Clara Maass Medical Center Community Health Needs Assessment

November 10, 2022

Clara Maass Medical Center | **RWJBarnabas HEALTH**

Acknowledgements

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Executive Summary

Introduction

In 2022, Clara Maass Medical Center (CMMC) undertook a community health needs assessment (CHNA) process. 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. This assessment focused on ten communities located across nine Townships in Bergen, Essex, and Hudson Counties.

Clara Maass Medical Center 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

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. Data collection was conducted using a social determinants of health framework and a health equity lens. The CHNA process utilized a mixed-methods, participatory approach that engaged agencies, organizations, and community residents through different avenues. The CHNA process was guided by strategic leadership from the RWJBH Systemwide CHNA Steering Committee, the CMMC CHNA Advisory Committee, and the community overall. Methods of data collection included:

- Reviewing existing data on social, economic, and health indicators in the CMMC primary service area (PSA) and the Town of Montclair.
- Conducting a community survey with 163 residents designed and administered by the survey firm Bruno & Ridgway.
- Facilitating two virtual focus groups with 17 participants from specific populations of interest, including a Spanish language focus group with residents who identified as Hispanic/Latino, and an English language focus group with residents who identified as low-income.
- Conducting seven key informant interviews with stakeholders in the community from a range of sectors.
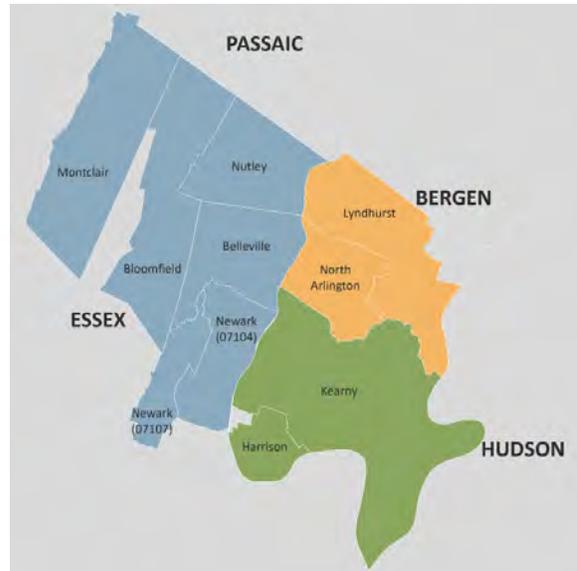
Findings

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

Population Characteristics

- **Demographics**. The populations in each of the three counties that comprise the CMMC PSA increased between 2015 and 2020, ranging from 0.5% to 4.0% for the counties.[1] Interviewees shared that communities have older and long-standing residents seeking to age in place and are also seeing new families move in, particularly in the wake of the COVID-19 pandemic. In terms of overall diversity, Essex and Hudson counties have more diverse populations than Bergen County. The towns of Harrison and Kearny in Hudson County had the largest proportion of foreign-born residents, and in six of the ten communities in the CMMC service area, half or more residents over age five speak a language other than English at home.[2]

Community Social and Economic Environment

- **Community Strengths and Assets.** Interviewees and focus group participants mentioned numerous positive aspects of their communities, including an abundance of resources and amenities, strong social cohesion, and high levels of volunteerism. Top strengths identified by community survey respondents in 2021 include that it was easy to find fresh produce in their communities and that their communities had safe outdoor places to walk and play. Consistent with comments shared in focus groups and interviews, about one third of respondents indicated that their communities were a good place to raise a family and that their communities have places for everyone to socialize.[3]

"If there is an issue the entire community comes together. Outside organizations are impressed how everyone comes together for certain things across the board. I think it's our biggest strength." - Key informant interviewee

- **Education.** Graduation rates across the school districts in the CMMC service area differed, with Newark, Harrison, and Kearny districts experiencing lower graduation rates than the other communities and the state. There were disparities in graduation rates between racial and ethnic groups, with Black and Hispanic students generally experiencing lower graduation rates than their White or Asian counterparts.[4] In the focus group with residents who identify as Hispanic/Latino, participants described experiences of discrimination in the school system and challenges securing needed services for their children with special needs.

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[1] U.S. Census Bureau, American Community Survey 5-Year Estimates, 2011-2015 and 2016-2020
[2] U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020
[3] Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021
[4] New Jersey Department of Education, School Performance, Adjusted Cohort Graduation Rates, 2020-2021

- **Employment and Workforce.**
Unemployment rates in New
Jersey and the three counties in
the CMMC service area were
trending downward over the
decade prior to the COVID-19
pandemic. In 2020, rates rose
substantially. While rates
declined in 2021,
unemployment has not yet
fallen to pre-pandemic levels.[5]
Town-level data show that the
07107 ZIP code in Newark and
Belleville experienced the
highest unemployment rates,
while Nutley experienced the lowest rate (data not shown).[6]

Unemployment 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%
Bergen County	7.7%	6.8%	5.4%	4.6%	4.1%	3.8%	3.3%	2.8%	9.2%	6.0%
Essex County	10.8	9.9%	8.0%	6.8%	6.0%	5.5%	5.0%	4.2%	11.3	8.0%
Hudson County	8.9%	8.0%	6.3%	5.3%	4.6%	4.3%	3.7%	3.1%	10.2	6.8%

DATA SOURCE: Bureau of Labor Statistics, Local Area
Unemployment Statistics, 2012-2021

- **Income and Financial Security.** Median household income across communities served by CMMC
ranges from $37,418 in the 07107 ZIP code of Newark to $134,308 in Montclair. In the 07107 and
07104 ZIP codes in Newark, more than 30% of households have incomes less than $25,000 annually,
while over 30% of households in Montclair have incomes greater than $200,000 per year.[6] Focus
group members shared the day-to-day challenges of affording gas, housing, food, transportation,
childcare, and healthcare as prices continue to climb across the board. While the rising cost of living
affects everyone, participants shared that it has been most painful for low-income individuals and
those on fixed incomes, such as seniors.

- **Food Access and Food Security.** Interviewees
and focus group participants reported that food
insecurity increased as a consequence of the
COVID-19 pandemic, despite efforts to step up
food distribution during this challenging time.
Participants noted that rising costs,
accessibility, and stigma around utilizing social
safety net benefits are barriers to food security
and healthy food access. More than one quarter
of community survey respondents reported
that it was sometimes or often true that they
worried their food would run out before they
got money to buy more,[7] and food insecurity
increased in the CMMC PSA from 2019 to 2020.[8]

**Percent Population Food Insecure, by State
and County, 2019 and 2020**
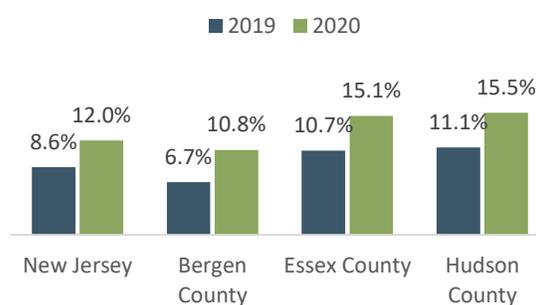
DATA SOURCE: Feeding America, Map the
Meal Gap 2021

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[5] Bureau of Labor Statistics, Local Area Unemployment Statistics, 2012-2021

[6] U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

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

[8] Feeding America, Map the Meal Gap 2021

- **Housing.** Interviewees and focus group participants reported that affordable housing in their communities is sparse and difficult to obtain. Participants talked about the challenges of qualifying for committed affordable housing, rising rents due to an influx of families moving into the CMMC service area from New York City following the COVID-19 pandemic, increasing socioeconomic segregation and homelessness, and challenges for seniors seeking to age in place. In most towns in the CMMC service area, more than half of renter-occupied households spend 25% or more of their monthly income on housing costs.[9]

  > *"The cost of housing in this area is crazy [since COVID]; that will forever change us." – Key informant interviewee*

- **Transportation.** Interviewees and focus group participants noted that use of public transportation has fallen off since the onset of the COVID-19 pandemic. Some interviewees reported their towns had local transportation options, especially for accessing healthcare and groceries, although participants also noted a need for additional, hospital-based health transportation and more transportation options for seniors.

- **Green Space and Built Environment.** Urban environments and physical spaces can expose people to toxins or pollutants or can encourage physical activity and social interaction, affecting physical and mental health. Nearly three-quarters of community survey respondents agreed or completely agreed with the statement, "My community has safe outdoor places to walk and play."[10]

  Percent of Respondents Who Agreed/Completely Agreed Their Community Has Safe Outdoor Places to Walk and Play, by Race/Ethnicity

  DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021
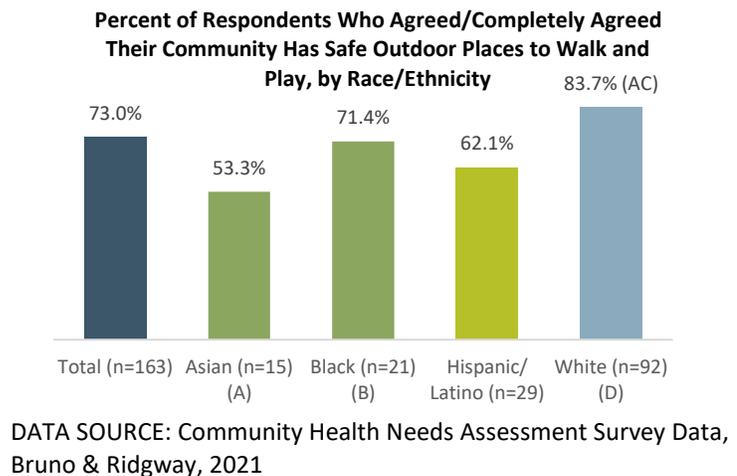
- **Crime and Violence.** Crime and violence were not major themes in any of the focus groups or key informant interviews. In 2020, Newark had a violent crime rate over two times as high as the state rate, while North Arlington had the lowest violent crime rate in the CMMC service area. The property crime rate in Newark was also the highest in the CMMC service area, while Harrison had the lowest property crime rate.[11]

- **Systemic Racism and Discrimination.** Interviewees and focus group participants who identified as people of color reported experiencing discrimination due to their race or nationality, including several focus group participants who shared experiences with racism and disrespect when receiving healthcare. More than one third of Black and Hispanic community survey respondents reported experiencing discrimination due to their race/ethnicity when receiving medical care. About 40% of Hispanic survey respondents reported feeling discriminated against when receiving medical care due
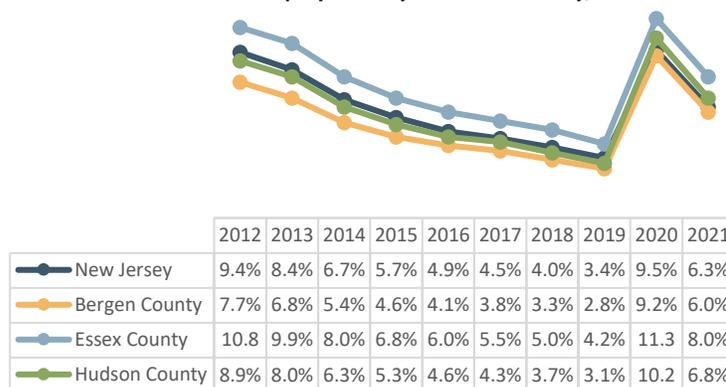
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[9] U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020
[10] Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021
[11] State of New Jersey, Department of Law and Public Safety, Uniform Crime Reporting Unit, 2020

to their language or speech,[12] a finding consistent with experiences reported by participants in the focus group with residents who identified as Hispanic/Latino.

Community Health Issues

- **Perceptions of Community Health.** Focus group participants and interviewees identified social and economic issues such as financial insecurity, housing, and transportation as top community concerns, noting these issues affect other aspects of health. Participants also discussed challenges in accessing care, the increase in mental health concerns, and the lingering effects of the COVID-19 pandemic. Community survey respondents ranked mental health, overweight/obesity, high stress lifestyle, substance use, and diabetes as the top five health issues in their communities.[12]

- **Leading Causes of Death and Premature Mortality.** Heart disease, COVID-19, and cancer were the top three leading causes of death in the CMMC service area in 2020. Mortality rates were highest in Essex County for all diseases except diabetes and Alzheimer's.[13] In 2018-2020, non-Hispanic Black residents in the CMMC service area experienced higher rates of premature mortality (deaths before age 75) than other racial/ethnic groups.[14]

- **Obesity, Healthy Eating, and Physical Activity.** While overweight/obesity was identified as the second top health concern (after mental health) by community survey respondents,[12] it was not a prominent theme in conversations with focus group members or

Top 10 Age Adjusted Mortality Rates per 100,000, by State and County, 2020
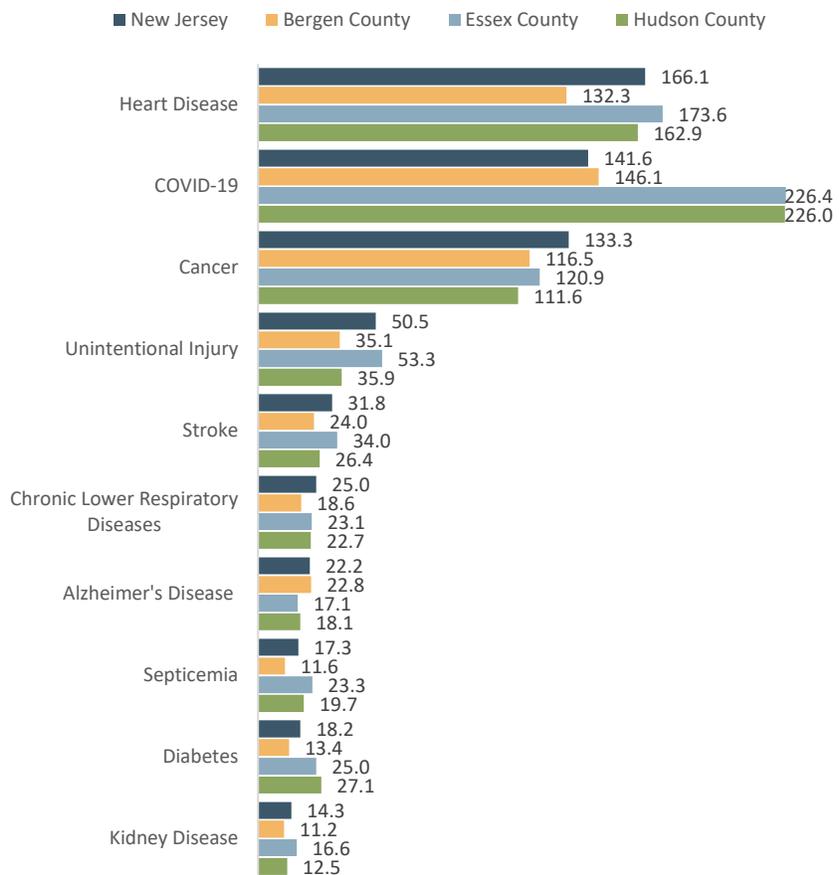
■ New Jersey   ■ Bergen County   ■ Essex County   ■ Hudson County

Cause	New Jersey	Bergen County	Essex County	Hudson County
Heart Disease	166.1	132.3	173.6	162.9
COVID-19	141.6	146.1	226.4	226.0
Cancer	133.3	116.5	120.9	111.6
Unintentional Injury	50.5	35.1	53.3	35.9
Stroke	31.8	24.0	34.0	26.4
Chronic Lower Respiratory Diseases	25.0	18.6	23.1	22.7
Alzheimer's Disease	22.2	22.8	17.1	18.1
Septicemia	17.3	11.6	23.3	19.7
Diabetes	18.2	13.4	25.0	27.1
Kidney Disease	14.3	11.2	16.6	12.5

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

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

[13] 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

[14] National Center for Health Statistics, Mortality Files, as reported University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps, 2018-2020

interviewees. A few interviewees noted barriers to physical activity, including neighborhoods with fewer parks and less walkable streets, and COVID-19-related gym closures. According to self-reported data about height and weight, about 30% of Essex County adults and more than 20% of adults in Bergen and Hudson Counties were considered obese as of 2018.[15]

- **Chronic Conditions.** A few interviewees noted that the CMMC service area, like the rest of the country, has high rates of diabetes, heart disease, and hypertension. Data show there are racial/ethnic disparities in chronic disease burden across the CMMC service area. Non-Hispanic Black residents experience higher cancer mortality rates than other racial/ethnic groups in Essex and Hudson Counties, while non-Hispanic White residents experience higher cancer mortality rates in Bergen County.[16] Diabetes rates were highest among non-Hispanic Black residents across the CMMC service area.[17] In terms of chronic disease screenings, nearly three-quarters of community survey respondents indicated that they had participated in a cholesterol screening, and nearly 85% had participated in a blood pressure screening in the past two years.[18]

- **Disability.** Several interviewees and focus group members discussed the experiences and needs of community members with disabilities and their families, including challenges interacting with the school and health systems and the need for additional supports for young adults with disabilities. The proportion of the population ages 18-64 with a disability in the communities that comprise the CMMC service area ranged from 4.3% in Nutley to 16.9% in Newark's 07107 ZIP code.[19]

- **Mental Health and Substance Use.** Mental health concerns, including depression, anxiety, stress, and anger, were a prominent theme in interviews and focus groups. Participants noted the negative effects of the pandemic on mental health, especially among youth and older adults, and stated there is a need for public education to destigmatize mental health concerns. Participants also described difficulty accessing mental health services, particularly for those insured by Medicaid. Beyond identifying mental health as a top community concern, 40.1% of community survey respondents reported that they or someone in their family has personally experienced difficulty maintaining a good mental state and 32.7% reported feeling lonely or isolated from others since COVID-19 began.[18] Several interviewees and focus group participants identified substance misuse as a concern, including the negative consequences of the pandemic for those seeking to overcome addiction. The age-adjusted drug poisoning mortality rate per 100,000 population increased in 2020

> *"COVID is probably one of the clearest indicators that mental wellness and care are not consistent, and is impacted by color, financial status, socioeconomic status, and education."* – Key informant interviewee

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[15] 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

[16] 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

[17] 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

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

[19] U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

compared with 2016 in the three counties in the CMMC service area.[20]

- **Environmental Health.** The rate of age-adjusted ED visits for asthma declined in the three counties in the CMMC service area from 2018-2020.[21] It should be noted that this decline may be due to individuals with asthma being reluctant to seek care during the height of the COVID-19 pandemic. The proportion of children born in 2014 who were tested for lead exposure before 36 months of age is higher in Bergen, Essex, and Hudson Counties than the in the state.[22]

- **Communicable Disease.** COVID-19 was the dominant topic in conversations about infectious and communicable diseases among focus group and key informant interview participants, although conversations focused primarily on the pandemic's impact on participants' mental and social well-being. Between January – August 2022, the COVID-19 death rate was highest in Essex County and lowest in Hudson County.[23] Sexual health and sexually transmitted diseases were not brought up as concerns in focus groups or interviews; however, data show the rates of chlamydia, gonorrhea, hepatitis C, and syphilis were higher in Essex County compared with Bergen and Hudson Counties.[24]

  "There were two diseases, one was COVID, and one was the pandemic." – Key informant interviewee

- **Maternal and Infant Health.** The rate of teen births was higher in Essex and Hudson Counties than Bergen County.[25] Essex County also had a higher proportion of low-birth-weight births between 2016 and 2020 compared to the other two counties in the CMMC service area. A higher percentage of non-Hispanic Black women gave birth to low-birth-weight babies compared to other racial/ethnic groups across all localities.[26]

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[20] Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 1999-2020 on CDC WONDER Online Database, 2016 and 2020

[21] 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

[22] 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

[23] New Jersey Department of Public Health, COVID-19 Dashboard, 2022

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

[25] 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

[26] New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2016-2020

Access to Services

- **Access to Preventive Services.** Several interview and focus group participants reported that screenings and health fairs have declined since the onset of the COVID-19 pandemic. Focus group participants also described barriers women face accessing preventive gynecological care. Approximately 80% of community survey respondents reported having an annual physical exam, while around 70% reported that they had their flu shot and received a dental and vision screening, and around one third reported receiving a hearing screening in the last two years.[27]

- **Access to Healthcare Services.** Cost, workforce capacity, insurance, language, and transportation were most often mentioned by focus group and interview participants as barriers to accessing healthcare. While almost 33% of community survey respondents indicated that they had never experienced difficulty accessing healthcare, ability to schedule an appointment at a convenient time, insurance problems, cost of care, wait times, and doctors not accepting new patients were identified as barriers to care.[27] Within the CMMC service area, the proportion of uninsured residents is highest in the 07107 ZIP code of Newark and lowest in the Township of Montclair.[28]

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

Location	Percent
New Jersey	7.6%
Bergen County	7.0%
Lyndhurst	6.9%
North Arlington	7.3%
Essex County	11.3%
Belleville	11.3%
Bloomfield	8.6%
Montclair	3.6%
Newark (07104)	13.9%
Newark (07107)	16.1%
Nutley	8.1%
Hudson County	12.4%
Harrison	15.3%
Kearny	12.2%

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

- **Access to Social Services or Other Essential Services.** Focus group members and interviewees reported that the numerous services and programs in the CMMC service area are a community asset. However, accessing these services has become more challenging since the onset of the COVID-19 pandemic as organizations and their clients adjust to new models of service delivery, social distancing requirements, and staffing and financial challenges. Participants noted gaps in services for seniors and those with disabilities, as well as a need for low-cost home health services, support for children with special needs and their parents, and LGBTQIA+ youth.
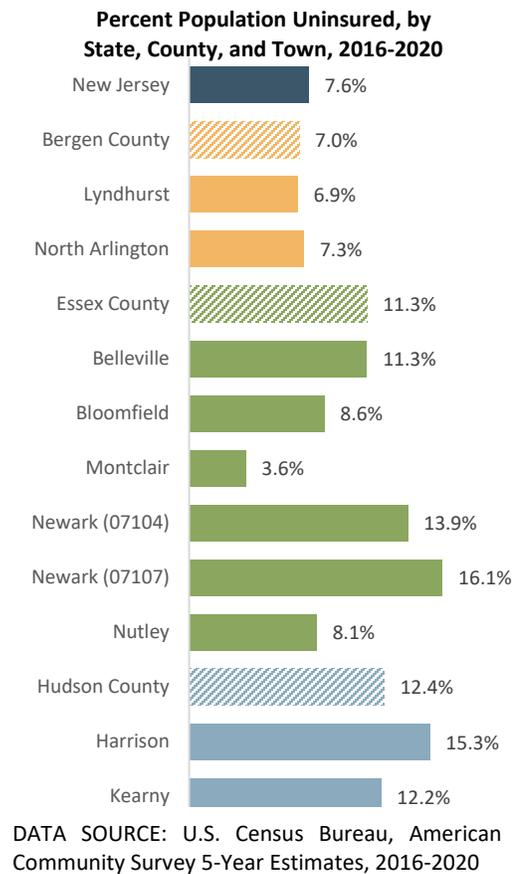
Community Vision and Suggestions for the Future

- **Expanding and Strengthening Behavioral Health Services.** Focus group and interview participants suggested that addressing mental health and substance misuse concerns should be a priority over the next few years. Participants recommended continuing to expand access to telehealth services, while bearing in mind that such services are not accessible to all populations; exploring new models of service delivery; and continuing to educate the public to destigmatize mental health concerns.

- **Focusing on Upstream Factors and Social Determinants of Health.** For several interviewees and focus group members, a vision of the future included steps to address the social determinants of health. Specific recommendations included increasing access to transportation services, including

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[27] Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021
[28] U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

transportation to medical appointments and transportation for seniors; improving access to affordable housing; and taking additional steps to address homelessness in the CMMC service area.

- **Enhancing Prevention Programming.** Interviewees suggested that CMMC expand access to screening programs by partnering with local health departments and community-based organizations to provide screenings directly in communities rather than having residents go to the hospital. Participants also identified a need for expanded programming and initiatives related to healthy lifestyles and health education.

- **Improving Outreach and Communication.** Numerous interviewees and focus group participants noted the need for better communication about existing programs and services, and continued dissemination of timely and accurate information related to the COVID-19 pandemic. Community-based organization staff urged flexibility in approaches to reaching residents, including going back to more traditional means such as flyers and working through community institutions such as churches. Other recommendations included creating a "one-stop-shop" for information and referrals to social service agencies.

- **Targeting Services for Specific Populations.** Interviewees shared specific suggestions to improve services for seniors, those with disabilities, and LGBTQIA+ youth. Suggestions included more and lower cost home health services and caregiving for seniors and those with disabilities; more programs for children with special needs and support for their parents; additional school-based and extra-curricular programming for LGBTQIA+ youth; and education about trans and non-binary identities for students, school staff, and parents.

- **Enhancing Coordination and Access to Services.** A few interviewees saw a need for greater coordination of services. Recommendations included creating connection points where people live to improve ease of access to services and expanding on existing partnerships between schools and community-based organizations. It is important to note that participants in the Spanish-speaking focus group for residents who identify as Hispanic/Latino reported experiencing discrimination and bias when accessing healthcare in their communities. A recommendation to address this issue is for health care institutions to host trainings to address implicit and overt bias among staff.

Key Themes
Several overarching themes emerged from the Clara Maass Medical Center 2022 Community Health Needs Assessment.

- ***The communities CMMC serves are diverse and health disparities exist.*** The communities in the CMMC service area vary in terms of demographic composition, income levels, and health status. Secondary data show disparities in healthcare access and health outcomes based on race/ethnicity. In particular, a larger proportion of non-Hispanic Black and Hispanic/Latino community survey respondents reported barriers to accessing healthcare and feeling discriminated against when receiving care. A lower percentage of Hispanic/Latino respondents reported receiving preventive healthcare and screenings in the previous two years, and secondary data show that non-Hispanic Black residents experience higher rates of premature, cardiovascular, and cancer mortality, and diabetes compared to other racial/ethnic groups.

- ***The COVID-19 pandemic and current economic challenges have had substantial impact on the lives and the physical and mental health of residents in the CMMC service area.*** Interviewees and focus group participants shared that the pandemic negatively impacted community members' financial and mental well-being, education, access to healthcare, and food security. Community survey respondents reported on the negative impact of the pandemic on their own or family members' mental health.

- ***Housing, transportation, and food insecurity are top community concerns.*** Community survey respondents identified lack of quality affordable housing as a key gap in the region. Interviewees and focus group participants also reported challenges accessing affordable housing and transportation. Food insecurity is another area of concern. Quantitative data show that food insecurity increased between 2018 and 2020. Over one quarter of community survey respondents reported worrying that their food would run out.

- ***Behavioral health continues to be a significant concern in the CMMC service area.*** Interviewees and focus group participants identified depression, anxiety, stress, and anger as mental health challenges for community residents, which have been exacerbated by the pandemic. Pandemic-related mental health issues among youth and seniors were of particular concern to focus group and interview participants. Difficulty accessing mental health services was another theme in focus group and interview conversations. Participants recommended that more be done to increase awareness and access to mental health and substance use treatment services.

- ***Participants see a need for more screening and community education initiatives***. Low screening rates among some populations, notably Hispanic residents, are a community concern. Interviewees recommended a community-level response to chronic disease through programs that emphasized prevention, designed to reach harder-to-access populations experiencing disparities. They also recommended healthy lifestyles initiatives, including exercise campaigns, educational programs, and efforts to enhance health literacy.

- ***The CMMC service area has many assets, although some residents experience barriers to accessing community resources.*** Focus group participants, interviewees, and community survey respondents noted many assets within the CMMC service area, including community amenities and strong social cohesion and community institutions. However, some community members experience barriers to accessing healthcare and social services. Recommendations to help address these barriers included better communication about existing programs and services and increased partnerships and coordination across agencies to reach multiple constituencies.

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, ten initial issue areas were identified as key community needs for the Clara Maass Medical Center service area. These included (in no particular order):
- Unemployment and financial insecurity
- Food insecurity
- Housing
- Transportation
- Systemic racism and discrimination

- Chronic disease
- Disability
- Mental health
- COVID-19
- Access to healthcare/social services

After a prioritization process with the Advisory Committee and discussions within the hospital taking into consideration existing expertise, capacity, and experience, CMMC will focus on mental health and systemic racism and discrimination as priorities 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, Clara Maass Medical Center (CMMC) undertook a CHNA process using a mixed-methods and participatory approach.

CMMC is located in Belleville, New Jersey (NJ) and is part of the **RWJBarnabas Health (RWJBH)** system. RWJBH is a non-profit healthcare organization that 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, long term care facilities, fitness and wellness centers, retail pharmacy services, medical groups, diagnostic imaging centers, a clinically integrated network, and collaborative accountable care organization. CMMC is a 492-licensed bed acute community hospital including 20 subacute beds providing services to more than 14,200 inpatients and over 1,600 births in 2020. The hospital also provided nearly 100,000 outpatient visits and over 63,000 emergency department visits.

This assessment process builds off previous assessment and planning processes conducted by CMMC and RWJBH. See Appendix H- Outcomes and Results Report of the Previous Implementation Plan 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 CMMC and its CHNA Advisory Committee to support the CMMC CHNA.

The CMMC 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 CMMC needs assessment process, which was conducted between April-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. The Medical Center's primary service area (PSA) consists of ten communities in the following ZIP codes: 07104 (Newark), 07107 (Newark), 07109 (Belleville), 07032 (Kearny), 07003 (Bloomfield), 07110 (Nutley), 07031 (North

Arlington), 07071 (Lyndhurst), and 07029 (Harrison). Data for the Town of Montclair are also included. Although Montclair is not in CMMC's PSA, it is located in the hospital's secondary service area. Data for this community were included in recognition of the hospital's deep relationships with partner organizations in Montclair.

CMMC's service area is predominantly located in the eastern portion of Essex County and includes municipalities in neighboring Hudson County and Bergen County. When only county-level data are available, data for Bergen, Essex, and Hudson are presented. When town-level data are available, eleven communities, including Montclair and two ZIP codes in Newark, are shown (since two specific Newark ZIP codes fall within CMMC's PSA). The CMMC CHNA service area is shown in Figure 1.

Figure 1. Focused CMMC CHNA Area Map
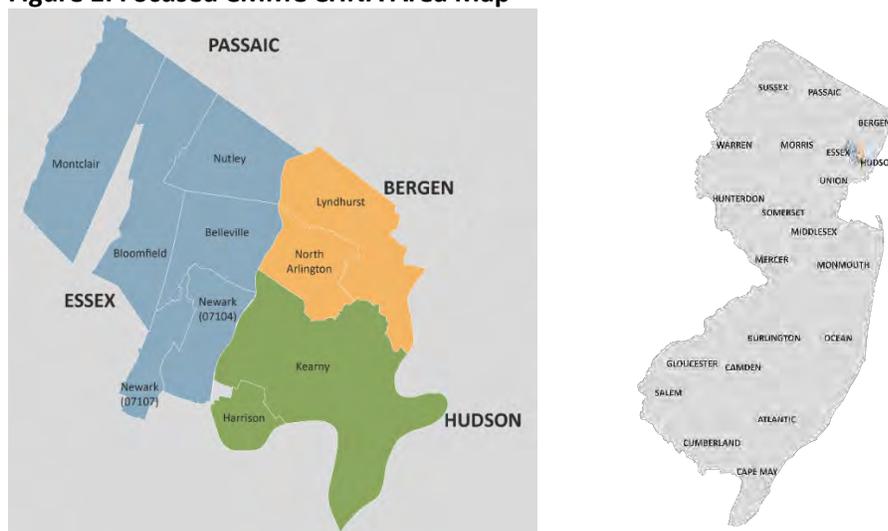
Context for the Community Health Needs Assessment
This CHNA was conducted during an unprecedented time, given the COVID-19 pandemic and the national movement for racial justice. This context had a significant impact on the assessment approach and content.

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 April 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 meetings 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, particularly 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 the issues identified evolve and what new issues or concerns 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 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 United States.

In the present report, health patterns for the communities and counties in the CMMC 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, the CMMC CHNA Advisory Committee, and the community overall.

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 early and late 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 the Acknowledgments section.

Advisory Committee Engagement
The CMMC CHNA Advisory Committee was engaged at critical intervals throughout this process. In February 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 February 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 also assisted with organizing focus groups with community residents, participating in key informant interviews, and/or connecting HRiA to 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 the hospital to consider when developing its implementation plan. 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. Capturing and 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 United States Census American Community Survey (ACS), the United States Department of Labor's Bureau of Labor Statistics, the New Jersey Department of Education, the New Jersey Department of Health's New Jersey State Health Assessment Data (NJSHAD), and several 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 are included in Appendix F- Hospitalization Data. Secondary data were analyzed by the agencies that collected or received the data. Data are typically presented as percentages 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.

The 2022 CMMC community health needs assessment focuses on the ten communities (including two differentiated by ZIP codes in Newark) that comprise the CMMC PSA and the community of Montclair, located in CMMC's secondary service area. These communities are located in Bergen, Essex, and Hudson Counties. Town-level data are provided when available. When county-level data are shared, data for all three counties are presented, although it should be noted that towns in Essex County comprise a substantially higher proportion of the total population of CMMC's PSA.

It should also be noted that for most social and economic indicators, the United States Census American Community Survey (ACS) 5-year (2016-2020) aggregate datasets were used, rather than 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 Interviews
A total of seven key informant interview discussions were completed 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 addressing community needs and priorities for future alignment, coordination, and expansion of services, initiatives, and policies. Sectors represented in these interviews included: two local public health departments, a food access organization, a community mental health advocate, a substance use treatment provider, an individual working with LGBTQIA+ youth, and an individual working with residents with disabilities. See Appendix A- Organizations and Sectors Represented in Key Informant Interviews for a list of organizations engaged through key informant interviews and Appendix B- Key Informant Interview Guide for the key informant interview guide.

Focus Groups
A total of 17 community residents participated in two virtual focus groups conducted via Zoom with specific populations of interest. A Spanish language focus group was conducted with residents who identify as Hispanic/Latino, and an English language focus group was conducted with residents who are lower income. 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- Focus Group Guide for the focus group facilitator's guide.

Analyses
The collected qualitative information was coded and 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 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
The survey firm Bruno & Ridgway developed a community survey and administered the survey over a five-month period from early April through August 2021. Bruno & Ridgway 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 was available by paper in five languages (English, Spanish, Portuguese, Arabic, and Chinese).

Outreach for survey dissemination was conducted with assistance from the RWJBH system, the hospital, and its community partners, as well as through social media and the web. 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. Additionally, an online panel sample was recruited to capture survey responses from specific areas to augment the larger sample.

The final sample of the community priorities survey comprised 163 respondents who were residents of Bergen, Essex, and Hudson Counties. Appendix E- Additional Data Tables provides a table with the demographic composition of survey respondents. Respondents to the Bruno & Ridgway community priorities survey were predominately White, female, heterosexual, and employed full time. About 36% reported incomes over $100,000. Throughout this report, residents who participated in the community priorities 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 significant 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 difference in the 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 the percentage of White respondents answering the question in that way is statistically significantly different than Asian respondents). Significant differences at 90% confidence levels are presented in the report. Due to the overrepresentation of White respondents and small sample size for other racial/ethnic groups, all survey results, particularly those showing statistically significant differences, should be interpreted with caution.

Numerous terms are used throughout the report for different population groups. For race/ethnicity, the terms White, Black, Hispanic/Latino, and Asian are used in the narrative text for brevity. Since Hispanic/Latino is considered an ethnicity, when the terms White, Black, and Asian are used, this indicates residents identifying as White, Black, or Asian who do not also identify as Hispanic/Latino, unless otherwise indicated.

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 Clara Maass Medical Center (CMMC) service area had a population of 339,898 (Table 1). The smallest towns by population are North Arlington (15,681 residents) and Harrison (18,313), while the largest are the 07104 ZIP code of Newark (51,084) and Bloomfield (49,733). While the populations of each of the three counties grew between 2015 and 2020, population growth across individual towns varied. Harrison experienced a substantial population increase over this time (25.2% population growth); the greatest population decline occurred in the 07107 ZIP code of Newark (-2.2%).

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

	2015	2020	% change
New Jersey	8,904,413	8,885,418	-0.2%
Bergen County	926,330	931,275	0.5%
Lyndhurst	21,318	22,453	5.3%
North Arlington	15,734	15,681	-0.3%
Essex County	791,609	798,698	4.0%
Belleville	36,178	36,340	0.4%
Bloomfield	47,831	49,733	4.0%
Montclair	38,021	38,634	1.6%
Newark (07104)	50,998	51,084	0.2%
Newark (07107)	38,795	37,943	-2.2%
Nutley	28,596	28,527	-0.2%
Hudson County	662,619	671,923	1.4%
Harrison	14,629	18,313	25.2%
Kearny	41,866	41,190	-1.6%

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

Commenting on demographic characteristics within their towns, interviewees shared that communities have older and long-standing residents seeking to age in place, and are also seeing new families move in, including families moving out of New York City in response to the COVID-19 pandemic. Quantitative data show that the age distribution of counties and towns served by CMMC vary slightly from each other, and from the state overall (Figure 3). Essex County has a higher proportion of younger residents than Bergen County, Hudson County, or the state, with about 24% of the population being under age 18 and 9.0% being age 18-24. In Hudson County, over one third of residents are between the ages of 25 and 44. Age distribution data by town can be found in Appendix E- Additional Data Tables. Children aged 18 and under made up about 25% of residents in Montclair and the two communities in Newark in 2016-2020; the largest proportion of adults over 65 were in North Arlington (18.2%), Nutley (16.6%), and Lyndhurst (16.3%), see Appendix E- Additional Data Tables (Table 10). Age distribution data by race/ethnicity across the three counties shows that children under 18 are a greater percentage of the population among Asian, Black, and Hispanic/Latino residents, and a smaller portion for White residents, see Appendix E- Additional Data Tables (Table 12). Adults aged 65 and over comprise a larger proportion of the White population.

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

Legend: ■ Under 18 years ■ 18-24 years ■ 25-44 years ■ 45-64 years ■ 65-74 years ■ 75 years and older

Area	Under 18 years	18-24 years	25-44 years	45-64 years	65-74 years	75 years and older
New Jersey	22.1%	8.7%	25.6%	27.8%	9.0%	6.9%
Bergen County	21.3%	8.1%	24.7%	28.8%	9.2%	7.8%
Essex County	23.8%	9.0%	27.5%	26.2%	7.6%	5.8%
Hudson County	20.5%	8.1%	36.6%	23.0%	6.7%	5.0%
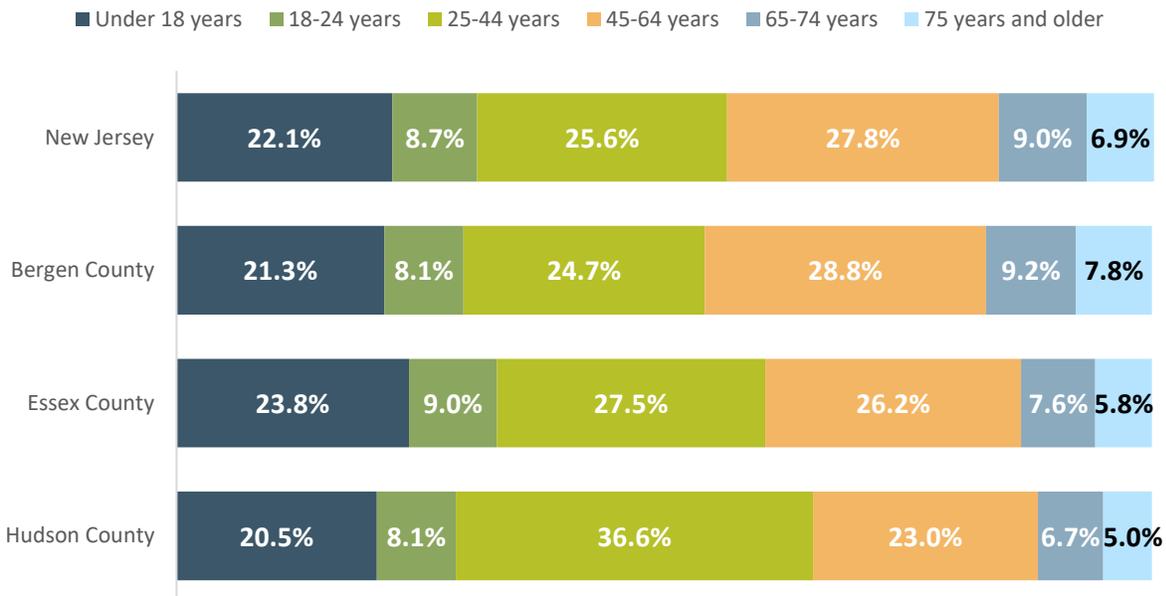
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Racial, Ethnic, and Language Diversity

Racial and Ethnic Composition
Focus group members and interviewees noted that the area served by CMMC has become more racially and ethnically diverse, and appreciated what this has added to their communities. When speaking about Essex and the surrounding counties, one person stated, *"[The community is] very diverse, a lot of different backgrounds, and I think that's really important."*

> *"There is a richness to growing up in a diverse community – [this] benefits children as they become adults."* - Key informant interviewee

Secondary data show that the counties and towns CMMC serves vary in terms of racial and ethnic diversity. Essex and Hudson Counties have more diverse populations than Bergen County, where slightly over half the population identifies as White (Figure 4). According to the 2020 census, over one third of Essex County's residents identify as non-Hispanic Blacks while 40.4% of Hudson County's residents identify as Hispanic/Latino. Asian residents make up about 17% of residents in both Bergen and Hudson Counties, a higher proportion than in Essex County. In terms of racial/ethnic diversity in the towns CMMC serves, half or more of residents in the two Newark ZIP codes, Harrison, and Kearny identify as Hispanic/Latino, while about two-thirds of residents in Lyndhurst and Nutley identify as non-Hispanic White. ZIP code 07107 in Newark (32.9%), ZIP code 07104 in Newark (22.5%), and Montclair (24.3%) had the largest proportion of non-Hispanic Black residents, and Harrison (20.5%) had the largest non-Hispanic Asian population. See Appendix E- Additional Data Tables for detailed data tables, including percentage change in population by race/ethnicity at the state, county, and town levels in 2020 compared with 2015.

Figure 4. Racial and Ethnic Distribution, by State and County, 2020

Legend: ■ Asian, non-Hispanic ■ Black, non-Hispanic ■ Hispanic/Latino ■ White, non-Hispanic ■ Other, non-Hispanic

County	Asian, non-Hispanic	Black, non-Hispanic	Hispanic/Latino	White, non-Hispanic
New Jersey	10.2%	12.4%	21.6%	51.9%
Bergen County	16.5%	5.2%	21.4%	53.6%
Essex County	5.4%	37.5%	24.4%	27.2%
Hudson County	17.0%	9.8%	40.4%	28.5%
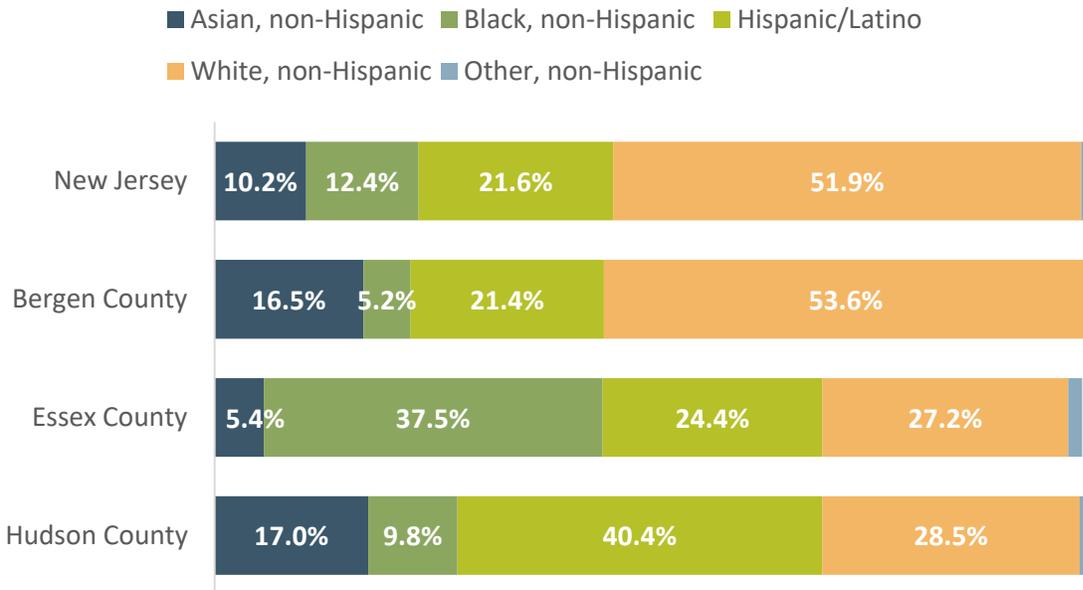
DATA SOURCE: U.S. Census Bureau, Decennial Census of Population and Housing, 2020
NOTE: Data under 4.0% not labeled.

Foreign-Born Population

The foreign-born population varies across counties and towns served by CMMC (Figure 5). Hudson County and the towns of Harrison and Kearny had the highest proportion of foreign-born residents across the CMMC service area (43.6%, 55.9%, and 46.8%, respectively). Essex County, and the towns of Montclair and Nutley within it, had the lowest proportion of foreign-born residents (27.7%, 14.2%, and 19.3%, respectively).

Figure 5. Percent Foreign Born Population, by State, County, and Town, 2016-2020
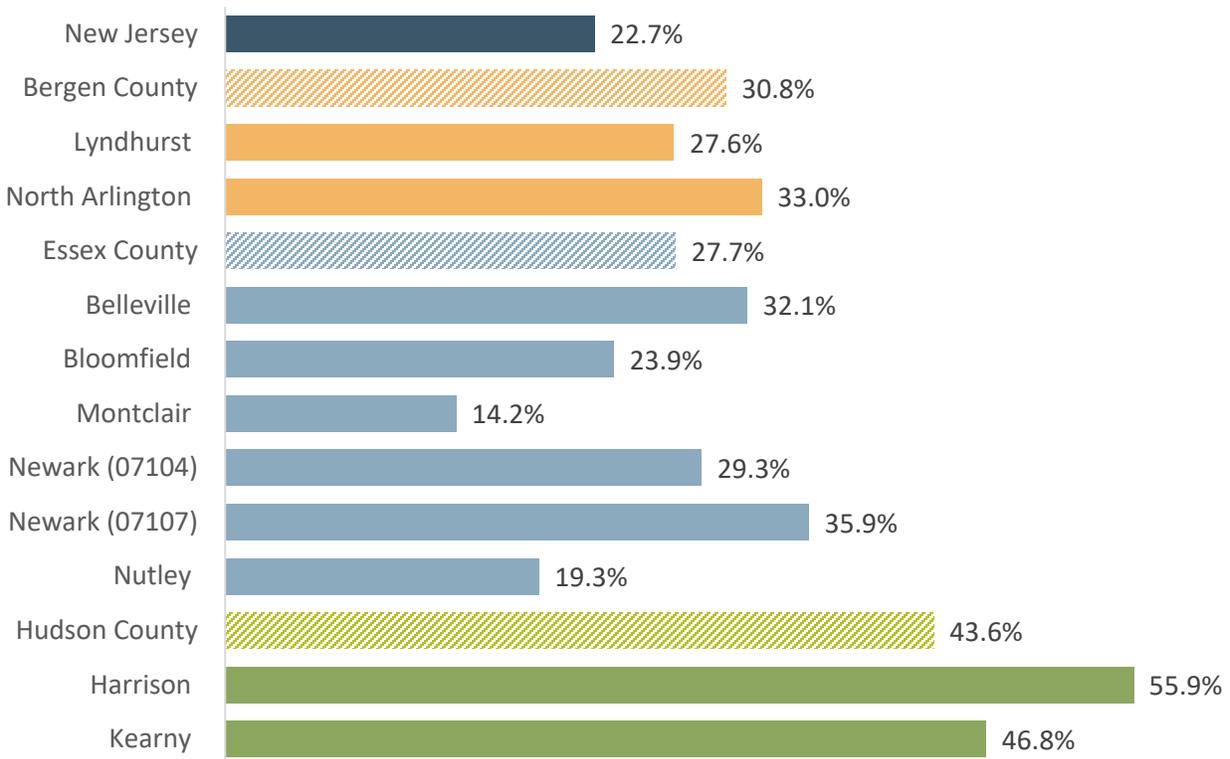
Location	Percent
New Jersey	22.7%
Bergen County	30.8%
Lyndhurst	27.6%
North Arlington	33.0%
Essex County	27.7%
Belleville	32.1%
Bloomfield	23.9%
Montclair	14.2%
Newark (07104)	29.3%
Newark (07107)	35.9%
Nutley	19.3%
Hudson County	43.6%
Harrison	55.9%
Kearny	46.8%

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

Language Diversity

CMMC serves many residents who speak a language other than English at home. In six of the ten communities (North Arlington, Belleville, Newark ZIP codes 07104 and 07107, Harrison, and Kearny), half or more residents over age five speak a language other than English at home according to the 2016-2020 American Community Survey (Figure 6). In Harrison, over 70% of residents speak a language other than English at home. In contrast, a far smaller proportion of Montclair and Nutley residents speak languages other than English at home. Spanish is the most common language other than English spoken at home across the communities (Table 2). Over 10% of residents in North Arlington, Harrison, and Kearny speak other Indo-European languages at home. Despite the prevalence of non-English speaking residents in the CMMC service area, focus group members and interviewees commented that language is a barrier to accessing healthcare and other services in their communities. In one focus group, a participant reported being turned away when trying to access services because they did not speak English; other participants stated that language services are either unavailable or staff do not have sufficient language capacity to fully explain what is going on to non-English speaking residents.

Figure 6. Population Aged 5+ That Speaks a Language Other Than English at Home

Location	Percentage
New Jersey	31.6%
Bergen County	40.3%
Lyndhurst	38.3%
North Arlington	50.7%
Essex County	36.5%
Belleville	54.5%
Bloomfield	35.8%
Montclair	16.8%
Newark (07104)	63.6%
Newark (07107)	59.8%
Nutley	29.4%
Hudson County	59.1%
Harrison	71.2%
Kearny	67.2%
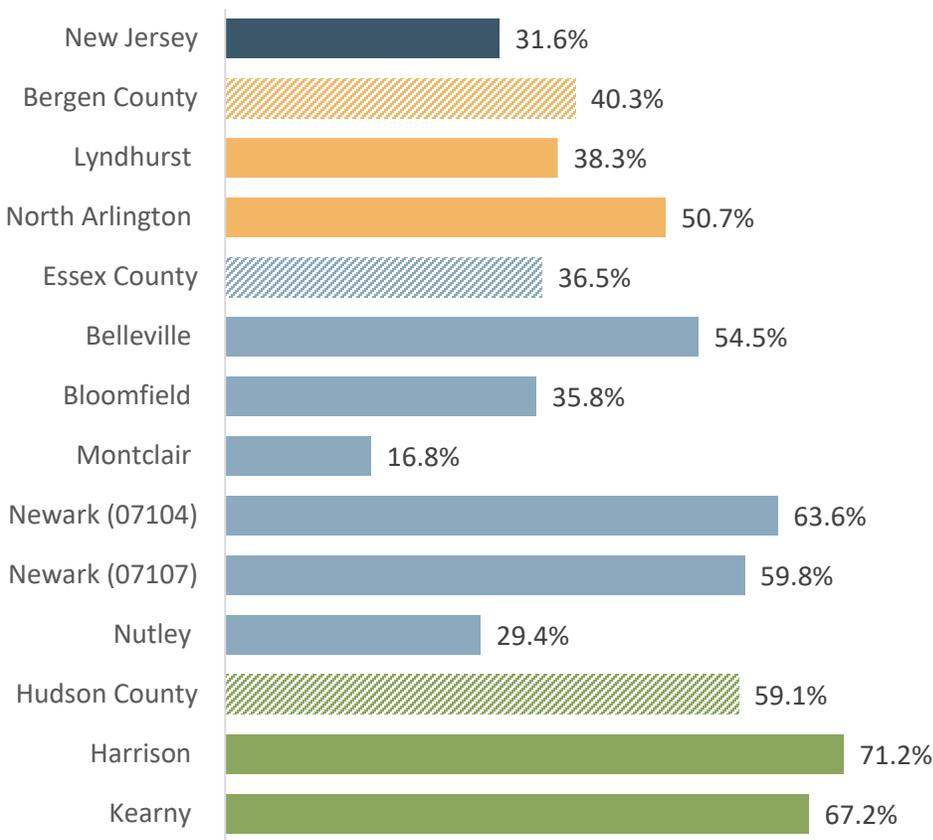
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Table 2. Top 5 Languages Spoken at Home, by State, County, and Town, 2016-2020

	English only	Spanish	Other Indo-European languages	Russian, Polish, or other Slavic languages	Chinese
New Jersey	68.4%	16.4%	5.4%	1.7%	1.4%
Bergen County	59.7%	15.7%	5.8%	4.0%	1.9%
Lyndhurst	61.7%	19.8%	7.8%	4.5%	0.9%
North Arlington	49.3%	27.7%	10.6%	4.9%	1.8%
Essex County	63.5%	19.4%	5.4%	1.0%	1.2%
Belleville	45.5%	40.8%	4.1%	1.0%	0.1%
Bloomfield	64.2%	20.6%	4.5%	2.4%	0.9%
Montclair	83.2%	6.9%	3.1%	0.9%	0.7%
Newark (07104)	36.4%	57.1%	3.0%	0.1%	0.3%
Newark (07107)	40.2%	51.8%	3.0%	0.0%	0.0%
Nutley	70.6%	12.2%	10.0%	0.9%	0.7%
Hudson County	40.9%	37.1%	8.3%	1.5%	2.4%
Harrison	28.8%	41.0%	15.3%	2.5%	7.3%
Kearny	32.8%	44.4%	15.9%	2.3%	1.8%

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.

Community Strengths and Assets

Understanding the resources and services available in a community—as well as their geographic distribution—helps to elucidate the assets that can be drawn upon to address community health, as well as any gaps that might exist. Interviewees and focus group participants mentioned numerous positive aspects of their communities. Several interviewees and focus group members stated that the communities CMMC serves have many amenities. Focus group members appreciated the schools, grocery stores, and community services. One stated, "*For me, it's the most perfect place: there are grocery stores, the buses are close by. I don't need to drive.*" Focus group participants also stated they appreciated local social service organizations and community-based non-profits. Health department interviewees pointed to increased green spaces and recent upgrades to parks and playgrounds in some communities. One interviewee, speaking of Bloomfield, stated *"The town has done a good job reviving the center of town; there are stores and many beautiful parks and playgrounds*."

There is one acute care hospital as well as 120 schools and 181 childcare centers in the Clara Maass service area (Figure 7).

Figure 7. Community Assets Map of Bergen, Essex, and Hudson Counties, 2018 & 2020
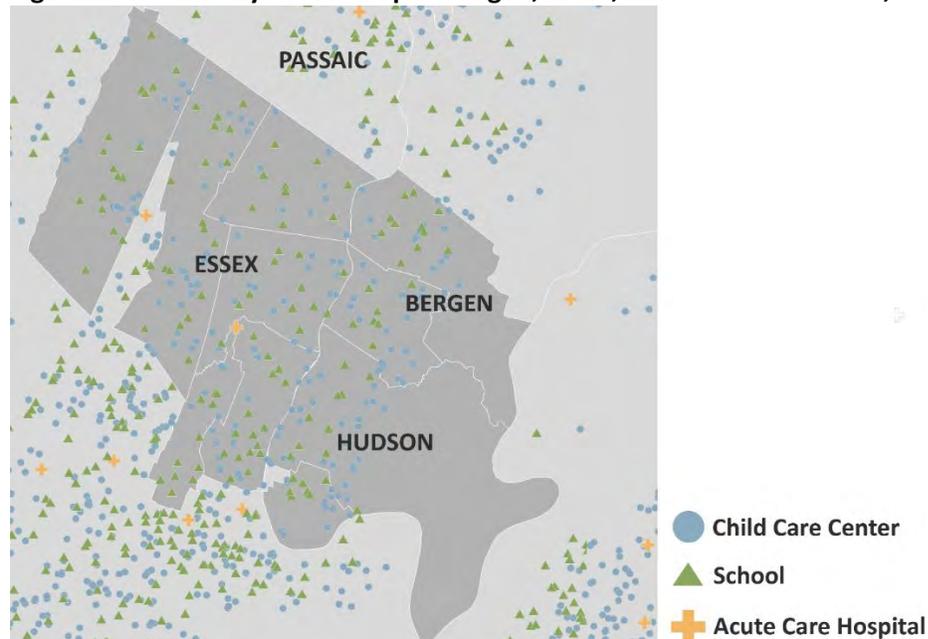
DATA SOURCE: New Jersey Geographic Information Network (NJGIN), Schools and Child Care Centers, 2018 and Acute Care Hospitals, 2020

Strong social cohesion was frequently mentioned as a community strength. Participants pointed to numerous community events that bring people together, the generosity of residents, and high volunteerism, particularly during the pandemic. A willingness to come together and support each other was described as a key contributor to the positive social climate in communities in the CMMC service area. A focus group member observed, *"What I like from living in my community is that everybody, when you're kind to them, they're kind back to you. They're very attentive to what's going on in the community, they have each other's back."* Several interviewees shared a similar view; one stated that leaders and community members in South Orange and Maplewood have worked to create a safe space for LGBTQIA+ residents and another shared that community members step up to support more vulnerable residents such as seniors and those with disabilities.

