting cycles.

Presented below are the death rates for the most commonly diagnosed cancers. Death rates for all reported cancer types decreased over the past five reporting cycles.

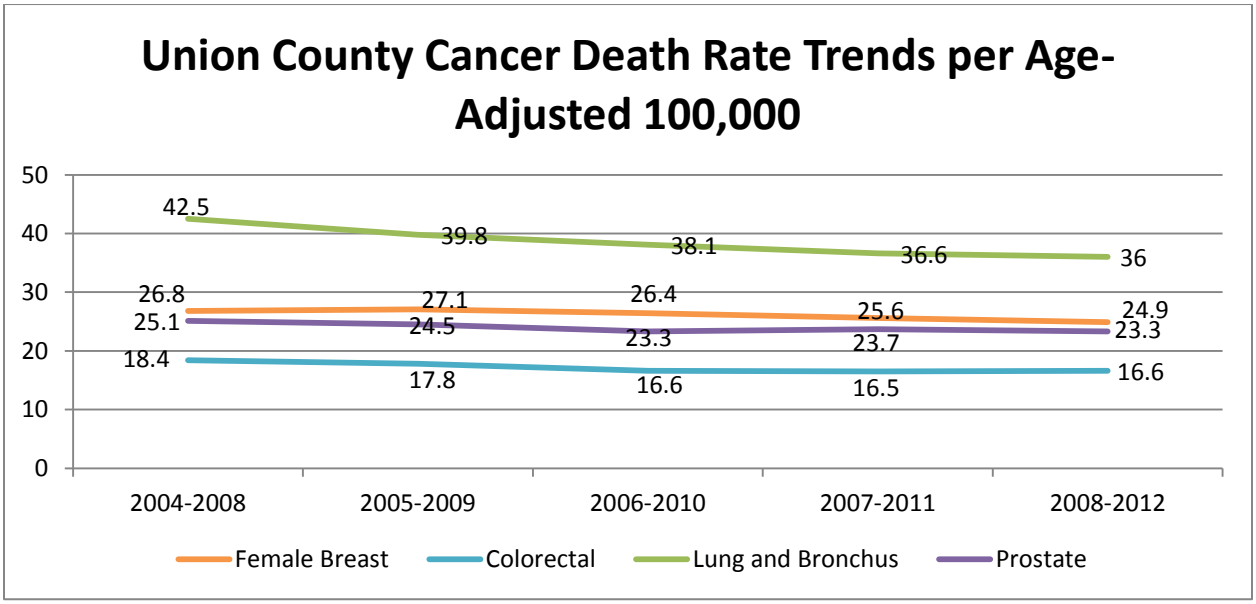
Rates for all reported cancer types decreased, but only the lung and bronchus cancer death rate is lower than the state and the nation and meets the HP 2020 goal

However, only the lung and bronchus cancer death rate is lower than the state and the nation and meets the Healthy People 2020 goal.



	Union County	New Jersey	United States	HP 2020
Female Breast	24.9	23.9	21.9	20.7
Colorectal	16.6	16.3	15.5	14.5
Lung and Bronchus	36	42.1	47.2	45.5
Prostate	23.3	20.3	21.4	21.8

Source: National Cancer Institute, 2008-2012 & Healthy People 2020



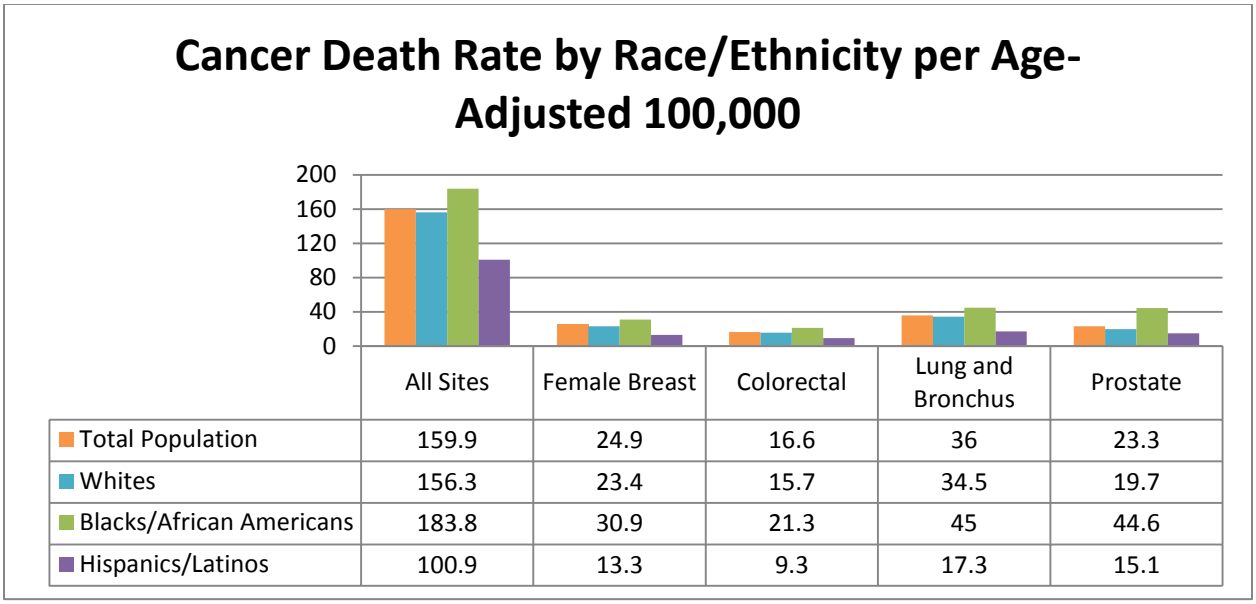
Source: National Cancer Institute

Blacks/African Americans in Union County have a lower overall cancer incidence rate compared to Whites, but a higher overall cancer death rate. Blacks/African Americans also have higher death rates for all reported cancer types.

Blacks/African Americans are less likely to be diagnosed with cancer, but more likely to die from it

The prostate cancer death rate is approximately 25 points higher among Black/African American men compared to White men. Black/African American men also have a higher

prostate cancer incidence rate, indicating that they are more likely to develop the condition and die from it.



	All Sites	Female Breast	Colorectal	Lung and Bronchus	Prostate
Total Population	159.9	24.9	16.6	36	23.3
Whites	156.3	23.4	15.7	34.5	19.7
Blacks/African Americans	183.8	30.9	21.3	45	44.6
Hispanics/Latinos	100.9	13.3	9.3	17.3	15.1

Source: National Cancer Institute, 2008-2012

Chronic Lower Respiratory Disease

Chronic lower respiratory disease (CLRD) is the third most common cause of death in the nation. It encompasses diseases like chronic obstructive pulmonary disorder (COPD), emphysema, and asthma.

Union County has a lower prevalence of asthma and COPD, and a lower death rate due to CLRD, compared to the state and the nation

The death rate due to CLRD is lower in Union County compared to the state and the nation. Adult asthma and COPD prevalence is also lower in Union County compared to the state and the nation.

Asthma Prevalence and CLRD Death Rates

	Current Asthma Diagnosis (Adult)	Ever had a COPD Diagnosis (Adult)	CLRD Death Rate per Age-Adjusted 100,000
Union County	5.3%	5.7%	26.4
New Jersey	9.0%	5.9%	28.5
United States	9.0%	6.5%	40.5

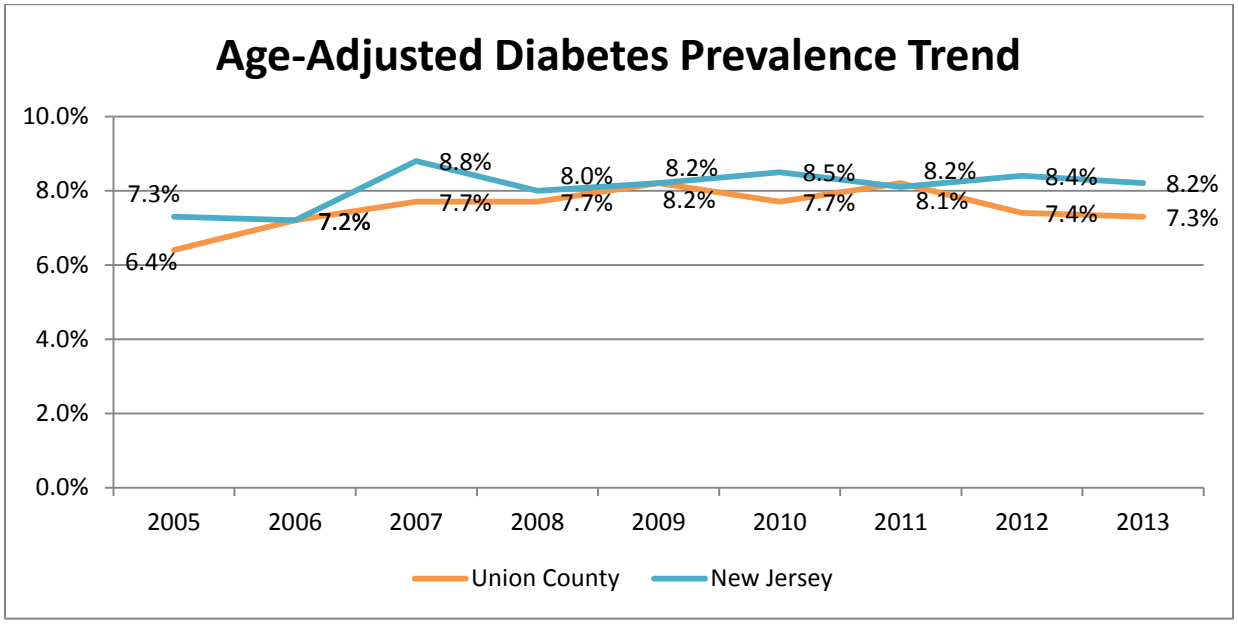
Source: Centers for Disease Control and Prevention, 2013 & New Jersey Department of Health, 2013

Smoking cigarettes contributes to the onset of chronic lower respiratory disease. The percentage of adult smokers in Union County (14.9%) is lower than the state and the nation, but does not meet the Healthy People 2020 goal (12%).

Diabetes

Diabetes is caused either by the body's inability to produce insulin or effectively use the insulin that is produced. Diabetes can cause a number of serious complications, but Type II diabetes, the most common form, is largely preventable through diet and exercise.

The prevalence of diabetes among Union County adults (7.3%) is lower than the state (8.2%) and has remained consistent in recent years after an initial rise between 2005 and 2009. Approximately 7% of adults in Union County have been diagnosed with pre-diabetes. The national comparison is 6.4%.

