Newark Beth Israel Medical Center | RWJBarnabas HEALTH

COMMUNITY HEALTH NEEDS ASSESSMENT 2016-2018

November 18, 2016

ACKNOWLEDGMENTS

The following partners led the Newark Beth Israel Medical Center (NBI) Community Needs Assessment:

BARNABAS HEALTH COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE

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

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

Members of the Barnabas Health CHNA Steering Committee include:

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

STEERING COMMITTEE CONSULTANT ADVISORS

Steering Committee Technical Advisors:

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

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

NEWARK BETH ISRAEL MEDICAL CENTER

The Newark Beth Israel Medical Center's Needs Assessment and Implementation Plan were approved by the Executive Leadership:

- Darrell K. Terry, Sr., President and Chief Executive Officer
- Nikolas Alexiades, Chief Finance Officer
- Jeremias L. Murillo, MD, Chief Medical Officer
- Mary Fuhro, Chief Nursing Officer
- Douglas A. Zehner, Senior Vice President and Chief Operating Officer
- Zachary Lipner, Vice President, Human Resources

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

- Darrell K. Terry, Sr., MHA, MPH, FACHE, President and Chief Executive Officer (and Chair)
- Kim Alexander-Cook, MPA, Director, Community Relations and Volunteer Services (Co-Chair)
- Jeremias L. Murillo, MD, Chief Medical Officer
- Marilyn Harris, DMin, MDiv, MBA, BSMT (ASCP), Vice President, Community Relations
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- John Campbell, MA, MBA, RRT-NPS, RPFT, FACHE, Director, Respiratory Care Service, Neurodiagnostics, and Sleep Lab
- Russ Bergman, D.M.D., Vice Chair and GPR Program Director, Department of Dentistry
- Barbara Mintz, MS, RD, Assistant Vice President, Wellness
- Alice J. Cohen, M.D., F.A.C.P., Director, Division of Hematology/Oncology, Frederick B. Cohen Cancer and Blood Disorders Center
- Fred Waldron, MD, MPH, MS, FACEP, Emergency Department
- Diann Boyd, BSN, RN, OCN, Nurse Manager, Frederick B. Cohen Cancer and Blood Disorders Center
- Tamara Cunningham, Vice President, Planning / Planning Liaison

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

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EXECUTIVE SUMMARY

Background

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

NBIMC SERVICE AREA

The CHNA uses detailed secondary public health data at state, county, and community levels, a community health survey, a survey of Essex County public health officers, and other community stakeholders. NBIMC 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 Newark Beth Israel Medical Center CHNA Oversight Committee helps identify health assets, gaps, disparities, trends, and priorities. The Methodology section details the data collection process and analysis.

Service Area

The NBIMC service area is determined by considering three factors: patient origin, market share, and geographic continuity and proximity. Zip codes representing approximately 50% of the NBIMC 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 low market share are deleted from the PSA and included in the secondary service area (SSA). Geographic proximity is used to create a contiguous area and completes the service area determination. The service area is primarily located within Essex County. The southeastern section of the county accounts for most of NBIMC's PSA, along with small sections of Union County. The SSA encompasses parts of Hudson and Union Counties. For purposes of this CHNA, Essex County statistics were deemed to be most relevant for review.

NBIMC Primary Service Area	
ZIP Code	**ZIP Name**
07112	NEWARK
07111	IRVINGTON
07108	NEWARK
07103	NEWARK
07106	NEWARK
07017	EAST ORANGE
07018	EAST ORANGE
07114	NEWARK
07205	HILLSIDE
07102	NEWARK

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. Newark Beth Israel Medical Center (NBIMC), located in Newark, New Jersey, is one of seven acute care hospitals operating in Essex County.

Essex County's economic wealth is not uniformly distributed across municipalities, it includes urban areas with large numbers of poor and minority populations. NBIMC's primary service area is predominantly comprised of urban communities with low socioeconomic status (SES) and disparities in health status and access to services. These disparities are evidenced by inappropriate hospital and emergency department use for problems that could have been minimized or avoided with preventive and primary care.

- Essex County has a larger proportion of African-American and Hispanic/Latino residents than New Jersey.[2]
  - Essex County's population is 35.9% African-American, compared to 12.1% statewide.
  - Essex County's population is 19.0% Hispanic/Latino, compared to 16.6% statewide.
  - Essex County's population is 38.0% White, compared to 61.3% statewide.
- In 2014, 17.2% of people and 14.1% of Essex County families were living in poverty compared to 10.7% of people and 8.1% of families statewide.
  - In 2014, 32.5% of people and 29.1% of families were living in poverty in Newark.
  - In 2014, 36% of families were living in poverty in the Newark 07108 zip code. This was triple the state (8.1%).[3]
- In 2014, 9.1% of Essex County residents were unemployed, higher than the state (6.4%).
  - The unemployment rates in Newark (13.4%), East Orange (12.9%) and Irvington (14.1%) exceeded the county rate (9.1%) and were more than double the state rate (6.4%).
- In 2014, the Essex County median household income was $54,499, more than $17,000 below the state average.[4]
  - The 2014 median household income of Newark residents ($31,698) was less than half the statewide figure ($72,062).[5]
- Both violent crime and homicide rates are higher than statewide rates and the County Health Rankings national benchmarks.
  - In Essex County, the violent crime rate was 674/100,000, more than double the statewide rate. Essex County was ranked highest by County Health Rankings in violent crimes.[6]
  - In 2014, the number of violent crimes per 1,000 NBIMC residents was 11.1, nearly four times the state rate of 2.61.[7]
- In 2014, the NBIMC Service Area teen birth rate (age 15-19) was 33.4/1,000, higher than the Essex County rate of 21.2/1,000 and more than double the New Jersey rate of 12.6/1,000.
- The statewide infant mortality rate is higher than the rate for Essex County and 1.2 points below the *Healthy People 2020* target. [8]
  - Despite decreasing since 2010, the 2012 Essex County Black infant mortality rate (8.7/1,000) was higher than the rate for all other racial/ethnic groups in the county.

2 United States Census Bureau American Community Survey 2014
3 United States Census Bureau American Community Survey 2014
http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_DP03&prodType=table
4 United States Census Bureau 2014
5 United States Census Bureau American Community Survey 2014
6 County Health Rankings 2012
7 Neighborhood Scout Crime Rates for New Jersey 2014 http://www.neighborhoodscout.com/nj/crime/
8 New Jersey Death and Birth Certificate Databases, Office of Vital Statistics and Registry, New Jersey Department of Health. Infant death certificates and corresponding birth certificates are matched by the Center for Health Statistics, New Jersey Department of Health.
NOTE: no data on whites/hispanics

- Essex County and its major urban centers continue to have a higher percentage (42.7%) of housing built before 1950 than exists statewide (25.6%).[9] Housing stock built before 1950 is more likely to contain lead paint.

TOP SEVEN HEALTH ISSUES

The NBIMC Steering Committee considered secondary and qualitative data to determine seven top health issues based on capacity, resources, competencies, and needs specific to the populations it serves. The selected issues are within the hospital's purview, competency and resources to impact in a meaningful manner. These include: heart disease, cancer, violence, diabetes, asthma, dental conditions and infant mortality.

1. Heart Disease

Heart 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. Heart disease refers to a constellation of conditions that affect 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 artery disease, the most common type of heart disease, causes more than 370,000 deaths annually.[10] In 2012, this condition alone cost the United States $444 billion, with annual increases projected. 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 can minimize health conditions associated with heart disease, thereby lowering the likelihood of onset. Obesity increases cholesterol, elevates blood pressure levels, and causes diabetes, all 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.[11]

9 New Jersey State Health Assessment Data Complete Indicator Profile of Risk Factor for Childhood Lead Exposure: Pre-1950 Housing https://www26.state.nj.us/doh-shad/indicator/complete_profile/pre1950home.html
10 www.cdc.gov/heartdisease/facts.htm
11 www.cdc.gov/heartdisease/behavior.htm

- Heart disease is the leading cause of death in the nation, New Jersey and Essex County.
- The Essex County 2013 heart disease age-adjusted mortality rate of 182.1/100,000 was higher than statewide rate, the rate of surrounding counties and the *Healthy People 2020* target rate of 108.8/100,000. [12]
- Considering the Age Adjusted Mortality Rate (AAMR) for heart disease by race and ethnicity, Essex County, like New Jersey has the highest AAMR among Blacks.
- Considering AAMR for stroke by race and ethnicity, Essex County, like New Jersey and comparison counties has the highest AAMR among Blacks. Dissimilar to the State, Hispanics followed Blacks in Essex County as opposed to Whites, statewide.
- Between 2009 and 2011, the percent of Essex County adult residents with high blood pressure increased 2.1% from 27.5% to 29.6%, similar to the New Jersey increase of 2.5% from 28.1% to 30.6%.[13]
- In 2011, the percentage of people reporting high cholesterol in Essex County (32.9%) was double the *Healthy People 2020* target of 13.5%.

There is a high incidence of heart disease and related illnesses (high blood pressure, diabetes, stroke, obesity) in the NBIMC service area. Information and education regarding the life style changes necessary to promote good health are available free of charge through NBIMC and RWJ Barnabas Health. On-line multimedia and interactive tools found at the RWJ Barnabas Health website and wellness programs at NBIMC can help monitor and manage risk factors for heart disease. NBIMC was 1 of 5 hospitals in the nation to receive the American Hospital Association award for program excellence in health and wellness. Three wellness programs operated by NBIMC constitute an integrated approach to community wellness: The Beth Challenge, KidsFit, and The Beth Greenhouse.

The Beth Challenge is a nutrition and exercise program that has helped NBIMC employees and community members lose over 18,000 pounds. Offered in houses of worship, schools, government offices, and the Newark Fire Department, the program assists participants in making sustainable lifestyle changes. KidsFit is an award-winning pediatric weight management program for children ages 7 to 18 and their families. The program focuses on living a healthier lifestyle through nutrition and diet, physical activity, behavior changes and building self-esteem utilizing school system-approved materials and lesson plans. The Beth Greenhouse provides residents of Newark's South Ward and surrounding communities access to fresh, nutritious, affordable produce. The Greenhouse supports health and wellness activities at the Reverend Dr. Ronald B. Christian Community Health and Wellness Center and serves as an intergenerational "neighborhood hub and learning lab." Diverse community members participate in gardening activities, exchanges recipes, obtain plant starts for their home gardens, and learn about the importance of good nutrition. The Greenhouse also provides opportunities for local youth, persons with disabilities, re-entry participants, NBIMC Behavioral Health clients and recently returned veterans.

The RWJ Barnabas Health Heart Center at NBIMC offers heart disease patients convenient access to consultations, testing, follow-up care, and rehabilitation. RWJ Barnabas Health Heart Centers are nationally recognized adult and pediatric cardiovascular programs. In addition to diagnosis and treatment of heart attacks and other cardiac conditions, cardiac surgeons perform minimally invasive valve and bypass surgeries, as well as complex open-heart surgery. The RWJ Barnabas Health Heart Failure and Transplant Program is the third largest program of its kind in the nation, bringing together an extensive team of experienced specialists with a full complement of clinical resources. NBIMC is nationally

12 ibid
13 CDC, Behavioral Risk Factor Surveillance System

recognized for its comprehensive, patient-centered cardiology programs. Since 2009, NBIMC has been designated by U.S. News and World Report as one of the best cardiology and heart surgery regional hospitals in the New York/New Jersey area. In 2013, NBIMC was awarded the American Heart Association Mission Lifeline Gold Receiving Award for its quality treatment of people who suffer from STEMI heart attacks. In 2012 and 2013, NBIMC was awarded the AMI Action Registry - Get With The Guidelines Gold Performance Achievement Award from the American Heart Association (AHA) for comprehensive data collection for the National Cardiovascular Data Registry. In 2012, 2011, and 2010, NBIMC was awarded the AHA Get With The Guidelines - Heart Failure Gold Performance Achievement Award for adhering to all achievement measures in the treatment of patients with heart failure.

2. ***Cancer and Sickle Cell Disease***

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 2011, the Agency for Healthcare Research and Quality estimated the cost of cancer in the United States totaled $88.7 billion, with increases projected. 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).

Elderly cohorts 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 cut the risk of cancer 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.[14] 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.

- The age-adjusted mortality rate for cancer among Essex County Blacks decreased 8.7% from 189.5/100,000 in 2010 to 174.4/100,000 in 2013. The decrease for Essex County Whites during the same time period is approximately 50% more than the decrease for Essex County Blacks.
- The 2013 cancer incidence rate in Essex County (495.9/100,000) was at least three times higher than the *Healthy People 2020* target rate (161.4/100,000).
- In 2013, the Essex County age-adjusted rate for lung cancer for males was 62.9/100,000 compared to 42.9/100,000 for females.[15]
- In 2013, Essex County Blacks (168.9/100,000) had a higher rate of prostate cancer higher than Whites (119/100,000) and Hispanics (133.2/100,000).

14 Retrieved from www.cdc.gov/healthyyouth/obesity/facts.htm.
15 Ibid.

The Frederick B. Cohen Comprehensive Cancer and Blood Disorders Center specializes in highly personalized cancer treatment plans, using state of the art diagnostics and technology. Multidisciplinary cancer care teams at NBIMC include board-certified specialists with extensive experience in cancer treatment, as well as nurse practitioners, nurses, social workers, dietitians, and exercise therapists. Patient navigators help coordinate and arrange treatments, work with insurance, and simplify access to diagnosis, treatment and support. Teams meet weekly to discuss patients' needs, debate and discuss new therapies, and recommend treatment approaches. Patients are also offered numerous education and support groups.

Cancer incidence can be reduced and deaths prevented by following recommended screening protocols. For example, cervical and colorectal cancers can be avoided by identifying precancerous lesions, and treating them before they become cancerous. Prevention, early detection, and treatment of common cancers yield major economic benefits, as treating late-stage cancer is generally more expensive than treating early-stage cancer. Treatment of late-stage breast cancer costs three times as much as management of early-stage disease. Screening for cervical, breast and colorectal cancers helps detect these cancers at an early and treatable stage. Vaccines to prevent Hepatitis B and HPV are critical in the prevention of liver and cervical cancers, respectively. Lifestyle-related health behaviors, such as tobacco use, diet, and physical activity can also be modified to reduce risk. NBIMC and RWJ Barnabas Health offer several smoking cessation programs to all patients, including lung and throat cancer patients. Obesity and other diet and physical activity related risk factors can be controlled through wellness programs. NBIMC award winning programs provide an integrated approach to wellness in the community and include The Beth Challenge, KidsFit, and The Beth Greenhouse. Further details about these programs can be found in the Heart Disease section of this Executive Summary.

Sickle Cell Disease is an inherited red blood cell disorder. Individuals with sickle cell disease inherit two abnormal hemoglobin genes, one from each parent. In all forms of Sickle Cell Disease, at least one of the two abnormal genes causes a person's body to make hemoglobin S. When a person has two hemoglobin S genes, Hemoglobin SS, the disease is called sickle cell anemia. This is the most common and often the most severe form of Sickle Cell Disease. Hemoglobin SC Disease and Hemoglobin SB Thalassemia are two other common forms of Sickle Cell Disease.

Hemoglobin is a protein in red blood cells that carries oxygen throughout the body. In someone who has Sickle Cell Disease, the red blood cells become hard and sticky, and are crescent shaped. The sickle cells die early, which causes a shortage of red blood cells. In addition, sick cells can stick to the vessel walls, causing a blockage that slows the flow of blood. When this occurs, oxygen cannot reach nearby tissues which can cause attacks of sudden pain, called pain crisis. The red sickling and poor oxygen delivery can also cause organ damage. Over a lifetime, Sickle Cell Disease can damage the spleen, brain, eyes, liver, lungs, heart, kidney, penis, joints, bones or skin. It can also cause other serious problems including infection, acute chest syndrome and stroke. Sickle Cell Disease is a life-long illness. The severity of the disease varies by individual. At present the only cure is a bone marrow or stem cell transplant.

Newark Beth Israel Medical Center treats more patients with sickle cell anemia than any other hospital in New Jersey. The Medical Center offers programs for adults at the Fredrick B. Cohen Cancer Center for Blood Disorders and a pediatric sickle cell program at the Valerie Fund Treatment Center for Cancer and Blood Disorders.

The sickle cell program is recognized and funded by the New Jersey Department of Health as a Comprehensive Sickle Cell Center. In September 2009, the Central-Northern New Jersey Sickle Cell Network with NBIMC as the principal investigator received a grant from HRSA as part of a Sickle Cell Demonstration Project to improve the care of children and adults with sickle cell disease. This project works to create a network of care for patients with Sickle Cell Disease. Partners in the network include hematologists, primary care physicians, and community-based organizations located throughout Central and Northern New Jersey.

3. Violence

The World Health Organization (WHO) defines violence as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, development, or deprivation." The WHO further categorizes violence into seven types: child abuse, elder abuse, sexual violence, intimate partner violence, youth violence, collective violence, and self-directed violence. All types of violence directly affect the health of their victims. Violence is a leading cause of death for African-American and Latino males aged 15-24. The indirect effects of violence have been linked to chronic disease (heart disease, asthma, stroke, cancer, and more), mental health problems (PTSD, stress, anxiety, depression, and more), lower quality of life, and an increased risk of perpetrating violence. Mental trauma from exposure to violence has been scientifically shown to increase a person's risk of adopting violent behavior themselves, and violent behavior transmits and spreads based on exposure similar to an epidemic disease.

The WHO identified prevailing cultural norms, poverty, social isolation, alcohol abuse, substance abuse and access to firearms as risk factors for violence. It is not unusual for individuals at risk of violence to experience more than one type. Women who are at risk for physical violence are also at risk for sexual violence. Violence at societal, community, relationship, or individual levels can exacerbate and perpetuate violent behaviors at other levels.

- Between 2010 and 2012, the violent crime rate in Essex County was 674/100,000. Violent crimes declined in Essex County but remain more than double the statewide rate (261/100,000) and ten times higher than the County Health Rankings national benchmark (59/100,000).
- In 2014, the Newark violent crime rate was 1,110/100,000, nearly four times the New Jersey rate of 261/100,000.[16]
- The 2013 percent of Essex County substantiated child abuse/neglect reports is 14%, higher than the Essex County percent of 11.1%.[17]
- The rates of robbery (4.0/1,000), burglary (5.0/1,000), and larceny (13.4/1,000) in Essex County are higher than the rates in the state and comparison counties.

Violence can be prevented and its impact reduced, in the same way that public health efforts have prevented and reduced pregnancy-related complications, workplace injuries, infectious diseases, and illness resulting from contaminated food and water in many parts of the world. A public health approach offers the most effective method for preventing violence and treating those at risk. Much of what needs to be done has to do with identifying and treating those at risk for violent behavior, much like health professionals identify and treat those at risk for disease. Adopting epidemic control methods in places with violence, as well as a broader response from the health sector, can reduce violence.

16 Neighborhood Scout Crime Rates for New Jersey 2014 http://www.neighborhoodscout.com/nj/crime/
17 http://nj.gov/dcf/childdata/continuous/2013_AnnualAbuseNeglectReport.pdf

Newark Police Department reports reveal the highest incidence of crime occurs in the South (where NBIMC is located) and West Wards. There is a need to provide psychosocial support to individuals and families that have been directly or indirectly affected by violence. Education regarding PTSD, depression, as well as grief counseling is available through NBIMC's Behavioral Health Department. The Medical Center offers 24-hour crisis intervention services, Psychiatric Emergency Screening Services (PESS), Adult inpatient hospitalization and intensive short term care (voluntary and involuntary), a dual diagnosis program for patients diagnosed with mental illness and chemical dependency, partial hospitalization and Stepping Stones intensive outpatient programs, comprehensive outpatient services (including individual, group, family and couples counseling and medication management), inpatient and outpatient psychiatric services for older adults and children and adolescents, child and adolescent inpatient crisis care, intensive outpatient and traditional outpatient services, and employee assistance programs. In addition, NBIMC's wellness programs also support the reduction of violence in the community. The Beth Greenhouse, for instance, supports health and wellness activities at the Reverend Dr. Ronald B. Christian Community Health and Wellness Center, and serves as an intergenerational "neighborhood hub and learning lab" for a diverse community. It also provides opportunities for local youth, persons with disabilities, re-entry participants, NBIMC Behavioral Health clients and recently returned veterans.