> *"If there is an issue the entire community comes together. Outside organizations are impressed how everyone comes together for certain things across the board. I think it's our biggest strength."* - Key informant interviewee

Strong community institutions were also mentioned as a substantial community asset. Focus group members appreciated the many services available in their communities. A focus group participant shared that, *"Newark has lots of resources and that's what I admire a lot about the city. Rental assistance, food assistance, even for the youth when it comes to applying for scholarships or summer opportunities."* Several interviewees noted the resilience of community organizations during the pandemic and collaboration among organizations that leverages and maximizes resources. As one observed, "*The fact that [community organizations] are still standing . . . still involved the way they used to be, if not more, speaks to [their] strong presence in the community*." Several people spoke highly of local schools, noting the important role they played in distributing food to students and families during the pandemic as well as managing the many challenges of delivering education. As one focus group member said, "*I work at a school where they give out food, they give out Pampers; they're always looking for ways to help the parents and the community.*"

Respondents to the community survey were asked about the strengths of their communities. Overall, there was a lack of consensus, with less than half of respondents ranking any one strength within their top three (Figure 8). The strengths identified by the greatest proportion of respondents were that it was easy to find fresh fruits and vegetables in their communities (49.1%) and that their communities had safe outdoor places to walk and play (47.9%). Consistent with comments shared in focus groups and interviews, about one third of respondents indicated that their communities were a good place to raise a family and that their communities have places for everyone to socialize. However, far fewer respondents indicated that their communities had job and educational opportunities and affordable housing. Additional challenges, which are discussed in detail in subsequent sections, include transportation, interpersonal and community violence, and the ability to meet basic needs. It should also be noted that the sample size for the community survey was quite small, and these results may not be generalizable to the broader population within the CMMC service area.

While differences in the survey samples, and the onset of the COVID-19 pandemic in early 2020, makes comparison difficult, it is interesting to note that the top community strengths and opportunities identified in the 2021 survey are similar to those identified in the community survey conducted for the 2019 CHNA. Top community strengths identified by survey respondents in 2019 included places to socialize (68%), easy to find fresh fruits and vegetables (67%), safe outdoor places to walk and play (60%), and a good place to raise a family (57%). Similarly, areas to address included affordable housing

(24%), job opportunities (25%), interpersonal violence (31%), and schools that offer healthy food choices (32%).

Figure 8. Percent of Community Survey Respondents Noting Strengths in Their Community (Agree or Completely Agree with Statements) (n=163), 2021

Statement	Percent
It's easy to find fresh fruits and vegetables in my community	49.1%
My community has safe outdoor places to walk and play	47.9%
My community is a good place to raise a family	39.3%
My community has places for everyone to socialize	35.6%
It's easy to live a healthy lifestyle in my community	35.0%
My community has transportation services for seniors and those with disabilities	29.4%
My community has transportation services that assist residents in getting to doctor appointments	26.4%
Schools in my community offer healthy food choices for children	24.5%
Violence is not prevalent in my community	20.9%
People in my community can afford basic needs like food, housing and transportation	20.2%
There are job opportunities in my area	19.0%
There are educational opportunities for adults in my community	18.4%
Interpersonal violence is not prevalent in my community	16.6%
There is enough affordable housing that is safe and well-kept in my community	14.1%

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. Data from the NJ Department of Education for 2020-2021 indicate that most (92.6%) of New Jersey students graduated from high school within four years (Table 3). Graduation rates across districts in the CMMC service area differed, with Newark, Harrison, and Kearny districts experiencing lower graduation rates than the other communities and the state. Graduation rates varied across students of different racial/ethnic backgrounds as well: Black and Hispanic students generally experienced lower graduation rates than their White or Asian counterparts. Black students in the Nutley School District had the lowest graduation rate, 58.3%, for any race/ethnicity group across all the school districts.

Several interviewees and focus group participants praised the role schools played during the pandemic providing food to students and families. In the focus group with residents who identify as Hispanic/Latino, participants described challenges and experiences of discrimination in the school system. One participant reported that their child did not want to go to school because they were being bullied. Multiple participants described challenges securing needed services for their children with special needs. One participant's child failed second grade twice before a doctor requested an evaluation and gave them documents to apply for supportive services at school; their application is still being processed. Another participant described their family's experience with discrimination: *"I have one son with autism and another with OCD. At school they assumed they only spoke Spanish because of their last name, and that that was the reason they weren't doing well on tests. Eventually they were evaluated, and they had to be moved to a program at a special school. If you don't speak up, the school won't do anything."*

Table 3. 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%
Bergen County	District Wide	Asian	Black	Hispanic	White	Two+ Races
Lyndhurst Public School District	92.4%	*	72.7%	91.7%	94.2%	*
North Arlington School District	98.1%	*	*	96.9%	98.7%	*
Essex County	District Wide	Asian	Black	Hispanic	White	Two+ Races
Belleville Public School District	94.0%	96.9%	94.1%	93.2%	95.8%	N
Bloomfield Township School District	93.1%	97.4%	90.4%	92.7%	95.5%	*
Montclair Public School District	94.4%	84.0%	91.9%	89.7%	97.7%	96.9%
Newark Public School District	81.3%	95.5%	77.6%	83.2%	90.1%	*
Nutley Public School District	92.7%	94.6%	58.3%	95.2%	93.7%	N

Hudson County	District Wide	Asian	Black	Hispanic	White	Two+ Races
Harrison Public Schools	85.7%	72.7%	*	85.8%	87.9%	N
Kearny	87.7%	88.2%	70.0%	89.0%	86.9%	*

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.

Employment and Workforce

Employment can confer income, benefits, and economic stability – factors that promote health. Data from the Bureau of Labor Statistics show that unemployment rates in New Jersey and the three counties in the CMMC service area had been trending downward over the past decade prior to the COVID-19 pandemic, after which rates rose substantially (Figure 9). Throughout the past ten years, Essex County experienced higher unemployment rates than the other two counties and the state, while Bergen experienced lower rates. Town-level data from the 2016-2020 American Community Survey show that the 07107 ZIP code in Newark and Belleville experienced the highest unemployment rates, 9.8% and 8.5% respectively, while Nutley experienced the lowest (3.9%) (Table 4).

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%
Bergen County	7.7%	6.8%	5.4%	4.6%	4.1%	3.8%	3.3%	2.8%	9.2%	6.0%
Essex County	10.8%	9.9%	8.0%	6.8%	6.0%	5.5%	5.0%	4.2%	11.3%	8.0%
Hudson County	8.9%	8.0%	6.3%	5.3%	4.6%	4.3%	3.7%	3.1%	10.2%	6.8%
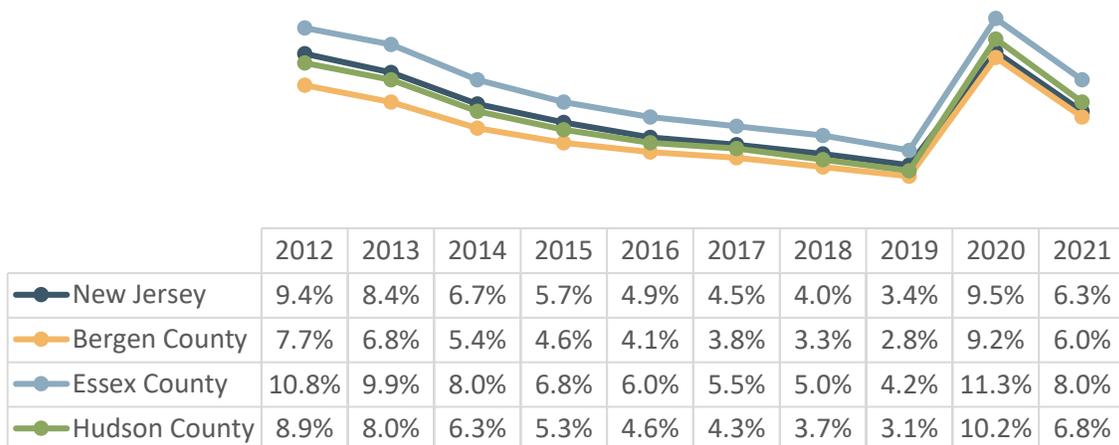
DATA SOURCE: Bureau of Labor Statistics, Local Area Unemployment Statistics, 2012-2021
NOTE: Not seasonally adjusted.

Table 4. Unemployment Rate Among Workers 16 Years and Above, 2016-2020

	2016-2020
New Jersey	5.8%
Bergen County	4.6%
Lyndhurst	5.3%
North Arlington	4.2%
Essex County	8.0%
Belleville	8.5%
Bloomfield	6.8%
Montclair	4.8%
Newark (07104)	7.6%
Newark (07107)	9.8%
Nutley	3.9%
Hudson County	5.4%
Harrison	4.2%
Kearny	5.8%

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

Income and Financial Security

Income is a powerful social determinant of health that influences where people live and their ability to access resources that affect health and well-being.

Current economic challenges and financial insecurity were discussed in several interviews and the two focus groups. Participants talked about rising costs across the board: gas, housing, food, transportation, childcare, healthcare. Focus group members shared the day-to-day challenge of affording necessities as prices continue to climb. While the rising cost of living affects everyone, participants shared that this has been most painful for low-income individuals and those on fixed incomes, such as seniors.

"My rent went up; I'm not making money like they think I am because the cost of everything went up. Groceries went up, car insurance, gas. I used to go to (a different community) for groceries because it was affordable and safer, but with the gasoline going up, I can't afford it." – Focus group participant

Across the CMMC service area there is variation in household financial wellbeing. Data from the 2016-2020 American Community Survey show that median household income across communities served by the Medical Center ranges from $37,418 in the 07107 ZIP code of Newark to $134,308 in Montclair, a three-and-a-half-fold difference (Figure 10).

Figure 10. Median Household Income, by State and County, 2016-2020

Location	Median Household Income
New Jersey	$85,245
Bergen County	$104,623
Lyndhurst	$90,181
North Arlington	$87,589
Essex County	$63,959
Belleville	$73,039
Bloomfield	$81,978
Montclair	$134,308
Newark (07104)	$40,957
Newark (07107)	$37,418
Nutley	$97,750
Hudson County	$75,062
Harrison	$66,699
Kearny	$73,554
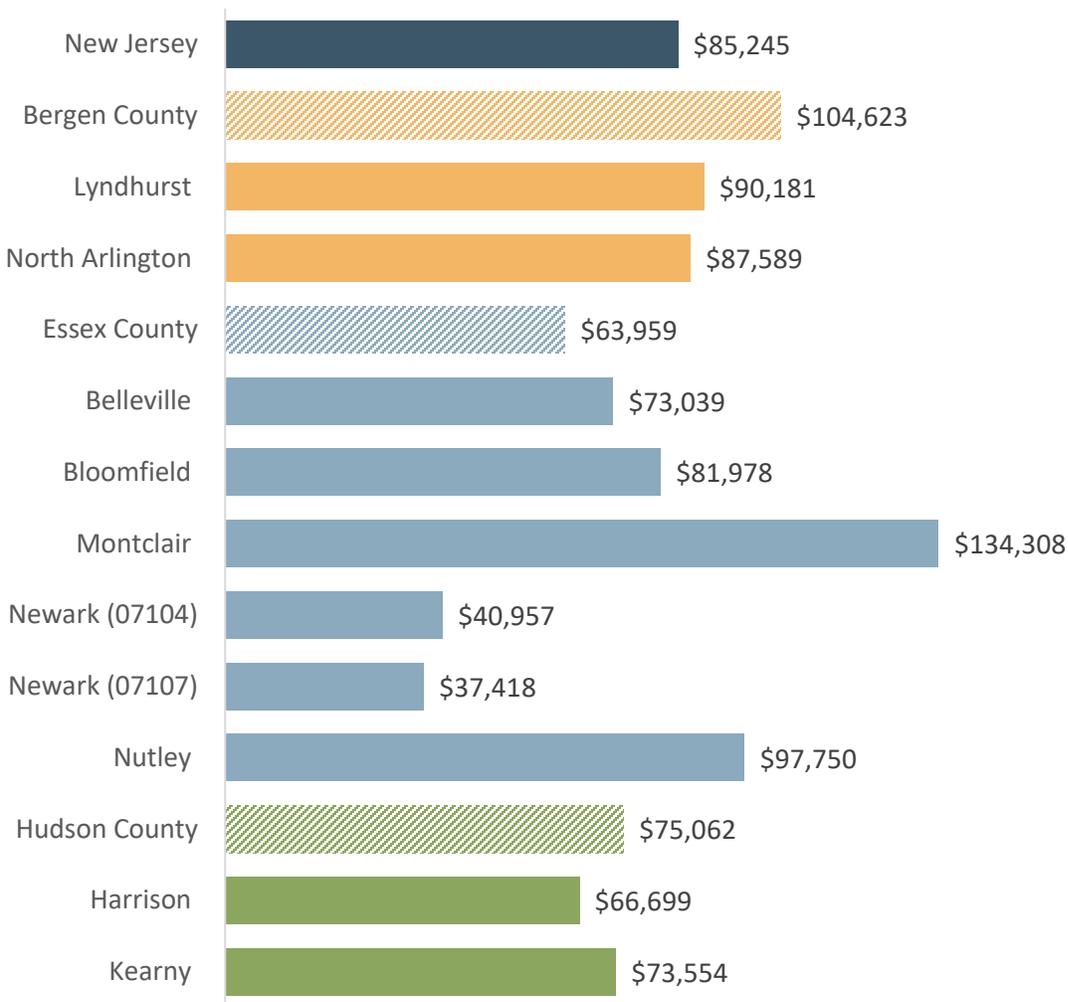
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Data about the concentration of higher and lower income earning households indicates that over 30% of households in the two Newark ZIP codes have incomes less than $25,000 annually; in contrast, over 30% of households in Montclair have incomes greater than $200,000 (Figure 11). Household incomes varied across racial and ethnic groups. Hispanic households had the lowest incomes of all groups in the two Newark communities, Harrison, North Arlington, and Kearny while Black households had the lowest incomes of all groups in Lyndhurst, Belleville, Bloomfield, Montclair, and Nutley. Black households had the highest income of all groups in North Arlington, Harrison, and Kearny while Asian households had the highest incomes of all groups in Belleville, Bloomfield, the two communities of Newark, and Nutley (see data tables in Appendix E- Additional Data Tables).

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

Legend:
- Less than $25,000
- $25,000 to $49,999
- $50,000 to $99,999
- $100,000 to $199,999
- $200,000+

Location	Less than $25,000	$25,000 to $49,999	$50,000 to $99,999	$100,000 to $199,999	$200,000+
New Jersey	14.5%	15.6%	26.8%	28.2%	14.8%
Bergen County	11.4%	13.1%	23.3%	31.2%	21.0%
Lyndhurst	12.1%	13.6%	31.2%	31.2%	11.8%
North Arlington	10.7%	16.9%	29.2%	28.2%	15.0%
Essex County	22.0%	18.6%	25.5%	20.7%	13.1%
Belleville	14.0%	19.8%	31.1%	28.4%	6.8%
Bloomfield	11.7%	13.5%	35.0%	28.2%	11.7%
Montclair	9.9%	10.0%	18.4%	30.0%	31.8%
Newark (07104)	31.6%	25.0%	26.0%	15.4%	
Newark (07107)	34.8%	25.7%	25.8%	11.7%	
Nutley	10.8%	10.1%	30.9%	32.9%	15.4%
Hudson County	17.9%	17.3%	26.3%	25.0%	13.6%
Harrison	15.1%	19.8%	29.2%	28.0%	7.7%
Kearny	13.1%	18.8%	34.4%	28.4%	5.2%

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

Food Access and Food Security

Food insecurity was a top-of-mind concern among many in the Clara Maass service area. Several participants discussed how food insecurity has seemed to increase as a consequence of pandemic-related financial insecurity. According to interviewees, public agencies, schools, and non-profit organizations stepped up food distribution systems during the pandemic, and introduced innovations in response to lockdowns, supply issues, social distancing, and staffing constraints. Agencies worked collaboratively to enroll more residents in federal nutrition programs such as SNAP and WIC, partnered with schools to deliver food to families, and implemented grocery and to-go meal programs, food trucks, and pop-up markets. One interviewee shared that the pandemic brought to light the needs of older residents, many of whom were isolated at home and some of whom are still reluctant to grocery shop because of COVID.

"If you are financially insecure, funds are diverted away from eating healthy, being active, to support basic cost of living."
– Key informant interviewee

While many food access barriers are related to income constraints, access may also be more challenging for residents due to geography and transportation challenges. Often, these three factors intersect to inhibit food access. Today, rising food and transportation costs have made it more difficult for residents, particularly those who are more economically vulnerable, to access healthy food. Accessibility and convenience are also factors, according to one interviewee, who noted that for some, *"buying food at the corner store is easier,"* even though the options are less healthy. Organizations have been working to address this barrier in various ways. In the Town of Lyndhurst, the Parks Department provides bus transportation services to a local grocery store, and mobile food programs (food trucks) have grown in

the region, providing affordably priced produce to harder-to-reach residents such as the unhoused, college students, undocumented residents, and shift workers. For those working to provide food, stigma around receiving services can be a barrier to reaching families who need assistance. One interviewee working in the sector stated, *"Especially in suburban communities, stigma around any kind of need is huge, an enormous barrier, especially if you have kids."*

Consistent with interviewee and focus group perceptions, data from Feeding America, Map the Meal Gap shows that food insecurity has risen across the region between 2018 and 2020 (Figure 12). In 2020, 10.8% of residents in Bergen County, 15.1% of residents in Essex County, and 15.5% of residents in Hudson County were food insecure.

Figure 12. Percent Population Food Insecure, by State and County, 2018 and 2020
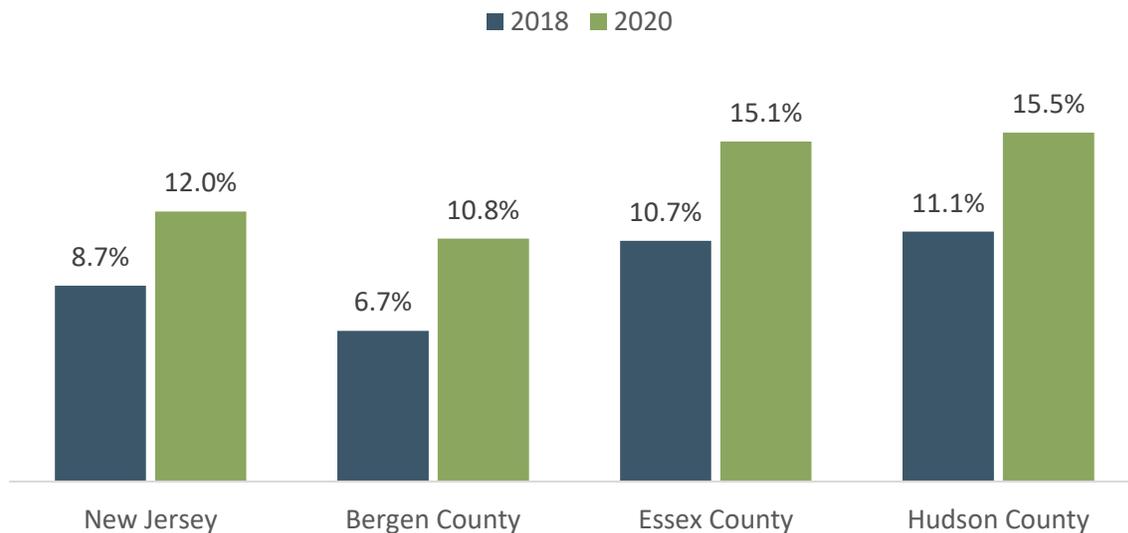
DATA SOURCE: Feeding America, Map the Meal Gap, 2018 and 2020
NOTE: 2020 data are estimated projections based on available employment and poverty data, and were revised in March 2021; therefore data are subject to change.

Community survey data confirms that food security is an issue among respondents in the CMMC service area. Over one quarter of respondents reported that it was sometimes or often true that they worried their food would run out before they got money to buy more (Figure 13).

Figure 13. Percent of Community Survey Respondents Reporting Food Insecurity (Noting Statements as Sometimes or Often True), by Race/Ethnicity (n=163), 2021
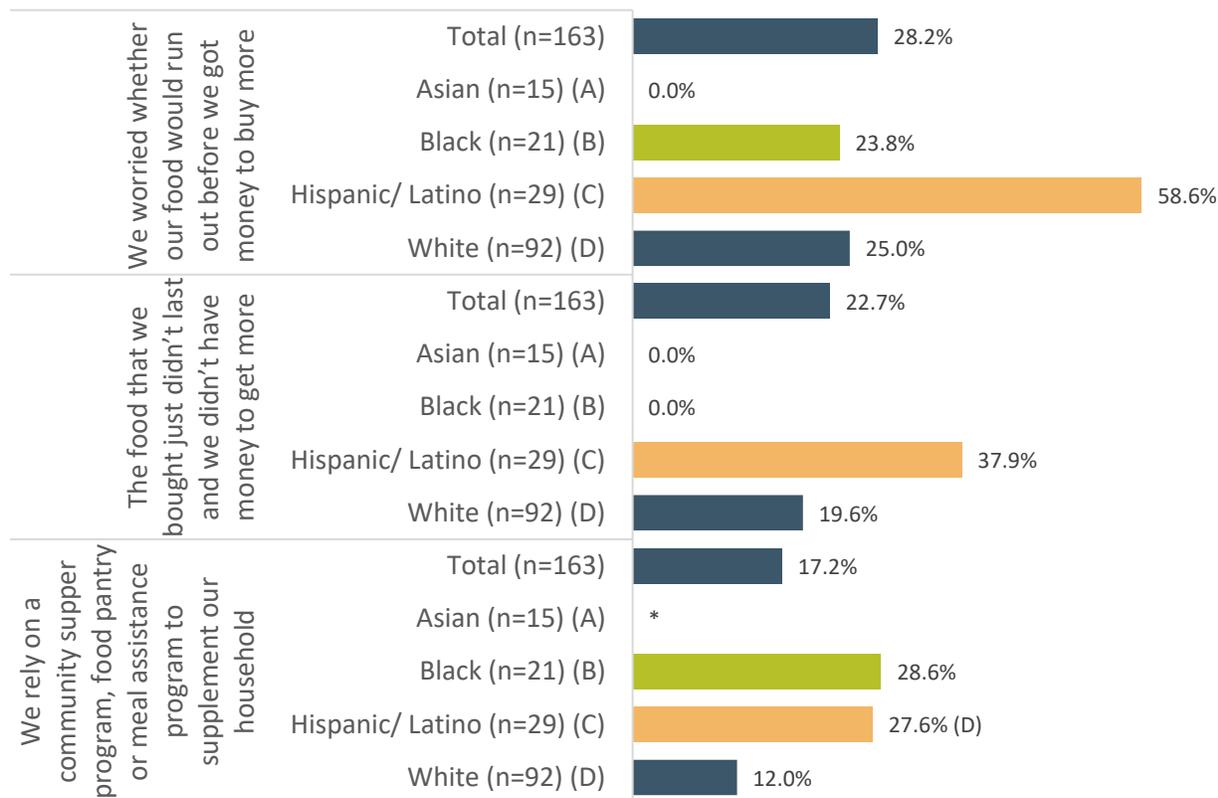
		Percent
We worried whether our food would run out before we got money to buy more	Total (n=163)	28.2%
	Asian (n=15) (A)	0.0%
	Black (n=21) (B)	23.8%
	Hispanic/ Latino (n=29) (C)	58.6%
	White (n=92) (D)	25.0%
The food that we bought just didn't last and we didn't have money to get more	Total (n=163)	22.7%
	Asian (n=15) (A)	0.0%
	Black (n=21) (B)	0.0%
	Hispanic/ Latino (n=29) (C)	37.9%
	White (n=92) (D)	19.6%
We rely on a community supper program, food pantry or meal assistance program to supplement our household	Total (n=163)	17.2%
	Asian (n=15) (A)	*
	Black (n=21) (B)	28.6%
	Hispanic/ Latino (n=29) (C)	27.6% (D)
	White (n=92) (D)	12.0%

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. *Less than 5 respondents. Data not shown.

Housing

Safe and affordable housing is integral to the daily lives, health, and well-being of a community. Housing was described as a substantial community challenge in focus groups and interviews. As is true across the nation, rents in the Clara Maass service area have risen since the COVID-19 pandemic. Participants reported that, in the communities served by Clara Maass, the rise in rents is due in part to an influx of families from New York City moving into the area. As one interviewee summed up: "*The cost of housing in this area is crazy [since COVID]; that will forever change us.*"

> "*I went from paying $1,500 to $1,850. I stay here because there's nothing else. If you go to get a smaller apartment, you're paying the same amount for less rooms.*" – Focus group participant

Participants reported that affordable housing in the area is sparse and difficult to obtain. Members of one focus group talked about the challenges of qualifying for affordable housing. One participant stated, *"They say that in the buildings going up that there's going to be affordable housing. [But] in order to get the affordable housing, you have to go through many hoops and hurdles. Those of us that want to stay in Newark, it's really bad."* Interviewees noted that much new housing being built in the area is luxury housing, which has contributed to increased socioeconomic segregation and rising homelessness. One

focus group participant shared, *"I was born and raised in Newark and, even before COVID, I've never seen so many families [experiencing homelessness]. I was devastated to see families in a tent."* According to several interviewees, the rising cost of housing and general economic instability have also made it difficult for senior residents to age in place. As one observed, *"The new low-income people are those who have worked their entire lives and now they have to give up their housing and have nowhere to go."*

In New Jersey, 64.0% of housing units were owner occupied versus 36.0% renter-occupied (Figure 14). In most towns in the CMMC service area, renter-occupied units made up a higher percentage of housing stock than in the state overall. Roughly three-quarters of housing units in the two Newark ZIP codes and in Harrison are renter-occupied. Home ownership rates were highest in Nutley (67.5%) and Montclair (61.0%).

Figure 14. Home Occupancy, by State, County, and Town 2016-2020

	Owner-occupied	Renter-occupied
New Jersey	64.0%	36.0%
Bergen County	64.8%	35.2%
Lyndhurst	57.8%	42.2%
North Arlington	48.2%	51.8%
Essex County	44.4%	55.6%
Belleville	54.4%	45.6%
Bloomfield	51.7%	48.3%
Montclair	61.0%	39.0%
Newark (07104)	25.4%	74.6%
Newark (07107)	24.7%	75.3%
Nutley	67.5%	32.5%
Hudson County	32.4%	67.6%
Harrison	24.4%	75.6%
Kearny	46.6%	53.4%
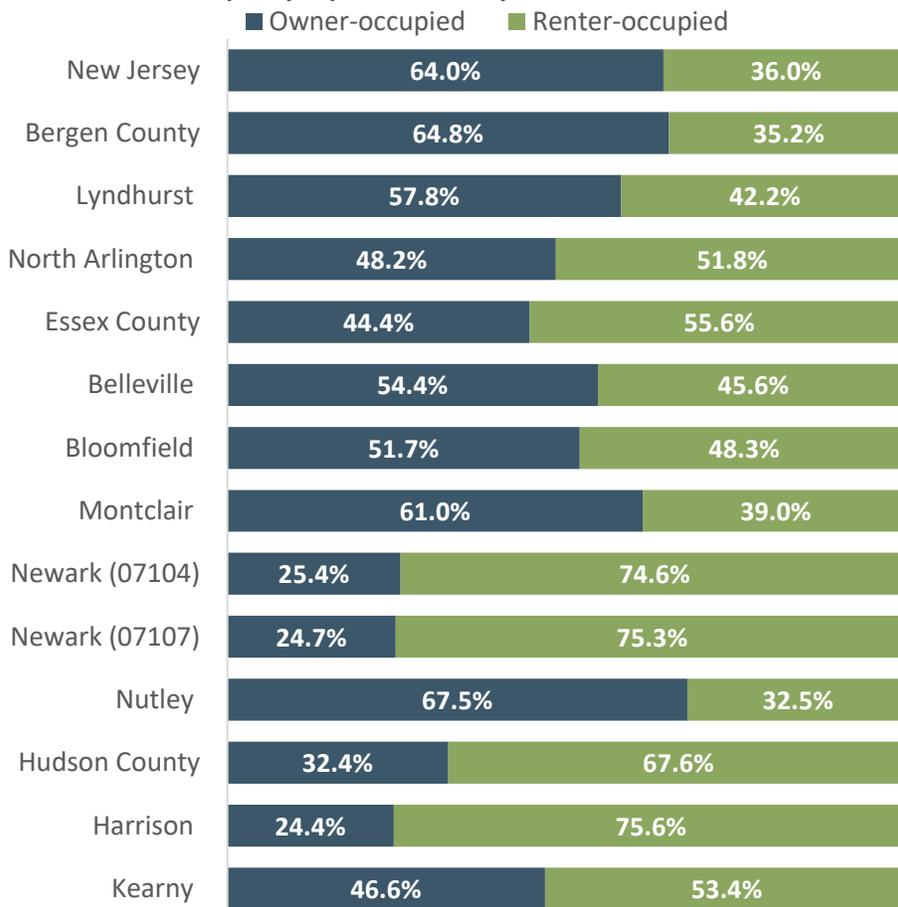
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Quantitative data from the 2016-2020 American Community Survey indicate that median monthly housing costs for owner-occupied households with a mortgage ranged from $2,160 in the 07104 ZIP code of Newark to $3,952 in Montclair (Table 5). Median monthly housing costs for renter-occupied households ranged from $1,093 in the 07107 ZIP code of Newark to $1,732 in Montclair.

Table 5. Monthly Median Housing Costs, by State, County, and Town, 2016-2020

	Owner-occupied	Renter-occupied
New Jersey	$2,476	$1,368
Bergen County	$3,056	$1,557
Lyndhurst	$2,596	$1,488
North Arlington	$2,857	$1,408
Essex County	$2,875	$1,211
Belleville	$2,491	$1,383
Bloomfield	$2,697	$1,413
Montclair	$3,952	$1,732
Newark (07104)	$2,160	$1,139
Newark (07107)	$2,186	$1,093
Nutley	$2,901	$1,399
Hudson County	$2,821	$1,450
Harrison	$2,323	$1,621
Kearny	$2,576	$1,338

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

Consistent with themes shared in focus groups and interviews, data show that the CMMC service area lacks sufficient affordable housing stock. The average percent of income spent on housing costs is an important measure of an area's availability of affordable housing. In New Jersey in 2016-2020, 46.2% of owner-occupied households with a mortgage and 62.2% of renter-occupied households reported spending more than 25% of their income on housing costs (Table 6). Within the CMMC service area, the two ZIP codes in Newark had the greatest percentage of residents spending more than 25% of their income on housing costs: 71.8% of owner-occupied and 68.9% of renter-occupied households in Newark ZIP code 07107, and 65.8% of owner-occupied and 70.2% of renter-occupied households in Newark ZIP code 07104 reported spending more than 25% of their income on housing costs.

Table 6. 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%
Bergen County	47.5%	58.9%
Lyndhurst	49.7%	47.2%
North Arlington	51.0%	47.8%
Essex County	52.4%	65.9%
Belleville	52.1%	65.8%
Bloomfield	52.3%	59.3%
Montclair	43.4%	51.3%
Newark (07104)	65.8%	70.2%
Newark (07107)	71.8%	68.9%
Nutley	48.4%	62.7%
Hudson County	51.0%	56.6%
Harrison	48.0%	53.1%
Kearny	59.2%	58.6%

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

Transportation

Interviewees and focus group participants shared several perspectives on transportation in the Clara Maass service area. Focus group members from Newark stated that public transportation, such as light rail and buses, is available. However, use of public transportation services fell off during COVID and there are still people who are reluctant to be on a crowded bus. According to interviewees, other towns in the Clara Maass service area have local transportation options, especially for healthcare and groceries, through local health departments and, in Lyndhurst, through the Parks Department.

Participants in one of the focus groups discussed poor road conditions. One participant stated, *"[Potholes] damage our cars and then it hurts my pocket having to fix my car. I don't understand—they have the equipment, but they don't do the jobs."* Finding parking was also mentioned as a challenge in this focus group. Participants shared that they often had to drive around to find a parking space and had to walk long distances from their car to their destination, which can be unsafe at night.

Most residents in the CMMC primary service area commuted to work alone by car, truck, or van, according to data collected primarily prior to the COVID-19 pandemic (Figure 15). However, there are differences across towns. Data from the 2016-2020 American Community Survey show that Belleville (74.3%), Lyndhurst (71.0%), Nutley (69.2%), and Kearny (68.4%) had the highest proportion of commuters who relied on private transportation while Harrison (38.1%) had the highest proportion of commuters who used public transportation and the highest proportion of residents (8.8%) who commuted to work by walking.

Figure 15. Means of Transportation to Work for Workers Aged 16+, by State, County, and Town 2016-2020

Legend:
- Car, truck, or van (alone)
- Car, truck, or van (carpooled)
- Public transportation
- Walked
- Other means
- Worked from home

Location	Car, truck, or van (alone)	Car, truck, or van (carpooled)	Public transportation	Worked from home
New Jersey	69.6%	7.8%	10.8%	7.3%
Bergen County	66.1%	7.1%	14.6%	8.1%
Lyndhurst	71.0%	4.7%	15.3%	5.4%
North Arlington	67.6%	8.4%	14.7%	5.5%
Essex County	59.1%	7.0%	20.1%	7.1%
Belleville	74.3%	10.3%	7.5%	
Bloomfield	63.7%	9.1%	15.9%	8.2%
Montclair	53.7%	4.3%	24.5%	13.9%
Newark (07104)	54.9%	8.8%	24.3%	
Newark (07107)	61.1%	9.7%	21.4%	
Nutley	69.2%	5.5%	13.1%	9.8%
Hudson County	36.9%	6.8%	39.5%	7.1% / 7.3%
Harrison	38.0%	6.6%	38.1%	8.8% / 6.1%
Kearny	68.4%	8.7%	14.4%	

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, increasing the incidence of 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.

Community survey data from 2021 indicate that 73.0% of survey respondents from the three counties agreed or completely agreed with the statement, "My community has safe outdoor places to walk and

play." Figure 16 presents data for the overall sample and by race/ethnicity. Please note, these findings should be interpreted with caution given the small sub-sample sizes.

Figure 16. Percent of Community Survey Respondents Who Agreed/Completely Agreed with the Statement "My Community has Safe Outdoor Places to Walk and Play," by Race/Ethnicity (n=163), 2021
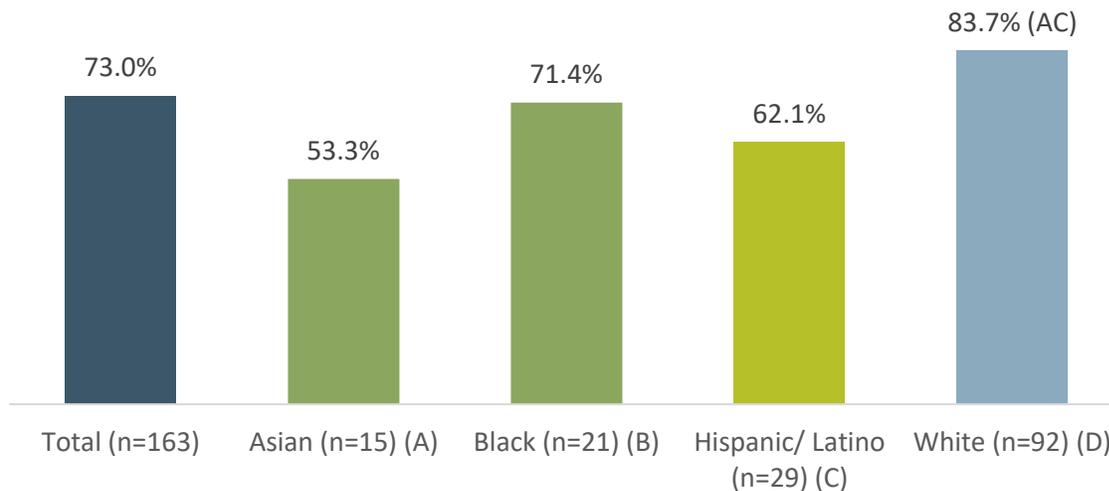
DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Crime and Violence
While one focus group participant reported concerns about the prevalence of gun violence in their community, crime and violence were not major themes in any of the focus groups or key informant interviews. However, 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. Data from the Uniform Crime Reporting Unit in the State of New Jersey show that rates of violent crime (i.e., murder, rape, aggravated assault) in 2020 varied widely across the towns CMMC serves (Figure 17). At 528.6 incidents per 100,000 residents, Newark (citywide) had a rate over two times as high as the state rate (195.4 per 100,000 residents). Other towns in the primary service area had violent crime rates lower than the state rate. North Arlington had the lowest rate, 44.1 per 100,000 residents. Property crime (i.e., burglary, larceny, and auto theft) is much more common than violent crime. Among towns served by CMMC, property crime was most common in Newark (citywide) (1,618.0 per 100,000 residents) and Belleville (1,447.0 per 100,000 residents) and least frequent in Nutley (594.5 per 100,000 residents) and Harrison (642.7 per 100,000 residents) (Figure 18).

Figure 17. Violent Crime Rate per 100,000 Population, by State, County, and Town, 2020

Location	Rate
New Jersey	195.4
Bergen County	59.6
Lyndhurst	67.0
North Arlington	44.1
Essex County	319.1
Belleville	113.7
Bloomfield	98.5
Montclair	97.7
Newark (citywide)	528.6
Nutley	73.4
Hudson County	279.7
Harrison	61.9
Kearny	106.3

DATA SOURCE: State of New Jersey, Department of Law and Public Safety, Uniform Crime Reporting Unit, 2020.
NOTE: Violent crime includes murder, rape, robbery, and assault.

Figure 18. Property Crime Rate per 100,000 Population, by State, County, and Town, 2020

Location	Rate
New Jersey	1,158.2
Bergen County	758.0
Lyndhurst	710.3
North Arlington	668.0
Essex County	1,405.5
Belleville	1,447.0
Bloomfield	1,047.7
Montclair	686.5
Newark (citywide)	1,618.0
Nutley	594.5
Hudson County	1,338.2
Harrison	642.7
Kearny	1,117.2

DATA SOURCE: State of New Jersey, Department of Law and Public Safety, Uniform Crime Reporting Unit, Uniform Crime Report, 2020
Note: Property crime includes burglary, larceny, and auto theft.

Systemic Racism and Discrimination

Perceptions related to discrimination and racism varied throughout qualitative discussions. Survey respondents and focus group and interview participants who identified as people of color mentioned incidences of being discriminated against due to their race or nationality. Several focus group participants shared experiences with racism and disrespect when receiving healthcare. Experiences included being turned away by medical providers for not having insurance/papers, lack of language services, and disrespectful treatment. One person shared, *"Many people are racist. They wouldn't assist me because I don't speak English."*

Data from the 2021 community survey provide additional insight into experiences of discrimination when receiving healthcare. More than one third of Black (38.1%) and Hispanic (34.5%) respondents reported experiencing discrimination due to their race/ethnicity when receiving medical care compared 14.7% of respondents overall (Figure 19). Nearly 20% of Hispanic survey respondents also reported feeling discriminated against when receiving medical care based on their culture and religious background, and nearly 40% reported feeling discriminated against due to their language/speech.

Figure 19. 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=163), 2021
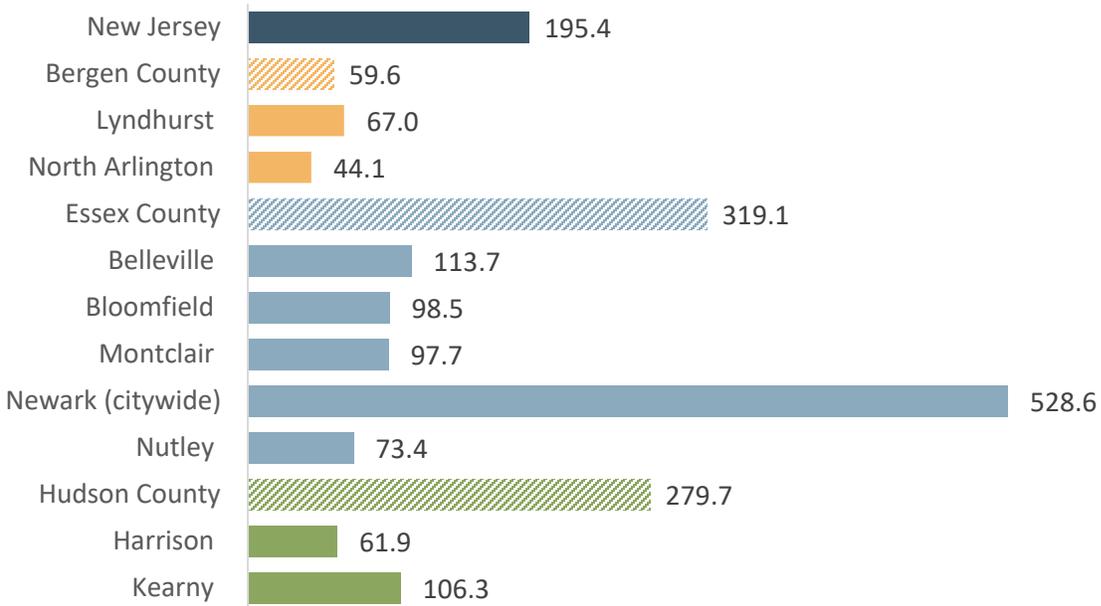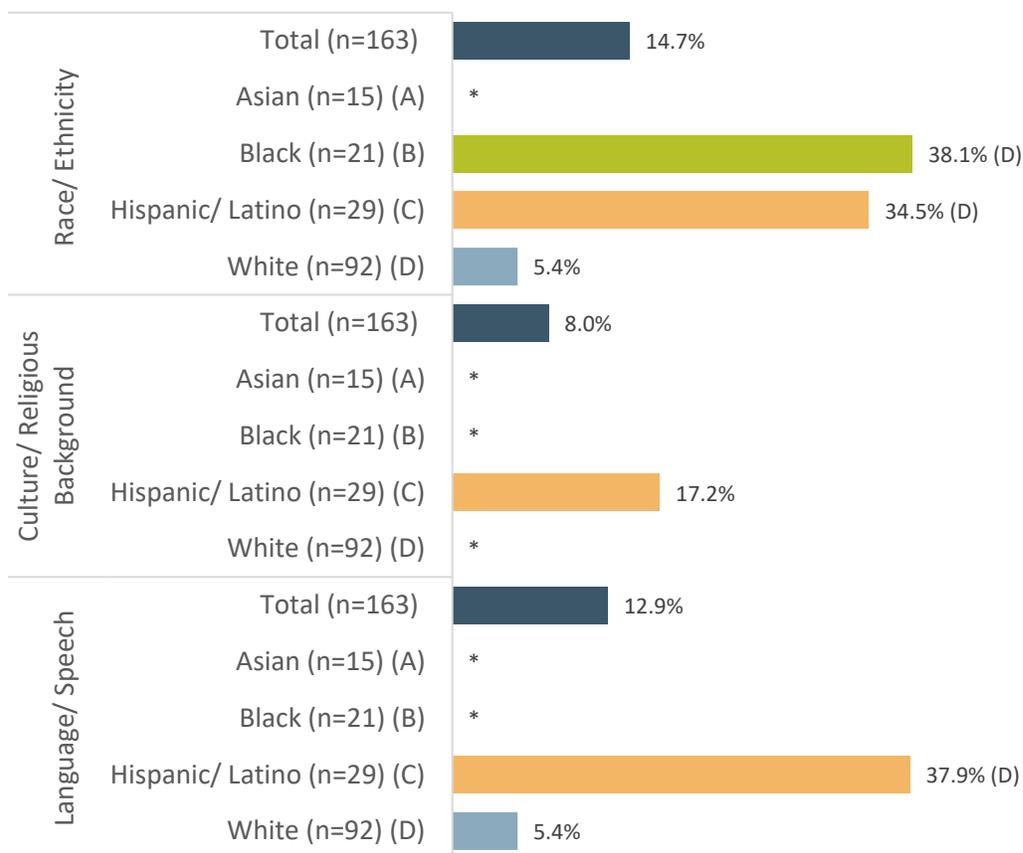

DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph. Asterisk (*) indicates less than 5 respondents, data not shown.

In addition, about 6.2% of survey respondents from the three counties indicated that they had felt discriminated against when receiving medical services because of their gender/gender identity and 6.7% reported this relative to their sexual orientation (see Appendix E- Additional Data Tables).

More than 20% of Hispanic/Latino respondents reported being discriminated against based on age (21.4%), body size (20.7%), and income (31.0%), while one third of Black respondents indicated that they have experienced discrimination based on body size (Figure 20). Please note, all findings related to discrimination should be interpreted with caution given the small sub-sample sizes.

Figure 20. 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=163), 2021
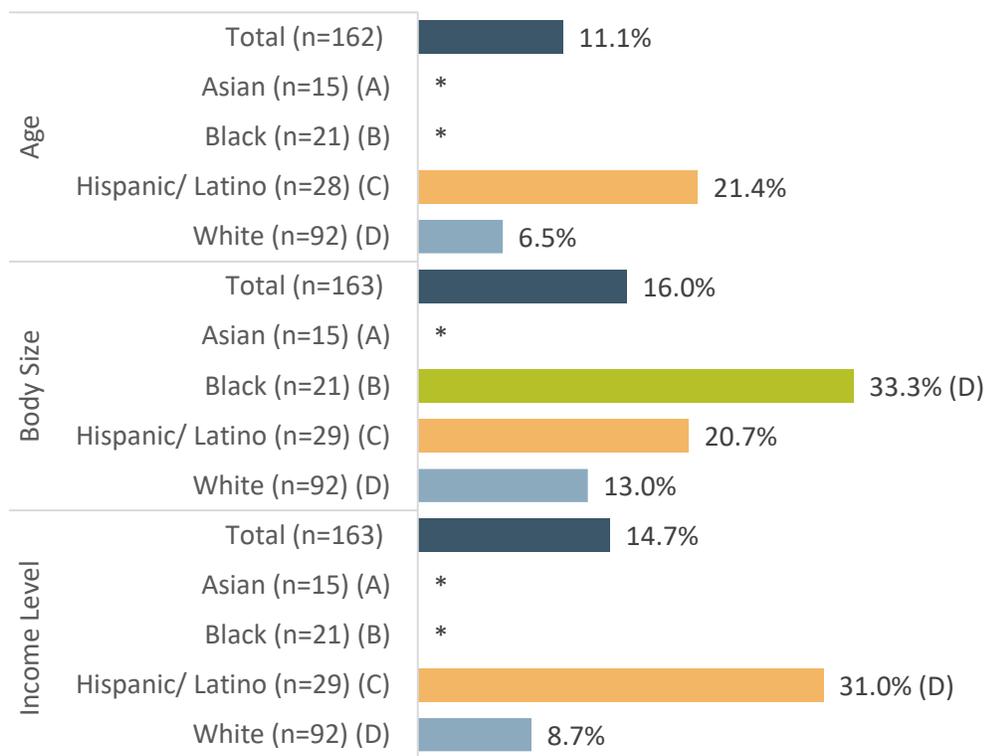
DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021
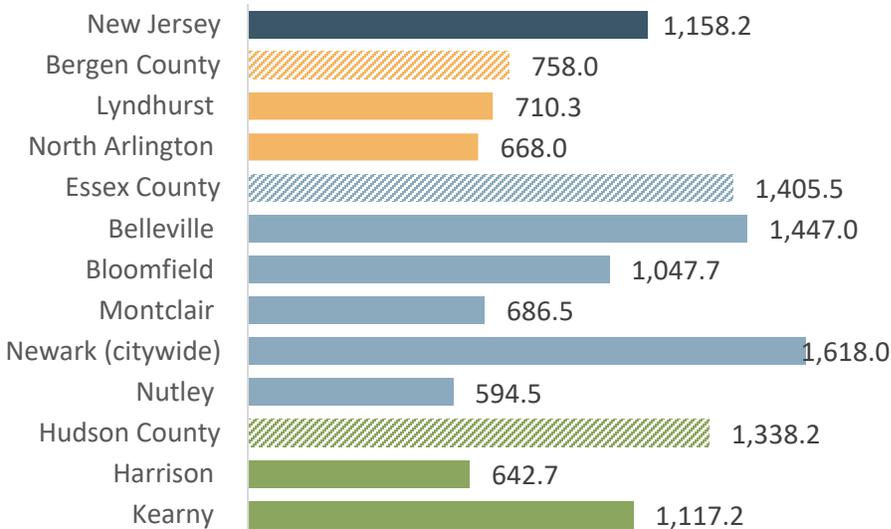NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph. Asterisk (*) indicates less than 5 respondents, data not shown.

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 the United States.

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 participants and interviewees were asked about top concerns in their communities. Participants identified social and economic issues such as financial insecurity, housing, and transportation – and how these affected health issues such as healthy eating, obesity, and chronic conditions. They also discussed the challenges of accessing care, the increase in mental health concerns, and the lingering effects of the COVID-19 pandemic.

Community survey respondents were presented with a list of specific issues along with the ability to write-in other issues not listed and were asked to mark the top three health concerns or issues for their community. Respondents to the community survey ranked mental health (30.1%), followed by overweight/obesity (28.8%), high stress lifestyle (20.9%), substance use (17.8%), and diabetes (17.2%) as the top five health issues in their communities (Figure 21). In the 2019 CHNA, residents identified obesity (48%) as their top health issue or concern, followed by substance misuse (39%), diabetes (35%), mental health (26%), and cancer (25%). The prioritization of mental health in 2021 and concerns about high stress lifestyle likely reflect the impact of the COVID-19 pandemic and its social and economic consequences.

Figure 21. Percent of Community Survey Respondents Reporting the Top Three Health Issues or Concerns in Their Community (N=163), 2021

Health Issue	Percent
Mental health issues (e.g., depression, anxiety, suicide, etc.)	30.1%
Overweight/obesity	28.8%
High stress lifestyle	20.9%
Substance use, abuse or overdose (e.g., using or abusing prescription drugs, heroin, opioids, marijuana, etc.)	17.8%
Many cases of diabetes	17.2%
Smoking/vaping	14.1%
Having adequate and affordable eldercare	14.1%
Infectious/contagious diseases (e.g., pneumonia, flu, tuberculosis, COVID-19, etc.)	12.3%
Having adequate and affordable housing	12.3%
Chronic heart disease	11.0%
Hunger or having adequate nutritious food	11.0%
High numbers of cancer cases	9.8%
High rates of asthma	8.0%
Violence and community safety	8.0%
Alcohol use and abuse or overdose	7.4%
Health concerns related to aging (e.g., Alzheimer's, arthritis, dementia, falls, etc.)	6.1%
A lot of lung disease (e.g., COPD, emphysema, etc.)	4.9%
Having adequate numbers of physicians/providers	4.9%
Lack of prenatal care for pregnant mothers	2.5%
Having adequate numbers of dentists	1.2%
High number of teen pregnancies	0.6%
High numbers of sexually transmitted diseases (STDs)	0.6%
Other issue or concern not listed (Specify:)	4.3%

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

There were differences in top health issues in the 2021 survey by race/ethnicity (Figure 22). Mental health issues were the top concern among White and Hispanic survey respondents, followed by overweight/obesity. Overweight/obesity and mental health concerns were tied as the top concern among Black respondents. High stress lifestyle was the top concern among Asian respondents, followed by chronic heart disease. Having adequate and affordable housing ranked as the fifth top concern among Black respondents and was tied with substance use as the fourth top concern among Hispanic/Latino respondents. Please note, these findings by race/ethnicity should be interpreted with caution. Given the small sub-sample sizes, rankings may not be generalizable to the broader population.

Figure 22. Percent of Community Survey Respondents Reporting the Top Three Health Issues or Concerns in Their Community, by Race/Ethnicity (N=163), 2021

|	Asian (n=15) (A)	Black (n=21) (B)	Hispanic/ Latino (n=29) (C)	White (n=92) (D)
1	High stress lifestyle (33.3%)	Overweight/ obesity (38.1%)*	Mental health issues (44.8%) (A)	Mental health issues (29.3%)
2	Chronic heart disease (26.7%)~	Mental health issues (38.1%) (A)*	Overweight/ obesity (31.0%)	Overweight/ obesity (28.3%)
3	Overweight/ obesity (20.0%)*~	Many cases of diabetes (28.6%)	High stress lifestyle (20.7%)*	Substance use, abuse or overdose (20.7%)
4	Many cases of diabetes (20.0%)*~	High stress lifestyle (19.0%)~	Substance use, abuse or overdose (20.7%)*	High stress lifestyle (18.5%)
5	Having adequate and affordable eldercare (20.0%)*~	Having adequate and affordable housing (14.3%)~	Having adequate and affordable housing (20.7%)*	Smoking/Vaping (17.4%)
6	Infectious/Contagious Diseases (20.0%)*~	Violence/Community Safety (14.3%)~		

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. * Indicates health issues were tied. Cases where "don't know" was a frequently selected option are not presented in the table. ~ Indicates n<5

Local Public Health Surveillance
Interviewees working in local health departments in the CMMC service area described experiences with local data collection and public health surveillance efforts. One interviewee reported that they did not collect data at the township-level and instead relied on county staff to collect and supply epidemiological data. Another interviewee described challenges their department faced with a low response rate to a recent survey. This interviewee attributed the lack of response from the community in part to less face-to-face interaction with potential respondents due to COVID-related restrictions. The department had more success with response rate when a local university did the data collection for a survey conducted several years ago, but this was a more costly approach.

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. Figure 23 presents 2020, age-adjusted mortality rates per 100,000 residents for different diseases for the state of New Jersey and Bergen, Essex, and Hudson Counties. Heart disease, COVID-19, and cancer are the top three causes of death for the state and each of the counties. Of the three counties served by CMMC, mortality rates are highest in Essex County for all diseases except diabetes and Alzheimer's. The diabetes mortality rate is highest in Hudson County. The mortality rate for Alzheimer's is highest in Bergen County.