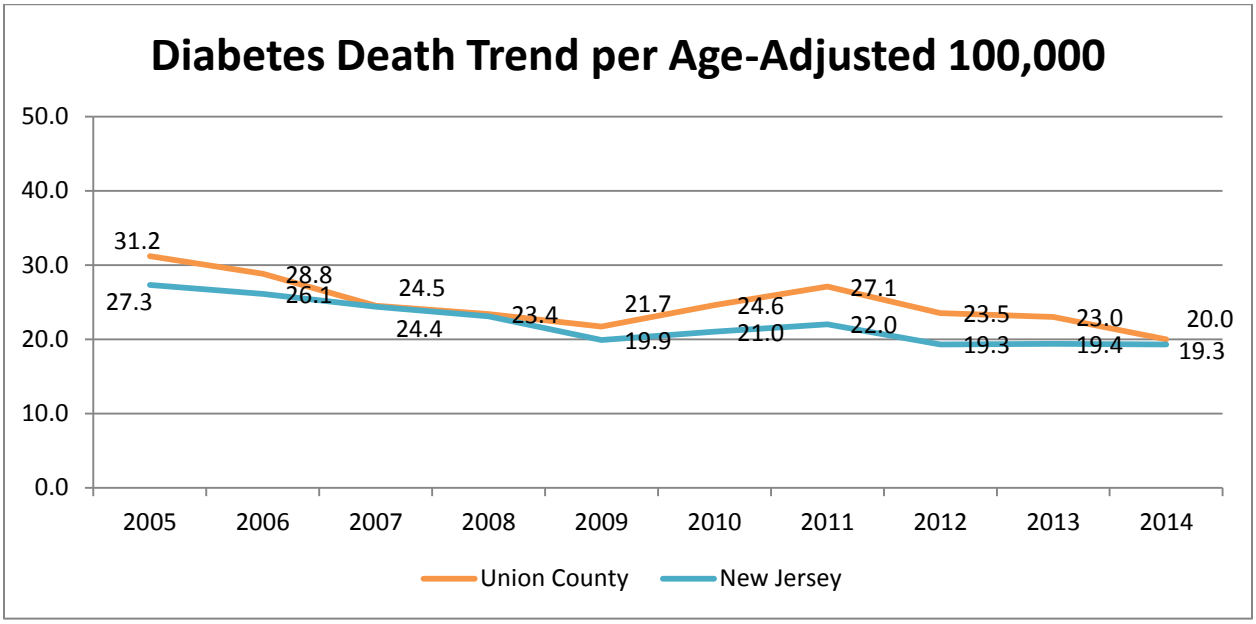


Source: Centers for Disease Control and Prevention

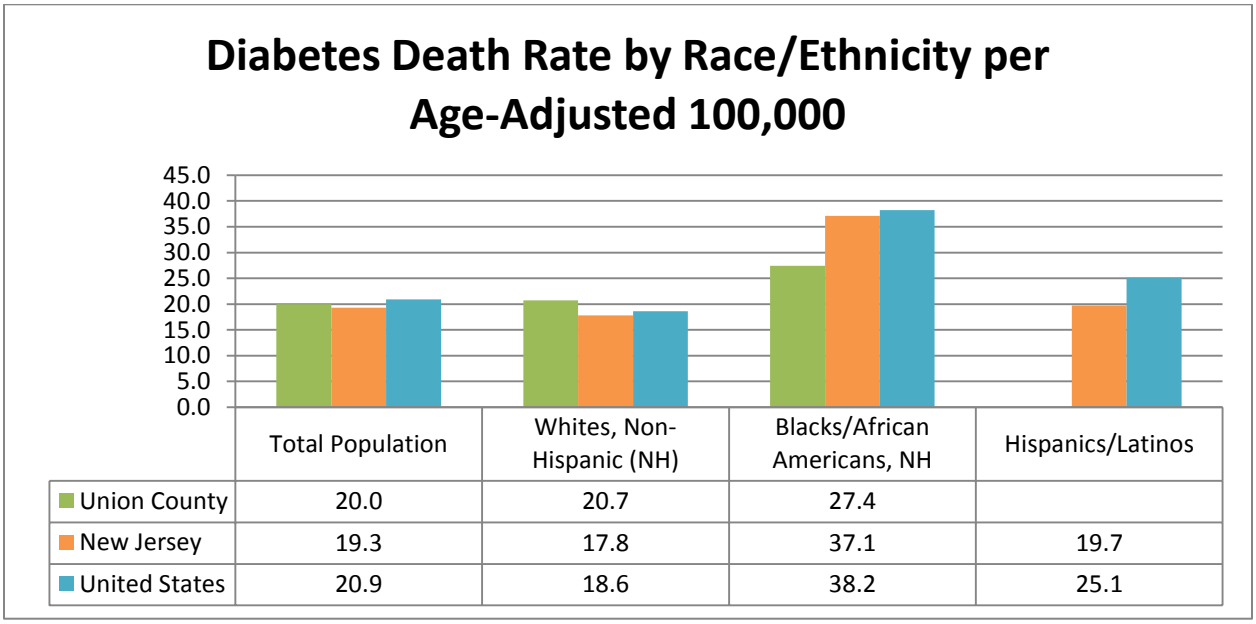
*A change in methods occurred in 2011 that may affect the validity of comparisons to past years

The Union County diabetes death rate is equivalent to the state and the nation and has been decreasing since 2005. However, the death rate is higher among Blacks/African Americans compared to Whites. The Hispanic/Latino death rate is unavailable in Union County due to a low death count (n=12).

The diabetes death rate is declining, but is higher among Blacks/African Americans compared to Whites



Source: Centers for Disease Control and Prevention



	Total Population	Whites, Non-Hispanic (NH)	Blacks/African Americans, NH	Hispanics/Latinos
Union County	20.0	20.7	27.4	
New Jersey	19.3	17.8	37.1	19.7
United States	20.9	18.6	38.2	25.1

Source: Centers for Disease Control and Prevention, 2014
*Diabetes death data is not available for Hispanics/Latinos in Union County

The testing of blood sugar levels is essential to diabetes management. Diabetics should receive a hemoglobin A1c (hA1c) test, a blood test measuring blood sugar levels, annually from a health professional. The percentage of Union County Medicare enrollees with diabetes who received a hA1c test in the past year (82.4%) is lower than the state and the nation (83.3% and 84.6% respectively).

Senior Health

Seniors face a number of challenges related to health and well-being as they age. They are more prone to chronic disease, social isolation, and disability. The following table notes the percentage of Medicare Beneficiaries 65 years or over who have been diagnosed with a chronic condition.

Chronic Conditions

New Jersey Medicare Beneficiaries age 65 years or over are more likely to have a chronic condition when compared to the nation. Union County follows the state trend with the exception of a lower percentage of Beneficiaries with arthritis (29.5%) and depression (9.5%).

Chronic Conditions Among Medicare Beneficiaries 65 Years or Over

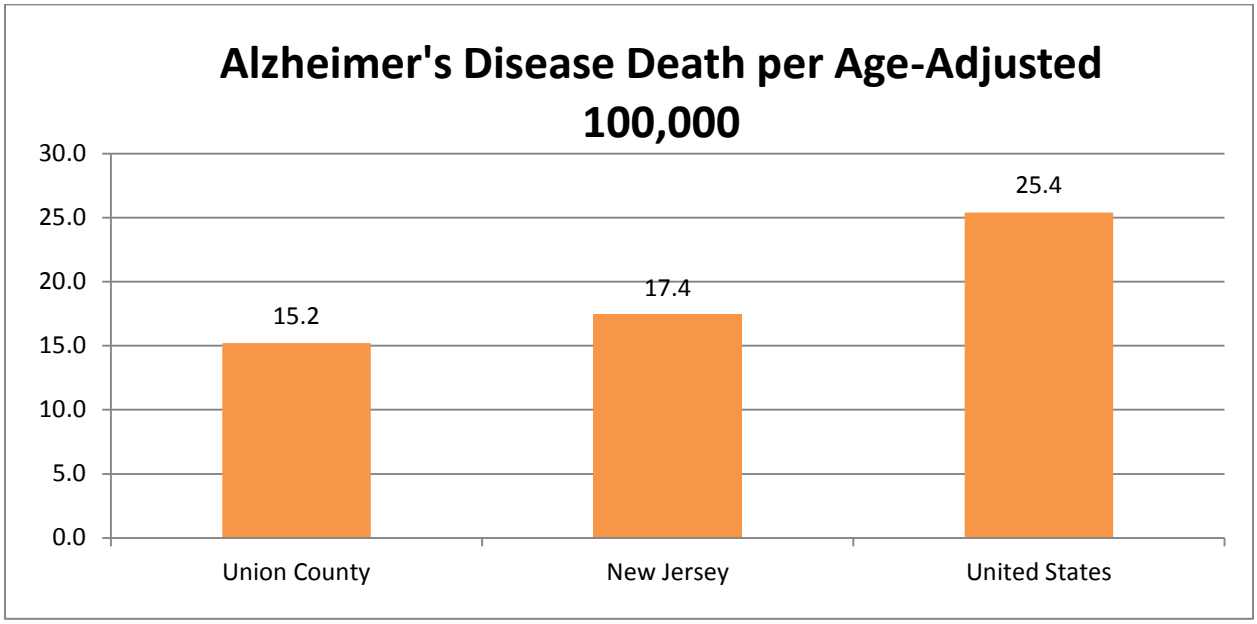
	Union County	New Jersey	United States
Alzheimer's Disease	12.9%	12.9%	11.4%
Arthritis	29.5%	32.1%	30.4%
Asthma	4.3%	4.9%	4.3%
Cancer	10.3%	10.5%	9.1%
Depression	9.5%	10.9%	12.7%
Diabetes	32.6%	32.6%	27.4%
Hypertension	62.3%	64.9%	59.1%
High Cholesterol	52.8%	56.9%	48.0%
Coronary Heart Disease	40.7%	38.4%	31.1%
Stroke	5.1%	5.0%	4.1%

Source: Centers for Medicare & Medicaid Services, 2012

Alzheimer's Disease

According to the National Institute on Aging, "Although one does not die of Alzheimer's disease, during the course of the disease, the body's defense mechanisms ultimately weaken, increasing susceptibility to catastrophic infection and other causes of death related to frailty."

A higher percentage of Union County Medicare Beneficiaries age 65 years or over have Alzheimer's disease (12.9%) when compared to the nation (11.4%); however, the age-adjusted death rate due to Alzheimer's disease among Union County residents is lower when compared to both the state and the nation.



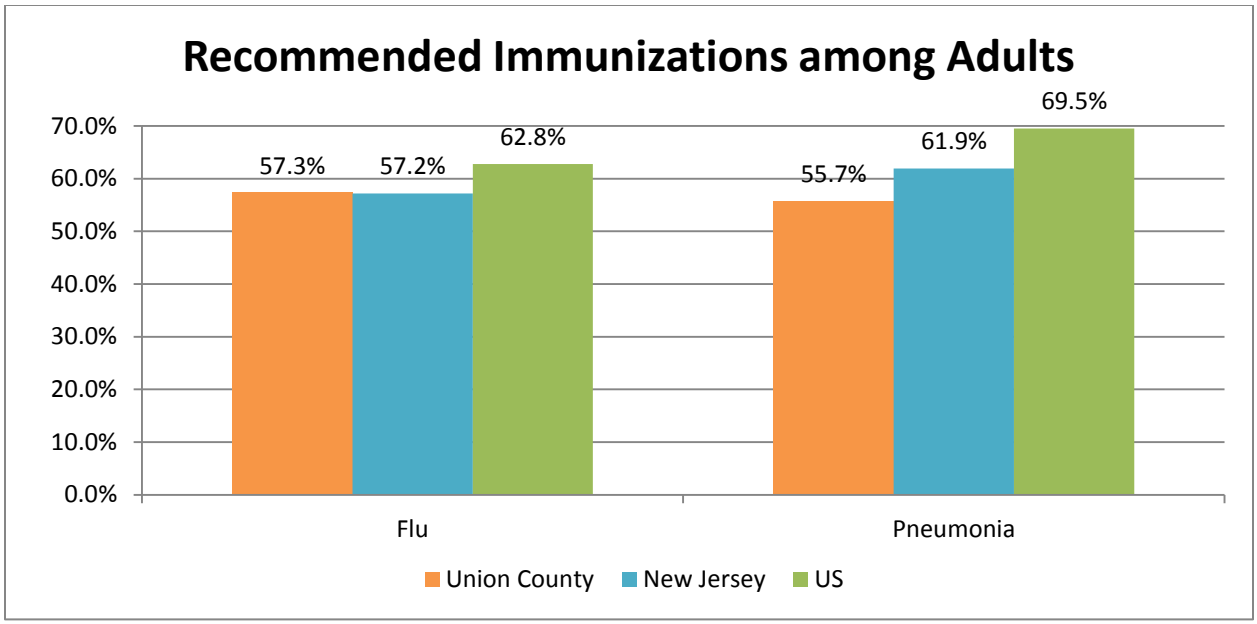
Source: Centers for Disease Control and Prevention, 2014

Immunizations

The Advisory Committee on Immunization Practices recommends all individuals age six months or older receive the flu vaccine. However, the vaccine is a priority for older adults.

