Newark Beth Israel Medical Center Community Health Needs Assessment

November 2022

PREPARED BY
HEALTH RESOURCES IN ACTION

Newark Beth Israel Medical Center | RWJBarnabas HEALTH

Acknowledgements

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- Unified Vailsburg Service Organization
- Clinton Hill Community Action
- Brick Education Network-South Ward Promise Neighborhood
- Rutgers University-Newark
- United Way of greater Newark
- La Casa de Don Pedro
- Urban League of Essex County
- East Orange Department of Health and Human Services
- Irvington Department of Health and Human Services
- Newark Department of Health
- Leaders for Life
- South Ward Special Improvement District – Bergen Lyons Corridor
- St John's Community Baptist Church
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Executive Summary

Introduction

In 2022, Newark Beth Israel Medical Center (NBIMC) undertook a CHNA process using a mixed-methods and participatory approach. The purpose of the CHNA was to identify and analyze community health needs and assets and prioritize those needs to inform strategies to improve community health in numerous communities in the greater Newark area.

NBIMC CHNA Focus Area

Context

This CHNA was conducted during an unprecedented time period due to the COVID-19 pandemic and the national movement for racial justice. The COVID-19 pandemic coincided with the activities of this assessment and impacted both the CHNA data collection process, as well as topics and concerns that residents raised in focus groups and key informant interviews. A wave of national protests for racial equity in 2020 highlighted how racism is embedded in systems across the US. The national movement informed the content of this report including the data collection processes, design of data collection instruments, and the input that was shared during focus groups, key informant interviews, and through survey responses.

Methods

The CHNA process aims to describe the health needs of the service area, challenges to addressing these needs, current strengths and assets, and opportunities for action. To accomplish this, the NBIMC CHNA utilized several different methods for data collection including:

- Reviewing existing data on social, economic, and health indicators in Newark.
- Conducting a community survey with 569 residents designed and administered by the survey firm Bruno & Ridgway.
- Facilitating four virtual focus groups with 25 participants from specific populations of interest: youth, residents identifying as Latina mothers, residents who identify as Black, Indigenous, and People of Color (BIPOC), and residents identifying as Haitian immigrants. Focus group participants predominantly represented the town of Newark.
- Conducting nine key informant interviews or group discussions with 11 stakeholders in the community from a range of sectors that include: mental health providers, healthcare providers, leaders in the faith community, those working in housing or homeless services, those working in substance use, prevention, and treatment, those working in food assistance, public school staff, and those working with youth and young children. Key informant interviewees predominantly represented the town of Newark.

Findings

The following provides a brief overview of key findings that emerged from this assessment:

Population Characteristics

- **Demographics**. Secondary data show that the areas and towns NBIMC serves vary in terms of racial and ethnic diversity. In many ZIP codes of Newark in the West Ward and South Ward (07106, 07108, 07112) and in Irvington, more than eight in ten residents self-identified as non-Hispanic Black. In the

East Ward (ZIP code 07105), over half of the population identifies as Hispanic/Latino, while approximately one-third of residents identify as Hispanic/Latino in the ZIP code 07114 in the South Ward and in Newark overall. The foreign-born population varies across the ZIP codes and towns served by NBIMC. The ZIP code of 07105 East Ward Newark had the highest proportion of foreign-born residents (59.4%) followed by Irvington (36.1%) in the NBIMC service area. The South Ward Newark ZIP codes (07108, 07112, and 07114), had the lowest proportion of foreign-born residents (16.0%, 18.4%, and 21.3%, respectively). Overall, the foreign-born population in Essex County was higher (27.7%) than New Jersey (22.7%).

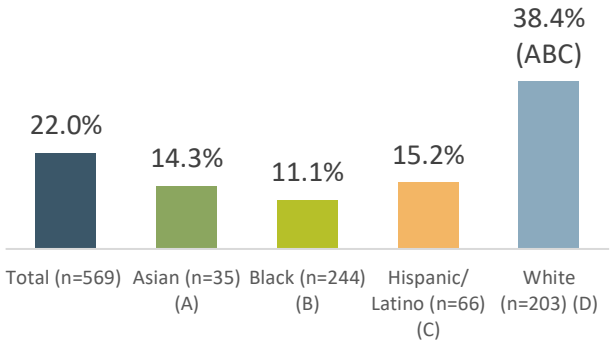
Community Social and Economic Environment

- **Community Strengths and Assets.** Assessment participants mentioned numerous positive aspects of their communities. In the community survey, respondents were most likely to report that their community has places for everyone to socialize (57.8%) and safe outdoor places to walk and play (57.3%). Affordable housing that is safe and well-kept scored lowest among survey respondents (22.0%). These patterns were similar to those of the 2019 CHNA, where the top three strengths identified then were places to socialize, transportation services, and food accessibility. Job opportunities and affordable housing similarly scored among the lowest strengths in the 2019 NBIMC CHNA. Participants noted that they generally found the area to be welcoming and friendly with a strong sense of community and social cohesion.

- **Income and Financial Security.** While several key informants described Newark as a wellspring of opportunities, income and financial security were perceived differently in the West Ward where, according to participants, the neighborhood needs revitalization. Asian, non-Hispanic ($138,138), White, non-Hispanic ($110,016), and Native Hawaiian and Other Pacific Islander ($108,206) residents had the highest median household income in Essex County, while Hispanic/Latino ($50,446) Black, non-Hispanic ($46,021), and residents who identified as some other race ($43,802) had the lowest.

- **Housing and Technology.** Affordable housing was perceived as a pressing need in the community. The rising cost of living was clearly reflected in concerns related to the burdensome cost of housing and concurrent lack of affordable housing during qualitative discussions. Many residents across both interviews and focus groups indicated that they "*need housing that is affordable for moderate and middle income*." Community survey respondents also ranked "There is enough affordable housing that is safe and well-kept in my community" lowest on the list of strengths in the community, with only 22% of survey respondents agreeing with this statement. Black residents were least likely to agree that there is enough affordable housing (11.1%) while White residents were most likely (38.4%) to agree regarding this issue.

Percent of Community Survey Respondents Who Agreed or Completely Agreed with Statement "There is Enough Affordable Housing that is Safe and Well-Kept in My Community," by Race/Ethnicity (n=569), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Newark, Bruno & Ridgway, 2021

- **Employment and Workforce.** Survey findings suggest an inequitable distribution of job opportunities. Black respondents were least likely to agree that there are job opportunities in the area (26.2%), followed by Asian (28.6%) then Hispanic/Latino respondents (31.8%), as compared to White respondents (50.7%).[1] In other words, Black, Asian, and Hispanic/Latino survey respondents perceived that residents had a harder time finding jobs in Newark compared to White respondents. For small business owners, opportunities were perceived as abundant. Some residents, however, pointed to the need for better hiring practices. Several Newark residents described specific challenges related to employment, such as businesses not employing local workers, as well as workforce development.

- **Education.** Overall, numerous residents acknowledged opportunities for quality education in the area. However, while educational opportunities were perceived as available, the cost of education and awareness of how to navigate the education system were also expressed as concerns. Within Essex County, 36.2% of adults 25 years and older had a college, graduate, or professional degree, compared to 40.7% in New Jersey overall. However, educational attainment levels were lower in Newark, where only 15.5% of the 25+ population had a college, graduate, or professional degree in 2016-2020.

- **Transportation and Built Environment.** Transportation was identified as a concern for many residents, particularly mothers and children, who were affected by challenges to get to school. U.S. Census data on households without access to a vehicle further illuminate the challenges of transportation. In every town and ZIP code, a higher percentage of renter-occupied households report not having access to a vehicle, with approximate rates ranging between 12%-50%.

- **Food Access and Food Insecurity.** The expense and accessibility of healthy food was a key area of concern among residents. Most participants were vocal about their worries related to food affordability. In daily life, the high cost of food is "*an inescapable reality*" as described by one resident. This concern is tied to larger issues related to employment, income, and the cost of living for some residents in Newark. Data from the community health survey also showed that food security is a community concern. Nearly 25% of respondents who completed the survey reported that they rely on meal assistance and/or food pantries to supplement their households. Respondents who identified as Latino struggle most with food insecurity in general, with 43.9% indicating that they worried about whether they would run out of food before they had money to buy more.

- **Crime and Violence.** Crime, violence, and safety were raised as one of the most prevalent concerns across both focus group participants and interviewees, a finding corroborated by survey data. Crime and safety weighed heavily on the minds of most residents, with several participants stating that safety was their main community concern. Safety concerns were primarily discussed related to gun/gang violence and child safety. In 2020, rates of violent crime (i.e., murder, rape, aggravated assault) varied widely among the state (195.4 per 100,000) and Essex County (319.1 per 100,000) as well as within Essex County. Hillside County experienced the lowest rate of violent crime (280.8 per 100,000) while Newark citywide experienced the highest rate (528.6 per 100,000).

- **Discrimination and Racism.** Interviewees and focus group participants alike revealed an awareness of the systemic nature of, and complexities related to, racism and discrimination, noting that racism

[1] Community Health Needs Assessment Survey Data, Newark, Bruno & Ridgway, 2021

was built into the structures of broader society and their community. Survey findings on discrimination when receiving medical care corroborate that respondents of color experienced discrimination. Asian and Black respondents were most likely to feel discriminated against when seeking medical care due to race/ethnicity (28.6% and 28.5%, respectively) while Latino respondents experienced were most likely to report discrimination based on language barriers (22.7%).

Community Health Issues

- **Perceptions of Community Health.** In discussions, participants mostly focused on the social and environmental challenges underpinning chronic conditions. These often included economic vulnerability, food insecurity, housing, community violence, mental health challenges, stigma, and discrimination. Residents also explained that they felt the pandemic had increased or exacerbated many of these challenges. Community survey respondents were presented with a list of specific issues in no specific order and were asked to identify their top three health concerns or issues for their community. Overweight/obesity (33.0%) and mental health issues (30.4%) were the top two health concerns identified by respondents. Approximately one in five respondents identified diabetes as a top concern. Violence/community safety and adequate and affordable housing were the third (21.7%) and fourth (17.1%) top health concerns among community survey respondents.

> *"One student came to me because she was overly tired. The parent told me not to say anything. 'The bullets came through the window, and we got to her just in time.' The parent said. I asked if they wanted to talk to the police because they [the police] were asking for information [but the parent declined].* -Focus group participant

Percent of Community Survey Respondents Reporting the Top Health Issues or Concerns in Their Community by Race/Ethnicity (N=569), 2021

Asian (n=35) (A)	Black (n=244) (B)	Hispanic/ Latino (n=66) (C)	White (n=203) (D)
High stress lifestyle (22.9%)*	Overweight/ obesity (35.2%)	Mental health issues (34.8%) (A)	Overweight/ obesity (32.5%)
Overweight/ obesity (22.9%)*	Mental health issues (34.4%)	Overweight/ obesity (33.3%)	Mental health issues (29.1%) (A)
Mental health issues (17.1%)*	Violence/Community Safety (21.7%) (D)*	Many cases of diabetes (21.2%)	Having adequate and affordable eldercare (19.7%) (B)
Violence/Community Safety (17.1%)*	Having adequate and affordable housing (21.7%) (D)*	Substance use, abuse or overdose (19.7%)	Many cases of diabetes (17.2%)
Having adequate and affordable eldercare (17.1%)*	Many cases of diabetes (20.9%)	Having adequate and affordable housing (18.2%)	High stress lifestyle (15.8%)
Having adequate and affordable housing (17.1%)*	Substance use, abuse or overdose (16.8%)		
Substance use, abuse or overdose (17.1%)*			
Chronic heart disease			

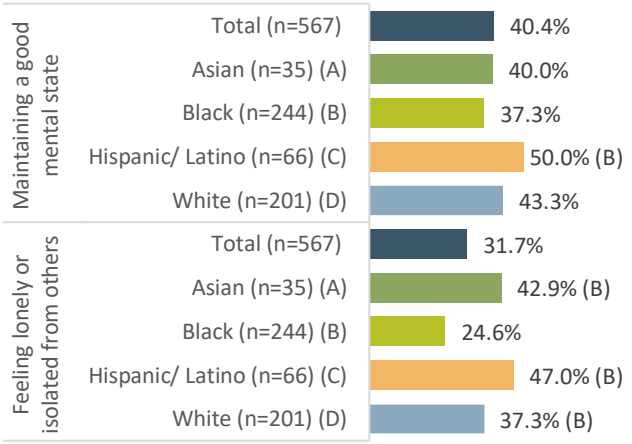
DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021.
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering. * indicates health issues were tied.

- **Mortality.** Mortality rates help to measure the burden and impact of disease on a population. In 2020, heart disease, COVID-19, and cancer were the top three causes of death for Essex County and New Jersey overall.

- **Obesity, Healthy Eating, and Physical Activity.** Among survey respondents, overweight/obesity was one of their top community health concerns. Obesity, physical activity, and healthy eating were topic areas that many key informant and focus group participants raised when asked about general health issues in their community. Based on self-reported surveys in New Jersey, 30.0% of Essex County adults were considered obese compared to 25.5% in New Jersey.

- **Mental Health.** Mental health arose in almost all conversations conducted for this CHNA, and it was considered the top community health concern among survey respondents[5]. In 2020, the overall rate of hospitalizations was higher in Essex County (75.9 per 100,000 population) as compared to New Jersey (60.8 per 100,000 population). When looking at these data by race/ethnicity, Black, non-Hispanic residents experienced the highest rate of hospitalizations due to mental health in both New Jersey (94.6 per 100,000) and in Essex County (95.0 per 100,000).

Percent of Community Survey Respondents Reporting that They or Someone in Their Immediate Family Has Personally Experienced Difficulty with Mental Health Issues since COVID-19 Started (n=567), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021

Youth mental health was a top community concern for focus group and interview participants. The rate of pediatric (ages 19 and under) hospitalizations due to mental health was slightly higher in Essex County (30.1 per 100,000 population) compared to New Jersey (27.6 per 100,000). White non-Hispanic children had the highest rates of pediatric hospitalization in Essex County at 33.5% as compared to New Jersey, where the highest rates were for Asians at 37.4%. Youth suicide was also identified as a pressing concern among community participants in Newark.

> *"You hear about kids committing suicide… I'm going to say teens and preteens. This is anecdotal, but I know there are children in NJ that died because of suicide. And then you add the social justice issues and gun violence, it has everyone on pins and needles*." – Key informant interviewee

- **Substance Use.** Substance use was a community health concern. After mental health, substance use was the second most commonly discussed concern across both interviewees and focus group participants. Youth aged 12 years and older were at highest risk of substance use according to community participants. While marijuana use among youth was a concern, addiction among the older generations also surfaced as a community concern. Survey findings illustrate that the highest rate of reported substance abuse issues was among White (79.1%) and Hispanic/Latino respondents (69.7%).

- **Chronic Disease & Conditions.** Several interview and focus group participants discussed diabetes, hypertension, and cholesterol together when talking about community health issues, which they linked with limited opportunities to eat healthy food and be physically active. Cardiovascular disease and prostate cancer were the foremost concerns among the Haitian immigrant community in qualitative discussions. Obesity and healthy eating were of most concern across focus group participants and interviewees. Secondary data from 2016-2020 indicate that diabetes rates are similar when comparing Essex County and New Jersey. Black, non-Hispanic residents were most likely to report being diagnosed with diabetes (14.7% in New Jersey vs. 16.1% in Essex County). Across the state, the overall mortality rate due to cancer was 141.1 deaths per 100,000 population, which was similar to the rate for Essex County (136.2 per 100,000). Across both geographies, Black, non-Hispanic residents were more likely to die from cancer than other racial/ethnic groups.

> *"My biggest concern with my health, and the health of my community is drugs. I can confidently say that a large population of my community and the people in it are drug users, and it causes a lot of confrontations, people getting hurt and, in some people, can even die from overdose and heated arguments."* – Focus group participant

- **Infectious and Communicable Disease.** In August 2022, Essex County had 497 cases of COVID per 100,000 population while New Jersey had 434 per 100,000. [2] One interviewee noted that it was difficult to connect undocumented immigrants with COVID testing and vaccination programs. Since many governmental organizations delivered COVID-19 vaccinations, undocumented immigrants were hesitant to get COVID vaccines given the fear that their immigration status would be made known.

- **Maternal and Infant Health.** According to participants, Black women have been disproportionately affected by maternal health issues. In Essex County, rates for low birth weights among mothers who identified as Black (12.7%) were twice as high as their White counterparts (6.4%). Asians had the second highest rates (9%) of babies born with low birth weight.

Access to Services

- **Access to Healthcare Services.** Access to healthcare services is important for promoting and maintaining health, preventing and managing disease, and reducing the chance of premature death. Access to services surfaced as a community concern. Key informants discussed how area hospitals have been consolidating and the consequent impact on access to services, especially related to mental health. The 2021 community survey asked respondents their participation in various healthcare screenings, including preventive services. More than eight in ten respondents (82.4%) indicated that they had participated in an annual physical exam in the past two years. Approximately 7 out of 10 respondents reported they had received a flu shot, dental screening, and vision screening. Only about one-third of respondents had had a hearing screening. Across all services and screenings, Hispanic/Latino respondents were least likely to report having had these services and screenings. Un- and underinsurance affects Latino residents and immigrants most severely, according to focus group and interview participants. According to one key informant who works with immigrants, underinsurance together with language barriers reinforce avoidance of doctors

[2] DATA SOURCE: New Jersey Department of Public Health, COVID-19 Dashboard, 2022
NOTE: August data is as of 8/23/2022.

and health seeking behavior in general. Looking at insurance coverage for youth under age 19, 5.8% of youth in Essex County were uninsured compared to 3.9% in New Jersey. Newark's East Ward zip code 07105 had the highest rate of any geography (17.6%).

- **Access to Social Services or Other Essential Services.** While several interviewees described the substantial and strong social services in Newark, many participants noted a lack of information about what resources are available to community members. Lack of insurance was identified as major barrier to accessing health services among many participants, particularly immigrants from Brazil, Chile, and Haiti. Other barriers mentioned in discussions included cost, wait times, availability of services, language and cultural barriers.

Community Vision and Suggestions for the Future

Focus group and interview participants were asked for their suggestions for addressing identified needs and their vision for the future. The following section summarizes and presents these recommendations for future consideration. Housing, more health services, and safety were foremost among residents' visions for Newark's future, across focus groups and key informants.

- **Collaborate Across Sectors and Organizations to Improve the Social Determinants of Health.** Interview and focus group participants recommended centering and engaging communities most affected in inequities in the social determinants of health and health outcomes – particularly communities of color and immigrant communities – in the process of identifying solutions. They noted this could involve building upon and tailoring existing promising models and best practices already in place in other communities and/or states.

- **Invest in Improvements in the Physical and Built Environment.** To address resident concerns about ongoing disinvestment in Newark's built environment, race-based residential segregation, dirtiness, and pollution, residents identified the importance of cleaning up neighborhoods (e.g., trash, rodents), improving air quality and addressing foul smells in the city, repairing roads, expanding public transportation routes, and planting more trees to address climate change and air pollution.

- **Improve Safety.** Overall, improving community safety was emphasized in the majority of focus groups and interviews, and elevated as a key contributing factor to physical and mental health outcomes.

- **Improve Economic and Educational Opportunities.** Residents recommended improving economic and educational opportunities. They linked job opportunities with educational opportunities, hiring practices, and housing instability. They additionally noted the need to create job opportunities for immigrant communities.

- **Continue to Improve Access to Affordable, Quality Housing.** Interview and focus group participants emphasized the need to continue to increase the market of affordable and quality housing, including ensuring rent is affordable and providing home ownership opportunities for low- and moderate-income residents.

- **Improve Access to Healthy Foods.** Recommendations for improving access to healthy, affordable food for adults and children included systems-level changes to the food system to address ongoing food insecurity issues. Participants also discussed expanding the infrastructure to improve access to

fresh produce, such as growing community gardens, opening grocery stores in food deserts, increasing access to farmer's markets, and improving food quality in schools.

- **Expand Health Care Access.** Interview and focus group participants cited the ongoing need to expand health care access, despite health insurance expansions under Affordable Care Act. The need to improve health care access for immigrant communities, many of whom did not benefit from health insurance expansions, also emerged as an area of improvement.

Key Themes

Several overarching themes emerged from this assessment. Through a review of the secondary social, economic, and epidemiological data; a community survey; and discussions with community residents and stakeholders, this assessment report examines the current health status of residents in the Newark Beth Israel Medical Center service area. Several overarching themes emerged from this synthesis, with the highest concerns being mental health, safety, food affordability, and housing.

- ***The communities served by Newark Beth Israel Medical Center are diverse, and residents face health and social disparities.*** Discrimination and disparities were frequently noted throughout focus groups and interviews, particularly in the context of access to education, job quality and security, distrust of law enforcement, trauma, and less access to resources, all of which culminate in worse health outcomes for impacted communities.

- ***Behavioral health, including both mental health and substance use, is a major concern in the community that many residents felt had been exacerbated by the COVID-19 pandemic.*** Residents emphasized numerous challenges in accessing mental health, including stigma, cost, and a lack of services. The COVID-19 pandemic was also widely associated with increased stress, isolation, grief, and increased mental health needs, with Hispanic/Latino residents being most likely to report challenges.

- ***Reducing violence and improving safety in the community were lifted up as key priorities by focus group participants and key informant interviewees***. Gun and gang violence were of significant concern to the community, with some sharing personal experiences and expressing concern for the impacts of violence on children. Gun violence disproportionately affected youth mental health, parents of young children who were traumatized by recent events, and immigrant communities. Community violence and child safety were also discussed in the context of social justice, as some residents explained existing fear and mistrust of law enforcement. Concern for youth regarding gun and gang violence also contributes to youth health outcomes, as some residents explained that it feels unsafe for youth to play outside and that there is a lack of social programs and activities (e.g., sports) for youth, who expressed that they could not afford gym membership.

- ***Residents emphasized the social determinants of health and viewed health holistically, more so than focusing their concerns on individual chronic conditions.*** Economic vulnerability, often resulting in food insecurity and housing instability, were frequently emphasized challenges by participants. Furthermore, barriers to accessing education and perceived disparities in job availability and access were described by focus group and interview participants. Ultimately, these challenges result in food affordability and food insecurity being cited as major cross-cutting concerns throughout this report, with the understanding that food access further affects lifestyle choices and thereby exacerbates the risk for chronic disease among Newark residents.

Safe and affordable housing was also a cross-cutting concern, especially in light of rising costs of living, which was of particular concern among Latino residents.

- ***Community members see continued need for accessible services, including screenings, particularly for residents without insurance.*** Residents expressed concern about maintaining access to services, such as preventative screenings and behavioral health services. Disparities in access to health insurance were noted as impacting Latinos, immigrants, and residents with language barriers. Additionally, cultural barriers and difficulty navigating the healthcare system were also discussed as challenges that limit residents' access to healthcare services. Solutions proposed by community members included increasing access to health screening services through health fairs and trucks, and through connections with cultural brokers to help residents access healthcare and other needs such as food access.

Conclusion

Through a comprehensive and iterative assessment process that included gathering community input from residents and stakeholders, feedback from a community priorities survey, and quantitative surveillance and secondary data, the following ten initial issue areas were identified as key community needs for the NBIMC primary service area:

These included (in no particular order):

- Housing
- Financial Insecurity/Unemployment
- Food Insecurity
- Systemic Racism, Racial Injustice, and Discrimination
- Crime and Violence
- Mental Health
- Alcohol/Substance Use
- Obesity & Chronic Disease
- Maternal & Child Health
- Access to Services

After a prioritization process with the Advisory Committee and discussions within the hospital, key priority areas for NIBMC will include mental health, maternal and child health, and food insecurity as it also considers its existing expertise, capacity, and experience during the development of its implementation plan in 2023.

Introduction

Community Health Needs Assessment Purpose and Goals
A community health needs assessment (CHNA) is a systematic process to identify and analyze community health needs and assets, prioritize those needs, and then implement strategies to improve community health. In 2022, Newark Beth Israel Medical Center (NBIMC) undertook a CHNA process using a mixed-methods and participatory approach.

Newark Beth Israel Medical Center is located in Newark, New Jersey (NJ) and is part of the **RWJBarnabas Health (RWJBH)** system. RWJBH is a non-profit healthcare organization which includes 12 acute care hospitals, three acute care children's hospitals, a leading pediatric rehabilitation hospital, a freestanding acute behavioral health hospital, a clinically integrated network of ambulatory care centers, two trauma centers, a satellite emergency department, geriatric centers, the state's largest behavioral health network, ambulatory surgery centers, comprehensive home care and hospice programs, fitness and wellness centers, long term care facilities, retail pharmacy services, medical groups, diagnostic imaging centers, a clinically integrated network and collaborative accountable care organization. As one of the acute care hospitals within the system, NBIMC had over 18,700 inpatient admissions, over 263,000 outpatient cases including 89,200 emergency department visits, and about 2,500 births in 2021.This assessment process builds off previous assessment and planning processes conducted by NBIMC and RWJBH. See Appendix H for a description of the hospital's activities accomplished and their impact since 2019.

In early 2021, RWJBH hired **Health Resources in Action (HRiA**), a non-profit public health consultancy organization, to provide support, help facilitate, and conduct data analysis for the CHNAs across the system. HRiA worked closely with NBIMC and the NBIMC CHNA Advisory Committee to support the NBIMC CHNA.

The NBIMC CHNA aims to gain a greater understanding of the issues that community residents face, how those issues are currently being addressed, and where there are gaps and opportunities to address these issues in the future. This report presents findings from the 2022 NBIMC needs assessment processes, which was conducted between March-September 2022.

The specific goals of this CHNA are to:

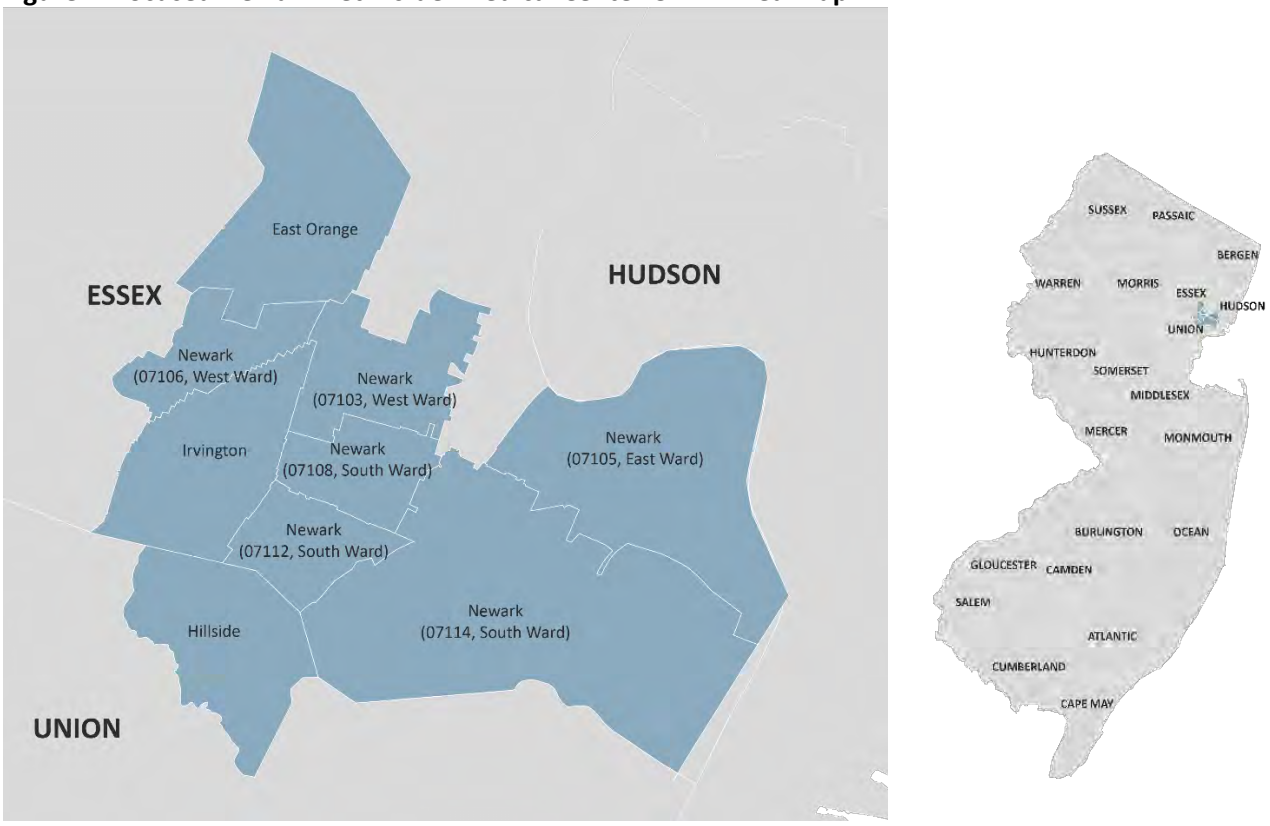
- Systematically identify the needs, strengths, and resources of the community to inform future planning,
- Understand the current health status of the service area overall and its sub-populations within their social context,
- Engage the community to help determine community needs and social determinant of health needs, and
- Fulfill the IRS mandate for non-profit hospitals.

Area of Focus
This CHNA process aims to fulfill multiple purposes for a range of stakeholders. NBIMC's primary service area (PSA) includes the towns of Newark, Hillside, and Irvington. Specifically, NBIMC's primary service area includes the zip codes 07111, 07112, 07108, 07103, 07106, 07105, 07205, 07114. Data from the town of East Orange were also included in this CHNA. While East Orange is currently not in NBIMC's PSA,

it is located in the hospital's secondary service area. Data for this community were included in the CHNA in recognition of the hospital's deep relationships with partner organizations in East Orange.

The communities of focus for this CHNA are primarily located within Essex County. When only county-level data are available, Essex County is presented. When more granular data are available, data for East Orange, Hillside, Irvington, Newark (citywide) and six zip codes within Newark are shown. NBIMC CHNA service area is shown below.

Figure 1. Focused Newark Beth Israel Medical Center CHNA Area Map



Context for the Community Health Needs Assessment

This CHNA was conducted during an unprecedented time, given the COVID-19 pandemic and the national movement for racial justice. This context had a significant impact on the assessment approach and content.

COVID-19 Pandemic

The novel coronavirus (COVID-19) pandemic coincided with the activities of this assessment and impacted both the CHNA data collection process and topics, as well as concerns that participants put forth during discussions in focus groups and interviews. In March 2022, at the beginning of this CHNA process, the COVID-19 pandemic had already been in effect for about two years. Logistically, the pandemic impacted the feasibility of convening in-person groups for the CHNA (e.g., subcommittees, focus groups, etc.) and the availability of key stakeholders and community members to participate in CHNA activities, given their focus on addressing immediate needs. Consequently, all data collection and engagement occurred in a virtual setting (e.g., telephone or video focus groups, interviews), and engagement of residents and stakeholders was challenging. (A more detailed description of this

engagement process may be found in the Methods section, and COVID-19 data specific to this service area is provided in the Infectious and Communicable Disease section of this report.)

Substantively, during the CHNA process, COVID-19 was and remains a health concern for communities and has exacerbated underlying inequities and social needs. The pandemic brought to light both the capabilities and gaps in the healthcare system, the public health infrastructure, and social service networks. In this context, an assessment of the community's strengths and needs, and in particular the social determinants of health, is both critically important and logistically challenging. This CHNA should be considered a snapshot in time, which is consistent with public health best practices. Moving forward, the community should continue to be engaged to understand how identified issues may evolve and what new issues or concerns may emerge over time.

National Movement for Racial Justice

Over the past few years, sparked by the national protests for racial equity amidst the killings of George Floyd, Ahmaud Arbery, Breonna Taylor, Tony McDade, and many others, national attention was focused on how racism is embedded in every system and structure of our country, including housing, education, employment, and healthcare. This context impacted the content of the CHNA, including the design of data collection instruments and the input that was shared during interviews and focus groups. While racism and oppression have persisted in this country for over 400 years, it is important to acknowledge the recent focus on these issues in 2022 in the form of increased dialogue, locally and nationally, as context for this assessment.

Methods

The following section details how data for the CHNA were compiled and analyzed, as well as the broader lens used to guide this process.

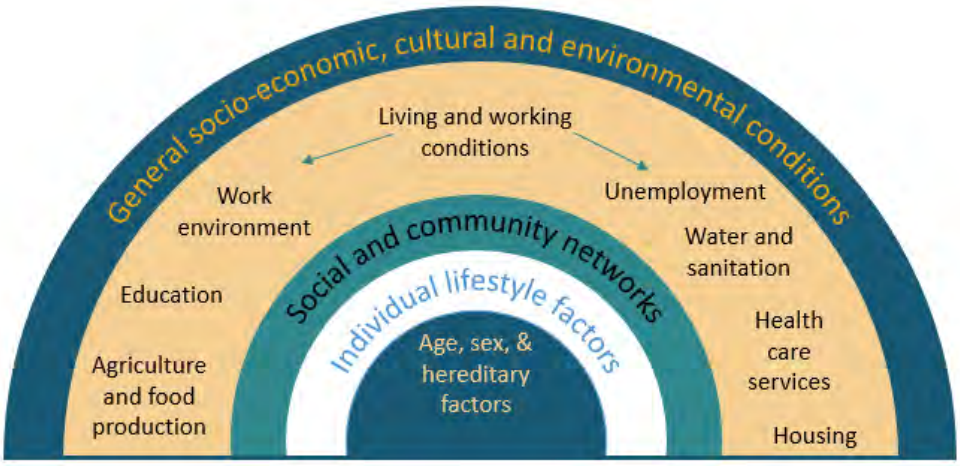
Social Determinants of Health Framework

While this CHNA aimed to be comprehensive, its data collection approach focused on the social and economic upstream issues that affect a community's health.

Upstream Approaches to Health

Having a healthy population is about more than delivering quality healthcare to residents. Where a person lives, learns, works, and plays all have an enormous impact on health. Health is not only affected by people's genes and lifestyle behaviors, but by upstream factors such as employment status, quality of housing, and economic policies. Figure 2 provides a visual representation of these relationships, demonstrating how individual lifestyle factors, which are closest to health outcomes, are influenced by more upstream factors, such as employment status and educational opportunities.

Figure 2. Social Determinants of Health Framework



DATA SOURCE: World Health Organization, Commission on the Social Determinants of Health, Towards a Conceptual Framework for Analysis and Action on the Social Determinants of Health, 2005

The data to which we have access is often a snapshot in time, but the people represented by that data have lived their lives in ways that are constrained and enabled by economic circumstances, social context, and government policies. To this end, much of this report is dedicated to discussing the social, economic, and community context in which residents live. We hope to understand the current health status of residents and the multitude of factors that influence health to enable the identification of priorities for community health planning, existing strengths and assets upon which to build, and areas for further collaboration and coordination.

Health Equity Lens

The influences of race, ethnicity, income, and geography on health patterns are often intertwined. In the United States, social, economic, and political processes ascribe social status based on race and ethnicity, which may influence opportunities for educational and occupational advancement and housing options, two factors that profoundly affect health. Institutional racism, economic inequality, discriminatory policies, and historical oppression of specific groups are a few of the factors that drive health inequities in the U.S.

In the present report, health patterns for the NBIMC primary service area are described overall, as well as areas of need for particular population groups. Understanding factors that contribute to health patterns for these populations can facilitate the identification of data-informed and evidence-based strategies to provide all residents with the opportunity to live a healthy life.

Approach and Community Engagement Process

The CHNA aimed to engage agencies, organizations, and community residents through different avenues. The CHNA process was guided by strategic leadership from the RWJBH Systemwide CHNA Steering Committee and the NBIMC CHNA Advisory Committee.

RWJBH System Engagement

This CHNA is part of a set of CHNAs being conducted across the entire RWJBH system. Each of these CHNAs will use a consistent framework and minimum set of indicators, but the approach and engagement process are tailored for each community. A Systemwide CHNA Steering Committee was

convened twice during June 2021. This Steering Committee provided input and feedback on major data elements (e.g., secondary data key indicators, overall Table of Contents) and core prioritization criteria for the planning process. A list of Systemwide CHNA Steering Committee members can be found in Acknowledgments section.

Advisory Committee Engagement

Members of the NBIMC CHNA Advisory Committee were engaged at different points in this process. In March 2022, the Advisory Committee met for a kick-off meeting during which HRiA provided an overview of the CHNA process and Bruno & Ridgeway, Inc. presented the findings from a community survey the firm conducted in 2021. These two presentations were followed by a brief Q&A and discussion with Advisory Committee members. After the March 2022 meeting, members of the Advisory Committee were invited to participate in a survey to help identify what populations and sectors to engage in focus groups and key informant interviews. The results of this survey directly informed development of an engagement plan to guide qualitative data collection. During the data collection process, Advisory Committee members participated as key informant interviews and connected HRiA to additional stakeholders in the community.

The Advisory Committee reconvened in October 2022. During this meeting, HRiA staff presented the findings from the CHNA process, including preliminary priorities that emerged upon review of the qualitative and secondary data. Advisory Committee members had the opportunity to ask questions, then discussed and voted on the top priorities for action that emerged from the CHNA. A detailed description of the prioritization process can be found in the Prioritization Process and Priorities Selected for Planning section.

Community Engagement

Community engagement is described further below under the primary data collection methods. Uplifting a range of voices, especially those not typically represented in these processes, was a core component to this initiative. It should be noted that, due to the COVID-19 pandemic, the community engagement for this CHNA occurred virtually. Additionally, while the CHNA aimed to engage a cross-section of individuals and to be inclusive of traditionally under-represented communities, outreach was challenging given the pandemic and competing priorities. Nevertheless, by engaging the community through multiple methods and in multiple languages, this CHNA aims to describe community strengths and needs during this unique time.

Secondary Data: Review of Existing Secondary Data, Reports, and Analyses

Secondary data are data that have already been collected for another purpose. Examining secondary data helps us to understand trends, provide a baseline, and identify differences by sub-groups. It also helps in guiding where primary data collection can dive deeper or fill in gaps.

Secondary data for this CHNA were drawn from a variety of sources, including the U.S. Census American Community Survey (ACS), the U.S. Department of Labor Bureau of Labor Statistics, the Federal Bureau of Investigation Uniform Crime Reports, U.S. Bureau of Labor Statistics, the New Jersey Department of Education, New Jersey Department of Health's New Jersey State Health Assessment Data (NJSHAD), and a number of other agencies and organizations. This CHNA also utilizes reports from a variety of organizations at the community, state, and national level, including, but not limited to, the United Way of New Jersey's ALICE Study. Additionally, hospitalization data from the RWJBH system is also included in Appendix F. Secondary data were analyzed by the agencies that collected or received the data. Data are typically presented as frequencies (%) or rates per 100,000 population. It should be noted that when

the narrative makes comparisons between towns, by subpopulation, or with NJ overall, these are lay comparisons and *not* statistically significant differences.

It should also be noted that for most social and economic indicators, the U.S. Census American Community Survey (ACS) 5-year (2016-2020) aggregate datasets were used over the one-year datasets, since many of the towns in the service area are smaller in population size. Since the ACS uses a probability sampling technique, using the five-year aggregate dataset over the one-year data provides a larger sample size and more precision in its estimates.

Primary Data Collection

Qualitative Discussion: Key Informant Interviews and Focus Groups

*Key Informant Int*erviews

A total of nine key informant interview discussions were completed with eleven individuals by Zoom or telephone. Interviews were 45-60-minute semi-structured discussions that engaged institutional, organizational, and community leaders as well as front-line staff across sectors. Discussions explored interviewees' experiences of addressing community needs and priorities for future alignment, coordination, and expansion of services, initiatives, and policies. Sectors represented in these interviews included: mental health providers, healthcare providers, leaders in the faith community, those working in housing or homeless services, those working in substance use, prevention, and treatment, those working in food assistance, public school staff, and those working with youth and young children. While the scope of this report includes multiple towns, key informant interviewees predominantly represented the town of Newark. See the Appendix A for the list of key informant interviewees' organizations and Appendix B for the key informant interview guide.

Focus Groups

A total of 25 community residents participated in four virtual focus groups (telephone or video) conducted with specific populations of interest: youth, residents identifying as Latina mothers, residents who identify as Black, Indigenous, and People of Color (BIPOC), and residents identifying as Haitian immigrants. While the scope of this report includes multiple towns, residents engaged in focus groups predominantly represented the town of Newark.

Focus groups were up to 60-minute semi-structured conversations and aimed to delve deeply into the community's needs, strengths, and opportunities for the future and to gather feedback on priorities for action. Please see Appendix C for the focus group facilitator's guide.

Analyses

The collected qualitative information was coded then analyzed thematically by data analysts for main categories and sub-themes. Analysts identified key themes that emerged across all groups and interviews as well as the unique issues that were noted for specific populations. Throughout the qualitative findings included in this report, the term "participants" is used to refer to key informant interview and focus group participants. Unique issues that emerged among a group of participants are specified as such. Frequency and intensity of discussions on a specific topic were key indicators used for extracting main themes. While differences between towns are noted where appropriate, analyses emphasized findings common across the service area. Selected paraphrased quotes—without personal

identifying information—are presented in the narrative of this report to further illustrate points within topic areas.

Community Survey

A community priorities survey was developed and administered over a five-month period from early April and through the end of August 2021 by the survey firm Bruno & Ridgway, who was contracted directly by the RWJBH system. The survey focused on health issues and concerns that impact the community; community safety and quality of life; personal health attitudes, conditions, and behaviors; barriers to accessing health care; discrimination when receiving medical care; and the impact of COVID-19 and vaccination compliance. The survey was administered online and by paper in 5 languages (English, Spanish, Portuguese, Arabic, and Chinese).

Extensive outreach was conducted with assistance from NBIMC as well as through social media. A link to the online survey was displayed on NBIMC's web page and social media sites. Additionally, an online panel sample was recruited to capture additional survey responses from specific areas to augment the larger sample. Postcards with QR codes that linked to the survey were distributed at vaccination events for community members to take while they waited for their COVID-19 vaccine.

The final sample of the community priorities survey comprised 569 respondents who were residents in the NBIMC PSA. The Appendix E provides a table with demographic composition of survey respondents. Respondents to the NBIMC Community Health Needs Assessment Survey were predominately African American, female, heterosexual, and with a moderate to high socioeconomic status. About 57% were employed full-time. Throughout this report, NBIMC PSA residents who participated in the Community Health Needs Assessment Survey are referred to as "respondents" (whereas focus group members and interviewees are referred to as "participants" for distinction.)

Analyses

Frequencies were calculated for each survey question. Not all respondents answered every question; therefore, denominators in analyses reflect the number of total responses for each question, which varied by question. Statistical testing (Z-tests) was conducted across sub-groups to determine whether there were significance differences between groups. Survey data by race/ethnicity specifically is presented in this report. Racial/ethnic groups are delineated by a letter (A, B, C, D). When a graph has a letter next to the bar, it indicates that the group for that bar has a statistically significant different frequency of responses compared to the group of the letter shown (e.g., when an A is on the bar of White respondents, it indicates that percentage of White respondents answering the question in that particular way is statistically significantly different than Asian respondents). Significant differences at 90% confidence levels are presented in the report.

Data Limitations

As with all data collection efforts, there are several limitations that should be acknowledged. Numerous secondary data sources were drawn upon in creating this report and each source has its own set of limitations. Overall, it should be noted that different data sources use different ways of measuring similar variables (e.g., different questions to identify race/ethnicity). There may be a time lag for many data sources from the time of data collection to data availability. Some data are not available by specific population groups (e.g., race/ethnicity) or at a more granular geographic level (e.g., town or municipality) due to small sub-sample sizes. In some cases, data from multiple years may have been aggregated to allow for data estimates at a more granular level or among specific groups.

With many organizations and residents focused on the pandemic and its effects, community engagement and timely response to data collection requests were challenging. Additionally, with its online administration method, the community survey used a convenience sample. Since a convenience sample is a type of non-probability sampling, there is potential selection bias in who participated or was asked to participate in the survey. Due to this potential bias, results cannot necessarily be generalized to the larger population. Similarly, while interviews and focus groups provide valuable insights and important in-depth context, due to their non-random sampling methods and small sample sizes, results are not necessarily generalizable. Due to COVID-19, focus groups and interviews were also conducted virtually, and therefore, while both video conference and telephone options were offered, some residents who lack reliable access to the Internet and/or cell phones may have experienced difficulty participating. This report should be considered a snapshot of an unprecedented time, and the findings in this report can be built upon through future data collection efforts.

Population Characteristics

Population Overview

In 2020, the towns that comprise the geographic area for this CHNA, including all of Newark, had a population of 422,742 (Table 1). The smallest locations by population are the 07114 ZIP code of Newark (11,947 residents) and Hillside (21,955), while the largest are the city of Newark (281,917), East Orange (64,650), and Irvington (54,220). While the population of Essex County grew between 2015 and 2020, population growth across individual towns and ZIP codes varied. The 07108 ZIP code in Newark experienced a substantial population increase over this time (13.8% population growth); the greatest population decline occurred in the 07114 ZIP code of Newark (-19.3%).

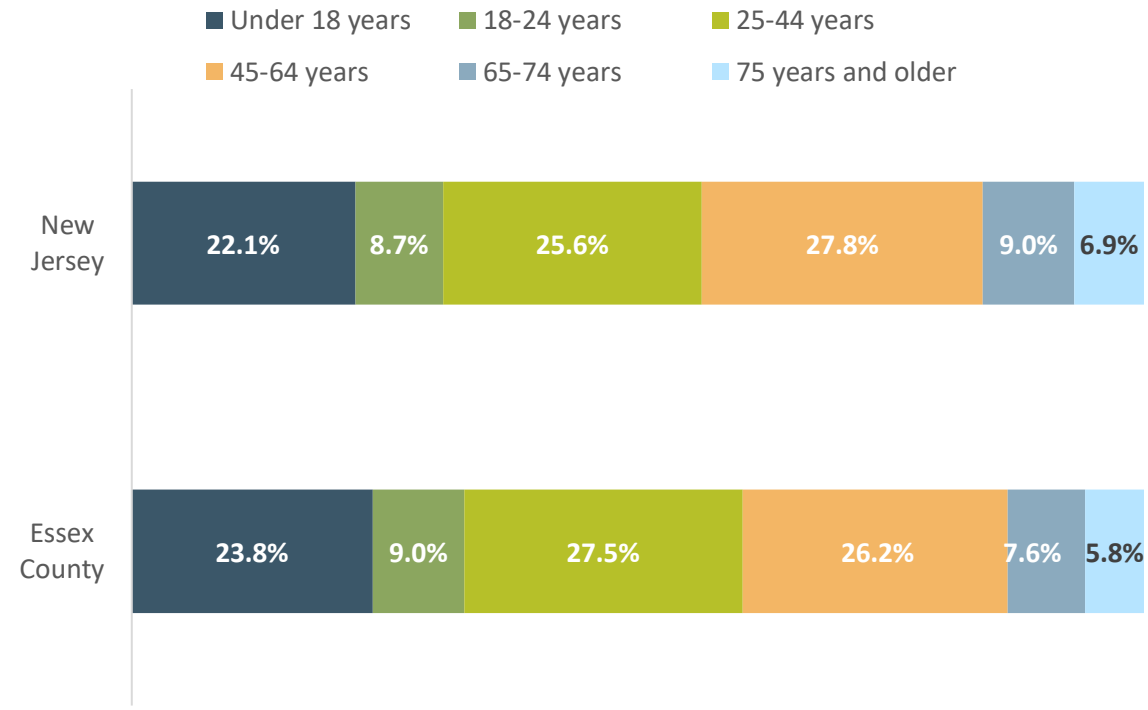
Table 1. Total Population, by State and County, 2011-2015 and 2016-2020

	2015	2020	% change
New Jersey	8,904,413	8,885,418	-0.2%
Essex County	791,609	798,698	0.9%
East Orange	64,578	64,650	0.1%
Hillside	21,779	21,955	0.8%
Irvington	54,320	54,220	-0.2%
Newark (citywide)	279,793	281,917	0.8%
Newark (07103, West Ward)	31,363	33,548	6.5%
Newark (07106, West Ward)	30,824	33,688	8.5%
Newark (07108, South Ward)	21,365	24,777	13.8%
Newark (07112, South Ward)	26,006	24,376	-6.7%
Newark (07114, South Ward)	14,251	11,947	-19.3%
Newark (07105, East Ward)	53,080	51,097	-3.9%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2011-2015 and 2016-2020

Essex County had a similar distribution of ages compared to New Jersey in 2016-2020 (Figure 3). Overall, about one-quarter of the Essex County population is under 18 years old (23.8%), while 15.9% is 65 years old or older (Figure 3). Age distribution data by town can be found in Appendix E - Additional Data Tables.

Figure 3. Age Distribution, by State and County, 2016-2020



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Racial, Ethnic, and Language Diversity

Racial and Ethnic Composition

Focus group and interview participants noted that the areas served by NBIMC are racially and ethnically diverse, often commenting that diversity was a strength and that there was a feeling of acceptance. One resident explained, "*No matter your color, they still accept you. It's a place with love*." However, other participants noted that the diversity, particularly in Newark, resulted in discrimination and disparities.

Secondary data show that the areas and towns NBIMC serves vary in terms of racial and ethnic diversity (Table 2). In many ZIP codes of Newark in the West Ward and South Ward (07106, 07108, 07112) and in Irvington, more than eight in ten residents self-identified as non-Hispanic Black. In the East Ward (ZIP code 07105), over half of the population identifies as Hispanic/Latino, while approximately one-third of residents identify as Hispanic/Latino in the ZIP code 07114 in the South Ward and in Newark overall.

Table 2. Racial and Ethnic Distribution, by Town and Zip Code, 2016-2020

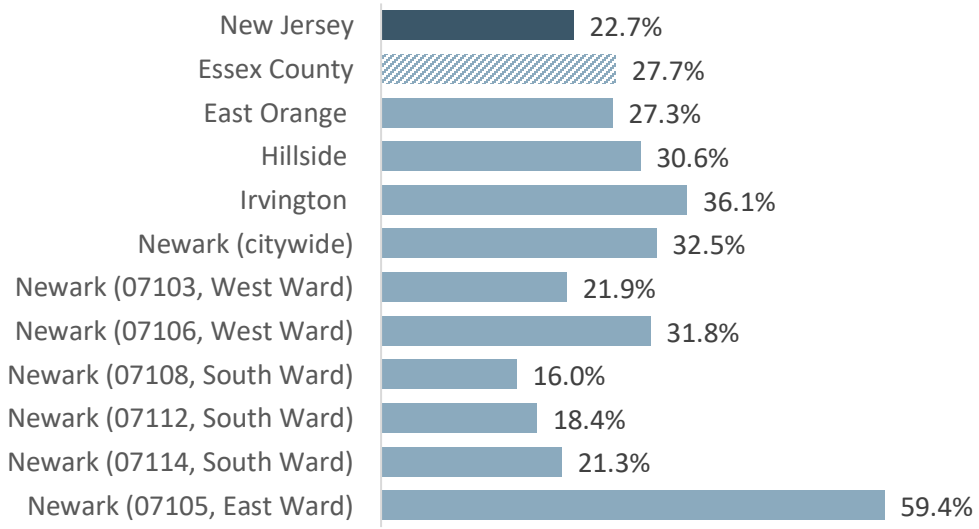
	Asian, Non-Hispanic	Black, Non-Hispanic	Hispanic/ Latino	White, Non-Hispanic	Other Race/ Ethnicity, Non-Hispanic
New Jersey	9.60%	12.6%	20.4%	54.7%	0.0%
Essex County	5.40%	38.0%	23.3%	30.0%	0.0%
East Orange	1.6%	82.4%	10.8%	2.1%	1.2%
Hillside	3.1%	51.5%	20.8%	17.7%	5.3%
Irvington	0.7%	86.2%	8.5%	2.3%	0.8%
Newark (citywide)	1.7%	47.7%	36.7%	10.9%	1.5%
Newark (07103, West Ward)	3.3%	73.4%	16.4%	4.0%	1.1%
Newark (07106, West Ward)	4.1%	81.6%	8.9%	2.6%	1.1%
Newark (07108, South Ward)	0.3%	81.3%	14.5%	0.7%	1.0%
Newark (07112, South Ward)	0.6%	88.3%	8.7%	0.8%	0.7%
Newark (07114, South Ward)	0.5%	51.4%	32.7%	11.8%	3.0%
Newark (07105, East Ward)	0.6%	7.3%	53.3%	34.7%	3.2%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Foreign-Born Population

The foreign-born population varies across the ZIP codes and towns served by NBIMC (Figure 4). The ZIP code of 07105 East Ward Newark had the highest proportion of foreign-born residents (59.4%) followed by Irvington (36.1%) in the NBIMC service area. The South Ward Newark ZIP codes (07108, 07112, and 07114), had the lowest proportion of foreign-born residents (16.0%, 18.4%, and 21.3%, respectively). Overall, the foreign-born population in Essex County was higher (27.7%) than New Jersey (22.7%).

Figure 4. Percent Foreign Born Population, by State and County, 2016-2020

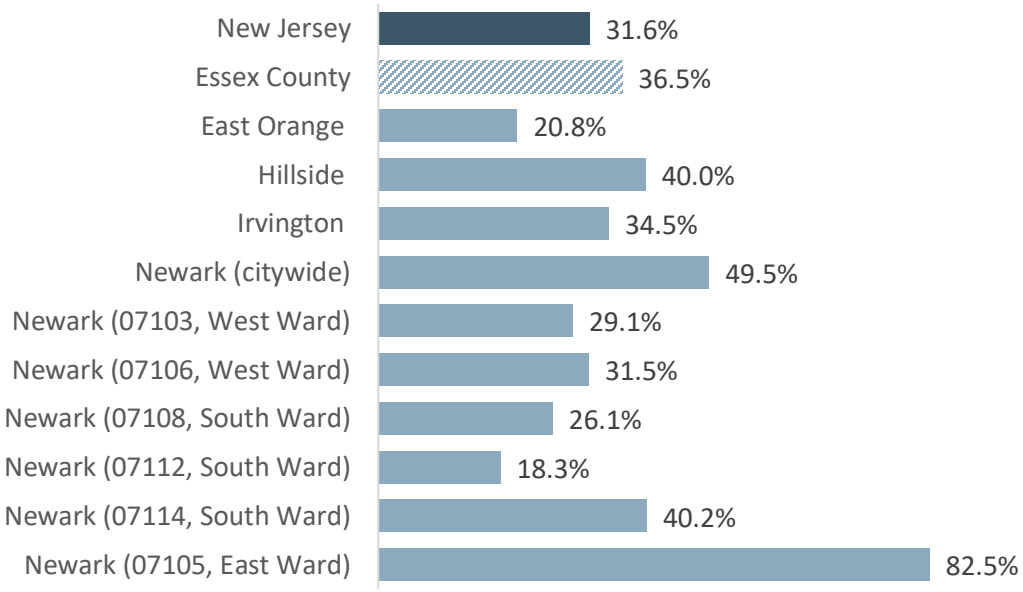


DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Language Diversity

Among New Jersey residents over age five, 31.6% reported speaking a language other than English at home in 2015-2019. A variety of languages are spoken across Essex County, as indicated in the secondary data and supported by qualitative discussions. Overall, the number of residents over the age of five speaking a language other than English is higher in Newark (49.5%) than in Essex County (36.5%) and New Jersey (31.6%). When looking at towns and ZIP codes, Newark's East Ward Zip code 07105 had the highest percentage of residents who speak a language other than English at home (82.5%). Additionally, about two out of every 5 residents in Hillside (40.0%) and ZIP code 07114 South Ward Newark (40.2%) speak a language other than English at home compared to 18.3% of residents in ZIP code 07112 South Ward Newark (Figure 5).

Figure 5. Population Aged 5+ Speak Language Other Than English at Home, by State, County, and Town, 2016-2020



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

The most spoken languages other than English in Essex County are Spanish, French, Haitian, or other Cajun languages, other Indo-European languages (e.g., Portuguese, Hindi, Gujarati), or other Slavic languages Table 3. For example, 44.6% of Newark's East Ward zip code 07105 speak Spanish as their primary language at home, while 19.7% of Irvington residents speak French, Haitian, or Cajun at home. While most towns and ZIP codes are predominantly English speaking (50%+), Newark's East Ward 07105 Zip code area is 17.5% English speaking, with the predominant languages being Spanish (44.6%) and other Indo-European languages (36.7%).

Table 3. Top 5 Languages Spoken at Home, by State, County, and Town, 2016-2020

	English only	Spanish	French, Haitian, or Cajun	Other Indo-European languages	Other and unspecified languages
New Jersey	68.4%	16.4%	1.1%	5.4%	1.0%
Essex County	63.5%	19.4%	4.2%	5.4%	3.0%
East Orange	79.2%	8.4%	7.0%	0.6%	3.7%
Hillside	60.0%	19.7%	5.1%	9.8%	2.0%
Irvington	65.5%	6.9%	19.0%	0.1%	7.0%
Newark (citywide)	50.5%	32.4%	2.7%	8.8%	4.2%
Newark (07103, West Ward)	70.9%	14.1%	2.6%	1.7%	8.6%
Newark (07106, West Ward)	68.5%	8.0%	11.2%	3.8%	6.9%
Newark (07108, South Ward)	73.9%	14.9%	2.1%	0.6%	7.8%
Newark (07112, South Ward)	81.7%	8.0%	3.4%	0.6%	5.3%
Newark (07114, South Ward)	59.8%	29.8%	0.6%	4.9%	4.4%
Newark (07105, East Ward)	17.5%	44.6%	0.1%	36.7%	0.1%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Community Social and Economic Environment

Income, work, education, and other social and economic factors are powerful social determinants of health. For example, jobs that pay a living wage enable workers to live in neighborhoods that promote health (e.g., built environments that promote physical activity and resident engagement, better access to affordable healthy foods), and provide income and benefits to access health care. In contrast, unemployment, underemployment, and job instability make it difficult to afford housing, goods and services that are linked with health and health care, and also contribute to stressful life circumstances that affect multiple aspects of health.

This section provides a brief overview of the social determinants of health according to the perceptions of Newark residents that were first assessed through secondary analyses of Bruno and Ridgeway 2021 Community Health Needs Assessment survey data. These perceptions of the social determinants of health were delineated through the following dimensions: Community Strengths and Assets; Income and Financial Security; Food Access and Food Insecurity; Employment and Workforce; Education; Housing; Transportation; Green Space and Built Environment; Crime and Violence; Gun Violence; Impact on Youth; Community Safety Concerns; Systemic Racism and Discrimination. Qualitative focus groups with residents and semi-structured interviews with key informants provided primary data to explore these dimensions, along with survey data from Bruno and Ridgeway.

Community Strengths and Assets

Understanding the resources and services available in a community—as well as their distribution—helps to elucidate the assets that can be drawn upon to address community health, as well as any gaps that might exist.

According to most focus group and interview participants in this assessment, one of the greatest strengths of Newark is the resilience, connectedness, and welcoming culture of its residents. Residents and organizational leaders described the community similarly. They praised the city for its vibrant sense

of community, with a caring and action-oriented leadership. One resident described the community as "*Vibrant, friendly people willing to help each other.*" Another participant highlighted the community's welcoming nature, "*People are always stretching out their hand to welcome you. As a new person in Newark, you feel a lot of love. No matter your color, they still accept you. It's a place with love.*" Regarding city leadership, participants also shared positive feedback. "*We are in a very special moment in Newark. We have a city administration who gets it when it comes to equity and a real commitment to working with community groups. And turning those principles into policies,"* summarized one focus group participant. Other community strengths noted were quality of health care and plentiful entertainment opportunities with Newark as a "hub" of various activities. As an example, Figure 6 illustrates the distribution of assets and organizations throughout the area.

Figure 6. Community Assets Map of Essex County

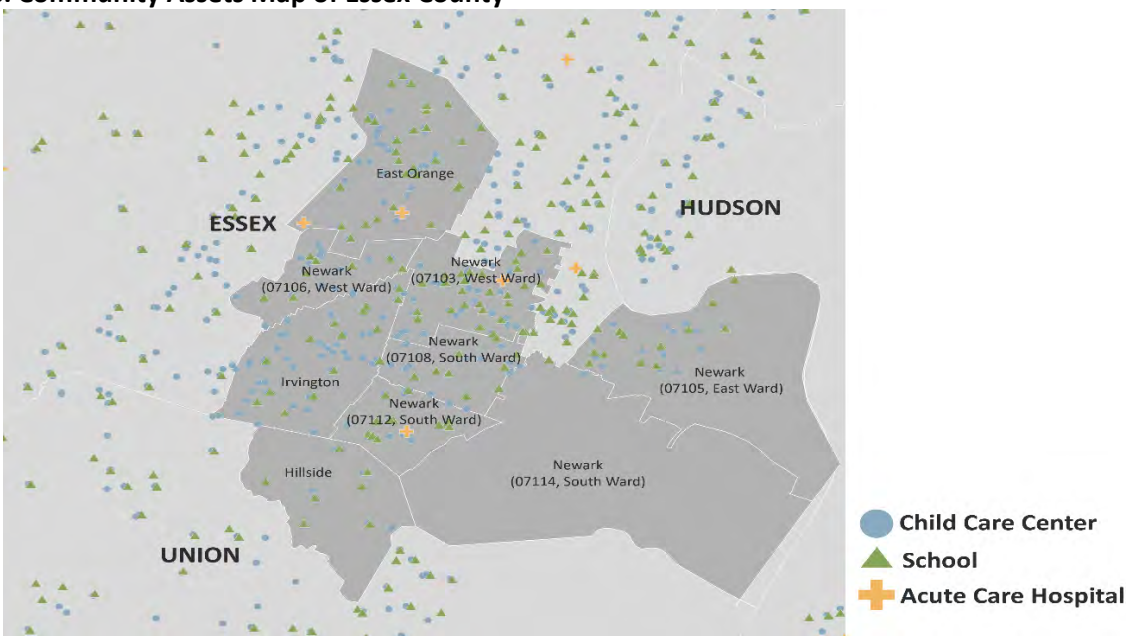
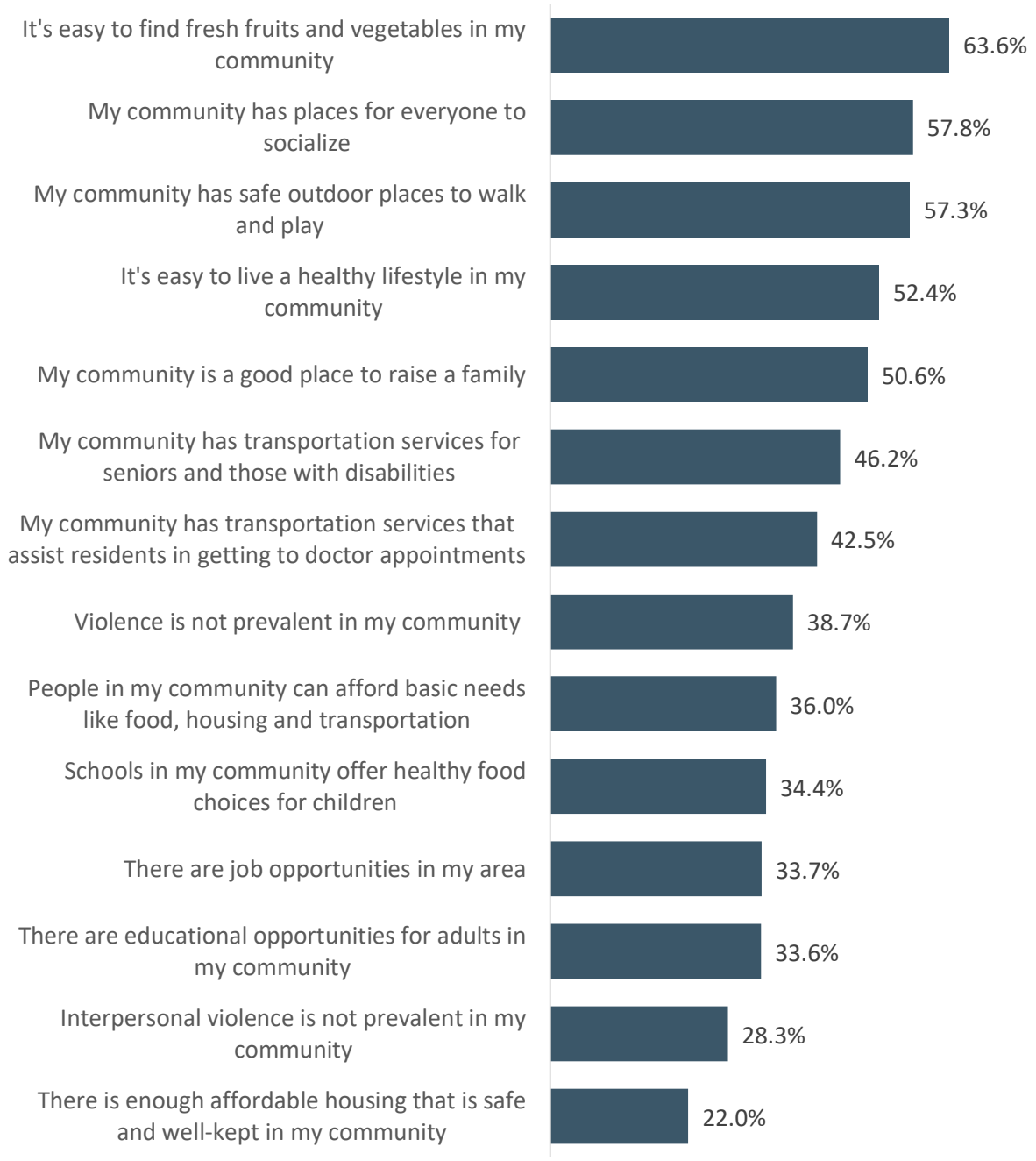


Figure 7 illustrates community perceptions of various strengths in the community. Respondents rated food accessibility highest, with 63.6% of respondents indicating they found fresh fruits and vegetables accessible, though only 36.0% of respondents reported that people in their community could afford basic needs, such as food, housing, and transportation. Other community characteristics at the top range of the scores included the community having places for everyone to socialize (57.8%) and safe outdoor places to walk and play (57.3%). Affordable housing that is safe and well-kept scored lowest among survey respondents (22.0%). These patterns were similar to those seen in the 2019 CHNA, where the top three strengths then were identified as places to socialize, transportation services, and food accessibility. Low levels of job opportunities and affordable housing also scored among the lowest strengths in the 2019 NBIMC CHNA.

Figure 7. Percent of Community Survey Respondents Noting Strengths in Their Community (Agree or Completely Agree with Statements) (n=569), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021

Education

Educational attainment is an important measure of socioeconomic position that may reveal additional nuances about populations, in parallel to measures of income, wealth, and poverty.

Many focus group and interview participants discussed education as an important issue area for them. Overall, numerous residents acknowledged opportunities for quality education in the area. Residents remarked on the quality of educational opportunities, with one stating "*You have schools here that don't target just one education basis, if you want to specialize in something, you can find a specific school in the community that fits the description. And it starts at very young ages.*"

However, while educational opportunities were perceived as available, the cost of education and awareness of how to navigate the education system were issues that were also raised. *"I'm not saying no to education, but it has a question of affordability and accessibility."* Additionally, one key informant identified that the trend of moving out of the area to attend prestigious colleges instead of applying for scholarships is a costly one that causes young people to shoulder the burden of student debt as young professionals. As one interviewee emphasized, *"There needs to be more education around the total cost of a college education and avoiding debt."* Focus group and interview participants also explained that the COVID-19 interrupted educational quality and youth development opportunities, with one resident commenting, "*Specifically to youth, they were having a hard time staying engaged with schools because of lack of Internet access."*

Within Essex County, 36.2% of adults 25 years and older had a college, graduate, or professional degree, compared to 40.7% in New Jersey overall. However, educational attainment levels were lower in Newark, where only 15.5% of the 25+ population had a college, graduate, or professional degree in 2016-2020 (See Appendix E - Additional Data Tables).

Table 4 below shows four-year high school graduation rates by race/ethnicity for school districts in the Newark Beth Israel Medical Center service area. District-wide, Hillside had the highest graduation rate at 86.6%, while Irvington and Newark had the lowest 4-year graduation rate at 81.3%. When examining these data by race, Hispanic/Latino students were less likely to graduate in four years. Additionally, Black, non-Hispanic students in Newark Public School District had the lowest 4-year graduation rate of the four school districts.

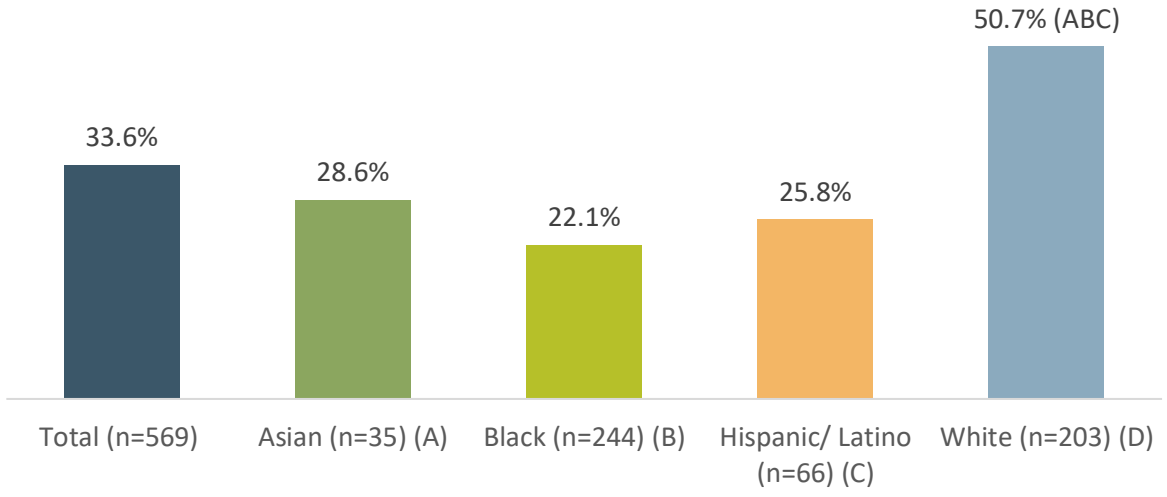
Table 4. 4-Year Adjusted Cohort High School Graduation Rate, by Race/Ethnicity and School District, 2020-2021

New Jersey	Statewide	Asian, Non-Hispanic	Black, Non-Hispanic	Hispanic/ Latino	White, Non-Hispanic	2+ Races
	92.6%	97.6%	88.3%	87.4%	95.9%	93.5%
Essex County	District Wide	Asian	Black	Hispanic	White	Two+ Races
East Orange School District	83.5%	*	85.4%	67.6%	*	*
Irvington Public School District	81.3%	*	82.8%	74.4%	N	*
Newark Public School District	81.3%	95.5%	77.6%	83.2%	90.1%	*
Union County	District Wide	Asian	Black	Hispanic	White	Two+ Races
Hillside Public School District	86.6%	*	85.9%	85.4%	100.0%	N

DATA SOURCE: New Jersey Department of Education, School Performance, Adjusted Cohort Graduation Rates, 2020-2021
NOTE: * indicates that data is not displayed to protect student privacy. An N indicates that no data is available.

Survey findings, illustrated below, indicated that there were perceived educational disparities regarding opportunities for adult education. Fewer than 30% of Asian, Black, and Hispanic/Latino respondents agreed with the idea that there are ample educational opportunities for adults, compared to 50.7% of White respondents (Figure 8).

Figure 8. Percent of Community Survey Respondents Who Agreed/Completely Agreed with Statement "There are educational opportunities for adults in my community," by Race/Ethnicity (n=569), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Employment and Workforce

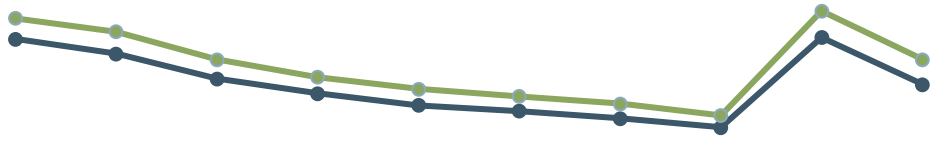
Employment can confer income, benefits, and economic stability – factors that promote health. Among assessment participants, there were disparate views regarding employment opportunities in Newark. For small business owners, opportunities were perceived as abundant. Some residents, however, pointed to the need for better hiring practices. Several Newark residents described specific challenges related to employment, such as businesses not employing local workers, as well as workforce development. One key informant described these employment issues: "*Other policy areas that are critical are in the area of economic access and employment access. [The] Mayor had a program in Newark in 2020, and the goal was to have 2,020 people hired by anchor institutions in Newark. [It was] somewhat successful. [The] policy was to hire Newark residents for Newark jobs. Of all jobs in Newark, only 18% are held by Newark residents. [We see] historical and racialized lack of access to job opportunities.*"

> *"We need a multi-pronged approach to get people ready for jobs. We have to get companies to commit to job access and retention."* – Key informant interviewee

As suggested above, workforce development needs were described as a necessity to access better jobs and better quality of life. According to one key informant, "*Economics and adequate jobs and income, that will lead to adequate housing and healthcare, better education, issue of jobs is absolutely essential. It is also getting people ready for jobs, dealing with public education system so that people come out capable, this means workforce readiness programs for people who have not held jobs in a while, workforce training, career path training for jobs.*" Speaking hopefully, another key informant remarked on perceived improvement in job opportunities. "*Now, the job market has opened up more, so I definitely think because employers are having difficulty finding people. They started lowering these unreasonable requirements. Hopefully, there are more opportunities for people to get in*."

Figure 9 below shows unemployment rates for the past 10 years. Essex County had higher unemployment each year compared to New Jersey, with unemployment peaking in 2020 concurrent with the COVID-19 pandemic.

Figure 9. Unemployment Rate, by State and County, 2012-2021



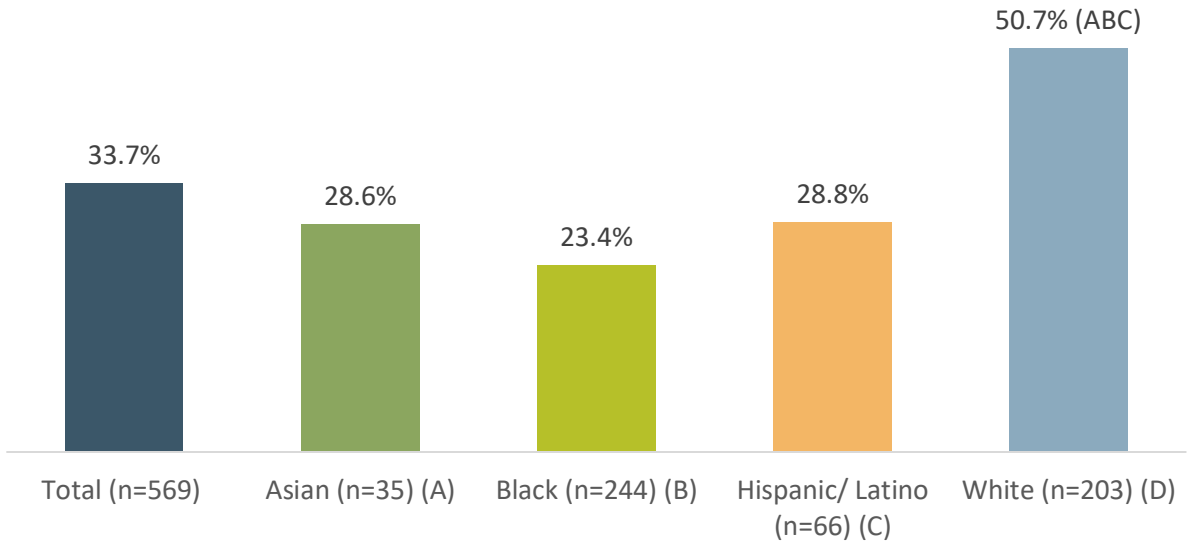
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
New Jersey	9.4%	8.4%	6.7%	5.7%	4.9%	4.5%	4.0%	3.4%	9.5%	6.3%
Essex County	10.8%	9.9%	8.0%	6.8%	6.0%	5.5%	5.0%	4.2%	11.3%	8.0%

DATA SOURCE: Bureau of Labor Statistics, Local Area Unemployment Statistics, 2012-2021
NOTE: Not seasonally adjusted

There was a contrast in these data regarding employment and financial security (discussed in the next section, Income and Financial Security), suggesting that there may be an uneven distribution of resources and opportunities for residents of Newark. Survey findings below (Figure 10) corroborate this

idea; Black respondents were least likely to agree that there are job opportunities in the area (26.2%), followed by Asian (28.6%) then Hispanic/Latino respondents (31.8%), compared to White respondents (50.7%). In other words, Black, Asian and Hispanic/Latino survey respondents perceived that residents had a harder time finding jobs in Newark compared to White respondents.

Figure 10. Percent of Community Survey Respondents Who Agreed/Completely Agreed with Statement "There are Job Opportunities in My Area," by Race/Ethnicity (n=569), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Interview and focus group participants noted that the COVID-19 pandemic contributed to substantial job loss, particularly for low-wage workers, and increased poverty. In the 2021 community survey, only 15.6% of survey respondents agreed that "there are job opportunities in my area." One interviewee observed that the pandemic *"exacerbated the poverty issue because of the lack of ability to move around the community. The unemployment rate went up significantly."* Interview participants also described a labor shortage, particularly among teachers and teaching assistants.

