Saint Barnabas Medical Center | RWJBarnabas HEALTH

COMMUNITY HEALTH NEEDS ASSESSMENT 2016-2018

December 16, 2016

ACKNOWLEDGMENTS

The following partners led the Saint Barnabas Medical Center Community Health Needs Assessment:

BARNABAS HEALTH COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE

The Barnabas Health CHNA Steering Committee oversees the 2016 CHNA process to update the 2013 CHNAs and create new Implementation Plans. The key tasks of the Steering Committee include:

- Review 2013 facility implementation plan updates and results
- Review 2015 community and public health surveys
- Review of suggested priorities for facility implementation planning
- Oversight and guidance of CHNA implementation plan development
- Review and sign-off of 2016 CHNA and implementation plans

Members of the Barnabas Health CHNA Steering Committee include:

- Jen Velez, SVP, Community and Behavioral Health, Committee Chair
- Michellene Davis, EVP, Corporate Affairs
- Robert Braun, Oncology leadership
- Connie Greene, Behavioral Health/Preventive Care
- Joseph Jaeger, DrPH, Chief Academic Officer
- Barbara Mintz, VP, Health and Wellness
- Michael Knecht, Corporate Vice President, Strategic Messaging and Marketing
- Ernani Sadural, M.D., Director of Global Health for Barnabas Health
- Shari Beirne, Barnabas Health Behavioral Health Center, Designate
- Teri Kubiel, Ph.D., CMC Designate
- Frank Mazzarella, MD, CMMC Designate
- Brenda Hall, JCMC, Designate
- Anna Burian, MMC, Designate
- Judy Colorado, MMCSC, Designate
- Darrell Terry, NBIMC, President and CEO
- Ceu Cirne Neves, SBMC, Designate
- Charlene Harding, Planning
- Tamara Cunningham, Vice President Planning

STEERING COMMITTEE CONSULTANT ADVISORS

Steering Committee Technical Advisors:

- Anthony Palmerio (BH, Internal Audit)
- Withum, Smith & Brown (Scott Mariani)
- New Solutions Inc. (Nancy Erickson[1])

1 The CHNA's development consultants, New Solutions, Inc., have planned and conducted numerous community needs assessments and implementation plans with multiple organizations including individual hospitals, health systems, other health care and community organizations such as consortia comprised of a wide range of participant organizations. The NSI team, of which two are Ph.D. prepared, includes: planning consultants, market researchers, epidemiologists, computer programmers and data analysts. NSI has extensive regional and local community knowledge of health issues, community services and provider resources for the community reviewed by this assessment. This expertise, as well as the methodological and technical skills of the entire staff, was brought to bear in conducting this Needs Assessment and Health Improvement Plan.

SAINT BARNABAS MEDICAL CENTER

The Saint Barnabas Medical Center's Needs Assessment and Implementation Plan were approved by the Executive Leadership:

- Stephen P. Zieniewicz, President and Chief Executive Officer
- Richard Davis, Chief Financial Officer
- Jennifer O'Neill, Vice President, Patient Care Services and Chief Nursing Officer
- Michael McTigue, Corporate Vice President and Deputy Chief Information Officer
- Gregory J. Rokosz, DO, JD, Senior Vice President for Medical & Academic Affairs
- Tricia Balsamini, Vice President, Foundation
- Arnie Manzo, Vice President, Human Resources
- Ceu Cirne-Neves, MPA, CPHQ, FACHE, Vice President, Physician & Patient Services

The assessment and plans were developed with the contributions of many Saint Barnabas Medical Center staff. Their work was overseen by the CHNA oversight committee comprised of the following individuals:

- Ceu Cirne-Neves, MPA, CPHQ, FACHE, Vice President, Physician & Patient Services, Chair
- Margie Heller, Administrative Director, Community Health & Outreach
- Anita Touloughian, Coordinator, Community Health & Wellness
- David J. Holler, Administrative Intern
- Pat Miller, Operations Director, Cancer Center
- Deanna Paxos, Director, Magnet Nursing Excellence
- Rebecca Kane, NP, Cardiology
- Jennifer Dalzell, RN, Staff Nurse, 5300
- Dawn Howard, NP, Transitions of Care
- Su Wang, MD, Asian Health
- Sally Malech, Director of Public Relations and Marketing
- Deb Morgan, VP, Transplant Services
- Tamara Cunningham, Vice President, Planning / Planning Liaison

Questions regarding the Community Needs Assessments should be directed to RWJ Barnabas Health System Development/Planning at BHPLanningDept@RWJBH.org.

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EXECUTIVE SUMMARY

Background

The Saint Barnabas Medical Center (SBMC) Community Health Needs Assessment (CHNA) was designed to ensure that the Medical Center continues to effectively and efficiently serve the health needs of its service area. The CHNA was developed in accordance with all federal rules and statues, specifically, PL 111-148 (the Affordable Care Act) which added Section 501(r) to the Internal Revenue Code. The SBMC Needs Assessment was undertaken in this context and developed for the purpose of enhancing health and quality of life throughout the community. This assessment builds upon the CHNA completed in 2013. The 2013 Implementation Plan results are reviewed in Appendix A.

SBMC SERVICE AREA

SBMC Primary Service Area	
ZIP Code	ZIP Name
07004	FAIRFIELD
07006	CALDWELL
07009	CEDAR GROVE
07021	ESSEX FELLS
07039	LIVINGSTON
07040	MAPLEWOOD
07041	MILLBURN
07044	VERONA
07050	ORANGE
07052	WEST ORANGE
07058	PINE BROOK
07068	ROSELAND
07078	SHORT HILLS
07079	SOUTH ORANGE
07081	SPRINGFIELD
07083	UNION
07088	VAUXHALL
07928	CHATHAM
07932	FLORHAM PARK
07936	EAST HANOVER

The CHNA uses detailed secondary public health data at state, county, and community levels, a community health survey, a survey of Essex County public health officers, and other community stakeholders. SBMC is a member of RWJ Barnabas Health, which convenes a multi-disciplinary, multi-facility Steering Committee that provides additional support and leadership. Also, insight and expertise from the Saint Barnabas Medical Center CHNA Oversight Committee helps identify health assets, gaps, disparities, trends, and priorities. The Methodology section details the data collection process and analysis.

Service Area

The SBMC service area is determined by considering three factors: patient origin, market share, and geographic continuity and proximity. Zip codes representing approximately 50% of the SBMC patient origin form the initial primary service area (PSA); any zip code in which the Hospital has a high market share presence is also included. Zip codes with lowest market share are deleted from the PSA definition and included in the secondary service area (SSA). Geographic proximity is used to create a contiguous area and completes the service area determination. The western half of Essex County accounts for most of SBMC's PSA. The SSA is comprised of the remainder of the county and sections of Union, Hudson, and Morris counties. For purposes of this CHNA, Essex County statistics were deemed to be most relevant for review.

Essex County encompasses a land mass of 127 square miles comprised of 22 urban and suburban municipalities. The county's municipalities are diverse, encompassing large inner-city communities, such as Newark, Irvington, East Orange and Orange in the southeast, and the suburban communities of Livingston, Essex Fells and Roseland to the west. Essex County's economic wealth is not uniformly distributed across municipalities, with urban areas that include a high number of poor and minority populations.

Saint Barnabas Medical Center, located in Livingston, is one of seven acute care hospitals operating in Essex County. Livingston is an affluent suburban community with easy access to New York City.

The following is an example of the community health disparities identified in this CHNA:

- Essex County has a larger proportion of African-American and Hispanic/Latino residents than New Jersey.[2]
    - Essex County's population is 35.9% African-American, compared to 12.1% statewide.
    - Essex County's population is 19.0% Hispanic/Latino, compared to 16.6% statewide.
    - Essex County's population is 38.0% White, compared to 61.3% statewide.
- In 2014, 17.2% of people and 14.1% of Essex County families were living in poverty compared to 10.7% of people and 8.1% of families statewide.
    - In 2014, 26.0% of families were living in poverty in Orange and 1.8% of families were living in poverty in Livingston.
- In 2014, 9.1% of Essex County residents were unemployed, higher than the state (6.4%).
    - Orange experienced the highest rate of unemployment in 2014 among zip codes in the service area at 10.5%, which is higher than the county and state
    - In 2014, Livingston (4.3%), Caldwell (5.2%), and West Orange (5.6%) had unemployment rates below that of the state (6.4%).
- In 2014, the Essex County median was $54,499, more than $17,000 below the state median.[3]
    - Short Hills had the highest median household income in 2014 at $235,172, while Newark (07114) had the lowest at $20,954 in the same year.
- Both violent crime and homicide rates are higher than statewide rates and the County Health Rankings national benchmarks.
    - In Essex County, the violent crime rate was 674/100,000, more than double the statewide rate.
    - Essex County was ranked highest by County Health Rankings in violent crimes.[4]
- The statewide infant mortality rate is higher than the rate for Essex County and 1.2 points below the *Healthy People 2020* target. [5]
    - Despite decreasing since 2010, the 2012 Essex County Black infant mortality rate (8.7/1,000) was higher than the rate for all other racial/ethnic groups in the county.
- Essex County and its major urban centers continue to have a higher percentage (42.7%) of housing built before 1950 than exists statewide (25.6%).[6] Housing stock built before 1950 is more likely to contain lead paint.

2 United States Census Bureau American Community Survey 2014
3 United States Census Bureau 2014
4 County Health Rankings 2012
5 New Jersey Death and Birth Certificate Databases, Office of Vital Statistics and Registry, New Jersey Department of Health. Infant death certificates and corresponding birth certificates are matched by the Center for Health Statistics, New Jersey Department of Health.
NOTE: no data on whites/Hispanics
6 New Jersey State Health Assessment Data Complete Indicator Profile of Risk Factor for Childhood Lead Exposure: Pre-1950 Housing
https://www26.state.nj.us/doh-shad/indicator/complete_profile/pre1950home.html

TOP FIVE HEALTH ISSUES

The SBMC Steering Committee considered secondary and qualitative data to determine five top health issues based on capacity, resources, competencies, and needs specific to the populations it serves. These issues are within the hospital's purview, competency and resources to impact in a meaningful manner. These include: cancer, cardiovascular disease, obesity and diabetes, asthma, and reducing disparities in access to care and readmissions.

1. ***Cancer***

Cancer, the second leading cause of death in the United States, causes approximately 1,600 deaths per day. Service area residents identified cancer as one of three top health issues in a Bruno & Ridgway resident survey. Cancer was also selected as a key health issue in a survey of local health officers.

The disease initiates with unrestrained and abnormal cell growth and spreads via the blood and lymph systems. Cancer is caused by gene mutations that affect how cells grow and divide. Mutations can be inherited or caused by environmental and lifestyle factors. In 2011, the Agency for Healthcare Research and Quality estimated the cost of cancer in the United States totaled $88.7 billion, with increases projected in the future. There are over 100 different types of cancers, but lung, colorectal, and breast cancers carried the heaviest economic burden, and are responsible for the highest losses of disability-adjusted life years (DALYs).

Prevention, early detection, and treatment of common cancers yield economic benefits, as treating late-stage cancer is more expensive than treating early-stage cancer. Treatment of late-stage breast cancer costs three times as much as management of early-stage disease. Screening helps detect cancers at an early and treatable stage, particularly in the case of colorectal, breast, and lung cancers. Vaccines to prevent Hepatitis B (HBV) and Human Papilloma Virus (HPV) are critical in the prevention of liver and cervical cancers. Lifestyle related health behaviors, such as tobacco use, diet, and physical activity can also be modified to reduce risk.

The elderly are at greater risk for developing cancer than younger people. The median age of cancer diagnoses is 66, with persons aged 65-74 having a 1 in 4 chance of developing the disease. Between 5–10% of all cancer cases can be attributed to genetic defects and the remaining 90–95% can be attributed to environmental and lifestyle factors. While genetics, including age and family history, cannot be manipulated most other major risk factors and lifestyle choices can be modified.

Obesity increases the risk of several cancers; one study of severely obese people found significant weight loss reduced the risk of cancer by one-third. Obesity is associated with breast, colon, endometrial, esophagus, kidney, pancreas, gall bladder, thyroid, ovary, cervix, and prostate cancer, as well as multiple myeloma and Hodgkin's lymphoma.[7]

Carcinogens are substances responsible for damaging DNA, promoting and aiding cancer. Tobacco, asbestos, radiation (gamma and x-rays), the sun, and car exhaust fumes are carcinogens. Viruses that weaken the ability of the immune system to fight infection (HPV, Hepatitis B and C, Epstein-Barr, HIV) and immunosuppressive drugs are also linked to an increased risk of cancer.

7 Overweight and Obesity www.cdc.gov/healthyyouth/obesity/facts.htm

- Cancer is the second leading cause of death in the nation, New Jersey, and Essex County.
- The age-adjusted mortality rate for cancer among Blacks decreased 5.8% from 185.2/100,000 in 2011 to 174.4/100,000 in 2013.
    - The decrease in cancer deaths for Whites during the same time period is one-third greater than the decrease for Blacks.
- In 2012, 62.7% of Essex County adults 50+ had a sigmoidoscopy or colonoscopy, slightly lower than New Jersey (63.8%).
- Between 2010 and 2012, 54.5% of Essex County men 50+ had a PSA test, compared to 47.6% in New Jersey.[8]
- In 2012, 76.3% of Essex County women 40+ reported having a mammogram screening within the past 2 years, compared to 77% in New Jersey.[9]
- In 2012, in Essex County, 77.3% of women aged 18 and older had a pap smear test within the last three years, compared to 78.5% in New Jersey.[10]

SBMC encourages early cancer detection and provides community education outreach programs to that end. The Hospital offers screenings for breast, cervical, skin, oral, prostate, testicular, and lung cancers. The Lung Cancer Institute at SBMC, in collaboration with the International Early Lung Cancer Action Program, provides free lung cancer screenings for smokers and former smokers to identify early stage disease. SBMC hosts special events and lecture series supporting cancer patients and their families. The Project H.O.P.E. (Helping Our Patients Excel) lecture series provides no-cost workshops regarding diagnosis and treatment.

SBMC recognizes that coordination of care, scheduling and Patient Navigator support are imperative to excellent care. The Patient Navigator serves as a liaison between the patient, treating physicians and hospital to provide resources available and assist with making appointments and resolving insurance issues. Patient Navigators seek to ease the process of diagnosis, treatment, and recovery.

Saint Barnabas Medical Center provides its patients a full array of cancer and ancillary services**.** The Gynecologic Cancer and Pelvic Surgery Center, the Valerie Fund Children's Center for Cancer and Blood Disorders, The Lung Cancer Institute and the Breast Cancer Center are all recognized Centers of Excellence. Specialized oncology services also available include radiation oncology, cancer genetics counseling, and integrative medicine (alternative and complementary) services.

2. ***Cardiovascular Disease***

Cardiovascular disease is the leading cause of death, causing one in every four deaths in the United States. In the Bruno & Ridgway resident survey, service area residents identified cardiovascular disease as one of three top health issues. Cardiovascular disease was also identified as a key health issue in a local health officers survey.

Cardiovascular disease refers to a constellation of conditions that affect the heart and blood vessels. These conditions are caused by the failure of the valves or muscle of the heart and are worsened by the blockage of veins and arteries. Prevalent types of heart disease include coronary artery disease, heart attack, heart failure, congenital heart diseases, and stroke. Co-morbid conditions include high blood pressure, high

8ibid
9 County Health Rankings 2016 http://www.countyhealthrankings.org/app/new-jersey/2016/measure/factors/50/data
10 Behavioral Risk Factor Surveillance System 2012

cholesterol, and diabetes. Each co-morbid condition contributes to and exacerbates cardiovascular disease by diminishing function of the blood vessels. High blood pressure usually is asymptomatic but damages the heart, kidneys, and brain. High levels of LDL cholesterol can build up in blood vessels, eventually causing fatal blockages. Nearly two-thirds of diabetics die from some form of heart vessel disease. These co-morbidities are preventable and can be contained by modifying behavioral risk factors.

While some risk factors for heart disease (age, family history, male gender, post-menopause, race) cannot be altered, lifestyle changes can minimize related conditions and lower onset. Obesity increases cholesterol, elevates blood pressure levels, and causes diabetes, all co-morbid conditions of heart disease. Healthy eating and exercise can lead to a healthy weight and lower the risk. Physical inactivity leads to high blood pressure, high triglyceride levels, and low levels of HDL cholesterol, diabetes, and obesity. Regular physical activity can improve these measures. Dietary choices can also increase one's risk of heart disease and obesity. Diets high in saturated fats and cholesterol raise blood cholesterol levels and promote atherosclerosis; diets high in salt content in diets can raise blood pressure levels. Excessive alcohol use leads to increased blood pressure and higher levels of triglycerides. Cigarette smoking increases the risk of developing heart disease and heart attack by increasing blood pressure and promoting atherosclerosis. Second hand smoke can increase the risk of heart disease to non-smokers as well.

- Heart disease is the leading cause of death in the nation, New Jersey and Essex County.
- Between 2011 and 2013, the Essex County (182.1/100,000) age-adjusted mortality rate for deaths due to heart disease was higher than the rate statewide (169.0/100,000) and in surrounding counties. [11]
- Blacks (224.4/100,000) had a higher age-adjusted mortality rate compared to other races within Essex County.
- The age-adjusted mortality rate for heart disease among Hispanics increased from 113.8/100,000 in 2011 to 122.2/100,000 in 2013.[12]
- Congestive heart failure is the most common inpatient Ambulatory Care Sensitive Condition in Essex County[13]

The American Heart Association and the World Heart Federation suggest addressing tobacco use, hypertension, diabetes, and obesity to reduce overall incidence of cardiovascular disease. SBMC is expanding early detection and community education and outreach programs, programming in senior housing and the CHF Transitions program. The CHF Transitions program targets congestive heart failure patients with high risk of readmission. The program educates and engages patients to access post-discharge services to improve medication safety and patient satisfaction, while reducing readmissions. The Heart Center at SBMC has Joint Commission Certification in Heart Failure, Acute Coronary Syndrome, and Cardiac Rehabilitation. In 2011, SBMC achieved a three-star rating for Coronary Artery Bypass procedures, obtained by only 14% of United States surgery programs.

3. ***Obesity and Diabetes***

Obesity and overweight are abnormal or excessive fat accumulation that presents a health risk. A crude population measure of obesity is body mass index (BMI), a person's weight (in kilograms) divided by the square of his or her height (in meters). A person with a BMI of 30 or more is considered obese; a person

11ibid
12ibid
13ibid

with a BMI equal to or more than 25 is overweight. Once considered a problem only in high income countries, overweight and obesity are now increasing in low and middle-income countries, particularly in urban settings.

Being overweight or obese can have a serious impact on health. Overweight and obesity are risk factors for a number of chronic diseases, including: cardiovascular disease, type 2 diabetes, musculoskeletal disorders like osteoarthritis, and some cancers. Onset of increased risk begins when someone is only slightly overweight, and increases as weight rises. The costs of care are high; prevention and wellness programs are necessary to address the insidious effects of excess weight.

Genetics affect the amount of body fat stored, where fat is distributed, and how efficiently the body converts food into energy. Family eating and physical activity habits play a role in the development of obesity. Prolonged inactivity results in calorie imbalance, the intake of calories is higher than the burning of calories. Often, inactivity is a result of other medical problems like arthritis or injuries. An unhealthy diet, high in calories and lacking in fruits and vegetables, is a significant contributor to weight gain. Research has linked social and economic factors to obesity. Socioeconomic factors include: not having safe areas to exercise, cultural traditions of eating unhealthy and obese family members.

Obesity can occur at any age, even among young children. Hormonal changes and physical inactivity in older individuals also increase risk. The amount of body muscle decreases with age, leading to a decrease in metabolism. Quitting smoking is also associated with weight gain, sometimes resulting in obesity; structured smoking cessation programs can help mitigate the effects of weight gain associated with quitting. Not getting enough sleep or conversely getting too much sleep can also cause changes in hormones that increase appetite and contribute to weight gain.

Diabetes is a disease in which blood glucose levels are too high due to abnormal levels of the hormone insulin. In type 1 diabetes, the body is not able to make insulin. In type 2 diabetes, the more common type, the body does not make or use insulin well. Without enough insulin, glucose stays in your blood. Over time, too much glucose in the blood can cause serious problems, damaging the eyes, kidneys, and nerves. Diabetes can also cause heart disease, stroke and even the need to remove a limb. Pregnant women can get gestational diabetes. The American Diabetes Association estimates the total cost of diagnosed diabetes rose to $245 billion in 2012 from $174 billion in 2007.

Prediabetes is a precursor to diabetes in which blood sugar is higher than normal, but not high enough to be diabetes. Having prediabetes puts an individual at a higher risk of Type 2 diabetes. Obesity is a major risk factor for Type 2 Diabetes. This form of diabetes, once believed to affect only adults, is now diagnosed in children. Between 1980 and 2000, obesity rates doubled among children and adults and tripled among adolescents.[14] Overweight children with diabetes are at risk for serious complications including kidney disease, blindness, and amputations. Other risk factors related to obesity include unhealthy diet, physical inactivity, and high blood pressure. While many diabetes risk factors are modifiable, other factors including a family history, increasing age, and ethnicity are uncontrollable.

- One-quarter of adults in New Jersey were considered obese in 2012, the same as in 2008.[15]
- In 2012, 27.3% of Essex County residents were obese, more than 24.7% statewide and a slight increase from 26.1% in 2008.[16]

14www.cdc.gov/pdf/facts_about_obesity_in_the_united_states.pdf
15 Behavioral Risk Factor Surveillance System 2014
16 New Jersey State Health Assessment Data 2012

- In 2012, 24.1% of people engaged in no physical exercise in New Jersey, a slight decrease from 25.3% in 2009.[17]
- In 2012, 26.9% of Essex County adults reported no physical exercise within the past month, higher than New Jersey (24.1%) and CHR national benchmark (20%) and a slight decrease from 27.5% in 2009.
- Diabetes is the fifth leading cause of death in Essex County. The 2013 age-adjusted mortality rate due to diabetes (25.3/100,000) is higher than the Statewide rate (19.4/100,000).[18]
    - In Essex County, Blacks (31.8/100,000) had the highest age-adjusted death rate for diabetes.
    - The rate for Whites in Essex County increased 31.3%, from 16/100,000 to 21/100,000 between 2011 and 2013.[19]
- Diabetes is the second most common inpatient Ambulatory Care Sensitive Condition in Essex County.[20]

SBMC recognizes the importance of implementing healthy eating and exercise programming addressing obesity and diabetes and enhancing relationships with local schools and community based organizations. SBMC provides diabetes and weight-related preventive care and health education programs throughout the community. The Barnabas Health Bariatric and Metabolic Institute is a weight loss center at SBMC. The Institute offers a comprehensive weight loss program, beginning with education, through recovery and post-surgical support. Nutritionists, exercise physiologists, clinical psychologists, a bariatric coordinator and support groups are part of each patient's dedicated surgery and weight loss team.

4. Reduce Hospital Utilization for Ambulatory Care Sensitive Conditions (ACSC)

Ambulatory Care Sensitive Conditions indicate hospital use by patients who would have been more appropriately cared for in an outpatient primary setting; this includes individuals admitted to the hospital for inpatient care due to an Ambulatory Care Sensitive Conditions (ACSC) and unnecessary emergency room visits. Reasons for patients accessing higher acuity care include no regular source of primary care, lack of health insurance, cost including the inability to pay co-pays for office visits, transportation issues, practices without extended office hours, and undocumented citizenship status. Ambulatory Care Sensitive Condition ED use decreased slightly in Essex County and the SBMC service area due to the improvement of care transitions and coordination of care, more care delivery in ambulatory care settings and expanded access to primary and preventive care.

- Ear/nose/throat conditions are the most common emergency department Ambulatory Care Sensitive Conditions in Essex County, followed by followed by asthma.[21]
- Asthma and COPD ranked among the top five conditions for inpatient Ambulatory Care Sensitive Condition admissions in Essex County.
- The 2014 Overall ACSC Emergency Department rate in the SBMC Service Area was 62.5/1,000, 1.0 points higher than the 2011 rate of 63.5/1,000, and 18.5 points lower than the Essex County rate of 81.0/1,000.[22]

17 Behavioral Risk Factor Surveillance System 2014
18 New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health; Population Estimates: New Jersey Department of Labor and Workforce Development, State Data Center
19Ibid. NOTE: Data for racial/ethnic groups not shown because figures do not meet standards of reliability and precision, based on fewer than 20 cases in the numerator and/or denominator
20 Health Care Decision Analyst Internal Data 2014
21Health Care Decision Analyst Internal Data 2014
22Health Care Decision Analyst Internal Data 2013

- Ear/nose/throat conditions are the most common emergency department Ambulatory Care Sensitive Condition in the SBMC Service Area, followed by asthma, dental conditions, kidney/urinary infections, and cellulitis.[23]
- Among children in 2014, ear/nose/throat conditions are the most common emergency department Ambulatory Care Sensitive Condition in the SBMC Service Area, followed by asthma, GI obstruction, cellulitis, and kidney/urinary infections.[24] Essex County and New Jersey also reported ENT conditions as the most common ED ACSC.
- Among adults in 2014, ear/nose/throat conditions are the most common emergency department Ambulatory Care Sensitive Condition in the SBMC Service Area, followed by kidney/urinary infections, asthma, cellulitis, and dental conditions.

The DSRIP (Delivery System Reform Incentive Payment) program seeks to change health care delivery by investing in the Medicaid program to reduce avoidable hospitalizations which lead to poor outcomes and costly care. Asthma is a top avoidable condition; a Centers for Medicare & Medicaid study found that asthma accounted for 20% of avoidable hospital admissions.[25]The 2013 SBMC CHNA identified reducing avoidable asthma hospitalizations as an appropriate DSRIP project as 8.3% of service area residents and 16% of Newark residents reported having asthma in 2010. SBMC employs certified asthma educators, patient education and partnerships with schools and community health centers to assist this initiative. The Zufall Health Center, a Federally Qualified Health Center (FQHC) located within SBMC's primary service area served as pilot site for the asthma DSRIP initiative.[26]

5. ***Disparities in Access to Care***

Access to comprehensive quality health care services is important for health equity and increasing the quality of a healthy life. Access implies timely use of personal health services to achieve good outcomes and encompasses: coverage, services, timeliness, and workforce. Barriers to services include lack of availability, high cost, and lack of insurance. These barriers diminish quality of care and lead to delays in receiving appropriate care, the inability to get preventive services, and hospitalizations that could have been prevented.[27] People without insurance are not offered the same range of medical services as the insured. When a medical condition occurs, the uninsured delay treatment or use the emergency department instead of a lower cost, more appropriate primary care setting. The uninsured also are less likely to receive needed medical care, more likely to have more years of potential life lost, and more likely to have poor health status. [28]

- Essex County has a higher percentage of uninsured residents than New Jersey.
    - According to Enroll America in 2015, 8% of the population in Essex County was uninsured, higher than the 6.3% estimated in New Jersey.

23Health Care Decision Analyst Internal Data 2014
24Health Care Decision Analyst Internal Data 2014
25 Medicare-Medicaid Eligible Beneficiaries and Potentially Avoidable Hospitalizations
https://www.cms.gov/mmrr/Downloads/MMRR2014_004_01_b01.pdf
26 Saint Barnabas Medical Center Hospital Based Educators Teach Optimal Asthma
Carehttps://dsrip.nj.gov/Documents/St.%20Barnabas%20Medical%20Center_April%20LC1_1.pdf
27 Centers for Disease Control and Prevention Community Health Status Indicators
http://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/NJ/Essex/10019
28 Kaiser Family Foundation analysis of data from the Office of the Actuary, Centers for Medicare and Medicaid Services, 2015,
http://blogs.wsj.com/washwire/2015/04/16/public-vs-private-health-insurance-on-controlling-spending/

  - The 2015 Enroll America estimates indicate the rate of the uninsured decreased dramatically from 2013 to 2015; County and state estimates decreased more than 50% from 2013. [29]
  - The *Healthy People 2020* target for uninsured is 0%. Essex County exceeds this target.
- In 2014, the distribution of types of insurance for Essex County residents who had an inpatient admission were as follows[30]:
  - 33.4% paid with commercial insurance, less than 34.8% statewide
  - 22.3% paid with Medicaid/Caid HMO/Family Care more than 15.4% statewide
  - 35.2% paid with Medicare/Care HMO, less than 41.8% statewide
  - 8.1% were underinsured, receive charity care, or self-pay as compared to 6.2% statewide
- In 2014, the distribution of types of insurance for Essex County residents who had emergency department visits were as follows[31]:
  - 39.2% paid with commercial insurance, similar to 40.6% statewide
  - 25.8% paid with Medicaid/Caid HMO/Family Care, similar to 25% statewide
  - 10.7% paid with Medicare/Care HMO less than 14.9% statewide
  - 22.3% were underinsured, receive charity care, or self-pay more than 15.9% statewide

Access to primary care was identified as a leading health indicator in many Essex County urban zip codes, particularly Newark. Access to health care was also identified as a top health issue in the Bruno & Ridgway survey, the Public Health survey, and in the 2015 Key Findings document.

- 56% of African American respondents listed their primary concerns as Unsafe Neighborhoods/ Violence and Lack of Doctors Taking Patients Without Insurance. Among Caucasians, the percentage of respondents to these two issues were 19% and 24%, respectively.
- 70% of lower Income respondents listed their primary concern as Heart Disease and 65% cited a Lack of Doctors Taking Patients Without Insurance and Diabetes. Among Higher Income Respondents, the percentage of respondents to these three issues were 27%, 25% and 23%, respectively.
- 21.4% of Orange residents did not complete high school, nearly double the statewide percentage.
- The median household income of Orange residents ($32,526) was the lowest in the SBMC's PSA and less than half the statewide figure.
- The need for free or low cost screenings for preventative health services is more important to females, African Americans, singles and lower income groups, based on responses to the SBMC consumer survey.

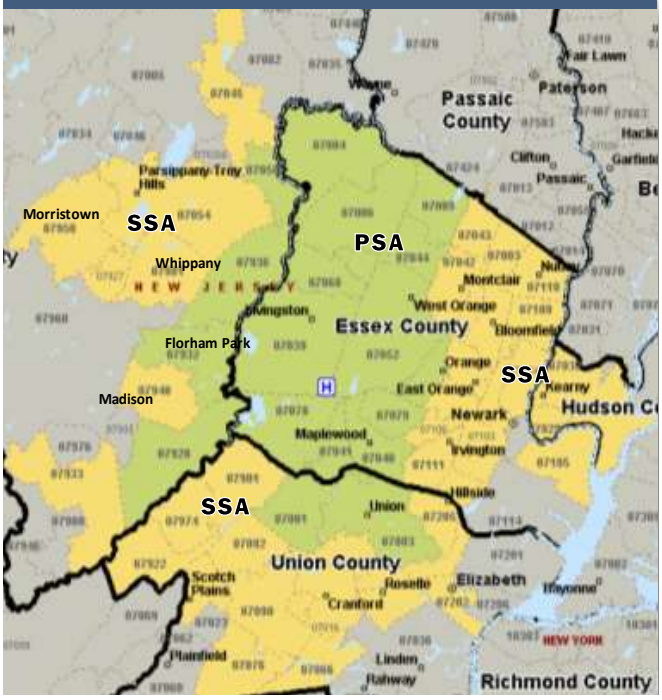
SBMC seeks to improve access through the use of an Emergency Department (ED) navigator. The ED navigator identifies patients without a primary care physician, who are at high risk for readmission, and refers them to primary care physicians to ensure smooth progress through the care plan. ED navigators would refer patients to primary care physicians at the Zufall Health Center, the local FQHC, and the Barnabas Health Internal Medicine Faculty Practice, a teaching practice associated with SBMC. Further, a 2014 Accenture study shows that the use of Emergency Department navigators can significantly reduce departmental overuse and hospital readmissions.[32]

29 Enroll America Changing Uninsured Rates by County – From 2013 to 2015 https://www.enrollamerica.org/research-maps/maps/changes-in-uninsured-rates-by-county/
30 Ibid.
31 Ibid.
32 Patient Navigation Eases Clinical Workforce Challenges – Without Clinical Expertise https://www.accenture.com/t20150523T022442__w__/us-en/_acnmedia/Accenture/Conversion-Assets/DotCom/Documents/Global/PDF/Dualpub_1/Accenture-Patient-Navigation-Eases-Clinical-Workforce-Challenges.pdf#zoom=50

1. INTRODUCTION

The Saint Barnabas Medical Center (SBMC) Community Health Needs Assessment (CHNA) was designed to ensure that the Medical Center continues to effectively and efficiently serve the health needs of its service area. The CHNA was developed in accordance with all federal rules and statues, specifically, PL 111-148 (the Affordable Care Act) which added Section 501(r) to the Internal Revenue Code. The SBMC Needs Assessment was undertaken in this context and developed for the purpose of enhancing health and quality of life throughout the community. This assessment builds upon the CHNA completed in 2013. The 2013 Implementation Plan results are reviewed in Appendix A.

SBMC SERVICE AREA



The CHNA uses detailed secondary public health data at state, county, and community levels, a community health survey, a survey of Essex County public health officers, and other community stakeholders. SBMC is a member of RWJ Barnabas Health, which convenes a multi-disciplinary, multi-facility Steering Committee that provides additional support and leadership. Also, insight and expertise from the Saint Barnabas Medical Center CHNA Oversight Committee helps identify health assets, gaps, disparities, trends, and priorities. The Methodology section details the data collection process and analysis.

Saint Barnabas Medical Center, located in Livingston, New Jersey, is one of seven acute care hospitals operating in Essex County. SBMC's primary service area comprises largely suburban communities located in Western Essex County.

The SBMC Steering Committee determined five top health issues to be within the hospital's purview, competency and resources to impact in a meaningful manner: cancer, cardiovascular disease, obesity and diabetes, reduce hospital utilization for Ambulatory Care Sensitive Conditions (ACSC), and disparities in access to care.

- Cancer mortality, the second leading cause of death in Essex County and New Jersey, can be reduced by prevention, early detection, and treatment. SBMC encourages early cancer detection and provides community education outreach programs.
- Cardiovascular disease is the leading cause of death in the nation, state, and county. Addressing lifestyle-related risk factors for cardiovascular disease lowers mortality rates. The Heart Center at SBMC has Joint Commission Certification in Heart Failure, Acute Coronary Syndrome, and Cardiac Rehabilitation.
- Obesity and diabetes are risk factors for both cardiovascular disease and cancer, and can be mitigated by addressing lifestyle-related risk factors. The Bariatric and Metabolic Institute at

SBMC offers a comprehensive weight loss program. SBMC also provides diabetes and weight-related preventive care and health education programs throughout the community.

- Ear, nose and throat conditions are the most common emergency department Ambulatory Care Sensitive Conditions in the SBMC service area, followed by asthma, dental conditions, kidney and urinary tract infections, and cellulitis.
- Respiratory diseases, particularly asthma, result in many unnecessary hospitalizations that could have been addressed with patient education and screening programs. SBMC's DSRIP initiative reduces avoidable asthma hospitalizations through patient education and outreach. Increased access to health care leads to higher quality care and lower readmissions rates. Emergency Department Navigators at SBMC direct high-risk patients to primary care to ensure a smoother transition out of inpatient care and decrease the likelihood of readmissions.
- Disparities in access to care.

The CHNA uses detailed secondary public health data at state, county, and community levels, from various sources including *Healthy People 2020*, Department of Health and Human Services, Centers for Disease Control & Prevention (CDC), Census Bureau, County Health Rankings (CHR), and hospital discharge data, to name a few.

- *Healthy People 2020* is a 10-year agenda to improve the nation's health that encompasses the entire continuum of prevention and care. For over three decades Healthy People has established benchmarks and monitored progress over time to measure the impact of prevention activities. *Healthy People 2020* benchmarks are used throughout the report to assess the health status of residents.
- The CHR, published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, rank the health of nearly all counties in the United States. The rankings look at a variety of measures that affect health such as high school graduation rates, air pollution levels, income, rates of obesity and smoking, etc. These rankings are also used throughout the report to measure the overall health of Essex County residents. County rates are also compared to statewide rates.

The SBMC needs assessment was developed for the purpose of enhancing the health and quality of life throughout the community. To this end, a broad array of information both internal and external was used to understand recent health status indicators and opportunities to provide a positive impact in improving health and wellness. Other significant needs determined in this CHNA include:

- Primary Care Physician Shortages
- Substance Abuse
- Lead Poisoning
- Low-Birthweight
- Cesarean Sections
- Maternal/Child Health
- High Risk Sexual Behaviors/Sexually Transmitted Diseases
- Teen Pregnancy in segments of the Service Area
- Immunization Behaviors
- Tobacco Use
- Community Safety

2. METHODOLOGY/SERVICE AREA

METHODOLOGY

CHNA data sources included secondary and qualitative survey data. These sources were reviewed by the SBMC Steering Committee to identify and prioritize the top issues facing residents in the service area (see Top Health Issues section).

Secondary Data Sources

Over 100 secondary data sources are compiled in this Community Health Needs Assessment (CHNA), presenting data by indicator by county and state. Sources include: The United States Census Bureau, Centers for Disease Control and Prevention (CDC), New Jersey Department of Health (NJDOH), and Behavioral Risk Factor Surveillance System (BRFSS). See Appendix B for detailed list of sources.

Appendix C provides chronic disease prevalence trends based upon acute care discharge data. Appendix D contains a detailed report of cancer incidence and mortality by cancer site for Essex County for the years 2009-2013.

Health Profile

The County Health Profile provides a comprehensive discussion of health outcomes as well as the health factors that contribute to the health and well-being of Essex County residents.

Throughout the Health Profile Section, the reader will find tables that have red, yellow, and green colored indicators. These tables compare the county level data to the *Healthy People 2020* targets, Community Health Rankings benchmarks, and New Jersey State data. Data by race/ethnicity is compared to data for all races in the county, unless otherwise indicated.

Using Essex County value as the midpoint, this value was then compared to a number 20% higher or 20% lower than the value for New Jersey, *Healthy People 2020*, or County Health Rankings Benchmark.

If the Essex County value was within 20% lower or 20% higher than the comparison indicator, and thus considered within reasonable range of that indicator, the indicator table will be yellow. The table will be red if the Essex County value is 20% worse or lower than the indicator value. If the Essex County value is 20% better or higher than the indicator value, the table will be green.

Qualitative Data Sources

Saint Barnabas Community Health Needs Survey

A representative sample of households from the primary service area was generated from a residential telephone numbers database; a 30-minute telephone interview was conducted. Bruno and Ridgway Research Associates, Inc. administered interviews from November to December 2015. Survey results are incorporated into this CHNA. (See Section 3)

Public Health Survey

A public health survey was administered to Public Health Officers and other stakeholders in Essex County. The survey consisted of the following questions for each municipality in Essex County:

1. Identify the top six priority health needs for municipalities in Essex County
2. Identify the primary barriers to improvement for these health needs
3. Identify additional items to consider in the Community Health Needs Assessment.

Health Officers from Livingston/Millburn; South Orange; Maplewood; West Orange; Montclair, Belleville, Cedar Grove, Nutley and Verona; West Caldwell, and Bloomfield, Caldwell and Glen Ridge participated in the survey. Most were concerned with chronic health illnesses including heart disease, asthma and respiratory issues, cancer, diabetes and obesity, and mental health issues. A detailed list of priorities is provided in Appendix E.

Public Health Symposium

SBMC participates and works with many local organizations on health issues including: discussing and prioritizing needs, coordinating services, providing education and specialty knowledge, and supporting local health promotions. SBMC also participates with a quarterly regional community advisory board for the greater Newark area hosted by RWJ Barnabas Health with representatives from local politicians, local community health centers, emergency health providers and other community leaders. Another collaborative organization is the Greater Newark Health Care Coalition (Coalition), which includes executive leadership of hospitals and health organizations in the greater Newark area. The Coalition held a public health symposium, the fourth annual event, in September 2016. At the symposium, the more than 80 participants from public health, hospital and other providers, education and community advocates ranked health needs. The participants identified Obesity, Diabetes, Affordable Health Care Services, Safe Environment and Mental Health as the highest ranked needs during the course of this event.

SBMC also works with Essex County Health Department to plan and implement a local needs assessment/health status approximately every five years and works with local health departments to support community health and wellness events. These community touch points along with patient surveys and comments provide the hospital with valuable external insights regarding community need.

Assets and Gaps

Section 5, Assets and Gaps, summarize the preceding components of the CHNA. Assets highlight county or SBMC service area information indicating improvement over time in comparison to other counties and the State or in comparison to other races or genders. Gaps focus on disparities in Essex County or in the SBMC service area that have a negative trend in comparison to other counties and the State or to other races or genders.

Resource Inventory

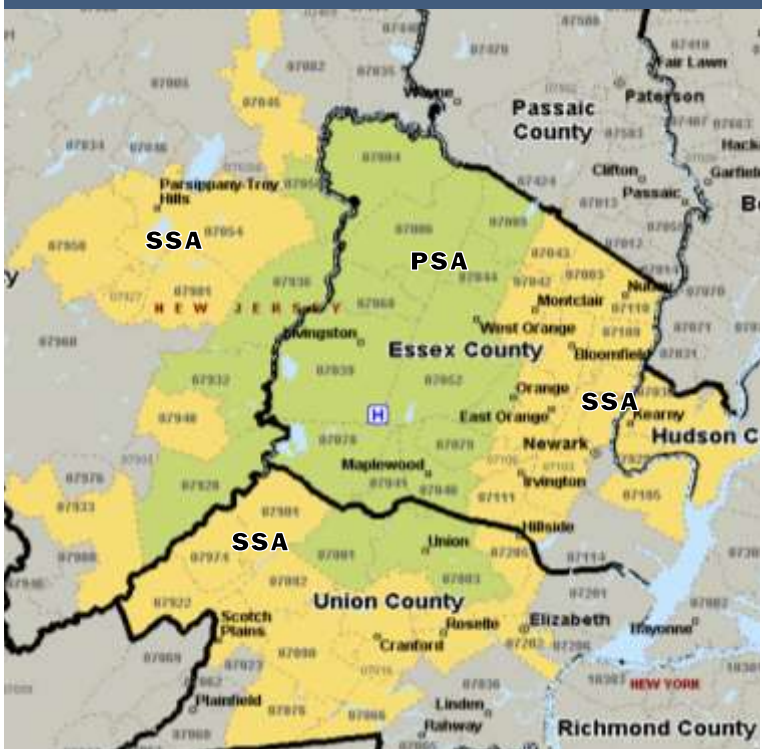
A service area-specific resource inventory is included as Appendix F, which details health and social service resources available to residents in SBMC's primary service area. Providers' names, addresses, telephone numbers, and type of services provided are contained in the inventory.

SERVICE AREA

Saint Barnabas Medical Center is located in Livingston, New Jersey. It is one of seven hospitals serving residents in Essex County. The Hospital's primary service area (PSA) consists of the following zip codes:

SBMC Primary Service Area	
ZIP Code	ZIP Name
07004	FAIRFIELD
07006	CALDWELL
07009	CEDAR GROVE
07021	ESSEX FELLS
07039	LIVINGSTON
07040	MAPLEWOOD
07041	MILLBURN
07044	VERONA
07050	ORANGE
07052	WEST ORANGE
07058	PINE BROOK
07068	ROSELAND
07078	SHORT HILLS
07079	SOUTH ORANGE
07081	SPRINGFIELD
07083	UNION
07088	VAUXHALL
07928	CHATHAM
07932	FLORHAM PARK
07936	EAST HANOVER

SBMC SERVICE AREA MAP



The service area is determined by taking into consideration three factors: patient origin, market share, and geographic continuity/ proximity. Zips representing approximately 50% of the SBMC patient origin form the initial PSA. Added to this list is any zip code in which the Hospital has a high market share presence, any zip code with low market share is deleted from the PSA definition and becomes part of the secondary service area (SSA). Geographic proximity to create a contiguous area completes the service area determination. Most of the zip codes that comprise the primary service area are located in Essex County, which was deemed to be the most appropriate region for this analysis.

Most of the secondary data in this report is based on county level data. City or zip code level data is provided wherever possible to enhance the understanding of the specific needs of service area residents. Data obtained from the qualitative analyses provide further insight into health issues facing the communities served by the Hospital.

3. COMMUNITY HEALTH NEEDS SURVEY

Bruno & Ridgway interviewed 201 residents of SBMC's primary service area. Their responses are provided within this section and were used to assist in prioritization of health needs within the community.

Chronic diseases (cancer, diabetes, heart disease) emerge as key health concerns of residents in Saint Barnabas's primary service area, along with contributing factors to these conditions, such as obesity, lack of exercise and the ability to access primary care providers, especially without insurance.

Overall, area residents report their health as good and exhibit many positive health related behaviors, including healthy eating habits, frequent physical activity and adherence to getting screening tests for breast cancer and/or prostate cancer. However, there are portions of the population who report their health as being fair or poor, lead a sedentary lifestyle and suffer chronic medical conditions. Educating consumers on the prevention, maintenance and treatment of chronic diseases and related healthy lifestyle behaviors could improve the overall health and well-being of area residents.

Additional findings and suggestions include:

- Free/low cost preventative services, ranging from mammograms and blood pressure checks to vision and hearing screenings, are all very important.

- A large portion of area residents feel access to specific types of providers, including primary care doctors, specialists, mental health professionals, eye doctors and dentists, is adequate, many feel some services are lacking. Some also cite a lack of providers accepting Medicaid, prescription assistance, or patients with no insurance. A key barrier to seeking needed medical care is lack of insurance and affordable health care costs.

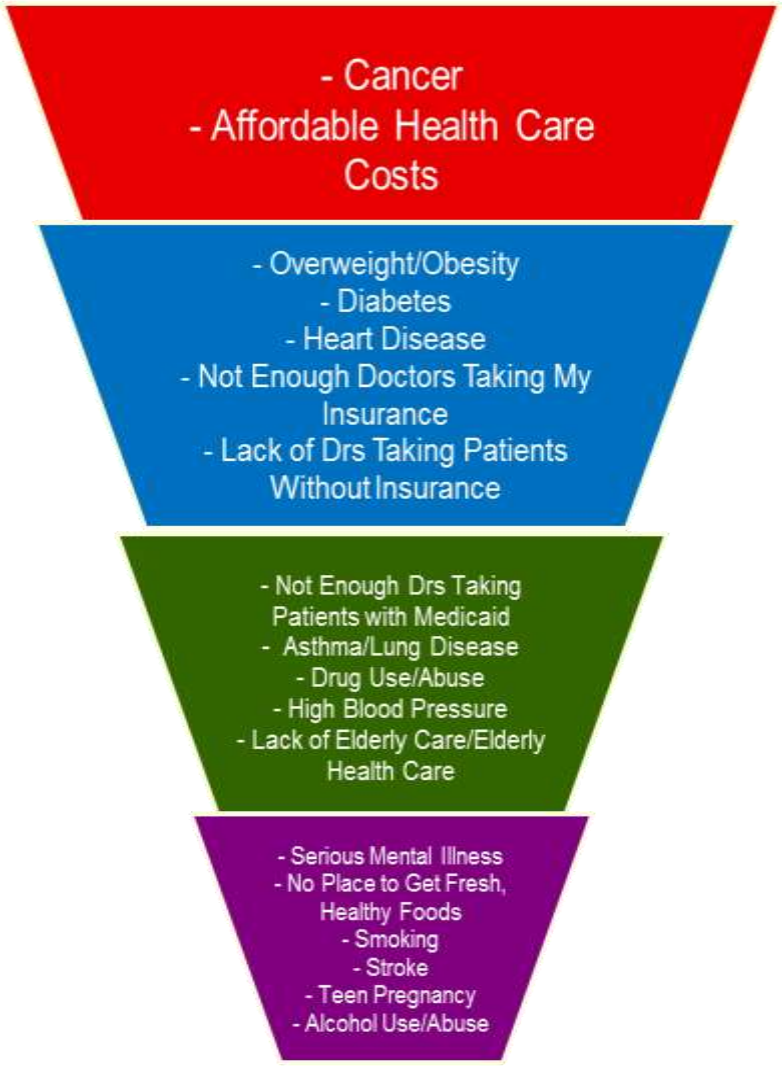
- Survey results suggest that promoting health and wellness through the availability of prevention services and improving access to physicians and dentists by addressing economic challenges, including insurance issues, will meet a significant portion of perceived community need.

- Specific emphasis on addressing the availability and access to mental health providers, including substance abuse, could also be beneficial. In summary, the survey suggests that programs focus on offering wellness initiatives, programs and services addressing the availability, accessibility and affordability of low cost health services.

(Adapted: Bruno and Ridgway Community Health Assessment, January 2016)

Key Community Health Issues/Concerns ~ Volunteered

- When residents were asked to volunteer the top 3 health issues in their community, cancer emerges at the top of the list, followed by affordable health care costs.
- Also volunteered were other chronic diseases (diabetes and heart disease), obesity, and the lack of doctors taking insurance/patients without insurance.
- Of note, concerns about unsafe neighborhood/community violence and depression/anxiety were barely mentioned at all.

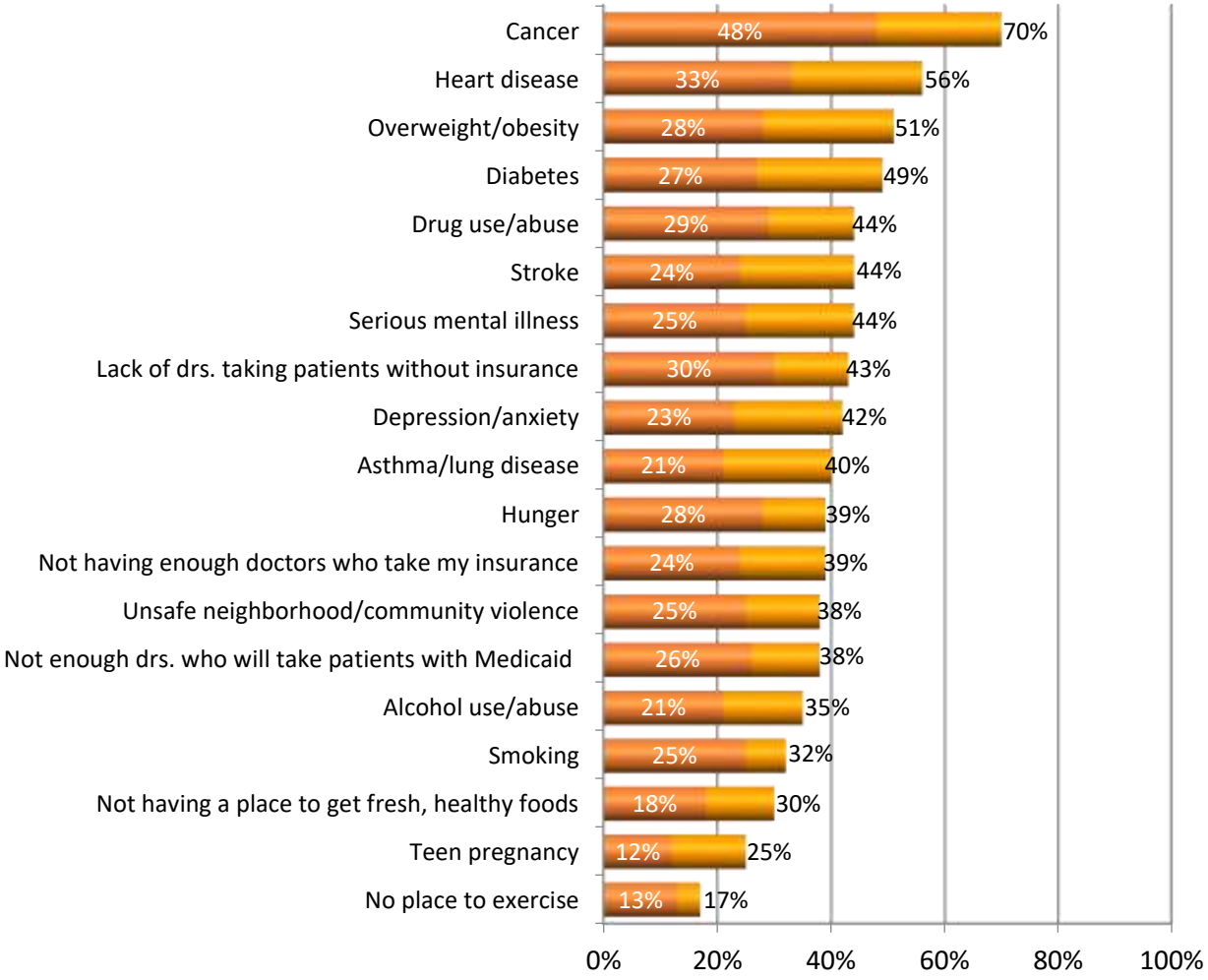


(n=201)
Q.1a

(Adapted: Bruno and Ridgway Community Health Assessment, January 2016)

Community Health-Related Issues of Concern:
(Extremely/Somewhat Concerned)

- When asked directly to rate specific issues of concern, on a 5-point scale, cancer remains at the top of the list by a wide margin.
- The chronic diseases of diabetes and heart disease along with obesity and drug use are also areas of concern but to a lesser degree.



(n=201)
Q.1b

(Adapted: Bruno and Ridgway Community Health Assessment, January 2016)

Community Health Needs: Specific Issues of Concern – by Select Sub-Groups

(Extremely Concerned)

Ethnicity: *African Americans express more overall concern vs. Caucasians.*

	African American (n=34) %	Caucasian (n=130) %
Unsafe neighborhood	56	19
Lack drs. no ins. pts.	56	24
Diabetes	53	20
Stroke	50	15
Obesity	50	22
Heart disease	47	29
Drug use	47	24
Hunger	47	22
Lack drs. take Medicaid	47	21

Income: *Lower income groups express more overall concern versus higher income groups.*

	Lower Income (n=23) %	Higher Income (n=156) %
Heart disease	70	27
Lack drs. no ins. pts.	65	25
Diabetes	65	23
Lack drs. take Medicaid	61	22
Stroke	61	19
Lack drs. take my ins.	61	18
Drug use	57	25
Obesity	52	25
Hunger	52	24

Marital Status: *Single residents express more concern than their married counterparts.*

	Single (n=46) %	Married (n=151) %
Lack of doctors take no insurance pts.	52	23
Diabetes	50	21
Lack of doctors take Medicaid patients	48	20
Hunger	48	23
Heart disease	46	31
Drug use	46	25
Obesity	41	25

Q.1b ○ = Significantly higher versus opposite group at the 90% confidence level.

(Adapted: Bruno and Ridgway Community Health Assessment, January 2016)

Community Health Needs: Barriers to Seeking Medical Care

- Residents were asked to volunteer factors that may keep people in the community from seeking medical treatment or care when needed. Regardless of age, ethnicity or income, the key barriers to seeking medical care when needed is a lack of insurance and the inability to pay/co-pays.
- Though mentioned significantly less often, some residents don't fully understand the need to see a doctor and some cite transportation and long waits as barriers.

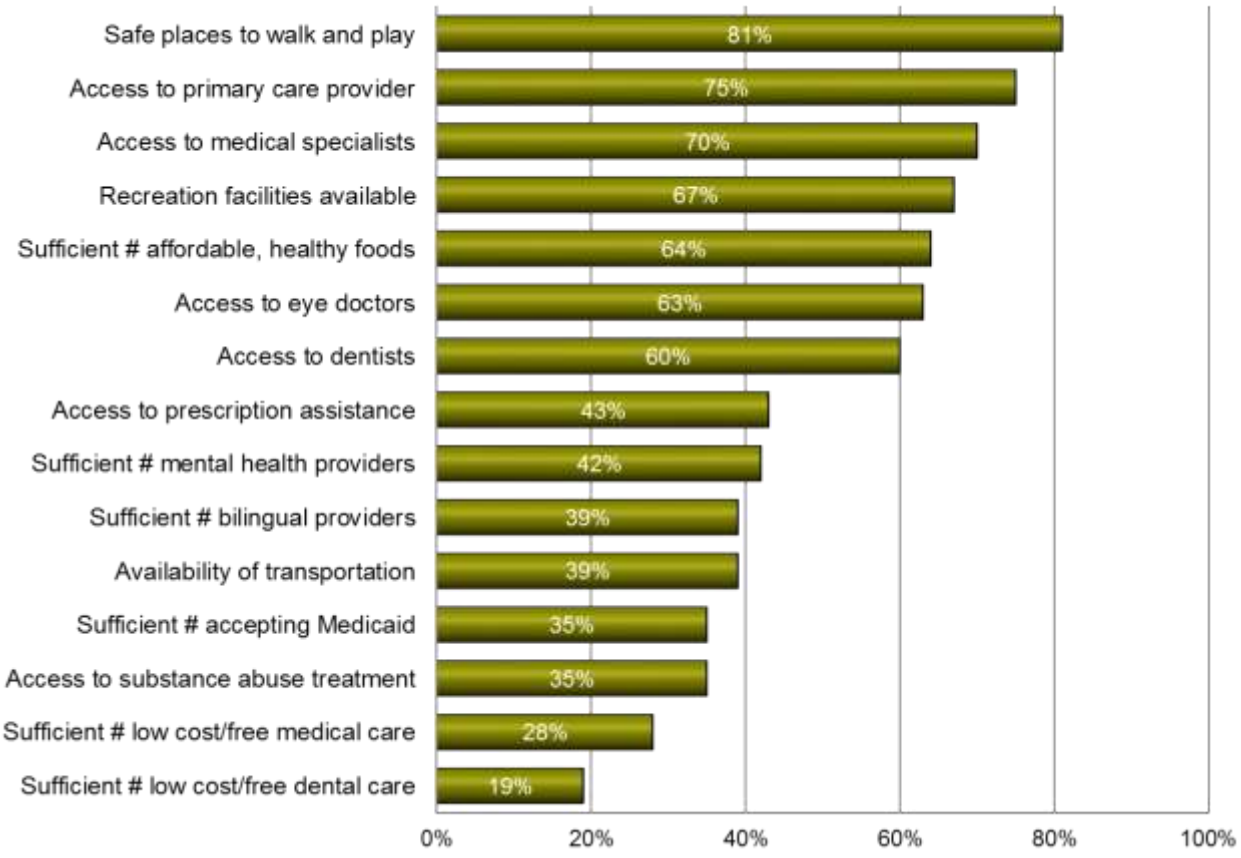
(n=201)
Q.2

(Adapted: Bruno and Ridgway Community Health Assessment, January 2016)

Community Health Needs: Able to Access Health Care Services
(Strongly/Somewhat Agree)

- Access to many health care-related services in the SBMC area is seen as being adequate to most residents, though there are areas where services are lacking and could be improved upon.
- The large majority of residents agree that safe places to walk and play as well as access to primary care providers is adequate.
- Medical specialists, recreation facilities, healthy food, eye doctors and dentists are also deemed accessible to a majority of area residents. Many services are seen as less accessible to African Americans and lower income groups.
- Low cost dental care/medical care and access to substance abuse treatment are key areas of opportunity.

Able to Access Health Care Services

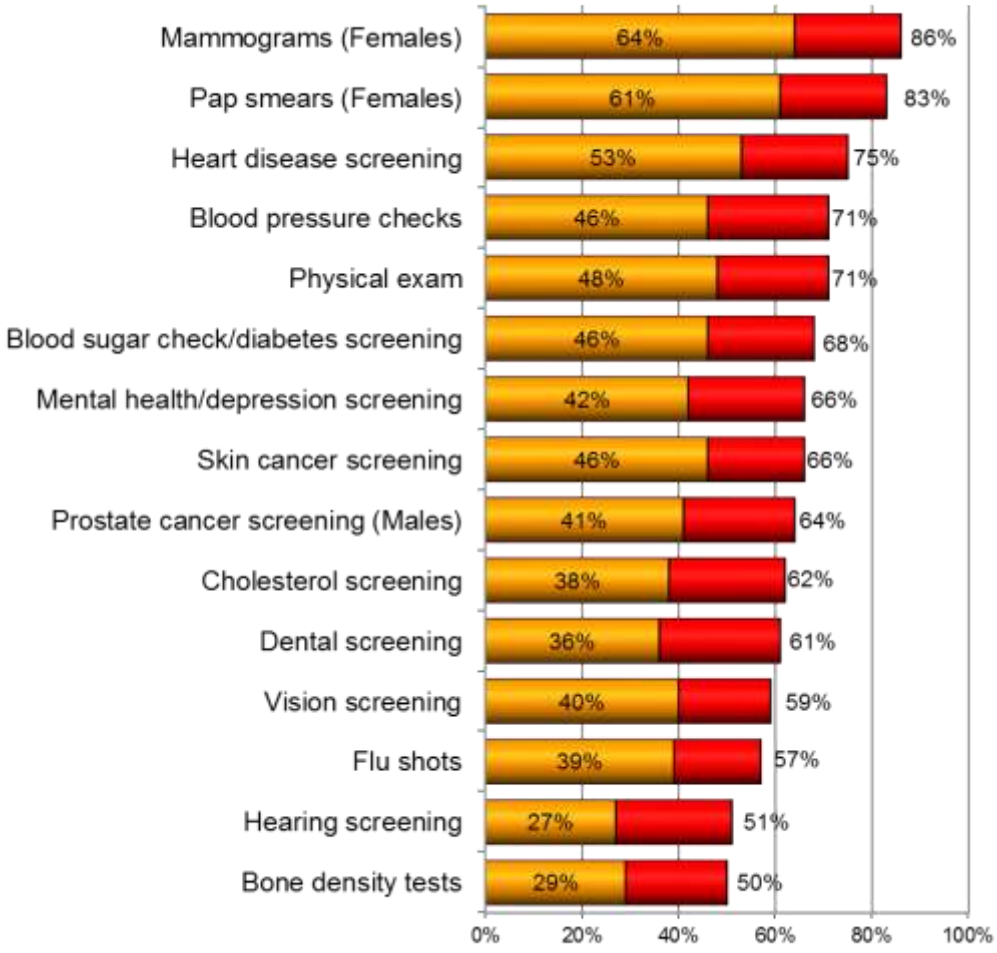


(n=201)
Q.4

(Adapted: Bruno and Ridgway Community Health Assessment, January 2016)

Community Health Needs: Importance of Free/Low Cost Preventative Health Services
(Extremely/Very Important)

- The large majority of residents say it is "very important" to have free/low cost preventative services available in their community.
- Mammograms and pap smears for women are seen as being most important.
- The need for free or low cost screenings for preventative health services is more important to females, African Americans, single residents and lower income groups.

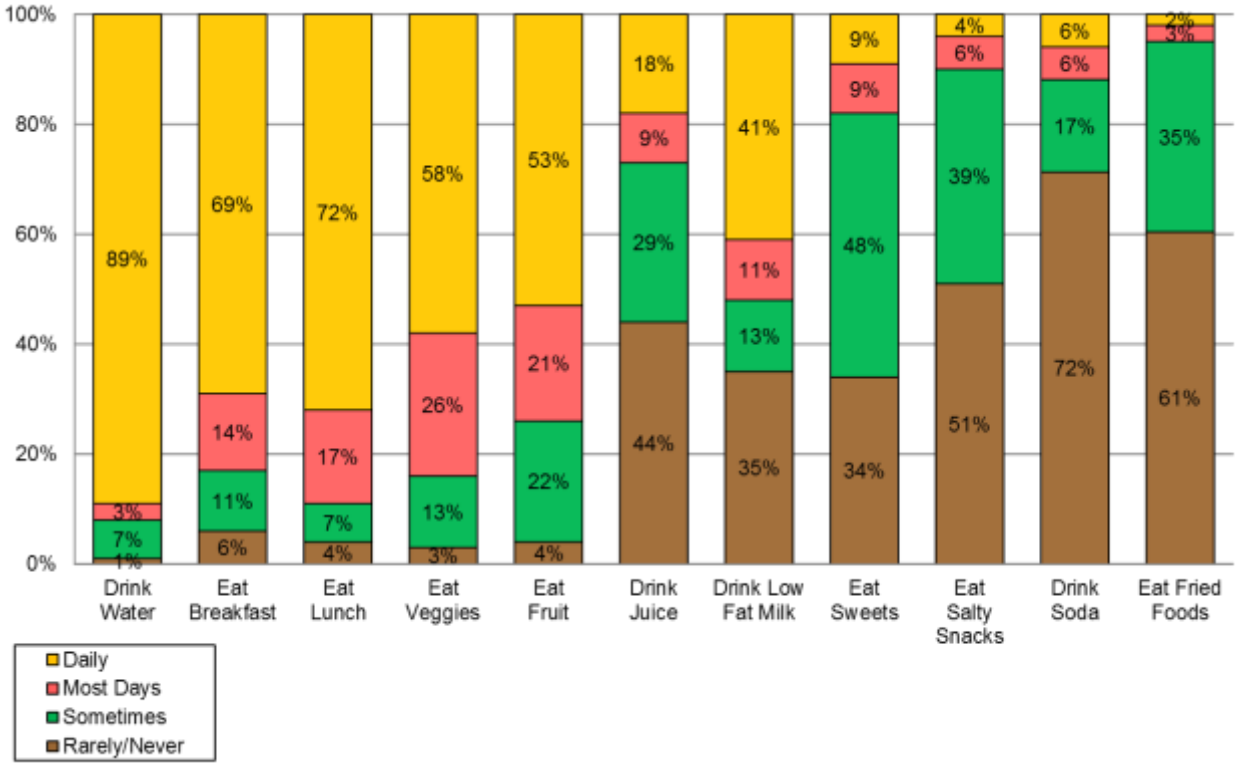


(n=201)
Q.3

(Adapted: Bruno and Ridgway Community Health Assessment, January 2016)

Personal Lifestyles: Frequency of Performing Health-Related Activities:

- For the most part, residents report positive eating behaviors: the majority drink water, eat breakfast and lunch and consume fruits and vegetables on a daily basis.
- Heavy intake of sweet snacks, salty snacks, soda and fried foods is minimal, with the large majority consuming these items 1 to 2 times per week or less.

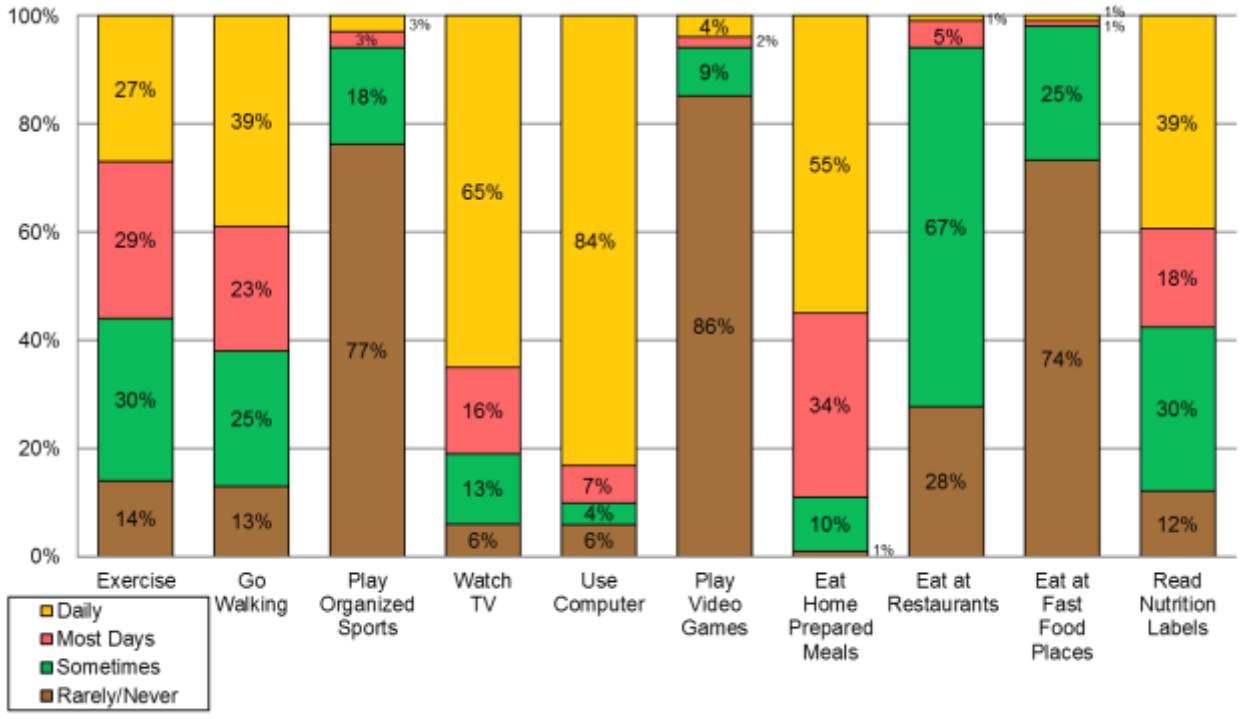


(n=201)
Q.6

(Adapted: Bruno and Ridgway Community Health Assessment, January 2016)

Personal Lifestyles: Frequency of Performing Health-Related Activities (Continued):

- More than half (56%) of area residents say they exercise frequently and slightly more (62%) say they go walking. While some residents appear quite active, others are leading a somewhat sedentary lifestyle, with most claiming they watch TV and use the computer on an almost daily basis. Only 14% of residents say they rarely or never exercise.
- Most residents are eating home prepared meals and eat out at restaurants only occasionally. One-fourth of residents report eating at fast food places "sometimes" and more than half claim to be reading nutrition labels.



(n=201)
Q.6

(Adapted: Bruno and Ridgway Community Health Assessment, January 2016)

Personal Lifestyles: Differences in Behaviors by Ethnicity/Gender/Age

- African Americans are less likely versus Caucasians to go walking and drink low fat milk; however, they indicate a higher propensity to eat fruit.
- Younger residents are more likely than their older counterparts to eat breakfast and read nutrition labels, while older residents are more inclined to drink juice.
- Males are more likely to drink juice and soda; females consume more fruit.

	Total	Ethnicity		Gender		Age	
		African Am	Caucasian	Male	Female	25-49	50-74
Eat breakfast	83	88	83	81	84	88	78
Eat fruit	74	85	73	69	78	74	75
Go walking	62	50	66	65	60	65	59
Read nutritional labels	57	59	55	53	60	62	52
Drink low fat milk	52	41	55	50	53	50	53
Drink juice	27	21	29	40	18	21	32
Drink soda	11	12	11	18	7	8	14

○ = Significantly higher versus opposite group at the 90% confidence level.
◌ = Directionally higher versus opposite group at the 80% confidence level.