The following graph illustrates the percentage of adults age 65 years or over who have received recommended immunizations for influenza and pneumonia. Adults in Union County are just as likely to receive the annual flu vaccine when compared to the state, but less likely to ever receive a pneumonia vaccine when compared to the state and the nation.

Older adults are less likely to receive flu and pneumonia vaccines when compared to the nation

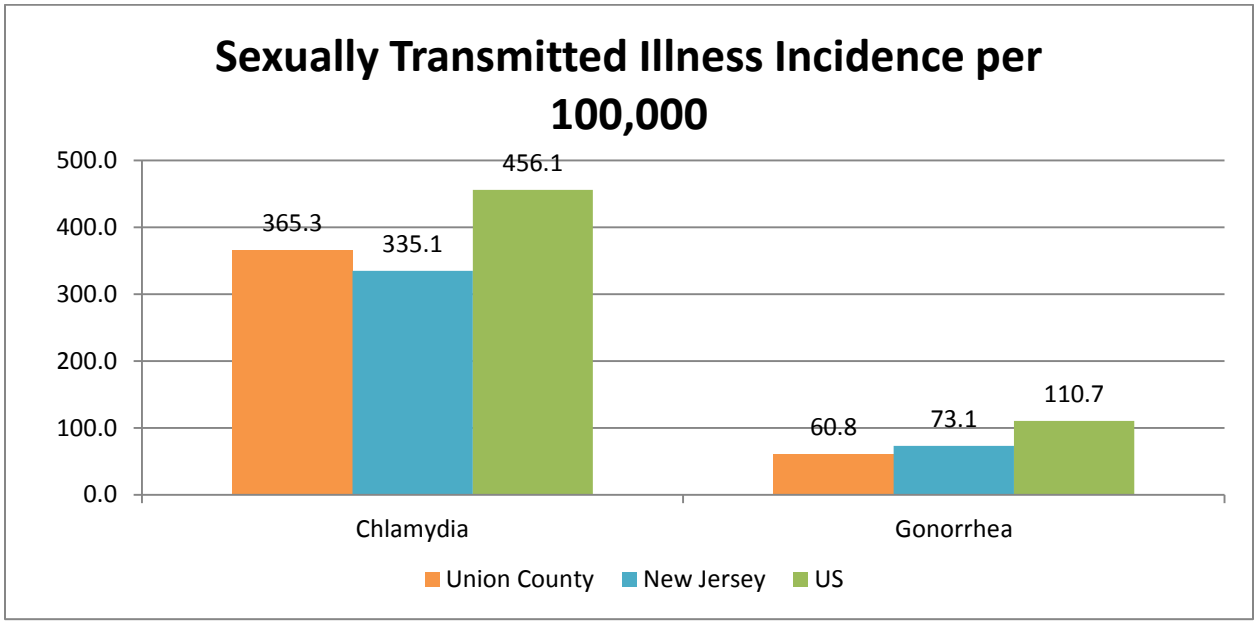


Source: Centers for Disease Control and Prevention, 2013 & New Jersey Department of Health, 2013

Sexually Transmitted Illnesses

New Jersey has a lower incidence of chlamydia and gonorrhea compared to the nation. Incidence rates in Union County are also lower than the nation and the gonorrhea rate is lower than the state. However, the HIV/AIDS prevalence rate in Union County exceeds the state by more than 100 points.

The Union County HIV/AIDS prevalence rate is more than 100 points higher than the state



Source: New Jersey Department of Health, 2014

Behavioral Health

Behavioral Health in the Emergency Department

The following tables depict the distribution of behavioral health patients in Union County hospital emergency departments (ED) by age and payer mix. Behavioral health diagnoses encompass both mental health and substance abuse conditions. Emergency department visits include visits to all hospitals within Union County. Union County has 92 inpatient psychiatric beds for residents requiring a behavioral health admission from the ED.

The total number of emergency department visits due to a behavioral health issue increased by 1,000 visits from 2010 to 2014

From 2010 to 2014, the percentage of emergency department visits due to a primary behavioral health diagnosis remained stable across Union County at approximately 5% to 6%. However, the number of behavioral health visits and the behavioral health use rate increased. The behavioral health use rate measures the total behavioral health visits as a proportion of the total county population.

Behavioral Health Patients in the ED (Primary Diagnosis)

	2010	2011	2012	2013	2014
Total Behavioral Health Visits	8,267	8,478	8,945	9,332	9,287
Percentage of ED Visits Due to a Behavioral Health Diagnosis	5.5%	5.5%	5.5%	5.6%	5.4%
Behavioral Health Use Rate per 1,000	15.4	15.7	16.4	17.0	16.8

Source: New Jersey Hospital Association, 2010-2014

From 2010 to 2014, the percentage of behavioral health visits increased among adults ages 55 years or over and decreased among children ages 0 to 12 years. The percentage of visits among all other age groups remained variable.

In 2014, 59% of emergency department visits due to behavioral health were among Medicaid – HMO & FFS charity care/uninsured patients

Among payer types, Medicaid – HMO & Fee-for-Service (FFS) and charity care/uninsured accounted for 58.7% of visits in 2014.

Behavioral Health Patients (Primary Diagnosis) in the ED by Age

Age	2010	2011	2012	2013	2014
0 – 12	6.8%	7.1%	6.3%	5.6%	5.4%
13 – 21	18.1%	18.1%	17.6%	16.7%	17.4%
22 – 54	59.7%	58.9%	60.7%	60.0%	57.0%
55 and over	15.4%	15.9%	15.4%	17.8%	20.1%
Total Behavioral Health Visits	8,267	8,478	8,945	9,332	9,287

Source: New Jersey Hospital Association, 2010-2014

Behavioral Health Patients (Primary Diagnosis) in the ED by Payer

Payer Type	2010	2011	2012	2013	2014
Medicare – HMO &FFS	12.9%	11.8%	12.4%	12.8%	14.3%
Medicaid – HMO & FFS	17.6%	21.4%	19.5%	18.3%	32.0%
Blue Cross	10.2%	10.6%	10.9%	11.7%	11.5%
Charity Care/Uninsured	38.6%	39.6%	39.4%	40.8%	26.7%
Commercial HMO	14.7%	11.3%	12.4%	12.3%	11.9%
Commercial	3.5%	3.2%	3.3%	2.6%	2.2%
Other	2.4%	2.0%	2.1%	1.5%	1.5%
Total Behavioral Health Visits	8,267	8,478	8,945	9,332	9,287

Source: New Jersey Hospital Association, 2010-2014

Mental Health

The average number of poor mental health days over a 30-day period is lower in Union County (3.2) when compared to the state (3.3) and the nation (3.4). In addition, fewer adults in Union County have been diagnosed with an anxiety disorder (12.7%) or depressive disorder (11.4%) when compared to the nation (13.3% and 16.6% respectively).

The suicide death rate in Union County is also lower than the state and the nation and meets the Healthy People 2020 goal. The rate declined between 2007 and 2011, but is on the rise, increasing 3.1 points between 2011 and 2014.

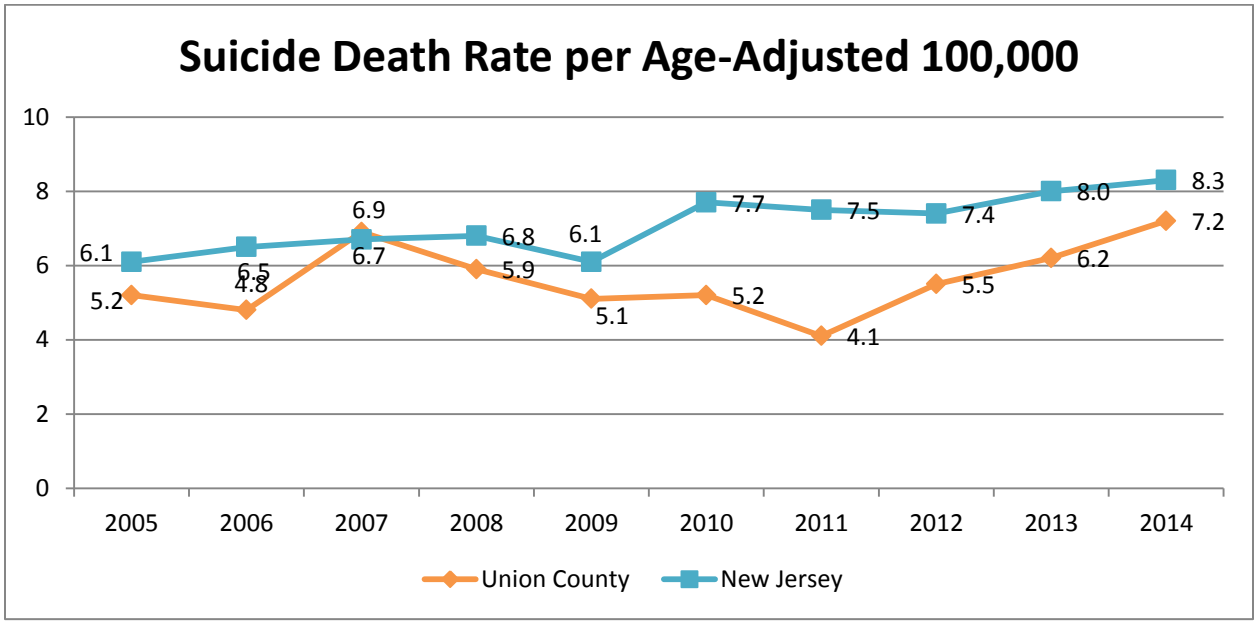
The suicide and mental and behavioral disorders death rates in Union County are increasing, but are lower than state and national comparisons

The mental and behavioral disorders death rate is also lower in Union County compared to the state and the nation; however, it has been increasing since 2007.

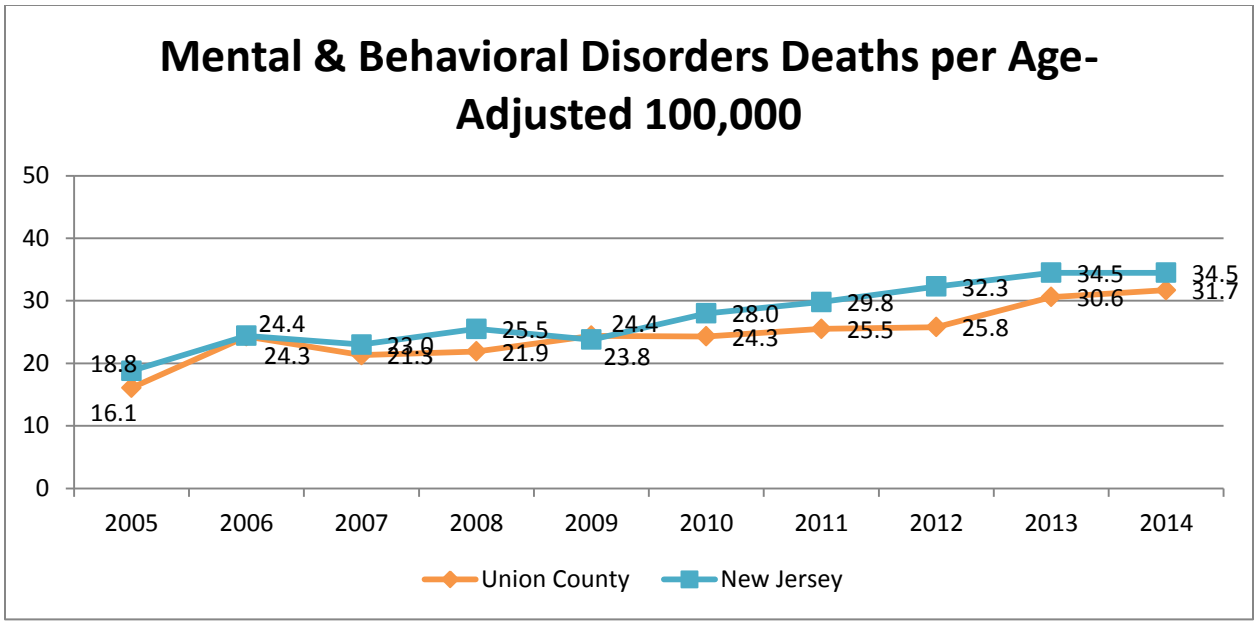
Mental Health Measures

	Poor Mental Health Days	Suicide Rate per Age-Adjusted 100,000	Mental & Behaviors Disorders Death rate per Age-Adjusted 100,000
Union County	3.2	7.2	31.7
New Jersey	3.3	8.3	34.5
United States	3.4	13.0	40.9
HP 2020	NA	10.2	NA

Source: Centers for Disease Control and Prevention, 2006-2012 & 2014; Centers for Disease Control and Prevention, 2014; Healthy People 2020



Source: Centers for Disease Control and Prevention



Source: Centers for Disease Control and Prevention

Substance Abuse

Substance abuse includes both alcohol and drug abuse. In Union County, percentages for excessive drinking and driving deaths due to alcohol are lower than the state, the nation, and the Healthy People 2020 goal.