Income and Financial Security

Income is a powerful social determinant of health that influences where people live and their ability to access resources which affects health and well-being. Income and financial security were discussed with mixed feedback, particularly regarding the cost of living. Several key informants described Newark as a wellspring of opportunities that is balanced by an affordable cost of living. These attributes enhanced the city's attractiveness and residents' satisfaction with living there. One resident shared "*It's overpopulated, even as far as jobs, there's a lot of them, business opportunities. There are a lot of people in Newark, and once you start a business, everyone loves to support you, turnout is always massive once you start a business*."

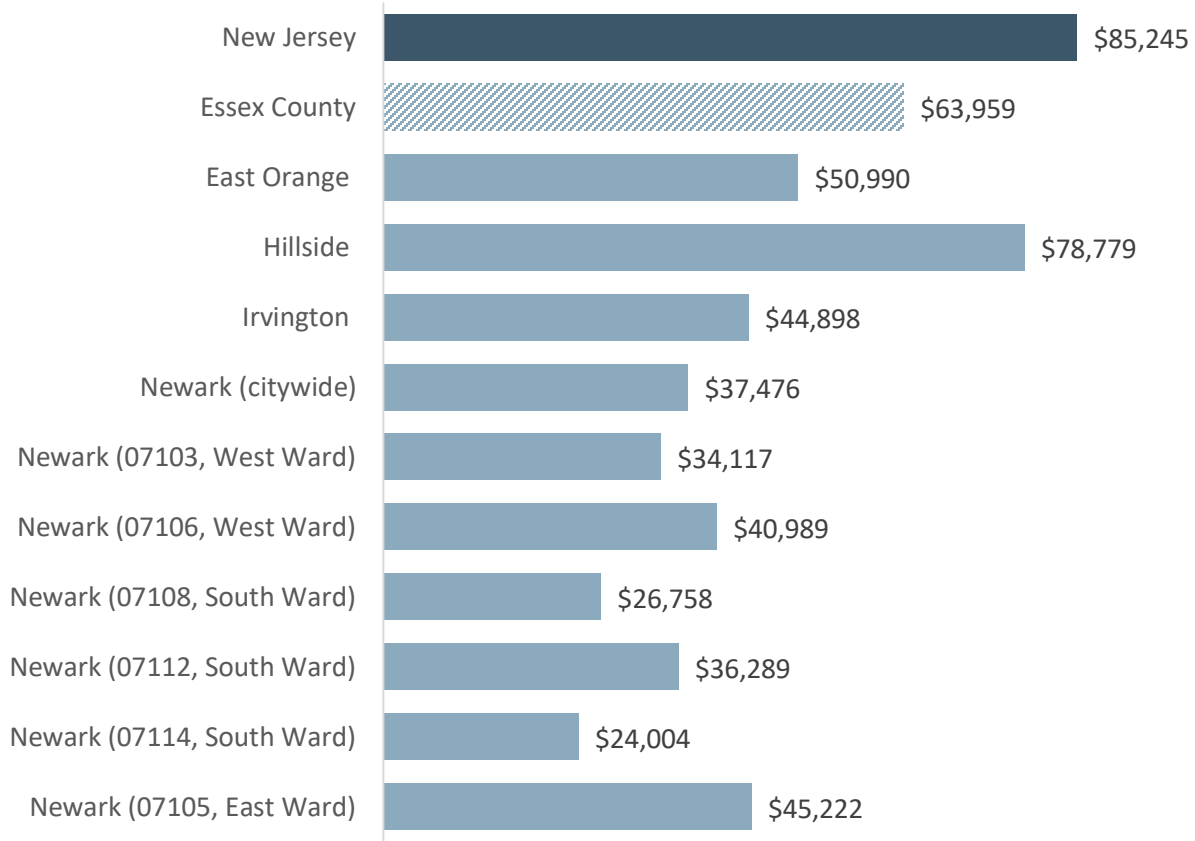
Regarding the cost of living, some residents shared that the cost of living was tolerable, while others indicated that surviving was stressful. One resident explained that cost of living is relative. "*A lot of people in New York are moving to Newark because it's affordable and still in the middle of everything.*

The cost of living in Newark can't be compared to living in other cities. The cost of everything is always lesser here than living in another city." However, other residents shared a different perspective, with one explaining, "*Everyone is stressed out, and that stress comes from a number of places. One is finances, transportation, food, rent, the cost of living is going up. There are people who are behind in rent from two years ago. Everything is increasing, but the paycheck isn't*."

Income and financial security were perceived differently in the West Ward where, according to participants, the neighborhood needs revitalization. A key informant explained the situation in more detail, "*As far as the general economic vitality of the neighborhood, it is not as healthy as it should be. Lot of revitalization needed on a lot of abandoned storefronts… there's a huge opportunity for certainly revitalization in that, you know we're a prime area because we're right in between the township of South Orange, where Seton Hall University is. You have to go down our major corridor to get to the downtown, the business district, so it presents a huge opportunity for our local businesses."* However, these perceptions differ somewhat from the secondary data presented below.

According to the 2016-2020 American Community Survey (U.S. Census), the median household income of New Jersey ($85,245) exceeded that of Essex County ($63,959). Within Essex County, financial well-being and insecurity varied widely by geography, with the lowest median household income in Newark's South Ward zip code 07114 ($24,004) and the highest in Hillside ($78,779) (Figure 11).

Figure 11. Median Household Income by State, County, and Town, 2016-2020



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Median household income also differed by race/ethnicity. Asian, non-Hispanic ($138,138), White, non-Hispanic ($110,016), and Native Hawaiian and Other Pacific Islander ($108,206) residents had the highest median household income in Essex County, while Hispanic/Latino ($50,446) Black, non-Hispanic ($46,021), and residents of some other race ($43,802) had the lowest (Table 5).

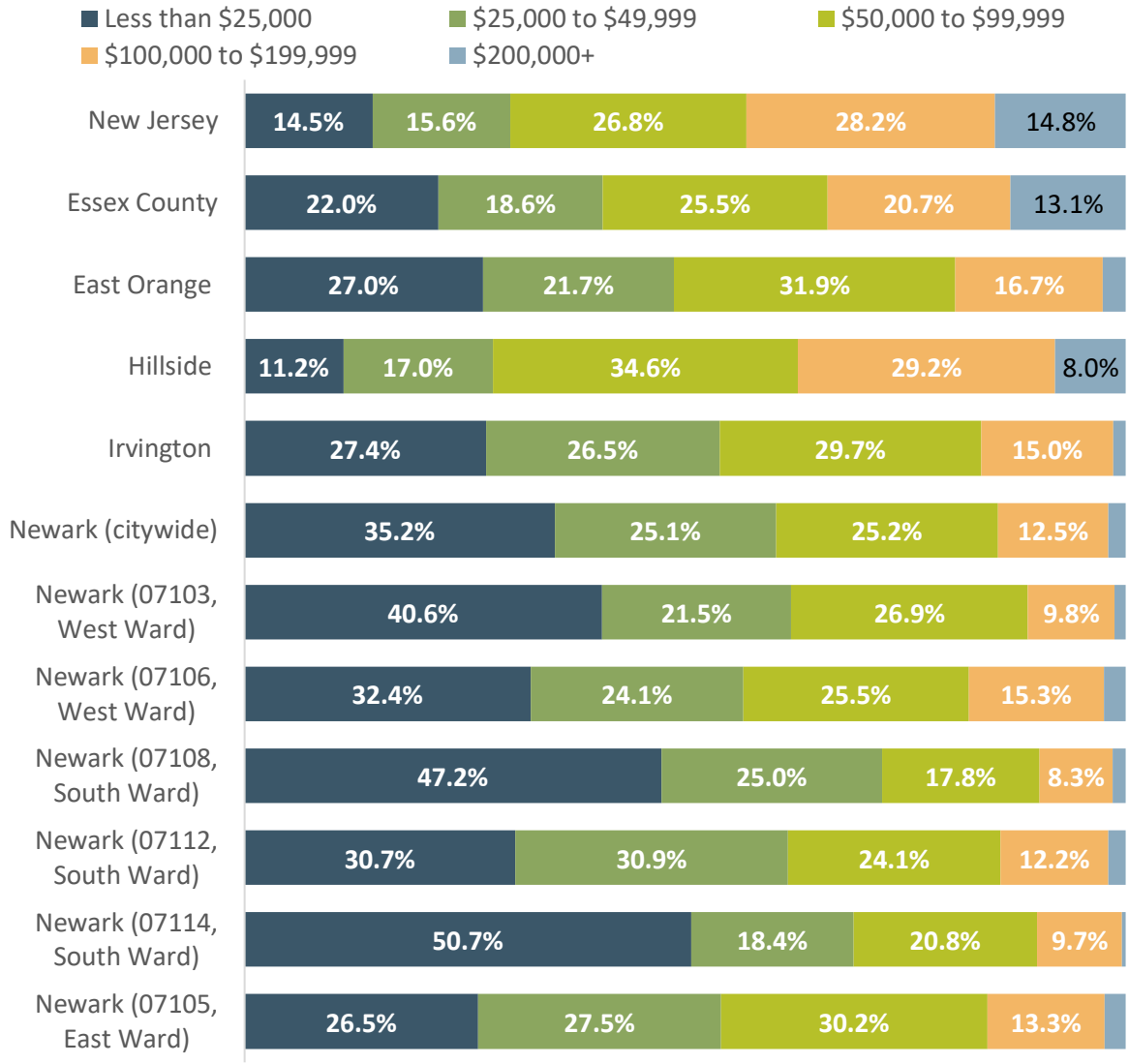
Table 5. Median Household Income by Race/Ethnicity, State, County, and Town, 2016-2020

	Asian, Non-Hispanic	Black, Non-Hispanic	Hispanic/ Latino	White, Non-Hispanic	American Indian and Alaska Native	Native Hawaiian and Other Pacific Islander	Some other race
New Jersey	$126,232	$55,453	$60,352	$96,531	$59,827	$61,563	$54,334
Essex County	$138,138	$46,021	$50,466	$110,016	$51,957	$108,206	$43,802
East Orange	$82,629	$50,779	$50,347	$42,560	$68,875	-	$41,103
Hillside	$98,762	$79,190	$87,208	$65,685	-	-	$73,676
Irvington	$62,727	$45,143	$45,946	$38,807	-	-	$40,556
Newark (citywide)	$42,377	$34,110	$37,798	$46,120	-	-	$34,391
Newark (07103, West Ward)	-	$37,432	$25,132	$29,476	$50,760	-	$26,063
Newark (07106, West Ward)	$34,617	$45,389	$36,458	$22,857	2,500-	-	$35,417
Newark (07108, South Ward)	$108,922	$28,483	$26,104	$45,278	-	-	$22,148
Newark (07112, South Ward)	-	$34,510	$50,357	$39,821	-	-	-
Newark (07114, South Ward)	-	$20,382	$20,000	$57,500	-	-	$38,513
Newark (07105, East Ward)	$89,700	$17,912	$45,160	$49,649	-	-	$44,712

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020; cells with no data indicate insufficient sample size

Census estimates demonstrate how higher earning households and low-income households are concentrated in different geographic areas. More than one-third of Newark households citywide had a household income of less than $25,000, while approximately 50% of households in Newark's South Ward zip codes 07108 and 07114 having a household income of less than $25,000 (Figure 12).

Figure 12. Distribution of Household Income, by State, County, and Town, 2016-2020



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020
NOTE: Data under 4.0% not labeled.

Food Access and Food Security

While many food access barriers are related to income constraints, access may also be more challenging for residents due to geography and transportation challenges. Food insecurity, food access, and food affordability were entwined concepts that deeply concerned many participants across both focus groups and key informant interviews.

Food Insecurity

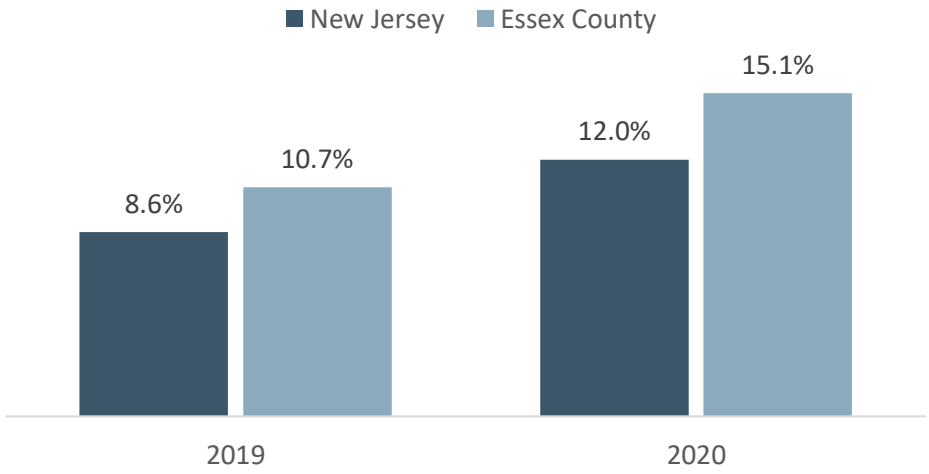
Food insecurity was mentioned consistently, along with food accessibility and affordability, discussed below. Several participants spoke of food insecurity. One key informant described food insecurity as a pressing concern in the community. "*You have individuals and families in the line, so I wouldn't necessarily say one group is more vulnerable than another. Which really speaks to how common the problem of food insecurity is across the population.*" This need presents a prime opportunity for the

hospital to help the community: *"…we also want to work with providers like the hospitals to figure out what other kinds of resources we can bring to the community, to deal with food insecurity*." Another key informant shared their hope that, in time, "*Families would have access to quality food products including vegetables and fruits like that. I know there's been some work done in the South Ward with the vegetable garden, there's a lot of vacant property, maybe that's one way the hospital can be involved. Something that helps meet food needs*." Another key informant issued a call to action by using an upstream approach "*For chronic food insecurity you have to take a case management approach—and this is a problem with big numbers. We need to start by figuring out where people land—where they are showing up. It could be the hospital but it's often community organizations. And we need to work more upstream to catch them before they bottom out because people often wait until the very last minute. We need to do more of a warm-handoff to services and make sure people have wrap-around services, and the idea that there is no wrong door. We need to reach people in a concerted way*." Participants also discussed how efforts to address food insecurity should also encompass the issues of food access and food affordability.

> *"A strength is we have a lot of nonprofit agencies providing food for families. The negative part is food is so expensive now, that's a challenge for all families. And then inflation, cost, and that's everything..."* – Key informant interviewee

Figure 13 indicates that more Essex County residents have experienced higher rates of food insecurity compared to New Jersey overall. Rates of food insecurity have also increased in both New Jersey and Essex County from 2019 to 2020, which may have been influenced by the COVID-19 pandemic.

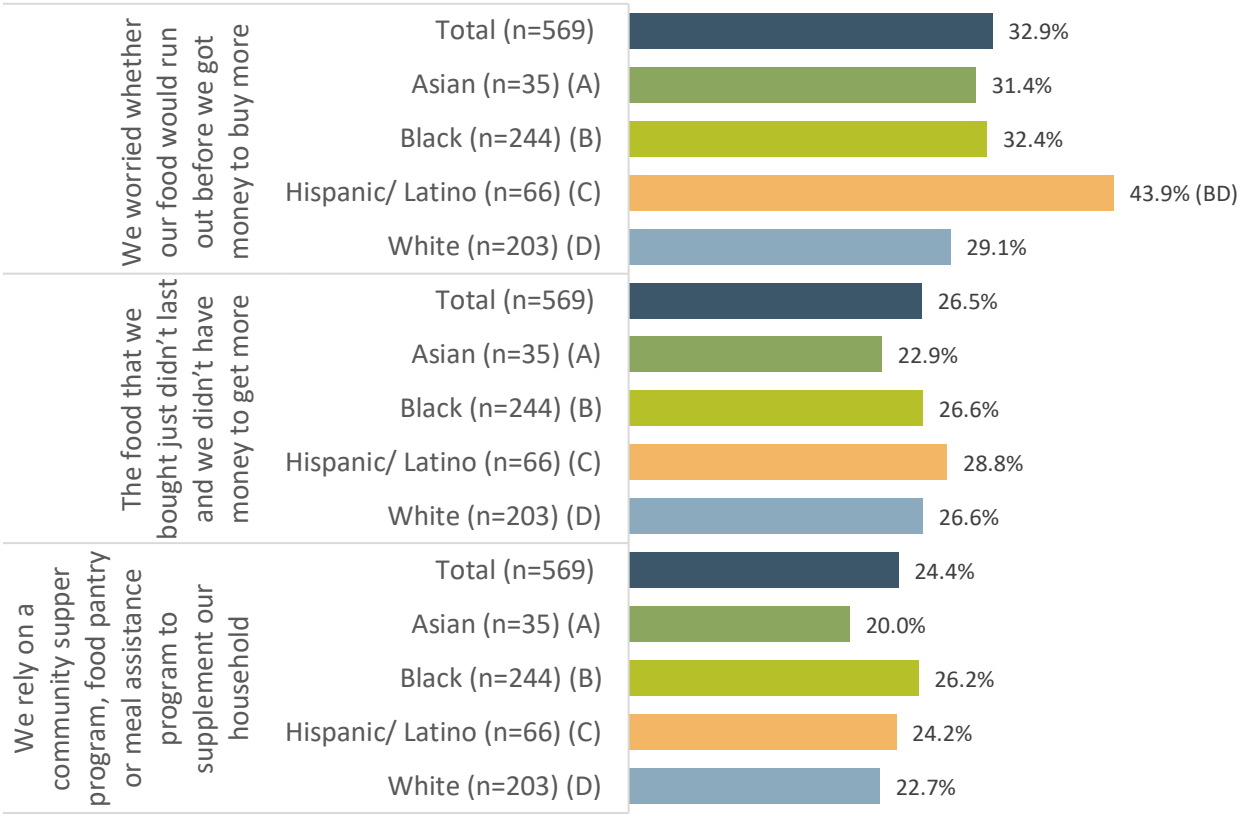
Figure 13. Percent Population Food Insecure, by State and County, 2019 and 2020



DATA SOURCE: Feeding America, Map the Meal Gap 2021
NOTE: 2020 data are estimated projections based on available employment and poverty data, and were revised in March 2021; therefore, data are subject to change.

Survey data also showed that food security is a community concern. Nearly 25% of respondents who completed the survey reported that they rely on meal assistance and/or food pantries to supplement their households. Figure 14 indicates that Latinos struggle most with food insecurity in general, with 43.9% indicating that they worried about whether they would run out of food before they had money to buy more.

Figure 14. Percent of Community Survey Respondents Reporting Food Insecurity (Noting Statements as Sometimes or Often True), by Race/Ethnicity (n=596), 2021



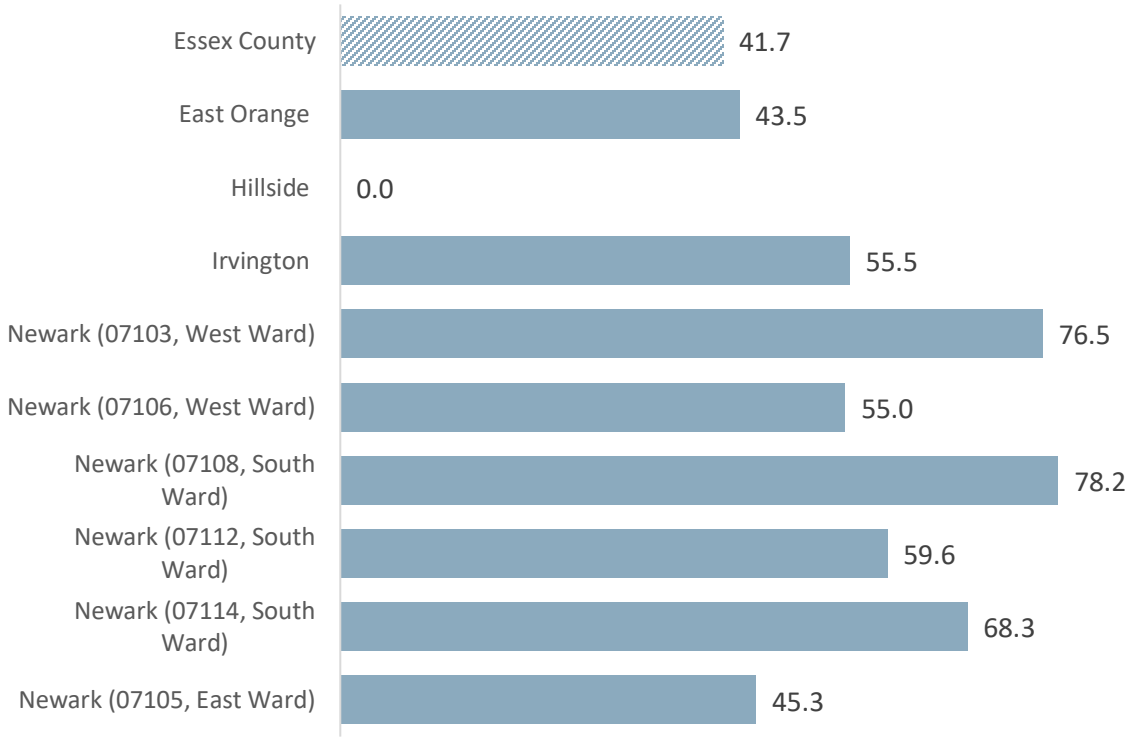
DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Food Access

While food insecurity is a significant challenge for those who are low income, limited opportunities for food access also contribute to this issue. Food deserts affect food accessibility for many residents, as noted by several key informants. One person provided additional rich insight regarding the nuances of this issue. "[*This is a] food desert… they go to bodegas and corner stores. Certain stores can be considered mini-grocery stores are sprinkled through the area. But there is no large grocery store in the immediate area, which presents a problem… people are relegated to going to what's immediately available to them, and it's not good quality food. The choices and variety are not very extensive. Limited fresh produce, and prices are probably higher than they should be. And that's probably why our Food [pantry] lines are lengthy at the community center, because it's a solid source of good quality food. Much better than they can get elsewhere. Fresh produce, meats, so forth… that's been the food source for a lot of individuals and families*." Similarly, Black and Hispanic/Latino respondents who completed the community survey were less likely to perceive fresh fruits and vegetables were available in their communities than other respondents.

The availability of grocery stores and supermarkets is one variable related to food access. In Essex County, there were 41.7 establishments per 100,000 population in 2020. Newark's East Ward zip code 07105 had the lowest number of grocery stores per population (45.3 per 100,000) (Figure 15).

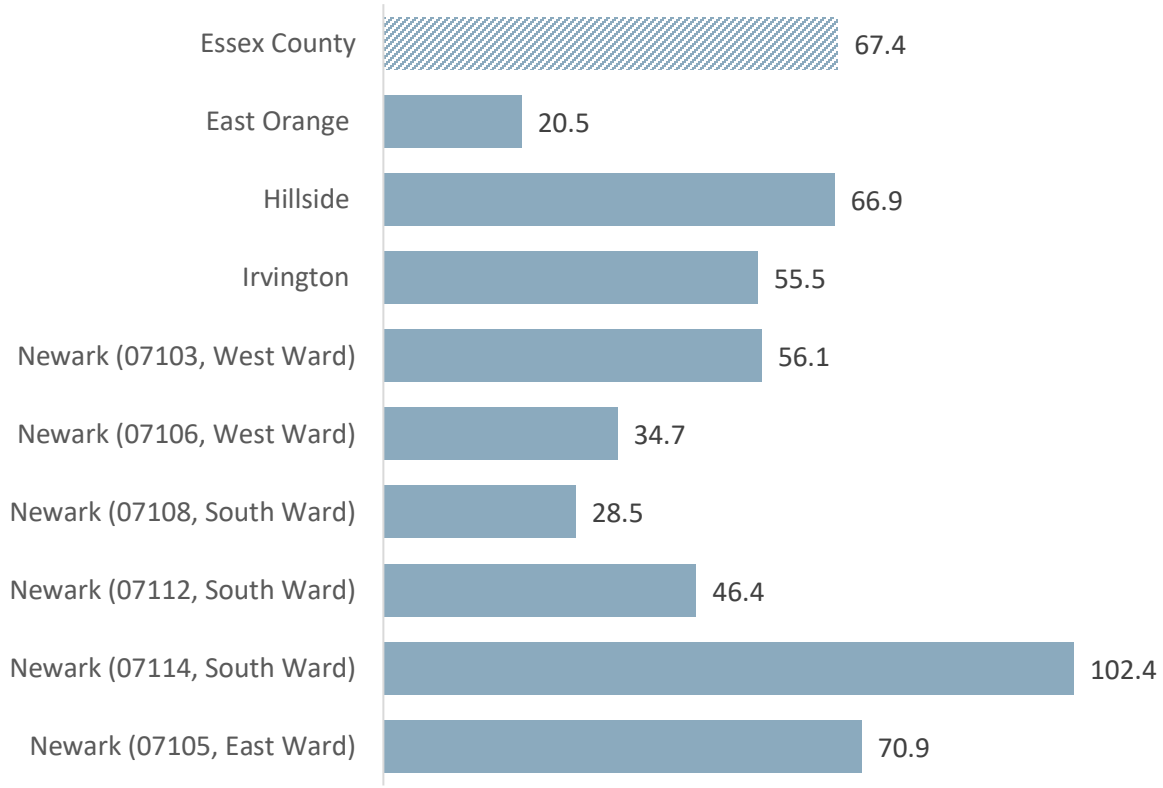
Figure 15. Grocery Stores and Supermarkets per 100,000 population, by County and Town, 2020



DATA SOURCE: Community Commons, Census County Business Patterns, analyzed by Center for Applied Research and Engagement Systems (CARES), 2020

Similar to grocery stores and supermarkets, the number of fast-food establishments varied widely across the area from lows of 20.5 per 100,000 in East Orange and 28.5 per 100,000 in Newark's South Ward zip code 07108 to a high of 102.4 per 100,000 in Newark's South Ward zip code 07114 (Figure 16).

Figure 16. Fast Food Establishments per 100,000 by County and Town, 2020



DATA SOURCE: Community Commons, Census County Business Patterns, analyzed by Center for Applied Research and Engagement Systems (CARES), 2020

Food Affordability

Food access is related to food affordability, which surfaced as a concern that affected community participants' daily lives in powerful ways. Most participants were vocal about their worries related to food affordability. In daily life, the high cost of food is "*an inescapable reality*" as described by one resident. "*I feel like there's not a lot of healthy options for food in our community, and it's really pricey. A sandwich at a bodega will probably cost $4 or $5*." Another resident gave an overview of how they see the impact of food affordability: "*You have food insecurity…and individuals in Newark don't have access to best foods. A lot of people buy foods from Dollar General and not at a supermarket. That leads to health issues. Food deserts, there's fewer supermarkets in the area, and even those prices can be a little higher than me going to the same store in another town… The expense is still a bit higher when it comes to what Newark residents need*."

> *"I think the lack of nutrition is a big issue with our community. We don't have a lot of access to healthy organic foods. Healthy foods tend to be more expensive*." – Key informant interviewee

Another key informant described current efforts to address food deserts and food affordability: "*Adequate nutrition, getting away from junk food, whole food desert issue. Healthy food access is about*

economics. Healthy foods are more expensive. Where these things interconnect. Greater Newark Conservancy have engaged in Famer's Markets and providing give aways and seedling and plants, I know the Lincoln Park Coast Cultural District, another CDC, they've engaged farmer's markets in Lincoln Park. Individual groups throughout the city have done sporadically, have engaged in farmer's markets efforts, key is scaling it up, get groups and resources to provide that more healthy food at a cost that people can bear." Another key informant acknowledged the systemic nature of this issue: "*Food insecurity is complex… food insecurity is related to chronic poverty and the more complex social issues surrounding it. High rates of… food insecurity in Newark which is predominantly Black and Hispanic people, and many first-generation residents. There are systemic problems, therefore require different solutions than those who have a more immediate need. We have to create a different system and work more long-term*." One resident elaborated on how this issue affects their family members: "*A lot of people in my family do not eat healthy and because of it, they suffer from a lot of health issues like cholesterol, high blood pressure and even diabetes. Maybe making healthier foods affordable. I do see a lot of healthier options in food stores, but people still gravitate towards the unhealthy foods*."

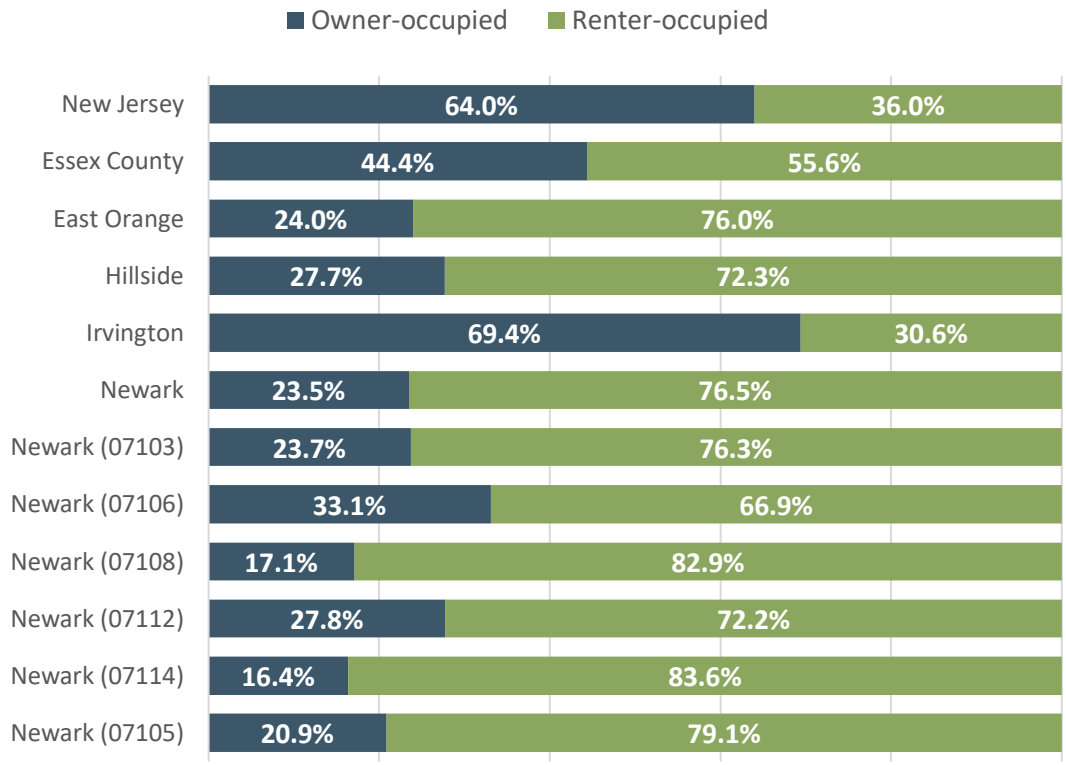
Housing

Safe and affordable housing is integral to the daily lives, health, and well-being of a community. Affordable housing was perceived as a pressing need in the community. As mentioned previously, community survey respondents ranked "There is enough affordable housing that is safe and well-kept in my community" lowest on the list of strengths in the community, with only 22% of survey respondents agreeing with the statement. According to focus group and interview participants, the rising cost of living has made affordable housing difficult to obtain in Newark, particularly among lower income groups. Many residents across both interviews and focus groups indicated that they "*need housing that is affordable for moderate and middle income*." Other participants agreed that there is not enough low-income and moderate-income housing, although they perceived that to be changing for the better with new policies being implemented in Newark. One Latino resident summarized the hardships this lack of affordable housing presents for low-income populations: "*There is no control over rent - if a person only earns $500, how can they survive with a rent of $1,500? They still have other things to pay for too.*"

> *"The focus is on how to help my family, how to pay the rent this month. You're not really thinking about your diabetes. You know you're not eating well."* - Key informant interviewee

In New Jersey, 64.0% of housing units were owner-occupied versus 36.0% renter-occupied. The majority of housing units in Essex County were renter-occupied (55.6%) (Figure 17). The 07114 ZIP code in Newark's South Ward had the lowest percentage of owner-occupied housing units (16.4%). These data, which indicates that few residents in the area own their own home, align with the community perceptions discussed above regarding high housing costs.

Figure 17. Home Occupancy, by State, County, and Town, 2016-2020



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020
NOTE: - indicates data is not available.

Some interviewees saw housing affordability and quality as inextricably connected to health outcomes and the social determinants of health. These social determinants included job opportunities that pay a living wage, economic stability, and food security. One interviewee shared that, *"Food security and food affordability are challenges, which are tied up in housing and job opportunities."*

Median monthly housing costs for owner-occupied households with a mortgage ranged from $1,947 in Newark's West Ward Zip Code 07103 to $3,143 in Newark's South Ward Zip Code 07114. Median monthly housing costs for renter-occupied households ranged from $696 in Newark's South Ward Zip Code 07114 to $1,281 in Newark's East Ward Zip Code 07105 during the same time period of 2016-2020 (Table 6).

Table 6. Monthly Median Housing Costs, by State and County, 2016-2020

	Owner-occupied	Renter-occupied
New Jersey	$2,476	$1,368
Essex County	$2,875	$1,211
East Orange	$2,296	$1,156
Hillside	$2,275	$1,440
Irvington	$2,142	$1,089
Newark (citywide)	$2,194	$1,116
Newark (07103, West Ward)	$1,947	$1,048
Newark (07106, West Ward)	$2,229	$1,088
Newark (07108, South Ward)	$2,125	$918
Newark (07112, South Ward)	$2,144	$1,127
Newark (07114, South Ward)	$3,143	$696
Newark (07105, East Ward)	$2,430	$1,281

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

The average percent of income spent on housing costs is an important measure of an area's availability of affordable housing. In New Jersey, 46.2% of owner-occupied households with a mortgage and 62.2% of renters reported spending more than 25% of their income on housing costs (Table 7). The geographic areas within Essex County experience a range of housing cost burden. In Newark overall, approximately 70% of owners and renters spend more than 25% of their income on housing costs. This ranged from 64.9% of owners in Newark's West Ward Zip Code 07106 to 79.8% of owners in Newark's South Ward Zip Code 07114.

Table 7. Households Whose Housing Costs are 25%+ of Household Income, by State, County, and Town, 2016-2020

	Owner-occupied	Renter-occupied
New Jersey	46.2%	62.2%
Essex County	52.4%	65.9%
East Orange	64.3%	63.9%
Hillside	55.9%	65.7%
Irvington	66.9%	64.2%
Newark (citywide)	68.8%	69.8%
Newark (07103, West Ward)	65.8%	70.8%
Newark (07106, West Ward)	64.9%	66.9%
Newark (07108, South Ward)	71.8%	79.0%
Newark (07112, South Ward)	78.2%	70.1%
Newark (07114, South Ward)	79.8%	71.3%
Newark (07105, East Ward)	69.7%	66.6%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Some interviewees described several promising affordable housing initiatives in Newark. Community development organizations and initiatives emerged as a community strength, particularly with respect to advances in equitable housing and building a sense of community within wards. Interviewees

mentioned housing successes such as engaging residents in community development planning processes, creating several affordable housing developments, and changing city zoning ordinances to incorporate affordable housing alongside for-profit housing development.

Despite these successes, several interviewees described insufficient affordable housing for low-income and moderate-income households and immigrants with a vulnerable immigration status (e.g., Temporary Protected Status). A few interviewees also observed that residents from more expensive communities, such as New York City, are starting to live in Newark. These interviewees attributed increasing rental costs in the city to the relocation of residents from higher income areas to Newark. Interview and focus group participants also described concern about rising rents and rental evictions as protections for renters during the COVID-19 pandemic are coming to an end. One interviewee shared, *"For us, we're waiting for the eviction tsunami right now because a lot of the COVID programs have ended. If someone couldn't pay rent, and now it's being stuck on the back end, doesn't mean they can pay it now."* One interviewee described an increase in youth homelessness in recent years, which they attributed to household stressors that increased as family members stayed at home during the COVID-19 pandemic.

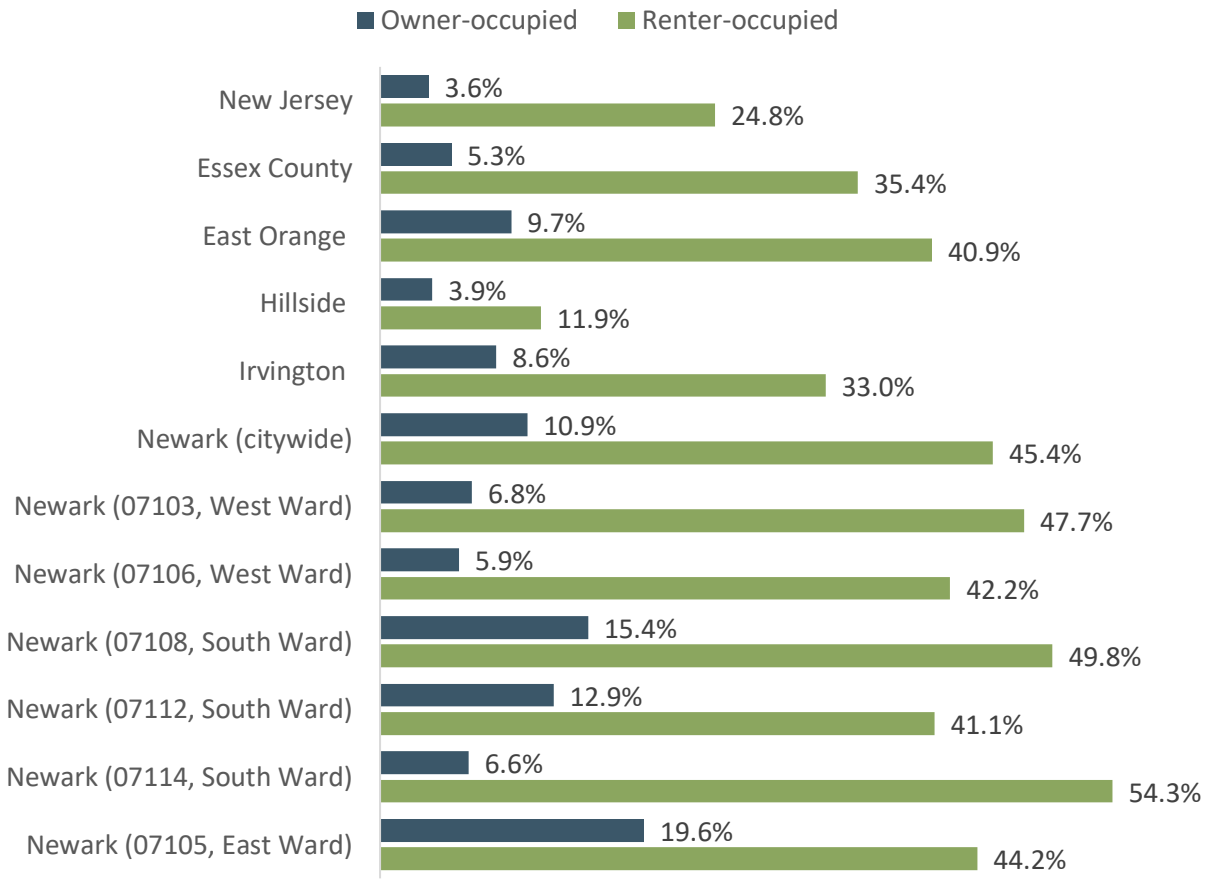
Transportation

Transportation connects people with and between where they live, learn, play, and work. Focus group and interview participants discussed transportation challenges in the area, which affected residents' ability to access goods (food, medications) and services (medical appointments, school). As one resident of Newark explained, "*We have public transportation, but there is room for improvement in terms of quantity of transportation that is available; we need more buses with more routes going to different places. This certainly seems to be an area that could use improvement."*

Transportation challenges were perceived to affect another group in need of healthcare and resources – mothers. New mothers in one focus group discussed how they cannot get to neonatal care appointments because of transportation issues, especially from work. One resident shared, *"The bigger issue is neonatal care for mothers. Newark is off the charts with neonatal health concerns because new mothers have difficulty accessing healthcare appointments because [of transportation]."* They mentioned how NBIMC is offering home access to care in some instances for mothers having transportation issues. Children were another specific population mentioned as experiencing effects of transportation challenges. Given limited transportation routes and parents without their own vehicles, some residents commented that children were having difficulty getting to school.

Secondary data on households without access to a vehicle further illuminate the challenges of transportation. In every town and ZIP code, a higher percentage of renter-occupied households report not having access to a vehicle, with approximate rates ranging between 12%-50%. In contrast, fewer owner-occupied households report not having access to a vehicle, with rates ranging between 4%-20% (Figure 18). In every town and ZIP code, rates of residents in owner-occupied housing without access to a vehicle exceed the rate of New Jersey (3.6%), and renter-occupied rates in every town and ZIP code except Hillside exceed the rate for New Jersey (24.8%).

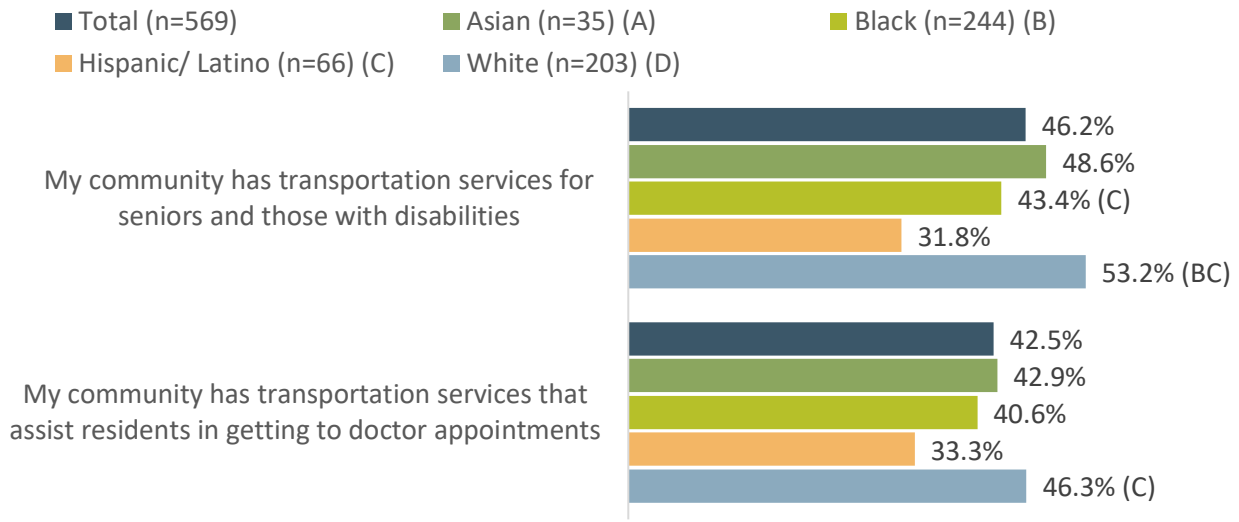
Figure 18. Households (Renter v. Owner-Occupied) Without Access to a Vehicle, by State, County, and Town, 2016-2020



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

On average, fewer than half of survey respondents agreed that their community has transportation services for seniors and those with disabilities (46.2%), and that the community has transportation services that assist residents in getting to doctor appointments (42.5%) (Figure 19). When looking at community perceptions by race and ethnicity, White residents were more likely than Asian, Black, and Hispanic/Latino residents to feel that transportation services were available.

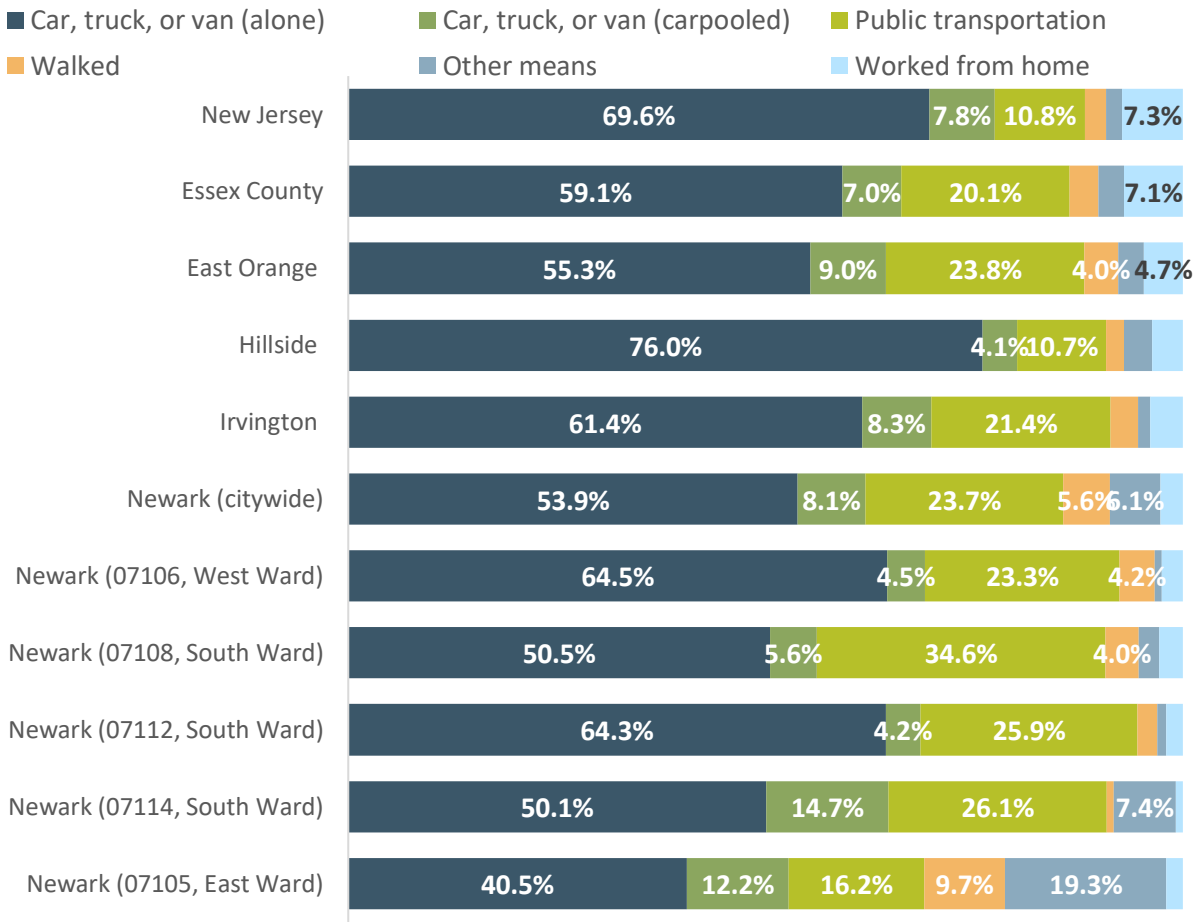
Figure 19. Percent of Community Survey Respondents Who Agreed/Completely Agreed with Transportation-Related Statements About Their Community, by Race/Ethnicity (n=596), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Data from the American Community Survey, U.S. Census for 2016-2020 (mainly pre-pandemic) showed that the primary mode of transportation to work was driving alone in a car, truck, or van (59.1%). In Newark, a higher percentage of workers over age 16 commuted to work via public transportation (23.7% citywide), ranging from 16.2% in Newark's East Ward Zip Code 07105 to 34.6% in Newark's South Ward 07108 (Figure 20).

Figure 20. Means of Transportation to Work for Workers Aged 16+, by State, County, and Town, 2016-2020



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020
NOTE: Data under 4.0% not labeled.

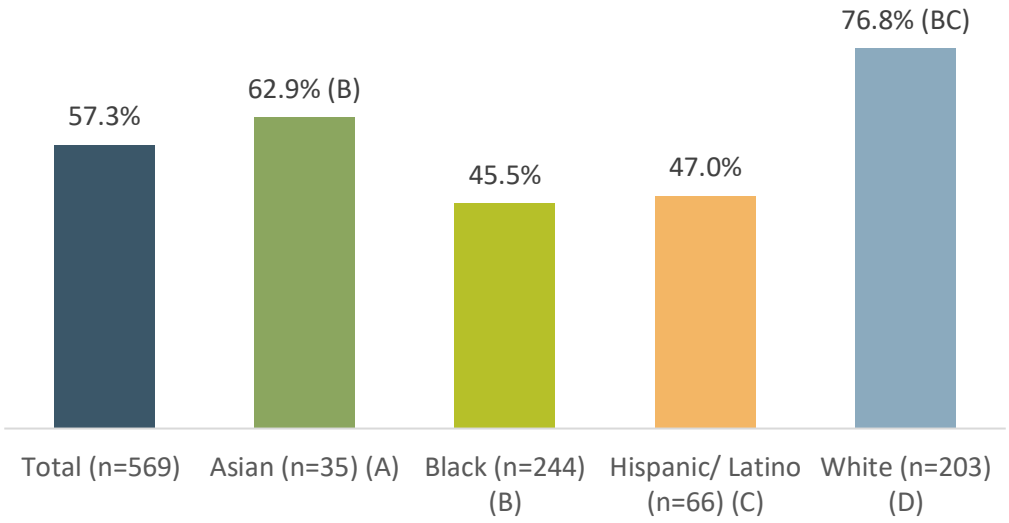
Green Space and Built Environment

Green space and the built environment influence the public's health, particularly in relation to chronic diseases. Urban environments and physical spaces can expose people to toxins or pollutants, affecting health conditions such as cancer, lead poisoning, and asthma. Physical space can also influence lifestyles. Playgrounds, green spaces, and trails, as well as bike lanes and safe sidewalks and crosswalks all encourage physical activity and social interaction, which can positively affect physical and mental health.

Several residents expressed concerns related to cleanliness and safety of public spaces in Newark. One focus group participant commented that "*Living in an impoverished environment is pretty traumatic in itself*." Another participant explained, "*Sometimes people put the trash out without being tied or put out the trash on non-collection days. You also see a lot of littering, and rats. They [the city] should look for a way to help pollution, the waste, smell, infestations."* Fumigation was another need that residents raised. Participants shared that the environment did not support residents to feel safe and be active outside in their communities.

Slightly more than half (57.3%) of all survey respondents agreed or completely agreed with the statement, "My community has safe outdoor places to walk and play" (Figure 21). However, responses differed by race/ethnicity. Black (45.5%) and Hispanic/Latino (47.0%) respondents were less likely than Asian (62.9%) and White (76.8%) respondents to agree with the statement about safe outdoor space.

Figure 21. Percent of Community Survey Respondents Who Agreed/Completely Agreed with Statement "My Community has Safe Outdoor Places to Walk and Play," by Race/Ethnicity (n=569), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Crime and Violence

Violence and trauma are important public health issues affecting physical and mental health. People can be exposed to violence in many ways: they may be victims and suffer from premature death or injuries or witness or hear about crime and violence in their community.

Crime and safety weighed heavily on the minds of most focus group participants and key informants, with several participants stating that safety was their main community concern. Safety concerns were primarily discussed related to gun/gang violence and child safety. Focus group participants worried about crime and violence in Newark from personal experience as well as what they see in the media - "*news reports highlight and speak to public safety concerns*." Participants described recent gun violence in Newark, which served as a background to several of the concerns mentioned, particularly its impacts on children. Child safety, discussed in more detail below, concerned both interviewees and focus group participants. One key informant shared, "*We have to make sure that their children have a safe and healthy place to be.*" One key informant shared a story about gun accessibility to children: "*There was a case not too long ago where a 6-year-old walked into school with a gun he got from home in the West Ward.*" Another key informant followed, "*There's a question of what you say to your children to make them feel safe, and I'm not sure what they can say."*

Safety and Violence among Children and Youth

Participants discussed issues around safety of children and young people, which they closely tied to concerns related to social justice and fear of law enforcement. One participant described this fear, "*If you have kids and they go outside, and the police come and do something to them, that's traumatic. The violence in the schools is one thing, and the level in our community is another."* Another key informant echoed these concerns, "*You add the social justice issues and gun violence, it has everyone on pins and needles in this community*." These concerns were reinforced among many focus group participants who spoke about the deep impact of their fears and safety concerns related to social injustice.

> "*One of the reasons why children don't play outside is because they don't feel safe."* - Key informant interviewee

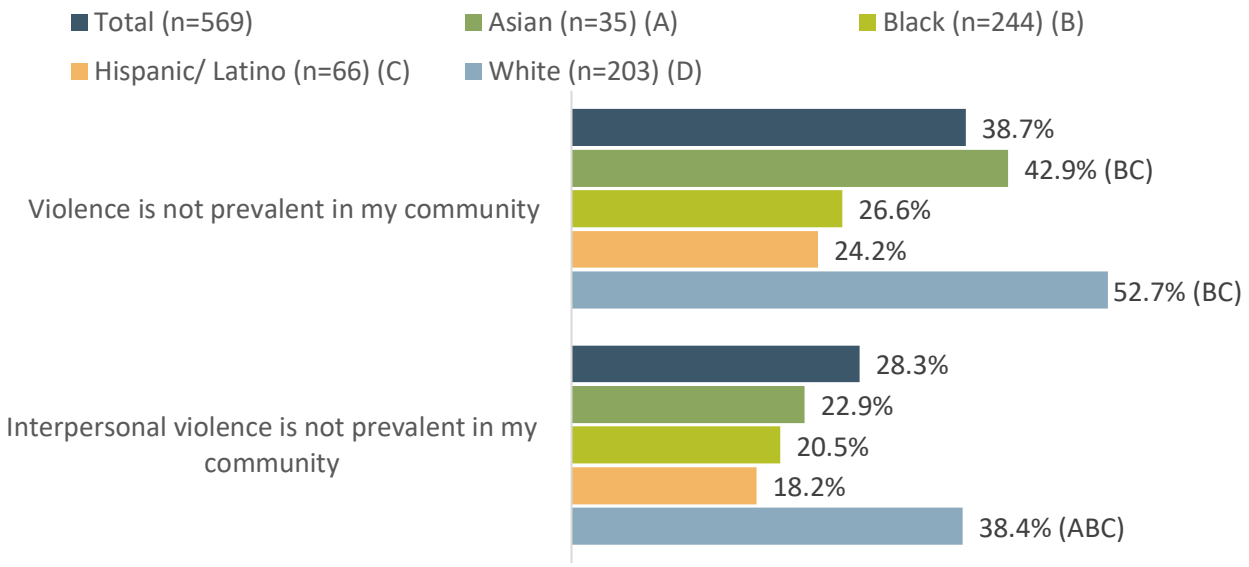
Concerns about general safety in the community were also on the minds of youth focus group participants. As one youth explained, their perception of safety and their response changed throughout the day. *"It depends on the time of day… if the sun is out, I feel safe, but as soon as the sun goes down, your whole demeanor and how you act and stuff, you gotta change it."*

Gang violence among youth was another concern that several key informants and focus group participants raised. According to one key informant, gangs are filling a need for youth who seek family and community connection. "*Youth seek alternatives for significance, security, acceptance. Gang members look for kids who need these things and offer it to them… they make them feel as if they're part of a family*."

Gun and gang violence have far-reaching effects that, according to participants, impact not only youth but also immigrants in the community. One key informant shared a powerful story regarding the trauma caused by gun violence in a young child in the Haitian community. "*One student came to me because she was overly tired. The parent told me not to say anything. 'The bullets came through the window, and we got to her just in time.' The parent said. I asked if they wanted to talk to the police because they [the police] were asking for information. The building already called and started an investigation, but they [the Haitian community member] felt like they were doing what they were going to do, and they didn't want to get involved.*" This highlights the issue of retribution, that further traumatized the community. There was reluctance to report violence to the police, because of fear that the perpetrators would find out and come back. Youth focus group participants similarly described that they experienced trauma and numbness from losing so many friends to gun violence through gang activity.

When survey respondents were asked what their top health issues or concerns were in the community, violence was in the top five. Additionally, respondents were asked whether they agreed or disagreed with several statements related to violence and safety. As shown below (Figure 22), few survey respondents agreed with the statements about violence or interpersonal violence not being prevalent in their community. Black and Hispanic/Latino respondents were least likely to agree that violence was not prevalent in their community.

Figure 22. Percent of Community Survey Respondents Who Agreed/Completely Agreed with Statements Related to Violence, by Race/Ethnicity (n=569), 2021

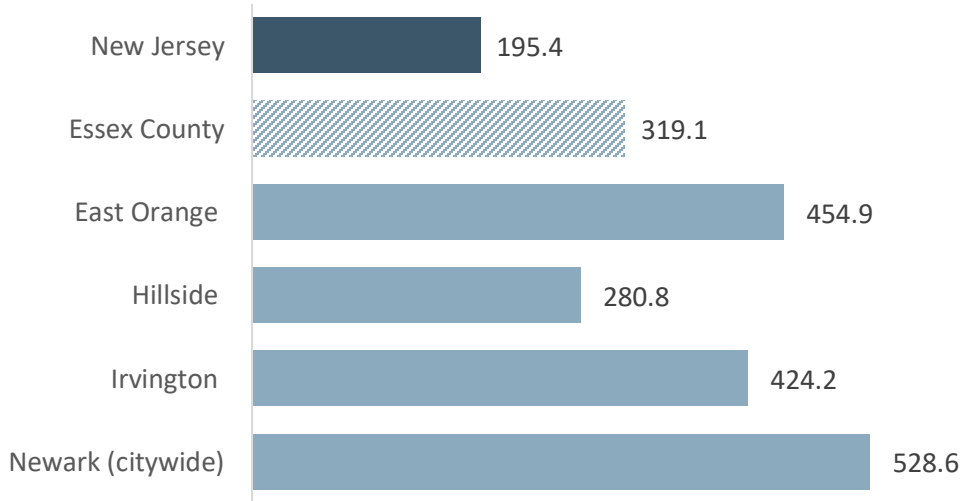


DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Crime in the Community

In 2020, rates of violent crime (i.e., murder, rape, aggravated assault) varied widely between the state (195.4 per 100,000) and Essex County (319.1 per 100,000), as well as within Essex County (Figure 23). Hillside County experienced the lowest rate of violent crime (280.8 per 100,000) while Newark citywide experienced the highest rate (528.6 per 100,000).

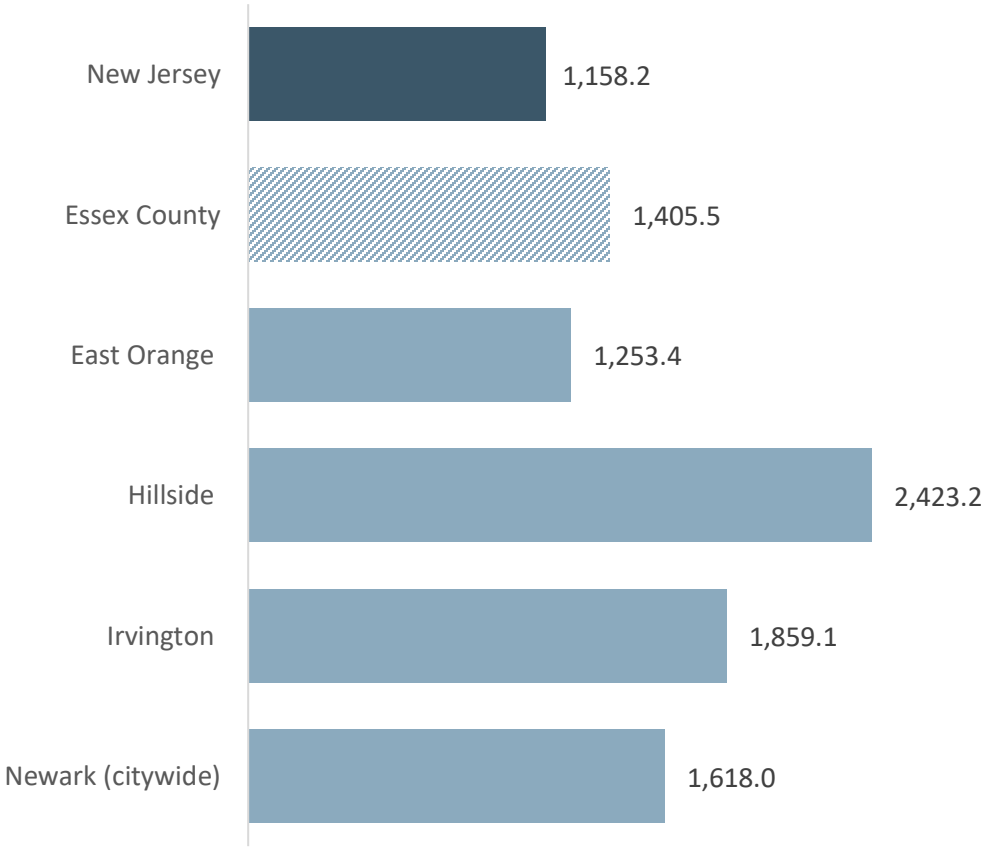
Figure 23. Violent Crime Rate per 100,000 Population, by State, County, and Select Towns, 2020



DATA SOURCE: State of New Jersey, Department of Law and Public Safety, Uniform Crime Reporting Unit, 2020
NOTE: * Data not available for town. Violent crime includes murder, rape, robbery, and assault.

Property crime (i.e., burglary, larceny, and auto theft) was much more common than violent crime. Within Essex County, Hillside had the highest rate (2,423.2 per 100,000) versus East Orange (1,253.4 per 100,000) and Newark (1,618 per 100,000) with the lowest rates (Figure 24).

Figure 24. Property Crime Rate per 100,000 Population, by State, County, and Select Towns, 2020



DATA SOURCE: State of New Jersey, Department of Law and Public Safety, Uniform Crime Reporting Unit, Uniform Crime Report, 2020
NOTE: * Data not available for town. Property crime includes burglary, larceny, and auto theft.

The above data are mainly from before the COVID-19 pandemic. Interview and focus group participants described an increase in violence, including drug violence and robberies during the COVID-19 pandemic.

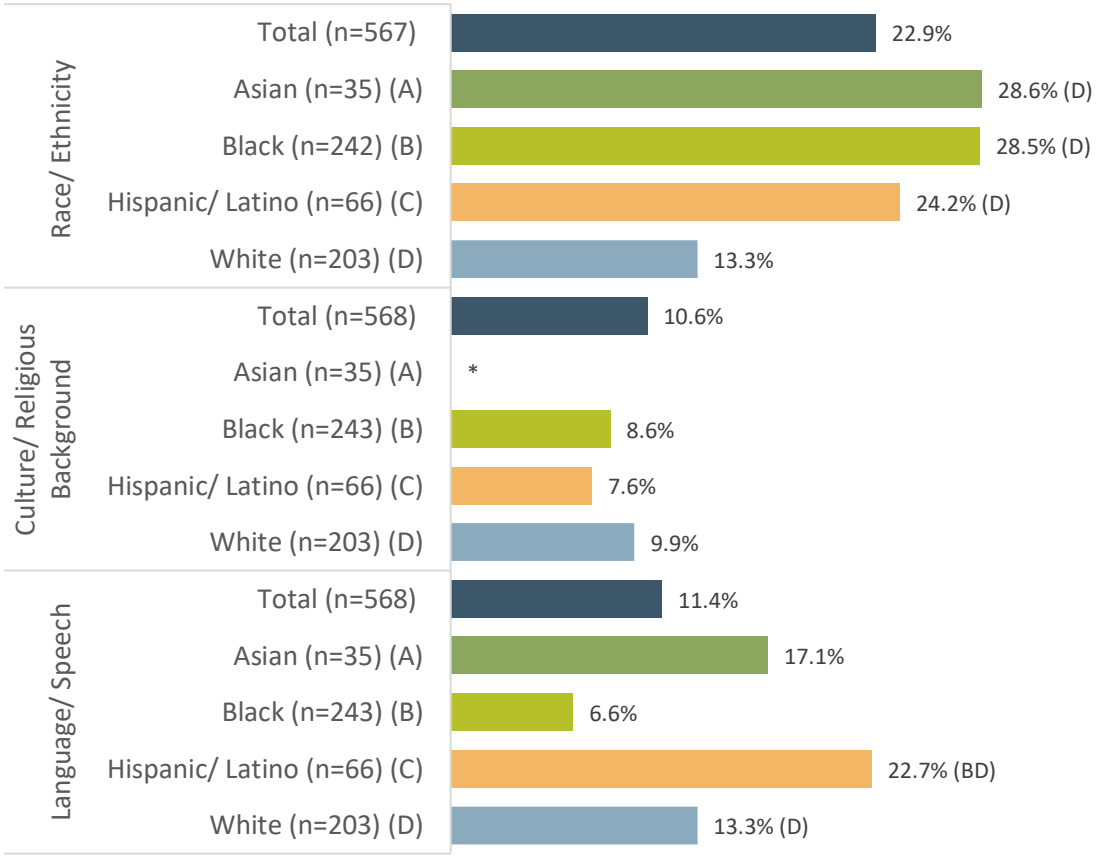
Systemic Racism and Discrimination

Perceptions related to discrimination and racism varied throughout qualitative discussions. Respondents and participants who identified as people of color mentioned incidents of being discriminated against due to their race or ethnicity. Racism and discrimination were described by several residents, with Latino focus group participants being the most vocal about these experiences. Interviewees and focus group participants alike revealed an awareness of the systemic nature of, and complexities related to, racism and discrimination, and felt that racism was built into the structures of broader society and their community. Interviewees described their perceived impacts of racism and discrimination, including a spectrum of related challenges, such as economic hardship, availability/access to resources or services, including knowledge of resources, stigma, and attitudes towards seeking services. One interviewee

shared that there are co-occurring mental health issues that result from systemic racism in the community. "*Things that people don't often see or appreciate are the stressors of living in this society, racism, structural racism, and the political atmosphere*." Racism and discrimination impact certain racial and ethnic groups more than others, according to focus group participants. One Latino resident candidly said, "*They [the community] treat Black people badly, and even more so Latino people*." Generally, participants of color did not seem comfortable candidly discussing these issues, suggesting a need for more safe spaces for dialogue.

Survey findings on discrimination when receiving medical care corroborate that respondents of color felt more discrimination. Asian and Black respondents were most likely to feel discriminated against due to race/ethnicity (28.6% and 28.5%, respectively) and Latino respondents experienced the strongest sense of discrimination based on language barriers (22.7%) (Figure 25).

Figure 25. Percent of Community Survey Respondents Indicating Whether They Have Felt Discriminated Against When Receiving Medical Care, by Type of Characteristic and By Race/Ethnicity, (N=567) 2021

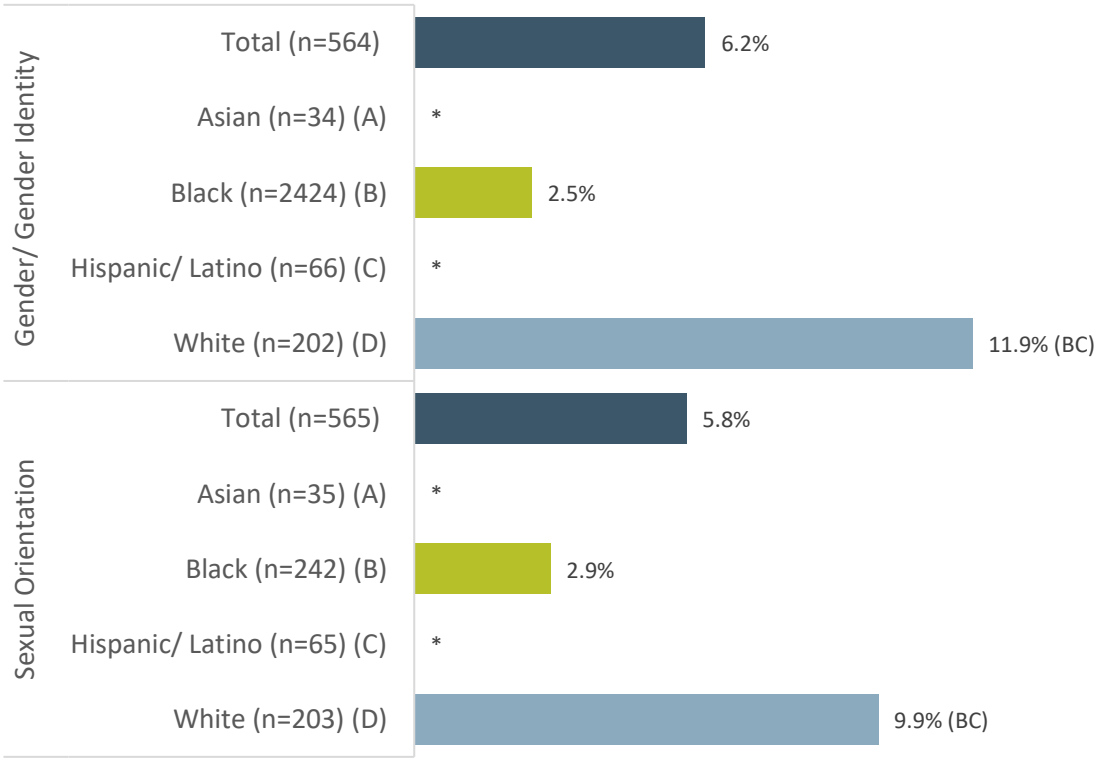


DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph. Asterisk (*) indicates n<5.

Among survey respondents, about 6.2% of Essex County survey respondents indicated that they had felt discriminated against when receiving medical services because of their gender/gender identity or sexual

orientation (Figure 26); however, nearly 11.9% of White residents indicated they felt discriminated against because of their gender/gender identity.

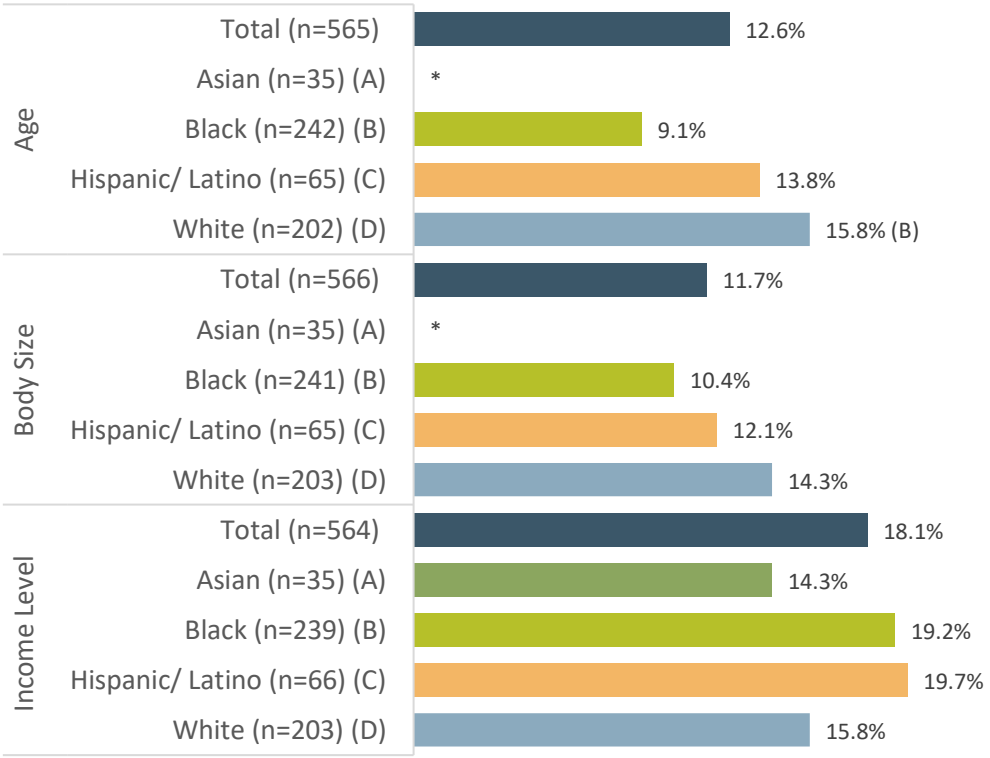
Figure 26. Percent of Community Survey Respondents Indicating Whether They Have Felt Discriminated Against When Receiving Medical Care, by Type of Characteristic and By Race/Ethnicity (n=564), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph. Asterisk (*) indicates n<5.

The survey asked about experiences with discrimination due to other factors, such as age, body size, and income level, when receiving medical care (Figure 27). A higher percentage of White respondents reported feeling discriminated against because of age or body size (15.8% and 14.3%, respectively). However, Hispanic/Latino (19.7%) and Black (19.2%) residents were more likely to report feeling discriminated against because of their income level.

Figure 27. Percent of Community Survey Respondents Indicating Whether They Have Felt Discriminated Against When Receiving Medical Care, by Type of Characteristic and By Race/Ethnicity (n=565), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph. Asterisk (*) indicates n<5.

Community Health Issues

Understanding community health issues is a critical step in the CHNA process. The disparities seen in these issues mirror the historical patterns of structural, economic, and racial inequities experienced for generations across Newark, Essex County, New Jersey, and the U.S. as a whole.

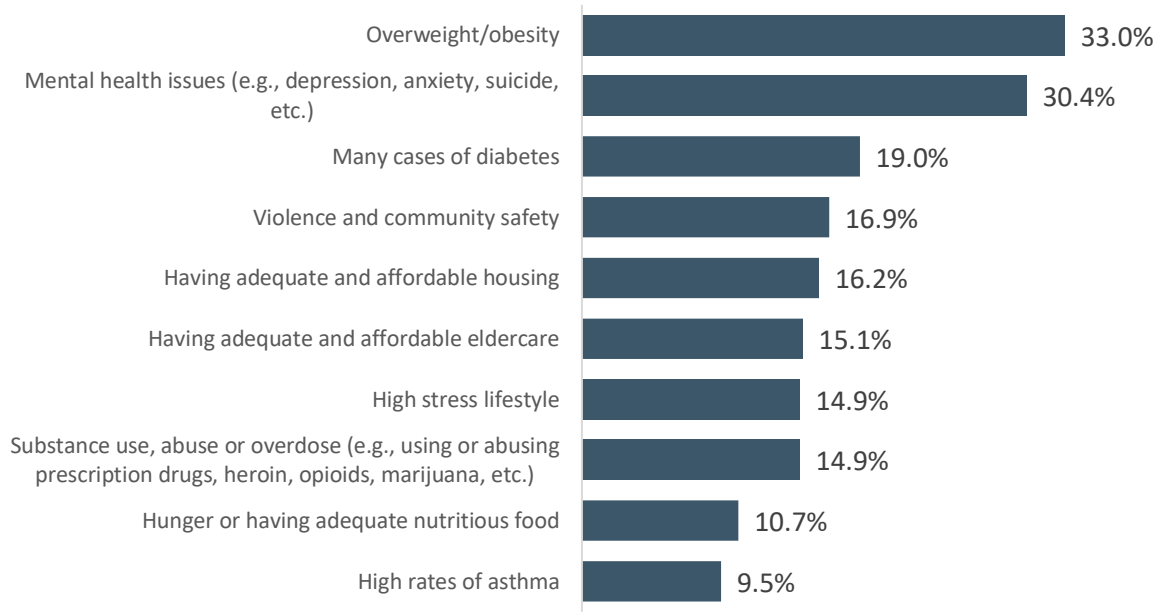
Community Perceptions of Health

Understanding residents' perceptions of health helps provide insights into lived experiences, including key health concerns and facilitators and barriers to addressing health conditions. Focus group and interview participants were asked to describe the top health concerns and priorities in their communities. While participants acknowledged chronic health conditions and concerns, they were more likely to describe the social and environmental challenges underpinning the chronic conditions. These often included economic vulnerability, food insecurity, housing, community violence, mental health challenges, stigma, and discrimination. Residents also explained that they felt the pandemic had increased or exacerbated many of these challenges.

Community survey respondents were presented with a list of specific issues and the ability to add issues not listed from which they were asked to mark the top three health concerns or issues for their community. Overweight/obesity (33.0%) and mental health issues (30.4%) were the top two health

concerns identified by respondents (Figure 28). Approximately one in five respondents identified diabetes as a top concern.

Figure 28. Percent of Community Survey Respondents Reporting the Top Three Health Issues or Concerns in Their Community (N=569), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering. * indicates health issues were tied. Cases where "don't know" was a frequently selected option are not presented in the table.

Figure 29 below shows differences by race/ethnicity in survey respondents' concerns of health issues in their community. Overweight/obesity and mental health were either the top or second community health concern among all races/ethnicities, except for Asian respondents who identified high stress lifestyle as their top community health concern (followed by overweight/obesity and then mental health as number three.) In Figure 29, violence/community safety and adequate and affordable housing were the third (21.7%) and fourth (17.1%) top health concerns among respondents identifying as Asian and Black. However, 16.9% of survey respondents overall (Figure 28) identified violence and community safety as an issue. The third top health concern differed slightly across groups – with violence/community safety as in the top three among Black survey respondents, diabetes being in the top three among Hispanic/Latino survey respondents, and having adequate and affordable eldercare being a top three issue among White respondents.