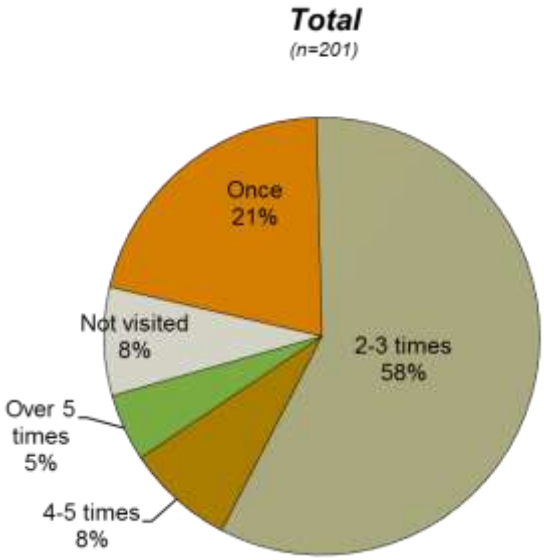
Note: Numbers represent the percentage saying every day/most days.

(n=201)
Q.6

(Adapted: Bruno and Ridgway Community Health Assessment, January 2016)

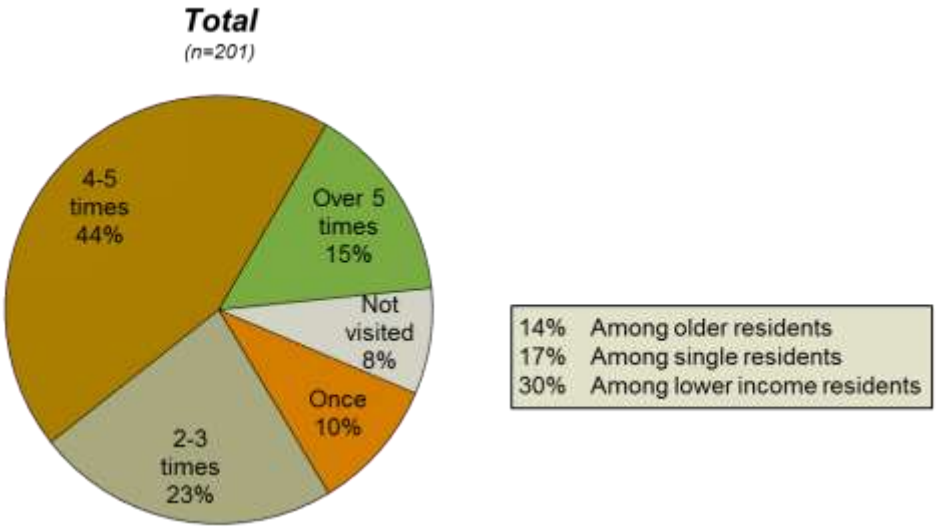
Personal Lifestyles: Frequency of Visiting Health Care Professionals – PCP for Physical (Past 2 years)

- The very large majority (92%) of area residents claim they have visited a primary care physician at least once for a physical within the past 2 years.



Personal Lifestyles: Frequency of Visiting Health Care Professionals – Dentist (Past 2 years)

- The large majority (92%) of area residents claim they have visited a dentist at least once in the past 2 years.

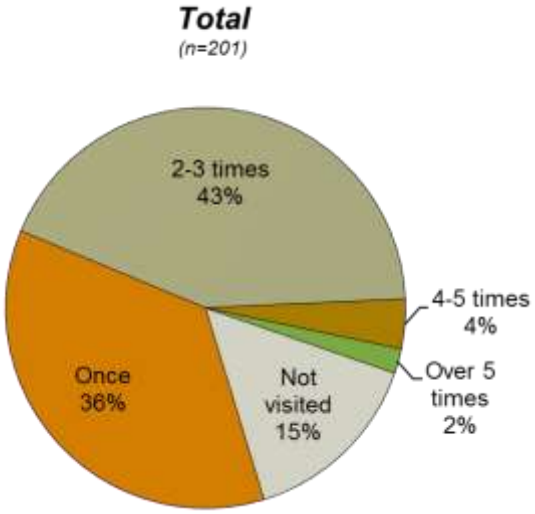


Q.7

(Adapted: Bruno and Ridgway Community Health Assessment, January 2016)

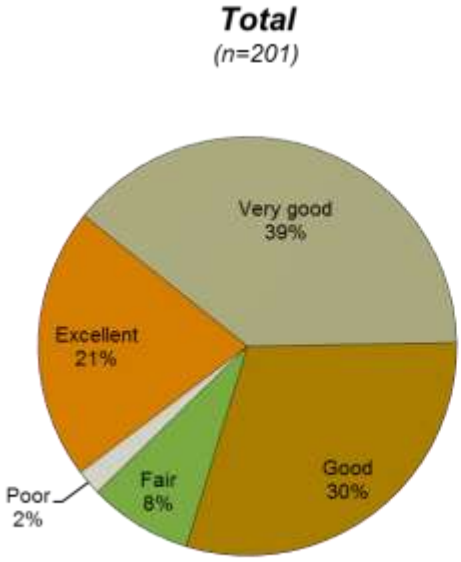
Personal Lifestyles: Frequency of Visiting Health Care Professionals – Eye Doctor (Past 2 years)

- The large majority of area residents (85%) claim they have visited an eye care professional at least once in the past 2 years.



Personal Lifestyles: Self-Rating of Overall Health

- Residents were asked to describe their overall health on a 5-point, excellent to poor scale. Overall, 6 of 10 (60%) describe their overall health as being *excellent* or *very good*; 3 of 10 (30%) described it as *good*; and 1 in 10 (10%) feel their overall health is *fair* or *poor*.
- Younger, Caucasians, married and high income residents tend to self-report better health versus their counterparts.



Rated Health Excellent or Very Good:	%
Younger	66
Older	55
Caucasian	65
African American	50
Married	65
Single	48
Lower income	17
High income	65

Q.8

(Adapted: Bruno and Ridgway Community Health Assessment, January 2016)

Personal Lifestyles: Medical Conditions Diagnosed/How Treated

Residents were asked if they have ever been diagnosed with any of six specific medical conditions: high blood pressure, high cholesterol, a heart condition, a stroke, a weight problem and/or a hearing problem.

- 54% of residents are diagnosed with at least 1 of 6 specific medical conditions.
- Most manage their conditions via medication, regular PCP visits and regular exercise. Weight problems are the most difficult to control.
- Sufferers of conditions agree that having someone available to answer questions via the phone would make it easier to manage their condition. Exercise programs, nutrition classes and transportation service would also be beneficial.

	High Cholesterol	High Blood Pressure	Weight Problem	Heart Condition	Hearing Problem
Diagnosed	**25%**	**22%**	**22%**	**10%**	**10%**
African American	32	32	24	9	6
Caucasian	26	20	20	13	13
Younger	17	15	20	4	6
Older	33	29	23	16	15
Base: Suffer Condition	(51)	(45)	(44)	(20)	(21)
Managing Condition	84%	91%	71%	90%	38%
Regular visits to PCP	73	76	32	65	14
Regular exercise	59	69	61	75	19
Regular cardiologist	29	27	5	75	5
Take medication	61	78	5	65	-
Weight loss support	8	2	30	5	-
Nutrition counseling	20	11	9	15	-
Had Any Difficulties Managing Condition	**29**	**20**	**50**	**10**	**19**
What Would Make it Easier to Manage:					
Someone to answer questions over phone	41	47	41	45	24
Transportation	10	9	16	20	10
Supervised exercise program	28	22	34	25	5
Nutrition classes	26	20	39	20	5
Less confusion with medications	16	11	7	10	5
Home health nurse	10	9	9	10	10
Cooking classes	18	9	30	15	5

One-fourth diagnosed with high cholesterol; significantly higher among older residents.

Only 2 of 10 diagnosed with high blood pressure; significantly higher among older residents.

Only 2 of 10 diagnosed with a weight problem.

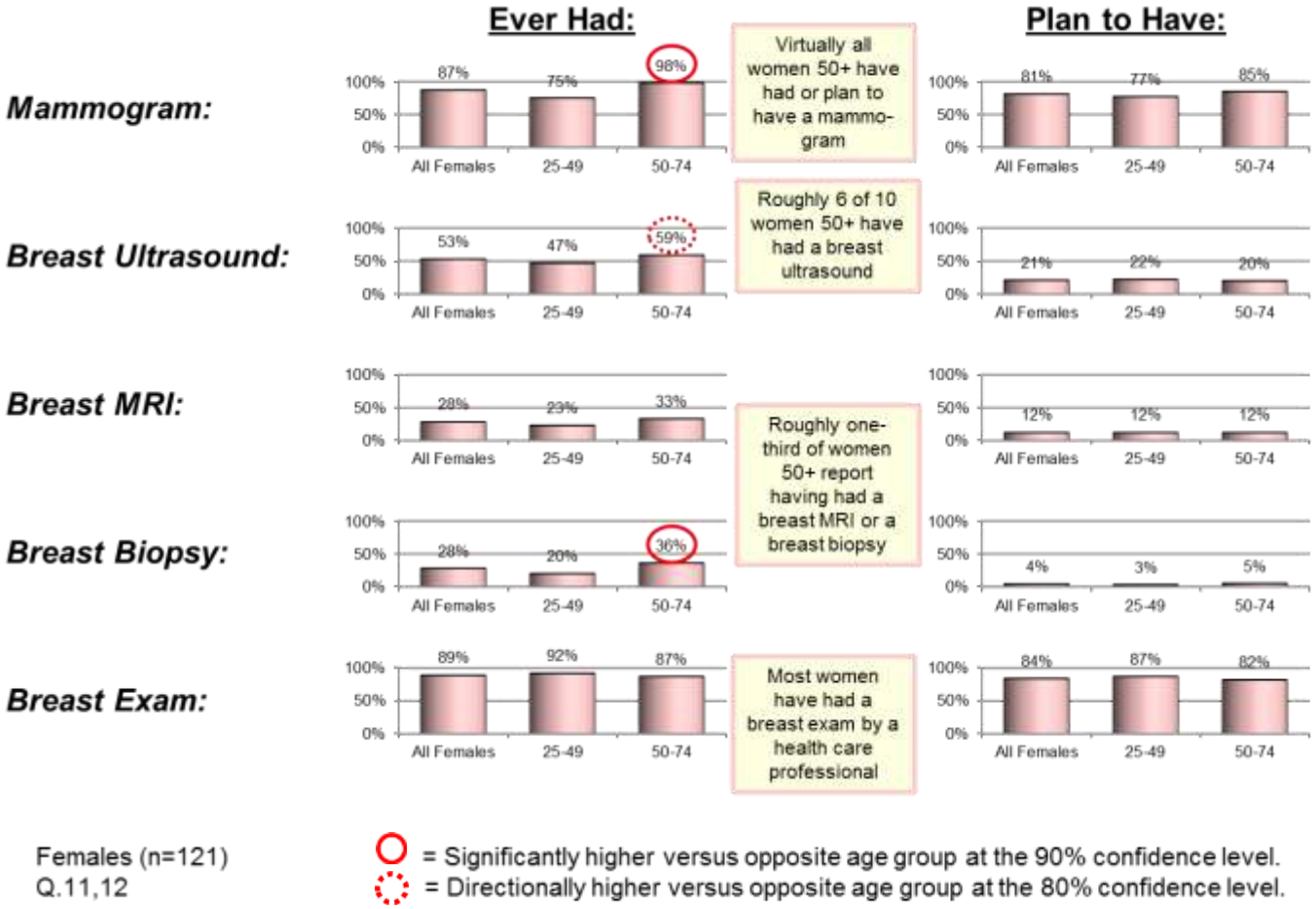
Only 10% indicated having a heart condition and 10% indicated having a hearing problem; both conditions more prevalent among older residents.

= Significantly higher versus opposite group at the 90% confidence level.
= Directionally higher versus opposite group at the 80% confidence level.

Q.9,10-1,10-2,10-3,10-4

(Adapted: Bruno and Ridgway Community Health Assessment, January 2016)

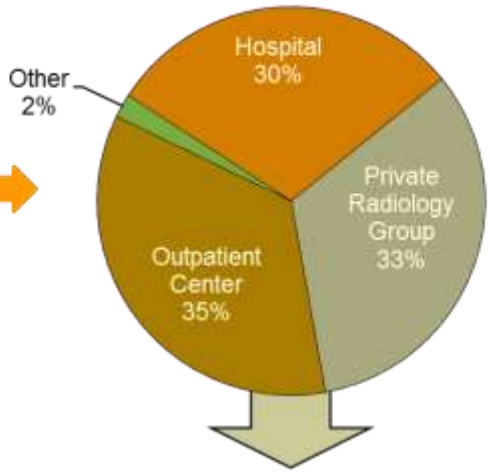
Personal Lifestyles: Breast Services/Tests



(Adapted: Bruno and Ridgway Community Health Assessment, January 2016)

Personal Lifestyles: Location of Last Mammogram

Women go to hospital radiology departments, private radiology groups and outpatient centers to have their mammogram performed.



Doctor referrals and being close to home are the key drivers of which facility to go to; always having gone there and insurance also plays a role.

Reasons for Choosing Facility:

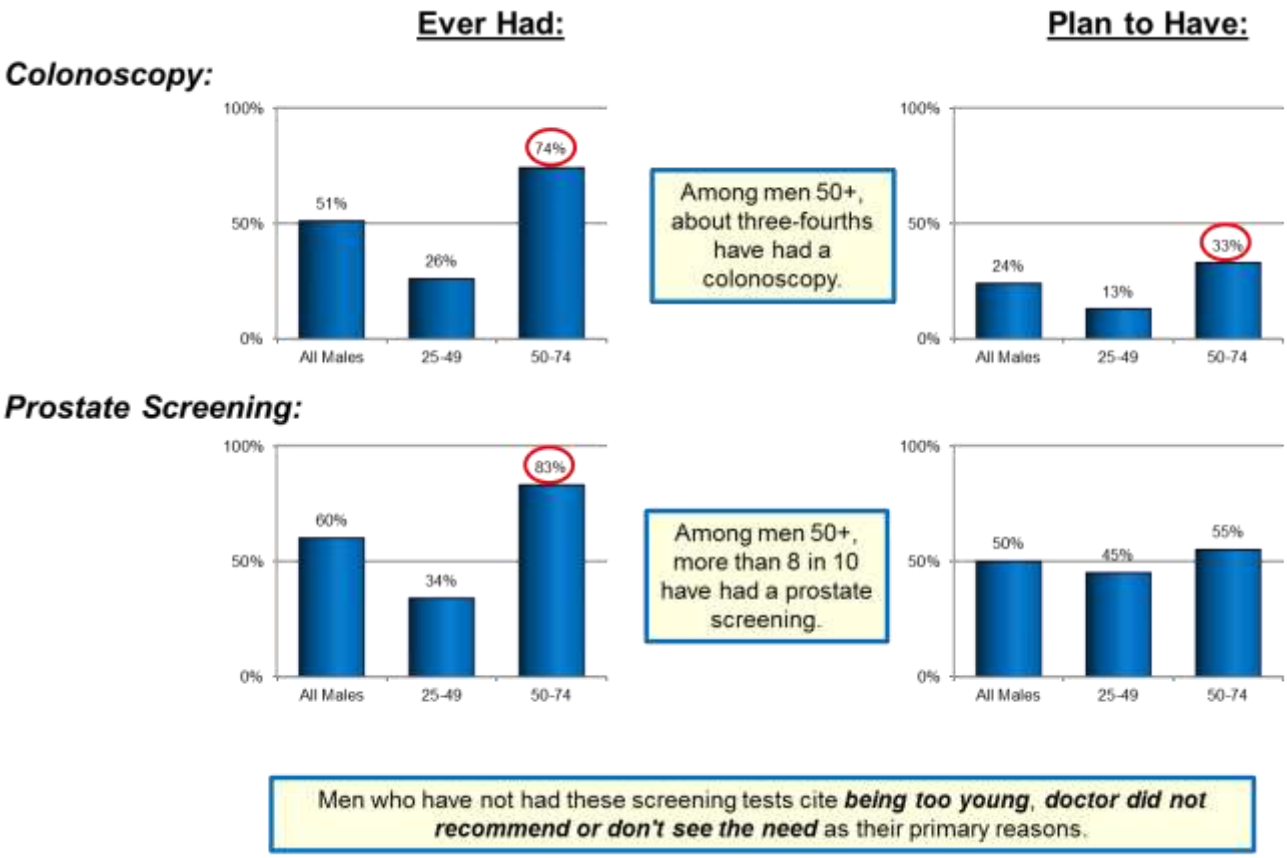
OB/GYN or PCP sent me	35%
Close to home	29%
Always gone there	17%
Takes my insurance	11%
Recommended by friend	9%

Women who have never had a mammogram cite ***being too young*** as their primary reason.

Females Who Have Had Mammogram (n=105)
Q.13a,13b,14

(Adapted: Bruno and Ridgway Community Health Assessment, January 2016)

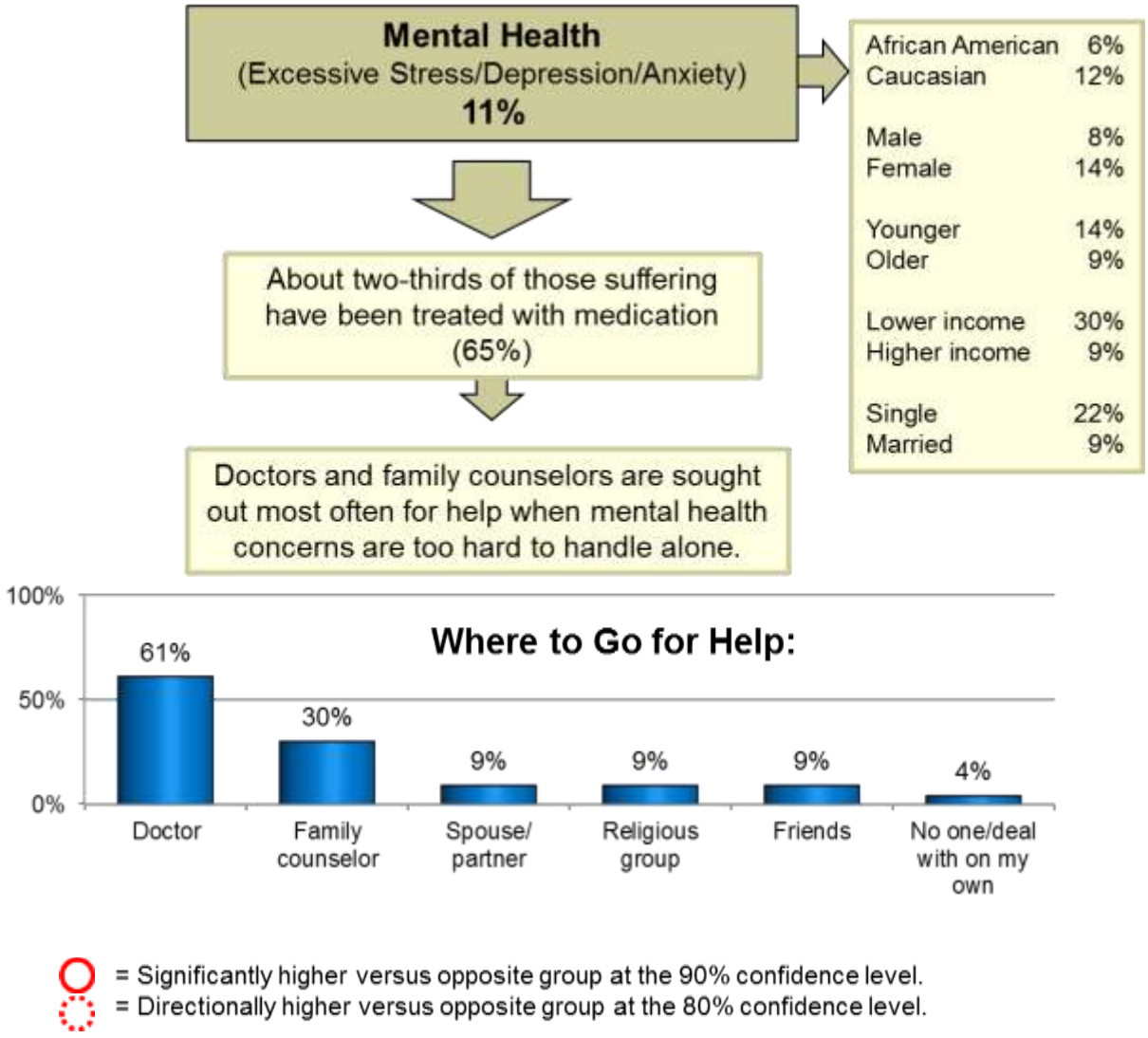
Personal Lifestyles: Incidence of Male Health Screenings



(Adapted: Bruno and Ridgway Community Health Assessment, January 2016)

Personal Lifestyles: Treatment for Mental Health/Conditions

- A small group of area residents have sought treatment for excessive stress, depression or other mental health conditions.

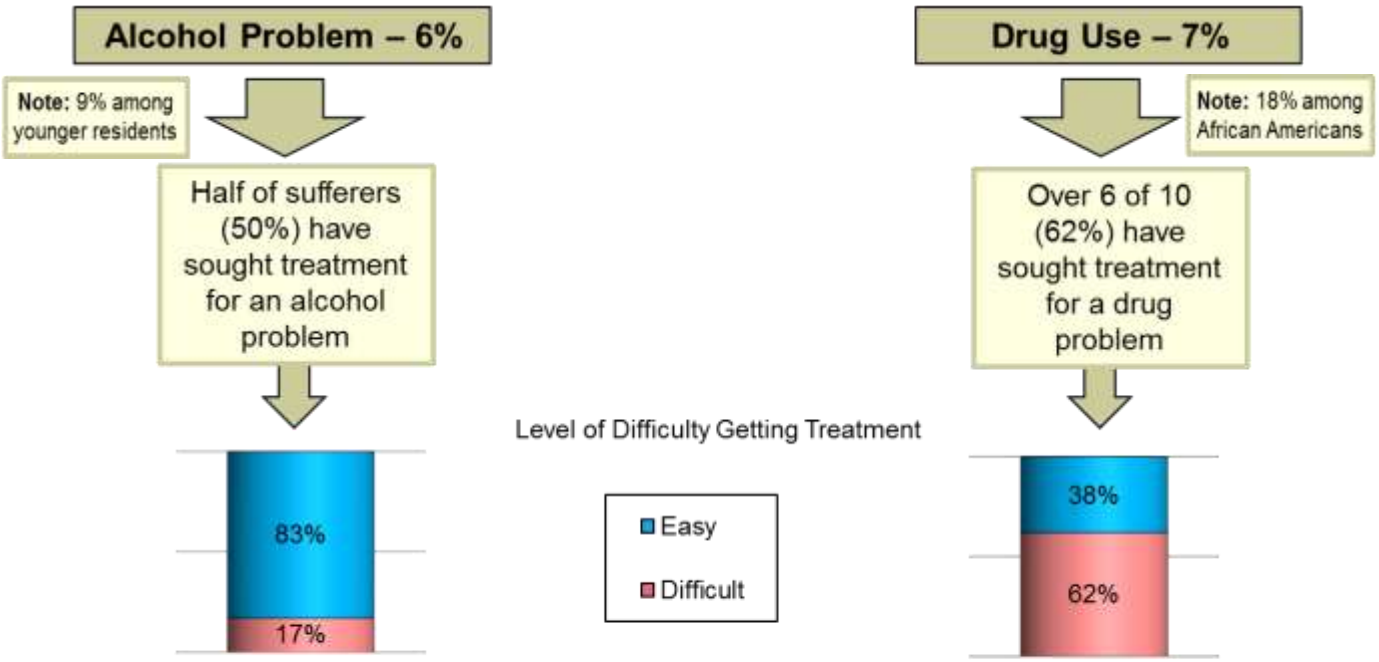


(n=201)
Q.18a,18c,18d

(Adapted: Bruno and Ridgway Community Health Assessment, January 2016)

Personal Lifestyles: Treatment for Alcohol/Drug Use

- Just over a handful of survey residents report that alcohol or drugs have had harmful effects on themselves or a family member.
- The large majority of those who sought treatment for alcohol use did not experience difficulty with the process of getting treatment; however, those who sought treatment for drug use found the process to be more difficult. (Caution: Small base sizes.)

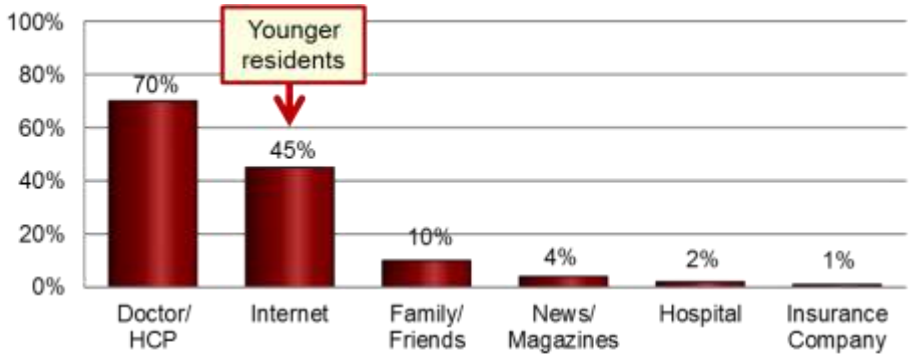


(n=201)
Q.19a-c,20a-c

(Adapted: Bruno and Ridgway Community Health Assessment, January 2016)

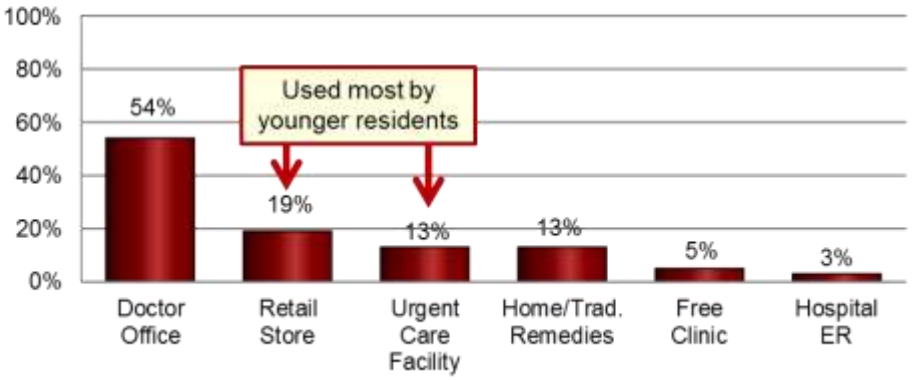
Personal Lifestyles: Primary Sources for Health Information ~ Volunteered

- Doctors and other health care professionals are the key source for obtaining health-related information.
- The Internet follows as a distant secondary information source, more so among younger residents.



Where Seek Medical Care (Non-Emergency Symptoms)

- Doctors' offices are the primary location where residents go when seeking medical care for non-emergency symptoms.
- Retail stores follow as the next most frequently mentioned go-to place for non-emergency care, followed by urgent care facilities and home remedies.

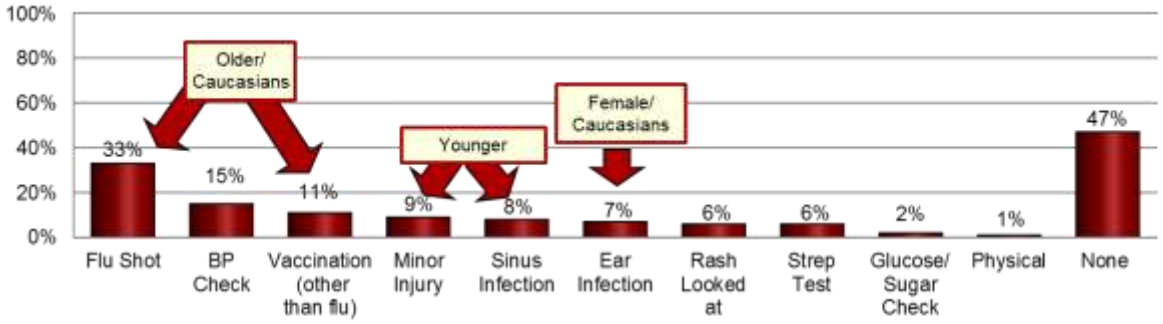


(n=201)
Q.21,22a

(Adapted: Bruno and Ridgway Community Health Assessment, January 2016)

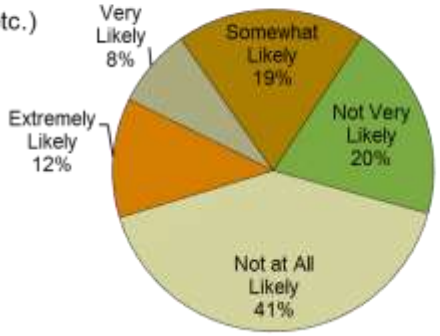
Personal Lifestyles: Ever Used Retail Store for Health Activities

- In all, 53% say they have ever used a retail store for specific types of screenings or health-related activities.
    - Flu shots followed by blood pressure checks are cited most often.



Likelihood to Use Retail Store (for screenings, etc.)

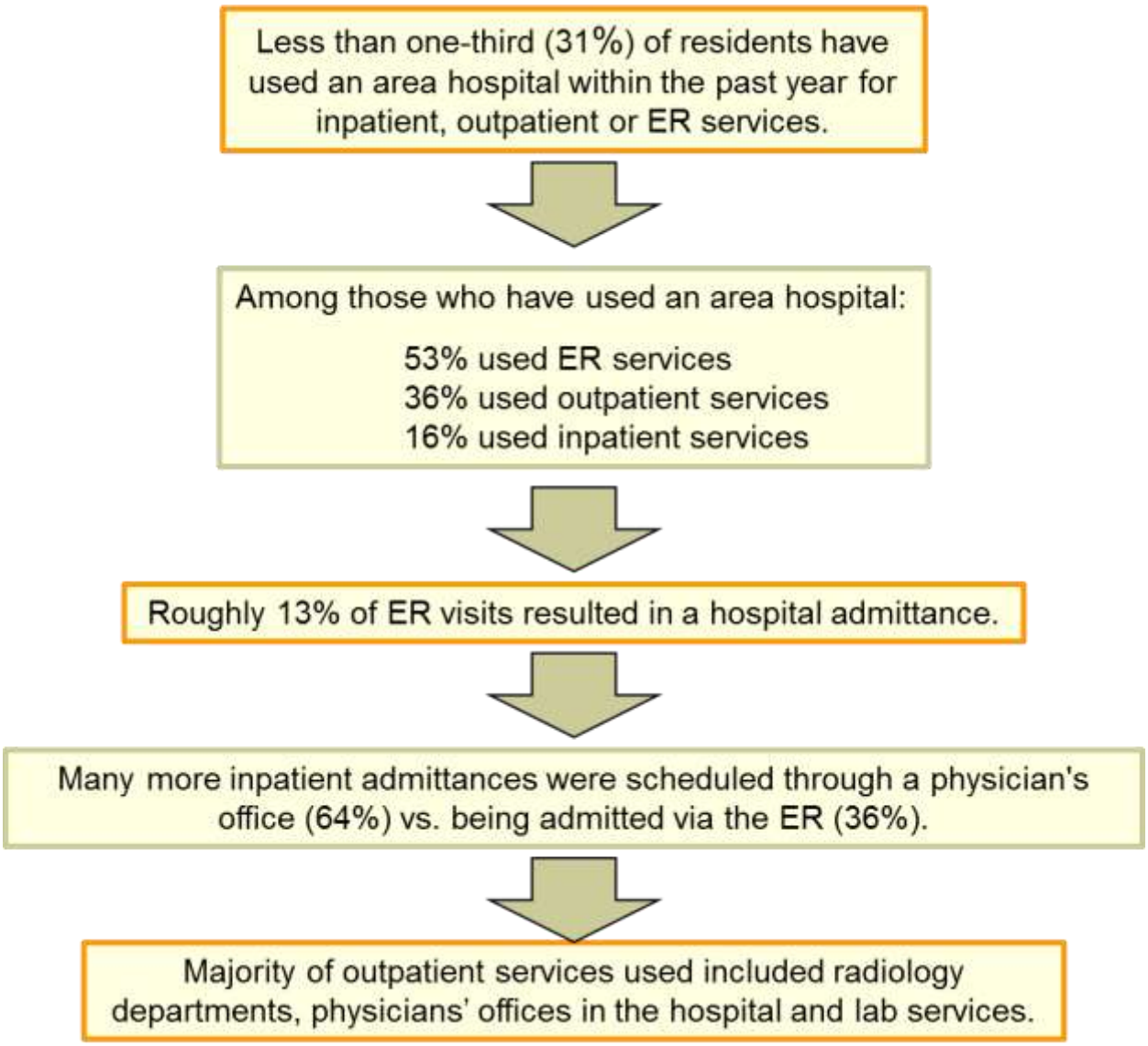
Only one-fifth (20%) of all residents anticipate being *extremely or very likely* to use a retail store for health screenings in the future; 4 in 10 (41%) say they are *not at all likely*.



(n=201)
Q.22b,22c

(Adapted: Bruno and Ridgway Community Health Assessment, January 2016)

Area Hospital Usage



(n=201)
Q.23a,23c,23d,23e,23f

(Adapted: Bruno and Ridgway Community Health Assessment, January 2016)

Demographics

	Total %
Length of Time in Area:	
Less than 2 years	2
2-5 years	9
6-10 years	19
11-20 years	36
Over 20 years	33
Health Insurance:	
Medicare	13
Medicaid	7
Private	81
No health insurance	2
No answer	3
Employment:	
Full-time	59
Part-time	10
Retired	13
Disabled	4
Unemployed	4
Student	1
Homemaker	9
No answer	2
Income (mean):	$94.8k
Gender:	
Male	40
Female	60

		Total %
Zip Codes:		
Fairfield:	07004	3
W. Caldwell:	07006	3
Cedar Grove:	07009	3
Essex Falls:	07021	1
Livingston:	07039	6
Maplewood:	07040	7
Millburn:	07041	2
Verona:	07044	2
Orange:	07050	5
West Orange:	07052	15
Pine Brook:	07058	2
Roseland:	07068	2
Short Hills:	07078	3
South Orange:	07079	6
Springfield:	07081	7
Union:	07083	18
Vauxhall:	07088	1
Chatham:	07928	5
Florham Park:	07932	4
East Hanover:	07936	5

	Total %
Age:	
25-39	13
40-49	36
50-59	26
60-74	25
Mean age	51
Race:	
White/Caucasian	65
Black/African American	17
Latino/Hispanic	7
Asian/Pacific Islander	4
Native American/AK Native	1
Other	1
No answer	5
Marital Status:	
Married	75
Single	12
Sep./Div./Wid.	10
Domestic partner	1
No answer	2
Education:	
< HS graduate	2
High school graduate	9
Some college	16
College graduate	41
Post graduate	30
No answer	2

n=201

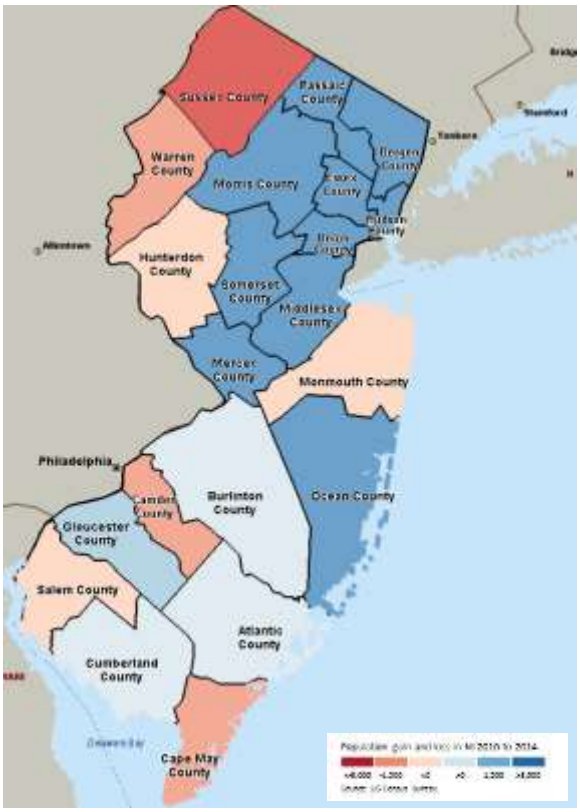
(Adapted: Bruno and Ridgway Community Health Assessment, January 2016)

4. ESSEX COUNTY/SERVICE AREA HEALTH PROFILE

The Essex County Health Profile provides a discussion of health outcomes and factors that are used in determining health status. Essex County data are compared with local, county, state, and national measures.

A. ESSEX COUNTY OVERVIEW

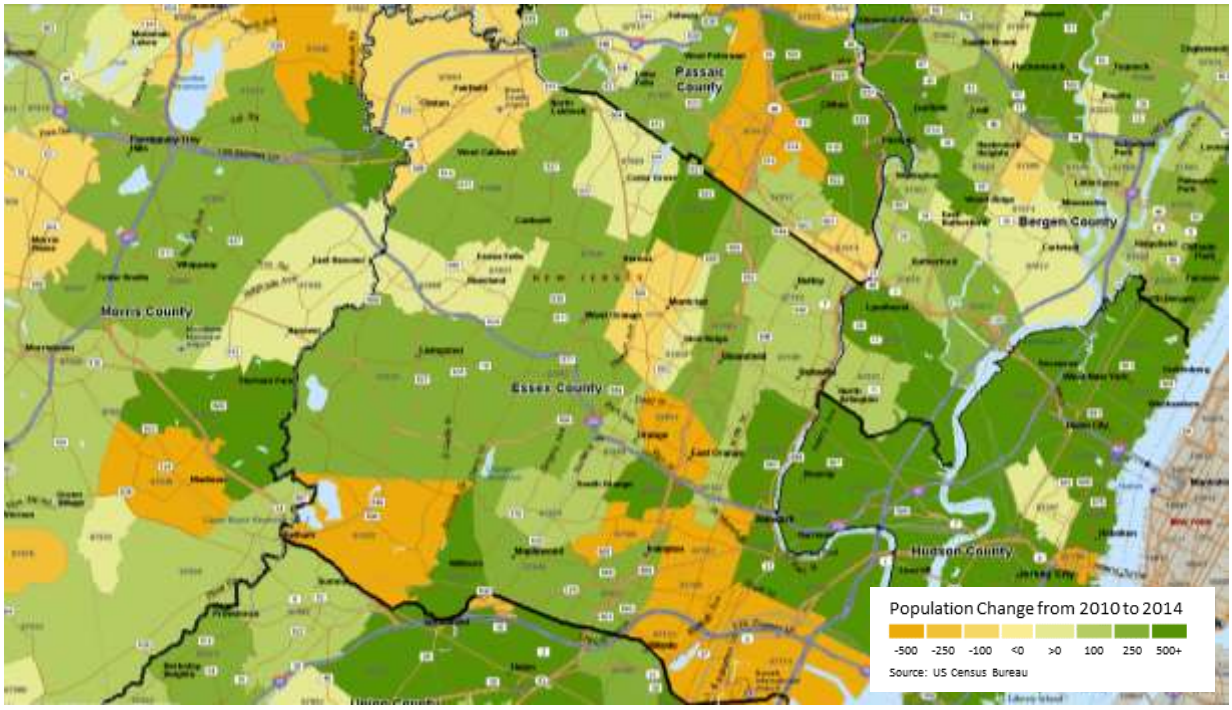
Essex County is located in the center of the northeast section of New Jersey. The county encompasses a land mass of 127 square miles with twenty-two urban and suburban municipalities. Essex County's municipalities are diverse and include large inner-city communities, such as Newark, Irvington, East Orange and Orange in the southeast, as well as the suburban communities of Livingston, Essex Fells and Roseland in the west. To the north and west lie suburban towns with shopping malls, industrial and professional office parks, luxury condominiums and townhouses, and private homes. Newark, the county's largest city, is also home to a cultural center, sports and entertainment complex, a number of colleges and universities, and headquarters a number of corporate giants. Newark is a major national transportation hub with an international airport and regional train station.



Population Change in New Jersey

Essex County includes: Belleville, Bloomfield, Caldwell, Cedar Grove, East Orange, Essex Fells, Fairfield, Glen Ridge, Irvington, Livingston, Maplewood, Millburn, Montclair, Newark, North Caldwell, Nutley, Orange, Roseland, South Orange, Verona, West Caldwell, and West Orange. Essex County parks cover 5,745 acres of green space and include reservations, developed parks, golf courses, tennis courts, ice and roller skating complexes, and a zoo.

Essex County is the second most densely populated county in New Jersey and has the third largest number of residents. Between 2010 and 2015, Essex County's population increased 1.7%. Urban migration out of Essex County has changed significantly; following consistent population declines over the last half-century, urban areas in the southern and eastern parts of the county have increased in the past five years. Essex County demographic trends are reflective of larger changes throughout the state and country; in New Jersey, 387 municipalities grew in population between 2010 and 2014. The northeastern part of the state has the highest growth, with younger couples gravitating toward communities with walkable downtowns and accessible mass transit. Suburban and rural parts of the state to the west and south are losing residents as they retire and leave the state in search of lower taxes and living costs.



Population Change in Essex County

B. HEALTH FACTORS

Factors that determine health status include the social, economic and physical environment, as well as individual characteristics and behaviors.[33] This section examines how different aspects of Socioeconomic Status, Access and Quality, Health Behaviors, Behavioral Health, and the Physical Environment affect health status at state, county, and local (service area) levels.[34]

1. Socioeconomic Status

Socioeconomic status is the aggregate of several social, economic, and demographic measures. In this analysis, these measures include: household Income and poverty, unemployment, education, ethnic and racial makeup, age, and the New Solutions Inc. Community Health Index by service area. According to *Healthy People 2020*, socioeconomic factors contribute to disparities in disease incidence and mortality among racial, ethnic and underserved groups. Studies indicate that income and social economic status (SES) is a better predictor of the likelihood of an individual's or group's access to education, health insurance, and safe and healthy living and working conditions than race or ethnicity. SES also impacts the prevalence of behavioral risk factors (tobacco smoking, physical inactivity, obesity, excessive alcohol use) and rates of preventive screenings (lower SES, fewer screenings).

33 World Health Organization Health Impact Assessment 2001 http://www.who.int/hia/evidence/doh/en/
34 County Health Rankings Health Factors 2014 http://www.countyhealthrankings.org/our-approach/health-factors

Income, Poverty, and Unemployment

Income influences the way people invest in their health. In low income circumstances, preventive care expenses are more often neglected in favor of immediate living expenses. The longer people live in poverty, the more abject their income disadvantage and the more likely they are to suffer from a range of health problems. Circumstances that lead to poverty also may lead to social exclusion, discrimination, racism, stigmatization, and unemployment. Thus, the following measures of income and poverty may be evidence of these problems.

Unemployment puts health at risk, starting when people first feel their jobs are threatened, before they become unemployed. Job insecurity increases mental health issues, particularly anxiety and depression. Populations with higher unemployment rates have collective increased risk of premature death.

Essex County

Although Essex County has affluent areas, pockets of poverty in Newark, East Orange and Irvington exist.

- In 2014, the median household income in Essex County was $54,499, more than $17,000 below the state median of $72,062.
- Since 2010, the Essex County median household income increased 4.0%, less than the 6.5% increase statewide and more than the decreases experienced in both East Orange and Irvington.[35]
- In 2014, Essex County had a higher percentage of people living below the federal poverty level than statewide, 17.2% and 10.7% respectively.[36]
- In 2014, the estimated number of Essex County recipients of cash assistance income (including TANF services) was 11,949.[37]In 2014, the average number of New Jersey monthly recipients of TANF services was 66,125.[38]
- Between 2011 and 2014, unemployment throughout New Jersey declined. In 2014, the Essex County unemployment rate was 9.1%, a decrease from 11.1% in 2010 but higher than the New Jersey unemployment rate of 6.4%.[39]

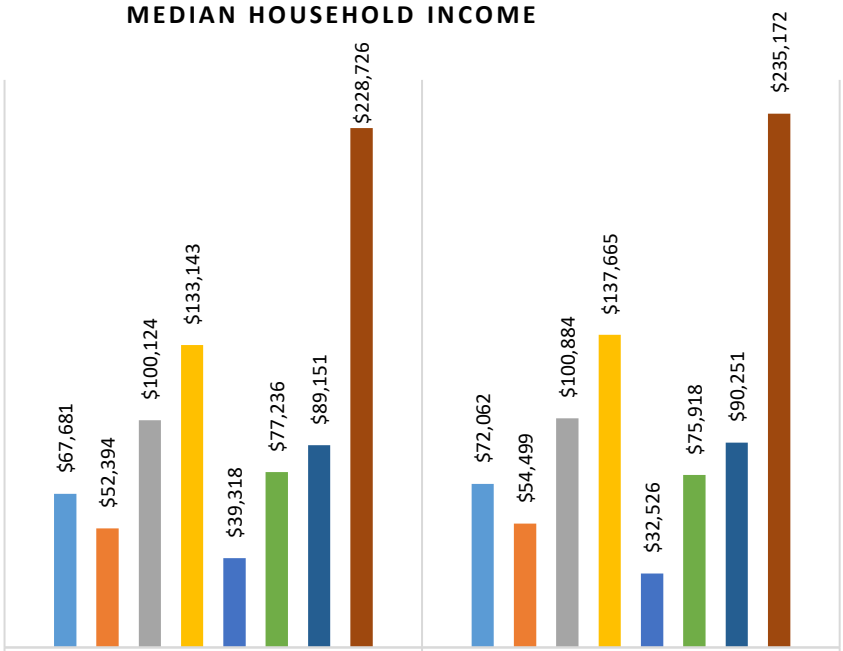
SBMC Service Area

- In 2014, Livingston and Short Hills had the highest median household incomes in the SBMC service area.
    - Short Hills had the highest median household income in 2014 at $235,172, while Newark (07114) had the lowest at $20,954 in the same year.[40]
    - The 2014 median household income of Livingston residents was $137,665, much higher than the statewide figure ($72,062).
- The 2014 median household income of Orange residents ($32,526) was the lowest in the SBMC service area and less than half the statewide figure ($72,062).

35 United States Census Bureau 2014
36Ibid.
37 The Annie E. Casey Foundation Kids Count Data Center Children Receiving TANF (Welfare) 2010-2014 http://www.datacenter.kidscount.org/data/tables/2109-children-receiving-tanf-welfare?loc=32&loct=5#detailed/5/4699-4719/false/869,36,868,867,133/any/4422
38 United States Department of Health and Human Services Administration for Children and Families TANF 2014 http://www.acf.hhs.gov/sites/default/files/ofa/2014_children_tan.pdf
39 United States Bureau of Labor Statistics Newark, NJ-PA, Division Economic Summary 2016 http://www.bls.gov/regions/new-york-new-jersey/summary/blssummary_newark_div.pdf
40 United States Census Bureau 2014

- In 2014, the percent of families living in poverty within the SBMC service area (4.6%) was nearly half the state (8.1%).[41]
- In 2014, the majority of municipalities across SBMC service area had very small percentages of families living in poverty except Orange[42]:
    - Caldwell (07006): 1.9%
    - Livingston (07039): 1.8%
    - Orange (07050): 24.1%
    - West Orange (07052): 4.1%
    - Union (07083): 6.0%
- In 2014, Orange had 24.1% of families living in poverty, triple the New Jersey percentage (8.1%).
- In 2014, the percentages of families living in poverty in Caldwell, Livingston, West Orange and Union were much lower than the New Jersey percentage (8.1%).
- In 2014, the Orange unemployment rate was 10.5%, higher than the Essex County rate of 9.1% and the State rate of 6.4%.[43]
    - The unemployment rate in Orange increased from 8.3% in 2011 to 10.5% in 2014.
- In 2014, the Livingston unemployment rate was 4.3%, the lowest in the service area and lower than the Essex County rate of 9.1% and the State rate of 6.4%.[44]
    - The unemployment rate in Livingston increased from 2.4% in 2011 to 4.3% in 2014.
- In 2014, unemployment rate in Short Hills was 2.3%, lower than New Jersey (6.4%), and Essex County (9.1%).

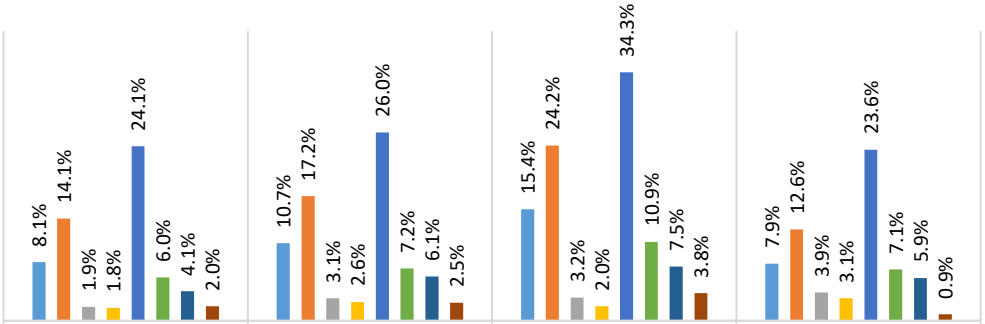
41 United States Census Bureau American Community Survey 2014
http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_DP03&prodType=table
42 United States Census Bureau American Community Survey 2014
43Ibid.
44 HomeFacts East Orange Unemployment Report 2016 http://www.homefacts.com/unemployment/New-Jersey/Essex-County/East-Orange.html



	2010	2014
New Jersey	$67,681	$72,062
Essex County	$52,394	$54,499
Caldwell	$100,124	$100,884
Livingston	$133,143	$137,665
Orange	$39,318	$32,526
Union	$77,236	$75,918
West Orange	$89,151	$90,251
Short Hills	$228,726	$235,172

Source: U.S. Census Bureau, American Community Survey

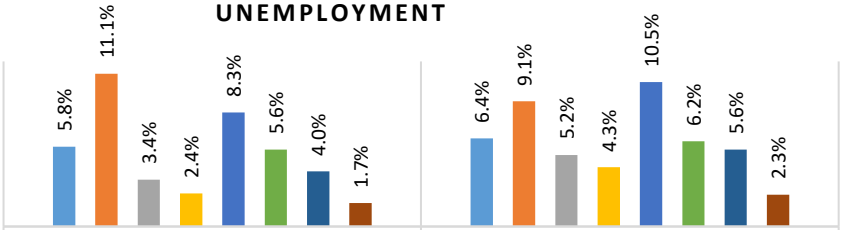
INCOME BELOW FEDERAL POVERY LEVEL 2014



	Families	People	Children	Seniors
New Jersey	8.1%	10.7%	15.4%	7.9%
Essex County	14.1%	17.2%	24.2%	12.6%
Caldwell	1.9%	3.1%	3.2%	3.9%
Livingston	1.8%	2.6%	2.0%	3.1%
Orange	24.1%	26.0%	34.3%	23.6%
Union	6.0%	7.2%	10.9%	7.1%
West Orange	4.1%	6.1%	7.5%	5.9%
Short Hills	2.0%	2.5%	3.8%	0.9%

Source: U.S. Census Bureau, American Community Survey

UNEMPLOYMENT



	2011	2014
New Jersey	5.8%	6.4%
Essex County	11.1%	9.1%
Caldwell	3.4%	5.2%
Livingston	2.4%	4.3%
Orange	8.3%	10.5%
Union	5.6%	6.2%
West Orange	4.0%	5.6%
Short Hills	1.7%	2.3%

Source: U.S. Census Bureau, American Community Survey

Education

People with higher levels of educational attainment tend to have lower morbidity rates from acute and chronic diseases, independent of demographic and labor market factors. Life expectancy is increasing in the United States, yet differences have become more pronounced between those with and without a college education. The mechanisms by which education influences health are complex and likely include interrelationships between demographic and family background indicators, effects of poor health in childhood, greater resources associated with higher levels of education, a learned appreciation for the importance of good health behaviors, and one's social networks.[45] The ability to communicate in English is also a key part of educational competence.

Essex County

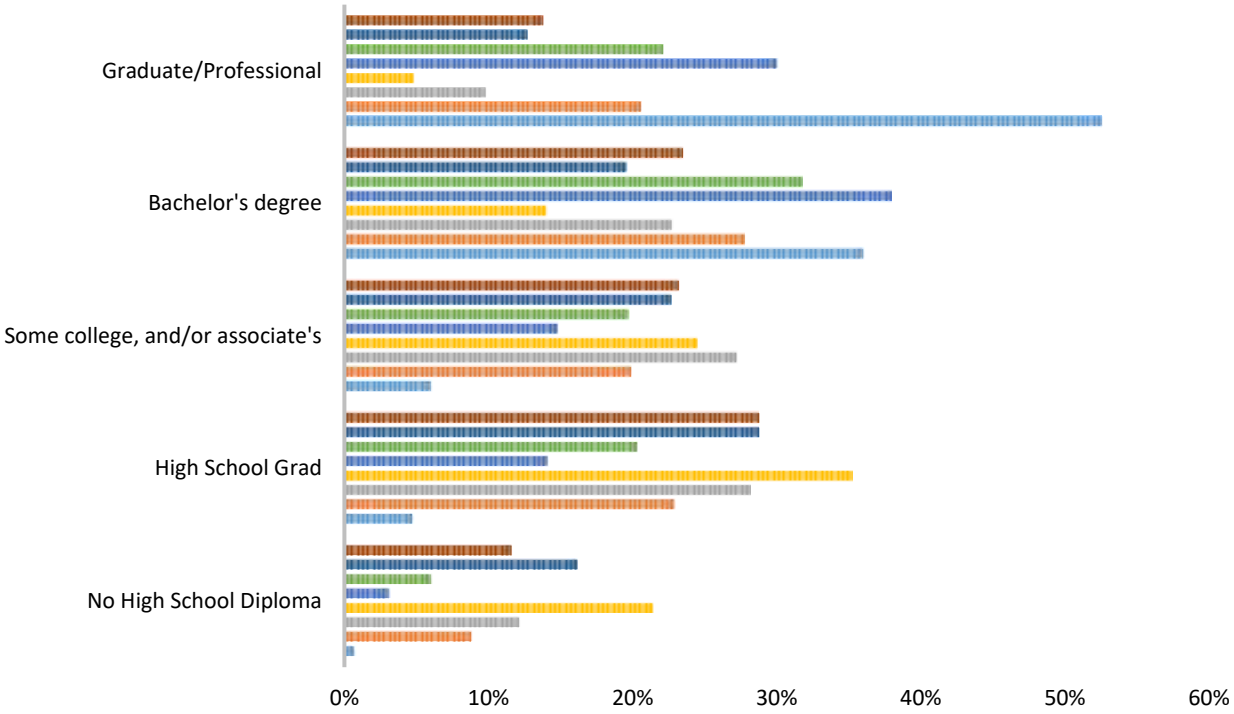
- In 2014, 16.2% of Essex County residents did not graduate from high school, 4.6 percentage points higher than New Jersey at 11.6%.[46] This represents an improvement from 18% of County residents and 13% statewide that did not graduate from high school as reported in the previous CHNA.
- In 2014, 36.3% of Essex County residents earned a bachelor's degree or higher.[47] This represents an improvement from 31% of County residents that earned a bachelor's degree or higher as reported in the previous CHNA.
- The percentage of Limited English Proficiency (LEP) households in Essex County (9.8%) is higher than New Jersey (7.22%) and Middlesex County (8.8%).

SBMC Service Area

- In 2014, 21.4% of Orange residents did not complete high school, higher than the statewide percentage (11.6%) and the Essex County percentage (16.2%).
- 2014, 12.1% of Union residents did not complete high school, more than the statewide percentage (11.6%) and lower than Essex County (16.2%).
- In 2014, the percentage of Limited English Proficiency (LEP) households in Orange (11.8%) was higher than New Jersey (7.2%) and Essex County (9.8%).
- In 2014, 52.6% of Short Hills residents had a graduate/professional degree, compared to 13.8% statewide and 12.7% in Essex County.

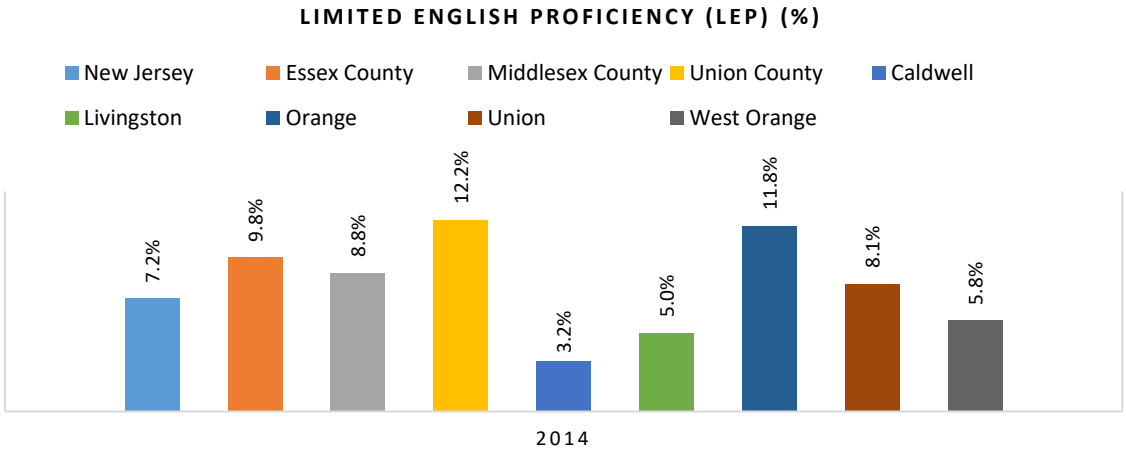
45 National Poverty Center Policy Brief #9 Education and Health 2007 http://www.npc.umich.edu/publications/policy_briefs/brief9/
46 United States Census Bureau American Community Survey 2014
47Ibid.

EDUCATIONAL ATTAINMENT 2014



	No High School Diploma	High School Grad	Some college, and/or associate's	Bachelor's degree	Graduate/Professional
New Jersey	11.6%	28.8%	23.2%	23.5%	13.8%
Essex County	16.2%	28.8%	22.7%	19.6%	12.7%
Caldwell	6.0%	20.3%	19.7%	31.8%	22.1%
Livingston	3.1%	14.1%	14.8%	38.0%	30.0%
Orange	21.4%	35.3%	24.5%	14.0%	4.8%
Union	12.1%	28.2%	27.2%	22.7%	9.8%
West Orange	8.8%	22.9%	19.9%	27.8%	20.6%
Short Hills	0.7%	4.7%	6.0%	36.0%	52.6%

Source: U.S. Census Bureau, American Community Survey



Source: U.S. Census Bureau, American Community Survey

Age

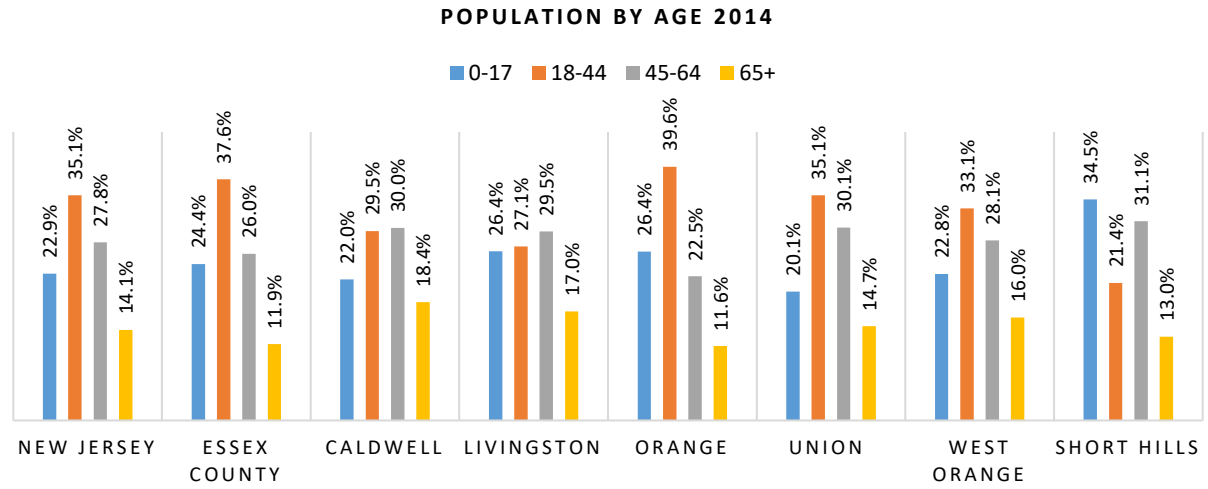
Age affects how people behave in relation to their health; as people age, the body becomes more prone to disease and health behaviors become more important to good health.

Essex County

- In 2014, 24.4% of Essex County residents were under age 18 compared to 22.9% in New Jersey.
- In 2014, 11.9% of Essex County residents were seniors over 65 compared to 14.9% statewide.

SBMC Service Area

- In 2014, 39.6% of Orange residents were 18-44, higher than 37.6% in Essex County and 35.1% in New Jersey**.**
- In 2014, 18.4% of Caldwell residents were 65+, higher than 11.9% in Essex County and 14.1% in New Jersey.



Source: U.S. Census Bureau, American Community Survey

Ethnic and Racial Makeup

Racial and ethnic minorities receive lower quality healthcare than non-minorities, even when access-related factors such as insurance status and income are controlled. Sources of disparities are complex and rooted in historic and contemporary inequities, and involve many participants at several levels, including health systems administrative and bureaucratic processes, utilization managers, healthcare professionals, and patients.[48]

Essex County

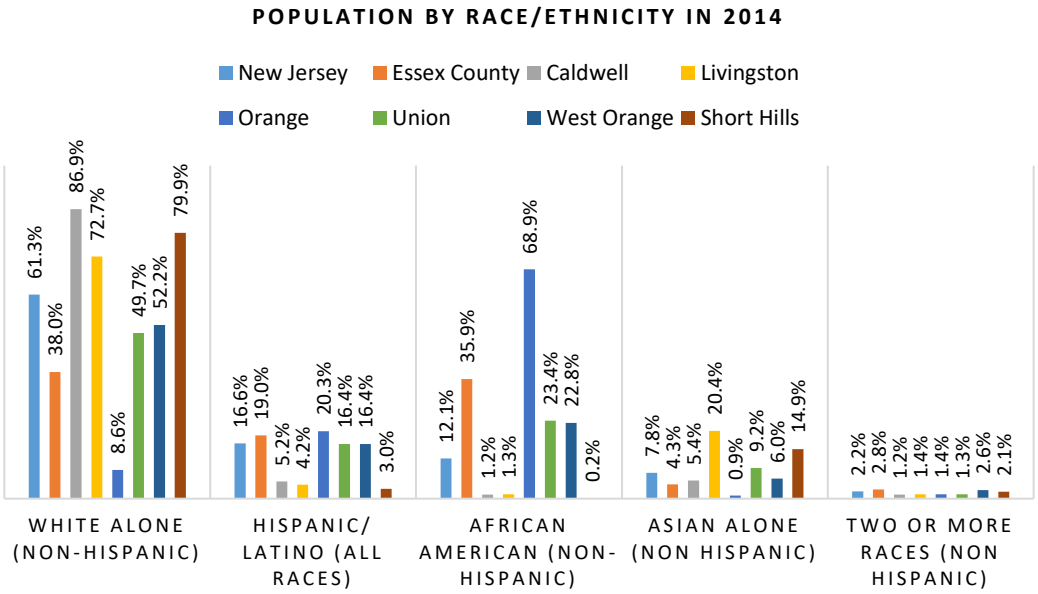
Essex County is more racially and ethnically diverse than New Jersey.

- In 2014, Essex County had larger percentages of Black and Hispanic populations than the state.
    - 35.9% of the county population was Black, compared to 12.1% statewide.
    - 19.0% of the population was Hispanic/Latino compared to 16.6% statewide.
    - Whites are 38.0% of the county's population compared to 61.3% in New Jersey.

SBMC Service Area

- In 2014, 86.9% of Caldwell's population, 72.7% of Livingston's population, and 79.9% of Short Hills's population were White, much higher than Essex County (38.0%) and New Jersey (61.3%).
- In 2014, 68.9% of Orange's population was African-American, nearly double Essex County percentage (35.9%).
- In 2014, approximately 20% of the Orange population was Hispanic/Latino, similar to 19.0% in Essex County and slightly higher than 16.6% in New Jersey.
- In 2014, approximately 20% of Livingston's population and 14.9% of Short Hills's are Asian, much higher than Essex County (4.3%) and New Jersey (7.8%).
- In 2013, 79.9% of Short Hills was White, 0.2% of the population was Black, and 14.2% was Asian.

48Institute of Medicine, Unequal Treatment: confronting Racial and Ethnic Disparities in Health Care, 2003, http://www.nap.edu/read/10260/chapter/2



Source: U.S. Census Bureau, American Community Survey

Select PSA Communities

Short Hills

- Short Hills had the highest median household income in 2014 at $235,172, while Newark (07114) had the lowest at $20,954 in the same year.[49]
- In 2014, unemployment rate in Short Hills was 2.3%, lower than New Jersey (6.4%), and Essex County (9.1%).
- In 2014, 52.6% of Short Hills residents had a graduate/professional degree, compared to 13.8% statewide and 12.7% countywide.
- In 2013, 79.9% of Short Hills was White, 0.2% of the population was Black, and 14.2% was Asian.

Caldwell

- In 2014, the majority of municipalities across SBMC service area had very small percentages of families living in poverty, with Caldwell (07006) at 1.9%.
- In 2014, 18.4% of Caldwell residents were 65+, higher than 11.9% in Essex County and 14.1% in New Jersey.
- In 2014, 86.9% of Caldwell's population was White, much higher than Essex County (38.0%) and New Jersey (61.3%).

Livingston

- The 2014 median household income of Livingston residents was $137,665, much higher than the statewide figure ($72,062).
- In 2014, the majority of municipalities across SBMC service area had very small percentages of families living in poverty with Livingston (07039) at 1.8%.

49 United States Census Bureau 2014

- In 2014, the Livingston unemployment rate was 4.3%, the lowest in the service area and lower than the Essex County rate of 9.1% and the State rate of 6.4%.[50]
    - The unemployment rate in Livingston increased from 2.4% in 2011, to 4.3% in 2014.
- In 2014, approximately 20% of Livingston's population is Asian, much higher than Essex County (4.3%) and New Jersey (7.8%).

Orange

- The 2014 median household income of Orange residents ($32,526) was the lowest in the SBMC service area and less than half the statewide figure ($72,062).
- In 2014, Orange had 24.1% of families living in poverty, triple the New Jersey percentage (8.1%).
- In 2014, 21.4% of Orange residents did not complete high school, nearly double the statewide percentage (11.6%) and higher than Essex County (16.2%).
- In 2014, 39.6% of Orange residents were 18-44, higher than 37.6% in Essex County and 35.1% in New Jersey**.**
- In 2014, 68.9% of Orange's population was African-American, nearly double Essex County (35.9%).
- In 2014, approximately 20% of the Orange population was Hispanic/Latino, similar to 19.0% in Essex County and slightly higher than 16.6% in New Jersey.

Union

- In 2014, the majority of municipalities across SBMC service area had very small percentages of families living in poverty with Union (07083) at 6.0%
- 2014, 12.1% of Union residents did not complete high school, more than the statewide percentage (11.6%) and lower than Essex County (16.2%).

West Orange

- In 2014, the majority of municipalities across SBMC service area had very small percentages of families living in poverty with West Orange (07052) at 4.1%.

Community Health Index

New Solutions, Inc.'s Community Health Index (CHI) is a numerical indicator that accounts for underlying socioeconomic and access barriers that affect a population's health status. In developing this index, NSI identified prominent barriers related to income, culture and language, education, age, insurance and housing. The index was developed at the zip code level and ranks need from 1 to 552, with 1 indicating the highest need and 552 the lowest.

- A comparison of CHI scores to hospital utilization data shows a strong correlation between high need and high use – communities with low CHI scores are expected to have lower hospital utilization.
- There is also a causal relationship between CHI scores and preventable hospitalizations and ED visits for manageable conditions – communities with high CHI scores have more hospitalization and ED visits that could have been avoided with improved healthy community structures and appropriate outpatient/primary care.
- Essex County has an average CHI of 173 compared to 309 for the PSA zip codes and 179 for the SSA. This means that the PSA residents have less socioeconomic barriers than those in the county.

50 HomeFacts East Orange Unemployment Report 2016 http://www.homefacts.com/unemployment/New-Jersey/Essex-County/East-Orange.html

2. Access to Care

Access to comprehensive quality health care services is important for health equity and increasing the quality of a healthy life. Access implies timely use of personal health services to achieve good outcomes and encompasses: coverage, services, timeliness, and workforce. Barriers to services include lack of availability, high cost, and lack of insurance. These barriers diminish quality of care and lead to delays in receiving appropriate care, the inability to get preventive services, and hospitalizations that could have been prevented.[51] The following components of access to quality care are outlined below: health insurance coverage, health insurance coverage types, timeliness, providers, and efficiency and effectiveness of service.[52]

Health Insurance Coverage

Health insurance coverage provides security to access affordable preventive services and clinical care when needed. When a medical condition occurs, the uninsured delay treatment or use the emergency department instead of a lower cost, more appropriate primary care setting. The uninsured are less likely to receive needed medical care, more likely to have more years of potential life lost, and more likely to have poor health status.