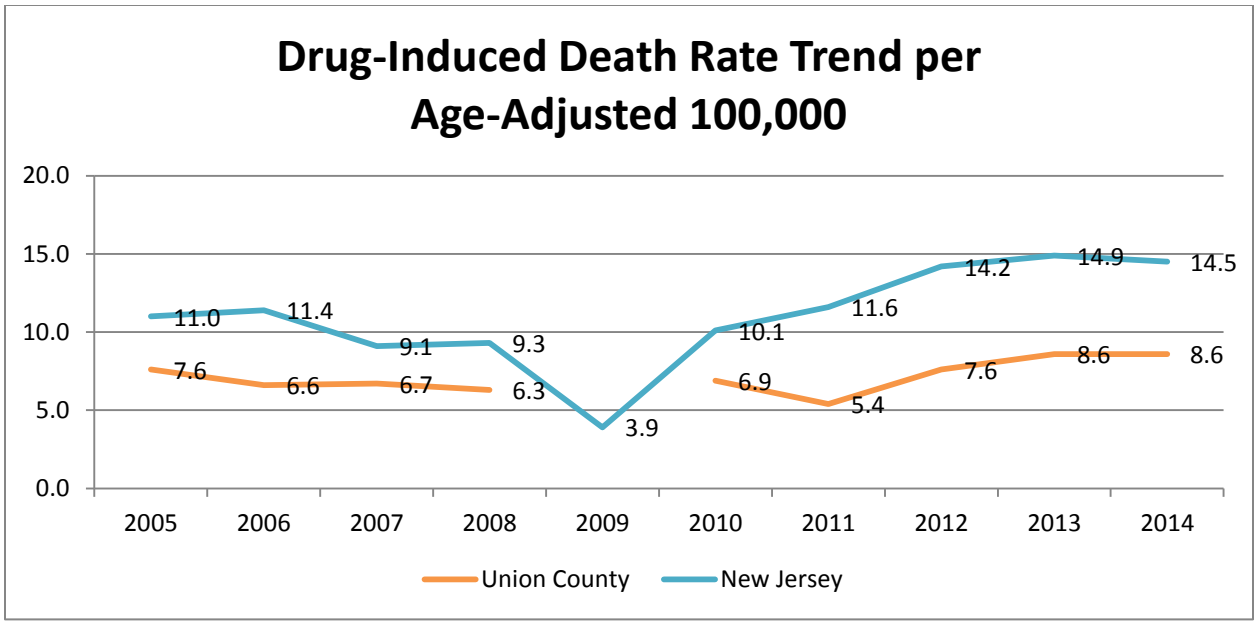
The drug-induced death rate in Union County is lower than the state and the nation. The rate decreased between 2005 and 2011 to a low of 5.4 per 100,000, but is now on the rise.

The Union County drug-induced death rate is lower than the nation by 7 points, but increasing

Substance Abuse Measures

	Excessive Drinking (Adults)	Percent of Driving Deaths due to DUI	Drug-Induced Death Rate per Age-Adjusted 100,000
Union County	15.7%	26.4%	8.6
New Jersey	16.1%	28.2%	14.5
United States	16.3%	31.0%	15.5
HP 2020	25.4%	NA	NA

Source: Centers for Disease Control and Prevention, 2006-2012 & 2014; National Highway Traffic Safety Administration, 2009-2013; Healthy People 2020



Source: Centers for Disease Control and Prevention

The following tables depict 2014 substance abuse treatment admissions for residents within Union County, regardless of where they sought treatment in New Jersey. Admissions are reported by treatment providers through the web-based New Jersey Substance Abuse Monitoring System (NJ-SAMS). They represent all admissions to treatment providers, not unique patients.

Union County had 3,096 substance abuse treatment admissions in 2014; 2,272 were for unduplicated clients. Clients were primarily between the ages of 30 and 54 years (60%). A higher percentage were Black/African American, Non-Hispanic (43%), unemployed (36%), and single/divorced (82%). Twenty-one percent of clients were intravenous drug users. The largest percentage of admissions were due to heroin, followed by alcohol.

Union County Substance Abuse Treatment Admissions by Primary Drug

	Count	Percent
Heroin	1,200	42%
Alcohol	782	27%
Marijuana	506	18%
Cocaine	164	6%
Other opiates	124	4%
Other drugs	90	3%
Total Admissions	**3,096**	
Unduplicated Clients	**2,272**	

Source: New Jersey Department of Human Services Division of Mental Health and Addiction Services, 2014

Union County Substance Abuse Treatment Admissions by Primary Drug and Municipality

	Alcohol		Cocaine/ Crack		Heroin		Other Opiates		Marijuana/ Hash		Other Drugs		Total
	N	%	N	%	N	%	N	%	N	%	N	%	N
Berkeley Heights Twp	6	29	0	0	4	19	4	19	2	10	0	0	21
Clark Twp	17	30	1	2	19	33	4	7	5	9	0	0	57
Cranford Twp	8	22	1	3	21	58	1	3	3	8	0	0	36
Elizabeth City	268	26	66	6	388	39	30	3	207	20	24	2	1023
Fanwood Boro	4	21	0	0	13	68	1	5	0	0	1	5	19
Garwood Boro	2	12	0	0	9	53	1	6	2	12	0	0	17
Hillside Twp	13	19	0	0	29	42	3	4	18	26	1	1	69
Kenilworth Boro	0	0	1	7	8	53	2	13	0	0	0	0	15
Linden City	56	27	20	10	71	34	8	4	27	13	10	5	210
Mountainside Boro	6	40	0	0	4	27	0	0	1	7	0	0	15
New Providence Boro	5	15	0	0	23	68	2	6	0	0	0	0	34
Plainfield City	83	19	14	3	204	46	17	4	84	19	10	2	443
Rahway City	45	27	13	8	49	29	8	5	28	17	10	6	167
Roselle Boro	40	38	3	3	31	30	2	2	20	19	4	4	104
Roselle Park Boro	25	45	1	2	13	24	4	7	6	11	1	2	55
Scotch Plains Twp	13	23	4	7	18	32	3	5	11	20	1	2	56
Springfield Twp	7	35	1	5	6	30	3	15	0	0	0	0	20
Summit City	16	36	2	5	13	30	3	7	1	2	1	2	44
Union Twp	86	27	17	5	117	37	21	7	41	13	10	3	313
Westfield Town	7	18	0	0	16	42	4	11	1	3	2	5	38
Winfield Twp	1	10	0	0	5	50	1	10	3	30	0	0	10

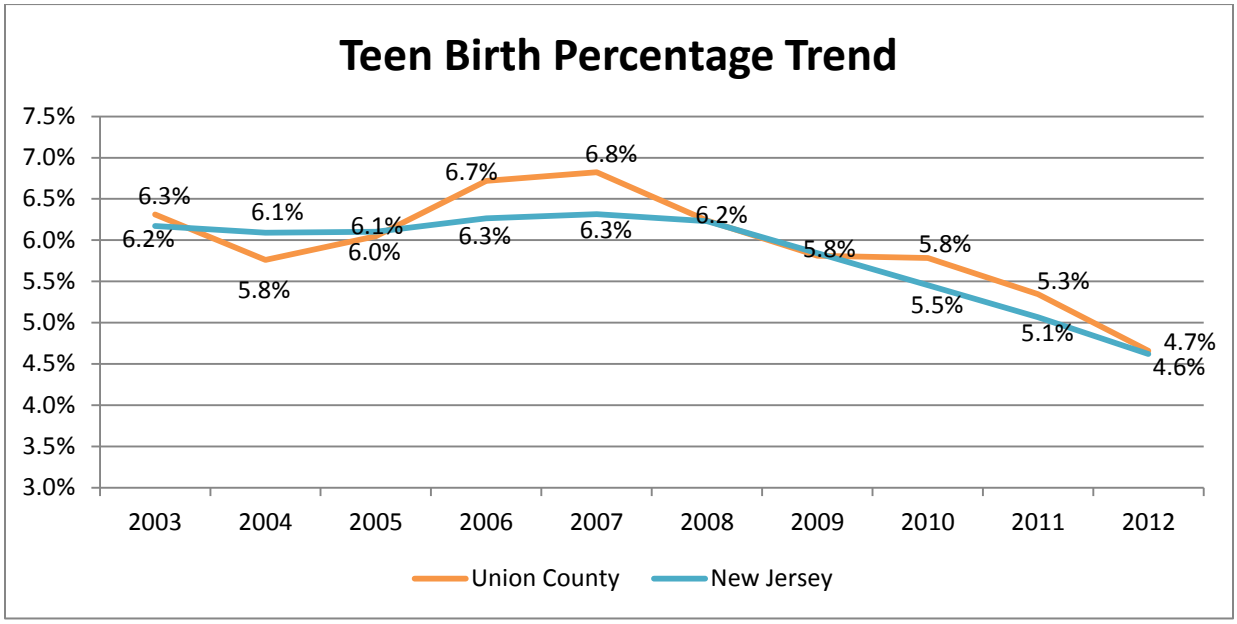
Source: New Jersey Department of Human Services Division of Mental Health and Addiction Services, 2014

Maternal and Child Health

Approximately 6,700 births occurred in Union County in 2012 for a birth rate of 12.3 per 1,000. The birth rate was highest among Hispanics/Latinos (17 per 1,000) and Blacks/African Americans (12.6 per 1,000) and lowest among Whites (8.6 per 1,000).

Of the total births in 2012, 4.7% or 313 were to mothers under the age of 20 years. The state and national comparisons were 4.6% and 7.8% respectively. The percentage of teen births has been declining in Union County since 2007.