4. Diabetes

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

Prediabetes is a precursor to diabetes in which blood sugar is higher than normal, but not high enough to be diabetes. Having prediabetes puts an individual at a higher risk of Type 2 diabetes. Obesity is a major risk factor for Type 2 Diabetes. This form of diabetes, once believed to affect only adults, is now being diagnosed in children. Between 1980 and 2000, obesity rates doubled among children and adults and tripled among adolescents.[18] Overweight children with diabetes are at risk for serious complications including kidney disease, blindness, and amputations. Other risk factors related to obesity include unhealthy diet, physical inactivity, and high blood pressure. While many diabetes risk factors are modifiable, other factors including a family history, increasing age, and ethnicity are uncontrollable.

- Diabetes is the fifth leading cause of death in Essex County.
- When comparing diabetes age-adjusted mortality by race and ethnicity in Essex County, Blacks had the highest age-adjusted mortality rate for diabetes, similar to New Jersey.
- The age-adjusted mortality rate for diabetes among Essex County Blacks declined 17.4% from 38.5/100,000 in 2011 and to 31.8/100,000 in 2013, lower than statewide at 34.1/100,000 and Union County at 35.2/100,000. In the same time frame, the rate for Hispanics also decreased 28.4% from 31.3/100,000 to 22.4/100,000, lower than New Jersey at 24.5/100,000.
- In 2014, diabetes was ranked as the eighth highest ambulatory care sensitive condition for which NBIMC Service Area adults utilized the emergency department.

18 www.cdc.gov/pdf/facts_about_obesity_in_the_united_states.pdf

According to the CDC, moderate weight loss and exercise prevent or delay the onset of diabetes. Healthy lifestyle activities are influenced by a number of societal sectors – families, communities, schools, medical providers, faith-based organizations, the media, food and beverage industries, and entertainment industries. The Beth Challenge, the Diabetic Prevention Program, and the new Greenhouse can encourage and support necessary lifestyle changes through Community Health and Wellness department nutritional classes.

5. Asthma

Asthma is characterized by inflammation of air passages resulting in a temporary narrowing of the airways that allow air to travel from the nose and mouth to the lungs. Asthma can be caused by exposure to inhaled allergens and irritants resulting in inflamed or constricted airways. Symptoms include wheezing, coughing, and tightness in the chest. Asthma accounts for one quarter of all United States ED visits, 10 million outpatient visits and nearly 500,000 hospitalizations. Direct costs of care account for nearly $10 billion in expenditures. Another $8 billion are indirect costs due to lost earnings from death and disability.[19] Nearly 25 million Americans suffer from asthma, and the disease prevalence has been on the rise across all age, sex and racial groups since the 1980s. Asthma disproportionately affects children. Increasing ethnic differences in asthma prevalence, and morbidity and mortality are highly correlated with poverty, urban air quality, lack of patient education, and inadequate medical care.[20]

Risk factors for asthma attacks are allergens such as pollen, dust, animal dander, drugs, and food additives, as well as viral respiratory infections and physical exertion. In addition, insect stings and cockroaches are common allergies in urban areas. Cockroach allergy is a problem among inner-cities and low socioeconomic status.[21] Obesity, use of acetaminophen, and exposure to formaldehyde or other volatile chemicals can also trigger attacks.

- In 2014, ear/nose/throat conditions are the most common emergency department Ambulatory Care Sensitive Condition in the NBIMC Service Area, followed by asthma, dental conditions, kidney/urinary infections, and cellulitis.[22]
- In 2014, asthma was the third most common Ambulatory Care Sensitive Condition for ED visits among children and adults in the county and PSA.
- Asthma and COPD ranked among the top five conditions for inpatient Ambulatory Care Sensitive Condition admissions in Essex County.
- Between 2009 and 2012, the Essex County adult age-adjusted asthma rate increased from 11.8% to 15.9%. In 2012, the Essex County percentage of adults was 3.5% higher than New Jersey (12.4%).
- In 2012, the number of unhealthy air quality days due to both fine particulate matter (8 days) and ozone (9 days) were higher than the CHR benchmark.

The incidence and mortality rate for asthma and other pulmonary disorders are higher among low and middle income families where environmental factors trigger attacks. Education and advocacy regarding elimination and reduction of environmental triggers is needed. The KidsFit program at NBIMC, as well as other health education resources offered by RWJ Barnabas Health, provide this outreach. Controlling the environments and providing clean air can reduce the incidence of attacks. In addition, maintaining a

19 Ibid.
20 Retrieved from www.aafa.org/display.cpm?id=9&sub-42
21 CDC, Behavioral Risk Factor Surveillance System
22 Health Care Decision Analyst Internal Data 2014

healthy weight through diet and light exercise may eliminate obesity as a trigger. The Beth Challenge, The Beth Greenhouse, and KidsFit programs at NBIMC can help lower obesity rates and reduce this trigger.

6. ***Dental***

Mouth and surrounding craniofacial (skull and face) health is central to a person's overall health and well-being. Oral and craniofacial diseases and conditions include: dental caries (tooth decay), periodontal (gum) diseases, cleft lip and palate, oral and facial pain, and oral and pharyngeal (mouth and throat) cancers. In the past 50 years, there has been great progress in oral health programs, yet some Americans still do not have access to preventive programs.

Limited access and availability of dental services, lack of awareness of need for care, cost, and fear of dental procedures are factors that contribute to higher rates of oral disease. Access to oral health care is also associated with race and ethnicity. Persons with lower levels of education and income have higher rates of oral disease. People with disabilities and other health conditions, like diabetes, are also more likely to have poor oral health. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to oral health. Behaviors that can lead to poor oral health include tobacco use, excessive alcohol use, and poor dietary choices.

- In 2014, dental conditions were the fourth most common emergency department Ambulatory Care Sensitive Condition in both Essex County and New Jersey.[23]
- Only 37% of residents of the NBIMC service area felt they had adequate access to sufficient low cost dental care.[24]
- The majority (79%) of residents of the NBIMC service area claim they have visited a dentist at least once within the past 2 years; Caucasian residents tend to be more frequent visitors to dentists.[25]

The community survey identified Improved access to dental health services as a need. NBIMC is well equipped to address this need, as it hosts New Jersey's largest hospital-based dental program. The program combines state-of-the-art technology with general and specialty services such as endodontics, periodontics, orthodontics, prosthodontics, oral surgery, oral pathology, pediatric dentistry and dental care for the medically compromised and operating room general anesthesia dentistry for the handicapped and disabled. Dental clinics in Essex County are provided at HUMC-Mountainside Hospital, Newark Beth Israel Medical Center, University Hospital, and the New Jersey Dental School. Community-based providers include the South West Essex Dental Center in West Orange, the Newark Department of Health and Human Services, and Newark Community Health Centers (two in Newark, one in East Orange, and one in Irvington).

7. ***Infant Mortality***

Over 23,000 infants in the United States died in 2014. Nearly six in every 1,000 babies born die in the U.S. in the first year of life. Most deaths are the result of:

- Birth defects
- Preterm births
- Maternal complications of pregnancy
- Sudden infant death syndrome

23 Health Care Decision Analyst Internal Data 2013
24 Bruno and Ridgway Newark Beth Israel Medical Center Community Health Assessment Study 2015
25 Ibid.

- Injuries

These five leading causes of infant mortality accounted for 57% of all infant deaths in the United States in 2014.

According to the Centers for Disease Control & Prevention, 25 other industrialized nations rank ahead of the U.S. in infant mortality. Infant mortality is not distributed equally in the U.S. either by geographic area, race or by income. The rate of infant mortality is much higher among non-Hispanic Blacks than among any other racial or ethnic group.

A recent study published in the American Economic Journal Economic Policy examined microdata from the U.S., Finland, Austria, Belgium, and Britain. Researchers, Alice Chen, Emily Oster and Heidi Williams showed that when it comes to neonatal mortality, the United States and the other countries studied were very similar. Differences in post-neonatal mortality (from one month to one year), however, were much more stark. In the first days and weeks of birth, infant mortality rates were similar across all countries. But, as infants grow older a mortality gap opens and widens over the first year of life. Upon closer analysis, it was found that higher mortality rates in the U.S. are due almost entirely to high mortality among less advantaged groups.

- Between 2010 and 2012, the infant mortality rate decreased in Essex County, New Jersey and comparison counties; Essex County's rate decreased 30.4% from 6.9/1,000 to 4.8/1,000 and was slightly higher than the New Jersey rate of 4.4/100,000 and double Middlesex County. This is in contrast to previously reported 2004 through 2008 infant mortality in Essex County rising 11.8% from 7.6/1,000 to 8.5/1,000.
- Despite decreasing since 2010, the 2012 Essex County Black infant mortality rate of 6.4/100,000 was 25% higher than the Essex County overall rate of 4.8/100,000. The 2012 Essex County Black infant mortality rate was also slightly higher than *Healthy People 2020* of 6.0/100,000.[26]

NBIMC provides consultation, evaluation, monitoring equipment and outpatient follow-up for babies who are at risk for developing sudden infant death syndrome (SIDS), or who suffer from breathing irregularities or sleep apnea. In addition, all infants discharged from the Neonatal Intensive Care Unit are periodically evaluated for at least two years. The evaluations help detect any possible developmental delays or other problems associated with prematurity following discharge from the Unit. The multidisciplinary team evaluating the infant makes any necessary recommendations for consultations or therapy.

26 New Jersey Death and Birth Certificate Databases, Office of Vital Statistics and Registry, New Jersey Department of Health. Infant death certificates and corresponding birth certificates are matched by the Center for Health Statistics, New Jersey Department of Health.
NOTE: no data on whites/hispanics

1. INTRODUCTION

NBIMC SERVICE AREA

The Newark Beth Israel Medical Center (NBIMC) Community Health Needs Assessment (CHNA) was designed to ensure that the Medical Center continues to effectively and efficiently serve the health needs of its service area. The CHNA was developed in accordance with all federal rules and statues, specifically, PL 111-148 (the Affordable Care Act) which added Section 501(r) to the Internal Revenue Code. The NBIMC needs assessment was undertaken in this context and developed for the purpose of enhancing the health and quality of life throughout the community. This assessment builds upon the CHNA conducted in 2013. The 2013 CHNA 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, a survey of Essex County public health officers, and other community stakeholders. NBIMC 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 Newark Beth Israel Medical Center CHNA Oversight Committee helps identify health assets, gaps, disparities, trends, and priorities. The Methodology section details the data collection process and analysis.

Newark Beth Israel Medical Center, located in Newark, New Jersey, is one of seven acute care hospitals operating in Essex County. NBIMC's primary service area comprises largely urban communities with low socioeconomic status (SES) and disparities in health status and access to services. These disparities are evidenced by inappropriate use of hospital/emergency department services that could have been treated with preventive and primary care.

In 2012, NBIMC was honored with an American Hospital Association NOVA award for its three-pronged approach to improving health in the area. "The Beth Embraces Wellness" is an integrated approach to prevention in the community that includes the Beth Challenge, a work wellness program; KidsFit, a school-based education and nutrition program; and Beth Garden, a community garden and farmers market located in an old hospital parking lot.

The NBIMC Steering Committee considered secondary and qualitative data to determine seven top health issues to be within the hospital's purview, competency, and resources to impact in a meaningful manner: heart disease, cancer and sickle cell disease, violence, diabetes, asthma, dental conditions, and infant mortality.

- Heart disease is the leading cause of death in the nation, New Jersey, Essex County, and the NBIMC service area. NBIMC's has award-winning wellness programs, and national recognitions for the treatment of cardiovascular disease. The RWJ Barnabas Health Heart Failure and Transplant Program is the third largest program of its kind in the nation, and since 2009, NBIMC

has been designated by U.S. News and World Report as one of the best cardiology and heart surgery regional hospitals in the New York/New Jersey area.

- Cancer, the second leading cause of death in the United States, is also a leading cause of death in Essex County and the NBIMC service area. Cancer incidence can be reduced and deaths can be prevented by following recommended screening protocols and prevention, early detection, and treatment, all of which are available through the Frederick B. Cohen Comprehensive Cancer Center at NBIMC. The Center also treats adults with sickle cell disease and the Valarie Fund Treatment Center for Blood Disorders & Cancer provides comprehensive care to pediatric patients with sickle cell disease.
- Violence is a leading cause of death for African-American and Latino males aged 15-24, particularly in the hospital service area. Psychosocial support for PTSD, depression, as well as grief counseling is available through NBIMC's Behavioral Health Department. NBIMC's wellness programs also support the reduction of violence in the community.
- Diabetes is a risk factor for both cardiovascular disease and cancer. The Diabetic Prevention Program and the Community Health and Wellness department nutritional classes can help NBIMC patients manage diabetes.
- The incidence and mortality rate for asthma and other pulmonary disorders are higher among low and middle income families in the NBIMC service area. Education and advocacy regarding elimination and reduction of environmental triggers is offered through the KidsFit program at NBIMC and through other health education resources offered by Barnabas Health.
- Limited access and availability of dental services, lack of awareness of need for care, cost, and fear of dental procedures are factors that contribute to higher rates of oral disease in the hospital service area. NBIMC is well equipped to address these needs, as it hosts New Jersey's largest hospital-based dental program.
- Infant mortality in the United States ranks well behind most industrialized nations and disproportionately impacts disadvantaged populations.

The CHNA uses detailed secondary public health data at state, county, and community levels, from various sources including *Healthy People 2020* and the County Health Rankings, hospital discharge data, Census Bureau, and CDC, 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 NBIMC needs assessment was undertaken and developed for the purpose of enhancing the health and quality of life throughout the community. To this end, a broad array of information both internal and external was used to understand recent health indicators and the opportunities to provide a positive impact on health and wellness. Other significant needs determined in this CHNA include:

- Primary Care Physician Shortages

- Mental Health and Substance Abuse
- Access to Care
- Sexually Transmitted Diseases
- Lead Poisoning
- Teen Pregnancy
- Socioeconomic Status
- Limited English Proficiency
- Readmission Rates
- Tobacco Use

2. METHODOLOGY/SERVICE AREA

METHODOLOGY

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

Secondary Data Sources

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

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

Health Profile

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

Color Indicator Tables

Throughout the Health Profile Section, the color indicator tables compare county level data to *Healthy People 2020* targets, Community Health Rankings benchmarks, and New Jersey State data. Data by race/ethnicity is compared to data for all races in the county, unless otherwise indicated. 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.

Qualitative Data Sources

Newark Beth Israel Community Health Needs Survey

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

Public Health Survey

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

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

The survey identified six priority health needs for Newark including: heart disease, cancer, assaults/violence, diabetes, asthma/respiratory, and dental conditions. The top six health needs identified for Irvington are: access to health care, STDs control, heart disease prevention, communicable disease prevention, diabetes control and prevention, and lead poisoning prevention. See Appendix E for detailed survey responses.

Public Health Symposium

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

NBIMC representatives continue to collaborate with local public health departments, other providers and community organizations to improve the health and welfare of our communities. NBIMC also works with Essex County Health Department to plan and implement a local needs assessment/health status approximately every five years. These community touch points provide the hospital with valuable external insights regarding community need and are actively considered by the facility.

Assets and Gaps

Section 5, Assets and Gaps, summarizes the preceding components of the CHNA. Assets highlight county or NBIMC service area information indicating improvement over time, in comparison to other counties and the State, or in comparison to other races or genders. Gaps focus on disparities in Essex County or the NBIMC 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 F, which details health and social service resources available to residents in the Medical Center's primary and secondary service areas. Providers' names, addresses, and phone numbers and type of services provided are contained in the inventory.

SERVICE AREA

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

ZIP Code	ZIP Name
07112	NEWARK
07111	IRVINGTON
07108	NEWARK
07103	NEWARK
07106	NEWARK
07017	EAST ORANGE
07018	EAST ORANGE
07114	NEWARK
07205	HILLSIDE
07102	NEWARK

NBIMC SERVICE AREA MAP

The service area is determined by taking into consideration three factors: patient origin, market share, and geographic continuity/proximity. Zips representing approximately 50% of the NBIMC patient origin form the initial PSA. Added to this list is any zip code in which the Hospital has a high market share presence, any zip code with low market share is deleted from the PSA definition and becomes part of the secondary service area (SSA). Geographic proximity to create a contiguous area completes the service area determination. For purposes of this CHNA, Essex County statistics were deemed to be most relevant for review.

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

3. COMMUNITY HEALTH NEEDS SURVEY

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

Chronic diseases (cancer, diabetes, heart disease) and their contributing factors (obesity, high blood pressure, lack of exercise, and the ability to access primary care providers) emerge as key health concerns.

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

Additional findings and suggestions include:

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

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

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

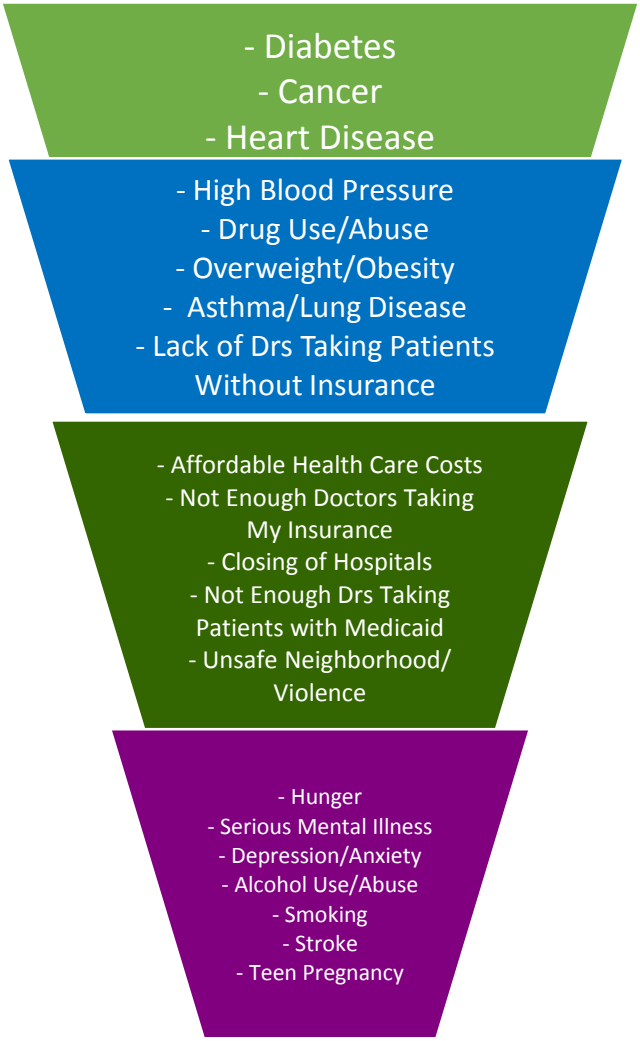
- Specific emphasis on addressing the availability and access to mental health providers, including substance abuse, would also be beneficial. In summary, the survey suggests that programs focus on offering wellness initiatives, programs and services addressing the availability, accessibility and affordability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

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

Key Community Health Issues/Concerns Volunteered

- When residents were asked to volunteer the top 3 health issues in their community, diabetes, cancer, and heart disease top the list.
- Mentioned less frequently were the contributing factors such as high blood pressure, drug use, obesity, etc.
- Also mentioned to a lesser degree was the lack of doctors taking insurance and cost-related factors.

Specific health issues/concerns were similar across racial/ethnic groups.