Figure 29. Percent of Community Survey Respondents Reporting the Top Health Issues or Concerns in Their Community by Race/Ethnicity (N=569), 2021

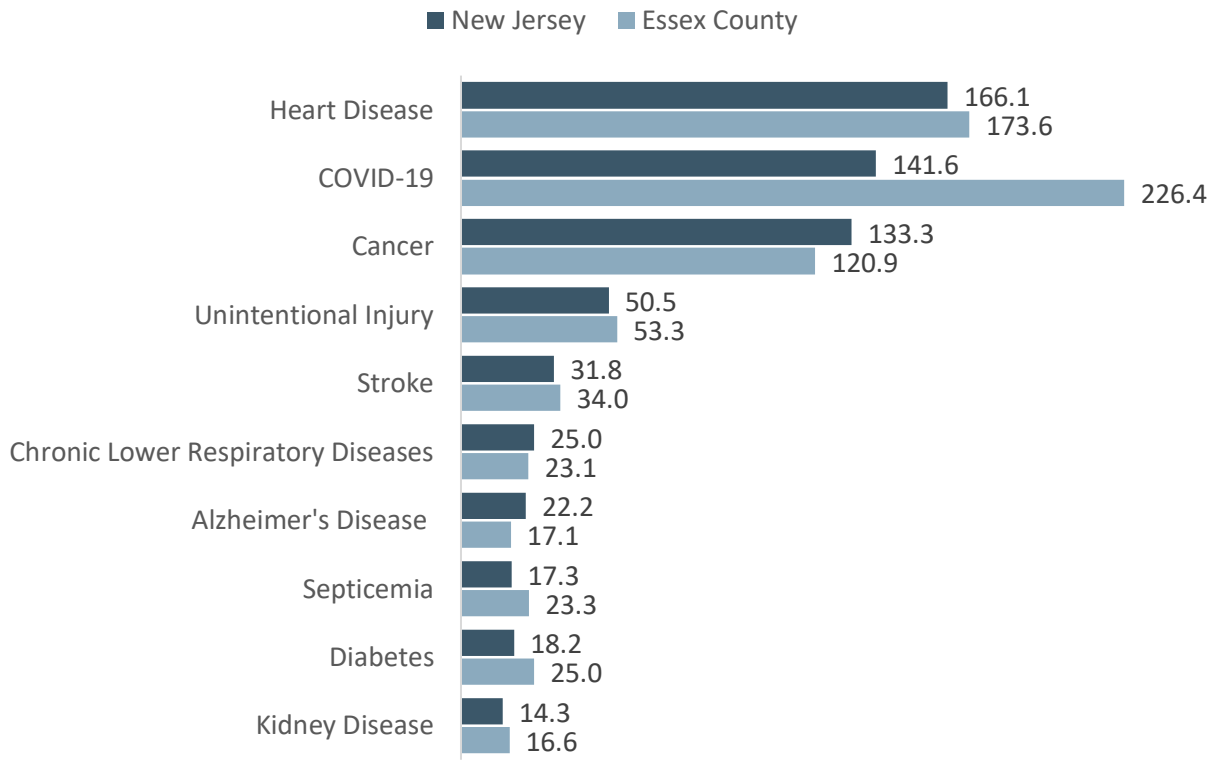
Asian (n=35) (A)	Black (n=244) (B)	Hispanic/ Latino (n=66) (C)	White (n=203) (D)
High stress lifestyle (22.9%)*	Overweight/ obesity (35.2%)	Mental health issues (34.8%) (A)	Overweight/ obesity (32.5%)
Overweight/ obesity (22.9%)*	Mental health issues (34.4%)	Overweight/ obesity (33.3%)	Mental health issues (29.1%) (A)
Mental health issues (17.1%)*	Violence/Community Safety (21.7%) (D)*	Many cases of diabetes (21.2%)	Having adequate and affordable eldercare (19.7%) (B)
Violence/Community Safety (17.1%)*	Having adequate and affordable housing (21.7%) (D)*	Substance use, abuse or overdose (19.7%)	Many cases of diabetes (17.2%)
Having adequate and affordable eldercare (17.1%)*	Many cases of diabetes (20.9%)	Having adequate and affordable housing (18.2%)	High stress lifestyle (15.8%)
Having adequate and affordable housing (17.1%)*	Substance use, abuse or overdose (16.8%)		
Substance use, abuse or overdose (17.1%)*			
Chronic heart disease (17.1%)*			

DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering. * Indicates health issues were tied. Cases where "don't know" was a frequently selected option are not presented in the table.

Leading Causes of Death and Premature Mortality

Mortality rates help to measure the burden and impact of disease on a population, while premature mortality data (deaths before age 75 years old) provide a picture of preventable deaths and point to areas where additional health and public health interventions may be warranted. In 2020, heart disease, COVID-19, and cancer were the top three causes of death for Essex County and New Jersey overall (Figure 30). Notably, in Essex County the age-adjusted mortality rate due to COVID was 226.4 per 100,000 population versus 141.6 per 100,000 in New Jersey overall.

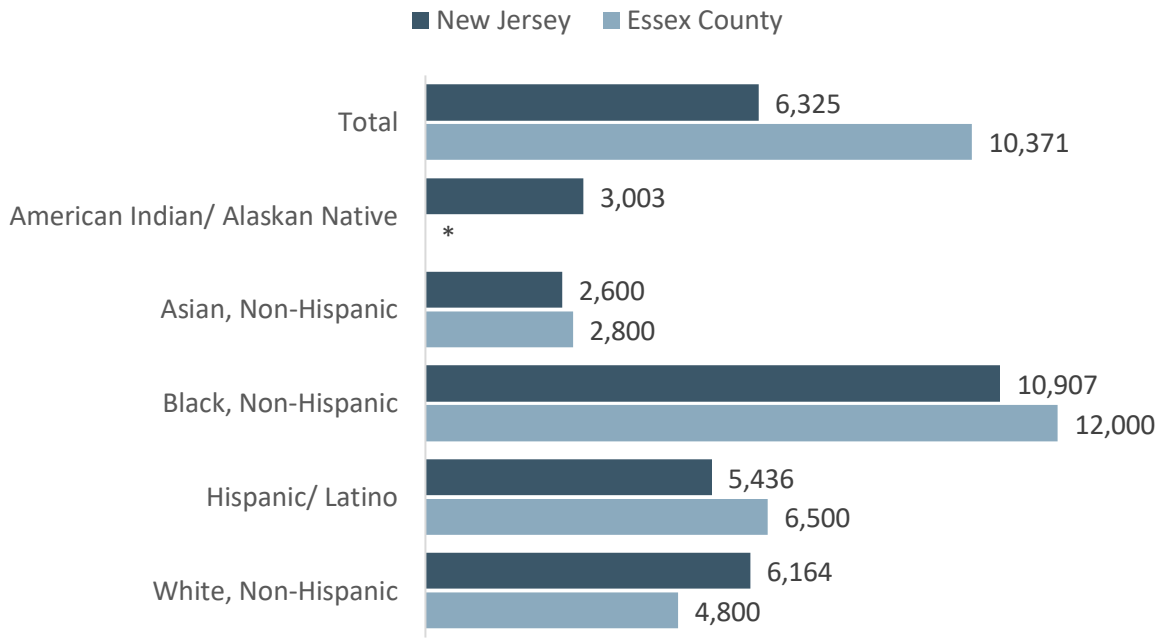
Figure 30. Age-Adjusted Mortality Rates per 100,000 Population, by State and County, 2020



DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health as reported New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2020

Premature mortality data (deaths before age 75 years old) provide a picture of preventable deaths and point to areas where additional health and public health interventions may be warranted. In 2018-2020, the time period for the most available data, Essex County had a premature mortality rate of 10,371 per 100,000 compared to 6,325 per 100,000 in New Jersey (Figure 31). Examining these data by race/ethnicity, Black residents in Essex County and New Jersey experienced a higher premature mortality rate than other races, while Asian residents experienced the lowest rates.

Figure 31. Premature Mortality (deaths before age 75) Rate per 100,000 Population, by Race/Ethnicity, by State and County, 2018-2020



DATA SOURCE: National Center for Health Statistics, Mortality Files, as reported University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps, 2018-2020
NOTE: Asterisks (*) denote insufficient data to calculate reliable rate

Obesity, Healthy Eating, and Physical Activity

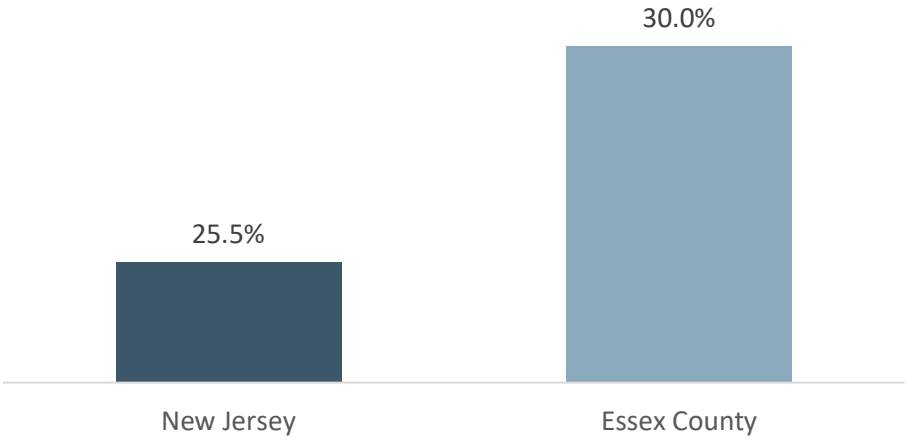
Obesity is the second leading cause of preventable death in the United States and increases the likelihood of chronic conditions among adults and children. Among survey respondents, overweight/obesity was the top community health concern. Obesity, physical activity, and healthy eating were topic areas that many key informants focused on when asked about general health issues in their community. Most focus groups listed obesity as a top health concern, while a key informant explained that obesity and its comorbidities were concerning. Some interview and focus group participants described obesity as an issue that affects both adults and children, with the exception of some immigrant communities. One interviewee observed, *"[W]e also seem to be struggling more than […] ever […] with obesity not just in adults, but in children."*

Participants shared many perceptions of the correlates and causes of obesity. *"Factors affecting this are lack of health insurance, low rates of consumption of healthy foods, lack of reliable access to healthy food, lower rates of physical activity."* Other participants described food insecurity and limited opportunities for physical activity as factors that contribute to obesity among children, particularly for children who live in neighborhoods that they described as unsafe and for children whose parents work long hours.

Finally, some participants mentioned weight gain during the COVID-19 pandemic, when they noted that residents were not as physically active. One resident shared their own experience with weight gain, *"For me and the fact that I got really lazy and gained a lot of weight in the past two years. COVID-19 has a lot to do with it, but people aren't getting back to being active."*

The latest surveillance data on obesity are from 2018 (Figure 32). Adults at the state and county level were asked to self-report their height and weight. Based on this self-report, 30.0% of Essex County adults were considered obese compared to 25.5% in New Jersey.

Figure 32. Adults Self-Reported Obese, by State and County, 2018



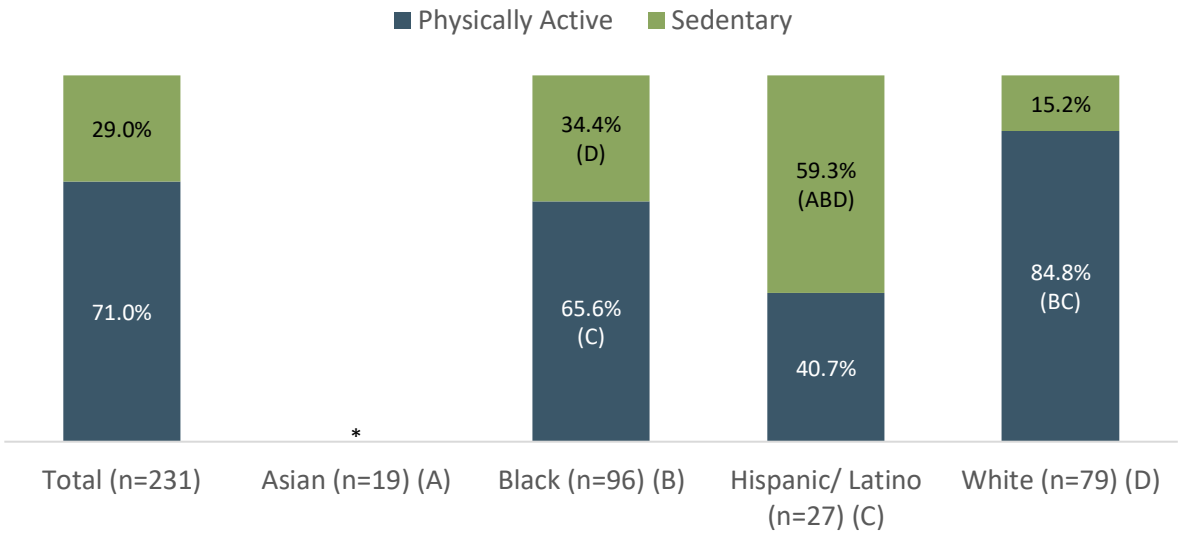
DATA SOURCE: Centers for Disease Control and Prevention (CDC), U.S. Diabetes Surveillance System, County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2018

Physical Activity

As noted above, physical activity was viewed as a critical component to a healthy lifestyle that helps prevent obesity. According to focus group and interview participants, opportunities for physical activity in the area can also be hard to find and costly, particularly for the youth. One youth focus group participant shared, "*For me I play basketball, and I know in the winter it can be hard to find a gym… for most students, trying to pay out of pocket gets frustrating sometimes too.*" On the other hand, key informants who have lived in the area for years have noticed improvement in access to physical activity opportunities. One remarked, "*We have more access to fitness today more than we've ever had, but we also seem to be struggling more than we've ever had, with obesity not just in adults, but in children*." Some participants highlighted the connection between physical activity opportunities and community safety. "*Parents are scared. So, they [children] are indoors most of the time, playing video games, and they don't get much exercise*." Participants, however, did highlight the need for organizational partnerships to address physical activity and its underlying issues in the community.

The following data reinforce that children lead sedentary lifestyles, 59.3% of Latino/Hispanic respondents who were parents or guardians described their children as sedentary during after school hours and on weekends (Figure 33).

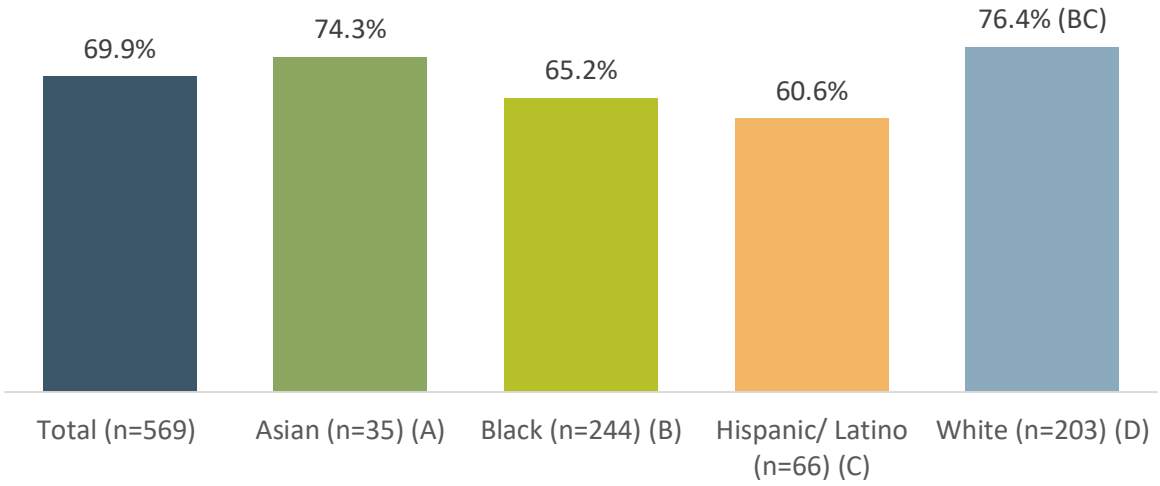
Figure 33. Percent Survey Respondents who are Parents or Guardians who Described Their Children as Physically Active or Sedentary during After School Hours and Weekends (n=231), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph. Asterisk (*) indicates n<5.

Similar to their perceptions of their children's physical activity, Figure 34 demonstrates that approximately 70% of survey respondents felt they were physically active. When looking at these data by race/ethnicity, lower percentages of Black and Latino/Hispanic respondents reported being physically active.

Figure 34. Percent of Community Survey Respondents Indicating that They Felt That They are Physically Active (n=569), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

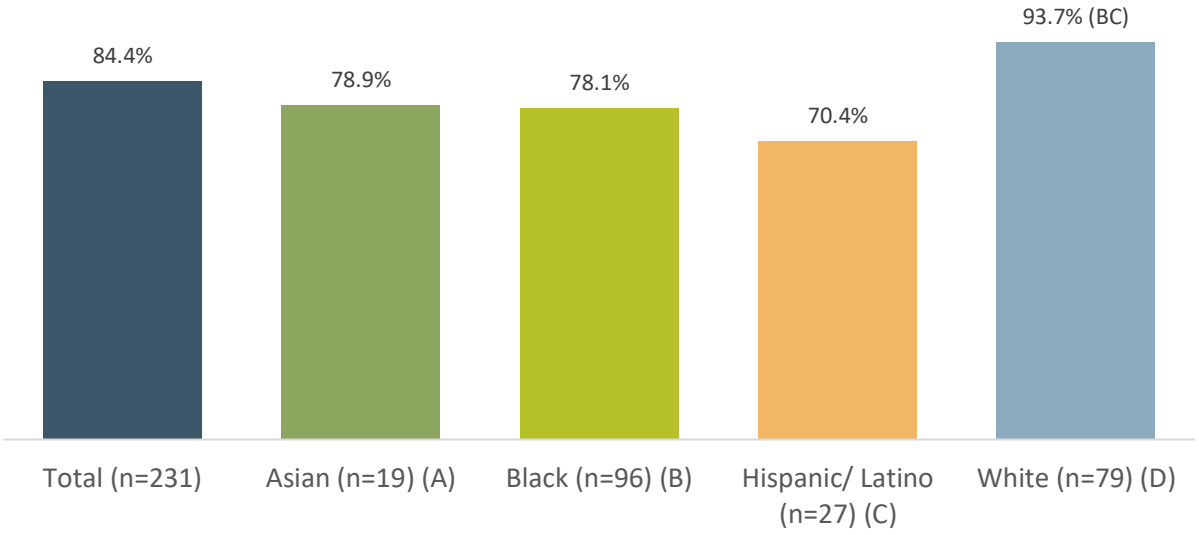
Healthy Eating

The issue of nutrition and healthy eating arose several times in qualitative conversations. As one person summarized, "*I think the lack of nutrition is a big issue with our community*." Similarly, another key informant listed this as part of a bigger problem that is related to food accessibility: "*Adequate nutrition is needed, and that means getting away from junk food. We have this food desert issue*."

The need for nutrition classes came up in both interviews and focus groups. One resident described community misperceptions about healthy food, "*there may be things you think are healthy because it's an everyday thing you eat, but it really isn't. Or you might think it's unhealthy, but it is actually OK."* One suggestion that arose as a potential solution for people with chronic conditions required two things – healthy food access and education on healthy eating. One interviewee explained that healthy food access is critical but needs to be complimented with nutrition education. "*Not only having access to healthy foods, but also taking them through educational classes so they can try to get into healthy eating habits."*

One indicator of food availability and healthy eating habits is children eating breakfast daily. Overall, 84.4% of respondents who were parents or guardians reported that their children ate breakfast daily (Figure 35). Lower percentages of respondents of color reported that their children ate breakfast daily.

Figure 35. Percent of Community Survey Respondents who are Parents or Guardians Reporting Whether Children Eat Breakfast Daily (N=231), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Chronic Conditions

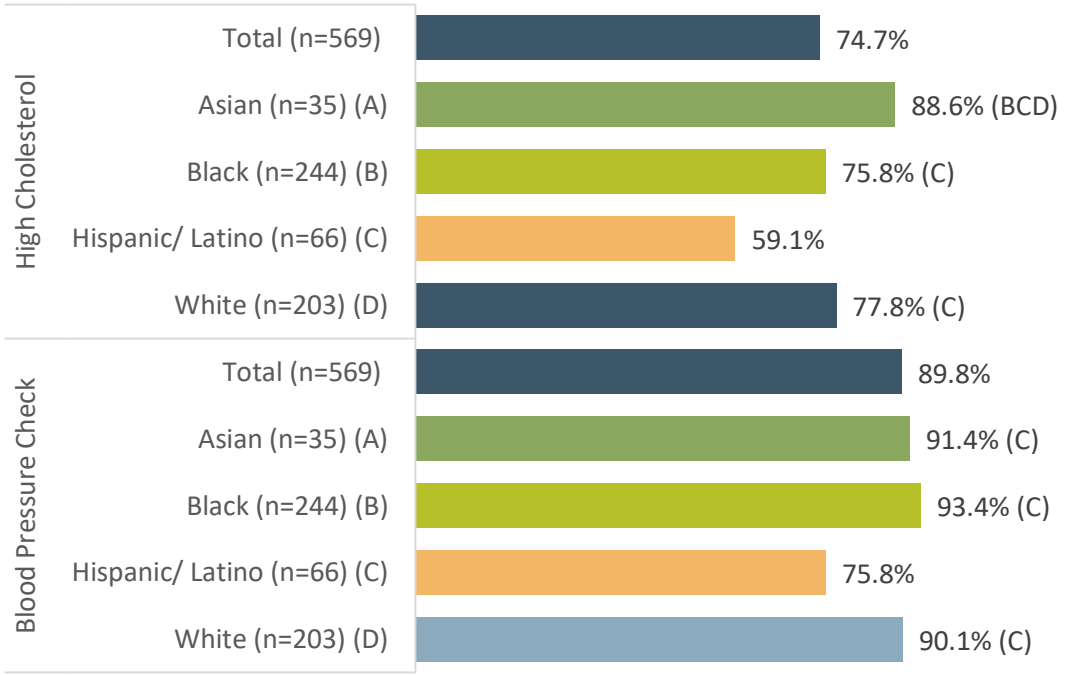
Chronic conditions, such as heart disease, diabetes, COPD, and cancer, are some of the most prevalent conditions in the United States, including in Essex County. Although chronic diseases are among the most common and costly health problems, they are also among the most preventable through changes in behavior such as reduced use of tobacco and alcohol and improved diet and physical activity. The following section describes the health data (e.g., screening, incidence, mortality, etc.) related to chronic

conditions. Some interview and focus group participants discussed diabetes, hypertension, and cholesterol together when talking about community health issues, which they linked with limited opportunities to eat healthy food and be physically active. Youth additionally mentioned that gym memberships, the reasonable solution to their safety concerns related to physical activity, were cost prohibitive.

High Cholesterol and High Blood Pressure

High cholesterol and high blood pressure, risk factors for heart disease, stroke, and other chronic diseases, were not mentioned during qualitative conversations. Community survey respondents were asked about their participation in different types of health screenings over the past two years (Figure 36). Approximately three-quarters (74.7%) of respondents indicated they had received a cholesterol screening, and 89.8% reported that they had participated in a blood pressure screening. Asian and Black respondents were more likely to participate in blood pressure screenings, while Asian and White residents were more likely to participate in cholesterol screenings than respondents of other races/ethnicities.

Figure 36. Percent of Community Survey Respondents Reporting that They Have Participated in a Cholesterol or Blood Pressure Screening in the Past Two Years, (N=596), 2021

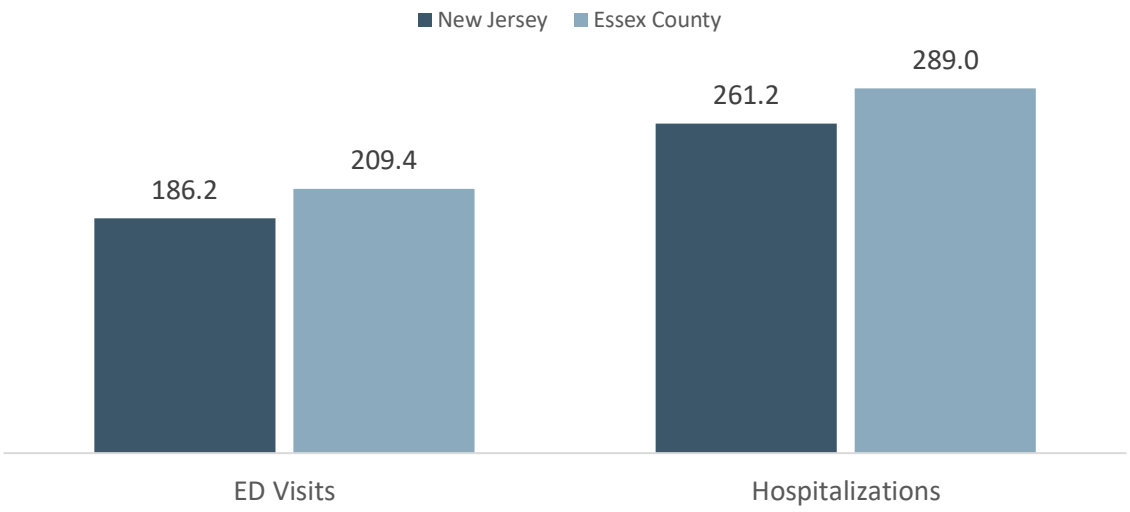


DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Heart Disease

In qualitative conversations, heart disease was primarily a concern within the Haitian community. Data from the New Jersey Department of Health on emergency department (ED) visits and hospitalizations for major cardiovascular disease per 10,000 population are shown in Figure 37. The rate of emergency department (ED) visits (209.4 per 10,000 population) and hospitalizations (289.0 per 10,000 population) for major cardiovascular disease was higher in Essex County compared with New Jersey overall.

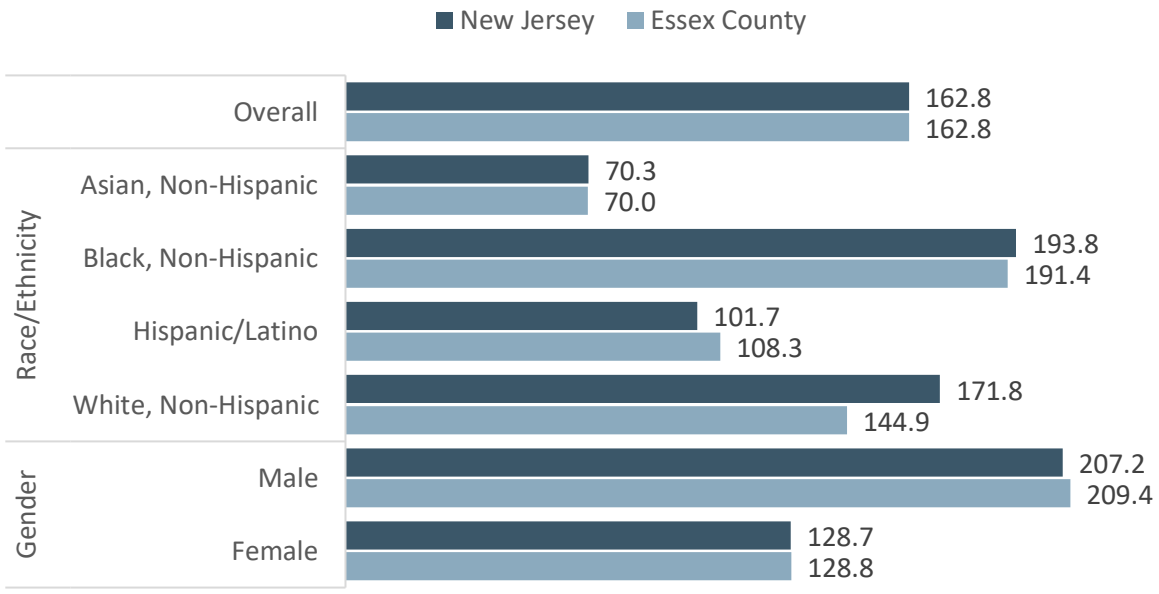
Figure 37. ED Visits and Hospitalizations for Major Cardiovascular Disease per 10,000 Population, by State and County, 2016-2020



DATA SOURCE: New Jersey Department of Health, Office of Health Care Quality Assessment, New Jersey Data Collection System, as reported by New Jersey State Health Assessment Data (NJSHAD), 2016-2020
NOTE: Includes primary and secondary diagnosis cardiovascular disease, excluding stroke and hypertension

While Essex County residents experienced more hospital visits due to cardiovascular disease, they were as likely as residents statewide to die from cardiovascular disease (162.8 deaths per 100,000 population). Examining mortality rates by race and gender highlight some differences between population groups. Black, non-Hispanic residents in the county and state and White, non-Hispanic residents in the state were more likely to die from cardiovascular disease (Figure 38). Additionally, males (approximately 208 deaths per 100,000 population) were more likely than females (approximately 129 deaths per 100,000 population) to die from cardiovascular disease.

Figure 38. Cardiovascular Disease Mortality per 100,000, by Race/Ethnicity and Gender, by State and County, 2016-2020

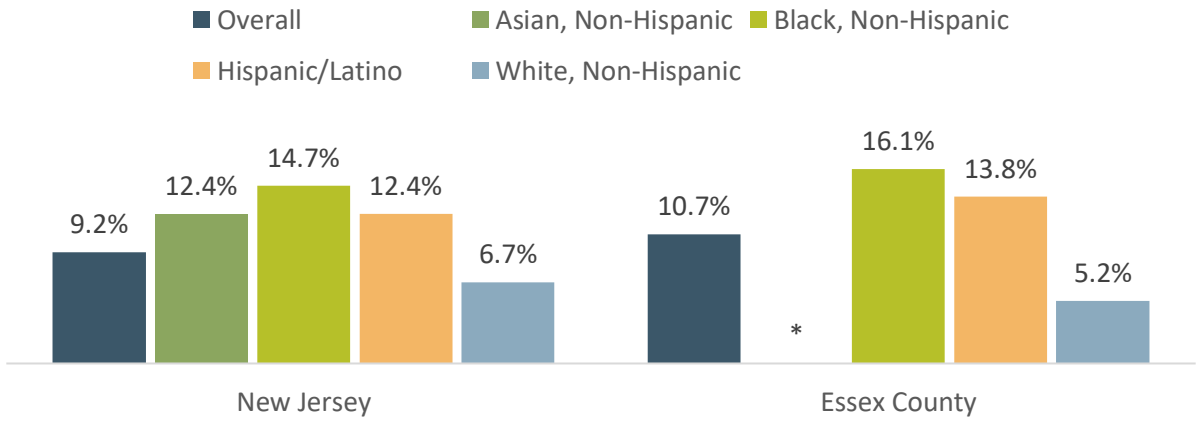


DATA SOURCE: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2016-2020

Diabetes

Diabetes was not mentioned in focus groups and interviews as a major issue of concern, although overweight/obesity and access to healthy eating – as discussed earlier—were issues that were more top of mind. Secondary data from 2016-2020 indicate that diabetes rates are similar when comparing Essex County and New Jersey. Black, non-Hispanic residents were most likely to report being diagnosed with diabetes (14.7% in New Jersey vs. 16.1% in Essex County).

Figure 39. Percent Adults Reported to Have Been Diagnosed with Diabetes, by State and County, 2016-2020

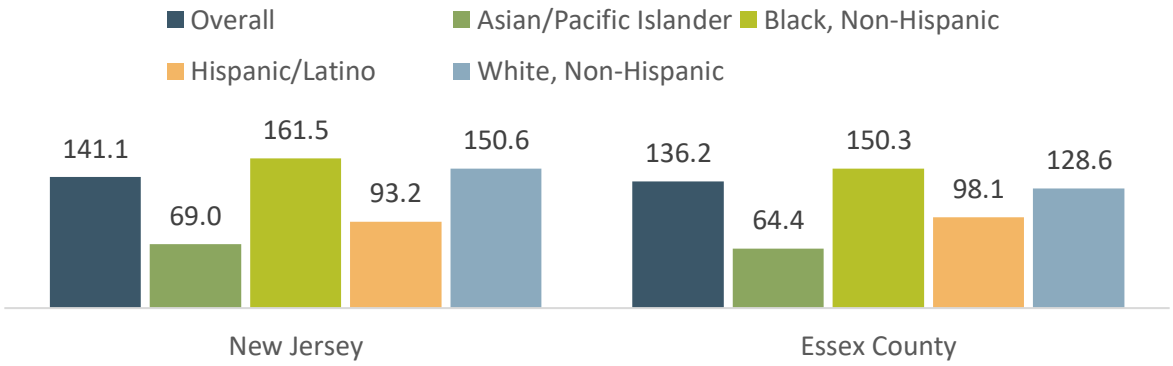


DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2016-2020
NOTE: Asterisks (*) denote insufficient data to calculate reliable rate

Cancer

Cancer is one of the leading causes of death in Essex County, though it was not discussed during focus groups or interviews. Cancer incidence rates and mortality data are presented below. Across the state, the overall mortality rate due to cancer was 141.1 deaths per 100,000 population, which was similar to the rate for Essex County (136.2 per 100,000). Across both geographies, Black, non-Hispanic residents were more likely to die from cancer than other racial/ethnic groups.

Figure 40. Cancer Mortality Rate per 100,000 Population (Overall, Combined for Female Breast, Colorectal, Lung and Bronchus, Male Prostate), by State and County, 2016-2020



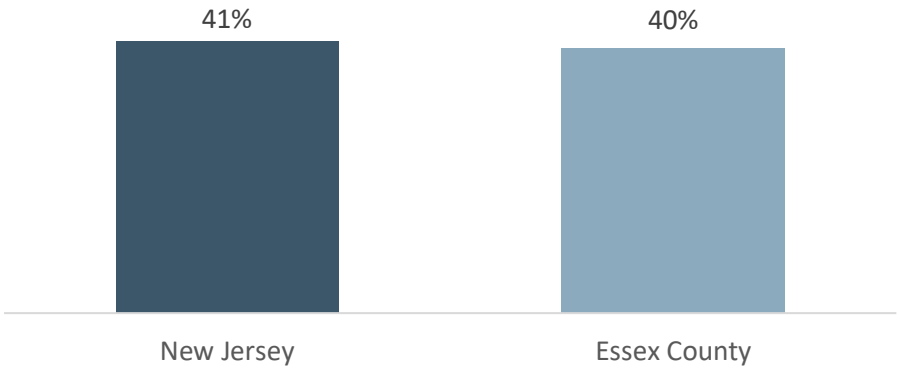
DATA SOURCE: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2016-2020

Data on the following pages illustrates several prevention (screening), incidence (new cases), and mortality rates for specific types of cancer.

Breast Cancer

The following figure shows the percentage of female Medicare enrollees, ages 65-74, that received an annual mammography screening in 2019. At the state level, 41.0% of female Medicare enrollees in that age group had received an annual screening (Figure 41). In Essex County, 40.0% of this group had received an annual screening.

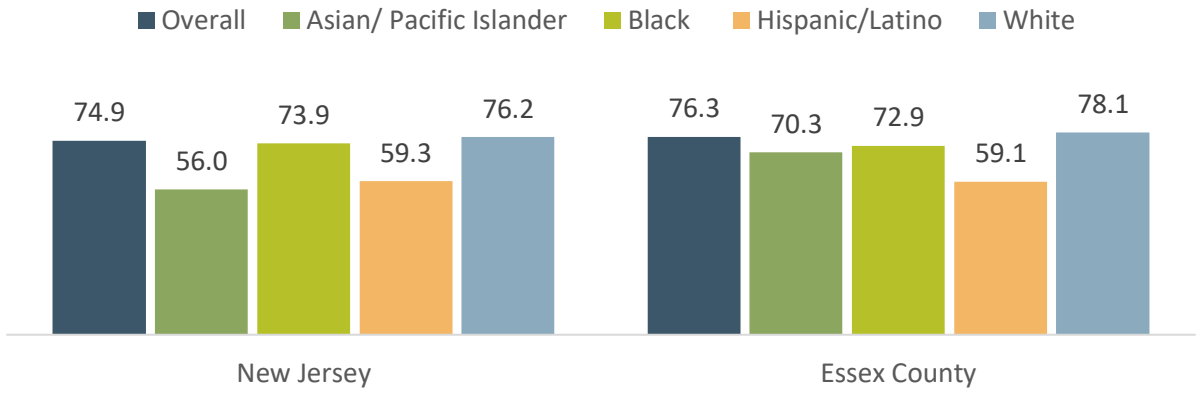
Figure 41. Female Medicare Enrollees ages 65-74 that Received an Annual Mammography Screening, by State and County, 2019



DATA SOURCE: Centers for Medicare & Medicaid Services, Office of Minority Health's Mapping Medicare Disparities tool, as reported by County Health Rankings & Roadmaps, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2019

Cancer registry data is presented for the age-adjusted incidence rate of female breast cancer per 100,000 population in 2016-2020. Rates were similar across the two geographies, with Black and White women experiencing higher incidence rates.

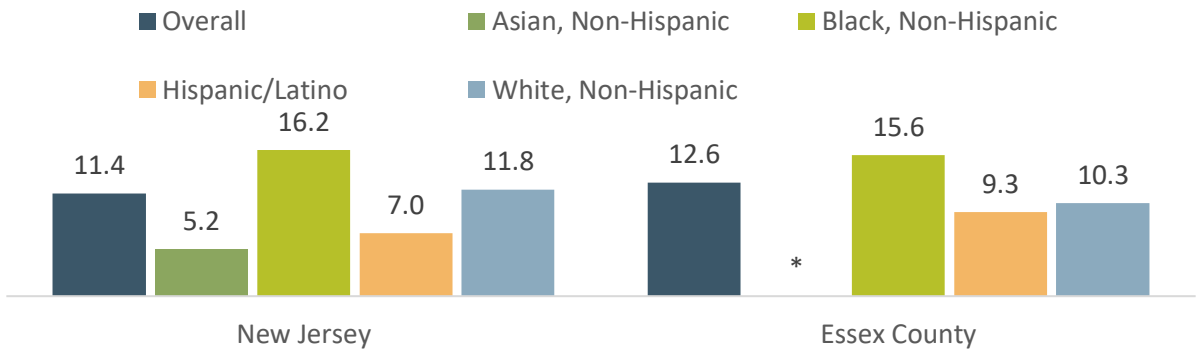
Figure 42. Age-Adjusted Female Breast Cancer Incidence Rate per 100,000 Population, by State and County, 2016-2020



DATA SOURCE: New Jersey State Cancer Registry, New Jersey Department of Health, 2016-2020

Death certificate data is presented for rate of breast cancer mortality per 100,000 in 2016-2020 overall and by race/ethnicity. Across the state, the overall mortality per 100,000 was 11.4 and was highest among Black, Non-Hispanics (16.2 per 100,000) and White Non-Hispanics (11.8 per 100,000) (Figure 43). At the county level, the overall mortality per 100,000 was 12.6 in Essex County and was highest among Black, Non-Hispanics (15.6 per 100,000), followed by White, Non-Hispanics (10.3 per 100,000). The mortality rates for Asian, Non-Hispanics were not presented for Essex County due to small numbers.

Figure 43. Age-Adjusted Female Breast Cancer Mortality Rate per 100,000 Population, by Race/Ethnicity, by State and County, 2016-2020



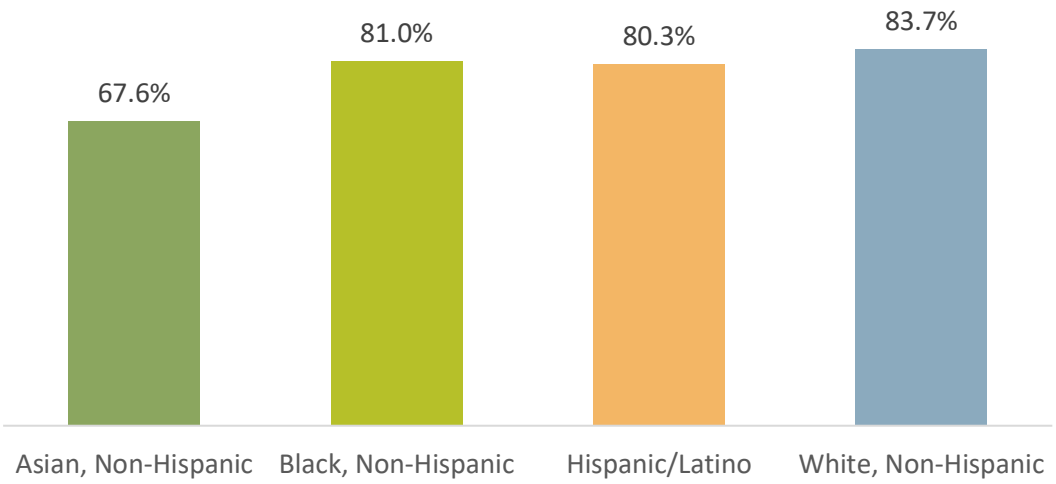
DATA SOURCE: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2016-2020
NOTE: Asterisks (*) denote insufficient data to calculate reliable rate

Cervical Cancer

Pap tests are conducted to identify precancerous or cancerous cells in the cervix. Data below (Figure 44) are presented on the percentage of females, ages 21-65, that reported having had a pap test in the past

three years. Asian, non-Hispanic females in New Jersey (67.6%) were least likely reporting having had a pap test.

Figure 44. Percent Females Aged 21-65 Reported to Have Had a Pap Test in Past Three Years, by Race/Ethnicity, by State, 2020



DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2020

Colorectal Cancer

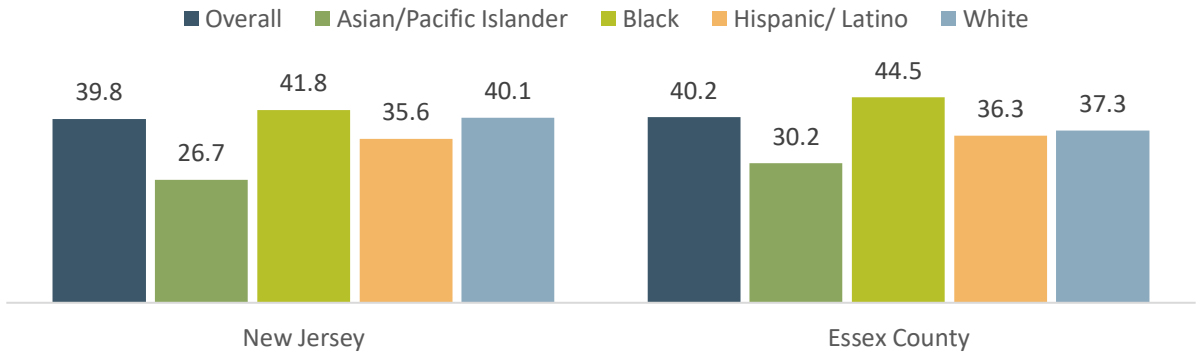
The following presents 2020 surveillance data on the percentage of adults ages 50-75 years who reported having had a colorectal cancer screening. More adults 50-75 in Essex County (76.4%) than in New Jersey overall (71.6%) reported being screened for colorectal cancer (Figure 45).

Figure 45. Percent Current* Colorectal Cancer Screening (Adults Aged 50-75), by State and County, 2020

DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2020
NOTE: *An individual is considered current if they have had a take-home fecal immunochemical test (FIT) or high-sensitivity fecal occult blood test (FOBT) within the past year, and/or a flexible sigmoidoscopy within the past 5 years with a take-home FIT/FOBT within the past 3 years, and/or a colonoscopy within the past ten years

Colorectal cancer incidence rates were similar (approximately 40 new cases per 100,000 population) in New Jersey and Essex County for 2015-2019. Black, non-Hispanic residents experienced higher colorectal cancer incidence rates than other races/ethnicities.

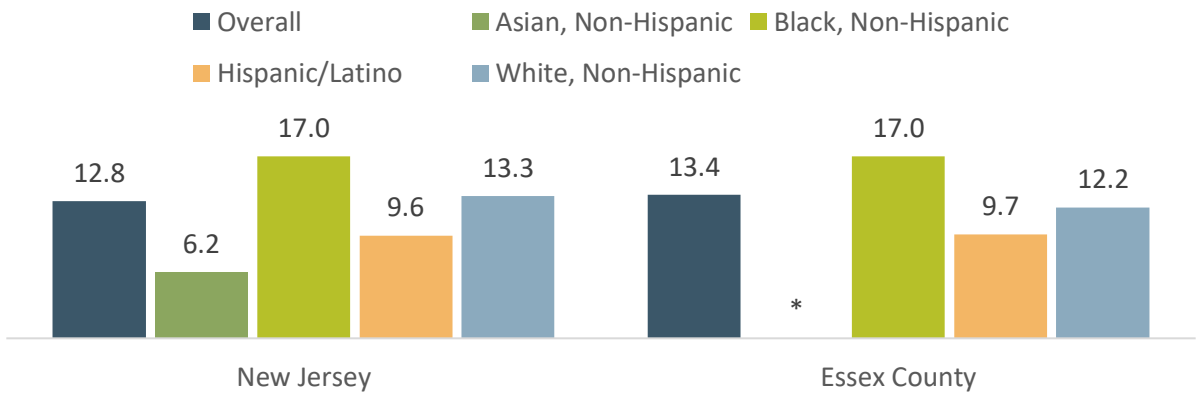
Figure 46. Age-Adjusted Colorectal Cancer Incidence Rate per 100,000 Population, by Race/Ethnicity, by State and County, 2015-2019



DATA SOURCE: New Jersey State Cancer Registry, New Jersey Department of Health, 2015-2019
NOTE: Persons of Hispanic ethnicity may be of any race or combination of races. The categories of race and ethnicity are not mutually exclusive.

A similar pattern can be seen when examining colorectal cancer mortality rates for 2016-2020. Rates were similar across the two geographies, but again Black, non-Hispanic residents were more likely to die from colorectal cancer compared to residents of other races/ethnicities.

Figure 47. Colorectal Cancer Mortality Rate per 100,000 population, by Race/Ethnicity, by State and County, 2016-2020



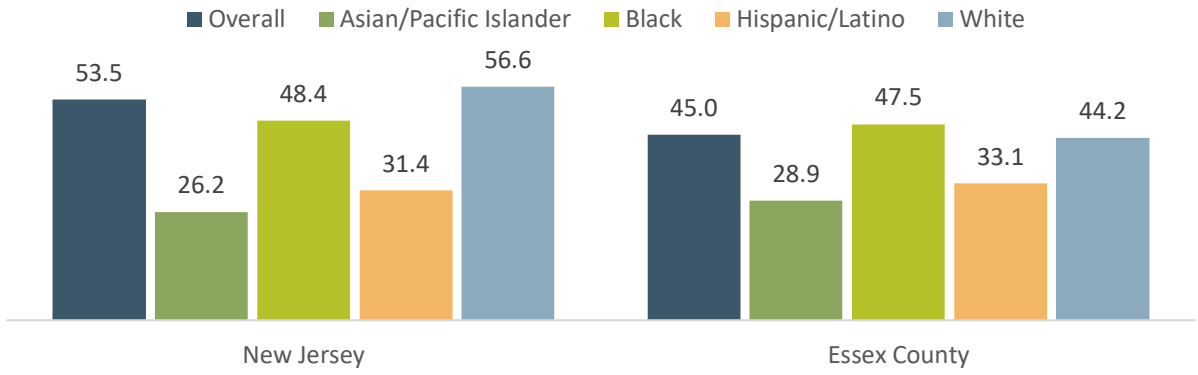
DATA SOURCE: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2016-2020
NOTE: Asterisks (*) denote insufficient data to calculate reliable rate

Lung Cancer

Data on lung cancer are presented below. For 2015-2019, the age-adjusted lung cancer incidence rates were lower in Essex County (45.0 new cases per 100,000 population) compared to New Jersey (53.5 per

100,000). Black and White residents had higher incidence rates compared to residents of other races/ethnicities.

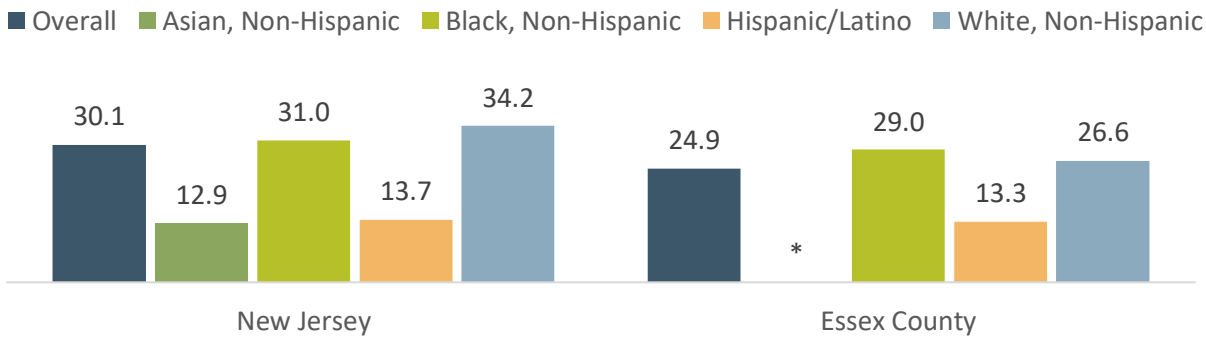
Figure 48. Age-Adjusted Lung Cancer Incidence Rate per 100,000 Population, by Race/Ethnicity, by State and County, 2015-2019



DATA SOURCE: New Jersey State Cancer Registry, New Jersey Department of Health, 2015-2019
NOTE: Persons of Hispanic ethnicity may be of any race or combination of races. The categories of race and ethnicity are not mutually exclusive.

Mortality data shown below in Figure 49 show similar patterns as incidence data above. New Jersey (30.1 deaths per 100,000 population) has a higher mortality rate due to lung cancer compared to Essex County (24.9 per 100,000). Again Black, non-Hispanic and White, non-Hispanic residents had higher lung cancer mortality rates compared to residents of other races/ethnicities.

Figure 49. Lung Cancer Mortality Rate per 100,000 Population, by Race/Ethnicity, by State and County, 2016-2020

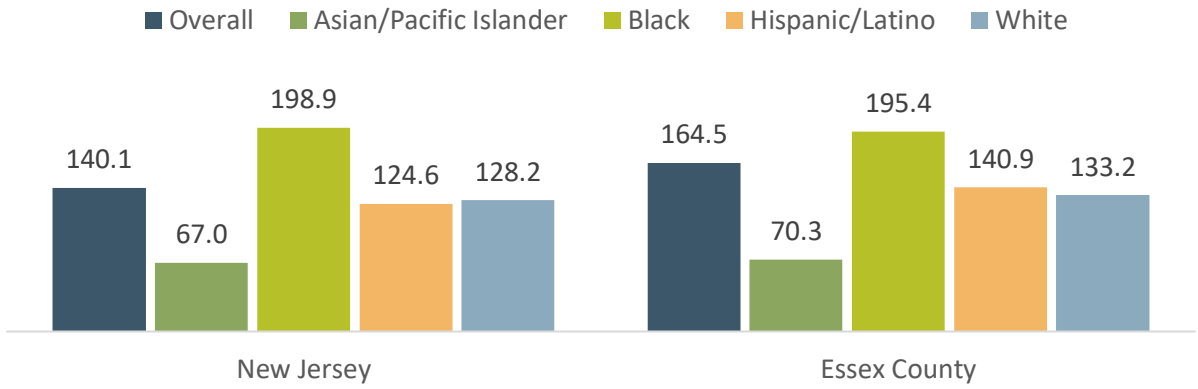


DATA SOURCE: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2016-2020
NOTE: Asterisks (*) denote insufficient data to calculate reliable rate

Prostate Cancer

Cancer registry data on age-adjusted prostate cancer incidence rates indicates that in 2015-2019 Essex County had a higher incidence rate per 100,000 compared to New Jersey (164.5 per 100,000 vs. 140.1 per 100,000) (Figure 50). Across both geographies, Black men experienced much higher prostate cancer incidence rates compared to men of other races/ethnicities.

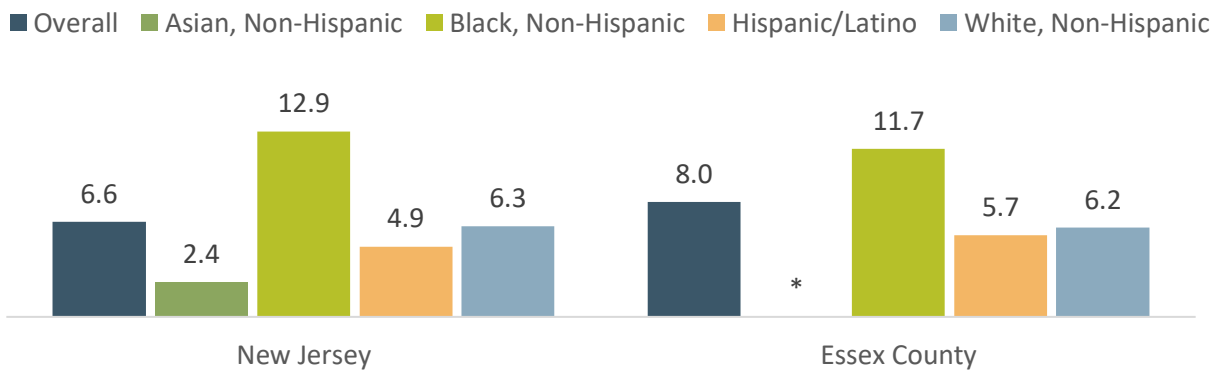
Figure 50. Age-Adjusted Prostate Cancer Incidence Rate per 100,000 Population, by Race/Ethnicity, by State and County, 2015-2019



DATA SOURCE: New Jersey State Cancer Registry, New Jersey Department of Health, 2015-2019
NOTE: Persons of Hispanic ethnicity may be of any race or combination of races. The categories of race and ethnicity are not mutually exclusive.

Death certificate data is presented for rate of prostate cancer mortality per 100,000 in 2016-2020 overall and by race/ethnicity. Across the state, the overall mortality rate per 100,000 was 6.6 and was highest among Black, Non-Hispanics (12.9 per 100,000) and White, Non-Hispanics (6.3 per 100,000) (Figure 51). At the county level, the overall mortality rate per 100,000 was 8.0 in Essex County. Data was not presented by Asian, Non-Hispanics for Essex County due to small numbers.

Figure 51. Prostate Cancer Mortality Rate per 100,000 Population, by Race/Ethnicity, by State and County, 2016-2020

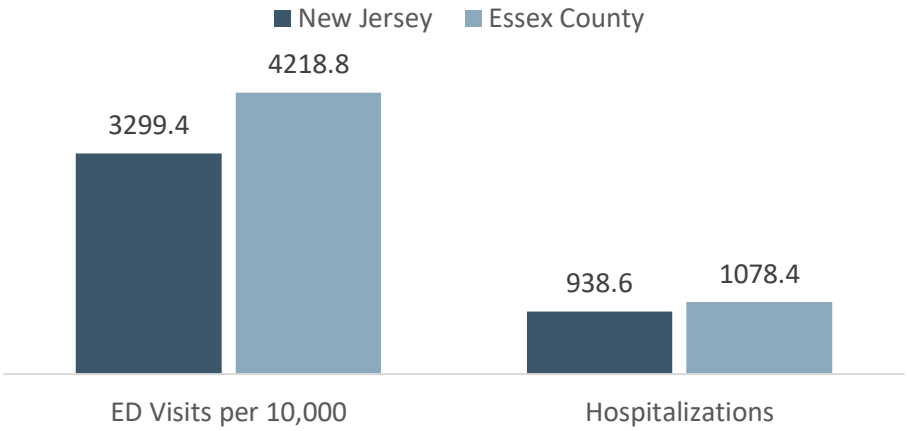


DATA SOURCE: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2016-2020
NOTE: Asterisks (*) denote insufficient data to calculate reliable rate

Chronic Obstructive Pulmonary Disease (COPD)

Chronic obstructive pulmonary disease (COPD) is a chronic inflammatory lung disease that causes obstructed airflow from the lungs, making it difficult for people to breathe. Statewide rates of ED visits (3299.4 per 100,000) and hospitalizations (938.6 per 100,000) due to COPD are lower than those in of Essex County (4218.8 per 100,000 and 1078.4 per 100,000 respectively).

Figure 52. ED Visits and Hospitalizations due to COPD per 100,000, by State and County, 2016-2020

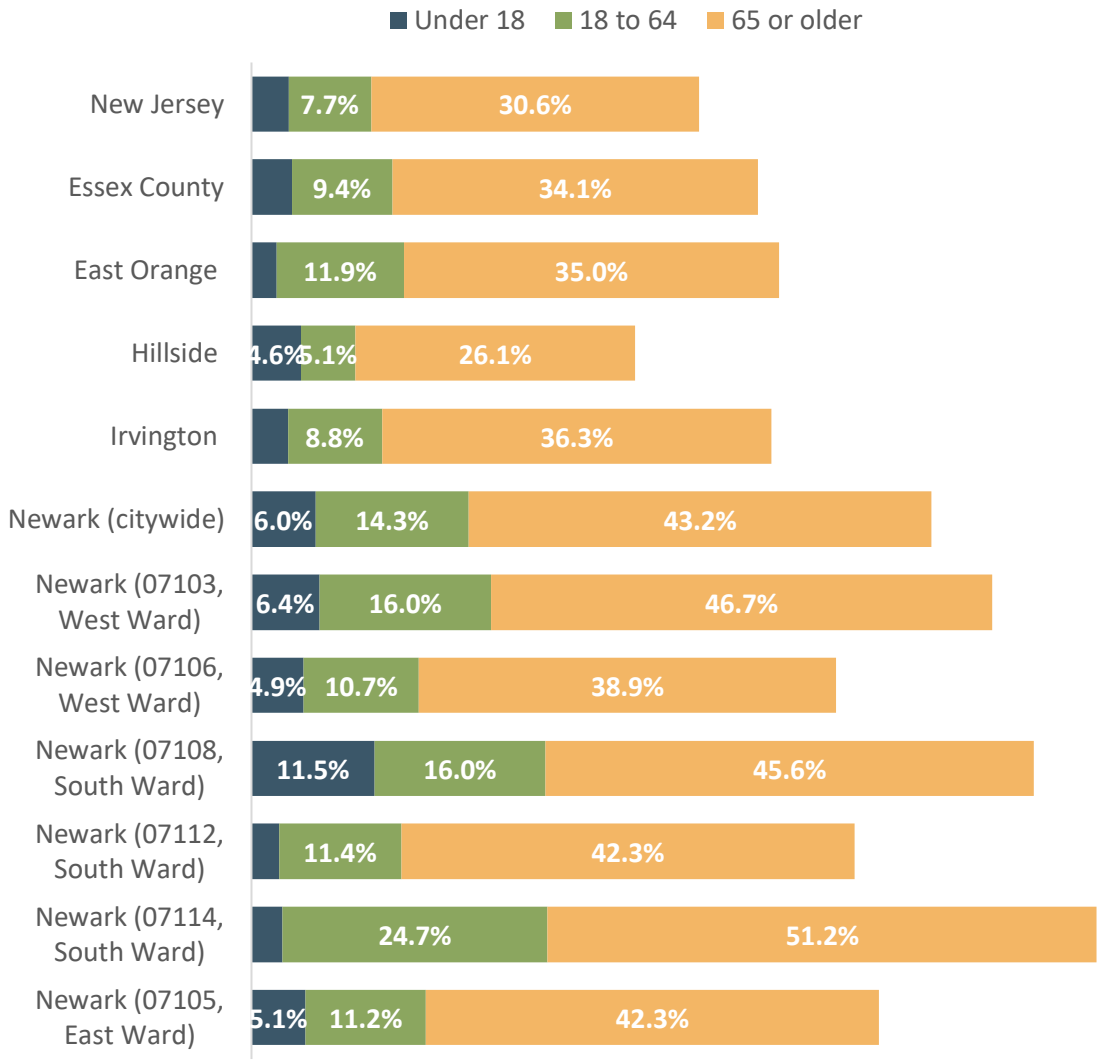


DATA SOURCE: New Jersey Department of Health, Office of Health Care Quality Assessment, New Jersey Data Collection System, as reported by New Jersey State Health Assessment Data (NJSHAD), 2016-2020

Disability

Residents who have some type of disability may have difficulty getting around, living independently, or completing self-care activities. Other disabilities, such as hearing impairment, vision impairment, and cognitive impairment, may also impact residents' daily lives. Disability issues were not raised among participants in focus groups or interviews. Data on the civilian noninstitutionalized population by age show that the percent of the population under 18, 18-64, and 65 or older all have higher disability rates in Essex County (3.8%, 9.4%, and 34.1% respectively) than in New Jersey overall (3.5%, 7.7%, and 30.6% respectively) (Figure 53).

Figure 53. Civilian Noninstitutionalized Population with a Disability, by Age, State, County, and Town, 2016-2020



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020
NOTE: Data under 4.0% not labeled.

Behavioral Health: Mental Health and Substance Use

Behavioral health is thought of as the connection between the health and well-being of the body and the mind. In the field, mental health and substance use are typically discussed under the larger framework of behavioral health.

Mental Health

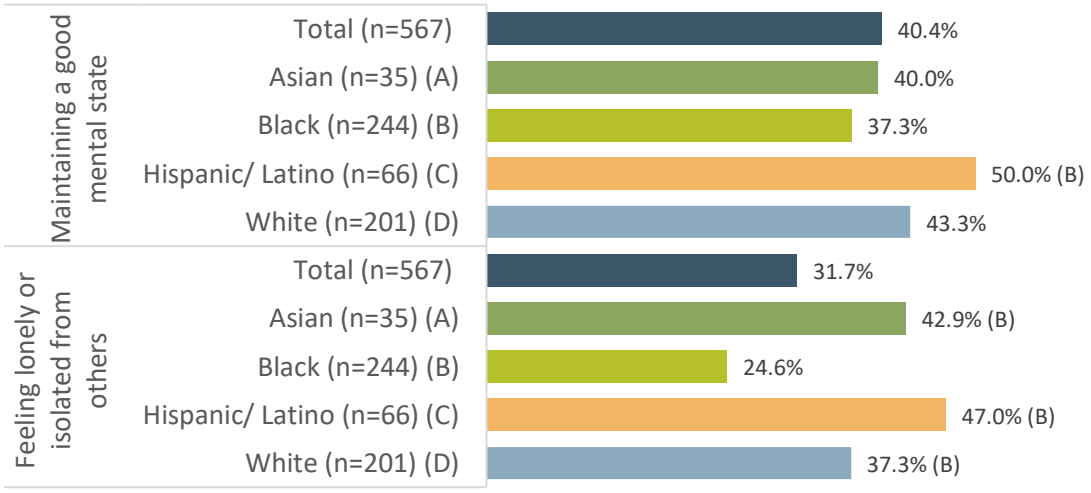
Mental health, especially youth mental health, was among the most pressing health concerns in the community across both interviews and focus groups, including a youth focus group. As one key informant summarized, "*The number one issue or concern I have regarding my health and community is our mental health. Mental health, among all ages, but certainly among young people.*" Access to mental health services, related to lack of services, cost, and stigma, was another theme discussed by focus group participants. As an example, a youth focus group participant highlighted these barriers related to

cost and stigma. "*A lot of young people tend to struggle with mental health, and these people can't afford it… mental health is kind of dangerous in my generation because we don't have many ways to cope with it.*"

Several interview and focus group participants mentioned that residents' mental health declined during the COVID-19 pandemic, which they linked with stressful circumstances such as families sheltered in place at home, social isolation (particularly among seniors), the loss of loved ones during COVID, and limited mental health services. In alignment with the mental health issues highlighted above, 40.4% of survey respondents reported that they or someone in their immediate family had personally experienced difficulty maintaining a good mental state and 31.7% had feelings of loneliness or isolation from others, as seen in the table below. When looking at these questions by race/ethnicity, Hispanic/Latino respondents were most likely to report difficulty maintaining a good mental state as well as having feelings of loneliness and isolation.

> *"Mental health has been a huge, huge issue in our community…our young people truly, truly need access to mental health resources because the need is so huge... they're clearly dealing with the impact of mental health issues, but they haven't really come to the point where they're acknowledging the fact that they do need the assistance."* – Focus group participant

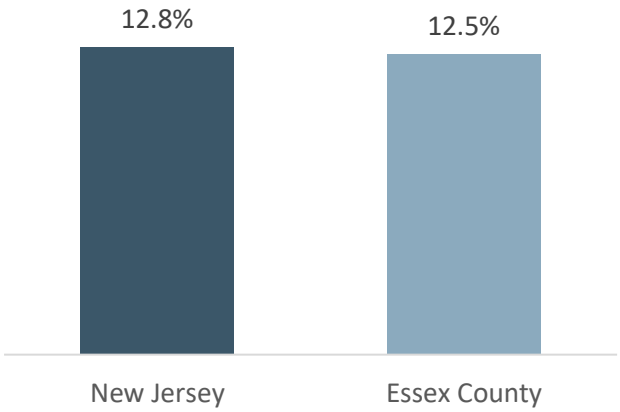
Figure 54. Percent of Community Survey Respondents Reporting that They or Someone in Their Immediate Family Has Personally Experienced Difficulty with Mental Health Issues since COVID-19 Started, by Race/Ethnicity, (N=567), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Examining surveillance data on mental health, approximately 1 in 8 adults in New Jersey (12.8%) and Essex County (12.5%) reported 14 or more days of poor mental health in the past month (Figure 55).

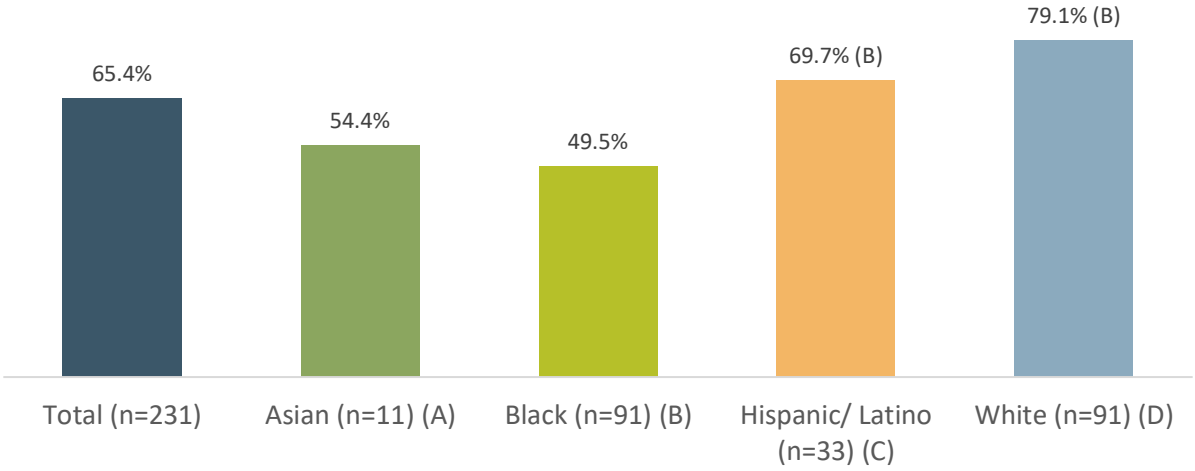
Figure 55. Percent Adults Reported 14 or More Days of Poor Mental Health in Past Month, by State and County, 2020



DATA SOURCE: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention, as reported by New Jersey State Health Assessment Data (NJSHAD), 2020

Survey findings revealed that nearly two-thirds of respondents (65.4%) reported that they or their family member has been told by a medical professional they had depression or anxiety. These were highest among White (79.1%) and Hispanic/Latino respondents (69.7%) (Figure 56).

Figure 56. Percent of Community Survey Respondents Reporting that They or a Family Member Has Ever Been Told by a Health Professional They Had Depression or Anxiety, by Race/Ethnicity, (N=231), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

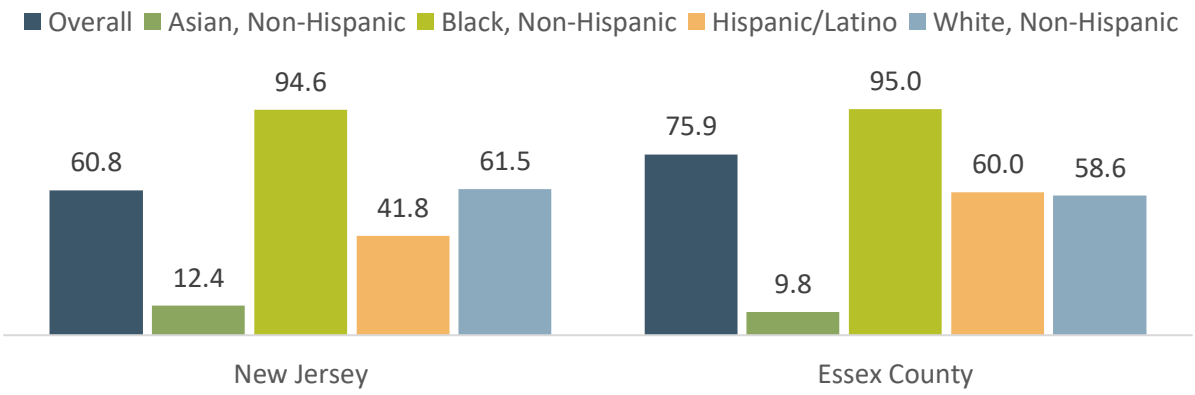
Mental health issues can become acute, requiring a person to visit the emergency department. In 2020, ED data indicated that Essex County (185.7 per 100,000) experienced a higher rate of ED visits due to mental health compared to New Jersey overall (158.4 per 100,000) (Figure 57).

Figure 57. ED Visits due to Mental Health per 100,000 population, by State and County, 2020

DATA SOURCE: New Jersey Department of Health, Office of Health Care Quality Assessment, New Jersey Data Collection System, as reported by New Jersey State Health Assessment Data (NJSHAD), 2020

Data above illustrate ED visits for acute mental health issues that can be treated quickly. In Figure 58 below, data are presented on the age-adjusted rate of in-patient hospitalizations due to mental health. In 2020, the overall rate of hospitalizations was higher in Essex County (75.9 per 100,000 population) compared to New Jersey (60.8 per 100,000 population). When looking at these data by race/ethnicity, Black, non-Hispanic residents experienced the highest rate of hospitalizations due to mental health in both New Jersey (94.6 per 100,000) and in Essex County (95.0 per 100,000).

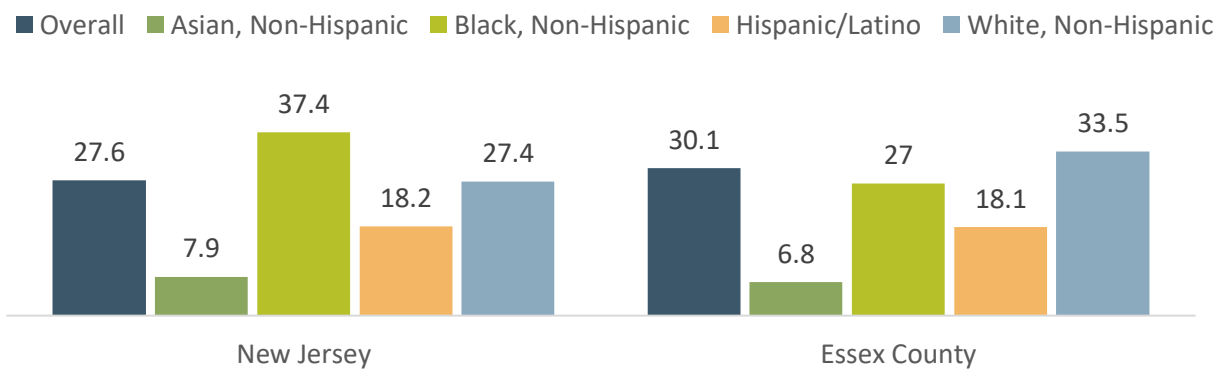
Figure 58. Hospitalizations due to Mental Health per 100,000, by Race/Ethnicity, State, and County, 2020



DATA SOURCE: New Jersey Department of Health, Office of Health Care Quality Assessment, New Jersey Data Collection System, as reported by New Jersey State Health Assessment Data (NJSHAD), 2020

As discussed above, youth mental health was a top community concern for focus group and interview participants. Figure 59 indicates that the rate of pediatric (ages 19 and under) hospitalizations due to mental health was slightly higher in Essex County (30.1 per 100,000 population) compared to New Jersey (27.6 per 100,000). Across both geographies, Black, non-Hispanic youth and White, non-Hispanic youth experienced the highest rates of hospitalization due to mental health.

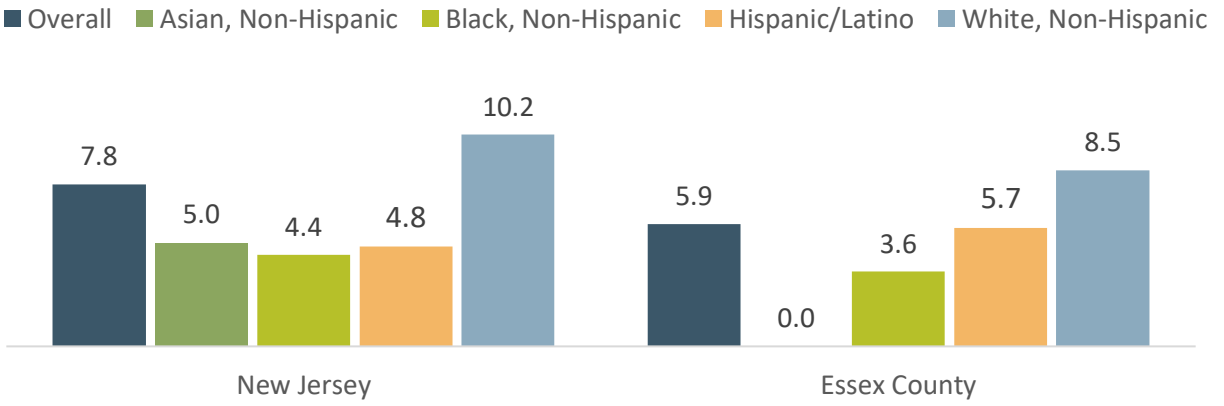
Figure 59. Pediatric Hospitalizations (Ages 19 and under) due to Mental Health per 100,000 Population, by Race/Ethnicity, State, and County, 2020



DATA SOURCE: New Jersey Department of Health, Office of Health Care Quality Assessment, New Jersey Data Collection System, as reported by New Jersey State Health Assessment Data (NJSHAD), 2020

As mental health issues escalate or go untreated, suicide can result. Youth suicide was identified as pressing concerns among community participants in Newark. One key informant expressed their concern, *"You hear about kids committing suicide… I'm going to say teens and preteens. This is anecdotal, but I know there are children in NJ that died because of suicide. And then you add the social justice issues and gun violence, it has everyone on pins and needles*." Suicide rates from 2016-2020 for New Jersey and Essex County are presented below (Figure 60). Overall, Essex County had a lower rate of suicide (5.9 deaths per 100,000 population) compared to New Jersey (7.8 per 100,000), with White, non-Hispanic residents suffering the highest rate (8.5 per 100,000 population).

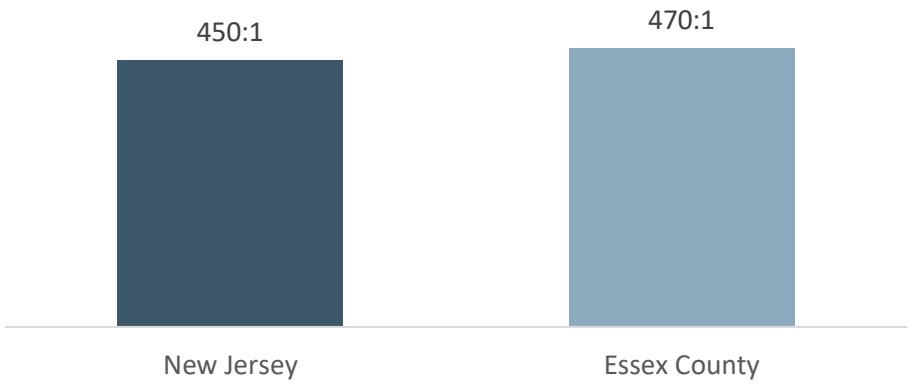
Figure 60. Suicide Rate per 100,000 Population (Age-Adjusted), by Race/Ethnicity, State and County, 2016-2020



DATA SOURCE: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2016-2020

A critical factor in identifying and addressing mental health issues is having enough mental health providers. For 2019, Essex County (470:1) had a slightly higher ratio of population to mental health providers compared to New Jersey (450:1).

Figure 61. Ratio of Population to Mental Health Provider, by State and County, 2019



DATA SOURCE: National Provider Identification Registry, Centers for Medicare and Medicaid Services, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2019

Education regarding the existence and value of mental health services was a community health need that key informants identified. One leader explained, "*Our mental health shouldn't be overlooked because learning about it can improve our communities by making it more acceptable for those suffering from mental illnesses to seek help and how to maintain a healthy/positive wellbeing*." Another leader alluded to an underlying stigma associated with seeking mental health services, calling for an "*increase in openness of people to seek mental health assistance, but maybe not calling it that."*

Youth mental health needs also encompassed the need for mentorship and guidance across both focus groups and key informant interviews. One youth from a focus group shared that *"All my friends, they have no guidance… A lot of my friends, they thought school wasn't the right way to go, and being outside, doing bad stuff, was the right way to go."* Another focus group participant corroborated this idea from an older perspective: *"There's not many positive people for the next generation… when I was growing up, I had mentors, youth don't have that anymore and fall victim to the streets. I feel there should be many more programs set out for the next generation."* One key informant expressed concern about youth needing guidance and mentorship: *"Taking people out of the streets, especially teenagers. It's disheartening when you see teenagers on the streets doing a lot of things. There should be sensitization programs."* These issues start appearing as early as the sixth grade, according to one key informant: "*We found that we start seeing behavioral issues (substance use, fighting, lack of attendance, suspensions) in 6th grade."* This finding illustrates that a life course approach that provides youth with mental health support, mentorship, and guidance from as early as sixth grade would be helpful for the residents of Newark.