Figure 23. Top 10 Age Adjusted Mortality Rates per 100,000, by State and County, 2020
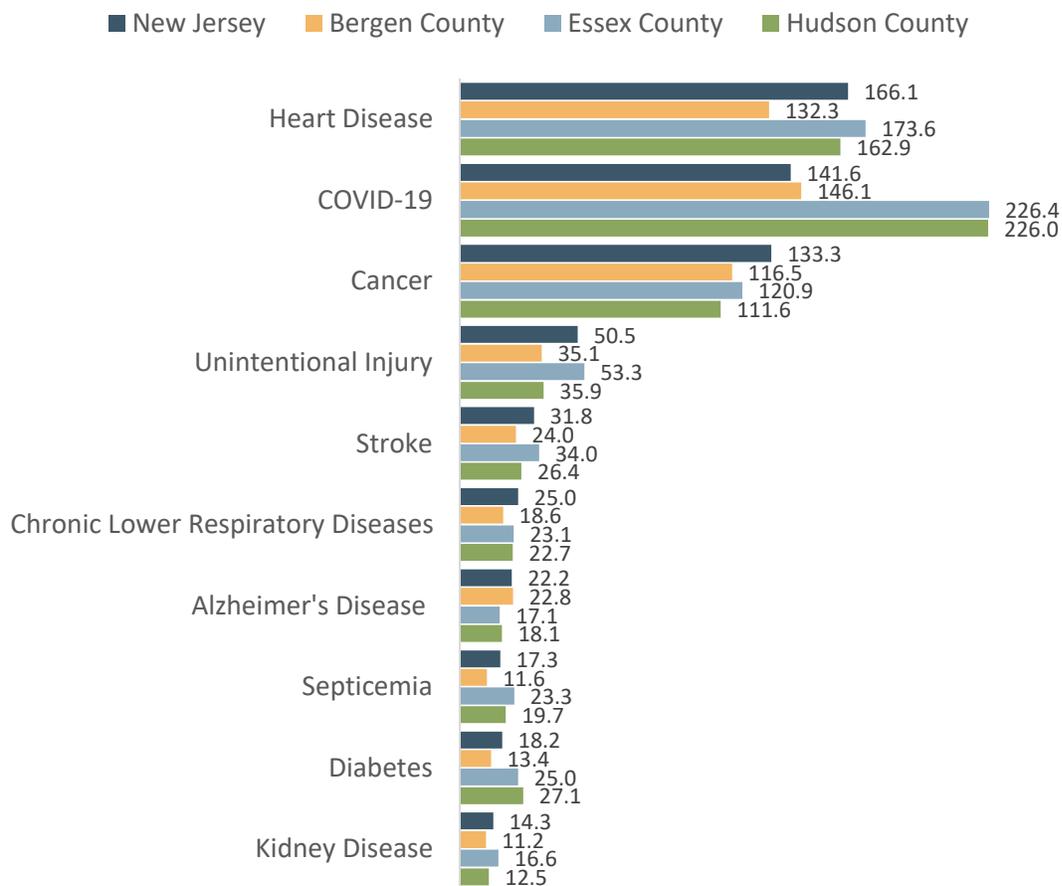
DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health as reported New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2020

Figure 24 shows premature mortality (deaths before age 75) per 100,000 population by state, county, and race/ethnicity. In 2018-2020, the premature mortality rate in Essex County (460.1) was higher than for the state (408.7) and the other two counties in the CMMC service area. Bergen had the lowest rate (298.3). Data about premature mortality in 2018-2020 across different racial and ethnic groups show that non-Hispanic Black residents in the CMMC service area experience far higher rates of premature mortality than other groups across all counties and the state.

Figure 24. Premature Mortality (Deaths Before Age 75) Rate per 100,000 Population, by State and County, by Race/Ethnicity, 2018-2020
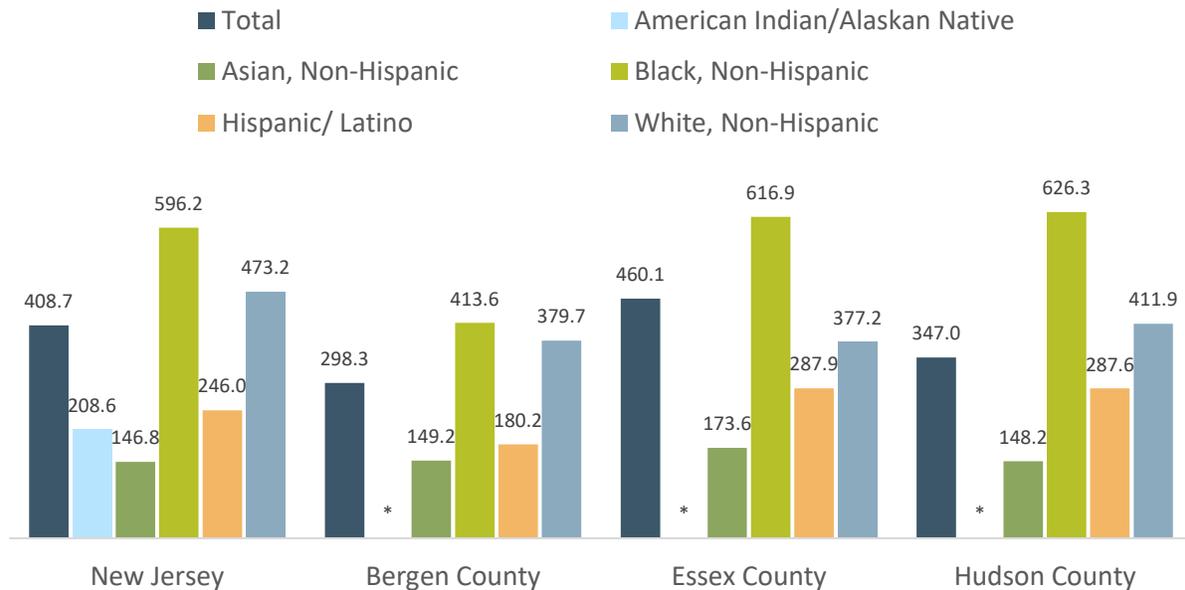
DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health as reported New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2018-2020
NOTE: Asterisks (*) denote insufficient data to calculate 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. While overweight/obesity was identified as the second top health concern (after mental health) by community survey respondents, it was not a prominent theme in conversations with focus group members or interviewees. One interviewee did note that while lack of physical activity has always been a challenge, it has become even more so since the pandemic when people were used to being inside and gyms were closed. Infrastructure also plays a role according to this interviewee, who observed that residents in towns and neighborhoods with fewer parks and less walkable streets are less likely to engage in physical activity. The latest surveillance data on overweight/obesity are from 2018 and come from self-reported data about height and weight. Based on this self-report, about 30% of Essex County adults were considered obese, compared to 21.6% of Bergen residents, 24.1% of Hudson residents, and 25.5% across the state (Figure 25).

Figure 25. Adults Self-Reported Obese, by State and County, 2018
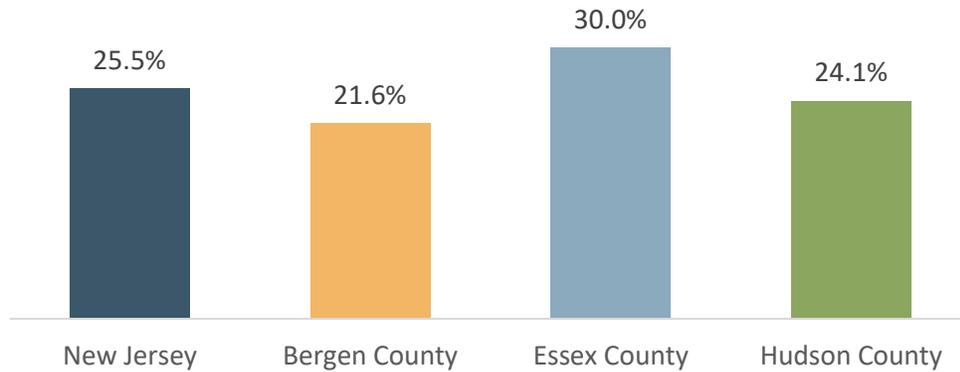
DATA SOURCE: Centers for Disease Control and Prevention (CDC), U.S. Diabetes Surveillance System, County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2018

Community survey respondents from the CMMC primary service area were asked whether they were physically active. Among these respondents, 68.7% indicated that they were physically active. Figure 26 shows the overall percentage of respondents reporting they were physically active, as well as results disaggregated by race/ethnicity. Please note, results by race/ethnicity should be interpreted with caution given the small sub-sample sizes.

Figure 26. Percent of Community Survey Respondents Reporting They Are Physically Active (n=163), 2021
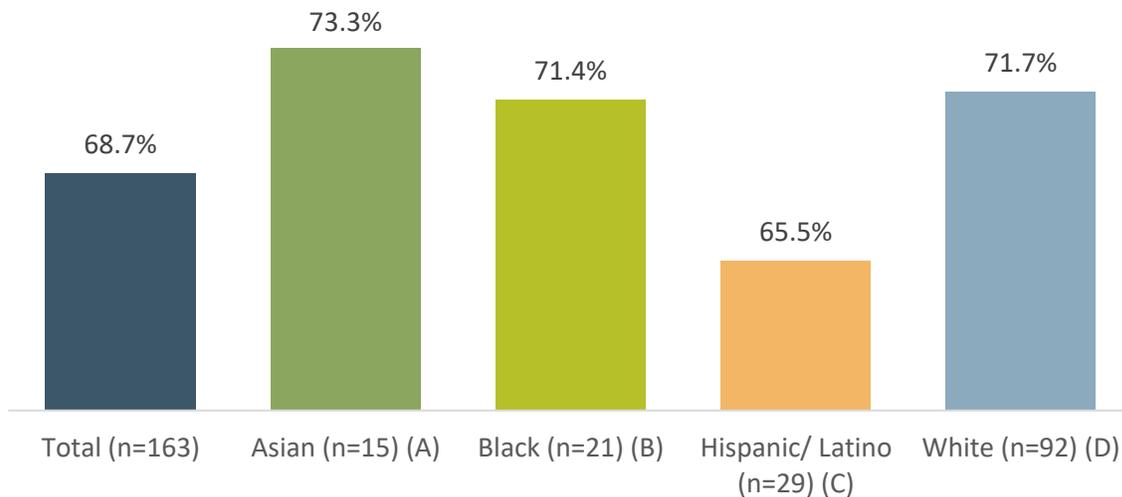
DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Community survey respondents who were parents or guardians were asked whether they would describe their children as physically active or sedentary after school or on weekends. About 73% of the 49 parent survey respondents described their children as physically active during these times. Survey respondents who were parents or guardians were also asked whether their children eat breakfast on a daily basis. About 80% of the 49 parent survey respondents indicated that their children regularly ate

breakfast. See Appendix E- Additional Data Tables for overall responses to these questions and data disaggregated by race/ethnicity.

Chronic Conditions
Chronic conditions, such as heart disease, diabetes, COPD, and cancer, are some of the most prevalent conditions in the United States. Chronic disease was mentioned as a community concern by a couple of interviewees who noted that the CMMC service area, like the rest of the country, has high rates of diabetes, heart disease, and hypertension. Diabetes was identified as a top concern in the 2021 community survey, while respondents in the 2019 CHNA community survey identified diabetes and cancer as top concerns. The following section describes quantitative health data related to chronic conditions in the CMMC service area.

High Cholesterol and High Blood Pressure
Community survey respondents in spring/summer 2021 were asked about their participation in different types of health screenings over the past two years. Nearly three-quarters (74.8%) indicated that they had participated in a cholesterol screening, and nearly 85% had participated in a blood pressure screening. Figure 27 shows overall screening participation rates, as well as rates disaggregated by race/ethnicity. Please note, results by race/ethnicity should be interpreted with caution given the small sub-sample sizes.

Figure 27. Percent of Community Survey Respondents Reporting that They Have Participated in a Cholesterol or Blood Pressure Screening in the Past Two Years (n=163), 2021
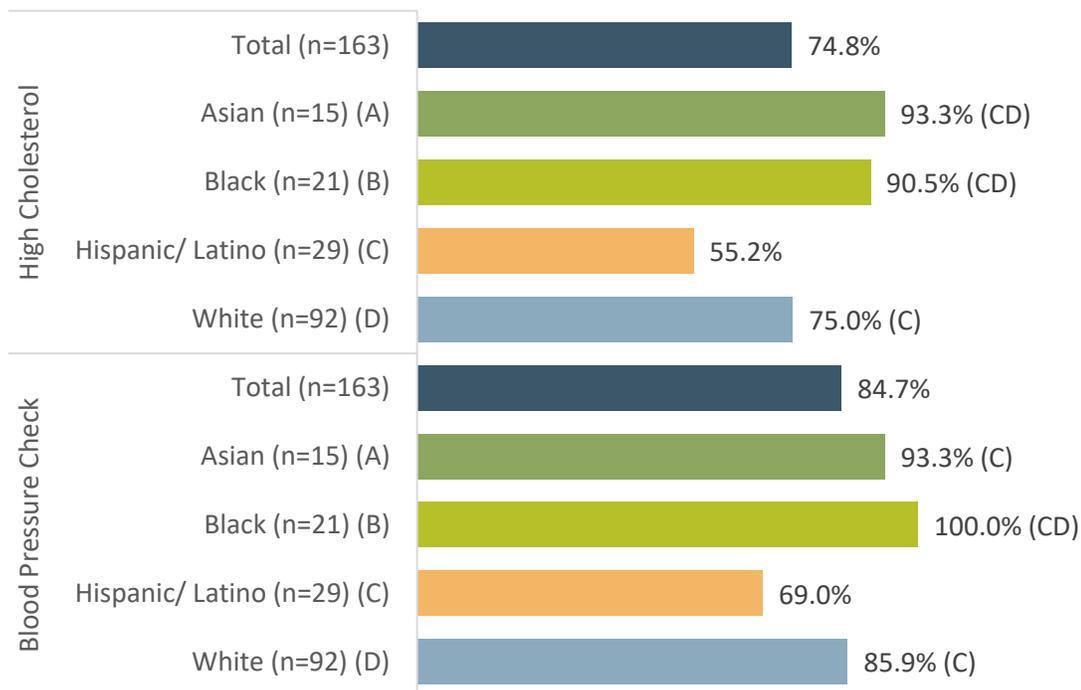
DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Heart Disease

Data from the NJ Department of Health indicate that in 2016-2019, 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 Bergen County, Hudson County, and NJ overall (Figure 28).

Figure 28. ED Visits and Hospitalizations for Major Cardiovascular Disease per 10,000 Population, by State and County, 2016-2020
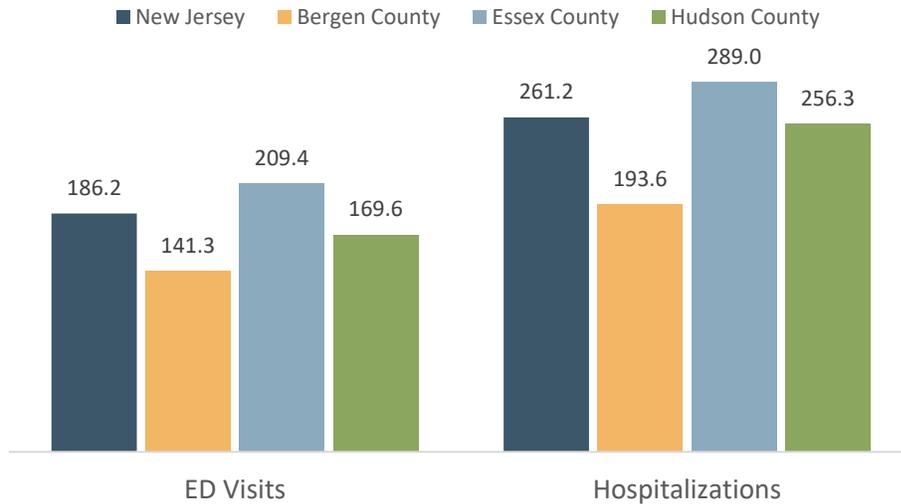
DATA SOURCE: New Jersey Department of Health, Office of Health Care Quality Assessment, New Jersey Data Collection System, as reported by New Jersey State Health Assessment Data (NJSHAD), 2016-2020

Death certificate data for cardiovascular disease mortality per 100,000 shows that in 2016-2020 the overall mortality rate was the same for both Essex County and the state (162.8 per 100,000) and lower for Bergen (134.6 per 100,000) and Hudson (146.5 per 100,000) Counties (Figure 29). Across the state and within the three counties, cardiovascular disease mortality rates were highest among non-Hispanic Black and non-Hispanic White residents. The rates were also higher among males across these geographies when compared to females.

Figure 29. Cardiovascular Disease Mortality per 100,000, by State and County, Race/Ethnicity, and Gender, 2016-2020

Legend: New Jersey | Bergen County | Essex County | Hudson County

Overall
- New Jersey: 162.8
- Bergen County: 134.6
- Essex County: 162.8
- Hudson County: 146.5

Race/Ethnicity

Asian, Non-Hispanic
- New Jersey: 70.3
- Bergen County: 55.0
- Essex County: 70.0
- Hudson County: 80.0

Black, Non-Hispanic
- New Jersey: 193.8
- Bergen County: 148.5
- Essex County: 191.4
- Hudson County: 194.3

Hispanic/Latino
- New Jersey: 101.7
- Bergen County: 80.9
- Essex County: 108.3
- Hudson County: 106.9

White, Non-Hispanic
- New Jersey: 171.8
- Bergen County: 151.6
- Essex County: 144.9
- Hudson County: 186.7

Gender

Male
- New Jersey: 207.2
- Bergen County: 174.4
- Essex County: 209.4
- Hudson County: 188.6

Female
- New Jersey: 128.7
- Bergen County: 104.2
- Essex County: 128.8
- Hudson County: 114.4

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

Figure 30 shows the percent of adults who reported a diagnosis of diabetes overall and by race/ethnicity from 2016-2020, the most recent years that surveillance data are available. Diabetes rates overall were higher in Essex (10.7%) and Hudson (11.5%) Counties than in Bergen County (7.5%). Diabetes rates were highest among non-Hispanic Black residents across the CMMC service area. The second highest rates were among Hispanic residents in Essex (13.8%) and Hudson (13.5%) Counties and Asian residents in Bergen County (12.1%). Community survey respondents identified diabetes as their fifth top health concern overall.

Figure 30. Percent Adults Reported to Have Been Diagnosed with Diabetes, by State and County, by Race/Ethnicity, 2016-2020
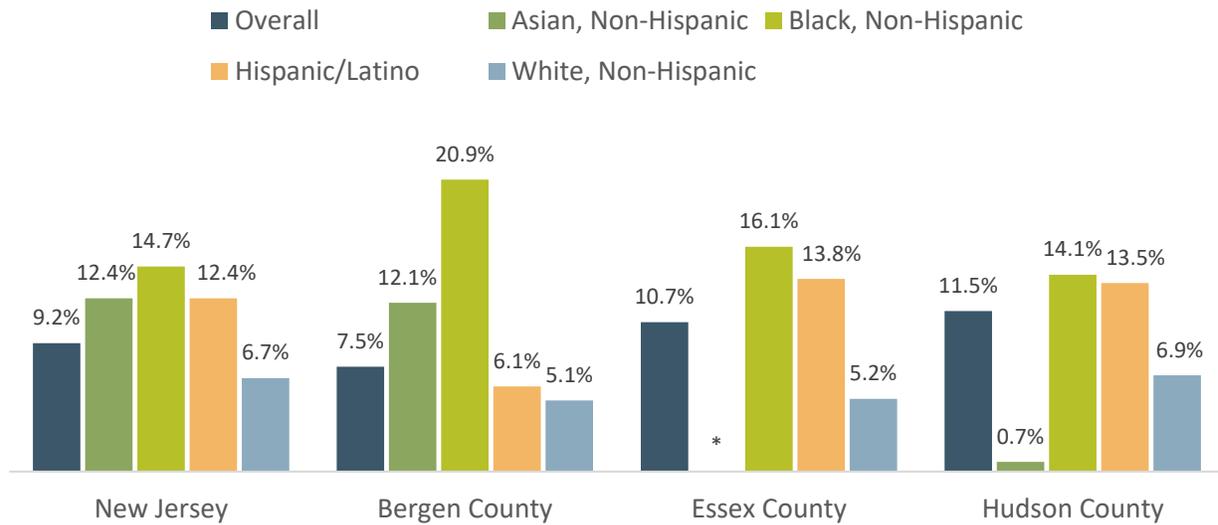
DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2016-2020
NOTE: Asterisks (*) denote insufficient data to calculate reliable rate.

Cancer

Although cancer was not a prominent theme discussed in interviews and focus groups and was not identified as a top health concern among community survey respondents, quantitative data suggest that cancer is a health issue in the CMMC service area, especially among certain racial/ethnic groups. Death certificate data for cancer mortality rates per 100,000 in 2016-2020 show that overall cancer rates in the three counties CMMC serves are slightly lower than that of the state (Figure 31). Across the state and the three counties, non-Hispanic Black residents and non-Hispanic White residents experienced higher cancer mortality rates than their Asian or Hispanic counterparts. In Hudson County, the cancer mortality rate among non-Hispanic Black residents was 182.9 per 100,000 in 2016-2020, a rate higher than for other groups, including non-Hispanic Black residents in the other counties. Appendix G- Cancer Data contains additional cancer data including incidence and mortality data and five-year trends for all cancers across New Jersey and the three counties in the CMMC service area, including patient origin data for CMMC's outpatient and inpatient cancer treatment population.

Figure 31. Cancer Mortality Rate per 100,000 Population (Overall, Combined for Female Breast, Colorectal, Lung and Bronchus, Male Prostate), 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, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2016-2020

In one focus group, participants reported that mammograms and pap smears were largely inaccessible to undocumented and uninsured women, although some undocumented and uninsured residents do access mammograms through a program at Clara Maass and pap smears through another community program. In 2019, 41.0% of female Medicare enrollees ages 65-74 in New Jersey received an annual mammography screening (Figure 32). Across the three counties in CMMC's service area, mammography screening rates were highest in Bergen County (43.0%) and lowest in Hudson County (34.0%). Screening rates in Essex County (40.0%) were slightly below the rate for the state overall.

Figure 32. Female Medicare Enrollees Ages 65-74 that Received an Annual Mammography Screening, by State and County, 2019
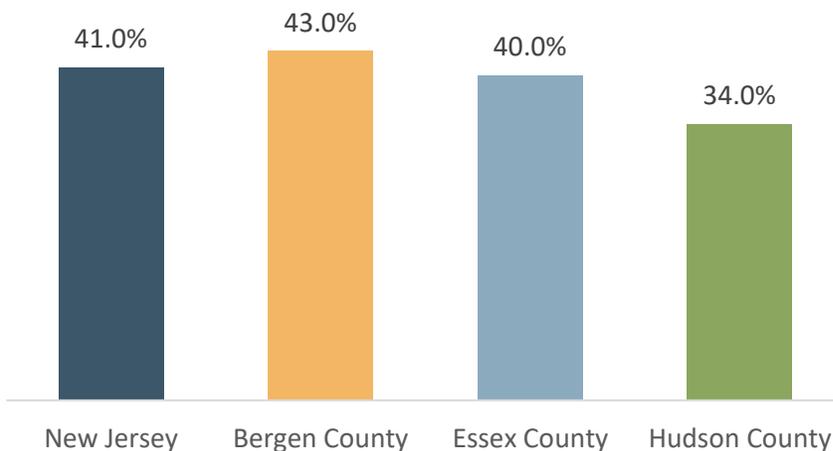
DATA SOURCE: Centers for Medicare & Medicaid Services, Office of Minority Health's Mapping Medicare Disparities tool, as reported by County Health Rankings & Roadmaps, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2019

In 2015-2019, the age-adjusted incidence rate of female breast cancer per 100,000 population was higher than the state rate (138.8) in Bergen (146.2) County, and lower in Essex (138.1) and Hudson (114.5) Counties (Figure 33). The rate of breast cancer incidence among residents who identified as White was higher than the overall rate in New Jersey, and in all three counties in the CMMC service area. The rates of breast cancer incidence among residents identifying as Asian/Pacific Islander and Black residents, and residents who identified as Hispanic/Latino were lower than the overall rates statewide and in each of the three counties in the CMMC service area. Because race and Hispanic origin are not mutually exclusive in the New Jersey State Cancer Registry cancer incidence data, caution should be used when comparing rates among Hispanic residents to rates in the different racial groups.

Figure 33. Age-Adjusted Female Breast Cancer Incidence Rate per 100,000 Population, by Race/Ethnicity, State, and County, 2015-2019
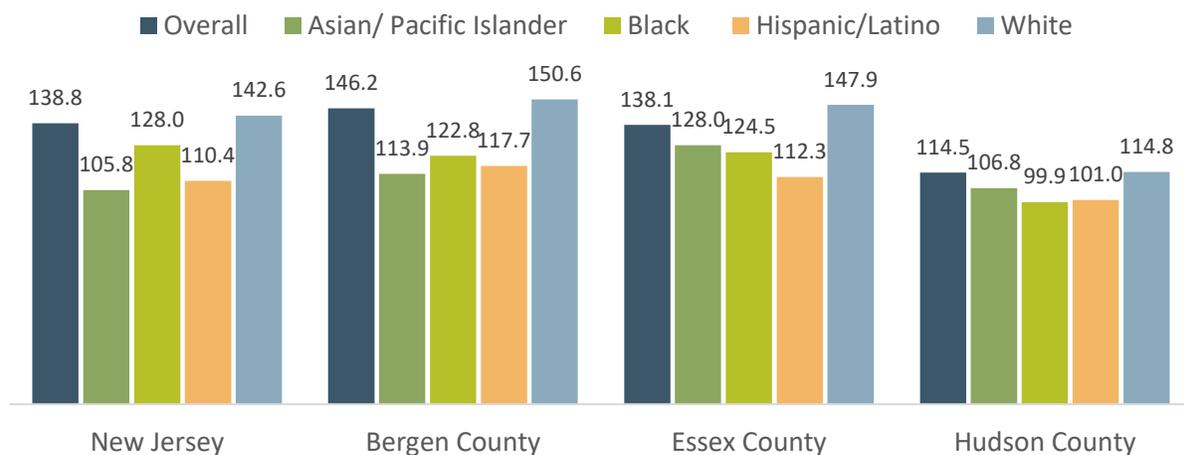
DATA SOURCE: New Jersey State Cancer Registry, New Jersey Department of Health, 2015-2019
NOTE: Persons of Hispanic ethnicity may be of any race or combination of races. The categories of race and ethnicity are not mutually exclusive.

Data are also presented at the state-level on the percentage of females ages 21-65 that reported having a pap test in the past three years in 2017 by race/ethnicity. In New Jersey, 85.1% of White, non-Hispanics, 84.0% of Hispanics, 81.6% of Black, non-Hispanics, and 67.1% of Asian, non-Hispanics reported having a pap test in the past three years (Figure 34).

Figure 34. Percent Females Aged 21-65 in New Jersey Reported to Have Had a Pap Test in Past Three Years by Race/Ethnicity, 2017
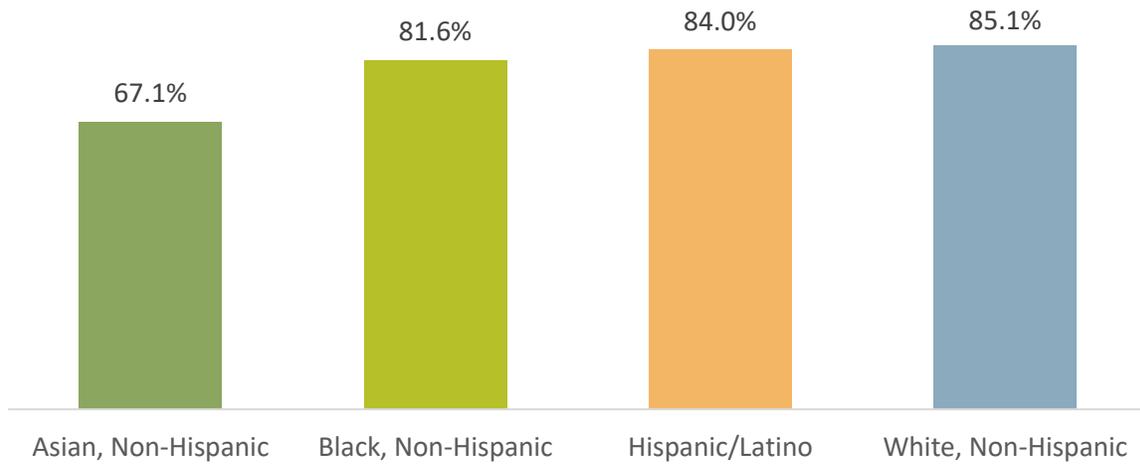
DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2017

Data about pap test screening among females ages 21-65 overall shows that rates have declined between 2016 and 2020 in the state and in Bergen and Essex Counties (Figure 35). They have increased in Hudson County over this time period, although the screening rate in the county in 2016 was lower than for the other two counties and the state. In 2020, screening rates in the three counties CMMC serves were about 77%, a slightly lower rate than for the state overall (80.0%).

Figure 35. Percent Females Aged 21-65 Reported to Have Had a Pap Test in Past Three Years, by State and County, 2016 and 2020
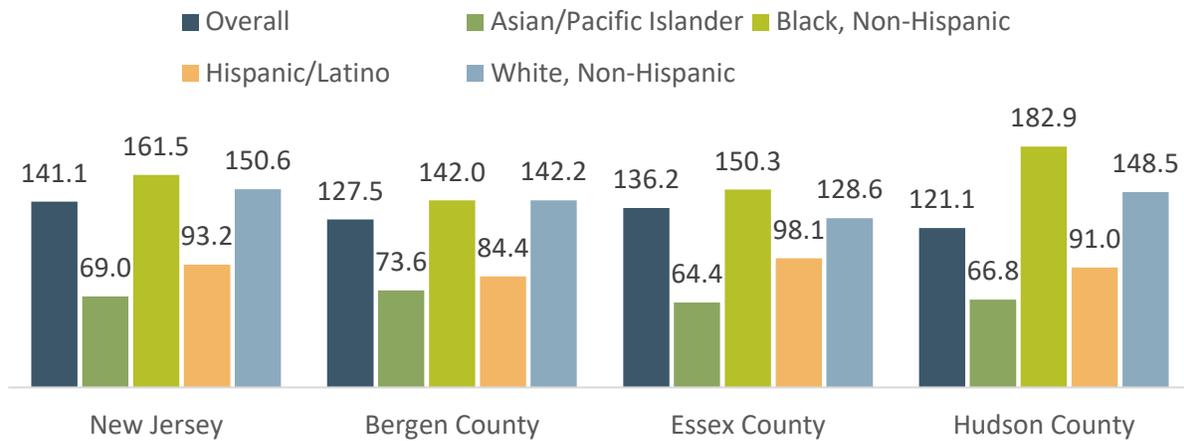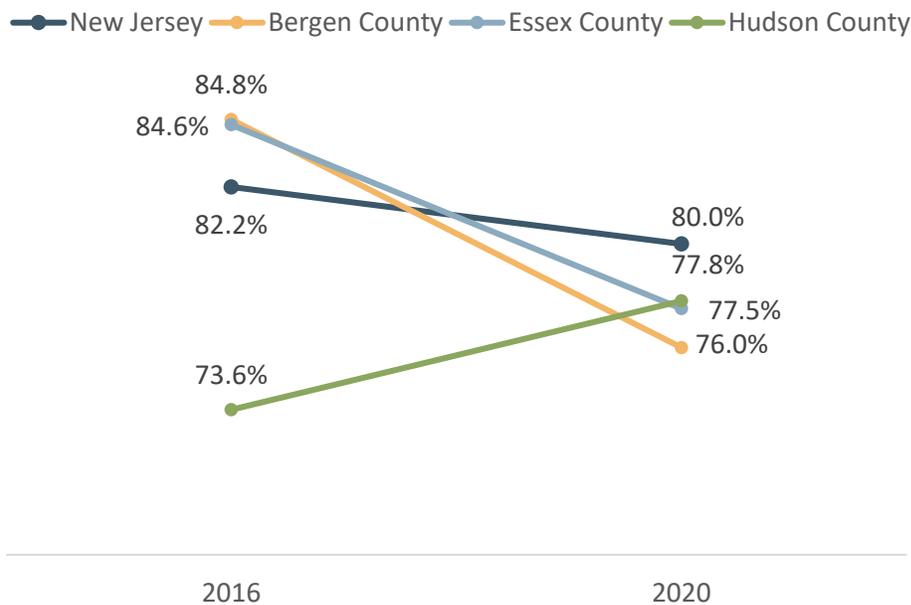

DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2016 and 2020

Figure 36 shows that in 2020 about three-quarters of adults ages 50-75 in Bergen and Essex Counties were up to date with their colorectal cancer screenings, a rate higher than the state (71.6%). The rate was lower among adults in Hudson County (67.1%).

Figure 36. Percent with Colorectal Cancer Screening (Adults aged 50-75), by State and County, 2020
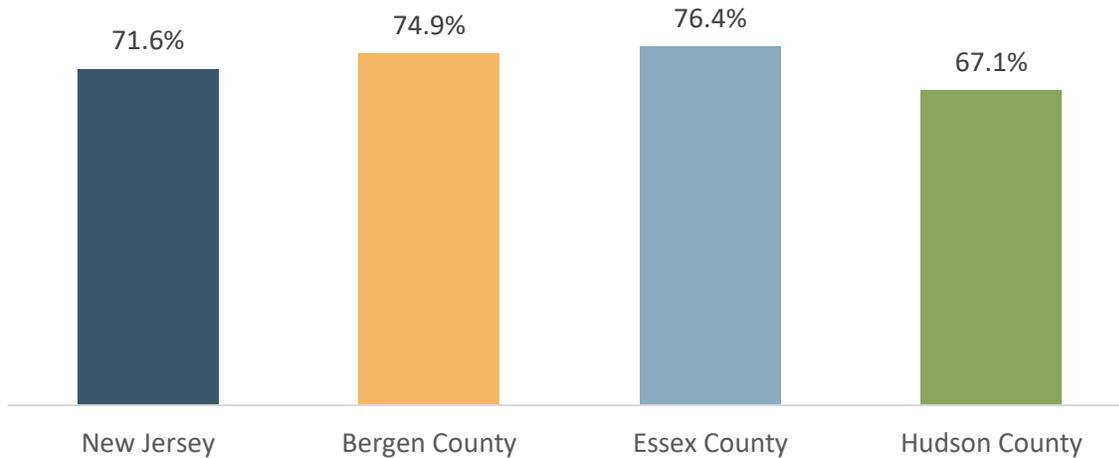
DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2020

Cancer registry data from 2015-2019 show that the age-adjusted incidence rate of colorectal cancer is similar across New Jersey and the three counties CMMC serves, about 40 per 100,000 population (Figure 37). Incidence rates among Asian/Pacific Islander residents and residents who identified as Hispanic/Latino were lower than the overall incidence rate in the state and in each of the three counties in the CMMC service area. Incidence rates among Black residents were higher than the overall rate in New Jersey and Essex County. Incidence rates among White residents were higher than the overall rate in the state and in Bergen and Hudson Counties. Because race and Hispanic origin are not mutually exclusive in the New Jersey State Cancer Registry cancer incidence data, caution should be used when comparing rates among Hispanic residents to rates in the different racial groups.

Figure 37. Age-Adjusted Colorectal Cancer Incidence Rate per 100,000 Population, by State and County, 2015-2019
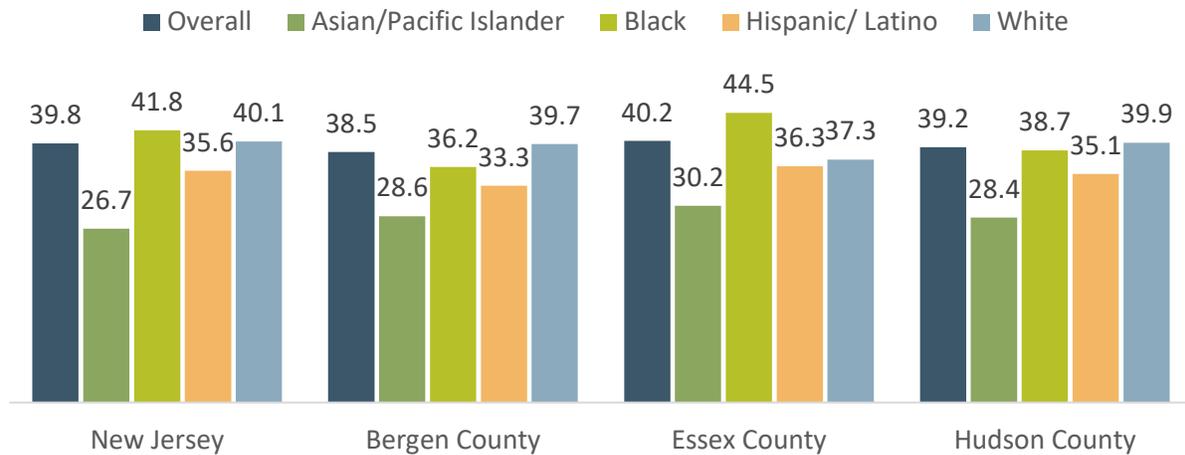
DATA SOURCE: New Jersey State Cancer Registry, New Jersey Department of Health, 2015-2019
NOTE: Persons of Hispanic ethnicity may be of any race or combination of races. The categories of race and ethnicity are not mutually exclusive.

Figure 38 shows the age-adjusted incidence rate of lung cancer per 100,000 population in 2015-2019 for New Jersey overall, and for the three counties in the CMMC service area by race/ethnicity. Bergen (47.5), Essex (45.0), and Hudson (41.4) Counties all have lower lung cancer incidence rates than the state overall (53.5). Age-adjusted lung cancer incidence rates among White residents were higher than the overall rate in the state (56.6) and Bergen County (51.6). Lung cancer incidence rates among Black residents were higher than the overall rate in Essex (47.5) and Hudson Counties (46.0). Rates among Asian/Pacific Islander residents and residents who identified as Hispanic/Latino were lower than the overall rate in the state and in each of the three counties in the CMMC service area. Because race and Hispanic origin are not mutually exclusive in the New Jersey State Cancer Registry cancer incidence data, caution should be used when comparing rates among Hispanic residents to rates in the different racial groups.

Figure 38. Age-Adjusted Lung Cancer Incidence Rate per 100,000 Population, by Race/Ethnicity, State, and County, 2015-2019

Legend: Overall, Asian/Pacific Islander, Black, Hispanic/Latino, White

New Jersey: Overall 53.5, Asian/Pacific Islander 26.2, Black 48.4, Hispanic/Latino 31.4, White 56.6
Bergen County: Overall 47.5, Asian/Pacific Islander 28.1, Black 31.4, Hispanic/Latino 28.8, White 51.6
Essex County: Overall 45.0, Asian/Pacific Islander 28.9, Black 47.5, Hispanic/Latino 33.1, White 44.2
Hudson County: Overall 41.4, Asian/Pacific Islander 25.2, Black 46.0, Hispanic/Latino 27.7, White 42.9
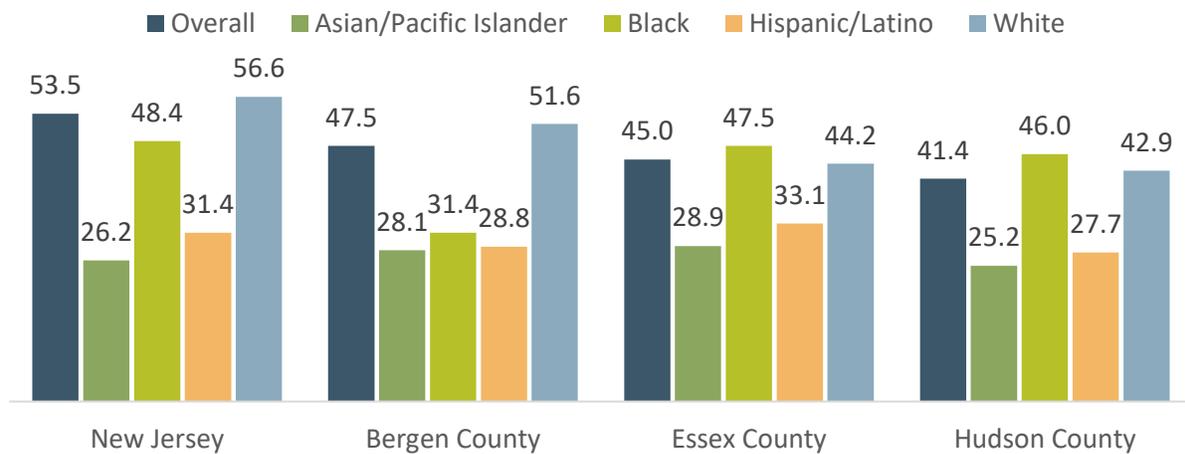
DATA SOURCE: New Jersey State Cancer Registry, New Jersey Department of Health, 2015-2019
NOTE: Persons of Hispanic ethnicity may be of any race or combination of races. The categories of race and ethnicity are not mutually exclusive.

Death certificate data about lung cancer mortality per 100,000 in 2016-2020 show that overall lung cancer death rates were lower in the three counties than in the state (Figure 39). Rates were higher among White and Black residents across the CMMC service area and the state than among Asian and Hispanic residents.

Figure 39. Lung Cancer Mortality Rate per 100,000 Population, by Race/Ethnicity, State, and County, 2016-2020

Legend: Overall, Asian, Non-Hispanic, Black, Non-Hispanic, Hispanic/Latino, White, Non-Hispanic

New Jersey: Overall 30.1, Asian, Non-Hispanic 12.9, Black, Non-Hispanic 31, Hispanic/Latino 13.7, White, Non-Hispanic 34.2
Bergen County: Overall 25.5, Asian, Non-Hispanic 14.1, Black, Non-Hispanic 21.8, Hispanic/Latino 11, White, Non-Hispanic 30.1
Essex County: Overall 24.9, Asian, Non-Hispanic *, Black, Non-Hispanic 29, Hispanic/Latino 13.3, White, Non-Hispanic 26.6
Hudson County: Overall 23.6, Asian, Non-Hispanic 11.4, Black, Non-Hispanic 37.4, Hispanic/Latino 14.2, White, Non-Hispanic 35.2
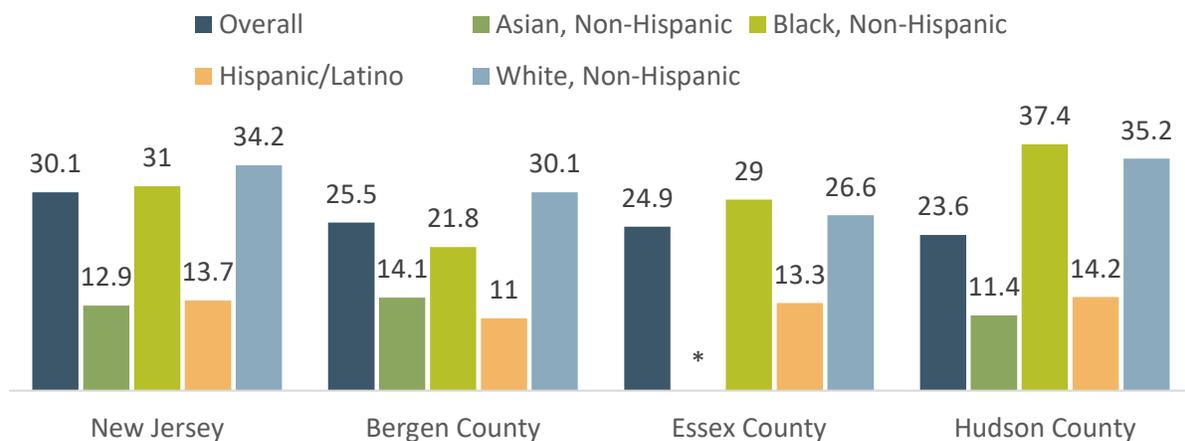
DATA SOURCE: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2016-2020
NOTE: Asterisks (*) denote insufficient data to calculate reliable rate.

The age-adjusted incidence rate of prostate cancer in 2015-2019 was highest in Essex County (164.5), a rate higher than the state (140.1) (Figure 40). Overall prostate cancer rates were lower than the state in Bergen County (133.0) and Hudson County (117.2). Across the state and in the three counties, the age-

adjusted incidence rate for prostate cancer was highest among Black residents, and lower among White residents, Asian/Pacific Islander residents, and residents who identified as Hispanic/Latino compared with the overall rate for the population as a whole. Because race and Hispanic origin are not mutually exclusive in the New Jersey State Cancer Registry cancer incidence data, caution should be used when comparing rates among Hispanic residents to rates in the different racial groups.

Figure 40. Age-Adjusted Prostate Cancer Incidence Rate per 100,000 Population, by State and County, 2015-2019
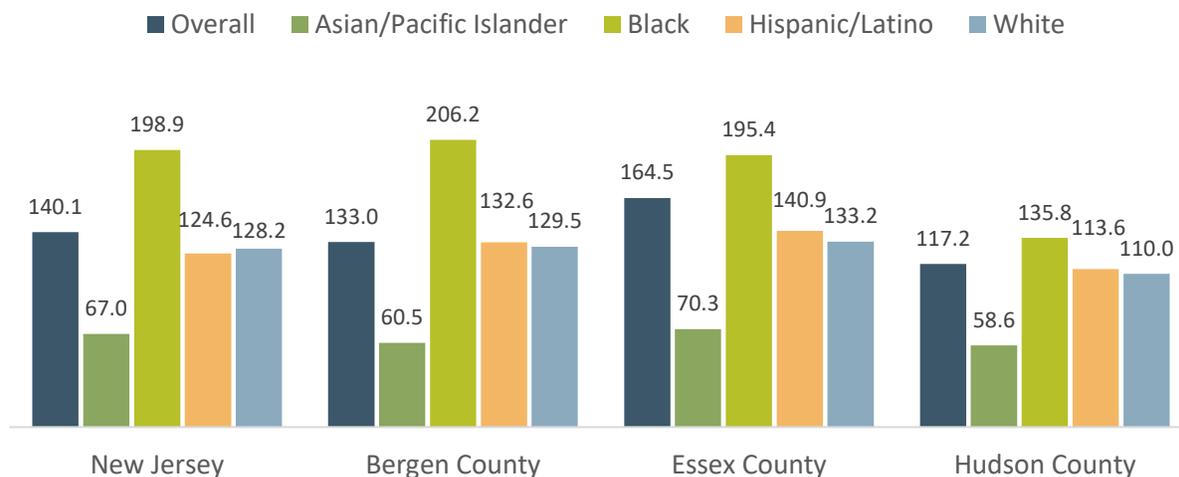
DATA SOURCE: New Jersey State Cancer Registry, New Jersey Department of Health, 2015-2019
NOTE: Persons of Hispanic ethnicity may be of any race or combination of races. The categories of race and ethnicity are not mutually exclusive.

Chronic Obstructive Pulmonary Disease (COPD)
Chronic obstructive pulmonary disease (COPD) is a chronic inflammatory lung disease that causes obstructed airflow from the lungs. It is one of the main diseases in the grouping of chronic lower respiratory disease (CLRD), the sixth leading cause of death in the state and the three counties in 2020 (Figure 23). New Jersey Department of Health data from 2016-2020 show that Essex County had the highest rates of ED visits and hospitalizations due to COPD: 4,218.8 per 100,000 residents and 1,078.4 per 100,000 residents, respectively (Figure 41). At 2,178.1 ED visits and 749.6 hospitalizations per 100,000 population, Bergen County had the lowest rates in 2016-2020.

Figure 41. ED Visits and Hospitalizations due to COPD per 100,000, by State and County, 2016-2020
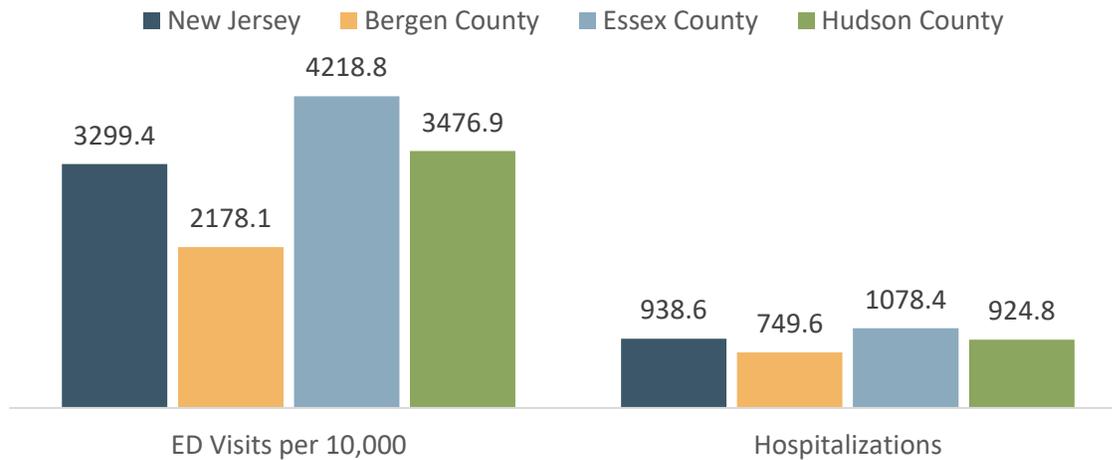
DATA SOURCE: New Jersey Department of Health, Office of Health Care Quality Assessment, New Jersey Data Collection System, as reported by New Jersey State Health Assessment Data (NJSHAD), 2016-2020

Disability

Disabilities, such as hearing impairment, vision impairment, cognitive impairment, and impaired mobility, impact residents' daily lives. Residents who have some type of disability may have difficulty getting around, living independently, or completing self-care activities.

Several interviewees and focus group members discussed the experiences and needs of community members with disabilities and their families. Parents shared challenges interacting with the school system and gaining supports for their children and stressed the need for parents to advocate on behalf of their children. As one parent shared, *"If you don't speak up, the school won't do anything."* Two interviewees mentioned that those with special needs who have recently aged out of the school system are an overlooked group in the community, with few services available. One suggested that more should be done to look back and assess whether school and community services have been helpful to these residents as they transition to adulthood and what more is needed; the other stated that their organization is working to build a program for 21-25 year old individuals with special needs. One focus group parent of a special needs child expressed frustration with hospital services, which they attributed in part to a lack of understanding about what patients with special healthcare needs, such as autism, might need. As this person shared, *"When [we got healthcare], the treatment was terrible. Because of his condition, they need more time to check him out. The waits are very long (2 or 3 hour wait), they tell him he can go home, but they don't discharge him. They don't understand that he has special needs."*

American Community Survey data from 2016-2020 show that the number of people with disabilities differs across the CMMC service area. The proportion of the population ages 18-64 with a disability ranged from 4.3% in Nutley to 16.9% in Newark's 07107 ZIP code (Figure 42). Overall, about 30% of people ages 65 and older have a disability in the three counties; across towns, the proportion of people ages 65 and older with a disability ranged from 29.6% in Nutley to 49.7% in Newark ZIP code 07107.

Figure 42. Civilian Noninstitutionalized Population with a Disability, by Age, State, County, and Town, 2016-2020
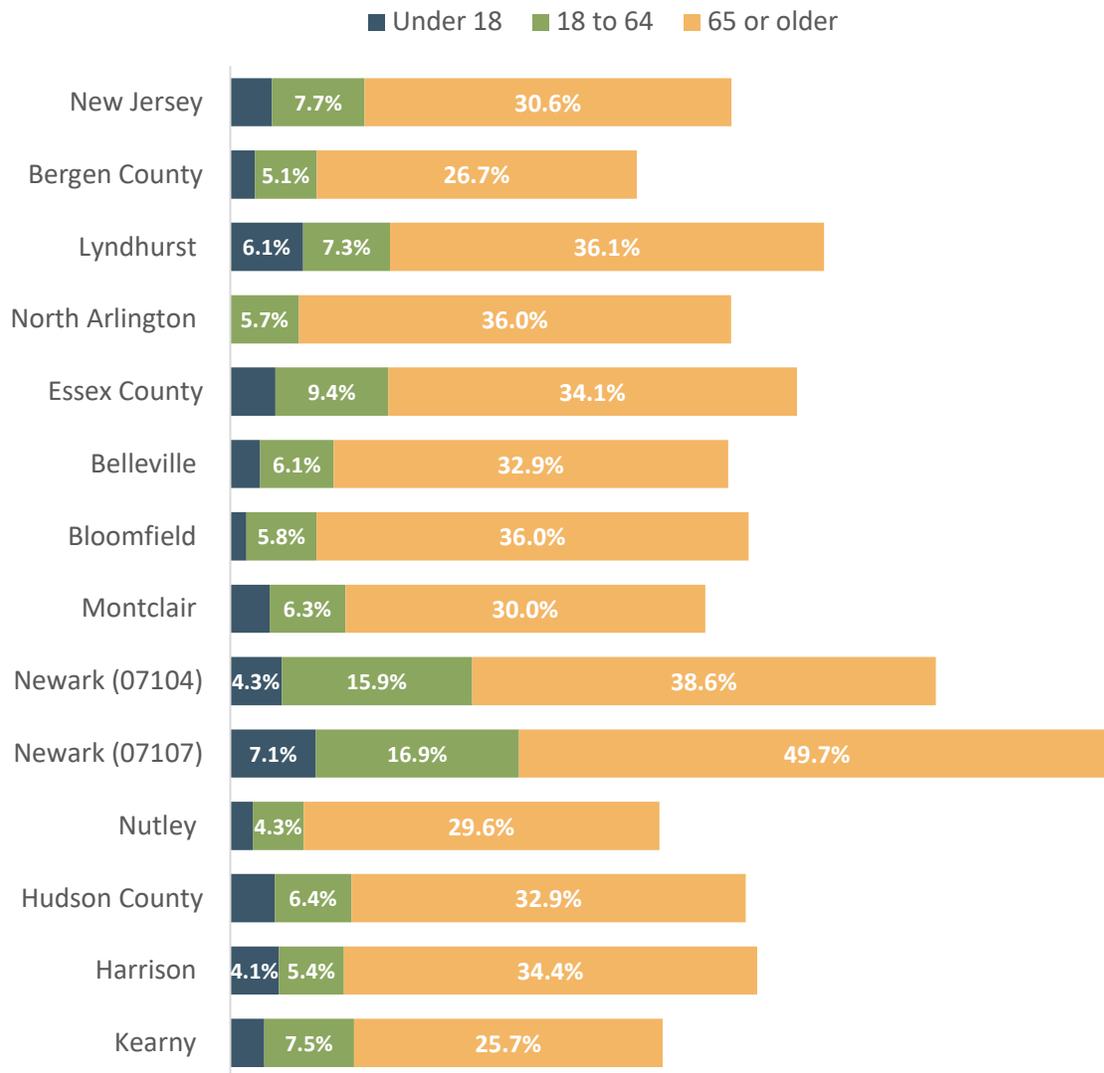
Legend: ■ Under 18 ■ 18 to 64 ■ 65 or older

Location	Under 18	18 to 64	65 or older
New Jersey		7.7%	30.6%
Bergen County		5.1%	26.7%
Lyndhurst	6.1%	7.3%	36.1%
North Arlington		5.7%	36.0%
Essex County		9.4%	34.1%
Belleville		6.1%	32.9%
Bloomfield		5.8%	36.0%
Montclair		6.3%	30.0%
Newark (07104)	4.3%	15.9%	38.6%
Newark (07107)	7.1%	16.9%	49.7%
Nutley	4.3%		29.6%
Hudson County		6.4%	32.9%
Harrison	4.1%	5.4%	34.4%
Kearny		7.5%	25.7%

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 healthcare field, mental health and substance use are typically discussed under the larger framework of behavioral health.

Mental Health

Mental health was identified as a community concern in every interview and in each focus group. Participants identified depression, anxiety, stress, and anger as mental health challenges for community residents and noted that these all have been exacerbated since the pandemic. One interviewee stated that suicide rates in the region have risen. Poor mental health has a negative impact on overall well-being: those with mental health conditions have difficulty managing other health conditions and accessing services such as healthcare, housing, and food resources.

"COVID is probably one of the clearest indicators that mental wellness and care are not consistent, and is impacted by color, financial status, socioeconomic status, and education." – Key informant interviewee

They are also more likely to misuse substances. As one interviewee explained, *"What we understand about mental health and wellness is that people self-medicate."*

Youth mental health was of particular concern to interviewees and focus group members. They mentioned that students struggled with isolation and fear during the pandemic and for some, spending more time with family created additional stress and trauma, especially if family members were experiencing mental health or substance use issues. Further, programs that supported children and youth with these challenges were largely closed during the pandemic. The return to school has brought its own anxiety and stress as young people re-adjust to social situations and in-person learning. For LGBTQIA+ students, going back to school has meant a return to challenges they experienced before the pandemic: struggles with issues of identity and body, acceptance from friends and teachers, bullying, and everyday stressors such as which bathroom to use and how to safely change for gym class.

The mental health of seniors was also mentioned as a community concern by several interviewees. Interviewees reported that older residents, many of whom experienced substantial isolation and fear during the pandemic, have experienced high rates of depression, a situation that was worse for those who are homebound or do not have family close by.