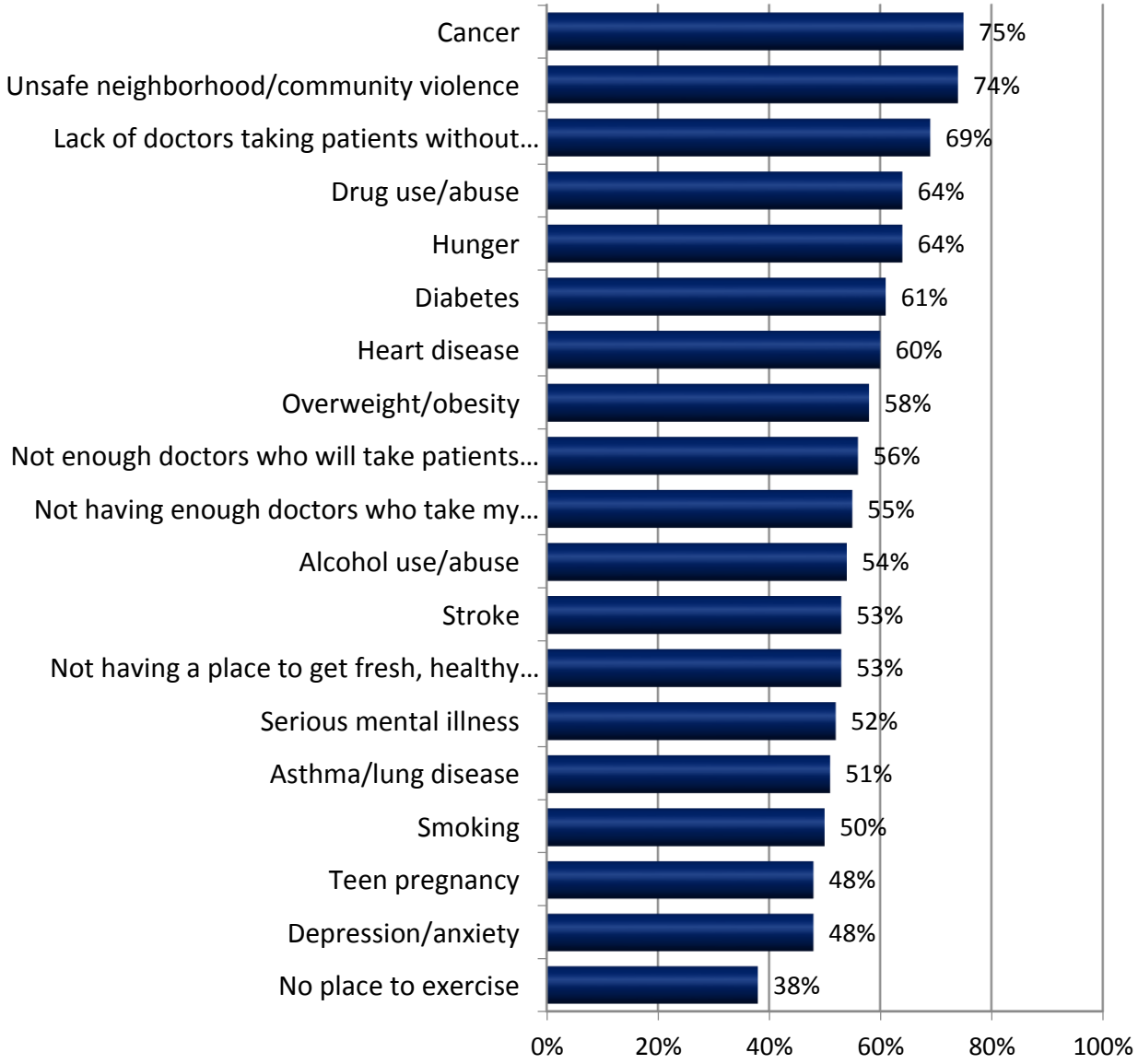
(n=201)
Q.1a

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

Community Health-Related Issues of Concern
(Extremely Concerned)

- When asked directly to rate specific issues of concern, areas such as community violence, lack of doctors, drug abuse, hunger, obesity emerge as major concerns to residents, in addition to the top-of-mind chronic diseases mentioned.

Community Health Needs: Specific Issues of Concern
n=201

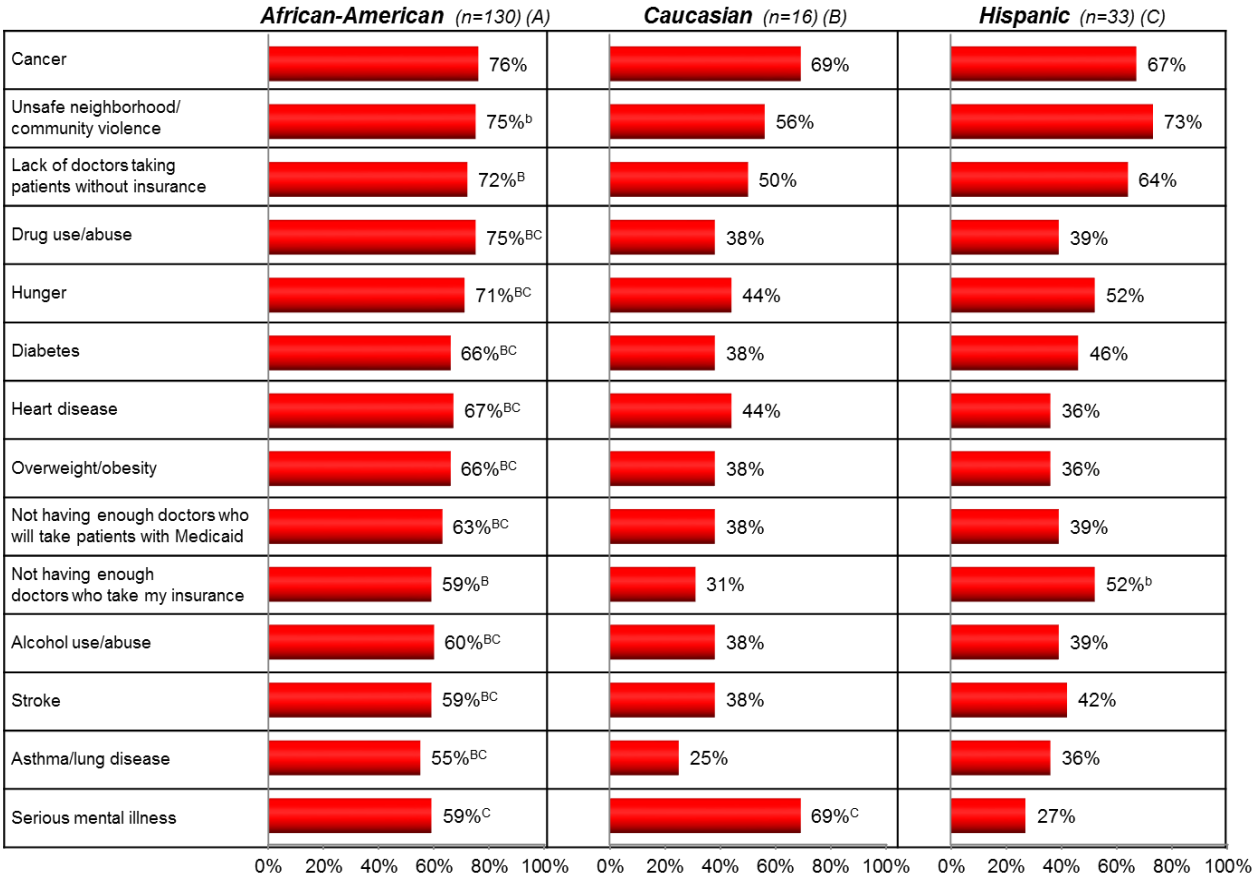


Q.1b

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

Community Health-Related Issues of Concern – by Ethnicity
(Extremely Concerned)

- The African American community expresses the highest degree of concern in almost all areas, particularly those related to cancer, unsafe neighborhood/community violence, and drug use/abuse.
- Caucasians report a high concern about serious mental illnesses (69%).
- Hispanics express the highest degree of concern about unsafe neighborhood and community violence (73%).

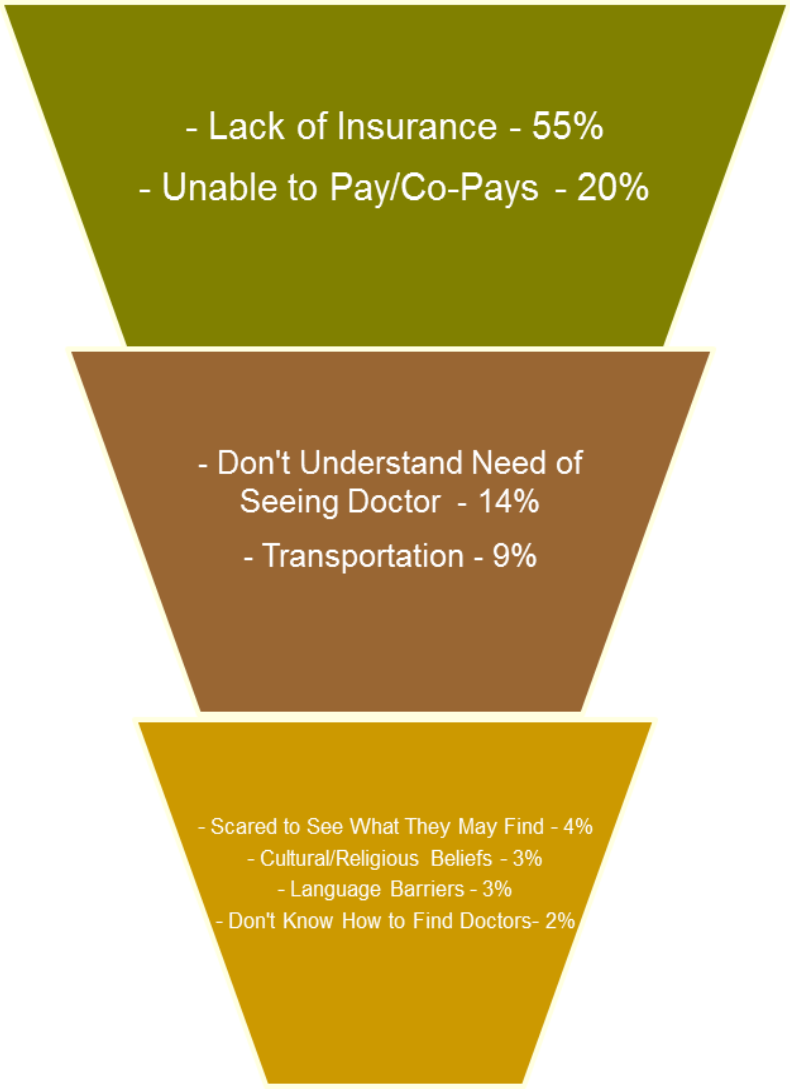


Q.1b (A/B/C) = Significantly greater than indicated cell at the 90% confidence level.
(a/b/c) = Directionally greater than indicated cell at the 80% confidence level.

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

Community Health Needs: Barriers to Seeking Medical Care

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

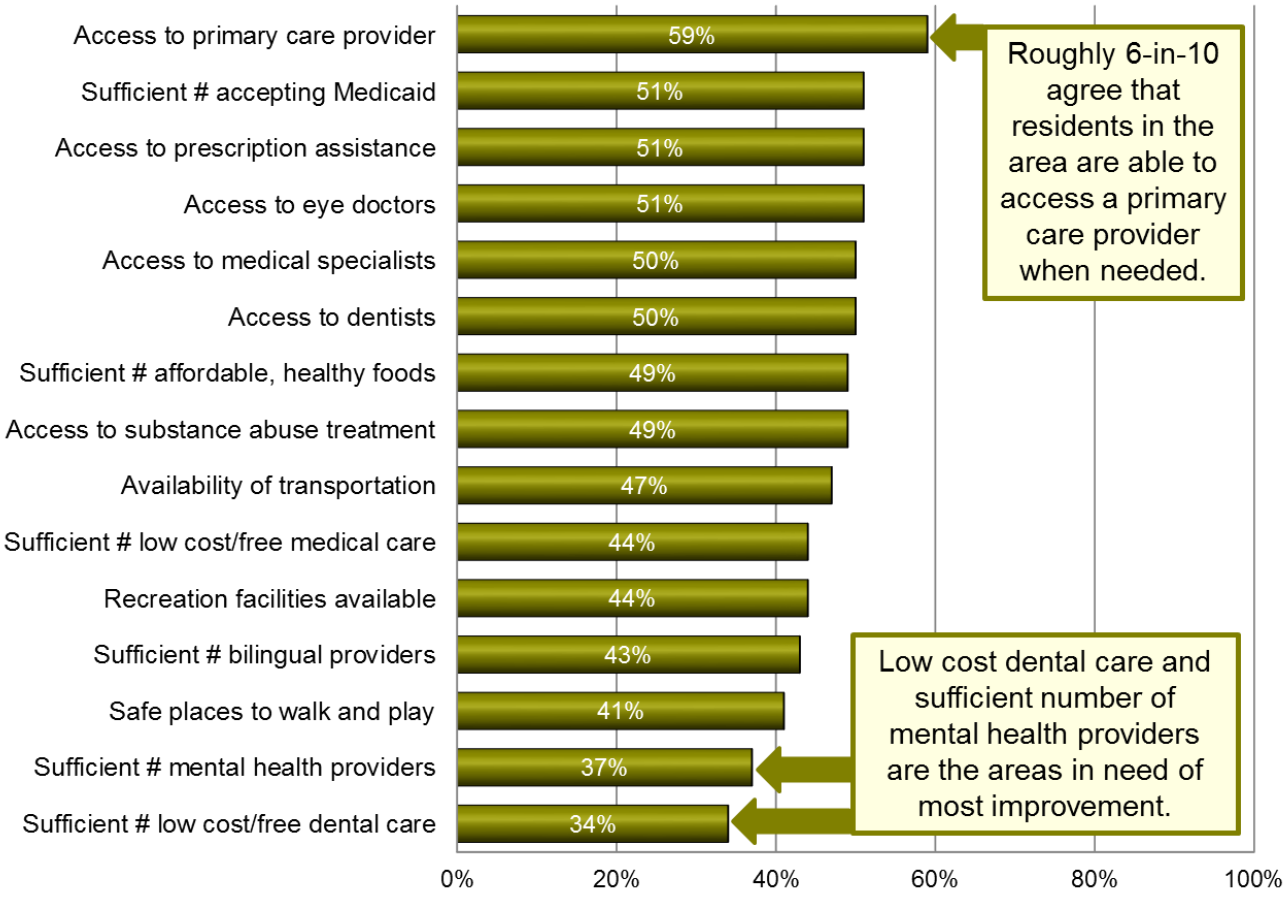


(n=201)
Q.2

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

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

- Residents are somewhat divided with regard to the accessibility of various health care services; roughly half feel adequate services are provided and half feel access to health care services is lacking.



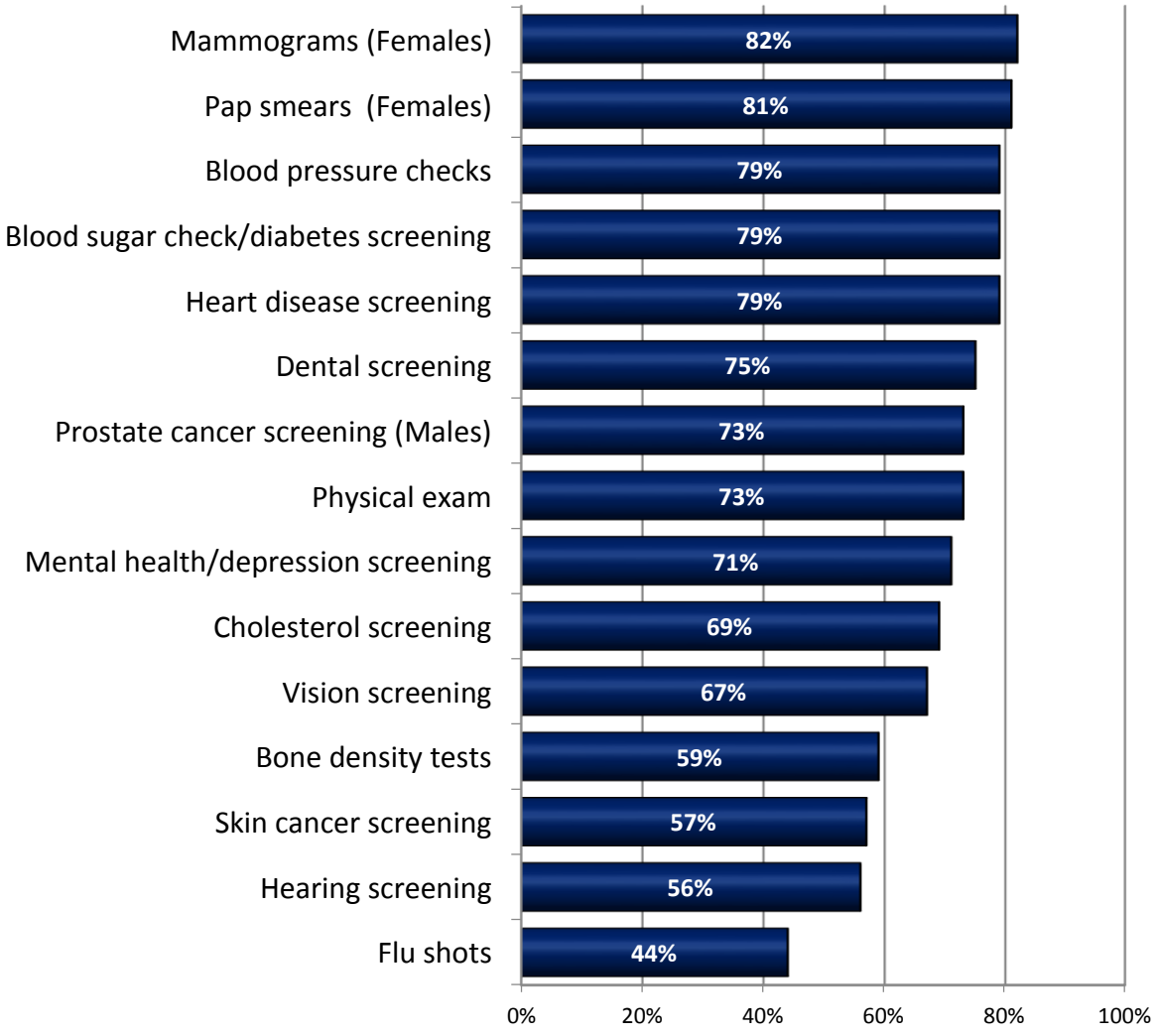
(n=201)
Q.4

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

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

- The large majority of residents say it is "extremely important" to have free/low cost preventative services available in their community.
- The need for free or low cost screenings for preventative health services is extremely important to all residents, with the greatest importance expressed by females, African American and lower income groups.

