Saint Barnabas Medical Center | RWJBarnabas HEALTH

COMMUNITY HEALTH NEEDS ASSESSMENT

SAINT BARNABAS MEDICAL CENTER

2019

ACKNOWLEDGEMENTS

The following partners led the Saint Barnabas Medical Center (SBMC) Community Health Needs Assessment.

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- Keith Pressey, Director of Recreation & After School Programs, City of Orange Township
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RWJ BARNABAS HEALTH COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE

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

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

Members of the RWJ Barnabas Health CHNA Steering Committee include:

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- Michellene Davis, Executive Vice President, Corporate Affairs
- Bryan Soltes, System Vice President, Network Development, Oncology Services
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- New Solutions Inc. (Nancy Erickson[1])
- Bruno & Ridgway, Inc. (Joseph Ridgway)

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

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

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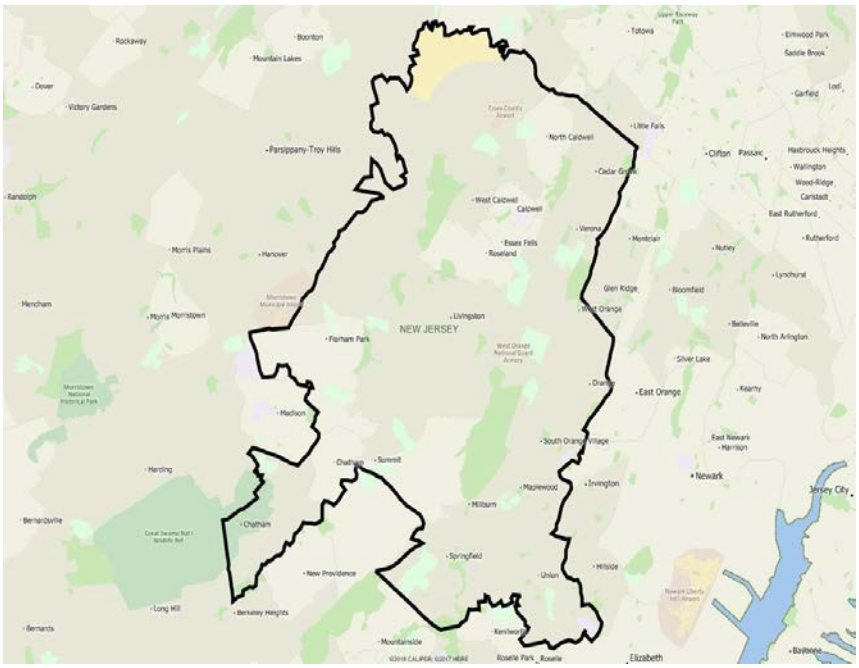


The Saint Barnabas Medical Center (SBMC) Community Health Needs Assessment (CHNA) is designed to ensure that the Medical Center continues to effectively and efficiently serve the health needs of its service area. The CHNA was developed in accordance with all federal rules and statues, specifically, PL 111-148 (the Affordable Care Act) which added Section 501(r) to the Internal Revenue Code. The SBMC Needs Assessment was undertaken in this context and developed for the purpose of enhancing health and quality of life throughout the community. This assessment builds upon the CHNAs completed in 2013 and 2016. The 2016 Implementation Plan results are reviewed in **Appendix A**.

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

SBMC Primary Service Area	
ZIP Code	**ZIP Name**
07004	Fairfield
07006	Caldwell
07009	Cedar Grove
07021	Essex Fells
07039	Livingston
07040	Maplewood
07041	Millburn
07044	Verona
07050	Orange
07052	West Orange
07058	Pine Brook
07068	Roseland
07078	Short Hills
07079	South Orange
07081	Springfield
07083	Union
07088	Vauxhall
07928	Chatham
07932	Florham Park
07936	East Hanover

Service Area

The service area is determined by considering three factors: patient origin, market reliance on the Hospital (market share) and geographic continuity and proximity. Zip codes representing approximately 50% of the SBMC patient origin form the initial primary service area (PSA); any zip code in which the Hospital has a high market share presence is also included. Zip codes with lower market share are deleted from the PSA definition and included in the secondary service area (SSA). Geographic proximity is used to create a contiguous area and completes the service area determination. SBMC's PSA is predominantly located in the western half of Essex County. The SSA is comprised of additional Essex County zip codes and sections of Union, Hudson and Morris Counties. For purposes

of this assessment, Essex County, SBMC's home county, was selected to best represent the communities served by the Medical Center in reviewing data sources presented at the county level.

Essex County encompasses a land mass of 127 square miles comprised of 22 urban and suburban municipalities. The county's municipalities are diverse, encompassing large inner-city communities, such as Newark, Irvington, East Orange and Orange in the southeast, and the suburban communities of Livingston, Essex Fells and Roseland to the west. Economic wealth is not uniformly distributed across municipalities; urban areas include a high number of poor and minority populations. Saint Barnabas Medical Center (SBMC), located in Livingston, is one of seven acute care hospitals operating in Essex County. Livingston is an affluent suburban community with easy access to New York City.

- Essex County has a larger proportion of African-American and Hispanic/Latino residents than New Jersey.[2]
    - Essex County's population is 37.8% African-American, compared to 12.8% statewide.
    - Essex County's population is 23.5% Hispanic/Latino, compared to 20.7% statewide.
    - Essex County's population is 30.3% White, compared to 54.4% statewide.
- In 2016, 17.2% of people and 14.0% of Essex County families were living in poverty compared to 10.9% of people and 8.1% of families statewide.
    - In 2016, 25.1% of people and 22.6% of families were living in poverty in Orange.
    - In 2016, 7.2% of people and 5.8% of families were living in poverty in the West Orange zip code.
- In 2016, 8.0% of Essex County residents were unemployed, higher than the State (5.2%).
    - The unemployment rate in Orange (10.2%) exceeded the county rate (8.0%) and was nearly double the State rate (5.2%).
    - The Short Hills unemployment rate was 3.1%, the lowest in the service area and lower than the Essex County rate of 8.0%.
- In 2016, the Essex County median household income was $54,860, more than $18,000 below the State average.[3]
    - The 2016 median household income of Orange residents ($35,895) was less than half the statewide figure ($73,702).[4]
    - Short Hills had the highest median household income in the SBMC Service Area at $250,000.
    - Between2014-2016, income levels across the county and the SBMC Service Area showed little increase or decline.

TOP FIVE HEALTH ISSUES

The SBMC Oversight Committee considered primary and secondary data to determine five top health issues based on capacity, resources, competencies, and needs specific to the populations it serves, with special consideration to impact on underserved communities. These issues are within the hospital's purview, competency and resources to impact in a meaningful manner: cancer, cardiac care/heart disease, access to care and services, maternal child health and diabetes.

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

1. ***Cancer Care***

Cancer, the second leading cause of death in the United States, causes approximately 1,600 deaths per day. The disease initiates with unrestrained and abnormal cell growth and spreads via the blood and lymph systems. Cancer is caused by gene mutations that affect how cells grow and divide. Mutations can be inherited or caused by environmental and lifestyle factors. In 2015, the Agency for Healthcare Research and Quality estimated the cost of cancer in the United States totaled $80.2 billion. There are over 100 different types of cancers, but lung, colorectal, and breast cancers carried the heaviest economic burden. Lung, colorectal, and breast cancers are also responsible for high disability-adjusted life years (DALYs).

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

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

Obesity increases the risk of several cancers; physical activity and nutritious eating can help bring about a healthy weight. One study of severely obese people found significant weight loss reduced risk by one-third. Obesity is associated with increased risks for many types of cancer including: breast, colon, endometrial, esophagus, kidney, pancreas, gall bladder, thyroid, ovary, cervix, prostate, multiple myeloma and Hodgkin's lymphoma.[5]

Carcinogens are substances that are responsible for damaging DNA, promoting and aiding cancer. Tobacco, asbestos, radiation (gamma and x-rays), the sun, and car exhaust fumes are well known carcinogens. The rate of breast cancer is greatly increased when women have excess estrogen levels for a prolonged time period. Viruses that weaken the ability of the immune system to fight infection (HPV, Hepatitis B and C, Epstein-Barr, HIV) and immunosuppressive drugs are also linked to an increased risk.

- Between 2013 and 2016, the age-adjusted mortality rate for cancer in Essex County increased from 155.2/100,000 to 160.4/100,000.
- In 2016, 58.4% of Essex County adults 50+ had a sigmoidoscopy or colonoscopy, compared to 65.1% in New Jersey.
- In 2016, 82.7% of Essex County women 40+ reported having a mammogram screening within the past 2 years, up 31 percentage points since 2012.[6]
- In 2016, in Essex County, 76.7% of women aged 18 and older had a pap smear test within the last three years, compared to 74.5% in New Jersey.
- In 2016, 26.8% of Essex County residents were obese, less than 27.3% statewide.

5 Retrieved from www.cdc.gov/healthyyouth/obesity/facts.htm. Accessed 7/8/13.
6 County Health Rankings 2016 http://www.countyhealthrankings.org/app/new-jersey/2016/measure/factors/50/data

- Smoking decreased in Essex County to 14.7% in 2016, from 16.4% in 2014. The percent of Essex County smokers in 2016 was higher than the *Healthy People 2020* target (12%).
- In 2018, 15.5% of Essex County residents were seniors over 65 compared to 16.8% statewide.
    - In 2016, 19.8% of Coldwell residents were 65+, higher than 11.9% in Essex County and the state.

SBMC encourages early cancer detection and provides community education outreach programs to that end. The Hospital offers screenings for breast, cervical, skin, oral, prostate, testicular, and lung cancers. The Lung Cancer Institute at SBMC, in collaboration with the International Early Lung Cancer Action Program, provides free lung cancer screenings for smokers and former smokers to identify early stage disease. SBMC hosts special events and lecture series provides no-cost workshops regarding diagnosis and treatment.

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

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

2. Cardiac Care/Heart Disease

Cardiovascular disease is the leading cause of death for both men and women of most ethnicities, causing 1 in every 4 deaths in the United States. Cardiovascular disease refers to a constellation of conditions affecting the heart and blood vessels. These conditions are caused by the failure of valves or muscle of the heart and are worsened by blockage of veins and arteries. Some of the most prevalent types of heart disease include: coronary artery disease, heart attack, heart failure, congenital heart diseases, and stroke. Comorbid conditions include: high blood pressure, high cholesterol, and diabetes. Each of these conditions contribute to and exacerbate cardiovascular disease by diminishing blood vessel function. High blood pressure is usually asymptomatic but damages the heart, kidneys, and brain. High levels of LDL cholesterol can build up in blood vessels, eventually causing fatal blockages. Nearly two-thirds of diabetics die from some form of heart vessel disease. All three comorbidities are preventable and can be contained by changing behavioral risk factors.

Coronary heart disease, the most common type of cardiovascular disease, causes more than 370,000 deaths annually.[7] In 2014-2015 the direct and indirect cost of coronary heart disease was $218.7 billion. Heart failure kills more than 177,000 people every year, and also poses a significant economic burden. Older Americans are hospitalized for heart failure more than any other age group. As the nation's population skews older in coming decades, the cost of heart failure is projected to triple by 2030.

While some risk factors for heart disease (age, family history, male gender, post-menopause, race) cannot be altered, lifestyle changes minimize health conditions associated with heart disease, thereby lowering

7 www.cdc.gov/heartdisease/facts.htm

the likelihood of onset. Obesity increases cholesterol, elevates blood pressure levels, and causes diabetes, all of which are comorbid conditions of heart disease. Healthy eating and exercise can lead to a healthy weight and lower the risk of heart disease. Physical inactivity leads to high blood pressure, high triglyceride levels, low levels of HDL cholesterol, diabetes, and obesity. Regular physical activity can improve these measures. Dietary choices can also increase one's risk of heart disease and obesity. Diets high in saturated fats and cholesterol raise blood cholesterol levels and promote atherosclerosis. Diets high in salt content can raise blood pressure levels. Excessive alcohol use leads to increased blood pressure and higher levels of triglycerides. Cigarette smoking increase the risk of developing heart disease and heart attack by 2 to 4 times by increasing blood pressure and promoting atherosclerosis. Second-hand smoke can increase the risk of heart disease to non-smokers as well.[8]

- Cardiovascular disease is the leading cause of death in the nation, New Jersey and Essex County.
- Between 2013 and 2016, the Essex County age-adjusted mortality rate for deaths due to heart disease decreased 4.3% (to 183.5/100,000) and was lower than statewide but higher surrounding counties.
- Between 2014 and 2016, the percent of Essex County adult residents that reported coronary heart disease increased from 3.5% to 4.5%.

The American Heart Association and the World Heart Federation suggest addressing tobacco use, hypertension, diabetes, and obesity to reduce overall incidence of cardiovascular disease. SBMC is expanding early detection and community education and outreach programs, programming in senior housing and the CHF Transitions program. The CHF Transitions program targets congestive heart failure patients with high risk of readmission. The program educated and engages patients to access post-discharge services to improve medication safety and patient satisfaction, while reducing readmissions. The Heart Center at SBMC has Joint Commission Certification in Heart Failure, Acute Coronary Syndrome, and Cardiac Rehabilitation.

3. ***Access to Healthcare***

Costs, culture and education are three main barriers to healthcare access. The Office of Minority Health's "National Standards for Culturally and Linguistically Appropriate Services in Health Care" (CLAS), defines full access as care that "recognizes and responds to health-related beliefs and cultural values, disease incidence and prevalence, and treatment efficacy."[9] In order to achieve optimal access, effective patient communication is essential. Language differences, diverse cultures, and low health literacy are barriers to high quality care. Linguistic skill, cultural norms and health literacy strategies are integral to ensure a quality patient care plan.

The Robert Wood Johnson Foundation identified five barriers to healthcare access including: affordability (patients do not have enough money to get care), accommodation (patients are too busy to get care), availability (patients could not get an appointment soon enough), accessibility (patients took too long to get to the doctor's office or clinic), and acceptability (doctor or hospital wouldn't accept patient's health insurance).[10] SBMC is sensitive to these barriers and strives to ensure patient access to quality care by addressing low health literacy, cultural differences, and limited English proficiency.

8 www.cdc.gov/heartdisease/behavior.htm
9 Office of Minority Health National Standards for Culturally and Linguistically Appropriate Services in Health Care http://minorityhealth.hhs.gov/assets/pdf/checked/finalreport.pdf
10 Robert Wood Johnson Foundation: Barriers to Access http://www.rwjf.org/en/library/research/2012/02/special-issue-of-health-services-research-links-health-care-rese/nonfinancial-barriers-and-access-to-care-for-us-adults.html

- In 2016, 13.59% of Essex County's 18-64 population was uninsured. This was a higher than the rate statewide (10%).[11]
- In 2016 the median income of Essex County was $54,860, more than $18,000 below the state median of $73,73,702.
    - In SBMC's service area, Orange had the lowest median household income ($35,895)
- In 2016, 15.3% of Essex County residents did not graduate high school, 4.2 percentage points higher than New Jersey.[12]
    - In 2016, 19.9% of Orange residents did not complete high school, nearly double the statewide percentage (11.1%) and higher than Essex County (15.3%).
- In 2016, the percentage of Limited English Proficiency (LEP) households in Orange (20.2%) was higher than New Jersey (12.2%) and Essex County (14.8%).
- In 2016, 64.2% of Orange's population was African-American, higher than 37.79% in Essex County.
    - In 2016, 10.2% of the SBMC's service area population are Asian compared to 5.3% in Essex County and 9.9% in New Jersey.
    - In 2016, 27.9% of the Orange's population was Hispanic compared to 12.4% in the SBMC service area.

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

4. Maternal/Child Health

Child and Maternal health care are leading indicators of the health of future generations. The focus of maternal and child health are issues affecting women, children and their families. It seeks to provide education, advocacy, and research for reproductive health and child safety. Professionals dedicated to this area of public health address access to sexual reproduction health services and advise in family planning, promote the health of pregnant women and their children and increase vaccination rates. The research they provide improves the education, and implementation of health delivery systems at local, state, national, and multi-national levels.

On a multi-national scale, the World Health Organization, has pushed for a Global Strategy for Women's, Children's and Adolescents' Health. Implementing Every Woman Every Child (EWEC) Global Strategy, an ongoing strategy encompassing several H6 agencies dealing with population health. Their set of objectives are to end preventable deaths, ensure health and well-being, and expand enabling environments. This plan has sparked a global movement; counties and government organizations on a national and state level around the world have taken steps to help the women and children of today lead healthy lives. For example, New Jersey had implemented a similar plan called Healthy Women Healthy Families, combating the same issues effecting women and children. The health and wellness of today's

11 Enroll America Changing Uninsured Rates by County – From 2013 to 2015 https://www.enrollamerica.org/research-maps/maps/changes-in-uninsured-rates-by-county/
12 United States Census Bureau American Community Survey 2016

women and children can help predict future public health challenges for families, communities, and the health care system.

Pregnancy can provide an opportunity to identify health risks in women and to prevent future health problems for women and their children. These health risks include:

- Hypertension and heart disease
- Diabetes
- Depression
- Intimate partner violence
- Genetic conditions
- Sexually transmitted diseases (STDs)
- Tobacco, alcohol, and substance use
- Inadequate nutrition
- Unhealthy weight

These risks can be incrementally lowered with increasing access to quality preconception, prenatal, and inter-conceptional care. Early detection and treatment of possible illness or disability also play a huge role in healthy birth outcomes and decrease preventable deaths.

Infant and child health issues are influenced by behavioral factors, such as education, income and breast feeding, but are also linked to the physical and mental health of parents and caregivers.

There are racial and ethnic disparities in mortality for mothers and children; African Americans families have the highest rate of morality. These differences are all the result of multiple factors.

- Essex County's overall infant mortality decreased from 7.8/1000 in 2007-2008, to 6.6/1000 in 2013-2015.
    - Essex County infant mortality rate has been historically higher than the State.
    - While the state has remained constant around 5 deaths per 1,000 from 2007 to 2015, Essex County has ranged from 5.2 to 6.6 deaths per 1,000 from 2007 to 2015.
- Infant mortality for African Americans in Essex County from 2013 to 2015 was 9.6 deaths in 1,000 people, which decreased from 12.3 deaths per 1,000 from 2007 to 2009.
- Essex County in 2013 the percentage of live births with no prenatal care was 1.9% which increased to 3.3% in 2016.
    - In 2010, 80.9% of live births to Essex County moms received first trimester prenatal care which decreased to 63.5% in 2016.

While the rate of infant deaths has remained constant over the past 5 years, Black infant deaths have been on the decline, but the dispiriting factor is that the rate is still nearly double of that of all other races and ethnicities.

Many factors play into this, one of them being poverty levels, Essex County has a higher poverty rate compared to the State and the SBMC Service Area for both individuals and families in 2016. This number get inflated due to Orange (07050) and West Orange (07052) which experience higher levels of poverty compared to neighboring cities, and have the most racially diverse populations in the SBMC Service Area. While neighboring cities Caldwell (07006), Livingston (07039), and Short Hills (07078) poverty rates don't

exceed 4%. Orange has a poverty level of 24.5% for individuals and a 22.7% for families, nearly double both New Jerseys poverty rate (10.9%, 8.1% respectively), and Essex County (17.2%, 14.0% respectively).

Median household income is another factor that plays into child and maternal health. Essex County has a median household income of $58,264 in 2018, nearly $20,000 less than the State at $78,317. Essex County has a wide range of income with the top 1% earning a median household income of $307,347 and the bottom earning $38,057.

SBMC offers moms and moms to be modern state-of-the-art maternity facilities and technology with highly skilled physicians and nursing staff. The approach to care is family centered and staff are dedicated to providing patients with support, education and the highest quality health care services. The medical center provides childbirth preparation classes and breast feeding support services and classes for siblings.

The Department of Pediatrics at St. Barnabas Medical Center offers inpatient and outpatient subspecialty care in the following Specialties:

- Allergy
- Cardiology
- Child Development
- Emergency Medicine
- Gastroenterology
- Immunology'
- Infectious disease
- Intensive Care
- Neurology
- Pulmonology
- Rheumatology

Surgical specialties include surgery, general surgery, neurosurgery, ophthalmology, orthopedics, otolaryngology, plastic surgery, transplant and urology.

5. ***Diabetes***

Diabetes is a chronic disease in which blood glucose levels are too high due to abnormal levels of the hormone insulin. In Type 1 diabetes, the body is not able to make insulin. In Type 2 diabetes, the more common type, the body does not make or use insulin well. Without enough insulin, glucose stays in your blood. Over time, too much glucose in the blood can cause serious problems, damaging the eyes, kidneys, and nerves. Diabetes can also cause heart disease, stroke and even the need to remove a limb. Pregnant women can get gestational diabetes. The American Diabetes Association estimates that more than 18 million people suffer from diabetes.

Prediabetes is a precursor to diabetes in which blood sugar is higher than normal, but not high enough to be diabetes. Having prediabetes puts an individual at a higher risk of Type 2 diabetes. Obesity is a major risk factor for Type 2 Diabetes. This form of diabetes, once believed to affect only adults, is now diagnosed in children. Between 1980 and 2000, obesity rates doubled among children and adults and tripled among adolescents.[13] Overweight children with diabetes are at risk for serious complications including kidney

13www.cdc.gov/pdf/facts_about_obesity_in_the_united_states.pdf

disease, blindness, and amputations. Other risk factors related to obesity include unhealthy diet, physical inactivity, and high blood pressure. While many diabetes risk factors are modifiable, other factors including a family history, increasing age, and ethnicity are uncontrollable.

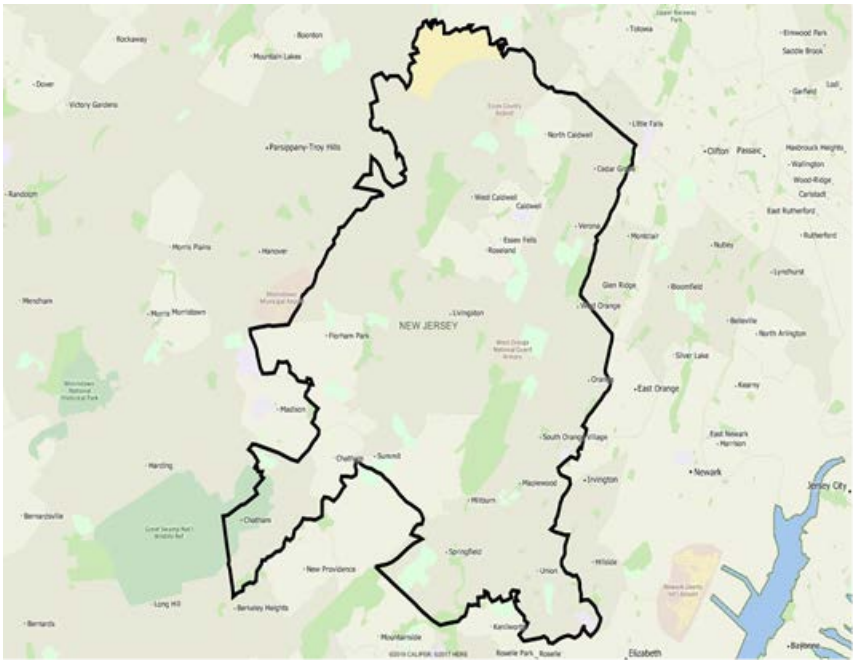
- Diabetes is the fifth leading cause of death in Essex County. The 2016 age-adjusted mortality rate due to diabetes (28.4/100,000) is 13% higher than in 2013.
    - In Essex County, Whites (282.6/100,000) had the highest age-adjusted death rate for diabetes.
    - In 2016, Essex County had the highest percent of patients reporting diabetes among comparison counties.
- In 2016, 26.8% of Essex County residents were obese, less than the 27.3% statewide and a decrease from 29.5% in 2012.[14]
- In 2016, 29.8% of people engaged in no physical exercise in New Jersey, an increase from 23.3% in 2014.[15]
- In 2016, 32.6% of Essex County adults reported no physical exercise within the past month, higher than New Jersey (29.8%) and CHR national benchmark (23%) and an increase from 26.9% in 2014.

SBMC offers several diabetes care programs to provide patients access to care, education and the resources they need to manage their disease. These include education on blood sugar monitoring devices, meal planning, medication management, diet and nutritional education, hypertension and cholesterol monitoring, stress and exercise management, and diabetes education and management during pregnancy.

14 New Jersey State Health Assessment Data 2014
15 Behavioral Risk Factor Surveillance System 2016

1. INTRODUCTION

SBMC Service Area



The Saint Barnabas Medical Center (SBMC) Community Health Needs Assessment (CHNA) is designed to ensure that the Medical Center continues to effectively and efficiently serve the health needs of its service area. The CHNA was developed in accordance with all federal rules and statues, specifically, PL 111-148 (the Affordable Care Act) which added Section 501(r) to the Internal Revenue Code. The SBMC Needs Assessment was undertaken in this context and developed for the purpose of enhancing health and quality of life throughout the community. This assessment builds upon the CHNA completed in 2016. The 2016 Implementation Plan results are reviewed in **Appendix A**.

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

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

The SBMC Oversight Committee determined five issues to be within the hospital's purview, competency and resources to impact in a meaningful manner: Cancer, Cardiac Care/Heart Disease, Access to Healthcare, Maternal/Child Health, and Prevention/Screenings and Vaccines.

- Cancer mortality, the second leading cause of death in Essex County and New Jersey, can be reduced by prevention, early detection, and treatment. SBMC encourages early cancer detection and provides community education outreach programs.
- Cardiovascular disease is the leading cause of death in the nation, state, and county. Addressing lifestyle-related risk factors for cardiovascular disease lowers mortality rates. The Heart Center at SBMC has Joint Commission Certification in Heart Failure, Acute Coronary Syndrome, and Cardiac Rehabilitation.
- Access to health care includes affordability, accommodation, availability, and accessibility.
- Maternal and child health care are leading indicators of the health of future generations.

- Clinical preventive services occupy an important position within the realm of interventions to prevent, forestall or mitigate illness.

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

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

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

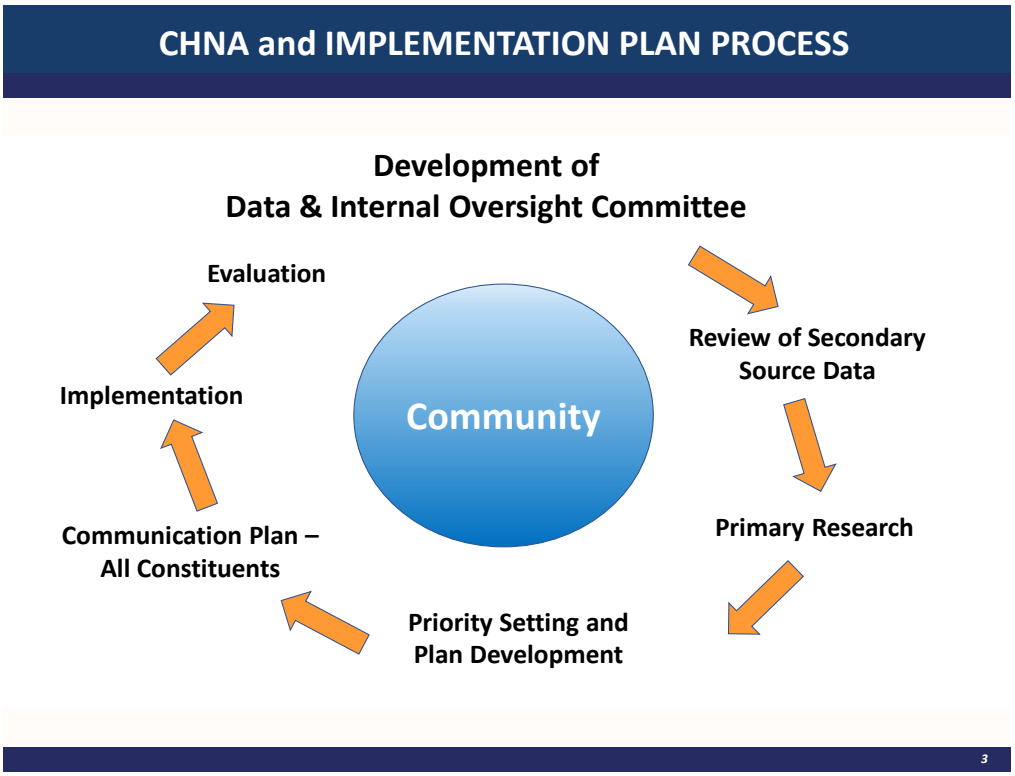
- Prevention/Screenings and Vaccines
- Opioid Addiction
- LGBTQIA
- Mental Health

2. *METHODOLOGY/SERVICE AREA*

A. *METHODOLOGY*

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

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



Prioritization Process

Following the Steering Committee's review of quantitative and qualitative data on 12/11/18, a list of issues were identified by consultants as common themes of the research. Through discussion, this list was expanded to 11. These issues became the suggested priority issues and included:

- Mental Health and Substance Abuse
- Overweight and Obesity, Nutrition
- Access to Care/Services
- Prevention Service/Screenings/Vaccines
- Cardiac Care/Heart Disease
- Diabetes
- Maternal Child Health

- Financial Disparities
- LGBTQIA
- Smoking/Vaping Prevention Education

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

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

A tally of the 41 ballots cast resulted in the following eight issues to be ranked highest overall.

- Mental Health & Substance Abuse
- Overweight/Obesity/Nutrition
- Prevention Service/Screenings/Vaccines
- Cardiac Care/Heart Disease
- Diabetes
- Maternal Child Health
- Cancer
- Access to Care & Services
- Access to Transportation

Many of the hospital/affiliate organizations including the Behavioral Health Network and the institute for Prevention and Recovery are currently working in Behavioral Health and Substance Use disorders. Prevention and treatment services incorporate nutrition, obesity reduction plans as well as diabetes prevention. As a result, the Medical Center has chosen to work on the five remaining health issues.

- Cardiac Care/Health Disease
- Access to Care and Services
- Maternal Child Health
- Diabetes

Primary Data Sources

Community Health Needs Surveys

In order to obtain a service area-specific analysis for the SBMC service area, on-line survey Interviews were conducted among 738 residents of the Hospital's PSA. Interviews were conducted online and by telephone. A link to the online survey was displayed on hospital web pages and social media sites. Additionally, postcards were handed out at area businesses and libraries, directing residents to the online survey link. A telephone augment was conducted to capture additional interviews in specific areas and among specific ethnic groups. For the telephone portion, a representative sample of households was generated from a database of residential telephone numbers. Bruno and Ridgway Research Associates,

Inc. administered the on-line and telephone surveys from June 7 - September 27, 2018. Survey results are incorporated into this CHNA. (See Section 3)

Focus Group Discussions

Two focus groups were undertaken to uncover additional information from key community groups and individuals with respect to health needs, challenges and barriers, and suggestions for improving access to health care services. Focus Group Report is found in Section 4. (See Section 4. Focus group meetings were conducted in February and March 2019.)

Secondary Data Sources

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

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

Health Profile

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

Color Indicator Tables

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

Assets and Gaps

Section 6, Assets and Gaps, summarizes the preceding components of the CHNA. Assets highlight county information indicating improvement over time, in comparison to other counties and the State, or in comparison to other races or genders. Gaps focus on disparities in Essex County or the SBMC Service Area that have a negative trend, in comparison to other counties in the State or to other races or genders.

Resource Inventory

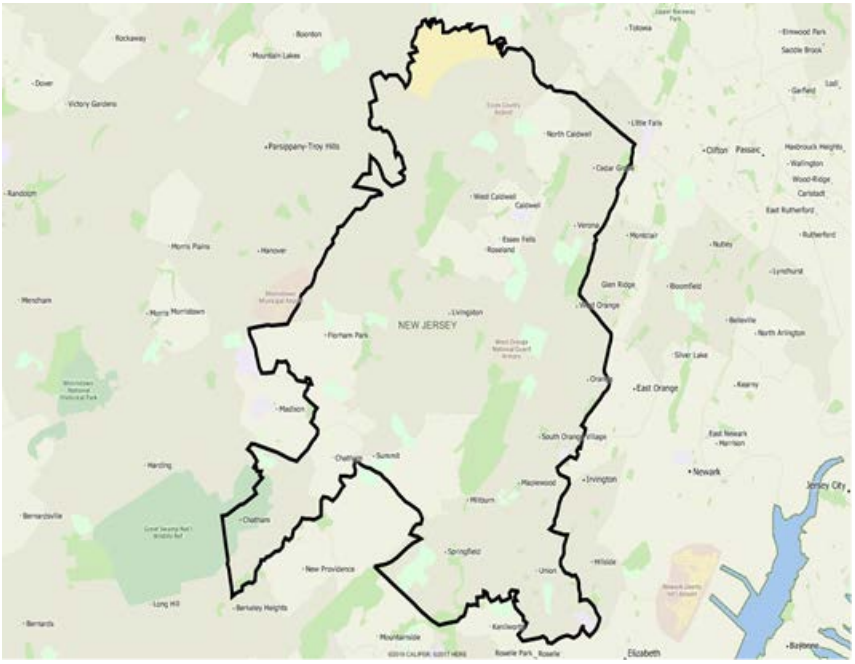
A service area-specific resource inventory is included as **Appendix D,** which details health and social service resources available to residents in Essex County. Providers' names, addresses, and phone numbers and type of services provided are contained in the inventory.

B. SERVICE AREA

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

SBMC Primary Service Area	
ZIP Code	ZIP Name
07004	Fairfield
07006	Caldwell
07009	Cedar Grove
07021	Essex Fells
07039	Livingston
07040	Maplewood
07041	Millburn
07044	Verona
07050	Orange
07052	West Orange
07058	Pine Brook
07068	Roseland
07078	Short Hills
07079	South Orange
07081	Springfield
07083	Union
07088	Vauxhall
07928	Chatham
07932	Florham Park
07936	East Hanover

SBMC Service Area Map



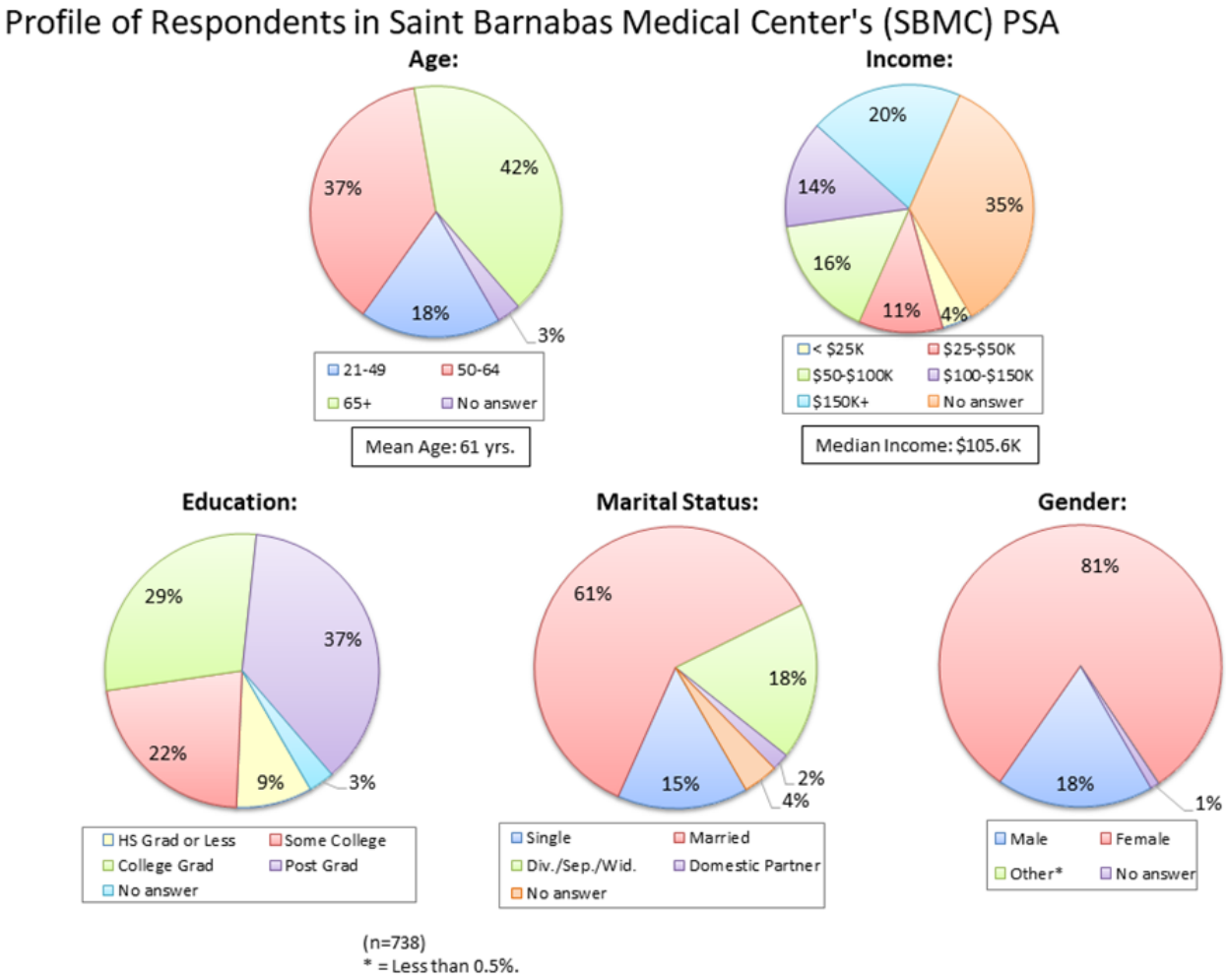
The service area is determined by taking into consideration three factors: patient origin, market reliance on the Hospital (market share) and geographic continuity/ proximity. Typically, the combined service area represents 75-80% of the Medical Center's patients. Zips codes representing approximately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

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

3. COMMUNITY HEALTH NEEDS SURVEY

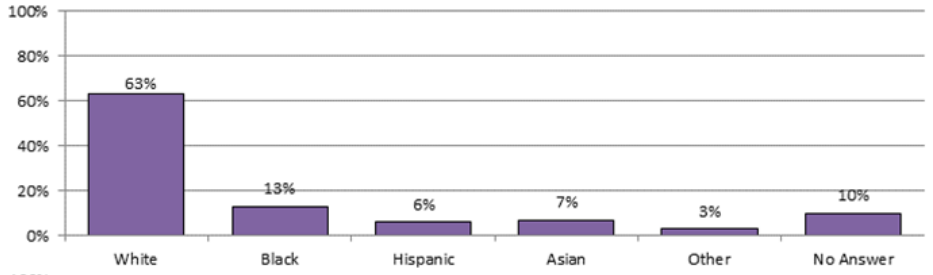
A. SUMMARY TABLES

Survey Respondents' Profile

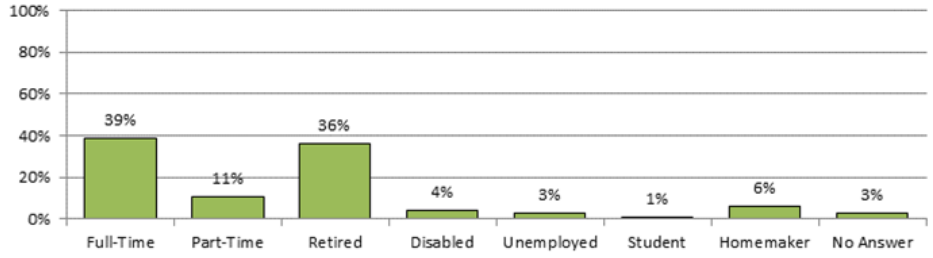


Profile of Respondents in Saint Barnabas Medical Center's (SBMC) PSA – (continued)

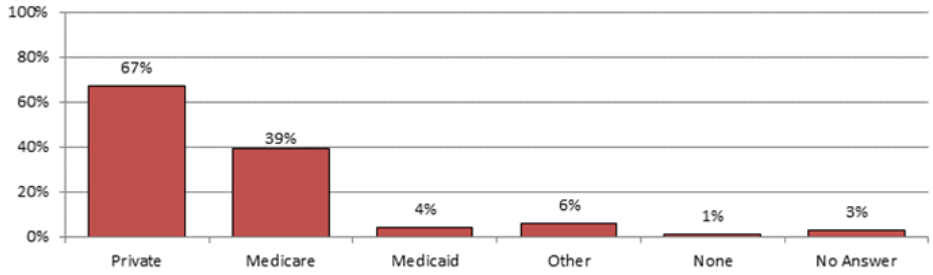
Ethnicity*^:



Employment^:

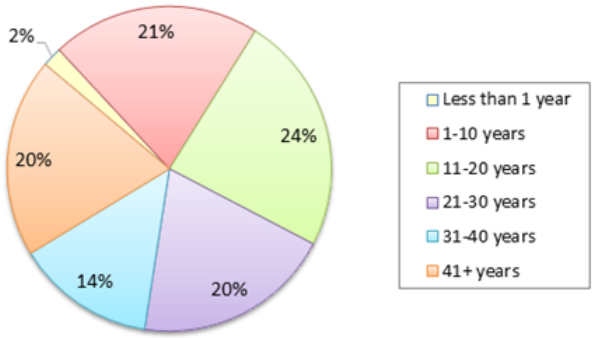


Health Insurance^:



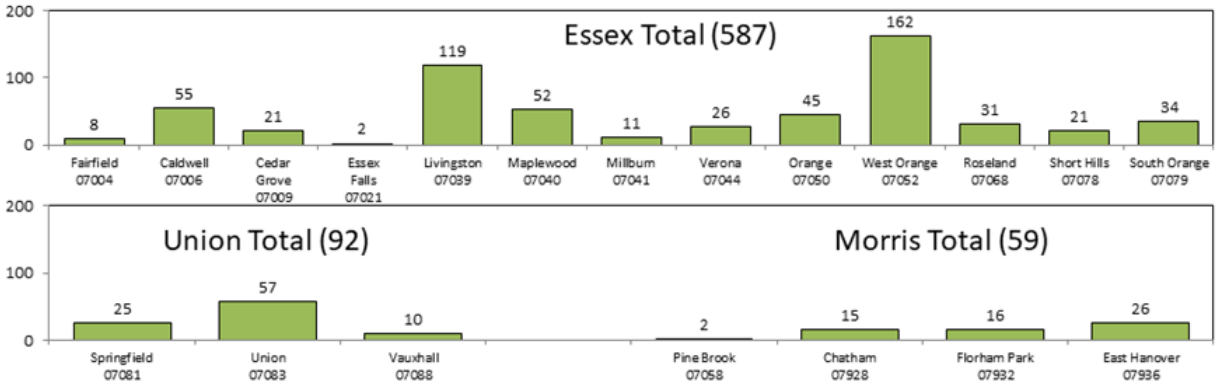
(n=738)
*Quotas were established to align closely with census data.
^ = Multiple mentions.

Length of Time in Area



Average # Years: 25.2

Towns/Zips Where Interviews Came From

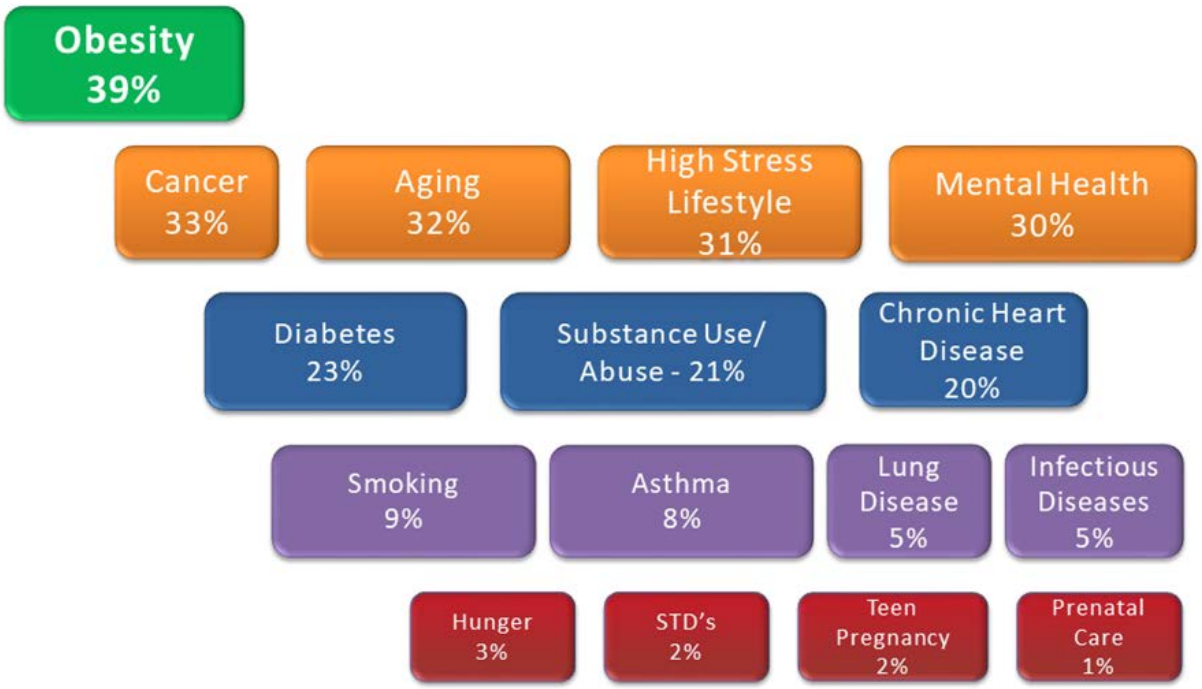


(n=738)

Health-Related Concerns of Area Residents

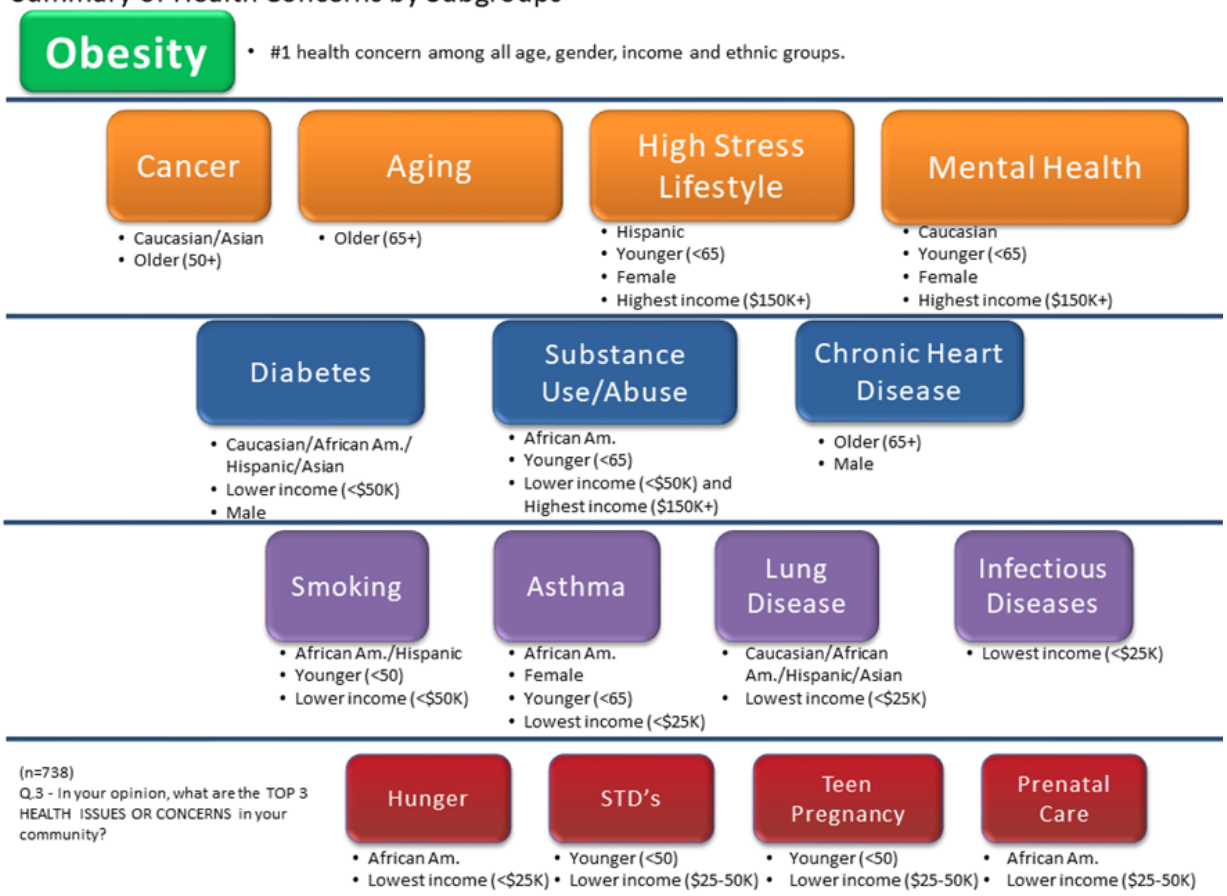
Major Health Concerns Among Respondents in SBMC's PSA Community

- Obesity is the #1 health concern among area residents surveyed.
- Cancer, aging, high stress and mental health are also big concerns.



(n=738)
Q.3 - In your opinion, what are the TOP 3 HEALTH ISSUES OR CONCERNS in your community?

Summary of Health Concerns by Subgroups



Community Health-Related Issues of Concern – by Ethnicity

- **Caucasians express the most concern about mental health and along with Asians, indicate high concern about cancer. African Americans indicate the highest concerns about substance abuse and along with Hispanics, express high concern about smoking.**

	Caucasian (n=466) (A)	*African American* (n=97) (B)	*Hispanic* (n=46) (C)	*Asian* (n=50) (D)
Obesity	34%	47%[A]	52%[A]	44%
Mental Health	33%[C]	26%	22%	24%
Substance Use/Abuse	20%	30%[AC]	17%	20%
Aging	33%	32%	30%	38%
High Stress Lifestyle	29%	32%	50%[AB]	40%
Cancer	36%[BC]	26%	20%	36%[C]
Diabetes	16%	44%[A]	35%[A]	42%[A]
Chronic Heart Disease	18%	20%	20%	26%
Smoking	4%	22%[AD]	20%[A]	10%
Asthma	5%	17%[AC]	4%	10%
Hunger	2%	8%[AD]	4%	2%
Infectious Diseases	4%	10%[A]	9%	4%
Lung Disease	3%	11%[A]	11%[A]	10%[A]
Teen Pregnancy	1%	5%[A]	7%	4%
STD's	*	4%[A]	4%	4%
Lack of Prenatal Care	*	6%[AC]	-	2%

* = Less than 0.5%.
Q.3 - In your opinion, what are the TOP 3 HEALTH ISSUES OR CONCERNS in your community?
(A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.

Community Health-Related Issues of Concern – by Age

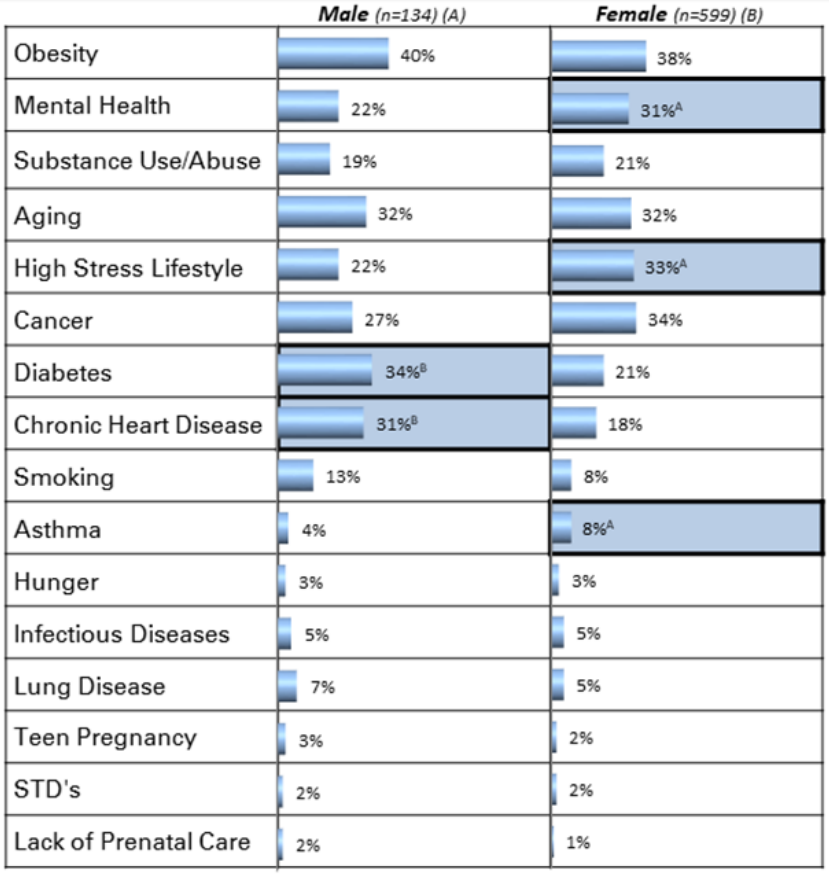
- **Younger respondents (<65) are more concerned about mental health, substance abuse, high stress, and asthma, while older respondents' concerns focus in the areas of aging, cancer and chronic heart disease. Smoking, teen pregnancy and STDs are also of high concern to the <50 year old population.**

	21-49 *(n=133) (A)*	***50-64*** *(n=275) (B)*	***65+*** *(n=311) (C)*
Obesity	48%^{BC}	38%	36%
Mental Health	38%^{C}	37%^{C}	20%
Substance Use/Abuse	32%^{BC}	23%^{C}	14%
Aging	23%	28%	39%^{AB}
High Stress Lifestyle	44%^{BC}	35%^{C}	24%
Cancer	24%	37%^{A}	33%^{A}
Diabetes	24%	23%	24%
Chronic Heart Disease	15%	18%	25%^{AB}
Smoking	24%^{BC}	6%	6%
Asthma	10%^{C}	10%^{C}	5%
Hunger	3%	5%^{C}	2%
Infectious Diseases	7%	6%	4%
Lung Disease	8%	4%	5%
Teen Pregnancy	5%^{C}	2%	1%
STD's	6%^{BC}	2%	*
Lack of Prenatal Care	2%	2%^{C}	*

* = Less than 0.5%.
Q.3 - In your opinion, what are the TOP 3 HEALTH ISSUES OR CONCERNS in your community?
(A/B/C) = Significantly greater than indicated cell at the 90% confidence level

Community Health-Related Issues of Concern – by Gender

- **Females cite mental health issues, high stress lifestyle and asthma more so than males, while males mention diabetes and chronic heart disease more often.**



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

Community Health-Related Issues of Concern – by Income

- **Lower income groups (<$50K) indicate higher concern in many areas versus their higher income counterparts.**
- **Respondents in the highest income group ($150K+) indicate a higher level of concern about mental health, substance abuse and high stress. Substance abuse is also of high concern to lower income (<$50K) respondents.**

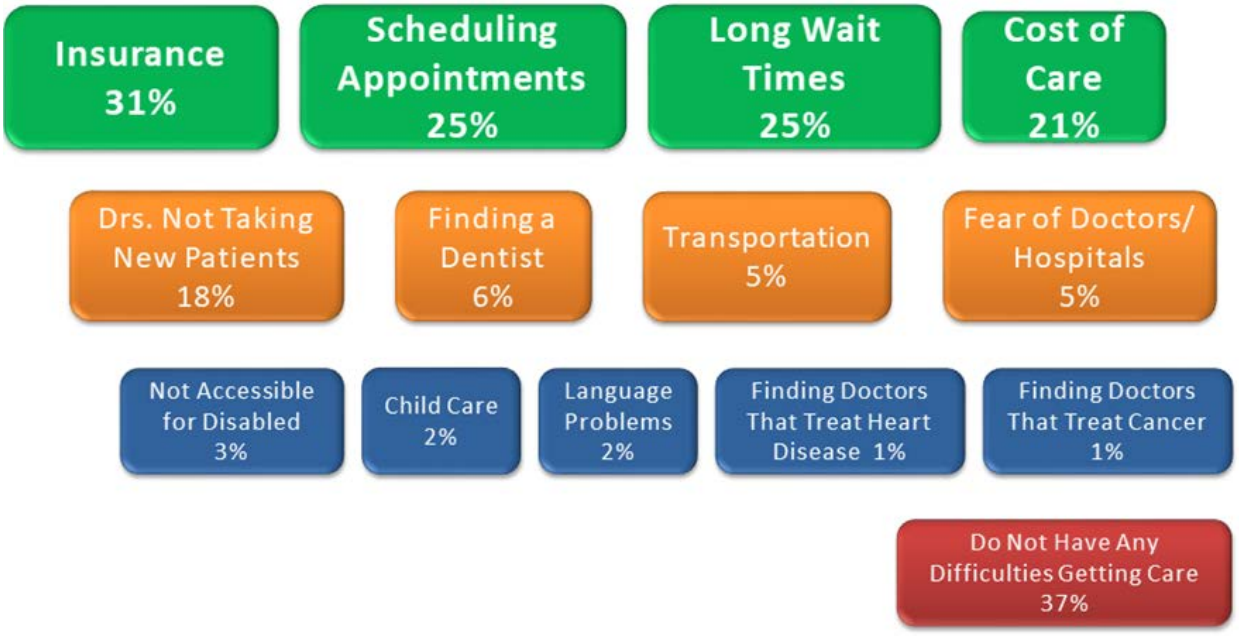
	Under $25K *(n=29) (A)*	***$25-50K*** *(n=78) (B)*	***$50-100K*** *(n=123) (C)*	***$100-150K*** *(n=104) (D)*	***$150K+*** *(n=149) (E)*
Obesity	41%	42%	42%	38%	40%
Mental Health	21%	24%	33%	30%	45%ABCD
Substance Use/Abuse	31%	32%C	17%	17%	26%CD
Aging	17%	33%A	34%A	25%	36%AD
High Stress Lifestyle	21%	33%	30%	30%	46%ABCD
Cancer	31%	32%	27%	33%	34%
Diabetes	45%DE	36%DE	29%E	21%	15%
Chronic Heart Disease	24%	19%	22%	18%	15%
Smoking	17%E	21%CDE	10%	7%	5%
Asthma	21%CDE	12%	6%	5%	6%
Hunger	14%CE	6%E	2%	4%	1%
Infectious Diseases	17%CD	9%C	2%	4%	5%
Lung Disease	17%DE	10%E	7%	4%	3%
Teen Pregnancy	3%	6%E	2%	4%	1%
STD's	-	5%AE	1%	1%	-
Lack of Prenatal Care	-	5%AE	2%	1%	1%

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

Barriers to Accessing Health Care Services

Major Barriers to Accessing Health Care in SBMC's PSA

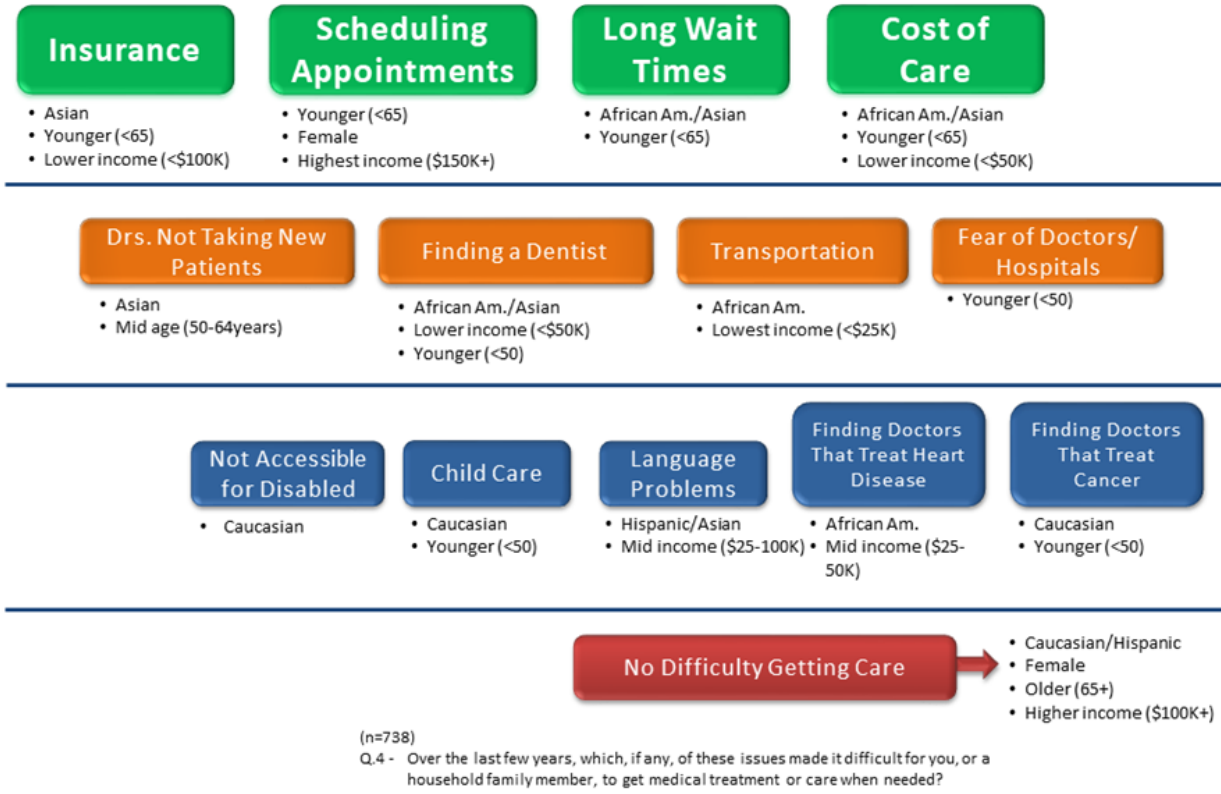
- Insurance, scheduling, long wait times and cost of care are the key barriers to obtaining health care services among area residents surveyed.
- More than one-third of respondents claim they do not experience any difficulty accessing the care they need.



(n=738)
Q.4 - Over the last few years, which, if any, of these issues made it difficult for you, or a household family member, to get medical treatment or care when needed?

Summary of Health Care Barriers by Subgroups

- Virtually all age, gender, income and ethnic groups cite insurance, cost of care, long wait times and scheduling appointments as key issues.



(n=738)

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

Barriers to Accessing Health Care Services – by Ethnicity

- **Caucasians appear to have the least difficulty getting care, followed by Hispanics. African Americans and Asians both cite difficulties with cost of care, long wait times and finding a dentist. Asians also cite insurance issues and problems with doctors not taking new patients, while African Americans cite transportation problems.**

	Caucasian (n=466) (A)	*African American* (n=97) (B)	*Hispanic* (n=46) (C)	*Asian* (n=50) (D)
Insurance Problems	28%	35%	30%	44%[A]
Cost of Care	17%	31%[A]	26%	36%[A]
Scheduling Appointments	23%	28%	24%	34%
Long Wait Times	20%	36%[A]	26%	44%[AC]
Drs Not Taking New Patients	17%	11%	11%	26%[BC]
Transportation Problems	4%	12%[ACD]	4%	4%
Fear of Doctors/Hospitals	4%	7%	4%	6%
Finding a Dentist	2%	18%[AC]	4%	18%[AC]
Language Problems	*	2%	9%[A]	6%[A]
Child Care	1%	5%[A]	7%	6%
Not Accessible for Disabled	2%	6%[A]	4%	6%
Finding Dr. Treats Cancer	-	4%[A]	4%	6%[A]
Finding Dr. Treats Heart Disease	*	5%[AC]	-	4%
DO NOT HAVE ANY DIFFICULTIES GETTING CARE	43%[BD]	24%	33%[D]	18%

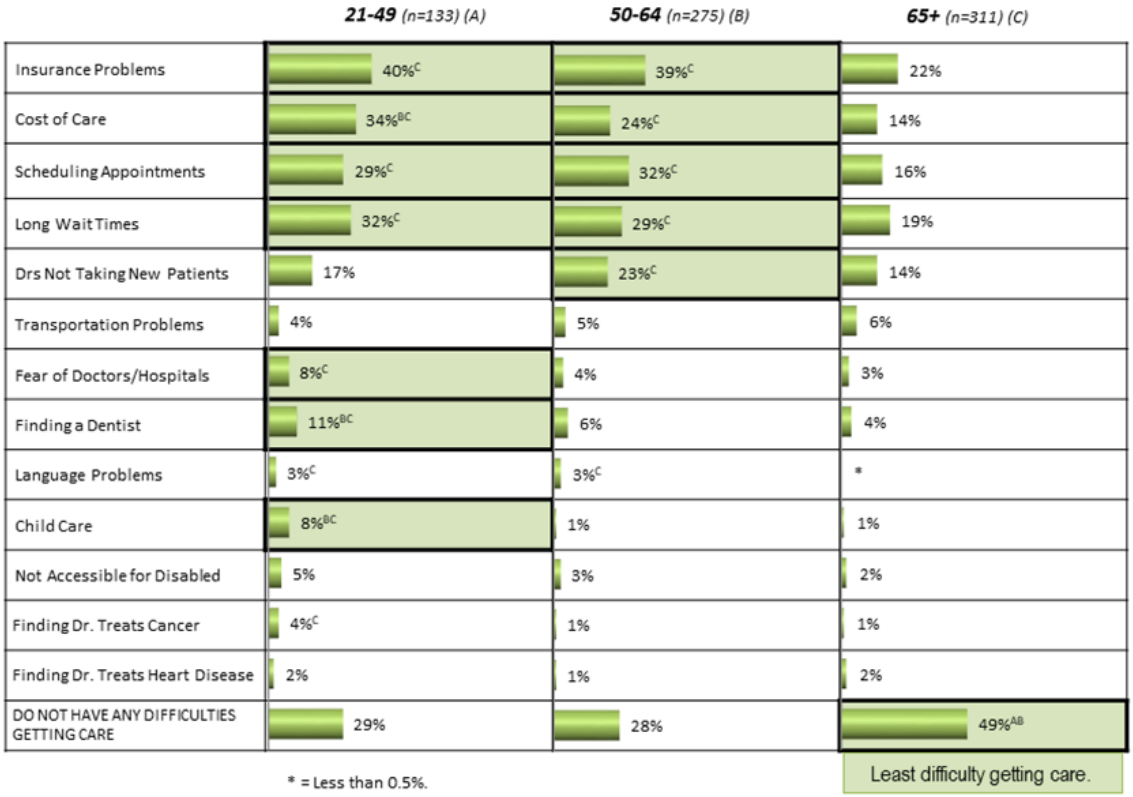
* = Less than 0.5%.

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

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

Barriers to Accessing Health Care Services – by Age

- **Younger respondents cite significantly more barriers to care versus older respondents.**



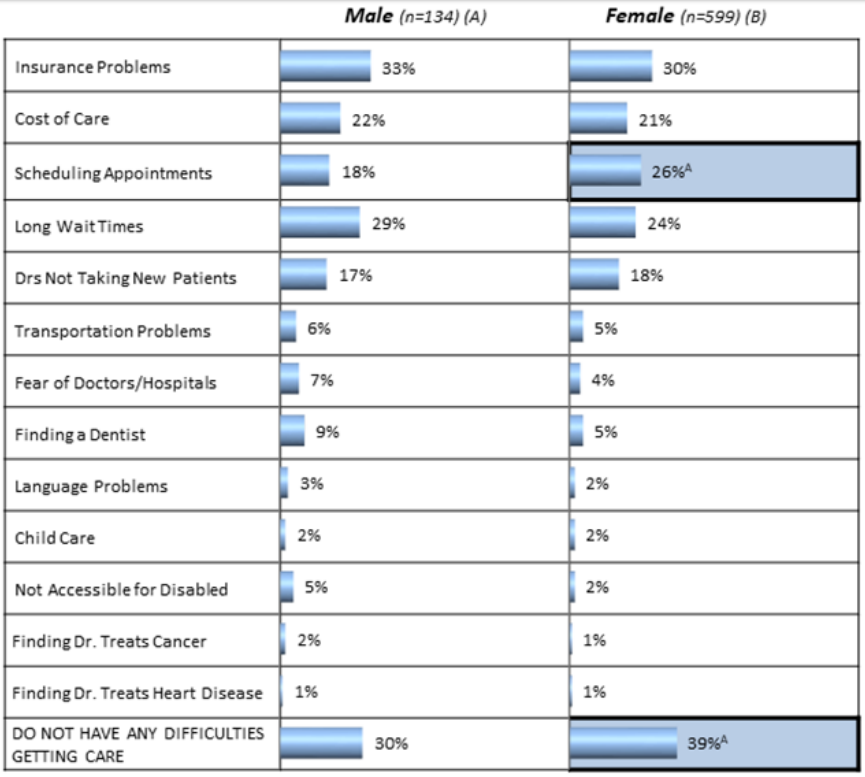
* = Less than 0.5%.

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

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

Barriers to Accessing Health Care Services – by Gender

- **Females are less likely than males to indicate health care barriers, although they have more of an issue with scheduling appointments vs. males.**



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

Barriers to Accessing Health Care Services – by Income

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

	Under $25K *(n=29) (A)*	***$25-50K*** *(n=78) (B)*	***$50-100K*** *(n=123) (C)*	***$100-150K*** *(n=104) (D)*	***$150K+*** *(n=149) (E)*
Insurance Problems	41%[D]	40%[DE]	39%[DE]	24%	28%
Cost of Care	28%	41%[CDE]	23%	18%	17%
Scheduling Appointments	14%	28%[A]	25%	25%	32%[A]
Long Wait Times	38%	22%	32%	22%	30%
Drs Not Taking New Patients	14%	18%	16%	14%	20%
Transportation Problems	17%[DE]	9%[E]	7%[E]	4%	3%
Fear of Doctors/Hospitals	-	6%[A]	8%[A]	4%[A]	6%[A]
Finding a Dentist	10%	15%[CDE]	5%	3%	4%
Language Problems	-	5%[AD]	5%[AD]	-	1%
Child Care	3%	6%[DE]	2%[D]	-	1%
Not Accessible for Disabled	-	6%[AD]	4%[A]	1%	2%[A]
Finding Dr. Treats Heart Disease	-	8%[ACDE]	2%	-	1%
Finding Dr. Treats Cancer	7%	4%[D]	1%	-	1%
DO NOT HAVE ANY DIFFICULTIES GETTING CARE	24%	26%	28%	50%[ABCE]	38%[BC]

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

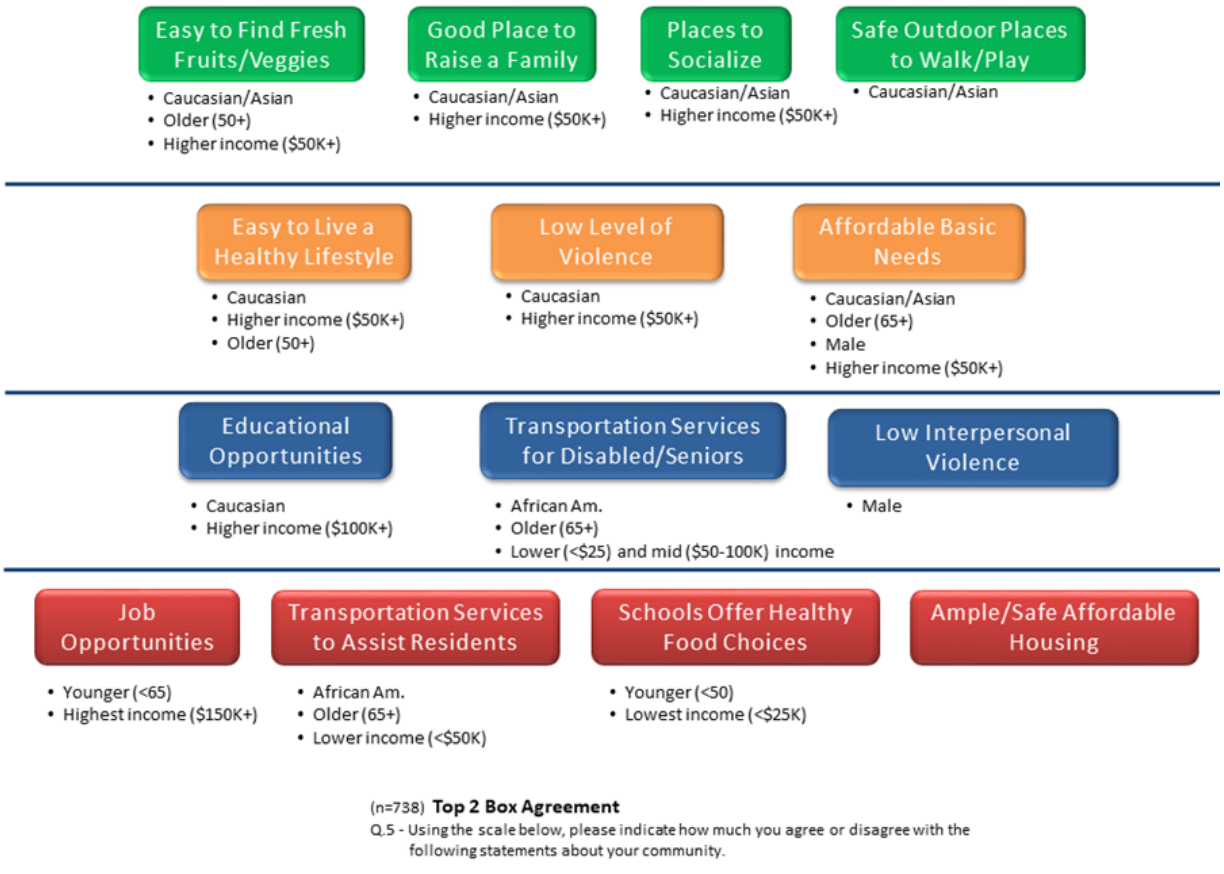
Community Strengths/Opportunities

Community Strengths/Opportunities

- A large majority of residents surveyed feel their community is a good place to raise a family, with safe places to walk/play, ease of finding fresh food and ample places to socialize.
- On the other hand, the community receives relatively low scores in the areas of safe, affordable housing, healthy food offerings at schools, transportation services to assist residents and job opportunities.

(n=738) **Top 2 Box Agreement**
Q.5 - Using the scale below, please indicate how much you agree or disagree with the following statements about your community.

Summary of Community Strengths/Opportunities by Subgroups

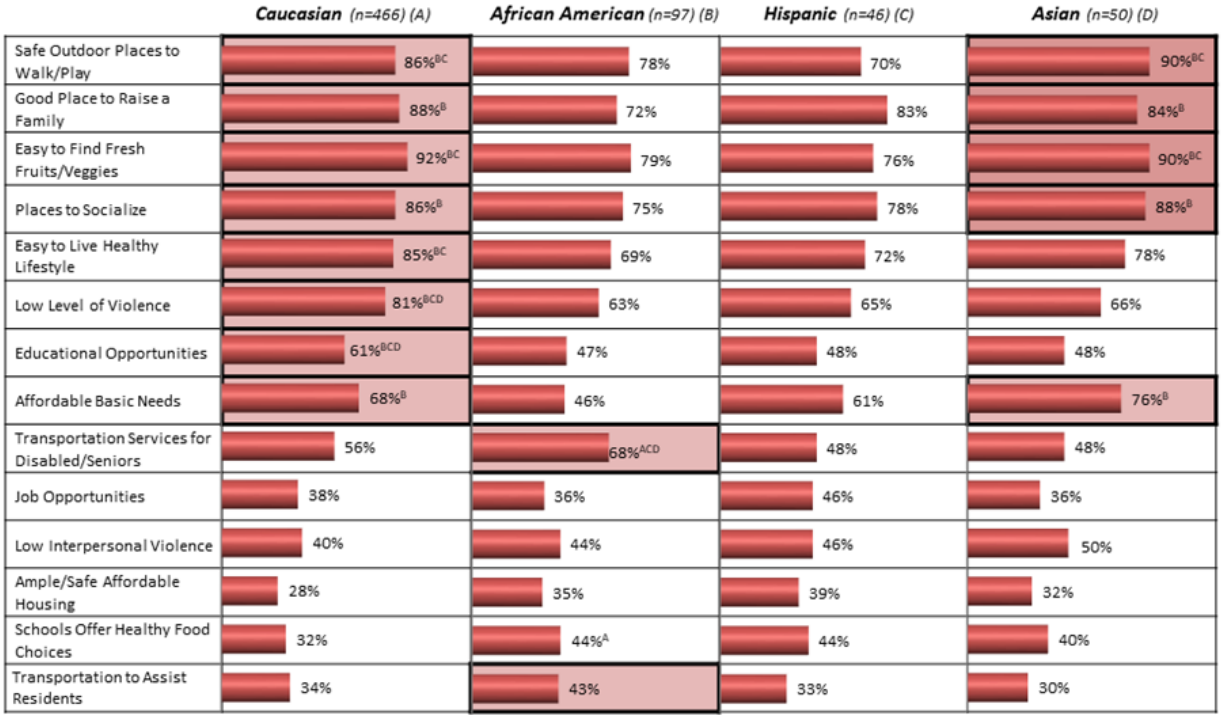


(n=738) **Top 2 Box Agreement**

Q.5 - Using the scale below, please indicate how much you agree or disagree with the following statements about your community.