While awareness of mental wellness increased during the pandemic, stigma still exists, according to interviewees, especially in some families and cultural groups. One stated, "*A lot of people are still very uncomfortable talking about mental health concerns. A lot of people don't know where to get treatment. It's still a very taboo conversation*." Interviewees saw a need for continued messaging and education about mental health and suicide prevention, so that as one person stated, *"People know what to look for and where to turn."*

Quantitative data from the 2021 community survey and from national and state secondary sources confirm interviewees' and focus group participants' perceptions that mental health is a pressing community issue. As described earlier, community survey respondents identified mental health issues as the top health concern in their communities. Community survey results also show the impact of the pandemic on mental health: 40.1% of survey respondents reported that they or someone in their family has personally experienced difficulty with maintaining a good mental state and 32.7% reported feeling lonely or isolated from others since COVID-19 began (Figure 43).

Figure 43. 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=162), 2021
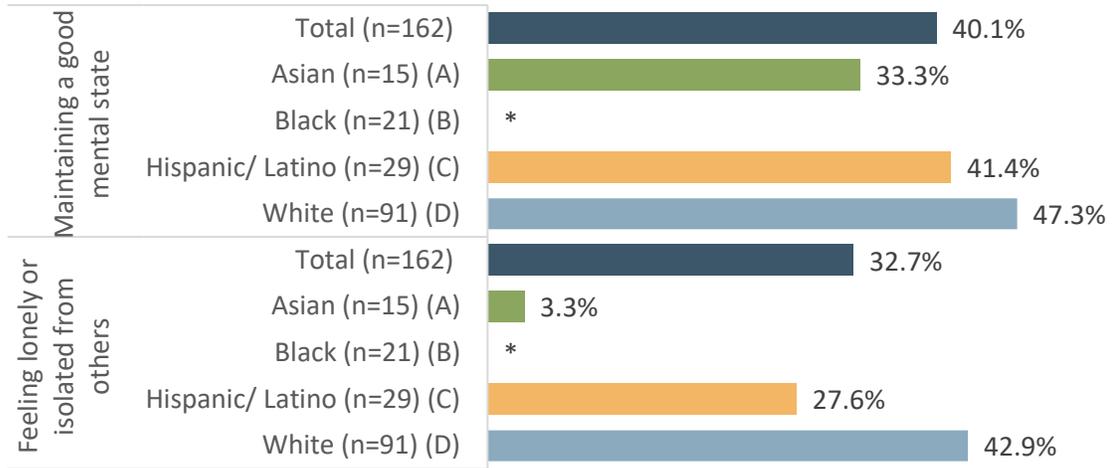
DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph. *Less than 5 respondents. Data not shown.

Secondary surveillance data from the Behavioral Risk Factor Surveillance System show that in 2020, 21.5% of Essex County adults, 12.7% of Hudson County adults, and 13.3% of Bergen County adults reported 14 or more days of poor mental health in the past month (Figure 44).

Figure 44. Percent Adults Reporting 14 or More Days of Poor Mental Health in Past Month, by State and County, 2020
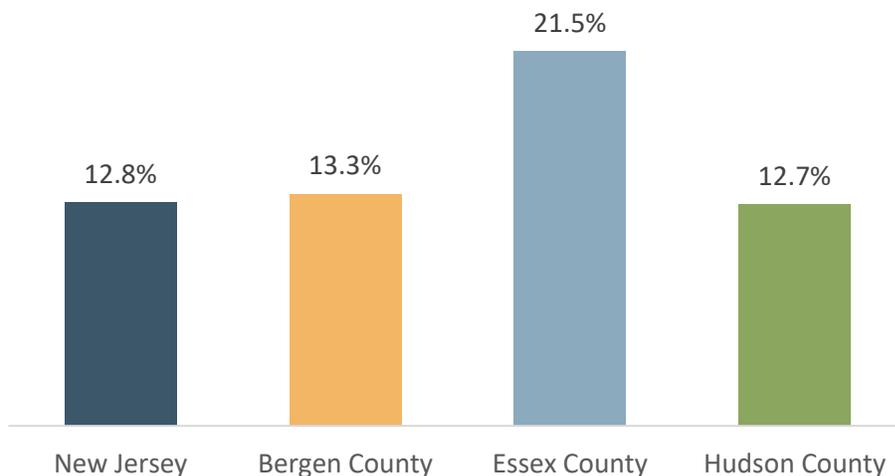
DATA SOURCE: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2018

Of the 58 community survey respondents who reported they or a member of their household had depression or anxiety, more than half (63.8%) were receiving care for one of these conditions (data not shown).

Data on mental health admission specific to the RWJB system can be found in Appendix F-Hospitalization Data. Mental health surveillance data from 2018 show that Hudson County (213.2) had the highest rate of ED visits due to mental health per 100,000 residents of the three counties, and a rate higher than the statewide rate (158.4) (Figure 45). Bergen County (108.6 per 100,000) had the lowest rate.

Figure 45. ED Visits Due to Mental Health per 100,000 Population, by State and County, 2018
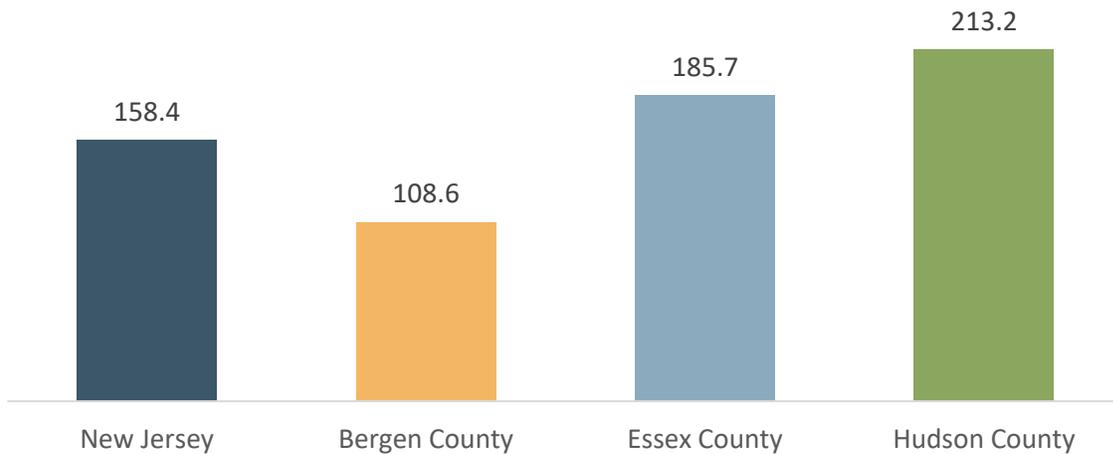
DATA SOURCE: New Jersey Department of Health, Office of Health Care Quality Assessment, New Jersey Data Collection System, as reported by New Jersey State Health Assessment Data (NJSHAD), 2018

Figure 46 shows that in 2020, the hospitalization rates for mental health issues were substantially higher among non-Hispanic Black residents across the three counties and statewide than for other racial and ethnic groups. Asian residents had the lowest hospitalization rates for mental health in 2020 across all geographies.

Figure 46. Hospitalizations due to Mental Health per 100,000, by Race/Ethnicity, State, and County, 2020
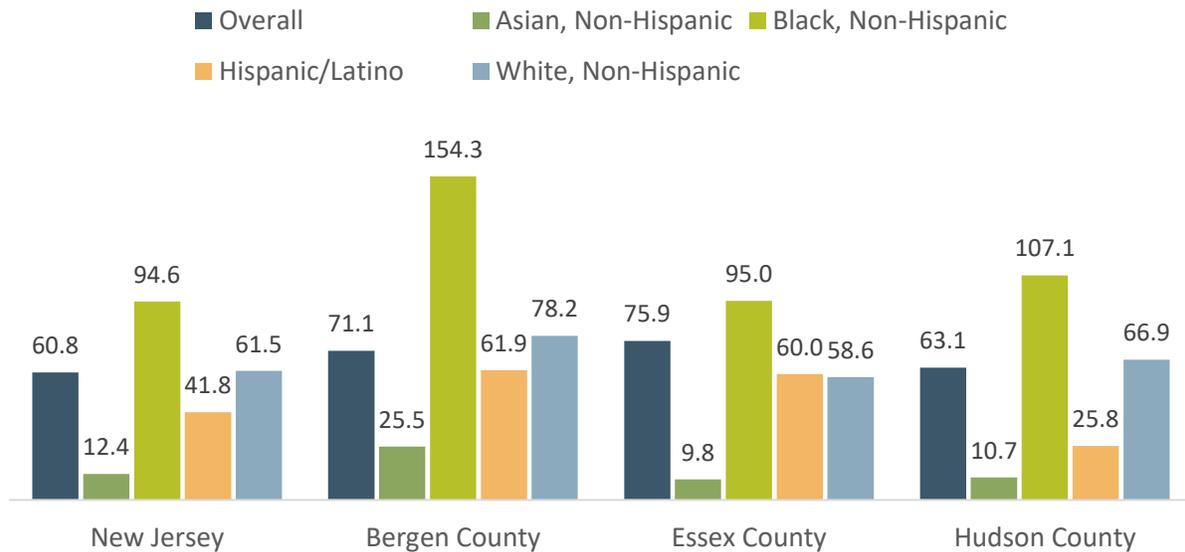
DATA SOURCE: New Jersey Department of Health, Office of Health Care Quality Assessment, New Jersey Data Collection System, as reported by New Jersey State Health Assessment Data (NJSHAD), 2020

Data from 2016-2020 indicate that overall suicide rates in Essex (5.9 per 100,000 population) and Hudson (6.6 per 100,000) Counties are lower than for Bergen County (7.6) and the state (7.8) (Figure 47). Viewed across racial and ethnic groups, data show that suicide rates are highest among non-Hispanic White residents across the state and the three counties CMMC serves.

Figure 47. Suicide Rate per 100,000 Population (Age-Adjusted), by Race/Ethnicity, State, and County, 2016-2020
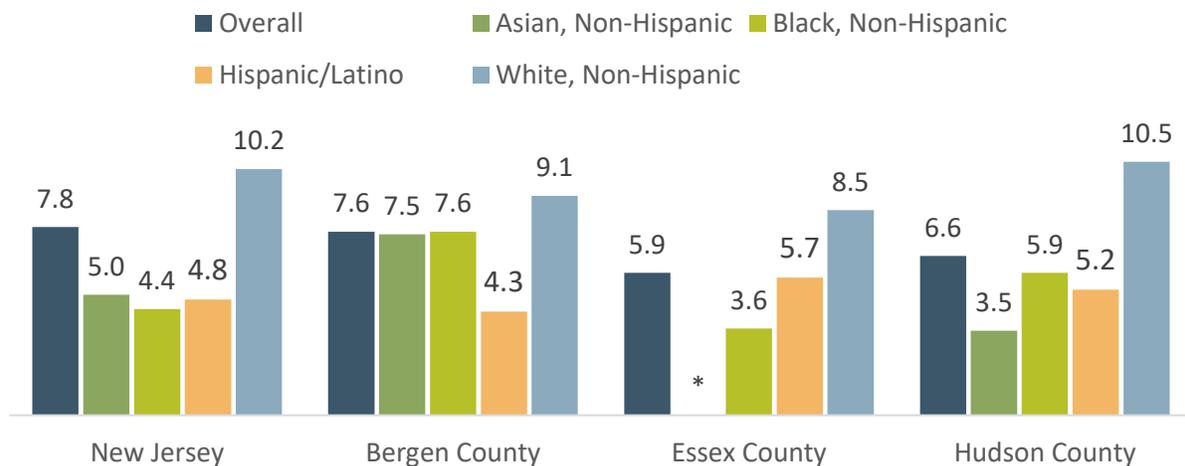
DATA SOURCE: National Center for Health Statistics, Mortality Files as reported by County Health Rankings & Roadmaps, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2016-2020
NOTE: * indicates data not available.

Recent data on pediatric hospitalizations due to mental health shows that hospitalization rates are highest in Bergen County for all racial/ethnic groups except White children, who experience the highest hospitalization rates in Essex County (Figure 48). The hospitalization rate for mental health issues among non-Hispanic Black children in Bergen County (92.7 per 100,000) is more than three times the rate of hospitalizations among non-Hispanic Black children in Essex County (27.0 per 100,000) and more than two times the rate in Hudson County (34.7 per 100,000) and statewide (37.4 per 100,000).

Figure 48. Pediatric Hospitalizations (Ages 19 and Under) due to Mental Health per 100,000, by Race/Ethnicity, State, and County, 2020
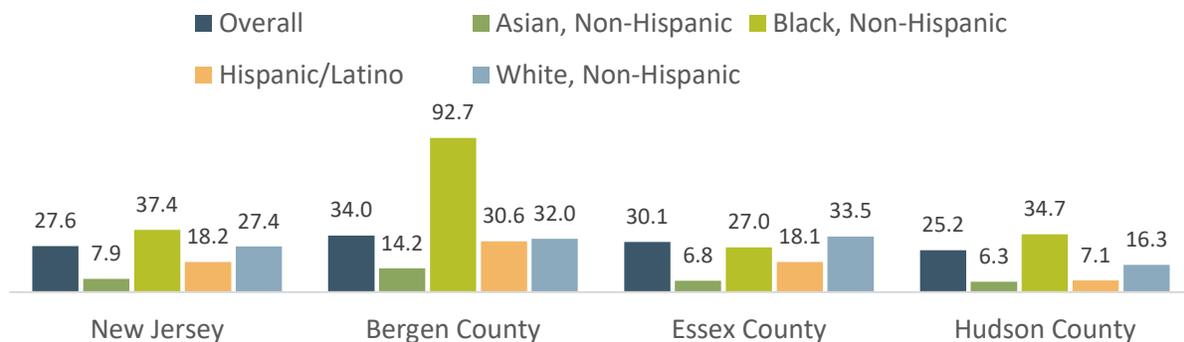
DATA SOURCE: New Jersey Department of Health, Office of Health Care Quality Assessment, New Jersey Data Collection System, as reported by New Jersey State Health Assessment Data (NJSHAD), 2020

Difficulty accessing mental health services was a theme in focus group and interview conversations. While the pandemic *"brought mental health and wellness to the forefront"* as one interviewee stated, participants stated that there are challenges to accessing resources to address mental health concerns. Focus group members, especially those who are insured by Medicaid, reported difficulty finding mental health providers. One focus group participant described their experience seeking mental health support after losing their partner to COVID, *"I did try and look for some (mental health) resources for myself and my daughter, and everything is overbooked or there's long waits."* Focus group members and interviewees saw a need for more community-based mental health services. Some also suggested greater engagement of schools and school-based services to address the mental health needs of students.

There has been some positive progress to address certain aspects of mental health support. One interviewee shared that supportive housing for those with mental health conditions has increased, which is largely attributed to increased awareness of mental health since the pandemic. An interviewee in West Orange mentioned that this community is one of the first to have the police department partner with a mental health organization to help de-escalate difficult situations; there is currently legislation in New Jersey for funds to be set aside to add this mental health component to police departments more generally.

Data about the mental health workforce from the Centers for Medicare and Medicaid Services indicate that in 2019, Essex and Bergen Counties had 470 and 410 people for every mental health provider, respectively, a rate similar to the state (450:1) (Figure 49). However, data show that Hudson County has a larger shortage of mental health providers: in this county, there is only one provider for every 1,570 residents.

Figure 49. Ratios of Population to Mental Health Provider, by State and County, 2019
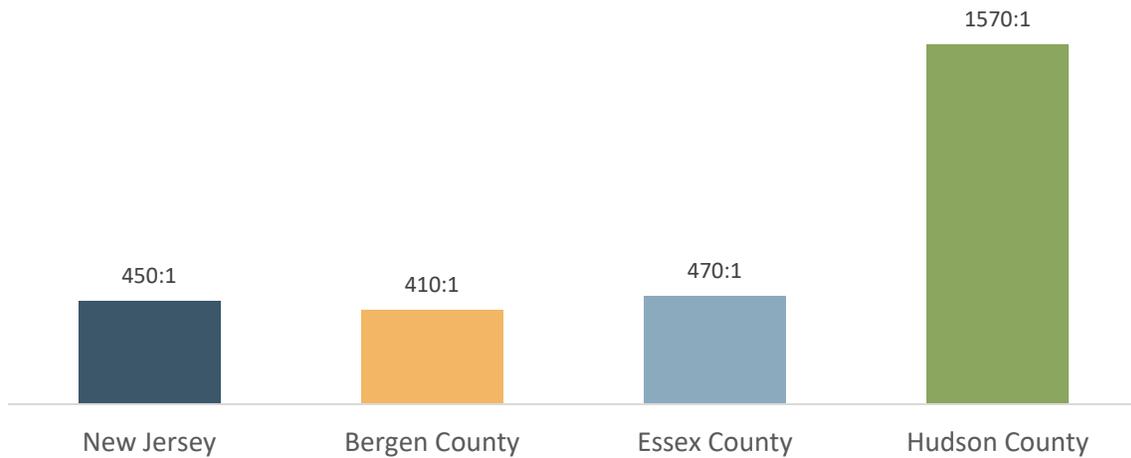
DATA SOURCE: National Provider Identification Registry, Centers for Medicare and Medicaid Services, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2019

Substance Use
Several interviewees and focus group participants identified substance misuse, particularly alcohol, as a community concern. One interviewee shared that tobacco use and vaping among youth is growing. The presence of fentanyl in the area is also a concern, as an interviewee working in the substance misuse services sector described: *"There is an increase in folks using fentanyl. Even with casual marijuana smokers, we find people testing fentanyl. They're playing Russian Roulette."*

The COVID-19 pandemic has had negative consequences for those seeking to overcome addiction. In-person counseling and group meetings were substantially curtailed during the height of the pandemic and setting up virtual formats took time. Those who were receiving medication-assisted treatment (MAT) could not access medication. An SUD services provider stated, *"There was a point in time when people struggling with addictions were at home without access to treatment and quarantined."* Lack of access to needed services meant that many people relapsed during COVID. Today, most providers have re-opened in-person services and continued virtual services, but staffing challenges have made it difficult to provide all the services that are needed.

Between 2017-2020, binge drinking rates were roughly similar between Essex (17.1%) and Hudson (17.6%) Counties and statewide (16.9%), and slightly lower in Bergen County (14.9%) (Figure 50). Across racial and ethnic groups, binge drinking rates were highest among non-Hispanic White residents in all geographies and lowest among non-Hispanic Asian and non-Hispanic Black residents.

Figure 50. Percent Adults Reported Binge Drinking in the Last 30 Days, by State and County, 2017-2020
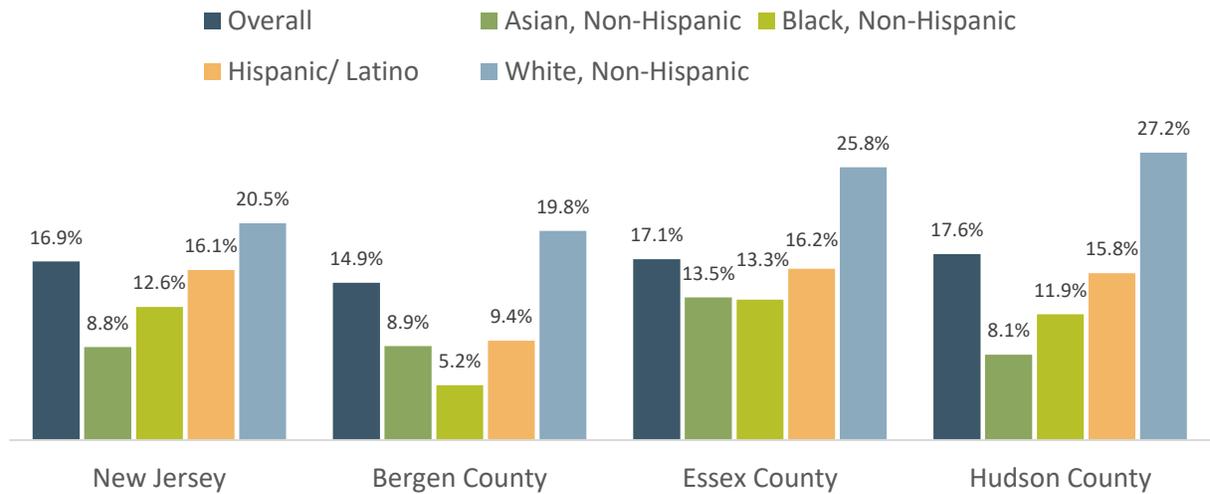
Legend: ■ Overall ■ Asian, Non-Hispanic ■ Black, Non-Hispanic ■ Hispanic/ Latino ■ White, Non-Hispanic

New Jersey: 16.9%, 8.8%, 12.6%, 16.1%, 20.5%
Bergen County: 14.9%, 8.9%, 5.2%, 9.4%, 19.8%
Essex County: 17.1%, 13.5%, 13.3%, 16.2%, 25.8%
Hudson County: 17.6%, 8.1%, 11.9%, 15.8%, 27.2%

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 51 shows the age-adjusted drug poisoning mortality rate per 100,000 population in 2016 and 2020. Over this time period, mortality rates increased in all three counties served by CMMC and statewide. In 2020, Essex County experienced the highest rate of mortality due to drug induced poisoning, 33.8 per 100,000 population. Bergen County had the lowest rate at 19.6 per 100,000 residents.

Figure 51. Age-Adjusted Drug Induced Poisoning Mortality Rate per 100,000 Population, by State and County, 2016 and 2020
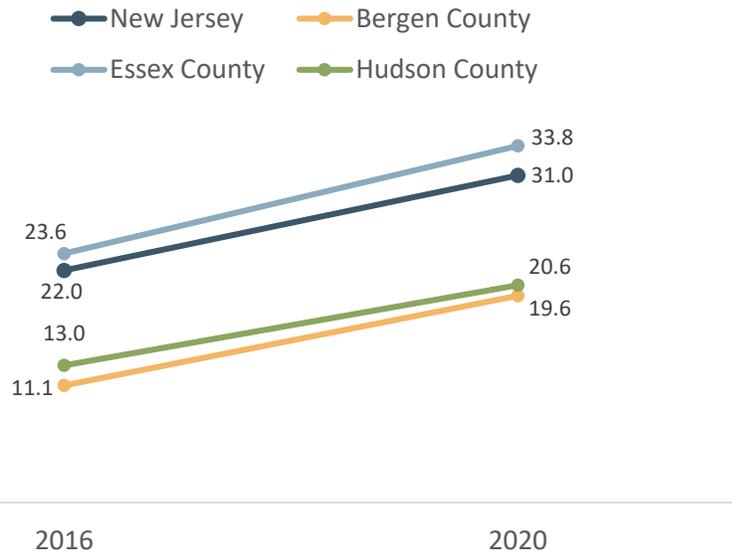
Legend: ● New Jersey ● Bergen County ● Essex County ● Hudson County

2016: Essex County 23.6, New Jersey 22.0, Hudson County 13.0, Bergen County 11.1
2020: Essex County 33.8, New Jersey 31.0, Hudson County 20.6, Bergen County 19.6

DATA SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 1999-2020 on CDC WONDER Online Database, 2016 and 2020
NOTE: Includes ICD-10 codes X40-X44

Figure 52 shows the percentage of substance use treatment admissions by primary drug in 2020. Across geographies, admission rates were highest for alcohol and heroin. In Bergen County, more than one third of admissions to substance use treatment services were for alcohol misuse and more than one third were for heroin misuse. In both Essex and Hudson Counties admission rates were higher for heroin use, 46.0% and 39.0%, respectively, than for alcohol use, 25.0% and 26.0%, respectively.

Figure 52. Percent of Substance Use Treatment Admissions by Primary Drug, by State and County, 2020
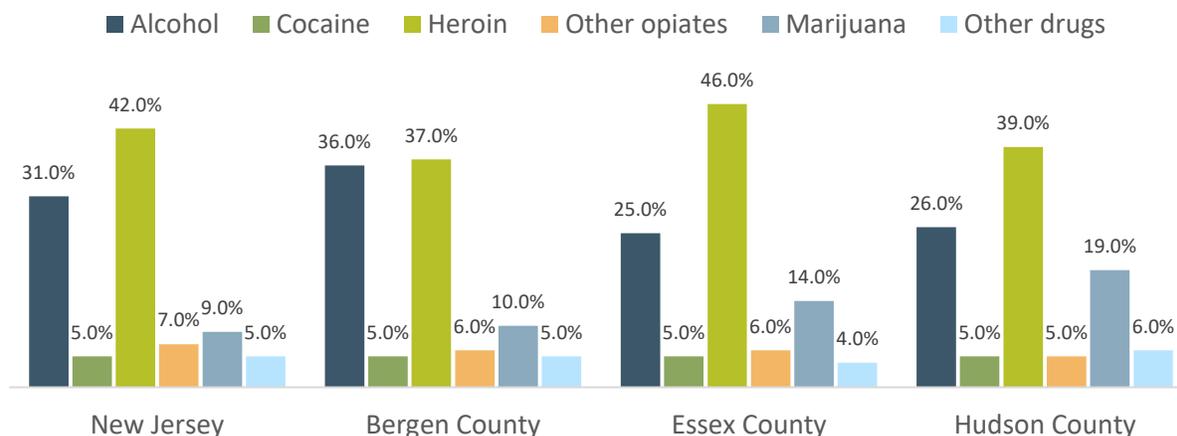
DATA SOURCE: New Jersey Department of Human Services, Division of Mental Health and Addiction Services, New Jersey Drug and Alcohol Abuse Treatment Substance Abuse Overview, 2020
NOTE: Percentages are by county of treatment site.

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 to hazardous substances in the air, water, soil, or food; natural disasters and climate change; and the built environment. This section describes both environmental health factors in the CMMC service area and the prevalence of conditions these factors can trigger.

Asthma
Asthma was not mentioned in the focus groups and interviews. Among the 45 community survey respondents who reported they or a member of their household had asthma, 80% indicated they were receiving treatment. Emergency department data show that the rates of visits for asthma declined from 2018 to 2020 across the three counties and statewide (Figure 53). It should be noted that emergency department visits may have declined during this period in part due to the COVID-19 pandemic, as individuals with asthma and other respiratory conditions may have been reluctant to seek care in the emergency department due to fear of contracting COVID-19.

Figure 53. Age-Adjusted Asthma Emergency Department Visit Rate per 10,000 Population, by State and County, 2018 and 2020
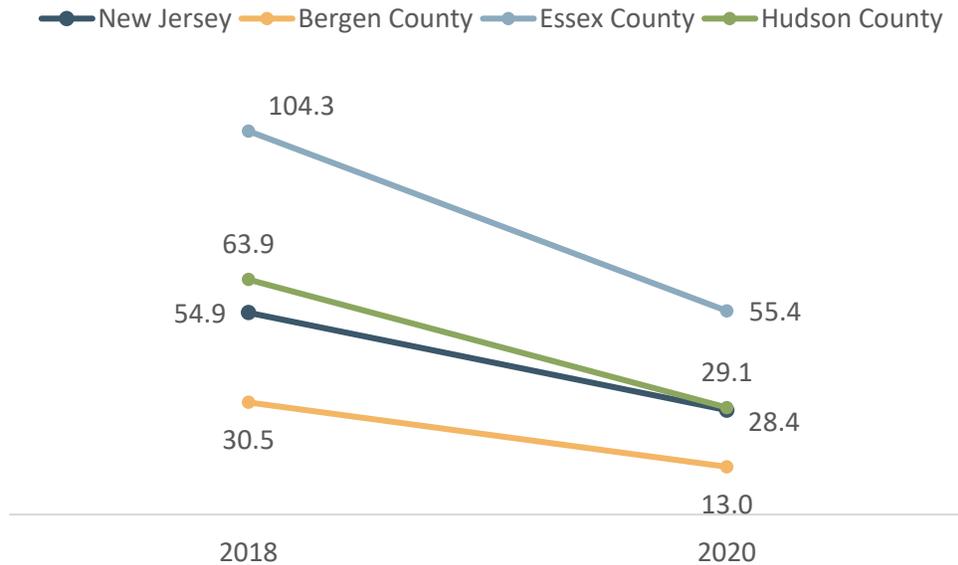
DATA SOURCE: New Jersey Discharge Data Collection System, Office of Health Care Quality Assessment, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2018 and 2020
NOTE: Data includes ED visits where asthma was primary diagnosis.

Figure 54 shows the age-adjusted asthma emergency department visit rate per 10,000 population by race/ethnicity in the state overall and in the three counties in the CMMC service area. In 2018, the age-adjusted asthma ED visit rate for Black residents was more than double the rate for any other racial/ethnic group in the state and in each of the three counties in the CMMC service area. The age-adjusted asthma ED visit rate was lowest among Asian, non-Hispanic residents in the three counties and in the state overall.

Figure 54. Age-Adjusted Asthma Emergency Department Visit Rate per 10,000 Population, by Race/Ethnicity, by State and County, 2018
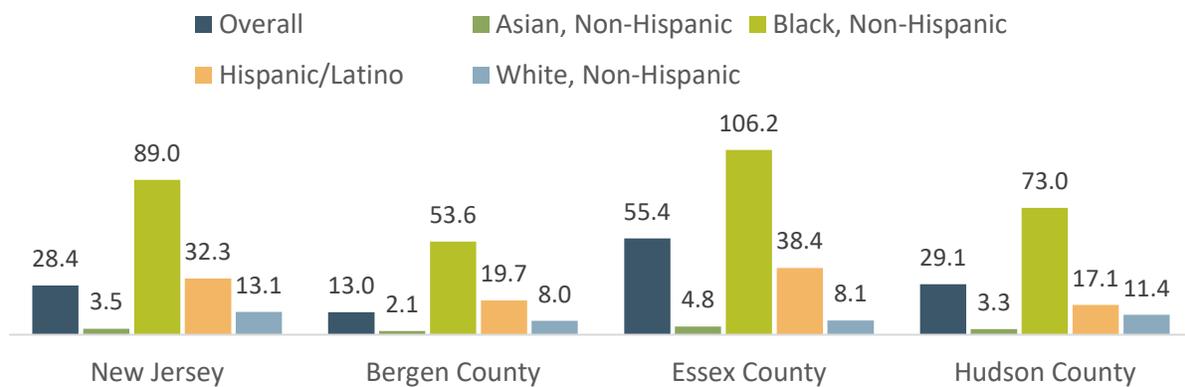
DATA SOURCE: New Jersey Discharge Data Collection System, Office of Health Care Quality Assessment, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2018
NOTE: Data includes ED visits where asthma was primary diagnosis.

Air Quality
In 2020, there were eight days statewide in New Jersey where ozone in outdoor air exceeded the federal health-based standard for ozone (eight-hour period above 0.070 ppm). Bergen County had three days of poor air quality and Essex and Hudson Counties had zero days of poor air quality (see Appendix E-Additional Data Tables).

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. Figure 55 shows that the majority of housing in the CMMC service area was built prior to 1980. In most cases, the proportion of older housing is higher in CMMC towns than the state overall. The towns of Belleville, Bloomfield, Montclair, Nutley, and Kearny have the highest proportion of older housing stock, with 85% or more of homes built before 1980. Only Harrison (57.7%) has a lower proportion of older housing stock compared with the state overall.

Figure 55. Percent Housing Stock Built Pre-1980, by State, County, and Town, 2016-2020

Location	Percent
New Jersey	65.7%
Bergen County	76.8%
Lyndhurst	78.0%
North Arlington	91.3%
Essex County	77.2%
Belleville	87.9%
Bloomfield	85.3%
Montclair	87.8%
Newark (07104)	70.2%
Newark (07107)	73.1%
Nutley	84.2%
Hudson County	68.4%
Harrison	57.7%
Kearny	87.3%
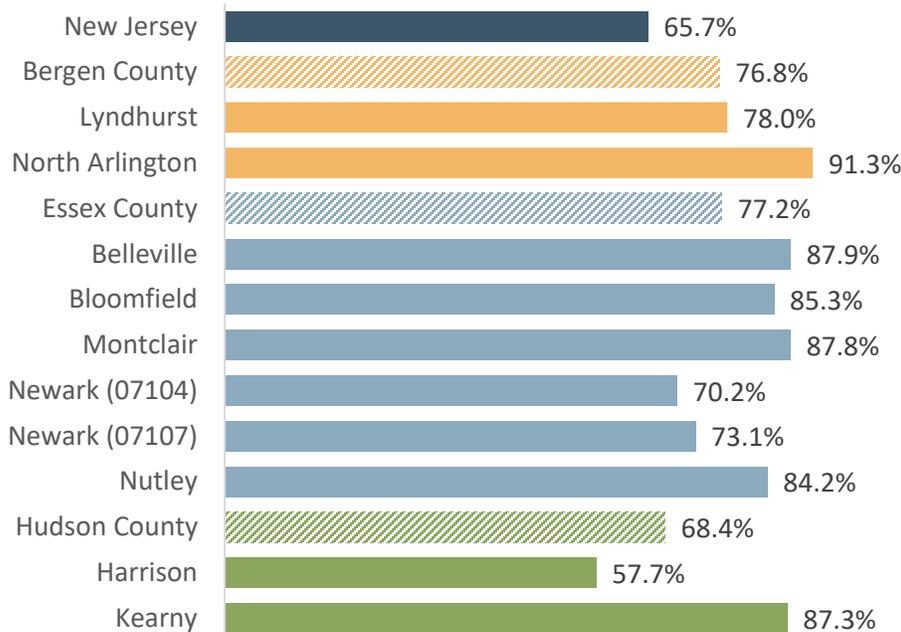
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

New Jersey Child Health Program data from 2022 shows that the proportion of children tested for lead exposure before 36 months of age is higher within the three CMMC counties than the state overall (Figure 56). In Essex County, almost 90% of children born in 2014 were tested for lead before their third birthdays.

Figure 56. Percent Children Tested for Lead Exposure Before 36 Months of Age Among Children Born in 2014, by State and County
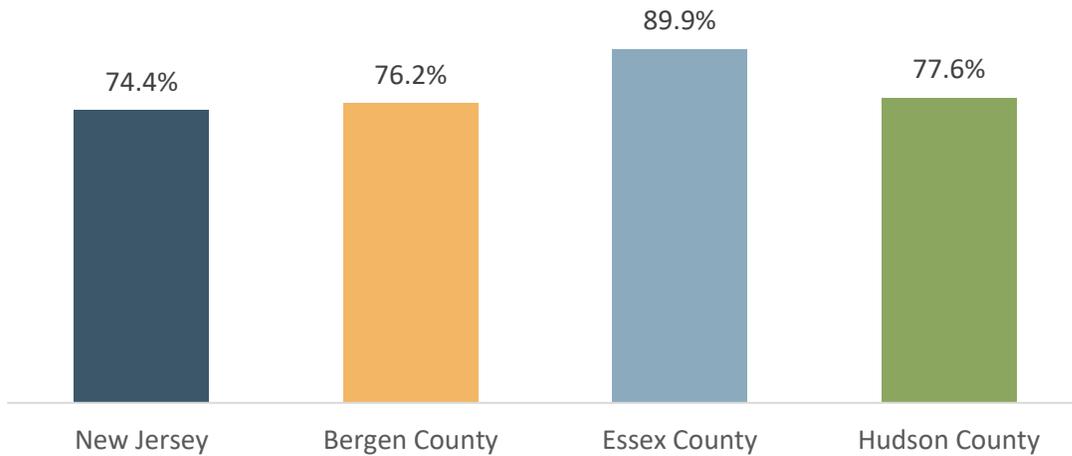
DATA SOURCE: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry; Child Health Program, Family Health Services, as reported by, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2022

Infectious and Communicable Disease
This section discusses COVID-19 and sexually transmitted infections.

COVID-19
COVID-19 was a dominant topic in focus group conversations and interviews. The COVID-19 pandemic has affected all sectors of life and created substantial challenges for many. Participants shared the impact of the pandemic on financial and mental well-being. Those with children discussed challenges with schooling and education lost. The shutdowns and social distancing mandated through the pandemic and workforce shortages continuing today have affected healthcare access as well: participants shared experiences with delayed medical care, missing screenings, increased wait times for appointments, and transportation challenges.

> *"There were two diseases, one was COVID, and one was the pandemic."* – Key informant interviewee

Figure 57 shows new confirmed cases of COVID-19 per 100,000 population in New Jersey as a whole, and in Bergen, Essex, and Hudson Counties between March – August 2022. In all localities the rate of new cases was lowest in March 2022 and peaked in May 2022. The rate of new cases in Bergen County was consistently higher than the state rate until August 2022, when it dropped below the state rate by 1 case per 100,000 population. The rate of new cases in Essex and Hudson Counties also frequently exceeded the rate of new cases in the state as a whole, except during the May 2022 surge.

Figure 57. 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
Bergen County	311	800	1,419	854	940	433
Essex County	242	615	1,134	807	988	497
Hudson County	219	514	1,076	782	860	441
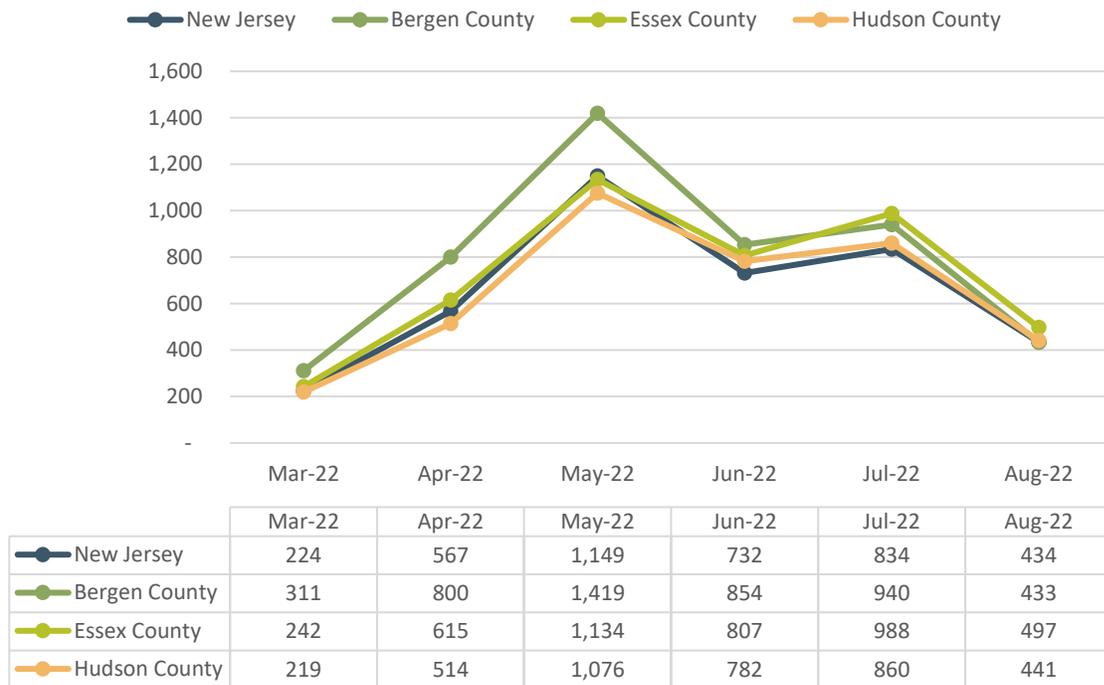
DATA SOURCE: New Jersey Department of Public Health, COVID-19 Dashboard, 2022

As of August 2022, there had been 31,275 deaths due to COVID-19 in New Jersey (Figure 58). Non-Hispanic White residents account for nearly 60% of COVID deaths. Non-Hispanic Black residents account for 16.6%, Hispanic residents account for 13.8%, and Asian residents account for 4.5% of confirmed COVID-19 deaths in the state.

Figure 58. Percent of COVID-19 Deaths by Race/Ethnicity in New Jersey, 2022
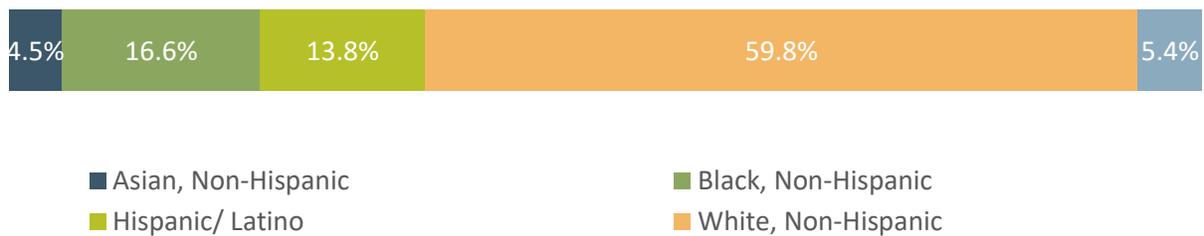
DATA SOURCE: New Jersey Department of Public Health, COVID-19 Dashboard, 2022
NOTE: Counts are up to date as of August 10th, 2022.

Figure 59. COVID-19 Death Rate per 100,000 Residents, by County, January-August 2022shows the COVID-19 death rate per 100,000 residents in Bergen, Essex, and Hudson Counties between January – August 2022. The death rate was highest in Essex (51.0) and lowest in Hudson (45.0) Counties. Data on COVID-19 deaths per 100,000 population at the state level are unavailable.

Figure 59. COVID-19 Death Rate per 100,000 Residents, by County, January-August 2022
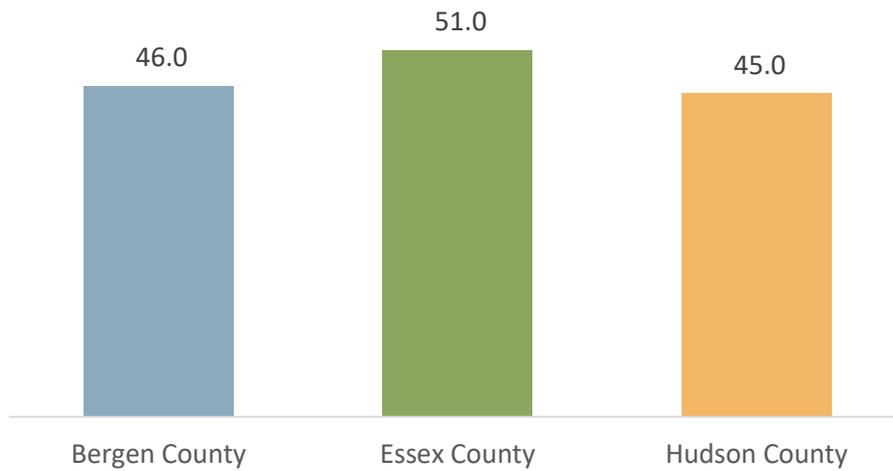
DATA SOURCE: New Jersey Department of Public Health, COVID-19 Dashboard, 2022
NOTE: Counts are up to date as of August 10th, 2022.

As of July 27, 2022, 6,795,708 individuals in New Jersey and 1,891,337 individuals in the three counties comprising the CMMC primary service area had been fully vaccinated against COVID-19 (Figure 60). Health department interviewees reported that they continue to reach out to residents who are unvaccinated and unboosted, but face challenges reaching groups such as undocumented residents and overcoming vaccine misinformation. Declining levels of trust in government that occurred during the pandemic have also been a factor.

Figure 60. Population Fully Vaccinated for COVID-19 and Percent Vaccinated by Race/Ethnicity, State, and County, 2022
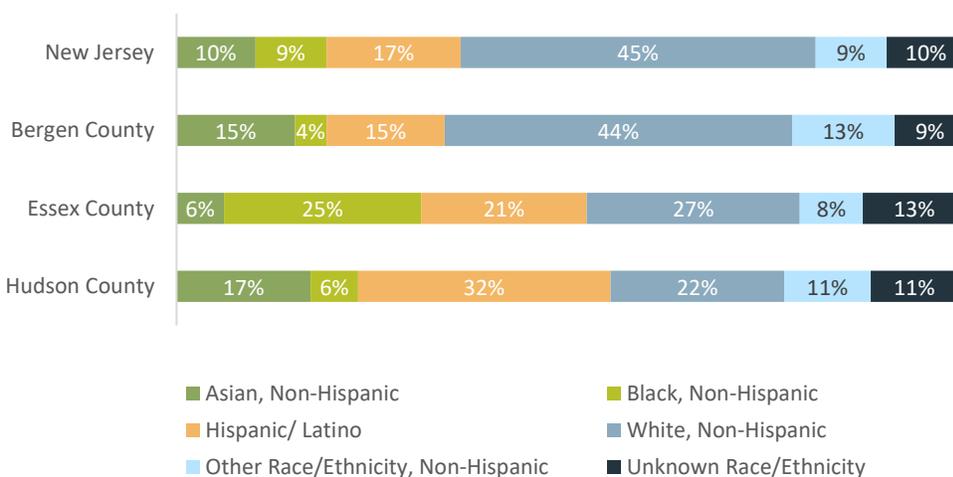
DATA SOURCE: New Jersey Department of Public Health, COVID-19 Dashboard, 2022
NOTE: Counts are up to date as of July 27th, 2022. Data by race/ethnicity does not include those vaccinated out of state and through federal programs.

Sexual Health and Sexually Transmitted Diseases

Sexual health and sexually transmitted diseases were not brought up as concerns by focus group and interview participants. Chlamydia was the most common sexually transmitted disease in the state and across the three counties in the CMMC service area; the rate of Chlamydia was highest in Essex County at 4,542.3 cases per 100,000 population (Figure 61). Rates of Gonorrhea and Hepatitis C were also highest in Essex County, compared to the other two counties and the state, 446.5 and 89.3 per 100,000 population, respectively.

Figure 61. Chlamydia, Gonorrhea, and Hepatitis C per 100,000 Population, by State and County, 2020 & 2021
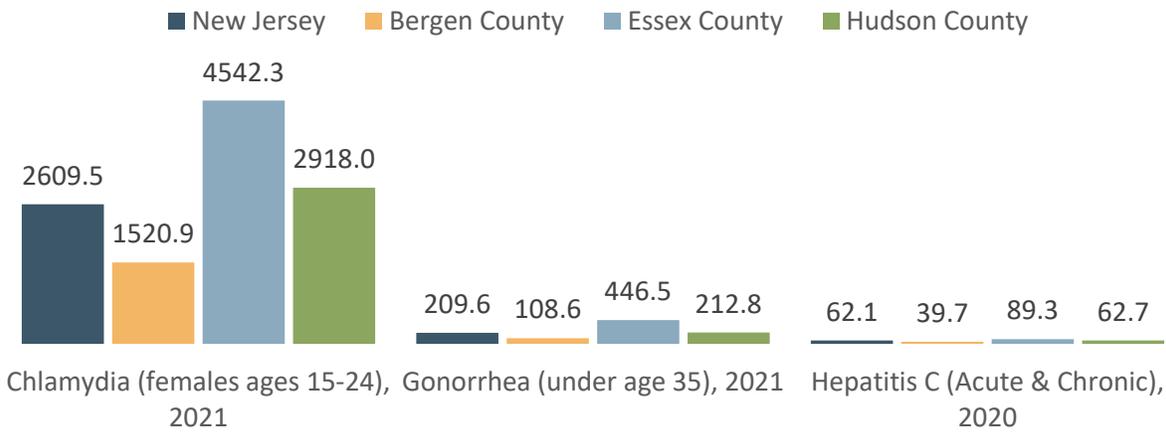
DATA SOURCE: Communicable Disease Reporting and Surveillance System, New Jersey Department of Health, as reported by the New Jersey State Health Assessment Data (NJSHAD), 2020 & 2021

HIV transmission data were only available at the state level. The rate of HIV transmission for Black residents in New Jersey was 30.2 per 100,000 persons, which was ten times the rate of transmission for White residents (3.1 per 100,000) and three times the rate for all New Jersey residents (9.9 per 100,000) (Figure 62). Hispanic/Latino residents had an HIV transmission rate of 18.4 per 100,000 persons, almost twice as high as the state rate.

Figure 62. HIV Transmission per 100,000 Population (Age 13 and Older), by State and Race/Ethnicity, 2020
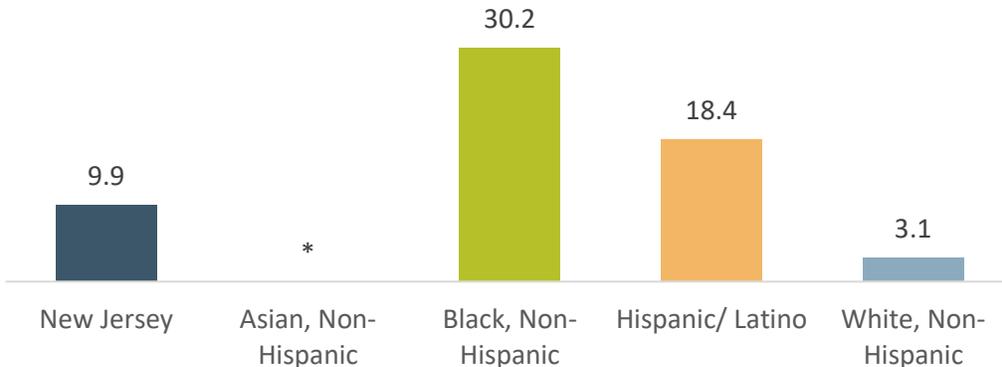
DATA SOURCE: Enhanced HIV/AIDS Reporting System (eHARS), Division of HIV/AIDS, STD, and TB Services, as reported by the New Jersey Health Assessment Data (NJSHAD), 2020
NOTE: * indicates data not available

Figure 63 shows the syphilis incidence rate per 100,000 population in the state as a whole and in Bergen, Essex, and Hudson Counties in 2016 and 2021. The incidence of syphilis in the state overall and in each of the three counties increased in 2021 compared with 2016. As of 2021, Essex County had the highest syphilis incidence rate at 17.1 cases per 100,000 population compared to 9.8 cases per 100,000 population in the state as a whole.

Figure 63. Syphilis Incidence Rate per 100,000 Population, by State and County, 2016 and 2021
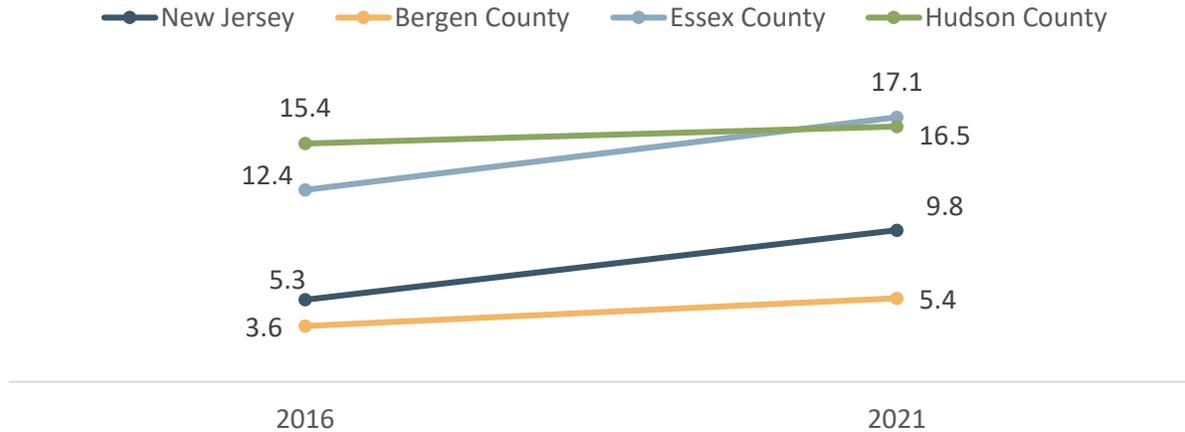
DATA SOURCE: Communicable Disease Reporting and Surveillance System, New Jersey Department of Health, Division of HIV, STD, and TB Services, 2016 and 2021
NOTE: Includes primary and secondary syphilis. Crude rate.

Maternal and Infant Health
The health and well-being of mothers, infants, and children are important indicators of community health. Figure 64 shows the number of teen births per 1,000 female population from 2014 to 2020, by race/ethnicity, state, and county. The rate of teen births was higher in Essex (17.6 per 1,000 female population ages 15-19) and Hudson (17.2 per 1,000 population) Counties, than in Bergen County (3.6 per 1,000 population) and statewide (10.9 per 1,000 population). Across the geographies, the rate of teen births was higher among non-Hispanic Black and Hispanic females compared to the rate in the population overall.

Figure 64. Number of Births per 1,000 Female Population Ages 15 to 19, by Race/Ethnicity, State, and County, 2014-2020
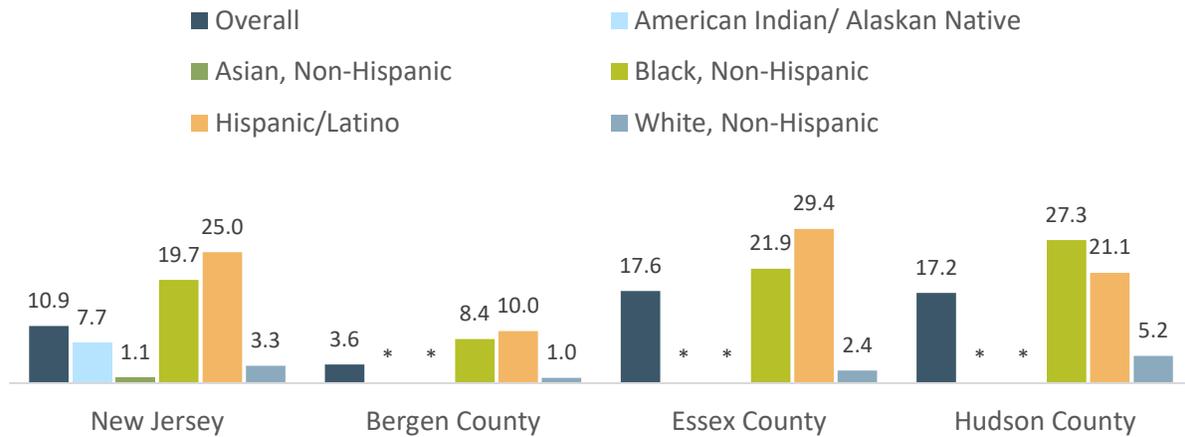
DATA SOURCE: National Center for Health Statistics, Natality Files, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2014-2020
NOTE: Asterisks (*) denote insufficient data to calculate reliable rate.

Birth data from the NJ Birth Certificate Database show that Essex County (9.5%) had a higher proportion of low birthweight babies born between 2016 and 2020 than the other two counties and the state (Figure 65). Data across racial/ethnic groups shows that a higher proportion of non-Hispanic Black women have babies weighing less than 2,500 grams across all three counties and the state, followed by non-Hispanic Asian women. Non-Hispanic White women, by contrast, experienced the lowest proportion of low-birth-weight births in the state and across all three counties.

Figure 65. Percent Low Birth Weight Births by Race/Ethnicity, State and County, 2016-2020
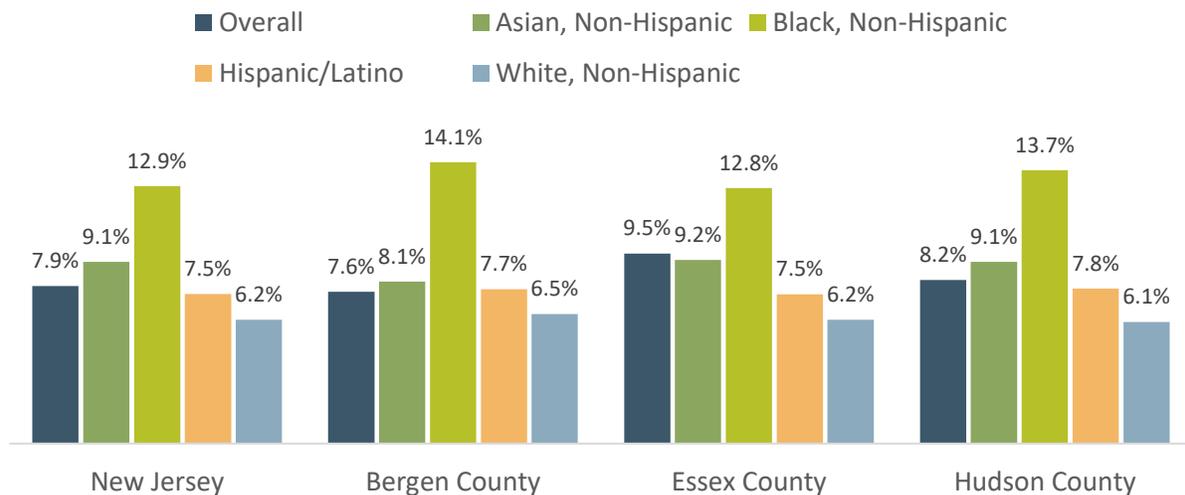
DATA SOURCE: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2016-2020
NOTE: Low birth weight as defined as less than 2,500 grams.