Importance of Free/Low Cost Preventative Health Services

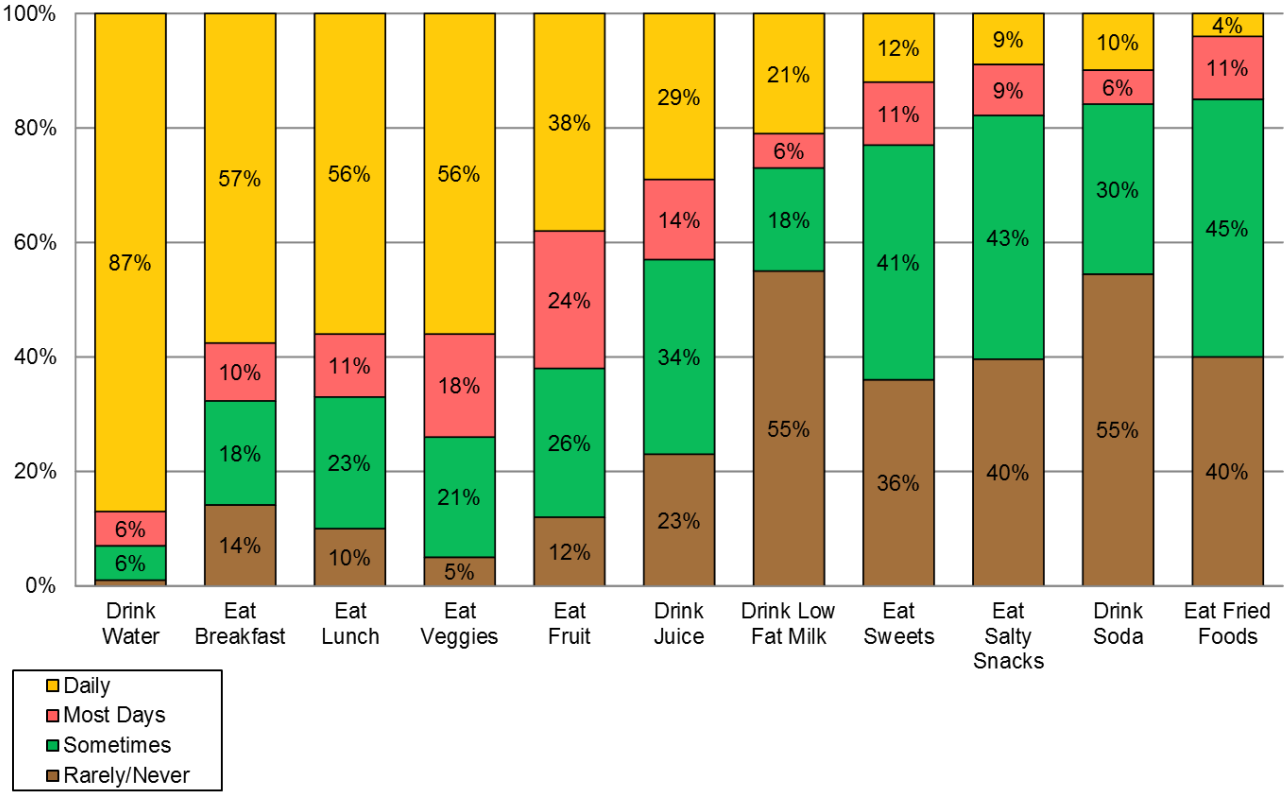


(n=201)
Q.3

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

Personal Lifestyles: Frequency of Performing Health-Related Activities:

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

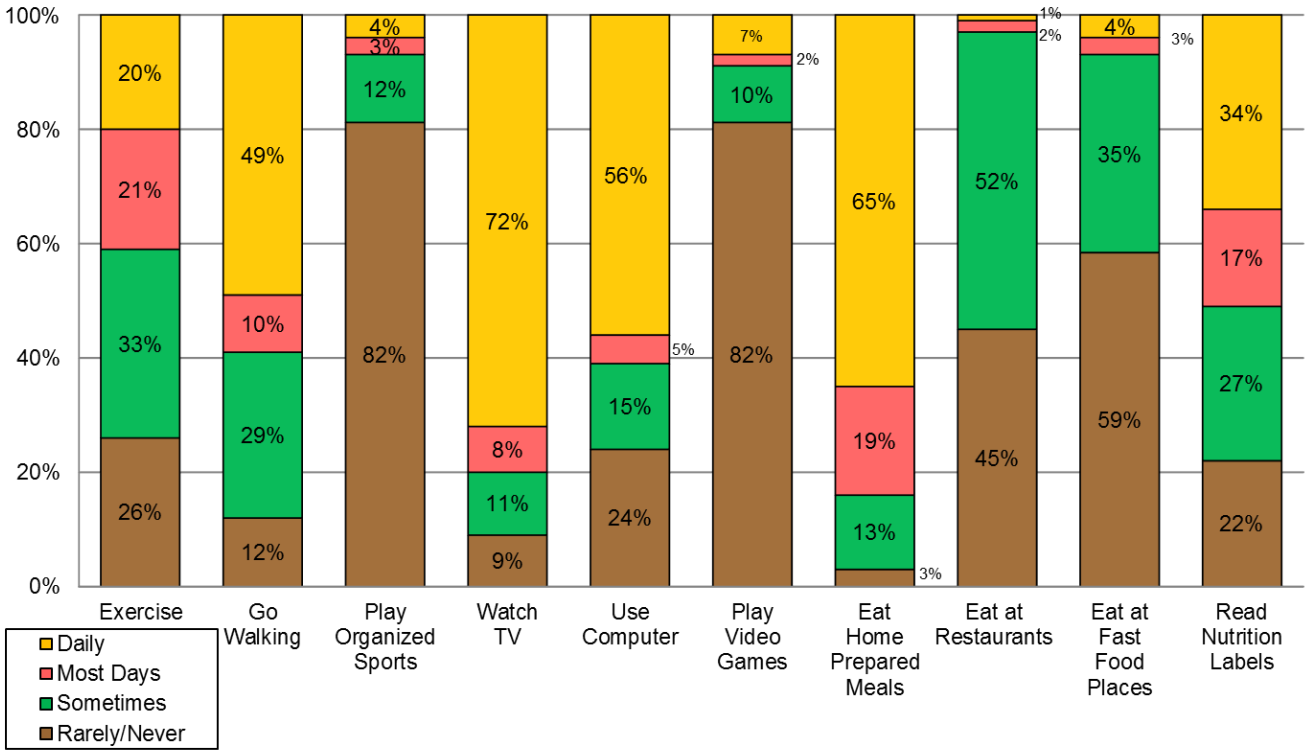


(n=201)
Q.6

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

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

- While only 4 of 10 residents say they exercise frequently, almost 6 of 10 say they go walking. While some residents appear quite active, others are leading a somewhat sedentary lifestyle, watching TV and using the computer on an almost daily basis. About one-fourth of residents say they rarely or never exercise.
- On the positive side, most residents are eating home prepared meals and about half claim to be reading nutrition labels. While eating out at restaurants is an occasional activity for most, quite a few do report at least sometimes eating at fast food places.



(n=201)
Q.6

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

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

- African Americans are less likely than other ethnic groups to eat lunch and to eat fruit.
- Females are more likely than males to eat fruits and vegetables, while males indicate higher consumption of juices and low fat milk. Males are also more likely to eat fried food and to frequent fast food places.
- Younger residents are more likely than older counterparts to eat lunch, go walking, use the computer, play organized sports, and eat fast foods, while older residents are more apt to eat breakfast.

	Total	Ethnicity			Gender		Age	
		African Am. (A)	Caucasian (B)	Hispanic (C)	Male (D)	Female (E)	25-49 (F)	50-74 (G)
Eat breakfast	67	63	63	76[a]	73	65	61	72[F]
Eat lunch	67	61	81[A]	85[A]	63	69	75[G]	62
Eat veggies	74	74	63	64	60	79[D]	72	74
Eat fruit	62	55	81[A]	73[A]	55	62[d]	59	64
Drink juice	43	47[C]	44	30	55[E]	38	40	46
Drink low fat milk	27	24	38	33	33[e]	24	22	30
Eat fried foods	15	17	13	15	23[E]	12	20	13
Go walking	59	59	44	58	60	57	67[G]	53
Use computer	61	59	75[a]	70	65	59	74[G]	53
Play organized sports	7	6[B]	-	9[B]	13[E]	3	12[G]	2
Eat at fast food places	7	5[B]	-	12[B]	12[E]	4	11[G]	3

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

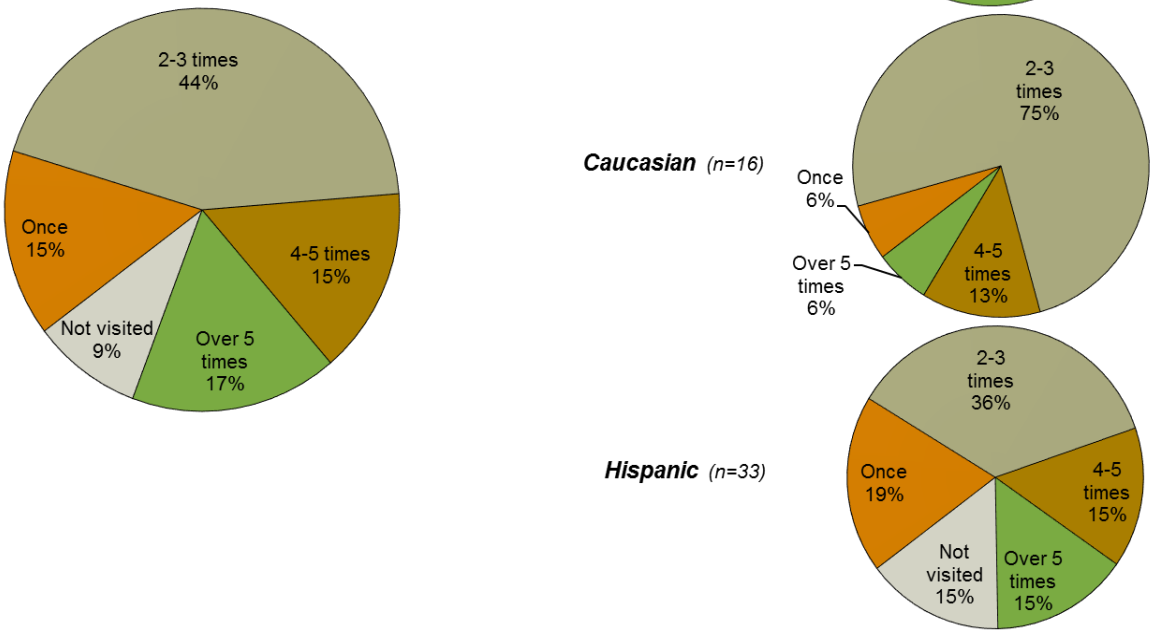
(A/B/C)(D/E)(F/G) = Significantly greater than those indicating most/every day usage at the 90% confidence level.
(a/b/c)(d/e)(f/g) = Directionally greater those indicating most/every day usage the 80% confidence level.

Q.6

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

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

- The very large majority (91%) of residents claim they have visited a primary care physician at least once for a physical within the last 2 years.
    - Little difference exists by ethnicity.

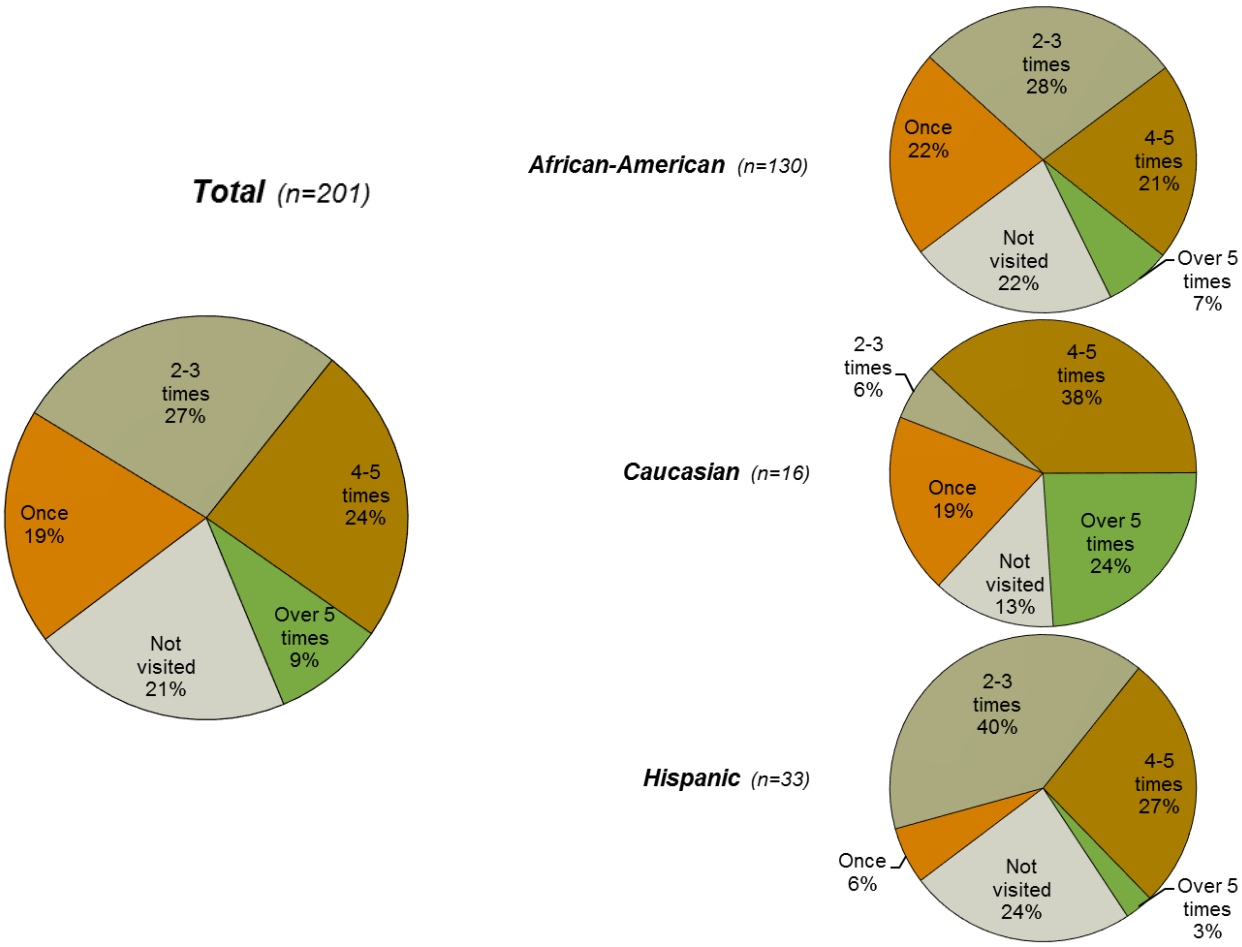


Q.7

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

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

- The large majority (79%) of residents claim they have visited a dentist at least once within the past 2 years.
    - Caucasians tend to be more frequent visitors to dentists.

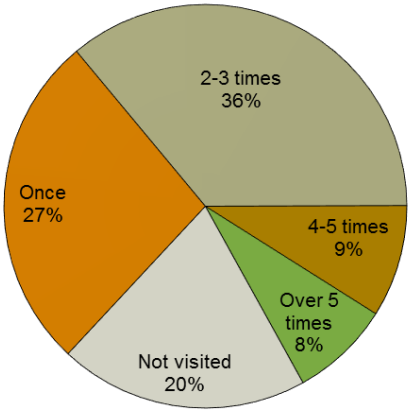


Q.7

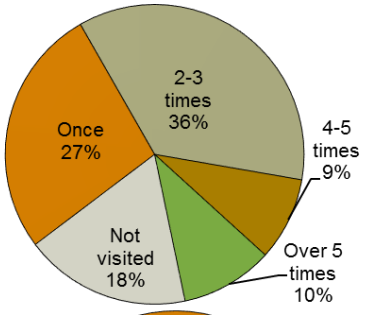
(Adapted: Bruno and Ridgway Community Health Assessment, January 2016)

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

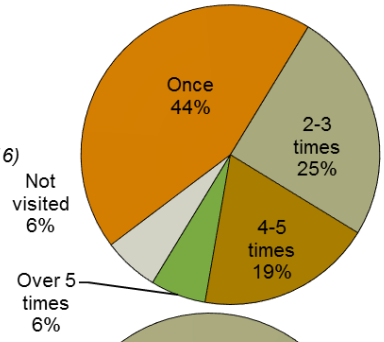
- The large majority (80%) of residents claim they have visited an eye care professional at least once in the past 2 years.
    - Caucasians visit eye doctors most often, and Hispanics least often.



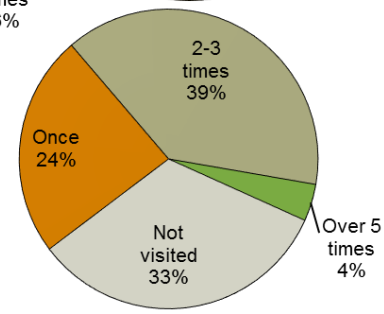
Total *(n=201)*



African-American *(n=130)*



Caucasian *(n=16)*



Hispanic *(n=33)*

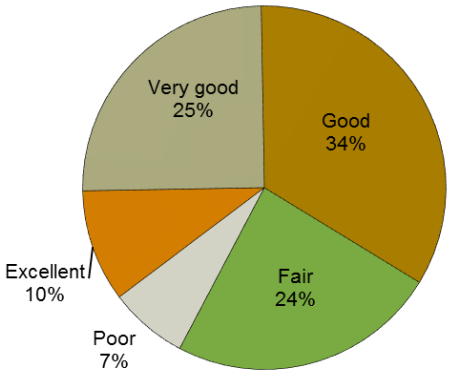
Q.7

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

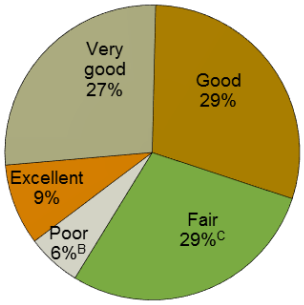
Personal Lifestyles: Self-Rating of Overall Health

- When asked to describe their overall health, residents split into thirds, with approximately 35% describing their overall health as being *excellent or very good*, 34% describing it as *good*, and about 31% who feel their overall health is *fair or poor*.

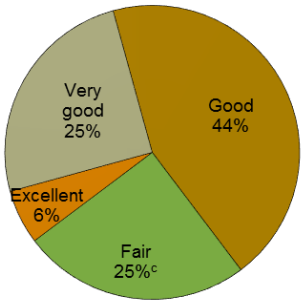
Total *(n=201)*



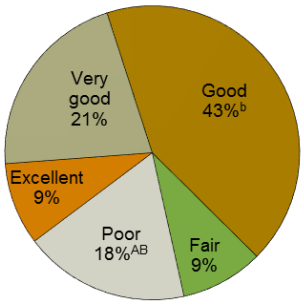
African-American *(n=130) (A)*



Caucasian *(n=16) (B)*



Hispanic *(n=33) (C)*



Q.8

(A/B/C) = Significantly greater than indicated cell at the 90% confidence level.
(a/b/c) = Directionally greater than indicated cell at the 80% confidence level.

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

Personal Lifestyles: Medical Conditions Diagnosed/How Treated

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

- 66% of residents are diagnosed with at least 1 of 6 specific medical conditions.

	High Blood Pressure	High Cholesterol	Heart Condition	Weight Problem
Diagnosed	**41%**	**29%**	**14%**	**35%**
African American (A)	52[BC]	26	17[C]	37
Caucasian (B)	25	25	13	38
Hispanic (C)	21	39[a]	9	33
Base: Suffer Condition	(82)	(59)	(29)	(71)
	↓	↓	↓	↓
Managing Condition	88%	85%	79%	72%
Regular visits to PCP	79	70	72	37
Regular exercise	71	70	69	58
Regular cardiologist	34	27	69	18
Take medication	83	58	59	6
Weight loss support	21	29	24	23
Nutrition counseling	23	27	17	20
What Would Make it Easier to Manage:				
Someone to answer questions over phone	59	49	59	54
Transportation	44	48	48	35
Supervised exercise program	42	41	45	51
Nutrition classes	40	49	39	48
Less confusion with medications	40	41	35	18
Home health nurse	29	37	35	24
Cooking classes	31	32	10	30

4 of 10 diagnosed with high blood pressure; significantly higher among African Americans.

3 of 10 diagnosed with high cholesterol, directionally higher among Hispanic population.

Only 14% of those interviewed say they have a heart condition.

One third diagnosed with a weight problem, about equal across ethnic groups but most common among older, females.

Most manage their condition via medication, regular PCP visits and regular exercise.

Most manage condition via regular exercise.

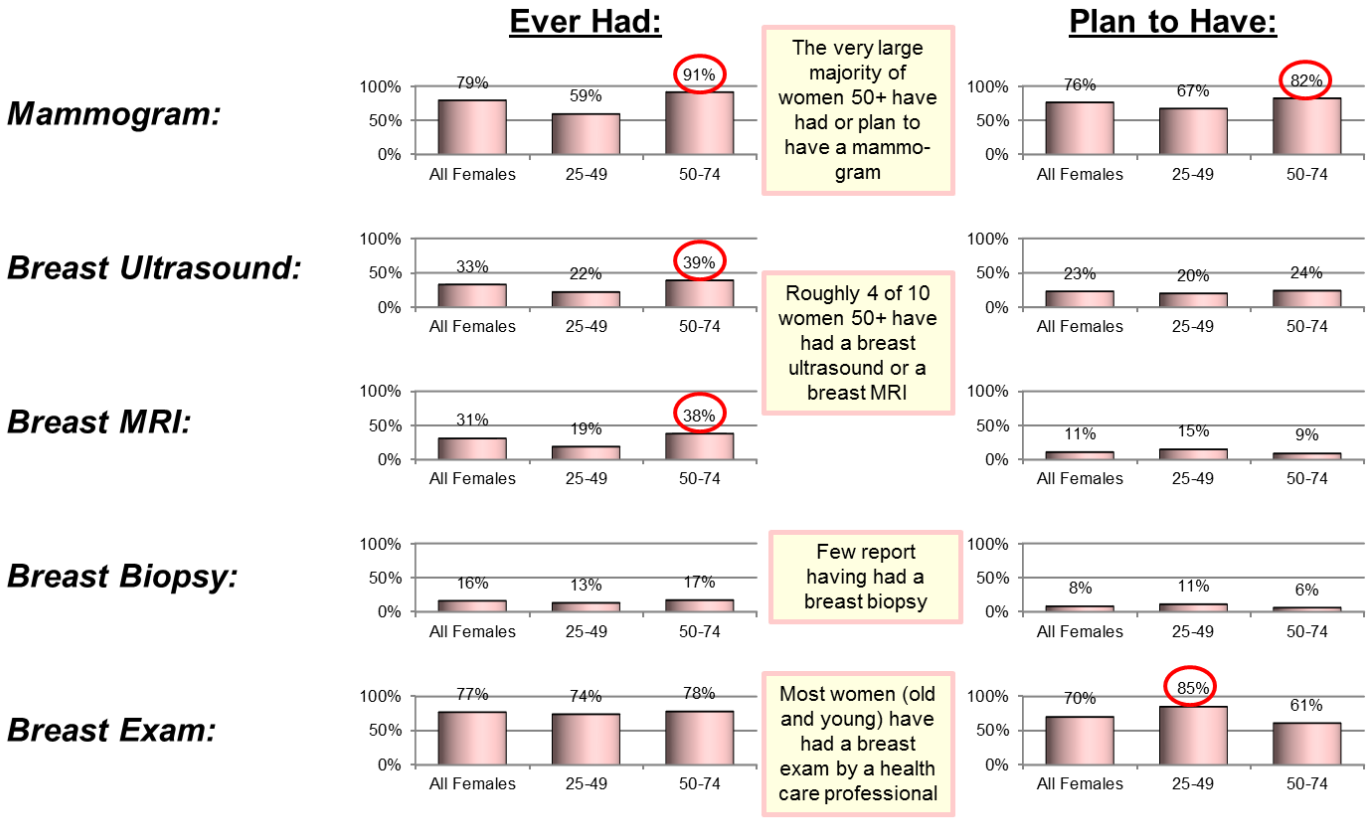
Sufferers of conditions agree that having someone available to answer questions via the phone would make it easier to mange their condition.