Community Strengths/Opportunities – by Ethnicity

- **Caucasians and Asians are more positive to community services provided versus African Americans and Hispanics, however, African Americans give the highest marks to transportation services.**



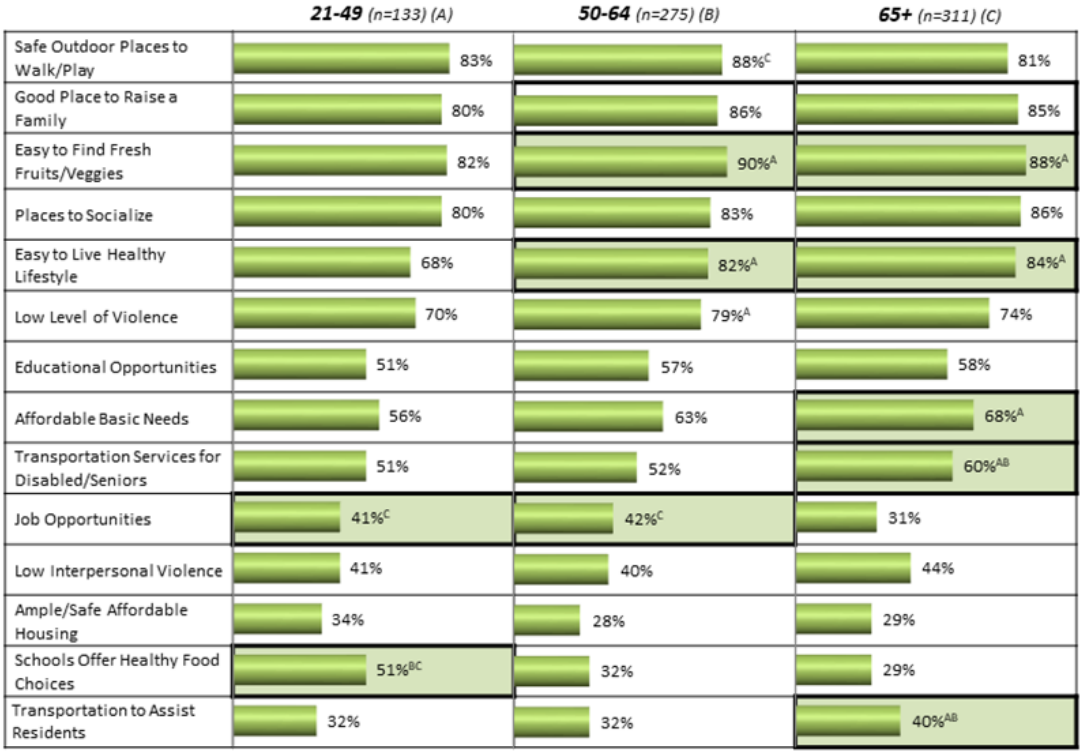
Top 2 Box Agreement

Q.5 - Using the scale below, please indicate how much you agree or disagree with the following statements about your community.

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

Community Strengths/Opportunities – by Age

- **Older respondents (50+) are most positive towards many community services such as finding fresh fruit and being easy to eat healthy, while the oldest respondents (65+) are most favorable towards transportation services and being able to afford basic needs. Job opportunities, along with healthy food offerings in schools appear more favorable to younger respondents.**



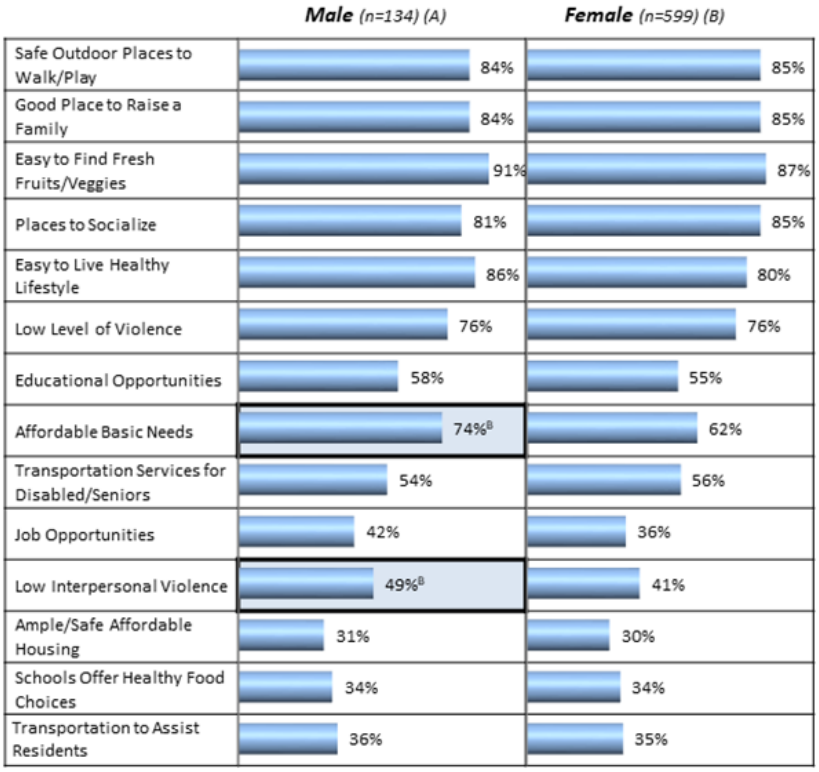
Top 2 Box Agreement

Q.5 - Using the scale below, please indicate how much you agree or disagree with the following statements about your community.

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

Community Strengths/Opportunities – by Gender

- **Males are more positive towards the level of interpersonal violence and the ability to afford basic needs versus their female counterparts.**



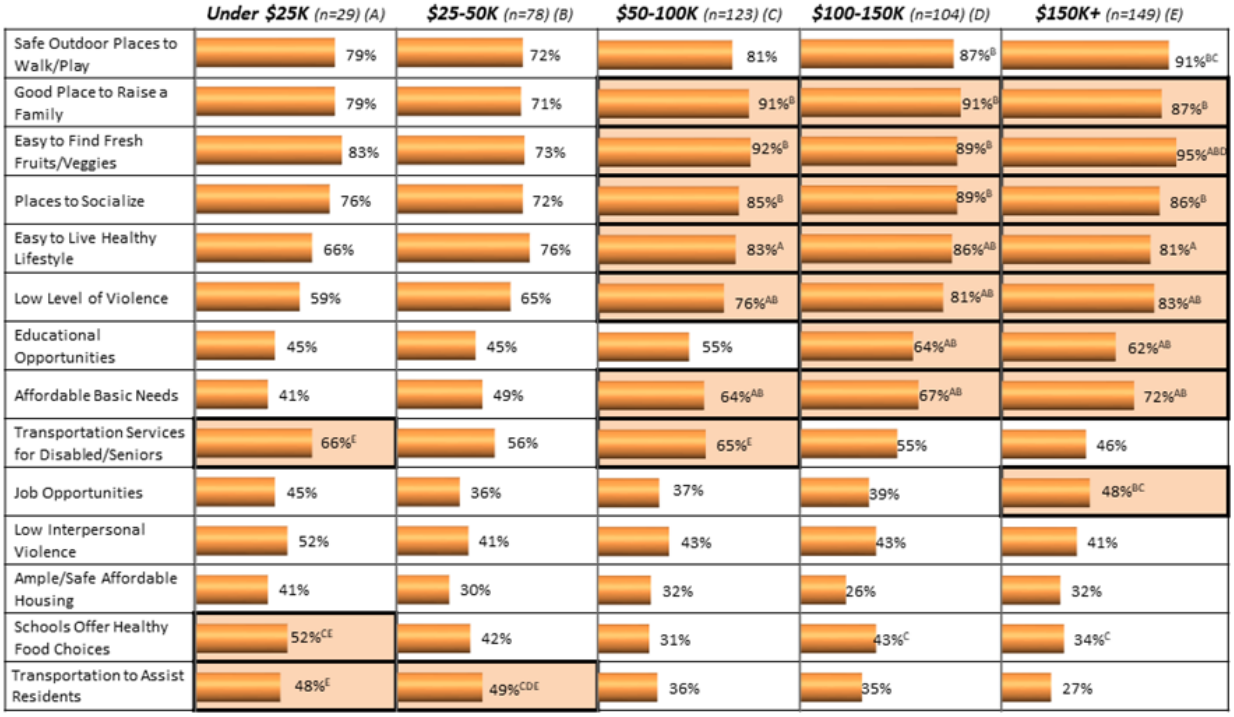
Top 2 Box Agreement

Q.5 - Using the scale below, please indicate how much you agree or disagree with the following statements about your community.

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

Community Strengths/Opportunities– by Income

- **In general, those in higher income brackets are much more positive to their community services versus those in lower income groups. Lower income residents however, rate the transportation services high.**



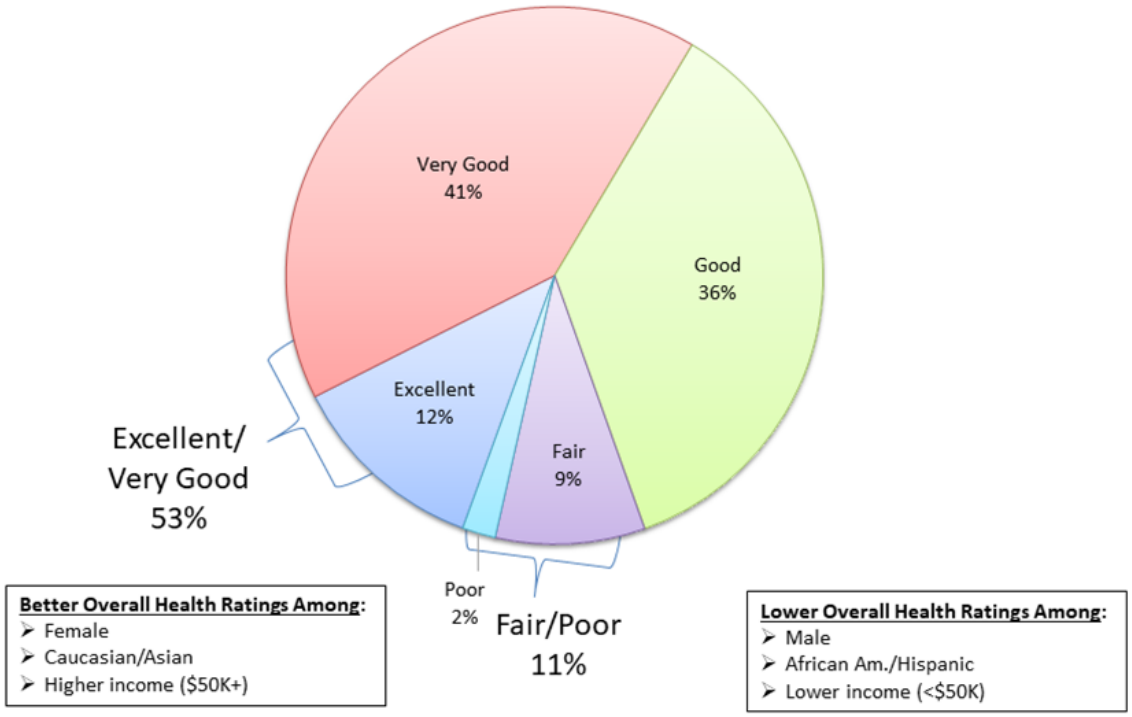
Top 2 Box Agreement

Q.5 - Using the scale below, please indicate how much you agree or disagree with the following statements about your community.
(A/B/C/D/E) = Significantly greater than indicated cell at the 90% confidence level.

Personal Health Habits and Practices

Self-Description of Overall Health

- In all, just over one-half of respondents describe their health as being excellent or very good; slightly more than one-third describe it as good, while one-in-ten (11%) say their health is fair or poor.

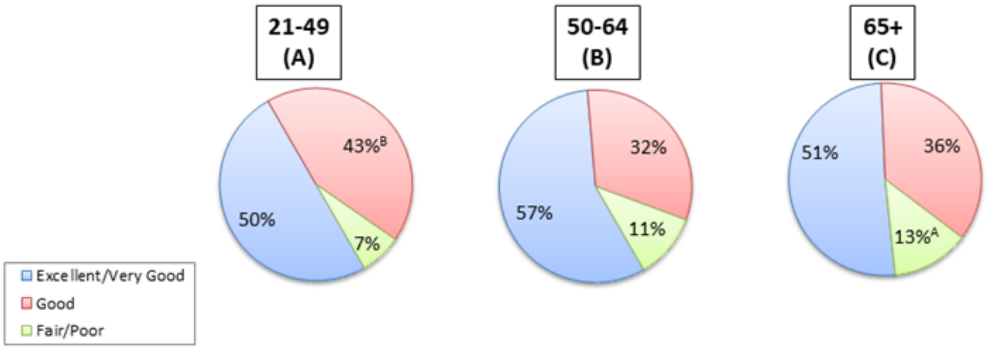


(n=738)
Q.6 - How would you describe your overall health?

Self-Description of Overall Health – by Subgroups

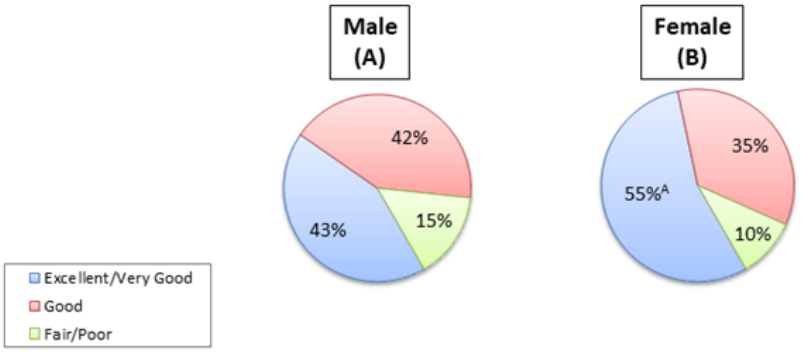
Age:

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



Gender:

Females describe their overall health as a little better versus males.

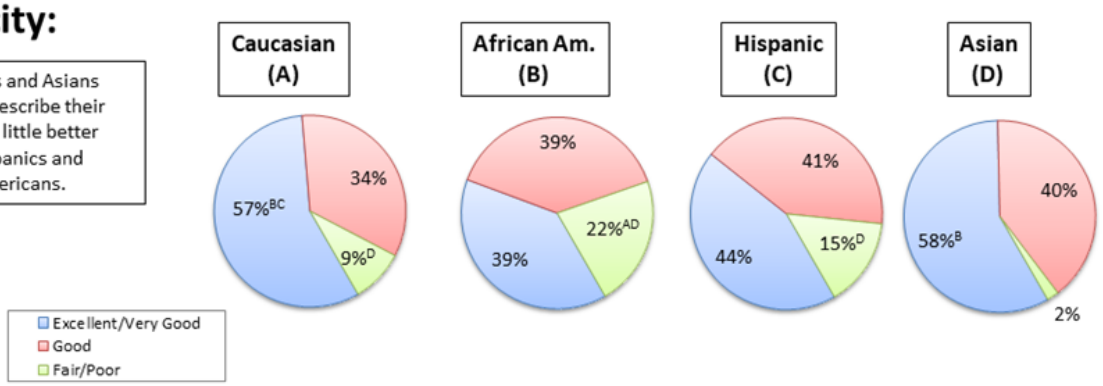


Q.6 - How would you describe your overall health?
Age: (A/B/C) = Significantly greater than indicated cell at the 90% confidence level.
Gender: (A/B) = Significantly greater than indicated cell at the 90% confidence level.

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

Ethnicity:

Caucasians and Asians generally describe their health as a little better versus Hispanics and African Americans.



Income:

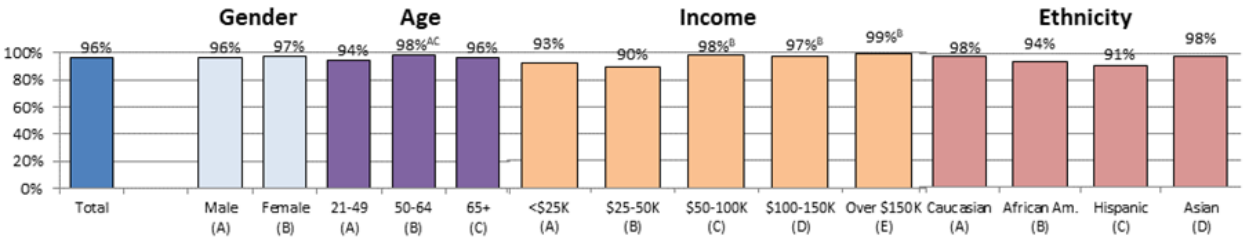
Higher income = better self described health.

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

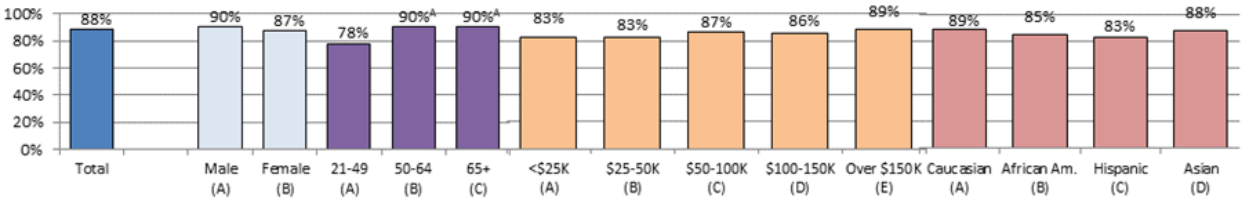
Self-Description of Understanding and Eating Healthy

- The vast majority of respondents feel they understand what food is healthy and most say they eat healthy food regularly.
- Older respondents (50+) are more likely than their younger counterparts to say they eat healthy food on a regular basis.

Have enough information to understand what food is healthy



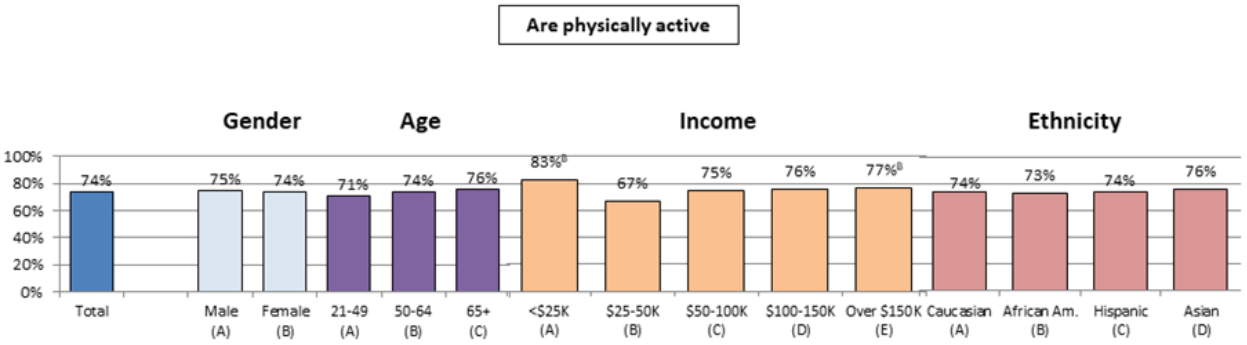
Eat healthy foods on a regular basis

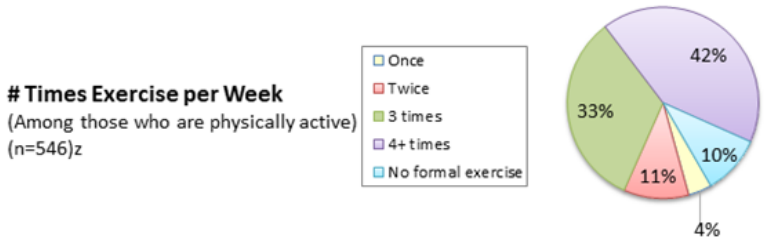


(n=738)
Q.11 - Do you feel that you...
Gender: (A/B) = Significantly greater than indicated cell at the 90% confidence level.
Age: (A/B/C) = Significantly greater than indicated cell at the 90% confidence level.
Income: (A/B/C/D/E) = Significantly greater than indicated cell at the 90% confidence level.
Ethnicity: (A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.

Self-Description of Physical Activity

- Roughly three-fourths of respondents surveyed claim to be physically active.

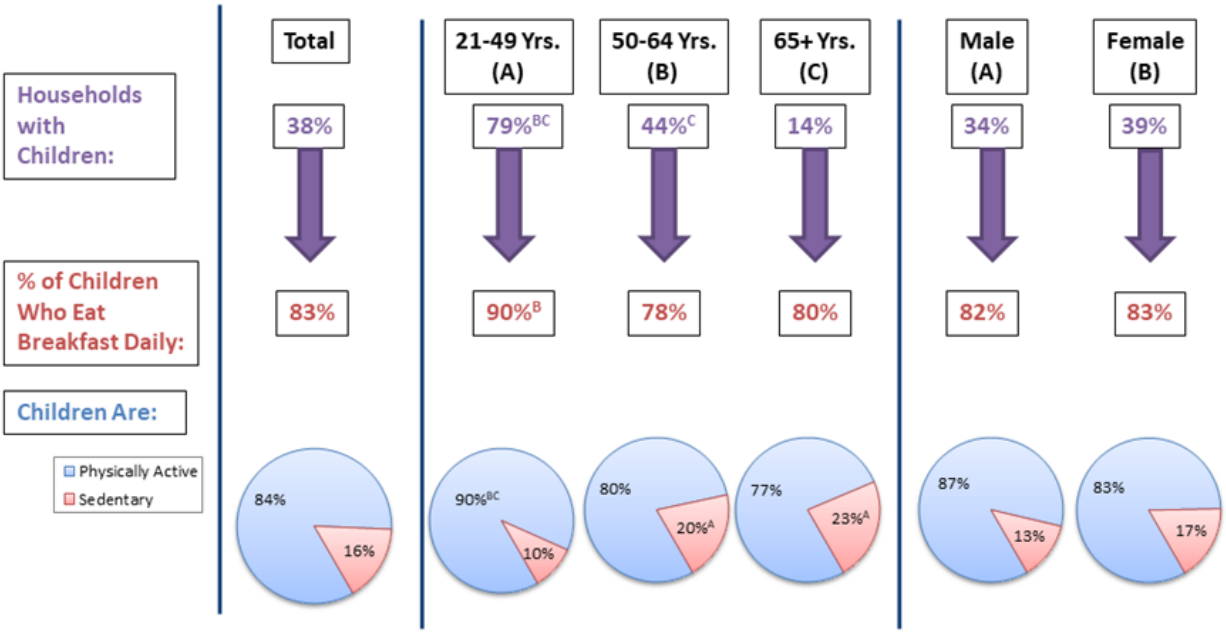




(n=738)
Q.11 - Do you feel that you...
Q.11 - How often do you exercise each week?
Gender: (A/B) = Significantly greater than indicated cell at the 90% confidence level.
Age: (A/B/C) = Significantly greater than indicated cell at the 90% confidence level.
Income: (A/B/C/D/E) = Significantly greater than indicated cell at the 90% confidence level.
Ethnicity: (A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.

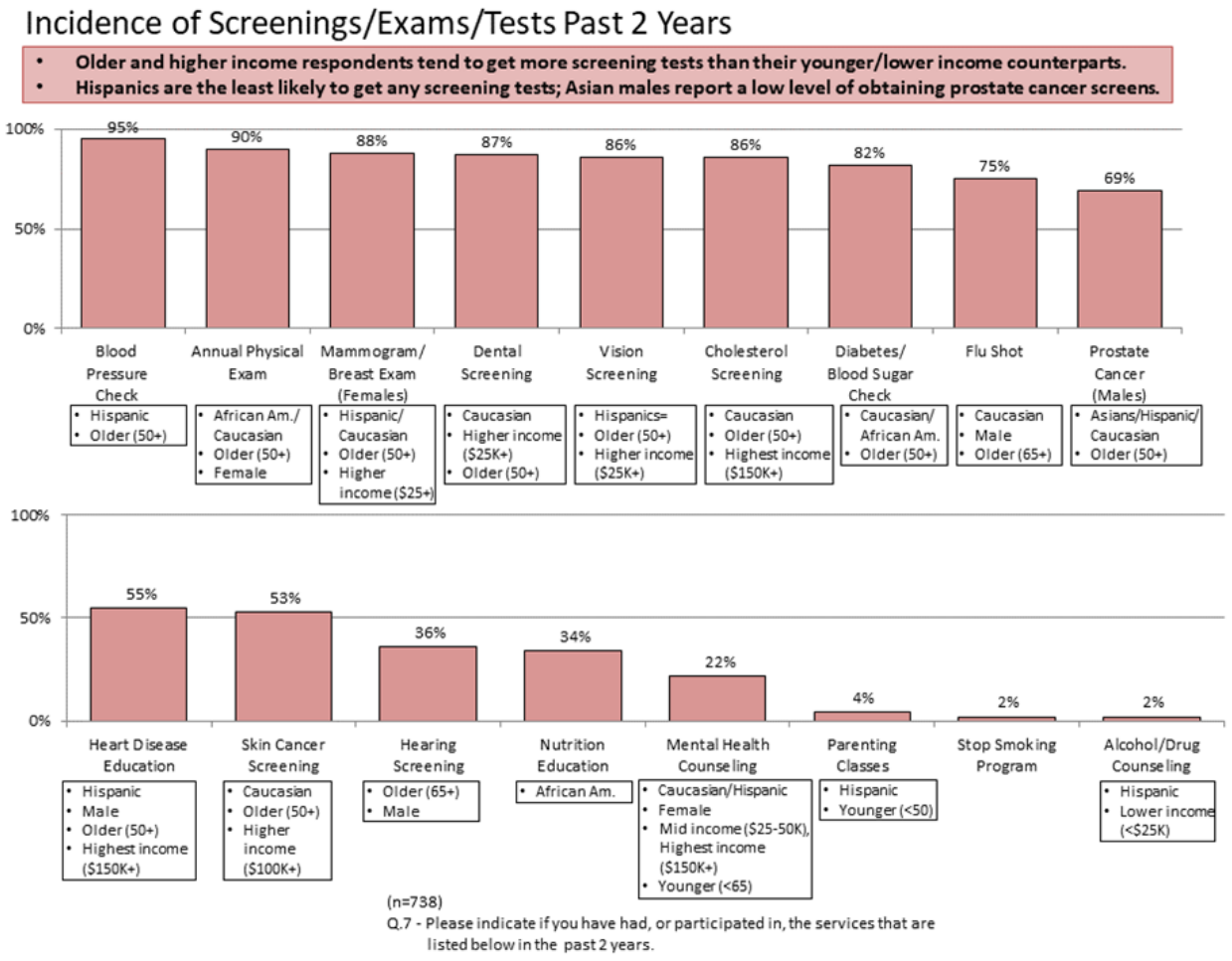
Activity Level of Children in Household

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



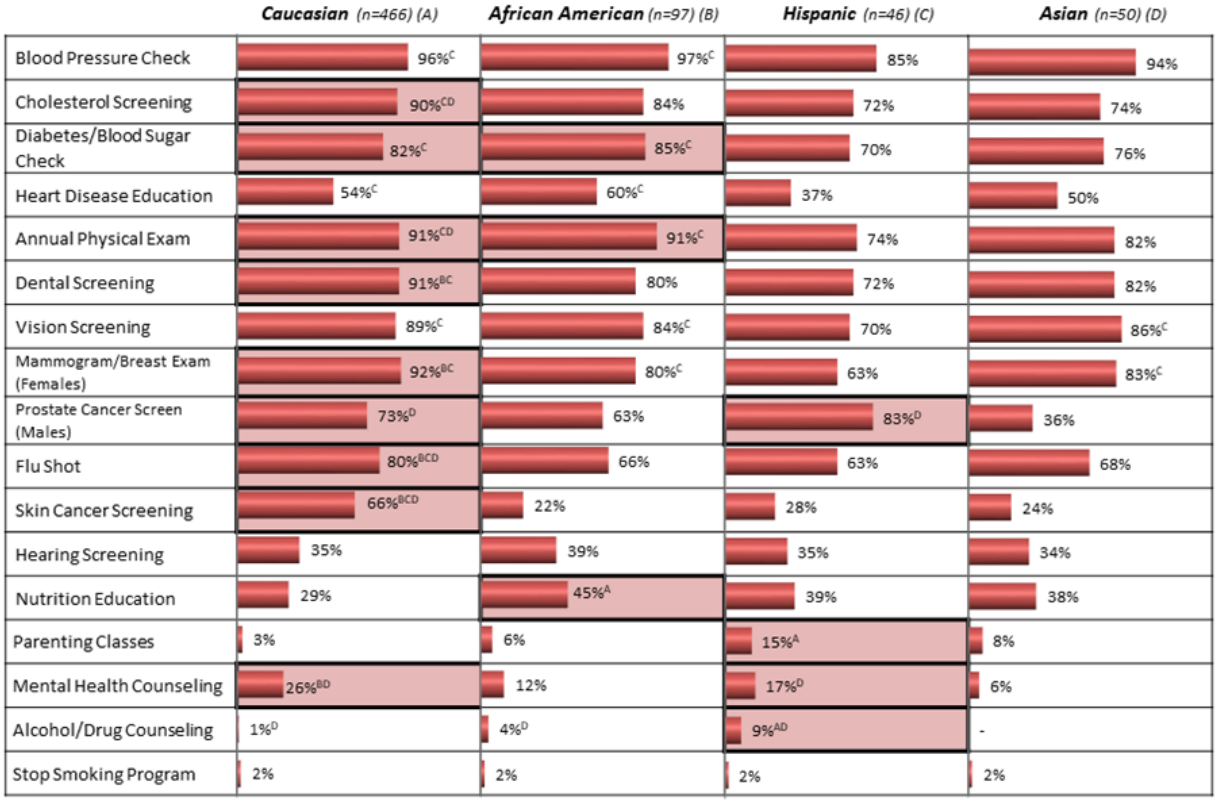
(n=738)
Q.11a - Do you have any children that live with you?
Q.11b - Do they eat breakfast before the start of the school day?
Q.11c - Would you describe your child(ren) as physically active or sedentary during after school hours and weekends?
Age: (A/B/C) = Significantly greater than indicated cell at the 90% confidence level.
Gender: (A/B) = Significantly greater than indicated cell at the 90% confidence level.

Incidence of Screening Tests and Conditions Diagnosed



Incidence of Screenings/Exams/Tests – by Ethnicity

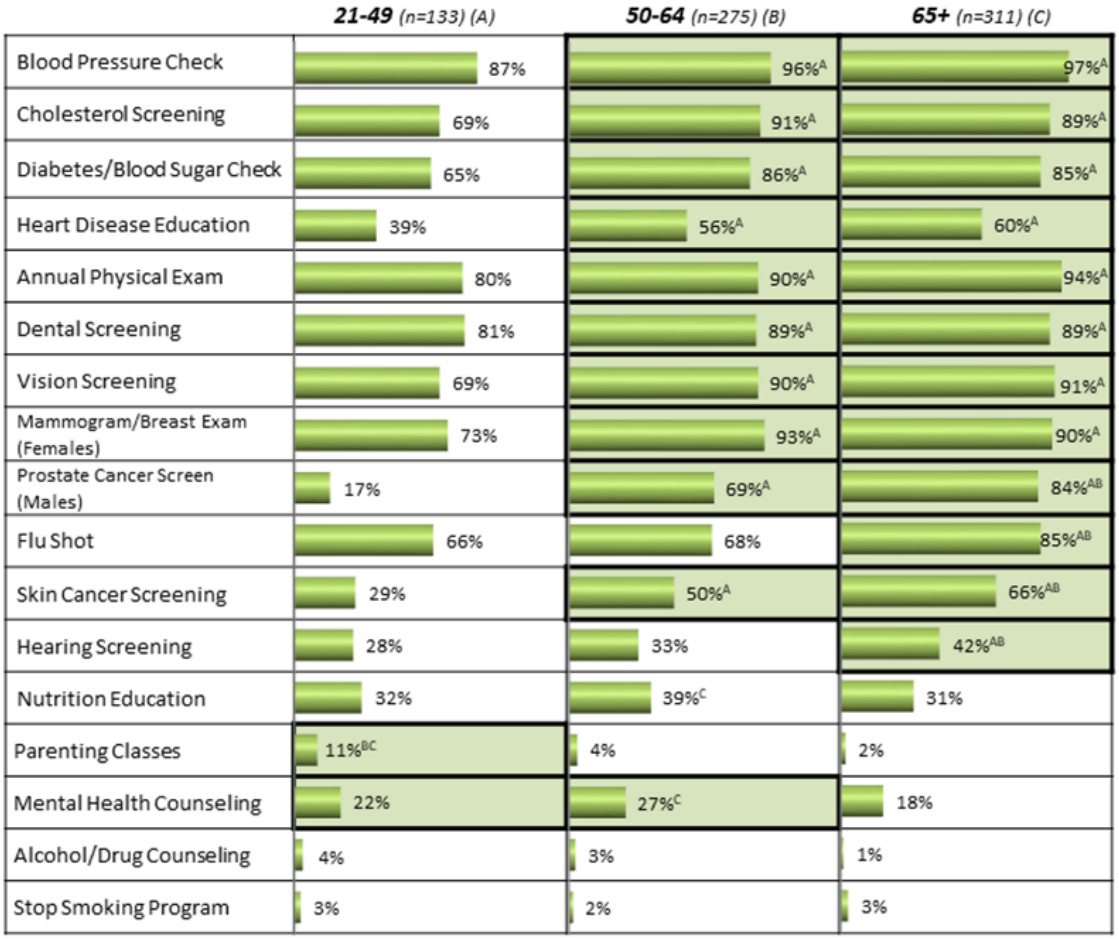
- **Caucasians are the most likely to get preventative screening tests, while Hispanics are the least likely to get screening exams overall, although Asian males are the least likely to get prostate screens.**



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

Incidence of Screenings/Exams/Tests – by Age

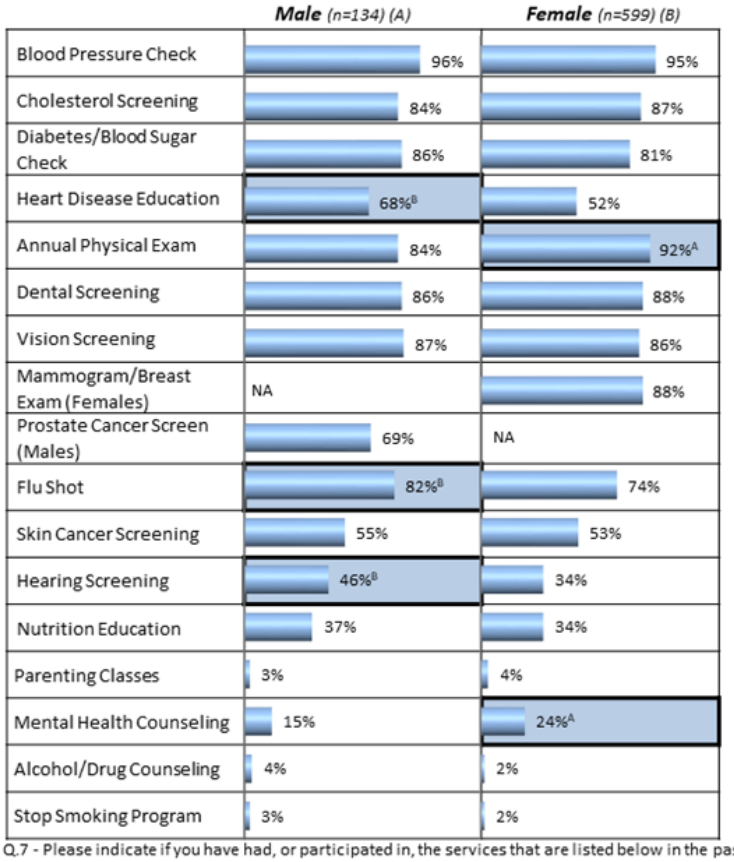
- **Most screening exams skew towards the older population (50+), with the exception of mental health counseling and parenting classes which skew younger.**



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

Incidence of Screenings/Exams/Tests – by Gender

- **Females report higher incidence than males with regard to annual physicals and mental health counseling, while males have a higher incidence of getting heart disease education, flu shots and hearing screenings.**



NA = Not applicable.

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

Incidence of Screenings/Exams/Tests – by Income

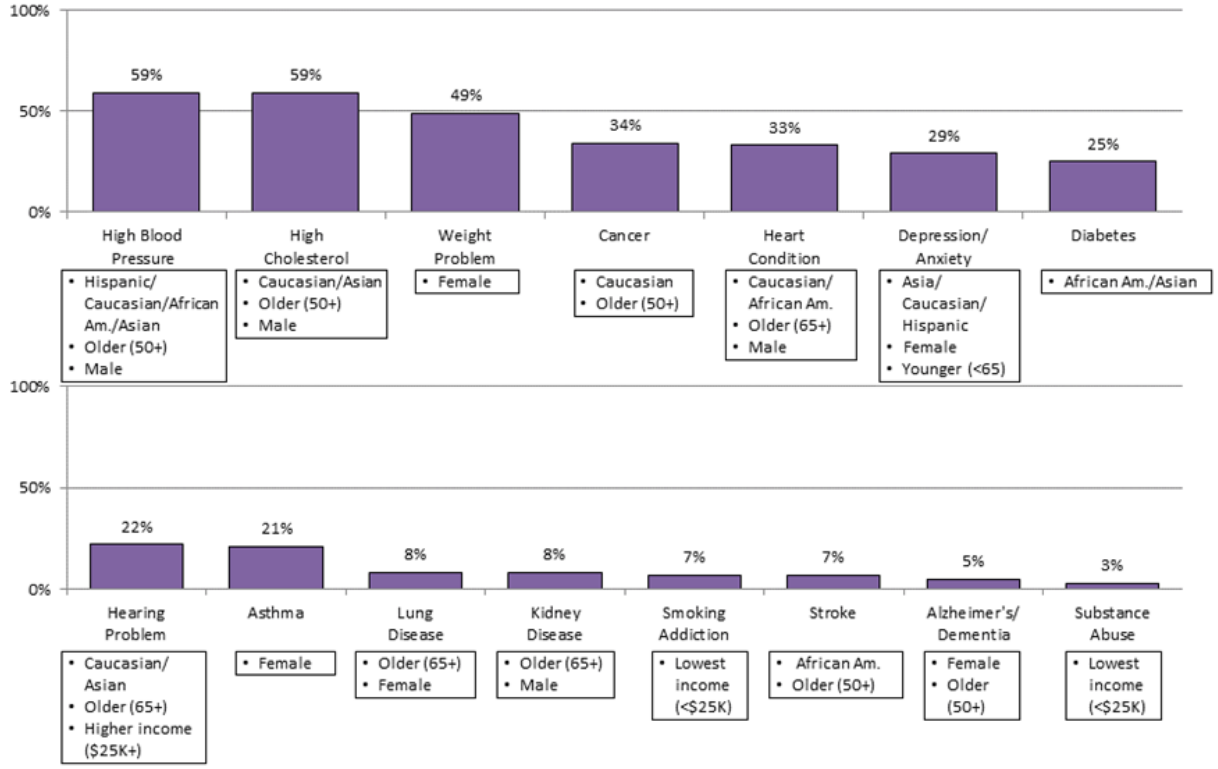
- **Higher incomes have more screening tests but alcohol/drug counseling is more common among poverty level residents.**

	Under $25K *(n=29) (A)*	***$25-50K*** *(n=78) (B)*	***$50-100K*** *(n=123) (C)*	***$100-150K*** *(n=104) (D)*	***$150K+*** *(n=149) (E)*
Blood Pressure Check	86%	95%	95%	95%	95%
Cholesterol Screening	76%	85%	84%	85%	91%^{AC}
Diabetes/Blood Sugar Check	79%	81%	79%	79%	81%
Heart Disease Education	55%	50%	53%	52%	62%^{BD}
Annual Physical Exam	79%	92%	89%	89%	90%
Dental Screening	72%	81%^{A}	84%	89%^{A}	92%^{ABC}
Vision Screening	55%	82%^{A}	90%^{A}	88%^{A}	89%^{A}
Mammogram/Breast Exam (Females)	57%	80%^{A}	89%^{A}	92%^{AB}	91%^{AB}
Prostate Cancer Screen (Males)	80%	62%	64%	65%	70%
Flu Shot	62%	78%	70%	75%	74%
Skin Cancer Screening	24%	36%	46%^{A}	54%^{AB}	64%^{ABC}
Hearing Screening	31%	39%^{E}	42%^{E}	37%^{E}	26%
Nutrition Education	45%^{D}	31%	40%^{D}	26%	36%^{D}
Parenting Classes	10%	5%	7%	3%	6%
Mental Health Counseling	10%	28%^{A}	19%	18%	26%^{A}
Alcohol/Drug Counseling	17%^{CDE}	5%^{E}	2%	1%	1%
Stop Smoking Program	7%	4%^{D}	4%^{D}	-	1%

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

Conditions Diagnosed by Physician (Self or Family Member)

- **Older respondents (50+) report being diagnosed with more conditions versus their younger counterparts.**
- **Males report somewhat higher incidence of high blood pressure, high cholesterol, heart conditions and kidney disease, while females report more weight issues, depression/anxiety, asthma, lung disease and Alzheimer's.**

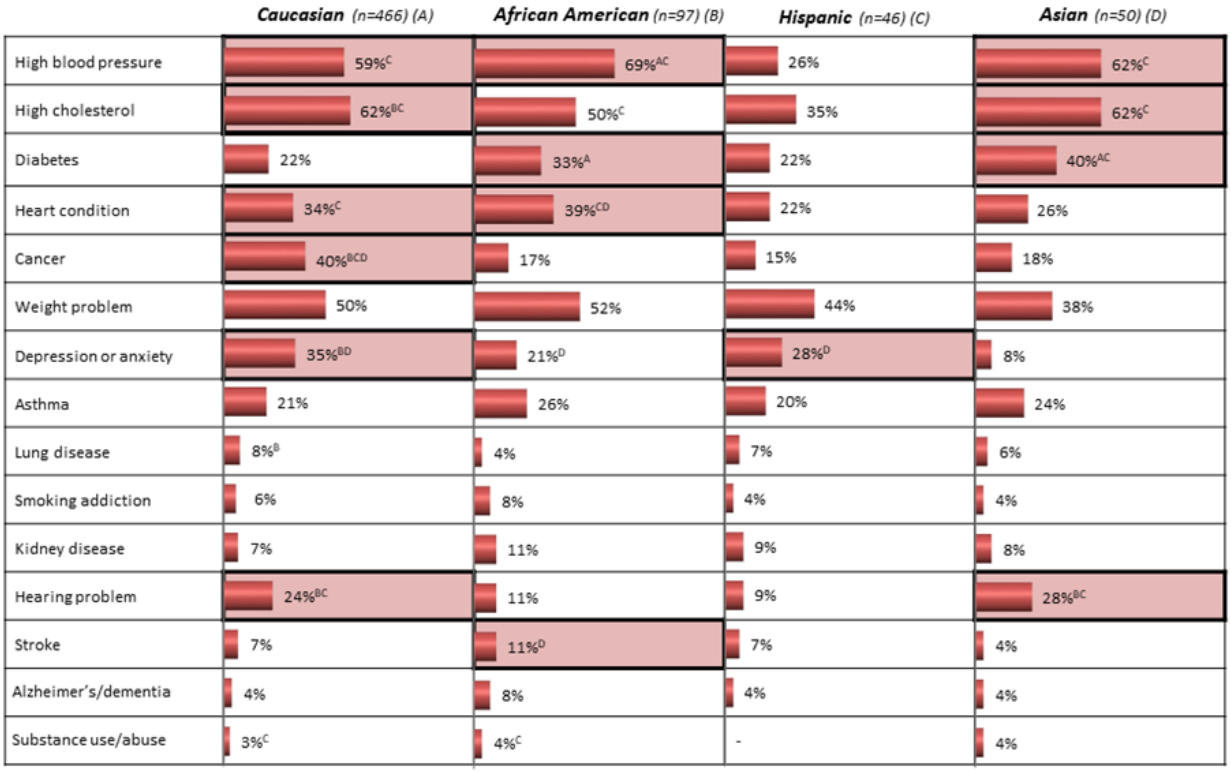


(n=738)

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

Conditions Diagnosed by Physician – by Ethnicity

- **Hispanics report fewer conditions diagnosed overall, although Asians report the lowest depression/anxiety diagnoses.**



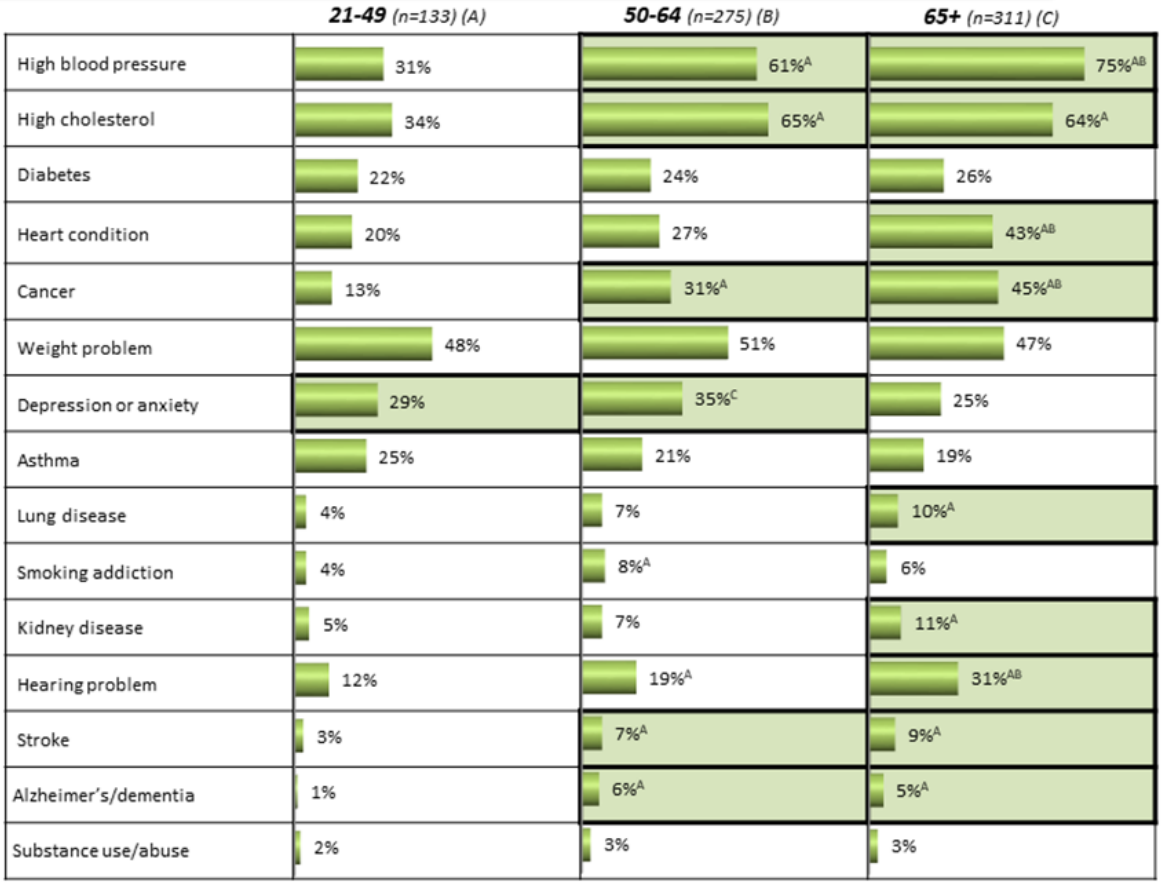
Top 2 Box Agreement

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

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

Conditions Diagnosed by Physician – by Age

- **Not surprisingly, older residents (50+) report being diagnosed with more conditions than younger residents.**



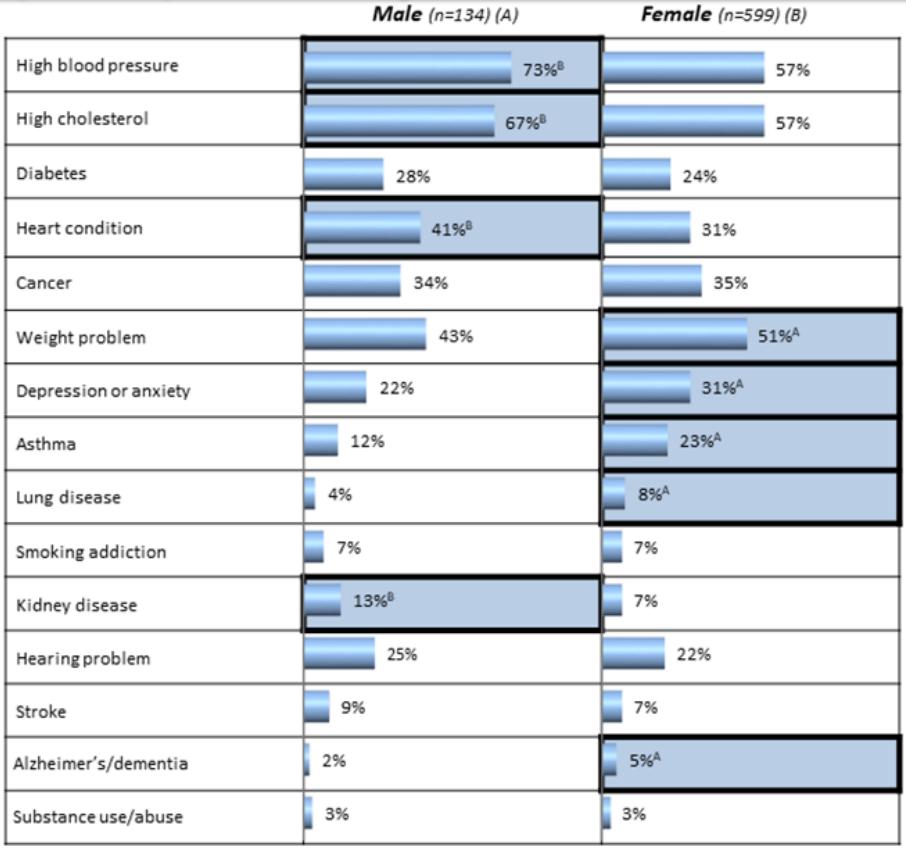
Top 2 Box Agreement

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

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

Conditions Diagnosed by Physician – by Gender

- **Males report more high blood pressure, high cholesterol, heart conditions and kidney disease, while females report more weight problems, depression, asthma, lung disease and Alzheimer's.**



Top 2 Box Agreement

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

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

Conditions Diagnosed by Physician – by Income

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

	Under $25K *(n=29) (A)*	***$25-50K*** *(n=78) (B)*	***$50-100K*** *(n=123) (C)*	***$100-150K*** *(n=104) (D)*	***$150K+*** *(n=149) (E)*
High blood pressure	59%	56%	62%	61%	52%
High cholesterol	45%	54%	59%	54%	60%
Diabetes	28%	28%	24%	22%	23%
Heart condition	35%	33%	35%	38%	28%
Cancer	21%	31%	29%	36%[A]	29%
Weight problem	55%	47%	47%	49%	52%
Depression or anxiety	35%	35%	25%	30%	36%[C]
Asthma	24%	24%	19%	24%	20%
Lung disease	3%	12%[E]	9%[E]	9%[E]	3%
Smoking addiction	17%	8%	7%	7%	6%
Kidney disease	7%	14%	7%	7%	8%
Hearing problem	7%	23%[A]	25%[A]	17%[A]	20%[A]
Stroke	10%	8%	11%	6%	5%
Alzheimer's/dementia	-	8%[A]	4%[A]	3%[A]	5%[A]
Substance use/abuse	7%[E]	1%	5%	3%	3%

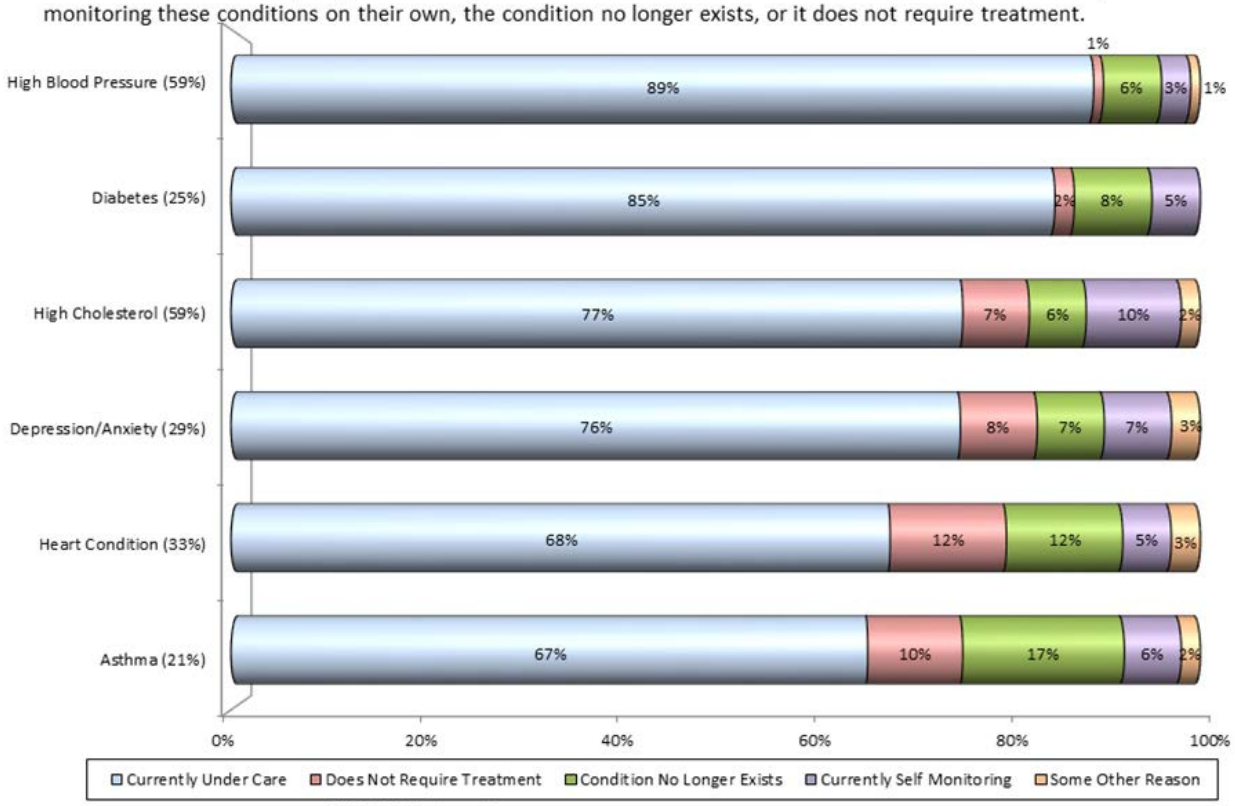
Top 2 Box Agreement

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

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

How Conditions Are Being Managed

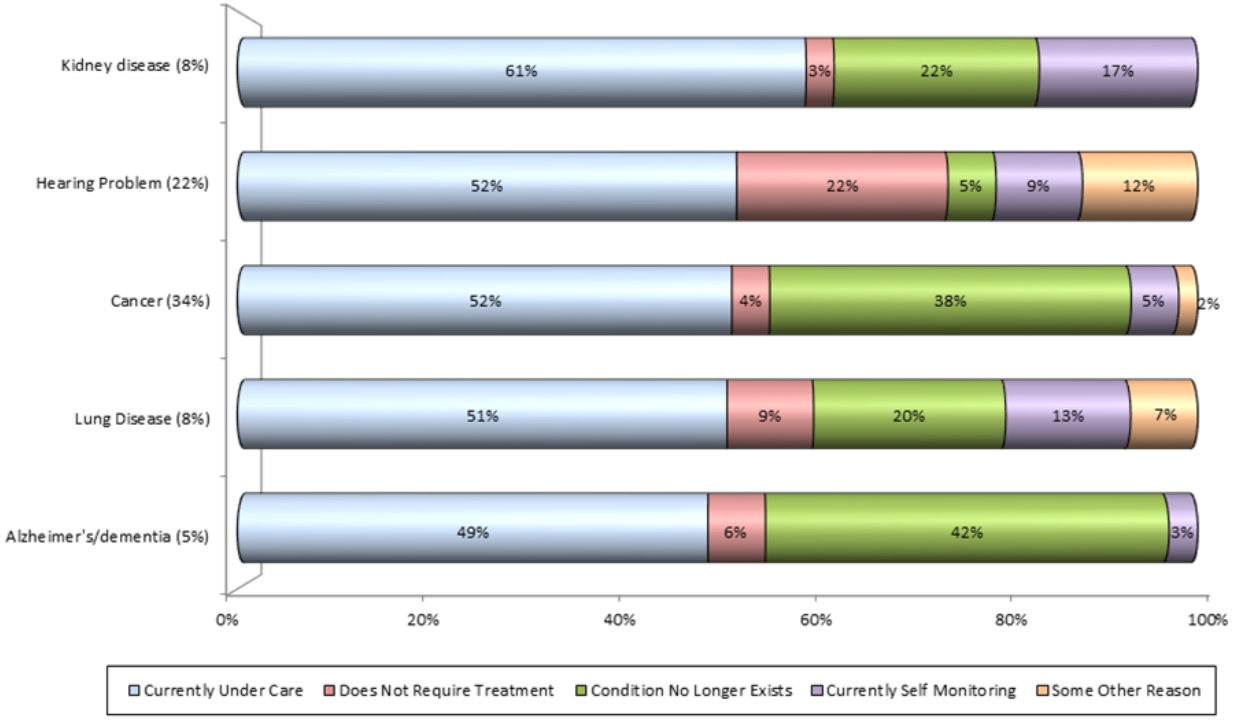
- The large majority of those suffering from high blood pressure, diabetes, high cholesterol, depression/anxiety, heart conditions and asthma say they are currently under care for their conditions. Some report they are currently monitoring these conditions on their own, the condition no longer exists, or it does not require treatment.



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

How Conditions Are Being Managed – (continued)

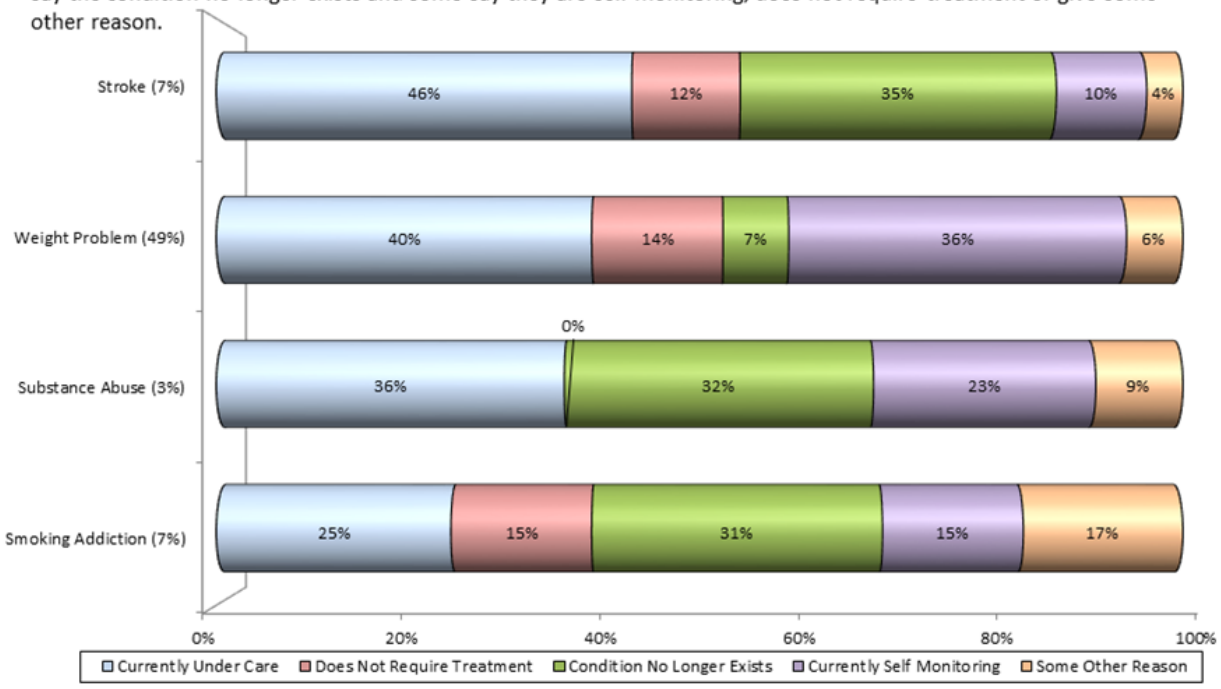
- For kidney disease, a majority are under a doctor's care, although many say the condition no longer exists or is being self monitored.
- For those diagnosed with hearing problems, cancer, lung disease, or Alzheimer's, roughly one-half say they are currently under a doctor's care, with many who say their condition no longer exists or does not require treatment.



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

How Conditions Are Being Managed – (continued)

- Fewer than half of those suffering from a stroke say they are currently under care, with many saying the condition no longer exists.
- For weight problems, 4 of 10 say they are under a physician's care. Over one-third say they are self-monitoring, while some say their condition does not require treatment and no longer exists.
- Of those reporting a substance abuse problem or a smoking addiction, few are under a doctor's care, while one-third say the condition no longer exists and some say they are self monitoring, does not require treatment or give some other reason.

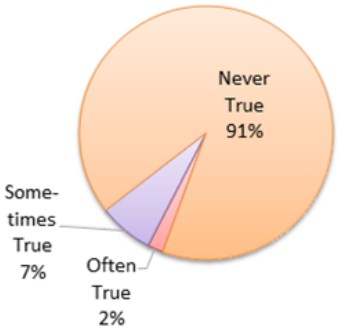


NOTE: Multiple mentions.
Q.9 - Are you/household family member currently under care for this [CONDITION]?
Q.10 - Why are you/household family member not under current care for the [CONDITION]? Would you say it is because...

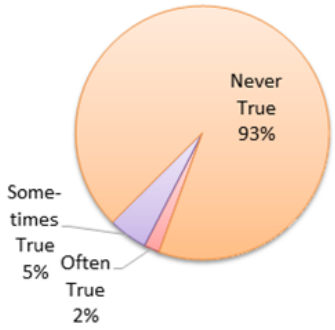
Additional Data

Statements About Ample Food/Food Assistance Programs

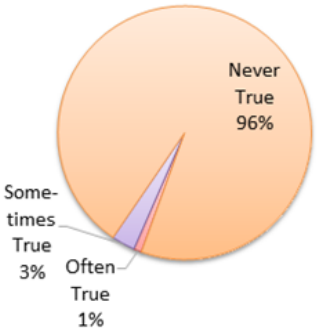
"We worried whether our food would run out before we got money to buy more."



"The food that we bought just didn't last and we didn't have money to get more."



"We rely on a community supper program, food pantry or meal assistance program to supplement our household."



Those who agree with these statements tend to be: lower income, younger and Hispanic.

(n=738)
Q.12 - Please read the following statements that people have made about their food situation. For each one, indicate how true the statement was for your household over the last 12 months.

Physician Habits

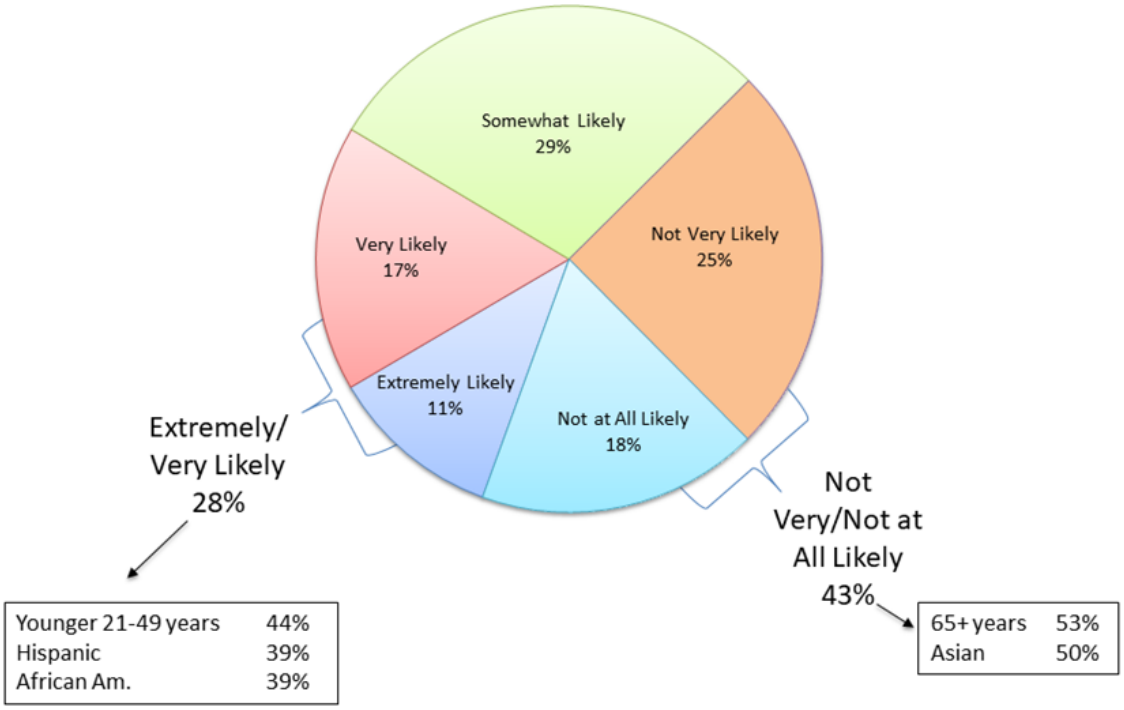
- Older respondents are significantly more likely versus their younger counterparts to visit the same doctor or group every year or two for a check-up, while younger respondents are more likely to visit the doctor only when sick or need medical care.
- Hispanics, Caucasians and Asians visits the doctor only when sick or urgent care is needed more so versus African American.

	Total	Age			Ethnicity			
		21-49 (A)	50-64 (B)	65+ (C)	African Am. (A)	Hispanic (B)	Caucasian (C)	Asian (D)
	%	%	%	%	%	%	%	%
Go to Dr/group every year or two for check-up	84	73	83[A]	90[AB]	88[BC]	75	74	78
Go to Dr/group only when sick/hurt	17	29[BC]	15	15	13	25[A]	30[A]	26[A]
Go to Urgent Care or ER when need medical care	6	10	6	6	5	10[AE]	20[AE]	2

(n=738)
NOTE: Multiple mentions.
Q.13 - When you need medical care, which of the statements below best describes you?
Age: (A/B/C) = Significantly greater than indicated cell at the 90% confidence level.
Ethnicity: (A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.

Likelihood of Accessing Medical Care Virtually

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



(n=738)
Q.14 - If you were able to access medical care virtually, for example, through FaceTime or Skype, how likely would you be to use this type of technology?

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

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

4. FOCUS GROUP DISCUSSIONS

A. ORANGE RESIDENTS FOCUS GROUP

Following presentation of the data on December 11, 2018, the Steering Committee determined that there were two groups they felt were not adequately represented. These included Hispanic/Latinos and male residents from Orange. Members of the SBMC team organized the two focus groups which were held in February and March 2019. Due to the difficulty of finding a sufficient number of men to participate, it was decided to hold the group in Orange and discuss issued of men's health.

Participants were community leaders, representatives of organizations serving the community, government representatives and interested citizens.

Areas discussed included most pressing health issues, barriers to the receipt of care, men's health and healthy lifestyles, behavioral health issues, and healthy community.

Overall Findings

- Orange residents were concerned about both a lack of health services since the hospital closed and the lack of knowledge about what services are available.
- Orange residents do not feel the community is safe and healthy and believe there is a lack of support to assist residents to lead a healthy life.
- Most feel having a referral center to help residents find needed services and navigate through the system would be most beneficial.

Most Pressing Health Issues

Orange residents talked about the lack of services in their community and their desire to have someone (preferably Saint Barnabas) open a Health Center at the old Orange Memorial Hospital site. Participants also discussed the need for information about where to obtain health information, preventative services and health care services. Obesity and its co-morbidities were also mentioned as problems faced by both children and adults.

- *"I know Saint Barnabas does a lot of collaborating . . . and they have satellites and I would love to see Saint Barnabas be able to come to the forefront and do something with that property." (Orange Memorial Hospital)*
- *"I find you just don't get mailings or anything about what's happening in Orange, for Seniors."*
- *"I was very active before but now find I have diabetes, when that happened, I looked around, and there was nothing . . . then I heard about Rutgers and their outpatient department. So, the first class was for six weeks and was free. You go down, you have snacks and stuff, and you get really great instruction."*
- *"I feel like either more communication or a place like a center, where things can be gotten, not only at the health department . . . it's not engaging."*
- *"I noticed with our children, they don't really get enough physical exercise . . . What I am noticing is that there's a large percent of obese children . . . so if we had a place where they could get more activity, get more nutritious meals and things like that, then we can intervene in what's going on before it escalates to something out of control and health costs are incurred and then disabilities."*

Residents felt that services were insufficient to meet the community's needs and that services that were available were not well publicized or communicated to the general community.

- *"If you don't live in a senior building, you don't get it." (mailings)*
- *"We need more money coming in for these kinds of things."*
- *"There's no communication, especially for those of us who live independently. And most seniors do live independently . . . and like she said, it's a dreary place (Orange Health Department) – It is sad. In terms of communication, in terms of facilities, in terms of what's available. And we really, I don't know if it's possible to have a collaboration with East Orange, but we really have to start from square one in terms of trying to catch up. They have classes."*
- *"I know technology is great . . . but I think if and when things get situated and together, you'd have to do mailings and everything. A lot of seniors are not going to Facebook, Instragram and all of those other kinds of programs."*

Barriers

In addition to communication, residents felt that transportation and language were barriers to receiving services, and health education and information.

- *"Transportation and communication. Even though we are small . . . most of the things are away from Orange so to realize there was a place, like a center or something that everything could come to, people could come to get a shot, or get blood tested, a wellness check . . . that would be nice."*
- *"There are so many language barriers."*

Men's Health Issues

The group felt that most men avoided the health care system out of fear; and as a result of cultural mores.

- *"Oh fear, fear, fear."*
- *"Probably fear; I mean I noticed they wait till the last minute and then the doctor will come in and say, sorry."*
- *"There are cultural norms you're struggling against; men don't ask for directions."*
- *"So many different cultures here and they'll say don't say anything about that. No, you don't need to do that. Oh, you'll be fine."*

Healthy Community

Respondents do not consider their community to be healthy or safe. Their concerns ranged from issues of crime, violence and homeless, to environmental concerns of air and water quality, and a lack of services.

- *"If you are considering safety to be part of health; then not at all. Because, you know there's always something going on in the City with crime."*
- *"But if you don't' feel safe in going out or just walking in the street to get exercise, that you don't' have to pay for, you know, you don't feel safe."*
- *"Plus, the fact that we no longer have a hospital. It certainly takes away from our health."*
- *"We do have homeless roaming the streets."*
- *"Our water is very hard. The minerals form all around the sink . . . the build up and I'm like we've been drinking this stuff. So, we don't know what effect that's having."*
- *"A lot of our homes in Orange are old, also."*
- *"It depends on what section you live in, relevant to the stability of your neighborhood.*

Awareness of the Importance of Healthy Lifestyle

Participants believe most people are aware of living a healthy lifestyle but feel that Orange does not support as many resources for helping people engage in these practices compared to other nearby towns.

- *"I think people are aware, but in terms of the facilities that are available to us, it goes back to what we talked about earlier, we don't compare. Like with East Orange – they have a facility where they have all kinds of classes with Seniors and things going on in terms of nutrition."*
- *"It would be nice if we could do more with the Y."*

Mental Health

Respondents were most concerned about developmental services for children, trauma and its impact on young people. The number of homeless men was also mentioned as indicative of the behavioral health issues in the community, Residents felt there were little to no services available to deal with these issues.

- *"I don't think there are enough services or resources for our children when it comes to milestone development, dealing with trauma, or looking at the things that trauma induces . . . The parents are dealing with trauma that hasn't been addressed so they can't help their children with it."*
- *"In our school system, if you got 24 or 25 kids in your class . . . so, 6 out of those 24 have some type of issue that's not being addressed, and it hurts them as far as learning."*
- *"A large portion of our kids have free lunch or reduced lunch which means there is an issue of finances and you know other things go along with that."*
- *"I have 700 kids and 1 guidance counselor. This is something that needs to be addressed."*
- *"If statistics from other communities were applied to Orange, 30-50% of children are suffering from trauma. Yeah, 67% of adults are suffering some degree of trauma, which is probably not being addressed."*

B. HISPANIC FOCUS GROUP

Overall Findings

- Hispanics are most concerned about accessing health services due to undocumented status, lack of insurance and the price of prescription drugs.
- Language, transportation and legal status were among the most critical barriers to obtaining care.
- Respondents would like to see a formal referral center to help residents obtain care as informal networks were stretched thin.
- Behavioral health issues are under-addressed due to stigma.

Most Pressing Health Issues

Many of the issues on participants' minds regarding their most pressing concerns have to do with accessing services. Respondents discussed legal barriers faced by undocumented individuals, lack of insurance and the high cost of prescription drugs, combined with a lack of information about available resources as key areas of concern.

- *". . . the high price of prescriptions is a big issue because those who earn minimum wage, they can't afford prescriptions."*

- *". . . they don't have insurance and they want a check-up and they can't get it . . . and these are hard working people in the community."*
- *". . . if they don't have insurance, it costs them a lot of money."*
- *"The local hospitals, especially SBMC, does a lot already, but some people just don't go anywhere, they just hold off."*
- *"I think there is a lack of information, possibly due to a language barrier. The patient may not even know that the hospital can work out a payment plan or something to help them get the medical attention they need. So, they're not going to seek it."*

Participants suggested that the best way to reach the Hispanic community was through the West Orange Hispanic Foundation and Trinity Church, both of which are trusted entities. The community frequently seeks help from these organizations or people associated with them.

Participants believe that having a community referral service to help residents, especially those with low English literacy navigate through the system would be particularly effective.

- *"In Newark they have _____, and I know from many experiences that people who may not speak the language go there and can get referrals for just about anything. A lot of it is medical needs. I don't believe we have anything like that in West Orange . . . That might just be a starting point for a person seeking information, just to be able to go to an office and have them see if they qualify for some sort of insurance."*
- *"We are referring a lot of people to Orange and Newark for these types of services but then transportation becomes an issue. It would just be nice to have a Center similar to the one in Newark here in the neighborhood.*

Participants talked about how the rapid influx of Hispanics into the West Orange community had perhaps overwhelmed the town's resources, especially its health care resources because it was unaccustomed to providing services to a low income population. Many people work with the West Orange Hispanic Foundation, as volunteers trying to answer inquires but for many this is in addition to working at full-time jobs.

- *"These things make me question why isn't this in West Orange, even though West Orange may have resources, why aren't they implemented towards health care?"*
- *"I understand most of West Orange is considered middle class and they would resist building a community service like that because they would be afraid to draw a different type of community. That's a barrier that needs to be addressed by the town, that we are growing as a low income area. . . ."*

<u>Access Health to Care Services</u>

Residents seeking medical services rely on physicians in East Orange or Paterson who will accept low cash payments, or they go to University Hospital. A significant issue for parents is getting their children physicals and shots so they can enter school. Other services that are difficult to access are bilingual providers and behavioral health services.

- *"There is a place in East Orange that provides low income-based services to families; and I think they charge $60 for a consultation including shots."*
- *"I don't think we have a Center to address alcohol and drug issues."*
- *"I think in my personal experience, 'I like a doctor who is bilingual and bicultural also, and I have not been able to find that in West Orange or in the vicinity."*

Language, transportation and legal status were among the most critical barriers discussed by respondents.

- *"We started to bring a cop to our meetings (West Orange Hispanic Foundation) so that they could be less afraid of the police."*
- *"It's not easy to get transportation and it's not cheap either. . . . I have to go all the way to Passaic to the dentist; to East Orange for medical check-ups and the hours they are open 6AM to 11AM, as it impacts school and work."*
- *"I think we can do better with bilingual services."*

Perception of the Community is Safe and Healthy

Many have lived here most of their lives and find it a good place to raise children and feel safe in the community.

- *"It is a safe, beautiful town and we are proud if it; we love our town. My wife and I have lived here about 30 years; and we love our town, and, this is why we . . . work for our community."*
- *"The schools are great --- playground; some people have concerns and all that. But we feel we are great."*
- *"My grandson said the playground in West Orange is the best."*

Mental Health and Substance Abuse

Many felt that behavioral health problems go unaddressed because of the stigma associated with these issues in the Hispanic community. For Hispanics, behavioral health issues are seen as a weakness and, therefore, this group will not seek care for themselves or family members.

- *"In terms of mental health, I think they might be needed for teenagers because I hear when they start to have conflicts at home parents don't know what to do – do they go to the police – what do they do?"*
- *"I would guess 8-9% of the children are having emotional problems. It's very sad and ongoing dilemma for teenagers."*
- *"We had meeting about suicide at Roosevelt where they had specialists come; they had a program for kids during the day and parents at night – something like that might be helpful."*

For the most part, residents felt having a clinic in their community where people didn't have to travel by bus or driving would go a long way in improving access to care for the community.

- *"I don't know the exact number, but the number of undocumented in the area is big. A community clinic would be a great thing; despite any legalities our community is a hard-working community, and they get a job right away but going to a big hospital is a big difference."*
- *"Essentially we have to provide services but more importantly get the information out that these services are available."*
- *"I think if we can get good contacts, even if they are not local, at least we have good information to give people."*

4. ESSEX COUNTY/SERVICE AREA HEALTH PROFILE

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

A. ESSEX COUNTY OVERVIEW

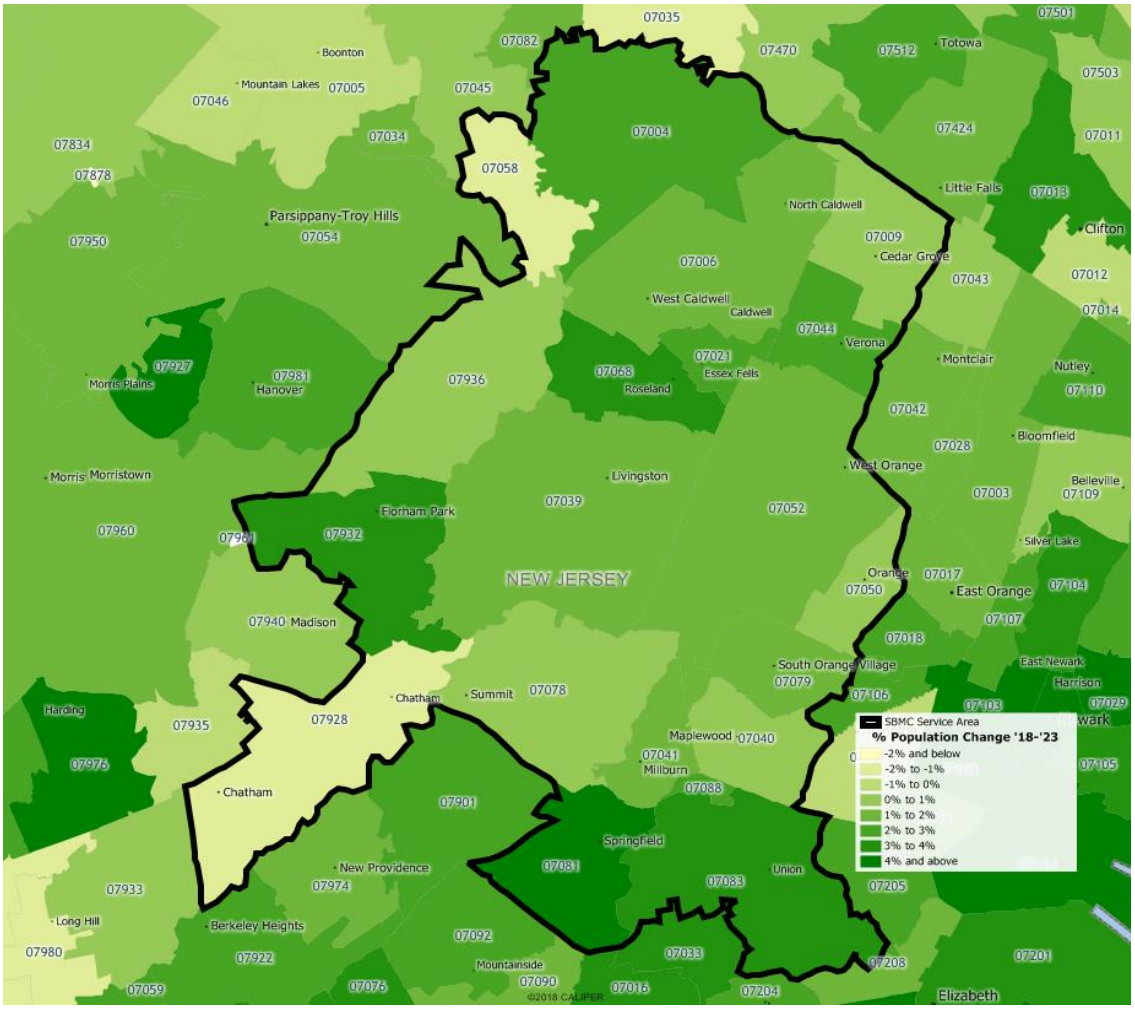
Essex County is located in the center of the northeast section of New Jersey. The county encompasses a land mass of 127 square miles with 22 urban and suburban municipalities. Essex County's municipalities are diverse and include large inner-city communities, such as Newark, Irvington, East Orange and Orange in the southeast, as well as the suburban communities of Livingston, Essex Fells and Roseland in the west. To the north and west lie suburban towns with shopping malls, industrial and professional office parks, luxury condominiums and townhouses, and private homes. Newark, the county's largest city, is also home to a cultural center, a sports and entertainment complex, a number of colleges and universities, and headquarters a number of corporate giants. Newark is a major national transportation hub.

