Clara Maass Medical Center | RWJBarnabas HEALTH

COMMUNITY HEALTH NEEDS ASSESSMENT

CLARA MAASS MEDICAL CENTER

2019

ACKNOWLEDGEMENTS

The following partners led the Clara Maass Medical Center (CMMC) Community Health Assessment:

CLARA MAASS MEDICAL CENTER EXECUTIVES AND SENIOR TEAM

- Mary Ellen Clyne, Ph.D. President and Chief Executive Officer
- Jeffrey Holt – Chief Operating Officer
- Frank Mazzarella, MD – Chief Medical Officer
- Teresa DiElmo – Chief Nursing Officer
- Naveen Ballem, MD – Chief Clinical Effectiveness Officer
- Yasmir Bisal – Senior Financial Officer
- Al Torres – Vice President, Human Resources
- Celeste Oranchak –Vice President, Foundation

CLARA MAASS MEDICAL CENTER OVERSIGHT COMMITTEE

- Mary Ellen Clyne, Ph.D., President and CEO, Clara Maass Medical Center
- Buddy Evans, President and CEO, YMCA of Montclair
- Deborah Day, Manager, United Way Caregivers Coalition in Montclair
- Noreen Haveron, Executive Director/President at Job Haines Home
- Joan Reeves, MSW, LSW, Social Case Work Supervisor, Health and Human Services Division of Senior Services, City of East Orange
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- Pastor Ivan Sciberras, St. Peter's Church, Belleville
- Ezequiel Garcia, NJ Sharing Network Trustee and Volunteer
- Katie York PhD, MBA, Director of Senior Services/Lifelong Montclair Department of Health & Human Services Township of Montclair
- Cheryl Young, Volunteer and Community Representative
- Jacqueline Pagano, Director of Marketing, Above the Rest Home Care of NJ, LLC
- Ruth Lambo, Community Health Outreach Coordinator, CMMC
- Tamara Cunningham, VP, System Development Planning, RWJBH

RWJ BARNABAS HEALTH COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE

The RWJ Barnabas Health CHNA Steering Committee oversees the 2018-2019 CNA process to update Hospitals CNAs and create new Implementation/Community Health Improvement Plans. The key tasks of the Steering Committee include:

- Oversight and guidance of CHNA implementation plan development
- Review facility implementation/health improvement plans and results
- Review of suggested priorities for facility implementation planning
- Share strategies and best practices

Members of the RWJ Barnabas Health CHNA Steering Committee include:

- Jen Velez, Executive Vice President, Community and Behavioral Health, Committee Chair
- Michellene Davis, Executive Vice President, Corporate Affairs
- Bryan Soltes, System Vice President, Network Development, Oncology Services
- Connie Greene, Behavioral Health/Preventive Care
- Joseph Jaeger, DrPH, Chief Academic Officer
- Barbara Mintz, Senior Vice President, Health and Wellness
- Jessica Israel, M.D., Corporate Chair, Geriatrics
- Michael Knecht, Corporate Vice President, Strategic Messaging and Marketing
- Ernani Sadural, M.D., Director of Global Health for Barnabas Health
- Richard Henwood, Vice President, Finance
- Tamara Cunningham, Vice President, System Development/Planning
- Hospital Representatives:
    - Céu Cirne Neves, Vice President, Physician and Support Services, Saint Barnabas Medical Center (Designee: Margie Heller, Vice President, Community Health & Global Strategic Partnerships, Saint Barnabas Medical Center)
    - Darrell K. Terry, Sr., MHA, MPH, FACHE, President and CEO, Newark Beth Israel Medical Center (Designee: Kim Cook, Director, Community Relations & Volunteer Services)
    - Frank Mazzarella, M.D., Chief Medical Officer, Clara Maass Medical Center (Designee: Fran Monteleone, Director, Physician Relations and Community Outreach)
    - Judy Colorado, Chief Nursing Officer and Vice President of Patient Care Services, Monmouth Medical Center Southern Campus (Designee: Jean McKinney, Community Education Department)
    - Anna Burian, Vice President of Ambulatory Care Services, Monmouth Medical Center (Designee: Jean McKinney, Community Education Department)
    - Teri Kubiel, DNP, Vice President, Patient Experience and Community Affairs
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    - Serena Collado, Director, Community Health, Robert Wood Johnson University Hospital Somerset
    - Mariam Merced, Director, Community Health Promotions, Robert Wood Johnson University Hospital New Brunswick
    - Donna Mancuso, Manager, Public & Community Affairs, Robert Wood Johnson University Hospital Rahway
    - Ruth Bash, Vice President & Chief Culture Officer, Children's Specialized Hospital
    - Irene Borgen, Vice President, Quality and Standards, Jersey City Medical Center
    - Diane Grillo, Vice President, Health Promotion, Robert Wood Johnson University Hospital Hamilton (Designee: Lauren Stabinsky, Director Community & Corporate Health, Robert Wood Johnson University Hospital Hamilton)

CLARA MAASS MEDICAL CENTER STEERING COMMITTEE CONSULTANT ADVISORS

Steering Committee Technical Advisors:

- Withum, Smith & Brown (Scott Mariani)
- New Solutions Inc. (Nancy Erickson[1])
- Bruno & Ridgway, Inc. (Joseph Ridgway)

Questions regarding the Community Needs Assessments should be directed to RWJ Barnabas Health System Development & Planning at BHPlanningDept@RWJUH.org.

1 The CHA'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 Community Health Needs Assessment.

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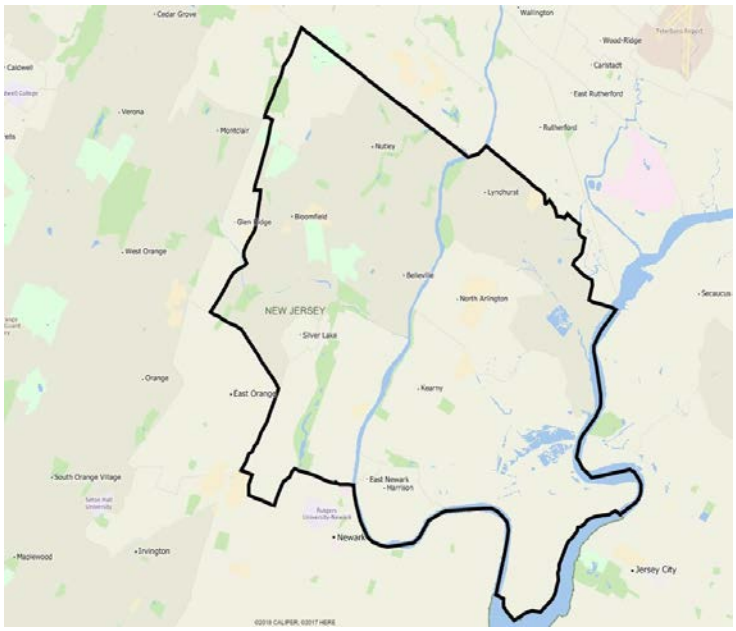


The Clara Maass Medical Center (CMMC) Community Health Needs Assessment (CHNA) is designed to ensure that the Medical Center continues to effectively and efficiently serve the health needs of its service area. The CHNA was developed in accordance with all federal rules and statues, specifically, PL 111-148 (the Affordable Care Act) which added Section 501(r) to the Internal Revenue Code. The CMMC 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 2016. The 2016 Implementation Plan results are reviewed in **Appendix A**.

The CHNA uses detailed secondary public health data at state, county, and community levels and a community health survey to identify areas of needed improvement. CMMC 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 Clara Maass Medical Center CHNA Oversight Committee helps to identify health assets, gaps, disparities, trends, and priorities. The Methodology section details the data collection process and analysis.

Service Area

The service area is determined by considering three factors: patient origin, market reliance on the Hospital (market share), and geographic continuity and proximity. Zip codes representing approximately 50% of the CMMC 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 lower 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. CMMC's PSA is predominantly located in the eastern portion of Essex County and borders on Hudson County and Bergen County municipalities. The SSA is comprised of small sections of Hudson, Bergen and Passaic counties. For purposes of this assessment, Essex County, CMMC's home county, was selected to best represent communities served by the Medical Center in reviewing data sources presented at the county level.

CMMC Primary Service Area	
ZIP Code	ZIP Name
07104	NEWARK
07109	BELLEVILLE
07032	KEARNY
07107	NEWARK
07003	BLOOMFIELD
07110	NUTLEY
07031	NORTH ARLINGTON
07071	LYNDHURST
07029	HARRISON

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. Economic wealth is not uniformly distributed across municipalities; urban areas include a high number of poor and minority populations. Clara Maass Medical Center (CMMC), located in Belleville, is one of seven acute care hospitals operating in Essex County. Belleville, home to Branch Brook Park, is a working class ethnically diverse suburban community.

- Essex County has a larger proportion of African-American and Hispanic/Latino residents than New Jersey.[2]
    - Essex County's population is 37.8% African-American, compared to 12.8% statewide.
    - Essex County's population is 23.5% Hispanic/Latino, compared to 20.1% statewide**.**
    - Essex County's population is 30.3% White, compared to 54.4% statewide.
- In 2016, 17.2% of people and 14.0% of Essex County families were living in poverty compared to 10.9% of people and 8.1% of families statewide.
    - In 2016, 28.8% of people and 25.3% of families were living in poverty in Newark 07107.
    - In 2016, 24.5% of families were living in poverty in the Newark 07104 zip code. This was triple the State (8.1%).[3]
- In 2016, 8.0% of Essex County residents were unemployed, higher than the State (5.2%).
    - The unemployment rate in Newark 07107 (11.7%) exceeded the county rate (8.0%) and was more than double the State rate (5.2%).
    - The Nutley unemployment rate was 4.2%, the lowest in the service area and lower than the Essex County rate of 8.0%.
- In 2016, the Essex County median household income was $54,860, more than $18,000 below the state average.[4]
    - The 2016 median household income of Newark 07107 residents ($30,685) was less than half the statewide figure ($73,702).[5]
    - Nutley had the highest median household income in the CMMC Service Area at $89,452, while Newark 07107 had the lowest at $30,685.
    - Between2014-2016, income levels across the county and the CMMC Service Area showed little increase or decline.

TOP THREE HEALTH ISSUES

The CMMC Oversight Committee considered primary and secondary data to determine the priority needs of the community based on capacity, resources, competencies, and needs specific to the populations it serves. CMMC selected three top health issues within the hospital's purview, competency and resources to impact in a meaningful manner: obesity, diabetes and prenatal care.

2 United States Census Bureau American Community Survey 2014
3 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
4 United States Census Bureau 2014
5 United States Census Bureau American Community Survey 2014

1. ***Obesity***

Obesity and overweight are abnormal or excessive fat accumulation that presents a health risk. A crude population measure of obesity is the 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 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 (mainly heart disease and stroke), type 2 diabetes, musculoskeletal disorders like osteoarthritis, and some cancers (endometrial, breast and colon). These conditions cause premature death and disability. Onset of increased risk begins when someone is only slightly overweight, and the risk increases as weight rises. Many conditions cause long-term consequences for individuals and families. In addition, 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 cause changes in the hormones that increase appetite and contribute to weight gain.

- In 2015, Essex County residents ranked 7.5 out of 10 on an index of factors that contribute to access to healthy foods, lower than statewide (9.2).
- In 2016, 32.6% of Essex County adults reported no physical exercise within the past month, higher than New Jersey (29.8%) and CHR national benchmark.[6]
- The 2016 Essex County age-adjusted mortality rate due to diabetes (26.3/100,000) was higher than the statewide rate (17.6/100,000).[7]
- The percent of Essex County residents with a body mass index >-30 trended upward from 24.8% in 2011 to 26.8% in 2016.
- Obesity was the top health concern mentioned by primary respondents in the CMMC service area.

6 Behavioral Risk Factor Surveillance System 2012

7 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

CMMC provides a bariatric clinic to address the needs of the Medicaid population by providing surgical options for weight loss. The Medical Center also provides ongoing educational programming and support group programs to patients undergoing bariatric surgery and supports community programming on topics like healthy shopping and meal preparation.

2. Diabetes

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 being diagnosed in children. Between 1980 and 2000, obesity rates doubled among children and adults and tripled among adolescents.[8] 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.

- Diabetes is the fifth leading cause of death in Essex County.
- When comparing diabetes age-adjusted mortality by race and ethnicity in Essex County, Blacks had the highest age-adjusted mortality rate for diabetes (36.7/100,000).
- The age-adjusted mortality rate for diabetes among Essex County Blacks increased from 35.5/100,000 in 2014 and to 36.7/100,000 in 2016, higher than statewide at 32.1/100,000.
- In 2016, 13.1% of Essex County residents reported diabetes higher than the statewide rate 9.2% and all comparison counties.
- Diabetes is the third most common inpatient Ambulatory Care Sensitive Condition in Essex County.[9]

The diabetes self-management education program works collaboratively with departments at Clara Maass Medical Center to provide a full continuum of care for those who have been diagnosed with diabetes. The program is for adults and is facilitated by certified diabetes educators, nurses and nutritionists, and includes 1:1 counseling available both during the day and in the evening. Topics covered include an overview of diabetes and how it affects your body: carbohydrate counting and dosing insulin; monitoring blood sugar levels; treatment options; meal planning, healthy cooking and eating, portion control and dining out; smart shopping and how to read food labels; regular physical activity; preventing complications; healthy coping; and weight management.

8 www.cdc.gov/pdf/facts_about_obesity_in_the_united_states.pdf
9 Health Care Decision Analyst Internal Data 2014

3. ***Prenatal Care***

Getting early and regular prenatal care improves the chances of a healthy pregnancy. This type of care can begin prior to pregnancy with a preconception care visit to a health provider. A preconception care visit can identify the steps a woman can take before pregnancy to promote a healthy birth. These steps include:

- Increasing their daily intake of folic acid.
- Marking sure immunizations are up to date.
- Controlling diabetes or other medical conditions.
- Avoid smoking, alcohol and using illicit drugs.
- Attain a healthy weight.
- Learn about family health history and that of their partner.
- Seek help for anxiety, depression or other mental health issues.

Prenatal Care visits should begin by the 12th week of pregnancy. These visits will usually include a physical exam, weight checks, and urine tests. Blood tests, imaging rests such as ultra-sound exams will also occur at different stages of the pregnancy.

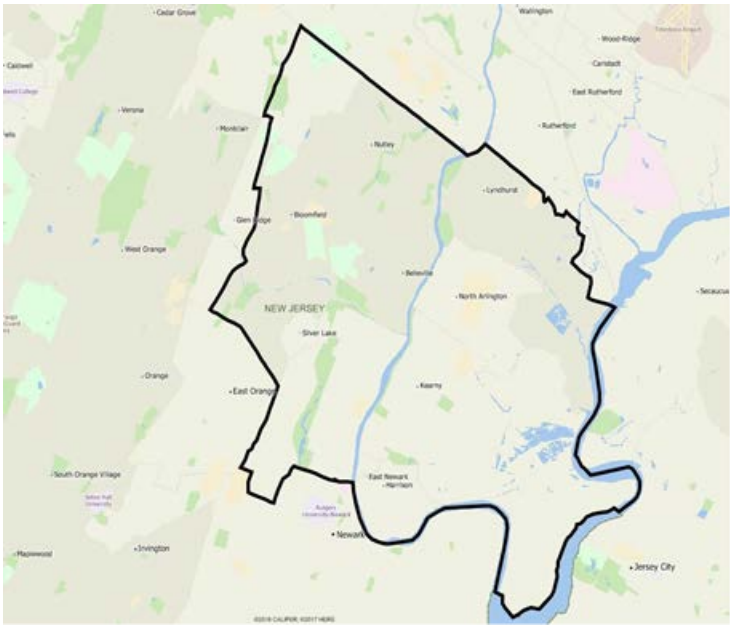
Regular prenatal care can help reduce the risk of pregnancy complications. Following a safe diet, getting regular exercise and avoiding exposure to lead and radiation, can help reduce the risk for problems during pregnancy and promote fetal health and development. Controlling existing medical conditions such as high blood pressure and diabetes is important o prevent serious complications. Tobacco and alcohol use have been shown to increase the risk of sudden infant death syndrome. Alcohol use increases the risk for alcohol spectrum disorders which can cause a variety of problems. In addition, taking 400mg of folic acid reduces the risk of neural tube defects by 70%. Women should also not take certain medications or herbal supplements which may be harmful to the fetus.

- Only 63.5% of Essex County women entered prenatal care in the first trimester compared to 72.1% in New Jersey.
- The percent of Essex County women enrolled in 1st trimester prenatal care declined from 81% in 2010, to 63.5% in 2016.
- The percent of women without prenatal care ranged from a low of 1.9% in 2013, to a high of 3.3% in 2016.
- The 2016 Essex County rates for no prenatal care (3.3%) places it in the worst performing quantile.

Clara Maass Medical Center offers an obstetrics clinic to provide 24-hour access to care for pregnant women and their families, including prenatal, intraportal and postpartum care. In addition, the Medical Center offers classes in preparing for childbirth, breastfeeding, infant care classes, and weekend childbirth services to pregnant women and their families.

1. INTRODUCTION

CMMC Service Area



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The CHNA uses detailed secondary public health data at state, county, and community levels, a community health survey, and focus groups with other community stakeholders. CMMC 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 CMMC CHNA Oversight Committee helps to identify health assets, gaps, disparities, trends, and priorities. The Methodology section details the data collection process and analysis.

Clara Maass Medical Center, located in Belleville, New Jersey, is one of seven acute care hospitals operating in Essex County. CMMC's primary service area comprises largely urban and suburban communities located in southeastern Essex County. Older urban and suburban Essex County municipalities comprise a large part of CMMC's secondary service area.

The CMMC Oversight Committee determined three issues to be within the hospital's purview, competency and resources to impact in a meaningful manner: obesity, diabetes and prenatal care.

The CHNA uses detailed secondary public health data at state, county, and community levels, from various sources including Department of Health and Human Services, Centers for Disease Control and Prevention, Census Bureau, *Healthy People 2020,* the County Health Rankings, 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 County Health Rankings, 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 CMMC needs assessment was developed for the purpose of enhancing the health and quality of life throughout the community. To this end, both internal and external data were used to understand recent health indicators and opportunities to provide a positive impact on health and wellness. Other significant needs determined by this CHNA include:

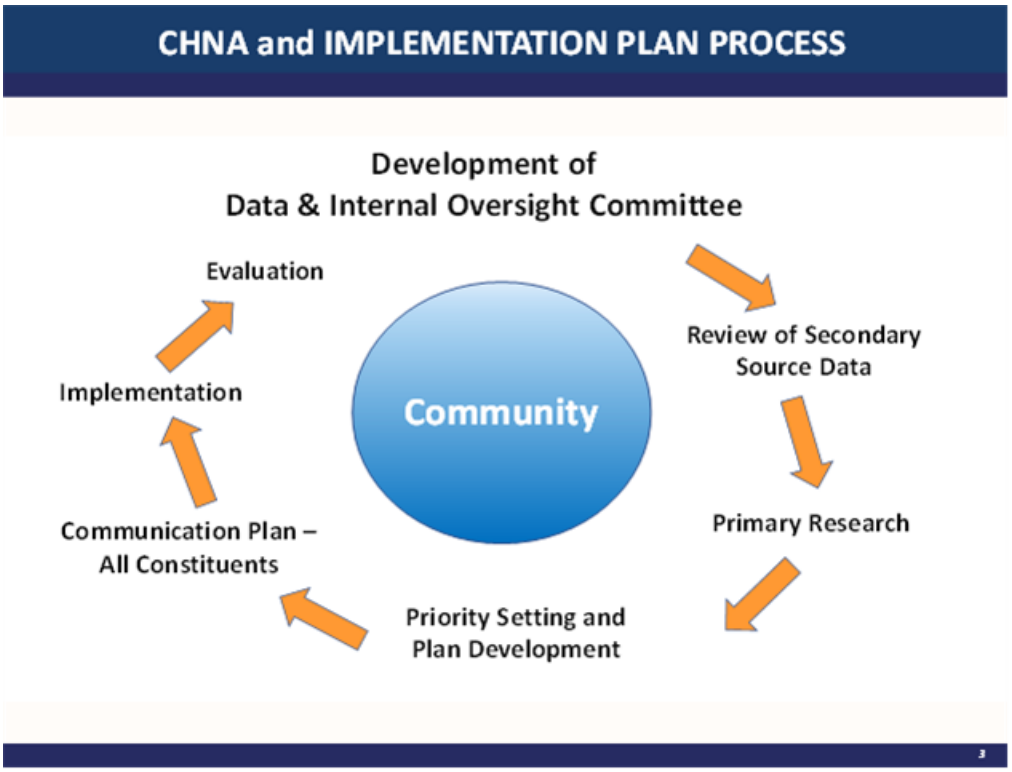
- Geriatric Care
- Access to Care (Cost of Care, Insurance)
- Language
- Substance Abuse
- Heart Disease
- Transportation
- Mental Health
- Cancer

2. *METHODOLOGY/SERVICE AREA*

A. *METHODOLOGY*

Clara Maass Medical Center (CMMC) developed an evidenced-based process to determine the health needs of Essex County residents. CHNA data sources include both primary and secondary data to provide qualitative and quantitative information about the communities. Data from these sources were reviewed the Steering Committee to identify and prioritize the top issues facing residents in the service area (see Top Health Issues section).

The flow chart below identifies the CHNA and implementation planning process employed.



Prioritization Process

Following the Steering Committee's review of quantitative and qualitative data on May 14, 2019, a list of 11 issues were identified by consultants as common themes of the research. These issues became the suggested priority issues and included:

- Obesity
- Mental Health
- Access to Care (Cost of Care, Insurance)
- Geriatric Care
- Diabetes
- Prenatal Care (Maternal/Infant Outcomes)
- Language

- Substance Abuse
- Heart Disease
- Transportation
- Cancer

A ballot was developed, and a survey sent to the oversight membership asking them to rank each issue based on the following criteria.

- Number of people impacted
- Risk of mortality and morbidity associated with the problem
- Impact of the problem on vulnerable populations
- Meaningful progress can be made within a three-year timeframe
- Community's capability and competency to impact

A tally of the ballots cast resulted in the selection of the following three issues:

- Obesity
- Diabetes
- Prenatal Care

Primary Data Sources

Community Health Needs Surveys

In order to obtain a service area-specific analysis for the CMMC service area, on-line survey Interviews were conducted among 374 residents of the Hospital's PSA. Interviews were conducted online and by telephone. A link to the online survey was displayed on hospital web pages and social media sites. Additionally, postcards were handed out at area businesses and libraries, directing residents to the online survey link. A telephone augment was conducted to capture additional interviews in specific areas and among specific ethnic groups. For the telephone portion, a representative sample of households was generated from a database of residential telephone numbers. Bruno and Ridgway Research Associates, Inc. administered the on-line and telephone surveys from June 1, 2018 – September 27, 2018. Survey results are incorporated into this CHNA. (See Section 3)

Secondary Data Sources

Over 100 secondary data sources are compiled in this 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 a detailed list of sources.

Appendix C contains a detailed report of cancer incidence and mortality by cancer site for Essex County for the years 2010-2017. In addition, hospital tumor registry data is utilized to understand stage of cancer at time of diagnosis.

Health Profile

Section 5 provides a comprehensive presentation of health outcomes as well as the social determinants of health and other health factors that contribute to the health and well-being of Essex County residents.

Color Indicator Tables

Throughout the Health Profile Section of this CHNA, the color indicator tables compare county level data to *Healthy People 2020* targets, County Health Rankings benchmarks, and New Jersey State data. Data by race/ethnicity are compared to data for all races in the county, unless otherwise indicated. Essex County was the midpoint value compared to a range 20% higher than the value for New Jersey, *Healthy People 2020*, or County Health Rankings Benchmarks, or 20% lower than the value for New Jersey, *Healthy People 2020*, or County Health Rankings Benchmarks. If the county value was within the range 20% lower or 20% higher than the comparison indicator, or considered within reasonable range, the indicator will be yellow. The table will be red if the Essex County value is more than 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. Comparative counties are also presented providing additional context for select health indicators.

Assets and Gaps

Section 6, Assets and Gaps, summarizes the preceding components of the CHNA. Assets highlight county 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 the CMMC Service Area that have a negative trend, in comparison to other counties in the State or to other races or genders.

Resource Inventory

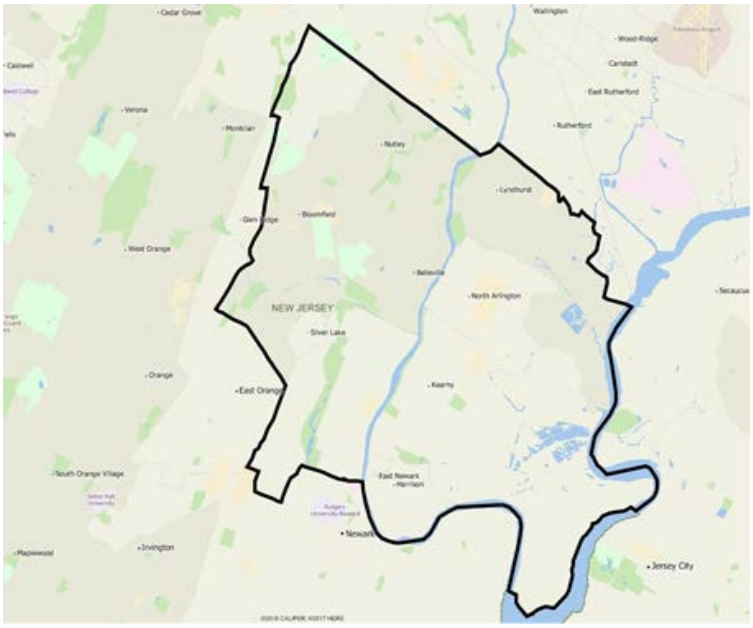
A service area-specific resource inventory is included as **Appendix D,** which details health and social service resources available to residents in Essex County. Providers' names, addresses, and phone numbers and type of services provided are contained in the inventory.

B. SERVICE AREA

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

CMMC Primary Service Area	
ZIP Code	**ZIP Name**
07104	NEWARK
07109	BELLEVILLE
07032	KEARNY
07107	NEWARK
07003	BLOOMFIELD
07110	NUTLEY
07031	NORTH ARLINGTON
07071	LYNDHURST
07029	HARRISON

CMMC Service Area Map

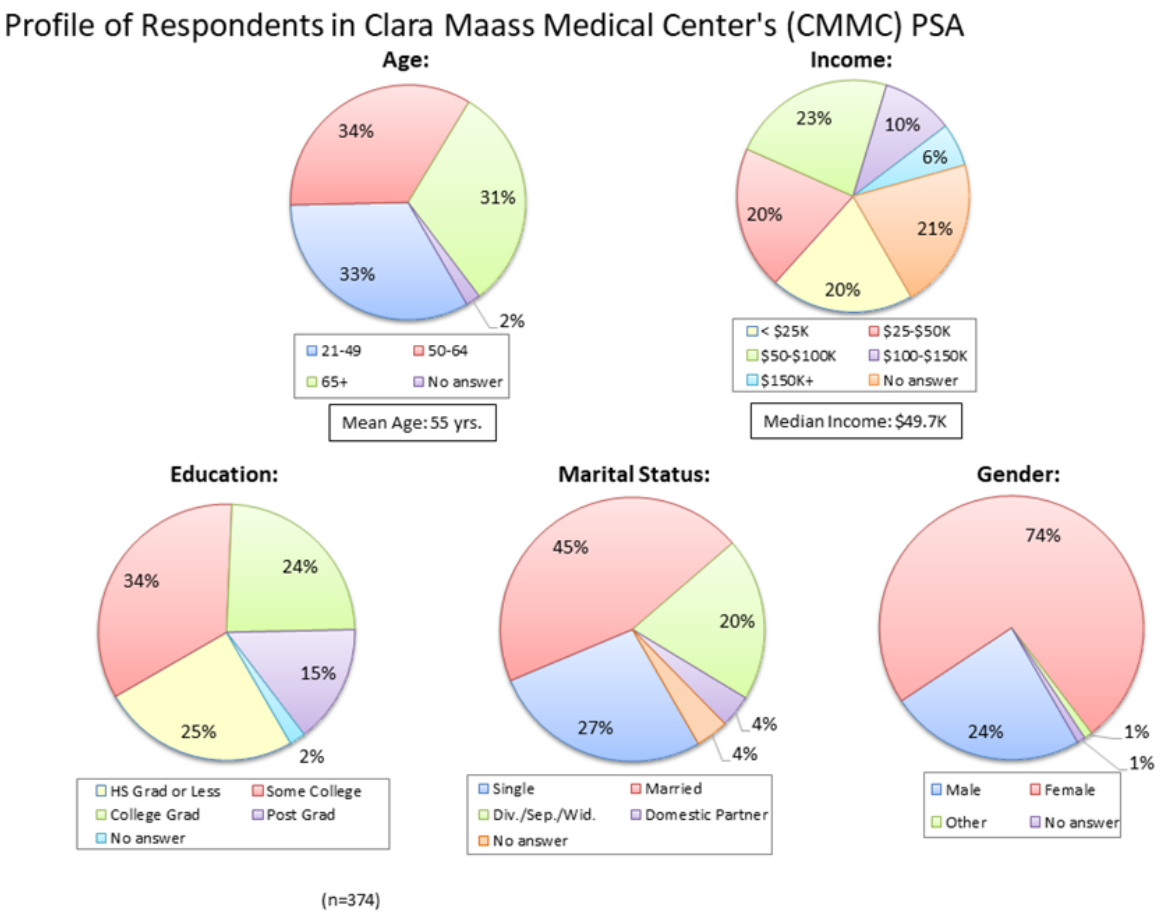


The service area is determined by taking into consideration three factors: patient origin, market reliance on the Hospital (market share), and geographic continuity/proximity. Typically, the combined service area represents 75-80% of the Medical Center's patients. Zips codes representing approximately 50% of the CMMC patient origin form the initial PSA. Added to this list is any zip code in which the Medical Center has a high market share presence, any zip code with lower market share is deleted from the PSA definition and becomes part of the secondary service area (SSA). The next range of zip codes comprise the SSA. Geographic proximity is used to create a contiguous area completes the service area determination. CMMC's PSA is predominantly located in the eastern portion of Essex County and includes municipalities in neighboring Hudson County and Bergen County. The SSA is comprised of small sections of Hudson, Bergen and Passaic counties. For purposes of this assessment, Essex County, CMMC's home county, was selected to best represent communities served by the Medical Center in reviewing data sources presented at the county level.

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 Medical Center.

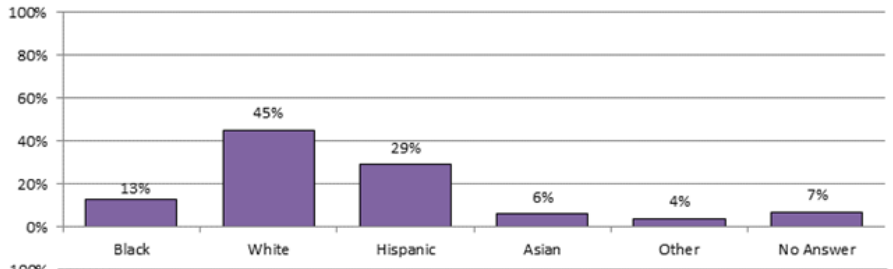
3. COMMUNITY HEALTH NEEDS SURVEY

A. SURVEY RESPONDENTS' PROFILE

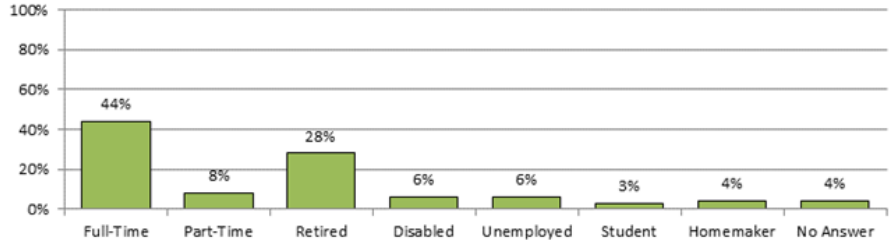


Profile of Respondents in Clara Maass Medical Center's (CMMC) PSA – (continued)

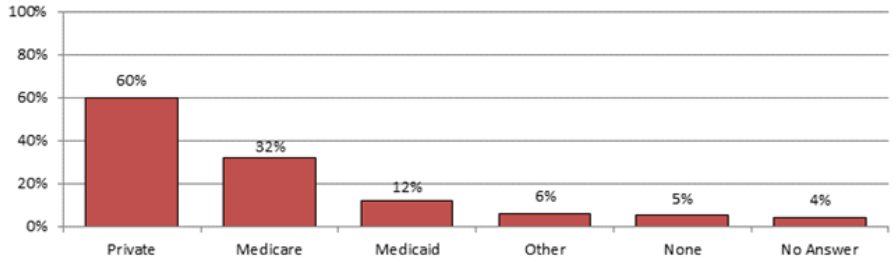
Ethnicity*^:



Employment^:

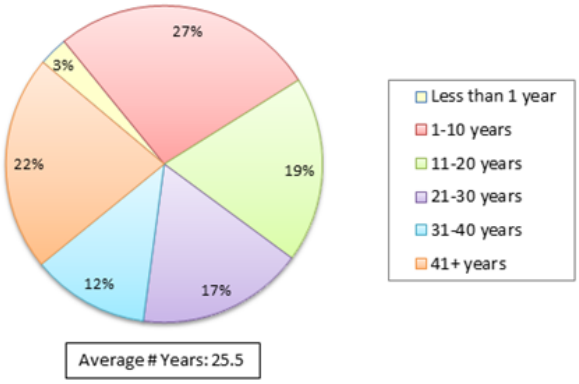


Health Insurance^:



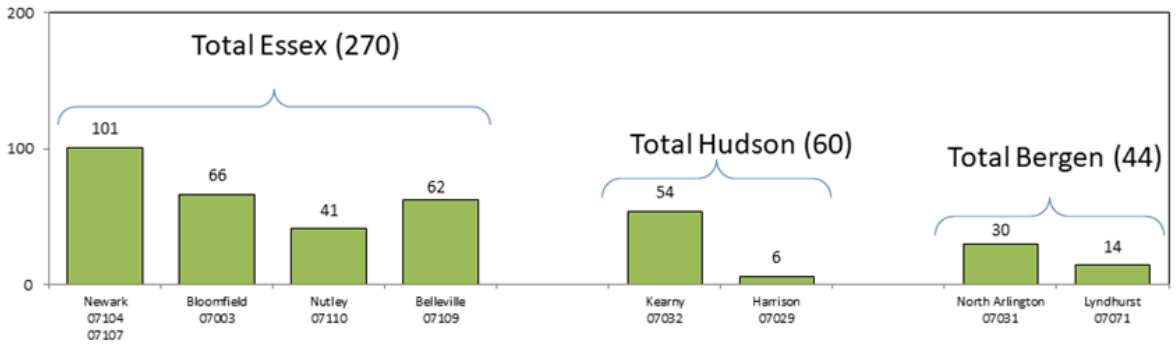
(n=374)
*Quotas were established to align closely with census data.
^ = Multiple mentions.

Length of Time in Area



Average # Years: 25.5

Towns/Zips Where Interviews Came From

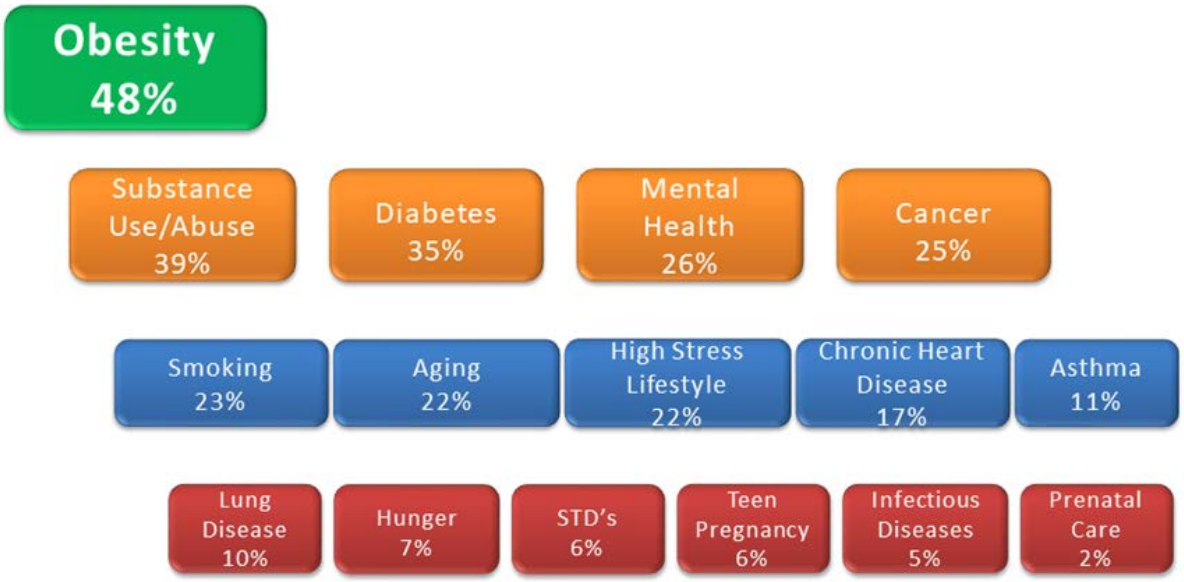


(n=374)

B. HEALTH-RELATED CONCERNS OF AREA RESIDENTS

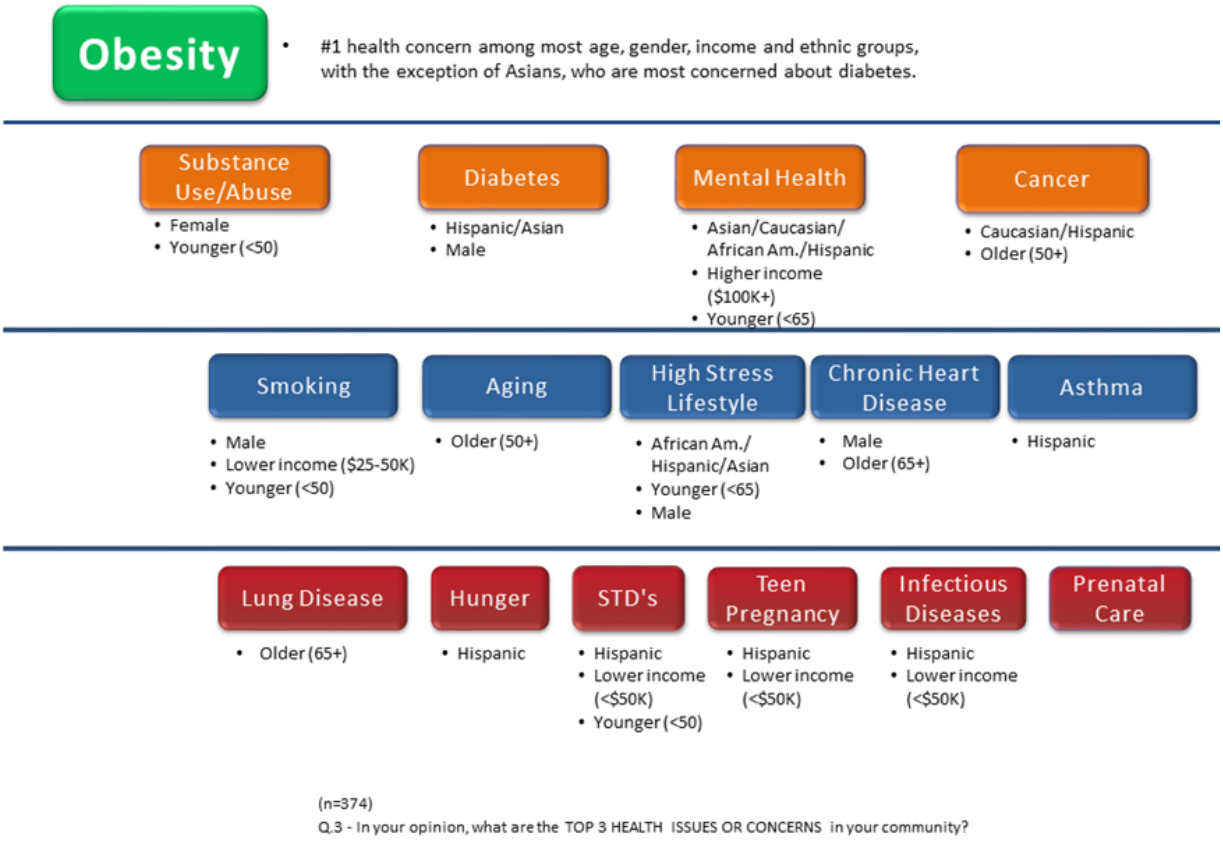
Major Health Concerns Among Respondents in CMMC's PSA Community

- Obesity is the #1 health concern among area residents surveyed, followed by concerns about substance use/abuse, diabetes, mental health issues and cancer.



(n=374)
Q.3 - In your opinion, what are the TOP 3 HEALTH ISSUES OR CONCERNS in your community?

Summary of Health Concerns by Subgroups



(n=374)
Q.3 - In your opinion, what are the TOP 3 HEALTH ISSUES OR CONCERNS in your community?

Community Health-Related Issues of Concern – by Ethnicity

- **Hispanics cite more health-related concerns versus other ethnic groups. Asians cite diabetes as their #1 health-related concern.**

	Caucasian (n=168) (A)	*African American* (n=49) (B)	*Hispanic* (n=110) (C)	*Asian* (n=24) (D)
Obesity	48%[D]	41%	51%[D]	29%
Mental Health	24%[D]	31%[D]	30%[D]	8%
Substance Use/Abuse	38%	35%	46%	29%
Aging	23%	14%	21%	21%
High Stress Lifestyle	20%	12%	27%[B]	25%
Cancer	28%[D]	18%	27%[D]	13%
Diabetes	24%	37%	47%[A]	42%
Chronic Heart Disease	16%	16%	18%	29%
Smoking	20%	27%	23%	29%
Asthma	7%	8%	17%[ABD]	4%
Hunger	4%[D]	4%	12%[ABD]	-
Infectious Diseases	4%	8%	11%[A]	4%
Lung Disease	10%	8%	12%	13%
Teen Pregnancy	4%	4%	12%[AB]	8%
STD's	3%	6%	11%[A]	8%
Lack of Prenatal Care	1%	-	4%[B]	8%

Q.3 - In your opinion, what are the TOP 3 HEALTH ISSUES OR CONCERNS in your community?
(A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.

Community Health-Related Issues of Concern – by Age

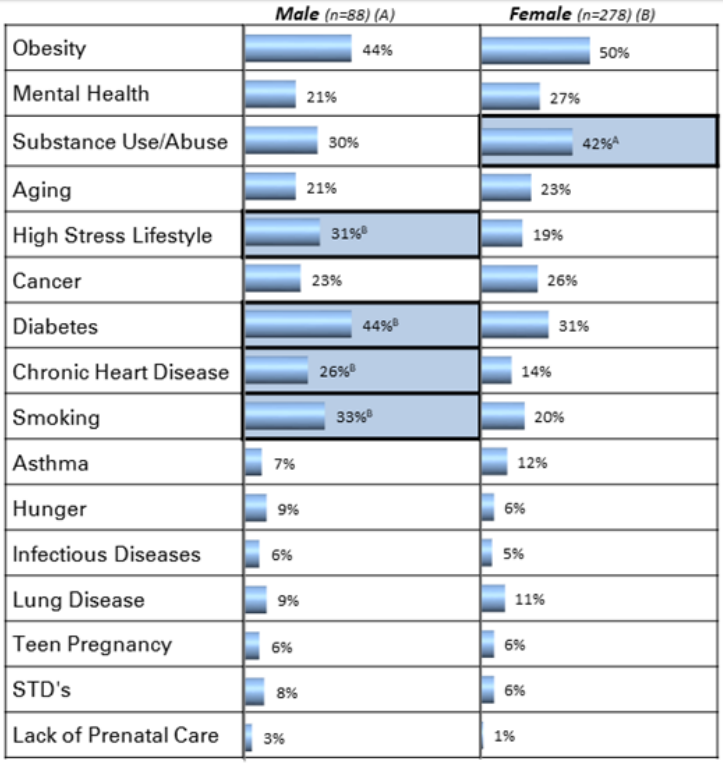
- **Mental health, substance abuse, high stress lifestyles, smoking and STDs are of more concern to younger respondents, while aging, cancer, heart and lung diseases are of more concern to older respondents.**

	21-49 *(n=124) (A)*	***50-64*** *(n=127) (B)*	***65+*** *(n=116) (C)*
Obesity	51%	48%	46%
Mental Health	33%^{C}	29%^{C}	14%
Substance Use/Abuse	49%^{BC}	32%	35%
Aging	11%	26%^{A}	29%^{A}
High Stress Lifestyle	24%^{C}	26%^{C}	16%
Cancer	19%	29%^{A}	28%^{A}
Diabetes	34%	32%	38%
Chronic Heart Disease	14%	17%	23%^{A}
Smoking	30%^{B}	17%	22%
Asthma	14%	12%	8%
Hunger	7%	6%	8%
Infectious Diseases	6%	3%	7%
Lung Disease	7%	6%	18%^{AB}
Teen Pregnancy	8%	4%	4%
STD's	11%^{BC}	4%	3%
Lack of Prenatal Care	2%	1%	3%

Q.3 - In your opinion, what are the TOP 3 HEALTH ISSUES OR CONCERNS in your community?
(A/B/C) = Significantly greater than indicated cell at the 90% confidence level.

Community Health-Related Issues of Concern – by Gender

- **Males indicate more concern about stress, diabetes, heart disease and smoking, while females cite substance use/abuse issues more often.**



Q.3 - In your opinion, what are the TOP 3 HEALTH ISSUES OR CONCERNS in your community?
(A/B) = Significantly greater than indicated cell at the 90% confidence level.

Community Health-Related Issues of Concern – by Income

- **Smoking, infectious diseases, teen pregnancy and STDs are cited more by lower income respondents, while higher income respondents have more concern about mental health.**

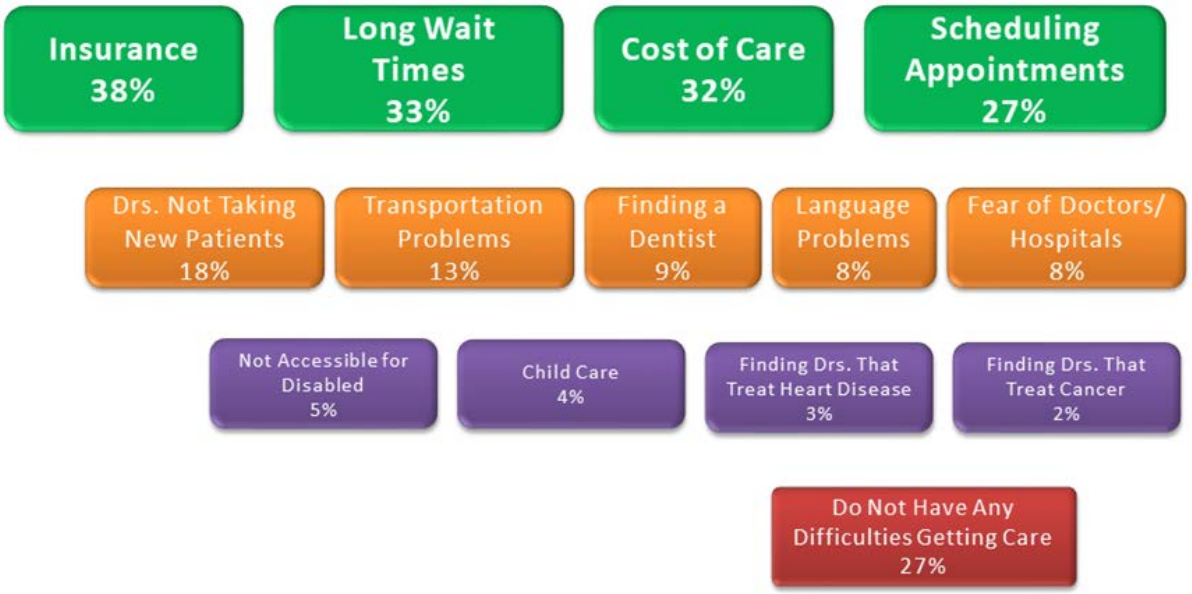
	Under $25K (n=73) (A)	*$25-50K (n=76) (B)*	*$50-100K (n=82) (C)*	*$100K+ (n=60) (D)*
Obesity	45%	51%	46%	58%
Mental Health	25%	21%	29%	37%[B]
Substance Use/Abuse	34%	41%	45%	42%
Aging	22%	18%	20%	20%
High Stress Lifestyle	19%	21%	22%	28%
Cancer	23%	26%	18%	27%
Diabetes	40%	34%	35%	40%
Chronic Heart Disease	19%	15%	18%	12%
Smoking	19%	36%[ACD]	15%	22%
Asthma	7%	18%[AC]	6%	15%[C]
Hunger	10%	5%	5%	7%
Infectious Diseases	10%[D]	7%[D]	4%[D]	-
Lung Disease	11%	11%	11%	5%
Teen Pregnancy	12%[CD]	8%[C]	-	3%
STD's	10%[C]	8%	2%	5%
Lack of Prenatal Care	3%	3%	1%	2%

Q.3 - In your opinion, what are the TOP 3 HEALTH ISSUES OR CONCERNS in your community?
(A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.

C. BARRIERS TO ACCESSING HEALTH CARE SERVICES

Major Barriers to Accessing Health Care in CMMC's PSA

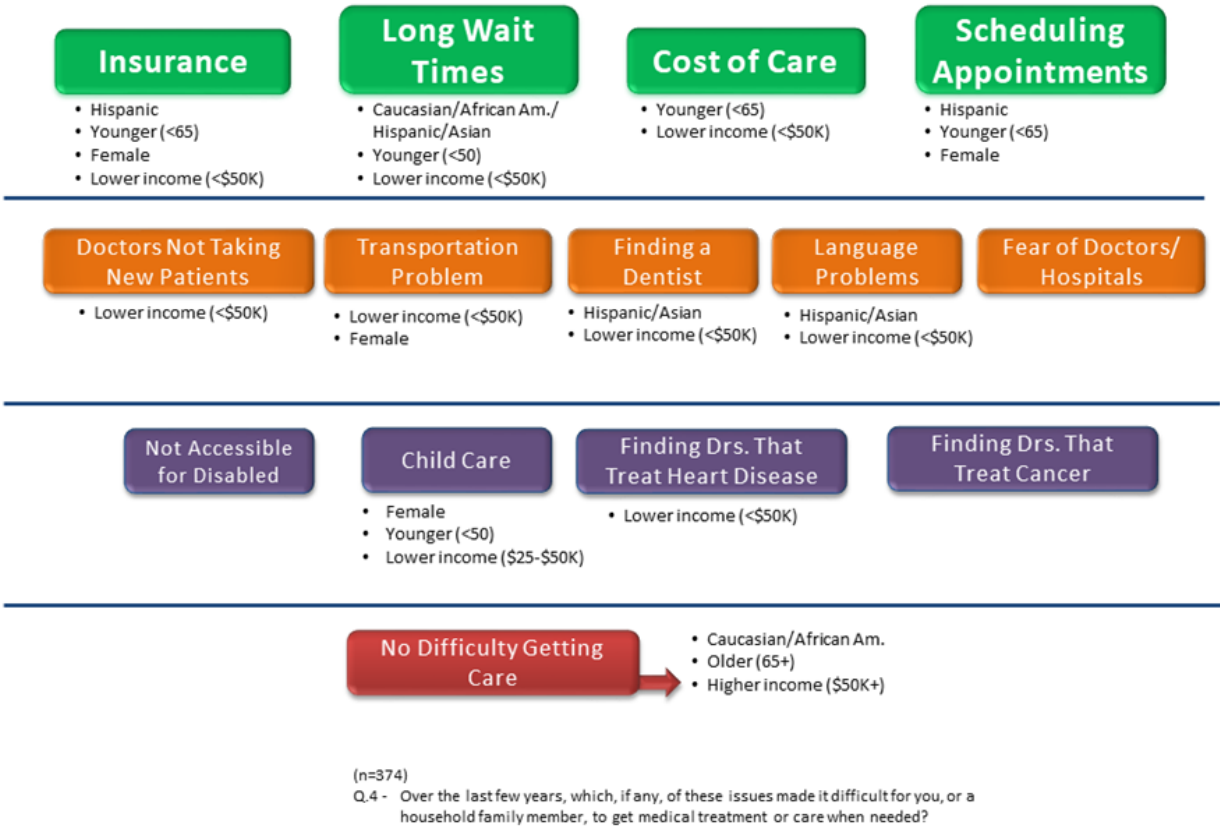
- Insurance, long wait times, cost of care and scheduling are the key barriers to obtaining health care services among area residents surveyed.
- Only 27% of respondents claim they do not experience any difficulty accessing the care they need.



(n=374)
Q.4 - Over the last few years, which, if any, of these issues made it difficult for you, or a household family member, to get medical treatment or care when needed?

Summary of Health Care Barriers by Subgroups

- Virtually all age, gender, income and ethnic groups cite insurance, wait times, cost and scheduling as key barriers.

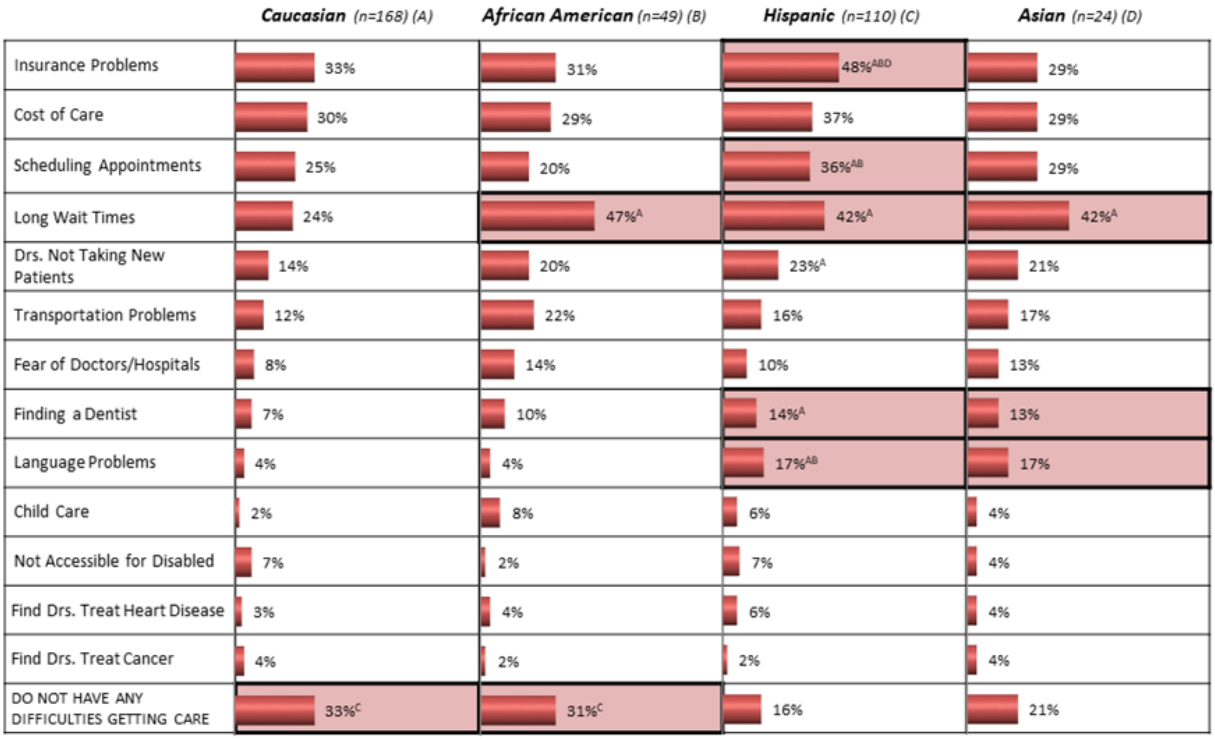


(n=374)

Q.4 - Over the last few years, which, if any, of these issues made it difficult for you, or a household family member, to get medical treatment or care when needed?

Barriers to Accessing Health Care Services – by Ethnicity

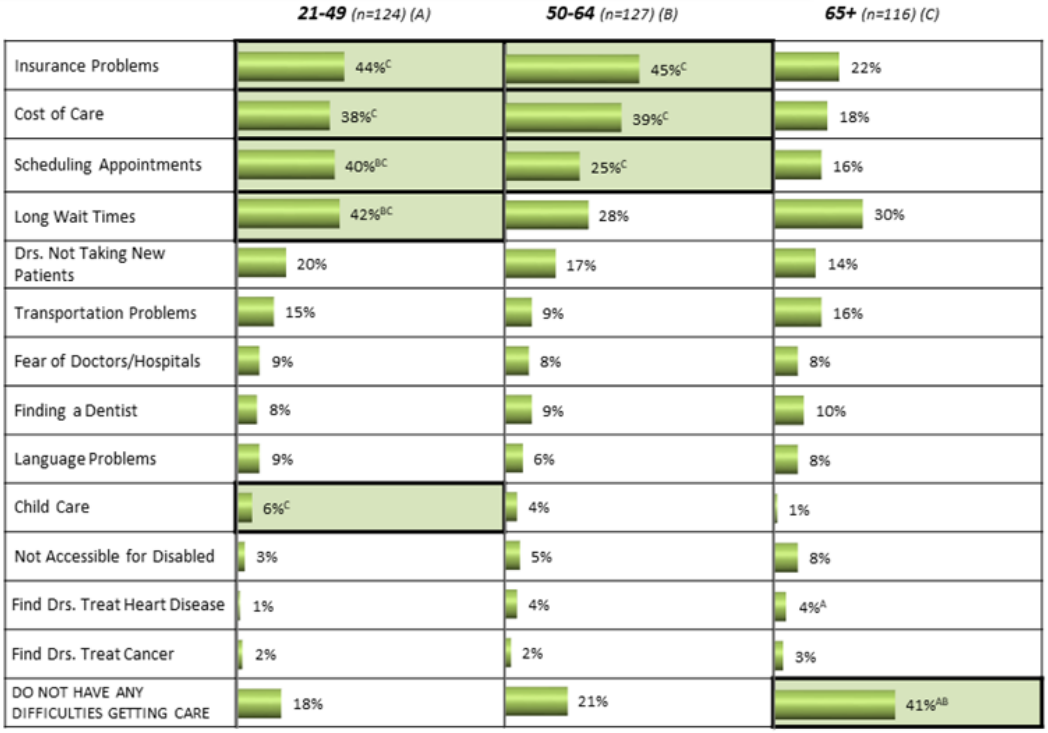
- **Caucasian and African Americans cite fewer difficulties getting care versus Hispanic and Asian groups.**



Q.4 - Over the last few years, which, if any, of these issues made it difficult for you, or a household family member, to get medical treatment or care when needed?
(A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.

Barriers to Accessing Health Care Services – by Age

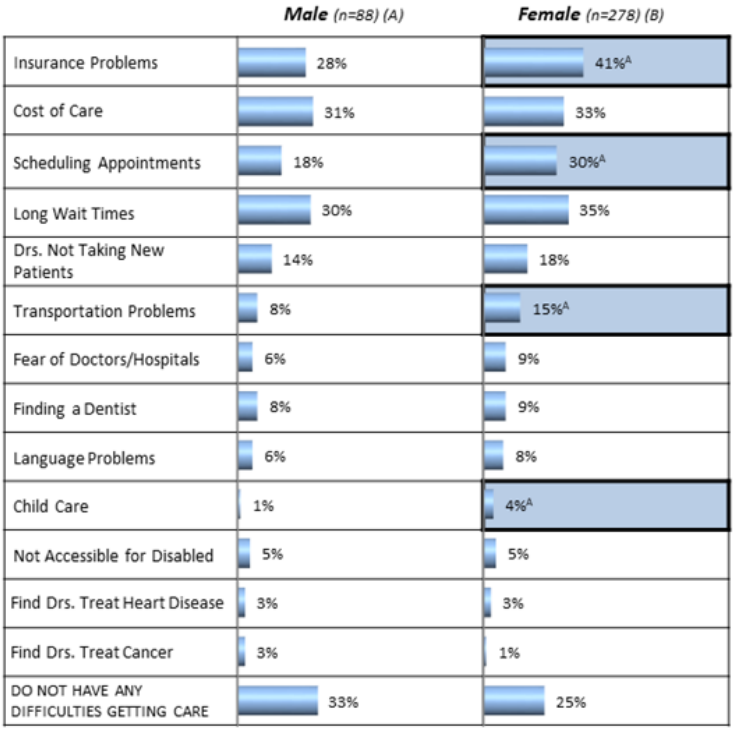
- **In general, younger respondents (<65) cite more barriers than older respondents.**



Q.4 - Over the last few years, which, if any, of these issues made it difficult for you, or a household family member, to get medical treatment or care when needed?
(A/B/C) = Significantly greater than indicated cell at the 90% confidence level.

Barriers to Accessing Health Care Services – by Gender

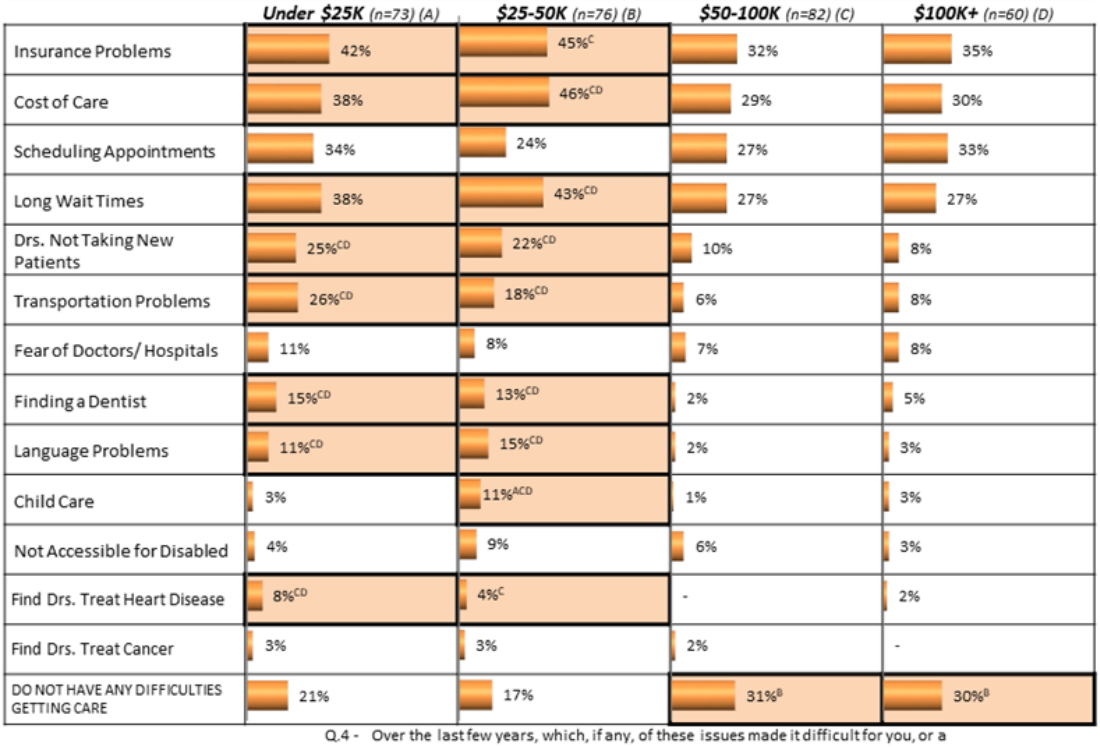
- **Females say they have more difficulty with insurance, scheduling, transportation and child care versus males.**



Q.4 - Over the last few years, which, if any, of these issues made it difficult for you, or a household family member, to get medical treatment or care when needed?
(A/B) = Significantly greater than indicated cell at the 90% confidence level.

Barriers to Accessing Health Care Services – by Income

- **Lower income groups (<$50K) have more barriers vs. higher income groups and are the most likely to encounter insurance/cost problems when seeking care.**



Q.4 - Over the last few years, which, if any, of these issues made it difficult for you, or a household family member, to get medical treatment or care when needed?
(A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.

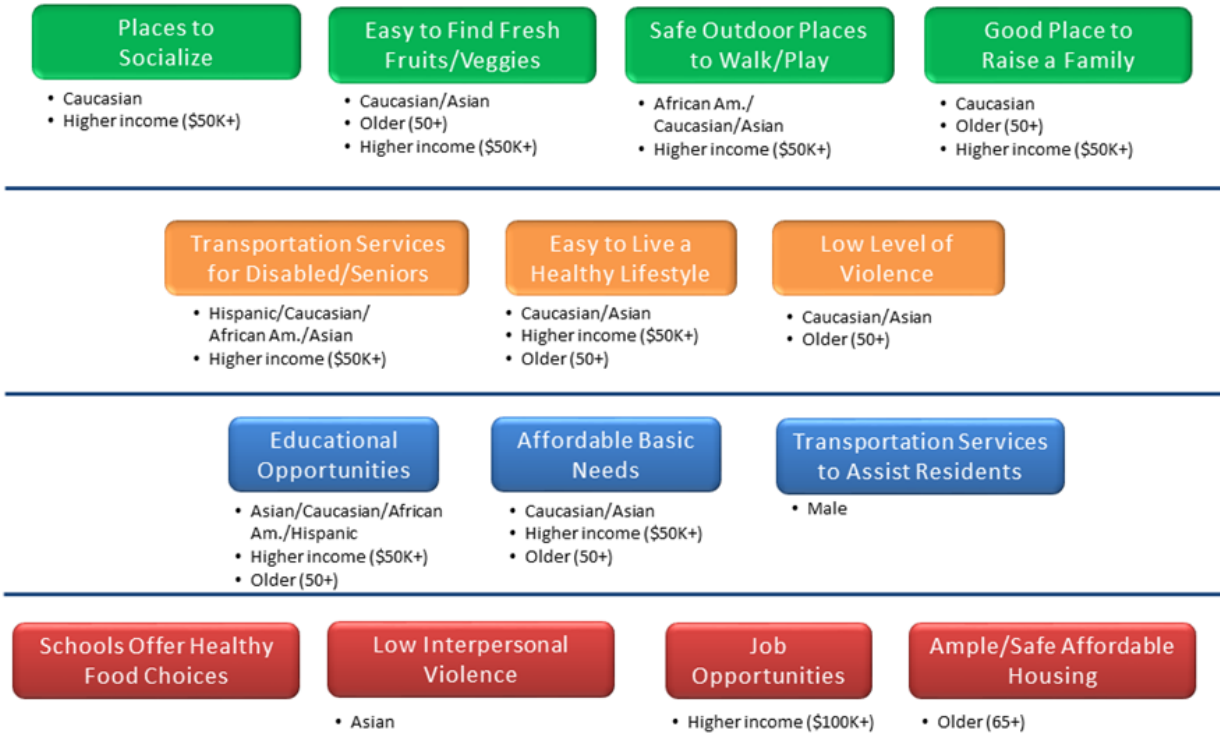
D. COMMUNITY STRENGTHS/OPPORTUNITIES

Community Strengths/Opportunities

- A majority of residents surveyed feel their community has ample places to socialize, has safe places to walk/play, is easy to find fresh foods and is a good place to raise a family.
- On the other hand, the community receives relatively low scores in the areas of safe, affordable housing, job opportunities, low interpersonal violence and healthy food offerings at schools.

(n=374) **Top 2 Box Agreement**
Q.5 - Please indicate how much you agree or disagree with the following statements about your community. (Scale 1-5: 1=Disagree Completely, 5=Agree Completely)

Summary of Community Strengths/Opportunities by Subgroups

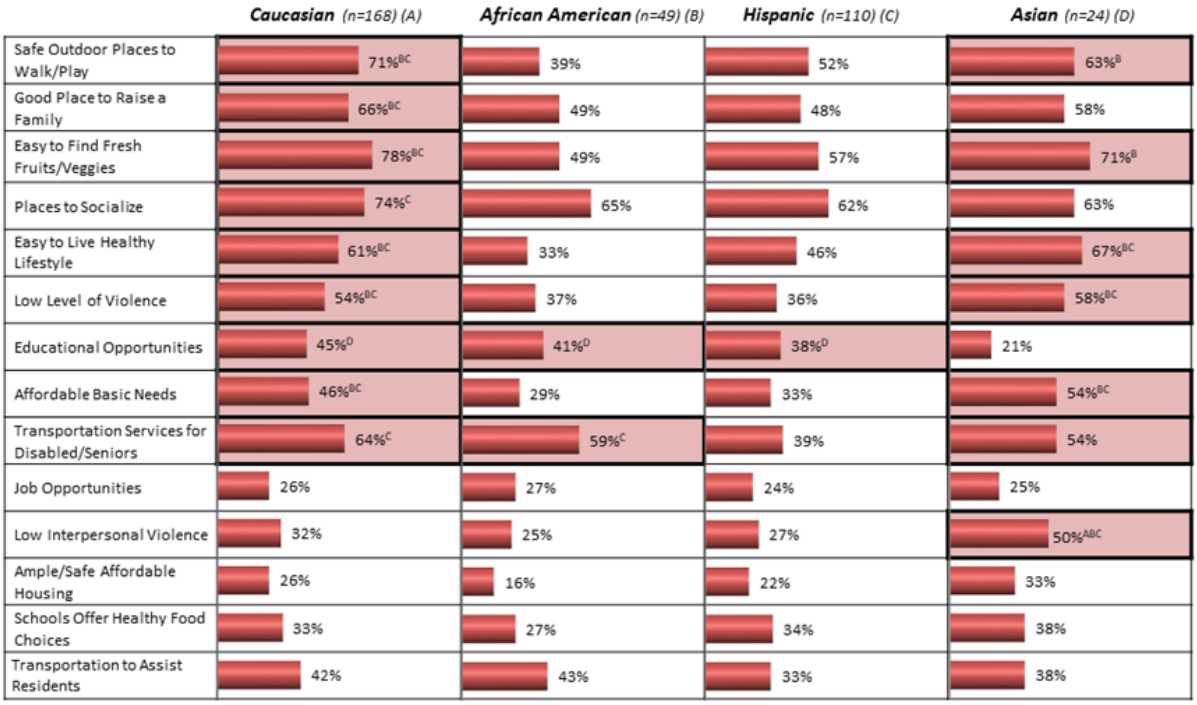


(n=374) **Top 2 Box Agreement**

Q.5 - Please indicate how much you agree or disagree with the following statements about your community. (Scale 1-5: 1=Disagree Completely, 5=Agree Completely)

Community Strengths/Opportunities – by Ethnicity

- **In general, Caucasians and Asians tend to rate community services higher than African Americans or Hispanics.**



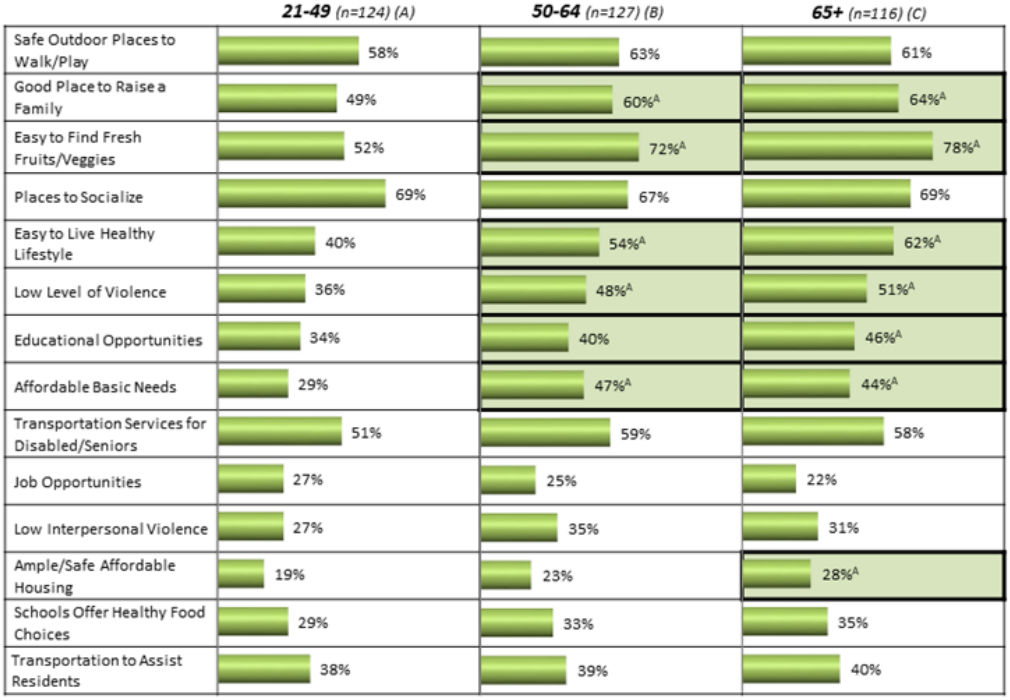
Top 2 Box Agreement

Q.5 - Please indicate how much you agree or disagree with the following statements about your community. (Scale 1-5: 1=Disagree Completely, 5=Agree Completely)

(A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.

Community Strengths/Opportunities – by Age

- **Older respondents (50+) are generally more positive towards many community services vs. their younger counterparts.**



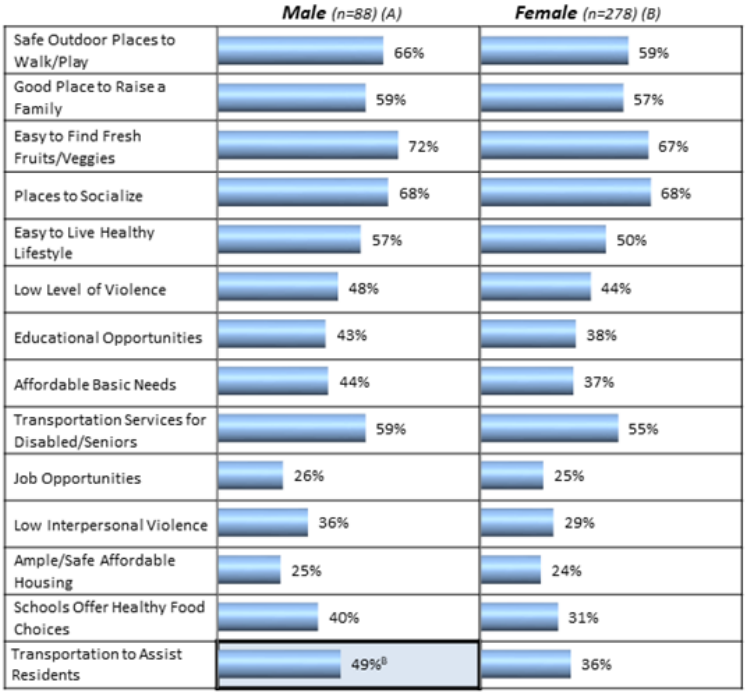
Top 2 Box Agreement

Q.5 - Please indicate how much you agree or disagree with the following statements about your community. (Scale 1-5: 1=Disagree Completely, 5=Agree Completely)

(A/B/C) = Significantly greater than indicated cell at the 90% confidence level.

Community Strengths/Opportunities – by Gender

- **Few differences in community services between males and females. Males are significantly more positive towards transportation services to assist residents and are directionally more favorable for many services.**



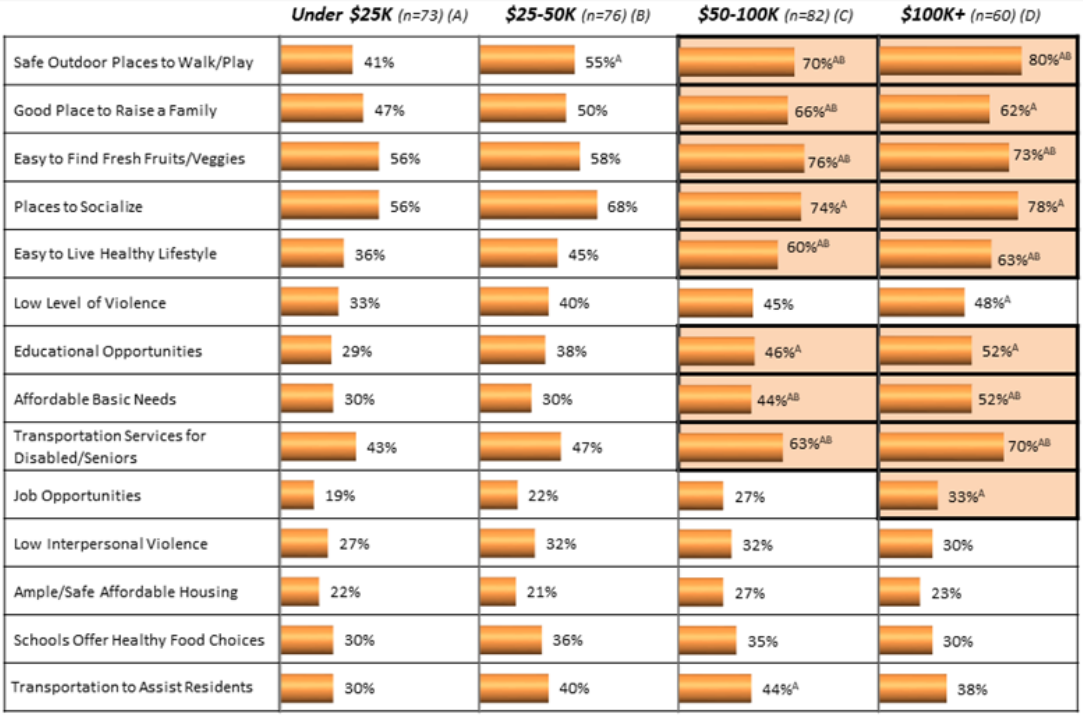
Top 2 Box Agreement

Q.5 - Please indicate how much you agree or disagree with the following statements about your community. (Scale 1-5: 1=Disagree Completely, 5=Agree Completely)

(A/B) = Significantly greater than indicated cell at the 90% confidence level.

Community Strengths/Opportunities – by Income

- **In general, those in higher income brackets are more positive to their community services versus those in lower income groups.**



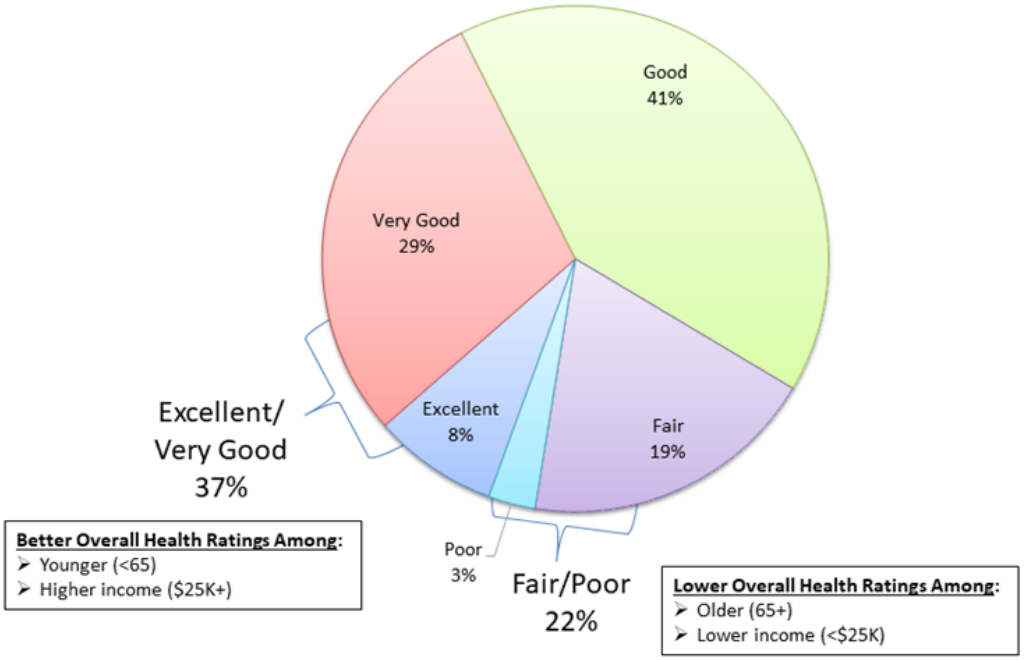
Top 2 Box Agreement

Q.5 - Please indicate how much you agree or disagree with the following statements about your community. (Scale 1-5: 1=Disagree Completely, 5=Agree Completely)
(A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.

E. PERSONAL HEALTH HABITS AND PRACTICES

Self-Description of Overall Health

- Just over one-third of residents surveyed describe their health as being excellent or very good; 41% describe it as good, while 22% say their health is fair or poor.

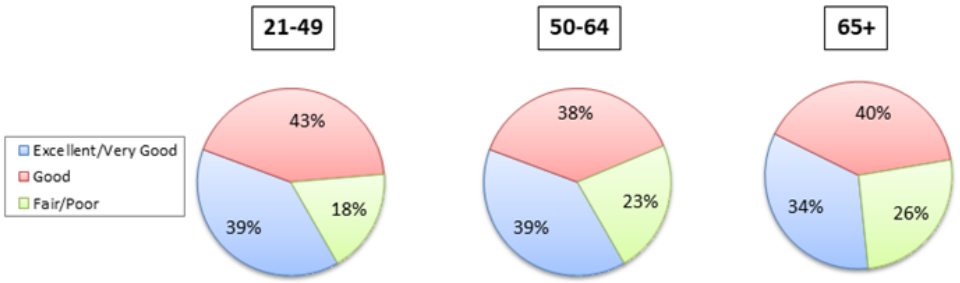


(n=374)
Q.6 - How would you describe your overall health?

Self-Description of Overall Health – by Subgroups

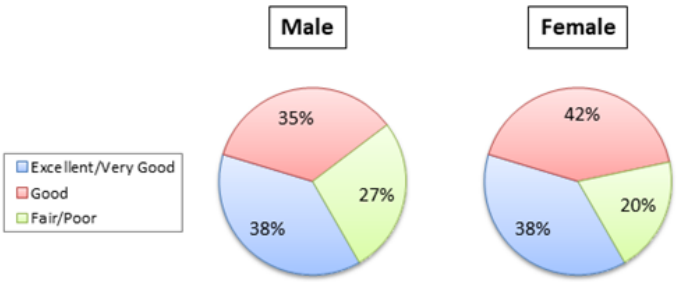
Age:

Younger respondents describe their overall health just slightly better vs. older respondents.



Gender:

Males and females describe their overall health about the same.

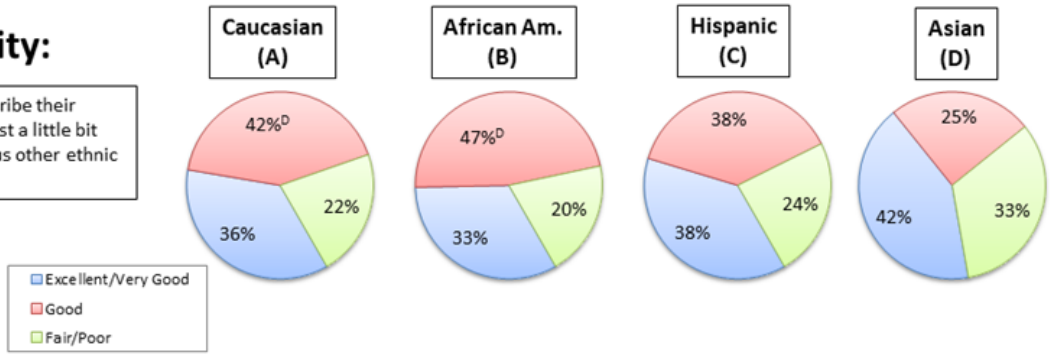


Q.6 - How would you describe your overall health?

Self-Description of Overall Health – by Subgroups – (continued)

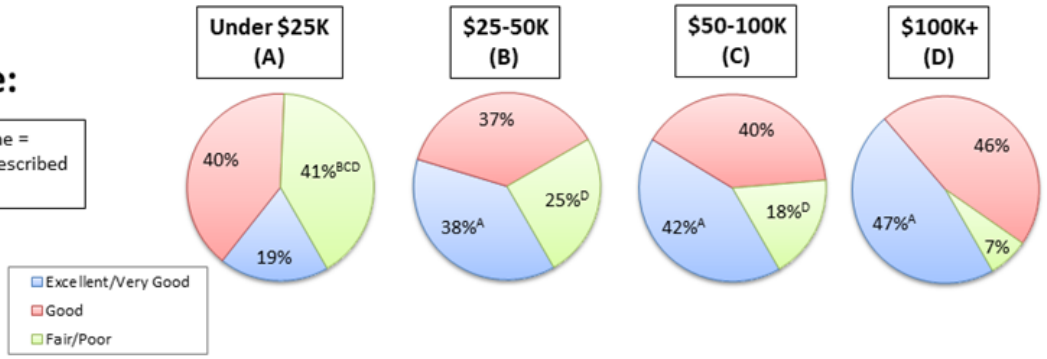
Ethnicity:

Asians describe their health as just a little bit worse versus other ethnic groups.