Access to Services

This section discusses the use of healthcare and other services, barriers to accessing these services, and the 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 and Utilization of Preventive Services, Including Immunizations

While access to preventive services was not a prominent theme in interviews and focus group discussions, several participants did mention that outreach programs such as screenings and health fairs have declined during and since the pandemic. As one interviewee stated, "*[Hospital screening and education programs] stopped coming out into the community, and it's a loss.*" One health department interviewee shared that community challenges relative to immunization have more to do with declining vaccination adherence, including among students, than with the accessibility of services.

As described earlier, members of one focus group talked about the challenges some women face accessing preventive gynecological care. They appreciated free mammograms provided by local hospitals, including Clara Maass, particularly in reaching undocumented and uninsured women. One interviewee, however, shared that transportation to free or low-cost screening programs can be a barrier. In speaking about patients in Nutley who must travel out of town for free mammograms, this person shared, *"Many would rather not get the health services rather than traveling."*

Respondents to the 2021 community survey were asked about their participation in various healthcare screenings, including preventive services. Approximately 80% of survey respondents from the CMMC service area reported having an annual physical exam, while around 70% reported that they have had their flu shot and received a dental and vision screening. Around one third (34.4%) reported receiving a hearing screening (Figure 66).

Figure 66. Percent of Community Survey Respondents Reporting that They Have Participated in a General Preventive Services and Screenings in the Past Two Years (n=163), 2021
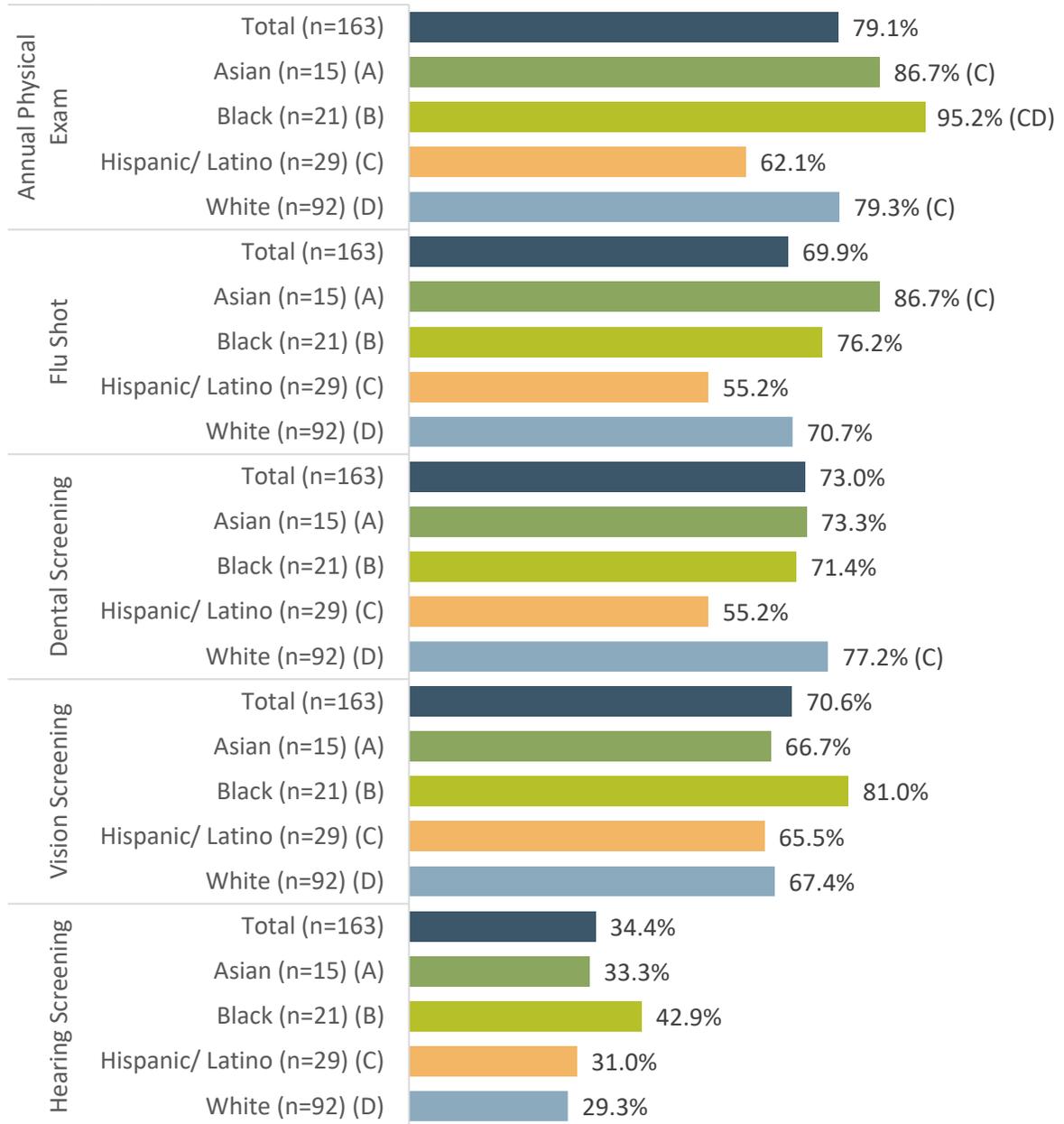
DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021
NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Barriers to Accessing Healthcare Services

Interviewees and focus group participants shared that residents in the Clara Maass service area face barriers to accessing healthcare. Challenges such as cost, lack of providers, lack of insurance, and language and transportation barriers were most often mentioned. Similar barriers were identified in the 2019 CHNA.

"It's too difficult to receive medical attention." – Focus group participant

Community survey respondents were asked to identify which barriers they have experienced. Importantly, it should be noted that almost 33% of survey respondents indicated that they have never experienced difficulty in getting healthcare. The top issues survey respondents identified overall were ability to schedule an appointment at a convenient time, insurance problems, cost of care, wait times, and doctors not accepting new patients (Figure 67). Challenges differed by racial/ethnic groups, although these data should be interpreted with caution given low response rates across non-White respondents. A comparison of these survey results to community survey results shared in the 2019 CHNA reveal similar barriers. In 2019, the top health care barriers noted by respondents were insurance (38.0%), long wait times (33.0%), cost of care (32.0%), and scheduling appointments (27.0%); 18% of respondents reported the challenge of doctors not accepting new patients. Additionally, 27.0% of respondents reported that they did not experience any difficulties getting care in 2019.

Figure 67. 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=163), 2021

Legend:
- ■ Total (n=163)
- ■ Asian (n=15) (A)
- ■ Black (n=21) (B)
- ■ Hispanic/ Latino (n=29) (C)
- ■ White (n=92) (D)

Never experienced any difficulty in getting care
- Total: 32.5%
- Asian: *
- Black: 52.4%
- Hispanic/Latino: *
- White: 33.7%

The ability to schedule an appointment at a convenient time of day/evening/weekend
- Total: 29.4%
- Asian: *
- Black: 23.8%
- Hispanic/Latino: 37.9%
- White: 30.4%

Insurance problems
- Total: 28.8%
- Asian: 40.0%
- Black: *
- Hispanic/Latino: 51.7% (D)
- White: 23.9%

Cost of care
- Total: 29.4%
- Asian: *
- Black: *
- Hispanic/Latino: 51.7% (D)
- White: 26.1%

Wait times at doctor's office or clinic are too long
- Total: 27.0%
- Asian: *
- Black: 28.6%
- Hispanic/Latino: 34.5%
- White: 27.2%

Doctors not accepting new patients
- Total: 19.6%
- Asian: *
- Black: *
- Hispanic/Latino: 31.0%
- White: 18.5%

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.

Cost

The cost of healthcare, including paying for health insurance, co-pays, and deductibles, is a barrier to good health, especially for lower income residents. Focus group members reported that they appreciate being able to access healthcare through community health centers and health departments because they accept Medicaid and provide services on a sliding fee basis. However, not all communities have these resources:

> *"For financially insecure populations, the cost of medication and getting to the doctor when an FQHC is not in town is a barrier."* – Key informant interviewee

there is no Federally Qualified Health Center (FQHC) in Bloomfield, for example. Focus group members shared that cost barriers lead some to delay healthcare until a situation is serious, and then they use the hospital emergency room. Affording medication, including insulin, is also a challenge. One interviewee stated, "*Access to lifesaving medications is challenging because of the cost.*"

Healthcare Provider Availability and Patient Experience
Several participants shared that it can be difficult to find a healthcare provider. As shown in Figure 67, the ability to schedule a medical appointment was a challenge for 29.4% of community survey respondents. Members of one focus group reported that they have difficulty getting appointments for sick children, which then necessitates a visit to the emergency room where long wait times pose another barrier to care. Others noted that finding behavioral health providers is a challenge, although some of this has been addressed through telemedicine approaches developed during the pandemic. Beyond provider availability, some focus group participants identified negative patient experiences as a barrier to accessing care. Participants in the Spanish-speaking focus group reported a lack of empathy and disrespect from hospital staff, particularly towards non-English speaking patients and those without insurance. One participant stated they had traumatic experiences at the hospital during both their pregnancies. Another said: *"They're people that work in the medical field and have no empathy. They talk with each other; they don't give adequate or prompt care to patients."*

Insurance
Lack of insurance is also a barrier to accessing healthcare for some residents in the Clara Maass service area. One interviewee attributed this to lack of understanding about eligibility: *"A lot of people are Medicaid eligible and don't even know it."* Members of one focus group shared that income thresholds are a barrier: *"If you make even one dollar over, you don't qualify."* Immigration status and the inability of undocumented residents to obtain insurance coverage is another barrier to care. One focus group participant asked: *"Why doesn't the hospital have charity care for people who are undocumented?"*

American Community Survey data indicate that barriers related to health insurance coverage vary by town. About 7.6% of New Jersey residents were uninsured in 2016-2020; however, higher proportions of residents in Essex County (11.3%) and Hudson County (12.4%) were uninsured during this time (Figure 68). The proportion of uninsured residents across the communities CMMC serves is highest in the 07107 ZIP code of Newark (16.1%), Harrison (15.3%), and the 07104 ZIP code of Newark (13.9%). There are far fewer uninsured residents in Montclair (3.6%).

Figure 68. Percent Population Uninsured, by State, County, and Town, 2016-2020
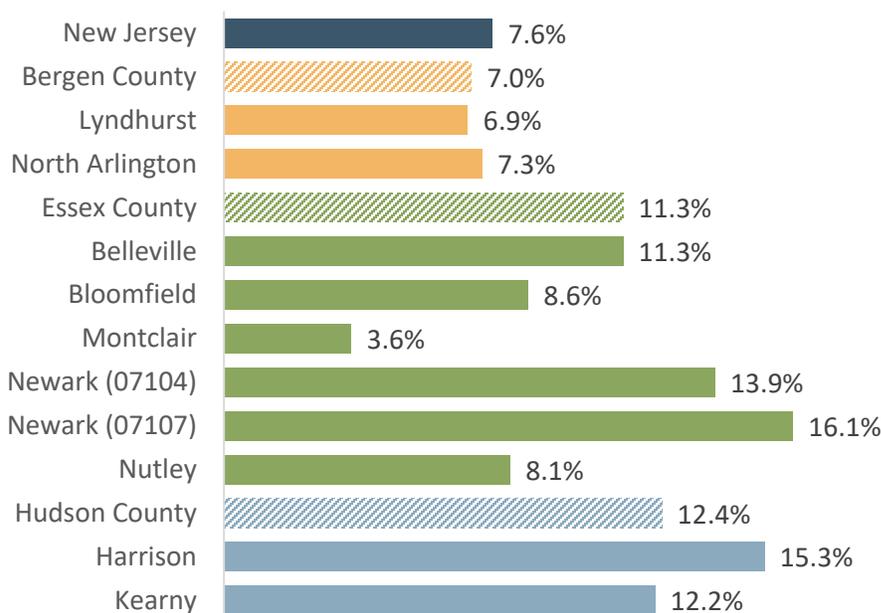
Location	Percent
New Jersey	7.6%
Bergen County	7.0%
Lyndhurst	6.9%
North Arlington	7.3%
Essex County	11.3%
Belleville	11.3%
Bloomfield	8.6%
Montclair	3.6%
Newark (07104)	13.9%
Newark (07107)	16.1%
Nutley	8.1%
Hudson County	12.4%
Harrison	15.3%
Kearny	12.2%

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

Language

Some key informant interviewees and focus group participants shared that residents in the service area who speak languages other than English sometimes find it difficult to communicate with healthcare providers. Focus group members explained that sometimes language services are not available, or staff do not have sufficient language proficiency. As one focus group member shared, *"There are people that say 'I speak Spanish' but aren't able to explain the services in detail."*

Transportation

While transportation was not identified as a top barrier to accessing healthcare in the community survey, interviewees noted that this is a challenge for some residents. During COVID, healthcare transportation services were curtailed, and use of public transportation services declined; today, some patients continue to avoid more crowded transportation resources. Interviewees stated that there are transportation options for residents in the Clara Maass service area. In some communities, local government agencies, including the health and parks departments provide supplemental transportation services. For example, the Town of Lyndhurst runs a medical transport service for residents who need to access physical therapy, dialysis, and other types of healthcare services; pointing to residents' need for transportation, this interviewee stated, *"[Medical transport service is] probably the thing that's most used in our town*."

Access to Social Services or Other Essential Services

As described earlier, focus group members and interviewees believe the numerous services and programs provided by community-based organizations in the CMMC service area are a substantial community asset. These services were curtailed during COVID as organizations adjusted to new models of service delivery, social distancing requirements, and the staffing and financial challenges of the pandemic. Today, some, but not all, services have returned. Finding staff continues to be challenging. Reducing the risk to more vulnerable clients—seniors and those with special needs—remains a priority.

Virtual formats have emerged as a tool to address some of these challenges; however, this is not a solution for all services and people. An interviewee working with recovery programs noted that virtual settings do not work for some treatment approaches, including group approaches to treatment and recovery. Some residents do not have the technology, and underserved groups, interviewees noted, are especially difficult to reach, as they were prior to the pandemic. Several interviewees shared that their organizations struggle to serve immigrant and undocumented residents. One health department interviewee explained, *"Undocumented individuals (are) very difficult to reach as a government entity, even pre-pandemic. The trust level is not there."* Participants noted that reaching home-bound seniors is also difficult.

When asked about services that are missing in the community, focus group members and interviewees named several. A few people described a gap in services for seniors and those with disabilities, particularly lower cost home health services. A couple of participants from focus groups saw a need for more programs for children with special needs, particularly as they age out of school, and support for parents as they navigate services and processes for special education in schools. An interviewee working with LGBTQIA+ young people shared challenges that the students they work with face, including lack of access to gender-neutral bathrooms of equal quality and safety to gender segregated bathrooms, lack of safe spaces to change for gym, and poorly run Gay Straight Alliances (GSAs) in schools.

Access to Health-Related Information
A few interviewees shared that their organizations faced challenges in getting the word out about their services. Interviewees were asked about what sources their participants or patients relied on to get health-related information and several were identified.

Healthcare Organizations/Providers and Health Departments
Primary care providers and other healthcare providers were described as reliable sources of information. One member of a community organization noted that when staff of the health department, health center, or volunteer nurses come to their organization to share information, the clients use that information: *"It was really interesting to see how receptive [our] population is to this information, and I could then see them applying the information later. [For example], in the dining room."* Although local health departments are viewed as a reliable source for health information, health department interviewees shared that trust is shakier as misinformation has become more mainstream during the COVID-19 pandemic.

Government Websites
Government websites, such as the CDC and local health departments, were also described as a source of information for many, especially during the pandemic. One person noted that this also relates to trust: *"If you trust information from government, you will go to CDC."*

Social Media
Social media is another source of information, and interviewees, such as health department staff, mentioned using Instagram and Facebook for communication. Conversely, interviewees noted much misinformation is shared on social media. One interviewee stated, *"Social media can be great for getting information out and it can be also equally as awful."*

Residents also get health information through activity spaces they frequent in their communities. This can include community-based organizations providing social services, as well as local businesses, such as hairdressers, that community members frequent.

Community Vision and Suggestions for the Future

Focus group and interview participants were asked for their suggestions for addressing community needs and their vision for the future of their communities. The following section summarizes these recommendations for future consideration.

Expanding and Strengthening Behavioral Health Services

Focus group members and several interviewees suggested that addressing mental health and substance misuse concerns should be a priority over the next few years. One focus group member explained, *"I want to see more mental health because of what a lot of people have experienced because of COVID. I think a lot of families need something to help them get past that because it's a new norm for a lot of people."* Specific suggestions to address this included:

Continued Expansion and Reorganization of Services

Interviewees saw benefit to continuing to expand telehealth services, particularly for mental health, to address the challenges residents face finding providers. One person explained, *"The evolution of telehealth, telemedicine, as well as technology have been able to expand opportunities in areas and for people who might not ordinarily be as comfortable going to a hospital or doctor's office."* Another interviewee noted, however, that telehealth does not work for all groups, particularly adolescents in substance use treatment programs. One focus group member thought schools should play a greater role in providing mental health services, especially in light of the impact of the pandemic on students. One interviewee also encouraged Clara Maass and other hospitals to support legislation to reorganize mental health services, specifically by separating policing and mental health services.

More Information and Messaging

Several participants recommended that more be done to de-stigmatize mental health issues and ensure residents are aware of behavioral health issues and how to access resources. One interviewee stated, *"The messaging has to be clear that we're not always okay all the time, and it's okay if you're not. Being unhealthy mentally is no different than having a sprained ankle."* This interviewee pointed out that the national suicide hotline was established in July, which is a resource that should be made known to the community. Additional suggestions included a marketing campaign and information sessions and workshops in partnership with schools and community organizations. Fostering such conversations and creating awareness is an important strategy, one interviewee pointed out, to normalizing conversations about mental health and suicide prevention and encouraging those who need help to seek it; this person stated that Clara Maass could play a role to support community mental health by providing workshops and supporting conversations through partnerships with other community organizations working on this issue.

Focusing on Upstream Factors and the Social Determinants of Health: Transportation and Housing

For several interviewees and focus group members, a vision of the future included steps to address two important social determinants of health: transportation and housing. One suggestion was to increase the availability of transportation services, including more hospital-provided health transportation services, and to lower transportation costs. One interviewee saw a need for more transportation

services for older residents to reduce isolation and ensure access to healthcare. Increased affordable housing in the community was also a top issue for participants, such as one focus group member who shared the vision: *"In 3–5 years, it would be nice to know that there would be more [affordable housing] available for families*." One interviewee also suggested that more be done to address homelessness.

Enhancing Prevention Programming
Interviewees suggested that there was a need for community-level response to chronic disease through programs that emphasized prevention. Specific recommendations included:

Expansion of Screening Programs
A few interviewees suggested expanding screening programs. One interviewee from a health department mentioned a desire to increase partnerships with local hospitals, including Clara Maass, to enhance screening options in the local community. Another interviewee suggested that hospitals provide programs directly in the community, rather than having residents come to the hospital, in order to address transportation-related barriers residents face to accessing screening services.

More Healthy Lifestyles and Health Education Programs
Several participants suggested more healthy lifestyle education programs. Noting that *"exercise and getting outside is always something that makes people feel better,"* one person saw the potential for hospitals like Clara Maass to engage in efforts to enhance physical activity, including exercise campaigns. One interviewee working in the food sector mentioned partnering with hospitals and medical providers to start a medically-tailored meals program for those with chronic conditions and a food prescription program for families experiencing food insecurity. Additional suggestions included offering activities such as music, theatre, and sports classes to community members for low or no-cost. Participants also suggested educational programs on topics such as health insurance.

Improving Outreach and Communication
Better communication about existing programs and services was mentioned by numerous participants. One person noted that the Town of Lyndhurst has an app to keep people updated and saw the possibility to build on this. Another interviewee suggested a one-stop-shop for information: *"Where [residents] can access resource lists . . . If I'm not that educated in the systems and I'm not really sure, that entry point should have access to various services and help guide me to where I need to go."* Partnerships and communication across agencies can be helpful in sharing information and ensuring that information reaches multiple constituencies. Community-based organization staff urged flexibility in approaches to reaching residents, including going back to more traditional means such as flyers and working through community institutions such as churches. A couple of interviewees noted the continuing need for accurate messaging and communication about COVID, which was also seen as a strategy to repair the deterioration of trust in public health institutions.

Targeting Services for Specific Populations: Seniors, Those with Disabilities, LGBTQIA+ Youth
Noting that some in the community face greater challenges to good health and accessing healthcare and social services, interviewees shared ideas for how to improve support for seniors, those with disabilities, and LGBTQIA+ youth. Suggestions included establishing more and lower cost home health services and caregiving for seniors and those with disabilities; more programs for children with special needs, particularly as they age out of school; and support for parents as they navigate services and processes for special education in schools. An interviewee working with LGBTQIA+ young people had several suggestions including a drop-in center for LGBTQIA+ youth in the community for resources and crisis

counseling. This person also suggested more school-based programming for LGBTQIA+ students, as well as education about trans and non-binary identities for other students, education for school staff and parents, and enhancing school policies to provide support to LGBTQIA+ students and reduce bullying.

Enhancing Coordination and Partnerships

Engagement of Community Organizations and Community Building
While participants spoke positively about collaboration across community organizations, a couple of interviewees saw a need for more coordination of services for residents. As one interviewee observed, *"There are resources that exist, but we are just not networking ourselves together as well as we could."* This person also shared a vision of greater systemic connections and a more holistic approach to reaching residents, such as creating connection points where people live so that access to services becomes easier. A few interviewees wondered whether partnerships between schools and community-based organizations could be expanded. However, these participants cautioned that school staff are very busy and have many demands on their time, and resources within schools would have to be focused and effective.

Training to Address Bias
Several participants in the Spanish-speaking focus group for residents who identify as Hispanic/Latino reported experiencing discrimination and bias when accessing healthcare in their communities. These experiences ranged from poor communication to denial of care for non-English speaking patients. A recommendation would be that health care institutions, including CMMC, community health centers, urgent care facilities, and others, should consider hosting trainings to address implicit and overt bias among staff. They commented that this could improve the quality of care for immigrants and non-English speaking residents.

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 examines the current health status of communities CMMC serves during an unprecedented time given the COVID-19 pandemic. Several overarching themes emerged from this synthesis:

- ***The communities CMMC serves are diverse and health disparities exist.*** The communities in the CMMC service area vary in terms of their demographic composition, income levels, and health status. Essex County is home to six of the eleven communities profiled in this report and includes the very racially and ethnically diverse and lower-income communities of Newark ZIP codes 07104 and 07107, as well as predominantly White and wealthy Montclair. The two communities CMMC serves in Hudson County, Harrison and Kearny, are more racially and ethnically diverse, with many residents who speak a language other than English at home. Secondary data about health status and healthcare access, and community survey data reflect challenges for different populations. Non-Hispanic Black residents in the CMMC service area experience higher rates of premature, cardiovascular, and cancer mortality, and diabetes than other groups. Data also show that non-Hispanic Black residents experience higher rates of hospitalization for mental health issues. Hispanic residents who completed the community health survey have lower preventive screening rates and a lower percentage of residents who had an annual physical exam compared to other groups. A greater percentage of non-Hispanic Black residents and Hispanic residents responding to the

community survey reported barriers to accessing healthcare, feeling discriminated against when receiving medical care, and experiencing food insecurity compared to other respondents.

- ***The COVID-19 pandemic and current economic challenges have had substantial impact on the lives and the physical and mental health of residents in the CMMC service area.*** The COVID-19 pandemic has affected all sectors of life and created substantial challenges for many. The impact of the COVID-19 pandemic and current economic conditions were a frequent topic of conversation in focus groups and interviews, and community survey respondents reported on the negative impact of the pandemic on their own or family members' mental health. Participants shared the impact of the pandemic on financial and mental well-being, education, access to healthcare, and food security. While community organizations stepped up to meet residents' needs during the pandemic and developed new models of service delivery, they noted that current workforce issues have created substantial challenges to meeting community needs.

- ***Housing, transportation, and food insecurity are top community concerns.*** Housing challenges in the CMMC service area were a frequent topic of conversation with residents and interviewees and lack of quality affordable housing was identified as a key gap in the region by community survey respondents, as it was in the 2019 CHNA. Residents in several CMMC communities spend 25% or more of their income on housing, and participants noted the challenges of qualifying for affordable housing. While new housing is being built in the area, this tends to be luxury housing, which has contributed to increased socioeconomic segregation and rising homelessness. Participants saw a need for prioritization of affordable housing. For some residents, transportation, including transportation to access healthcare appointments and services, is a substantial challenge. Participants noted the need for more hospital-provided health transportation services. Given the high cost of fuel, residents also suggested support to lower the transportation cost burden for community residents. Food security concerns in the CMMC service area have grown since the pandemic. Quantitative data show that levels of food insecurity increased between 2018 and 2020 and over one quarter of community survey respondents reported worrying that their food would run out.

- ***Behavioral health continues to be a significant concern in the CMMC service area.*** Mental health was identified as a community concern in every interview and in each focus group. While community survey respondents rated mental health as the fourth top health concern in 2019, it was the top health concern in 2021. Participants identified depression, anxiety, stress, and anger as mental health challenges for community residents and noted that these all have been exacerbated since the pandemic. Youth mental health was of particular concern as students struggled with isolation and fear over the past two years. Difficulty accessing mental health services was a theme in focus group and interview conversations. While substance misuse was identified less often, use of substances is closely correlated with mental health issues. The COVID-19 pandemic has negatively impacted those seeking to overcome addiction. In-person counseling and group meetings were curtailed during the height of the pandemic and organizations continue to struggle to provide these services due to staffing challenges. Participants suggested that addressing mental health and substance misuse concerns should be a priority over the next few years, including the expansion of behavioral health services. They also recommended that more be done to ensure residents are aware of behavioral health issues and how to access resources, such as hosting workshops and partnering with schools and community organizations to disseminate information.

- ***Participants see a need for more screening and community education programs***. Outreach programs such as screenings and health fairs have declined since the onset of the COVID-19 pandemic. Low screening rates among some populations, notably Hispanic residents, is a community concern. Participants saw a need to enhance prevention efforts in the community. Interviewees recommended a community-level response to chronic disease through programs that emphasized prevention. Interviewees suggested expanding screening programs and creating more community-based programs to reach harder-to-access populations experiencing disparities. They also recommended healthy lifestyles programs, including exercise campaigns, educational programs about healthy lifestyles, and programs to enhance health literacy.

- ***The CMMC service area has many assets although some residents experience barriers to accessing community resources.*** Focus group participants, interviewees, and community survey respondents noted many assets within the CMMC service area including community amenities, strong social cohesion, and strong community institutions. However, some experience barriers to accessing healthcare including cost, lack of providers and insurance, and language and transportation barriers. Similar barriers were identified in the 2019 CHNA. Virtual formats have emerged as a tool to address some of these challenges; however, this does not work for all services and people. Better communication about existing programs and services was mentioned by numerous participants. Partnerships and communication across agencies can be helpful to sharing information and ensuring that information reaches multiple constituencies. Community-based organization staff urged flexibility in approaches to reaching residents, including going back to more traditional means such as flyers, working through community institutions such as churches, and focusing on hard-to-reach groups. While participants spoke positively about collaboration across community organizations, some also saw a need for more coordination of services for residents, including coordinating with schools and community organizations. Noting that some in the community face greater challenges to good health and accessing healthcare and social services, interviewees suggested more and improved services to support seniors, those with disabilities, and LGBTQIA+ youth.

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 priority 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 approach and outcomes of the prioritization process.

Criteria for Prioritization

A set of criteria were used to determine what issues are a priority 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 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 (Appendices B and C). 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 major initial issue areas were identified for the Clara Maass Medical Center service area (listed below in no particular order):

- Unemployment and financial insecurity
- Food insecurity
- Housing
- Transportation
- Systemic racism and discrimination
- Chronic disease
- Disability
- Mental health
- COVID-19
- Access to healthcare/social services

Step 2: Data-Informed Voting via a Prioritization Meeting

On October 27, 2022, a 90-minute virtual prioritization meeting was held for the Clara Maass Medical Center CHNA Advisory Committee (see the Acknowledgements section for a list of committee members), so Advisory Committee members could discuss and vote on preliminary priorities for action. During the prioritization meeting (held virtually), attendees heard a brief data presentation on the key findings from the CHNA.

Next, meeting participants discussed the data as a group and offered their perspectives and feedback on the various issues. Then, using the polling platform Mentimeter, meeting 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). Voting identified the following issues (Table 7). Mental health and housing were tied as receiving the highest percentage of responses.[1]

Table 7. Percentage of Advisory Committee Members Voting to Prioritize Issue

	Percentage
Mental health	75.0%
Housing	75.0%
Financial insecurity and unemployment	50.0%
Food insecurity	50.0%
Chronic disease	50.0%
Access to healthcare/social services	50.0%
Systemic racism and discrimination	25.0%
Transportation	25.0%
Disability	0.0%
COVID-19	0.0%

Based on the top priority areas identified as well as existing expertise, capacity, and experience Clara Maass Medical Center has selected mental health and systemic racism and discrimination as priorities to focus on when developing their implementation plan in 2023.

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[1] Percentages are based on responses from a total of four Advisory Committee members who voted during the prioritization meeting.

APPENDICES

Appendix A- Organizations and Sectors Represented in Key Informant Interviews

Organization	Sector
Bloomfield Department of Health and Human Services	Local public health officials
Lyndhurst Health Department	Local public health officials
West Orange Township Council	Community mental health advocates
Oaks Integrated Care, COPE Center	Substance use treatment providers
Toni's Kitchen	Food access/food insecurity professionals
Nutley Health Department	Disability service providers
Family Connections	LGBTQIA+ youth service providers

Appendix B- Key Informant Interview Guide

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Health Resources in Action
Clara Maass Medical Center Community Health Needs Assessment

</div>

Goals of the key informant interview
- To determine perceptions of the strengths and needs of the community served by Clara Maass 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

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

I.   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, Clara Maass 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 around the Clara Maass Medical Center service area 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.

- With your permission we would like to record the interview today. This recording will be used by HRiA staff for analysis purposes only and will not be shared with staff at Clara Maass Medical Center or other outside parties.

- Do you have any questions before we begin?

II.   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]

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

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

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

III.   COMMUNITY PERCEPTIONS AND SOCIAL/ECONOMIC FACTORS (10 MINUTES)

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

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

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

    c. 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: SAFETY/VIOLENCE, ACCESS TO JOBS & EDUCATIONAL OPPORTUNITIES, COST OF LIVING, FOOD ACCESS, INSURANCE/ACCESS TO HEALTH CARE, ETC. REPEAT QUESTIONS FOR DIFFERENT ISSUES]

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

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

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

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

IV.   HEALTH ISSUES (10 MINUTES)

1. 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: Uninsurance/underinsurance, COVID-related fear of health care settings (e.g., doctor's office or clinic), 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, etc.]

2. Where do the residents you work with most often go for health-related information? What sources of information are most trusted and why? [PROBE: DOCTOR'S OFFICE; FRIENDS/FAMILY; HOUSE OF WORSHIP, SCHOOLS, OR OTHER TRUSTED COMMUNITY INSTITUTION; SOCIAL MEDIA; WEB SEARCH]

a. 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?

V. *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 Local Public Health Officials/Directors
- What are some of the specific challenges around prevention and health promotion in your community? What populations (geography, age, race, gender, income/education, etc.) do you see as being most affected by these issues?
- What about challenges related to data collection and tracking of public health metrics? What populations are underrepresented in local data collection?
- How has the pandemic impacted public health in your community?
- What are your major concerns for the future? 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/or mental health?
- What are your major concerns for the future? What has been going "right" 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?
- What has been working well in the community to improve access to healthy, affordable 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 challenging or not working well? What opportunities exist for improvement or innovation?

For Interviewees Working with People with Disabilities
- What are some of the challenges facing people with disabilities in your community?
- 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 with disabilities?
- What are your major concerns for the future? What has been going "right" that could be built on going forward?

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

VI.   VISION FOR THE FUTURE (10 MINUTES)

1. 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 organizations/services available, community engagement, etc.] How can we build on or tap into these strengths to move us towards a healthier community?

2. As you think about your vision, what do you think needs to be in place to support sustainable change?

   a. How do we move forward with lasting change across organizations and systems?

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

3. 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?

VII.   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 you sharing your opinion.

Appendix C- Focus Group Guide

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Health Resources in Action
Clara Maass Medical Center Community Health Needs Assessment

</div>

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

I. BACKGROUND (5-10 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. I hope you and your families are fine during these uncertain times.

- 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.
- 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.

- A few months ago, Clara Maass 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 around the Clara Maass Medical Center service area 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 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?

- Any questions before we begin our introductions and discussion?

II. 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]

III. COMMUNITY ASSETS AND CONCERNS (20 minutes)

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

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

   a. How have these strengths changed during COVID-19?

2. 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 – SAFETY/VIOLENCE, ACCESS TO JOBS & EDUCATIONAL OPPORTUNITIES, COST OF LIVING, FOOD ACCESS, ACCESS TO HEALTH CARE, ETC.]

   a. 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 – SAFETY/VIOLENCE, COST OF LIVING, FOOD ACCESS, ACCESS TO HEALTH CARE, ETC.]

   b. How have these changed during COVID-19? [PROBE IF NEEDED – COVID-RELATED FEAR OF HEALTH CARE SETTINGS]

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

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

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

4. What do you think are the most pressing _health_ concerns in your community?

a. How do these health issues affect your community? In what way?

    i. How have these changed during COVID-19?

b. What <u>specific population group</u> are most at-risk for these issues?

c. What are the barriers to seeking treatment for these issues in a health care setting (e.g., doctor's office or clinic)?

    i. How do you think these barriers have changed during the COVID-19 pandemic?

    ii. What steps could or should be taken to address these barriers?

5. Thinking about health and wellness, what makes it <u>easier</u> to be healthy in your community?

a. What supports your health and wellness?

b. What makes it <u>harder</u> to be healthy in your community?

6. Where do you receive most of your health-related information? What are the trusted sources of health information in your community? [PROBE: DOCTOR'S OFFICE; FRIENDS/FAMILY; HOUSE OF WORSHIP, SCHOOLS, OR OTHER TRUSTED COMMUNITY INSTITUTION; SOCIAL MEDIA; WEB SEARCH]

IV. 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.] Let's talk about some of the issues.

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

2. 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.]

a. 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?

b. 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]

V. VISION OF COMMUNITY HEALTH IMPROVEMENT AND INVOLVEMENT (10 minutes)

1. 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?

     a.   What do you think needs to happen in the community to make this vision a reality?

VI. 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.]

Health Resources
for
Essex County

Part 1:   Acute, Long Term and Medical
Ambulatory Services

Source: Department of Health
Download Oct 3, 2022

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 WASHINGTON 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 HEALTHCARE, 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 HEALTHCARE 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 WASHINGTON 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

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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

Acute, Long Term Care and Medical Ambulatory Services

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

Acute, Long Term Care and Medical Ambulatory Services

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

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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 BLOOMFIEL D AVENUE	VERONA	NJ	07044	ESSEX	(973) 857-9499	(973) 857-9453	PAUL J. LO VERME, 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 BLOOMFIEL D 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	PLEASANTD ALE AMBULATOR Y 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 BLOOMFIEL D 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 BLOOMFIEL D 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 GREENBROO K 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

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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 W5-3	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

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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

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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	COOPERMAN 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 ACQUISITION 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 HEALTHCARE 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.

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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

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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

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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	BROOKHAVEN CENTER FOR REHAB & HEALTHCARE, 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 CANTERBURY @ CEDAR GROVE CARE & REHABILITATION
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 HEALTHCARE 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 HEALTHCARE 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 HEALTHCARE & REHABILITATION 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

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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	PARTNERSHIP 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

Health Resources for
Essex County

Part 2: Mental Health Services

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

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ESSEX COUNTY (Continued)

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

ESSEX COUNTY (Continued)

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
(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

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
(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

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ESSEX COUNTY (Continued)

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

Health Resources
for
Essex County

Part 3: Addiction Health Services

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

Carole Johnson
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

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

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

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

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

Address:
800 Clinton Avenue
Newark NJ 07108
County: Essex

IDRC affiliated: **Yes**

Anita Vaughn
NPI Number: 1578503942
Phone No: 9739267472

Services:
- Medication-Assisted Treatment

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

Anita Vaughn
NPI Number: 1578503942
Phone No: 8622529440

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

Address:
224 SUSSEX AVENUE
NEWARK NJ 07103
County: Essex

IDRC affiliated: **Yes**

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

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

Beds Capacity: 20 Available:15

IDRC affiliated: **Yes**

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:3

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:18

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

Services:
- Medication-Assisted Treatment

Address:
18 Ferry St Ste 2

Newark New Jersey 07105
County: Essex

David Russo
NPI Number: 1588647143
Phone No: 8668669277

Services:
- Medication-Assisted Treatment

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

David Russo
NPI Number: 1588647143
Phone No: 8668669277

Services:
- Medication-Assisted Treatment

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

East Orange Substance

Services:

Address:

Abuse Treatment Program
License No: 2000136
Agency Type: Non-Profit
Phone No: 9732665200

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

IDRC affiliated: **Yes**

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:12
- Inpatient Withdrawal Management
  Beds Capacity: 52 Available:17

IDRC affiliated: **Yes**

Address:
20 TOLER PLACE
NEWARK NJ 07114
County: Essex

Erin Zerbo MD
NPI Number: 1992900732
Phone No: 9739722977

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

Services:
- Co-Occurring Treatment Services
- Intensive Outpatient

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

Agency Type: Non-Profit
Phone No: 9734122056

- Treatment
- Outpatient Treatment

IDRC affiliated: **Yes**

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

Services:
- Co-Occurring Treatment

Address:
99 LINCOLN PARK

Agency Type: Non-Profit
Phone No: 9736230600

Services:
- Long Term Residential Substance Abuse Treatment
  Beds Capacity: 38 Available:4

NEWARK NJ 07102
County: Essex

IDRC affiliated: **Yes**

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:9

Address:
43 LINCOLN PARK
NEWARK NJ 07102
County: Essex

IDRC affiliated: **Yes**

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:2

Address:
37 LINCOLN PARK
NEWARK NJ 07102
County: Essex

IDRC affiliated: **Yes**

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:4

Address:
49 LINCOLN PARK
NEWARK NJ 07102
County: Essex

IDRC affiliated: **Yes**

Integrity, Inc.
License No: 1000081
Agency Type: Non-Profit
Phone No: 9736230600

Services:
- Co-Occurring Treatment Services
- Long Term Residential Substance Abuse Treatment
  Beds Capacity: 42 Available:3

Address:
105 LINCOLN PARK
NEWARK NJ 07102
County: Essex

IDRC affiliated: **Yes**

Integrity, Inc.
License No: 1000146
Agency Type: Profit
Phone No: 9736230600

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

Address:
97 LINCOLN PARK
NEWARK NJ 07102
County: Essex

Abuse Treatment
Beds Capacity: 21 Available:3

IDRC affiliated: **Yes**

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

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

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

Services:
- Medication-Assisted Treatment

Address:
749 Irvington Ave

Maplewood New Jersey 07040
County: Essex

Matthew Kaspar
NPI Number: 1588948244
Phone No: 8668669277

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

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

IDRC affiliated: **Yes**

Michael Ojelade
NPI Number: 1710279534
Phone No: 9734810501

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

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

Services:
- Co-Occurring Treatment

Address:
50 UNION AVENUE

License No: 2000698
Agency Type: Unknown
Phone No: 9739986327

Services
- Intensive Outpatient Treatment
- Outpatient Treatment
- Partial Care

IDRC affiliated: **Yes**

IRVINGTON NJ 07111
County: Essex

Power House
Psychotherapy & Addiction, LLC
License No: 2000818
Agency Type: Profit
Phone No: 9738783900

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

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:1

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:3

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

Services:
- Medication-Assisted Treatment

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

Rudolph Willis MD
NPI Number: 1104887819
Phone No: 9733733000

Services:
- Medication-Assisted Treatment

Address:
12 Krotik Pl

Irvington New Jersey 07111
County: Essex

Rudolph Willis MD
NPI Number: 1104887819
Phone No: 9733756999

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

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

o Outpatient Treatment

IDRC affiliated: **Yes**

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

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

Services:
o Intensive Outpatient Treatment
o Opiate Treatment Program
o Outpatient Treatment
o 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

Services:
o 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

Services:
o Medication-Assisted Treatment

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

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

Services:
o Co-Occurring Treatment Services
o Intensive Outpatient

Address:
744 BROAD STREET
24TH FLOOR
NEWARK NJ 07102

Phone No: 9732730425

Treatment
○ Outpatient Treatment

County: Essex

IDRC affiliated: **Yes**

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

Services:

Address:

Treatment Program
License No: 3000620
Agency Type: Non-Profit
Phone No: 9736221400

- Outpatient Residential
  Community Release
  Program

IDRC affiliated: **Yes**

50 FENWICK PLACE
NEWARK NJ 07114-1312
County: Essex

The Lennard Clinic, Inc.
License No: 2000196
Agency Type: Unknown
Phone No: 9735962850

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 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

Population Overview

Table 8. CMMC CHNA Community Survey Respondent Sample Characteristics (n=163), 2021

Age		Income	
Under 30	9.9%	Under $25,000	9.4%
30 to 49	32.9%	$25,000 to $50,000	20.1%
50 to 64	36.0%	$50,001 to $100,000	34.9%
65+	21.1%	$100,001 to $125,000	8.7%
Gender		$125,001 to $150,000	4.7%
Female	77.9%	$150,001 to $200,000	8.1%
Male	22.1%	Over $200,000	14.1%
Additional Gender Category/			
Transgender	0.0%		
Race/Ethnicity		**Employment**	
African American/ Black	12.7%	Employed full-time	62.1%
Asian	9.1%	Employed part-time	8.3%
Hispanic/ Latino, Latino(a)	17.6%	Student	0.6%*
Multiracial	1.8%*	Homemaker	2.4%*
White/ Caucasian	55.8%	Disabled	5.9%
Other	3.0%	Retired	16.0%
		Unemployed	4.7%
Sexual Orientation		**Marital Status**	
Heterosexual	92.7%	Married	49.7%
Homosexual	2.0%*	Single	30.7%
Bisexual	3.3%	Separated/divorced/widowed	16.0%
Additional Sexual		Domestic partnership/civil	
Orientation	2.0%*	union/living together	3.7%
Education			
Less than high school graduate or GED	2.5%*		
High school graduate or GED	16.0%		
Some college	15.4%		
Associate or technical degree/certification	11.7%		
College graduate	26.5%		
Post graduate or professional degree	27.8%		

DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021
Note: * indicates n < 5

Table 9. Total Population, by Gender, State, and County, 2011-2015 and 2016-2020

	2015		2020		% change	
	Male	**Female**	**Male**	**Female**	**Male**	**Female**
New Jersey	48.8%	51.2%	48.9%	51.1%	0.1%	-0.1%
Bergen County	48.4%	51.6%	48.6%	51.4%	0.2%	-0.2%
Lyndhurst	52.0%	48.0%	49.9%	50.1%	-2.1%	2.1%
North Arlington	51.2%	48.8%	50.2%	49.8%	-1.0%	1.0%
Essex County	48.0%	52.0%	48.1%	51.9%	0.1%	-0.1%
Belleville	48.6%	51.4%	48.5%	51.5%	-0.1%	0.1%
Bloomfield	45.9%	54.1%	48.9%	51.1%	3.0%	-3.0%
Montclair	46.1%	53.9%	48.7%	51.3%	2.6%	-2.6%
Newark (07104)	47.8%	52.2%	50.3%	49.7%	2.5%	-2.5%
Newark (07107)	48.7%	51.3%	47.5%	52.5%	-1.2%	1.2%
Nutley	47.2%	52.8%	49.1%	50.9%	1.9%	-1.9%
Hudson County	49.7%	50.3%	49.7%	50.3%	0.0%	0.0%
Harrison	52.1%	47.9%	50.9%	49.1%	-1.2%	1.2%
Kearny	50.3%	49.7%	52.2%	47.8%	1.9%	-1.9%

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

Table 10. Age Distribution and Percent Change, by Town, 2011-2015, 2016-2020

	Under 18 years			18-24 years			25-44 years			45-64 years			65-74 years			75 years and older		
	2011-2015	2016-2020	% change	2011-2015	2016-2020	% change	2011-2015	2016-2020	% change	2011-2015	2016-2020	% change	2011-2015	2016-2020	% change	2011-2015	2016-2020	% change
Bergen County																		
Lyndhurst	18.7%	18.0%	-0.7%	8.6%	8.5%	-0.1%	27.4%	28.1%	0.7%	29.4%	29.2%	-0.2%	7.3%	8.4%	1.1%	8.8%	7.9%	-0.9%
North Arlington	19.5%	17.5%	-2.0%	8.4%	7.8%	-0.6%	26.3%	28.8%	2.5%	29.7%	27.7%	-2.0%	8.3%	10.5%	2.2%	7.7%	7.7%	0.0%
Essex County																		
Belleville	20.2%	21.6%	1.4%	9.9%	10.2%	0.3%	29.1%	27.2%	-1.9%	28.2%	27.8%	-0.4%	6.5%	8.3%	1.8%	6.2%	5.0%	-1.2%
Bloomfield	20.5%	20.7%	0.2%	9.1%	9.4%	0.3%	31.2%	30.6%	-0.6%	27.0%	26.0%	-1.0%	6.9%	7.4%	0.5%	5.5%	6.0%	0.5%
Montclair	25.6%	25.0%	-0.6%	6.7%	6.6%	-0.1%	24.2%	25.4%	1.2%	30.5%	29.9%	-0.6%	7.2%	8.3%	1.1%	5.6%	4.7%	-0.9%
Newark (07104)	17.8%	24.5%	6.7%	10.4%	11.4%	1.0%	30.7%	27.5%	-3.2%	24.0%	25.6%	1.6%	5.4%	6.2%	0.8%	3.8%	4.6%	0.8%
Newark (07107)	21.8%	26.3%	4.5%	10.1%	10.2%	0.1%	30.1%	28.3%	-1.8%	21.5%	24.5%	3.0%	4.8%	6.6%	1.8%	2.9%	3.9%	1.0%
Nutley	19.8%	20.5%	0.7%	7.5%	6.8%	-0.7%	26.9%	28.2%	1.3%	29.4%	27.7%	-1.7%	8.1%	10.1%	2.0%	8.2%	6.5%	-1.7%
Hudson County																		
Harrison	20.9%	20.9%	0.0%	8.8%	8.8%	0.0%	35.9%	37.9%	2.0%	23.8%	23.3%	-0.5%	6.1%	4.8%	-1.3%	4.3%	4.1%	-0.2%
Kearny	23.0%	21.8%	-1.2%	9.2%	8.3%	-0.9%	29.2%	29.2%	0.0%	27.5%	27.2%	-0.3%	7.0%	8.1%	1.1%	4.3%	5.2%	0.9%

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

Table 11. 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%
Bergen County	22.3%	20.2%	8.5%	7.8%	25.3%	24.2%	28.5%	28.9%	9.0%	9.9%	6.4%	9.2%
Lyndhurst	19.5%	16.0%	8.7%	9.2%	29.4%	26.4%	29.5%	30.0%	7.7%	9.3%	5.2%	9.0%
North Arlington	14.2%	18.8%	10.9%	3.5%	30.5%	31.3%	28.2%	28.1%	9.6%	11.4%	6.4%	6.9%
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%
Belleville	21.7%	17.0%	9.5%	10.6%	25.9%	28.1%	29.4%	28.7%	9.0%	8.2%	4.3%	7.4%
Bloomfield	21.7%	19.8%	10.3%	8.0%	32.1%	30.8%	24.6%	25.0%	7.0%	8.9%	4.3%	7.4%
Montclair	27.4%	25.8%	8.4%	4.5%	25.3%	25.5%	27.4%	29.1%	7.9%	9.2%	3.5%	5.9%
Newark (07104)	26.7%	22.4%	12.0%	10.7%	27.0%	27.9%	25.5%	25.8%	5.4%	7.0%	3.3%	6.0%
Newark (07107)	27.0%	25.8%	10.5%	10.0%	29.3%	27.6%	23.7%	25.4%	7.0%	6.3%	2.7%	4.9%
Nutley	22.7%	18.5%	6.4%	5.2%	28.1%	29.3%	28.6%	28.7%	7.2%	10.4%	7.0%	8.0%
Hudson County	20.9%	20.0%	8.3%	7.5%	38.3%	35.4%	22.5%	23.1%	6.2%	7.6%	3.9%	6.3%
Harrison	20.8%	20.3%	6.7%	8.3%	44.5%	37.3%	20.7%	23.1%	4.8%	5.9%	2.7%	5.2%
Kearny	20.6%	21.8%	8.7%	7.5%	32.7%	29.2%	26.7%	25.2%	7.7%	9.8%	3.7%	6.6%

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

Table 12. 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%
Bergen County	13.4%	4.6%	19.7%	19.2%	5.2%	3.6%
Essex County	13.6%	5.1%	20.9%	17.5%	5.4%	3.1%
Hudson County	11.2%	4.7%	32.8%	11.9%	3.8%	2.3%
	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%

Bergen County	13.1%	6.2%	18.5%	18.8%	5.2%	3.7%
Essex County	15.7%	6.2%	18.6%	16.6%	4.6%	3.2%
Hudson County	14.6%	6.9%	21.0%	15.7%	4.2%	3.1%

	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%
Bergen County	17.0%	6.4%	21.1%	16.1%	3.4%	2.3%
Essex County	19.4%	6.4%	21.1%	14.5%	3.3%	2.0%
Hudson County	15.7%	6.1%	20.7%	16.0%	4.4%	3.4%

	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%
Bergen County	12.5%	5.1%	13.5%	20.2%	7.8%	7.0%
Essex County	12.6%	4.8%	15.0%	20.1%	7.3%	6.4%
Hudson County	10.3%	4.0%	27.3%	15.8%	5.5%	4.4%

	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%
Bergen County	23.7%	9.3%	31.6%	26.0%	6.6%	2.9%
Essex County	28.6%	8.9%	33.0%	21.4%	5.1%	2.9%
Hudson County	26.9%	9.3%	33.5%	22.8%	5.1%	2.5%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020
NOTE: Some Other Race includes individuals that identified as American Indian/Alaskan Native, Native Hawaiian or Other Pacific Islander, or as some other race.