Essex County includes: Belleville, Bloomfield, Caldwell, Cedar Grove, East Orange, Essex Fells, Fairfield, Glen Ridge, Irvington, Livingston, Maplewood, Millburn, Montclair, Newark, North Caldwell, Nutley, Orange, Roseland, South Orange, Verona, West Caldwell, and West Orange. In 1865, Essex County was the first U.S. county to create a county-wide park system, the Essex County Parks Commission acquired 60 acres of land from the City of Newark as the beginning of Branch Brook Park. Today those 60 acres have grown into 5,745 acres of green space that include reservations, developed parks, golf courses, tennis courts, ice and roller skating complexes, and a zoo. Essex County is the second most densely populated county in New Jersey and has the third highest number of residents. Between 2010 and 2018, Essex County's population increased 2.0%. The migration of people in and out of the urban areas of Essex County has changed significantly. After consistent population declines over the last half-century, urban areas in the southern and eastern parts of the county have seen population increases in the past five years. The demographic trends in Essex County are a part of larger changes throughout the State and country. The northeastern part of the state shows the highest growth, with younger couples gravitating toward communities that have walkable downtowns and accessible mass transit to cities. Suburban and rural parts of the state to the west and south are losing residents as they retire and leave the state in search of lower taxes and living costs.

B. SBMC SERVICE AREA

Between 2010 and 2018, the population of the SBMC Service Area grew at a slower rate (1.96%) than Essex County (2.0%) and New Jersey (2.0%). In 2023, the Service Area population is expected to grow by 1.32% to 363,446.

Population Change in SBMC Service Area
2018-2023



* Source: Claritas Population Estimates 2018, 2023

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

AGE COHORT	GEOGRAPHIC AREA								
	Essex County	Caldwell (07006)	Livingston (07039)	Orange (07050)	Union (07083)	West Orange (07052)	Short Hills (07078)	Saint Barnabas	New Jersey
0-17	1,88,370	4,933	6,529	7,546	10,911	10,860	3,446	78,533	1,924,856
% of Total	23.2%	19.4%	22.1%	24.9%	19.1%	22.5%	26.3%	21.6%	21.81%
% Change '18-'23	-0.8%	-3.5%	-4.7%	-1.0%	-0.8%	-0.3%	-7.3%	-2.5%	-1.87%
18-44	284,307	7,792	8,390	10,850	19,797	14,581	3,756	113,958	3,063,175
% of Total	35.0%	30.6%	28.4%	35.3%	34.6%	30.2	28.5%	31.3%	33.72%
% Change '18-'23	-2.1%	2.9%	7.8%	-6.0%	-1.4%	-1.9%	13.6%	0.9%	-0.71%
45-64	213,681	7,189	8,383	4,509	15,884	13,089	3,825	100,153	2,440,028
% of Total	26.3%	28.2%	28.4%	14.7%	27.8%	27.1%	29.0%	27.6%	26.85%
% Change '18-'23	0.7%	-5.9%	-6.5%	2.6%	-0.6%	-1.5%	-11.6%	-3.4%	-1.87%
65+	126,049	5,544	6,201	30,717	10,643	9,771	2,131	70,802	1,656,782
% of Total	15.5%	21.8%	21.0%	14.7%	18.6%	20.2%	16.2%	19.5%	19.80%
% Change '18-'23	16.6%	13.37%	12.5%	15.8%	19.9%	13.4%	21.2%	15.0%	15.44%
All Ages	812,407	25,458	29,503	4,509	57,235	48,301	13,178	363,446	9,084,841
% of Total	100%	100.0%	100%	100%	100%	100%	100%	100.0%	100%
% Change '18-'23	1.5%	0.94%	1.35%	0.14%	2.32%	1.33%	0.38%	1.32%	1.30%
Female 15-44	155,902	4,377	4,737	6,130	10,808	8,226	2,247	64,437	1,677,712
% of Total	19.2%	17.2%	16.1%	19.9%	18.9%	17.0%	17.1%	17.73%	18.5%
% Change '18-'23	-2.4%	1.2%	3.1%	-5.3%	-2.2%	-2.2%	8.5%	-0.46%	-1.20%

Source: Claritas Population Estimates 2018, 2023

C. SOCIAL DETERMINANTS OF HEALTH

Social determinants of health include socioeconomic and environmental factors which influence health outcomes, disparities in health, equity in health care, and are important tools to assess health at the local level. *Healthy People 2020* provides a framework for assessing social determinants of health across five topic areas: economic stability; education; social and community context; health and health care; and, neighborhood and built environment. While a relatively affluent county, there are residents of Essex County and SBMC Service Area that face many socioeconomic challenges that may have consequences for health and health care in the region.[16]

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

1. Socioeconomic Status

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

Income, Poverty, and Unemployment

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

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

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

Essex County

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

- In 2016, the median household income in Essex County was $54,860, more than $18,000 below the State median of $73,702
- In 2016, Essex County had a higher percentage of people living below the federal poverty level than statewide, 17.2% and 10.9% respectively. [17]
- Between 2014 and 2016, unemployment throughout New Jersey declined. In 2016, the Essex County unemployment rate was 8.0%, a decrease of 1.1% from 2014, but higher than the New Jersey unemployment rate of 5.2%.[18]

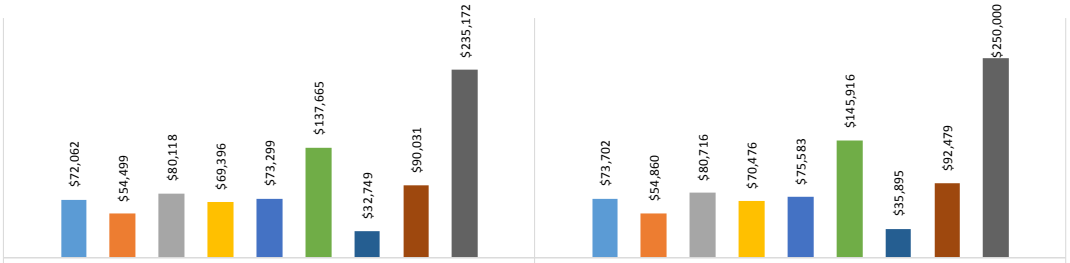
17 Ibid.

18 United States Bureau of Labor Statistics Newark, NJ-PA, Division Economic Summary 2016 http://www.bls.gov/regions/new-york-new-jersey/summary/blssummary_newark_div.pdf

SBMC Service Area

- The 2016 median household income of Short Hills residents ($250,000) was nearly three times larger than the statewide figure ($54,860).
- In the SBMC Service Area, Orange had the lowest median household income at $35,895.
- Residents of Livingston had a median household income of $145,916.

Median Household Income
State and County Comparisons – 2014-2016

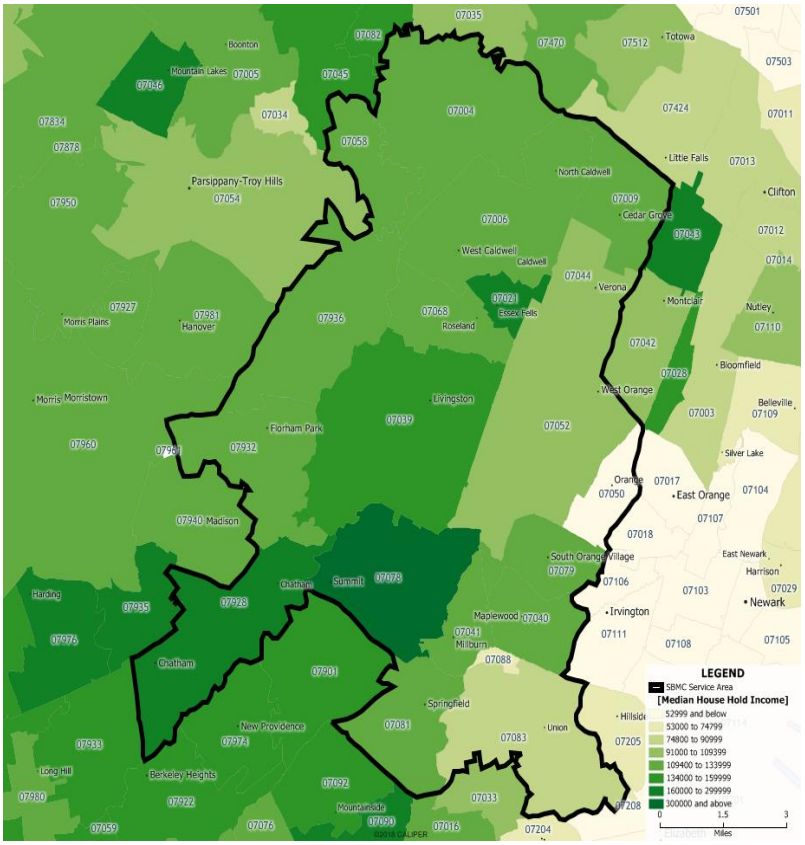


	2014	2016
New Jersey	$72,062	$73,702
Essex County	$54,499	$54,860
Middlesex County	$80,118	$80,716
Union County	$69,396	$70,476
Caldwell	$73,299	$75,583
Livingston	$137,665	$145,916
Orange	$32,749	$35,895
West Orange	$90,031	$92,479
Short Hills (7078)	$235,172	$250,000

Source: United States Census 2016 5 Year ACS Estimates

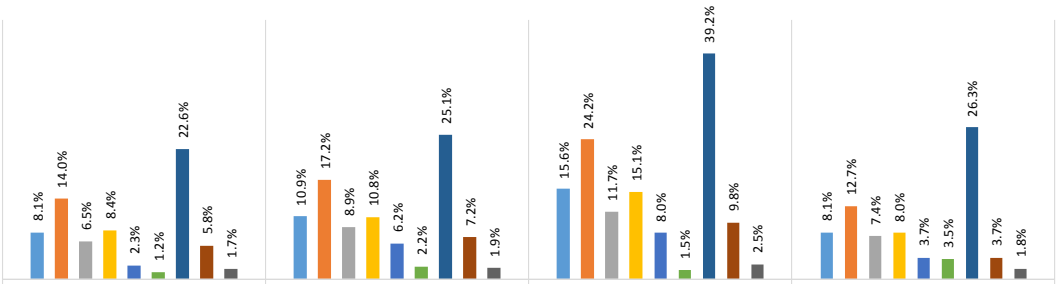
Median Household Income, 2018
Essex County

HOUSEHOLD INCOME (2018*)	
GEOGRAPHIC AREA	MEDIAN
New Jersey	$78,317
Essex County	$58,264
07078 Short Hills	$307,347
07021 Essex Fells	$178,646
07039 Livingston	$156,992
07006 Caldwell	$113,079
07052 West Orange	$102,232
07083 Union	$84,683
07050 Orange	$38,057



- In 2016, the percent of families living in poverty in Essex County (14%) was higher than the State (8.1%).[19]
    - In 2016, 25.1% of people and 22.6% of families were living in poverty in Orange. The percentage of children living in poverty in Orange was nearly 40%.
- In 2016, there was a wide range of percentages of people living in poverty across select SBMC service area zip codes[20]:
    - Livingston: 2.2%
    - Orange: 25.1%
    - Caldwell: 6.2%
    - West Orange: 7.2%
- Orange's percent of families living in poverty is more than triple the New Jersey percentage (8.1%).

Income Below Federal Poverty Level
State and County Comparisons, 2016



	Families	People	Children	Seniors
New Jersey	8.1%	10.9%	15.6%	8.1%
Essex County	14.0%	17.2%	24.2%	12.7%
Middlesex County	6.5%	8.9%	11.7%	7.4%
Union County	8.4%	10.8%	15.1%	8.0%
Caldwell	2.3%	6.2%	8.0%	3.7%
Livingston	1.2%	2.2%	1.5%	3.5%
Orange	22.6%	25.1%	39.2%	26.3%
West Orange	5.8%	7.2%	9.8%	3.7%
Short Hills (7078)	1.7%	1.9%	2.5%	1.8%

Source: United States Census 2016 5 Year ACS Estimates

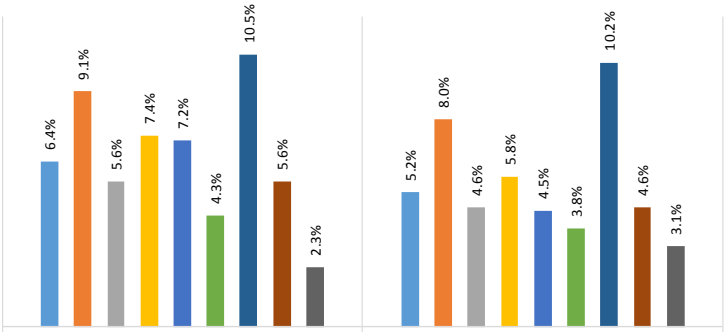
Unemployment

- In 2016, the unemployment rate for Essex County (8.0%) was well above the rate statewide (5.2%) and for all of the surrounding counties.
- The Essex County unemployment rate declined 1.1 percentage points between 2014-2016.
- In 2016, the unemployment rate in Orange was 10.2%, a decrease from 10.5% in 2014, but higher than the Essex County rate of 8.0%, and the State rate of 5.2%.[21]
- In 2016, the unemployment rate for Livingston fell to 3.8% from 4.3% in 2014.

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

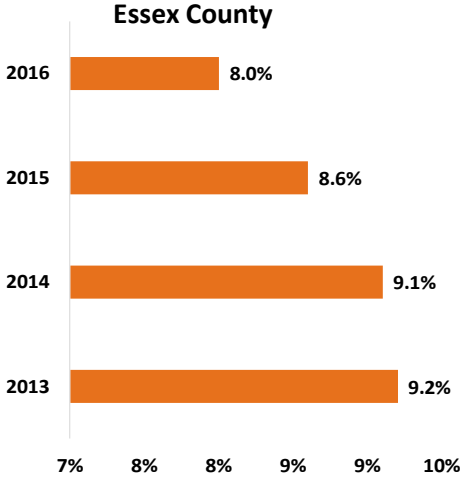
- In 2016, the Short Hills unemployment rate was 3.1%, and increase from 2.3% in 2014, but lower than the Essex County unemployment rate of 8.0%.[22]
- In 2016, the West Orange unemployment rate was 4.6%, a decrease from 5.6% in 2014.

Unemployment
State and County Comparisons, 2014-2016



	2014	2016
New Jersey	6.4%	5.2%
Essex County	9.1%	8.0%
Middlesex County	5.6%	4.6%
Union County	7.4%	5.8%
Caldwell	7.2%	4.5%
Livingston	4.3%	3.8%
Orange	10.5%	10.2%
West Orange	5.6%	4.6%
Short Hills (7078)	2.3%	3.1%

Essex County



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

County Health Rankings & Roadmaps
Building a Culture of Health, County by County
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National Benchmark: 3.2%
Essex County 2016: 8.0%

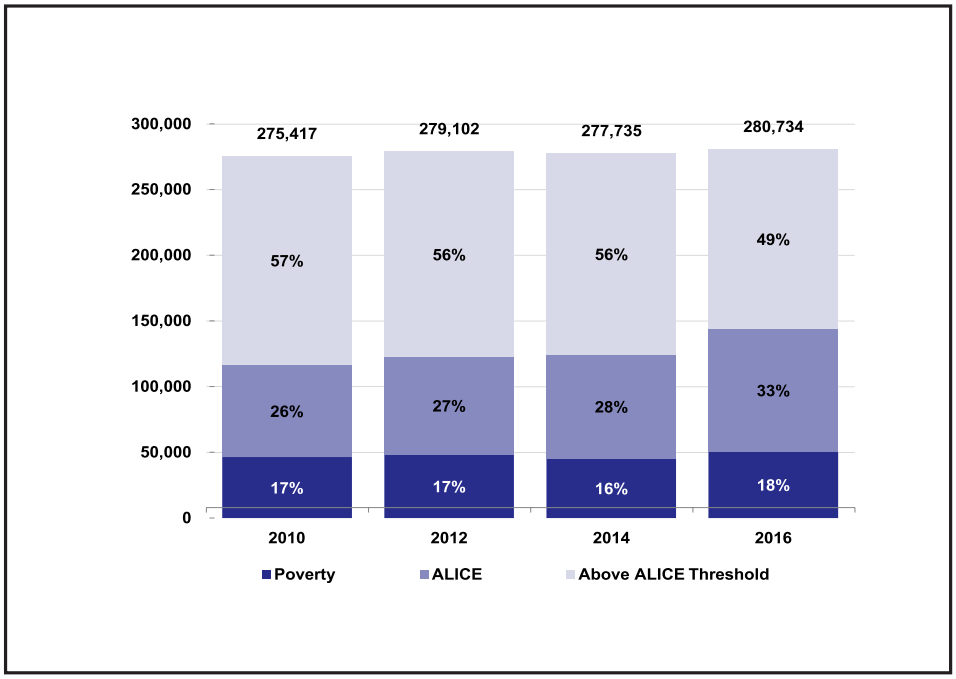
22 HomeFacts East Orange Unemployment Report 2016 http://www.homefacts.com/unemployment/New-Jersey/Essex-County/East-Orange.html

Asset Limited Income Constrained Employed Project

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

To ascertain the number of households that may be struggling due to the high cost of living in New Jersey we turned to the United Way's ALICE (Asset Limited Income Constrained Employed project)[23] to get a better idea of the number of households that earn more than the Federal Poverty Level but less than the basic cost of living in Essex County. As shown in the chart below, the Alice Threshold (AT) combined the number of households in poverty and ALICE households equals the population struggling to afford basic needs. In Essex County, this percentage amounts to 33% (2016).

Households by Income, 2010 to 2016
Essex County



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

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

The United Way's analysis shows ALICE households in Essex County may earn above the Federal poverty level for a single adult, $25,620, or $63,252 for a family of four, but less than the household survival budget for Essex County.

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

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

There appears to be wide differences among municipalities in Essex County in terms of the percentage of households living in poverty or at the ALICE threshold. Twenty percent or more of residents in the PSA towns of Caldwell, Orange, Maplewood, Verona and West Orange had incomes at the Federal poverty level or at the ALICE threshold.

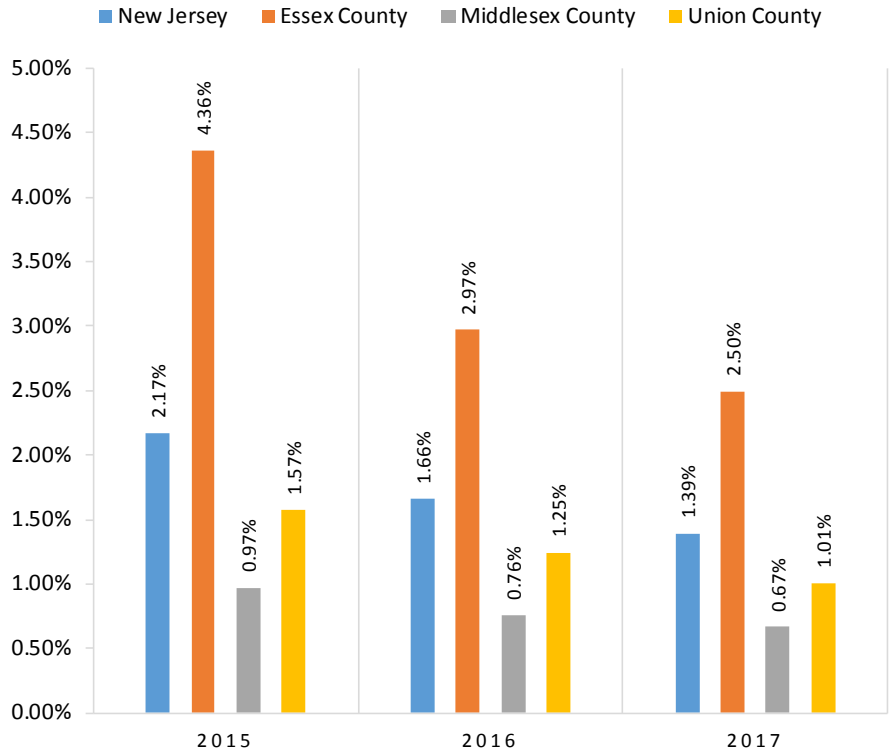
Essex County, 2016		
Town	Total HH	% ALICE & Poverty
Belleville	12,872	43%
Bloomfield	17,609	37%
Caldwell	3,355	39%
Cedar Grove	4,395	25%
City of Orange	11,471	72%
East Orange	24,858	66%
Essex Fells	753	9%
Fairfield	2,481	22%
Glen Ridge	2,467	14%
Irvington	20,220	69%
Livingston	9,755	16%
Maplewood	8,165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

Temporary Assistance Needy Families (TANF)

In order to qualify for TANF in New Jersey, applicants must comply with all requirements of Work First New Jersey. This includes signing over rights of child support payments, helping to establish paternity of children, cooperating with work requirements and applying for all assistance programs for which a household may be eligible. Additionally, eligible applicants must meet income and resource guidelines.[24]

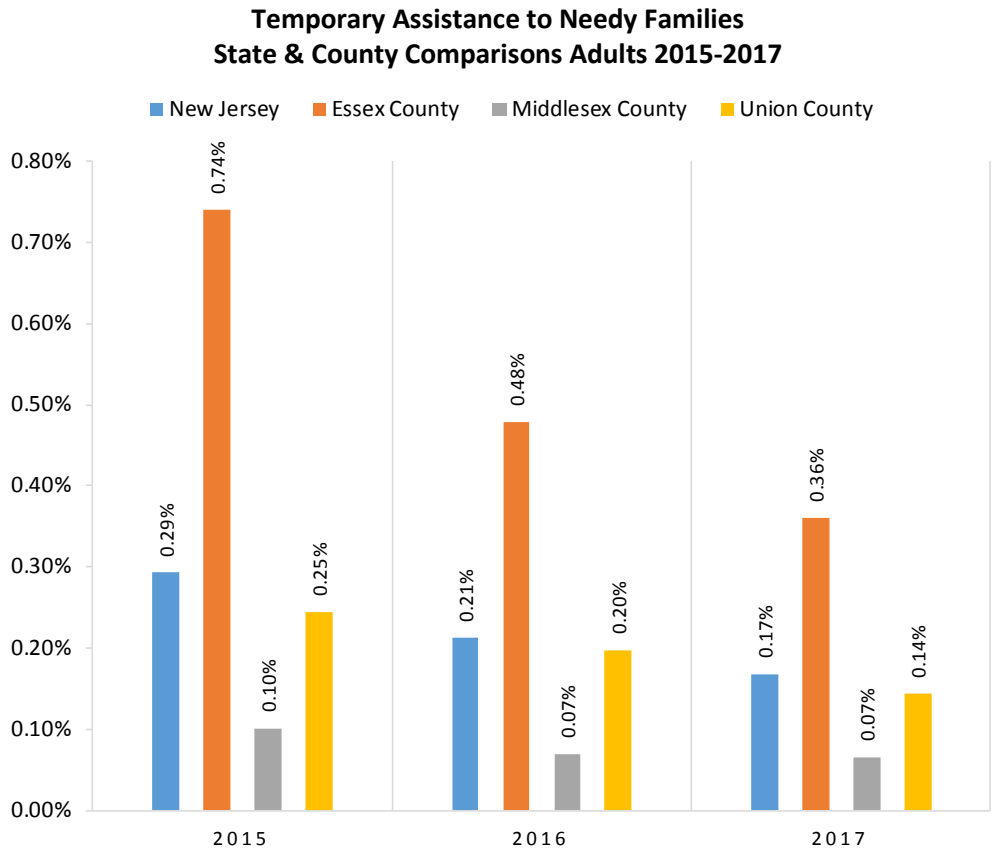
- As of December 2017, 2.5% of Essex County children were receiving Work First NJ/TANF benefits, nearly double the statewide rate (1.39%); Essex County ranks in the worst performing quartile in New Jersey.
- As of December 2017, 0.36% of Essex County adults were receiving Work First NJ/TANF benefits,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

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



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

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



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

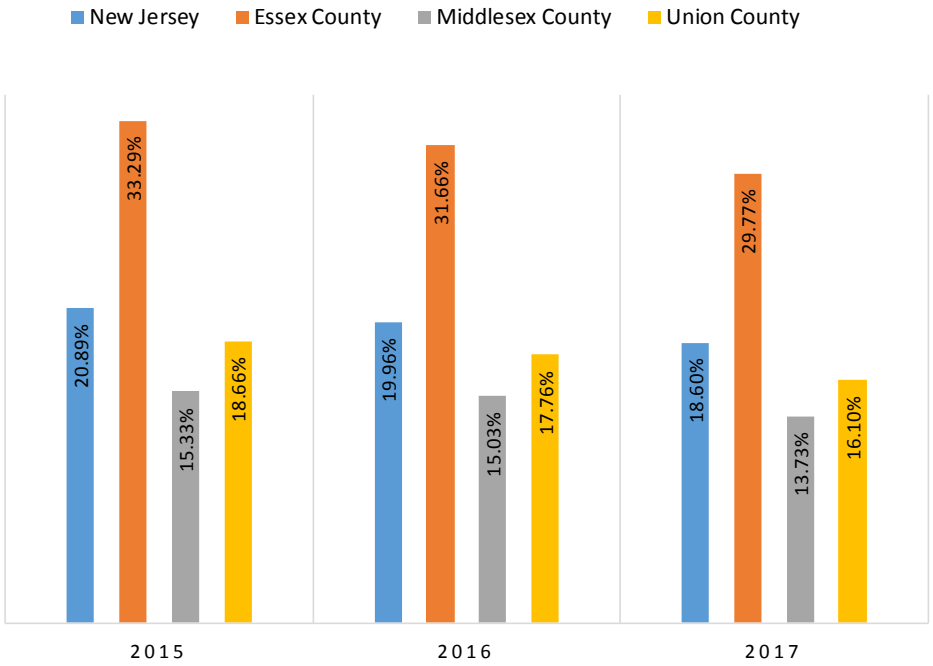
Supplemental Nutrition Assistance Program (SNAP)

SNAP offers nutrition assistance to millions of eligible, low-income individuals and families. The Food and Nutrition Service works with State agencies, nutrition educators and neighborhood and faith-based organizations to ensure that those eligible for nutrition assistance make informed decisions and access benefits.[25]

- In 2017, 37.6% more Essex County children (29.8%) use SNAP benefits than children Statewide (18.6%).
- In 2017, 40.8% more Essex County adults (9.8%) use SNAP benefits than throughout the State (5.8%).
- Between 2015 and 2017, Essex County experienced a 42.6% decline in the percentage of adults and a 10.6% decline in the percentage of children receiving SNAP benefits.
- The percentage of Essex County children and adults receiving SNAP benefits ranks in the worst performing quartile among all counties.

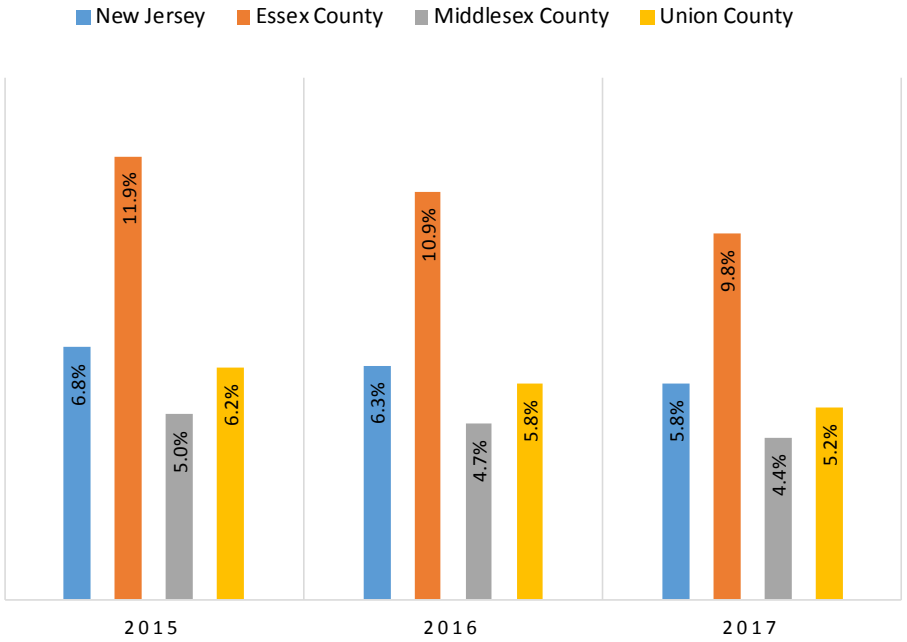
[25] *http://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap*

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



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

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



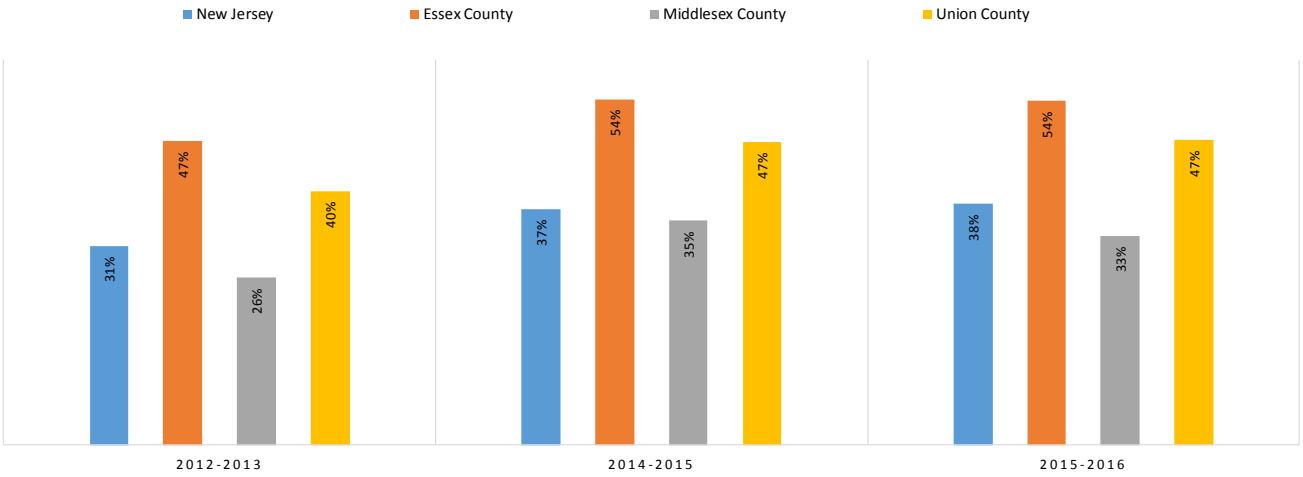
Source: http://www.nj.gov/humanservices/dfd/news/cps_dec17.pdf

Children Eligible for Free Lunch

Public schools nationwide and across New Jersey have free lunch programs for children living at or near poverty. New Jersey requires public schools serve school lunches meeting at least one-third of recommended dietary allowances. According to the National School Lunch Program, the objective is "to provide a nutritious, well-balanced lunch for children in order to promote sound eating habits, to foster good health and academic achievement and to reinforce the nutrition education taught in the classroom."[26]

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

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



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

County Health Rankings & Roadmaps
Building a Culture of Health, County by County
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National Benchmark: 33.0%
Essex County 2016: 54.0%

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

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

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

2. Education

People with higher levels of educational attainment tend to have lower morbidity rates from acute and chronic diseases, independent of demographic and labor market factors. Life expectancy is increasing in the United States, yet differences have become more pronounced between those with and without a college education. The mechanisms by which education influences health are complex and likely include interrelationships between demographic and family background indicators, effects of poor health in childhood, greater resources associated with higher levels of education, a learned appreciation for the importance of good health behaviors, and one's social networks.[27] The ability to communicate in English is also a key part of educational competence.

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

Essex County

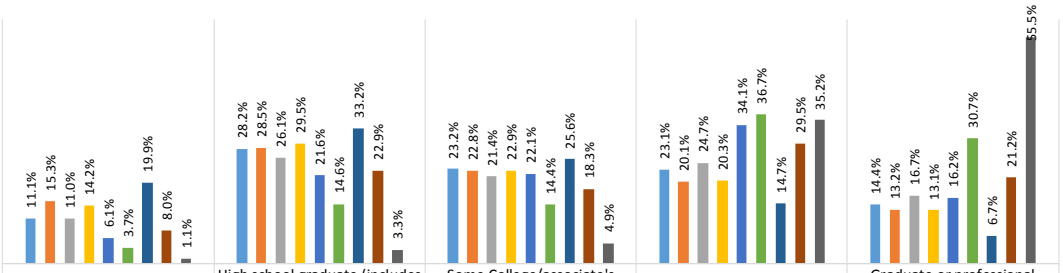
- In 2016, 15.3% of Essex County residents did not graduate from high school, 4.2 percentage points higher than New Jersey at 11.1%.[28] This represents an improvement from 16.2% of County residents and 11.6% statewide that did not graduate from high school as reported in the previous CHNA.
- In 2016, 33.3% of Essex County residents earned a bachelor's degree or higher.[29] This represents a decrease from 36.3% of County residents that earned a bachelor's degree or higher as reported in the previous CHNA.
- The percentage of Limited English Proficiency (LEP) persons age 5+ in Essex County (14.5%) was higher than New Jersey (12.2%).

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

SBMC Service Area

- In 2016, 19.9% of Orange residents did not complete high school, higher than the county (15.3%) or statewide percentage (11.1%).
- In 2016, 1.1% of Short Hills residents did not complete high school, the lowest in all the comparison areas. Over 55% of Short Hills residents earned a graduate or professional degree.

Educational Attainment
State & County Comparisons, 2016



	No High School Diploma	High school graduate (includes equivalency)	Some College/associate's degree	Bachelor's degree	Graduate or professional degree
New Jersey	11.1%	28.2%	23.2%	23.1%	14.4%
Essex County	15.3%	28.5%	22.8%	20.1%	13.2%
Middlesex County	11.0%	26.1%	21.4%	24.7%	16.7%
Union County	14.2%	29.5%	22.9%	20.3%	13.1%
Caldwell	6.1%	21.6%	22.1%	34.1%	16.2%
Livingston	3.7%	14.6%	14.4%	36.7%	30.7%
Orange	19.9%	33.2%	25.6%	14.7%	6.7%
West Orange	8.0%	22.9%	18.3%	29.5%	21.2%
Short Hills (7078)	1.1%	3.3%	4.9%	35.2%	55.5%

Source: United States Census 2016 5 Year ACS Estimates

Healthy People 2020

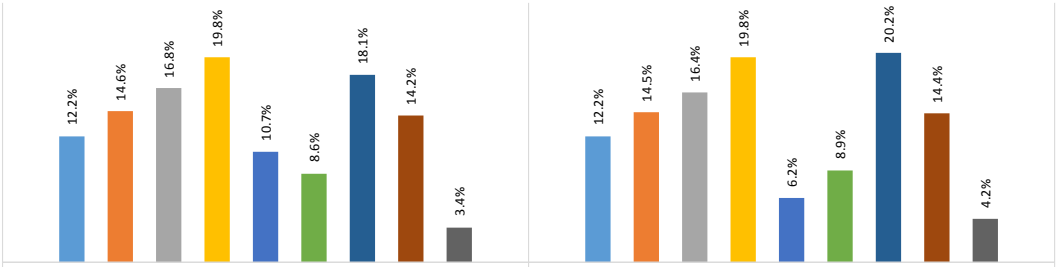
Baseline: 89.0 %
Target: 97.9%
Essex County 2016: 84.7%

Limited English Proficiency

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

- In 2016, the percentage of Limited English Proficiency (LEP) individuals in Orange (20.2%) was higher than New Jersey (12.2%) and Essex County (14.5%).
- In 2016, 8.9% of Livingston residents had Limited English Proficiency up from 8.6% in 2014.

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



	2014	2016
New Jersey	12.2%	12.2%
Essex County	14.6%	14.5%
Middlesex County	16.8%	16.4%
Union County	19.8%	19.8%
Caldwell	10.7%	6.2%
Livingston (7039)	8.6%	8.9%
Orange	18.1%	20.2%
West Orange	14.2%	14.4%
Short Hills (7078)	3.4%	4.2%

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

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

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

3. Demographics

Age

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

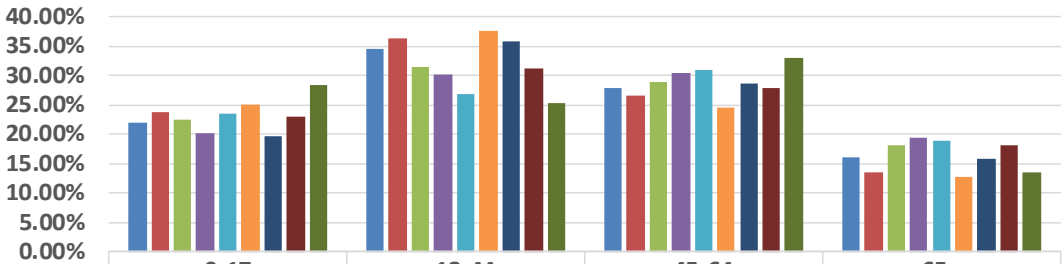
Essex County

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

SBMC Service Area

- The population distribution in the SBMC Service Area was similar to the State, but older than the County.
- In 2016, 28.5% of Short Hills residents were 0-17, higher than the 23.7% in Essex County and 21.9% in New Jersey.
- In 2016, 37.6% of Orange residents were 18-44, higher than 36.3% in Essex County and 34.4% in New Jersey.
- In 2016, 19.4% of Caldwell residents were 65+, higher than 13.5% in Essex County and 16.0% in New Jersey.
- In 2016, 30.3% of Caldwell residents were 45-64, higher than the 26.5% in the county and the 27.7% statewide.

Population by Age Cohort
State and County Comparisons



	0-17	18-44	45-64	65+
New Jersey	21.87%	34.40%	27.73%	16.00%
Essex County	23.72%	36.27%	26.51%	13.50%
SBMC Service Area	22.45%	31.47%	28.90%	18.07%
Caldwell (07006)	20.27%	30.04%	30.30%	19.39%
Livingston (07039)	23.52%	26.74%	30.79%	18.94%
Orange (07050)	25.14%	37.58%	24.61%	12.67%
Union (07083)	19.66%	35.90%	28.57%	15.87%
West Orange (07052)	22.84%	31.19%	27.89%	18.07%
Short Hills (07078)	28.47%	25.19%	32.94%	13.40%

Source: Claritas 2016 Population Estimate

Ethnic and Racial Makeup

Racial and ethnic minorities have poorer healthcare status than non-minorities, even when access-related factors such as insurance status and income are controlled. Sources of disparities are complex and rooted in historic and contemporary inequities, and involve many participants at several levels, including health systems administrative and bureaucratic processes, utilization managers, healthcare professionals, and patients.[30]

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

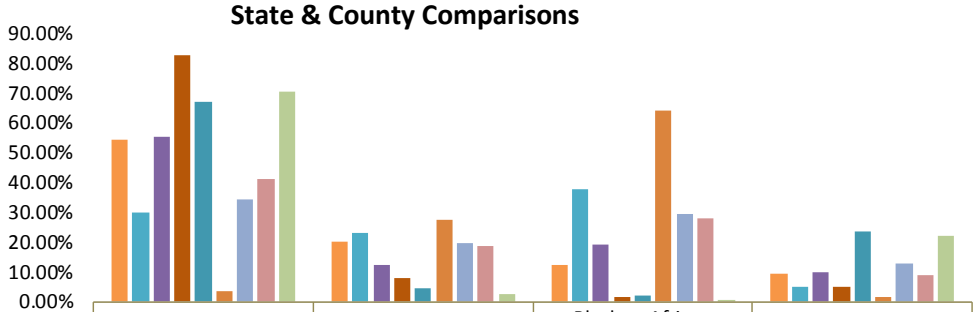
Essex County

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

SBMC Select Service Area

- In 2018, 64.2% of Orange's population was African-American, higher than in New Jersey.
- In 2018, 82.8% of Caldwell's population was White, higher than 30.3% in Essex County.
- In 2018, 27.9% of the Orange's population was Hispanic/Latino compared to 23.5% in Essex County and 20.7% in New Jersey.
- In 2018, 23.6% of the Livingston population was Asian, higher than 9.9% in New Jersey.
- Between 2010-2018, the Asian population grew by nearly 25%, and Hispanics by 18.1%.

Population by Race/Ethnicity
State & County Comparisons



	White	Hispanic	Black or African American	Asian
New Jersey	54.39%	20.65%	12.78%	9.88%
Essex County	30.27%	23.49%	37.77%	5.51%
SBMC Service Area	55.57%	12.37%	19.39%	10.21%
Caldwell (07006)	82.82%	8.31%	1.74%	5.36%
Livingston (07039)	67.05%	4.91%	2.58%	23.62%
Orange (07050)	3.78%	27.85%	64.17%	1.89%
Union (07083)	34.66%	19.71%	29.91%	13.22%
West Orange (07052)	41.37%	18.80%	28.06%	9.08%
Short Hills (07078)	70.89%	2.92%	0.98%	22.50%

Source: Claritas 2018 Population Estimate

Population by Race/Ethnicity
Essex County – Trend

Essex County			
RACE / ETHNICITY	2010	2018	% Change
White (alone)	260,177	242,156	-6.92%
Black / African American (alone)	308,358	302,184	-2.00%
Asian (alone)	35,292	44,084	24.91%
Native American / Pacific Islander / Other Race (alone)	7,807	7,510	-3.80%
Two or More Races (alone)	13,218	16,094	21.75%
Hispanic / Latino (of Any Race)	159,117	187,956	18.12%

Source: Claritas 2018 Population Estimate

4. Social and Community Context

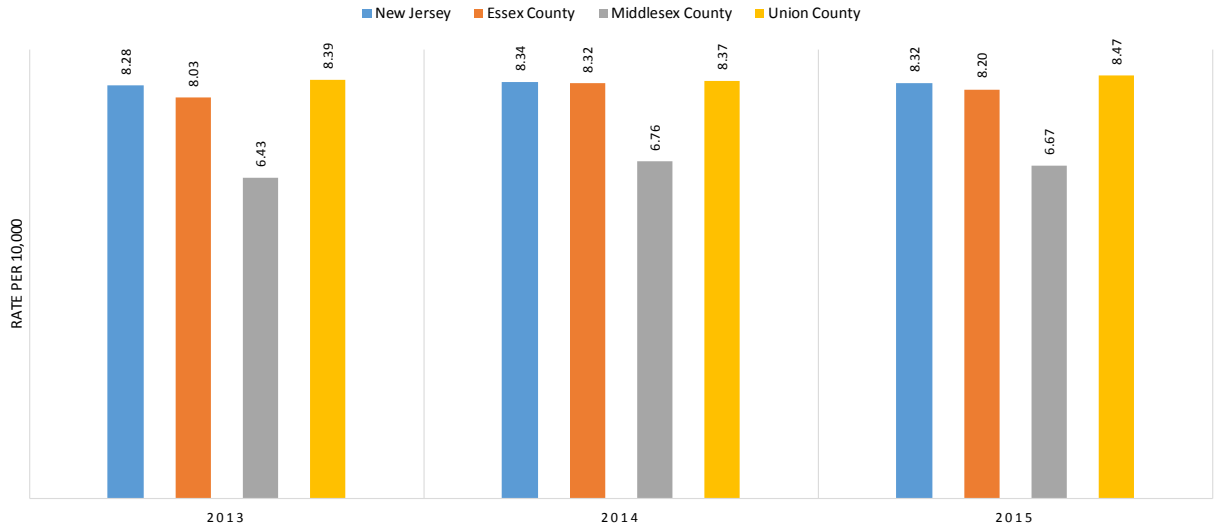
Social Associations

Social isolation can negatively impact health outcomes. Having a strong social network is associated with healthy lifestyle choices, positive health status, and reduced morbidity and mortality. Participation in community organizations can enhance social trust and a sense of belonging.[31] Social associations include structured membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, business and professional associations.

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

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

Number of Membership Organizations
State & County Comparisons, 2013-2015



Source: County Health Rankings, CDC Wonder Mortality Data, 2013 - 2015

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

National Benchmark: 22.1
Essex County 2015: 8.2

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

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

5. Health and Health Care

Access to affordable quality health care is important to physical, social, and mental health. Health insurance helps individuals and families access needed primary care, specialists, and emergency care, but does not ensure access. It is also necessary for providers to offer affordable care, be available to treat patients and be near patients.[32]

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

Health Insurance

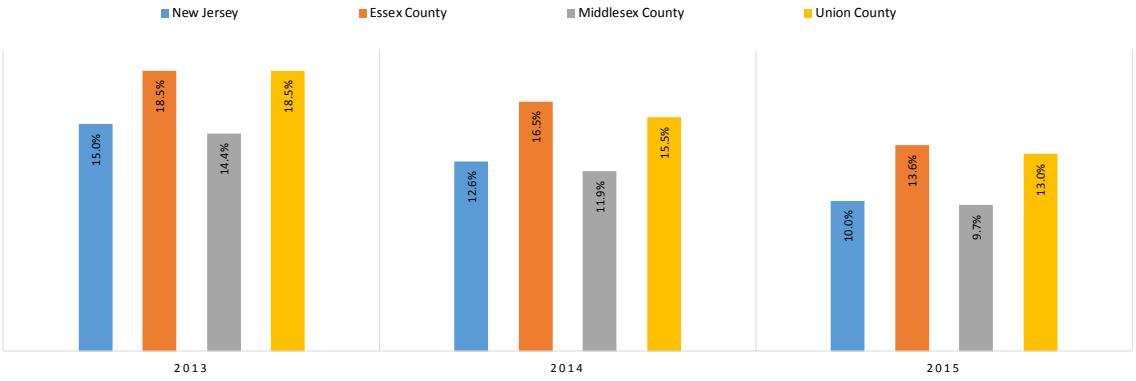
The expansion of Medicaid coverage and the Affordable Care Act's (ACA) coverage provisions, which began taking effect in 2010, helped decrease the nation's uninsured rate by 7.2 percentage points, from 16 percent in 2016. That translates into 20.4 million fewer people who lacked health insurance in 2016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

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

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

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

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



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

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

National Benchmark: 6.0%
Essex County 2015: 13.6%

Access to Care

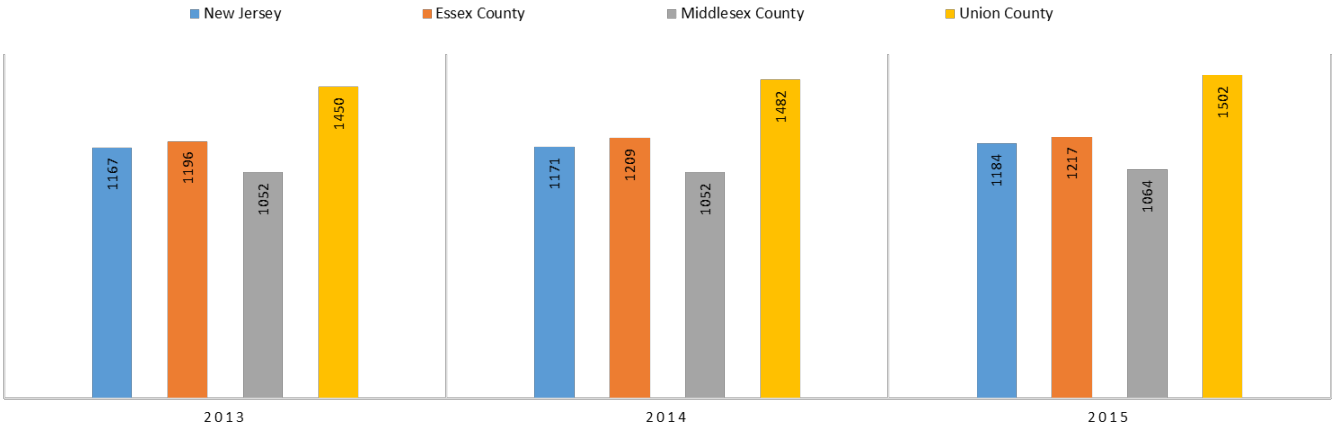
Access to affordable quality health care is important to ensuring physical, social, and mental health. Health insurance assists individuals and families to obtain primary care, specialists, and emergency care, but does not ensure access. Access to care goes beyond just insurance, it is also necessary for providers to offer affordable care, be available to treat patients and be near patients.[33]

Primary Care Physicians

Nationally, many areas lack sufficient providers to meet patient needs; as of June 2014, there are about 7,200 primary care, 5,000 mental health and 5,900 dental federally designated Health Professional Shortage Areas in the US. Having a usual primary care provider is associated with a higher likelihood of appropriate care and better outcomes. In 2017, 88% of Americans had a usual source of care, but those with low incomes are less likely to than those with higher incomes, and the uninsured are twice as likely as the insured to lack a usual care source.[34,35]

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

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



Source: County Health Rankings – HRSA Area Resource File

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

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

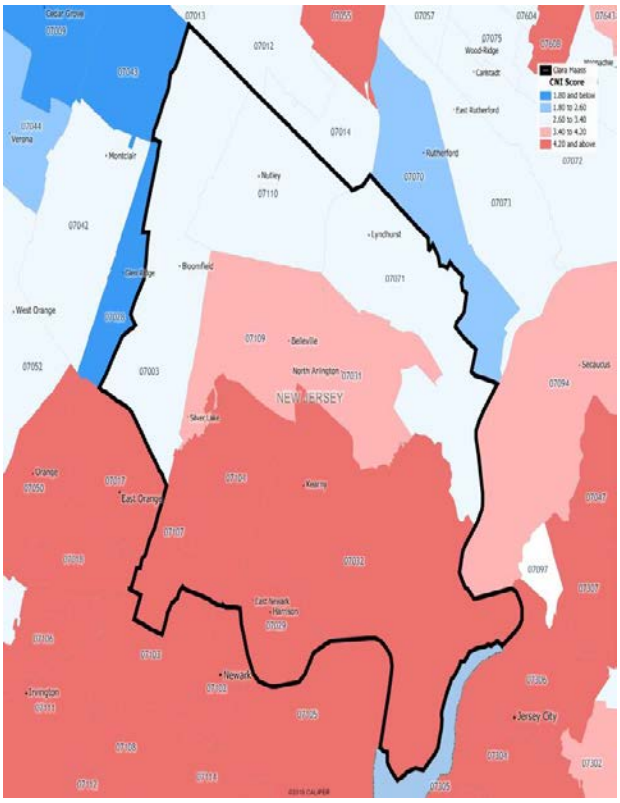
[33] http://www.countyhealthrankings.org/our-approach/health-factors/access-care
[34] http://www.countyhealthrankings.org/our-approach/health-factors/access-care
[35] http://www.cdc.gov/fastfactsaccesstohealthcare.htm

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Primary Care Physicians *Rate/ 100000 Population*	N.A		
Health Care Access/ Coverage *Non-Elderly Population without Health Insurance*			

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

Community Need Index [36]

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



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

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

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

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

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

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

Community Needs Index

	Service Area	ZIP Code	ZIP Code Description	CNI Score
Highest CNI Score (Highest Need)	Saint Barnabas	07050	Orange	4.6
		07088	Vauxhall	3.8
		07052	West Orange	3.0
		07083	Union	3.0
		07079	South Orange	2.8
Lowest CNI Score (Lowest Need)	Saint Barnabas	07040	Maplewood	2.4
		07006	Caldwell	2.0
		07039	Livingston	1.6
		07021	Essex Fells	1.2

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

Orange had the highest CNI score (4.6) indicating highest need in the service area, followed by Vauxhall (3.8), Union (3.0), and West Orange (3.0). Conversely, Essex Fells (1.2) represented the lowest CNI score in the service area, followed by Livingston (1.6), Caldwell (2.0), and Maplewood (2.4).

Timeliness of Service

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

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

- No regular source of primary care
- Lack of health insurance

- Cost
- Transportation
- Office hours
- Citizenship status

ED Utilization of Ambulatory Care Conditions

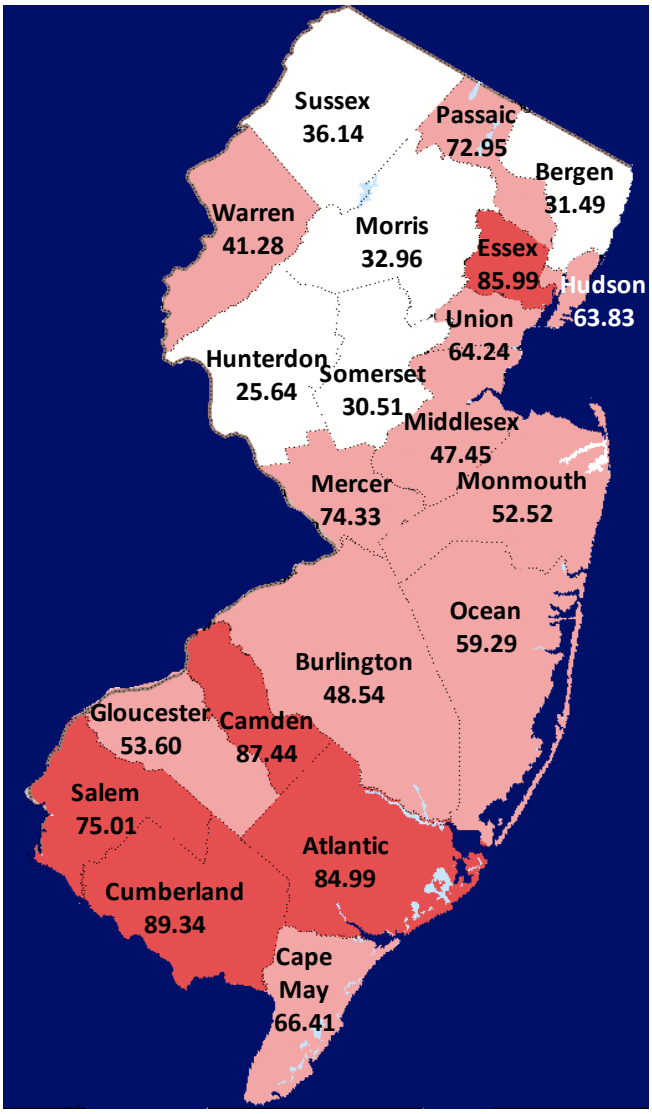
Ambulatory Care Sensitive Conditions (ACSC) are potentially preventable medical conditions that are treated in the ER although more appropriate care should have been provided in a non-emergent outpatient primary care setting. ED utilization rates may be reduced by addressing primary care access issues.

ED Utilization for Ambulatory Care Sensitive Conditions

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

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

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



Total ACSC ED Visits/Rate/1,000 Population

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

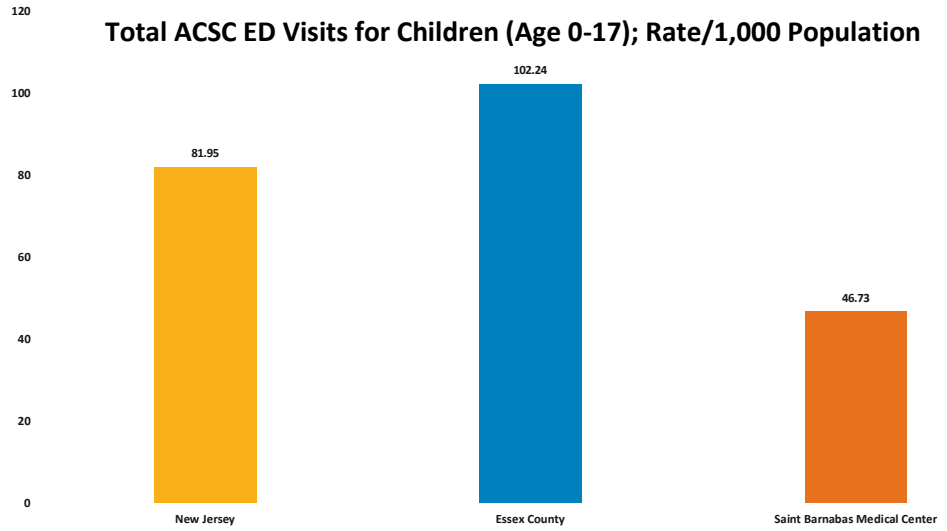
ACSC - ED Rate/1000			
COUNTY	NJ 2013	NJ 2016	Change '13-'16
GLOUCESTER	53.34	53.60	0.27
MONMOUTH	52.97	52.52	(0.46)
BURLINGTON	53.85	48.54	(5.31)
MIDDLESEX	48.46	47.45	(1.01)
WARREN	36.90	41.28	4.38
SUSSEX	25.76	36.14	10.38
MORRIS	30.40	32.96	2.56
BERGEN	31.74	31.49	(0.25)
SOMERSET	30.77	30.51	(0.26)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

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

Children

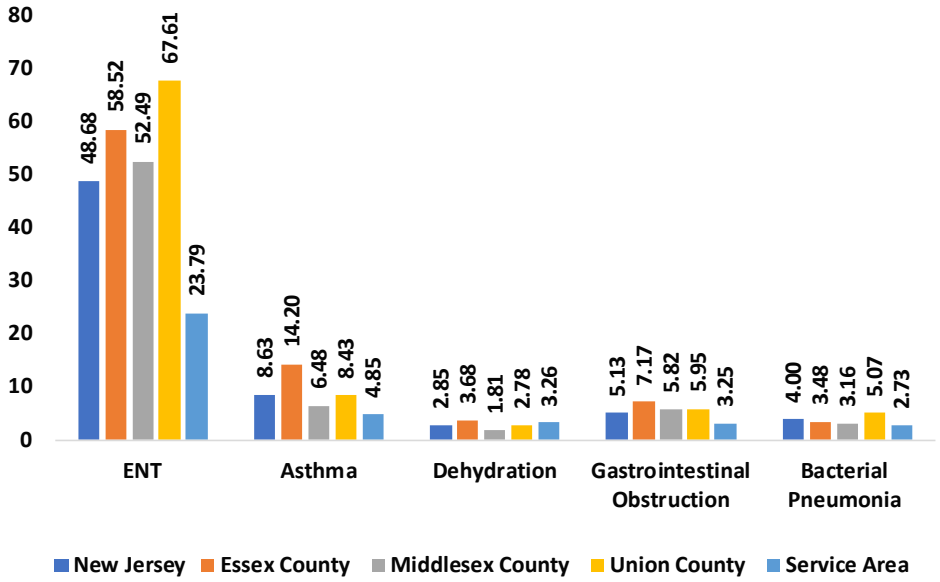
- In 2016, Essex County's ACSC ED visits for children age 0-17 (at 102.24/1,000) was 27.2% higher than the statewide rate (81.95/1,000).
- The 2016 Essex County ACSC visit rate among children was also lower than the rate in the SBMC Service Area (46.73/1,000).
- The towns with the highest ACSC ED visit rate were Orange (145.29/100,000) and Vauxhall (67.77/100,000), which have rates above the SBMC Service Area.

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



Source: UB-04 2016 Discharges

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



ED ACSC (2016) Pediatrics (Age 0-17)				
Geographic Area	**Rate**	**Geographic Area**		**Rate**
Essex County	102.24	07050	ORANGE	145.29
New Jersey	81.95	07088	VAUXHALL	67.77
SBMC	46.73	07932	FLORHAM PARK	60.82
		07083	UNION	56.63
		07052	WEST ORANGE	56.08

Source: UB-04 2016 Discharges

- There was a total of 3,727 ACSC ED visits for children from SBMC's Service Area in 2016.
- ENT is the most common ACSC that resulted in an ED visit for children, followed by asthma, dehydration, gastrointestinal obstruction, and bacterial pneumonia.

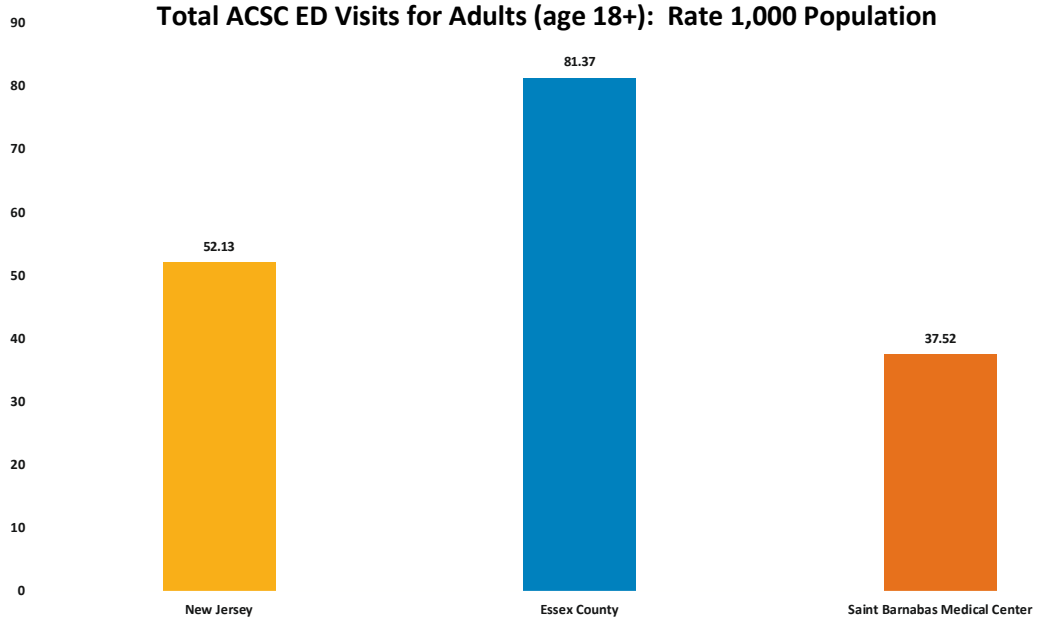
ACSC ED Volume: Top 5 by Service Area – Pediatric (Age 0-17)

EMERGENCY DEPARTMENT (2016) – 0-17		
Service Area	ACSC Description (Top 5 Combined Service Area)	TOTAL IN AREA
Saint Barnabas	ENT	1,947
	ASTHMA	397
	DEHYDRATION	267
	GASTROINSTESTINAL OBSTRUCTION	266
	BACTERIAL PNEUMONIA	223
	ALL OTHERS	627
	TOTAL SBMC Service Area	3,727

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

Adults

- The 2016 Essex County's adult ED ACSC rate (81.37/1,000) is higher than the statewide rate (52.13).
- Essex County adult ED ACSC rate is also higher than SBMC's Service Area rate (37.52).



Source: UB-04 2016 Discharges

- The 2016 adult ED ACSC rate for Orange was more than double the SBMC Service Area rate (37.52/1,000).
- The 2016, Vauxhall (81.07/1.000) adult ED ACSC rate was similar to the County (81.37/1,000).

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

GEOGRAPHIC AREA	RATE	Top 5 By Zip Code	RATE
Essex County	81.37	07050 Orange	104.37
New Jersey	52.13	07088 Vauxhall	81.07
Saint Barnabas Medical Center	37.52	07052 West Orange	47.23
		07040 Maplewood	40.75
		07932 Florham Park	40.05

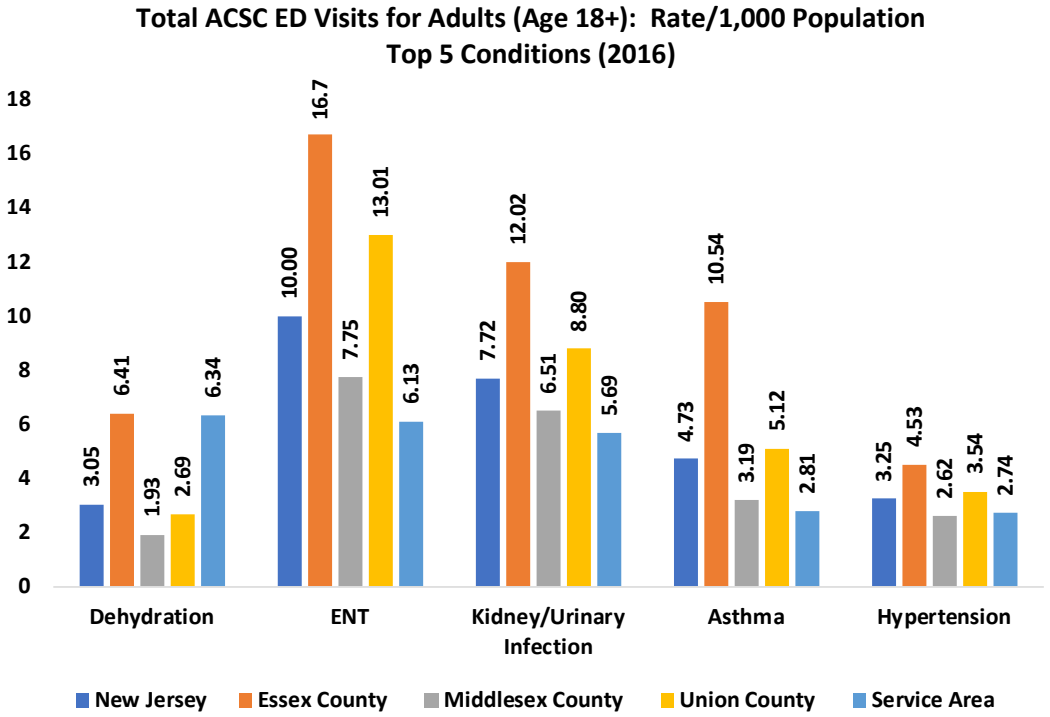
Source: UB-04 2016 Discharges

- There was a total of 10,722 adult ED ACSC visits in 2016 in the SBMC Service Area.

EMERGENCY DEPARTMENT (2016) – AGE 18+		
Service Area	ACSC Description (Top 5 Combined Service Area)	TOTAL IN AREA
Saint Barnabas	Dehydration	1,745
	ENT	1,686
	Kidney/Urine Infection	1,556
	Asthma	773
	Hypertension	754
	All Others	4,258
	TOTAL SBMC SERVICE AREA	10,722

Top 5 Based on Total ACSCs in RBMC PA/OB Combined Service Area: 2016

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



ED ACSC (2016) Adults 18+				
Geographic Area	**Rate**	**Geographic Area**		**Rate**
Essex County	81.37	07050	ORANGE	104.37
New Jersey	52.13	07088	VAUXHALL	81.07
SBMC	37.52	07052	WEST ORANGE	47.23
		07040	MAPLEWOOD	40.75
		07932	FLORHAM PARK	40.05

Source: UB-04 2016 Discharges

Inpatient Utilization for Ambulatory Care Sensitive Conditions

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

- Essex County ranks 6/21 counties with 19.76/1,000 ACSC Inpatient admissions in 2016, a 1.85 percentage point decrease from 2013.
- In 2016, Essex County (19.76/1,000) had a higher rate of ACSC Inpatient admissions than the State (16.99/1,000).

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

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

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

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

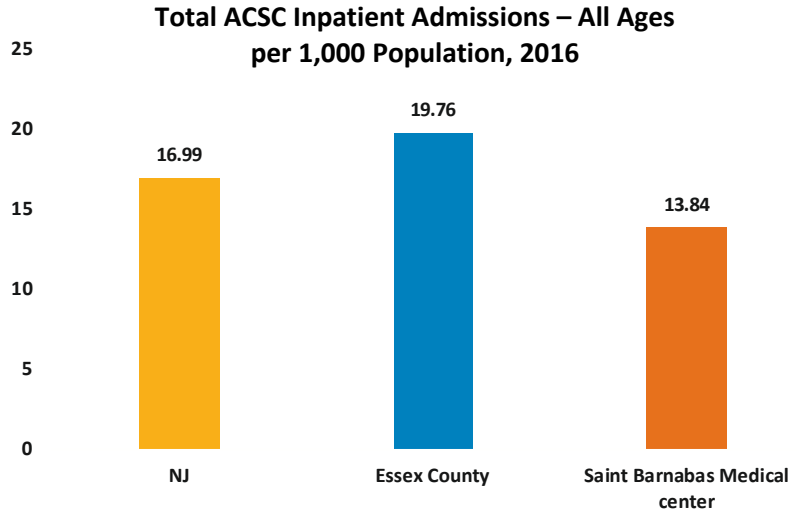
- In 2016, Orange had the highest inpatient admissions due to ACSC (26.70/1,000) followed by Vauxhall (21.38/1,000).
- The 2016 Inpatient ACSC for the SBMC Service Area (13.84/1,000) was lower than the State rate (16.99/1,000).

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

GEOGRAPHIC AREA	RATE	HIGHEST SERVICE AREA RATES	
New Jersey	16.99	7050 Orange	26.70
Essex County	19.76	7088 Vauxhall	21.38
Saint Barnabas Medical Center	13.84	7009 Cedar Grove	17.97
		7004 Fairfield	17.75
		7932 Florham Park	17.00

*Source: UB-04 2016 Discharges

- In 2016, SBMC's Service Area inpatient use rate for ACSC was lower than the Essex County rate and statewide rate.
- In 2016, Black residents age 18-64 had a total ACSC case rate of 12.11/1,000 compared to Whites at 4.92/1,000.



Source: UB-04 2016 Discharges

- In 2016, there were a total of 4,802 ACSC admissions from the SBMC Service Area.

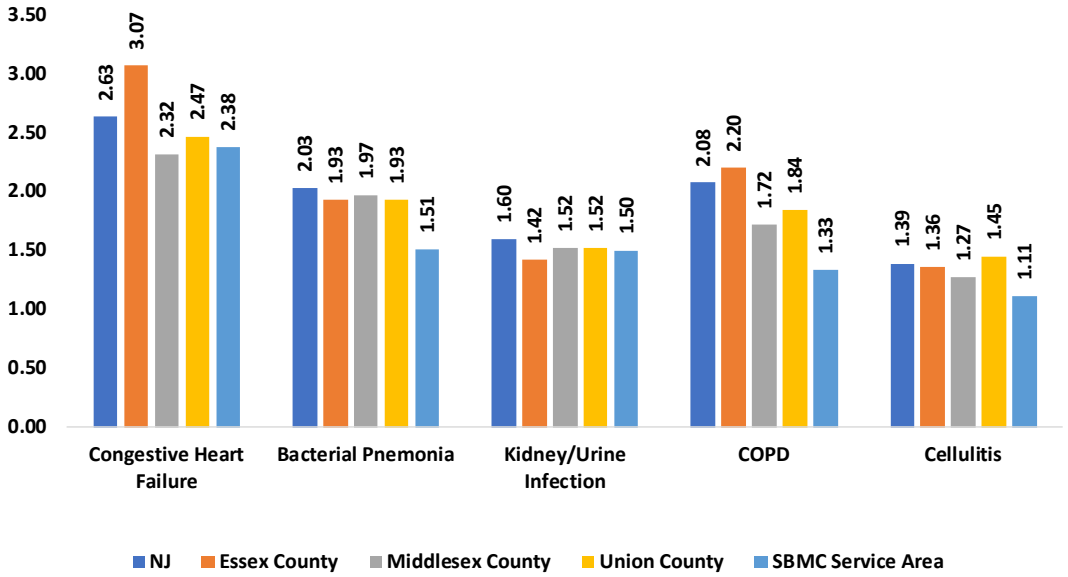
INPATIENT (2016) – ALL AGES		
SERVICE AREA	ACSC Description (Top 5 Service Area)	TOTAL IN AREA
Saint Barnabas	Congestive Heart Failure	827
	Bacterial Pneumonia	525
	Kidney/Urine Infection	503
	COPD	462
	Cellulitis	384
	All Others	2,101
	TOTAL SBMC SERVICE AREA	4,802

Source: UB-04 2016 Discharges

- In 2016, congestive heart failure was the leading cause of inpatient ACSC admissions in the Service Area, followed by COPD, bacterial pneumonia, kidney/urinary infections, and cellulitis.
- The 2016 Essex County inpatient ACSC rates for congestive heart failure and COPD were higher than State rates.
- In 2016, congestive heart failure rate among Blacks 18-64 in SBMC's Service Area was 1.69/1,000 compared to 0.29/1,000 for Whites.[37]

[37] For additional information regarding racial disparities in ACSC rates see Appendix E.

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



IP ACSC (2016) All Ages				
Geographic Area	Rate	Geographic Area		Rate
Essex County	19.76	07050	ORANGE	26.70
New Jersey	16.99	07088	VAUXHALL	21.38
SBMC	13.84	07009	CEDAR GROVE	17.97
		07004	FAIRFIELD	17.75
		07932	FLORHAM PARK	17.00

Source: UB-04 2016 Discharges

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

6. Neighborhood and Built Environment

The neighborhood and built environment contribute to health in a variety of ways. Pollution, crime, and access to healthy food and water are environmental and neighborhood factors that may be hazardous to a community's health.[38]

Air Quality

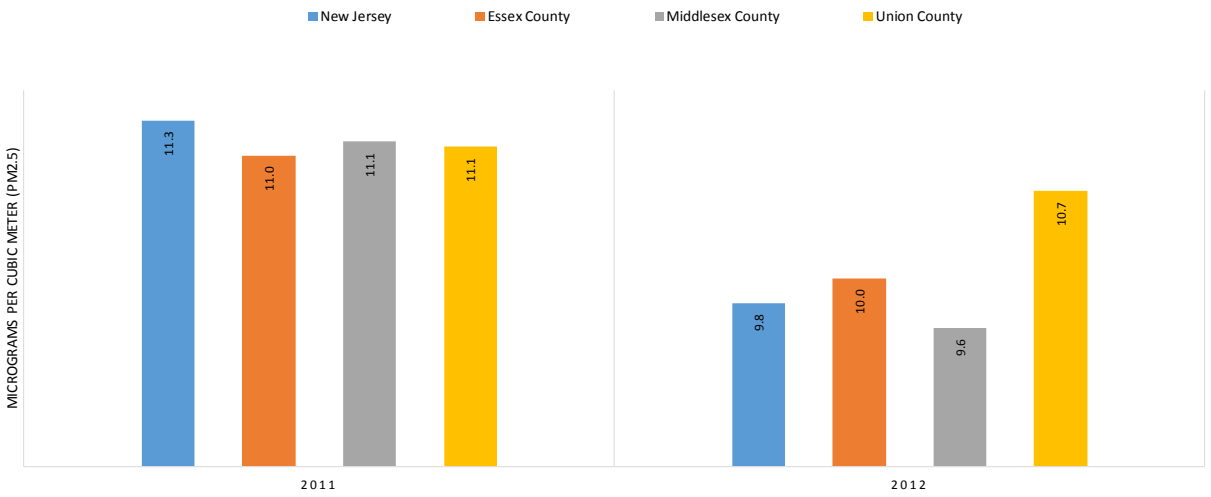
Outdoor air quality has improved since the 1990, but many challenges remain in protecting Americans from air quality problems. Air pollution may make it harder for people with asthma and other respiratory

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

diseases to breathe.[39] County level data masks ZIP Code level analysis that may reveal higher concentrations of air pollution, particularly in industrialized areas of a county.

- In 2012, the daily measure of fine particle matter in Essex County (10 PM2.5) is slightly higher than the State rate (9.8 PM2.5). Compared to all 21 counties, Essex County ranks in the middle quartile.
- Essex County experienced a 9.1% reduction in fine particulate matter in between 2011 (11.0 per cubic meter) and 2012 (10.0 per cubic meter).
- In 2012, Essex County (10.0 PM2.5) average daily measure of fine particles is 5.3% higher than the CHR national benchmark (6.7 PM2.5), placing it in the in the worst performing quartile.