4.7% of births in Union County are to teenage mothers; the percentage has been declining since 2007



Source: New Jersey Department of Health

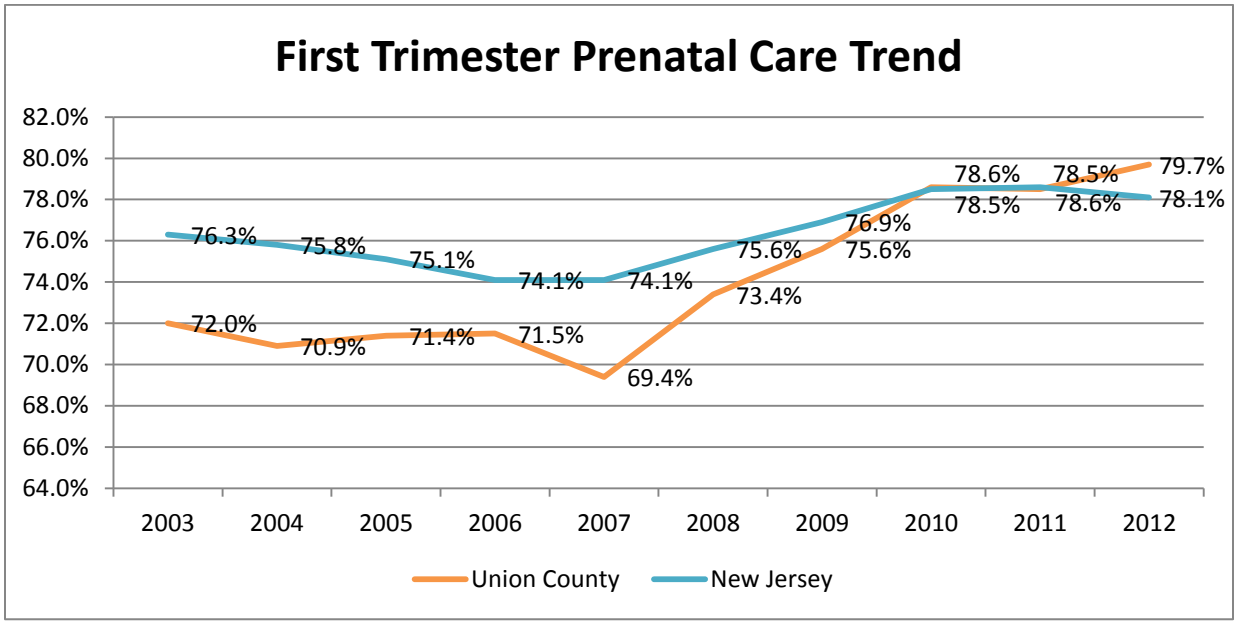
Prenatal care should begin during the first trimester to ensure a healthy pregnancy and birth. The percentage of Union County mothers receiving first trimester prenatal care (79.7%) is higher than the state (78.1%) and meets the Healthy People 2020 goal (77.9%). The percentage increased by more than 10 points from 2007. Less than 1% of Union County mothers do not receive any prenatal care.

The percentage of all Union County mothers receiving first trimester prenatal care meets the HP 2020 goal, but percentages are lower for Blacks/African Americans and Hispanics/Latinas

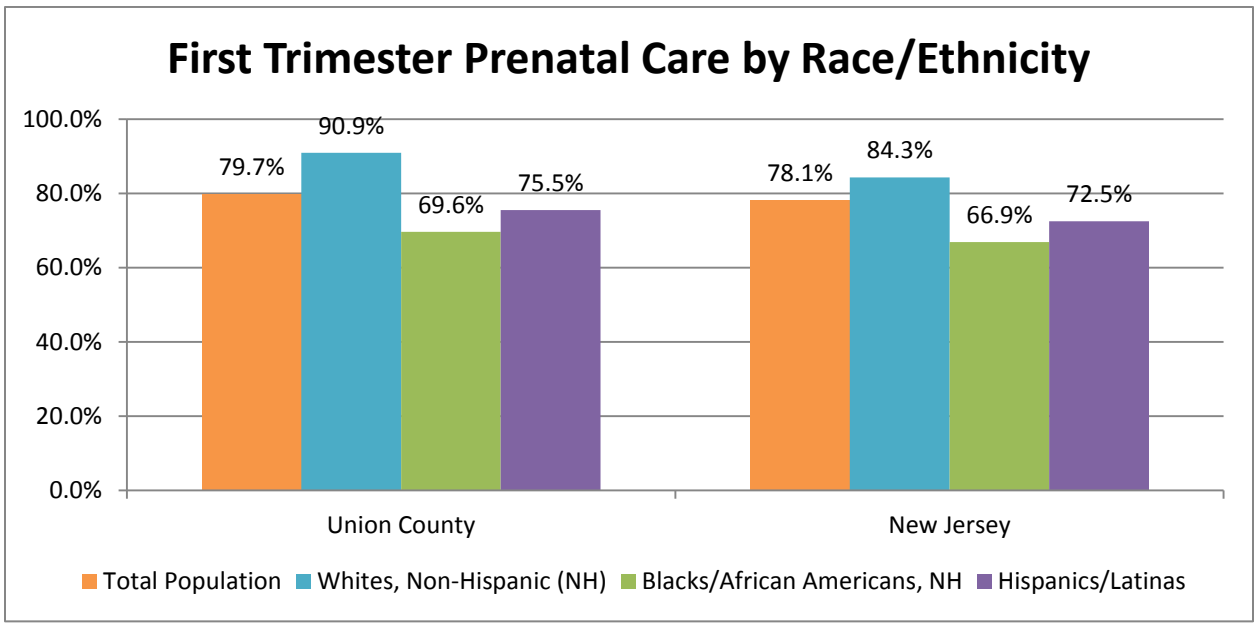
Black/African American and Hispanic/Latina women in Union County are less likely to receive first trimester prenatal care compared to White women. Black/African American women experience the greatest disparity with a rate 21 points lower than the rate among Whites.

Certain municipalities within Union County also have a lower percentage of mothers receiving first trimester prenatal care when compared to the Healthy People 2020 goal:

- Elizabeth City: 71.3%
- Plainfield City: 72.2%
- Roselle Borough: 74.8%
- Hillside Township: 75.0%



Source: New Jersey Department of Health



Source: New Jersey Department of Health, 2012

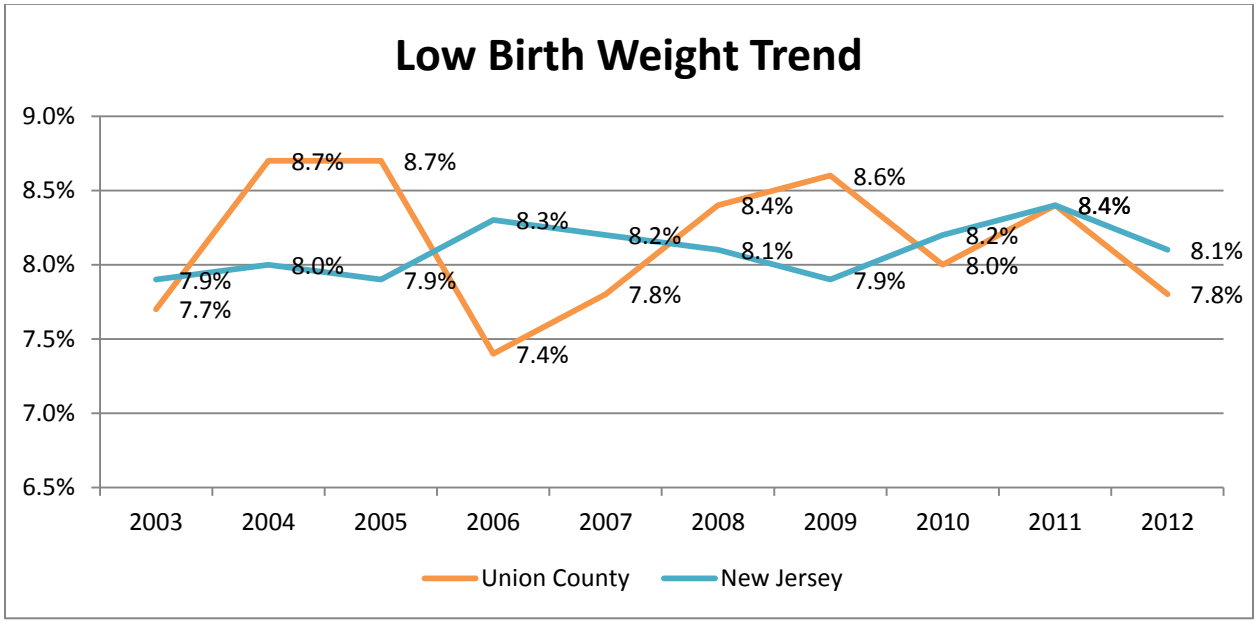
Low birth weight is defined as a birth weight of less than 5 pounds, 8 ounces. It is often a result of premature birth, fetal growth restrictions, or birth defects. The percentage of low birth weight babies in Union County (7.8%) is lower than the state and the nation and meets the Healthy People 2020 goal. The percentage has remained variable over the past 10 years, fluctuating between 7.4% and 8.7%.

The percentage of low birth weight babies in Union County meets the HP 2020 goal, but percentages are higher among Blacks/African Americans

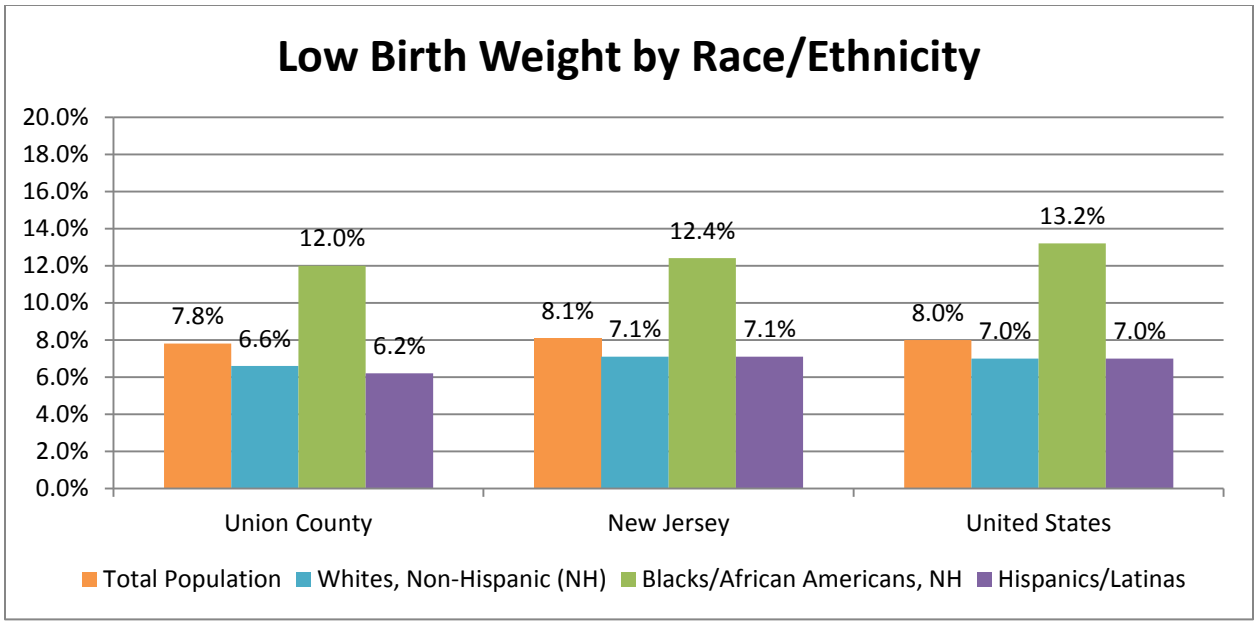
There is a 5.4 point difference between the percentage of White low birth weight babies (6.6%) and Black/African American low birth weight babies (12%).