Several interview and focus group participants discussed trauma as a cause and consequence of mental health issues in the community. They identified two groups most affected: youth and parents of young children. Youth were traumatized by general community crime and violence, particularly by deaths of their peers due to gun violence. One key informant who works with youth said that "*this victimization trauma impacts their daily life in many ways.*" Additionally, parents of young children were also traumatized by local violence as well as nationwide gun violence in schools. One key informant shared "*Parents are scared to take their kids to school. Right after the children were killed in Texas, this dad said that he took his children to childcare, and he was praying that they'd be there when he got back. There's*

a question of what you say to your children to make them feel safe, and I'm not sure what they can say. Supposedly schools are locked, so you hope that things will go well each day you drop them off. If you have kids and they go outside, and the police come and do something to them, the violence in the schools is one thing, and the level in our community is another."

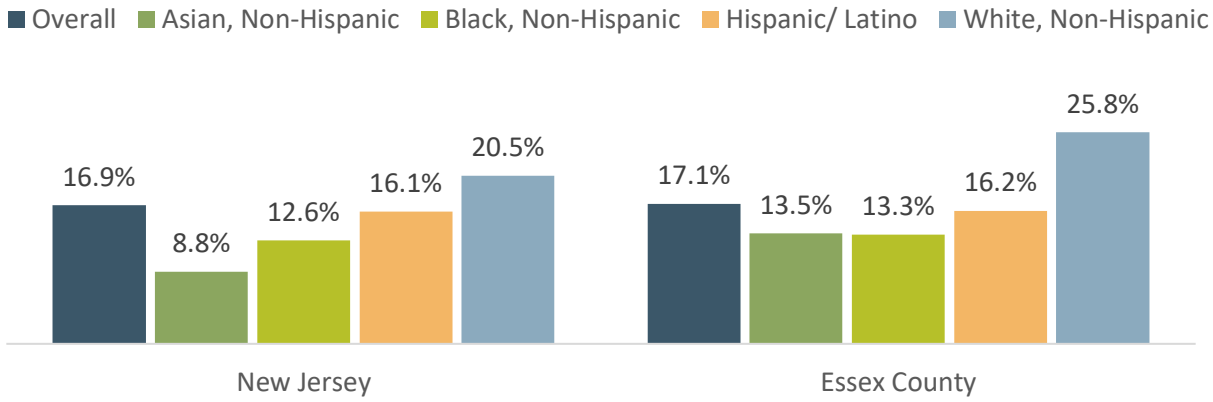
Substance Use

After mental health, substance use was the second most commonly discussed concern across both interviewees and focus group participants. In the words of one key informant, "*My biggest concern with my health, and the health of my community is drugs. I can confidently say that a large population of my community and the people in it are drug users, and it causes a lot of confrontations, people getting hurt and, in some people, can even die from overdose and heated arguments.*"

Youth ages 12 years and older were at highest risk of substance use according to community participants. One key informant perceived that youth use many substances, but overall marijuana was the drug of choice among youth. "*The substances are mainly marijuana. The younger grades had higher rates of alcohol to marijuana, but as they got older, the marijuana use was significantly higher. There was cocaine, there were pills, there was inhalants too. I say that with a caveat, the word from the survey used, we're not sure if the students understood the concept of inhalants. For the majority, marijuana was overwhelmingly the most significant. Personally, every school, I would leave the school, walk a block, and see the students leave and I could smell the marijuana."* One key informant made the connection that youth drug use may be rooted in a lack of mental health services *"[We need to be] giving them (youth) the space to be vulnerable and talk about things, instead of going to go smoke weed or doing some type of drugs."* Recent surveillance data on youth substance use, such as the Youth Risk Behavior Survey, are not available.

While marijuana use among youth was a concern, addiction among the older generations also surfaced as a community concern. One focus group participant described their perception of the ages most affected by drug addiction: "*A lot of these drug addicts that are to the extreme, I would say they're part of the older generation. Like if you see the homeless people at Penn Station, they're much older, at least 55, 60, as high up as 70. I guess they do start early, that's why they're so addicted, but when they've held on to that habit for decades, they're all of the older generation."* Adult data presented below indicate that in 2017 slightly higher percentages of adults in Essex County currently binge drink (17.1%), with White, non-Hispanic adults being the most likely to report current binge drinking (25.8%) (Figure 62).

Figure 62. Percent Adults Reported Binge Drinking in the Last 30 Days, by Race/ethnicity, State and County, 2017-2020

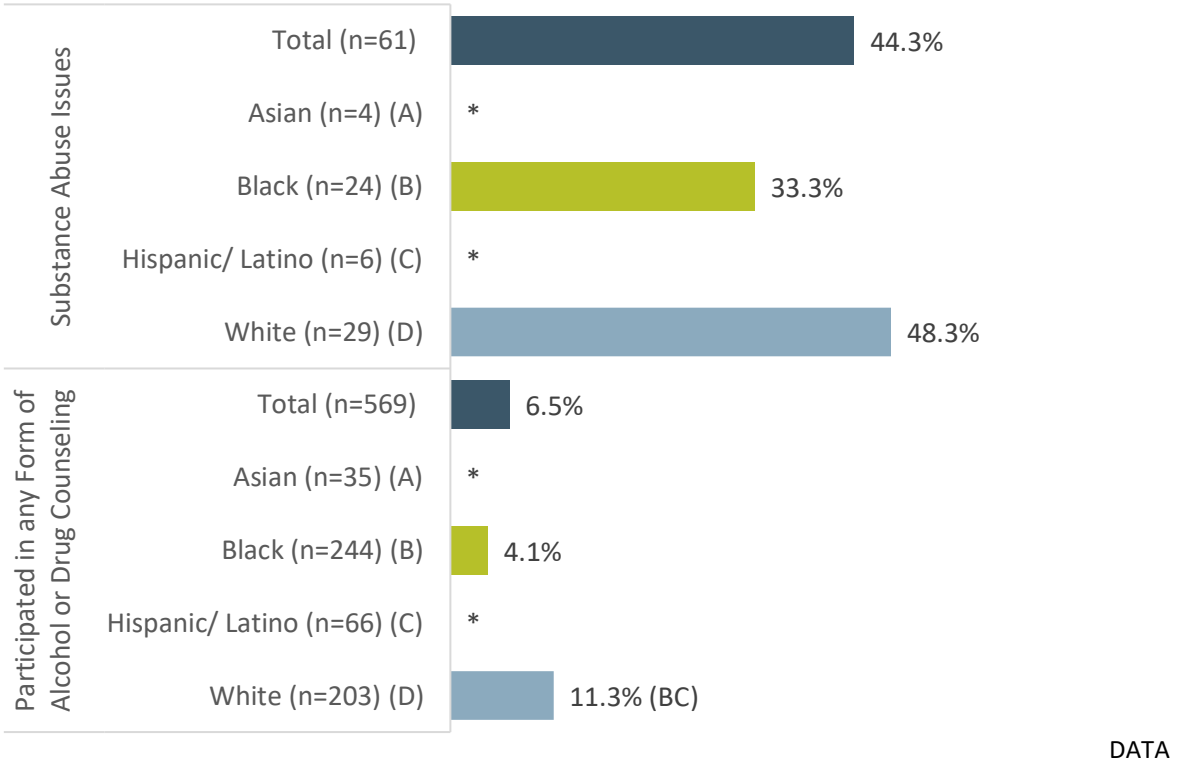


DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2017-2020
NOTE: Current binge drinking refers to males drinking 5+ drinks on one occasion in the past 30 days, or 4+ drinks for females.

Ease of access to drugs and alcohol was seen as a risk factor for substance misuse in Essex County. According to one focus group participant: "*I feel as though now, it's too easy for anyone to get to alcohol or drugs."* Another focus group participant explained that the number of liquor stores in neighborhoods contributed to ease of access. "*There's a lot of liquor stores around my neighborhood… but there's rarely any spots for like, something productive. Liquor stores, smoke shops, that's mainly what they put in my neighborhood."*

Among survey respondents who indicated that they struggled with substance abuse, 6.5% reported that they or a family member were under the care of a health professional for this condition through treatment or counselling. Survey findings illustrate that the highest rate of reported substance abuse issues was among White (48.3%) respondents (69.7%) (Figure 63). Substance abuse admissions are indicated below to illustrate the distribution of drug admissions across Essex County versus New Jersey (Figure 64). Substance misuse drug poisoning further illustrate the severity of this issue (Figure 65).

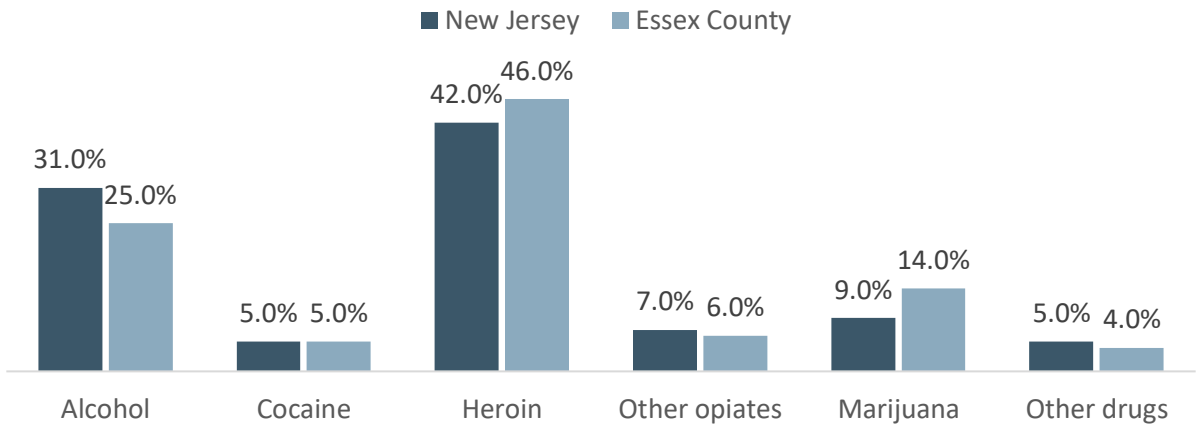
Figure 63. Percent of Community Survey Respondents Reporting that They or a Family Member Has Ever Been Told by a Health Professional They Had a Substance Abuse Issue (Drug or Alcohol) and Percent Personally Participated in any Form of Alcohol or Drug Counseling in the Past 2 Years, (N=61, N=569), 2021



SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph. Asterisk (*) indicates n<5.

The following figure shows the percentage of substance use treatment admissions by drug in 2020. For Essex County, admissions were most commonly for heroin (46.0%), alcohol (25.0%), and marijuana (14.0%) (Figure 64).

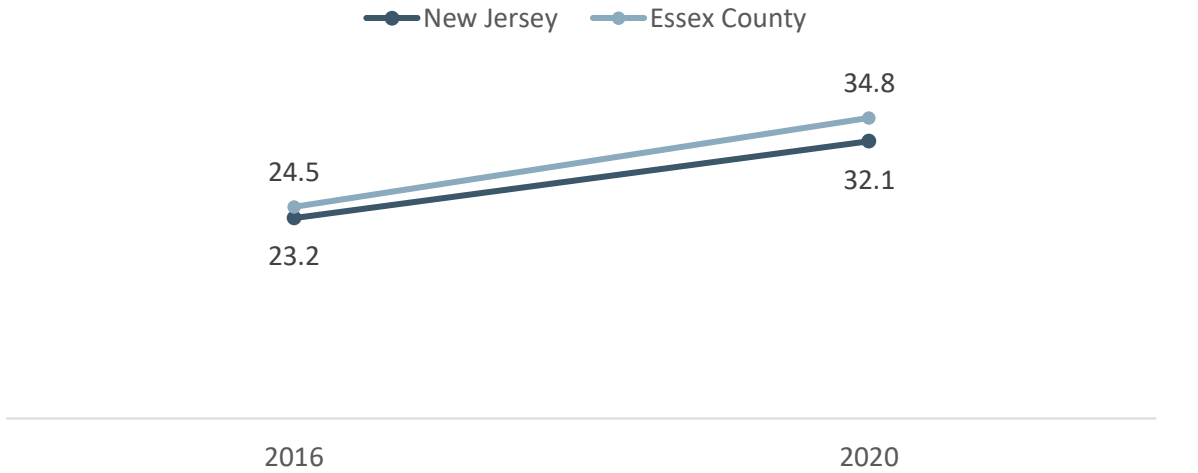
Figure 64. Percent of Substance Use Treatment Admissions by Primary Drug, by State and County, 2020



DATA SOURCE: New Jersey Department of Human Services, Division of Mental Health and Addiction Services, New Jersey Drug and Alcohol Abuse Treatment Substance Abuse Overview, 2020
NOTE: Percentages by county are by county of treatment site

One severe outcome of substance misuse is drug poisoning. Figure 65 shows the age-adjusted drug poisoning mortality rate per 100,000 for 2016 and 2020. Across both time points, the rate rose in both New Jersey and Essex County, with Essex County maintaining a slightly higher rate than the state overall (34.8 per 100,000 vs. 32.1 per 100,000 in 2020).

Figure 65. Age-Adjusted Drug Poisoning Mortality Rate per 100,000 Population, by State and County, 2016 and 2020



DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2017-2020

Environmental Health

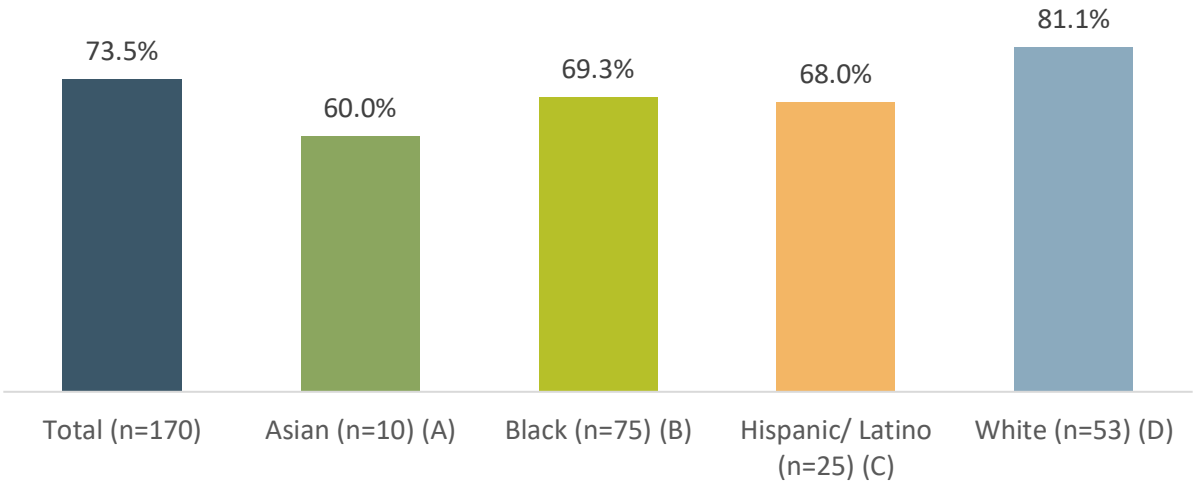
A healthy environment is associated with a high quality of life and good health. Environmental factors are various and far reaching and include exposure for hazardous substances in the air, water, soil, or food; natural disasters and climate change; and the built environment.

Asthma

Asthma was the most notable child health concern behind behavioral health. Several key informants mentioned asthma as a key child health concern, citing the high prevalence of asthma among children and contribution of asthma to missed school days. One other issue that surfaced was transportation to treatment. As one person explained, "*Since New Jersey has universal health care for youth, they can technically get access to healthcare involving asthma or any other health issue. The problem is parents being able to get out of work, lack of transportation problems."* Offering a hopeful vision for asthma management in the community, one participant stated, "*I wish all children would have an asthma management plan, so those children know what to do and how to do it, and parents would be knowledgeable about all those things and how to manage that from a daily perspective, and not an emergency room.*"

Figure 66 indicates that many survey respondents suffer from asthma, particularly White residents.

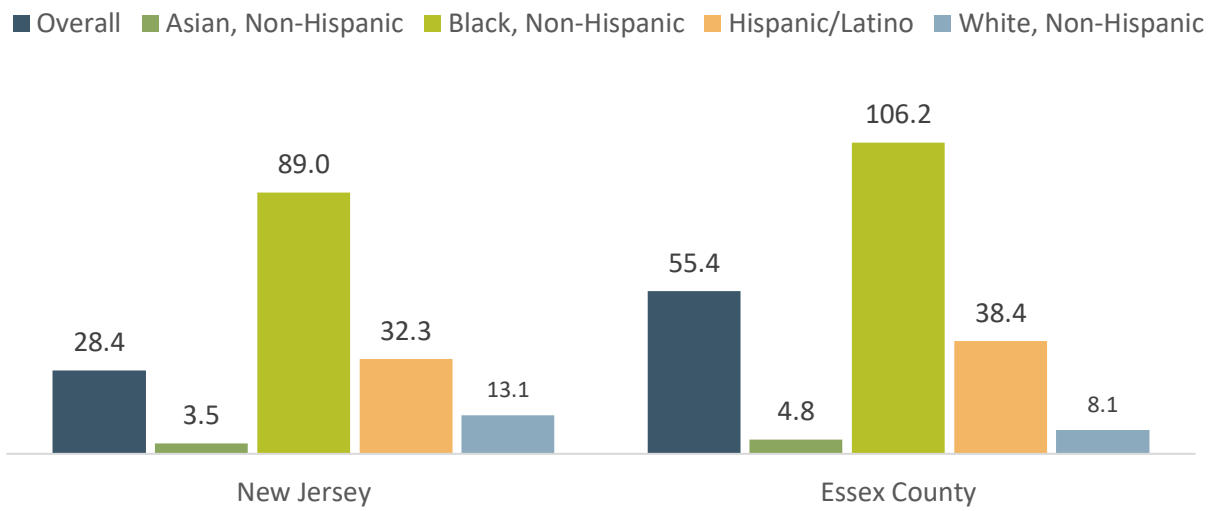
Figure 66. Percent of Community Survey Respondents Reporting that They or a Family Member Has Ever Been Told by a Health Professional They Had Asthma, by Race/Ethnicity, (N=170), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

During acute asthma attacks, many people seek care in emergency departments. In 2020, the age-adjusted asthma emergency department visit rate per 10,000 population was higher in Essex County than New Jersey (28.4 per 10,000 population), with Black, non-Hispanic residents experiencing the highest rate (106.2 per 10,000 population).

Figure 67. Age-Adjusted Asthma Emergency Department Visit Rate per 10,000 Population by Race/Ethnicity, State and County, 2020

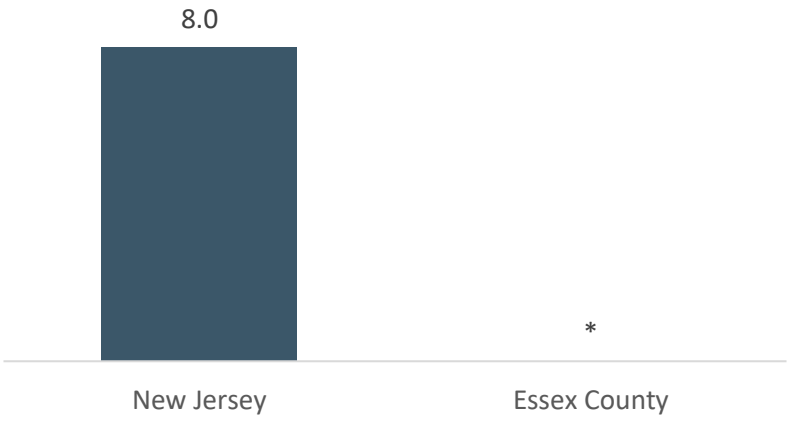


DATA SOURCE: New Jersey Discharge Data Collection System, Office of Health Care Quality Assessment, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2020
NOTE: Data includes ED visits where asthma was primary diagnosis

Air Quality

In 2020, there were 8 days statewide where ozone in outdoor air exceeded the federal health-based standard for ozone (8-hr period above 0.070ppm). This is a decrease from 2014-2019; however, it is possible that COVID-19 impacted these rates as more people spent time indoors and less time traveling (Figure 68).

Figure 68. Ozone in Outdoor Air, Number of Days Ozone Exceeded the National Ambient Air Quality Standards for Ozone (8-hour above 0.070 ppm), by State and County, 2020

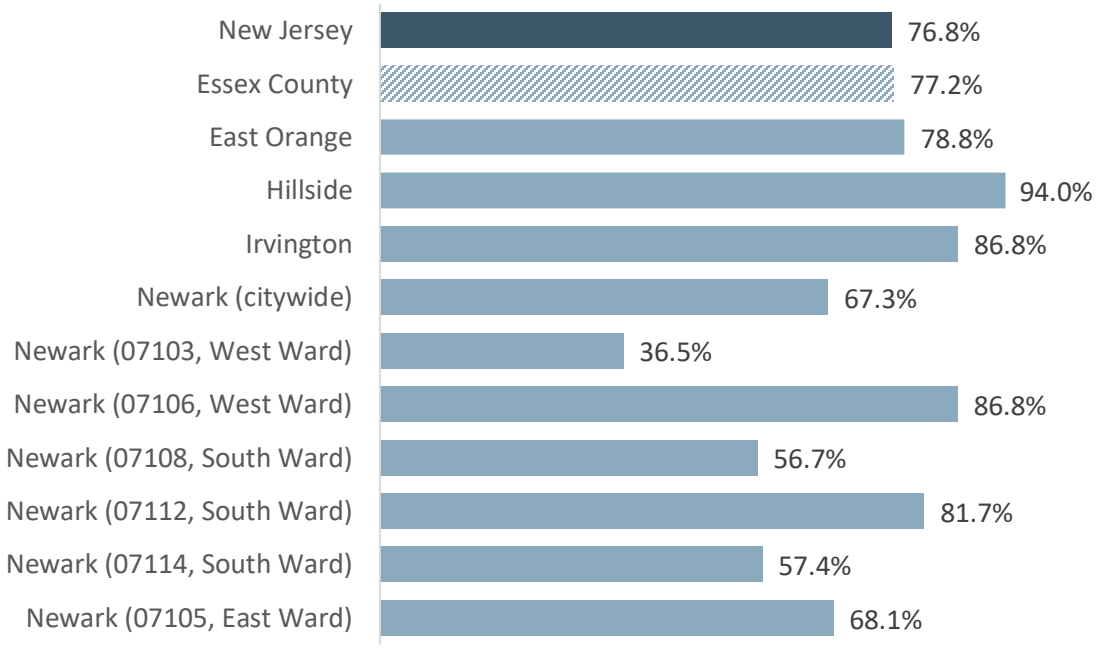


DATA SOURCE: Bureau of Air Monitoring, New Jersey Department of Environmental Protection, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2018
NOTE: Asterisks (*) denote insufficient data to calculate reliable rate

Lead

In 1978, the federal government banned consumer uses of lead-based paint. Exposure to lead among young children, through touching lead dust or paint chips for example, can harm children's health, including potential damage to the brain and nervous system, slowed growth and development, and hearing and speech problems. The following figure shows the proportion of housing built prior to 1980. Hillside (94.0%), Irvington (86.8%), and East Orange (78.8%) had the highest percentages of housing built before 1980 (Figure 69).

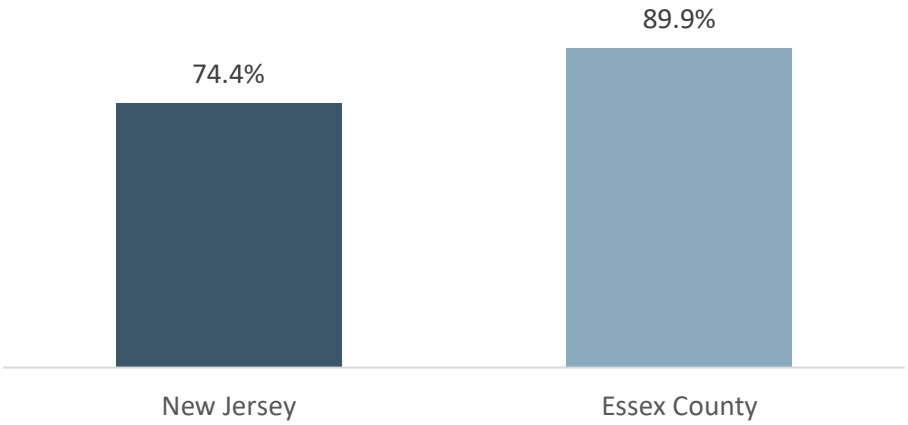
Figure 69. Housing Built Pre-1980, by State, County, and Town, 2016-2020



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Residential lead emerged as a housing concern identified by a couple of interviewees, particularly as they noted that child blood lead screening gains were lost during the COVID-19 pandemic. Interview participants explained that residential lead exposures may have increased during the stay-at-home period of the pandemic when many children spent a lot of time at home. New Jersey Child Health Program data for children born in 2014 shows the percentage of children tested for lead exposure before their third birthday. A higher percentage of children in Essex County (89.9%) were tested compared to New Jersey (74.4%) (Figure 70).

Figure 70. Percent Children Tested for Lead Exposure Before 36 Months of Age Among Children Born in 2014, by State and County, 2022



DATA SOURCE: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry; Child Health Program, Family Health Services, as reported by, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2022

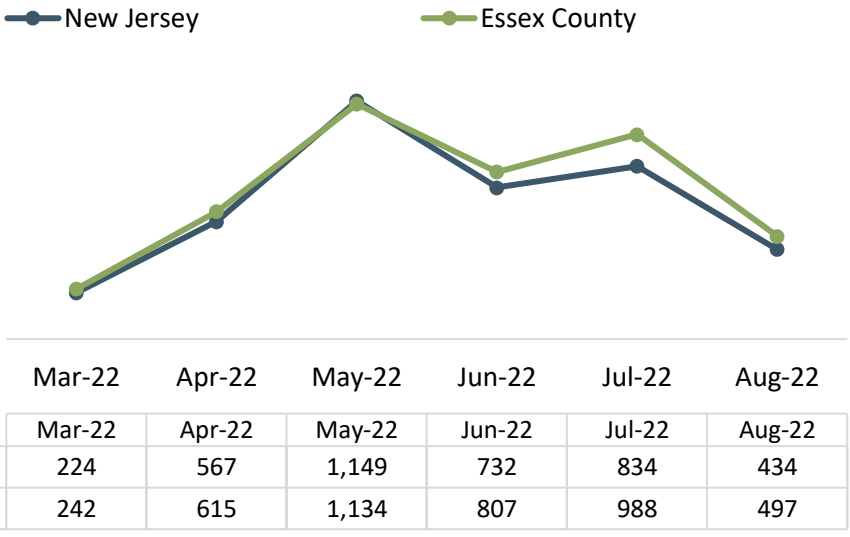
Infectious and Communicable Disease

This section discusses COVID-19 and sexually transmitted infections.

COVID-19

Figure 71 shows new COVID-19 cases in 2022. The trend was very similar comparing New Jersey and Essex County, with new cases in both geographies peaking at approximately 1,000 per 100,000 population in May 2022. The most recent data available were from August 2022, which show that Essex County had 497 cases per 100,000 population while New Jersey had 434 per 100,000.

Figure 71. New Confirmed COVID-19 Cases per 100,000 Population, by State and County, 2022

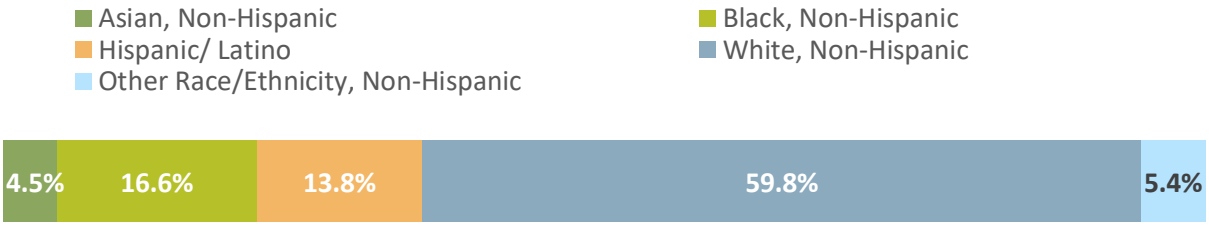


	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
New Jersey	224	567	1,149	732	834	434
Essex County	242	615	1,134	807	988	497

DATA SOURCE: New Jersey Department of Public Health, COVID-19 Dashboard, 2022
NOTE: August data is as of 8/23/2022.

As of August 10, 2022, there were 31,275 deaths due to COVID in New Jersey. Of those deaths, approximately 60% were White, Non-Hispanic residents, followed by 16.6% Black, Non-Hispanic, and 13.8% Hispanic/Latino. At the county level, there were 3,345 deaths due to COVID in Essex County. Figure 72 demonstrates the percent of COVID-19 deaths by race. For 2022, 59.8% of COVID-deaths were among White, non-Hispanic residents, while 16.6% were among Black, Non-Hispanic residents and 13.8% among Hispanic/Latino residents.

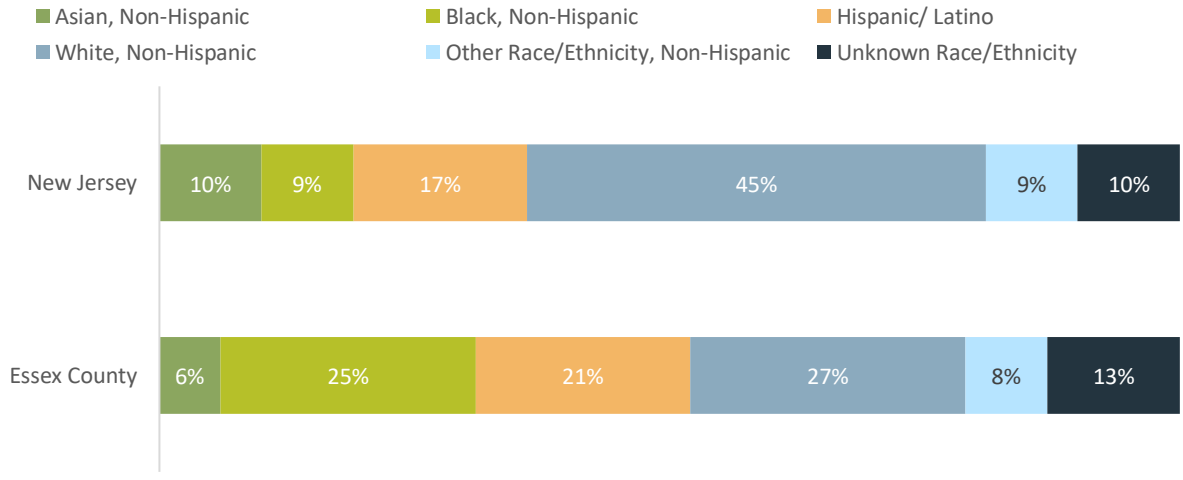
Figure 72. Percent of COVID-19 Deaths by Race/Ethnicity, by State, 2022



DATA SOURCE: New Jersey Department of Public Health, COVID-19 Dashboard, 2022

An important prevention measure for COVID-19 is vaccination. Figure 73 illustrates the percent of ethnicity distribution of those who were fully vaccinated in Essex county versus New Jersey as of July 27, 2022. Among all people who were vaccinated in Essex County, 25% were African American, while Latinos comprised 21% of all vaccinated residents. Of additional note, only 27% of Essex County vaccinees were White, as compared to 45% in New Jersey overall.

Figure 73. Percent of Eligible Residents Fully Vaccinated for COVID-19, by Race/Ethnicity, by State and County, 2022



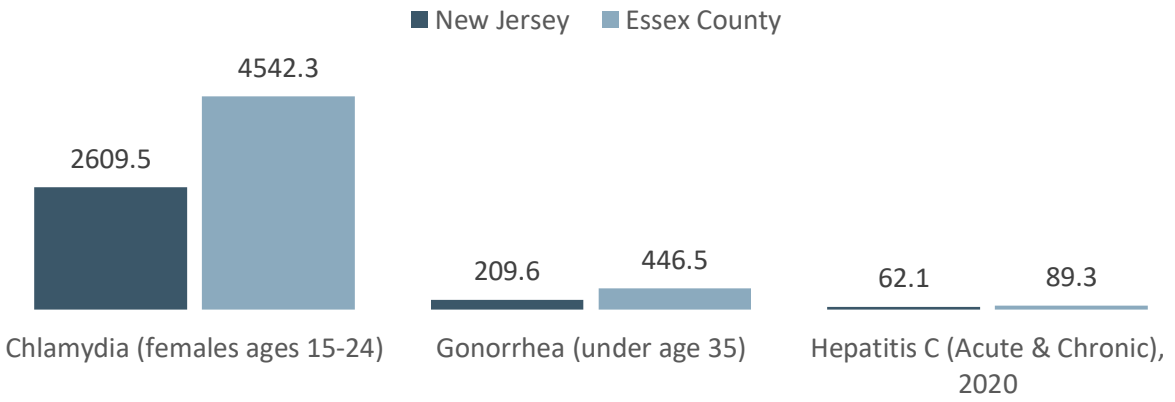
DATA SOURCE: New Jersey Department of Public Health, COVID-19 Dashboard, 7/27/2022
NOTE: Racial/ethnicity data does not include those vaccinated out of state and by federal programs. Fully vaccinated refers to individuals who have received a single dose from a one-dose vaccine course, e.g., the J&J vaccine, or their second dose from a two-dose course.

One interviewee noted that it was difficult to connect undocumented immigrants with COVID testing and vaccination programs. Since many governmental organizations delivered COVID-19 vaccinations, undocumented immigrants have been hesitant to get COVID vaccines given the fear that their immigration status would be made known.

Sexual Health and Sexually Transmitted Diseases

Sexual health and sexually transmitted diseases were not discussed during focus groups or interviews. In 2020, there was a much higher rate of Chlamydia among females ages 15-24 in Essex County (4542.3 per 100,000 population) compared to New Jersey (2609.5 per 100,000) (Figure 74). Gonorrhea rates among residents under 35 years of age and Hepatitis C rates were higher in Essex County compared to New Jersey.

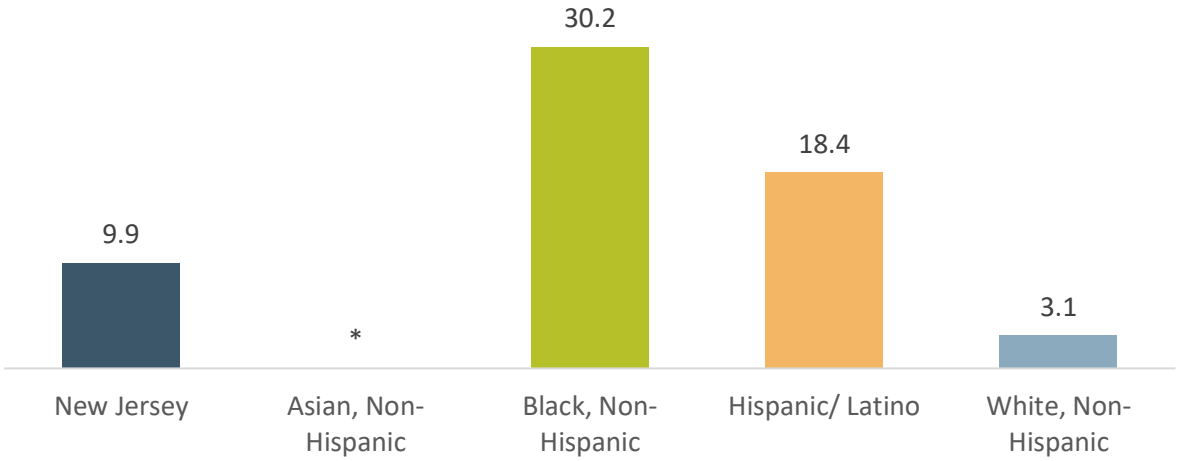
Figure 74. Chlamydia, Gonorrhea, and Hepatitis C Incidence Rates per 100,000 population, by State and County, 2020



DATA SOURCE: Communicable Disease Reporting and Surveillance System, New Jersey Department of Health, as reported by the New Jersey State Health Assessment Data (NJSHAD), 2020 & 2021

HIV incidence (new cases) data were not available for Essex County. For New Jersey in 2020, the rate of HIV incidence per 100,000 population age 13 and older among Black, non-Hispanic residents was 30.2 cases per 100,000 population, compared to 18.4 cases per 100,000 for Hispanic/Latino residents and 3.1 cases per 100,000 for White, non-Hispanic residents (Figure 75).

Figure 75. HIV Transmission per 100,000 Population Age 13 and Older, by Race/Ethnicity and State, 2020



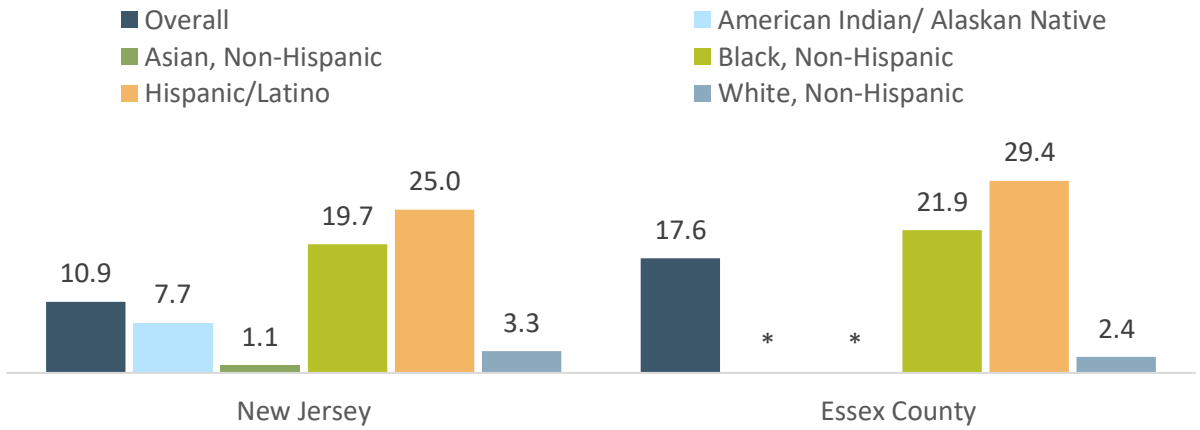
DATA SOURCE: Enhanced HIV/AIDS Reporting System (eHARS), Division of HIV/AIDS, STD, and TB Services, as reported by the New Jersey Health Assessment Data (NJSHAD), 2020
NOTE: Asterisks (*) denote insufficient data to calculate reliable rate

Maternal and Infant Health

The health and well-being of mothers, infants, and children are important indicators of community health. According to participants, Black women have been disproportionately affected by maternal health issues. One key informant shared that maternal health was an issue in the community that warranted action. "*There's a lot of conversation about the health disparities for women who are expecting, and their abilities to advocate for themselves if there's a medical issue or they have a concern. The governor's wife is spearheading an initiative called Nurture NJ that gives women an opportunity to share their concerns and to be able to talk to someone about what supports the family needs before the baby is born. The goal is to decrease infant mortality and Black mothers' morbidity.*" The secondary data below corroborate the qualitative data.

The figure below shows the number of teen births per 1,000 females ages 15-19 for 2014-2020. At the state level, the overall teen birth rate was 10.9 per 1,000 and the highest teen birth rate was among Hispanic/Latino females (25.0 per 1,000) followed by Black, non-Hispanic females (19.7 per 1,000). Teen birth rates in Essex County were slightly higher overall (17.6 per 1,000). The highest teen birth rate was among Hispanic/Latino females (29.4 per 1,000) followed by Black, non-Hispanic females (21.9 per 1,000).

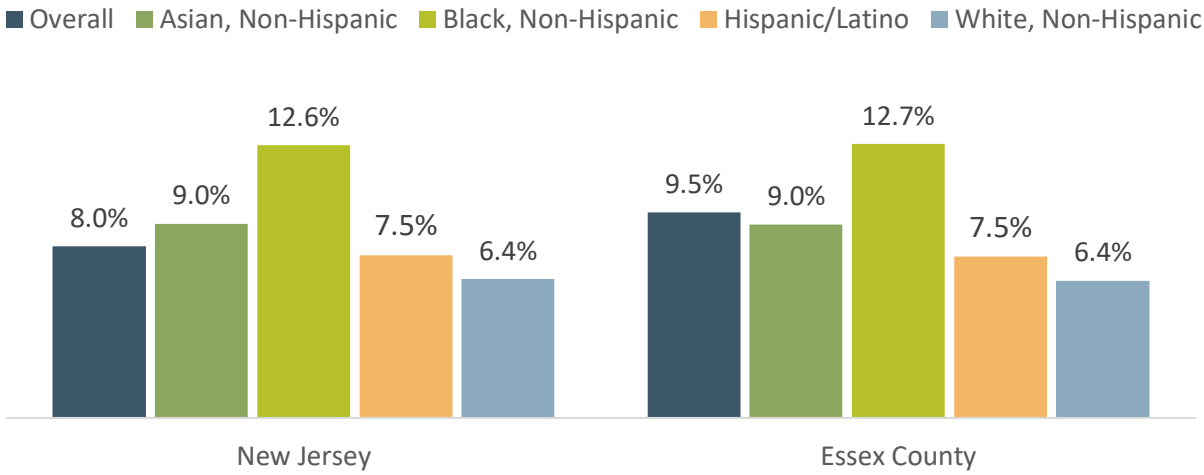
Figure 76. Number of Births per 1,000 Female Population Ages 15 to 19, by Race/Ethnicity, State and County, 2014-2020



DATA SOURCE: National Center for Health Statistics, Natality Files, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2014-2020
NOTE: Asterisks (*) denote insufficient data to calculate reliable rate

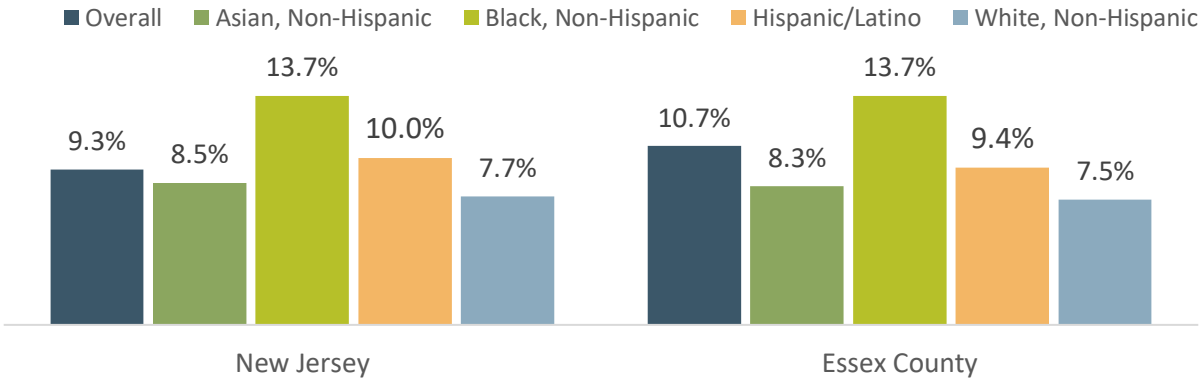
The percent of low-birth-weight births in 2020 in New Jersey was 8.0%, compared to 9.5% in Essex County (Figure 77). Looking at these data by race/ethnicity, Black, Non-Hispanic mothers were the most likely to have low-birth-weight births. A similar pattern can be seen for preterm births (Figure 78).

Figure 77. Percent Low Birth Weight Births, by Race/Ethnicity, State and County, 2015-2019



DATA SOURCE: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2015-2019
NOTE: Low birth weight as defined as less than 2,500 grams

Figure 78. Percent Preterm Births, by Race/Ethnicity, State and County, 2015-2019



DATA SOURCE: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2020

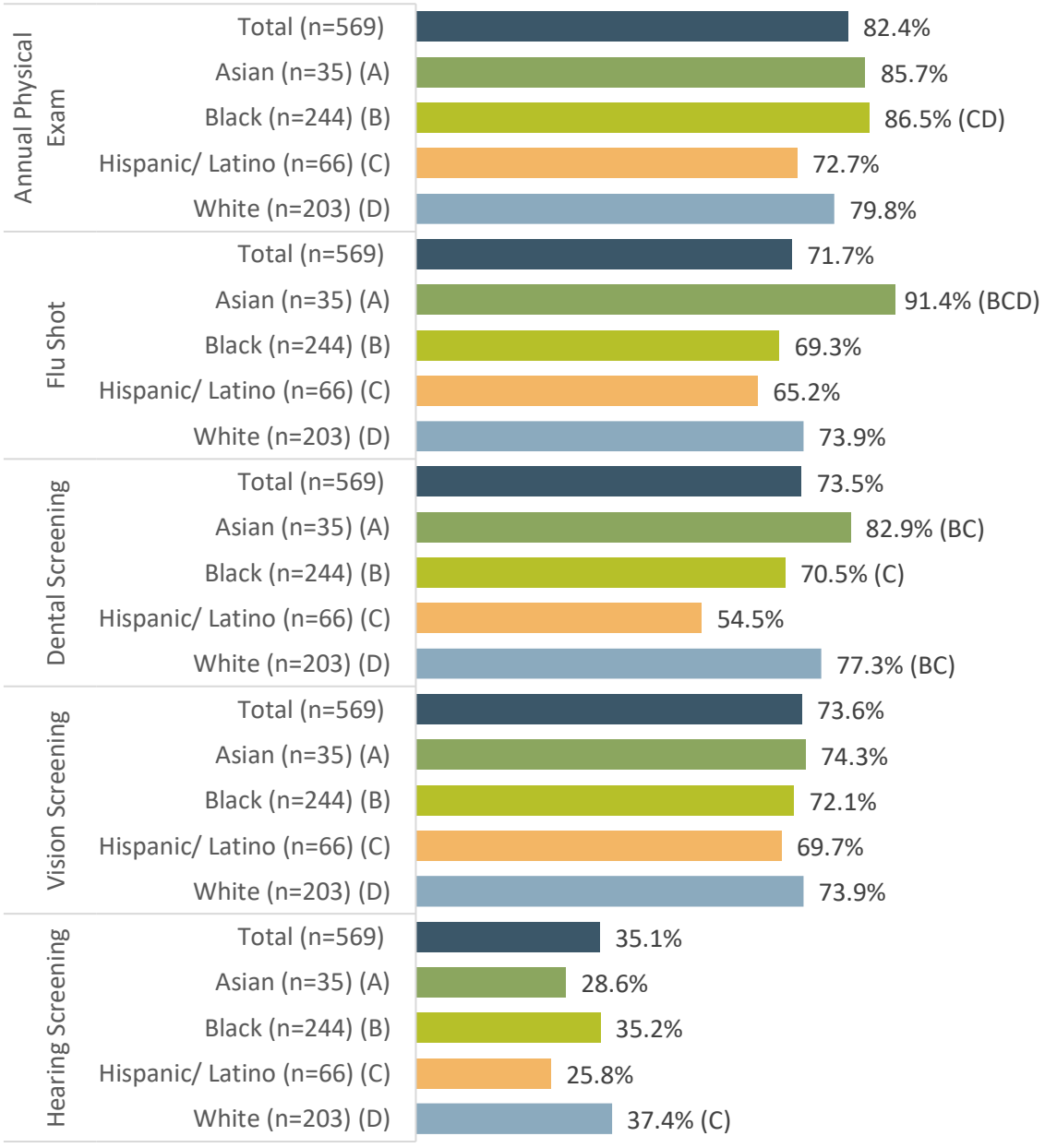
Access to Services

This section discusses the use of healthcare and other services, barriers to accessing these services, and health professional landscape in the region. Access to healthcare services is important for promoting and maintaining health, preventing and managing disease, and reducing the chance of premature death.

Access to services surfaced as a community concern. Key informants discussed how area hospitals have been consolidating and the consequent impact on access to services, especially related to mental health. One key informant shared their perception that "*we have lost a lot of anchor health institutions, hospitals have consolidated. It would be helpful to have more satellite offices or centers that address [the] issue of mental health care, [a] gap that might be plugged in various ways through community groups or hosting mental health facilities.*"

The 2021 community survey asked respondents their participation in various healthcare screenings, including preventive services. More than eight in ten respondents (82.4%) indicated that they had participated in an annual physical exam in the past two years. Approximately 7 out of 10 respondents reported they had received a flu shot, dental screening, and vision screening. Only about one-third of respondents had had a hearing screening. Across all services and screenings, Hispanic/Latino respondents were least likely to report having had these services and screenings (Figure 79).

Figure 79. Percent of Community Survey Respondents Reporting that They Have Participated in a General Preventive Services and Screenings in the Past Two Years, (N=569) 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

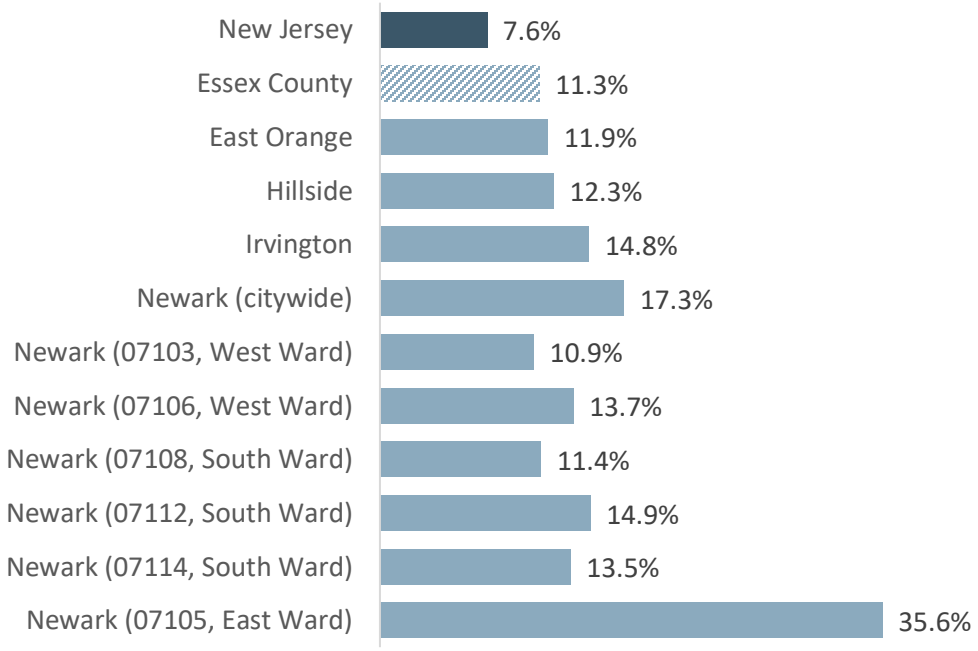
Insurance Coverage

Un- and underinsurance affects Latinos and immigrants most severely, according to focus group and interview participants. According to one key informant who works with immigrants, underinsurance together with language barriers reinforce avoidance of doctors and health seeking behavior in general. This pattern of health-seeking avoidance applied particularly to Haitian, Brazilian, and Chilean

immigrants. "*Because of the language barrier, they tend to stay home and do home remedies until it's severe, which is when they seek medical attention because they don't have insurance or money to pay a bill. My students coming from other countries, Haiti, Brazil, Chile, once they register for school, they are reserved and don't want to tell us anything, they are reserved to ask for help. Unless they are literally dying, they don't go to the hospital or seek medical care. They will even contact family from home to ask them to send remedies, so they don't have to get medical care here.*"

Figure 80 shows the percent of the population uninsured for 2016-2020. Essex County (11.3%) had a higher percentage of residents uninsured compared to New Jersey (7.6%). However, Newark's East Ward zip code 07105 had the highest rate of any geography noted below at 35.6% of residents who did not have insurance.

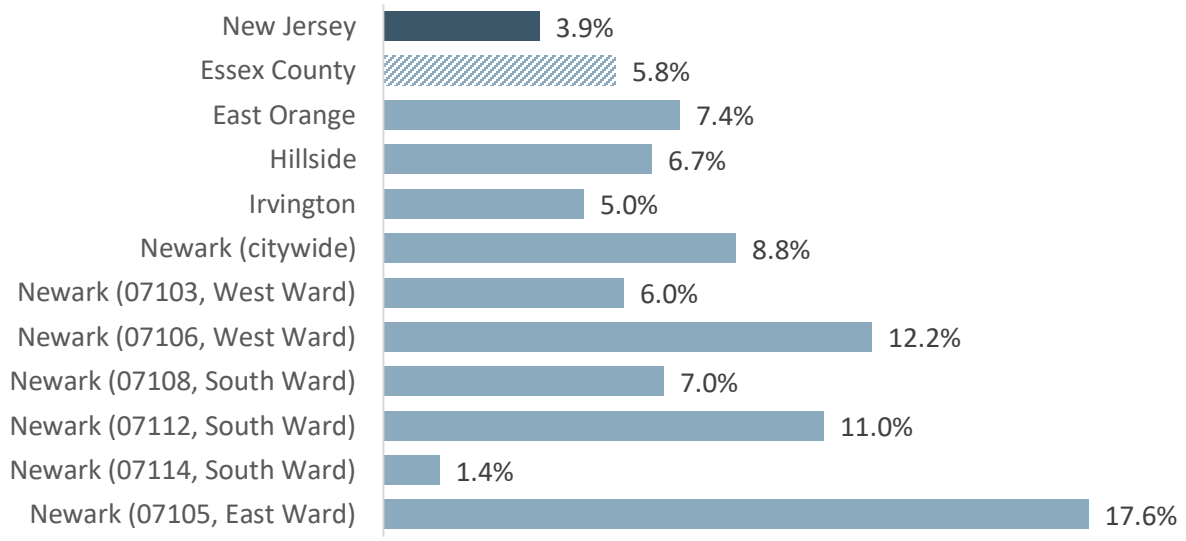
Figure 80. Percent Population Uninsured, by State, County, and Town, 2016-2020



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Looking at insurance coverage for youth under age 19, 5.8% of youth in Essex County were uninsured compared to 3.9% in New Jersey (Figure 81). Again, Newark's East Ward zip code 07105 had the highest rate of any geography (17.6%).

Figure 81. Percent Under Age 19 with No Health Insurance, by State, County, and Town, 2016-2020



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Barriers to Accessing Healthcare Services

Lack of insurance was a major barrier to accessing health services, both qualitatively and quantitatively. Other barriers mentioned in discussions included cost, wait times, availability of services, and language and cultural barriers.

Language and Cultural Barriers

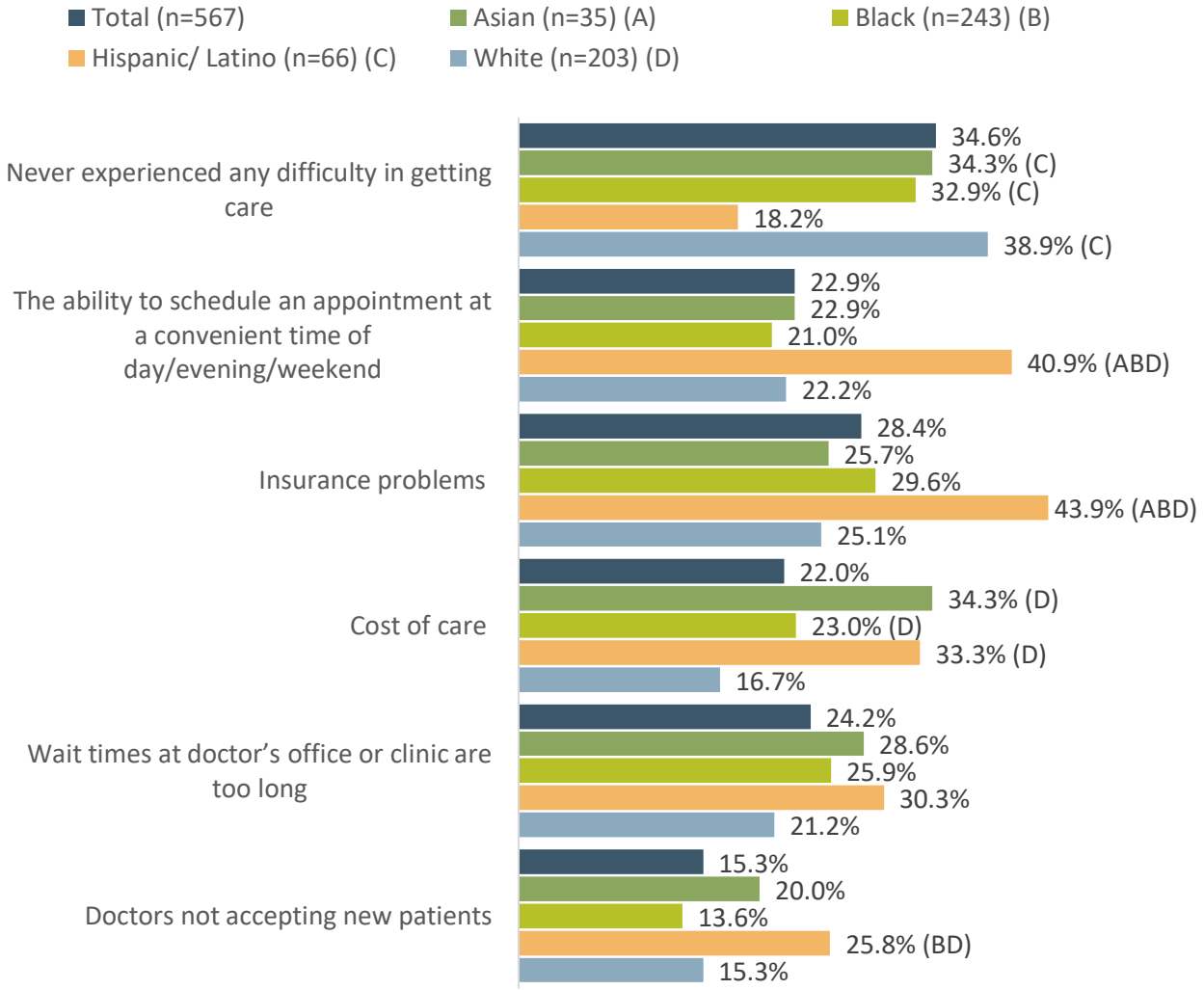
Latino and Haitian focus group participants discussed the impact of language barriers on their ability to access medical care and to navigate Newark in general. Latino residents reported a lack of services to address language barriers, noting that almost all providers only speak English. Haitian residents also experienced language barriers, according to key informants. "*Language barriers definitely are an issue, which goes back to the whole immigration process. Finding someone who speaks the language and can help you get to the next step is very difficult, even finding someone to help you get medical help. If they want to apply for food stamps or assistance, they don't speak the language and you don't speak the language so it's a big barrier… Because of the language barrier they tend to not ask for help because they know they don't understand the language, so they shy away from help.*"

Given the immigration, language, and cultural barriers that immigrants experience, several key informants indicated that there is a clear need for cultural brokers who can help immigrants to navigate Newark as they seek to renew their temporary protected status, navigate systems, acclimate to a new culture, access affordable healthy food, and obtain healthcare for their households. *"If Haitians see someone that is not Haitian, and the provider recommends they go to a free clinic, they would say 'um ok' and maybe not go. But if I tell them, because I'm in the community, they will believe me that it's free. There is mistrust of outsiders."*

While language and cultural barriers were not explored in the community survey, survey data show other issues that made it difficult for survey respondents or their family members to get needed medical treatment or care. Insurance barriers, wait times at the doctor's office, and being able to schedule an appointment at a convenient time were the top barriers that survey respondents experienced (Figure

82). When examining these data by race/ethnicity, Hispanic/Latino respondents consistently reported more access issues across the five barriers listed, with insurance problems as the biggest problem (43.9% of Latino/Hispanic respondents). Conversely, approximately one-third (34.6%) of all survey respondents reported having no access issues, but this was a least likely response among Hispanic/Latino survey respondents.

Figure 82. Percent of Community Survey Respondents Reporting Which Issues Made It Difficult for Them or a Family Member to Get Medical Treatment or Care When Needed, (N=567), 2021



DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Community Vision and Suggestions for the Future

Focus group and interview participants were asked for their suggestions for addressing identified needs and their vision for the future. The following section summarizes and presents these recommendations for future consideration. Housing, more health services, and safety were foremost among residents' visions for Newark's future, across focus groups and key informants.

Collaborate Across Sectors and Organizations to Improve the Social Determinants of Health
Several interviewees cited the importance of continuing and growing collaborations across agencies and organizations and building on strong partnerships already in place to address inequities in the social determinants of health. Some interviewees described increased collaborations during the COVID-19 pandemic as a community strength. One interview participant emphasized the importance of systems-level collaboration and action, *"We are not moving the needle on the problem, we now need systems work. This requires high level leadership commitment to go and explore something big that leads or informs something big, that ties into what we already learned and what we have."* According to one interviewee, *"The more we collaborate as nonprofits, residents are certainly better served because we're galvanizing our resources, and we're going after funding jointly […] which I think will have a more tangible impact."*

Interview and focus group participants recommended centering and engaging communities most affected in inequities in the social determinants of health and health outcomes – particularly communities of color and immigrant communities – in the process of identifying solutions, which they noted could involve building upon and tailoring existing promising models and best practices already in place in other communities and/or states. One interviewee shared, *"I would like to see a healthy, robust community that is engaged in the democratic process of making decisions, having a voice, and a platform. They are driven by an empowered community to affect change in a sustainable way that works for the community and brings them into the process."*

Relatedly, some interviewees cited the importance of coordinating community-based efforts (e.g., initiatives to transform food systems) and broadening and strengthening outreach to raise awareness of existing community-based resources and services. One interview participant emphasized the need to coordinate services and resources, *"There is sometimes duplication of services. We need to see if there is opportunity here to better coordinate programs so people are better served. We need to do it in a way that allows people to show up with what they have, without someone taking command."* Another interviewee emphasized the importance of improving outreach to raise awareness of existing services, *"Newark does a great job of having services, but not such a good job of telling people about those services."*

Specific to NBIMC, interviewees recommended that NBIMC continue to listen for community health priorities, opportunities to address gaps in services, ways to make the hospital and facilities more welcoming for residents, and opportunities to partner with grassroots organizations. As one interview participant shared, *"They just need to continue with focus groups with the community to allow them to express their thoughts on what is needed, to make sure they stay open to feedback. Specific to the employment drive, but also around issues with healthcare needs, access to resources. There's always going to be the impression that they're just going through the motions to play nice, but they have to keep plugging away at the fact that they have to show that they're not operating under the ivory tower impression."*

Invest in Improvements in the Physical and Built Environment
Interview and focus group participants cited the need to improve several aspects of the physical and built environment, which they linked with improvements in the social environment. As one interviewee described, *"My hope is that aesthetically, you know, things would look different, because I think people's mental health and social interactions would change if the physical environment changes."* To address resident concerns about ongoing disinvestment in Newark's built environment, race-based residential segregation, dirtiness, and pollution, interview and focus group participants identified the importance of

cleaning up neighborhoods (e.g., trash, rodents), improving air quality and addressing foul smells in the city, repairing roads, expanding public transportation routes, and planting more trees to address climate change and air pollution. One interviewee shared, *"Transportation is an issue. Getting to a doctor's office. We have public transportation, but there is room for improvement in terms of quantity of transportation that is available; need more buses, more routes gong to different places, certainly seems to be an area that could use improvement."*

Improve Safety

Some focus group participants also cited the importance of improving safety, which they linked with some aspects of the built environment. Some focus group participants cited gun control and reducing gun violence as a key priority. Overall, improving community safety was emphasized in the majority of focus groups and interviews, and elevated as a key contributing factor to physical and mental health outcomes.

Improve Economic and Educational Opportunities

Residents recommended improving economic and educational opportunities. They linked job opportunities with educational opportunities and hiring and housing stability and noted the need to create job opportunities for immigrant communities. One key informant explained, *"[We] need a multi-pronged approach, need to get people ready for jobs, have to get companies to commit to job access and retention."*

Some interview participants identified the need to invest in early childhood education to give children a strong start and address the impacts of the COVID-19 pandemic on delays in children's social, emotional, and academic development, and also noted the importance of addressing COVID-related *"academic loss"* among older students. The need for youth development programs also emerged in interview and focus group discussions. One youth focus group participant shared, *"There's not many positive people for the next generation… when I was growing up, I had mentors. Youth don't have that anymore and fall victim to the streets. I feel there should be many more programs set out for the next generation."* Programs to keep kids off the streets, provide safe places to gather and engage in sports, free or highly subsidized summer camps, summer internship programs, and opportunities for college education emerged as important youth development opportunities.

Continue to Improve Access to Affordable, Quality Housing

Interview and focus group participants emphasized the need to continue to increase the market of affordable and quality housing, including ensuring rent is affordable and providing home ownership opportunities for low- and moderate-income residents. One focus group participant described, *"It's going to be important to increase affordable housing. Everything is going up. It's going to be hard to keep everyone in home. Even low-income housing, and also the upkeep of those housing is important as well."* One interviewee cited the need to improve access to affordable housing through the development of mixed-income communities.

Some interview participants noted the importance of multiple partners working together to prioritize lead identification and abatement. One interviewee identified an opportunity for NBIMC to have an active role in implementing and monitoring state-funded initiatives for lead remediation and mitigation efforts by ensuring that efforts are concentrated in communities that are disproportionately affected by lead and that all housing units are tested for lead.

Improve Access to Healthy Foods

Recommendations for improving access to healthy, affordable food for adults and children included systems-level changes to the food system to address ongoing food insecurity issues and growing the infrastructure to improve access to fresh produce, such as growing community gardens, opening grocery stores in food deserts, increasing access to farmer's markets, and improving food quality in schools. Another recommendation included expanding SNAP eligibility and benefits. Within the health care sector, key informants recommended that providers address food insecurity needs of patients by collaborating and coordinating care with community-based partners and providing warm hand-offs to community-based partners. Finally, one reportedly novel intervention to address lifestyle needs in Newark was described in detail by a key informant. "*There are health challenges with the churches – churches were supplied with a challenge fund, sent people to train and run the challenge, taught people about nutrition, cooking healthy foods, monitoring health for 90 days and holding a celebration at the end.*"

Expand Health Care Access

Interview and focus group participants cited the ongoing need to expand health care access, despite health insurance expansions under Affordable Care Act. The need to improve health care access for immigrant communities, many of whom did not benefit from health insurance expansions also emerged as an area of improvement. Some focus group participants recommended simplifying the process of applying for *"charity care"* by making the process more streamlined, faster, and requiring less documentation.

Several interview and focus group participants recommended making preventive and specialty health care available within medically underserved neighborhoods, which they noted was critical to enabling residents to seek health care closer to their neighborhoods and reducing emergency department visits and hospitalizations. Towards this end, they recommended developing satellite sites and community health centers and offering more health fairs. One key informant shared, *"As community health centers start to pop up, the Federally qualified community health centers, my hope is that we'll see more of those throughout the community, so residents don't have to travel so far to access healthcare."*

> *"I think a health fair would be nice, they usually do a fair and there are different people there, they will come and bring their kids and feel more comfortable to talk if the face of the culture is there. A health fair run by (or with) Haitians for Haitians in partnership with the hospital."* - Key informant interviewee

Particular recommendations for community-based health care services included neonatal and perinatal care, health care for older adults, health care for men, mental health services, establishing asthma management plans for kids, and immunizations, particularly given perceptions of reduced immunization rates (general and COVID-19 vaccines) due to the COVID-19 pandemic. When improving access to health care, interview and focus group participants recommended applying a trauma-informed approach to health care and seeing patients in a timely manner to build trust and address health needs. On the importance of improving access to mental health care, one youth focus group participant shared, *"A lot of young people tend to struggle with mental health, and these people can't afford it (mental health care)."*

Specific to NBIMC, key informants recommended increasing the racial/ethnic and linguistic diversity among medical providers and staff at NBIMC, improving access to translation and interpretation services for immigrant communities, and concentrating NBIMC outreach efforts and health care in medically underserved wards. One key informant shared, *"I would get more people who can translate. Once they see someone else who is Haitian, they open up about what they need."*

Another recommendation pertained to creating a case management program to understand and address food security needs. One interviewee described their vision: *"I see a system that works like this: a hospital might identify a food insecure patient who may also be pre-diabetic or diabetic. They facilitate that individual being referred to the pantry where we can meet their food needs but also pair them with programming that meets other needs."* Another interviewee described the potential preventive health impact of a case management or navigator model*, "There is a need to focus on prevention. We can provide food to someone in need, but if we can bring along the other programming, nutrition education, connection to benefits, [it] could help someone – to maintain their health."*

Key Themes and Conclusions

Through a review of the secondary social, economic, and epidemiological data; a community survey; and discussions with community residents and stakeholders, this assessment report examines the current health status of residents in the Newark Beth Israel Medical Center service area during an unprecedented time given the COVID-19 pandemic and the national movement for racial justice. Several overarching themes emerged from this synthesis, with the highest concerns being mental health, safety, food affordability, and housing.

- ***The communities served by Newark Beth Israel Medical Center are diverse, and residents face health and social disparities.*** Residents explained that they felt racism and discrimination in Newark is rooted in societal and structural complexities that perpetuate disparities and injustice. Discrimination and disparities were frequently noted throughout focus groups and interviews, particularly in the context of access to education, job quality and security, distrust of law enforcement, trauma, and less access to resources, all of which culminate in worse health outcomes for impacted communities. For those residents impacted, many also indicated that they did not feel comfortable or like they had safe spaces to discuss racism and discrimination.

- ***Behavioral health, including both mental health and substance use, is a major concern in the community that many residents felt had been exacerbated by the COVID-19 pandemic.*** Across focus groups and interviews, mental health was emphasized as affecting youth and adults through trauma and some residents noted that substance use issues were manifesting in children as young as twelve years of age. Key informants who worked in mental health strongly advocated for increased services to young people who take to drugs and alcohol to cope. For youth in particular, behavioral health was also seen as being interconnected with community concerns about gun and gang violence, with some residents explaining that youth are facing trauma and numbness from losing friends to violence. Residents emphasized numerous challenges in accessing mental health, including stigma, cost, and a lack of services. The COVID-19 pandemic was also widely associated with increased stress, isolation, grief, and increased mental health needs, with Hispanic/Latino residents being most likely to report challenges.

- ***Reducing violence and improving safety in the community were lifted up as key priorities by focus group participants and key informant interviewees***. The majority of focus group and interview participants emphasized that gun and gang violence were of significant concern to the community, with some sharing personal experiences and expressing concern for the impacts of violence on children. Gun violence disproportionately affected youth mental health, parents of young children who were traumatized by recent events, and immigrant communities. Community violence and child safety were also discussed in the context of social justice, as some residents explained existing fear and mistrust of law enforcement. Concern for youth regarding gun and gang violence also contributes to youth health outcomes, as some residents explained that it feels unsafe for youth to play outside and that there is a lack of social programs and activities (e.g., sports) for youth to engage in. This sentiment was further confirmed by youth, who specifically indicated in their focus group that they want more opportunities for physical activity, particularly in the winter months, since they cannot afford gym memberships.

- ***Residents emphasized the social determinants of health and viewed health holistically, more so than focusing their concerns on individual chronic conditions.*** Focus group and interview participants explained their awareness and concerns regarding chronic disease conditions; however, they were often discussed through a holistic lens including what the residents perceived to be the causes of the conditions. One example of this was conversations around obesity, where residents explained challenges such as a lack of health insurance, food insecurity, working long hours, and unsafe neighborhoods limiting outdoor opportunities for physical activities. Economic vulnerability, often resulting in food insecurity and housing instability, were also frequently emphasized challenges by focus group and interview participants. Furthermore, barriers to accessing education and perceived disparities in job availability and access were described by focus group and interview participants. Residents explained that the COVID-19 pandemic contributed to job loss, increased poverty, and reduced opportunities for youth. Ultimately, these challenges result in food affordability and food insecurity being cited as major cross-cutting concerns throughout this report, with the understanding that food access further affects lifestyle choices and the risk for chronic disease among Newark residents. Safe and affordable housing was also a cross-cutting concern, especially in light of rising costs of living, which was of particular concern among Latino residents. Residents viewed access to quality housing as being deeply connected to health outcomes, noting that while progress has been made in the area of affordable housing, there continues to be significant need, particularly among low- and moderate-income families.

- ***Community members see continued need for accessible services, including screenings, particularly for residents without insurance.*** Residents expressed concern about maintaining access to services, such as preventative screenings and behavioral health services. Disparities in access to health insurance were noted as impacting Latinos, immigrants, and residents with language barriers. Additionally, cultural barriers and difficulty navigating the healthcare system were also discussed as challenges that limit residents' access to healthcare services. Solutions proposed by community members included increasing access to health screening services through health fairs and trucks, and through connections with cultural brokers to help residents access healthcare and other needs such as food access.

Prioritization Process and Priorities Selected for Planning

Prioritization allows hospitals, organizations, and coalitions to target and align resources, leverage efforts, and focus on achievable goals and strategies for addressing community needs. Priorities for this process were identified by examining data and themes from the CHNA findings utilizing a systematic, engaged approach. This section describes the process and outcomes of the prioritization process.

Criteria for Prioritization
A set of criteria were used to determine the priority issues for action. The RWJBH Systemwide CHNA Steering Committee put forth the following criteria to guide prioritization processes across the RWJBH system.

Prioritization Criteria

- **Burden**: How much does this issue affect health in the community?
- **Equity**: Will addressing this issue substantially benefit those most in need?
- **Impact**: Can working on this issue achieve both short-term and long-term changes? Is there an opportunity to enhance access/accessibility?
- **Systems Change**: Is there an opportunity to focus on/implement strategies that address policy, systems, and environmental change?
- **Feasibility**: Can we take steps to address this issue, given the current infrastructure, capacity, and political will?
- **Collaboration/Critical Mass**: Are existing groups across sectors already working on or willing to work on this issue together?
- **Significance to Community**: Was this issue identified as a top need by a significant number of community members?

Prioritization Process
The prioritization process was multifaceted and aimed to be inclusive, participatory, and data-driven.

Step 1: Input from Community Members and Stakeholders via Primary Data Collection
During each step of the primary data collection phase of the NBIMC CHNA, assessment participants were asked for input. Key informant interviewees and focus group participants were asked about the most pressing concerns in their communities and the three highest priority issues for future action and investment (see Key Informant Interview and Focus Group Guides in the Appendices). Community survey respondents were also asked to select up to four of the most important issues for future action in their communities, noted in the Community Health Issues section of the CHNA Report.

Based on responses gathered from key informant interviews, focus group participants, and community survey respondents, as well as social, economic, and health data from surveillance systems, ten initial issue areas were identified for the NBIMC service area (in no particular order):

- Housing
- Financial Insecurity/Unemployment
- Food Insecurity
- Systemic Racism, Racial Injustice, and Discrimination
- Crime and Violence
- Mental Health

- Alcohol/Substance Use
- Obesity & Chronic Disease
- Maternal & Child Health
- Access to Services

Step 2: Data-Informed Voting via a Prioritization Meeting

On October 25, 2022, a 90-minute virtual community meeting was held with the NBIMC CHNA Advisory Committee, so Advisory Committee members could discuss and vote on preliminary priorities for action. During the virtual prioritization meeting on Zoom, the attendees heard a brief data presentation on the key findings from the NBIMC CHNA. After the presentation, the participants reflected on and discussed the data and offered their perspectives and feedback on the various issues.

At the end of the meeting, using Zoom's polling tool, participants were asked to vote for up to four of the ten priorities identified from the data and based on the specific prioritization criteria (Burden, Equity, Impact, Systems Change, Feasibility, Collaboration/Critical Mass, and Significance to Community). A total of seven Advisory Committee members voted during the Prioritization Meeting.

Voting ranked the following issues as top priorities, with mental health receiving the highest percentage of responses.

Table 8. Prioritization Poll Results from October 25, 2022 Prioritization Meeting

	Percentage	Vote #s
Mental health	100%	7/7
Maternal and child health	71.4%	5/7
Food insecurity	57.1%	4/7
Housing	57.1%	4/7
Systemic racism, racial injustice, and discrimination	28.6%	2/7
Crime and violence	28.6%	2/7
Alcohol/substance use	28.6%	2/7
Financial insecurity/unemployment	14.3%	1/7
Obesity and chronic disease	14.3%	1/7
Access to services	14.3%	1/7

Of this list above (Table 8), the three priority areas selected for further action by NBIMC were: mental health, maternal and child health, and food insecurity. The top priority areas will be considered along with existing expertise, capacity, and experience as the hospital plans and develops its implementation plan in 2023.

APPENDICES

Appendix A - Organizations Represented in Key Informant Interviews

Community Food Bank of New Jersey
Houses of Prayer
Institute for Prevention and Recovery
Ironbound Community Corporation
Irvington Department - Department of Health & Human Services
La Casa de Don Pedro
My Brother's Keeper – Newark
New Community Corporation
Unified Vailsburg Services Organization
UVSO Childcare center (west ward)
Stand and Deliver
St. John's Community Baptist Church
The HUBB Arts and Trauma Recovery Center
Urban League of Essex County

Appendix B - Key Informant Interview Guide

Health Resources in Action
Newark Beth Israel Medical Center Community Health Needs Assessment
Virtual Key Informant Interview Guide

Goals of the key informant interview

- To determine perceptions of the strengths and needs of the community served by Newark Beth Israel Medical Center, and identify sub-populations most affected
- To explore how these issues can be addressed in the future
- To identify the gaps, challenges, and opportunities for addressing community needs more effectively

[NOTE: THE QUESTIONS IN THE INTERVIEW GUIDE ARE INTENDED TO SERVE AS A GUIDE, BUT NOT A SCRIPT.]