Income:

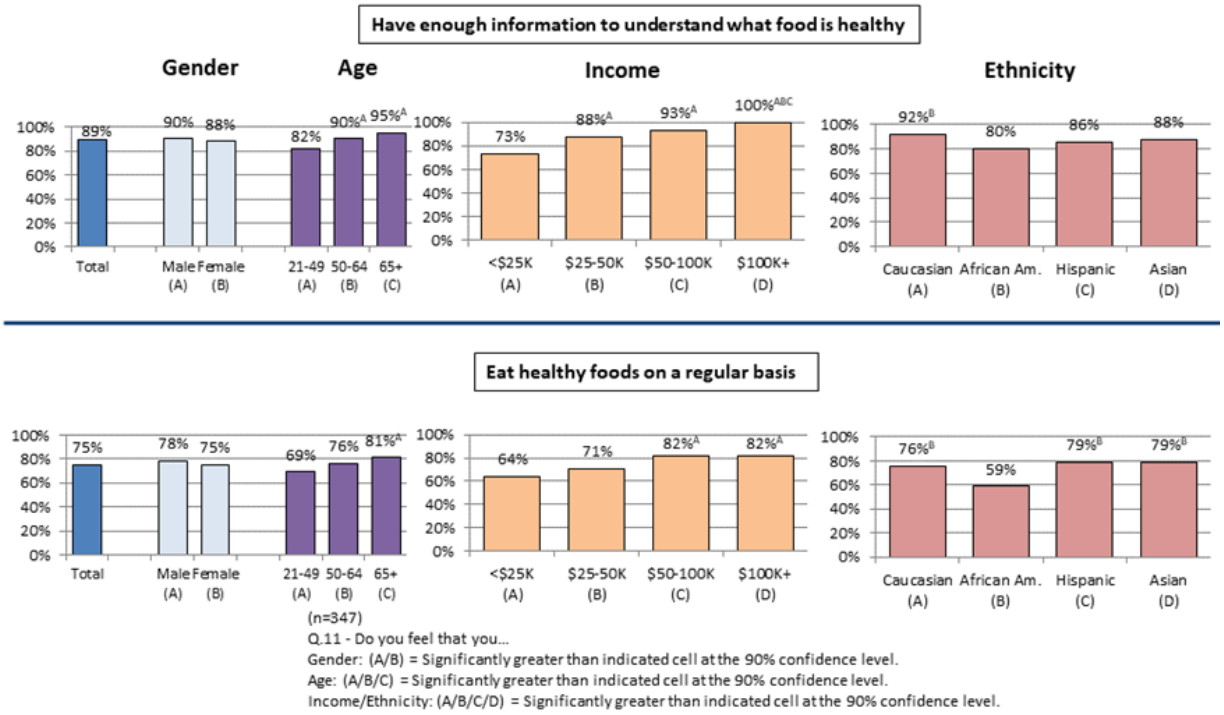
Higher income = better self-described health.



Q.6 - How would you describe your overall health?
Ethnicity/Income: (A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.

Self-Description of Understanding and Eating Healthy

- The large majority of residents surveyed feel they understand what food is healthy (89%), with many saying they eat healthy food on a regular basis (75%).
- Older respondents and those with higher incomes are more likely to eat healthy on a regular basis.
- While African Americans claim to understand what healthy food is, they are the least likely to eat healthy regularly.



(n=347)

Q.11 - Do you feel that you…

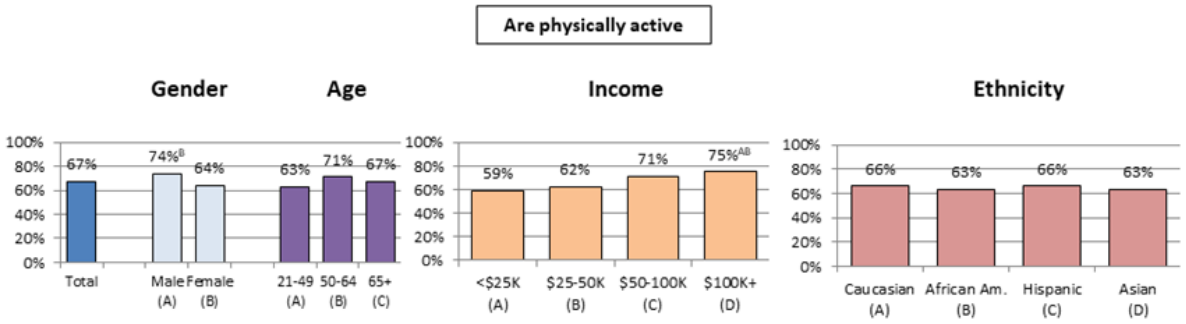
Gender: (A/B) = Significantly greater than indicated cell at the 90% confidence level.

Age: (A/B/C) = Significantly greater than indicated cell at the 90% confidence level.

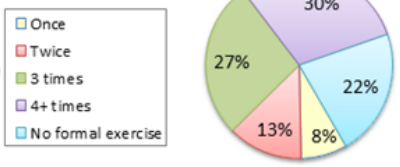
Income/Ethnicity: (A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.

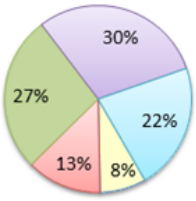
Self-Description of Physical Activity

- Roughly two-thirds of respondents claim to be physically active.
- Males claim to be more active versus females and physical activity is higher among the higher income groups.



 # Times Exercise per Week
(Among those who are physically active)
(n=249)

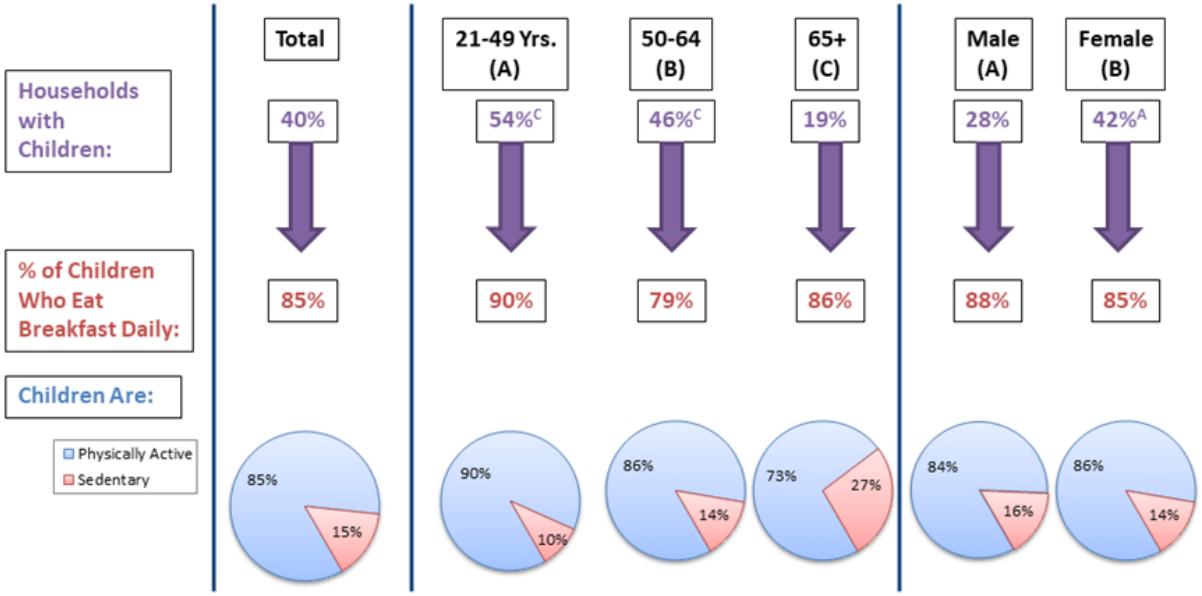




(n=374)
Q.11 - Do you feel that you…
Q.11 - How often do you exercise each week?
Gender: (A/B) = Significantly greater than indicated cell at the 90% confidence level.
Age: (A/B/C) = Significantly greater than indicated cell at the 90% confidence level.
Income/Ethnicity: (A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.

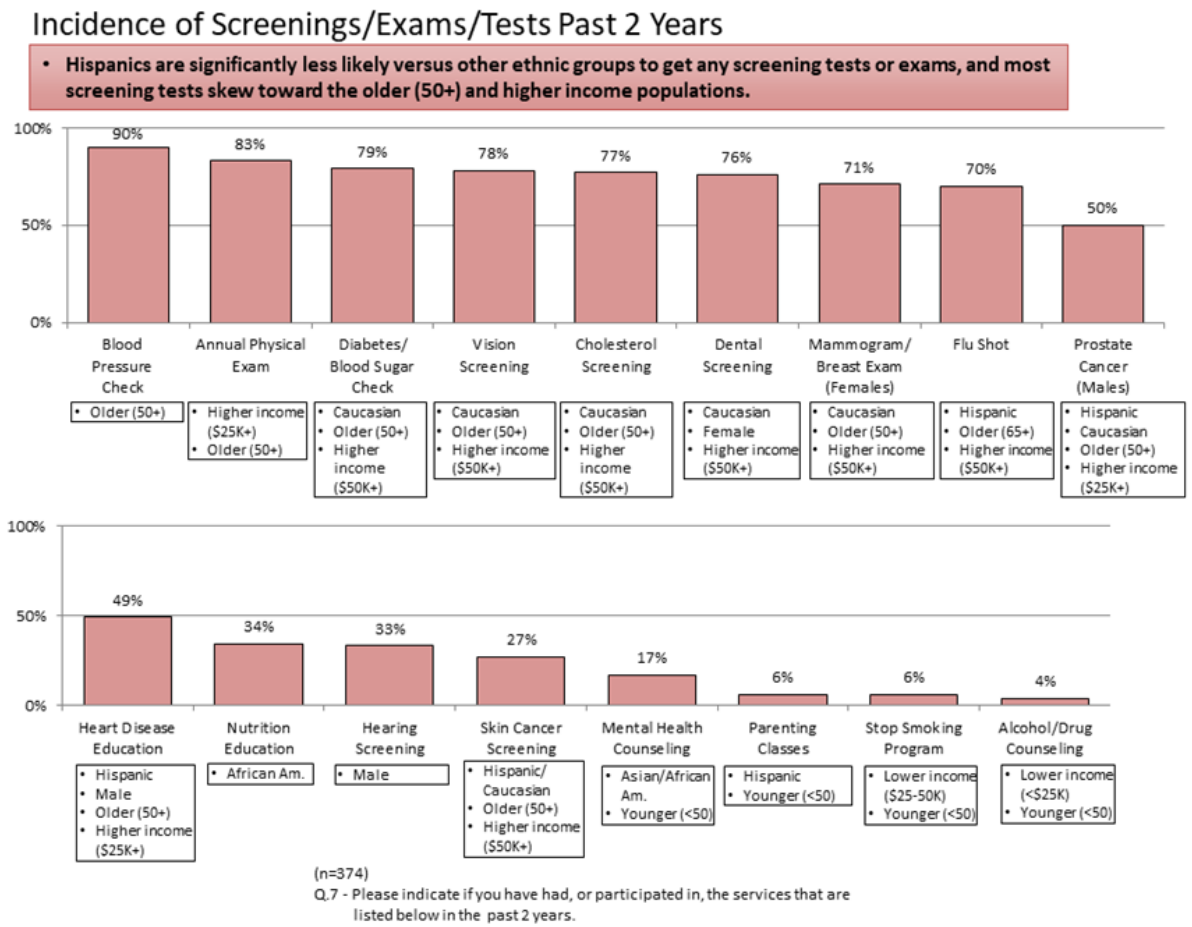
Activity Level of Children in Household

- In households with children, the large majority are eating breakfast daily and are physically active.



(n=374)
Q.11a - Do you have any children that live with you?
Q.11b - Do they eat breakfast before the start of the school day?
Q.11c - Would you describe your child(ren) as physically active or sedentary during after school hours and weekends?
Age: (A/B/C) = Significantly greater than indicated cell at the 90% confidence level.
Gender: (A/B) = Significantly greater than indicated cell at the 90% confidence level.

F. INCIDENCE OF SCREENING TESTS AND CONDITIONS DIAGNOSED



Incidence of Screenings/Exams/Tests – by Ethnicity

- **Caucasians are the most likely to get preventative screening tests, while Hispanics are the least likely to get preventative exams.**

	Caucasian (n=168) (A)	*African American* (n=49) (B)	*Hispanic* (n=110) (C)	*Asian* (n=24) (D)
Blood Pressure Check	94%[C]	88%	82%	92%
Cholesterol Screening	85%[BCD]	67%	69%	63%
Diabetes/Blood Sugar Check	86%[BC]	71%	70%	75%
Heart Disease Education	55%[C]	57%[C]	35%	54%[C]
Annual Physical Exam	85%[C]	82%	76%	88%
Dental Screening	81%[B]	61%	75%	71%
Vision Screening	85%[C]	78%	70%	75%
Mammogram/Breast Exam (Females)	76%[C]	71%	61%	62%
Prostate Cancer Screen (Males)	68%[C]	57%	30%	40%
Flu Shot	79%[C]	67%[C]	54%	79%[C]
Skin Cancer Screening	39%[BC]	20%	11%	29%[C]
Hearing Screening	35%	31%	31%	33%
Nutrition Education	28%	49%[AC]	32%	38%
Parenting Classes	2%	6%	12%[A]	8%
Mental Health Counseling	16%	22%[D]	17%	8%
Alcohol/Drug Counseling	2%	8%	6%	8%
Stop Smoking Program	5%	2%	6%	13%

Q.7 - Please indicate if you have had, or participated in, the services that are listed below in the past 2 years.
(A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.

Incidence of Screenings/Exams/Tests – by Age

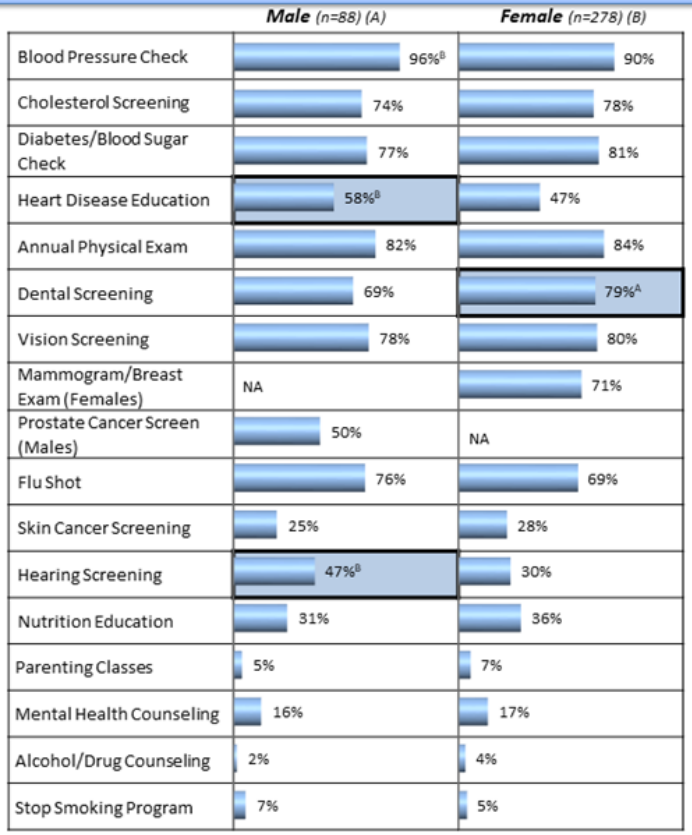
- **Most screening exams skew towards the older population (50+), with the exception of mental health/drug counseling, parenting classes and stop smoking programs, which skew younger.**

	21-49 *(n=124) (A)*	***50-64*** *(n=127) (B)*	***65+*** *(n=116) (C)*
Blood Pressure Check	84%	95%[A]	93%[A]
Cholesterol Screening	65%	86%[A]	78%[A]
Diabetes/Blood Sugar Check	69%	87%[A]	81%[A]
Heart Disease Education	40%	50%[A]	59%[A]
Annual Physical Exam	77%	86%[A]	85%[A]
Dental Screening	77%	76%	74%
Vision Screening	69%	85%[A]	81%[A]
Mammogram/Breast Exam (Females)	51%	83%[A]	77%[A]
Prostate Cancer Screen (Males)	12%	56%[A]	73%[A]
Flu Shot	63%	65%	83%[AB]
Skin Cancer Screening	16%	29%[A]	37%[A]
Hearing Screening	34%	29%	38%
Nutrition Education	32%	37%	32%
Parenting Classes	11%[BC]	5%	3%
Mental Health Counseling	23%[C]	17%	11%
Alcohol/Drug Counseling	8%[BC]	2%	2%
Stop Smoking Program	9%[B]	3%	5%

Q.7 - Please indicate if you have had, or participated in, the services that are listed below in the past 2 years.
(A/B/C) = Significantly greater than indicated cell at the 90% confidence level.

Incidence of Screenings/Exams/Tests – by Gender

- **Females tend to have a higher incidence than males with regard to dental screening, while males are more likely to get heart disease education and hearing screenings.**



Q.7 - Please indicate if you have had, or participated in, the services that are listed below in the past 2 years.

(A/B) = Significantly greater than indicated cell at the 90% confidence level.

NA = Not applicable.

Incidence of Screenings/Exams/Tests – by Income

- **Higher income respondents have more screening tests versus lower income respondents.**

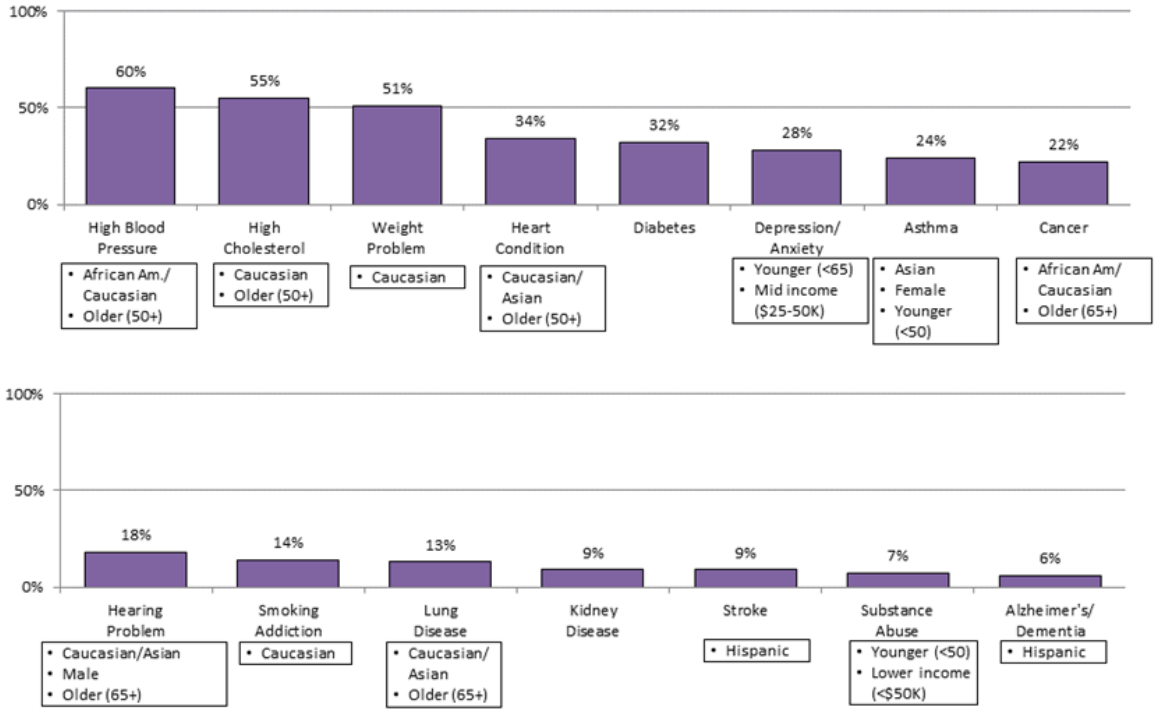
	Under $25K *(n=73) (A)*	***$25-50K*** *(n=76) (B)*	***$50-100K*** *(n=82) (C)*	***$100K+*** *(n=60) (D)*
Blood Pressure Check	81%	92%^{A}	98%^{A}	92%^{A}
Cholesterol Screening	69%	78%	84%^{A}	83%^{A}
Diabetes/Blood Sugar Check	66%	76%	93%^{ABD}	82%^{A}
Heart Disease Education	34%	54%^{A}	66%^{AD}	52%^{A}
Annual Physical Exam	67%	84%^{A}	88%^{A}	93%^{AB}
Dental Screening	60%	71%	82%^{A}	93%^{ABC}
Vision Screening	73%	78%	85%^{A}	85%^{A}
Mammogram/Breast Exam (Females)	57%	62%	79%^{AB}	78%^{AB}
Prostate Cancer Screen (Males)	9%	67%^{A}	45%^{A}	59%^{A}
Flu Shot	56%	66%	83%^{AB}	75%^{A}
Skin Cancer Screening	14%	21%	31%^{A}	40%^{AB}
Hearing Screening	26%	41%^{A}	34%	40%^{A}
Nutrition Education	33%	36%	38%	30%
Parenting Classes	6%	11%	7%	7%
Mental Health Counseling	22%	24%	15%	17%
Alcohol/Drug Counseling	11%^{CD}	5%^{D}	4%^{D}	-
Stop Smoking Program	7%	11%^{D}	6%	2%

Q.7 - Please indicate if you have had, or participated in, the services that are listed below in the past 2 years.

(A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.

Conditions Diagnosed by Physician (Self or Family Member)

- **Older respondents (50+) report being diagnosed with more conditions versus their younger counterparts, although depression/anxiety, asthma and substance abuse skew towards the younger population.**
- **Caucasians report more diagnosed conditions versus other ethnic groups.**

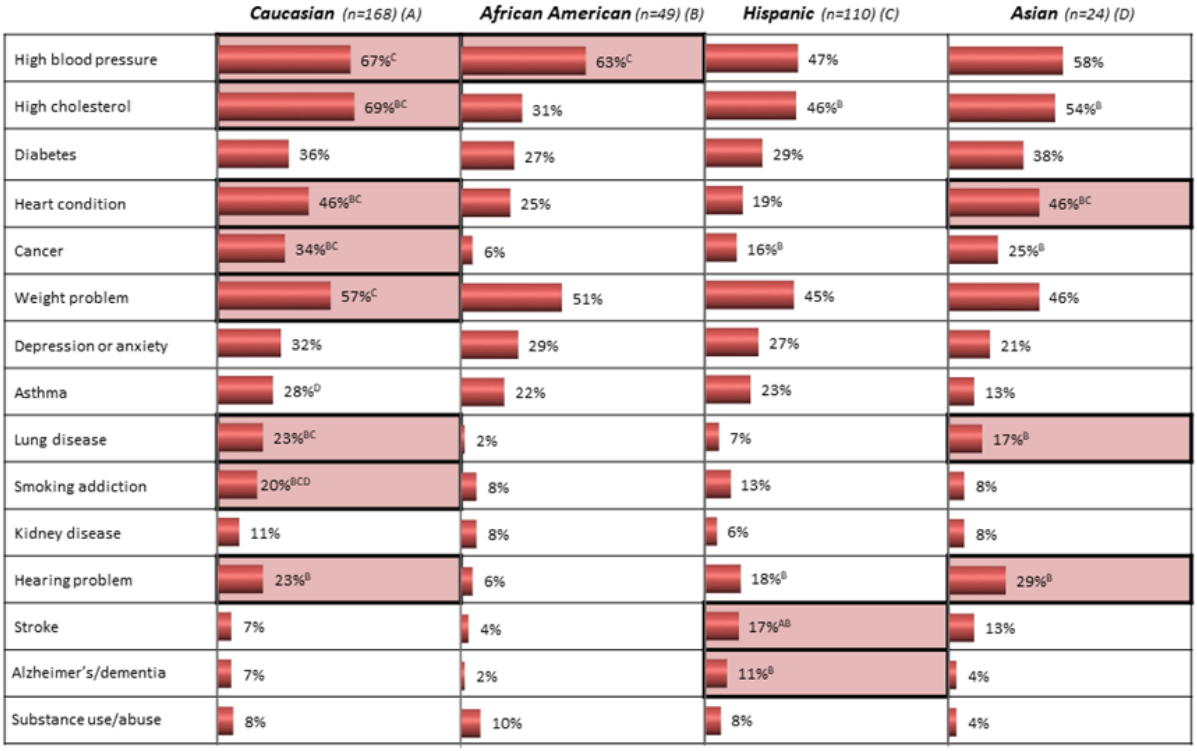


(n=374)

Q.8 - Have you, or a household family member, ever been told by a doctor or other health professional that you have had any of the following?

Conditions Diagnosed by Physician – by Ethnicity

- **Caucasians report more diagnosed conditions versus other ethnic groups.**



Top 2 Box Agreement

Q.8 - Have you, or a household family member, ever been told by a doctor or other health professional that you have had any of the following?

(A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.

Conditions Diagnosed by Physician – by Age

- **Not surprisingly, older respondents report being diagnosed with more conditions than younger respondents.**

	21-49 *(n=124) (A)*	***50-64*** *(n=127) (B)*	***65+*** *(n=116) (C)*
High blood pressure	44%	61%[A]	75%[AB]
High cholesterol	39%	62%[A]	64%[A]
Diabetes	29%	28%	38%
Heart condition	19%	40%[A]	42%[A]
Cancer	15%	23%	28%[A]
Weight problem	45%	58%[A]	48%
Depression or anxiety	36%[C]	30%[C]	18%
Asthma	30%[C]	23%	18%
Lung disease	8%	13%	20%[A]
Smoking addiction	15%	14%	13%
Kidney disease	10%	9%	8%
Hearing problem	14%	17%	24%[A]
Stroke	8%	7%	12%
Alzheimer's/dementia	8%	6%	4%
Substance use/abuse	11%[C]	6%	3%

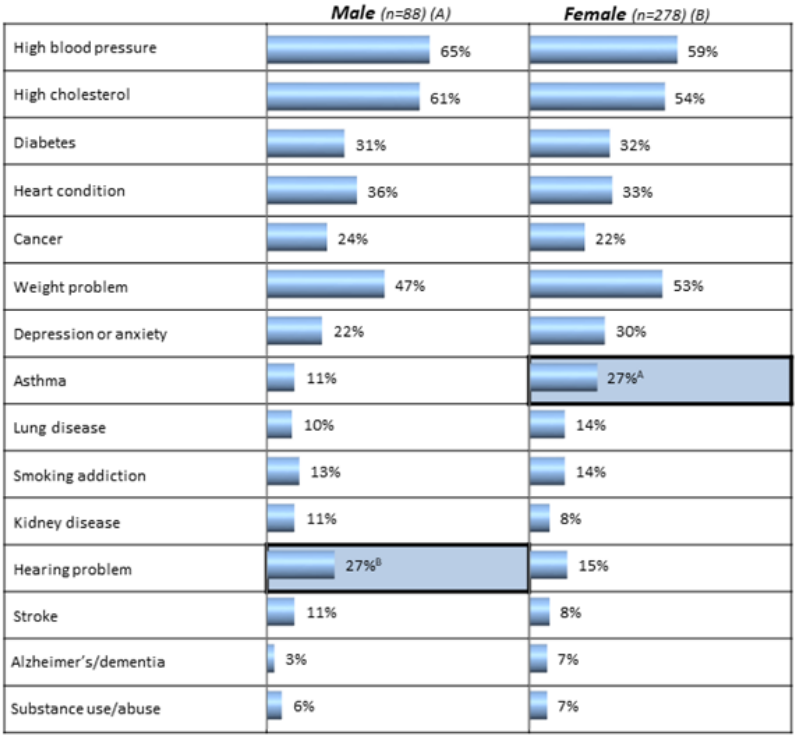
Top 2 Box Agreement

Q.8 - Have you, or a household family member, ever been told by a doctor or other health professional that you have had any of the following?

(A/B/C) = Significantly greater than indicated cell at the 90% confidence level.

Conditions Diagnosed by Physician – by Gender

- **Females report more asthma diagnosis while males report more hearing problems.**



Top 2 Box Agreement

Q.8 - Have you, or a household family member, ever been told by a doctor or other health professional that you have had any of the following?

(A/B) = Significantly greater than indicated cell at the 90% confidence level.

Conditions Diagnosed by Physician – by Income

- **Few differences exist in conditions diagnosed across income levels.**

	Under $25K (n=73) (A)	*$25-50K (n=76) (B)*	*$50-100K (n=82) (C)*	*$100K+ (n=60) (D)*
High blood pressure	59%	59%	65%	55%
High cholesterol	55%	47%	57%	60%
Diabetes	32%	34%	29%	30%
Heart condition	36%	37%	31%	27%
Cancer	12%	29%[A]	22%	18%
Weight problem	48%	54%	54%	58%
Depression or anxiety	26%	40%[AC]	27%	30%
Asthma	22%	21%	26%	33%
Lung disease	14%	15%	12%	15%
Smoking addiction	15%	18%	11%	15%
Kidney disease	6%	8%	9%	7%
Hearing problem	18%	22%	13%	15%
Stroke	8%	15%[C]	4%	7%
Alzheimer's/dementia	4%	9%	6%	3%
Substance use/abuse	8%	15%[CD]	2%	3%

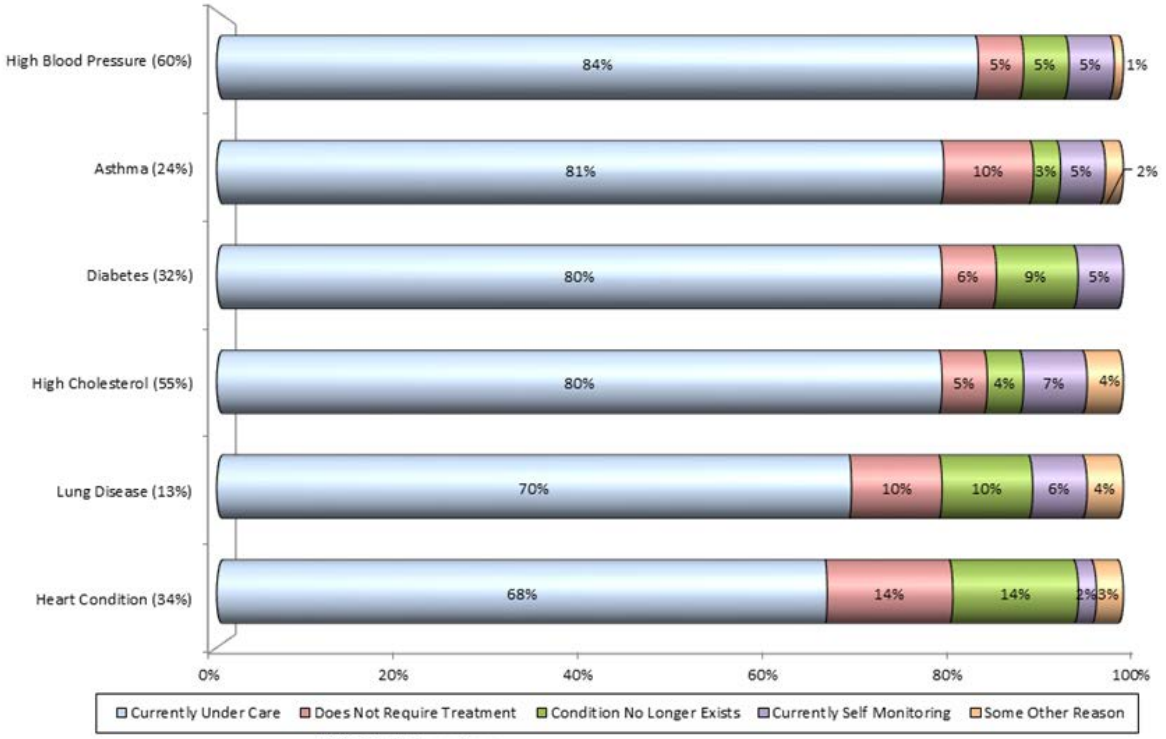
Top 2 Box Agreement

Q.8 - Have you, or a household family member, ever been told by a doctor or other health professional that you have had any of the following?

(A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.

How Conditions Are Being Managed

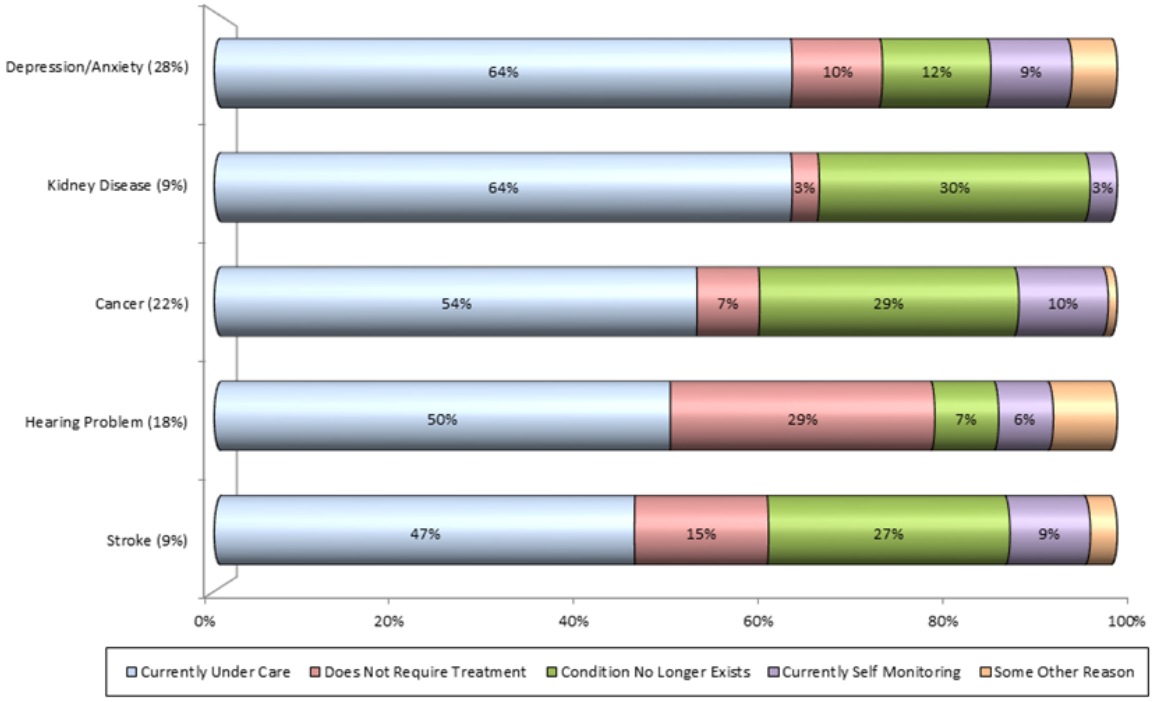
- Diagnosed conditions most likely to be under a physician's care include: high blood pressure, asthma, diabetes, high cholesterol, lung disease and heart conditions.



NOTE: Multiple mentions.
Q.9 - Are you/household family member currently under care for this [CONDITION]?
Q.10 - Why are you/household family member not under current care for the [CONDITION]? Would you say it is because...

How Conditions Are Being Managed – (continued)

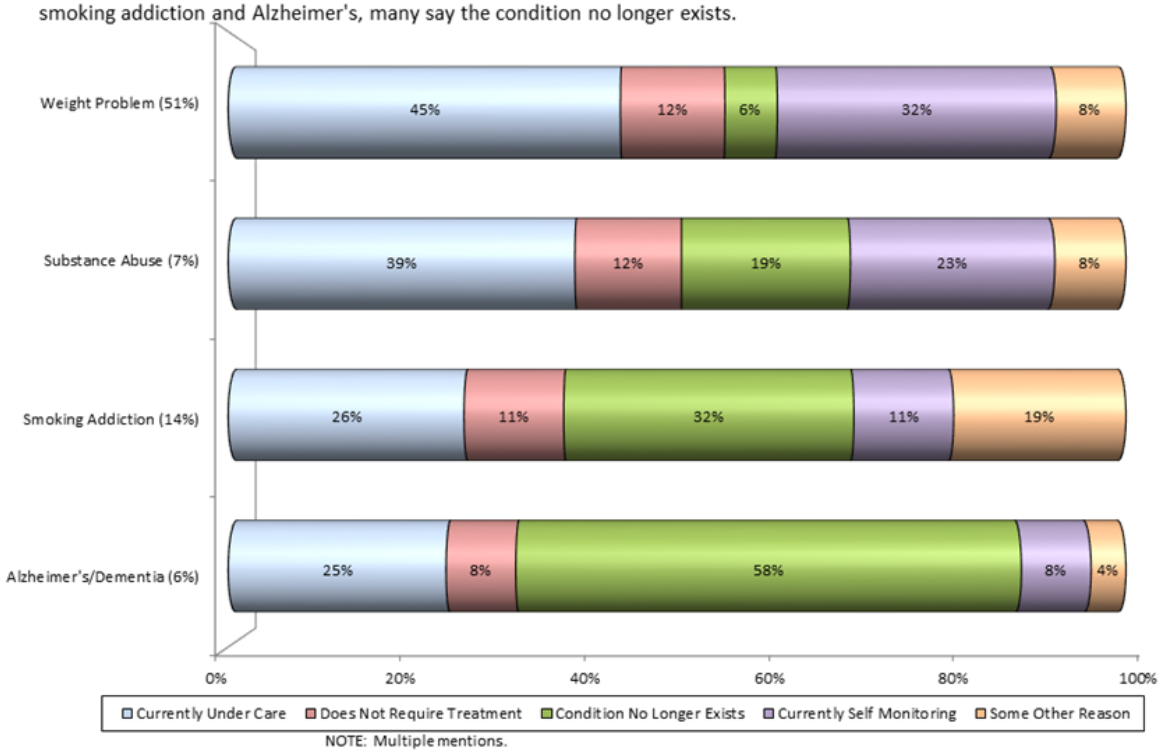
- Many are also under a physician's care for depression/anxiety, kidney disease, cancer, hearing problems and strokes. For cancer, strokes and kidney disease many say the condition no longer exists and for hearing problems, many say their condition does not require treatment.



NOTE: Multiple mentions.
Q.9 - Are you/household family member currently under care for this [CONDITION]?
Q.10 - Why are you/household family member not under current care for the [CONDITION]? Would you say it is because...

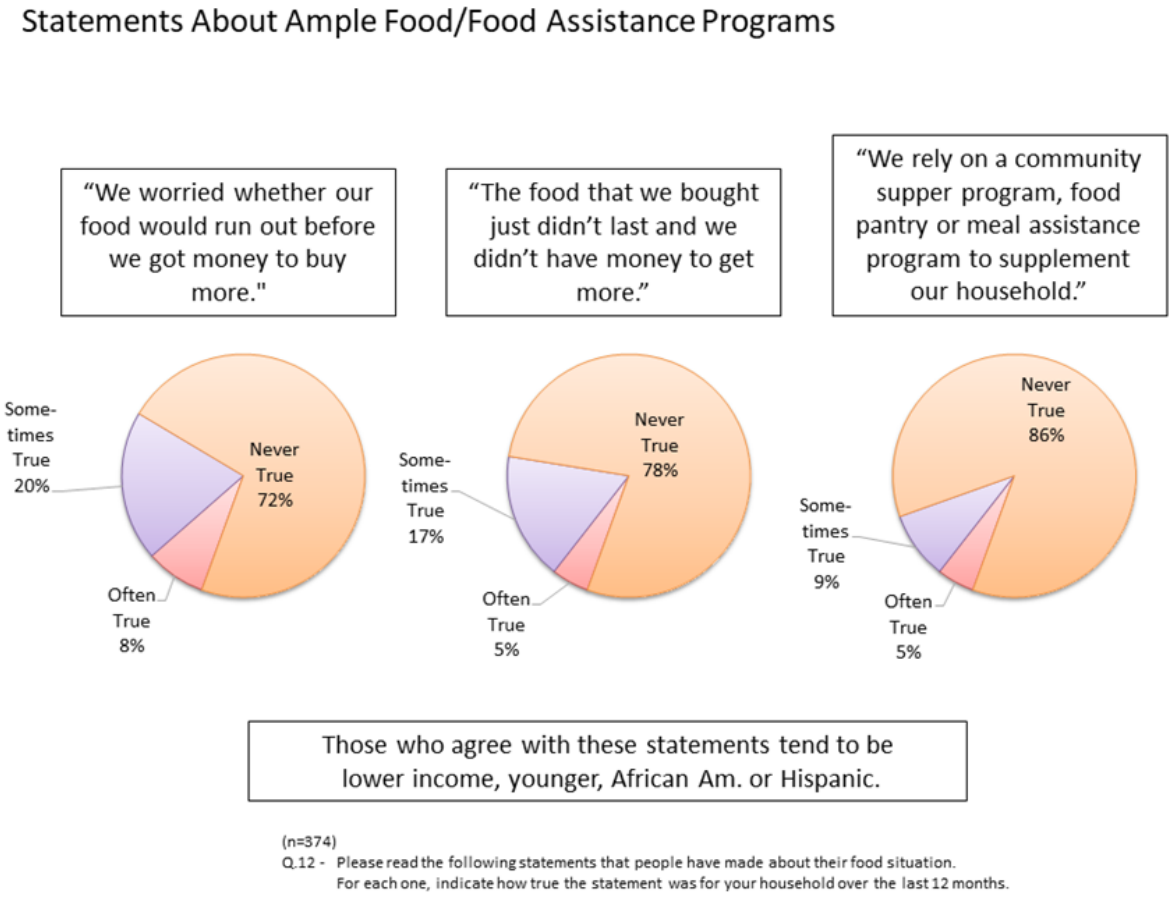
How Conditions Are Being Managed – (continued)

- For respondents with weight issues, fewer than half are under a physician's care, while about a third say they are self-monitoring their condition.
- For substance abuse, a large percentage say they are either self-monitoring or the condition no longer exists and for smoking addiction and Alzheimer's, many say the condition no longer exists.



NOTE: Multiple mentions.
Q.9 - Are you/household family member currently under care for this [CONDITION]?
Q.10 - Why are you/household family member not under current care for the [CONDITION]? Would you say it is because...

G. ADDITIONAL DATA



Physician Habits

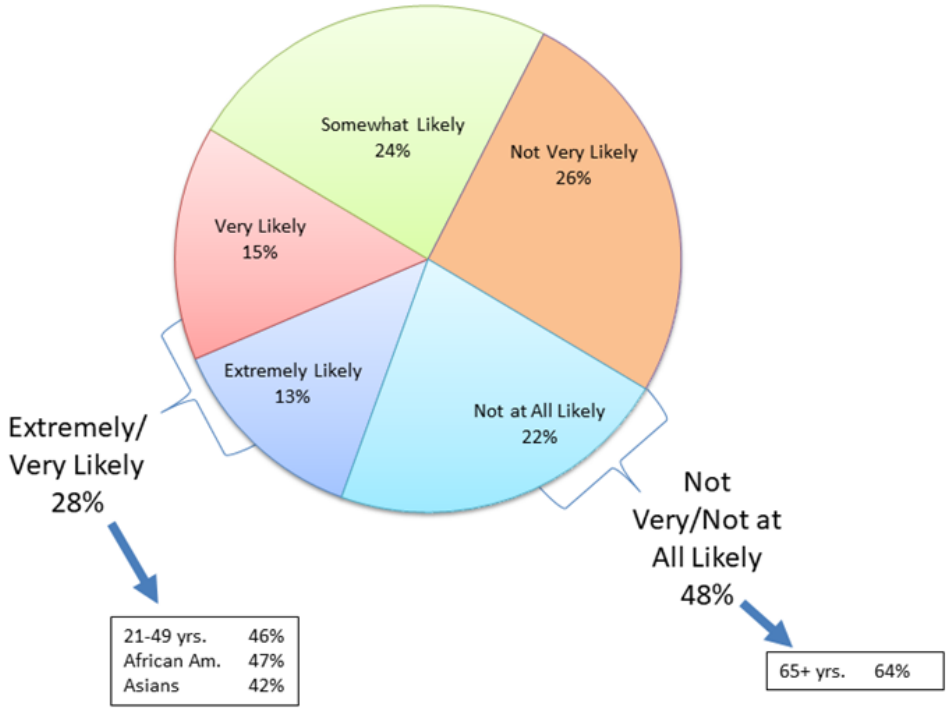
- Younger residents surveyed are more likely to visit the doctor only when sick or need medical care.
- Hispanics are the most likely to visit an urgent care center when medical care is needed.

	Total	Age			Ethnicity			
		21-49 (A)	50-64 (B)	65+ (C)	Caucasian (A)	AA (B)	Hispanic (C)	Asian (D)
	%	%	%	%	%	%	%	%
Go to Dr/group every year or two for check-up	75	72	77	74	74	84[C]	69	79
Go to Dr/group only when sick/hurt	22	28[BC]	19	19	20	20	26	21
Go to urgent care center or ER when need medical care	11	12	13	9	7	8	17[ABD]	4

(n=374)
NOTE: Multiple mentions.
Q.13 - When you need medical care, which of the statements below best describes you?
Age: (A/B/C) = Significantly greater than indicated cell at the 90% confidence level.
Ethnicity: (A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.

Likelihood of Accessing Medical Care Virtually

- Few residents surveyed indicated a strong likelihood of accessing medical care virtually.



(n=374)
Q.14 - If you were able to access medical care virtually, for example, through FaceTime or Skype, how likely would you be to use this type of technology?

Sampling of Additional Comments - (Reference Data File for Complete List)

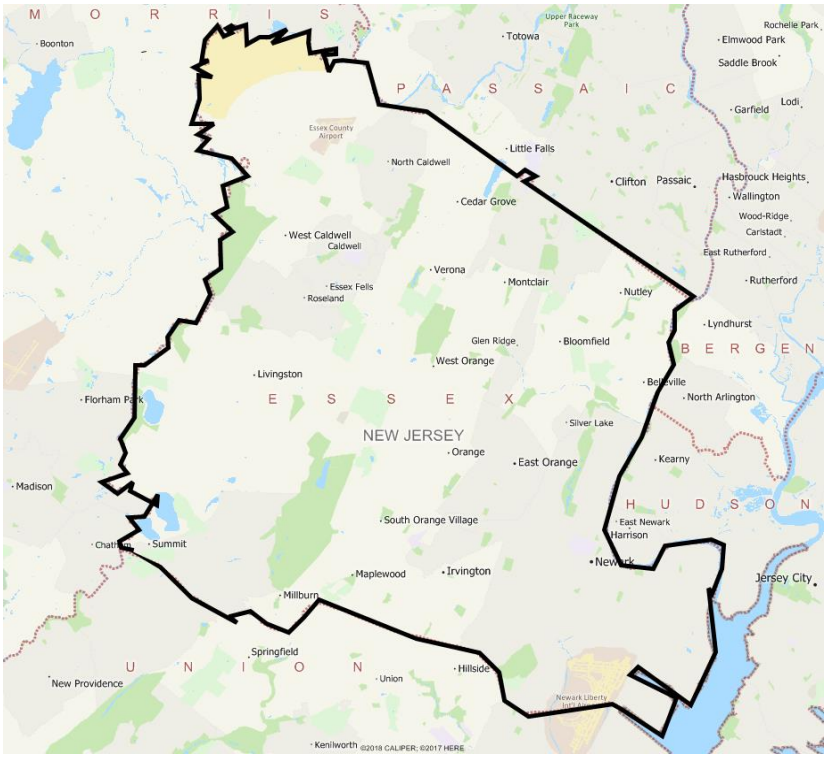
Q.15 - Use the space below to expand on a topic previously mentioned or an important health-related topic that was not mentioned in this survey.

4. ESSEX COUNTY/SERVICE AREA HEALTH PROFILE

The Essex County Health Profile provides a discussion of health outcomes and factors, including social determinants of health, that are used in determining health status. Essex County data are compared to local, State and national measures.

A. ESSEX COUNTY OVERVIEW

Essex County



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 22 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, a sports and entertainment complex, a number of colleges and universities, and headquarters a number of corporate giants. Newark is a major national transportation hub.

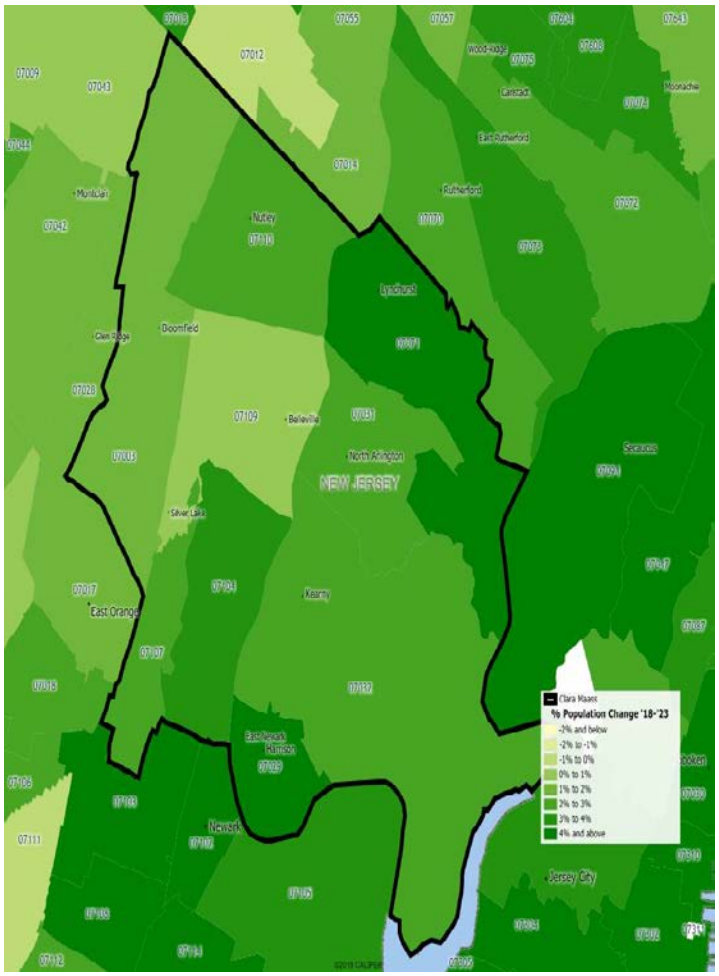
Essex County includes Belleville, Bloomfield, Caldwell, Cedar Grove, East Orange, Essex Fells, Fairfield, Glen Ridge, Irvington, Livingston, Maplewood, Millburn, Montclair, Newark, North Caldwell, Nutley, Orange, Roseland, South Orange, Verona, West Caldwell, and West Orange. In 1865, Essex County was the first U.S. county to create a county-wide park system, the Essex County Parks Commission acquired 60 acres of land from the City of Newark as the beginning of Branch Brook Park. Today those 60 acres have grown into 5,745 acres of green space that 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 highest number of residents. Between 2010 and 2018, Essex County's population increased 2.0%. The migration of people in and out of the urban areas of Essex County has changed significantly. After consistent population declines over the last half-century, urban areas in the southern and eastern parts of the county have seen population increases in the past five years. The demographic trends in Essex County are a part of larger changes throughout the State and country. The northeastern part of the state shows the highest growth, with younger couples gravitating toward communities that have walkable downtowns and accessible mass transit to cities. 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.

B. CMMC SERVICE AREA

Between 2010 and 2018, the population of the CMMC Service Area grew (3.2%) faster than Essex County (1.5%) and New Jersey (1.3%). Between 2018-2023, the Service Area is projected to grow nearly 2% (1.9%).

Population Change in CMMC Service Area
2018-2023



* Source: Claritas Population Estimates 2018, 2023

CMMC Service Area
Population Distribution & Projected Percent Change 2018-2023

AGE COHORT	GEOGRAPHIC AREA									
	New Jersey	Essex County	Clara Maass	Newark (07104)	Belleville (07109)	Kearny (07032)	Newark (07107)	Bloomfield (07003)	Nutley (07110)	Harrison (07029)
0-17	1,924,893	188,257	67,040	14,103	7,284	8,194	10,988	10,239	5,888	3,799
% of Total	21.19%	23.19%	21.80%	25.84%	20.39%	19.03%	27.70%	21.10%	18.71%	21.30%
% Change '18-'23	-1.87%	-0.80%	0.64%	1.36%	1.43%	2.73%	-0.20%	0.33%	-1.51%	5.53%
18-44	3,063,151	284,095	110,915	20,351	12,590	16,606	15,049	16,627	9,626	7,104
% of Total	33.72%	35.00%	36.08%	37.28%	35.24%	39.02%	37.94%	34.27%	32.40%	39.84%
% Change '18-'23	-0.71%	-2.08%	-4.56%	-3.00%	-6.51%	-4.39%	-2.96%	-6.22%	-3.54%	-5.48%
45-64	2,440,092	213,515	82,721	13,481	10,154	11,242	9,417	13,762	8,820	4,544
% of Total	26.86%	26.30%	26.91%	24.70%	28.42%	26.42%	23.74%	28.37%	29.69%	25.48%
% Change '18-'23	-1.87%	0.68%	4.05%	7.14%	3.53%	0.21%	5.71%	2.63%	1.32%	7.20%
65+	1,656,700	125,886	46,778	6,652	5,703	6,516	4,212	7,888	5,707	2,386
% of Total	18.24%	15.51%	15.21%	12.19%	15.96%	15.31%	10.62%	16.26%	19.21%	13.38%
% Change '18-'23	15.44%	16.57%	18.28%	18.66%	16.94%	21.50%	20.10%	17.26%	16.21%	24.86%
All Ages	9,084,836	811,753	307,454	54,587	35,731	42,558	39,666	48,516	29,711	17,833
% of Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
% Change '18-'23	1.30%	1.47%	1.85%	2.83%	0.53%	1.50%	1.88%	0.93%	1.62%	3.28%
Female 15-44	1,677,665	158,516	60,549	11,380	6,986	7,887	8,645	9,464	5,465	3,567
% of Total	18.47%	19.53%	19.69%	20.85%	19.55%	18.53%	21.79%	19.51%	18.39%	20.00%
% Change '18-'23	-1.21%	-2.53%	-4.17%	-2.26%	-6.19%	-5.36%	-3.22%	-5.12%	-3.36%	-5.21%

Source: Claritas Population Estimates 2018, 2023

C. SOCIAL DETERMINANTS OF HEALTH

Social determinants of health include socioeconomic and environmental factors which influence health outcomes, disparities in health, equity in health care, and are important tools to assess health at the local level. *Healthy People 2020* provides a framework for assessing social determinants of health across five topic areas: economic stability; education; social and community context; health and health care; and, neighborhood and built environment. While a relatively affluent county, there are residents of Essex County and CMMC Service Area that face many socioeconomic challenges that may have consequences for health and health care in the region.[10]

[10] https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health

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 Divinity Health's Health Need 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 socioeconomic 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).

Income, Poverty, and Unemployment

Income influences the way people invest in their health and provides options for healthy lifestyle choices. 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.

Those who are unemployed face greater challenges to health and well-being, including lost income and health insurance. Unemployed individuals are 54% more likely to be in poor or fair health as compared to employed individuals. According to CHR, racial and ethnic minorities and those with less education, often already at-risk for poor health outcomes, are most likely to be unemployed. Labor statistics indicate unemployment rates peaked at the height of the recession in 2010 and began to show some improvement beginning in 2014. Most areas of the State have shown continued improvement.

Essex County

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

- In 2016, the median household income in Essex County was $54,860, more than $18,000 below the State median of $73,702
- In 2016, Essex County had a higher percentage of people living below the federal poverty level than statewide, 17.2% and 10.9% respectively. [11]
- Between 2014 and 2016, unemployment throughout New Jersey declined. In 2016, the Essex County unemployment rate was 8.0%, a decrease of 1.1% from 2014, but higher than the New Jersey unemployment rate of 5.2%.[12]

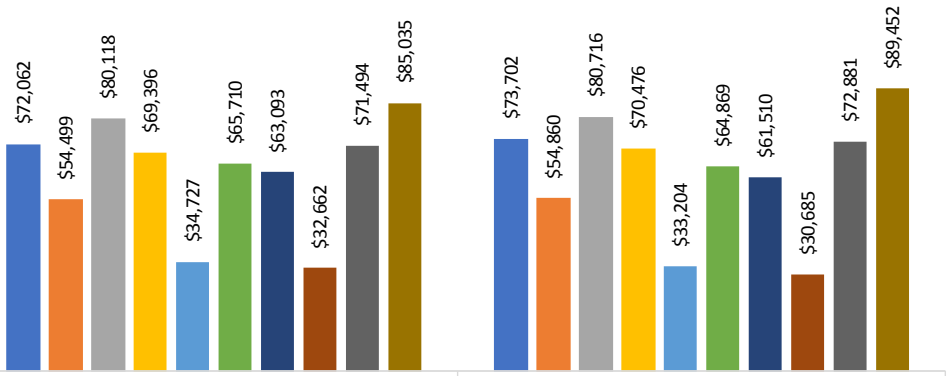
11 Ibid.

12 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

CMMC Service Area

- The 2016 median household income of Belleville residents ($64,869) was less than the statewide figure ($73,702).
    - In the CMMC Service Area, Nutley had the highest median household income at $89,452, while Newark 07107 had the lowest ($30,685).

Median Household Income
State and County Comparisons – 2014-2016



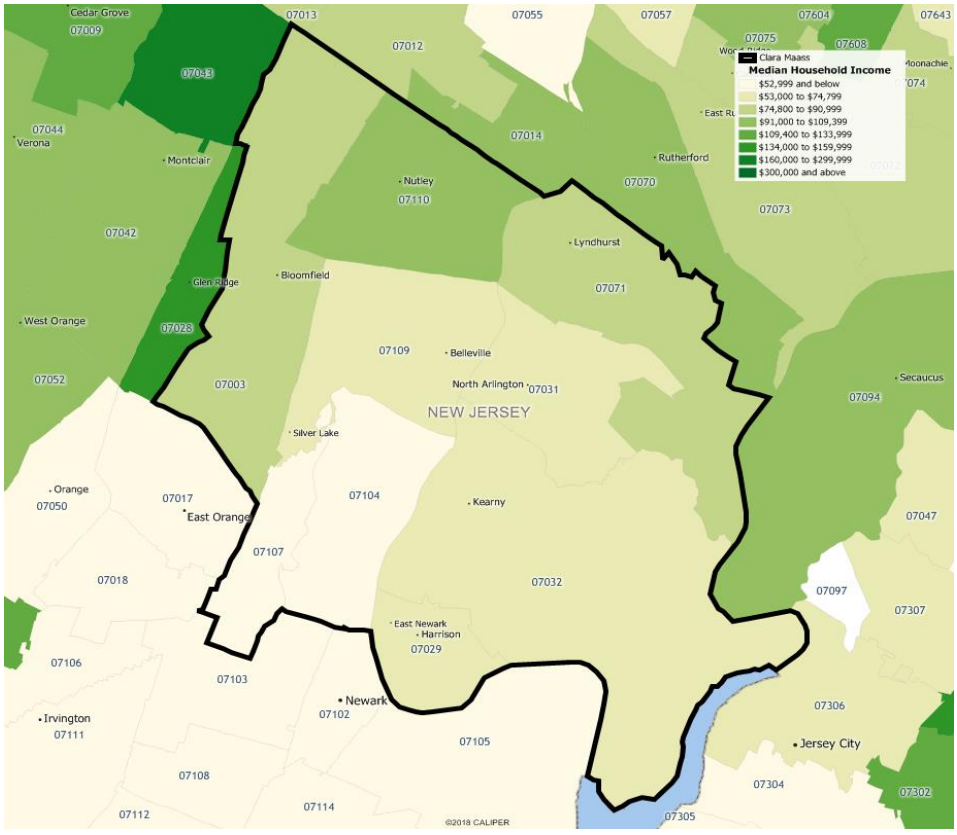
	2014	2016
New Jersey	$72,062	$73,702
Essex County	$54,499	$54,860
Middlesex County	$80,118	$80,716
Union County	$69,396	$70,476
Newark (07104)	$34,727	$33,204
Belleville (07109)	$65,710	$64,869
Kearny (07032)	$63,093	$61,510
Newark (07107)	$32,662	$30,685
Bloomfield (07003)	$71,494	$72,881
Nutley (07110)	$85,035	$89,452

Source: United States Census 2016 5 Year ACS Estimates

- Median household income for Essex County and CMMC's Service Area were estimated to see increases in 2018.

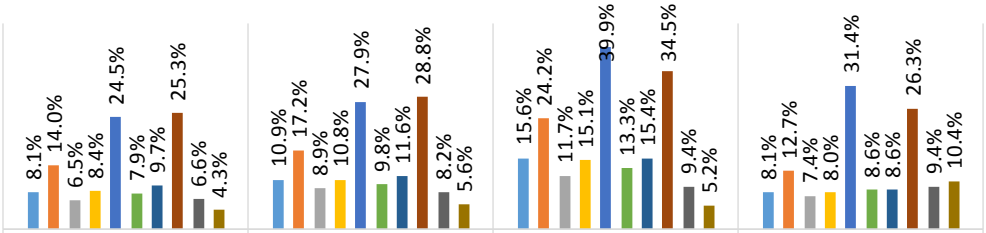
Median Household Income, 2018
Essex County

HOUSEHOLD INCOME (2018*)	
GEOGRAPHIC AREA	MEDIAN
New Jersey	$78,317
Essex County	$58,264
Newark (07104)	$ 33,470
Belleville (07109)	$67,805
Kearny (07032)	$64,542
Newark (07107)	$33,819
Bloomfield (07003)	$79,534
Nutley (07110)	$94,074
North Arlington (07031)	$73,038
Lyndhurst (07071)	$78,577
Harrison (07029)	$64,570



- In 2016, the percent of families living in poverty in Essex County (14%) was higher than the State (8.1%).[13]
    - In 2016, 28.8% of people and 25.3% of families were living in poverty in Newark 07107. The Newark 07107 percentage of children in poverty was over 34%.
- In 2016, there was a wide range of percentages of families living in poverty across select CMMC service area zip codes[14]:
    - Bloomfield: 6.6%
    - Newark 07107: 25.3%
    - Belleville: 7.9%
    - Nutley: 4.3%
    - Newark 07104: 24.5%
- Newark's 07107 percent of families living in poverty is more than triple the New Jersey percentage (8.1%).

Income Below Federal Poverty Level
State and County Comparisons, 2016



	Families	People	Children	Seniors
New Jersey	8.1%	10.9%	15.6%	8.1%
Essex County	14.0%	17.2%	24.2%	12.7%
Middlesex County	6.5%	8.9%	11.7%	7.4%
Union County	8.4%	10.8%	15.1%	8.0%
Newark (07104)	24.5%	27.9%	39.9%	31.4%
Belleville (07109)	7.9%	9.8%	13.3%	8.6%
Kearny (07032)	9.7%	11.6%	15.4%	8.6%
Newark (07107)	25.3%	28.8%	34.5%	26.3%
Bloomfield (07003)	6.6%	8.2%	9.4%	9.4%
Nutley (07110)	4.3%	5.6%	5.2%	10.4%

Source: United States Census 2016 5 Year ACS Estimates

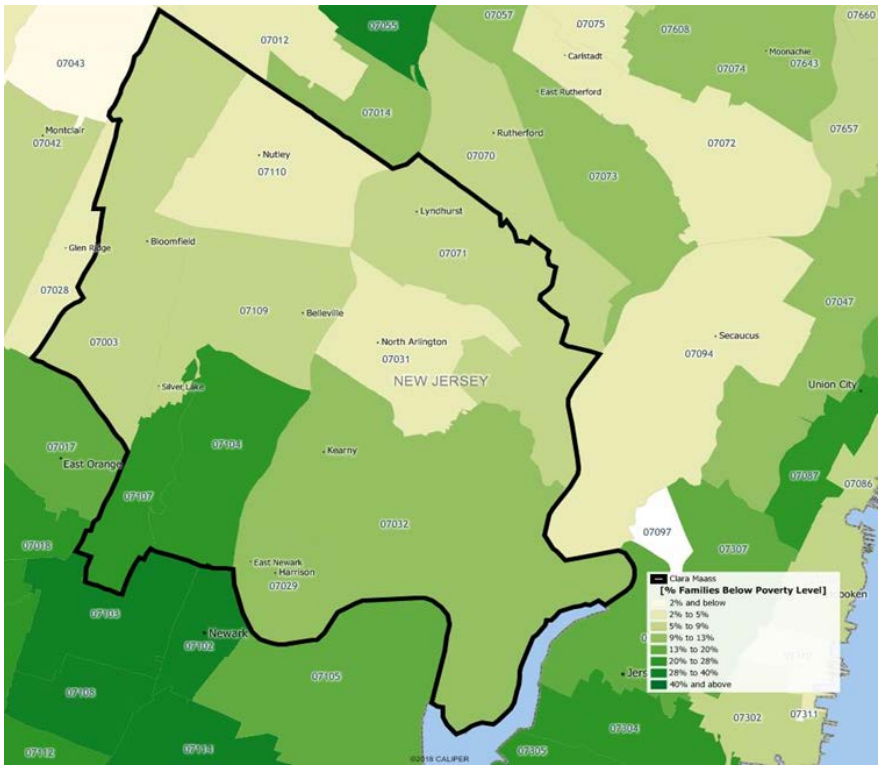
13 United States Census Bureau American Community Survey 2014
http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_DP03&prodType=table
14 United States Census Bureau American Community Survey 2014

INDIVIDUALS BELOW POVERTY (2016*)		
GEOGRAPHIC AREA	#	%
New Jersey	956,005	10.9%
Essex County	132,940	17.2%
Clara Maass	44,270	13.6%
Newark (07104)	13,837	27.9%
Belleville (07109)	3,522	9.8%
Kearny (07032)	4,752	11.6%
Newark (07107)	11,021	28.8%
Bloomfield (07003)	3,872	8.2%
Nutley (07110)	1,584	5.6%
North Arlington (07031)	1,023	6.5%
Lyndhurst (07071)	2,144	9.9%
Harrison (07029)	2,515	14.2%

FAMILIES BELOW POVERTY (2016*)		
GEOGRAPHIC AREA	#	%
New Jersey	181,398	8.1%
Essex County	25,310	14.0%
Clara Maass	8,470	11.3%
Newark (07104)	2,623	24.5%
Belleville (07109)	660	7.9%
Kearny (07032)	1,004	9.7%
Newark (07107)	2,036	25.3%
Bloomfield (07003)	748	6.6%
Nutley (07110)	305	4.3%
North Arlington (07031)	192	4.3%
Lyndhurst (07071)	408	7.4%
Harrison (07029)	493	11.3%

* Source: US Census ACS Survey 2016 5 Year Estimates

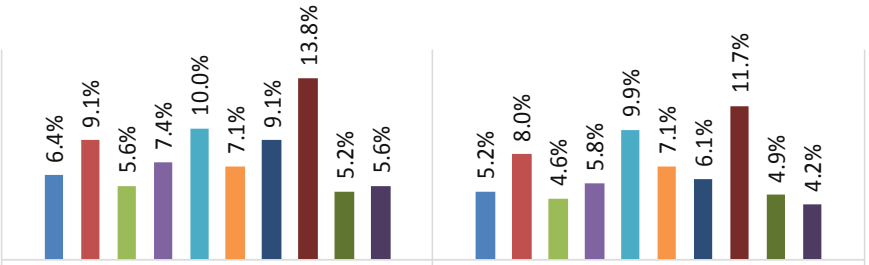
CMMC Service Area
Percent of Families with Incomes Below the Poverty Level



Unemployment

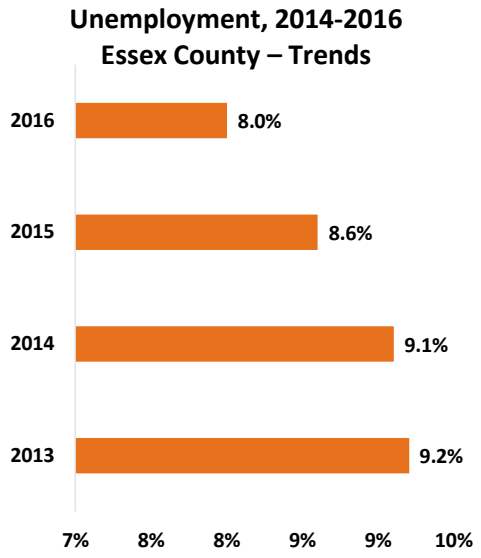
- In 2016, the unemployment rate for Essex County (8.0%) was well above the rate statewide (5.2%) and for all of the surrounding counties.
- The Essex County unemployment rate declined 1.1 percentage points between 2014-2016.
- In 2016, Newark's 07107 unemployment rate was 11.7%, a decrease from 13.8% in 2014, but higher than the Essex County rate of 8.0%, and the State rate of 5.2%.[15]
- In 2016, the Belleville unemployment rate was 7.1%, and had no change from 2014, but was lower than the Essex County unemployment rate of 8.0%.[16]
- In 2016, the Bloomfield unemployment rate was 4.9%, a decrease from 5.2% in 2014 and lower than the rate statewide.

Unemployment
State and County Comparisons, 2014-2016



	2014	2016
New Jersey	6.4%	5.2%
Essex County	9.1%	8.0%
Middlesex County	5.6%	4.6%
Union County	7.4%	5.8%
Newark (07104)	10.0%	9.9%
Belleville (07109)	7.1%	7.1%
Kearny (07032)	9.1%	6.1%
Newark (07107)	13.8%	11.7%
Bloomfield (07003)	5.2%	4.9%
Nutley (07110)	5.6%	4.2%

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



Source: United States Census 2013,2014,2016 5 Year ACS Estimates

County Health Rankings & Roadmaps
Building a Culture of Health, County by County
A Robert Wood Johnson Foundation program

National Benchmark: 3.2%
Essex County 2016: 8.0%

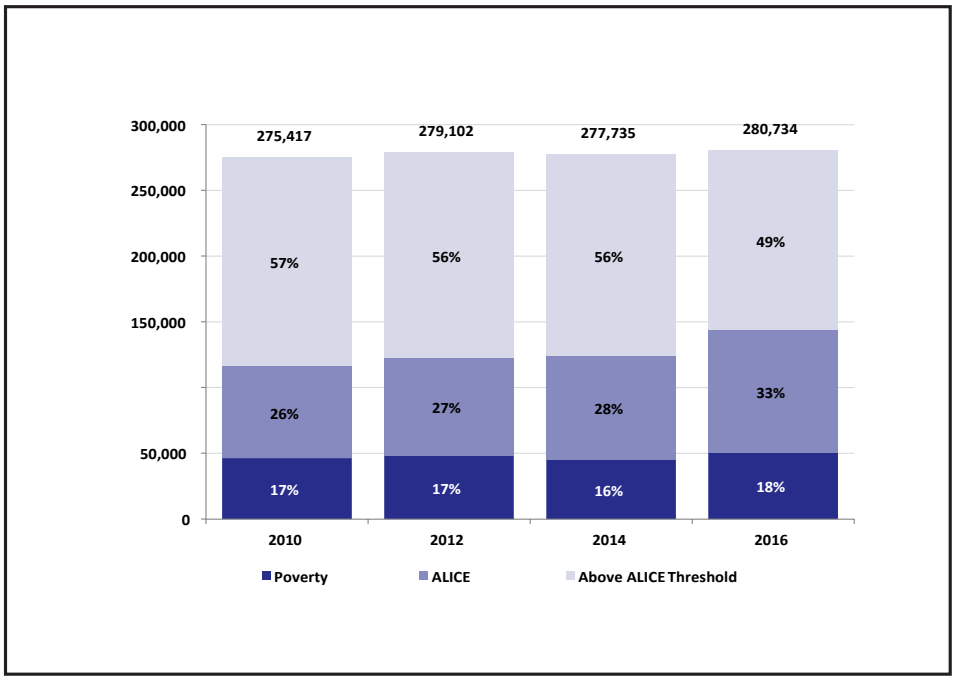
Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Unemployment *Percent of Labor Force Unemployed*	N.A		
Income *Median Household*	N.A		
Income in the Past Year Below Federal Poverty Level *Percent of Total Population*	N.A	N.A	
Income in the Past Year Below Federal Poverty Level *Percent of Families*	N.A.	N.A	
Income in the Past Year Below Federal Poverty Level *Percent of Children*	N.A	N.A.	
Income in the Past Year Below Federal Poverty Level *Percent of Seniors*	N.A	N.A	

Asset Limited Income Constrained Employed Project

Many believe that the Federal Poverty Level (FPL) understates true poverty and is prejudicial to New Jersey as it fails to adjust for differences in the cost of living across states.

To ascertain the number of households that may be struggling due to the high cost of living in New Jersey we turned to the United Way's ALICE (Asset Limited Income Constrained Employed project)[17] to get a better idea of the number of households that earn more than the Federal Poverty Level but less than the basic cost of living in Essex County. As shown in the chart below, the Alice Threshold (AT) combined the number of households in poverty and ALICE households equals the population struggling to afford basic needs. In Essex County, this percentage amounts to 51% (2016).

Households by Income, 2010 to 2016
Essex County



Sources: **2016 Point-in-Time Data**: American Community Survey. **ALICE Demographics:** American Community Survey; the ALICE Threshold. **Budget:** U.S. Department of Housing and Urban Development (HUD); U.S. Department of Agriculture (USDA); Bureau of Labor Statistics (BLS); Internal Revenue Service (IRS); State of New Jersey Department of the Treasury; Child Care Aware NJ (CCANJ).

The United Way's analysis shows ALICE households in Essex County may earn above the Federal poverty level for a single adult, $11,670, or $23,850 for a family of four, but less than the household survival budget for Essex County.

[17] http://www.unitedwaynj.org/ourwork/aliceatnj.php

Household Survival Budget, Essex County		
	SINGLE ADULT	2 ADULTS, 1 INFANT, 1 PRESCHOOLER
Monthly Costs		
Housing	$1,044	$1,324
Child Care	$–	$1,292
Food	$182	$603
Transportation	$116	$186
Health Care	$196	$727
Technology	$55	$75
Miscellaneous	$194	$479
Taxes	$348	$585
Monthly Total	$2,135	$5,271
ANNUAL TOTAL	$25,620	$63,252
Hourly Wage	*$12.81*	*$31.63*

Sources: **2016 Point-in-Time Data**: American Community Survey. **ALICE Demographics:** American Community Survey; the ALICE Threshold. **Budget:** U.S. Department of Housing and Urban Development (HUD); U.S. Department of Agriculture (USDA); Bureau of Labor Statistics (BLS); Internal Revenue Service (IRS); State of New Jersey Department of the Treasury; Child Care Aware NJ (CCANJ).

There appears to be wide differences among municipalities in Essex County in terms of the percentage of households living in poverty or at the ALICE threshold. Between 30-43% of residents in the PSA towns of Belleville, Bloomfield and Nutley had incomes at the Federal poverty level or at the ALICE threshold.

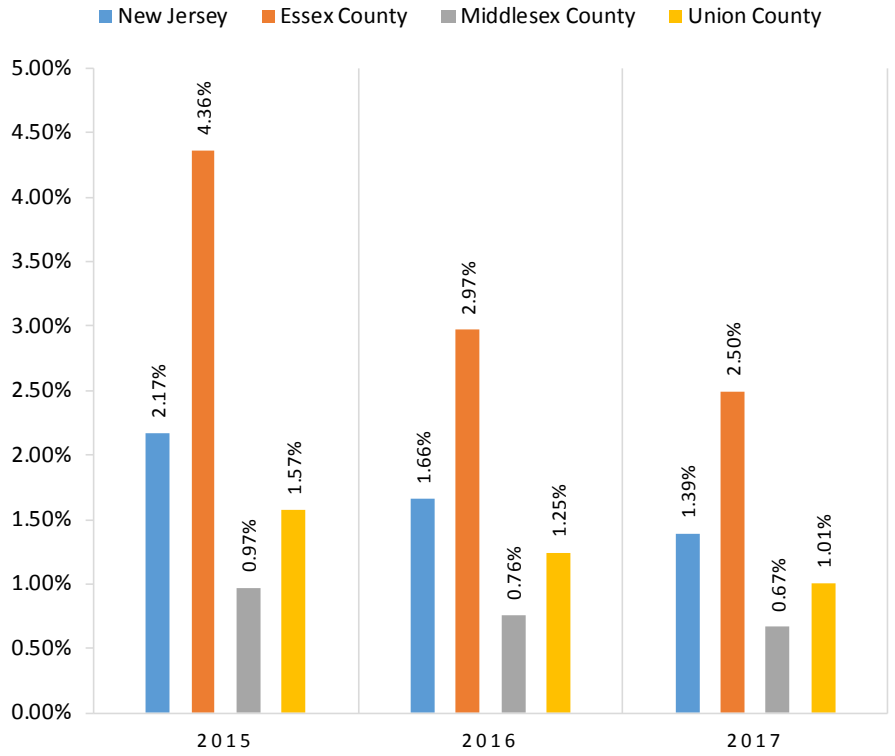
Essex County, 2016		
Town	Total HH	% ALICE & Poverty
Belleville	12,872	43%
Bloomfield	17,609	37%
Caldwell	3,355	39%
Cedar Grove	4,395	25%
City of Orange	11,471	72%
East Orange	24,858	66%
Essex Fells	753	9%
Fairfield	2,481	22%
Glen Ridge	2,467	14%
Irvington	20,220	69%
Livingston	9,755	16%
Maplewood	8,165	24%
Millburn	6,539	15%
Montclair	14,513	29%
Newark	94,158	72%
North Caldwell	2,103	12%
Nutley	10,903	30%
Roseland	2,380	27%
South Orange	5,240	24%
Verona	5,058	26%
West Caldwell	3,810	27%
West Orange	16,375	31%

Temporary Assistance Needy Families (TANF)

In order to qualify for TANF in New Jersey, applicants must comply with all requirements of Work First New Jersey. This includes signing over rights of child support payments, helping to establish paternity of children, cooperating with work requirements and applying for all assistance programs for which a household may be eligible. Additionally, eligible applicants must meet income and resource guidelines.[18]

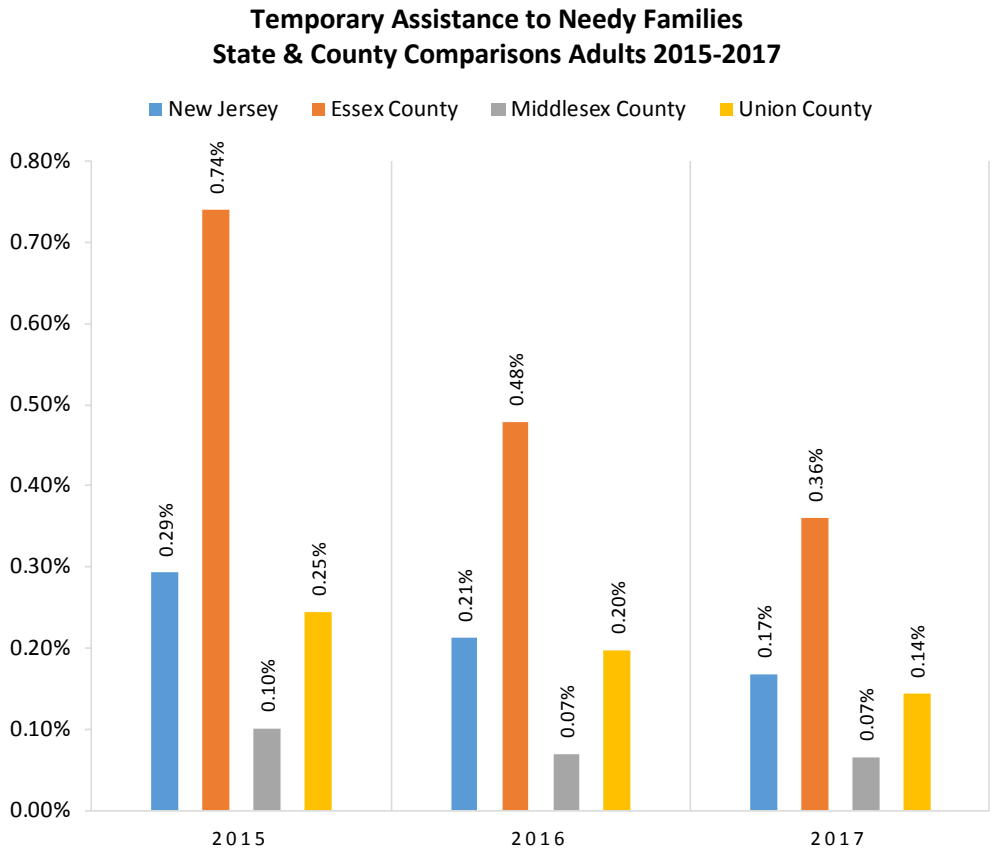
- As of December 2017, 2.5% of Essex County children were receiving Work First NJ/TANF benefits, nearly double the statewide rate (1.39%); Essex County ranks in the worst performing quartile in New Jersey.
- As of December 2017, 0.36% of Essex County adults were receiving Work First NJ/TANF benefits, more than statewide (0.17%).
- Between 2015 and 2017, the percentage of adults and children receiving WFNJ/TANF benefits declined by 51% and 43%, respectively.

Temporary Assistance to Needy Families
State & County Comparisons Children 2015-2017



Source: http://www.nj.gov/humanservices/dfd/news/cps_dec17.pdf

[18] *http://www.tanfprogram.com/new-jersey-tanf-eligibility*



Source: http://www.nj.gov/humanservices/dfd/news/cps_dec17.pdf

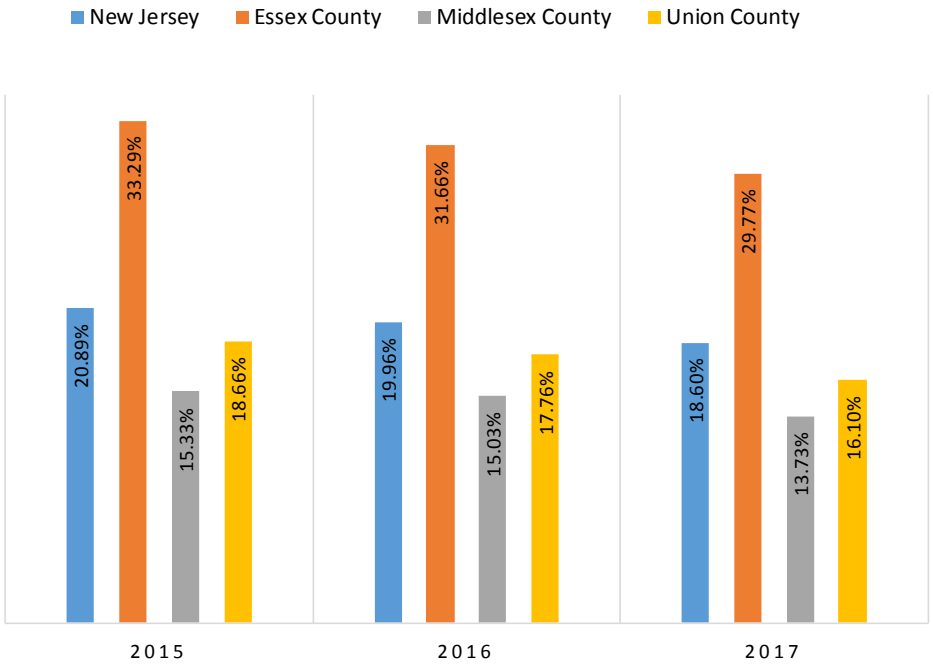
Supplemental Nutrition Assistance Program (SNAP)

SNAP offers nutrition assistance to millions of eligible, low-income individuals and families. The Food and Nutrition Service works with State agencies, nutrition educators and neighborhood and faith-based organizations to ensure that those eligible for nutrition assistance make informed decisions and access benefits.[19]

- In 2017, 46.3% more Essex County children (29.8%) use SNAP benefits than children Statewide (18.6%).
- In 2017, 51.3% more Essex County adults (9.8%) use SNAP benefits than throughout the State (5.8%).
- Between 2015 and 2017, Essex County experienced a 17.7% decline in the percentage of adults and a 10.6% decline in the percentage of children receiving SNAP benefits.
- The percentage of Essex County children and adults receiving SNAP benefits ranks in the worst performing quartile among all counties.