Changes in the rate of health insurance coverage reflects economic trends, shifts, in the demographic composition of the population, and policy changes that impact access to care. In 2014, provisions of the Patient Protection and Affordable Care Act (ACA) went into effect and several significant changes occurred.[53] The Affordable Care Act's coverage expansions have benefited hospitals financially, helping to produce an overall decline nationwide in uncompensated care; much of the decline occurred in Medicaid expansion states, including New Jersey.[54]

Essex County

- Essex County has a higher percentage of uninsured residents than New Jersey.
- According to Enroll America in 2015, 8% of the population in Essex County was uninsured, higher than the 6.3% estimated in New Jersey.
- The 2015 Enroll America estimates indicate the rate of the uninsured decreased dramatically from 2013 to 2015; County and state estimates decreased more than 50% from 2013. [55]
- The *Healthy People 2020* target for uninsured is 0%. Essex County exceeds this target.
- Since the inception of the Health Insurance Marketplace's open enrollment period in January 2015, 383,964 New Jersey residents gained Medicaid or CHIP coverage. [56]

51 Centers for Disease Control and Prevention Community Health Status Indicators http://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/NJ/Essex/10019
52 Office of Disease Prevention and Health Promotion *Healthy People 2020* Access to Health Services https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services
53 United States Census Bureau Health Insurance Coverage in the United States: 2014 https://www.census.gov/content/dam/Census/library/publications/2015/demo/p60-253.pdf
54 Kaiser Family Foundation Understanding Medicaid Hospital Payments and the Impact of Recent Policy Changes 2016 http://kff.org/medicaid/issue-brief/understanding-medicaid-hospital-payments-and-the-impact-of-recent-policy-changes/?utm_campaign=KFF-2016-June-Medicaid-Payments-Hospitals&utm_medium=email&_hsenc=p2ANqtz-9apov_xx9HZbi8D_D6MtPHACYJJX0_ouVG1axHksYKCK_URLeNApIWv5YYYFt8vfJKpmDi0EPLIxGrW_YA2wkEAQqm4i46mvwtnAew70-D65j8A2M&_hsmi=30432005&utm_content=30432005&utm_source=hs_email&hsCtaTracking=bfa57340-0804-4e1f-8ceb-af3379802901%7C1d424ba6-bd34-48a8-b6c7-c8cc1ae2ae15
55 Enroll America Changing Uninsured Rates by County – From 2013 to 2015 https://www.enrollamerica.org/research-maps/maps/changes-in-uninsured-rates-by-county/
56 United States Department of Health and Human Services 5 Years Later: How the Affordable Care Act is Working for New Jersey, 2015, http://www.hhs.gov/healthcare/facts-and-features/state-by-state/how-aca-is-working-for-new-jersey/index.html

Health Insurance Coverage Types

People without insurance are not offered the same range of medical services as the insured. When a medical condition occurs, the uninsured delay treatment or use the emergency department instead of a lower cost, more appropriate primary care setting. The uninsured also are less likely to receive needed medical care, more likely to have more years of potential life lost, and more likely to have poor health status. [57]

Essex County

- In 2014, the distribution of types of insurance for Essex County residents who had an inpatient admission were as follows[58]:
    - 33.4% paid with commercial insurance, less than 34.8% statewide
    - 22.3% paid with Medicaid/Caid HMO/Family Care more than 15.4% statewide
    - 35.2% paid with Medicare/Care HMO, less than 41.8% statewide
    - 8.1% were underinsured, receive charity care, or self-pay as compared to 6.2% statewide

- In 2014, the distribution of types of insurance for Essex County residents who had emergency department visits were as follows[59]:
    - 39.2% paid with commercial insurance, similar to 40.6% statewide
    - 25.8% paid with Medicaid/Caid HMO/Family Care, similar to 25% statewide
    - 10.7% paid with Medicare/Care HMO less than 14.9% statewide
    - 22.3% were underinsured, receive charity care, or self-pay more than 15.9% statewide

SBMC Service Area

- In 2014, the distribution of types of insurance for SBMC primary service area residents who had an inpatient admission was as follows[60]:
    - 35.0% paid with commercial insurance, compared to 33.4% in Essex County and 34.8% statewide.
    - 14.0% paid with Medicaid/Caid HMO/Family Care, lower than 22.3% in Essex County and 15.4% statewide.
    - 45.3% paid with Medicare/Care HMO, higher than 35.2% in Essex County and 41.8% statewide.
    - 4.5% were underinsured, receive charity care, or self-pay, lower than 8.1% in Essex County and 6.2% in statewide.

57 Kaiser Family Foundation analysis of data from the Office of the Actuary, Centers for Medicare and Medicaid Services, 2015, http://blogs.wsj.com/washwire/2015/04/16/public-vs-private-health-insurance-on-controlling-spending/
58 Ibid.
59 Ibid.
60Ibid.

- In 2014, the distribution of types of insurance for SBMC primary service area residents who have emergency department visits was as follows[61]:
    - 46.7% paid with commercial insurance, higher than 39.2% in Essex County and 40.6% statewide
    - 19.0% paid with Medicaid/Caid HMO/Family Care, lower than 25.8% in Essex County and 25% statewide.
    - 17.3% paid with Medicare/Care HMO, more than 10.7% countywide and 14.9% statewide
    - 14.0% were underinsured, receive charity care, or self-pay, lower compared to 22.3% in Essex County and 15.9% statewide

Providers and Clinics

Nationwide, the population is growing and aging at increasing rates and is in need of additional physicians. The expansion of care under the Affordable Care Act increased the number of people utilizing primary care, causing a bump in physician need.[62] The percentage of United States primary care physicians has been declining steadily over the past half-century, further emphasizing the need. Primary care physicians are an essential part of the healthcare system as gatekeepers to specialists and other providers. They prevent overutilization of costly secondary and tertiary care procedures which may be associated with poor health outcomes. A key to enhancing access is to increase the availability of high quality community prevention services, clinical prevention services as well as community-based care and treatment. A well-trained, culturally competent public and private sector workforce is required; the workforce must hold expertise in wellness, preventive care, chronic-illness care and public health. Many medical residents are choosing not to become Internal and Family Medicine (Primary Care) because low compensation may not adequately cover educational loans. Healthcare Provider Shortage Areas (HPSAs) are populations within geographic areas that lack sufficient providers to meet the health needs of an area or population. The Centers for Medicare & Medicaid Services (CMS) provides a 10 percent bonus payment for Medicare-covered services furnished to beneficiaries in HPSA's.[63]

Essex County and the SBMC service area have fewer primary care physicians than are recommended by CHR and of those, many refuse to accept Medicaid due to low reimbursement rates. This substantial impediment to access for New Jersey Medicaid patients is the result of a payment rate that is one-third the rate the Federal government now pays for Medicare patients. Healthcare reform measures equalized payment rates beginning in 2013, enhancing access for Medicaid patients. However, when the provision of the Affordable Care Act that boosted Medicaid reimbursement rates to make them equal to Medicare rates expired at the end of 2014, New Jersey did not continue the program.[64]

There are seven acute care hospitals in Essex County, located in Newark, East Orange, Belleville, Montclair and Livingston, which provide primary access points for patients. Most facilities provide outpatient clinic services including family health care. There are also a number of community-based organizations (CBOs) which provide medical and health services at local sites, including serving the Hispanic/Latino population. The Newark public schools have school-based clinics in all elementary, middle and high schools. There are four Federally Qualified Health Centers (FQHCs) and 10 satellites in Essex County. Newark Community

61Ibid.
62 Annals of Family Medicine Projected Need for Primary Care Physicians in the United States 2012 http://www.annfammed.org/content/10/6/503.full
63 Department of Health and Human Services Centers for Medicare and Medicaid Services Health Professional Shortage Physician Bonus Program, 2016, https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/HPSAfctsht.pdf
64 http://www.nj.com/healthfit/index.ssf/2014/12/nj_doctors_facing_steep_drop_in_medicaid_reimbursement_rates.html

Health Centers, Newark Department of Health, and Jewish Renaissance Center are major providers of comprehensive community-based primary health care with offices are located in Newark (including six in schools, a mobile unit, and teen health center), East Orange, Irvington, and Orange. Zufall Health Center is located in West Orange. In September 2011, Newark City Health and Human Services was awarded a $35,000 grant from the U.S. Department of Health and Human Services to help it become a patient-centered medical home.

Essex County

- In 2013, there were 660 primary care physicians in Essex County.[65]
- The New Jersey Physician Workforce Task Force predicts that by 2020, Essex County will need 226.3 more physicians than it is projected to have in order to meet baseline demand.[66]
- According to 2014 data, the ratio of population to primary care providers was 1,196:1 in Essex County, less than in comparison to the 1,170:1 ratio for New Jersey overall.[67]

Timeliness of Service

Wait times

Some medical conditions like heart attacks or life-threatening injuries require and receive immediate care. These patients are typically seen by doctors as soon as they arrive at the hospital. But in less urgent cases, patients arriving at the emergency room can wait for hours before seeing a doctor, receiving pain medication, having tests, or being admitted to the hospital. In the last two decades an increase in emergency room patients, many of them older and sicker, has led to overcrowding. The Institute of Medicine has warned that emergency rooms in the United States are "at a breaking point." While minutes matter in a medical emergency, longer wait times are not always an indicator of worse care: in cases of substance abuse, it may take hours for a patient to sober up enough to be safely discharged.[68]

Essex County/SBMC Service Area[69]

- In 2014, the average time patients spent in the emergency room before being seen by a doctor was as follows:
    - 14 minutes at St. Barnabas Medical Center, compared to 30 minutes in New Jersey
    - 64 minutes at Clara Maass Medical Center
    - 96 minutes at Newark Beth Israel Medical Center
    - 80 minutes at St. Michael's Medical Center
    - 80 minutes at University Hospital
    - 62 minutes at Hackensack UMC Mountainside, Montclair
    - 52 minutes at East Orange General Hospital

- In 2014, the average time patients spent in the emergency room before being sent home was as follows:
    - 154 minutes at St. Barnabas Medical Center, compared to 150 minutes in New Jersey

65 County Health Rankings Primary Care Physicians 2016 http://www.countyhealthrankings.org/app/new-jersey/2016/measure/factors/4/data?sort=sc-2
66 New Jersey Council of Teaching Hospitals Physicians Workforce Task Force Report 2008 http://njcth.org/getmedia/5b820448-8791-46e5-aa70-d690dbcbb99f/FINAL-NJ-Physician-Workforce-Report-012910.aspx
67 County Health Rankings Primary Care Physicians 2016 http://www.countyhealthrankings.org/app/new-jersey/2016/measure/factors/4/data?sort=sc-2
68 https://www.propublica.org/article/how-long-will-you-wait-at-the-emergency-room
69Ibid.

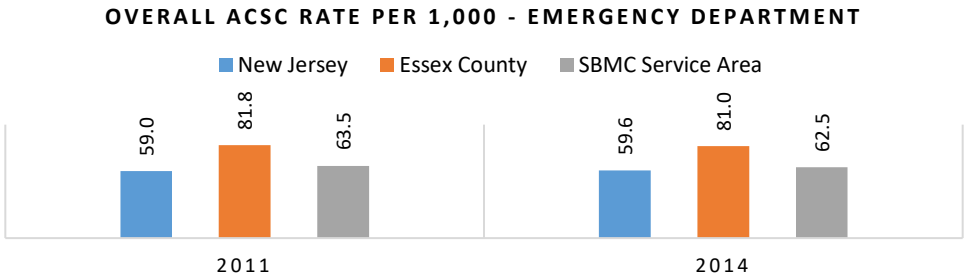
- 178 minutes at Clara Maass Medical Center
- 205 minutes at Newark Beth Israel Medical Center
- 200 minutes at St. Michael's Medical Center
- 240 minutes at University Hospital
- 154 minutes at Hackensack UMC Mountainside, Montclair
- 161 minutes at East Orange General Hospital

- In 2014, the average time patients with broken bones had to wait before receiving pain medication was as follows:
  - 44 minutes at St. Barnabas Medical Center, compared to 57 minutes statewide
  - 75 minutes at Clara Maass Medical Center
  - 95 minutes at Newark Beth Israel Medical Center
  - 77 minutes at St. Michael's Medical Center
  - 118 minutes at University Hospital
  - 62 minutes at Hackensack UMC Mountainside, Montclair
  - 72 minutes at East Orange General Hospital

- In 2014, the average transfer time among patients admitted (additional time spent waiting before being taken to their room) was as follows:
  - 159 minutes at St. Barnabas Medical Center, compared to 146 minutes statewide
  - 278 minutes at Clara Maass Medical Center
  - 715 minutes at Newark Beth Israel Medical Center,
  - 204 minutes at St. Michael's Medical Center
  - 161 minutes at University Hospital
  - 136 minutes at Hackensack UMC Mountainside, Montclair
  - 218 minutes at East Orange General Hospital

Ambulatory Care Sensitive Conditions - Emergency Department

Ambulatory Care Sensitive Conditions indicate hospital use by patients who would have been more appropriately cared for in an outpatient primary setting; this includes individuals admitted to the hospital for inpatient care due to an Ambulatory Care Sensitive Conditions (ACSC) and unnecessary emergency room visits. Reasons for patients accessing higher acuity care include no regular source of primary care, lack of health insurance, cost including the inability to pay co-pays for office visits, transportation issues, practices without extended office hours, and undocumented citizenship status. Ambulatory Care Sensitive Condition ED use decreased slightly in Essex County and the SBMC service area due to the improvement of care transitions and coordination of care, more care delivery in ambulatory care settings and expanded access to primary and preventive care.



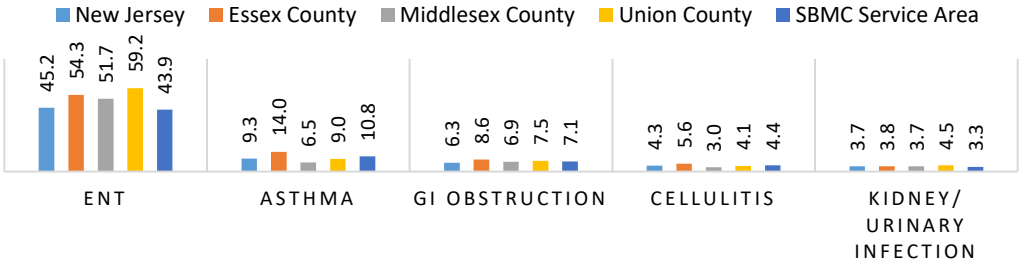
Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey

Essex County

Children

- Between 2011 and 2014, the rate of emergency department visits for Ambulatory Care Sensitive Conditions among children in Essex County decreased from 105.6/1,000 to 97.5/1,000. In the same time period, ED ACSC visits among New Jersey children also declined, from 83.2/1,000 to 79.9/1,000. Despite the decrease, in 2014, the Essex County rate was 17.6 points higher than the statewide rate.
- The 2011-2014 downward trend follows that which was reported in the last CHNA, as between 2008 and 2010, the rate of ED visits for ACSC among children declined from 119.8/1,000 to 104/1,000 and was substantially higher than the State rate of 81.9/1,000.

TOP 5 ACSC VISITS FOR CHILDREN (AGE 0-17) PER 1,000 IN 2014 - EMERGENCY DEPARTMENT

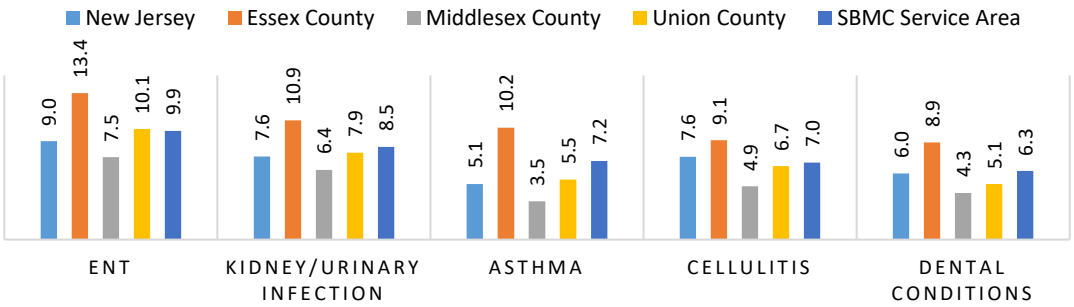


Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey

Adults

- Between 2011 and 2014, the rate of emergency department visits for Ambulatory Care Sensitive Conditions among adults in Essex County increased from 74.2/1,000 to 75.7/1,000. In the same period, ED ACSC among adults in New Jersey increased from 51.8/1,000 to 53.8/1,000 rate. In 2014, the Essex County rate was 21.9 points higher than the statewide rate. The 2014 adults ED ACSC in Essex County of 75.7/1,000 was relatively unchanged from 75.4/1,000 reported in 2010.
- Among adults in 2014, ENT conditions are the most common ED ACSC in Essex County, followed by Kidney/Urinary Infection, Asthma, Cellulitis, and Dental Conditions. ENT conditions were also the most common Essex County ED ACSC in 2010.

TOP 5 ACSC VISITS FOR ADULTS (AGE 18+) PER 1,000 IN 2014 - EMERGENCY DEPARTMENT



Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey

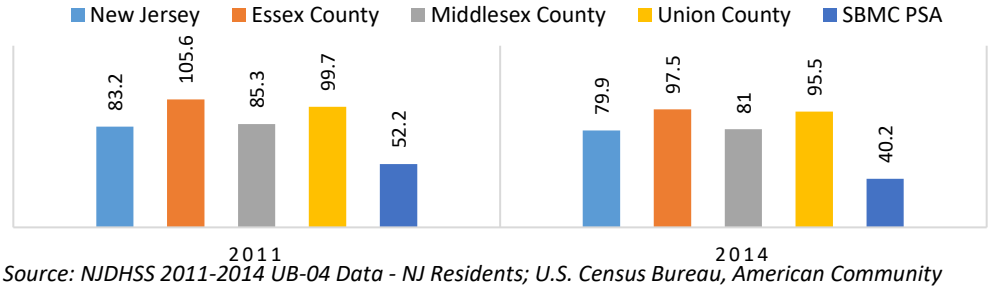
SBMC Service Area

- The 2014 Overall ACSC Emergency Department rate in the SBMC Service Area was 62.5/1,000, 1.0 points higher than the 2011 rate of 63.5/1,000, and 18.5 points lower than the Essex County rate of 81.0/1,000.[70]
- Ear/nose/throat conditions are the most common emergency department Ambulatory Care Sensitive Condition in the SBMC Service Area, followed by asthma, dental conditions, kidney/urinary infections, and cellulitis.[71]

Children

- Between 2011 and 2014, the rate of emergency department visits for Ambulatory Care Sensitive Conditions among children in the SBMC service area declined 23% from 52.2/1,000 to 40.2/1,000.
- Among children in 2014, ear/nose/throat conditions are the most common emergency department Ambulatory Care Sensitive Condition in the SBMC Service Area, followed by asthma, GI obstruction, cellulitis, and kidney/urinary infections.[72] Essex County and New Jersey also reported ENT conditions as the most common ED ACSC.

TOTAL AMBULATORY CARE SENSITIVE CONDITIONS EMERGENCY DEPARTMENT VISITS FOR CHILDREN

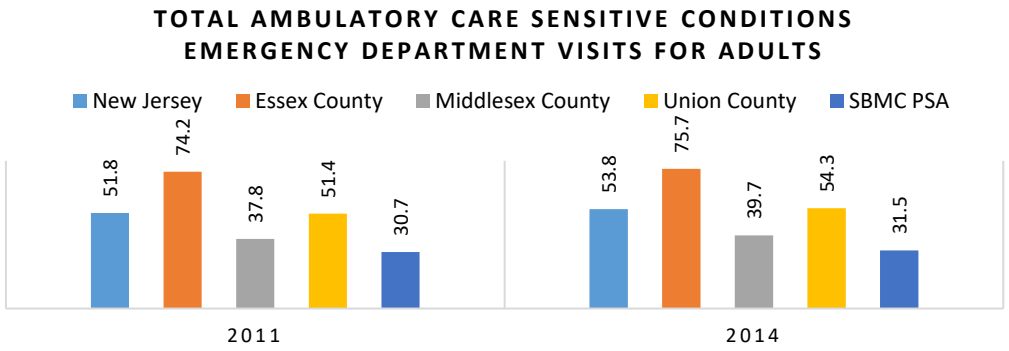


Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey

Adults

- Between 2011 and 2014, the rate of emergency department visits for Ambulatory Care Sensitive Conditions among adults in the SBMC primary service area was relatively constant from 30.7/1,000 to 31.5/1,000; lower than 75.7/1,000 in Essex County and 53.8/1,000 statewide.
- Among adults in 2014, ear/nose/throat conditions are the most common emergency department Ambulatory Care Sensitive Condition in the SBMC Service Area, followed by kidney/urinary infections, asthma, cellulitis, and dental conditions.

70Health Care Decision Analyst Internal Data 2013
71Health Care Decision Analyst Internal Data 2014
72Health Care Decision Analyst Internal Data 2014

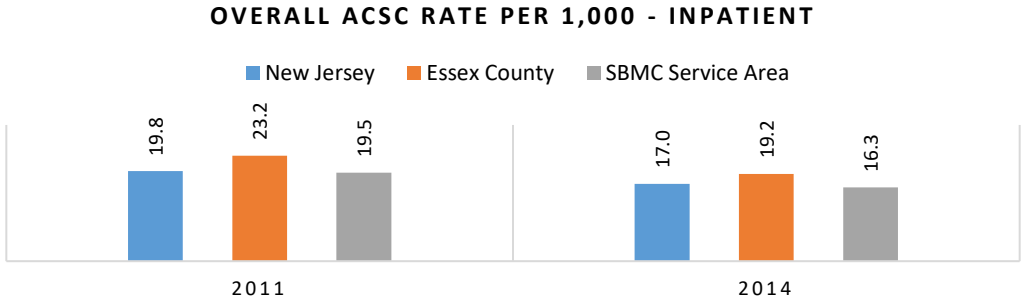


Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey

Ambulatory Care Service Conditions - Inpatient

Essex County

- In 2014, the overall Essex County Inpatient Ambulatory Care Sensitive Conditions rate was 19.2/1,000, 4 points lower than the 2011 rate of 23.2/1,000 but 2.2 points higher than the state rate of 17.0/1,000.[73]

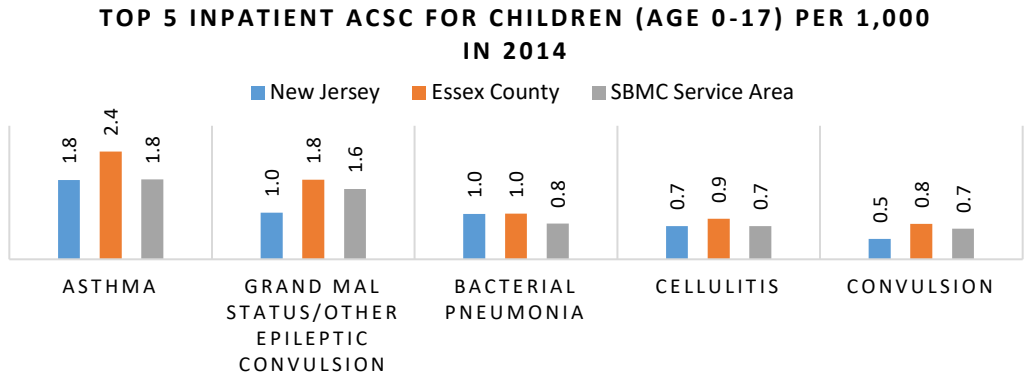


Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey

Children

- Asthma is the most common inpatient ACSC among children in Essex County, followed by Grand Mal status/other epileptic convulsion, bacterial pneumonia, cellulitis, and convulsion.
- Between 2011 and 2014, the rate of inpatient admission for Ambulatory Care Sensitive Conditions among children in Essex County decreased from 12.4/1,000 to 9.6/1,000. In the same time period, inpatient ACSC visits among New Jersey children also declined, from 9.0/1,000 to 7.1/1,000. Despite the decrease, in 2014, the Essex County rate was 2.5 points higher than the statewide rate.

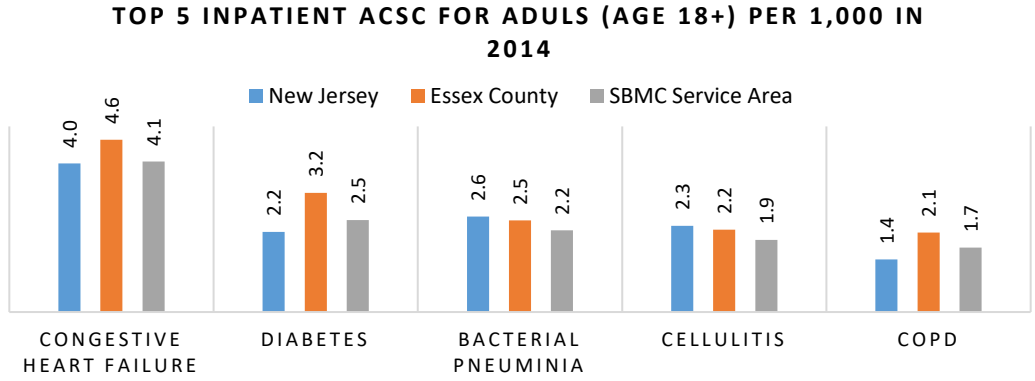
73ibid



Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey

Adults

- Among adults in 2014, congestive heart failure is the most common inpatient Ambulatory Care Sensitive Condition in Essex County, followed by diabetes, bacterial pneumonia, cellulitis, and asthma.[74] Congestive heart failure is also the most common in New Jersey, followed by diabetes, bacterial pneumonia, cellulitis, and COPD.[75]
- Between 2011 and 2014, the rate of inpatient admissions for Ambulatory Care Sensitive Conditions among adults in Essex County decreased from 26.7/1,000 to 22.3/1,000. In the same period, ED ACSC among adults in New Jersey decreased from 23.1/1,000 to 20.0/1,000. In 2014, the Essex County rate was 2.3 points higher than the statewide rate.



Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey

74 Health Care Decision Analyst Internal Data 2014
75ibid

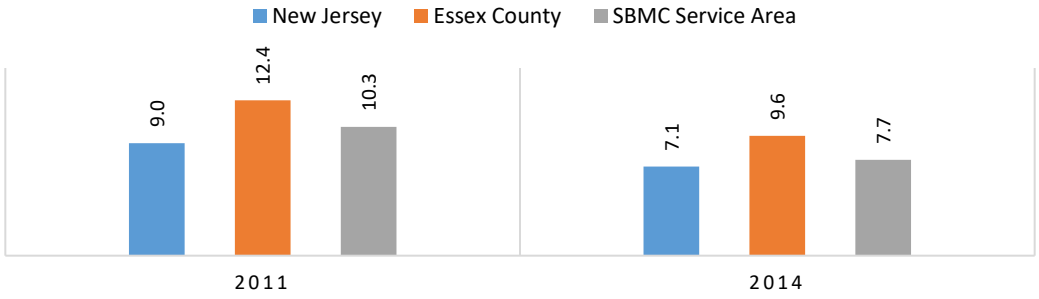
SBMC Service Area[76]

- The 2014 SBMC overall inpatient Ambulatory Care Sensitive Conditions rate (16.3/1,000) was 3.2 points lower than the 2011 rate of 19.5/1,000 and 2.9 points lower than the Essex county rate of 19.2/1,000.[77]

Children

- Asthma is the most common inpatient ACSC among children in Essex County, followed by Grand Mal status/other epileptic convulsion, bacterial pneumonia, cellulitis, and convulsion.
- Between 2011 and 2014, the rate of inpatient admission for Ambulatory Care Sensitive Conditions among children in the SBMC service area declined 25% from 10.3/1,000 to 7.7/1,000.

TOTAL AMBULATORY CARE SENSITIVE CONDITIONS INPATIENT ADMISSION FOR CHILDREN



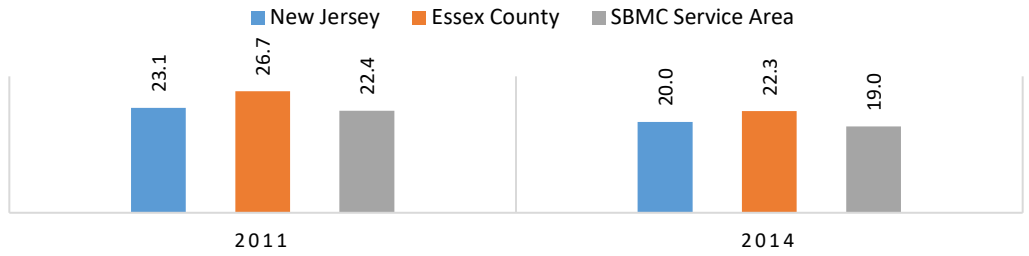
Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey

Adults

- Congestive heart failure is also the most common in New Jersey, followed by diabetes, bacterial pneumonia, cellulitis, and COPD.

- Between 2011 and 2014, the rate of inpatient admissions for Ambulatory Care Sensitive Conditions among adults in the SBMC primary service area was declined from 22.4/1,000 to 19.0/1,000; lower than 22.3/1,000 in Essex County and 20.0/1,000 statewide.

TOTAL AMBULATORY CARE SENSITIVE CONDITIONS INPATIENT ADMISSION FOR ADULTS



Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey

76Bruno and Ridgway, Saint Barnabas Medical Center Community Health Assessment Study 2015
77 ibid

Clinical Care Measures

The Institute of Medicine defines health care quality as "the degree to which health care services for individuals and populations increase the likelihood of desired outcomes and are consistent with current professional knowledge." The quality of healthcare services is measured by efficiency and effectiveness services. Effectiveness relates to providing care processes and achieving outcomes as supported by scientific evidence. Efficiency relates to maximizing the quality of a comparable unit of health care delivered or unit of health benefit achieved for a given unit of health care resources used.[78]

Essex County

Inpatient Utilization

- In 2014, Essex County's inpatient utilization rate of 108.7/1,000 was 5.4 points higher than the State rate of 102.3/1,000.[79]

ED Utilization

- In 2014, Essex County's ED utilization rate of 436.4/1,000 was 94.2 points higher than the State rate of 342.2/1,000.[80]

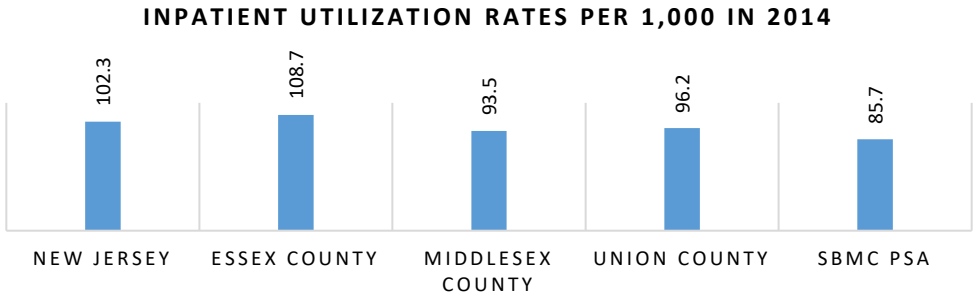
SBMC Service Area

Inpatient Utilization

- In 2014, SBMC's inpatient utilization rate of 85.7/1000 was 23 points lower than the Essex County rate of 108.7/1000 and 16.6 points lower than the State rate of 102.3/1000.

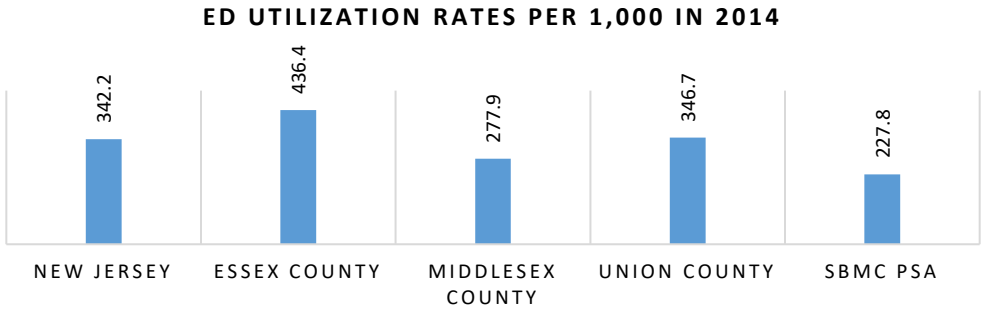
ED Utilization

- In 2014, SBMC's emergency department utilization rate of 227.8/1000 was nearly half the Essex County rate of 436.4/1000 and 114.4 points lower than the State rate of 342.2/1000.[81]



Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey

78 United States Department of Health and Human Services Agency for Healthcare Research and Quality Understanding Quality Measurement 2016 http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/chtoolbx/understand/index.html
[79] Health Care Decision Analyst Internal Data 2014
[80] Health Care Decision Analyst Internal Data 2014
81 Health Care Decision Analyst Internal Data 2014



Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey

Cesarean Section

Cesarean section is an inpatient service that is among the most commonly performed surgical procedures in the United States.[82] The cesarean section rate has risen dramatically over the last two decades, despite evidence that hospitals with higher rates of cesarean sections do not have superior maternal and child health outcomes.[83] Current research suggests that the following interconnected factors contribute to high cesarean-section rates including: the low priority of enhancing woman's own abilities to give birth, side effects of common labor interventions, refusal to offer informed choice of vaginal birth, casual attitudes about surgery and variation in professional practice style, limited awareness of harms that are more likely with Cesarean-sections, and the incentive to practice in a manner that is more efficient for providers. In 1965, the U.S. cesarean-sections were 4.5% of all births. This number has risen steadily since. Rates for Cesarean-sections in the U.S. continue to rise well above the 15% recommended by the World Health Organization.

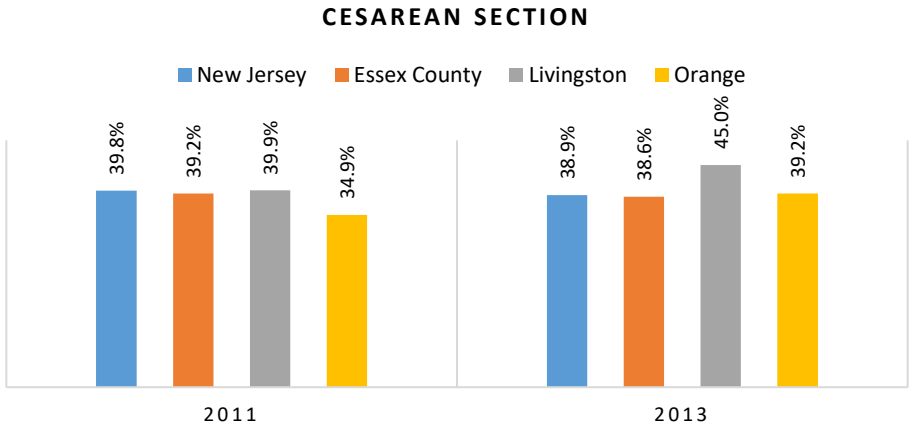
Essex County

- Between 2011 and 2013, cesarean section births in Essex County decreased slightly from 39.2% to 38.6%. The 2013 percentage was similar to New Jersey at 38.9%.

SBMC Service Area

- In 2013, 45.0% of Livingston births were cesarean sections, slightly less than 38.6% in Essex County. This percentage has increased from the 2011 percentage of 39.9%.
- Between 2011 and 2013, the percentage of cesarean section births in Orange increased from 34.9% to 39.2%. The percentage in 2013 exceeds that of the county and state by small margins.

82 Healthgrades Operating Company The 10 Most Common Surgeries in the US 2016 https://www.healthgrades.com/explore/the-10-most-common-surgeries-in-the-us
83 March of Dimes Use of Cesarean Section in the US 2013 http://www.marchofdimes.org/pdf/newyork/newyork_cesarean_rates_report_2013.pdf



Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents

Hospital Readmissions

Hospitalizations can be stressful, even more so when they result in readmissions. While many readmissions cannot and should not be prevented, researchers have found wide variation in readmission rates, suggesting that patients admitted to certain hospitals are more likely to experience readmissions compared to others. A number of studies demonstrate that hospitals can lower their rate of readmissions, by clarifying patient discharge instructions, coordinating with post-acute care providers and patients' primary care physicians, and reducing medical complications during patients' initial hospital stays. [84] High readmission rates in urban populations are often due to cultural barriers and lower levels of health literacy. Poor home conditions also increase the wait times for discharge to nursing homes. Patient access to health information and resources, as well as timing of discharge also impact readmission rates.

Nearly one in five Medicare beneficiaries is readmitted within one month. Beginning in FY 2013, in an effort to reduce costs and improve the transition of care from hospital to home or alternate care setting, readmission rates for three conditions: congestive heart failure, heart attack and pneumonia are being tracked and hospitals with high readmission rates among these patient categories are receiving penalties of up to 1% of their Medicare reimbursement.

New Jersey

- In the third year of the Medicare Hospital Readmissions Reduction Program, New Jersey ranked 50th of 50 states.
- 97% of New Jersey hospitals were penalized for readmissions from October 2014 to September 2015.
- The average New Jersey penalty rate was 0.73%.[85]

http://kff.org/medicare/issue-brief/aiming-for-fewer-hospital-u-turns-the-medicare-hospital-readmission-reduction-program/
85 Kaiser Family Foundation Aiming for Fewer Hospital U-turns: The Medical Hospital Readmission Reduction Program 2015
http://kff.org/medicare/issue-brief/aiming-for-fewer-hospital-u-turns-the-medicare-hospital-readmission-reduction-program/

SBMC Service Area

- In 2016, SBMC received a 0.01% penalty for high readmission rates.[86]
    - This was a 95.5% improvement from the 0.22% penalty in 2013.
    - The SBMC penalty (0.01%) was much lower than the 2016 New Jersey average penalty (0.73%)

3. Health Behaviors

Health-promoting behaviors such as sensible eating and exercising lower the risk of conditions like heart disease and diabetes. Unhealthy behaviors like smoking, excessive drinking and high-risk sexual activities increase the risk of conditions like lung cancer, heart disease, and liver disease. Preventive health behaviors such as prenatal care and health screenings can result in early diagnosis and treatment.

Maternal/Fetal Health Indicators

Healthy behaviors in mothers and young children build solid foundations for adult health. According to *Healthy People 2020*, factors that affect pregnancy and childbirth include: preconception health status (including stress), age, access to appropriate preconception/inter-conception healthcare, and poverty. Pregnancy can provide an opportunity to identify existing health risks in women to influence optimal fetal development and prevent future health problems for women and their children.

Prenatal Care

Circumstances during pregnancy can lead to suboptimal fetal development include: nutritional deficiencies, maternal substance abuse, stress, diet and exercise habits, and inadequate prenatal care. Mothers who receive late or no prenatal care are more likely to have babies with health problems; mothers who do not receive prenatal care are three times more likely to give birth to a low birthweight baby, and their baby is five times more likely to die. [87]Women younger than eighteen, Black women, and Hispanic women routinely receive less adequate prenatal care than other groups.[88]

Essex County

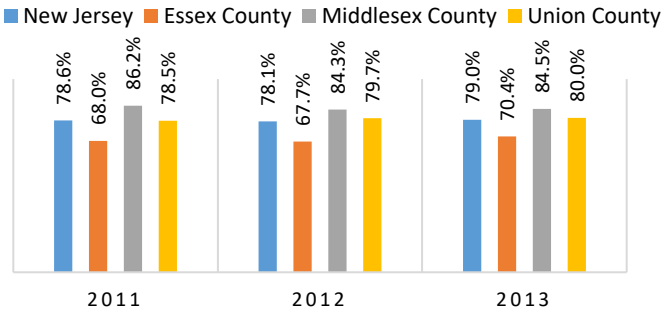
- Similar to New Jersey, Essex County had a slight increase in the percentage of women receiving prenatal care in the first trimester between 2011 and 2013.
- In 2013, 70.4% of Essex County live births initiated prenatal care in the first trimester, less than 79.0% statewide and the *Healthy People 2020* target of 77.9%. The Essex County 2013 percentage was similar to 69.3% in 2010 reported in the previous CHNA.
    - In 2013, 62.8% of Essex County Black live births initiated prenatal care in the first trimester, slightly more than 60.2% of Blacks in 2011. In 2013, 66.9% of Hispanic live births initiated prenatal care in the first trimester, more than 64.9% in 2011.
- In 2013, 1.9% of Essex County live births initiated no prenatal care in the first trimester, more than 0.9% statewide.
    - In 2013, 3.3% of Essex County Black mothers initiated no prenatal care, more than double Hispanics (1.4%), and more than six times Whites (0.4%).

86 NJ leads nation for number of hospitals penalized for high readmissions 2015 http://www.nj.com/politics/index.ssf/2015/08/nearly_every_nj_hospital_to_be_penalized_for_high.html
87 Child Trends Data Bank Late or No Prenatal Care 2014 http://www.childtrends.org/?indicators=late-or-no-prenatal-care#sthash.oe1zbcSH.dpuf
88Ibid.

SBMC Service Area

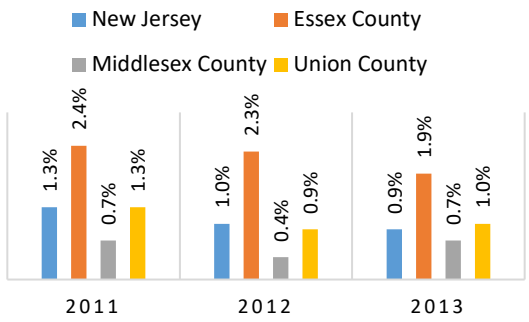
- In 2011, 39% of Newark women received late or no prenatal care.[89]

PRENATAL CARE IN 1ST TRIMESTER (%=YES)



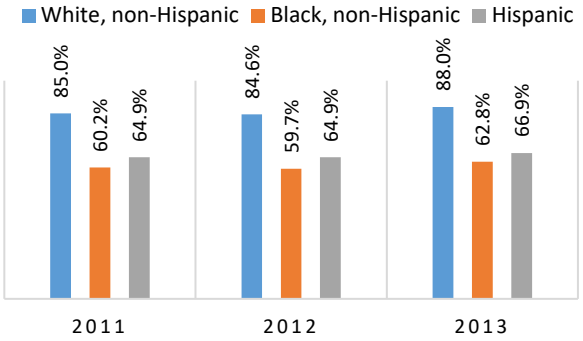
Source: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, NJ State Health Assessment Data

NO PRENATAL CARE



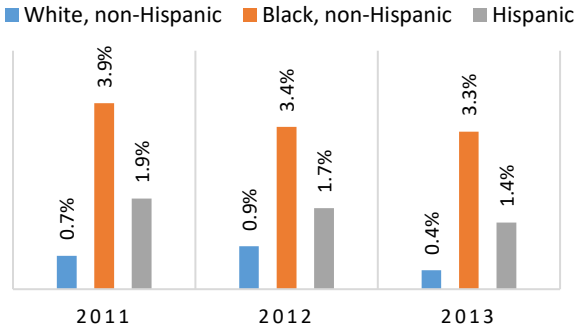
Source: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, NJ State Health Assessment Data

PRENATAL CARE IN 1ST TRIMESTER BY RACE IN ESSEX COUNTY



Source: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, NJ State Health Assessment Data

NO PRENATAL CARE BY RACE - ESSEX COUNTY



Source: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, NJ State Health Assessment Data

Essex County Prenatal Care 2013: 70.4%

Healthy People 2020

Baseline: 70.8 **Target: 77.9%**

89 Advocates for Children of New Jersey Newark Kids Count: A City Profile of Child Well-Being 2015 http://acnj.org/downloads/2015_03_10_newark_kids_count.pdf

Prenatal Care Indicators	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
First Trimester Prenatal Care *Percentage of Live Births*		N.A.	
No Prenatal Care *Percentage of Live Births*	N.A.	N.A.	

High-Risk Sexual Behaviors

High-risk sexual behavior puts individuals at risk for sexually transmitted infections (STIs) and unplanned pregnancy. According to *Healthy People 2020*, reproductive and sexual health services improve health and reduce costs by not only covering pregnancy prevention, HIV and STI testing and treatment, and prenatal care, but also by screening for intimate partner violence and reproductive cancers, providing substance abuse treatment referrals, and counseling on nutrition and physical activity.

Teen Pregnancy

Teen mothers are less likely to graduate high school or attain a GED, earn less per year, and receive nearly twice as much Federal aid for twice as long. Births of unplanned pregnancies can have negative outcomes including birth defects and low birth weight. Children from unintended pregnancies are more likely to experience poor mental and physical health during childhood, have lower educational attainment and more behavioral issues in their teen years. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

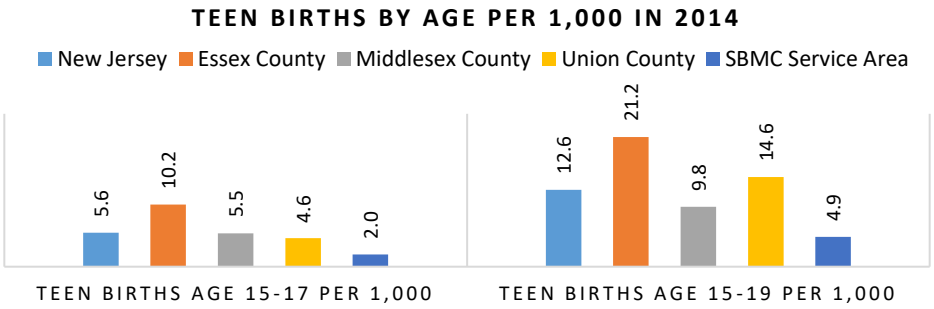
Essex County

- The 2014 birth rate for Essex County teens 15-19 was 21.2/1,000, substantially higher than 12.6/1,000 statewide. [90]
- The 2014 Essex County birth rate for teens 15-17 was 10.2/1,000, almost double the New Jersey rate of 5.6/1,000.
- The 2014 teen birth rate of 21.2/1,000 in Essex County was higher than the CHR national benchmark of 19/1,000.

SBMC Service Area

- In 2014, SBMC's service area teen birth rate (4.9/1,000) was much lower than the Essex County rate (21.2/1,000) and the New Jersey rate (12.6/1,000).
- The Orange 2014 teen birth rate was 38.1/1,000, the highest in the service area, higher than Essex County and triple the New Jersey rate.
- The Caldwell and Livingston 2014 teen birth rate were approximately 1.0/1000, much lower than the County and State rate.
- The West Orange 2014 teen birth rate was 8.4/1,000, lower than the County rate and the State rate.

90 Health Indicators Warehouse 2014



Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey

Essex County Teen Birth Rate 2014: 21.2

County Health Rankings & Roadmaps
A Healthier Nation, County by County

National Benchmark: 19

Teen Birth Indicators	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Teen Births Ages 15-17 *Rate per 100,000 Female Population*	N.A.	N.A.	
Teen Births Ages 15-19 *Rate per 100,000 Female Population*	N.A.		

Sexually Transmitted Infections

Sexually transmitted infections (STIs) refer to more than 25 infectious organisms that are transmitted primarily through (unprotected) sexual activity. STIs remain a significant public health problem. The majority of STIs either do not produce any symptoms, or they produce symptoms so mild that they are unnoticed. As a result, many infected persons do not know that they need medical care. Women suffer more frequent and more serious STI complications than men including pelvic inflammatory disease, ectopic pregnancy, infertility, and chronic pelvic pain.

Chlamydia

Chlamydia is a common sexually transmitted infection (STI) that can be easily cured. If left untreated, chlamydia can make it difficult for a woman to get pregnant.[91]

Essex County

- In 2012, the Essex County chlamydia rate was 664.8/100,000, more than double the state rate of 307.6/100,000. The rate of chlamydia in Essex County was more than four times the CHR national benchmark of 138/100,000.[92]

91 http://www.cdc.gov/std/chlamydia/stdfact-chlamydia.htm
92 Centers for Disease Control and Prevention Fact Sheet Reported STDs in the United States 2014 http://www.cdc.gov/std/stats14/tables/26.htm

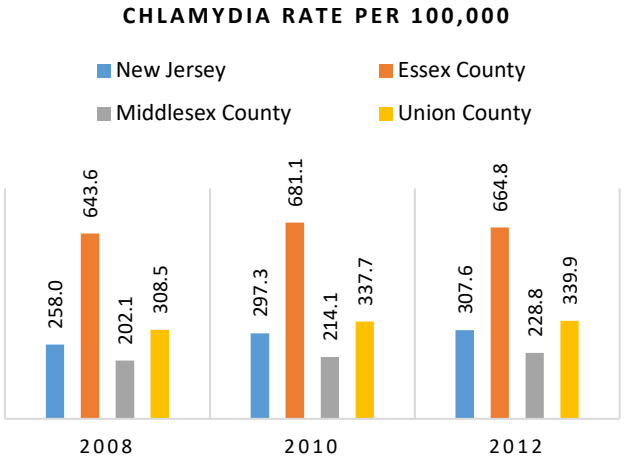
- Between 2008 and 2012, Essex County, New Jersey and comparison counties all had increases in the rate of chlamydia.

SBMC Service Area

- In 2014, the Newark chlamydia rate was 946.8/100,000, higher than the 2012 state and county rates. [93]

Essex County Chlamydia Rate 2012: 664.8

National Benchmark: 138



Source: National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, County Health Rankings

HIV/AIDS

HIV/AIDS can be transmitted through sexual contact, intravenous drug use or contact with bodily fluids. Individuals who have another sexually transmitted infection are at greater risk for contracting HIV.

Essex County

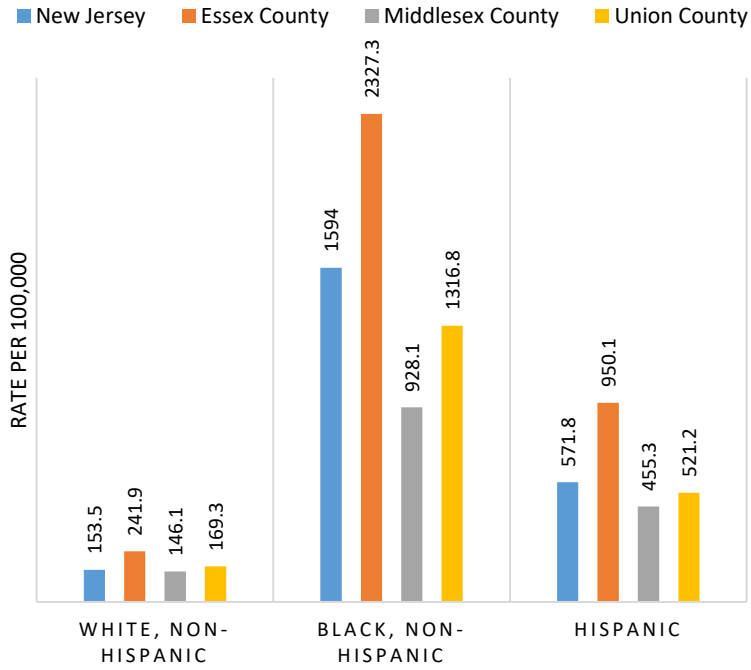
- In 2012, the HIV prevalence rate in Essex County was 1,599.8/100,000, more than triple the New Jersey rate and an increase from 1,561/100,000 in 2008.
- In 2015, the Essex County rate for Blacks living with HIV was 2,327.3/100,000, higher than the New Jersey rate (1,594/100,000) and comparative counties.
- The Essex County rate for Blacks living with HIV (2,327.3/100,000) was more than nine times the rate for Whites living with HIV (241.9/100,000) and more than double the Hispanic rate (950.1/100,000).

93 New Jersey Department of Health Division of HIV, STD and TB Services 2014 http://www.state.nj.us/health/std/stdstats/stdstats2014/all_muni.pdf

SBMC Service Area

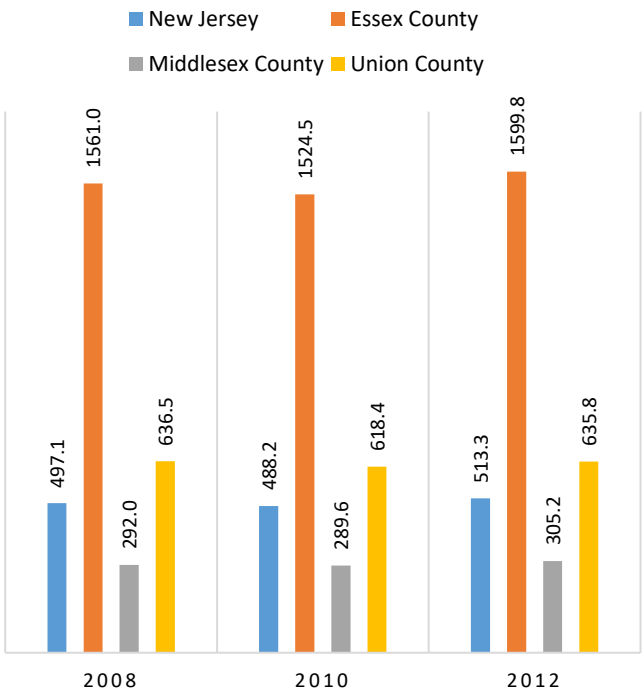
- As of December 2014, Newark had 14,756 cumulative HIV/AIDS cases. [94]
- In 2014, Newark had 138 new HIV/AIDS cases, the lowest number of annual new cases since 1990.[95]

PERSONS LIVING WITH HIV/AIDS IN 2015



Source: NJDOH, Division of HIV, STD, and TB Services, Office of Surveillance Services, EHARS

HIV PREVALENCE PER 100,000



Source: National HIV Surveillance System, County Health Rankings

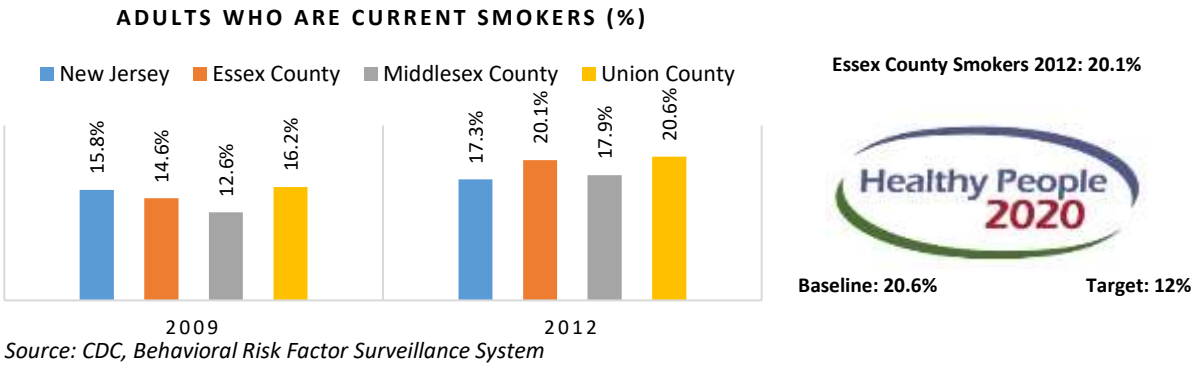
Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. The hazards of tobacco use are well known. Cigarette smokers are at high risk for cancer, heart disease, respiratory diseases, and premature birth. Secondhand smoke causes heart disease and lung cancer in adults and asthma, respiratory infections, ear infections and sudden infant death syndrome (SIDS) in children. Smokeless tobacco causes serious oral health problems, including mouth and gum cancer, periodontitis, and tooth loss. Cigar and pipe use causes cancer of the larynx, mouth, esophagus, and lung.

94 State of New Jersey Department of Health HIV STD and TB Services for Newark 2014 http://www.nj.gov/health/aids/repa/impactcities/documents/newark.pdf
95Ibid.

Essex County

- Between 2011 and 2012, the percentage of Essex County smokers increased from 14.6% to 20.1%.[96] In 2014, 18.8% of New Jersey residents were smokers.
- The percent of current smokers in Essex County (20.1%) is 40.2% higher than the *Healthy People 2020* target of 12%.



Source: CDC, Behavioral Risk Factor Surveillance System

Diet and Exercise Behaviors

According to the Centers for Disease Control and Prevention (CDC), poor diet and physical inactivity have nearly caught up with tobacco use as the second leading preventable cause of death in the United States. Behaviors that contribute to obesity can include dietary patterns, physical activity, inactivity, medication use, and other exposures. Additional contributing factors include education, food skills and food marketing and promotion.[97]

A healthy diet reduces risks for many health conditions, including overweight and obesity, heart disease, high blood pressure, stroke, type 2 diabetes, osteoporosis, oral disease, some cancers, and complications during pregnancy.

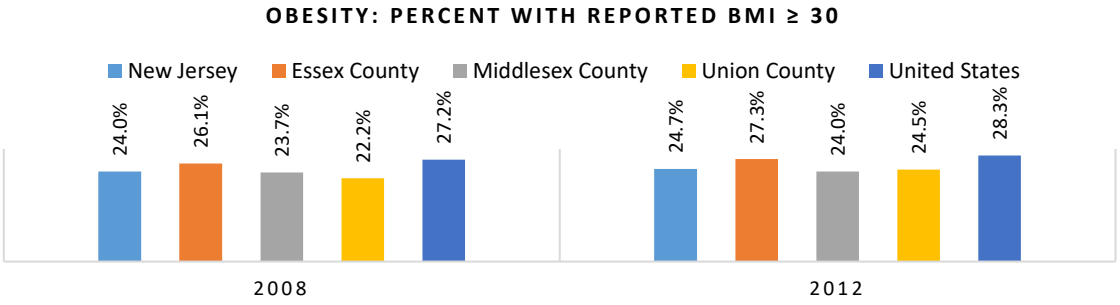
Obesity

Obesity is a serious concern because it is associated with poorer mental health outcomes, reduced quality of life, and the leading causes of death in the U.S. and worldwide, including diabetes, heart disease, stroke, and some types of cancer.

96 Behavioral Risk Factor Surveillance System 2012
97 Centers for Disease Control and Prevention Overweight and Obesity Adult Obesity Causes and Consequences 2014 http://www.cdc.gov/obesity/adult/causes.html

Essex County

- In 2012, 27.3% of Essex County residents were obese, more than the statewide percentage (24.7%) and more than comparison counties.
- From 2008 through 2012, similar to New Jersey and comparison counties, Essex County experienced a slight increase in the percentage of obese residents.[98]



Source: CDC, Behavioral Risk Factor Surveillance System

- The Essex County obesity rate was lower than the *Healthy People 2020* target of 30.6% and higher than the CHR benchmark of 25%.

Obesity Indicators	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Obesity: Percent with Reported BMI of >= 30			
Adults Who Are Current Smokers		N.A.	

Essex County 2012 Obesity: 27.3%

County Health Rankings & Roadmaps
A Healthier Nation, County by County

National Benchmark: 25%

Essex County 2012 Obesity: 27.3%

Healthy People 2020

Baseline: 33.9% **Target: 30.5%**

Food Security

In trying to promote healthy eating as a way to raise the health status of individuals and communities, the high prices for fresh fruits, fresh vegetables, and whole grains have put that common sense, non-medical approach out of reach for those already living in the margins of poverty. The reality is that it is cheaper to eat poorly.

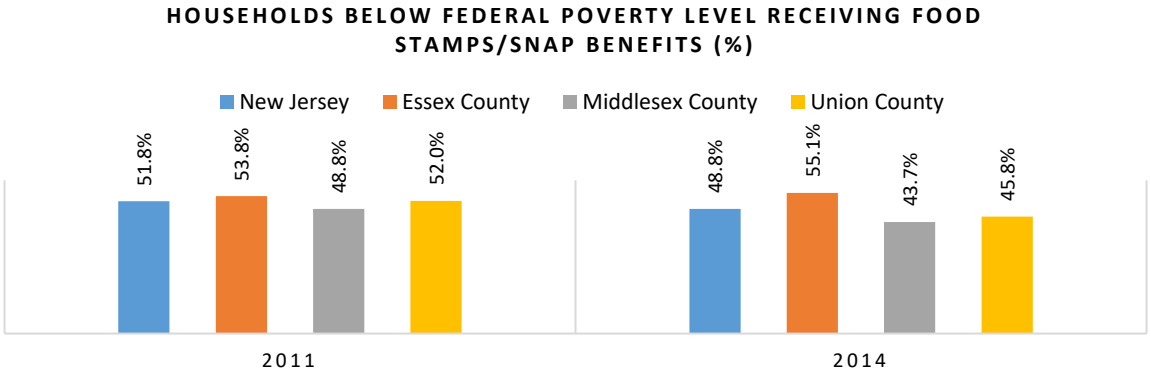
98 New Jersey State Health Assessment Data 2012

Essex County

- In 2014, 52.6% of households under the Federal Poverty Line received food stamps or SNAP in Essex County, more than New Jersey at 48.8%.[99]

SBMC Service Area

- In 2014, 63.5% of households under the Federal Poverty Line received food stamps or SNAP in Newark, more than Essex County at 52.6% and New Jersey at 48.8%.[100]



Source: U.S. Census Bureau, American Community Survey

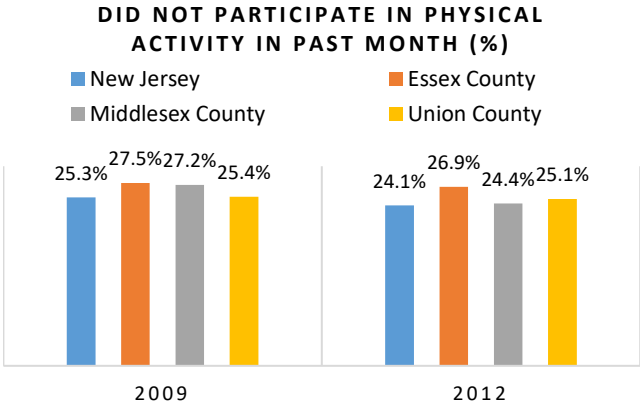
Physical Exercise

Fitness is a key factor in preventing and treating obesity. Regular exercise and proper nutrition can help reduce body fat as well as protect against chronic diseases associated with obesity.

Essex County

- In 2012, 26.9% of Essex County adults reported no physical exercise within the past month, higher than New Jersey (24.1%) and the CHR national benchmark (20%).
- Similar to New Jersey and comparison counties, Essex County had a slight decrease in the percent of adults who did not participate in physical activity in the past month between 2009 and 2012.[101]

99ibid
100ibid
101 Behavioral Risk Factor Surveillance System 2012



Essex County No Physical Exercise 2014: 26.9%

County Health Rankings & Roadmaps
A Healthier Nation, County by County

National Benchmark: 20%

Source: CDC, Behavioral Risk Factor Surveillance System

Physical Activity Indicators	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Percent of Adults Who Participated in Physical Activity in the Past Month	N.A.		

Health Screening Behaviors

Health screenings are medical tests for early identification or monitoring of disease processes. Screening for certain diseases can find diseases and conditions earlier, when they are easier to treat. Research shows that a recommendation from a healthcare provider is the most important reason patients cite for having cancer screening tests. Improving access to healthcare providers is therefore very important for improving screening rates.

Cancer Screenings

Colorectal Cancer Screening

According to the National Institutes of Health, tests for colorectal cancer (sigmoidoscopy or colonoscopy) should be done starting at age 50.[102]

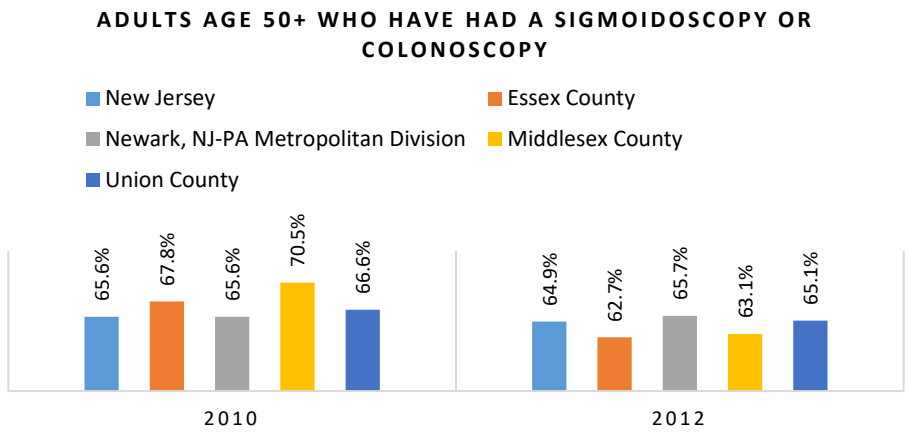
Essex County

- In 2012,62.7% of Essex County adults 50+ had a sigmoidoscopy or colonoscopy, slightly lower than New Jersey (63.8%).

SBMC Service Area

- In Newark MSA, 65.7% of adults 50+ had a sigmoidoscopy or colonoscopy.[103]
- Within the past 2 years, 12.9% of adults aged 50+ in Newark had a blood stool test.

102 National Institutes of Health Medline Plus Health Screening 2007
https://www.nlm.nih.gov/medlineplus/magazine/issues/winter07/articles/winter07pg17a.html
103 Behavioral Risk Factor Surveillance System 2012



Source: CDC, Behavioral Risk Factor Surveillance System

Prostate Cancer Screening

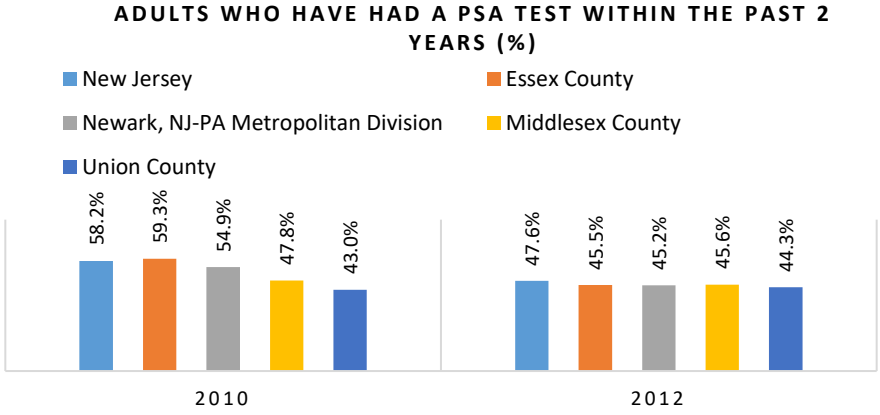
Prostate cancer screening is done through prostate-specific antigen (PSA) tests or digital rectal examinations (DRE).[104]

Essex County

- In the last two years, 45.5% of Essex County men 50+ had a PSA test, compared to 47.6% in New Jersey.[105]

SBMC Service Area

- In 2012, 45.2% of adults in the Newark MSA had a PSA test within the past 2 years, similar to Essex County (45.5%) and lower than New Jersey (47.6%).[106]



Source: CDC, Behavioral Risk Factor Surveillance System

104 National Institutes of Health Medline Plus Health Screening 2007 https://www.nlm.nih.gov/medlineplus/magazine/issues/winter07/articles/winter07pg17a.html
105ibid
106 Behavioral Risk Factor Surveillance System 2012

Breast Cancer Screening

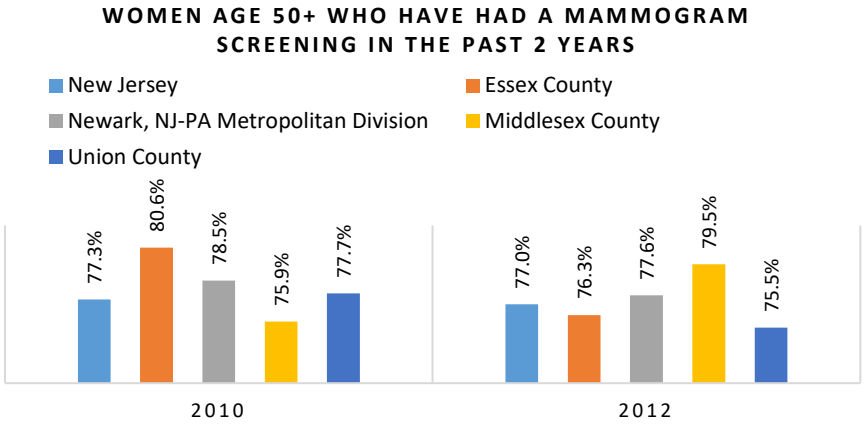
Women ages 40 to 44 should have the choice to start annual breast cancer screening with mammograms (x-rays of the breast) if they wish to do so. Women age 45 to 54 should get mammograms every year. Women 55 and older should switch to mammograms every 2 years, or can continue yearly screening.[107]

Essex County

- In 2012, 76.3% of Essex County women 40+ reported having a mammogram screening within the past 2 years, compared to 77% in New Jersey.[108]

SBMC Service Area

- In 2012, 77.6% of women in the Newark MSA had a mammogram screening within the past 2 years, similar to Essex County (76.3%) and New Jersey (77%).[109]



Source: CDC, Behavioral Risk Factor Surveillance System

Essex County Mammogram Screening 2012: 76.3%

Healthy People 2020

Baseline: 73.7% **Target: 81.1%**

107 American Cancer Society Guidelines for Early Detection of Cancer
108 County Health Rankings 2016 http://www.countyhealthrankings.org/app/new-jersey/2016/measure/factors/50/data
109 Behavioral Risk Factor Surveillance System 2012

Cervical Cancer Screening

Cervical cancer screens (pap smears) should be done every 1-3 years after the age of 21. [110]

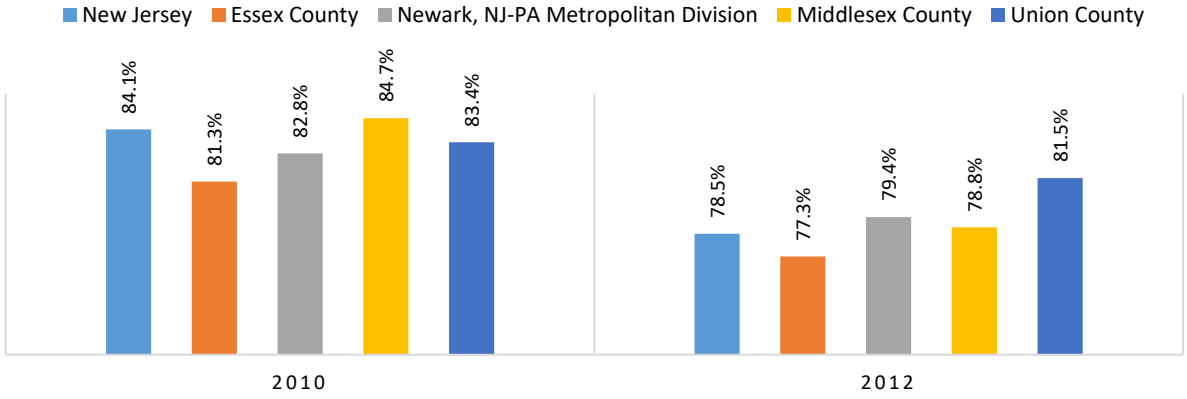
Essex County

- In 2012, in Essex County, 77.3% of women aged 18 and older had a pap smear test within the last three years, compared to 78.5% in New Jersey.[111]
- Essex County does not meet the *Healthy People 2020* target of 93% to receive a pap smear.

SBMC Service Area

- In 2012, 79.4% of women aged 18 and older in the Newark MSA had a pap test within the past 3 years.