Certain municipalities within Union County also have a higher percentage of low birth weight babies when compared to the Healthy People 2020 goal:

- Fanwood Borough: 11.7%
- Hillside Township: 10.7%
- Roselle Park Borough: 10.6%
- Berkeley Heights Township: 9.9%
- Plainfield City: 9.6%
- Rahway City: 8.1%



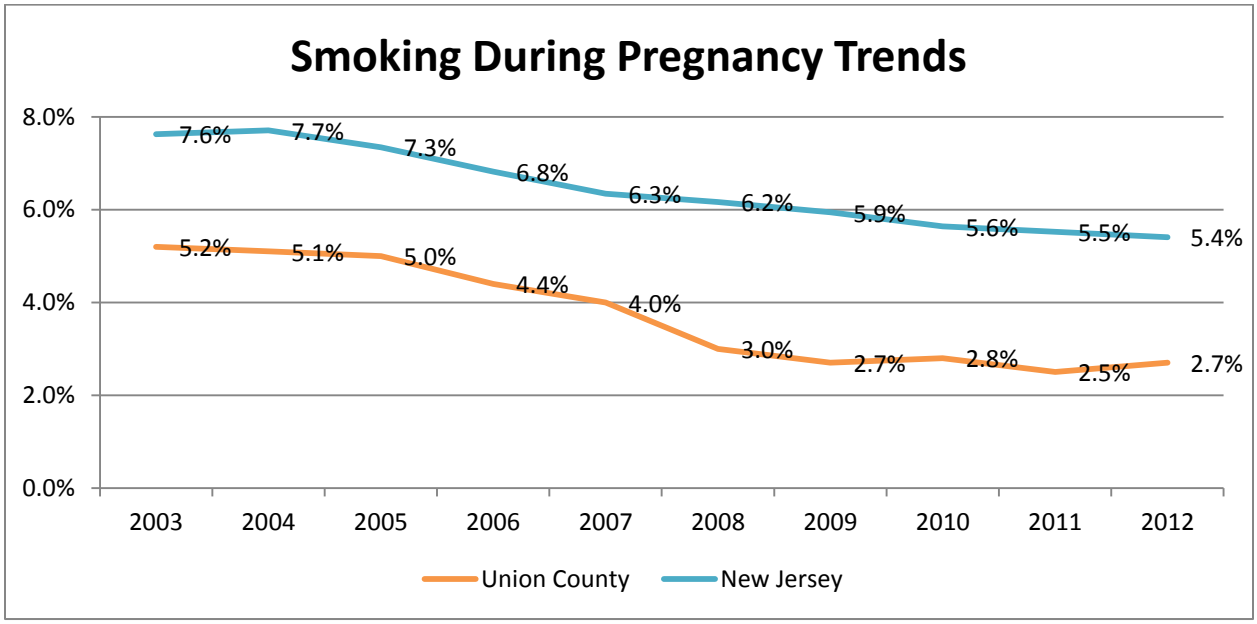
Source: New Jersey Department of Health



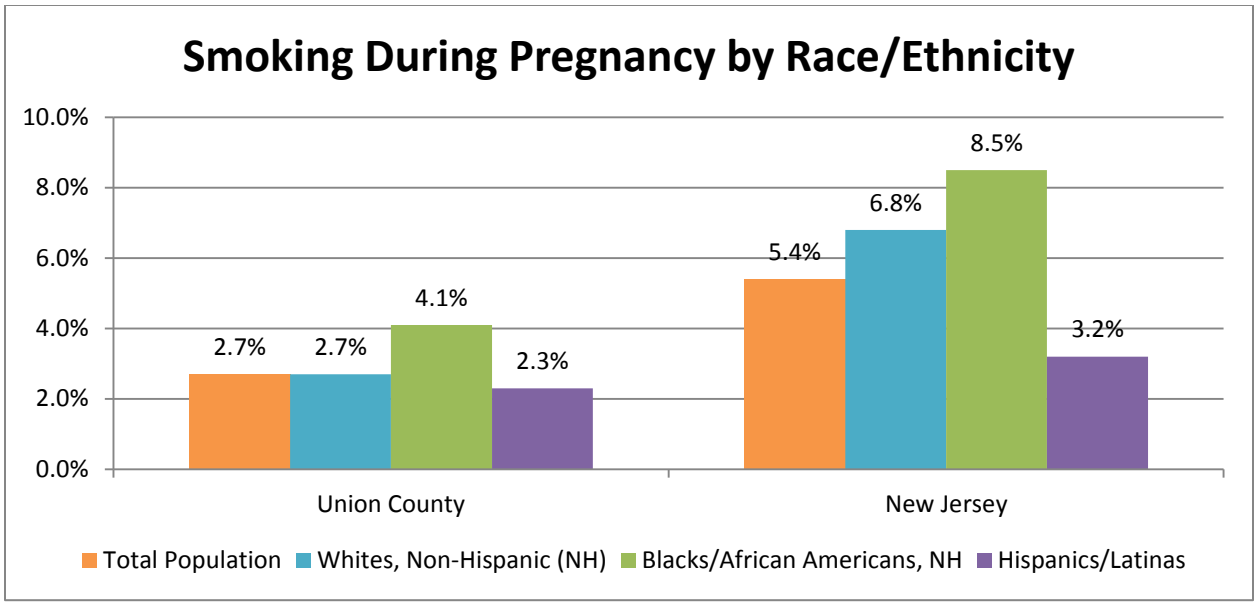
Source: New Jersey Department of Health, 2012

2.7% of Union County mothers smoke during pregnancy; the percentage among among Black/African American mothers is 1.5 times higher

The percentage of Union County mothers who smoke during pregnancy (2.7%) is lower than the state (5.4%), but does not meet the Healthy People 2020 goal (1.4%). The percentage has been decreasing since 2003. Among racial/ethnic groups, Black/African American women are approximately 1.5 times more likely to smoke during pregnancy.



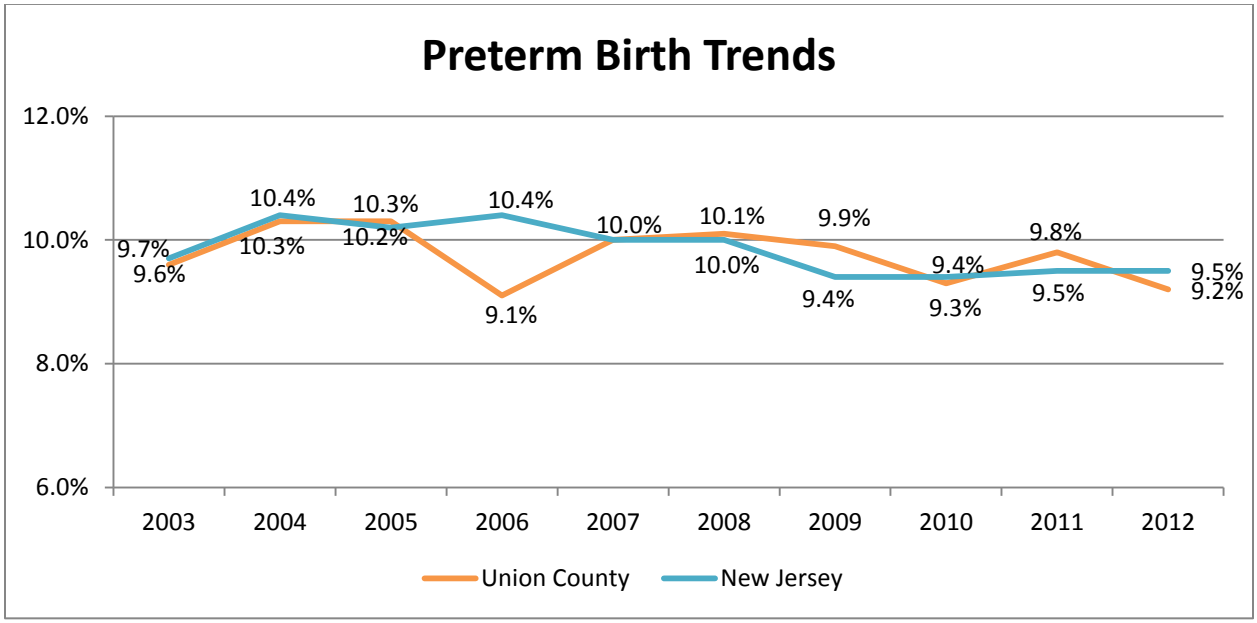
Source: New Jersey Department of Health



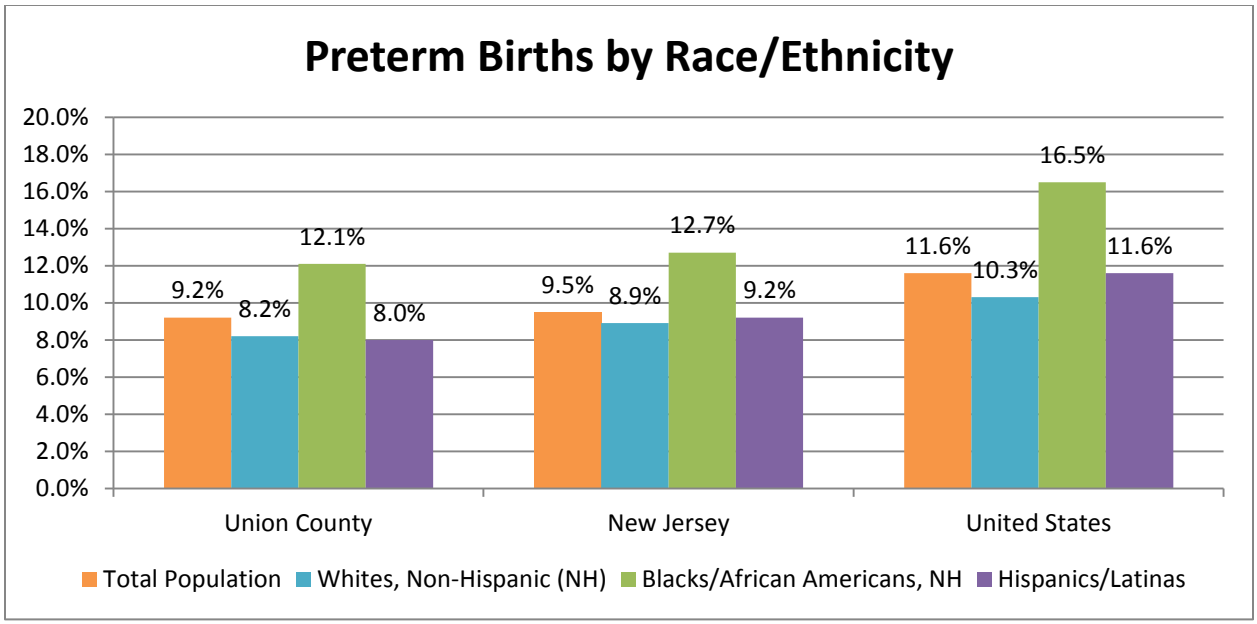
Source: New Jersey Department of Health, 2012

The percentage of Union County preterm births in meets the HP 2020 goal, but the percentage is higher among Blacks/African Americans

The percentage of preterm births in Union County (9.2%) meets the Healthy People 2020 goal (11.4%). However, the percentage of preterm births among Blacks/African Americans in Union County (12.1%) is higher than the overall percentage and the percentage among Whites (8.2%). The following municipalities within Union County also have a higher percentage of preterm births when compared to the Healthy People 2020 goal: Berkeley Heights Township (12.9%), Kenilworth Borough (12.8%), and Hillside Township (12.3%).