(A/B/C) = Significantly greater than indicated group at the 90% confidence level.
(a/b/c) = Directionally greater than indicated group at the 80% confidence level.

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

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

Personal Lifestyles: Breast Services/Tests



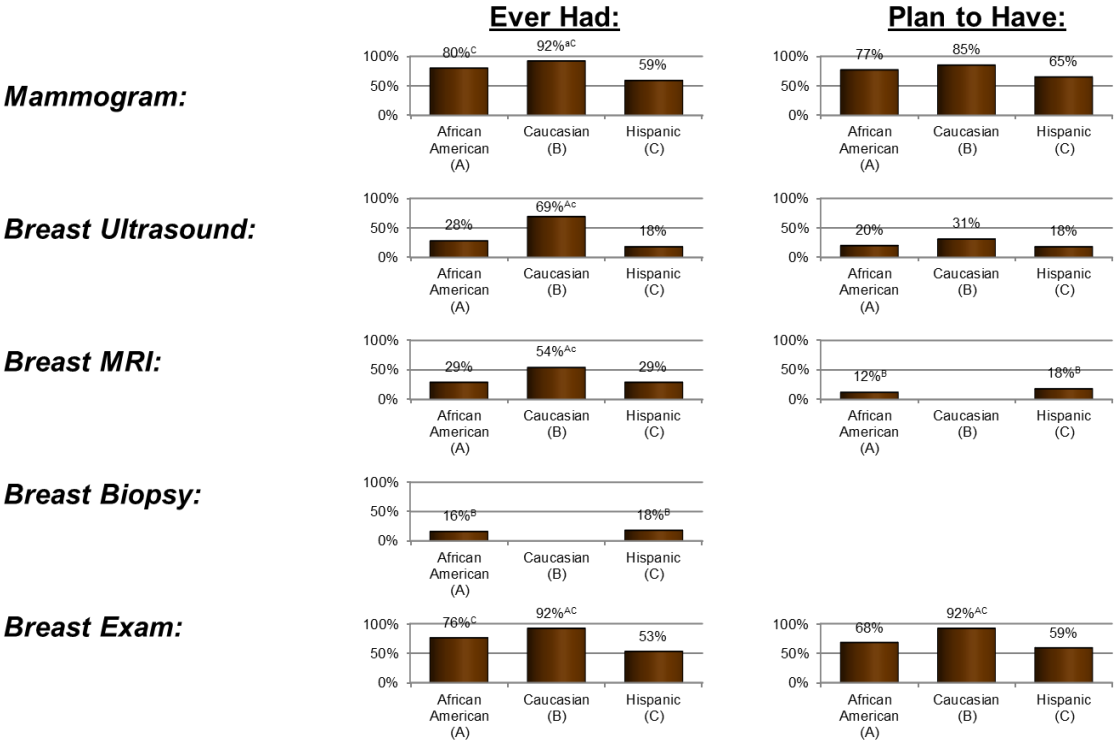
Females (n=141)
Q.11,12

○ = Significantly higher versus opposite age group at the 90% confidence level.

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

Personal Lifestyles: Breast Services/Tests – by Ethnicity

- Caucasians report the highest level of having had breast services performed, including mammograms, ultrasounds, MRIs and breast exams. They report lower level of breast biopsies.



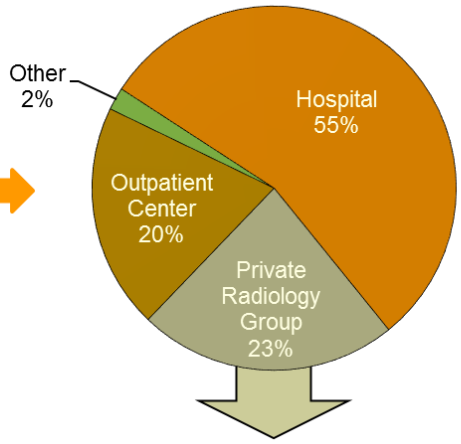
Females (n=141)
Q.11,12

(A/B/C) = Significantly greater than indicated cell at the 90% confidence level.
(a/b/c) = Directionally greater than indicated cell at the 80% confidence level.

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

Personal Lifestyles: Location of Last Mammogram

Most women go to a hospital radiology department to have their mammogram performed, while fewer are done in private radiology groups or outpatient centers.



Doctor referrals and being close to home are the key drivers for which facility to go to.

Reasons for Choosing Facility:

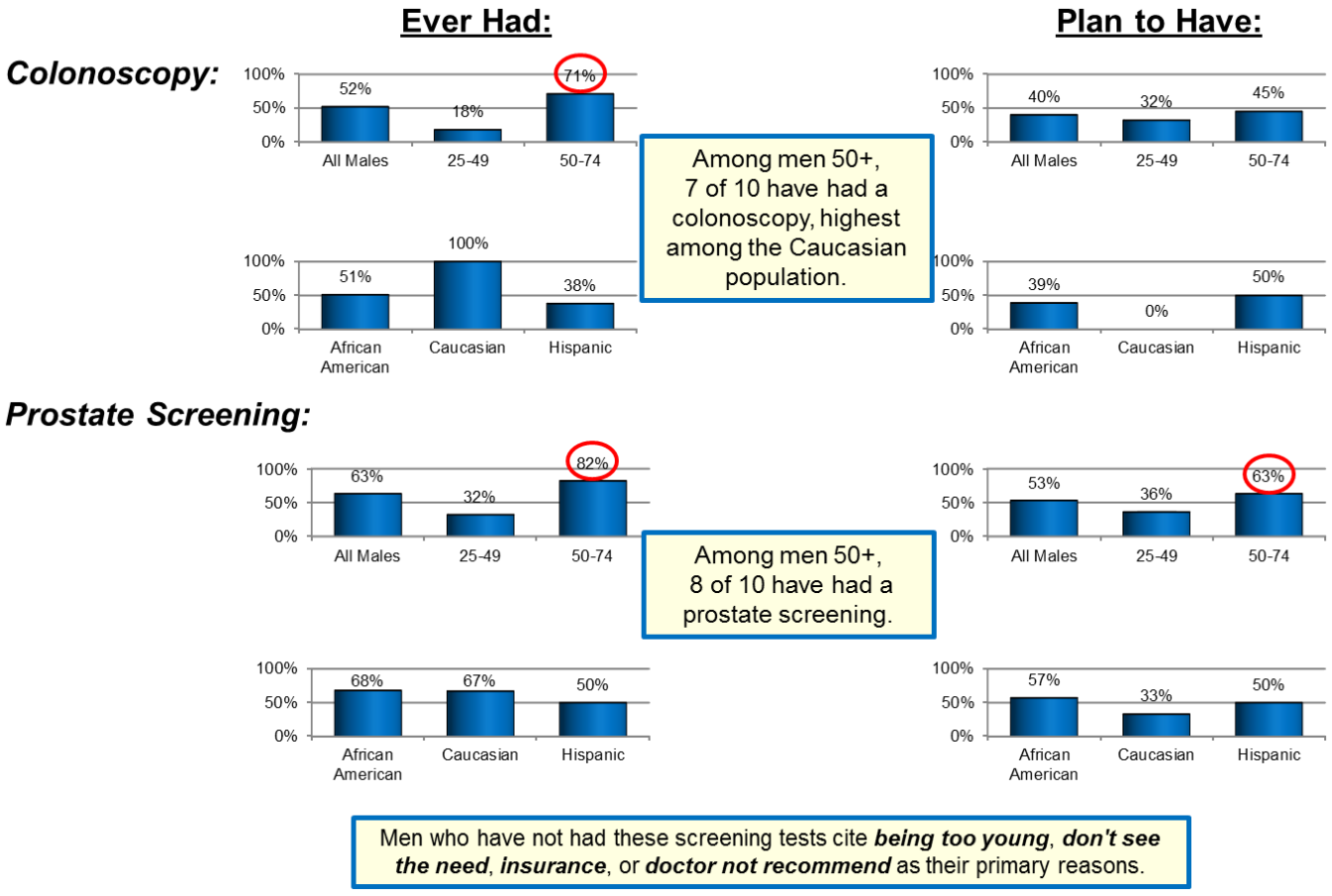
OB/GYN or PCP sent me	47%
Close to home	26%
Always gone there	13%
Takes my insurance	12%
Recommended by friend	5%
Other reason	8%

Women who have never had a mammogram cite ***being too young*** as their primary reason, followed by just ***never had one***, ***cost/insurance*** and ***being scared***.

Females Who Have Had Mammogram (n=111)
Q.13a,13b,14

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

Personal Lifestyles: Incidence of Male Health Screenings



Males (n=60)
Q.15,16,17

O = Significantly higher versus opposite age group at the 90% confidence level.

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

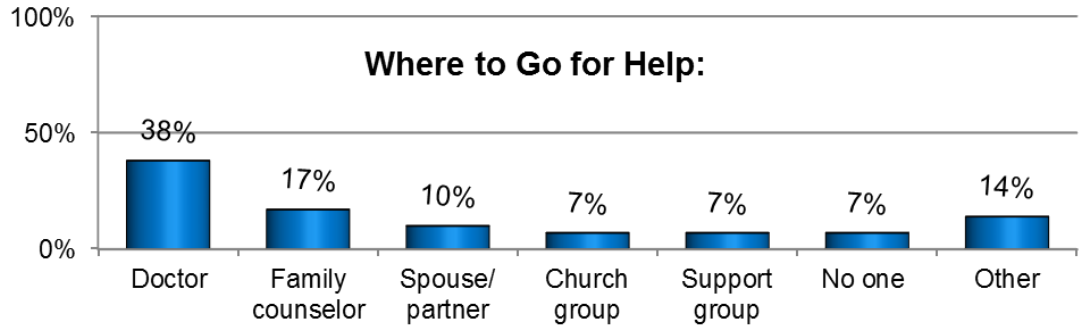
Personal Lifestyles: Treatment for Mental Health/Conditions

- Nearly 15% of area residents have sought treatment for excessive stress, depression and other mental health conditions.

Mental Health
(Excessive Stress/Depression/Anxiety)
14%

About half of those suffering have been treated with medication (52%)

Doctors and family counselors are sought out most often for help when mental health concerns are too hard to handle alone.

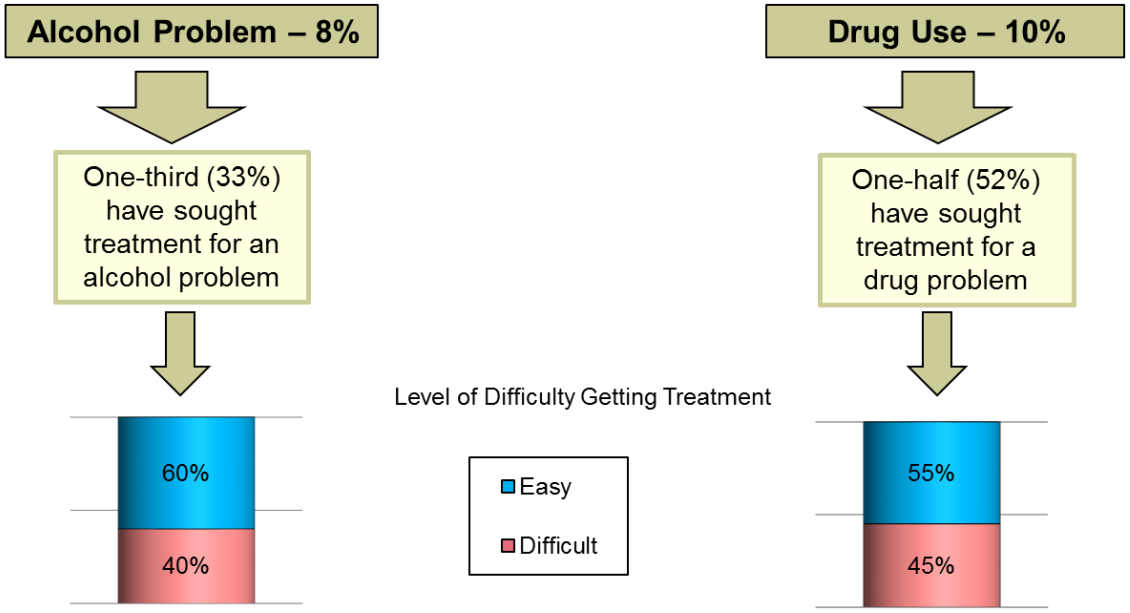


(n=201)
Q.18a-d

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

Personal Lifestyles: Treatment for Alcohol/Drug Use

- 8% - 10% of residents report harmful effects on themselves or a family member from alcohol or drug use.
- While some have not experienced difficulty with the process of getting treatment for these conditions, many do view the process as being difficult.

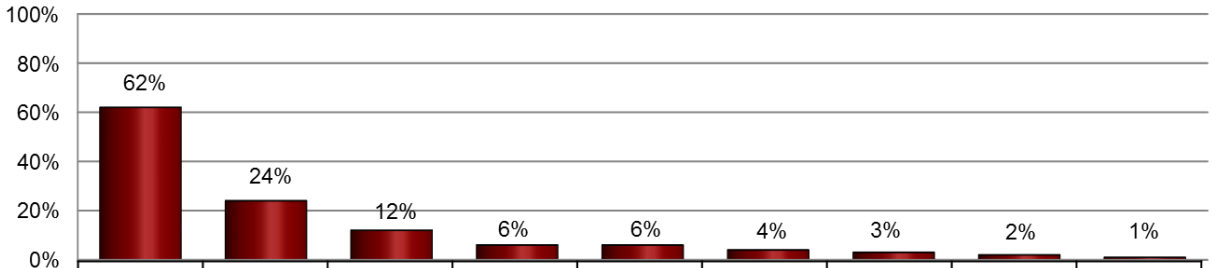


Q.19a-c,20a-c

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

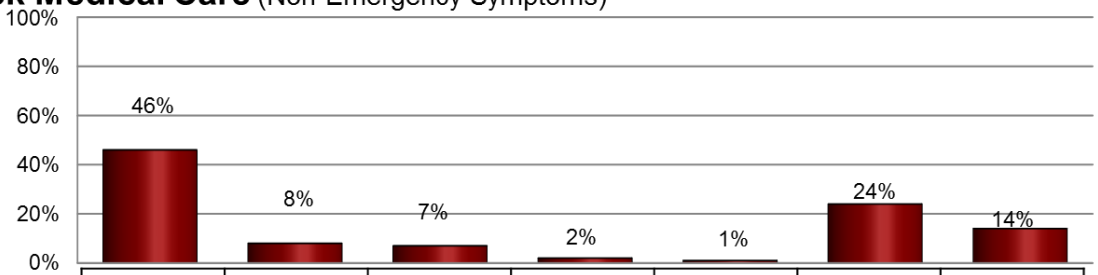
Personal Lifestyles: Primary Sources for Health Information ~ Volunteered

- Doctors and other health care professionals are the key source for obtaining health related information (62%). The internet follows as a distant secondary information source (particularly among the Caucasian population).
- Doctors' offices are the primary location (46%) where residents go to when seeking medical care for non-emergency symptoms, highest among Caucasians.
- Retail stores follow as the next most frequently mentioned go-to-place for non-emergency care, highest among African Americans.



	Doctor/ HCP	Internet	Family/ Friends	TV	Hospital	News/ Magazines	Library	School	Radio
African Am. (A)	61	22[c]	14	5	5	2	2	2	1
Caucasian (B)	75	50[AC]	6	6	-	6	6	-	-
Hispanic (C)	67	12	12	-	12	3	-	-	-

Where Seek Medical Care (Non-Emergency Symptoms)



	Doctor Office	Hospital	Hospital ER	Urgent Care Facility	Free Clinic	Retail Store	Home/Trad. Remedies
African Am. (A)	45	9[B]	8[B]	3[BC]	1	25	[b]13
Caucasian (B)	69[Ac]	-	-	-	6	13	13
Hispanic (C)	49	6[b]	9[B]	-	-	18	21

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

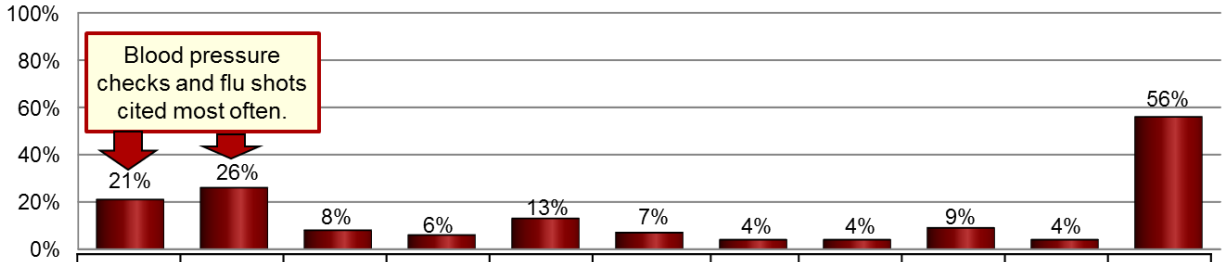
(a/b/c) = Directionally greater than indicated group at the 80% confidence level.

(n=201)
Q.21,22a

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

Personal Lifestyles: Ever Used Retail Store for Health Activities

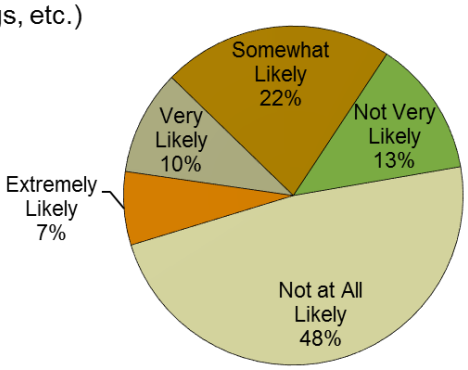
- In all, 44% of residents say they have ever used a retail store for specific types of screenings or health-related activities (mostly for flu shot or Blood Pressure Check).
  - Used more often by African American and Hispanic groups versus Caucasians.



	Flu Shot	BP Check	Glucose/ Sugar Check	Rash Looked at	Minor Injury	Vaccination (other than flu)	Physical	Ear Infection	Sinus Infection	Strep Test	None
African Am. (A)	19	25[b]	5	3	12	7	3[B]	1	8	4[B]	56
Caucasian (B)	19	13	6	13	6	6	-	-	13	-	81[AC]
Hispanic (C)	30[a]	27[b]	12	9	18[b]	6	6[b]	15[AB]	9	6[b]	49

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

Only a minority of all residents anticipate being *extremely or very likely* to use a retail store for health screenings in the future – almost one-half say they are not at all likely.