BACKGROUND (5 MINUTES)

Hello, my name is _____, and I work for Health Resources in Action, a non-profit public health organization in Boston. Thank you for taking the time to talk with me today.

A few months ago, the Newark Beth Israel Medical Center began undertaking a community health assessment effort to gain a greater understanding of the health of residents and how the community's needs are currently being addressed. As part of this process, we are having discussions like these with a wide range of people - community members, health care and social service providers, and staff from a range of community organizations. We are interested in hearing people's feedback on the strengths and needs of the community and suggestions for the future.

We recognize this is a unique time we are in. Given the COVID-19 pandemic, an assessment of the community's needs and strengths is even more important than ever.

Our interview will last about 45 – 60 minutes. After all the interview and focus group discussions are completed, we will be writing a summary report of the general themes that have emerged during these discussions. We will not include any names or identifying information in that report. All names and responses will remain confidential. Nothing sensitive that you say here will be connected directly to you in our report.

Do you have any questions before we begin?

INTRODUCTION (5 MINUTES)

1. Can you tell me a bit about your organization/agency? [TAILOR PROBES DEPENDING ON AGENCY OR IF COMMUNITY LEADER NOT AFFILIATED WITH ORGANIZATION]

   [PROBE ON ORGANIZATION: What is your organization's mission/services? What communities do you work in? Who are the main clients/audiences?]

2. What are some of the biggest challenges your organization faces in conducting your work in the community?

a. How have these changed during COVID-19? What new challenges do you anticipate going forward?

COMMUNITY PERCEPTIONS AND SOCIAL/ECONOMIC FACTORS (10 MINUTES)

3. How would you describe the community served by your organization/ that you serve? (NOTE THAT WE ARE DEFINING COMMUNITY BROADLY – NOT NECESSARILY GEOGRAPHICALLY BASED)

4. What do you consider to be the community's strongest assets/strengths?

    a. How have you seen the community change over the last several years?

5. What are some of its biggest concerns/issues in general? What challenges do residents face in their day-to-day lives? [PROBE IF NOT YET MENTIONED ON: transportation; affordable housing; discrimination; financial stress; food security; violence; employment; cultural understanding; language access; impacts of environmental problems and climate change, etc.] [REPEAT QUESTIONS FOR DIFFERENT ISSUES]

6. What populations (geography, age, race, gender, income/education, etc.) do you see as being most affected by these issues?

    a. How has [ISSUE] affected their daily lives?

    b. How have these issues changed during/since COVID-19?

    [REPEAT SET OF QUESTIONS FOR TWO OR THREE ISSUES MENTIONED]

HEALTH ISSUES (10 MINUTES)

7. What do you think are the most pressing health concerns in the community/among the residents you work with? Why? [PROBE ON SPECIFICS. PROBE FOR HEALTH ISSUES NOT DIRECTLY RELATED TO COVID-19, OR ISSUES THAT HAVE CHANGED BECAUSE OF COVID-19]

    a. How has [HEALTH ISSUE] affected the residents you work with? [PROBE FOR DETAILS: IN WHAT WAY? CAN YOU PROVIDE SOME EXAMPLES?]

        i. From your experience, what are peoples' biggest challenges to addressing [THIS ISSUE]?

        ii. To what extent, do you see [BARRIER] to addressing this issue among the residents you work with/your organization serves?

        [PROBE ON BARRIERS BROUGHT UP/MOST APPROPRIATE FOR POPULATION GROUP: Cost or economic hardship, transportation, stigma, attitudes towards seeking services, built environment, availability/access to resources or services, knowledge of existing resources/services, social support, discrimination, insurance coverage, etc.]

8. What are current or emerging trends that could have an impact on the public health system or the community? Has anything become apparent due to the Coronavirus pandemic?

- ***TAILORED SECTION* - SPECIFIC QUESTIONS ON PARTICULAR ISSUES, DEPENDING ON WHO THE INTERVIEWEE IS. SELECT QUESTIONS TAILORED TO INDIVIDUAL EXPERTISE AND ASK A FEW QUESITONS IF NOT YET BROUGHT UP. (5-10 MINUTES)**

For Interviewees Working in Housing and/or Transportation

- What barriers do you see residents experiencing around accessing affordable and healthy housing? How about with transportation?
- Are there particular structural, institutional, or policy-related barriers that have affected the communities you work with in this region before the pandemic – and now?
- What has been working well in the community to improve access to healthy, affordable housing? How about related to transportation? What has been challenging or not working well? Where are there opportunities for improvement or innovation?

For Interviewees Working with Families with Young Children

- What barriers do you see for Families with Young Children?
- What resources do they need to be healthier?
- What has been the effect among families of the school violence tragedies?

For Interviewees Working in Financial Instability, Employment, and Workforce Development

1. What challenges are residents facing regarding hiring, employment, or job security?

- What were the needs in this community around workforce development? What is needed to improve residents' employability? What training or resources are needed?
- Are there any approaches to improving workforce development and financial stability that you think will have to change in light of the pandemic and its impacts?

For Interviewees Working with Communities where Discrimination is a Concern

- What are some of the specific challenges around discrimination that your communities face?
- What should health care and social service providers consider when treating health and other issues in diverse populations? How can institutions best respond to the needs of diverse groups? (e.g. religious, racial/ethnic, etc.)
- How has the pandemic and/or movements for racial justice impacted addressing issues and needs of diverse groups?

For Interviewees Working with Seniors/Older Adults

- What are some of the challenges seniors are facing in your community?
- Are there particular structural, institutional, or policy-related barriers that have affected seniors in your community?
- How has the pandemic and its effects impacted seniors and organizations serving older adults?
- What has been going "right" that could be built on going forward?

For Interviewees Working in the Areas of Substance Use or Mental Health

- Are there particular structural, institutional, or policy-related barriers that have affected the communities you work with in this region before the pandemic – and now?
- How has the pandemic impacted community members regarding substance use and mental health? *mention other KIIs have brought up suicide in youth; isolation in older populations

- What are your major concerns for the future? What has been going "right" that could be built on going forward?

For Interviewees Working with Seniors/Older Adults
- What are some of the challenges seniors are facing in your community?
- Are there particular structural, institutional, or policy-related barriers that have affected seniors in your community?
- How has the pandemic and its effects impacted seniors and organizations serving older adults?
- What has been going "right" that could be built on going forward?

For Interviewees Working with Youth/Young Adults
- What are some of the challenges youths are facing in your community?
- What should health care and social service providers consider when treating health and other issues in youth populations? How can institutions best respond to the needs of younger individuals?
- How has the pandemic and its effects impacted youths and organizations serving younger individuals?
- What are your major concerns for the future? Do you have examples of programs or approaches that have been working well that could be built on going forward?

For Interviewees Working in Food Assistance and Food Security
- What barriers do you see residents experiencing around accessing affordable and healthy food?
- Are there particular structural, institutional, or policy-related barriers that have affected the communities you work with in this region before the pandemic – and now?
- What has been working well in the community to improve access to healthy, affordable food?
- What has been challenging or not working well? What opportunities exist for improvement or innovation?

- **VISION FOR THE FUTURE (10 MINUTES)**

9. I'd like you to think ahead about the future of your community. When you think about the community 3 years from now, what would you like to see? What's your vision?

    a. What do you see as the next steps in helping this vision become reality?

    b. We talked about a number of strengths or assets in the community. [MENTION POTENTIAL STRENGTHS- Community resilience, diversity, number of organization/services available, community engagement, etc.] How can we build on or tap into these strengths to move us towards a healthier community?

    c. What can NBIMC do to contribute to this vision for the future?

10. As you think about your vision, what do you think needs to be in place to support <u>sustainable</u> change?

    a. How do we move forward with lasting change across <u>organizations and systems</u>?

    b. Where do you see yourself or your organization in this?

11. We talked about a lot of issues today, if you had to narrow down the list to 3 or so issues – thinking about what would make the most impact, who is most affected by the issues, and how realistic it is to make change: What do you think are the 3 highest priority issues for future action? If there were greater investments made in your community, what 3 issues should receive this funding?

    - **OTHER**

12. We are also interested in finding out ways people receive news and current events. Thinking about the ways people might get information, where do you get news and information from? What about ways you prefer to search for news and information – (television, radio, print, smartphone, computer or tablet).

    - **CLOSING (5 MINUTES)**

Thank you so much for your time and sharing your opinions. Your perspectives about the communities you work with will be a great help in determining how to improve the systems that affect the health of this population. Before we end the discussion, is there anything that you wanted to add that you didn't get a chance to bring up earlier?
Thank you again. Your feedback is valuable, and we greatly appreciate your time and for sharing your opinion.

Appendix C - Focus Group Guide

Health Resources in Action
Newark Beth Israel Medical Center Community Health Needs Assessment

Goals of the Focus Group:

- To determine perceptions of the strengths and needs of the community
- To understand residents' current experiences and challenges
- To identify the gaps, challenges, and opportunities for addressing community needs more effectively

- **BACKGROUND (5-10 minutes)**

I. Hello, my name is _____, and I work for Health Resources in Action, a non-profit public health organization in Boston. Thank you for taking the time to talk with me today. I hope you and your families are fine during these uncertain times.

II. This discussion will last about 60 minutes. [DEPENDING ON FORMAT OF FOCUS GROUP] Please turn on your video, if possible, so that we can all see each other speaking. As a reminder, please keep yourself on MUTE until you want to speak.

NORMALLY, WE WOULD BE DOING THIS IN-PERSON AS A GROUP.

III. We're going to be having a focus group today. Has anyone here been part of a focus group before? You are here because we want to hear your opinions. I want everyone to know there are no right or wrong answers during our discussion. We want to know your opinions, and those opinions might differ. This is fine. Please feel free to share your opinions, both positive and negative.

IV. A few months ago, the Newark Beth Israel Medical Center began undertaking a community health assessment effort to gain a greater understanding of the health of residents and how the community's needs are currently being addressed. As part of this process, we are having discussions like these with a wide range of people - community members, health care and social service providers, and staff from a range of community organizations. We are interested in hearing people's feedback on the strengths and needs of the community and suggestions for the future.

V. We recognize this is a unique time we have been in. Given the COVID-19 pandemic, an assessment of the community's needs and strengths is even more important than ever.

- We will be conducting several of these discussion groups around the area. After all of the groups are done, we will be writing a summary report of the general opinions that have come up. In that report, we might provide some general information on what we discussed tonight, but I will not include any names or identifying information. Your responses will be strictly confidential. In the report, nothing you say here will be connected to your name.

- [NOTE IF AUDIORECORDING] We plan to audio record these conversations just to ensure we have captured the main points of the discussion in case there are any interruptions in the note-taking. No one but the analysts at Health Resources in Action, who are writing the report, will be

listening to the audio recordings. Does anyone have any concerns with me turning the recorder on now?

I. Any questions before we begin our introductions and discussion?

- **INTRODUCTIONS (5 minutes)**

Now, first let's spend a little time getting to know one another. When I call your name, please unmute yourself and tell us: 1) Your first name; 2) what city or town you live in; and 3) something about yourself you'd like to share– such as how many children you have or what activities you like to do for fun. [AFTER ALL PARTICIPANTS INTRODUCE THEMSELVES, MODERATOR TO ANSWER INTRO QUESTIONS]

- **COMMUNITY ASSETS AND CONCERNS (20 minutes)**

For the following questions, we will be discussing the strengths and concerns in your community.

- If someone was thinking about moving into your community, what would you say are some of its biggest strengths about your community - or the most positive things about it? [PROBE ON COMMUNITY AND ORGANIZATIONAL ASSETS/STRENGTHS]

    - How have these strengths changed during COVID-19?

- To contrast that, what are some of the biggest problems or concerns in your community? How have these concerns changed during COVID-19? [PROBE ON ISSUES IF NEEDED – TRANSPORTATION, HOUSING AFFORDABILITY, ECONOMIC SECURITY, HEALTH CONCERNS, ETC.]

    - Just thinking about day-to-day life –working, getting your kids to school, things like that – what are some of the challenges or struggles you deal with on a day-to-day basis? [PROBE ON ISSUES IF NEEDED – TRANSPORTATION, HOUSING AFFORDABILITY, ECONOMIC SECURITY, HEALTH CONCERNS, ETC.]

    - How have these changed during COVID-19?

    - What specific population groups do you think have been most at-risk for these issues in your community?

- In the past year, there has been more national dialogue around racial injustice, inequity, and structural racism. How has this dialogue played out in the [COMMUNITY NAME] community? How have issues of inequity played out in the [COMMUNITY NAME] community?

    - How can different community organizations effectively contribute to the ongoing conversation and movement for racial justice?

- What do you think are the most pressing *health* concerns in your community?

- How did these health issues affect your community? In what way?
    - How have these changed during COVID-19?
- What specific population group are most at-risk for these issues?

- Thinking about health and wellness, what makes it easier to be healthy in your community?
    - What supports your health and wellness?
- What makes it harder to be healthy in your community?

- **PERCEPTIONS OF COMMUNITY NEEDS, BARRIERS, AND OPPORTUNITIES (15 minutes)**

What are the top three issues of concern that have been mentioned? [MODERATOR TO NAME THE MAJOR 3-4 ISSUES – HEALTH, TRANSPORTATION, SOCIAL, ECONOMIC, ETC. --THAT HAVE COME UP SO FAR.] Other issues include obesity, mental health, diabetes, violence, and housing. Let's talk about some of the issues.

- Do you agree with this list as the major concerns/issues in your community? Is there a major issue that is missing?

- Let's talk about [ISSUE]. *(Moderator to select one major issue discussed.)* What are some of the barriers or challenges residents face in dealing with [ISSUE]? [PROBE: BARRIERS TO SERVICES, ASSISTANCE, COORDINATION, SOCIAL/ECONOMIC FACTORS, DISCRIMINATION, ETC.]
    - Thinking about your larger community environment – the services and resources available, your state and local policies or practices, etc. -- what do you see as some of the biggest challenges for your community to tackle this issue or make improvements?
    - What do you think should happen in the community to address this issue? [PROBE SPECIFICALLY ON WHAT THAT WOULD LOOK LIKE AND WHO WOULD BE INVOLVED TO MAKE THAT HAPPEN]

[REPEAT Q6 FOR 1-2 OTHER MAJOR ISSUES THAT WERE DISCUSSED]

- **VISION OF COMMUNITY HEALTH IMPROVEMENT AND INVOLVEMENT (10 minutes)**

- I'd like you to think ahead about the future of your community. When you think about the community 3-5 years from now, what would you like to see? What is your vision for the future?
    - What do you think needs to happen in the community to make this vision a reality?
    - Who should be involved in this effort?

- We talked about a lot of things today. Thinking about what would make the most impact, who is most affected by the different issues we talked about, and how realistic it is to make change: What do you think are the most important areas of action to improve health in your community? If organizations and agencies are going to work together to tackle the community's biggest issues, what should they put at the top of the list?

- **OTHER**

- We are also interested in finding out the ways people receive news and current events. Thinking about the ways people might get information, where do you get news and information from? What about ways you prefer to search for news and information – (television, radio, print, smartphone, computer or tablet).

- **CLOSING (2 minutes)**

Thank you so much for your time. This is a very difficult time for everyone, and your perspective will be a great help in determining how to improve the systems that affect your community.
That's it for my questions. Is there anything else that you would like to mention that we didn't discuss today? Thank you again. Have a good afternoon. [TALK ABOUT NEXT STEPS OF THE PROCESS, SPECIFICALLY HOW PARTICIPANTS CAN GET INVOLVED FURTHER OR RECEIVE THE FINAL REPORT OR SUMMARY OF THE REPORT.]

Appendix D - Resource Inventory

Resources in Essex County

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	ENSED_OWN
ADULT DAY HEALTH CARE SERVICES	80770	1st Cerebral Palsy of New Jersey	7 SANFORD AVENUE	BELLEVILLE	NJ	07109	ESSEX	(973) 751-0200		1ST CEREBRAL PALSY OF NEW JERSEY, INC.
ADULT DAY HEALTH CARE SERVICES	308113	2nd Home East Orange	115 EVERGREEN PLACE	EAST ORANGE	NJ	07018	ESSEX	(973) 676-2600	(973) 676-2800	2ND HOME EAST ORANGE LLC
ADULT DAY HEALTH CARE SERVICES	308116	2nd Home Newark Operations, LLC	717-727 BROADWAY	NEWARK	NJ	07104	ESSEX	(973) 268-1212	(973) 268-1016	2ND HOME NEWARK OPERATIONS , LLC
ADULT DAY HEALTH CARE SERVICES	308117	2nd Home Orange Operations, LLC	37 NORTH DAY STREET	ORANGE	NJ	07050	ESSEX	(973) 395-9800	(973) 395-4242	PREMIER OF ORANGE LLC
ADULT DAY HEALTH CARE SERVICES	308114	Belleville Senior Services	518 WASHINGTO N AVENUE	BELLEVILLE	NJ	07109	ESSEX	(973) 751-6000	(973) 751-1190	BELLEVILLE SENIOR SERVICES, LLC
ADULT DAY HEALTH CARE SERVICES	07020	ELDERCARE OF BELLEVILLE LLC	250 MILL STREET	BELLEVILLE	NJ	07109	ESSEX	(973) 751-7600		ELDERCARE OF BELLEVILLE LLC
ADULT DAY HEALTH CARE SERVICES	308336	Goodlife Adult Day Care	515 NORTH ARLINGTON AVENUE	EAST ORANGE	NJ	07017	ESSEX	(973) 674-5100	(973) 674-6300	APOLLO HEALTHCAR E, LLC
ADULT DAY HEALTH CARE SERVICES	082453	Happy Days Adult Day Healthcare Center, L.L.C.	67 SO MUNN AVE	EAST ORANGE	NJ	07018	ESSEX	(973) 678-0755	(732) 905-0944	HAPPY DAYS HEALTHCAR E LLC
ADULT DAY HEALTH CARE SERVICES	308100	Happy Days I I Adult Day Healthcare, L.L.C.	1060 BROAD STREET	NEWARK	NJ	07102	ESSEX	(973) 643-3500		HAPPY DAYS II ADULT MEDICAL DAY
ADULT DAY HEALTH CARE SERVICES	07025	Heritage Adult Enrichment Center	440 WASHINGTO N STREET	ORANGE	NJ	07050	ESSEX	(973) 677-2273	(862) 233-6450	HERITAGE ADULT ENRICHMEN T CENTE, LLC
ADULT DAY HEALTH CARE SERVICES	308120	Home Away From Home Adult Day Care Center Of Nutley	263 HILLSIDE AVENUE	NUTLEY	NJ	07110	ESSEX	(973) 662-9191	(973) 662-1112	ESSEX MEDICAL DAY CARE, LLC
ADULT DAY HEALTH CARE SERVICES	02005	New Jersey Adult Medical Day Care Inc.	290 CHESTNUT STREET	NEWARK	NJ	07105	ESSEX	(973) 578-2815	(973) 589-0386	NEW JERSEY ADULT MEDICAL DAY CARE, INC
ADULT DAY HEALTH CARE SERVICES	YG153X	The North Ward Center	288 298 MT PROSPECT AVENUE	NEWARK	NJ	07104	ESSEX	(973) 481-6145	(973) 481-1573	THE NORTH WARD CENTER, INC.
ADULT DAY HEALTH CARE SERVICES	07033	Nutley Adult Day Care Center, Inc	357-361 HARRISON STREET	NUTLEY	NJ	07110	ESSEX	(551) 689-6100		NUTLEY ADULT DAY CARE CENTER INC

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	ENSED_OWN
ADULT DAY HEALTH CARE SERVICES	308335	The Oasis at Sinai Adult Medical Day Care	65 JAY STREET	NEWARK	NJ	07103	ESSEX	(973) 483-6800	(973) 483-8140	SINAI CENTER FOR REHABILITAT ION AND HEALTHCAR E LLC
ADULT DAY HEALTH CARE SERVICES	308119	Signature Medical Day Care of Montclair	110 GREENWOO D AVENUE	MONTCLAIR	NJ	07042	ESSEX	(973) 783-5589	(973) 783-3711	FREEHOLD MONTCLAIR HEALTHCAR E, LLC
ADULT FAMILY CARE	082445	Care Management 2000	258 PARK ST	UPPER MONTCLAIR	NJ	07043	ESSEX	(973) 655-0121	(973) 655-0402	CARE MANAGEME NT 2000, INC.
ADULT FAMILY CARE	308121	Clarendon Alternate Family Care	212 CLIFTON AVENUE	NEWARK	NJ	07104	ESSEX	(973) 481-6516	(973) 227-1117	BRANCH BROOK PARK MANOR, INC.
ADULT FAMILY CARE	90901	Royal Homecare Management	285 ROSEVILLE AVENUE	NEWARK	NJ	07107	ESSEX	(973) 481-2200	(973) 481-3200	ROYAL HOME CARE MANAGEME NT LLC
AMBULATORY CARE FACILITY	24785	ADVANCED PRACTICE IMAGING	30 BERGEN STREET	NEWARK	NJ	07103	ESSEX	(973) 972-5188	(973) 972-7429	RUTGERS HEALTH GROUP, INC.
AMBULATORY CARE FACILITY	24951	BARNABAS HEALTH AMBULATORY CARE CENTER	200 SOUTH ORANGE AVENUE, SUITE 215	LIVINGSTON	NJ	07039	ESSEX	(973) 322-7000	(973) 322-7283	SAINT BARNABAS OUTPATIENT CENTERS CORPORATI ON
AMBULATORY CARE FACILITY	25127	BMG EAST ORANGE LLC	200 FREEWAY DRIVE EAST, SUITE 305	EAST ORANGE	NJ	07019	ESSEX	(973) 886-1854	(973) 370-4040	BMG EAST ORANGE LLC
AMBULATORY CARE FACILITY	23184	CANFIELD MEDICAL IMAGING ASSOCIATE, P.A.	343 PASSAIC AVENUE, SUITE C	FAIRFIELD	NJ	07004	ESSEX	(973) 227-2308	(973) 227-3475	CANFIELD MEDICAL IMAGING ASSOCIATE PA
AMBULATORY CARE FACILITY	24945	CITYWIDE URGENT CARE NJ, LLC	322 GLENWOOD AVENUE	BLOOMFIELD	NJ	07003	ESSEX	(973) 929-7600	(973) 929-7602	CITYWIDE URGENT CARE NJ, LLC
AMBULATORY CARE FACILITY	22941	COVENANT HOUSE NEW JERSEY MEDICAL SERVICES	330 WASHINGTO N STREET	NEWARK	NJ	07102	ESSEX	(973) 286-3550	(973) 621-6680	COVENANT HOUSE NEW JERSEY
AMBULATORY CARE FACILITY	25331	FAMILY MD URGENT CARE & WALK-IN MEDICAL CENTER	393 MULBERRY STREET, SUITE 203	NEWARK	NJ	07102	ESSEX	(201) 733-9222		FAMILY MD LLC
AMBULATORY CARE FACILITY	22968	IMAGECARE	120 MILLBURN AVENUE	MILLBURN	NJ	07041	ESSEX	(973) 376-0900	(973) 376-0010	CENTER FOR ADVANCED IMAGING LLC
AMBULATORY CARE FACILITY	22601	IMAGECARE AT WEST ORANGE	61 MAIN STREET	WEST ORANGE	NJ	07052	ESSEX	(973) 736-1680	(862) 930-7397	WEST ORANGE RADIOLOGY, LLC

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	ENSED_OWN
AMBULATORY CARE FACILITY	24080	IRONBOUND OPEN MRI	119-137 CLIFFORD STREET	NEWARK	NJ	07102	ESSEX	(973) 508-1400	(973) 522-2009	IRONBOUND MRI, LLC
AMBULATORY CARE FACILITY	23000	IRVINGTON MEDICAL IMAGING CENTER	277-285 COIT STREET	IRVINGTON	NJ	07111	ESSEX	(973) 351-1277	(973) 373-0510	NEWARK IMAGING CENTER, INC.
AMBULATORY CARE FACILITY	22787	MAGNETIC RESONANCE OF NJ	410 CENTER STREET	NUTLEY	NJ	07110	ESSEX	(973) 354-9700	(973) 661-1116	HUDSON RADIOLOGY CENTER OF NJ
AMBULATORY CARE FACILITY	24404	MEDAID RADIOLOGY, LLC	481 NORTH 13TH STREET	NEWARK	NJ	07107	ESSEX	(973) 481-7770	(973) 481-7755	MEDAID RADIOLOGY, LLC
AMBULATORY CARE FACILITY	23317	MONTCLAIR BREAST CENTER	37 NORTH FULLERTON AVENUE	MONTCLAIR	NJ	07042	ESSEX	(973) 509-1818	(973) 509-0708	MONTCLAIR BREAST CENTER
AMBULATORY CARE FACILITY	22403	MONTCLAIR RADIOLOGY	1140 BLOOMFIEL D AVENUE	WEST CALDWELL	NJ	07006	ESSEX	(973) 439-9729	(973) 661-4674	MONTCLAIR RADIOLOGIC AL ASSOCIATES, P.A.
AMBULATORY CARE FACILITY	23399	MONTCLAIR RADIOLOGY	20 HIGH STREET	NUTLEY	NJ	07110	ESSEX	(973) 661-4674	(973) 284-0269	MONTCLAIR RADIOLOGIC AL ASSOCIATES, P.A.
AMBULATORY CARE FACILITY	23401	MONTCLAIR RADIOLOGY	116 PARK STREET	MONTCLAIR	NJ	07042	ESSEX	(973) 661-4674	(973) 284-0956	MONTCLAIR RADIOLOGIC AL ASSOCIATES, P.A.
AMBULATORY CARE FACILITY	10766	MOUNTAINSIDE FAMILY PRACTICE ASSOCIATES AT VERONA	799 BLOOMFIEL D AVENUE	VERONA	NJ	07044	ESSEX	(973) 746-7050		MONTCLAIR HOSPITAL, LLC
AMBULATORY CARE FACILITY	22292	MRNJ NEWARK	9-25 ALLING STREET	NEWARK	NJ	07102	ESSEX	(973) 242-5600	(973) 242-4277	AMERICAN DIAGNOSTIC IMAGING INC
AMBULATORY CARE FACILITY	24270	NEWARK IMAGING CORP.	400 DELANCEY STREET, SUITE 108	NEWARK	NJ	07105	ESSEX	(973) 589-7777	(973) 412-3333	NEWARK MED IMAGING CORP.
AMBULATORY CARE FACILITY	24805	NJIN OF BELLEVILLE	36 NEWARK AVENUE	BELLEVILLE	NJ	07109	ESSEX	(973) 844-4170	(973) 844-4192	THE NEW JERSEY IMAGING NETWORK LLC
AMBULATORY CARE FACILITY	22760	NJIN WEST ORANGE	772 NORTHFIELD AVENUE	WEST ORANGE	NJ	07052	ESSEX	(973) 325-0002	(973) 325-8140	THE NEW JERSEY IMAGING NETWORK LLC
AMBULATORY CARE FACILITY	24385	NJU CANCER TREATMENT CENTERS	375 MT PLEASANT AVENUE	WEST ORANGE	NJ	07052	ESSEX	(973) 323-1300	(973) 323-1319	NEW JERSEY UROLOGY, LLC
AMBULATORY CARE FACILITY	24320	NJU CANCER TREATMENT CENTERS	1515 BROAD STREET, SUITE B120	BLOOMFIELD	NJ	07003	ESSEX	(973) 873-7000	(973) 873-7025	NEW JERSEY UROLOGY, LLC

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	ENSED_OWN
AMBULATORY CARE FACILITY	23151	ODI DIAGNOSTIC IMAGING OF NEWARK, L.L.C.	243 CHESTNUT STREET	NEWARK	NJ	07105	ESSEX	(973) 521-5685	(862) 237-7629	DIC DIAGNOSTIC S, L.L.C.
AMBULATORY CARE FACILITY	25029	PINNACLE MRI GROUP, LLC	345 HENRY STREET	ORANGE	NJ	07050	ESSEX	(201) 426-4450	(201) 754-9850	PINNACLE MRI GROUP, LLC
AMBULATORY CARE FACILITY	70791	PLANNED PARENTHOOD OF METROPOLITAN NEW JERSEY	238-240 MULBERRY STREET	NEWARK	NJ	07102	ESSEX	(973) 622-3900	(973) 596-6307	PLANNED PARENTHOO D OF METROPOLI TAN NEW JERSEY
AMBULATORY CARE FACILITY	25201	PREMIER DIAGNOSTIC OF ESSEX, LLC	155 PROSPECT AVENUE	WEST ORANGE	NJ	07052	ESSEX	(862) 520-1962	(862) 520-2670	PREMIER DIAGNOSTIC S OF ESSEX, LLC
AMBULATORY CARE FACILITY	24477	PROSPECT PRIMARY CARE	424 MAIN STREET	EAST ORANGE	NJ	07018	ESSEX	(973) 674-8067	(973) 677-7719	MENTAL HEALTH ASSOCIATIO N OF ESSEX COUNTY, INC.
AMBULATORY CARE FACILITY	24349	SINUS AND DENTAL IMAGING OF NEW JERSEY LLC	111-115 FRANKLIN AVENUE	NUTLEY	NJ	07110	ESSEX	(201) 736-7585	(973) 773-9525	MERCURIUS SIDHOM LIMITED LIABILITY COMPANY
AMBULATORY CARE FACILITY	24871	SUMMIT MEDICAL GROUP, P.A.	75 EAST NORTHFIELD AVENUE	LIVINGSTON	NJ	07039	ESSEX	(908) 273-4300	(908) 277-8656	SUMMIT MEDICAL GROUP, PA
AMBULATORY CARE FACILITY	22255	THE STONE CENTER OF NEW JERSEY	150 BERGEN STREET	NEWARK	NJ	07103	ESSEX	(973) 564-5642	(973) 564-5024	THE STONE CENTER OF NEW JERSEY
AMBULATORY CARE FACILITY	24776	UNIVERSITY RADIOLOGY GROUP, LLC	235 FRANKLIN AVENUE	NUTLEY	NJ	07110	ESSEX	(732) 390-0040	(732) 390-1856	UNIVERSITY RADIOLOGY GROUP, LLC
AMBULATORY CARE FACILITY	22950	UNIVERSITY RADIOLOGY GROUP, LLC	2130 MILLBURN AVENUE	MAPLEWOOD	NJ	07040	ESSEX	(973) 912-0404	(973) 912-0444	UNIVERSITY RADIOLOGY GROUP, LLC
AMBULATORY CARE FACILITY	R24377	WEST ORANGE ENDOVASCULAR CENTER, LLC	347 MOUNT PLEASANT AVENUE, SUITE 100	WEST ORANGE	NJ	07052	ESSEX	(973) 325-0042	(856) 307-1200	JAMES F MCGUCKIN MD OF NJ, PA
AMBULATORY CARE FACILITY - SATELLITE	25277	MOBILE HEALTH CENTER	150 BERGEN STREET	NEWARK	NJ	07101	ESSEX	(732) 972-0871		UNIVERSITY HOSPITAL
AMBULATORY CARE FACILITY - SATELLITE	25044	NEWARK COMMUNITY HEALTH CENTER	92-96 FERRY STREET	NEWARK	NJ	07105	ESSEX	(973) 483-1300	(973) 350-5562	NEWARK COMMUNIT Y HEALTH CENTERS, INC
AMBULATORY CARE FACILITY - SATELLITE	24148	NEWARK DEPT OF HEALTH AND COMMUNITY WELLNESS MOBILE VAN	36 VICTORIA STREET	NEWARK	NJ	07114	ESSEX	(973) 877-6082	(973) 353-8473	NEWARK DEPARTMEN T OF HEALTH AND COMMUNIT Y WELLNESS

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	ENSED_OWN
AMBULATORY CARE FACILITY - SATELLITE	22305	PLANNED PARENTHOOD OF METROPOLITAN NEW JERSEY	70 ADAMS STREET SUITE 13	NEWARK	NJ	07105	ESSEX	(973) 465-7707	(973) 465-5779	PLANNED PARENTHOO D OF METROPOLI TAN NEW JERSEY
AMBULATORY CARE FACILITY - SATELLITE	70793	PLANNED PARENTHOOD OF METROPOLITAN NEW JERSEY	560 MARTIN LUTHER KING BOULEVARD	EAST ORANGE	NJ	07018	ESSEX	(973) 674-4343	(973) 674-5581	PLANNED PARENTHOO D OF METROPOLI TAN NEW JERSEY
AMBULATORY CARE FACILITY - SATELLITE	22303	PLANNED PARENTHOOD OF METROPOLITAN NJ - MONTCLAIRE	29 NORTH FULLERTON AVENUE	MONTCLAIR	NJ	07042	ESSEX	(973) 746-7116	(973) 746-8899	PLANNED PARENTHOO D OF METROPOLI TAN NEW JERSEY
AMBULATORY CARE FACILITY - SATELLITE	25169	SAINT JAMES HEALTH, INC	332 SOUTH 8TH STREET	NEWARK	NJ	07103	ESSEX	(973) 789-8111		SAINT JAMES HEALTH, INC.
AMBULATORY CARE FACILITY - SATELLITE	25347	SAINT JAMES HEALTH, INC.	491 CLINTON AVENUE	CLINTON HILL	NJ	07108	ESSEX	(973) 789-8111		SAINT JAMES HEALTH, INC.
AMBULATORY SURGICAL CENTER	24266	ADVANCED SPINE AND OUTPATIENT SURGERY CENTER, LLC	347 MOUNT PLEASANT AVENUE, THIRD FLOOR	WEST ORANGE	NJ	07052	ESSEX	(908) 557-9420	(908) 557-9438	ADVANCED SPINE AND OUTPATIENT SURGERY CENTER, LLC
AMBULATORY SURGICAL CENTER	23459	AMBULATORY CENTER FOR EXCELLENCE IN SURGERY	1255 BROAD STREET	BLOOMFIELD	NJ	07003	ESSEX	(973) 842-2150	(973) 338-3545	BLOOMFIEL D SURGI CENTER LLC
AMBULATORY SURGICAL CENTER	70785	CENTER FOR SPECIAL SURGERY OF ESSEX COUNTY	556 EAGLE ROCK AVE	ROSELAND	NJ	07068	ESSEX	(973) 226-3500	(973) 226-3100	CENTER FOR SPECIAL SURGERY OF ESSEX COUNTY, L.L.C.
AMBULATORY SURGICAL CENTER	22810	ESSEX ENDOSCOPY CENTER, L.L.C.	275 CHESTNUT STREET	NEWARK	NJ	07105	ESSEX	(973) 589-5545	(973) 589-0073	ESSEX ENDOSCOPY CENTER, L.L.C.
AMBULATORY SURGICAL CENTER	24309	ESSEX SPECIALIZED SURGICAL INSTITUTE	475 PROSPECT AVENUE	WEST ORANGE	NJ	07052	ESSEX	(973) 325-6716	(973) 325-6723	ESSEX SPECIALIZED SURGICAL INSTITUTE, L.L.C.
AMBULATORY SURGICAL CENTER	R24569	ESSEX SURGICAL ARTS SURGERY CENTER, LLC	727 JORALEMON STREET	BELLEVILLE	NJ	07109	ESSEX	(973) 450-1600	(973) 450-1602	ESSEX SURGICAL ARTS SURGERY CENTER LLC
AMBULATORY SURGICAL CENTER	R24648	ESSEX SURGICAL, L.L.C.	776 NORTHFIELD AVENUE	WEST ORANGE	NJ	07052	ESSEX	(973) 324-2300	(973) 324-1421	ESSEX SURGICAL, LLC
AMBULATORY SURGICAL CENTER	R24549	FREEDOM SURGICAL CENTER, LLC	1455 BROAD STREET, SUITE 100	BLOOMFIELD	NJ	07003	ESSEX	(201) 478-9160	(201) 402-2051	FREEDOM SURGICAL CENTER

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	ENSED_OWN
AMBULATORY SURGICAL CENTER	R24489	LOVERME CENTER FOR PLASTIC SURGERY, THE	825 BLOOMFIELD AVENUE	VERONA	NJ	07044	ESSEX	(973) 857-9499	(973) 857-9453	PAUL J. LOVERME, M.D., P.A.
AMBULATORY SURGICAL CENTER	24393	MOUNTAIN SURGERY CENTER	375 MT PLEASANT AVENUE, SUITE 210	WEST ORANGE	NJ	07052	ESSEX	(973) 736-3390	(973) 736-3588	WEST ORANGE SURGICAL CENTER, LLC
AMBULATORY SURGICAL CENTER	R24543	NORTH FULLERTON SURGERY CENTER	37 NORTH FULLERTON AVENUE	MONTCLAIR	NJ	07042	ESSEX	(973) 233-0433	(973) 233-0144	NORTH FULLERTON SURGERY CENTER LLC
AMBULATORY SURGICAL CENTER	R24542	NORTHERN NJ EYE INSTITUTE	71 SECOND STREET	SOUTH ORANGE	NJ	07079	ESSEX	(973) 763-2203	(973) 762-9449	NORTHERN NEW JERSEY EYE INSTITUTE, PA
AMBULATORY SURGICAL CENTER	R24699	NORTHFIELD SURGICAL CENTER, LLC	741 NORTHFIELD AVENUE	WEST ORANGE	NJ	07052	ESSEX	(201) 243-0990	(973) 243-0731	NORTHFIELD SURGICAL CENTER, LLC
AMBULATORY SURGICAL CENTER	70789	PILGRIM MEDICAL CENTER	393 BLOOMFIELD AVENUE	MONTCLAIR	NJ	07042	ESSEX	(973) 746-1500	(973) 746-0955	PILGRIM MEDICAL CENTER, INC
AMBULATORY SURGICAL CENTER	24023	PLEASANTDALE AMBULATORY CARE, LLC	61 MAIN STREET, SUITE D	WEST ORANGE	NJ	07052	ESSEX	(973) 324-2280	(973) 324-2285	PLEASANTDALE AMBULATORY CARE LLC
AMBULATORY SURGICAL CENTER	70781	PREMIER SURGICAL PAVILION, L.L.C.	145 ROSEVILLE AVE	NEWARK	NJ	07107	ESSEX	(973) 454-2620	(866) 744-4483	PREMIER SURGICAL PAVILION, L.L.C.
AMBULATORY SURGICAL CENTER	24814	RIVERSIDE SURGICAL CENTER OF NEWARK, LLC	393 MULBERRY STREET	NEWARK	NJ	07102	ESSEX	(201) 645-6125	(866) 380-4009	RIVERSIDE SURGICAL CENTER OF NEWARK, LLC.
AMBULATORY SURGICAL CENTER	23381	SHORT HILLS SURGERY CENTER	187 MILLBURN AVENUE	MILLBURN	NJ	07041	ESSEX	(973) 671-0555	(973) 671-0557	JERSEY ASC VENTURES, LLC
AMBULATORY SURGICAL CENTER	22335	SUBURBAN ENDOSCOPY CENTER, LLC	799 BLOOMFIELD AVENUE	VERONA	NJ	07044	ESSEX	(973) 571-1600	(973) 571-1882	SUBURBAN ENDOSCOPY CENTER, LLC
AMBULATORY SURGICAL CENTER	23110	SURGICAL CENTER AT MILLBURN	37 EAST WILLOW STREET	MILLBURN	NJ	07041	ESSEX	(973) 912-8111	(973) 912-0181	SURGICAL CENTER AT MILLBURN, LLC
AMBULATORY SURGICAL CENTER	21955	THE GREGORI SURGERY CENTER	101 OLD SHORT HILLS ROAD	WEST ORANGE	NJ	07052	ESSEX	(973) 322-6373	(973) 322-6633	WEST ORANGE ASC, LLC
AMBULATORY SURGICAL CENTER	70786	THE LIVINGSTON SURGERY CENTER	200 SOUTH ORANGE AVENUE	LIVINGSTON	NJ	07039	ESSEX	(973) 322-7700	(973) 322-7542	LIVINGSTON ASC, LLC
ASSISTED LIVING PROGRAM	07A031	MC Properties Associates, ALP	285 ROSEVILLE AVENUE	NEWARK	NJ	07107	ESSEX	(973) 392-3165	(973) 481-3200	MC PROPERTIES ASSOCIATES ALP

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	ENSED_OWN
ASSISTED LIVING RESIDENCE	07015	Arbor Terrace Roseland	345 EAGLE ROCK AVENUE	ROSELAND	NJ	07068	ESSEX	(973) 618-1888		SHP V ROSELAND, LLC
ASSISTED LIVING RESIDENCE	30a002	Arden Courts of W. Orange NJ, LLC	510 PROSPECT AVENUE	WEST ORANGE	NJ	07052	ESSEX	(973) 736-3100	(973) 736-0500	ARDEN COURTS OF W. ORANGE NJ, LLC
ASSISTED LIVING RESIDENCE	07A021	Brandywine Living At Livingston	369 EAST MT PLEASANT AVENUE	LIVINGSTON	NJ	07039	ESSEX	(973) 251-0600	(973) 251-0601	WELL BL OPCO LLC
ASSISTED LIVING RESIDENCE	30A004	Brighton Gardens of West Orange	220 PLEASANT VALLEY WAY	WEST ORANGE	NJ	07052	ESSEX	(973) 731-9840	(973) 731-9170	HCP ORANGE NJ OPCO, LLC
ASSISTED LIVING RESIDENCE	30A001	Brookdale West Orange	520 PROSPECT AVENUE	WEST ORANGE	NJ	07052	ESSEX	(973) 325-5700	(973) 325-6800	BREA WEST ORANGE, LLC
ASSISTED LIVING RESIDENCE	30A009	Care One At Livingston Assisted Living	76 PASSAIC AVENUE	LIVINGSTON	NJ	07039	ESSEX	(973) 758-4100	(973) 758-4103	CARE TWO LLC
ASSISTED LIVING RESIDENCE	30A008	The Cliffs At Eagle Rock	707 EAGLE ROCK AVENUE	WEST ORANGE	NJ	07052	ESSEX	(973) 669-0011	(973) 669-9711	BAPTIST HOME SOCIETY OF NEW JERSEY
ASSISTED LIVING RESIDENCE	30a006	Job Haines Home For Aged People/Hearthside Commons	250 BLOOMFIELD AVENUE	BLOOMFIELD	NJ	07003	ESSEX	(973) 743-0792	(973) 743-1135	JOB HAINES HOME FOR AGED PEOPLE
ASSISTED LIVING RESIDENCE	30a005	Lutheran Social Ministries At Crane's Mill	459 PASSAIC AVENUE	WEST CALDWELL	NJ	07006	ESSEX	(973) 276-3030	(973) 276-3032	LUTHERAN SOCIAL MINISTRIES OF NJ
ASSISTED LIVING RESIDENCE	30a003	Sunrise Assisted Living at West Essex	47 GREENBROOK ROAD	FAIRFIELD	NJ	07004	ESSEX	(973) 228-7890	(973) 228-7918	WELLTOWER OPCO GROUP LLC
ASSISTED LIVING RESIDENCE	30a000	Winchester Gardens Assisted Living Center	333 ELMWOOD AVENUE	MAPLEWOOD	NJ	07040	ESSEX	(973) 762-5050	(973) 762-2766	MARCUS L. WARD HOME
COMPREHENSIVE PERSONAL CARE HOME	N2K04D	House of the Holy Comforter Canterbury Village	33 MOUNT PLEASANT AVENUE	WEST ORANGE	NJ	07052	ESSEX	(973) 736-1194	(973) 243-9381	HOUSE OF THE HOLY COMFORTER
COMPREHENSIVE PERSONAL CARE HOME	07C009	Roseville Manor	285 ROSEVILLE AVENUE	NEWARK	NJ	07107	ESSEX	(973) 481-2200	(973) 481-3200	ROSEVILLE HEALTH CARE, LLC
COMPREHENSIVE REHABILITATION HOSPITAL	20725	KESSLER INSTITUTE FOR REHABILITATION INC	1199 PLEASANT VALLEY WAY	WEST ORANGE	NJ	07052	ESSEX	(973) 243-6830	(973) 243-6819	KESSLER INSTITUTE FOR REHABILITAT ION, INC.
END STAGE RENAL DIALYSIS	25035	ALARIS HEALTH DIALYSIS AT ESSEX	155-40TH STREET	IRVINGTON	NJ	07111	ESSEX	(973) 371-2155	(973) 963-8341	ALARIS HEALTH DIALYSIS AT ESSEX

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	ENSED_OWN
END STAGE RENAL DIALYSIS	22201	BIO-MEDICAL APPLICATIONS OF IRVINGTON	10 CAMPTOWN ROAD	IRVINGTON	NJ	07111	ESSEX	(973) 399-1111	(973) 399-0325	FRESENIUS MEDICAL CARE
END STAGE RENAL DIALYSIS	40701	BIO-MEDICAL APPLICATIONS OF NEW JERSEY, INC	91-101 HARTFORD STREET	NEWARK	NJ	07103	ESSEX	(973) 624-7100	(973) 624-7113	BIO-MEDI AL APPLICATIO NS OF NEW JERSEY, INC.
END STAGE RENAL DIALYSIS	25142	DIALYSIS CENTER OF EAST ORANGE	20 SUSSEX AVENUE	EAST ORANGE	NJ	07018	ESSEX	(973) 266-1093	(973) 266-1094	DIALYSIS CENTER OF MOUNTAINS IDE, LLC
END STAGE RENAL DIALYSIS	24703	DIALYSIS CENTER OF WEST ORANGE, LLC	101 OLD SHORT HILLS ROAD, SUITE 120	WEST ORANGE	NJ	07052	ESSEX	(973) 736-8300	(973) 736-8320	DIALYSIS CENTER OF WEST ORANGE LLC
END STAGE RENAL DIALYSIS	22214	EAST ORANGE DIALYSIS	14-20 PROSPECT STREET	EAST ORANGE	NJ	07017	ESSEX	(973) 672-2025	(973) 675-1381	DVA RENAL HEALTHCAR E, INC.
END STAGE RENAL DIALYSIS	40705	FMC DIALYSIS SERVICES OF NORTH NEWARK	155 BERKLEY AVENUE	NEWARK	NJ	07107	ESSEX	(973) 412-0066	(973) 268-4829	BIO- MEDICAL APPLICATIO NS OF NEW JERSEY, INC.
END STAGE RENAL DIALYSIS	25097	FRESENIUS KIDNEY CARE BELLEVILLE	36 NEWARK AVENUE,, SUITE 304	BELLEVILLE	NJ	07109	ESSEX	(973) 450-0385	(973) 450-4318	FRESENIUS MEDICAL CARE BELLEVILLE, LLC
END STAGE RENAL DIALYSIS	25150	FRESENIUS KIDNEY CARE OF SOUTH ESSEX	415 ELIZABETH AVENUE	NEWARK	NJ	07112	ESSEX	(862) 240-9135	(862) 240-9140	BIO- MEDICAL APPLICATIO NS OF NEW JERSEY, INC.
END STAGE RENAL DIALYSIS	24352	FRESENIUS MEDICAL CARE IRONBOUND	248 SOUTH STREET	NEWARK	NJ	07114	ESSEX	(973) 344-0655	(973) 344-6966	FRESENIUS MEDICAL CARE IRONBOUND , L.L.C.
END STAGE RENAL DIALYSIS	24660	FRESENIUS MEDICAL CARE NORTH MONTCLAIR	114 VALLEY ROAD	MONTCLAIR	NJ	07042	ESSEX	(973) 744-2058	(973) 744-2078	FRESENIUS MEDICAL CARE MONTCLAIR, LLC
END STAGE RENAL DIALYSIS	24817	FRESENIUS MEDICAL CARE WEST ESSEX	348 EAST NORTHFIELD ROAD	LIVINGSTON	NJ	07039	ESSEX	(973) 535-0667	(973) 533-0088	FRESENIUS MEDICAL CARE WEST ESSEX
END STAGE RENAL DIALYSIS	25095	IRVINGTON DIALYSIS	468 CHANCELLO R AVENUE, SUITE WS-3	IRVINGTON	NJ	07111	ESSEX	(973) 373-0294	(973) 371-1595	BUCKHORN DIALYSIS, LLC
END STAGE RENAL DIALYSIS	24791	MILLBURN DIALYSIS CENTER	25 EAST WILLOW STREET, SUITE 2	MILLBURN	NJ	07041	ESSEX	(973) 379-7309	(973) 379-5175	REDCLIFF DIALYSIS, L.L.C.
END STAGE RENAL DIALYSIS	25119	NEWARK MT PLEASANT DIALYSIS	262 BROAD STREET	NEWARK	NJ	07104	ESSEX	(973) 268-7184	(973) 268-2802	ISD RENAL, INC.

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	ENSED_OWN
END STAGE RENAL DIALYSIS	23076	NNA-SAINT BARNABAS-LIVINGSTON, LLC	200 SOUTH ORANGE AVENUE, SUITE 117	LIVINGSTON	NJ	07039	ESSEX	(973) 322-7150	(973) 322-7160	NNA SAINT BARNABAS-LIVINGSTON, L.L.C.
END STAGE RENAL DIALYSIS	40704	PARKSIDE DIALYSIS	580 FRELINGHUY SEN AVENUE	NEWARK	NJ	07114	ESSEX	(973) 733-9450	(973) 733-9455	TOTAL RENAL CARE, INC.
END STAGE RENAL DIALYSIS	24071	RENAL CARE GROUP MAPLEWOOD	2130 MILBURN AVENUE	MAPLEWOOD	NJ	07040	ESSEX	(973) 275-5499	(973) 275-5103	RENAL CARE GROUP
END STAGE RENAL DIALYSIS	23253	RENAL CENTER OF NEWARK	571 CENTRAL AVENUE	NEWARK	NJ	07107	ESSEX	(973) 484-4994	(973) 484-4434	KIDNEY LIFE, LLC
END STAGE RENAL DIALYSIS	22260	RENEX DIALYSIS CLINIC OF BLOOMFIELD, INC	206 BELLEVILLE AVENUE	BLOOMFIELD	NJ	07003	ESSEX	(973) 680-8100	(973) 680-8228	RENEX DIALYSIS CLINIC OF BLOOMFIEL D, INC.
END STAGE RENAL DIALYSIS	23187	RENEX DIALYSIS CLINIC OF EAST ORANGE	110 SOUTH GROVE STREET	EAST ORANGE	NJ	07018	ESSEX	(973) 414-6100	(973) 414-6109	NNA OF EAST ORANGE, LLC
END STAGE RENAL DIALYSIS	82451	RENEX DIALYSIS CLINIC OF ORANGE	258 CENTRAL AVENUE	ORANGE	NJ	07050	ESSEX	(973) 675-3400	(973) 675-1373	RENEX DIALYSIS CLINIC OF ORANGE, INC
END STAGE RENAL DIALYSIS	24961	VISTACARE DIALYSIS CENTER	300 BROADWAY	NEWARK	NJ	07104	ESSEX	(973) 878-4499	(800) 975-5201	VISTACARE CONTINUU M SERVICES, LLC
END STAGE RENAL DIALYSIS	24743	WEST ORANGE DIALYSIS	375 MT PLEASANT AVENUE, SUITE 340	WEST ORANGE	NJ	07052	ESSEX	(973) 243-7069	(973) 731-1348	TOTAL RENAL CARE, INC.
FEDERALLY QUALIFIED HEALTH CENTERS	24415	JEWISH RENAISSANCE MED CENTER AT CENTRAL HIGH SCHOOL	246 18TH AVENUE	NEWARK	NJ	07108	ESSEX	(973) 679-7709	(732) 324-5765	JEWISH RENAISSANC E MEDICAL CENTER
FEDERALLY QUALIFIED HEALTH CENTERS	23973	JEWISH RENAISSANCE MEDICAL CENTER	90 PARKER STREET	NEWARK	NJ	07114	ESSEX	(973) 679-7709	(732) 324-5765	JEWISH RENAISSANC E MEDICAL CENTER
FEDERALLY QUALIFIED HEALTH CENTERS	24927	JEWISH RENAISSANCE MEDICAL CENTER AT 13TH AVE SCHOOL	359 13TH AVENUE	NEWARK	NJ	07103	ESSEX	(973) 679-7709	(732) 324-5765	JEWISH RENAISSANC E MEDICAL CENTER
FEDERALLY QUALIFIED HEALTH CENTERS	70778	NCHC-DAYTON STREET HEALTH CENTER	101 LUDLOW STREET	NEWARK	NJ	07114	ESSEX	(973) 483-1300	(973) 350-5562	NEWARK COMMUNIT Y HEALTH CENTERS, INC
FEDERALLY QUALIFIED HEALTH CENTERS	24137	NEWARK COMMUNITY HEALTH CENTER INC	37 NORTH DAY STREET	ORANGE	NJ	07050	ESSEX	(973) 483-1300	(973) 350-5562	NEWARK COMMUNIT Y HEALTH CENTERS, INC
FEDERALLY QUALIFIED HEALTH CENTERS	80194	NEWARK COMMUNITY HEALTH CENTER INC	444 WILLIAM STREET	EAST ORANGE	NJ	07017	ESSEX	(973) 483-1300	(973) 350-5562	NEWARK COMMUNIT Y HEALTH CENTERS, INC

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	ENSED_OWN
FEDERALLY QUALIFIED HEALTH CENTERS	70777	NEWARK COMMUNITY HEALTH CENTERS INC	741 BROADWAY	NEWARK	NJ	07104	ESSEX	(973) 483-1300	(973) 266-9945	NEWARK COMMUNIT Y HEALTH CENTERS, INC
FEDERALLY QUALIFIED HEALTH CENTERS	22382	NEWARK COMMUNITY HEALTH CENTERS, INC	751 BROADWAY	NEWARK	NJ	07104	ESSEX	(973) 483-1300	(973) 266-9945	NEWARK COMMUNIT Y HEALTH CENTERS, INC
FEDERALLY QUALIFIED HEALTH CENTERS	23134	NEWARK COMMUNITY HEALTH CENTERS, INC.	1148-1150 SPRINGFIELD AVENUE	IRVINGTON	NJ	07111	ESSEX	(973) 483-1300	(973) 350-5562	NEWARK COMMUNIT Y HEALTH CENTERS, INC
FEDERALLY QUALIFIED HEALTH CENTERS	70782	NEWARK DEPARTMENT OF HEALTH AND COMMUNITY WELLNESS	110 WILLIAM STREET, ROOM 208	NEWARK	NJ	07102	ESSEX	(973) 733-5310	(973) 733-3648	NEWARK DEPARTMEN T OF HEALTH AND COMMUNIT Y WELLNESS
FEDERALLY QUALIFIED HEALTH CENTERS	24779	NEWARK DEPARTMENT OF HEALTH AND COMMUNITY WELLNESS	140 BERGEN STREET, E-1640	NEWARK	NJ	07103	ESSEX	(973) 733-5310	(973) 733-3648	NEWARK DEPARTMEN T OF HEALTH AND COMMUNIT Y WELLNESS
FEDERALLY QUALIFIED HEALTH CENTERS	24765	NEWARK DEPARTMENT OF HEALTH AND COMMUNITY WELLNESS	394 UNIVERSITY AVENUE	NEWARK	NJ	07102	ESSEX	(973) 733-5310	(973) 733-3648	NEWARK DEPARTMEN T OF HEALTH & COMMUNIT Y WELLNESS
FEDERALLY QUALIFIED HEALTH CENTERS	24835	NORTH WARD PARK ELEMENTARY SCHOOL	120 MANCHESTE R PLACE	NEWARK	NJ	07104	ESSEX	(732) 679-7709	(732) 324-5765	JEWISH RENAISSANC E MEDICAL CENTER
FEDERALLY QUALIFIED HEALTH CENTERS	24967	SAINT JAMES HEALTH, INC	228 LAFAYETTE STREET, 2ND FLOOR AND 4TH FLOOR	NEWARK	NJ	07105	ESSEX	(908) 578-7273	(973) 589-3762	SAINT JAMES HEALTH, INC.
FEDERALLY QUALIFIED HEALTH CENTERS	23975	SHABAZZ HEALTH CLINIC AT MALCOLM X SHABAZZ HIGH SCHOOL	80 JOHNSON AVENUE	NEWARK	NJ	07108	ESSEX	(973) 679-7709	(732) 324-5765	JEWISH RENAISSANC E MEDICAL CENTER
FEDERALLY QUALIFIED HEALTH CENTERS	23979	THE HEALTH PLACE AT QUITMAN COMMUNITY SCHOOL	21 QUITMAN STREET	NEWARK	NJ	07103	ESSEX	(973) 679-7709	(732) 324-5765	JEWISH RENAISSANC E MEDICAL CENTER

FEDERALLY QUALIFIED HEALTH CENTERS	23977	THE HEALTH ZONE AT GEORGE WASHINGTON CARVER/BRUCE STREET SCHOOL	333 CLINTON PLACE	NEWARK	NJ	07112	ESSEX	(973) 679-7709	(732) 324-5765	JEWISH RENAISSANC E MEDICAL CENTER

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	ENSED_OWN
FEDERALLY QUALIFIED HEALTH CENTERS	24844	ZUFALL HEALTH CENTER INC	95 NORTHFIELD AVENUE, SUITE 2	WEST ORANGE	NJ	07052	ESSEX	(973) 325-2266		ZUFALL HEALTH CENTER
GENERAL ACUTE CARE HOSPITAL	10701	CLARA MAASS MEDICAL CENTER	ONE CLARA MAASS DRIVE	BELLEVILLE	NJ	07109	ESSEX	(973) 450-2000	(973) 450-0181	CLARA MAASS MEDICAL CENTER
GENERAL ACUTE CARE HOSPITAL	10710	COOPERMAN BARNABAS MEDICAL CENTER	94 OLD SHORT HILLS ROAD	LIVINGSTON	NJ	07039	ESSEX	(973) 322-5000	(973) 322-5007	COOPERMA N BARNABAS MEDICAL CENTER
GENERAL ACUTE CARE HOSPITAL	10704	EAST ORANGE GENERAL HOSPITAL	300 CENTRAL AVE	EAST ORANGE	NJ	07018	ESSEX	(973) 617-7518	(973) 266-8488	EOH ACQUISITIO N GROUP, LLC
GENERAL ACUTE CARE HOSPITAL	10708	HACKENSACKME RIDIAN HEALTH, MOUNTAINSIDE MEDICAL CENTER	1 BAY AVENUE	MONTCLAIR	NJ	07042	ESSEX	(973) 429-6314	(973) 429-6209	MONTCLAIR HOSPITAL, LLC
GENERAL ACUTE CARE HOSPITAL	10709	NEWARK BETH ISRAEL MEDICAL CENTER	201 LYONS AVE	NEWARK	NJ	07112	ESSEX	(973) 926-7850	(973) 705-3477	NEWARK BETH ISRAEL MEDICAL CENTER
GENERAL ACUTE CARE HOSPITAL	10713	SAINT MICHAEL'S MEDICAL CENTER	111 CENTRAL AVENUE	NEWARK	NJ	07102	ESSEX	(973) 877-5350	(973) 877-5593	PRIME HEALTHCAR E SERVICES- ST. MICHAEL'S, LLC
GENERAL ACUTE CARE HOSPITAL	10702	UNIVERSITY HOSPITAL	150 BERGEN ST	NEWARK	NJ	07103	ESSEX	(973) 972-5658	(973) 972-6943	UNIVERSITY HOSPITAL
HOME HEALTH AGENCY	22227	BARNABAS HEALTH HOME CARE AND HOSPICE	80 MAIN STREET, SUITE 210	WEST ORANGE	NJ	07052	ESSEX	(973) 243-9666	(973) 322-0370	VNA HEALTH GROUP OF NEW JERSEY, LLC
HOME HEALTH AGENCY	22361	BAYADA HOME HEALTH CARE, INC	5 REGENT STREET, SUITE 528	LIVINGSTON	NJ	07039	ESSEX	(973) 535-0543	(973) 535-0561	BAYADA HOME HEALTH CARE, INC.
HOME HEALTH AGENCY	70705	PATIENT CARE	300 EXECUTIVE DRIVE, SUITE 010	WEST ORANGE	NJ	07052	ESSEX	(973) 243-6299	(973) 325-9277	PATIENT CARE MEDICAL SERVICES, INC.

HOME HEALTH AGENCY	70702	PROMISE CARE NJ	576 CENTRAL AVENUE, SUITE 304	EAST ORANGE	NJ	07018	ESSEX	(973) 378-1000	(201) 418-6817	NATION STAR HOME HEALTH CARE, LLC
HOSPICE CARE BRANCH	24416	BARNABAS HEALTH HOME CARE AND HOSPICE	80 MAIN STREET	WEST ORANGE	NJ	07052	ESSEX	(973) 412-2000	(973) 481-6395	VNA HEALTH GROUP OF NEW JERSEY, LLC
HOSPICE CARE BRANCH	25180	JOURNEY HOSPICE	459 PASSAIC AVENUE, SUITE 270	WEST CALDWELL	NJ	07006	ESSEX	(609) 386-7171		HOSPICE AT LSMNJ, INC.

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	ENSED_OWN
HOSPICE CARE PROGRAM	22714	BARNABAS HEALTH HOME CARE AND HOSPICE	80 MAIN STREET, SECOND FLOOR, SUITE 300	WEST ORANGE	NJ	07052	ESSEX	(855) 619-4448	(973) 669-1081	VNA HEALTH GROUP OF NEW JERSEY, L.L.C.
HOSPICE CARE PROGRAM	22829	COMPASSIONATE CARE HOSPICE OF CLIFTON, LLC	300 BROADACRES DRIVE, SUITE 275	BLOOMFIELD	NJ	07003	ESSEX	(973) 916-1400	(973) 947-6747	COMPASSIO NATE CARE HOSPICE OF CLIFTON, LLC
HOSPICE CARE PROGRAM	22741	HOSPICE OF NEW JERSEY, LLC	400 BROADACRES DRIVE, 1ST FLOOR	BLOOMFIELD	NJ	07003	ESSEX	(973) 893-0818	(973) 893-0828	HOSPICE OF NEW JERSEY, LLC
HOSPICE CARE PROGRAM	25064	PIONEER HOSPICE OF NJ, INC.	14 SOUTH CENTER STREET	ORANGE	NJ	07050	ESSEX	(862) 520-4151	(862) 520-1866	PIONEER HOSPICE OF NJ, INC.
HOSPICE CARE PROGRAM	23201	VITAS HEALTHCARE CORPORATION ATLANTIC	70 SOUTH ORANGE AVENUE, SUITE 210	LIVINGSTON	NJ	07039	ESSEX	(973) 994-4738	(973) 422-5385	VITAS HEALTHCAR E ATLANTIC
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1149	ATLANTIC HEALTH SLEEP CENTERS	5 REGENT STREET, SUITE 512	LIVINGSTON	NJ	07039	ESSEX	(866) 906-5666	(973) 290-7620	AHS HOSPITAL CORP.
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1396	CENTER FOR WOUND SCIENCE AND HEALING AT SILVER LAKE HOSPITAL	495 NORTH 13TH STREET	NEWARK	NJ	07107	ESSEX	(973) 479-2140	(973) 497-2371	SILVER LAKE HOSPITAL
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1522	COOPERMAN BARNABAS MEDICAL CENTER	375 MOUNT PLEASANT AVENUE	WEST ORANGE	NJ	07052	ESSEX	(973) 322-5000	(973) 322-5007	COOPERMA N BARNABAS MEDICAL CENTER
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1431	COOPERMAN BARNABAS MEDICAL CENTER	200 SOUTH ORANGE AVENUE	LIVINGSTON	NJ	07039	ESSEX	(973) 322-7700	(973) 322-7160	COOPERMA N BARNABAS MEDICAL CENTER

HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1369	CSH OUTPATIENT CENTER NEWARK	182 LYONS AVENUE	NEWARK	NJ	07112	ESSEX	(908) 233-3720	(908) 301-5546	CHILDREN'S SPECIALIZED HOSPITAL
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1110	EAST ORANGE GEN HOSP HYPERBARIC WOUND CARE CENTER	310 CENTRAL AVENUE	EAST ORANGE	NJ	07018	ESSEX	(973) 672-8400	(973) 266-8488	EOH ACQUISITIO N GROUP, LLC
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1280	EAST ORANGE GENERAL HOSP	240 CENTRAL AVENUE	EAST ORANGE	NJ	07018	ESSEX	(973) 672-8400	(973) 266-8488	EAST ORANGE GENERAL HOSPITAL
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1167	EAST ORANGE GENERAL HOSPITAL FAMILY HEALTH CENTER	300 CENTRAL AVENUE	EAST ORANGE	NJ	07018	ESSEX	(973) 266-4406	(973) 414-1850	EOH ACQUISITIO N GROUP, LLC

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	ENSED_OWN
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1189	EAST ORANGE GENERAL HOSPITAL LABORATORY	310 CENTRAL AVENUE	EAST ORANGE	NJ	07018	ESSEX	(973) 672-8400	(973) 266-8488	EAST ORANGE GENERAL HOSPITAL
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1388	EAST ORANGE GENERAL HOSPITAL-HEMODIALYSIS	310 CENTRAL AVENUE	EAST ORANGE	NJ	07018	ESSEX	(973) 672-8400	(973) 266-8488	EAST ORANGE GENERAL HOSPITAL
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1338	MAGNUS IMAGING OF ENGLEWOOD HOSPITAL	946 BLOOMFIEL D AVENUE	GLEN RIDGE	NJ	07028	ESSEX	(973) 743-9001	(973) 743-9988	ENGLEWOO D HOSPITAL AND MEDICAL CENTER
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1332	SENIOR HEALTH & WELLNESS CENTER AT JAMES WHITE MANOR	516 BERGEN STREET	NEWARK	NJ	07108	ESSEX	(973) 622-2703	(973) 622-2705	NEWARK BETH ISRAEL MEDICAL CENTER
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1393	SLEEP CENTER AT MILLBURN	96 MILLBURN AVENUE	MILLBURN	NJ	07041	ESSEX	(973) 322-5000	(973) 322-5007	COOPERMA N BARNABAS MEDICAL CENTER
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1292	ST JOSEPH'S CARDIOVASCULA R CENTER-NUTLEY	181 FRANKLIN AVENUE - STE 301	NUTLEY	NJ	07110	ESSEX	(973) 667-5511	(973) 667-0561	ST. JOSEPH'S UNIVERSITY MEDICAL CENTER
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1169	UNIVERSITY HOSPITAL AMBULATORY CARE CENTER	150 BERGEN STREET	NEWARK	NJ	07101	ESSEX	(973) 972-5658	(973) 972-6943	UNIVERSITY HOSPITAL

HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1060	WAYMON C LATTIMORE CLINIC	225 WARREN STREET	NEWARK	NJ	07101	ESSEX	(973) 972-0871	(973) 972-3832	UNIVERSITY HOSPITAL
LONG TERM CARE FACILITY	306000	CG HEALTHCARE, LLC	110 GROVE AVE	CEDAR GROVE	NJ	07009	ESSEX	(973) 571-6600	(973) 571-6618	CG HEALTHCAR E, LLC
LONG TERM CARE FACILITY	062209	Alaris Health at St. Mary's	135 SOUTH CENTER STREET	ORANGE	NJ	07050	ESSEX	(973) 266-3000	(973) 266-3094	SOUTH CENTER STREET NURSING HOME, LLC
LONG TERM CARE FACILITY	306001	Alaris Health at West Orange	5 BROOK END DRIVE	WEST ORANGE	NJ	07052	ESSEX	(973) 324-3000	(973) 324-3005	ST CLOUD OPERATIONS LLC
LONG TERM CARE FACILITY	060736	ESSEX GARDEN GROUP LLC	155 40TH STREET	IRVINGTON	NJ	07111	ESSEX	(973) 371-7878	(973) 371-4081	ESSEX GARDEN GROUP LLC
LONG TERM CARE FACILITY	060706	Arbor Glen Center	25 E LINDSLEY ROAD	CEDAR GROVE	NJ	07009	ESSEX	(973) 256-7220	(973) 256-4723	25 EAST LINDSLEY ROAD OPERATIONS LLC
LONG TERM CARE FACILITY	NH07001	Atrium Post Acute Care Of Livingston	348 EAST CEDAR STREET	LIVINGSTON	NJ	07039	ESSEX	(973) 758-8200		LIVINGSTON SNF AMOP, LLC

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	ENSED_OWN
LONG TERM CARE FACILITY	060738	Broadway House for Continuing Care	298 BROADWAY	NEWARK	NJ	07104	ESSEX	(973) 268-9797	(973) 268-2828	UNIVERSITY HOSPITAL
LONG TERM CARE FACILITY	060732	BROOKHAVEN CENTER FOR REHAB & HEALTHCARE, LLC	120 PARK END PLACE	EAST ORANGE	NJ	07018	ESSEX	(973) 676-6221	(973) 965-0382	BROOKHAVE N CENTER FOR REHAB & HEALTHCAR E, LLC
LONG TERM CARE FACILITY	060729	The Canterbury At Cedar Grove Care and Rehabilitation	398 POMPTON AVENUE	CEDAR GROVE	NJ	07009	ESSEX	(973) 239-7600	(862) 239-5248	THE CANTERBUR Y @ CEDAR GROVE CARE & REHABILITAT ION
LONG TERM CARE FACILITY	306301	Care One At Livingston	68 PASSAIC AVENUE	LIVINGSTON	NJ	07039	ESSEX	(973) 758-9000	(973) 758-0070	CARE TWO LLC
LONG TERM CARE FACILITY	07011	Clara Maass Transitional Care Unit	ONE CLARA MAASS DRIVE	BELLEVILLE	NJ	07109	ESSEX	(973) 450-2963	(973) 844-4934	CLARA MAASS MEDICAL CENTER
LONG TERM CARE FACILITY	060720	Complete Care at Waterview LLC	536 RIDGE ROAD	CEDAR GROVE	NJ	07009	ESSEX	(973) 239-9300	(973) 239-8642	COMPLETE CARE AT WATERVIEW , LLC
LONG TERM CARE FACILITY	060722	Complete Care at East Orange, LLC	140 PARK AVE	EAST ORANGE	NJ	07017	ESSEX	(973) 677-1500	(973) 677-7016	COMPLETE CARE AT EAST ORANGE LLC

LONG TERM CARE FACILITY	060739	Complete Care at Summit Ridge	20 SUMMIT STREET	WEST ORANGE	NJ	07052	ESSEX	(973) 736-2000	(973) 731-4582	SUMMIT RIDGE CARE, LLC
LONG TERM CARE FACILITY	030703	Daughters of Israel Pleasant Valley Home	1155 PLEASANT VALLEY WAY	WEST ORANGE	NJ	07052	ESSEX	(973) 731-5100	(973) 736-7698	DAUGHTERS OF ISRAEL
LONG TERM CARE FACILITY	060719	Family of Caring Healthcare at Montclair	42 NORTH MOUNTAIN AVE	MONTCLAIR	NJ	07042	ESSEX	(973) 783-9400	(973) 783-8499	FAMILY OF CARING HEALTHCAR E AT MONTCLAIR LLC
LONG TERM CARE FACILITY	62203	Forest Hill Healthcare Center	497 MT PROSPECT AVE	NEWARK	NJ	07104	ESSEX	(973) 482-5000	(973) 482-6500	FOREST HILL HEALTHCAR E CENTER INC.
LONG TERM CARE FACILITY	060704	Park Grove Healthcare & Rehabilitation Center LLC	101 NORTH GROVE STREET	EAST ORANGE	NJ	07017	ESSEX	(973) 672-1700	(973) 672-8650	PARK GROVE HEALTHCAR E & REHABILITAT ION CENTER, LLC
LONG TERM CARE FACILITY	060734	Hackensack Meridian Health West Caldwell Care Center	165 FAIRFIELD AVE	WEST CALDWELL	NJ	07006	ESSEX	(973) 226-1100	(973) 226-5993	ESSEX RESIDENTIAL CARE, LLC

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	ENSED_OWN
LONG TERM CARE FACILITY	060708	Inglemoor Rehabilitation and Care Center of Livingston	311 S LIVINGSTON AVE	LIVINGSTON	NJ	07039	ESSEX	(973) 994-0221	(973) 992-0696	LIVINGSTON CARE CENTER, LP
LONG TERM CARE FACILITY	030706	Job Haines Home For Aged People	250 BLOOMFIEL D AVE	BLOOMFIELD	NJ	07003	ESSEX	(973) 743-0792	(973) 743-1135	JOB HAINES HOME FOR AGED PEOPLE
LONG TERM CARE FACILITY	060709	Little Nursing Home	71 CHRISTOPHE R ST	MONTCLAIR	NJ	07042	ESSEX	(973) 744-5518	(972) 744-7996	LITTLE NURSING HOME
LONG TERM CARE FACILITY	306300	Lutheran Social Ministries at Crane's Mill	459 PASSAIC AVENUE	WEST CALDWELL	NJ	07006	ESSEX	(973) 276-3018	(973) 276-3032	LUTHERAN SOCIAL MINISTRIES OF NJ
LONG TERM CARE FACILITY	060702	Montclair Care Center	111-115 GATES AVENUE	MONTCLAIR	NJ	07042	ESSEX	(973) 746-4616	(973) 746-1512	MONTCLAIR CARE CENTER, LLC
LONG TERM CARE FACILITY	060731	New Community Extended Care Facility	266 S ORANGE AVE	NEWARK	NJ	07103	ESSEX	(973) 624-2020	(973) 624-8046	NEW COMMUNIT Y HEALTH CARE, INC.