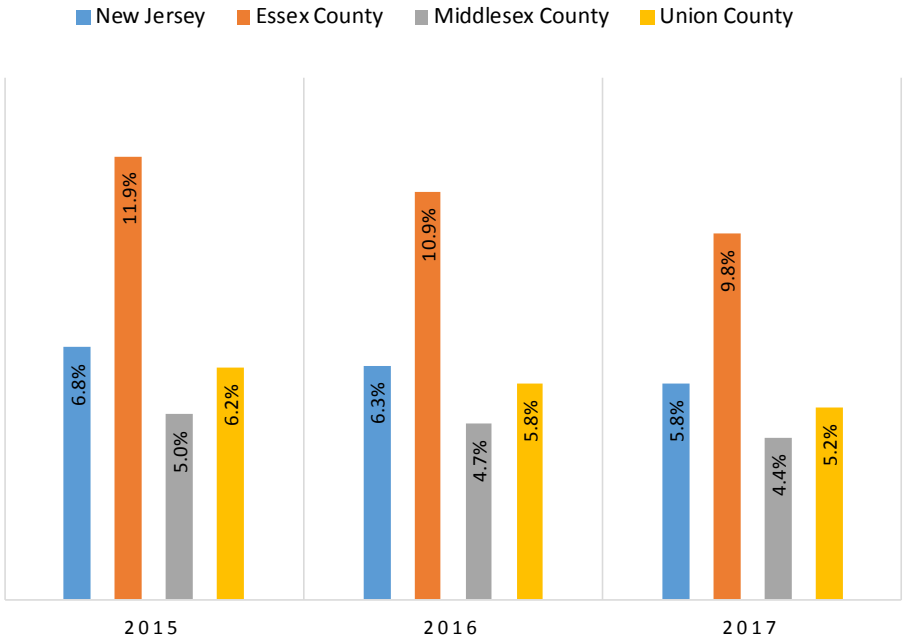
[19] *http://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap*

Supplemental Nutrition Assistance Program (SNAP)
State & County Comparisons Children 2015-2017



Source: http://www.nj.gov/humanservices/dfd/news/cps_dec17.pdf

Supplemental Nutrition Assistance Program (SNAP)
State & County Comparisons Adults 2015-2017



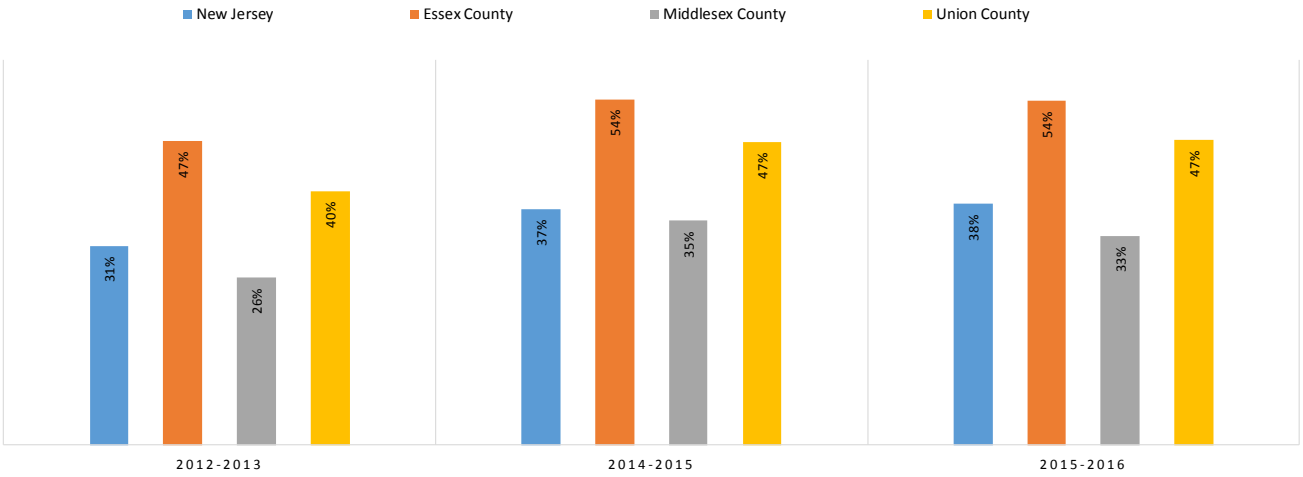
Source: http://www.nj.gov/humanservices/dfd/news/cps_dec17.pdf

Children Eligible for Free Lunch

Public schools nationwide and across New Jersey have free lunch programs for children living at or near poverty. New Jersey requires public schools serve school lunches meeting at least one-third of recommended dietary allowances. According to the National School Lunch Program, the objective is "to provide a nutritious, well-balanced lunch for children in order to promote sound eating habits, to foster good health and academic achievement and to reinforce the nutrition education taught in the classroom."[20]

- The percentage of children eligible for free lunch increased throughout New Jersey, Essex, Middlesex and Union counties between 2012-2013 and 2015-2016.
- Essex County reported a 7 percentage point increase in students eligible for free lunch from 47% during the 2012-2013 school years to 54% in 2015-2016 school years.
- Essex County is within the worst performing quartile compared to of all New Jersey counties for free school lunch eligibility.

Children Eligible for Free Lunch
State & County Comparisons 2012-2016



Source: http://www.nj.gov/humanservices/dfd/news/cps_dec16.pdf

County Health Rankings & Roadmaps
Building a Culture of Health, County by County
A Robert Wood Johnson Foundation program

National Benchmark: 33.0%
Essex County 2016: 54.0%

[20] http://www.nj.gov/agriculture/divisions/fn/childadult/school_lunch.html

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
WFNJ/TANF (Supplemental Nutritional Assistance Program) *Percent of Population*	N.A.	N.A.	
WFNJ/TANF-Children *Percent of Children*	N.A.	N.A.	
SNAP (Supplemental Nutrition Assistance Program) *Percent of Population Receiving SNAP*	N.A.	N.A.	
SNAP-Children *Percent of Children Receiving SNAP*	N.A.	N.A.	
Children Eligible for Free Lunch	N.A.		

RED: Poorest Performing Quartile
Yellow: Middle Quartiles
Green: Best Performing Quartile

2. 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.[21] The ability to communicate in English is also a key part of educational competence.

The lack of English proficiency can negatively impact one's ability to understand and follow medical directions. Essex County residents experienced a decrease in the percentage of the population over age 5 with limited English proficiency.

Essex County

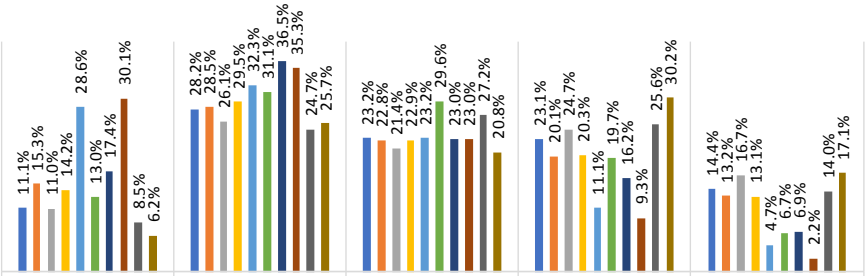
- In 2016, 15.3% of Essex County residents did not graduate from high school, 4.2 percentage points higher than New Jersey at 11.1%.[22] This represents an improvement from 16.2% of County residents and 11.6% statewide that did not graduate from high school as reported in the previous CHNA.
- In 2016, 37.5% of Essex County residents earned a bachelor's degree or higher.[23] This represents an increase from 36.3% of County residents that earned a bachelor's degree or higher as reported in the previous CHNA.
- The percentage of Limited English Proficiency (LEP) persons age 5+ in Essex County (14.5%) was higher than New Jersey (12.2%).

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

CMMC Service Area

- In 2016, 15.3% of Essex county residents did not complete high school, higher than the statewide percentage (11.1%).
- In 2016, 13.0% of Belleville residents did not complete high school, more than the statewide percentage (11.1%).

Educational Attainment
State & County Comparisons, 2016



	No High School Diploma	High school graduate (includes equivalency)	Some College/associate's degree	Bachelor's degree	Graduate or professional degree
New Jersey	11.1%	28.2%	23.2%	23.1%	14.4%
Essex County	15.3%	28.5%	22.8%	20.1%	13.2%
Middlesex County	11.0%	26.1%	21.4%	24.7%	16.7%
Union County	14.2%	29.5%	22.9%	20.3%	13.1%
Newark (07104)	28.6%	32.3%	23.2%	11.1%	4.7%
Belleville (07109)	13.0%	31.1%	29.6%	19.7%	6.7%
Kearny (07032)	17.4%	36.5%	23.0%	16.2%	6.9%
Newark (07107)	30.1%	35.3%	23.0%	9.3%	2.2%
Bloomfield (07003)	8.5%	24.7%	27.2%	25.6%	14.0%
Nutley (07110)	6.2%	25.7%	20.8%	30.2%	17.1%

Source: United States Census 2016 5 Year ACS Estimates

Healthy People 2020

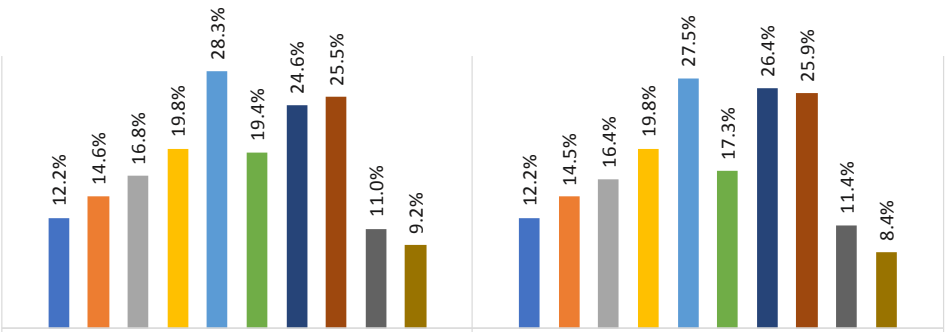
Baseline: 89.0 %
Target: 97.9%
Essex County 2016: 84.7%

Limited English Proficiency

The lack of English proficiency can negative impact one's ability to understand and follow medical directions. Essex County residents experienced a decrease in the percentage of the population over age 5 with limited English proficiency.

- In 2016, the percentage of Limited English Proficiency (LEP) individuals in Belleville (17.3%) was higher than New Jersey (12.2%) and Essex County (14.5%).

Limited English Proficiency Households (%)
State & County Comparisons, 2014-2016



	2014	2016
New Jersey	12.2%	12.2%
Essex County	14.6%	14.5%
Middlesex County	16.8%	16.4%
Union County	19.8%	19.8%
Newark (07104)	28.3%	27.5%
Belleville (07109)	19.4%	17.3%
Kearny (07032)	24.6%	26.4%
Newark (07107)	25.5%	25.9%
Bloomfield (07003)	11.0%	11.4%
Nutley (07110)	9.2%	8.4%

Source: United States Census 2014-2016 ACS 5 Year Estimates; Persons Age 5+ reporting speaking English "less than well".

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Educational Attainment: No High School Diploma *Percent of Population (Age 25+)*	N.A.	N.A.	
Limited English Proficiency *Percent of Population (Age 5+)*	N.A.	N.A.	

RED: Poorest Performing Quartile
Yellow: Middle Quartiles
Green: Best Performing Quartile

3. Demographics

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.

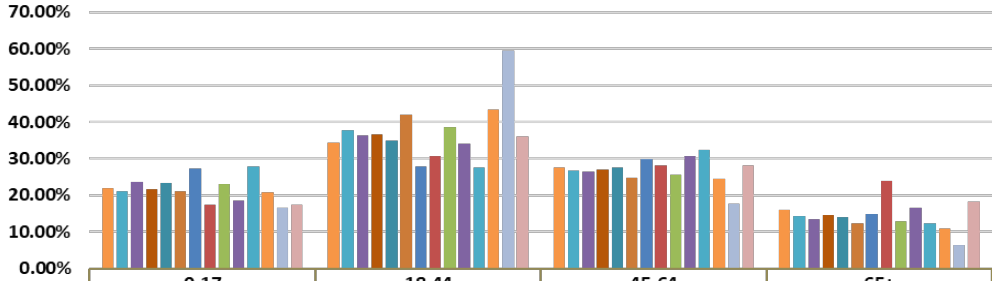
Essex County

- Essex County's population distribution is younger than the State.
- In 2016, 13.5% of Essex County residents were seniors over 65 compared to 16.0% statewide.

CMMC Service Area

- The population distribution in the CMMC Service Area was younger than the State, but older than the County.
- In 2016, 27.8% of Nutley residents were 0-17, higher than the 23.7% in Essex County and 21.9% in New Jersey.
- In 2016, 59.3% of Lyndhurst residents were 18-44, higher than 36.3% in Essex County and 34.4% in New Jersey.
- In 2016, 6.5% of Lyndhurst residents were 65+, lower than 13.5% in Essex County and 16.0% in New Jersey.

Population by Age Cohort
State and County Comparisons



	0-17	18-44	45-64	65+
New Jersey	21.87%	34.40%	27.73%	16.00%
Clara Maass Service Area	21.13%	37.72%	26.85%	14.31%
Essex County	23.72%	36.27%	26.51%	13.50%
Middlesex County	21.58%	36.76%	26.97%	14.69%
Union County	23.39%	34.93%	27.55%	14.13%
Newark (07104)	21.08%	41.89%	24.68%	12.35%
Belleville (07109)	27.24%	27.78%	29.97%	15.01%
Kearny (07032)	17.36%	30.64%	28.22%	23.79%
Newark (07107)	23.14%	38.47%	25.51%	12.87%
Bloomfield (07003)	18.70%	34.21%	30.56%	16.52%
Nutley (07110)	27.77%	27.64%	32.29%	12.30%
North Arlington (07031)	20.85%	43.53%	24.55%	11.07%
Lyndhurst (07071)	16.51%	59.34%	17.67%	6.48%
Harrison (07029)	17.50%	35.96%	28.19%	18.35%

Source: Claritas 2018 Population Estimate

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.[24]

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

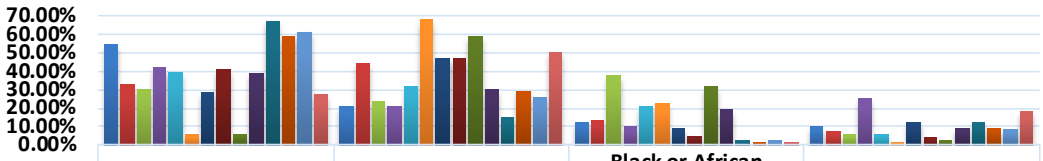
Essex County

- In 2018, Essex County had larger percentages of African-American and Hispanic populations than New Jersey.
    - 37.8% of the county population was African-American, compared to 12.8% statewide.
    - 23.5% of the population was Hispanic/Latino compared to 20.7% statewide.
    - Whites were 30.3% of the county's population compared to 54.4% in New Jersey.

CMMC Select Service Area

- In 2018, 32.1% of Newark's 07107 population was African-American, higher than 12.8% in New Jersey.
- In 2018, 68.2% of the Newark 07104 population and 47.3% of the Belleville population were Hispanic/Latino compared to 23.5% in Essex County and 20.7% in New Jersey.
- In 2018, 30.1% of the Bloomfield population was Hispanic/Latino, slightly higher than 20.7% in New Jersey.
- In 2018, 67.6% of the Nutley population was White, double 30.2% in Essex County and higher than 54.4% in New Jersey.
- In 2018, 12.8% of Belleville's population was Asian, higher than the 5.5% in Essex County.

Population by Race/Ethnicity
State & County Comparisons



	White	Hispanic	Black or African American	Asian
New Jersey	54.39%	20.65%	12.78%	9.88%
Clara Maass Service Area	32.55%	44.24%	13.46%	7.29%
Essex County	30.27%	23.49%	37.77%	5.51%
Middlesex County	41.77%	21.25%	9.56%	24.91%
Union County	39.23%	32.16%	20.90%	5.51%
Newark (07104)	5.63%	68.18%	22.78%	1.62%
Belleville (07109)	28.65%	47.28%	8.87%	12.77%
Kearny (07032)	41.36%	47.14%	4.42%	3.98%
Newark (07107)	5.30%	58.89%	32.11%	1.88%
Bloomfield (07003)	38.23%	30.10%	19.54%	8.75%
Nutley (07110)	67.55%	15.35%	1.99%	12.77%
North Arlington (07031)	58.54%	29.16%	1.42%	9.03%
Lyndhurst (07071)	61.65%	25.60%	2.53%	7.80%
Harrison (07029)	27.44%	50.09%	1.53%	18.06%

Source: Claritas 2018 Population Estimate

Population by Race/Ethnicity
Essex County – Trend

Essex County			
RACE / ETHNICITY	2010	2018	% Change
White (alone)	260,177	242,156	-6.93%
Black / African American (alone)	308,358	302,184	-2.00%
Asian (alone)	35,292	44,084	24.91%
Native American / Pacific Islander / Other Race (alone)	7,807	7,510	-3.80%
Two or More Races (alone)	13,218	16,094	21.75%
Hispanic / Latino (of Any Race)	159,117	187,956	18.12%

Source: Claritas 2018 Population Estimate

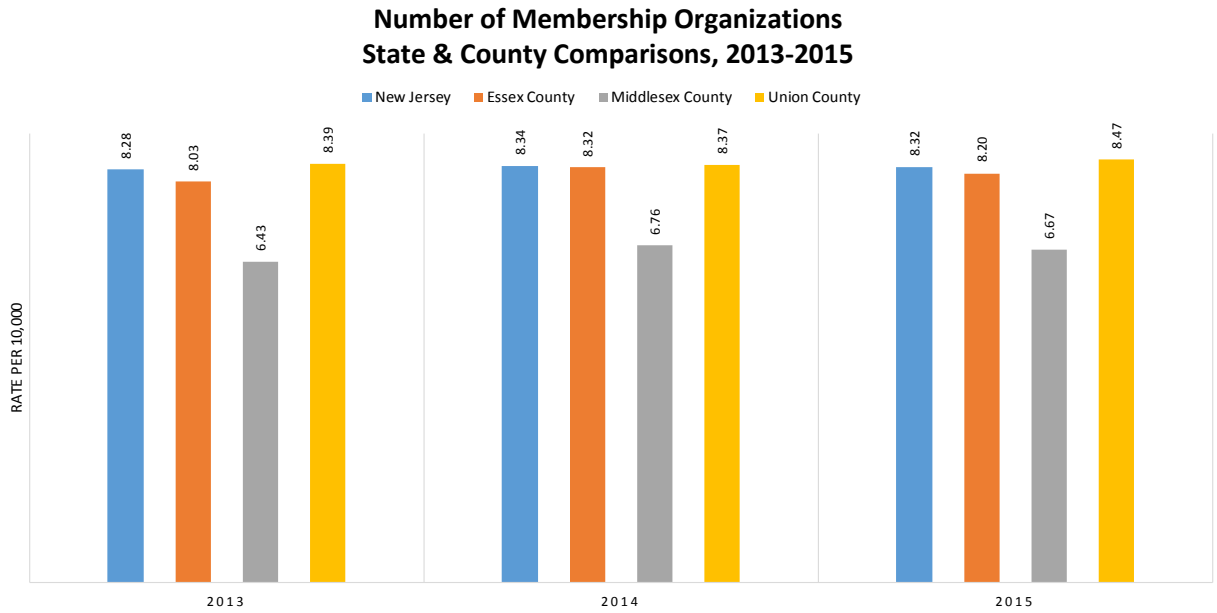
4. Social and Community Context

Social Associations

Social isolation can negatively impact health outcomes. Having a strong social network is associated with healthy lifestyle choices, positive health status, and reduced morbidity and mortality. Participation in community organizations can enhance social trust and a sense of belonging.[25] Social associations include structured membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, business and professional associations.

- Between 2013 and 2015, Essex County had slightly lower membership association rates than New Jersey and Union County, but higher than the Middlesex County rate.
- The membership association rate for Essex County falls within the worst performing quartile compared to all 21 counties statewide.

[25] http://www.countyhealthrankings.org/app/new-jersey/2015/measure/factors/140/description



Source: County Health Rankings, CDC Wonder Mortality Data, 2010 - 2015

County Health Rankings & Roadmaps
Building a Culture of Health, County by County
A Robert Wood Johnson Foundation program

National Benchmark: 22.1
Essex County 2015: 8.2

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Membership Organizations	N.A.		

RED: Poorest Performing Quartile
Yellow: Middle Quartiles
Green: Best Performing Quartile

5. Health and Health Care

Access to affordable quality health care is important to physical, social, and mental health. Health insurance helps individuals and families access needed primary care, specialists, and emergency care, but does not ensure access. It is also necessary for providers to offer affordable care, be available to treat patients and be near patients.[26]

[26] http://www.countyhealthrankings.org/our-approach/health-factors/access-care

Health Insurance

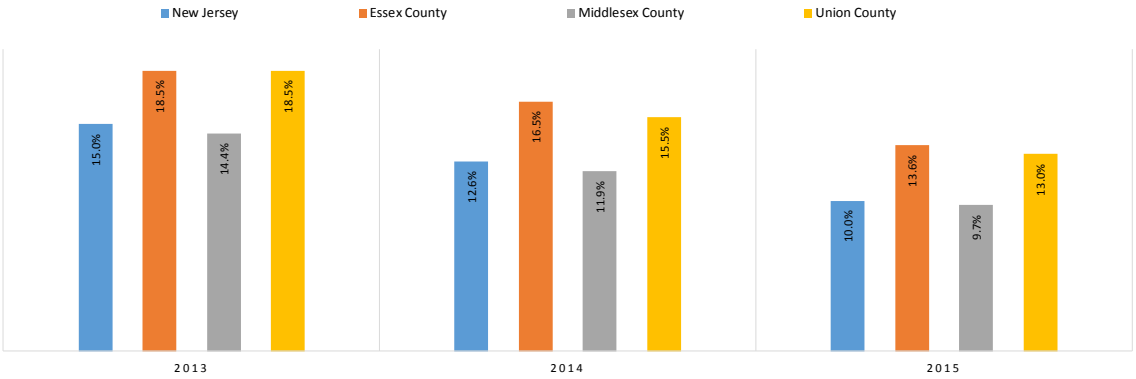
The expansion of Medicaid coverage and the Affordable Care Act's (ACA) coverage provisions, which began taking effect in 2010, helped decrease the nation's uninsured rate by 7.2 percentage points, from 16 percent in 2016. That translates into 20.4 million fewer people who lacked health insurance in 2016 compared to 2010. The uninsured rate is estimated to have increased to 15.5% in the first quarter of 2018, meaning another 4 million lost coverage since 2016 due to changes in health policy and insurance offerings. The uninsured are less likely to have primary care providers than the insured; they also receive less preventive care, dental care, chronic disease management, and behavioral health counseling. Those without insurance are often diagnosed at later, less treatable disease stages than those with insurance and, overall, have worse health outcomes, lower quality of life, and higher mortality rates.

Neighborhoods with low health insurance rates often have fewer providers, hospital beds and emergency resources than areas with higher rates. Even the insured have more difficulty getting care in these areas.

Cost can be a barrier to care even for those who have insurance. Lack of insurance creates barriers to timely access to care for patients and financial burdens to the providers who care for them.

- Since 2013, the non-elderly population without health insurance in Essex County has trended downward, decreasing from 18.5% in 2013 to 13.6% in 2015.
- From 2013 through 2015, Essex County had consistently higher rates of non-elderly population without health insurance than statewide.
- In 2015, Essex County (13.6%) was higher than the ambitious *Healthy People 2020* target of no person without health coverage. Essex County also had a higher percentage of individuals without insurance than the CHR Benchmark.

Non-elderly Population Without Health Insurance
State & County Comparisons 2013-2015



Source: Healthy People 2020 - CDC Behavioral Risk Factor Surveillance System
County Health Rankings - US Census Bureau's Small Area Health Insurance Estimates (SAHIE)

Baseline: 10.0%
Target: 0.0%
Essex County 2015: 13.6%

National Benchmark: 6.0%
Essex County 2015: 13.6%

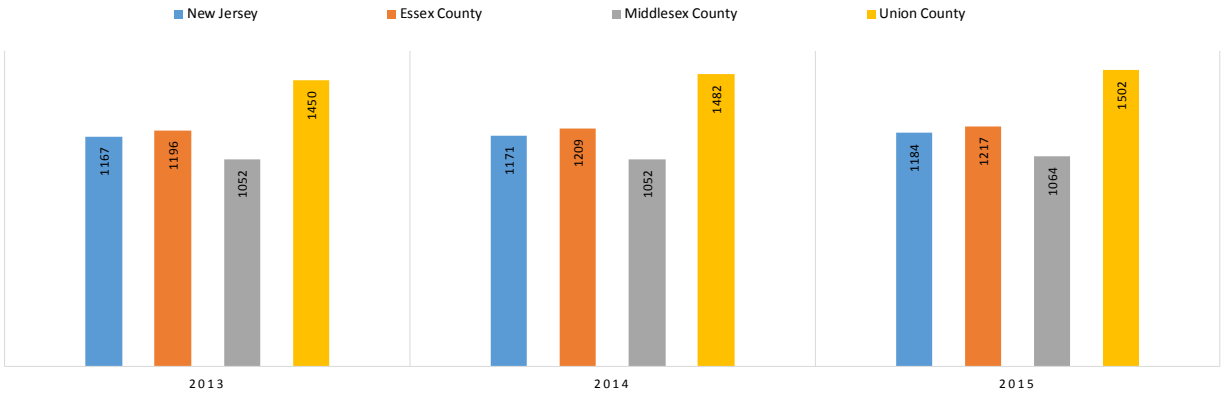
Access to affordable quality health care is important to ensuring physical, social, and mental health. Health insurance assists individuals and families to obtain primary care, specialists, and emergency care, but does not ensure access. Access to care goes beyond just insurance, it is also necessary for providers to offer affordable care, be available to treat patients and be near patients.[27]

Primary Care Physicians

Nationally, many areas lack sufficient providers to meet patient needs; as of June 2014, there are about 7,200 primary care, 5,000 mental health and 5,900 dental federally designated Health Professional Shortage Areas in the US. Having a usual primary care provider is associated with a higher likelihood of appropriate care and better outcomes. In 2017, 88% of Americans had a usual source of care, but those with low incomes are less likely to than those with higher incomes, and the uninsured are twice as likely as the insured to lack a usual care source.[28,29]

- Between 2013 and 2015, the ratio of population to physicians in Essex County increased from 1,196:1 to 1,217:1.
- In 2015, the Essex County ratio for primary care providers was worse than the CHR national benchmark (1,030:1).
- Essex County performs in the middle quartile of all New Jersey counties for the ratio of primary care physicians to population.

Ratio of Population to Primary Care Physicians
State & County Comparisons 2013 - 2015



Source: County Health Rankings – HRSA Area Resource File

County Health Rankings & Roadmaps
Building a Culture of Health, County by County
A Robert Wood Johnson Foundation program

National Benchmark: 1030:1
Essex County 2015: 1217:1

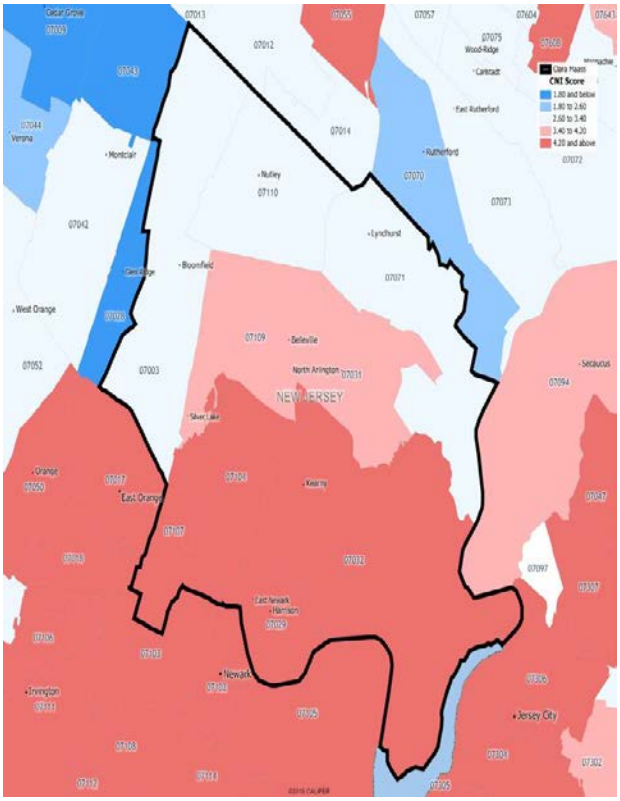
[27] http://www.countyhealthrankings.org/our-approach/health-factors/access-care
[28] http://www.countyhealthrankings.org/our-approach/health-factors/access-care
[29] http://www.cdc.gov/fastfactsaccesstohealthcare.htm

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Primary Care Physicians *Rate/ 100000 Population*	N.A		
Health Care Access/ Coverage *Do You Have Any Kind of Coverage* *% No*			

RED: Poorest Performing Quartile
Yellow: Middle Quartiles
Green: Best Performing Quartile

Community Need Index [30]

The Community Need Index (CNI), jointly developed by Dignity Health and Truven Health in 2004, is strongly linked to variations in community healthcare needs and is a strong indicator of a community's demand for services.



Based on a wide array of demographic and economic statistics, the CNI provides a score for every populated ZIP Code in the United States. A score of 1.0 indicates a ZIP Code with the least need and a score of 5.0 represents a ZIP Code with the most need. The CNI is useful as part of a larger community health needs assessment to pinpoint specific areas with greater need than others.

The CNI score is an average of five barrier scores that measure socio-economic indicators of each community using 2017 source data. The five barriers are:

1. Income Barrier
   - Percentage of households below poverty line, with head of household age 65 or older
   - Percentage of families with children under 18 below poverty line
   - Percentage of single female-headed families with children under 18 below poverty line
2. Cultural Barrier
   - Percentage of population that is minority (including Hispanic ethnicity)
   - Percentage of population over age 5 that speaks English poorly or not at all

[30] Truven Health Analytics, 2017; Insurance Coverage Estimates, 2017; Claritas, 2017; and Community Need Index, 2017. http://cni.chw-interactive.org/

3. Education Barrier
    - Percentage of population over 25 without a high school diploma
4. Insurance Barrier
    - Percentage of population in the labor force, aged 16 or more, without employment
    - Percentage of population without health insurance
5. Housing Barrier
    - Percentage of households renting their home

A comparison of CNI scores and hospital utilization reveals a strong correlation between need and use. Communities with low CNI scores can be expected to have high hospital utilization. There is a causal relationship between CNI scores and preventable hospitalizations and ED visits for manageable conditions. Communities with high CNI scores may have more hospitalization and ED visits that could have been avoided with improved healthy community structures and appropriate outpatient and primary care.

Community Needs Index

	Service Area	ZIP Code	ZIP Code Description	CNI Score
Highest CNI Score (Highest Need)	Clara Maass	07107	Newark	4.8
		07104	Newark	4.8
		07029	Harrison	4.4
		07032	Kearny	4.0
		07109	Belleville	3.6
Lowest CNI Score (Lowest Need)	Clara Maass	07031	North Arlington	3.4
		07003	Bloomfield	3.2
		07071	Lyndhurst	3.2
		07110	Nutley	2.8

Source: 2017 Dignity Health, Truven Health Analytics, 2016; Insurance Coverage Estimates, 2016; Claritas, 2016; and Community Need Index, 2016.

Newark 07107 and Newark 07104 had the highest CNI scores (4.8) indicating highest need in the service area, followed by Harrison (4.4), Kearny (4.0), and Belleville (3.6). Conversely, Nutley's score (2.8) represented the lowest CNI score in the service area, followed by Lyndhurst (3.2), Bloomfield (3.2), and North Arlington (3.4).

Timeliness of Service

A key indicator of the timeliness of service is emergency department (ED) utilization for conditions that could have been treated in a primary care setting.

Reasons for accessing the ED instead of a more appropriate, lower acuity level of care include:

- No regular source of primary care
- Lack of health insurance
- Cost
- Transportation
- Office hours
- Citizenship status

ED Utilization of Ambulatory Care Conditions

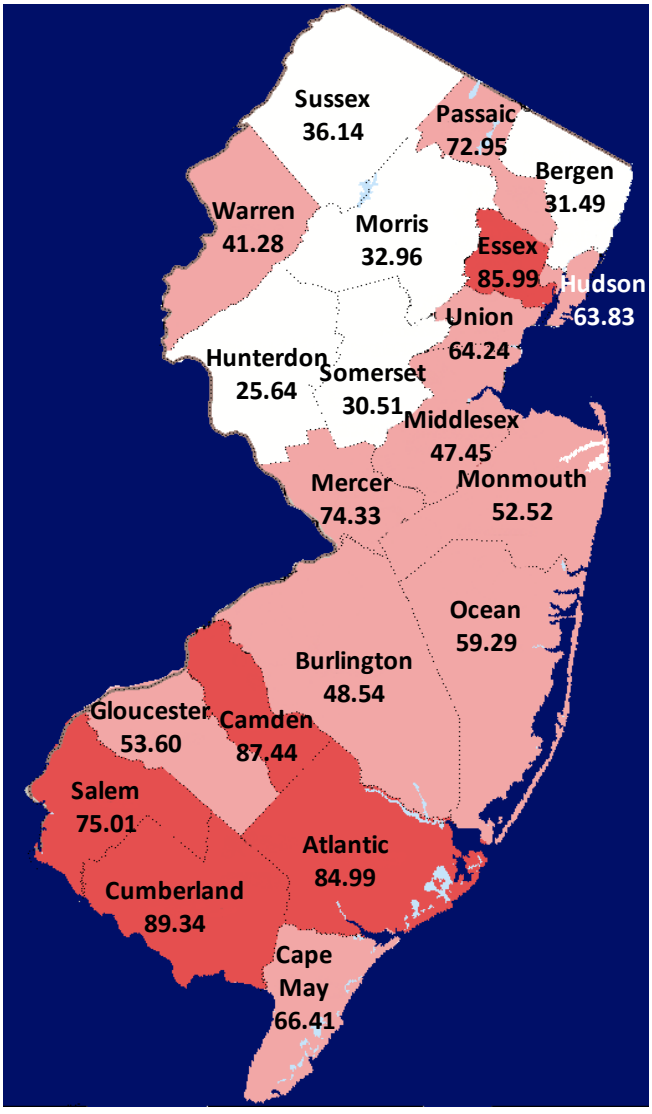
Ambulatory Care Sensitive Conditions (ACSC) are potentially preventable medical conditions that are treated in the ER although more appropriate care should have been provided in a non-emergent outpatient primary care setting. ED utilization rates may be reduced by addressing primary care access issues.

ED Utilization for Ambulatory Care Sensitive Conditions

Ambulatory Care Sensitive Conditions (ACSC) are potentially preventable medical conditions that are treated in the ED although more appropriate care should have been provided in a non-emergent outpatient primary care setting. ED utilization rates may be reduced by addressing primary care access issues. Higher rates of ACSC conditions in Emergency Departments may indicate primary care access issues, poor preventative care among the population and in some instances health barriers related to socio-economic status.

The map shows the total New Jersey ACSC Emergency Department Rate by county. Dark Red shading represents the counties with the 5 highest rates in the State. White Shading represents the counties with the 5 lowest rates in the State. Pink Shading represents counties between the highest and lowest "Top 5s".

- In 2016, Essex County's ACSC ED visit rate (at 85.99/1,000) was higher than the statewide rate (58.22/1,000).
- Essex County had the third highest ACSC ED visit rate of the 21 counties in 2016, 85.99/1,000, this was a 4.6 percentage point increase from the 2013 rate.



Total ACSC ED Visits/Rate/1,000 Population

ACSC - ED Rate/1000			
COUNTY	NJ 2013	NJ 2016	Change '13-'16
CUMBERLAND	82.08	89.34	7.26
CAMDEN	92.53	87.44	(5.09)
ESSEX	81.43	85.99	4.56
ATLANTIC	85.64	84.99	(0.65)
SALEM	77.56	75.01	(2.55)
MERCER	73.13	74.33	1.20
PASSAIC	70.77	72.95	2.18
CAPE MAY	71.68	66.41	(5.27)
UNION	61.98	64.24	2.26
HUDSON	58.01	63.83	5.81
OCEAN	62.11	59.29	(2.83)

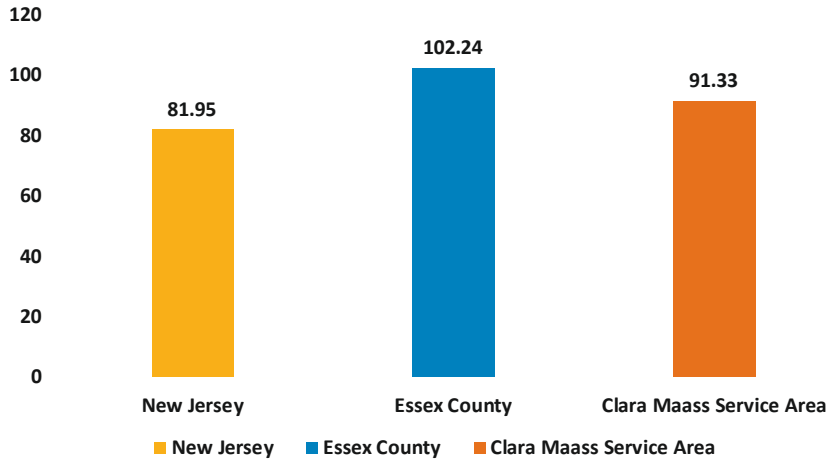
ACSC - ED Rate/1000			
COUNTY	NJ 2013	NJ 2016	Change '13-'16
GLOUCESTER	53.34	53.60	0.27
MONMOUTH	52.97	52.52	(0.46)
BURLINGTON	53.85	48.54	(5.31)
MIDDLESEX	48.46	47.45	(1.01)
WARREN	36.90	41.28	4.38
SUSSEX	25.76	36.14	10.38
MORRIS	30.40	32.96	2.56
BERGEN	31.74	31.49	(0.25)
SOMERSET	30.77	30.51	(0.26)
HUNTERDON	23.72	26.62	2.90
STATEWIDE	57.56	58.22	0.65

Source: NJDHSS 2013/2016 UB-04 Data – NJ Residents; Population: United States Census American Community Survey 5yr Estimate

Children

- In 2016, Essex County's ACSC ED visits for children age 0-17 (at 102.24/1,000) was 22% higher than the statewide rate (81.95/1,000).
- The 2016 Essex County ACSC visit rate among children was also higher than the rate in the CMMC Service Area (91.33/1,000).
- The towns with the highest ACSC ED visit rate were Newark 07107 (143.76/100,000) and Newark 07104 (137.98/100,000), each of which have rates above the CMMC Service Area.

Total ACSC ED Visits for Children (Age 0-17); Rate/1,000 Population



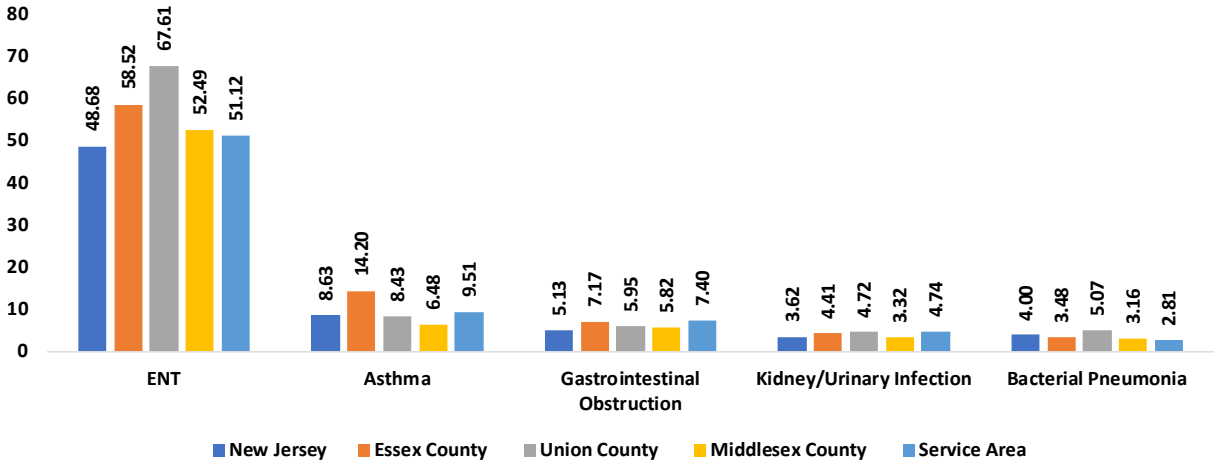
Source: UB-04 2016 Discharges

ACSC ED 2016 – Pediatric (Age 0-17)
Rate/1,000 Population

GEOGRAPHIC AREA	RATE	HIGHEST SERVICE AREA RATES	
New Jersey	81.95	07107 Newark	143.76
Clara Maass	91.33	07104 Newark	137.98
Essex County	102.24	07029 Harrison	78.92
		07109 Belleville	75.67
		07032 Kearny	67.76

Source: UB-04 2016 Discharges

ED ACSC Volume: Top 5 by Service Area Zip Codes – Pediatric (Age 0-17), 2016
Rate/1,000 Population



ED ACSC (2016) Pediatrics (Age 0-17)				
Geographic Area	Rate	Geographic Area		Rate
New Jersey	81.95	07107	Newark	143.76
Clara Maass Service Area	91.33	07104	Newark	137.98
Essex County	102.24	07029	Harrison	78.92
		07109	Belleville	75.67
		07032	Kearny	67.76

Source: UB-04 2016 Discharges

- There was a total of 6,090 ACSC ED visits for children from CMMC's Service Area in 2016.
- ENT is the most common ACSC that resulted in an ED visit for children, followed by asthma and gastrointestinal obstruction.

ACSC ED Volume: Top 5 by Service Area – Pediatric (Age 0-17)

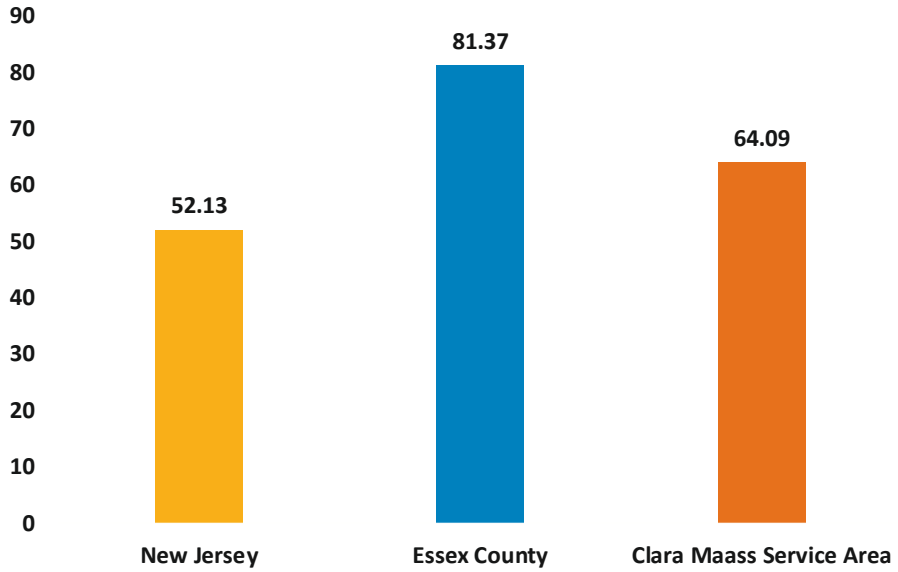
EMERGENCY DEPARTMENT (2016) – PEDIATRIC (AGE 0-17)		
Service Area	ACSC Description (Top 5 Combined Service Area)	TOTAL IN AREA
Clara Maass	ENT	3,408
	Asthma	634
	Gastrointestinal Obstruction	493
	Kidney/Urinary Infection	316
	Bacterial Pneumonia	187
	All Others	1,052
	TOTAL Clara Maass Service Area	6,090

Top 5 Based on Total ACSCs in CMMC Service Area: 2016

Adults

- The 2016 Essex County's adult ED ACSC rate (81.37/1,000) is 43.8% higher than the statewide rate (52.13).
- Essex County adult ED ACSC rate is also higher than CMMC's Service Area rate (64.09).

Total ACSC ED Visits for Adults (age 18+): Rate 1,000 Population



Source: UB-04 2016 Discharges

- The 2016 adult ED ACSC rate for Newark 07107 was more than double the CMMC Service Area rate (64.09/1,000).
- The 2016 Belleville (56.97/1.000) adult ED ACSC rate was similar to the State (52.13/1,000).

ACSC ED 2016 – Adults (Age 18+)
Rate/1,000 Population

GEOGRAPHIC AREA	RATE	Top 5 By Zip Code	RATE
New Jersey	52.13	07107 Newark	139.67
Clara Maass Service Area	64.09	07104 Newark	113.12
Essex County	81.37	07109 Belleville	56.97
Middlesex County	47.45	07003 Bloomfield	47.56
Union county	64.24	07029 Harrison	43.64

Source: UB-04 2016 Discharges

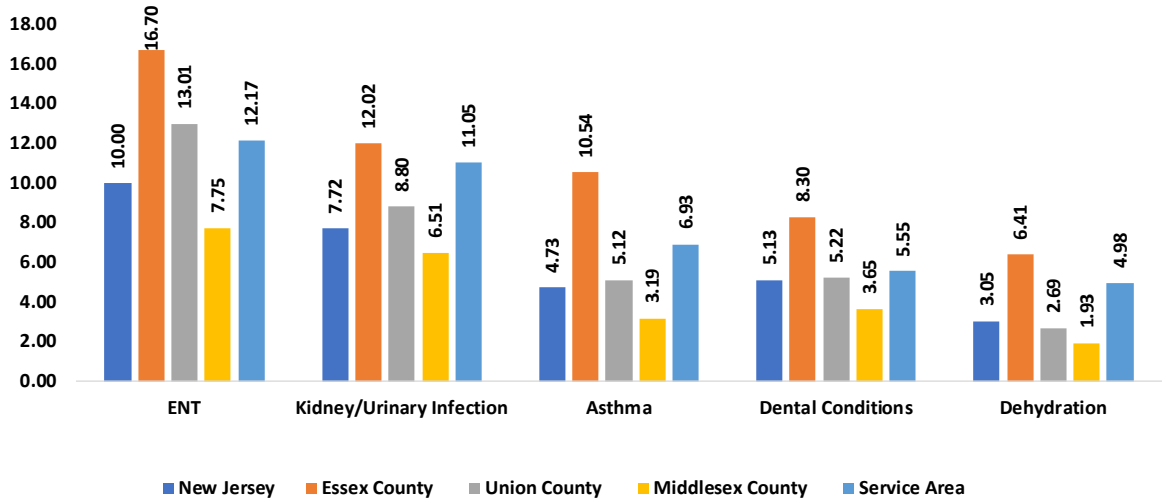
- There was a total of 14,856 adult ED ACSC visits in 2016 in the CMMC Service Area.

EMERGENCY DEPARTMENT (2016) – AGE 18+		
Service Area	ACSC Description (Top 5 Combined Service Area)	TOTAL IN AREA
Clara Maass Medical Center	ENT	2,835
	Kidney/Urinary Inf.	2,575
	Asthma	1,614
	Dental Conditions	1,292
	Dehydration	1,160
	All Others	5,380
	TOTAL Clara Maass Service Area	14,856

Top 5 Based on Total ACSCs in CMMC Service Area: 2016

- In 2016, ENT was the leading cause of adult ED ACSCs followed by kidney/urinary infection, asthma, dental conditions and dehydration in the service area.
- In 2016, Essex County adults (10.54/1,000) had an ED visit rate for asthma that was more than twice the State rate (4.73/1,000).

Total ACSC ED Visits for Adults (Age 18+): Rate/1,000 Population
Top 5 Conditions (2016)



ED ACSC (2016) Adults 18+				
Geographic Area	Rate	Geographic Area		Rate
New Jersey	52.13	07107	Newark	139.67
Clara Maass Service Area	64.09	07104	Newark	113.12
Essex County	81.37	07109	Belleville	56.97
		07003	Bloomfield	47.56
		07029	Harrison	43.64

Source: UB-04 2016 Discharges

Inpatient Utilization for Ambulatory Care Sensitive Conditions

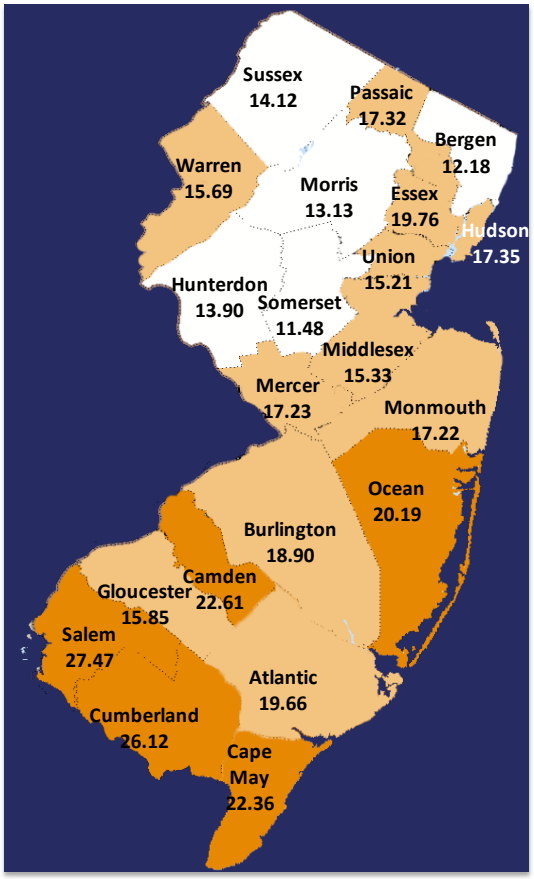
Individuals may be admitted to the hospital due to an ACSC; higher rates of ACSC conditions among inpatients indicate primary care access issues, poor preventive care and barriers related to socioeconomic status.

- Essex County had the 6th highest ACSC Inpatient admissions rate (19.76/1,000) in 2016, a 1.85 percentage point decrease from 2013.
- In 2016, Essex County (19.76/1,000) had a higher rate of ACSC Inpatient admissions than the State (16.99/1,000).

Total Ambulatory Care Sensitive Conditions (ACSCs) Inpatient Admissions, per 1,000 Population 2013-2016

ACSC - IP Rate/1,000			
COUNTY	NJ 2013	NJ 2016	Change '13-'16
SALEM	26.07	27.47	(1.40)
CUMBERLAND	24.18	26.12	(1.94)
CAMDEN	22.87	22.61	(0.26)
CAPE MAY	20.71	22.36	(1.65)
OCEAN	24.79	20.19	(4.60)
ESSEX	21.61	19.76	(1.85)
ATLANTIC	23.63	19.66	(3.97)
BURLINGTON	18.91	18.90	(0.01)
HUDSON	20.58	17.35	(3.23)
PASSAIC	20.78	17.32	(3.46)
MERCER	20.17	17.23	(2.94)

ACSC - IP Rate/1,000			
COUNTY	NJ 2013	NJ 2016	Change '13-'16
MONMOUTH	19.07	17.22	(1.85)
GLOUCESTER	19.84	15.85	(3.99)
WARREN	15.94	15.69	(0.25)
MIDDLESEX	17.07	15.33	(1.74)
UNION	16.18	15.21	(0.97)
SUSSEX	15.34	14.12	(1.22)
HUNTERDON	13.81	13.90	(0.09)
MORRIS	15.04	13.13	(1.91)
BERGEN	15.20	12.18	(3.02)
SOMERSET	14.04	11.48	(2.56)
STATEWIDE	19.13	16.99	(2.14)



Source: NJDHSS 2013/2016 UB-04 Data – NJ Residents; Population: United States Census American Community Survey 5yr Estimate

- In 2016, Newark 07104 had the highest inpatient admissions due to ACSC (24.89/1,000) followed by Newark 07107 (24.27/1,000).
- The 2016 Inpatient ACSC for North Arlington (14.36/1,000) was lower than the State rate (16.99/1,000).

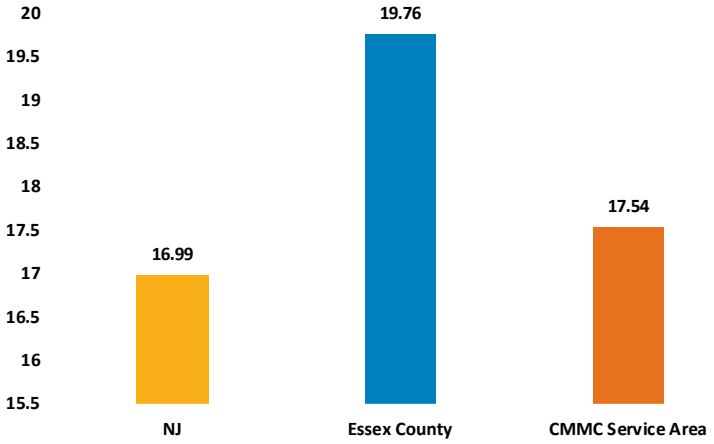
Total ACSC Inpatient Admissions – Rate/1,000 Population
All Ages 2016

GEOGRAPHIC AREA	RATE	HIGHEST SERVICE AREA RATES	
New Jersey	16.99	07104 Newark	24.89
Clara Maass Service Area	17.54	07107 Newark	24.27
Essex County	19.76	07109 Belleville	16.85
		07003 Bloomfield	16.38
		07031 North Arlington	14.36

*Source: UB-04 2016 Discharges

- In 2016, CMMC's Service Area inpatient use rate for ACSC was lower than the Essex County rate but higher than the State rate.

Total ACSC Inpatient Admissions – All Ages
per 1,000 Population, 2016



Source: UB-04 2016 Discharges

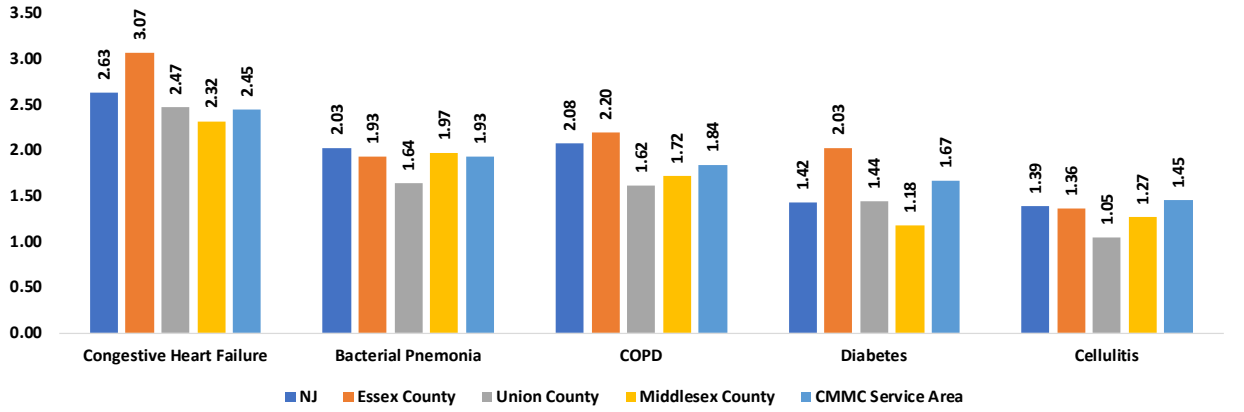
- In 2016, there was a total of 5,256 ACSC admissions from the CMMC Service Area.

INPATIENT (2016) – ALL AGES		
SERVICE AREA	ACSC Description (Top 5 Conditions Combined)	TOTAL IN AREA
Clara Maass Medical Center	Congestive Heart Failure	733
	Bacterial Pneumonia	578
	COPD	551
	Diabetes	501
	Cellulitis	403
	All Others	2,458
	TOTAL Clara Maass Service Area	5,256

Source: UB-04 2016 Discharges

- In 2016, congestive heart failure was the leading cause of inpatient ACSC admissions in CMMC's Service Area, followed by bacterial pneumonia, COPD, diabetes and cellulitis.
- The 2016 Essex County inpatient ACSC rates for congestive heart failure, COPD, and diabetes were higher than State rates.

Total ACSC Inpatient Admissions (All Ages) by Top 5 Conditions, 2016: Rate/1,000 Population



IP ACSC (2016) All Ages				
Geographic Area	Rate	Geographic Area		Rate
New Jersey	16.99	07104	Newark	24.89
Clara Maass Service Area	17.54	07107	Newark	24.27
Essex County	19.76	07109	Belleville	16.85
		07003	Bloomfield	16.38
		07031	North Arlington	14.36

Source: UB-04 2016 Discharges

Additional information regarding Ambulatory Care Sensitive Conditions may be found in **Appendix E**: Discharges and Population 18-64 for Ambulatory Care Sensitive Conditions.

6. ***Neighborhood and Built Environment***

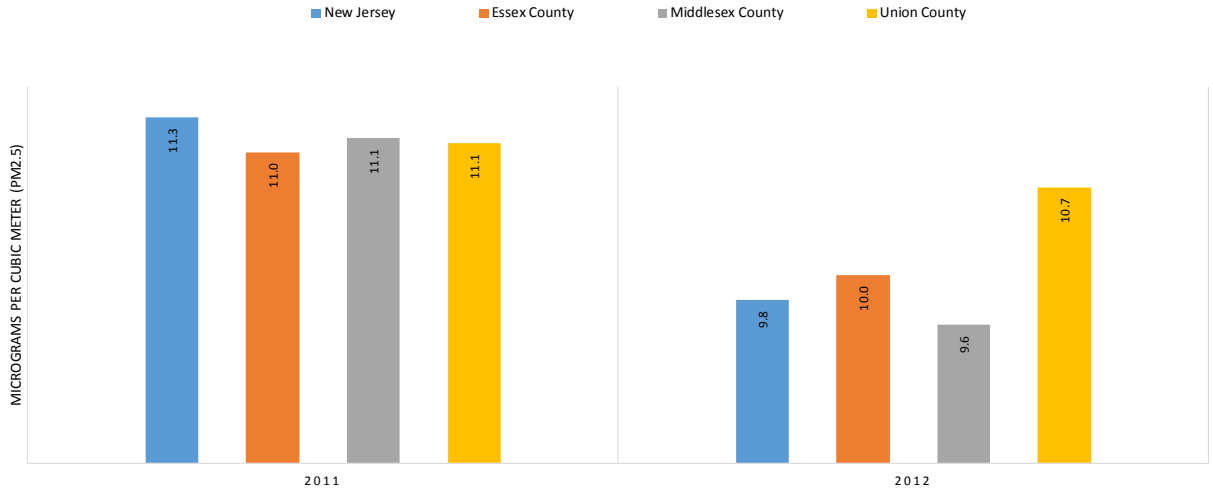
The neighborhood and built environment contribute to health in a variety of ways. Pollution, crime, and access to healthy food and water are environmental and neighborhood factors that may be hazardous to a community's health.[31]

Air Quality

Outdoor air quality has improved since the 1990, but many challenges remain in protecting Americans from air quality problems. Air pollution may make it harder for people with asthma and other respiratory diseases to breathe.[32] County level data masks ZIP Code level analysis that may reveal higher concentrations of air pollution, particularly in industrialized areas of a county.

- In 2012, the daily measure of fine particle matter in Essex County (10 PM2.5) is slightly higher than the State rate (9.8 PM2.5). Compared to all 21 counties, Essex County ranks in the middle quartile.
- Essex County experienced a 9.1% reduction in fine particulate matter in between 2011 (11.0 per cubic meter) and 2012 (10.0 per cubic meter).
- In 2012, Essex County (10.0 PM2.5) average daily measure of fine particles was 39.5% higher than the CHR national benchmark (6.7 PM2.5), placing it in the in the worst performing quartile.

Average Daily Density of Fine Particulate Matter
State & County Comparisons, 2011-2012



Source: County Health Rankings - Environmental Public Health Tracking Network

County Health Rankings & Roadmaps
Building a Culture of Health, County by County
A Robert Wood Johnson Foundation program

National Benchmark: 6.7
Essex County 2012: 10.0

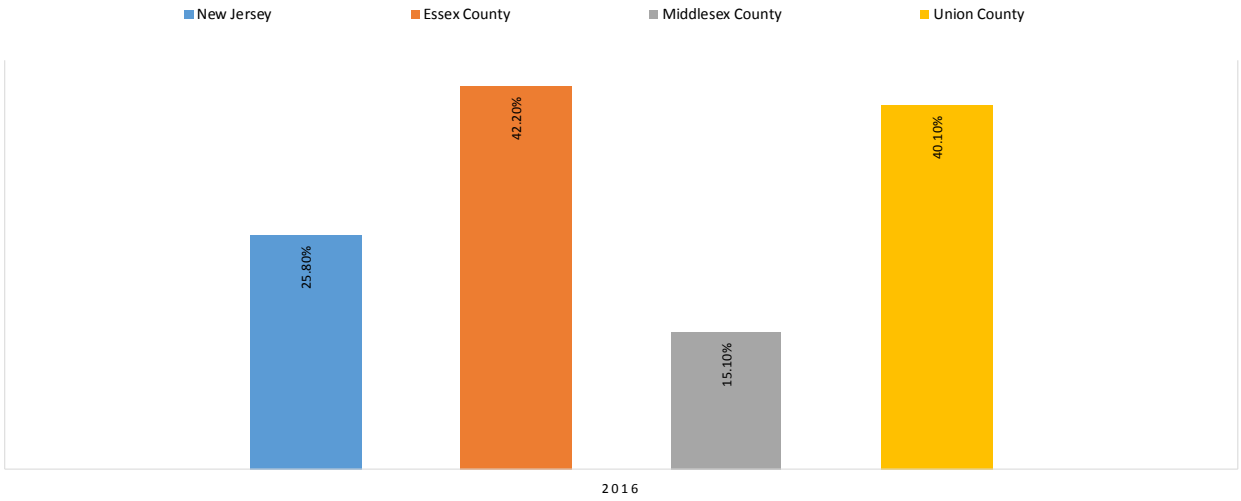
[31] Source: Commission to Build a Healthier America, Robert Wood Johnson Foundation http://www.commissiononhealth.org/PDF/888f4a18-eb90-45be-a2f8-159e84a55a4c/Issue%20Brief%203%20Sept%2008%20-%20Neighborhoods%20and%20Health.pdf
[32] http://www.cdc.gov/air/default.htm

Housing Built before 1950

The potential for exposure to lead based paint in housing units built before 1950 is high. A main source of lead exposure is found in household dust with lead-based paint. Children are highly vulnerable to exposure to lead because of its adverse effects on the developing brain and nervous system.[33]

- In 2016, 42.2% of Essex County housing units were built before 1950, 48.2% higher than New Jersey overall at 25.8%.
- Essex County (42.2%) ranked among the worst performing quartiles of all counties in New Jersey, in terms of housing units built before 1950.

Housing Built Before 1950 With Possible Lead-Based Paint Hazard
State & County Comparisons 2016



Source: https://www26.state.nj.us/doh-shad/indicator/view/pre1950home.percent.html

Lead Hazards

The Centers for Disease Control and Prevention (CDC) defines lead poisoning in children as a blood lead level of 10 micrograms per deciliter (µg/dL) or above. Young children can be exposed by swallowing lead dust or soil that gets on their hands or objects they put into their mouths such as toys; swallowing leaded paint chips; breathing leaded dust or lead contaminated air and eating food or drinking water that is contaminated with lead.

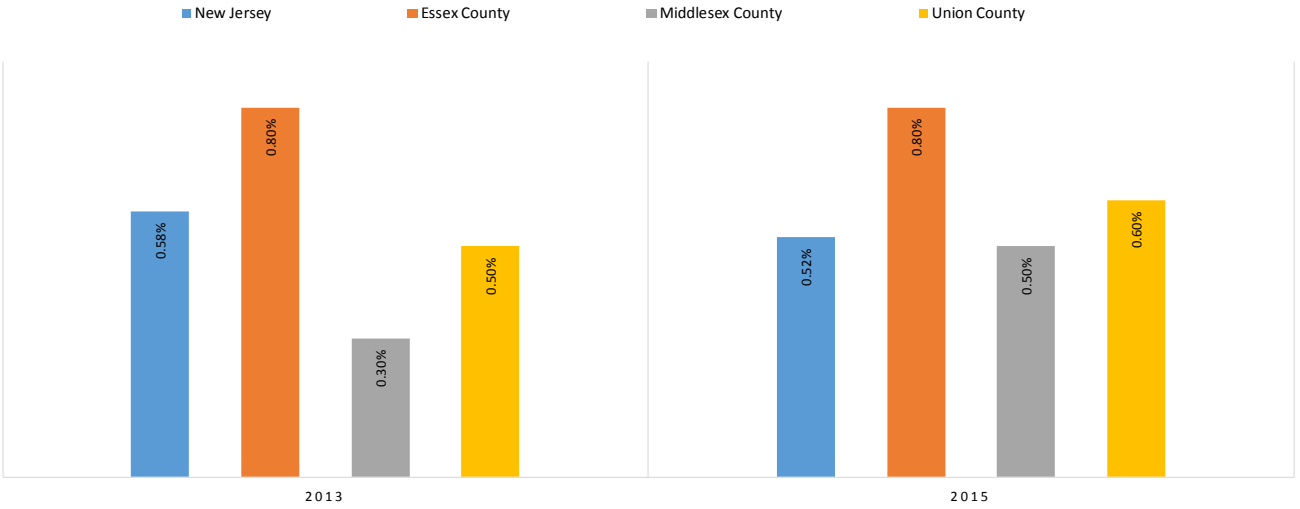
During the summer of 2019, high levels of lead in Newark drinking water were reported, prompting widespread distribution of bottled water to Newark residents. Though lead has long been an issue in Newark, the situation escalated after a number of tests indicated water filters were failing to adequately remove the lead. In October, Governor Murphy laid out a plan to make the State's water system lead-free within 10 years. The plan could cost $2 billion over the next 10 years. Soon after, a U.S. House subcommittee announced hearings to examine the issue of lead in New Jersey's drinking water.

[33] Report On the National Survey of Lead-Based Paint in Housing, https://www.epa.gov/sites/production/files/documents/r95-003.pdf

Very high levels of lead can cause seizures, brain damage, developmental or intellectual disabilities, coma and even death. Exposure to lead, even at low levels, has been associated with a decrease in hearing, lower intelligence, hyperactivity, attention deficit, and developmental problems.[34] County level analysis cannot reveal individual town disparities in blood lead levels particularly in towns with housing stock built before 1950.

- In 2015, 0.8% of Essex County children had elevated blood lead levels compared to 0.52% statewide.
- There was no change among the percent of children with elevated blood lead levels from 2013 (0.8%) to 2015 (0.8%). In 2015, Essex County ranked among the worst performing quartile among counties statewide.

Children with Elevated Blood Levels
State & County Comparisons 2013 - 2015



Source: https://www.cdc.gov/nceh/lead/data/state/njdata.htm

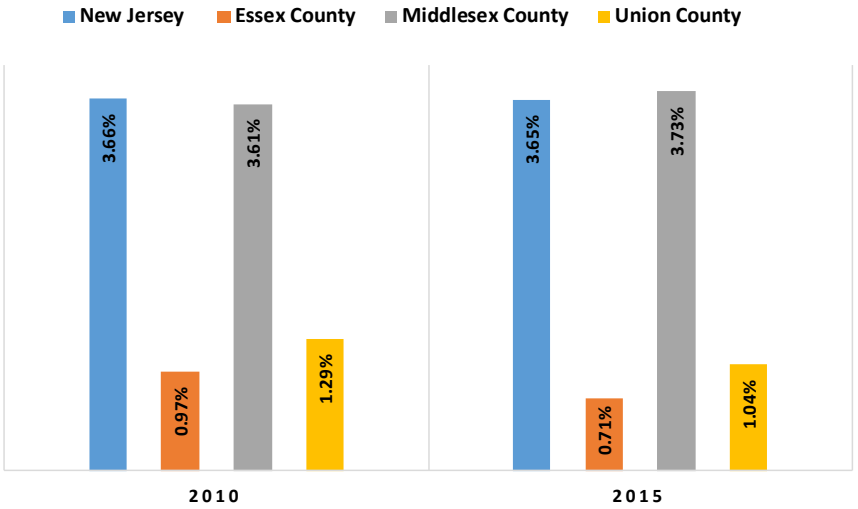
Access to Healthy Foods

Choices about food and diet are influenced by accessibility and affordability of retailers. Specifically, travel time to shopping, availability of healthy foods and food prices are key to decision making. Low-income families face greater barriers in accessing healthy and affordable food retailers, which in turn negatively affect diet and food security.[35]

- In 2010, 3.66% of New Jersey and 0.97% of Essex County residents suffered from limited access to healthy foods.
- Between 2010 and 2015, the percent of Essex County residents with limited access to healthy foods declined from 0.97% to 0.71%.

[34] http://www.nj.gov/ health/fhs/newborn/ lead.shtml
[35] https://www.ers.usda.gov/data-products/food-environment-atlas/go-to-the-atlas/

Limited Access to Healthy Foods
State & County Comparisons 2010 - 2015



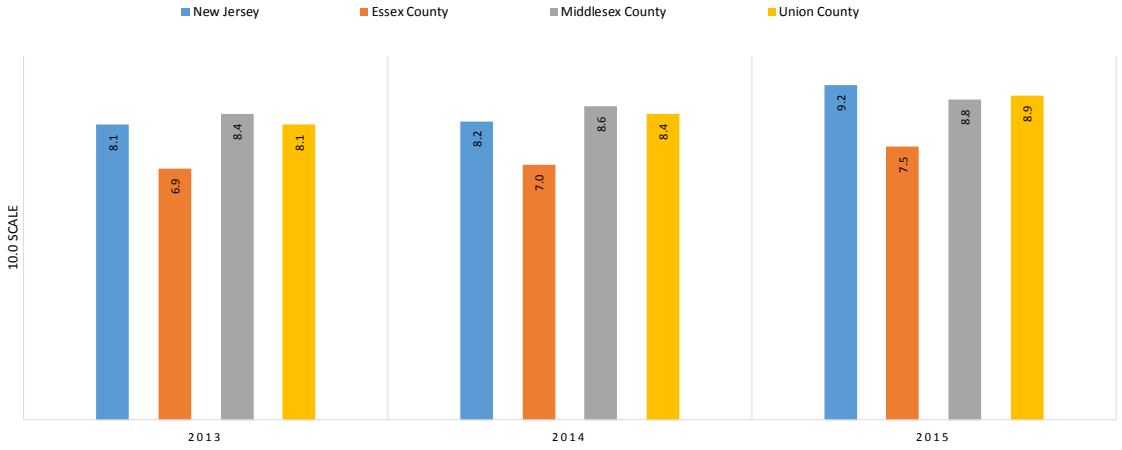
Source: Map The Meal Gap

County Health Rankings & Roadmaps
Building a Culture of Health, County by County
A Robert Wood Johnson Foundation program

National Benchmark: 2.0
Essex County 2015: 0.71

- In 2015, Essex County had a rate of 7.5 out of 10 on the food environment index which is an indicator of access to healthy foods.

Food Environment Index 2015



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

County Health Rankings & Roadmaps
Building a Culture of Health, County by County
A Robert Wood Johnson Foundation program

National Benchmark: 8.6
Essex County 2015: 7.5

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Limited Access to Healthy Foods			
Food Environment Index *Index of factors that contribute to a healthy food environment*	N.A.		
Housing Built Before 1950 with Possible Lead-Based Paint Hazard	N.A	N.A.	
Percent of Children With Elevated Blood Lead Levels *Percent of Children*	N.A.	N.A.	
Annual Number of Unhealthy Air Quality Days *Due to Fine Particulate Matter*	N.A		

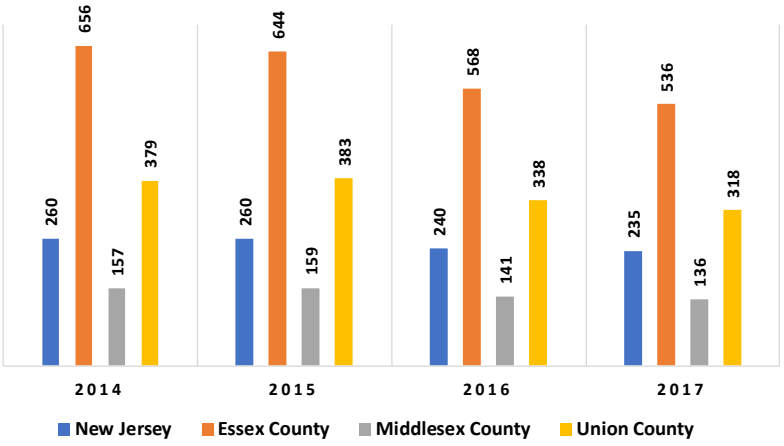
RED: Poorest Performing Quartile
Yellow: Middle Quartiles
Green: Best Performing Quartile

Injury and Crime Prevention

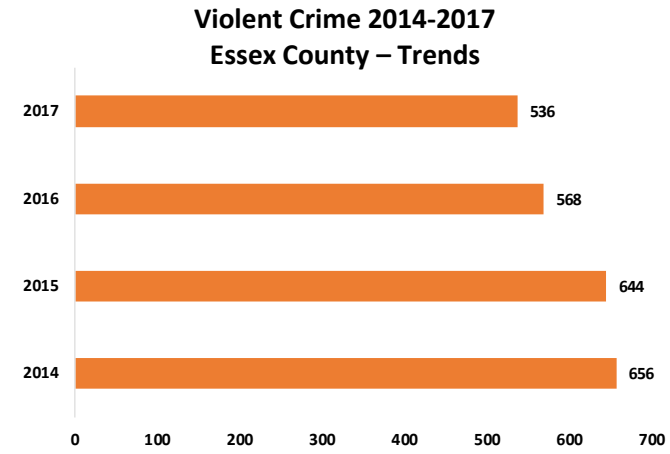
Injuries and violence are widespread. Most events resulting in injury, disability or death are predictable and preventable. Individual behaviors, physical environment, access to health services and the social environment affect the risk of unintentional injury and violence.

- Between 2014 and 2016, the violent crime rate in Essex County (568/100,000) was more than double than the violent crime rate (235/100,000) in New Jersey.
- The violent crime rate for Essex County places it in the worst performing quartile.

Violent Crime
State & County Comparisons 2014-2017



Source: http://www.njsp.org/ucr/2017/pdf/2017a_sect_7.pdf

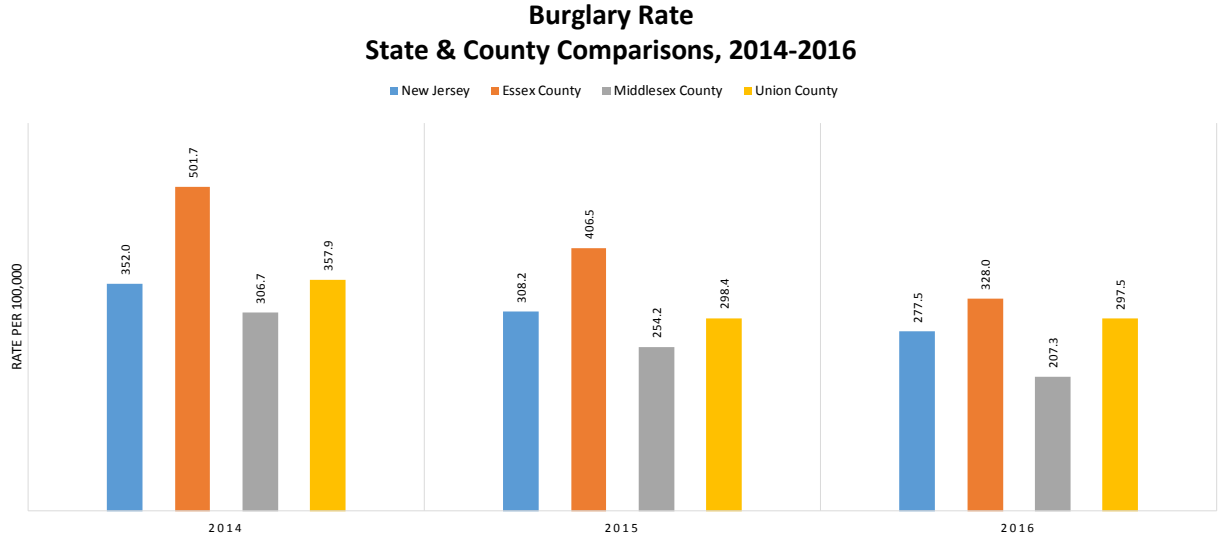


County Health Rankings & Roadmaps
Building a Culture of Health, County by County
A Robert Wood Johnson Foundation program

National Benchmark: 62
Essex County 2016: 536

Burglaries

- Essex County (328.0/100,000) had 16.7% more burglaries than New Jersey (277.5/100,000) in 2016.
- The Essex County burglary rate decreased 34.6% from 501.7/100,000 in 2014 to 328.0/100,000 in 2016.
- Essex County's burglary rate ranks in the worst performing quartile of New Jersey counties.



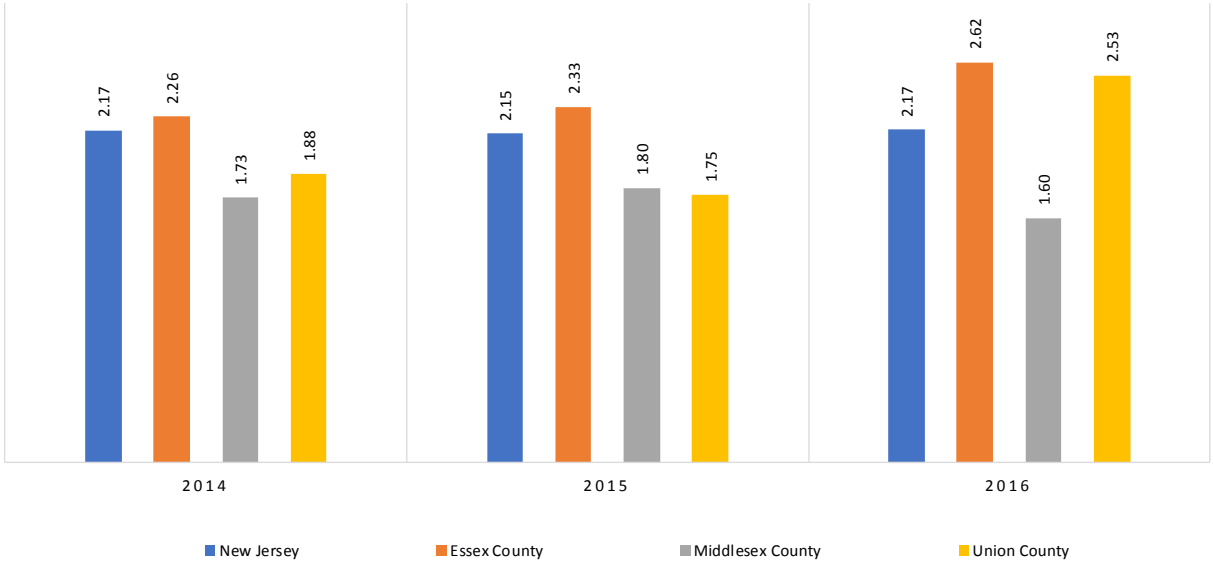
Source: http://www.njsp.org/ucr/2015/pdf/2016a_sect_7.pdf

Domestic Violence Arrests

Domestic violence can negatively impact a victim's health beyond the domestic violence incident. Victims of domestic violence exhibit physical and emotional problems including, but not limited to, chronic pain, depression, anxiety, eating disorders, and post-traumatic stress disorder.[36]

- Statewide domestic violence arrest rates have remained fairly constant.
- In 2016, the Essex County domestic violence arrest rates were higher than the State and all comparison counties.
- Between 2014 and 2016, the rate of domestic violence arrests in Essex County increased 15.9%.
- Essex County is within the middle quartile compared to all New Jersey counties for arrests due to domestic violence.

Domestic Violence Arrests: Rate per 1,000
State & County Comparisons 2014 - 2016



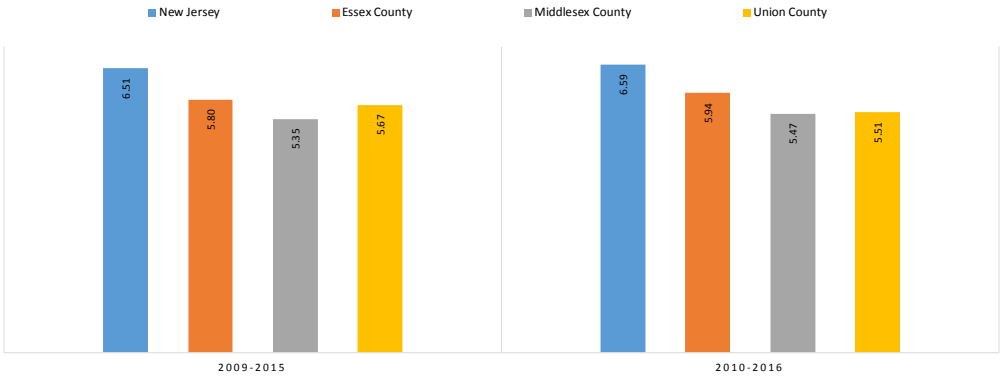
Source: County Health Rankings - The Uniform Crime Reporting (UCR) Program

[36] http://www.stopvaw.org/health_effects_of_domestic_violence

Motor Vehicle Crash Deaths

- In 2010-2016, Essex County (5.94/100,000) had 10.4% fewer motor vehicle crash deaths than New Jersey (6.59/100,000).
- Deaths due to motor vehicle accidents increased slightly in Essex County between 2009-2015 (5.80/1,000) and 2010-2016 (5.94/1,000).
- 2010-2016 Essex County (5.94/1,000) car accident related deaths occurred 70.4% less often than the *Healthy People 2020* target (12.4/1,000).

Number of Motor Vehicle Crash Deaths
State & County Comparisons, 2009-2016



Source: County Health Rankings, CDC Wonder Mortality Data, 2010 - 2016

Healthy People 2020

Baseline: 13.8
Target: 12.4
Essex County 2016: 5.7

County Health Rankings & Roadmaps
Building a Culture of Health, County by County
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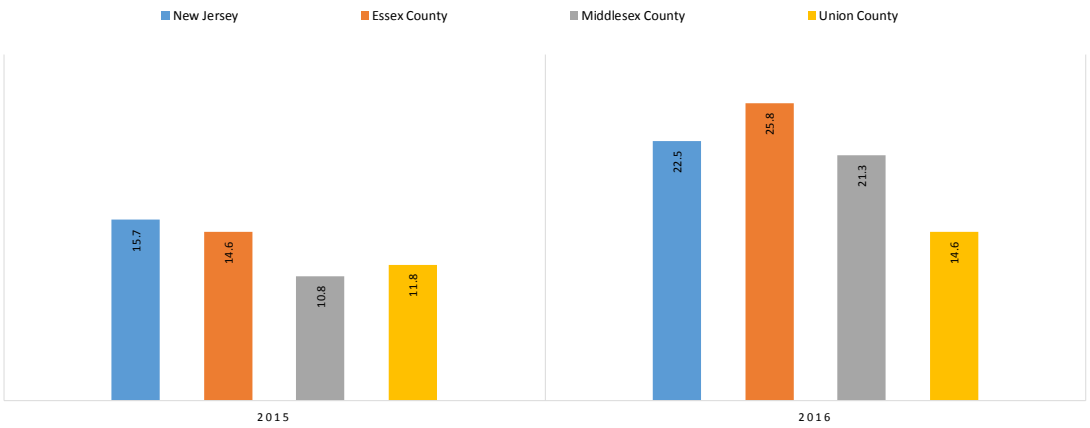
National Benchmark: 9
Essex County 2016: 5.7

Accidental Poisoning and Exposure to Noxious Substances

- In 2016, Essex County (25.8/100,000) had a higher death rate due to accidental poisoning and exposure to noxious substances than statewide (22.5/100,000).
- Essex County had more deaths due to accidental poisoning and exposure to noxious substances in 2016 than in 2015.
- Essex County ranks in the middle quartile in New Jersey, and in the worst performing quartile with respect to the *Healthy People 2020* target.