WOMEN AGE 18+ WHO HAVE HAD A PAP TEST WITHIN THE PAST 3 YEARS



Source: CDC, Behavioral Risk Factor Surveillance System

Essex County 2012: 77.3%

Baseline: 84.5% **Target: 93%**

110 National Institutes of Health Medline Plus Health Screening 2007
https://www.nlm.nih.gov/medlineplus/magazine/issues/winter07/articles/winter07pg17a.html
111 Behavioral Risk Factor Surveillance System 2012

Diabetes Screening

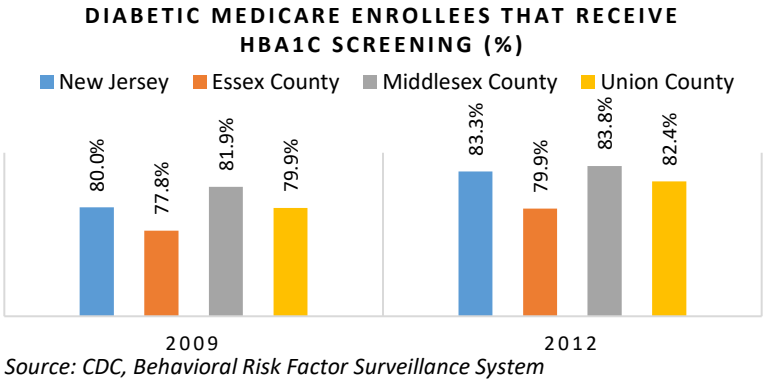
Individuals with high blood pressure or high cholesterol levels should test for diabetes.[112]

Essex County

- In 2013, 80% of Essex County Medicare patients' aged 65 to 75 blood sugar control was monitored, less than 84% of New Jersey Medicare patients ages 65 to 75 and a slight increase from 78% in 2009 reported in the previous CHNA. [113]
- Essex County did not meet the CHR benchmark of 89%.

SBMC Service Area

- Seven free clinics in and near Newark offer diabetes screening.[114]



Source: CDC, Behavioral Risk Factor Surveillance System

Essex County 2013: 80%

County Health Rankings & Roadmaps
A Healthier Nation, County by County

National Benchmark: 89%

Immunization Behaviors

Immunization is the process whereby a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine. Vaccines stimulate the body's own immune system to protect the person against subsequent infection or disease. Immunizations are a primary means of providing adults and children protection from potentially fatal illnesses. They are one of the most cost-effective health investments, with proven strategies that make it accessible to even the most hard-to-reach and vulnerable populations. Immunizations have clearly defined target groups, can be delivered effectively through outreach activities, and do not require major lifestyle change.[115]

Adult Flu Vaccine

With rare exception, everyone 6 months and older is recommended for annual flu vaccination. Vaccination to prevent influenza is particularly important for people at high risk for serious complications.[116] The *Healthy People 2020* goal is to have no more than 10% go without this vaccine.

112 National Institutes of Health Medline Plus Health Screening 2007 https://www.nlm.nih.gov/medlineplus/magazine/issues/winter07/articles/winter07pg17a.html
113 County Health Rankings 2016 http://www.countyhealthrankings.org/app/new-jersey/2016/measure/factors/7/data
114 Free Clinic Directory Essex County 2016 http://freeclinicdirectory.org/new_jersey_care/essex_nj_county.html
115 World Health Organization Immunization http://www.who.int/topics/immunization/en/
116 Centers for Disease Control and Prevention Influenza http://www.cdc.gov/flu/protect/whoshouldvax.htm

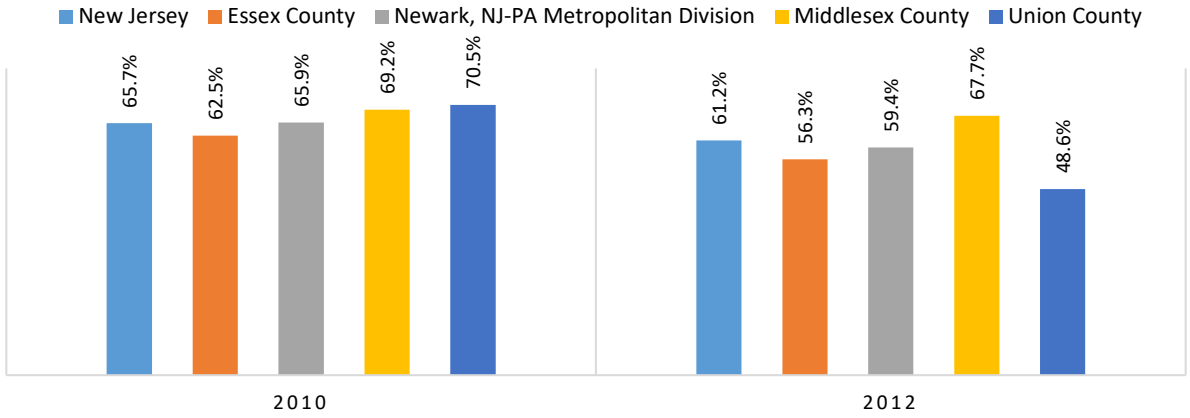
Essex County

- In 2012, 56.3% of Essex County adults 65+ were inoculated with the flu vaccine, less than 61.2% in New Jersey.[117]
- Essex County did not meet the *Healthy People 2020* goal to not have more than 10% go without this vaccine.

SBMC Service Area

- In 2012, 59.4% of Newark adults 65+ were inoculated with the flu vaccine, higher than Essex County (56.3%) and lower than the state (61.2%). The Newark MSA percentage was lower than the *Healthy People 2020* goal of no more than 10% without this vaccine.[118]

ADULTS 65+ WHO HAVE HAD A FLU SHOT IN THE PAST YEAR



Source: CDC, Behavioral Risk Factor Surveillance System

Essex County 2012: 56.3%

Baseline: 66.6% **Target: 90%**

Adult Pneumonia Vaccine

The pneumococcal vaccination is recommended for all children younger than 5 years old, all adults 65 years or older, and individuals 6 years or older with compromised immune systems.[119] The *Healthy People 2020* goal is to have no more than 10% go without this vaccine.

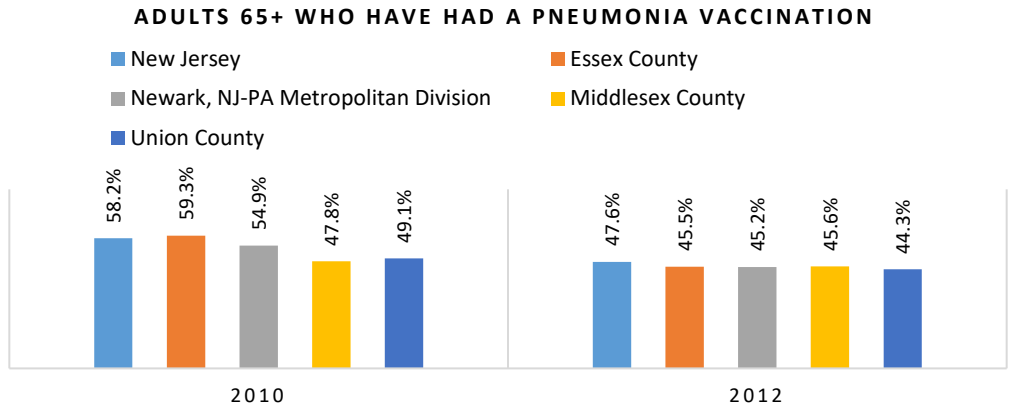
117ibid
118 Behavioral Risk Factor Surveillance System 2012
119 Centers for Disease Control and Prevention http://www.cdc.gov/vaccines/vpd-vac/pneumo/

Essex County

- In Essex County, 45.5% of adults 65 and older have had the pneumonia vaccine in 2012, fewer than statewide 47.6%.[120]

SBMC Service Area

- In the Newark MSA, 45.2% of adults 65 and older had the pneumonia vaccine in 2012, similar to the County (45.5%) and lower than the State (47.6%).[121]



Source: CDC, Behavioral Risk Factor Surveillance System

Health Behaviors Screening	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Percent of Adults Age 50+ Who Have Had a Sigmoidoscopy or Colonoscopy	N.A.	N.A.	
Percent of Women Age 40+ Who Have Not Had a Mammogram in the Past 2 Years	N.A.	N.A.	
Percent of Women Age 18+ Who Have Had a Pap test in the Past 3 Years	N.A.	N.A.	
Percent of Diabetic Medicare Enrollees That Receive HbA1c Screening	N.A.		
Percent of Adults 65+ who have had a Flu Shot in the Past Year		N.A.	
Percent of Adults Age 65+ Who Have Not Had a Pneumonia Vaccination in Past Year		N.A.	

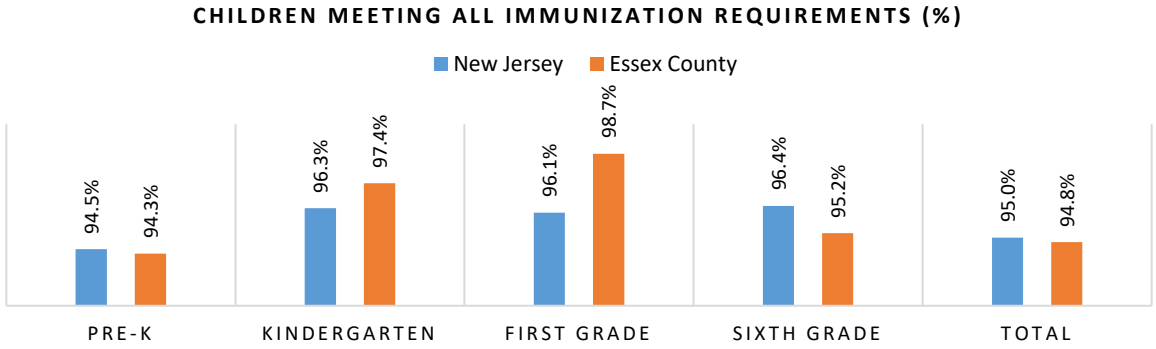
Childhood Vaccinations

Children in the United States routinely get vaccines that protect them from more than a dozen diseases such as measles, polio, tetanus, diphtheria, and pertussis (whooping cough). Childhood immunization programs provide a very high return on investment, and many school systems require children to get at least some of these vaccines before they attend school.

120ibid
121 Behavioral Risk Factor Surveillance System 2012

Essex County

- In Essex County, 94.3% of children in pre-kindergarten, 97.4% of children in kindergarten, 98.7% of children in first grade, and 95.2% of children in sixth grade met all immunization requirements in the 2015-2016 school year.
- 94.8% of all Essex County children from pre-kindergarten to 12th grade met immunization requirements in the 2015-2016 school year, lower than the state percentage (95%).[122]



Source: NJ Annual Immunization Status Report 2015-2016

4. Physical Environment

Humans interact with the environment constantly. These interactions affect quality of life, years of healthy life lived, and health disparities. The World Health Organization (WHO) defines environment, as it relates to health, as "all the physical, chemical, and biological factors external to a person, and all the related behaviors." This includes the "built environment": buildings, roads, buses, homes, parks, recreational areas, greenways, shops and other business areas.[123] Environmental health consists of preventing or controlling disease, injury, and disability related to the interactions between people and their environments, both built and natural.

Air Quality

According to the CHR, the negative impact of air pollution on people's health include: decreased lung function, chronic bronchitis, asthma, and other adverse pulmonary consequences. Exposure to excess levels of ozone or fine particulate matter are correlated with increased hospital emergency room visits and admissions among asthmatics or others with compromised respiratory function. Increases in these pollutants are associated with high risks of death due to cardiopulmonary and cardiovascular conditions and ischemic heart disease. All-cause mortality is also associated with higher concentrations of these pollutants. Average exposure of the general public to particulate matter of 2.5 microns or less in size (PM2.5) is used here as an indicator of air pollution.

Essex County

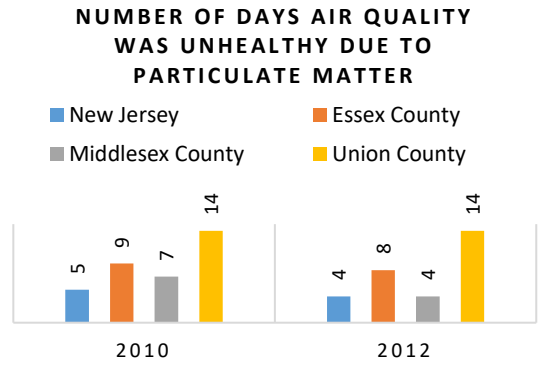
- In 2012, Essex County had 8 days of unhealthy air quality due to the PM2.5 concentrations, a decrease from 9 days in 2010 and double New Jersey's 4 days. [124]

122 http://www.nj.gov/health/cd/documents/status_report/2016/all_schools_vac.pdf
123 University of Nevada What is Obesogenic Environment? https://www.unce.unr.edu/publications/files/hn/2010/fs1011.pdf
124 Centers for Disease Control and Prevention 2014

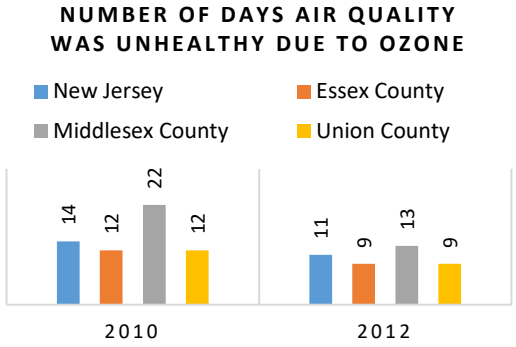
- Similar to New Jersey and surrounding counties, Essex County's days of unhealthy air quality due to ozone in 2012 decreased to 9 from 12 in 2010. All geographies are substantially worse than the CHR benchmark of 0 days.

SBMC Service Area

- In 2014, Newark had 2 days of unhealthy air quality due to the PM2.5 concentrations, one day less than Essex County as a whole.[125]



Source: CDC Wonder Environmental Data, County Health Rankings



Source: CDC Wonder Environmental Data, County Health Rankings

Essex County Days Unhealthy Air Quality Days due to Ozone 2012: 8

County Health Rankings & Roadmaps
A Healthier Nation, County by County

National Benchmark: 0

Physical Environment Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Unhealthy Air Quality Days due to Ozone	N.A.		

Lead Hazards

Lead poisoning is a medical condition caused by increased levels of heavy metal lead in the body. Lead interferes with a variety of body processes and is toxic to many organs and tissue including heart, bones, intestines, kidneys, and reproductive and nervous systems. Blood and urine tests are used to measure the amounts of lead currently in the blood stream. The results of these tests indicate how much lead is circulating within the blood stream. The Centers for Disease Control (CDC) sets the standard for elevated blood lead levels for adults to 25 micrograms per deciliter (ug/dl) of whole blood, and 5 (ug/dl) of whole blood as of 2012 for children; down from the previous 10 ug/dl. Scientists have found that lead in children can disrupt growth and development of a child's brain and central nervous system. The most common source of lead in New Jersey is paint that was used in interior or exterior surfaces of homes built before 1978. The most common form of exposure in adults occurs from occupational exposure.

125ibid

Essex County

- Essex County and its major urban centers have significantly higher percentages (42.7%) of housing built before 1950 than statewide (25.6%).[126]
- In 2014, 0.9% of Essex County children ages 1-3 had blood lead levels above 10 micrograms per deciliter.

SBMC Service Area

- In 2014, 111 (.4%) Newark children under the age of six years old had a BLL over 10 µg/Dl, lower than both the state and county.
- In 2014,.6% of Newark children between six months and 26 months, had a BLL over 10 µg/dL, higher than the State (0.47%).

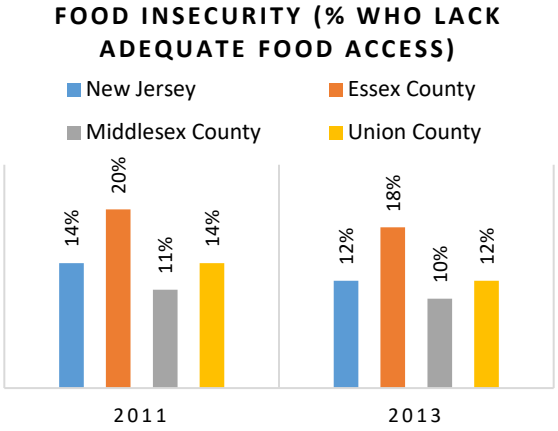
Proximity of Healthy Food Sources

The density of unhealthy sources of food and drink in geographic areas can inform the lifestyles of residents.[127] The term "obesogenic environment" refers to "an environment that promotes gaining weight and one that is not conducive to weight loss" within the home or workplace. A lack of healthy food also contributes to an obesogenic environment. Greater density of alcohol retailers is associated with higher levels of poverty, particularly in Black and Latino populations. These disparities can contribute to higher morbidity in these geographic areas. [128] Increased density of convenience stores is associated with unhealthy lifestyles, poor psychosocial profiles, and a higher risk of obesity. "Food deserts," areas characterized by poor access to healthy and affordable food, may contribute to social and spatial disparities in diet and diet-related health outcomes. [129] This is largely due to the presence of stores that provide a wealth of processed, sugar, and fat laden foods instead of grocery stores, farmers' markets, and other healthy food providers. [130] First Lady Michelle Obama's campaign to fight childhood obesity, "Let's Move," has a goal of eradicating food deserts by 2017. [131]

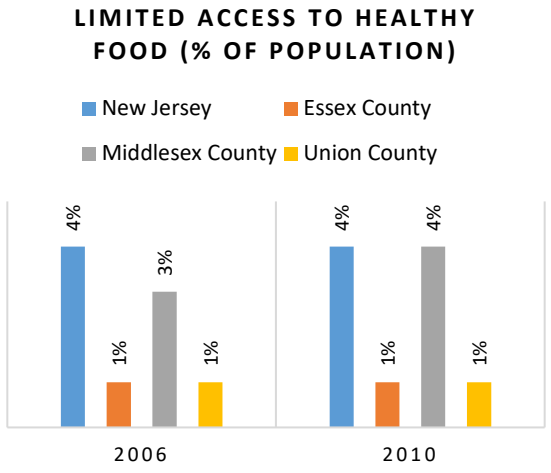
Essex County

- In 2013, 18% of the Essex County population lacked adequate access to food.
- In 2012, 1.0% of Essex County residents reported limited access to healthy food, lower than the statewide percentage (3.7%) and Middlesex County (3.6%).
- In 2013, there were 2.4 liquor stores per 10,000 residents in Essex County, higher than the state rate of 1.9 liquor stores per 10,000 and more than double the national rate of 1.0 liquor store per 10,000 residents.[132]
- Essex County has two census tracts that qualify as food deserts.[133]

126 New Jersey State Health Assessment Data Complete Indicator Profile of Risk Factor for Childhood Lead Exposure: Pre-1950 Housing https://www26.state.nj.us/doh-shad/indicator/complete_profile/pre1950home.html
127ibid
128 Alcohol Retail Density and Demographic Predictors of Health Disparities: A Geographic Analysis http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2936987/
129 Centers for Disease Control and Prevention A Systematic Review of Food Deserts 1996-2007 http://www.cdc.gov/pcd/issues/2009/jul/08_0163.htm
130 USDA Defines Food Deserts http://americannutritionassociation.org/newsletter/usda-defines-food-deserts
131 Food Deserts https://www.dosomething.org/facts/11-facts-about-food-deserts
132 Health Indicators Warehouse 2013
133 Retail Food Stores in Newark: A Research Brief 2014 New Jersey Child Health Study http://www.cshp.rutgers.edu/Downloads/10870.pdf



Source: USDA Food Environment Atlas, Map the Meal Gap from Feeding America, County Health Rankings



Source: USDA Food Environment Atlas, Map the Meal Gap from Feeding America, County Health Rankings

Community Safety

Healthy People 2020 asserts that most events resulting in injury, disability, or death are predictable and preventable. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. For unintentional injuries, there is a need to better understand the trends, causes, and prevention strategies. Specifically, individual behaviors (choices people make such as alcohol use or risk-taking), physical environment (home and community that affect the rate of injury related to falls, fires and burns, drowning, violence), and social environment (individual social relationships, community, societal-level factors).

Criminal Violence

A violent crime is a crime in which an offender uses or threatens force upon a victim.

Essex County

Essex County Violent Crime Rate 2010-2012: 673.6

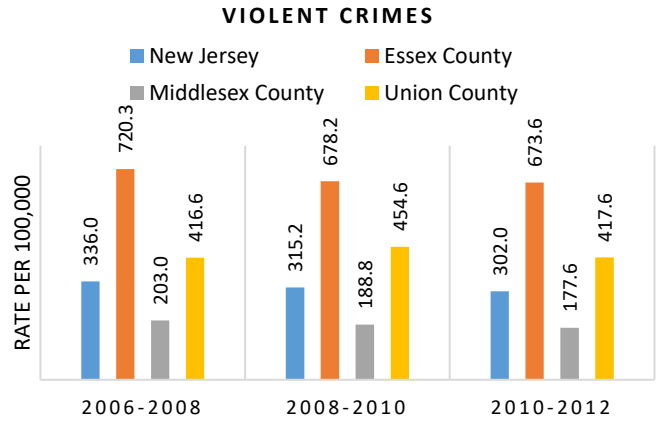
National Benchmark: 59

- Between 2010 and 2012, the violent crime rate in Essex County was 673.6/100,000. Violent crimes declined in Essex County but remain more than double the statewide rate (302.0/100,000) and ten times higher than the County Health Rankings national benchmark (59/100,000).
- The 2013 percent of Essex County substantiated child abuse/neglect reports is 14%, higher than the state rate of 11.1%.[134]
- The rates of robbery (4.0/1,000), burglary (5.0/1,000), and larceny (13.4/1,000) in Essex County are higher than the rates in the state and comparison counties.

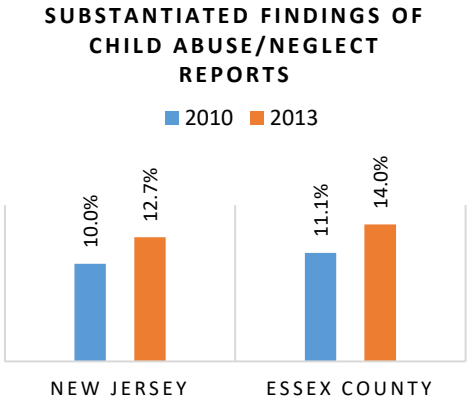
134 http://nj.gov/dcf/childdata/continuous/2013_AnnualAbuseNeglectReport.pdf

SBMC Service Area

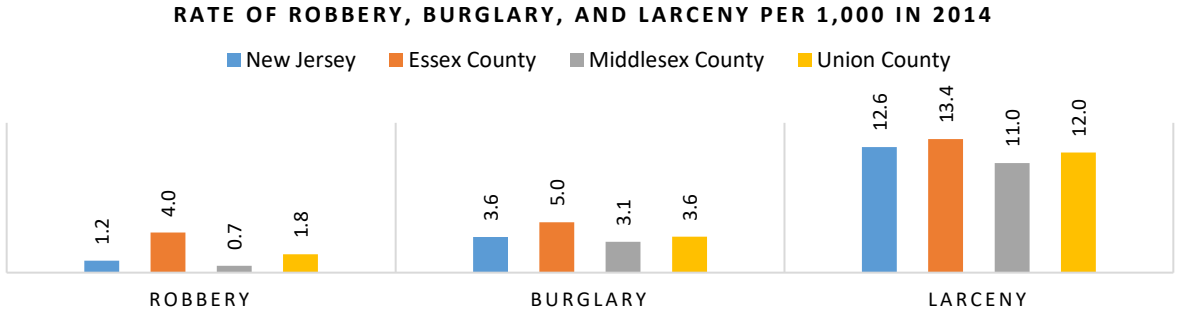
- In 2014, the Newark violent crimes rate was 1,110/100,000, nearly four times the New Jersey rate of 261/100,000.[135]



Source: National Vital Statistics System, County Health Rankings



Source: NJ Department of Families, Child Protection and Permanency Abuse and Neglect Findings Report



Source: NJ State Police, County Offense and Supplementary Data Overview

Unintentional Injury

Unintentional injuries include only those injuries that occur without intent of harm. Such injuries are frequently called accidents or accidental in common usage.

Essex County 2012: 6.4/100,000

Essex County

- In 2013, the rate of deaths due to unintentional injuries in Essex County was 30.2/100,000, slightly lower than statewide 31.4/100,000.[136]
- Between 2006 and 2012, the motor vehicle crash death rate was 6.4/100,000 in Essex County down from 9.2/100,000 in 2000-2006. [137]

Healthy People 2020

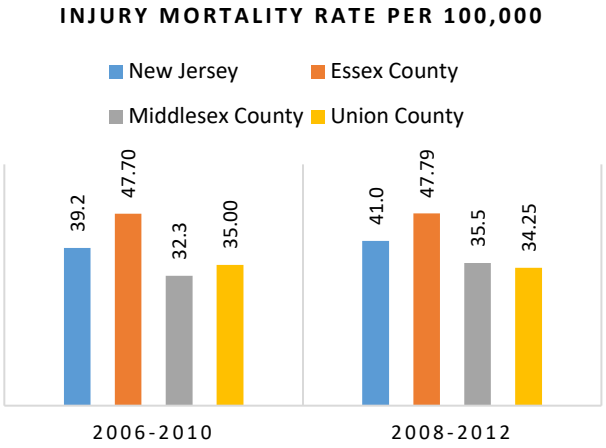
Baseline: 15.5 **Target: 12.4**

135 Neighborhood Scout Crime Rates for New Jersey 2014 http://www.neighborhoodscout.com/nj/crime/
136 New Jersey State Health Assessment Data 2013
137 Centers for Disease Control and Prevention Accidental Injury http://www.cdc.gov/nchs/fastats/accidental-injury.htm

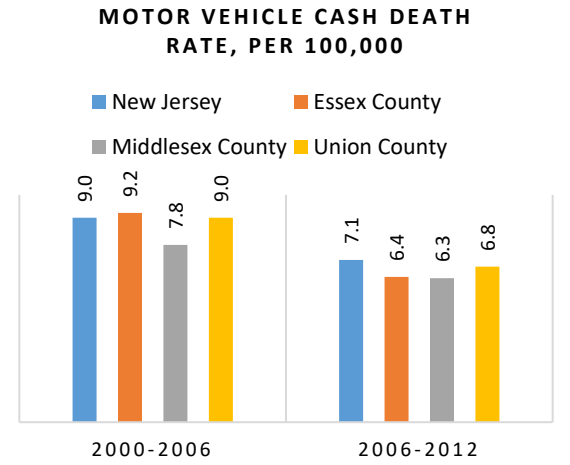
- Both the Essex County unintentional injury death rate and motor vehicle crash death rate were below the statewide rates.[138]

SBMC Service Area

- In 2013, the Newark motor vehicle crash death rate was 11.85/100,000.[139]



Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health



Source: National Vital Statistics System, County Health Rankings

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Deaths due to Motor Vehicle Crashes *Rate per 100,000 Population*		N.A.	
Violent Crime Rate per 100,000 population	N.A.		

5. Behavioral Health

Behavioral health, mental health and chemical dependency, are increasingly linked to physical health indicators. It is expected that future behavioral health systems will be embedded in new structures such as accountable care organizations, integrated healthcare systems and preferred provider organizations.

Mental Health

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental disorders are health conditions characterized by alterations in thinking, mood, and/or behavior associated with distress and/or impaired functioning. There is often stigma associated with mental health

138 New Jersey State Health Assessment Data 2013
139 New Jersey State Police Fatal Motor Vehicle Crash Report 2013http://www.njsp.org/info/fatalacc/2013_fatal_crash.pdf

diagnosis and treatment, particularly among African-Americans and Latinos. Mental health plays a major role in one's ability to maintain good physical health. Problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

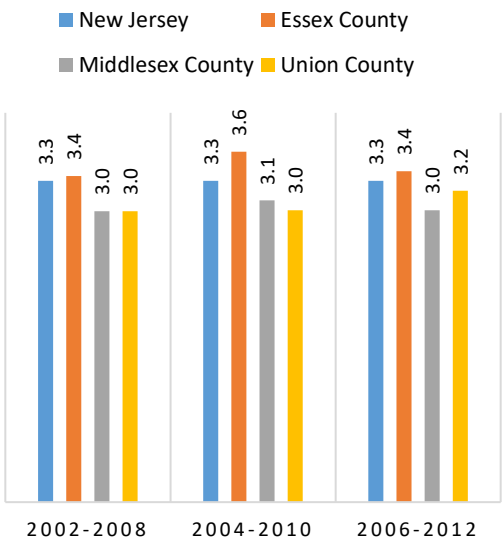
New Jersey

- In 2014, 3.3% of New Jersey residents had a serious mental illness.[140] In the same year, the statewide ED visit rate for mental disease and disorders was 10.5/1,000, an increase from the 2012 rate of 10.2/1,000.
- Accord to BRFSS, from 2006-2012, New Jersey residents reported 3.3 mentally unhealthy days in the past month, the same as 2002-2008.

Essex County

- In 2014, Essex County ED visit rate (12.3/1,000) for mental disorders was higher than the 2012 rate of 10.8/1,000 and the statewide rate of 10.5/1,000[141]
- In 2014, Essex County mental disorders inpatient rates (7.0/1,000) were higher than the state (4.8/1,000).[142]
- The average number of mentally unhealthy days in Essex County from 2006 to 2012 was 3.4 in the last 30 days.[143]

MENTALLY UNHEALTHY DAYS REPORTED IN PAST 30 DAYS



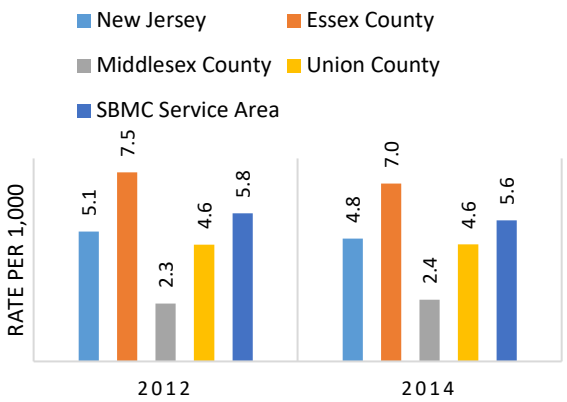
Source: CDC, Behavioral Risk Factor Surveillance

SBMC Service Area

- In 2014, the SBMC inpatient use rate for mental disorders was 5.6/1,000, 1.2 points higher than statewide (4.8) and 1.4 points lower than the county rate (7.0).[144]
- In 2014, the SBMC service area's emergency department use rate for mental disorders was 9.9/1,000, 0.6 points lower than the statewide rate (10.5) and 2.4 points lower than the county rate (12.3).[145]

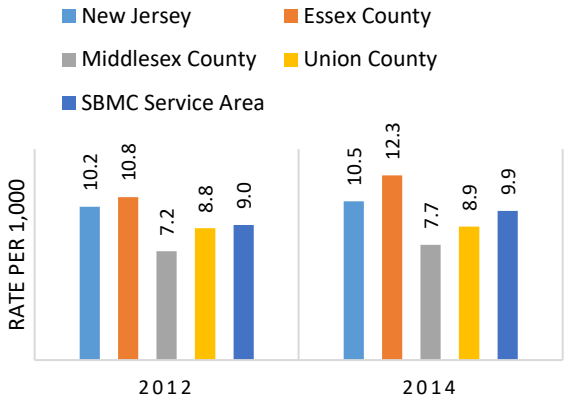
140 Substance Abuse and Mental Health Services Administration Behavioral Health Barometer New Jersey, 2014 http://www.samhsa.gov/data/sites/default/files/State_BHBarometers_2014_2/BHBarometer-NJ.pdf
141 Health Care Decision Analyst Internal Data 2014
142Ibid.
143 Community Health Rankings 2012
144 Health Care Decision Analyst Internal Data 2014
145Ibid.

MENTAL DISORDER USE RATES - INPATIENT



Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey

MENTAL DISORDER USE RATES - EMERGENCY DEPARTMENT



Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey

Substance Abuse

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems.

New Jersey

- Between 2013 and 2014, 6.3% of the population in New Jersey aged 12 and older suffered from alcohol dependence or abuse.[146]
- Between 2013 and 2014, 2.4% of New Jersey residents suffered from illicit drug dependence or abuse; approximately 178,000 individuals age 12 and older were dependent on or abused illicit drugs.[147]

Essex County Excessive Drinkers 2006-2012: 14.8%

National Benchmark: 12%

- According to BRFSS, 16.1% of New Jersey residents reported excessive drinking in 2006-2012, an increase from 14% in 2003-2007.

Essex County

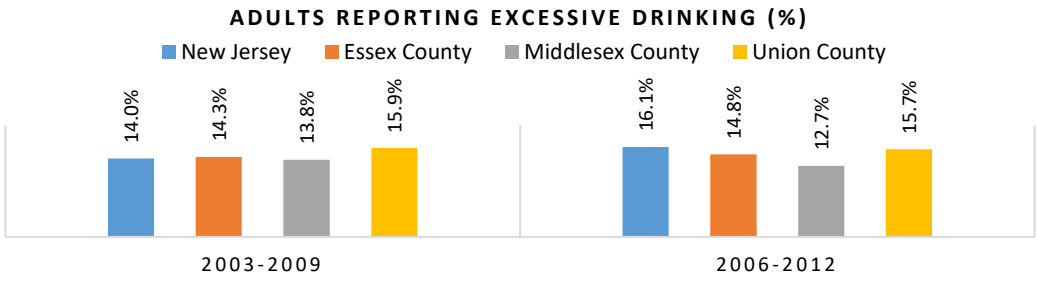
- Excessive drinkers include heavy and binge drinkers. Between 2006 and 2012, 14.8% of adults in Essex County reported excessive drinking, 1.3% less than the statewide percentage and the same as from 2003-2009 (14.3%).[148]
- In 2014, alcohol dependence admissions in Essex County were 19.5% compared to 27% statewide.
- Between 2010 and 2014, 23% of driving deaths in Essex County were alcohol impaired.[149,150]

146 Substance Abuse and Mental Health Services Administration Behavioral Health Barometer New Jersey, 2014 http://www.samhsa.gov/data/sites/default/files/State_BHBarometers_2014_2/BHBarometer-NJ.pdf
147ibid
148 County Health Rankings 2016 http://www.countyhealthrankings.org/app/new-jersey/2016/measure/factors/49/data?sort=desc-2*****Data should not be compared with prior years due to changes in definition/methods.
149 County Health Rankings 2016 http://www.countyhealthrankings.org/app/new-jersey/2016/measure/factors/134/data?sort=desc-2
150ibid

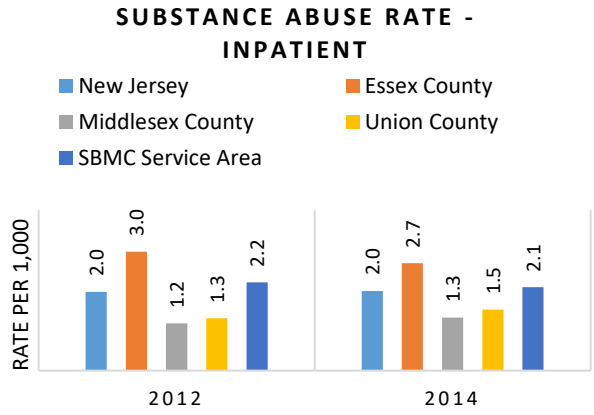
- Between 2002 and 2014, 302 drug overdose deaths occurred in Essex County, an overdose mortality rate of 13/100,000.[151]
- In 2014, Essex County substance abuse ED visit rate (7.5/1,000) was lower than the 2012 rate of 8.0/1,000 and higher than the 2014 statewide rate of 6.8/1,000[152]
- In 2014, Essex County mental disorders inpatient rate (2.7/1,000) was higher than the state rate (2.0/1,000) and slightly lower than the 2012 rate of 3.0/1,000.[153]

SBMC Service Area

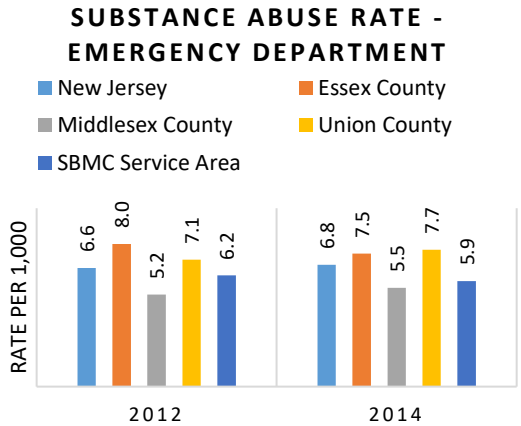
- In 2014, the SBMC inpatient use rate for substance abuse was 2.1/1,000, similar to the statewide rate (2.0) and lower than the county rate (2.7).[154]
- In 2014, the SBMC emergency department use rate for substance abuse was 5.9/1,000, 0.9 points lower than the statewide rate (6.8) and 1.6 points lower than the county rate (7.5).[155]



Source: CDC, Behavioral Risk Factor Surveillance System



Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey



Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey

151ibid
152 Health Care Decision Analyst Internal Data 2014
153Ibid.
154 Health Care Decision Analyst Internal Data 2014
155Ibid.

Indicators	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Excessive Drinking: Percent of Heavy Drinkers and Binge Drinkers	N.A.		
Substance Abuse Treatment Emergency Department Admission: *Rate per 100,000 Population*	N.A.	N.A.	

C. HEALTH OUTCOMES

Health status measures, including mortality, morbidity, and disease incidence and prevalence, are indicators of length and quality of life. Premature deaths, leading causes of death, morbidity, behavioral health-related deaths, infant mortality, low and very low birth weight infants, and self-reported health measures are provided at state, county, and service area level as available.

1. Premature Deaths

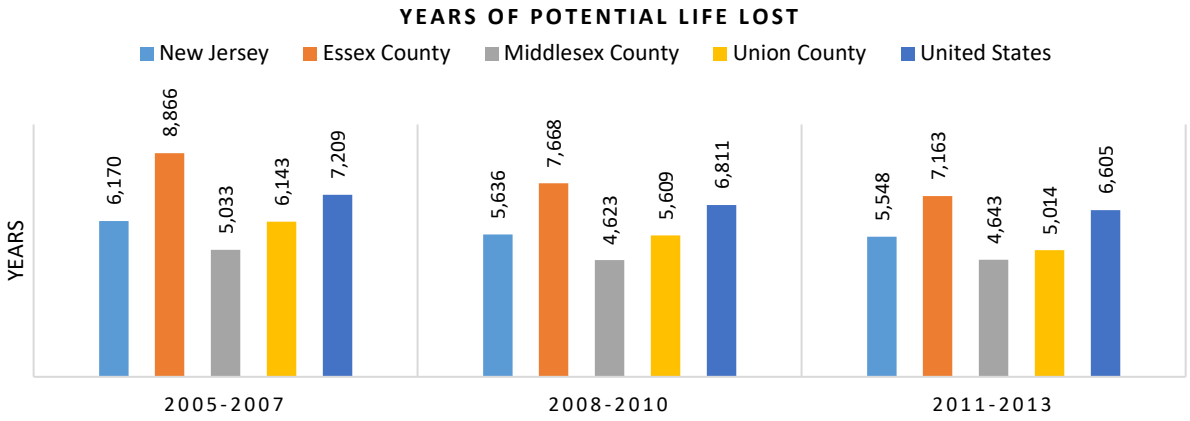
Years of potential life lost (YPLL) is a measure of early death; it represents the number of years not lived by people who die before a given age, usually 75 years.

Essex County Premature Deaths 2011-2013: 7,163

National Benchmark: 5,200

- Essex County's premature death rate declined from 2005-2007 through 2011-2013 and is higher than New Jersey, comparative counties and nationwide.
- Essex County's 2011-2013 premature death rate of 7,163/100,000 was 29.1% higher than New Jersey's 5,548/100,000, and 37.8% higher than the County Health Rankings (CHR) benchmark of 5,200/100,000.
- Essex County's premature death rate declined 19.2% from 8,866/100,000 in 2005-2007 to 7,163/100,000 in 2011-2013. Despite declining, Essex County's premature death rate was higher than all comparison counties.[156]

[156] County Health Rankings, National Vital Statistics System



Source: National Vital Statistics System, County Health Rankings
Note: Every death occurring before the age of 75 contributes to the total number of years of potential life lost

Premature Deaths	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Premature Deaths, Years of Potential Life Lost *Rate per 100,000 Population*	N.A.		

2. Leading Causes of Death

Cause of Death	2010 Rate	2013 Rate
Heart Disease	196.5	182.1
Cancer	173.0	150.3
Stroke	40.7	33.1
Unintentional Injury	27.8	30.2
Diabetes Mellitus	27	25.3
Chronic Lower Respiratory Disease	25.8	24.9
Septicemia	26.7	23.5
Nephritis	19.1	15.0
Influenza & Pneumonia	15	13.9
Drug Induced Death	10.1	13.8

2013 Rate Lower then 2010
2013 Rate Higher than 2010

- Between 2010 and 2013, the age-adjusted mortality rates for most of Essex County's 10 leading causes of death declined, with the exception of unintentional injury and drug induced deaths.
- The top five leading causes of death include heart disease, cancer, stroke, unintentional injuries, and diabetes mellitus.
- Heart disease and cancer mortality rates declined but remain the primary causes of death for county residents. See following table.[157]

Heart Disease

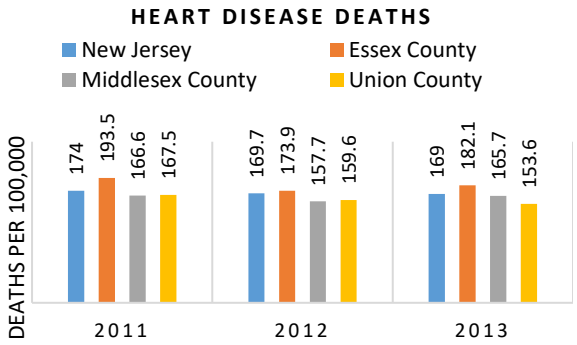
Heart disease is the leading cause of death in the nation, New Jersey and Essex County.

Essex County Heart Disease Deaths 2013: 182.1

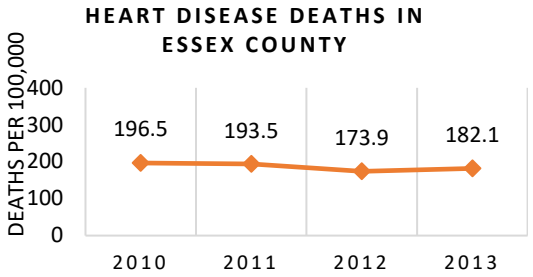
Baseline: 129.2 **Target: 100.8**

- Between 2010 and 2013, the Essex County AAMR due to heart disease decreased 7.2%, from 196.5/100,000 to 182.1/100,000. This continues the downward trend reported in the 2013 CHNA indicating a 2008 AAMR of 206.4/100,000, a 9% decline from 2004 through 2008.
- The Essex County 2013 AAMR of 182.1/100,000 was higher than statewide rate, the rate of surrounding counties and the *Healthy People 2020* target rate of 108.8/100,000. [158]
- Considering the Age-Adjusted Mortality Rate (AAMR) for heart disease by race and ethnicity, Essex County, like New Jersey has the highest AAMR among Blacks; neighboring Middlesex and Union Counties had the highest AAMR among Whites.
- The Essex County AAMR for heart disease for Blacks and Hispanics are higher than State rates.
- The Essex County age-adjusted mortality rates for Black heart disease declined 1.9% from 228.7/100,000 to 224.4/100,000 between 2010 and 2013.
- The age-adjusted mortality rate for heart disease among Hispanics increased from 118.5/100,000 in 2010 to 122.2/100,000 in 2013. However, the 2013 Hispanic rate was substantially lower than Blacks (222.4/100,000) and Whites (159.5/100,000). [159]

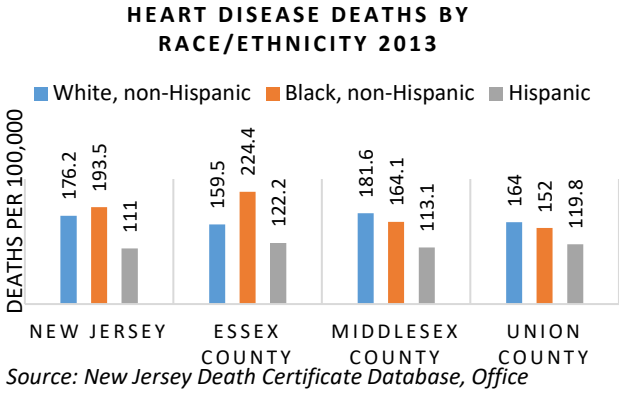
157 New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health; Population Estimates: New Jersey Department of Labor and Workforce Development, State Data Center, 2013
158ibid
159ibid



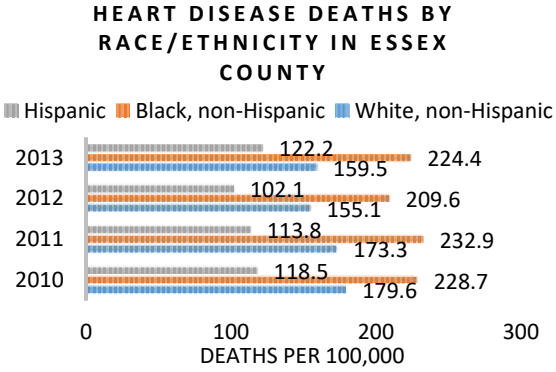
Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health



Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health



Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health



Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

Cancer

Cancer is the second leading cause of death in the nation, New Jersey, and Essex County.

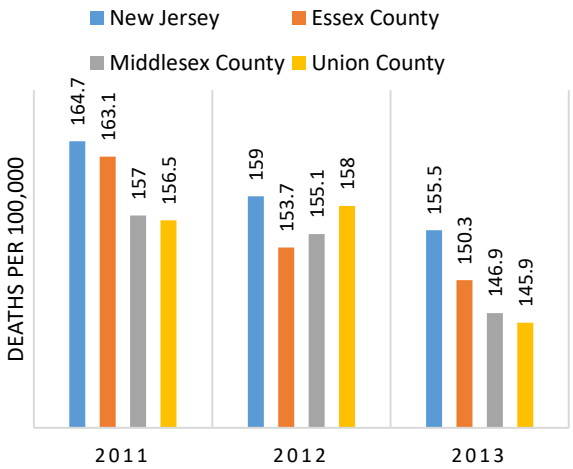
Essex County Cancer Deaths 2013: 150.3

Baseline: 179.4 **Target: 161.5**

- Between 2010 and 2013, the age-adjusted mortality rate for cancer in Essex County decreased 13.1% from 173/100,000 to 150.3/100,000.[160] This continues the downward trend reported in the 2013 CHNA indicating a 2008 AAMR of 183.6/100,000, a 4.1% decline between 2004 and 2008.
- The 2013 Essex County cancer mortality rate was 3.3% lower than the New Jersey AAMR of 155.5/100,000 and higher than both Middlesex and Union Counties. The 2013 Essex County rate was 6.9% lower than the *Healthy People 2020* target of 161.5/100,000, an improvement from the 2008 rate of 183.6/100,000 which exceeded the target.
- The cancer AAMR for all races and ethnicities in Essex County decreased between 2010 and 2013. Consistently, Blacks had the highest AAMR for cancer, followed by Whites and Hispanics.
- The age-adjusted mortality rate for cancer among Essex County Blacks decreased 8.0% from 189.5/100,000 in 2010 to 174.4/100,000 in 2013. This is in contrast to the 7.6% increase reported from 2004 through 2008 to 235.2/100,000 for Essex County Blacks.
- The 2013 Essex County Black cancer AAMR was lower than New Jersey at 178/100,000, but higher than both Middlesex County 169.9/100,000 and Union County 148.7/100,000.
- The age-adjusted mortality rate for cancer among Essex County Whites decreased 13.8% from 169.1/100,000 to 145.8/100,000.
- Similar to the State and comparison counties, the Essex County cancer mortality rate for Hispanics is lower than that of Blacks and Whites. The Essex County AAMR for cancer among Hispanics decreased 14.2% from 121.6/100,000 to 104.3/100,000 from 2010 to 2013.

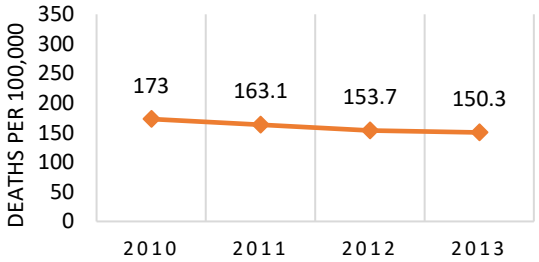
160ibid

CANCER DEATHS



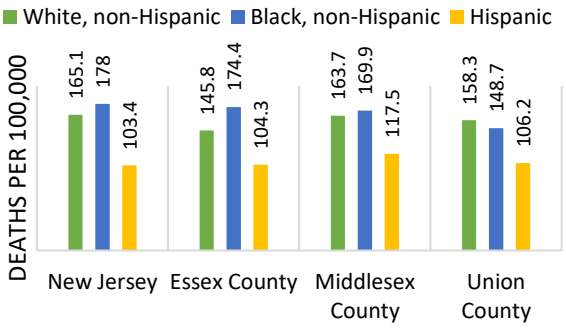
Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

CANCER DEATHS IN ESSEX COUNTY



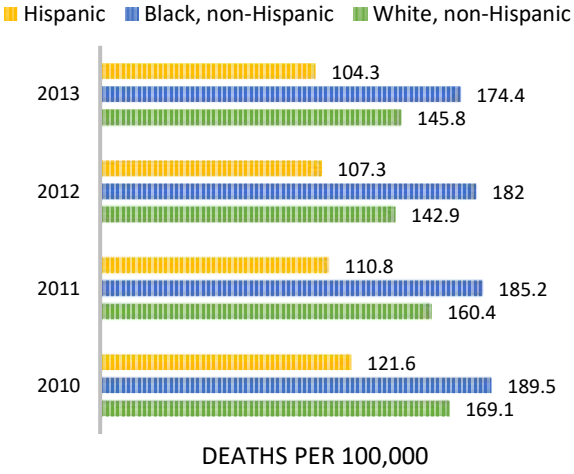
Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

CANCER DEATHS BY RACE/ETHNICITY 2013



Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

CANCER DEATHS BY RACE/ETHNICITY IN ESSEX COUNTY



Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

Stroke

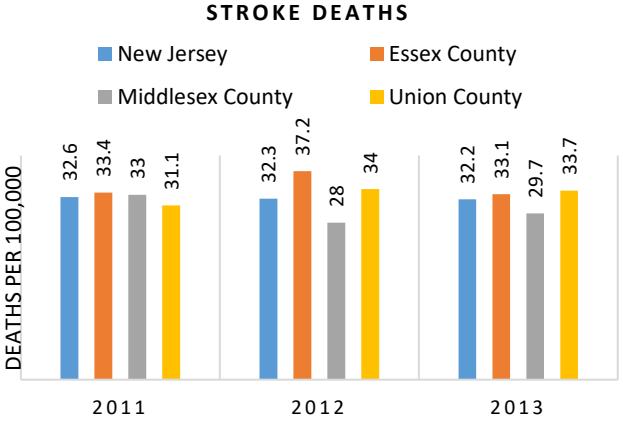
Stroke is the third leading cause of death in the nation, New Jersey, and Essex County.

Essex County 2013 Stroke Death Rate: 33.1

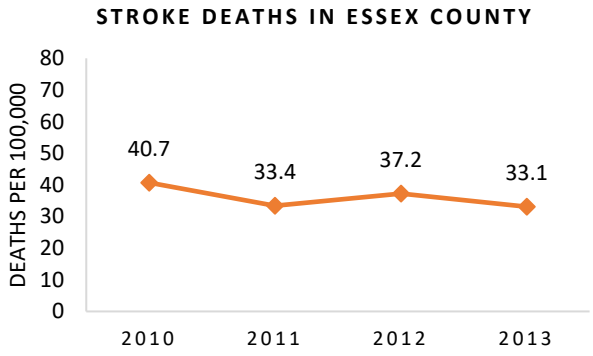
Healthy People 2020

Baseline: 43.5 **Target: 34.8**

- The Essex County AAMR for stroke was slightly higher than New Jersey between 2011 and 2013.
- The 2013 Essex County AAMR for stroke of 33.1/100,000 was lower than the *Healthy People 2020* target of 34.8/100,000.
- The age-adjusted mortality rate due to stroke in Essex County decreased 18.7% from 40.7/100,000 in 2010 to 33.1/100,000 in 2013.[161] Although the 2010 rate is higher than the 2008 rate, this continues the downward trend reported in the 2013 CHNA indicating a 19.1% decline from 44.5/100,000 to 36.0/100,000 in 2004 and 2008.
- Considering AAMR for stroke by race and ethnicity, Essex County, like New Jersey and comparison counties has the highest AAMR among Blacks. Dissimilar to the State, Hispanics followed Blacks in Essex County as opposed to Whites, statewide in 2013.
- Between 2010 and 2013, the Essex County AAMR for stroke declined for all races and ethnicities.
- The 2013 Essex County age-adjusted mortality rate due to stroke among Black residents of 44.7/100,000 was lower than New Jersey at 46.8/100,000, but higher than neighboring Middlesex (37.6/100,000) and Union Counties (42.4/100,000). [162]
- In 2013, the Essex County Black age-adjusted mortality rate of 44.7/100,000 due to stroke was 78.8% higher than for Whites at 25/100,000.
- Between 2010 and 2013, the age-adjusted mortality rate due to stroke among Black Essex County residents decreased 16.4% from 53.5/100,000 in 2010 to 44.7/100,000 in 2013.

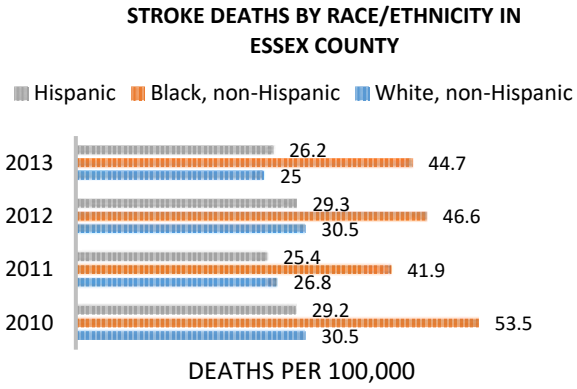


Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

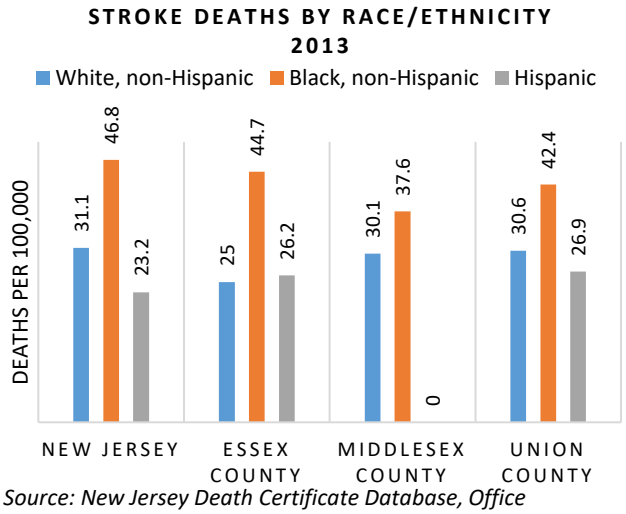


Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

161ibid
162ibid
NOTE: Data for racial/ethnic groups not shown because figures do not meet standards of reliability and precision, based on fewer than 20 cases in the numerator and/or denominator



Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health



Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

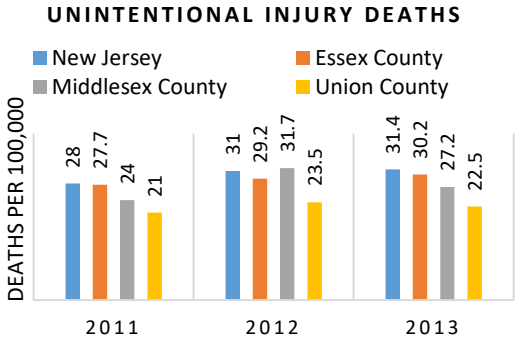
Unintentional Injury

Unintentional injury is the fourth leading cause of death in Essex County. This includes motor vehicle related injuries, poisonings, falls, burns and smoke inhalation, drowning, suffocation, and other injuries.

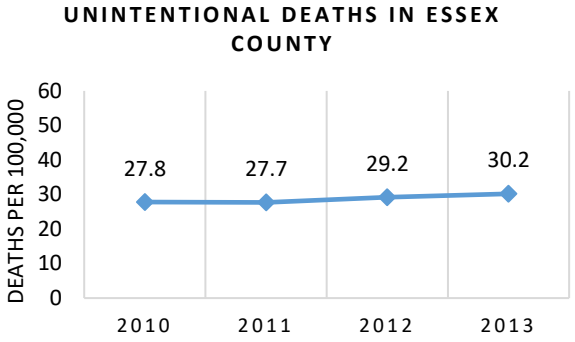
Baseline: 40.4 **Target: 36.4**

- The Essex County AAMR for unintentional injuries increased 8.6% from 27.8/100,000 in 2010 to 30.2/100,000 in 2013. In the same period, unintentional injuries also increased statewide and in comparative counties. Unintentional injuries were not included in the Essex County top 5 leading causes of death reported in the previous CHNA.
- The 2013 Essex County AAMR for unintentional injury of 30.2/100,000 was lower than the *Healthy People 2020* target of 36.4/100,000 and the statewide rate of 31.4/100,000, but higher than neighboring Middlesex and Union Counties. [163]
- Comparing Essex County's unintentional injury rate by race, Blacks have the highest rate as compared to Whites statewide. The 2013 unintentional injury death rate among Black Essex County residents (33/100,000) was higher than the state (30.7/100,000).
- The Essex County Hispanic unintentional injury deaths rate increased the most out of all racial/ethnic groups, 46.6%, from 17.8/100,000 in 2010 to 26.1/100,000 in 2013. However, in 2013, the unintentional injury death rate among Black Essex County residents remained higher than Whites and Hispanics.

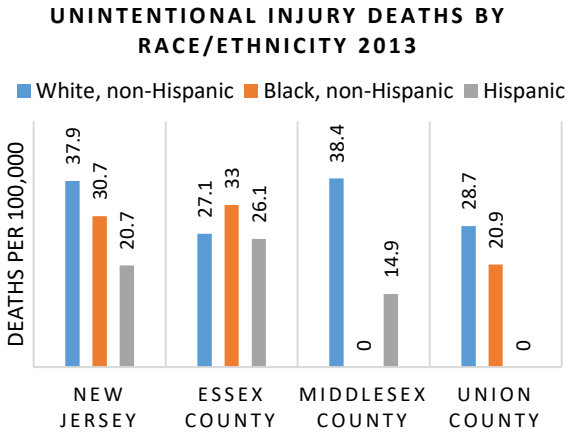
163 New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health; Population Estimates: New Jersey Department of Labor and Workforce Development, State Data Center NOTE: Data for racial/ethnic groups not shown because figures do not meet standards of reliability and precision, based on fewer than 20 cases in the numerator and/or denominator



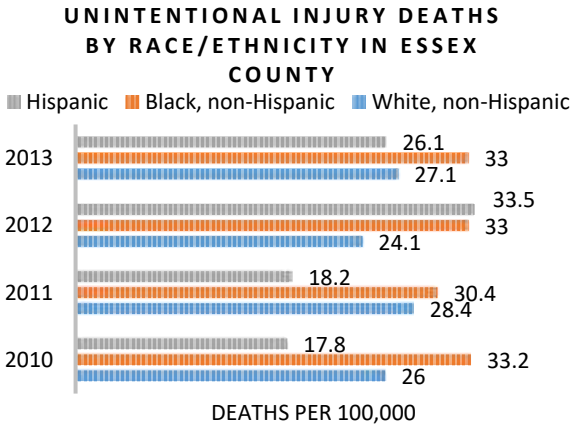
Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health



Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health



Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health



Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

Diabetes

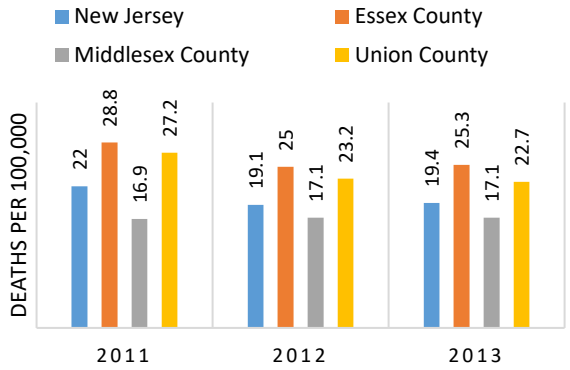
Diabetes is the fifth leading cause of death in Essex County.

- Between 2010 and 2013, the Essex County age-adjusted mortality rate decreased 6.3% from 27/100,000 to 25.3/100,000. In the same time period, New Jersey and Union County rates also declined while Middlesex County had a slight increase.
- Despite declining, in 2013, the Essex County rate remained higher than the statewide rate of 19.4/100,000, Middlesex County 17.1/100,000, and Union County 22.7/100,000.[164]
- When comparing AAMR by race and ethnicity in Essex County, Blacks had the highest age-adjusted death rate for diabetes, similar to New Jersey.
- The age-adjusted mortality rate for diabetes among Essex County Blacks declined 17.4% from 38.5/100,000 in 2011 and to 31.8/100,000 in 2013, lower than the statewide rate among Blacks at 34.1/100,000 and Union County at 35.2/100,000. In the same time frame, Hispanics also decreased 28.4% from 31.3/100,000 to 22.4/100,000, lower than the New Jersey rate for Hispanics at 24.5/100,000. Conversely, the rate for Whites increased 28.0%, from 16.4/100,000

164 New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health; Population Estimates: New Jersey Department of Labor and Workforce Development, State Data Center

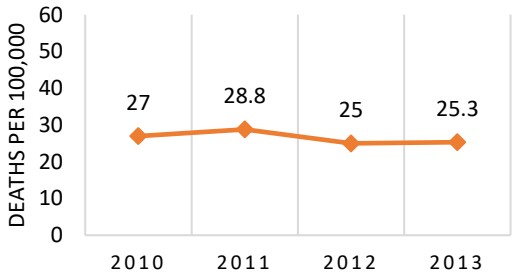
to 21/100,000 between 2011 and 2013 and higher than the New Jersey rate among Whites at 17.3/100,000.[165]

DIABETES MELLITUS DEATHS



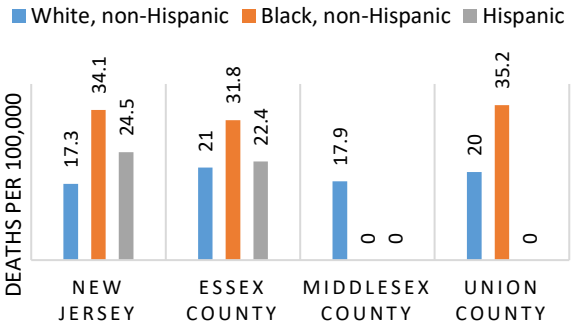
Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

DIABETES MELLITUS DEATHS IN ESSEX COUNTY



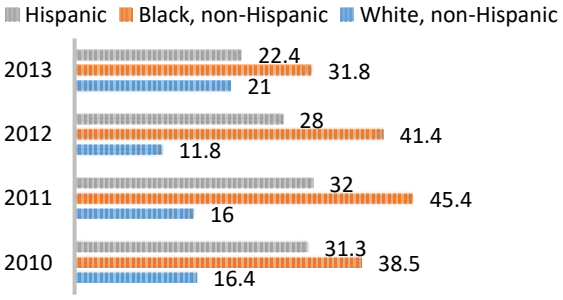
Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

DIABETES MELLITUS BY RACE 2013



Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

DIABETES MELLITUS DEATHS BY RACE/ETHNICITY IN ESSEX COUNTY



Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

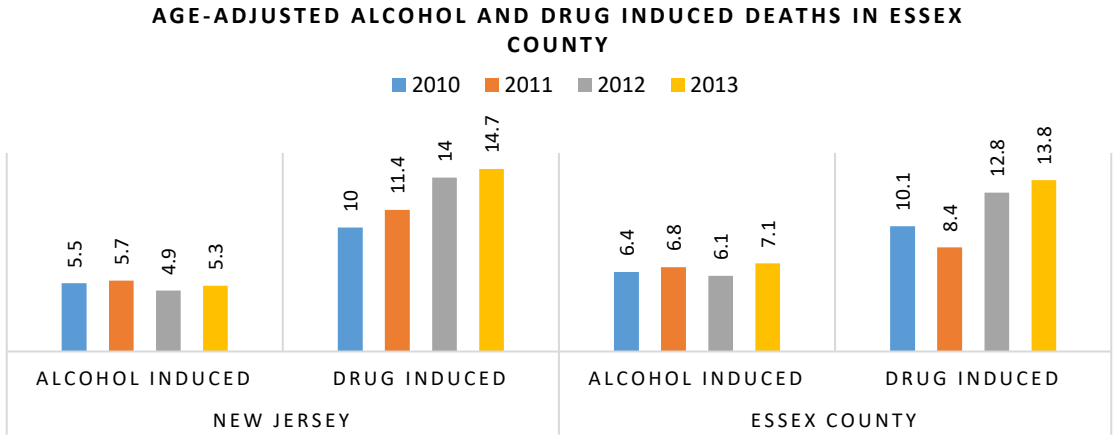
165Ibid. NOTE: Data for racial/ethnic groups not shown because figures do not meet standards of reliability and precision, based on fewer than 20 cases in the numerator and/or denominator

Leading Causes of Death Indicators	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Deaths Due to Heart Disease per 100,000		N.A.	
Deaths due to Cancer (Malignant Neoplasms) *Age-Adjusted Rate per 100,000 Population among all ethnicities*		N.A.	
Deaths due to Cancer (Malignant Neoplasms) in Black Non-Hispanics per 100,000 Population	N.A.	N.A.	
Unintentional Injury Death Rate per 100,000 population		N.A.	
Stroke Deaths per 100,000 population		N.A.	
Deaths due to Diabetes *Age-Adjusted Rate per 100,000 Population*	N.A.	N.A.	
Deaths due to Diabetes in Black, non-Hispanics *Age-Adjusted Rate per 100,000 Population*	N.A.	N.A.	

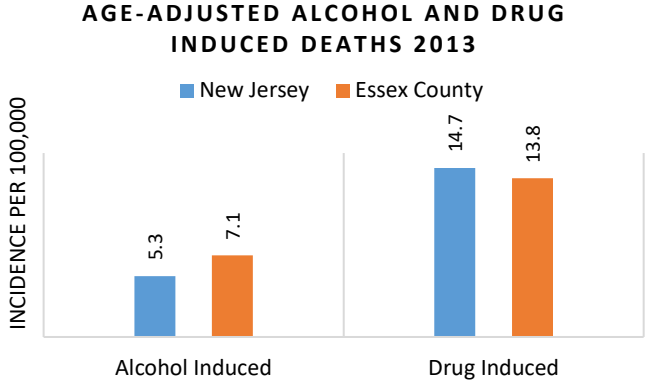
3. Behavioral Health-Related Deaths

- Between 2010 and 2013, Essex County's age-adjusted drug-induced deaths increased 36.6% from 10.1/100,000 to 13.8/100,000; in the same period, the New Jersey rate increased 47% from 10/100,000 to 14.7/100,000. This is in contrast to the decline reported in the previous CHNA from 15.3/100,000 in 2006 to 10.2/100,000 in 2007.
- The 2013 Essex County drug-induced death rate was 6.1% lower than the state and 22% higher than the *Healthy People 2020* target of 11.3/100,000.
- Between 2010 and 2013, Essex County's age-adjusted alcohol-induced deaths increased slightly from 6.4/100,000 to 7.1/100,000; the AADR for alcohol continues to increase from 4.4/100,000 as reported in the previous CHNA.
- Conversely, in the same time period, the New Jersey rate of age-adjusted alcohol-induced deaths declined slightly to 5.3/100,000. The 2013 Essex County rate was higher than state rate. [166]
- Between 2011 and 2013, the Essex County age-adjusted suicide rate increased slightly from 5.4/200,000 to 5.8/100,000. This is in contrast to the previously reported decline from 5.9/100,000 in 2004 and to 3.3/100,000 in 2008.
- The 2013 Essex County rate of age-adjusted suicide deaths (5.8/100,000) was lower than New Jersey 7.9/100,000, comparison counties and the *Healthy People 2020* target of 10.2/100,000.

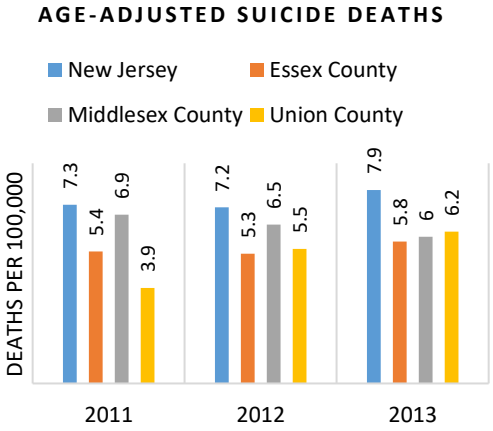
166 New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health; Population Estimates: New Jersey Department of Labor and Workforce Development, State Data Center



Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health



Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health



Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

Essex County Drug Induced Deaths: 13.8

Healthy People 2020

Baseline: 12.6 **Target: 11.3**

Essex County 2013 Suicide Deaths: 5.8

Healthy People 2020

Baseline: 11.3 **Target: 10.2**

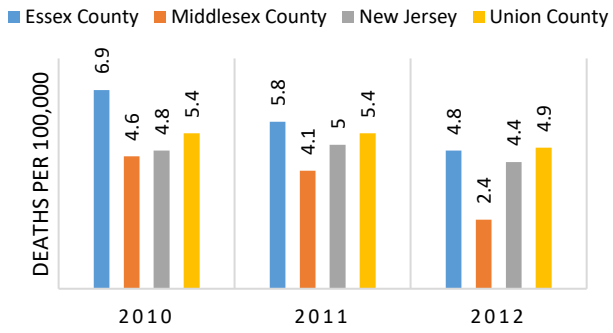
Behavioral Health-Related Indicators	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Drug Induced Deaths per 100,000 population		N.A.	
Suicide Deaths per 100,000 population		N.A.	