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



Source: County Health Rankings - Environmental Public Health Tracking Network

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

National Benchmark: 6.7
Essex County 2012: 10.0

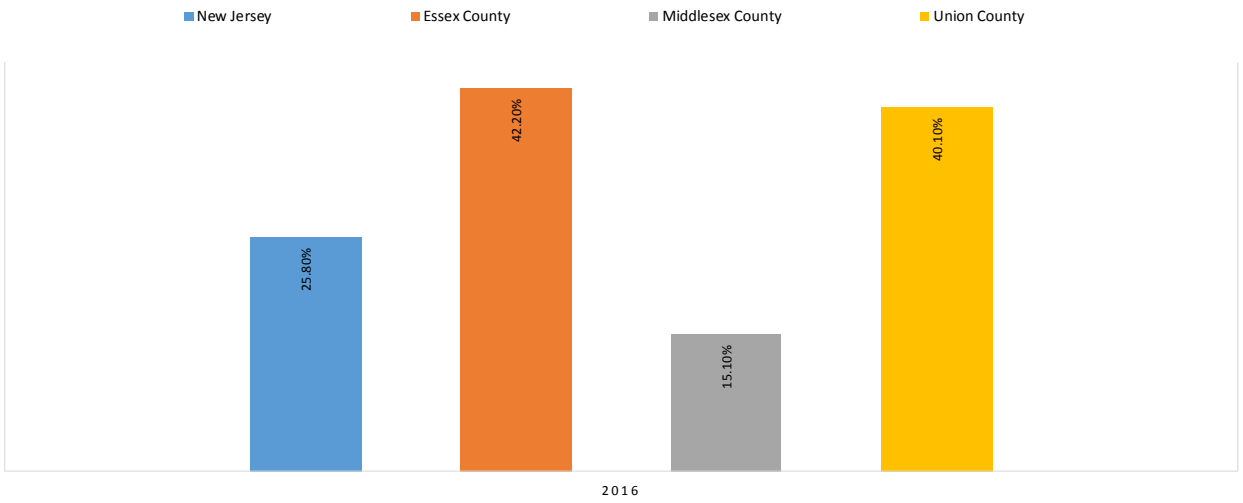
Housing Built before 1950

The potential for exposure to lead based paint in housing units built before 1950 is high. A main source of lead exposure is found in household dust with lead-based paint. Children are highly vulnerable to exposure to lead because of its adverse effects on the developing brain and nervous system.[40]

- In 2016, 42.2% of Essex County housing units were built before 1950, 63.5% higher than New Jersey overall at 25.8%.
- Essex County (42.2%) ranked among the worst performing quartiles of all counties in New Jersey, in terms of housing units built before 1950.

[39] http://www.cdc.gov/air/default.htm
[40] Report On the National Survey of Lead-Based Paint in Housing, https://www.epa.gov/sites/production/files/documents/r95-003.pdf

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



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

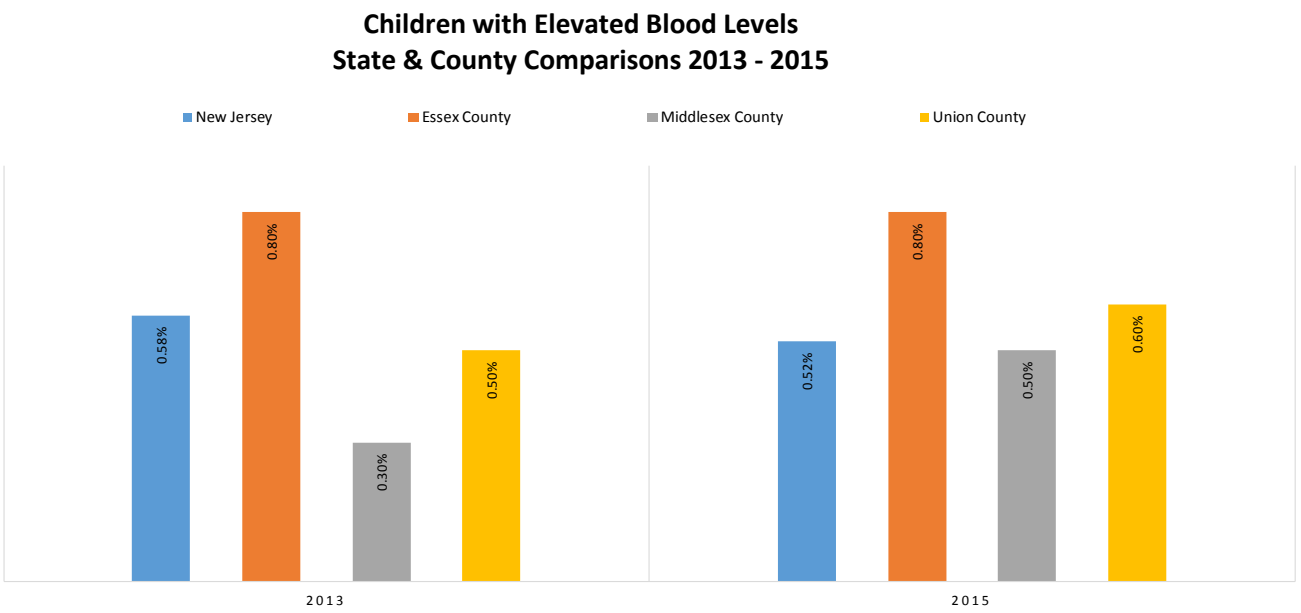
Lead Hazards

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

Very high levels of lead can cause seizures, brain damage, developmental or intellectual disabilities, coma and even death. Exposure to lead, even at low levels, has been associated with decrease hearing, lower intelligence, hyperactivity, attention deficit, and developmental problems.[41] County level analysis cannot reveal individual town disparities in blood lead levels particularly in towns with housing stock built before 1950.

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

[41] http://www.nj.gov/ health/fhs/newborn/ lead.shtml



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

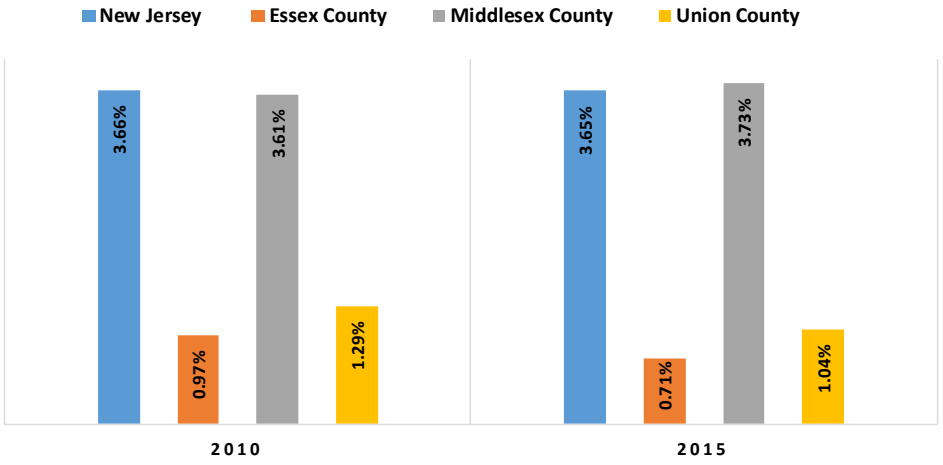
Access to Healthy Foods

Choices about food and diet are influenced by accessibility and affordability of retailers. Specifically, travel time to shopping, availability of healthy foods and food prices are key to decision making. Low-income families face greater barriers in accessing healthy and affordable food retailers, which in turn negatively affect diet and food security.[42]

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

[42] https://www.ers.usda.gov/data-products/food-environment-atlas/go-to-the-atlas/

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



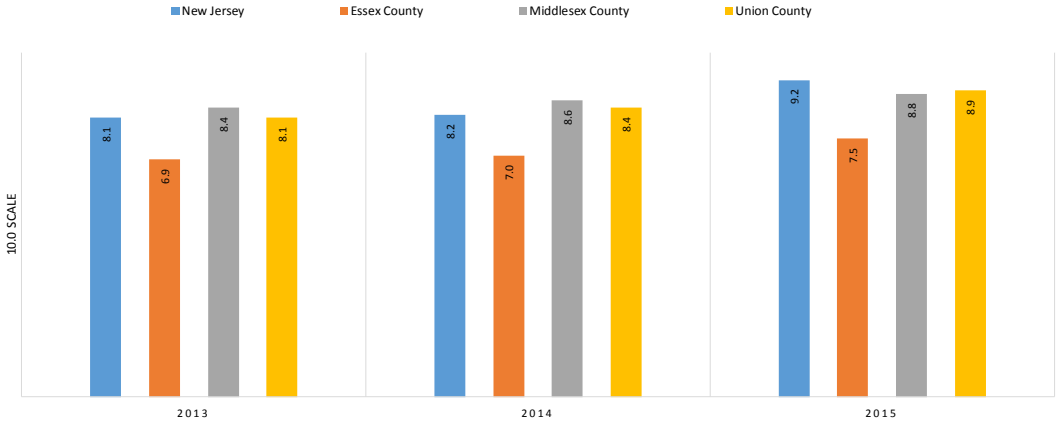
Source: Map The Meal Gap

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

National Benchmark: 2.0%
Essex County 2015: 0.71%

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

Food Environment Index 2015



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

County Health Rankings & Roadmaps
Building a Culture of Health, County by County
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National Benchmark: 8.6
Essex County 2015: 7.5

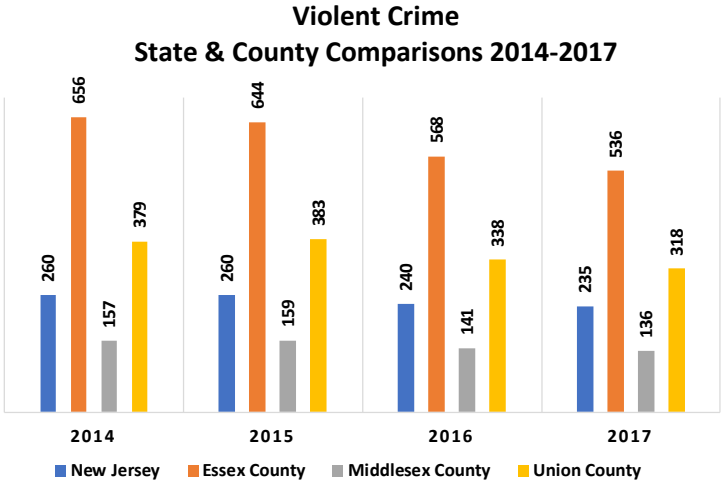
Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Limited Access to Healthy Foods			
Food Environment Index *Index of factors that contribute to a healthy food environment*	N.A.		
Housing Built Before 1950 with Possible Lead-Based Paint Hazard	N.A	N.A.	
Percent of Children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

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

Injury and Crime Prevention

Injuries and violence are widespread. Most events resulting in injury, disability or death are predictable and preventable. Individual behaviors, physical environment, access to health services and the social environment affect the risk of unintentional injury and violence. Violent crime and burglaries in Essex County have seen steady decreases and remain higher than rates statewide.

- Between 2014 and 2017, the violent crime rate in Essex County (568/100,000) was more than double than the violent crime rate (240/100,000) in New Jersey.
- The violent crime rate for Essex County places it in the worst performing quartile.



Source: State of New Jersey Department of Law and Public Safety Division of State Police Uniform Crime Reporting Uniform Crime data count; retrieved on 05.10.2019 for the years 2014 ,2015, 2016 and 2017 (current) from URL https://www.njsp.org/ucr/uniform-crime-reports.shtml

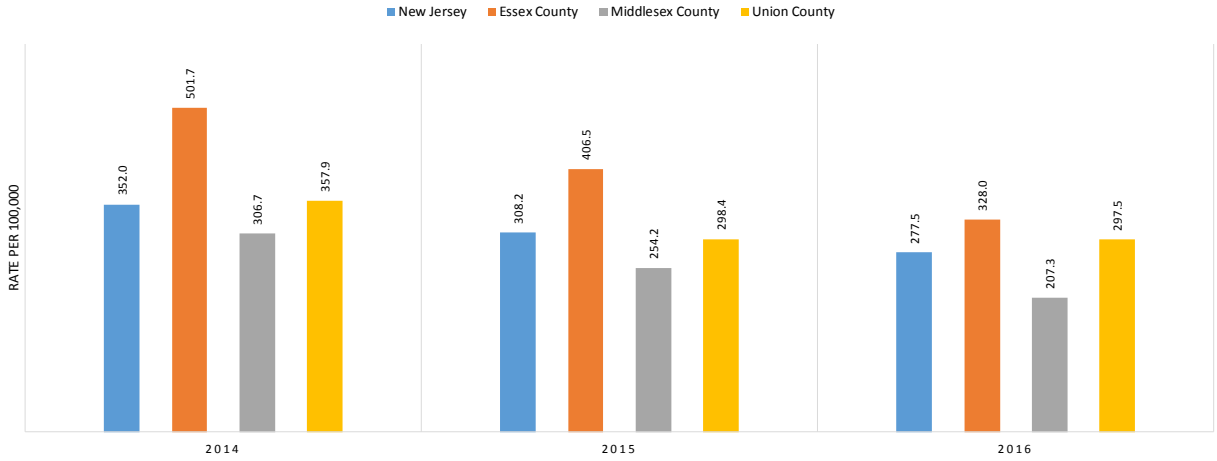
County Health Rankings & Roadmaps
Building a Culture of Health, County by County
A Robert Wood Johnson Foundation program

National Benchmark: 62
Essex County 2017: 536

Burglaries

- Essex County (328.0/100,000) had a burglary rate 18.2% higher than New Jersey (277.5/100,000) in 2016.
- The Essex County burglary rate decreased 53.0% from 501.7/100,000 in 2014, to 328.0/100,000 in 2016.
- Essex County's burglary rate ranks in the middle performing quartile of New Jersey counties.

Burglary Rate
State & County Comparisons, 2014-2016



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

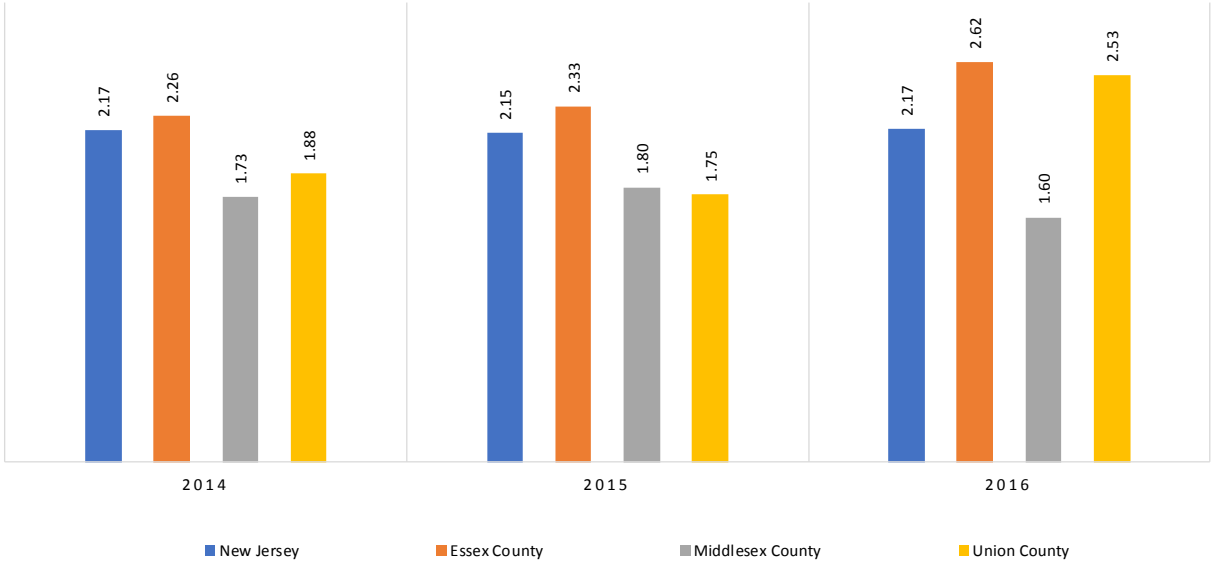
Domestic Violence Arrests

Domestic violence can negatively impact a victim's health beyond the domestic violence incident. Victims of domestic violence exhibit physical and emotional problems including, but not limited to, chronic pain, depression, anxiety, eating disorders, and post-traumatic stress disorder.[43]

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

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

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

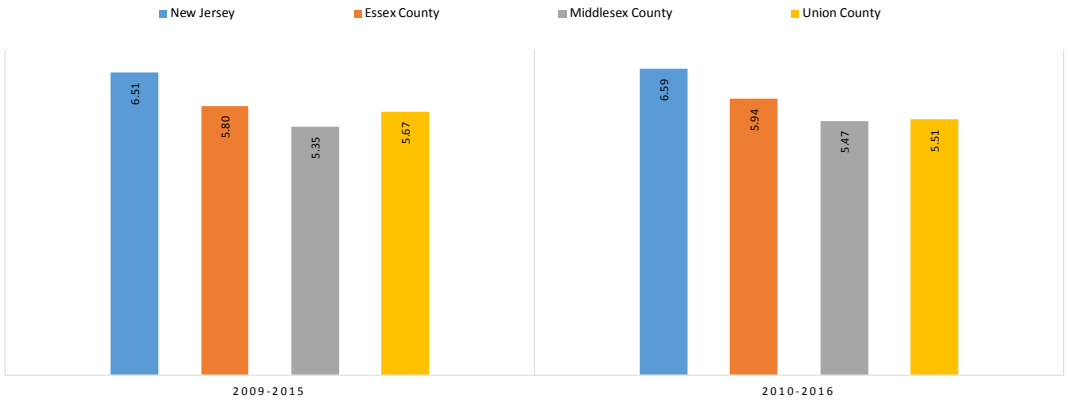


Source: County Health Rankings - The Uniform Crime Reporting (UCR) Program

Motor Vehicle Crash Deaths

- In 2010-2016, Essex County's rate (5.94/100,000) for motor vehicle crash deaths was 10.9% lower than New Jersey (6.59/100,000).
- Deaths due to motor vehicle accidents increased slightly in Essex County between 2009-2015 (5.80/1,000) and 2010-2016 (5.94/1,000).
- In 2010-2016, Essex County (5.94/1,000) car accident related deaths occurred 108.8% less often than the *Healthy People 2020* target (12.4/1,000).

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



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

Healthy People 2020

Baseline: 13.8
Target: 12.4
Essex County 2016: 5.7

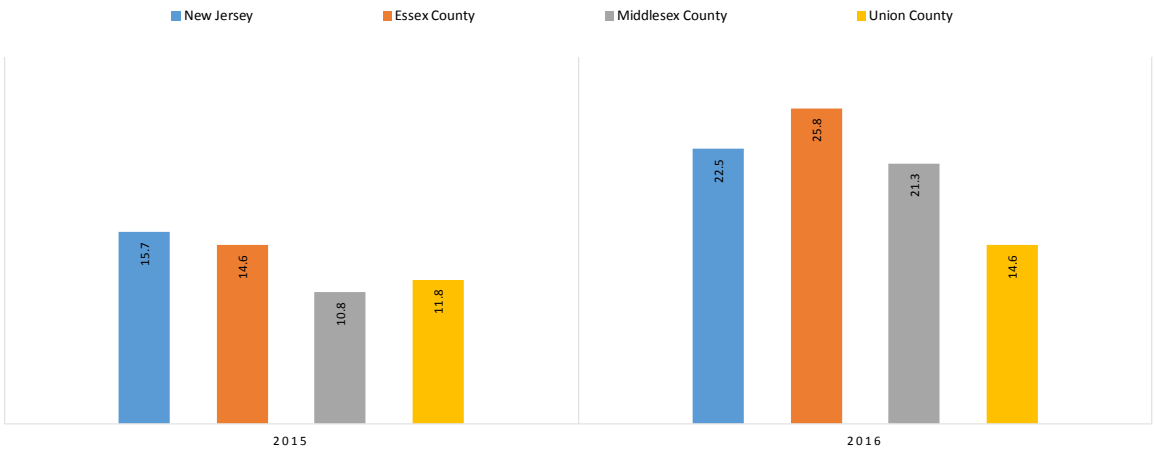
County Health Rankings & Roadmaps
Building a Culture of Health, County by County
A Robert Wood Johnson Foundation program

National Benchmark: 9
Essex County 2016: 5.7

Accidental Poisoning and Exposure to Noxious Substances

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

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



Source: NJ SHAD

Baseline: 13.2
Target: 13.2
Essex County 2016: 25.8

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

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

D. HEALTH FACTORS

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

1. Clinical Care Measures

Inpatient and ED Utilization[44]

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

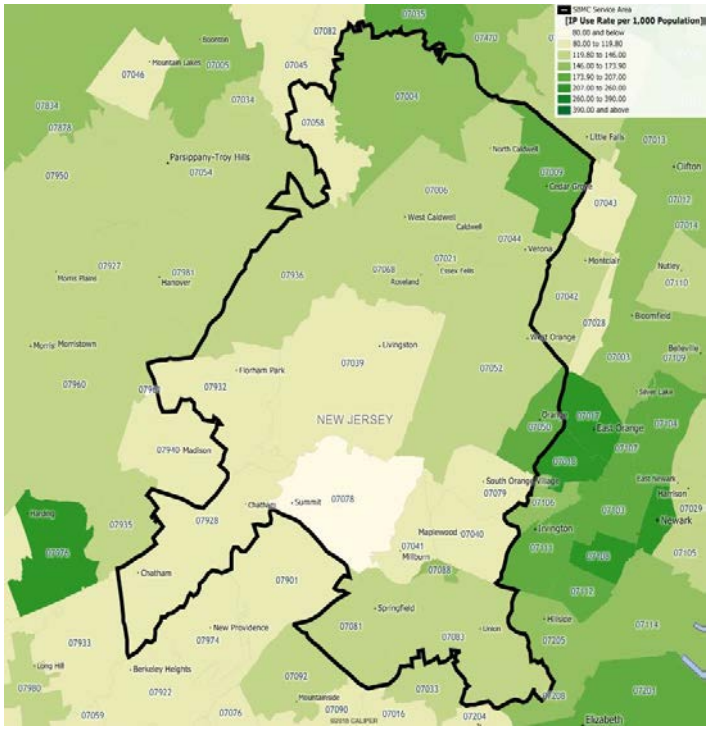
Inpatient

- Essex County's 2016 inpatient utilization rate (163.15/1,000) was slightly higher than the State (160.22/1,000).
- SBMC's Service Area inpatient rate (125.70/1,000) was lower than the Essex County rate and the State rate.
- Orange had the highest inpatient use rate in the SBMC Service Area (187.06/1,000).

[44] Inpatient use rates are not age-specific and, therefore, are subject to the age structure of the geographic region.

Inpatient Use Rates per 1,000 Population 2016

GEOGRAPHIC AREA	RATE
New Jersey	160.22
Essex County	163.15
Saint Barnabas	125.70
TOP 5 BY ZIP CODE	
07050 Orange	187.06
07009 Cedar Grove	176.51
07088 Vauxhall	171.63
07004 Fairfield	160.17
07044 Verona	142.97



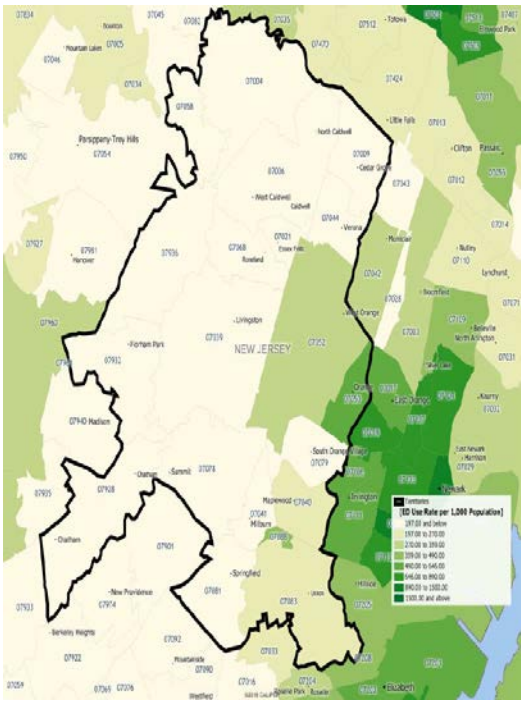
Source: UB-04 2016 Discharges Includes Inpatient & Same Day Stay, Excludes Normal Newborn; Population – Claritas 2016 Estimate

Emergency Department

- Essex County's 2016 ED visit rate (464.65/1,000) was 31.9% higher than the State rate (352.20/1,000).
- SBMC's 2016 Service Area (211.32/1,000) ED use rate was lower than the State rate (352.2/1,000).
- In 2016, Orange's ED visit rate (554.00/1,000) was more than twice as large as the Service Area rate (211.32/1,000).
- In 2016, the ED visit rates of Orange and Vauxhall were higher than the statewide rate.

ED Use Rate per 1,000 Population 2016

GEOGRAPHIC AREA	RATE
New Jersey	352.20
Essex County	464.65
Saint Barnabas	211.32
TOP 5 BY ZIP CODE	
07050 Orange	554.40
07088 Vauxhall	428.51
07052 West Orange	278.39
07083 Union	265.37
07040 Maplewood	243.11



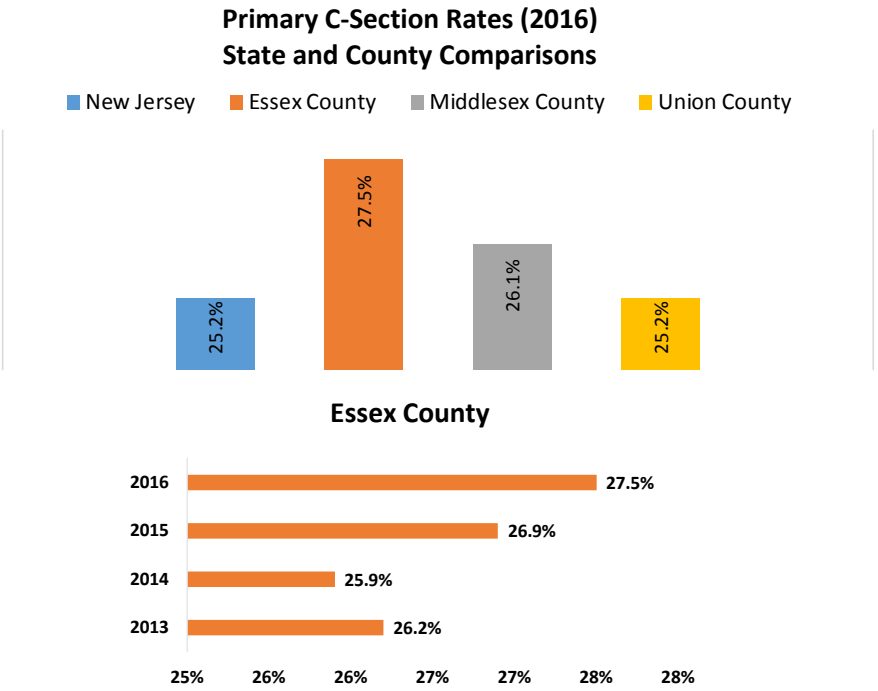
*Source: UB-04 2016 ED Discharges; Claritas 2016 Estimate

** Emergency Room Use Among Adults Aged 18–64: Early Release of Estimates From the National Health Interview Survey, January–June 2011; http ://www.cdc.gov/nchs/data/nhis/earlyrelease/emergency_room_use_january-june_2011.pdf

Cesarean Section

A Cesarean Section (C-section) is a major surgical procedure performed because of health problems in the mother, position of the baby, and/or distress in the infant.[45] The U.S. cesarean delivery rate reached a high of 32.9% of all births in 2009, rising 60% from 1996 (20.7%). Recently, the American College of Obstetricians and Gynecologists developed clinical guidelines for reducing the occurrence of non-medically indicated cesarean delivery and labor induction prior to 39 weeks. Efforts to reduce such births include initiatives to improve perinatal care quality, and changes in hospital policy to disallow elective delivery prior to 39 weeks and education of the public.[46]

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



Source: NJDOH Bureau of Vital Statistics and Registration NJ Birth Certificate Database http://www4.state.nj.us/dhss-shad/query/result/birth/BirthBirthCnty/Count.html

*Primary C-Section: Single >=37 Week Low Risk Births Delivered By C-Section/Single Live Births To Low Risk Females

**Repeat C-Section: Single >=37 Week Low Risk Births Delivered By C-Section With Prior Cesarean/Live Births To Low Risk Females With A Prior Cesarean

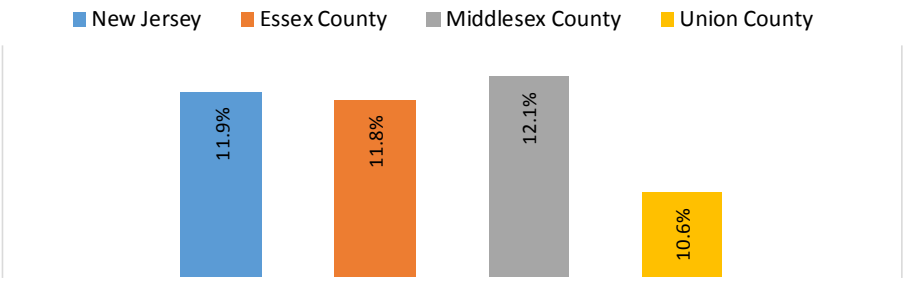
Baseline: 26.5%
Target: 23.9%
Essex County 2016: 27.5%

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

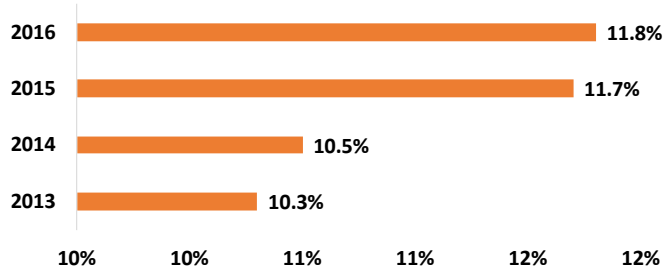
Vaginal Birth After C-Section (VBAC)

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

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



Essex County



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

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

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

2. Health Behaviors

Maternal / Fetal Health

Prenatal Care

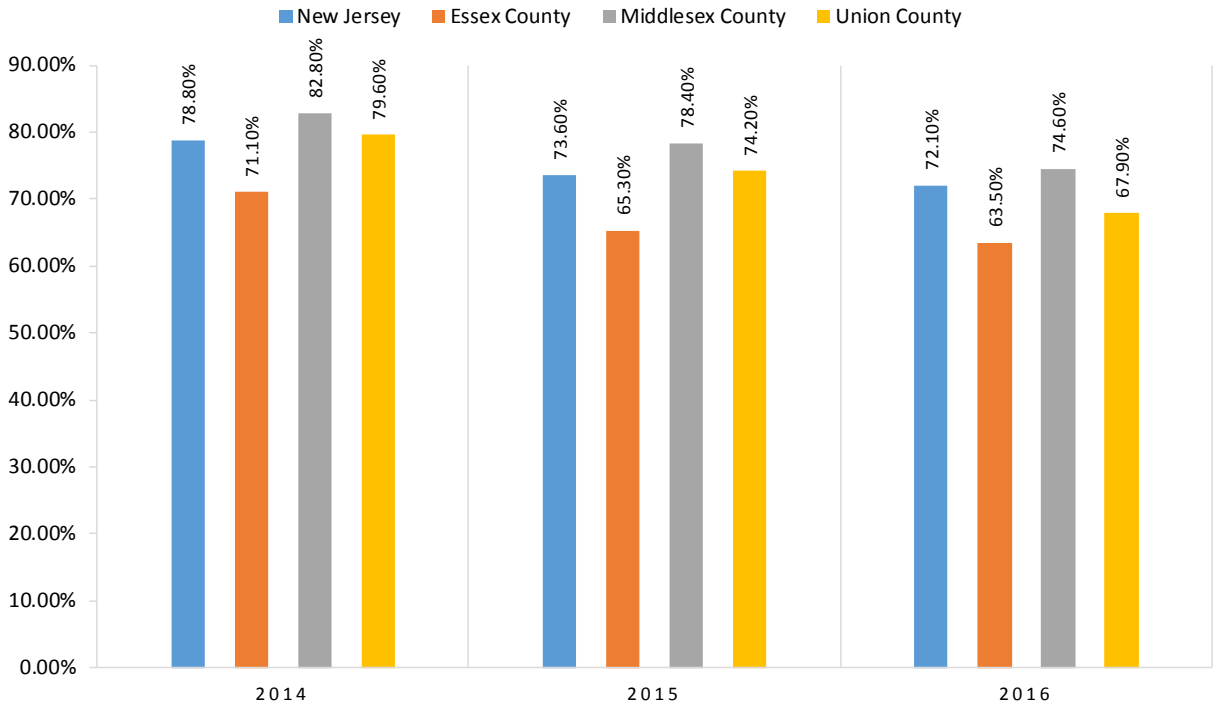
The medical care a woman receives during pregnancy monitors her health and the developing fetus. Low-risk pregnancies should visit a prenatal provider every four or six weeks through 28 weeks, then every two or three weeks from weeks 28-36, and finally every week in the ninth month until delivery. A high-risk pregnancy requires additional visits.[47] Pregnant women who do not receive adequate prenatal care risk undetected complications and an increased possibility of adverse outcomes.

Early and regular prenatal care is a strategy to improve health outcomes for mothers and infants. Two significant benefits are improved birth weight and decreased preterm delivery. Infants born to mothers who receive no prenatal care have an infant mortality rate five times higher than mothers who receive appropriate prenatal care in the first trimester of pregnancy. Enrollment in care during the first trimester of pregnancy reflects timely initiation of prenatal care.[48]

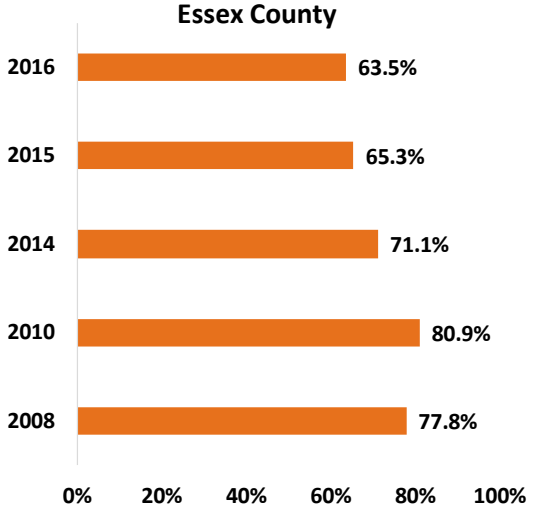
- In 2016, only 63.5% of Essex County women entered prenatal care in the first trimester compared to 72.1% in New Jersey. As compared to other New Jersey counties, Essex County ranks in the lowest quartile.
- Essex County women enrolled in first trimester prenatal care declined from 81% in 2010 to 63.5%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

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

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



Essex County



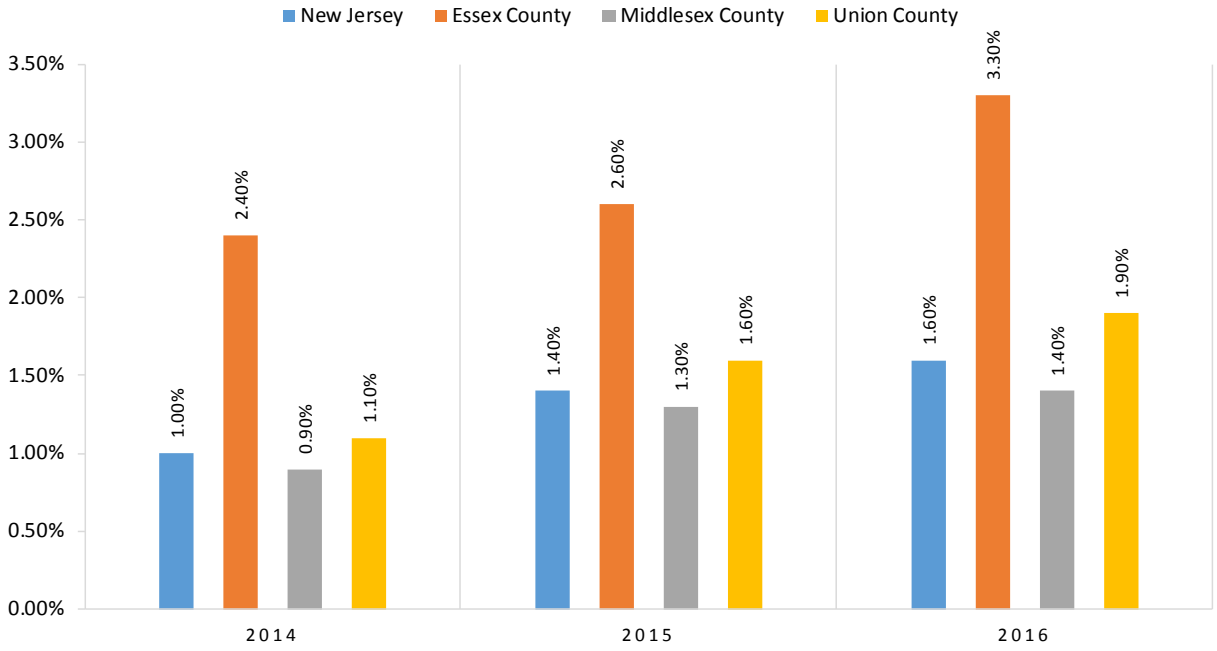
Source: NJDOH Bureau of Vital Statistics and Registration NJ Birth Certificate Database
Note: Percentages are based on Total Number of Live Births for County and State

Healthy People 2020

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

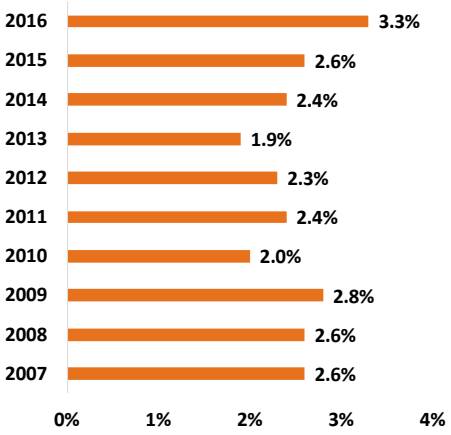
- The percent of Essex County women without prenatal care ranged from a low of 1.9% in 2013, to a high of 3.3% in 2016.
- The 2016 Essex County rate for no prenatal care was more than double the State rate of 1.6% and performed in the lowest quartile. Increases such as these are concerning and should be monitored.
- Information obtained from the local maternal and child health consortium suggests that fear of deportation, time/cost considerations, and the fact that some women believe care in the first trimester is less a need (pregnancy is normal) as some of the reasons for this decline.

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



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

Percentage of Live Births with No Prenatal Care, 2014-2016
Essex County – Trend



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

High Risk Sexual Behaviors

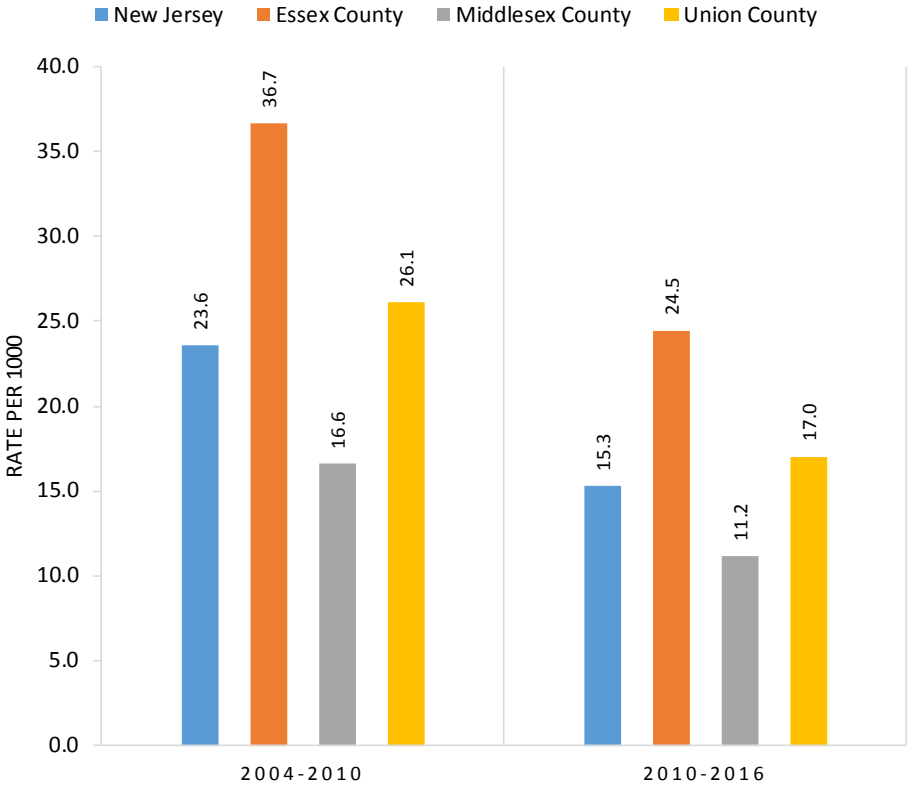
Teen Pregnancy

In 2016, there were 20.3 births/1,000 American adolescent females aged 15-19 years; approximately 209,809 babies were born to teens, with nearly eighty-nine percent of these births occurring outside of marriage. The national teen birth rate has trended downward over the past 20 years. In 1991, the U.S. teen birth rate was 61.8 births/1,000 adolescent females. However, the U.S. teen birth rate remains higher than that of many other developed countries, including Canada and the United Kingdom.[49] Pregnant teens are less likely than older women to receive recommended prenatal care and are more likely to have pre-term or low birth weight babies. Teen mothers are often at increased risk for STIs and repeat pregnancies, are less likely than their peers to complete high school and more likely to live below the poverty level and rely on public assistance. Risky sexual behaviors can have high economic costs for communities and individuals.[50]

- The 2010-2016 Essex County (24.5/1,000) birth rate among teens aged 15-19 was 60.1%, higher than the State rate (15.3/1,000) and in the lowest performing quartile statewide.
- The birth rate among Essex County teens aged 15-17 decreased from 17.5/1,000 in 2007-2011 to 10.1/1,000 in 2012-2016 and was in the lowest performing quartile statewide.
- For both age cohorts, 15-17 and 15-19, the percent of Essex County teen births is consistently higher than statewide rates.

[49] http://www.hhs.gov/ash/oah/adolescent-health-topics/reproductive-health/teen-pregnancy/trends.html
[50] http://www.countyhealthrankings.org/our-approach/health-factors/sexual-activity

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



Source: NJDOH Center for Health Statistics State Health Assessment Data

County Health Rankings & Roadmaps
Building a Culture of Health, County by County
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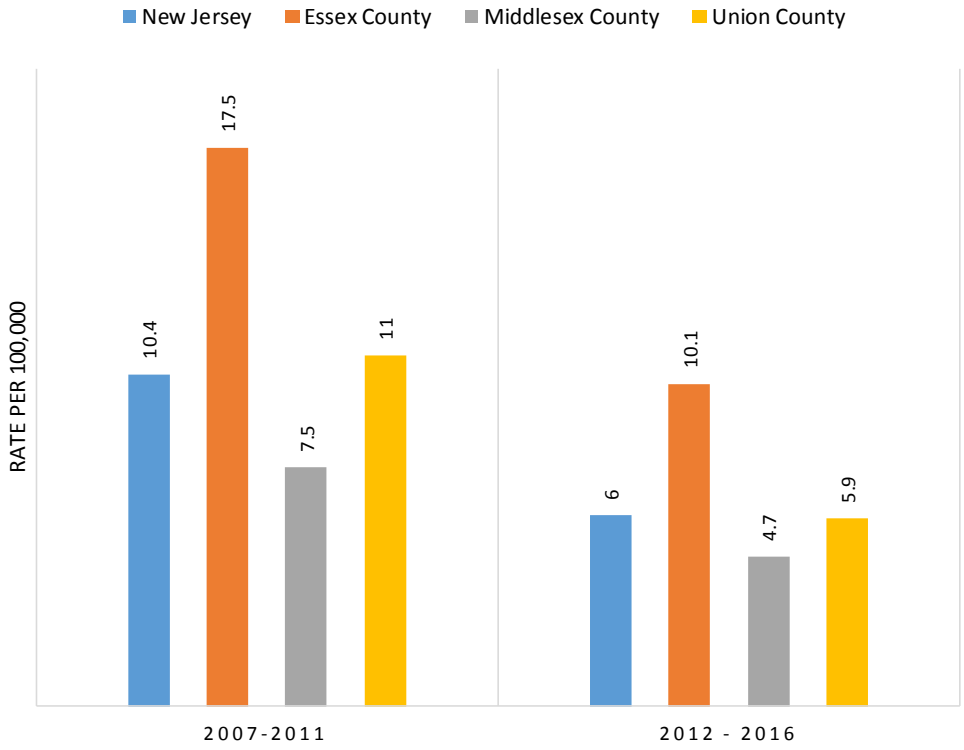
National Benchmark: 15
Essex County 2016: 24.5

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



Source: NJDOH Center for Health Statistics State Health Assessment Data

Healthy People 2020

Baseline: 40.2
Target: 36.2
Essex County 2016: 10.1

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

- The Orange 2016 birth rate to teens aged 15-19 (27.27/1,000) was more than twice the New Jersey rate (11.16/1,000).

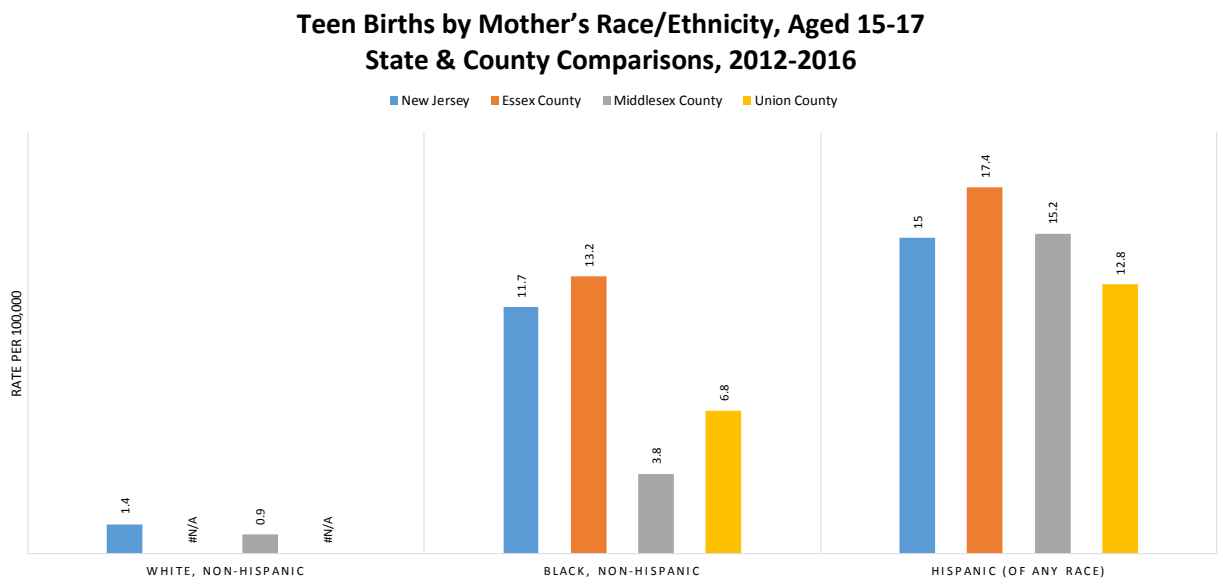
Teen Birth Rates 2016 – Deliveries Among 15-19 Year Old

GEOGRAPHIC AREA	RATE
New Jersey	11.16
Essex County	20.39
Saint Barnabas Medical Center	4.79
TOP 5 BY ZIP CODE	
Orange (07050)	27.27
Vauxhall (07088)	22.49
Pine Brook (07058)	10.64
West Orange (07052)	7.75
Caldwell (07006)	3.62

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

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

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



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

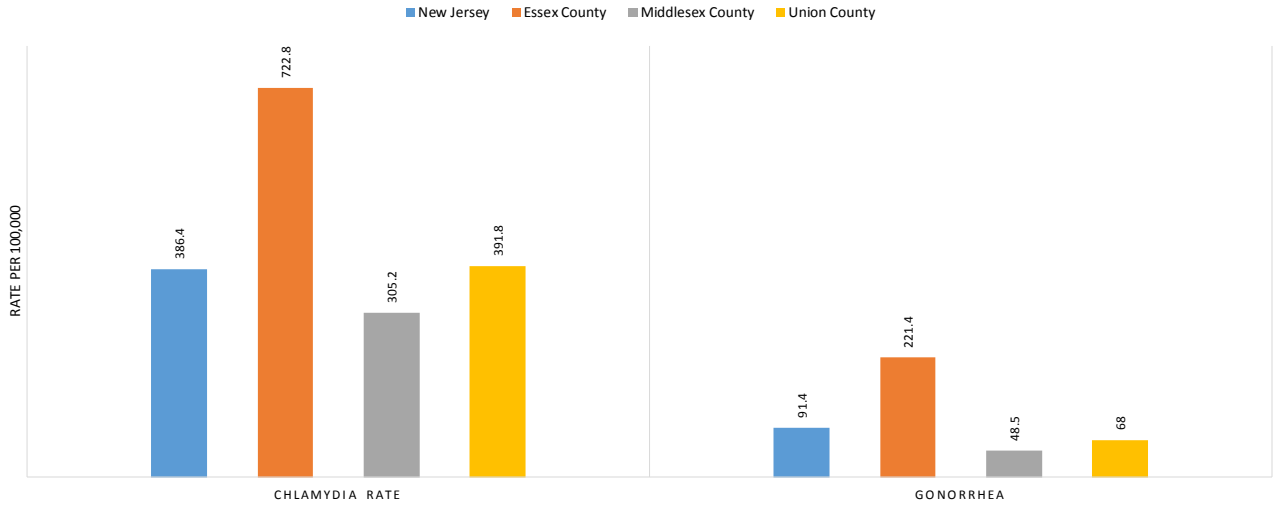
Sexually Transmitted Infection

Sexually transmitted infections (STI) are caused by bacteria, parasites and viruses contracted through relations with an infected individual. There are more than 20 types of STIs, including Chlamydia, Gonorrhea, Genital herpes, HIV/AIDS , HPV, Syphilis and Trichomoniasis. Most STIs affect both men and women, but in many cases health problems may be more severe for women. If pregnant, a STI can cause serious health complications for the baby.[51]

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

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

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



Source: NJ SHAD

County Health Rankings & Roadmaps
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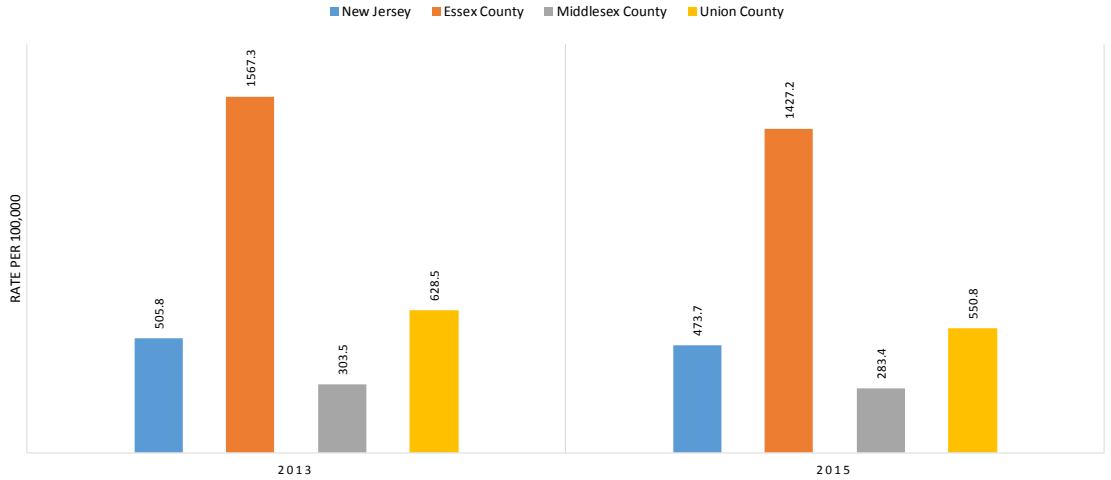
National Benchmark: 145.1
Essex County 2016: 722.8

HIV/AIDS

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

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

HIV Rates 2013-2015
State and County Comparisons



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

County Health Rankings & Roadmaps
Building a Culture of Health, County by County
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National Benchmark: 362
Essex County 2015: 1,427.2

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

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

Individual Behavior

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

likely to die early from cardiovascular disease and 57 percent less likely to die early from other causes compared to those who do not engage in any of these behaviors.[52]

Tobacco Use

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

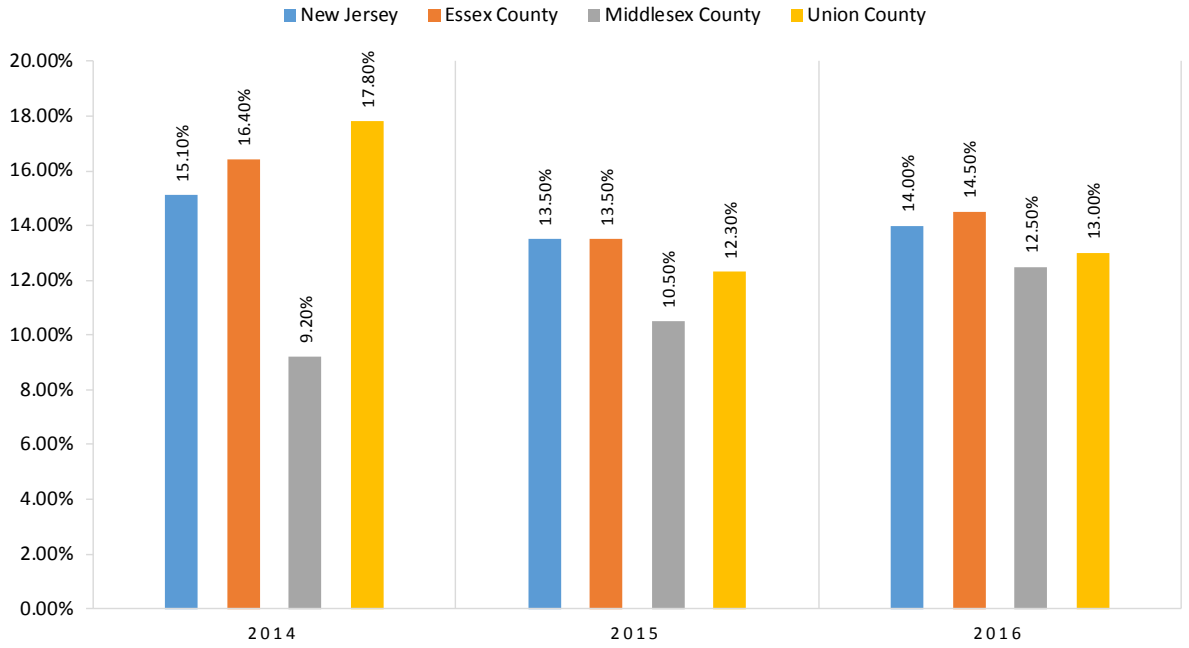
About 15% of U.S. adults smoke. Each day, nearly 3,200 youth smoke their first cigarette, and 2,100 people transition from occasional to daily smokers. Smokeless tobacco also leads to various cancers, gum and teeth problems, and nicotine addiction. Almost 6% of young adults use smokeless tobacco and half of new users are younger than 18.[53,54]

NJBRFS did not separate out use of nicotine vaping devices in the question regarding smoking. We are aware through information obtained from primary research conducted for this CHNA, that a majority of adolescents and young adults are choosing vaping products over the use of cigarettes and that some adolescents may not even be aware of the fact that vaping devices are just another form of nicotine delivery. Vaping among adolescents has been a major concern of community stakeholders and current news articles and reports of deaths and lung disease associated with vaping has become a major issue of concern.

- Between 2014 and 2016, smoking rates have fluctuated in Essex County with an overall decrease of 1.9 percentage points.
- In 2016, there were 3.6% more smokers in Essex County (14.5%) than New Jersey (14.0%). Essex County had more adult smokers than neighboring Middlesex (12.5%) and Union (13.0%) Counties. Essex County performs in the middle quartile statewide.
- In 2016, Essex County was also in the middle performing County Health Rankings benchmark and the *Healthy People 2020* target.

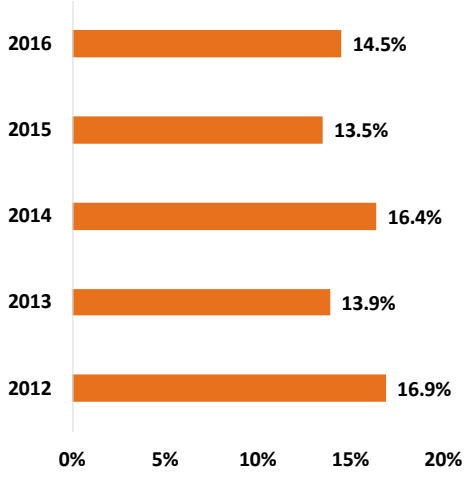
[52] http://www.cdc.gov/features/livelonger/
[53] http://www.countyhealthrankings.org/our-approach/health-factors/tobacco-use
[54] http://www.cdc.gov/tobacco/data_statistics/fact_sheets/index.htm

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



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

Adults Who Are Current Smokers
Essex County – Trend



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

Healthy People 2020

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

County Health Rankings & Roadmaps
Building a Culture of Health, County by County
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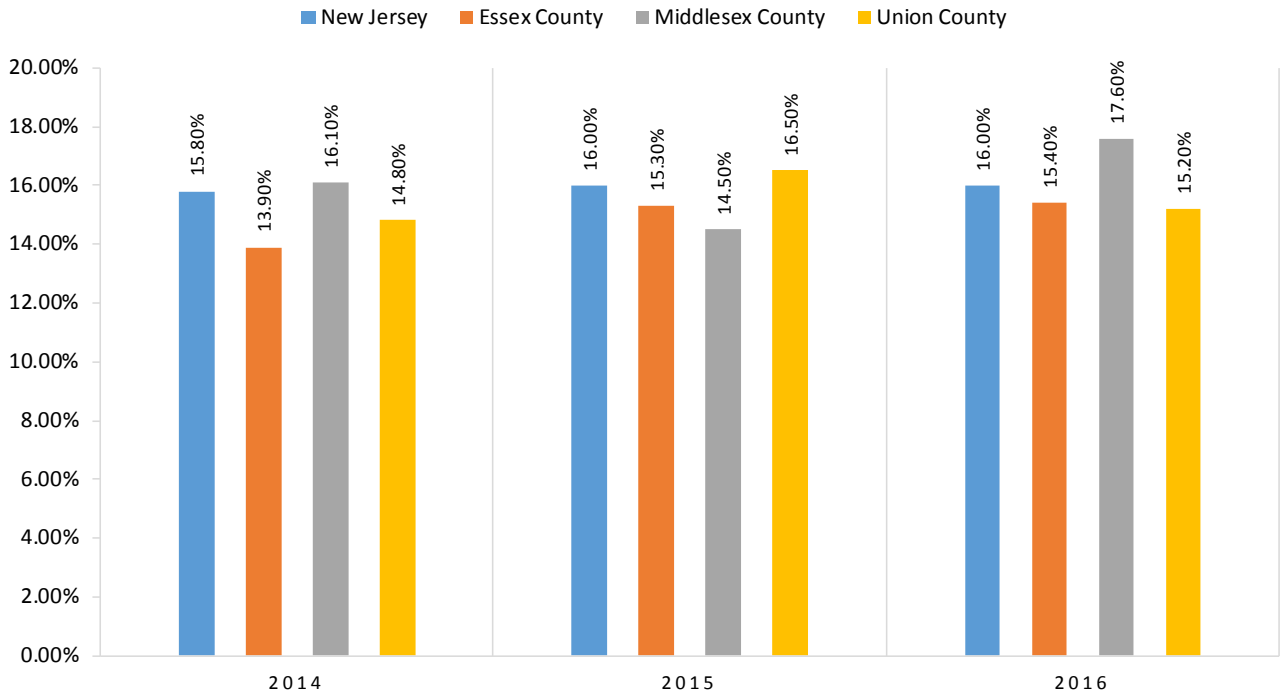
National Benchmark: 14.0%
Essex County 2016: 14.5%

Alcohol Use

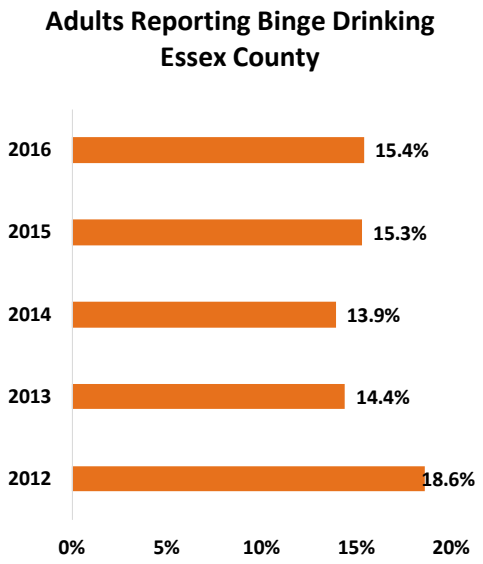
Although moderate alcohol use is associated with reduced risk of heart disease and diabetes, excessive consumption is the third leading cause of preventable death nationally. Excessive consumption considers both the amount and the frequency of drinking. Short-term, excessive drinking is linked to alcohol poisoning, intimate partner violence, risky sexual behaviors, failure to fulfill responsibilities and motor vehicle crashes. Over time, excessive alcohol consumption is a risk factor for hypertension, acute myocardial infarction, fetal alcohol syndrome, liver disease and certain cancers.[55]

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

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



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



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

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National Benchmark: 13.0%
Essex County 2016: 15.4%

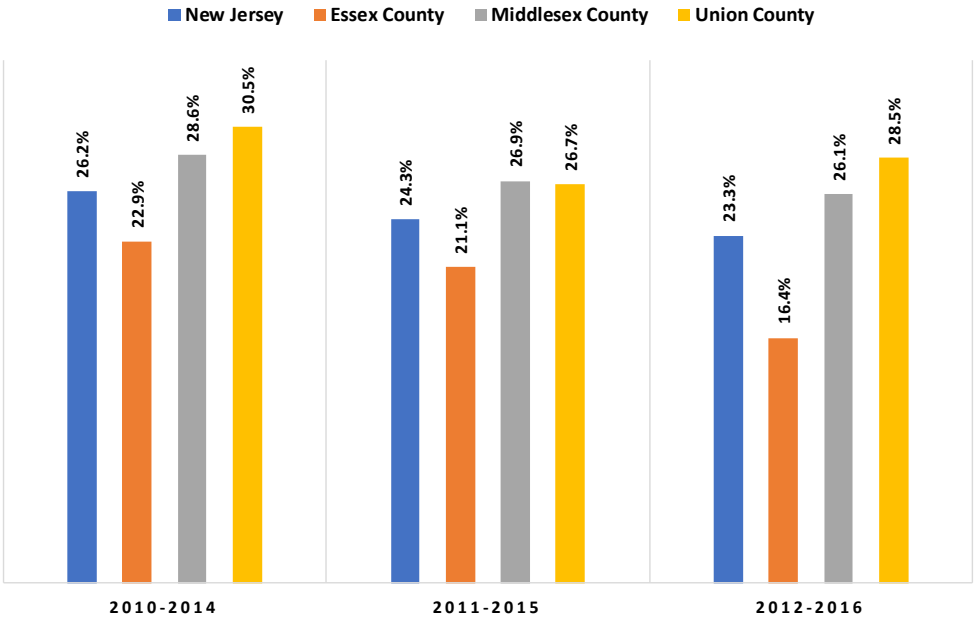
Heavy drinking is defined when someone has at least 60 drinks a month (for males) and 30 (for females).

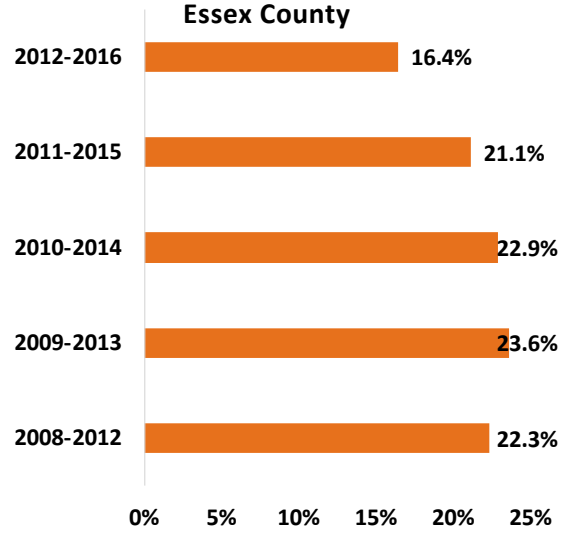
- County-wide, residents who were heavy drinkers increased from 4.5% in 2012 to 6.2% in 2016.
- In 2016, Essex County had the highest percent of residents reporting heavy drinking, relative to the State and the surrounding counties.
- Essex County ranked in the lowest performing quartile among the 21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

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

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

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





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

County Health Rankings & Roadmaps
Building a Culture of Health, County by County
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National Benchmark: 13.0%
Essex County 2016: 16.4%

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Tobacco Use *Adults Who Are Current Smokers*			
Excessive Drinking *Binge Drinkers*	N.A.		
Excessive Drinking *Heavy Drinkers*	N.A.	N.A.	
Alcohol Impaired Driving Deaths	N.A.		

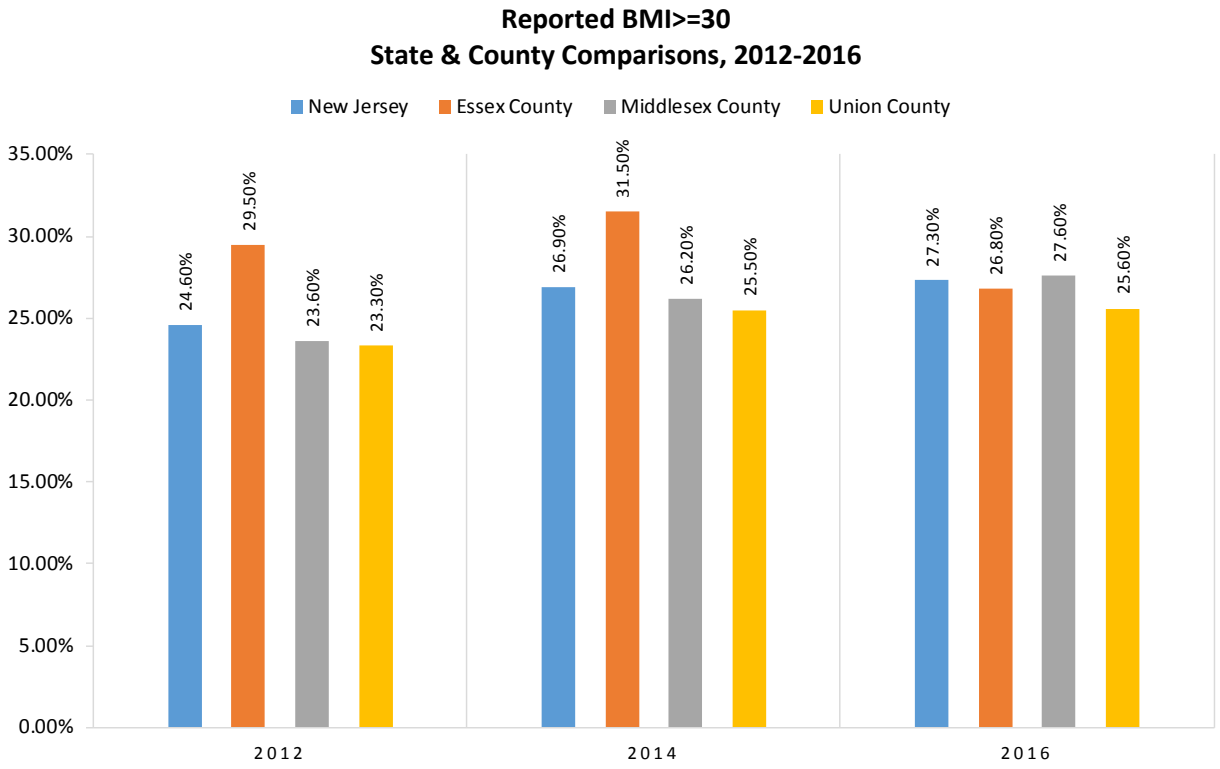
RED: Poorest Performing Quartile
Yellow: Middle Quartiles
Green: Best Performing Quartile

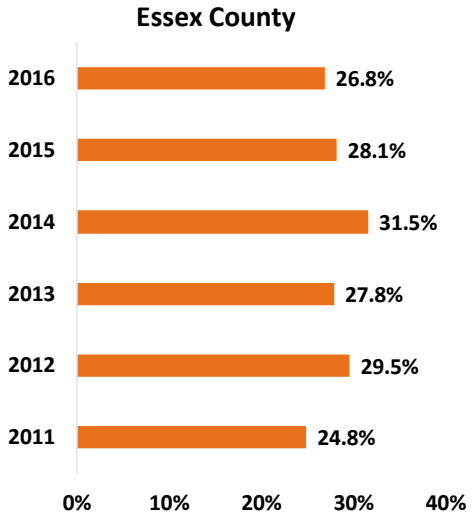
Obesity

Healthy food is a key component to good health; insufficient nutrition hinders growth and development. As of 2016, 41 million Americans struggled with hunger in the U.S. A household that is food insecure has limited or uncertain access to enough food to support a healthy life. Obesity among food insecure people, as well as low income individuals, occurs in part because they are often subject to the same challenges as other Americans (more sedentary lifestyles, increased portion size) and because they face unique challenges in adopting and maintaining healthy behaviors, including limited resources and lack of access to affordable healthy food, cycles of food deprivation and overeating, high levels of stress and anxiety, fewer opportunities for physical activity, greater exposure to marketing of obesity promoting products, and limited access to health care.[56]

- The percent of Essex County residents with a Body Mass Index (BMI) >=30 trended upward from 24.8% in 2011, to 26.8% in 2016.
- In 2016, Essex County (26.8%) had a lower rate of obesity than Middlesex County (27.6%) and the State (27.3%).
- In 2016, a lower percentage of Essex County residents (26.8%) were obese than the *Healthy People 2020* target (30.6%)
- In 2016, Essex County residents with a BMI>=30 ranked in the middle quartile in New Jersey and with regard to the County Health Rankings.

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





Source: CDC Behavioral Risk Factor Surveillance System

Healthy People 2020

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

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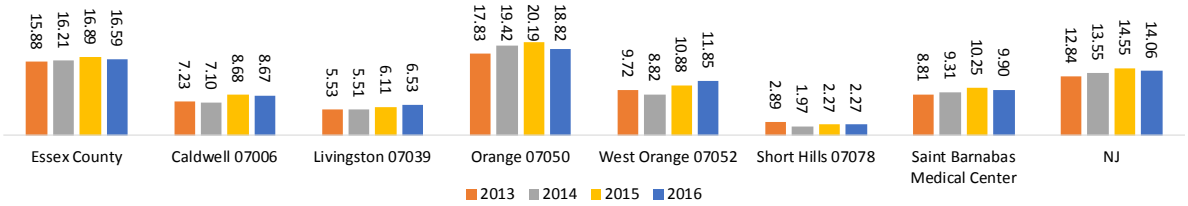
National Benchmark: 26.0%
Essex County 2016: 26.8%

- In 2016, Orange residents had a higher rate of patients hospitalized with a diagnosis of obesity (18.82/1,000) as compared to Essex County (16.59/1,000).
- In 2016, patients hospitalized from Essex County had higher rates of obesity than hospitalized residents of SBMC's Service Area.

Disease Incidence: Obesity, Rate per 1,000 Population



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

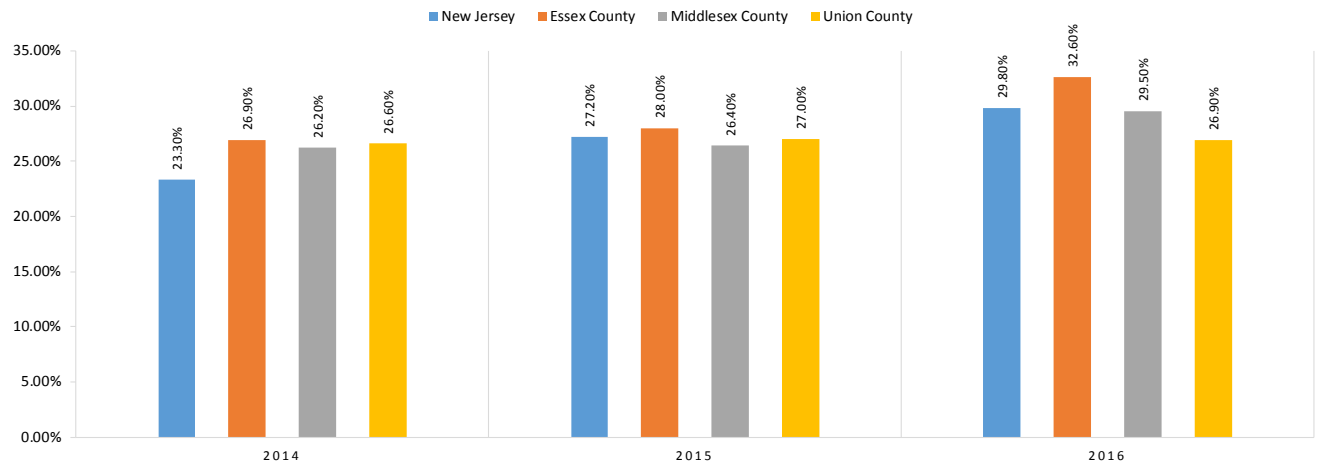
Exercise

Inadequate physical activity contributes to increased risk of coronary heart disease, diabetes and some cancers. Nationally, half of adults and nearly three-quarters of high school students do not meet the CDC's recommended physical activity levels.[57]

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

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

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



Source: CDC Behavioral Risk Factor Surveillance System

County Health Rankings & Roadmaps
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National Benchmark: 23.0%
Essex County 2016: 32.6%

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

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

Health Screenings

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

Tumor Registry data for SBMC indicates a large percentage of late stage diagnoses for oral, digestive system, and respiratory cancers.

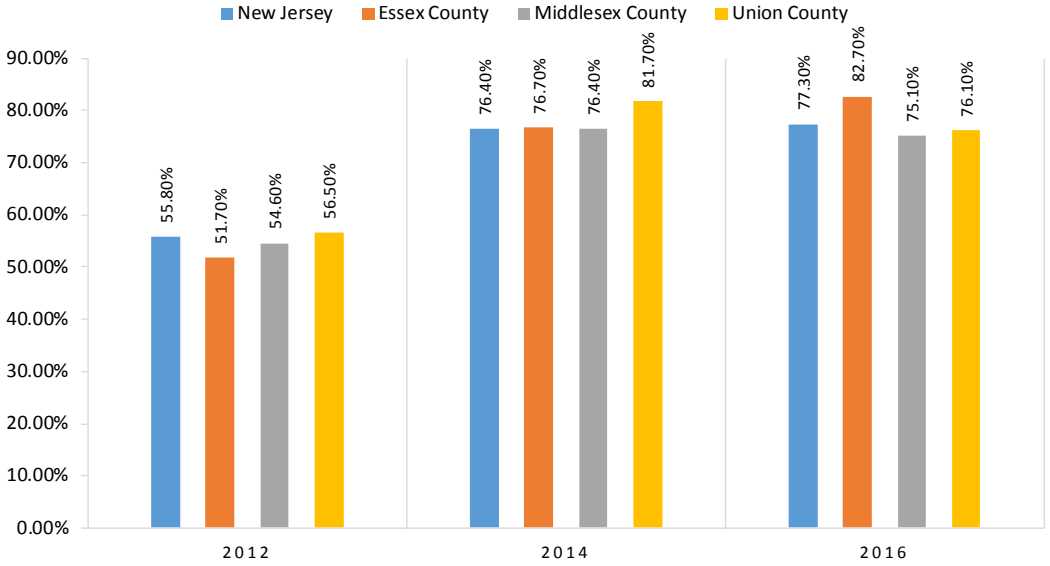
Cancer Screening

Breast Cancer (mammography)

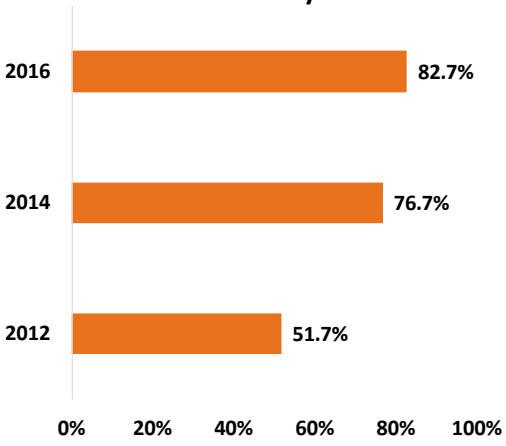
According to the American Cancer Association, women ages 40 to 44 should have the choice to start annual breast cancer screening with mammograms (x-rays of the breast) if they wish to do so. Women age 45 to 54 should get mammograms every year. Women 55 and older should switch to mammograms every 2 years,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

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

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



Essex County



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

Healthy People 2020

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

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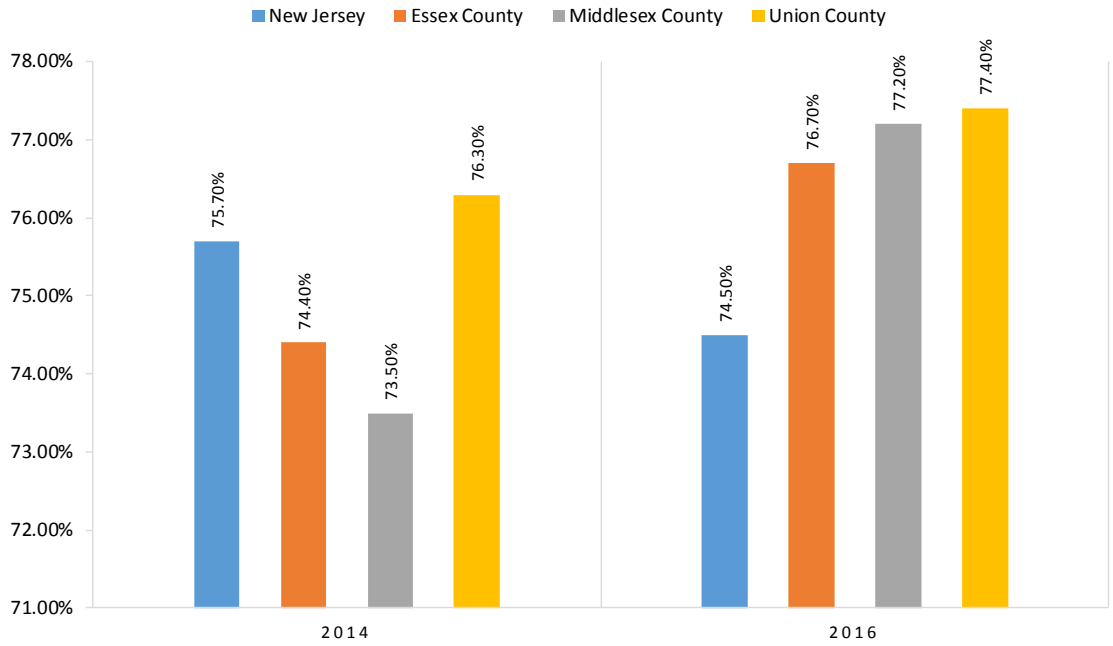
National Benchmark: 71.0%
Essex County 2016: 82.7%

Cervical Cancer (pap smear)

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

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

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



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

Healthy People 2020

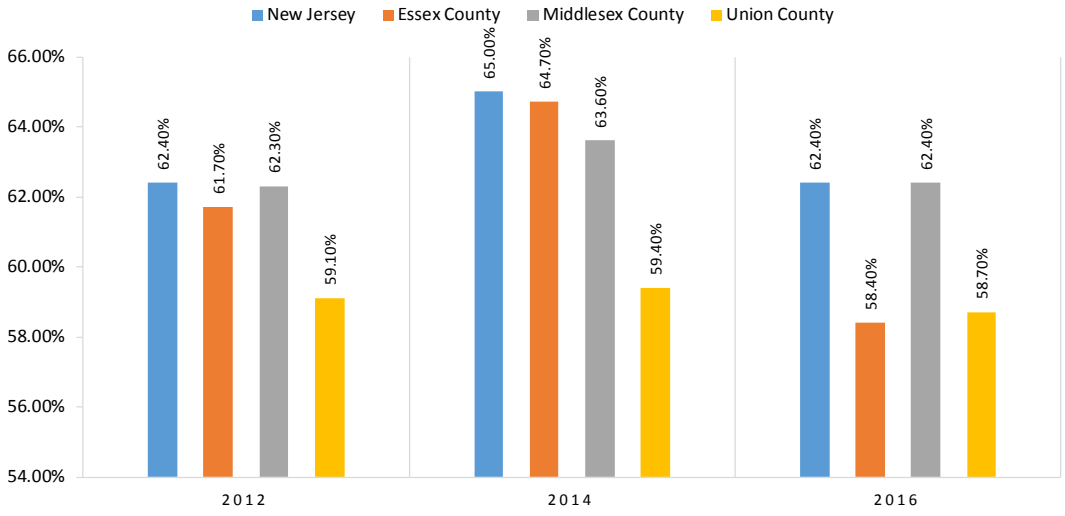
Baseline: 60.2%
Target: 66.2%
Essex County 2016: 76.7%

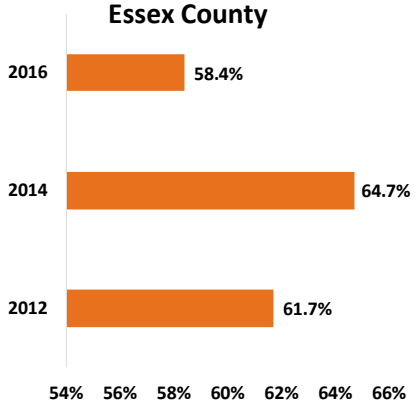
Colon-rectal Cancer (sigmoidoscopy or colonoscopy)

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

- In 2016, a lower percentage of Essex County adults over age 50 (58.4%) participated in colon-rectal screening than adults statewide (62.4%). Compared to all New Jersey counties, Essex County performs in the lowest performing quartile.
- In 2016, fewer Essex County adults (58.4%) over age 50 had a colonoscopy/sigmoidoscopy than in 2012 (61.7%). Essex County was below the *Healthy People 2020* target of 70.5% of adults (50+) ever having colon-rectal screening in 2016.