Deaths Due to Accidental Poisoning and Exposure to Noxious Substances
State & County Comparisons 2015-2016



Source: NJ SHAD

Healthy People 2020

Baseline: 13.2
Target: 13.2
Essex County 2016: 25.8

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Violent Crime *Rate/ 100000 Population*	N.A		
Burglary *Rate/ 1000 Population*	N.A	N.A.	
Domestic Violence Arrests *Rate/ 1000 Population*	N.A	N.A	
Deaths Due to Motor Vehicle Crashes *Rate/ 1000 Population*			
Deaths Due to Poisoning *Rate/ 1000 Population*		N.A	

RED: Poorest Performing Quartile
Yellow: Middle Quartiles
Green: Best Performing Quartile

D. HEALTH FACTORS

Health factors represent the influences that impact one's health. These include demographic, social, environmental, economic, and individual behaviors as well as clinical care and access to services. Social determinants are described in Section B preceding Health Factors.

1. Clinical Care Measures

Inpatient and ED Utilization

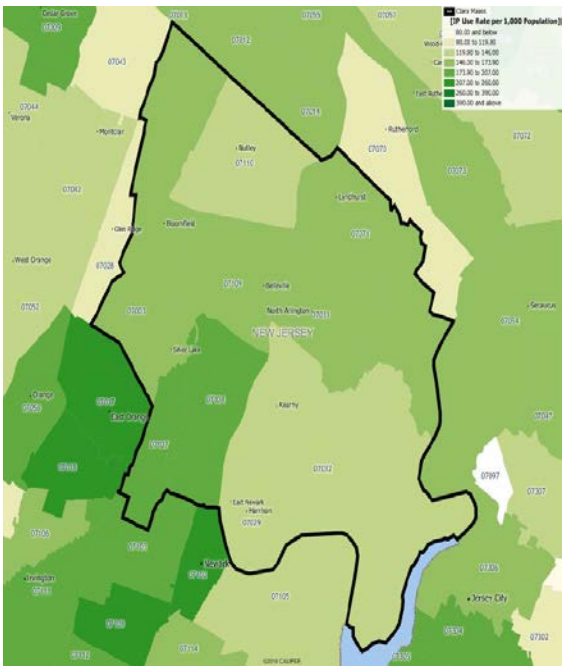
Factors impacting hospital utilization may include policy change, advances in technology, practice patterns and demographics. Many federal and state health care payment reforms, including the Affordable Care Act (ACA), were designed to improve care transitions, coordination of care, enhance ambulatory care and improve access to primary care. The anticipatory result would include improved coordinated care and declines in inpatient and ED utilization.

Inpatient

- Essex County's 2016 inpatient utilization rate (163.15/1,000) was slightly higher than the State (160.22/1,000).
- CMMC's Service Area inpatient rate (163.28/1,000) was nearly the same as the Essex County rate, and slightly higher than the State rate.
- Newark 07107 had the highest inpatient use rate in the CMMC Service Area (197.11/1,000).

Inpatient Use Rates per 1,000 Population 2016

GEOGRAPHIC AREA	RATE
New Jersey	160.22
Essex County	163.15
Clara Maass	163.28
TOP 5 BY ZIP CODE	
07107 Newark	197.11
07104 Newark	194.91
07109 Belleville	167.69
07003 Bloomfield	158.43
07071 Lyndhurst	152.12



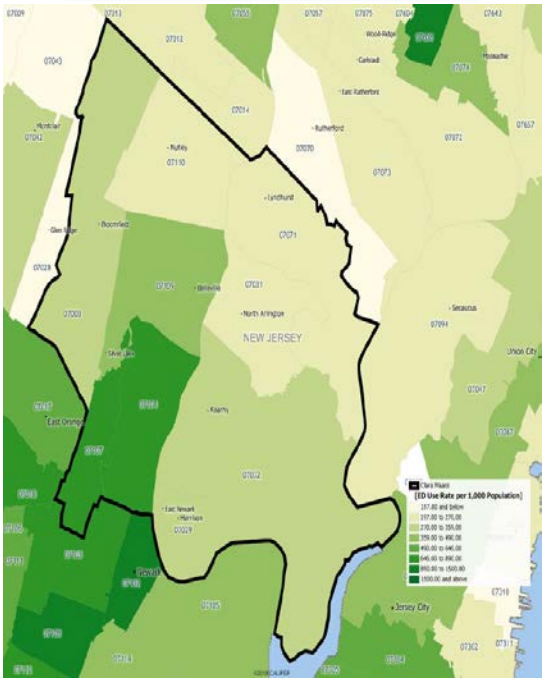
Source: UB-04 2016 Discharges Includes Inpatient & Same Day Stay, Excludes Normal Newborn; Population – Claritas 2015 Estimate

Emergency Department

- Essex County's 2016 ED visit rate (464.65/1,000) was 27.5% higher than the State rate (352.20/1,000).
- CMMC's 2016 Service Area (405.41/1,000) ED use rate exceeded the State rate (352.2/1,000) by 14%.
- In 2016, Newark's 07107 ED visit rate (731.42/1,000) was more than twice as large as the State rate (352.2/1,000).
- In 2016, the ED visit rates of Newark 07107 and 07104 were greater than Essex County.

ED Use Rate per 1,000 Population 2016

GEOGRAPHIC AREA	RATE
New Jersey	352.20
Essex County	464.65
Clara Maass	405.41
TOP 5 BY ZIP CODE	
07107 Newark	731.42
07104 Newark	649.86
07109 Belleville	386.40
07029 Harrison	307.91
07003 Bloomfield	306.89

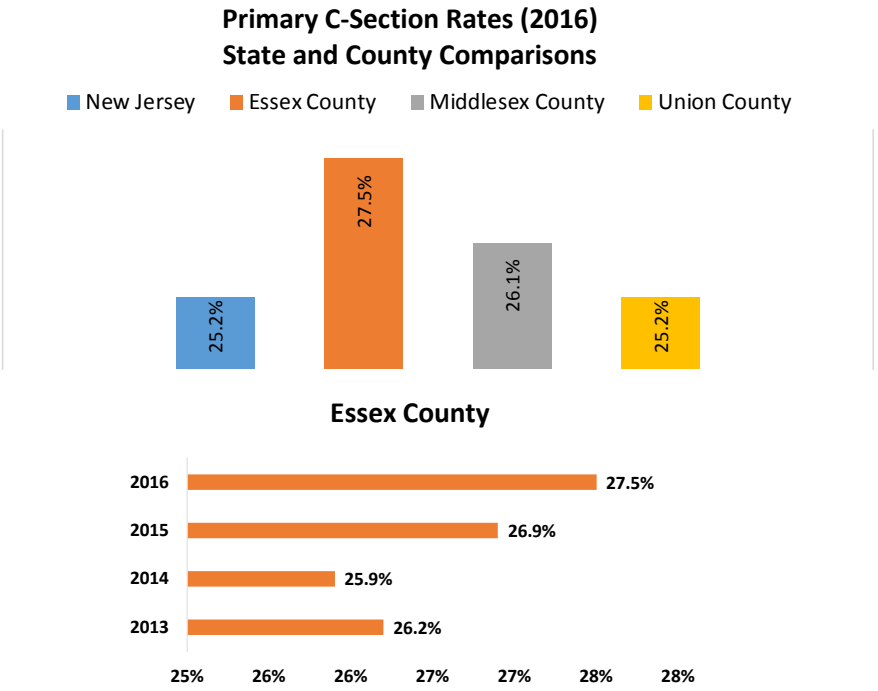


Source: UB-04 2016 ED Discharges; Claritas 2016 Estimate
*Emergency Room Use Among Adults Aged 18–64: Early Release of Estimates From the National Health Interview Survey, January–June 2016; http ://www.cdc.gov/nchs/data/nhis/earlyrelease/emergency_room_use_january-june_2016.pdf

Cesarean Section

A Cesarean Section (C-section) is a major surgical procedure performed because of health problems in the mother, position of the baby, and/or distress in the infant.[37] The U.S. cesarean delivery rate reached a high of 32.9% of all births in 2009, rising 60% from 1996 (20.7%). Recently, the American College of Obstetricians and Gynecologists developed clinical guidelines for reducing the occurrence of non-medically indicated cesarean delivery and labor induction prior to 39 weeks. Efforts to reduce such births include initiatives to improve perinatal care quality, and changes in hospital policy to disallow elective delivery prior to 39 weeks and education of the public.[38]

- Essex County's 2016 primary C-section rate (27.5%) was higher than the State rate (25.2%).
- The 2016 Essex County primary C-section rate (27.5%) was higher than the Middlesex (26.1%) and Union (25.2%) County rates.
- In 2016, the Essex County primary C-section rate was in the middle quartile of New Jersey counties, and the *Healthy People 2020* target.
- County-wide, women with a primary C-section trended upward from 2013 through 2016, increasing from 26.2% in 2013, to 27.5% in 2016.



Source: NJDOH Bureau of Vital Statistics and Registration NJ Birth Certificate Database http://www4.state.nj.us/dhss-shad/query/result/birth/BirthBirthCnty/Count.html
*Primary C-Section: Single >=37 Week Low Risk Births Delivered By C-Section/Single Live Births To Low Risk Females
**Repeat C-Section: Single >=37 Week Low Risk Births Delivered By C-Section With Prior Cesarean/Live Births To Low Risk Females With A Prior Cesarean

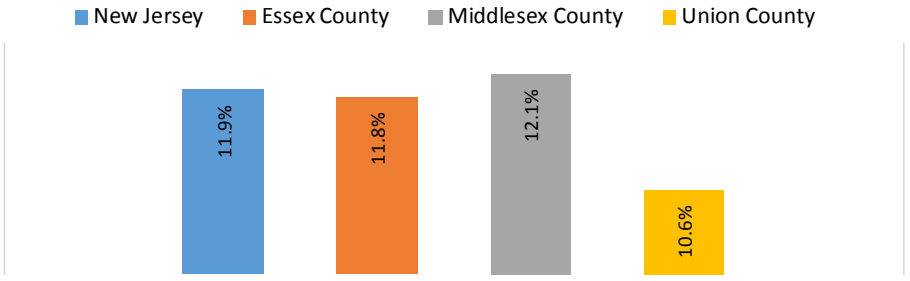
Baseline: 26.5%
Target: 23.9%
Essex County 2016: 27.5%

[37] http://www.nlm.nih.gov/medlineplus/cesareansection.html
[38] http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_01.pdf

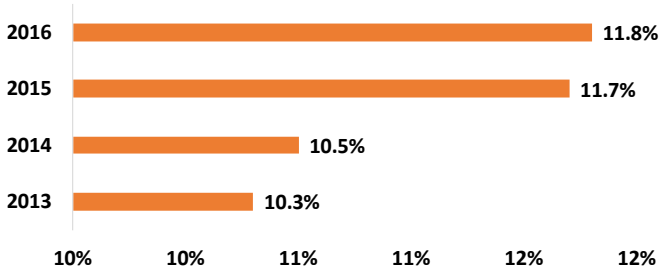
Vaginal Birth After C-Section (VBAC)

- Essex County's 2016 VBAC rate (11.8%) is similar to the State rate (11.9%). Essex County ranks in the middle performing quartile of all 21 New Jersey counties.
- County-wide women with a VBAC trended upward from 2013 through 2016, increasing from 10.3% in 2013 to 11.8% in 2016.

Vaginal Birth After Cesarean Section (VBAC) Rates (2016)
State & County Comparisons



Essex County



Source: NJDOH Bureau of Vital Statistics and Registration NJ Birth Certificate Database http://www4.state.nj.us/dhss-shad/query/result/birth/BirthBirthCnty/Count.html
*Primary C-Section: Single >=37 Week Low Risk Births Delivered By C-Section/Single Live Births To Low Risk Females
**Repeat C-Section: Single >=37 Week Low Risk Births Delivered By C-Section With Prior Cesarean/Live Births To Low Risk Females With A Prior Cesarean

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Primary C-Section Rate *Single >=37 Week Low Risk Births Delivered By C-Section/Single Live Births To Low Risk Females*		N.A.	
VBAC Rate	N.A	N.A.	

RED: Poorest Performing Quartile
Yellow: Middle Quartiles
Green: Best Performing Quartile

2. Health Behaviors

Maternal / Fetal Health

Prenatal Care

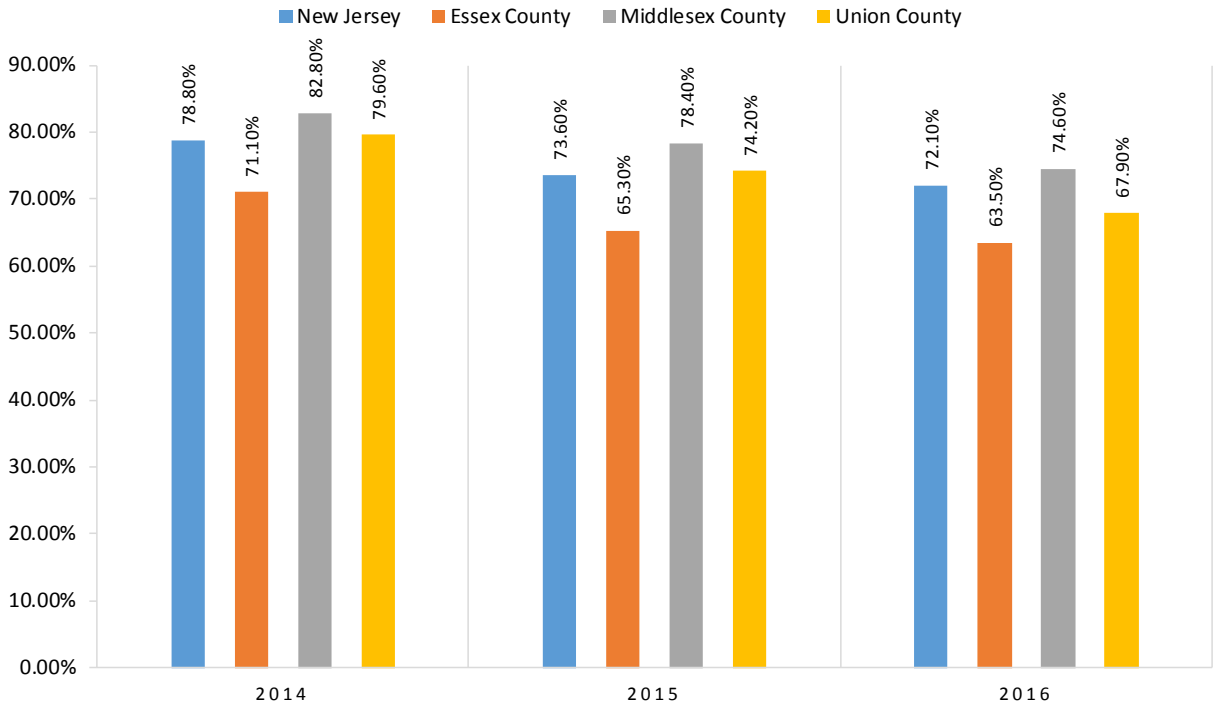
The medical care a woman receives during pregnancy monitors her health and the developing fetus. Low-risk pregnancies should visit a prenatal provider every four or six weeks through 28 weeks, then every two or three weeks from weeks 28-36, and finally every week in the ninth month until delivery. A high-risk pregnancy requires additional visits.[39] Pregnant women who do not receive adequate prenatal care risk undetected complications and an increased possibility of adverse outcomes.

Early and regular prenatal care is a strategy to improve health outcomes for mothers and infants. Two significant benefits are improved birth weight and decreased preterm delivery. Infants born to mothers who receive no prenatal care have an infant mortality rate five times higher than mothers who receive appropriate prenatal care in the first trimester of pregnancy. Enrollment in care during the first trimester of pregnancy reflects timely initiation of prenatal care.[40]

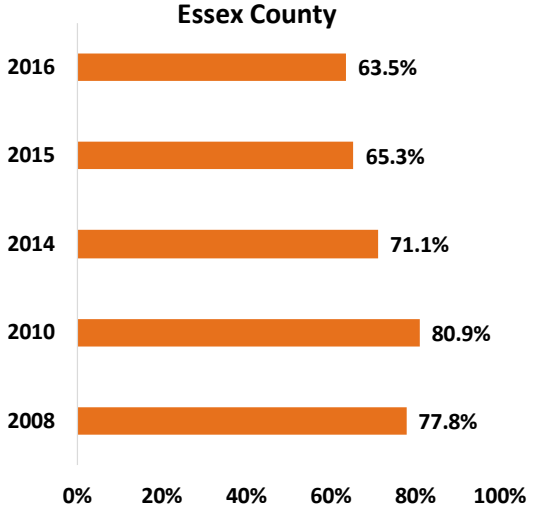
- In 2016, only 63.5% of Essex County women entered prenatal care in the first trimester compared to 72.1% in New Jersey. As compared to other New Jersey counties, Essex County ranks in the lowest quartile.
- The percent of Essex County women enrolled in first trimester prenatal care declined from 81% in 2010 to 63.5% in 2016.

[39] http://www.plannedparenthood.org/health-info/pregnancy/prenatal-care
[40] http://www.hrsa.gov/quality/toolbox/measures/prenatalfirsttrimester/index.html

Percentage of Live Births with First Trimester Prenatal Care
State & County Comparisons 2014-2016



Essex County



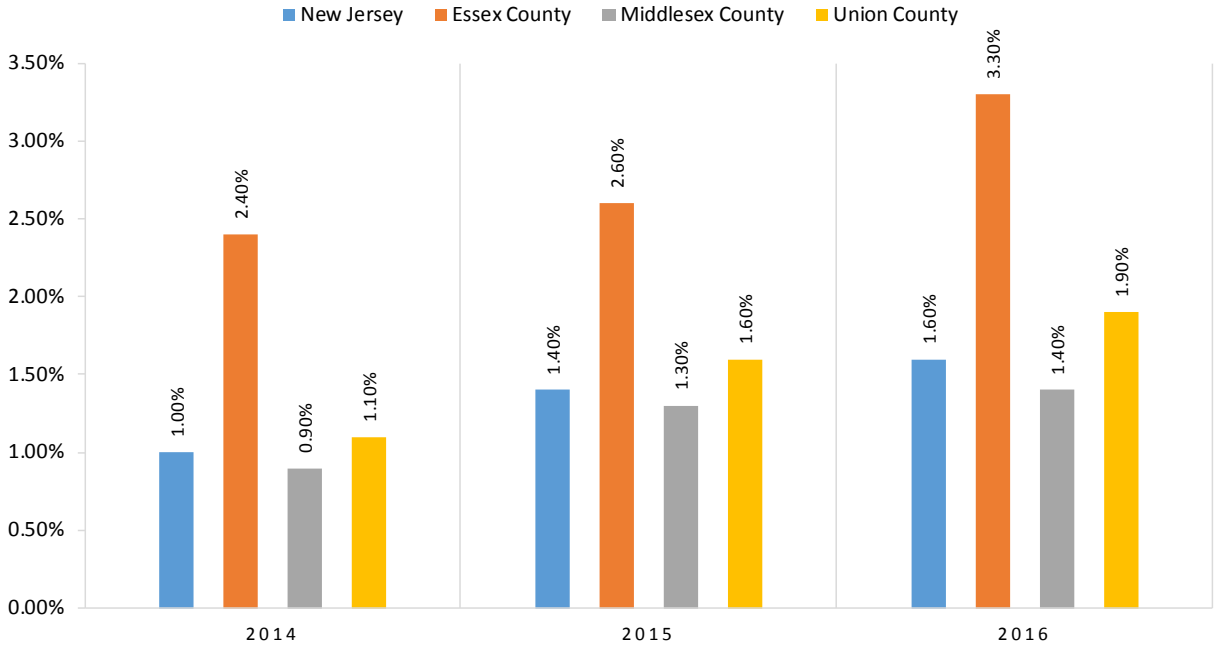
Source: NJDOH Bureau of Vital Statistics and Registration NJ Birth Certificate Database
Note: Percentages are based on Total Number of Live Births for County and State

Healthy People 2020

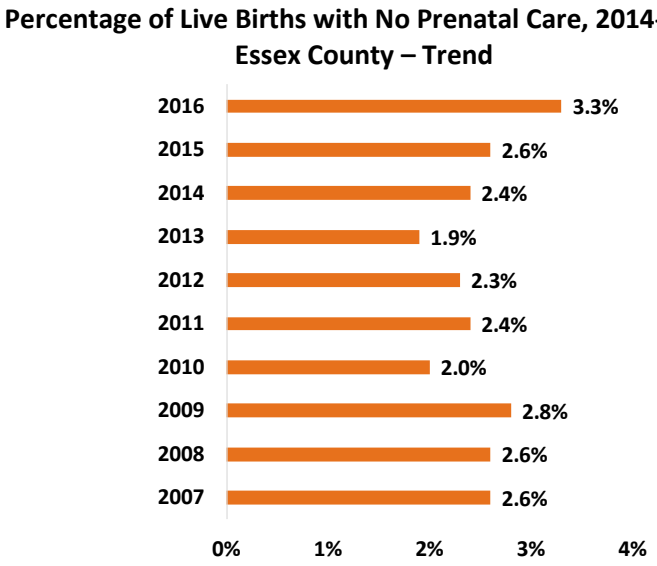
Baseline: 70.8%
Target: 77.9%
Essex County 2016: 63.5%

- The percent of Essex County women without prenatal care ranged from a low of 1.9% in 2013 to a high of 3.3% in 2016.
- The 2016 Essex County rate for no prenatal care was more than double the State rate of 1.6% and performed in the lowest quartile. Increases such as these are concerning and should be monitored.

Percentage of Live Births with No Prenatal Care
State & County Comparisons 2014-2016



Source: NJDOH Bureau of Vital Statistics and Registration NJ Birth Certificate Database
Note: Percentages are based on Total Number of Live Births for County and State



Source: NJDOH Bureau of Vital Statistics and Registration NJ Birth Certificate Database
Note: Percentages are based on Total Number of Live Births for County and State

Indicator	*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.	

RED: Poorest Performing Quartile
Yellow: Middle Quartiles
Green: Best Performing Quartile

High Risk Sexual Behaviors

Teen Pregnancy

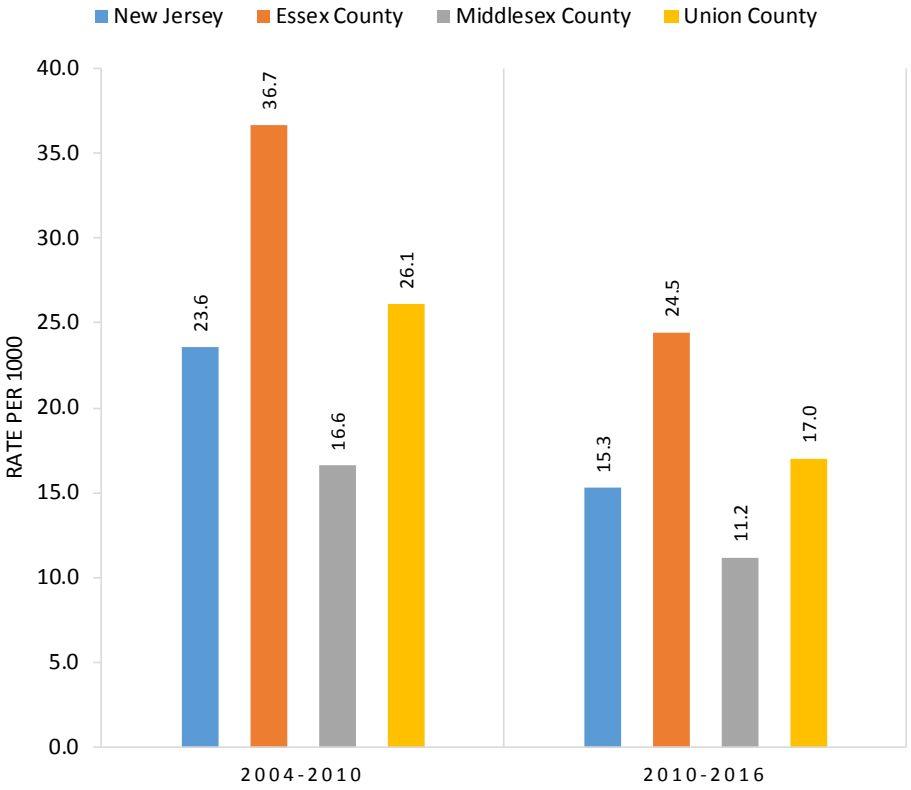
In 2016, there were 20.3 births/1,000 American adolescent females aged 15-19 years; approximately 209,809 babies were born to teens, with nearly eighty-nine percent of these births occurring outside of marriage. The national teen birth rate has trended downward over the past 20 years. In 1991, the U.S. teen birth rate was 61.8 births/1,000 adolescent females. However, the U.S. teen birth rate remains higher than that of many other developed countries, including Canada and the United Kingdom.[41] Pregnant teens are less likely than older women to receive recommended prenatal care and are more likely to have pre-term or low birth weight babies. Teen mothers are often at increased risk for STIs and repeat

[41] http://www.hhs.gov/ash/oah/adolescent-health-topics/reproductive-health/teen-pregnancy/trends.html

pregnancies, are less likely than their peers to complete high school and more likely to live below the poverty level and rely on public assistance. Risky sexual behaviors can have high economic costs for communities and individuals.[42]

- The 2010-2016 Essex County (24.5/1,000) birth rate among teens aged 15-19 was 46.2%, higher than the State rate (15.3/1,000) and in the lowest performing quartile statewide.
- The birth rate among Essex County teens aged 15-17 decreased from 17.5/1,000 in 2007-2011 to 10.1/1,000 in 2012-2016 and was in the lowest performing quartile statewide.
- For both age cohorts, 15-17 and 15-19, the percent of Essex County teen births is consistently higher than statewide rates.

Teen Births Age 15-19, Rate 1,000 Female Population
State & County Comparisons



Source: NJDOH Center for Health Statistics State Health Assessment Data

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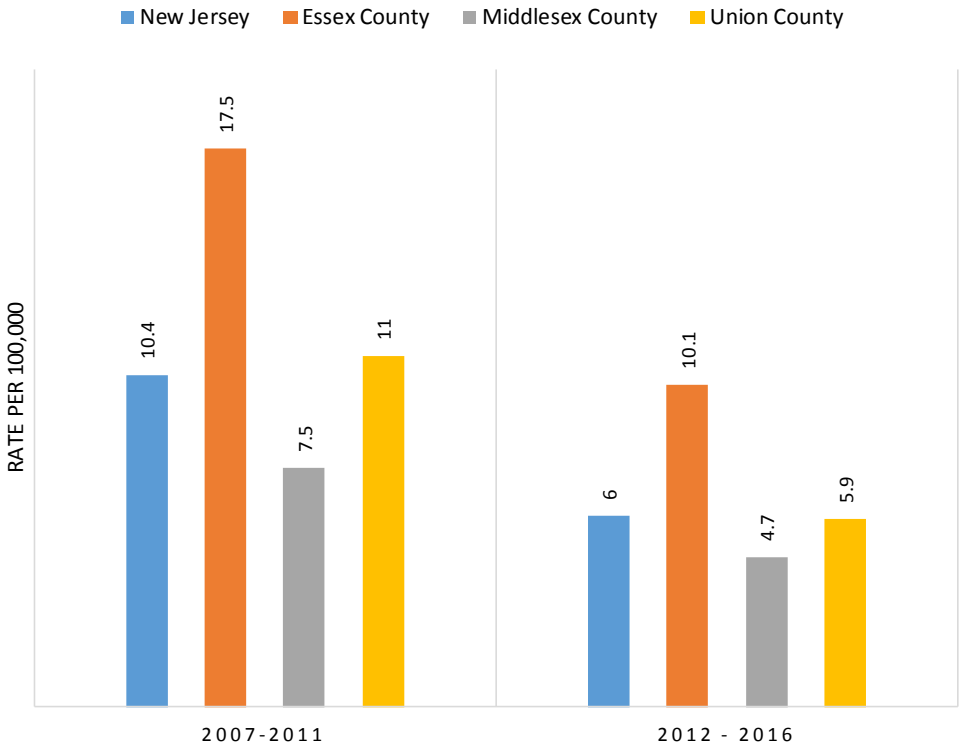
National Benchmark: 15
Essex County 2016: 24.5

[42] http://www.countyhealthrankings.org/our-approach/health-factors/sexual-activity

Teen Births Age 15-17, Rate 1,000 Female Population
State & County Comparisons



Source: NJDOH Center for Health Statistics State Health Assessment Data

Healthy People 2020

Baseline: 40.2
Target: 36.2
Essex County 2016: 10.1

In a 2016 CDC Teen Pregnancy Statistics data brief, *State Disparities in Teenage Birth Rates in the United States*, based upon 2014 data, New Jersey is one of 10 states with the lowest teen birth rates (<20/1,000) compared to National figures (41.5/1,000). However, the New Jersey rate shows tremendous variability when examined by town.

- The Newark 07107 2016 birth rate to teens aged 15-19 (50.94/1,000) was nearly 5 times the New Jersey rate (11.6/1,000).

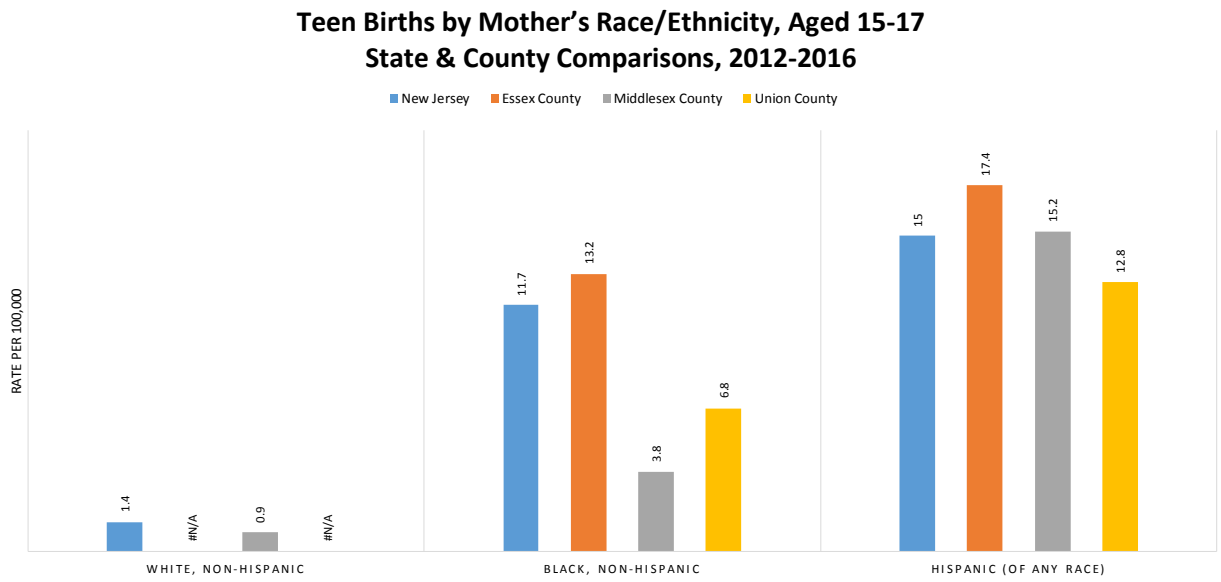
Teen Birth Rates 2016 – Deliveries Among 15-19 Year Old

GEOGRAPHIC AREA	RATE
New Jersey	11.16
Essex County	20.39
Clara Maass	18.01
TOP 5 BY ZIP CODE	
07107 Newark	50.94
07104 Newark	26.98
07109 Belleville	10.82
07003 Bloomfield	10.10
07032 Kearny	6.94

*Source: UB-04 2016 Discharges – All Deliveries to Mothers Age 15-19; Claritas Population Estimate
** NCHS Data Brief http://www.cdc.gov/nchs/data/databriefs/db46.pdf

Teen Births by Mother's Race/Ethnicity (Age 15-17)

- The 2012-2016 Essex County teen birth rate for Blacks and Hispanics was the highest relative to New Jersey and the comparison counties.
- The rate among Essex County teens, 15-17, was highest among Hispanics (17.4/1,000).



Source: Age 15-19 - County Health Rankings National Center for Health Statistics; Age 15-17- NJDOH Center for Health Statistics State Health Assessment Data

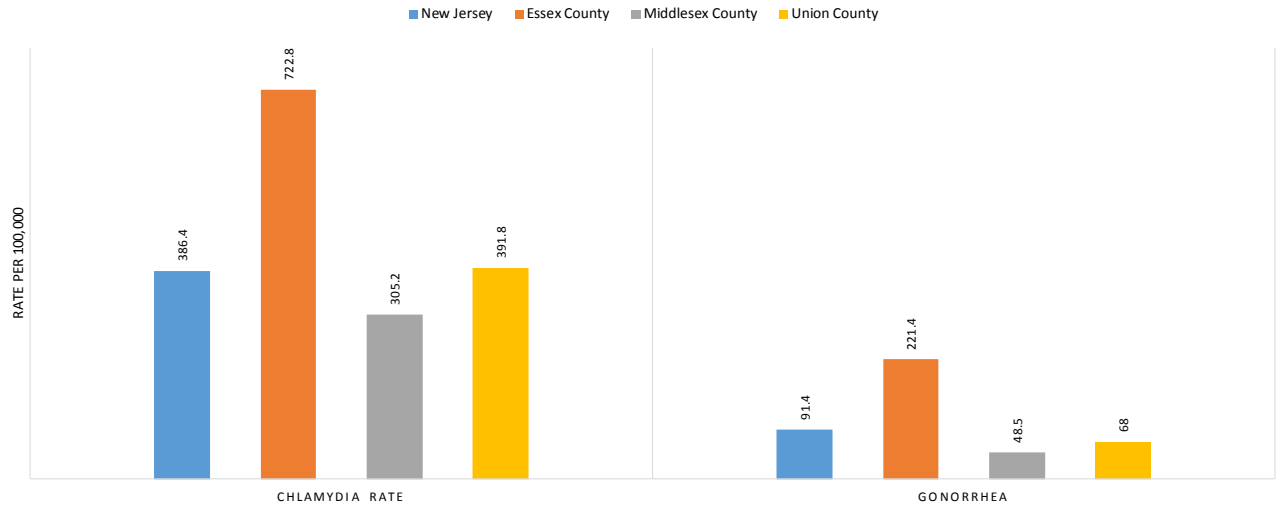
Sexually Transmitted Infection

Sexually transmitted infections (STI) are caused by bacteria, parasites and viruses contracted through relations with an infected individual. There are more than 20 types of STIs, including Chlamydia, Gonorrhea, Genital herpes, HIV/AIDS , HPV, Syphilis and Trichomoniasis. Most STIs affect both men and women, but in many cases health problems may be more severe for women. If pregnant, a STI can cause serious health complications for the baby.[43]

- Chlamydia is the most prevalent STI. In 2016, Essex County (722.8/100,000) was nearly twice the New Jersey rate (386.4/100,000) and performed in the lowest quartile statewide.
- The rate of chlamydia in Essex County (722.8/100,000) was higher the CHR national benchmark (145.1/100,000).
- In 2016, Essex County (221.4/100,000) had more than double the gonorrhea rate of New Jersey (91.4/100,000).
- Essex County ranks in the lowest quartile of New Jersey counties with regard to chlamydia and gonorrhea infection rates.

[43] http://www.nlm.nih.gov/medlineplus/sexuallytransmitteddiseases.html

Sexually Transmitted Diseases: Rate / 100,000 Population
Chlamydia and Gonorrhea Rates
State & County Comparisons 2016



Source: NJ SHAD

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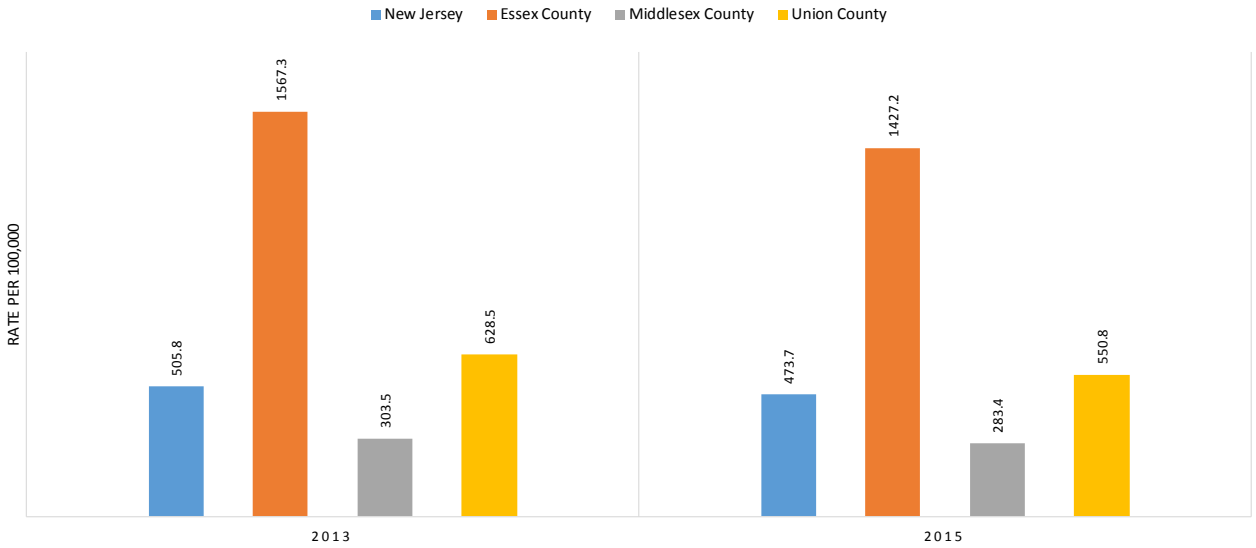
National Benchmark: 145.1
Essex County 2016: 722.8

HIV/AIDS

Human immunodeficiency virus (HIV) is spread mainly by having sex with someone infected with HIV or sharing needles with someone positive. Approximately 50,000 new HIV infections occur in the United States each year.

- County-wide HIV/AIDS prevalence rates declined between 2013 (1,567.3/100,000) and 2015 (1,427.2/100,000).
- In 2015, HIV/AIDS prevalence rate in Essex County (1,427.2/100,000) was more than triple the New Jersey rate (473.7/100,000). Essex County is in the lowest performing quartile statewide.
- Essex County had more HIV/AIDS cases than neighboring Middlesex and Union Counties.
- The prevalence rate was well above the CHR benchmark of 362/100,000.
- Essex County ranks in the worst performing quartile for New Jersey counties with regard to HIV prevalence.

HIV Rates 2013-2015
State and County Comparisons



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

County Health Rankings & Roadmaps
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National Benchmark: 49
Essex County 2015: 1,427.2

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
STDs: Chlamydia *Rate per 100,000 Population*	N.A.		
STDs: Gonorrhea *Rate per 100,000 Population*	N.A.	N.A.	
Teen Births Ages 15-19 *Rate per 1000 Female Population*	N.A.		
Teen Births Ages 15-17 *Rate per 1000 Female Population*		N.A.	
Teen Births Ages 15-17 Race/Ethnicity(Black Non-Hispanics) *Rate per 100,000 Female Population*	N.A.	N.A.	
HIV/AIDS: Prevalence *Rate per 100,000 Population*	N.A.		

RED: Poorest Performing Quartile
Yellow: Middle Quartiles
Green: Best Performing Quartile

Individual Behavior

A CDC report indicates that people can live longer if they practice one or more healthy lifestyle behaviors including: eating a healthy diet, not smoking, regular exercise and limiting alcohol consumption. People who engage in all of these behaviors are 66 percent less likely to die early from cancer, 65 percent less likely to die early from cardiovascular disease and 57 percent less likely to die early from other causes compared to those who do not engage in any of these behaviors.[44]

Tobacco Use

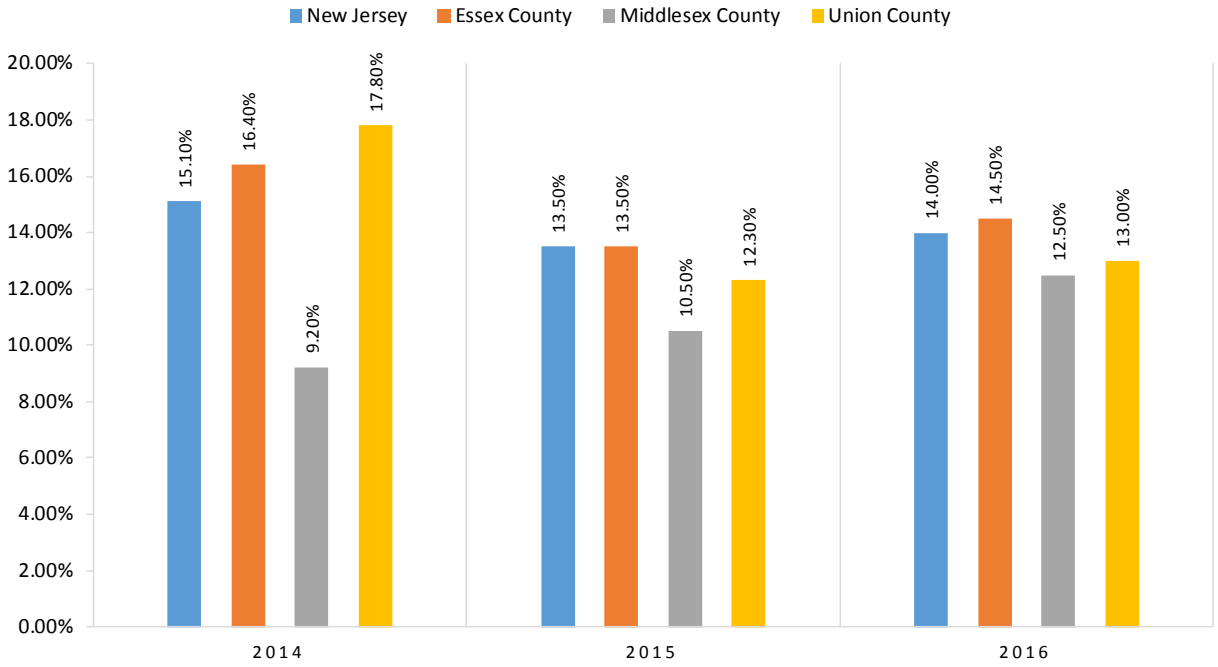
Tobacco use is the leading cause of preventable death in the United States. Smoking leads to disease and disability, and harms nearly every organ in the body, and causes cancer, heart disease, stroke, diabetes, and lung diseases such as emphysema, bronchitis, and chronic airway obstruction. Exposure to secondhand smoke can lead to lung cancer and heart disease. Each year, smoking kills approximately 480,000 Americans, including 41,000 from secondhand smoke. On average, smokers die 10 years earlier than nonsmokers.

About 15% of U.S. adults smoke. Each day, nearly 3,200 youth smoke their first cigarette, and 2,100 people transition from occasional to daily smokers. Smokeless tobacco also leads to various cancers, gum and teeth problems, and nicotine addiction. Almost 6% of young adults use smokeless tobacco and half of new users are younger than 18.[45], [46]

- Between 2012 and 2016, smoking rates have fluctuated in Essex County with an overall decrease of 1.9 percentage points.
- In 2016, there were 3.5% more smokers in Essex County (14.5%) than New Jersey (14.0%). Essex County had more adult smokers than neighboring Middlesex (12.5%) and Union (13.0%) Counties. Essex County performs in the middle quartile statewide.
- In 2016, Essex County was also in the middle performing County Health Rankings benchmark and the *Healthy People 2020* target.

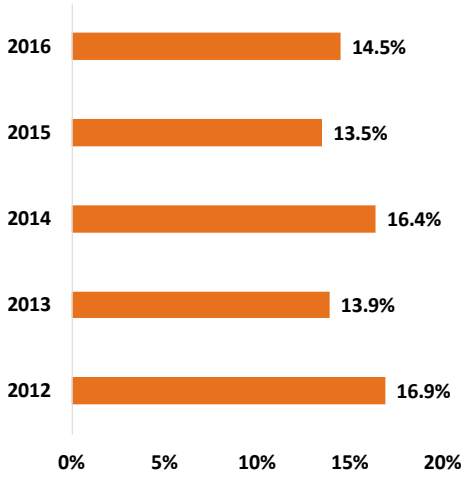
[44] http://www.cdc.gov/features/livelonger/
[45] http://www.countyhealthrankings.org/our-approach/health-factors/tobacco-use
[46] http://www.cdc.gov/tobacco/data_statistics/fact_sheets/index.htm

Adults Who Are Current Smokers
State & County Comparisons, 2014-2016



Source: CDC New Jersey Behavioral Risk Factor Surveillance System (NJBRFS)

Essex County – Trend



Source: CDC New Jersey Behavioral Risk Factor Surveillance System (NJBRFS)

Healthy People 2020

Baseline: 20.6%
Target: 12.0%
Essex County 2016: 14.4%

County Health Rankings & Roadmaps
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National Benchmark: 14.0%
Essex County 2016: 14.5%

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Tobacco Use *Adults Who Are Current Smokers*			

RED: Poorest Performing Quartile
Yellow: Middle Quartiles
Green: Best Performing Quartile

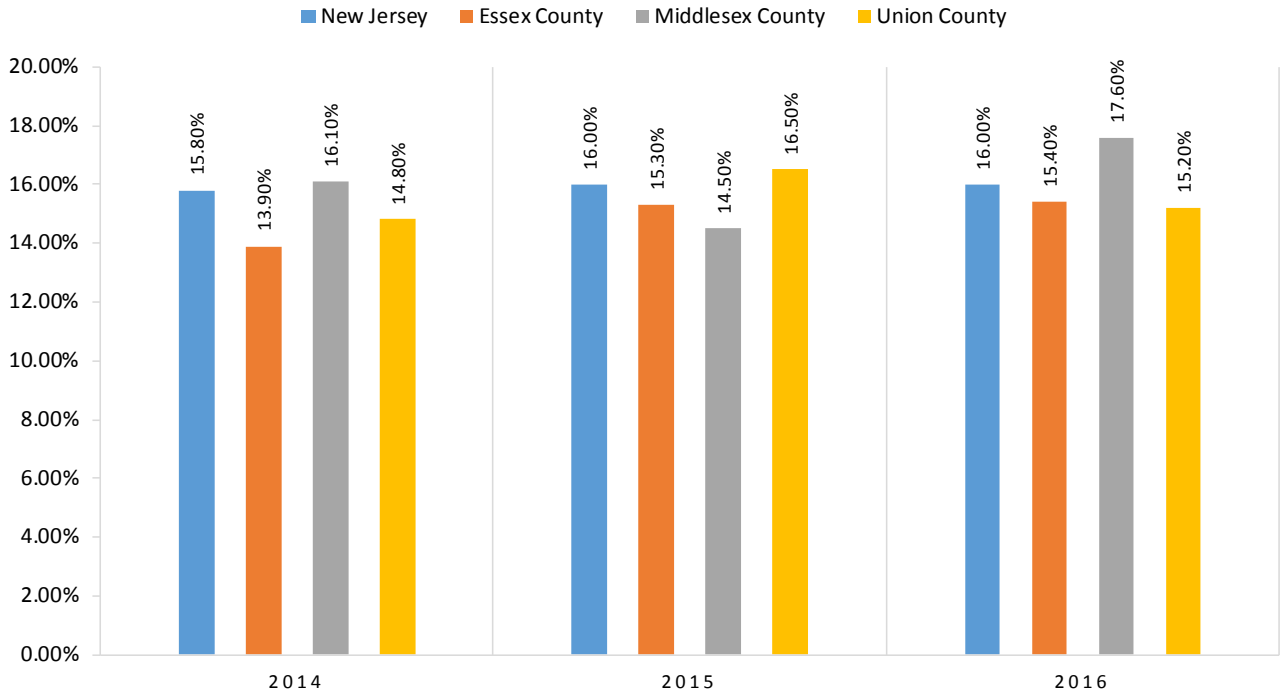
Alcohol Use

Although moderate alcohol use is associated with reduced risk of heart disease and diabetes, excessive consumption is the third leading cause of preventable death nationally. Excessive consumption considers both the amount and the frequency of drinking. Short-term, excessive drinking is linked to alcohol poisoning, intimate partner violence, risky sexual behaviors, failure to fulfill responsibilities and motor vehicle crashes. Over time, excessive alcohol consumption is a risk factor for hypertension, acute myocardial infarction, fetal alcohol syndrome, liver disease and certain cancers.[47]

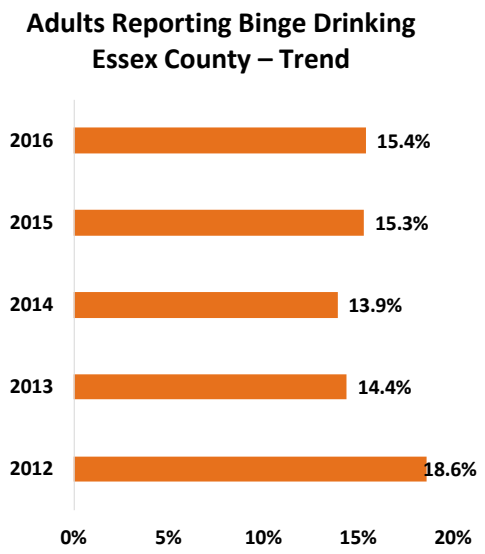
- Binge drinkers, those men that consume more than 5 drinks and women that consume more than 4 drinks in one occasion, increased from 13.9% in 2014, to 15.4% in 2016.
- In 2016, 15.4% of Essex County residents were binge drinkers compared to 16% statewide. Essex County had fewer binge drinkers than surrounding Middlesex County, but slightly more than Union County.
- Statewide, Essex County performs in the middle quartile.

[47] http://www.countyhealthrankings.org/our-approach/health-factors/alcohol-drug-use

Adults Reporting Binge Drinking
State & County Comparisons, 2014-2016



Source: CDC New Jersey Behavioral Risk Factor Surveillance System
Question: During the past 30 days how many days per week or per month did you have at least one drink of any alcoholic beverage? If response is not 0 then ask: Considering all types of alcoholic beverages how many times during the past 30 days did you have 5(for males)/4(for females) or more drinks on an occasion?
"Binge Drinking" is defined when someone has at least 5(for males)/4(for females) or more drinks on an occasion a month.



Source: CDC New Jersey Behavioral Risk Factor Surveillance System
Question: During the past 30 days how many days per week or per month did you have at least one drink of any alcoholic beverage? If response is not 0 then ask: Considering all types of alcoholic beverages how many times during the past 30 days did you have 5(for males)/4(for females) or more drinks on an occasion?
"Binge Drinking" is defined when someone has at least 5(for males)/4(for females) or more drinks on an occasion a month.

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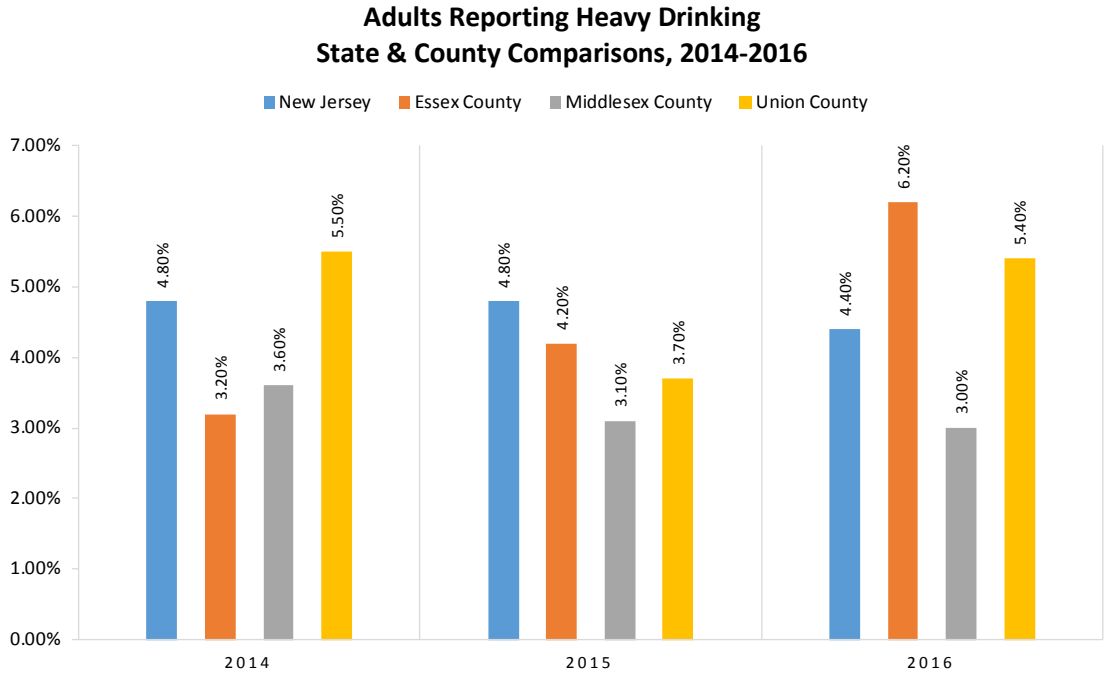
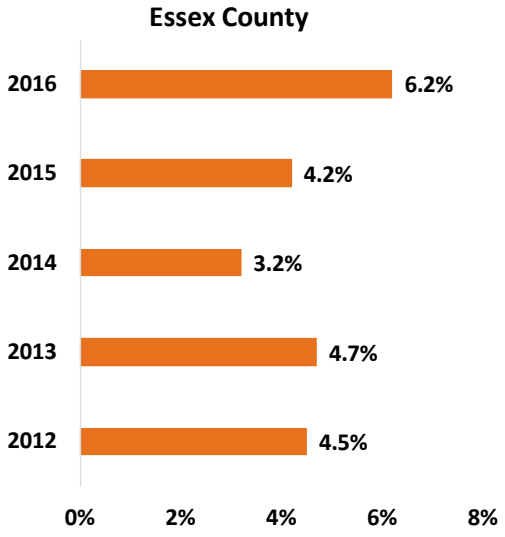
National Benchmark: 13.0%
Essex County 2016: 15.4%

Heavy drinking is defined when someone has at least 60 drinks a month (for males) and 30 (for females).

- County-wide, residents who were heavy drinkers increased from 4.5% in 2012 to 6.2% in 2016.
- In 2016, Essex County had the highest percent of residents reporting heavy drinking, relative to the State and the surrounding counties.
- Essex County ranked in the lowest quartile among the 21 counties in New Jersey.

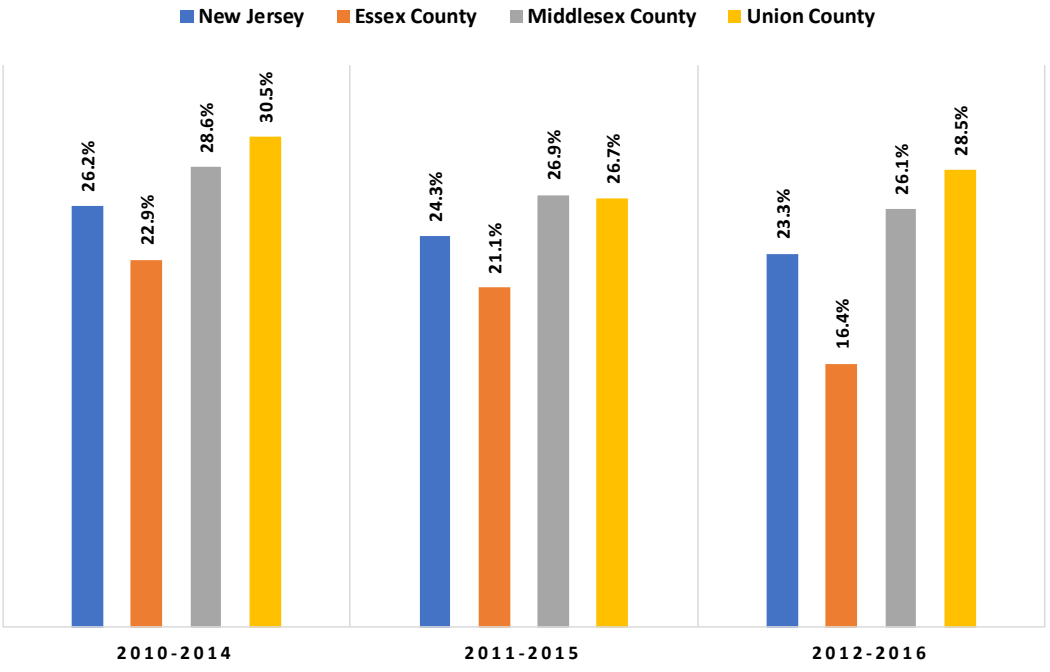




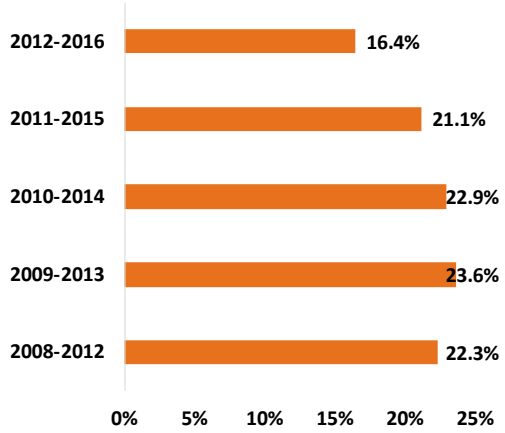
Source: CDC New Jersey Behavioral Risk Factor Surveillance System
Question: During the past 30 days how many days per week or per month did you have at least one drink of any alcoholic beverage? If response is not 0 then ask: Considering all types of alcoholic beverages how many drinks have you had during the past 30 days?
"Heavy Drinking" is defined when someone has at least 60(for males)/30(for females) or more drinks a month.

- Alcohol impaired driving deaths in Essex County have decreased from 22.3% in 2008-2012 to 16.4% in 2012-2016.
- The rate of alcohol impaired driving deaths in Essex County was historically the lowest compared to New Jersey and the comparison counties.

Alcohol-Impaired Driving Deaths
State & County Comparisons, 2010-2016



Essex County



Source: NJDOH New Jersey Fatality Analysis Health Reporting System County Health Rankings

County Health Rankings & Roadmaps
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National Benchmark: 13.0%
Essex County 2016: 16.4%

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Excessive Drinking *Binge Drinkers*	N.A.		
Excessive Drinking *Heavy Drinkers*	N.A.	N.A.	
Alcohol Impaired Driving Deaths	N.A.		

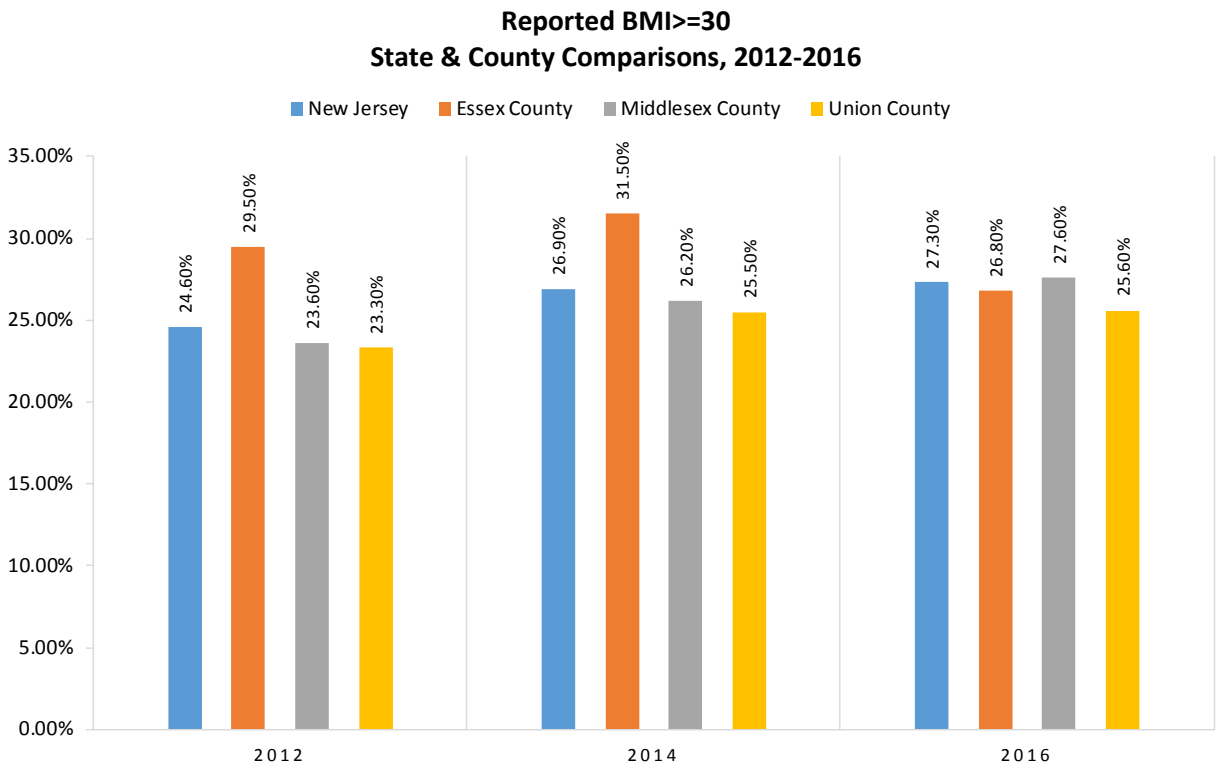
RED: Poorest Performing Quartile
Yellow: Middle Quartiles
Green: Best Performing Quartile

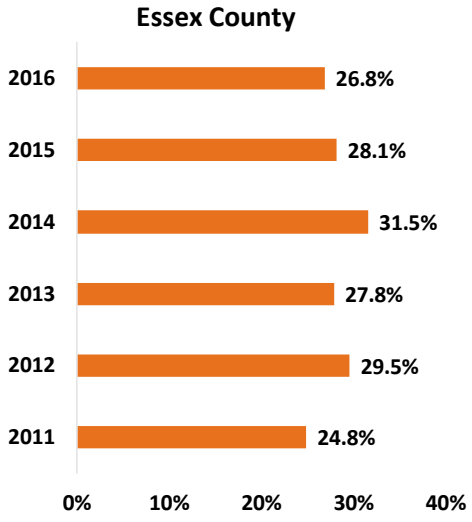
Obesity

Healthy food is a key component to good health; insufficient nutrition hinders growth and development. As of 2016, 41 million Americans struggled with hunger in the U.S. A household that is food insecure has limited or uncertain access to enough food to support a healthy life. Obesity among food insecure people, as well as low income individuals, occurs in part because they are often subject to the same challenges as other Americans (more sedentary lifestyles, increased portion size) and because they face unique challenges in adopting and maintaining healthy behaviors, including limited resources and lack of access to affordable healthy food, cycles of food deprivation and overeating, high levels of stress and anxiety, fewer opportunities for physical activity, greater exposure to marketing of obesity promoting products, and limited access to health care.[48]

- The percent of Essex County residents with a Body Mass Index (BMI) >=30 trended upward from 24.8% in 2011, to 26.8% in 2016.
- In 2016, Essex County (26.8%) had a lower rate of obesity than Middlesex County (27.6%) and the State.
- In 2016, a lower percent of Essex County residents (26.8%) are obese than the *Healthy People 2020* target (30.6%)
- In 2016, Essex County residents with a BMI>=30 ranked in the middle quartile in New Jersey and with regard to the County Health Rankings.

[48] http://www.frac.org





Source: CDC Behavioral Risk Factor Surveillance System

Healthy People 2020

Baseline: 33.9%
Target: 30.5%
Essex County 2016: 26.8%

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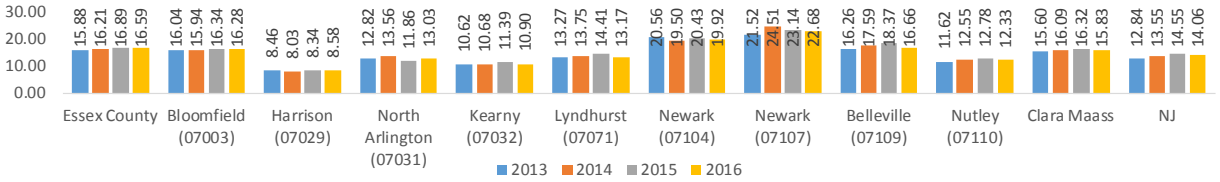
National Benchmark: 26.0%
Essex County 2016: 26.8%

- In 2016, Newark 07107 residents had a higher rate of patients hospitalized with a diagnosis of obesity (22.68/1,000) as compared to Essex County (16.59/1,000).
- In 2016, patients hospitalized from Essex County had higher rates of obesity than hospitalized residents of CMMC's Service Area.

Disease Incidence: Obesity, Rate per 1,000 Population



Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census; Definition: Inpatient, Same Day Stay and ED Discharges For MS-DRGs In the Range 682-685

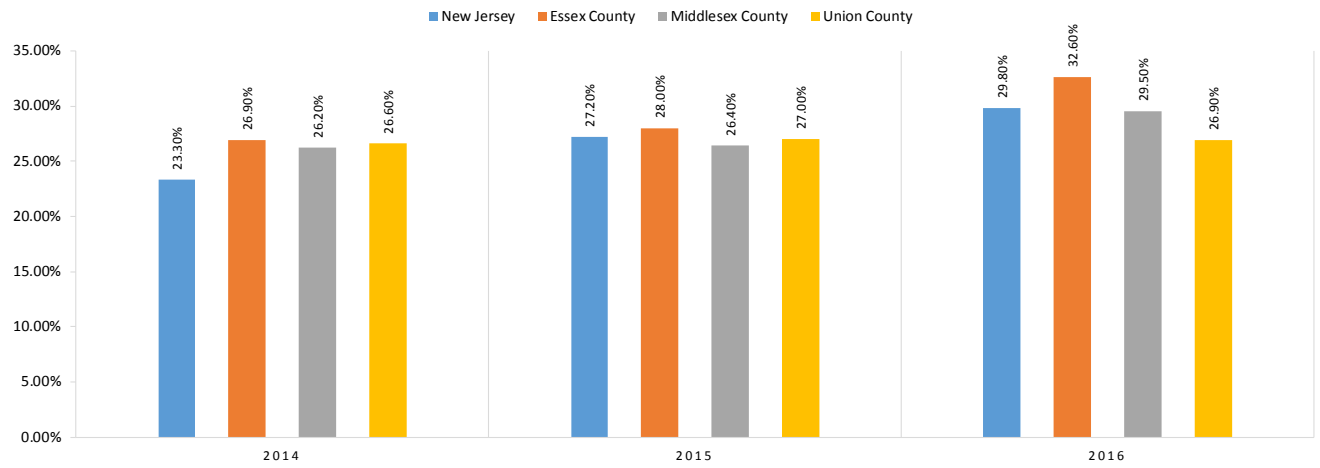
Exercise

Inadequate physical activity contributes to increased risk of coronary heart disease, diabetes and some cancers. Nationally, half of adults and nearly three-quarters of high school students do not meet the CDC's recommended physical activity levels.[49]

- Within Essex County, the percent of individuals reporting no leisure time physical activity trended upward from 26.9% in 2014, to 32.6% in 2016.
- From 2014 to 2016, Essex County had a higher percentage of residents reporting no leisure time physical activity than the State and comparison counties.
- Compared to all counties statewide, Essex County performs in the middle quartile.
- Essex County performs in the lowest quartile compared to the County Health Rankings benchmark.

[49] http://www.county healthrankings.org/our-approach/health-factors/diet-and-exercise

Percent of Adults Age 20+ Reporting No Leisure-Time Physical Activity
State and County Comparison 2014-2016



Source: CDC Behavioral Risk Factor Surveillance System

Baseline:36.2%
Target: 32.6%
Essex County 2016: 32.6%

National Benchmark:20%
Essex County:32.60%

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Obesity *Percent With Reported BMI >= 30*			
Exercise: Adults *Percent of Adults Age 20+ Reporting No Leisure-Time Physical Activity*			

RED: Poorest Performing Quartile
Yellow: Middle Quartiles
Green: Best Performing Quartile

Health Screenings

Screening tests can detect disease and conditions in early stages, when they may be easier to treat.

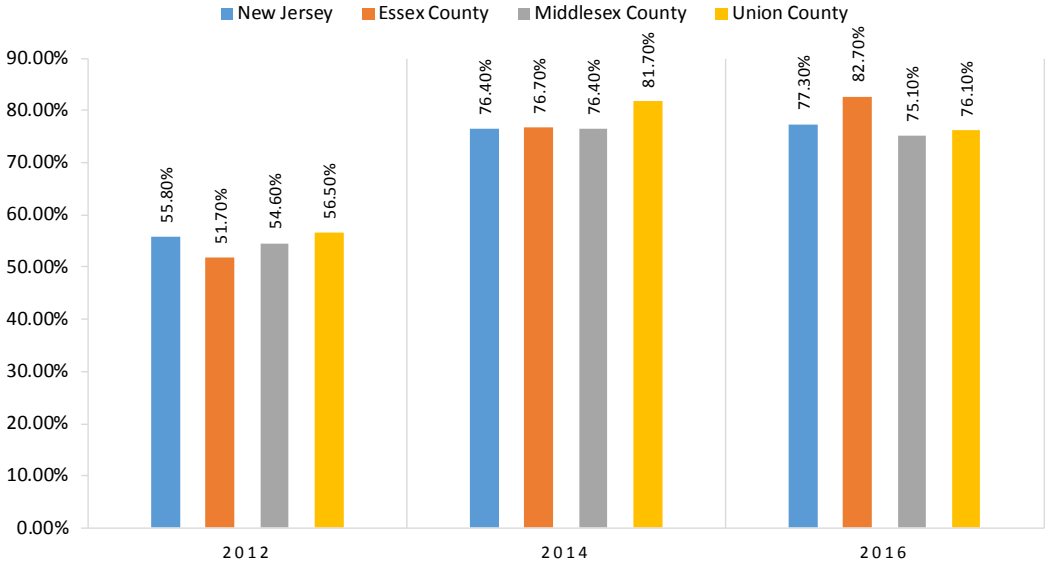
Cancer Screening

Breast Cancer (mammography)

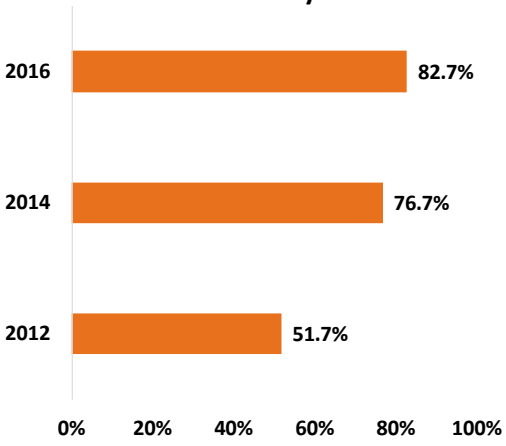
According to the American Cancer Association, women ages 40 to 44 should have the choice to start annual breast cancer screening with mammograms (x-rays of the breast) if they wish to do so. Women age 45 to 54 should get mammograms every year. Women 55 and older should switch to mammograms every 2 years, or can continue yearly screening. Screening should continue as long as a woman is in good health and is expected to live 10 more years or longer. Women should also know how their breasts normally look and feel and report any breast changes to a health care provider right away. Some women – because of their family history, a genetic tendency, or certain other factors – should be screened with MRIs along with mammograms. The number of women who fall into this category is very small.

- In 2016, 82.7% of Essex County women over age 40 had a mammography within the past two years, up 31 percentage points since 2012. Compared to all counties statewide, Essex County performs in the top quartile.
- In 2016, Essex County performed in the top quartile in terms of the County Health Ranking benchmark and *Healthy People 2020* target.

Women Age 50+ Who Had a Mammogram Within Past 2 Years
State & County Comparisons, 2012-2016



Essex County



Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

Healthy People 2020

Baseline: 69.8%
Target: 81.1%
Essex County 2016: 82.7%

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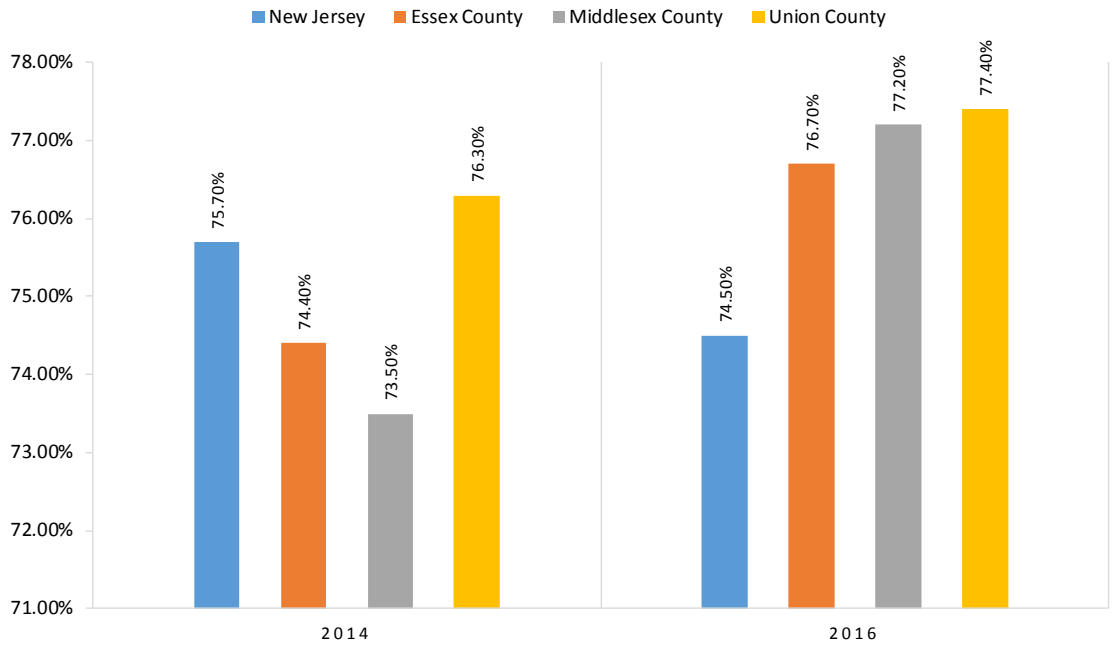
National Benchmark: 71.0%
Essex County 2016: 82.7%

Cervical Cancer (pap smear)

According to the American Cancer Association, cervical cancer testing should start at age 21. Women between the ages of 21 and 29 should have a Pap test done every 3 years. Women between the ages of 30 and 65 should have a Pap test plus an HPV test (called "co-testing") done every 5 years. Women over age 65 who have regular cervical cancer testing in the past 10 years with normal results should not be tested for cervical cancer. Women with a history of a serious cervical pre-cancer should continue to be tested for at least 20 years after that diagnosis, even if testing goes past age 65. Some women – because of their health history (HIV infection, organ transplant, DES exposure, etc.) – may need a different screening schedule for cervical cancer.

- In 2016, 76.7% of Essex County women over age 18 had a pap smear within the past three years as compared to 74.5% of New Jersey women 18+. Slightly fewer Essex County women over age 18 had a pap test within 3 years than in comparative Middlesex (77.2%) and Union (77.4%) Counties. Compared to the State overall, Essex County performs in the middle quartile.
- Between 2014 and 2016, Essex County women who had a pap test within the past three years increased over 2 percentage points from 74.4% to 76.7%.

Women How Had Received a Pap Test
State & County Comparisons, 2014-2016



Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

Healthy People 2020

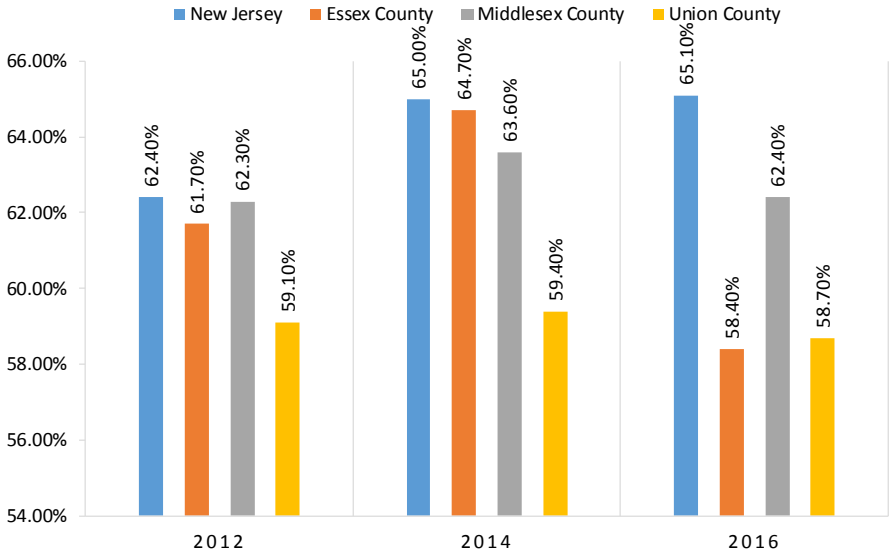
Baseline: 60.2%
Target: 66.2%
Essex County 2016: 76.7%

Colon-rectal Cancer (sigmoidoscopy or colonoscopy)

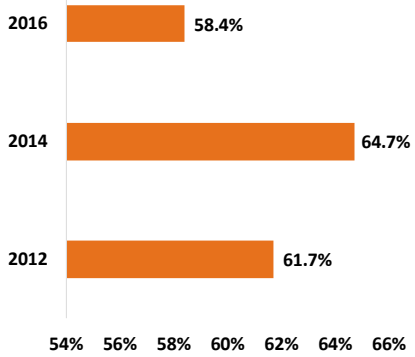
According to the American Cancer Association, starting at age 50, both men and women should follow one of these testing plans: colonoscopy every 10 years, CT colonography (virtual colonoscopy) every 5 years, flexible sigmoidoscopy every 5 years, or double-contrast barium enema every 5 years.

- In 2016, a lower percentage of Essex County adults over age 50 (58.4%) participated in colon-rectal screening than adults statewide (65.1%). Compared to all New Jersey counties, Essex County performs in the lowest performing quartile.
- In 2016, fewer Essex County adults (58.4%) over age 50 had a colonoscopy/sigmoidoscopy than in 2012 (61.7%). Essex County was below the *Healthy People 2020* target of 70.5% of adults (50+) ever having colon-rectal screening in 2016.

Adults Age 50+ Who Ever Had a Colonoscopy or Sigmoidoscopy
State & County Comparisons, 2012-2016



Essex County



Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

Healthy People 2020

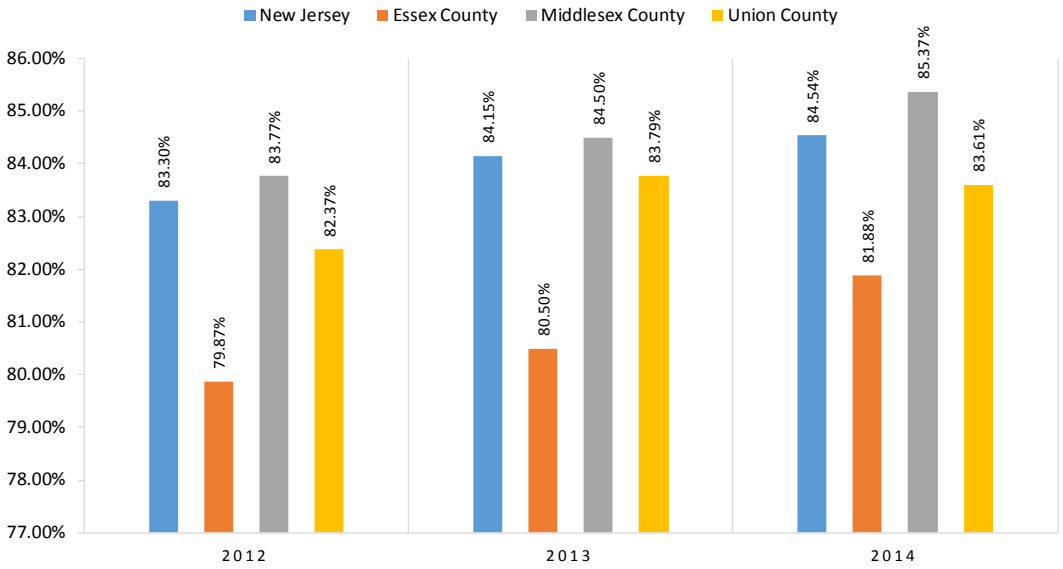
Baseline: 52.1%
Target: 70.5%
Essex County 2016: 58.4%

Diabetes

There are several ways to diagnose diabetes including A1C, Fasting Plasma Glucose (FPG), Oral Glucose Tolerance Test (OGTT) and Random (Casual) Plasma Glucose Test. Diabetes screenings are an effective means of diagnosing and managing illness.

- In 2014, almost 82% of Essex County diabetic Medicare enrollees received HbA1c screening, lower than the State and surrounding counties. As compared to all New Jersey counties, Essex County performs in the bottom quartile.
- The percent of Essex County diabetic Medicare enrollees receiving HbA1c screening has trended upward since 2009.
- In 2014, fewer Essex County diabetic Medicare enrollees (82%) were screened than the CHR national benchmark (91%). Essex County ranked in the middle quartile of the CHR benchmark.

Diabetic Medicare Enrollees That Received Screening
State & County Comparisons, 2012-2014



Source: County Health Rankings – Dartmouth Atlas of Health Care

County Health Rankings & Roadmaps
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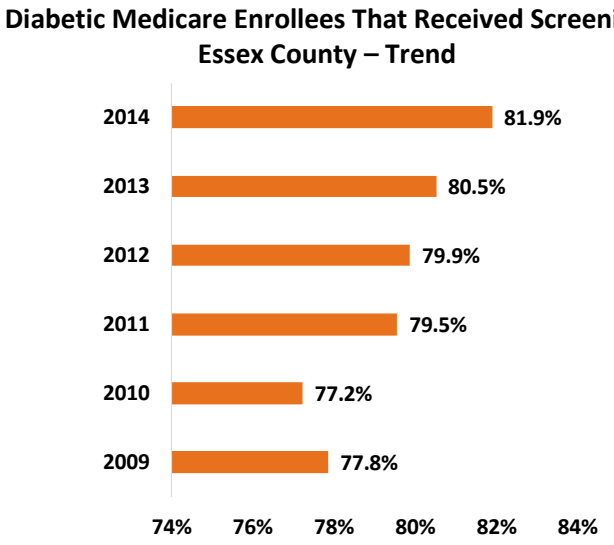
National Benchmark: 91.0
Essex County 2014: 81.9



Source: County Health Rankings – Dartmouth Atlas of Health Care

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Mammograms *Women Age 50+ Who Have NOT Had a Mammogram Within Past Two Years*			
Pap Test *Women Who Have Had a PAP Test Within Past Three Years*		N.A.	
Sigmoidoscopy/ Colonoscopy *Adults Age 50+ Who Have Ever Had a Sigmoidoscopy or Colonoscopy*		N.A.	
HbA1c Screening *% Diabetic Medicare Enrollees Receiving Screening*	N.A.		