Racial, Ethnic, and Language Diversity

Table 13. Percent Change in Racial and Ethnic Distribution, by Town, 2015-2020

	Asian			Black or African-American			Hispanic/ Latino			White, NH			Other Race, NH		
	2015	2020	% change	2015	2020	% change	2015	2020	% change	2015	2020	% change	2015	2020	% change
Bergen County															
Lyndhurst	7.0%	7.3%	0.3%	1.1%	2.5%	1.4%	21.1%	23.4%	2.3%	69.3%	65.5%	-3.8%	0.4%	0.5%	0.1%
North Arlington	8.6%	4.8%	-3.8%	1.6%	1.8%	0.2%	26.4%	33.1%	6.7%	62.2%	58.1%	-4.1%	0.3%	1.3%	1.0%
Essex County															
Belleville	11.5%	10.0%	-1.5%	8.6%	8.4%	-0.2%	44.8%	48.0%	3.2%	32.6%	30.6%	-2.0%	0.8%	0.9%	0.1%
Bloomfield	9.0%	8.5%	-0.5%	16.9%	18.8%	1.9%	26.9%	28.5%	1.6%	44.2%	40.1%	-4.1%	1.2%	1.1%	-0.1%
Montclair	4.1%	4.9%	0.8%	23.4%	24.3%	0.9%	8.9%	10.1%	1.2%	59.2%	56.2%	-3.0%	0.8%	0.2%	-0.6%
Newark (07104)	2.10%	1.50%	-0.6%	23.80%	22.50%	-1.3%	66.40%	64.20%	-2.2%	5.60%	8.60%	3.0%	0.8%	1.6%	0.8%
Newark (07107)	1.70%	1.10%	-0.6%	34.70%	32.90%	-1.8%	54.20%	57.50%	3.3%	6.60%	6.60%	0.0%	2.1%	0.8%	-1.3%
Nutley	9.8%	10.0%	0.2%	2.8%	3.1%	0.3%	15.7%	17.7%	2.0%	68.8%	66.3%	-2.5%	0.3%	0.3%	0.0%
Hudson County															
Harrison	18.7%	20.5%	1.8%	0.9%	2.7%	1.8%	46.3%	50.1%	3.8%	31.9%	24.9%	-7.0%	0.8%	0.8%	0.0%
Kearny	4.9%	4.1%	-0.8%	3.2%	4.2%	1.0%	44.7%	54.5%	9.8%	44.0%	34.4%	-9.6%	1.8%	0.6%	-1.2%

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

Table 14. Foreign-Born Population by Top Countries of Origin, by State and County, 2016-2020

	New Jersey		Bergen County		Essex County		Hudson County	
1	India	13.1%	Korea	14.8%	Ecuador	10.0%	India	12.8%
2	Dominican Republic	9.1%	India	7.4%	Haiti	9.5%	Dominican Republic	12.1%
3	Mexico	5.1%	Dominican Republic	7.1%	Dominican Republic	7.8%	Ecuador	6.5%
4	Colombia	4.3%	Philippines	5.9%	Jamaica	6.1%	Cuba	6.4%
5	Ecuador	4.1%	Colombia	5.5%	Nigeria	5.0%	Colombia	5.4%

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

Figure 69. Population Lacking English Proficiency (Out of Population Who Speak a Language Other Than English at Home), by State, County, and Town, 2016-2020

Location	Percentage
New Jersey	38.2%
Bergen County	36.7%
Lyndhurst	32.0%
North Arlington	40.0%
Essex County	41.3%
Belleville	32.9%
Bloomfield	31.3%
Montclair	22.4%
Newark (07104)	47.6%
Newark (07107)	49.8%
Nutley	25.5%
Hudson County	40.5%
Harrison	41.8%
Kearny	49.2%
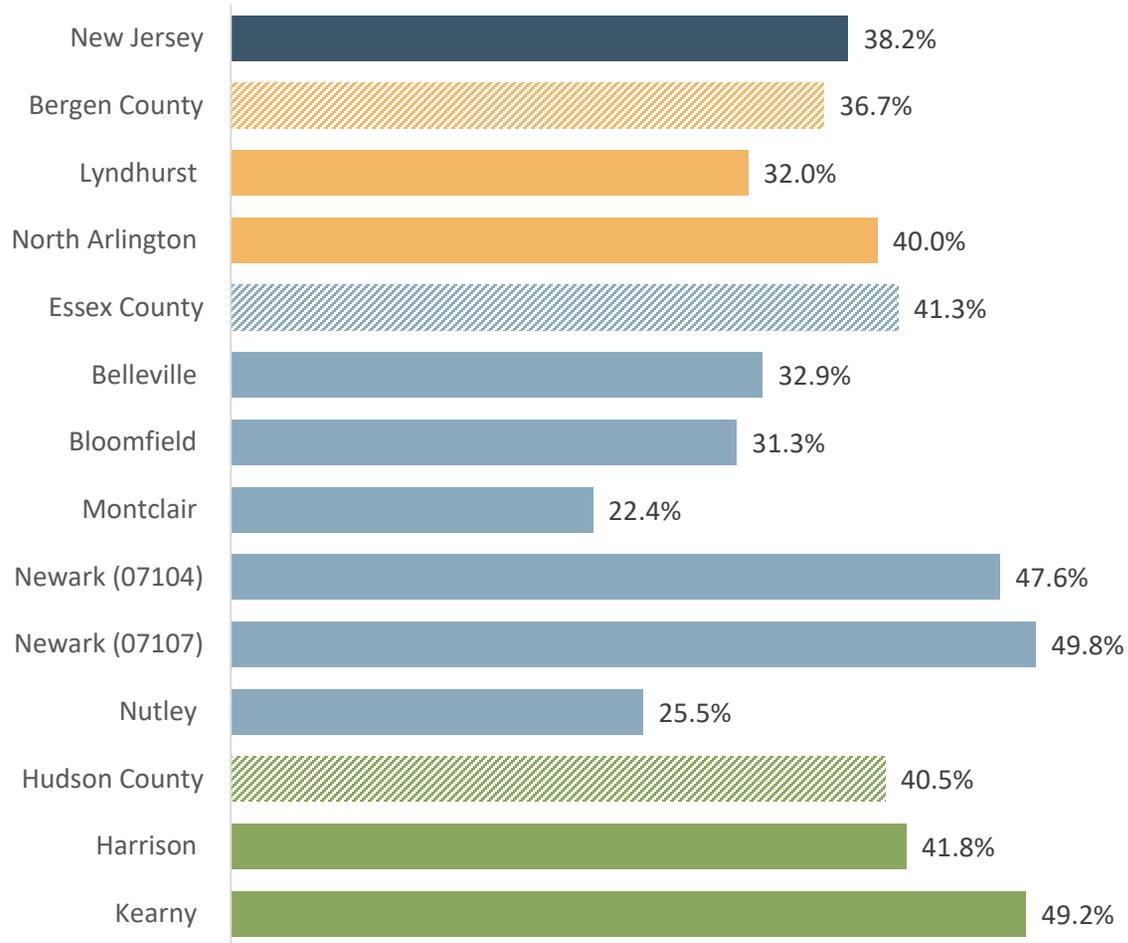
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Education

Table 15. 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%
Bergen County	3.8%	3.4%	21.9%	14.2%	6.1%	31.0%	19.7%
Lyndhurst	5.2%	4.2%	29.4%	14.4%	7.4%	25.9%	13.5%
North Arlington	5.5%	2.8%	31.6%	19.6%	5.6%	22.8%	12.1%
Essex County	6.7%	6.6%	27.9%	16.4%	6.1%	21.2%	15.0%
Belleville	6.6%	6.6%	32.4%	18.6%	7.5%	19.7%	8.7%
Bloomfield	3.3%	4.4%	25.1%	14.3%	7.7%	28.4%	16.9%
Montclair	1.0%	1.6%	10.6%	13.0%	4.3%	35.0%	34.5%
Newark (07104)	15.0%	12.4%	31.3%	17.7%	5.9%	12.4%	5.3%
Newark (07107)	14.3%	12.4%	37.8%	17.6%	6.2%	8.5%	3.2%
Nutley	2.2%	2.6%	27.0%	14.2%	6.2%	28.5%	19.3%
Hudson County	8.6%	5.7%	24.4%	12.6%	4.6%	26.4%	17.6%
Harrison	7.0%	5.9%	26.5%	10.4%	6.7%	21.3%	22.2%
Kearny	11.6%	7.4%	33.8%	15.3%	5.2%	18.4%	8.3%

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

Table 16. 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%
Bergen County	95.3%	70.5%	92.0%	36.2%	84.3%	31.7%	95.0%	52.2%	78.8%	24.9%
Lyndhurst	96.0%	82.2%	100.0%	46.7%	81.5%	33.3%	92.7%	36.5%	75.2%	26.6%
North Arlington	89.7%	46.4%	96.5%	29.7%	88.5%	20.3%	93.4%	41.7%	91.7%	16.4%
Essex County	93.9%	71.6%	87.0%	21.9%	72.7%	18.8%	93.5%	57.7%	67.6%	15.0%
Belleville	92.8%	55.0%	89.8%	23.9%	80.7%	19.6%	91.7%	31.1%	75.2%	19.3%
Bloomfield	94.6%	64.8%	92.1%	39.2%	86.6%	34.5%	94.3%	49.7%	86.2%	28.6%
Montclair	98.1%	75.9%	95.7%	40.9%	90.0%	53.4%	99.0%	82.6%	90.2%	56.2%
Newark (07104)	97.5%	83.0%	87.1%	19.6%	65.5%	12.6%	75.7%	29.7%	59.9%	12.8%
Newark (07107)	79.1%	19.6%	79.6%	12.1%	67.8%	10.0%	72.9%	12.1%	62.5%	6.5%
Nutley	89.4%	73.7%	93.0%	16.7%	92.9%	41.1%	96.5%	46.7%	92.2%	43.2%
Hudson County	93.4%	75.3%	87.4%	31.0%	75.8%	21.3%	92.7%	59.1%	75.6%	17.3%
Harrison	95.8%	87.2%	96.2%	63.9%	85.0%	26.7%	82.9%	32.8%	87.4%	20.8%
Kearny	89.3%	72.7%	84.7%	20.7%	79.3%	23.8%	81.6%	27.0%	80.6%	20.0%

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

Employment and Workforce

Table 17. Population Employed by Industry Type, State, County, and Town, 2016-2020

	Agriculture, forestry, fishing and hunting, and mining	Construction	Manufact-uring	Whole-sale trade	Retail trade	Transporta-tion and warehous-ing, and utilities	Informa-tion	Finance and insurance, and real estate and rental and leasing	Professional, scientific, and managemen t, and administrati ve and waste managemen t services	Educational services, and health care and social assistance	Arts, entertain-ment, and recreation, and accommo-dation and food services	Other services, except public admini-stration	Public admini-stration
New Jersey	0.3%	5.9%	8.1%	3.3%	10.7%	6.4%	2.6%	8.5%	13.7%	24.1%	7.8%	4.2%	4.4%
Bergen County	0.1%	5.2%	8.0%	4.2%	10.5%	5.0%	3.1%	9.8%	14.1%	25.3%	6.8%	4.9%	3.0%
Lyndhurst	0.1%	7.4%	6.7%	3.6%	11.5%	6.3%	1.6%	8.3%	13.3%	21.8%	9.0%	5.1%	5.3%
North Arlington	0.0%	9.2%	5.4%	1.5%	8.6%	7.2%	2.8%	8.4%	17.9%	21.9%	7.3%	3.6%	6.2%
Essex County	0.2%	6.0%	6.7%	2.5%	9.9%	7.9%	3.0%	8.1%	13.7%	25.5%	7.2%	4.5%	4.8%
Belleville	0.3%	6.5%	7.4%	3.3%	11.8%	8.4%	1.6%	5.2%	10.7%	26.5%	6.6%	5.2%	6.4%
Bloomfield	0.1%	4.4%	6.0%	3.5%	9.8%	5.5%	3.4%	7.8%	12.4%	29.2%	6.8%	5.5%	5.5%
Montclair	0.0%	2.1%	6.7%	2.3%	9.0%	3.4%	7.3%	11.0%	17.9%	26.3%	6.3%	4.7%	3.0%
Newark (07104)	0.2%	8.5%	10.1%	4.3%	9.0%	12.0%	2.4%	3.8%	9.2%	19.8%	8.8%	6.4%	5.6%
Newark (07107)	0.7%	26.1%	9.0%	2.0%	6.3%	7.6%	1.5%	4.5%	14.0%	8.9%	8.8%	8.5%	2.3%
Nutley	0.0%	5.8%	7.1%	3.7%	9.0%	4.9%	4.6%	9.6%	12.0%	25.5%	6.3%	3.9%	7.5%
Hudson County	0.1%	5.0%	6.7%	3.2%	9.7%	8.0%	3.4%	12.0%	17.1%	19.0%	8.6%	4.1%	3.1%
Harrison	0.1%	9.7%	7.4%	2.6%	7.3%	8.3%	3.8%	9.9%	17.2%	18.4%	8.4%	5.1%	2.0%
Kearny	0.0%	9.0%	10.8%	5.2%	9.4%	12.1%	1.4%	6.0%	11.1%	19.2%	6.0%	6.6%	3.1%

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

Table 18. Unemployment Rate by Race/Ethnicity, 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%
Bergen County	3.8%	5.6%	4.5%	4.7%	5.2%	0.0%	4.8%
Lyndhurst	8.7%	0.0%	7.6%	4.1%	-	-	1.6%
North Arlington	1.6%	0.7%	4.4%	4.4%	-	0.0%	4.4%
Essex County	3.7%	11.4%	7.4%	4.9%	15.1%	0.0%	8.2%
Belleville	5.3%	15.6%	8.4%	6.4%	37.5%	-	11.1%
Bloomfield	2.2%	7.2%	7.6%	6.3%	-	-	2.9%
Montclair	0.7%	6.7%	4.4%	4.3%	0.0%	0.0%	15.1%
Newark (07104)	6.2%	10.9%	7.9%	2.5%	0.0%	-	5.8%
Newark (07107)	13.3%	13.2%	7.9%	6.5%	0.0%	0.0%	10.3%
Nutley	7.0%	12.0%	2.8%	3.3%	0.0%	-	1.4%
Hudson County	3.5%	8.1%	6.6%	4.0%	10.1%	35.9%	6.9%
Harrison	3.7%	0.0%	3.8%	5.1%	17.5%	-	3.4%
Kearny	1.2%	15.8%	6.3%	4.8%	0.0%	0.0%	5.7%

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

Table 19. 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	45 to 54 years	55 to 59 years	60 to 64 years	65 to 74 years	75 years and over
New Jersey	17.2%	11.4%	6.5%	5.2%	4.6%	4.6%	4.5%	4.4%	4.8%	4.2%
Bergen County	12.2%	9.2%	4.8%	5.0%	3.8%	3.6%	3.3%	4.3%	4.4%	4.1%
Lyndhurst	16.7%	4.4%	1.8%	2.2%	8.4%	3.2%	6.4%	2.2%	14.4%	7.4%
North Arlington	37.6%	2.4%	0.8%	5.1%	0.4%	6.7%	2.1%	4.1%	11.8%	0.0%
Essex County	26.1%	17.1%	9.7%	7.4%	6.8%	5.7%	5.9%	5.2%	4.5%	6.6%
Belleville	32.0%	9.2%	14.6%	6.3%	4.9%	9.8%	3.8%	12.0%	1.7%	19.7%
Bloomfield	19.4%	18.7%	5.0%	4.8%	5.8%	3.0%	9.9%	3.8%	4.6%	16.4%
Montclair	16.1%	14.2%	4.6%	1.6%	4.8%	3.7%	7.3%	4.9%	1.0%	9.1%
Newark (07104)	24.1%	21.2%	7.0%	3.8%	5.8%	5.4%	2.6%	2.6%	5.4%	0.0%
Newark (07107)	24.2%	10.7%	16.9%	9.6%	10.8%	5.1%	9.1%	3.3%	9.2%	0.0%
Hudson County	18.8%	11.0%	4.8%	4.3%	4.1%	5.7%	5.5%	4.0%	5.6%	1.7%
Harrison	0.0%	4.5%	6.2%	4.0%	2.6%	7.3%	2.3%	0.0%	0.0%	0.0%
Kearny	7.9%	9.7%	10.4%	2.1%	6.3%	4.5%	5.1%	6.7%	1.9%	0.0%

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

Table 20. Unemployment Rate by Gender, State, County, and Town, 2016-2020

	Female	Male
New Jersey	5.6%	5.4%
Bergen County	4.3%	4.4%
Lyndhurst	5.7%	3.5%
North Arlington	4.2%	2.1%
Essex County	8.0%	7.4%
Belleville	7.6%	9.2%
Bloomfield	7.6%	5.5%
Montclair	4.8%	5.0%
Newark (07104)	7.4%	6.9%
Newark (07107)	12.1%	7.3%
Hudson County	5.6%	4.9%
Harrison	5.5%	3.4%
Kearny	5.8%	6.2%

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

Figure 70. Unemployment Rate Among Civilian Labor Force, by State, County, and Town, 2016-2020
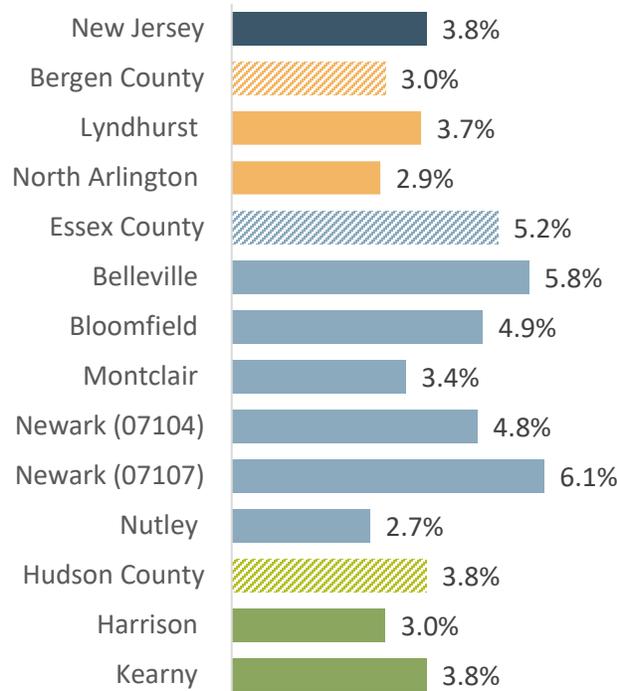
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Income, Poverty, and Food Insecurity

Table 21. 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
Bergen County	$124,247	$73,862	$82,675	$110,686	$98,542	$123,750	$71,959
Lyndhurst	$67,143	$58,333	$71,990	$95,978	-	-	$62,056
North Arlington	$99,306	$106,207	$76,618	$96,935	-	-	$97,566
Essex County	$138,138	$46,021	$50,466	$110,016	$51,957	$108,206	$43,802
Belleville	$106,370	$61,101	$77,689	$64,680	-	-	$87,612
Bloomfield	$105,625	$66,543	$80,649	$86,654	-	-	$92,068
Montclair	$152,375	$73,169	$121,905	$154,595	-	-	$148,056
Newark (07104)	$75,685	$42,870	$37,566	$53,583	$72,083	-	$35,890
Newark (07107)	$67,865	$31,872	$41,535	$43,588	2,500-	-	$30,821
Nutley	$143,750	$55,299	$95,048	$98,252	-	-	$84,107
Hudson County	$116,309	$53,196	$52,408	$100,853	$54,318	-	$51,718
Harrison	$102,016	$136,250	$54,005	$76,982	-	-	$46,878
Kearny	$82,381	$87,946	$70,636	$76,610	-	-	$63,618

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

Figure 71. Income Inequality (80th to 20th Percentile Income Ratio), by State and County, 2016-2020
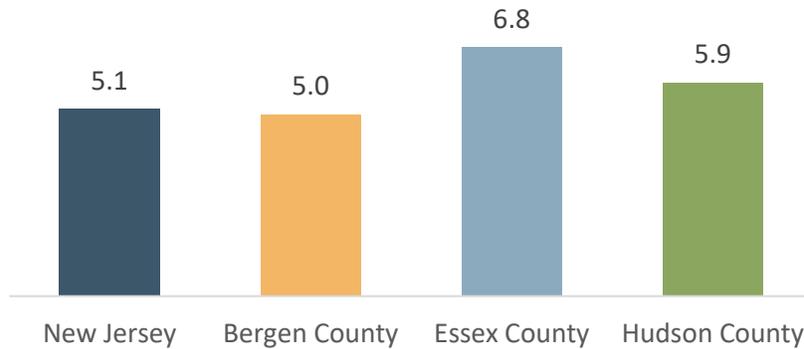
DATA SOURCE: U.S. Census Bureau, American Community Survey as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2016-2020
NOTE: The ratio of household income at the 80th percentile to that at the 20th percentile, where the incomes 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 72. Individuals Below Poverty Level, by State, County, and Town, 2016-2020
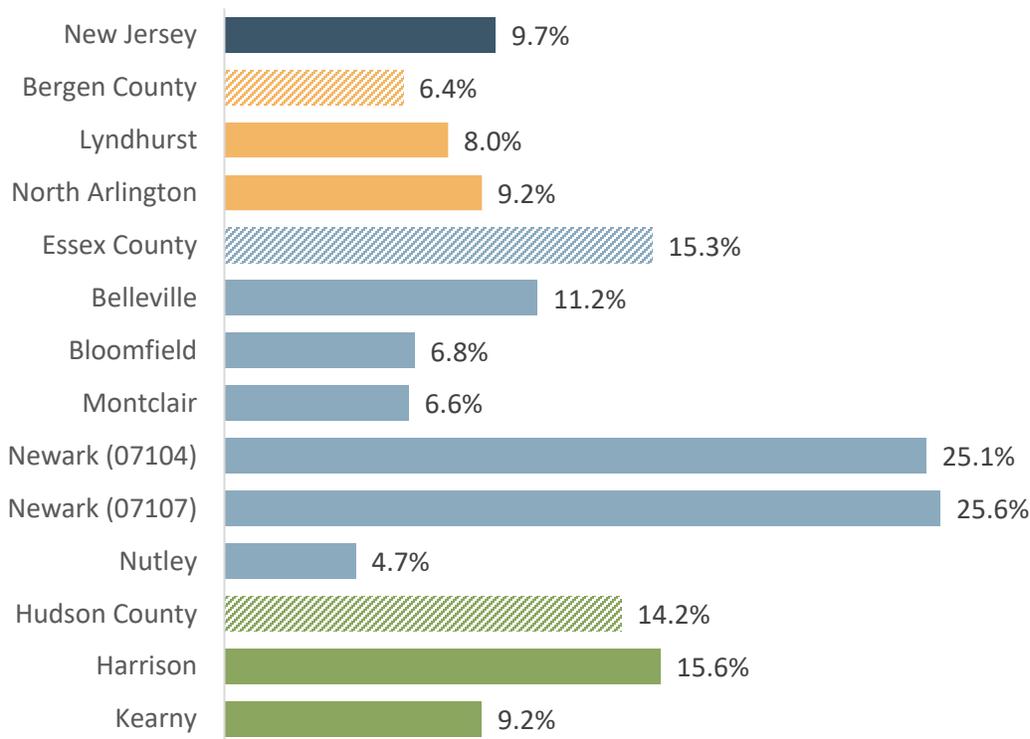
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Table 22. Individuals Below Poverty Level, by Race/Ethnicity, State, County, and Town, 2016-2020

	Asian, Non-Hispanic	Black, Non-Hispanic	Hispanic/ Latino	White, Non-Hispanic	Other Race, Non-Hispanic
New Jersey	6.3%	16.4%	16.9%	6.0%	19.6%
Bergen County	5.5%	9.5%	11.2%	4.6%	15.0%
Lyndhurst	2.1%	13.8%	17.0%	5.2%	11.4%
North Arlington	1.0%	6.3%	9.9%	7.9%	25.0%
Essex County	6.0%	20.6%	21.0%	6.0%	22.2%
Belleville	4.9%	19.3%	14.3%	7.4%	1.4%
Bloomfield	9.8%	7.9%	6.7%	5.5%	10.8%
Montclair	2.5%	16.4%	8.7%	2.4%	4.5%
Newark (07104)	18.4%	27.5%	24.6%	23.9%	23.9%
Newark (07107)	13.3%	27.9%	25.2%	14.0%	33.4%
Nutley	3.0%	6.4%	2.9%	4.5%	10.4%
Hudson County	9.3%	19.2%	17.8%	9.7%	17.9%
Harrison	23.2%	8.8%	15.0%	10.3%	15.5%
Kearny	17.6%	19.2%	11.4%	4.5%	10.3%

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

Figure 73. Percent Households Receiving Social Security Income, by State, County, and Town, 2016-2020
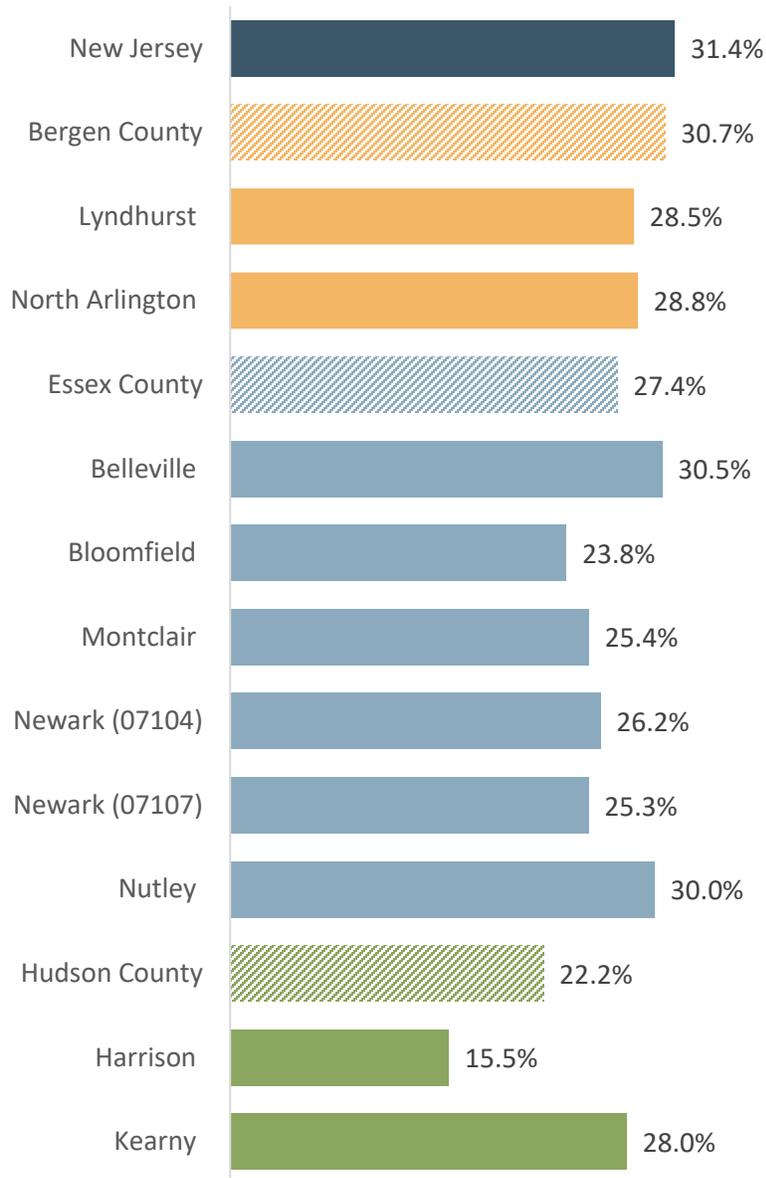
Location	Percent
New Jersey	31.4%
Bergen County	30.7%
Lyndhurst	28.5%
North Arlington	28.8%
Essex County	27.4%
Belleville	30.5%
Bloomfield	23.8%
Montclair	25.4%
Newark (07104)	26.2%
Newark (07107)	25.3%
Nutley	30.0%
Hudson County	22.2%
Harrison	15.5%
Kearny	28.0%

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

Figure 74. Households Receiving Food Stamps/SNAP, by State, County, and Town, 2015-2019

Location	Percentage
Kearny	11.8%
Harrison	6.4%
Hudson County	13.9%
Nutley	3.9%
Newark (07107)	29.4%
Newark (07104)	27.1%
Montclair	5.5%
Bloomfield	6.8%
Belleville	7.7%
Essex County	14.2%
North Arlington	5.1%
Lyndhurst	5.6%
Bergen County	4.7%
New Jersey	8.4%
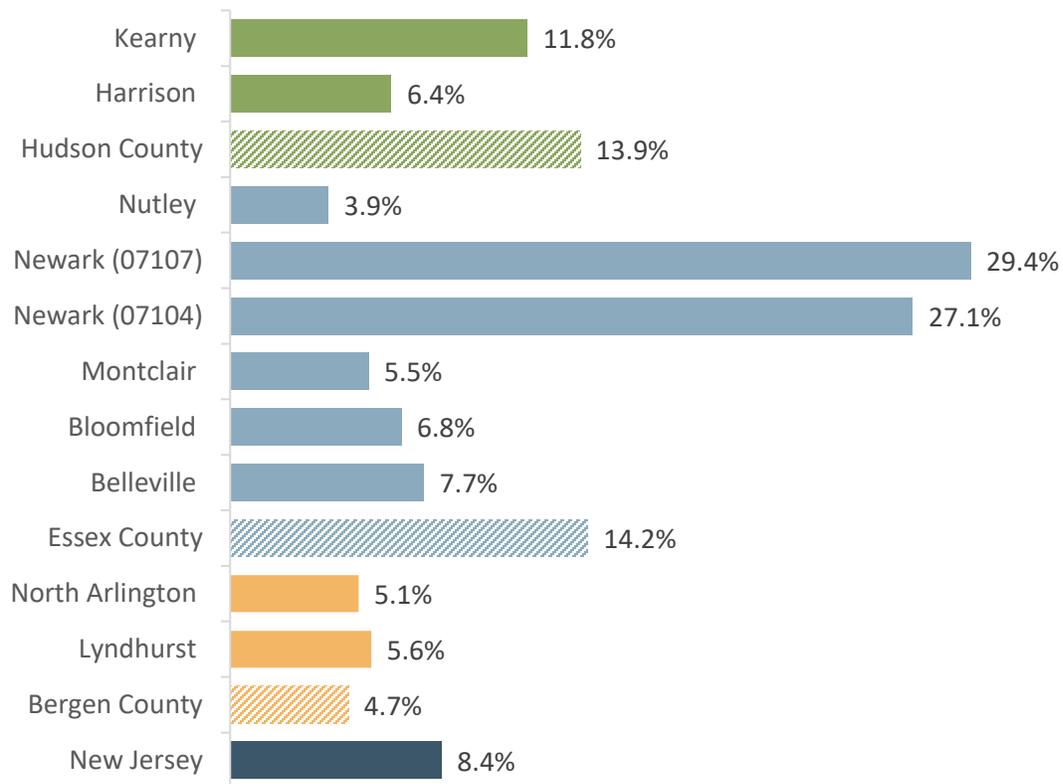
Figure 75. Percent Households Falling into ALICE Population, by State and County, 2020

Location	Percent
New Jersey	26.6%
Bergen County	29.9%
Lyndhurst	34.7%
North Arlington	36.6%
Essex County	30.8%
Belleville	32.5%
Bloomfield	28.0%
Montclair	16.7%
Newark (07104)	40.3%
Newark (07107)	39.8%
Nutley	23.8%
Hudson County	21.5%
Harrison	13.0%
Kearny	26.5%
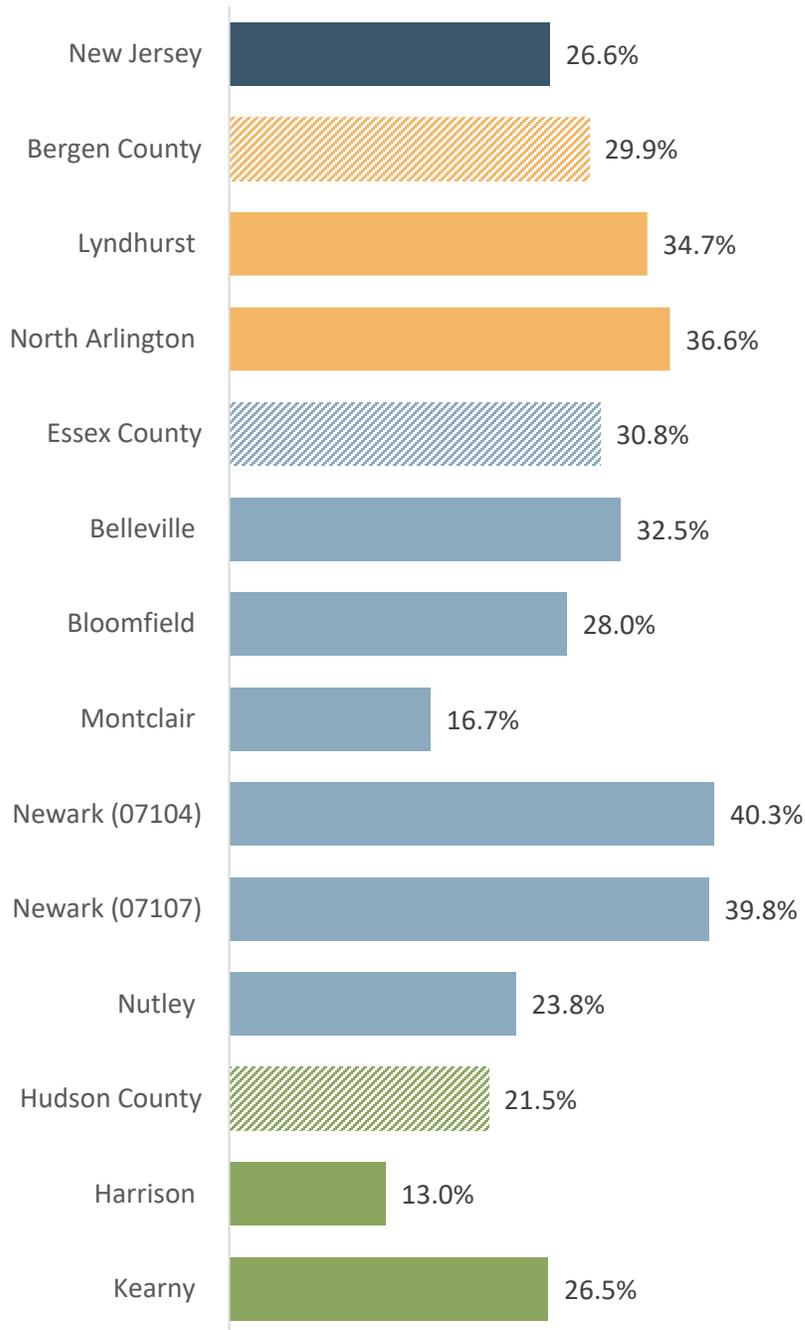
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2014-2018 as reported by United Ways of New Jersey, Alice in New Jersey: A Financial Hardship Study, 2020
NOTE: ALICE refers to the population in our communities that are Asset Limited, Income Constrained, Employed. The ALICE 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 76. Children in Poverty, by State and County, Race/Ethnicity, 2019

Legend:
- American Indian/Alaskan Native
- Asian, Non-Hispanic
- Black, Non-Hispanic
- Hispanic/ Latino
- White, Non-Hispanic

New Jersey
- 22.3%
- 5.7%
- 23.4%
- 22.4%
- 7.1%

Bergen County
- 8.5%
- 4.1%
- 9.4%
- 14.6%
- 3.6%

Essex County
- 22.7%
- 5.1%
- 29.6%
- 27.6%
- 5.4%

Hudson County
- 9.8%
- 5.7%
- 29.8%
- 23.4%
- 17.2%
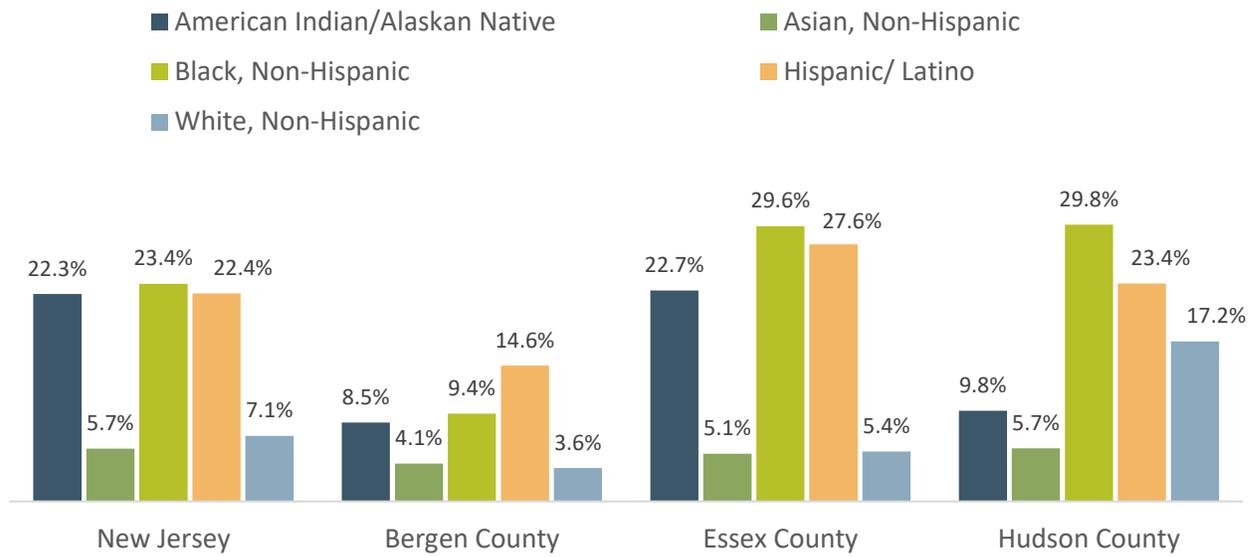
DATA SOURCE: U.S. Census Bureau, Small Area Income and Poverty Estimates, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2019

Figure 77. Number of Participating Persons, Adults, and Children Receiving WFNJ/TANF per 100,000 Population, by County, 2021

Legend:
- New Jersey
- Bergen County
- Essex County
- Hudson County

New Jersey: 28,765 (Apr-20), 25,276 (Apr-21), 27,749 (Apr-22)
Hudson County: 4,329 (Apr-20), 4,279 (Apr-21), 4,360 (Apr-22)
Essex County: 4,111 (Apr-20), 3,580 (Apr-21), 3,283 (Apr-22)
Bergen County: 698 (Apr-20), 614 (Apr-21), 713 (Apr-22)
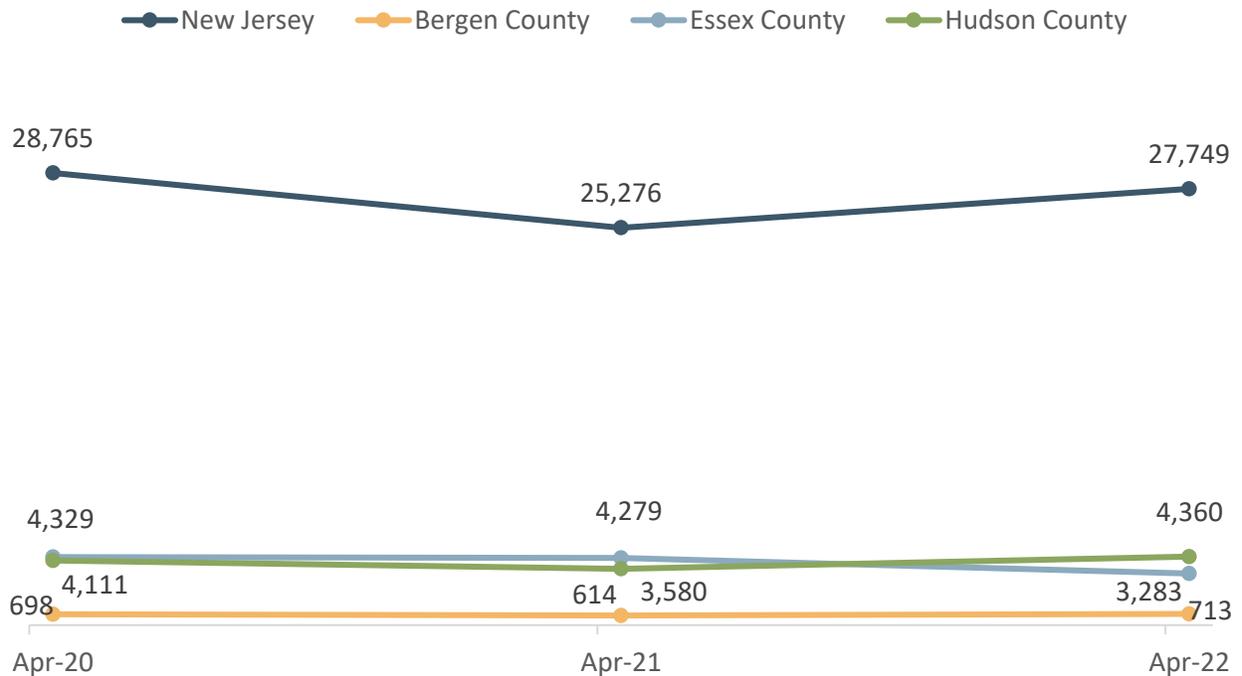
DATA SOURCE: New Jersey Department of Human Services, Division of Family Development, Current Program Statistics 2020-2022; Rate calculated using U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Figure 78. Children Eligible for Free or Reduced-price Lunch, by State and County, 2019-2020
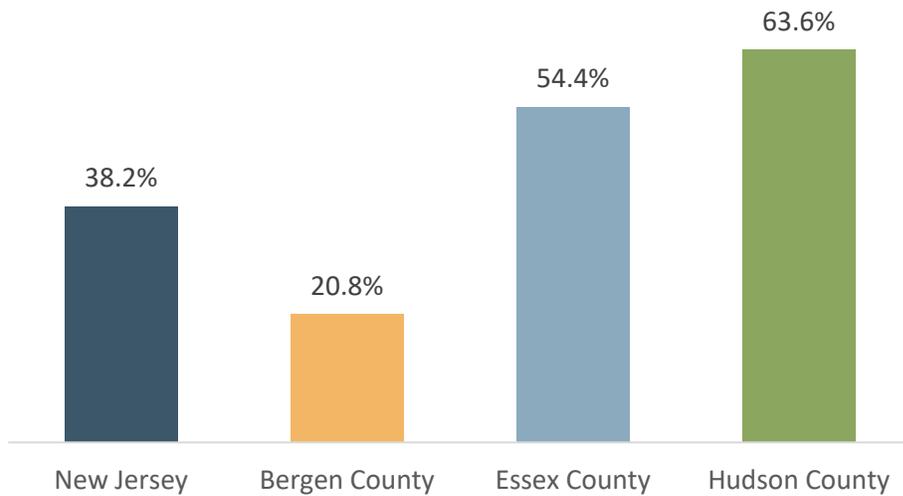
DATA SOURCE: National Center for Education Statistics, 2019-2020 from University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps, 2021

Housing

Figure 79. Homeowner Vacancy Rate, by State and County, 2016-2020
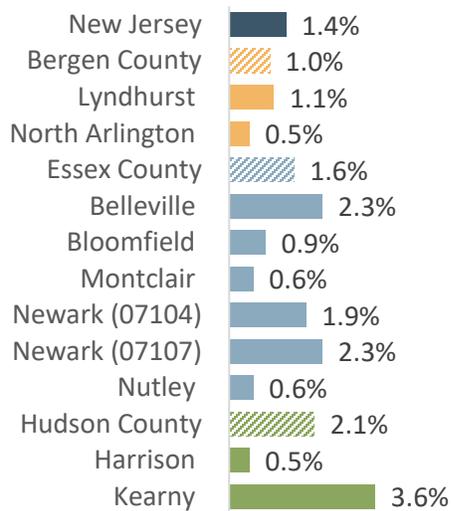
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Table 23. Household Occupants per Room, by State, County, Town, 2016-2020

	1.00 or less	1.01 to 1.50	1.51 or more
New Jersey	96.7%	2.1%	1.1%
Bergen County	97.4%	1.6%	1.0%
Lyndhurst	98.9%	0.4%	0.7%
North Arlington	96.0%	2.0%	2.0%
Essex County	95.1%	2.6%	2.2%
Belleville	95.1%	3.2%	1.7%
Bloomfield	96.9%	2.2%	0.9%
Montclair	98.4%	1.0%	0.6%
Newark (07104)	92.9%	4.2%	2.9%
Newark (07107)	91.9%	3.4%	4.7%
Nutley	98.8%	0.8%	0.5%
Hudson County	92.1%	5.1%	2.8%
Harrison	93.3%	3.5%	3.2%
Kearny	94.2%	3.7%	2.0%

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

Figure 80. Percentage of Children That Live in a Household Headed by a Single Parent by State and County, 2016-2020
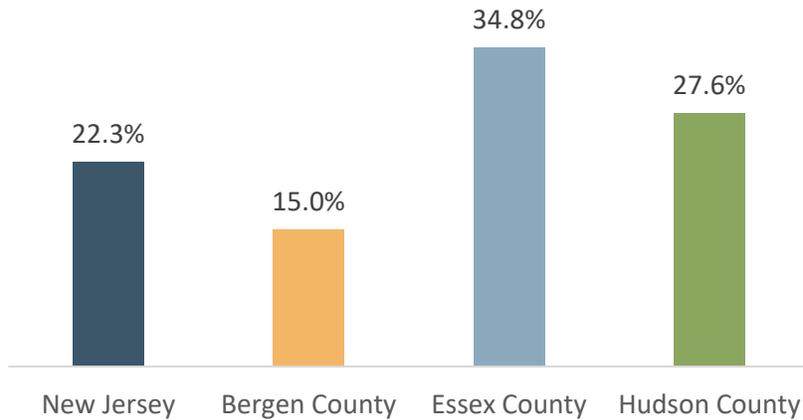
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2016-2020

Figure 81. Severe Housing Problems, by State and County, 2014-2018
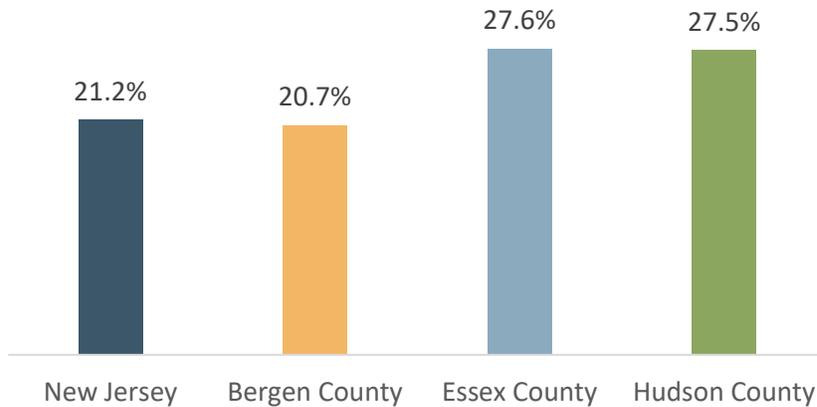
DATA SOURCE: U.S. Department of Housing and Urban Development, Comprehensive Housing Affordability Strategy (CHAS) data, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2014-2018
NOTE: Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.

Transportation

Table 24. Households (Renter v. Owner-Occupied) Without Access to a Vehicle, by State and County, 2016-2020

	Owner-occupied	Renter-occupied
New Jersey	3.6%	24.8%
Bergen County	3.0%	17.2%
Lyndhurst	2.8%	12.5%
North Arlington	3.9%	6.9%
Essex County	5.3%	35.4%
Belleville	4.9%	8.5%
Bloomfield	3.8%	14.8%
Montclair	3.8%	17.7%
Newark (07104)	9.4%	40.4%
Newark (07107)	10.6%	43.7%
Nutley	5.7%	12.8%
Hudson County	13.7%	40.6%
Harrison	18.3%	36.9%
Kearny	4.7%	20.8%

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

Crime and Violence

Figure 82. Percent of Children with Adverse Childhood Experiences (ACEs), by State, 2019
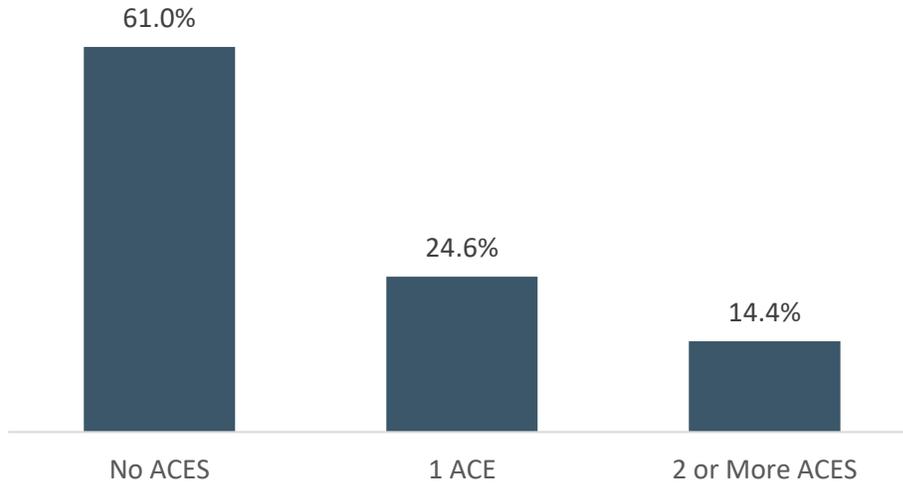
DATA SOURCE: Child and Adolescent Health Measurement Initiative (CAHMI), Data Resource Center for Child and Adolescent Health, National Survey of Children's Health Interactive Data Query, 2019

Table 25. 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 83. Rate of Membership in Social Associations, by State and County, 2019
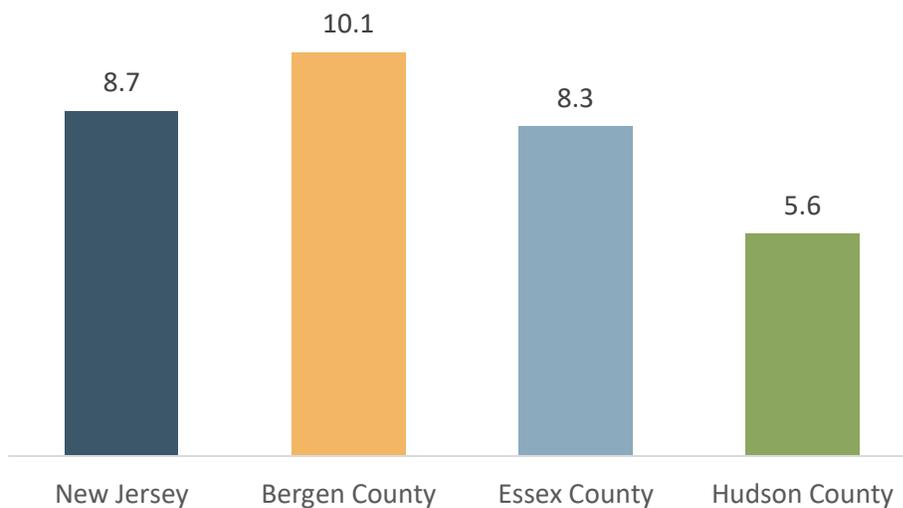
DATA SOURCE: County Business Patterns as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2019

Technology

Figure 84. Households with a Computer, by State, County, and Town, 2016-2020
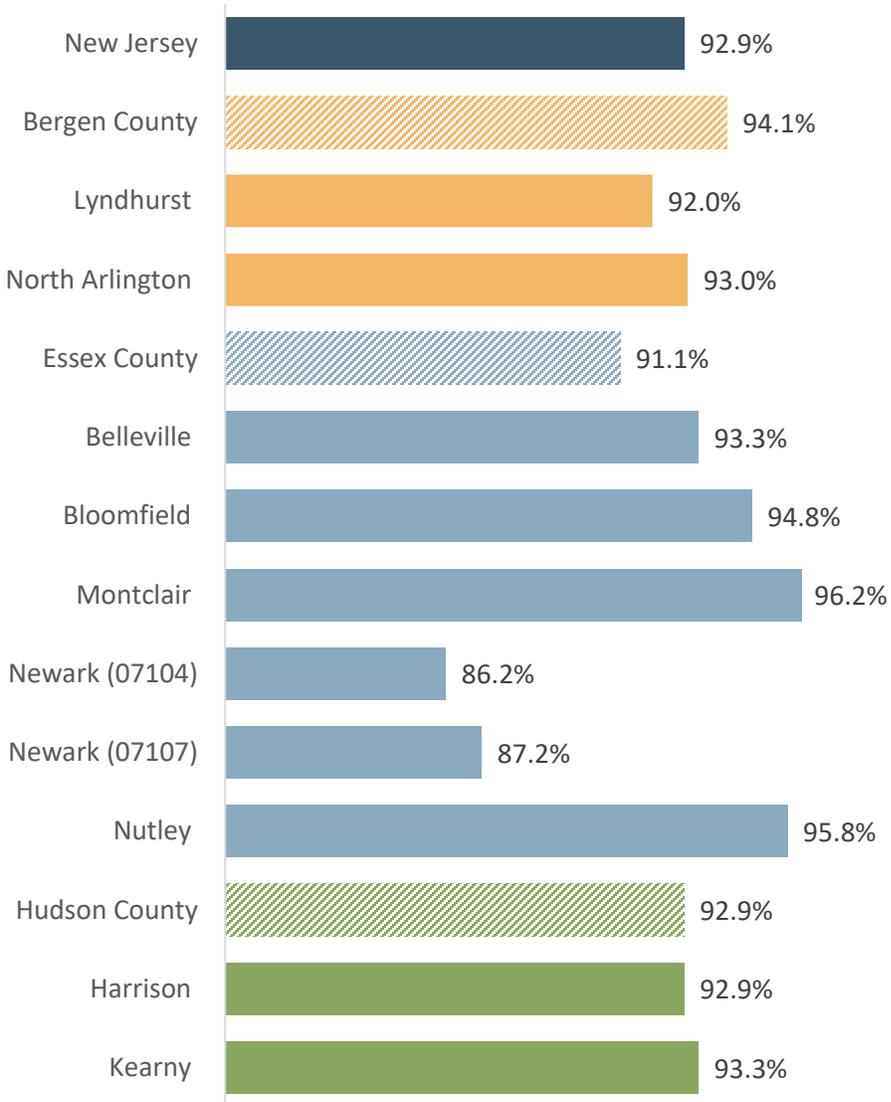
Location	Percentage
New Jersey	92.9%
Bergen County	94.1%
Lyndhurst	92.0%
North Arlington	93.0%
Essex County	91.1%
Belleville	93.3%
Bloomfield	94.8%
Montclair	96.2%
Newark (07104)	86.2%
Newark (07107)	87.2%
Nutley	95.8%
Hudson County	92.9%
Harrison	92.9%
Kearny	93.3%

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

Figure 85. Households with Internet, by State, County, and Town, 2016-2020

Location	Percent
New Jersey	88.1%
Bergen County	91.4%
Lyndhurst	87.7%
North Arlington	89.7%
Essex County	82.8%
Belleville	90.2%
Bloomfield	91.9%
Montclair	94.0%
Newark (07104)	73.1%
Newark (07107)	72.0%
Nutley	92.9%
Hudson County	87.7%
Harrison	88.9%
Kearny	88.5%

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

Overall Health

Figure 86. Age-Adjusted Mortality Rate per 100,000 Population, by State and County, 2018-2020
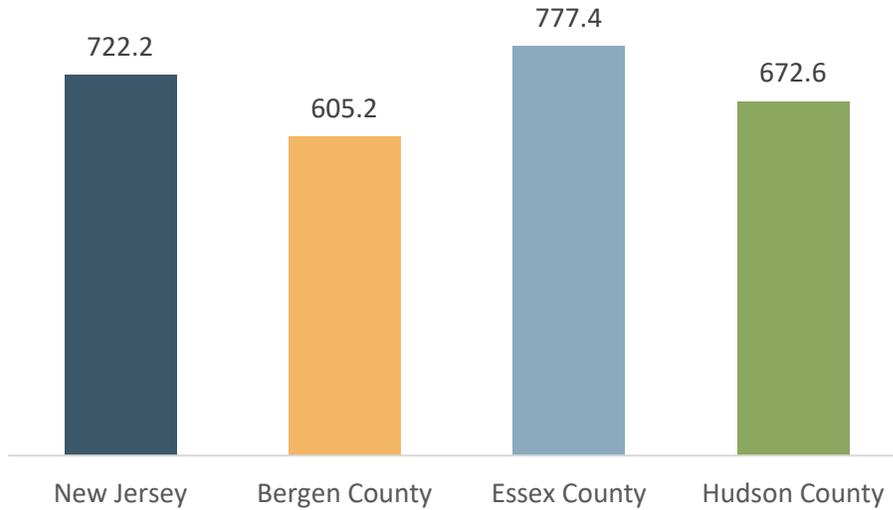
DATA SOURCE: New Jersey Department of Health, New Jersey Death Certificate Database, Office of Vital Statistics and Registry, 2017-2019

Figure 87. Percent Poor or Fair Health, by State and County, 2018
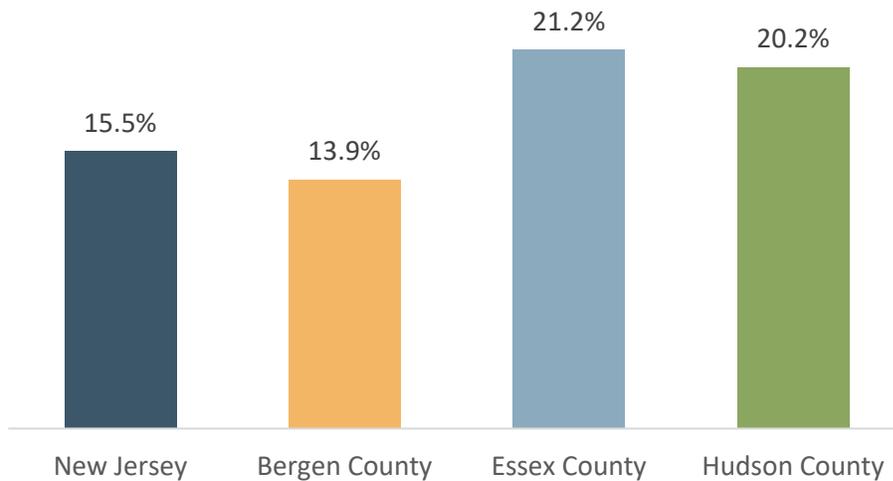
DATA SOURCE: Behavioral Risk Factor Surveillance System, as reported University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps, 2018

Figure 88. Poor Physical Health Days by State and County, 2018
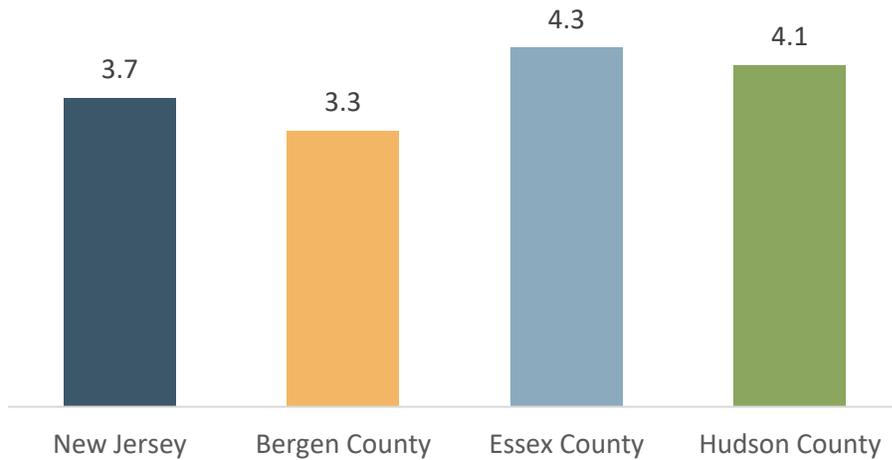
DATA SOURCE: Behavioral Risk Factor Surveillance System, as reported University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps, 2018

Table 26. Community Need Index, by County, 2021

	Weighted Average CNI
Bergen County	2.8
Essex County	3.8
Hudson County	4.1

DATA SOURCE: Truven Health Analytics, 2021; Insurance Coverage Estimates, 2021; The Nielson Company, 2021; and Community Need Index, 2021.