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





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

Healthy People 2020

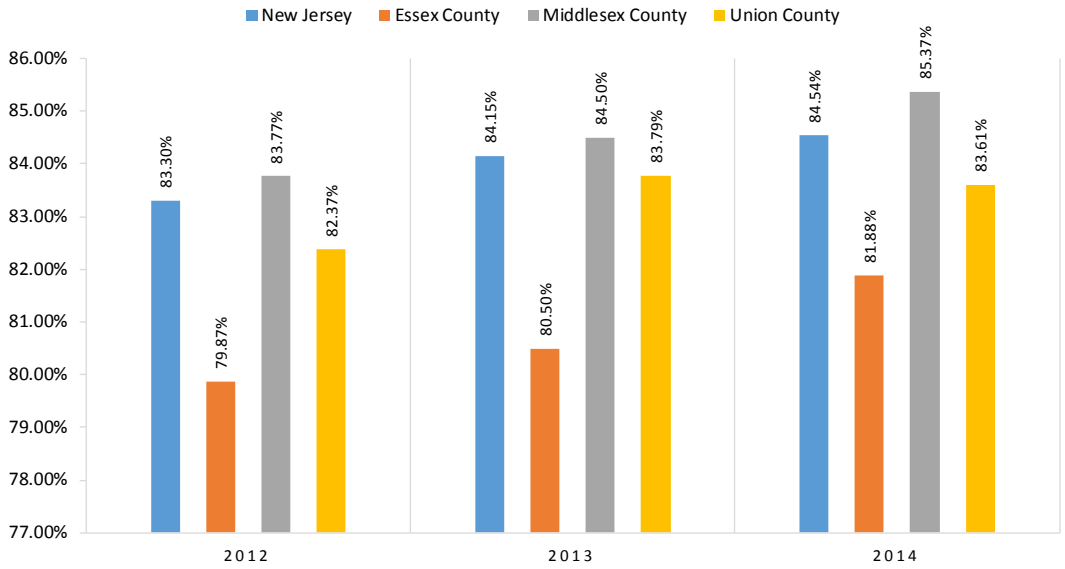
Baseline: 52.1%
Target: 70.5%
Essex County 2016: 58.4%

Diabetes

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

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

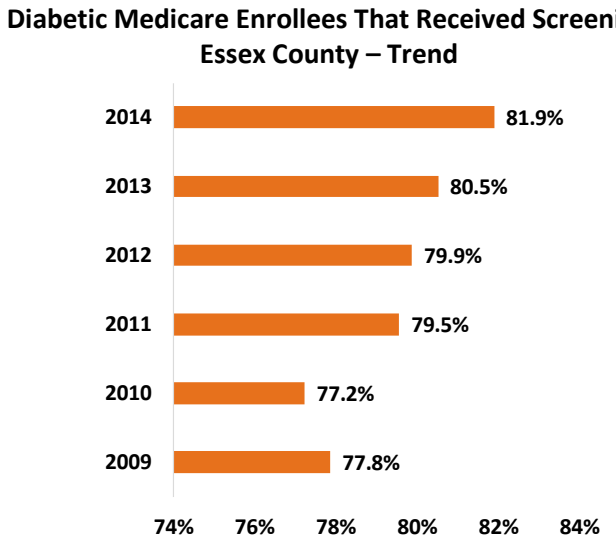
Diabetic Medicare Enrollees That Received Screening
State & County Comparisons, 2012-2014



Source: County Health Rankings – Dartmouth Atlas of Health Care

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

National Benchmark: 91.0%
Essex County 2014: 81.9%



Source: County Health Rankings – Dartmouth Atlas of Health Care

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

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

Immunizations

It is better to prevent disease than to treat it after it occurs; vaccines prevent disease and save millions of lives. Vaccines introduce the antigens that cause diseases. Immunity, the body's means to preventing disease, recognizes germs and produces antibodies to fight them. Even after many years, the immune system continues to produce antibodies to thwart disease from recurring. Through vaccination we can develop immunity without suffering from disease.[58]

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

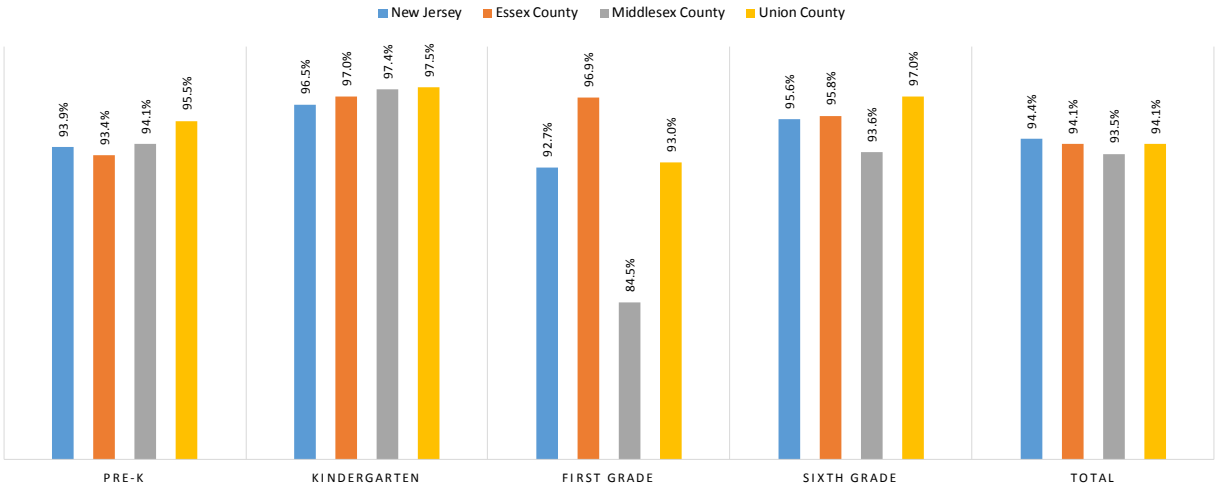
Childhood Immunizations: DPT, polio, MMR & Hib (aged 19-35 months)

Young children are readily susceptible to disease and the consequences can be serious or life-threatening. Childhood immunizations minimize impact of vaccine preventable diseases. Combined 4 vaccine series (4:3:1:3) refers to 4 or more doses of DTP/DT, 3 or more doses of poliovirus vaccine, 1 or more doses of MCV and 3 or more doses of Hib.[59] Conflicting information in the news and on the internet about children's immunizations may cause vaccine hesitancy among select parents. Health care providers have been encouraged to use interventions to overcome vaccine non-compliance, including parental counseling, increasing access to vaccinations, offering combination vaccines, public education, and reminder recall strategies.

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

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

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



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

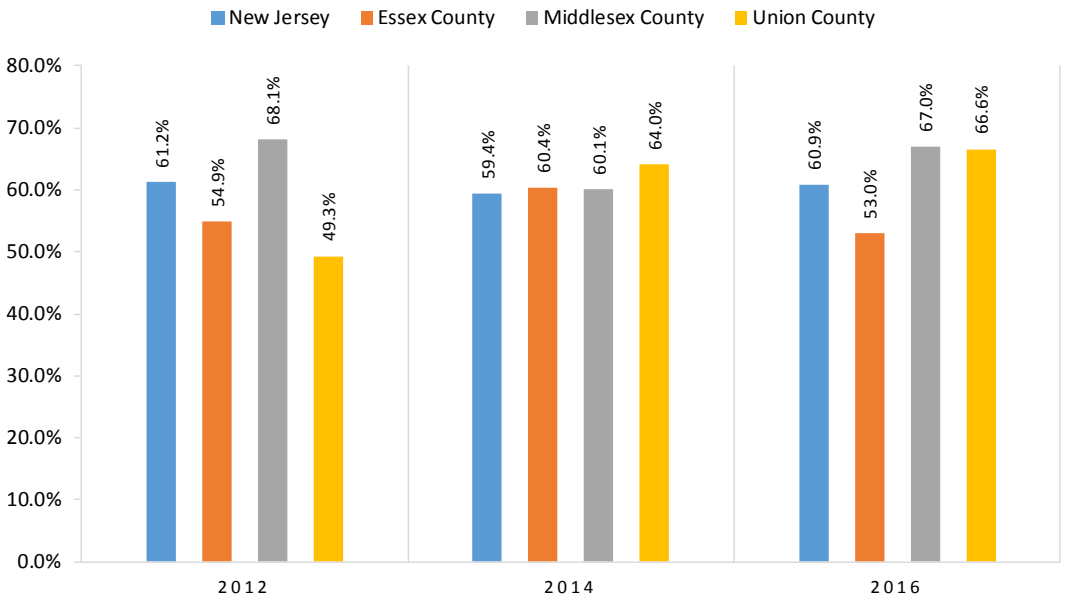
[59] http://www.cdc.gov/vaccines/imz-managers/coverage/nis/child/tech-notes.html)

Adult Flu

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

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

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

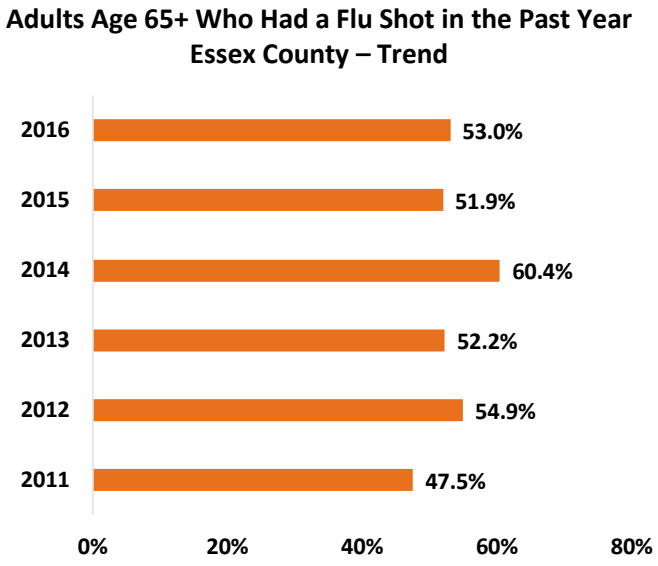


Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

Healthy People 2020

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

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



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

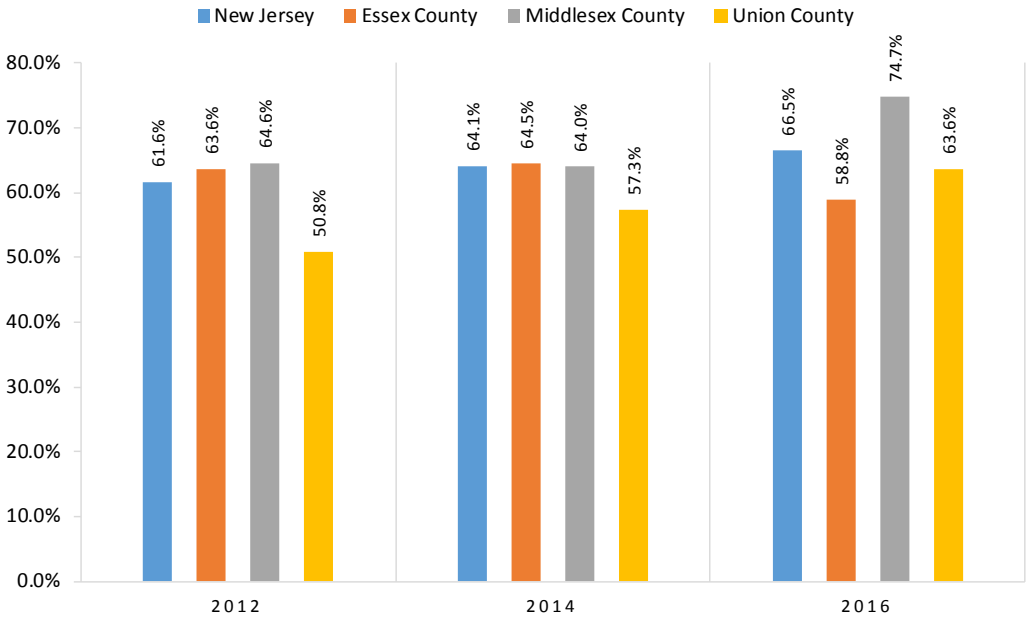
Adult Pneumonia

The pneumococcal vaccine protects us against some of the 90 types of pneumococcal bacteria. Pneumococcal vaccine is recommended for all adults 65 years or older.[61]

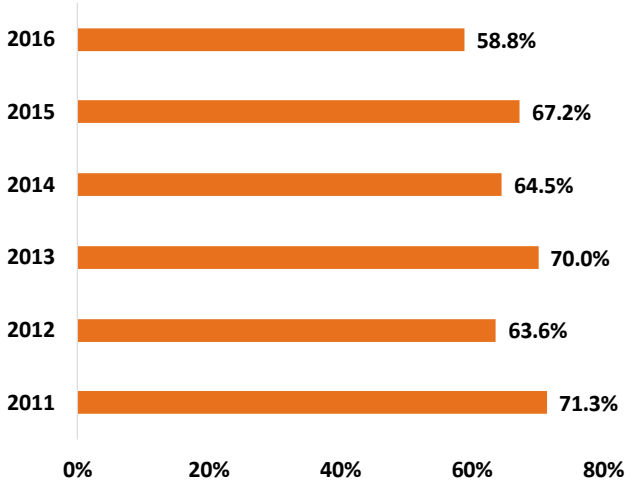
- The percent of Essex County adults age 65+ who had a pneumonia vaccine decreased from 2011 through 2016, from 71.3% to 58.8%.
- In 2016, the percent of Essex County (58.8%) adults that have never had a pneumonia vaccine is lower than statewide (66.5%) and less than the *Healthy People 2020* target (90.0%).
- As compared to all counties statewide, Essex County performs in the bottom quartile.
- Essex County performs in the bottom quartile in the *Healthy People 2020* target as well.

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

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



Essex County



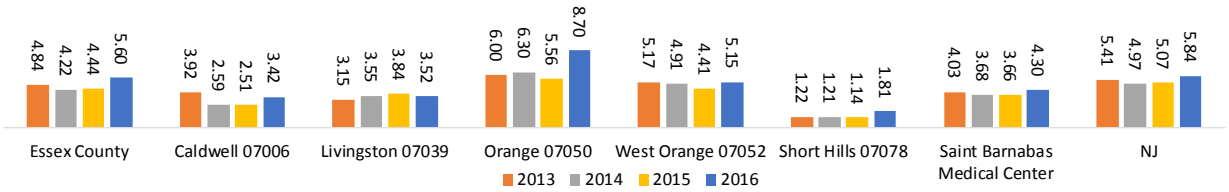
Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

Healthy People 2020

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

- In 2016, Orange residents who used a hospital service had the highest rate of pneumonia (8.70/1,000) and Short Hills at 1.81/1,000 was the lowest as compared to all geographies.

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



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

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

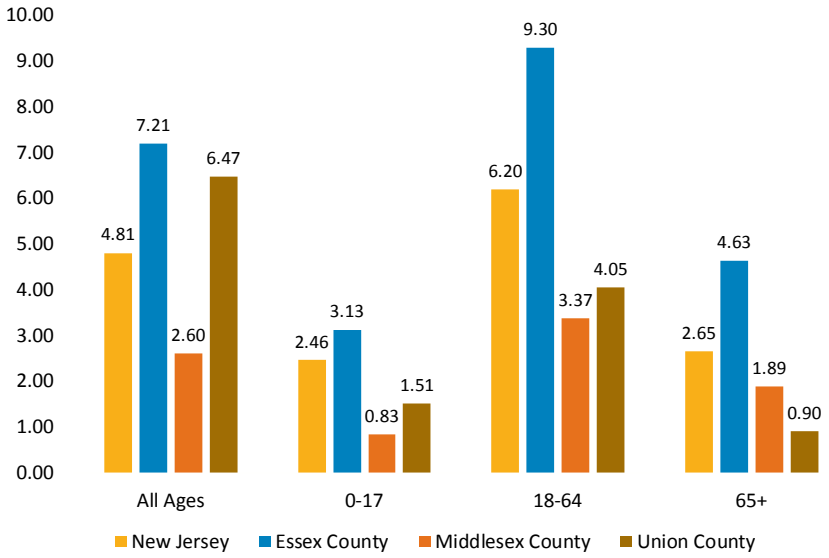
RED: Poorest Performing Quartile
Yellow: Middle Quartiles
Green: Best Performing Quartile

4. Behavioral Health Utilization

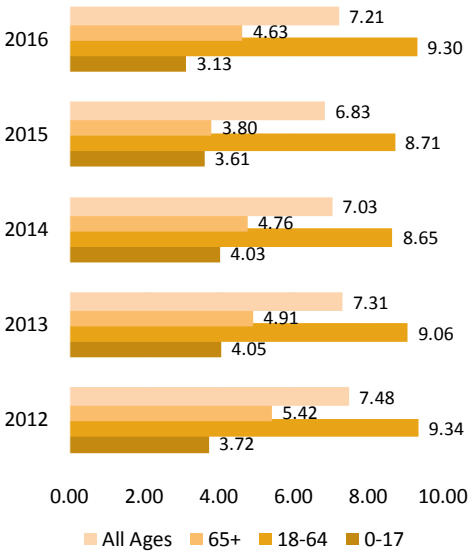
Mental Health

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

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



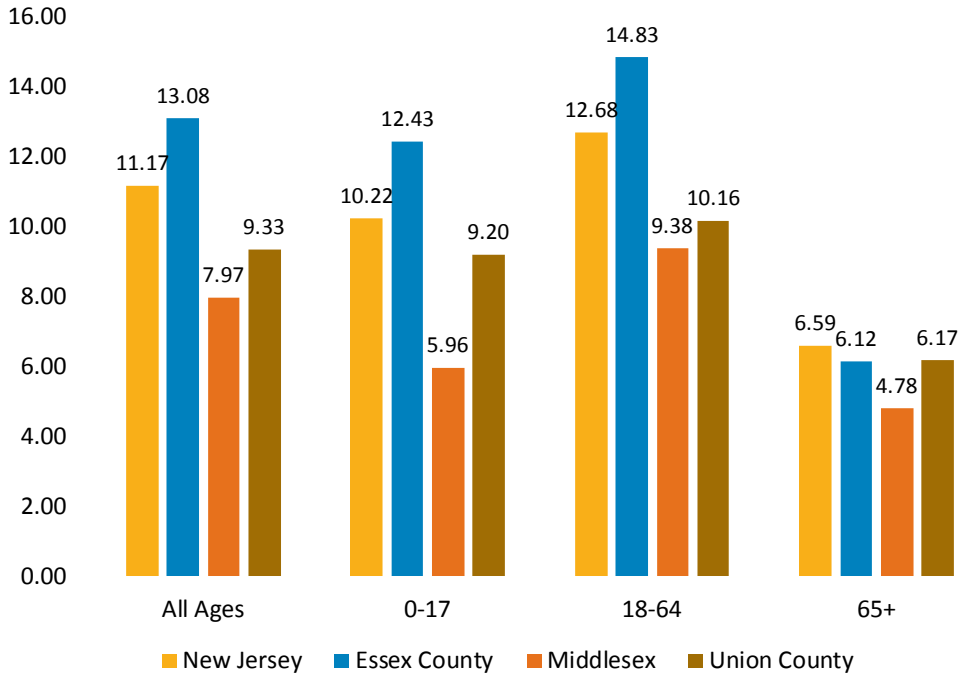
Essex County

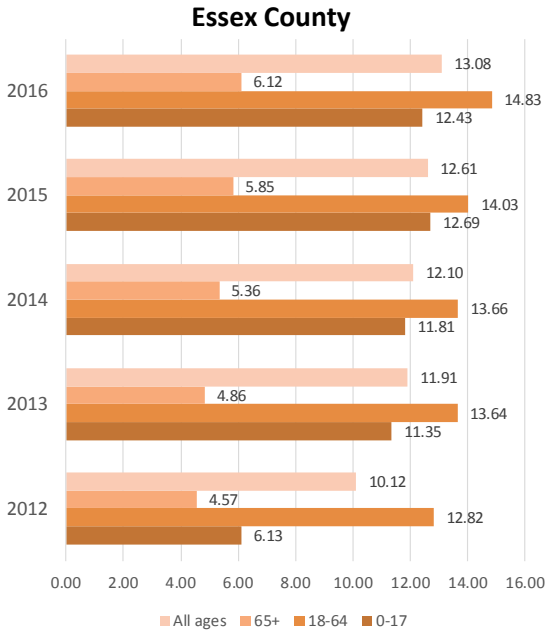


Source: NJDHSS 2012 - 2016 UB-04 Data MDC 19 – NJ Residents; Population: United States Census American Community Survey 5yr Estimate

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

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

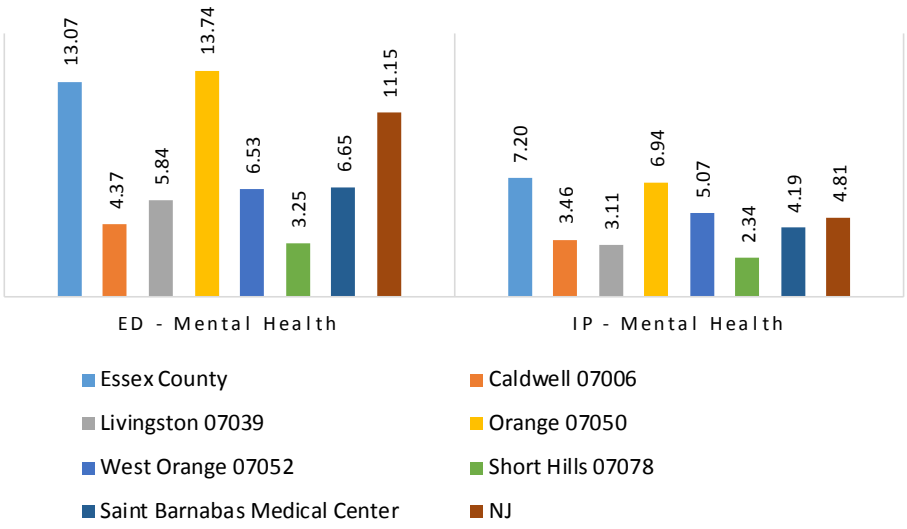




Source: NJDHSS 2012- 2016 UB-04 Data MDC 19 – NJ Residents; Population: United States Census American Community Survey 5yr Estimate

- In 2016, inpatient hospitalizations for mental/behavioral health for SBMC's Service Area (4.19/1,000) was lower than the New Jersey rate (4.81/1,000) and the Essex County rate (7.20/1,000).
- In 2016, the emergency department rate for mental/behavioral health in Orange (13.74/1,000) was greater than Essex County (13.07/1,000) and greater than New Jersey (11.15/1,000).
- In 2016, the emergency department rate for mental health in Short Hills (3.25/1,000) was less than the New Jersey rate (11.15/1,000) and less than the Essex County rate (13.07/1,000).

Mental Health Use Rate /1,000 Population: 2016



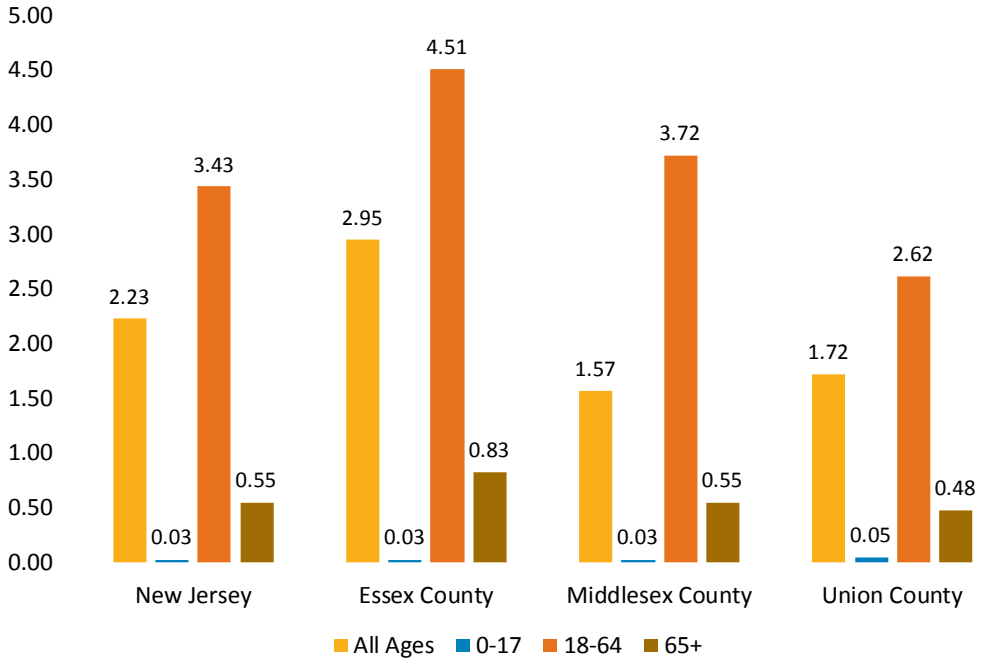
*Source: UB-04 2016 Discharges; Claritas Population Estimate
** Mental Health Defined as MDC 19, Substance Abuse Defined As MDC 20

Substance Abuse

Substance abuse has a major impact on individuals, families and communities. In 2005, an estimated 22 million Americans struggled with a drug or alcohol problem. Almost 95 percent of people with substance use problems are considered unaware of their problem. These estimates highlight the importance of increasing prevention efforts and improving access to treatment for substance abuse and co-occurring disorders.[62]

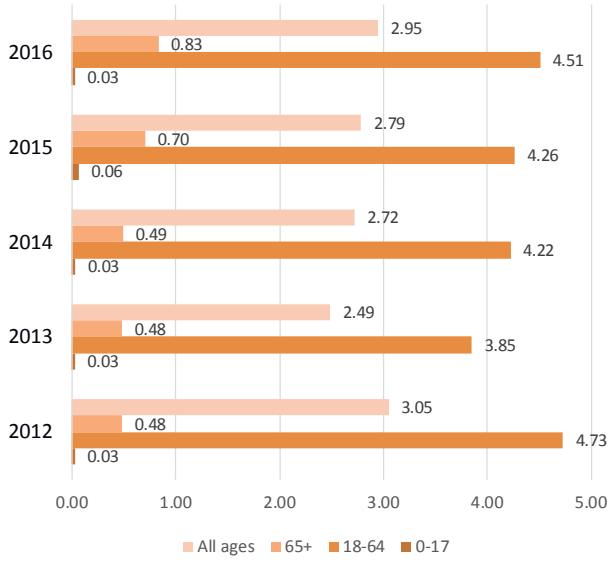
- In 2016, Essex County had a higher use rate for residents with an inpatient admission for substance abuse than the State and all comparison counties, and among all age cohorts except among those 0-17.
- Inpatient use rates by age cohort in Essex County trended downward among those 18-64.

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



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

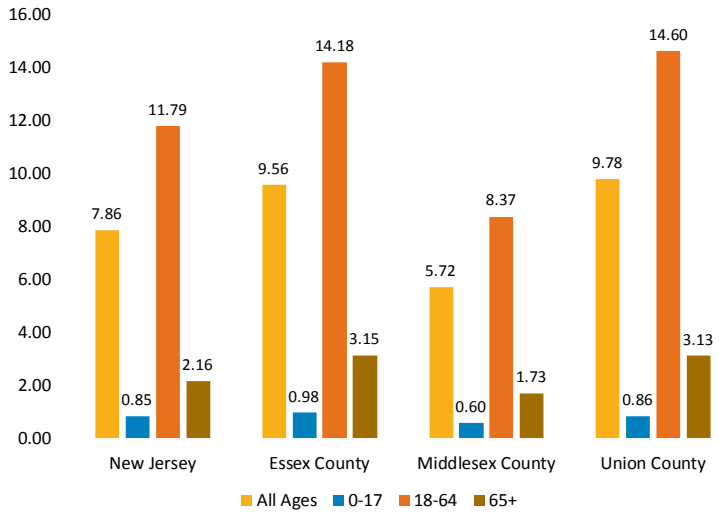
Inpatient Substance Abuse Treatment Admissions: Rate / 1,000 Population
Essex County – Trend



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

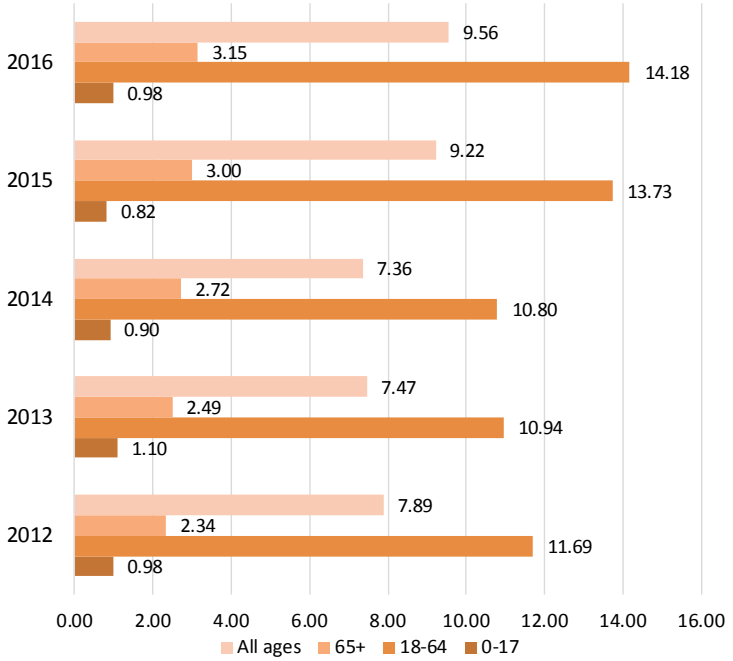
- In 2016, Essex County (9.56/1,000) had a higher ED visit rate for substance abuse than the State (7.86/1,000).
- Between 2012 and 2016, ED visit rate for substance abuse in Essex County increased from 7.89/1,000 to 9.56/1,000.
- In 2016, Essex County residents aged 18-64 had the second highest rate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

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



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

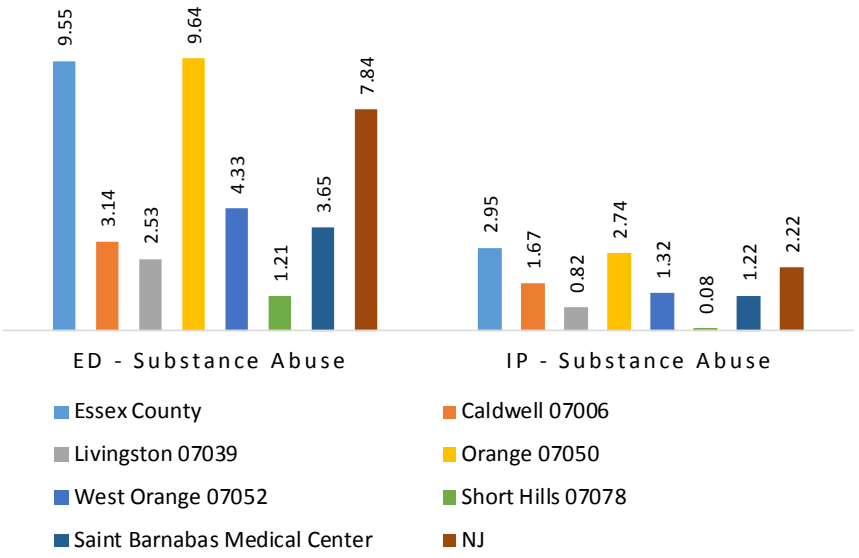
ED Visits for Substance Abuse: By Age; Rate / 1,000 Population
Essex County – Trend



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

- Inpatient hospitalization to general hospitals for substance abuse in the SBMC Service Area (1.22/1,000) was lower than the County rate (2.95/1,000), and the State rate (2.22/1,000).
- Orange's rate (2.74/1,000) for inpatient hospitalization for substance abuse was lower than Essex County (2.95/1,000).
- In 2016, emergency department visits for substance abuse in SBMC's Service Area (3.65/1,000) was lower than the Essex County rate (9.55/1,000) and the New Jersey rate (7.84/1,000).
- In 2016, emergency department utilization rates for substance abuse in Orange (9.64/1,000) was slightly higher than the Essex County rate (9.55/1,000).

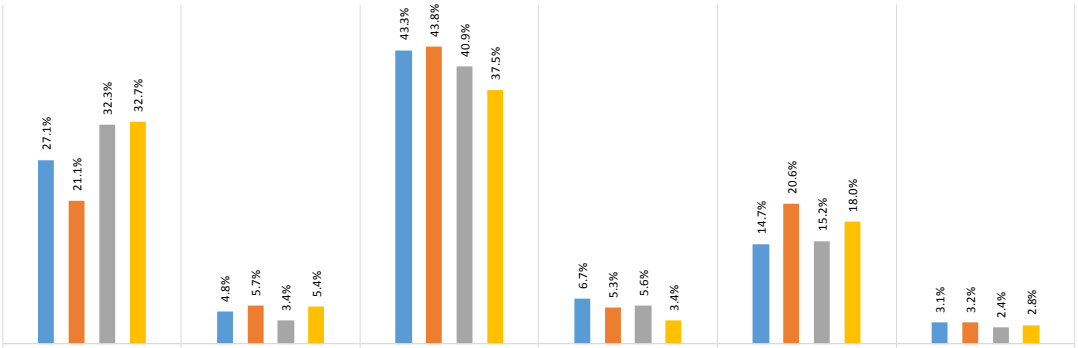
Substance Abuse Use Rate 1,000 Population: 2016



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

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

Primary Drug Treatment Admissions
State & County Comparisons 2016



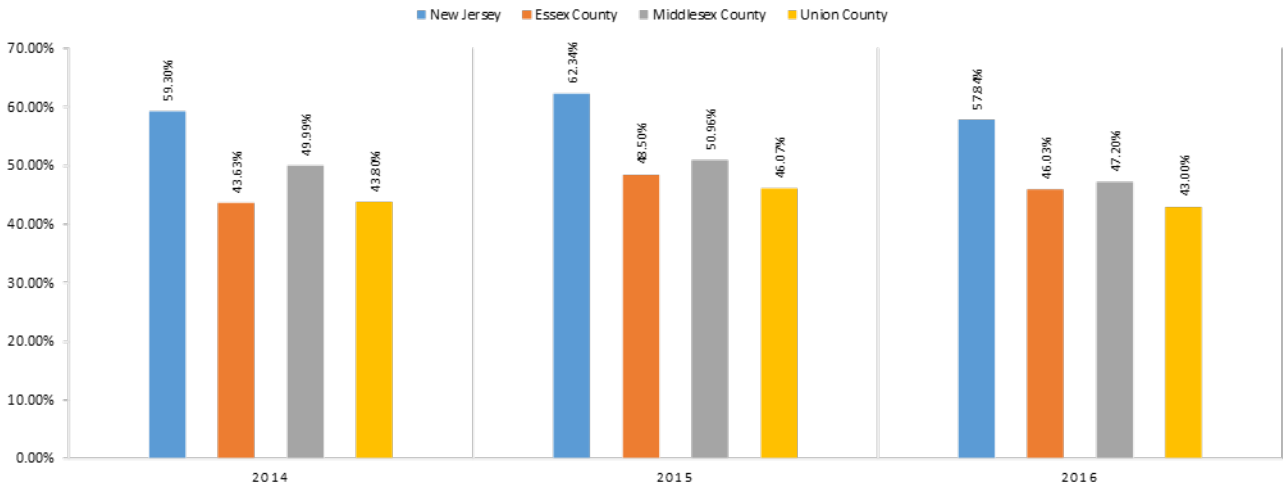
	Alcohol	Cocaine/Crack	Heroin	Other Opiates	Marijuana/Hashish	Other Drugs
New Jersey	27.1%	4.8%	43.3%	6.7%	14.7%	3.1%
Essex County	21.1%	5.7%	43.8%	5.3%	20.6%	3.2%
Middlesex County	32.3%	3.4%	40.9%	5.6%	15.2%	2.4%
Union County	32.7%	5.4%	37.5%	3.4%	18.0%	2.8%

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

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

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

Opioid Dispensing
State & County Comparisons 2016

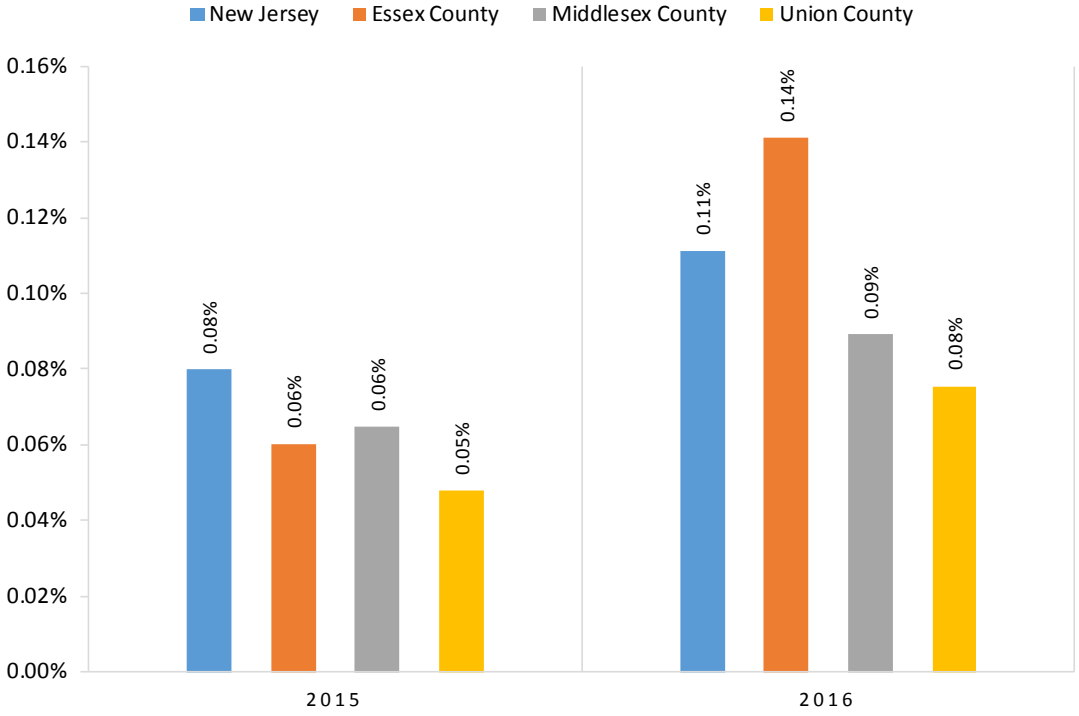


Source: http://www.nj.gov/humanservices/dmhas/publications/statistical/Substance%20Abuse%20Overview/2016/statewide.pdf

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

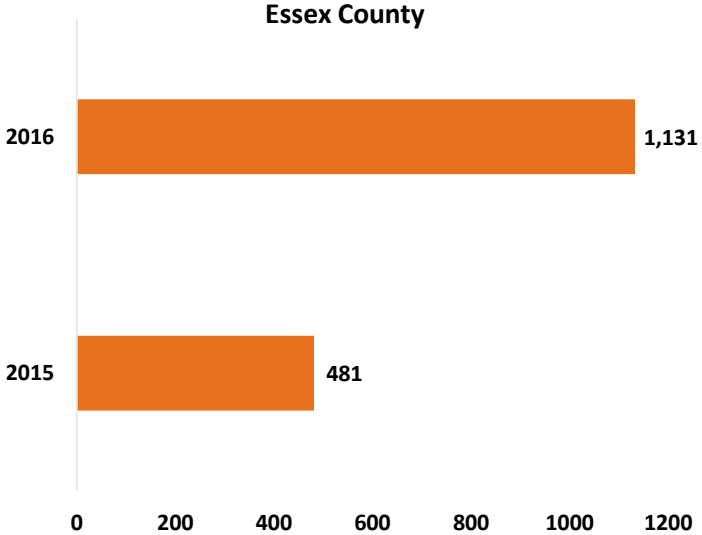
- Between 2015 and 2016, the percent of Naloxone administrations increased statewide; and in Essex, Middlesex and Union County. In Essex County, Naloxone administrations increased from 481 administrations to 1,131.

Naloxone Administrations
State & County Comparisons 2016
Percent of Total Population



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

Essex County



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

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Treatment Admissions for Alcohol *Percentage of Total Treatment Admissions*	N.A	N.A.	
Treatment Admissions for Cocaine/Crack *Percentage of Total Treatment Admissions*	N.A	N.A	
Treatment Admissions for Heroin *Percentage of Total Treatment Admissions*	N.A.	N.A	
Treatment Admissions for Other Opiates *Percentage of Total Treatment Admissions*	N.A	N.A.	
Treatment Admissions for Marijuana *Percentage of Total Treatment Admissions*	N.A	N.A	
Treatment Admissions for Other Drugs *Percentage of Total Treatment Admissions*	N.A	N.A	
Total Substance Abuse Treatment Admissions *Rate/ 100000 Population*	N.A	N.A	
Opioid Dispensations	N.A	N.A	
Naloxone Administrations	N.A	N.A	

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

E. HEALTH OUTCOMES

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

1. Mortality - Leading Cause of Death

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

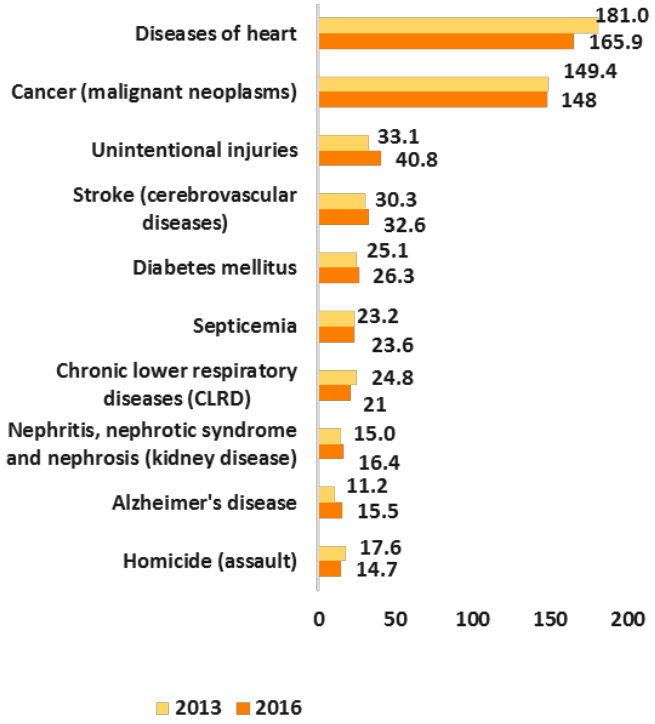
- Between 2013 and 2016, Essex County age-adjusted mortality rates (AAMR) improved (decreased) for Homicide (-16.5%), lower respiratory diseases (-15.3%), diseases of the heart (-8.3%), stroke (-1.5%) and cancer (-0.9%).
- Between 2013 and 2016, seven of the top 10 leading causes of death for Essex County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

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

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

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

Top 10 Causes of Death: Age-Adjusted Rate/100,000 Population
State & County Comparisons 2013-2016



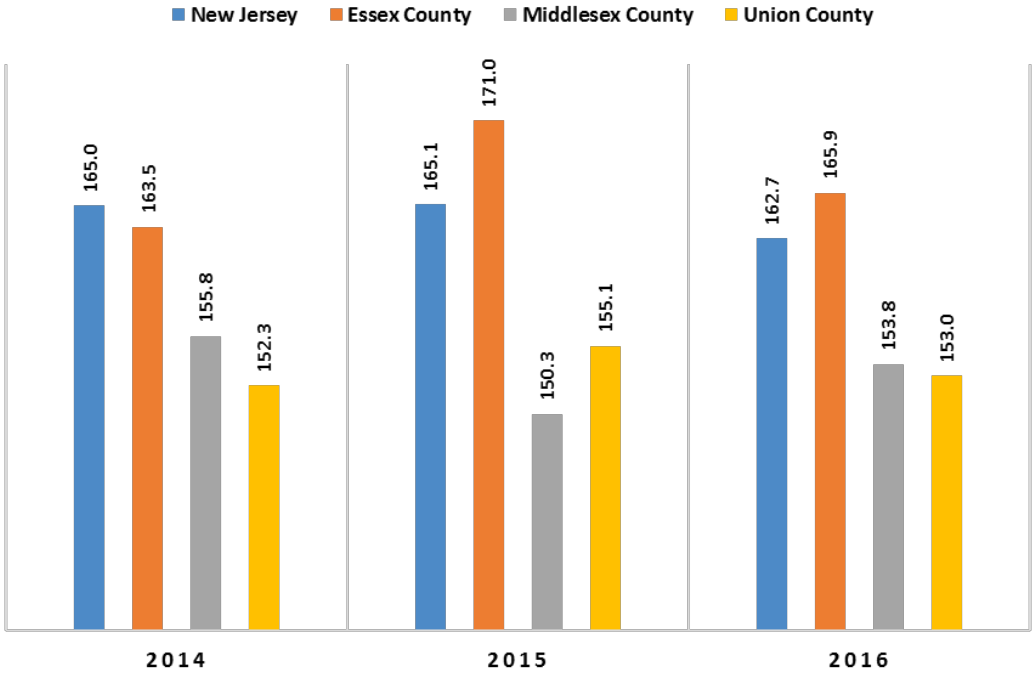
Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.

Heart Disease (1)

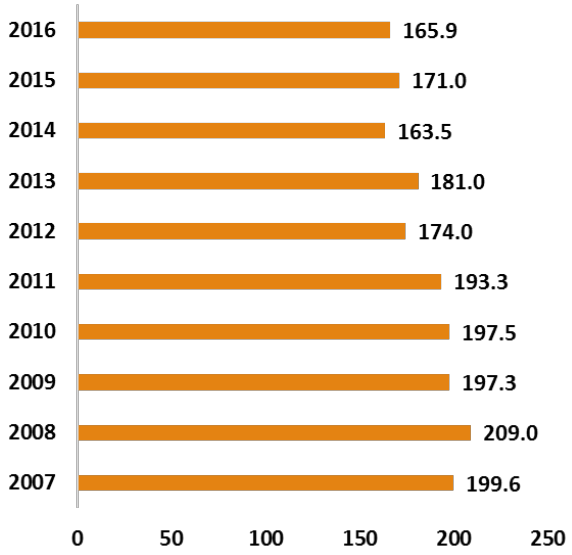
Heart disease includes several conditions, most commonly, coronary artery disease, angina, heart failure and arrhythmias. Nationally, statewide and in Essex County, heart disease remains the leading cause of death. Responsible for 1 in every 4 deaths, approximately 610,000 people die of heart disease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

- The AAMR for heart disease deaths decreased between 2007 (181.0/100,000) and 2016 (165.9/100,000).
- The 2016 Essex County mortality rate due to heart disease (165.9/100,000) was higher than statewide (162.7/100,000).
- In 2016, across the County, Blacks (184.7/100,000) had the highest heart disease mortality rate as compared to Whites (151.6/100,000) and Hispanics (118.8/100,000).

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



Essex County

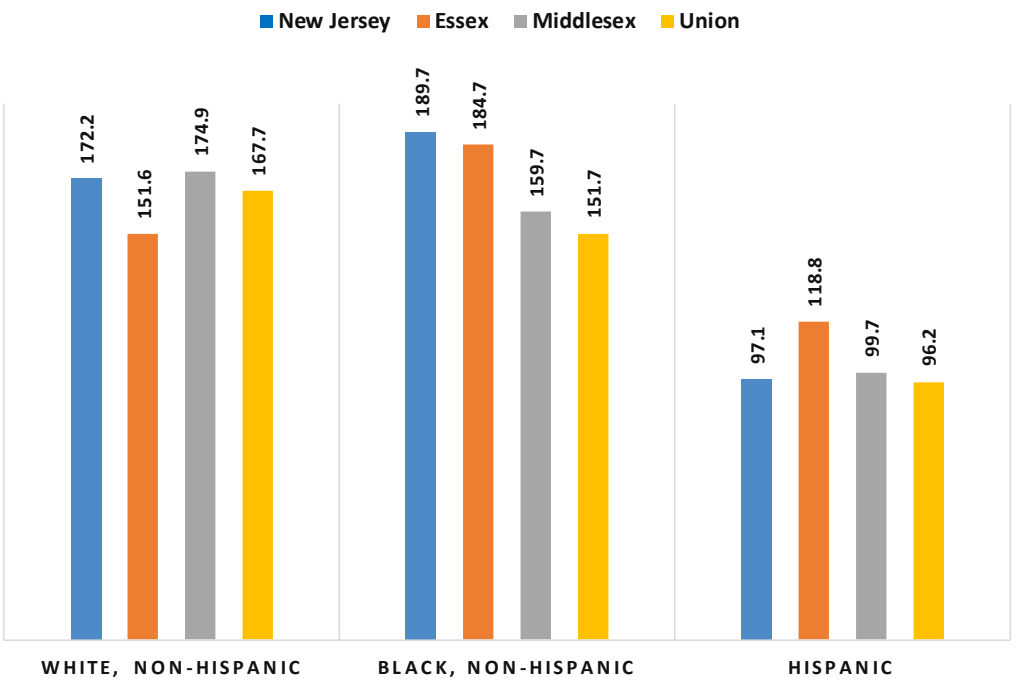


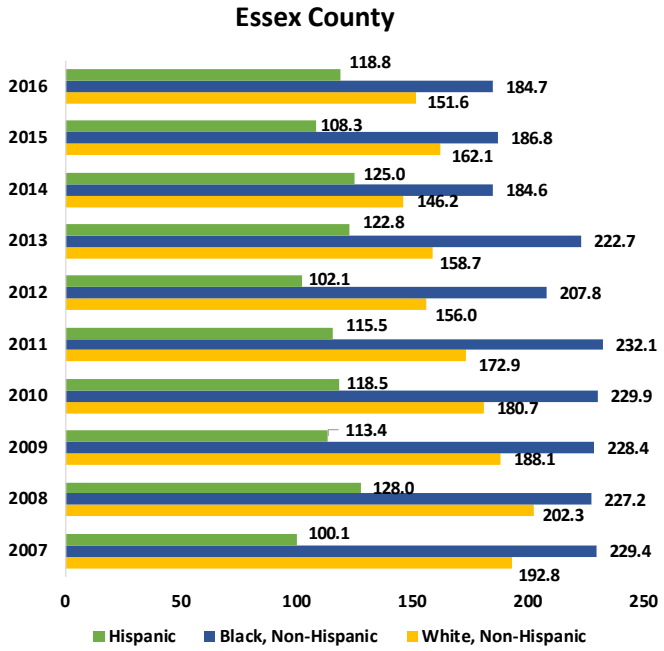
Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.

Healthy People 2020

Baseline: 129.2
Target: 103.4
Essex County 2016: 165.9

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





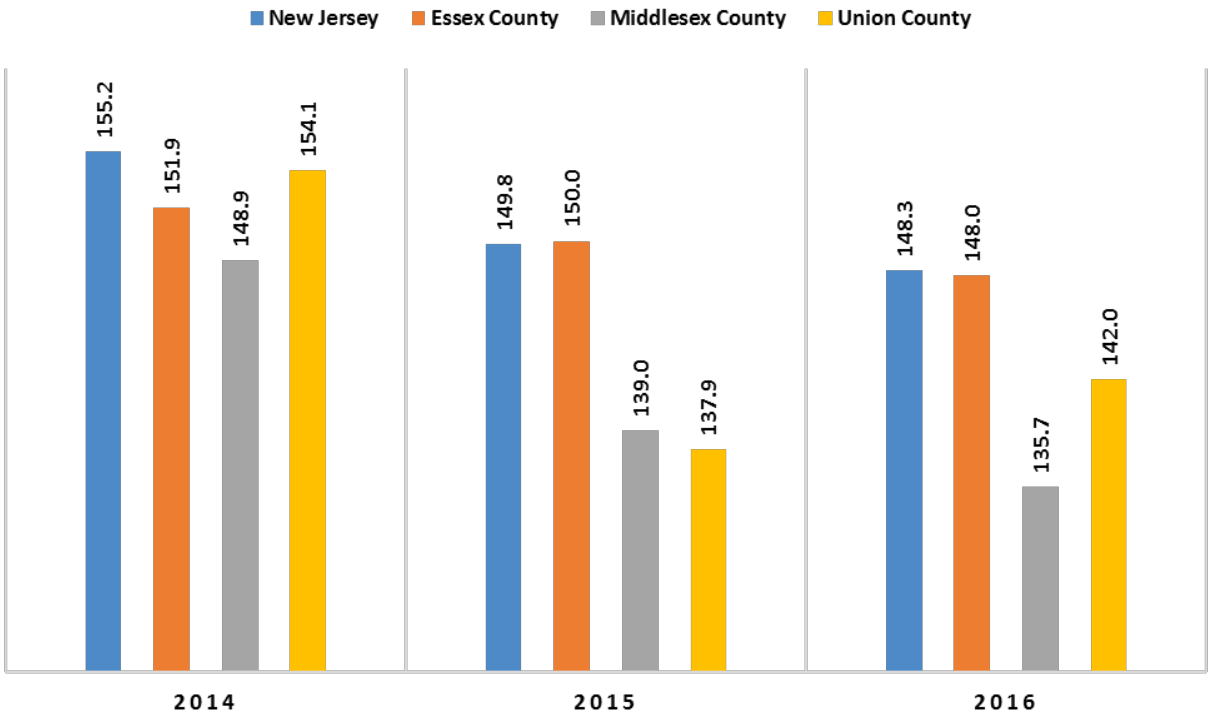
Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.

Cancer (2)

Although there are many types of cancer, all originate from abnormal cells with untreated disease.[63] Approximately half of American men and one-third of women will develop some form of cancer throughout their lifetimes. Cancer risk may be reduced by basic lifestyle modifications including limiting or avoiding tobacco, sun protection, being physically active and eating healthy foods. Early detection greatly improves positive outcomes. Cancer is the second leading cause of death in the United States, New Jersey and Essex County.[64]

- Essex County deaths due to cancer decreased (-0.9%) from 2013 (149.4/100,000), to 2016 (148.0/100,000). The 2016 County mortality rate was slightly lower than New Jersey (148.3/100,000) and ranks in the top performing quartile statewide.
- The 2016 Essex County cancer AAMR (148.0/100,000) performed better than the *Healthy People 2020* target of 161.4/100,000.

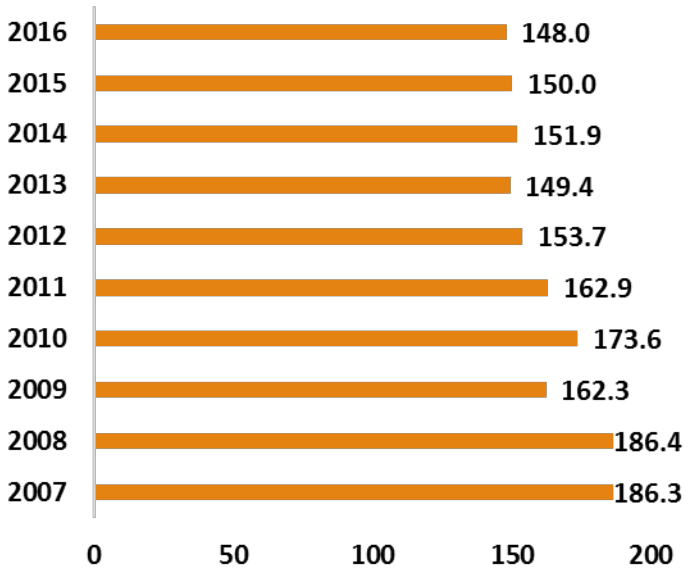
Deaths Due to Malignant Neoplasms (Cancer): Age-Adjusted Rate/100,000 Population
State & County Comparisons, 2014-2016



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

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

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

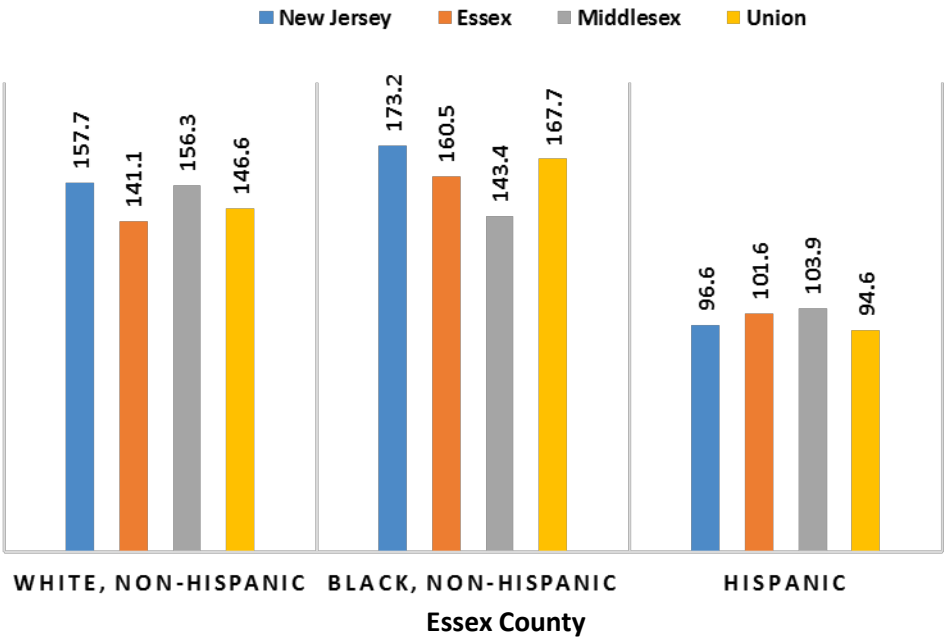


Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.

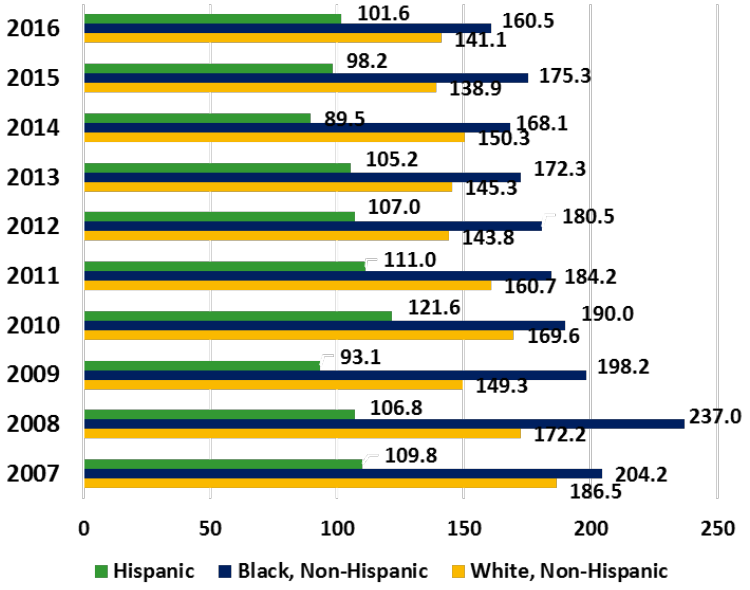
Baseline: 179.3
Target: 161.4
Essex County 2016: 148.0

- In 2016, the mortality rate for malignant neoplasm deaths among Blacks (160.5/100,000) in Essex County was higher than the rates for Whites and Hispanics.
- The mortality rate for cancer among Blacks in Essex County has historically been higher than Whites who historically experienced a higher death rate than Hispanics.

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



Essex County



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

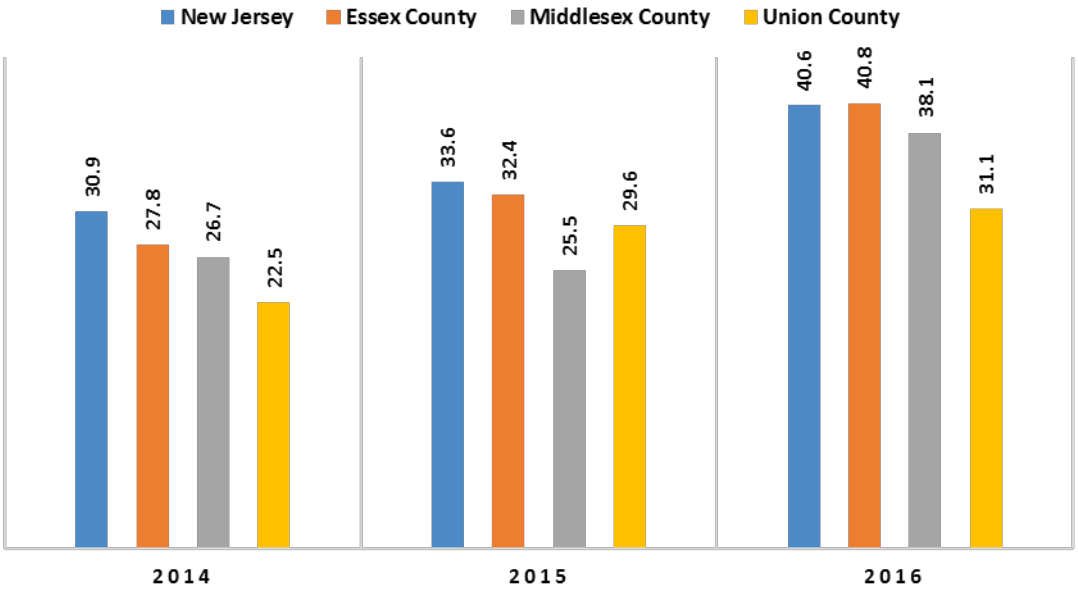
Unintentional Injuries (3)

The majority of unintentional injuries are preventable and predictable. Deaths due to unintentional injury often occur as a result of motor vehicle accidents, falls, firearms, drownings, suffocations, bites, stings, sports/recreational activities, natural disasters, fires, burns and poisonings. Public Health prevention strategies including minimum drinking age requirements, seatbelt and helmet laws, smoke alarms, exercise programs and other safety awareness campaigns reduce unintentional injury and death.[65]

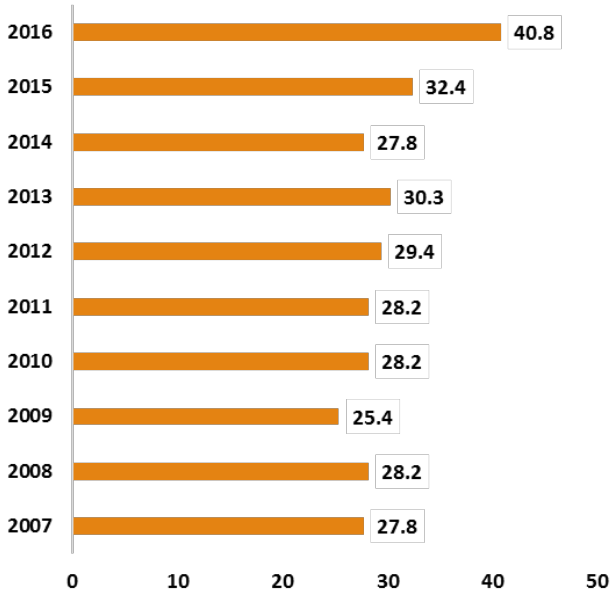
- The unintentional injury death rate increased steeply between 2007 (27.8/100,000) and 2016 (40.8/100,000) in Essex County. Essex County ranked in the middle performing quartile among New Jersey counties.
- The 2016 Essex County unintentional injury AAMR was less than 1 percentage point higher than the statewide rate.

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

Unintentional Injuries
State & County Comparisons, 2014-2016



Essex County



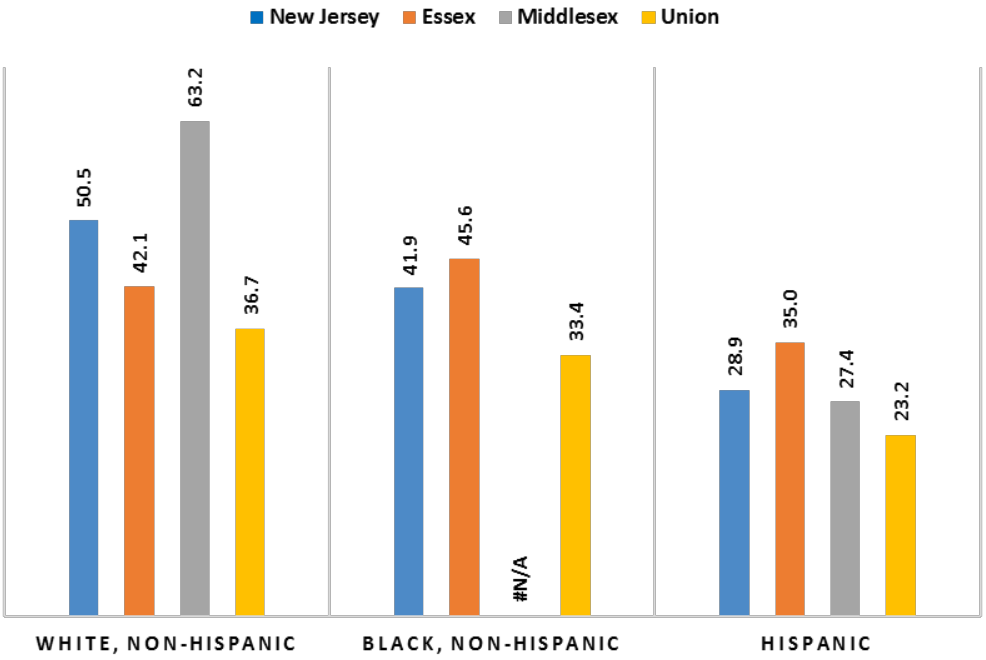
Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.

Healthy People 2020

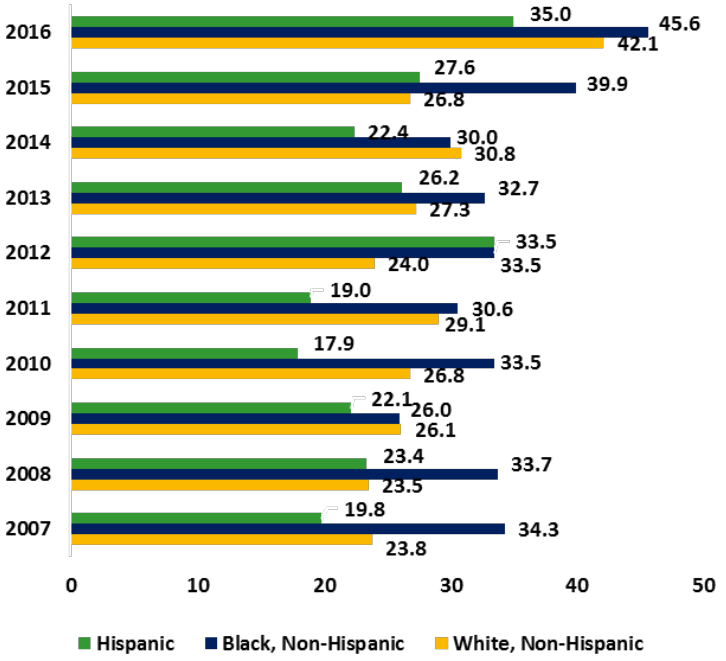
Baseline: 40.4
Target: 36.4
Essex County 2016: 40.8

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

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



Essex County



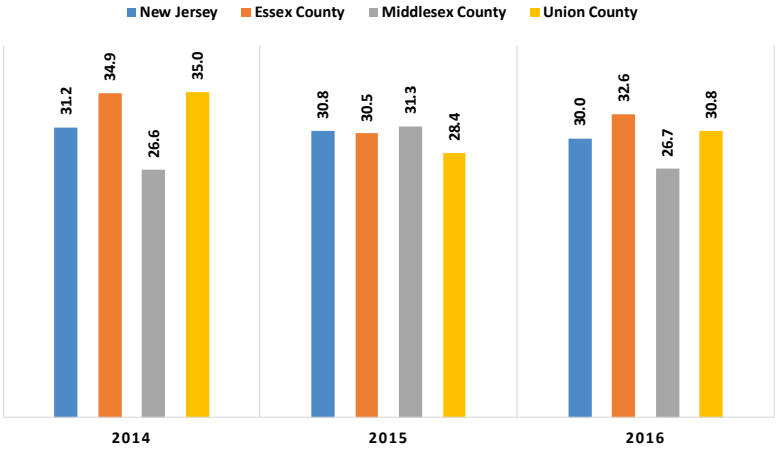
Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.

Stroke (Cerebrovascular Diseases) (4)

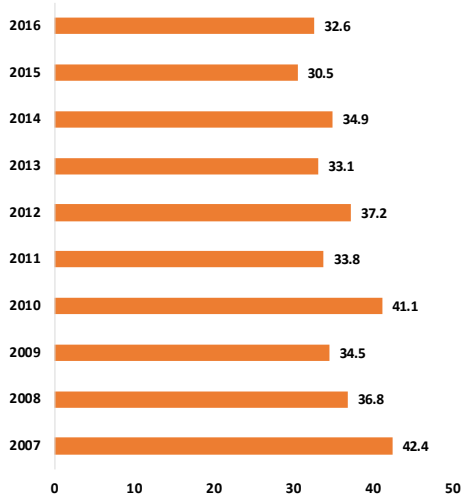
A stroke occurs when a clot blocks blood supply to the brain or if a blood vessel within the brain bursts.

- The Essex County stroke AAMR decreased from 2014 (34.9/100,000) to 2016 (32.6/100,000). In 2016, the County AAMR was lower than the *Healthy People 2020* target (34.8/100,000) and ranks in the top quartile for *Healthy People 2020*.
- The 2016 Essex County stroke AAMR (36.3/100,000) was lower than the State (38.0/100,000) and ranks in the middle quartile statewide.

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



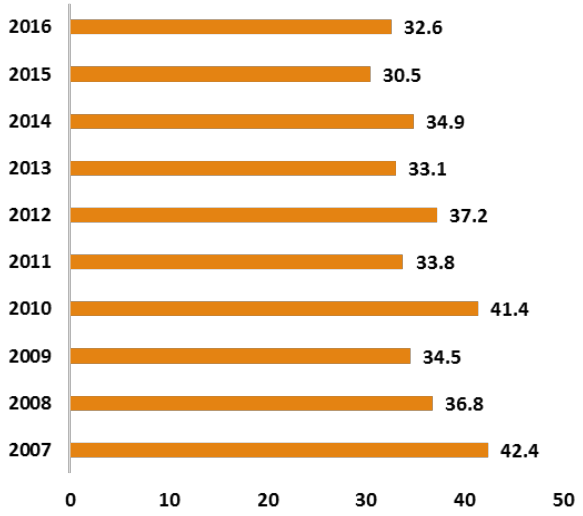
Essex County



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

Baseline: 43.5
Target: 34.8
Essex County 2016: 32.6

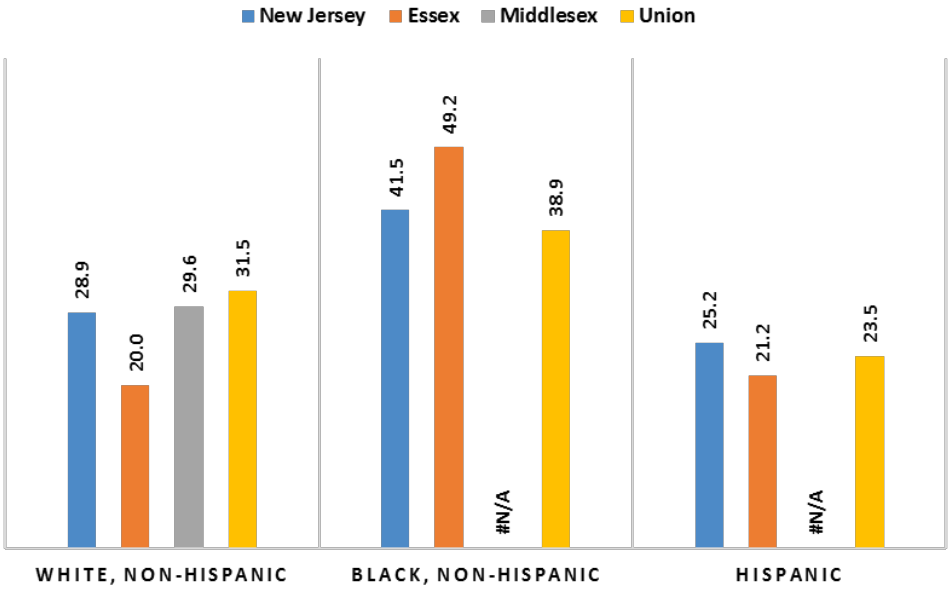
Deaths Due to Stroke: Age-Adjusted Rate/100,000 Population
Essex County – Trend



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

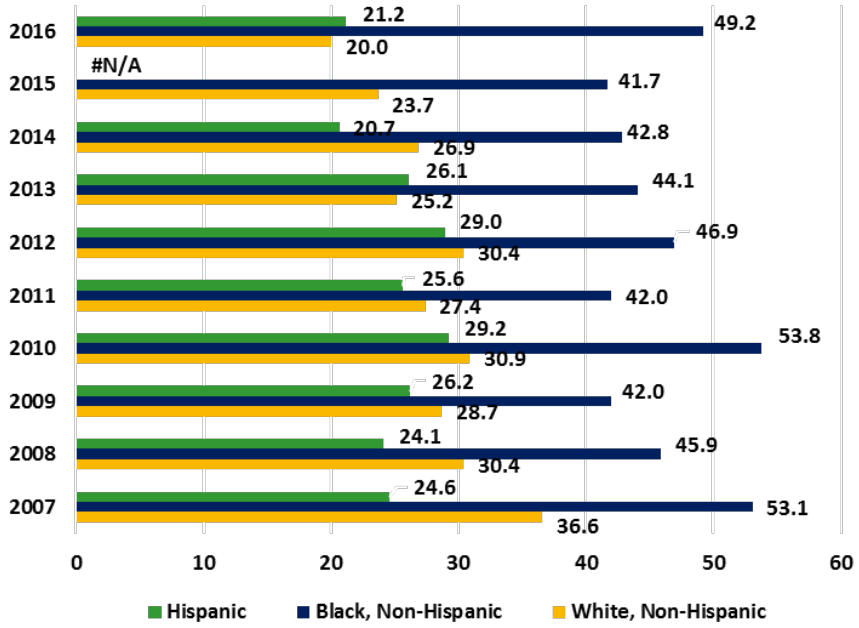
- By race/ethnicity, between 2014 and 2016, Blacks (49.2/100,000) had the highest death rate due to stroke compared to Whites (20.0/100,000) and Hispanics (21.2/100,000).