RED: Poorest Performing Quartile
Yellow: Middle Quartiles
Green: Best Performing Quartile

Immunizations

It is better to prevent disease than to treat it after it occurs; vaccines prevent disease and save millions of lives. Vaccines introduce the antigens that cause diseases. Immunity, the body's means to preventing disease, recognizes germs and produces antibodies to fight them. Even after many years, the immune system continues to produce antibodies to thwart disease from recurring. Through vaccination we can develop immunity without suffering from disease.[50]

[50] http://www.cdc.gov/vaccines/vac-gen/howvpd.htm#why

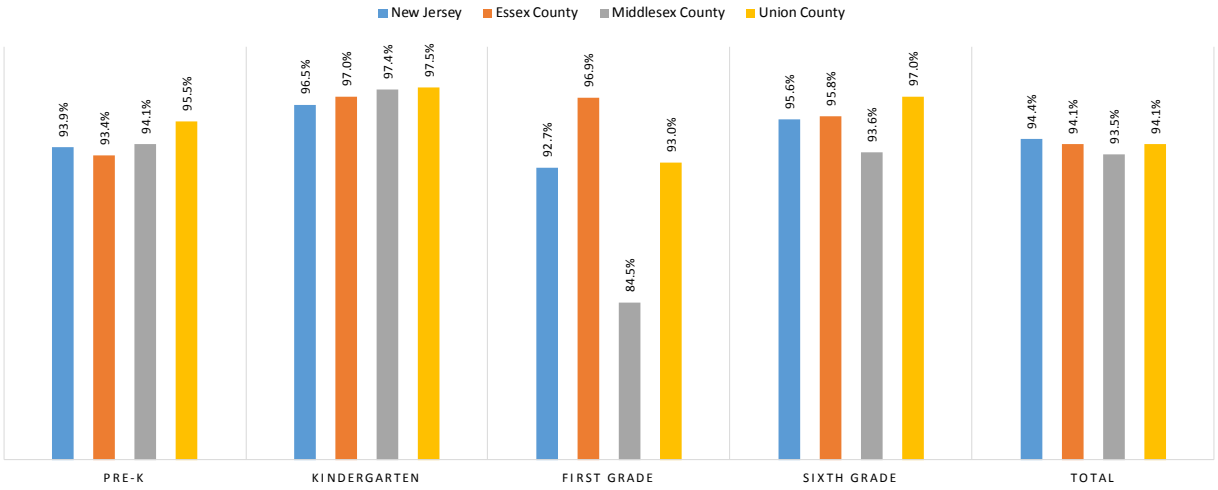
Childhood Immunizations: DPT, polio, MMR & Hib (aged 19-35 months)

Young children are readily susceptible to disease and the consequences can be serious or life-threatening. Childhood immunizations minimize impact of vaccine preventable diseases. Combined 4 vaccine series (4:3:1:3) refers to 4 or more doses of DTP/DT, 3 or more doses of poliovirus vaccine, 1 or more doses of MCV and 3 or more doses of Hib.[51] Conflicting information in the news and on the internet about children's immunizations may cause vaccine hesitancy among select parents. Health care providers have been encouraged to use interventions to overcome vaccine non-compliance, including parental counseling, increasing access to vaccinations, offering combination vaccines, public education, and reminder recall strategies.

Childhood immunization is an evidenced-based strategy, which is known to reduce the incidence, prevalence and mortality of many communicable diseases in many Western Countries including the U.S.

- In 2016, 96.9% of first grade students in Essex County had received all required immunizations compared to 92.7% statewide.
- 94.1% of all Essex County students received all required immunizations, comparable to the statewide percentage (94.4%).
- Essex County is in the top performing quartile statewide.

Childhood Immunization: Percent of Children Meeting All Immunization Requirements
State and County Comparisons, 2016



Source: NJDOH Annual Immunization Status Report
http://www.nj.gov/health/cd/documents/status_report/2016/all_schools_vac.pdf
Data are the most current County-Level figures available.

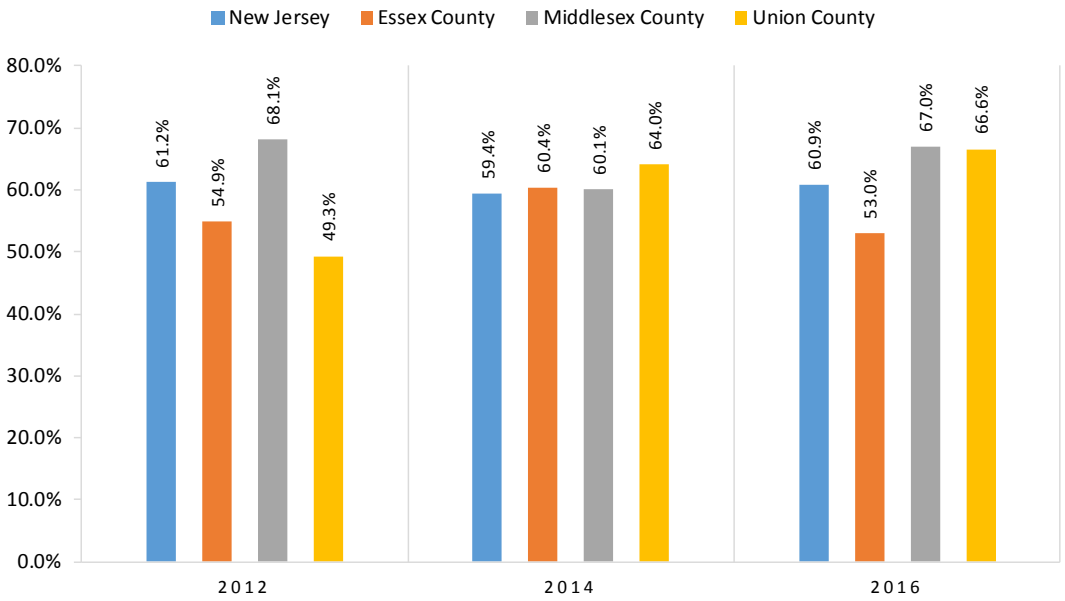
[51] http://www.cdc.gov/vaccines/imz-managers/coverage/nis/child/tech-notes.html)

Adult Flu

Immunizations are not just for children. As we age, the immune system weakens putting us at higher risk for certain diseases. Greater than 60 percent of seasonal flu-related hospitalizations occur in people 65 and older. The single best way to protect against the flu is an annual vaccination.[52]

- Essex County had the lowest percent of adults receiving flu shots in comparison to residents of New Jersey and the tri-county area.
- As compared to all counties statewide, Essex County performs in the middle quartile.
- Between 2011 and 2016, the percentage of Essex County adults who had a flu shot fluctuated with an overall increase of 5.5 percentage points.
- The percent of 2016 Essex County adults who received the flu shot in the past year (53.0%) was lower than the *Healthy People 2020* target of 90.0%.
- Essex County performs in the lowest *Healthy People 2020* quartile.

Adults Age 65+ Who Had a Flu Shot in the Past Year (Percentage)
State & County Comparisons, 2012-2016



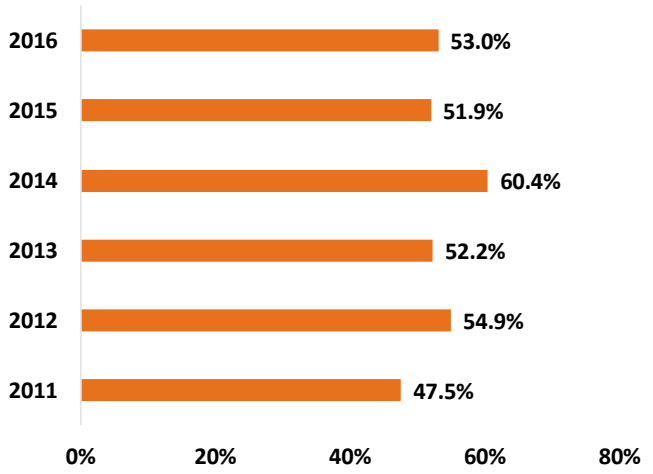
Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

Healthy People 2020

Baseline: 66.6%
Target: 90.0%
Essex County 2016: 53.0%

[52] http://www.cdc.gov/vaccines/adults/rec-vac/index.html)

Adults Age 65+ Who Had a Flu Shot in the Past Year, 2012-2016 (Percentage)
Essex County – Trend



Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

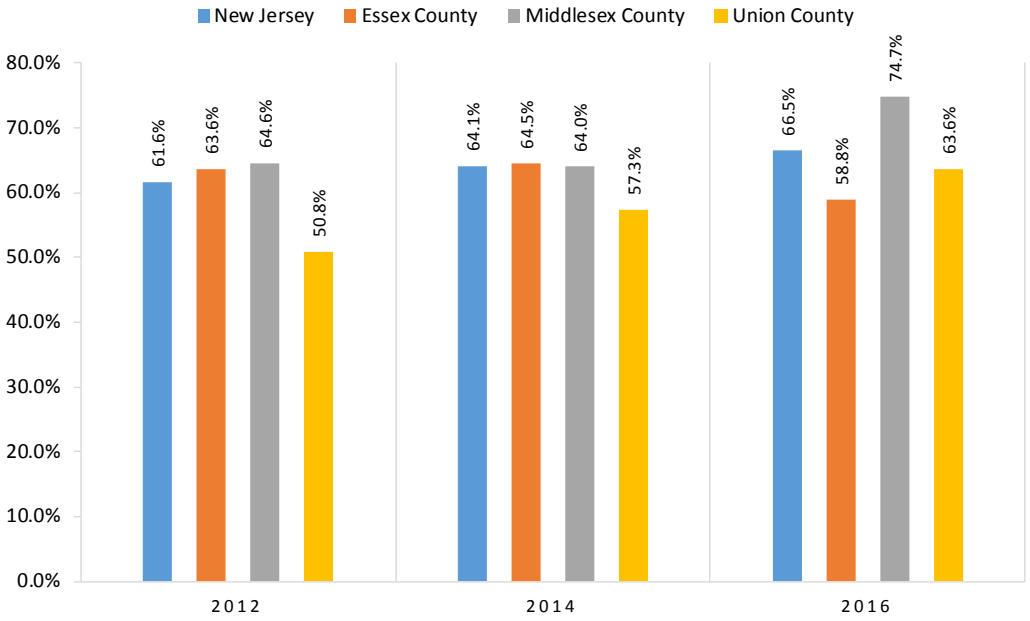
Adult Pneumonia

The pneumococcal vaccine protects us against some of the 90 types of pneumococcal bacteria. Pneumococcal vaccine is recommended for all adults 65 years or older.[53]

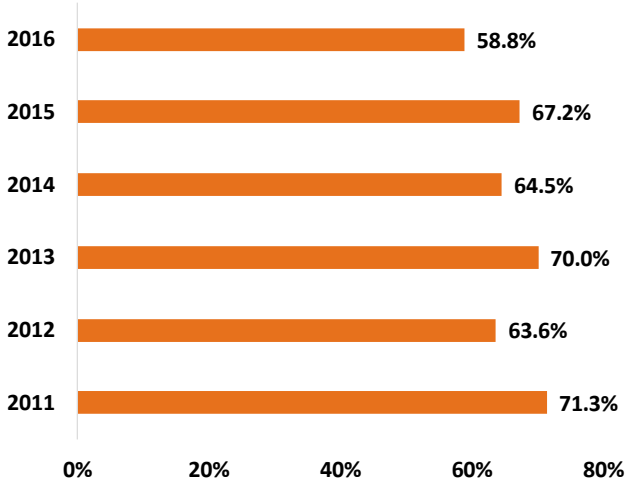
- The percent of Essex County adults age 65+ who had a pneumonia vaccine decreased from 2011 through 2016, from 71.3% to 58.8%.
- In 2016, the percent of Essex County (58.8%) adults that have had a pneumonia vaccine is lower than statewide (66.5%) and less than the *Healthy People 2020* target (90.0%). As compared to all counties statewide, Essex County performs in the bottom quartile. Essex County performs in the bottom quartile in the *Healthy People 2020* target as well.

[53] http://www.cdc.gov/pneumococcal/about/prevention.html

Adults Age 65+ Who Had a Pneumonia Vaccination
State & County Comparisons, 2012-2016



Essex County



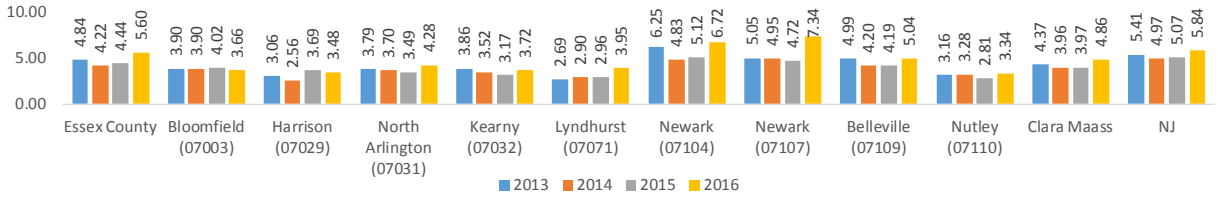
Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

Healthy People 2020

Baseline: 60.0 %
Target: 90.0%
Essex County 2016: 58.8%

- In 2016, Newark 07107 residents who used a hospital service had the highest rate of pneumonia (7.34/1,000) and Nutley at 3.34/1,000 was the lowest as compared to all geographies.

Acute Care IP, Same Day and ED Discharges; Rate / 1,000 Population: Pneumonia



Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census Definition: Inpatient, Same Day Stay and ED Discharges – For MS-DRGs 177, 178, 179, 193, 194, 195

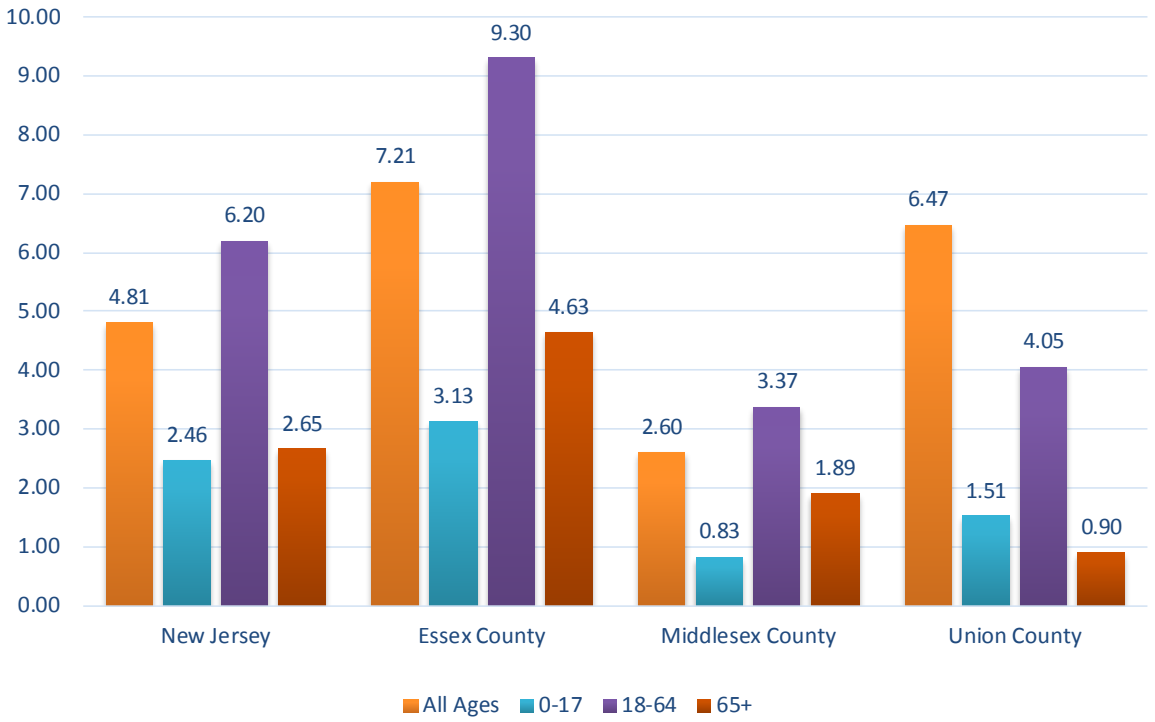
Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Flu Shot *Adults Age 65+ Who Have NOT Had a Flu Shot in the Past Year* *%No*		N.A	
Pneumonia Vaccination *Adults Age 65+ Who Have NOT Ever Had a Pneumonia Vaccination* *%Never*		N.A.	
Children Meeting All Immunization Requirements	N.A.	N.A.	

4. Behavioral Health Utilization

Mental Health

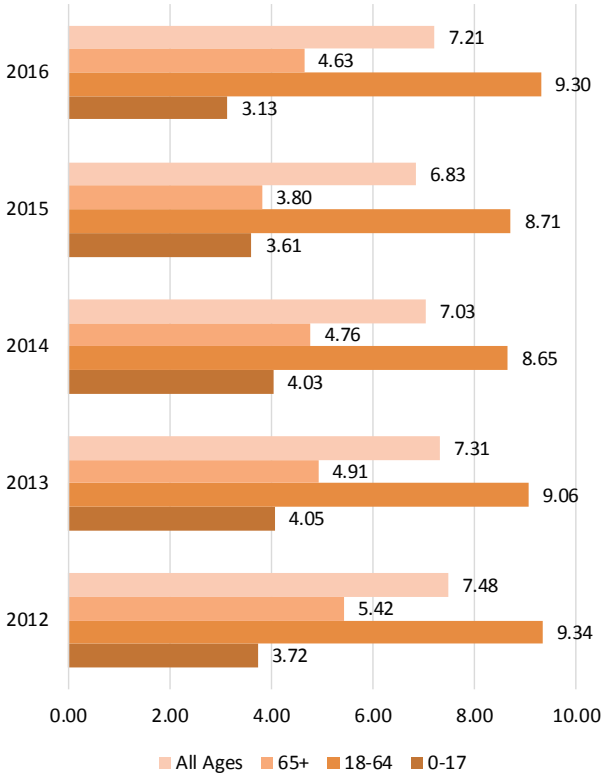
- In 2016, Essex County (7.21/1,000) had the highest rate of residents with an inpatient hospitalization for a mental health condition across all age cohorts, as compared to the State and comparison counties.
- Within Essex County, by age cohort in 2016, adults 18-64 (9.30/1,000) had the highest rate of mental/behavioral health inpatient hospital admissions compared to older adults 65+ (4.63/1,000) and children (3.13/1,000).
- Essex County had slightly fewer patient hospitalizations for mental/behavioral health conditions in 2016 (7.21/1,000) than in 2012 (7.48/1,000).

Inpatient Admissions for Mental/Behavioral Health Conditions
By Age; Rate / 1,000 Population
State & County Comparisons, 2016



Source: NJDHSS 2012 - 2016 UB-04 Data MDC 19 – NJ Residents; Population: United States Census American Community Survey 5yr Estimate

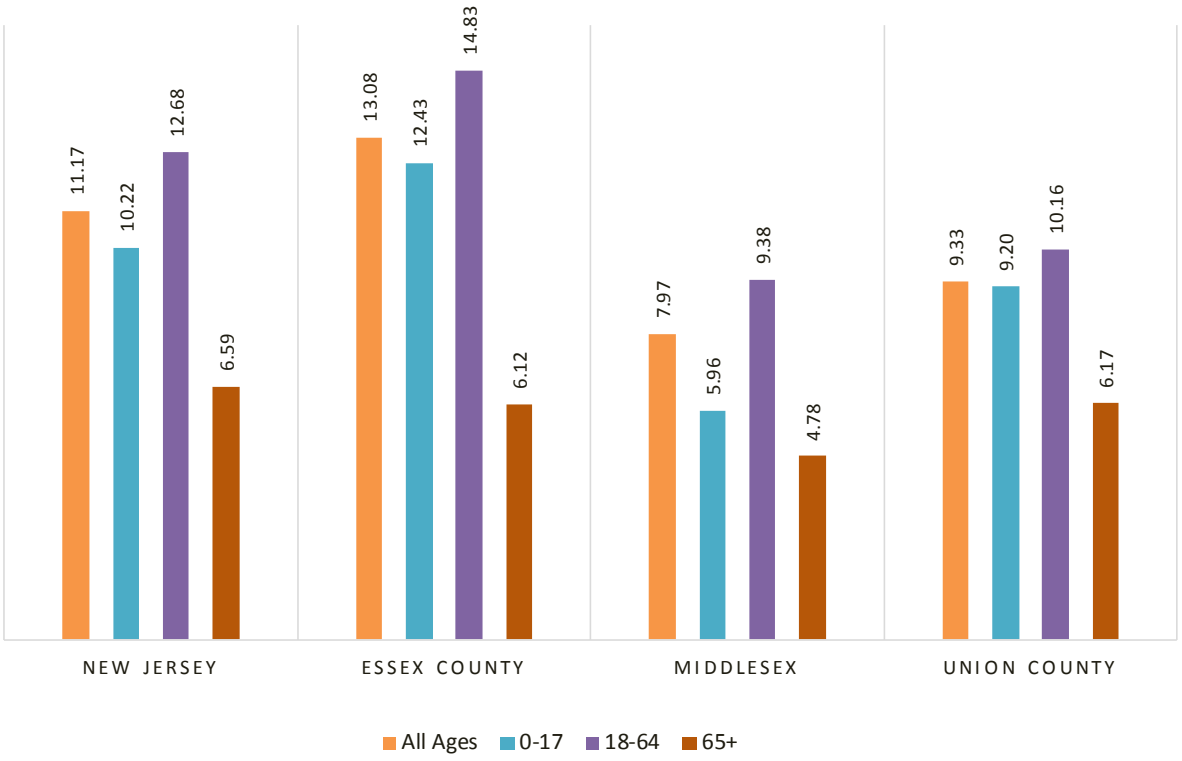
Inpatient Admissions for Mental/Behavioral Health Conditions
By Age; Rate / 1,000 Population, 2016
Essex County – Trend

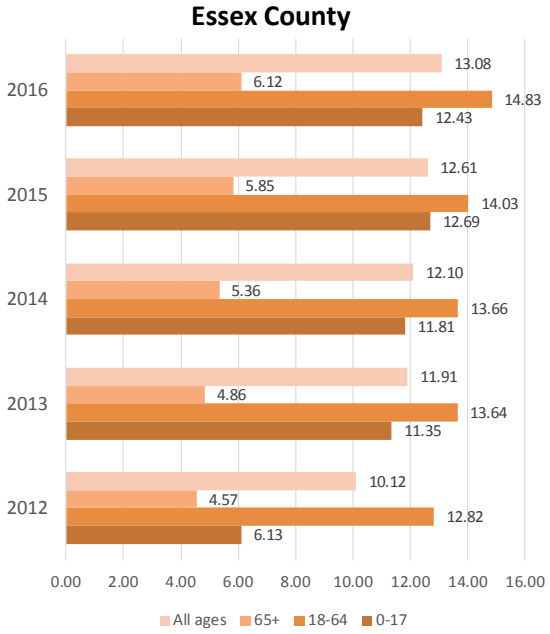


Source: NJDHSS 2012 - 2016 UB-04 Data MDC 19 – NJ Residents; Population: United States Census American Community Survey 5yr Estimate

- In 2016, Essex County (13.08/1,000) had a higher ED visit rate for mental health conditions than the State (11.17/1,000).
- In 2016, Essex County adults 18-64 (14.83/1,000) had the highest rate of ED visits compared to children (12.43/1,000) and older adults 65+ (6.12/1,000).
- Essex County ED visits for mental/behavioral health conditions increased between 2012 (10.12/1,000) and 2016 (13.08/1,000).

ED Visits for Mental/Behavioral Health Conditions (2016): By Age; Rate / 1,000 Population
State & County Comparisons 2016

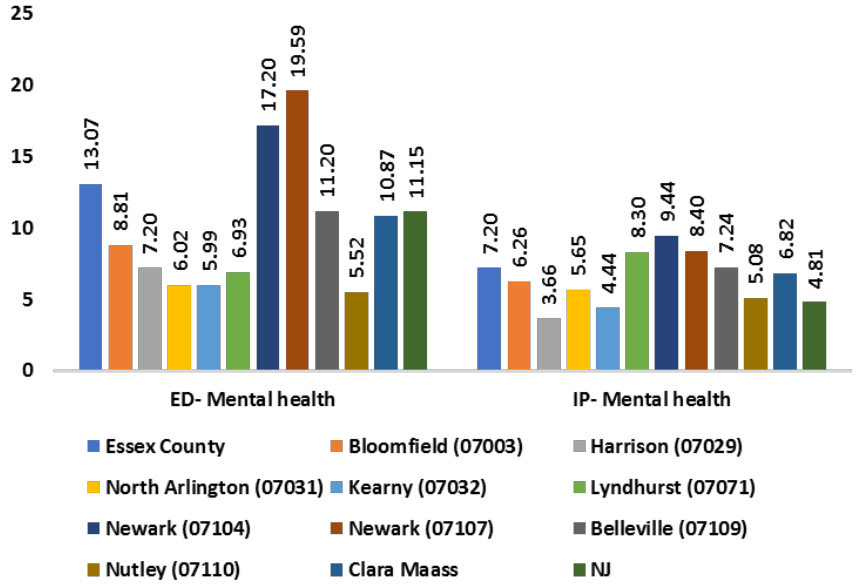




Source: NJDHSS 2012- 2016 UB-04 Data MDC 19 – NJ Residents; Population: United States Census American Community Survey 5yr Estimate

- In 2016, inpatient hospitalizations for mental/behavioral health for CMMC's Service Area (6.82/1,000) exceeded the New Jersey rate (4.81/1,000) but was lower than the Essex County rate (7.20/1,000).
- In 2016, the emergency department rate for mental/behavioral health in Newark 07107 (19.59/1,000) was greater than Essex County (13.07/1,000) and greater than New Jersey (11.15/1,000).
- In 2016, the emergency department rate for mental health in Nutley (5.52/1,000) was less than the New Jersey rate (11.15/1,000) and less than the Essex County rate (13.07/1,000).

Mental Health Use Rate /1,000 Population: 2016



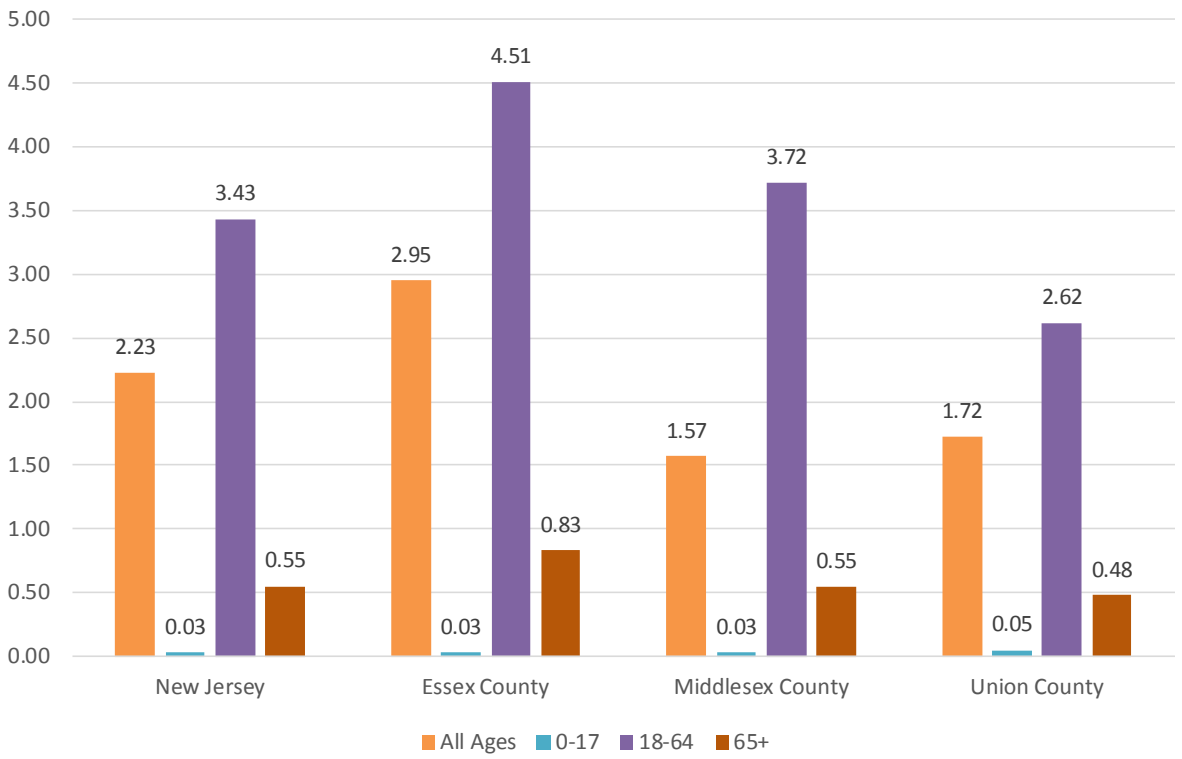
*Source: UB-04 2016 Discharges; Claritas Population Estimate
** Mental Health Defined as MDC 19, Substance Abuse Defined As MDC 20

Substance Abuse

Substance abuse has a major impact on individuals, families and communities. In 2005, an estimated 22 million Americans struggled with a drug or alcohol problem. Almost 95 percent of people with substance use problems are considered unaware of their problem. These estimates highlight the importance of increasing prevention efforts and improving access to treatment for substance abuse and co-occurring disorders.[54]

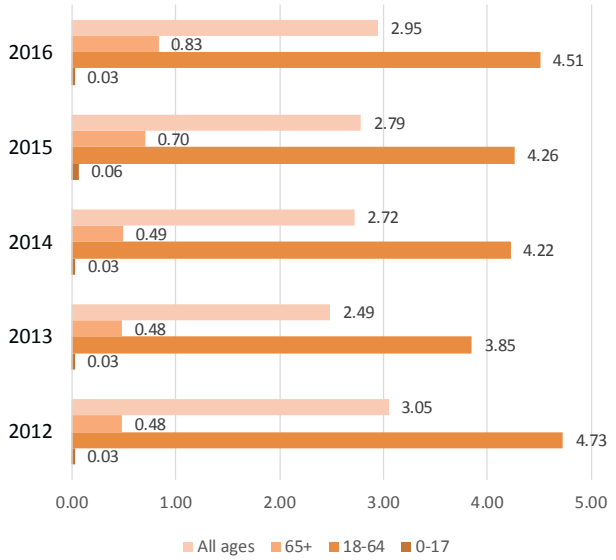
- In 2016, Essex County had a higher use rate for residents with an inpatient admission for substance abuse than the State and all comparison counties, and among all age cohorts except those 0-17.
- Inpatient use rates by age cohort in Essex County trended upward or remained the same for all age cohorts between 2012-2016.

Inpatient Substance Abuse Treatment Admissions: Rate / 1,000 Population
State & County Comparisons 2016



[54] http://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse

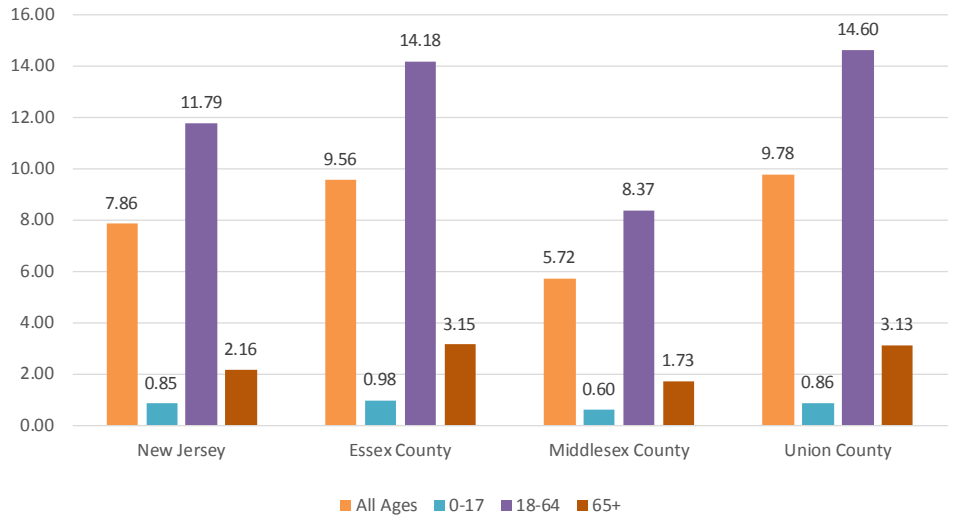
Inpatient Substance Abuse Treatment Admissions: Rate / 1,000 Population
Essex County – Trend



Source: NJDHSS 2012 - 2016 UB-04 Data MDC 20 – NJ Residents; Population: United States Census American Community Survey 5yr Estimate

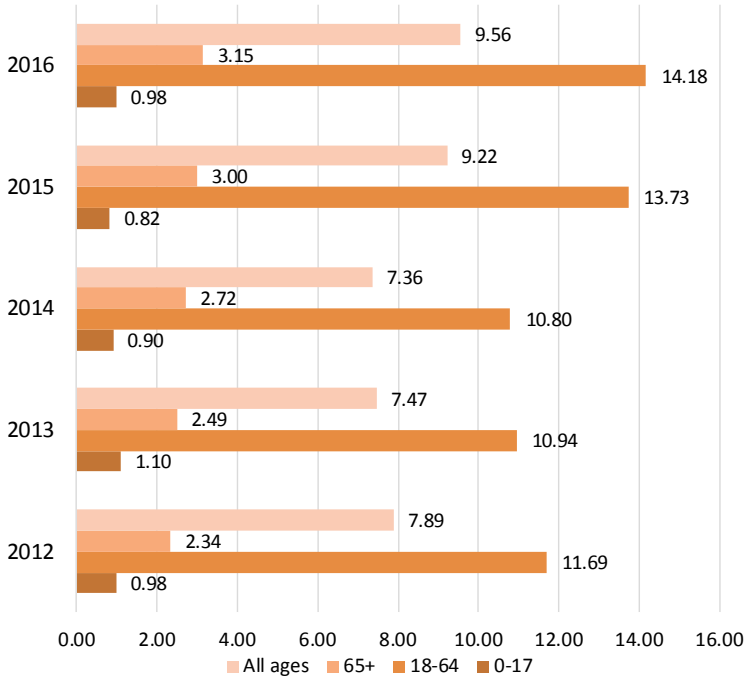
- In 2016, Essex County (9.56/1,000) had a higher ED visit rate for substance abuse than the State (7.86/1,000).
- Between 2012 and 2016, ED visit rate for substance abuse in Essex County increased from 7.89/1,000 to 9.56/1,000.
- In 2016, Essex County residents aged 18-64 had the second highest rate of ED visits for substance abuse (14.18/1,000), after Union County (14.60/1,000).

ED Visits for Substance Abuse: By Age; Rate / 1,000 Population
State & County Comparisons 2016



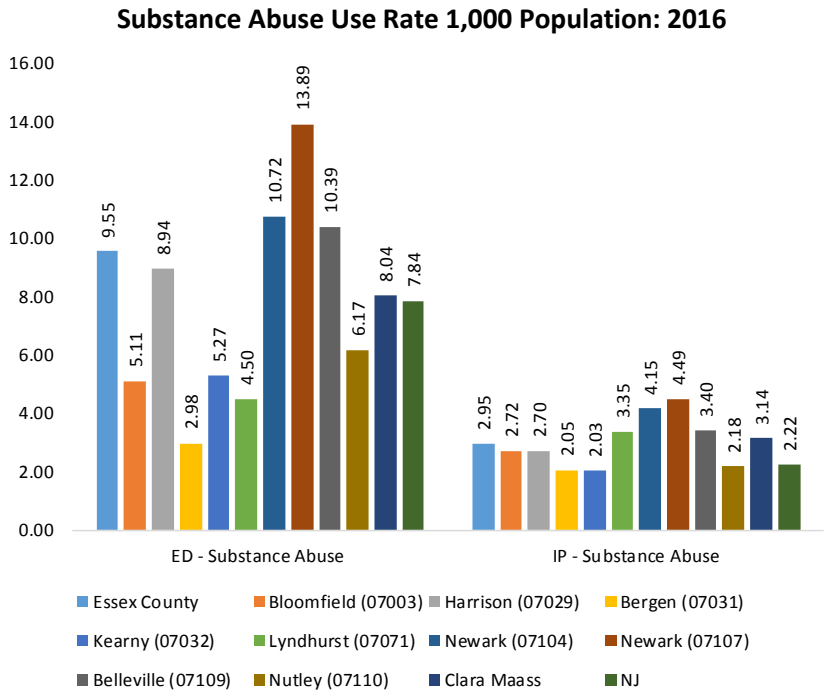
Source: NJDHSS 2012 - 2016 UB-04 Data MDC 20 – NJ Residents; Population: United States Census American Community Survey 5yr Estimate

ED Visits for Substance Abuse: By Age; Rate / 1,000 Population
Essex County – Trend



Source: NJDHSS 2012 - 2016 UB-04 Data MDC 20 – NJ Residents; Population: United States Census American Community Survey 5yr Estimate

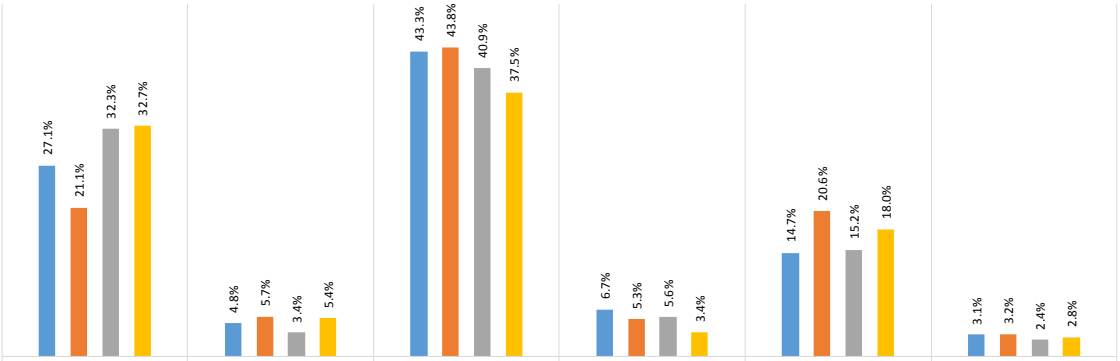
- Inpatient hospitalization to general hospitals for substance abuse in the CMMC Service Area (3.14/1,000) was higher than the County rate (2.95/1,000), and the State (2.22/1,000).
- Newark's 07107 rate (4.49/1,000) for inpatient hospitalization for substance abuse was higher than Essex County (2.95/1,000).
- In 2016, emergency department visits for substance abuse in CMMC's Service Area (8.04/1,000) was lower than the Essex County rate (9.55/1,000), but higher than the New Jersey rate (7.84/1,000).
- In 2016, emergency department utilization rates for substance abuse in Newark 07107 (13.59/1,000) was higher than the Essex County rate (9.55/1,000).



*Source: UB-04 2016 Discharges; Claritas Population Estimate
** Mental Health Defined as MDC 19, Substance Abuse Defined As MDC 20

- In 2016, heroin was the leading reason for admission to a drug treatment center followed by alcohol for Essex County residents.

Primary Drug Treatment Admissions
State & County Comparisons 2016



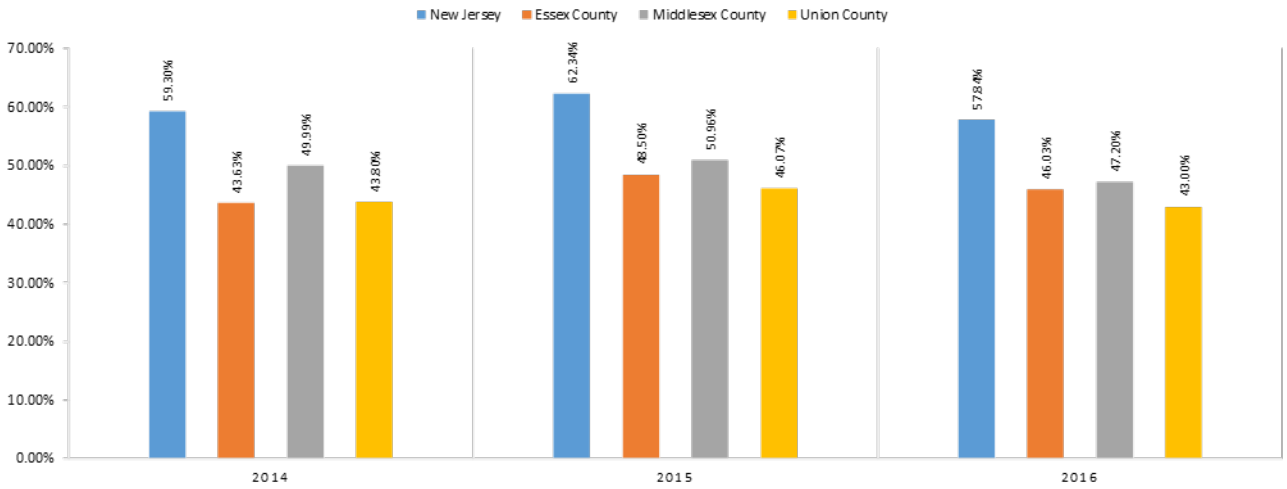
	Alcohol	Cocaine/Crack	Heroin	Other Opiates	Marijuana/Hashish	Other Drugs
New Jersey	27.1%	4.8%	43.3%	6.7%	14.7%	3.1%
Essex County	21.1%	5.7%	43.8%	5.3%	20.6%	3.2%
Middlesex County	32.3%	3.4%	40.9%	5.6%	15.2%	2.4%
Union County	32.7%	5.4%	37.5%	3.4%	18.0%	2.8%

Source: http://www.nj.gov/humanservices/dmhas/publications/statistical/Substance%20Abuse%20Overview/2016/statewide.pdf

Between 2014 and 2016, the number of drugs dispensed went down across the State, but up in Essex County.

- In 2016, the number of drugs dispensed reached slightly less than 50% of the Essex County population.

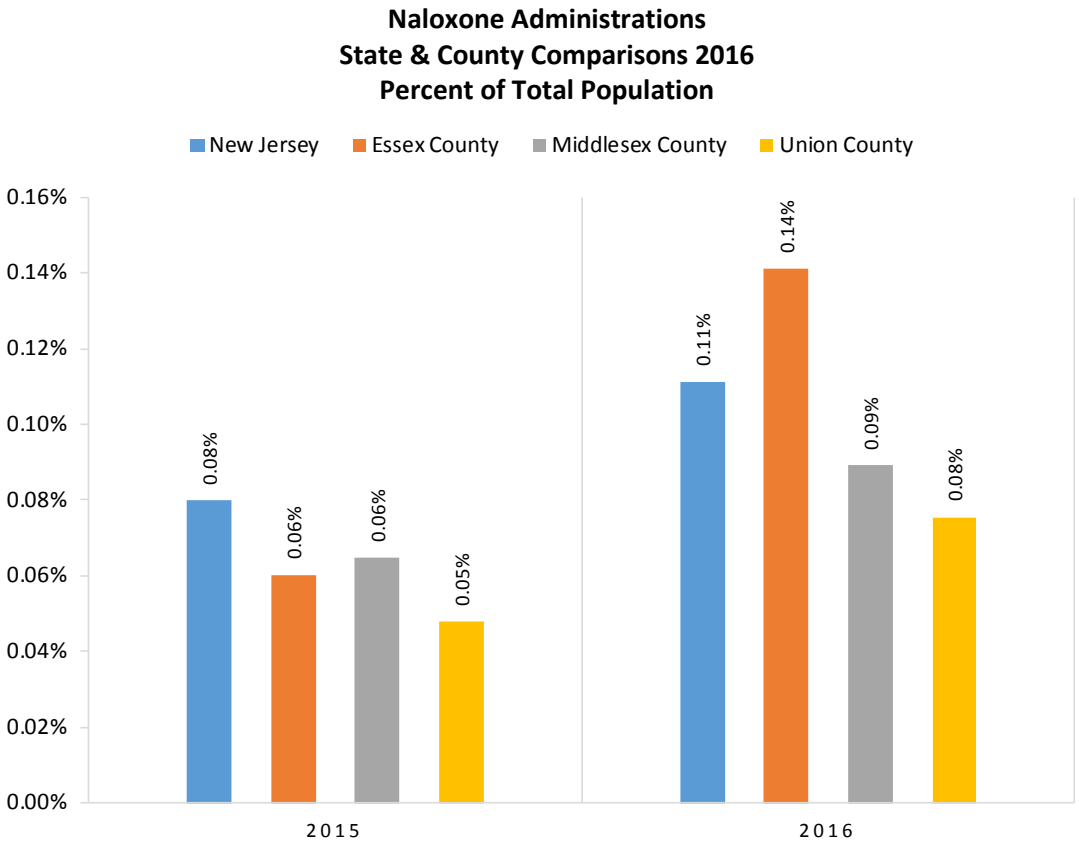
Opioid Dispensing
State & County Comparisons 2016

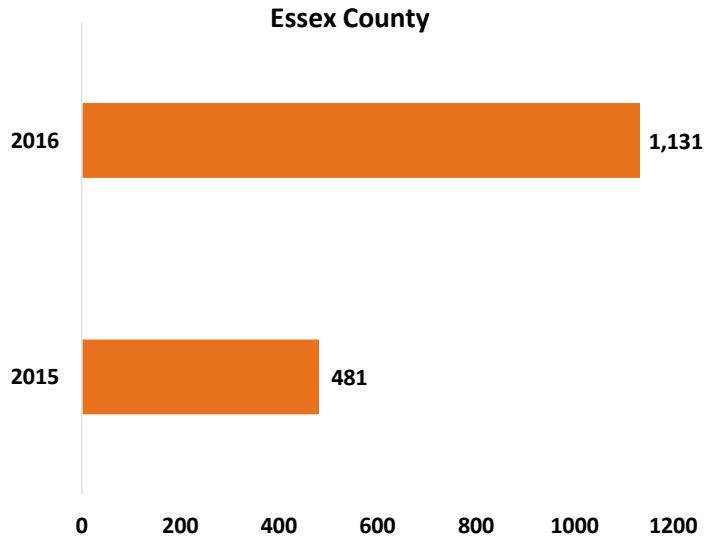


Source: http://www.nj.gov/humanservices/dmhas/publications/statistical/Substance%20Abuse%20Overview/2016/statewide.pdf

Naloxone is a FDA approved medication to prevent overdose by opiods such as herion, morphine and oxycodone. It blocks opiod receptor sites revising the toxic effects of overdose.

- Between 2015 and 2016, the number of Naloxone administrations increased statewide; and in Essex, Middlesex and Union County. In Essex County, Naloxone administrations increased from 481 administrations to 1,131.





Source: http://www.nj.gov/humanservices/dmhas/publications/statistical/Substance%20Abuse%20Overview/2016/statewide.pdf

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Treatment Admissions for Alcohol *Percentage of Total Treatment Admissions*	N.A	N.A.	
Treatment Admissions for Cocaine/Crack *Percentage of Total Treatment Admissions*	N.A	N.A	
Treatment Admissions for Heroin *Percentage of Total Treatment Admissions*	N.A.	N.A	
Treatment Admissions for Other Opiates *Percentage of Total Treatment Admissions*	N.A	N.A.	
Treatment Admissions for Marijuana *Percentage of Total Treatment Admissions*	N.A	N.A	
Treatment Admissions for Other Drugs *Percentage of Total Treatment Admissions*	N.A	N.A	
Opioid Dispensations	N.A	N.A	
Naloxone Administrations	N.A	N.A	

RED: Poorest Performing Quartile
Yellow: Middle Quartiles
Green: Best Performing Quartile

E. HEALTH OUTCOMES

Disease-specific mortality, health status and morbidity are among the outcomes presented. Indicators of general health and mental health measures are also discussed in this section.

1. Mortality - Leading Cause of Death

According to the CDC, mortality statistics are one of few data sets comparable for small geographic areas, available for long time periods and appropriate as a primary source for public health planning.

- Between 2013 and 2016, Essex County age-adjusted mortality rates (AAMR) improved (decreased), for Homicide (-16.5%), lower respiratory diseases (-15.3%), diseases of the heart (-8.3%), stroke -1.5%), and cancer (-0.9%).
- Between 2013 and 2016, five of the top 10 leading causes of death for Essex County increased including: Alzheimer's disease (38.4%), unintentional injuries (34.7%), nephritis (9.3%), diabetes (4.8%), and septicemia (1.7%).

Top 10 Causes of Death in Essex County
Age-Adjusted Rate/100,000 Population 2008-2016

CAUSES OF DEATH	2008	2013	2016	% Change '13-'16
Diseases of heart	209.0	181.0	165.9	-8.3%
Cancer (malignant neoplasms)	186.4	149.4	148.0	-0.9%
Unintentional injuries	28.2	30.3	40.8	34.7%
Stroke (cerebrovascular diseases)	36.8	33.1	32.6	-1.5%
Diabetes mellitus	29.6	25.1	26.3	4.8%
Septicemia	31.2	23.2	23.6	1.7%
Chronic lower respiratory diseases (CLRD)	29.2	24.8	21.0	-15.3%
Nephritis, nephrotic syndrome and nephrosis (kidney disease)	23.4	15.0	16.4	9.3%
Alzheimer's disease	14.4	11.2	15.5	38.4%
Homicide (assault)	13.7	17.6	14.7	-16.5%

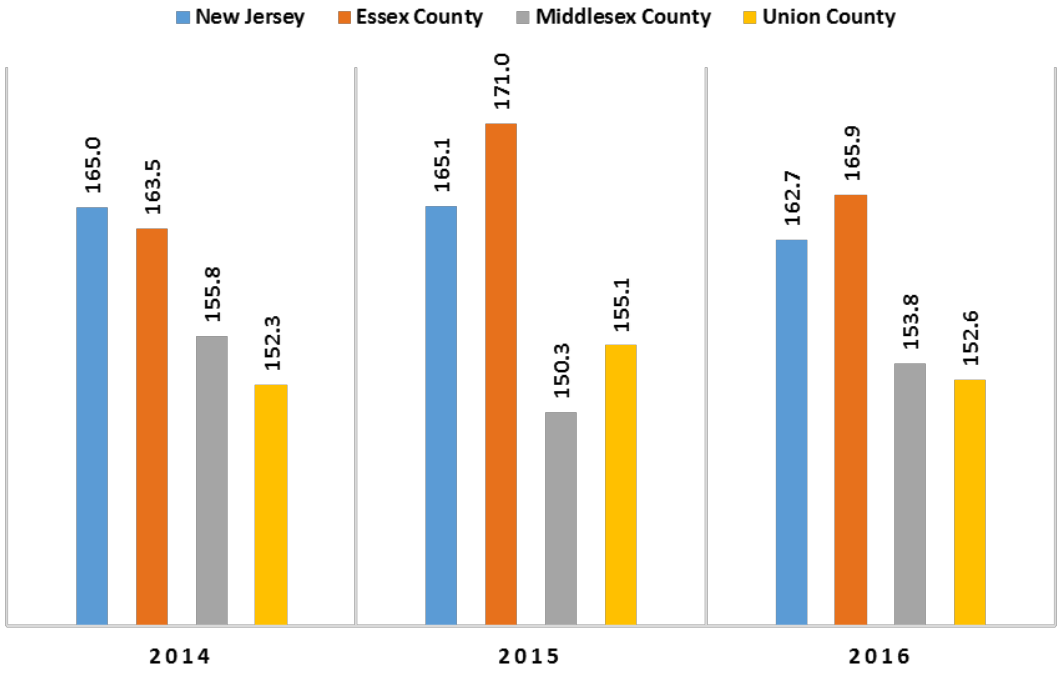
Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.

Heart Disease (1)

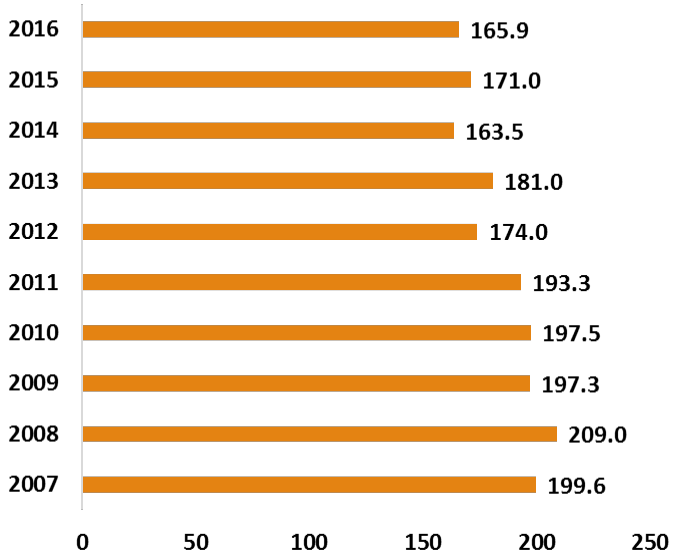
Heart disease includes several conditions, most commonly, coronary artery disease, angina, heart failure and arrhythmias. Nationally, statewide and in Essex County, heart disease remains the leading cause of death. Responsible for 1 in every 4 deaths, approximately 610,000 people die of heart disease in the United States each year.

- The AAMR for heart disease deaths decreased between 2007 (199.6/100,000) and 2016 (165.9/100,000).
- The 2016 Essex County mortality rate due to heart disease (165.9/100,000) was higher than statewide (162.7/100,000).
- In 2016, across the County, Blacks (184.7/100,000) had the highest heart disease mortality rate as compared to Whites (151.6/100,000) and Hispanics (118.8/100,000).

Deaths Due to Diseases of the Heart: Age-Adjusted Rate/100,000 Population
State & County Comparisons 2014-2016



Essex County

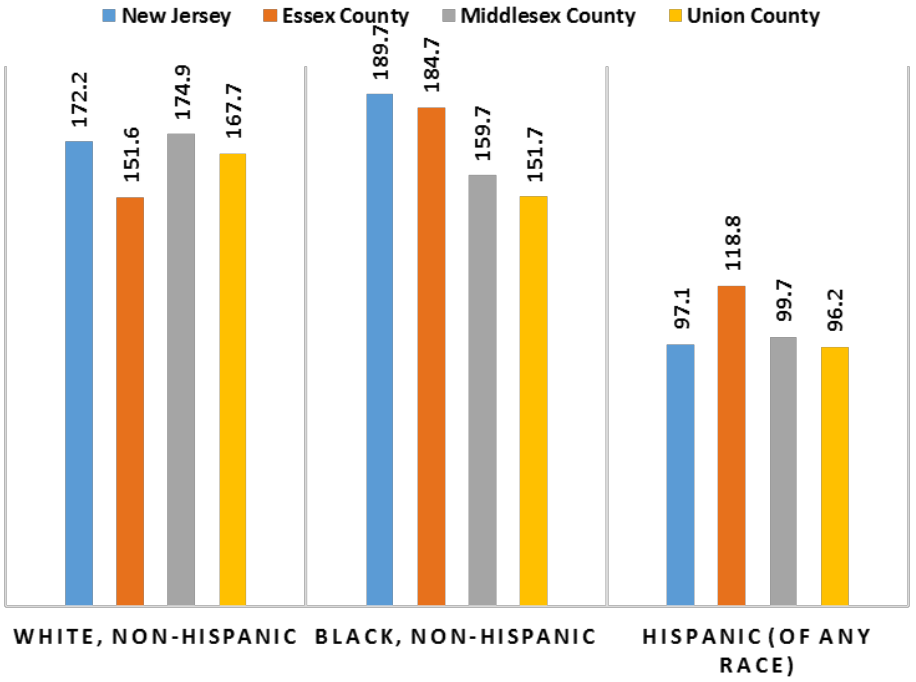


Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.

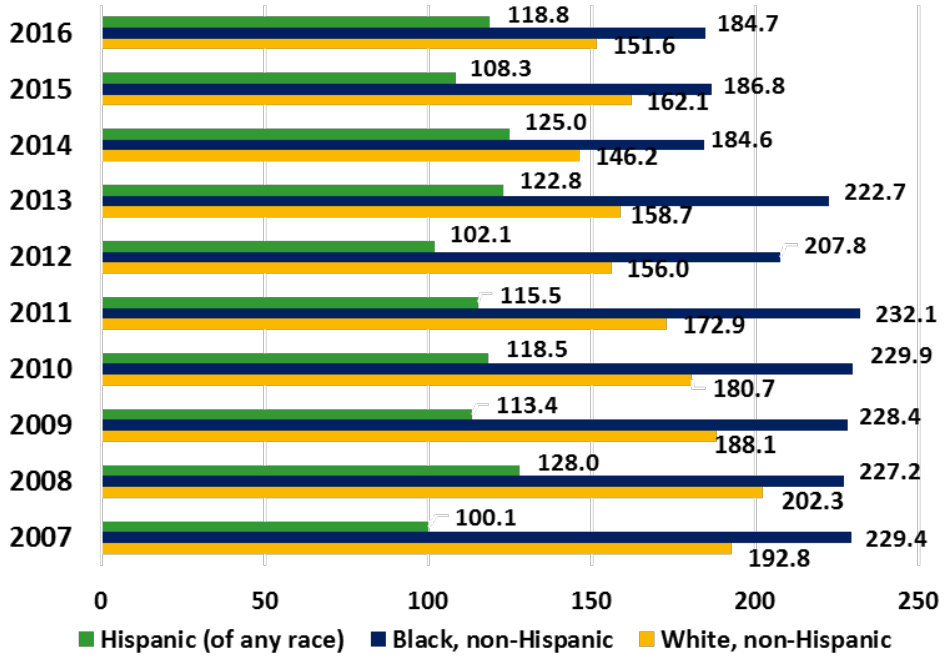
Healthy People 2020

Baseline: 129.2
Target: 103.4
Essex County 2016: 165.9

Deaths Due to Diseases of the Heart by Race/Ethnicity, 2016
Essex County Age-Adjusted Rate/100,000 Population



Essex County



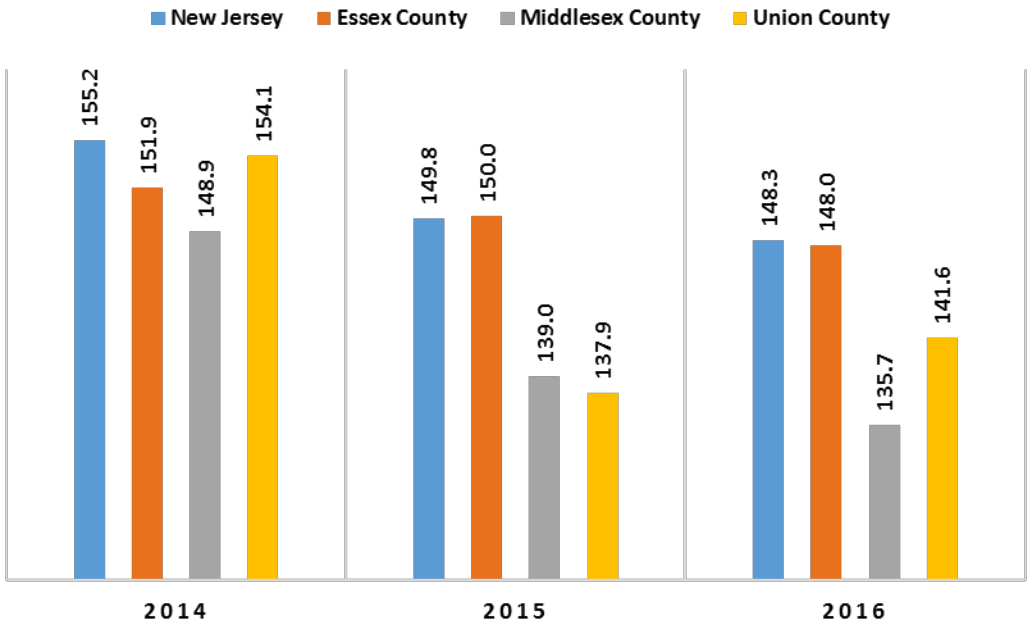
Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.

Cancer (2)

Although there are many types of cancer, all originate from abnormal cells with untreated disease.[55] Approximately half of American men and one-third of women will develop some form of cancer throughout their lifetimes. Cancer risk may be reduced by basic lifestyle modifications including limiting or avoiding tobacco, sun protection, being physically active and eating healthy foods. Early detection greatly improves positive outcomes. Cancer is the second leading cause of death in the United States, New Jersey and Essex County.[56]

- Essex County deaths due to cancer decreased from 2014 (151.9/100,000) to 2016 (148/100,000).
- The 2016 Essex County AAMR (148/100,000) was 0.3 percentage points lower than New Jersey (148.3/100,000) and ranks in the top performing quartile statewide.
- The 2016 Essex County cancer AAMR (148/100,000) performed better than the *Healthy People 2020* target of 161.4/100,000.

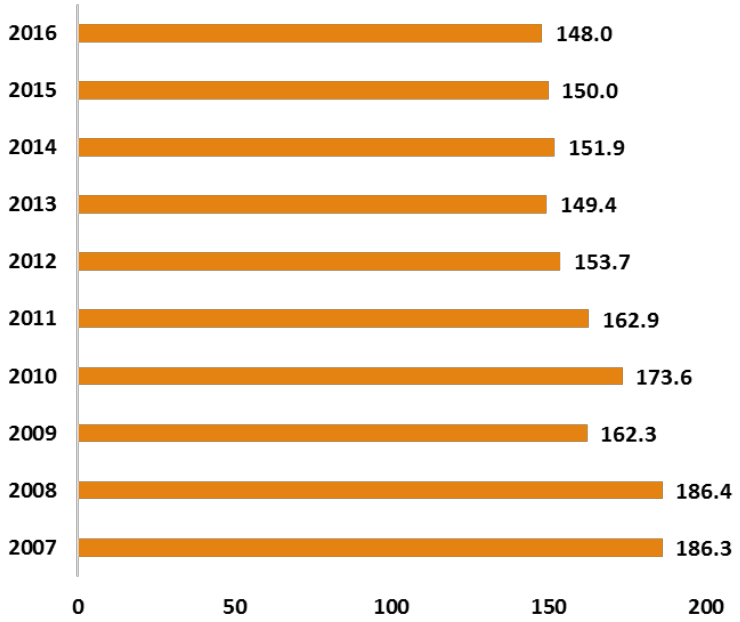
Deaths Due to Malignant Neoplasms (Cancer): Age-Adjusted Rate/100,000 Population
State & County Comparisons, 2014-2016



Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.

[55] http://www.cancer.org/cancer/cancerbasics/what-is-cancer
[56] http://www.cancer.org/ cancer/cancerbasics/questions-people-ask-about-cancer

Deaths Due to Malignant Neoplasms (Cancer): Age-Adjusted Rate/100,000 Population
Essex County – Trend

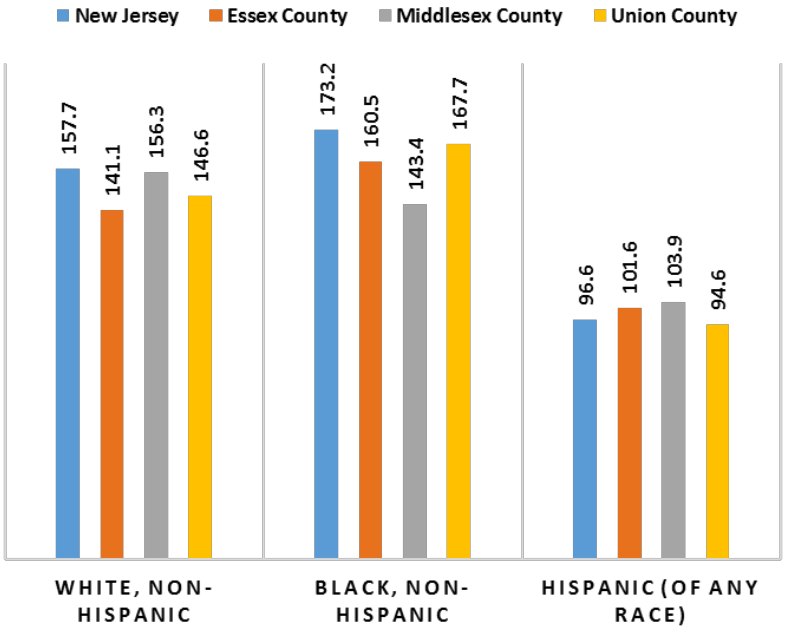


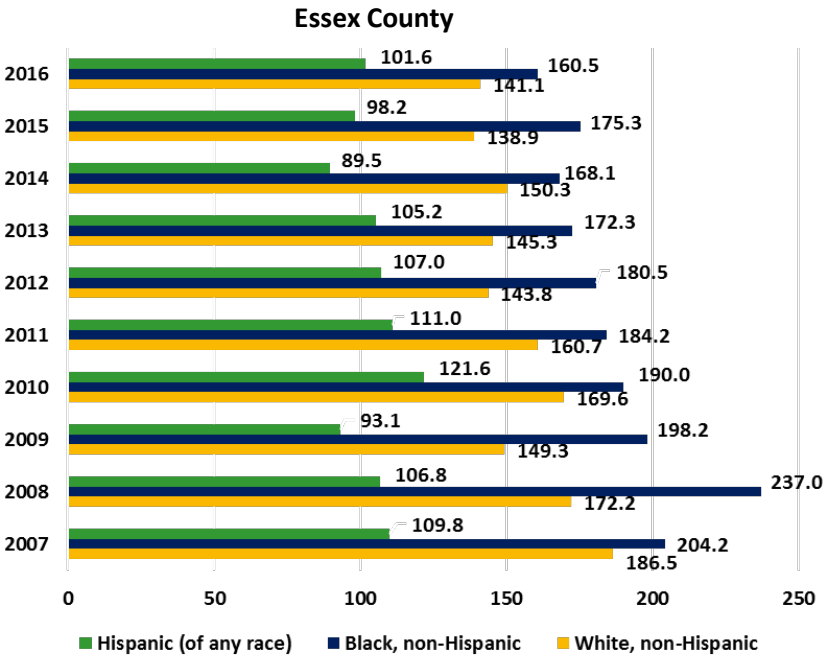
Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.

Baseline: 179.3
Target: 161.4
Essex County 2016: 148.0

- In 2016, AAMR for malignant neoplasm deaths among Blacks (160.5/100,000) in Essex County was notably higher than Hispanics (101.6/100,000) and higher than Whites (141.1/100,000).
- The AAMR for cancer among Blacks in Essex County has historically been higher than Whites as well as Hispanics.

Deaths Due to Malignant Neoplasms (Cancer): By Race/Ethnicity
State & County Comparisons, 2014-2016





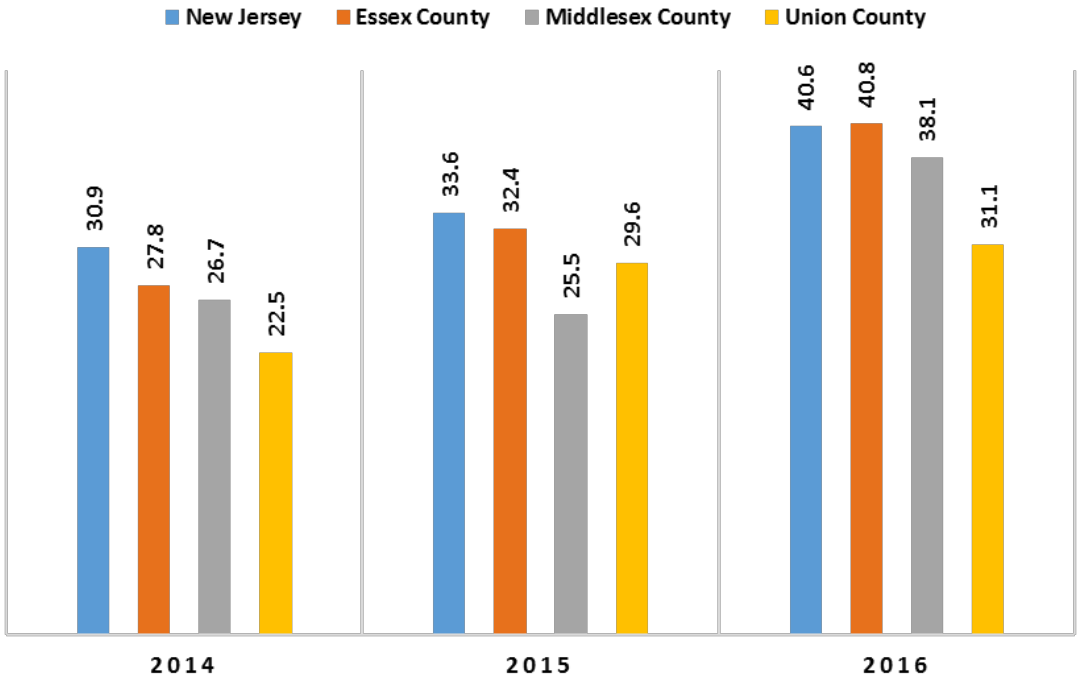
Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.

Unintentional Injuries (3)

The majority of unintentional injuries are preventable and predictable. Deaths due to unintentional injury often occur as a result of motor vehicle accidents, falls, firearms, drownings, suffocations, bites, stings, sports/recreational activities, natural disasters, fires, burns and poisonings. Public Health prevention strategies including minimum age drinking requirements, seatbelt and helmet laws, smoke alarms, exercise programs and other safety awareness campaigns reduce unintentional injury and death.[57]

- The unintentional injury death rate increased steeply between 2007 (27.8/100,000) and 2016 (40.8/100,000) in Essex County.
- Essex County's AAMR for unintentional injuries was higher that the *Healthy People 2020* target.
- The 2016 Essex County unintentional injury AAMR was slightly higher than the State.

Unintentional Injuries
State & County Comparisons, 2014-2016

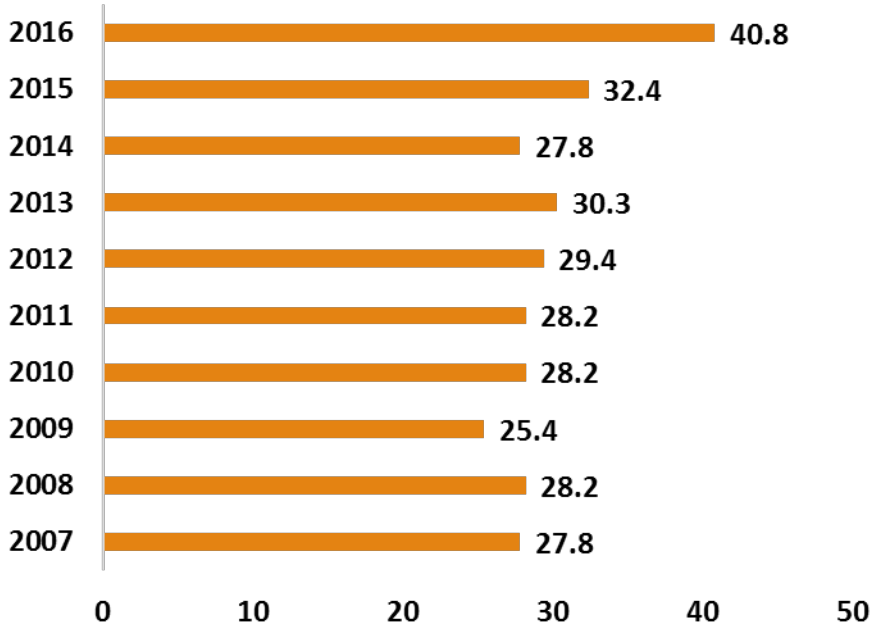


Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.

[57] http://www.cdph.ca.gov/programs/ohir/Pages/UnInjury2010Background.aspx

Unintentional Injuries
State & County Comparisons, 2014-2016

Essex County

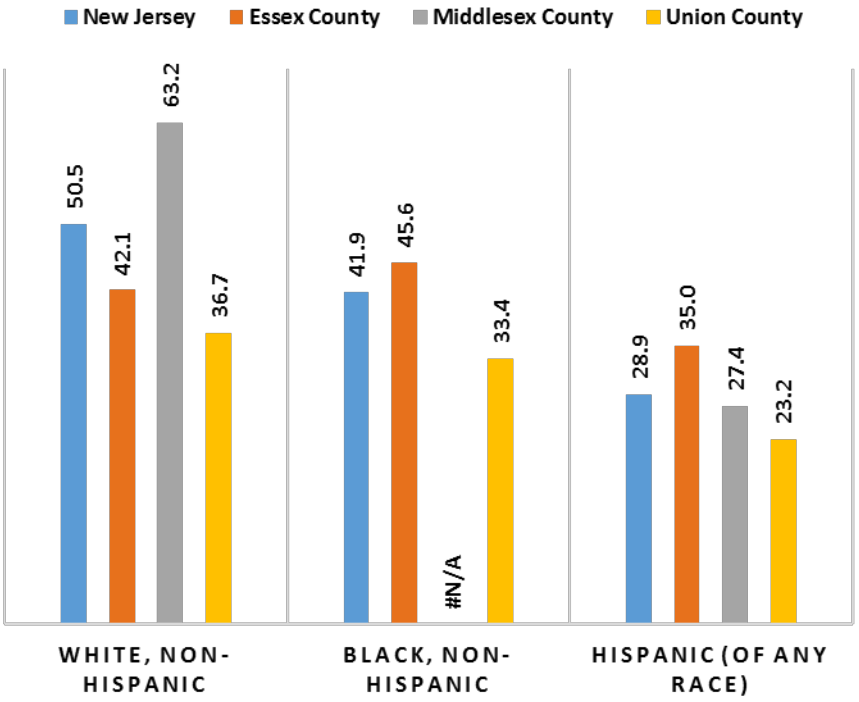


Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.

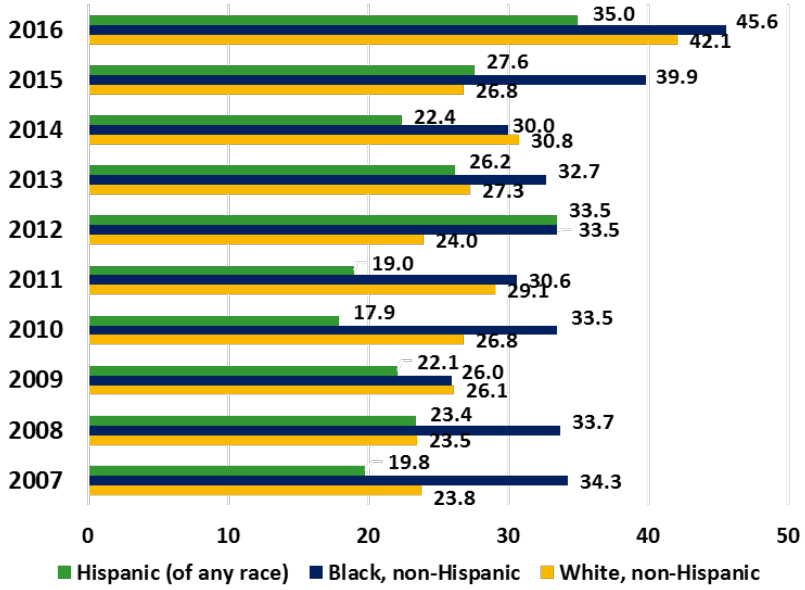
Baseline: 40.4
Target: 36.4
Essex County 2016: 40.8

- The 2016 unintentional injury death rate for Blacks (45.6/100,000) was higher than the rate for Whites (42.1/100,000) and Hispanics (35.0/100,000).

Unintentional Injuries by Race/Ethnicity
State & County Comparisons, 2014-2016



Essex County



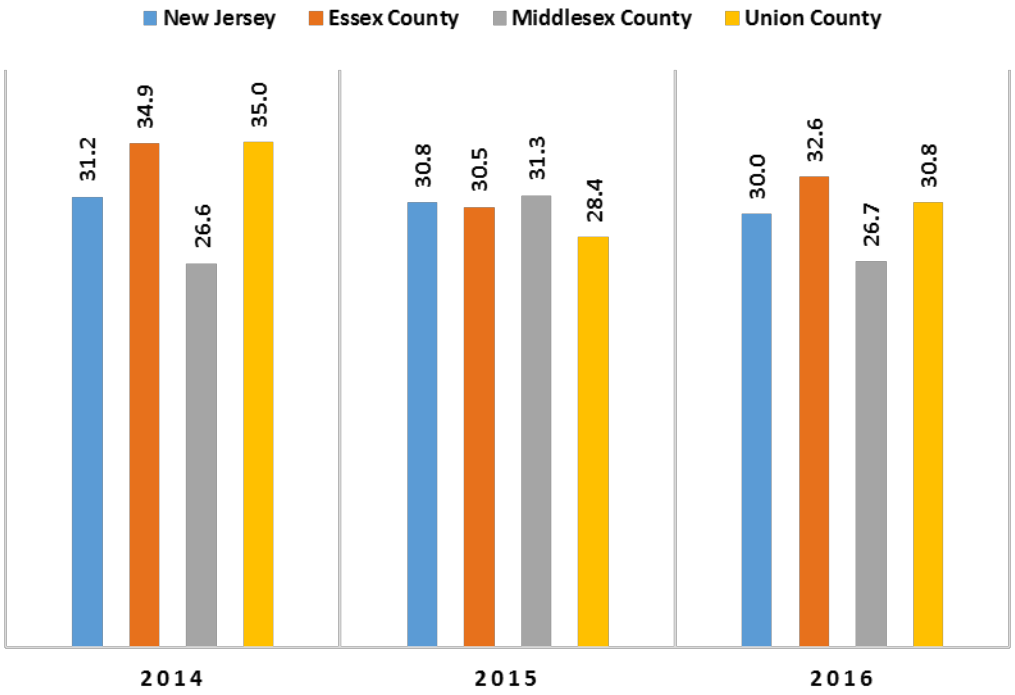
Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.

Stroke (Cerebrovascular Diseases) (4)

A stroke occurs when a clot blocks blood supply to the brain or if a blood vessel within the brain bursts.

- The Essex County stroke AAMR decreased from 2014 (34.9/100,000) to 2016 (32.6/100,000). In 2016, the County AAMR was lower than the *Healthy People 2020* target (34.8/100,000).
- The 2016 Essex County stroke AAMR (32.6/100,000) was higher than the State (30.0/100,000) and ranks in the middle quartile statewide.

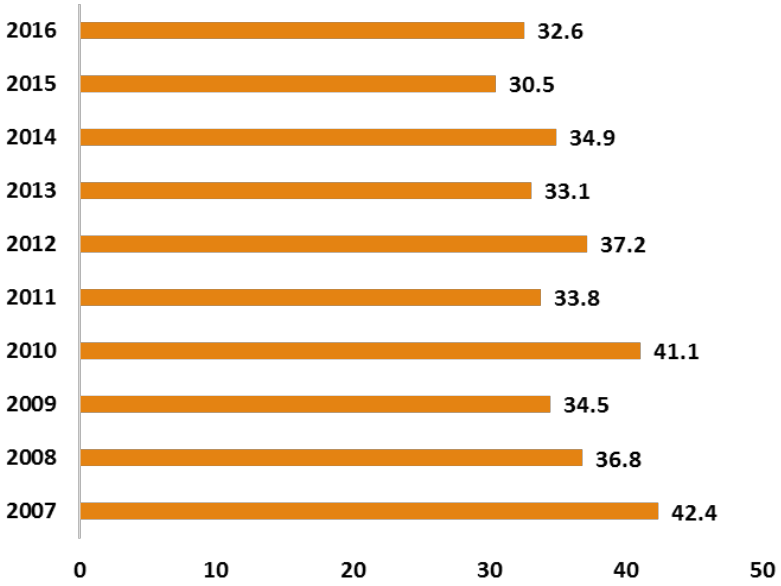
Deaths Due to Stroke: Age-Adjusted Rate/100,000 Population
State & County Comparisons, 2014-2016



Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.

Baseline: 43.5
Target: 34.8
Essex County 2016: 32.6

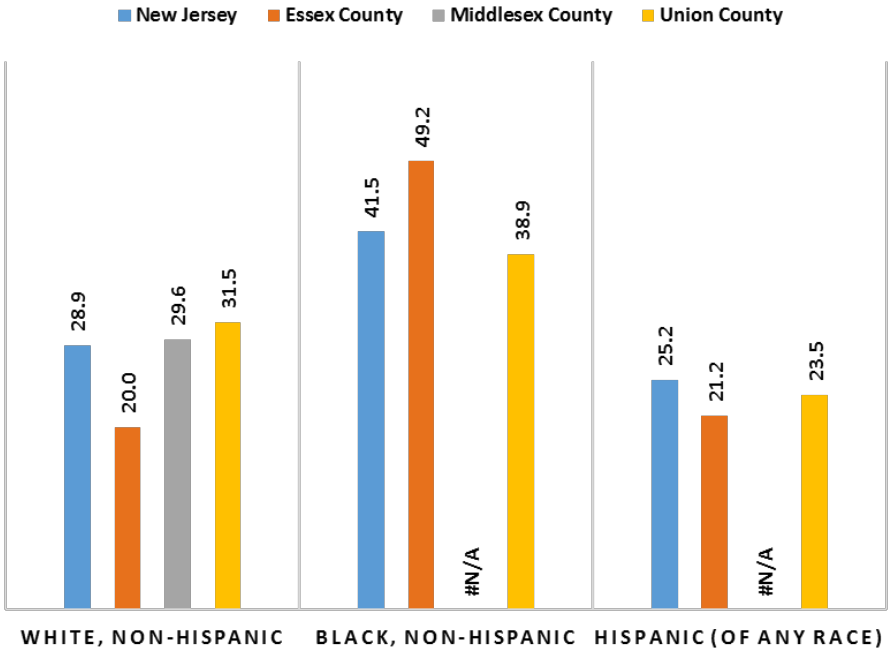
Deaths Due to Stroke: Age-Adjusted Rate/100,000 Population
Essex County – Trend

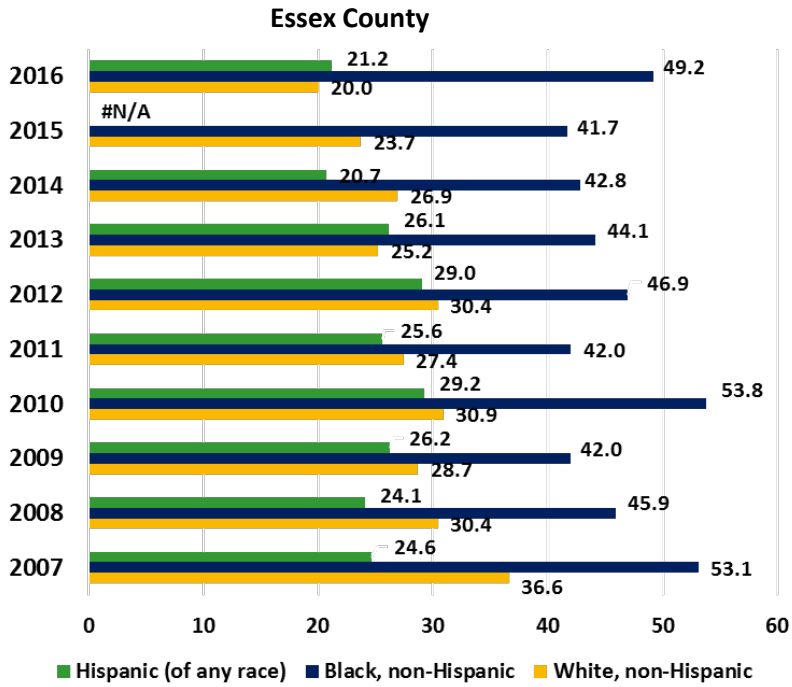


Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.

- By race/ethnicity, between 2014 and 2016, Blacks (49.2/100,000) had the highest death rate due to stroke compared to Whites (20.0/100,000) and Hispanics (21.2/100,000).

Deaths Due to Stroke: Age-Adjusted Rate/100,000 Population
By Race/Ethnicity
State & County Comparisons, 2014-2016





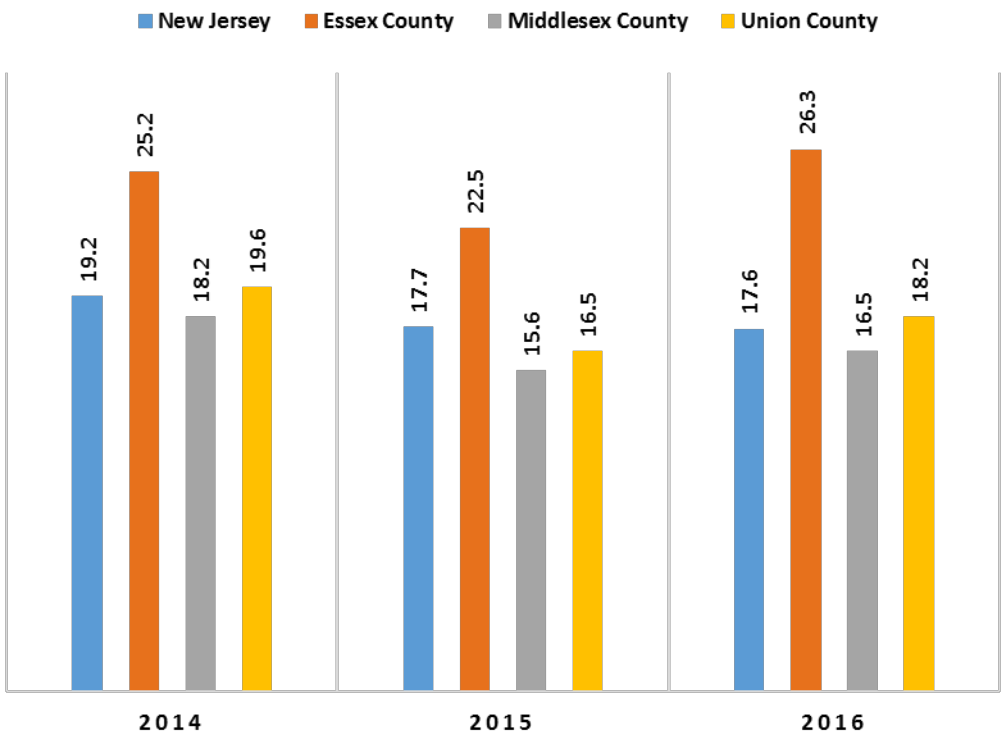
Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.