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

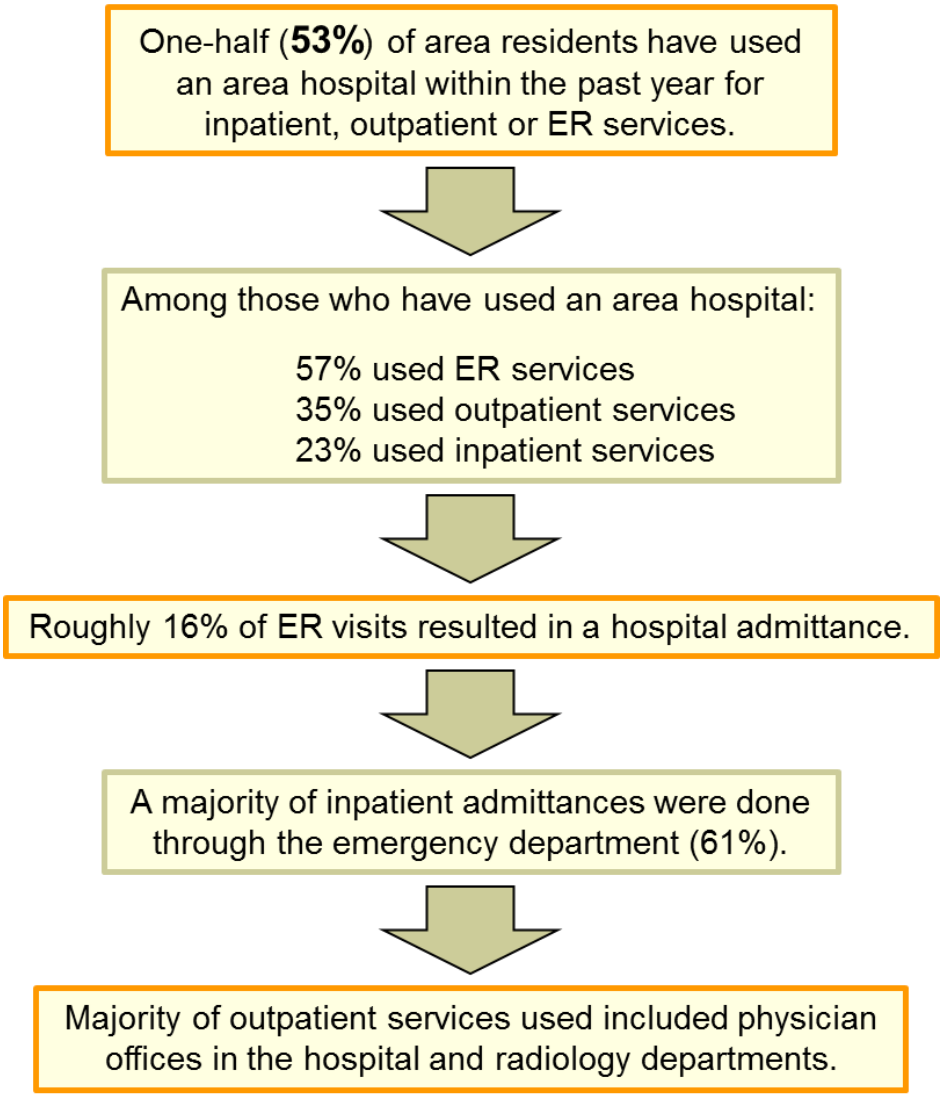
(a/b/c) = Directionally greater than indicated group at the 80% confidence level.

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

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

Area Hospital Usage

- Area residents have used an area hospital mostly for ER services.



Q.23a,23c,23d,23e,24f

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

Demographics

	Total
Length of Time in Area:	%
Less than 2 years	4
2-5 years	10
6-10 years	17
11-20 years	30
Over 20 years	38
Health Insurance:	
Medicare	26
Medicaid	24
Private	43
No health insurance	10
No answer	6
Employment:	
Full-time	43
Part-time	10
Retired	21
Disabled	13
Unemployed	10
Student	2
Homemaker	2
No answer	3
Income (mean):	$50.7K
Gender:	
Male	30
Female	70

	Total
	%
Zip Codes:	
E. Orange:	
07017	11
07018	10
Newark:	
07102	2
07103	9
07104	10
07105	9
07106	7
07108	10
07112	9
07114	5
Hillside:	
07205	8
Irvington:	
07111	13

	Total
Age:	%
25-39	20
40-49	18
50-59	32
60-74	30
Mean age	52
Race:	
Black/African American	65
Latino/Hispanic	16
White/Caucasian	8
Other	5
No answer	8
Marital Status:	
Single	41
Married	34
Sep/Div/Wid	19
Domestic partner	4
No answer	3
Education:	
< HS graduate	13
High school graduate	24
Some college	28
College graduate	24
Post graduate	8
No answer	3

n=201

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

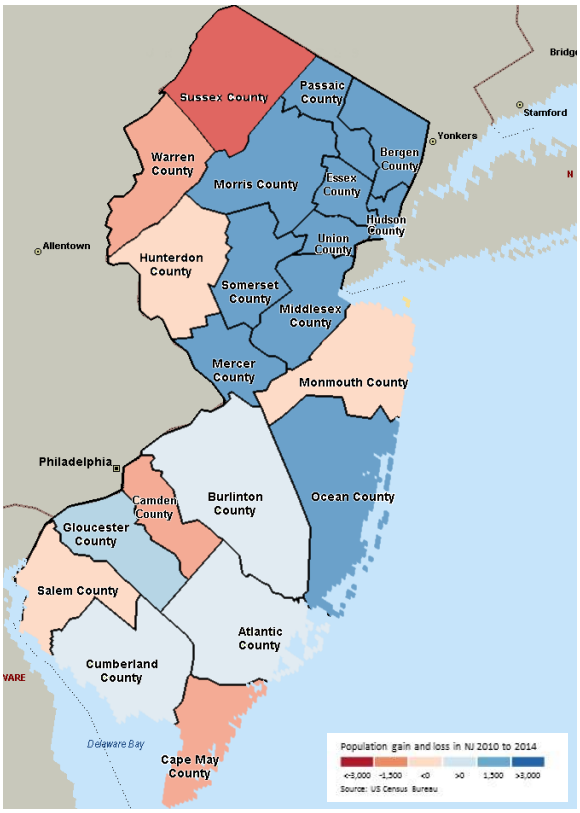
4. ESSEX COUNTY/SERVICE AREA HEALTH PROFILE

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

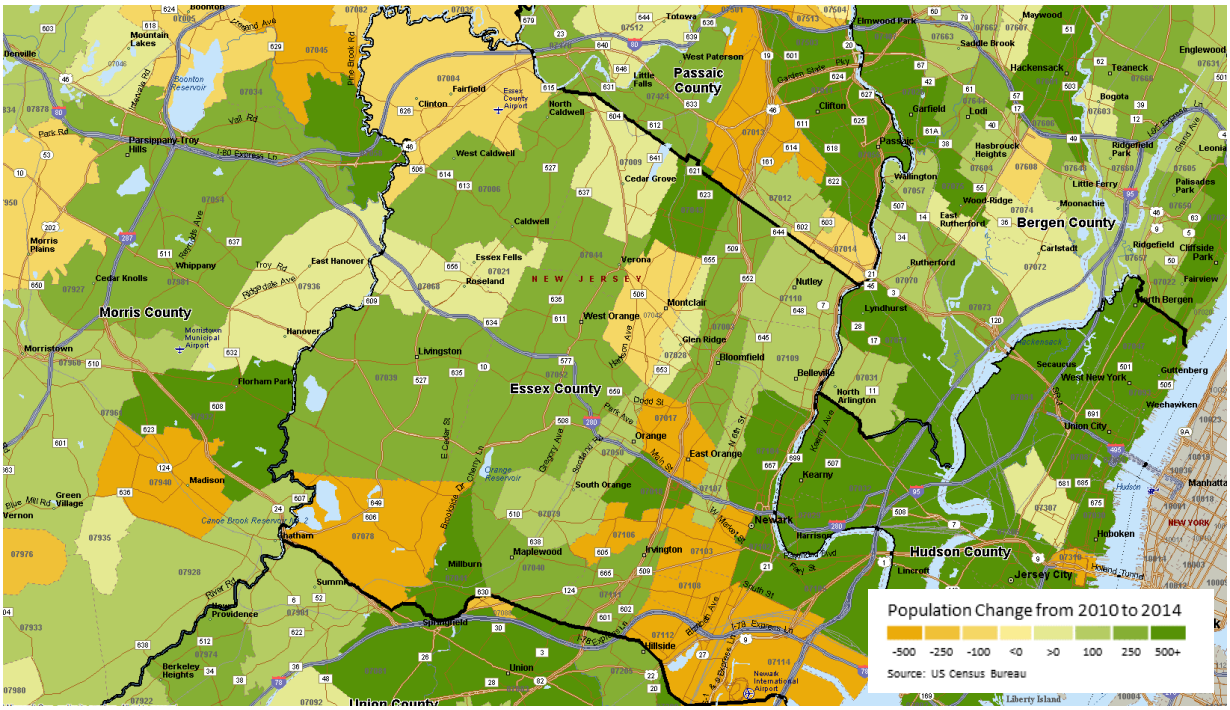
A. ESSEX COUNTY OVERVIEW

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

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.



Population Change in New Jersey



Population Change in Essex County

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 2015, Essex County's population increased 1.7%. 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 East Orange population increased by 1.3% and Irvington's population increased by 1.2%[27]. The demographic trends in Essex County are a part of larger changes throughout the state and country; in New Jersey, 387 municipalities grew in population from 2010 to 2014. 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.

[27] http://www.census.gov/quickfacts/table/PST045215/3401340890,3401334450,3419390,3451000,34013

B. HEALTH FACTORS

Factors that determine health status include the social, economic and physical environment, as well as individual characteristics and behaviors.[28] This section examines how different aspects of Socioeconomic Status, Access and Quality, Health Behaviors, Behavioral Health, and the Physical Environment affect health status at state, county, and local (service area) levels.[29]

1. Socioeconomic Status

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

Income, Poverty, and Unemployment

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

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

Essex County

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

- In 2014, the median household income in Essex County was $54,499, more than $17,000 below the state median of $72,062
- Since 2010, the Essex County median household income increased 4.0%, less than the 6.5% increase statewide and more than the decreases experienced in both East Orange and Irvington.[30]
- In 2014, Essex County had a higher percentage of people living below the federal poverty level than statewide, 17.2% and 10.7% respectively. [31]

28 World Health Organization Health Impact Assessment 2001 http://www.who.int/hia/evidence/doh/en/
29 County Health Rankings Health Factors 2014 http://www.countyhealthrankings.org/our-approach/health-factors
30 United States Census Bureau 2014
31 Ibid.

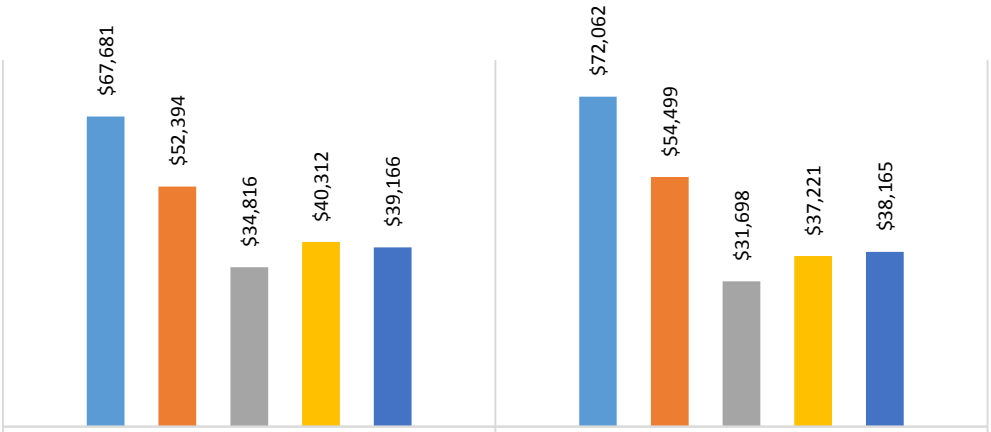
- In 2014, the estimated number of Essex County recipients of cash assistance income (including TANF services) was 11,949.[32] In 2014, the average number of New Jersey monthly recipients of TANF services was 66,125.[33]
- Between 2011 and 2014, unemployment throughout New Jersey declined. In 2014, the Essex County unemployment rate was 9.1%, a decrease from 11.1% in 2010 but higher than the New Jersey unemployment rate of 6.4%.[34]

NBIMC Primary Service Area

- The 2014 median household income of Newark residents ($31,698) was less than half the statewide figure ($72,062).[35]
- In 2014, the percent of families living in poverty within the service area (23.77%) was triple that of the state (8.1%).[36]
    - In 2014, 32.5% of people and 29.1% of families were living in poverty in Newark.
- In 2014, the percentage of families living in poverty in select NBIMC service area zip codes were:[37]
    - Newark (07102): 33%
    - Newark (07103): 34%
    - Newark (07106): 23%
    - Newark (07108): 36%
    - Newark (07112): 31%
    - Newark (07114): 19%
- Newark zip code 07108 had 36% of families living in poverty, more than four times the New Jersey percentage (8.1%).
- In 2014, 18.7% of East Orange families were living in poverty.
- In 2014, the percentage of Irvington families living in poverty was 2.7%, lower than the New Jersey percent of 8.1%.[38] However, the percentage of people living in poverty (22.4%) was higher than the state (10.7%).
- In 2014, the Newark unemployment rate was 13.4%, a decrease from 15.4% in 2010 but higher than the Essex County rate of 9.1% and double the State rate of 6.4%. [39]
- In 2014, the East Orange unemployment rate was 12.9%, a decrease from 13.9% from 2010 but higher than the Essex County unemployment rate of 9.1%. [40]
- In 2014, the Irvington unemployment rate was 14.1%, higher than Newark and East Orange, as well as the Essex County rate of 9.1%. The unemployment rate in Irvington increased from 13.7% in 2010 to 14.1% in 2014.

32 The Annie E. Casey Foundation Kids Count Data Center Children Receiving TANF (Welfare) 2010-2014 http://www.datacenter.kidscount.org/data/tables/2109-children-receiving-tanf-welfare?loc=32&loct=5#detailed/5/4699-4719/false/869,36,868,867,133/any/4422
33 United States Department of Health and Human Services Administration for Children and Families TANF 2014 http://www.acf.hhs.gov/sites/default/files/ofa/2014_children_tan.pdf
34 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
35 United States Census Bureau American Community Survey 2014
36 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
37 Ibid.
38 Ibid.
39 Ibid.
40 HomeFacts East Orange Unemployment Report 2016 http://www.homefacts.com/unemployment/New-Jersey/Essex-County/East-Orange.html

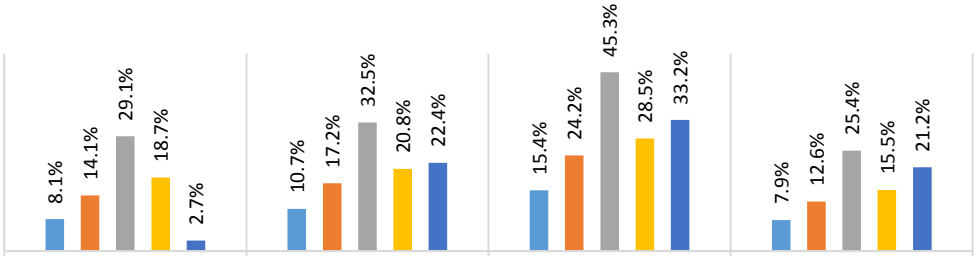
MEDIAN HOUSEHOLD INCOME



	2010	2014
New Jersey	$67,681	$72,062
Essex County	$52,394	$54,499
Newark	$34,816	$31,698
East Orange	$40,312	$37,221
Irvington	$39,166	$38,165

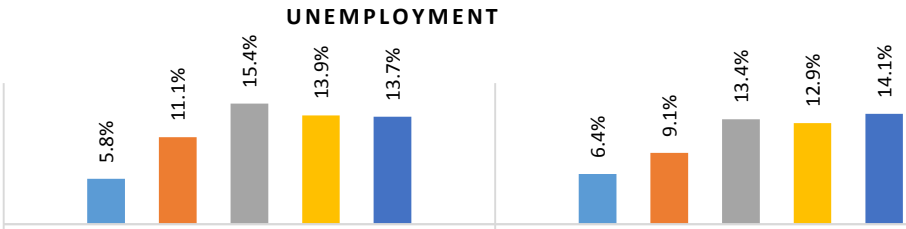
Source: U.S. Census Bureau, American Community Survey

INCOME BELOW FEDERAL POVERTY LEVEL 2014



	Families	People	Children	Seniors
New Jersey	8.1%	10.7%	15.4%	7.9%
Essex County	14.1%	17.2%	24.2%	12.6%
Newark	29.1%	32.5%	45.3%	25.4%
East Orange	18.7%	20.8%	28.5%	15.5%
Irvington	2.7%	22.4%	33.2%	21.2%

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



	2011	2014
New Jersey	5.8%	6.4%
Essex County	11.1%	9.1%
Newark	15.4%	13.4%
East Orange	13.9%	12.9%
Irvington	13.7%	14.1%

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

Education

People with higher levels of educational attainment tend to have lower morbidity rates from acute and chronic diseases, independent of demographic and labor market factors. Life expectancy is increasing in the United States, yet differences have become more pronounced between those with and without a college education. The mechanisms by which education influences health are complex and likely include interrelationships between demographic and family background indicators, effects of poor health in childhood, greater resources associated with higher levels of education, a learned appreciation for the importance of good health behaviors, and one's social networks.[41] The ability to communicate in English is also a key part of educational competence.

Essex County

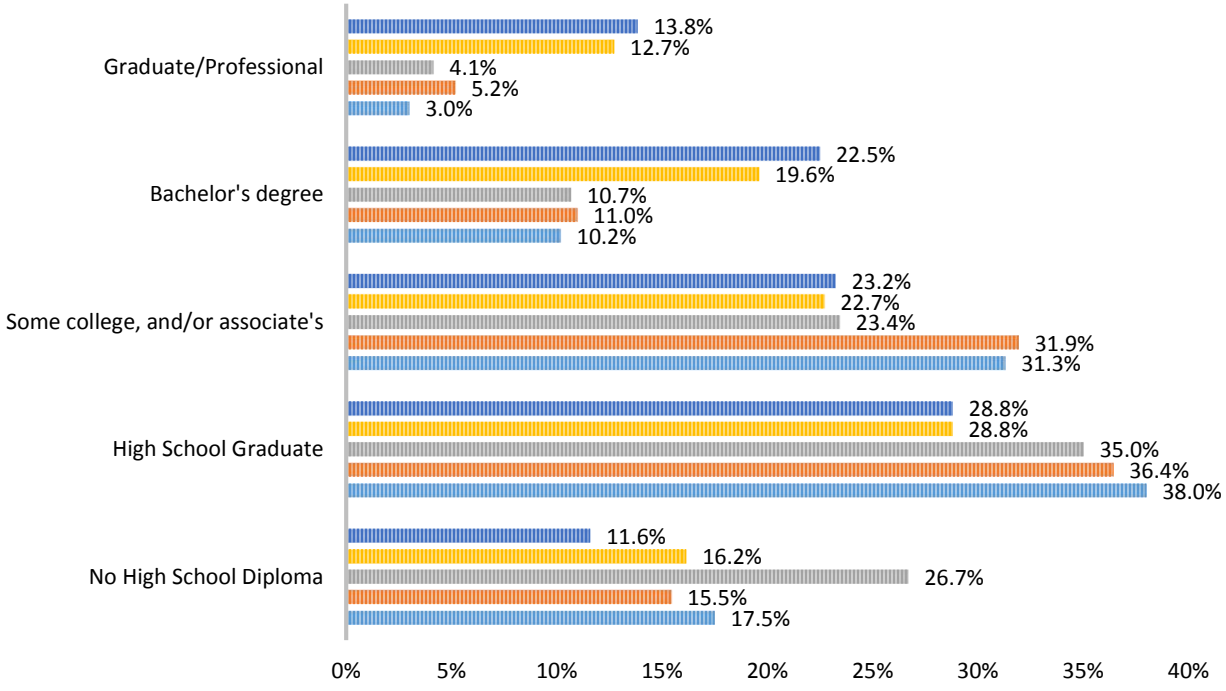
- In 2014, 16.2% of Essex County residents did not graduate high school, 4.6 percentage points higher than New Jersey at 11.6%.[42] This represents an improvement from 18% of County residents and 13% statewide that did not graduate from high school as reported in the previous CHNA.
- In 2014, 36.3% of Essex County residents earned a bachelor's degree or higher.[43] This represents an improvement from 31% of County residents that earned a bachelor's degree or higher as reported in the previous CHNA.
- The percentage of Limited English Proficiency (LEP) households in Essex County (9.8%) is higher than New Jersey (7.2%) and Middlesex County (8.8%).

NBIMC Service Area

- In 2014, 26.7% of Newark residents did not complete high school, more than double the statewide percentage (11.6%) and higher than Essex County (16.2%).
- The percentage of Limited English Proficiency (LEP) households in Newark zip code 07105 (43.1%), located in the NBIMC service area, is about four times the New Jersey, Essex County, and comparison county percentages.