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



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

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



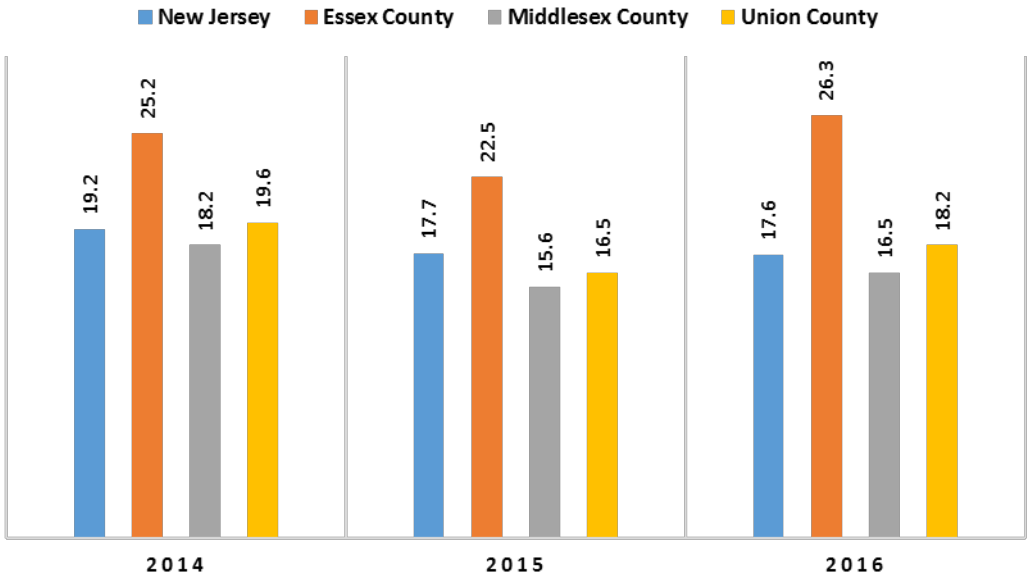
Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.

Diabetes (5)

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

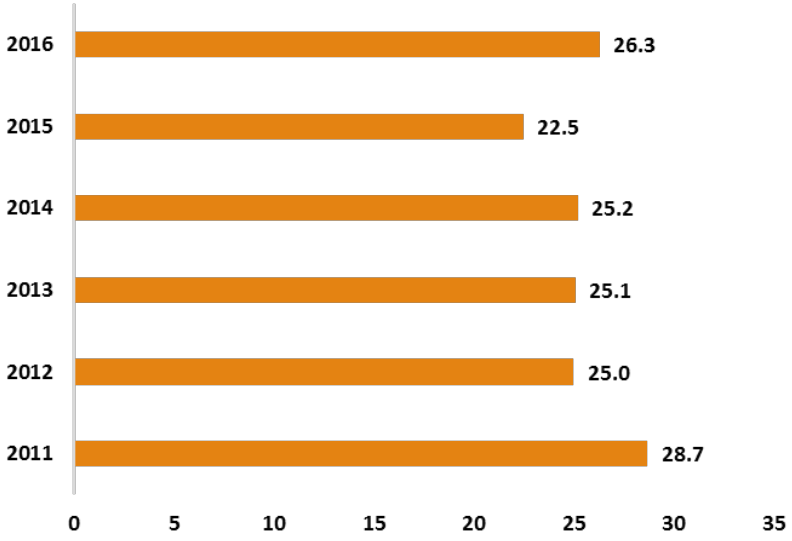
- In 2016, the county-wide AAMR due to diabetes in Essex County was higher than the statewide rate, and the rate in the comparison counties.
- Since 2011, the AAMR for diabetes has fluctuated with a decrease from 28.7/100,000 to 26.3/100,000.
- By race, Blacks had a higher AAMR for diabetes (36.7/100,000) than Whites (15.6/100,000) and Hispanics (26.6/100,000).

Deaths Due to Diabetes
State & County Comparisons, 2014-2016



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

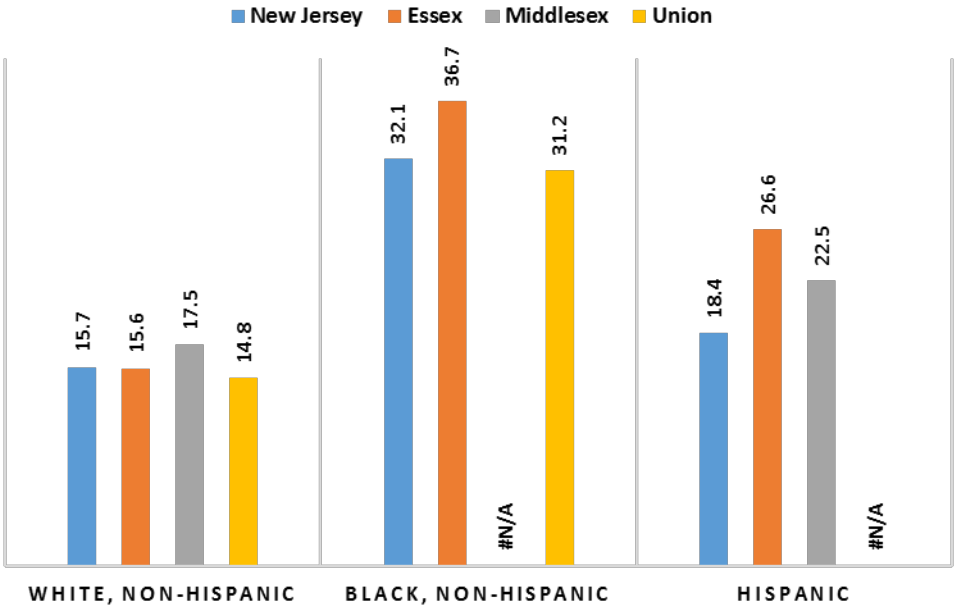
Essex County



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

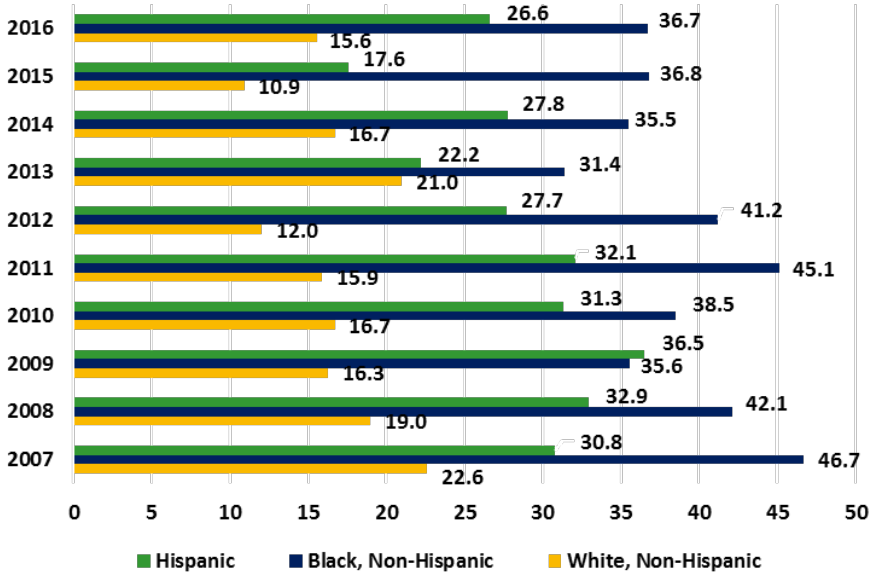
Baseline: 74.0
Target: 66.6
Essex County 2016: 26.3

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



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

Deaths Due to Diabetes: Age-Adjusted Rate/100,000 Population
By Race/Ethnicity
Essex County – Trend



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

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

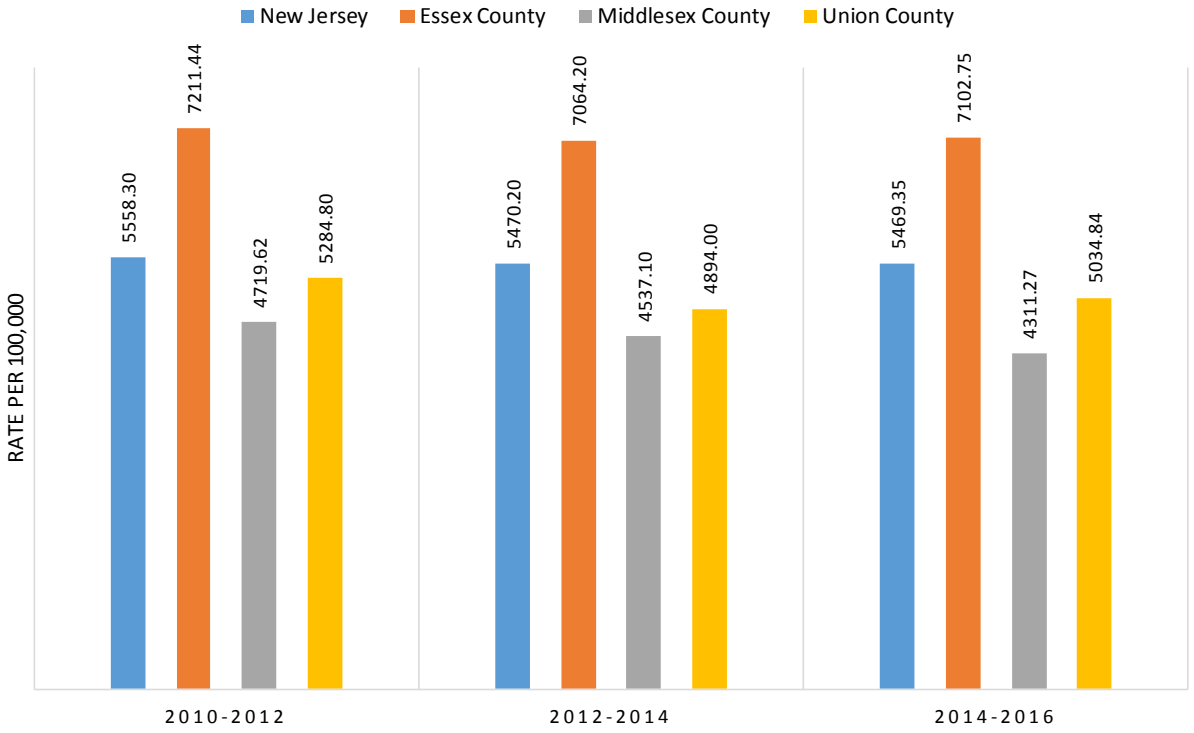
RED: Poorest Performing Quartile
Yellow: Middle Quartiles
Green: Best Performing Quartile

2. Premature Deaths

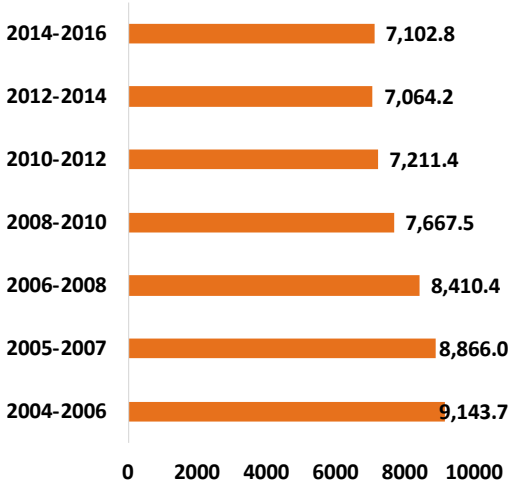
An alternate method to reviewing crude or age-adjusted death rates as a measure of premature mortality is assessing Years of Potential Life Lost (YPLL). YPLL calculates the number of years of potential life lost for each death occurring before a predetermined end point, in this case, age 75 per 100,000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

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

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



Essex County



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

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National Benchmark: 5300
Essex County 2014-2016: 7102.8

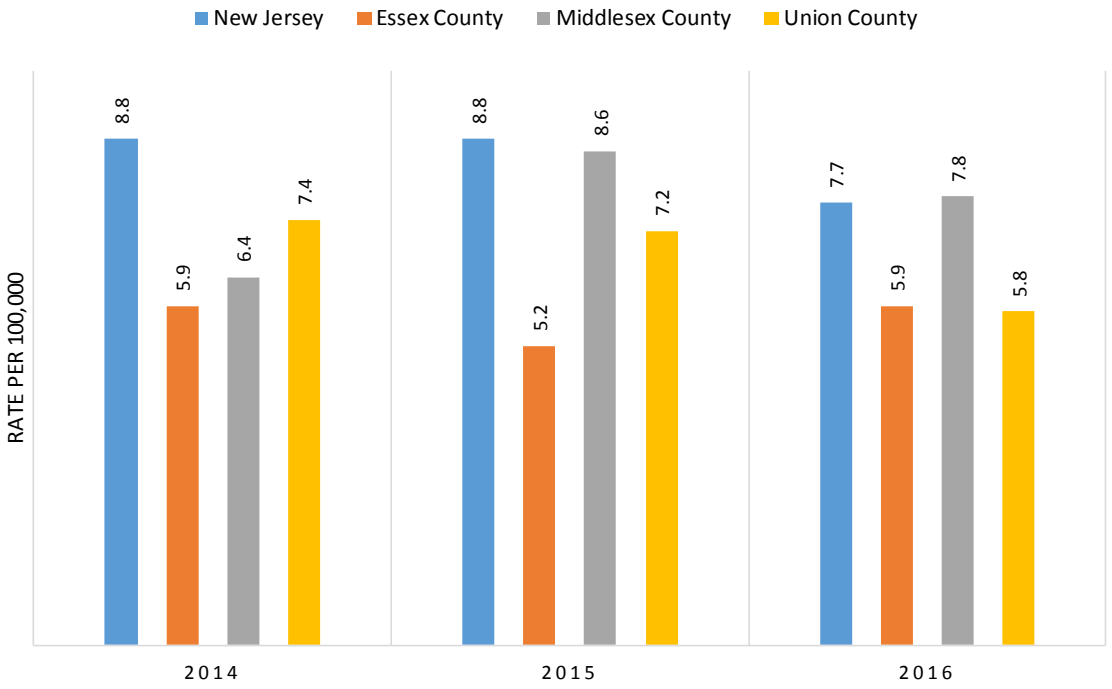
Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Premature Death: Years of Potential Life Lost Before Age 75 *Age-Adjusted Rate/100000 Population*	N.A.		

3. Behavioral Health-Related Deaths

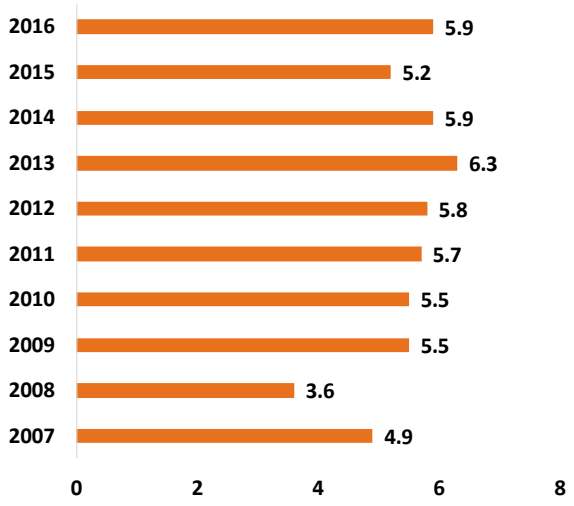
Mental health is a state of well-being in which an individual realizes his or her own abilities, copes with normal life stresses, works productively, and is able to contribute to his or her community. Mental illness or diagnosable mental disorders are health conditions characterized by alterations in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

- Statewide deaths due to suicide decreased from 2014 (8.8/100,000) to 2016 (7.7/100,000), or 12.5%, while Essex County's suicide rate remained constant at 5.9/100,000 for the same period.
- Essex County's 2016 suicide rate was lower than the rate statewide and for Middlesex County.
- The 2016 Essex County suicide rate (5.9/100,000) is 72.9% lower than the *Healthy People 2020* target (10.2/100,000).

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



Essex County



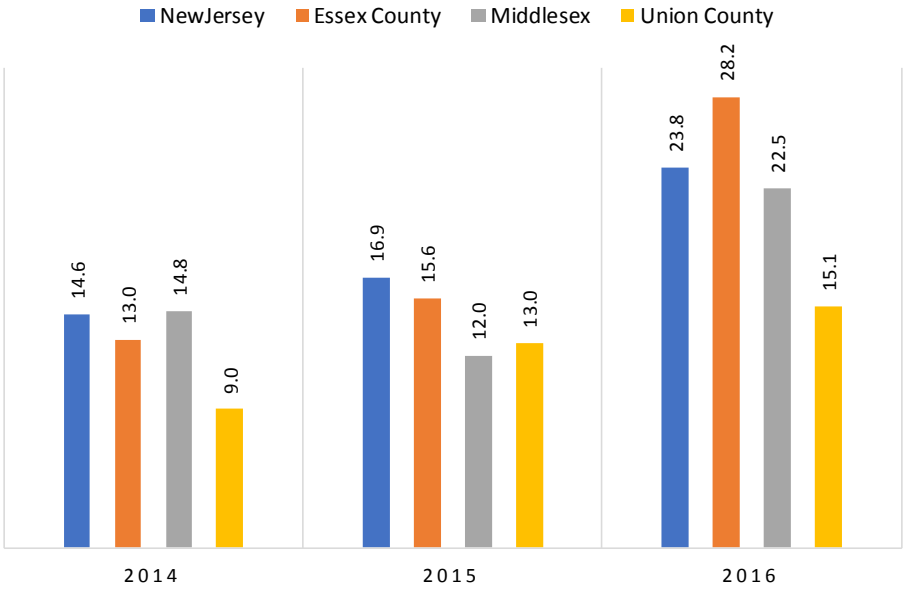
Source: NJDOH Center for Health Statistics; NJ State Health Assessment Data

Healthy People 2020

Baseline: 11.3
Target: 10.2
Essex County 2016: 5.9

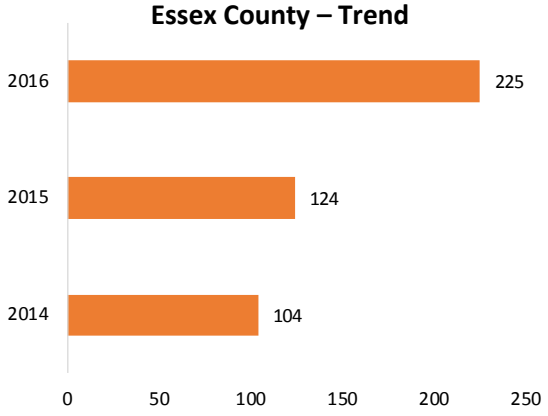
- Between 2014 and 2016, the rate of drug overdose deaths in Essex County increased from 13.0/100,000 to 28.2/100,000.
- Drug overdose deaths in Essex County increased from 104 to 225 or more than doubled.

Drug Overdose Deaths
State & County Comparisons, 2016



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

Drug Overdose Deaths
Essex County – Trend



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

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National Benchmark: 10
Essex County 2016: 34

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

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

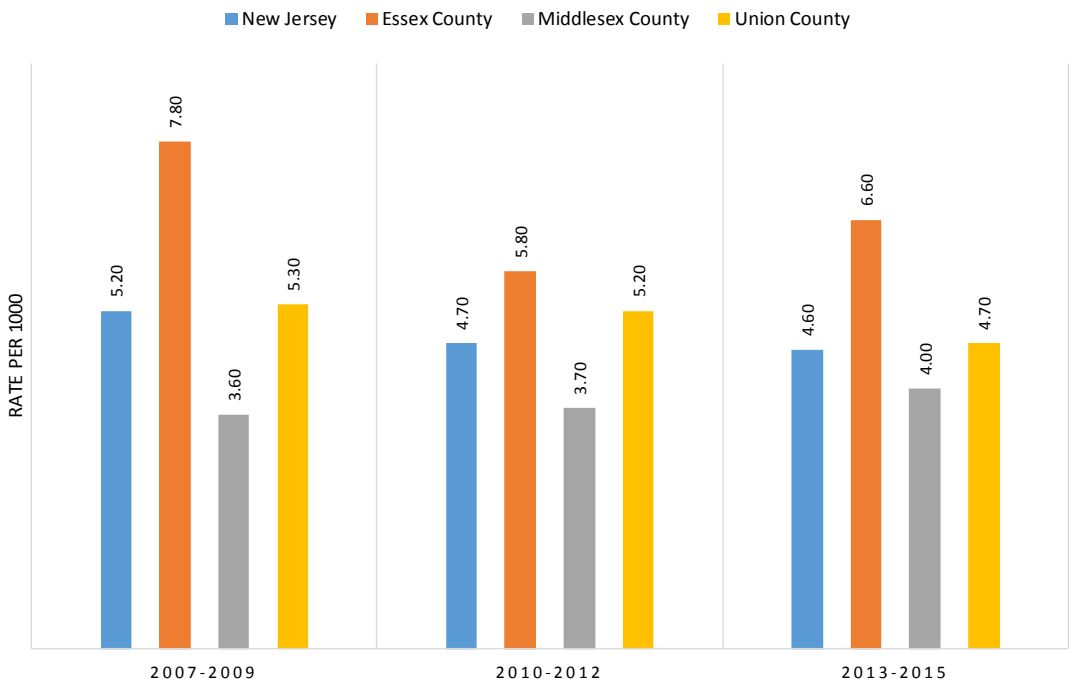
4. Infant Mortality

Infant mortality, the death of a baby prior to his or her first birthday, is t*raditionally* used as an indicator of the health and well-being of a nation. Infant mortality is calculated as the number of infant deaths under age 1 per 1,000 live births. Great disparities exist in infant mortality by age, race, and ethnicity. Most frequent causes are serious birth defect, preterm birth / low birth weight, Sudden Infant Death Syndrome (SIDS), maternal complications of pregnancy, and injury.[66]

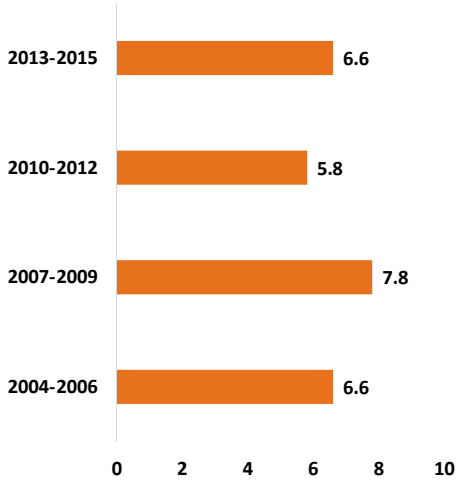
- The overall infant mortality rate declined statewide from the period 2007-2009 (7.8/1,000) to 2013-2015 (6.6/1,000).
- Essex County ranks in the middle performing quartile among New Jersey counties for overall infant mortality in 2012-2014 and the *Healthy People 2020* target of 6.0/1,000, but is among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

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

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



Essex County



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

Healthy People 2020

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

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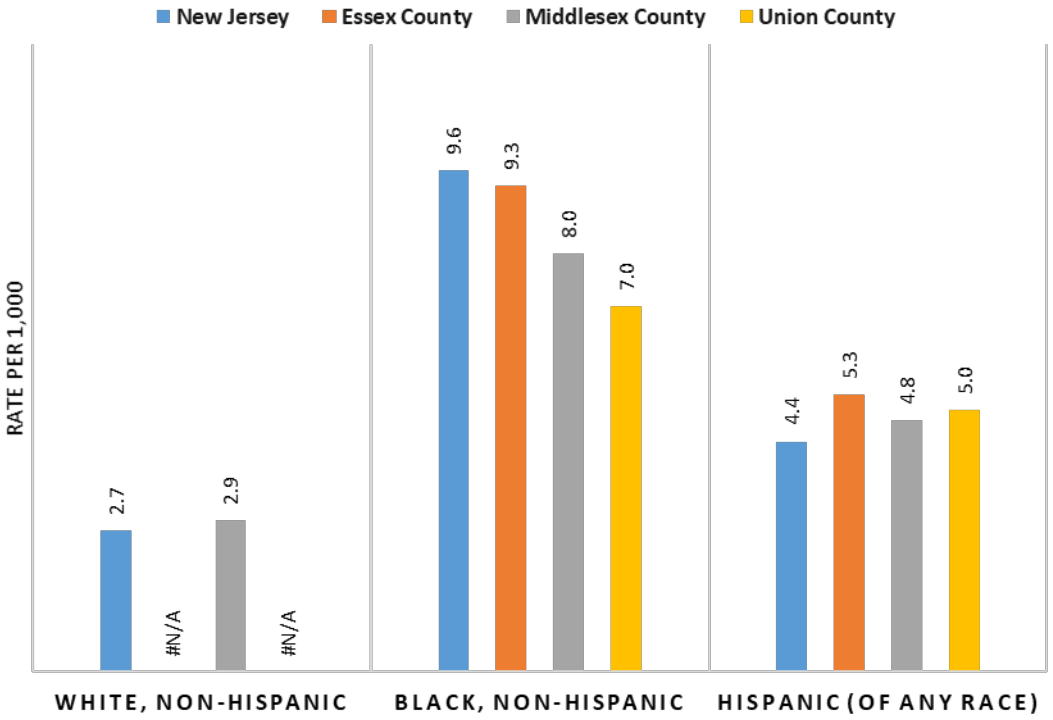
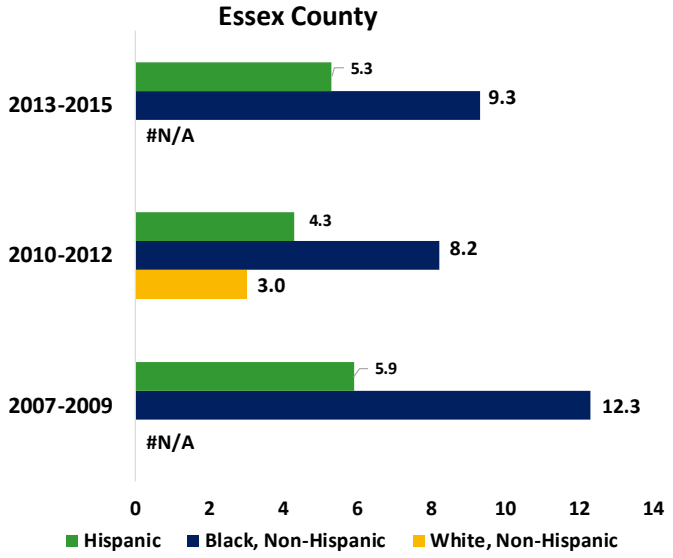
National Benchmark: 4.0
Essex County 2015: 6.6

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





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

5. Low and Very Low Birth Weight Infants

Birth weight is the most important factor affecting neonatal mortality and a significant determinant of post neonatal mortality. Low birth weight infants (less than 2,500 grams) are at an increased risk for health problems ranging from neurodevelopmental disabilities to respiratory disorders.[67] Racial disparities in low birth weight babies persist; nationally, non-Hispanic Black infants continue to die at nearly twice the rate of non-Hispanic Whites.

Low Birth Weight

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

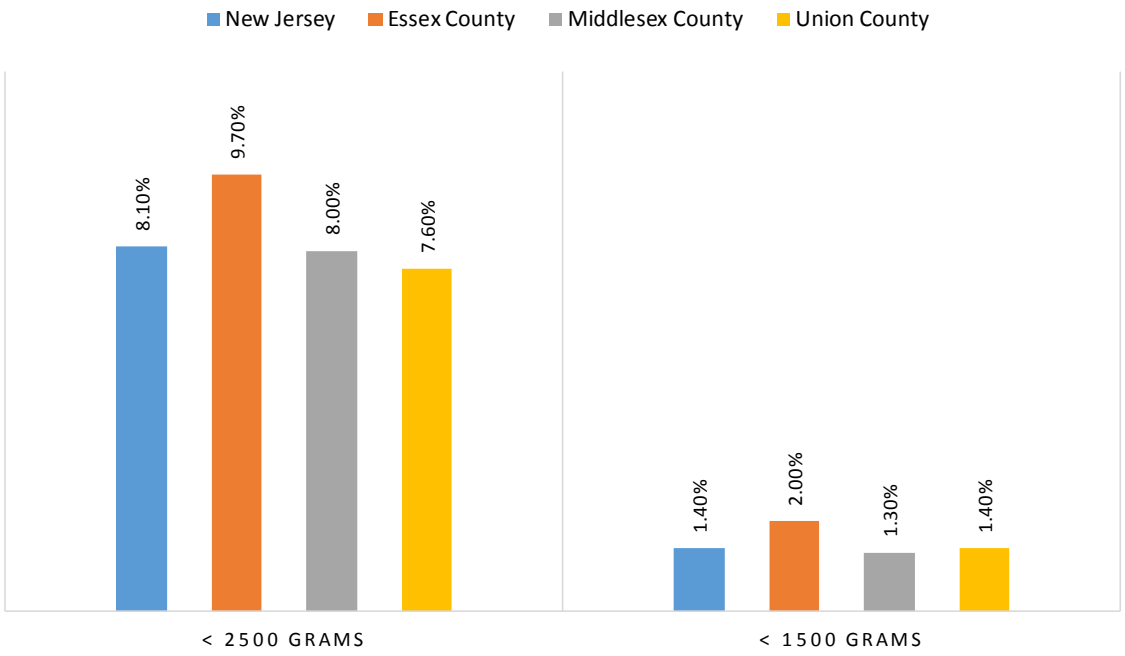
Very low birth weight babies (less than 1,500 grams) are at greater risk of adverse outcomes than low birth weight babies.

Very Low Birth Weight

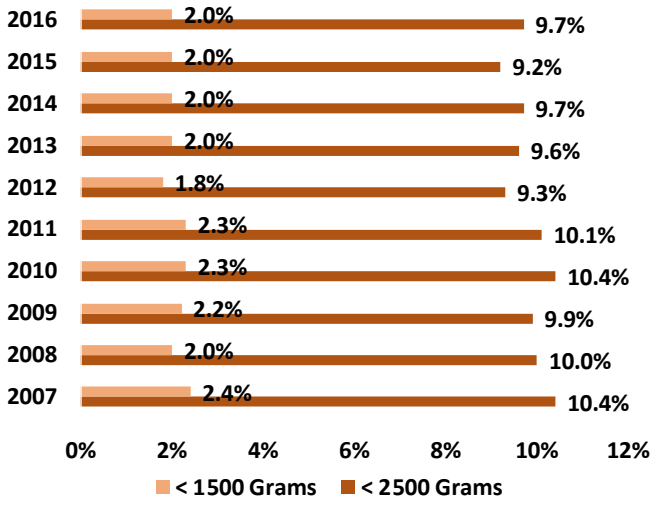
- In 2016, 2.0% of Essex County babies are very low birth weight as compared to 1.4% statewide.
- The 2016 percent of very low birth weight babies in Essex County was higher than the rates in Middlesex (1.3%) and Union (1.4%) Counties.
- By race, between 2011 and 2016, the percentage of very low birthweight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

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

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



Essex County

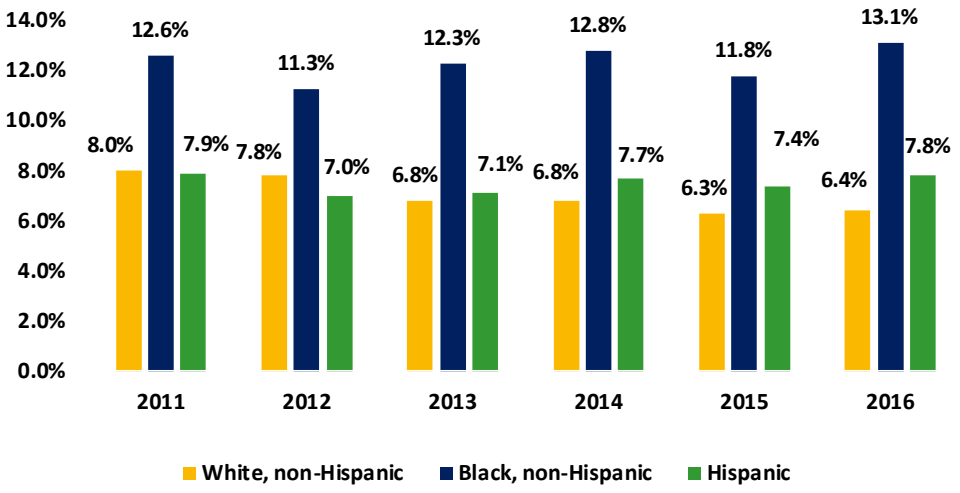


Source: NJDOH Bureau of Vital Statistics and Registration NJ Birth Certificate Database
Note: Percentages are based on the total number of live births for the County and State

Healthy People 2020

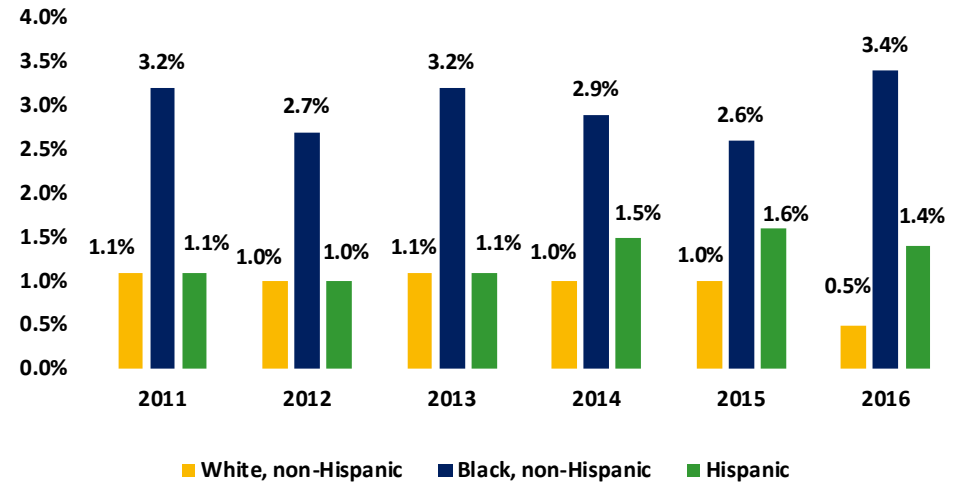
<1500/<2500
Baseline: 1.5% / 8.2%
Target: 1.4% / 7.8%
Essex County 2016: 2.00% / 9.70%

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



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

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



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

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

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

6. Health Status and Behavioral Health Status

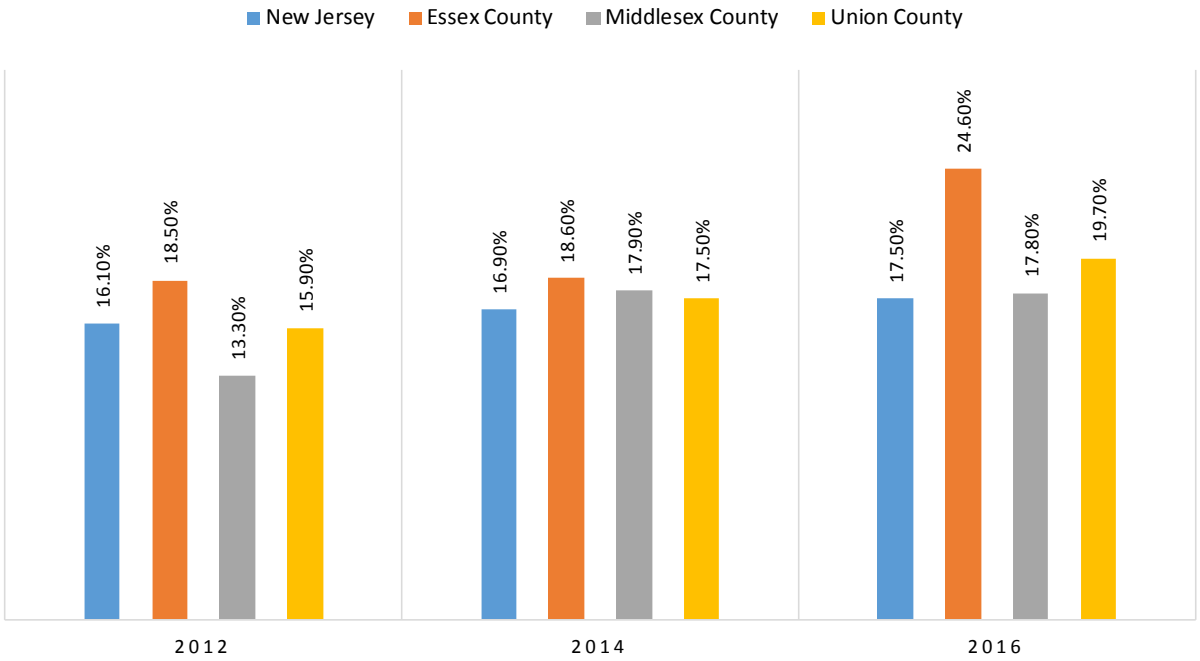
Health status and behavioral health status are broad multidimensional concepts including self-reported measures of physical and mental health.

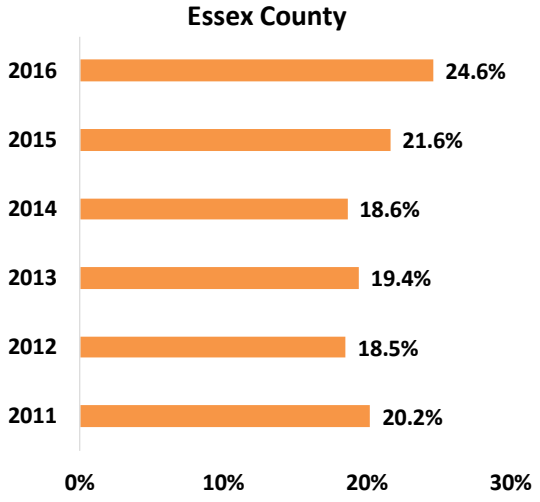
Behavioral Risk Factor Surveillance System (BRFSS), the nation's premier system of health-related telephone surveys, collects data about U.S. residents regarding health-related risk behaviors, chronic health conditions and use of preventive services. In 1984, the survey began collecting data in 15 states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

General Health Status

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

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





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

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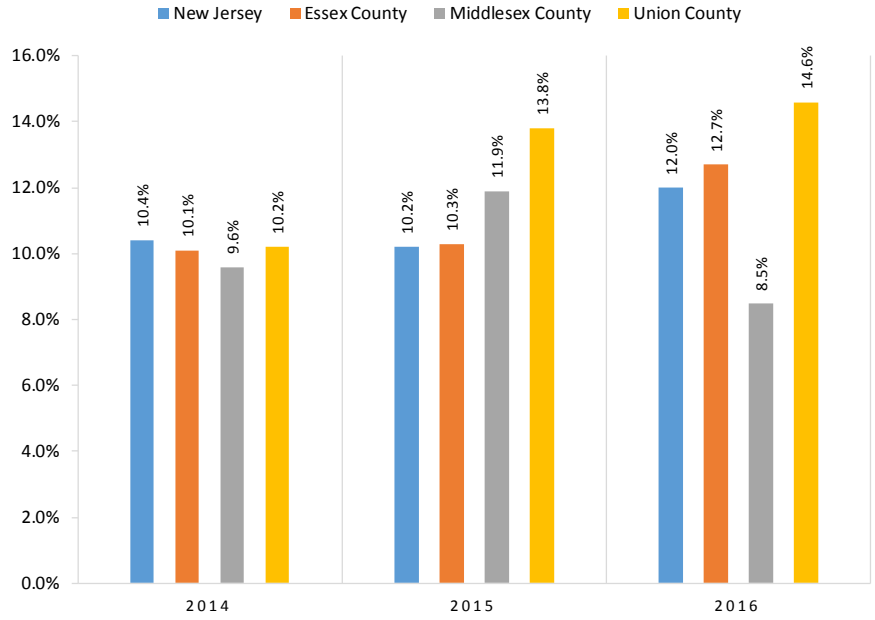
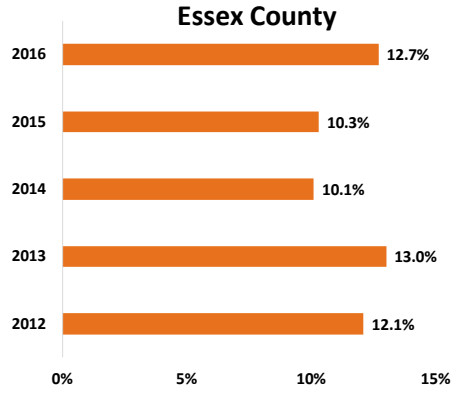
National Benchmark: 12%
Essex County 2016: 24.6%

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

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





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

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National Benchmark: 3.0%
Essex County 2016: 12.7%

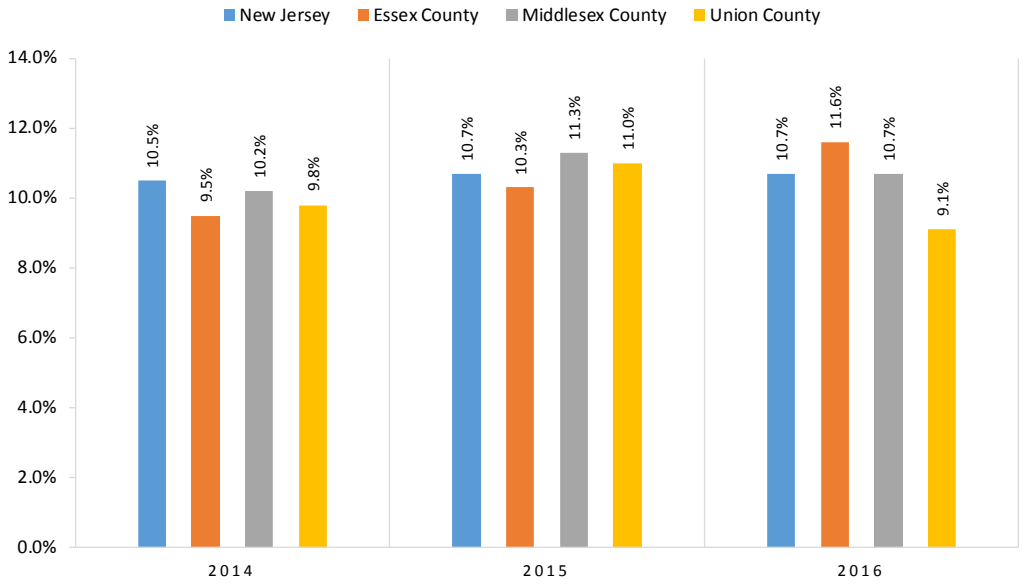
Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Reported "Fair" or "Poor" Health *Percentage of Respondents*	N.A.		
Physically Unhealthy Days Reported in the Past 30 Days *Average Age-Adjusted Number*	N.A.		

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

Behavioral Health Status

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

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



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

County Health Rankings & Roadmaps
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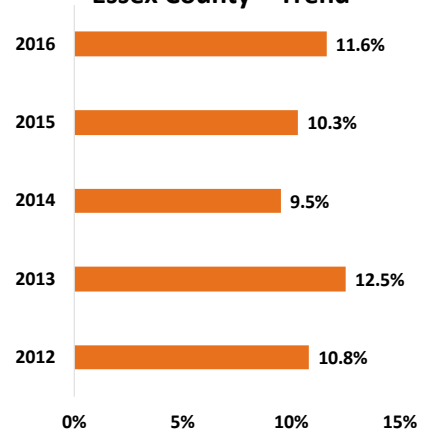
National Benchmark: 3.1%
Essex County 2016: 11.6%

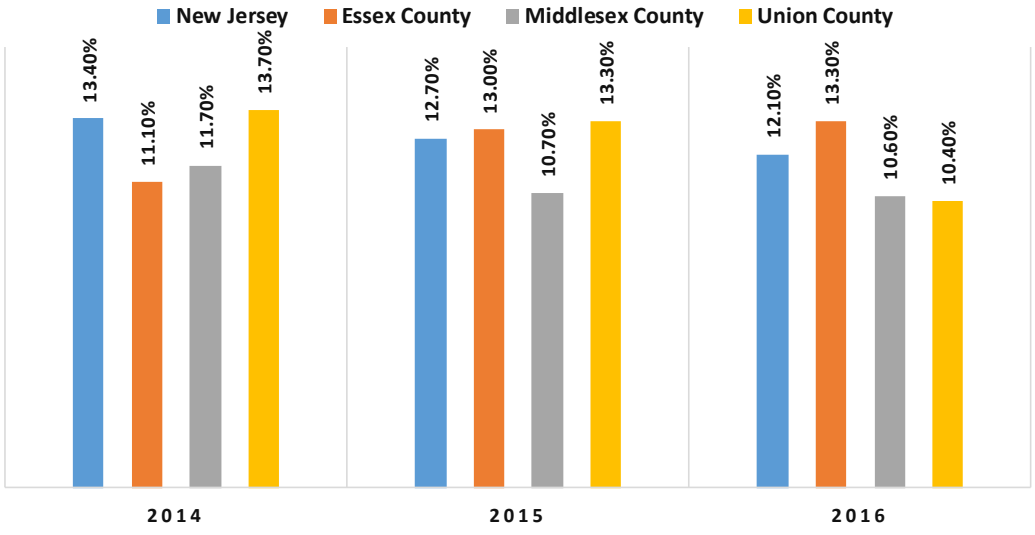
Frequent Mental Distress
Percent Reporting 14 or More of the Past 30 Days Mental Health Not Good
Essex County – Trend



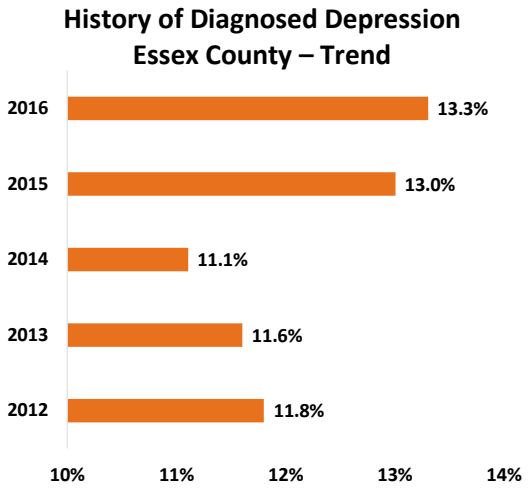
Source: New Jersey Behavioral Risk Factor Survey
Note: The physical health measure is based on response to the question: "Now thinking about your physical health which includes physical illness and injury for how many days during the past 30 days was your physical health not good?"

- Between 2014 and 2016, the percent of Essex County residents reporting a history of depression increased from 11.1% to 13.3%.
- The Essex County rate for history of depression was higher than the statewide rate (12.1%), and ranked in the middle quartile compared to all 21 counties.

History of Diagnosed Depression
State & County Comparisons 2014-2016



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



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

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

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

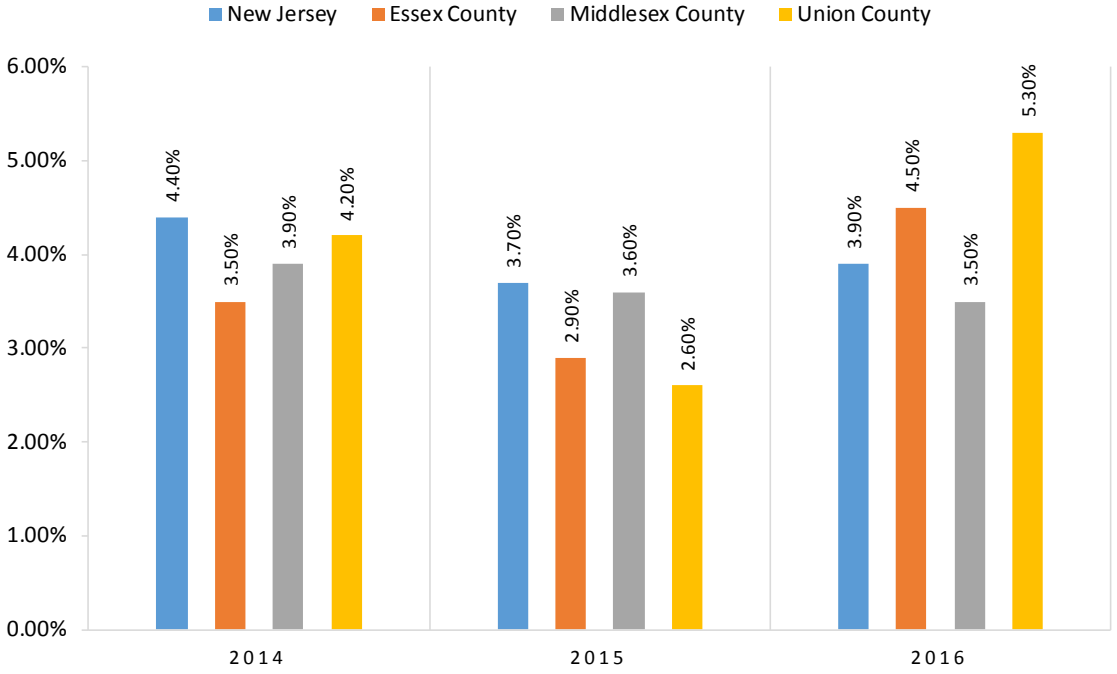
7. Morbidity

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

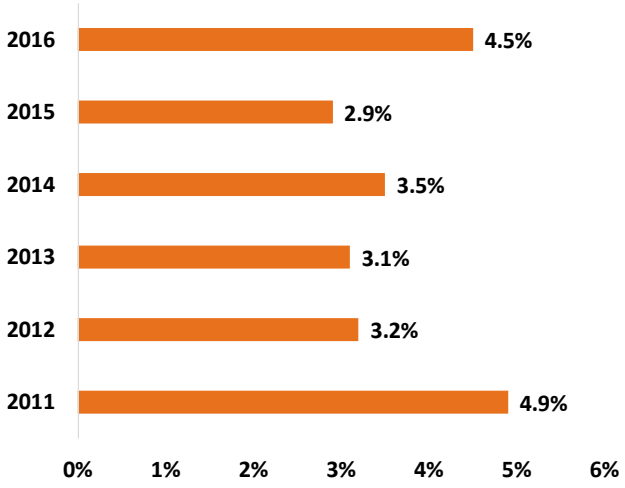
Heart Disease

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

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

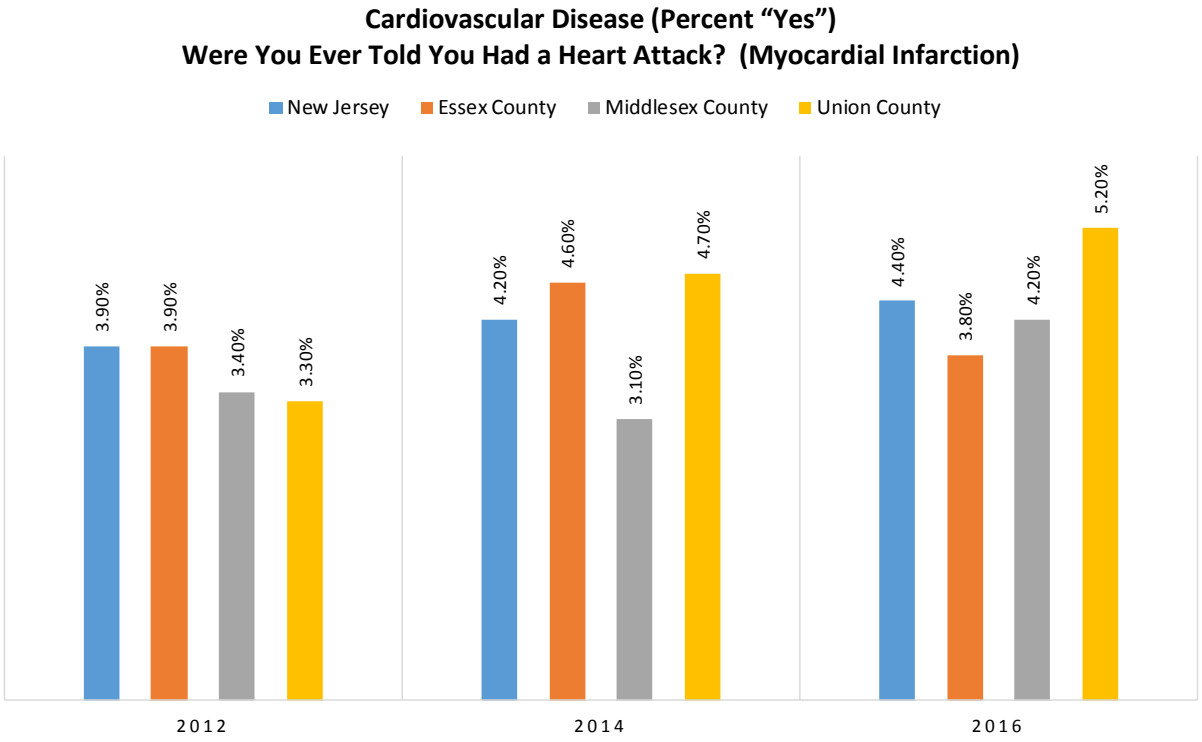


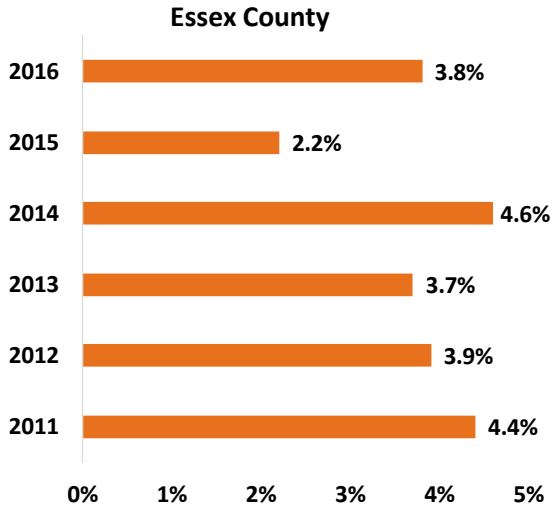
Essex County



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

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



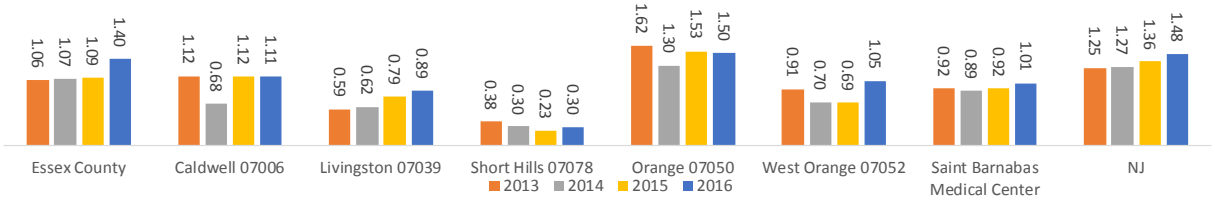


Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

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

- The rate of Essex County residents hospitalized with a heart attack diagnosis (2013-2016) was lower than those in the State.
- In 2016, Orange residents exhibited the highest rate of patients hospitalized with a diagnosis of heart attacks at 1.50/1,000 and Short Hills residents reported the lowest rate of 0.30/1,000.

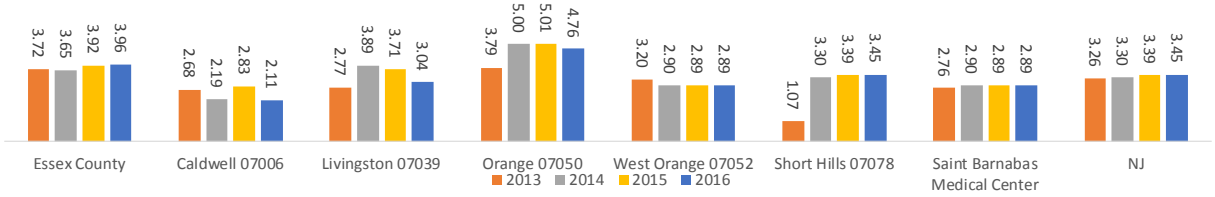
Heart Attack: Acute Care IP, Same Day and ED Discharges; Rate / 1,000 Population, 2013-2016



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

- Between 2013 and 2016, the rate of patients hospitalized with a diagnosis of heart failure in Essex County was higher than SBMC's Service Area.
- In 2016, Orange residents exhibited the highest rate of patients hospitalized with a diagnosis of heart failure/CHF at 4.76/1,000 and Caldwell residents had the lowest rate at 2.11/1,000.

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

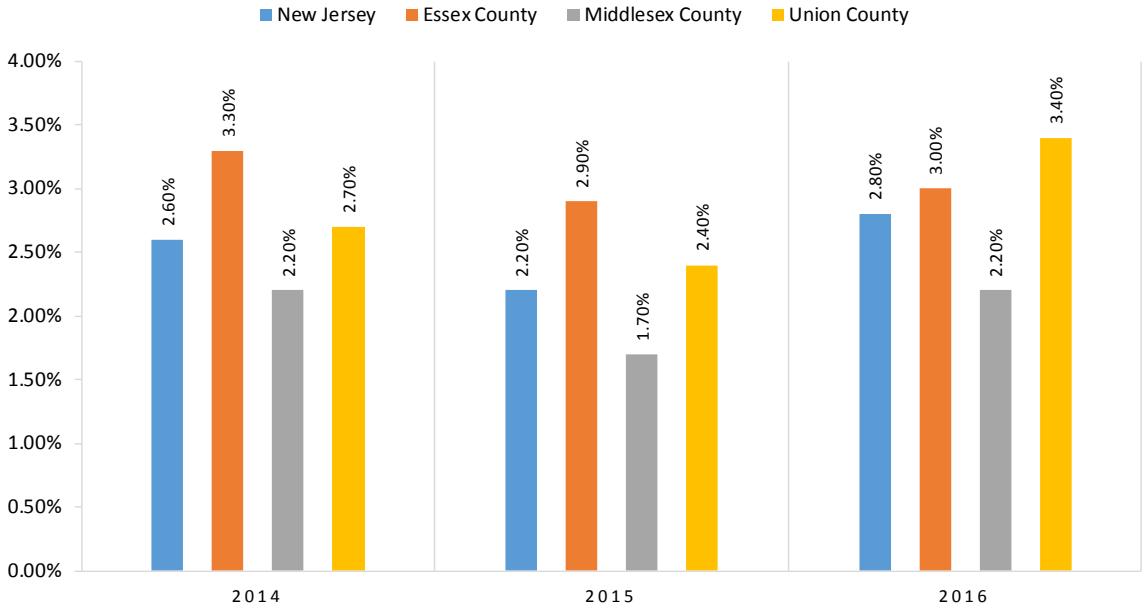


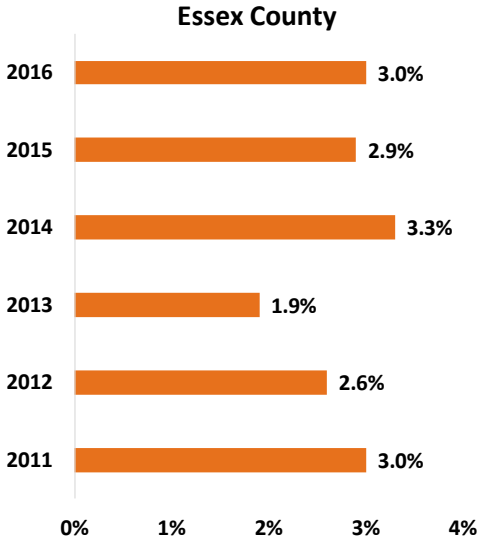
Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census; Definition: Inpatient, Same Day Stay and ED Discharges for MS-DRGs 291-293

Stroke

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

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



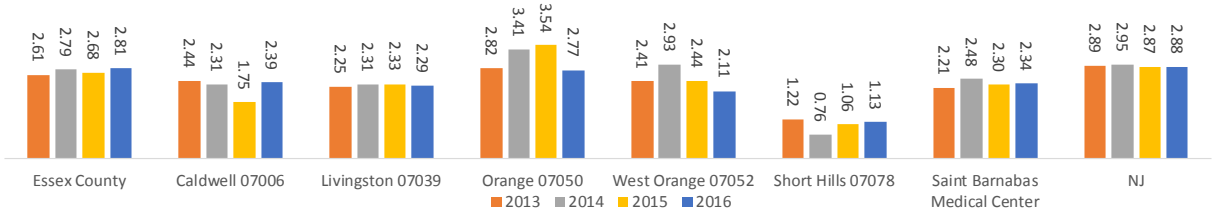


Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

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

- From 2013 through 2016, Essex County had a lower rate of patients using a hospital service with stroke/TIA diagnosis compared to the State.
- In 2016, Orange (2.77/1,000) had the highest rate for patients hospitalized for stroke/TIA diagnosis in the region, and Short Hills (1.13/1,000) had the lowest.

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



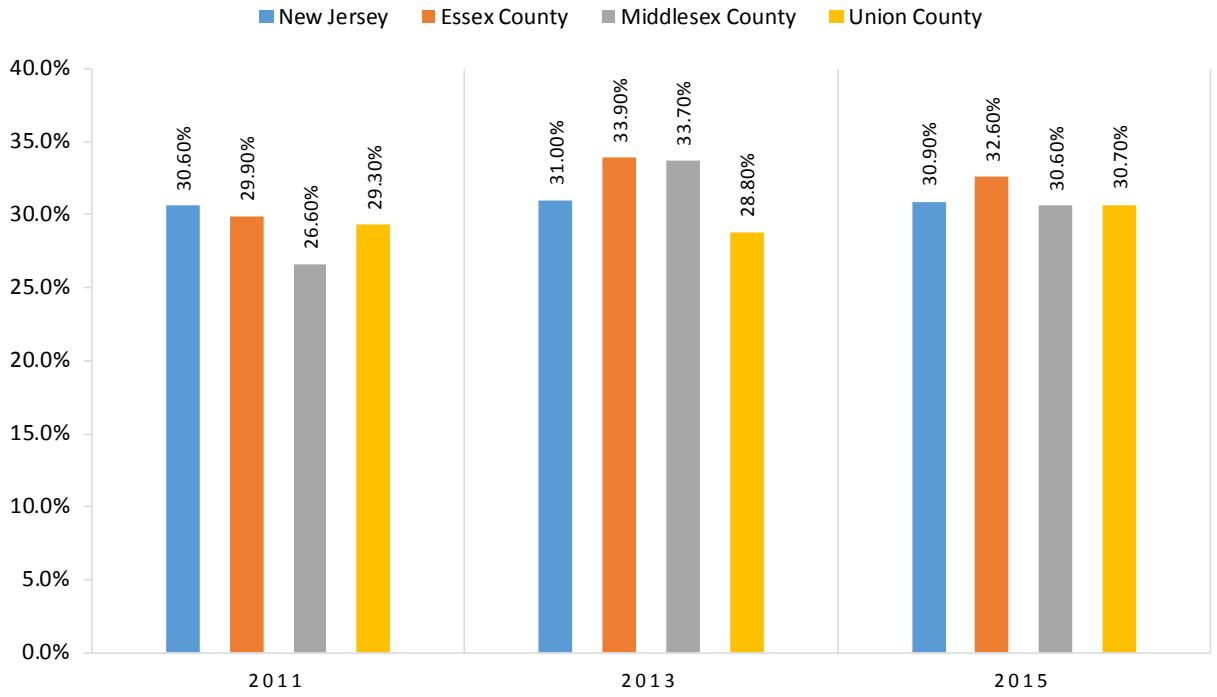
Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census; Definition: Inpatient, Same Day Stay and ED Discharges for MS-DRGs 061-069

Hypertension and High Cholesterol

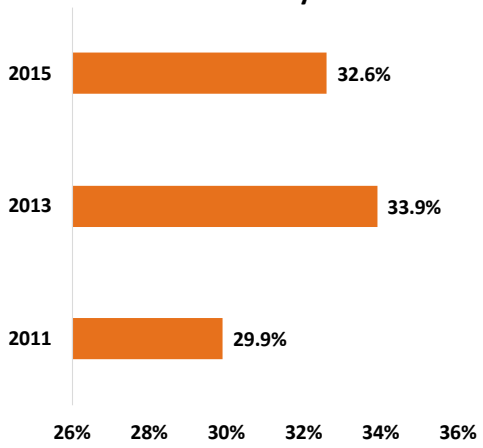
According to the American Heart Association, risk factors associated with developing cardiovascular disease include: high blood pressure, high cholesterol, cigarette smoking, physical inactivity, poor diet, overweight and obesity and Diabetes.

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

Adults Who Have Been Told They Have Hypertension
State & County Comparisons, 2011-2015



Essex County



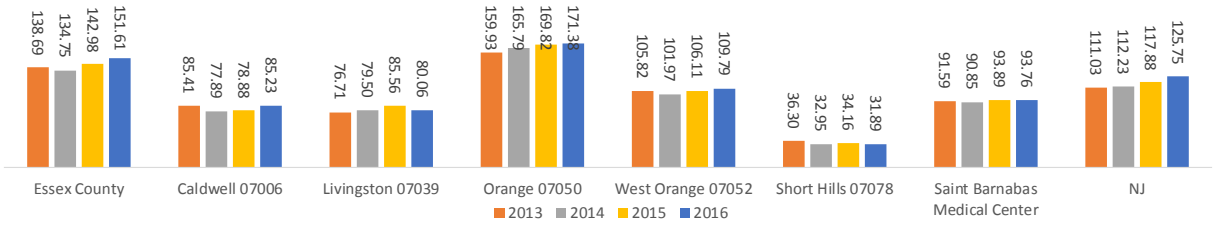
Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

Baseline: 29.7%
Target: 26.9%
Essex County 2015: 32.6%

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

- Orange had the highest rate of patients using a hospital service with a diagnosis of hypertension for each year from 2013 through 2016.
- In 2016, SBMC's Service Area (93.76/1,000) had a lower rate of patients using a hospital service with a hypertension diagnosis than Essex County (151.61/1,000).

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

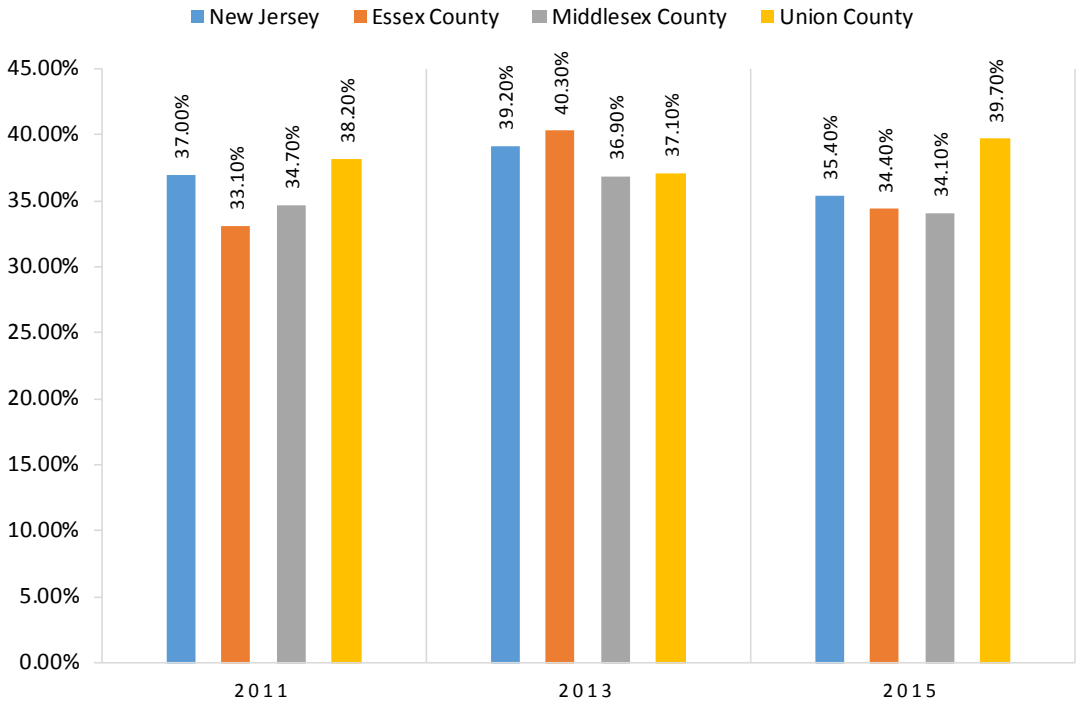


Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census; Definition: Inpatient, Same Day Stay and ED Discharges – ICD-9 DX Codes in Range 401-405.99 (Appearing Anywhere In First 13 DX Codes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

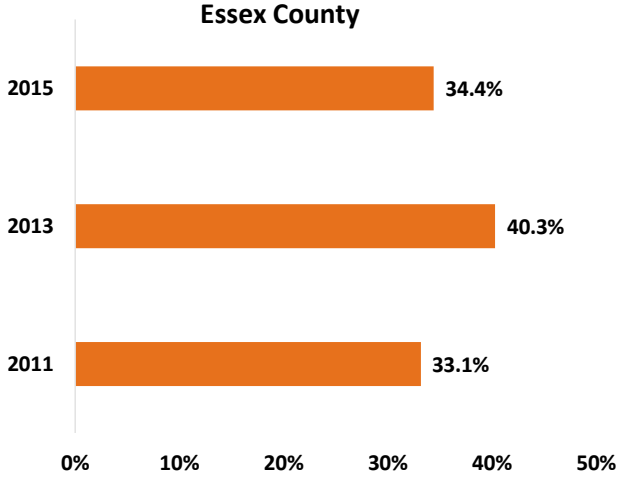
Cholesterol

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

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



Essex County



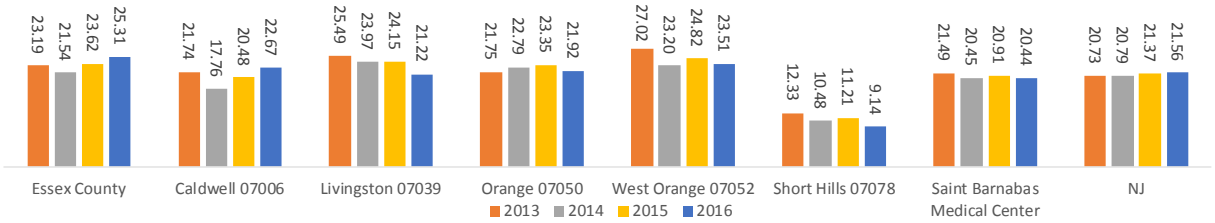
Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

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

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

- The rate of patients using a hospital service with a diagnosis of high cholesterol was highest in the Service Area town of West Orange in 2016 (23.51/1,000).
- In 2016, the rate of patients using a hospital service with a diagnosis of high cholesterol was lowest in Short Hills (9.14/1,000).

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

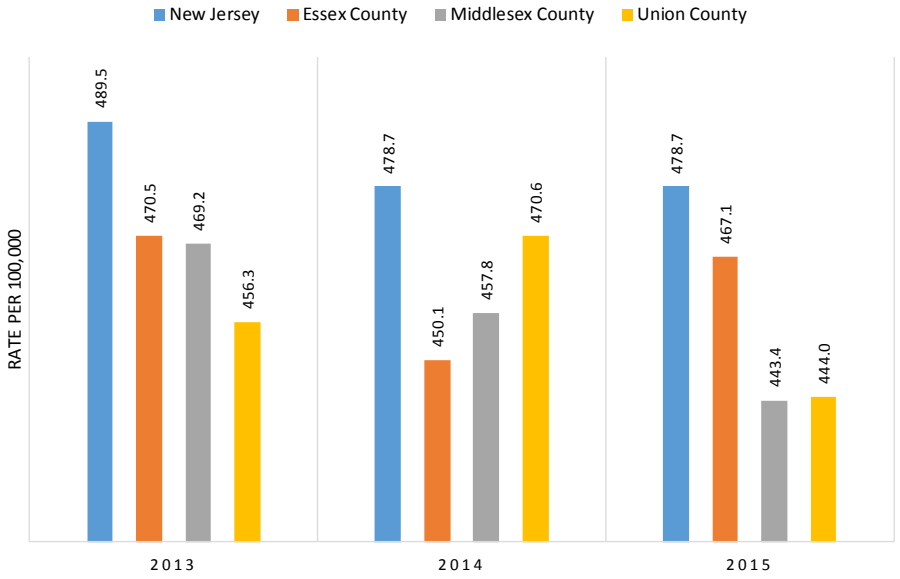


Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census; Definition: Inpatient, Same Day Stay and ED Discharges – ICD-9 DX Codes 272.0 or 272.2 (Appearing Anywhere In First 13 DX Codes On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

Cancer

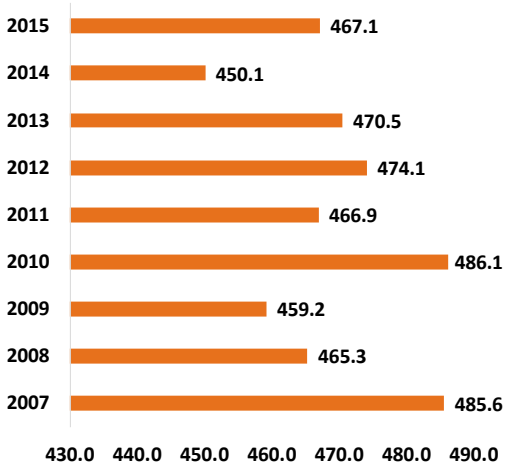
- Incidence of overall invasive cancer in Essex County decreased 3.8% from 485.6/100,000 in 2007, to 467.1/100,000 in 2015.
- In 2015, the overall incidence of cancer in Essex County was lower than the State but higher than comparison counties.

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



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

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

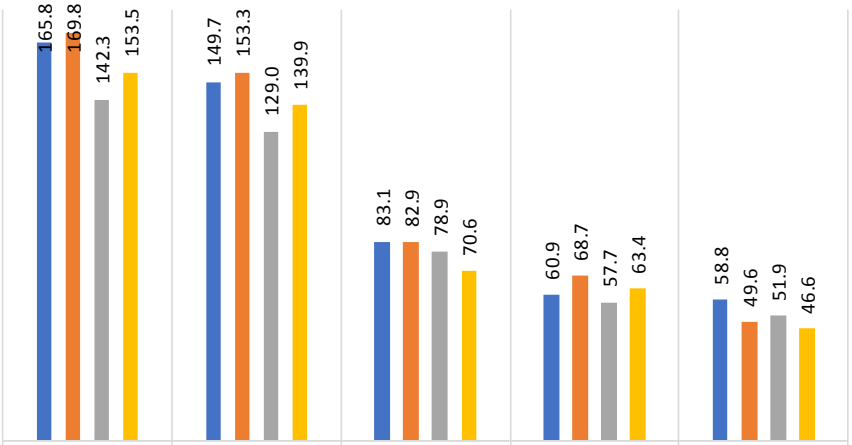


Source: NJDOH New Jersey Cancer Registry
Note: The Rate / 100,000 for Prostate Cancer is based on Males and the Rate / 100000 for Breast Cancer is based on Females

Incidence by Site

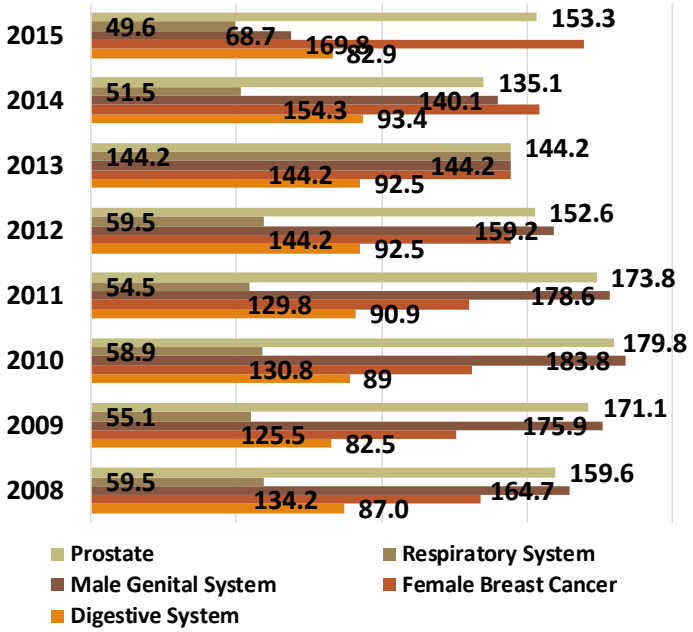
- In Essex County, breast (169.8/100,000) and prostate (153.3/100,000) cancers had the highest incidence rates among the top five cancers, followed by digestive system (82.9/100,000), male genital system (68.7/100,000), and respiratory system (49.6/100,000).
- In 2015, digestive system, and respiratory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

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



	Breast	Prostate	Digestive System	Male Genital System	Respiratory System
New Jersey	165.8	149.7	83.1	60.9	58.8
Essex County	169.8	153.3	82.9	68.7	49.6
Middlesex County	142.3	129.0	78.9	57.7	51.9
Union County	153.5	139.9	70.6	63.4	46.6

Essex County

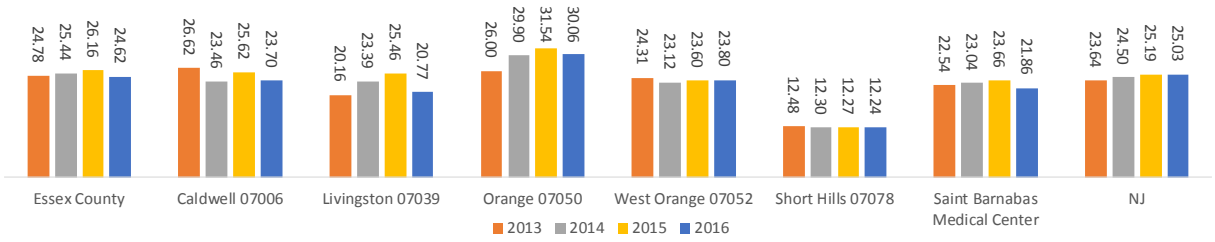


Source: NJDOH New Jersey Cancer Registry
Note: The Rate / 100000 for Prostate Cancer is based on Males and the Rate / 100000 for Breast Cancer is based on Females

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

- The 2016 rate of patients using a hospital service with a cancer diagnosis per 1,000 population was highest in Orange (30.06/1,000).
- In 2016, the rate for patients discharged with a cancer diagnosis/1,000 population was slightly higher in the County (24.62/1,000) than in the SBMC Service Area (21.86/1,000).