Diabetes (5)

Diabetes Mellitus (or diabetes) is a chronic life-long condition that affects the body's ability to use the energy found in food. There are three types of diabetes – type 1 diabetes, type 2 diabetes, and gestational diabetes. All types of diabetes have one central commonality. In diabetes the body does not make enough insulin, or it cannot use the insulin it does produce, or a combination of both. Insulin is essential in taking the glucose the body takes in in the form of sugars and carbohydrates and using it for energy. Since cells cannot take in glucose without insulin it builds up in the blood. High levels of blood glucose can damage blood vessels in the kidneys, heart, eyes or nervous system. That is why diabetes, especially if left untreated, can cause heart disease, stroke, kidney disease, blindness or nerve damage to nerves in the feet.

- In 2016, the county-wide AAMR due to diabetes in Essex County (26.3/100,000) was higher than the statewide rate (17.6/100,000), and the rate of the comparison counties.
- Since 2011, the AAMR for diabetes has fluctuated with an overall decrease.

Deaths Due to Diabetes: Age-Adjusted Rate/100,000 Population
State & County Comparisons, 2014-2016

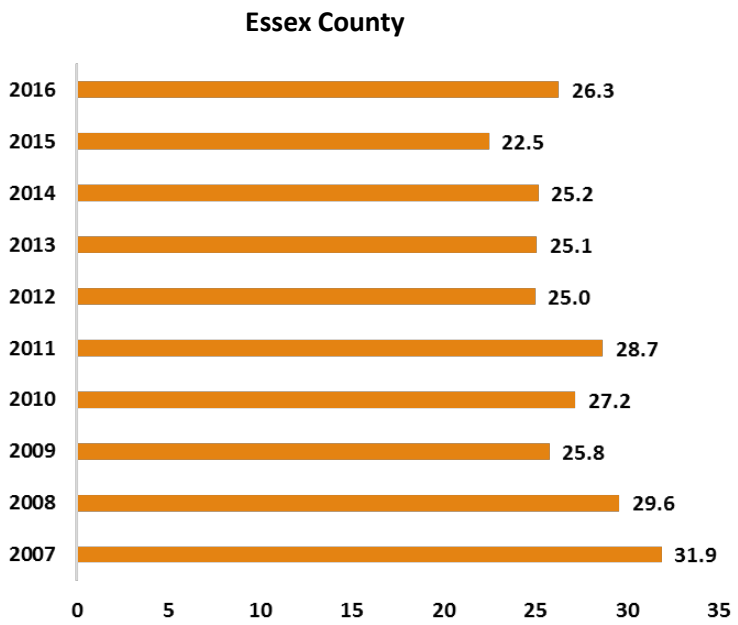


Source: NJSHAD: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health Data – 2016 is most recent year available

Healthy People 2020

Baseline: 74.0
Target: 66.6
Essex County 2016: 26.3

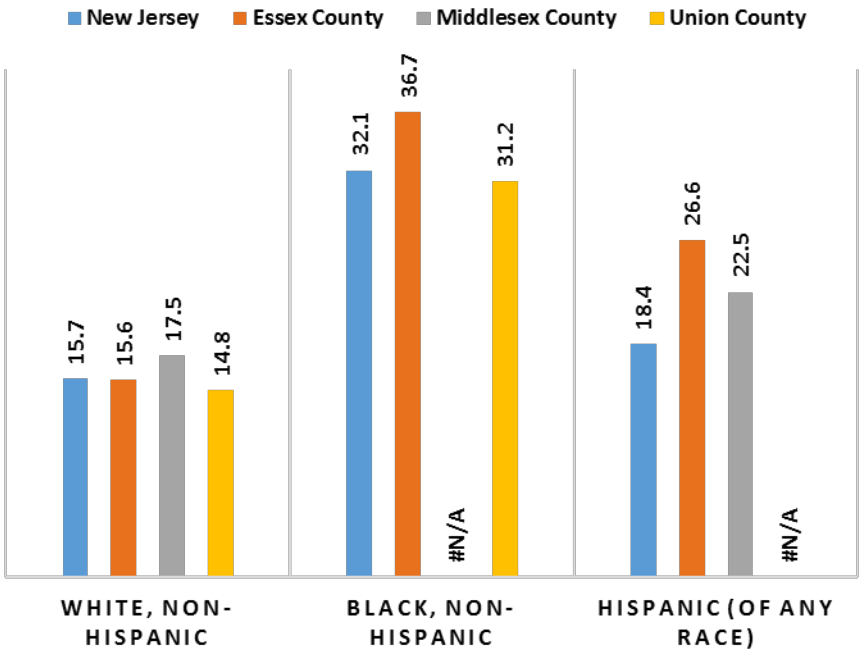
Deaths Due to Diabetes: Age-Adjusted Rate/100,000 Population
State & County Comparisons, 2014-2016

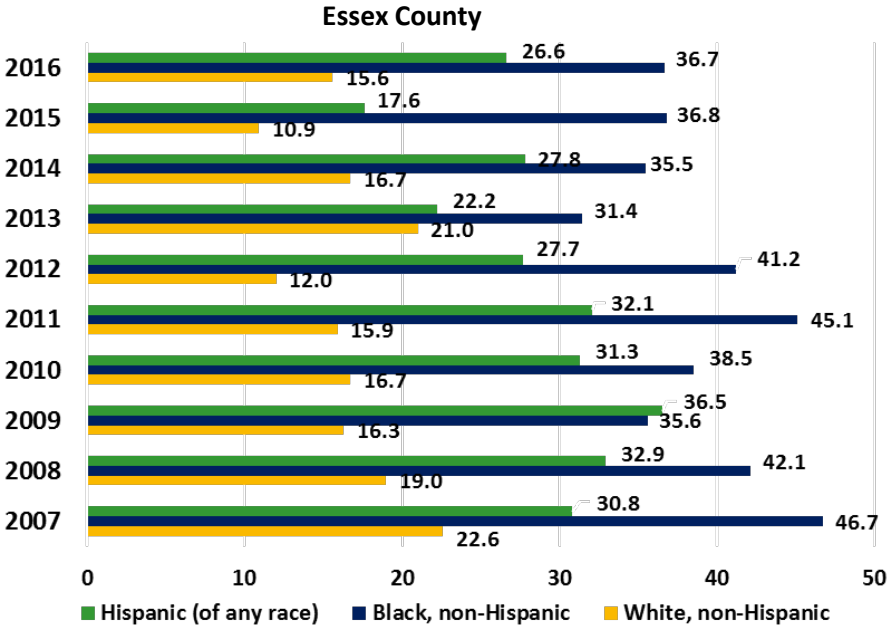


Source: NJSHAD: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health Data – 2016 is most recent year available

- By race/ethnicity, between 2007 and 2016, diabetes mortality rates for Black, Non-Hispanics decreased from (46.7/100,000) to (36.7/100,000)

Deaths Due to Diabetes: Age-Adjusted Rate/100,000 Population
By Race/Ethnicity
State & County Comparisons, 2014-2016





Source: NJSHAD: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health Data – 2016 is most recent year available

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Deaths Due to Diseases of The Heart *Age-Adjusted Rate/100000 Population*		N.A.	
Deaths Due to Diseases of The Heart (Black, Non-Hispanic) *Age-Adjusted Rate/100000 Population*	N.A.	N.A.	
Deaths Due to Malignant Neoplasms (Cancer) *Age-Adjusted Rate/100000 Population*		N.A.	
Deaths Due to Malignant Neoplasms (Cancer) (Black, Non-Hispanic) *Age-Adjusted Rate/100000 Population*	N.A.	N.A.	
Deaths Due to Unintentional Injuries *Age-Adjusted Rate/100000 Population*		N.A.	
Deaths Due to Unintentional Injuries (Black, Non-Hispanic) *Age-Adjusted Rate/100000 Population*	N.A.	N.A.	
Deaths Due to Cerebrovascular Disease (Stroke) *Age-Adjusted Rate/100000 Population*		N.A.	
Deaths Due to Cerebrovascular Disease (Stroke) (Black, Non-Hispanic) *Age-Adjusted Rate/100000 Population*	N.A	N.A.	
Deaths Due to Diabetes *Age-Adjusted Rate/100000 Population*		N.A	
Deaths Due to Diabetes (Black, Non-Hispanic) *Age-Adjusted Rate/100000 Population*	N.A	N.A.	

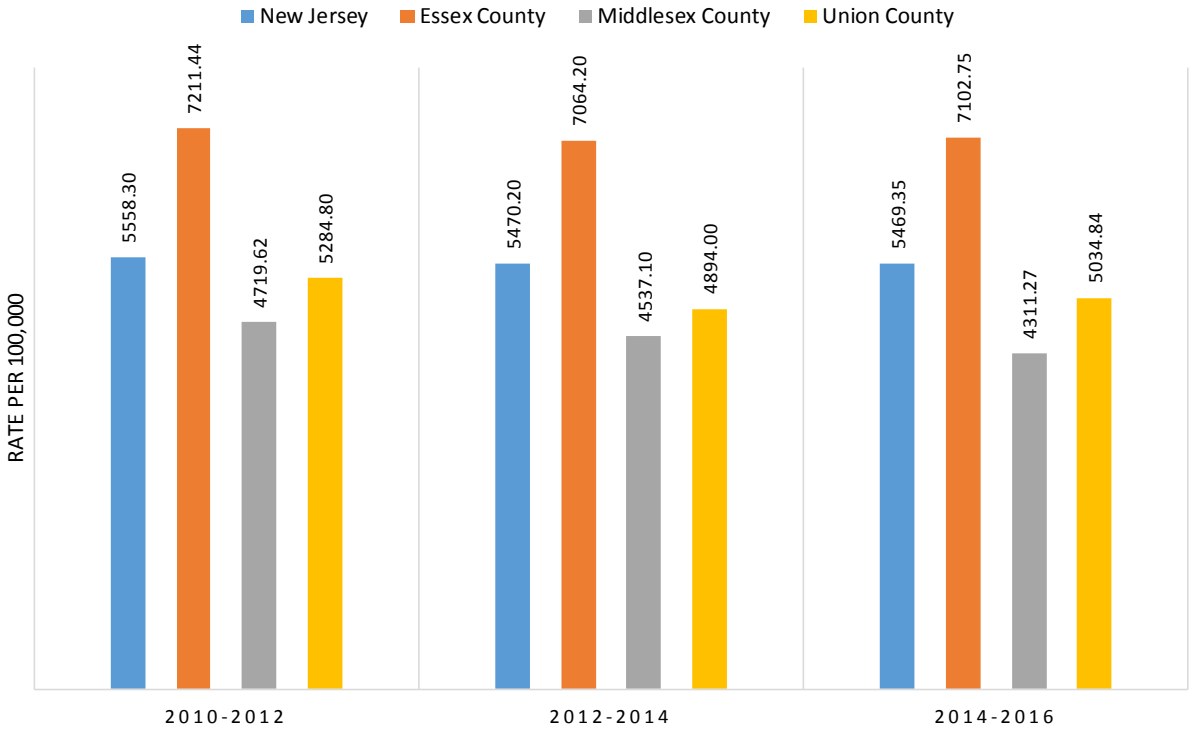
RED: Poorest Performing Quartile
Yellow: Middle Quartiles
Green: Best Performing Quartile

2. Premature Deaths

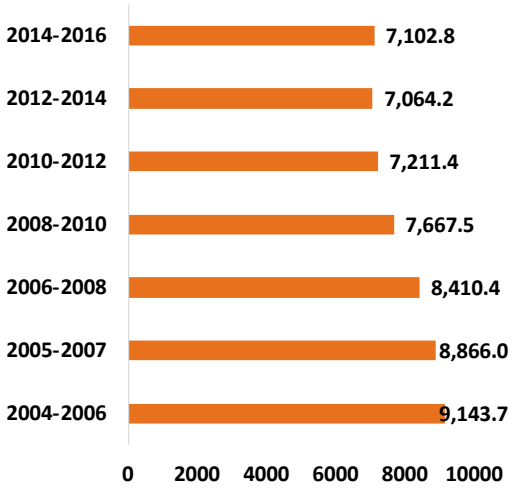
An alternate method to reviewing crude or age-adjusted death rates as a measure of premature mortality is assessing Years of Potential Life Lost (YPLL). YPLL calculate the number of years of potential life lost for each death occurring before a predetermined end point, in this case, age 75 per 100,000 population. Premature deaths are reviewed to highlight potentially preventable adverse outcomes.

- The Essex County YPLL rate decreased from 7,211.44/100,000 for the period 2010-2012, to 7,102.75/100,000 for the period from 2014-2016.
- The 2014-2016 Essex County YPLL rate (7,102.75/100,000) was higher than the statewide rate (5,469.35/100,000) and ranks in the middle performing statewide quartile.
- The 2014-2016 Essex County YPLL rate (7,102.75/100,000) underperformed the County Health Ranking benchmark (5,300/100,000) and was in the worst performing quartile.

Premature Death: Years of Potential Life Lost Before Age 75: Age-Adjusted Rate/100,000 Population
State & County Comparisons, 2010-2016



Essex County



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

County Health Rankings & Roadmaps
Building a Culture of Health, County by County
A Robert Wood Johnson Foundation program

National Benchmark: 5300
Essex County 2014-2016: 7102.8

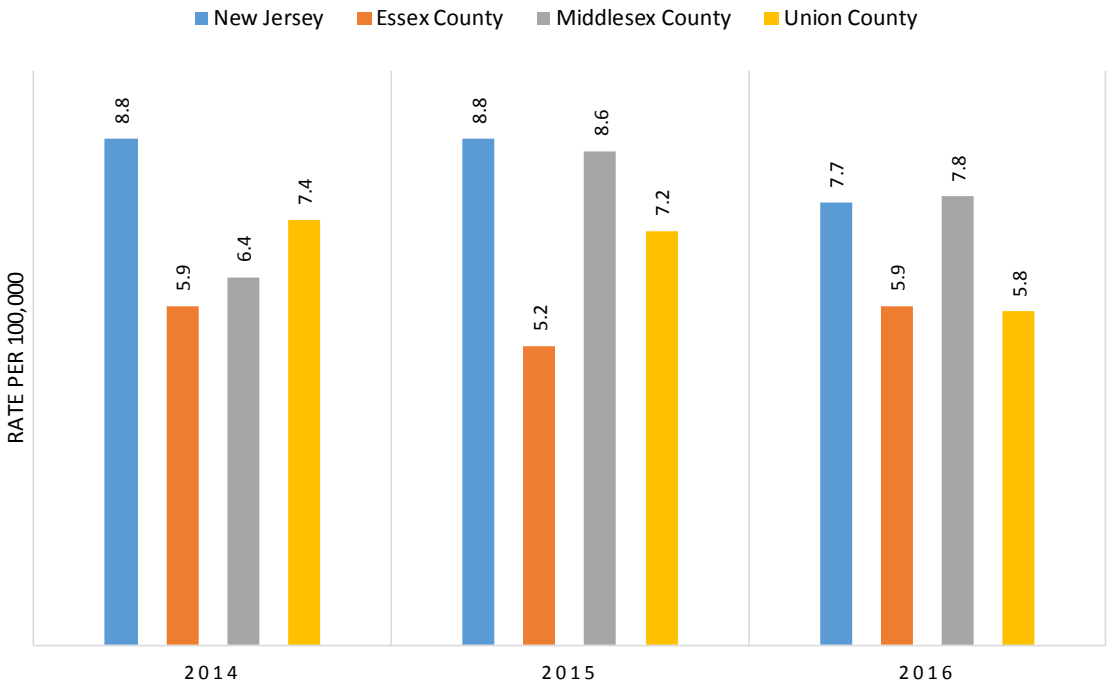
Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Premature Death: Years of Potential Life Lost Before Age 75 *Age-Adjusted Rate/100000 Population*	N.A.		

3. Behavioral Health-Related Deaths

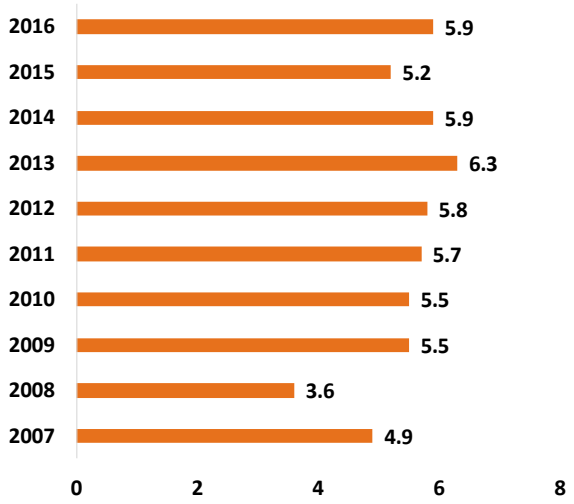
Mental health is a state of well-being in which an individual realizes his or her own abilities, copes with normal life stresses, works productively, and is able to contribute to his or her community. Mental illness is diagnosable mental disorders or health conditions characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning. Depression, the most common type of mental illness, is associated with higher rates of chronic disease, increased health care utilization, and impaired functioning. However, rates of mental illness treatment remain low, and often the treatment received is inadequate.

- Statewide deaths due to suicide decreased from 2014 (8.8/100,000) to 2016 (7.7/100,000), or 12.5%, while Essex County's suicide rate remained constant at 5.9/100,000 for the same period.
- Essex County's 2016 suicide rate was lower than the rate statewide and for Middlesex County.
- The 2016 Essex County suicide rate (5.9/100,000) is 53.4% lower than the *Healthy People 2020* target (10.2/100,000).

Deaths Due to Suicide: Age-Adjusted Rate/100,000 Population
State & County Comparisons, 2014-2016



Essex County



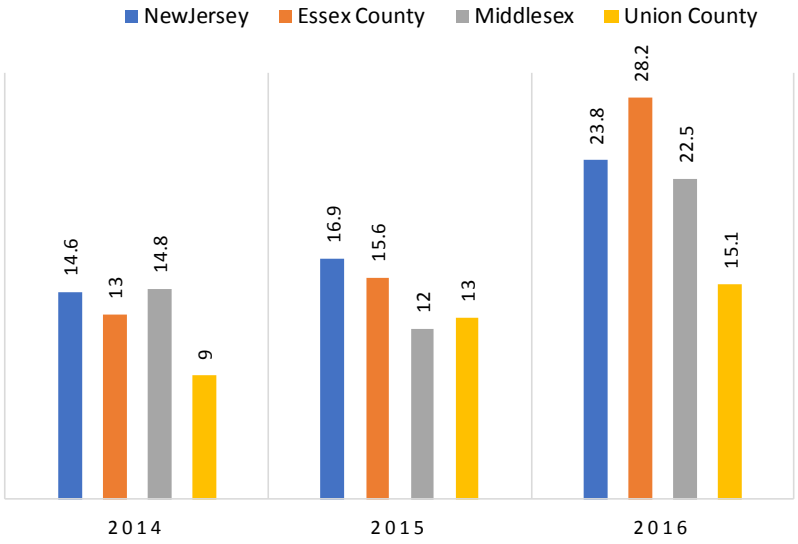
Source: NJDOH Center for Health Statistics; NJ State Health Assessment Data

Healthy People 2020

Baseline: 11.3
Target: 10.2
Essex County 2016: 5.9

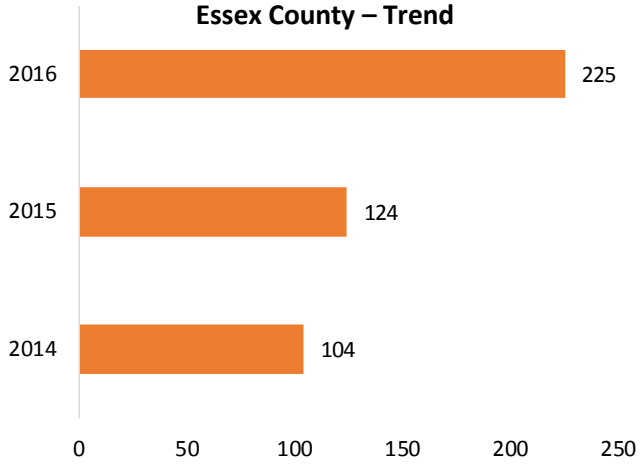
- Between 2014 and 2016, the rate of drug overdose deaths in Essex County increased from 13.0/100,000 to 28.2/100,000.
- Drug overdose deaths in Essex County increased from 104 to 225 or more than doubled.

Drug Overdose Deaths
State & County Comparisons, 2016



Source: http://www.nj.gov/humanservices/dmhas/publications/statistical/Substance%20Abuse%20Overview/2016/statewide.pdf

Drug Overdose Deaths
Essex County – Trend



Source: http://www.nj.gov/humanservices/dmhas/publications/statistical/Substance%20Abuse%20Overview/2016/statewide.pdf

County Health Rankings & Roadmaps
Building a Culture of Health, County by County
A Robert Wood Johnson Foundation program

National Benchmark: 10.0
Essex County 2016: 28.2

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Deaths Due to Suicide *Age-Adjusted Rate/100,000 Population*		N.A.	
Drug overdose deaths	N.A.		

RED: Poorest Performing Quartile
Yellow: Middle Quartiles
Green: Best Performing Quartile

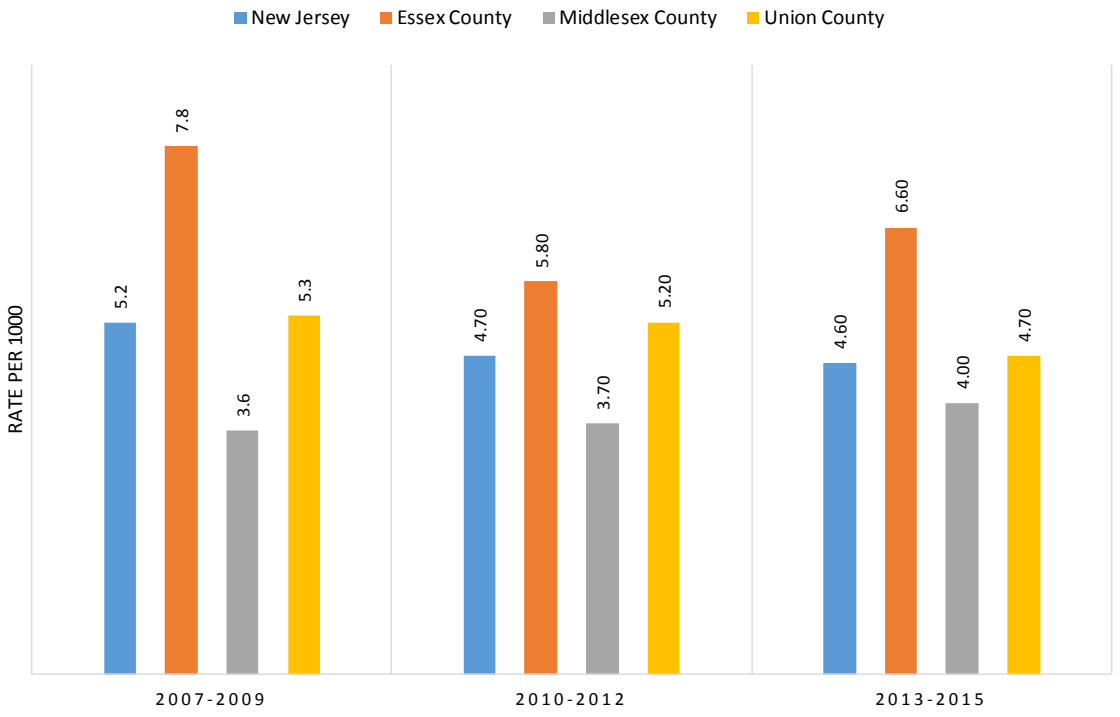
4. Infant Mortality

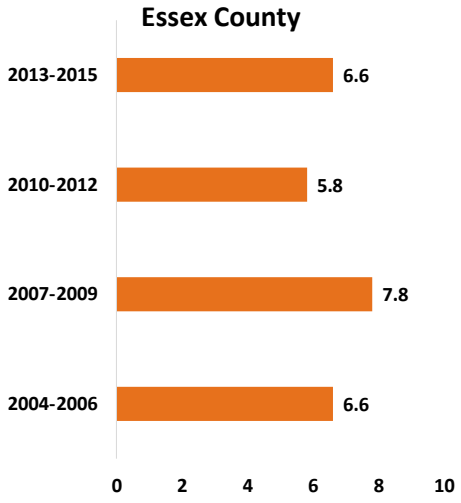
Infant mortality, the death of a baby prior to his or her first birthday, is t*raditionally* used as an indicator of the health and well-being of a nation. Infant mortality is calculated as the number of infant deaths under age 1 per 1,000 live births. Great disparities exist in infant mortality by age, race, and ethnicity. Most frequent causes are serious birth defect, preterm birth / low birth weight, Sudden Infant Death Syndrome (SIDS), maternal complications of pregnancy, and injury.[58]

- The overall infant mortality rate declined statewide from the period 2007-2009 (7.8/1,000) to 2013-2015 (6.6/1,000).
- Essex County ranks in the middle performing quartile among New Jersey counties for overall infant mortality in 2012-2014 and the *Healthy People 2020* target of 6.0/1,000, but is among the worst performing quartiles in terms of the County Health Ranking benchmark.
- The Black infant mortality rate decreased between 2007-2009 from 12.3/1,000 to 9.3/1,000 in 2013-2015. Despite this decrease, the Essex County Black infant mortality rate is higher than for Blacks in surrounding counties.

[58] http://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm

Infant Mortality Rate: Rate of Infant (Under 1 Year) Deaths/1,000 Live Births
State & County Comparisons, 2007-2015





Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2015 is most recent year available.

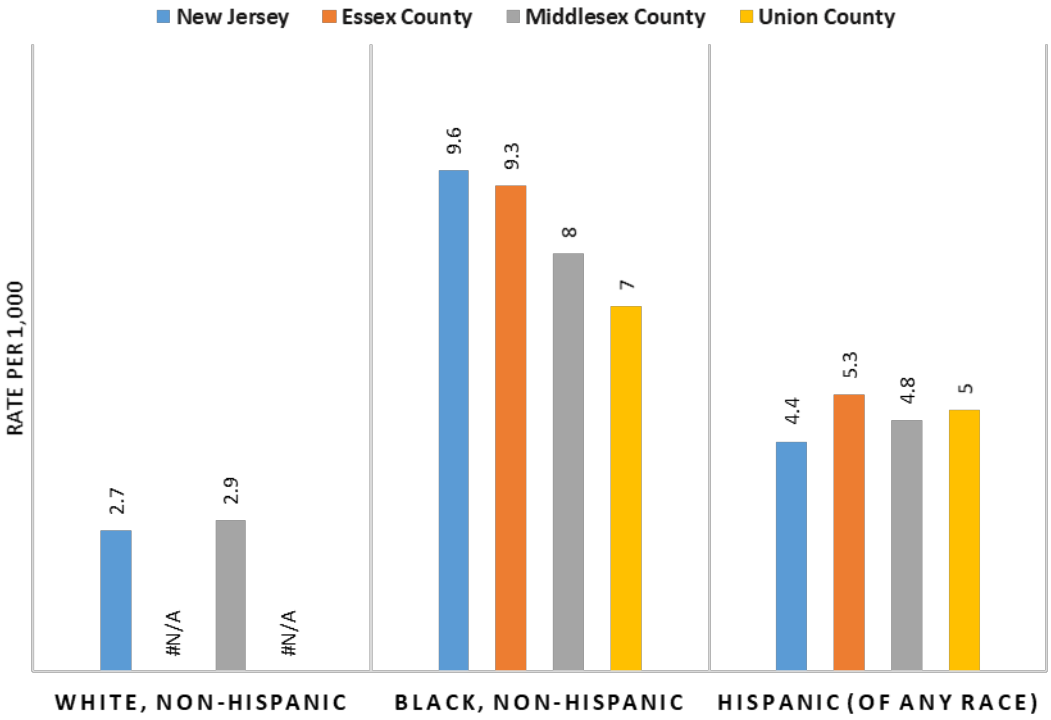
Healthy People 2020

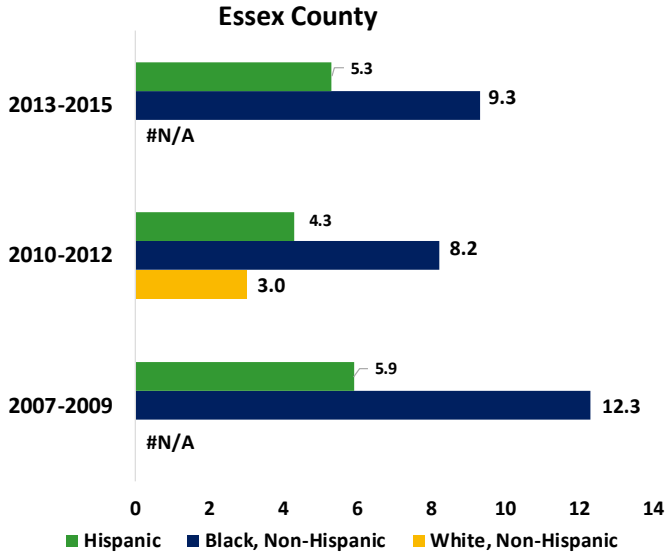
Baseline: 6.7
Target: 6.0
Essex County 2013-2015: 6.6

County Health Rankings & Roadmaps
Building a Culture of Health, County by County
A Robert Wood Johnson Foundation program

National Benchmark: 4.0
Essex County 2015: 6.6

Infant Mortality Rate: Rate of Infant (Under 1 Year) Deaths/1,000 Live Births by Race/Ethnicity
State & County Comparisons, 2013-2015





Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2015 is most recent year available.

5. Low and Very Low Birth Weight Infants

Birth weight is the most important factor affecting neonatal mortality and a significant determinant of post neonatal mortality. Low birth weight infants (less than 2,500 grams) are at an increased risk for health problems ranging from neurodevelopmental disabilities to respiratory disorders.[59] Racial disparities in low birth weight babies persist; nationally, non-Hispanic Black infants continue to die at nearly twice the rate of non-Hispanic Whites.

Low Birth Weight

- In 2016, Essex County had a higher percentage of low birth weight babies (9.7%) than Middlesex County (8.0%) Union County (7.6%), and the State (8.1%).
- The 2016 percent of Essex County low birth weight babies was more than the *Healthy People 2020* target of 7.8%.
- The percentage of Essex County low birthweight babies was higher among Blacks (13.1%) than for Whites (6.4%) and Hispanics (7.8%) in 2016.

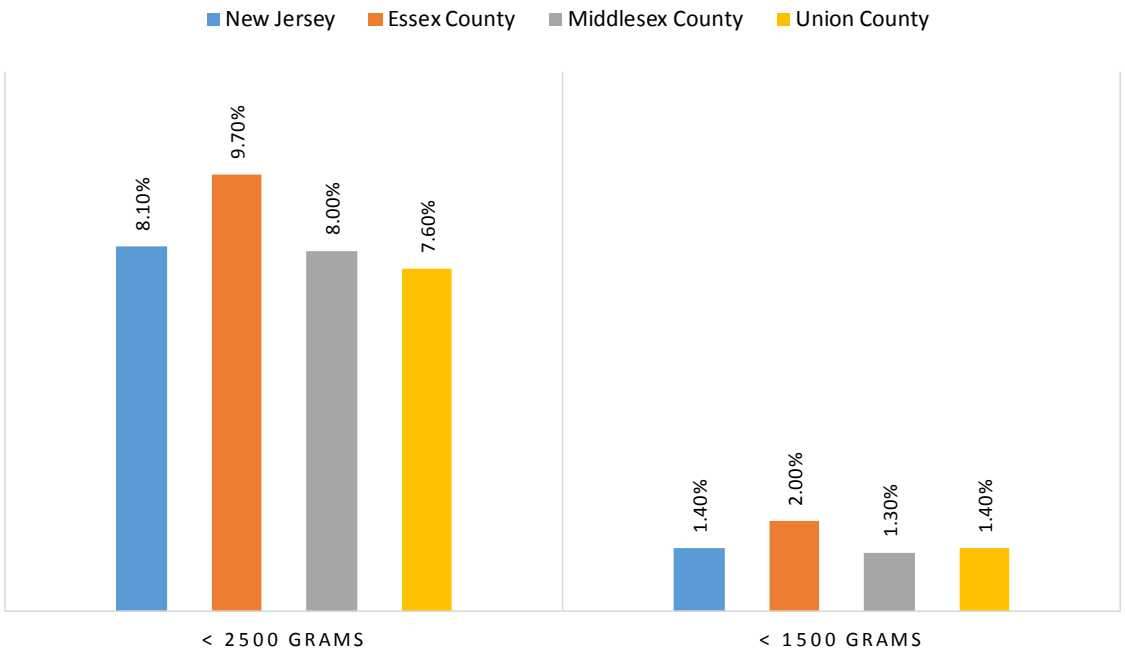
Very low birth weight babies (less than 1,500 grams) are at greater risk of adverse outcomes than low birth weight babies.

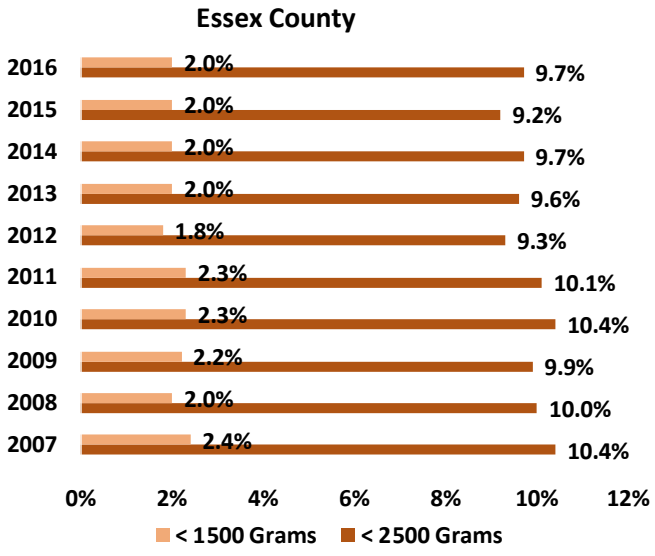
Very Low Birth Weight

- In 2016, 2.0% of Essex County babies are very low birth weight as compared to 1.4% statewide.
- The 2016, percent of very low birth weight babies in Essex County was higher than the rates in Middlesex (1.3%) and Union (1.4%) Counties.
- By race, between 2011 and 2016, the percentage of very low birthweight babies: decreased for Whites from 1.1% to 0.5%; increased from 3.2% to 3.4% for Blacks; and increased from 1.1% to 1.4% for Hispanics.

[59] http://www.cdc.gov/PEDNSS/how_to/interpret_data/case_studies/low_birthweight/what.htm

Birth Weight: Percent of Live Births with Low and Very Low Birth Weight
State & County Comparisons, 2016



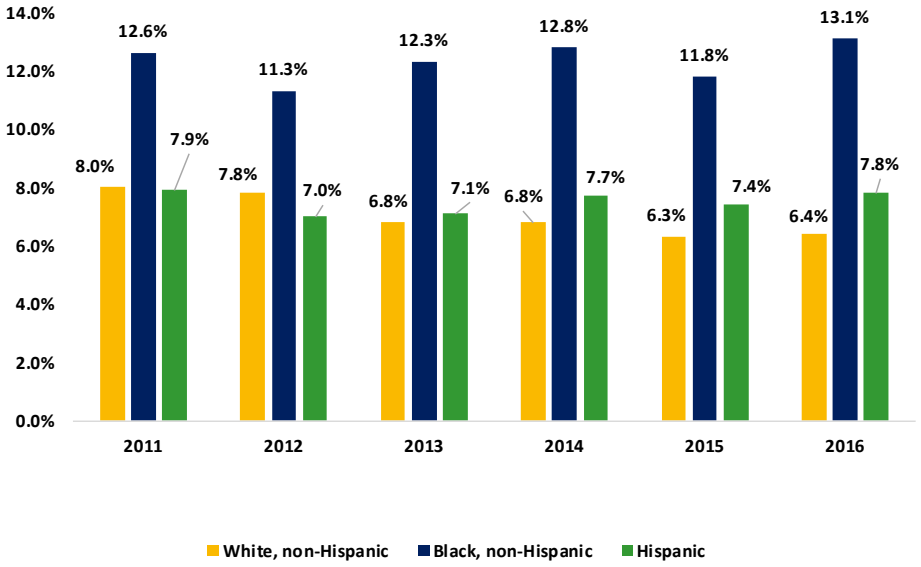


Source: NJDOH Bureau of Vital Statistics and Registration NJ Birth Certificate Database
Note: Percentages are based on the total number of live births for the County and State

Healthy People 2020

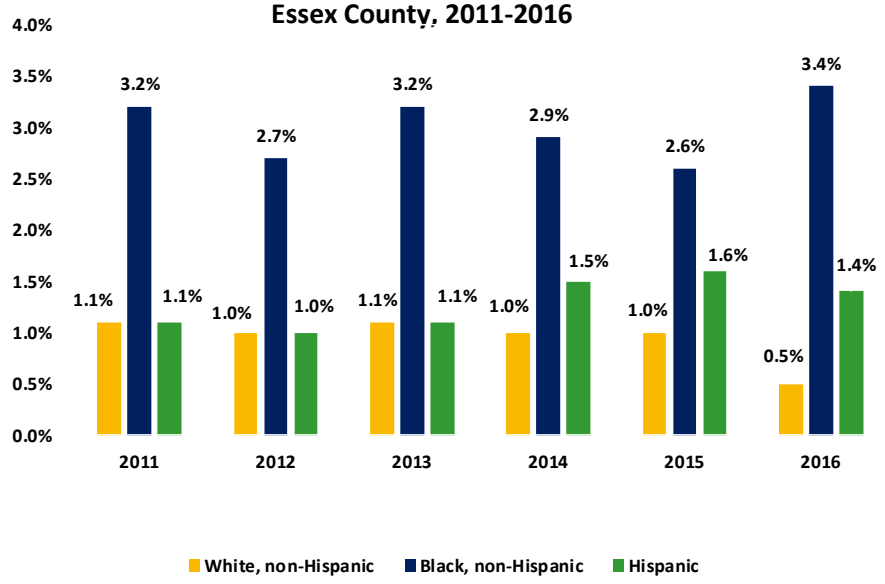
<1500/<2500
Baseline: 1.5% / 8.2%
Target: 1.4% / 7.8%
Essex County 2016: 2.00% / 9.70%

Low Birth Weight by Mother's Race/Ethnicity: Percent of Live Births with Low Birth Weight
Essex County, 2011-2016



Source: NJDOH Bureau of Vital Statistics and Registration NJ Birth Certificate Database
Note: *Percentages are based on the total number of Low or Very Low Birth Weight Births / Live births for the County and State

Very Low Birth Weight by Mother's Race/Ethnicity: Percent of Live Births with Very Low Birth Weight
Essex County, 2011-2016



Source: NJDOH Bureau of Vital Statistics and Registration NJ Birth Certificate Database
Note: *Percentages are based on the total number of Low or Very Low Birth Weight Births / Live births for the County and State

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Infant Mortality Rate *Rate of Infant (Under 1 Year) Deaths/ 1000 Live Births*			
Infant Mortality Rate (Black Non Hispanic) *Rate of Infant (Under 1 Year) Deaths/ 1000 Live Births*			
Low Birthweight (<2500 Grams) *Percentage of Live Births*		N.A.	
Low Birthweight (<2500 Grams) (Black Non-Hispanic) *Percentage of Live Births*	N.A.	N.A.	
Very Low Birthweight (<1500 Grams) *Percentage of Live Births*		N.A.	
Very Low Birthweight (<1500 Grams) (Black Non-Hispanic) *Percentage of Live Births*	N.A.	N.A.	

RED: Poorest Performing Quartile
Yellow: Middle Quartiles
Green: Best Performing Quartile

6. Health Status and Behavioral Health Status

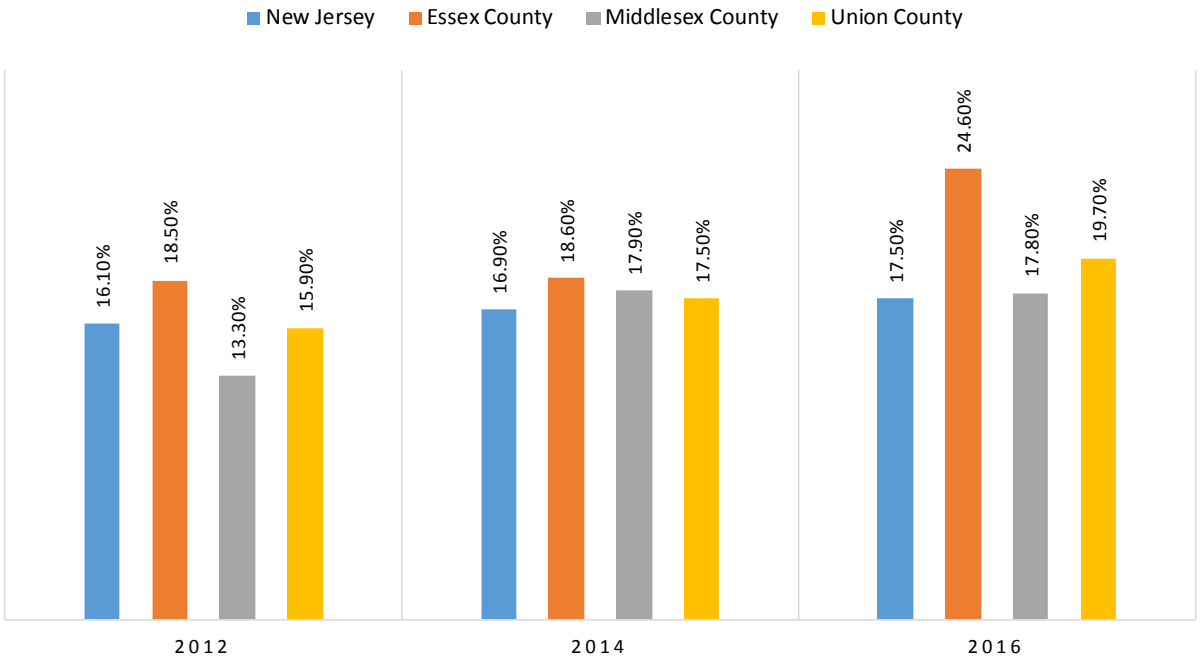
Health status and behavioral health status are broad multidimensional concepts including self-report measures of physical and mental health.

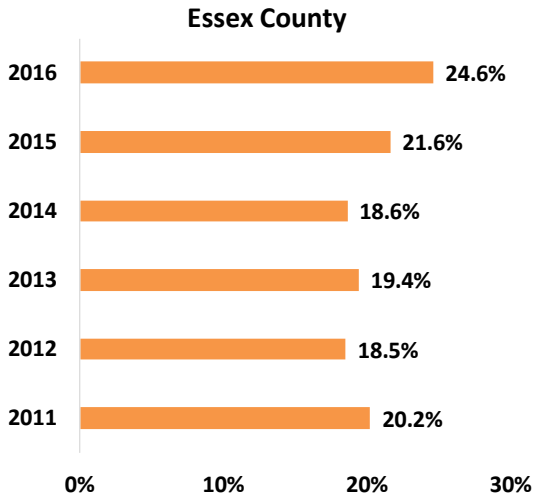
Behavioral Risk Factor Surveillance System (BRFSS), the nation's premier system of health-related telephone surveys, collects data about U.S. residents regarding health-related risk behaviors, chronic health conditions and use of preventive services. In 1984, the survey began collecting data in 15 states and is currently conducted in all states including Washington D.C. and three United States territories. The most recent data available are for the year 2016.

General Health Status

- Between 2012 and 2016, BRFSS data reported an increase in the percent of Essex County residents who indicate their health as “poor or fair,” from 18.5% to 24.6%.
- In 2016, 17.5% of New Jersey respondents report that their health is “fair or poor,” lower than the rate among Essex, Middlesex and Union County residents.
- As compared to all New Jersey counties, Essex County residents with “fair or poor” health rank in the middle performing quartile.
- As compared to the County Health Ranking, Essex County residents with “fair or poor” health rank in the poorest performing quartile.

Percent of Respondents Reporting Their Health as "Fair or Poor"
State & County Comparisons, 2012-2016





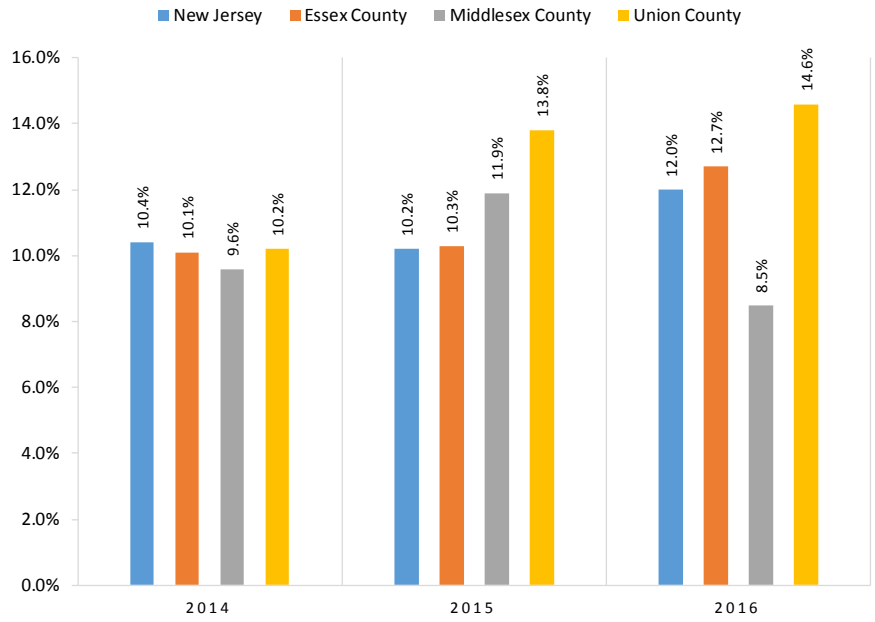
Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

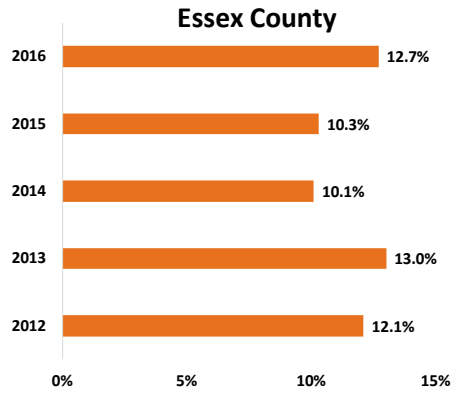
County Health Rankings & Roadmaps
Building a Culture of Health, County by County
A Robert Wood Johnson Foundation program

National Benchmark: 12%
Essex County 2016: 24.6%

- NJBRFSS reports that the number of Essex County adults with 14 or more physically unhealthy days (in the last 30 days) increased 2.6 percentage points between 2012 (10.1%) and 2016 (12.7%).
- Essex County residents with 14+/30 days of poor physical health rank in the poorest performing quartile compared to the County Health Ranking benchmark.

Percent Reporting 14 or More of the Past 30 Days Physical Health Not Good: Age-Adjusted State & County Comparisons, 2014-2016





Source: New Jersey Behavioral Risk Factor Survey
Note: The physical health measure is based on response to the question: "Now thinking about your physical health which includes physical illness and injury for how many days during the past 30 days was your physical health not good?"

County Health Rankings & Roadmaps
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National Benchmark: 3.0%
Essex County 2016: 12.7%

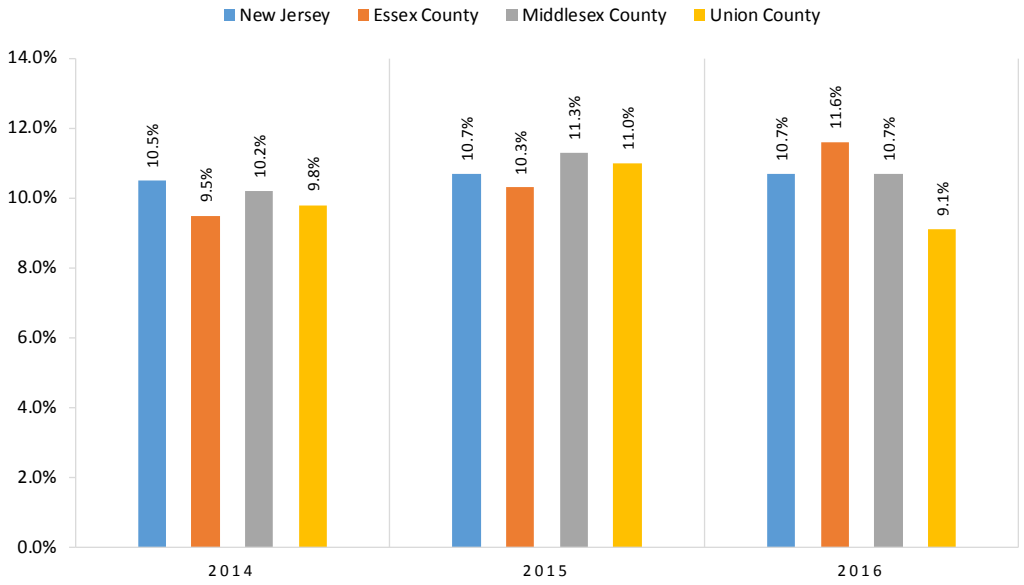
Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Reported "Fair" or "Poor" Health *Percentage of Respondents*	N.A.		
Physically Unhealthy Days Reported in the Past 30 Days *Average Age-Adjusted Number*	N.A.		

RED: Poorest Performing Quartile
Yellow: Middle Quartiles
Green: Best Performing Quartile

Behavioral Health Status

- County-wide, adults who report 14 or more of the past 30 days with "not good" mental health status increased from 9.5% in 2014, to 11.6% in 2016. The 2016 Essex County report of 14+/30 days with "not good" mental health was slightly higher than New Jersey at 10.7%.
- As compared to all New Jersey counties, Essex County residents with 14+/30 days in poor physical health ranks in the middle quartile.
- As compared to County Health Ranking Essex County ranks in the bottom quartile.

Frequent Mental Distress
Percent Reporting 14 or More of the Past 30 Days Mental Health Not Good
State & County Comparisons, 2014-2016

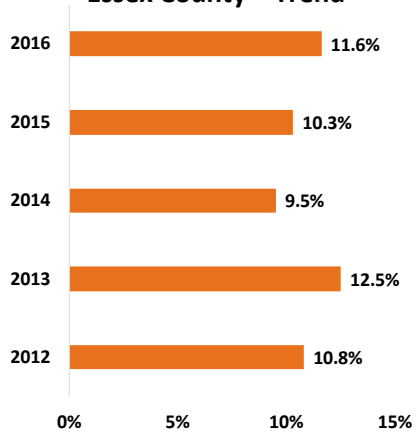


Source: New Jersey Behavioral Risk Factor Survey
Note: The physical health measure is based on response to the question: "Now thinking about your physical health which includes physical illness and injury for how many days during the past 30 days was your physical health not good?"

County Health Rankings & Roadmaps
Building a Culture of Health, County by County
A Robert Wood Johnson Foundation program

National Benchmark: 3.1%
Essex County 2016: 11.6%

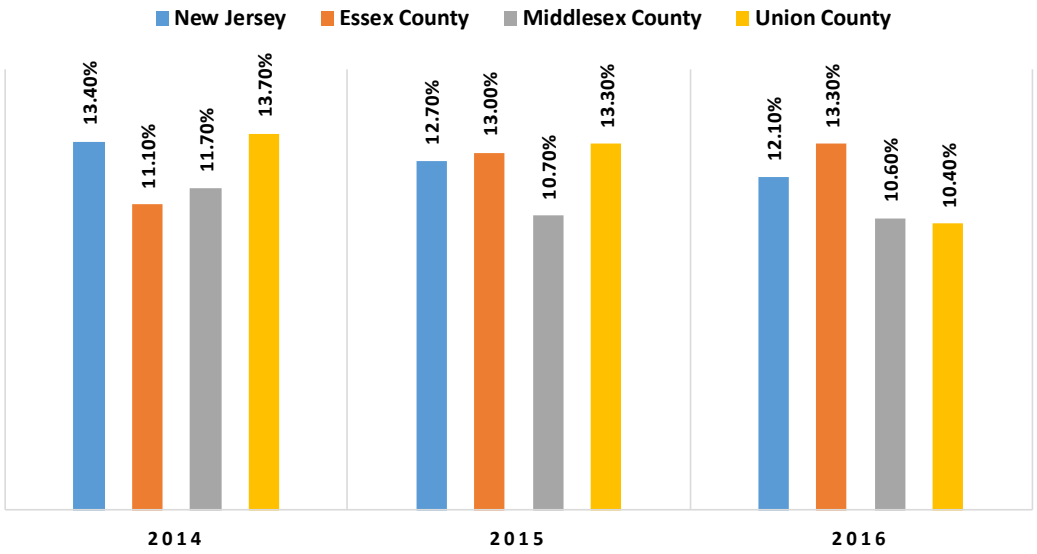
Frequent Mental Distress
Percent Reporting 14 or More of the Past 30 Days Mental Health Not Good
Essex County – Trend



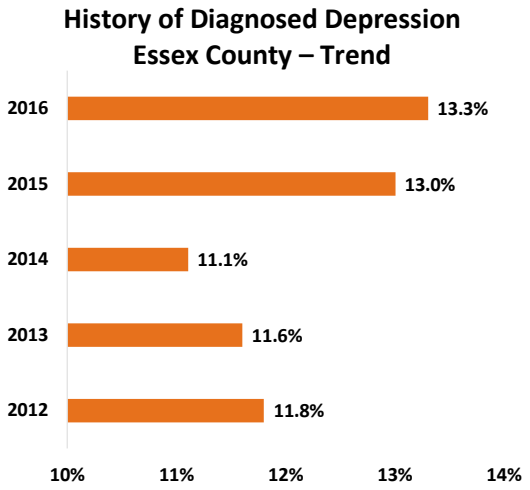
Source: New Jersey Behavioral Risk Factor Survey
Note: The physical health measure is based on response to the question: "Now thinking about your physical health which includes physical illness and injury for how many days during the past 30 days was your physical health not good?"

- Between 2014 and 2016, the percent of Essex County residents reporting a history of depression increased from 11.1% to 13.3%.
- The Essex County rate for history of depression was higher than the statewide rate (12.1%) and ranked in the middle quartile.

History of Diagnosed Depression
State & County Comparisons 2014-2016



Source: New Jersey Behavioral Risk Factor Survey
Note: The frequent mental distress health measure is based on response to the question: "Now thinking about your mental health which includes stress depression and problems with emotions for how many days during the past 30 days was your mental health not good?"



Source: New Jersey Behavioral Risk Factor Survey
Note: The frequent mental distress health measure is based on response to the question: "Now thinking about your mental health which includes stress depression and problems with emotions for how many days during the past 30 days was your mental health not good?"

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Mentally Unhealthy Days Reported in the Past 30 Days *Average Age-Adjusted Number*	N.A.		
History of Diagnosed Depression	N.A.	N.A.	

RED: Poorest Performing Quartile
Yellow: Middle Quartiles
Green: Best Performing Quartile

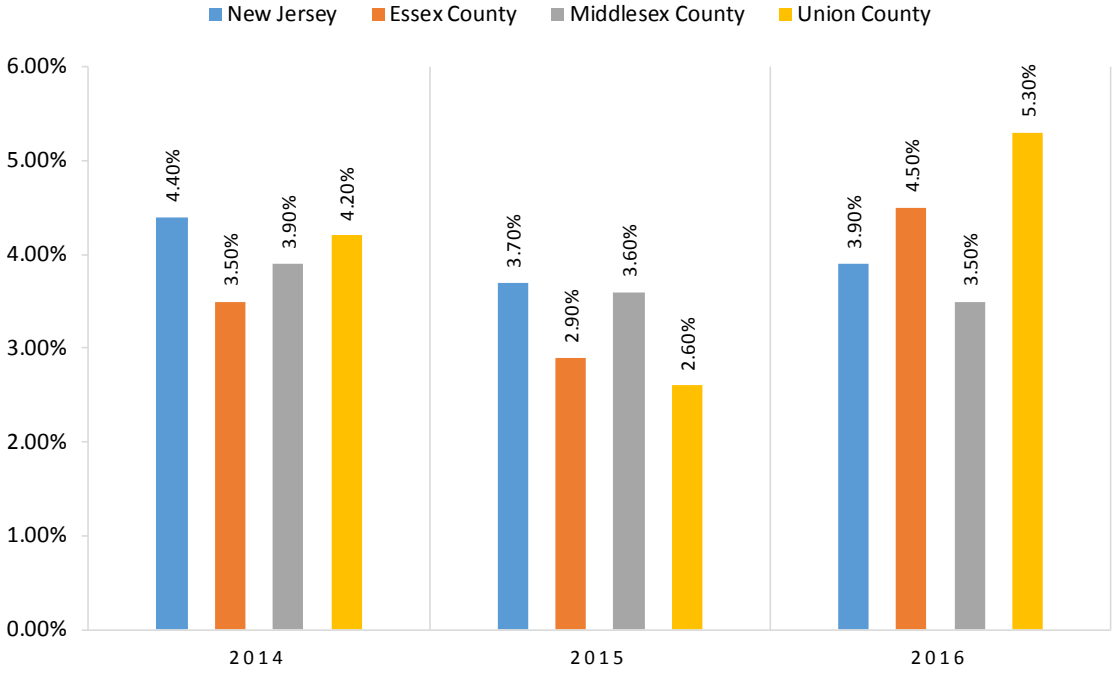
7. Morbidity

Morbidity, the rate of disease incidence, is a measure of quality of life and how healthy a population is in terms of being disease free.

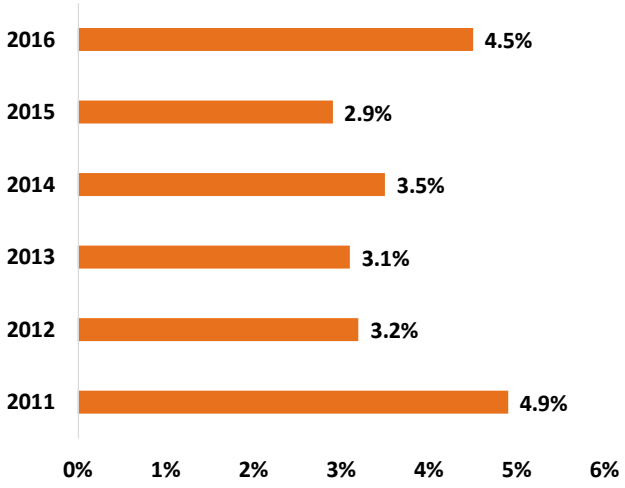
Heart Disease

- According to BRFSS, the percent of Essex County residents told they have angina or coronary heart disease increased from 3.5% in 2014, to 4.5% in 2016. In 2016, BRFSS indicates 3.9% of New Jersey respondents have angina or coronary heart disease.
- As compared to New Jersey, Essex County residents reporting angina or coronary heart disease ranks in the middle performing quartile.

Cardiovascular Disease (Percent "Yes")
Were You Ever Told You Had Angina or Coronary Heart Disease?
State & County Comparisons, 2014-2016

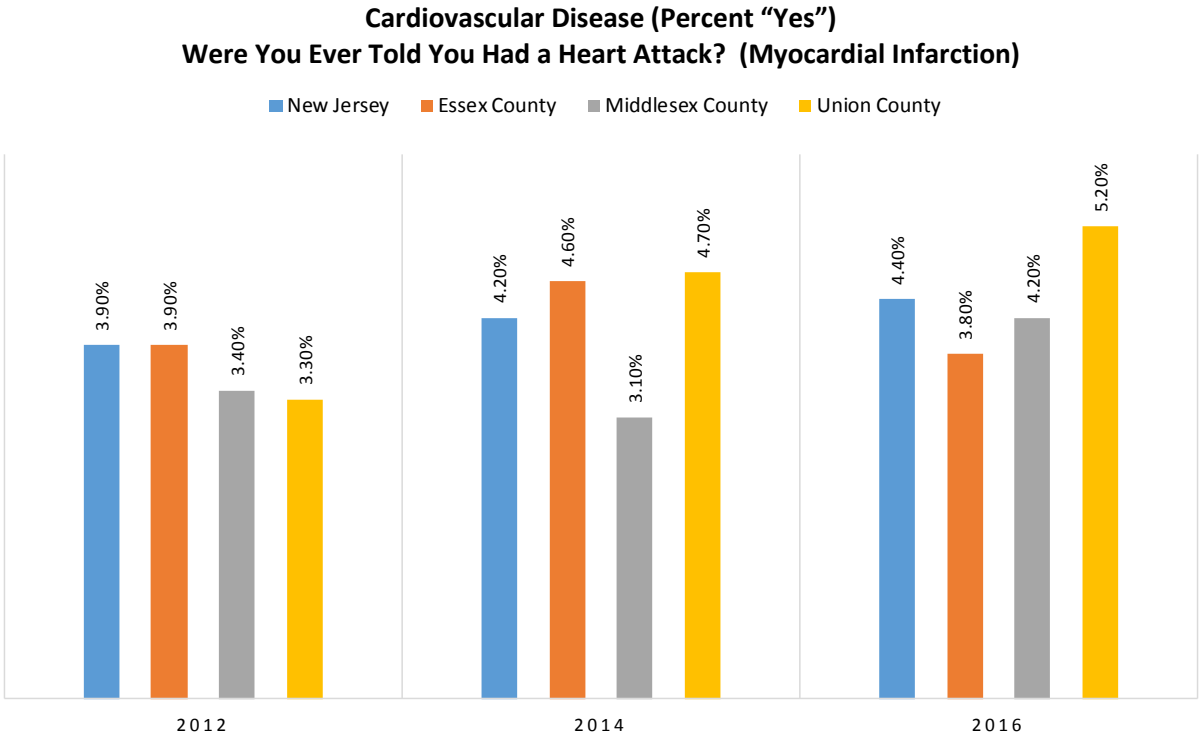


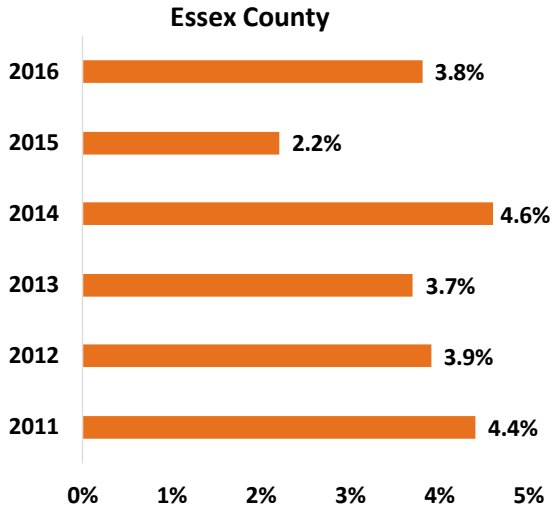
Essex County



Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

- According to BRFSS, the percent of Essex County residents told they have had a heart attack declined 0.1 percentage point from 3.9% in 2012, to 3.8% in 2016. In 2016, BRFSS indicated 4.4% of New Jersey respondents were told they had a heart attack.
- Essex County ranks in the middle performing quartile compared to all 21 New Jersey counties for residents who had a heart attack.



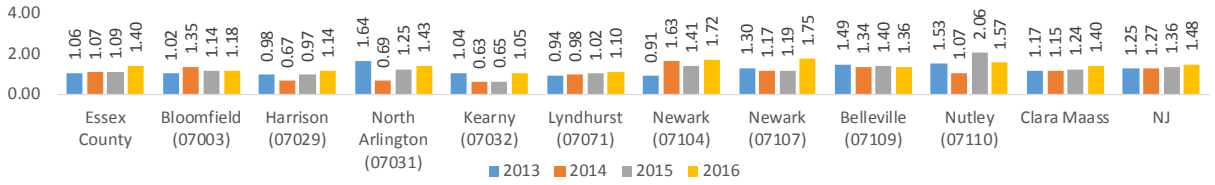


Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

Heart Disease Hospital Use Rates for County, CMMC Service Area, and Selected Towns

- The rate of Essex County residents hospitalized with a heart attack diagnosis (2013-2016) was lower than those in the State.
- In 2016, Newark 07107 residents exhibited the highest rate of patients hospitalized with a diagnosis of heart attacks at 1.75/1,000 and Kearny residents reported the lowest rate of 1.05/1,000.

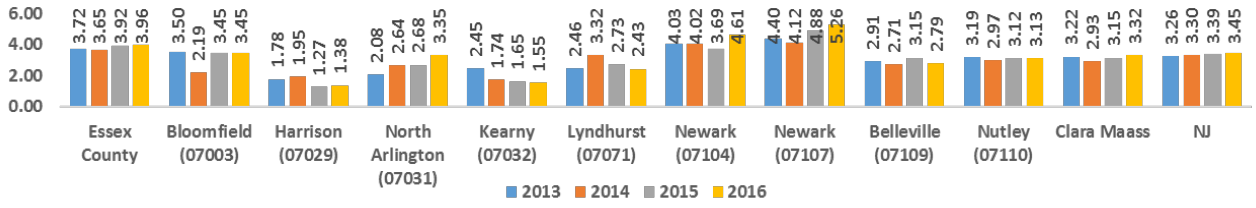
Heart Attack: Acute Care IP, Same Day and ED Discharges; Rate / 1,000 Population, 2013-2016



Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census; Definition: Inpatient, Same Day Stay and ED Discharges for MS-DRGs 280-285

- Between 2013 and 2016, the rate of patients hospitalized with a diagnosis of heart failure in Essex County was higher than CMMC's Service Area.
- In 2016, Newark 07107 residents exhibited the highest rate of patients hospitalized with a diagnosis of heart failure/CHF at 5.26/1,000 and Harrison residents had the lowest rate at 1.38/1,000.

Heart Failure/CHF: Acute Care IP; Same Day and ED Discharges; Rate / 1,000 Population, 2013-2016

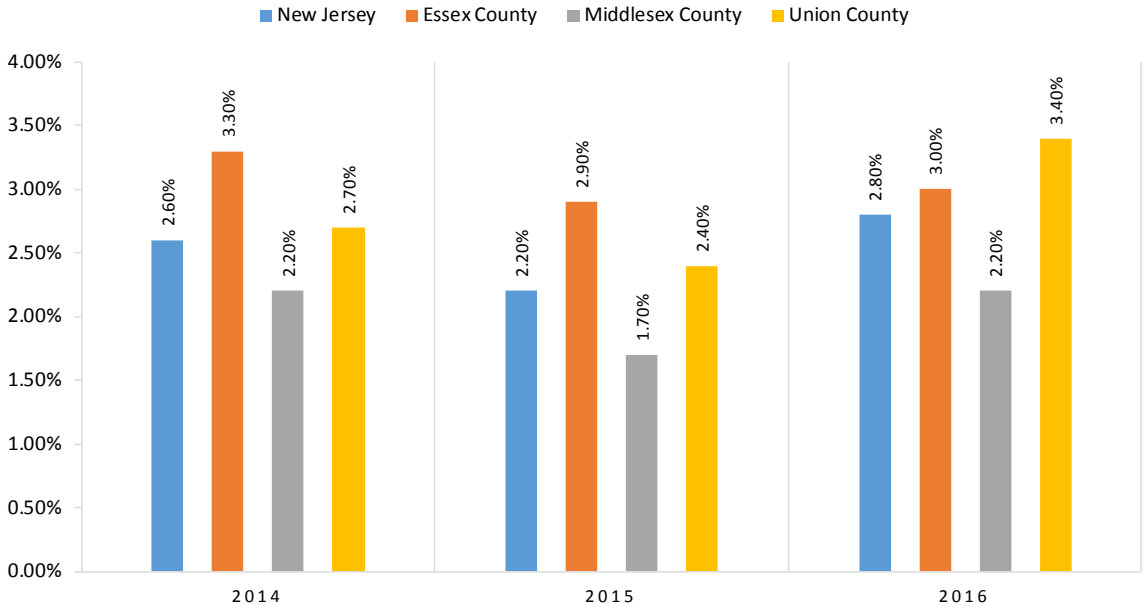


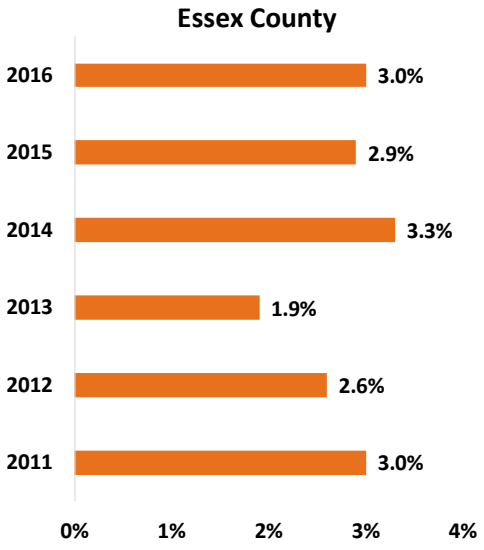
Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census; Definition: Inpatient, Same Day Stay and ED Discharges for MS-DRGs 291-293

Stroke

- In 2016, BRFSS reported 3.0% of Essex County respondents indicated they had a stroke.
- In 2016, Essex County (3.0%) reported a higher rate of strokes than the State (2.8%) and Middlesex County (2.20%).
- Essex County ranks in the middle quartile of New Jersey counties for percentage of the population that had a stroke.

Cardiovascular Disease (Percent "Yes"): Have You Ever Been Told You Had a Stroke?
State & County Comparisons, 2014-2016



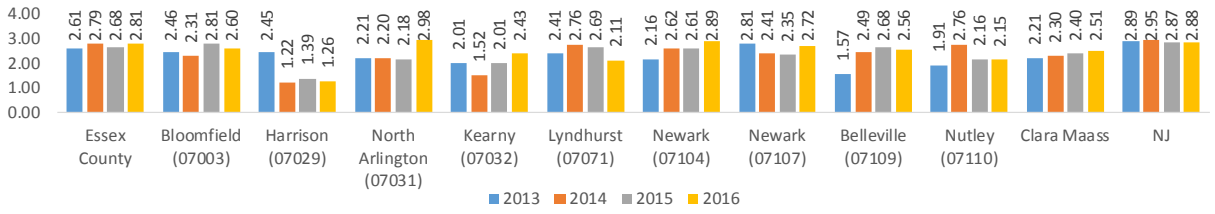


Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

Stroke Hospital Use Rates for County, CMMC Service Area, and Selected Towns

- From 2013 through 2016, Essex County had a lower rate of patients using a hospital service with stroke/TIA diagnosis compared to the State.
- In 2016, North Arlington (2.98/1,000) had the highest rate for patients hospitalized for stroke/TIA diagnosis in the region, and Harrison (1.26/1,000) had the lowest.

Stroke/TIA: Acute Care IP; Same Day and ED Discharges; Rate / 1,000 Population, 2013-2016

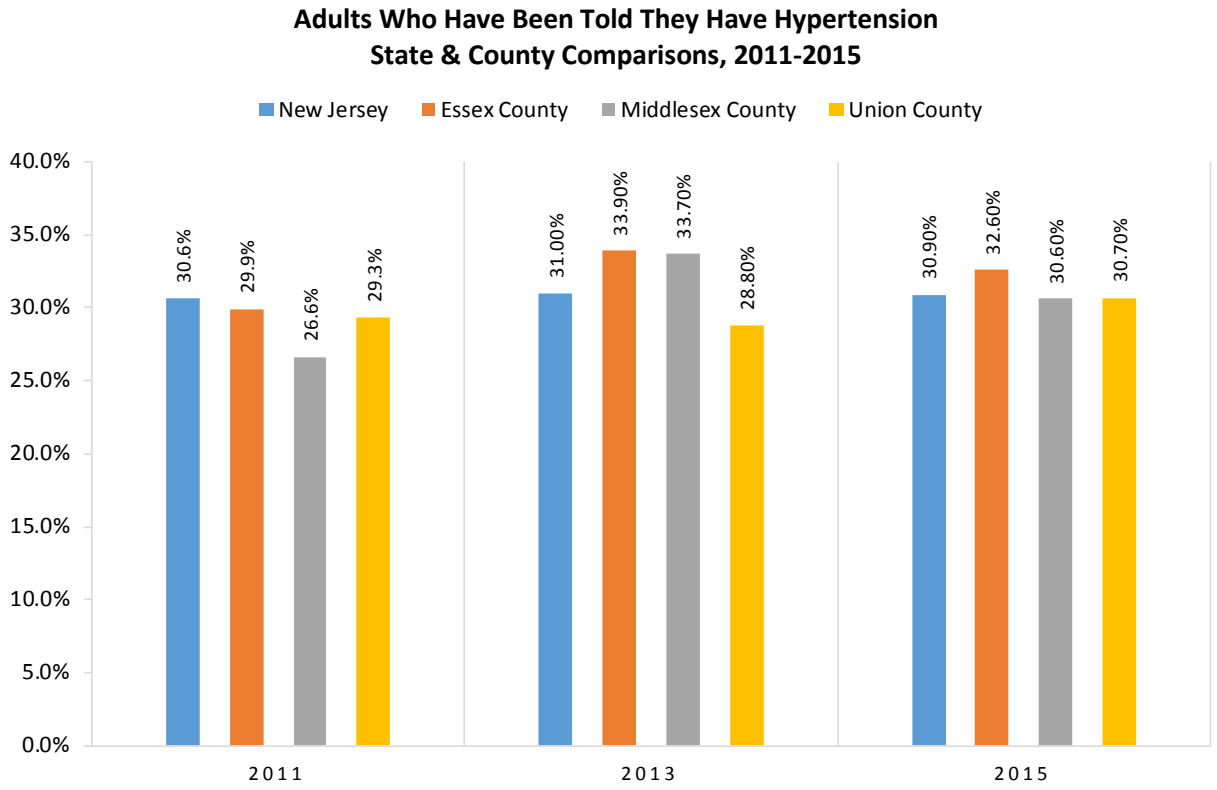


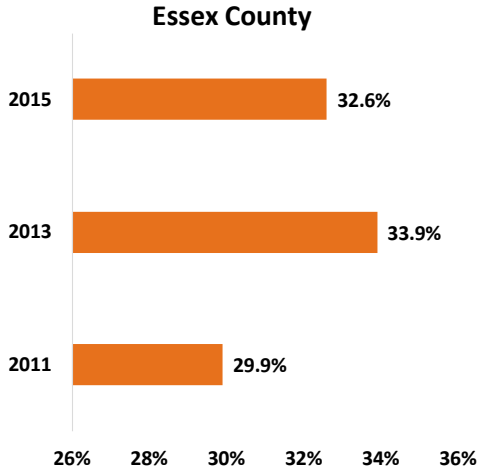
Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census; Definition: Inpatient, Same Day Stay and ED Discharges for MS-DRGs 061-069

Hypertension and High Cholesterol

According to the American Heart Association, risk factors associated with developing cardiovascular disease include high blood pressure, high cholesterol, cigarette smoking, physical inactivity, poor diet, overweight and obesity and Diabetes.

- In 2015, BRFSS reported 32.6% of Essex County adults were aware that they suffered from hypertension, more than New Jersey adults (30.9%), and adults in comparative counties.
- Between 2011 and 2015, Essex County adults who were told they had high blood pressure increased 2.7 percentage points.
- In 2015, Essex County (32.6%) was higher than the *Healthy People 2020* target (26.9%) for adults with high blood pressure.





Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

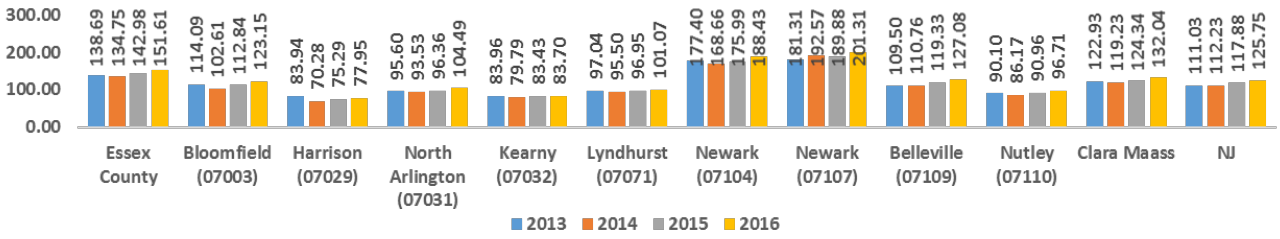
Healthy People 2020

Baseline: 29.7%
Target: 26.9%
Essex County 2016: 32.6%

Hypertension Hospital Use Rates for County, CMMC Service Area, and Selected Towns

- Newark 07107 had the highest rate of patients using a hospital service with a diagnosis of hypertension for each year from 2013 through 2016.
- In 2016, CMMC's Service Area (132.70/1,000) had a lower rate of patients using a hospital service with a hypertension diagnosis than Essex County (151.61/1,000).

Hypertension: Acute Care IP, Same Day and ED Discharges; Rate / 1,000 Population, 2013-2016

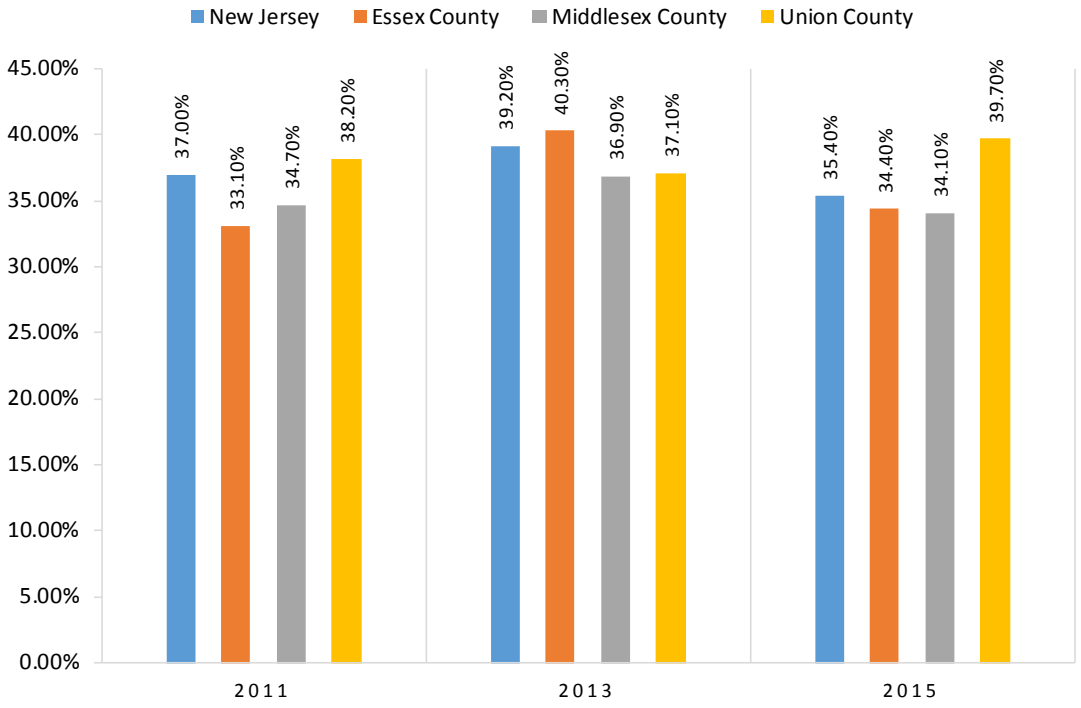


Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census; Definition: Inpatient, Same Day Stay and ED Discharges – ICD-9 DX Codes in Range 401-405.99 (Appearing Anywhere In First 13 DX Codes On Patient Record)

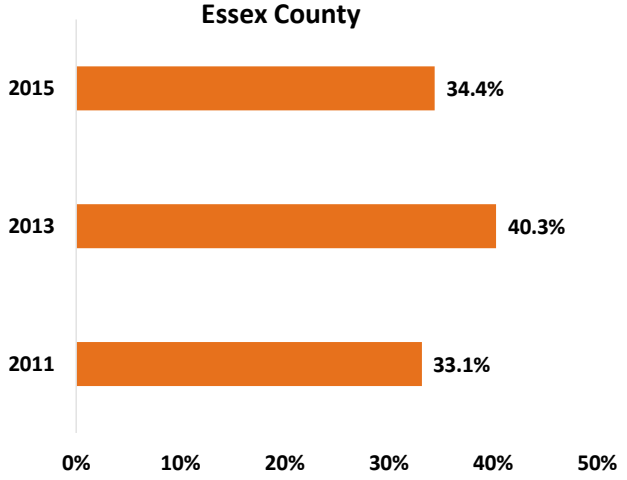
Cholesterol

- In the 2015 BRFSS, 34.4% of Essex County adults who had their cholesterol checked were told it was high, similar to New Jersey adults (35.4%).
- The percent of Essex County adults reporting high cholesterol trended upward from 2011 (33.1%) through 2015 (34.4%).
- The 2015 Essex County percent of adults who had their cholesterol checked and were told it was high was more than double the *Healthy People 2020* target of 13.5%. Essex County is in the lowest performing quartile with respect to the *Healthy People 2020* target.

Adults Who Have Had Their Cholesterol Checked and Told It Was High
State & County Comparisons, 2011-2015



Essex County



Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

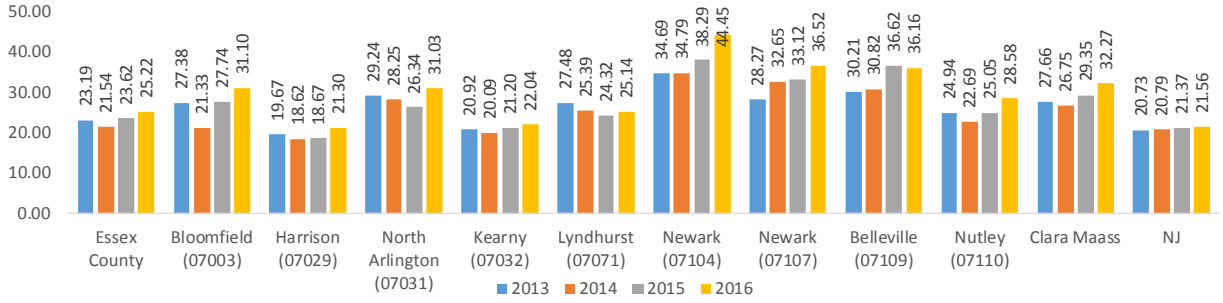
Healthy People 2020

Baseline: 15.0%
Target: 13.5%
Essex County 2015: 34.4%

High Cholesterol Hospital Use Rates for County, CMMC Service Area, and Selected Towns

- The rate of patients using a hospital service with a diagnosis of high cholesterol was highest in Newark 07104 in 2016 (44.45/1,000).
- In 2016, the rate of patients using a hospital service with a diagnosis of high cholesterol was lowest in Harrison (21.30/1,000).

High Cholesterol: Acute Care IP, Same Day and ED Discharges; Rate / 1,000 Population, 2013-2016

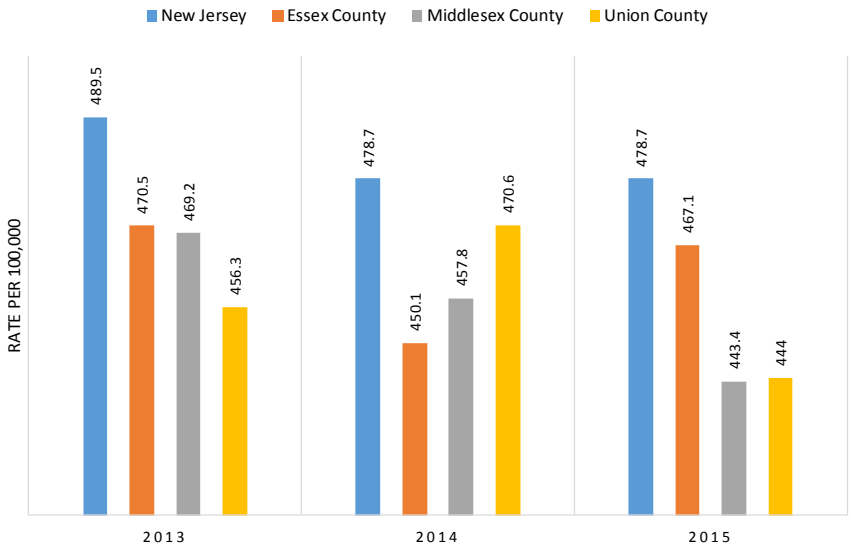


Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census; Definition: Inpatient, Same Day Stay and ED Discharges – ICD-9 DX Codes 272.0 or 272.2 (Appearing Anywhere In First 13 DX Codes On Patient Record)

Cancer

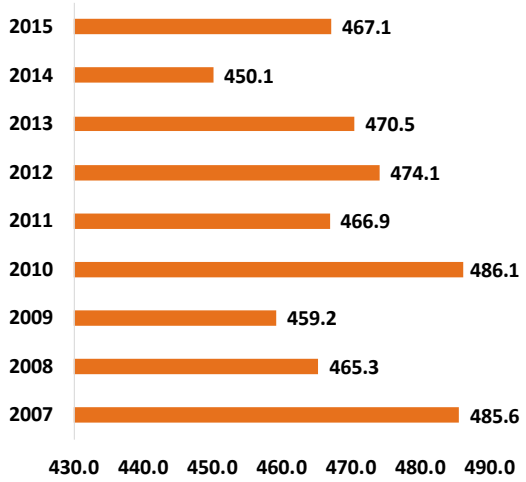
- Incidence of overall invasive cancer in Essex County decreased from 485.6/100,000 in 2007, to 467.1/100,000 in 2015.
- In 2015, the overall incidence of cancer in Essex County was lower than the State but higher than comparison counties.