Figure 89. Life Expectancy in Years, by State and County, 2020
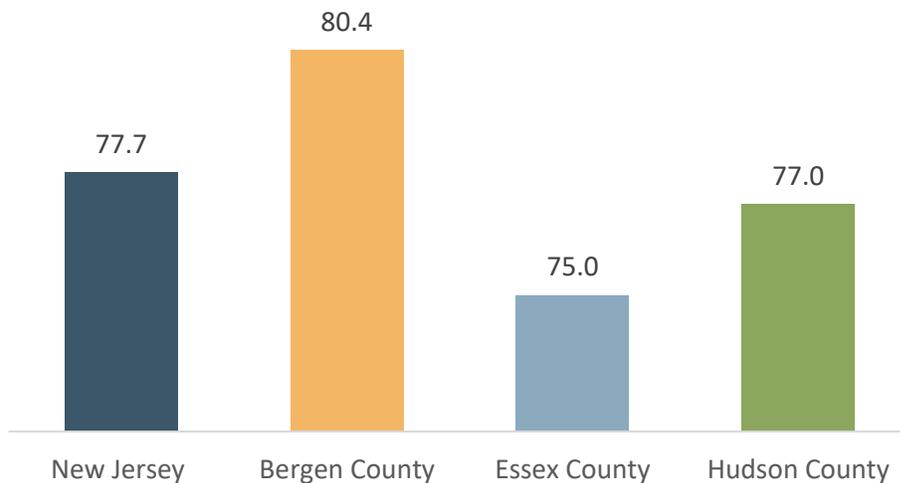
DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health 2020

Access to Care

Table 27. Percent Population Uninsured, by State, County, Town, and Race/Ethnicity, 2016-2020

	American Indian and Alaska Native alone	Asian alone	Black or African American alone	Hispanic or Latino (of any race)	Native Hawaiian and Other Pacific Islander alone	White alone, not Hispanic or Latino	Some other race alone	Two or more races
New Jersey	15.3%	5.8%	8.6%	18.2%	10.2%	3.7%	22.6%	10.5%
Bergen County	11.2%	7.6%	10.7%	14.0%	18.3%	4.0%	13.6%	6.5%
Lyndhurst	0.0%	4.2%	9.2%	14.7%	-	4.5%	14.0%	0.5%
North Arlington	-	8.5%	7.3%	12.8%	0.0%	4.3%	13.6%	8.0%
Essex County	15.3%	5.1%	10.9%	21.4%	16.7%	4.6%	24.9%	16.5%
Belleville	0.0%	7.5%	9.8%	15.9%	-	6.0%	20.6%	19.2%
Bloomfield	0.0%	3.6%	10.1%	13.6%	-	5.2%	13.5%	5.3%
Montclair	0.0%	0.0%	7.0%	6.9%	0.0%	2.0%	3.7%	2.0%
Newark (07104)	3.2%	1.9%	8.0%	17.4%	0.0%	8.4%	19.0%	10.5%
Newark (07107)	43.6%	15.5%	10.6%	20.3%	0.0%	10.1%	20.3%	22.3%
Nutley	0.0%	6.2%	17.6%	13.1%	-	6.6%	28.8%	6.0%
Hudson County	28.0%	7.1%	11.8%	19.5%	0.0%	5.7%	23.0%	14.2%
Harrison	24.7%	5.3%	4.1%	23.9%	-	6.6%	40.8%	6.4%
Kearny	10.4%	4.0%	12.0%	16.5%	0.0%	7.0%	16.5%	15.8%

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

Figure 90. Percent Under Age 19 Uninsured, by State, County, and Town, 2016-2020
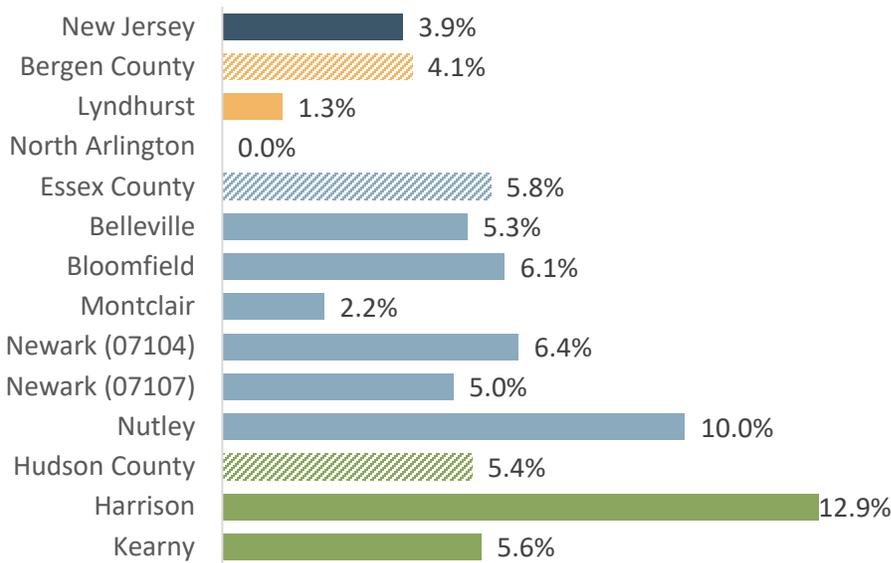
Location	Percent
New Jersey	3.9%
Bergen County	4.1%
Lyndhurst	1.3%
North Arlington	0.0%
Essex County	5.8%
Belleville	5.3%
Bloomfield	6.1%
Montclair	2.2%
Newark (07104)	6.4%
Newark (07107)	5.0%
Nutley	10.0%
Hudson County	5.4%
Harrison	12.9%
Kearny	5.6%

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

Figure 91. Population with Private Insurance, by State, County and Town, 2016-2020
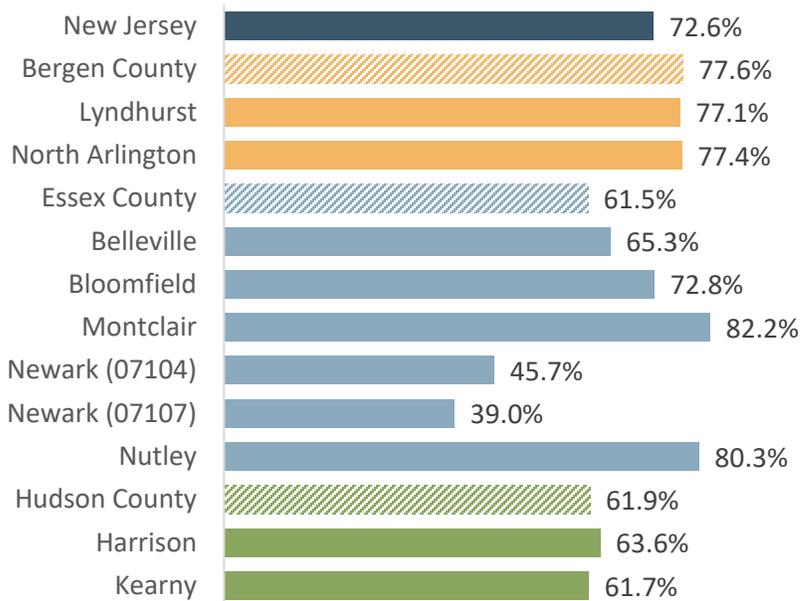
Location	Percent
New Jersey	72.6%
Bergen County	77.6%
Lyndhurst	77.1%
North Arlington	77.4%
Essex County	61.5%
Belleville	65.3%
Bloomfield	72.8%
Montclair	82.2%
Newark (07104)	45.7%
Newark (07107)	39.0%
Nutley	80.3%
Hudson County	61.9%
Harrison	63.6%
Kearny	61.7%

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

Figure 92. Ratio of Population to Primary Care Physicians, by State and County, 2019
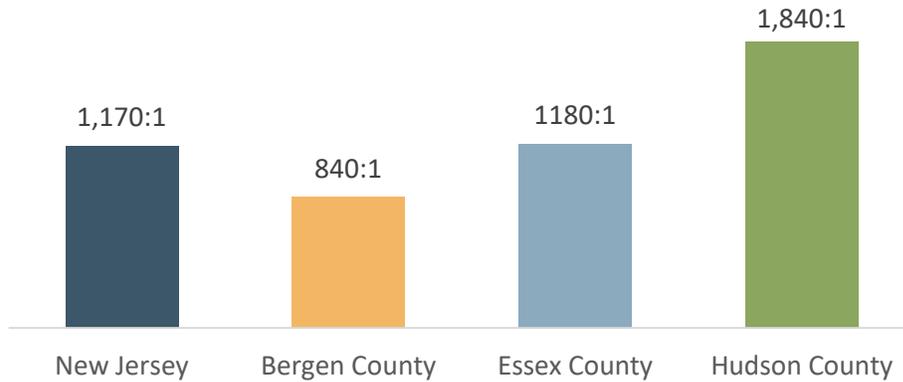
DATA SOURCE: American Medical Association, Area Health Resource File, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2019

Figure 93. Ratio of Population to Dentists, by State and County, 2020
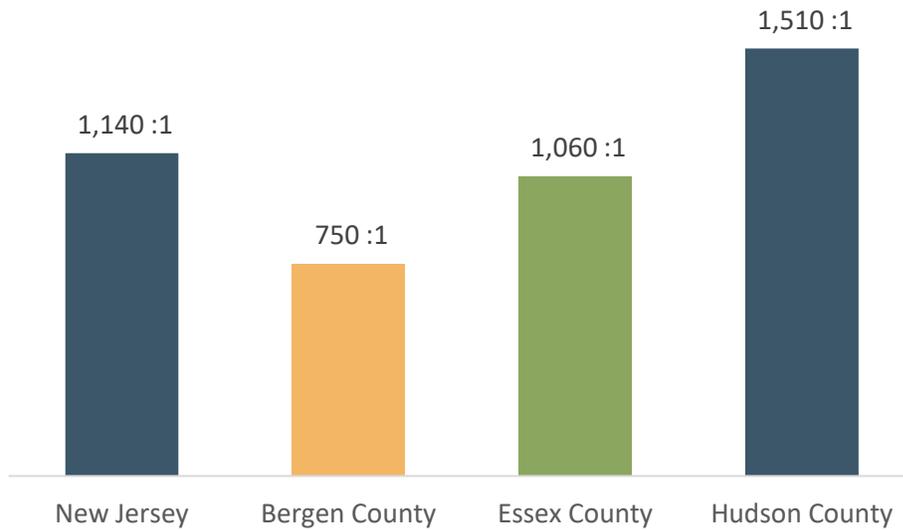
DATA SOURCE: National Provider Identification file, Centers for Medicare and Medicaid Services, Area Health Resource File, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2020

Figure 94. Percent Adults Reported to Have Had No Leisure Time for Physical Activity, by State and County, 2014 and 2018
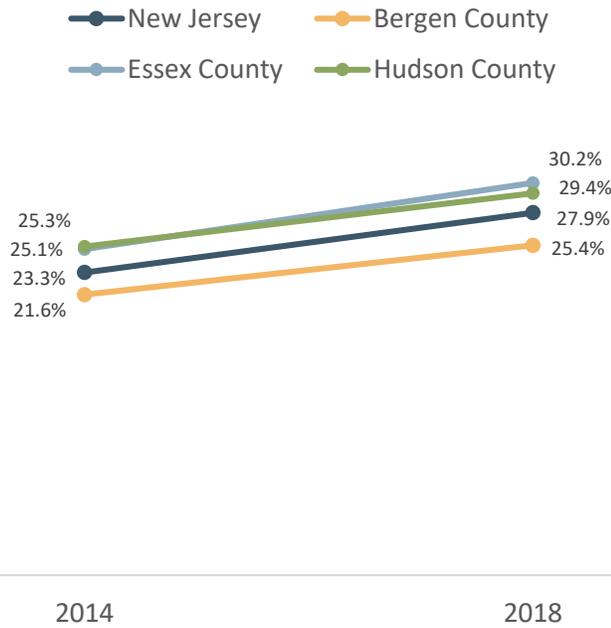
DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2014 and 2018

Figure 95. Percent Adults Reported to Have Had No Leisure Time for Physical Activity by Race/Ethnicity, by State and County, 2016-2020
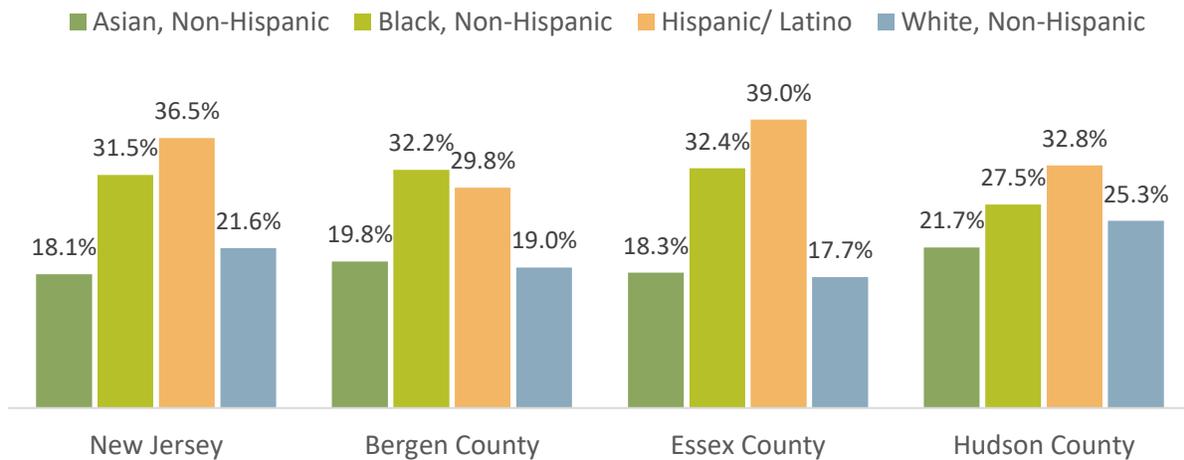
DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2016-2020

Figure 96. Population with Adequate Access to Location for Physical Activity, by State and County, 2010 and 2021
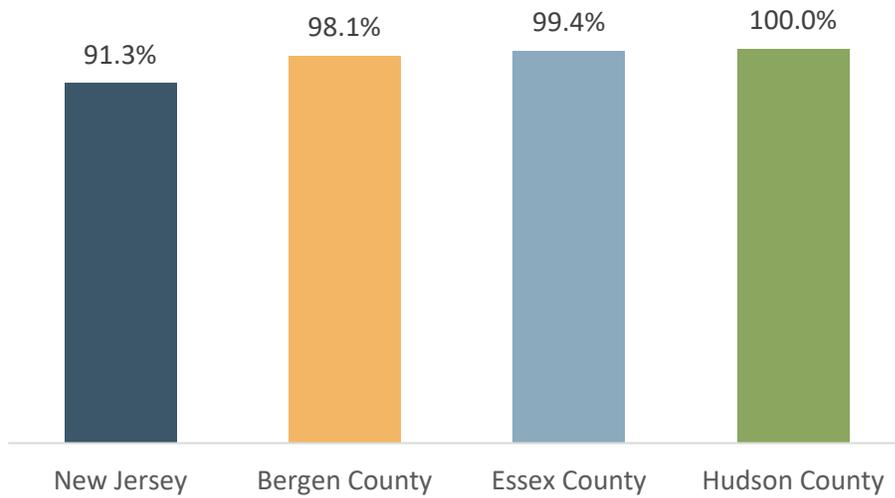
DATA SOURCE: ESRI & U.S. Census Tigerline Files, Business Analyst, Delorme map data, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2010 & 2021

Figure 97. Fast Food Establishments per 100,000 Population by County and Town, 2020
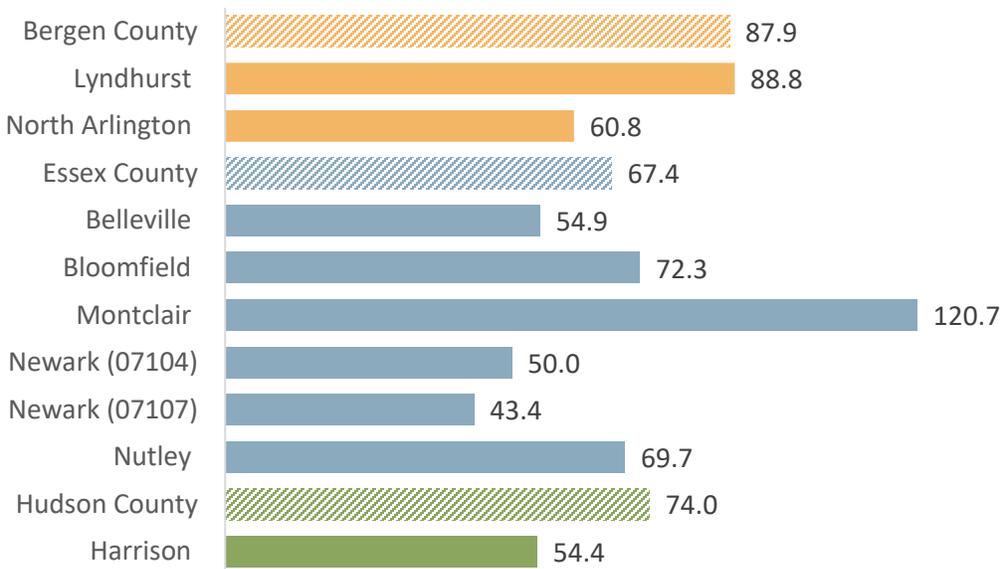
DATA SOURCE: Community Commons, Census County Business Patterns, analyzed by Center for Applied Research and Engagement Systems (CARES), 2020

Figure 98. Percent of the Population Residing in a Food Desert, by State and County, 2019
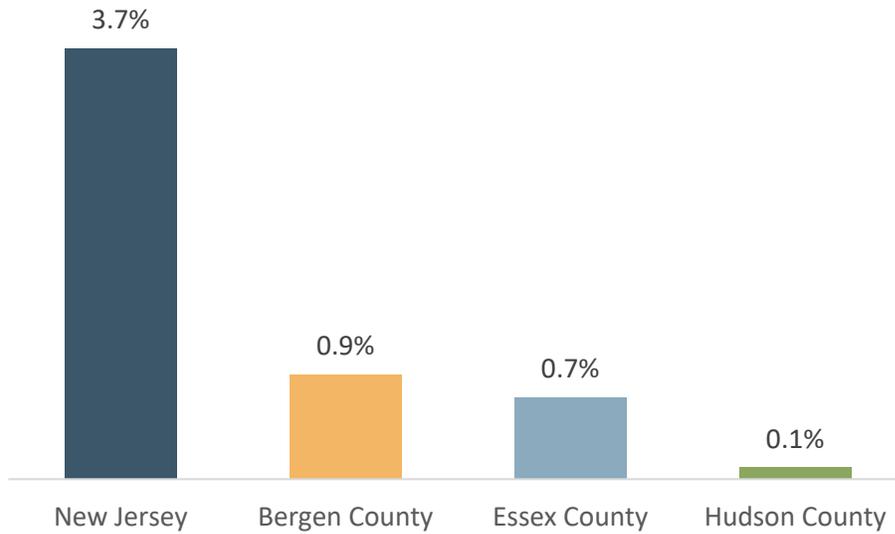
DATA SOURCE: U.S. Department of Agriculture, Economic Research Service, Food Access Research Atlas, 2019 , as reported by, County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2022
NOTE: Food desert defined as the percentage of population with low income and without access to a grocery store at 1 mile for urban areas and 10 miles for rural areas

Figure 99. Grocery Stores and Supermarkets per 100,000 Population by State, County, and Town, 2018
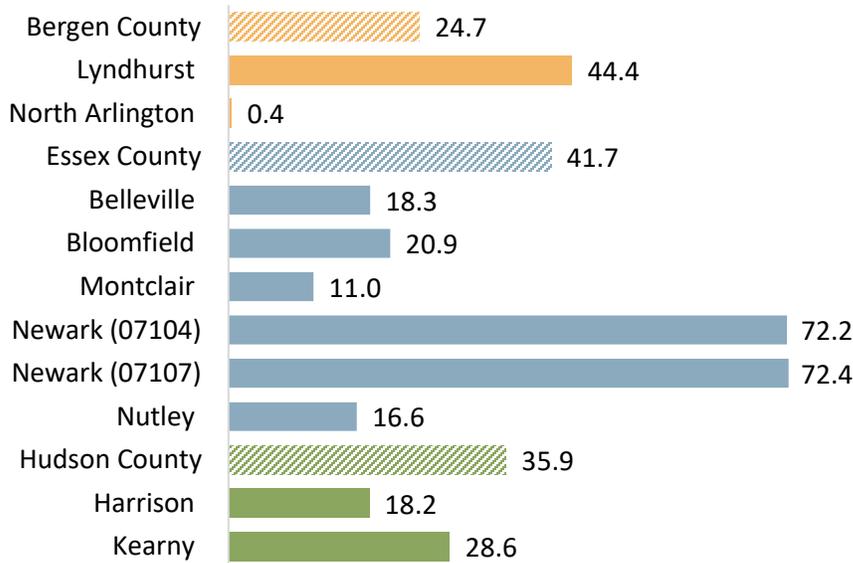
DATA SOURCE: Community Commons, Census County Business Patterns, analyzed by Center for Applied Research and Engagement Systems (CARES), 2020

Figure 100. Food Environment Index, by State and County, 2019

New Jersey	Bergen County	Essex County	Hudson County
9.3	9.5	8.7	8.7
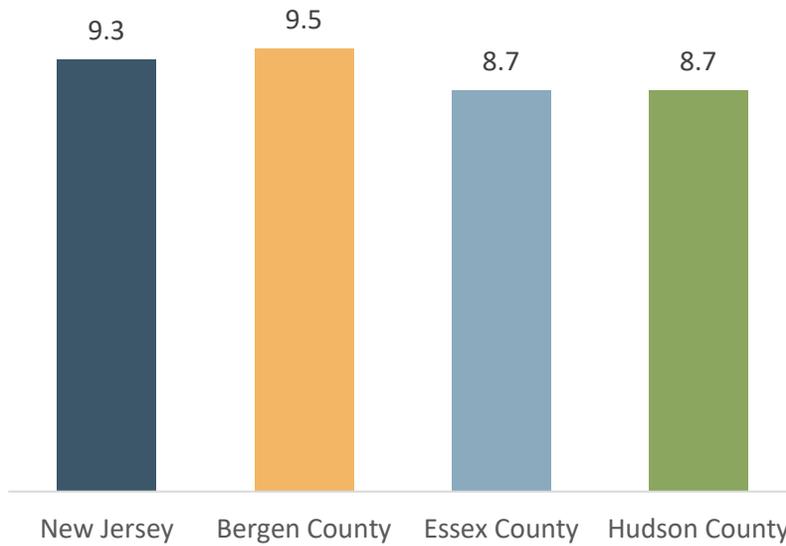
DATA SOURCE: USDA Food Environment Atlas, Map the Meal Gap from Feeding America, 2019 as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2022

Figure 101. Percent of Community Survey Respondents Whose Children Were Physically Active vs. Sedentary After School and On Weekends (n = 49), 2021
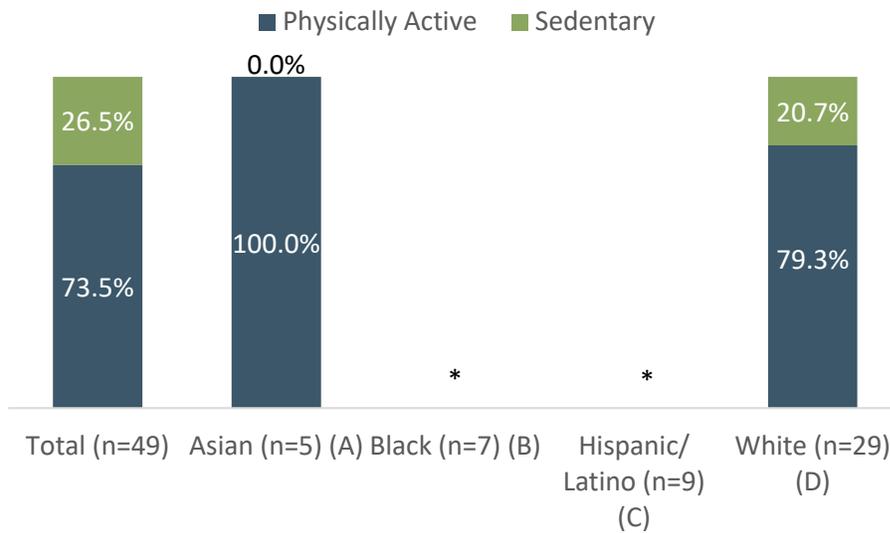
■ Physically Active   ■ Sedentary

	Total (n=49)	Asian (n=5) (A)	Black (n=7) (B)	Hispanic/Latino (n=9) (C)	White (n=29) (D)
Sedentary	26.5%	0.0%	*	*	20.7%
Physically Active	73.5%	100.0%	*	*	79.3%

DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021
NOTE: Asterisks (*) denote insufficient data to calculate reliable rate

Figure 102. Percent of Community Survey Respondents Whose Children Eat Breakfast Daily (n = 49), 2021
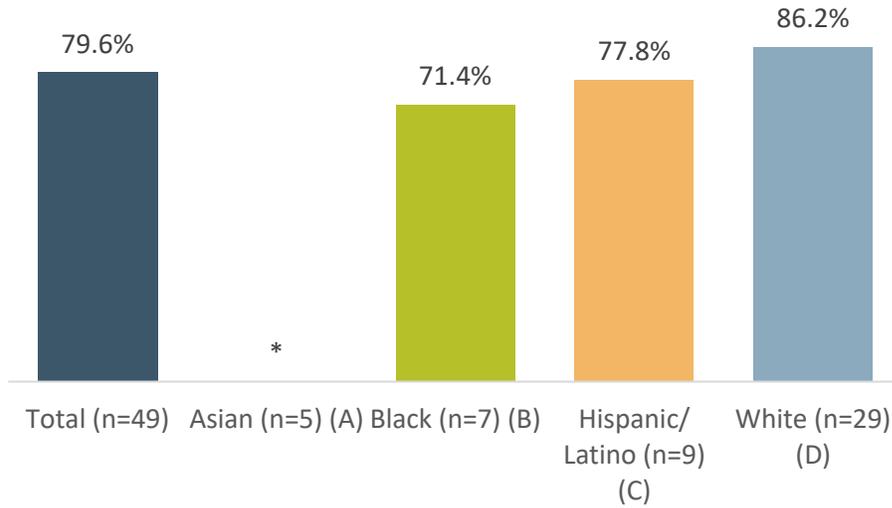
DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021
NOTE: Asterisks (*) denote insufficient data to calculate reliable rate

Substance Use

Figure 103. Percent Adults Reported Current Smokers, by State and County, 2017-2020
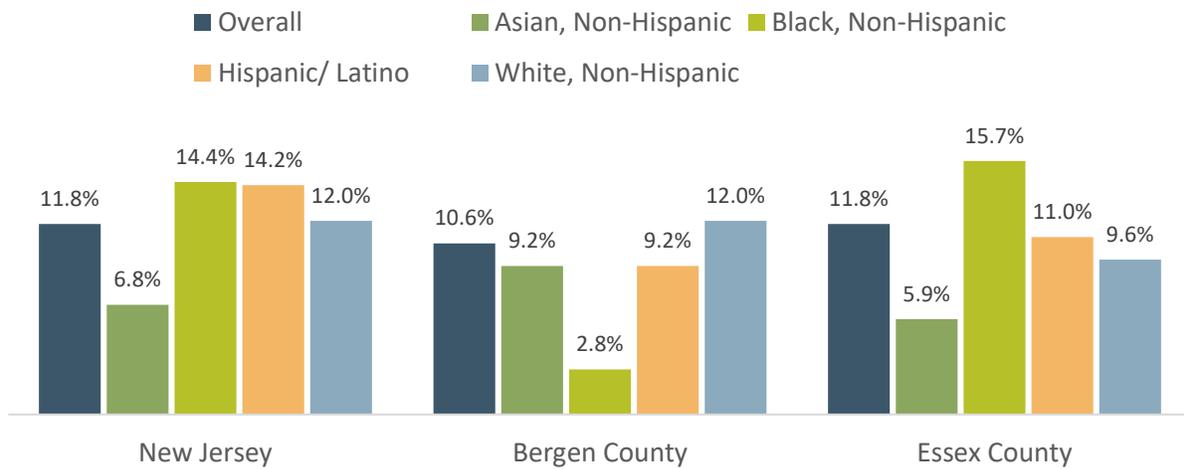
DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2017-2020

Figure 104. Substance Use Treatment Admissions by Race/Ethnicity, by State and County, 2020
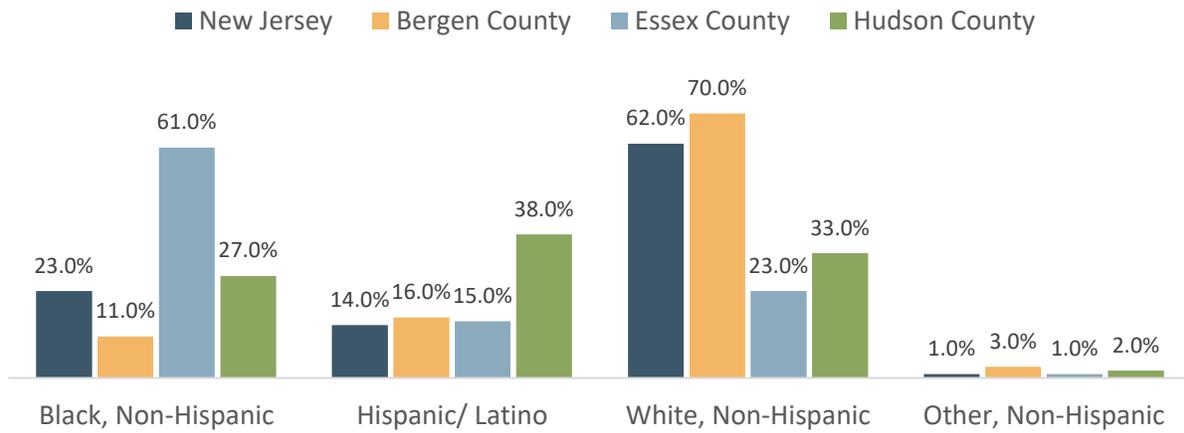
Legend: ■ New Jersey ■ Bergen County ■ Essex County ■ Hudson County

Black, Non-Hispanic: 23.0%, 11.0%, 61.0%, 27.0%
Hispanic/ Latino: 14.0%, 16.0%, 15.0%, 38.0%
White, Non-Hispanic: 62.0%, 70.0%, 23.0%, 33.0%
Other, Non-Hispanic: 1.0%, 3.0%, 1.0%, 2.0%

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 105. Alcohol-impaired Driving Deaths as Percent of Total Driving Deaths, by State and County, 2016-2020

New Jersey: 22.8%
Bergen County: 15.7%
Essex County: 16.0%
Hudson County: 18.1%
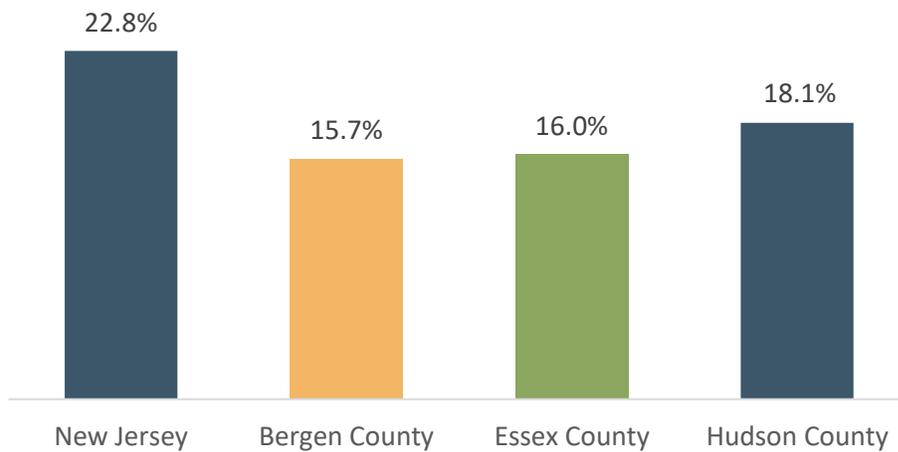
DATA SOURCE: Fatality Analysis Reporting System as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2016-2020

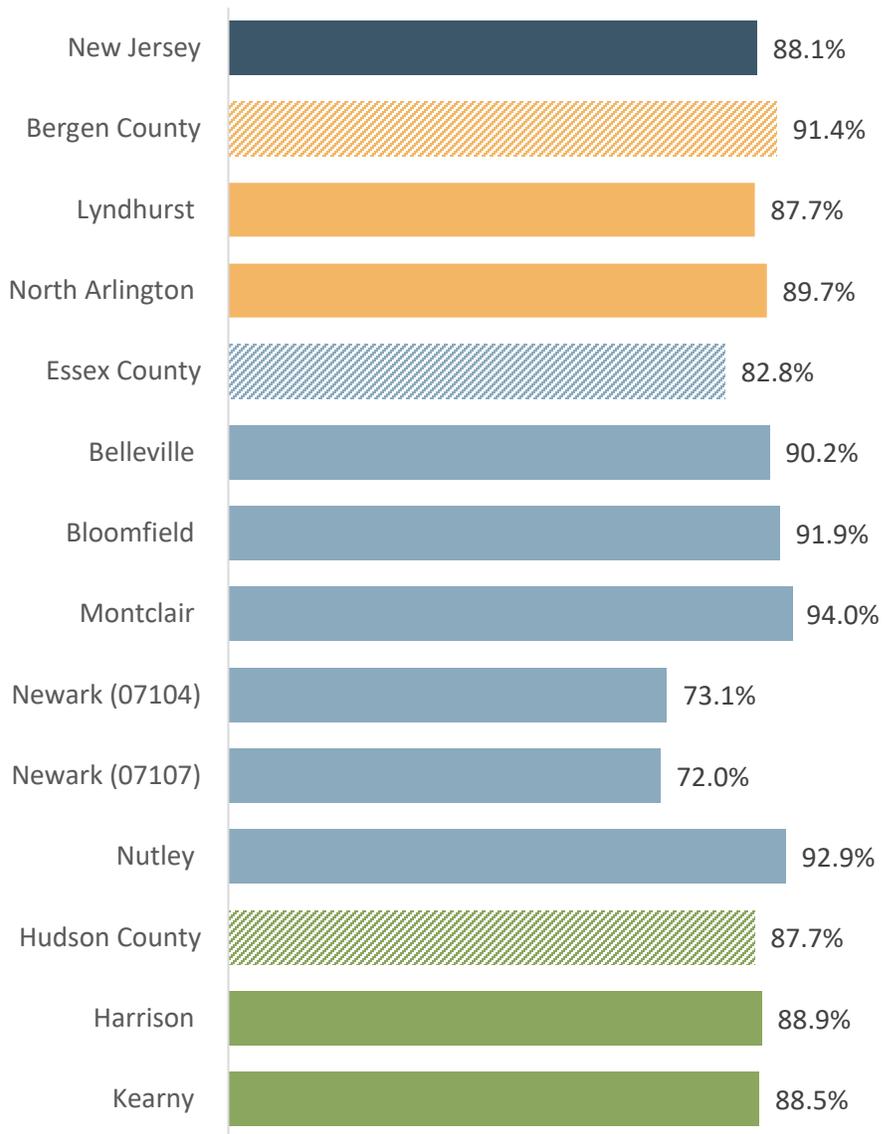**Figure 106. Count of Opioid Related Deaths by Drug, by State and County, 2019**

Legend: ■ Methadone ■ Morphine ■ Oxycodone ■ Heroin ■ Fentanyl

New Jersey: 116, 57, 191, 1,076, 2,248
Bergen County: 2, 11, 11, 56, 109
Essex County: 17, 2, 13, 182, 317
Hudson County: 6, 2, 10, 79, 121
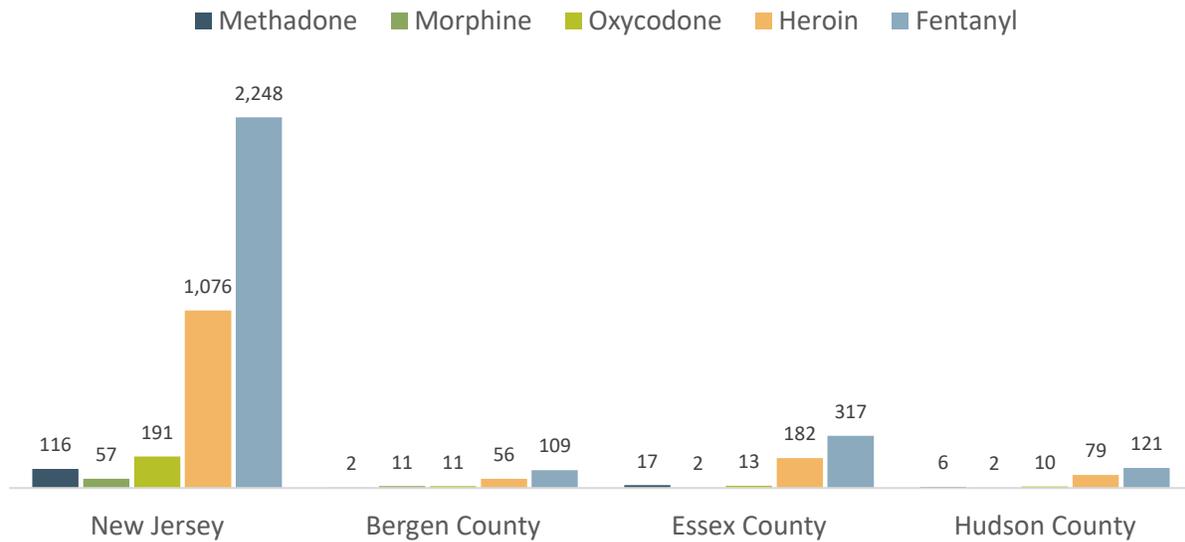
DATA SOURCE: Drug Deaths for 2019, New Jersey Office of the State Medical Examiner

Chronic Disease

Figure 107. Adults Reporting Angina or Coronary Heart Disease, by Race/Ethnicity, by State and County, 2020
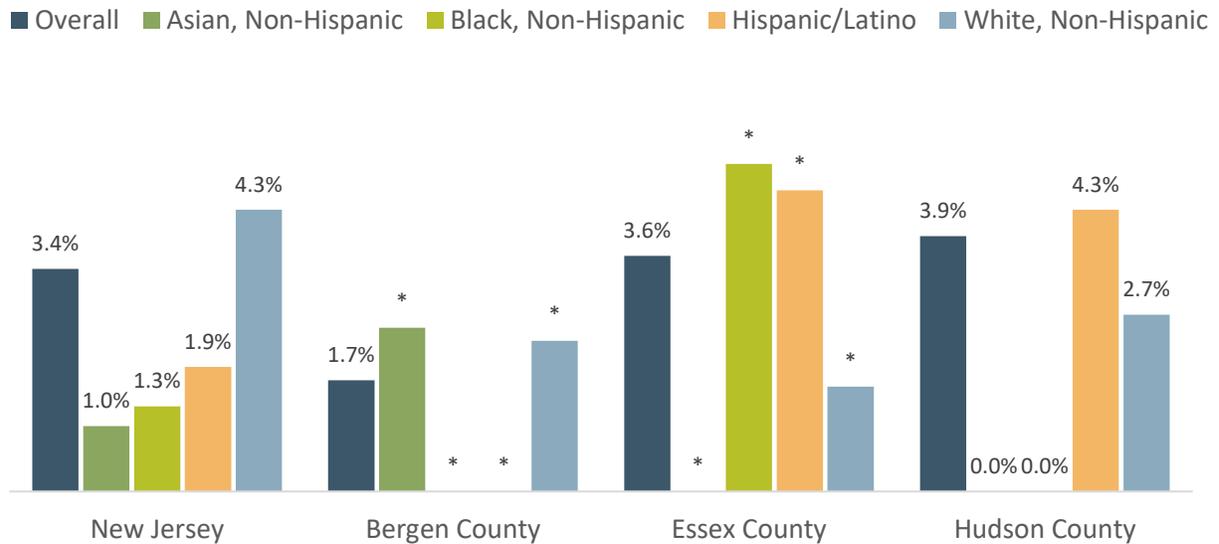
Legend: ■ Overall ■ Asian, Non-Hispanic ■ Black, Non-Hispanic ■ Hispanic/Latino ■ White, Non-Hispanic

New Jersey: 3.4%, 1.0%, 1.3%, 1.9%, 4.3%
Bergen County: 1.7%, *, *, *, *
Essex County: 3.6%, *, *, *, *
Hudson County: 3.9%, 0.0%, 0.0%, 4.3%, 2.7%

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

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Environmental Health

Figure 108. Age-Adjusted Rate of Asthma Hospitalizations, by State and County, 2020
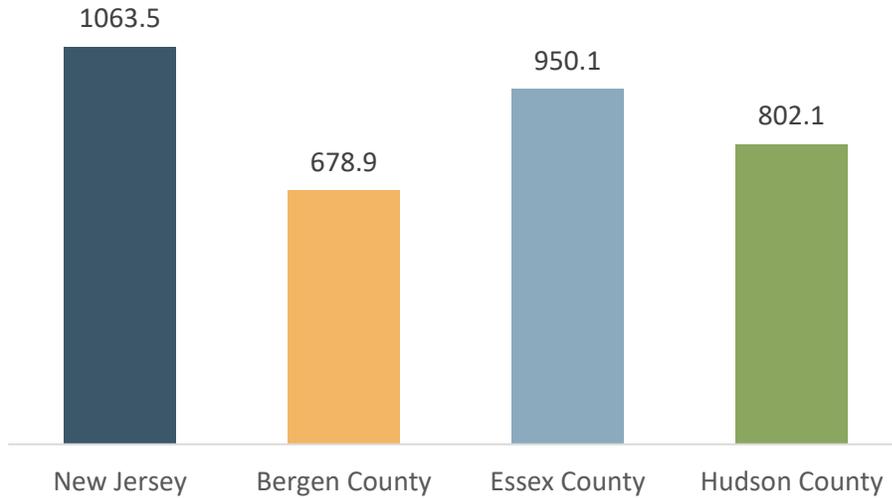
DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2020
NOTE: Includes all asthma diagnoses, including primary, secondary, and other diagnoses.

Figure 109. Ozone in Outdoor Air, Number of Days Ozone Exceeded the National Ambient Air Quality Standards for Ozone (8-hours Above 0.070 ppm), 2020
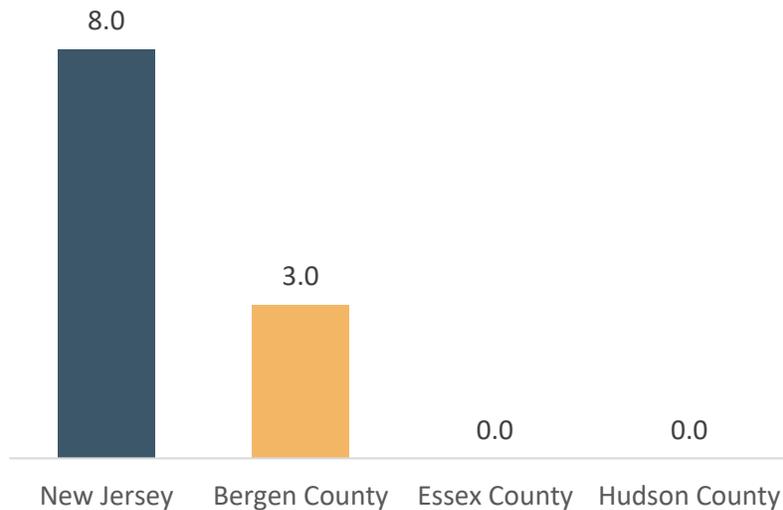
DATA SOURCE: Bureau of Air Monitoring, New Jersey Department of Environmental Protection, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2018
NOTE: Asterisks (*) denote insufficient data to calculate reliable rate

Figure 110. Percent of Children Aged 1 -5 Years with Elevated Blood Lead Level (>= 5mcg/dL), by State and County, 2019
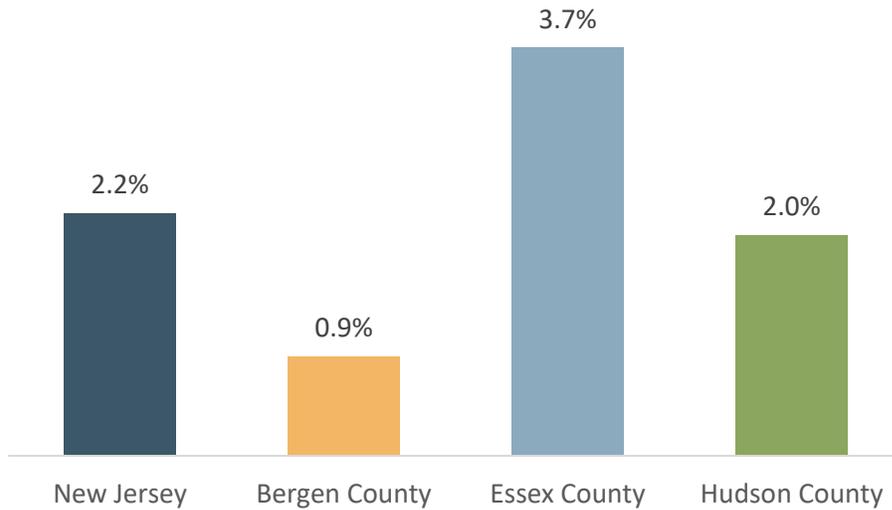
DATA SOURCE: Childhood Lead Exposure in New Jersey Annual Report, New Jersey Department of Public Health, Office of Local Public Health, Childhood Lead Program, State Fiscal Year 2019

Figure 111. Air Pollution Particulate Matter by State and County, 2018
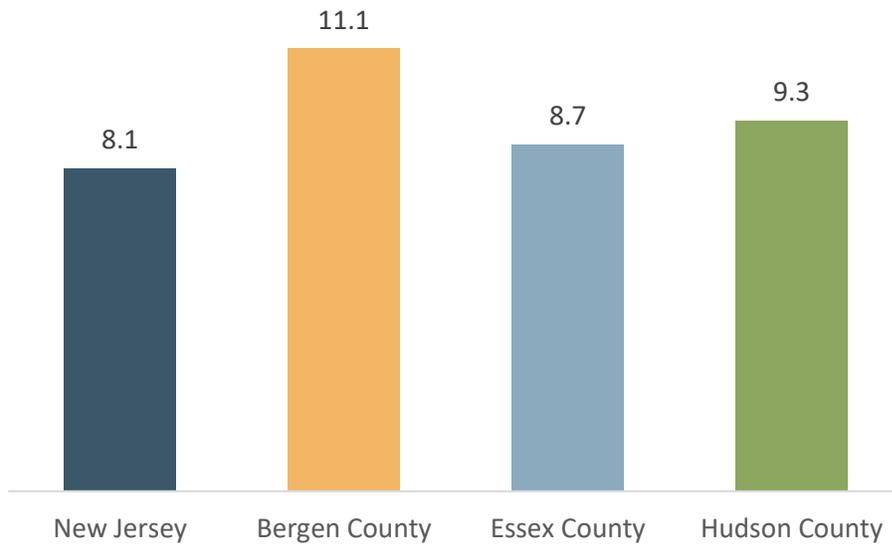
DATA SOURCE: Center for Disease Control and Prevention (CDC), Environmental Public Health Tracking Network, as reported by, County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2018

Figure 112. Drinking Water Violations by County, 2020
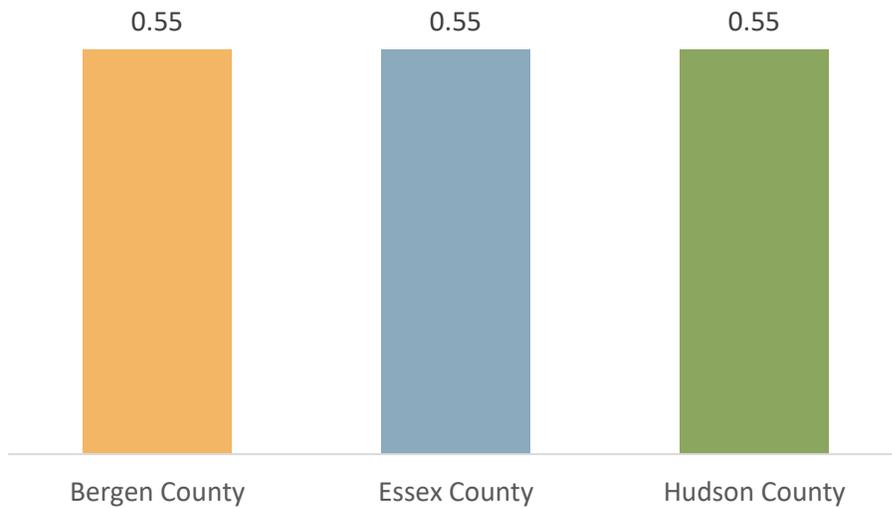
DATA SOURCE: Environmental Protection Agency, Safe Drinking Water Information System, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2020
NOTE: Asterisks (*) denote insufficient data to calculate reliable rate

Maternal and Infant Health

Figure 113. Percent Very Low Birth Weight Births, by Race/Ethnicity, by State and County, 2016-2020
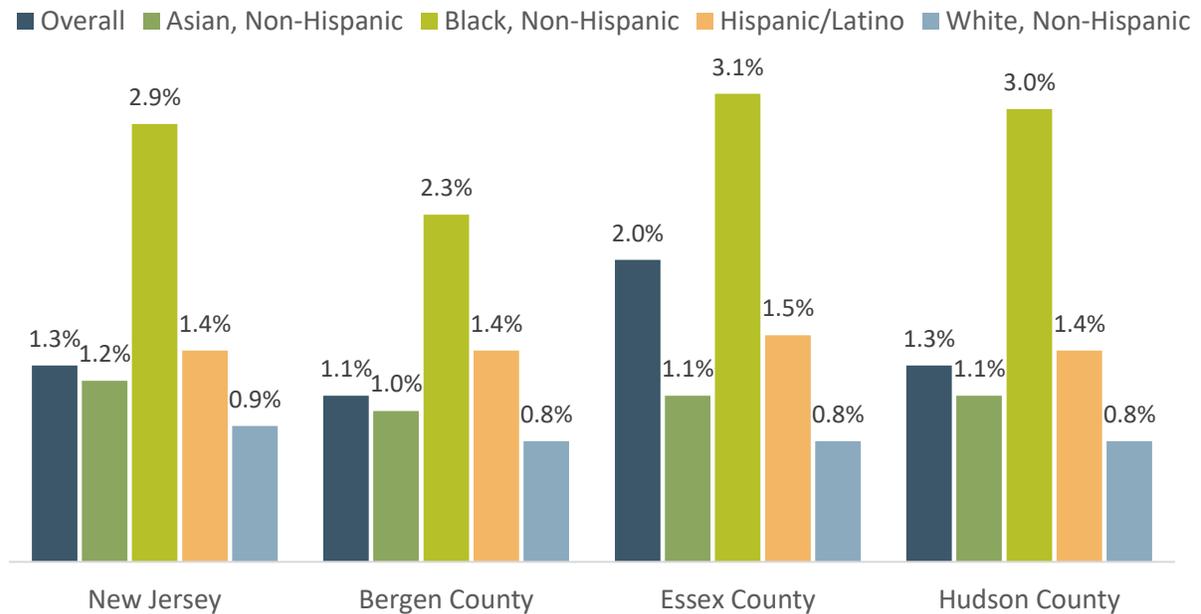
DATA SOURCE: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2018
NOTE: Very low birth weight is defined as less than 1,500 grams

Figure 114. Percent Preterm Births, by Race/Ethnicity, State, and County, 2020
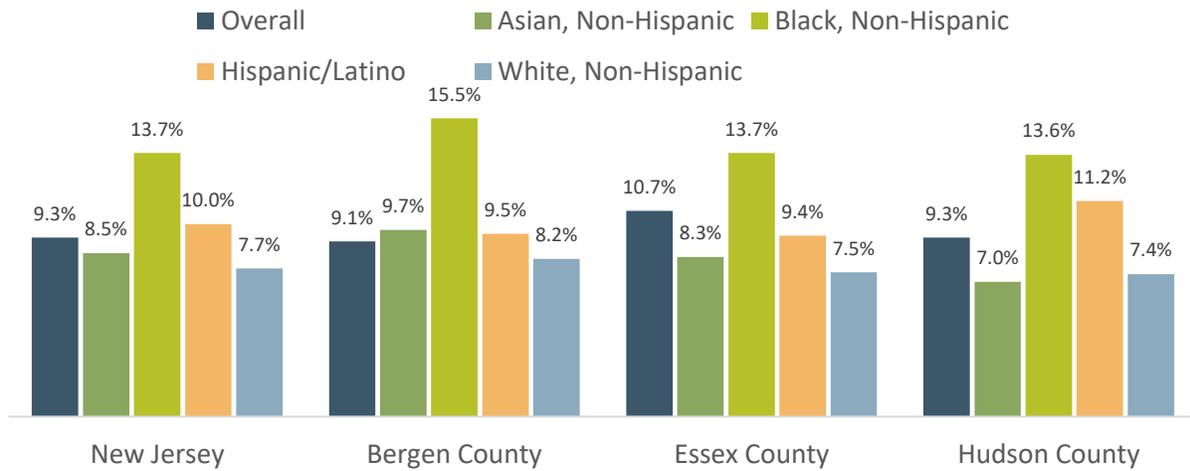
Legend: ■ Overall ■ Asian, Non-Hispanic ■ Black, Non-Hispanic ■ Hispanic/Latino ■ White, Non-Hispanic

New Jersey: Overall 9.3%, Asian Non-Hispanic 8.5%, Black Non-Hispanic 13.7%, Hispanic/Latino 10.0%, White Non-Hispanic 7.7%

Bergen County: Overall 9.1%, Asian Non-Hispanic 9.7%, Black Non-Hispanic 15.5%, Hispanic/Latino 9.5%, White Non-Hispanic 8.2%

Essex County: Overall 10.7%, Asian Non-Hispanic 8.3%, Black Non-Hispanic 13.7%, Hispanic/Latino 9.4%, White Non-Hispanic 7.5%

Hudson County: Overall 9.3%, Asian Non-Hispanic 7.0%, Black Non-Hispanic 13.6%, Hispanic/Latino 11.2%, White Non-Hispanic 7.4%

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
NOTE: Preterm is defined as less than 37 weeks gestation

Figure 115. Maternal Mortality Rate per 100,000 Population, by State and Race/Ethnicity, 2015-2019
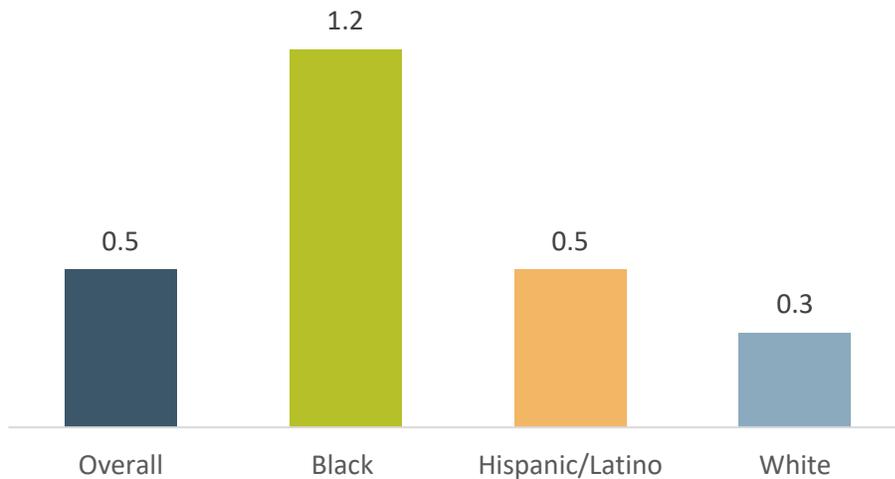
Overall: 0.5, Black: 1.2, Hispanic/Latino: 0.5, White: 0.3

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 116. Infant Mortality Rate per 1,000 Births by Race/Ethnicity, by State and County, 2015-2019
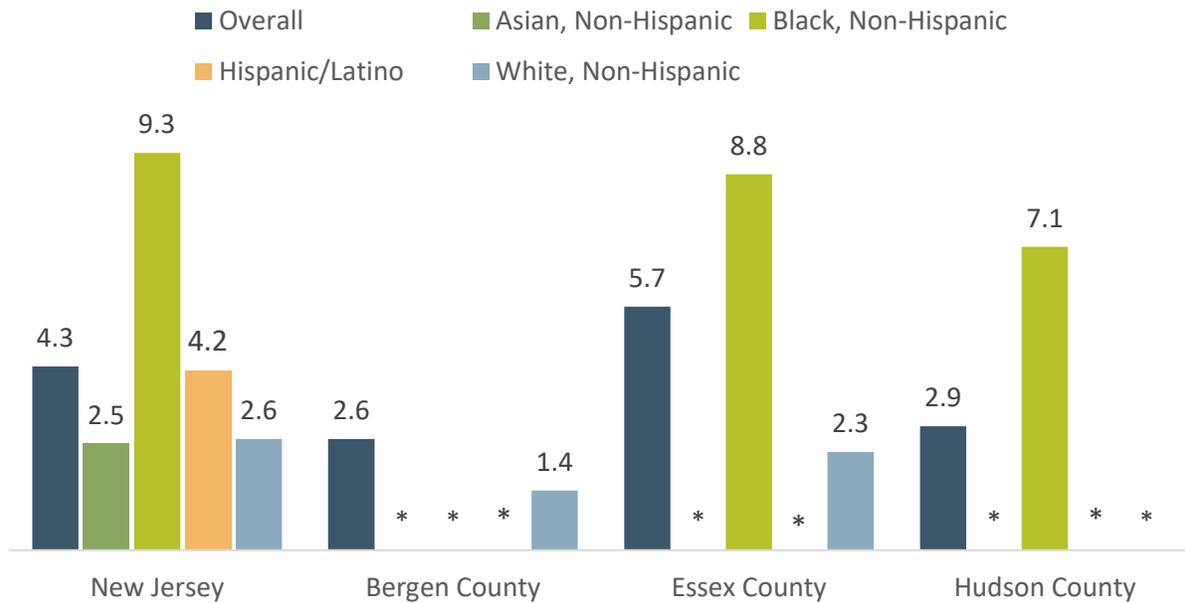
DATA SOURCE: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2015-2019
NOTE: Asterisks (*) denote insufficient data to calculate reliable rate