4. Infant Mortality

Infant mortality measures the health and well-being of populations within and across nations; the United States ranks far behind most industrialized nations. This ranking is in large part due to disparities that occur in pre-term babies born to racial and ethnic minorities. [167]

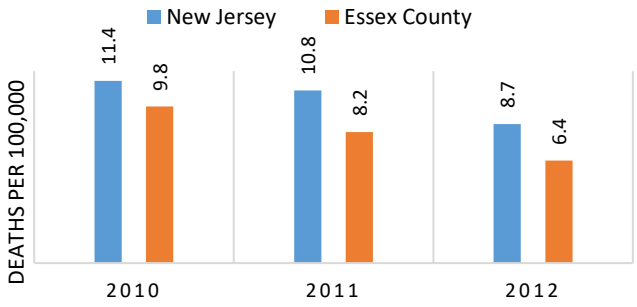
- Between 2010 and 2012, the infant mortality rate decreased in Essex County, New Jersey and comparison counties; Essex County's rate decreased 30.4% from 6.9/1,000 to 4.8/1,000 and was slightly higher than the New Jersey rate of 4.4/100,000 and double Middlesex County. This is in contrast to the previously reported 2004 through 2008 infant mortality rate in Essex County which rose 11.8% from 7.6/1,000 to 8.5/1,000 between 2004-2008.
- Despite decreasing since 2010, the 2012 Essex County Black infant mortality rate of 6.4/100,000 was 25% higher than the Essex County overall rate of 4.8/100,000. The 2012 Essex County Black infant mortality rate was also slightly higher than *Healthy People 2020* of 6.0/100,000.

INFANT MORTALITY DEATHS



Source: New Jersey Death and Birth Certificate Databases, Office of Vital Statistics and Registry, New Jersey Department of Health. Infant death certificates and corresponding birth certificates are matched by the Center for Health Statistics, New Jersey Department of Health.

INFANT MORTALITY DEATHS IN THE BLACK NON-HISPANIC POPULATION



Source: New Jersey Death and Birth Certificate Databases, Office of Vital Statistics and Registry, New Jersey Department of Health. Infant death certificates and corresponding birth certificates are matched by the Center for Health Statistics, New Jersey Department of Health.

167 New Jersey Death and Birth Certificate Databases, Office of Vital Statistics and Registry, New Jersey Department of Health. Infant death certificates and corresponding birth certificates are matched by the Center for Health Statistics, New Jersey Department of Health.

Essex County 2012 Infant Mortality Deaths: 4.8

Baseline: 6.7 **Target: 6.0**

Infant Mortality Indicators	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Infant Mortality Rate *Rate of Infant (<1-year-old) Deaths per 1,000 Live Births*		N.A.	
Infant Mortality Rate in Black Non-Hispanics *Rate of Infant (<1-year-old) Deaths per 1,000 Live Births*	N.A.	N.A.	

5. Low and Very Low Birth Weight Infants

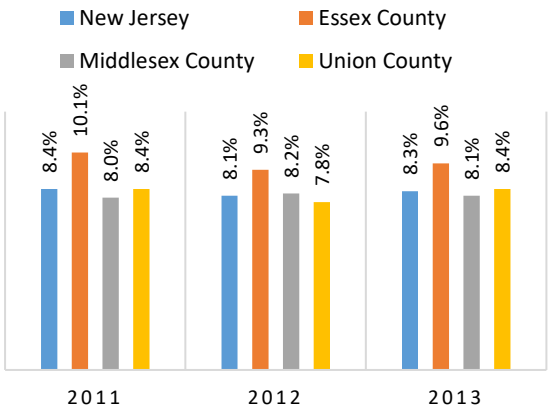
Essex County Very Low BW Infants 2013: 2.0%

Baseline: 1.9% **Target: 1.4%**

- Between 2011 and 2013, the rate of low birth weight infants in Essex County decreased 0.5 percentage points from 10.1% to 9.6%. This trend is in contrast to the previously reported increase of 0.3 percentage points from 9.7% in 2004 to 10% in 2008.
- In 2013, 15.6% more Essex County babies were low birthweight than New Jersey (8.3%). The Essex County percent of low birthweight infants was also higher than Middlesex County (8.1%), Union County (8.4%) and the *Healthy People 2020* target of 7.8%.
- Within Essex County, the percent of very low birth weight infants decreased by 0.3% from 2.3% in 2011 to 2.0% in 2013. The 2011 percentage remains the same as the 2008 percentage as reported in the previous CHNA.
- In 2013, 10.5% of infants born in Newark were low birthweight, higher than New Jersey (8.3%) and Essex County (9.6%).
- The 2013 percentage of very low birthweight infants was higher in Essex County than in Middlesex County, Union County, and in the State. [168]
- In 2013, the percentage of low birth weight infants among Blacks in Essex County was higher than any other racial or ethnic groups, 81% higher than Whites and 73.2% higher than Hispanics.
- All racial and ethnic groups experienced a decline in percentage of low birth weight babies in Essex County from 2011 to 2013.
- In 2013, the percentage of very low birth weight infants among Blacks in Essex County was higher than any other racial or ethnic groups, three times greater than both Whites and Hispanics.
- From 2011 through 2013, the percent of Hispanic very low birthweight babies decreased .7 percentage points from 1.8% to 1.1%.

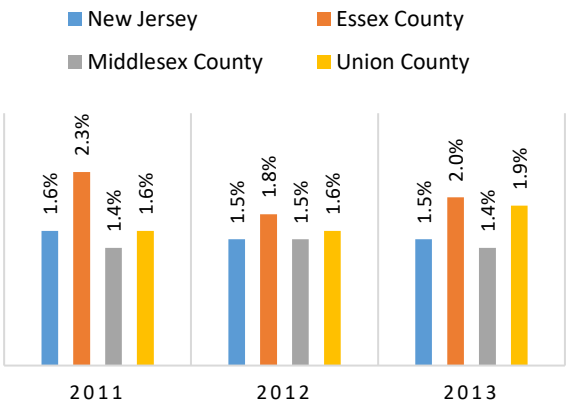
168 New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

LOW BIRTHWEIGHT INFANTS



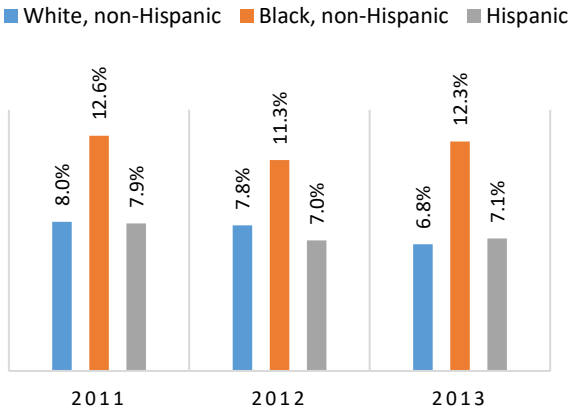
Source: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

VERY LOW BIRTHWEIGHT INFANTS



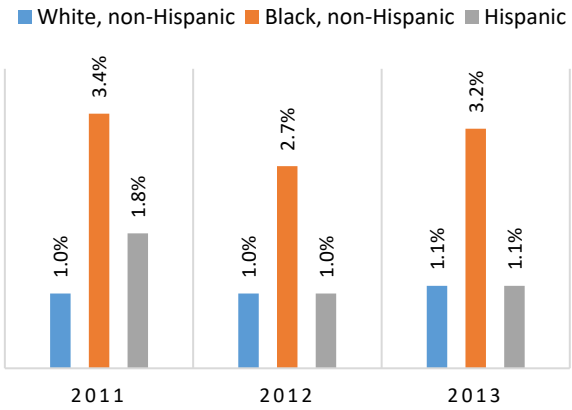
Source: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

LOW BIRTHWEIGHT INFANTS BY RACE IN ESSEX COUNTY



Source: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

VERY LOW BIRTHWEIGHT INFANTS BY RACE IN ESSEX COUNTY



Source: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

Birthweight Indicators	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Low (<2500 grams) Birth Weight *Percentage of Live Births*		N.A.	
Low (<2500 grams) Birth Weight in Black Non-Hispanics *Percentage of Live Births*	N.A.	N.A.	
Very Low (<2500 grams) Birth Weight *Percentage of Live Births*		N.A.	
Very Low (<2500 grams) Birth Weight in Black Non-Hispanics *Percentage of Live Births*	N.A.	N.A.	

6. Health and Behavioral Health Status

Health status is often defined as the level of health of the individual, group or population as subjectively assessed by the individual, group or population or by more objective measures. Presented below are both subjective and objective measures of health and behavioral health.

Health Status

- Essex County residents' favorable perception of their health status decreased as the percent reporting fair or poor health increased from 15.3% in 2008 to 18.7% in 2012.
- Similar to New Jersey, the percent of Essex County residents reporting fair or poor health increased from 2008 to 2012, compared to decreases reported in the Newark MSA, Middlesex County, and Union County.
- The Essex County 2012 percentage was 4.6 percentage points higher than the Newark MSA and 2.6 percentage points higher than New Jersey.[169]
- Between 2006 and 2012, Essex County resident reported an average of 3.2 physically unhealthy days per month, the same as reported in 2002-2008 and 0.6 percentage points higher than the CHR national benchmark of 2.5 days.
- From 2006-2012, Essex County residents reported 3.4 mentally unhealthy days, the same as previously reported in 2002-2008. The 2006-2012 Essex County mentally unhealthy days exceeded the CHR benchmark of 2.3 days. [170]

Disability Status

The percentage of adults reporting limited activity due to physical, social, or emotional problems is increasing nationwide, in New Jersey, Essex County, Middlesex County and Union County.

- In Essex County, an additional 59.2% of adults reported limitations in 2011 than in 2009; the rate increased 7.7 percentage points from 13% in 2009 to 20.7% in 2011. [171]
- In 2011, the Essex County percentage was higher than the Newark MSA, New Jersey and comparison counties.

Essex County 2006-2012 Physically Unhealthy Days: 3.2

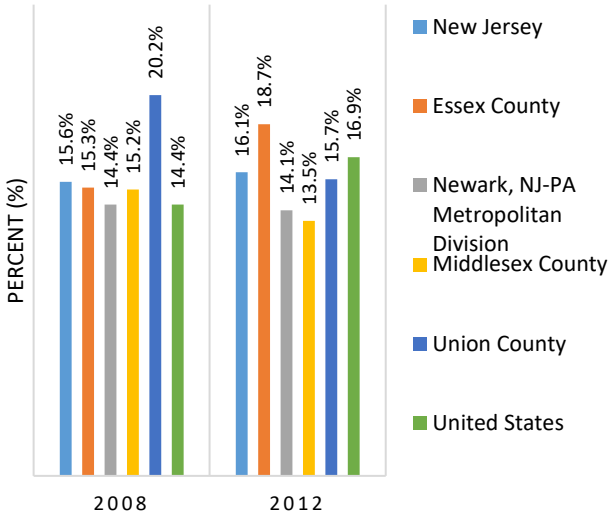
National Benchmark: 2.5

Essex County 2006-2012 Mentally Unhealthy Days: 3.4

National Benchmark: 2.3

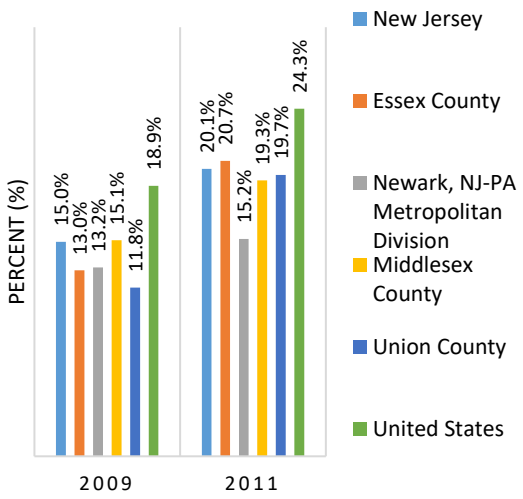
169 CDC, Behavioral Risk Factor Surveillance System
170 County Health Rankings, National Vital Statistics System
171 CDC, Behavioral Risk Factor Surveillance System

HEALTH IS FAIR OR POOR



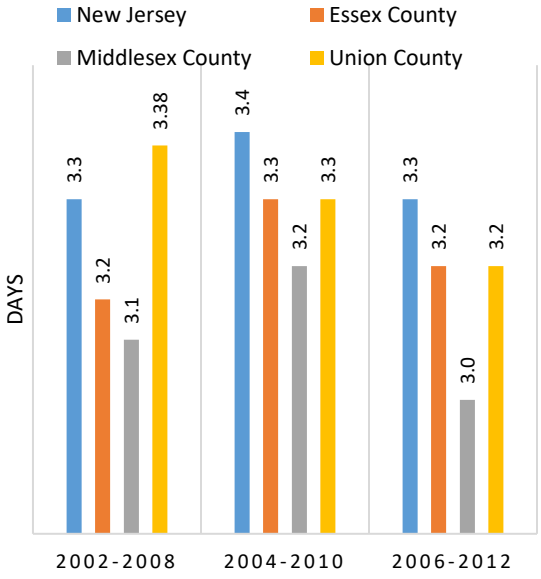
Source: CDC, Behavioral Risk Factor Surveillance System

ADULTS LIMITED IN ACTIVITY DUE TO PHYSICAL, SOCIAL, EMOTIONAL PROBLEMS



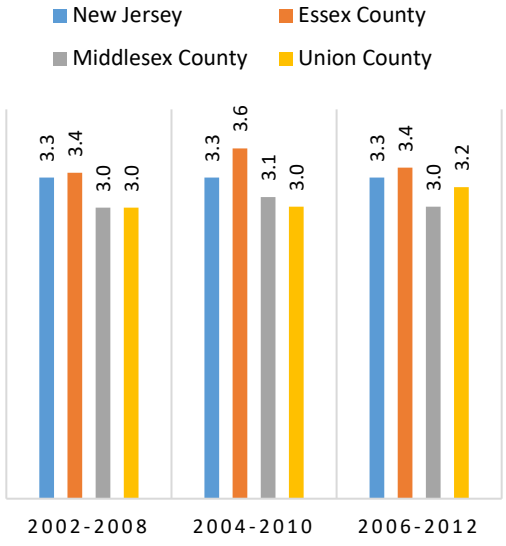
Source: CDC, Behavioral Risk Factor Surveillance System

PHYSICALLY UNHEALTHY DAYS REPORTED IN PAST 30 DAYS



Source: CDC, Behavioral Risk Factor Surveillance System

MENTALLY UNHEALTHY DAYS REPORTED IN PAST 30 DAYS



Source: CDC, Behavioral Risk Factor Surveillance

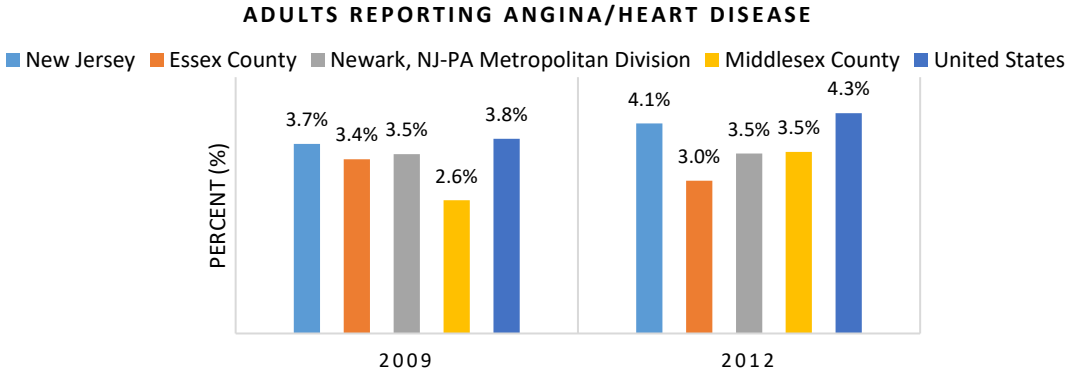
7. Morbidity

Heart Disease

Cardiovascular disease includes illness related to heart disease and stroke.

- According to Behavioral Risk Factor Surveillance System data, the percent of Essex County residents who had angina or coronary heart disease decreased slightly from 2009 to 2013, in contrast to a small increase in New Jersey and Middlesex County.
- BRFSS reported 3.0% of 2012 Essex County residents had angina or coronary heart disease, a decrease from 3.4% in 2009. This is a change in direction from previously reported statistics indicating that between 2007 and 2010 the percent of Essex County adults who reported being diagnosed with a heart attack increased from 2.7% to 3.1%.
- The 2012 Essex County rate was lower than New Jersey and Middlesex County. The Newark MSA rate for angina or heart disease was constant from 2009 to 2012 at 3.5%, and the New Jersey rate increased from 3.7% to 4.1% in that time period.

According to the American Heart Association, controllable risk factors for cardiovascular disease include high blood pressure, high cholesterol, cigarette smoking, physical inactivity, poor diet, overweight and obesity and diabetes. High blood pressure and cholesterol are discussed further here.

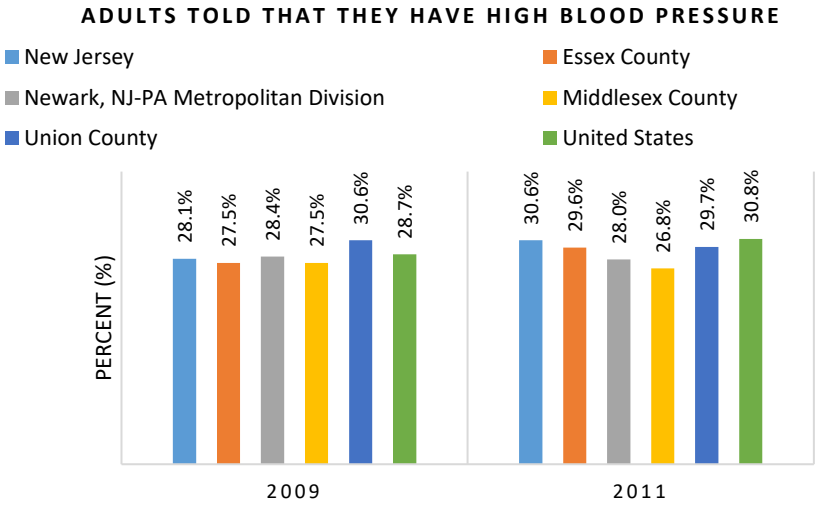


Source: CDC, Behavioral Risk Factor Surveillance System

High Blood Pressure

- According to BRFSS survey, the percent of adults told that they have high blood pressure increased in Essex County, New Jersey and nationwide, was constant in the Newark MSA and decreased in Middlesex and Union Counties.
- Between 2009 and 2011, high blood pressure among Essex County adult residents increased 2.1 percentage points from 27.5% to 29.6%, similar to the New Jersey increase of 2.5 percentage points from 28.1% to 30.6%.[172]
- The increase in high blood pressure within Essex County continues the trend reported in the previous CHNA as between 2005 and 2009 high blood pressure rose from 24.5% to 27.5%.

172 CDC, Behavioral Risk Factor Surveillance System



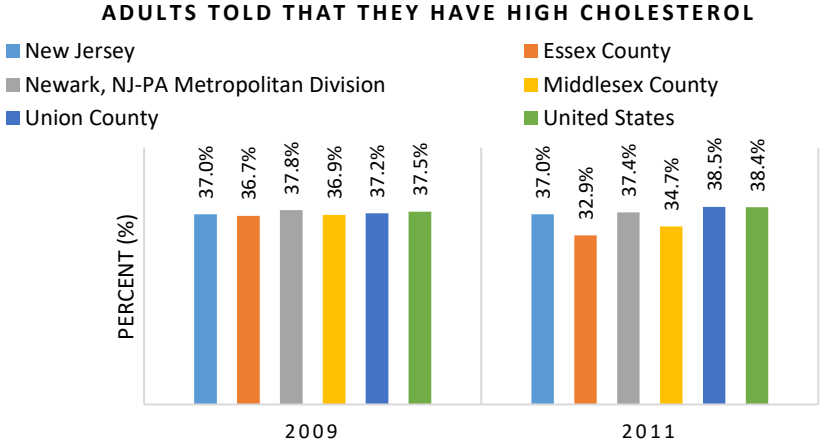
Source: CDC, Behavioral Risk Factor Surveillance System

High Blood Cholesterol

Essex County Reporting High Cholesterol 2013: 32.9%

Baseline: 15.0% **Target: 13.5%**

- Between 2009 and 2011 (the most recent data available), the BRFSS survey reported the percent of adults told they have high cholesterol was steady in New Jersey, decreased in Essex County, the Newark MSA, and Middlesex County and increased in Union County and nationwide.
- Essex County adults reporting high cholesterol decreased 3.8 percentage points from 36.7% in 2009 to 32.9% in 2011. This is an improvement from between 2005 and 2009 adults reporting high cholesterol increased from 30.6% to 36.7% as reported in the 2013 CHNA.
- In 2011, Essex County had a lower percentage of adults reporting high cholesterol than statewide (37.0%) and nearly three times higher than the *Healthy People 2020* target of 13.5%.

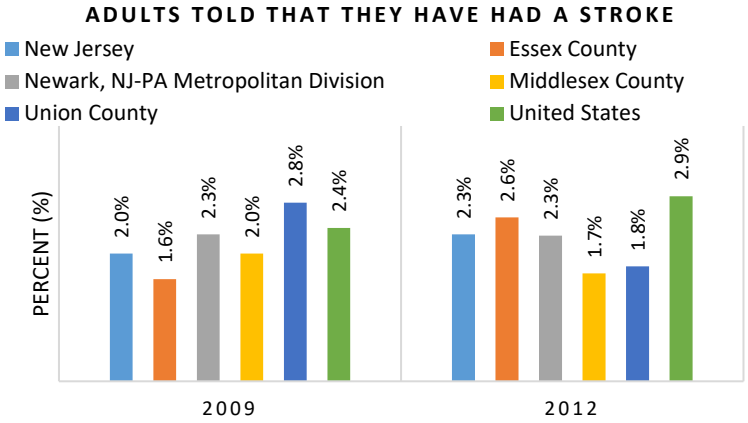


Source: CDC, Behavioral Risk Factor Surveillance System

Stroke

Over time, changes in the heart and blood vessels can lead to heart attacks, heart failure and strokes.

- According to the 2012 BRFSS survey, 2.6% of Essex County adults suffered a stroke, a 1 percentage point increase from 1.6% in 2009.
- In 2012, Essex County (2.6%) had the highest percentage of stroke compared to New Jersey (2.3%), Middlesex County (1.7%) and Union County (1.8%). [173]



Source: CDC, Behavioral Risk Factor Surveillance System

Morbidity Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Adults Told That They Have High Cholesterol		N.A.	

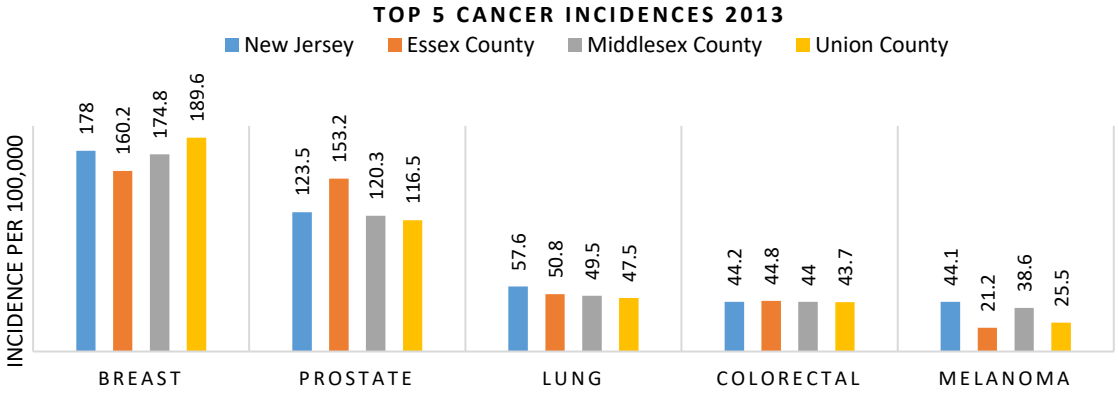
Cancer

- Breast Cancer had the highest incidence rate in Essex County in 2013, followed by Prostate, Lung, Colorectal and Melanoma. Essex County rates for Prostate and Colorectal were higher than statewide figures. Breast Cancer in Essex County had a lower rate than the state and comparative counties.
- Between 2011 and 2013, the overall age-adjusted cancer incidence rate in Essex County increased from 490.1 to 495.9/100,00. This is in contrast to figures reported in the 2013 CHNA: between 2005 and 2009 the age-adjusted rate (AAR) of cancer incidence decreased from 486.9/100,000 to 427.2/100,000.
- The 2013 Essex County rate was 7.3% lower than the New Jersey rate of 535.2/100,000. [174] The 2013 cancer incidence rate in Essex County was at least three times the *Healthy People 2020* target rate of 161.4/100,000.
- Essex County cancer incidence, regardless of race and ethnicity, is lower than New Jersey incidence.

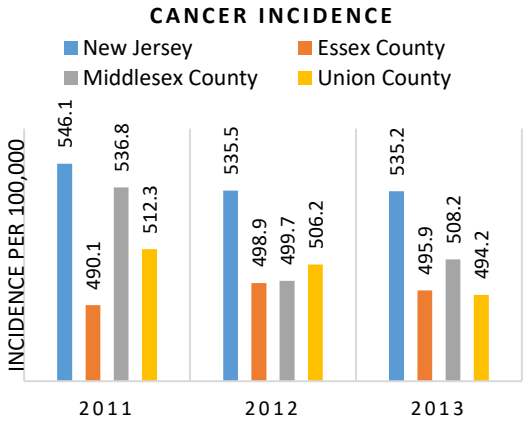
173 CDC, Behavioral Risk Factor Surveillance System

174 New Jersey State Cancer Registry http://www.cancer-rates.info/nj/, NJ CI (530.6, 539.7) Essex County CI (480.5, 511.6)

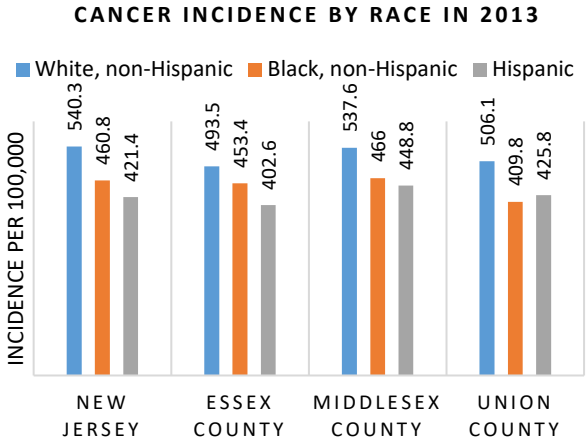
- When comparing cancer incidence by race and ethnicity, Whites have the highest incidence of cancer in New Jersey, Essex County, Middlesex and Union Counties. In 2013, Essex County Whites (493.5/100,000) had a higher incidence than Blacks (453.4/100,000) and Hispanics (402.6/100,000).
- In 2013, Essex County men reported a higher cancer incidence than Essex County women at 538.1/100,000, compared to 475.4/100,000 (Data not shown).[175]



Source: NJ State Cancer Registry, NJ State Department of Health



Source: NJ State Cancer Registry, NJ State Department of Health



Source: NJ State Cancer Registry, NJ State Department of Health

Essex County 2013 Cancer Incidence: 495.9

Healthy People 2020

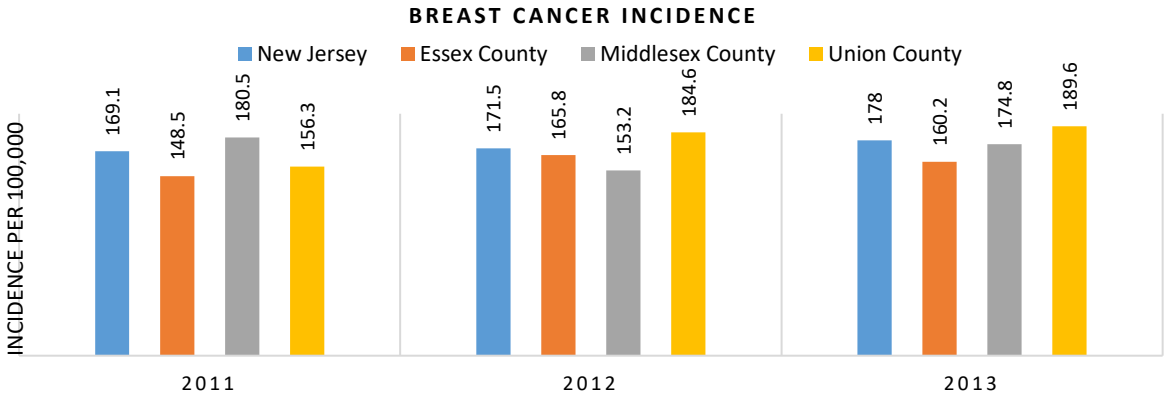
Baseline: 179.3 **Target: 161.4**

175 New Jersey State Cancer Registry http://www.cancer-rates.info/nj/

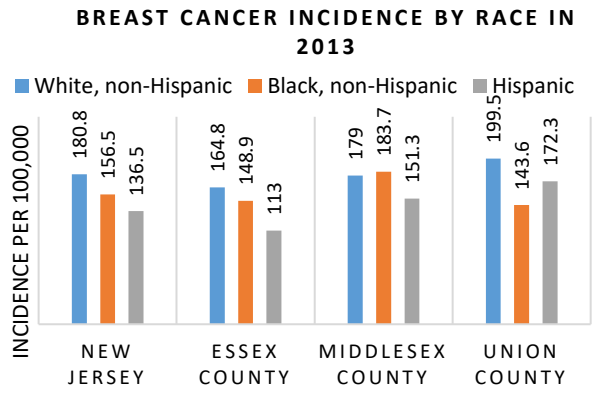
Breast Cancer

Breat cancer is the most commonly occuring type of cancer in New Jersey and Essex County.

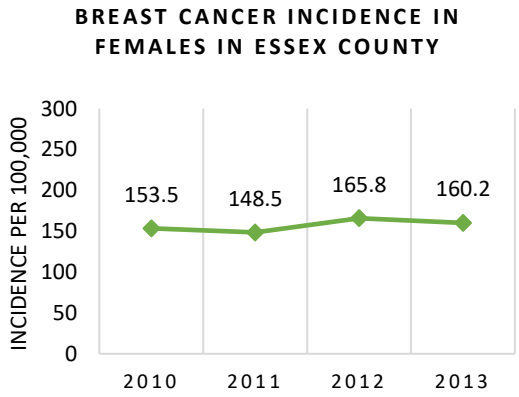
- Between 2011 and 2013, the AAR of breast cancer in Essex County increased 7.9% from 148.5/100,000 to 160.2/100,000; in the same period, the New Jersey rate increased 5.3% from 169.1/100,000 to 178/100,000. Although both rates are increasing, the 2013 Essex County rate is 10% lower than the statewide rate.[176]
- Breast Cancer incidence in Essex County females increased 4.4% from 153.5/100,000 in 2010 to 160.2/100,000 in 2013.
- In 2013, White women in New Jersey (180.8/100,000) and Essex County (164.8/100,000) had higher age-adjusted breast cancer incidence rates than Blacks or Hispanics.[177] In Essex County, the 2013 rate for Whites was 15.9 points higher than Blacks and 51.8 points higher than Hispanics.



Source: NJ State Cancer Registry, NJ State Department of Health



Source: NJ State Cancer Registry, NJ State Department of Health



Source: NJ State Cancer Registry, NJ State Department of Health

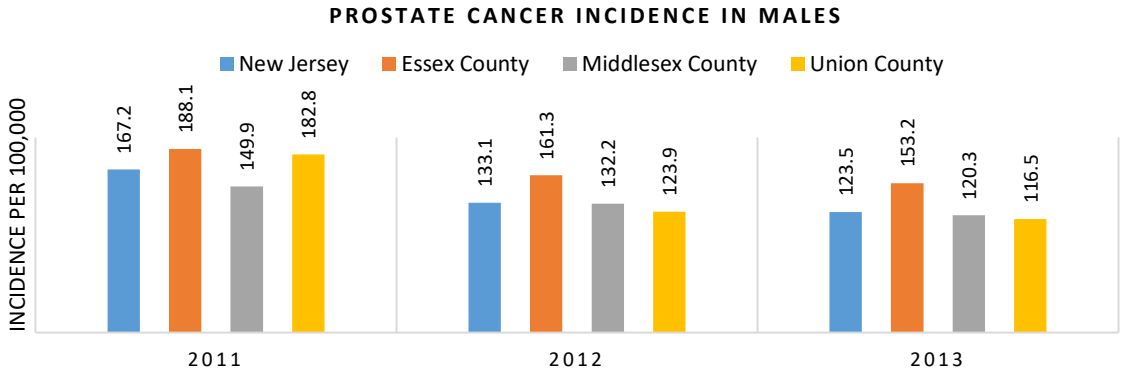
176176

177 New Jersey State Cancer Registry http://www.cancer-rates.info/nj/

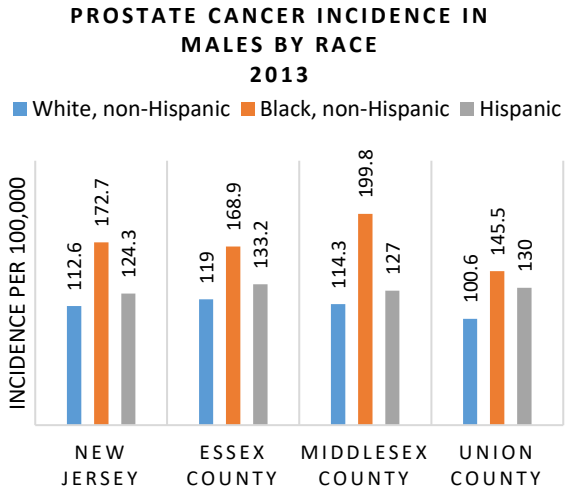
Prostate Cancer

Prostate cancer is the second most commonly occurring type of cancer in New Jersey and Essex County.

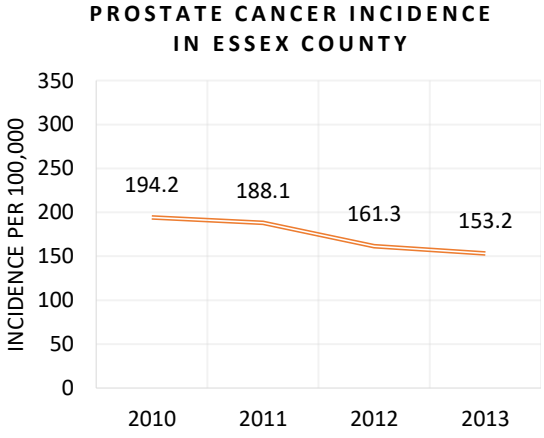
- From 2011 through 2013, the AAR for prostate cancer incidence decreased in New Jersey, Essex County, Middlesex County and Union County.
- Although the overall age-adjusted prostate cancer incidence rate in Essex County decreased 21.1%, from 194.2/100,000 in 2010 to 153.2/100,000 in 2013, the 2013 County rate exceeded the statewide rate by 24%.[178]
- When comparing the AAR of prostate incidence by race and ethnicity, Blacks have the highest incidence in New Jersey, Essex, Middlesex and Union Counties.
- In 2013, Essex County Whites and Hispanics had a higher incidence of prostate cancer than those statewide while Essex County Blacks had a lower incidence as compared to Blacks statewide.
- Within Essex County in 2013, Blacks (168.9/100,000) had a higher rate of prostate cancer than Whites (119/100,000) and Hispanics (133.2/100,000).[179]



Source: NJ State Cancer Registry, NJ State Department of Health



Source: NJ State Cancer Registry, NJ State Department of Health

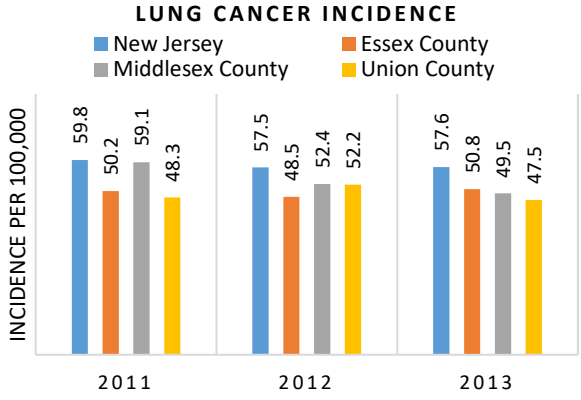


Source: NJ State Cancer Registry, NJ State Department of Health

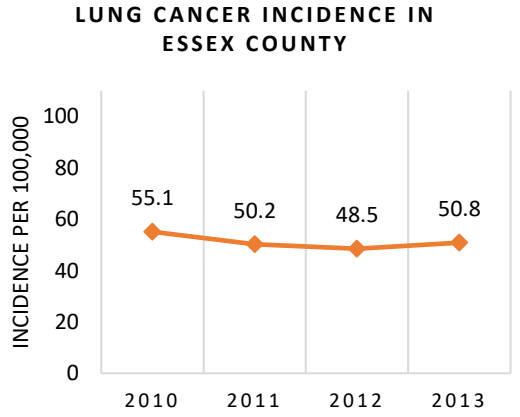
178 New Jersey State Cancer Registry http://www.cancer-rates.info/nj/
179 Ibid.

Lung Cancer

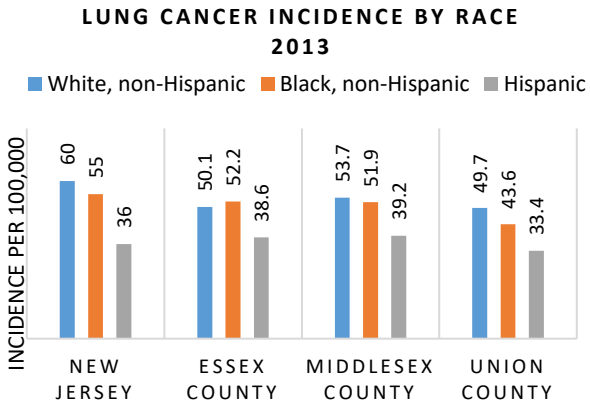
- From 2011 through 2013, the AAR for lung cancer incidence decreased in New Jersey, Middlesex County and Union County, however, Essex County had a slight increase.
- Between 2010 and 2013, the overall AAR of lung cancer incidence in Essex County decreased 7.8% from 55.1/100,000 to 50.8/100,000. The 2013 AAR for lung cancer was lower than the New Jersey rate (57.6/100,000) but higher than neighboring Middlesex and Union Counties.[180]
- When comparing 2013 lung cancer incidence by race and ethnicity, Essex County is different from New Jersey and comparison counties. In Essex County, Blacks have the highest incidence of lung cancer as compared to Whites and Hispanics while in all other geographies, Whites have the highest incidence followed by Blacks and Hispanics.
- In 2013 Essex County, Blacks lung cancer rate (52.2/100,000) was higher than Whites (50.1/100,000) and Hispanics (38.6/100,000). The rate for Blacks was 13.6 points higher than the rate for Hispanics.
- The AAR for Essex County Blacks was lower than Blacks in New Jersey (55/100,000).
- Men have a higher AAR for lung cancer than women; in 2013, the Essex County male rate was 62.9/100,000 compared to 42.9/100,000.[181]



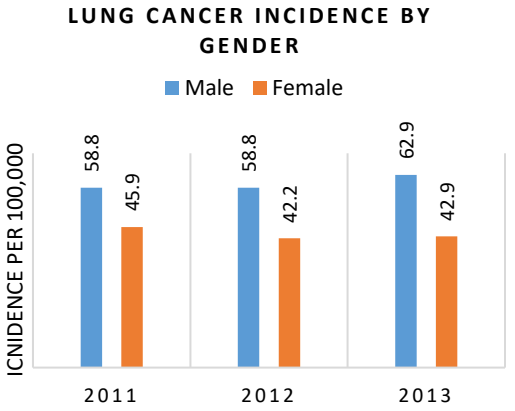
Source: NJ State Cancer Registry, NJ State Department of



Source: NJ State Cancer Registry, NJ State Department



Source: NJ State Cancer Registry, NJ State Department of Health

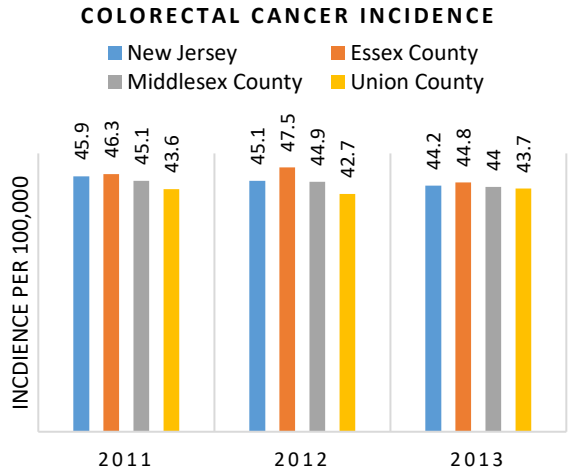


Source: NJ State Cancer Registry, NJ State Department of Health

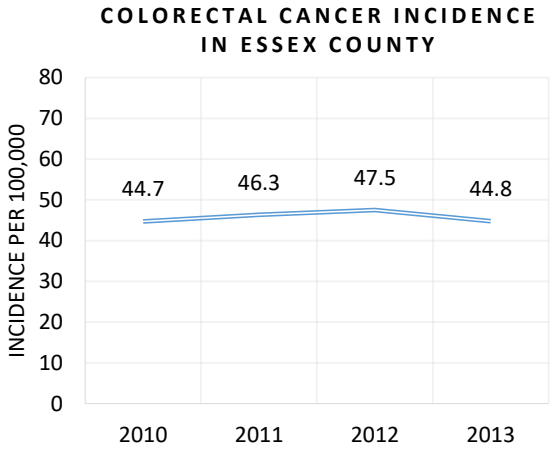
180 New Jersey State Cancer Registry http://www.cancer-rates.info/nj/
181 Ibid.

Colorectal Cancer

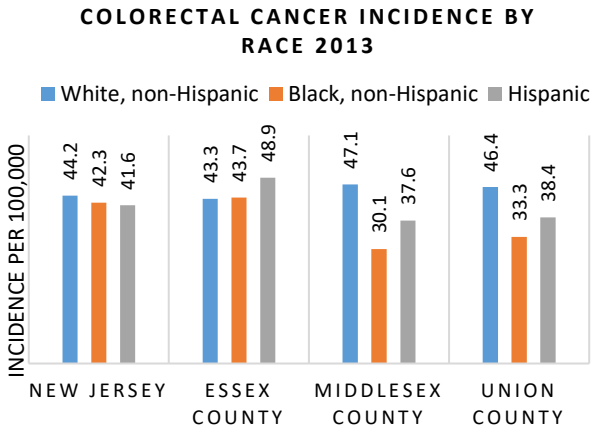
- From 2011 through 2013, the AAR for colorectal cancer incidence decreased in Essex County and New Jersey. Rates for colorectal cancer in 2013 were similar for New Jersey, Essex County, Middlesex and Union Counties ranging from 43.7 to 44.8/100,000.
- Between 2011 and 2013, the Essex County overall AAR of colorectal cancer decreased from 46.3/100,000 to 44.8/100,000.[182] The colorectal cancer incidence rates in Essex County were similar in 2010 (44.7) and 2013 (44.8).
- The largest disparity in colorectal cancer is gender. In 2013, Essex County men had an age-adjusted rate (51.4/100,000), 21.6% higher than women (40.3/100,000).
- In Essex County, incidence of colorectal cancer was highest among Hispanics (48.9/100,000). Essex County is unique from comparison geographies where incidence of colorectal cancer is highest among Whites.[183]



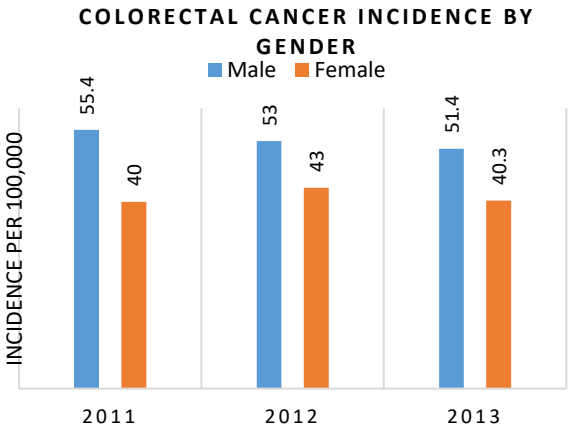
Source: NJ State Cancer Registry, NJ State Department of Health



Source: NJ State Cancer Registry, NJ State Department of Health



Source: NJ State Cancer Registry, NJ State Department of Health

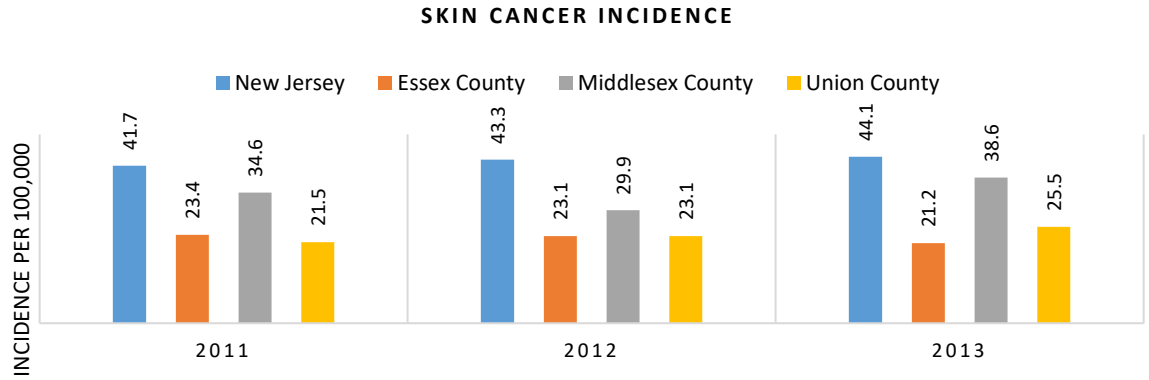


Source: NJ State Cancer Registry, NJ State Department of Health

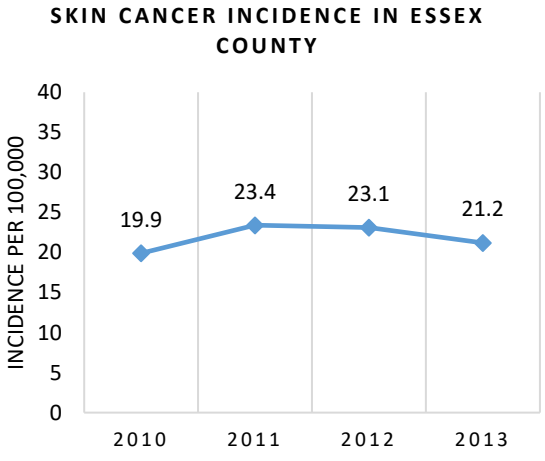
182 New Jersey State Cancer Registry http://www.cancer-rates.info/nj/
183Ibid.

Skin Cancer

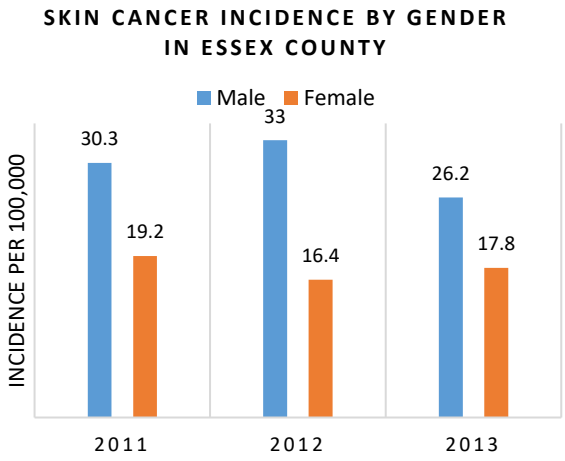
- From 2011 through 2013, the AAR for melanoma incidence decreased in Essex County and increased in New Jersey, Middlesex and Union Counties.
- Between 2011 and 2013, the overall AAR of skin cancer incidence in Essex County decreased from 23.4/100,000 to 21.2/100,000. In 2013, the Essex County AAR for skin cancer was half the statewide rate of 44.1/100,000.[184]
- Men have a higher AAR for skin cancer than women. The 2013 Essex County male AAR (26.2/100,000) was 32.1% higher than women (17.8/100,000).
- Statistics were not available for non-White populations.[185]



Source: NJ State Cancer Registry, NJ State Department of Health



Source: NJ State Cancer Registry, NJ State Department of Health



Source: NJ State Cancer Registry, NJ State Department of Health

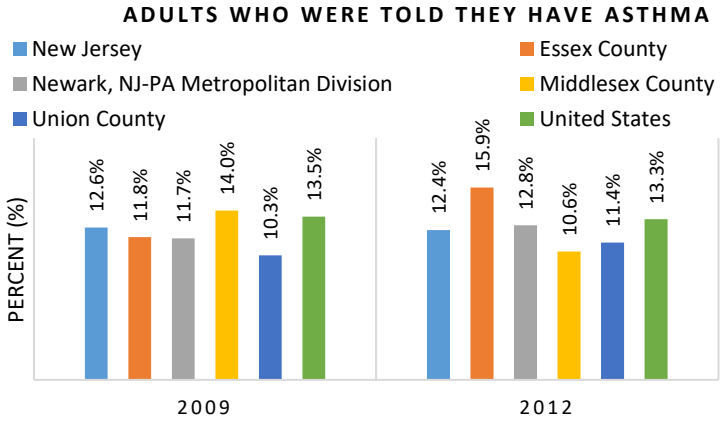
184 New Jersey State Cancer Registry http://www.cancer-rates.info/nj/
185Ibid.

Cancer Incidence Indicators	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Prostate Cancer Incidence *Age-Adjusted Rate per 100,000 Population*	N.A.	N.A.	
Breast Cancer Incidence *Age-Adjusted Rate per 100,000 Population*	N.A.	N.A.	
Lung Cancer Incidence *Age-Adjusted Rate per 100,000 Population*	N.A.	N.A.	
Colorectal Cancer Incidence *Age-Adjusted Rate per 100,000 Population*	N.A.	N.A.	
Skin Cancer Incidence *Age-Adjusted Rate per 100,000 Population*	N.A.	N.A.	

Asthma

In the United States, more than 23 million people currently have asthma. Asthma effects people of all ages, but most often begins during childhood. The exact cause of asthma is unknown but environmental and genetic factors that may interact to cause the disease include inherited tendency to develop allergies, parents with asthma, certain respiratory infections during childhood, contact with some airborne allergies or exposure to some viral infections, allergy and asthma triggers.

- Between 2009 and 2012, the percentage of adults in Essex County reporting asthma increased from 11.8% to 15.9%. In the same time frame, New Jersey remained nearly constant at 12.4%.
- In 2012, the Essex County percentage of adults with asthma is 3.5 percentage points higher than statewide (12.4%) and is higher than all comparison geographies.

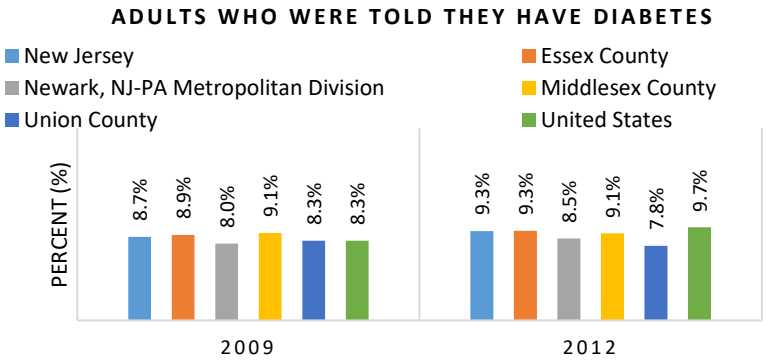


Source: CDC, Behavioral Risk Factor Surveillance System

Diabetes

The three common types of diabetes are; Type 2 (caused by a combination of resistance to the action of insulin and insufficient insulin production), Type 1 (resulting when the body loses its ability to produce insulin), and Gestational (a common complication of pregnancy that can lead to perinatal complications in mother and child). It is a risk factor for development of Type 2 diabetes after pregnancy. Diabetes is the seventh leading cause of death in the U.S. and the fifth leading cause of death in Essex County. Complications include reduced life expectancy by up to 15 years, increased risk of heart disease by two to four times, a leading cause of kidney failure, limb amputations, and adult onset blindness. Diabetes also results in significant healthcare costs, lost productivity and early death.[186] Almost 7 million Americans with diabetes are undiagnosed, and another 79 million Americans have pre-diabetes which greatly increases their risk of developing diabetes in the next several years.[187] Factors contributing to diabetes prevalence overall and in Essex County include, obesity, lack of physical activity, family history, environmental resources including such things as the availability of wholesome food, healthcare access and recreational availability.

- Diabetes is increasing in the United States, New Jersey, and Essex County. Between 2009 and 2012, the percentage of Essex County residents reporting diabetes increased from 8.9% to 9.3%.
- In 2012, New Jersey and Essex County both had 9.3% of adults with diabetes, more than comparison counties, but slightly less than nationwide.



Source: CDC, Behavioral Risk Factor Surveillance System

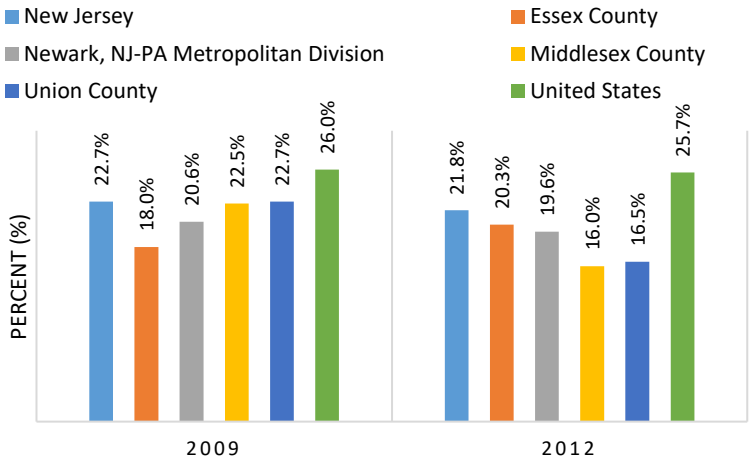
186 Retrieved from www.diabetes.org/diabetesbasics. Accessed April 30, 2013.
187 Retrieved from www.cdc.gov/diabetes/pubs/pdf/ndfs_2011pdf. Accessed April 30, 2013.

Arthritis

Arthritis is the inflammation of one or more joints. A joint is where two bones meet. There are over 100 different types of arthritis. The most common form of arthritis is osteoarthritis which is a normal result of aging. It is also caused by "wear and tear" on the joints. Arthritis is the most common cause of disability in the U.S., limiting the activities of an estimated 22 million adults (9%).[188]

- The percentage of adults who were told they have arthritis increased in Essex County and decreased in New Jersey, the Newark MSA, the US, and Middlesex and Union Counties.
- Between 2009 and 2012, the percentage of Essex County residents reporting arthritis increased from 18% to 20.3%.[189] In 2012, a lower percentage of Essex County adults (20.3%) reported having arthritis compared to New Jersey adults (21.8%).

ADULTS WHO WERE TOLD THEY HAVE ARTHRITIS



Source: CDC, Behavioral Risk Factor Surveillance System

188 Retrieved from http://www.cdc.gov/arthritis. Accessed 4/30/13.
189 CDC, Behavioral Risk Factor Surveillance System

5. ASSETS AND GAPS ANALYSIS

The assets and gaps analysis summarizes and highlights each component of the CHNA. Assets highlight Essex County or the SBMC service area information indicating improvement over time, in comparison to other counties and the state, or in comparison to other races and genders. Gaps focuses on disparities in Essex County or the SBMC service area that have a negative trend, in comparison to other counties and the state, or in comparison to other races and genders.

PREMATURE DEATHS

Assets

- Essex County's premature death rate declined 19.2% from 8,866/100,000 in 2005-2007, to 7,163/100,000 in 2011-2013.

Gaps

- Essex County's 2011-2013 premature death rate of 7,163/100,000 was 29.1% higher than New Jersey's 5,548/100,000, and 37.8% higher than the County Health Rankings (CHR) benchmark of 5,200/100,000.

LEADING CAUSES OF DISEASE

Heart Disease Mortality

Assets

- Heart disease and cancer mortality rates declined but remained the primary causes of death for county residents.[190]
- Between 2010 and 2013, the Essex County AAMR due to heart disease decreased 7.2%, from 196.5/100,000, to 182.1/100,000. This continues the downward trend reported in the 2013 CHNA indicating a 2008 AAMR of 206.4/100,000, a 9% decline from 2004 through 2008.
- The Essex County age-adjusted mortality rates for Black heart disease declined 1.9% from 228.7/100,000, to 224.4/100,000 between 2010 and 2013.

Gaps

- The Essex County 2013 heart disease AAMR of 182.1/100,000 was higher than statewide rate, the rate of surrounding counties and the *Healthy People 2020* target rate of 108.8/100,000. [191]
- Considering AAMR for heart disease by race and ethnicity, Essex County, like New Jersey has the highest AAMR among Blacks; neighboring Middlesex and Union Counties had the highest AAMR among Whites.
- The Essex County AAMR for heart disease for Blacks and Hispanics were higher than State rates.
- The age-adjusted mortality rate for heart disease among Hispanics increased from 118.5/100,000 in 2010, to 122.2/100,000 in 2013.

190 New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health; Population Estimates: New Jersey Department of Labor and Workforce Development, State Data Center, 2013
191ibid

Heart Disease Morbidity

Assets

- In 2012, 3.0% of Essex county residents reported having angina or coronary heart disease, lower than 4.1% of New Jersey residents.
- Between 2009 and 2011, the percent of adults reporting high cholesterol in Essex County decreased 3.8 percentage points from 36.7% in 2009, to 32.9% in 2011; the 2011 percentage was lower than New Jersey (37.0%).

Gaps

- In 2011, the percentage of people reporting high cholesterol in Essex County (32.9%) was double the *Healthy People 2020* target of 13.5%.
- In Essex County, the percentage of adults reporting high blood pressure increased 2.1 percentage points from 27.5% in 2009, to 29.6% in 2011.

Cancer Mortality

Assets

- Between 2010 and 2013, the age-adjusted mortality rate for cancer in Essex County decreased 13.1% from 173/100,000, to 150.3/100,000.[192] This continues the downward trend reported in the 2013 CHNA indicating a 2008 AAMR of 183.6/100,000, a 4.1% decline between 2004 and 2008.
- The cancer AAMR for all races and ethnicities in Essex County decreased between 2010 and 2013.
- The age-adjusted mortality rate for cancer among Essex County Blacks decreased 8.0% from 189.5/100,000 in 2010, to 174.4/100,000 in 2013.
- The age-adjusted mortality rate for cancer among Essex County Whites decreased 13.8% from 169.1/100,000, to 145.8/100,000.
- Similar to the State and comparison counties, the Essex County cancer mortality rate for Hispanics is lower than that of Blacks and Whites. The Essex County AAMR for cancer among Hispanics decreased 14.2% from 121.6/100,000, to 104.3/100,000 between 2010 to 2013.

Cancer Morbidity

Assets

- In 2013, the overall age-adjusted cancer incidence rate in Essex County (495.9/100,000) was lower than statewide (535.2/100,000).
    - Incidence rates for breast (160.2/100,000) and melanoma cancers (21.2/100,000) were lower in Essex County than the comparative counties, as well as statewide (178/100,000 for breast cancer and 44.1/100,000 for melanoma, respectively).
- Between 2010 and 2013, the overall age-adjusted prostate cancer incidence rate in Essex County decreased 21.1% from 194.2/100,000, to 153.2/100,000

Gaps

- The 2013 cancer incidence rate in Essex County (495.9/100,000) was at least three times higher than the *Healthy People 2020* target rate (161.4/100,000).
- Men have a higher age-adjusted rate for lung cancer than women; in 2013, the Essex County male rate was 62.9/100,000 compared to 42.9/100,000 for females.193

192ibid
193 Ibid.

- In 2013, Essex County Blacks (168.9/100,000) had a higher rate of prostate cancer higher than Whites (119/100,000) and Hispanics (133.2/100,000).

Stroke Mortality

Assets

- The 2013 Essex County AAMR for stroke of 33.1/100,000 was slightly lower than the *Healthy People 2020* target of 33.8/100,000.
- Between 2010 and 2013, the Essex County AAMR for stroke declined for all races and ethnicities.
- Between 2010 and 2013, the age-adjusted mortality rate due to stroke among Black Essex County residents decreased 16.4% from 53.5/100,000 in 2010, to 44.7/100,000 in 2013.

Gaps

- Considering AAMR for stroke by race and ethnicity, Essex County, like New Jersey and comparison counties has the highest AAMR among Blacks. Dissimilar to the State, Hispanics followed Blacks in Essex County as opposed to Whites, statewide.
- In 2013, the Essex County Black age-adjusted mortality rate of 44.7/100,000 due to stroke was 78.8% higher than for Whites at 25/100,000.

Diabetes Mortality

Assets

- The age-adjusted mortality rate for diabetes among Essex County Blacks declined 17.4% from 38.5/100,000 in 2011, to 31.8/100,000 in 2013, lower than Blacks morality rate statewide at 34.1/100,000 and Union County at 35.2/100,000. In the same time frame, the rate for Hispanics also decreased 28.4% from 31.3/100,000, to 22.4/100,000, lower than the Hispanic mortality rate in New Jersey at 24.5/100,000.

Gaps

- When comparing diabetes AAMR by race and ethnicity in Essex County, Blacks had the highest age-adjusted death rate at 31.8/100,000, compared to the Whites mortality rate at 21/100,000 and Hispanics at 22.4/100,000.

Diabetes Morbidity

Assets

- In 2012, 8.3% of Newark, NJ-PA Metropolitan Division residents reported being told they have diabetes, 1 percentage point lower than the Essex County and statewide rates (9.3%).

Gaps

- Between 2009 and 2012, the percentage of Essex County adults who were told they have diabetes increased from 8.9% to 9.3%.

Unintentional Injury Mortality

Gaps

- Comparing Essex County's unintentional injury rate by race, Blacks have the highest rate as compared to Whites statewide. The 2013 unintentional injury death rate among Black Essex County residents (33/100,000) was higher than the Black New Jersey residents rate (30.7/100,000).

- The Hispanic unintentional injury deaths rate increased the most out of all racial/ethnic groups, 46.6%, from 17.8/100,000 in 2010, to 26.1/100,000 in 2013. However, in 2013, the unintentional injury death rate among Black Essex County residents remained higher than Whites and Hispanics.
- The Essex County AAMR for unintentional injuries increased 8.6% from 27.8/100,000 in 2010, to 30.2/100,000 in 2013. In the same period, unintentional injuries also increased statewide and in comparative counties. Unintentional injuries were not included in the Essex County top 5 leading causes of death reported in the previous CHNA.

Asthma Morbidity

Gaps

- Between 2009 and 2012, the Essex County adult age-adjusted asthma rate increased from 11.8% to 15.9%. In 2012, the Essex County percentage of adults was 3.5 percentage points higher than New Jersey (12.4%).

BEHAVIORAL HEALTH-RELATED DEATHS

Assets

- The 2013 Essex County rate of age-adjusted alcohol-induced deaths (5.7/100,000) was lower than New Jersey (7.9/100,000), comparison counties, and the *Healthy People 2020* target of 10.2/100,000.

Gaps

- Between 2010 and 2013, Essex County's age-adjusted drug-induced deaths increased 36.6% from 10.1/100,000 to 13.8/100,000; in the same period, the New Jersey rate increased 47% from 10/100,000 to 14.7/100,000. This is in contrast to the decline reported in the previous CHNA from 15.3/100,000 in 2006, to 10.2/100,000 in 2007.
- Between 2010 and 2013, Essex County's age-adjusted alcohol-induced deaths increased slightly from 6.4/100,000 to 7.1/100,000; the AADR for alcohol continues to increase from 4.4/100,000 as reported in the previous CHNA.

INFANT MORTALITY AND LOW BIRTH WEIGHT BABIES

Assets

- In 2012, the Essex County infant mortality rate was 4.8/1,000, lower than the *Healthy People 2020* target rate of 6.0/1,000.
- In 2012, the Essex County Black infant mortality rate was 6.4/1,000 births, lower than the New Jersey Black infant mortality rate (8.7/1,000).[194]

Gaps

- In 2013, low birthweight (9.6%) and very low birthweight (2.0%) rates were higher than the *Healthy People 2020* target (7.8% and 1.4%).
- In Essex County, the 2013 percentage of Black low birthweight infants (12.3%) was 5.5% higher than Whites and 5.2% higher than Hispanics.

194ibid

HEALTH AND BEHAVIORAL HEALTH STATUS

Gaps

- The percent of Essex County residents reporting fair or poor health increased from 15.3% in 2008, to 18.7% in 2012.
- Between 2008 and 2012, Essex County residents reported an average 3.2 physically unhealthy days per month, 0.7 percentage points higher than the CHR national benchmark of 2.5 days.
- Between 2008 and 2012, Essex County residents reported 3.4 mentally unhealthy days, 1.1 days more than the CHR benchmark (2.3 days).
- Between 2006 and 2012, the number of physically unhealthy days in Essex County was 3.2, higher than the CHR benchmark of 2.5 days
- Between 2006 and 2012, the number of Essex County mentally unhealthy days was 3.4, higher than the CHR benchmark at 2.3 days.

SOCIOECONOMIC STATUS

Income and Poverty

Assets

- The 2014 median household income of Short Hills households ($235,172) was the highest in the SBMC service area and much higher than the statewide figure ($72,062).
- In 2014, the percent of families living in poverty within the SBMC service area (4.6%) was nearly half the state (8.1%).[195]
- In 2014, the percentages of families living in poverty in Caldwell, Livingston, West Orange and Union were much lower than the New Jersey percentage (8.1%).
    - Caldwell (07006): 1.9%
    - Livingston (07039): 1.8%
    - West Orange (07052): 4.1%
    - Union (07083): 6.0%

Gaps

- In 2014, 17.2% of people and 14.1% of families were living in poverty in Essex County compared to 10.7% of people and 8.1% of families in New Jersey.[196]
- In 2014, the median household income in Essex County was $54,499, more than $17,000 below the state average.
- The 2014 median household income of Orange residents ($32,526) was the lowest in the SBMC service area and less than half the statewide figure ($72,062).
    - In 2014, Orange had the highest percentage of families living in poverty (24.1%), 22.3 percentage points higher than the lowest municipality, Livingston (1.8%).
    - In 2014, Orange had 24.1% of families living in poverty, triple the New Jersey percentage (8.1%).

195 United States Census Bureau American Community Survey 2014 http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_DP03&prodType=table
196Ibid.

Unemployment

Assets

- In 2014, the Livingston unemployment rate was 4.3%, the lowest in the service area and lower than the Essex County rate of 9.1% and the State rate of 6.4%.[197]
- In 2014, unemployment rate in Short Hills was 2.3%, lower than New Jersey (6.4%), and Essex County (9.1%).

Gaps

- In 2014, the Essex County unemployment rate was 9.1%, higher than the New Jersey unemployment rate of 6.4%[198]
- In 2014, the Orange unemployment rate was 10.5%, higher than the Essex County rate of 9.1% and the State rate of 6.4%. [199]

Education

Gaps

- In 2014, 16.2% of Essex County residents did not graduate high school, 4.6 percentage points higher than New Jersey.
- In 2014, 21.4% of Orange residents did not complete high school, higher than the statewide percentage (11.6%) and the Essex County percentage (16.2%).
- In 2014, the percentage of Limited English Proficiency (LEP) households in Orange (11.8%) was higher than New Jersey (7.2%) and Essex County (9.8%).
- In 2014, 52.6% of Short Hills residents had a graduate/professional degree, compared to 13.8% statewide and 12.7% in Essex County.

Ethnic and Racial Makeup

- In 2014, 86.9% of Caldwell's population and 72.7% of Livingston's population were White, much higher than Essex County (38.0%) and New Jersey (61.3%).
- In 2014, 79.9% of Short Hills was white, 0.2% of the population was black, and 14.2% was Asian.
- In 2014, Essex County had larger African American and Hispanics/Latinos populations than New Jersey.
    - 35.9% of the county population is African-American compared to 12.1% statewide.
    - 19.0% of the population was Hispanic/Latino compared to 16.6% statewide.
- In 2014, 68.9% of Orange's population was African-American, nearly double Essex County (35.9%).

197 HomeFacts East Orange Unemployment Report 2016 http://www.homefacts.com/unemployment/New-Jersey/Essex-County/East-Orange.html
198 United States Bureau of Labor Statistics Newark, NJ-PA, Division Economic Summary 2016 http://www.bls.gov/regions/new-york-new-jersey/summary/blssummary_newark_div.pdf
199Ibid.

ACCESS TO CARE

Providers and Clinics

Gaps

- New Jersey Physician Workforce Task Force predicts that by 2020, Essex County will need 226.3 more physicians than it is projected to have in order to meet baseline demand.[200]
- According to 2014 data, the ratio of population to primary care providers other than physicians was 1,196:1 in Essex County, higher in comparison to the 1,170:1 ratio for New Jersey overall. [201]
- There are three designated Healthcare Provider Shortage Areas (HPSA) populations in the SBMC service area

Wait Times

Assets

- In 2014, the average time patients spent in the emergency room before being seen by a doctor was 14 minutes at SBMC, lower compared to 30 minutes in New Jersey.
- In 2014, the average time patients with broken bones had to wait before receiving pain medication was 44 minutes at St. Barnabas Medical Center, lower compared to 57 minutes statewide.

Gaps

- In 2014, the average transfer time among patients admitted (additional time spent waiting before being taken to their room) was 159 minutes at SBMC, higher compared to 146 minutes statewide.