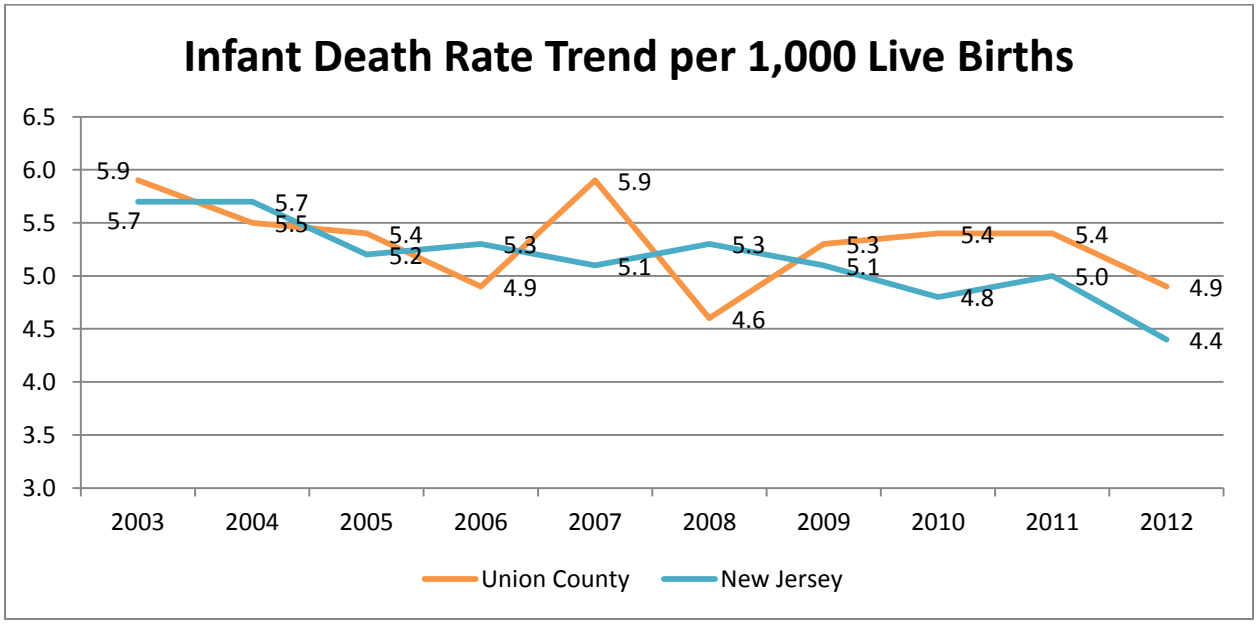


Source: New Jersey Department of Health



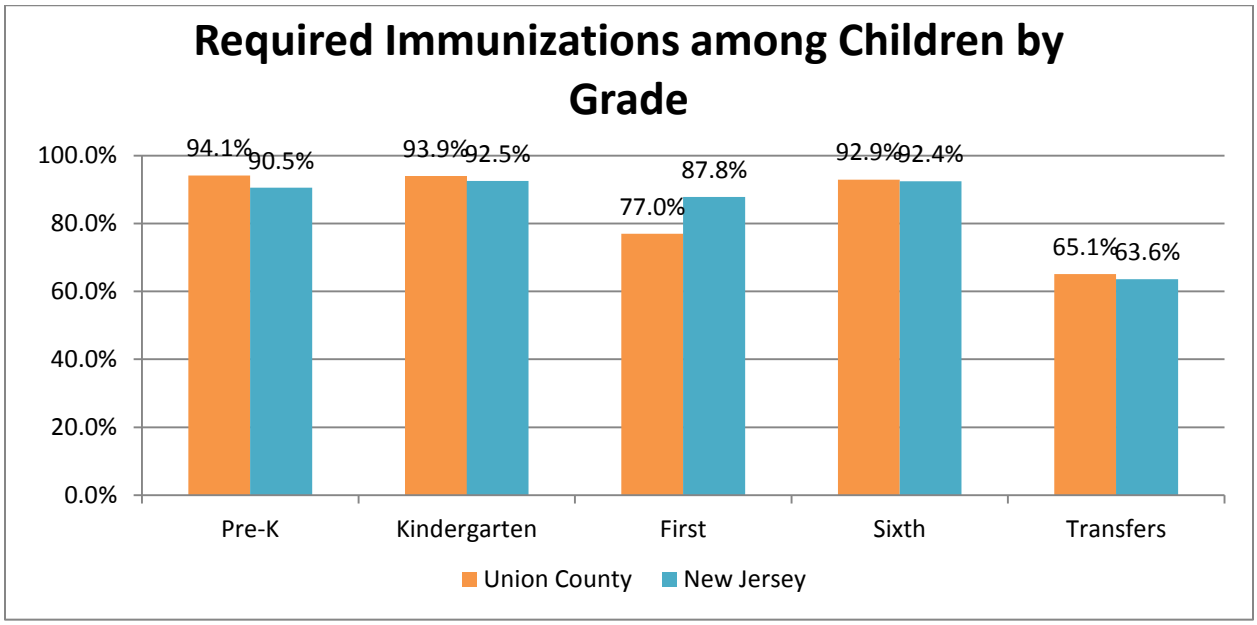
Source: New Jersey Department of Health, 2012

The infant death rate per 1,000 live births in Union County (4.9) is higher than the state (4.4), but lower than the nation and meets the Healthy People 2020 goal (6.0). The rate decreased at the beginning of the decade, but has remained relatively stable over the past four years. Differences among racial and ethnic groups are not reported due to low death counts. In 2012, there were seven infant deaths among Whites, Non-Hispanic, 10 deaths among Blacks/African Americans, Non-Hispanic, and 12 deaths among Hispanics/Latinos.



Source: New Jersey Department of Health

The percentage of students who meet immunization requirements is higher in Union County compared to the state for all reported grades, except first. Transfer students are the least likely to meet immunization requirements (65.1%).



Source: New Jersey Department of Health, 2014-2015

Trinitas Regional Medical Center 2016 CHNA Partner Forum Summary

Background

As part of the 2016 CHNA, Trinitas Regional Medical Center invited local health and human service providers and other community-based organizations to participate in a partner forum to review research results from the CHNA and provide feedback on community health priorities. A list of participants (25) and their organizations is included in Appendix B.

Research from the 2016 CHNA was presented and reviewed with the partners. Partners agreed that the health needs identified during the 2013 Trinitas Regional Medical Center CHNA are still relevant to the community. They recommended readopting the 2013 priority areas, but suggested that the priority area, "Obesity with a focus on prevention of chronic disease/metabolic syndrome illness" be expanded to include all chronic disease prevention measures. The following are the recommended priority areas for the 2016 CHNA:

- Access to Care
- Cancer
- Chronic Disease Prevention
- Mental Health & Substance Abuse

Large group discussion ensued to better understand existing community resources, gaps in services, disparities, and opportunities for collaboration to address the priority areas. An overview of the participants' discussion follows.

Summary of Findings

Existing Community Assets

Partners were asked to identify existing community assets that can be leveraged to address the identified priority areas. The following assets, in order by lead organization, were identified:

Farmer's Markets (Elizabeth & Roselle Park)

The partners identified two farmer's markets within Elizabeth and Roselle Park. Both markets accept WIC and SNAP benefits. A current partnership exists between a farmer at the Roselle Park market and the local food pantry to donate all leftover items.

Groundwork Elizabeth

The mission of Groundwork Elizabeth is to bring about the sustained regeneration, improvement, and management of the physical environment by developing community-based partnerships which empower people, businesses, educational institutions and other organizations to promote environmental, economic and social well-being.

Groundwork Elizabeth offers a number of projects and programs; partners specifically referenced the *Come Grow With Us Community Gardening Program*. Groundwork Elizabeth, in partnership with Kean University is the farm steward of historic Liberty Hall Farm. In their first season in 2014, they harvested over 3,000 pounds of produce. The food is used in the University's farm-to-table restaurant *Ursino*, sold at the Liberty Hall Farmers Market, and donated to local food pantries. In addition, the Community Gardening Program offers technical and financial assistance to 18 partner gardens. Many of these gardens donate their produce to local food pantries and the Elizabeth Coalition to House the Homeless.

Jewish Family Service

The mission of the Jewish Family Service is to provide assistance and quality social and health services to individuals and families in need. Services include:

- Career Development
- Food Pantry
- Grandparent as Parent Program
- Individual, Child, Couple, Domestic Violence, and Family Counseling
- Older Adult Services (Health Care/Education, Safety Assessments, Certified Home Health Aide Training, Certified Home Health Aides and Housekeepers, Respite Care, Social Work Services, Counseling and Support Groups, Kosher Meals on Wheels, Transportation, and Friend Advocate Program)
- School-Based Services
- Special Needs Caregiver/Siblings Support Groups
- Urban Community Garden

Jewish Family Service recently conducted a study, *Lifelong Elizabeth*, focused on the socioeconomic and health status of residents age 55 or over in Elizabeth. The results of the study are available to the community.

Pediatric Mobile Pantry

The Pediatric Pantry is located at Mount Teman AME Church and is available to current clients of the Women's or Pediatric Clinic of Trinitas Hospital. It is held every Tuesday from 12 to 3pm; all clients may attend one Tuesday per month. The Pediatric Pantry provide perishable items (e.g. fresh fruits and vegetables) in addition to other food.

Shaping Elizabeth

Shaping Elizabeth is an Elizabeth City collaborative focused on health disparities among residents. Organizations that make up the executive committee are Elizabeth City, YMCA, Groundwork Elizabeth, Proceed, and Trinitas Regional Medical Center. The collaborative targets Bayway, Midtown, and Elizabethport. Initiatives address healthy food access, health care access, diabetes prevention, and school health.

The collaborative primarily works within Housing Authority complexes. A mobile food market serves as an anchor to draw residents and additional health and social services are provided. The collaborative will being data collection for a consumer need survey among its target population on April 28, 2016.

Trinitas Regional Medical Center

Trinitas Regional Medical Center offers a number of existing programs to address the priority areas, including:

1) Free cancer screenings (breast, cervical, colorectal, and prostate) for uninsured/underinsured residents. The initiative is coordinated across the hospital, including the emergency department, to identify vulnerable populations and initiate referrals.

2) Community paramedicine targeting at-risk cardiac patients within the Elizabeth Housing Authority complexes, with a focus on preventive care and care coordination. Paramedics are dispatched directly to the patients' homes to conduct environmental and socioeconomic assessments, physical exams, and medication reconciliation. They work with patients to identify medical and social support needs and build care navigation skill sets.

3) Hospital-wide screening for substance use disorder, reaching approximately 11,000 patients per year. Patients with a positive screening are referred to community partners for treatment. The initiative is conducted in conjunction with the Delivery System Reform Incentive Payment (DSRIP) Program.

Gaps in Services/Community Readiness

Partners were then asked to identify missing or lacking resources within the community to address the priority areas. The following resources were identified:

1) Childhood Trauma Counseling: Partners stated that there is a lack of counseling services for children who experience trauma (e.g. family substance use disorders and/or incarcerated parents).

2) Employee Wellness: Partnerships with employers would afford opportunities to provide chronic disease screenings and preventive health education.

3) Mobile Cancer Screening Units: Mobile cancer screening was suggested to reach vulnerable and at-risk populations. It was noted that increased awareness and partnerships with community agencies that serve at-risk populations are needed for Mobile Screenings to be successful.

4) Substance Abuse Support Services: Transitional housing among other support services to support individuals recovering from substance abuse is lacking in the community.

Prostate cancer is a significant health issue within the community, particularly among Black/African American men. However, partners shared that despite the prevalence of prostate cancer within the community, community members are not ready to address it as an issue. Prostate cancer screening sessions, including free sessions, and appointments are poorly attended. Partners stated that there is ongoing community outreach and communication regarding prostate cancer and the importance of screenings, but there is a need for the “right program in the right location with the right incentive.” Partners also stated the need for advocates within the community to change culture and perception around prostate cancer screenings.

Opportunities for Collaboration
Partners identified a number of opportunities for collaboration to improve access to current community assets and address the priority areas. The opportunities included:

1) Employee Wellness Programs: Partners recommended employee wellness programs partner with Elizabeth City and Trinitas Regional Medical Center Occupational Health Department to offer prostate cancer screenings within the Housing Authority complexes. They stated an incentive is required to promote attendance and recommended offering employees an additional day off to receive a screening.

2) Farmer's Markets: Through a partnership between a local farmer at the Roselle Park market and the food pantry, the farmer donates leftover items to the pantry. Partners identified the potential for additional partnership between farmers and local food pantries at both the Roselle Park and Elizabeth markets. A success factor the partnership is the need for volunteers to consistently pick up leftover items and deliver them to the pantries.

3) Pediatric Mobile Pantry: Partners identified a need for increased promotion of the mobile food pantry to eligible clients. It was suggested that all patients at the Pediatric Clinic be screened for food insecurity and directly referred to the food pantry. Lack of time for providers to screen for food insecurity was defined as an issue. Another recommendation was to partner with the North Jersey Health Collaborative Obesity Taskforce that identified 20% of low-income preschool children are obese and a contributing factor is food insecurity.

4) YWCA: The YWCA domestic violence services welcomed the opportunity to partner to promote information about health and improve access for its clients.