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

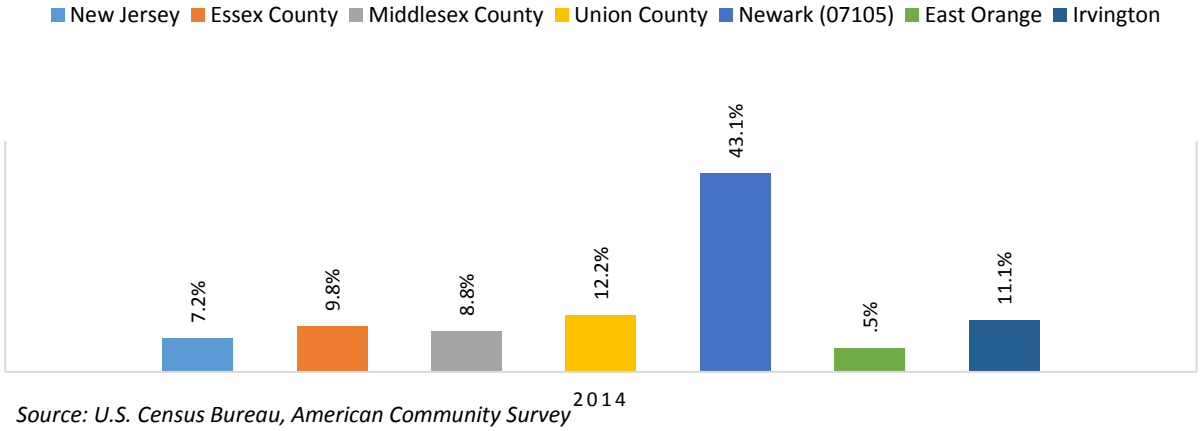
EDUCATIONAL ATTAINMENT 2014



	No High School Diploma	High School Graduate	Some college, and/or associate's	Bachelor's degree	Graduate/Professional
New Jersey	11.6%	28.8%	23.2%	22.5%	13.8%
Essex County	16.2%	28.8%	22.7%	19.6%	12.7%
Newark	26.7%	35.0%	23.4%	10.7%	4.1%
East Orange	15.5%	36.4%	31.9%	11.0%	5.2%
Irvington	17.5%	38.0%	31.3%	10.2%	3.0%

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

LIMITED ENGLISH PROFICIENCY HOUSEHOLDS (%)



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

Age

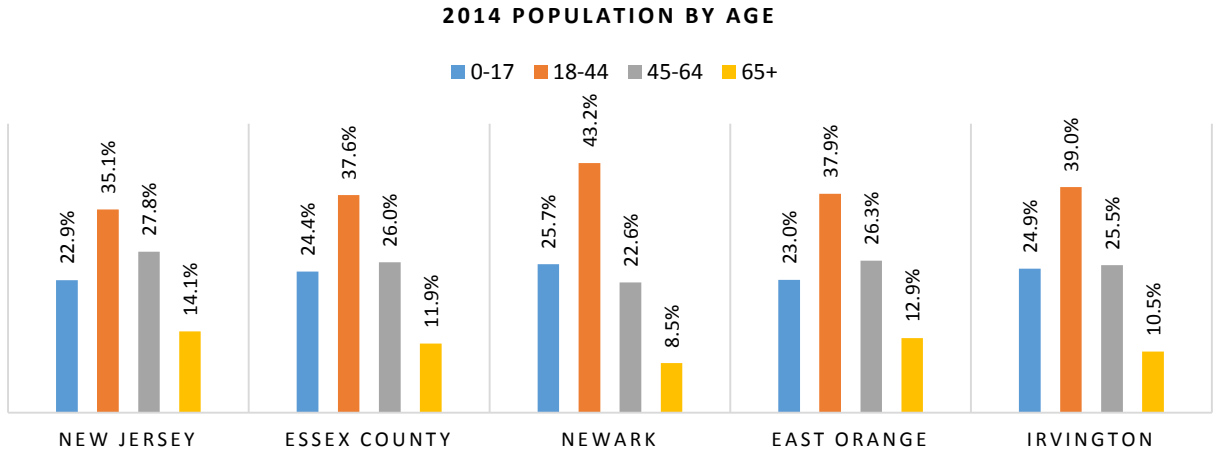
Age affects how people behave in relation to their health; as people age, the body becomes more prone to disease and health behaviors become more important to good health.

Essex County

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

NBIMC Service Area

- Newark residents are younger than the County and State. In 2014, 43.2% of Newark residents were 18-44 compared to 37.6% in Essex County and 35.1% in New Jersey.
- In 2014, 39.0% of Irvington residents were 18-44 compared to 37.6% in Essex County.



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

Ethnic and Racial Makeup

Racial and ethnic minorities receive lower quality healthcare than non-minorities, even when access-related factors such as insurance status and income are controlled. Sources of disparities are complex and rooted in historic and contemporary inequities, and involve many participants at several levels, including health systems administrative and bureaucratic processes, utilization managers, healthcare professionals, and patients.[44]

Essex County

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

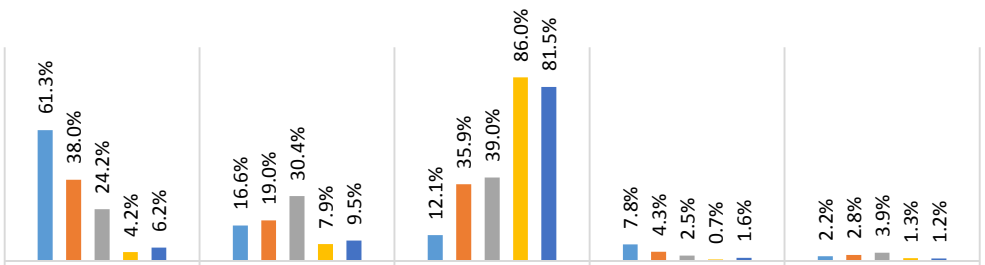
- In 2014, Essex County had larger percentages of Black and Hispanic populations than the state.
  - 35.9% of the county population was Black, compared to 12.1% statewide.
  - 19.0% of the population was Hispanic/Latino compared to 16.6% statewide.
  - Whites are 38.0% of the county's population compared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

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

NBIMC Service Area

- In 2014, 39.0% of Newark's population was African-American, higher than 35.9% in Essex County.
- In 2014, 30.4% of the Newark population was Hispanic/Latino compared to 19.0% in Essex County and 16.6% in New Jersey.
- In 2014, 86.0% of the East Orange population was African-American, compared to 35.9% in Essex County and 39% in Newark.
- Similar to East Orange, in 2014, 81.5% of the Irvington population was African-American compared to 35.9% in Essex County.

POPULATION BY RACE/ETHNICITY IN 2014



	White	Hispanic/ Latino	African American	Asian	Two or More Races
New Jersey	61.3%	16.6%	12.1%	7.8%	2.2%
Essex County	38.0%	19.0%	35.9%	4.3%	2.8%
Newark	24.2%	30.4%	39.0%	2.5%	3.9%
East Orange	4.2%	7.9%	86.0%	0.7%	1.3%
Irvington	6.2%	9.5%	81.5%	1.6%	1.2%

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

Select PSA Communities

Newark

- The 2014 median household income of Newark residents ($31,698) was less than half the statewide figure ($72,062).[45]
- In 2014, the Newark unemployment rate was 13.4%, a decrease from 15.4% in 2010 but higher than the Essex County rate of 9.1% and double the State rate of 6.4%. [46]
- In 2014, 26.7% of Newark residents did not complete high school, more than double the statewide percentage (11.6%) and higher than Essex County (16.2%).
- The percentage of Limited English Proficiency (LEP) households in Newark zip code 07105 (43.1%), located in the NBIMC service area, is about four times the New Jersey, Essex County, and comparison county percentages.
- Newark residents are younger than the County and State. In 2014, 43.2% of Newark residents were 18-44 compared to 37.6% in Essex County and 35.1% in New Jersey.

45 United States Census Bureau American Community Survey 2014
46 Ibid.

- In 2014, 39.0% of Newark's population was African-American, higher than 35.9% in Essex County.
- In 2014, 30.4% of the Newark population was Hispanic/Latino compared to 19.0% in Essex County and 16.6% in New Jersey.

East Orange

- In 2014, the East Orange unemployment rate was 12.9%, a decrease from 13.9% from 2010 but higher than the Essex County unemployment rate of 9.1%. [47]
- In 2014, 86.0% of the East Orange population was African-American, compared to 35.9% in Essex County and 39% in Newark.
- In 2014, 18.7% of East Orange families were living in poverty.

Irvington

- In 2014, the Irvington unemployment rate was 14.1%, higher than Newark and East Orange, as well as the Essex County rate of 9.1%. The unemployment rate in Irvington increased from 13.7% in 2010 to 14.1% in 2014.
- Similar to East Orange, in 2014, 81.5% of the Irvington population was African-American compared to 35.9% in Essex County.
- In 2014, 39.0% of Irvington residents were 18-44 compared to 37.6% in Essex County.
- In 2014, the percentage of Irvington families living in poverty was 2.7%, lower than the New Jersey percent of 8.1%.[48] However, the percentage of people living in poverty (22.4%) was higher than the state (10.7%).

Community Health Index

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

- A comparison of CHI scores to hospital utilization data shows a strong correlation between high need and high use – communities with low CHI scores are expected to have lower hospital utilization.
- There is also a causal relationship between CHI scores and preventable hospitalizations and ED visits for manageable conditions – communities with high CHI scores have more hospitalization and ED visits that could have been avoided with improved healthy community structures and appropriate outpatient/primary care.
- Essex County has an average CHI of 173 compared to 49 for the PSA zip codes and 91 for the SSA. This means that the PSA and SSA residents have more socioeconomic barriers than those in the county.

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

2. Access to Care

Access to comprehensive quality health care services is important for health equity and increasing the quality of a healthy life. Access implies timely use of personal health services to achieve good outcomes and encompasses: coverage, services, timeliness, and workforce. Barriers to services include lack of availability, high cost, and lack of insurance. These barriers diminish quality of care and lead to delays in receiving appropriate care, the inability to get preventive services, and hospitalizations that could have been prevented.[49] The following components of access to quality care are outlined below: health insurance coverage, health insurance coverage types, timeliness, providers, and efficiency and effectiveness of service.[50]

Health Insurance Coverage

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

Changes in the rate of health insurance coverage reflects economic trends, shifts, in the demographic composition of the population, and policy changes that impact access to care. In 2014, provisions of the Patient Protection and Affordable Care Act (ACA) went into effect and several significant changes occurred. [51] The Affordable Care Act's coverage expansions have benefited hospitals financially, helping to produce an overall decline nationwide in uncompensated care; much of the decline occurred in Medicaid expansion states, including New Jersey.[52]

Essex County

- Essex County has a higher percentage of uninsured residents than New Jersey.
- According to Enroll America in 2015, 8% of the population in Essex County was uninsured, higher than the 6.3% estimated in New Jersey.
- The 2015 Enroll America estimates indicate the rate of the uninsured decreased dramatically from 2013 to 2015; County and state estimates decreased more than 50% from 2013. [53]
- The *Healthy People 2020* target for uninsured is 0%. Essex County greatly exceeds this target.
- Since the inception of the Health Insurance Marketplace's open enrollment period in January 2015, 383,964 New Jersey residents gained Medicaid or CHIP coverage. [54]

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49 Centers for Disease Control and Prevention Community Health Status Indicators http://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/NJ/Essex/10019

50 Office of Disease Prevention and Health Promotion *Healthy People 2020* Access to Health Services https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services

51 United States Census Bureau Health Insurance Coverage in the United States: 2014 https://www.census.gov/content/dam/Census/library/publications/2015/demo/p60-253.pdf

52 Kaiser Family Foundation Understanding Medicaid Hospital Payments and the Impact of Recent Policy Changes 2016 http://kff.org/medicaid/issue-brief/understanding-medicaid-hospital-payments-and-the-impact-of-recent-policy-changes/?utm_campaign=KFF-2016-June-Medicaid-Payments-Hospitals&utm_medium=email&_hsenc=p2ANqtz-9apov_xx9HZbi8D_D6MtPHACYJJX0_ouVG1axHksYKCK_URLeNApIWv5YYYFt8vfJKpmDi0EPLIxGrW_YA2wkEAQqm4i46mvwtnAew70-D65j8A2M&_hsmi=30432005&utm_content=30432005&utm_source=hs_email&hsCtaTracking=bfa57340-0804-4e1f-8ceb-af3379802901%7C1d424ba6-bd34-48a8-b6c7-c8cc1ae2ae15

53 Enroll America Changing Uninsured Rates by County – From 2013 to 2015 https://www.enrollamerica.org/research-maps/maps/changes-in-uninsured-rates-by-county/

54 United States Department of Health and Human Services 5 Years Later: How the Affordable Care Act is Working for New Jersey, 2015, http://www.hhs.gov/healthcare/facts-and-features/state-by-state/how-aca-is-working-for-new-jersey/index.html

Health Insurance Coverage Types

People without insurance are not offered the same range of medical services as the insured. When a medical condition occurs, the uninsured delay treatment or use the emergency department instead of a lower cost, more appropriate primary care settings. The uninsured also are less likely to receive needed medical care, more likely to have more years of potential life lost, and more likely to have poor health status. [55]

Essex County

- In 2014, the distribution of types of insurance for Essex County residents who had inpatient procedures were as follows:[56]
    - 33.4% paid with commercial insurance, less than 34.8% statewide
    - 22.3% paid with Medicaid/Caid HMO/Family Care more than 15.4% statewide
    - 35.2% paid with Medicare/Care HMO, less than 41.8% statewide
    - 8.1% were underinsured, receive charity care, or self-pay as compared to 6.2% statewide

- In 2014, the distribution of types of insurance for Essex County residents who had emergency department procedures were as follows:[57]
    - 39.2% paid with commercial insurance, similar to 40.6% statewide
    - 25.8% paid with Medicaid/Caid HMO/Family Care, similar to 25% statewide
    - 10.7% paid with Medicare/Care HMO less than 14.9% statewide
    - 22.3% were underinsured, receive charity care, or self-pay more than 15.9% statewide

NBIMC Service Area

- In 2014, the distribution of types of insurance for NBIMC primary service area residents who had inpatient procedures were as follows:[58]
    - 30.9% paid with commercial insurance, less than 33.4% County and 34.8% statewide
    - 27.3% paid with Medicaid/Caid HMO/Family Care, higher than 22.3% in Essex County and 15.4% statewide.
    - 31.5% paid with Medicare/Care HMO, less than 35.2% county and 41.8% statewide
    - 9.3% were underinsured, receive charity care, or self-pay, higher than 8.1% countywide and 6.2% in the State.

- In 2014, the distribution of types of insurance for NBIMC primary service area residents who have emergency department procedures were as follows:[59]
    - 35.7% paid with commercial insurance, less than 39.2% in the County and 40.6% statewide
    - 30.1% paid with Medicaid/Caid HMO/Family Care, more than 25.8% paid in the County and 25% statewide
    - 9.3% paid with Medicare/Care HMO, less than 10.7% in the County and 14.9% statewide
    - 23.1% were underinsured, receive charity care, or self-pay, similar to the county at 22.3% and more than 15.9% statewide

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

Providers and Clinics

The population is growing and aging at increasing rates and is in need of additional physicians. The expansion of care under the Affordable Care Act increased the number of people utilizing primary care, causing a bump in physician need.[60] The percentage of United States primary care physicians has been declining steadily over the past half-century, further emphasizing the need. Primary care physicians are an essential part of the healthcare system as gatekeepers to specialists and other providers. They prevent overutilization of costly secondary and tertiary care procedures which may be associated with poor health outcomes. A key to enhancing access is to increase the availability of high quality community prevention services, clinical prevention services as well as community-based care and treatment. A well-trained, culturally competent public and private sector workforce is required; the workforce must hold expertise in wellness, preventive care, chronic-illness care and public health. Many medical residents are choosing not to become Internal and Family Medicine (Primary Care) because low compensation may not adequately cover educational loans. Healthcare Provider Shortage Areas (HPSAs) are populations within geographic areas that lack sufficient providers to meet the health needs of an area or population. The Centers for Medicare & Medicaid Services (CMS) provides a 10 percent bonus payment for Medicare-covered services furnished to beneficiaries in HPSA's.[61]

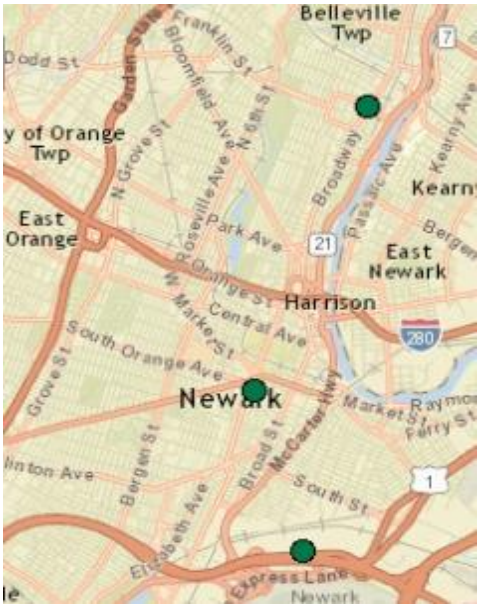
In addition to the fact that Essex County and the service area served by NBIMC have fewer primary care physicians than are recommended by CHR, many physicians refuse to accept Medicaid patients because physician payment rates are so low. This substantial impediment to access for New Jersey Medicaid patients is the result of a Medicaid payment rate that is one-third the rate the Federal government now pays for Medicare patients. Healthcare reform measures equalized payment rates beginning in 2013, enhancing access for Medicaid patients. However, when the provision of the Affordable Care Act that boosted Medicaid reimbursement rates to make them equal to Medicare rates expired at the end of 2014, New Jersey did not continue the program.[62]

There are seven acute care hospitals in Essex County, three located in Newark, one in East Orange, one in Belleville, in Montclair, Livingston, which provide primary access points for patients. Most facilities provide outpatient clinic services including family health care. There are also a number of community-based organizations (CBOs) that provide medical and health services at local sites, including serving the Hispanic/Latino population. The Newark public schools have school-based clinics in all elementary, middle and high schools. There are four Federally Qualified Health Centers (FQHCs) and 10 satellites in Essex County. Newark Community Health Centers, Newark Department of Health, and Jewish Renaissance Center are major providers of comprehensive community-based primary health care with offices are located in Newark (including six in schools, a mobile unit, and teen health center), East Orange, Irvington, and Orange. Zufall Health Center is located in West Orange. In September 2011, Newark City Health and Human Services was awarded a $35,000 grant from the U.S. Department of Health and Human Services to help it become a patient-centered medical home.

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

Essex County

- In 2013, there were 660 primary care physicians in Essex County.[63]
- The New Jersey Physician Workforce Task Force predicts that by 2020, Essex County will need 226.3 more physicians than it is projected to have in order to meet baseline demand[64]
- According to 2014 data, the ratio of population to primary care providers other than physicians was 1,196:1 in Essex County, less in comparison to the 1,170:1 ratio for New Jersey overall. [65]



Healthcare Provider Shortage Area (HPSA)

NBIMC Service Area

There are three designated Healthcare Provider Shortage Areas (HPSA) populations in the NBIMC service area[66]:

- Newark City Health and Human Services was the highest priority HPSA for assignment of clinicians, with a score of 10/26.
- Newark Community Health was the second highest priority HPSA for assignment of clinicians, with a score of 8/26.
- Northern State Prison was the third highest priority HPSA for assignment of clinicians, with a score of 3/26.