Ambulatory Care Sensitive Conditions

Assets

- In 2014, the Essex County Overall Inpatient Ambulatory Care Sensitive Conditions rate was 19.22/1,000, lower than the 2011 Essex County rate of 23.2/1,000.
- Between 2011 and 2014, the rate of inpatient admission rate for Ambulatory Care Sensitive Conditions among children in Essex County decreased from 12.4/1,000, to 9.6/1,000.
- Between 2011 and 2014, the rate of inpatient admissions for Ambulatory Care Sensitive Conditions among adults in Essex County decreased from 26.7/1,000, to 22.3/1,000.
- Between 2011 and 2014, the rate of inpatient admission for Ambulatory Care Sensitive Conditions among children in the SBMC service area declined 25% from 10.3/1,000, to 7.7/1,000.
- Between 2011 and 2014, the rate of inpatient admissions for Ambulatory Care Sensitive Conditions among adults in the SBMC primary service area was declined from 22.4/1,000, to 19.0/1,000; lower than 22.3/1,000 in Essex County and 20.0/1,000 statewide.
- The 2014 Overall ACSC Emergency Department rate in the SBMC Service Area was 62.5/1,000, 18.5 points lower than the Essex County rate of 81.0/1,000.[202]

200 New Jersey Council of Teaching Hospitals Physicians Workforce Task Force Report 2008 http://njcth.org/getmedia/5b820448-8791-46e5-aa70-d690dbcbb99f/FINAL-NJ-Physician-Workforce-Report-012910.aspx
201 County Health Rankings Primary Care Physicians 2016 http://www.countyhealthrankings.org/app/new-jersey/2016/measure/factors/4/data?sort=sc-2
202Health Care Decision Analyst Internal Data 2013

- Between 2011 and 2014, the rate of emergency department visits for Ambulatory Care Sensitive Conditions among adults in the SBMC primary service area increased slightly from 30.7/1,000, to 31.5/1,000, but was lower than the Essex County (75.7/1,000) and statewide (53.8/1,000) rates.
- Between 2011 and 2014, the rate of emergency department visits for Ambulatory Care Sensitive Conditions among children in the SBMC service area declined 23% from 52.2/1,000, to 40.2/1,000.

Gaps

- In 2014, the overall Essex County Inpatient Ambulatory Care Sensitive Conditions rate was 19.2/1,00, 2.2 points higher than the state rate of 17.0/1,000.
- Despite the decrease, in 2014, the Essex County inpatient admission ACSC rate among children (9.6/1,000) was 2.5 points higher than the statewide rate (7.1/1,000).
- In 2014, the Essex County inpatient admission rate for ACSC among adults (22.3/1,000) was 2.3 points higher than the statewide rate (20.0/1,000).
- Between 2011 and 2014, the rate of emergency department visits for Ambulatory Care Sensitive Conditions among adults in Essex County increased from 74.2/1,000, to 75.7/1,000, higher than the 2014 statewide 53.8/1,000 rate.
- Between 2011 and 2014, the rate of emergency department visits for Ambulatory Care Sensitive Conditions among children in Essex County declined from 105.6/1,000, to 97.5/1,000; however, it was much higher than the 2014 statewide rate 79.9/1,000.

Inpatient and ED Utilization

Assets

- In 2014, SBMC's inpatient utilization rate of 85.7/1000 was 23 points lower than the Essex County rate of 108.7/1000 and 16.6 points lower than the State rate of 102.3/1000.
- In 2014, SBMC's emergency department utilization rate of 227.8/1000 was nearly half the Essex County rate of 436.4/1000 and 114.4 points lower than the State rate of 342.2/1000.[203]

Gaps

- In 2014, Essex County's inpatient utilization rate of 108.7/1,000 was 5.4 points higher than the State rate of 102.3/1,000.[204]
- In 2014, Essex County's ED utilization rate of 436.4/1,000 was 94.2 points higher than the State rate of 342.2/1,000.[205]

Cesarean Sections

Gaps

- The Essex County 2013 C-section rate (38.6%) was higher than the *Healthy People 2020* target (23.9%) to reduce C-section rates for low risk women with no prior C-section births.

[203] Health Care Decision Analyst Internal Data 2014
[204] Health Care Decision Analyst Internal Data 2014
[205] Health Care Decision Analyst Internal Data 2014

Hospital Readmissions

Assets

- In 2016, SBMC received a 0.01% penalty for high readmission rates.[206]
    - There is a 95.5% improvement from the 0.22% penalty in 2013.
    - The SBMC penalty (0.01%) was much lower than the 2016 New Jersey average penalty (0.73%)

HEALTH BEHAVIORS

Maternal/Child Health and High Risk Sexual Behaviors

Assets

- In 2014, SBMC's service area teen birth rate (4.9/1,000) was much lower than the Essex County rate (21.2/1,000) and the New Jersey rate (12.6/1,000).
- The Caldwell and Livingston 2014 teen birth rate were approximately 1.0/1000, much lower than the County and State rate.
- The West Orange 2014 teen birth rate was 8.4/1,000, lower than the County rate and the State rate.

Gaps

- In 2013, 70.4% of Essex County live births initiated prenatal care in the first trimester, but less than the 79.0% statewide.
- In 2013, 62.8% of Black live births initiated prenatal care in the first trimester, slightly more than 60.2% of Blacks in 2011, but less than the 88.0% of White live births.
- In 2013, 66.9% of Hispanic live births initiated prenatal care in the first trimester, more than 64.9% in 2011, but less than the 88.0% of White live births.
- In 2013, 1.9% of Essex County live births initiated no prenatal care in the first trimester, more than 0.9% statewide.
    - In 2013, 3.3% of Essex County Black mothers initiated no prenatal care, more than double Hispanics (1.4%), and more than six times Whites (0.4%).
- The Orange 2014 teen birth rate was 38.1/1,000, the highest in the service area, higher than Essex County and triple the New Jersey rate.
- The 2014 birth rate for Essex County teens 15-19 was 21.2/1,000, higher than 12.6/1,000 statewide, the CHR benchmark (19/1,000), and SBMC service area rate (4.9/1,000).
- The 2014 Essex County birth rate for teens 15-17 was 10.2/1,000, higher than the New Jersey rate of 5.6/1,000.

206 NJ leads nation for number of hospitals penalized for high readmissions 2015
http://www.nj.com/politics/index.ssf/2015/08/nearly_every_nj_hospital_to_be_penalized_for_high.html

High Risk Sexual Behaviors

Gaps

- In 2012, the Essex County Chlamydia rate (664.8/100,000) was more than four times the CHR benchmark (138/100,000) and more than double the state rate of 319.6/100,000.
- In 2012, the HIV prevalence rate in Essex County was 1,599.8/100,000, more than triple the New Jersey rate (513.3/1,000) and an increase from 1,561/100,000 in 2008.
- In 2015, the Essex County rate for Blacks living with HIV was 2,327.3/100,000, higher than New Jersey (1,594/100,000) and comparative counties.
- In 2015, the Essex County rate for Blacks living with HIV (2,327.3/100,000) was more than nine times the rate for Whites (241.9/100,000) and more than double the Hispanic rate (950.1/100,000).

Tobacco Use, Diet, and Exercise

Assets

- In 2012, 1.0% of Essex County residents reported limited access to healthy food, lower than the statewide percentage (3.7%) and Middlesex County (3.6%).

Gaps

- Smoking increased in Essex County from 14.7% in 2011, to 20.1% in 2012. The percent of Essex County smokers in 2012 was higher than the *Healthy People 2020* target (12%).
- Essex County had a higher percentage (52.6%) of households that receive SNAP or food stamps than the state (48.8%).
- In 2012, 26.9% of Essex County adults reported no physical activity within the last month, higher than the CHR National Benchmark (20%) and New Jersey (24.1%).
- In 2012, 27.3% of Essex County residents were obese, more than the statewide percentage (24.7%), and a slight increase from 26.1% in 2008.[207]
- In 2013, there were 2.4 liquor stores per 10,000 residents in Essex County, higher than the state rate and more than double the national rate.[208]
- In 2014, 52.6% of households under the Federal Poverty Line received food stamps or SNAP in Essex County, more than New Jersey at 48.8%.[209]
- The percentage of adults reporting limited activity due to physical, social, or emotional problems is increasing. In Essex County, the rate increased 7.7% from 13% in 2009, to 20.7% in 2011.

Health Screening Behaviors and Immunization Behaviors

Assets

- In 2012, 77.6% of women age 40+ in the Newark MSA reported having a mammogram screening within the past 2 years, more than Essex County (76.3%) and New Jersey (77%).
- In 2012, 65.7% of Newark MSA adult males 50+ reported ever having a sigmoidoscopy or colonoscopy, higher than Essex County (62.7%).

207 New Jersey State Health Assessment Data 2012
208 Health Indicators Warehouse 2013
209ibid

Gaps

- In 2012, the percent of women in Essex County who reported having a pap test within the last three years was 77.3%, lower the *Healthy People 2020* target of 93%.
- In 2012, the percentage of Essex County adults 50+ who ever had a sigmoidoscopy or colonoscopy was 62.7%, lower than New Jersey (63.8%) and the *Healthy People 2020* target (70.5%).
- In the last two years, 45.5% of Essex County men 50+ had a PSA test, lower than the state (47.6%).
- In 2012, 45.2% of adults in the Newark MSA had a PSA test within the past 2 years, similar to Essex County (45.5%) and lower than New Jersey (47.6%).[210]
- In 2013, 80% of Essex County Medicare patients ages 65 to 75 had their blood sugar monitored, 4% lower than the New Jersey rate.
- In 2012, the percent of adults 65+ who were inoculated with the flu vaccine in Essex County (56.3%) exceeds the *Healthy People 2020* goal of no more than 10% not be vaccinated.
- In Essex County, 57.6% of adults 65 and older have had the pneumonia vaccine in 2012, fewer than statewide 63.6%.[211]

PHYSICAL ENVIRONMENT

Air Quality

Assets

- In 2012, Essex County had 9 days of unhealthy air quality due to ozone, lower than the statewide number of days (11).
- In 2012, Essex County had 8 days of unhealthy air quality due to the PM2.5 concentrations, a decrease from 9 days in 2010.[212]
- Similar to New Jersey and surrounding counties, Essex County's days of unhealthy air quality due to ozone in 2012, decreased to 9 from 12 in 2010, and lower than the 11 days in New Jersey.
- In 2014, Newark had 2 days of unhealthy air quality due to the PM2.5 concentrations, one day less than Essex County as a whole.[213]

Gaps

- In 2012, Essex County had 8 days of unhealthy air quality due to the PM2.5 concentrations, double New Jersey's 4 days.
- In 2012, Essex County had 9 days of unhealthy air quality due to ozone, higher than the CHR Benchmark of 0 days.

Lead Hazards

Gaps

- In 2014, the percent of children between the ages of one and three with blood lead levels above 10 micrograms per deciliter in Essex County was 0.9%, almost double the state percent of 0.47%.

210 Behavioral Risk Factor Surveillance System 2012
211ibid
212 Centers for Disease Control and Prevention 2014
213ibid

Community Safety

Assets

- Between 2006 and 2012, the Essex County death rate due to motor vehicle crashes (6.4/100,000) was lower than the *Healthy People 2020* target of 12.4/100,000 and the CHR benchmark (7/100,000).

Gaps

- Between 2010 and 2012, the violent crime rate in Essex County was 673.6/100,000. Violent crimes declined in Essex County but remain more than double the statewide rate (302.0/100,000) and ten times higher than the County Health Rankings national benchmark (59/100,000).
- The 2013 percent of Essex County substantiated child abuse/neglect reports is 14%, higher than the state rate of 11.1%.[214]
- The 2014 Essex County rate of robbery (4.0/1,000) was higher than the state rate of 1.2/1,000.
- The 2014 Essex county rate of burglary (5.0/1,000) was higher than the state rate of 3.6/1,000.
- The 2014 Essex county rate of larceny (13.4/1,000) was higher than the state rate of 12.6/1,000.

BEHAVIORAL HEALTH

Mental Health

Assets

- In 2014, the SBMC service area's emergency department use rate for mental disorders was 9.9/1,000, 0.6 points lower than the statewide rate (10.5) and 2.4 points lower than the county rate (12.3).
- In 2014, the SBMC service area's inpatient use rate for mental disorders was 5.6/1,000, 1.4 points lower than the county rate (7.0).[215]

Gaps

- In 2014, Essex County ED admission rates (12.3/1,000) for mental disorders were higher than the 2012 Essex County rate of 10.8/1,000 and higher than the 2014 statewide rate (10.5/1,000).
- In 2014, Essex County mental disorders inpatient rates (7.0/1,000) were higher than the state (4.8/1,000)
- Between 2006-2012, Essex County residents reported 3.4 mentally unhealthy days, higher than the CHR benchmark of 2.3 days.
- In 2014, the SBMC service area's inpatient use rate for mental disorders was 5.6/1,000, 1.2 points higher than statewide (4.8).[216]

Substance Abuse

Assets

- In 2014, alcohol dependence admissions in Essex County were 19.5% compared to 27% statewide.
- In 2012, ED visits among adults for substance abuse in Essex County was 8.0/1,000; the 2014 rate decreased to 7.5/1,000.

214 http://nj.gov/dcf/childdata/continuous/2013_AnnualAbuseNeglectReport.pdf
215 Health Care Decision Analyst Internal Data 2014
216 Health Care Decision Analyst Internal Data 2014

- Between 2006 and 2012, 14.8% of adults in Essex County reported excessive drinking, 1.3% less than the statewide percentage and the same as from 2003-2009.[217]
- In 2014, the SBMC service area's inpatient use rate for substance abuse was 2.1/1,000, similar to the statewide rate (2.0) and lower than the county rate (2.7).[218]
- In 2014, the SBMC emergency department use rate for substance abuse was 5.9/1,000, 0.9 points lower than the statewide rate (6.8) and 1.6 points lower than the county rate (7.5).
- In 2014, Essex County substance abuse ED visit rate (7.5/1,000) was lower than the 2012 rate of 8.0/1,000.
- In 2014, Essex County mental disorders inpatient rate (2.7/1,000) was slightly lower than the 2012 rate of 3.0/1,000.

Gaps

- Between 2010 and 2014, 23% of driving deaths in Essex County were related to alcohol.
- In 2014, Essex County substance abuse ED visit rate (7.5/1,000) higher than the 2014 statewide rate of 6.8/1,000.
- In 2014, Essex County mental disorders inpatient rate (2.7/1,000) was higher than the state rate (2.0/1,000).

217 County Health Rankings 2016 http://www.countyhealthrankings.org/app/new-jersey/2016/measure/factors/49/data?sort=desc-2*****Data should not be compared with prior years due to changes in definition/methods.
218 Health Care Decision Analyst Internal Data 2014

APPENDIX

APPENDIX A
SAINT BARNABAS MEDICAL CENTER
COMMUNITY HEALTH NEEDS ASSESSMENT: 2013 IMPLEMENTATION PLAN

St. Barnabas Medical Center conducted its first CHNA responsive to PL 111-148 in 2013. The CHNA used detailed secondary public health data at the county and community levels to identify health assets, gaps, disparities and trends. These data were supplemented by meetings and discussions with local health departments who shared data from their own needs assessments and by input from other community stakeholders which provided additional insight and expertise and led to the identification of Plan priorities.

Through the CHNA process, health need priorities were chosen based on the Medical Center's capacity, resources, competencies, and the needs specific to the populations it serves. The 2013 Implementation Plan specified the manner in which SBMC would address each priority need and the expected outcome and timeframe for the evaluation of its efforts. Six priority areas were identified for strategic focus. The six priorities selected for the Implementation Plan did not represent the full extent of the Medical Center's community benefit activities or its full support of the community's health needs. The 2013 CHNA Health Needs priorities selected for implementation planning were:

- Heart Disease
- Cancer
- Septicemia
- Diabetes
- Health Status and Prevention
- Mental Health & Substance Abuse

Below is a summary of initiatives pursued by SBMC to address the 2013 CHNA Implementation Plan priorities along with select results.

GOAL 1: IMPROVE OUTCOMES FOR HEART DISEASE THROUGH EDUCATION AND OUTREACH EFFORTS AND IMPROVEMENTS IN CARE TRANSITIONS

SBMC chose to address this need through several initiatives. One way was to expand work with community partners to offer cardiovascular risk screening and preventative education services. SBMC expanded their work with community partners in the following ways:

- Collaboration with community partners and businesses to provide health fairs aimed at cardiac prevention efforts;
- Support for AHA's "Go Red for Women" and the annual Heart Walk; and,
- Delivery of community education programs on cardiac assessment and concussion management through lecture series and screenings.

SBMC expanded early detection and community education and outreach programs, programming in senior housing and the CHF Transitions program. The CHF Transitions program targets congestive heart failure patients with high risk of readmission. The program educates and engages patients to access post-discharge services to improve medication safety and patient satisfaction, while reducing readmissions. SBMC utilized the transitions in care team to identify patients at risk for readmission and provide education and a standardized discharge process to prevent readmissions. As a result, all cause

readmissions for 2015 was at 6.28%. In addition, SBMC instituted a COPD education program to reduce hospital readmission rates. The COPD readmissions for 2015 was at 8.49%.

GOAL 2: IMPROVE HEALTH OUTCOMES FOR CANCER PATIENTS AND SUPPORT EFFORTS AIMED AT PREVENTION AND EARLY IDENTIFICATION OF CANCER IN THE COMMUNITY

SBMC encouraged early cancer detection and provided community education outreach programs in support of this initiative. SBMC continued support of the Cancer Center navigator to improve patient access to services, increase understanding of their disease, and aid in compliance with their treatment plan. However, this goal was not met, as it was based on a general Press Ganey database rather than a cancer specific survey tool. In conjunction with dermatology staff, SBMC also chose to offer free skin cancer screening programs in the community to aid in early detection of melanoma. This goal was met and 215 patients were screened. In conjunction with the local civic groups, SBMC provided free lung screenings for high risk individuals, and free educational seminars on early lung cancer detection as part of the International Lung Cancer Action Programs. As a result, there were more than 900 patient encounters, in which the same patients were screened repeatedly over 2 years. In addition, SBMC provided smoking cessation services to the community, Cancer Center patients, and the Saint Barnabas Lung Cancer Institute. As a result, 234 identified smokers accepted education/counseling services.

GOAL 3: IMPROVE HOSPITAL AND COMMUNITY-BASED INITIATIVES TO REDUCE SEPSIS

SBMC continued to educate practitioners regarding conditions and best practices. The purpose of this initiative was to detect early sepsis, accelerate sepsis care delivery, and develop a measurement system to track ongoing progress and performance improvement. As a result, four education sessions were presented. Further, SBMC developed and implemented a community educational program on sepsis prevention and detection.

GOAL 4: ADDRESS THE COMPLEX CLINICAL ISSUES FACED BY DIABETICS WITH A BROAD ARRAY OF PREVENTION EDUCATION, SUPPORT AND CLINICAL SERVICES

SBMC recognizes the importance of implementing healthy eating and exercise programming to address obesity and diabetes as well as enhancement of relationships with local schools and community based organizations to achieve reductions of obesity and diabetes goals. SBMC provides diabetes and weight-related preventive care and health education programs throughout the community. SBMC continued to offer diabetes self-management classes for individuals and groups, as well as diabetes support groups and worked with family practice, internal medicine and endocrinology providers to promote the program. SBMC continued to work with community organizations to sponsor programs focused on diabetes awareness, healthy eating, nutritional counseling, and heart disease risk factors. SBMC continue to offer a range of options to reduce obesity in the community, a major risk factor for diabetes. SBMC offered a Bariatric Program dedicated to preventing and reducing diabetes with both pre-op and post-op programs addressing the resolution of diabetes. In this program, 215 patients were served.

GOAL 5: IMPROVE THE HEALTH OF THE COMMUNITY THROUGH A PROGRAM OF DISEASE PREVENTION AND HEALTH AND WELLNESS EDUCATION

SBMC to offered a wide range of preventative screenings, educational seminars and workshops through the Community Health and Wellness Outreach Program to patients and the general public to change behaviors and reduce preventable hospital admissions and readmissions. Another initiative was to

continue offering Burn Prevention educational seminars to organizations throughout the community to raise awareness of and help reduce preventable burns. This goal was largely met: 236 of 240 programs were offered. In addition, SBMC developed a program of hospital-based education to teach optimal asthma care to patients, families, primary care practitioners, and organizations throughout the community (Target for DSRIP funding). SBMC also conducted community educational events annually to raise awareness of stroke signs and symptoms and the importance of early detection, diagnosis and treatment; 38 programs were offered. Further, SBMC instituted a Chinese Medical Program with a focus on hepatitis B education and screenings. As a result, 421 people were screened for Hepatitis B.

GOAL 6: IMPROVE PREVENTION, IDENTIFICATION, AND TREATMENT FOR BEHAVIORAL HEALTH IN THE COMMUNITY

Behavioral health patients generally have high readmission rates and a shorter lifespan. SBMC is part of the Barnabas Health Behavioral Health network, employing a comprehensive approach to mental illness and substance abuse. An intensive outpatient program tailored to treat depression, anxiety, grief, and other mood disorders, as well as recovery groups for those suffering from co-occurring substance abuse disorders are available. SBMC also offers inpatient treatment options for those with severe, disruptive psychiatric illness and chemical dependency, concurrent medical and psychiatric illness, and severe anxiety states after traumatic experiences. SBMC continued to work with psychiatric crisis counselors in the ED to facilitate inpatient transfers or outpatient referrals for behavioral health services; 173 patients transferred from SBMC ED to psychiatric units. SBMC also continued to provide post-partum depression screening to all inpatients. This initiative was partially met, in which 97% of patients were screened. SBMC continued to provide domestic violence screening services in the ED, in which patients requesting assistance to the Rachael Coalition were referred. In addition, SBMC developed a volunteer program to support the health and well-being of geriatric patients at risk for, or suffering from, acute delirium.
SBMC also chose to screen and treat elderly patients with delirium in the hospital by implementing the following actions:

- Expand program to ED
- Implement NICHE (Nurses Improving Care for Health System Elders) training on target units.
- Implement utilization of CAM (Comprehensive Assessment Method) for delirium on target units. (This program has not been implemented.)
- Implement Net Learning training for CAM.

SBMC chose to implement the Geriatric Service Line to offer “senior friendly” inpatient and outpatient services for individuals and their families suffering from mental or physical declines. In doing so, SBMC chose to:

- Provide outpatient primary care practice to include a memory disorders clinic.
- Provide house calls to homebound seniors. (228 house calls were made)
- Improve inpatient care to the elderly by implementing NICHE training, CAM assessment, and Geriatric Consults and interventions. (However, CAM was not implemented)

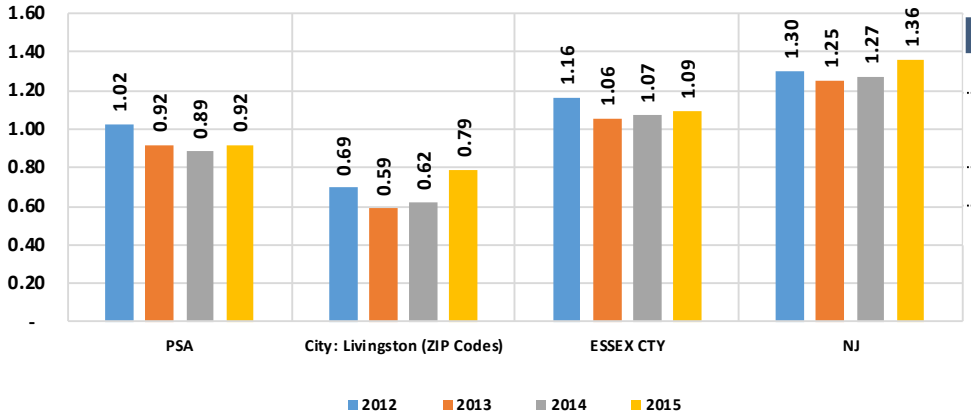
APPENDIX B
SECONDARY DATA SOURCES

Source	
Advocates for Children of New Jersey	http://acnj.org
Agency for Healthcare Research and Quality	http://www.ahrq.gov
Alcohol Retail Density and Demographic Predictors of Health Disparities: A Geographic Analysis	http://www.ncbi.nlm.nih.gov/
American Cancer Society Guidelines for Early Detection of Cancer	http://www.cancer.org
American Nutrition Association	http://americannutritionassociation.org
Annals of Family Medicine, Inc.	http://www.annfammed.org
Asthma and Allergy Foundation of America	www.aafa.org
BRFSS and Youth BRFSS	www.cdc.gov
Bruno and Ridgway Community Health Assessment Study	
Bureau of Labor Statistics	http://data.bls.gov
CDC	http://www.cdc.gov
CDC Community Health Indicators Service	http://wwwn.cdc.gov/CommunityHealth
CDC Division of Nutrition, Physical Activity, and Obesity	http://www.cdc.gov/obesity
CDC National Center for Environmental Health	http://www.cdc.gov/nceh
CDC National Center for Health Statistics	http://www.cdc.gov/nchs/fastats/
CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	https://www.cdc.gov/std
CDC NCIRD	http://www.cdc.gov/vaccines
CDC Preventing Chronic Disease	http://www.cdc.gov/pcd
CDC WONDER	http://wonder.cdc.gov
Centers for Medicare and Medicaid Services (CMS)	https://www.cms.gov
Child Trends	http://www.childtrends.org
County Health Rankings	http://www.countyhealthrankings.org
Department of Numbers	http://www.deptofnumbers.com
Do Something	https://www.dosomething.org
Enroll America	https://www.enrollamerica.org
Free Clinic Directory	http://freeclinicdirectory.org
Gallup	http://www.gallup.com
Health Care Decision Analyst	New Solutions, Inc.
Healthgrades	https://www.healthgrades.com
Health Grove	http://.healthgrove.com
Health Indicators Warehouse (BRFSS)	www.healthindicators.gov
Health Resources and Services Administration Data Warehouse	https://datawarehouse.hrsa.gov
Healthy People 2020	https://www.healthypeople.gov
Home Facts	http://www.homefacts.com
Institute of Medicine	http://www.nap.edu
Kaiser Family Foundation	http://kff.org
Wall Street Journal	http://blogs.wsj.com/washwire/2015/04/16/public-vs-private-health-insurance-on-controlling-spending/
Kaiser Health News	http://khn.org
Kids Count	http://www.datacenter.kidscount.org
March of Dimes	http://www.marchofdimes.org
NJ Department Human Services, Division of Addiction Services, New Jersey Drug and Alcohol Abuse Treatment	http://www.state.nj.us/humanservices/dmhas/home/

Source	
NJ Department of Health and Senior Services, Center for Health	http://www.nj.gov/health/chs/
National Association for Convenience and Fuel Retailing	http://www.nacsonline.com
National Center for Biotechnology Information	http://www.ncbi.nlm.nih.gov
National Center for Health Statistics CDC	http://www.cdc.gov/nchs/data
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention; Division of HIV/AIDS Prevention	http://www.cdc.gov/hiv
National Highway Traffic Safety Administration	http://www-nrd.nhtsa.dot.gov
National Institute for Mental Illness	http://www.nami.org
National Institute of Diabetes, Digestive & Kidney Diseases	http://www.niddk.nih.gov
National Institutes of Health Medline Plus Health Screening	https://www.nlm.nih.gov/medlineplus
National Poverty Center University of Michigan	http://www.npc.umich.edu
Neighborhood Scout	http://www.neighborhoodscout.com/nj/crime/
New Jersey Council of Teaching Hospitals	http://njcth.org
New Jersey Death Certificate Database, Office of Vital Statistics and Registry	http://www.nj.gov/health/vital/
New Jersey State Health Assessment Data Complete Indicator Profile of Risk Factor for Childhood Lead Exposure: Pre-1950 Housing	https://www26.state.nj.us/doh-shad
NIH Medline Plus	https://www.nlm.nih.gov/medlineplus
NJ Department of Education	http://www.state.nj.us/education
NJ DOH Family Health	http://www.nj.gov/health/fhs
NJ DOH, Division of Communicable Disease Services	http://www.nj.gov/health/cd/
NJ DOH, New Jersey Cancer Registry	http://www.cancer-rates.info/nj/
NJ DOH Division of HIV, STD, and TB Services	http://www.nj.gov/health/hivstdtb/
NJ Department of Labor and Workforce Development	http://lwd.dol.state.nj.us/labor
NJ Department of Law and Public Safety, Uniform Crime Reporting Unit, US Census Bureau, American Community Survey	http://www.njsp.org/ucr/crime-reports.shtml
NJ State Police Uniform Crime Reporting Unit	http://www.njcedv.org
NJ Substance Abuse Monitoring System	https://njsams.rutgers.edu/njsams
NJ.Com	http://www.nj.com
NJ State Health Assessment Data (SHAD)	https://www26.state.nj.us/doh-shad/home/Welcome.html
Pro Publica	https://propublica.org
Rutgers Center for Health Policy	http://www.cshp.rutgers.edu
Substance Abuse and Mental Health Services Administration	http://www.samhsa.gov
The Annie E. Casey Foundation Kids Count Data Center Children Receiving TANF (Welfare) 2010-2014	http://www.datacenter.kidscount.org
United States Department of Agriculture Economic Research Service	http://www.ers.usda.gov
United States Department of Health and Human Services	http://www.hhs.gov/healthcare
United States Department of Health and Human Services, Agency for Healthcare Research and Quality Understanding Quality Measurement 2016	http://www.ahrq.gov
University of Nevada	https://www.unce.unr.edu
US Department of Education	http://www.ed.gov
US Department of Health and Human Services, Maternal and Child Health Bureau	http://mchb.hrsa.gov
US DHHS Administration for Children and Families	http://www.acf.hhs.gov
USDA Defines Food Deserts	http://americannutritionassociation.org
Washington Post	https://www.washingtonpost.com

APPENDIX C: SAINT BARNABAS MEDICAL CENTER SERVICE AREA
DISEASE PREVALENCE TRENDS: BASED ON ACUTE CARE DISCHARGES

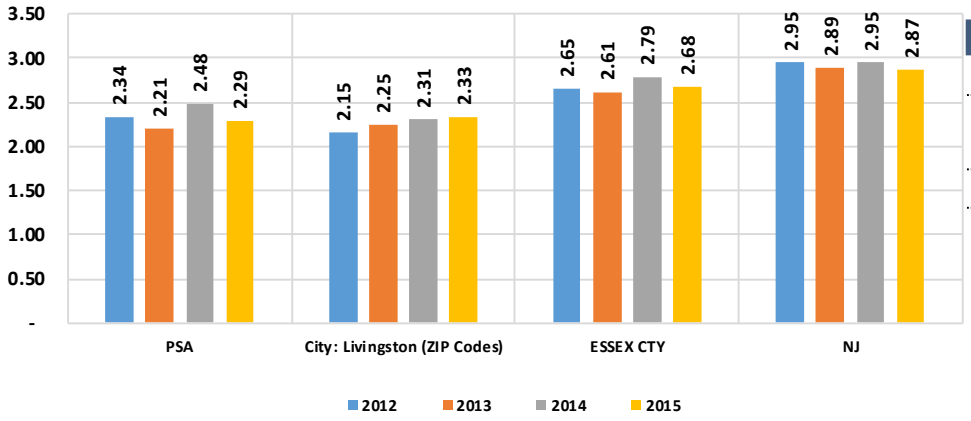
HEART ATTACK



% Change '12-'15	
PSA	-10.4%
City: Livingston (ZIP Codes)	13.6%
ESSEX CTY	-6.2%
NJ	4.8%

Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
Definition: Inpatient, Same Day Stay and ED Discharges - MS-DRGs 280-285

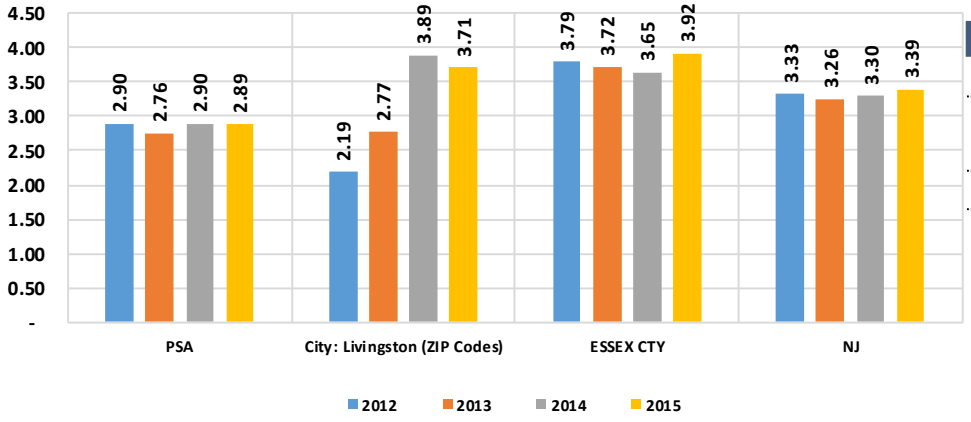
STROKE/TIA



% Change '12-'15	
PSA	-2.2%
City: Livingston (ZIP Codes)	8.3%
ESSEX CTY	1.0%
NJ	-2.7%

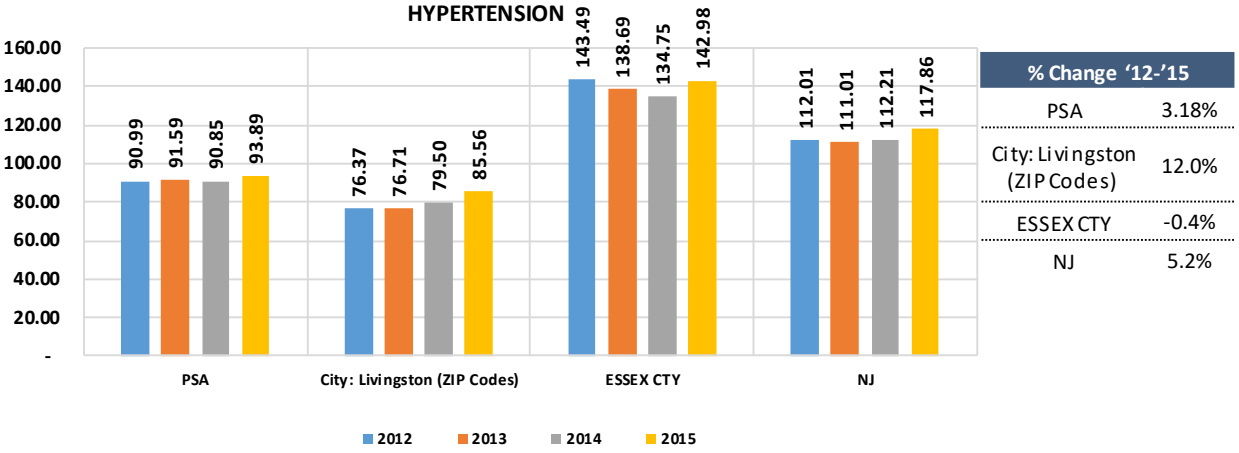
Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
Definition: Inpatient, Same Day Stay and ED Discharges - MS-DRGs 061-069

HEART FAILURE/CHF



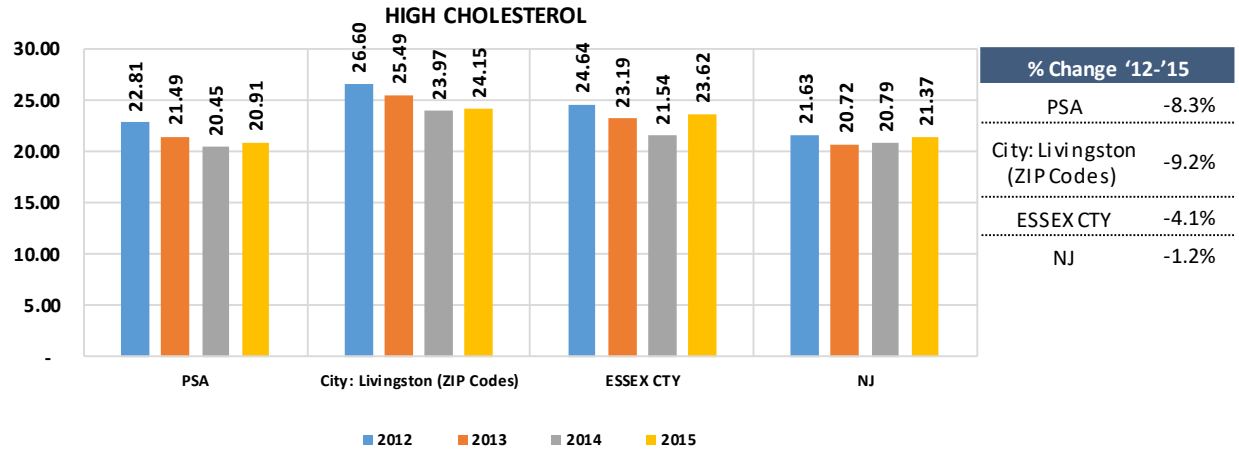
% Change '12-'15	
PSA	-0.2%
City: Livingston (ZIP Codes)	69.4%
ESSEX CTY	3.3%
NJ	1.9%

Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
Definition: Inpatient, Same Day Stay and ED Discharges - MS-DRGs 291-293



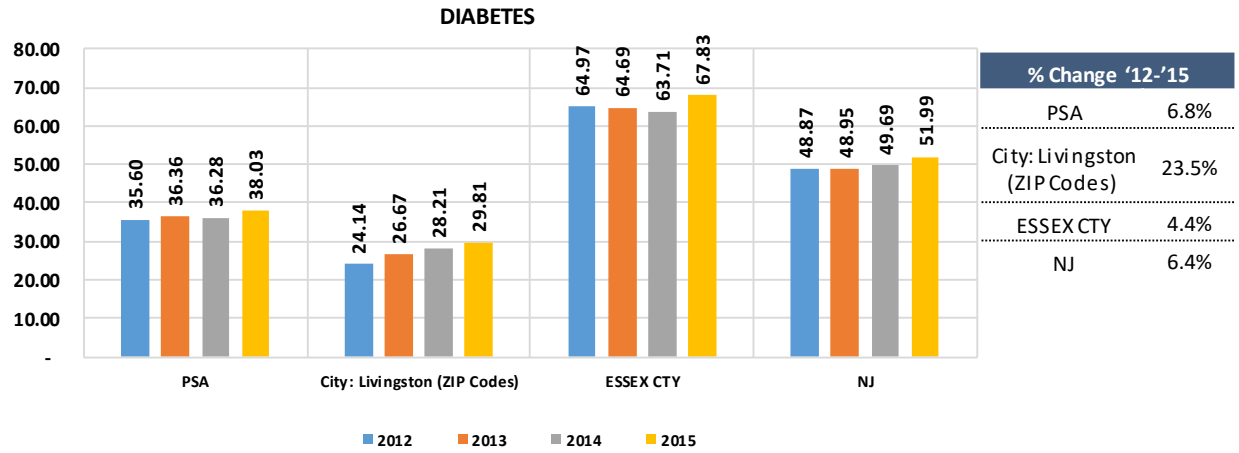
% Change '12-'15	
PSA	3.18%
City: Livingston (ZIP Codes)	12.0%
ESSEX CTY	-0.4%
NJ	5.2%

Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
Definition: Inpatient, Same Day Stay and ED Discharges - ICD-9 DX Range 401-405.99 (Appearing in First 13 DX on Patient Record)



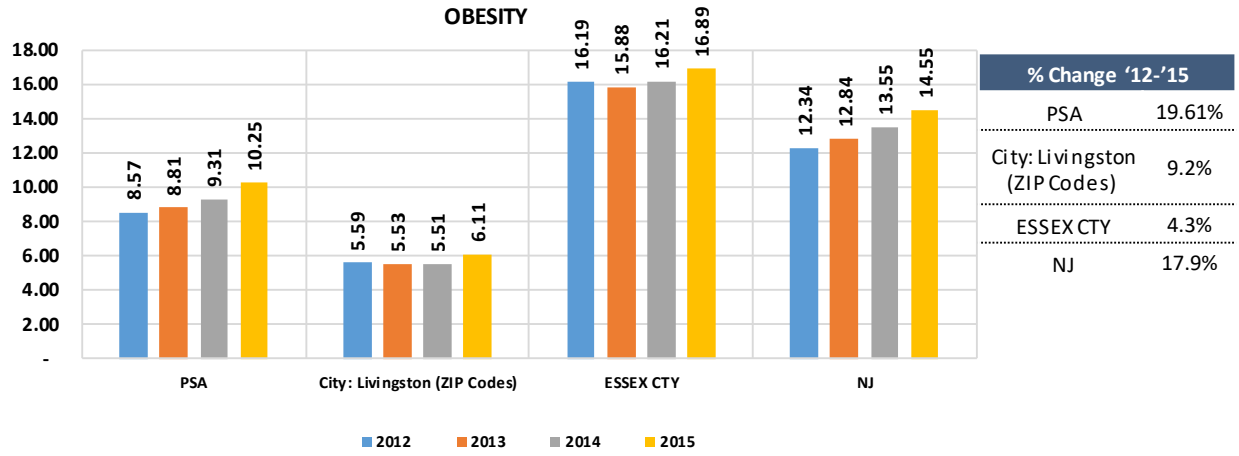
% Change '12-'15	
PSA	-8.3%
City: Livingston (ZIP Codes)	-9.2%
ESSEX CTY	-4.1%
NJ	-1.2%

Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
Definition: Inpatient, Same Day Stay and ED Discharges - ICD-9 DX Codes 272.0 or 272.2 (Appearing in First 13 DX on Patient Record)



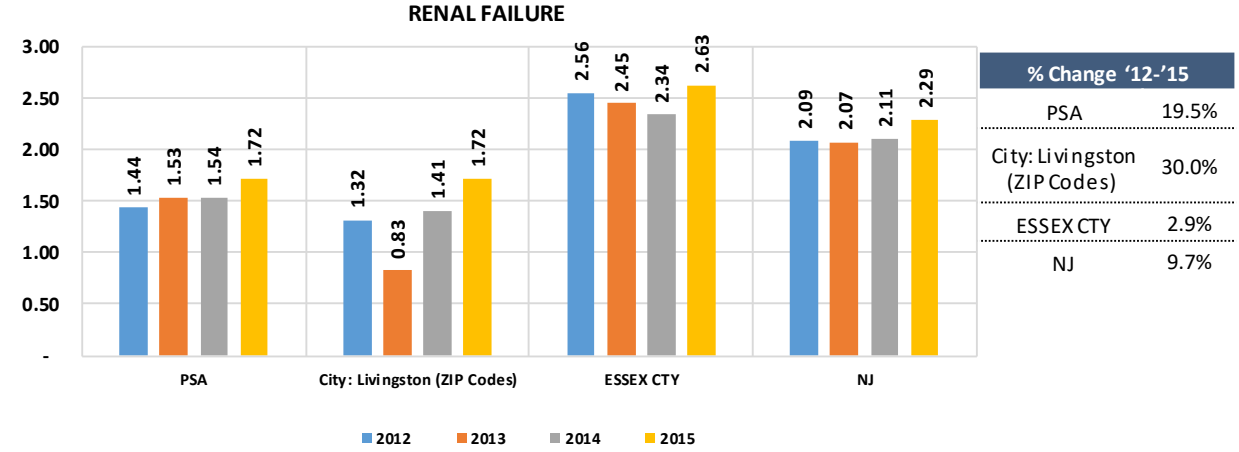
% Change '12-'15	
PSA	6.8%
City: Livingston (ZIP Codes)	23.5%
ESSEX CTY	4.4%
NJ	6.4%

Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
Definition: Inpatient, Same Day Stay and ED Discharges - ICD-9 DX Range 249.00-250.03 (Appearing in First 13 DX on Patient Record)



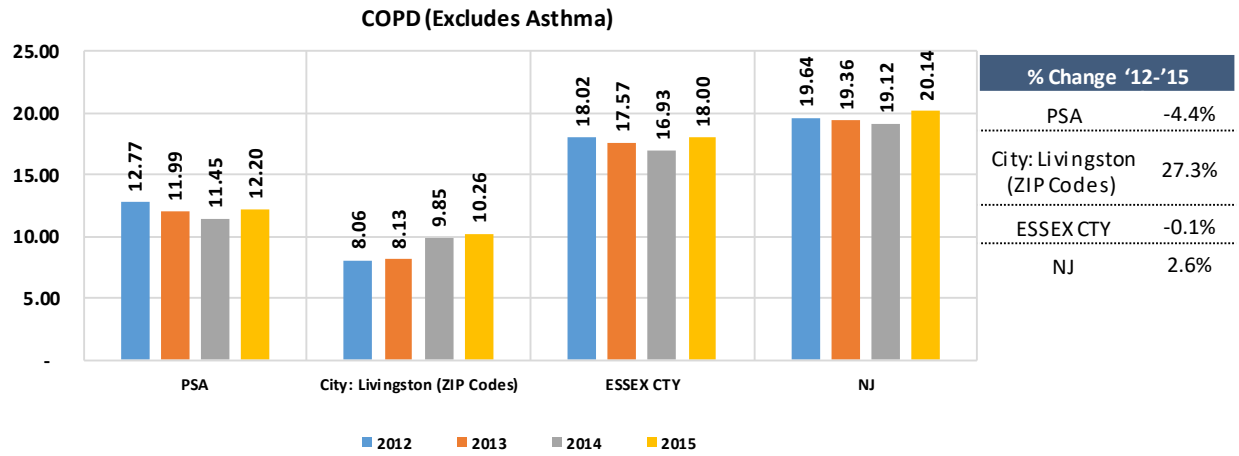
% Change '12-'15	
PSA	19.61%
City: Livingston (ZIP Codes)	9.2%
ESSEX CTY	4.3%
NJ	17.9%

Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
Definition: Inpatient, Same Day Stay and ED Discharges - ICD-9 DX Codes 278.0,278.00, 278.01 (Appearing in First 13 DX on Patient Record)



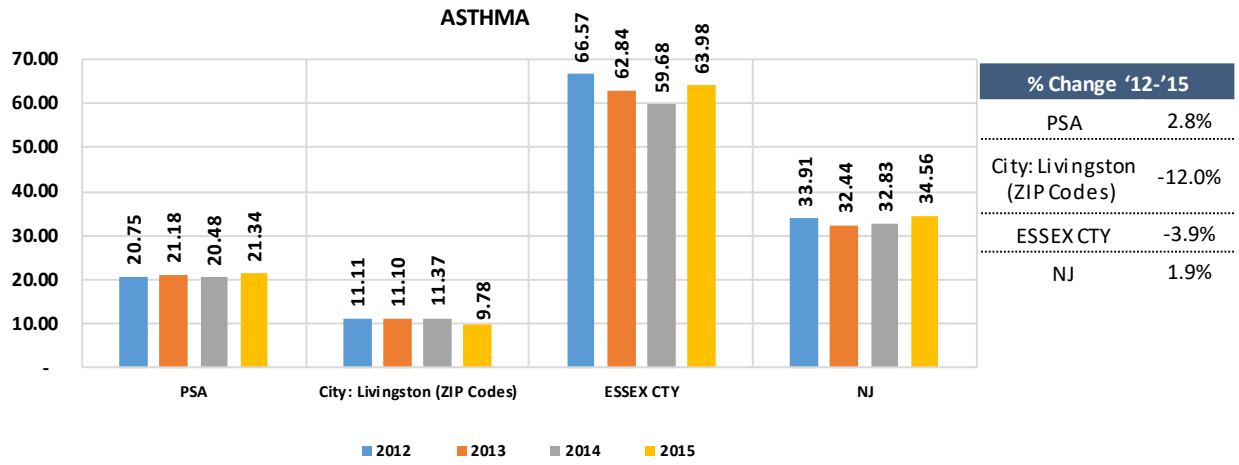
% Change '12-'15	
PSA	19.5%
City: Livingston (ZIP Codes)	30.0%
ESSEX CTY	2.9%
NJ	9.7%

Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
Definition: Inpatient, Same Day Stay and ED Discharges - MS-DRGS 682-685



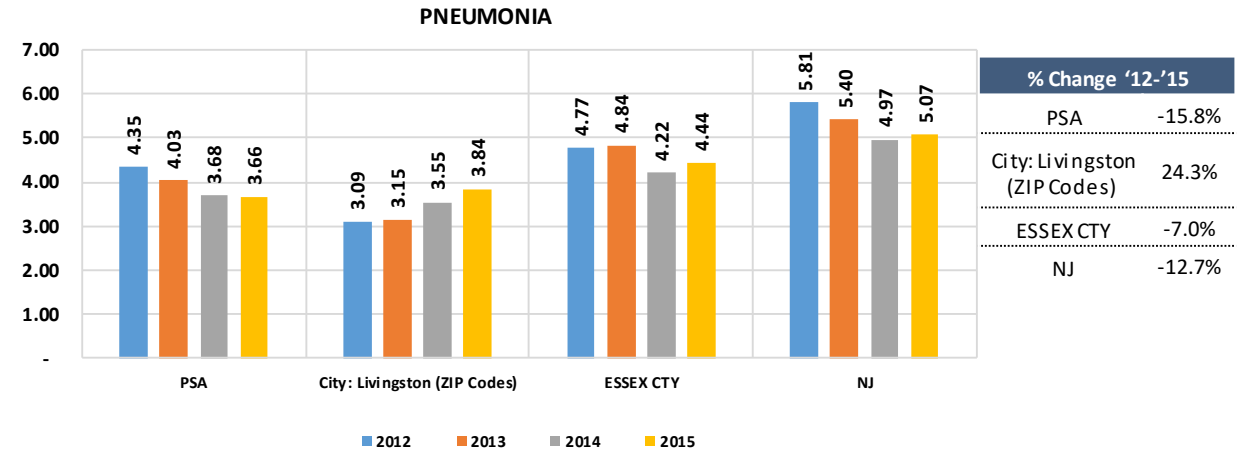
% Change '12-'15	
PSA	-4.4%
City: Livingston (ZIP Codes)	27.3%
ESSEX CTY	-0.1%
NJ	2.6%

Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
Definition: Inpatient, Same Day Stay and ED Discharges - ICD-9 DX Ranges 490-492 & 494-496 (Appearing in First 13 DX on Patient Record)



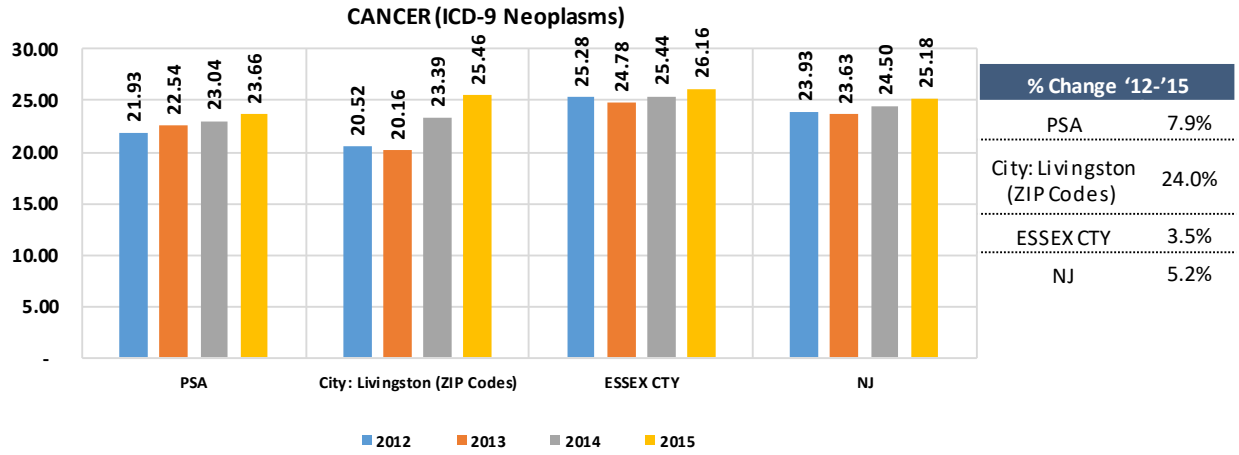
% Change '12-'15	
PSA	2.8%
City: Livingston (ZIP Codes)	-12.0%
ESSEX CTY	-3.9%
NJ	1.9%

Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
Definition: Inpatient, Same Day Stay and ED Discharges - ICD-9 DX Range 493-493.9 (Appearing In First 13 DX on Patient Record)



% Change '12-'15	
PSA	-15.8%
City: Livingston (ZIP Codes)	24.3%
ESSEX CTY	-7.0%
NJ	-12.7%

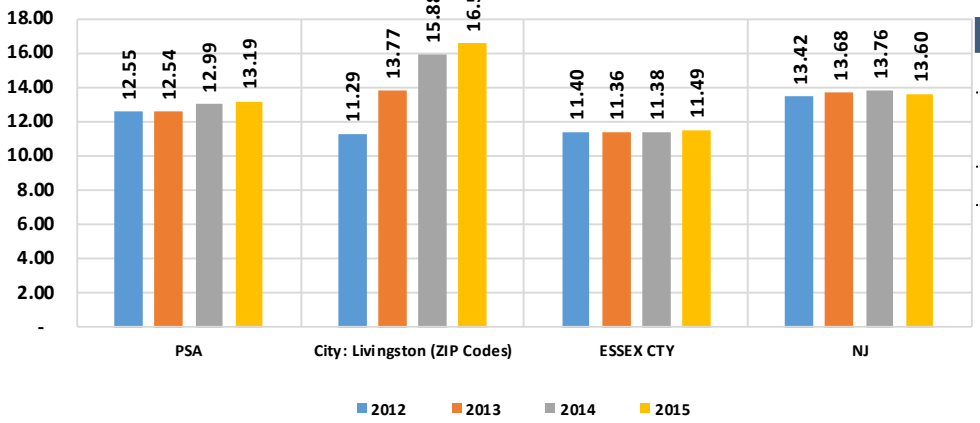
Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
Definition: Inpatient, Same Day Stay and ED Discharges - MS-DRGs 177, 178, 179, 193, 194, 195



% Change '12-'15	
PSA	7.9%
City: Livingston (ZIP Codes)	24.0%
ESSEX CTY	3.5%
NJ	5.2%

Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
Definition: Inpatient, Same Day Stay and ED Discharges - ICD-9 DX Range 140-239 (Appearing In First 13 DX on Patient Record)

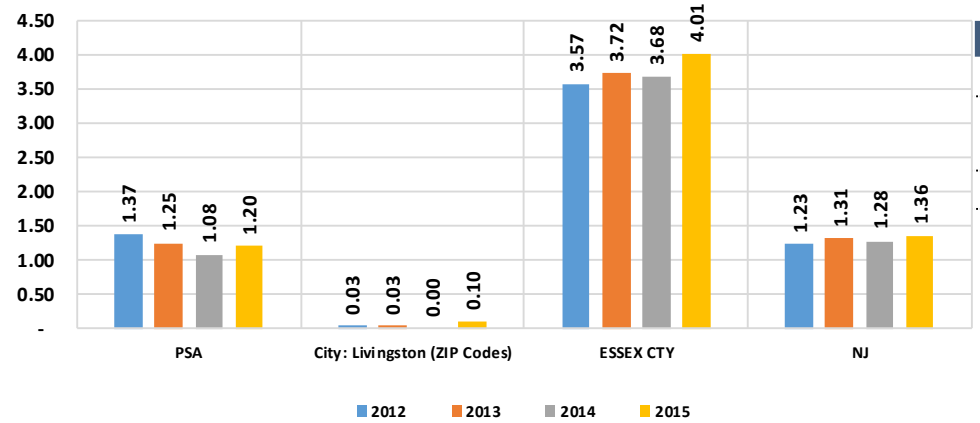
HISTORY OF CANCER (ICD-9 HX of Cancer)



% Change '12-'15	
PSA	5.1%
City: Livingston (ZIP Codes)	46.5%
ESSEX CTY	0.7%
NJ	1.3%

Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
Definition: Inpatient, Same Day Stay and ED Discharges - ICD-9 DX Range V10-V10.91 (Appearing In First 13 DX on Patient Record)

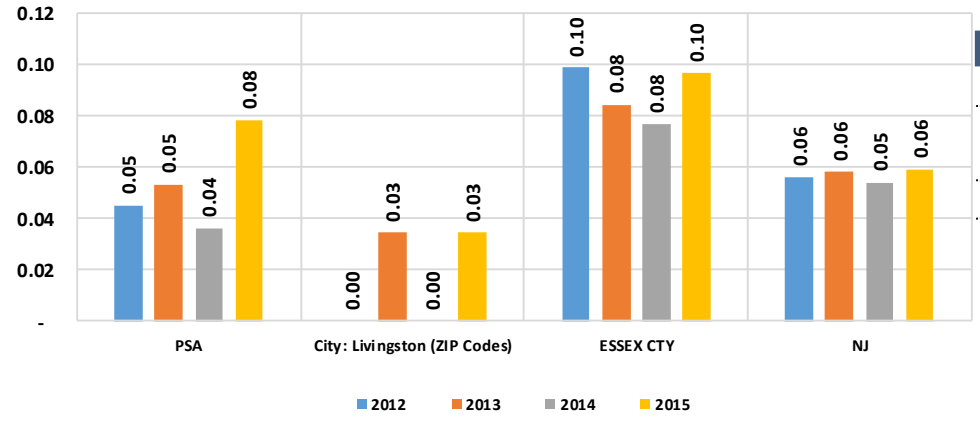
SICKLE CELL ANEMIA



% Change '12-'15	
PSA	-12.1%
City: Livingston (ZIP Codes)	196.4%
ESSEX CTY	12.4%
NJ	10.5%

Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
Definition: Inpatient, Same Day Stay and ED Discharges - ICD-9 DX Range 282.6-282.69 (Appearing In First 13 DX on Patient Record)

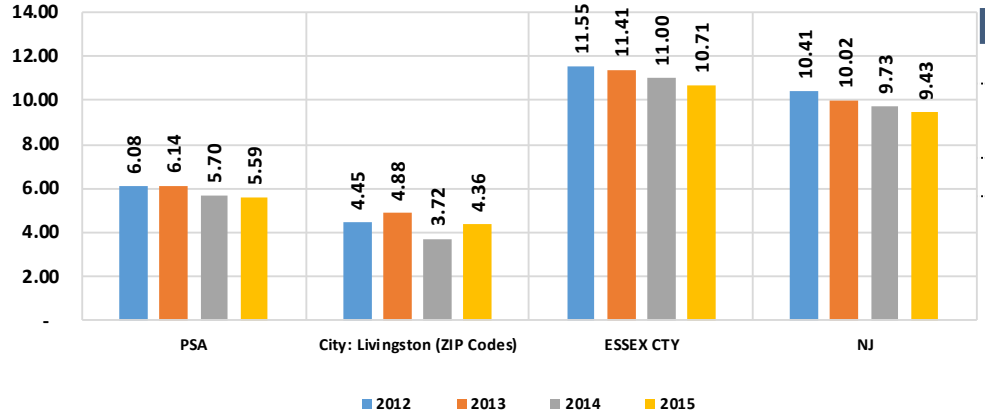
TUBERCULOSIS



% Change '12-'15	
PSA	73.1%
City: Livingston (ZIP Codes)	n/a
ESSEX CTY	-2.3%
NJ	5.1%

Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
Definition: Inpatient, Same Day Stay and ED Discharges - ICD-9 DX Range 010-018.96 (Appearing In First 13 DX on Patient Record)

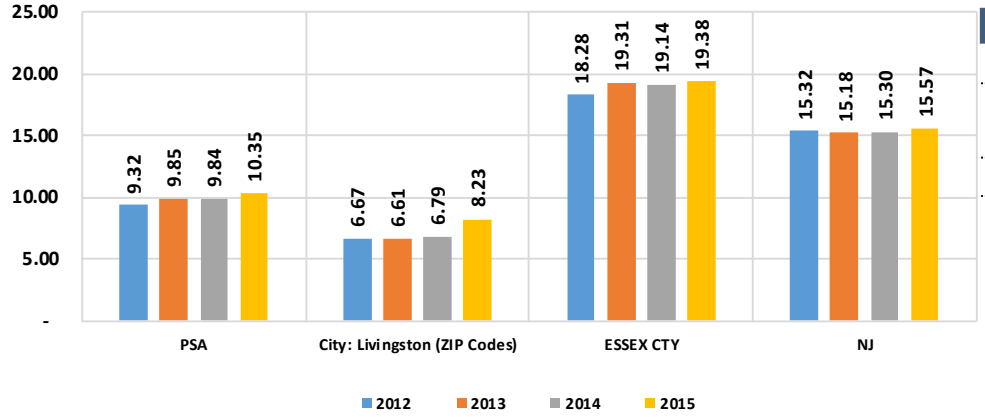
CELLULITIS



% Change '12-'15	
PSA	-8.2%
City: Livingston (ZIP Codes)	-2.0%
ESSEX CTY	-7.3%
NJ	-9.4%

Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
Definition: Inpatient, Same Day Stay and ED Discharges - MS-DRGS 602, 603

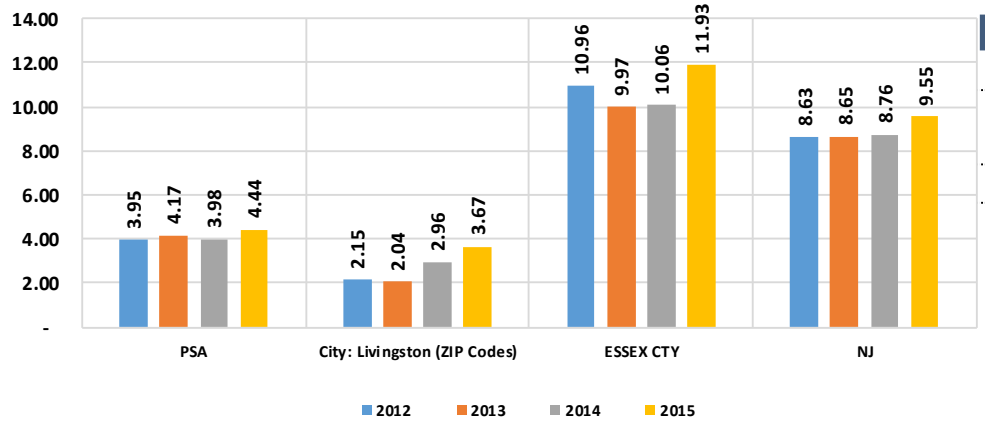
MENTAL HEALTH



% Change '12-'15	
PSA	11.0%
City: Livingston (ZIP Codes)	23.5%
ESSEX CTY	6.1%
NJ	1.6%

Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
Definition: Inpatient, Same Day Stay and ED Discharges – MDC 19

SUBSTANCE ABUSE



% Change '12-'15	
PSA	12.6%
City: Livingston (ZIP Codes)	70.5%
ESSEX CTY	8.8%
NJ	10.7%

Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
Definition: Inpatient, Same Day Stay and ED Discharges – MDC 20

APPENDIX D1: CANCER INCIDENCE RATE REPORT: CANCER PATIENT ORIGIN ESSEX COUNTY 2015

Fifty-six and nine-tenths percent of SBMC's cancer inpatients and 43.1% of cancer outpatients resided in the Primary Service Area. In total, 65.4% of inpatients and 54.6% of outpatients resided in Essex County. Irvington (07111) and Newark (07112) represent the largest segment of SBMC's inpatient cancer patients. East Orange (07018) and Iselin (08830) represent the largest segments of SBMC's outpatient cancer patients. The health factors and outcomes explored in the CHNA bear relevance to the oncology services and its review of specific cancer needs for the community.

CANCER PATIENT ORIGIN	2015 SBMC IP PATIENTS	%	2015 SBMC OP PATIENTS	%
Essex County	8,132	65.4%	119	54.6%
Primary Service Area	7,071	56.9%	94	43.1%
Secondary Service Area	2,690	21.6%	51	23.4%
Out of Area (NJ)	2,484	20.0%	72	33.0%
Out of State	189	1.5%	*	0.5%
TOTAL	**12,434**	**100.0%**	**218**	**100.0%**
Irvington (07111)	1,534	12.3%		
Newark (07112)	1,282	10.3%		
East Orange (07018)			36	16.5%
Iselin (08830)			23	10.6%

*Value omitted per HIPAA requirements.

APPENDIX D2: CANCER INCIDENCE RATE REPORT: ESSEX COUNTY 2009-2013

INCIDENCE RATE REPORT FOR ESSEX COUNTY 2009-2013[219]					
Cancer Site	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
All Races (includes Hispanic), Both Sexes (except where noted), All Ages					
ALL SITES	451.9	3,617	falling	-2.0	
BLADDER	19.7	152	stable	-0.4	
BRAIN & ONS	5.3	42	falling	-1.4	
BREAST: Females	121.7	547	stable	0.1	
CERVIX: Females	9.6	42	falling	-3.9	
COLON & RECTUM	42.3	337	falling	-4.0	
ESOPHAGUS	4.3	35	falling	-3.2	
KIDNEY & RENAL	13.0	104	rising	0.8	
LEUKEMIA	12.0	93	falling	-0.8	
LIVER & BILE DUCT	7.8	66	rising	1.9	
LUNG & BRONCHUS	50.9	399	falling	-2.6	
MELANOMA	12.5	99	stable	-0.9	
NON-HODGKIN'S LYMPHOMA	20.7	164	stable	0.1	
ORAL CAVITY & PHARYNX	8.5	70	falling	-2.7	
OVARY: Females	11.8	53	falling	-2.4	
PANCREAS	14.3	112	stable	-0.4	
PROSTATE: Males	176.0	617	stable	-12.2	
STOMACH	8.7	69	falling	-2.4	
THYROID	12.0	97	rising	5.1	
UTERUS: Females	27.9	128	stable	0.7	

[219]statecancerprofiles.cancer.gov 08/01/2016; Data for the United States does not include data from Nevada; *** signifies de-identified data point.

APPENDIX D3: CANCER INCIDENCE DETAILED RATE REPORT: ESSEX COUNTY 2009-2013 SELECT CANCER SITES: RISING INCIDENCE RATE AND/OR UNFAVORABLE COMPARISON TO OTHER NJ COUNTIES

		CERVIX	KIDNEY & RENAL	LIVER & BILE DUCT	PROSTATE: Males	THYROID
INCIDENCE RATE REPORT FOR ESSEX COUNTY: 2009-2013 All Races (includes Hispanic), All Ages, Male and Female (Unless Noted)	**Age-Adjusted Incidence Rate**	9.6	13.0	7.8	176.0	12.0
	Average Annual Count	42.0	104.0	66.0	617.0	97.0
	Recent	falling	rising	rising	stable	rising
	Trend	-3.9	0.8	1.9	-12.2	5.1
	RWJ Barnabas County Indicator					
White (Non-Hispanic)	Age-Adjusted Incidence Rate	8.2	13.3	6.4	137.9	17.1
	Average Annual Count	18.0	60.0	30.0	518.0	72.0
	Recent	falling	stable	stable	falling	rising
	Trend	-3.2	-6.4	-1.2	-2.8	6.0
Black (Includes Hispanic)	Age-Adjusted Incidence Rate	12.2	13.1	9.9	207.4	4.6
	Average Annual Count	23.0	40.0	33.0	17.0	15.0
	Recent	falling	rising	rising	stable	rising
	Trend	-4.3	1.4	2.7	-1.5	2.0
Asian / Pacific Islander	Age-Adjusted Incidence Rate	*	*	*	83.3	14.0
	Average Annual Count	3 or fewer	3 or fewer	3 or fewer	5.0	6.0
	Recent	*	*	*	*	*
	Trend	*	*	*	*	*
Hispanic (of Any Race)	Age-Adjusted Incidence Rate	12.5	12.7	12.9	144.2	12.0
	Average Annual Count	9.0	13.0	14.0	17.0	16.0
	Recent	falling	rising	rising	stable	rising
	Trend	-3.9	2.0	3.6	-22.4	4.3
MALES	Age-Adjusted Incidence Rate	n/a	18.6	12.8	176.0	6.7
	Average Annual Count	n/a	65.0	48.0	617.0	26.0
	Recent	n/a	stable	rising	stable	rising
	Trend	n/a	0.8	2.1	-12.2	5.5
FEMALES	Age-Adjusted Incidence Rate	9.6	8.6	3.9	na	16.6
	Average Annual Count	42.0	39.0	18.0	na	71.0
	Recent	falling	stable	stable	na	rising
	Trend	-3.9	0.7	0.8	na	4.9

APPENDIX D4: CANCER MORTALITY RATE REPORT: ESSEX COUNTY 2009-2013

MORTALITY RATE REPORT FOR ESSEX COUNTY 2009-2013[220]						
Cancer Site	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
All Races (includes Hispanic), Both Sexes (except where noted), All Ages						
ALL SITES: HP2020 Objective C-1 (160.6)	No	161.8	1,272	falling	-2.4	
BLADDER: HP2020 Objective (N/A)	n/a	4.3	34	stable	-0.4	
BRAIN & ONS: HP2020 Objective (N/A)	n/a	3.1	24	stable	-1.2	
BREAST: Females: HP2020 Objective C-3 (20.6)	No	23.7	109	falling	-2.7	
CERVIX: Females: HP2020 Objective C-4 (2.2)	No	3.4	15	falling	-3.0	
COLON & RECTUM: HP2020 Objective C-5 (14.5)	No	16.5	130	falling	-2.7	
ESOPHAGUS: HP2020 Objective (N/A)	n/a	3.8	30	falling	-2.7	
KIDNEY & RENAL: HP2020 Objective (N/A)	n/a	2.9	23	falling	-1.2	
LEUKEMIA: HP2020 Objective (N/A)	n/a	5.9	46	falling	-2	
LIVER & BILE DUCT HP2020 Objective (N/A)	n/a	5.7	47	stable	1.1	
LUNG & BRONCHUS: HP2020 Objective C-2 (45.5)	Yes	37.1	289	falling	-2.9	
MELANOMA: HP2020 Objective C-8 (2.4)	Yes	1.6	12	falling	-1.2	
NON-HODGKIN'S LYMPHOMA: HP2020 Objective (N/A)	n/a	5.5	43	falling	-3.5	
ORAL CAVITY & PHARYNX: HP2020 Objective C-6 (2.3)	Yes	2.3	19	falling	-3.9	
OVARY: Females: HP2020 Objective (N/A)	n/a	7.1	32	falling	-2.2	
PANCREAS: HP2020 Objective (N/A)	n/a	11.7	91	falling	-0.7	
PROSTATE: Males: HP2020 Objective C-7 (21.8)	No	24.5	71	falling	-3.5	
STOMACH: HP2020 Objective (N/A)	n/a	4.4	34	falling	-3.5	
THYROID: HP2020 Objective (N/A)	n/a	0.4	4	**	**	
UTERUS: Females: HP2020 Objective (N/A)	n/a	5.7	26	stable	-0.2	

[220]statecancerprofiles.cancer.gov 08/01/2016; Data for the United States does not include data from Nevada; *** signifies de-identified data point

APPENDIX D5: CANCER MORTALITY DETAILED RATE REPORT: ESSEX COUNTY 2009-2013 SELECT CANCER SITES: RISING MORTALITY RATE AND/OR UNFAVORABLE COMPARISON TO OTHER NJ COUNTIES

		CERVIX: HP2020 Objective C-4 (2.2)	PROSTATE: Male
MORTALITY RATE REPORT FOR ESSEX COUNTY: 2009-2013 All Races (includes Hispanic), All Ages, Male and Female (Unless Noted)	Met HP2020 Objective	No	No
	Age-Adjusted Death Rate	3.4	24.5
	Average Deaths/Year	15.0	71.0
	Recent	falling (-3.0)	falling (-3.5)
	RWJ Barnabas County Indicator Comparison		
White (Non-Hispanic)	Met HP2020 Objective	No	Yes
	Age-Adjusted Death Rate	2.5	17.6
	Average Deaths/Year	6.0	70.0
	Recent / Trend	falling (-2.7)	falling (-3.7)
Black (Includes Hispanic)	Met HP2020 Objective	No	No
	Age-Adjusted Death Rate	5.0	43.3
	Average Deaths/Year	9.0	39.0
	Recent / Trend	falling (-3.4)	falling (-3.2)
Asian / Pacific Islander	Met HP2020 Objective	*	*
	Age-Adjusted Death Rate	*	*
	Average Deaths/Year	3 or fewer	3 or fewer
	Recent / Trend	**	**
Hispanic (of Any Race)	Met HP2020 Objective	*	Yes
	Age-Adjusted Death Rate	*	17.7
	Average Deaths/Year	3 or fewer	5.0
	Recent / Trend	**	falling (-4.5)
MALES	Met HP2020 Objective	na	No
	Age-Adjusted Death Rate	na	24.5
	Average Deaths/Year	na	71.0
	Recent / Trend	na	falling (-3.5)
FEMALES	Met HP2020 Objective	No	na
	Age-Adjusted Death Rate	3.4	na
	Average Deaths/Year	15.0	na
	Recent / Trend	falling (-3.0)	na

APPENDIX D6: CANCER INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[221]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
ALL SITES: All Races (includes Hispanic), Both Sexes, All Ages					
United States	448.4	1,540,559	falling	-1.9	
New Jersey	484.0	48,523	falling	-4.4	
Atlantic County	497.9	1618	falling	-5.9	
Bergen County	464.6	5,199	falling	-1.7	
Burlington County	529.1	2799	stable	-3.9	
Camden County	526.5	2,978	falling	-4.5	
Cape May County	558.6	853	stable	-3.8	
Cumberland County	515.1	863	stable	0.0	
Essex County	451.9	3,617	falling	-2.0	
Gloucester County	540.6	1713	stable	-4.4	
Hudson County	394.4	2367	falling	-4.7	
Hunterdon County	476.4	722	stable	-0.4	
Mercer County	499.9	2008	stable	-4.2	
Middlesex County	465.6	4,050	falling	-3.8	
Monmouth County	522.4	3,904	stable	-3.9	
Morris County	486.1	2834	falling	-4.6	
Ocean County	518.8	4,325	falling	-4.2	
Passaic County	446.1	2333	falling	-5.2	
Salem County	531.7	434	stable	-0.2	
Somerset County	471.0	1717	falling	-2.3	
Sussex County	490.0	833	falling	-3.0	
Union County	459.4	2673	falling	-5.7	
Warren County	503.3	651	falling	-0.7	
BLADDER: All Races (includes Hispanic), Both Sexes, All Ages					
United States	20.7	70,418	falling	-1.3	
New Jersey	23.8	2378	falling	-3.0	
Atlantic County	29.2	94	stable	0.1	
Bergen County	23.1	266	falling	-3.1	
Burlington County	27.0	143	stable	-0.1	
Camden County	23.9	135	stable	-0.3	
Cape May County	35.7	57	rising	1.4	
Cumberland County	27.1	45	rising	1.3	
Essex County	19.7	152	stable	-0.4	

[221]statecancerprofiles.cancer.gov 08/01/2016; Data for the United States does not include data from Nevada; *** signifies de-identified data point.