Evaluation of Impact from Trinitas Regional Medical Center 2013 CHNA Implementation Plan

Background

In 2013, Trinitas Regional Medical Center completed a CHNA and developed a supporting three year (2014-2016) Community Health Improvement Plan (CHIP) to address identified health priorities. Health priorities included cancer, mental health and substance abuse, and obesity with a focus on prevention of chronic diseases.

2013 Health Priority Goals

Cancer: Decrease the death rate for cancer and improve quality of life for those living with cancer.

Mental Health and Substance Abuse: Increase access to quality mental and behavioral health services with a focus on comprehensive, coordinated care.

Obesity with a Focus on Prevention of Chronic Diseases: Reduce risk factors for chronic disease and improve management of disease conditions through promotion and education of healthy lifestyles.

2014-2016 Implemented Strategies

Trinitas Regional Medical Center developed and implemented a CHIP that leveraged resources across the hospital and the community to address community health needs. The plan was guided by the Trinitas Community Advisory Board, a collective formed in response to the 2013 CHNA to foster community engagement and collaboration.

Community Coalitions and Taskforces

Trinitas Regional Medical Center participated as an active partner in the following community initiatives aimed at preventing chronic disease and improving overall resident wellbeing:

Chronic Disease Coalition of Middlesex and Union Counties

The mission of the Regional Chronic Disease Coalition of Middlesex and Union Counties is to “work to strengthen partnerships to help our residents become healthier through education, screening and advocacy for the prevention of disease.” The Coalition provides chronic disease awareness, outreach, and education. Examples of interventions and initiatives conducted by the Coalition include:

- Colorectal Cancer Screening Toolkit to work with primary care physicians to increase colorectal cancer screenings among patients

- Smoke-Free Policy Toolkit to assess and develop smoke-free outdoor recreational ordinances
- Collaboration with the Cancer Education and Early Detection programs to promote awareness in the need for screenings and the availability of screenings
- Chronic Disease Self-Management Program aimed at helping individuals with chronic conditions, and their families, live healthier lives

Lifelong Elizabeth

Lifelong Elizabeth is a community-led, city-endorsed initiative that aims to make Elizabeth an age-friendly community that is a great place to grow up and grow old. The goals of the initiative are to improve communication and information sharing, transportation services, neighborhood safety, and safety in the home.

New Jersey Healthy Corner Store Initiative

The New Jersey Healthy Corner Store Initiative is a project aimed at increasing healthy food access by linking community partners with corner store owners to help them profitably stock, market, and sell nutritious, affordable foods in communities that are underserved by supermarkets. The impact of the initiative is already yielding impressive results. Healthy food options are on the rise in underserved communities and, in some areas, jobs have been created and tax revenue raised.

Shaping Elizabeth Coalition

The Shaping Elizabeth Coalition is focused on addressing health disparities among residents, primarily in Bayway, Elizabethport, and Midtown, by addressing the health behaviors facilitating high rates of chronic disease in these communities. Coalition initiatives address healthy food access, health care access, diabetes prevention, and school health. The collaborative hosts a mobile food market in areas underserved by grocery stores. The market serves as an anchor for additional health and social services.

Community Education and Health Promotion

Trinitas Regional Medical Center offered a number of free or reduced-cost community education and health promotion programs to address the identified priority health needs, including:

- Cancer screenings (breast, cervical, colorectal, and prostate) for uninsured/underinsured individuals, in partnership with the NJ Cancer Education and Early Detection (NJCEED) Program.

- Diabetes education and nutritional counseling at school and community-based health clinics.

- Health and wellness education and services provided in senior housing complexes in the City of Elizabeth, targeting at-risk and underserved seniors.

- Hospital-wide screening of patients for substance use disorders as part of the Delivery System Reform Incentive Payment (DSRIP) Program. The program is based on an evidence-based approach: Screening, Brief Intervention & Referral to Treatment (SBIRT). Patients agreeable to substance abuse services are linked by an Addiction Specialist to outpatient treatment programs and other concrete services (housing, welfare benefits, primary care physicians, etc.).

- Mobile Integrated Health Service (MIHS) program utilizing paramedics with additional training as community health workers – known as Community Health Integrated Practitioners (CHIPs) to provide preventive care and care coordination focused on the heart failure population. Paramedics are dispatched directly to the patients' homes to conduct environmental and socioeconomic assessments, physical exams, and medication reconciliation. They work with patients to identify medical and social support needs and build care navigation skill sets. Patients targeted are generally underinsured or uninsured.

- Statewide Clinical Outreach Program (S-COPE) providing crisis response and clinical outreach to older adults (55+) residing at nursing facilities and experiencing mental health and/or behavioral crises.

Trinitas Regional Medical Center is a true community hospital dedicated to serving the poor and disenfranchised in our community, regardless of their ability to pay. We consistently maintain the 7th largest charity care and Medicaid program in New Jersey, and Trinitas Regional Medical Center is one of the state's top safety-net hospitals. The strategies utilized in the 2014-2016 CHIP to address the health priorities support our commitment to the health and well-being of the communities we serve.

Trinitas Regional Medical Center 2016 CHNA Identified Priority Needs

Leadership at Trinitas Regional Medical Center reviewed 2016 CHNA data and input from community partners with findings from the 2013 CHNA and regional initiatives to determine health priorities. The following table shows priorities from the 2016 CHNA compared to findings from the 2013 CHNA and a regional CHNA conducted by the North Jersey Health Collaborative which also studied Union County. Health needs across all research initiatives are consistent in addressing health disparities, mental health and substance abuse, and chronic disease prevention.

2013 Trinitas CHNA Priorities	2016 Trinitas CHNA Priorities	2016 North Jersey Health Collaborative CHNA Priorities
	Access to Care	Health Literacy
Mental Health & Substance Abuse	**Mental Health & Substance Abuse**	Mental Health Services
Cancer	**Cancer**	
Obesity w/ Focus on Prevention of Chronic Disease/Metabolic Syndrome Illness	**Diabetes**	Diabetes
	Heart Disease	Heart Disease
	Obesity	Obesity

Trinitas Regional Medical Center leadership reviewed research findings from the 2016 CHNA, concurrent regional initiatives, and community input in determining priority health needs across its service area. Based on the medical center's existing services, resources, and areas of expertise, Trinitas leadership determined to adopt the following priority health needs as part of its 2016-2019 Community Health Implementation Plan:

- Cancer
- Chronic Disease Prevention
- Mental Health & Substance Abuse

Trinitas Regional Medical Center will continue to focus on increasing access to care and addressing health disparities as cross-cutting strategies in meeting these health needs.

The rationale and criteria used to select these priorities included:

- Prevalence of disease and number of community members impacted
- Rate of disease in comparison to local and national benchmarks
- Health disparities among racial and ethnic minorities
- Existing programs, resources, and expertise to address the issue
- Input from representatives of underserved populations
- Alignment with concurrent public health and social service organization initiatives

Trinitas Regional Medical Center 2016 CHNA Community Health Implementation Plan

Trinitas Regional Medical Center developed a Community Health Implementation Plan to align community benefit and health improvement activities with community health priorities identified in the 2016 CHNA. Following is a summary of the hospital's Implementation Plan for the 2016-19 reporting cycle.

Health Priority: Cancer

Goal: Decrease the death rate for cancer and improve quality of life for those living with cancer.

Objectives:

- Reduce health disparities related to cancer diagnoses
- Increase residents' awareness of their risk factors for cancer

Strategies:

1) Continue to provide more than 23 annual screenings for breast, cervical, colorectal, and prostate cancer to underserved and underinsured residents
2) Provide educational programs targeting underserved and at risk residents
3) Continue to offer Livestrong, a 12-week program for Cancer Survivors
4) Partner with community agencies to provide outreach and education to underserved populations

Health Priority: Chronic Disease Prevention

Goal: Reduce risk factors for chronic disease and improve management of disease conditions through promotion and education of healthy lifestyles.

Objectives:

- Reduce health disparities related to chronic disease
- Increase access to healthy foods
- Support opportunities for physical activity within the community

Strategies:

1) Support community resources for residents to obtain healthy foods
    a. Elizabeth & Roselle Park Farmers' Markets
    b. Groundwork Elizabeth Come Grow With Us Community Gardening Program
    c. Pediatric Mobile Pantry
    d. Corner store initiative to increase fresh fruits and vegetables
    e. Nutritional meal counseling for home health care

2) Continue to promote health and wellbeing among underserved populations
    a. Partner with Shaping Elizabeth coalition to provide Eat Healthy, Be Active program
    b. Partner with the Pediatric Cultural Center to provide education to underserved parents about healthy nutrition for children
3) Partner with YMCA to provide Diabetes prevention and management program
4) Continue to provide Diabetes education and nutritional counseling at school and community based health clinics
5) Provide in home care and social support for at-risk cardiac patients through Community Paramedicine program

Health Priority: Mental Health and Substance Abuse

Goal: Increase access to quality mental and behavioral health services with a focus on comprehensive, coordinated care.

Objectives:

- Identify and refer residents who need mental health or substance abuse services
- Reduce substance abuse use among residents

Strategies:

1) Hospital-Wide Screening for Substance Use Disorder
    a. The medical center screens approximately 11,000 patients per year for substance use disorder and provided referrals to community partners for treatment.
2) Continue to operate the 24/7 crisis hotline
3) Continue to provide S-COPE, aimed at identifying mental health needs among the elderly
4) Continue to provide CARES program for developmentally disabled individuals
5) Provide Narcan for police and first responders to reverse opioid overdoses
6) Continue participation in NJ Health Connect to identify and track drug seekers across NJ health systems

Board Approval and Adoption

The CHNA Final Report and Implementation Plan were reviewed and adopted by the Trinitas Regional Medical Center Board on December 7, 2016. Both reports are made widely available to the public through the hospital's website.

For more information regarding the Community Health Needs Assessment or to submit comments or feedback, contact Joseph McTernan, Senior Director of Community and Clinical Services (jmcternan@trinitas.org).

Trinitas Regional Medical Center is committed to understanding and improving health and wellbeing among the communities we serve. We are advocates for a society in which each person in our organization and in the community can realize his or her full potential and achieve the common good.

Our mission:
Trinitas Regional Medical Center is a Catholic community teaching hospital sponsored by the Sisters of Charity of Saint Elizabeth in partnership with Elizabethtown Healthcare Foundation. At Trinitas Regional Medical Center we dedicate ourselves to God's healing mission. We strive to provide excellent, compassionate healthcare to the people and communities we serve, including those among us who are poor and vulnerable.

Appendix A: Secondary Data Sources

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Appendix B: Partner Forum Attendees

Amparo Aguirre, Trinitas Regional Medical Center
Lucy Ankrah, Trinitas Regional Medical Center
Newton J. Burkett, Trinitas Health Foundation
Mark Collichio, City of Elizabeth
Kelly Collins, Family and Children's Services
Nancy Diliegro, PhD, Trinitas Regional Medical Center
Jill Dispernea, Jewish Family Services
Terry Finamore, Trinitas Regional Medical Center
David Fletcher, Elizabethtown Healthcare Foundation
Krishna Garlic, City of Elizabeth
Dan Ginder , United Way Greater Union County
Doug Harris, Trinitas Regional Medical Center
Catherine Hart, Housing Authority of the City of Elizabeth
Gordon Haas, Greater Elizabeth Chamber of Commerce
Charlene Komar Storey, City of Roselle
Janice Lilien, YWCA
Sandra Louis-Enniss, Partnership for Prenatal Care
Priscilla Machado, Prevention Links
Brant Maslowski, Trinitas Regional Medical Center
Alane McCahey, Gateway Family YMCA
Jim McCreath, Trinitas Regional Medical Center
Joe McTernan, Trinitas Regional Medical Center
Srabanti Sharkar, Proceed Inc.
Veronica Vasquez, Trinitas Regional Medical Center
Kamili Williams, Central Food Bank of New Jersey