Overall Invasive Cancer Incidence: Age-Adjusted Rate / 100,000 Population
State & County Comparisons, 2013-2015



Source: NJDOH New Jersey Cancer Registry
Note: The Rate / 100,000 for Prostate Cancer is based on Males and the Rate / 100000 for Breast Cancer is based on Females

Overall Invasive Cancer Incidence: Age-Adjusted Rate / 100,000 Population
Essex County – Trend

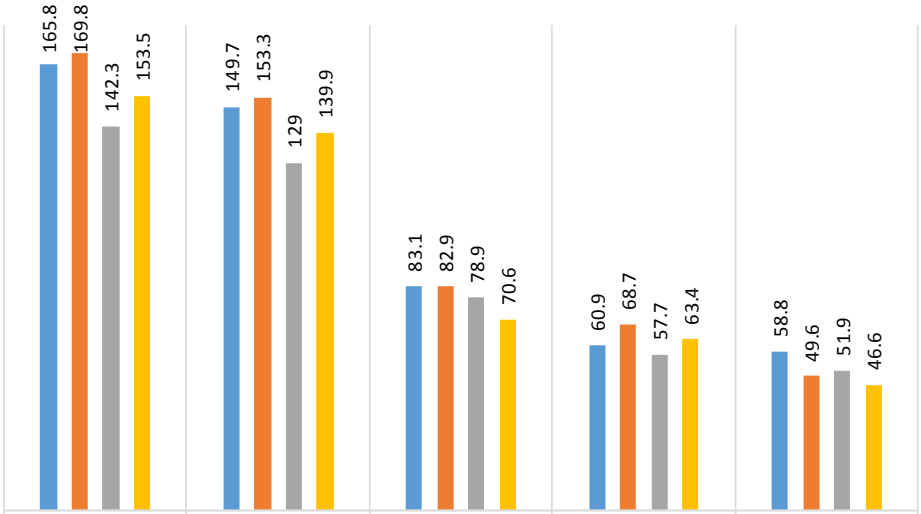


Source: NJDOH New Jersey Cancer Registry
Note: The Rate / 100,000 for Prostate Cancer is based on Males and the Rate / 100000 for Breast Cancer is based on Females

Incidence by Site

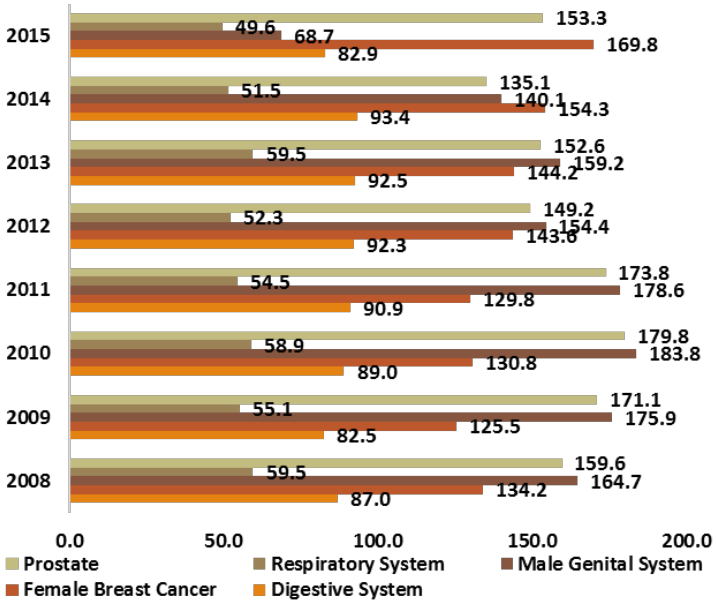
- In Essex County, breast (169.8/100,000) and prostate (153.3/100,000) cancers had the highest incidence rates among the top five cancers, followed by digestive system (82.9/100,000), male genital system (68.7/100,000), and respiratory system (49.6/100,000).
- In 2015, digestive system, and respiratory system rates in Essex County were lower than New Jersey.
- Between 2008 and 2015, incidence trends for Essex County by site were:
    - Breast increased 3.1%
    - Digestive System decreased 5.0%
    - Prostate declined 4.1%
    - Male Genital System increased 15.5%
    - Respiratory System decreased 20%
- Prostate, breast, digestive system and male genital system cancer incidence for Essex County perform in the middle quartile in comparison to all 21 New Jersey counties. Respiratory system cancer incidence in Essex County performs in the top quartile.

Invasive Cancer Incidence by Site: Age-Adjusted Rate / 100,000 Population
State & County Comparison, 2015



	Breast	Prostate	Digestive System	Male Genital System	Respiratory System
New Jersey	165.8	149.7	83.1	60.9	58.8
Essex County	169.8	153.3	82.9	68.7	49.6
Middlesex County	142.3	129	78.9	57.7	51.9
Union County	153.5	139.9	70.6	63.4	46.6

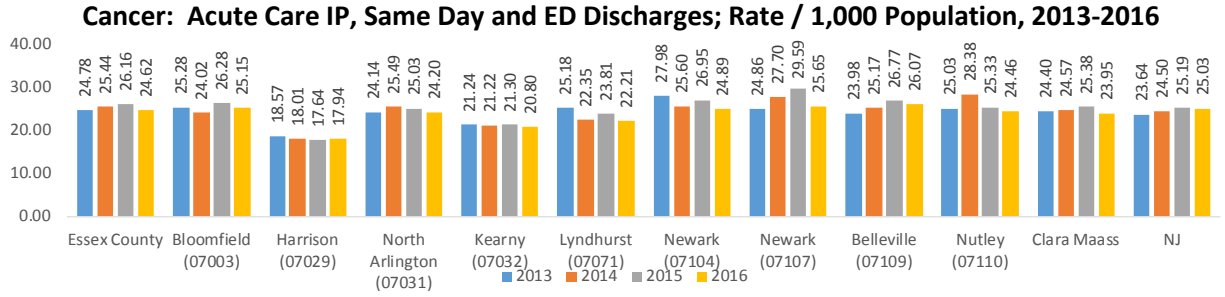
Essex County



Source: NJDOH New Jersey Cancer Registry
Note: The Rate / 100000 for Prostate Cancer is based on Males and the Rate / 100000 for Breast Cancer is based on Females

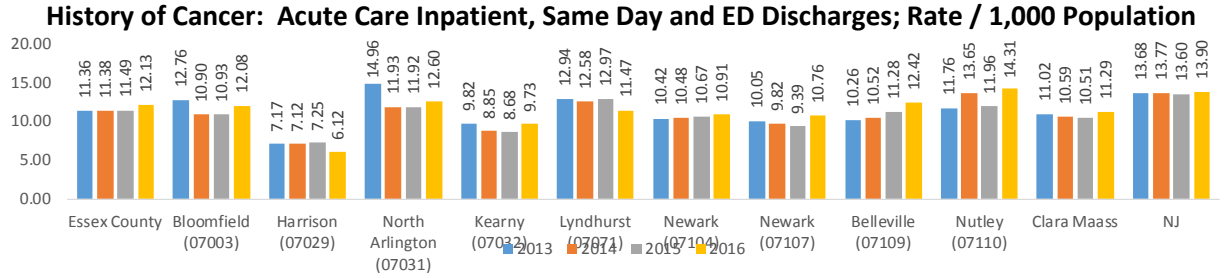
Cancer Hospital Use Rates for County, CMMC Service Area, and Selected Towns

- The 2016 rate of patients using a hospital service with a cancer diagnosis per 1,000 population was highest in Belleville (26.07/1,000).
- In 2016, the rate for patients discharged with a cancer diagnosis/1,000 population was slightly higher in the County (24.62/1,000) than in the CMMC Service Area (23.95/1,000).



Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census Definition: Inpatient, Same Day Stay and ED Discharges – New Solution's Inc. Oncology Product Line (includes History of Cancer)

- The 2016 rate of residents using a hospital service that had a history of cancer diagnosis was highest in Nutley (14.31/1,000).
- In 2016, the rate of patients hospitalized with a history of cancer diagnosis/1,000 population was lowest in Harrison (6.12/1,000).



Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census
Definition: Inpatient, Same Day Stay and ED Discharges – New Solution's Inc. Oncology Product Line (History of Cancer Only)

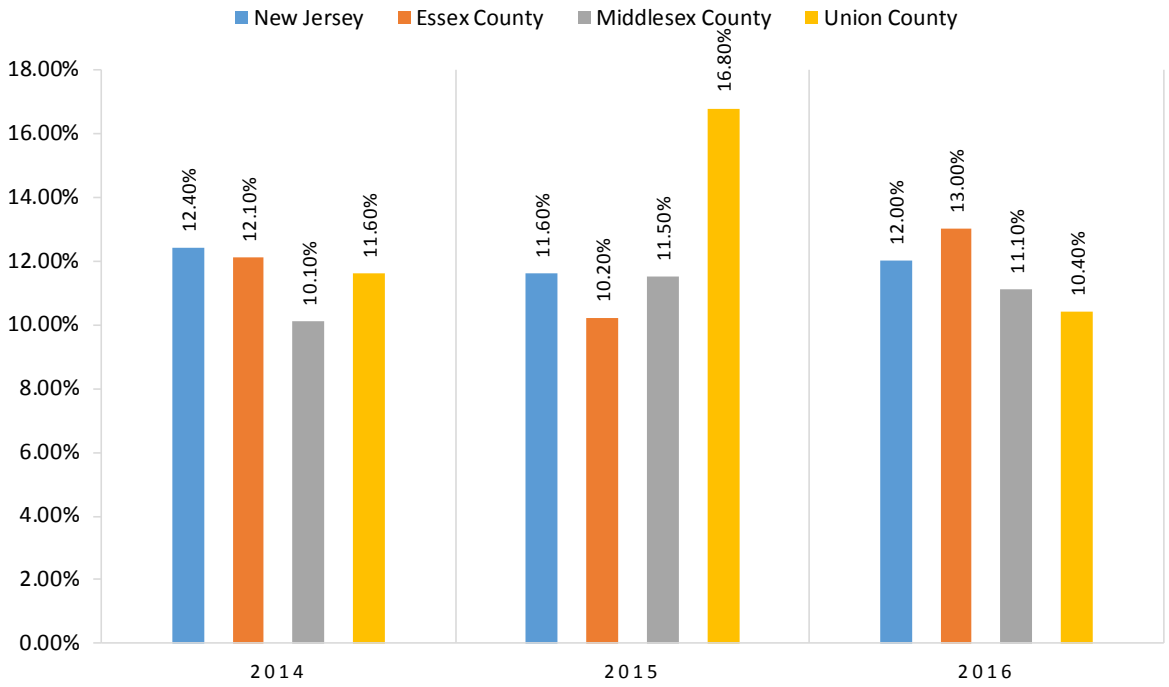
Asthma

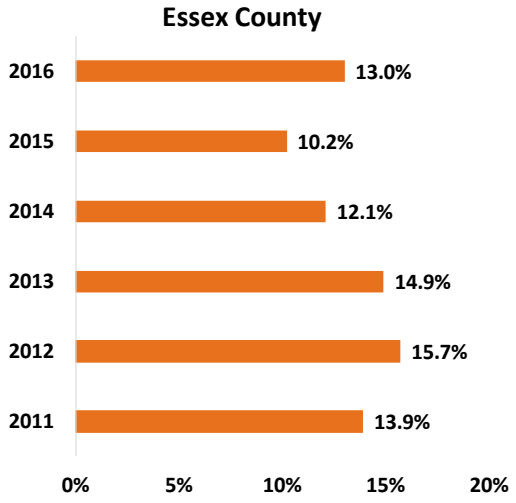
Asthma, a chronic lung disease often with childhood onset, inflames and narrows airways and causes recurring periods of wheezing, chest tightness, shortness of breath and coughing.[60] The exact cause of asthma is unknown; however, researchers believe genetic and environmental factors are involved. Factors may include atopy, parents with asthma, certain respiratory infections during childhood and contact with some airborne allergens or exposure to some viral infections in infancy or in early childhood when the immune system is developing.[61]

[60] http://www.nhlbi.nih.gov/health/health-topics/topics/asthma
[61] ibid

- According to the 2016 BRFSS survey, 13% of Essex County adults reported ever being told they have asthma. This was up 0.9 percentage points from 2014.
- The percent of Essex County residents with asthma (13.0%) is higher than the State (12.0%), and the comparative counties. Compared to all 21 New Jersey counties, Essex County was in the middle quartile.

Asthma (Percent "Yes"): Adults Who Have Ever Been Told They Have Asthma
State & County Comparisons, 2014-2016



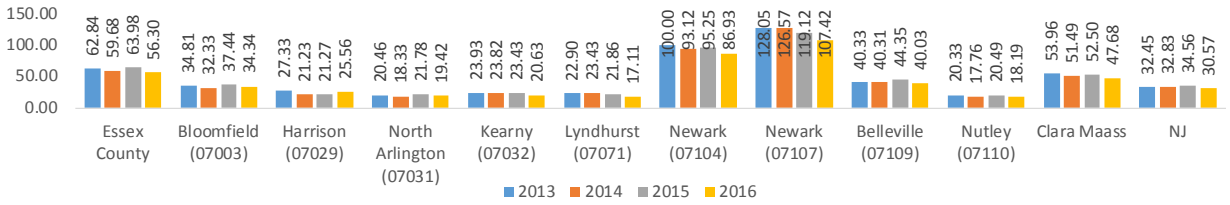


Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

Asthma Hospital Use Rates for County, CMMC Service Area, and Selected Towns

- Rates of residents using a hospital service with a diagnosis of asthma were highest in Newark 07107 in 2016 (107.42/1,000).
- In 2016, the rate of Newark 07107 (107.42/1,000) patients using a hospital service with a diagnosis of asthma exceeded the New Jersey (30.57/1,000) rate by a factor of 3. Rates were lowest in Lyndhurst (17.11/1,000).

Asthma: Acute Care IP, Same Day and ED Discharges; Rate / 1,000 Population, 2013-2016



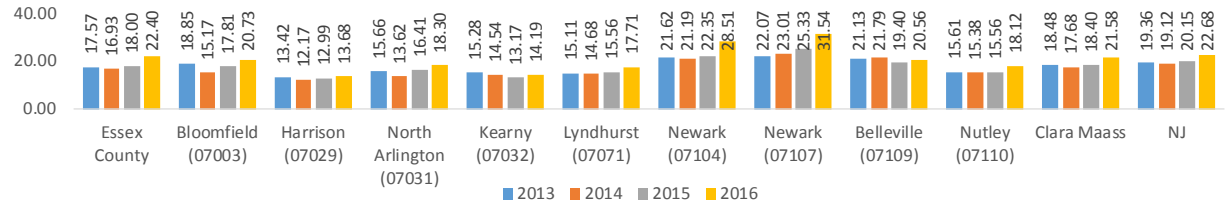
Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census; Definition: Inpatient, Same Day Stay and ED Discharges – ICD-9 DX Codes In the Range 493-493.9 (Appearing Anywhere In First 13 DX Codes On Patient Record)

COPD (excluding Asthma)

Chronic Obstructive Pulmonary Disease (COPD) is a group of diseases that cause airflow blockage and breathing-related problems including emphysema, chronic bronchitis. In the United States, tobacco smoke is a key factor in the development and progression of COPD, although exposure to air pollutants in the home and workplace, genetic factors, and respiratory infections also play roles.

- In 2016, the rate of hospitalization for patients with a diagnosis of COPD was highest in Newark 07107 (31.54/1,000) and lowest in Harrison (13.68/1,000).

COPD (excluding Asthma): Acute Care IP, Same Day and ED Discharges; Rate / 1,000 Population, 2013-2016



Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census; Definition: Inpatient, Same Day Stay and ED Discharges – ICD-9 DX Codes In the Ranges 490-492 & 494-496 (Appearing Anywhere In First 13 DX Codes On Patient Record)

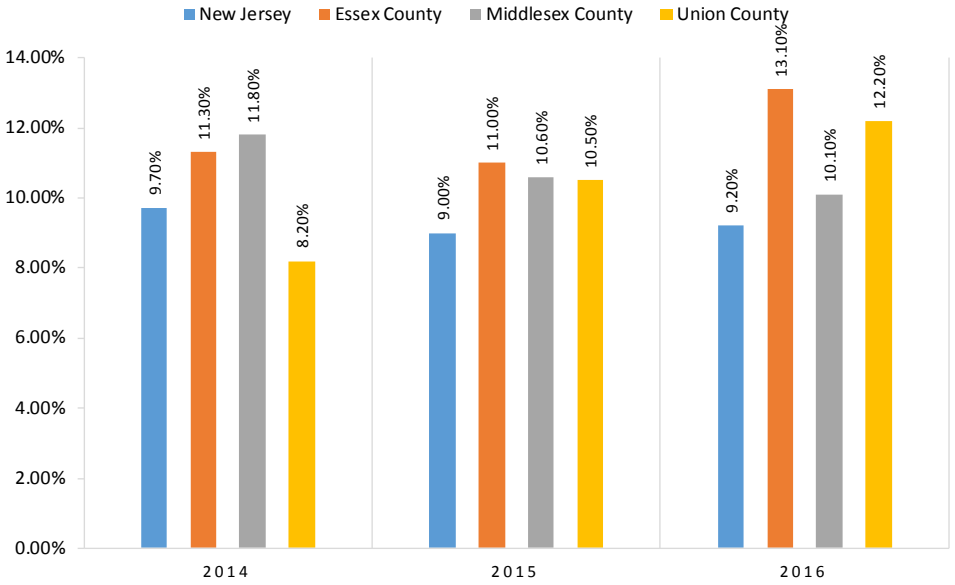
Diabetes

Diabetes is indicated by high levels of blood glucose as a result of problems in insulin production, effectiveness, or a combination of both. The three most common types of diabetes are Type 1, Type 2 and Gestational. Individuals with diabetes may develop serious health complications including heart disease, stroke, kidney failure, blindness, amputation and premature death.

Type 1 develops when insulin producing cells located in the pancreas are destroyed. There is no known way to prevent Type 1 diabetes. In order to survive, Type 1 diabetics must have insulin delivered by injection or pump. Type 2 primarily onsets with insulin resistance disorder in which cells within the muscles, liver, and fat tissue are unable to properly use insulin. Higher risk for developing Type 2 diabetes is associated with older age, obesity, family history of diabetes, history of gestational diabetes, impaired glucose metabolism, physical inactivity, and race/ethnicity. African Americans, Hispanics/Latinos, American Indians, some Asians, and Native Hawaiians or other Pacific Islanders are at particularly high risk for Type 2. Gestational diabetes is a form of glucose intolerance diagnosed during the second or third trimester of pregnancy. The risk factors for gestational diabetes are similar to those for type 2 diabetes.[62]

- Diabetes is increasing among Essex County residents. Between 2014 (11.3%) and 2016 (13.1%), the rate increased by 1.8 percentage points.
- In 2016, Essex County had the highest percentage of patients reporting diabetes among comparison counties. Essex County is in the worst performing quartile for diabetes as compared to all 21 counties statewide.

Diabetes (Percent "Yes"): Have You Ever Been Told by a Doctor That You Have Diabetes?
State & County Comparison, 2014-2016



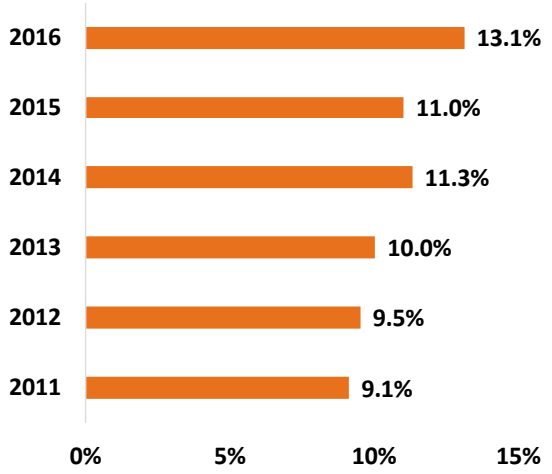
Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

County Health Rankings & Roadmaps
Building a Culture of Health, County by County
A Robert Wood Johnson Foundation program

National Benchmark: 91.0%
Essex County 2016: 81.9%

[62] http://www.cdc.gov/diabetes/pdfs/data/2014-report-generalinformation.pdf

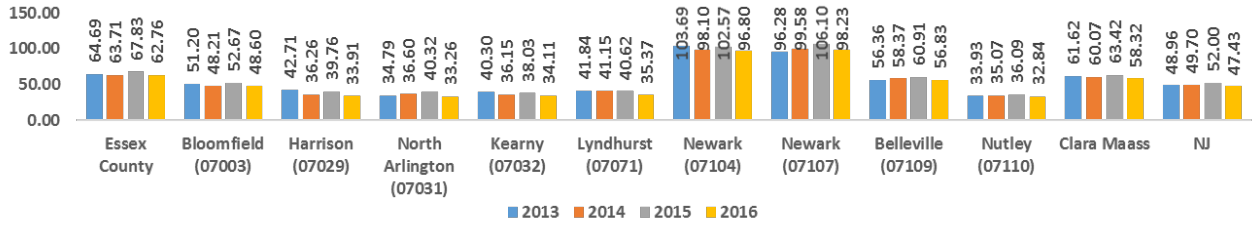
Diabetes (Percent "Yes"): Have You Ever Been Told by a Doctor That You Have Diabetes?
Essex County – Trend



Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

- Newark 07107 had the highest rate of residents using a hospital service with a diabetes diagnosis (98.23/1,000) in 2016. Rates in Newark 07104 were second highest in the region (96.80/1,000).
- In 2016, the rate of patients using a hospital service with diabetes diagnosis was lower in the CMMC Service Area (58.61/1,000) than in the County (62.76/1,000).

Diabetes: Acute Care IP, Same Day and ED Discharges; Rate / 1,000 Population 2013-2016



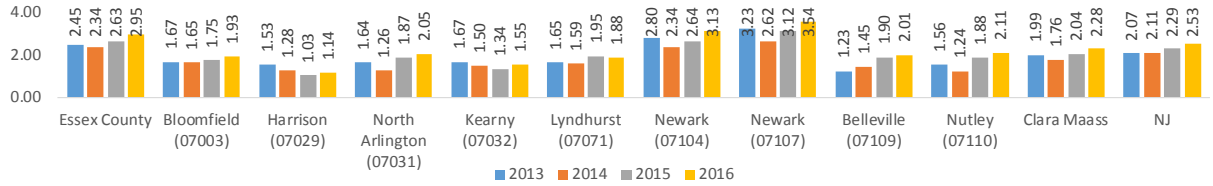
Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census; Definition: Inpatient, Same Day Stay and ED Discharges – ICD-9 DX Codes In The Range 249.00-250.03 (Appearing Anywhere In First 13 DX Codes On Patient Record)

Diabetes is a contributing factor to renal failure. More than 35% of U.S. adults with diabetes have chronic kidney disease. High blood sugar and high blood pressure increase the risk that chronic kidney disease will eventually lead to kidney failure.[63]

- In 2016, the rate of Essex County residents using a hospital service with diagnosis of renal failure was highest in Newark 07107 (3.54/1,000) and lowest in Harrison (1.14/1,000).
- The 2016 rate of Essex County residents using a hospital service with diagnosis of renal failure was higher than for New Jersey residents.

[63] http://www.cdc.gov/Features/WorldKidneyDay

Renal Failure: Acute Care IP, Same Day and ED Discharges; Rate / 1,000 Population, 2013-2016



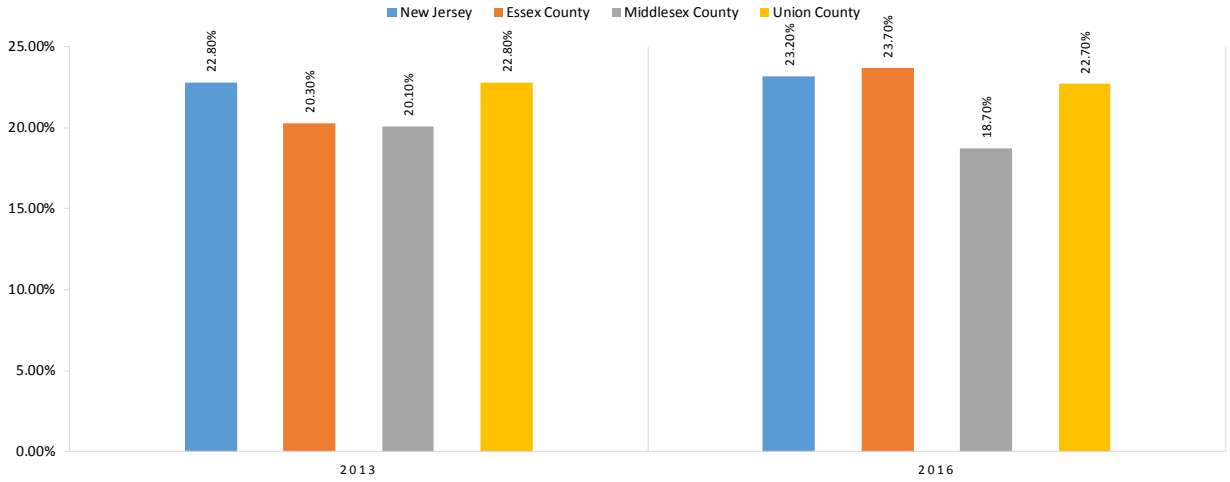
Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census; Definition: Inpatient, Same Day Stay and ED Discharges For MS-DRGs In the Range 682-685

Arthritis

Arthritis affects more than 1 in 5 adults and is the nation's most common cause of disability. A*rthritis* describes more than 100 rheumatic diseases and conditions that affect joints, the tissues which surround the joint and other connective tissue. The pattern, severity and location of symptoms vary depending on the specific form of the disease. Typically, rheumatic conditions are characterized by pain and stiffness in and around one or more joints. The symptoms can develop gradually or suddenly.[64]

- Between 2013 and 2016, the percentage of Essex County residents reporting arthritis increased from 20.3% to 23.7%.
- The percentage of Essex County residents reporting arthritis was slightly higher than the State (23.2%), Union County (22.7%), and Middlesex County (18.70/1,000). As compared to 21 counties statewide, Essex County ranks in the middle quartile.

Arthritis (Percent "Yes"): Adults Who Have Ever Been Told They Have Arthritis
State and County Comparison 2013-2016



Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

[64] http://www.cdc.gov/arthritis/basics.htm

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
CARDIOVASCULAR DISEASE ***Were You Ever Told You Had Angina or Coronary Heart Disease?*** % Yes	N.A.	N.A.	
CARDIOVASCULAR DISEASE ***Were You Ever Told You Had a Heart Attack?*** % Yes	N.A.	N.A.	
STROKE ***Were You Ever Told You Had a Stroke?*** % Yes	N.A.	N.A.	
Hypertension Awareness *Adults Who Have Been Told They Have High Blood Pressure*		N.A.	
Cholesterol Awareness *Adults Who Have Had Their Cholesterol Checked and Told it Was High*		N.A.	
ASTHMA ***Adults Who Have Ever Been Told They Have Asthma*** % Yes	N.A	N.A.	
DIABETES ***Have You Ever Been Told by a Doctor That You Have Diabetes*** % Yes	N.A.		
ARTHRITIS ***Adults Who Have Ever Been Told They Have Arthritis*** % Yes	N.A.	N.A.	

RED: Poorest Performing Quartile
Yellow: Middle Quartiles
Green: Best Performing Quartile

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Overall Cancer Incidence *Age-Adjusted Rate per 100,000 Population*	N.A	N.A.	
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.	
Respiratory System Cancer Incidence *Age-Adjusted Rate per 100,000 Population*	N.A.	N.A.	
Digestive System Cancer Incidence *Age-Adjusted Rate per 100,000 Population*	N.A.	N.A.	
Male Genital System Cancer Incidence *Age-Adjusted Rate per 100,000 Population*	N.A.	N.A.	

RED: Poorest Performing Quartile
Yellow: Middle Quartiles
Green: Best Performing Quartile

6. ASSETS AND GAPS ANALYSIS

The Assets and Gaps Analysis summarizes and highlights each component of the CHNA. Assets highlight Essex County or CMMC's Service Area information indicating improvement over time in comparison to other counties and the State or in comparison to other races and genders. Gaps focus on disparities in Essex County or in the CMMC Service Area that have a negative trend, in comparison to other counties and the State or in comparison to other races or genders.

A. HEALTH DISPARITIES

Economic Status

ASSETS

- The median household income of Nutley residents was $89,452, notably higher than the County rate.
- The percent of people living in poverty in Bloomfield was 8.2% in 2016, lower than the State and County.
- In 2016, the percent of unemployment in Nutley (4.2%) was lower than the County and State.
- Between 2015 and 2017, the percent of adults and children receiving TANF/WFNJ benefits declined by 51% and 43%, respectively.
- Over 17% of Nutley residents earned a graduate or professional degree, higher than the State, County, and the CMMC Service Area.

GAPS

- In 2016, the median household income in Essex County was $54,860, more than $18,000 below the State.
- In 2016, Essex County had a higher percentage of people living below the poverty level than statewide, 17.2% and 10.9%, respectively.
- Between 2014 and 2016, unemployment declined to 8% in Essex County, but remained higher than New Jersey, 5.2%.
- The percent of children living in poverty in Newark (07104) and Newark (07107) are notably higher than the New Jersey percentage.
- Essex County reported a 7 percentage point increase in the number of students eligible for free lunch between 2012-2013 and 2015-2016.
- In 2016, 15.3% of Essex County residents did not complete high school, 4.2 percentage points higher than New Jersey.
- In 2016, 30.1% of Newark (07107) residents did not complete high school, much higher than the State (11.1%) and County (15.3%).

Health and Health Care

ASSETS

- Since 2013, the non-elderly population without health insurance in Essex County decreased from 18.5% to 13.6%.
- The adult ED ACSC rate for the CMMC Service Area was lower than the County rate.
- The 2016 inpatient ACSC for the CMMC Service Area was lower than the County rate.

GAPS

- From 2013 to 2015, Essex County had a higher percentage of non-elderly population without health insurance than statewide.
- Between 2013 and 2016, the population to physician ratio was higher in Essex County than the CHR benchmark.
- Essex County had the third highest ACSC ED visit rate of the 21 counties in the State.
- Towns with the highest ED visit rate for children were Newark (07107) and Newark (07104).

Neighborhood and Built Environment

ASSETS

- Essex County experienced a 9.1% reduction in fine particulate matter between 2011 and 2012.
- Between 2010 and 2015, the percent of Essex County residents with limited access to healthy foods declined.
- Between 2010 and 2016, Essex County's motor vehicle crash deaths were 10.4% lower than New Jersey.

GAPS

- In 2016, 42.2% of Essex County housing units were built before 1952, higher than New Jersey overall at 25.8%.
- In 2015, Essex County ranked in the lowest performing quartile in terms of children with elevated blood lead levels.
- Between 2014 and 2017, the violent crime rate in Essex County was more than double the crime rate in New Jersey.
- In 2016, Essex County (25.8/100,000) had a higher death rate due to accidental poisoning and exposure to noxious substances than statewide (22.5/100,000).

B. HEALTH FACTORS

Clinical Care Measures

ASSETS

- The county-wide percentage of VBACs trended upward from 2013 to 2016, increasing from 10.3% to 11.8% in 2016.

GAPS

- In 2016, CMMC's Service Area inpatient use rate (163.28/1,000) was slightly higher than the Essex County rate (163.15) and the State rate (160.22).
- CMMC's Service Area ED visit rate (405.41/1,000) was higher than the State rate (352.2/1,000).
- In 2016, the ED visit rates in Newark (07107) and Newark (07104) were notably higher than the CMMC Service area, State, and County rates.
- Essex County's c-section rate (27.5%) was higher than the State rate (25.2%).

Health Behaviors

ASSETS

- The teen birth rate among CMMC Service Area residents (18.01/1,000) was lower than the Essex County rate (20.39/1,000).

GAPS

- In 2016, only 63.5% of Essex County women entered prenatal care in the first trimester.
- The 2010-2016 Essex County teen birth rate (15-19) was 46.2% higher than the State rate.
- In 2016, the teen birth rate (15-19) for Newark (07107) was nearly 5 times higher than the State rate.
- In 2016, the County's chlamydia and gonorrhea rates were nearly twice the respective rates in New Jersey.
- In 2015, the HIV prevalence rate in Essex County was more than triple the rate in New Jersey.

Individual Behaviors

ASSETS

- Between 2014 and 2016, smoking rates fluctuated in Essex County with an overall decrease of 1.9 percentage points.
- Alcohol impaired driving deaths in the County decreased from 22.3% in 2008-2012 to 16.4% in 2012-2016.
- In 2016, a lower percentage of Essex County residents were obese (26.8%) than the *Healthy People 2020* target (30.5%).

GAPS

- Adults reporting binge drinking in Essex County increased from 13.9% in 2014 to 15.4% in 2016.
- Essex County had the highest percent of residents reporting heavy drinking relative to the State and surrounding counties.
- From 2014 to 2016, Essex County had a higher percentage of residents reporting no physical activity than residents of the State and comparison counties.

Health Screenings and Immunizations

ASSETS

- In 2016, 82.7% of Essex County women over age 40 had a mammogram in the last two years, up 31 percentage points from 2012.
- In 2016, 76.7% of Essex County women over 18 had a pap smear within the past three years compared to the Healthy People 2020 target of 66.2%.
- In 2016, 96.9% of first grade students in Essex County received all required immunizations compared to 92.7% statewide.

GAPS

- In 2016, a lower percentage of Essex County adults over 50 (58.4%) participated in colon-rectal screenings than residents statewide (62.4%).
- In 2014, almost 82% of Essex County diabetic Medicare enrollees received HbA1c screening, lower than the State and surrounding counties.
- Essex County had the lowest percent of adults receiving flu shots compared to residents of New Jersey and surrounding counties.
- The percent of Essex County adults 65+ who had a pneumonia vaccine decreased from 2011-2016, from 71.3% to 58.8%.

Behavioral Health Utilization

ASSETS

- Inpatient hospitalizations for mental health conditions were lower than the County rate.
- In 2016, ED visit rates for substance use in the CMMC Service Area was lower than the State rate.

GAPS

- In 2016, Newark 07104 (9.44/1,000) had the highest rate of residents with an inpatient hospitalization for a mental health condition, compared to all comparative figures.
- In 2016, Newark 07107 (19.59/1,000) had a higher ED visit rate for mental health conditions than the CMMC service area, State, and County.
- In 2016, Newark (07107) had a higher use rate for residents with an inpatient admission for substance abuse than the State and other comparison figures.
- In 2016, Essex County (9.55/1,000) had a higher ED visit rate for substance abuse than the State (7.84/1,000).
- Between 2015 and 2016, Naloxone administrations in Essex County increased from 481 to 1,131.

C. HEALTH OUTCOMES

Mortality

ASSETS

- Between 2013 and 2016, Essex County's age-adjusted mortality rates improved (decreased) for diseases of the heart (-8.3%), cancer (-.9%), stroke (-1.5%), chronic lower respiratory diseases (-15.3%), and homicide (-16.5%).
- Essex County's cancer AAMR decreased from 151.9/100,000 in 2014 to 148/100,000 in 2016.
- The 2016 suicide mortality rate in Essex County (5.9/100,000) was lower than the State (7.7/100,000).
- The infant mortality rate in Essex County decreased from 7.8/1,000 from 2007-2009, to 6.6/1,000 from 2013-2016.

GAPS

- Between 2013 and 2016, Essex County's age adjusted mortality rates increased for unintentional injuries (34.7%), diabetes (4.8%), septicemia (1.7%), nephritis, nephrotic syndrome and nephrosis (9.3%), and Alzheimer's Disease (38.4%).
- Blacks (184.7/100,000) had the highest heart disease AAMR for Essex County in 2016 compared to Whites (151.6/100,000) and Hispanics (118.8/100,000).
- The AMMR for cancer deaths among Whites and Blacks in Essex County was notably higher than for Hispanics in 2016.
- The 2016 unintentional injury death rate among Blacks (45.6/100,000) was highest compared to Whites (42.1/100,000) and Hispanics (35.0/100,000).
- The 2016 stroke AAMR for Essex County (32.6/100,000) was higher than the State rate (30.0/100,000).
- Blacks (49.2/100,000) had a higher death rate due to stroke than Whites (20.0/100,000) and Hispanics (21.2/100,000).
- The years of potential life lost in Essex County from 2014-2016 (7,102.75/100,000) was higher than the rate statewide (5,469.35/100,000).
- The rate of drug overdose deaths in Essex County more than doubled between 2014 and 2016.

Maternal and Child Health

GAPS

- In 2016, Essex County had higher rates of low birth weight and very low birth weight babies than the State.
- The percentage of low birth weight babies were higher among Black (13.1%) than for Whites (6.4%) or Hispanics (7.8%).

Health Status and Behavioral Health Status

GAPS

- Between 2012 and 2016, there was an increase in the percent of Essex County residents who indicated their health was poor or fair from 18.5% to 24.6%.
- County-wide, Essex County adults who reported 14 or more of the past 30 days with "not good" mental health increased from 9.5% in 2014, to 11.6% in 2016.
- The percent of Essex County residents reporting a history of depression increased from 11.1% to 13.3% from 2014 to 2016.

Morbidity

ASSETS

- The percent of Essex County residents told they had a heart attack declined 0.1 percentage points from 2012 to 2016.
- Kearney residents had the lowest rate of patients hospitalized with a heart attack in 2016 in the CMMC Service Area.
- Harrison had the lowest rate of residents hospitalized with heart failure in 2016.
- From 2013 through 2016, Essex County had a lower rate of patients using a hospital service with a stroke/TIA diagnosis than the State.
- In 2016, the CMMC Service Area had a lower hospital use rate for hypertension than Essex County.
- In 2015, 34.4% of Essex County adults were told they had high cholesterol compared to 35.4% statewide.
- Harrison residents had the lowest use rate of patients using a hospital service with high cholesterol.
- The incidence of invasive cancer in Essex County decreased from 470.5/100,000) between 2013-2015, to 467.7/100,000 in 2015.
- Between 2008 and 2015, digestive system and respiratory system cancer incidence rates were lower than the State.
- In 2016, the CMMC Service Area had a lower rate of patients using a hospital service with a diagnosis of cancer than the State.

GAPS

- The percent of Essex County residents told they had angina or coronary heart disease increased from 3.5% in 2014, to 4.5% in 2016.
- Newark (07107) residents had the highest rate of residents hospitalized with a heart attack and heart failure in 2016.
- In 2016, Essex County (3.0%) reported a higher rate of strokes than the State (2.8%).
- In 2015, 32.6% of Essex County adults were aware they had hypertension, more than the 30.9% of adults statewide.
- Newark (07107) residents had the highest rate of hospital usage for hypertension from 2013 to 2016.

- In 2016, Newark (07104) residents with high cholesterol had the highest hospital use rate in the Service Area.
- Between 2008 and 2015, breast cancer (3.1%) and male genital cancer (15.5%) increased.
- In 2016, the rate of patients using a hospital with a cancer diagnosis was highest in Belleville.
- The percent of Essex County residents reporting diabetes was higher than the State and all comparison counties from 2014 to 2016.
- Between 2013 and 2016, the percentage of Essex County residents reporting arthritis increased from 20.3% to 23.7%.

APPENDICES

APPENDIX A: CMMC CHNA IMPLEMENTATION PLAN RESULTS

Community Health Needs Assessment

Clara Maass Medical Center

RWJBarnabas HEALTH

Let's be healthy together.

Introduction

In 2016, Clara Maass Medical Center ("CMMC") conducted and adopted its Community Health Needs Assessment ("CHNA") which consisted of a community health needs survey of residents in our service area, a detailed review of secondary source data, a survey and meetings with local health officials and a Public Health Symposium made up of county public health officers and community representatives. The Plan can be accessed at www.rwjbh.org/clara-maass-medical-center/about/community-health-needs-assessment/

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 Implementation Plan addresses the manner in which CMMC will address each priority need and the expected outcome for the evaluation of its efforts. The implementation plan which follows is based on the five selected priority areas*:

- Access to Health Care (with focus on addressing barriers of cultural and education needs; including Primary Care Physician shortages)
- Cardiovascular Disease and Prevention
- Cancer Care and Prevention (including Tobacco Use)
- Obesity
- Respiratory Care and Disease Prevention

CMMC 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. CMMC 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 provide the hospital with valuable external insights regarding community

**The five focus areas do not represent the full extent of the Medical Center's community benefit activities or its support of the community's health needs. Other needs identified through the CHNA may be better addressed by other agencies/organizations or deferred to another timeframe. Other significant needs identified in the CHNA include Mental Health and Substance Abuse, Black Infant Mortality, Violent Crimes and Unintentional Injuries.*

Goal #1: Enhance Access to Health Care with focus on addressing barriers of culture, diversity, and the special needs population

Key CHNA Findings:

- Over 55% of survey respondents listed "Lack of Doctors Taking Insurance" as a health concern.
- Public Health Officers/Educators stressed need for prevention/wellness.

Strategy/Initiative 1.1

Recruit a minimum of 14 primary care physicians over the next five years to address community access to primary care services in the service area.

Indicator/Metric

• Number of physicians recruited annually

• Reduce AMI readmissions by 5% by 2019

Tracking/Outcome

2016 Baseline: 6

2017 Results: 2

Strategy/Initiative 1.2

Increase access through residential outreach and services, expanding Clara Cares participants and residential buildings served.

Indicator/Metric

• Increase enrollment in Clara Cares Program by 3% over the next three years

Tracking/Outcome

Program has demonstrated effective reduction of emergency department visits (including ACSC) and readmission

Expansion of Kearny Building and Carucci Building in Lyndhurst resulted in increase of 30 seniors

Expanded Footprint from seven to eight buildings in 2016

2016 Baseline: 525 enrolled

2017 Results: Decrease of 20% of participants due to lack of care

Strategy/Initiative 1.3

Reduce or maintain the percentage of preventable readmissions among the Clara Cares participants.

Indicator/Metric

- Maintain level of Clara Cares readmissions at or below 5% measure annually

Tracking/Outcome

Utilize tracking system for hospitalizations

2017 Results: 2% readmission for Clara Cares participants

Strategy/Initiative 1.4

Collaborate with local Health Departments, Social Service organizations, Boards of Education, Senior Groups and churches to target community education programs that focus on prevention and treatments of chronic illness.

Indicator/Metric

- Increase of Clara Wellness Club members by 10% in next three years
- Identify risk factors which contribute to chronic illness and offering education and prevention.

Tracking/Outcome

140 Clara Wellness Club members when plan developed

2016 Baseline: 2,993 members; 4% increase

2017 Results: 3,543 members; 15% increase

CMMC continues to work with local health departments on targeted community education programs

Strategy/Initiative 1.5

Rollout of Center Of Excellence for Latino Health.

Indicator/Metric

- Develop Steering Committee to identify mission and to focus on health care access for Hispanic demographics
- Develop Clergy Counsel Initiative for community outreach
- Grant completions for support services
- Grant provided by HFNJ for master's level program coordinator
- Coordinator hired in June 2017
- Increase insured population in Latino community

Tracking/Outcome

2016 Baseline: Four Steering Committee meetings held; six grant proposals completed, two accepted in HFNJ and Verizon, one ACA sign-up event

2017 Results: Four Steering Committee meetings held, two clergy council initiatives in progress, two ACA sign-up events, 29 enrolled

Strategy/Initiative 1.6

WAVES Program - Wellness Assessments Van for Elders offers annual wellness visit at no cost to seniors with Medicare.

Indicator/Metric

- Increase of 50% in Wellness Assessments over next two years

Tracking/Outcome

2016 Baseline: 175; including screenings and presentations

2017 Results: 275; including screenings and presentations

Strategy/Initiative 1.7

Reduce the number of CMMC Emergency Department (ED) patients who could be treated in a primary care setting.

Indicator/Metric

- Reduction in the rate of ACSC treated in the ED
- Increase in the number of ED referrals to Newark Community Health Centers, and other primary care providers for follow-up and ongoing primary care services.

Tracking/Outcome

2016 Baseline: One Open Enrollment ACA Insurance sign-up events through CELH

2017 Results: 11 Open Enrollment ACA Insurance sign-up events through CELH

Maintain Transfer agreement in development with Federally Qualified Community Health Centers

Goal #2: Improve Cardiovascular Disease Care and Prevention

Key CHNA Findings:

- Cardiovascular disease care and prevention are top health related concerns in both community resident survey and survey of public health officers.
- Between 2009 and 2011, the percentage of county adult residents told they have high blood pressure increased.
- CHF is the most common inpatient ambulatory care sensitive condition and a leading cause of death.

Strategy/Initiative 2.1

Identify high risk cardiac failure patients and offer Transitions of Care program throughout their hospitalization.

Indicator/Metric

• Maintain patient participation at 65%

• Track annual number of patients followed by transition coordinators

Tracking/Outcome

Tracking system utilized

2016 Baseline: 600

2017 Results: 828; 80% of patients participated

Strategy/Initiative 2.2

Evaluate the effectiveness of Coleman Model for Transitions in Care for Heart Failure Patients.

Indicator/Metric

- Maintain survey completion at 95% at discharge

Tracking/Outcome

Transitions and NP Patient Tracker

AMI/ HF 30-day Readmit Report

Patient Satisfaction Survey at 97.8%; Post-discharge 810 out of 828 surveys completed

Strategy/Initiative 2.3

In collaboration with community partners, continue to provide screenings and educational lectures for heart disease-related risk factors including hypertension, diabetes and BMI, at key locations throughout the service area.

Indicator/Metric

- Track annual number of patients screened
- Implement tracking for positive findings

Tracking/Outcome

2016 Baseline: 3,076

2017 Results: 4,194

Mechanism established for positive findings includes referrals to primary care physicians and appropriate specialists with emergency cases calling 911

2016 Baseline: Five presentations

2017 Results: Six presentations, 10 patients referred

Strategy/Initiative 2.4

Initiate Cardiac Rehabilitation lecture series for patients to expand knowledge base education.

Indicator/Metric

- Increase number of participating attendees in cardiac rehab by 30%

Tracking/Outcome

2016 Baseline: 36 participants

2017 Results: 71 patients, 47% incrrease

Goal #3: Improve Cancer Care and Prevention

Key CHNA Findings:

- Cancer care and prevention are top health related concerns in both community resident survey and survey of public health officers.
- Between 2009 and 2011, the cancer incidence rate increased; it is three times higher than the HP2020 target.
- Cancer is the second leading cause of death.

Strategy/Initiative 3.1

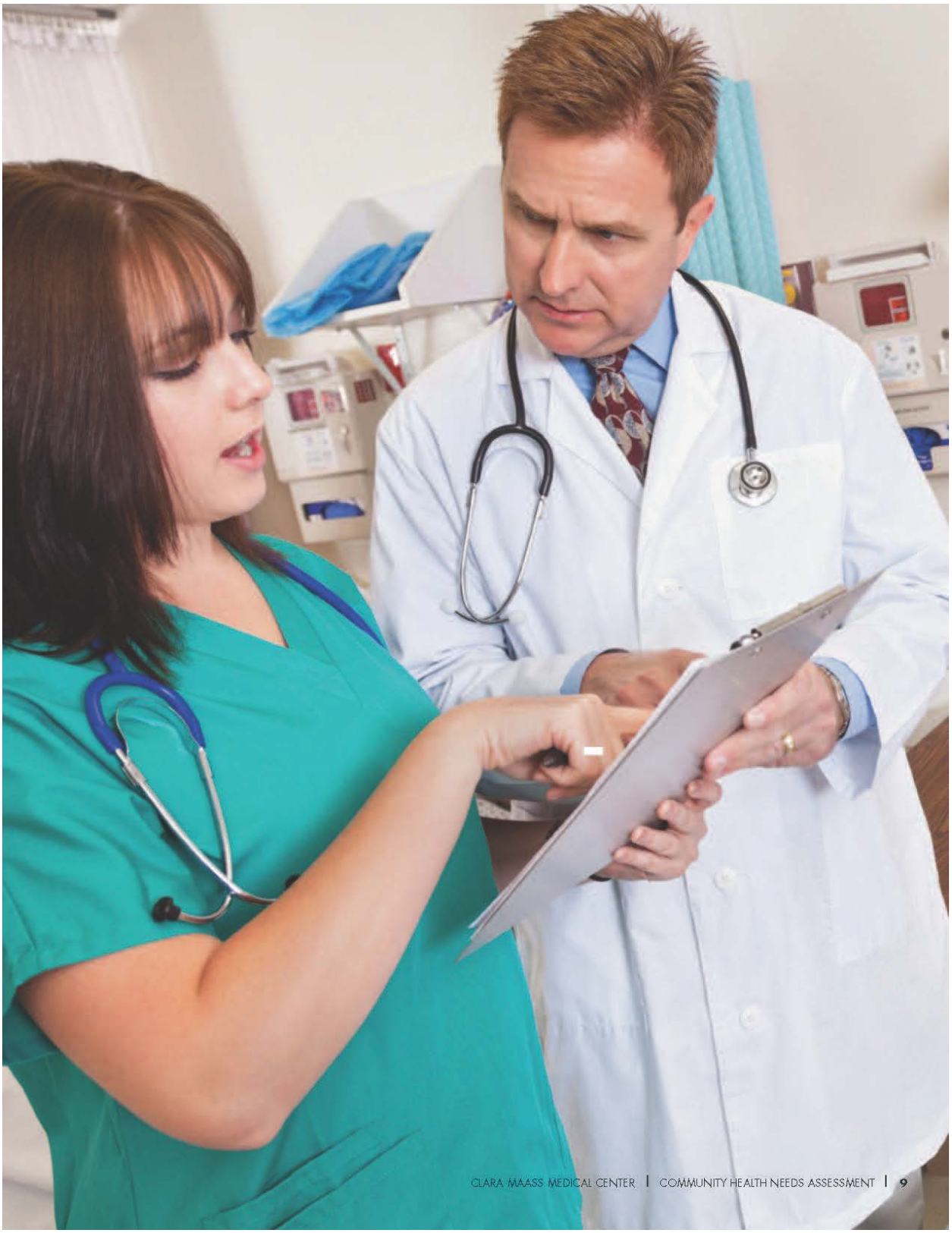
Staff Emergency Department (ED) with a psychiatrist to evaluate and treat emergent/urgent patients to help prevent unnecessary hospitalizations.

Indicator/Metric

- Continue PAP screenings
- Host skin screening in the second quarter of 2017
- Continue to provide lung cancer screening for high risk individuals
- Train additional staff members to provide smoking cessation program to high risk individuals identified as above and in collaboration with Respiratory Services
- Provide education to the community regarding early awareness for cancers such as prostate, breast, lung and colorectal
- Develop process to track and report findings for all screenings

Tracking/Outcome

2016 Baseline:
Two PAP screenings for Lyndhurst DOH; 18 participants
Completed 75 screenings for High Risk Lung
Outreach at Willowbrook Mall, FBI Employee Health Fair
2017 Results:
Two PAP screenings for Lyndhurst DOH; 15 participants
Developed tracking tool for PAP screenings
Completed 125 screenings for High Risk Lung; roll-out new program for internal hospital patients only
Outreach at Willowbrook Mall, Pink Party Women's Beast Cancer Health, DRD
Breast Cancer Awareness at Bloomfield Civic Center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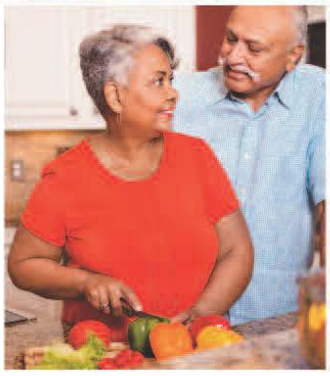

Strategy/Initiative 3.2

Continue to provide educational programs and support services for cancer patients in the community.

Indicator/Metric

- Increase numbers of patient participants by 10% over three years
- Increase satisfaction scores among Cancer Center patients

Tracking/Outcome

Monthly Breast Cancer Support Group Average Attendance:
2016 Baseline: 71
2017 Results: 88
Look Good Feel Better Program Annual Attendance:
2016 Baseline: 72
2017 Results: 12 (program discontinued)

Strategy/Initiative 3.3

Initiate Nutrition Support Group for cancer patients and caregivers.

Indicator/Metric

- Program participation

Tracking/Outcome

2017 Results: 20 attendees/month

Goal #4: Reduce obesity in the community to improve wellness and disease prevention

Key CHNA Findings:

- Obesity is a top health related concern in survey of public health officers.
- Diabetes incidence is increasing.
- Diabetes is the second highest ambulatory care sensitive condition admission in our primary service area.

Strategy/Initiative 4.1

Implement a bariatric clinic to address the needs of the Medicaid population by providing surgical options for weight loss.

Indicator/Metric

• Increase number of Medicaid patients who had bariatric surgery by 20% in the next year

Tracking/Outcome

2016 Baseline: 25

2017 Results: 147; goal exceeded

Strategy/Initiative 4.2

Provide follow-up education and support group services to patients undergoing Bariatric surgery.

Indicator/Metric

• Monitor patients who maintained weight loss at one year

• Monitor and increase attendance at support group meetings

• Introduce new and improved topics for support group meetings

Tracking/Outcome

Over 80% of these patients maintained their weight loss in the first year

2016 Baseline: Support group attendance 159

2017 Results: Support group attendance 193 (18% increase)

Support groups now held every other month; topics include Zumba, Yoga, Grocery Store Tour, Healthy Holiday Eating, and Restaurant Guide

Strategy/Initiative 4.3

Partner with community to provide education on healthy shopping and meal preparation.

Indicator/Metric

• Continue to meet with partners to increase expanded programming

Tracking/Outcome

2016 Baseline: Four workshops

2017 Results: Six workshops

Goal #5: Improve Respiratory Care and Disease Prevention

Key CHNA Findings:

- Respiratory care and prevention are top health related concerns in survey of public health officers.
- The Emergency Department (ED) ambulatory care sensitive visit rate for children in the County was 50.5% higher than the state.
- Asthma and COPD ranked among the top five inpatient ambulatory care sensitive inpatient admissions.

Strategy/Initiative 5.1

Develop a "Lung Health" initiative including educational workshops for asthma related illness, COPD, lung cancer and smoking.

Indicator/Metric

• Reduce ED visits for ACSC related to asthma and COPD

• Increase awareness and utilization of CMMC services

Tracking/Outcome

2016 Baseline: Four educational programs

2017 Results: Three educational programs

Strategy/Initiative 5.2

Develop internal strategies with the medical staff to provide asthma, recurrent asthma and bronchitis patients with additional education and support regarding management of high risk behaviors and conditions and an internal tobacco treatment program targeting smokers offering one-on-one bedside counseling and customized plan per patient needs.

Indicator/Metric

- Flag high risk patients for additional patient education
- LACE Tool of nine or above which predicts risk of readmission by Transitional Care Coordinators
- Follow up contact upon discharge

Tracking/Outcome

2016 Baseline: Pneumonia – 185; COPD - 294

2017 Results: Pneumonia – 204; COPD - 416; COPD/Pneumonia - 117

Strategy/Initiative 5.3

Pulmonary Rehabilitation Program developed to help patients with moderate to severe breathing problems to overcome the physical limitations and wean from oxygen dependency.

Indicator/Metric

- Control, reduce, and alleviate the symptoms and pathophysiologic complications of chronic pulmonary disease
- Teach the patient how to reach the highest possible level of independent functioning for his or her activities of daily living within the limitations of the pulmonary disease
- Teach the patient self-management techniques for his or her daily living consistent with the pulmonary disease process in order to obtain the highest possible level of independent function

Tracking/Outcome

2106 Baseline: 17 patients, each patient comes twice a week for 18 weeks

2017 Results: 556 patient visits

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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://www.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
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/
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

Source	
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)	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
United Way	http://www.unitedwaynj.org/ourwork/alicenj.php
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
Washington Post	https://www.washingtonpost.com
World Health Organization	http://www.who.int

APPENDIX C1: CANCER INCIDENCE RATE REPORT: CANCER PATIENT ORIGIN
ESSEX COUNTY 2017

Sixty-seven and one tenth percent of CMMC's cancer inpatients and 64.1% of cancer outpatients resided in the Primary Service Area. In total, 70.1% of inpatients and 63.2% of outpatients resided in Essex County. Belleville (07109) and Newark (07104) represent the largest segment of CMMC's inpatient cancer patients. Similarly, Belleville (07109) and Harrison (07029) represents the largest segments of CMMC'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	2017 CMMC IP VOLUME	%	2017 CMMC OP VOLUME	%
Essex County	998	70.1%	264	63.2%
Primary Service Area	955	67.1%	268	64.1%
Secondary Service Area	196	13.8%	64	15.3%
Out of Service Area (NJ)	257	18.1%	85	20.3%
Out of State	15	1.1%	1	0.2%
TOTAL	**1,423**	**100.0%**	**418**	**100.0%**
Belleville (07109)	164	11.5%	66	15.8%
Newark (07104)	162	11.4%		
Harrison (07029)			34	8.1%

Source: Decision Support; IP volume includes cases with ICD10 principal or secondary codes C00 thru D49.9 (Neoplasms); OP volume includes cases with ICD10 principal or secondary codes Z51.0 or Z51.11 (Chemo and Radiation Therapy).

APPENDIX C2: CANCER INCIDENCE RATE REPORT: ESSEX COUNTY 2011-2015

INCIDENCE RATE REPORT FOR ESSEX COUNTY 2011-2015				
Cancer Site	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend
All Cancer Sites	452.1	3717	falling	-1.2
Bladder	19.1	153	stable	-0.4
Brain & ONS	5.1	42	falling	-1.4
Breast	133.5	610	rising	5.7
Cervix	9.5	42	falling	-3.7
Colon & Rectum	43.3	355	stable	0.4
Esophagus	3.9	32	falling	-3.1
Kidney & Renal Pelvis	13	108	rising	0.8
Leukemia	13.1	104	stable	-0.3
Liver & Bile Duct	7.7	67	rising	1.8
Lung & Bronchus	48.7	392	falling	-2.4
Melanoma of the Skin	13.1	106	stable	0.8
Non-Hodgkin Lymphoma	19.4	157	stable	0
Oral Cavity & Pharynx	8.9	75	falling	-2.1
Ovary	12.2	56	falling	-2
Pancreas	14.6	117	stable	0
Prostate	158.8	580	falling	-4.8
Stomach	9.3	75	falling	-2
Thyroid	12.6	103	rising	5.1
Uterus (Corpus & Uterus, NOS)	31.8	151	rising	1.3

The Source for C2 and following tables C3, C4, C5 and C6 is :
https://statecancerprofiles.cancer.gov

APPENDIX C3: CANCER INCIDENCE DETAILED RATE REPORT: ESSEX COUNTY 2011-2015
SELECT CANCER SITES: RISING INCIDENCE RATES

		Breast	Kidney & Renal Pelvis	Liver & Bile Duct	Thyroid	Uterus (Corpus & Uterus, NOS)
INCIDENCE RATE REPORT FOR ESSEX COUNTY 2011-2015 All Races (includes Hispanic), All Ages	Age-Adjusted Incidence Rate - cases per 100,000	133.5	13	7.7	12.6	31.8
	Average Annual Count	610	108	67	103	151
	Recent Trend	rising	rising	rising	rising	rising
	Recent 5-Year Trend in Incidence Rates	5.7	0.8	1.8	5.1	1.3
White Non-Hispanic, All Ages	Age-Adjusted Incidence Rate - cases per 100,000	155.3	13.5	4.9	19.5	35
	Average Annual Count	281	49	18	55	69
	Recent Trend	rising	stable	stable	stable	stable
	Recent 5-Year Trend in Incidence Rates	1.9	0.9	0.4	-5	0.8
Black (includes Hispanic), All Ages	Age-Adjusted Incidence Rate - cases per 100,000	121.7	12.3	9.6	6.4	29.6
	Average Annual Count	229	40	34	21	57
	Recent Trend	rising	stable	rising	rising	rising
	Recent 5-Year Trend in Incidence Rates	7.9	1	2.4	3.7	2.2
Asian or Pacific Islander (includes Hispanic), All Ages	Age-Adjusted Incidence Rate - cases per 100,000	102.1	*	10.5	14	19.7
	Average Annual Count	25	*	4	7	5
	Recent Trend	stable	*	*	*	*
	Recent 5-Year Trend in Incidence Rates	1.2	*	*	*	*
Hispanic (any race), All Ages	Age-Adjusted Incidence Rate - cases per 100,000	104	11.7	11.4	13	26
	Average Annual Count	72	15	14	19	19
	Recent Trend	stable	stable	rising	rising	rising
	Recent 5-Year Trend in Incidence Rates	0	1.6	2.8	5	1.9
MALES	Age-Adjusted Incidence Rate - cases per 100,000	n/a	18.7	12.4	7.4	n/a
	Average Annual Count	n/a	68	48	29	n/a
	Recent Trend	n/a	stable	rising	rising	n/a
	Recent 5-Year Trend in Incidence Rates	n/a	0.7	2	5.8	n/a
FEMALES	Age-Adjusted Incidence Rate - cases per 100,000	133.5	8.6	4	17.2	31.8
	Average Annual Count	610	40	20	74	151
	Recent Trend	rising	stable	stable	rising	rising
	Recent 5-Year Trend in Incidence Rates	5.7	0.7	1	4.8	1.3

** Data has been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category. If an average count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression threshold (but is rounded to 3).*

APPENDIX C4: CANCER MORTALITY RATE REPORT: ESSEX COUNTY 2011-2015

MORTALITY RATE REPORT FOR ESSEX COUNTY 2011-2015					
Cancer Site	Met Healthy People Objective	Age-Adjusted Death Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend
All Cancer Sites	Yes	156.1	1262	falling	-2.4
Bladder	***	3.7	30	stable	-0.8
Brain & ONS	***	3	25	falling	-1.2
Breast	No	23.8	110	falling	-2.6
Cervix	No	3.5	16	falling	-2.8
Colon & Rectum	No	15.7	127	falling	-2.8
Esophagus	***	3.2	27	falling	-3
Kidney & Renal Pelvis	***	2.8	23	falling	-1.3
Leukemia	***	5.9	47	falling	-2
Liver & Bile Duct	***	5.5	48	stable	1
Lung & Bronchus	Yes	35.2	282	falling	-2.9
Melanoma of the Skin	Yes	1.4	11	falling	-1.5
Non-Hodgkin Lymphoma	***	5.2	41	falling	-2.7
Oral Cavity & Pharynx	Yes	2.2	19	falling	-3.6
Ovary	***	6.7	31	falling	-2.3
Pancreas	***	11.9	95	stable	-0.5
Prostate	No	24.5	73	falling	-3.4
Stomach	***	4.4	35	falling	-3.5
Thyroid	***	0.4	3	*	*
Uterus (Corpus & Uterus, NOS)	***	6.3	30	stable	0

*** No Healthy People 2020 Objective for this cancer.*

** Data has been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category. If an average count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression threshold (but is rounded to 3).*

APPENDIX C5: CANCER MORTALITY DETAILED RATE REPORT (Highest Volume): ESSEX COUNTY 2011-2015

		Breast	Colon & Rectum	Lung & Bronchus
MORTALITY RATE REPORT FOR ESSEX COUNTY 2011-2015 All Races (includes Hispanic), All Ages	Met Healthy People Objective	No	No	Yes
	Age-Adjusted Death Rate - cases per 100,000	23.8	15.7	35.2
	Average Annual Count	110	127	282
	Recent Trend	falling	falling	falling
	Recent 5-Year Trend in Death Rates	-2.6	-2.8	-2.9
White Non-Hispanic, All Ages	Met Healthy People Objective	No	Yes	Yes
	Age-Adjusted Death Rate - cases per 100,000	20.8	14.3	37
	Average Annual Count	44	57	142
	Recent Trend	falling	falling	falling
	Recent 5-Year Trend in Death Rates	-3.2	-3.2	-1.6
Black (includes Hispanic), All Ages	Met Healthy People Objective	No	No	Yes
	Age-Adjusted Death Rate - cases per 100,000	28.6	18.7	38.7
	Average Annual Count	54	56	117
	Recent Trend	falling	falling	falling
	Recent 5-Year Trend in Death Rates	-1.7	-2.4	-2.9
Asian or Pacific Islander (includes Hispanic), All Ages	Met Healthy People Objective	*	*	Yes
	Age-Adjusted Death Rate - cases per 100,000	*	*	16.1
	Average Annual Count	3 or fewer	3 or fewer	5
	Recent Trend	*	*	falling
	Recent 5-Year Trend in Death Rates	*	*	-4.1
Hispanic (any race), All Ages	Met Healthy People Objective	Yes	Yes	Yes
	Age-Adjusted Death Rate - cases per 100,000	17.1	11.6	17.4
	Average Annual Count	11	12	18
	Recent Trend	*	stable	falling
	Recent 5-Year Trend in Death Rates	*	-0.1	-2.9
MALES	Met Healthy People Objective	n/a	No	Yes
	Age-Adjusted Death Rate - cases per 100,000	n/a	18.3	44.9
	Average Annual Count	n/a	61	145
	Recent Trend	n/a	falling	falling
	Recent 5-Year Trend in Death Rates	n/a	-3	-3.2
FEMALES	Met Healthy People Objective	No	Yes	Yes
	Age-Adjusted Death Rate - cases per 100,000	23.8	13.8	28.9
	Average Annual Count	110	66	136
	Recent Trend	falling	falling	falling
	Recent 5-Year Trend in Death Rates	-2.6	-2.6	-1.9

**** No Healthy People 2020 Objective for this cancer.*

** Data has been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category. If an average count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression threshold (but is rounded to 3).*

APPENDIX C6: CANCER INCIDENCE RATE REPORT: ALL COUNTIES 2011-2015

INCIDENCE RATE REPORT: ALL COUNTIES 2011-2015				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
ALL SITES: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	441.2	1,580,653	falling	-1.4
New Jersey	477.5	49,332	falling	-0.9
Atlantic County	490.9	1,646	falling	-0.6
Bergen County	462	5,311	falling	-1.1
Burlington County	521.7	2,845	stable	-1
Camden County	513.9	2,982	stable	-1.4
Cape May County	557.2	864	stable	-0.1
Cumberland County	502.9	862	stable	0.1
Essex County	452.1	3,717	falling	-1.2
Gloucester County	529.7	1,753	stable	-1.7
Hudson County	391.1	2,429	falling	-1.5
Hunterdon County	481.7	762	stable	-0.2
Mercer County	498.1	2,058	falling	-0.4
Middlesex County	455.8	4,118	falling	-1
Monmouth County	511.5	3,950	falling	-1.6
Morris County	470.4	2,848	falling	-1.7
Ocean County	515.9	4,370	falling	-0.7
Passaic County	441.4	2,378	falling	-0.9
Salem County	534.1	443	stable	0.1
Somerset County	461.1	1,761	falling	-1.4
Sussex County	489.7	863	falling	-0.5
Union County	451.9	2,692	falling	-1.2
Warren County	497.8	665	falling	-0.5
Bladder: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	20.3	72,640	falling	-1.7
New Jersey	23.6	2,449	falling	-1.5
Atlantic County	27.9	94	stable	0.2
Bergen County	23	272	falling	-0.8
Burlington County	26.7	147	stable	0
Camden County	25.3	146	stable	0
Cape May County	35	58	rising	1.3
Cumberland County	26.4	45	stable	1
Essex County	19.1	153	stable	-0.4

INCIDENCE RATE REPORT: ALL COUNTIES 2011-2015				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Gloucester County	28.4	91	rising	0.7
Hudson County	17.5	102	falling	-1.5
Hunterdon County	28.2	44	rising	1.4
Mercer County	22.1	91	stable	-0.5
Middlesex County	23.1	205	stable	-0.3
Monmouth County	25.8	202	stable	-0.2
Morris County	24.3	149	stable	-0.3
Ocean County	24.4	230	falling	-3.5
Passaic County	21.2	113	stable	-0.6
Salem County	29.5	25	stable	0.3
Somerset County	21.3	81	stable	0.3
Sussex County	26.6	45	stable	-0.3
Union County	20.1	119	falling	-3.7
Warren County	27.6	37	stable	-0.6
Brain & ONS: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	6.5	22,226	falling	-0.9
New Jersey	6.9	669	falling	-0.3
Atlantic County	7.3	22	stable	0.3
Bergen County	7.7	81	stable	-0.4
Burlington County	7.2	36	stable	0.5
Camden County	7.2	39	stable	0
Cape May County	7.1	9	stable	0
Cumberland County	7.1	12	stable	-0.8
Essex County	5.1	42	falling	-1.4
Gloucester County	7.3	23	stable	-0.3
Hudson County	5.7	37	falling	-1.2
Hunterdon County	7.8	10	stable	-0.5
Mercer County	7.1	27	stable	-0.5
Middlesex County	6.3	55	falling	-1
Monmouth County	7.3	54	stable	0.5
Morris County	7.9	43	stable	0.1
Ocean County	7.7	54	stable	0.4
Passaic County	6.7	35	falling	-0.9
Salem County(7)	7.3	5	*	*
Somerset County	6.1	22	stable	-0.5
Sussex County	7.7	12	stable	-0.5

INCIDENCE RATE REPORT: ALL COUNTIES 2011-2015				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Union County	6.2	36	falling	-1
Warren County	10.4	13	stable	1.6
Breast: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	124.7	234,445	stable	0.2
New Jersey	133.4	7,357	rising	0.4
Atlantic County	132.5	236	stable	-0.1
Bergen County	135.5	822	falling	-0.6
Burlington County	139.6	405	stable	-0.1
Camden County	140.1	440	stable	0.4
Cape May County	129.9	100	falling	-0.7
Cumberland County	113.9	101	falling	-0.8
Essex County	133.5	610	rising	5.7
Gloucester County	142.6	257	stable	0
Hudson County	104.4	356	falling	-0.5
Hunterdon County	155.1	133	stable	-0.1
Mercer County	140	309	stable	-0.4
Middlesex County	129.2	625	falling	-0.5
Monmouth County	144.1	594	stable	-0.1
Morris County	144.4	465	stable	-0.3
Ocean County	130.8	567	falling	-0.6
Passaic County	117	344	falling	-0.5
Salem County	126.1	55	stable	-0.5
Somerset County	140.4	290	stable	0.4
Sussex County	134.3	125	stable	-0.2
Union County	133.4	433	falling	-0.4
Warren County	127.7	91	stable	-0.3
Cervix: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	7.5	12,529	stable	0.2
New Jersey	7.6	380	falling	-2.6
Atlantic County	9.8	15	falling	-3.6
Bergen County	6.7	36	falling	-2
Burlington County	6.1	15	stable	-9.4
Camden County	7.8	22	falling	-2.4
Cape May County	10.2	5	stable	-0.4
Cumberland County	12	9	falling	-3.8
Essex County	9.5	42	falling	-3.7

INCIDENCE RATE REPORT: ALL COUNTIES 2011-2015				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Gloucester County	6.9	11	falling	-2.5
Hudson County	10.1	35	falling	-2.7
Hunterdon County	5.3	4	falling	-2.3
Mercer County	5.5	11	falling	-3.3
Middlesex County	6.1	28	falling	-2.3
Monmouth County	6.9	26	falling	-2.6
Morris County	5.9	18	falling	-2.2
Ocean County	8.7	28	falling	-2.1
Passaic County	7.9	21	falling	-2.2
Salem County(7)	*	3 or fewer	*	*
Somerset County	8.3	15	stable	-1.3
Sussex County	5.8	5	falling	-3.1
Union County	8.5	26	falling	-1.9
Warren County	7.8	5	falling	-3.1
Colon & Rectum: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	39.2	139,950	falling	-1.7
New Jersey	41.9	4,346	falling	-1.6
Atlantic County	42.1	143	falling	-2.7
Bergen County	38.3	447	stable	0.4
Burlington County	46.8	256	falling	-2.1
Camden County	45.5	263	falling	-2.9
Cape May County	46.2	72	falling	-2.8
Cumberland County	49.3	84	falling	-1.4
Essex County	43.3	355	stable	0.4
Gloucester County	44.1	144	falling	-2.2
Hudson County	41.4	254	falling	-2.5
Hunterdon County	41	65	falling	-2.8
Mercer County	39.5	164	falling	-4.4
Middlesex County	41.6	375	falling	-2.5
Monmouth County	41.9	326	falling	-3.7
Morris County	36.5	224	falling	-3
Ocean County	45.5	406	falling	-3
Passaic County	40	215	falling	-3.6
Salem County	47.4	40	falling	-2.1
Somerset County	35.9	139	falling	-2.4
Sussex County	42.5	71	falling	-2.9

INCIDENCE RATE REPORT: ALL COUNTIES 2011-2015				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Union County	40.4	241	falling	-2.5
Warren County	46.3	62	falling	-2.9
Esophagus: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	4.6	16,795	falling	-0.9
New Jersey	4.4	465	falling	-1
Atlantic County	4.4	15	falling	-2.5
Bergen County	3.3	39	falling	-1.8
Burlington County	5.3	30	stable	-0.1
Camden County	5.2	31	stable	-1
Cape May County	5.5	8	stable	-0.8
Cumberland County	5.6	10	stable	0.6
Essex County	3.9	32	falling	-3.1
Gloucester County	6.3	22	stable	1.1
Hudson County	3	18	falling	-2.9
Hunterdon County	4.6	8	stable	-0.4
Mercer County	4.7	19	stable	-1.3
Middlesex County	4	37	falling	-1.1
Monmouth County	4.6	36	stable	-0.4
Morris County	4.6	29	stable	0.3
Ocean County	5.7	51	stable	5.5
Passaic County	4.4	24	stable	-1.1
Salem County	5.4	5	stable	-2
Somerset County	3.2	12	falling	-1.6
Sussex County	5.5	10	stable	0.2
Union County	3.6	22	falling	-1.7
Warren County	5.8	8	stable	1.4
Kidney & Renal Pelvis.: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	16.4	58,599	rising	0.8
New Jersey	16	1,655	stable	0.2
Atlantic County	17.2	58	rising	1.4
Bergen County	16.1	186	rising	1
Burlington County	19.9	108	rising	2.6
Camden County	19.5	112	rising	2
Cape May County	18.1	29	rising	1.9
Cumberland County	22.6	38	rising	4.2
Essex County	13	108	rising	0.8

INCIDENCE RATE REPORT: ALL COUNTIES 2011-2015				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Gloucester County	19.2	65	rising	2
Hudson County	12.4	79	stable	0.7
Hunterdon County	13.4	22	rising	1.6
Mercer County	16.2	68	rising	2.1
Middlesex County	14.8	135	rising	0.9
Monmouth County	16.7	131	rising	1.3
Morris County	13.7	83	stable	0.9
Ocean County	17.7	144	rising	1.7
Passaic County	15.9	85	rising	1.6
Salem County	18.1	15	stable	1
Somerset County	13.8	54	rising	1.7
Sussex County	14.1	27	stable	0.1
Union County	15.1	90	rising	1
Warren County	16.3	21	rising	1
Leukemia: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	13.6	47,270	falling	-1.6
New Jersey	15.2	1,523	rising	0.6
Atlantic County	14.5	47	stable	0.5
Bergen County	16.1	182	rising	0.8
Burlington County	15.3	80	rising	1.2
Camden County	15.2	86	rising	0.9
Cape May County	15.9	24	rising	1.2
Cumberland County	15.3	26	rising	2
Essex County	13.1	104	stable	-0.3
Gloucester County	17.3	55	rising	1.6
Hudson County	12.1	73	falling	-0.7
Hunterdon County	13.2	20	stable	-0.8
Mercer County	15.8	65	stable	0.6
Middlesex County	15	133	rising	0.6
Monmouth County	15.7	118	rising	1.1
Morris County	16	94	stable	0.6
Ocean County	16	132	stable	0.3
Passaic County	15.1	78	stable	0.1
Salem County	12.9	10	stable	0.8
Somerset County	15.3	56	stable	0.6
Sussex County	16.5	28	stable	1

INCIDENCE RATE REPORT: ALL COUNTIES 2011-2015				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Union County	16	92	rising	1.2
Warren County	15.6	20	stable	0.1
Liver & Bile Duct: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	8.1	30,492	rising	2.2
New Jersey	7.5	808	rising	2.2
Atlantic County	8.2	30	rising	2.9
Bergen County	6.8	81	rising	1.6
Burlington County	7.4	42	rising	3.2
Camden County	9.1	55	rising	3.8
Cape May County	8.8	15	rising	5.4
Cumberland County	10.7	19	rising	6.8
Essex County	7.7	67	rising	1.8
Gloucester County	8.6	30	rising	4
Hudson County	7.8	49	rising	2.2
Hunterdon County(7)	5.8	10	*	*
Mercer County	8.4	36	rising	4.1
Middlesex County	7.4	68	rising	3
Monmouth County	6.8	56	rising	1.9
Morris County	5.7	36	rising	1.3
Ocean County	8.1	71	rising	4.3
Passaic County	8.2	46	rising	2.9
Salem County	10.9	9	rising	4.6
Somerset County	6.6	27	rising	3.2
Sussex County	7.2	13	rising	1.9
Union County	6	37	rising	2.4
Warren County	7.4	10	stable	1
Lung & Bronchus: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	60.2	217,545	falling	-2.1
New Jersey	57.3	5,940	falling	-2.2
Atlantic County	68.2	232	falling	-2.8
Bergen County	50.9	596	falling	-1.3
Burlington County	63.1	344	falling	-0.9
Camden County	71.4	415	falling	-0.6
Cape May County	79.3	131	stable	-0.2
Cumberland County	70.9	122	falling	-2.7
Essex County	48.7	392	falling	-2.4

INCIDENCE RATE REPORT: ALL COUNTIES 2011-2015				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Gloucester County	76	249	falling	-0.5
Hudson County	46.3	274	falling	-2
Hunterdon County	52.1	80	falling	-1.5
Mercer County	58.9	242	falling	-1
Middlesex County	52.3	466	falling	-1.6
Monmouth County	61.6	478	falling	-2.5
Morris County	48	291	falling	-1.5
Ocean County	70.3	647	falling	-1.6
Passaic County	49.6	266	stable	-5.7
Salem County	76.5	66	stable	-0.6
Somerset County	47.1	177	falling	-1.2
Sussex County	62.4	109	falling	-1.1
Union County	47.5	275	falling	-1.6
Warren County	63.4	87	falling	-1
Melanoma of the Skin: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	21.3	74,467	rising	2.1
New Jersey	22.1	2,251	stable	0.2
Atlantic County	25.5	85	stable	-1.5
Bergen County	17.8	203	falling	-2.3
Burlington County	26.6	145	stable	0.8
Camden County	20.7	120	stable	-0.3
Cape May County	45	68	rising	3.9
Cumberland County	16.2	28	rising	1.9
Essex County	13.1	106	stable	0.8
Gloucester County	26.9	86	stable	0.1
Hudson County	7.9	50	stable	-0.6
Hunterdon County	39.1	61	rising	5
Mercer County	23.4	95	stable	-8.1
Middlesex County	17.9	161	rising	1.8
Monmouth County	31.6	237	rising	2
Morris County	26.5	159	stable	-0.4
Ocean County	34.3	277	rising	3.7
Passaic County	14	74	rising	1.8
Salem County	36.8	28	rising	5.3
Somerset County	24.1	91	stable	-1.2
Sussex County	28.7	49	rising	2.7

INCIDENCE RATE REPORT: ALL COUNTIES 2011-2015				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Union County	15.3	91	rising	1.1
Warren County	26	33	rising	1.7
Non-Hodgkin Lymphoma: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	18.9	66,509	falling	-1
New Jersey	21.6	2,188	stable	-0.2
Atlantic County	20.9	67	stable	-0.3
Bergen County	22.4	255	stable	-0.1
Burlington County	21.8	116	rising	0.6
Camden County	19.8	114	stable	0.1
Cape May County	20.2	31	stable	-0.2
Cumberland County	21.7	37	stable	0.4
Essex County	19.4	157	stable	0
Gloucester County	22.2	71	stable	0.7
Hudson County	17.7	110	stable	-0.4
Hunterdon County	23.4	36	stable	0.6
Mercer County	21.7	88	stable	0.4
Middlesex County	22.4	199	rising	0.6
Monmouth County	23.4	177	stable	-0.6
Morris County	22.7	134	stable	-0.7
Ocean County	22.6	195	stable	0.6
Passaic County	19.5	101	stable	0.4
Salem County	20.7	17	stable	0.6
Somerset County	21	80	stable	0.8
Sussex County	22.2	38	stable	0.3
Union County	22.4	134	stable	-0.3
Warren County	23.2	30	stable	0.6
Oral Cavity & Pharynx: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	11.6	42,585	stable	0.4
New Jersey	10.6	1,118	stable	0.6
Atlantic County	14.1	49	stable	0.3
Bergen County	9.4	109	stable	0.1
Burlington County	11.4	63	stable	0
Camden County	11.6	69	stable	0.4
Cape May County	13	20	stable	0.4
Cumberland County	13.1	23	stable	0.6
Essex County	8.9	75	falling	-2.1

INCIDENCE RATE REPORT: ALL COUNTIES 2011-2015				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Gloucester County	11.1	39	stable	0.8
Hudson County	7.9	50	falling	-2.4
Hunterdon County	9.4	17	stable	0.6
Mercer County	9.3	40	falling	-1.6
Middlesex County	10.4	95	stable	0.1
Monmouth County	11.9	96	stable	0.2
Morris County	10.5	66	stable	0.3
Ocean County	11.8	100	stable	0.2
Passaic County	9.9	55	falling	-1.1
Salem County	14	11	stable	1.5
Somerset County	10.1	41	rising	1
Sussex County	13.3	24	stable	0.5
Union County	9.5	59	stable	-0.3
Warren County	11.3	16	stable	0.5
Ovary: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	11.3	21,476	falling	-1.6
New Jersey	12.3	692	falling	-1.9
Atlantic County	11.5	20	falling	-1.7
Bergen County	12.1	75	falling	-2.5
Burlington County	14.1	42	falling	-1.2
Camden County	13	41	falling	-1.4
Cape May County	15.2	12	stable	-0.8
Cumberland County	8.4	8	falling	-2.5
Essex County	12.2	56	falling	-2
Gloucester County	13.3	25	stable	-1.2
Hudson County	11.4	39	falling	-2
Hunterdon County	11	10	falling	-3.1
Mercer County	14.3	32	stable	-0.6
Middlesex County	11.8	57	falling	-2
Monmouth County	12.3	53	falling	-1.9
Morris County	12.1	40	falling	-1.9
Ocean County	12.6	57	falling	-1.8
Passaic County	12.1	36	falling	-1.9
Salem County	13.6	6	stable	0
Somerset County	12.3	26	falling	-1.1
Sussex County	13.8	13	stable	-1.4

INCIDENCE RATE REPORT: ALL COUNTIES 2011-2015				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Union County	10.7	36	falling	-2.6
Warren County	12.6	9	stable	-1.2
Pancreas: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	12.6	45,703	rising	0.6
New Jersey	14	1,465	rising	1.2
Atlantic County	13.3	45	stable	-0.2
Bergen County	13.8	164	stable	0.2
Burlington County	15.7	87	rising	3
Camden County	13.6	79	stable	0.6
Cape May County	13.9	23	stable	0.9
Cumberland County	14.5	25	rising	1.6
Essex County	14.6	117	stable	0
Gloucester County	13.8	46	rising	1.6
Hudson County	13.1	78	rising	3.8
Hunterdon County	15.1	24	rising	1.4
Mercer County	17.1	70	rising	2.4
Middlesex County	13.3	120	stable	0.2
Monmouth County	14.2	113	stable	0.5
Morris County	13.4	83	rising	1.5
Ocean County	15.2	140	rising	1.1
Passaic County	13.2	72	stable	0.4
Salem County	12.6	11	stable	1.3
Somerset County	12.9	49	rising	1.3
Sussex County	13.1	22	stable	0.2
Union County	12.9	77	stable	0
Warren County	15	21	rising	1.5
Prostate: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	109	190,639	falling	-7.3
New Jersey	134.7	6,575	falling	-6
Atlantic County	120.7	199	falling	-3
Bergen County	131.1	714	falling	-4
Burlington County	147.8	390	falling	-6.3
Camden County	141.7	385	stable	-0.7
Cape May County	161.5	126	falling	-1.5
Cumberland County	127.2	103	falling	-1.2
Essex County	158.8	580	falling	-4.8

INCIDENCE RATE REPORT: ALL COUNTIES 2011-2015				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Gloucester County	136.8	219	falling	-7.5
Hudson County	111.8	297	falling	-4.4
Hunterdon County	103	83	falling	-2.1
Mercer County	147	285	falling	-1.7
Middlesex County	127.3	542	falling	-3.4
Monmouth County	144.9	544	falling	-1.8
Morris County	135.5	397	falling	-7.8
Ocean County	125.8	506	falling	-2.9
Passaic County	137.1	342	falling	-1.4
Salem County	138.9	57	stable	-1
Somerset County	125.2	228	falling	-2.3
Sussex County	122.5	115	falling	-6.8
Union County	138.4	378	falling	-6
Warren County	125.2	84	falling	-8.3
Stomach: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	6.6	23,501	falling	-1.2
New Jersey	8	827	falling	-1.6
Atlantic County	7.5	25	falling	-1.5
Bergen County	9.1	107	falling	-1.1
Burlington County	6.4	36	falling	-1.6
Camden County	8.9	51	stable	-0.5
Cape May County	5.8	9	stable	-0.4
Cumberland County	7.4	12	falling	-1.7
Essex County	9.3	75	falling	-2
Gloucester County	6.7	22	falling	-1.5
Hudson County	10	61	falling	-0.9
Hunterdon County	5	8	falling	-3.4
Mercer County	8.2	33	falling	-2.2
Middlesex County	7.4	67	falling	-1.8
Monmouth County	6.1	49	falling	-2.3
Morris County	7.1	43	falling	-1.2
Ocean County	7.6	68	falling	-1.6
Passaic County	9.8	53	stable	-0.8
Salem County	6.6	5	stable	-1.3
Somerset County	6.9	26	falling	-1.7
Sussex County	6.8	11	falling	-2.5

INCIDENCE RATE REPORT: ALL COUNTIES 2011-2015				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Union County	9.4	55	falling	-1.5
Warren County	6.8	9	falling	-2.6
Thyroid: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	14.5	47,777	stable	0.6
New Jersey	19.2	1,833	stable	0.8
Atlantic County	14.9	44	stable	-2.3
Bergen County	19.6	201	stable	-2.1
Burlington County	21.4	105	stable	2.1
Camden County	22.2	119	rising	3.2
Cape May County	16.9	18	rising	6
Cumberland County	17.2	28	stable	-7.2
Essex County	12.6	103	rising	5.1
Gloucester County	21.7	67	rising	4.9
Hudson County	14.8	105	stable	-0.3
Hunterdon County	16.5	23	rising	4.5
Mercer County	24.1	96	rising	7.2
Middlesex County	19.1	167	rising	5.8
Monmouth County	24.4	166	stable	0.2
Morris County	20.6	111	stable	-1.9
Ocean County	23.1	142	stable	-2.8
Passaic County	17	87	rising	6.7
Salem County	19.2	13	rising	7.3
Somerset County	22.6	83	stable	-4.5
Sussex County	17.1	28	rising	6.6
Union County	18.1	105	stable	-7.1
Warren County	17.3	21	rising	4.9
Uterus (Corpus & Uterus, NOS): All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	26.2	51,560	rising	1.2
New Jersey	31.3	1,822	rising	0.7
Atlantic County	30.5	57	stable	0.6
Bergen County	29.8	193	stable	0.4
Burlington County	33.4	102	rising	1.1
Camden County	34.3	113	stable	-0.8
Cape May County	32.5	28	rising	1.3
Cumberland County	36.1	34	stable	1
Essex County	31.8	151	rising	1.3

INCIDENCE RATE REPORT: ALL COUNTIES 2011-2015				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Gloucester County	33.1	62	rising	1.1
Hudson County	23.9	84	stable	0
Hunterdon County	32.7	30	stable	-0.2
Mercer County	34.5	79	rising	0.8
Middlesex County	31.7	161	rising	0.8
Monmouth County	30	131	stable	-5
Morris County	32.9	111	stable	0.5
Ocean County	31.7	144	stable	0.3
Passaic County	26.8	82	stable	0.3
Salem County	37.4	17	stable	1.2
Somerset County	33.7	73	stable	0.8
Sussex County	35.5	35	stable	-0.1
Union County	32.2	107	stable	0.4
Warren County	35.9	27	stable	-0.5

APPENDIX C7: CLARA MAASS MEDICAL CENTER - TUMOR REGISTRY SUMMARY

In 2016, NBI's tumor registry data showed that 11.9% and 15.1% of overall cases were Stage 3 and Stage 4 respectively. The following primary sites were made up of more than 25% of Stage 4 cases: Oral Cavity and Pharynx (40.0%), Respiratory System (39.2%), and Lymphoma (25.0%).