LONG TERM CARE FACILITY	06730	New Vista Nursing and Rehabilitation Center	300 BROADWAY	NEWARK	NJ	07104	ESSEX	(973) 484-4222	(973) 484-9141	VISTACARE, LLC
LONG TERM CARE FACILITY	060733	Park Crescent Healthcare & Rehabilitation Center	480 PARKWAY DRIVE	EAST ORANGE	NJ	07017	ESSEX	(973) 674-2700	(973) 678-8282	PARKWAY MANOR HEALTH CENTER, LLC
LONG TERM CARE FACILITY	060713	Sinai Post Acute Nursing and Rehab Center	65 JAY STREET	NEWARK	NJ	07103	ESSEX	(973) 483-6800	(973) 483-1841	SINAI CENTER FOR REHABILITAT ION AND HEALTHCAR E LLC
LONG TERM CARE FACILITY	1B4IGL	St. Catherine Of Siena	7 RYERSON AVENUE	CALDWELL	NJ	07006	ESSEX	(973) 226-1577	(973) 226-3977	ST. CATHERINE OF SIENA, INC.
LONG TERM CARE FACILITY	060737	St. Joseph's Healthcare and Rehab Center	315 EAST LINDSLEY ROAD	CEDAR GROVE	NJ	07009	ESSEX	(973) 754-4800	(973) 812-4491	ST. JOSEPH'S UNIVERSITY MEDICAL CENTER
LONG TERM CARE FACILITY	060714	Stratford Manor Rehabilitation and Care Center	787 NORTHFIELD AVE	WEST ORANGE	NJ	07052	ESSEX	(973) 731-4500	(973) 731-5543	STRATFORD MANOR REHABILITAT ION AND CARE CENTER, LL
LONG TERM CARE FACILITY	060721	White House Healthcare & Rehabilitation Center	560 BERKELEY AVENUE	ORANGE	NJ	07050	ESSEX	(973) 672-6500	(973) 672-6611	WHITE HOUSE HEALTHCAR E & REHABILITAT ION CENTER

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	ENSED_OWN
LONG TERM CARE FACILITY	07028	Winchester Gardens Health Care Center	333 ELMWOOD AVENUE	MAPLEWOOD	NJ	07040	ESSEX	(973) 762-5050	(973) 763-4731	MARCUS L. WARD HOME
MATERNAL AND CHILD HEALTH CONSORTIUM	80308	PARTNERSHIP FOR MATERNAL & CHILD HEALTH OF NORTHERN NJ	50 PARK PLACE, SUITE 700	NEWARK	NJ	07102	ESSEX	(973) 268-2280	(862) 314-0233	PARTNERSHI P FOR MATERNAL & CHILD HEALTH OF NORTHER
PSYCHIATRIC HOSPITAL	50706	ESSEX COUNTY HOSPITAL CENTER	204 GROVE AVENUE	CEDAR GROVE	NJ	07009	ESSEX	(973) 571-2801	(973) 571-2864	COUNTY OF ESSEX
RESIDENTIAL DEMENTIA CARE HOME	D35008	Montclair Manor	403 CLAREMONT AVENUE	MONTCLAIR	NJ	07042	ESSEX	(973) 509-7363	(866) 788-0066	CORDILLERA PROFESSION ALS LLC
SPECIAL HOSPITAL	24009	SILVER LAKE HOSPITAL LTACH	495 NORTH 13TH STREET	NEWARK	NJ	07107	ESSEX	(973) 587-7712	(973) 587-7830	SILVER LAKE HOSPITAL LTACH
SURGICAL PRACTICE	R24574	DIAMOND INSTITUTE OF INFERTILITY & MENOPAUSE	89 MILLBURN AVENUE	MILLBURN	NJ	07041	ESSEX	(973) 761-5600	(973) 761-5100	DIAMOND INSTITUTE FOR INFERTILITY & MENOPAUSE
SURGICAL PRACTICE	R24619	GARDEN STATE SURGERY CENTER, LLC	29 PARK STREET	MONTCLAIR	NJ	07042	ESSEX	(973) 509-2000	(973) 655-1228	GARDEN STATE SURGERY CENTER, LLC
SURGICAL PRACTICE	R24595	GLEN RIDGE SURGI CENTER, LLC	230 SHERMAN AVENUE	GLEN RIDGE	NJ	07028	ESSEX	(973) 783-2626	(973) 275-1865	GLEN RIDGE SURGI CENTER LLC
SURGICAL PRACTICE	R24534	IRONBOUND ENDO-SURGICAL CENTER, PA	24-28 MERCHANT STREET	NEWARK	NJ	07105	ESSEX	(973) 344-5883	(973) 344-5581	IRONBOUND ENDOSURGI CAL CENTER, P.A.
SURGICAL PRACTICE	R24634	NEW JERSEY UROLOGY, LLC	1515 BROAD STREET, SUITE B140	BLOOMFIELD	NJ	07003	ESSEX	(973) 873-7000	(973) 873-7039	NEW JERSEY UROLOGY, LLC
SURGICAL PRACTICE	R24532	NEW JERSEY VEIN & COSMETIC SURGERY	741 NORTHFIELD AVENUE, SUITE 105	WEST ORANGE	NJ	07052	ESSEX	(973) 243-2200	(732) 243-9672	NEW JERSEY VEIN & COSMETIC SURGERY CENTER, PA
SURGICAL PRACTICE	R24637	UROLOGY GROUP OF NEW JERSEY, LLC	375 MT PLEASANT AVENUE, SUITE 250	WEST ORANGE	NJ	07052	ESSEX	(973) 323-1320	(973) 323-1329	UROLOGY GROUP OF NEW JERSEY LLC

ESSEX COUNTY

Acute Care Family Support
Mental Health Association of Essex & Morris
33 South Fullerton Avenue
Montclair, NJ 07042
(973) 509-9777

Deaf Enhanced STCF
Jersey City Medical Center
395 Grand Street
Jersey City, NJ 07302
(201) 915-2349

Early Intervention Support Services *(Crisis Intervention Services)*
Rutgers University Behavioral Health Care
183 South Orange Avenue
Newark, NJ 07103
(973) 972-6100

Homeless Services (PATH)
Mental Health Association of Essex & Morris
80 Main St. suite 150.
West Orange, NJ 07052
(973) 842-4127

Integrated Case Management Services
Mental Health Association of Essex and Morris
80 Main St. suite 150.
West Orange, NJ 07052
(973) 842-4127

Intensive Family Support Services
Mental Health Association of Essex & Morris
33 South Fullerton Avenue
Montclair, NJ 07042
(973) 509-9777

Intensive Outpatient Treatment & Support Services
Family Connections Wellness House
395 S. Center St.
Orange, NJ 07050
(973) 380-0366

County Mental Health of Essex
Mental Health Administrator
204 Grove Avenue
Cedar Grove, NJ 07009
(973) 571-2821 /2822

Deaf Enhanced Screening Center
Jersey City Medical Center
395 Grand Street
Jersey City, NJ 07302
(201) 915-2210

Homeless Services (PATH) *Newark Only*

Project Live
465-475 Broadway
Newark, NJ 07104
(973) 481-1211

Integrated Case Management Services *-Newark Only*
Mt. Carmel Guild Behavioral Healthcare
47-71 Miller St.
3rd Floor, Suite 301
Newark, NJ 07114

Integrated Case Management Services
Mental Health Association of Essex & Morris
60 Evergreen Place - Suite 402
East Orange, NJ 07018
(973) 676-9111

Involuntary Outpatient Commitment
Mental Health Association of Essex & Morris
33 South Fullerton Avenue
Montclair, NJ 07042
(973) 842-4141

Justice Involved Services
Mental Health Association of Essex & Morris
33 S. Fullerton Avenue
Montclair, NJ 07042
(973) 509-9777

Outpatient
Family Service Bureau of Newark
379 Kearny Avenue
Kearny, NJ 07032
(201) 246-8077

Outpatient Mental Health Association of Essex & Morris 33 South Fullerton Avenue Montclair, NJ 07042 (973) 509-9777 **Outpatient** Mt. Carmel Guild Behavioral Healthcare 58 Freeman Street Newark, NJ 07102 (973) 596-4190 **Outpatient** Northwest Essex Community Network 570 Belleville Avenue Belleville, NJ 07109 (973) 450-3100 **Outpatient** Irvington Counseling Center 21-29 Wagner Place Irvington, NJ 07111 (973) 399-3132 **Partial Care** Rutgers University Behavioral Health Care 183 South Orange Avenue Newark, NJ 07103-2770 (800) 969-5300 **Partial Care** Mt. Carmel Guild Behavioral Healthcare 58 Freeman Street Newark, NJ 07102 (973) 596-4190 **Program of Assertive Community Treatment (PACT)** Bridgeway Rehabilitation Inc. 622 Eagle Rock Ave. Suite 302 Newark, NJ 07052 973-755-0275	**Outpatient** Family Connections 395 South Center Street Orange, NJ 07050 (973) 675-3817 **Outpatient** Newark Beth Israel Medical Center CMHC 210 Lehigh Avenue Newark, NJ 07112 (973) 926-7026 **Outpatient** Rutgers University Behavioral Health Care 183 South Orange Avenue Newark, NJ 07103-2770 (973) 912-6100 (ACCESS) **Partial Care** Northwest Essex Community Network 570 Belleville Avenue Belleville, NJ 07109 (973) 450-3100 **Partial Care** Mental Health Association of Essex & Morris (Prospect House) 424 Main Street East Orange, NJ 07018 (973) 674-8067 **PRIMARY SCREENING CENTER for ESSEX** Clara Maass Medical Center 1 Clara Maass Drive Belleville, NJ 07109 **HOTLINE:** (973) 844-4357
PRIMARY SCREENING CENTER for ESSEX Rutgers University Behavioral Health Care - Rutgers 150 Bergen Street Newark, NJ 07101 **HOTLINE:** (973) 623-2323 **Self-Help Center** Better Life 101 14th Avenue Newark, NJ 07103	**PRIMARY SCREENING CENTER for ESSEX** Newark Beth Israel Medical Center 201 Lyons Avenue Newark, NJ 07112 **HOTLINE:** (973) 926-7444 **Residential Services** Easter Seals Society of NJ 414 Eagle Rock Avenue, Suite 206 West Orange, NJ 07052

(862) 229-1400 x2806

Short Term Care Facility
St. Michael's Medical Center
111 Central Avenue
Newark, NJ 07109
(973) 465-2681

Short Term Care Facility
Newark Beth Israel Medical Center/St. Barnabas
201 Lyons Avenue
Newark, NJ 07112
(973) 926-3183

Short Term Care Facility
Mountainside Hospital
1 Bay Avenue
Montclair, NJ 07042
(973) 429-6000

Supported Employment Services
Mental Health Association of Essex County
60 Evergreen Place, Suite 401
East Orange, NJ 07018
(973) 395-1000, ext. 401

Supported Education
Bridgeway Rehabilitation Services
LEARN of Central NJ
1023 Commerce Avenue, 2nd Fl.
Union, NJ 07083
(908) 686-2956, ext. 104

(973) 324-2712

Residential Services
Project Live, Inc.
465-475 Broadway
Newark, NJ 07104
(973) 481-1211

Short Term Care Facility
East Orange General Hospital
300 Central Avenue
East Orange, NJ 07018
(973) 266-4456 or (973) 266-8440

Short Term Care Facility
University Hospital/UMDNJ
150 Bergen Street
Newark, NJ 07103
(973) 972-7722

Community Support Services
East Orange General Hospital
300 Central Avenue
East Orange, NJ 07018
(973) 395-4164

Community Support Services
Project Live, Inc.
272 Mt. Pleasant Ave.
Suite 3 West Orange , NJ 07052
(973) 395-9160

Community Support Services
Easter Seal Society of NJ
615 Hope Road - Building 3
Eatontown, NJ 07724
(732) 380-0390

Systems Advocacy
Community Health Law Project
650 Bloomfield Avenue
Bloomfield, NJ 07003
(973) 680-5599

Community Support Services - Newark
Rutgers University Behavioral Health Care
10 Corporate Place South – Suite 205
Piscataway, NJ 08854
(732) 235-5000

Community Support Services
Mental Health Association of Essex & Morris
80 Main St. Suite 370
West Orange, NJ 07052
(973) 509-3777

Community Support Services
Project Live, Inc.
465-475 Broadway
Newark, NJ 07104
(973) 395-9160

	Systems Advocacy Mental Health Association in NJ 88 Pompton Avenue, Suite 1 Verona, NJ 07044 (973) 571-4100

STATE OF NEW JERSEY
Department of Human Services
Division of Mental Health and Addiction Services

ADDICTION SERVICES TREATMENT DIRECTORY

Sarah Adelman
Commissioner
Department of Human Services (DHS)

Valerie Mielke
Assistant Commissioner
Division of Mental Health and Addiction Services (DMHAS)

Adewale Adefowoju NP
NPI Number: 1114153186
Phone No: 9739962170
Type of Medication Offered:
Buprenorphine

Services:
✓ Medication-Assisted Treatment

Address:
40 Union Ave Ste 301
Irvington New Jersey 07111
County: Essex

Adewale Adefowoju NP
NPI Number: 1114153186
Phone No: 9734810501
Type of Medication Offered:
Buprenorphine

Services:
✓ Medication-Assisted Treatment

Address:
796 Mount Prospect Ave
Newark New Jersey 07104
County: Essex

Airmid Counseling Services
License No: 2000377
Agency Type: Non-Profit
Phone No: 9736780550

Services:
✓ Co-Occurring Treatment Services
✓ Intensive Outpatient Treatment
✓ Outpatient Treatment
✓ Partial Care

IDRC affiliated: **Yes**

Address:
137 EVERGREEN PL
EAST ORANGE NJ 07018
County: Essex

American Habitare and Counseling, Inc.
License No: 2000172
Agency Type: Unknown
Phone No: 9737990508
Type of Medication Offered:
Methadone

Services:
✓ Co-Occurring Treatment Services
✓ Intensive Outpatient Treatment
✓ Opiate Treatment Program
✓ Outpatient Treatment
✓ Partial Care

IDRC affiliated: **Yes**

Address:
687 Frelinghuysen Ave
Newark NJ 07114
County: Essex

Amesika Nyaku MD
NPI Number: 1134440647
Phone No: 9739725111
Type of Medication Offered:
Buprenorphine

Services:
✓ Medication-Assisted Treatment

Address:
140 Bergen Street
D-Level
Newark New Jersey 07103
County: Essex

ANGEL HOPE HOUSE
License No: 1000125
Agency Type: Unknown
Phone No: 9733736800

Services:
✓ Halfway House Substance Abuse Treatment
Beds Capacity: 21 Available:7

IDRC affiliated: **Yes**

Address:
800 Clinton Avenue
Newark NJ 07108
County: Essex

Anita Vaughn
NPI Number: 1578503942
Phone No: 9739267472
Type of Medication Offered:
Buprenorphine

Services:
✓ Medication-Assisted Treatment

Address:
201 Lyons Ave
Suite L4
Newark New Jersey 07112
County: Essex

Anita Vaughn
NPI Number: 1578503942
Phone No: 8622529440
Type of Medication Offered:
Buprenorphine

Services:
✓ Medication-Assisted Treatment

Address:
50 Union Avenue
Suite 706
Irvington New Jersey 07111
County: Essex

Answers Moving Forward Supportive Services
License No: 2000482
Agency Type: Unknown
Phone No: 9733997900

Services:
✓ Ambulatory Withdrawal Management
✓ Co-Occurring Treatment Services
✓ Intensive Outpatient Treatment
✓ Outpatient Treatment
✓ Partial Care

IDRC affiliated: **Yes**

Address:
1344 Springfield Avenue
Irvington NJ 07111
County: Essex

ASun Star Consulting, Inc.
License No: 2000831
Agency Type: Profit
Phone No: 9737713300

Services:
✓ Co-Occurring Treatment Services
✓ Intensive Outpatient Treatment
✓ Outpatient Treatment

IDRC affiliated: **Yes**

Address:
554 BLOOMFIELD AVENUE
4TH FLOOR
BLOOMFIELD NJ 07003
County: Essex

Better Life Recovery, LLC
License No: 2000832
Agency Type: Profit
Phone No: 9737185552

Services:
✓ Intensive Outpatient Treatment
✓ Outpatient Treatment

IDRC affiliated: **Yes**

Address:
80 Bloomfield Avenue
Suite 201
Caldwell NJ 07006
County: Essex

Brick City Medical LLC d/b/a Sussex Counseling Center
License No: 2000844
Agency Type: Profit
Phone No: 9082588765

Services:
✓ Co-Occurring Treatment Services
✓ Intensive Outpatient Treatment
✓ Outpatient Treatment
✓ Partial Care

IDRC affiliated: **Yes**

Address:
224 SUSSEX AVENUE
NEWARK NJ 07103
County: Essex

Center for Network Therapy
License No: 2000674
Agency Type: Unknown
Phone No: 9737311375

Services:
✓ Ambulatory Withdrawal Management
✓ Co-Occurring Treatment Services
✓ Intensive Outpatient Treatment
✓ Partial Care

IDRC affiliated: **Yes**

Address:
81 NORTHFIELD AVENUE
SUITE 104
WEST ORANGE NJ 07052
County: Essex

Community Psychiatric Institute
License No: 2000338
Agency Type: Unknown
Phone No: 9736733342

Services:
✓ Co-Occurring Treatment Services
✓ Intensive Outpatient Treatment
✓ Outpatient Treatment
✓ Partial Care

IDRC affiliated: **Yes**

Address:
67 Sanford Street
East Orange NJ 07018
County: Essex

Cope Center
License No: 2000866
Agency Type: Unknown
Phone No: 6092675928

Services:
✓ Co-Occurring Treatment Services
✓ Intensive Outpatient Treatment
✓ Outpatient Treatment

IDRC affiliated: **Yes**

Address:
104 BLOOMFIELD AVENUE
MONTCLAIR NJ 07042
County: Essex

Cope Center
License No: 2000867
Agency Type: Unknown
Phone No: 6092675928

Services:
✓ Co-Occurring Treatment Services
✓ Intensive Outpatient Treatment
✓ Outpatient Treatment

IDRC affiliated: **Yes**

Address:
73 SOUTH FULLERTON AVENUE
MONTCLAIR NJ 07042
County: Essex

CURA, Inc.
License No: 1000026
Agency Type: Unknown
Phone No: 9736223570

Services:
✓ Co-Occurring Treatment Services
✓ Long Term Residential Substance Abuse Treatment
Beds Capacity: 16 Available:4
✓ Short Term Residential Substance Abuse Treatment
Beds Capacity: 20 Available:13

IDRC affiliated: **Yes**

Address:
61 LINCOLN PARK
NEWARK NJ 07101-0180
County: Essex

CURA, Inc.
License No: 1000059
Agency Type: Unknown
Phone No: 9736223570

Services:
✓ Co-Occurring Treatment Services
✓ Long Term Residential Substance Abuse Treatment
Beds Capacity: 34 Available:2

IDRC affiliated: **Yes**

Address:
75 LINCOLN PARK
NEWARK NJ 07101-0180
County: Essex

CURA, Inc.
License No: 1000087
Agency Type: Unknown
Phone No: 9736223570

Services:
✓ Co-Occurring Treatment Services
✓ Long Term Residential Substance Abuse Treatment
Beds Capacity: 42 Available:17

IDRC affiliated: **Yes**

Address:
53 SPRUCE ST
NEWARK NJ 07101
County: Essex

CURA, Inc.
License No: 2000263
Agency Type: Unknown
Phone No: 9736223570

Services:
✓ Co-Occurring Treatment Services
✓ Intensive Outpatient Treatment
✓ Outpatient Treatment

Address:
61 LINCOLN PARK
NEWARK NJ 07101
County: Essex

David Alabi NP
NPI Number: 1942645544
Phone No: 9735893566
Type of Medication Offered:
Buprenorphine

Services:
✓ Medication-Assisted Treatment

Address:
18 Ferry St Ste 2
Newark New Jersey 07105
County: Essex

David Russo
NPI Number: 1588647143
Phone No: 8668669277
Type of Medication Offered:
Buprenorphine

Services:
✓ Medication-Assisted Treatment

Address:
644 Mount Prospect Avenue
Newark New Jersey 07104
County: Essex

David Russo
NPI Number: 1588647143
Phone No: 8668669277
Type of Medication Offered:
Buprenorphine

Services:
✓ Medication-Assisted Treatment

Address:
73-75 Ferry Street
Newark New Jersey 07105
County: Essex

East Orange Substance Abuse Treatment Program
License No: 2000136
Agency Type: Non-Profit
Phone No: 9732665200
Type of Medication Offered:
Methadone

Services:
✓ Co-Occurring Treatment Services
✓ Intensive Outpatient Treatment
✓ Opiate Treatment Program
✓ Outpatient Treatment

IDRC affiliated: **Yes**

Address:
110 S. Grove Street
3rd Floor
East Orange NJ 07018-2693
County: Essex

Elev8 Center of New Jersey
License No: 1000164
Agency Type: Unknown
Phone No: 9733290010

Services:
✓ Co-Occurring Treatment Services
✓ Short Term Residential Substance Abuse Treatment
Beds Capacity: 56 Available:10
✓ Inpatient Withdrawal Management
Beds Capacity: 52 Available:22

IDRC affiliated: **Yes**

Address:
20 TOLER PLACE
NEWARK NJ 07114
County: Essex

Erin Zerbo MD
NPI Number: 1992900732
Phone No: 9739722977
Type of Medication Offered:
Buprenorphine

Services:
✓ Medication-Assisted Treatment

Address:
183 South Orange Ave.
F-Level
Newark New Jersey 07103
County: Essex

Family Connections, Inc.
License No: 2000318
Agency Type: Non-Profit
Phone No: 9736753817

Services:
✓ Co-Occurring Treatment Services
✓ Intensive Outpatient Treatment
✓ Outpatient Treatment

IDRC affiliated: **Yes**

Address:
395 SOUTH CENTER STREET
ORANGE NJ 07050
County: Essex

Family Healing Center, Inc.
License No: 2000857
Agency Type: Unknown
Phone No: 9732512874

Services:
✓ Co-Occurring Treatment Services
✓ Intensive Outpatient Treatment
✓ Outpatient Treatment
✓ Partial Care

IDRC affiliated: **Yes**

Address:
349 East Northfield Road, Suite LI5
Livingston NJ 07039
County: Essex

Family Service Bureau of Newark
License No: 2000025
Agency Type: Non-Profit
Phone No: 9734122056

Services:
✓ Co-Occurring Treatment Services
✓ Intensive Outpatient Treatment
✓ Outpatient Treatment

IDRC affiliated: **Yes**

Address:
274 South Orange Ave
Newark NJ 07103
County: Essex

Full Recovery Wellness Center
License No: 2000561
Agency Type: Non-Profit
Phone No: 9732445885

Services:
✓ Intensive Outpatient Treatment
✓ Outpatient Treatment

IDRC affiliated: **Yes**

Address:
87 Fairfield Road
Fairfield NJ 07004
County: Essex

GenPsych, PC
License No: 2000625
Agency Type: Profit
Phone No: 9739941011

Services:
✓ Intensive Outpatient Treatment
✓ Outpatient Treatment
✓ Partial Care

IDRC affiliated: **Yes**

Address:
5 REGENT STREET
SUITE 517-518
LIVINGSTON NJ 07039
County: Essex

Greater Essex Counseling Service. United Labor Agency of Essex-West Hudson, Inc.,
License No: 2000289
Agency Type: Non-Profit
Phone No: 9736237878

Services:
- ✓ Intensive Outpatient Treatment
- ✓ Outpatient Treatment

IDRC affiliated: **Yes**

Address:
23 Branford Place
2nd Floor
Newark NJ 07102
County: Essex

Human Empowerment Institute
License No: 2000583
Agency Type: Unknown
Phone No: 9733519111

Services:
- ✓ Co-Occurring Treatment Services
- ✓ Intensive Outpatient Treatment
- ✓ Outpatient Treatment
- ✓ Partial Care

IDRC affiliated: **Yes**

Address:
49 NESBIT TERRACE
IRVINGTON NJ 07111
County: Essex

Integrity House Academy
License No: 2000050
Agency Type: Non-Profit
Phone No: 9736230600

Services:
- ✓ Co-Occurring Treatment Services
- ✓ Intensive Outpatient Treatment
- ✓ Outpatient Treatment
- ✓ Partial Care

IDRC affiliated: **Yes**

Address:
1091-1093 BROAD ST
NEWARK NJ 07114
County: Essex

Integrity, Inc.
License No: 1000022
Agency Type: Non-Profit
Phone No: 9736230600

Services:
- ✓ Co-Occurring Treatment Services
- ✓ Long Term Residential Substance Abuse Treatment

Beds Capacity: 38 Available:3

IDRC affiliated: **Yes**

Address:
99 LINCOLN PARK
NEWARK NJ 07102
County: Essex

Integrity, Inc.
License No: 1000070
Agency Type: Non-Profit
Phone No: 9736230600

Services:
- ✓ Co-Occurring Treatment Services
- ✓ Long Term Residential Substance Abuse Treatment

Beds Capacity: 31 Available:11

IDRC affiliated: **Yes**

Address:
43 LINCOLN PARK
NEWARK NJ 07102
County: Essex

Integrity, Inc.
License No: 1000072
Agency Type: Non-Profit
Phone No: 9736230600

Services:
- ✓ Co-Occurring Treatment Services
- ✓ Halfway House Substance Abuse Treatment

Beds Capacity: 18 Available:1

IDRC affiliated: **Yes**

Address:
37 LINCOLN PARK
NEWARK NJ 07102
County: Essex

Integrity, Inc.
License No: 1000074
Agency Type: Non-Profit
Phone No: 9736230600

Services:
- ✓ Co-Occurring Treatment Services
- ✓ Halfway House Substance Abuse Treatment

Beds Capacity: 40 Available:1

IDRC affiliated: **Yes**

Address:
49 LINCOLN PARK
NEWARK NJ 07102
County: Essex

Integrity, Inc.
License No: 1000081
Agency Type: Non-Profit
Phone No: 9736230600
Type of Medication Offered:
Buprenorphine ,Vivitrol

Services:
- ✓ Co-Occurring Treatment Services
- ✓ Long Term Residential Substance Abuse Treatment

Beds Capacity: 42 Available:3

IDRC affiliated: **Yes**

Address:
105 LINCOLN PARK
NEWARK NJ 07102
County: Essex

Integrity, Inc.
License No: 1000146
Agency Type: Profit
Phone No: 9736230600
Type of Medication Offered:
Buprenorphine ,Vivitrol

Services:
✓ Co-Occurring Treatment Services
✓ Halfway House Substance Abuse Treatment
Beds Capacity: 21 Available:5

IDRC affiliated: **Yes**

Address:
97 LINCOLN PARK
NEWARK NJ 07102
County: Essex

Integrity, Inc.
License No: 2000333
Agency Type: Non-Profit
Phone No: 9736230600

Services:
✓ Co-Occurring Treatment Services
✓ Intensive Outpatient Treatment
✓ Outpatient Treatment
✓ Partial Care

IDRC affiliated: **Yes**

Address:
26-28 LONGWORTH ST
NEWARK NJ 07102
County: Essex

John Swidryk
NPI Number: 1689656043
Phone No: 8668669277
Type of Medication Offered:
Buprenorphine

Services:
✓ Medication-Assisted Treatment

Address:
73-75 Ferry Street
Newark New Jersey 07105
County: Essex

Kintock Day Reporting Center
License No: 2000294
Agency Type: Non-Profit
Phone No: 9737926275

Services:
✓ Co-Occurring Treatment Services
✓ Outpatient Treatment

IDRC affiliated: **Yes**

Address:
19 MEEKER AVENUE
NEWARK NJ 07114
County: Essex

Lindsay Fox MD
NPI Number: 1912280116
Phone No: 9739722977
Type of Medication Offered:
Buprenorphine

Services:
✓ Medication-Assisted Treatment

Address:
183 South Orange Ave.
F-Level
Newark New Jersey 07103
County: Essex

Ludmila Gudz ATMD
NPI Number: 1386747806
Phone No: 9737626033
Type of Medication Offered:
Buprenorphine

Services:
✓ Medication-Assisted Treatment

Address:
749 Irvington Ave

Maplewood New Jersey 07040
County: Essex

Matthew Kaspar
NPI Number: 1588948244
Phone No: 8668669277
Type of Medication Offered:
Buprenorphine

Services:
✓ Medication-Assisted Treatment

Address:
73-75 Ferry Street
Newark New Jersey 07105
County: Essex

Mental Health Association of Essex & Morris, Inc.
License No: 2000891
Agency Type: Non-Profit
Phone No: 9733343496

Services:
✓ Co-Occurring Treatment Services
✓ Intensive Outpatient Treatment
✓ Outpatient Treatment

IDRC affiliated: **Yes**

Address:
300 LITTLETON ROAD
3RD FLOOR
PARSIPPANY NJ 07054
County: Essex

Michael Ojelade
NPI Number: 1710279534
Phone No: 9734810501
Type of Medication Offered:
Buprenorphine

Services:
✓ Medication-Assisted Treatment

Address:
796 Mount Prospect Ave
Newark New Jersey 07104
County: Essex

New Directions Behavioral Health Center
License No: 2000546
Agency Type: Unknown
Phone No: 9732426599

Services:
✓ Co-Occurring Treatment Services
✓ Intensive Outpatient Treatment
✓ Outpatient Treatment
✓ Partial Care

IDRC affiliated: **Yes**

Address:
9 LINCOLN PARK
NEWARK NJ 07102
County: Essex

North Jersey Community Research Initiative, Inc., (NJCRI)
License No: 2000633
Agency Type: Unknown
Phone No: 9734833444
Type of Medication Offered:
Buprenorphine ,Vivitrol

Services:
✓ Co-Occurring Treatment Services
✓ Intensive Outpatient Treatment
✓ Outpatient Treatment

IDRC affiliated: **Yes**

Address:
393 Central Avenue
Newark NJ 07103
County: Essex

Northwest Essex Community Healthcare OPEN ROAD
License No: 2000425
Agency Type: Profit
Phone No: 9734503100

Services:
✓ Ambulatory Withdrawal Management
✓ Co-Occurring Treatment Services
✓ Intensive Outpatient Treatment
✓ Outpatient Treatment

IDRC affiliated: **Yes**

Address:
570 Belleville Avenue
Belleville NJ 07109
County: Essex

OWEN HEALTH CARE, INC
License No: 2000700
Agency Type: Profit
Phone No: 9082587798

Services:
✓ Co-Occurring Treatment Services
✓ Intensive Outpatient Treatment
✓ Outpatient Treatment
✓ Partial Care

IDRC affiliated: **Yes**

Address:
2041 SPRINGFIELD AVENUE
VAUXHALL NJ 07088
County: Essex

People Helping People in Need
License No: 2000698
Agency Type: Unknown
Phone No: 9739986327

Services:
✓ Co-Occurring Treatment Services
✓ Intensive Outpatient Treatment
✓ Outpatient Treatment
✓ Partial Care

IDRC affiliated: **Yes**

Address:
50 UNION AVENUE
IRVINGTON NJ 07111
County: Essex

Power House Psychotherapy & Addiction, LLC
License No: 2000818
Agency Type: Profit
Phone No: 9738783900
Type of Medication Offered:
Buprenorphine ,Vivitrol

Services:
✓ Co-Occurring Treatment Services
✓ Intensive Outpatient Treatment
✓ Outpatient Treatment
✓ Partial Care

IDRC affiliated: **Yes**

Address:
654 MOUNT PROSPECT AVENUE
SUITE 201
NEWARK NJ 07104
County: Essex

Pratap Singhal MD/DO
NPI Number: 1164477303
Phone No: 973-619-2707
Type of Medication Offered:
Buprenorphine

Services:
✓ Medication-Assisted Treatment

Address:
431 Washington Ave
Belleville New Jersey 07109
County: Essex

Prime Healthcare Services - St. Michael's, LLC.
License No: 2000630
Agency Type: Profit
Phone No: 9738774357

Services:
✓ Co-Occurring Treatment Services
✓ Intensive Outpatient Treatment
✓ Outpatient Treatment

IDRC affiliated: **Yes**

Address:
111 Central Ave.
Newark NJ 07102
County: Essex

Prodigal Sons and Daughters Behavioral Health Care Services!
License No: 2000609
Agency Type: Non-Profit
Phone No: 9736783966

Services:
✓ Co-Occurring Treatment Services
✓ Intensive Outpatient Treatment
✓ Outpatient Treatment

IDRC affiliated: **Yes**

Address:
60 Evergreen Place
Suite 200 And Suite 200b-Rooms A, B, C
East Orange NJ 07018
County: Essex

REAL House Inc.
License No: 1000084
Agency Type: Unknown
Phone No: 9738265252

Services:
✓ Co-Occurring Treatment Services
✓ Halfway House Substance Abuse Treatment
Beds Capacity: 17 Available:4

IDRC affiliated: **Yes**

Address:
15 SOUTH STREET
NEWARK NJ 07114
County: Essex

Real House, Inc.
License No: 1000037
Agency Type: Unknown
Phone No: 9737462400

Services:
✓ Co-Occurring Treatment Services
✓ Halfway House Substance Abuse Treatment
Beds Capacity: 25 Available:4

IDRC affiliated: **Yes**

Address:
60 HAZELWOOD RD
BLOOMFIELD NJ 07003
County: Essex

REAL HOUSE, Inc.
License No: 2000081
Agency Type: Unknown
Phone No: 9737460487

Services:
✓ Co-Occurring Treatment Services
✓ Intensive Outpatient Treatment
✓ Outpatient Treatment
✓ Partial Care

IDRC affiliated: **Yes**

Address:
127 PINE STREET
MONTCLAIR NJ 07042
County: Essex

REAL HOUSE, INC.
License No: 2000895
Agency Type: Unknown
Phone No: (973)746-2400

Services:
✓ Co-Occurring Treatment Services
✓ Intensive Outpatient Treatment
✓ Outpatient Treatment
✓ Partial Care

Address:
176 HARDING HIGHWAY
NEWFIELD NJ 08344
County: Essex

Robert Collin
NPI Number: 1700802790
Phone No: 9734129404
Type of Medication Offered:
Buprenorphine

Services:
✓ Medication-Assisted Treatment

Address:
337 Bloomfield Ave
Newark New Jersey 07107
County: Essex

Rudolph Willis MD
NPI Number: 1104887819
Phone No: 9733733000
Type of Medication Offered:
Buprenorphine

Services:
✓ Medication-Assisted Treatment

Address:
12 Krotik Pl

Irvington New Jersey 07111
County: Essex

Rudolph Willis MD
NPI Number: 1104887819
Phone No: 9733756999
Type of Medication Offered:
Buprenorphine

Services:
✓ Medication-Assisted Treatment

Address:
352 18th Ave

Irvington New Jersey 07111
County: Essex

Rutgers University Behavioral Healthcare
License No: 2000476
Agency Type: Unknown
Phone No: 7322355900

Services:
✓ Co-Occurring Treatment Services
✓ Intensive Outpatient Treatment
✓ Outpatient Treatment

IDRC affiliated: **Yes**

Address:
183 S ORANGE AVE
NEWARK NJ 07103
County: Essex

SERV Centers of New Jersey, Inc
License No: 2000869
Agency Type: Unknown
Phone No: 6094060100

Services:
✓ Ambulatory Withdrawal Management
✓ Co-Occurring Treatment Services
✓ Intensive Outpatient Treatment
✓ Outpatient Treatment

IDRC affiliated: **Yes**

Address:
777 BLOOMFIELD AVENUE
CLIFTON NJ 07012
County: Essex

SERV Centers of New Jersey, Inc.
License No: 2000869
Agency Type: Unknown
Phone No: (609)406-0100

Services:
✓ Ambulatory Withdrawal Management
✓ Co-Occurring Treatment Services
✓ Intensive Outpatient Treatment
✓ Outpatient Treatment

IDRC affiliated: **Yes**

Address:
777 BLOOMFIELD AVENUE
CLIFTON NJ 07012
County: Essex

Sunrise Clinical Services, LLC, d/b/a/ Oasis Clinical Services
License No: 2000440
Agency Type: Unknown
Phone No: 9733721095
Type of Medication Offered:
Methadone

Services:
✓ Intensive Outpatient Treatment
✓ Opiate Treatment Program
✓ Outpatient Treatment
✓ Partial Care

IDRC affiliated: **Yes**

Address:
22 Ball Street
1st And 3rd Floors
Irvington NJ 07111
County: Essex

Suzanne Zemel MD
NPI Number: 1467507681
Phone No: 9736227274
Type of Medication Offered:
Buprenorphine

Services:
✓ Medication-Assisted Treatment

Address:
50 Park Pl Ste 1542

Newark New Jersey 07102
County: Essex

Suzanne Zemel MD/DO
NPI Number: 1467507681
Phone No: 973-796-4222
Type of Medication Offered:
Buprenorphine

Services:
✓ Medication-Assisted Treatment

Address:
60 Vassar Ave
Newark New Jersey 07112
County: Essex

Team Management 2000, Inc. CBO
License No: 2000054
Agency Type: Unknown
Phone No: 9732730425

Services:
✓ Co-Occurring Treatment Services
✓ Intensive Outpatient Treatment
✓ Outpatient Treatment

IDRC affiliated: **Yes**

Address:
744 BROAD STREET
24TH FLOOR
NEWARK NJ 07102
County: Essex

The Appropriate Place, Inc.
License No: 2000689
Agency Type: Non-Profit
Phone No: 8622531104

Services:
✓ Co-Occurring Treatment Services
✓ Intensive Outpatient Treatment
✓ Outpatient Treatment
✓ Partial Care

IDRC affiliated: **Yes**

Address:
660 S. 21ST STREET
IRVINGTON NJ 07111
County: Essex

The Bridge, Inc.
License No: 2000061
Agency Type: Non-Profit
Phone No: 9732283000

Services:
✓ Co-Occurring Treatment Services
✓ Intensive Outpatient Treatment
✓ Outpatient Treatment

IDRC affiliated: **Yes**

Address:
50 UNION AVE
SUITE 303 AND 306
IRVINGTON NJ 07111
County: Essex

The Bridge, Inc.
License No: 2000144
Agency Type: Non-Profit
Phone No: 9732283000

Services:
✓ Co-Occurring Treatment Services
✓ Intensive Outpatient Treatment
✓ Outpatient Treatment

IDRC affiliated: **Yes**

Address:
860 Bloomfield Avenue
West Caldwell NJ 07006
County: Essex

The Counseling Center at West Caldwell
License No: 2000696
Agency Type: Unknown
Phone No: 7328821920

Services:
✓ Intensive Outpatient Treatment
✓ Outpatient Treatment

IDRC affiliated: **Yes**

Address:
1120 BLOOMFIELD AVENUE
SUITE 200
WEST CALDWELL NJ 07006
County: Essex

The Harbor
License No: 3000623
Agency Type: Non-Profit
Phone No: 9732971771

Services:
✓ Intensive Outpatient Treatment
✓ Outpatient Residential Community Release Program

IDRC affiliated: **Yes**

Address:
300 FRELINGHUYSEN AVENUE
NEWARK NJ 07114
County: Essex

The Kintock Group- Newark Treatment Program
License No: 3000620
Agency Type: Non-Profit
Phone No: 9736221400

Services:
✓ Outpatient Residential Community Release Program

IDRC affiliated: **Yes**

Address:
50 FENWICK PLACE
NEWARK NJ 07114-1312
County: Essex

The Lennard Clinic, Inc.
License No: 2000196
Agency Type: Unknown
Phone No: 9735962850
Type of Medication Offered:
Methadone ,Buprenorphine

Services:
✓ Co-Occurring Treatment Services
✓ Intensive Outpatient Treatment
✓ Opiate Treatment Program
✓ Outpatient Treatment
✓ Partial Care

IDRC affiliated: **Yes**

Address:
461 Frelinghuysen Avenue
Newark NJ 07114
County: Essex

The Restoration Center
License No: 2000116
Agency Type: Non-Profit
Phone No: 9736224934

Services:
✓ Intensive Outpatient Treatment
✓ Outpatient Treatment

IDRC affiliated: **Yes**

Address:
300 S 12 St
Newark NJ 07103
County: Essex

The Wise Program
License No: 2000249
Agency Type: Non-Profit
Phone No: 9736230600

Services:
✓ Co-Occurring Treatment Services
✓ Intensive Outpatient Treatment
✓ Outpatient Treatment
✓ Partial Care

IDRC affiliated: **Yes**

Address:
659 MARTIN LUTHER KING BLVD
NEWARK NJ 07102-1119
County: Essex

The Marilyn Center
License No: 2000678
Agency Type: Unknown
Phone No: 9734746492

Services:
✓ Co-Occurring Treatment Services
✓ Intensive Outpatient Treatment
✓ Outpatient Treatment

IDRC affiliated: **Yes**

Address:
85 South Harrison Street
Suite 201
East Orange NJ 07018
County: Essex

The New Essecare of NJ, LLC
License No: 2000622
Agency Type: Non-Profit
Phone No: 9734140091

Services:
✓ Co-Occurring Treatment Services
✓ Intensive Outpatient Treatment
✓ Outpatient Treatment

IDRC affiliated: **Yes**

Address:
20 Main St
Orange NJ 07050
County: Essex

The Restoration Center
License No: 2000116
Agency Type: Non-Profit
Phone No: 9736224934

Services:
✓ Intensive Outpatient Treatment
✓ Outpatient Treatment

IDRC affiliated: **Yes**

Address:
300 S 12 St
Newark NJ 07103
County: Essex

The Wise Program
License No: 2000249
Agency Type: Non-Profit
Phone No: 9736230600

Services:
✓ Co-Occurring Treatment Services
✓ Intensive Outpatient Treatment
✓ Outpatient Treatment
✓ Partial Care

IDRC affiliated: **Yes**

Address:
659 MARTIN LUTHER KING BLVD
NEWARK NJ 07102-1119
County: Essex

Tully House
License No: 3000624
Agency Type: Non-Profit
Phone No: 9732971771

Services:
✓ Intensive Outpatient Treatment
✓ Outpatient Residential
Community Release Program

IDRC affiliated: **Yes**

Address:
28 PEERLESS PLACE
NEWARK NJ 07114
County: Essex

Urban Life Counseling Center, Inc.
License No: 2000623
Agency Type: Unknown
Phone No: 9736777053

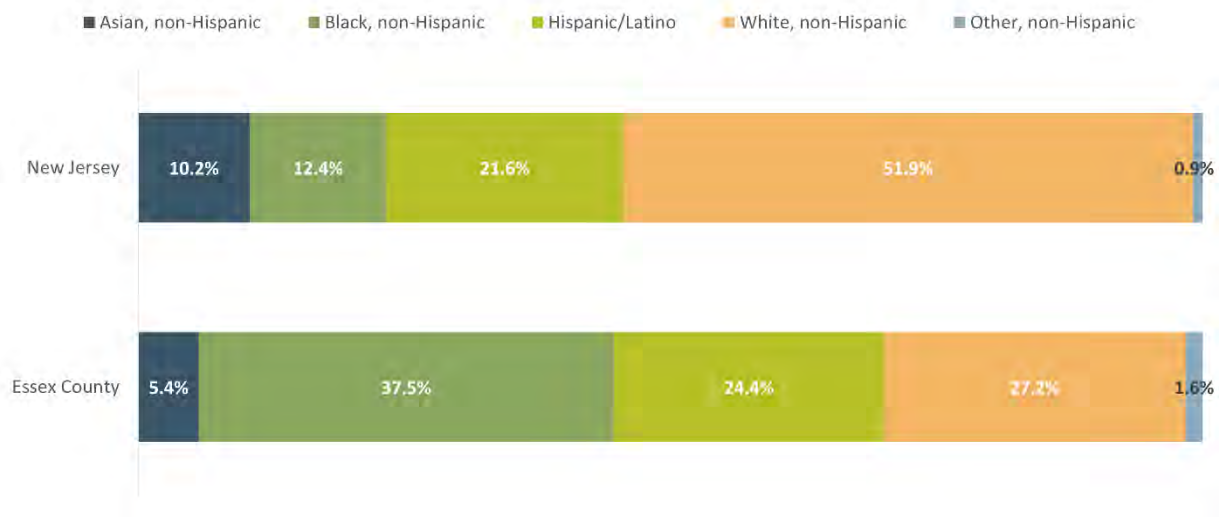
Services:
✓ Co-Occurring Treatment Services
✓ Intensive Outpatient Treatment
✓ Outpatient Treatment
✓ Partial Care

IDRC affiliated: **Yes**

Address:
220 South Harrison Street
East Orange NJ 07018
County: Essex

Appendix E - Additional Data Tables

Figure 83. Racial and Ethnic Distribution, by State and County, 2020



DATA SOURCE: U.S. Census Bureau, Decennial Census of Population and Housing, 2020
NOTE: Data under 4.0% not labeled.

Figure 84. Percent Change in Racial and Ethnic Distribution in New Jersey, 2011-2020

	New Jersey			Essex County		
	2015	2020	% change	2015	2020	% change
Asian	8.7%	9.4%	0.7%	4.9%	5.4%	0.5%
Black or African American	12.8%	12.7%	-0.1%	38.7%	38.0%	-0.7%
Hispanic/ Latino, any race	18.6%	20.2%	1.6%	21.7%	23.3%	1.6%
White, non-Hispanic	57.8%	55.4%	-2.4%	31.9%	30.0%	-1.9%
Other	2.0%	2.3%	0.3%	1.1%	1.2%	0.1%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2011-2020
NOTE: "Other" is represents those who identify as American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, and those identifying as another race or more than one race.

Figure 85. Age Distribution, by Race/Ethnicity, State, and County, 2016-2020

	Asian					
	Under 18 years	18-24 years	25-44 years	45-64 years	65-74 years	75 years and older
New Jersey	14.6%	5.0%	21.8%	17.0%	4.8%	3.0%
Essex County	13.6%	5.1%	20.9%	17.5%	5.4%	3.1%
	Black					
	Under 18 years	18-24 years	25-44 years	45-64 years	65-74 years	75 years and older
New Jersey	15.0%	6.7%	18.3%	17.3%	4.8%	3.3%
Essex County	15.7%	6.2%	18.6%	16.6%	4.6%	3.2%
	Hispanic/ Latino					
	Under 18 years	18-24 years	25-44 years	45-64 years	65-74 years	75 years and older
New Jersey	19.1%	6.7%	20.4%	14.9%	3.3%	2.2%
Essex County	19.4%	6.4%	21.1%	14.5%	3.3%	2.0%
	White					
	Under 18 years	18-24 years	25-44 years	45-64 years	65-74 years	75 years and older
New Jersey	12.2%	5.1%	14.7%	20.1%	7.8%	6.3%
Essex County	12.6%	4.8%	15.0%	20.1%	7.3%	6.4%
	Some Other Race					
	Under 18 years	18-24 years	25-44 years	45-64 years	65-74 years	75 years and older
New Jersey	28.5%	10.3%	32.4%	21.5%	4.6%	2.6%
Essex County	28.6%	8.9%	33.0%	21.4%	5.1%	2.9%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2011-2020

NOTE: Some Other Race includes individuals that identified as American Indian/Alaskan Native, Native Hawaiian or Other Pacific Islander, or as some other race.

Figure 86. Age Distribution, by Gender, State, and County, 2016-2020

	Under 18 years		18-24 years		25-44 years		45-64 years		65-74 years		75 years and older	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
New Jersey	23.0%	21.0%	9.0%	8.2%	26.5%	25.0%	27.3%	27.7%	8.6%	9.7%	5.7%	8.4%
Essex County	25.2%	22.5%	9.2%	8.4%	27.9%	27.2%	26.0%	26.3%	7.1%	8.5%	4.5%	7.1%
East Orange	24.2%	22.2%	10.8%	8.1%	30.6%	30.2%	23.7%	23.0%	6.7%	8.9%	4.0%	7.5%
Hillside	21.4%	19.8%	10.1%	11.0%	28.8%	26.6%	24.7%	30.4%	10.3%	6.1%	4.5%	6.2%
Irvington	27.6%	22.9%	9.0%	9.3%	29.8%	29.4%	24.5%	23.9%	5.6%	8.3%	3.7%	6.2%
Newark (citywide)	25.4%	23.4%	10.7%	10.0%	31.0%	29.3%	24.1%	25.0%	5.9%	6.8%	3.0%	5.5%
Newark (07103, West Ward	31.8%	23.0%	13.9%	11.1%	26.5%	29.4%	18.8%	25.2%	5.4%	6.9%	3.6%	4.4%
Newark (07106, West Ward	25.1%	21.2%	8.9%	10.5%	31.9%	24.5%	22.7%	29.9%	7.2%	8.4%	4.1%	5.7%
Newark (07108, South War	36.3%	27.4%	7.9%	9.7%	28.0%	31.2%	21.2%	20.2%	4.7%	6.9%	2.0%	4.6%
Newark (07112, South War	26.7%	20.6%	10.4%	9.2%	25.4%	32.1%	27.4%	26.6%	6.8%	5.3%	3.2%	6.3%
Newark (07114, South War	12.4%	24.1%	7.3%	5.9%	43.6%	26.7%	28.9%	31.7%	5.9%	7.6%	1.6%	4.0%
Newark (07105, East Ward	20.4%	24.5%	8.9%	7.6%	38.9%	33.4%	24.3%	23.8%	4.8%	5.1%	2.6%	5.7%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Figure 87. Foreign-Born Population by Top Countries of Origin, by State and County, 2016-2020

	New Jersey	Essex County
India	13.1%	-
Dominican Republic	9.1%	7.8%
Mexico	5.1%	-
Colombia	4.3%	-
Ecuador	4.1%	10.0%
Haiti	-	9.5%
Jamaica	-	6.1%
Nigeria	-	5.0%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Employment

Figure 88. Unemployment Rate among Workers 16 Years and Above, 2016-2020

	2016-2020
New Jersey	5.8%
Essex County	8.0%
East Orange	12.0%
Hillside	7.1%
Irvington	10.2%
Newark (citywide)	10.6%
Newark (07103, West Ward)	12.2%
Newark (07106, West Ward)	15.9%
Newark (07108, South Ward)	13.5%
Newark (07112, South Ward)	13.5%
Newark (07114, South Ward)	13.2%
Newark (07105, East Ward)	7.5%

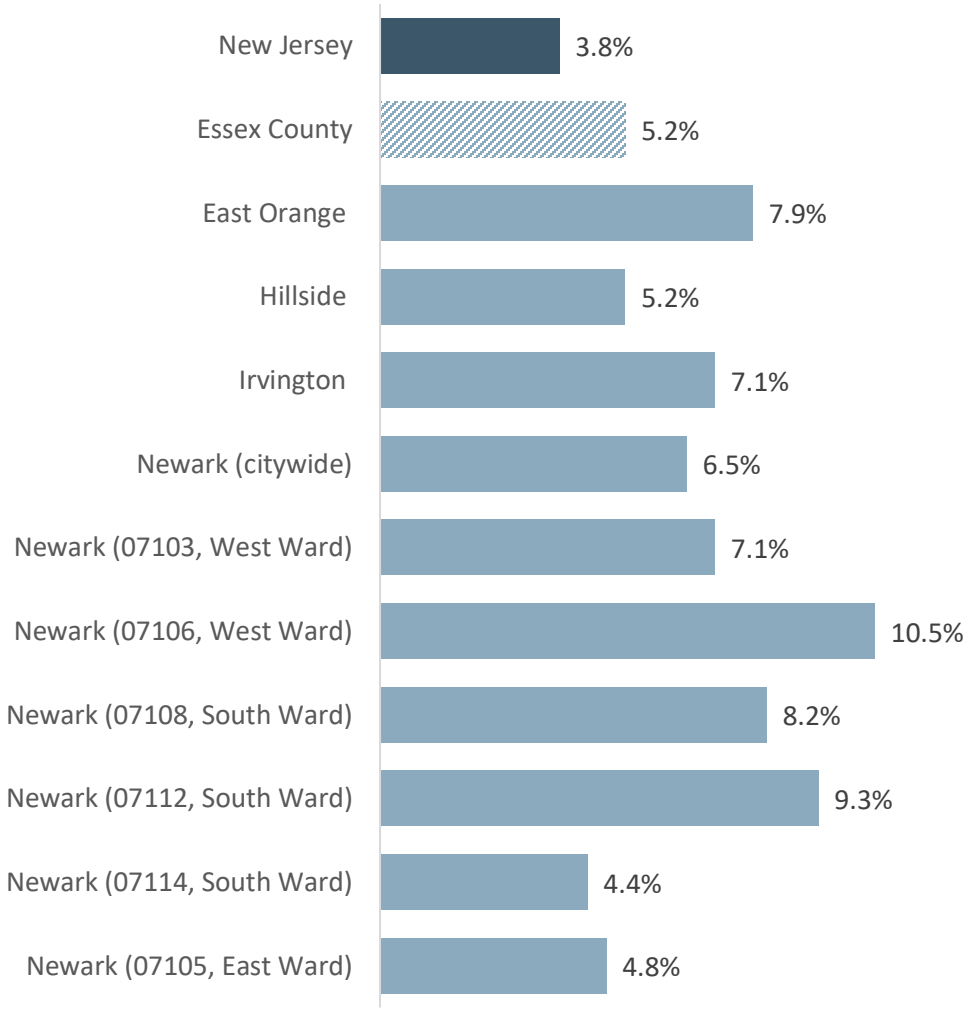
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Figure 89. Unemployment Rate among Civilian Labor Force, by State, County, and Town, 2016-2020

	%
New Jersey	3.8%
Essex County	5.2%
East Orange	7.9%
Hillside	5.2%
Irvington	7.1%
Newark (citywide)	6.5%
Newark (07103, West Ward)	7.1%
Newark (07106, West Ward)	10.5%
Newark (07108, South Ward)	8.2%
Newark (07112, South Ward)	9.3%
Newark (07114, South Ward)	4.4%
Newark (07105, East Ward)	4.8%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Figure 90. Unemployment Rate among Civilian Labor Force, by State, County, and Town, 2016-2020



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Figure 91. Population Employed by Industry Type, State, County, and Town, 2016-2020

	Agriculture, forestry, fishing and hunting, and mining	Construction	Manufacturing	Wholesale trade
New Jersey	0.3%	5.9%	8.1%	3.3%
Essex County	0.2%	6.0%	6.7%	2.5%
East Orange	0.1%	3.8%	4.6%	2.0%
Hillside	0.6%	4.8%	5.1%	3.2%
Irvington	0.1%	3.7%	5.9%	2.5%
Newark (citywide)	0.2%	9.7%	7.3%	2.2%
Newark (07103, West Ward)	0.7%	26.1%	9.0%	2.0%
Newark (07106, West Ward)	0.0%	3.9%	4.9%	1.7%
Newark (07108, South Ward)	0.2%	8.5%	10.1%	4.3%
Newark (07112, South Ward)	0.1%	3.7%	4.0%	1.7%
Newark (07114, South Ward)	0.0%	14.3%	3.7%	1.7%
Newark (07105, East Ward)	0.1%	3.7%	4.0%	1.7%

	Retail trade	Transportation and warehousing, and utilities	Information	Finance and insurance, and real estate and rental and leasing
New Jersey	10.7%	6.4%	2.6%	8.5%
Essex County	9.9%	7.9%	3.0%	8.1%
East Orange	14.3%	11.7%	1.6%	5.2%
Hillside	9.9%	12.8%	1.9%	4.5%
Irvington	12.6%	10.8%	2.0%	4.3%
Newark (citywide)	10.1%	12.0%	1.4%	4.9%
Newark (07103, West Ward)	6.3%	7.6%	1.5%	4.5%
Newark (07106, West Ward)	10.7%	13.1%	1.3%	5.2%
Newark (07108, South Ward)	9.0%	12.0%	2.4%	3.8%
Newark (07112, South Ward)	9.3%	16.4%	1.5%	3.4%
Newark (07114, South Ward)	9.7%	21.8%	0.0%	3.1%
Newark (07105, East Ward)	9.3%	16.4%	1.5%	3.4%

	Professional, scientific, and management, and administrative and waste management services	Educational services, and health care and social assistance	Arts, entertainment, and recreation, and accommodation and food services	Other services, except public administration	Public administration
New Jersey	13.7%	24.1%	7.8%	4.2%	4.4%
Essex County	13.7%	25.5%	7.2%	4.5%	4.8%
East Orange	8.9%	30.2%	6.8%	4.7%	6.2%
Hillside	8.7%	29.1%	9.1%	5.8%	4.5%
Irvington	8.9%	32.8%	6.8%	3.4%	6.2%
Newark (citywide)	11.9%	21.7%	8.2%	5.4%	5.0%
Newark (07103, West	14.0%	8.9%	8.8%	8.5%	2.3%
Newark (07106, West	9.4%	32.0%	8.7%	4.3%	4.8%
Newark (07108, South	9.2%	19.8%	8.8%	6.4%	5.6%
Newark (07112, South	12.3%	29.8%	6.0%	3.7%	8.2%
Newark (07114, South	14.0%	19.5%	4.0%	4.3%	3.9%
Newark (07105, East V	12.3%	29.8%	6.0%	3.7%	8.2%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Figure 92. Unemployment Rate by Race/Ethnicity, by State and County, 2016-2020

	Asian, Non-Hispanic	Black, Non-Hispanic	Hispanic/ Latino	White, Non-Hispanic	American Indian and Alaska Native	Native Hawaiian and Other Pacific Islander	Other, Non-Hispanic
New Jersey	4.3%	9.0%	6.4%	5.0%	9.0%	6.5%	6.6%
Essex County	3.7%	11.4%	7.4%	4.9%	15.1%	0.0%	8.2%
East Orange	1.2%	12.0%	12.3%	18.7%	13.6%	0.0%	13.7%
Hillside	6.7%	6.7%	8.3%	8.3%	0.0%	-	6.9%
Irvington	3.6%	10.6%	8.2%	1.4%	0.0%	-	16.4%
Newark (citywide)	6.9%	13.8%	8.2%	5.8%	16.4%	0.0%	8.1%
Newark (07103, West Ward)	3.5%	13.5%	8.2%	12.3%	0.0%	-	11.8%
Newark (07106, West Ward)	9.7%	15.2%	19.7%	6.8%	86.5%	-	9.2%
Newark (07108, South Ward)	0.0%	15.2%	3.2%	0.0%	-	-	7.1%
Newark (07112, South Ward)	38.5%	13.7%	12.5%	0.0%	-	-	9.6%
Newark (07114, South Ward)	-	19.6%	12.6%	7.6%	0.0%	-	15.3%
Newark (07105, East Ward)	0.0%	29.2%	7.3%	6.2%	0.0%	0.0%	6.8%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Figure 93. Unemployment Rate by Gender, State, County, and Town, 2016-2020

	Female	Male
New Jersey	5.6%	5.4%
Essex County	8.0%	7.4%
East Orange	11.9%	10.6%
Hillside	5.3%	6.7%
Irvington	7.3%	12.3%
Newark (citywide)	10.9%	9.2%
Newark (07103, West Ward)	11.6%	12.3%
Newark (07106, West Ward)	12.7%	18.5%
Newark (07108, South Ward)	10.2%	14.8%
Newark (07112, South Ward)	11.7%	11.8%
Newark (07114, South Ward)	11.5%	10.7%
Newark (07105, East Ward)	12.0%	4.0%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Figure 94. Unemployment rate by Age, State, and County, 2016-2020

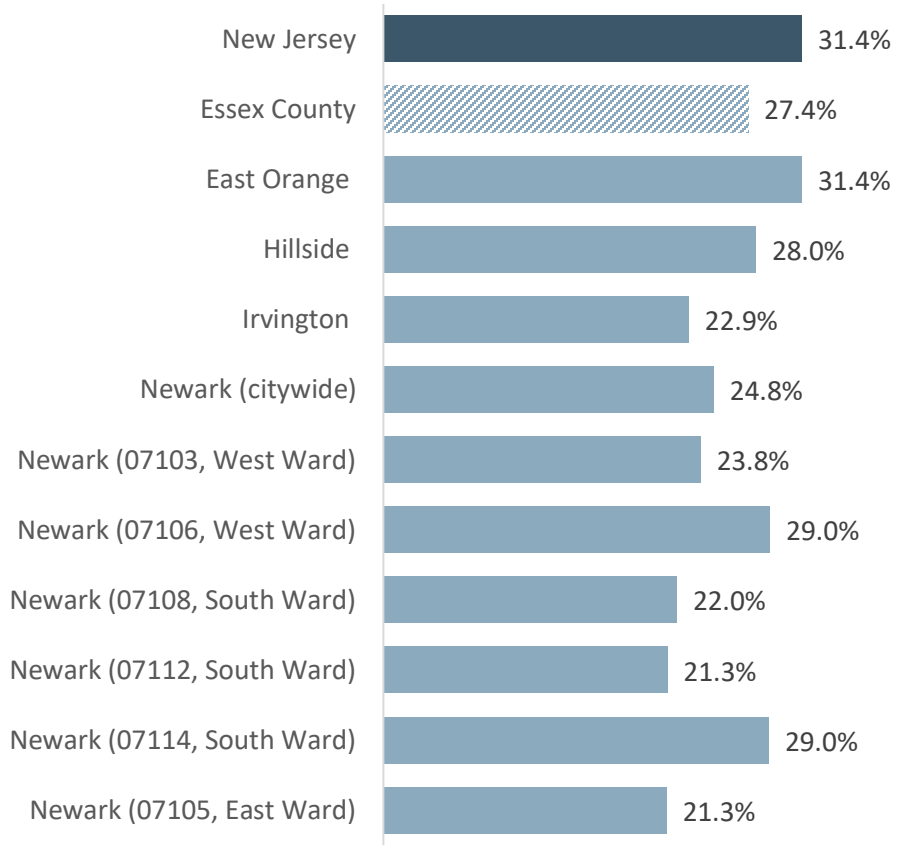
	16 to 19 years	20 to 24 years	25 to 29 years	30 to 34 years	35 to 44 years
New Jersey	17.2%	11.4%	6.5%	5.2%	4.6%
Essex County	26.1%	17.1%	9.7%	7.4%	6.8%
East Orange	40.9%	25.4%	16.3%	10.9%	8.1%
Hillside	37.2%	6.4%	5.8%	9.9%	4.2%
Irvington	43.0%	15.5%	11.1%	4.5%	11.8%
Newark (citywide)	31.0%	20.2%	11.5%	10.1%	9.5%
Newark (07103, West Ward)	30.3%	19.5%	11.3%	16.7%	12.8%
Newark (07106, West Ward)	46.8%	42.0%	15.8%	16.1%	12.4%
Newark (07108, South Ward)	34.4%	19.9%	13.1%	14.8%	12.5%
Newark (07112, South Ward)	48.3%	15.6%	21.8%	11.0%	8.8%
Newark (07114, South Ward)	69.0%	44.2%	12.9%	0.8%	6.8%
Newark (07105, East Ward)	16.4%	15.6%	3.7%	8.4%	7.7%

	45 to 54 years	55 to 59 years	60 to 64 years	65 to 74 years	75 years and over
New Jersey	4.6%	4.5%	4.4%	4.8%	4.2%
Essex County	5.7%	5.9%	5.2%	4.5%	6.6%
East Orange	7.5%	7.5%	4.2%	4.2%	4.7%
Hillside	5.3%	6.0%	2.7%	4.4%	0.0%
Irvington	8.8%	8.3%	4.9%	2.5%	7.0%
Newark (citywide)	6.7%	7.1%	6.1%	9.9%	11.2%
Newark (07103, West Ward)	6.5%	10.4%	5.0%	0.0%	0.0%
Newark (07106, West Ward)	14.1%	5.9%	0.7%	13.2%	0.0%
Newark (07108, South Ward)	6.4%	12.0%	2.9%	24.9%	0.0%
Newark (07112, South Ward)	5.5%	9.8%	16.9%	2.0%	48.5%
Newark (07114, South Ward)	4.3%	21.6%	20.6%	9.6%	0.0%
Newark (07105, East Ward)	4.9%	6.1%	8.3%	13.3%	0.0%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

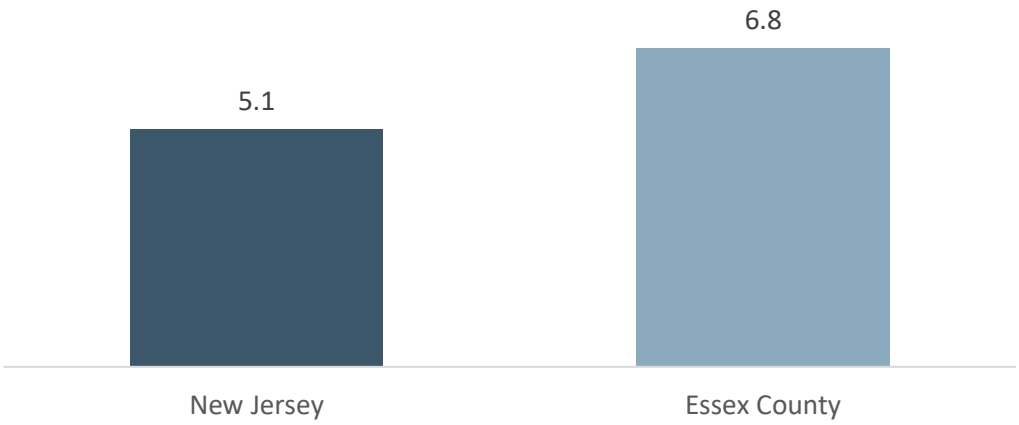
Income

Figure 95. Percent Households Receiving Social Security Income, by State, County, and Town, 2016-2020



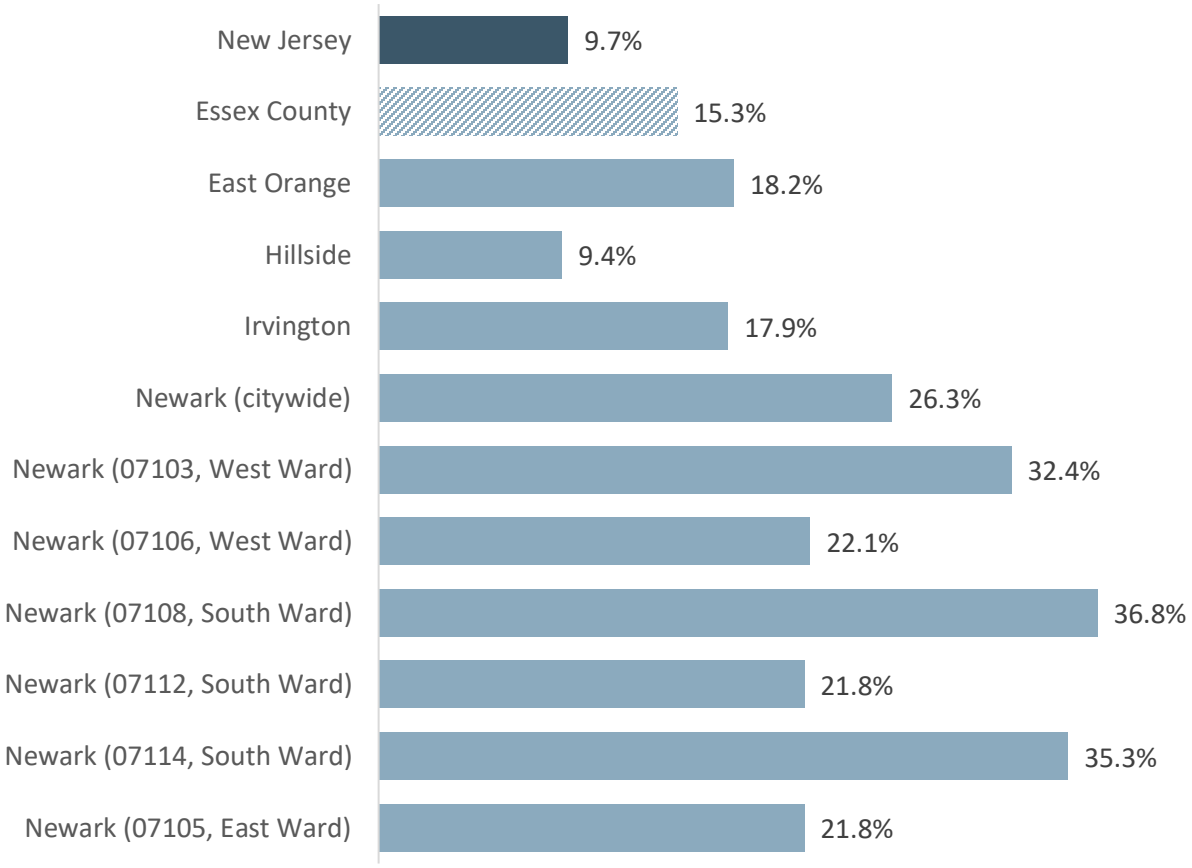
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Figure 96. Income Inequality (80th to 20th Percentile Income Ratio), by State and County, 2015-2019



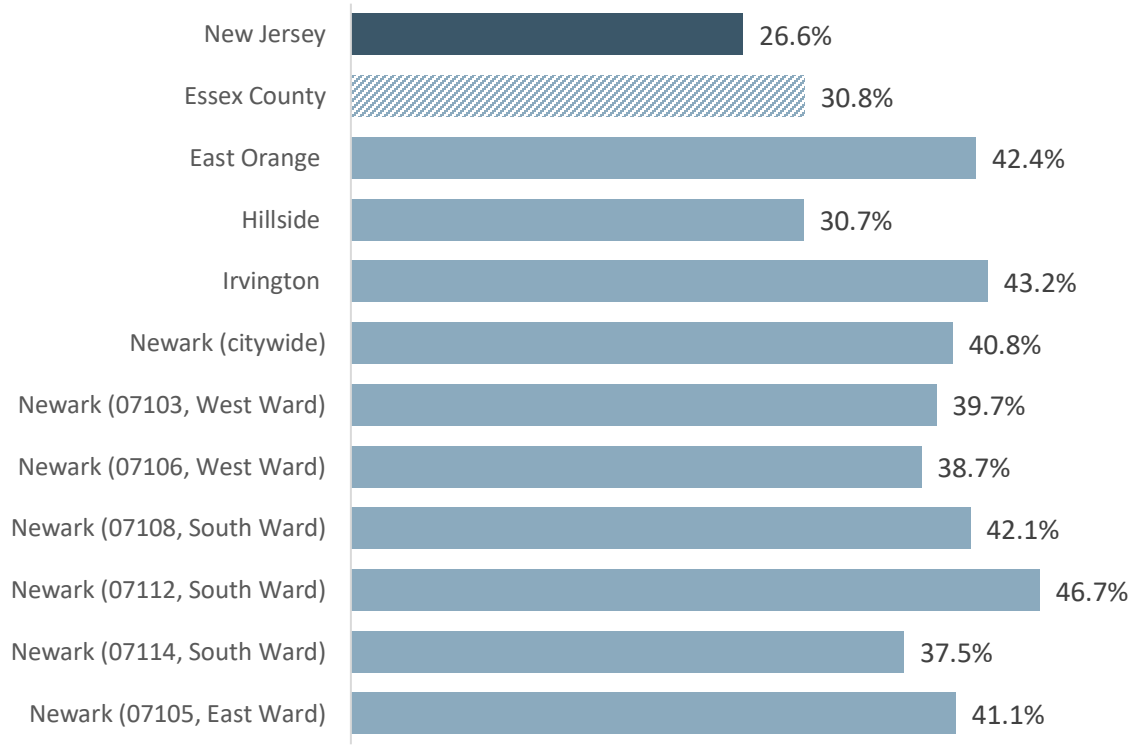
DATA SOURCE: U.S. Census Bureau, American Community Survey as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2016-2020
NOTE: The ratio of household income at the 80th percentile to that at the 20th percentile, where the incomes of all households in a county are listed from highest to lowest, the 80th percentile is the level of income at which only 20% of households have higher incomes, and the 20th percentile is the level of income at which only 20% of households have lower incomes. A higher inequality ratio indicates greater division between the top and bottom ends of the income spectrum.

Figure 97. Individuals Below Poverty Level, by State, County, and Town, 2016-2020



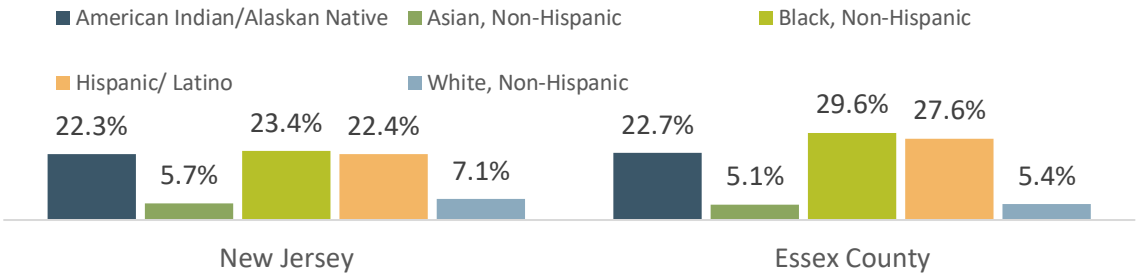
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Figure 98. Percent Households Falling into ALICE Population, by State and County, 2018



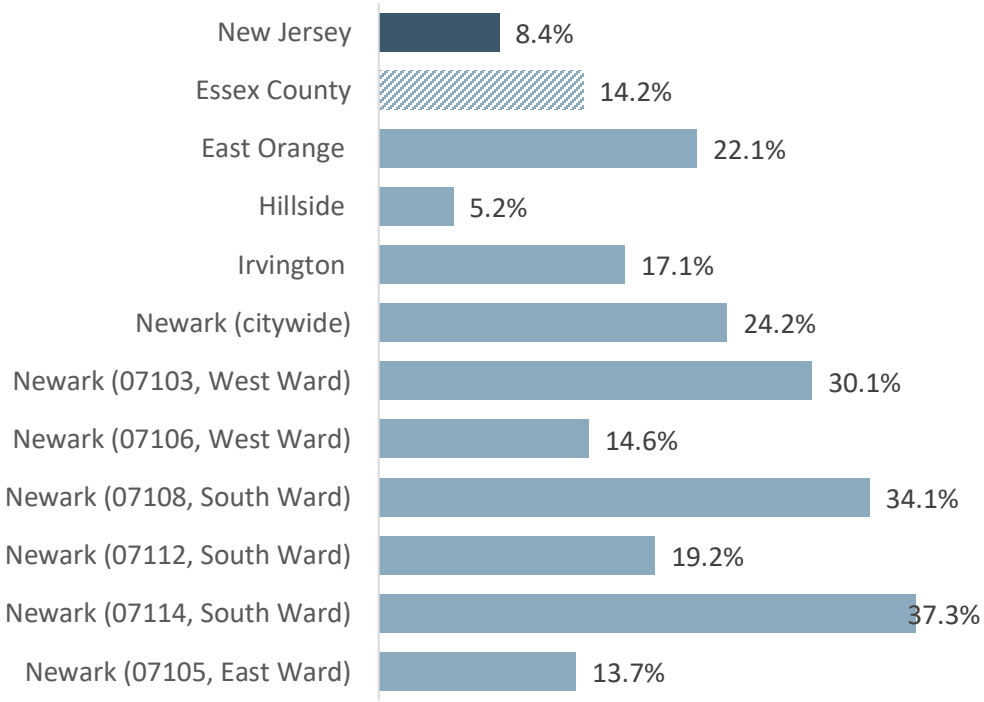
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2014-2018 as reported by United Ways of New Jersey, Alice in New Jersey: A Financial Hardship Study, 2020
NOTE: ALICE refers to the population in our communities that are Asset Limited, Income Constrained, Employed. The ALICE population represents those among us who are working, but due to child care costs, transportation challenges, high cost of living and so much more are living paycheck to paycheck.

Figure 99. Children in Poverty, by State and County, 2019



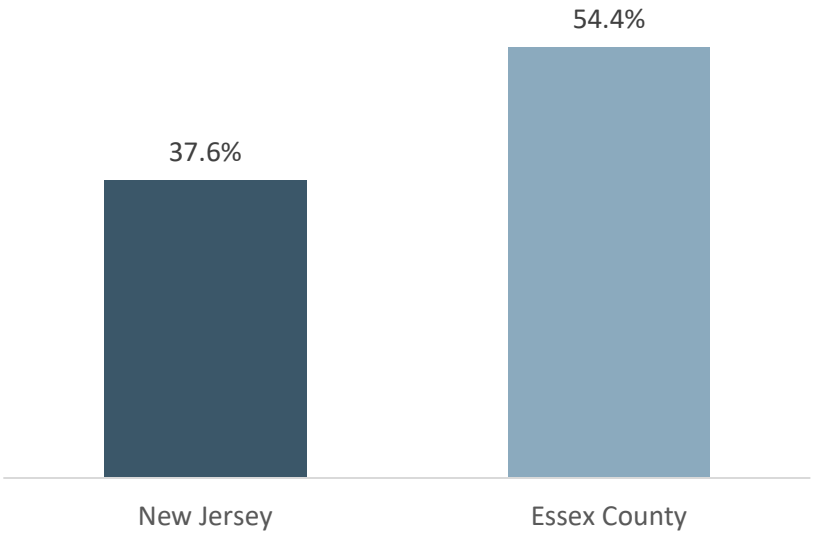
DATA SOURCE:U.S. Census Bureau, Small Area Income and Poverty Estimates, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2019

Figure 100. Households Receiving Food Stamps/SNAP, by State, County, and Town, 2016-2020



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Figure 101. Children Eligible for Free or Reduced Price Lunch, by State and County, 2019-2020



DATA SOURCE: National Center for Education Statistics, 2019-2020 from University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps, 2021

Food Access

Figure 102. Food Environment Index, by State and County, 2021

	2015 and 2018
New Jersey	9.3
Essex County	8.7

DATA SOURCE: U.S. Department of Agriculture, Economic Research Service, Food Access Research Atlas, 2019 , as reported by, County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2022
NOTE: Food desert defined as the percentage of population with low income and without access to a grocery store at 1 mile for urban areas and 10 miles for rural areas

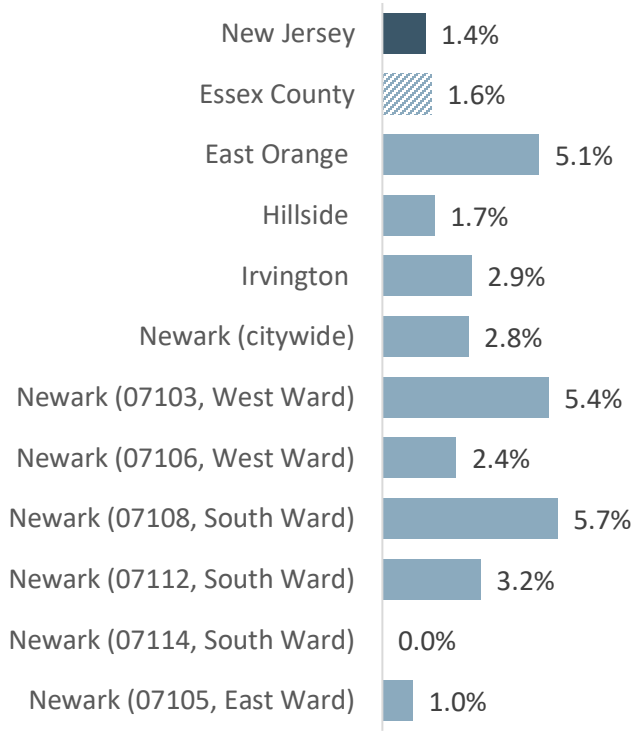
Figure 103. Food Desert among Residents, by State and County, 2019

	2019
New Jersey	3.7%
Essex County	0.7%

DATA SOURCE: U.S. Department of Agriculture, Economic Research Service, Food Access Research Atlas, 2019 , as reported by, County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2022
NOTE: Food desert defined as the percentage of population with low income and without access to a grocery store at 1 mile for urban areas and 10 miles for rural areas

Housing

Figure 104. Homeowner Vacancy Rate, by State and County, 2016-2020



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Education

Figure 105. Educational Attainment among Adults 25 Years and Older, by State, County, and Town, 2016-2020

	Less than 9th grade	9th to 12th grade, no diploma	High school graduate/ GED	Some college, no degree	Associate's degree	Bachelor's degree	Graduate or professional degree
New Jersey	4.7%	5.1%	26.7%	16.1%	6.6%	24.8%	15.9%
Essex County	6.7%	6.6%	27.9%	16.4%	6.1%	21.2%	15.0%
East Orange	5.0%	8.2%	36.8%	23.1%	6.9%	14.1%	5.9%
Hillside	7.8%	5.8%	31.8%	22.7%	4.1%	19.9%	7.8%
Irvington	5.7%	8.6%	36.7%	20.9%	7.1%	14.0%	7.0%
Newark (citywide)	12.3%	11.2%	36.4%	18.5%	6.1%	10.9%	4.6%
Newark (07103, West Ward)	8.9%	13.7%	31.5%	20.8%	6.5%	12.2%	6.4%
Newark (07106, West Ward)	6.1%	6.3%	38.9%	23.9%	6.2%	12.5%	6.2%
Newark (07108, South Ward)	6.8%	10.6%	35.6%	24.3%	9.6%	10.1%	3.0%
Newark (07112, South Ward)	4.3%	8.1%	37.2%	25.7%	8.2%	14.0%	2.6%
Newark (07114, South Ward)	9.5%	17.4%	44.2%	16.6%	6.2%	4.9%	1.2%
Newark (07105, East Ward)	21.2%	10.5%	41.2%	10.7%	3.0%	9.6%	3.8%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Figure 106. Educational Attainment among Adults 25 Years and Older, by Race/Ethnicity and Town, 2016-2020

	Asian, NH		Black, NH		Hispanic/ Latino		White, NH		Other race, NH	
	HS+	BA/BS+	HS+	BA/BS+	HS+	BA/BS+	HS+	BA/BS+	HS+	BA/BS+
New Jersey	92.8%	71.0%	88.6%	25.2%	75.6%	20.6%	94.6%	45.1%	71.4%	15.3%
Essex County	93.9%	71.6%	87.0%	21.9%	72.7%	18.8%	93.5%	57.7%	67.6%	15.0%
East Orange	91.7%	41.1%	88.0%	19.6%	72.6%	14.5%	87.0%	38.8%	73.1%	6.2%
Hillside	87.6%	60.4%	93.0%	27.8%	79.4%	19.6%	77.9%	29.5%	77.9%	16.5%
Irvington	86.9%	33.3%	87.3%	20.7%	64.5%	10.7%	92.8%	42.0%	44.4%	17.0%
Newark (citywide)	87.4%	57.5%	83.9%	15.3%	67.2%	11.1%	69.2%	19.9%	63.4%	9.5%
Newark (07103, West Ward)	98.6%	84.1%	80.0%	16.6%	60.0%	11.4%	75.5%	32.1%	56.8%	7.8%
Newark (07106, West Ward)	74.0%	35.8%	88.7%	18.0%	80.8%	8.1%	91.5%	18.4%	72.8%	7.4%
Newark (07108, South Ward)	100.0%	79.1%	84.1%	13.9%	72.7%	8.8%	79.3%	10.7%	59.7%	5.7%
Newark (07112, South Ward)	69.9%	18.1%	89.5%	15.9%	70.1%	19.5%	81.6%	35.5%	69.8%	14.7%
Newark (07114, South Ward)	82.7%	38.5%	76.8%	4.6%	64.3%	5.0%	73.9%	14.2%	66.5%	5.7%
Newark (07105, East Ward)	94.6%	57.6%	70.1%	7.5%	69.5%	11.3%	64.0%	16.1%	68.8%	9.6%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

Figure 107. 4-Year Adjusted Cohort High School Graduation Rate, by Race/Ethnicity and School District, 2020

New Jersey	Statewide	Asian, Non-Hispanic	Black, Non-Hispanic	Hispanic/Latino	White, Non-Hispanic	2+ Races
	92.6%	97.6%	88.3%	87.4%	95.9%	93.5%
Essex County	District Wide	Asian	Black	Hispanic	White	Two+ Races
East Orange School District	83.5%	*	85.4%	67.6%	*	*
Irvington Public School District	81.3%	*	82.8%	74.4%	N	*
Newark Public School District	81.3%	95.5%	77.6%	83.2%	90.1%	*
Union County	District Wide	Asian	Black	Hispanic	White	Two+ Races
Hillside Public School District	86.6%	*	85.9%	85.4%	100.0%	N

DATA SOURCE: New Jersey Department of Education, School Performance, Adjusted Cohort Graduation Rates, 2020-2021

NOTE: * indicates that data is not displayed to protect student privacy. An N indicates that no data is available.