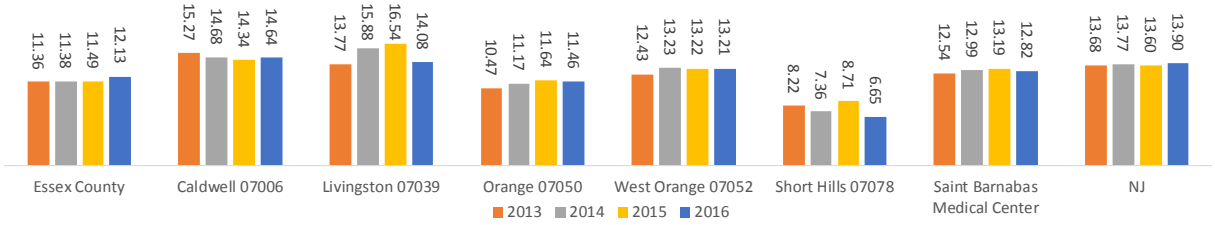
Cancer: Acute Care IP, Same Day and ED Discharges; Rate / 1,000 Population, 2013-2016



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

- The 2016 rate of residents using a hospital service that had a history of cancer diagnosis was highest in Caldwell (14.64/1,000).
- In 2016, the rate of patients hospitalized with a history of cancer diagnosis/1,000 population was lowest in Short Hills (6.65/1,000).

History of Cancer: Acute Care Inpatient, Same Day and ED Discharges; Rate / 1,000 Population



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

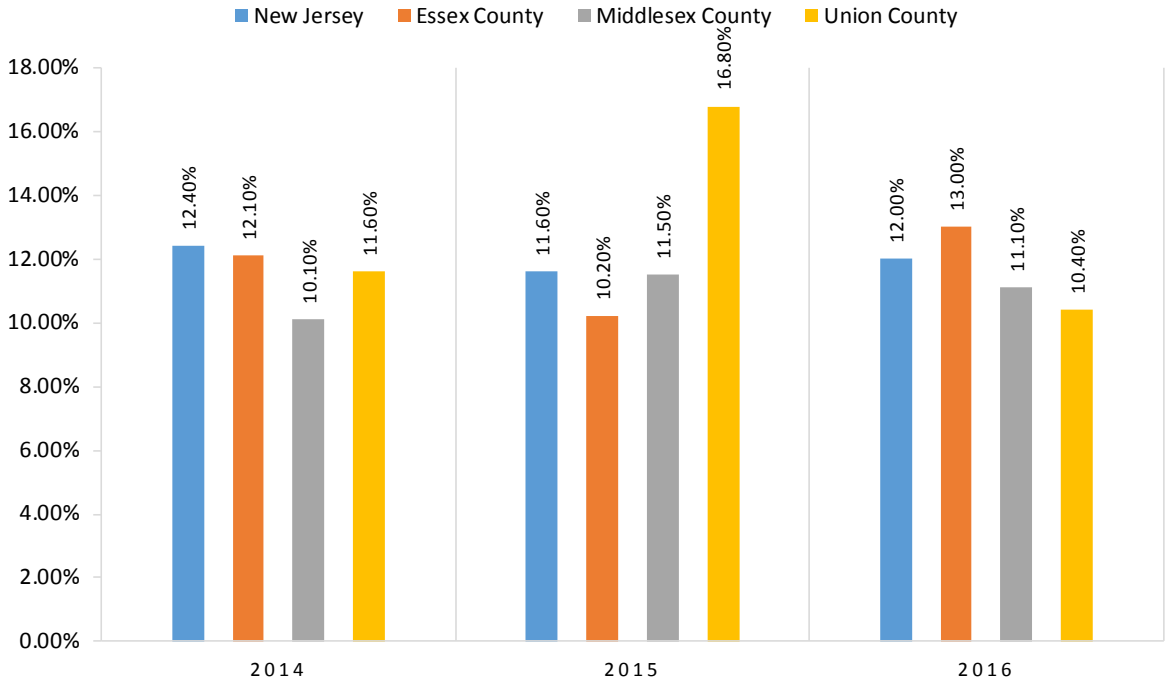
Asthma

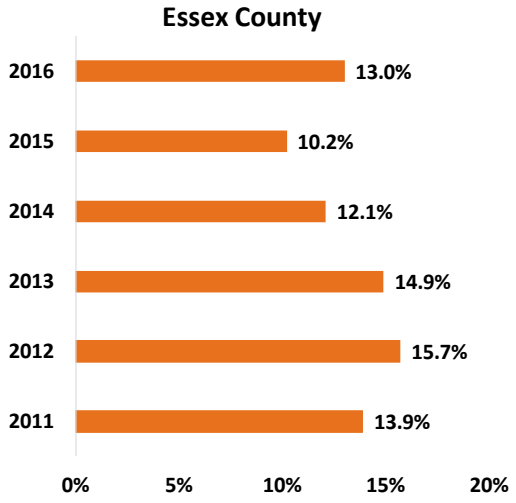
Asthma, a chronic lung disease often with childhood onset, inflames and narrows airways and causes recurring periods of wheezing, chest tightness, shortness of breath and coughing.[68] The exact cause of asthma is unknown; however, researchers believe genetic and environmental factors are involved. Factors may include: atopy, parents with asthma, certain respiratory infections during childhood and contact with some airborne allergens or exposure to some viral infections in infancy or in early childhood when the immune system is developing.[69]

[68] http://www.nhlbi.nih.gov/health/health-topics/topics/asthma
[69] ibid

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

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



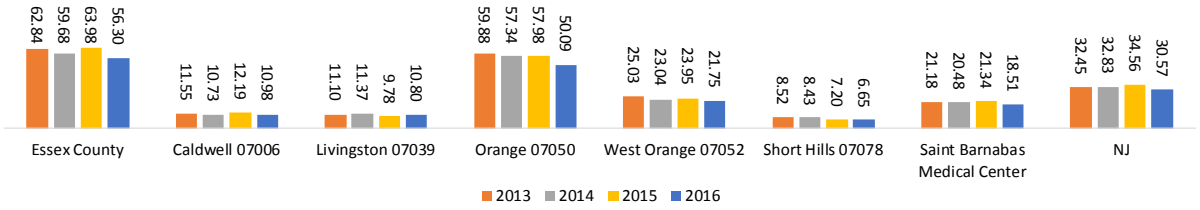


Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

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

- Rates of residents using a hospital service with a diagnosis of asthma were highest in Orange in 2016 (50.09/1,000).
- In 2016, the rate of Essex County (56.30/1,000) residents using a hospital service with a diagnosis of asthma exceeded the New Jersey (30.57/1,000) rate.
- Rates were lowest in Short Hills (6.65/1,000).

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



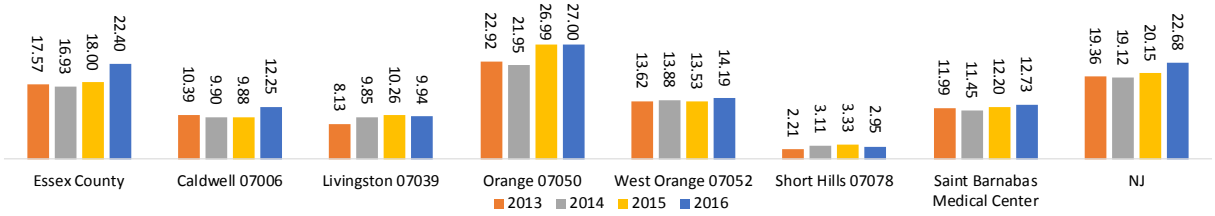
Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census; Definition: Inpatient, Same Day Stay and ED Discharges – ICD-9 DX Codes In the Range 493-493.9 (Appearing Anywhere In First 13 DX Codes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

COPD (excluding Asthma)

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

- In 2016, the rate of hospitalization for patients with a diagnosis of COPD was highest in Orange (27.00/1,000) and lowest in Short Hills (2.95/1,000).

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



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

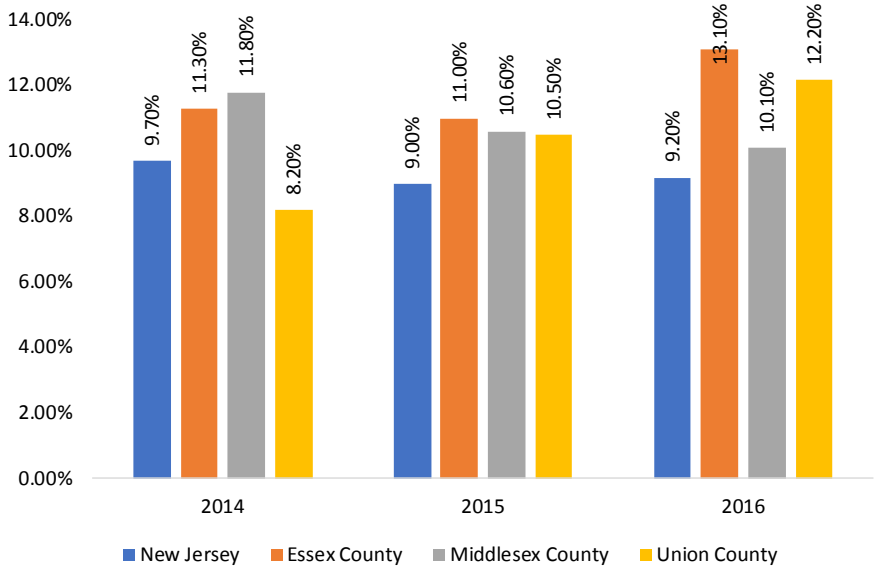
Diabetes

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

Type 1 develops when insulin producing cells located in the pancreas are destroyed. There is no known way to prevent Type 1 diabetes. In order to survive, Type 1 diabetics must have insulin delivered by injection or pump. Type 2 primarily onsets with insulin resistance disorder in which cells within the muscles, liver, and fat tissue are unable to properly use insulin. Higher risk for developing Type 2 diabetes is associated with older age, obesity, family history of diabetes, history of gestational diabetes, impaired glucose metabolism, physical inactivity, and race/ethnicity. African Americans, Hispanics/Latinos, American Indians, some Asians, and Native Hawaiians or other Pacific Islanders are at particularly high risk for Type 2. Gestational diabetes is a form of glucose intolerance diagnosed during the second or third trimester of pregnancy. The risk factors for gestational diabetes are similar to those for type 2 diabetes.[70]

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

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



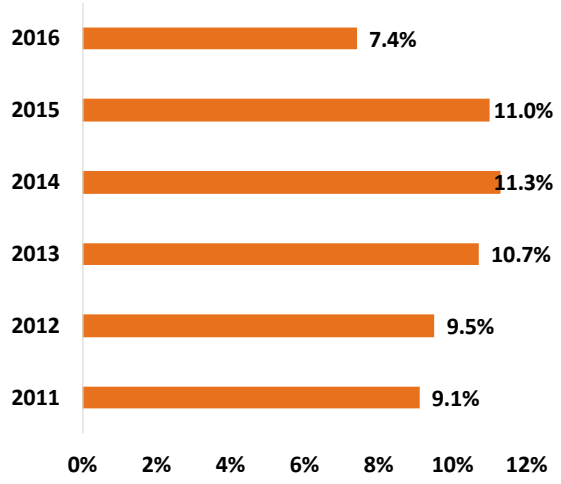
Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

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

National Benchmark: 91.0%
Essex County 2016: 81.9%

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

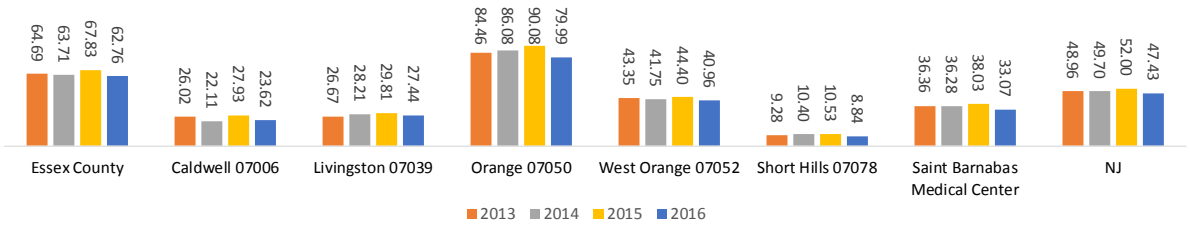
Diabetes (Percent "Yes"): Have You Ever Been Told by a Doctor That You Have Diabetes?
Essex County – Trend



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

- Orange had the highest rate of residents using a hospital service with a diabetes diagnosis (79.99/1,000) in 2016. Rates in West Orange were second highest in the Service Area (40.96/1,000).
- In 2016, the rate of patients using a hospital service with diabetes diagnosis was lower in the SBMC Service Area (33.07/1,000) than in the County (62.76/1,000).

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



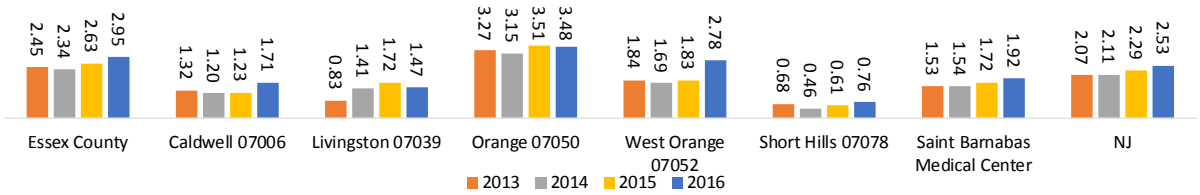
Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census; Definition: Inpatient, Same Day Stay and ED Discharges – ICD-9 DX Codes In The Range 249.00-250.03 (Appearing Anywhere In First 13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

Diabetes is a contributing factor to renal failure. More than 35% of U.S. adults with diabetes have chronic kidney disease. High blood sugar and high blood pressure increase the risk that chronic kidney disease will eventually lead to kidney failure.[71]

- In 2016, the rate of Essex County residents using a hospital service with diagnosis of renal failure was highest in Orange (3.48/1,000) and lowest in Short Hills (0.76/1,000).
- The 2016 rate of Essex County residents using a hospital service with diagnosis of renal failure was higher than for New Jersey residents.

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

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



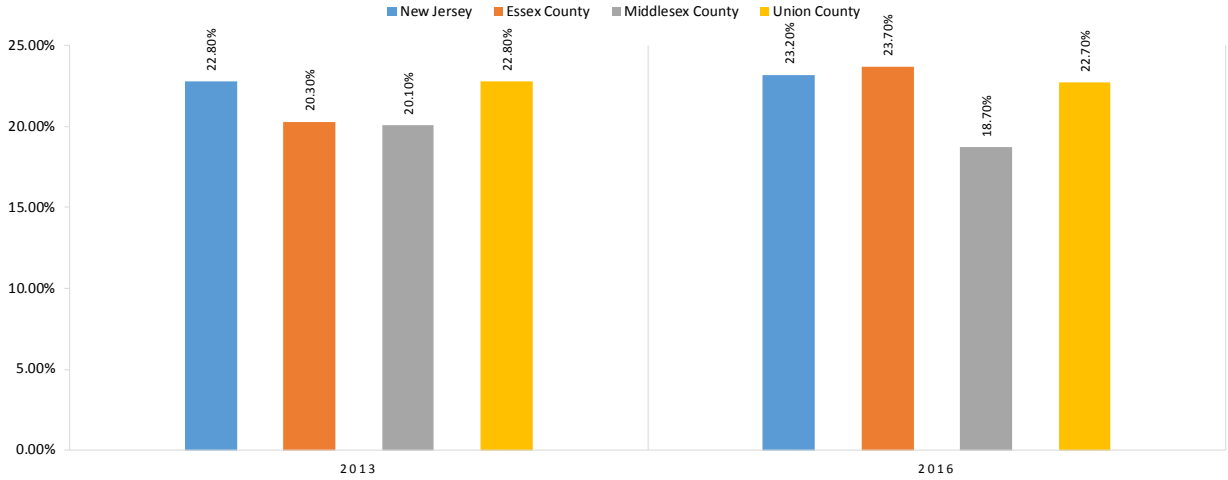
Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census; Definition: Inpatient, Same Day Stay and ED Discharges For MS-DRGs In the Range 682-685

Arthritis

Arthritis affects more than 1 in 5 adults and is the nation's most common cause of disability. A*rthritis* describes more than 100 rheumatic diseases and conditions that affect joints, the tissues which surround the joint and other connective tissue. The pattern, severity and location of symptoms vary depending on the specific form of the disease. Typically, rheumatic conditions are characterized by pain and stiffness in and around one or more joints. The symptoms can develop gradually or suddenly.[72]

- Between 2013 and 2016, the percentage of Essex County residents reporting arthritis increased from 20.3% to 23.7%.
- The percentage of Essex County residents reporting arthritis was higher than the State (23.2%), Union County (22.7%), and Middlesex County (18.7%). As compared to 21 counties statewide, Essex County ranks in the middle quartile.

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



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

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

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

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

6. ASSETS AND GAPS ANALYSIS

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

A. HEALTH DISPARITIES

Economic Status

ASSETS

- The median household income of Short Hills residents was $250,000 or more than three times the County rate.
- The percent of people living in poverty in Short Hills was 1.9% in 2016, lowest in all towns in the SBMC Service Area.
- In 2016, the percent of unemployment in West Orange (4.6%) was lower than the County and State.
- Between 2015 and 2017, the percent of adults and children receiving TANF/WFNJ benefits declined by 51% and 43%, respectively.
- Over 55% of Short Hills residents earned a graduate or professional degree, highest in the Service Area.

GAPS

- In 2016, the median household income in Essex County was $54,860, more than $18,000 below the State.
- In 2016, Essex County had a higher percentage of people living below the poverty level than statewide, 17.2% and 10.9%, respectively.
- Between 2014 and 2016, unemployment declined to 8%, but remained higher than New Jersey, 5.2%.
- The percent of families living in poverty in Orange is more than triple the New Jersey percentage.
- Essex County reported a 7 percentage point increase in the number of students eligible for free lunch between 2012-2013 and 2015-2016.
- In 2016, 15.3% of Essex County residents did not complete high school, 4.2 percentage points higher than New Jersey.
- In 2016, 19.9% of Orange residents did not complete high school, higher than the State (11.1%) and County (15.3%).

Health and Health Care

ASSETS

- Since 2013, the non-elderly population without health insurance in Essex County decreased from 18.5% to 13.6%.

- Between 2013 and 2016, the population to physician ratio was higher in Essex County than the CHR benchmark.
- The adult ED ACSC rate for the SBMC Service Area was lower than the State and County rates.
- The 2016 inpatient ACSC for the SBMC Service Area was lower than the State and County rates.

GAPS

- From 2013 to 2015, Essex County had a higher percentage of non-elderly population without health insurance than statewide.
- Essex County had the third highest ACSC ED visit rate of the 21 counties in the State.
- Towns with the highest ED visit rate for children were Orange and Vauxhall.

Neighborhood and Built Environment

ASSETS

- Essex County experienced a 9.1% reduction in fine particulate matter between 2011 and 2012.
- Between 2010 and 2015, the percent of Essex County residents with limited access to healthy foods declined.
- Between 2010 and 2016, Essex County's motor vehicle crash deaths were 10.9% lower than New Jersey.

GAPS

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

B. HEALTH FACTORS

Clinical Care Measures

ASSETS

- In 2016, SBMC's Service Area inpatient use rate (125.7/1,000) was lower than the Essex County rate and the State rate.
- SBMC's Service Area ED visit rate (211.32/1,000) was lower than the State rate (352.2/1,000).
- The county-wide percentage of VBACs trended upward from 2013 to 2016, increasing from 10.3% to 11.8% in 2016.

GAPS

- In 2016, the ED visit rate in Orange was more than twice that of the Service Area use rate.
- Essex County's c-section rate (27.5%) was higher than the State rate (25.2%).

Health Behaviors

ASSETS

- The teen birth rate among SBMC Service Area residents (4.79/1,000) was lower than the State and County rates.

GAPS

- Only 63.5% of Essex County women entered prenatal care in the first trimester.
- The 2010-2016 Essex County teen birth rate (15-19) was 60.1% higher than the State rate.
- In 2016, the County's chlamydia and gonorrhea rates were nearly twice the respective rates in New Jersey.
- In 2015, the HIV prevalence rate in Essex County was more than triple the rate in New Jersey.

Individual Behaviors

ASSETS

- Between 2014 and 2016, smoking rates fluctuated in Essex County with an overall decrease of 1.9 percentage points.
- Alcohol impaired driving deaths decreased from 22.3% in 2008-2012 to 16.4% in 2012-2016.
- In 2016, a lower percentage of Essex County residents were obese (26.8%) than the *Healthy People 2020* target (30.6%).

GAPS

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

Health Screenings and Immunizations

ASSETS

- In 2016, 82.7% of Essex County women over age 40 had a mammogram in the last two years, up 31 percentage points from 2012.
- In 2016, 76.7% of Essex County women over 18 had a pap smear within the past three years compared to the *Healthy People 2020* target of 66.2%.

- In 2016, 96.9% of first grade students in Essex County received all required immunizations compared to 92.7% statewide.

GAPS

- In 2016, a lower percentage of Essex County adults over 50 (58.4%) participated in colon-rectal screenings than residents statewide (65.1%).
- In 2014, almost 82% of Essex County diabetic Medicare enrollees received HbA1c screening, lower than the State and surrounding counties.
- Essex County had the lowest percent of adults receiving flu shots compared to residents of New Jersey and surrounding counties.
- The percent of Essex County adults 65+ who had a pneumonia vaccine decreased from 2011-2016, from 71.3% to 58.8%.

Behavioral Health Utilization

ASSETS

- Inpatient hospitalizations and ED visit rates for substance use in the SBMC Service Area were lower than the County and State rates.
- Inpatient hospitalizations and ED visit rates for mental health condition were lower than for New Jersey or Essex County.

GAPS

- In 2016, Essex County (7.21/1,000) had the highest rate of residents with an inpatient hospitalization for a mental health condition, compared to the State and comparison counties.
- In 2016, Essex County (13.08/1,000) had a higher ED visit rate for mental health conditions than the State.
- In 2016, Essex County had a higher use rate for residents with an inpatient admission for substance abuse than the State and comparison counties.
- In 2016, Essex County (9.56/1,000) had a higher ED visit rate for substance abuse than the State (7.86/1,000).
- Between 2015 and 2016, Naloxone administrations increased from 481 to 1,131.

C. HEALTH OUTCOMES

Mortality

ASSETS

- Between 2013 and 2016, Essex County's age-adjusted mortality rates improved for homicide, chronic lower respiratory diseases, diseases of the heart, stroke and cancer.
- The 2016 County cancer mortality rate was 18% lower than the State.
- The 2016 stroke AAMR (32.6/100,000) was lower than the *Healthy People 2020* target (34.8/100,000).

- The 2016 suicide mortality rate in Essex County (5.9/100,000) was lower than the State (7.7/100,000).
- The infant mortality rate in Essex County decreased from 7.8/1,000 in 2014, to 6.6/1,000 in 2016.

GAPS

- Between 2013 and 2016, Essex County's mortality rates increased for Alzheimer's disease, unintentional injuries, nephritis, diabetes, and septicemia.
- Blacks (184.7/100,000) had the highest heart disease mortality rate compared to Whites (151.6/100,000) and Hispanics (118.8/100,000).
- The mortality rate for cancer among Blacks in Essex County was higher than the rates for Whites and Hispanics.
- The 2016 unintentional injury death rate among Blacks (45.6/100,000) was higher than the rate for Whites (42.1/100,000).
- Blacks (49.2/100,000) had a higher death rate due to stroke than Whites (20.0/100,000) and Hispanics (21.2/100,000).
- The years of potential life lost in Essex County (7,102.75/100,000) was higher than the rate statewide (5,469.35/100,000).
- The rate of drug overdose deaths in Essex County more than doubled between 2014 and 2016.
- The Black infant mortality rate continues to be higher than for Whites.

Maternal and Child Health

GAPS

- In 2016, Essex County had higher rates of low birth weight and very low birth weight babies than the State.
- The percentage of low birth weight babies were higher among Black (13.1%) than for Whites (4.6%) or Hispanics (7.8%).

Health Status and Behavioral Health Status

GAPS

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

Morbidity

ASSETS

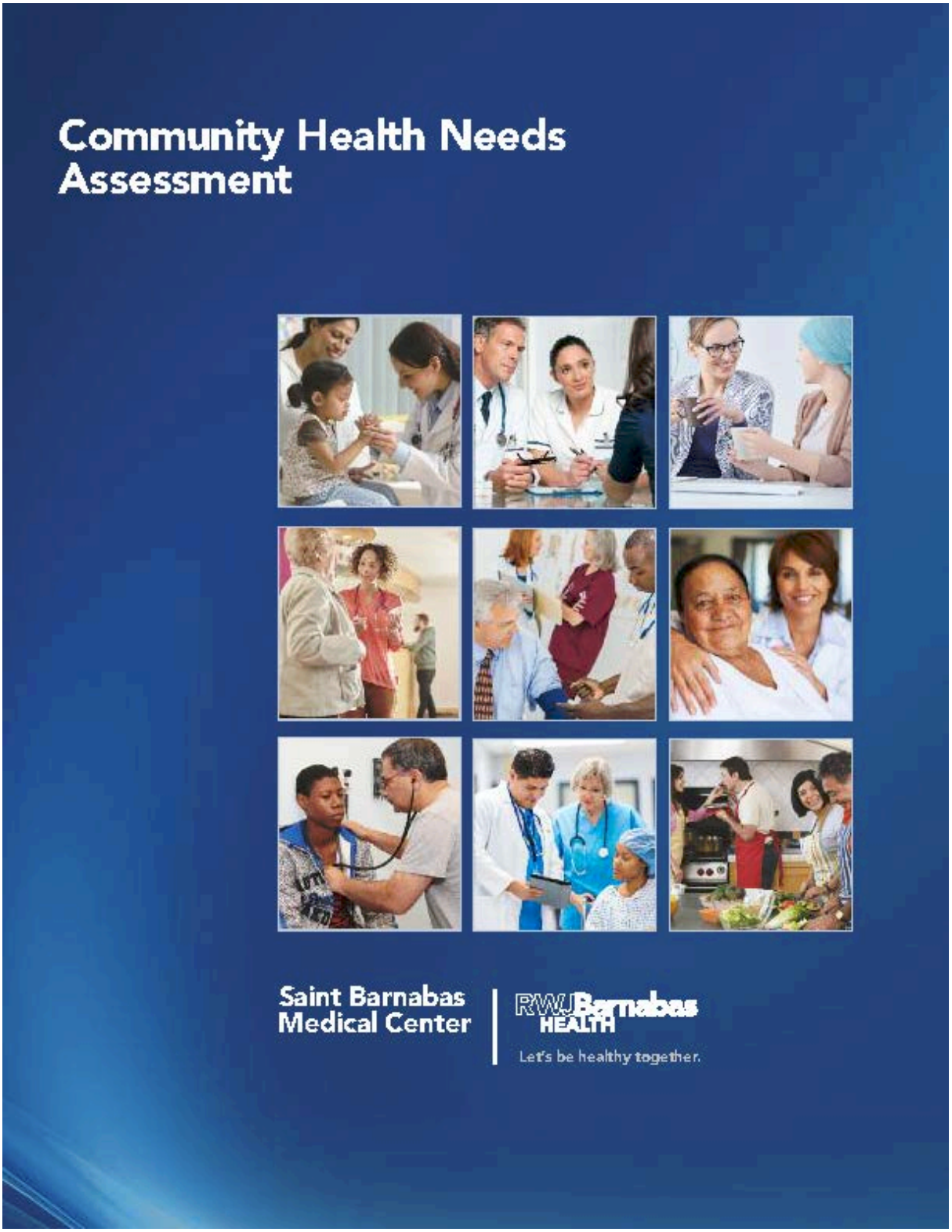
- The percent of Essex County residents told they had a heart attack declined 0.1 percentage points from 2012 to 2016.
- Short Hills residents had the lowest rate of patients hospitalized with a heart attack in 2016.
- Caldwell had the lowest rate of residents hospitalized with heart failure in 2016.
- From 2013 through 2016, Essex County had a lower rate of patients using a hospital service with a stroke/TIA diagnosis than the State.
- In 2016, the SBMC Service Area had a lower hospital use rate for hypertension than Essex County.
- In 2015, 34.4% of Essex County adults were told they had high cholesterol compared to 35.4% statewide.
- Short Hills residents had the lowest use rate of patients using a hospital service with high cholesterol.
- The incidence of invasive cancer in Essex County decreased 3.8% between 2013 and 2015.
- Between 2008 and 2015, digestive system (5.0%), prostate (4.1%) and respiratory system (20.0%) cancers all decreased.
- In 2016, the SBMC Service Area had a lower rate of patients using a hospital service with a diagnosis of cancer than the County.

GAPS

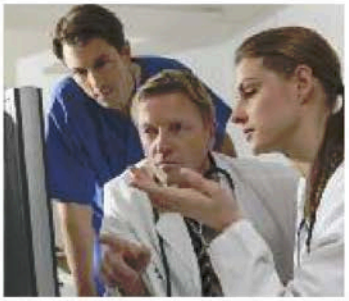
- The percent of Essex County residents told they had angina or coronary heart disease increased from 3.5% in 2014, to 4.5% in 2016.
- Orange residents had the highest rate of residents hospitalized with a heart attack or heart failure in 2016.
- In 2016, Essex County (3.0%) reported a higher rate of strokes than the State (2.8%).
- In 2015, 32.6% of Essex County adults were aware they had hypertension, more than the 30.9% of adults statewide.
- Orange residents had the highest rate of hospital usage for hypertension from 2013 to 2016.
- West Orange residents with high cholesterol had the highest hospital use rate in the Service Area.
- Between 2008 and 2015, breast cancer (3.1%) and male genital cancer (15.5%) increased.
- In 2016, the rate of patients using a hospital with a cancer diagnosis was highest in Orange.
- The percent of Essex County residents reporting diabetes was higher than the State and all comparison counties from 2014 to 2016.
- Between 2013 and 2016, the percentage of Essex County residents reporting arthritis increased from 20.3% to 23.7%.

APPENDICES

APPENDIX A: SBMC CHNA IMPLEMENTATION PLAN RESULTS



Introduction



In 2016, Saint Barnabas Medical Center ("SBMC") conducted and adopted its Community Health Needs Assessment ("CHNA") which consisted of a community health needs survey of residents in our service area, a detailed review of secondary source data, a survey and meetings with local health officials and a Public Health Symposium made up of county public health officers and community representatives. The Plan can be accessed at www.rwjbh.org/saint-barnabas-medical-center/about/commuity-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 SBMC will address each priority need and the expected outcome for the evaluation of its efforts. The implementation plan which follows is based on the five selected priority areas*

- Cancer
- Cardiovascular Disease
- Chronic Disease Management and Improvement (Obesity/Diabetes)
- Hospital Utilization for Ambulatory Care Sensitive Conditions (ACSC)
- Disparities Affecting Access to Care

SBMC is a founding member of the Greater Newark Health Care Coalition (GNHCC) which is made up of key stakeholders in the county (government, civic, community-based organizations, faith-based organizations and healthcare providers) who are focused on improving the health of community members. SBMC will continue to work with the GNHCC, other providers and community organizations to improve the health and welfare of our communities

**The five focus areas do not represent the full extent of the Medical Center's community benefit activities or its support of the community's health needs. Other needs identified through the CHNA may be better addressed by other agencies/organizations or deferred to another timeframe. Other significant needs identified in the CHNA include primary care physician shortages, substance abuse, lead poisoning, low birthweight, C-Section rate, STDs, teen pregnancy, immunization, tobacco use and community safety.*

Goal #1: Improve Health Outcomes for Cancer Patients by Promoting Prevention and Early Detection of Cancer in the Community

Key CHNA Findings:

- Cancer emerges at the top of the list when residents (Bruno/Ridgeway survey) are asked to volunteer the top three health issues.
- Cancer also emerges as one of the six top issues identified by the PSA Health Officers.

Strategy/Initiative 1.1

Provide cancer prevention education seminars in order to improve linkage to care regardless of lack of insurance and the inability to pay/co-pay.

Indicator/Metric

- Measure number of persons from program attendance receiving linkage to care as reported by participant's survey (> 90%)

Tracking/Outcome

2017 Results: 96% average survey score

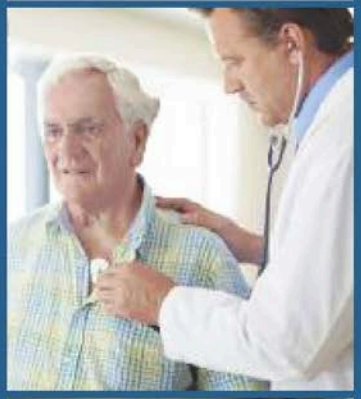
Strategy/Initiative 1.2

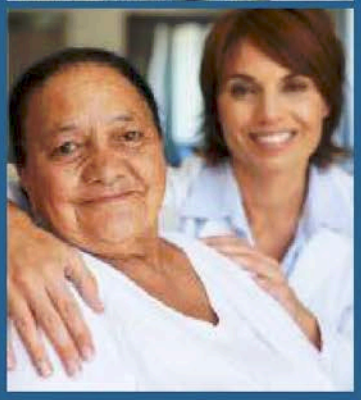
Expand early detection outreach by providing free community screenings

- Skin Cancer (2016-2018)
- Head and Neck Cancer (2016-2018)
- Lung Cancer (2016-2018)
- Breast Cancer (2016-2018)
- Prostate Cancer (2018)
- GYN Cancer/Pap Smear (2018)
- Colorectal Cancer (2018)

Indicator/Metric

- Number of programs provided as measured by number of community benefit hours reported





Tracking/Outcome

2017 Results: 2,630 commuity benefit hours resulting from free community screenings (skin cancer, head and neck cancer, lung cancer)

1,035 total people screened

- 95 people screened for head and neck cancer
- 326 people screened for skin cancer
- 614 people screened for lung cancer

Goal #2: Improve Outcomes for Cardiovascular Disease Through Care Coordination and Education and Outreach

Strategy/Initiative 2.1

Establish and promote prevention of heart disease through education of the risk factors: tobacco use, hypertension, diabetes and obesity.

Indicator/Metric

- Increase the number of community programs provided yearly by 10% (Target: 126 programs annually)
- Increase the number of community lectures provided yearly by 8.6% (Target: 43 lectures annually)

Tracking/Outcome

2016 Baseline: 114 programs provided annually;
37 community lectures provided annually

2017 Results: 192 programs provided annually;
31 community lectures provided annually

Strategy/Initiative 2.2

Offer a series of health screenings for early detection of heart disease.

Indicator/Metric

• Increase the number of blood pressure and cholesterol screenings provided by 10% (Target: 28 screenings annually)

Tracking/Outcome

2016 Baseline: 25 screenings provided annually

2017 Results: 37 screenings provided annually

Strategy/Initiative 2.3

Improve better coordination of care to prevent readmission.

Indicator/Metric

• Reduce all cause readmission to less than 13%

Tracking/Outcome

2016 Baseline: By 2020, decrease Medicare readmission rate below 13% (all cause)

2017 Results: 8.53% all cause Medicare readmission rate

Goal #3: Improve Diabetes Prevention by Promoting Healthy Eating and Exercise at Schools and Community-based Organizations

Key CHNA Findings:

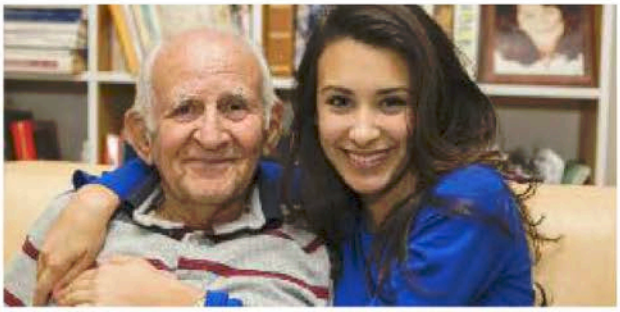
- Obesity/Diabetes identified as a top issue by residents.
- Identified as a top six health issue by PSA Health Officers.

Strategy/Initiative 3.1

Expand relationships with schools, community organizations, and senior facilities for healthy eating and exercise programming.

Indicator/Metric

• Number of programs provided as measured by number of community benefit hours reported



Tracking/Outcome

2017 Results: 76.5 community benefit hours resulting from 49 community programs

Strategy/Initiative 3.2

Expand relationships with existing community gardens initiatives, such as YMCA, West Orange

Indicator/Metric

- Number of programs provided as measured by number of community benefit hours reported

Tracking/Outcome

2017 Results: 42 community benefit hours resulting from 27 community programs with garden initiatives

Goal #4: Reduce Hospital Utilization for Ambulatory Care Sensitive Conditions (ACSC)

Key CHNA Findings:

- Congestive Heart Failure is the most common inpatient ACSC; Asthma and Chronic Obstructive Pulmonary Disease (COPD) ranked among the top five inpatient ACSC admissions in Essex County.
- The Emergency Department ACSC visit rate among children for asthma in Essex County was more than 50.5% higher than the rest of New Jersey.

Strategy/Initiative 4.1

Improve access to community members at risk for hospitalization for the following ambulatory care sensitive conditions.

- Asthma
- Pneumonia

Indicator/Metric

- Reduce COPD readmission by 10% (<19.46%)
- Reduce Asthma readmission by 25% (<2.82%)
- Reduce Pneumonia readmission by 10% (<15.88%)

Tracking/Outcome

2016 Baseline: COPD—21.63%
Asthma—3.77%
Pneumonia—17.65%
2017 Results: COPD—18.73%
Asthma—3.83%
Pneumonia—12.37%

Strategy/Initiative 4.2

Broaden community education programs in PSA urban zip codes.

Indicator/Metric

- Increase number of school programs, faith based programs, and health fairs provided in West Orange by 10% (Target: 278)
- Increase number of school programs, faith based programs, and health fairs provided in Orange by 25% (Target: 17)

Tracking/Outcome

2016 Baseline: West Orange—253 programs
Orange—5 programs
2017 Results: West Orange—277 programs
Orange—18 programs

Goal #5: Reduce Disparities by Improving Access to Care

Key CHNA Findings:

- The need for free or low cost screenings for preventative health services is more important to females, African Americans, singles and lower income groups.
- Improve access to primary care in the following towns: West Orange, Orange, South Orange and Maplewood.

Strategy/Initiative 5.1

Ensure strong SBMC presence in our PSA urban communities to build trust, provide needed health screenings and conduct preventative education in partnership with community based organizations.

Indicator/Metric

- Number of programs provided as measured by number of community benefit hours reported

Tracking/Outcome

2017 Results: 9,874.8 community benefit hours

Strategy/Initiative 5.2

Address readmission rate for Black/African American patients for all cause readmissions.

Indicator/Metric

- Equal readmission rate by race

Tracking/Outcome

2016 Baseline: White—8.02%
Black/African American—10.07%
2017 Results: White—8.5%
Black/African American—9.7%

Strategy/Initiative 5.3

Provide education, Hepatitis B screenings, and linkage to care to prevent liver disease in the growing Asian population in the PSA.

Indicator/Metric

- Offer education and screen 600 patients for Hep B

Tracking/Outcome

2016 Baseline: 568 Hep B screenings
2017 Results: 667 Hep B screenings
(Oct. 2016-Sept. 2017)

Strategy/Initiative 5.4

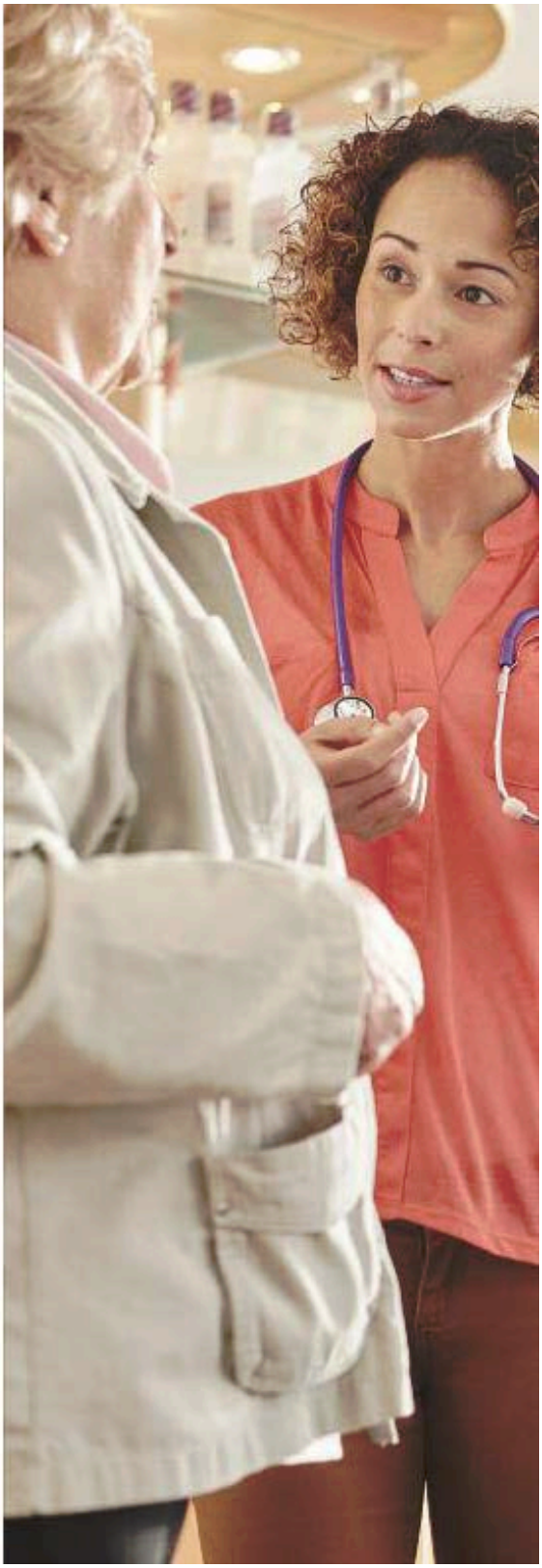
Establish a Special Needs Ambassador Program (SNAP), recruit ambassadors from the employee pool and increase awareness of the program through community outreach

Indicator/Metric

- Increase number of employees recruited to become Special Needs Ambassadors
- Increase number of medical residents educated
- Increase number of presentations and education sessions provided within the community

Tracking/Outcome

2017 Results: Three educational sessions resulting in 13 community benefit hours from SNAP community outreach



Saint Barnabas Medical Center | RWJBarnabas HEALTH

Let's be healthy together.

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6587-04/18sbmc

APPENDIX B: SECONDARY DATA SOURCES

Source	
Advocates for Children of New Jersey	http://acnj.org
Agency for Healthcare Research and Quality	http://www.ahrq.gov
Alcohol Retail Density and Demographic Predictors of Health Disparities: A Geographic Analysis	http://www.ncbi.nlm.nih.gov/
American Cancer Society Guidelines for Early Detection of Cancer	http://www.cancer.org
American Nutrition Association	http://americannutritionassociation.org
Annals of Family Medicine, Inc.	http://www.annfammed.org
Asthma and Allergy Foundation of America	www.aafa.org
BRFSS and Youth BRFSS	www.cdc.gov
Bruno and Ridgway Community Health Assessment Study	
Bureau of Labor Statistics	http://data.bls.gov
CDC	http://www.cdc.gov
CDC Community Health Indicators Service	http://wwwn.cdc.gov/CommunityHealth
CDC Division of Nutrition, Physical Activity, and Obesity	http://www.cdc.gov/obesity
CDC National Center for Environmental Health	http://www.cdc.gov/nceh
CDC National Center for Health Statistics	http://www.cdc.gov/nchs/fastats/
CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	https://www.cdc.gov/std
CDC NCIRD	http://www.cdc.gov/vaccines
CDC Preventing Chronic Disease	http://www.cdc.gov/pcd
CDC WONDER	http://wonder.cdc.gov
Centers for Medicare and Medicaid Services (CMS)	https://www.cms.gov
Child Trends	http://www.childtrends.org
County Health Rankings	http://www.countyhealthrankings.org
Department of Numbers	http://www.deptofnumbers.com
Do Something	https://www.dosomething.org
Enroll America	https://www.enrollamerica.org
Free Clinic Directory	http://freeclinicdirectory.org
Gallup	http://www.gallup.com
Health Care Decision Analyst	New Solutions, Inc.
Healthgrades	https://www.healthgrades.com
Health Grove	http://www.healthgrove.com
Health Indicators Warehouse (BRFSS)	www.healthindicators.gov
Health Resources and Services Administration Data Warehouse	https://datawarehouse.hrsa.gov
Healthy People 2020	https://www.healthypeople.gov
Home Facts	http://www.homefacts.com
Institute of Medicine	http://www.nap.edu
Kaiser Family Foundation	http://kff.org
Kaiser Health News	http://khn.org
Kids Count	http://www.datacenter.kidscount.org
March of Dimes	http://www.marchofdimes.org
NJ Department Human Services, Division of Addiction Services, New Jersey Drug and Alcohol Abuse Treatment	http://www.state.nj.us/humanservices/dmhas/home/
NJ Department of Health and Senior Services, Center for Health	http://www.nj.gov/health/chs/
National Association for Convenience and Fuel Retailing	http://www.nacsonline.com
National Center for Biotechnology Information	http://www.ncbi.nlm.nih.gov
National Center for Health Statistics CDC	http://www.cdc.gov/nchs/data
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention; Division of HIV/AIDS Prevention	http://www.cdc.gov/hiv
National Highway Traffic Safety Administration	http://www-nrd.nhtsa.dot.gov
National Institute for Mental Illness	http://www.nami.org
National Institute of Diabetes, Digestive & Kidney Diseases	http://www.niddk.nih.gov
National Institutes of Health Medline Plus Health Screening	https://www.nlm.nih.gov/medlineplus
National Poverty Center University of Michigan	http://www.npc.umich.edu
Neighborhood Scout	http://www.neighborhoodscout.com/nj/crime/

Source	
New Jersey Council of Teaching Hospitals	http://njcth.org
New Jersey Death Certificate Database, Office of Vital Statistics and Registry	http://www.nj.gov/health/vital/
New Jersey State Health Assessment Data Complete Indicator Profile of Risk Factor for Childhood Lead Exposure: Pre-1950 Housing	https://www26.state.nj.us/doh-shad
NIH Medline Plus	https://www.nlm.nih.gov/medlineplus
NJ Department of Education	http://www.state.nj.us/education
NJ DOH Family Health	http://www.nj.gov/health/fhs
NJ DOH, Division of Communicable Disease Services	http://www.nj.gov/health/cd/
NJ DOH, New Jersey Cancer Registry	http://www.cancer-rates.info/nj/
NJ DOH Division of HIV, STD, and TB Services	http://www.nj.gov/health/hivstdtb/
NJ Department of Labor and Workforce Development	http://lwd.dol.state.nj.us/labor
NJ Department of Law and Public Safety, Uniform Crime Reporting Unit, US Census Bureau, American Community Survey	http://www.njsp.org/ucr/crime-reports.shtml
NJ State Police Uniform Crime Reporting Unit	http://www.njcedv.org
NJ Substance Abuse Monitoring System	https://njsams.rutgers.edu/njsams
NJ.Com	http://www.nj.com
NJ State Health Assessment Data (SHAD)	https://www26.state.nj.us/doh-shad/home/Welcome.html
Pro Publica	https://propublica.org
Rutgers Center for Health Policy	http://www.cshp.rutgers.edu
Substance Abuse and Mental Health Services Administration	http://www.samhsa.gov
The Annie E. Casey Foundation Kids Count Data Center Children Receiving TANF (Welfare)	http://www.datacenter.kidscount.org
United States Department of Agriculture Economic Research Service	http://www.ers.usda.gov
United States Department of Health and Human Services	http://www.hhs.gov/healthcare
United States Department of Health and Human Services, Agency for Healthcare Research and Quality Understanding Quality Measurement 2016	http://www.ahrq.gov
United Way	http://www.unitedwaynj.org/ourwork/alicenj.php
University of Nevada	https://www.unce.unr.edu
US Department of Education	http://www.ed.gov
US Department of Health and Human Services, Maternal and Child Health Bureau	http://mchb.hrsa.gov
US DHHS Administration for Children and Families	http://www.acf.hhs.gov
Washington Post	https://www.washingtonpost.com
World Health Organization	http://www.who.int

APPENDIX C1: CANCER INCIDENCE RATE REPORT: CANCER PATIENT ORIGIN
ESSEX COUNTY 2017

Forty percent of SBMC's cancer inpatients and 40.6% of cancer outpatients resided in the Primary Service Area. In total, 58.6% of inpatients and 52.9% of outpatients resided in Essex County. West Orange (07052) and Livingston (07039) represent the largest segment of SBMC's inpatient cancer patients. The same two zips represent the largest segments of SBMC's outpatient cancer patients. The health factors and outcomes explored in the CHNA bear relevance to the oncology services and its review of specific cancer needs for the community.

CANCER PATIENT ORIGIN	2017 SBMC IP PATIENTS	%	2017 SBMC OP PATIENTS	%
Essex County	2,553	58.6%	3,167	52.9%
Primary Service Area	1,740	40.0%	2,428	40.6%
Secondary Service Area	1,505	34.6%	1,885	31.5%
Out of Service Area (NJ)	1,013	23.3%	1,633	27.3%
Out of State	96	2.2%	38	0.6%
TOTAL	**4,354**	**100.0%**	**5,984**	**100.0%**
West Orange (07052)	418	9.6%	505	8.4%
Livingston (07039)	215	4.9%	355	5.9%

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

APPENDIX C2: CANCER INCIDENCE RATE REPORT: ESSEX COUNTY 2010-2014

INCIDENCE RATE REPORT FOR ESSEX COUNTY 2010-2014				
Cancer Site	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend
All Cancer Sites	450.8	3656	falling	-1.5
Bladder	19.4	152	stable	-0.4
Brain & ONS	5	41	falling	-1.4
Breast	126.8	575	rising	3.6
Cervix	9.3	41	falling	-3.7
Colon & Rectum	42.6	344	stable	0.5
Esophagus	4.2	34	falling	-3.1
Kidney & Renal Pelvis	12.9	106	rising	0.8
Leukemia	12.7	99	stable	-0.4
Liver & Bile Duct	7.8	67	rising	2
Lung & Bronchus	50.2	397	falling	-1.9
Melanoma of the Skin	12.7	102	stable	-0.3
Non-Hodgkin Lymphoma	19.6	157	stable	0
Oral Cavity & Pharynx	8.5	71	falling	-2.4
Ovary	11.6	52	falling	-2.4
Pancreas	13.8	63	stable	-0.2
Prostate	166.6	595	falling	-5.3
Stomach	12.2	41	falling	-2.4
Thyroid	6.8	26	rising	5.6
Uterus (Corpus & Uterus, NOS)	29.4	137	rising	1.1

The Source for D2 and following tables D3, D4, D5 and D6 is : https://statecancerprofiles.cancer.gov

APPENDIX C3: CANCER INCIDENCE DETAILED RATE REPORT: ESSEX COUNTY 2010-2014
SELECT CANCER SITES: RISING INCIDENCE RATES

		Breast	Kidney & Renal Pelvis	Liver & Bile Duct	Thyroid	Uterus (Corpus & Uterus, NOS)
INCIDENCE RATE REPORT FOR ESSEX COUNTY 2010-2014 All Races (includes Hispanic), All Ages	Age-Adjusted Incidence Rate - cases per 100,000	126.8	12.9	7.8	6.8	29.4
	Average Annual Count	575	106	67	26	137
	Recent Trend	rising	rising	rising	rising	rising
	Recent 5-Year Trend in Incidence Rates	3.6	0.8	2	5.6	1.1
White Non-Hispanic, All Ages	Age-Adjusted Incidence Rate - cases per 100,000	150	13.3	5	20.4	33.1
	Average Annual Count	274	48	18	58	64
	Recent Trend	stable	stable	stable	rising	stable
	Recent 5-Year Trend in Incidence Rates	1.1	0.8	0.5	6.6	0.8
Black (includes Hispanic), All Ages	Age-Adjusted Incidence Rate - cases per 100,000	112.6	12.9	9.8	5.4	26.8
	Average Annual Count	209	41	34	17	51
	Recent Trend	stable	rising	rising	rising	rising
	Recent 5-Year Trend in Incidence Rates	6.7	1.3	2.6	3.1	1.7
Asian or Pacific Islander (includes Hispanic), All Ages	Age-Adjusted Incidence Rate - cases per 100,000	96.9	*	10.3	13.2	17.8
	Average Annual Count	23	3 or fewer	3	6	5
	Recent Trend	stable	*	*	*	*
	Recent 5-Year Trend in Incidence Rates	0.6	*	*	*	*
Hispanic (any race), All Ages	Age-Adjusted Incidence Rate - cases per 100,000	100.6	11.5	11.6	12.8	23.8
	Average Annual Count	67	14	13	18	17
	Recent Trend	stable	stable	rising	rising	stable
	Recent 5-Year Trend in Incidence Rates	-0.4	1.9	3.2	4.8	1.5
MALES	Age-Adjusted Incidence Rate - cases per 100,000	n/a	18.5	12.7	6.8	n/a
	Average Annual Count	n/a	66	47	26	n/a
	Recent Trend	n/a	stable	rising	rising	n/a
	Recent 5-Year Trend in Incidence Rates	n/a	0.8	2.2	5.6	n/a
FEMALES	Age-Adjusted Incidence Rate - cases per 100,000	126.8	8.6	4	17.3	29.4
	Average Annual Count	575	40	19	74	137
	Recent Trend	rising	rising	stable	rising	rising
	Recent 5-Year Trend in Incidence Rates	3.6	0.7	1.1	5	1.1

** Data has been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category. If an average count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression threshold (but is rounded to 3).*

APPENDIX C4: CANCER MORTALITY RATE REPORT: ESSEX COUNTY 2010-2014

MORTALITY RATE REPORT FOR ESSEX COUNTY 2010-2014					
Cancer Site	Met Healthy People Objective	Age-Adjusted Death Rate - per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend
All Cancer Sites	Yes	160.4	1279	falling	-2.4
Bladder	***	4.2	33	stable	-12.5
Brain & ONS	***	3.2	26	falling	-1.2
Breast	No	23.7	110	falling	-2.7
Cervix	No	3.3	14	falling	-3.1
Colon & Rectum	No	16.4	131	falling	-2.7
Esophagus	***	3.6	29	falling	-2.9
Kidney & Renal Pelvis	***	2.9	23	falling	-1.2
Leukemia	***	5.9	46	falling	-2
Liver & Bile Duct	***	5.7	48	stable	1
Lung & Bronchus	Yes	36.8	289	falling	-2.8
Melanoma of the Skin	Yes	1.6	13	falling	-1.3
Non-Hodgkin Lymphoma	***	4.9	39	falling	-3.7
Oral Cavity & Pharynx	Yes	2.2	19	falling	-3.8
Ovary	***	7.7	35	falling	-2
Pancreas	N/A	10.4	49	falling	-0.9
Prostate	No	24.5	72	falling	-3.5
Stomach	***	6.1	20	falling	-3.7
Thyroid	***	*	3 or fewer	*	*
Uterus	***	6.3	29	stable	0

*** No Healthy People 2020 Objective for this cancer.*

* Data has been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category. If an average count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression threshold (but is rounded to 3).*

APPENDIX C5: CANCER MORTALITY DETAILED RATE REPORT (Highest Volume): ESSEX COUNTY 2010-2014

		Breast	Colon & Rectum	Lung & Bronchus	Prostate
MORTALITY RATE REPORT FOR ESSEX COUNTY 2010-2014 All Races (includes Hispanic), All Ages	Met Healthy People Objective	No	No	Yes	No
	Age-Adjusted Death Rate - per 100,000	23.7	16.1	36.8	24.5
	Average Annual Count	110	94	289	72
	Recent Trend	falling	falling	falling	falling
	Recent 5-Year Trend in Death Rates	-2.7	-2.5	-2.8	-3.5
White Non-Hispanic, All Ages	Met Healthy People Objective	No	No	Yes	Yes
	Age-Adjusted Death Rate - per 100,000	21.6	15	38.6	16.2
	Average Annual Count	47	61	149	26
	Recent Trend	falling	falling	falling	falling
	Recent 5-Year Trend in Death Rates	-3.2	-3	-1.5	-4.5
Black (includes Hispanic), All Ages	Met Healthy People Objective	No	No	Yes	No
	Age-Adjusted Death Rate - per 100,000	28.6	19.6	40.7	43.2
	Average Annual Count	53	57	120	40
	Recent Trend	falling	falling	falling	falling
	Recent 5-Year Trend in Death Rates	-1.8	-2.3	-2.9	-3.2
Asian or Pacific Islander (includes Hispanic), All Ages	Met Healthy People Objective	***	***	Yes	***
	Age-Adjusted Death Rate - per 100,000	*	*	15.2	*
	Average Annual Count	3 or fewer	3 or fewer	4	3 or fewer
	Recent Trend	*	*	falling	*
	Recent 5-Year Trend in Death Rates	*	*	-4.6	*
Hispanic (any race), All Ages	Met Healthy People Objective	Yes	Yes	Yes	Yes
	Age-Adjusted Death Rate - per 100,000	15.7	11.8	17.4	18
	Average Annual Count	10	11	17	5
	Recent Trend	*	stable	falling	falling
	Recent 5-Year Trend in Death Rates	*	-0.5	-3	-4.1
MALES	Met Healthy People Objective	n/a	No	No	No
	Age-Adjusted Death Rate - per 100,000	n/a	18.9	47.3	24.5
	Average Annual Count	n/a	62	150	72
	Recent Trend	n/a	falling	falling	falling
	Recent 5-Year Trend in Death Rates	n/a	-3	-3.2	-3.5
FEMALES	Met Healthy People Objective	No	No	Yes	n/a
	Age-Adjusted Death Rate - per 100,000	23.7	14.7	30.1	n/a
	Average Annual Count	110	70	140	n/a
	Recent Trend	falling	falling	falling	n/a
	Recent 5-Year Trend in Death Rates	-2.7	-2.5	-1.8	n/a

**** No Healthy People 2020 Objective for this cancer.*

** Data has been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category. If an average count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression threshold (but is rounded to 3).*

APPENDIX C6: CANCER INCIDENCE RATE REPORT: ALL COUNTIES 2010-2014

INCIDENCE RATE REPORT: ALL COUNTIES 2010-2014				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
ALL SITES: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	443.6	1,556,536	falling	-1.6
New Jersey	478.4	48,693	falling	-0.9
Atlantic County	497.4	1,642	falling	-0.5
Bergen County	459.2	5,211	falling	-1.2
Burlington County	523.3	2,811	stable	0
Camden County	513	2,938	falling	-2.3
Cape May County	552.4	850	stable	-0.1
Cumberland County	509	865	stable	0.1
Essex County	450.8	3,656	falling	-1.5
Gloucester County	533.1	1,725	stable	-0.3
Hudson County	389.8	2,379	falling	-1.7
Hunterdon County	473.3	732	stable	-0.3
Mercer County	495.9	2,018	falling	-0.4
Middlesex County	458.5	4,068	falling	-1
Monmouth County	514.7	3,917	falling	-1.8
Morris County	471.9	2,803	falling	-2.1
Ocean County	515.7	4,333	falling	-0.7
Passaic County	444.8	2,362	falling	-1.1
Salem County	526.6	434	stable	0
Somerset County	461.3	1,720	falling	-1.6
Sussex County	489.8	851	falling	-1
Union County	458.2	2,696	falling	-1.2
Warren County	500.5	659	falling	-0.5
Bladder: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	20.5	71,484	falling	-1.3
New Jersey	23.5	2,396	falling	-2
Cape May County	34.8	56	rising	1.4
Salem County	32.1	27	stable	0.6
Gloucester County	29.3	92	rising	0.8
Atlantic County	29.1	96	stable	0.3
Warren County	27.8	36	stable	-0.7
Hunterdon County	27.8	42	rising	1.3

INCIDENCE RATE REPORT: ALL COUNTIES 2010-2014				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Cumberland County	27.2	45	rising	1.3
Burlington County	26.8	145	stable	0
Sussex County	25.8	43	stable	-0.5
Ocean County	25	234	falling	-3.4
Morris County	24.7	148	stable	-0.2
Monmouth County	24.5	187	stable	-0.3
Camden County	23.4	132	stable	-0.2
Bergen County	23.2	271	falling	-0.8
Mercer County	22.7	92	stable	-9.9
Middlesex County	22.2	194	falling	-3.3
Somerset County	21.2	78	stable	-11.6
Passaic County	21.1	110	stable	-0.5
Union County	20	118	falling	-4.7
Essex County	19.4	152	stable	-0.4
Hudson County	17.1	97	falling	-1.7
Brain & ONS: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	6.5	21,969	falling	-0.9
New Jersey	7	674	falling	-0.3
Atlantic County	7.8	24	stable	0.6
Bergen County	7.6	78	stable	-0.4
Burlington County	8	39	stable	0.6
Camden County	7.5	40	stable	0.2
Cape May County	8.2	11	stable	0
Cumberland County	6.9	11	stable	-0.9
Essex County	5	41	falling	-1.4
Gloucester County	7	22	stable	-0.6
Hudson County	5.8	38	falling	-1.1
Hunterdon County	7.4	10	stable	-1
Mercer County	7	26	stable	-0.5
Middlesex County	6.5	55	falling	-0.9
Monmouth County	7.5	53	stable	0.6
Morris County	8.1	44	stable	0.1
Ocean County	8.2	57	stable	0.6
Passaic County	7	37	falling	-0.9
Salem County	6.7	5	*	*
Somerset County	6.1	22	stable	-0.5

INCIDENCE RATE REPORT: ALL COUNTIES 2010-2014				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Sussex County	8.2	12	stable	-0.3
Union County	6.2	36	falling	-1.1
Warren County	9.7	12	stable	1.3
Breast: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	123.5	228,664	stable	0.5
New Jersey	132	7,215	stable	0.3
Atlantic County	132.7	233	stable	-0.1
Bergen County	134.7	811	falling	-0.6
Burlington County	140.1	403	stable	-0.1
Camden County	143.8	447	rising	0.8
Cape May County	125.7	98	falling	-0.7
Cumberland County	111.1	98	falling	-0.9
Essex County	126.8	575	rising	3.6
Gloucester County	137.4	244	stable	-0.2
Hudson County	104.2	352	falling	-0.6
Hunterdon County	152.5	129	stable	-0.1
Mercer County	137.3	298	stable	-0.4
Middlesex County	129.4	618	falling	-0.5
Monmouth County	141.6	582	stable	-0.1
Morris County	143	456	falling	-0.4
Ocean County	128.4	553	falling	-0.6
Passaic County	119.2	347	falling	-0.5
Salem County	121.4	52	stable	-0.7
Somerset County	136.4	276	stable	0.3
Sussex County	129.7	121	stable	-0.3
Union County	132.6	428	falling	-0.4
Warren County	129.7	92	stable	-0.2
Cervix: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	7.5	12,408	stable	-0.8
New Jersey	7.6	380	falling	-2.7
Atlantic County	10.7	16	falling	-3.7
Bergen County	6.9	36	falling	-2.1
Burlington County	6.9	17	stable	-0.8
Camden County	8.4	24	falling	-2.2
Cape May County	7.1	4	stable	-1.2
Cumberland County	11.5	9	falling	-3.8

INCIDENCE RATE REPORT: ALL COUNTIES 2010-2014				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Essex County	9.3	41	falling	-3.7
Gloucester County	6.9	11	falling	-2.8
Hudson County	9.5	32	falling	-3.1
Hunterdon County	4.7	4	falling	-2.6
Mercer County	5.4	11	falling	-3.2
Middlesex County	6.3	28	falling	-2.3
Monmouth County	6.4	25	falling	-2.9
Morris County	6	17	falling	-2.3
Ocean County	9	28	falling	-2
Passaic County	8.3	22	falling	-2.3
Salem County	10.8	4	*	*
Somerset County	7.2	13	stable	-1.8
Sussex County	4.9	5	falling	-16.2
Union County	9	27	falling	-1.8
Warren County	8.4	5	falling	-3.6
Colon & Rectum: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	39.8	139,083	falling	-2.1
New Jersey	42.3	4,335	falling	-1.9
Atlantic County	42	140	falling	-2.7
Bergen County	37.9	437	falling	-3.9
Burlington County	47.7	257	falling	-2.1
Camden County	45.9	263	falling	-3.1
Cape May County	45.9	72	falling	-2.9
Cumberland County	50.7	85	falling	-1.4
Essex County	42.6	344	stable	0.5
Gloucester County	46.1	149	falling	-3.1
Hudson County	42.8	257	falling	-2.5
Hunterdon County	40.9	63	falling	-2.9
Mercer County	41.4	170	falling	-5.7
Middlesex County	41.8	370	falling	-2.5
Monmouth County	42.1	324	falling	-3.7
Morris County	37.5	226	falling	-3
Ocean County	46	407	falling	-3.1
Passaic County	41	217	falling	-3.7
Salem County	44.9	38	falling	-2.2
Somerset County	37	139	falling	-2.3

INCIDENCE RATE REPORT: ALL COUNTIES 2010-2014				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Sussex County	43.7	73	falling	-2.8
Union County	41.7	244	falling	-2.4
Warren County	43.3	58	falling	-3.1
Esophagus: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	4.6	16,469	falling	-0.9
New Jersey	4.5	470	falling	-0.9
Atlantic County	5.1	17	falling	-2.2
Bergen County	3.5	41	stable	-1
Burlington County	5.8	32	stable	0.3
Camden County	5.6	33	stable	-0.7
Cape May County	5.6	8	stable	-1
Cumberland County	5.6	10	stable	0.8
Essex County	4.2	34	falling	-3.1
Gloucester County	5.9	20	stable	0.9
Hudson County	3.3	20	falling	-2.8
Hunterdon County	4.4	7	stable	-0.3
Mercer County	4.8	20	stable	-1.4
Middlesex County	4.1	36	falling	-1.2
Monmouth County	5.1	39	stable	-0.1
Morris County	4.3	26	stable	0.1
Ocean County	5.4	48	stable	-4.7
Passaic County	4.5	24	falling	-1.5
Salem County	4.8	4	stable	-1.8
Somerset County	3	12	falling	-1.7
Sussex County	5.6	10	stable	0.6
Union County	3.5	20	falling	-1.6
Warren County	5.6	8	stable	1.6
Kidney & Renal Pelvis.: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	16.1	56,558	rising	0.5
New Jersey	15.5	1,588	stable	-0.3
Atlantic County	17	57	rising	1.5
Bergen County	15.6	178	rising	1.1
Burlington County	19.5	104	rising	2.6
Camden County	18.2	103	rising	1.8
Cape May County	18.2	29	rising	2.1
Cumberland County	22.5	38	rising	4.4

INCIDENCE RATE REPORT: ALL COUNTIES 2010-2014				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Essex County	12.9	106	rising	0.8
Gloucester County	18.6	61	rising	2.2
Hudson County	12.1	76	stable	0.7
Hunterdon County	12.8	21	stable	1.6
Mercer County	16.5	69	rising	2.3
Middlesex County	14.3	128	rising	0.9
Monmouth County	16	123	rising	1.3
Morris County	12.6	76	stable	0.7
Ocean County	17.9	146	rising	1.8
Passaic County	15.1	80	rising	1.6
Salem County	17.9	14	stable	1.1
Somerset County	13	50	rising	1.7
Sussex County	14.9	27	stable	0.2
Union County	14.2	84	rising	0.9
Warren County	15.5	20	stable	0.7
Leukemia: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	13.6	46,254	falling	-1.3
New Jersey	15.1	1,491	rising	0.5
Atlantic County	14	44	stable	0.4
Bergen County	16.6	184	rising	0.7
Burlington County	15.8	81	rising	1.3
Camden County	15.1	84	rising	0.9
Cape May County	16.7	24	stable	1.3
Cumberland County	14.9	25	rising	2.2
Essex County	12.7	99	stable	-0.4
Gloucester County	17.8	55	rising	1.8
Hudson County	11.9	71	falling	-0.7
Hunterdon County	13	19	stable	-0.7
Mercer County	14.9	61	stable	0.4
Middlesex County	15.5	135	rising	0.7
Monmouth County	15.3	112	rising	0.9
Morris County	16.2	93	stable	0.5
Ocean County	15.3	126	stable	0.3
Passaic County	14.8	76	stable	-0.1
Salem County	14.9	11	stable	1
Somerset County	14.9	53	stable	0.5

INCIDENCE RATE REPORT: ALL COUNTIES 2010-2014				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Sussex County	15.3	25	stable	1.1
Union County	15.6	89	rising	1.1
Warren County	15.4	20	stable	14.5
Liver & Bile Duct: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	7.8	28,830	rising	2.4
New Jersey	7.3	777	rising	2.7
Atlantic County	8.1	29	rising	3.2
Bergen County	6.8	80	rising	1.7
Burlington County	7.2	41	rising	3.4
Camden County	8.8	52	rising	3.7
Cape May County	7.5	12	rising	5.8
Cumberland County	10.4	19	rising	6.8
Essex County	7.8	67	rising	2
Gloucester County	8	27	rising	4.1
Hudson County	7	44	rising	1.8
Hunterdon County	5.4	9	*	*
Mercer County	8	34	rising	4.1
Middlesex County	7.4	67	rising	3.1
Monmouth County	7	56	rising	2.1
Morris County	5.7	35	rising	1.5
Ocean County	8	70	rising	4.5
Passaic County	7.8	43	rising	2.9
Salem County	10.6	9	rising	4.9
Somerset County	6	24	rising	2.9
Sussex County	7.1	12	rising	1.9
Union County	6.3	39	rising	2.7
Warren County	6.5	9	stable	0.8
Lung & Bronchus: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	61.2	215,604	falling	-2.2
New Jersey	57.8	5,880	falling	-2.3
Atlantic County	67.8	227	falling	-0.7
Bergen County	49.7	573	falling	-1.3
Burlington County	63.2	339	falling	-1
Camden County	70.6	405	falling	-0.7
Cape May County	80.9	133	stable	-0.2
Cumberland County	73.2	124	stable	-0.5

INCIDENCE RATE REPORT: ALL COUNTIES 2010-2014				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Essex County	50.2	397	falling	-1.9
Gloucester County	78.4	250	stable	-0.4
Hudson County	47.5	275	falling	-2
Hunterdon County	51.8	79	falling	-1.6
Mercer County	57.5	233	falling	-1.1
Middlesex County	52.3	457	falling	-1.5
Monmouth County	62.3	473	falling	-2.8
Morris County	48	283	falling	-3.3
Ocean County	71.4	653	falling	-2.2
Passaic County	51.6	270	falling	-1.1
Salem County	74	63	falling	-0.9
Somerset County	46.9	170	falling	-1.2
Sussex County	63.8	110	falling	-1.1
Union County	48.4	278	falling	-1.5
Warren County	64.9	86	falling	-0.9
Melanoma of the Skin: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	20.7	71,035	rising	1.8
New Jersey	21.9	2,205	stable	0.1
Atlantic County	25.9	83	stable	-1.4
Bergen County	17.4	195	falling	-2.8
Burlington County	27	144	stable	1.3
Camden County	19.8	114	stable	-1.5
Cape May County	43.7	65	rising	3.9
Cumberland County	17.1	29	rising	2.2
Essex County	12.7	102	stable	-0.3
Gloucester County	25.9	82	stable	-0.5
Hudson County	7.6	48	stable	5.1
Hunterdon County	36	54	rising	5
Mercer County	23.6	95	stable	0.7
Middlesex County	17.9	158	rising	1.9
Monmouth County	33.3	246	rising	2.4
Morris County	26.2	154	stable	-0.4
Ocean County	33	266	rising	3.7
Passaic County	13.4	70	rising	1.8
Salem County	34.2	26	rising	5.3
Somerset County	24.7	92	stable	-0.5

INCIDENCE RATE REPORT: ALL COUNTIES 2010-2014				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Sussex County	28.8	50	rising	2.7
Union County	16.5	96	rising	1.3
Warren County	27.1	35	rising	1.7
Non-Hodgkin Lymphoma: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	19	65,554	falling	-1.2
New Jersey	21.3	2,130	falling	-0.3
Atlantic County	21	67	stable	-0.3
Bergen County	22.1	249	stable	-0.3
Burlington County	21	111	stable	0.5
Camden County	19.9	113	stable	0.3
Cape May County	20.6	32	stable	-0.1
Cumberland County	19.6	33	stable	0.3
Essex County	19.6	157	stable	0
Gloucester County	21.5	68	stable	0.7
Hudson County	17.6	108	stable	-0.5
Hunterdon County	23	34	stable	0.5
Mercer County	22.8	90	stable	0.6
Middlesex County	21.6	189	stable	0.5
Monmouth County	23	173	falling	-0.8
Morris County	22.6	131	stable	-0.6
Ocean County	21.2	181	stable	-0.3
Passaic County	19.2	99	stable	0.4
Salem County	20.7	17	stable	0.5
Somerset County	21.7	81	rising	1
Sussex County	21.8	36	stable	0.4
Union County	22.1	130	stable	-0.5
Warren County	22.9	29	stable	0.8
Oral Cavity & Pharynx: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	11.5	41,223	stable	0.6
New Jersey	10.4	1,083	stable	0.5
Atlantic County	13.9	48	stable	9.1
Bergen County	9.4	108	stable	0.1
Burlington County	11.4	62	stable	0.2
Camden County	11.7	68	stable	0.4
Cape May County	11.6	18	stable	-0.1
Cumberland County	12.9	22	stable	0.3

INCIDENCE RATE REPORT: ALL COUNTIES 2010-2014				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Essex County	8.5	71	falling	-2.4
Gloucester County	10.9	38	stable	1
Hudson County	7.7	49	falling	-2.4
Hunterdon County	8.1	15	stable	0
Mercer County	9.3	39	falling	-1.5
Middlesex County	10.7	96	stable	0.2
Monmouth County	11.3	90	stable	0.1
Morris County	10.4	64	stable	0.2
Ocean County	11.9	98	stable	0.2
Passaic County	9.4	51	falling	-1.3
Salem County	14.7	12	stable	1.6
Somerset County	10	40	rising	1
Sussex County	14.1	25	stable	0.9
Union County	9.4	57	stable	-0.5
Warren County	9.7	13	stable	0
Ovary: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	11.4	21,315	falling	-1.8
New Jersey	12.5	695	falling	-1.9
Atlantic County	11	20	stable	15.3
Bergen County	12	74	falling	-2.6
Burlington County	14.3	42	falling	-1.3
Camden County	12.7	40	falling	-1.7
Cape May County	15.3	12	stable	-0.5
Cumberland County	8.3	7	falling	-17.9
Essex County	11.6	52	falling	-2.4
Gloucester County	13.9	25	stable	-1
Hudson County	12	40	falling	-2.2
Hunterdon County	11.7	10	falling	-3.1
Mercer County	14.6	33	stable	-0.5
Middlesex County	12.6	61	falling	-1.9
Monmouth County	12.9	54	falling	-1.8
Morris County	12.8	41	falling	-1.8
Ocean County	12.5	54	falling	-1.9
Passaic County	12.1	35	falling	-2
Salem County	11.9	5	stable	-0.7
Somerset County	13	27	stable	-1.1

INCIDENCE RATE REPORT: ALL COUNTIES 2010-2014				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Sussex County	15.2	15	stable	-1
Union County	10.8	36	falling	-2.5
Warren County	14.9	11	stable	-1.1
Pancreas: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	11	21,593	stable	0.3
New Jersey	12.4	723	rising	0.4
Atlantic County	13.6	25	stable	-0.1
Bergen County	11.6	78	stable	-0.2
Burlington County	13.8	42	stable	0.6
Camden County	11.4	37	stable	0.2
Cape May County	13.9	12	stable	1.8
Cumberland County	12.5	12	stable	1
Essex County	13.8	63	stable	-0.2
Gloucester County	12.1	22	rising	2
Hudson County	12	41	stable	11.2
Hunterdon County	12.2	10	stable	0.6
Mercer County	13.9	31	rising	2.8
Middlesex County	12.2	60	stable	0.2
Monmouth County	12.1	53	stable	0.3
Morris County	11.8	40	rising	1.8
Ocean County	13.5	71	rising	1.5
Passaic County	10.8	34	stable	-0.4
Salem County	10.8	5	*	*
Somerset County	11.9	25	stable	0.7
Sussex County	10.7	10	stable	-1.3
Union County	11.4	39	stable	-0.2
Warren County	14.1	11	rising	2.4
Prostate: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	114.8	194,936	falling	-8.9
New Jersey	139.4	6,643	falling	-9.4
Atlantic County	125.3	202	falling	-2.9
Bergen County	134.5	718	falling	-4
Burlington County	150.4	389	falling	-8.6
Camden County	146	387	falling	-10.4
Cape May County	164.4	125	falling	-1.5
Cumberland County	135.4	108	falling	-1.1

INCIDENCE RATE REPORT: ALL COUNTIES 2010-2014				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Essex County	166.6	595	falling	-5.3
Gloucester County	143.6	221	falling	-7.9
Hudson County	112.1	290	falling	-5.2
Hunterdon County	105.7	83	falling	-2.1
Mercer County	146.3	278	falling	-14.4
Middlesex County	131.4	543	falling	-3.5
Monmouth County	151.4	553	falling	-1.7
Morris County	141.3	403	stable	-12.8
Ocean County	131.4	519	falling	-2.7
Passaic County	137.8	334	falling	-6
Salem County	148.7	59	stable	-0.8
Somerset County	134.8	237	falling	-1.6
Sussex County	125.3	115	falling	-9.1
Union County	145.3	389	falling	-6.5
Warren County	135.4	89	stable	-1.2
Stomach: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	9.2	14,385	falling	-1.3
New Jersey	11	485	falling	-2
Atlantic County	11.5	18	stable	-1.3
Bergen County	12.5	63	falling	-1.4
Burlington County	8.4	21	falling	-3.1
Camden County	11.4	28	stable	-0.7
Cape May County	11.5	8	stable	0.2
Cumberland County	11	8	falling	-3.3
Essex County	12.2	41	falling	-2.4
Gloucester County	9.7	13	falling	-2
Hudson County	12.3	32	falling	-1.4
Hunterdon County	7.8	6	falling	-4.2
Mercer County	9.3	16	falling	-3.4
Middlesex County	10.8	41	falling	-2.1
Monmouth County	8.8	30	falling	-2.3
Morris County	10.5	28	falling	-1.1
Ocean County	10.3	40	falling	-1.9
Passaic County	13.3	30	falling	-1.8
Salem County	12.3	4	stable	-1.5
Somerset County	9.7	16	falling	-1.8

INCIDENCE RATE REPORT: ALL COUNTIES 2010-2014				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Sussex County	10.2	7	falling	-3.1
Union County	11.7	28	falling	-2.1
Warren County	11.1	6	stable	-1.8
Thyroid: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	7.2	11,504	rising	2
New Jersey	10	461	stable	1.6
Atlantic County	8.4	12	*	*
Bergen County	10.9	54	rising	5.4
Burlington County	11.1	27	rising	7.4
Camden County	11	29	rising	5.8
Cape May County	5.3	4	*	*
Cumberland County	11.5	9	*	*
Essex County	6.8	26	rising	5.6
Gloucester County	14.2	22	*	*
Hudson County	6.3	20	rising	4.8
Hunterdon County	8.7	6	*	*
Mercer County	11.9	22	rising	6.8
Middlesex County	8.6	36	rising	4.7
Monmouth County	13.3	45	rising	7.2
Morris County	10.7	29	rising	6.2
Ocean County	12.2	37	rising	8
Passaic County	8.4	21	rising	5.9
Salem County	*	3 or fewer	*	*
Somerset County	12.7	23	rising	6.9
Sussex County	6.8	6	*	*
Union County	9.6	27	rising	7.3
Warren County	7.3	4	*	*
Uterus (Corpus & Uterus, NOS): All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	25.9	49,886	rising	1
New Jersey	31.1	1,775	rising	0.7
Atlantic County	31.6	58	stable	0.6
Bergen County	28.8	183	stable	0.3
Burlington County	32.1	96	rising	1.1
Camden County	33.8	109	stable	-2.3
Cape May County	29.9	26	stable	0.9
Cumberland County	36.4	34	stable	1.1

INCIDENCE RATE REPORT: ALL COUNTIES 2010-2014				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Essex County	29.4	137	rising	1.1
Gloucester County	32	59	rising	1.2
Hudson County	23.8	82	stable	-0.1
Hunterdon County	31	28	stable	-0.5
Mercer County	33.6	76	rising	0.6
Middlesex County	32.3	160	rising	0.9
Monmouth County	32.1	137	rising	1.1
Morris County	31.2	103	stable	0.4
Ocean County	32.6	145	stable	0.4
Passaic County	29.1	87	stable	0.5
Salem County	34.7	16	stable	1.4
Somerset County	32.2	68	stable	0.7
Sussex County	35	35	stable	-0.3
Union County	33.3	109	stable	0.6
Warren County	34.8	25	stable	-0.6

APPENDIX C7: SAINT BARNABAS MEDICAL CENTER - TUMOR REGISTRY SUMMARY

In 2016, SBMC's tumor registry data showed that 11.3% and 14.2% of overall cases were Stage 3 and Stage 4 respectively. The following primary sites were made up of more than 25% of Stage 4 cases: Oral Cavity and Pharynx (55.3%), Respiratory System (45.4%), and Lymphoma (27.8%).