Compared to 2015, there was a decrease of 119 cases (-16.2%) in 2016. The three biggest decreases in overall cases occurred in Digestive System (-37, -24.8%), followed by Female Genital System (-30, -33.7%), and Male Genital System (-19, -29.2%). Please note that case volume counts smaller than 10 are suppressed. Staging percentages are calculated on analytic cases only.

	Cases (both analytic and non-analytic)		2015			2016			2015 - 2016			
Primary Site	2015	2016	% Stage III	% Stage IV	Total % Stage III & IV	% Stage III	% Stage IV	Total % Stage III & IV	Change in Case Volume	Change in % points for Stage III	Change in % points for Stage IV	Change in % points for Stage III & IV
ORAL CAVITY & PHARYNX	**15**	**12**	**16.7%**	**33.3%**	**50.0%**	**20.0%**	**40.0%**	**60.0%**	**(3)**	**3.3**	**6.7**	**10.0**
DIGESTIVE SYSTEM	**149**	**112**	**15.6%**	**20.7%**	**36.3%**	**16.0%**	**19.8%**	**35.8%**	**(37)**	**0.5**	**(0.9)**	**(0.4)**
Select Digestive System:												
Esophagus			30.0%	10.0%	40.0%	0.0%	0.0%	0.0%	(3)	(30.0)	(10.0)	(40.0)
Stomach	14	16	15.4%	7.7%	23.1%	6.7%	20.0%	26.7%	2	(8.7)	12.3	3.6
Colon Excluding Rectum	59	53	14.3%	16.1%	30.4%	22.4%	20.4%	42.9%	(6)	8.2	4.3	12.5
Rectum & Rectosigmoid	26	18	30.4%	17.4%	47.8%	17.6%	17.6%	35.3%	(8)	(12.8)	0.3	(12.5)
Anus, Anal Canal & Anorectum			0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	(3)	0.0	0.0	0.0
Liver & Intrahepatic Bile Duct			0.0%	33.3%	33.3%	66.7%	0.0%	66.7%	0	66.7	(33.3)	33.3
Gallbladder			0.0%	0.0%	0.0%	0.0%	50.0%	50.0%	(2)	0.0	50.0	50.0
Other Biliary			0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	(1)	0.0	0.0	0.0
Pancreas	20	5	6.3%	68.8%	75.0%	0.0%	80.0%	80.0%	(15)	(6.3)	11.3	5.0
Other Digestive Organs			0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	(1)	0.0	0.0	0.0
RESPIRATORY SYSTEM	**99**	**83**	**18.5%**	**45.7%**	**64.1%**	**20.3%**	**39.2%**	**59.5%**	**(16)**	**1.8**	**(6.4)**	**(4.6)**
Select Respiratory System:												
Lung & Bronchus	95	72	17.0%	47.7%	64.8%	19.1%	42.6%	61.8%	(23)	2.1	(5.1)	(3.0)
SOFT TISSUE			**100.0 %**	**0.0%**	**100.0 %**	**37.5%**	**12.5%**	**50.0%**	**7**	**(62.5)**	**12.5**	**(50.0)**

	Cases (both analytic and non-analytic)		2015			2016			2015 - 2016			
Primary Site	2015	2016	% Stage III	% Stage IV	Total % Stage III & IV	% Stage III	% Stage IV	Total % Stage III & IV	Change in Case Volume	Change in % points for Stage III	Change in % points for Stage IV	Change in % points for Stage III & IV
SKIN EXCLUDING BASAL & SQUAMOUS			**33.3%**	**0.0%**	**33.3%**	**0.0%**	**0.0%**	**0.0%**	**(3)**	**(33.3)**	**0.0**	**(33.3)**
Melanoma -- Skin			33.3%	0.0%	33.3%	0.0%	0.0%	0.0%	(3)	(33.3)	0.0	(33.3)
BASAL & SQUAMOUS SKIN			**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**(4)**	**0.0**	**0.0**	**0.0**
BREAST	**99**	**104**	**13.8%**	**9.2%**	**23.0%**	**5.2%**	**5.2%**	**10.4%**	**5**	**(8.6)**	**(4.0)**	**(12.6)**
Breast	99	104	13.8%	9.2%	23.0%	5.2%	5.2%	10.4%	5	(8.6)	(4.0)	(12.6)
FEMALE GENITAL SYSTEM	**89**	**59**	**27.6%**	**18.4%**	**46.1%**	**12.0%**	**12.0%**	**24.0%**	**(30)**	**(15.6)**	**(6.4)**	**(22.1)**
Select Female Genital System:												
Cervix Uteri	33	14	46.4%	17.9%	64.3%	21.4%	0.0%	21.4%	(19)	(25.0)	(17.9)	(42.9)
Corpus & Uterus, NOS	35	32	16.7%	10.0%	26.7%	7.4%	11.1%	18.5%	(3)	(9.3)	1.1	(8.1)
Ovary	13	7	0.0%	45.5%	45.5%	20.0%	60.0%	80.0%	(6)	20.0	14.5	34.5
MALE GENITAL SYSTEM	**65**	**46**	**15.6%**	**4.4%**	**20.0%**	**4.8%**	**7.1%**	**11.9%**	**(19)**	**(10.8)**	**2.7**	**(8.1)**
Select Male Genital System:												
Prostate	58	42	17.9%	5.1%	23.1%	5.3%	7.9%	13.2%	(16)	(12.7)	2.8	(9.9)
URINARY SYSTEM	**61**	**68**	**5.6%**	**11.1%**	**16.7%**	**10.2%**	**10.2%**	**20.3%**	**7**	**4.6**	**(0.9)**	**3.7**
Select Urinary System:												
Urinary Bladder	45	41	2.6%	10.3%	12.8%	2.9%	8.8%	11.8%	(4)	0.4	(1.4)	(1.1)
Kidney & Renal Pelvis	14	25	7.7%	7.7%	15.4%	20.8%	8.3%	29.2%	11	13.1	0.6	13.8
EYE & ORBIT			**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**(4)**	**0.0**	**0.0**	**0.0**
BRAIN & OTHER NERVOUS SYSTEM			**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**(13)**	**0.0**	**0.0**	**0.0**
ENDOCRINE SYSTEM	**29**	**31**	**7.1%**	**10.7%**	**17.9%**	**19.4%**	**0.0%**	**19.4%**	**2**	**12.2**	**(10.7)**	**1.5**
Thyroid	23	30	8.7%	13.0%	21.7%	20.0%	0.0%	20.0%	7	11.3	(13.0)	(1.7)
LYMPHOMA	**35**	**25**	**6.3%**	**31.3%**	**37.5%**	**16.7%**	**25.0%**	**41.7%**	**(10)**	**10.4**	**(6.3)**	**4.2**

	Cases (both analytic and non-analytic)		2015			2016			2015 - 2016			
Primary Site	2015	2016	% Stage III	% Stage IV	Total % Stage III & IV	% Stage III	% Stage IV	Total % Stage III & IV	Change in Case Volume	Change in % points for Stage III	Change in % points for Stage IV	Change in % points for Stage III & IV
Select Lymphoma:												
Hodgkin Lymphoma			14.3%	14.3%	28.6%	0.0%	0.0%	0.0%	(3)	(14.3)	(14.3)	(28.6)
Non-Hodgkin Lymphoma	28	21	4.0%	36.0%	40.0%	20.0%	30.0%	50.0%	(7)	16.0	(6.0)	10.0
MYELOMA			**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**(4)**	**0.0**	**0.0**	**0.0**
LEUKEMIA	**14**	**21**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**7**	**0.0**	**0.0**	**0.0**
MESOTHELIOMA			**0.0%**	**0.0%**	**0.0%**	**0.0%**	**66.7%**	**66.7%**	**3**	**0.0**	**66.7**	**66.7**
KAPOSI SARCOMA			**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**1**	**0.0**	**0.0**	**0.0**
MISCELLANEOUS	**26**	**18**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**(8)**	**0.0**	**0.0**	**0.0**
Total	**733**	**614**	**14.1%**	**18.6%**	**32.8%**	**11.9%**	**15.1%**	**27.0%**	**(119)**	**(2.2)**	**(3.5)**	**(5.8)**

APPENDIX D: RESOURCE INVENTORY

Provider Type	Provider Name	Street Address	Town	Zip Code	Phone
Acute Care	Columbus Hospital LTACH	495 North 13th Street	Newark	07107	(973) 587-7712
Acute Care	Diamond Institute Of Infertility & Menopause	89 Millburn Avenue	Millburn	07041	(973) 751-5600
Acute Care	Essex County Hospital Center	204 Grove Avenue	Cedar Grove	07009	(973) 571-2801
Acute Care	Essex Surgical Arts Surgery Center, LLC	727 Joralemon Street	Belleville	07109	(973) 450-1600
Acute Care	Garden State Surgery Center, LLC	29 Park Street	Montclair	07042	(973) 509-2000
Acute Care	Glen Ridge Surgi Center, LLC	230 Sherman Avenue	Glen Ridge	07028	(973) 783-2626
Acute Care	Ironbound Endo-Surgical Center, PA	24-28 Merchant Street	Newark	07105	(973) 344-5883
Acute Care	New Jersey Urology, LLC	1515 Broad Street, Suite B140	Bloomfield	07003	(973) 873-7000
Acute Care	North Fullerton Surgery Center	37 North Fullerton Avenue	Montclair	07042	(973) 233-0433
Amb. Care-Hosp-Based	Children's Specialized Hospital Primary Care	150 New Providence Road	Mountainside	07092	(732) 258-7050
Amb. Care-Hosp-Based	Christ Hospital Neighborhood Health Clinic-Union City	1901 West Street	Union City	07087	(201) 795-8405
Amb. Care-Hosp-Based	CSH Outpatient Center Newark	182 Lyons Avenue	Newark	07112	(908) 233-3720
Amb. Care-Hosp-Based	East Orange General Hospital Family Health Center	240 Central Avenue	East Orange	07018	(973) 414-1871
Amb. Care-Hosp-Based	East Orange General Hospital Laboratory	310 Central Avenue	East Orange	07018	(973) 266-4401
Amb. Care-Hosp-Based	JCMC Antenatal Testing Unit	377 Skinner Memorial Drive	Jersey City	07302	(201) 369-6300
Amb. Care-Hosp-Based	Jersey City Medical Center at Greenville	1825 Kennedy Blvd, Greenville Med Arts Complex	Jersey City	07304	(201) 946-6460
Amb. Care-Hosp-Based	Jersey City Medical Center-Ambulatory Care Center	395 Grand Street	Jersey City	07302	(201) 521-5922
Amb. Care-Hosp-Based	Jersey City Medical Center-Jersey City Family Health Center	412 Summit Avenue	Jersey City	07306	(201) 432-4600
Amb. Care-Hosp-Based	NCHC-DAYTON STREET HEALTH CENTER	101 Ludlow Street	Newark	07114	(973) 483-1300
Amb. Care-Hosp-Based	Neighborhood Health Center of Hoboken University Medical Center	122-132 Clinton Street	HOBOKEN	07030	(201) 418-1000
Amb. Care-Hosp-Based	Newark Beth Israel Physicians Specialty Practice Bayonne	16 East 29th Street	Bayonne	07002	(201) 858-0618
Amb. Care-Hosp-Based	North Hudson CAC Health Center at West New York	5301 Broadway	West New York	07093	(201) 866-9320
Amb. Care-Hosp-Based	Parkside Medical Center	127 Lafayette Street	Jersey City	07304	(201) 434-1111

Provider Type	Provider Name	Street Address	Town	Zip Code	Phone
Amb. Care-Hosp-Based	Qualcare Therapy Center Inc & Sleep Diagnostics of NJ	2333 Morris Avenue, Suite B-210	UNION	07083	(908) 688-3366
Amb. Care-Hosp-Based	Saint Barnabus Ambulatory Care Center	200 South Orange Avenue	Livingston	07039	(973) 322-7700
Amb. Care-Hosp-Based	Senior Health & Wellness Center at James White Manor	516 Bergen Street	Newark	07108	(973) 622-2703
Amb. Care-Hosp-Based	St Barnabus Ambulatoy Care Center	200 South Orange Avenue	Livingston	07039	(973) 322-7700
Amb. Care-Hosp-Based	St Joseph's Cardiovascular Center-Nutley	181 Franklin Avenue - Ste 301	Nutley	07110	(973) 667-5511
Amb. Care-Hosp-Based	Therapro-CORF, LLC	600 Pavonia Avenue - 7th Floor	Jersey City	07306	(201)418-0088
Amb. Care-Hosp-Based	Therapro-CORF, LLC	9225 Kennedy Boulevard	North Bergen	07047	(201) 869-2707
Amb. Care-Hosp-Based	Trinitas Child and Adolescent Psychiatric Clinic	655 East Jersey Street	Elizabeth	07206	(908) 994-5754
Amb. Care-Hosp-Based	Trinitas Comprehensive Cancer Center	225 Williamson Street	Elizabeth	07202	(908) 994-5754
Amb. Care-Hosp-Based	Trinitas Health Center - Jefferson Avenue	65 Jefferson Avenue	Elizabeth	07201	(908) 994-5754
Amb. Care-Hosp-Based	Trinitas HIV Clinic	655 Livingston Street	Elizabeth	07206	(908) 994-5754
Amb. Care-Hosp-Based	Trinitas Hospital Addiction Services	654 East Jersey Street	Elizabeth	07206	(908) 994-5754
Amb. Care-Hosp-Based	Trinitas Hospital Dorothy B Hersh Clinic	655 East Jersey Street	Elizabeth	07208	(908) 994-5754
Amb. Care-Hosp-Based	Trinitas Regional Medical Center Primary Care Satellite	654 East Jersey Street	Elizabeth	07206	(908) 994-7271
Amb. Care-Hosp-Based	Trinitas Substance Abuse Clinic	655 East Jersey Street	Elizabeth	07206	(908) 994-5754
Amb. Care-Hosp-Based	University Hospital Ambultory Care Center	140 Bergen Street	Newark	07101	(973) 972-5658
Amb. Care-Hosp-Based	Waymon C Lattimore Clinic	225 Warren Street	Newark	07101	(973) 972-6232
Amb. Care-Satellite	Alliance Community Healthcare, Inc	115 Christopher Columbus Drive	Jersey City	07302	(201) 451-6300
Amb. Care-Satellite	Bergen Avenue Health Center	857 Bergen Avenue	Jersey City	07305	(201) 478-5813
Amb. Care-Satellite	East Orange Primary Care Center	444 William Street	East Orange	07017	(973) 483-1300
Amb. Care-Satellite	JEWISH RENAISSANCE MED CENTER AT CENTRAL HIGH SCHOOL	246 18th Avenue	Newark	07108	(973) 679-7709
Amb. Care-Satellite	Jewish Renaissance Medical Center	90 Parker Street	Newark	07114	(973) 679-7709
Amb. Care-Satellite	Jewish Renaissance Medical Center at 13th Ave School	359 13th Avenue	Newark	07103	(973) 679-7709
Amb. Care-Satellite	Neighborhood Health Center The Healthy Place	427 Darrow Avenue	Plainfield	07063	(908) 731-4288

Provider Type	Provider Name	Street Address	Town	Zip Code	Phone
Amb. Care-Satellite	Neighborhood Health Services Corporation	178-184 First Street	Elizabeth	07206	(908) 355-4459
Amb. Care-Satellite	Newark Community Health Center	92-96 Ferry Street	Newark	07105	(973) 483-1300
Amb. Care-Satellite	Newark Community Health Centers, Inc	751 Broadway	Newark	07104	(973) 483-1300
Amb. Care-Satellite	Newark Community Health Centers, Inc.	1148-1150 Springfield Avenue	IRVINGTON	07111	(973) 483-1300
Amb. Care-Satellite	Newark Department of Health and Community Wellness	394 University Avenue	Newark	07102	(973) 733-5310
Amb. Care-Satellite	Newark Department of Health and Community Wellness	140 Bergen Street, E-1640	Newark	07103	(973) 733-5310
Amb. Care-Satellite	Newark Dept of Health and Community Wellness Mobile Van	36 Victoria Street	Newark	07114	(973) 733-5310
Amb. Care-Satellite	NHCAC Health Center at Union City High School	2500 Kennedy Boulevard	Union City	07087	(201) 553-7888
Amb. Care-Satellite	North Hudson CAC Health Center at Jersey City	324 Palisades Avenue	Jersey City	07304	(201) 459-8888
Amb. Care-Satellite	North Hudson CAC Health Center At North Bergen	1116 43rd Street	North Bergen	07047	(201) 583-6822
Amb. Care-Satellite	North Hudson CAC Mobile Health Van	5301 Broadway	West New York	07093	(201) 583-6822
Amb. Care-Satellite	North Ward Park Elementary School	120 Manchester Place	Newark	07104	(732) 679-7709
Amb. Care-Satellite	Rutgers Nursing Faculty Practice	65 Bergen Street, Suite 845	Newark	07101	(973)) 972-1197
Amb. Care-Satellite	Shabazz Health Clinic at Malcolm X Shabazz High School	80 Johnson Avenue	Newark	07108	(973) 679-7709
Amb. Care-Satellite	The Health Place At Quitman Community School	21 Quitman Street	Newark	07103	(973) 679-7709
Amb. Care-Satellite	The Health Zone At George Washington Carver/Bruce Street School	333 Clinton Place	Newark	07112	(973) 679-7709
Amb. Care-Satellite	Zufall Health Center Inc	95 Northfield Avenue, Suite 2	West Orange	07052	(973) 325-2266
Ambulatory Care	Agile Urgent Care	20 Meadowlands Parkway	Secaucus	07094	(201) 381-4800
Ambulatory Care	Alliance Community Healthcare, Inc	714 Bergen Avenue	Jersey City	07306	(201) 451-6300
Ambulatory Care	Alliance Community Healthcare, Inc.	714 Bergen Avenue	Jersey City	07306	(201) 451-6300
Ambulatory Care	AMERICAN SLEEP MEDICINE	5n Regent Street, Suite 512	Livingston	07039	(973) 422-9030
Ambulatory Care	Bloomfield Health Services, L.L.C.	322 Bloomfield Avenue	Bloomfield	07003	(347) 683-3008
Ambulatory Care	Carepoint Health Christ Hospital Mobile Van	176 Palisade Avenue	Jersey City	07306	(201) 795-8405
Ambulatory Care	Community Health Improvement Centers Inc	352 West Market Street	Newark	07107	(973) 435-6666

Provider Type	Provider Name	Street Address	Town	Zip Code	Phone
Ambulatory Care	Community Health Improvement Centers, Inc.	352 West Market Street	Newark	07107	(973) 435-6666
Ambulatory Care	Covenant House New Jersey Medical Services	330 Washington Street	Newark	07102	(973) 286-3427
Ambulatory Care	Covenant House New Jersey Medical Services	330 Washington Street	Newark	07102	(973) 286-3427
Ambulatory Care	East Orange Health and Human Services Department	143 New Street	East Orange	07017	(973) 266-5477
Ambulatory Care	Essex Endoscopy Center, LLC	275 Chestnut Street	Newark	07105	(973) 589-5545
Ambulatory Care	Hackensack UMC Mountainside	1 Bay Avenue	Montclair	07042	(973) 429-6887
Ambulatory Care	Jewish Renaissance Medical Center* Central High School	246 18th Avenue	Newark	07108	(973) 679-7709
Ambulatory Care	Jewish Renaissance Medical Center* Teen Health Center Malcolm X Shabazz High School	80 Johnson Avenue	Newark	07108	(973) 679-7709
Ambulatory Care	Jewish Renaissance Medical Center* The Bear Zone Barringer High School	90 Parker Street	Newark	07104	(973) 679-7709
Ambulatory Care	Metropolitan Family Health Network, Inc	935 Garfield Avenue	Jersey City	07304	(201) 478-5802
Ambulatory Care	Metropolitan Family Health Network, Inc	5300 Bergenline Avenue	West New York	07093	(201) 478-5800
Ambulatory Care	Mountainside Family Practice Associates At Verona	799 Bloomfield Avenue	Verona	07044	(973) 746-7050
Ambulatory Care	Mountainside Family Practice Associates At Verona	799 Bloomfield Avenue	Verona	07044	(973) 74-67050
Ambulatory Care	NCHC-Dayton Street Health Center	101 Ludlow Street	Newark	07114	(973) 483-1300
Ambulatory Care	NCHC-DAYTON STREET HEALTH CENTER	101 Ludlow Street	Newark	07114	(973) 483-1300
Ambulatory Care	Neighborhood Health Center Plainfield	1700 Myrtle Avenue	Plainfield	07063	(908) 753-6401
Ambulatory Care	Newark Community Health Centers	751 Broadway	Newark	07104	(973) 83-1300
Ambulatory Care	Newark Community Health Centers Inc	741 Broadway	Newark	07104	(973) 483-1300
Ambulatory Care	Newark Community Health Centers Inc.	741 Broadway	Newark	07104	(973) 483-1300
Ambulatory Care	Newark Community Health Centers, Inc.* East Orange Primary Care Center	444 William Street	East Orange	07107	(973) 483-1300
Ambulatory Care	Newark Department of Health and Community Wellness	110 William Street, Room 208	Newark	07102	(973) 733-5310

Provider Type	Provider Name	Street Address	Town	Zip Code	Phone
Ambulatory Care	Newark Department of Health and Community Wellness	110 William Street, Room 208	Newark	07102	(973) 733-5310
Ambulatory Care	NHCAC Harrison Health Center	326 Harrison Avenue	Harrison	07029	(201) 941-3040
Ambulatory Care	Orange Community Health Center	37 North Day Street	Orange	07050	(973) 483-1300
Ambulatory Care	Orange Community Health Center	37 North Day Street	Orange	07050	(973) 483-1300
Ambulatory Care	Parkside Medical Center	127 Lafayette Street	Jersey City	07304	(201) 434-1111
Ambulatory Care	Prospect Primary Care	424 Main Street	East Orange	07018	(973) 674-8067
Ambulatory Care	Prospect Primary Care	424 Main Street	East Orange	07018	(973) 674-8067
Ambulatory Care	Rutgers Nursing Faculty Practice	449 Broad Street	Newark	07102	(973) 732-6040
Ambulatory Care	Rutgers Nursing Faculty Practice	449 Broad Street	Newark	07102	(973)732-6040
Ambulatory Care	Specialty Surgery of Secaucus, LLC	210 Meadowland Parkway	Secaucus	07094	(201) 330-9090
Ambulatory Care	The Peter Ho Memorial Clinic	111 Central Avenue	Newark	07102	(973) 877-5649
Ambulatory Care	The Peter Ho Memorial Clinic	111 Central Avenue	Newark	07102	(973) 877-5649
Ambulatory Care	The Stone Center of New Jersey	150 Bergen Street	Newark	07103	(973) 564-5642
Ambulatory Care Computerized Axial Tomography	Advanced Practice Imaging	30 Bergen Street	Newark	07103	(973) 972-5188
Ambulatory Surgery	Advanced Spine & Outpatient Surgery Center, LLC	855 Lehigh Avenue, Suite 203	Union	07083	(908) 557-9420
Ambulatory Surgery	Ambulatory Center for Endoscopy, LLC	7600 River Road	North Bergen	07047	(201) 705-1080
Ambulatory Surgery	Ambulatory Center for Excellence In Surgery	1255 Broad Street	Bloomfield	07003	(973) 842-2150
Ambulatory Surgery	Center For Ambulatory Surgery	1450 Route 22 West	Mountainside	07092	(908) 233-2020
Ambulatory Surgery	Center For Special Surgery of Essex County	556 Eagle Rock Ave	ROSELAND	07068	(973) 22-63500
Ambulatory Surgery	Essex Specialized Surgical Institute	475 Prospect Avenue	West Orange	07052	(973) 325-6716
Ambulatory Surgery	Garden State Endoscopy and Surgery Center	1700 Galloping Hill Road	Kenilworth	07033	(908) 241-8900
Ambulatory Surgery	Harrison Endo Surgical Center, LLC	620 Essex Street	Harrison	07029	(973) 474-1040
Ambulatory Surgery	Hudson Bergen Medical Center LLC	9226 Kennedy Boulevard	North Bergen	07047	(201) 295-0900
Ambulatory Surgery	Mulberry Ambulatory Surgical Center, LLC	393 Mulberry Street	Newark	07102	(97)355-95009
Ambulatory Surgery	Pilgrim Medical Center, Inc	393 Bloomfield Avenue	Montclair	07042	(973) 746-1500

Provider Type	Provider Name	Street Address	Town	Zip Code	Phone
Ambulatory Surgery	Pilgrim Medical Center, Inc	393 Bloomfield Avenue	Montclair	07042	(973) 746-1500
Ambulatory Surgery	Pleasantdale Ambulatory Care, LLC	61 Main Street, Suite D	West Orange	07052	(973) 324-2280
Ambulatory Surgery	Premier Surgical Pavilion, LLC	145 Roseville Ave	Newark	07107	(201) 488-2101
Ambulatory Surgery	Short Hills Surgery Center, LLC	187 Millburn Avenue	Millburn	07041	(973) 671-0555
Ambulatory Surgery	Suburban Endoscopy Center, LLC	799 Bloomfield Avenue	Verona	07044	(973) 571-1600
Ambulatory Surgery	Summit Medical Group PA	1 Diamond Hill Road, Suite 1b-142	Berkeley Heights	07922	(908) 273-4300
Ambulatory Surgery	Surgical Center at Millburn, LLC	37 East Willow Street	Millburn	07041	(973) 912-8111
Ambulatory Surgery	Surgicare Surgical Associates of Jersey City	631-645 Grand Street	Jersey City	07304	(201) 830-2280
Ambulatory Surgery	Surgicore of New Jersey, LLC	550 Newark Avenue, 5th Floor	Jersey City	07306	(201) 795-0205
Ambulatory Surgery	The Gastro-Surgl Center of New Jersey	1132 Spruce Drive	Mountainside	07092	(908) 317-0071
Ambulatory Surgery	The Gregori Surgery Center	101 Old Short Hills Road	West Orange	07052	(973) 322-5000
Ambulatory Surgery	The Livingston Surgery Center	200 South Orange Avenue	Livingston	07039	(973) 322-7700
Ambulatory Surgery	Trinitas Ambulatory Surgery Center	225 Williamson Street	Elizabeth	07202	(908) 994-8936
Ambulatory Surgery	Union County Surgery Center	950 West Chestnut Street	Union	07083	(908) 688-2700
Ambulatory Surgery	Union Surgery Center	1000 Galloping Hill Road	Union	07083	(908) 258-7666
Ambulatory Surgery	West Orange Surgery Center	375 Mt Pleasant Avenue, Suite 210	West Orange	07052	(973) 736-3390
Ambulatory Surgery	Metropolitan Surgical Associates	40 Engle Street	Englewood	07631	(201) 567-0522
Behavioral Health	AIRMID COUNSELING SERVICES	137 Evergreen Pl	East Orange	07018	(973) 678-0550
Behavioral Health	AMERICAN HABITARE AND COUNSELING, INC.	687 Frelinghuysen Ave	Newark	07102	(973) 799-0508
Behavioral Health	ANGEL HOPE HOUSE		Newark	07102	(973) 373-6800
Behavioral Health	BETHEL COUNSELING SERVICES	63 Pierce St 65	Newark	07103	(973) 643-6565
Behavioral Health	Bridgeway	554 Bloomfield Ave, Suite 201	Bloomfield	07003	
Behavioral Health	Clara Maas Medical Center	1 Clara Maass Drive	Bloomfield	07109	(973) 844-4355
Behavioral Health	Clara Maass Medical Center	1 Clara Maass Drive	Belleville	07109	HOTLINE: (973) 844-4357
Behavioral Health	Community Health Law Project	650 Bloomfield Avenue	Bloomfield	07003	(973) 680-5599
Behavioral Health	COMMUNITY PSYCHIATRIC INSTITUTE	67 Sanford Street	East Orange	07018	(973) 673-3342
Behavioral Health	COPE CENTER, INC.	104 Bloomfield Avenue	Montclair	07042	(973) 783-6655

Provider Type	Provider Name	Street Address	Town	Zip Code	Phone
Behavioral Health	COPE CENTER, INC.	73 South Fullerton Avenue	Montclair	07042	(973) 783-6655
Behavioral Health	East Orange General Hospital	East Orange General Hospital 300 Central Avenue	East Orange	07018	(973) 266-4456 or (973) 266-8440
Behavioral Health	East Orange General Hospital	300 Central Avenue	East Orange	07018	(973) 395-4164
Behavioral Health	East Orange SUBSTANCE ABUSE TREATMENT PROGRAM	160 Halsted St	East Orange	07018	(973) 266-5200
Behavioral Health	Essex County Hospital Center	204 Grove Avenue	Cedar Grove	07009	(973) 571-2801
Behavioral Health	Family Connections Wellness House	280 So. Harrison Street	East Orange	07018	(973) 666-1910
Behavioral Health	Family Service Bureau	391 Kearny Avenue	Kearny	07032	(201) 246-8077
Behavioral Health	Family Service Bureau Of Newark	274 South Orange Ave	Newark	07103	(973) 412-2056
Behavioral Health	Family Service Bureau Of Newark	379 Kearny Avenue	Kearny	07032	(973) 412-2056
Behavioral Health	Greater Essex Counseling Service. United Labor Agency Of Essex-West Hudson, Inc.,	30 Clinton St	Newark	07102	(973) 623-7878
Behavioral Health	Integrity, Inc.	37 Lincoln Park	Newark	07102	(973) 623-0600
Behavioral Health	Integrity, Inc.	49 Lincoln Park	Newark	07102	(973) 623-0600
Behavioral Health	Integrity, Inc.	101 Lincoln Park	Newark	07102	(973) 623-0600
Behavioral Health	Integrity, Inc.	97 Lincoln Park 99	Newark	07102	(973) 623-0600
Behavioral Health	Integrity, Inc.	105 Lincoln Park	Newark	07102	(973) 623-0600
Behavioral Health	Integrity, Inc.	99 Lincoln Park	Newark	07102	(973) 623-0600
Behavioral Health	Integrity, Inc.	43 Lincoln Park	Newark	07102	(973) 623-0600
Behavioral Health	Integrity, Inc. "Men's Program	30-35 Hackensack Avenue	Kearny	07032	(973) 623-0600
Behavioral Health	Integrity, Inc. "Women's Program"	30-35 Hackensack Avenue	Kearny	07032	(973) 623-0600
Behavioral Health	Inter County Council On Drug And Alcohol Abuse	480 Kearny Ave	Kearny	07032	(201) 998-7422
Behavioral Health	Mental Health Administrator	204 Grove Avenue	Cedar Grove	07009	(973) 571-2821 /2822
Behavioral Health	Mental Health Association	60 Evergreen Place, Suites 401-402	East Orange	07018	(973) 676-9111
Behavioral Health	Mental Health Association of Essex	33 S. Fullerton Avenue	Montclair	07042	(973) 509-9777
Behavioral Health	Mental Health Association of Essex (Prospect House)	424 Main Street	East Orange	07018	(973) 674-8067
Behavioral Health	Mental Health Association of Essex County	60 S Fullerton Street	East Orange	07042	(973) 842-4127

Provider Type	Provider Name	Street Address	Town	Zip Code	Phone
Behavioral Health	Mental Health Association of Essex County	33 South Fullerton Ave	Montclair	07042	(973) 509-9777
Behavioral Health	Mental Health Association of Essex County	33 South Fullerton Avenue	Montclair	07042	(973) 509-9777
Behavioral Health	Mental Health Association of Essex County	33 South Fullerton Avenue	Montclair	07042	(973) 842-4141
Behavioral Health	Mental Health Association of Essex County	33 South Fullerton Avenue	Montclair	07042	(973) 509-9777
Behavioral Health	Mental Health Association of Essex County	60 Evergreen Place, Suite 401	East Orange	07018	(973) 395-1000, ext. 401
Behavioral Health	Mental Health Association of Essex County	60 So. Fullerton Avenue - Suite 102	Montclair	07042	(973) 509-3777
Behavioral Health	Mountainside Hospital	1 Bay Avenue	Montclair	07042	(973) 429-6000
Behavioral Health	Mt. Carmel Guild Behavioral Healthcare	269 Oliver Street	Newark	07105	(973) 466-1300 (PACT I-IV)
Behavioral Health	Mt. Carmel Guild Behavioral Healthcare	273 Oliver Street	Newark	07105	(973) 522-2100
Behavioral Health	Mt. Carmel Guild Behavioral Healthcare	58 Freeman Street	Newark	07102	(973) 596-4190
Behavioral Health	Mt. Carmel Guild Behavioral Healthcare	58 Freeman Street	Newark	07102	(973) 596-4190
Behavioral Health	New Directions Behavioral Health Center	9 Lincoln Park	Newark	07102	(973) 242-1976
Behavioral Health	Newark RENAISSANCE HOUSE	62-80 Norfolk St	Newark	07103	(973) 623-3386
Behavioral Health	Newark RENAISSANCE HOUSE, INC.	62-80 Norfolk St	Newark	07103	(973) 623-3386
Behavioral Health	Newark RENAISSANCE HOUSE, INC.	50-56 Norfolk St Po Box 7057	Newark	07103	(973) 623-3386
Behavioral Health	North Jersey Community Research Initiative, Inc., (NJCRI)	393 Central Avenue	Newark	07103	(973) 483-3444
Behavioral Health	Northwest Essex Community Healthcare Open Road	570 Belleville Avenue	Belleville	07109	(973) 450-3100
Behavioral Health	Northwest Essex Community Network	570 Belleville Avenue Belleville, Nj 07109	Belleville	07109	(973) 450-3100
Behavioral Health	Northwest Essex Community Network	570 Belleville Avenue	Belleville	07109	(973) 450-3100
Behavioral Health	Pinnacle Treatment Centers NJ-V, LLC D/B/A/ Endeavor House North	206 Bergen Avenue	Kearny	07032	7322643824
Behavioral Health	Pleasant Moments	465 Broadway	Newark	07104	(973) 991-2773
Behavioral Health	Prime Healthcare Services - St. Michael's, LLC.	111 Central Ave	Newark	07102	(973) 388-2104
Behavioral Health	Prodigal Sons And Daughters Behavioral Health Care Services	60 Evergreen Place, Suite 904	East Orange	07018	(973) 678-3966
Behavioral Health	Project Live		Newark	07104	(973) 481-1211
Behavioral Health	Project Live, Inc	465-475 Broadway	Newark	07104	(973) 395-9160

Provider Type	Provider Name	Street Address	Town	Zip Code	Phone
Behavioral Health	Project Live, Inc.	465-475 Broadway	Newark	07104	(973) 481-1211
Behavioral Health	Real House, Inc.		Bloomfield	07003	(973) 337-8742
Behavioral Health	Real House, Inc.	127 Pine Street	Montclair	07042	(973) 746-0487
Behavioral Health	Rutger's University Behavioral Health Care	183 South Orange Avenue	Newark	07103	(973) 972-6100
Behavioral Health	Rutger's University Behavioral Health Care	183 South Orange Avenue	Newark	07103	(973) 912-6100
Behavioral Health	Rutger's University Behavioral Health Care	183 South Orange Avenue	Newark	07103	(800) 969-5300
Behavioral Health	RUTGERS UNIVERSITY Behavioral Healthcare	183 S Orange Ave	Newark	07103	(732) 235-5700
Behavioral Health	St. Michael's Medical Center	111 Central Avenue	Newark	07109	(973) 465-2681
Behavioral Health	The Marilyn Center	220 South Harrison Street, Suite M	East Orange	07018	(973) 474-6492
Behavioral Health	The Restoration Center	300 S 12 St	Newark	07103	(973) 622-4934 x111
Behavioral Health	The Wise Program	659 Martin Luther King Blvd	Newark	07102	(973) 623-0600
Behavioral Health	University Hospital/UMDNJ	150 Bergen Street	Newark	07103	(973) 972-7722
Behavioral Health	Urban Life Counseling Center, Inc.	220 South Harrison Street	East Orange	07018	9736777053
Cancer Treatment Ctrs.	American Cancer Society	507 Westminster Ave	Elizabeth	07208	(908) 354-7373
Cancer Treatment Ctrs.	Carol G. Simon Cancer Center	100 Madison Ave	Morristown	07960	(973) 971-6178
Cancer Treatment Ctrs.	Clara Maass Medical Center: Radiation Oncology Department	1 Clara Maass Dr	Belleville	07109	(973) 450-2270
Cancer Treatment Ctrs.	Essex Hematology-ONC	36 Newark Ave #304	Belleville	07109	(973) 751-8880
Cancer Treatment Ctrs.	Frederick B. Cohen Comprehensive Cancer & Blood Disorders	201 Lyons Avenue	Newark	07103	(201) 926-7230
Cancer Treatment Ctrs.	Montclair Breast Center	37 N Fullerton Ave	Montclair	07042	(973) 509-1818
Cancer Treatment Ctrs.	New Jersey Urology Cancer Treatment Center	1515 Broad St Suite 120	Bloomfield	07003	(973) 873-7000
Cancer Treatment Ctrs.	NJU Cancer Treatment Center	375 Mt Pleasant Avenue	West Orange	07052	(973) 323-1300
Cancer Treatment Ctrs.	Rutgers Cancer Institute of New Jersey at University Hospital	205 S Orange Ave	Newark	07103	(973) 972-5108
Cancer Treatment Ctrs.	Saint Barnabas Medical Center - Breast Center	200 S Orange Ave	Livingston	07039	(973) 322-7888
Cancer Treatment Ctrs.	The Valerie Fund	2101 Millburn Ave	Maplewood	07040	(973) 761-0422
Cancer Treatment Ctrs.	VA New Jersey Health Care System Hematology Oncology	385 Tremont Ave	East Orange	07018	(973) 676-1000

Provider Type	Provider Name	Street Address	Town	Zip Code	Phone
Chronic Hemodialysis	Alaris Health Dialysis at Essex	155-40th Street	Irvington	07111	(201) 216-9500
Chronic Hemodialysis	Alaris Health Dialysis at Hamilton Park	328 Ninth Street	Jersey City	07302	(201) 716-7700
Chronic Hemodialysis	Bayonne Renal Center	434-436 Broadway - Po Box169	Bayonne	07002	(201) 436-1644
Chronic Hemodialysis	Bio Medical Applications of New Jersey, Inc.	29 Cottage Street	Jersey City	07306	(201) 876-7964
Chronic Hemodialysis	Bio-Medical Applications of Hillside	879 Rahway Avenue	UNION	07083	(908) 964-5606
Chronic Hemodialysis	Bio-Medical Applications of Hoboken	1600 Willow Avenue	Hoboken	07030	(201) 656-7500
Chronic Hemodialysis	Bio-Medical Applications of Irvington	10 Camptown Road	Irvington	07111	(973) 399-1111
Chronic Hemodialysis	Bio-Medical Applications of New Jersey, Inc.	91-101 Hartford Street	Newark	07103	(973) 624-7100
Chronic Hemodialysis	Dialysis Center of West Orange	101 Old Short Hills Road, Suite 120	West Orange	07052	(973) 736-8300
Chronic Hemodialysis	Dialysis Palisades Medical Center	7650 River Road, Suite 150	North Bergen	07047	(201) 861-1031
Chronic Hemodialysis	East Orange Dialysis	14-20 Prospect Street	East Orange	07017	(973) 672-2025
Chronic Hemodialysis	Fesnius Medical Care Linden	630 West St Georges	Linden	07036	(908) 925-5161
Chronic Hemodialysis	FMC Dialysis Services of North Newark	155 Berkley Avenue	Newark	07107	(201) 469-6372
Chronic Hemodialysis	Fresenius Medical Care Ironbound	248 South Street	Newark	07114	(973) 344-0655
Chronic Hemodialysis	Fresenius Medical Care North Montclair	114 Valley Road	Montclair	07042	(973) 744-2058
Chronic Hemodialysis	Fresenius Medical Care, LLC	348 East Northfield Road	Livingston	07039	(973) 535-0667
Chronic Hemodialysis	Fresnius Medical Care - Kenilworth	131 South 31st Street	Kenilworth	07033	(908) 241-0453
Chronic Hemodialysis	Hillside Dialysis	1529 North Broad Street	Hillside	07033	(973) 474-1199
Chronic Hemodialysis	Irvington Dialysis	480 Chancellor Avenue, Suite Ws-3	Irvington	07111	(973) 373-0294
Chronic Hemodialysis	Jersey City Dialysis	1310 5th Street	North Bergen	07047	(201) 770-9220
Chronic Hemodialysis	Jersey City Summit Dialysis	418 Summit Avenue	Jersey City	07306	(201) 420-8431
Chronic Hemodialysis	Millburn Dialysis Center	25 East Willow Street, Suite 2	Millburn	07041	(973) 379-7309
Chronic Hemodialysis	National Nephrology Associates, Inc.	595 Division Street, Suite B	Elizabeth	07201	(908) 436-3007
Chronic Hemodialysis	NJIN of Belleville	36 Newark Avenue	Belleville	07109	(973) 844-4170
Chronic Hemodialysis	NNA-SAINT BARNABAS-Livingston, LLC	200 South Orange Avenue, Suite 117	Livingston	07039	(973) 322-7150
Chronic Hemodialysis	NxStage Kidney Care West Orange	445 Pleasant Valley Way	West Orange	07052	(973) 413-2240

Provider Type	Provider Name	Street Address	Town	Zip Code	Phone
Chronic Hemodialysis	Parkside Dialysis	580 Frelinghuysen Avenue	Newark	07114	(973) 624-2226
Chronic Hemodialysis	Plainfield Dialysis	1200 Randolph Road	Plainfield	07060	(908) 757-6030
Chronic Hemodialysis	Rahway Dialysis	800 Harrison Street	Rahway	07065	(732) 381-0973
Chronic Hemodialysis	Renal Care Group Maplewood	2130 Milburn Avenue	Maplewood	07040	(973) 275-5499
Chronic Hemodialysis	Renal Center of New Jersey	571 Central Avenue	Newark	07107	(973) 484-4994
Chronic Hemodialysis	Renal Dialysis Satellite	10 North Wood Avenue	Linden	07036	(908) 862-7400
Chronic Hemodialysis	Renex Dialysis Clinic of Bloomfield, Inc	206 Belleville Avenue	Bloomfield	07003	(973) 680-8100
Chronic Hemodialysis	Renex Dialysis Clinic Of East Orange	110 South Grove Street	East Orange	07018	(973) 414-6100
Chronic Hemodialysis	RENEX DIALYSIS CLINIC OF Harrison	620 Essex Street	Harrison	07029	(973) 482-7772
Chronic Hemodialysis	Renex Dialysis Clinic of Orange	151 Central Avenue	Orange	07050	(973) 675-3400
Chronic Hemodialysis	Summit Dialysis	1139 Spruce Drive	Mountainside	07092	(908) 232-7800
Chronic Hemodialysis	The Belleville Kidney Clinic	500 Cortlandt Street	Belleville	07109	(973) 450-1560
Chronic Hemodialysis	Trinitas Renal Dialysis Satellite	629 Livingston Street	Elizabeth	07206	(908) 994-5754
Chronic Hemodialysis	West Orange Dialysis	375 Mt Pleasant Avenue, Suite 340	West Orange	07052	(973) 243-7069
Communicable Disease-Hep B	Bloomfield Health Chest Clinic	1 Municipal Plaza	Bloomfield	07003	(973) 680-4060
Communicable Disease-Hep B	Montclair Health Department	205 Clairmont Avenue, 3rd Floor	Montclair	07042	(973) 509-4970
Communicable Disease-Hep B	Newark Community Health Centers, Inc.	444 Williams Street	Newark	07107	(973) 675-1900
Communicable Disease-Hep B	Newark Community Health Centers, Inc.	741 Broadway	Newark	07104	(973) 483-1300
Communicable Disease-Hep B	NJCRI	393 Central Avenue	Newark	07103	(973) 483-3444
Communicable Disease-Hep B	Planned Parenthood	70 Adams St, Suite 13	Newark	07105	(973) 465-7707
Communicable Disease-Hep B	Planned Parenthood Metropolitan NJ	240 Mulberry Street	Newark	07102	(973) 622-3900
Communicable Disease-Hep B	Saint Michael's Medical Center	111 Central Avenue	Newark	07102	(973) 877-5000
Communicable Disease-TB	Newark Department of Health & Well Being Communicable Disease Prevention and Treatment Center	110 William Street	Newark	07102	(973) 733-7580
Communicable Disease-TB	RUTGERS Global TB Institute	225 Warren Street	Newark	07103	(973) 972-6232
Communicable Disease-TB	Tuberculosis Program	50 East Street, 3rd Floor	Trenton	08625	(609) 826-4878

Provider Type	Provider Name	Street Address	Town	Zip Code	Phone
Computerized Axial Tomography	A P Diagnostic Imaging	2 Ferry Street	Newark	07105	(973) 589-0373
Computerized Axial Tomography	Advanced Imaging Center, LLC	400 Delancey Street, Suite 108	Newark	07105	(973) 589-7777
Computerized Axial Tomography	Barnabas Health Ambulatory Care Center	200 South Orange Avenue, Suite 215	Livingston	07039	(973) 322-7700
Computerized Axial Tomography	Central Imaging Associates	514 Joyce Street	Orange	07050	(973) 294-9507
Computerized Axial Tomography	Columbus Imaging Center, LLC	481 North 13th Street	Newark	07107	(973) 481-7770
Computerized Axial Tomography	Hudson Radiology Center of NJ	657 Broadway	Bayonne	07002	(201) 437-3007
Computerized Axial Tomography	Ironbound Open MRI	119-137 Clifford Street	Newark	07102	(973) 508-1400
Computerized Axial Tomography	Irvington Medical Imaging Center	277-285 Coit Street	Irvington	07111	(973) 351-1277
Computerized Axial Tomography	Magnetic Resonance of N.J.	410 Center Street	Nutley	07110	(973) 661-2000
Computerized Axial Tomography	Millburn Medical Imaging, P.A.	2130 Millburn Avenue	Maplewood	07040	(973) 912-0404
Computerized Axial Tomography	Montclair Breast Center	37 North Fullerton Avenue	Montclair	07042	(973) 509-1818
Computerized Axial Tomography	Montclair Radiology	116 Park Street	Montclair	07042	(973) 746-2525
Computerized Axial Tomography	Montclair Radiology	20 High Street	Nutley	07110	(973) 284-1881
Computerized Axial Tomography	Montclair Radiology	1140 Bloomfield Avenue	West Caldwell	07006	(973) 439-9729
Computerized Axial Tomography	MRNJ Newark	9-25 Alling Street	Newark	07102	(973) 242-5600
Computerized Axial Tomography	NJIN West Orange	772 Northfield Avenue	West Orange	07052	(973) 325-0002
Computerized Axial Tomography	NJU Cancer Treatment Centers	1515 Broad Street, Suite B120	Bloomfield	07003	(973) 873-7000
Computerized Axial Tomography	ODI Diagnostic Imaging of New Jersey, LLC	243 Chestnut Street	Newark	07105	(973) 521-5685

Provider Type	Provider Name	Street Address	Town	Zip Code	Phone
Computerized Axial Tomography	Sinus and Dental Imaging of New Jersey, LLC	111-115 Franklin Avenue	Nutley	07110	(973) 68-59191
Computerized Axial Tomography	South Mountain Imaging Center	120 Millburn Avenue	Millburn	07041	(973) 376-0900
Computerized Axial Tomography	Summit Medical Group, P.A.	75 East Northfield Avenue	Livingston	07039	(908) 273-4300
Computerized Axial Tomography	University Radiology	235 Franklin Avenue	Nutley	07110	(732) 390-0040
Computerized Axial Tomography	West Orange Radiology	61 Main Street	West Orange	07052	(973) 736-1680
Family & Social Support	Dr. Nancy L. Elliott	37 N Fullerton Ave	Montclair	07042	(973) 509-1818
Family & Social Support	East Orange Family Success Center	60 Evergreen Place, Suite 307	East Orange	07018	(973) 395-1442
Family & Social Support	Family Support Organization of Essex County	60 Evergreen Place, Suite 412	East Orange	07018	(973) 395-1441
Family & Social Support	FOCUS Family Success Center	441-443 Broad Street	Newark	07102	(973) 624-2528 EXT.114
Family & Social Support	Ironbound Community Corporation Family Success Center - Cortland Street	29-31 Cortland Street	Newark	07105	(973) 465-0555 EXT. 102
Family & Social Support	Jewish Renaissance Medical Center - 13th Avenue/Dr. MLK Elementary School	359 13th Avenue	Newark	07103	(973) 679-7709
Family & Social Support	Jewish Renaissance Medical Center - Barringer High School	90 Parker Street	Newark	07104	(973) 497-5773
Family & Social Support	Jewish Renaissance Medical Center - Central High School	246 18th Avenue	Newark	07107	(973) 679-7709
Family & Social Support	Jewish Renaissance Medical Center - Quiltman Street School	21 Quitman Street	Newark	07103	(973) 679-7709
Family & Social Support	Jewish Renaissance Medical Center - The Mobil Unit	248 18th Street	Newark	07107	
Family & Social Support	Jewish Renaissance Medical Center-North Ward Park Elementary School	120 Manchester Place	Newark	07104	
Family & Social Support	LaCasa's Family Success Center I	23 Broadway	Newark	07104	(973) 483-2703 EXT. 2218
Family & Social Support	Liberty Family Success Center	341 Kearny Avenue	Kearny	07032	(201) 622-2210
Family & Social Support	New Jersey Imaging Network	36 Newark Ave	Belleville	07109	(973) 844-4170

Provider Type	Provider Name	Street Address	Town	Zip Code	Phone
Family & Social Support	Planned Parenthood of Metropolitan New Jersey	238-240 Mulberry Street	Newark	07105	(973) 622-3900
Family & Social Support	Planned Parenthood of Metropolitan New Jersey	238-240 Mulberry Street	Newark	07105	(973) 622-3900
Family & Social Support	Planned Parenthood Of Metropolitan New Jersey	560 Martin Luther King Boulevard	Newark	07018	(973) 674-4343
Family & Social Support	Planned Parenthood Of Metropolitan New Jersey	66-88 Adams Street	Newark	07105	(973) 465-7707
Family & Social Support	Planned Parenthood of Metropolitan NJ	29 North Fullerton Avenue	Montclair	07042	(973) 746-7116
Family & Social Support	The Connie Dwyer Breast Center	111 Central Ave	Newark	07109	(973) 877-5000
Family & Social Support	The North Ward Center Family Success Center	286 Mt. Prospect Avenue	Newark	07104	(973) 485-5723
Family & Social Support	Weequahic Family Success Center	1065 Bergen Street	Newark	07102	(973) 639-7633
FQHC	Jewish Renaissance Medical Center - 13th Avenue/Dr. MLK Elementary School	359 13th Avenue	Newark	07103	(973) 679-7709
FQHC	Jewish Renaissance Medical Center - 13th Avenue/Dr. MLK Elementary School	90 Parker Street	Newark	07104	(973) 497-5773
FQHC	Jewish Renaissance Medical Center - Central High School	246 18th Avenue	Newark	07107	(973) 679-7709
FQHC	Jewish Renaissance Medical Center - George Washington Carver	333 Clinton Place	Newark	07112	(973) 705-3880
FQHC	Jewish Renaissance Medical Center - Quiltman Street School	21 Quitman Street	Newark	07103	(973) 679-7709
FQHC	Jewish Renaissance Medical Center - Teen Health Center	80 Johnson Avenue	Newark	07108	(973) 623-8592
FQHC	Jewish Renaissance Medical Center - The Mobil Unit	248 18th Street	Newark	07107	
FQHC	Jewish Renaissance Medical Center-North Ward Park Elementary School	120 Manchester Place	Newark	07104	
FQHC	Newark Community Health Centers	92-96 Ferry Street	Newark	07105	(973) 483-1300
FQHC	Newark Community Health Centers	741 Broadway	Newark	07104	(973) 483-1300
FQHC	Newark Community Health Centers	751 Broadway	Newark	07104	(973) 483-1300
FQHC	Newark Community Health Centers	101 Ludlow Street	Newark	07114	(973) 565-0355
FQHC	Newark Community Health Centers - East Orange	444 William Street	East Orange	07017	(973) 675-1900

Provider Type	Provider Name	Street Address	Town	Zip Code	Phone
FQHC	Newark Department of Health and Community Wellness	394 University Ave	Newark	07102	(973) 733-7592
FQHC	Newark Department of Health and Community Wellness	110 William Street	Newark	07102	(973) 733-5300
FQHC	Rutgers - Nursing Faculty Practice	449 Broad St.	Newark	07102	(973) 732-6040
General Acute Care	Clara Maass Medical Center	One Clara Maass Drive	Belleville	07105	(973) 450-2002
Hospice	Arbor Glen Center	25 E Lindsley Rd	Cedar Grove	07009	(973) 256-7220
Hospice	BAYADA Assistive Care - State Programs	650 Bloomfield Ave Suite 200	Bloomfield	07003	(973) 743-6075
Hospice	Canterbury At Cedar Grove	398 Pompton Ave	Cedar Grove	07009	(973) 239-7600
Hospice	Compassionate Care Hospice	385 Tremont Ave	East Orange	07018	(973) 395-3811
Hospice	Hospice of New Jersey	400 Broadacres Dr.	Bloomfield	07003	(973) 893-0818
Hospice	Sinai Post-Acute, Nursing & Rehab Center	65 Jay St	Newark	07103	(973) 483-6800
Hospice	St Barnabas Hospice Care Ct	95 Old Short Hills Rd	West Orange	07052	(973) 322-4800
Hospice	Visiting Nurse Association of New Jersey	80 Main St	West Orange	07052	(800) 862-3330
Hospice	Windsor Garden Care Center	140 Park Ave	East Orange	07017	(973) 677-1500
Maternal & Peds.	Alliance Community Healthcare, Inc	115 Christopher Columbus Drive	Jersey City	07302	(201) 451-6300
Maternal & Peds.	Hoboken Family Planning	124 Grand Street	Hoboken	07030	(201) 963-0300
Maternal & Peds.	Hoboken Family Planning Summit Center	1206 Summit Avenue	Union City	07087	(201) 319-9200
Maternal & Peds.	North Hudson CAC Health Center at Jersey City	324 Palisades Avenue	Jersey City	07304	(201) 459-8888
Maternal & Peds.	North Hudson CAC Health Center At North Bergen	1116 43rd Street	North Bergen	07047	(201) 58-36822
Maternal & Peds.	North Hudson CAC Health Center at Union City	714-31 Street	Union City	07087	(201) 863-7077
Maternal & Peds.	North Hudson CAC Health Center at West New York	5301 Broadway	West New York	07093	(201) 866-9320
Maternal & Peds.	North Hudson CAC Health Center at West New York	5301 Broadway	West New York	07093	(201) 866-9320
Maternal & Peds.	Planned Parenthood of Metropolitan New Jersey	238-240 Mulberry Street	Newark	07105	(973) 622-3900
Maternal & Peds.	Planned Parenthood Of Metropolitan New Jersey	560 Martin Luther King Boulevard	East Orange	07018	(973) 674-4343
Maternal & Peds.	Planned Parenthood Of Metropolitan New Jersey	66-88 Adams Street	Newark	07105	(973) 465-7707
Maternal & Peds.	Planned Parenthood Of Metropolitan NJ - Montclair	29 North Fullerton Avenue	Montclair	07042	(973) 746-7116

Provider Type	Provider Name	Street Address	Town	Zip Code	Phone
Maternal & Peds.	Planned Parenthood of Northern, Central and Southern New Jersey, Inc.	123 Park Avenue	Plainfield	07060	(908) 756-3736
Maternal & Peds.	Planned Parenthood of Northern, Central and Southern New Jersey, Inc.	1171 Elizabeth Avenue	Elizabeth	07201	(908) 353-0283
Maternal & Peds.	West New York Family Planning Center	5305 Hudson Avenue	West New York	07093	(201) 866-8071
Nursery & Child Care	Partnership For Maternal & Child Health of Northern NJ	50 Park Place, Suite 700	Newark	07102	(973) 268-2280
Primary Care	Bloomfield Health Services, L.L.C.	322 Bloomfield Avenue	Bloomfield	07003	(347) 683-3008
Senior Services	Waterview Center	536 Ridge Road	Cedar Grove	07009	(973) 239-9300
Senior Services	1st Cerebral Palsy Of New Jersey	7 Sanford Avenue	Belleville	07109	(973) 751-0200
Senior Services	2nd Home East Orange	115 Evergreen Place	East Orange	07018	(973) 676-2600
Senior Services	2nd Home Newark Operations, LLC	717-727 Broadway	Newark	07104	(973) 268-1212
Senior Services	Alaris Health At Belgrove	195 Belgrove Drive	Kearny	07032	(973) 844-4800
Senior Services	Alaris Health at Cedar Grove	110 Grove Ave	Cedar Grove	07009	(973) 571-6600
Senior Services	Alaris Health At Kearny	206 Bergen Avenue	Kearny	07032	(201) 955-7067
Senior Services	Arbor Glen Center	25 E Lindsley Road	Cedar Grove	07009	(973) 256-7220
Senior Services	Belleville Senior Citizens	125 Mill St	Belleville	07109	(973) 450-3430
Senior Services	Belleville Senior Services	518 Washington Avenue	Belleville	07109	(973) 751-6000
Senior Services	Bloomfield Senior Citizens	84 Broad St	Bloomfield	07003	(973) 743-3332
Senior Services	Borough of East Newark	37 President Street	East Newark	07029	(973) 481-3454
Senior Services	Broadway House for Continuing Care	298 Broadway	Newark	07104	(973) 268-9797
Senior Services	Brookhaven Health Care Center	120 Park End Place	East Orange	07018	(973) 676-6221
Senior Services	Cedar Ridge-Cedar Grove Senior Citizens Housing	100 Cedar Ridge Dr	Cedar Grove	07009	(973) 857-2290
Senior Services	Circle Of Life At Belleville Adult Day Center	250 Mill Street	Belleville	07109	(973) 751-7600
Senior Services	Clara Maass Transitional Care Unit	One Clara Maass Drive	Belleville	07109	(973) 450-2963
Senior Services	East Orange Senior Citizens	90 Halsted St	East Orange	07018	(973) 266-8832
Senior Services	Forest Hill Healthcare Center	497 Mt Prospect Ave	Newark	07104	(973) 482-5000
Senior Services	Gates Manor	111-15 Gates Avenue	Montclair	07042	(973) 746-4616
Senior Services	Goodlife Adult Day Care	515 North Arlington Ave	East Orange	07017	(973) 674-5100
Senior Services	Hackensack-UMC Mountainside	One Bay Ave	Montclair	07042	(973) 429-6949
Senior Services	Happy Days Adult Day Healthcare Center, LLC	67 So Munn Avenue	East Orange	07018	(973) 678-0755
Senior Services	Happy Days I I Adult Day Healthcare, LLC	1060 Broad Street	Newark	07102	(973) 643-3500
Senior Services	Harrison Senior Citizens	221 Harrison Avenue	Harrison	07029	(973) 268-2463

Provider Type	Provider Name	Street Address	Town	Zip Code	Phone
Senior Services	Harrison Senior Citizens Center	221 Harrison Ave	Harrison	07029	(973) 268-263
Senior Services	Home Away From Home Adult Day Care Center Of Nutley	263 Hillside Avenue	Nutley	07110	(973) 662-9191
Senior Services	Ironbound Senior Citizens Center	138 Clifford St	Newark	07105	(973) 424-4098
Senior Services	Job Haines Home For Aged People	250 Bloomfield Avenue	Bloomfield	07003	(973) 943-0792
Senior Services	Little Nursing Home	71 Christopher Street	Montclair	07042	(973) 744-5518
Senior Services	New Community Extended Care Facility	266 S Orange Avenue	Newark	07103	(973) 624-2020
Senior Services	New Grove Manor	101 North Grove Street,	East Orange	07017	(973) 672-1700
Senior Services	New Jersey Adult Medical Day Care Center Ii, Inc	290 Chestnut Street	Newark	07105	(973) 578-2815
Senior Services	New Vista Nursing And Rehabilitation Center	300 Broadway	Newark	07104	(973) 484-4222
Senior Services	Newark Friendly Senior Center	89 Lincoln St # 2	Newark	07103	(973) 733-5748
Senior Services	Newark Friendly Senior Center	89 Lincoln St # 2	Newark	07103	(973) 733-5748
Senior Services	North Newark Senior Citizen	664 Broadway	Newark	07104	(973) 424-4099
Senior Services	Park Crescent Healthcare & Rehabilitation Center	480 Parkway Drive	East Orange	07017	(973) 674-2700
Senior Services	Signature Medical Day Care Of Montclair	110 Greenwood Ave	Montclair	07042	(973) 783-5589
Senior Services	Sinai Post Acute Nursing And Rehab Center	65 Jay Street	Newark	07103	(973) 483-6800
Senior Services	The Canterbury At Cedar Grove Care And Rehabilitation	398 Pompton Avenue	Cedar Grove	07009	(973) 239-7600
Senior Services	The North Ward Center	288-298 Mt Prospect Ave	Newark	07104	(973) 481-6145
Senior Services	The Oasis At Sinai Adult Medical Day Care	65 Jay Street	Newark	07103	(973) 483-6800
Senior Services	Van Dyke Manor Of Montclair	42 North Mountain Ave	Montclair	07042	(973) 783-9400
Senior Services	Windsor Gardens Care Center	140 Park Avenue	East Orange	07017	(973) 677-1500

APPENDIX E: DISCHARGES AND POPULATION 18-64 FOR AMBULATORY CARE SENSITIVE CONDITIONS

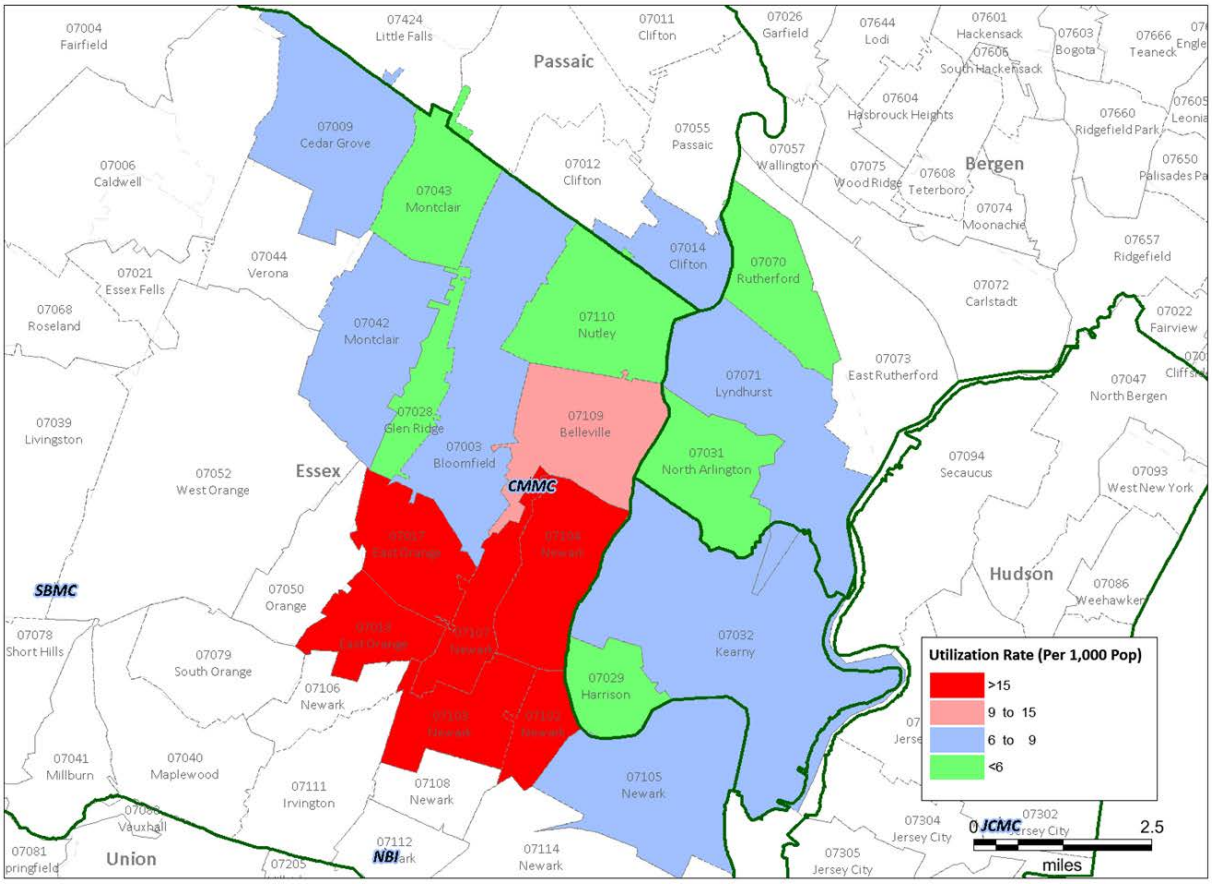
ACSC Discharges from NJ Hospitals		Total ACS Discharges	ANGINA	ASTHMA	BACTERIAL PNEUMONIA	CELLULITIS	CONGESTIVE HEART FAILURE	CONVULSION	COPD	DEHYDRATION	DENTAL CONDITIONS	DIABETES	ENT
ALL RACES													
Statewide		55,565	603	3,780	6,170	6,230	5,260	963	6,355	2,923	761	7,624	533
CMMC PSA		2,102	30	132	229	239	244	24	198	94	23	282	19
WHITE													
Statewide		27,668	276	1,289	3,316	4,150	2,014	528	3,729	1,469	379	3,271	237
CMMC PSA		607	11	25	76	89	54	9	79	30	6	62	5
BLACK													
Statewide		15,535	160	1,363	1,578	892	2,180	242	1,792	740	186	2,603	134
CMMC PSA		611	9	42	71	42	112	5	60	17	7	83	5

ACSC Discharges from NJ Hospitals		Total ACS Discharges	GASTRO-INSTESTINAL OBSTRUCTION	GRAND MAL STATUS/OTHER EPILEPTIC CONVULSION	HYPERTENSION	HYPOGLYCEMIA	IMMUNIZATION RELATED PREVENTABLE	KIDNEY/URINARY INFECTION	NUTRITION DEFICIENCIES (til 12/14 DSCHG)	OTHER TUBERCULOSIS	PELVIC INFLAMMATORY DISEASE	PULMONARY TUBERCULOSIS	SKIN GRAFTS W CELLULITIS
ALL RACES													
Statewide		55,565	1,936	4,534	994	60	8	4,164	2,068	33	359	73	134
CMMC PSA		2,102	82	198	31	1	1	145	102	1	10	6	11
WHITE													
Statewide		27,668	969	2,226	346	25	3	2,051	1,203	4	110	6	67
CMMC PSA		607	17	52	3			47	36		3		3
BLACK													
Statewide		15,535	437	1,293	427	26	2	841	462	10	118	16	33
CMMC PSA		611	25	60	11			32	24		4	1	1

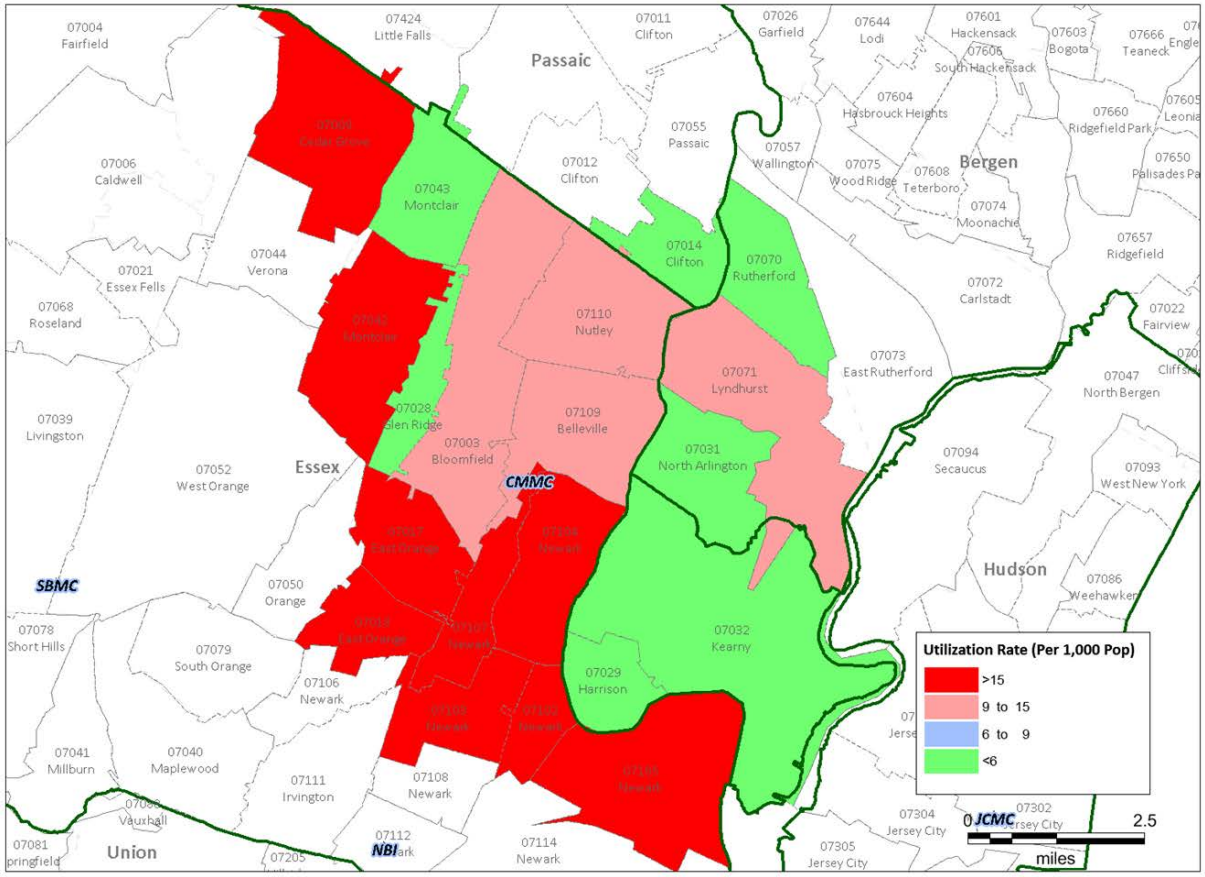
ACSC 2016 Discharge Rate per 1,000 population	Est 2016 Population 18-64	Total ACS Discharges	ANGINA	ASTHMA	BACTERIAL PNEUMONIA	CELLULITIS	CONGESTIVE HEART FAILURE	CONVULSION	COPD	DEHYDRATION	DENTAL CONDITIONS	DIABETES	ENT
ALL RACES													
Statewide	5,610,651	9.903	0.107	0.674	1.100	1.110	0.938	0.172	1.133	0.521	0.136	1.359	0.095
CMMC PSA	196,505	10.697	0.153	0.672	1.165	1.216	1.242	0.122	1.008	0.478	0.117	1.435	0.097
Variance from Statewide		0.793	0.045	(0.002)	0.066	0.106	0.304	(0.050)	(0.125)	(0.043)	(0.019)	0.076	0.002
WHITE													
Statewide	3,657,780	7.564	0.075	0.352	0.907	1.135	0.551	0.144	1.019	0.402	0.104	0.894	0.065
CMMC PSA	108,045	5.618	0.102	0.231	0.703	0.824	0.500	0.083	0.731	0.278	0.056	0.574	0.046
Variance from Statewide		(1.946)	0.026	(0.121)	(0.203)	(0.311)	(0.051)	(0.061)	(0.288)	(0.124)	(0.048)	(0.320)	(0.019)
BLACK													
Statewide	783,378	19.831	0.204	1.740	2.014	1.139	2.783	0.309	2.288	0.945	0.237	3.323	0.171
CMMC PSA	30,581	19.980	0.294	1.373	2.322	1.373	3.662	0.164	1.962	0.556	0.229	2.714	0.164
Variance from Statewide		0.149	0.090	(0.366)	0.307	0.235	0.880	(0.145)	(0.326)	(0.389)	(0.009)	(0.609)	(0.008)
Variance Black from White													
Statewide		12.27	0.13	1.39	1.11	0.00	2.23	0.16	1.27	0.54	0.13	2.43	0.11
PSA		14.36	0.19	1.14	1.62	0.55	3.16	0.08	1.23	0.28	0.17	2.14	0.12
Est Admissions Statewide		**9609.41**	**100.89**	**1086.94**	**867.82**	**3.20**	**1748.67**	**128.92**	**993.37**	**425.39**	**104.83**	**1902.46**	**83.24**
Est Admissions PSA		439.20	5.89	34.92	49.49	16.81	96.72	2.45	37.64	8.51	5.30	65.45	3.58

ACSC 2016 Discharge Rate per 1,000 population	Est 2016 Population 18-64	Total ACS Discharges	GASTRO-INSTESTINAL OBSTRUCTION	GRAND MAL STATUS/OTHER EPILEPTIC CONVULSION	HYPERTENSION	HYPOGLYCEMIA	IMMUNIZATION RELATED PREVENTABLE	KIDNEY/URINARY INFECTION	NUTRITION DEFICIENCIES (til 12/14 DSCHG)	OTHER TUBERCULOSIS	PELVIC INFLAMMATORY DISEASE	PULMONARY TUBERCULOSIS	SKIN GRAFTS W CELLULITIS
ALL RACES													
Statewide	5,610,651	9.903	0.345	0.808	0.177	0.011	0.001	0.742	0.369	0.006	0.064	0.013	0.024
CMMC PSA	196,505	10.697	0.417	1.008	0.158	0.005	0.005	0.738	0.519	0.005	0.051	0.031	0.056
Variance from Statewide		0.793	0.072	0.200	(0.019)	(0.006)	0.004	(0.004)	0.150	(0.001)	(0.013)	0.018	0.032
WHITE													
Statewide	3,657,780	7.564	0.265	0.609	0.095	0.007	0.001	0.561	0.329	0.001	0.030	0.002	0.018
CMMC PSA	108,045	5.618	0.157	0.481	0.028	0.000	0.000	0.435	0.333	0.000	0.028	0.000	0.028
Variance from Statewide		(1.946)	(0.108)	(0.127)	(0.067)	(0.007)	(0.001)	(0.126)	0.004	(0.001)	(0.002)	(0.002)	0.009
BLACK													
Statewide	783,378	19.831	0.558	1.651	0.545	0.033	0.003	1.074	0.590	0.013	0.151	0.020	0.042
CMMC PSA	30,581	19.980	0.818	1.962	0.360	0.000	0.000	1.046	0.785	0.000	0.131	0.033	0.033
Variance from Statewide		0.149	0.260	0.311	(0.185)	(0.033)	(0.003)	(0.027)	0.195	(0.013)	(0.020)	0.012	(0.009)
Variance Black from White													
Statewide		12.27	0.29	1.04	0.45	0.03	0.00	0.51	0.26	0.01	0.12	0.02	0.02
PSA		14.36	0.66	1.48	0.33	0.00	0.00	0.61	0.45	0.00	0.10	0.03	0.00
Est Admissions Statewide		**9609.41**	**229.47**	**816.26**	**352.90**	**20.65**	**1.36**	**401.74**	**204.36**	**9.14**	**94.44**	**14.71**	**18.65**
Est Admissions PSA		439.20	20.19	45.28	10.15	0.00	0.00	18.70	13.81	0.00	3.15	1.00	0.15

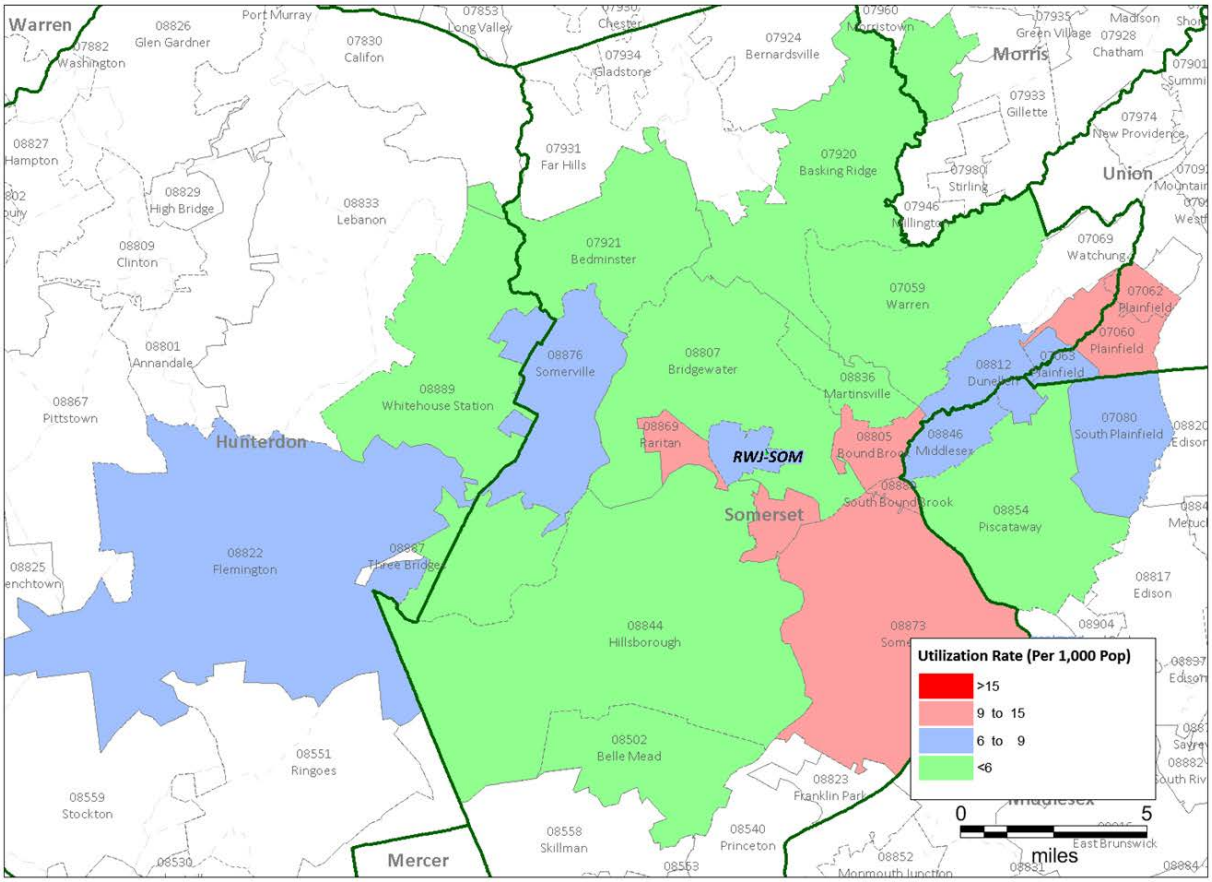
Total Inpatient ACSC Age 18-64 Rate (Per 1,000) - All Races



Total Inpatient ACSC Age 18-64 Rate (Per 1,000) - Black



Total Inpatient ACSC Age 18-64 Rate (Per 1,000) - All Races



Total Inpatient ACSC Age 18-64 Rate (Per 1,000) - All Races