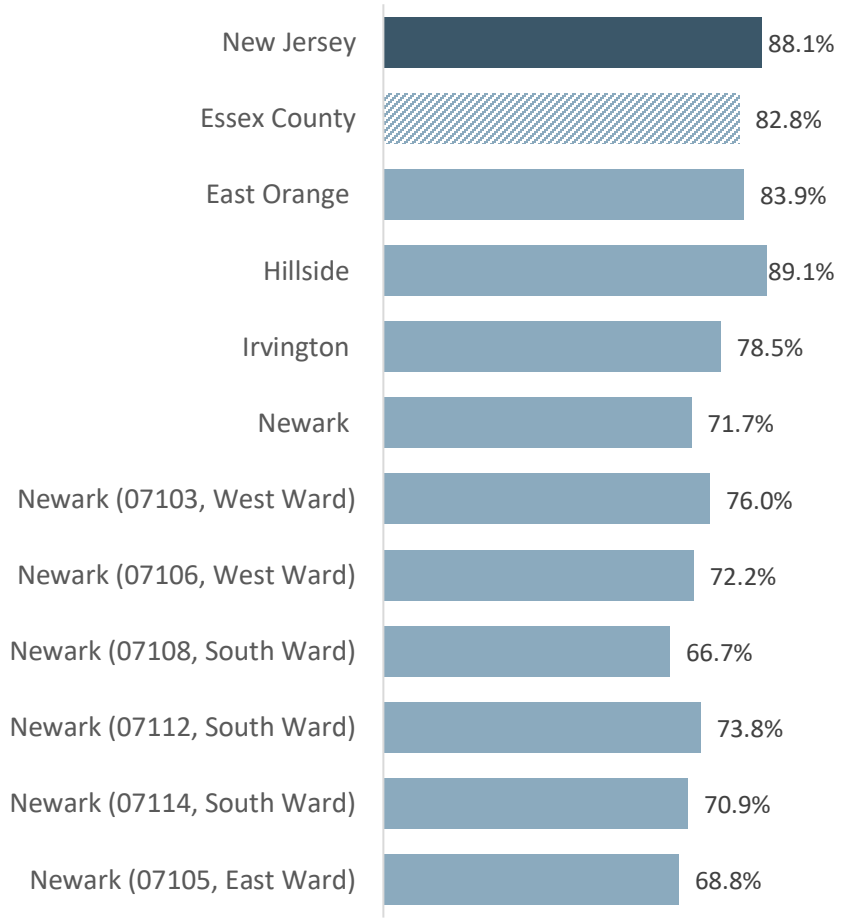
Technology

Figure 108. Households with a Computer, by State, County, and Town, 2016-2020

	%
New Jersey	92.9%
Essex County	91.1%
East Orange	90.8%
Hillside	94.1%
Irvington	84.5%
Newark (citywide)	87.7%
Newark (07103, West Ward)	86.2%
Newark (07106, West Ward)	92.3%
Newark (07108, South Ward)	86.4%
Newark (07112, South Ward)	91.1%
Newark (07114, South Ward)	84.5%
Newark (07105, East Ward)	89.2%

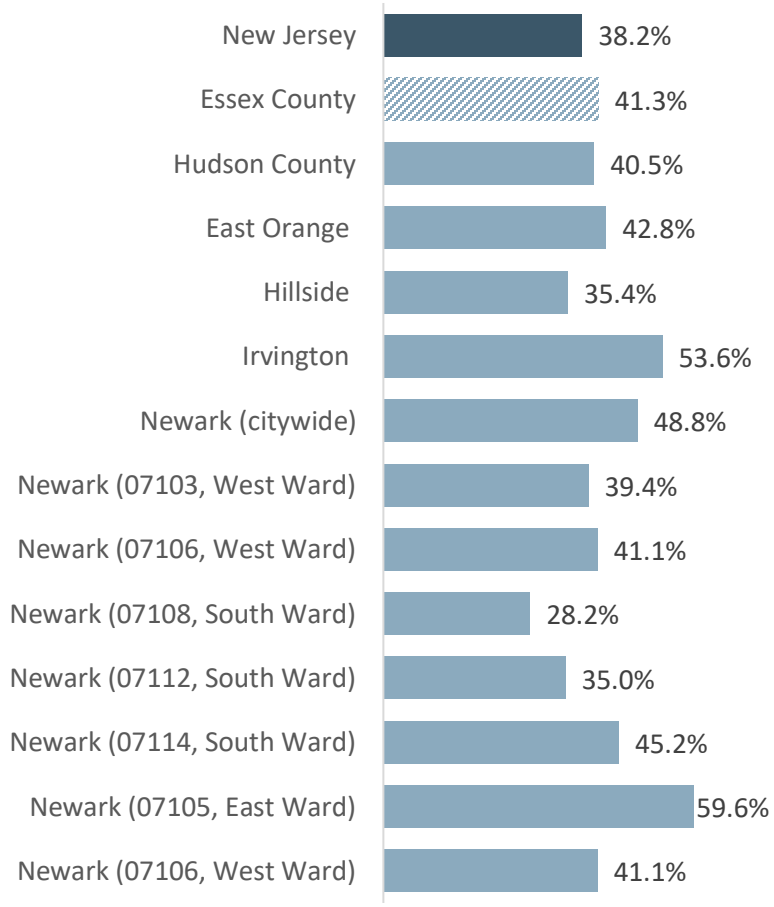
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Figure 109. Households with Internet, by State, County, and Town, 2016-2020



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Figure 110. Population Lacking English Proficiency (Out of Population who Speak a Language Other than English at Home), by State, County, and Town, 2016-2020



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Figure 111. Membership in Social Associations, by State and County, 2019

	# Associations	Social Association Rate
New Jersey	7705	8.7
Essex County	662	8.3

DATA SOURCE: County Business Patterns as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2019

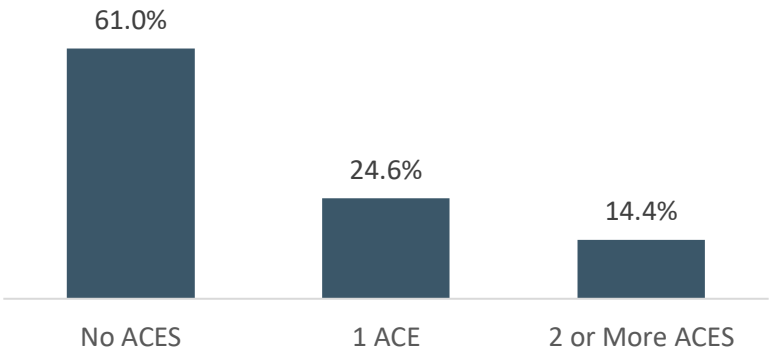
Crime

Figure 112. Domestic Violence Offenses, by State, 2019

	2019
New Jersey	59,645

DATA SOURCE: State of New Jersey, Department of Law and Public Safety, Uniform Crime Reporting Unit, Uniform Crime Report, 2019

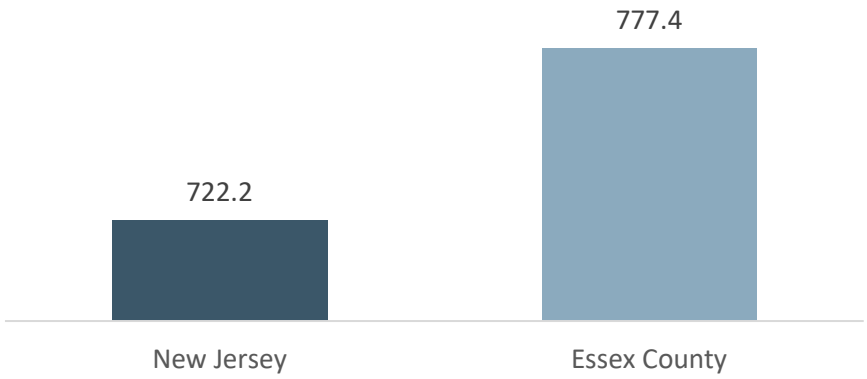
Figure 113. Percent of Children with Adverse Childhood Experiences (ACEs), by State, 2019



DATA SOURCE: Child and Adolescent Health Measurement Initiative (CAHMI), Data Resource Center for Child and Adolescent Health, National Survey of Children's Health Interactive Data Query, 2019

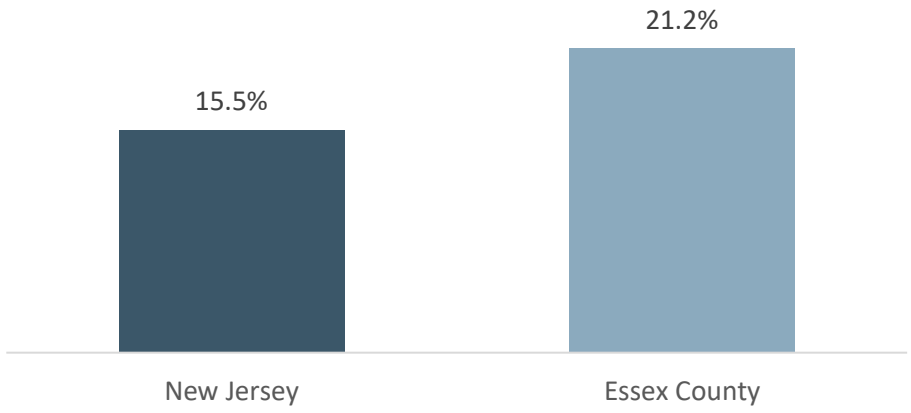
Health Indicators

Figure 114. Age-Adjusted Mortality Rate per 100,000 population, 2018-2020



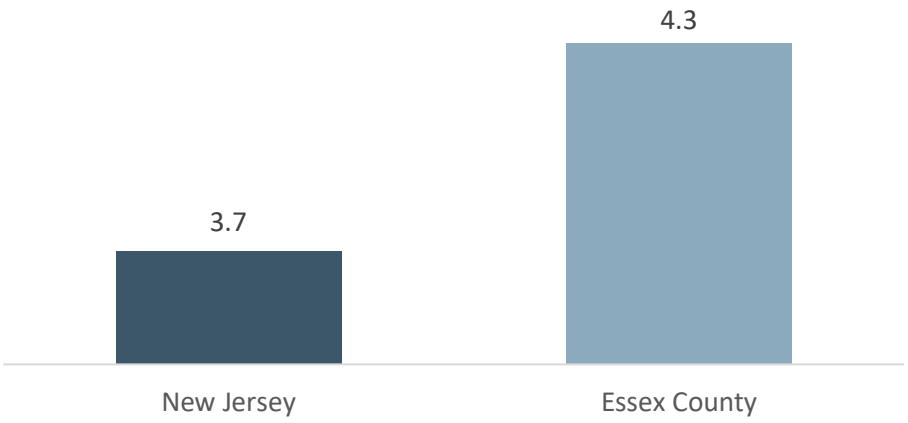
DATA SOURCE: New Jersey Department of Health, New Jersey Death Certificate Database, Office of Vital Statistics and Registry, 2017-2019

Figure 115. Percent Poor or Fair Health, by State and County, 2018



DATA SOURCE: Behavioral Risk Factor Surveillance System, as reported University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps, 2018

Figure 116. Poor Physical Health Days by State and County, 2018



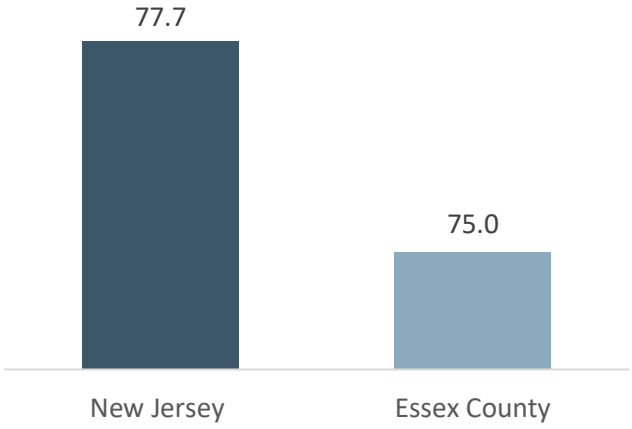
DATA SOURCE: Behavioral Risk Factor Surveillance System, as reported University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps, 2018

Figure 117. Community Need Index, by Zip Code in Counties, 2021

	Weighted average CNI
Essex County	3.8
Highest need zip in Essex	07102 (Newark), 07013 (Newark), 07108 (Newark), 07114 (Newark) with score 5
Lowest need zip in Essex	07004 (Fairfield) with score 1.4

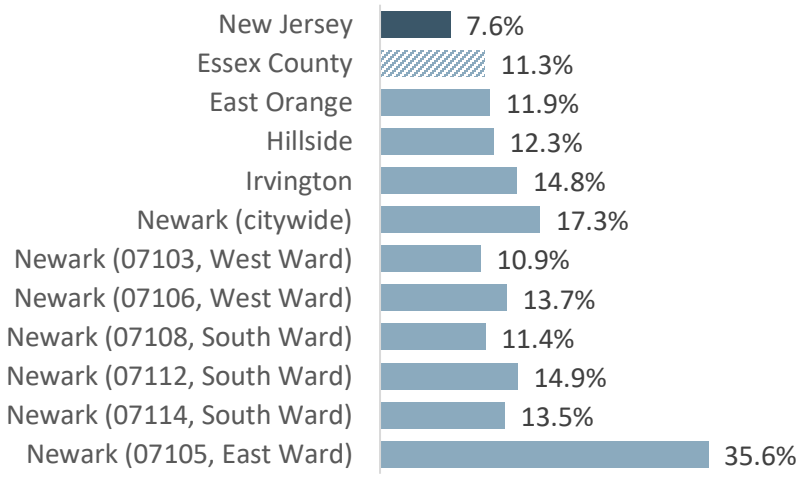
DATA SOURCE: Truven Health Analytics, 2021; Insurance Coverage Estimates, 2021; The Nielson Company, 2021; and Community Need Index, 2021.

Figure 118. Life Expectancy by State and County, 2020



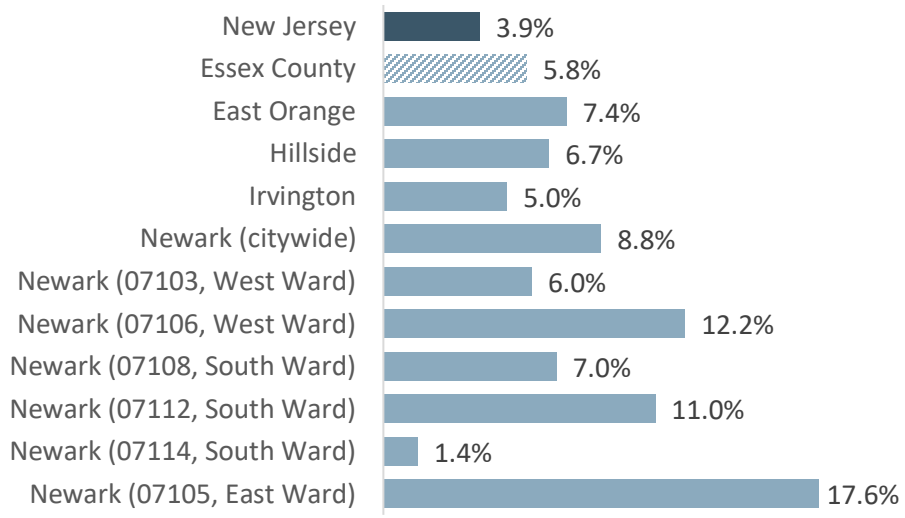
DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health 2020

Figure 119. Percent Population Uninsured, by State, County, and Town, 2016-2020



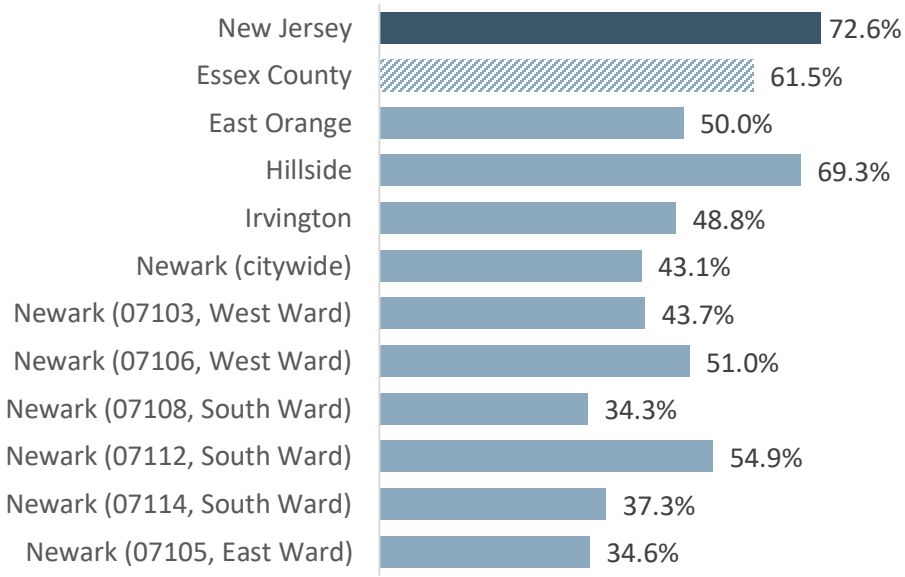
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Figure 120. Percent Under Age 19 Uninsured, by State, County, and Town, 2016-2020



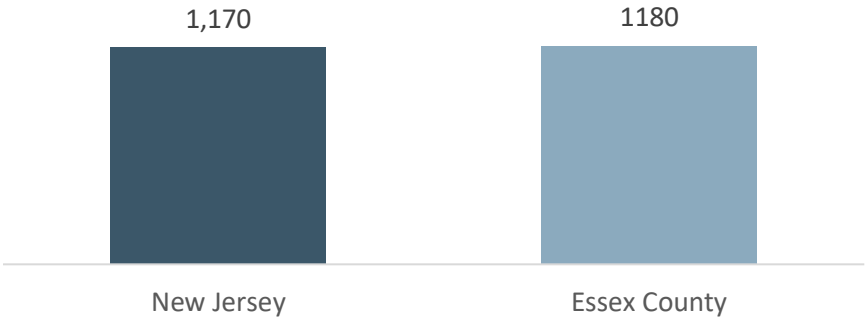
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Figure 121. Population with Private Insurance, by State, County and Town, 2016-2020



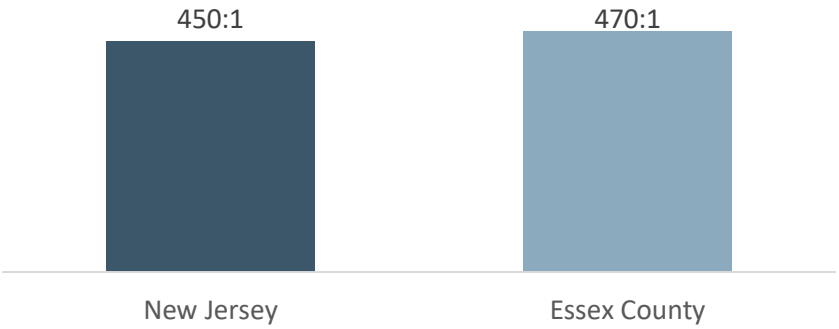
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Figure 122. Ratio of Population to Primary Care Physicians, by State and County, 2019



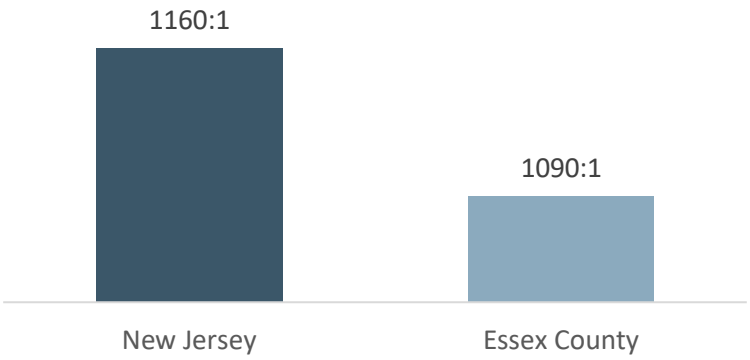
DATA SOURCE: American Medical Association, Area Health Resource File, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2019

Figure 123. Ratios of Population to Mental Health Providers, by State and County, 2019



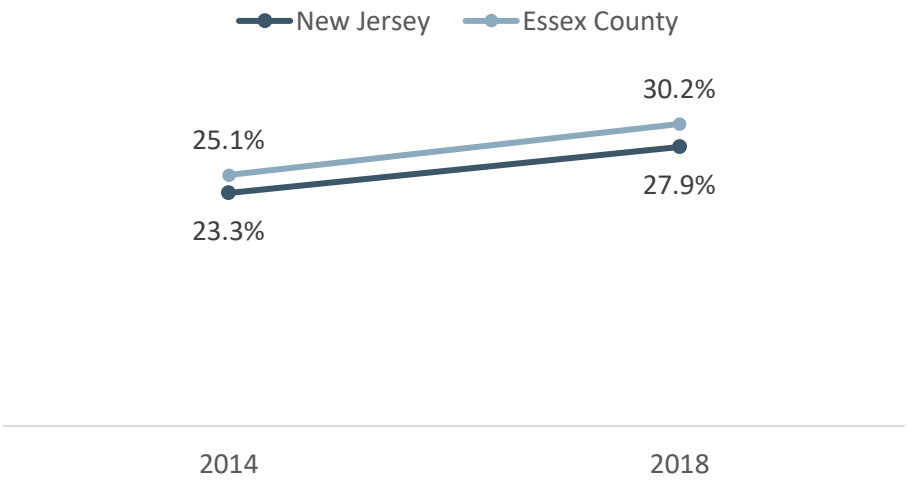
DATA SOURCE: National Provider Identification Registry, Centers for Medicare and Medicaid Services, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2019

Figure 124. Ratio of Population to Dentists, by State and County, 2018



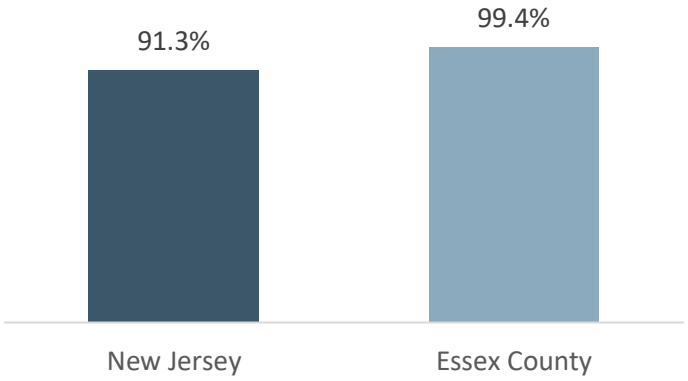
DATA SOURCE: National Provider Identification file, Centers for Medicare and Medicaid Services, Area Health Resource File, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2018

Figure 125. Percent Adults Reported to Have Had No Leisure Time Physical Activity, by State and County, 2014 and 2018



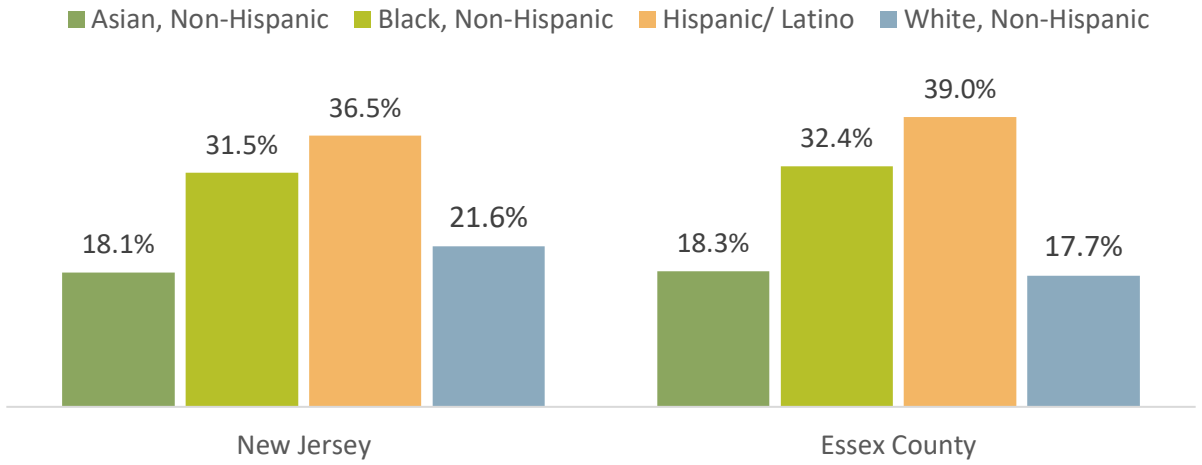
DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2014 and 2018

Figure 126. Population with Adequate Access to Location for Physical Activity, by State and County, 2010 and 2021



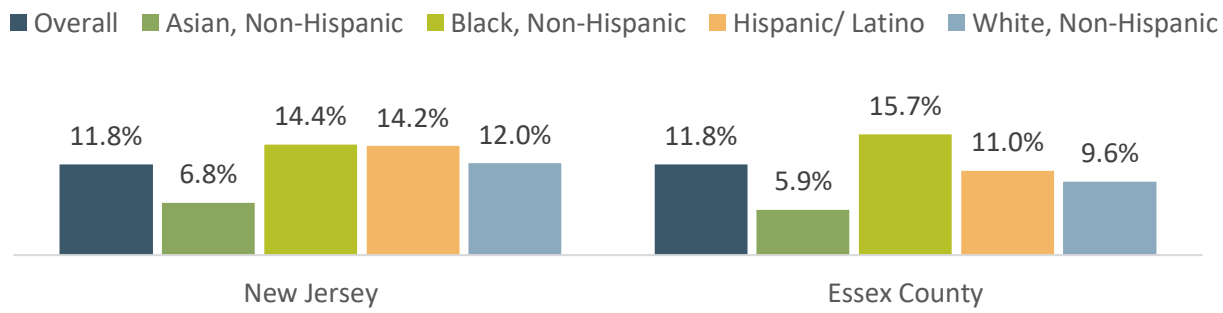
DATA SOURCE: ESRI & U.S. Census Tigerline Files, Business Analyst, Delorme map data, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2010 & 2021

Figure 127. Percent Adults Reported to Have Had No Leisure Time Physical Activity by Race/Ethnicity, by State and County, 2016-2020



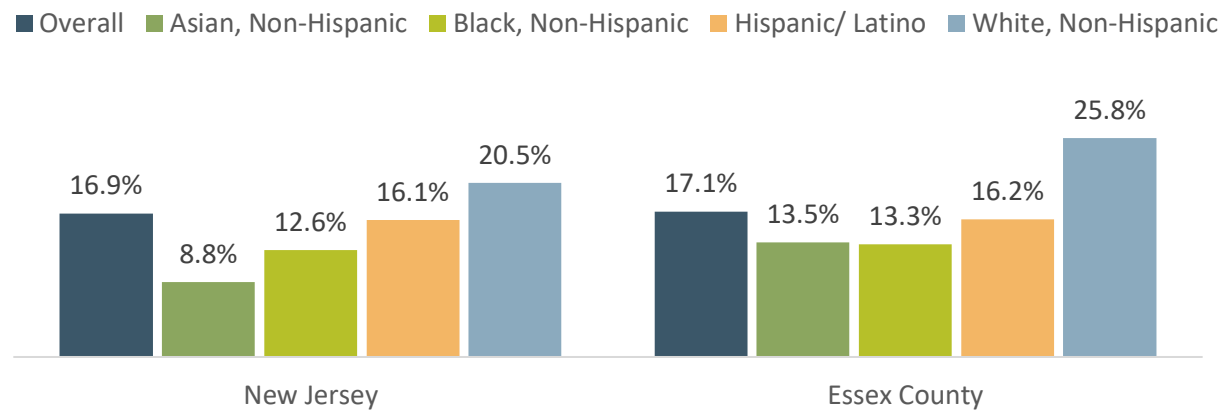
DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2016-2020

Figure 128. Percent Adults Reported Current Smokers, by State and County, 2017-2020



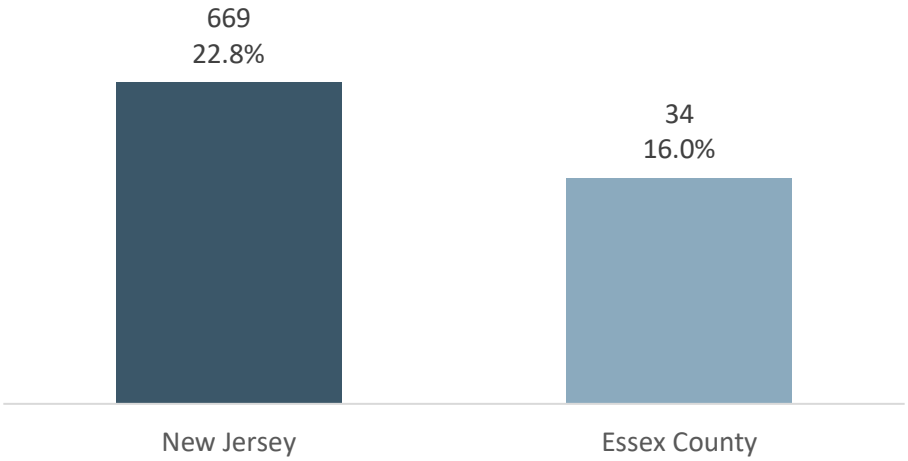
DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2017-2020

Figure 129. Percent Adults Reported Current Binge Drinking, by State and County, 2017-2020



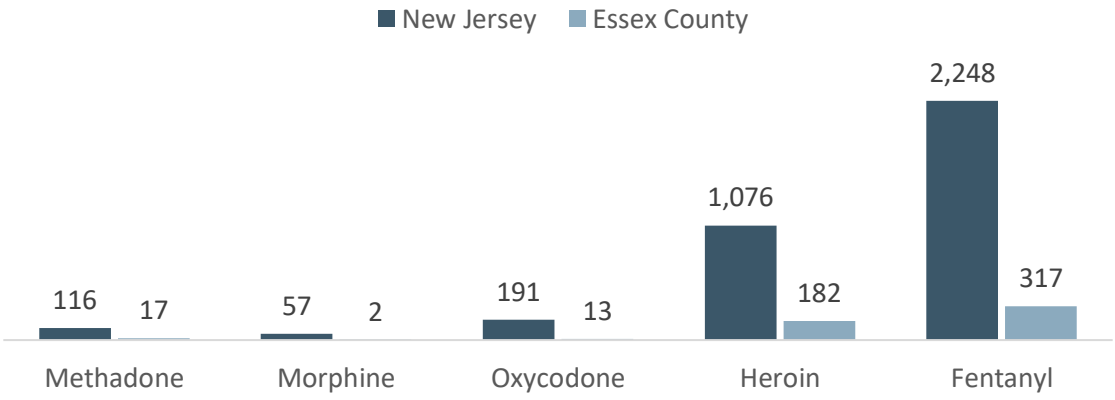
DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2017-2020
NOTE: Current binge drinking refers to males drinking 5+ drinks on one occasion in the past 30 days, or 4+ drinks for females.

Figure 130. Alcohol-impaired Driving Deaths, by State and County, 2016-2020



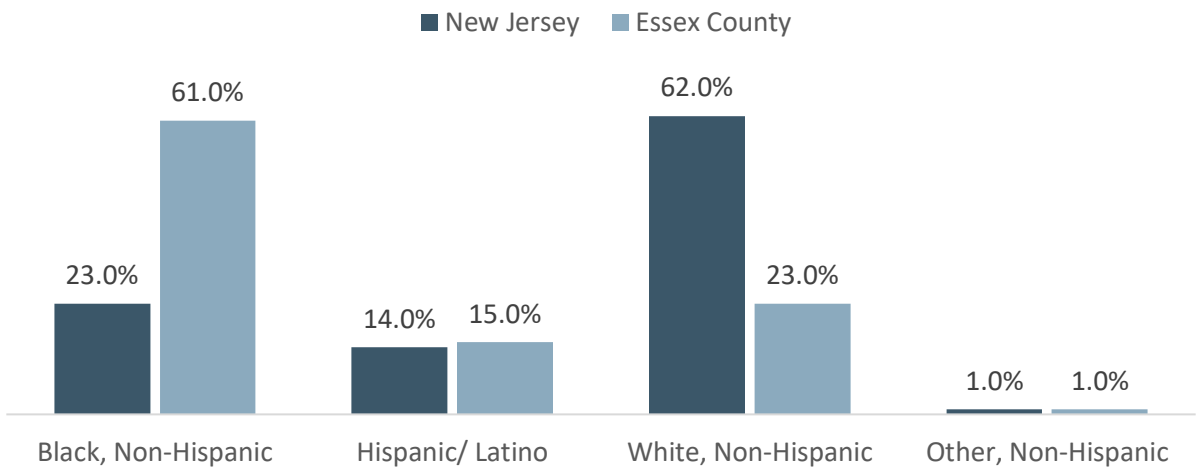
DATA SOURCE: Fatality Analysis Reporting System as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2016-2020

Figure 131. Count of Opioid Related Deaths by Drug, by State and County, 2019 (per 100,000)



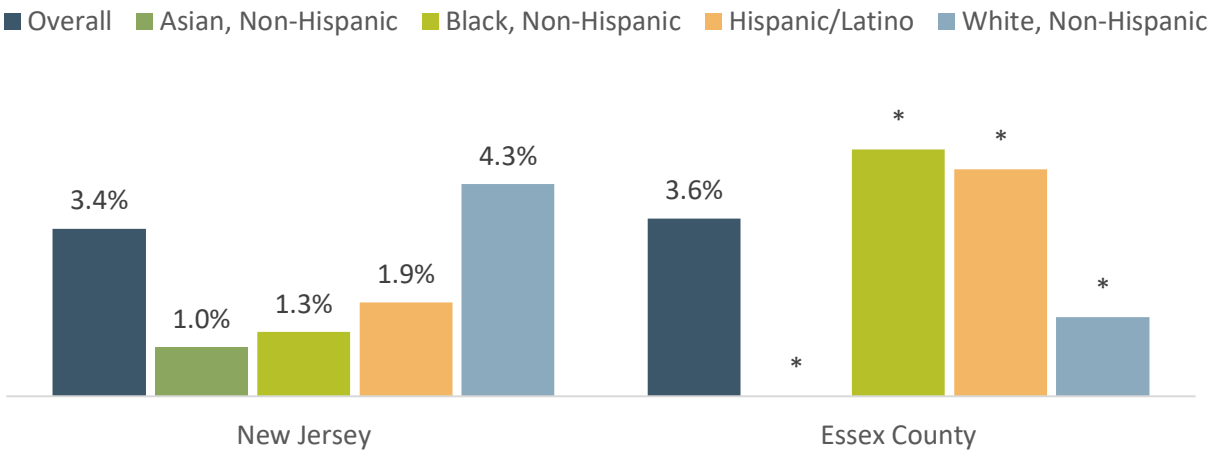
DATA SOURCE: Drug Deaths for 2019, New Jersey Office of the State Medical Examiner

Figure 132. Substance Use Treatment Admissions by Race/Ethnicity, by State and County, 2020



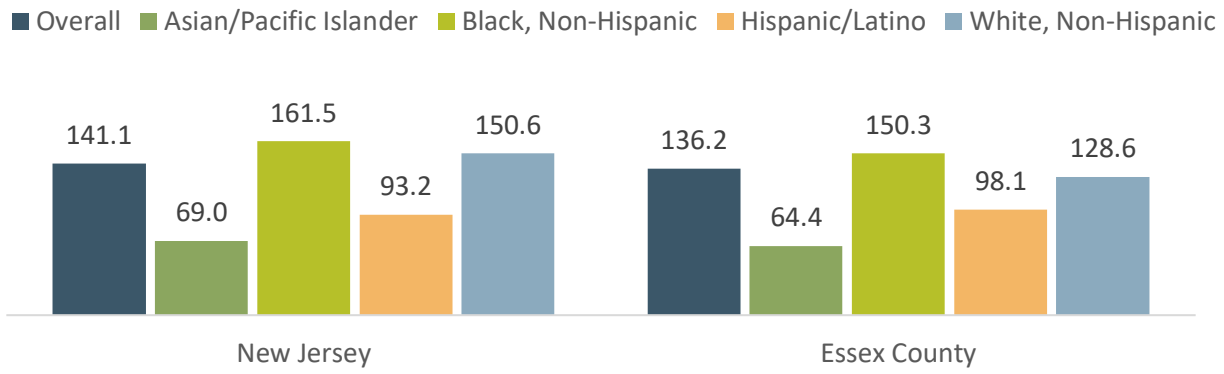
DATA SOURCE: New Jersey Department of Human Services, Division of Mental Health and Addiction Services, New Jersey Drug and Alcohol Abuse Treatment Substance Abuse Overview, 2020

Figure 133. Adults reporting angina or coronary heart disease, by State and County, by Race/Ethnicity, 2020



DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2018
NOTE: Asterisks (*) denote insufficient data to calculate reliable rate

Figure 134. Cancer mortality rate per 100,000 population (overall, female breast, colorectal, lung and bronchus, male prostate), by State and County, 2016-2020



DATA SOURCE: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2016-2020

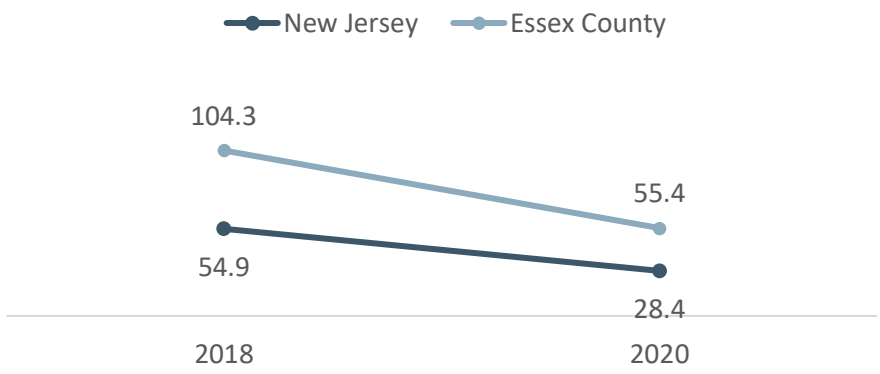
Infectious Disease

Table 9. Syphilis Incidence Rate per 100,000 Population, by State and County, 2016 and 2019

	2016	2021
New Jersey	5.3	9.8
Essex County	12.4	17.1

DATA SOURCE: Communicable Disease Reporting and Surveillance System, New Jersey Department of Health, Division of HIV, STD, and TB Services, 2016 and 2019
NOTE: Includes primary and secondary syphilis. Crude rate.

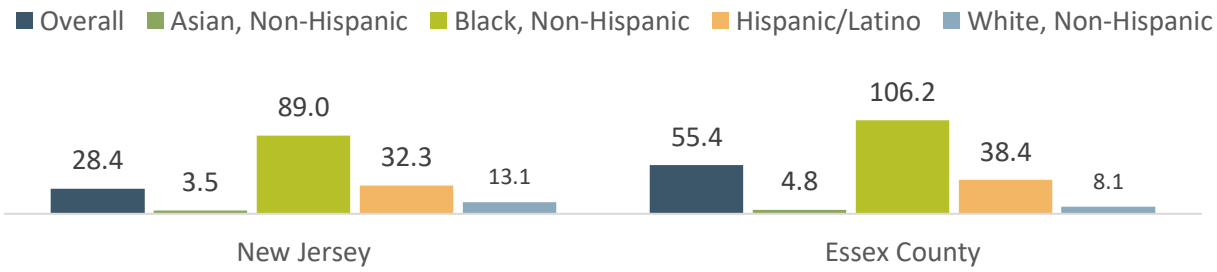
Figure 135. Age-Adjusted Asthma Emergency Department Visit Rate per 10,000 Population, by State and County, 2018 and 2020



DATA SOURCE: New Jersey Discharge Data Collection System, Office of Health Care Quality Assessment, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2018 and 2020
NOTE: Data includes ED visits where asthma was primary diagnosis

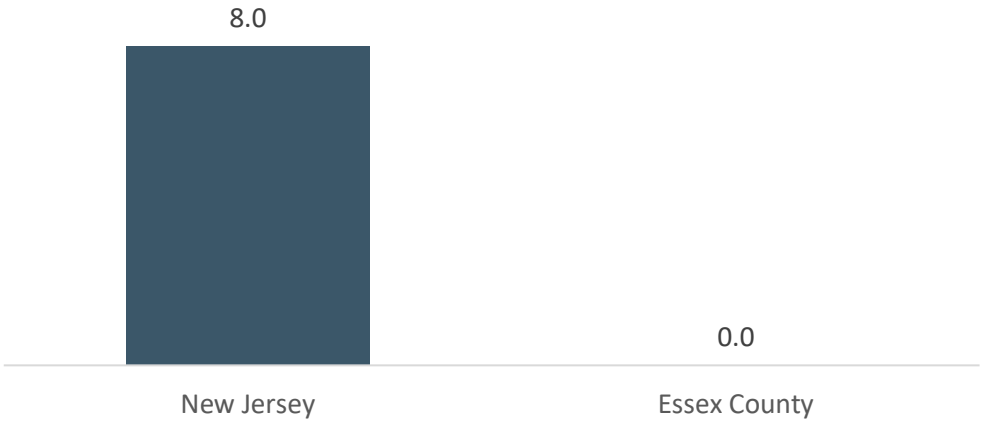
Environmental Health

Figure 136. Age-Adjusted Asthma Emergency Department Visit Rate per 10,000 Population by Race/Ethnicity, by State and County, 2020



DATA SOURCE: New Jersey Discharge Data Collection System, Office of Health Care Quality Assessment, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2020
NOTE: Data includes ED visits where asthma was primary diagnosis

Figure 137. Ozone in Outdoor Air, Number of Days Ozone Exceeded the National Ambient Air Quality Standards for Ozone (8-hour above 0.070 ppm), 2020



DATA SOURCE: Bureau of Air Monitoring, New Jersey Department of Environmental Protection, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2018
NOTE: Asterisks (*) denote insufficient data to calculate reliable rate

Table 10. Percent of Children Aged 1 -5 Years With Elevated Blood Lead Level (>= 5mcg/dL), by State and County, 2019

	%
New Jersey	2.2%
Essex County	3.7%

DATA SOURCE: Childhood Lead Exposure in New Jersey Annual Report, New Jersey Department of Public Health, Office of Local Public Health, Childhood Lead Program, State Fiscal Year 2019

Table 11. Air pollution- particulate matter by State and County, 2018

	Average Daily PM2.5
New Jersey	8.1
Essex County	8.7

DATA SOURCE: Center for Disease Control and Prevention (CDC), Environmental Public Health Tracking Network, as reported by, County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2018

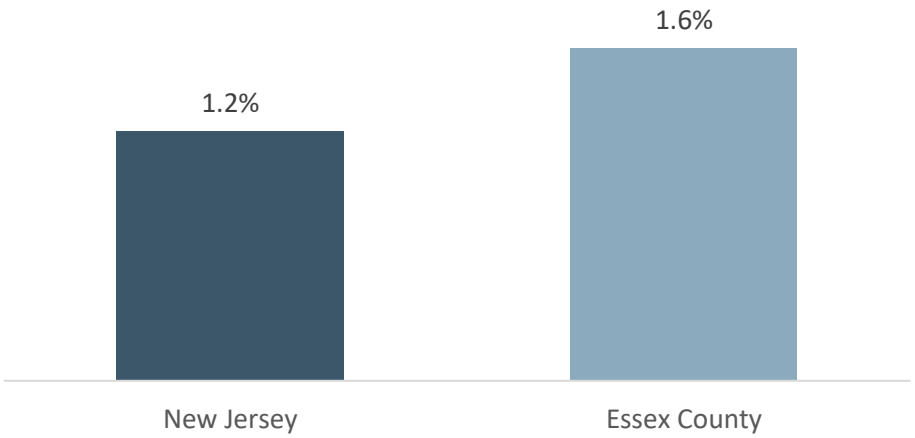
Table 12. Drinking water violations by County, 2020

	Z-score
New Jersey	*
Essex County	0.55

DATA SOURCE: Environmental Protection Agency, Safe Drinking Water Information System, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2020
NOTE: Asterisks (*) denote insufficient data to calculate reliable rate

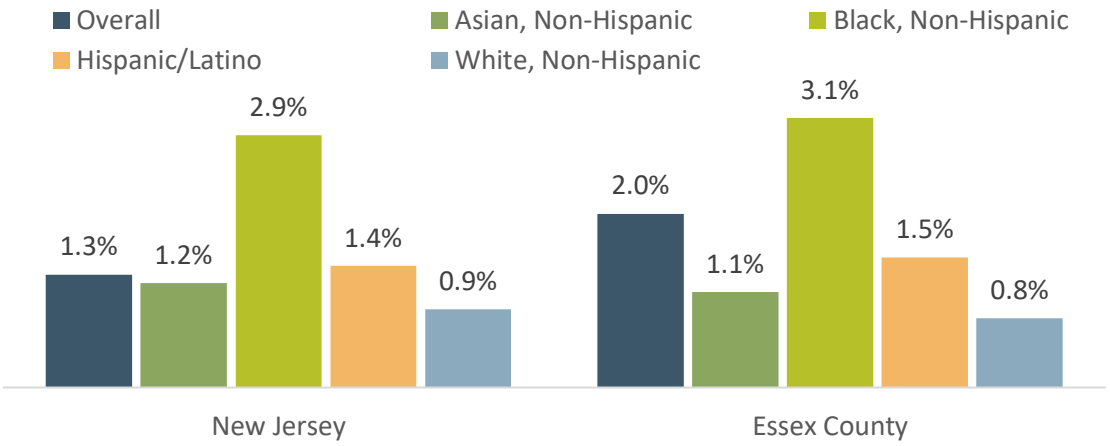
Maternal Child Health

Table 13. Percent Very Low Birth Weight Births, by State and County, 2020



DATA SOURCE: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2018
NOTE: Very low birth weight is defined as less than 1,500 grams

Figure 138. Percent Very Low Birth Weight Births by Race/Ethnicity, by State and County, 2016-2020



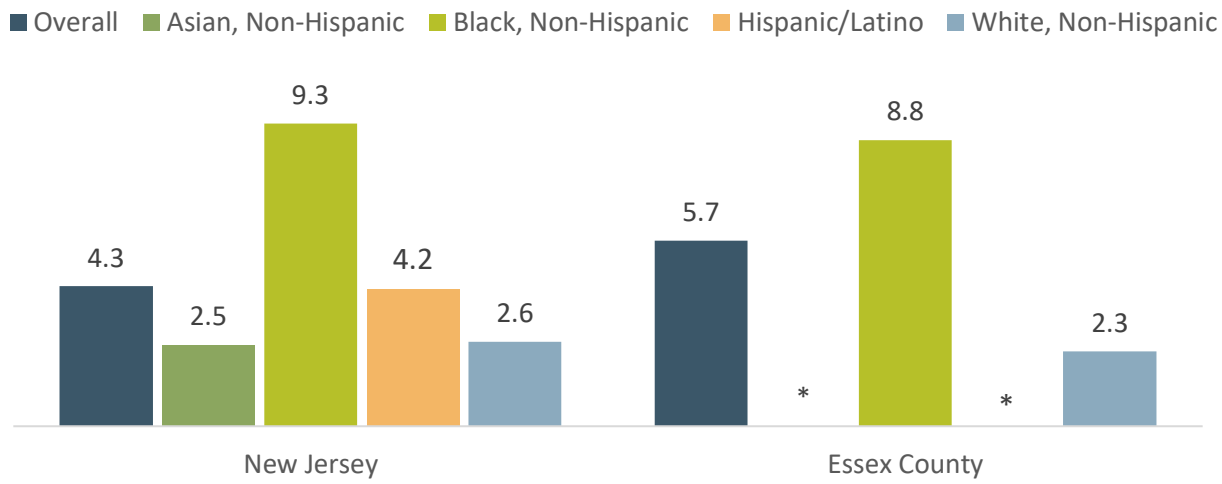
DATA SOURCE: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2018
NOTE: Very low birth weight is defined as less than 1,500 grams

Table 14. Maternal mortality rate per 100,000 population, by State and Race/Ethnicity, 2015-2019

	Overall	Black	Hispanic/Latino	White
New Jersey	0.5	1.2	0.5	0.3

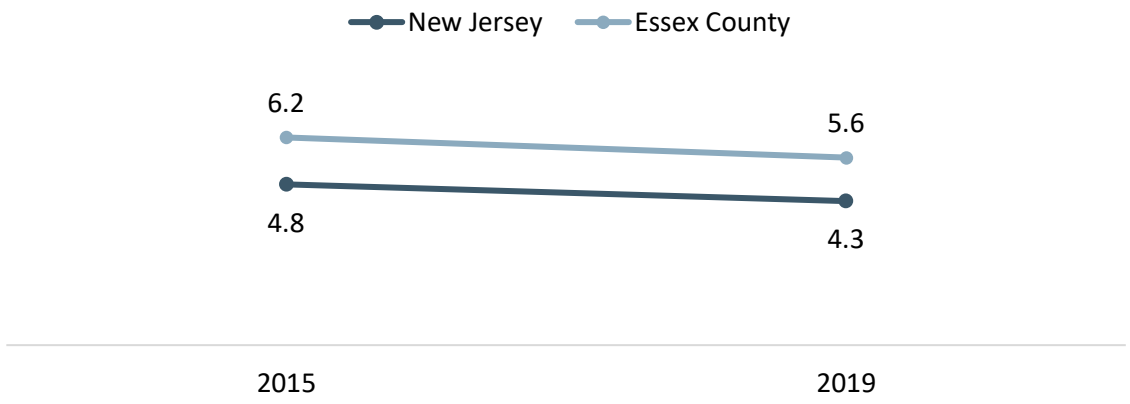
DATA SOURCE: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2015-2019

Figure 139. Infant Mortality Rate per 1,000 Births by Race/Ethnicity, by State, 2015-2019



DATA SOURCE: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2015-2019
NOTE: Asterisks (*) denote insufficient data to calculate reliable rate

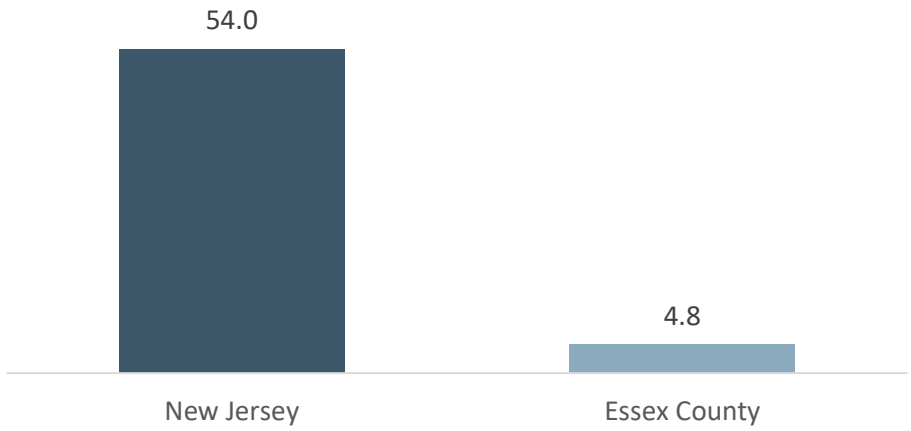
Figure 140. Infant Mortality Rate per 1,000 Births, by State and County, 2015 and 2019



DATA SOURCE: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2015 and 2019
NOTE: Asterisks (*) denote insufficient data to calculate reliable rate

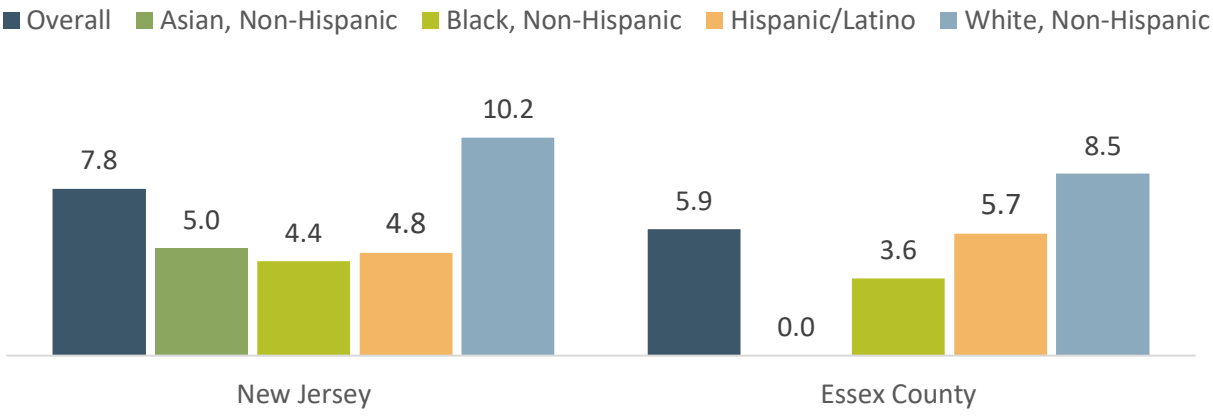
Injury

Figure 141. ED visits due to unintentional injury (age adjusted) per 10,000, by State and County, 2016-2020



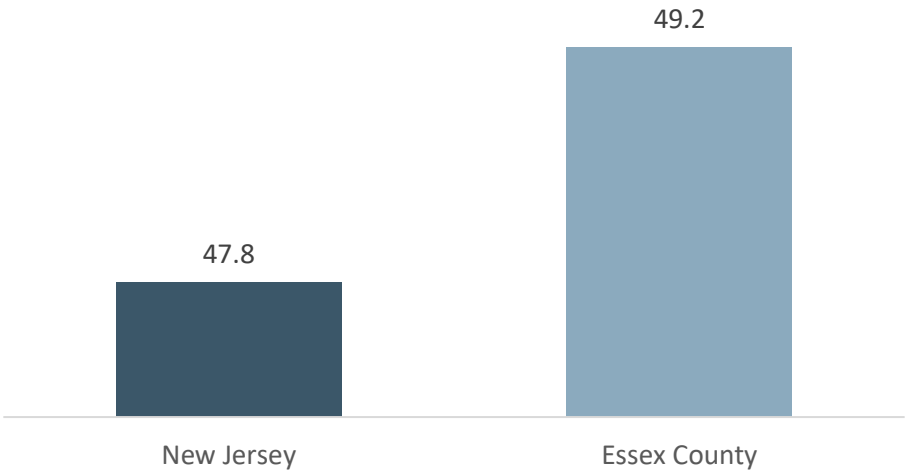
DATA SOURCE: New Jersey Department of Health, Office of Health Care Quality Assessment, New Jersey Data Collection System, as reported by New Jersey State Health Assessment Data (NJSHAD), 2016-2020

Figure 142. Suicide Rate per 100,000 Population (Age-Adjusted), by State and County, 2016-2020



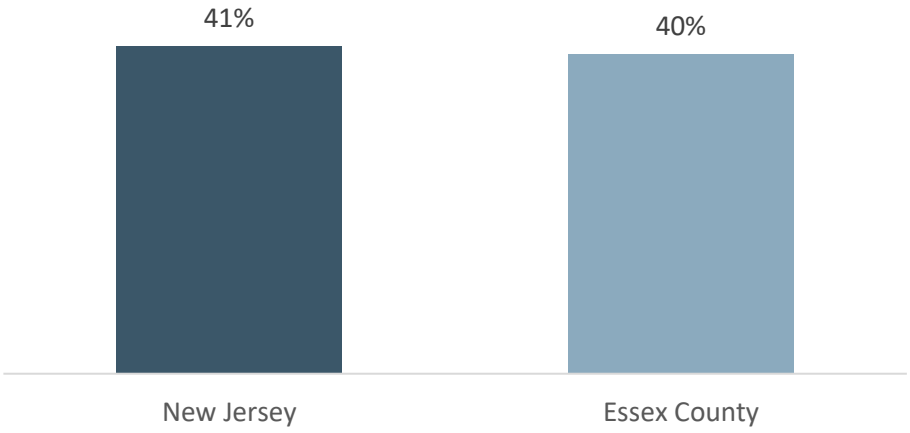
DATA SOURCE: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2016-2020

Figure 143. Unintentional Injury Deaths per 100,000 Population, by State and County, 2016-2020



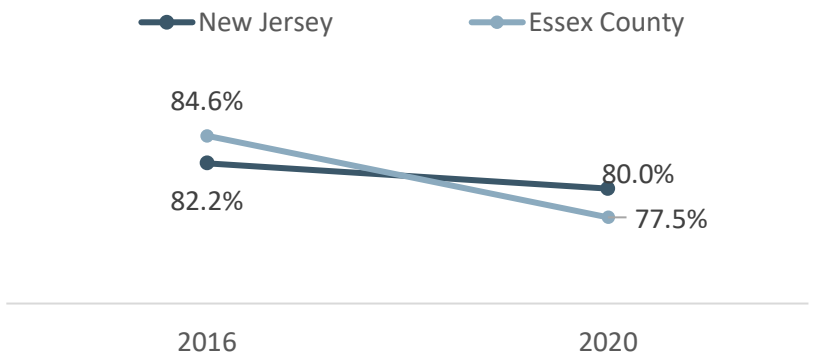
DATA SOURCE: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2016-2020

Figure 144. Female Medicare enrollees ages 65-74 that received an annual mammography screening, by State and County, 2019



DATA SOURCE: Centers for Medicare & Medicaid Services, Office of Minority Health's Mapping Medicare Disparities tool, as reported by County Health Rankings & Roadmaps, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2019

Figure 145. Percent Females Aged 21-65 Reported to Have Had a Pap Test in Past Three Years, by State and County, 2016 and 2020



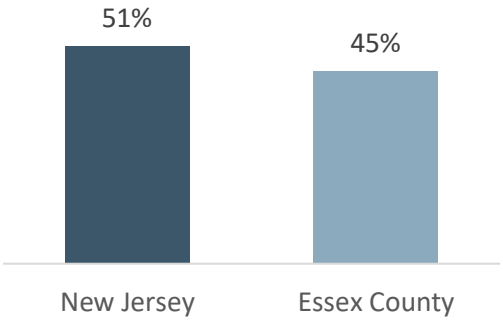
DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2016 and 2020

Table 15. Percent Colorectal Cancer Screening (Adults Aged 50-75), by State and County, 2020

New Jersey	71.6%
Essex County	76.4%

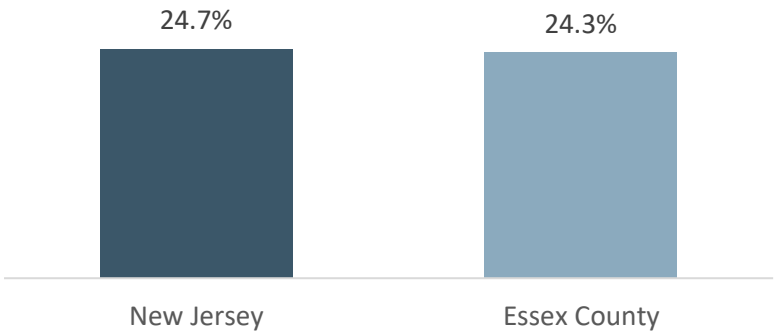
DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2020

Figure 146. Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination, by State and County, 2019



DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health

Figure 147. Age-Adjusted Pneumococcal Vaccination (Ever), by State and County, 2020



DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2020

Appendix F - Hospitalization Data

Table 16. Emergency Room Treat & Release Counts and Rates per 1,000 Population of Patients Treated in New Jersey, by Patient County of Residence and Age, 2017-2019

		Count of Patients Treated & Released		Rate per 100,000 Population	
Year	Age	New Jersey	Essex County	New Jersey	Essex County
2017	0-17	690,506	194,918	334.4	415.2
	18-44	1,259,377	288,367	416.8	539.8
	45-64	757,159	212,663	302.2	393.4
	65+	450,704	105,869	320.4	315.7
	All Ages	3,157,746	801,817	350.9	441.1
2018	0-17	673,100	189,784	343.2	421.5
	18-44	1,217,047	290,131	394.5	507.8
	45-64	748,821	212,077	301.1	368.8
	65+	463,456	107,992	322.9	304.9
	All Ages	3,102,424	799,984	345.9	423.1
2019	0-17	658,207	191,643	334.6	413.0
	18-44	1,219,299	294,950	392.2	519.5
	45-64	760,293	215,245	305.8	385.9
	65+	489,485	112,207	330.6	325.6
	All Ages	3,127,284	814,045	345.8	432.4

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Table 17. Emergency Room Treat & Release Counts and Rates per 1,000 Population of New Jersey Resident Patients Treated at RWJBH Hospitals, by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	142,919	69.2
	18-44	242,892	80.4
	45-64	139,427	55.6
	65+	82,129	58.4
	All Ages	607,367	67.5
2018	0-17	145,643	74.3
	18-44	239,710	77.7
	45-64	139,051	55.9
	65+	82,293	57.3
	All Ages	606,697	67.6
2019	0-17	142,215	72.3
	18-44	238,051	76.6
	45-64	141,147	56.8
	65+	88,005	59.0
	All Ages	609,418	67.4

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Table 18. Emergency Room Treat & Release Counts and Rates per 1,000 Population of Essex County Resident Patients Treated at NBIMC, by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	19,926	102.2
	18-44	26,188	90.8
	45-64	12,139	57.1
	65+	3,493	33
	All Ages	61,746	77
2018	0-17	21,453	113
	18-44	26,388	91
	45-64	11,931	56.3
	65+	3,718	34.4
	All Ages	63,490	79.4
2019	0-17	21,390	111.6
	18-44	27,125	92
	45-64	12,578	58.4
	65+	4,399	39.2
	All Ages	65,492	80.5

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Table 19. Emergency Room Treat and Release Counts and Rates per 1,000 Population of Patients Residing in NBIMC's Primary Service Area Treated in New Jersey, by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	37,529	568.5
	18-44	76,477	686.8
	45-64	39,182	593.7
	65+	10,723	372.8
	All Ages	163,911	602.3
2018	0-17	38,005	579.5
	18-44	72,757	657.7
	45-64	35,417	535.6
	65+	10,978	374.2
	All Ages	157,157	578.5
2019	0-17	38,569	582.1
	18-44	77,934	696.7
	45-64	39,244	584.9
	65+	12,659	414.6
	All Ages	168,406	610.7

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Table 20. Emergency Room Treat and Release Counts and Rates per 1,000 Population of Patients Residing in NBIMC's Primary Service Area Treated at NBIMC, by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	17,239	261.1
	18-44	23,288	209.1
	45-64	11,030	167.1
	65+	3,144	109.3
	All Ages	54,701	201.0
2018	0-17	18,552	282.9
	18-44	23,587	213.2
	45-64	10,713	162.0
	65+	3,364	114.7
	All Ages	56,216	206.9
2019	0-17	18,346	276.9
	18-44	24,100	215.4
	45-64	11,257	167.8
	65+	3,810	124.8
	All Ages	57,513	208.6

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Table 21. Emergency Room Treat & Release Counts and Rates per 1,000 Population of Patients Treated in New Jersey, by Patient County of Residence and Race/Ethnicity, 2017-2019

		Count		Rate per 100,000 Population	
Year	Race/Ethnicity	New Jersey Residents	Essex County	New Jersey Residents	Essex County
2017	American Indian or Alaska Native	6,530	181	201.1	56.9
	Asian	80,692	4,065	92.2	94.3
	Black or African American	780,645	204,583	628.0	643.3
	Hawaiian & Pacific Islander	3,949	425	985.5	1416.7
	Other Race	610,721	81,198	935.3	1069.4
	Two or More Races	11,014	550	38.6	18.6
	White	1,563,896	62,680	264.8	188.6
	All Race/Ethnicities	3,057,447	353,682	340.0	-
2018	American Indian or Alaska Native	6,035	175	185.4	55.1
	Asian	80,655	4,024	90.3	89.9
	Black or African American	755,704	192,377	608.9	607.7
	Hawaiian & Pacific Islander	8,405	925	2,031.7	3022.9
	Other Race	633,209	82,940	961.3	1086.1
	Two or More Races	11,395	490	39.5	16.4
	White	1,509,245	57,540	258.0	174.5
	All Race/Ethnicities	3,004,648	338,471	335.0	-
2019	American Indian or Alaska Native	5,360	300	164.0	95.3
	Asian	81,556	3,810	89.8	82.9
	Black or African American	754,534	198,183	600.1	607.8
	Hawaiian & Pacific Islander	4,203	550	1,005.3	2182.5
	Other Race	683,104	91,050	1,012.6	1163.1
	Two or More Races	11,025	441	37.5	14.8
	White	1,486,019	57,650	253.0	174.0
	All Race/Ethnicities	3,025,801	351,984	334.6	-

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Table 22. Emergency Room Treat & Release Counts and Rates per 1,000 Population of New Jersey Resident Patients Treated at RWJBH Hospitals, by Race/Ethnicity, 2017-2019

Year	Race/Ethnicity	Count	Rate per 1,000
2017	American Indian or Alaska Native	608	18.7
	Asian	17,289	19.8
	Black or African American	197,472	158.9
	Hawaiian & Pacific Islander	577	144.0
	Other Race	147,525	225.9
	Two or More Races	1,571	5.5
	White	227,264	38.5
	All Race/Ethnicities	592,306	-
2018	American Indian or Alaska Native	548	16.8
	Asian	17,617	19.7
	Black or African American	198,391	159.8
	Hawaiian & Pacific Islander	474	114.6
	Other Race	153,992	233.8
	Two or More Races	1,745	6.0
	White	219,439	37.5
	All Race/Ethnicities	592,206	-
2019	American Indian or Alaska Native	593	18.1
	Asian	18,706	20.6
	Black or African American	195,413	155.4
	Hawaiian & Pacific Islander	480	114.8
	Other Race	162,149	240.4
	Two or More Races	1,946	6.6
	White	215,469	36.7
	All Race/Ethnicities	594,756	-

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Table 23. Emergency Room Treat and Release Counts and Rates per 1,000 Population of Patients Residing in NBIMC's Primary Service Area Treated in New Jersey, by Race/Ethnicity, 2017-2019

Year	Race/Ethnicity	Count	Rate per 1,000 Population
2017	American Indian or Alaska Native	67	55.7
	Asian	641	112.7
	Black or African American	122,068	704.5
	Hawaiian & Pacific Islander	165	1422.4
	Other Race	29,532	1142
	Two or More Races	179	19.3
	White	11,259	198.6
	All Race/Ethnicities	163,911	602.3

Year	Race/Ethnicity	Count	Rate per 1,000 Population
2018	American Indian or Alaska Native	45	37.3
	Asian	670	113.7
	Black or African American	116,011	673.7
	Hawaiian & Pacific Islander	477	4008.4
	Other Race	30,238	1152.1
	Two or More Races	158	16.8
	White	9,558	168.8
	All Race/Ethnicities	157,157	578.5
2019	American Indian or Alaska Native	92	77.8
	Asian	593	101.4
	Black or African American	121,890	691.9
	Hawaiian & Pacific Islander	180	1747.6
	Other Race	34,401	1278.7
	Two or More Races	135	14.6
	White	11,115	197.4
	All Race/Ethnicities	168,406	610.7

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Table 24. Emergency Room Treat and Release Counts and Rates per 1,000 Population of Patients Residing in NBIMC's Primary Service Area Treated at NBIMC, by Race/Ethnicity, 2017-2019

Year	Race/Ethnicity	Count	Rate per 1,000 Population
2017	American Indian or Alaska Native	25	20.8
	Asian	228	40.1
	Black or African American	45,907	264.9
	Hawaiian & Pacific Islander	20	172.4
	Other Race	7,716	298.4
	Two or More Races	65	7.0
	White	740	13.1
	All Race/Ethnicities	54,701	201.0
2018	American Indian or Alaska Native	17	14.1
	Asian	240	40.7
	Black or African American	46,576	270.5
	Hawaiian & Pacific Islander	26	218.5
	Other Race	8,645	329.4
	Two or More Races	53	5.6
	White	659	11.6
	All Race/Ethnicities	56,216	206.9
2019	American Indian or Alaska Native	71	60.1
	Asian	234	40.0
	Black or African American	47,326	268.6
	Hawaiian & Pacific Islander	29	281.6
	Other Race	9,140	339.7
	Two or More Races	38	4.1
	White	675	12.0
	All Race/Ethnicities	57,513	208.6

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Table 25. Emergency Room Treat & Release Counts and Rates for Behavioral Health per 1,000 Population of Patients Treated in New Jersey, by Patient County of Residence and Age, 2017-2019

		Count		Rate per 1,000 Population	
Year	Age	New Jersey	Essex County	New Jersey	Essex County
2017	0-17	24,837	2,744	12.0	14.1
	18-44	91,990	8,893	30.4	30.8
	45-64	55,496	6,400	22.1	30.1
	65+	10,688	862	7.6	8.1
	All Ages	183,011	18,899	20.3	23.6
2018	0-17	26,241	3,022	13.4	15.9
	18-44	90,808	8,889	29.4	30.6
	45-64	55,715	5,908	22.4	27.9
	65+	11,055	738	7.7	6.8
	All Ages	183,819	18,557	20.5	23.2
2019	0-17	25,172	3,043	12.8	15.9
	18-44	90,172	9,500	29.0	32.2
	45-64	54,046	6,260	21.7	29.1
	65+	11,851	967	8.0	8.6
	All Ages	181,241	19,770	20.0	24.3

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Table 26. Emergency Room Treat & Release Counts and Rates for Behavioral Health per 1,000 Population of Patients Treated in New Jersey, by Patient County of Residence and Race, 2017-2019

		Count		Rate per 1,000 Population	
Year	Race/Ethnicity	New Jersey	Essex County	New Jersey	Essex County
2017	American Indian or Alaska Native	334	12	10.3	3.8
	Asian	3,380	283	3.9	6.6
	Black or African American	44,153	10770	35.5	33.9
	Hawaiian & Pacific Islander	187	26	46.7	86.7
	Other Race	22,769	1745	34.9	23.0
	Two or More Races	490	26	1.7	0.9
	White	106,929	4,360	18.1	13.1
	All Race/Ethnicities	178,242	17,222	19.8	21.5
2018	American Indian or Alaska Native	350	12	10.8	3.8
	Asian	3,497	281	3.9	6.3
	Black or African American	44,282	10,383	35.7	32.8
	Hawaiian & Pacific Islander	187	26	45.2	85.0
	Other Race	24,682	1,828	37.5	23.9

	Two or More Races	651	22	2.3	0.7
	White	104,601	4,052	17.9	12.3
	All Race/Ethnicities	178,250	16,604	19.9	20.7
2019	American Indian or Alaska Native	322	36	9.8	11.4
	Asian	3,466	281	3.8	6.1
	Black or African American	43,789	11,015	34.8	33.8
	Hawaiian & Pacific Islander	187	26	44.7	103.2
	Other Race	27,076	1,828	40.1	23.4
	Two or More Races	609	25	2.1	0.8
	White	99,593	4,178	17.0	12.6
	All Race/Ethnicities	175,042	17,389	19.4	21.3

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Table 27. Inpatient Discharge Counts and Rates per 1,000 Population of Patients Treated in New Jersey, by Patient County of Residence and Age, 2017-2019

		Count		Rate per 1,000 Population	
Year	Age	New Jersey	Essex County	New Jersey	Essex County
2017	0-17	131,591	14,522	63.7	74.5
	18-44	231,158	26,605	76.5	92.3
	45-64	226,349	23,928	90.3	112.5
	65+	363,285	28,582	258.2	270.0
	All Ages	952,383	93,637	105.8	116.8
2018	0-17	130,739	14,460	66.7	76.2
	18-44	225,360	25,547	73.0	88.1
	45-64	221,118	23,442	88.9	110.5
	65+	364,459	28,531	254.0	264.2
	All Ages	941,676	91,980	105.0	115.0
2019	0-17	127,024	13,598	64.6	71.0
	18-44	218,270	24,494	70.2	83.0
	45-64	215,320	21,859	86.6	101.6
	65+	368,288	26,911	248.7	239.8
	All Ages	928,902	86,862	102.7	106.7

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Table 28. Inpatient Discharge Counts and Rates per 1,000 Population of New Jersey Resident Patients Treated at RWJBH Hospitals, by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	32,923	15.9
	18-44	50,878	16.8
	45-64	44,240	17.7

	65+	68,104	48.4
	All Ages	196,145	21.8
2018	0-17	32,768	16.7
	18-44	49,365	16.0
	45-64	43,076	17.3
	65+	67,477	47.0
	All Ages	192,686	21.5
2019	0-17	32,107	16.3
	18-44	48,316	15.5
	45-64	41,662	16.8
	65+	67,539	45.6
	All Ages	189,624	21.0

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Table 29. Inpatient Discharge Counts and Rates per 1,000 Population of Essex County Resident Patients Treated at NBIMC, by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	4,104	21.1
	18-44	5,083	17.6
	45-64	3,411	16.0
	65+	3,632	34.3
	All Ages	16,230	20.2
2018	0-17	4,067	21.4
	18-44	5,067	17.5
	45-64	3,504	16.5
	65+	3,882	35.9
	All Ages	16,520	20.7
2019	0-17	3,825	20.0
	18-44	5,033	17.1
	45-64	3,369	15.7
	65+	3,635	32.4
	All Ages	15,862	19.5

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Table 30. Inpatient Discharge Counts and Rates per 1,000 Population of Patients Residing in NBIMC's Primary Service Area Treated in New Jersey, by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	6,001	90.9
	18-44	11,531	103.6
	45-64	10,089	152.9
	65+	8,153	283.4
	All Ages	35,774	131.5
2018	0-17	6,049	92.2
	18-44	11,203	101.3
	45-64	10,193	154.1
	65+	8,510	290.1
	All Ages	35,955	132.3
2019	0-17	5,614	84.7
	18-44	10,819	96.7
	45-64	9,332	139.1
	65+	8,324	272.6
	All Ages	34,089	123.6