Compared to 2015, there was a decrease of 250 cases (-10.3%) in 2016. The three biggest decreases in overall cases occurred in Female Genital System (-86, -28.1%), followed by Breast (-67, -7.6%), and Urinary System (-52, -33.5%). Please note that case volume counts smaller than 10 are suppressed. Staging percentages are calculated on analytic cases only.

	Cases (both analytic and non-analytic		2015			2016			2015 - 2016			
Primary Site	**2015**	**2016**	**% Stage III**	**% Stage IV**	**Total % Stage III & IV**	**% Stage III**	**% Stage IV**	**Total % Stage III & IV**	**Change in Case Volume**	**Change in % points for Stage III**	**Change in % points for Stage IV**	**Change in % points for Stage III & IV**
ORAL CAVITY & PHARYNX	**43**	**45**	**16.7%**	**44.4%**	**61.1%**	**13.2%**	**55.3%**	**68.4%**	**2**	**(3.5)**	**10.8**	**7.3**
DIGESTIVE SYSTEM	**336**	**296**	**20.0%**	**26.8%**	**46.8%**	**25.1%**	**23.2%**	**48.3%**	**(40)**	**5.1**	**(3.6)**	**1.5**
Select Digestive System:												
Esophagus	12	13	37.5%	25.0%	62.5%	50.0%	30.0%	80.0%	1	12.5	5.0	17.5
Stomach	45	26	7.7%	28.2%	35.9%	25.0%	12.5%	37.5%	(19)	17.3	(15.7)	1.6
Colon Excluding Rectum	124	113	22.1%	15.4%	37.5%	28.2%	18.4%	46.6%	(11)	6.0	3.1	9.1
Rectum & Rectosigmoid	52	53	27.3%	25.0%	52.3%	38.6%	15.9%	54.5%	1	11.4	(9.1)	2.3
Anus, Anal Canal & Anorectum	14	10	10.0%	20.0%	30.0%	11.1%	0.0%	11.1%	(4)	1.1	(20.0)	(18.9)
Liver & Intrahepatic Bile Duct			42.9%	42.9%	85.7%	18.2%	45.5%	63.6%	4	(24.7)	2.6	(22.1)
Gallbladder			25.0%	75.0%	100.0%	0.0%	55.6%	55.6%	5	(25.0)	(19.4)	(44.4)
Other Biliary			0.0%	25.0%	25.0%	0.0%	25.0%	25.0%	0	0.0	0.0	0.0
Pancreas	61	41	15.7%	47.1%	62.7%	10.3%	35.9%	46.2%	(20)	(5.4)	(11.2)	(16.6)
RESPIRATORY SYSTEM	**185**	**195**	**22.1%**	**44.2%**	**66.2%**	**13.5%**	**45.4%**	**58.9%**	**10**	**(8.6)**	**1.2**	**(7.3)**
Select Respiratory System:												
Lung & Bronchus	174	175	23.4%	46.2%	69.7%	14.9%	44.6%	59.5%	1	(8.6)	(1.6)	(10.2)
BONES & JOINTS			**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0**	**0.0**	**0.0**	**0.0**
SOFT TISSUE			**20.0%**	**0.0%**	**20.0%**	**27.3%**	**9.1%**	**36.4%**	**4**	**7.3**	**9.1**	**16.4**
SKIN EXCLUDING BASAL & SQUAMOUS	**60**	**49**	**5.7%**	**7.5%**	**13.2%**	**9.8%**	**4.9%**	**14.6%**	**(11)**	**4.1**	**(2.7)**	**1.4**
Select Skin System:												
Melanoma -- Skin	53	44	6.3%	6.3%	12.5%	8.3%	5.6%	13.9%	(9)	2.1	(0.7)	1.4
BASAL & SQUAMOUS SKIN			**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**2**	**0.0**	**0.0**	**0.0**
BREAST	**880**	**813**	**6.9%**	**2.9%**	**9.8%**	**5.4%**	**3.5%**	**8.9%**	**(67)**	**(1.6)**	**0.6**	**(0.9)**
FEMALE GENITAL SYSTEM	**306**	**220**	**20.5%**	**9.0%**	**29.5%**	**17.3%**	**13.3%**	**30.6%**	**(86)**	**(3.2)**	**4.3**	**1.1**

	Cases (both analytic and non-analytic		2015			2016			2015 - 2016			
Primary Site	**2015**	**2016**	**% Stage III**	**% Stage IV**	**Total % Stage III & IV**	**% Stage III**	**% Stage IV**	**Total % Stage III & IV**	**Change in Case Volume**	**Change in % points for Stage III**	**Change in % points for Stage IV**	**Change in % points for Stage III & IV**
Select Female Genital System:												
Cervix Uteri	32	15	21.7%	8.7%	30.4%	6.7%	20.0%	26.7%	(17)	(15.1)	11.3	(3.8)
Corpus & Uterus, NOS	167	132	12.3%	4.5%	16.9%	11.8%	10.9%	22.7%	(35)	(0.6)	6.4	5.8
Ovary	57	39	46.2%	23.1%	69.2%	37.5%	21.9%	59.4%	(18)	(8.7)	(1.2)	(9.9)
MALE GENITAL SYSTEM	**117**	**157**	**13.2%**	**11.8%**	**25.0%**	**4.8%**	**13.5%**	**18.3%**	**40**	**(8.4)**	**1.7**	**(6.7)**
Select Male Genital System:												
Prostate	107	152	15.0%	13.3%	28.3%	5.0%	13.9%	18.8%	45	(10.0)	0.5	(9.5)
URINARY SYSTEM	**155**	**103**	**7.6%**	**9.9%**	**17.6%**	**13.6%**	**11.4%**	**25.0%**	**(52)**	**6.0**	**1.4**	**7.4**
Select Urinary System:												
Urinary Bladder	95	52	0.0%	7.8%	7.8%	5.1%	17.9%	23.1%	(43)	5.1	10.2	15.3
Kidney & Renal Pelvis	55	46	19.6%	11.8%	31.4%	22.7%	4.5%	27.3%	(9)	3.1	(7.2)	(4.1)
EYE & ORBIT			**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0**	**0.0**	**0.0**	**0.0**
BRAIN & OTHER NERVOUS SYSTEM	**52**	**44**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**(8)**	**0.0**	**0.0**	**0.0**
Brain	33	33	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0	0.0	0.0
Cranial Nerves Other Nervous System	19	11	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	(8)	0.0	0.0	0.0
ENDOCRINE SYSTEM	**74**	**43**	**12.5%**	**7.8%**	**20.3%**	**10.3%**	**10.3%**	**20.5%**	**(31)**	**(2.2)**	**2.4**	**0.2**
Thyroid	62	38	12.3%	8.8%	21.1%	11.4%	11.4%	22.9%	(24)	(0.9)	2.7	1.8
Other Endocrine including Thymus			14.3%	0.0%	14.3%	0.0%	0.0%	0.0%	(7)	(14.3)	0.0	(14.3)
LYMPHOMA	**93**	**94**	**20.0%**	**31.4%**	**51.4%**	**15.3%**	**27.8%**	**43.1%**	**1**	**(4.7)**	**(3.7)**	**(8.4)**
Hodgkin Lymphoma			14.3%	14.3%	28.6%	27.3%	9.1%	36.4%	6	13.0	(5.2)	7.8
Non-Hodgkin Lymphoma	85	80	20.6%	33.3%	54.0%	13.1%	31.1%	44.3%	(5)	(7.5)	(2.2)	(9.7)
MYELOMA	**26**	**25**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**(1)**	**0.0**	**0.0**	**0.0**
LEUKEMIA	**40**	**29**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**(11)**	**0.0**	**0.0**	**0.0**
Select Leukemia:												
Lymphocytic Leukemia	18	13	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	(5)	0.0	0.0	0.0
Myeloid & Monocytic Leukemia	21	11	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	(10)	0.0	0.0	0.0
MESOTHELIOMA			**0.0%**	**0.0%**	**0.0%**	**50.0%**	**0.0%**	**50.0%**	**2**	**50.0**	**0.0**	**50.0**
KAPOSI SARCOMA			**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0**	**0.0**	**0.0**	**0.0**
MISCELLANEOUS	**39**	**35**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**(4)**	**0.0**	**0.0**	**0.0**
Total	**2,425**	**2,175**	**12.5%**	**13.0%**	**25.5%**	**11.3%**	**14.2%**	**25.5%**	**(250)**	**(1.2)**	**1.2**	**(0.0)**

APPENDIX D: RESOURCE INVENTORY

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
(Cat) (MRI)-Open	Canfield Medical Imaging Associate Pa	343 Passaic Avenue Suite C	Fairfield	07004	(973) 227-2308
(Ct) - Fixed - MRI Radiation Oncology Services	NJU Cancer Treatment Centers	375 Mt Pleasant Avenue	West Orange	07052	(973) 323-1300
Acute Care	Clara Maass Medical Center	One Clara Maas Drive	Belleville	07109	(973) 450-2002
Acute Care	East Orange General Hospital	300 Central Ave	East Orange	07018	(973) 266-4401
Acute Care	Hackensack-UMC Mountainside	Bay and Highland Ave	Montclair	07042	(973) 429-6000
Acute Care	Newark Beth Israel Medical Center	201 Lyons Ave	Newark	07112	(973) 926-7850
Acute Care	Saint Barnabas Medical Center	94 Old Short Hills Road	Livingston	07039	(973) 322-5000
Acute Care	University Hospital	150 Bergen St	Newark	07103	(973) 972-5658
Acute Care Family Support	Mental Health Association In Nj	88 Pompton Avenue	Verona	07044	(973) 571-4100
Acute Care Family Support	Mental Health Association Of Essex County	33 South Fullerton Avenue	Montclair	07042	(973) 509-9777
Adult Day Health Care Services	1st Cerebral Palsy Of New Jersey	7 Sanford Avenue	Belleville	07109	(973) 751-0200
Adult Day Health Care Services	2nd Home East Orange	115 Evergreen Place	East Orange	07018	(973) 676-2600
Adult Day Health Care Services	2nd Home Orange Operations, LLC.	37 North Day Street	Orange	07050	(973) 395-9800
Adult Day Health Care Services	Baxter Senior Center	25 Summit Street	Newark	07103	(973) 733-5747
Adult Day Health Care Services	Belleville Senior Center	315 Belleville Avenue	Belleville	07109	(973) 759-9547
Adult Day Health Care Services	Belleville Senior Citizens Club	125 Franklin Avenue	Belleville	07109	(973) 450-3430
Adult Day Health Care Services	Belleville Senior Services	518 Washington Avenue	Belleville	07109	(973) 751-6000
Adult Day Health Care Services	Caring For Life Adult Day Care, LLC	120 East Halsey Street	Parsippany	07054	(973) 515-8079
Adult Day Health Care Services	Circle Of Life At Belleville Adult Day Center	250 Mill Street	Belleville	07109	(973) 751-7600
Adult Day Health Care Services	Circle Of Friends, LLC	40 Stern Avenue	Springfield	07081	(973) 376-4004

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Adult Day Health Care Services	Goodlife Adult Day Care	515 North Arlington Avenue	East Orange	07017	(973) 674-5100
Adult Day Health Care Services	Happy Days Adult Day Healthcare Center, LLC.	515 North Arlington Avenue	East Orange	07017	(973) 678-0755
Adult Day Health Care Services	Happy Days Ii Adult Day Healthcare Center, LLC.	1060 Broad Street	Newark	07110	(973) 643-3500
Adult Day Health Care Services	Heritage Adult Enrichment Center	440 Washington Street	Orange	07050	(856) 207-3364
Adult Day Health Care Services	Home Away From Home Adult Day Care Center Of Nutley	263 Hillside Avenue	Nutley	07110	(973) 662-9191
Adult Day Health Care Services	Morris Adult Day Care	784 Route 46	Parsippany	07054	(973) 794-4455
Adult Day Health Care Services	N.J. (Life) Adult Medical Day Care Center Ii, Inc.	290 Chestnut Street	Newark	07105	(973) 578-2815
Adult Day Health Care Services	Param Adult Day Care	60 E Hanover Avenue	Morris Plains	07950	(973) 998-6900
Adult Day Health Care Services	Parsippany Adult Daycare Center	176 Route 46	Parsippany	07054	(973) 287-7746
Adult Day Health Care Services	Sage Spend A Day	290 Broad Street	Summit	07901	(908) 273-5550
Adult Day Health Care Services	Second Inning-Adult Day Care Center	155 Algonquin Parkway	Whippany	07981	(973)884-1855
Adult Day Health Care Services	Sinai Post-Acute Nursing And Rehabilitation Center	65 Jay Street	Newark	07103	(973) 483-6800
Adult Day Health Care Services	The Baird	5 Mead Street	South Orange	07079	(973) 378-7761
Ambulatory Surgery	Pleasantdale Ambulatory Care LLC	61 Main Street, Suite D	Montclair	07042	(973) 746-1500
Ambulatory Surgery	Center For Ambulatory Surgery, LLC	1450 Route 22 West	Union	07083	(908) 557-9420
Ambulatory Surgery	Gastro-Surgi Center Of New Jersey, The	1132 Spruce Drive	Mountainside	07090	(908) 233-2020
Ambulatory Surgery	Summit Medical Group Pa	1 Diamond Hill Road, Suite 1b-142	Mountainside	07092	(908) 317-0071
Ambulatory Surgery	Trinitas Ambulatory Surgery Center	225 Williamson Street	Berkeley Heights	07922	(908) 273-4300
Ambulatory Surgery	Union County Surgery Center	950 West Chestnut Street	Elizabeth	07202	(908) 994-8936
Ambulatory Surgery	Union Surgery Center, LLC	1000 Galloping Hill Road	Union	07083	(908) 688-2700
Ambulatory Surgery	Morris County Surgical Center LLC	3695 Hill Road	Union	07083	(908) 258-7666

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Ambulatory Surgery	Ridgedale Surgery Center	14 Ridgedale Avenue, Suite 120	Parsippany	07054	(973) 713-2420
Ambulatory Surgery	Surgical Center At Cedar Knolls, LLC	197 Ridgedale Avenue	Cedar Knolls	07927	(973) 605-5151
Ambulatory Surgery	Ambulatory Center For Excellence In Surgery	1255 Broad Street	Cedar Knolls	07927	(973) 292-0700
Ambulatory Surgery	Center For Special Surgery Of Essex County	556 Eagle Rock Ave	Bloomfield	07003	(973) 842-2150
Ambulatory Surgery	Essex Specialized Surgical Institute	475 Prospect Avenue	Roseland	07068	(973) 226-3500
Ambulatory Surgery	Essex Endoscopy Center, L.L.C.	275 Chestnut Street	West Orange	07052	(973) 325-6716
Ambulatory Surgery	Livingston Surgery Center, The	200 South Orange Avenue	West Orange	07052	(973) 322-5000
Ambulatory Surgery	Mountain Surgery Center LLC	375 Mt Pleasant Avenue, Suite 210	Livingston	07039	(973) 322-7700
Ambulatory Surgery	Mulberry Ambulatory Surgical Center LLC	393-397 Mulberry Street	West Orange	07052	(973) 736-3390
Ambulatory Surgery	Pilgrim Medical Center, Inc	393 Bloomfield Avenue	Newark	07102	(973) 559-5009
Ambulatory Surgery	Premier Surgical Pavilion, LLC	145 Roseville Ave	West Orange	07052	(973) 324-2280
Ambulatory Surgery	Short Hills Surgery Center LLC	187 Millburn Avenue	Newark	07107	(201) 488-2101
Ambulatory Surgery	Suburban Endoscopy Center, LLC	799 Bloomfield Avenue	Millburn	07041	(973) 671-0555
Ambulatory Surgery	Surgical Center At Millburn, LLC	37 East Willow Street	Verona	07044	(973) 571-1600
Ambulatory Surgery	West Orange Surgery Center	375 Mt Pleasant Avenue, Suite 210	Millburn	07041	(973) 912-8111
Ambulatory Surgery	Harrison Endo Surgical Center, L.L.C.	620 Essex Street	West Orange	07052	(973) 736-3390
Ambulatory Surgery	Summit Atlantic Surgery Center, L.L.C.	140 Park Avenue	Harrison	07029	(973) 474-1040
Ambulatory Surgery	The Hanover NJ Endoscopy Assoc., LLC	91 South Jefferson Road Suite 300	Florham Park	07932	(908) 277-8749
Assisted Living Residence	Arbor Terrace Roseland	345 Eagle Rock Avenue	Roseland	07068	(973) 618-1888
Assisted Living Residence	Arbor Terrace Of Morris Plains	361 Speedwell Avenue	Morris Plains	07950	(610) 246-6663
Assisted Living Residence	Arbor Terrace Mountainside	1050 Springfield Avenue	Mountainside	07092	(908)760-0599
Assisted Living Residence	Arden Courts Of West Orange	510 Prospect Avenue	West Orange	07052	(973) 736-3100
Assisted Living Residence	Arden Courts Of Whippany	18 Eden Lane	Whippany	07981	(973) 581-1800
Assisted Living Residence	Brandywine Living At Livingston	369 East Mt Pleasant Avenue,	Livingston	07039	(973) 251-0600
Assisted Living Residence	Brighton Gardens Of Mountainside	1350 Route 22 West	Mountainside	07092	(908)654-4460
Assisted Living Residence	Brighton Gardens Of West Orange	220 Pleasant Valley Way	West Orange	07052	(973) 731-9840
Assisted Living Residence	Brighton Gardens Of Florham Park	21 Ridgedale Avenue	Florham Park	07932	(973) 966-8999

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Assisted Living Residence	Brookdale West Orange	520 Prospect Avenue	West Orange	07052	(973) 325-5700
Assisted Living Residence	Brookdale Florham Park	21 Ridgedale Avenue	Florham Park	07932	(973) 443-0444
Assisted Living Residence	Care One At Livingston Assisted Living	76 Passaic Avenue	Livingston	07039	(973) 758-4100
Assisted Living Residence	Care One At Morris Assisted Living	200 Mazdabrook Road	Parsippany Troy Hill	07054	(973)463-5800
Assisted Living Residence	Catholic Charities Of The Archdiocese Of Newark	570 North Seventh Street	Newark	07107	(973) 596-4050
Assisted Living Residence	Catholic Charities Of The Archdiocese Of Newark	590 North 7th Street	Newark	07107	(973) 596-4050
Assisted Living Residence	Chancellor Specialty Care Adult Day Center	155 Fortieth Street	Irvington	07111	(866) 531-0695
Assisted Living Residence	The Cliffs At Eagle Rock	707 Eagle Rock Avenue	West Orange	07052	(973) 669-0011
Assisted Living Residence	Continuing Care At Lantern Hill	537 Mountain Avenue	New Providence	07974	(908)516-9300
Assisted Living Residence	J.C. White Manor	516 Bergen Street	Newark	07108	(973) 273-6824
Assisted Living Residence	Job Haines Home For Aged People/Hearthside Commons	250 Bloomfield Avenue	Bloomfield	07003	(973) 743-0792
Assisted Living Residence	Juniper Village At Chatham	500 Southern Boulevard	Chatham	07928	(973)966-5483
Assisted Living Residence	Lutheran Social Ministries At Crane's Mill	459 Passaic Avenue	West Caldwell	07006	(973) 276-3018
Assisted Living Residence	New Community Extended Care Facility	266 South Orange Avenue	Newark	07103	(973) 624-2020
Assisted Living Residence	Sunrise Assisted Living At West Essex	47 Greenbrook Road	Fairfield	07004	(973) 228-7890
Assisted Living Residence	Sunrise Assisted Living Of Madison	215 Madison Avenue	Madison	07940	(973)301-0005
Assisted Living Residence	Sunrise Assisted Living Of Morris Plains	209 Littleton Road	Morris Plains	07950	(973)538-7878
Assisted Living Residence	The Villa At Florham Park, Inc	190 Park Avenue	Florham Park	07932	(973) 867-1514
Assisted Living Residence	Weston Assisted Living Residence	905 Route 10 East	Whippany	07981	(973)929-2747
Assisted Living Residence	Winchester Gardens Assisted Living Center	333 Elmwood Avenue	Maplewood	07040	(973) 762-5050
Cat, MRI	Ap Diagnostic Imaging Inc Ironbound	2 Ferry Street	Newark	07105	(973) 589-0373
Cat, MRI	South Mountain Imaging Center	120 Millburn Avenue	Millburn	07041	(973) 376-0900
Cat-Fixed	Sinus and Dental Imaging Of Nj LLC	111-115 Franklin Avenue	Nutley	07110	(973) 685-9191
Cat-Fixed, MRI-Closed	Magnetic Resonance Of Nj	410 Center Street	Nutley	07110	(973) 661-2000
Cat-Fixed, MRI-Closed	Millburn Medical Imaging, Pa	2130 Millburn Avenue	Maplewood	07040	(973) 912-0404
Cat-Fixed, MRI-Closed	Montclair Radiology	116 Park Street	Montclair	07042	(973) 746-2525

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Cat-Fixed, MRI-Closed	Montclair Radiology	20 High Street	Nutley	07110	(973) 284-1881
Cat-Fixed, MRI-Closed	NJIN West Orange	772 Northfield Avenue	West Orange	07052	(973) 325-0002
Cat-Fixed, MRI-Closed	Summit Medical Group, Pa	75 East Northfield Avenue	Livingston	07039	(908) 273-4300
Cat-Fixed, MRI-Closed	West Orange Radiology	61 Main Street	West Orange	07052	(973) 669-1989
CAT-FIXED, MRI-CLOSED, Open, PET	NJIN OF Belleville	36 Newark Avenue	BELLEVILLE	07109	(973) 844-4170
Chronic Hemodialysis	Alaris Health Dialysis At Essex	155-40th Street	Irvington	07111	(201) 216-9500
Chronic Hemodialysis	The Belleville Kidney Clinic	500 Cortlandt Street	Belleville	07109	(973) 450-1560
Chronic Hemodialysis	Bio-Medical Applications Of Hillside	879 Rahway Avenue	Union	07083	(908) 964-5606
Chronic Hemodialysis	Bio-Medical Applications Of Irvington	10 Camptown Road	Irvington	07111	(973) 399-1111
Chronic Hemodialysis	Bio-Medical Applications Of New Jersey, Inc	91-101 Hartford Street	Newark	07103	(973) 624-7100
Chronic Hemodialysis	Dialysis Center Of West Orange	101 Old Short Hills Road, Suite 120	West Orange	07052	(973) 736-8300
Chronic Hemodialysis	Dialysis Associates Of Northern New Jersey, LLC	2200 Route 10 West, Suite 107	Parsippany	07054	(973) 267-2009
Chronic Hemodialysis	East Orange Dialysis	14-20 Prospect Street	East Orange	07017	(973) 672-2025
Chronic Hemodialysis	Fresenius Medical Care LLC	348 East Northfield Road	Livingston	07039	(973) 535-0667
Chronic Hemodialysis	Fresenius Medical Care North Montclair	114 Valley Road	Montclair	07042	(973) 744-2058
Chronic Hemodialysis	Fresenius Medical Center North Newark	155 Berkley Avenue	Newark	07107	(908) 241-0453
Chronic Hemodialysis	Hillside Dialysis	1529 North Broad Street	Hillside	07205	(973) 474-1199
Chronic Hemodialysis	Millburn Dialysis Center	25 East Willow Street, Suite 2	Millburn	07041	(973) 379-7309
Chronic Hemodialysis	NNA-Saint Barnabas-Livingston, LLC	200 South Orange Avenue, Suite 117	Livingston	07039	(973) 322-7150
Chronic Hemodialysis	Nxstage Kidney Care West Orange	445 Pleasant Valley Way	West Orange	07052	(973) 413-2240
Chronic Hemodialysis	Renal Care Group Maplewood	2130 Milburn Avenue	Maplewood	07040	(973) 275-5499
Chronic Hemodialysis	Renex Dialysis Clinic Of Bloomfield, Inc	206 Belleville Avenue	Bloomfield	07003	(973) 680-8100
Chronic Hemodialysis	Renex Dialysis Clinic Of East Orange	110 South Grove Street	East Orange	07018	(973) 414-6100
Chronic Hemodialysis	Renex Dialysis Clinic Of Orange	151 Central Avenue	Orange	07050	(973) 675-3400
Chronic Hemodialysis	Renex Dialysis Clinic Of Harrison	620 Essex Street	Harrison	07029	(973) 482-7772
Chronic Hemodialysis	Saint Barnabas RCG Dialysis Center-Livingston	200 South Orange Avenue, Suite 117	Livingston	07039	(973) 322-7150

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Chronic Hemodialysis	Summit Dialysis	1139 Spruce Drive	Mountainside	07092	(908) 232-7800
Chronic Hemodialysis	West Orange Dialysis	375 Mt Pleasant Avenue, Suite 340	West Orange	07052	(973) 243-7069
Chronic Hemodialysis	Alaris Health Dialysis At Essex	155-40th Street	Irvington	07111	(201) 216-9500
Chronic Hemodialysis	Bio-Medical Applications Of New Jersey, Inc	91-101 Hartford Street	Newark	07103	(973) 624-7100
Computerized Axial Tomography (CAT) (MRI)-Closed	Columbus Imaging Center LLC	481 North 13th Street	Newark	07107	(973) 481-7770
Computerized Tomography (CT) -Fixed Open MRI	Advanced Imaging Center LLC	400 Delancey Street, Suite 108	Newark	07105	(973) 589-7777
CT, MRI - Closed, PET	NJIN Of Union	445 Chestnut Street	Union	07083	(908) 687-6054
CT-Fixed, MRI - Closed, MRI - Open	Barnabas Health Ambulatory Care Center	200 South Orange Avenue	Livingston	07039	(973) 322-7700
Dental	Jewish Renaissance Medical Center - George Washington Carver Elementary School	333 Clinton Pl	Newark	07112	(973) 679-7709
Dental	Jewish Renaissance Medical Center - Malcolm X Shabazz High School	80 Johnson Ave	Newark	07108	(973) 679-7709
Dental	Jewish Renaissance Medical Center - Park Elementary School	120 Manchester Place	Newark	07104	(973) 679-7709
Dental	Jewish Renaissance Medical Center - Quitman St Community School	21 Quitman St	Newark	07103	(973) 679-7709
Dental	Mountainside Hospital Dental Clinic	1 Bay Avenue	Montclair	07042	(973) 429-6887
Dental	Newark Beth Israel Medical Center	201 Lyons Ave	Newark	07112	(973) 926-7338
Dental	Newark Community Health Centers, Inc.	101 Ludlow Street	Newark	07104	(973) 565-0355
Dental	Newark Community Health Centers, Inc.	1150 Springfield Avenue	Irvington	07111	(973) 399-6292
Dental	Newark Community Health Centers, Inc.	444 William Street	East Orange	07107	(973) 483-1300
Dental	Newark Community Health Centers, Inc.	741 Broadway	Newark	07104	(973) 483-1300
Dental	Rutgers - University Hospital	150 Bergen Street	Newark	07103	(973) 972-5026
Dental	UMDNJ - New Jersey Dental School	110 Bergen St	Newark	07103	(973) 972-4621
Dental	UMDNJ - University Hospital	150 Bergen St	Newark	07104	(973) 972-3418
Dental, Primary Care	Community Health Improvement Centers Inc	352 West Market Street	NEWARK	07107	(973) 732-2147
Domestic Violence Program	The Safe House	Po Box 1877	Bloomfield	07003	(973) 759-2378

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Early Childhood-Home Visitation	Essex Valley Visiting Nurse Association	274 South Orange Avenue	Newark	07103	(973) 412-2000
Early Intervention Support Services, Outpatient	Rutgers University Behavioral Health Care	183 South Orange Avenue	Newark	07103	(973) 912-6100
Essex County Cancer Coalition	University Of Medicine & Dentistry Of New Jersey	Att: Dan Rosenblum ADMC 16 Ste 1614	Newark	07107	(973) 972-6556
Essex County Cancer Coalition	Clara Maass Medical Center	One Clara Maas Drive	Bellville	07109	(973) 450-2002
Extracorporeal Shock Wave Lithotripsy	Stone Center Of New Jersey, The	150 Bergen Street	Newark	07103	(973) 564-5642
Family Planning	Planned Parenthood Of Metropolitan New Jersey	606 Central Avenue	East Orange	07018	(973) 674-4343
Family Planning	Planned Parenthood Of Metropolitan New Jersey	238-240 Mulberry Street	Newark	07105	(973) 622-3900
Family Planning	Planned Parenthood Of Metropolitan New Jersey	66-88 Adams Street	Ironbound	07105	(973) 465-7707
Family Planning	Planned Parenthood Of Metropolitan New Jersey - Montclair	29 North Fullerton Avenue	Montclair	07042	(973) 746-7116
Family Success Center	Liberty Family Success Center	341 Kearny Avenue	Kearney	07032	(201) 622-2210
Family Support Services	Brayton Elementary School	89 Tulip Street	Summit	07901	(908) 273-4242
Family Support Services	Brick Avon Academy	219 Avon Avenue	Newark	07103	(973) 733-6924
Family Support Services	Community Health Improvement Centers, Inc.	352 West Market Street	Newark	07107	(973) 322-2147
Family Support Services	East Orange General Hospital Family Health Center	240 Central Avenue	East Orange	07018	(973) 414-1871
Family Support Services	East Orange Family Success Center	132 South Harrison Street	East Orange	07018	(973) 395-1442
Family Support Services	Ironbound Community Corporation Family Success Center - Cortland Street	29-31 Cortland Street	Newark	07105	(973) 344-5949 EXT. 201
Family Support Services	Ironbound Community Corporation Family Success Center - Elm Street	317 Elm Street	Newark	07105	(973) 465-0555
Family Support Services	Irvington Family Development Center Family Success Center	50 Union Avenue, Suite 403	Irvington	07111	(973) 372-4353
Family Support Services	Jefferson School	110 Ashwood Avenue	Summit	07901	(908) 273-3807
Family Support Services	Newark Community Health Centers, Inc.	155 Jefferson Street	Newark	07105	(973) 482-1300
Family Support Services	Newark Community Health Centers, Inc.	1148-1150 Springfield Avenue	Irvington	07111	(973) 483-1300

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Family Support Services	Newark Community Health Centers	741 Broadway	Newark	07104	(973) 483-1300
Family Support Services	NJIN Of Belleville	30 Newark Avenue	Belleville	07109	(973) 844-4170
Family Support Services	Pilgrim Medical Center, Inc.	393 Bloomfield Avenue	Montclair	07042	(973) 746-1500
Family Support Services	Rutgers Community Health Center	183 South Orange Avenue	Newark	07103	(973) 972-2978
Family Support Services	Saint James Health, Inc.	228 Lafayette Street, Second Floor	Newark	07105	(973) 789-8111
Family Support Services	UMDNJ - University Hospital Woman's Health Center	90 Bergen Street	Newark	07103	(973) 972-2700
Family Support Services	Zufall Health Center	95 Northfield Avenue	West Orange	07052	(973) 325-2266
Family Support Services	Prospect Primary Care	424 Main Street	East Orange	07018	(973) 674-8067
Family Support Services	Saint Barnabas Ambulatory Care Center	200 South Orange Avenue	Livingston	07039	(973) 322-7700
Fixed CAT, MRI Oncology Services	NJU Cancer Treatment Centers	1515 Broad Street, Suite B120	Bloomfield	07003	(973) 873-7000
Fixed CAT, MRI Oncology Services	NNC Radiation Oncology At Eden Lane	16 Eden Lane	Whippany	07981	(973) 240-2170
Home Health Agency	Barnabas Health Home Care And Hospice	80 Main Street, Suite 210	West Orange	07052	(973) 243-9666
Home Health Agency	Chrill Visiting Nurse Association	201 Bloomfield Avenue, Second Floor	Verona	07044	(973) 509-9870
Home Health Agency	Patient Care Medical Services, Inc	300 Executive Drive, Suite 175	West Orange	07052	(973) 243-6299
Home Health Agency	Barnabas Health Home Care And Hospice	80 Main Street	West Orange	07052	(973) 412-2000
Home Health Agency	Hospice Of New Jersey	400 Broadacres Drive, 1st Floor	Bloomfield	07003	(973) 893-0818
Home Health Agency	Vitas Healthcare Corporation Atlantic Health	70 S Orange Ave Ste 210	Livingston	07039	(973) 994-4738
Homeless Services (Path)	Mental Health Association Of Essex County	60 S Fullerton Street	East Orange	07042	(973) 842-4127
Hospital	Clara Maass Medical Center	1 Clara Maas Drive	Belleville	07109	(973) 450-2000
Hospital	East Orange Campus Of The NJ VA Health Care System (Veterans Only)	385 Tremont Avenue	East Orange	07018	(973) 676-1000
Hospital	East Orange General Hospital	300 Central Avenue	East Orange	07018	(973) 266-4401
Hospital	Newark Beth Israel Med Ctr	201 Lyons Avenue	Newark	07112	(973) 926-7850
Hospital	Saint Barnabas Medical Center	94 Old Short Hills Road	Livingston	07039	(973) 322-5000
Hospital	University Hospital	150 Bergen Street	Newark	07103	(973) 972-5658
Hospital Based, Off-Site	The Medical Institute Of New Jersey	11 Saddle Road	Cedar Knolls	07927	(973) 971-5379
Hospital Based, Off-Site	Saint Clare's Imaging Center At Parsippany	3219 Route 46 East	Parsippany	07054	(973) 983-5506
Hospital Based, Off-Site	MMC Radiation Oncology At Eden Lane	16 Eden Lane	Whippany	07981	(973) 240-2170

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Hospital Based, Off-Site	Cardiac Imaging At Florham Park	10 James Street	Florham Park	07932	(973) 736-9557
Hospital Based, Off-Site	Center For Wound Science & Healing At Columbus	495 North 13th Street	Newark	07107	(973) 479-2140
Hospital Based, Off-Site	CSH Outpatient Center Newark	182 Lyons Avenue	Newark	07112	(908) 233-3720
Hospital Based, Off-Site	East Orange Gen Hosp Hyperbaric Wound Care Center	310 Central Avenue	East Orange	07018	(973) 266-4401
Hospital Based, Off-Site	East Orange General Hosp	240 Central Avenue	East Orange	07018	(973) 266-4401
Hospital Based, Off-Site	East Orange General Hospital Family Health Center	240 Central Avenue	East Orange	07018	(973) 414-1871
Hospital Based, Off-Site	Overlook Health Services	1 Springfield Avenue	Summit	07901	(908) 934-6651
Hospital Based, Off-Site	Magnus Imaging Of Englewood Hospital & Med Ctr	946 Bloomfield Avenue	Glen Ridge	07028	(973) 743-9001
Hospital Based, Off-Site	Saint Barnabas Ambulatory Care Center	200 South Orange Avenue	Livingston	07039	(973) 322-7700
Hospital Based, Off-Site	Senior Health & Wellness Center James White Manor	516 Bergen Street	Newark	07108	(973) 622-2703
Hospital Based, Off-Site	Sleep Center At Millburn	96 Millburn Avenue	Millburn	07041	(973) 322-5000
Hospital Based, Off-Site	St Joseph's Cardiovascular Center-Nutley	181 Franklin Avenue - Ste 301	Nutley	07110	(973) 667-5511
Hospital Based, Off-Site	Waymon C Lattimore Clinic	225 Warren Street	Newark	07103	(973) 972-5658
Hospital Based, Off-Site	Children's Specialized Hospital Primary Care	150 New Providence Road	Mountainside	07092	(732) 258-7050
Hospital Based, Off-Site	Overlook Medical Center-Union Campus	1000 Galloping Hill Road	Union	07083	(973) 522-6300
Hospital Based, Off-Site	Trinitas Comprehensive Cancer Center	225 Williamson Street	Elizabeth	07202	(908) 994-5754
Hospital Based, Off-Site	Trinitas Regional Medical Center Sleep	2 Jackson Drive, Homewood Suites	Cranford	07016	(908) 994-5226
Hospital Based, Off-Site	Wound Healing Program At Union Campus	1000 Galloping Hill Road	Union	07083	(908) 522-6300
Integrated Case Management Services - Newark Only	Mt. Carmel Guild Behavioral Healthcare	273 Oliver Street	Newark	07105	(973) 522-2100
Long Term Care Facility	Alaris Health At Cedar Grove	110 Grove Avenue	Kearny	07032	(973) 844-4800
Long Term Care Facility	Alaris Health At Essex	155 40th Street	Cedar Grove	07009	(973) 571-6600
Long Term Care Facility	Alaris Health At Kearny	206 Bergen Avenue	Irvington	07111	(973) 232-3100
Long Term Care Facility	Alaris Health At St. Mary's	135 South Center Street	Kearny	07032	(201) 955-7067
Long Term Care Facility	Alaris Health At West Orange	5 Brook End Drive	Orange	07050	(973) 266-3000
Long Term Care Facility	Arbor Glen Center	25 E Lindsley Road	West Orange	07052	(973) 324-3000
Long Term Care Facility	Ashbrook Care & Rehabilitation Center	398 Pompton Avenue	Cedar Grove	07009	(973) 256-7220

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Long Term Care Facility	Atrium Post-Acute Care Of Livingston	348 East Cedar Street	Scotch Plains	07076	(908) 889-5500
Long Term Care Facility	Autumn Lake Healthcare At Berkeley Heights	35 Cottage Street	Livingston	07039	(917) 734-2487
Long Term Care Facility	Broadway House For Continuing Care	298 Broadway	Berkley Heights	07922	(908) 897-1000
Long Term Care Facility	The Canterbury At Cedar Grove Care And Rehabilitation	398 Pompton Avenue,	Newark	07104	(973) 268-9797
Long Term Care Facility	Care One At Hanover Twp	101 Whippany Road	Cedar Grove	07009	(973) 239-7600
Long Term Care Facility	Care One At Livingston	68 Passaic Avenue	Whippany	07981	(973) 599-7500
Long Term Care Facility	Care One At Morris	100 Mazdabrook Road	Livingston	07039	(973) 758-9000
Long Term Care Facility	Cheshire Home	9 Ridgedale Ave	Parsippany Troy Hill	07054	(973) 952-5300
Long Term Care Facility	Children's Specialized Hospital	150 New Providence Road	Florham Park	07932	(973) 966-1232
Long Term Care Facility	Clark Nursing And Rehabilitation Center	1213 Westfield Avenue	Mountainside	07092	(908) 233-3720
Long Term Care Facility	Clara Maass Medical Center	One Clara Maass Drive	Clark	07066	(732) 396-7100
Long Term Care Facility	Clara Maass Transitional Care Unit	One Clara Maass Drive	Belleville	07109	(973) 450-2002
Long Term Care Facility	Continuing Care At Lantern Hill	537 Mountain Avenue	Belleville	07109	(973) 450-2963
Long Term Care Facility	Cornell Hall Care & Rehabilitation Center	234 Chestnut Street	New Providence	07974	(908) 516-9300
Long Term Care Facility	Cranford Park Rehabilitation & Healthcare Center	600 Lincoln Park East	Union	07083	(908) 687-7800
Long Term Care Facility	Cranford Park Rehabilitation & Healthcare Center	205 Birchwood Avenue	Cranford	07016	(908) 276-7100
Long Term Care Facility	Daughters Of Israel Pleasant Valley Home	1155 Pleasant Valley Home	Cranford	07016	(908) 272-6660
Long Term Care Facility	East Orange General Hospital	300 Central Avenue	West Orange	07052	(973) 731-5100
Long Term Care Facility	Elmora Hills Health & Rehabilitation Center	225 W Jersey Street	East Orange	07018	(973) 266-4401
Long Term Care Facility	Forest Hill Healthcare Center	497 Mt Prospect Avenue	Elizabeth	07202	(908) 353-1220
Long Term Care Facility	Gates Manor	111-115 Gates Avenue	Newark	07104	(973) 482-5000
Long Term Care Facility	Chatham Hills Subacute Care Center	415 Southern Blvd	Montclair	07042	(973) 746-4616
Long Term Care Facility	Garden Terrace Nursing Home	361 Main Street	Chatham	07928	(973) 822-1500
Long Term Care Facility	Elizabeth Nursing And Rehab Center	1048 Grove Street	Chatham	07928	(973) 635-0899
Long Term Care Facility	Hackensack-UMC Mountainside	One Bay Avenue	West Orange	07052	(973) 731-2300
Long Term Care Facility	Inglemoor Rehabilitation And Care Center Of Livingston	311 South Livingston Avenue	Montclair	07042	(973) 429-6949
Long Term Care Facility	Job Haines Home For Aged People	250 Bloomfield Avenue	Livingston	07039	(973) 994-0221

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Long Term Care Facility	Little Nursing Home	71 Christopher Street	Bloomfield	07003	(973) 743-0792
Long Term Care Facility	Lutheran Social Ministries At Cranes Mill	459 Passaic Avenue	Montclair	07042	(973) 744-5518
Long Term Care Facility	Manor Care Health Services Mountainside	1180 Route 22 West	West Caldwell	07006	(973) 276-3018
Long Term Care Facility	Manorcare Health Services-New Providence	144 Gales Drive	Mountainside	07092	(908) 654-0020
Long Term Care Facility	Morris View Healthcare Center	540 West Hanover Avenue	New Providence	07974	(908) 4648600
Long Term Care Facility	New Community Extended Care Facility	266 South Orange Avenue	Morris Plains	07950	(973)285-2800
Long Term Care Facility	New Grove Manor	101 North Grove Street	Newark	07103	(973) 624-2020
Long Term Care Facility	New Vista Nursing & Rehabilitation Center	300 Broadway	East Orange	07017	(973) 672-1700
Long Term Care Facility	Newark Beth Israel Medical Center	201 Lyons Avenue	Newark	07104	(973) 484-4222
Long Term Care Facility	Park Crescent Healthcare & Rehabilitation	480 Parkway Drive	Newark	07112	(973) 926-7850
Long Term Care Facility	Pine Acres Convalescent Center	51 Madison Avenue	East Orange	07017	(973) 674-2700
Long Term Care Facility	Plaza Healthcare & Rehabilitation Center	456 Rahway Avenue	Madison	07940	(973) 377-2124
Long Term Care Facility	Runnells Center For Rehabilitation & Healthcare	40 Watchung Way	Elizabeth	07202	(908) 354-1300
Long Term Care Facility	Saint Barnabas Medical Center	94 Old Short Hills Road	Berkley Heights	07922	(908) 771-5700
Long Term Care Facility	South Mountain Healthcare & Rehab	2385 Springfield Ave	Livingston	07039	(973) 322-5000
Long Term Care Facility	Sinai Post-Acute Nursing & Rehab Center	65 Jay Street	Vauxhall	07088	(908) 688-3400
Long Term Care Facility	St Catherine Of Siena	7 Reyerson Avenue	Newark	07103	(973) 483-6800
Long Term Care Facility	St Vincent's Healthcare & Rehab Center	315 East Lindsley Road	Caldwell	07006	(973) 226-1577
Long Term Care Facility	St. Michael's Medical Center	111 Central Avenue	Cedar Grove	07009	(973) 754-4800
Long Term Care Facility	Stratford Manor Rehab & Care Center	787 Northfield Avenue	Newark	07112	(973) 877-5350
Long Term Care Facility	Summit Ridge Center	20 Summit Street	West Orange	07052	(973) 731-4500
Long Term Care Facility	The Canterbury At Cedar Grove Road Care & Rehabilitation	398 Pompton Avenue	West Orange	07052	(973) 736-2000
Long Term Care Facility	Troy Hills Center	200 Reynolds Ave	Cedar Grove	07009	(973) 239-7600
Long Term Care Facility	University Hospital	150 Bergen Street	Parsippany	07054	(973) 887-8080
Long Term Care Facility	Van Dyke Manor Of Montclair	42 North Mountain Avenue	Newark	07103	(973) 972-5658
Long Term Care Facility	The Villa At Florham Park	190 Park Avenue,	Montclair	07042	(973) 783-9400
Long Term Care Facility	Waterview Center	536 Ridge Road	Florham Park	07932	(973)867-1500

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Long Term Care Facility	West Caldwell Care Center	165 Fairfield Avenue	Cedar Grove	07009	(973) 239-9300
Long Term Care Facility	Westfield Center	1515 Lamberts Mill Road	West Caldwell	07006	(973) 226-1100
Long Term Care Facility	White House Healthcare & Rehab Center	560 Berkeley Avenue	Westfield	07090	(908) 233-9700
Long Term Care Facility	Windsor Gardens Care Center	140 Park Avenue	Orange	07050	(973) 672-6500
Long Term Care Facility-Residential	Green Hill	103 Pleasant Valley Way	Elizabeth	07202	(908) 354-0002
Long Term Critical Care	Columbus Hospital LTACH	495 North 13th Street	Newark	07107	(973) 587-7712
Magnetic Resonance Imaging (MRI)	Central Imaging Associates, Inc	514 Joyce Street	Orange	07050	(973) 294-9507
Magnetic Resonance Imaging (MRI) - Closed	Montclair Breast Center	37 North Fullerton Avenue	Montclair	07042	(973) 509-1818
Magnetic Resonance Imaging (MRI) - Open	Irvington Medical Imaging Center	277-285 Coit Street	Irvington	07111	(973) 351-1277
Magnetic Resonance Imaging (MRI) - Open	Central Imaging Associates, Inc	91-101 Hartford Street	Newark	07103	(973) 294-9507
Magnetic Resonance Imaging (MRI) - Open CAT	MONTCLAIR RADIOLOGY	1140 BLOOMFIELD AVENUE	WEST CALDWELL	07006	(973) 439-9729
Mammography Centers	Barnabas Health Ambulatory Care Center	94 Old Short Hills Road	Livingston	07039	(973) 322-7807
Mammography Centers	Clara Maass Medical Center	1 Clara Maass Drive	Belleville	07109	(973) 450-2031
Mammography Centers	Diagnostic Imaging Of Northfield	772 Northfield Avenue	West Orange	07052	(973) 325-0002
Mammography Centers	Frank Aguirre, Md	195 Lafayette Street	Newark	07105	(973) 465-3044
Mammography Centers	Hackensack UMC - Mountainside	One Bay Avenue - Radiology Department	Montclair	07042	(973) 429-6105
Mammography Centers	Magnetic Resonance Of New Jersey	410 Centre Street	Nutley	07110	(973) 661-2000
Mammography Centers	Millburn Medical Imaging, Pa	2130 Millburn Avenue, Ste A8	Maplewood	07040	(973) 912-0404
Mammography Centers	Montclair Breast Center	37 North Fullerton Ave	Montclair	07042	(973) 509-1818
Mammography Centers	Montclair Radiological Associates	1140 Bloomfield Avenue	West Caldwell	07006	(973) 439-9729
Mammography Centers	Montclair Radiology Associates, Pa	116 Park Street	Montclair	07042	(973) 746-2525
Mammography Centers	Montclair Radiology Associates, Pa	20 High Street	Nutley	07110	(973) 284-1881

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Mammography Centers	Montclair Radiology Associates, Pa	271 Grove Avenue - Building A	Verona	07044	(973) 439-9729
Mammography Centers	Newark Beth Israel Med Ctr	201 Lyons Avenue	Essex	07112	(973) 926-7695
Mammography Centers	Progressive Imaging Center	36 Newark Avenue Ste, 100	Belleville	07109	(973) 844-4169
Mammography Centers	University Hospital-Ctr For Breast Imaging	205 So Orange Avenue, Ste 1200	Newark	07103	(973) 972-5193
Mammography Centers	Woman's Healthcare Imaging Corp.	1896 Morris Avenue	Union	07083	(908) 964-0004
Megavoltage Radiation Oncology Services	Premier Urology Cancer Treatment Center	570 South Avenue	Cranford	07016	(908) 603-4200
MRI-Closed	ODI Diagnostic Imaging Of Newark, LLC	243 Chestnut Street	Newark	07105	(973) 521-5685
Op Primary Care & FQHC	Jewish Renaissance Med Ctr - 13th Ave/Dr MLK Elementary School	359 13th Avenue	Newark	07103	(973) 679-7709
Op Primary Care & FQHC	Jewish Renaissance Med Ctr - George Washington Carver	333 Clinton Place	Newark	07112	(973) 705-3880
Op Primary Care & FQHC	Jewish Renaissance Med Ctr - Quiltman St School	21 Quitman Street	Newark	07103	(973) 679-7709
Op Primary Care & FQHC	Jewish Renaissance Med Ctr - Teen Health Center	80 Johnson Avenue	Newark	07108	(973) 362-3892
Op Primary Care & FQHC	Jewish Renaissance Medical Center - Barringer High School	90 Parker Street	Newark	07104	(973) 497-5773
Op Primary Care & FQHC	Jewish Renaissance Medical Center - Central High School	246 18th Avenue	Newark	07107	(973) 679-7709
Op Primary Care & FQHC	Jewish Renaissance Medical Center - Teen Health Center	80 Johnson Avenue	Newark	07108	(973) 623-8592
Op Primary Care & FQHC	Newark Community Health Centers	155 Jefferson Street	Newark	07105	(97) 345-2828
Op Primary Care & FQHC	Newark Community Health Centers	741 Broadway	Newark	07104	(973) 483-1300
Op Primary Care & FQHC	Newark Community Health Centers	751 Broadway	Newark	07104	(973) 483-1800
Op Primary Care & FQHC	Newark Community Health Centers - East Orange	444 William Street	East Orange	07017	(973) 675-1900
Op Primary Care & FQHC	Newark Community Health Centers - Irvington	1148-1150 Springfield Ave	Irvington	07111	(973) 399-6292
Op Primary Care & FQHC	Newark Community Health Centers - Orange	37 North Day Street	Orange	07050	(973) 395-2611
Op Primary Care & FQHC	Newark Department Of Health & Community Wellness	140 Bergen Street	Newark	07103	(973) 733-5310
Op Primary Care & FQHC	Zufall Health Center	95 Northfield Avenue	West Orange	07052	(973) 325-2266
Outpatient	Mt. Carmel Guild Behavioral Healthcare	108 Alden Street	Cranford	07016	(908) 497-3904 / 3925 / 3919
Outpatient	Airmed Counseling Services	137 Evergreen Place	East Orange	07018	(973) 678-0550
Outpatient	Answers Moving Froward Supportive Services	1344 Springfield Avenue	Irvington	07111	(973) 399-7900

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Outpatient	Bethel Counseling Services	63 Pierce Street #65	Newark	07103	(973) 643-6565
Outpatient	Community Psychiatric Institute	67 Sanford Street	East Orange	07018	(973) 673-3342
Outpatient	Consumer Friends, Inc.	60 Evergreen Place	East Orange	07018	(973) 678-3966
Outpatient	Cope Center (Montclair)	104 Bloomfield Avenue	Montclair	07042	(973) 783-6655
Outpatient	East Orange General Hospital Behavioral Health Services	300 Central Avenue	East Orange	07018	(973) 266-4523
Outpatient	East Orange Substance Abuse	160 Halsted Street	East Orange	07018	(973) 266-5200
Outpatient	Family Connections	395 South Center Street	Orange	07050	(973) 675-3817
Outpatient	Family Service Bureau Of Newark	379 Kearny Avenue	Kearney	07032	(201) 246-8077
Outpatient	Family Connections - Reunity House	122 Irvington Avenue	South Orange	07079	(973) 763-2950
Outpatient	Family Services Bureau Of Newark	274 South Orange Avenue	Newark	07103	(973) 412-2056
Outpatient	Horizon Community Development, Inc.	580 Christopher Street	Orange	07050	(973) 414-8110
Outpatient	Irvington Counseling Center	21-29 Wagner Place	Irvington	07111	(973) 399-3132
Outpatient	Kwenyan Professional Health Services	134 Evergreen Place	East Orange	07018	(973) 672-6900
Outpatient	Newark Beth Israel Medical Center CMBC	210 Lehigh Avenue	Newark	07112	(973) 926-7026
Outpatient	Real House, Inc.	127 Pine Street	Montclair	07042	(973) 746-0487
Outpatient	Renaissance Challenge Conqueror	400 Seventh Avenue	Newark	07107	(973) 481-3431
Outpatient	Sunrise Clinical Services	22 Ball Street	Irvington	07111	(973) 372-1095
Outpatient	Team Management 2000, Inc. CBO	395 Pleasant Valley Way	West Orange	07052	(973) 324-2220
Outpatient	The Bridge, Inc.	1065 Clinton Avenue	Irvington	07111	(973) 372-2624
Outpatient	The Bridge, Inc.	14 Park Avenue	Caldwell	07006	(973) 228-3000
Outpatient	The Marilyn Center	220 South Harrison Street	East Orange	07018	(973) 474-6492
Outpatient	The Restoration Center	300 South 12th Street	Newark	07103	(973) 622-4934
Outpatient	Turning Point, Inc. Secaucus	15 Bloomfield Avenue	Verona	07044	(973) 239-9400
Outpatient	Urban Life Counseling Center, Inc.	220 South Harrison Street	East Orange	07018	(973) 677-7053
Outpatient	Youth Consultation Services	60 Evergreen Place	East Orange	07018	(973) 854-3652
Outpatient	Morris School	1259 Route 46 E., Bldg. 4, Door 4d	Parsippany	07054	(973) 316-9333
Outpatient & Residential	East Orange General Hospital	300 Central Avenue	Newark	07103	(973) 623-3386
Outpatient, PARTIAL CARE	Northwest Essex Community Network	570 Belleville Avenue	Belleville	07109	(973) 450-3100
PET/CT Combined Unit	Advanced Practice Imaging	30 Bergen Street	Newark	07103	(973) 972-5188
PET/CT Combined Unit	University Radiology Group, Pc	235 Franklin Avenue	Nutley	07110	(732) 390-0040
Prevention Of Juvenile Delinquency Program	Columbia High School	17 Parker Avenue	Maplewood	07040	(973) 518-1441
Primary Care	Orange Community Health Center	37 North Day Street	Orange	07050	(973) 483-1300
Primary Care	Prospect Primary Care	424 Main Street	East Orange	07018	(973) 674-8067
Primary Care	Saint James Health, Inc	228 Lafayette Street, Second Floor	Newark	07105	(973) 789-8111
-Primary Care	Bloomfield Health Services, L.L.C	322 Bloomfield Avenue	Bloomfield	07003	(347) 683-3008
Primary Care	Covenant House New Jersey Medical Services	330 Washington Street	Newark	07102	(973) 286-3427

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Primary Care	Mountainside Family Practice Associates At Verona	799 Bloomfield Avenue	Verona	07044	(973) 746-7050
Primary Screening Center For Essex - Residential	Newark Renaissance House, Inc.	P.O. BOX 7057 50-56 Norfolk Street	Newark	07112	(973) 926-3183
Program Of Assertive Community Treatment (PACT)	Bridgeway	554 Bloomfield Ave, Suite 201	Union	07083	(908) 688-5400 (PACT III)
RAPIDARC & IGRT	Prostate Cancer Center Of N.J.	375 Mt Pleasant Ave Ste 251	West Orange	07052	(973) 323-1300
RAPIDARC, IGRT	Prostate Cancer Center Of New Jersey	375 Mt Pleasant Avenue	West Orange	07052	(973) 323-1300
Residential	Mountainside Hospital	1 Bay Avenue	West Orange	07052	(973) 324-2712
Residential	Newark Beth Israel Medical Center / St. Barnabas	201 Lyons Avenue	Montclair	07042	(973) 429-6000
Residential	Mental Health Association Of Essex County	60 So. Fullerton Avenue - Suite 102	Newark	07103	(973) 623-3386
Residential	St. Michaels Medical Center	111 Central Avenue	Bloomfield	07003	(973) 746-2400
Residential	Serv Centers Of NJ	130 Dermody Street	Newark	07109	(973) 465-2681
Residential	University Hospital / UMDNJ	150 Bergen Street	Cranford	07016	(908) 276-0490
Residential	Essex County Hospital Center	204 Grove Avenue	Cedar Grove	07009	(973) 571-2801
Residential - Short Term Care Facility	Where Peaceful Waters Flow	47 Cleveland Street	Newark	07103	(973) 972-7722
Residential, Short Term Care Facility	Easter Seals Society Of Nj	414 Eagle Rock Avenue, Suite 206	East Orange	07018	(973) 266-4456
RWJ Barnabas Health	Frederick B. Cohen Comprehensive Cancer and Blood Disorders	201 Lyons Avenue	Newark	07103	(201) 926-7230
Satellite	Planned Parenthood Of Metropolitan New Jersey	29 North Fullerton Avenue	Montclair	07042	(973) 746-7116
Satellite	Planned Parenthood Of Metropolitan New Jersey	560 Martin Luther King Boulevard	East Orange	07018	(973) 674-4343
Satellite	Planned Parenthood Of Metropolitan New Jersey	66-88 Adams Street	Ironbound	07105	(973) 465-7707
School Based Youth Services Programs	Jewish Renaissance Med Ctr - Teen Health Center	80 Johnson Avenue	Newark	07108	(973) 362-3892
School Based Youth Services Programs	Abraham Clark High School	122 East 6th Avenue	Roselle	07203	(908) 298-2000 ext. 2221
School Based Youth Services Programs	Elizabeth High School (William S. Halsey House)	600 Pearl Street	Elizabeth	07202	(908) 436-6644
School Based Youth Services Programs	Jewish Renaissance Med Ctr - 13th Ave/Dr MLK Elementary School	359 13th Avenue	Newark	07103	(973) 679-7709
School Based Youth Services Programs	Jewish Renaissance Med Ctr - George Washington Carver	333 Clinton Place	Newark	07112	(973) 705-3880

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
School Based Youth Services Programs	Jewish Renaissance Med Ctr - Quiltman St School	21 Quitman Street	Newark	07103	(973) 679-7709
School Based Youth Services Programs	Jewish Renaissance Medical Center - Barringer High School	90 Parker Street	Newark	07104	(973) 497-5773
School Based Youth Services Programs	Jewish Renaissance Medical Center - Central High School	246 18th Avenue	Newark	07107	(973) 679-7709
School Based Youth Services Programs	Jewish Renaissance Medical Center - Teen Health Center	80 Johnson Avenue	Newark	07108	(973) 623-8592
School Based Youth Services Programs	Jewish Renaissance Medical Center - The Mobile Unit	248 18th Street	Newark	07107	
School Based Youth Services Programs	Newark Community Health Centers	155 Jefferson Street	Newark	07105	(97) 345-2828
School Based Youth Services Programs	Newark Community Health Centers	741 Broadway	Newark	07104	(973) 483-1300
School Based Youth Services Programs	Newark Community Health Centers	751 Broadway	Newark	07104	(973) 483-1800
School Based Youth Services Programs	Newark Community Health Centers - East Orange	444 William Street	East Orange	07017	(973) 675-1900
School Based Youth Services Programs	Newark Community Health Centers - Irvington	1148-1150 Springfield Ave	Irvington	07111	(973) 399-6292
School Based Youth Services Programs	Newark Community Health Centers - Orange	37 North Day Street	Orange	07050	(973) 395-2611
School Based Youth Services Programs	Newark Department Of Health & Community Wellness	140 Bergen Street	Newark	07103	(973) 733-5310
School Based Youth Services Programs	Zufall Health Center	95 Northfield Avenue	West Orange	07052	(973) 325-2266
School Based Youth Services Programs	Lincoln Hubbard Elementary School	52 Woodland Avenue	Summit	07901	(908) 273-4242
School Based Youth Services Programs	Jewish Renaissance Medical Center @ Quitman Street Community School	21 Quitman Street	Newark	07103	(973) 679-7709
School Based Youth Services Programs	Jewish Renaissance Medical Center @ 13th Avenue	359 13th Avenue	Newark	07103	(973) 521-5268
School Based Youth Services Programs	Jewish Renaissance Medical Center @ Barringer High School	90 Parker Street	Newark	07104	(973) 679-7709
School Based Youth Services Programs	Jewish Renaissance Medical Center @ Central High School	246 18th Avenue	Newark	07108	(97) 369-7709

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
School Based Youth Services Programs	University Middle School	255 Myrtle Avenue	Irvington	07111	(973) 372-4962
School Based Youth Services Programs	Hawkins Street School	8 Hawkins Street	Newark	07105	(973) 465-4920
School Based Youth Services Programs	Irvington High School	1253 Clinton Avenue	Irvington	07111	(973) 399-7797 ext. 416
School Based Youth Services Programs	Jewish Renaissance Medical Center @ Malcolm X Shabazz High School	80 Johnson Avenue	Newark	07108	(973) 679-7709
School Based Youth Services Programs	Jewish Renaissance Medical Center @ Park Elementary School	120 Manchester Place	Newark	07104	(973) 521-5300
School Based Youth Services Programs	Jewish Renaissance Medical Center @ George Washington Carver School	333 Clinton Place	Newark	07112	(973) 679-7709
School Based Youth Services Programs	South 17th Street School	619 South 17th Street	Newark	07103	(973) 399-2076
School Based Youth Services Programs	Speedway Elementary School	25 Speedway Avenue	Newark	07106	(973) 375-3600
School Based Youth Services Programs	Washington Elementary School	507 Morris Avenue	Summit	07901	(908) 273-4242
School Linked Services	Orange High School	400 Lincoln Avenue	Orange	07050	(973) 677-4050 ext. 5019
Self-Help Center	Newark Renaissance House, Inc.	74-80 Norfolk Street	Parsippany	07054	(973) 334-2470
Senior Center	Bethany Senior Center	275 W Market Street	Newark	07103	(973) 733-5739
Senior Center	Bloomfield Civic Center Senior Citizens Association	84 Broad Street	Bloomfield	07003	(973) 743-3332
Senior Center	Clarendon Social Center, LLC.	30-34 Okner Parkway	Livingston	07039	(973) 715-5872
Senior Center	DeCorso Community Center / New Providence Senior Citizen Center	15 E 4th St	New Providence	07974	(908) 665-0046
Senior Center	East Orange Senior Center - Vista Village	70 South Burnet Street	East Orange	07018	(973) 266-8832
Senior Center	Fairfield Golden Age Club	230 Fairfield Road	Fairfield	07004	(973) 882-8399
Senior Center	Florham Park Senior Center	111 Ridgedale Avenue	Florham Park	07932	(973) 520-8984
Senior Center	Friendly Senior Center	89 Lincoln Street #2	Newark	07103	(973) 733-5748
Senior Center	Grace West Senior Center	301 Irvine Turner Boulevard	Newark	07108	(973) 733-5749
Senior Center	Grover Cleveland Senior Center	1 Provost Square	Caldwell	07006	(974) 403-4637
Senior Center	Grover Cleveland Senior Center	14 Park Avenue	Caldwell	07006	(973) 403-4637
Senior Center	Independence Park Center	213 Van Buren Street	Newark	07105	(973) 465-2206
Senior Center	Ironbound Senior Center	138 Clifford Street	Newark	07105	(973) 424-4101
Senior Center	Ironbound Boys Club & Senior Center	11 Providence Street	Newark	07105	(973) 344-2629
Senior Center	Ironbound Senior Citizens (East Ward)	138 Clifford Street	Newark	07105	(973) 424-4098
Senior Center	Irvington Senior Citizens Center	1077 Springfield Avenue	Irvington	07111	(973) 399-6501

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Senior Center	Ivy Hill Jewish Senior Center	260 Mt Vernon Place	Newark	07106	(973) 763-1005
Senior Center	Jewish Community Senior Center	760 Northfield Avenue	West Orange	07052	(973) 736-3200
Senior Center	Jewish Senior Citizens Center Of Irvington	1 Linden Avenue	Irvington	07111	(973) 372-3907
Senior Center	Jewish Vocational Services	111 Prospect Street	East Orange	07017	(973) 674-2415
Senior Center	Livingston Community Centers	Hillside Avenue	Livingston	07039	(973) 535-7975
Senior Center	Maplewood Senior Citizens	120 Burnett Avenue	Maplewood	07040	(973) 763-0750
Senior Center	Maplewood Senior Citizens	564 Irvington Ave	Maplewood	07040	(973) 763-4578
Senior Center	Nellie Grier Senior Center	98-104 Maple Avenue	Newark	07112	(973) 424-4096
Senior Center	Newark Friendly Senior Center	89 Lincoln St # 2	Newark	07103	(973) 733-5748
Senior Center	North Newark Senior Citizens	664 Broadway	Newark	07104	(973) 424-4100
Senior Center	North Ward Senior Citizens	79 Broadway	Newark	07104	(973) 621-5454
Senior Center	Residents For Community Action	201 Bloomfield Avenue	Newark	07104	(973) 483-8420
Senior Center	Senior Care & Activities Center	110 Greenwood Avenue	Montclair	07042	(973) 783-5589
Senior Center	Senior Citizen Center	880 Bloomfield Ave	Verona	07044	(973) 857-4832
Senior Center	Senior Center	968 Bonnel Court	Union	07083	I
Senior Center	Senior Services Inc	439 Main St	Orange	07050	(973) 673-0640
Senior Center	Senior Services Center Of The Chatham	58 Meyersville Rd	Chatham	07928	(973) 635-4565
Senior Center	The Senior Citizens Of Long Hill Twp Inc	769 Valley Rd	Gillette	07933	(908) 626-1101
Senior Center	South Ward Senior Center	491 Clinton Avenue	Newark	07108	(973) 424-4102
Senior Center	South Ward Senior Center	731 Clinton Avenue	Newark	07108	(973) 424-4102
Senior Center	The Centre	54 Elizabeth Avenue	Newark	07108	(973) 242-5436
Senior Center	The North Ward Center	288-298 Mt Prospect Avenue	Newark	07104	(973) 481-6145
Senior Center	Unified Valisburg Services Org	40 Richelieu Terrace	Newark	07106	(973) 374-2000
Senior Center	West Ward Center	505 West Market Street	Newark	07107	(973) 481-5526
Sexual Violence Program	Family Service League, Inc	60 South Fullerton Ave; Suite 109	Montclair	07042	(973) 746-0800
Sexual Violence Program	Union County Rape Crisis Center	300 North Avenue East	Westfield	07090	(908) 233-7273
Sleep Center	American Sleep Medicine	5n Regent Street, Suite 512	Livingston	07039	(973) 422-9030
Special Procedure Room(S) - Endoscopy	Gregori Surgery Center, The	101 Old Short Hills Road	NEWARK	07105	(973) 589-5545
Supportive Housing	New Bridge Services, Inc.	1259 Route 46 East Bldg. 2, Suite 100a & B	Bloomfield	07003	
Supportive Housing	Mental Health Association Of Morris	100 Route 46 East, Bldg. C	Montclair	07042	(973) 509-3777
Supportive Housing	Project Live, Inc	414 Eagle Rock Avenue - Suite 201	Mountain Lakes	07045	(973) 334-3496
Supportive Housing	Real House, Inc.	60 Hazelwood Road	West Orange	07052	(973) 395-9161
Supportive Housing	Bridgeway Rehabilitation, Inc.	1023 Commerce Avenue	Parsippany	07054	(973) 463-9600
Surgical Practice	Diamond Institute Of Infertility & Menopause	89 Millburn Avenue	Millburn	07041	(973) 761-5600

Provider Type	Provider Name	Street Address	Town	ZIP Code	Phone
Surgical Practice	Essex Surgical Arts Surgery Center	727 Joralemon Street	Belleville	07109	(973) 450-1600
Surgical Practice	Essex Surgical, LLC	776 Northfield Avenue	West Orange	07052	(973) 324-2300
Surgical Practice	Garden State Surgery Center	29 Park Street	Montclair	07042	(973) 509-2000
Surgical Practice	Glen Ridge Surgi Center	230 Sherman Avenue	Glen Ridge	07028	(973) 783-2626
Surgical Practice	Ironbound Endo-Surgical Center	24-28 Merchant Street	Newark	07105	(973) 344-5883
Surgical Practice	New Jersey Urology	1515 Broad Street, Suite B140	Bloomfield	07003	(973) 873-7000
Surgical Practice	New Jersey Vein & Cosmetic Sur	741 Northfield Ave - Suite 105	West Orange	07052	(732) 243-9729
Surgical Practice	North Fullerton Surgery Center	37 North Fullerton Avenue	Montclair	07042	(973) 233-0433
Surgical Practice	Northern NJ Eye Institute	71 Second Street	South Orange	07079	(973) 763-2203
Surgical Practice	Northfield Surgical Center	741 Northfield Avenue	West Orange	07052	(201) 243-0990
Surgical Practice	Paul J Lo Verme, MD	825 Bloomfield Avenue	Verona	07044	(973) 857-9499
Surgical Practice	Urology Group Of New Jersey	375 Mt Pleasant Avenue, Suite 250	West Orange	07052	(973) 323-1320
Systems Advocacy	Community Health Law Project	650 Bloomfield Avenue	Bloomfield	07003	(973) 680-5599
Systems Advocacy	Community Hope, Inc	959 Route 46 East - Suite 402	Bloomfield	07003	(973) 680-5599

APPENDIX E: DISCHARGES AND POPULATION 18-64 FOR AMBULATORY CARE SENSITIVE CONDITIONS

ACSC Discharges from NJ Hospitals		Total ACS Discharges	ANGINA	ASTHMA	BACTERIAL PNEUMONIA	CELLULITIS	CONGESTIVE HEART FAILURE	CONVULSION	COPD	DEHYDRATION	DENTAL CONDITIONS	DIABETES	ENT
ALL RACES													
Statewide		55,565	603	3,780	6,170	6,230	5,260	963	6,355	2,923	761	7,624	533
SBMC PSA		1,478	10	87	152	162	138	52	106	109	17	185	18
WHITE													
Statewide		27,668	276	1,289	3,316	4,150	2,014	528	3,729	1,469	379	3,271	237
SBMC PSA		674	4	35	69	94	40	27	43	42	7	70	10
BLACK													
Statewide		15,535	160	1,363	1,578	892	2,180	242	1,792	740	186	2,603	134
SBMC PSA		543	4	36	56	36	76	15	47	54	6	78	3

ACSC Discharges from NJ Hospitals		Total ACS Discharges	GASTRO-INSTESTINAL OBSTRUCTION	GRAND MAL STATUS/OTHER EPILEPTIC CONVULSION	HYPERTENSION	HYPOGLYCEMIA	IMMUNIZATION RELATED PREVENTABLE	KIDNEY/URINARY INFECTION	NUTRITION DEFICIENCIES (til 12/14 DSCHG)	OTHER TUBERCULOSIS	PELVIC INFLAMMATORY DISEASE	PULMONARY TUBERCULOSIS	SKIN GRAFTS W CELLULITIS
ALL RACES													
Statewide		55,565	1,936	4,534	994	60	8	4,164	2,068	33	359	73	134
SBMC PSA		1,478	46	175	27	2		102	73		8	4	5
WHITE													
Statewide		27,668	969	2,226	346	25	3	2,051	1,203	4	110	6	67
SBMC PSA		674	29	89	5			63	41		3		3
BLACK													
Statewide		15,535	437	1,293	427	26	2	841	462	10	118	16	33
SBMC PSA		543	14	53	17	2		20	20		4	1	1

Population Source: Claritas Inc. via New Solutions

ACSC 2016 Discharge Rate per 1,000 population	Est 2016 Population 18-64	Total ACS Discharges	ANGINA	ASTHMA	BACTERIAL PNEUMONIA	CELLULITIS	CONGESTIVE HEART FAILURE	CONVULSION	COPD	DEHYDRATION	DENTAL CONDITIONS	DIABETES	ENT
ALL RACES													
Statewide	5,610,651	9.903	0.107	0.674	1.100	1.110	0.938	0.172	1.133	0.521	0.136	1.359	0.095
SBMC PSA	217,479	6.796	0.046	0.400	0.699	0.745	0.635	0.239	0.487	0.501	0.078	0.851	0.083
Variance from Statewide		(3.107)	(0.061)	(0.274)	(0.401)	(0.365)	(0.303)	0.067	(0.645)	(0.020)	(0.057)	(0.508)	(0.012)
WHITE													
Statewide	3,657,780	7.564	0.075	0.352	0.907	1.135	0.551	0.144	1.019	0.402	0.104	0.894	0.065
SBMC PSA	136,094	4.952	0.029	0.257	0.507	0.691	0.294	0.198	0.316	0.309	0.051	0.514	0.073
Variance from Statewide		(2.612)	(0.046)	(0.095)	(0.400)	(0.444)	(0.257)	0.054	(0.704)	(0.093)	(0.052)	(0.380)	0.009
BLACK													
Statewide	783,378	19.831	0.204	1.740	2.014	1.139	2.783	0.309	2.288	0.945	0.237	3.323	0.171
SBMC PSA	44,822	12.115	0.089	0.803	1.249	0.803	1.696	0.335	1.049	1.205	0.134	1.740	0.067
Variance from Statewide		(7.716)	(0.115)	(0.937)	(0.765)	(0.335)	(1.087)	0.026	(1.239)	0.260	(0.104)	(1.583)	(0.104)
Variance Black from White													
Statewide		12.27	0.13	1.39	1.11	0.00	2.23	0.16	1.27	0.54	0.13	2.43	0.11
PSA		7.16	0.06	0.55	0.74	0.11	1.40	0.14	0.73	0.90	0.08	1.23	-0.01
Est Admissions Statewide		**9609.41**	**100.89**	**1086.94**	**867.82**	**3.20**	**1748.67**	**128.92**	**993.37**	**425.39**	**104.83**	**1902.46**	**83.24**
Est Admissions PSA		321.02	2.68	24.47	33.28	5.04	62.83	6.11	32.84	40.17	3.69	54.95	-0.29

ACSC 2016 Discharge Rate per 1,000 population	Est 2016 Population 18-64	Total ACS Discharges	GASTRO-INSTESTINAL OBSTRUCTION	GRAND MAL STATUS/OTHER EPILEPTIC CONVULSION	HYPERTENSION	HYPOGLYCEMIA	IMMUNIZATION RELATED PREVENTABLE	KIDNEY/URINARY INFECTION	NUTRITION DEFICIENCIES (til 12/14 DSCHG)	OTHER TUBERCULOSIS	PELVIC INFLAMMATORY DISEASE	PULMONARY TUBERCULOSIS	SKIN GRAFTS W CELLULITIS
ALL RACES													
Statewide	5,610,651	9.903	0.345	0.808	0.177	0.011	0.001	0.742	0.369	0.006	0.064	0.013	0.024
SBMC PSA	217,479	6.796	0.212	0.805	0.124	0.009	0.000	0.469	0.336	0.000	0.037	0.018	0.023
Variance from Statewide		(3.107)	(0.134)	(0.003)	(0.053)	(0.001)	(0.001)	(0.273)	(0.033)	(0.006)	(0.027)	0.005	(0.001)
WHITE													
Statewide	3,657,780	7.564	0.265	0.609	0.095	0.007	0.001	0.561	0.329	0.001	0.030	0.002	0.018
SBMC PSA	136,094	4.952	0.213	0.654	0.037	0.000	0.000	0.463	0.301	0.000	0.022	0.000	0.022
Variance from Statewide		(2.612)	(0.052)	0.045	(0.058)	(0.007)	(0.001)	(0.098)	(0.028)	(0.001)	(0.008)	(0.002)	0.004
BLACK													
Statewide	783,378	19.831	0.558	1.651	0.545	0.033	0.003	1.074	0.590	0.013	0.151	0.020	0.042
SBMC PSA	44,822	12.115	0.312	1.182	0.379	0.045	0.000	0.446	0.446	0.000	0.089	0.022	0.022
Variance from Statewide		(7.716)	(0.245)	(0.468)	(0.166)	0.011	(0.003)	(0.627)	(0.144)	(0.013)	(0.061)	0.002	(0.020)
Variance Black from White													
Statewide		12.27	0.29	1.04	0.45	0.03	0.00	0.51	0.26	0.01	0.12	0.02	0.02
PSA		7.16	0.10	0.53	0.34	0.04	0.00	-0.02	0.14	0.00	0.07	0.02	0.00
Est Admissions Statewide		**9609.41**	**229.47**	**816.26**	**352.90**	**20.65**	**1.36**	**401.74**	**204.36**	**9.14**	**94.44**	**14.71**	**18.65**
Est Admissions PSA		321.02	4.45	23.69	15.35	2.00	0.00	-0.75	6.50	0.00	3.01	1.00	0.01

Population Source: Claritas Inc. via New Solutions