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[221]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
Gloucester County	28.6	87	stable	0.5	
Hudson County	17.4	97	falling	-1.8	
Hunterdon County	27.4	40	stable	1.2	
Mercer County	23.9	95	stable	-12.3	
Middlesex County	23.3	198	falling	-3.9	
Monmouth County	24.8	184	stable	-0.3	
Morris County	24.9	146	falling	-3.6	
Ocean County	25.6	238	falling	-4.8	
Passaic County	18.9	98	stable	-0.9	
Salem County	29.7	25	stable	0.2	
Somerset County	23.6	83	stable	0.6	
Sussex County	24.5	40	stable	-0.7	
Union County	20.3	118	falling	-6.2	
Warren County	28.3	36	stable	-0.9	
BRAIN & ONS: All Races (includes Hispanic), Both Sexes, All Ages					
United States	6.6	21761	falling	-1.2	
New Jersey	7.0	666	falling	-0.4	
Atlantic County	8.0	24	stable	0.3	
Bergen County	7.9	81	stable	-0.4	
Burlington County	7.5	37	stable	0.3	
Camden County	7.3	39	stable	0.1	
Cape May County	8.8	11	stable	0.6	
Cumberland County	6.5	11	stable	-0.9	
Essex County	5.3	42	falling	-1.4	
Gloucester County	7.0	22	stable	-0.8	
Hudson County	5.1	32	falling	-1.6	
Hunterdon County	5.9	8	stable	-1.7	
Mercer County	7.1	27	stable	-0.7	
Middlesex County	6.4	54	falling	-1.0	
Monmouth County	8.0	57	stable	0.7	
Morris County	8.3	45	stable	0.1	
Ocean County	8.5	58	stable	0.6	
Passaic County	6.7	34	falling	-1.2	
Salem County	6.9	5	*	*	
Somerset County	6.4	22	stable	-17.0	
Sussex County	7.3	11	stable	-1.3	
Union County	6.3	36	stable	-1.0	
Warren County	7.7	9	stable	0.2	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[221]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
BREAST: All Races (includes Hispanic), Females, All Ages					
United States	123.3	224504	stable	-0.1	
New Jersey	131.4	7105	stable	-1.5	
Atlantic County	132.9	231	stable	-0.4	
Bergen County	134.8	802	falling	-0.7	
Burlington County	136.3	389	stable	-0.3	
Camden County	145.4	447	stable	-2.3	
Cape May County	126.8	100	falling	-0.9	
Cumberland County	113.0	99	falling	-1.0	
Essex County	121.7	547	stable	0.1	
Gloucester County	135.5	237	stable	-0.3	
Hudson County	105.7	352	falling	-0.7	
Hunterdon County	150.6	125	stable	-0.4	
Mercer County	137.4	298	falling	-0.6	
Middlesex County	131.2	617	falling	-0.7	
Monmouth County	144.6	586	stable	-0.2	
Morris County	142.6	449	falling	-0.5	
Ocean County	126.4	539	falling	-0.8	
Passaic County	119.2	342	falling	-0.7	
Salem County	120.4	52	stable	-0.9	
Somerset County	134.5	270	stable	0.1	
Sussex County	126.7	116	stable	-0.4	
Union County	129.1	411	falling	-0.7	
Warren County	135.0	94	stable	-0.4	
CERVIX: All Races (includes Hispanic), Females, All Ages					
United States	7.6	12404	falling	-2.3	
New Jersey	7.9	390	falling	-2.8	
Atlantic County	11.4	17	falling	-3.6	
Bergen County	7.3	38	falling	-2.4	
Burlington County	7.6	18	stable	-0.8	
Camden County	8.6	25	falling	-2.7	
Cape May County	8.9	5	stable	8.1	
Cumberland County	9.7	8	falling	-5.0	
Essex County	9.6	42	falling	-3.9	
Gloucester County	6.8	11	falling	-2.8	
Hudson County	9.1	31	falling	-3.2	
Hunterdon County	5.7	5	stable	-2.4	
Mercer County	6.1	13	falling	-3.1	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[221]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
Middlesex County	7.1	32	falling	-2.3	
Monmouth County	6.5	24	falling	-2.8	
Morris County	6.1	18	falling	-2.3	
Ocean County	9.0	29	falling	-2.4	
Passaic County	8.1	21	falling	-2.4	
Salem County	9.9	4	*	*	
Somerset County	7.1	13	falling	-2.0	
Sussex County	5.6	5	falling	-15.1	
Union County	9.6	29	stable	0.1	
Warren County	6.6	4	falling	-4.3	
COLON & RECTUM: All Races (includes Hispanic), Both Sexes, All Ages					
United States	40.6	139095	falling	-3.0	
New Jersey	43.5	4384	falling	-4.0	
Atlantic County	43.5	142	falling	-5.1	
Bergen County	39.2	446	falling	-4.4	
Burlington County	48.8	259	falling	-2.1	
Camden County	48.5	274	falling	-3.1	
Cape May County	48.3	75	falling	-3.0	
Cumberland County	52.2	87	falling	-1.5	
Essex County	42.3	337	falling	-4.0	
Gloucester County	49.3	155	falling	-9.2	
Hudson County	43.4	255	falling	-7.9	
Hunterdon County	40.6	61	falling	-3.2	
Mercer County	43.8	177	falling	-2.4	
Middlesex County	42.3	367	falling	-3.9	
Monmouth County	43.7	329	falling	-4.0	
Morris County	38.6	227	falling	-4.7	
Ocean County	47.0	417	falling	-3.4	
Passaic County	41.4	216	falling	-4.5	
Salem County	45.4	38	falling	-2.5	
Somerset County	38.6	142	falling	-2.3	
Sussex County	43.4	71	falling	-2.9	
Union County	42.9	248	falling	-4.6	
Warren County	44.4	58	falling	-3.2	
ESOPHAGUS: All Races (includes Hispanic), Both Sexes, All Ages					
United States	4.7	16328	falling	-2.1	
New Jersey	4.6	467	falling	-4.9	
Atlantic County	5.2	17	falling	-2.5	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[221]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
Bergen County	3.5	41	stable	-0.9	
Burlington County	5.5	30	stable	0.3	
Camden County	5.2	29	falling	-1.2	
Cape May County	5.8	9	stable	-1.2	
Cumberland County	6.6	11	stable	0.9	
Essex County	4.3	35	falling	-3.2	
Gloucester County	6.0	20	stable	0.5	
Hudson County	3.7	22	falling	-2.7	
Hunterdon County	5.0	8	stable	-0.2	
Mercer County	4.4	18	stable	-1.4	
Middlesex County	4.6	40	falling	-1.1	
Monmouth County	5.1	38	stable	-0.2	
Morris County	4.5	27	stable	0.2	
Ocean County	5.3	47	stable	-6.4	
Passaic County	4.8	25	falling	-1.4	
Salem County	4.1	3	stable	-2.5	
Somerset County	3.2	12	stable	-1.6	
Sussex County	4.4	8	stable	-0.3	
Union County	3.2	19	falling	-2.1	
Warren County	5.6	7	stable	1.2	
KIDNEY & RENAL: All Races (includes Hispanic), Both Sexes, All Ages					
United States	16.0	55089	stable	-0.2	
New Jersey	15.5	1560	falling	-2.4	
Atlantic County	16.4	54	rising	1.2	
Bergen County	15.6	175	rising	1.0	
Burlington County	19.9	104	rising	2.7	
Camden County	17.9	101	rising	1.9	
Cape May County	19.2	30	rising	2.1	
Cumberland County	22.1	37	rising	4.3	
Essex County	13.0	104	rising	0.8	
Gloucester County	20.0	63	rising	2.4	
Hudson County	11.9	73	stable	0.6	
Hunterdon County	12.8	20	stable	1.5	
Mercer County	15.4	62	rising	1.9	
Middlesex County	14.4	126	stable	-2.1	
Monmouth County	15.8	120	rising	1.0	
Morris County	13.3	79	stable	0.5	
Ocean County	16.8	138	rising	1.5	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[221]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
Passaic County	15.6	82	rising	1.6	
Salem County	19.0	15	stable	0.9	
Somerset County	13.7	50	rising	1.7	
Sussex County	15.0	27	stable	0.3	
Union County	14.0	82	stable	0.7	
Warren County	15.2	19	stable	0.7	
LEUKEMIA: All Races (includes Hispanic), Both Sexes, All Ages					
United States	13.4	44727	stable	-0.6	
New Jersey	14.5	1418	stable	0.2	
Atlantic County	12.5	39	stable	-0.1	
Bergen County	16.2	177	stable	-6.3	
Burlington County	15.1	77	stable	0.9	
Camden County	14.5	81	stable	0.6	
Cape May County	17.5	26	stable	1.3	
Cumberland County	15.3	25	rising	1.9	
Essex County	12.0	93	falling	-0.8	
Gloucester County	17.1	52	rising	1.4	
Hudson County	12.2	72	falling	-0.8	
Hunterdon County	12.7	19	stable	-0.9	
Mercer County	12.8	51	stable	-0.4	
Middlesex County	15.1	129	stable	0.4	
Monmouth County	14.8	107	stable	0.6	
Morris County	15.9	90	stable	0.3	
Ocean County	13.7	113	stable	-0.4	
Passaic County	14.4	73	stable	-0.5	
Salem County	15.1	11	stable	0.9	
Somerset County	15.3	54	stable	0.4	
Sussex County	15.3	25	stable	0.8	
Union County	14.8	84	stable	0.7	
Warren County	12.5	16	falling	-1.3	
LIVER & BILE DUCT: All Races (includes Hispanic), Both Sexes, All Ages					
United States	7.6	27290	rising	2.0	
New Jersey (State)	7.2	751	stable	-2.4	
Atlantic County	7.8	27	rising	3.3	
Bergen County	7.0	80	rising	1.6	
Burlington County	7.0	39	rising	3.0	
Camden County	8.6	51	stable	-7.6	
Cape May County	7.5	12	rising	5.4	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[221]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
Cumberland County	10.4	18	rising	6.7	
Essex County	7.8	66	rising	1.9	
Gloucester County	7.2	24	rising	3.7	
Hudson County	7.2	45	rising	1.7	
Hunterdon County	4.9	8	*	*	
Mercer County	8.3	35	rising	4.0	
Middlesex County	7.4	66	rising	3.2	
Monmouth County	6.2	49	stable	1.3	
Morris County	5.7	34	stable	1.1	
Ocean County	7.7	66	rising	4.2	
Passaic County	7.7	42	rising	2.8	
Salem County	11.5	10	rising	4.8	
Somerset County	5.6	21	rising	2.7	
Sussex County	6.6	11	stable	1.8	
Union County	6.5	39	rising	2.7	
Warren County	6.6	9	stable	0.7	
LUNG & BRONCHUS: All Races (includes Hispanic), Both Sexes, All Ages					
United States	62.4	214614	falling	-2.5	
New Jersey	59.0	5900	falling	-4.3	
Atlantic County	69.9	230	falling	-6.4	
Bergen County	50.9	580	falling	-3.3	
Burlington County	65.1	342	stable	-5.7	
Camden County	71.9	406	stable	-5.4	
Cape May County	83.5	136	stable	-0.4	
Cumberland County	73.4	122	stable	-6.9	
Essex County	50.9	399	falling	-2.6	
Gloucester County	80.5	250	stable	-5.6	
Hudson County	48.8	279	falling	-2.1	
Hunterdon County	54.4	80	falling	-1.7	
Mercer County	59.1	235	falling	-1.2	
Middlesex County	53.4	459	stable	-7.3	
Monmouth County	63.9	475	stable	-7.1	
Morris County	49.6	287	falling	-5.8	
Ocean County	71.4	645	falling	-4.0	
Passaic County	53.8	276	falling	-1.2	
Salem County	72.8	62	falling	-1.1	
Somerset County	48.7	171	falling	-1.3	
Sussex County	64.2	106	falling	-1.3	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[221]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
Union County	47.9	274	falling	-1.6	
Warren County	65.4	85	falling	-1.0	
MELANOMA: All Races (includes Hispanic), Both Sexes, All Ages					
United States	20.3	68242	stable	0.7	
New Jersey	21.7	2143	stable	-1.7	
Atlantic County	24.2	77	stable	-5.1	
Bergen County	17.9	196	falling	-3.4	
Burlington County	27.3	143	stable	0.6	
Camden County	20.0	114	stable	-2.4	
Cape May County	40.8	60	stable	-3.4	
Cumberland County	17.3	29	rising	2.0	
Essex County	12.5	99	stable	-0.9	
Gloucester County	25.7	80	stable	-2.1	
Hudson County	7.0	44	falling	-9.0	
Hunterdon County	35.1	52	rising	5.4	
Mercer County	24.1	95	rising	3.7	
Middlesex County	17.1	146	rising	1.6	
Monmouth County	32.4	235	rising	2.3	
Morris County	26.9	154	stable	-0.7	
Ocean County	33.2	263	rising	3.7	
Passaic County	13.3	69	falling	-6.6	
Salem County	32.5	25	rising	5.0	
Somerset County	24.5	89	stable	-1.5	
Sussex County	27.0	46	rising	2.5	
Union County	16.0	93	stable	1.1	
Warren County	23.7	31	stable	1.4	
NON-HODGKIN'S LYMPHOMA: All Races (includes Hispanic), Both Sexes, All Ages					
United States	19.1	64576	falling	-1.7	
New Jersey	21.2	2094	stable	-3.0	
Atlantic County	19.4	61	falling	-0.9	
Bergen County	21.8	242	falling	-0.7	
Burlington County	21.2	110	stable	0.4	
Camden County	21.0	117	stable	0.2	
Cape May County	17.7	27	stable	-0.7	
Cumberland County	20.0	33	stable	0.2	
Essex County	20.7	164	stable	0.1	
Gloucester County	20.9	65	stable	0.5	
Hudson County	17.4	105	falling	-2.1	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[221]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
Hunterdon County	22.8	33	stable	0.6	
Mercer County	23.4	92	stable	0.6	
Middlesex County	21.0	180	stable	0.4	
Monmouth County	22.8	169	falling	-1.0	
Morris County	22.6	129	stable	-1.1	
Ocean County	21.4	180	stable	-0.4	
Passaic County	19.4	100	stable	0.3	
Salem County	19.5	16	stable	0.3	
Somerset County	20.4	75	stable	-1.8	
Sussex County	22.0	36	stable	0.4	
Union County	21.9	127	falling	-1.1	
Warren County	21.3	26	stable	0.3	
ORAL CAVITY & PHARYNX: All Races (includes Hispanic), Both Sexes, All Ages					
United States	11.3	39885	stable	0.5	
New Jersey	10.4	1066	falling	-0.6	
Atlantic County	13.1	45	stable	-0.3	
Bergen County	9.5	108	stable	0.0	
Burlington County	12.0	65	stable	-0.1	
Camden County	12.2	70	stable	0.4	
Cape May County	11.0	17	stable	0.1	
Cumberland County	11.9	21	stable	0.2	
Essex County	8.5	70	falling	-2.7	
Gloucester County	11.1	37	stable	0.7	
Hudson County	8.2	51	falling	-2.5	
Hunterdon County	7.0	13	stable	-0.6	
Mercer County	10.1	42	falling	-1.5	
Middlesex County	11.1	98	stable	0.0	
Monmouth County	11.3	88	stable	-0.2	
Morris County	10.5	63	stable	0.1	
Ocean County	11.6	95	stable	0.0	
Passaic County	9.1	48	falling	-1.7	
Salem County	13.6	11	stable	1.1	
Somerset County	9.6	38	stable	0.7	
Sussex County	12.8	22	stable	0.6	
Union County	9.1	55	falling	-0.8	
Warren County	9.3	12	stable	-0.5	
OVARY: All Races (includes Hispanic), Females, All Ages					
United States	11.6	21294	falling	-2.1	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[221]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
New Jersey	12.6	691	falling	-6.0	
Atlantic County	9.2	16	falling	-12.0	
Bergen County	11.5	70	falling	-5.4	
Burlington County	13.8	40	falling	-1.5	
Camden County	12.7	39	falling	-1.7	
Cape May County	13.5	11	stable	-1.1	
Cumberland County	8.8	8	falling	-20.4	
Essex County	11.8	53	falling	-2.4	
Gloucester County	14.6	25	stable	-1.1	
Hudson County	12.2	40	falling	-2.2	
Hunterdon County	12.0	10	falling	-3.3	
Mercer County	14.5	32	stable	-0.6	
Middlesex County	13.8	65	falling	-1.9	
Monmouth County	12.3	51	stable	-9.5	
Morris County	13.4	43	falling	-1.8	
Ocean County	13.2	57	falling	-1.9	
Passaic County	11.4	33	falling	-2.2	
Salem County	14.2	6	stable	-0.2	
Somerset County	13.0	26	stable	-1.1	
Sussex County	17.1	16	stable	-0.8	
Union County	12.2	40	falling	-2.4	
Warren County	14.5	10	stable	-1.1	
PANCREAS: All Races (includes Hispanic), Both Sexes, All Ages					
United States	12.3	42602	stable	0.5	
New Jersey	13.7	1390	stable	-2.0	
Atlantic County	13.2	44	stable	-0.6	
Bergen County	13.3	155	stable	0.0	
Burlington County	15.0	80	stable	0.5	
Camden County	13.6	77	stable	0.3	
Cape May County	13.2	21	stable	0.7	
Cumberland County	14.9	25	rising	1.8	
Essex County	14.3	112	stable	-0.4	
Gloucester County	13.2	42	stable	1.3	
Hudson County	12.0	69	stable	-0.5	
Hunterdon County	14.3	21	stable	1.1	
Mercer County	15.6	62	rising	2.2	
Middlesex County	13.1	114	stable	0.1	
Monmouth County	14.1	106	stable	0.3	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[221]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
Morris County	14.2	83	stable	0.7	
Ocean County	14.7	134	rising	0.9	
Passaic County	13.4	71	stable	0.2	
Salem County	12.2	10	stable	0.9	
Somerset County	12.5	45	rising	1.3	
Sussex County	11.2	18	stable	-0.6	
Union County	13.8	81	stable	0.0	
Warren County	16.0	21	stable	1.3	
PROSTATE: All Races (includes Hispanic), Males, All Ages					
United States	123.1	202783	falling	-8.5	
New Jersey	148.7	6915	stable	-11.7	
Atlantic County	135.4	213	stable	-14.4	
Bergen County	138.9	725	falling	-4.7	
Burlington County	162.4	411	falling	-14.5	
Camden County	160.0	416	stable	-11.6	
Cape May County	170.0	128	falling	-1.6	
Cumberland County	145.4	113	falling	-1.1	
Essex County	176.0	617	stable	-12.2	
Gloucester County	156.3	235	stable	-9.4	
Hudson County	117.9	300	falling	-5.6	
Hunterdon County	113.5	86	falling	-2.2	
Mercer County	153.5	284	falling	-16.9	
Middlesex County	139.0	557	falling	-3.6	
Monmouth County	158.5	562	stable	-9.6	
Morris County	157.4	440	stable	-13.5	
Ocean County	140.8	548	falling	-2.7	
Passaic County	147.2	347	falling	-6.9	
Salem County	165.4	65	stable	-0.7	
Somerset County	145.9	247	falling	-1.5	
Sussex County	132.5	119	falling	-11.4	
Union County	153.3	403	stable	-17.0	
Warren County	149.7	95	stable	-1.0	
STOMACH: All Races (includes Hispanic), Both Sexes, All Ages					
United States	6.7	22689	stable	-0.5	
New Jersey	8.0	804	falling	-1.9	
Atlantic County	8.3	27	falling	-1.6	
Bergen County	8.8	100	falling	-1.4	
Burlington County	6.3	34	falling	-2.4	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[221]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
Camden County	8.8	50	stable	-0.9	
Cape May County	6.5	11	stable	-0.1	
Cumberland County	8.2	14	stable	-1.7	
Essex County	8.7	69	falling	-2.4	
Gloucester County	7.0	22	falling	-1.5	
Hudson County	9.6	57	falling	-1.0	
Hunterdon County	5.2	8	falling	-4.3	
Mercer County	7.6	30	falling	-2.9	
Middlesex County	7.9	68	falling	-1.9	
Monmouth County	6.5	50	falling	-2.4	
Morris County	7.2	43	falling	-1.3	
Ocean County	7.6	67	falling	-1.9	
Passaic County	8.9	46	falling	-1.3	
Salem County	6.3	5	stable	-1.5	
Somerset County	7.4	26	falling	-1.6	
Sussex County	8.4	13	falling	-2.5	
Union County	9.5	55	falling	-1.7	
Warren County	7.5	10	falling	-2.5	
THYROID: All Races (includes Hispanic), Both Sexes, All Ages					
United States	14.0	45352	rising	2.1	
New Jersey	19.1	1805	stable	1.1	
Atlantic County	15.2	45	stable	-5.6	
Bergen County	20.3	206	stable	-3.6	
Burlington County	21.5	106	rising	3.1	
Camden County	20.3	110	rising	3.0	
Cape May County	16.9	18	rising	6.5	
Cumberland County	20.0	32	stable	3.0	
Essex County	12.0	97	rising	5.1	
Gloucester County	21.2	65	rising	7.9	
Hudson County	15.0	101	stable	-3.2	
Hunterdon County	18.2	26	rising	5.2	
Mercer County	22.2	87	rising	7.7	
Middlesex County	19.1	164	rising	6.3	
Monmouth County	24.4	165	stable	-1.3	
Morris County	21.1	113	rising	6.6	
Ocean County	23.1	142	rising	8.3	
Passaic County	15.2	77	rising	6.9	
Salem County	21.7	15	rising	8.4	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[221]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
Somerset County	22.2	80	rising	8.1	
Sussex County	15.4	25	rising	6.8	
Union County	18.5	106	rising	7.7	
Warren County	18.6	22	rising	6.0	
UTERUS: All Races (includes Hispanic), Females, All Ages					
United States	25.6	48317	rising	0.6	
New Jersey	30.8	1732	rising	0.5	
Atlantic County	30.0	54	stable	0.4	
Bergen County	28.6	180	stable	0.2	
Burlington County	29.9	89	stable	0.8	
Camden County	35.0	111	rising	1.5	
Cape May County	27.7	24	stable	0.5	
Cumberland County	34.2	31	stable	0.7	
Essex County	27.9	128	stable	0.7	
Gloucester County	30.6	56	stable	1.0	
Hudson County	23.1	79	stable	-0.4	
Hunterdon County	30.7	27	stable	-0.6	
Mercer County	33.4	75	stable	0.5	
Middlesex County	32.2	156	rising	0.8	
Monmouth County	33.0	138	rising	1.3	
Morris County	31.3	102	stable	0.2	
Ocean County	32.2	142	stable	0.4	
Passaic County	27.9	83	stable	0.2	
Salem County	33.9	15	stable	1.1	
Somerset County	34.0	70	stable	0.8	
Sussex County	37.2	36	stable	-0.3	
Union County	33.4	109	stable	0.5	
Warren County	35.7	25	stable	-0.9	

APPENDIX D7: CANCER MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[222]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
ALL SITES: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective C-1 (160.6)						
United States	No	168.5	577,303	falling	-1.5	
New Jersey	No	163.8	16,572	falling	-2.1	
Atlantic County	No	179.5	584	falling	-3.2	
Bergen County	Yes	147.3	1,722	falling	-2.0	
Burlington County	No	171.6	914	falling	-1.5	
Camden County	No	182.8	1,039	falling	-1.9	
Cape May County	No	193.1	314	falling	-1.1	
Cumberland County	No	189.6	317	falling	-0.9	
Essex County	No	161.8	1,272	falling	-2.4	
Gloucester County	No	193.5	602	falling	-2.5	
Hudson County	Yes	152.6	876	falling	-2.3	
Hunterdon County	Yes	145.1	210	falling	-2.0	
Mercer County	Yes	160.3	648	falling	-2.2	
Middlesex County	Yes	156.7	1,357	falling	-1.7	
Monmouth County	No	168.6	1,269	falling	-2.6	
Morris County	Yes	150.3	884	falling	-2.6	
Ocean County	No	174.2	1,607	falling	-1.4	
Passaic County	Yes	159.1	827	falling	-2.1	
Salem County	No	194.8	164	falling	-1.2	
Somerset County	Yes	153.3	549	falling	-1.7	
Sussex County	No	176.4	281	falling	-1.5	
Union County	Yes	155.6	909	falling	-1.9	
Warren County	No	175.1	227	falling	-1.0	
BLADDER: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective (N/A)						
United States	***	4.4	14,989	stable	0.1	
New Jersey (State)	***	4.8	493	falling	-0.5	
Atlantic County	***	5.5	18	stable	-0.9	
Bergen County	***	4.8	57	falling	-0.9	
Burlington County	***	4.7	25	stable	-0.6	
Camden County	***	4.8	27	stable	-0.1	
Cape May County	***	5.4	9	rising	23.5	
Cumberland County	***	5.4	9	stable	-0.3	
Essex County	***	4.3	34	stable	-0.4	

[222]statecancerprofiles.cancer.gov 08/01/2016; Data for the United States does not include data from Nevada; *** signifies de-identified data point.

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[222]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
Gloucester County	***	5.7	17	stable	-0.4	
Hudson County	***	4.6	25	stable	3.1	
Hunterdon County	***	4.9	7	stable	-0.8	
Mercer County	***	5.0	20	stable	0.0	
Middlesex County	***	4.7	40	stable	-0.4	
Monmouth County	***	4.8	37	stable	-0.3	
Morris County	***	5.0	30	stable	0.0	
Ocean County	***	5.6	55	stable	0.0	
Passaic County	***	4.2	21	stable	-0.5	
Salem County	***	5.3	4	stable	0.2	
Somerset County	***	5.0	17	stable	0.6	
Sussex County	***	3.9	6	falling	-3.0	
Union County	***	4.4	26	stable	-1.0	
Warren County	***	6.0	8	stable	-0.7	
BRAIN & ONS: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective (N/A)						
United States	***	4.3	14690	stable	0.5	
New Jersey (State)	***	3.7	371	falling	-0.6	
Atlantic County	***	4.2	13	stable	0.2	
Bergen County	***	3.5	39	stable	-0.4	
Burlington County	***	4.4	23	stable	-0.5	
Camden County	***	3.6	19	falling	-1.3	
Cape May County	***	4.8	7	stable	0.5	
Cumberland County	***	2.8	5	stable	-1.9	
Essex County	***	3.1	24	stable	-1.2	
Gloucester County	***	4.1	13	stable	-0.7	
Hudson County	***	2.6	16	stable	-1.1	
Hunterdon County	***	2.5	4	falling	-3.4	
Mercer County	***	3.8	15	stable	-0.4	
Middlesex County	***	3.6	31	stable	-0.4	
Monmouth County	***	4.1	31	stable	0.6	
Morris County	***	5.4	30	stable	0.4	
Ocean County	***	4.3	34	stable	-0.2	
Passaic County	***	3.7	19	stable	-1.1	
Salem County	*	*	*	**	**	
Somerset County	***	3.9	14	stable	-1.5	
Sussex County	***	4.6	7	stable	-0.2	
Union County	***	3.2	18	falling	-1.9	
Warren County	***	4.4	5	stable	0.3	

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[222]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
BREAST: All Races (includes Hispanic), Females, All Ages: HP2020 Objective C-3 (20.6)						
United States	No	21.5	40923	falling	-1.9	
New Jersey	No	23.4	1347	falling	-2.3	
Atlantic County	No	26.1	47	falling	-1.8	
Bergen County	No	20.8	139	falling	-3.0	
Burlington County	No	25.2	75	falling	-2.0	
Camden County	No	27.8	91	falling	-2.0	
Cape May County	Yes	19.5	19	stable	-1.7	
Cumberland County	No	21.4	20	falling	-1.8	
Essex County	No	23.7	109	falling	-2.7	
Gloucester County	No	26.5	48	falling	-1.4	
Hudson County	No	22.3	75	falling	-2.1	
Hunterdon County	No	24.3	20	stable	-1.1	
Mercer County	No	22.5	53	falling	-2.6	
Middlesex County	No	22.6	112	falling	-2.5	
Monmouth County	No	24.7	106	falling	-2.3	
Morris County	No	21.0	70	falling	-2.5	
Ocean County	No	23.4	114	falling	-2.3	
Passaic County	No	24.2	72	falling	-1.5	
Salem County	No	26.6	13	stable	-0.9	
Somerset County	No	21.8	46	falling	-2.6	
Sussex County	No	23.0	21	falling	-2.1	
Union County	No	24.4	81	falling	-2.2	
Warren County	No	21.9	16	falling	-2.1	
CERVIX: All Races (includes Hispanic), Females, All Ages: HP2020 Objective C-4 (2.2)						
United States	No	2.3	4046	falling	-0.8	red
New Jersey	No	2.3	124	falling	-2.4	
Atlantic County	No	3.8	6	stable	-1.5	
Bergen County	Yes	2.2	13	falling	-1.5	
Burlington County	Yes	2.0	5	stable	-2.2	
Camden County	No	3.4	10	stable	-0.7	
Cape May County	*	*	*	**	**	
Cumberland County	*	*	*	**	**	
Essex County	No	3.4	15	falling	-3.0	
Gloucester County	Yes	2.0	4	**	**	
Hudson County	No	2.7	9	falling	-3.6	
Hunterdon County	*	*	*	**	**	
Mercer County	Yes	2.2	5	stable	-2.1	

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[222]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
Middlesex County	Yes	2.0	9	falling	-2.1	
Monmouth County	Yes	1.8	7	falling	-2.5	
Morris County	Yes	1.6	5	**	**	
Ocean County	Yes	2.0	8	stable	-1.5	
Passaic County	No	2.7	7	stable	-1.8	
Salem County	*	*	*	**	**	
Somerset County	Yes	1.7	3	stable	-0.5	
Sussex County	*	*	*	**	**	
Union County	Yes	1.9	6	falling	-4.1	
Warren County	*	*	*	**	**	
COLON & RECTUM: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective C-5 (14.5)						
United States	No	15.1	51,801	falling	-2.5	
New Jersey	No	15.6	1,601	falling	-3.0	
Atlantic County	No	16.7	54	falling	-3.2	
Bergen County	Yes	13.3	158	falling	-3.6	
Burlington County	No	16.5	89	falling	-2.7	
Camden County	No	16.9	99	falling	-2.3	
Cape May County	No	16.6	27	falling	-2.7	
Cumberland County	No	17.3	29	falling	-2.5	
Essex County	No	16.5	130	falling	-2.7	
Gloucester County	No	18.3	57	falling	-2.4	
Hudson County	No	18.3	105	falling	-2.8	
Hunterdon County	Yes	12.9	18	falling	-3.1	
Mercer County	No	15.7	64	falling	-3.1	
Middlesex County	Yes	14.5	127	falling	-3.7	
Monmouth County	No	15.8	121	falling	-3.3	
Morris County	Yes	13.2	80	falling	-3.2	
Ocean County	No	15.5	147	falling	-2.6	
Passaic County	No	15.2	80	falling	-3.2	
Salem County	No	22.7	20	falling	-1.7	
Somerset County	No	15.4	56	falling	-2.5	
Sussex County	No	17.0	27	falling	-2.8	
Union County	No	15.5	91	falling	-2.9	
Warren County	No	17.7	23	falling	-2.2	
ESOPHAGUS: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective (N/A)						
United States	***	4.1	14436	falling	-0.9	
New Jersey	***	3.9	403	falling	-0.8	
Atlantic County	***	4.5	15	falling	-2.0	

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[222]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
Bergen County	***	2.9	33	falling	-6.8	
Burlington County	***	4.8	26	stable	0.2	
Camden County	***	4.7	28	stable	0.0	
Cape May County	***	4.0	6	stable	-1.1	
Cumberland County	***	5.0	8	stable	21.1	
Essex County	***	3.8	30	falling	-2.7	
Gloucester County	***	5.5	18	stable	0.8	
Hudson County	***	3.3	20	falling	-2.6	
Hunterdon County	***	4.8	8	**	**	
Mercer County	***	4.0	16	falling	-1.8	
Middlesex County	***	4.0	35	stable	-0.1	
Monmouth County	***	4.1	30	falling	-0.9	
Morris County	***	3.3	20	stable	-0.6	
Ocean County	***	4.7	43	stable	0.4	
Passaic County	***	3.9	21	falling	-1.4	
Salem County	***	3.8	3	stable	-2.1	
Somerset County	***	3.1	12	falling	-1.9	
Sussex County	***	5.6	9	stable	1.0	
Union County	***	2.6	16	falling	-2.8	
Warren County	***	4.0	5	stable	0.3	
KIDNEY & RENAL: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective (N/A)						
United States	***	3.9	13439	falling	-0.9	
New Jersey	***	3.3	338	falling	-1.3	
Atlantic County	***	3.4	11	stable	-1.3	
Bergen County	***	2.9	35	falling	-1.9	
Burlington County	***	3.8	21	falling	-1.5	
Camden County	***	3.5	20	falling	-1.8	
Cape May County	***	3.9	7	stable	-0.4	
Cumberland County	***	4.2	7	stable	0.2	
Essex County	***	2.9	23	falling	-1.2	
Gloucester County	***	4.5	14	stable	-0.5	
Hudson County	***	3.0	17	stable	-0.7	
Hunterdon County	***	2.8	4	**	**	
Mercer County	***	2.9	12	falling	-1.8	
Middlesex County	***	3.6	31	falling	-1.6	
Monmouth County	***	3.5	27	falling	-1.9	
Morris County	***	3.6	21	stable	-0.6	
Ocean County	***	3.2	29	falling	-1.4	

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[222]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
Passaic County	***	2.7	14	stable	-0.5	
Salem County	*	*	*	*	*	
Somerset County	***	3.4	12	stable	-0.2	
Sussex County	***	4.3	7	stable	-0.2	
Union County	***	3.0	18	falling	-2.2	
Warren County	***	3.6	5	stable	-1.1	
LEUKEMIA: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective (N/A)						
United States	***	6.9	23083	falling	-1	
New Jersey	***	6.5	642	falling	-1.5	
Atlantic County	***	6	19	falling	-2	
Bergen County	***	6.2	72	falling	-1.3	
Burlington County	***	6.4	34	stable	-0.3	
Camden County	***	7.1	40	stable	-0.6	
Cape May County	***	8.4	13	stable	0.7	
Cumberland County	***	5.9	10	falling	-2.3	
Essex County	***	5.9	46	falling	-2	
Gloucester County	***	7.2	22	stable	-1.2	
Hudson County	***	6.1	34	falling	-1.8	
Hunterdon County	***	4.9	7	stable	-1.9	
Mercer County	***	5.5	22	falling	-1.5	
Middlesex County	***	6.6	57	falling	-0.8	
Monmouth County	***	7.1	52	stable	-0.7	
Morris County	***	6.8	39	stable	-0.8	
Ocean County	***	6.6	62	falling	-1.5	
Passaic County	***	5.6	29	falling	-3	
Salem County	***	6.6	5	stable	-1.2	
Somerset County	***	6.9	24	stable	-0.9	
Sussex County	***	6.8	10	stable	-0.9	
Union County	***	6.7	38	falling	-0.8	
Warren County	***	6.6	8	stable	-0.2	
LIVER & BILE DUCT: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective (N/A)						
United States	***	6.1	21654	rising	3.0	
New Jersey (State)	***	5.6	577	rising	1.4	
Atlantic County	***	5.8	20	stable	1.5	
Bergen County	***	5.6	65	rising	1.1	
Burlington County	***	5.6	30	stable	1.5	
Camden County	***	6.5	38	rising	2.6	
Cape May County	***	6.6	10	rising	3.1	

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[222]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
Cumberland County	***	8.7	15	rising	5.0	
Essex County	***	5.7	47	stable	1.1	
Gloucester County	***	4.7	15	stable	1.1	
Hudson County	***	5.2	32	stable	0.4	
Hunterdon County	***	4.9	7	stable	2.6	
Mercer County	***	5.8	24	rising	2.0	
Middlesex County	***	5.4	47	rising	1.4	
Monmouth County	***	6.2	47	stable	1.0	
Morris County	***	4.8	28	stable	1.0	
Ocean County	***	5.7	50	stable	0.1	
Passaic County	***	6.5	34	rising	2.7	
Salem County	***	7.7	7	stable	1.7	
Somerset County	***	4.3	16	stable	0.7	
Sussex County	***	5.5	9	stable	0.4	
Union County	***	5.1	30	rising	2.5	
Warren County	***	5.1	7	**	**	
LUNG & BRONCHUS: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective C-2 (45.5)						
United States	No	46.0	157376	falling	-2.4	
New Jersey	Yes	40.9	4100	falling	-2.8	
Atlantic County	No	47.9	156	falling	-5.5	
Bergen County	Yes	34.7	402	falling	-2.2	
Burlington County	Yes	44.2	232	falling	-1.8	
Camden County	No	48.9	275	falling	-2.9	
Cape May County	No	54.9	90	falling	-1.1	
Cumberland County	No	50.7	84	falling	-1.0	
Essex County	Yes	37.1	289	falling	-2.9	
Gloucester County	No	55.5	172	falling	-3.2	
Hudson County	Yes	36.5	206	falling	-2.7	
Hunterdon County	Yes	37.8	55	falling	-2.2	
Mercer County	Yes	38.2	152	falling	-1.9	
Middlesex County	Yes	37.0	319	falling	-3.1	
Monmouth County	Yes	42.8	317	falling	-3.2	
Morris County	Yes	34.8	201	falling	-3.8	
Ocean County	No	47.7	442	falling	-4.3	
Passaic County	Yes	39.3	202	falling	-1.7	
Salem County	No	48.1	41	falling	-1.6	
Somerset County	Yes	35.3	122	falling	-2.1	
Sussex County	Yes	45.2	74	falling	-1.6	

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[222]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
Union County	Yes	35.8	207	falling	-1.8	
Warren County	No	45.6	59	falling	-1.4	
MELANOMA: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective C-8 (2.4)						
United States	No	2.7	9225	stable	0	
New Jersey	Yes	2.4	241	falling	-1.3	
Atlantic County	Yes	2.2	7	stable	-1.5	
Bergen County	Yes	2.2	25	falling	-2.2	
Burlington County	No	3	16	stable	1.2	
Camden County	No	3.2	18	stable	0.2	
Cape May County	No	3.8	6	stable	-1.1	
Cumberland County	No	2.5	4	falling	-2.6	
Essex County	Yes	1.6	12	falling	-1.2	
Gloucester County	No	2.9	9	stable	-1.6	
Hudson County	Yes	1.3	7	stable	-1.1	
Hunterdon County	No	2.8	4	falling	-5.4	
Mercer County	Yes	2	8	falling	-2.8	
Middlesex County	Yes	1.8	15	falling	-2.5	
Monmouth County	Yes	2.4	18	falling	-1.9	
Morris County	No	3.1	18	stable	0.5	
Ocean County	No	3.3	28	stable	-0.1	
Passaic County	Yes	1.8	9	stable	-1.5	
Salem County	*	*	*	*	*	
Somerset County	No	2.9	10	stable	-0.2	
Sussex County	No	2.9	5	**	**	
Union County	No	2.5	14	stable	-0.5	
Warren County	No	3.7	5	**	**	
NON-HODGKIN'S LYMPHOMA: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective (N/A)						
United States	***	6.0	20300	falling	-2.3	
New Jersey	***	5.6	564	falling	-3.8	
Atlantic County	***	5.7	18	falling	-6.2	
Bergen County	***	5.6	65	falling	-4.0	
Burlington County	***	5.2	28	falling	-8.8	
Camden County	***	5.6	32	falling	-2.3	
Cape May County	***	6.6	10	stable	-1.3	
Cumberland County	***	5.3	9	falling	-9.4	
Essex County	***	5.5	43	falling	-3.5	
Gloucester County	***	6.4	19	falling	-5.0	
Hudson County	***	4.9	27	falling	-3.7	

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[222]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
Hunterdon County	***	5.1	7	falling	-2.4	
Mercer County	***	5.8	23	stable	5.0	
Middlesex County	***	5.7	49	falling	-2.9	
Monmouth County	***	5.6	42	falling	-4.3	
Morris County	***	5.4	31	falling	-3.0	
Ocean County	***	5.7	54	stable	4.5	
Passaic County	***	5.0	26	falling	-2.8	
Salem County	***	7.5	6	stable	-0.1	
Somerset County	***	5.3	19	falling	-2.6	
Sussex County	***	7.3	11	stable	-0.4	
Union County	***	5.6	33	falling	-2.2	
Warren County	***	8.2	11	stable	-1.5	
ORAL CAVITY & PHARYNX: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective C-6 (2.3)						
United States	No	2.4	8565	stable	0.4	
New Jersey	Yes	2	204	falling	-3.1	
Atlantic County	Yes	2	7	stable	-2	
Bergen County	Yes	1.9	23	stable	-1.1	
Burlington County	Yes	1.8	10	falling	-3.8	
Camden County	Yes	2.3	13	falling	-2.9	
Cape May County	No	3	5	**	**	
Cumberland County	No	3	5	stable	-1	
Essex County	Yes	2.3	19	falling	-3.9	
Gloucester County	Yes	2.2	7	stable	-1.4	
Hudson County	Yes	2.2	13	falling	-3.9	
Hunterdon County	*	*	*	**	**	
Mercer County	Yes	1.9	8	falling	-2.8	
Middlesex County	Yes	2	18	falling	-2.9	
Monmouth County	Yes	1.4	10	falling	-4.5	
Morris County	Yes	1.8	11	falling	-4.3	
Ocean County	Yes	2.1	19	falling	-1.5	
Passaic County	No	2.4	13	falling	-2.3	
Salem County	*	*	*	**	**	
Somerset County	Yes	1.2	4	stable	-2.3	
Sussex County	*	*	*	*	*	
Union County	Yes	1.6	10	falling	-3.6	
Warren County	No	3	4	**	**	
OVARY: All Races (includes Hispanic), Females, All Ages: HP2020 Objective (N/A)						
United States	***	7.5	14407	falling	-2.1	

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[222]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
New Jersey	***	7.8	449	stable	-5.8	
Atlantic County	***	6.2	11	falling	-11.1	
Bergen County	***	7.8	51	falling	-1.5	
Burlington County	***	7.3	22	falling	-2.1	
Camden County	***	7.8	25	stable	-0.7	
Cape May County	***	8.6	7	stable	0.9	
Cumberland County	***	8.5	8	stable	-0.8	
Essex County	***	7.1	32	falling	-2.2	
Gloucester County	***	9.2	16	stable	-0.4	
Hudson County	***	7.6	26	falling	-1.6	
Hunterdon County	***	7.7	6	falling	-2.9	
Mercer County	***	7.9	18	falling	-1.5	
Middlesex County	***	9.0	44	falling	-1.4	
Monmouth County	***	8.3	36	falling	-1.9	
Morris County	***	8.0	27	stable	-0.8	
Ocean County	***	7.6	39	falling	-1.8	
Passaic County	***	7.5	22	stable	-0.7	
Salem County	*	*	*	*	*	
Somerset County	***	8.5	17	stable	-1.4	
Sussex County	***	10.5	9	stable	-0.8	
Union County	***	6.9	23	falling	-2.5	
Warren County	***	7.2	6	stable	-1.5	
PANCREAS: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective (N/A)						
United States	***	10.9	37531	rising	0.3	
New Jersey	***	11.6	1175	stable	0.1	
Atlantic County	***	12.1	40	stable	-0.3	
Bergen County	***	11.4	135	stable	-0.3	
Burlington County	***	13.1	70	stable	0.5	
Camden County	***	11.1	64	stable	-0.1	
Cape May County	***	11.8	19	stable	0.7	
Cumberland County	***	13.4	22	rising	2.1	
Essex County	***	11.7	91	falling	-0.7	
Gloucester County	***	12.6	40	rising	1.6	
Hudson County	***	8.9	51	falling	-1.1	
Hunterdon County	***	11.0	15	stable	1.0	
Mercer County	***	12.7	51	rising	1.7	
Middlesex County	***	10.4	90	falling	-0.7	
Monmouth County	***	11.9	90	stable	-0.1	

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[222]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
Morris County	***	11.4	67	stable	0.0	
Ocean County	***	13.0	122	rising	0.6	
Passaic County	***	11.6	62	stable	0.1	
Salem County	***	12.1	10	stable	-0.3	
Somerset County	***	10.3	37	stable	0.7	
Sussex County	***	10.1	16	stable	-0.7	
Union County	***	11.7	68	stable	0.0	
Warren County	***	12.3	16	stable	0.5	
PROSTATE: All Races (includes Hispanic), Males, All Ages: HP2020 Objective C-7 (21.8)						
United States	Yes	20.7	27909	falling	-3.6	
New Jersey	Yes	19.5	769	falling	-3.9	
Atlantic County	Yes	19.9	25	falling	-3.9	
Bergen County	Yes	14.8	70	falling	-4.7	
Burlington County	Yes	19.5	40	falling	-3.6	
Camden County	No	22.3	48	falling	-3.1	
Cape May County	No	22.7	15	falling	-3.7	
Cumberland County	No	24.5	15	falling	-3.0	
Essex County	No	24.5	71	falling	-3.5	
Gloucester County	Yes	21.2	25	falling	-3.0	
Hudson County	Yes	19.0	39	falling	-3.8	
Hunterdon County	Yes	16.9	9	falling	-3.9	
Mercer County	No	22.6	34	falling	-3.9	
Middlesex County	Yes	17.8	60	falling	-4.6	
Monmouth County	Yes	20.1	58	falling	-4.0	
Morris County	Yes	18.2	44	falling	-3.9	
Ocean County	Yes	18.0	74	falling	-3.7	
Passaic County	Yes	19.8	39	falling	-2.9	
Salem County	No	28.6	10	stable	-1.6	
Somerset County	Yes	17.9	24	falling	-3.8	
Sussex County	Yes	16.9	10	falling	-4.1	
Union County	No	21.8	49	falling	-3.5	
Warren County	Yes	19.0	10	stable	-1.2	
STOMACH: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective (N/A)						
United States	***	3.3	11212	falling	-2.2	
New Jersey	***	3.7	371	falling	-3.5	
Atlantic County	***	3.6	11	falling	-3.1	
Bergen County	***	3.9	45	falling	-3.4	
Burlington County	***	2.9	16	falling	-4.2	

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[222]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
Camden County	***	4	23	falling	-2.8	
Cape May County	***	3.6	6	stable	-1.8	
Cumberland County	***	3.5	6	falling	-2.7	
Essex County	***	4.4	34	falling	-3.5	
Gloucester County	***	2.8	9	falling	-4.2	
Hudson County	***	4.9	28	falling	-1.9	
Hunterdon County	*	*	*	**	**	
Mercer County	***	2.7	11	falling	-4.9	
Middlesex County	***	4.4	38	falling	-2.9	
Monmouth County	***	2.6	19	falling	-4.2	
Morris County	***	3.5	21	falling	-2.6	
Ocean County	***	3	28	falling	-4.3	
Passaic County	***	4.5	23	falling	-3.2	
Salem County	*	*	*	*	*	
Somerset County	***	3.2	11	falling	-3.9	
Sussex County	***	3.6	5	falling	-3.3	
Union County	***	4.7	28	falling	-3.7	
Warren County	***	2.4	3	falling	-4.4	
THYROID: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective (N/A)						
United States	***	0.5	1736	rising	0.8	
New Jersey	***	0.5	50	stable	-0.2	
Atlantic County	*	*	*	**	**	
Bergen County	***	0.5	5	stable	-0.9	
Burlington County	*	*	*	**	**	
Camden County	***	0.6	4	**	**	
Cape May County	*	*	*	**	**	
Cumberland County	*	*	*	**	**	
Essex County	***	0.4	4	**	**	
Gloucester County	*	*	*	**	**	
Hudson County	***	0.6	4	**	**	
Hunterdon County	*	*	*	**	**	
Mercer County	*	*	*	**	**	
Middlesex County	***	0.4	4	**	**	
Monmouth County	***	0.5	4	stable	-0.9	
Morris County	***	0.6	4	**	**	
Ocean County	***	0.5	5	**	**	
Passaic County	*	*	*	*	*	
Salem County	*	*	*	**	**	

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[222]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
Somerset County	*	*	*	**	**	
Sussex County	*	*	*	**	**	
Union County	*	*	*	**	**	
Warren County	*	*	*	**	**	
UTERUS: All Races (includes Hispanic), Females, All Ages: HP2020 Objective (N/A)						
United States	***	4.5	8598	rising	2.4	
New Jersey	***	5.5	315	rising	0.6	
Atlantic County	***	5.7	11	stable	-0.2	
Bergen County	***	5.1	35	stable	0.8	
Burlington County	***	5.2	16	stable	-1.8	
Camden County	***	5.6	18	stable	-0.2	
Cape May County	***	4.1	4	stable	-0.2	
Cumberland County	***	7.8	7	stable	2.3	
Essex County	***	5.7	26	stable	-0.2	
Gloucester County	***	5.5	10	stable	-0.9	
Hudson County	***	5.7	20	stable	0	
Hunterdon County	*	*	*	**	**	
Mercer County	***	5	11	stable	0.6	
Middlesex County	***	6.2	30	stable	1.4	
Monmouth County	***	5.2	22	stable	0.5	
Morris County	***	4.2	14	stable	-0.7	
Ocean County	***	5.1	26	stable	1.4	
Passaic County	***	6.4	19	stable	1.2	
Salem County	*	*	*	**	**	
Somerset County	***	5.4	11	stable	0.9	
Sussex County	***	4.3	4	**	**	
Union County	***	6.2	20	stable	0.9	
Warren County	***	6.8	5	**	**	

APPENDIX E: PUBLIC HEALTH SURVEY RESPONSES

	Livingston/Millburn/South Orange/Maplewood/West Orange (4)	Montclair, Belleville, Cedar Grove, Nutley and Verona, West Caldwell/Bloomfield, Caldwell, Glen Ridge (4)
Top six health needs identified for Municipality	1. Heart Disease (4) 2. Diabetes (3) 3. Mental Health/Substance Abuse (3) 4. Cancer (3) 5. Obesity (3) 6. Respiratory Illness 7. Hypertension/Stroke 8. STD 9. Lead Awareness	1. Cardiovascular disease/ prevention/Hypertension (4) 2. Cancer/prevention (3) 3. Obesity prevention and behavioral changes for overweight individuals (3) 4. Diabetes (3) 5. Mental Behavioral Health (3 6. Respiratory illness/asthma/lung disease (3) 7. Drug and alcohol abuse prevention/Heroin Use (2) 8. Access to care (2) 9. Accident prevention (driver safety, texting, etc.) 10. Lifestyle Wellness /Disease prevention 11. Parenting support and education
Primary barriers precluding improvement	• Transportation to MD appointments/Public Transportation/ Other Transportation (2) • Language Barrier for Asians – biggest growing minority in town • Difficulty for lower socio-economic residents to maintain balanced/healthy diet (2) • Resources • Lack of ethnically/ culturally relevant education • STDs – awareness and access to care/ prevention • Mental Health – awareness and access to care • Heart Disease and Cancer – larger number of people affected • Smoking prevention and cessation in youth and adults • Preventive screenings and education	• Changing behaviors (2) • Inadequate support staff for local health and lack of funding • Medical community more focused on treatment than prevention • Need greater awareness of the program/services available to individuals from sources not considered “usual” providers • Drugs: need more emphasis on treating addiction – emotional health and well-being • Lack of awareness of how serious the condition can be • Environmental Factors • Fear • Ignorance and /or false pride Transportation

	Livingston/Millburn/South Orange/Maplewood/West Orange (4)	Montclair, Belleville, Cedar Grove, Nutley and Verona, West Caldwell/Bloomfield, Caldwell, Glen Ridge (4)
Additional items to consider in CHNA	• Senior needs: garbage & recycling to curb; snow removal and fall yard raking • Reaching new residents to determine public health needs • Septicemia and Hospital Infections	• Intervention within neighborhoods; by providing assistance in medical, physician and emotional health

	Irvington, Newark, Orange, East Orange (4)
Top six health needs identified for Municipality	1. Heart Disease/ Prevention (4) 2. Diabetes Control/Prevention/renal failure (4) 3. STDs control/ Communicable Disease Prevention/HIV (3) 4. Cancer (3) 5. Mental Health/Substance Abuse (2) 6. Access to Health Care (2) 7. Hepatitis B&C 8. Asthma/Respiratory Disease 9. Lead Poisoning Prevention 10. Assaults/Violence 11. Dental conditions
Primary barriers precluding improvement	• Health Education (Lack of) (3) • Immigrant status/socioeconomic status (2) • Nutrition Education (Lack of) (2) • Limited public health funds • Insurance (Lack of..)
Additional items to consider in CHNA	

APPENDIX F: RESOURCE INVENTORY

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
AMBULATORY CARE FACILITY	ADVANCED IMAGING CENTER LLC	400 DELANCEY STREET, SUITE 108	NEWARK	07105	ESSEX	(973) 589-7777	SSA
AMBULATORY CARE FACILITY	ADVANCED PRACTICE IMAGING	30 BERGEN STREET	NEWARK	07103	ESSEX	(973) 972-5188	SSA
AMBULATORY CARE FACILITY	AMERICAN SLEEP MEDICINE	5N REGENT STREET, SUITE 512	LIVINGSTON	07039	ESSEX	(973) 422-9030	PSA
AMBULATORY CARE FACILITY	AP DIAGNOSTIC IMAGING INC IRONBOUND	2 FERRY STREET	NEWARK	07105	ESSEX	(973) 589-0373	SSA
AMBULATORY CARE FACILITY	BARNABAS HEALTH AMBULATORY CARE CENTER	200 SOUTH ORANGE AVENUE	LIVINGSTON	07039	ESSEX	(973) 322-7700	PSA
AMBULATORY CARE FACILITY	CANFIELD MEDICAL IMAGING ASSOCIATE PA	343 PASSAIC AVENUE, SUITE C	FAIRFIELD	07004	ESSEX	(973) 227-2308	PSA
AMBULATORY CARE FACILITY	CENTRAL IMAGING ASSOCIATES, INC	514 JOYCE STREET	ORANGE	07050	ESSEX	(973) 294-9507	PSA
AMBULATORY CARE FACILITY	COLUMBUS IMAGING CENTER LLC	481 NORTH 13TH STREET	NEWARK	07107	ESSEX	(973) 481-7770	SSA
AMBULATORY CARE FACILITY	COMMUNITY HEALTH IMPROVEMENT CENTERS INC	352 WEST MARKET STREET	NEWARK	07107	ESSEX	(973) 732-2147	SSA
AMBULATORY CARE FACILITY	COVENANT HOUSE NEW JERSEY MEDICAL SERVICES	330 WASHINGTON STREET	NEWARK	07102	ESSEX	(973) 286-3427	SSA-2
AMBULATORY CARE FACILITY	IRONBOUND OPEN MRI	119-137 CLIFFORD STREET	NEWARK	07102	ESSEX	(973) 508-1400	SSA-2
AMBULATORY CARE FACILITY	IRVINGTON MEDICAL IMAGING CENTER	277-285 COIT STREET	IRVINGTON	07111	ESSEX	(973) 351-1277	SSA
AMBULATORY CARE FACILITY	MAGNETIC RESONANCE OF NJ	410 CENTER STREET	NUTLEY	07110	ESSEX	(973) 661-2000	SSA
AMBULATORY CARE FACILITY	MILLBURN MEDICAL IMAGING, PA	2130 MILLBURN AVENUE	MAPLEWOOD	07040	ESSEX	(973) 912-0404	PSA
AMBULATORY CARE FACILITY	MONTCLAIR BREAST CENTER	37 NORTH FULLERTON AVENUE	MONTCLAIR	07042	ESSEX	(973) 509-1818	SSA
AMBULATORY CARE FACILITY	MONTCLAIR RADIOLOGY	1140 BLOOMFIELD AVENUE	WEST CALDWELL	07006	ESSEX	(973) 439-9729	PSA
AMBULATORY CARE FACILITY	MONTCLAIR RADIOLOGY	116 PARK STREET	MONTCLAIR	07042	ESSEX	(973) 746-2525	SSA
AMBULATORY CARE FACILITY	MONTCLAIR RADIOLOGY	20 HIGH STREET	NUTLEY	07110	ESSEX	(973) 284-1881	SSA
AMBULATORY CARE FACILITY	MOUNTAINSIDE FAMILY PRACTICE ASSOCIATES AT VERONA	799 BLOOMFIELD AVENUE	VERONA	07044	ESSEX	(973) 746-7050	PSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
AMBULATORY CARE FACILITY	MRNJ NEWARK	9-25 ALLING STREET	NEWARK	07102	ESSEX	(973) 242-5600	SSA-2
AMBULATORY CARE FACILITY	NJIN OF BELLEVILLE	36 NEWARK AVENUE	BELLEVILLE	07109	ESSEX	(973) 844-4170	SSA
AMBULATORY CARE FACILITY	NJIN WEST ORANGE	772 NORTHFIELD AVENUE	WEST ORANGE	07052	ESSEX	(973) 325-0002	PSA
AMBULATORY CARE FACILITY	NJU CANCER TREATMENT CENTERS	1515 BROAD STREET, SUITE B120	BLOOMFIELD	07003	ESSEX	(973) 873-7000	SSA
AMBULATORY CARE FACILITY	ODI DIAGNOSTIC IMAGING OF NEWARK, LLC	243 CHESTNUT STREET	NEWARK	07105	ESSEX	(973) 521-5685	SSA
AMBULATORY CARE FACILITY	PETER HO MEMORIAL CLINIC, THE	111 CENTRAL AVENUE	NEWARK	07102	ESSEX	(973) 877-5649	SSA-2
AMBULATORY CARE FACILITY	PLANNED PARENTHOOD OF METROPOLITAN NEW JERSEY	151 WASHINGTON STREET	NEWARK	07102	ESSEX	(973) 622-3900	SSA-2
AMBULATORY CARE FACILITY	PROSPECT PRIMARY CARE	424 MAIN STREET	EAST ORANGE	07018	ESSEX	(973) 674-8067	SSA
AMBULATORY CARE FACILITY	PROSTATE CANCER CENTER OF NEW JERSEY	375 MT PLEASANT AVENUE	WEST ORANGE	07052	ESSEX	(973) 323-1300	PSA
AMBULATORY CARE FACILITY	SAINT JAMES HEALTH, INC	228 LAFAYETTE STREET, SECOND FLOOR	NEWARK	07105	ESSEX	(973) 789-8111	SSA
AMBULATORY CARE FACILITY	SINUS AND DENTAL IMAGING OF NJ LLC	111-115 FRANKLIN AVENUE	NUTLEY	07110	ESSEX	(973) 685-9191	SSA
AMBULATORY CARE FACILITY	SOUTH MOUNTAIN IMAGING CENTER	120 MILLBURN AVENUE	MILLBURN	07041	ESSEX	(973) 376-0900	PSA
AMBULATORY CARE FACILITY	STONE CENTER OF NEW JERSEY, THE	150 BERGEN STREET	NEWARK	07103	ESSEX	(973) 564-5642	SSA
AMBULATORY CARE FACILITY	SUMMIT MEDICAL GROUP, PA	75 EAST NORTHFIELD AVENUE	LIVINGSTON	07039	ESSEX	(908) 273-4300	PSA
AMBULATORY CARE FACILITY	UNIVERSITY RADIOLOGY GROUP, PC	235 FRANKLIN AVENUE	NUTLEY	07110	ESSEX	(732) 390-0040	SSA
AMBULATORY CARE FACILITY	WEST ORANGE RADIOLOGY	61 MAIN STREET	WEST ORANGE	07052	ESSEX	(973) 669-1989	PSA
AMBULATORY CARE FACILITY - SATELLITE	NEWARK DEPARTMENT OF HEALTH & COMMUNITY WELLNESS	36 VICTORIA STREET	NEWARK	07114	ESSEX	(973) 733-5310	SSA-2
AMBULATORY CARE FACILITY - SATELLITE	PLANNED PARENTHOOD OF METROPOLITAN NEW JERSEY	29 NORTH FULLERTON AVENUE	MONTCLAIR	07042	ESSEX	(973) 746-7116	SSA
AMBULATORY CARE FACILITY - SATELLITE	PLANNED PARENTHOOD OF METROPOLITAN NEW JERSEY	560 MARTIN LUTHER KING BOULEVARD	EAST ORANGE	07018	ESSEX	(973) 674-4343	SSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
AMBULATORY CARE FACILITY - SATELLITE	PLANNED PARENTHOOD OF METROPOLITAN NEW JERSEY	66-88 ADAMS STREET	IRONBOUND	07105	ESSEX	(973) 465-7707	SSA
AMBULATORY CARE FACILITY - SATELLITE	RUTGERS NURSING FACULTY PRACTICE	65 BERGEN STREET, SUITE 835	NEWARK	07101	ESSEX	(973) 972-9620	
AMBULATORY SURGICAL CENTER	AMBULATORY CENTER FOR EXCELLENCE IN SURGERY	1255 BROAD STREET	BLOOMFIELD	07003	ESSEX	(973) 842-2150	SSA
AMBULATORY SURGICAL CENTER	CENTER FOR SPECIAL SURGERY OF ESSEX COUNTY	556 EAGLE ROCK AVE	ROSELAND	07068	ESSEX	(973) 226-3500	PSA
AMBULATORY SURGICAL CENTER	ESSEX ENDOSCOPY CENTER, LLC	275 CHESTNUT STREET	NEWARK	07105	ESSEX	(973) 589-5545	SSA
AMBULATORY SURGICAL CENTER	ESSEX SPECIALIZED SURGICAL INSTITUTE	475 PROSPECT AVENUE	WEST ORANGE	07052	ESSEX	(973) 325-6716	PSA
AMBULATORY SURGICAL CENTER	GREGORI SURGERY CENTER, THE	101 OLD SHORT HILLS ROAD	WEST ORANGE	07052	ESSEX	(973) 322-5000	PSA
AMBULATORY SURGICAL CENTER	LIVINGSTON SURGERY CENTER, THE	200 SOUTH ORANGE AVENUE	LIVINGSTON	07039	ESSEX	(973) 322-7700	PSA
AMBULATORY SURGICAL CENTER	MOUNTAIN SURGERY CENTER LLC	375 MT PLEASANT AVENUE, SUITE 210	WEST ORANGE	07052	ESSEX	(973) 736-3390	PSA
AMBULATORY SURGICAL CENTER	MULBERRY AMBULATORY SURGICAL CENTER LLC	393-397 MULBERRY STREET	NEWARK	07102	ESSEX	(973) 559-5009	SSA-2
AMBULATORY SURGICAL CENTER	PILGRIM MEDICAL CENTER, INC	393 BLOOMFIELD AVENUE	MONTCLAIR	07042	ESSEX	(973) 746-1500	SSA
AMBULATORY SURGICAL CENTER	PLEASANTDALE AMBULATORY CARE LLC	61 MAIN STREET, SUITE D	WEST ORANGE	07052	ESSEX	(973) 324-2280	PSA
AMBULATORY SURGICAL CENTER	PREMIER SURGICAL PAVILION, LLC	145 ROSEVILLE AVE	NEWARK	07107	ESSEX	(201) 488-2101	SSA
AMBULATORY SURGICAL CENTER	SHORT HILLS SURGERY CENTER LLC	187 MILLBURN AVENUE	MILLBURN	07041	ESSEX	(973) 671-0555	PSA
AMBULATORY SURGICAL CENTER	SUBURBAN ENDOSCOPY CENTER, LLC	799 BLOOMFIELD AVENUE	VERONA	07044	ESSEX	(973) 571-1600	PSA
AMBULATORY SURGICAL CENTER	SURGICAL CENTER AT MILLBURN, LLC	37 EAST WILLOW STREET	MILLBURN	07041	ESSEX	(973) 912-8111	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	AIRMED COUNSELING SERVICES	137 EVERGREEN PLACE	EAST ORANGE	07018	ESSEX	(973) 678-0550	SSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	AMERICAN HABITARE & COUNSELING, INC.	687 FRELINGHUYSEN AVENUE	NEWARK	07114	ESSEX	(973) 799-0508	SSA-2
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	ANSWERS MOVING FROWARD SUPPORTIVE SERVICES	1344 SPRINGFIELD AVENUE	IRVINGTON	07111	ESSEX	(973) 399-7900	SSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	BETHEL COUNSELING SERVICES	63 PIERCE STREET #65	NEWARK	07103	ESSEX	(973) 643-6565	SSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	COMMUNITY PSYCHIATRIC INSTITUTE	67 SANFORD STREET	EAST ORANGE	07018	ESSEX	(973) 673-3342	SSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	CONSUMER FRIENDS, INC.	60 EVERGREEN PLACE	EAST ORANGE	07018	ESSEX	(973) 678-3966	SSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	COPE CENTER (MONTCLAIR)	104 BLOOMFIELD AVENUE	MONTCLAIR	07042	ESSEX	(973) 783-6655	SSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	EAST ORANGE GENERAL HOSPITAL BEHAVIORAL HEALTH SERVICES	300 CENTRAL AVENUE	EAST ORANGE	07018	ESSEX	(973) 266-4523	SSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	EAST ORANGE SUBSTANCE ABUSE	160 HALSTED STREET	EAST ORANGE	07018	ESSEX	(973) 266-5200	SSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	FAMILY CONNECTIONS	395 SOUTH CENTER STREET	ORANGE	07050	ESSEX	(973) 675-3817	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	FAMILY CONNECTIONS	395 SOUTH CENTER STREET	ORANGE	07050	ESSEX	(973) 675-3817	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	FAMILY CONNECTIONS - REUNITY HOUSE	122 IRVINGTON AVENUE	SOUTH ORANGE	07079	ESSEX	(973) 763-2950	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	FAMILY SERVICES BUREAU OF NEWARK	274 SOUTH ORANGE AVENUE	NEWARK	07103	ESSEX	(973) 412-2056	SSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	GREATER ESSEX COUNSELING SERVICES	30 CLINTON STREET	NEWARK	07102	ESSEX	(973) 623-7878	SSA-2
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	HORIZON COMMUNITY DEVELOPMENT, INC.	580 CHRISTOPHER STREET	ORANGE	07050	ESSEX	(973) 414-8110	PSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	INTEGRITY HOUSE (NEWARK MEN)	26-28 LONGWORTH STREET	NEWARK	07102	ESSEX	(973) 623-0600	SSA-2
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	IRVINGTON COUNSELING CENTER	21-29 WAGNER PLACE	IRVINGTON	07111	ESSEX	(973) 399-3132	SSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	KWENYAN PROFESSIONAL HEALTH SERVICES	134 EVERGREEN PLACE	EAST ORANGE	07018	ESSEX	(973) 672-6900	SSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY	33 SOUTH FULLERTON AVENUE	MONTCLAIR	07042	ESSEX	(973) 509-9777	SSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	MT. CARMEL GUILD BEHAVIORAL HEALTHCARE	58 FREEMAN STREET	NEWARK	07102	ESSEX	(973) 596-4190	SSA-2
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	NEW DIRECTIONS BEHAVIORAL HEALTH	9 LINCOLN PARK	NEWARK	07102	ESSEX	(973) 242-6599	SSA-2
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	NEWARK BETH ISRAEL MEDICAL CENTER CMHC	210 LEHIGH AVENUE	NEWARK	07112	ESSEX	(973) 926-7026	SSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	NORTHWEST ESSEX COMMUNITY NETWORK	570 BELLEVILLE AVENUE	BELLEVILLE	07109	ESSEX	(973) 450-3100	SSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	OAR COUNSELING CENTER	303 WASHINGTON STREET	NEWARK	07102	ESSEX	(973) 373-0100	SSA-2
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	REAL HOUSE, INC.	127 PINE STREET	MONTCLAIR	07042	ESSEX	(973) 746-0487	SSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	RENAISSANCE CHALLENGE CONQUERO	400 SEVENTH AVENUE	NEWARK	07107	ESSEX	(973) 481-3431	SSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	RUTGERS UNIVERSITY BEHAVIORAL HEALTH CARE	183 SOUTH ORANGE AVENUE	NEWARK	07103	ESSEX	(973) 912-6100	SSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	ST MICHAELS MEDICAL CENTER	268 MARTIN LUTHER KING, JR.	NEWARK	07102	ESSEX	(973) 877-5000	SSA-2
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	SUNRISE CLINICAL SERVICES	22 BALL STREET	IRVINGTON	07111	ESSEX	(973) 372-1095	SSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	TEAM MANAGEMENT 2000, INC. CBO	395 PLEASANT VALLEY WAY	WEST ORANGE	07052	ESSEX	(973) 324-2220	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	THE BRIDGE, INC.	1065 CLINTON AVENUE	IRVINGTON	07111	ESSEX	(973) 372-2624	SSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	THE BRIDGE, INC.	14 PARK AVENUE	CALDWELL	07006	ESSEX	(973) 228-3000	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	THE KINTOCK GROUP	19 MEEKER STREET	NEWARK	07114	ESSEX	(908) 208-7299	SSA-2
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	THE LENNARD CLINIC, INC.	461 FRELINGHUYSEN AVENUE	NEWARK	07114	ESSEX	(973) 596-2850	SSA-2
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	THE MARILYN CENTER	220 SOUTH HARRISON STREET	EAST ORANGE	07018	ESSEX	(973) 474-6492	SSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	THE RESTORATION CENTER	300 SOUTH 12TH STREET	NEWARK	07103	ESSEX	(973) 622-4934	SSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	TURNING POINT, INC. SECAUCUS	15 BLOOMFIELD AVENUE	VERONA	07044	ESSEX	(973) 239-9400	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	URBAN LIFE COUNSELING CENTER, INC.	220 SOUTH HARRISON STREET	EAST ORANGE	07018	ESSEX	(973) 677-7053	SSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	YOUTH CONSULTATION SERVICES	60 EVERGREEN PLACE	EAST ORANGE	07018	ESSEX	(973) 854-3652	SSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT & RESIDENTIAL	CURA, INC. (NEWARK)	61 LINCOLN PARK	NEWARK	07101	ESSEX	(973) 622-3570	
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT & RESIDENTIAL	NEWARK RENAISSANCE HOUSE, INC.	74-80 NORFOLK STREET	NEWARK	07103	ESSEX	(973) 623-3386	SSA
BEHAVIORAL HEALTH LOCATIONS: RESIDENTIAL	CURA, INC. (NEWARK)	53 SPRUCE STREET	NEWARK	07101	ESSEX	(973) 622-3570	
BEHAVIORAL HEALTH	CURA, INC. (NEWARK)	75 LINCOLN PARK	NEWARK	07101	ESSEX	(973) 622-3570	