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Table 31. Inpatient Discharge Counts and Rates per 1,000 Population of Patients Residing in NBIMC's Primary Service Area Treated at NBIMC, by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	2,874	43.5
	18-44	3,910	35.1
	45-64	2,815	42.7
	65+	3,038	105.6
	All Ages	12,637	46.4
2018	0-17	2,858	43.6
	18-44	3,928	35.5
	45-64	2,942	44.5
	65+	3,255	110.9
	All Ages	12,983	47.8
2019	0-17	2,649	40.0
	18-44	3,829	34.2
	45-64	2,735	40.8
	65+	3,050	99.9
	All Ages	12,263	44.5

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Table 32. Inpatient Discharge Counts and Rates per 1,000 Population of Patients Treated in New Jersey, by Patient County of Residence and Race/Ethnicity, 2017-2019

		Count		Rate per 1,000 Population	
Year	Race/Ethnicity	New Jersey	Essex County	New Jersey	Essex County
2017	American Indian or Alaska Native	1913	38	58.9	11.9
	Asian	40,158	2,006	45.9	46.5
	Black or African American	164,073	45,259	132.0	142.3
	Hawaiian & Pacific Islander	1438	168	358.9	560.0
	Other Race	135,193	18,151	207.0	239.0
	Two or More Races	1733	128	6.1	4.3
	White	607,875	27,887	102.9	83.9
	All Race/Ethnicities	952,383	93,637	268.3	-
2018	American Indian or Alaska Native	1689	43	51.9	13.5
	Asian	40,286	2,097	45.1	46.8
	Black or African American	160,752	44,453	129.5	140.4
	Hawaiian & Pacific Islander	2146	222	518.7	725.5
	Other Race	146,436	18,825	222.3	246.5
	Two or More Races	1929	99	6.7	3.3
	White	588,438	26,241	100.6	79.6
	All Race/Ethnicities	941,676	91,980	267.7	-

Year	Race/Ethnicity	Count		Rate per 1,000 Population	
		New Jersey	Essex County	New Jersey	Essex County
2019	American Indian or Alaska Native	1559	87	47.7	27.6
	Asian	38,291	1,820	42.2	39.6
	Black or African American	156,678	42,005	124.6	128.8
	Hawaiian & Pacific Islander	1442	162	344.9	642.9
	Other Race	152,844	18,677	226.6	238.6
	Two or More Races	1767	105	6.0	3.5
	White	576,321	24,006	98.1	72.5
	All Race/Ethnicities	928,902	86,862	262.7	-

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System 2021

Table 33. Inpatient Discharge Counts and Rates per 1,000 Population of New Jersey Resident Patients Treated at RWJBH Hospitals, by Race/Ethnicity, 2017-2019

Year	Race/Ethnicity	Count	Rater per 1,000
2017	American Indian or Alaska Native	207	6.4
	Asian	8,753	10.0
	Black or African American	45,498	36.6
	Hawaiian & Pacific Islander	188	46.9
	Other Race	33,999	52.1
	Two or More Races	255	0.9
	White	107,245	18.2
	All Race/Ethnicities	196,145	55.2
2018	American Indian or Alaska Native	181	5.6
	Asian	8,850	9.9
	Black or African American	45,635	36.8
	Hawaiian & Pacific Islander	199	48.1
	Other Race	34,880	53.0
	Two or More Races	250	0.9
	White	102,691	17.6
	All Race/Ethnicities	192,686	54.8
2019	American Indian or Alaska Native	244	7.5
	Asian	8,642	9.5
	Black or African American	44,186	35.1
	Hawaiian & Pacific Islander	200	47.8
	Other Race	34,415	51.0
	Two or More Races	339	1.2
	White	101,598	17.3
	All Race/Ethnicities	189,624	53.6

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Table 34. Inpatient Discharge Counts and Rates per 1,000 Population of Essex County Resident Patients Treated at NBIMC, by Race/Ethnicity, 2017-2019

Year	Race/Ethnicity	Count	Rater per 1,000 Population
2017	American Indian or Alaska Native	-	1.3
	Asian	85	2
	Black or African American	12,661	39.8
	Hawaiian & Pacific Islander	13	43.3
	Other Race	2,940	38.7
	Two or More Races	11	0.4
	White	516	1.6
	All Race/Ethnicities	16,230	-
2018	American Indian or Alaska Native	-	2.8
	Asian	93	2.1
	Black or African American	13,079	41.3
	Hawaiian & Pacific Islander	16	52.3
	Other Race	2,853	37.4
	Two or More Races	12	0.4
	White	458	1.4
	All Race/Ethnicities	16,520	-
2019	American Indian or Alaska Native	12	3.8
	Asian	88	1.9
	Black or African American	12,395	38
	Hawaiian & Pacific Islander	14	55.6
	Other Race	2,875	36.7
	Two or More Races	16	0.5
	White	462	1.4
	All Race/Ethnicities	15,862	-

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Table 35. Inpatient Discharge Counts and Rates per 1,000 Population of Patients Residing in NBIMC's Primary Service Area Treated in New Jersey, by Race/Ethnicity, 2017-2019

Year	Race/Ethnicity	Count	Rate per 1,000 Population
2017	American Indian or Alaska Native	9	7.5
	Asian	175	30.8
	Black or African American	25,605	147.8
	Hawaiian & Pacific Islander	74	637.9
	Other Race	74	252
	Two or More Races	25	2.7
	White	3,370	59.4
	All Race/Ethnicities	35,774	131.5
2018	American Indian or Alaska Native	14	11.6
	Asian	179	30.4
	Black or African American	25,376	147.4
	Hawaiian & Pacific Islander	98	823.5
	Other Race	7,012	267.2
	Two or More Races	17	1.8
	White	3,259	57.6
	All Race/Ethnicities	35,955	132.3
2019	American Indian or Alaska Native	17	14.4
	Asian	176	30.1
	Black or African American	23,905	135.7
	Hawaiian & Pacific Islander	55	534
	Other Race	6,721	249.8
	Two or More Races	15	1.6
	White	3,200	56.8
	All Race/Ethnicities	34,089	123.6

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Table 36. Inpatient Discharge Counts and Rates per 1,000 Population of Patients Residing in NBIMC's Primary Service Area Treated at NBIMC, by Race/Ethnicity, 2017-2019

Year	Race/Ethnicity	Count	Rate per 1,000 Population
2017	American Indian or Alaska Native	-	3.3
	Asian	57	10
	Black or African American	10,296	59.4
	Hawaiian & Pacific Islander	-	77.6
	Other Race	1,950	75.4
	Two or More Races	-	0.8
	White	314	5.5
	All Race/Ethnicities	12,637	46.4
2018	American Indian or Alaska Native	-	7.5
	Asian	48	8.1
	Black or African American	10,718	62.2
	Hawaiian & Pacific Islander	11	92.4
	Other Race	1,922	73.2
	Two or More Races	-	0.6
	White	269	4.8
	All Race/Ethnicities	12,983	47.8
2019	American Indian or Alaska Native	10	8.5
	Asian	62	10.6
	Black or African American	9,991	56.7
	Hawaiian & Pacific Islander	10	97.1
	Other Race	1,922	71.4
	Two or More Races	-	0.3
	White	265	4.7
	All Race/Ethnicities	12,263	44.5

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Table 37. Hospital Admission Rates per 1,000 Population, by Race/Ethnicity, New Jersey and NBIMC, 2019

		Admission Rate per 1,000			
		Total Overall	Acute	Chronic	Diabetic
New Jersey	Asian	2.6	0.8	1.8	0.4
	Black	16.7	3.0	13.7	4.1
	Hispanic	5.4	1.4	4.0	1.5
	White	9.6	2.9	6.7	1.5
	All Race/Ethnicities	10.4	2.8	7.7	2.0
NBIMC	Asian	10.4	2.8	7.7	2.0
	Black	2.9	0.9	2.1	0.5
	Hispanic	17.6	2.8	14.8	4.4
	White	6.6	1.3	5.3	2.0
	All Race/Ethnicities	3.8	0.8	3.1	0.7

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Table 38. Hospital Admission Rates per 1,000 Population by Reason for Admission, by Race/Ethnicity, New Jersey and NBIMC, 2019

		Admission Rate per 1,000			
		Total Overall	Cardiac	Mental Health	Substance Use
New Jersey	Asian	5.2	3.9	1.0	0.3
	Black	26.1	16.6	6.7	2.7
	Hispanic	10.3	6.2	2.6	1.5
	White	17.2	12.2	3.2	1.9
	All Race/Ethnicities	18.6	12.5	4.0	2.1
NBIMC	Asian	21.5	3.2	1.2	-
	Black	119.3	17.8	7.4	3.7
	Hispanic	77.9	8.1	4.7	3.0
	White	35.6	4.8	4.0	2.1
	All Race/Ethnicities	107.0	14.7	7.0	3.6

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Table 39. Hospital Admission and Emergency Department Visit Rates per 1,000 Population, by Age and Race/Ethnicity, New Jersey and NBIMC, 2019

	Admission Rate per 1,000 Population						Emergency Department Visits per 1,000 Population				
	Age	Asian	Black	Hispanic	White	All Race/ Ethnicities	Asian	Black	Hispanic	White	All Race/ Ethnicities
New Jersey	All	5.2	26.1	10.3	17.2	18.6	108.8	682.4	430.2	271.2	403
	Under 18	0.4	1.9	1.4	1.1	1.6	99.8	477.1	497.4	181.7	344
	18 to 64	3.5	26.5	9.3	12	15	91.4	760.5	392.4	248	396.6
	65+	25.3	73.3	46.6	48.7	54.8	233.8	698.1	548.2	428.5	505.8
NBIMC	All	21.5	119.3	77.9	35.6	107.0	110.5	782.6	554.3	156.7	695.4
	Under 18	3.0	26.3	31.0	6.1	27.2	140.7	603.6	732.8	85.4	604.4
	18 to 64	15.4	125.9	75.6	32.2	110.0	89.0	868.8	491.0	168.2	736.8
	65+	123.6	283.3	239.9	96.7	262.5	256.2	698.1	647.1	206.2	650.2

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Table 40. Inpatient Discharge Counts and Rates per 1,000 Diagnosed with Mental Diseases and Disorders & Alcohol/Drug Use or Induced Mental Disorder Treated in New Jersey, by County of Residence, 2017-2019

	Count		Rate per 1,000 Population	
Year	New Jersey	Essex County	Jersey Resident	Essex County
2017	73,005	8,843	8.1	11.0
2018	69,282	7,885	7.7	9.9
2019	65,610	7,220	7.3	8.9

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Table 41. Inpatient Discharge Counts and Rates per 1,000 Diagnosed with Diseases and Disorders of the Circulatory System Treated in New Jersey, by County of Residence, 2017-2019

	Count		Rate per 1,000 Population	
Year	New Jersey	Essex County	Jersey Resident	Essex County
2017	126,968	12,176	14.1	15.2
2018	125,886	12,235	14.0	15.3
2019	126,198	11,091	14.0	13.6

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Table 42. Inpatient Discharge Counts and Rates per 1,000, Residents of Essex County Treated at NBIMC, by Major Diagnostic Category, 2017-2019

	Count			Rate per 1,000 Population		
Major Diagnostic Category	2017	2018	2019	2017	2018	2019
Mental Diseases and Disorders & Alcohol/Drug Use or Induced Mental Disorder	1,193	1,156	1,110	1.5	1.4	1.4
Diseases and Disorders of the Circulatory System	2,371	2,438	2,133	3.0	3.0	2.6

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Appendix G - Cancer Data

CANCER INCIDENCE RATE REPORT: CANCER PATIENT ORIGIN ESSEX COUNTY 2020

Almost fifty four percent of NBI's cancer inpatients and 47.3% of cancer outpatients resided in the Primary Service Area. In total, 70.0% of inpatients and 59.7% of outpatients resided in Essex County. Irvington (07111) and Newark (07112) represent the largest segment of NBI's inpatient cancer patients. Similarly, the same two zip codes represent the largest segments of NBI'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	2020 NBI IP PATIENTS	%	2020 NBI OP PATIENTS	%
Essex County	1,074	70.0%	664	59.7%
Primary Service Area	823	53.6%	526	47.3%
Secondary Service Area	464	30.2%	317	28.5%
Out of Service Area (NJ)	232	15.1%	268	24.1%
Out of State	16	1.0%	2	0.2%
TOTAL	**1,535**	**100.0%**	**1,113**	**100.0%**
Irvington (07111)	240	15.6%	166	14.9%
Newark (07112)	156	10.2%	113	10.2%

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).

CANCER INCIDENCE RATE REPORT: ESSEX COUNTY 2013-2017

INCIDENCE RATE REPORT FOR ESSEX COUNTY 2013-2017				
Cancer Site	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend
All Cancer Sites	462.1	3930	falling	-0.7
Bladder	18.4	154	falling	-1.4
Brain & ONS	5.5	46	*	*
Breast	137.4	641	rising	1.9
Cervix	9.2	40	falling	-3
Colon & Rectum	42.1	354	stable	-0.1
Esophagus	3.7	32	falling	-3
Kidney & Renal Pelvis	13.4	115	stable	0.6
Leukemia	14.2	117	stable	0.5
Liver & Bile Duct	7.9	71	stable	0.8
Lung & Bronchus	46.9	393	falling	-2.4
Melanoma of the Skin	12.2	103	stable	-0.1
Non-Hodgkin Lymphoma	18.4	153	stable	-0.7
Oral Cavity & Pharynx	10.7	92	rising	8.2
Ovary	11.3	54	falling	-1.8
Pancreas	14.2	120	stable	0.7
Prostate	153.1	593	falling	-3.2
Stomach	9	76	falling	-2
Thyroid	13.7	113	rising	4.3
Uterus (Corpus & Uterus, NOS)	33.5	165	rising	1.7

The Source for D2 and following tables D3, D4, D5 and D6 is :
https://statecancerprofiles.cancer.gov

CANCER INCIDENCE DETAILED RATE REPORT: ESSEX COUNTY 2013-2017 SELECT CANCER SITES: RISING INCIDENCE RATES

		Breast	Oral Cavity & Pharynx	Thyroid	Uterus (Corpus & Uterus, NOS)
INCIDENCE RATE REPORT FOR ESSEX COUNTY 2013-2017 All Races (includes Hispanic), All Ages	Age-Adjusted Incidence Rate - cases per 100,000	137.4	10.7	13.7	33.5
	Average Annual Count	641	92	113	165
	Recent Trend	rising	rising	rising	rising
	Recent 5-Year Trend in Incidence Rates	1.9	8.2	4.3	1.7
White Non-Hispanic, All Ages	Age-Adjusted Incidence Rate - cases per 100,000	152.4	12.6	19.6	35.4
	Average Annual Count	277	46	55	70
	Recent Trend	stable	rising	stable	stable
	Recent 5-Year Trend in Incidence Rates	1.1	2.9	0	1.1
Black (includes Hispanic), All Ages	Age-Adjusted Incidence Rate - cases per 100,000	128.6	8.6	6.6	31.8
	Average Annual Count	250	29	23	65
	Recent Trend	stable	falling	rising	rising
	Recent 5-Year Trend in Incidence Rates	-0.7	-2.8	3.5	1.9
Asian or Pacific Islander (includes Hispanic), All Ages	Age-Adjusted Incidence Rate - cases per 100,000	130.2	9.4	17.8	24.8
	Average Annual Count	34	4	9	7
	Recent Trend	stable	stable	stable	stable
	Recent 5-Year Trend in Incidence Rates	3.3	1.9	2.8	-1.9
Hispanic (any race), All Ages	Age-Adjusted Incidence Rate - cases per 100,000	110.7	8.2	15.4	28.7
	Average Annual Count	80	12	24	21
	Recent Trend	stable	stable	rising	rising
	Recent 5-Year Trend in Incidence Rates	-0.1	-0.5	8	2.5
MALES	Age-Adjusted Incidence Rate - cases per 100,000	n/a	15.9	7.7	n/a
	Average Annual Count	n/a	61	30	n/a
	Recent Trend	n/a	stable	stable	n/a
	Recent 5-Year Trend in Incidence Rates	n/a	11.5	-2	n/a

FEMALES	Age-Adjusted Incidence Rate - cases per 100,000	137.4	6.6	19	33.5
	Average Annual Count	641	31	83	165
	Recent Trend	rising	stable	rising	rising
	Recent 5-Year Trend in Incidence Rates	1.9	1.4	4	1.7

** 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).*

CANCER MORTALITY RATE REPORT: ESSEX COUNTY 2014-2018

MORTALITY RATE REPORT: ESSEX COUNTY 2014-2018					
Cancer Site	Met Healthy People Objective of ***?	Age-Adjusted Mortality Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Mortality Rates
All Cancer Sites	***	148.5	1,270	falling	-2.3
Bladder	***	3.7	31	falling	-1
Brain & ONS	***	3.5	30	*	*
Breast	***	23.9	116	falling	-2.4
Cervix	***	2.7	13	falling	-3.1
Colon & Rectum	***	14.6	127	falling	-2.7
Esophagus	***	2.8	25	falling	-3
Kidney & Renal Pelvis	***	2.4	21	falling	-1.7
Leukemia	***	5.5	46	falling	-2.1
Liver & Bile Duct	***	6.2	55	rising	1.2
Lung & Bronchus	***	30.5	260	falling	-3.1
Melanoma of the Skin	***	1.2	10	falling	-1.8
Non-Hodgkin Lymphoma	***	5.3	44	falling	-2.5
Oral Cavity & Pharynx	***	2	17	falling	-3.7
Ovary	***	6	30	falling	-2.5
Pancreas	***	10.9	93	falling	-0.8
Prostate	***	23.6	76	falling	-3.2
Stomach	***	4.4	36	falling	-3.2
Thyroid	***	0.5	4	*	*
Uterus (Corpus & Uterus, NOS)	***	7.2	36	stable	0.3

*** 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*

CANCER MORTALITY DETAILED RATE REPORT (Highest Volume): ESSEX COUNTY 2014-2018

		Liver & Bile Duct
MORTALITY RATE REPORT FOR ESSEX COUNTY 2014-2018 All Races (includes Hispanic), All Ages	Met Healthy People Objective	***
	Age-Adjusted Death Rate - per 100,000	6.2
	Average Annual Count	55
	Recent Trend	rising
	Recent 5-Year Trend in Death Rates	1.2
White Non-Hispanic, All Ages	Met Healthy People Objective	***
	Age-Adjusted Death Rate - per 100,000	4.3
	Average Annual Count	16
	Recent Trend	stable
	Recent 5-Year Trend in Death Rates	0.3
Black (includes Hispanic), All Ages	Met Healthy People Objective	***
	Age-Adjusted Death Rate - per 100,000	8.9
	Average Annual Count	31
	Recent Trend	rising
	Recent 5-Year Trend in Death Rates	1.8
Asian or Pacific Islander (includes Hispanic), All Ages	Met Healthy People Objective	***
	Age-Adjusted Death Rate - per 100,000	*
	Average Annual Count	3 or fewer
	Recent Trend	*
	Recent 5-Year Trend in Death Rates	*
Hispanic (any race), All Ages	Met Healthy People Objective	***
	Age-Adjusted Death Rate - per 100,000	5.1
	Average Annual Count	6
	Recent Trend	stable
	Recent 5-Year Trend in Death Rates	1.8
MALES	Met Healthy People Objective	***
	Age-Adjusted Death Rate - per 100,000	9.7
	Average Annual Count	37
	Recent Trend	rising
	Recent 5-Year Trend in Death Rates	1.2
FEMALES	Met Healthy People Objective	***
	Age-Adjusted Death Rate - per 100,000	3.7
	Average Annual Count	19
	Recent Trend	stable
	Recent 5-Year Trend in Death Rates	0.9

**** 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)*

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate -cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
All Cancer Sites: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	485.9	51,689	falling	-0.8
US (SEER+NPCR)	448.7	1,673,102	falling	-1
Cape May County	564.6	881	stable	-0.2
Salem County	554.1	462	stable	0
Gloucester County	541.6	1,853	stable	-0.2
Burlington County	527.8	2,956	falling	-0.4
Camden County	524.6	3,123	falling	-0.4
Monmouth County	523.2	4,160	stable	0.4
Ocean County	521.2	4,511	falling	-0.6
Cumberland County	512	895	stable	0.1
Sussex County	510.3	932	falling	-0.8
Warren County	506.4	706	falling	-0.8
Mercer County	503.9	2,138	falling	-0.6
Atlantic County	495.8	1,699	falling	-0.8
Morris County	487.9	3,030	falling	-0.9
Hunterdon County	475.1	794	stable	-0.4
Bergen County	472.4	5,571	falling	-1
Somerset County	463.3	1,827	falling	-0.8
Essex County	462.1	3,930	falling	-0.7
Middlesex County	460.8	4,293	falling	-0.9
Union County	453.7	2,802	falling	-1.2
Passaic County	451.6	2,510	falling	-0.8
Hudson County	403.5	2,607	falling	-1.2
Bladder: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	23.1	2,487	falling	-1.1
US (SEER+NPCR)	20	74,787	falling	-1.9
Cape May County	30.9	51	stable	-0.3
Warren County	27.2	39	stable	-0.4
Gloucester County	27.1	90	stable	0
Atlantic County	26.8	93	stable	-0.6
Salem County	26.5	23	stable	0.6
Burlington County	26.5	151	stable	-0.2
Sussex County	25.9	48	stable	0

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Hunterdon County	25.9	43	stable	0.5
Monmouth County	25.5	206	stable	-0.3
Camden County	25	148	stable	-0.8
Cumberland County	25	43	stable	-0.7
Morris County	24.2	152	falling	-1.5
Ocean County	23.9	231	falling	-2.2
Middlesex County	22.8	211	falling	-1
Bergen County	22.6	277	falling	-1.6
Passaic County	22.2	124	stable	-1
Mercer County	20.7	88	falling	-1.4
Union County	20.4	127	falling	-2
Somerset County	20.1	79	stable	-1.2
Essex County	18.4	154	falling	-1.4
Hudson County	17.6	108	falling	-1.6
Brain & ONS: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	6.8	673	*	*
US (SEER+NPCR)	6.5	22,781	*	*
Salem County	9.6	7	*	*
Warren County	9.1	12	*	*
Hunterdon County	8.6	12	*	*
Sussex County	7.9	13	*	*
Gloucester County	7.8	25	*	*
Burlington County	7.7	39	*	*
Ocean County	7.7	54	*	*
Mercer County	7.3	29	*	*
Bergen County	7.2	77	*	*
Morris County	7.2	40	*	*
Atlantic County	6.9	22	*	*
Cumberland County	6.9	11	*	*
Camden County	6.9	38	*	*
Middlesex County	6.8	60	*	*
Monmouth County	6.8	50	*	*
Passaic County	6.7	35	*	*
Somerset County	6.5	23	*	*
Cape May County	5.8	7	*	*
Hudson County	5.7	38	*	*

Union County	5.6	33	*	*

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Essex County	5.5	46	*	*
Breast: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	136.6	7,668	rising	0.5
US (SEER+NPCR)	125.9	244,411	rising	0.3
Morris County	148.1	480	stable	0
Burlington County	147	433	rising	1.3
Hunterdon County	146.2	129	stable	0.2
Monmouth County	146.2	616	stable	0.1
Gloucester County	144.3	267	stable	0.3
Somerset County	144.2	306	stable	0.1
Mercer County	141.9	316	stable	0.2
Camden County	141	450	stable	0.6
Bergen County	140.8	865	stable	0.5
Essex County	137.4	641	rising	1.9
Union County	136.7	454	stable	0
Cape May County	135.7	106	stable	-0.1
Sussex County	135.6	129	stable	-0.2
Ocean County	132.9	586	stable	-0.2
Atlantic County	131.4	238	stable	0.2
Salem County	130.6	56	stable	0.1
Middlesex County	129.7	639	stable	-0.1
Warren County	125.9	92	stable	-0.7
Passaic County	124.4	367	rising	1.1
Cumberland County	118.9	108	stable	0.6
Hudson County	111.1	389	stable	0.5
Cervix: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	7.7	382	falling	-1.9
US (SEER+NPCR)	7.6	12,833	stable	0.3
Cumberland County	15.3	11	stable	-1.4
Cape May County	11.7	5	stable	0.8
Salem County	10.6	3	*	*
Hudson County	9.4	33	falling	-2.2
Union County	9.3	29	stable	-0.3
Atlantic County	9.2	14	stable	-1.1

Essex County	9.2	40	falling	-3
Passaic County	8.6	23	stable	-2.1
Ocean County	8.2	27	stable	-1.5

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Camden County	8.1	23	falling	-2.7
Warren County	8	4	stable	-0.5
Somerset County	7.5	13	stable	4.7
Gloucester County	6.9	12	stable	-0.8
Middlesex County	6.9	32	stable	-1.5
Bergen County	6.8	36	stable	-0.9
Burlington County	6.4	16	stable	12.6
Morris County	6.3	18	stable	-1.1
Mercer County	6.2	12	falling	-3.9
Monmouth County	6.1	21	stable	-2.3
Sussex County	5.9	5	stable	-2.7
Hunterdon County	5.1	3	falling	-4
Colon & Rectum: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	40.8	4,342	falling	-1.6
US (SEER+NPCR)	38.4	142,225	falling	-1.4
Salem County	48.4	40	falling	-2.6
Cape May County	46.5	72	falling	-2.8
Cumberland County	46.3	80	falling	-2.5
Gloucester County	44.8	151	falling	-2.7
Burlington County	44.7	249	stable	-1
Ocean County	43.7	393	falling	-1.8
Camden County	43.7	256	falling	-2.9
Warren County	42.8	61	falling	-3
Sussex County	42.1	74	falling	-3.4
Essex County	42.1	354	stable	-0.1
Monmouth County	40.9	325	falling	-3.3
Atlantic County	40.4	138	falling	-3.6
Hudson County	40.3	259	falling	-2.9
Middlesex County	39.6	370	falling	-3
Passaic County	39.5	220	stable	-0.8
Union County	39.1	243	falling	-3.2
Bergen County	39	464	stable	1.1

Hunterdon County	37.7	62	falling	-2.6
Mercer County	37.3	158	falling	-3.3
Morris County	37.1	233	falling	-3.4
Somerset County	35.2	139	falling	-3.4

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Esophagus: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	4.3	469	falling	-1.3
US (SEER+NPCR)	4.5	17,419	falling	-1.1
Warren County	7	10	stable	-0.1
Gloucester County	6.4	23	rising	2.2
Cape May County	6.4	10	stable	1.4
Sussex County	6.1	12	stable	-1.1
Ocean County	5.7	52	stable	-0.7
Cumberland County	5.1	9	stable	-0.3
Camden County	5	31	stable	-0.8
Hunterdon County	4.7	8	stable	-1.8
Salem County	4.7	4	stable	-3.4
Morris County	4.6	30	stable	-0.4
Passaic County	4.5	25	stable	-0.3
Burlington County	4.4	25	stable	-0.9
Atlantic County	4.3	15	falling	-2.1
Monmouth County	4.3	36	falling	-2
Mercer County	4.2	18	falling	-2.8
Essex County	3.7	32	falling	-3
Union County	3.7	23	stable	-1.9
Middlesex County	3.6	34	falling	-2
Bergen County	3.2	39	falling	-1.4
Hudson County	3.2	20	falling	-2.8
Somerset County	3.2	13	stable	-1.6
Kidney & Renal Pelvis: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	16.3	1,736	rising	0.8
US (SEER+NPCR)	16.8	62,705	rising	0.6
Cumberland County	21	36	stable	-10.5
Burlington County	19.6	110	stable	1.3
Camden County	19.6	116	rising	2
Gloucester County	18.6	65	stable	0.4

Ocean County	17.8	147	rising	1.5
Mercer County	17.7	76	rising	2
Salem County	17.7	15	stable	0.2
Atlantic County	17.4	60	stable	0.2
Cape May County	17.3	26	stable	2.1

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Monmouth County	16.7	133	rising	0.9
Warren County	16.5	22	stable	0.8
Bergen County	16.4	194	stable	0.5
Passaic County	15.8	88	stable	0.9
Morris County	15.7	98	stable	0.7
Middlesex County	15.7	146	stable	0
Sussex County	15.4	31	stable	-0.4
Union County	15	93	stable	0.2
Somerset County	14.6	58	stable	-0.1
Hunterdon County	13.8	23	stable	-0.7
Essex County	13.4	115	stable	0.6
Hudson County	12.8	84	stable	0.5
Leukemia: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	15.7	1,610	rising	0.8
US (SEER+NPCR)	14.2	51,227	falling	-2.1
Sussex County	19.4	32	rising	2.9
Monmouth County	17.4	134	rising	1.5
Gloucester County	17.4	58	stable	1.2
Ocean County	16.9	145	stable	0.6
Morris County	16.8	101	rising	1.2
Mercer County	16.6	68	rising	1.8
Cape May County	16.5	23	stable	-1.2
Burlington County	16.3	88	stable	0.9
Cumberland County	16.1	28	rising	1.7
Warren County	16	21	stable	0.4
Union County	15.7	93	stable	1
Bergen County	15.6	182	stable	1.3
Passaic County	15.6	83	stable	1
Somerset County	15.4	57	stable	-0.5
Middlesex County	15.4	139	stable	0.3

Camden County	15.3	88	stable	0.4
Hunterdon County	14.7	23	stable	-0.8
Essex County	14.2	117	stable	0.5
Atlantic County	13.7	45	stable	-0.2
Salem County	13.7	10	stable	-1.1
Hudson County	11.5	72	stable	0

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Liver & Bile Duct: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	7.8	869	rising	2.1
US (SEER+NPCR)	8.4	33,355	stable	0.4
Cumberland County	10.5	19	rising	4.8
Cape May County	9.9	17	stable	4
Camden County	9.4	60	rising	2.4
Atlantic County	9.1	32	stable	2.1
Hudson County	8.7	57	rising	2.6
Gloucester County	8.6	30	rising	2.1
Mercer County	8.4	37	stable	1.8
Ocean County	8.3	75	rising	3.2
Salem County	8.3	7	stable	-15.4
Passaic County	8.2	47	stable	1.1
Essex County	7.9	71	stable	0.8
Middlesex County	7.9	76	rising	2.5
Burlington County	7.7	45	rising	2.4
Monmouth County	7.6	64	rising	2.4
Bergen County	7.1	89	stable	1.1
Warren County	6.7	10	stable	1.9
Sussex County	6.7	13	stable	1.5
Morris County	6.6	43	rising	2.2
Union County	6.3	40	rising	1.8
Somerset County	6	25	stable	1.6
Hunterdon County	5.4	10	rising	3
Lung & Bronchus: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	55.3	5,950	falling	-1.6
US (SEER+NPCR)	58.3	221,568	falling	-2
Salem County	85.4	73	rising	2.5
Cape May County	76.3	130	stable	-0.8

Gloucester County	74.6	252	falling	-1.2
Ocean County	70.8	672	falling	-1.1
Cumberland County	69.2	123	falling	-0.8
Camden County	67.2	404	falling	-1.4
Atlantic County	64.7	226	falling	-1.9
Warren County	63.8	91	stable	-1
Sussex County	62.5	114	falling	-1.3

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Burlington County	61.8	350	falling	-1
Monmouth County	59.7	482	falling	-1.5
Mercer County	56.7	242	falling	-1.5
Middlesex County	49.7	459	falling	-2.1
Bergen County	49.4	598	falling	-1.7
Hunterdon County	48.6	81	stable	-1.2
Morris County	47.7	300	falling	-2
Essex County	46.9	393	falling	-2.4
Passaic County	44.8	250	falling	-5.8
Somerset County	44	173	falling	-1.8
Hudson County	43.7	273	falling	-2.5
Union County	43.1	262	falling	-2.2
Melanoma of the Skin: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	22.2	2,335	stable	0.5
US (SEER+NPCR)	22.3	81,226	rising	1.8
Cape May County	51.3	77	rising	3.3
Hunterdon County	39.8	65	stable	1.9
Ocean County	34	283	stable	0.2
Salem County	32.4	26	stable	-16.8
Monmouth County	32.1	249	rising	1.6
Sussex County	31.9	56	rising	3.1
Gloucester County	27.2	91	stable	0.7
Atlantic County	27.1	92	rising	1.6
Morris County	26.7	164	stable	0.2
Burlington County	26.4	146	stable	0.5
Warren County	25.7	34	stable	0.1

Somerset County	24.4	97	stable	0.2
Camden County	21.7	128	stable	0.3
Mercer County	21.1	88	stable	0.4
Middlesex County	18.1	167	stable	1
Bergen County	18	212	falling	-1.3
Cumberland County	16.4	28	stable	1.3
Union County	15.7	97	stable	0.2
Passaic County	14.3	77	stable	0.2
Essex County	12.2	103	stable	-0.1
Hudson County	8.2	53	stable	-0.7

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Non-Hodgkin Lymphoma: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	21.8	2,272	stable	0
US (SEER+NPCR)	19.3	70,661	falling	-1.5
Warren County	24.9	34	stable	-0.2
Monmouth County	24.3	188	stable	0
Morris County	23.7	145	stable	-0.3
Somerset County	23.7	92	stable	0.3
Sussex County	23.5	41	stable	-0.5
Atlantic County	23.2	78	stable	0
Bergen County	23.1	268	stable	0.1
Mercer County	22.6	94	stable	0
Ocean County	22.5	196	stable	0.4
Gloucester County	22.1	73	rising	0.9
Middlesex County	22.1	202	stable	-0.1
Cumberland County	22	37	stable	-0.1
Union County	21.1	129	stable	-6.5
Burlington County	21.1	117	stable	-0.5
Salem County	20.8	17	stable	-0.5
Hunterdon County	20.6	35	stable	-0.3
Camden County	20.6	122	stable	-0.4
Passaic County	20.4	109	stable	0.4
Essex County	18.4	153	stable	-0.7
Cape May County	18.3	29	stable	-0.3
Hudson County	17.1	110	stable	-0.4
Oral Cavity & Pharynx: All Races (includes Hispanic), Both Sexes, All Ages				

New Jersey	11.1	1,204	rising	0.8
US (SEER+NPCR)	11.8	45,129	stable	0
Salem County	16.1	14	stable	1.2
Cape May County	14.6	23	stable	0.2
Atlantic County	14.4	51	rising	1.5
Cumberland County	14	25	rising	2.3
Monmouth County	12.9	105	rising	1
Ocean County	12.8	108	rising	1.7
Sussex County	12.7	25	stable	1.7
Camden County	12.2	75	stable	1.2
Warren County	11.7	17	stable	2.1

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Gloucester County	11.5	41	stable	0.8
Hunterdon County	11.4	21	stable	1.9
Morris County	11.4	74	rising	1.7
Burlington County	11.2	65	stable	1.3
Middlesex County	10.7	100	rising	1.6
Essex County	10.7	92	rising	8.2
Somerset County	10.5	43	stable	0.4
Passaic County	10.1	57	stable	-0.2
Bergen County	9.5	115	stable	-0.1
Mercer County	9.4	42	falling	-1.2
Union County	9	57	stable	-0.1
Hudson County	8.3	55	stable	-1.3
Ovary: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	11.8	679	falling	-2.1
US (SEER+NPCR)	10.9	21,338	falling	-3.1
Cape May County	17.1	13	stable	0.2
Somerset County	13.6	29	falling	-2.1
Camden County	13.4	42	falling	-1.6
Mercer County	13.2	30	stable	-0.9
Burlington County	12.8	39	stable	-0.9
Warren County	12.5	9	stable	0.2
Atlantic County	12.3	22	falling	-2.7
Gloucester County	12.3	23	falling	-2.9
Ocean County	12	55	stable	-1.1

Hunterdon County	11.9	11	falling	-2.7
Middlesex County	11.8	59	falling	-2.1
Hudson County	11.7	41	stable	-1.1
Morris County	11.4	38	falling	-2.5
Bergen County	11.3	72	falling	-3.9
Essex County	11.3	54	falling	-1.8
Passaic County	11.2	34	falling	-2.7
Monmouth County	11	48	falling	-2.2
Union County	10.6	36	falling	-2.4
Cumberland County	10.4	9	stable	15.6
Sussex County	10.2	10	falling	-3.3
Salem County	9.3	4	stable	-2.1
Pancreas: All Races (includes Hispanic), Both Sexes, All Ages				

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
New Jersey	14.4	1,556	rising	1.1
US (SEER+NPCR)	12.9	48,832	rising	0.8
Warren County	17	24	stable	1.8
Mercer County	16.1	69	rising	2.3
Salem County	15.9	14	stable	1.5
Burlington County	15.9	91	rising	2
Ocean County	15.7	148	rising	1.5
Hunterdon County	15.4	27	rising	2.2
Camden County	15.1	91	rising	1.1
Gloucester County	14.7	50	stable	0.8
Cape May County	14.7	25	stable	0.4
Monmouth County	14.5	121	rising	1.3
Essex County	14.2	120	stable	0.7
Atlantic County	14.2	50	stable	1.3
Bergen County	14.1	171	stable	0.3
Morris County	14	90	rising	1.3
Hudson County	14	87	rising	2.1
Passaic County	13.5	76	stable	0
Sussex County	13.5	25	stable	2.3
Cumberland County	13.4	24	stable	0.6
Union County	13.4	82	stable	0.5
Middlesex County	12.9	121	stable	0.8

Somerset County	12.8	51	stable	1.1
Prostate: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	131.3	6,723	falling	-2.9
US (SEER+NPCR)	104.5	192,918	stable	-0.4
Essex County	153.1	593	falling	-3.2
Cape May County	152.9	122	falling	-1.9
Mercer County	148.1	300	falling	-2.3
Burlington County	147.9	407	falling	-3.1
Camden County	142.3	405	falling	-1.8
Gloucester County	140.7	236	falling	-1.8
Monmouth County	139.3	549	falling	-2.2
Salem County	139.3	58	stable	-1.7
Passaic County	136.2	359	falling	-2.5
Union County	134.6	390	falling	-3.7
Cumberland County	129.8	109	stable	-0.6

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Bergen County	128.6	729	falling	-3.3
Morris County	127.6	392	falling	-3.3
Middlesex County	124.1	555	stable	1.2
Somerset County	122	232	falling	-2.9
Warren County	120	85	falling	-3.5
Sussex County	119.2	117	falling	-4.3
Atlantic County	117.7	203	falling	-2.5
Hudson County	112.7	319	falling	-3.9
Ocean County	112.1	466	falling	-3.6
Hunterdon County	108	94	rising	9.1
Stomach: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	7.9	847	falling	-1.1
US (SEER+NPCR)	6.5	24,190	falling	-1.1
Passaic County	10.4	58	stable	-0.2
Union County	9.7	59	stable	-0.8
Hudson County	9.5	60	falling	-1.7
Essex County	9	76	falling	-2
Cumberland County	8.8	15	stable	-2
Camden County	8.7	51	stable	0.3
Bergen County	8.6	104	stable	-0.9

Mercer County	8.1	34	stable	-0.5
Atlantic County	7.7	26	stable	-1
Middlesex County	7.5	70	falling	-2.5
Sussex County	7.5	14	stable	0.3
Burlington County	7	40	stable	-0.4
Ocean County	7	62	stable	-0.7
Somerset County	7	28	falling	-1.8
Gloucester County	6.7	23	stable	-0.9
Monmouth County	6.7	56	falling	-1.5
Morris County	6.4	41	falling	-1.7
Salem County	5.9	5	stable	0
Hunterdon County	5.7	9	stable	-0.1
Warren County	5.6	8	stable	0.7
Cape May County	5.1	8	stable	-1.6
Thyroid: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	19.3	1,840	stable	-0.3
US (SEER+NPCR)	14.3	48,211	falling	-2.2

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate -cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Monmouth County	26.8	182	stable	1.4
Gloucester County	24.4	76	rising	4
Mercer County	24.1	96	rising	4
Ocean County	24	147	rising	5.4
Camden County	22	118	rising	2.7
Burlington County	20.8	102	rising	2.4
Bergen County	20.3	207	stable	0.3
Salem County	20.2	13	rising	4
Somerset County	19.8	71	falling	-12.1
Middlesex County	19.2	169	stable	-0.9
Morris County	19.1	102	stable	-3.9
Sussex County	18	29	rising	3.9
Warren County	17	20	stable	1.6
Atlantic County	16.9	48	stable	0.9
Passaic County	16.2	85	stable	-7.6
Cape May County	16	17	rising	2.4
Union County	15.8	92	falling	-8.9
Hudson County	15.1	107	stable	-0.1

Cumberland County	14.6	24	stable	0.5
Hunterdon County	14.4	20	rising	3.6
Essex County	13.7	113	rising	4.3
Uterus (Corpus & Uterus, NOS): All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	31.9	1,913	rising	0.8
US (SEER+NPCR)	27	55,004	rising	1.2
Warren County	39.3	30	stable	1.2
Cumberland County	39.1	37	rising	1.9
Cape May County	38.2	32	rising	3.1
Sussex County	36.3	38	stable	0.9
Camden County	35.3	119	rising	2.1
Mercer County	34.3	82	rising	1.6
Hunterdon County	34.3	31	stable	-1
Gloucester County	33.7	66	stable	1.2
Salem County	33.7	16	stable	1.1
Essex County	33.5	165	rising	1.7
Morris County	32.8	115	stable	0.3
Atlantic County	32.4	61	stable	1.2

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate -cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Somerset County	32.4	73	stable	0.4
Burlington County	32.2	101	stable	1
Middlesex County	32	168	stable	0.5
Ocean County	31.5	150	stable	0.2
Monmouth County	30.8	140	stable	-0.2
Bergen County	29.9	198	stable	-0.1
Union County	29.3	102	stable	1
Passaic County	28.8	90	stable	0.3
Hudson County	26.8	98	stable	0.6

NEWARK BETH ISRAEL MEDICAL CENTER - TUMOR REGISTRY SUMMARY

In 2019, NBI's tumor registry data showed that 13.7% and 15.2% 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: Digestive Organs (24.6%), Lymph Nodes (50.0%), and Respiratory System (38.8%).

Compared to 2018, there was an increase of 87 cases (+10.4%) in 2019. The two biggest increases in overall cases occurred in Male Genital Organs (+50, +43.5%), followed by Digestive Organs (+17, +11.1%). 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)		2018			2019			2018 - 2019			
Main Site	Sub Site	2018	2019	% Stage 3	% Stage 4	Total % Stage 3 & 4	% Stage 3	% Stage 4	Total % Stage 3 & 4	Change in Case Volume	Change in % points for Stage 3	Change in % points for Stage 4	Change in % points for Stage 3 & 4
BREAST		143	151	17.4%	0.0%	17.4%	6.3%	0.0%	6.3%	8	(11.1)	0.0	(11.1)
DIGESTIVE ORGANS		153	170	18.2%	26.4%	44.5%	15.8%	24.6%	40.4%	17	(2.4)	(1.8)	(4.2)
COLON		51	58	32.4%	17.6%	50.0%	16.7%	26.2%	42.9%	7	(15.7)	8.5	(7.1)
LIVER AND INTRAHEPATIC BILE DUCTS		17	20	28.6%	7.1%	35.7%	33.3%	16.7%	50.0%	3	4.8	9.5	14.3
PANCREAS		24	26	0.0%	61.9%	61.9%	0.0%	50.0%	50.0%	2	0.0	(11.9)	(11.9)
RECTUM		14	19	23.1%	7.7%	30.8%	28.6%	7.1%	35.7%	5	5.5	(0.5)	4.9
STOMACH		25	19	5.9%	29.4%	35.3%	6.7%	20.0%	26.7%	(6)	0.8	(9.4)	(8.6)
EYE, BRAIN AND OTHER PARTS OF CENTRAL NERVOUS SYSTEM		20	30	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	10	0.0	0.0	0.0
BRAIN		11	16	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5	0.0	0.0	0.0
FEMALE GENITAL ORGANS		99	108	18.2%	18.2%	36.4%	24.1%	17.2%	41.4%	9	6.0	(0.9)	5.0
CERVIX UTERI		22	17	4.8%	33.3%	38.1%	25.0%	25.0%	50.0%	(5)	20.2	(8.3)	11.9
CORPUS UTERI		51	64	23.4%	12.8%	36.2%	22.4%	13.8%	36.2%	13	(1.0)	1.0	0.0
OVARY		15	16	23.1%	15.4%	38.5%	20.0%	30.0%	50.0%	1	(3.1)	14.6	11.5
HEMATOPOIETIC AND RETICULOENDOTHELIAL SYSTEMS		72	72	0.0%	10.9%	10.9%	0.0%	2.2%	2.2%	0	0.0	(8.7)	(8.7)
HEMATOPOIETIC AND RETICULOENDOTHELIAL SYSTEMS		72	72	0.0%	10.9%	10.9%	0.0%	2.2%	2.2%	0	0.0	(8.7)	(8.7)
LIP, ORAL CAVITY AND PHARYNX		20	14	0.0%	57.1%	57.1%	0.0%	20.0%	20.0%	(6)	0.0	(37.1)	(37.1)
LYMPH NODES		29	13	4.5%	27.3%	31.8%	0.0%	50.0%	50.0%	(16)	(4.5)	22.7	18.2
MALE GENITAL		115	165	30.6%	13.9%	44.4%	23.7%	19.4%	43.0%	50	(6.9)	5.5	(1.4)

ORGANS												
PROSTATE GLAND	114	163	29.6%	14.1%	43.7%	24.2%	19.8%	44.0%	49	(5.4)	5.7	0.3
RESPIRATORY SYSTEM AND INTRATORACIC ORGANS	79	92	14.3%	42.9%	57.1%	23.9%	38.8%	62.7%	13	9.6	(4.1)	5.5
BRONCHUS AND LUNG	66	76	18.6%	44.2%	62.8%	28.6%	42.9%	71.4%	10	10.0	(1.3)	8.6
THYROID AND OTHER ENDOCRINE GLANDS	30	27	0.0%	12.5%	12.5%	0.0%	0.0%	0.0%	(3)	0.0	(12.5)	(12.5)
OTHER ENDOCRINE GLANDS AND RELATED STRUCTURES	22	16	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	(6)	0.0	0.0	0.0
URINARY TRACT	62	67	0.0%	0.0%	0.0%	4.1%	6.1%	10.2%	5	4.1	6.1	10.2
BLADDER	24	21	0.0%	0.0%	0.0%	0.0%	27.3%	27.3%	(3)	0.0	27.3	27.3
KIDNEY	36	39	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3	0.0	0.0	0.0
Grand Total	839	926	14.5%	16.6%	31.1%	13.7%	15.2%	28.9%	87	(0.7)	(1.4)	(2.2)

Appendix H - Outcomes and Results Report of the Previous Implementation Plan

Newark Beth Israel Medical Center | RWJBarnabas HEALTH

COMMUNITY HEALTH NEEDS ASSESSMENT

IMPLEMENTATION PLAN RESULTS

2019-2022

NBIMC CHNA-CHIP

In 2019, Newark Beth Israel Medical Center ("NBIMC") 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/newark-bethisrael-medical-center/about/community-health-needsassessment/ 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 NBIMC will address each priority need and the expected outcome for the evaluation of its efforts. The implementation plan which follows is based on the seven selected priority areas*:

- **Reduce the Impact of Health Disparities on Heart Disease and Stroke Prevention**
  - **Reduce the Impact of Health Disparities in Graduate Medical Education**
- **Enhance Services and Referral for Patients with a History of Violent Trauma and/or at risk of Domestic Violence and Other forms of Trauma and Abuse**
- **Obesity and Disease Prevention**
- **Reduce Maternal and Infant Mortality by Encouraging Preventive Measures**

NBIMC 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. This includes working with Essex County Health Department, local health departments, the Greater Newark Health Care Coalition and Greater Newark Advisory Board to support health planning and to support community health and wellness events. These community touch points provide the hospital with valuable external insights regarding community need.

**The four 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 include mental health and substance abuse, access to care, lead poisoning, teen pregnancy, readmission rates, tobacco use, primary care.*

Goal #1: Reduce the Impact of Health Disparities on the Care and Treatment of Heart Disease and Stroke Prevention

Key CHNA Findings:

- Heart disease and stroke were among the top health-related concerns identified in a survey of public health officers as well as in a survey of community residents.
- The mortality rate for Blacks in Essex County due to stroke is 78% higher than that of Whites.
- The mortality rate for heart disease in Essex County is higher than in the state and surrounding counties.

Strategy/Initiative 1.1

Conduct a retrospective study (June 1, 2013-May 31, 2016) in two major teaching hospitals (NBI and University Hospital) to determine the risk factors for hypertensive emergency associated end organ damage in the brain, heart, and kidney and urgency (asymptomatic patient with BP equal to or greater than 200/120) among a high risk group of patients. Data will be analyzed to provide information to clinicians to be utilized to design tailored interventions to reduce the number of patients with end organ damage and premature death.

Indicator/Metric

- Completion of the study with analysis of the results, to provide data on the mortality related to hypertensive emergencies.
- Quantify the disparity in mortality for hypertensive crisis
- Identify the risk factors for mortality
- Presentation and dissemination of the findings to warn patients and providers of the risk

Tracking

- Data extraction from EMR should begin May 2020. Total of approx. 3500 patients.
- monthly data extraction
- data analysis
- Publication of Manuscript

Outcome

Newark NJ is probably one of the best places in America and perhaps the world to study Hypertension in the African American community. There are three different subgroups of population namely:
1. People that were born in Africa but residing in Newark;
2. Caribbean blacks that were brought from Africa but residing in Newark (1st or 2nd Generation); and
3. Native African Americans also brought to America via the slave trade but living here for several generations.

NBIMC Emergency Department and Hospital leadership seek to demystify the etiology of the most lethal form of Hypertension, Hypertensive Urgency which is defined by BPs of 180-200/120, with no end organ damage (stroke, Heart attacks, heart failure, and kidney injury) and hypertensive emergency (BPs of 180-200/120 but with end organ damage attributable to this blood pressure. This work will be used to better address the mortality and morbidity of this large community health issue disproportionately affecting Blacks/African Americans and other people of color.

Previously, we published the largest case control study in the world to determine the risk factors for hypertensive Crisis (hypertensive urgency and emergency). We have subsequently used a retrospective cohort observational study to determine the incidence of end organ damage and the two (2) year mortality rate of these patients. The odds of dying was 3.5 times greater in the hypertensive urgency when the blood pressures were very high but no end organ damage, and 4.3 times in the HTN emergency (end organ damage) compared to controls with satisfactory BP control. The study indicates that there is a high morbidity and mortality associated with hypertensive emergencies in which 1/5 of the population died within two years.

Strategy/Initiative 1.2

- QI project to screen for secondary hypertension for a sample of patients (N=25) with hypertension crisis, and improve care by tailoring medication in clinic.
- The participants will undergo screening by testing for plasma renin activity and aldosterone level, to determine the frequencies of the specific renin/aldosterone phenotypes (hyperaldosteronism and the Liddle phenotype).

Indicator/Metric

- Clinic attendance of 60% in this cohort
- Reduce by 50% the number of uncontrolled Hypertension in this Cohort
- Identify 100 % of patients with secondary hypertension
- Provide Meds to 100% of participants if they cannot afford.

Tracking

- Attendance
- Percentage adherence to BP Meds
- Percentage of participants with controlled BP

Outcome

This study was approved by the IRB but not the IRC. The COVID pandemic directly affected the approval and implementation of this project. The initial plan was to have these patients follow up in a Hypertension clinic supervised by Nephrology Director. This clinic along with others was suspended due to the pandemic and hence this QI project was not implemented.

Another Hypertension QI project was inaugurated in November 2021. This is a Joint project with the American Heart Association (AHA) and Newark Beth Israel, where the goal was to increase the prevalence of controlled hypertension by home blood pressure monitoring. We were able to donate 320

blood pressure cuffs to patients with hypertensive crisis in the ER and uncontrolled hypertension in the medicine clinics. This project is ongoing.

Strategy/Initiative 1.3

Increase fresh food access for community members through Greenhouse and Farmers Market programming.

- Farmers Market attendance
- Greenhouse programming attendance
- Pounds of food donated for both feeding and education purposes
- # of clients using SNAP
- # of clients using WIC
- # of clients using SFMNP vouchers

Indicator/Metric

Increase numbers 10% by 2021

	Baseline (2019)
Market attendance	4,800
Greenhouse attendance	400
Pounds of food donated	3,000
SNAP Users	90

**WIC & SFMNP are new initiatives. No baseline data available for 2019

Tracking/Outcome

	Baseline (2019)	*(2020-21 total)*
Market attendance	*4,800*	*2,650 (pandemic impact)*
Greenhouse attendance	*400*	*44 (pandemic impact)*
Pounds of food donated	*3,000*	*8,320 (response to food insecurity issues heightened by pandemic)*
SNAP Users	*90*	*241 (increase due to word of mouth re: snap acceptance)*

***WIC & SFMNP are new initiatives. No baseline data available for 2019*

WIC	*---*	*377 (increase due to word of mouth re: snap acceptance)*
SFMNP	*---*	*328 (increase due to word of mouth re: snap acceptance)*

Strategy/Initiative 1.4

Increase the number of patients diagnosed with hypertension who have a blood pressure of *less than* 140/90 at their most recent office visit

Indicator/Metric

- Number of patients who have an active diagnosis of essential HTN and have had at least two office visits within the measurement year.
- Goal: increase the number of patients with B/P <140/90 by 5%

**Baseline: 2019 data: 67% with HTN had B/P< 140/90

Tracking

- Medical record review: June, Sept and Dec 2020 and 2021
- % patients with HTN have BP Less than 140/90

Outcome

The number of patients with a BP of <140/90 did not decrease at all. There was, in fact a very slight increase (67.4%).The findings may have been impacted by COVID pandemic (High stress levels, lack of resources due to supply chain issues, and other social determinants of health.

Strategy/Initiative 1.5

•Increase number of patients with a **primary** diagnosis of hypertension who follow their treatment plan: Ex: PCP appointments, prescribed medication and nutrition appointments:(Representative sample)

Indicator/Metric

•Number patients attending PCP appointments.
•Number pts taking medication prescribed.
•Number pts attend nutrition counseling appt.

* New initiative, no baseline data

Tracking

- Medical record review (quarterly): beginning June, Sept and Dec 2020 and 2021
- % patients following HTN treatment plan

Outcome

Average 'no show' rate in hypertension clinic is 44.68%.

- *For those seen by a nutritionist,*
  - *38.25% had their hypertension under control and 12.8% remained uncontrolled*
- *For those who were not seen by a nutritionist,*
  - *23% had their hypertension under control, and 25% remained uncontrolled.*

Goal #1A: Reduce the Impact of Health Disparities on the Care and Treatment of Heart Disease and Stroke Prevention

Strategy/Initiative 1.A

- Establishment of an educational curriculum, in collaboration with the ACGME, to train House staff to identify and address health and health care disparities in their specialties.
- Identify at risk populations and provide equitable care
- Promote awareness and recognition of cultural humility across the CLE
- Awareness of Implicit Bias and the effect on treatment algorithms

Indicator/Metric

- Education will include 5 learning sessions on healthcare disparity, cultural humility, quality improvement, SDOH screening, and data collection with pre/post-test assessment
- 75 % Resident attendance at Learning Sessions
- 75 % Demonstration of Understanding of Cultural Humility
- 75 % Participation in QI project
- 75 % completion of curriculum in 3 years
- 100 % of Residency programs integrating a discussion of Health disparity in morbidity and mortality discussions.
- 75% completion of Harvard Implicit Association Test (HIAT)

Tracking

- Baseline survey completion
- Learning session completion
- Feedback on learning sessions
- Number of ongoing projects
- Completion of (HIAT)

Outcome

The educational curriculum was established. The learning sessions were completed. This program was disrupted by the COVID pandemic. Hence, the learning sessions were implemented but not completed over a 3-year PDSA cycle due to disruption by the COVID-19 pandemic.

Feedback on Learning Sessions
Attendance 30% of House staff

Learning Session	*Relevance (%)*	*Improved knowledge (%)*
Cultural competence	*78*	*66*
Health disparity	*96*	*77*
Quality Control	*78*	*74*
Data Collection	*54*	*90*

Baseline Survey

- *Number of house staff 194*
- *Number of countries =31*
- *USA Med school = 38%*
- *30% of house staff had no formal training in Cultural Humility*
- *Approximately 10-15 % of responses consistently indicated the need for remedial training in Cultural Humility and HCD.*

The HIAT was completed. The responsibility for this project was assumed by hospital administration. The data from the HIAT was not provided to me. The percentage of the house staff that completed it is unknown.

QI Projects

- *Reduction of morbidity and mortality due to Pregnancy related Hypertension Emergencies*
- *Harvard Implicit Bias Testing*
- *Pediatric Social Determinants of Health (SDOH) screening*
- *Medicine: SDOH Screening*
- *Simulation: Poverty / Cultural Humility*
- *Reach out and Read (Early Education and Reading)*
- *Mortality study for Hypertensive Crisis*
- *Improving Hypertension Control by Home Monitoring*

Goal #2- Enhance services and referrals for patients identified with a history of violent trauma and/or at risk for domestic violence and other forms of trauma and abuse

Key CHNA Findings:

- CDC identified child maltreatment and adversity as significant public health concern; 9,250 children substantiated for abuse & neglect in NJ (2013-2017)
- In 2016, Essex County domestic violence arrest rates were higher that the State and all other comparison counties
- -In 2017, Newark ranked 12th out of 422 municipalities reporting violent crimes to the FBI

In 2017, Newark ranked 12th out of 422 municipalities reporting violent crimes to the FBI

Strategy/Initiative 2.1

- Continue to conduct trauma and domestic violence screenings on all new adult patients presenting to Primary Care at the Adult Health Center (AHC) and offer services in-house with the Integrated Behavioral Health (IBH) program or in the community with appropriate providers.

Indicator/Metric

Patient Navigator to approach *new* patients to engage in the screening process as evidenced by completed screening tools

•Increase % of new patients completing ACES and HITS by 5%).

Baseline: (2019)

•730 individuals screened

•459 (61%) scored positive on at least 1 screenings (includes ACE's, HITS, PC-PTSD)

Tracking

Screenings are being conducted on *new p*atients.

Outcome

- *766 individuals screened*
- *621 scored positive on at least 1 screenings (includes ACE's, HITS, PC-PTSD)*
  - *# of patients that scored positive on at least 1 screenings (includes ACE's, HITS, PC-PTSD) increased by 21%*
- *Patients assessed to have short –term, low acuity need seem by NBI Integrated Behavioral Health therapists. Those patients referred by their Primary Care physician at the NBI Adult Health*

center that presented with acute symptoms were referred to specialized therapists depending on the nature of the issue. Others with greater needs and determined to be in need of a long-term care were referred for treatment in the community, with access to a therapist and psychiatrist, or to a partial care psychiatric day program, where indicated.

- *Patients with concrete needs were referred for services in the community, but were unable to receive case management services in the absence of a Patient Navigator.*

Strategy/Initiative 2.2

Conduct trauma, domestic violence, and resilience screenings on all parents of children and adolescents referred to the Metro RDTC for psychosocial evaluation of child maltreatment.

Resilience screen to identify protective factors.

Indicator/Metric

Patient Navigators to approach parents of new patients to engage in the screening process as evidenced by completed screening tools

- (% of parents of new patients completing ACES and HITS).

*new initiative. No baseline data

Tracking

Screenings are being conducted on *new p*atients.

Outcome

- *Metro RDTC consulted with IRB to review the process and was told that because the way the process was structured, the initiative would require IRB approval, so they ultimately withdrew from participation.*

Strategy/Initiative 2.3

Inform Primary Care Provider (PCP) of positive screening results for further assessment and discussion (including discussion of protective factors/resiliency)

Indicator/Metric

Patient navigators to refer parents with positive screens and low resilience scores to their primary care physician/mental health provider or NBI's PCP's for discussion of available services/interventions

*new initiative. No baseline data

Tracking

Positive screens on trauma, violence, substance abuse, anxiety, and depression are forwarded to Behavioral Health treatment team members.

Outcome

- *Primary Care Providers (PCP) were notified of patients that scored positive on at least 1 screenings (includes ACE's, HITS, PC-PTSD) by the integrative Behavioral Health therapists, in the absence of a Patient Navigator. While the Patient Navigator position was eliminated, those patients with concrete needs were referred for services in the community by their Therapist, but were unable to receive case management services in the absence of a Patient Navigator.*

Goal 3: Obesity and Disease Prevention

Key CHNA Findings:

- In 2016, Newark reported the highest rate of obesity of all comparative geographies (38.7%)
- The percent of Essex county residents with a Body Mass Index (BMI)>=30 increased to 26.8% in 2016
- The percent of individuals from Newark reporting no leisure time physical activity was highest among all the comparison geographies (41.7%).

Strategy/Initiative 3.1

Expand utilization of KidsFit program in schools through teacher training project.

- •Teacher Training Session attendance
- •# of schools utilizing KidsFit in the classroom
- •

Indicator/Metric

Increase numbers 10% by 2021

	Baseline 2019
Teacher Attendance	113
School Utilization	22

Tracking/Outcome

Baseline	*2019*	*(2020-21 total)*
Teacher Attendance	*113*	*74 (pandemic impact- teacher training decreased due to remote learning)*
School Utilization	*22*	*22 (pandemic impact- due to remote learning, the number of schools remained the same)*

Strategy/Initiative 3.2

Increase participation in the Wellness Center's cooking/nutrition education classes.

- •Nutrition education attendance
- •Cooking class attendance

Indicator/Metric

Increase numbers 10% by 2021

	Baseline 2019
Nutrition education attendance	617
Cooking class attendance	436

Tracking/Outcome

Increase numbers 10% by 2021		
Baseline	*2019*	*(2020-21 total)*
Nutrition education attendance during pandemic)	*617*	*2,999 (over 400% increase – classes switched to virtual*
Cooking class attendance during pandemic)	*436*	*964 (over 220% increase – classes switched to virtual*

Goal 4: Reduce Maternal and Infant Mortality by Encouraging Preventative Measures

Key CHNA Findings:

- 2016, Essex county's rate for no prenatal care was more than double the State rate, performing in the lowest quartile
- In 2016, the percentage of Newark women with no prenatal care(3.8%) exceeded that of Essex county
- Newark's infant mortality rate is more than twice that of the State

Strategy/Initiative 4.1

- Code Venus: Reducing maternal morbidity and mortality by improving the care of patients with Pre-eclampsia and Eclampsia:
- Education of staff
- Prioritizing care
- Standardization of the management
- Early consultation and admission

Indicator/Metric

- Quarterly staff education sessions
- 75% treatment of Pre-eclampsia and Eclampsia in 1hr
- 75% OBGYN consultation in 1 hr.
- 75% OBGYN Disposition in 1.5 hr.
- 75% move to bed (OBGYN / RDU) in 1.5 hrs.

Tracking/Outcome

- *Time to treatment with Blood Pressure medication*
- *Time to treatment with Magnesium*
- *Time to OB-GYN consultation*
- *Time to disposition*

Outcomes (Please see attached)

- *Postpartum Preeclampsia Checklist*
- *NBIMC Pathway Code Venus*
- *Data chart*

Strategy/Initiative 4.2

- Create a Telehealth program for pregnant mothers to eliminate barriers to accessing care, such as lack of childcare and transportation.
- Assist patients in obtaining necessary kits such as Blood Pressure monitors, Weighting scales and Urine Drip sticks

Indicator/Metric

- Increase engagement of mothers by using telehealth visits during prenatal duration by 20%
- # of pregnant mothers who received kits

*Current Baseline: 50%

Tracking/Outcome

The intent of this initiative was to eliminate barriers to accessing prenatal care by creating a telehealth program for pregnant mothers. The hypothesis was that barriers to access to care, such as lack of child care or transportation, were the reasons why only 50% of expectant moms seen in in the Women's Health Center make the recommended number of prenatal visits prior to delivery. The hope was to increase the number of moms seeking prenatal visits by 20%. While the expectant mothers were offered blood pressure monitors, weighting scales, and urine drip sticks, attempts to encourage participation in the program were unsuccessful, despite pandemic cautions and restrictions recommended by the CDC and government officials. It appears that there are other barriers that can potentially be explored at a future date.

Strategy/Initiative 4.3

- Educate NBIMC providers (nurses and Ob & PEDS attendings) and community health and social service workers (i.e. EPPC) on reducing the risk of SIDS and other sleep-related infant deaths and on how to educate parents and grandparents.

Indicator/Metric

- Educational sessions offered for staff and Community workers
- Annual safe sleep module to be included as part of Maternal/Child Health staff competency
- 20 minute webinar link with updates in net learning

** New initiative

Outcome

- *Educational sessions offered for staff (see attached Safe Sleep Education Project)*
- *Community workers received basic CHW training from the Colette Lamothe-Galette CHW Institute and completed an on the job training internship in order to receive certificate under the NJ Department of Health GAINS program*

- *Annual safe sleep module to be included as part of Maternal/Child Health staff competency - 'Back to Sleep education' was added to the Maternal/Child Health staff competencies with a crib station and baby, annually*
- *A 20 minute webinar link with updates in net learning - The 20 minute video was set up for all RNs for their initial education when this initiative began and the video continues to be assigned to the new RNs as a part of onboarding on the OB unit*

See additional Outcomes listed for Strategy/Initiative 4.4

Strategy/Initiative 4.4

- Provide all moms with education on safe sleep practices
- Community Health Workers will make home visits to new moms to assess safe sleep conditions of baby cribs and bassinets

Indicator/Metric

- Number of moms provided with education and literature on safe sleep practices - Percent of moms demonstrating safe sleep practices during home visit - This initiative was greatly impacted by COVID-19 restrictions. Very limited visits were conducted during 2020, with visits increasing in 2021. In total 102 community health worker home visit referral were made through a community partnership we have with So. Ward Promise Neighborhood.

*new initiative. No baseline data available

Outcome

- ***1087*** *Newborns out of 2905 babies admitted to the newborn nursery were audited as part of the Safe sleep education initiative (see Safe Sleep Education Project)*
- *All parents audited were educated about SIDS and literature on safe sleep practices –*
- *982 parents downloaded the SIDS Info app*
- *1000 Onesies with safe sleep messaging ('this side up') form the SIDS center of NJ were given moms at discharge*
- *No SIDS death were confirmed during the period of the study.*
- *Percent of moms demonstrating safe sleep practices during home visit - This initiative was greatly impacted by COVID-19 restrictions. Very limited visits were conducted during 2020, with visits increasing in 2021. In total 153 community health worker home visit referral were made through a community partnership we have with So. Ward Promise Neighborhood.*

Strategy/Initiative 4.5

- Conduct Parental Risk assessments (PRAs)
- Enhance maternal health education for NBIMC providers

- Promote and encourage breast feeding

Indicator/Metric

- Conduct Parental Risk assessments (PRAs)
- Increase the number of number of referrals made to Essex Pregnancy and Parenting Connection(EPPC) by 5% by 2021
- Implement new didactic breast feeding curriculum and skills station
- Conduct annual breast feeding competency for all nursing staff
- Offer moms free virtual breast feeding classes

Baseline (2019):

•number of patient referrals: 10%

Outcome

- *This initiative was greatly impacted by COVID-19 restrictions. Very limited visits were conducted during 2020, with visits increasing in 2021. In total 102 community health worker home visit referral were made through a community partnership we have with So. Ward Promise Neighborhood.*
- *Breast feeding competencies were implemented for all nursing staff and will be conducted annually*
- *Moms were offered free virtual breast feeding classes every Tuesday at noon. Classes are currently on hold pending the hiring of new staff to fill vacant nursing staff position*

Strategy/Initiative 4.6

Increase Women's Wellness Pantry average monthly utilization rates.

- # of monthly participants
- Pounds of food distributed

Indicator/metric

Increase numbers 10% by 2021

Baseline (2019)

- Monthly attend. 19
- Pounds of food 4,000

Outcome

	Baseline (2019)	*(2020-21 total)*
• *Monthly attend.*	*19*	*74*
• *Pounds of food*	*4,000*	*23,119 (in partnership with Community Food Bank of NJ- response to increased food insecurity during pandemic)*

Strategy/Initiative 4.7

Increase maternal/child program attendance at Wellness Center.

- •Prenatal Nutrition 101 attendance
- •Breastfeeding Support Group attendance

Indicator/metric

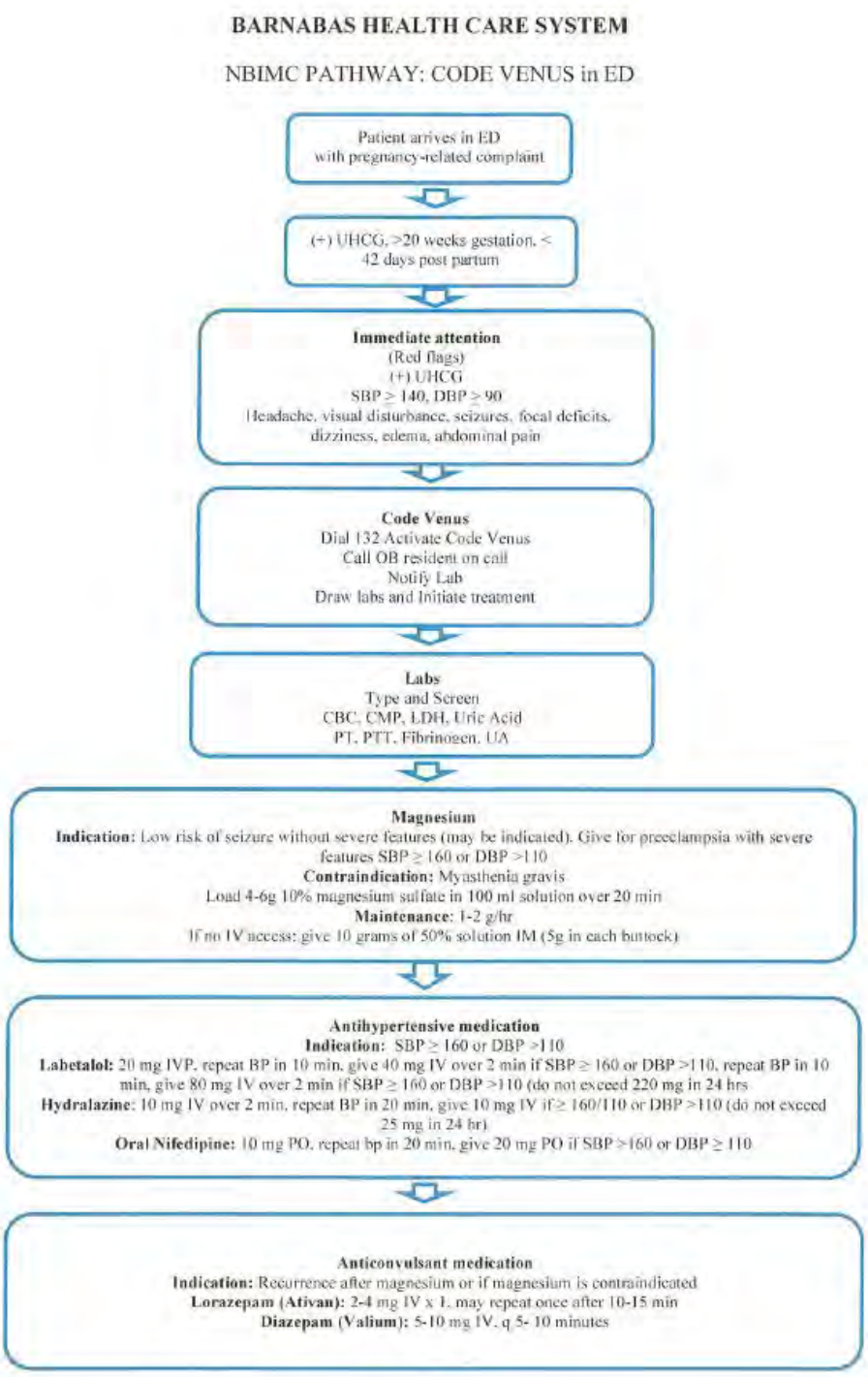
Increase numbers 10% by 2021

- Prenatal 101(baseline) 18
- Breastfeeding (started mid-year)

Outcomes

- *Prenatal Nutrition 101 attendance 8*
- *Breastfeeding (started mid-year) 161*

Strategy/Initiative 4.1 – ATTACHMENTS



EXAMPLE

EMERGENCY DEPARTMENT

Postpartum Preeclampsia Checklist

IF PATIENT < 6 WEEKS POSTPARTUM WITH:

- BP ≥ 160/110 or
- BP ≥ 140/90 with unremitting headache, visual disturbances, epigastric pain

- ☐ Call for Assistance
- ☐ Designate:
  - ○ Team leader
  - ○ Checklist reader/recorder
  - ○ Primary RN
- ☐ Ensure side rails up
- ☐ Call obstetric consult; Document call
- ☐ Place IV; Draw preeclampsia labs
  - ○ CBC ○ Chemistry Panel
  - ○ PT ○ Uric Acid
  - ○ PTT ○ Hepatic Function
  - ○ Fibrinogen ○ Type and Screen
- ☐ Ensure medications appropriate given patient history
- ☐ Administer seizure prophylaxis
- ☐ Administer antihypertensive therapy
  - ○ Contact MFM or Critical Care for refractory blood pressure
- ☐ Consider indwelling urinary catheter
  - ○ Maintain strict I&O – patient at risk for pulmonary edema
- ☐ Brain imaging if unremitting headache or neurological symptoms

† "Active asthma" is defined as:
(A) symptoms at least once a week, or
(B) use of an inhaler, corticosteroids for asthma during the pregnancy, or
(C) any history of intubation or hospitalization for asthma.

REVISED JULY 2017

MAGNESIUM SULFATE

Contraindications: Myasthenia gravis; avoid with pulmonary edema, use caution with renal failure

IV access:

- ☐ Load 4-6 grams 10% magnesium sulfate in 100 mL solution over 20 min
- ☐ Label magnesium sulfate; Connect to labeled infusion pump
- ☐ Magnesium sulfate maintenance 1-2 grams/hour

No IV access:

- ☐ 10 grams of 50% solution IM (5 g in each buttock)

ANTIHYPERTENSIVE MEDICATIONS

For SBP ≥ 160 or DBP ≥ 110
(See SMI algorithms for complete management when necessary to move to another agent after 2 doses.)

- ☐ **Labetalol** (initial dose: 20mg); **Avoid parenteral labetalol with active asthma, heart disease, or congestive heart failure; use with caution with history of asthma**
- ☐ **Hydralazine** (5-10 mg IV* over 2 min); **May increase risk of maternal hypotension**
- ☐ **Oral Nifedipine** (10 mg capsules); Capsules should be administered orally, not punctured or otherwise administered sublingually

** Maximum cumulative IV-administered dose should not exceed 220 mg labetalol or 35 mg hydralazine in 24 hours*

***Note:** If first line agents unsuccessful, emergency consult with specialist (MFM, internal medicine, OB anesthesiology, critical care) is recommended*

ANTICONVULSANT MEDICATIONS

For recurrent seizures or when magnesium sulfate contraindicated

- ☐ **Lorazepam (Ativan)**: 2-4 mg IV x 1, may repeat once after 10-15 min
- ☐ **Diazepam (Valium)**: 5-10 mg IV q 5-10 min

Safe Motherhood Initiative

ACOG

- **Are you pregnant or have you had a baby in the last weeks? / last year?**
- Symptoms to look out for
  - HA, Visual complaints, Altered Mental Status, CVA, Seizure
  - Abdominal pain- especially RUQ, epigatric pain
  - Persistent nausea, vomiting
  - SOB, pulmonary edema
  - SBP ≥ 160 or DBP ≥ 105
  - Immediate OB consult if SBP ≥ 160 or DBP ≥ 105
- OB consult within 60 minutes if SBP 140-159 or DBP 90-105

ID	Gest age	Age	C/V	HX	BP	CC	Time: Code Venus	Time: ED eval	Time: OB call	Time: OB eval	Time: BP Med	Time: Mag	Time: Dispo	Med	Dispo
1	+9d	29	C	Smoke	177/105	HA	7	26	14	32	40	No	47	Nifed	L&D
2	+24d	33	v	Fibroid	165/106	None	43	43	45	63	78	No	123	Labet	L&D
3	+6d	32	v	Fibroid	158/96	HA Blur/vis Edema	20	1	27	27	50	50	110	Nifed, Mag	L&D
4	+11d	28	v	None	148/98	Dizzy	138	138	143	152	No	Mag 9/22	258	No	Disch
5	+4 d	29	v	SC trait	163/99	Edema	1	1	2	20	No	No	305	No	L&D
6	+31d	34	v	HTN	186/124	Edema	10	1	12	28	37	15	101	Nifed, Mag	L&D
7	+42d	35	V	HTN ESRD	155/102	HA	38	38	53	53	83	OB	113	Nifed Mag	L&D
8	+31d	22	v	DM	150/112	None	1	2	2	30	17	62	25	Nifed	L&D
9	+8d	37	c	HTN	153/104	HA	1	5	1	258	1	OB 10/15	374	Nifed	RDU Dc 10/28

ID- identification number
Gest age= gestational age (days postpartum)
C/V = C-section or Vaginal delivery
HX = History
OB = Obstetrics
Gest Age = days post partum
CC= Chief complaint
HTN= hypertension
ED = emergency department

BP = blood pressure
Mag =Magnesium
Med =Medication
Disp = Disposition
Nifed= Nifedipine
Lab = Labetalol
HA = Headache
ESRD = Dialysis

Strategy/Initiative 4.3 – ATTACHMENTS