Figure 117. Infant Mortality Rate per 1,000 Births by State and County, 2015 and 2019
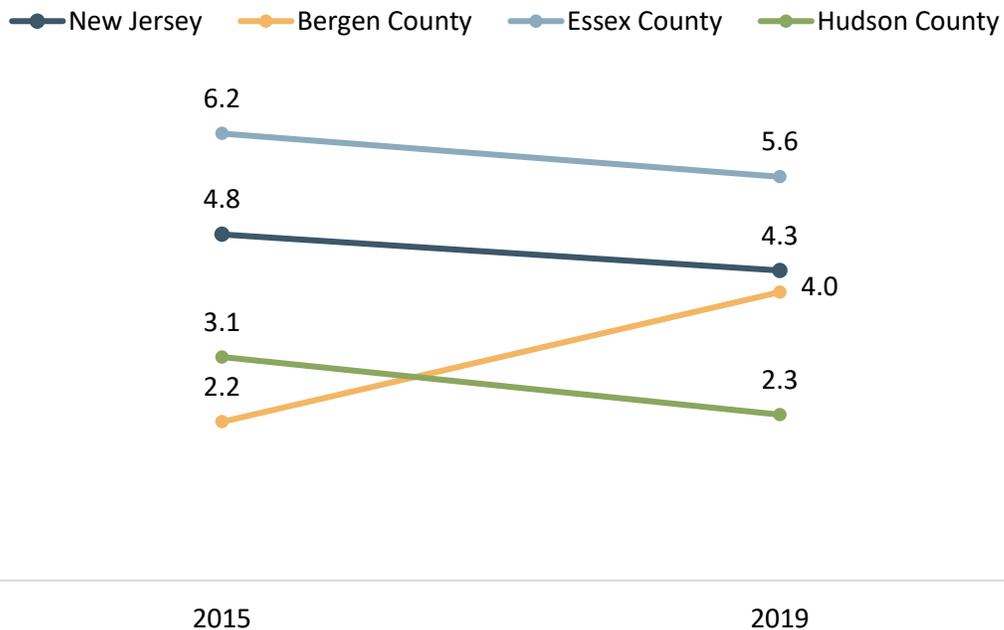
DATA SOURCE: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2015 and 2018

Figure 118. Percent Births with Prenatal Care in First Trimester by Race/Ethnicity, by State, 2016-2020
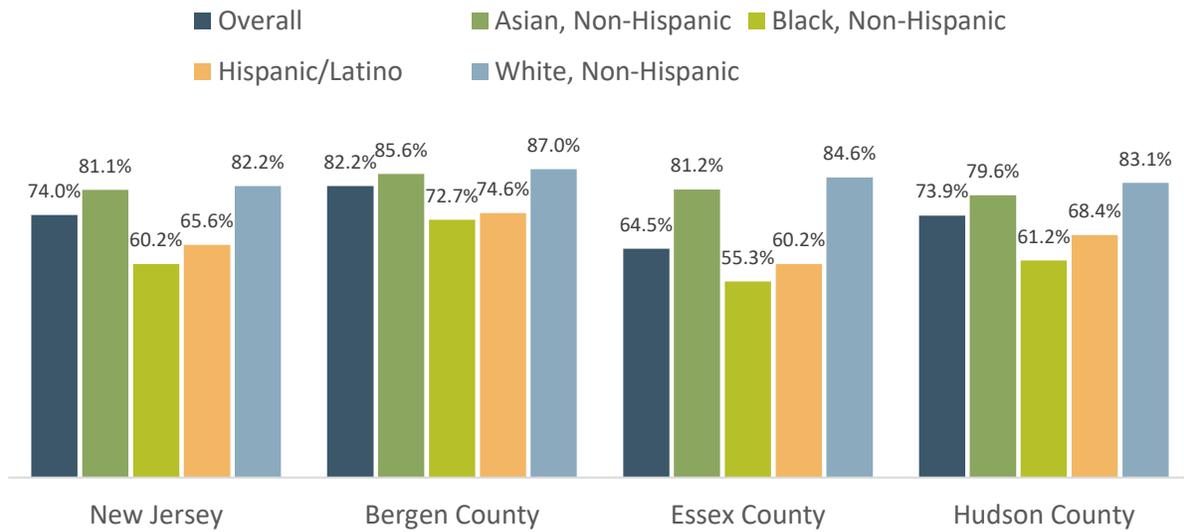
Legend: ■ Overall   ■ Asian, Non-Hispanic   ■ Black, Non-Hispanic   ■ Hispanic/Latino   ■ White, Non-Hispanic

New Jersey: Overall 74.0%, Asian Non-Hispanic 81.1%, Black Non-Hispanic 60.2%, Hispanic/Latino 65.6%, White Non-Hispanic 82.2%

Bergen County: Overall 82.2%, Asian Non-Hispanic 85.6%, Black Non-Hispanic 72.7%, Hispanic/Latino 74.6%, White Non-Hispanic 87.0%

Essex County: Overall 64.5%, Asian Non-Hispanic 81.2%, Black Non-Hispanic 55.3%, Hispanic/Latino 60.2%, White Non-Hispanic 84.6%

Hudson County: Overall 73.9%, Asian Non-Hispanic 79.6%, Black Non-Hispanic 61.2%, Hispanic/Latino 68.4%, White Non-Hispanic 83.1%

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), 2016-2020

Figure 119. Percent Births with No Prenatal Care Overall by Race/Ethnicity, by State, 2016-2020
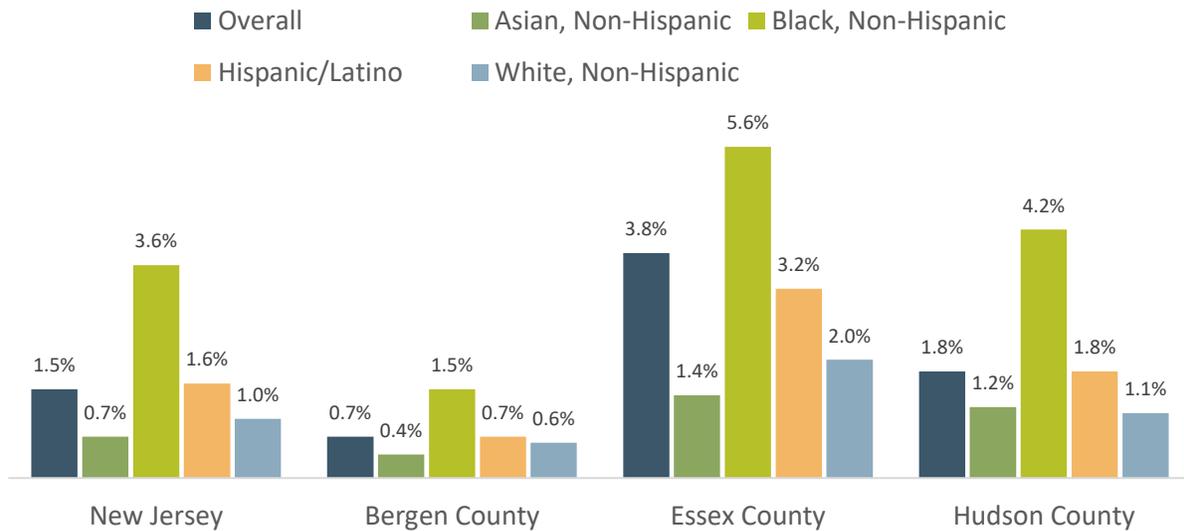
Legend: ■ Overall   ■ Asian, Non-Hispanic   ■ Black, Non-Hispanic   ■ Hispanic/Latino   ■ White, Non-Hispanic

New Jersey: Overall 1.5%, Asian Non-Hispanic 0.7%, Black Non-Hispanic 3.6%, Hispanic/Latino 1.6%, White Non-Hispanic 1.0%

Bergen County: Overall 0.7%, Asian Non-Hispanic 0.4%, Black Non-Hispanic 1.5%, Hispanic/Latino 0.7%, White Non-Hispanic 0.6%

Essex County: Overall 3.8%, Asian Non-Hispanic 1.4%, Black Non-Hispanic 5.6%, Hispanic/Latino 3.2%, White Non-Hispanic 2.0%

Hudson County: Overall 1.8%, Asian Non-Hispanic 1.2%, Black Non-Hispanic 4.2%, Hispanic/Latino 1.8%, White Non-Hispanic 1.1%

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), 2016-2020

Figure 120. Percent of Immunized Children, by State and County, 2017-2018
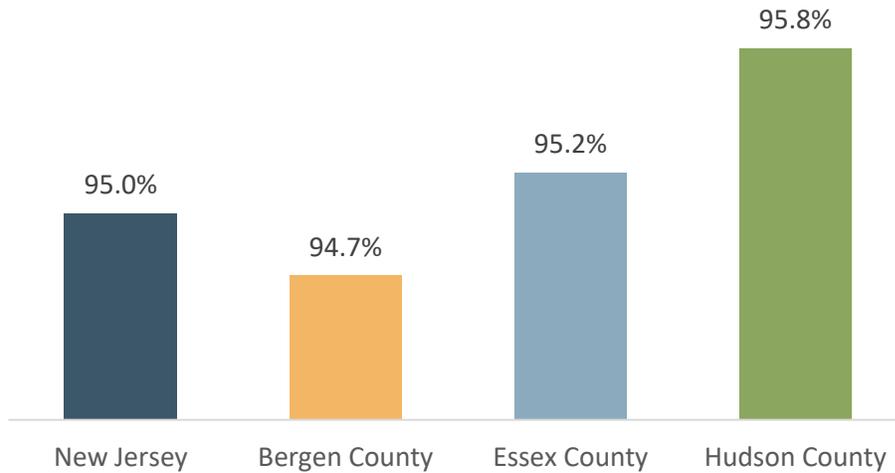
DATA SOURCE: Annual Immunization Status Reports, Communicable Disease Service, New Jersey Department of Health, as reported by New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2017-2018

NOTE: Includes childcare/preschool, Kindergarten/Grade 1 (entry level), Grade 6, and transfer students in any grade

Injury

Figure 121. Age-Adjusted ED Visits Due to Unintentional Injury per 10,000, by State and County, 2016-2020
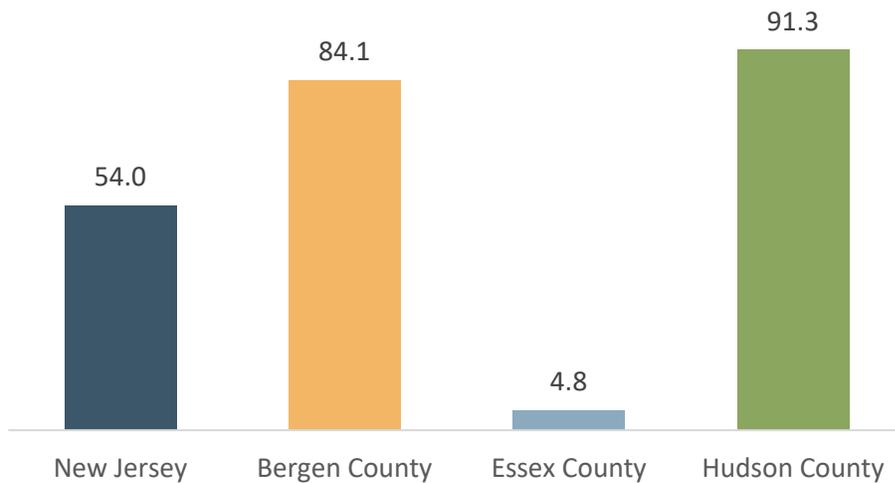
DATA SOURCE: New Jersey Department of Health, Office of Health Care Quality Assessment, New Jersey Data Collection System, as reported by New Jersey State Health Assessment Data (NJSHAD), 2016-2020

Figure 122. Unintentional Injury Deaths per 100,000 Population, by State and County, 2016-2020
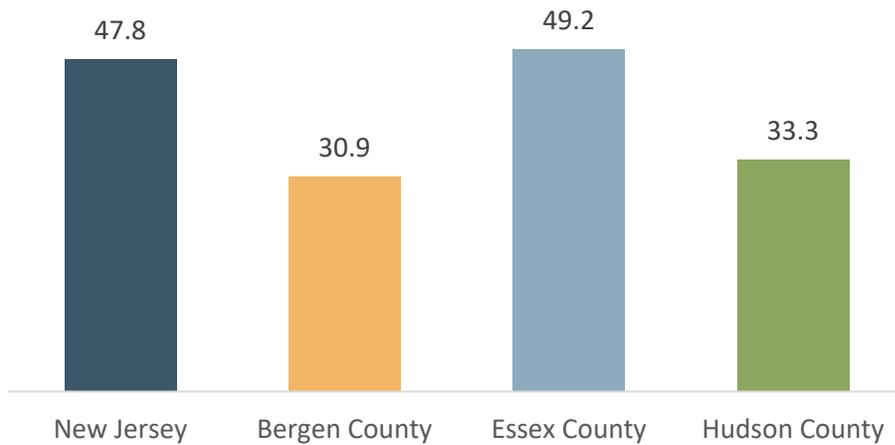
DATA SOURCE: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2016-2020

Preventive Healthcare

Figure 123. Percentage of Fee-For-Service (FFS) Medicare Enrollees That Had an Annual Flu Vaccination, by State and County, 2019
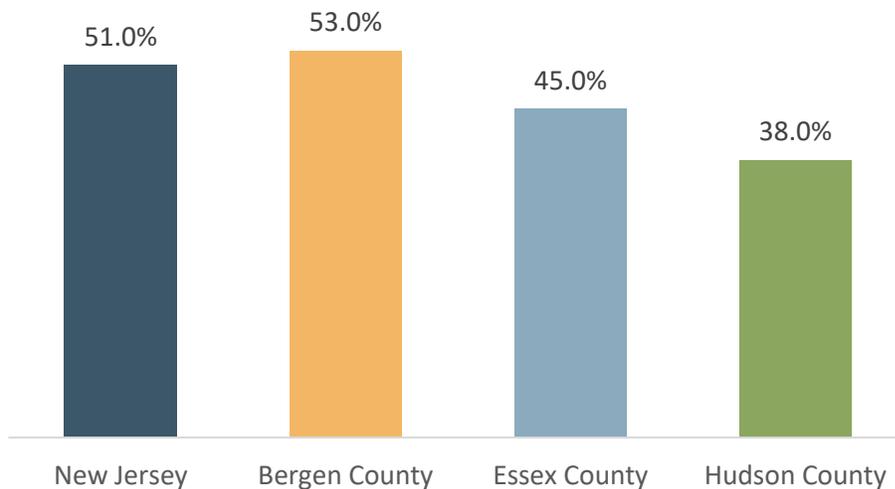
DATA SOURCE: Centers for Medicare & Medicaid Services, Office of Minority Health's Mapping Medicare Disparities tool, as reported by County Health Rankings & Roadmaps, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2019

Figure 124. Age-Adjusted Pneumococcal Vaccination (Ever), by State and County, 2020
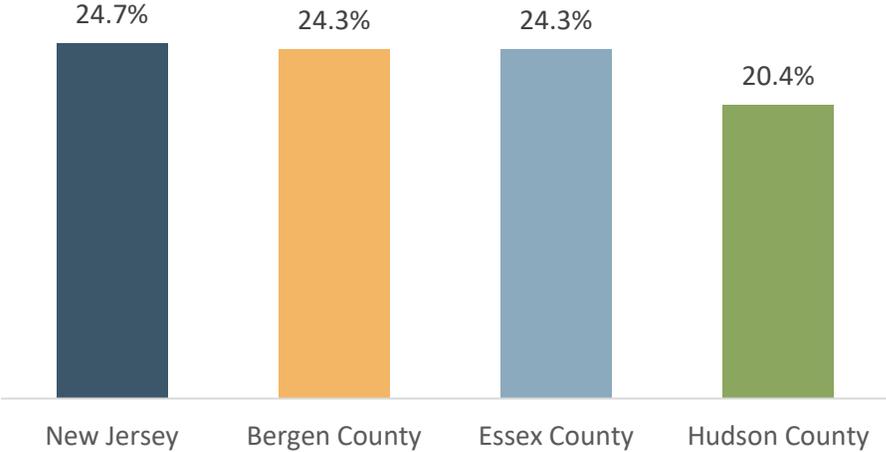
DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2020

Appendix F- Hospitalization Data

Table 28. 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

| Year	Age	Count of Patients Treated & Released			Rate per 1,000 Population		
		New Jersey	Essex County	Hudson County	New Jersey	Essex County	Hudson County
2017	0-17	690,506	80,937	51,760	334.4	415.2	394.6
	18-44	1,259,377	155,655	103,514	416.8	539.8	332.5
	45-64	757,159	83,668	57,306	302.2	393.4	351.9
	65+	450,704	33,422	26,472	320.4	315.7	335.2
	All Ages	3,157,746	353,682	239,052	350.9	441.1	349.3
2018	0-17	673,100	79,994	55,046	343.2	421.5	384.5
	18-44	1,217,047	147,327	106,138	394.5	507.8	355.1
	45-64	748,821	78,221	60,686	301.1	368.8	371.5
	65+	463,456	32,929	29,233	322.9	304.9	363.9
	All Ages	3,102,424	338,471	251,103	345.9	423.1	366.2
2019	0-17	658,207	79,156	54,165	334.6	413.0	367.6
	18-44	1,219,299	153,222	105,103	392.2	519.5	343.3
	45-64	760,293	83,068	61,161	305.8	385.9	371.2
	65+	489,485	36,538	30,209	330.6	325.6	363.8
	All Ages	3,127,284	351,984	250,638	345.8	432.4	357.4

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Table 29. 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 30. Emergency Room Treat & Release Counts and Rates per 1,000 Population of Essex County Resident Patients Treated at CMMC, by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	12,880	66.1
	18-44	22,920	79.5
	45-64	11,821	55.6
	65+	5,646	53.3
	All Ages	53,267	66.4
2018	0-17	12,769	67.3
	18-44	22,383	77.1
	45-64	12,079	57.0
	65+	5,438	50.4
	All Ages	52,669	65.8
2019	0-17	12,650	66.0
	18-44	22,331	75.7
	45-64	11,919	55.4
	65+	5,899	52.6
	All Ages	52,799	64.9

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Table 31. Emergency Room Treat and Release Counts and Rates per 1,000 Population of Patients Residing in CMMC's Primary Service Area Treated in New Jersey, by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	27,294	406.2
	18-44	49,925	426.6
	45-64	26,578	334.1
	65+	11,620	299.7
	All Ages	115,417	381.5
2018	0-17	26,741	401.4
	18-44	48,498	417.3
	45-64	26,410	332.2
	65+	11,315	286.1
	All Ages	112,964	374.2
2019	0-17	26,186	387.8
	18-44	50,408	427.5
	45-64	27,829	345.4
	65+	12,719	310.7
	All Ages	117,142	381.6

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Table 32. Emergency Room Treat and Release Counts and Rates per 1,000 Population of Patients Residing in CMMC's Primary Service Area Treated at CMMC, by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	11,448	170.4
	18-44	19,103	163.2
	45-64	10,656	134
	65+	5,522	142.4
	All Ages	46,729	154.5
2018	0-17	11,069	166.2
	18-44	18,568	159.8
	45-64	11,058	139.1
	65+	5,301	134
	All Ages	45,996	152.4
2019	0-17	10,783	159.7
	18-44	18,563	157.4
	45-64	10,929	135.7
	65+	5,820	142.2
	All Ages	46,095	150.2

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Table 33. 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

Year	Race/Ethnicity	Count			Rate per 1,000 Population		
		New Jersey Residents	Essex County	Hudson County	New Jersey Residents	Essex County	Hudson County
2017	American Indian or Alaska Native	6,530	181	498	201.1	56.9	111.9
	Asian	80,692	4,065	9,697	92.2	94.3	92.8
	Black or African American	780,645	204,583	48,599	628.0	643.3	555.3
	Hawaiian & Pacific Islander	3,949	425	343	985.5	1,416.7	864.0
	Other Race	610,721	81,198	90,795	935.3	1,069.4	902.1
	Two or More Races	11,014	550	286	38.6	18.6	8.8
	White	1,563,896	62,680	88,834	264.8	188.6	250.8
	All Race/Ethnicities	3,057,447	353,682	239,052	340.0	-	-
2018	American Indian or Alaska Native	6,035	175	467	185.4	55.1	105.2
	Asian	80,655	4,024	9,231	90.3	89.9	85.7
	Black or African American	755,704	192,377	50,013	608.9	607.7	574.7
	Hawaiian & Pacific Islander	8,405	925	305	2,031.7	3,022.9	734.9
	Other Race	633,209	82,940	97,951	961.3	1,086.1	977.2
	Two or More Races	11,395	490	303	39.5	16.4	9.3
	White	1,509,245	57,540	92,833	258.0	174.5	262.7
	All Race/Ethnicities	3,004,648	338,471	251,103	335.0	-	-
2019	American Indian or Alaska Native	5,360	300	417	164.0	95.3	92.8
	Asian	81,556	3,810	9,822	89.8	82.9	87.4
	Black or African American	754,534	198,183	47,955	600.1	607.8	549.6
	Hawaiian & Pacific Islander	4,203	550	280	1,005.3	2,182.5	689.7
	Other Race	683,104	91,050	107,983	1,012.6	1,163.1	1,049.7

		Count			Rate per 1,000 Population		
Year	Race/Ethnicity	New Jersey Residents	Essex County	Hudson County	New Jersey Residents	Essex County	Hudson County
	Two or More Races	11,025	441	406	37.5	14.8	12.2
	White	1,486,019	57,650	83,775	253.0	174.0	232.3
	All Race/Ethnicities	3,025,801	351,984	250,638	334.6	-	-

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Table 34. 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 35. Emergency Room Treat and Release Counts and Rates per 1,000 Population of Patients Residing in CMMC'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	85	53.7
	Asian	2,134	97.7
	Black or African American	28,425	607.6
	Hawaiian & Pacific Islander	253	1,686.7
	Other Race	49,346	965.1
	Two or More Races	212	16.2
	White	34,962	208.2

Year	Race/Ethnicity	Count	Rate per 1,000 Population
	All Race/Ethnicities	115,417	381.5
2018	American Indian or Alaska Native	90	57.2
	Asian	2,089	93.3
	Black or African American	27,510	585.2
	Hawaiian & Pacific Islander	425	2,707.0
	Other Race	50,067	979.5
	Two or More Races	173	13.1
	White	32,610	195.9
	All Race/Ethnicities	112,964	374.2
2019	American Indian or Alaska Native	138	87.3
	Asian	2,038	89.2
	Black or African American	28,613	583.6
	Hawaiian & Pacific Islander	308	2,169.0
	Other Race	54,489	1,040.8
	Two or More Races	212	15.9
	White	31,344	187.0
	All Race/Ethnicities	117,142	381.6

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Table 36. Emergency Room Treat and Release Counts and Rates per 1,000 Population of Patients Residing in CMMC's Primary Service Area Treated at CMMC, by Race/Ethnicity, 2017-2019

Year	Race/Ethnicity	Count	Rate per 1,000 Population
2017	American Indian or Alaska Native	31	19.6
	Asian	892	40.8
	Black or African American	7,692	164.4
	Hawaiian & Pacific Islander	88	586.7
	Other Race	29,243	572
	Two or More Races	115	8.8
	White	8,668	51.6
	All Race/Ethnicities	46,729	154.5
2018	American Indian or Alaska Native	39	24.8
	Asian	911	40.7
	Black or African American	7,698	163.8
	Hawaiian & Pacific Islander	72	458.6
	Other Race	28,760	562.7
	Two or More Races	96	7.3
	White	8,420	50.6
	All Race/Ethnicities	45,996	152.4
2019	American Indian or Alaska Native	50	31.6
	Asian	919	40.2
	Black or African American	7,399	150.9
	Hawaiian & Pacific Islander	86	605.6
	Other Race	29,528	564
	Two or More Races	139	10.4
	White	7,974	47.6
	All Race/Ethnicities	46,095	150.2

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Table 37. 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

Year	Age	Count			Rate per 1,000		
		New Jersey	Essex County	Hudson County	New Jersey	Essex County	Hudson County
2017	0-17	24,837	2,744	1,732	12.0	14.1	13.2
	18-44	91,990	8,893	8,601	30.4	30.8	27.6
	45-64	55,496	6,400	6,315	22.1	30.1	38.8
	65+	10,688	862	1,105	7.6	8.1	14.0
	All Ages	183,011	18,899	17,753	20.3	23.6	25.9
2018	0-17	26,241	3,022	1,965	13.4	15.9	13.7
	18-44	90,808	8,889	9,026	29.4	30.6	30.2
	45-64	55,715	5,908	6,442	22.4	27.9	39.4
	65+	11,055	738	1,177	7.7	6.8	14.7
	All Ages	183,819	18,557	18,610	20.5	23.2	27.1
2019	0-17	25,172	3,043	2,027	12.8	15.9	13.8
	18-44	90,172	9,500	9,340	29.0	32.2	30.5
	45-64	54,046	6,260	6,489	21.7	29.1	39.4
	65+	11,851	967	1,149	8.0	8.6	13.8
	All Ages	181,241	19,770	19,005	20.0	24.3	27.1

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Table 38. 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

Year	Race/Ethnicity	Count			Rate per 1,000		
		New Jersey	Essex County	Hudson County	New Jersey	Essex County	Hudson County
2017	American Indian or Alaska Native	334	12	32	10.3	3.8	7.2
	Asian	3,380	283	401	3.9	6.6	3.8
	Black or African American	44,153	10770	3,965	35.5	33.9	45.3
	Hawaiian & Pacific Islander	187	26	14	46.7	86.7	35.3
	Other Race	22,769	1745	5,104	34.9	23.0	50.7
	Two or More Races	490	26	9	1.7	0.9	0.3
	White	106,929	4,360	7,802	18.1	13.1	22.0
	All Race/Ethnicities	178,242	17,222	17,327	19.8	21.5	25.3
2018	American Indian or Alaska Native	350	12	18	10.8	3.8	4.1
	Asian	3,497	281	401	3.9	6.3	3.7
	Black or African American	44,282	10,383	4111	35.7	32.8	47.2

Year	Race/Ethnicity	Count			Rate per 1,000		
		New Jersey	Essex County	Hudson County	New Jersey	Essex County	Hudson County
2018	Hawaiian & Pacific Islander	187	26	14	45.2	85.0	33.7
	Other Race	24,682	1,828	5832	37.5	23.9	58.2
	Two or More Races	651	22	8	2.3	0.7	0.2
	White	104,601	4,052	7,738	17.9	12.3	21.9
	All Race/Ethnicities	178,250	16,604	18,122	19.9	20.7	26.4
2019	American Indian or Alaska Native	322	36	29	9.8	11.4	6.5
	Asian	3,466	281	397	3.8	6.1	3.5
	Black or African American	43,789	11,015	4,140	34.8	33.8	47.4
	Hawaiian & Pacific Islander	187	26	14	44.7	103.2	34.5
	Other Race	27,076	1,828	6,749	40.1	23.4	65.6
	Two or More Races	609	25	19	2.1	0.8	0.6
	White	99,593	4,178	6,999	17.0	12.6	19.4
	All Race/Ethnicities	175,042	17,389	18,347	19.4	21.3	26.2

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Table 39. Inpatient Discharge Counts and Rates per 1,000 Population of Patients Treated in New Jersey, by Patient County of Residence and Age, 2017-2019

Year	Age	Count			Rate per 1,000 Population		
		New Jersey	Essex County Residents	Hudson County Residents	New Jersey	Essex County Residents	Hudson County Residents
2017	0-17	131,591	14,522	11,463	63.7	74.5	87.4
	18-44	231,158	26,605	18,870	76.5	92.3	60.6
	45-64	226,349	23,928	15,103	90.3	112.5	92.7
	65+	363,285	28,582	20,289	258.2	270.0	256.9
	All Ages	952,383	93,637	65,725	105.8	116.8	96.0
2018	0-17	130,739	14,460	11,682	66.7	76.2	81.6
	18-44	225,360	25,547	18,841	73.0	88.1	63.0
	45-64	221,118	23,442	15,200	88.9	110.5	93.0
	65+	364,459	28,531	20,160	254.0	264.2	251.0
	All Ages	941,676	91,980	65,883	105.0	115.0	96.1
2019	0-17	127,024	13,598	10,929	64.6	71.0	74.2
	18-44	218,270	24,494	17,589	70.2	83.0	57.5
	45-64	215,320	21,859	14,098	86.6	101.6	85.6
	65+	368,288	26,911	19,428	248.7	239.8	234.0
	All Ages	928,902	86,862	62,044	102.7	106.7	88.5

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Table 40. 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 41. Inpatient Discharge Counts and Rates per 1,000 Population of Essex County Resident Patients Treated at CMMC, by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	1,489	7.6
	18-44	2,956	10.3
	45-64	2,843	13.4
	65+	4,162	39.3
	All Ages	11,450	14.3
2018	0-17	1,377	7.3
	18-44	2,635	9.1
	45-64	2,746	12.9
	65+	4,032	37.3
	All Ages	10,790	13.5
2019	0-17	1,199	6.3
	18-44	2,496	8.5
	45-64	2,521	11.7
	65+	3,669	32.7
	All Ages	9,885	12.1

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Table 42. Inpatient Discharge Counts and Rates per 1,000 Population of Patients Residing in CMMC's Primary Service Area Treated in New Jersey, by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	5,306	79
	18-44	9,476	81
	45-64	8,071	101.5
	65+	10,186	262.7
	All Ages	33,039	109.2
2018	0-17	5,243	78.7
	18-44	9,090	78.2
	45-64	8,023	100.9
	65+	10,185	257.5
	All Ages	32,541	107.8
2019	0-17	4,725	70
	18-44	8,608	73
	45-64	7,462	92.6
	65+	9,438	230.6
	All Ages	30,233	98.5

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Table 43. Inpatient Discharge Counts and Rates per 1,000 Population of Patients Residing in CMMC's Primary Service Area Treated at CMMC, by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	1,195	17.8
	18-44	2,290	19.6
	45-64	2,479	31.2
	65+	4,203	108.4
	All Ages	10,167	33.6
2018	0-17	1,037	15.6
	18-44	2,000	17.2
	45-64	2,392	30.1
	65+	4,062	102.7
	All Ages	9,491	31.4
2019	0-17	817	12.1
	18-44	1,812	15.4
	45-64	2,205	27.4
	65+	3,650	89.2
	All Ages	8,484	27.6

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Table 44. 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

Year	Race/Ethnicity	Count			Rate per 1,000 Population		
		New Jersey	Essex County Residents	Hudson County Residents	New Jersey	Essex County Residents	Hudson County Residents
2017	American Indian or Alaska Native	1913	38	87	58.9	11.9	34.4
	Asian	40,158	2,006	1,820	45.9	46.5	45.9
	Black or African American	164,073	45,259	42,005	132.0	142.3	119.9
	Hawaiian & Pacific Islander	1438	168	162	358.9	560.00	458.4
	Other Race	135,193	18,151	18,677	207.0	239.00	216.60
	Two or More Races	1733	128	105	6.1	4.3	1.9
	White	607,875	27,887	24,006	102.9	83.9	79.7
	All Race/Ethnicities	952,383	93,637	86,862	268.3	-	-
2018	American Indian or Alaska Native	1689	43	165	51.9	13.5	37.2
	Asian	40,286	2,097	5,021	45.1	46.8	46.6
	Black or African American	160,752	44,453	9,925	129.5	140.4	114
	Hawaiian & Pacific Islander	2146	222	121	518.7	725.50	291.6
	Other Race	146,436	18,825	23,138	222.3	246.5	230.8
	Two or More Races	1929	99	52	6.7	3.3	1.6
	White	588,438	26,241	27,461	100.6	79.6	77.7
	All Race/Ethnicities	941,676	91,980	65,883	267.7	-	-
2019	American Indian or Alaska Native	1559	87	171	47.7	27.6	38.1
	Asian	38,291	1,820	4,602	42.2	39.6	41
	Black or African American	156,678	42,005	9,286	124.6	128.8	106.4
	Hawaiian & Pacific Islander	1442	162	94	344.9	642.90	231.50
	Other Race	152,844	18,677	23,016	226.6	238.60	223.70
	Two or More Races	1767	105	79	6.0	3.5	2.4
	White	576,321	24,006	24,796	98.1	72.5	68.8
	All Race/Ethnicities	928,902	86,862	62,044	262.7	-	-

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System 2021

Table 45. 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 46. Inpatient Discharge Counts and Rates per 1,000 Population of Essex County Resident Patients Treated at CMMC, by Race/Ethnicity, 2017-2019

Year	Race/Ethnicity	Count	Rater per 1,000 Population
2017	American Indian or Alaska Native	-	1.9
	Asian	349	8.1
	Black or African American	3,225	10.1
	Hawaiian & Pacific Islander	13	43.30
	Other Race	4,698	61.9
	Two or More Races	22	0.7
	White	3,137	9.4
	All Race/Ethnicities	11,450	-
2018	American Indian or Alaska Native	-	1.9
	Asian	342	7.6
	Black or African American	3,174	10
	Hawaiian & Pacific Islander	17	55.6
	Other Race	4,542	59.5
	Two or More Races	15	0.5
	White	2,694	8.2
	All Race/Ethnicities	10,790	-
2019	American Indian or Alaska Native	16	5.1
	Asian	268	5.8
	Black or African American	2,977	9.1
	Hawaiian & Pacific Islander	24	95.2
	Other Race	4,161	53.2
	Two or More Races	23	0.8
	White	2,416	7.3
	All Race/Ethnicities	9,885	-

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Table 47. Inpatient Discharge Counts and Rates per 1,000 Population of Patients Residing in CMMC'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	26	16.4
	Asian	1,231	56.3
	Black or African American	5,927	126.7
	Hawaiian & Pacific Islander	73	486.7
	Other Race	11,215	219.4
	Two or More Races	46	3.5
	White	14,521	86.5
	All Race/Ethnicities	33,039	109.2
2018	American Indian or Alaska Native	42	26.7
	Asian	1,233	55.1
	Black or African American	5,905	125.6
	Hawaiian & Pacific Islander	116	738.9
	Other Race	11,377	222.6
	Two or More Races	34	2.6
	White	13,834	83.1
	All Race/Ethnicities	32,541	107.8
2019	American Indian or Alaska Native	55	34.8
	Asian	1,091	47.7
	Black or African American	5,607	114.4
	Hawaiian & Pacific Islander	97	683.1
	Other Race	11,046	211
	Two or More Races	56	4.2
	White	12,281	73.3
	All Race/Ethnicities	30,233	98.5

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Table 48. Inpatient Discharge Counts and Rates per 1,000 Population of Patients Residing in CMMC's Primary Service Area Treated at CMMC, by Race/Ethnicity, 2017-2019

Year	Race/Ethnicity	Count	Rate per 1,000 Population
2017	American Indian or Alaska Native	11	6.9
	Asian	356	16.3
	Black or African American	1,313	28.1
	Hawaiian & Pacific Islander	-	40
	Other Race	4,525	88.5
	Two or More Races	24	1.8
	White	3,932	23.4
	All Race/Ethnicities	10,167	33.6
2018	American Indian or Alaska Native	14	8.9
	Asian	377	16.8
	Black or African American	1,261	26.8
	Hawaiian & Pacific Islander	17	108.3
	Other Race	4,311	84.3
	Two or More Races	13	1
	White	3,498	21
	All Race/Ethnicities	9,491	31.4
2019	American Indian or Alaska Native	16	10.1
	Asian	302	13.2
	Black or African American	1,153	23.5
	Hawaiian & Pacific Islander	18	126.8
	Other Race	3,842	73.4
	Two or More Races	26	1.9
	White	3,127	18.7
	All Race/Ethnicities	8,484	27.6

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Table 49. Hospital Admission Rates per 1,000 Population, by Race/Ethnicity, New Jersey and CMMC, 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
CMMC	Asian	3.3	0.5	2.8	0.7
	Black	13.8	2.1	11.7	3.8
	Hispanic	6.6	1.5	5.0	1.7
	White	7.2	1.9	5.3	1.2
	All Race/Ethnicities	9.8	2.2	7.6	2.2

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Table 50. Hospital Admission Rates per 1,000 Population by Reason for Admission, by Race/Ethnicity, New Jersey and CMMC, 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
CMMC	Asian	33.7	4.9	1.1	0.2
	Black	98.2	14.6	6.4	3.2
	Hispanic	62.7	7.9	3.6	1.8
	White	55.7	9.1	3.4	2.3
	All Race/Ethnicities	83.6	11.9	5.2	2.8

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Table 51. Hospital Admission and Emergency Department Visit Rates per 1,000 Population, by Age and Race/Ethnicity, New Jersey and CMMC, 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
CMMC	All	33.7	98.2	62.7	55.7	83.6	104.0	643.4	449.8	171.7	441.5
	Under 18	5.0	16.4	15.4	4.5	15.1	96.6	429.5	483.3	92.9	399
	18 to 64	29.1	107.4	61	42.9	78.7	85.7	721.1	419.5	161.2	444.2
	65+	113.6	263.2	210.3	155.1	220.1	240.0	677.4	598.4	292.4	498.4

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Table 52. 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 Residents	Hudson County Residents	New Jersey	Essex County Residents	Hudson County Residents
2017	73,005	8,843	5,658	8.1	11	8.3
2018	69,282	7,885	5,643	7.7	9.9	8.2
2019	65,610	7,220	5,439	7.3	8.9	7.8

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Table 53. 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 Residents	Hudson County Residents	New Jersey	Essex County Residents	Hudson County Residents
2017	126,968	12,176	7,598	14.1	15.2	11.1
2018	125,886	12,235	7,521	14.0	15.3	11
2019	126,198	11,091	7,411	14.0	13.6	10.6

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Table 54. Inpatient Discharge Counts and Rates per 1,000, Residents of Essex County Treated at CMMC, by Major Diagnostic Category, 2017-2019

Major Diagnostic Category	Count			Rate per 1,000 Population		
	2017	2018	2019	2017	2018	2019
Mental Diseases and Disorders & Alcohol/Drug Use or Induced Mental Disorder	744	766	695	0.9	1	0.9
Diseases and Disorders of the Circulatory System	1,760	1,735	1,656	2.2	2.2	2

DATA SOURCE: NJ State Database, 2017-2019; courtesy of RWJH Barnabas Hospital System

Appendix G- Cancer Data

Almost sixty nine percent of CMMC's cancer inpatients and 64.3% of cancer outpatients resided in the Primary Service Area. In total, 69.9% of inpatients and 64.7% of outpatients resided in Essex County. Newark (07104) and Belleville (07109) represent the largest segment of CMMC's inpatient cancer patients. Similarly, Newark (07104) and Harrison (07029) represent the largest segments of CMMC's outpatient cancer patients. The health factors and outcomes explored in the CHNA bear relevance to the oncology services and its review of specific cancer needs for the community.

CANCER PATIENT ORIGIN	2020 CMMC IP PATIENTS	%	2020 CMMC OP PATIENTS	%
Essex County	775	69.9%	286	64.7%
Primary Service Area	765	69.0%	284	64.3%
Secondary Service Area	148	13.3%	56	12.7%
Out of Service Area (NJ)	184	16.6%	100	22.6%
Out of State	12	1.1%	2	0.5%
TOTAL	**1,109**	**100.0%**	**442**	**100.0%**
Newark (07104)	167	15.1%	66	14.9%
Belleville (07109)	147	13.3%		
Harrison (07029)			34	7.7%

DATA SOURCE: *Decision Support; IP volume includes cases with ICD10 principal or secondary codes C00 thru D49.9 (Neoplasms); OP volumeincludes cases with ICD10 principal or secondary codes Z51.0 or Z51.11 (Chemo and Radiation Therapy).*

CANCER INCIDENCE RATE REPORT: 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

DATA SOURCE: *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 SOURCE: *https://statecancerprofiles.cancer.gov*

* 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

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
MORTALITY RATE REPORT: ESSEX COUNTY 2014-2018					
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

DATA SOURCE: *https://statecancerprofiles.cancer.gov*
*** 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 roundedto 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

DATA SOURCE: *https://statecancerprofiles.cancer.gov*

*** 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 morewhich exceeds suppression threshold (but is rounded to 3)

CANCER INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017

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

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

County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
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

County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
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				

County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
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

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

DATA SOURCE: *https://statecancerprofiles.cancer.gov*

CLARA MAASS MEDICAL CENTER - TUMOR REGISTRY SUMMARY

In 2019, CMMC's tumor registry data showed that 10.1% and 15.7% 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 (25.8%),Lymph Nodes (27.3%), and Respiratory System (45.3%).

Compared to 2018, there was a decrease of 29 cases (-4.43%) in 2019. The two biggest decreases in overall casesoccurred in Digestive Organs (-14, -12.0%), followed by Lip and Oral Cavity (-14, -63.6%). Please note that case volume counts smaller than 10 are suppressed. Staging percentages are calculated on analytic cases only.

MainSite	SubSite	Cases (both analytic and non-analytic)		2018			2019			2018 - 2019			
		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		108	104	5.6%	5.6%	11.2%	2.3%	8.0%	10.3%	(4)	(3.3)	2.4	(0.9)
DIGESTIVE ORGANS		117	103	17.2%	14.0%	31.2%	20.2%	25.8%	46.1%	(14)	3.0	11.9	14.9
	COLON	45	42	17.9%	7.7%	25.6%	28.9%	21.1%	50.0%	(3)	11.0	13.4	24.4
	PANCREAS	14	11	14.3%	42.9%	57.1%	0.0%	50.0%	50.0%	(3)	(14.3)	7.1	(7.1)
	RECTUM	13	15	18.2%	27.3%	45.5%	16.7%	25.0%	41.7%	2	(1.5)	(2.3)	(3.8)
	STOMACH	18	■	0.0%	16.7%	16.7%	0.0%	50.0%	50.0%	(12)	0.0	33.3	33.3
EYE, BRAIN AND OTHER PARTS OF CENTRAL NERVOUS SYSTEM		24	26	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2	0.0	0.0	0.0
FEMALE GENITAL ORGANS		80	73	16.2%	4.4%	20.6%	14.8%	11.5%	26.2%	(7)	(1.4)	7.1	5.6
	CERVIX UTERI	13	■	33.3%	0.0%	33.3%	12.5%	12.5%	25.0%	(3)	(20.8)	12.5	(8.3)
	CORPUS UTERI	52	45	10.0%	6.0%	16.0%	15.9%	6.8%	22.7%	(7)	5.9	0.8	6.7
HEMATOPOIETIC AND RETICULOENDOTHELIAL SYSTEMS		29	34	0.0%	0.0%	0.0%	0.0%	15.4%	15.4%	5	0.0	15.4	15.4
LIP, ORAL CAVITY AND PHARYNX		22	■	4.5%	18.2%	22.7%	0.0%	16.7%	16.7%	(14)	(4.5)	(1.5)	(6.1)
LYMPH NODES		17	12	0.0%	21.4%	21.4%	0.0%	27.3%	27.3%	(5)	0.0	5.8	5.8
MALE GENITAL ORGANS		56	60	12.5%	6.3%	18.8%	27.8%	8.3%	36.1%	4	15.3	2.1	17.4
	PROSTATE GLAND	51	57	11.6%	7.0%	18.6%	30.3%	9.1%	39.4%	6	18.7	2.1	20.8
RESPIRATORY SYSTEM ANDINTRATORACIC ORGANS		76	73	13.1%	50.8%	63.9%	15.6%	45.3%	60.9%	(3)	2.5	(5.5)	(3.0)
	BRONCHUS AND LUNG	68	68	11.3%	56.6%	67.9%	16.7%	48.3%	65.0%	0	5.3	(8.3)	(2.9)
THYROID AND OTHER ENDOCRINE GLANDS		19	25	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	6	0.0	0.0	0.0
	THYROID GLAND	12	21	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	9	0.0	0.0	0.0
UNKNOWN PRIMARY SITE		22	15	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	(7)	0.0	0.0	0.0
URINARY TRACT		76	77	5.8%	11.6%	17.4%	2.8%	7.0%	9.9%	1	(3.0)	(4.6)	(7.5)
	BLADDER	43	46	2.6%	5.3%	7.9%	0.0%	4.9%	4.9%	3	(2.6)	(0.4)	(3.0)
	KIDNEY	27	27	11.5%	15.4%	26.9%	7.7%	7.7%	15.4%	0	(3.8)	(7.7)	(11.5)
Grand Total		654	625	9.4%	12.9%	22.2%	10.1%	15.7%	25.8%	(29)	0.8	2.8	3.6

COMMUNITY HEALTH NEEDS ASSESSMENT

IMPLEMENTATION PLAN RESULTS
2019-2022

Introduction

In 2019, Clara Maass Medical Center ("CMMC") conducted and adopted its Community Health Needs Assessment ("CHNA") which consisted of a community health needs survey of residents in our service area, a detailed review of secondary source data, a survey and meetings with local health officials and a Public Health Symposium made up of county public health officers and community representatives. The Plan can be accessed at https://www.rwjbh.org/clara-maass-medical-center/about/community-health-needs-assessment/

Through the CHNA process, health need priorities were chosen based on the Medical Center's capacity, resources, competencies, and the needs specific to the populations it serves. The Implementation Plan addresses the manner in which CMMC will address each priority need and the expected outcome for the evaluation of its efforts. The implementation plan which follows is based on the three selected priority areas*:

- **Obesity**
- **Diabetes**
- **Prenatal Care**

CMMC participates and works with many local organizations on health issues including: discussing and prioritizing needs, coordinating services, providing education and specialty knowledge, and supporting local health promotions. CMMC also works with Essex County Health Department to plan and implement a local needs assessment/health status approximately every five years and works with local health departments to support community health and wellness events. These community touch points provide the hospital with valuable external insights regarding community need. As appropriate, CMMC will also utilize the Center of Excellence for Latino Health (CELH) as a way to specifically target the Latino/Hispanic Community which continues to grow as a community for the Medical Center.

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

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Goal 1: Obesity in the Community to improve wellness and disease prevention

Key CHNA Findings:
- Body Mass Index (BMI) over 30 has increased from 24.8% in 2011 to 26.8% in 2016
- Obesity is a significant health risk factor for many chronic diseases

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
1.1	Provide a Community Bariatric Service with follow up support services	Established program	Bariatric Service Line Community Health	Establish baseline and track the number of patients enrolled in the program in year 1 • 2019 -- 160 new Medicaid patients & 337 new Private/Commercial • 2020 -- 114 new Medicaid patients & 165 new Private/Commercial ** Numbers for 2020 are from January – July due to Covid
1.2	Provide community outreach and support groups	Hold at least 4 Support Groups/Year Hold at least 4 BMI screening events/year	Bariatric Service Line Community Health Center of Excellence for Latino Health	Establish baseline and track the number of support groups held and the number of participants in year 1 2019 Community Health • BMI events/screenings 2 events 157 participants • Prudential Center Employee Wellness Fair • Willowbrook Mall Wellness Fair • 2019 – Outreach – 37 physician offices visited. Met with office managers/contact and provided all Bariatric information, business cards, pamphlets, seminar & support group flyers & outreach packets. • 2020 – Outreach – 17 physician offices visited. Track number of support groups targeting the Latino community via the CELH Develop communications and marketing materials in English/Spanish Establish baseline and track the number of BMI screening events held and the number of participants in year 1

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Goal 1: Obesity in the Community to improve wellness and disease prevention

Key CHNA Findings:
- *Body Mass Index (BMI) over 30 has increased from 24.8% in 2011 to 26.8% in 2016*
- *Obesity is a significant health risk factor for many chronic diseases*

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
1.3	Provide workshops on healthy food shopping and meal preparation	Hold at least 4 workshops on healthy food shopping and meal preparation/year	Bariatric Service Line Community Health Center of Excellence for Latino Health	Establish baseline and track the number of workshops on healthy food shopping and number of participants in year 1 Establish baseline and track the number of workshops on meal preparation and number of participants in year 1 Utilize CELH to provide additional workshops targeting the Latino Community
1.4	Collaborate with local Health Departments, Community Groups and FQHC's to alert the community about our program, BMI screenings, and educational programs on obesity to assist in the prevention of chronic illness.	Notify the local health departments of upcoming screenings and educational events for their residents to participate	Bariatric Service Line Community Health Center of Excellence for Latino Health	Establish baseline and track the number of notifications to the local health departments on our program offerings, screenings, and educational workshop in year 1 2019 Community Outreach Health Fair & Wellness Expo's • Table education and screenings servicing Essex, Hudson, Passaic and Bergen Counties. • Glucose screenings – 1474 • People touched - 2602 • September Month Senior Supper Club with Dr. Naveen Ballem speaking on Weight Loss Challenges - 86 participants Establish baseline and track the number of residents who participate in the program, screenings, and or educational workshop-by town in year 1 Track outreach targeting the Latino Community via the CELH in year 1

*Responsible Staff for internal purposes only; Not published on final document

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Goal 2: Improve diabetic care and disease prevention

Key CHNA Findings:
- *Fifth Leading Cause of Death in Essex County*
- *Third Most Common Inpatient Ambulatory Care Sensitive Condition in Essex County*

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
2.1	Provide diabetic education	Create brochure on services offered and distribute to the medical staff offices to post for patients	Community Health Center of Excellence for Latino Health Diabetes Care	Establish baseline and track the number of educational sessions conducted in year 1 Ensure all documents are Spanish/English The number of education sessions conducted in 2019 was 320 sessions and 2020 was 336 sessions. All educational handouts are provided in both English and Spanish and interpreters are used when needed.
2.2	Provide pre-diabetic educational classes - Grant secured for program	Create program Enlist participants Class offering in a cohort	Community Health Center of Excellence for Latino Health Diabetes Care	Establish baseline and track the number of participants in year 1 Evaluate the feedback on the program in year 1 - Diabetes Prevention Program grant discontinued March 2021 due to limited participant enrollment. The final cohort, "English 3" is in progress and will finish December 2021. Year 1 was in 2019-2020 with 2 cohorts. "English 1" cohort started with 15 participants and ended with 9 participants, 4 of those met their 5% weight loss goal by end of program. "Spanish 1" cohort started with 9 participants and ended with 6 participants (I don't have the data on weight loss, Sara would have to fill this in as we don't have access to the data program anymore). For Year 2020-2021 we had 2 cohorts, "English 2" started with 10 participants and ended with 6, 2 of which met their 5% weight loss goal. The program was provided virtually during pandemic. As for the future, prediabetes patients are still welcome to attend one-on-one medical nutrition therapy if insurance covers (program run by the outpatient nutrition dietitians – manager is now Jennifer Glavasich).

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Goal 2: Improve diabetic care and disease prevention

Key CHNA Findings:
- *Fifth Leading Cause of Death in Essex County*
- *Third Most Common Inpatient Ambulatory Care Sensitive Condition in Essex County*

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
2.3	Provide glucose screenings and programs on healthy food shopping choices and meal preparation	Offer glucose screenings at least 6 times/year Offer healthy food shopping choices and meal preparation programs at least 4 times/year	Community Health Center of Excellence for Latino Health	2019 Community Health – Diabetes • Table education and screenings servicing Essex, Hudson, Passaic and Bergen Counties. • Glucose screenings – 1474 • People touched – 2602 ***2019 CELH – Diabetes*** • ***Table Education and screening serving Essex and Passaic County*** • ***Glucose Screenings - 23*** • ***People Touched - 365*** ***2019 CELH – Number of participants referred for follow up due to elevated glucose levels in year 1*** ***Not Applicable***
2.4	Collaborate with local Health Department to alert the community about glucose screenings	Notify the local health departments of upcoming glucose screenings	Community Health Center of Excellence for Latino Health	Establish baseline and track the number of notifications to the local health departments informed about glucose screenings offerings in year 1 • 2019 – Alerted the community – blood pressure 61 times, glucose 43 times. • 2020 – (Jan – Feb) blood pressure 12 times, glucose 9 times • March 2020 – Jan 2022 Excluded preforming glucose screenings in the community due to the COVID-19 Pandemic ***CELH*** • ***2019 - Alerted the community – Blood pressure & Glucose 10 times.*** • ***2020 – Excluded preforming glucose screenings in the community due to the COVID-19 Pandemic***

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Goal 2: Improve diabetic care and disease prevention

Key CHNA Findings:
- Fifth Leading Cause of Death in Essex County
- Third Most Common Inpatient Ambulatory Care Sensitive Condition in Essex County

	Strategy/Initiative	Indicator	Responsible Staff*	Tracking/Outcome
2.4 Continued	Collaborate with local house of worships in the Latino Community to provide glucose screening	Scheduling of glucose screenings with church leaders-to access participants	Community Health Center of Excellence for Latino Health	• 2019 Community Health – Lunch & Learn/Programs – • Prudential Center in Newark • Belleville Health Department • North Arlington Health Department • 2020 – 2 virtual webinars on Eating Heathy with Diabetes Number of people who participated in the glucose screenings-by town in year 1 *2019 CELH – Number of Participants* • *Newark – 153* Number of scheduled glucose screening for each house of worship in the Latino Community in year 1 *2019 CELH – Scheduled Glucose Screenings* • *First Baptist Church - 12* • *Lighthouse Assembly of God - 5* • *St. Lucy's Catholic Church - 4* Number of people who participated in the glucose screenings-by by house of worship in year 1 *2019 CELH – Scheduled Screenings* • *Lighthouse Assembly of God - 92* • *St. Lucy's Catholic Church - 61*
2.5	Maintain Diabetic Accreditation to assure Quality services are provided	Compliance to all standards by Certifying Organization	Diabetes Care	**National Certification sustained under the Diabetes Education Accreditation Program run by the Association of Diabetes Care and Education Specialists (previously known as AADE). Annual status report was submitted and approved in June 2021. Reaccreditation will be next year, 2022.**

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Goal 3: Improve Prenatal Care and Outcomes

key CHNA Findings:
- The 2016 Essex County rates for no prenatal care (3.3%) places it in the worst performing quantile
- Only 65% of Essex County women entered prenatal care in the first trimester compared to 72.1% in New Jersey

	Strategy/Initiative	Indicator	Responsible Staff*	Tracking/Outcome
3.1	Provide the community with an obstetrical clinic	Access to Pre-Natal OB Services	OB Education Community Health	Establish baseline and track the number of new prenatal patients in year 1 2019 – 503 New patients Establish baseline and track the number of high risk patients referred to a higher level of care in year 1 2019 - 80 patients were referred to a high risk center
3.2	Provide prenatal care and screenings	Prenatal screenings to be conducted as per established standards of care	OB Education Community Health	Establish baseline for compliance to prenatal screenings in year 1 2019 – 908 patients had a prenatal screening
3.3	Provide prenatal support services	Identify necessary prenatal support services	OB Education Community Health	Establish baseline and track the types of support services offered in year 1 Diet & Nutrition, WIC, Social Services, Peer Recovery
3.4	Provide prenatal education and collaborate with the CELH	Prenatal education will be offer on topics such as breast feeding, infant newborn care to name a few	OB Education Community Health Center for Excellence Latino Health	- Breastfeeding, Child Birth, Prenatal Classes (2019), Infant Care, Postpartum Care, Diabetes, Falls, Vaccination, Compliance with Care Recommendations - No education provided specific to Latino Community 2019 by CELH Education to Latino Community via CELH in year 1 **2019 - No Education Provided to Latino Community**
3.5	Provide guidance related to healthcare coverage options	Gaining access to healthcare coverage	OB Education Patient Access Center	Establish baseline and track the number of prenatal patients who applied for charity care/PE/signed up for an insurance product in year 1 Unable to obtain data
3.6	Collaborate with Local Health Departments and FQHC's	Gaining access for OB services & support the continuum of care	OB Education Community Health	Establish baseline and track the number of prenatal patients who initially started their OB at the FQHC and transitioned to CMMC 2019 -48 Patients from FQHC (Zufall)

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