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
LOCATIONS: RESIDENTIAL							
BEHAVIORAL HEALTH LOCATIONS: RESIDENTIAL	EAST ORANGE GENERAL HOSPITAL	300 CENTRAL AVENUE	EAST ORANGE	07018	ESSEX	(973) 266-4456	SSA
BEHAVIORAL HEALTH LOCATIONS: RESIDENTIAL	EASTER SEALS SOCIETY OF NJ	414 EAGLE ROCK AVENUE, SUITE 206	WEST ORANGE	07052	ESSEX	(973) 324-2712	PSA
BEHAVIORAL HEALTH LOCATIONS: RESIDENTIAL	INTEGRITY HOUSE (NEWARK MEN)	105 LINCOLN PARK	NEWARK	07102	ESSEX	(973) 623-0600	SSA-2
BEHAVIORAL HEALTH LOCATIONS: RESIDENTIAL	INTEGRITY HOUSE (NEWARK MEN)	99 LINCOLN PARK	NEWARK	07102	ESSEX	(973) 623-0600	SSA-2
BEHAVIORAL HEALTH LOCATIONS: RESIDENTIAL	INTEGRITY HOUSE, INC. (NEWARK)	101 LINCOLN PARK	NEWARK	07102	ESSEX	(973) 623-0600	SSA-2
BEHAVIORAL HEALTH LOCATIONS: RESIDENTIAL	MOUNTAINSIDE HOSPITAL	1 BAY AVENUE	MONTCLAIR	07042	ESSEX	(973) 429-6000	SSA
BEHAVIORAL HEALTH LOCATIONS: RESIDENTIAL	NEWARK BETH ISRAEL MEDICAL CENTER / ST. BARNABAS	201 LYONS AVENUE	NEWARK	07112	ESSEX	(973) 926-3183	SSA
BEHAVIORAL HEALTH LOCATIONS: RESIDENTIAL	NEWARK RENAISSANCE HOUSE, INC.	P.O. BOX 7057 50-56 NORFOLK STREET	NEWARK	07103	ESSEX	(973) 623-3386	SSA
BEHAVIORAL HEALTH LOCATIONS: RESIDENTIAL	PROJECT LIVE, INC.	465-475 BROADWAY	NEWARK	07104	ESSEX	(973) 481-1211	SSA
BEHAVIORAL HEALTH LOCATIONS: RESIDENTIAL	REAL HOUSE, INC.	60 HAZELWOOD ROAD	BLOOMFIELD	07003	ESSEX	(973) 746-2400	SSA
BEHAVIORAL HEALTH LOCATIONS: RESIDENTIAL	ST. MICHAELS MEDICAL CENTER	111 CENTRAL AVENUE	NEWARK	07109	ESSEX	(973) 465-2681	SSA
BEHAVIORAL HEALTH LOCATIONS: RESIDENTIAL	UNIVERSITY HOSPITAL / UMDNJ	150 BERGEN STREET	NEWARK	07103	ESSEX	(973) 972-7722	SSA
CANCER TREATMENT CENTERS	FREDERICK B. COHEN COMPREHENSIVE CANCER AND BLOOD DISORDERS	201 LYONS AVENUE	NEWARK	07103	ESSEX	(201) 926-7230	SSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
CANCER TREATMENT CENTERS	PROSTATE CANCER CENTER OF N.J.	375 MT PLEASANT AVE STE 251	WEST ORANGE	07052	ESSEX	(973) 323-1300	PSA
CLINICAL CARE PROVIDER LOCATION: DENTAL	13TH AVENUE SCHOOL	359 13TH AVENUE	NEWARK	07108	ESSEX	(973) 399-3400	SSA
CLINICAL CARE PROVIDER LOCATION: DENTAL	EAST ORANGE HEALTH AND HUMAN SERVICES DEPARTMENT	143 NEW ST	EAST ORANGE	07017	ESSEX	(973) 266-5490	SSA
CLINICAL CARE PROVIDER LOCATION: DENTAL	JEWISH RENAISSANCE MEDICAL CENTER - BARRINGER HIGH SCHOOL	90 PARKER ST	NEWARK	07104	ESSEX	(973) 679-7709	SSA
CLINICAL CARE PROVIDER LOCATION: DENTAL	JEWISH RENAISSANCE MEDICAL CENTER - CENTRAL HIGH SCHOOL	436 18TH AVE	NEWARK	07103	ESSEX	(973) 679-7709	SSA
CLINICAL CARE PROVIDER LOCATION: DENTAL	JEWISH RENAISSANCE MEDICAL CENTER - GEORGE WASHINGTON CARVER ELEMENTARY SCHOOL	333 CLINTON PL	NEWARK	07112	ESSEX	(973) 679-7709	SSA
CLINICAL CARE PROVIDER LOCATION: DENTAL	JEWISH RENAISSANCE MEDICAL CENTER - MALCOLM X SHABAZZ HIGH SCHOOL	80 JOHNSON AVE	NEWARK	07108	ESSEX	(973) 679-7709	SSA
CLINICAL CARE PROVIDER LOCATION: DENTAL	JEWISH RENAISSANCE MEDICAL CENTER - PARK ELEMENTARY SCHOOL	120 MANCHESTER PLACE	NEWARK	07104	ESSEX	(973) 679-7709	SSA
CLINICAL CARE PROVIDER LOCATION: DENTAL	JEWISH RENAISSANCE MEDICAL CENTER - QUITMAN ST COMMUNITY SCHOOL	21 QUITMAN ST	NEWARK	07103	ESSEX	(973) 679-7709	SSA
CLINICAL CARE PROVIDER LOCATION: DENTAL	MOUNTAINSIDE HOSPITAL DENTAL CLINIC	1 BAY AVENUE	MONTCLAIR	07042	ESSEX	(973) 429-6887	SSA
CLINICAL CARE PROVIDER LOCATION: DENTAL	NEWARK BETH ISRAEL MEDICAL CENTER	201 LYONS AVE	NEWARK	07112	ESSEX	(973) 926-7338	SSA
CLINICAL CARE PROVIDER	NEWARK COMMUNITY	101 LUDLOW STREET	NEWARK	07104	ESSEX	(973) 565-0355	SSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
LOCATION: DENTAL	HEALTH CENTERS, INC.						
CLINICAL CARE PROVIDER LOCATION: DENTAL	NEWARK COMMUNITY HEALTH CENTERS, INC.	1150 SPRINGFIELD AVENUE	IRVINGTON	07111	ESSEX	(973) 399-6292	SSA
CLINICAL CARE PROVIDER LOCATION: DENTAL	NEWARK COMMUNITY HEALTH CENTERS, INC.	444 WILLIAM STREET	EAST ORANGE	07107	ESSEX	(973) 483-1300	SSA
CLINICAL CARE PROVIDER LOCATION: DENTAL	NEWARK COMMUNITY HEALTH CENTERS, INC.	741 BROADWAY	NEWARK	07104	ESSEX	(973) 483-1300	SSA
CLINICAL CARE PROVIDER LOCATION: DENTAL	NEWARK DEPARTMENT OF HEALTH & HUMAN SERVICES	110 WILLIAMS STREET, RM 111	NEWARK	07102	ESSEX	(973) 733-7613	SSA-2
CLINICAL CARE PROVIDER LOCATION: DENTAL	RUTGERS - NEW JERSEY DENTAL SCHOOL	110 BERGEN STREET	NEWARK	07103	ESSEX	(973) 972-3418	SSA
CLINICAL CARE PROVIDER LOCATION: DENTAL	RUTGERS - UNIVERSITY HOSPITAL	150 BERGEN STREET	NEWARK	07103	ESSEX	(973) 972-5026	SSA
CLINICAL CARE PROVIDER LOCATION: DENTAL	UMDNJ - NEW JERSEY DENTAL SCHOOL	110 BERGEN ST	NEWARK	07103	ESSEX	(973) 972-4621	SSA
CLINICAL CARE PROVIDER LOCATION: DENTAL	UMDNJ - UNIVERSITY HOSPITAL	150 BERGEN ST	NEWARK	07104	ESSEX	(973) 972-3418	SSA
COMMUNICABLE DISEASE SERVICES: TB TESTING CENTER	BLOOMFIELD DEPT OF HEALTH & HUMAN SERVICES	ONE MUNICIPAL PLAZA - RM 111	BLOOMFIELD	07003	ESSEX	(973) 680-4024	SSA
COMMUNICABLE DISEASE SERVICES: TB TESTING CENTER	CITY OF ORANGE TOWNSHIP	29 NORTH DAY STREET	ORANGE	07085	ESSEX	(973) 266-4071	
COMMUNICABLE DISEASE SERVICES: TB TESTING CENTER	EAST ORANGE HEALTH DEPARTMENT	143 NEW STREET	EAST ORANGE	07017	ESSEX	(973) 266-5480	SSA
COMMUNICABLE DISEASE SERVICES: TB TESTING CENTER	ESSEX COUNTY HEALTH DEPT	115 CLIFTON AVENUE-3RD FLOOR	NEWARK	07104	ESSEX	(973) 497-9401	SSA
COMMUNICABLE DISEASE SERVICES: TB TESTING CENTER	ESSEX REGIONAL HEALTH COMMISSION	204 HILLSIDE AVENUE	LIVINGSTON	07039	ESSEX	(973) 251-2059	PSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
COMMUNICABLE DISEASE SERVICES: TB TESTING CENTER	IRVINGTON HEALTH DEPARTMENT	MUNICIPAL BUILDING 1 CIVIC SQUARE	IRVINGTON	07111	ESSEX	(973) 399-6634	SSA
COMMUNICABLE DISEASE SERVICES: TB TESTING CENTER	LIVINGSTON HEALTH DEPT/MILLBURN HEALTH DEPT	204 HILLSIDE AVENUE	LIVINGSTON	07039	ESSEX	(973) 535-7961	PSA
COMMUNICABLE DISEASE SERVICES: TB TESTING CENTER	MAPLEWOOD HEALTH DEPARTMENT	574 VALLEY STREET	MAPLEWOOD	07040	ESSEX	(973) 762-8120	PSA
COMMUNICABLE DISEASE SERVICES: TB TESTING CENTER	MONTCLAIR HEALTH DEPARTMENT	205 CLAREMONT AVENUE - 3RD FLOOR	MONTCLAIR	07042	ESSEX	(973) 509-4970	SSA
COMMUNICABLE DISEASE SERVICES: TB TESTING CENTER	NEWARK DEPARTMENT OF HEALTH & COMMUNITY WELLNESS	110 WILLIAM STREET - SUITE 200	NEWARK	07102	ESSEX	(973) 733-7592	SSA-2
COMMUNICABLE DISEASE SERVICES: TB TESTING CENTER	TWP OF SO ORANGE / TWP OF SO ORANGE VILLAGE	VILLAGE HALL - 101 SOUTH ORANGE AVENUE	SOUTH ORANGE	07079	ESSEX	(973) 378-7715	PSA
COMMUNICABLE DISEASE SERVICES: TB TESTING CENTER	WEST CALDWELL HEALTH DEPARTMENT	BORO HALL - 30 CLINTON ROAD	WEST CALDWELL	07006	ESSEX	(973) 226-2303	PSA
COMMUNICABLE DISEASE SERVICES: TB TESTING CENTER	WEST ORANGE HEALTH DEPARTMENT	MUNICIPAL BUILDING - 66 MAIN STREET	WEST ORANGE	07052	ESSEX	(973) 325-4124	PSA
COMPREHENSIVE REHABILITATION HOSPITAL	KESSLER INSTITUTE FOR REHABILITATION - WEST FAC	1199 PLEASANT VALLEY WAY	WEST ORANGE	07052	ESSEX	(973) 731-3600	PSA
END STAGE RENAL DIALYSIS	BIO-MEDICAL APPLICATIONS OF IRVINGTON	10 CAMPTOWN ROAD	IRVINGTON	07111	ESSEX	(973) 399-1111	SSA
END STAGE RENAL DIALYSIS	BIO-MEDICAL APPLICATIONS OF NEW JERSEY, INC	91-101 HARTFORD STREET	NEWARK	07103	ESSEX	(973) 624-7100	SSA
END STAGE RENAL DIALYSIS	DIALYSIS CENTER OF WEST ORANGE	101 OLD SHORT HILLS ROAD, SUITE 120	WEST ORANGE	07052	ESSEX	(973) 736-8300	PSA
END STAGE RENAL DIALYSIS	EAST ORANGE DIALYSIS	14-20 PROSPECT STREET	EAST ORANGE	07017	ESSEX	(973) 672-2025	SSA
END STAGE RENAL DIALYSIS	FRESENIUS MEDICAL CARE IRONBOUND	248 SOUTH STREET	NEWARK	07114	ESSEX	(973) 344-0655	SSA-2
END STAGE RENAL DIALYSIS	FRESENIUS MEDICAL CARE LLC	348 EAST NORTHFIELD ROAD	LIVINGSTON	07039	ESSEX	(973) 535-0667	PSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
END STAGE RENAL DIALYSIS	FRESENIUS MEDICAL CARE NORTH MONTCLAIR	114 VALLEY ROAD	MONTCLAIR	07042	ESSEX	(973) 744-2058	SSA
END STAGE RENAL DIALYSIS	FRESENIUS MEDICAL CENTER NORTH NEWARK	155 BERKLEY AVENUE	NEWARK	07107	ESSEX	(908) 241-0453	SSA
END STAGE RENAL DIALYSIS	KIDNEY LIFE, LLC	571 CENTRAL AVENUE	NEWARK	07107	ESSEX	(973) 484-4994	SSA
END STAGE RENAL DIALYSIS	MILLBURN DIALYSIS CENTER	25 EAST WILLOW STREET, SUITE 2	MILLBURN	07041	ESSEX	(973) 379-7309	PSA
END STAGE RENAL DIALYSIS	PARKSIDE DIALYSIS	580 FRELINGHUYSEN AVENUE	NEWARK	07114	ESSEX	(973) 624-2226	SSA-2
END STAGE RENAL DIALYSIS	RENAL CARE GROUP MAPLEWOOD	2130 MILBURN AVENUE	MAPLEWOOD	07040	ESSEX	(973) 275-5499	PSA
END STAGE RENAL DIALYSIS	RENEX DIALYSIS CLINIC OF BLOOMFIELD, INC	206 BELLEVILLE AVENUE	BLOOMFIELD	07003	ESSEX	(973) 680-8100	SSA
END STAGE RENAL DIALYSIS	RENEX DIALYSIS CLINIC OF EAST ORANGE	110 SOUTH GROVE STREET	EAST ORANGE	07018	ESSEX	(973) 414-6100	SSA
END STAGE RENAL DIALYSIS	RENEX DIALYSIS CLINIC OF ORANGE	151 CENTRAL AVENUE	ORANGE	07050	ESSEX	(973) 675-3400	PSA
END STAGE RENAL DIALYSIS	SAINT BARNABAS RCG DIALYSIS CENTER-LIVINGSTON	200 SOUTH ORANGE AVENUE, SUITE 117	LIVINGSTON	07039	ESSEX	(973) 322-7150	PSA
END STAGE RENAL DIALYSIS	WEST ORANGE DIALYSIS	375 MT PLEASANT AVENUE, SUITE 340	WEST ORANGE	07052	ESSEX	(973) 243-7069	PSA
ESSEX COUNTY CANCER COALITION	UNIVERSITY OF MEDICINE & DENTISTRY OF NEW JERSEY	ATT: DAN ROSENBLUM ADMC 16 STE 1614	NEWARK	07107	ESSEX	(973) 972-6556	SSA
ESSEX COUNTY CANCER COALITION	CLARA MAASS MEDICAL CENTER	ONE CLARA MAAS DRIVE	BELLVILLE	07109	ESSEX	(973) 450-2002	SSA
FEDERALLY QUALIFIED HEALTH CENTERS	EAST ORANGE PRIMARY CARE CENTER	444 WILLIAM STREET	EAST ORANGE	07017	ESSEX	(973) 483-1300	SSA
FEDERALLY QUALIFIED HEALTH CENTERS	HEALTH ZONE AT GEORGE WASHINGTON CARVER/BRUCE, THE	333 CLINTON PLACE	NEWARK	07112	ESSEX	(973) 679-7709	SSA
FEDERALLY QUALIFIED HEALTH CENTERS	JEWISH RENAISSANCE MED CTR AT CENTRAL HS	246 18TH AVENUE	NEWARK	07108	ESSEX	(973) 679-7709	SSA
FEDERALLY QUALIFIED HEALTH CENTERS	JEWISH RENAISSANCE MC AT 13TH AVE SCHOOL	359 13TH AVENUE	NEWARK	07103	ESSEX	(973) 679-7709	SSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
FEDERALLY QUALIFIED HEALTH CENTERS	JEWISH RENAISSANCE MED CTR BARRINGER SCHOOL BASED	90 PARKER STREET	NEWARK	07114	ESSEX	(973) 679-7709	SSA-2
FEDERALLY QUALIFIED HEALTH CENTERS	JEWISH RENAISSANCE MED CTR SHABAZZ HEALTH CLINIC	80 JOHNSON AVENUE	NEWARK	07108	ESSEX	(973) 679-7709	SSA
FEDERALLY QUALIFIED HEALTH CENTERS	JEWISH RENAISSANCE MED CTR THE HEALTH PLACE	21 QUITMAN STREET	NEWARK	07103	ESSEX	(973) 679-7709	SSA
FEDERALLY QUALIFIED HEALTH CENTERS	NEWARK COMMUNITY HEALTH CENTER - ORANGE COMMUNITY	37 NORTH DAY STREET	ORANGE	07050	ESSEX	(973) 483-1300	PSA
FEDERALLY QUALIFIED HEALTH CENTERS	NEWARK COMMUNITY HEALTH CENTER INC	101 LUDLOW STREET	NEWARK	07114	ESSEX	(973) 483-1300	SSA-2
FEDERALLY QUALIFIED HEALTH CENTERS	NEWARK COMMUNITY HEALTH CENTERS INC	155 JEFFERSON STREET	NEWARK	07105	ESSEX	(973) 483-1300	SSA
FEDERALLY QUALIFIED HEALTH CENTERS	NEWARK COMMUNITY HEALTH CENTERS INC	741 BROADWAY	NEWARK	07104	ESSEX	(973) 483-1300	SSA
FEDERALLY QUALIFIED HEALTH CENTERS	NEWARK COMMUNITY HEALTH CENTERS, INC	1148-1150 SPRINGFIELD AVENUE	IRVINGTON	07111	ESSEX	(973) 483-1300	SSA
FEDERALLY QUALIFIED HEALTH CENTERS	NEWARK COMMUNITY HEALTH CENTERS, INC	751 BROADWAY	NEWARK	07104	ESSEX	(973) 483-1300	SSA
FEDERALLY QUALIFIED HEALTH CENTERS	NEWARK DEPARTMENT OF HEALTH & COMMUNITY WELLNESS	110 WILLIAM STREET, ROOM 208	NEWARK	07102	ESSEX	(973) 733-5310	SSA-2
FEDERALLY QUALIFIED HEALTH CENTERS	NEWARK DEPARTMENT OF HEALTH & COMMUNITY WELLNESS	140 BERGEN STREET, E-1640	NEWARK	07103	ESSEX	(973) 733-5310	SSA
FEDERALLY QUALIFIED HEALTH CENTERS	NEWARK DEPARTMENT OF HEALTH & COMMUNITY WELLNESS	394 UNIVERSITY AVENUE	NEWARK	07102	ESSEX	(973) 733-5310	SSA-2
FEDERALLY QUALIFIED HEALTH CENTERS	NORTH WARD PARK ELEMENTARY SCHOOL	120 MANCHESTER PLACE	NEWARK	07104	ESSEX	(732) 679-7709	SSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
FEDERALLY QUALIFIED HEALTH CENTERS	RUTGERS NURSING FACULTY PRACTICE	449 BROAD STREET	NEWARK	07102	ESSEX	(973) 732-6040	SSA-2
FEDERALLY QUALIFIED HEALTH CENTERS	ZUFALL HEALTH CENTER INC	95 NORTHFIELD AVENUE	WEST ORANGE	07052	ESSEX	(973) 325-2266	PSA
GENERAL ACUTE CARE HOSPITAL	CLARA MAASS MEDICAL CENTER	ONE CLARA MAAS DRIVE	BELLEVILLE	07109	ESSEX	(973) 450-2002	SSA
GENERAL ACUTE CARE HOSPITAL	EAST ORANGE GENERAL HOSPITAL	300 CENTRAL AVE	EAST ORANGE	07018	ESSEX	(973) 266-4401	SSA
GENERAL ACUTE CARE HOSPITAL	HACKENSACK-UMC MOUNTAINSIDE	BAY AND HIGHLAND AVE	MONTCLAIR	07042	ESSEX	(973) 429-6000	SSA
GENERAL ACUTE CARE HOSPITAL	NEWARK BETH ISRAEL MEDICAL CENTER	201 LYONS AVE	NEWARK	07112	ESSEX	(973) 926-7850	SSA
GENERAL ACUTE CARE HOSPITAL	SAINT BARNABAS MEDICAL CENTER	94 OLD SHORT HILLS ROAD	LIVINGSTON	07039	ESSEX	(973) 322-5000	PSA
GENERAL ACUTE CARE HOSPITAL	SAINT MICHAEL'S MEDICAL CENTER	111 CENTRAL AVENUE	NEWARK	07102	ESSEX	(973) 877-5350	SSA-2
GENERAL ACUTE CARE HOSPITAL	UNIVERSITY HOSPITAL	150 BERGEN ST	NEWARK	07103	ESSEX	(973) 972-5658	SSA
HOME HEALTH AGENCY	BARNABAS HEALTH HOME CARE AND HOSPICE	80 MAIN STREET, SUITE 210	WEST ORANGE	07052	ESSEX	(973) 243-9666	PSA
HOME HEALTH AGENCY	CHRILL VISITING NURSE ASSOCIATION	201 BLOOMFIELD AVENUE, SECOND FLOOR	VERONA	07044	ESSEX	(973) 509-9870	PSA
HOME HEALTH AGENCY	PATIENT CARE MEDICAL SERVICES, INC	300 EXECUTIVE DRIVE, SUITE 175	WEST ORANGE	07052	ESSEX	(973) 243-6299	PSA
HOSPICE CARE BRANCH	BARNABAS HEALTH HOME CARE AND HOSPICE	80 MAIN STREET	WEST ORANGE	07052	ESSEX	(973) 412-2000	PSA
HOSPICE CARE PROGRAM	BARNABAS HEALTH HOME CARE AND HOSPICE	80 MAIN STREET, SECOND FLOOR, SUITE 300	WEST ORANGE	07052	ESSEX	(855) 619-4448	PSA
HOSPICE CARE PROGRAM	HOSPICE OF NEW JERSEY	400 BROADACRES DRIVE, 1ST FLOOR	BLOOMFIELD	07003	ESSEX	(973) 893-0818	SSA
HOSPICE CARE PROGRAM	VITAS HEALTHCARE CORPORATION ATLANTIC	70 SOUTH ORANGE AVENUE, SUITE 210	LIVINGSTON	07039	ESSEX	(973) 994-4738	PSA
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	CENTER FOR WOUND SCIENCE & HEALING AT COLUMBUS	495 NORTH 13TH STREET	NEWARK	07107	ESSEX	(973) 479-2140	SSA
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	CSH OUTPATIENT CENTER NEWARK	182 LYONS AVENUE	NEWARK	07112	ESSEX	(908) 233-3720	SSA
HOSPITAL-BASED, OFF-SITE	EAST ORANGE GEN HOSP HYPERBARIC	310 CENTRAL AVENUE	EAST ORANGE	07018	ESSEX	(973) 266-4401	SSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
AMBULATORY CARE FACILITY	WOUND CARE CENTER						
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	EAST ORANGE GENERAL HOSP	240 CENTRAL AVENUE	EAST ORANGE	07018	ESSEX	(973) 266-4401	SSA
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	EAST ORANGE GENERAL HOSPITAL FAMILY HEALTH CENTER	240 CENTRAL AVENUE	EAST ORANGE	07018	ESSEX	(973) 414-1871	SSA
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	EAST ORANGE GENERAL HOSPITAL LABORATORY	310 CENTRAL AVENUE	EAST ORANGE	07018	ESSEX	(973) 266-4401	SSA
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	EAST ORANGE GENERAL HOSPITAL-HEMODIALYSIS	310 CENTRAL AVENUE	EAST ORANGE	07018	ESSEX	(973) 266-4401	SSA
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	MAGNUS IMAGING OF ENGLEWOOD HOSPITAL & MED CTR	946 BLOOMFIELD AVENUE	GLEN RIDGE	07028	ESSEX	(973) 743-9001	SSA
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	SAINT BARNABAS AMBULATORY CARE CENTER	200 SOUTH ORANGE AVENUE	LIVINGSTON	07039	ESSEX	(973) 322-7700	PSA
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	SENIOR HEALTH & WELLNESS CENTER JAMES WHITE MANOR	516 BERGEN STREET	NEWARK	07108	ESSEX	(973) 622-2703	SSA
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	SLEEP CENTER AT MILLBURN	96 MILLBURN AVENUE	MILLBURN	07041	ESSEX	(973) 322-5000	PSA
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	ST JOSEPH'S CARDIOVASCULAR CENTER-NUTLEY	181 FRANKLIN AVENUE - STE 301	NUTLEY	07110	ESSEX	(973) 667-5511	SSA
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	UNIVERSITY HOSPITAL AMBULATORY CARE CENTER	140 BERGEN STREET	NEWARK	07102	ESSEX	(973) 972-5658	SSA-2
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	WAYMON C LATTIMORE CLINIC	225 WARREN STREET	NEWARK	07103	ESSEX	(973) 972-5658	SSA
HOSPITALS - CANCER CENTER	CLARA MAASS MEDICAL CENTER	1 CLARA MAAS DRIVE	BELLEVILLE	07109	ESSEX	(973) 450-2000	SSA
HOSPITALS - CANCER CENTER	EAST ORANGE CAMPUS OF THE NJ VA HEALTH CARE SYSTEM (VETERANS ONLY)	385 TREMONT AVENUE	EAST ORANGE	07018	ESSEX	(973) 676-1000	SSA
HOSPITALS - CANCER CENTER	EAST ORANGE GENERAL HOSPITAL	300 CENTRAL AVENUE	EAST ORANGE	07018	ESSEX	(973) 266-4401	SSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
HOSPITALS - CANCER CENTER	NEWARK BETH ISRAEL MED CTR	201 LYONS AVENUE	NEWARK	07112	ESSEX	(973) 926-7850	SSA
HOSPITALS - CANCER CENTER	SAINT BARNABAS MEDICAL CENTER	94 OLD SHORT HILLS ROAD	LIVINGSTON	07039	ESSEX	(973) 322-5000	PSA
HOSPITALS - CANCER CENTER	ST MICHAELS MED CTR	111 CENTRAL AVENUE	NEWARK	07102	ESSEX	(973) 877-5350	SSA-2
HOSPITALS - CANCER CENTER	UNIVERSITY HOSPITAL	150 BERGEN STREET	NEWARK	07103	ESSEX	(973) 972-5658	SSA
INPATIENT REHABILITATION & LONG TERM CARE	ALARIS HEALTH AT CEDAR GROVE	110 GROVE AVENUE	CEDAR GROVE	07009	ESSEX	(973) 571-6600	PSA
INPATIENT REHABILITATION & LONG TERM CARE	ALARIS HEALTH AT ESSEX	155 40TH STREET	IRVINGTON	07111	ESSEX	(973) 232-3100	SSA
INPATIENT REHABILITATION & LONG TERM CARE	ALARIS HEALTH AT ST. MARY'S	135 SOUTH CENTER STREET	ORANGE	07050	ESSEX	(973) 266-3000	PSA
INPATIENT REHABILITATION & LONG TERM CARE	ALARIS HEALTH AT WEST ORANGE	5 BROOK END DRIVE	WEST ORANGE	07052	ESSEX	(973) 324-3000	PSA
INPATIENT REHABILITATION & LONG TERM CARE	ARBOR GLEN CENTER	25 E LINDSLEY ROAD	CEDAR GROVE	07009	ESSEX	(973) 256-7220	PSA
INPATIENT REHABILITATION & LONG TERM CARE	BROADWAY HOUSE FOR CONTINUING CARE	298 BROADWAY	NEWARK	07104	ESSEX	(973) 268-9797	SSA
INPATIENT REHABILITATION & LONG TERM CARE	BROOKHAVEN HEALTH CARE CENTER	120 PARK END PLACE	EAST ORANGE	07018	ESSEX	(973) 676-6221	SSA
INPATIENT REHABILITATION & LONG TERM CARE	CARE ONE AT LIVINGSTON	68 PASSAIC AVENUE	LIVINGSTON	07039	ESSEX	(973) 758-9000	PSA
INPATIENT REHABILITATION & LONG TERM CARE	CLARA MAASS MEDICAL CENTER	ONE CLARA MAASS DRIVE	BELLEVILLE	07109	ESSEX	(973) 450-2002	SSA
INPATIENT REHABILITATION & LONG TERM CARE	CLARA MAASS TRANSITIONAL CARE UNIT	ONE CLARA MAASS DRIVE	BELLEVILLE	07109	ESSEX	(973) 450-2963	SSA
INPATIENT REHABILITATION & LONG TERM CARE	DAUGHTERS OF ISRAEL PLEASANT VALLEY HOME	1155 PLEASANT VALLEY HOME	WEST ORANGE	07052	ESSEX	(973) 731-5100	PSA
INPATIENT REHABILITATION & LONG TERM CARE	EAST ORANGE GENERAL HOSPITAL	300 CENTRAL AVENUE	EAST ORANGE	07018	ESSEX	(973) 266-4401	SSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
INPATIENT REHABILITATION & LONG TERM CARE	FOREST HILL HEALTHCARE CENTER	497 MT PROSPECT AVENUE	NEWARK	07104	ESSEX	(973) 482-5000	SSA
INPATIENT REHABILITATION & LONG TERM CARE	GATES MANOR	111-115 GATES AVENUE	MONTCLAIR	07042	ESSEX	(973) 746-4616	SSA
INPATIENT REHABILITATION & LONG TERM CARE	GREEN HILL	103 PLEASANT VALLEY WAY	WEST ORANGE	07052	ESSEX	(973) 731-2300	PSA
INPATIENT REHABILITATION & LONG TERM CARE	HACKENSACK-UMC MOUNTAINSIDE	ONE BAY AVENUE	MONTCLAIR	07042	ESSEX	(973) 429-6949	SSA
INPATIENT REHABILITATION & LONG TERM CARE	INGLEMOOR REHABILITATION AND CARE CENTER OF LIVINGSTON	311 SOUTH LIVINGSTON AVENUE	LIVINGSTON	07039	ESSEX	(973) 994-0221	PSA
INPATIENT REHABILITATION & LONG TERM CARE	JOB HAINES HOME FOR AGED PEOPLE	250 BLOOMFIELD AVENUE	BLOOMFIELD	07003	ESSEX	(973) 743-0792	SSA
INPATIENT REHABILITATION & LONG TERM CARE	LITTLE NURSING HOME	71 CHRISTOPHER STREET	MONTCLAIR	07042	ESSEX	(973) 744-5518	SSA
INPATIENT REHABILITATION & LONG TERM CARE	LUTHERAN SOCIAL MINISTRIES AT CRANES MILL	459 PASSAIC AVENUE	WEST CALDWELL	07006	ESSEX	(973) 276-3018	PSA
INPATIENT REHABILITATION & LONG TERM CARE	NEW COMMUNITY EXTENDED CARE FACILITY	266 SOUTH ORANGE AVENUE	NEWARK	07103	ESSEX	(973) 624-2020	SSA
INPATIENT REHABILITATION & LONG TERM CARE	NEW GROVE MANOR	101 NORTH GROVE STREET	EAST ORANGE	07017	ESSEX	(973) 672-1700	SSA
INPATIENT REHABILITATION & LONG TERM CARE	NEW VISTA NURSING & REHABILITATION CENTER	300 BROADWAY	NEWARK	07104	ESSEX	(973) 484-4222	SSA
INPATIENT REHABILITATION & LONG TERM CARE	NEWARK BETH ISRAEL MEDICAL CENTER	201 LYONS AVENUE	NEWARK	07112	ESSEX	(973) 926-7850	SSA
INPATIENT REHABILITATION & LONG TERM CARE	PARK CRESCENT HEALTHCARE & REHABILITATION	480 PARKWAY DRIVE	EAST ORANGE	07017	ESSEX	(973) 674-2700	SSA
INPATIENT REHABILITATION & LONG TERM CARE	SAINT BARNABAS MEDICAL CENTER	94 OLD SHORT HILLS ROAD	LIVINGSTON	07039	ESSEX	(973) 322-5000	PSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
INPATIENT REHABILITATION & LONG TERM CARE	SINAI POST ACUTE NURSING & REHAB CENTER	65 JAY STREET	NEWARK	07103	ESSEX	(973) 483-6800	SSA
INPATIENT REHABILITATION & LONG TERM CARE	ST CATHERINE OF SIENA	7 REYERSON AVENUE	CALDWELL	07006	ESSEX	(973) 226-1577	PSA
INPATIENT REHABILITATION & LONG TERM CARE	ST VINCENT'S HEALTHCARE & REHAB CENTER	315 EAST LINDSLEY ROAD	CEDAR GROVE	07009	ESSEX	(973) 754-4800	PSA
INPATIENT REHABILITATION & LONG TERM CARE	ST. MICHAEL'S MEDICAL CENTER	111 CENTRAL AVENUE	NEWARK	07112	ESSEX	(973) 877-5350	SSA
INPATIENT REHABILITATION & LONG TERM CARE	STRATFORD MANOR REHAB & CARE CENTER	787 NORTHFIELD AVENUE	WEST ORANGE	07052	ESSEX	(973) 731-4500	PSA
INPATIENT REHABILITATION & LONG TERM CARE	SUMMIT RIDGE CENTER	20 SUMMIT STREET	WEST ORANGE	07052	ESSEX	(973) 736-2000	PSA
INPATIENT REHABILITATION & LONG TERM CARE	THE CANTERBURY AT CEDAR GROVE ROAD CARE & REHABILITATION	398 POMPTON AVENUE	CEDAR GROVE	07009	ESSEX	(973) 239-7600	PSA
INPATIENT REHABILITATION & LONG TERM CARE	UNIVERSITY HOSPITAL	150 BERGEN STREET	NEWARK	07103	ESSEX	(973) 972-5658	SSA
INPATIENT REHABILITATION & LONG TERM CARE	VAN DYK MANOR OF MONTCLAIR	42 NORTH MOUNTAIN AVENUE	MONTCLAIR	07042	ESSEX	(973) 783-9400	SSA
INPATIENT REHABILITATION & LONG TERM CARE	WATERVIEW CENTER	536 RIDGE ROAD	CEDAR GROVE	07009	ESSEX	(973) 239-9300	PSA
INPATIENT REHABILITATION & LONG TERM CARE	WEST CALDWELL CARE CENTER	165 FAIRFIELD AVENUE	WEST CALDWELL	07006	ESSEX	(973) 226-1100	PSA
INPATIENT REHABILITATION & LONG TERM CARE	WHITE HOUSE HEALTHCARE & REHAB CENTER	560 BERKELEY AVENUE	ORANGE	07050	ESSEX	(973) 672-6500	PSA
INPATIENT REHABILITATION & LONG TERM CARE	WINDSOR GARDENS CARE CENTER	140 PARK AVENUE	EAST ORANGE	07017	ESSEX	(973) 677-1500	SSA
MAMMOGRAPHY CENTERS	BARNABAS HEALTH AMBULATORY CARE CENTER	94 OLD SHORT HILLS ROAD	LIVINGSTON	07039	ESSEX	(973) 322-7807	PSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
MAMMOGRAPHY CENTERS	CLARA MAASS MEDICAL CENTER	1 CLARA MAASS DRIVE	BELLEVILLE	07109	ESSEX	(973) 450-2031	SSA
MAMMOGRAPHY CENTERS	DIAGNOSTIC IMAGING OF NORTHFIELD	772 NORTHFIELD AVENUE	WEST ORANGE	07052	ESSEX	(973) 325-0002	PSA
MAMMOGRAPHY CENTERS	EAST ORANGE GENERAL HOSPITAL	300 CENTRAL AVENUE	EAST ORANGE	07019	ESSEX	(973) 266-4418	
MAMMOGRAPHY CENTERS	FRANK AGUIRRE, MD	195 LAFAYETTE STREET	NEWARK	07105	ESSEX	(973) 465-3044	SSA
MAMMOGRAPHY CENTERS	HACKENSACK UMC - MOUNTAINSIDE	ONE BAY AVENUE - RADIOLOGY DEPARTMENT	MONTCLAIR	07042	ESSEX	(973) 429-6105	SSA
MAMMOGRAPHY CENTERS	MAGNETIC RESONANCE OF NEW JERSEY	410 CENTRE STREET	NUTLEY	07110	ESSEX	(973) 661-2000	SSA
MAMMOGRAPHY CENTERS	MILLBURN MEDICAL IMAGING, PA	2130 MILLBURN AVENUE, STE A8	MAPLEWOOD	07040	ESSEX	(973) 912-0404	PSA
MAMMOGRAPHY CENTERS	MONTCLAIR BREAST CENTER	37 NORTH FULLERTON AVE	MONTCLAIR	07042	ESSEX	(973) 509-1818	SSA
MAMMOGRAPHY CENTERS	MONTCLAIR RADIOLOGICAL ASSOCIATES	1140 BLOOMFIELD AVENUE	WEST CALDWELL	07006	ESSEX	(973) 439-9729	PSA
MAMMOGRAPHY CENTERS	MONTCLAIR RADIOLOGY ASSOCIATES, PA	116 PARK STREET	MONTCLAIR	07042	ESSEX	(973) 746-2525	SSA
MAMMOGRAPHY CENTERS	MONTCLAIR RADIOLOGY ASSOCIATES, PA	20 HIGH STREET	NUTLEY	07110	ESSEX	(973) 284-1881	SSA
MAMMOGRAPHY CENTERS	MONTCLAIR RADIOLOGY ASSOCIATES, PA	271 GROVE AVENUE - BUILDING A	VERONA	07044	ESSEX	(973) 439-9729	PSA
MAMMOGRAPHY CENTERS	NEWARK BETH ISRAEL MED CTR	201 LYONS AVENUE	ESSEX	07112	ESSEX	(973) 926-7695	SSA
MAMMOGRAPHY CENTERS	PROGRESSIVE IMAGING CENTER	36 NEWARK AVENUE STE, 100	BELLEVILLE	07109	ESSEX	(973) 844-4169	SSA
MAMMOGRAPHY CENTERS	ST MICHAELS INC SUBCATH HEALTH E	111 CENTRAL AVENUE	NEWARK	07102	ESSEX	(973) 877-5000	SSA-2
MAMMOGRAPHY CENTERS	UNIVERSITY HOSPITAL-CTR FOR BREAST IMAGING	205 SO ORANGE AVENUE, STE 1200	NEWARK	07103	ESSEX	(973) 972-5193	SSA
MAMMOGRAPHY CENTERS	WOMAN'S HEALTHCARE IMAGING CORP.	1896 MORRIS AVENUE	UNION	07083	ESSEX	(908) 964-0004	PSA
MATERNAL & PEDIATRIC	COMMUNITY HEALTH IMPROVEMENT CENTERS, INC.	352 WEST MARKET STREET	NEWARK	07107	ESSEX	(973) 322-2147	SSA
MATERNAL & PEDIATRIC	EAST ORANGE GENERAL HOSPITAL FAMILY HEALTH CENTER	240 CENTRAL AVENUE	EAST ORANGE	07018	ESSEX	(973) 414-1871	SSA
MATERNAL & PEDIATRIC	JEWISH RENAISSANCE MEDICAL CENTER @	21 QUITMAN STREET	NEWARK	07103	ESSEX	(973) 679-7709	SSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
	QUITMAN STREET COMMUNITY SCHOOL						
MATERNAL & PEDIATRIC	JEWISH RENAISSANCE MEDICAL CENTER @ 13TH AVENUE	359 13TH AVENUE	NEWARK	07103	ESSEX	(973) 521-5268	SSA
MATERNAL & PEDIATRIC	JEWISH RENAISSANCE MEDICAL CENTER @ BARRINGER HIGH SCHOOL	90 PARKER STREET	NEWARK	07104	ESSEX	(973) 679-7709	SSA
MATERNAL & PEDIATRIC	JEWISH RENAISSANCE MEDICAL CENTER @ CENTRAL HIGH SCHOOL	246 18TH AVENUE	NEWARK	07108	ESSEX	(97) 369-7709	SSA
MATERNAL & PEDIATRIC	JEWISH RENAISSANCE MEDICAL CENTER @ MALCOLM X SHABAZZ HIGH SCHOOL	80 JOHNSON AVENUE	NEWARK	07108	ESSEX	(973) 679-7709	SSA
MATERNAL & PEDIATRIC	JEWISH RENAISSANCE MEDICAL CENTER @ PARK ELEMENTARY SCHOOL	120 MANCHESTER PLACE	NEWARK	07104	ESSEX	(973) 521-5300	SSA
MATERNAL & PEDIATRIC	JEWISH RENAISSANCE MEDICAL CENTER @ GEORGE WASHINGTON CARVER SCHOOL	333 CLINTON PLACE	NEWARK	07112	ESSEX	(973) 679-7709	SSA
MATERNAL & PEDIATRIC	MARY ELIZA MAHONEY HEALTH CENTERS	110 WILLIAM STREET	NEWARK	07012	ESSEX	(973) 733-7533	
MATERNAL & PEDIATRIC	MARY ELIZA MAHONEY HEALTH CENTERS	394 UNIVERSITY AVENUE	NEWARK	07102	ESSEX	(973) 733-5300	SSA-2
MATERNAL & PEDIATRIC	MONTCLAIR BREAST CENTER	37 NORTH FULLERTON AVENUE	MONTCLAIR	07042	ESSEX	(973) 509-1818	SSA
MATERNAL & PEDIATRIC	NEWARK COMMUNITY HEALTH CANTERS, INC.	155 JEFFERSON STREET	NEWARK	07105	ESSEX	(973) 482-1300	SSA
MATERNAL & PEDIATRIC	NEWARK COMMUNITY HEALTH CENTER - DAYTON STREET	101 LUDLOW STREET	NEWARK	07114	ESSEX	(973) 483-1300	SSA-2
MATERNAL & PEDIATRIC	NEWARK COMMUNITY HEALTH CENTERS, INC.	1148-1150 SPRINGFIELD AVENUE	IRVINGTON	07111	ESSEX	(973) 483-1300	SSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
MATERNAL & PEDIATRIC	NEWARK COMMUNITY HEALTH CENTERS	741 BROADWAY	NEWARK	07104	ESSEX	(973) 483-1300	SSA
MATERNAL & PEDIATRIC	NEWARK DEPT OF HEALTH & COMMUNITY WELLNESS MOBILE VAN	36 VICTORIA STREET	NEWARK	07114	ESSEX	(973) 733-5310	SSA-2
MATERNAL & PEDIATRIC	NJIN OF BELLEVILLE	30 NEWARK AVENUE	BELLEVILLE	07109	ESSEX	(973) 844-4170	SSA
MATERNAL & PEDIATRIC	PILGRIM MEDICAL CENTER, INC.	393 BLOOMFIELD AVENUE	MONTCLAIR	07042	ESSEX	(973) 746-1500	SSA
MATERNAL & PEDIATRIC	PLANNED PARENTHOOD OF METROPOLITAN NEW JERSEY	151 WASHINGTON AVENUE	NEWARK	07102	ESSEX	(973) 242-3609	SSA-2
MATERNAL & PEDIATRIC	PLANNED PARENTHOOD OF METROPOLITAN NEW JERSEY	606 CENTRAL AVENUE	EAST ORANGE	07018	ESSEX	(973) 674-4343	SSA
MATERNAL & PEDIATRIC	PLANNED PARENTHOOD OF METROPOLITAN NEW JERSEY	66-88 ADAMS STREET	IRONBOUND	07105	ESSEX	(973) 465-7707	SSA
MATERNAL & PEDIATRIC	PLANNED PARENTHOOD OF METROPOLITAN NEW JERSEY - MONTCLAIR	29 NORTH FULLERTON AVENUE	MONTCLAIR	07042	ESSEX	(973) 746-7116	SSA
MATERNAL & PEDIATRIC	PROSPECT PRIMARY CARE	424 MAIN STREET	EAST ORANGE	07018	ESSEX	(973) 674-8067	SSA
MATERNAL & PEDIATRIC	RUTGERS COMMUNITY HEALTH CENTER	183 SOUTH ORANGE AVENUE	NEWARK	07103	ESSEX	(973) 972-2978	SSA
MATERNAL & PEDIATRIC	RUTGERS NURSING FACULTY PRACTICE	449 BROAD STREET	NEWARK	07102	ESSEX	(973) 732-6040	SSA-2
MATERNAL & PEDIATRIC	SAINT BARNABAS AMBULATORY CARE CENTER	200 SOUTH ORANGE AVENUE	LIVINGSTON	07039	ESSEX	(973) 322-7700	PSA
MATERNAL & PEDIATRIC	SAINT JAMES HEALTH, INC.	228 LAFAYETTE STREET, SECOND FLOOR	NEWARK	07105	ESSEX	(973) 789-8111	SSA
MATERNAL & PEDIATRIC	UMDNJ - UNIVERSITY HOSPITAL WOMAN'S HEALTH CENTER	90 BERGEN STREET	NEWARK	07103	ESSEX	(973) 972-2700	SSA
MATERNAL & PEDIATRIC	UNIVERSITY HOSPITAL AMBULATORY CARE CENTER	140 BERGEN STREET	NEWARK	07102	ESSEX	(973) 972-5658	SSA-2
MATERNAL & PEDIATRIC	ZUFALL HEALTH CENTER	95 NORTHFIELD AVENUE	WEST ORANGE	07052	ESSEX	(973) 325-2266	PSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
MATERNAL AND CHILD HEALTH CONSORTIUM	PARTNERSHIP FOR MATERNAL & CHILD HEALTH OF NORTHER	50 PARK PLACE, SUITE 700	NEWARK	07102	ESSEX	(973) 268-2280	SSA-2
PRIMARY HEALTH CARE CENTER	JEWISH RENAISSANCE MED CTR - 13TH AVE/DR MLK ELEMENTARY SCHOOL	359 13TH AVENUE	NEWARK	07103	ESSEX	(973) 679-7709	SSA
PRIMARY HEALTH CARE CENTER	JEWISH RENAISSANCE MED CTR - GEORGE WASHINGTON CARVER	333 CLINTON PLACE	NEWARK	07112	ESSEX	(973) 705-3880	SSA
PRIMARY HEALTH CARE CENTER	JEWISH RENAISSANCE MED CTR - QUILTMAN ST SCHOOL	21 QUITMAN STREET	NEWARK	07103	ESSEX	(973) 679-7709	SSA
PRIMARY HEALTH CARE CENTER	JEWISH RENAISSANCE MED CTR - TEEN HEALTH CENTER	80 JOHNSON AVENUE	NEWARK	07108	ESSEX	(97) 362-3892	SSA
PRIMARY HEALTH CARE CENTER	JEWISH RENAISSANCE MED CTR - THE MOBILE UNIT	248 18TH ST	NEWARK	07107	ESSEX		SSA
PRIMARY HEALTH CARE CENTER	JEWISH RENAISSANCE MED CTR NO WARD PARK ELEM SCHOOL	120 MANCHESTER PLACE	NEWARK	07104	ESSEX		SSA
PRIMARY HEALTH CARE CENTER	JEWISH RENAISSANCE MEDICAL CENTER - 13TH AVE/DR. MLK ELEMENTARY SCHOOL	7	NEWARK	07103	ESSEX	(973) 679-7709	SSA
PRIMARY HEALTH CARE CENTER	JEWISH RENAISSANCE MEDICAL CENTER - BARRINGER HIGH SCHOOL	90 PARKER STREET	NEWARK	07104	ESSEX	(973) 497-5773	SSA
PRIMARY HEALTH CARE CENTER	JEWISH RENAISSANCE MEDICAL CENTER - CENTRAL HIGH SCHOOL	246 18TH AVENUE	NEWARK	07107	ESSEX	(973) 679-7709	SSA
PRIMARY HEALTH CARE CENTER	JEWISH RENAISSANCE MEDICAL CENTER - GEORGE WASHINGTON CARVER	333 CLINTON PLACE	NEWARK	07112	ESSEX	(973) 705-3880	SSA
PRIMARY HEALTH CARE CENTER	JEWISH RENAISSANCE MEDICAL CENTER - NORTH WARD PARK	120 MANCHESTER PLACE	NEWARK	07104	ESSEX		SSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
	ELEMENTARY SCHOOL						
PRIMARY HEALTH CARE CENTER	JEWISH RENAISSANCE MEDICAL CENTER - QUITMAN STREET SCHOOL	21 QUITMAN STREET	NEWARK	07103	ESSEX	(973) 679-7709	SSA
PRIMARY HEALTH CARE CENTER	JEWISH RENAISSANCE MEDICAL CENTER - TEEN HEALTH CENTER	80 JOHNSON AVENUE	NEWARK	07108	ESSEX	(973) 623-8592	SSA
PRIMARY HEALTH CARE CENTER	JEWISH RENAISSANCE MEDICAL CENTER - THE MOBILE UNIT	248 18TH STREET	NEWARK	07107	ESSEX		SSA
PRIMARY HEALTH CARE CENTER	JEWISH RENAISSANCE MED CTR- BARRINGER HS	90 PARKER ST	NEWARK	07104	ESSEX		SSA
PRIMARY HEALTH CARE CENTER	NEWARK COMMUNITY HEALTH CENTERS	155 JEFFERSON STREET	NEWARK	07105	ESSEX	(973) 465-2828	SSA
PRIMARY HEALTH CARE CENTER	NEWARK COMMUNITY HEALTH CENTERS	155 JEFFERSON STREET	NEWARK	07105	ESSEX	(97) 345-2828	SSA
PRIMARY HEALTH CARE CENTER	NEWARK COMMUNITY HEALTH CENTERS	741 BROADWAY	NEWARK	07104	ESSEX	(973) 483-1300	SSA
PRIMARY HEALTH CARE CENTER	NEWARK COMMUNITY HEALTH CENTERS	741 BROADWAY	NEWARK	07104	ESSEX	(973) 483-1300	SSA
PRIMARY HEALTH CARE CENTER	NEWARK COMMUNITY HEALTH CENTERS	751 BROADWAY	NEWARK	07104	ESSEX	(973) 483-1800	SSA
PRIMARY HEALTH CARE CENTER	NEWARK COMMUNITY HEALTH CENTERS	751 BROADWAY	NEWARK	07104	ESSEX	(973) 483-1300	SSA
PRIMARY HEALTH CARE CENTER	NEWARK COMMUNITY HEALTH CENTERS - EAST ORANGE	444 WILLIAM STREET	EAST ORANGE	07017	ESSEX	(973) 675-1900	SSA
PRIMARY HEALTH CARE CENTER	NEWARK COMMUNITY HEALTH CENTERS - EAST ORANGE	444 WILLIAM STREET	EAST ORANGE	07017	ESSEX	(973) 675-1900	SSA
PRIMARY HEALTH CARE CENTER	NEWARK COMMUNITY HEALTH CENTERS - IRVINGTON	1148-110 SPRINGFIELD AVE	IRVINGTON	07111	ESSEX	(973) 399-6292	SSA
PRIMARY HEALTH CARE CENTER	NEWARK COMMUNITY HEALTH CENTERS - IRVINGTON	1148-1150 SPRINGFIELD AVE	IRVINGTON	07111	ESSEX	(973) 399-6292	SSA
PRIMARY HEALTH CARE CENTER	NEWARK COMMUNITY	37 NORTH DAY STREET	ORANGE	07050	ESSEX	(973) 395-2611	PSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
	HEALTH CENTERS - ORANGE						
PRIMARY HEALTH CARE CENTER	NEWARK COMMUNITY HEALTH CENTERS - ORANGE	37 NORTH DAY STREET	ORANGE	07050	ESSEX	(973) 395-2611	PSA
PRIMARY HEALTH CARE CENTER	NEWARK DEPARTMENT OF HEALTH & COMMUNITY WELLNESS	110 WILLIAM STREET	NEWARK	07102	ESSEX	(973) 733-5300	SSA-2
PRIMARY HEALTH CARE CENTER	NEWARK DEPARTMENT OF HEALTH & COMMUNITY WELLNESS	140 BERGEN STREET	NEWARK	07103	ESSEX	(973) 733-5310	SSA
PRIMARY HEALTH CARE CENTER	NEWARK DEPARTMENT OF HEALTH & COMMUNITY WELLNESS	394 UNIVERSITY AVENUE	NEWARK	07102	ESSEX	(973) 733-7592	SSA-2
PRIMARY HEALTH CARE CENTER	NEWARK DEPT OF HEALTH & COMMUNITY WELLNESS	110 WILLIAM STREET	NEWARK	07102	ESSEX	(973) 733-5300	SSA-2
PRIMARY HEALTH CARE CENTER	NEWARK DEPT OF HEALTH & COMMUNITY WELLNESS	140 BERGEN STREET	NEWARK	07103	ESSEX	(973) 733-5310	SSA
PRIMARY HEALTH CARE CENTER	NEWARK DEPT OF HEALTH & COMMUNITY WELLNESS	394 UNIVERSITY AVENUE	NEWARK	07102	ESSEX	(973) 733-7592	SSA-2
PRIMARY HEALTH CARE CENTER	ZUFALL HEALTH CENTER	95 NORTHFIELD AVENUE	WEST ORANGE	07052	ESSEX	(973) 325-2266	PSA
PSYCHIATRIC HOSPITAL	ESSEX COUNTY HOSPITAL CENTER	204 GROVE AVENUE	CEDAR GROVE	07009	ESSEX	(973) 571-2801	PSA
SENIOR SERVICES	1ST CEREBRAL PALSY OF NEW JERSEY	7 SANFORD AVENUE	BELLEVILLE	07109	ESSEX	(973) 751-0200	SSA
SENIOR SERVICES	2ND HOME EAST ORANGE	115 EVERGREEN PLACE	EAST ORANGE	07018	ESSEX	(973) 676-2600	SSA
SENIOR SERVICES	2ND HOME NEWARK OPERATIONS, LLC.	717-727 BROADWAY	NEWARK	07104	ESSEX	(973) 268-1212	SSA
SENIOR SERVICES	2ND HOME ORANGE OPERATIONS, LLC.	38 NORTH DAY STREET	ORANGE	07050	ESSEX	(973) 395-9800	PSA
SENIOR SERVICES	BAXTER SENIOR CENTER	25 SUMMIT STREET	NEWARK	07103	ESSEX	(973) 733-5747	SSA
SENIOR SERVICES	BELLEVILLE ADULT DAY CARE CENTER	518 WASHINGTON AVENUE	BELLEVILLE	07109	ESSEX	(973) 751-6000	SSA
SENIOR SERVICES	BELLEVILLE SENIOR CENTER	315 BELLEVILLE AVENUE	BELLEVILLE	07109	ESSEX	(973) 759-9547	SSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
SENIOR SERVICES	BELLEVILLE SENIOR CITIZENS CLUB	125 FRANKLIN AVENUE	BELLEVILLE	07109	ESSEX	(973) 450-3430	SSA
SENIOR SERVICES	BETHANY SENIOR CENTER	275 W MARKET STREET	NEWARK	07103	ESSEX	(973) 733-5739	SSA
SENIOR SERVICES	BLOOMFIELD CIVIC CENTER SENIOR CITIZENS ASSOCIATION	84 BROAD STREET	BLOOMFIELD	07003	ESSEX	(973) 743-3332	SSA
SENIOR SERVICES	BRANCH BROOK VISITORS CENTER	BRANCH BROOK PARK	BELLEVILLE	07109	ESSEX	(973) 482-4198	SSA
SENIOR SERVICES	CATHOLIC CHARITIES OF THE ARCHDIOCESE OF NEWARK	570 NORTH SEVENTH STREET	NEWARK	07107	ESSEX	(973) 596-4050	SSA
SENIOR SERVICES	CATHOLIC CHARITIES OF THE ARCHDIOCESE OF NEWARK	590 NORTH 7TH STREET	NEWARK	07107	ESSEX	(973) 596-4050	SSA
SENIOR SERVICES	CHANCELLOR SPECIALTY CARE ADULT DAY CENTER	155 FORTIETH STREET	IRVINGTON	07111	ESSEX		SSA
SENIOR SERVICES	CLARENDON SOCIAL CENTER, LLC.	30-34 OKNER PARKWAY	LIVINGSTON	07039	ESSEX	(973) 715-5872	PSA
SENIOR SERVICES	EAST ORANGE SENIOR CENTER - VISTA VILLAGE	70 SOUTH BURNET STREET	EAST ORANGE	07018	ESSEX	(973) 266-8832	SSA
SENIOR SERVICES	FAIRFIELD GOLDEN AGE CLUB	230 FAIRFIELD ROAD	FAIRFIELD	07004	ESSEX	(973) 882-8399	PSA
SENIOR SERVICES	FRIENDLY SENIOR CENTER	89 LINCOLN STREET #2	NEWARK	07103	ESSEX	(973) 733-5748	SSA
SENIOR SERVICES	GOODLIFE ADULT DAY CARE	515 NORTH ARLINGTON AVENUE	EAST ORANGE	07017	ESSEX	(973) 674-5100	SSA
SENIOR SERVICES	GRACE WEST SENIOR CENTER	301 IRVINE TURNER BOULEVARD	NEWARK	07108	ESSEX	(973) 733-5749	SSA
SENIOR SERVICES	GROVER CLEVELAND SENIOR CENTER	14 PARK AVENUE	CALDWELL	07006	ESSEX	(973) 403-4637	PSA
SENIOR SERVICES	HAPPY DAYS ADULT DAY HEALTHCARE CENTER, LLC.	67 SO MUNN AVENUE	EAST ORANGE	07018	ESSEX	(973) 678-0755	SSA
SENIOR SERVICES	HAPPY DAYS II ADULT DAY HEALTHCARE CENTER, LLC.	1060 BROAD STREET	NEWARK	07110	ESSEX	(973) 643-3500	SSA
SENIOR SERVICES	HOME AWAY FROM HOME ADULT DAY CARE CENTER OF NUTLEY	263 HILLSIDE AVENUE	NUTLEY	07110	ESSEX	(973) 662-9191	SSA
SENIOR SERVICES	INDEPENDENCE PARK CENTER	213 VAN BUREN STREET	NEWARK	07105	ESSEX	(973) 465-2206	SSA
SENIOR SERVICES	IRONBOUND SENIOR CENTER	138 CLIFFORD STREET	NEWARK	07105	ESSEX	(973) 424-4101	SSA

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SENIOR SERVICES	IRONBOUND BOYS CLUB & SENIOR CENTER	11 PROVIDENCE STREET	NEWARK	07105	ESSEX	(973) 344-2629	SSA
SENIOR SERVICES	IRONBOUND SENIOR CITIZENS (EAST WARD)	138 CLIFFORD STREET	NEWARK	07105	ESSEX	(973) 424-4098	SSA
SENIOR SERVICES	IRVINGTON SENIOR CITIZENS CENTER	1077 SPRINGFIELD AVENUE	IRVINGTON	07111	ESSEX	(973) 399-6501	SSA
SENIOR SERVICES	IVY HILL JEWISH SENIOR CENTER	260 MT VERNON PLACE	NEWARK	07106	ESSEX	(973) 763-1005	SSA
SENIOR SERVICES	J.C. WHITE MANOR	516 BERGEN STREET	NEWARK	07108	ESSEX	(973) 273-6824	SSA
SENIOR SERVICES	JEWISH COMMUNITY SENIOR CENTER	760 NORTHFIELD AVENUE	WEST ORANGE	07052	ESSEX	(973) 736-3200	PSA
SENIOR SERVICES	JEWISH SENIOR CITIZENS CENTER OF IRVINGTON	1 LINDEN AVENUE	IRVINGTON	07111	ESSEX	(973) 372-3907	SSA
SENIOR SERVICES	JEWISH VOCATIONAL SERVICES	111 PROSPECT STREET	EAST ORANGE	07017	ESSEX	(973) 674-2415	SSA
SENIOR SERVICES	LA CASA DE DON PEDRO	317 ROSELLE AVENUE	NEWARK	07107	ESSEX	(973) 485-7933	SSA
SENIOR SERVICES	LIVINGSTON COMMUNITY CENTERS	HILLSIDE AVENUE	LIVINGSTON	07039	ESSEX	(973) 535-7975	PSA
SENIOR SERVICES	MAPLEWOOD SENIOR CITIZENS	120 BURNETT AVENUE	MAPLEWOOD	07040	ESSEX	(973) 763-0750	PSA
SENIOR SERVICES	MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY	424 MARTIN LUTHER KING JR. BOULEVARD	EAST ORANGE	07018	ESSEX	(973) 674-8067	SSA
SENIOR SERVICES	N.J. (LIFE) ADULT MEDICAL DAY CARE CENTER II, INC.	290 CHESTNUT STREET	NEWARK	07105	ESSEX	(973) 578-2815	SSA
SENIOR SERVICES	NELLIE GRIER SENIOR CENTER	98-104 MAPLE AVENUE	NEWARK	07112	ESSEX	(973) 424-4096	SSA
SENIOR SERVICES	NEW COMMUNITY EXTENDED CARE FACILITY	266 SOUTH ORANGE AVENUE	NEWARK	07103	ESSEX	(973) 624-2020	SSA
SENIOR SERVICES	NORTH NEWARK SENIOR CITIZENS	664 BROADWAY	NEWARK	07104	ESSEX	(973) 424-4100	SSA
SENIOR SERVICES	NORTH WARD CENTER	346 MT PROSPECT AVENUE	NEWARK	07104	ESSEX	(973) 481-0415	SSA
SENIOR SERVICES	NORTH WARD SENIOR CITIZENS	79 BROADWAY	NEWARK	07104	ESSEX	(973) 621-5454	SSA
SENIOR SERVICES	RESIDENTS FOR COMMUNITY ACTION	201 BLOOMFIELD AVENUE	NEWARK	07104	ESSEX	(973) 483-8420	SSA
SENIOR SERVICES	SENIOR CARE & ACTIVITIES CENTER	110 GREENWOOD AVENUE	MONTCLAIR	07042	ESSEX	(973) 783-5589	SSA

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SENIOR SERVICES	SENIOR CARE & ACTIVITIES CENTER	110 GREENWOOD AVENUE	MONTCLAIR	07042	ESSEX	(973) 783-5589	SSA
SENIOR SERVICES	SINAI POST ACUTE NURSING & REHAB CTR & THE OASIS MEDICAL DAY CARE	65 JAY STREET	NEWARK	07103	ESSEX	(973) 483-6800	SSA
SENIOR SERVICES	SOUTH ORANGE SENIOR CIRCLE	5 MEAD STREET	SOUTH ORANGE	07079	ESSEX	(973) 378-7761	PSA
SENIOR SERVICES	SOUTH WARD MINI CENTER	491 CLINTON AVENUE	NEWARK	07108	ESSEX	(973) 424-4102	SSA
SENIOR SERVICES	SOUTH WARD SENIOR CENTER	731 CLINTON AVENUE	NEWARK	07108	ESSEX	(973) 424-4102	SSA
SENIOR SERVICES	THE CENTRE	54 ELIZABETH AVENUE	NEWARK	07108	ESSEX	(973) 242-5436	SSA
SENIOR SERVICES	THE NORTH WARD CENTER	288-298 MT PROSPECT AVENUE	NEWARK	07104	ESSEX	(973) 481-6145	SSA
SENIOR SERVICES	UNIFIED VALISBURG SERVICES ORG	40 RICHELIEU TERRACE	NEWARK	07106	ESSEX	(973) 374-2000	SSA
SENIOR SERVICES	WEST WARD CENTER	505 WEST MARKET STREET	NEWARK	07107	ESSEX	(973) 481-5526	SSA
SPECIAL HOSPITAL	COLUMBUS HOSPITAL LTACH	495 NORTH 13TH STREET	NEWARK	07107	ESSEX	(973) 587-7712	SSA
SURGICAL PRACTICE	DIAMOND INSTITUTE OF INFERTILITY & MENOPAUSE	89 MILLBURN AVENUE	MILLBURN	07041	ESSEX	(973) 761-5600	PSA
SURGICAL PRACTICE	ESSEX SURGICAL ARTS SURGERY CENTER	727 JORALEMON STREET	BELLEVILLE	07109	ESSEX	(973) 450-1600	SSA
SURGICAL PRACTICE	ESSEX SURGICAL, LLC	776 NORTHFIELD AVENUE	WEST ORANGE	07052	ESSEX	(973) 324-2300	PSA
SURGICAL PRACTICE	GARDEN STATE SURGERY CENTER	29 PARK STREET	MONTCLAIR	07042	ESSEX	(973) 509-2000	SSA
SURGICAL PRACTICE	GLEN RIDGE SURGI CENTER	230 SHERMAN AVENUE	GLEN RIDGE	07028	ESSEX	(973) 783-2626	SSA
SURGICAL PRACTICE	IRONBOUND ENDO-SURGICAL CENTER	24-28 MERCHANT STREET	NEWARK	07105	ESSEX	(973) 344-5883	SSA
SURGICAL PRACTICE	JAMES F MC GUCKIN MD OF NJ PA	347 MOUNT PLEASANT AVENUE, SUITE 100	WEST ORANGE	07052	ESSEX	(973) 325-0042	PSA
SURGICAL PRACTICE	NEW JERSEY UROLOGY	1515 BROAD STREET, SUITE B140	BLOOMFIELD	07003	ESSEX	(973) 873-7000	SSA
SURGICAL PRACTICE	NEW JERSEY VEIN & COSMETIC SUR	741 NORTHFIELD AVE - SUITE 105	WEST ORANGE	07052	ESSEX	(732) 243-9729	PSA
SURGICAL PRACTICE	NORTH FULLERTON SURGERY CENTER	37 NORTH FULLERTON AVENUE	MONTCLAIR	07042	ESSEX	(973) 233-0433	SSA

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SURGICAL PRACTICE	NORTHERN NJ EYE INSTITUTE	71 SECOND STREET	SOUTH ORANGE	07079	ESSEX	(973) 763-2203	PSA
SURGICAL PRACTICE	NORTHFIELD SURGICAL CENTER	741 NORTHFIELD AVENUE	WEST ORANGE	07052	ESSEX	(201) 243-0990	PSA
SURGICAL PRACTICE	PAUL J LO VERME, MD	825 BLOOMFIELD AVENUE	VERONA	07044	ESSEX	(973) 857-9499	PSA
SURGICAL PRACTICE	UROLOGY GROUP OF NEW JERSEY	375 MT PLEASANT AVENUE, SUITE 250	WEST ORANGE	07052	ESSEX	(973) 323-1320	PSA