Timeliness of Service

Wait Times

Some medical conditions like heart attacks or life-threatening injuries require and receive immediate care. These patients are typically seen by doctors as soon as they arrive at the hospital. But in less urgent cases, patients arriving at the emergency room can wait for hours before seeing a doctor, receiving pain medication, having tests, or being admitted to the hospital. In the last two decades an increase in emergency room patients, many of them older and sicker, has led to overcrowding. The Institute of Medicine has warned that emergency rooms in the United States are "at a breaking point." While minutes matter in a medical emergency, longer wait times are not always an indicator of worse care: in cases of substance abuse, it may take hours for a patient to sober up enough to be safely discharged.[67]

Essex County/NBIMC Service Area

- In 2014, the average time patients spent in the emergency room before being seen by a doctor was as follows:
    - 96 minutes at Newark Beth Israel Medical Center, triple the 30 minutes in New Jersey
    - 80 minutes at St. Michael's Medical Center
    - 80 minutes at University Hospital

63 County Health Rankings Primary Care Physicians 2016 http://www.countyhealthrankings.org/app/new-jersey/2016/measure/factors/4/data?sort=sc-2
64 New Jersey Council of Teaching Hospitals Physicians Workforce Task Force Report 2008 http://njcth.org/getmedia/5b820448-8791-46e5-aa70-d690dbcbb99f/FINAL-NJ-Physician-Workforce-Report-012910.aspx
65 County Health Rankings Primary Care Physicians 2016 http://www.countyhealthrankings.org/app/new-jersey/2016/measure/factors/4/data?sort=sc-2
66 United States Department of Health and Human Services Health Resources and Services Administration Data Warehouse 2016 https://datawarehouse.hrsa.gov/tools/analyzers/HpsaFindResults.aspx
67 https://www.propublica.org/article/how-long-will-you-wait-at-the-emergency-room

  - 64 minutes at Clara Maass Medical Center
  - 62 minutes at Hackensack UMC Mountainside, Montclair
  - 52 minutes at East Orange General Hospital
  - 14 minutes at St. Barnabas Medical Center

- In 2014, the average time patients spent in the emergency room before being sent home was as follows:
  - 205 minutes at Newark Beth Israel Medical Center, more than the 150 minutes in New Jersey
  - 200 minutes at St. Michael's Medical Center
  - 240 minutes at University Hospital
  - 178 minutes at Clara Maass Medical Center
  - 154 minutes at Hackensack UMC Mountainside, Montclair
  - 161 minutes at East Orange General Hospital
  - 154 minutes at St. Barnabas Medical Center

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

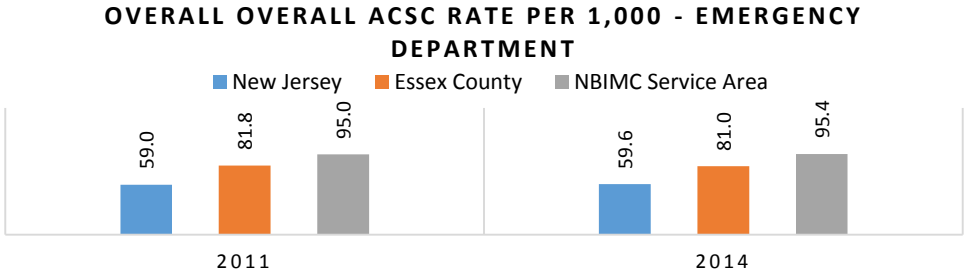
- In 2014, the average transfer time among patients admitted (additional time spent waiting before being taken to their room) was as follows:
  - 715 minutes at Newark Beth Israel Medical Center, more than four times greater than the 146 minutes statewide
  - 204 minutes at St. Michael's Medical Center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

Ambulatory Care Sensitive Conditions - Emergency Department

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

Essex County

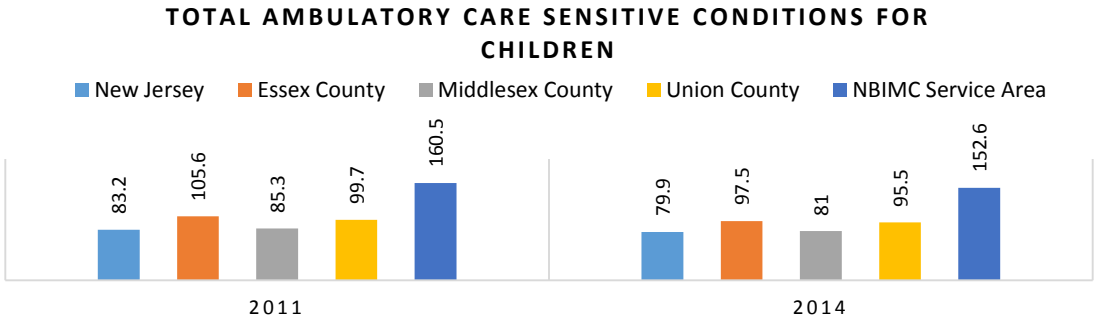
In 2014, the overall Essex County Emergency Department Ambulatory Care Sensitive Conditions rate was 81.0/1,000 people, higher than the State rate of 59.6/1,000. Essex County rates decreased slightly from 2011 through 2014. The 2014 Essex County rate was 0.8 points lower than 2011.



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

Children

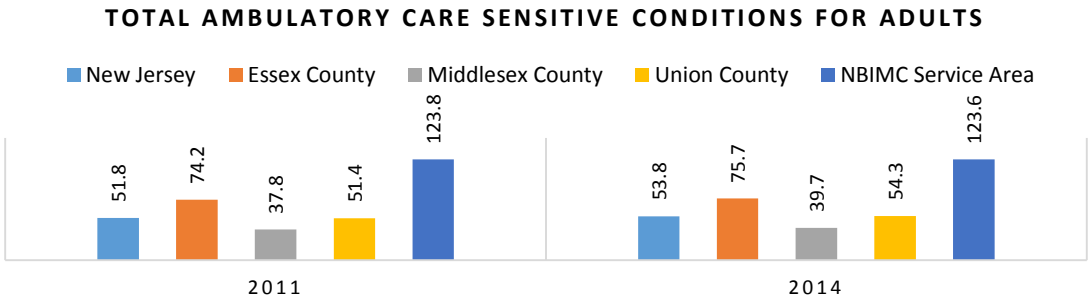
- Between 2011 and 2014, the rate of emergency department visits for Ambulatory Care Sensitive Conditions among children in Essex County decreased from 105.6/1,000 to 97.5/1,000. In the same time period, ED ACSC visits among New Jersey children also declined, from 83.2/1,000 to 79.9/1,000. Despite the decrease, in 2014, the Essex County rate was 17.6 points higher than the statewide rate.
- The 2011-2014 downward trend follows the one reported in the last CHNA, as between 2008 and 2010, the rate of ED visits for ACSC among children declined from 119.8/1,000 to 104/1,000 and was substantially higher than the State rate of 81.9/1,000.
- Among children in 2014, ENT conditions are the most common ED ACSC in Essex County, followed by Asthma, GI Obstruction, Cellulitis, and Kidney/Urinary Infection. ENT conditions were also the most common ED ACSC in 2010.



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

Adults

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



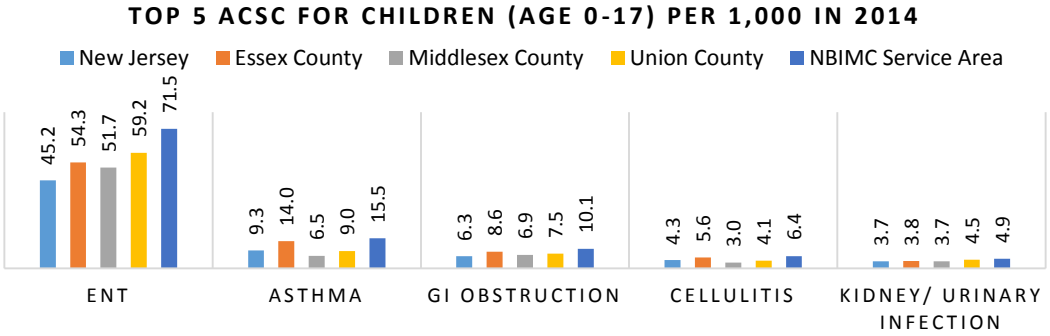
Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey

NBIMC Service Area

- The 2014 NBIMC emergency department Ambulatory Care Sensitive Conditions rate (95.4/1,000) was higher than the 2011 rate (95.0/1,000), and higher than the 2014 State rate (59.6/1,000).[68]

Children

- Among children in 2014, ear/nose/throat conditions are the most common emergency department Ambulatory Care Sensitive Condition in the NBIMC Service Area, followed by asthma, gastrointestinal obstruction, cellulitis, and kidney/urinary infection.[69]
- Between 2011 and 2014, the rate of emergency department visits for Ambulatory Care Sensitive Conditions among children in the NBIMC service area decreased from 160.5/1,000 to 152.6/1,000, higher than 97.5/1,000 in the County and 79.9/1,000 statewide.

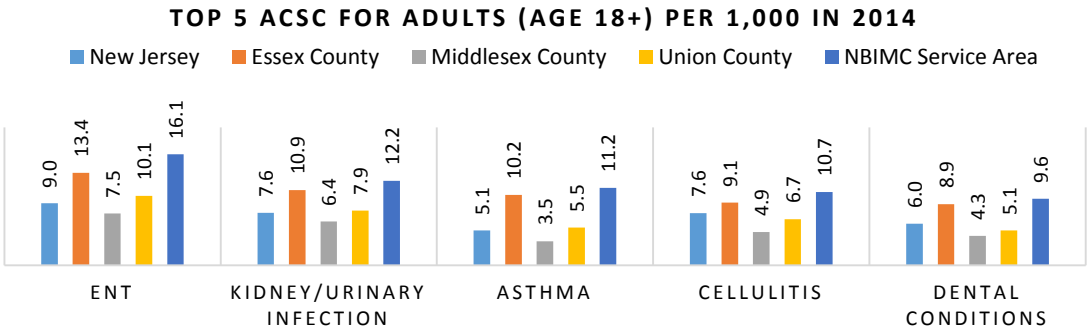


Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey

Adults

- Among adults in 2014, ENT conditions cellulitis the most common emergency department Ambulatory Care Sensitive Condition in the NBIMC Service Area, followed by kidney/urinary infection, asthma, cellulitis, and dental conditions.[70]
- Between 2011 and 2014, the rate of emergency department visits for Ambulatory Care Sensitive Conditions among adults in the NBIMC primary service area decreased slightly from 123.8/1,000 to 123.6/1,000, slightly higher than the Essex County rate of 75.7/1,000.

68Health Care Decision Analyst Internal Data 2013
69Health Care Decision Analyst Internal Data 2014
70Health Care Decision Analyst Internal Data 2014

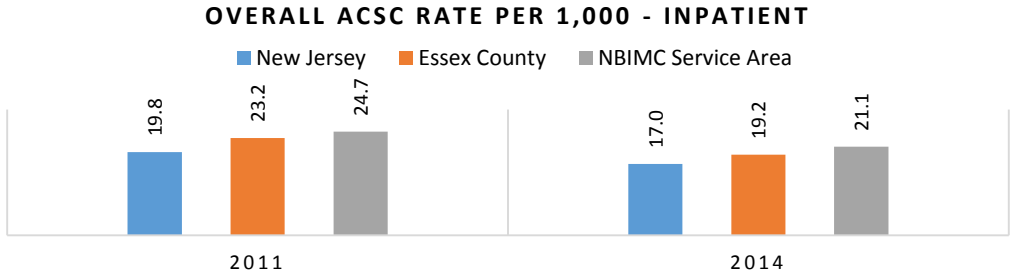


Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey

Ambulatory Care Service Conditions - Inpatient

Essex County

- In 2014, the Essex County Inpatient Ambulatory Care Sensitive Conditions rate was 19.2/1,000, 4 percentage points lower than the 2011 rate of 23.2/1,000 but 2.2 points higher than the state rate of 17.0/1,000.[71]

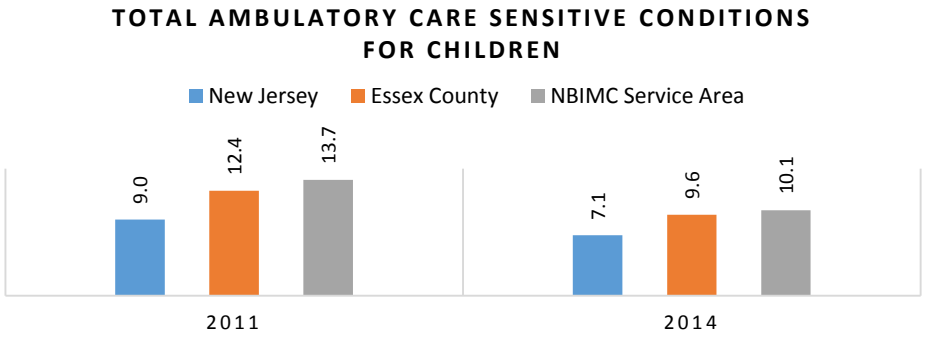


Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey

Children

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

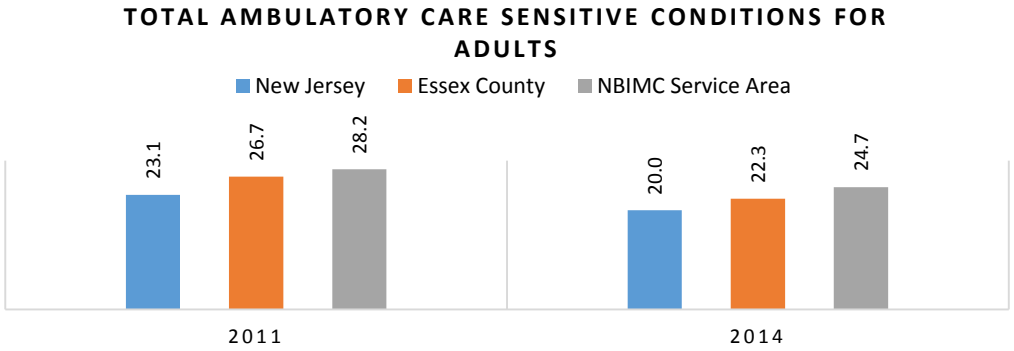
71ibid



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

Adults

- Among adults in 2014, congestive heart failure is the most common inpatient Ambulatory Care Sensitive Condition in Essex County, followed by diabetes, bacterial pneumonia, cellulitis, and asthma.[72] Congestive heart failure is also the most common in New Jersey, followed by diabetes, bacterial pneumonia, cellulitis, and COPD.[73]
- Between 2011 and 2014, the rate of inpatient admissions for Ambulatory Care Sensitive Conditions among adults in Essex County decreased from 26.7/1,000 to 22.3/1,000. In the same period, inpatient ACSC among adults in New Jersey decreased from 23.1/1,000 to 20.0/1,000. In 2014, the Essex County rate was 2.3 points higher than the statewide rate.



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

72 Health Care Decision Analyst Internal Data 2014
73ibid

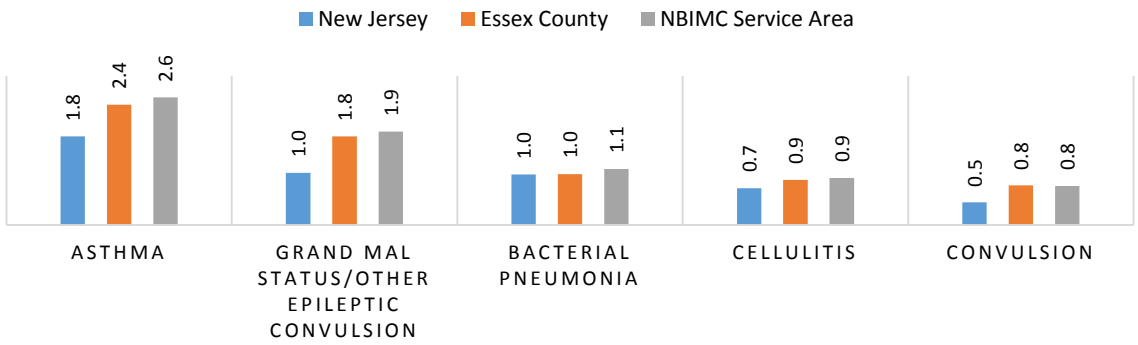
NBIMC SERVICE AREA

- The 2014 NBIMC inpatient Ambulatory Care Sensitive Conditions rate (21.1/1,000) was 3.6 points lower than the 2011 rate of 24.7/1,000.[74]

CHILDREN

- Among children in 2014, asthma is the most common inpatient Ambulatory Care Sensitive Condition in NBIMC service area, followed by grand mal status/other epileptic convulsion, bacterial pneumonia, cellulitis, and convulsion.
- Between 2011 and 2014, the rate of inpatient admissions for Ambulatory Care Sensitive Conditions among children in the NBIMC service area declined from 13.7/1,000 to 10.1/1,000, higher than 9.6/1,000 in the County and 7.1/1,000 statewide.

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

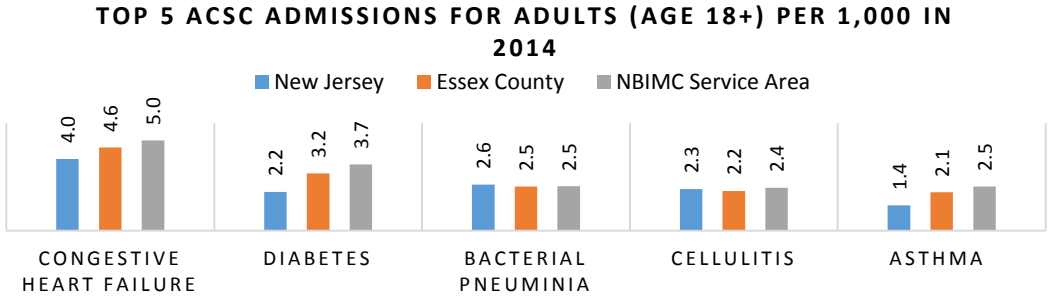


Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey

ADULTS

- Among adults in 2014, congestive heart failure is the most common inpatient Ambulatory Care Sensitive Condition in NBIMC service area, followed by diabetes, bacterial pneumonia, asthma, and cellulitis.[75]Congestive heart failure is also the most common inpatient Ambulatory Care Sensitive Condition in New Jersey.
- Between 2011 and 2014, the rate of emergency department visits for Ambulatory Care Sensitive Conditions among adults in the NBIMC primary service area decreased from 28.2/1,000 to 24.7/1,000, higher than the County rate of 22.3/1,000.

74 ibid
75 Health Care Decision Analyst Internal Data 2014



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

Clinical Care Measures

The Institute of Medicine defines health care quality as "the degree to which health care services for individuals and populations increase the likelihood of desired outcomes and are consistent with current professional knowledge." The quality of healthcare services is measured by efficiency and effectiveness services. Effectiveness relates to providing care processes and achieving outcomes as supported by scientific evidence. Efficiency relates to maximizing the quality of a comparable unit of health care delivered or unit of health benefit achieved for a given unit of health care resources used.[76]

Essex County

Inpatient Utilization

- In 2014, Essex County's inpatient utilization rate of 108.7/1,000 was 6.25% higher than the State rate of 102.3/1,000.[77]

ED Utilization

- In 2014, Essex County's ED utilization rate of 436.4/1,000 was 21.5% higher than the State rate of 342.2/1,000.[78]

NBIMC Service Area

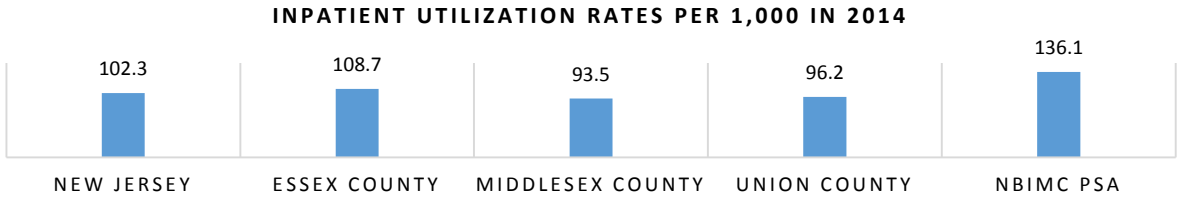
Inpatient Utilization

- In 2014, NBIMC's PSA inpatient utilization rate of 136.1/1,000 was 25.2% higher than Essex County (108.7/1,000) and 33.0% higher than the State rate of 102.3/1,000.[79]

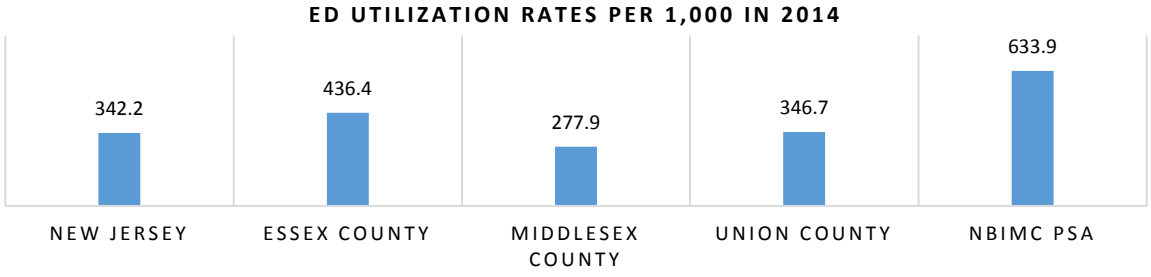
76 United States Department of Health and Human Services Agency for Healthcare Research and Quality Understanding Quality Measurement 2016 http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/chtoolbx/understand/index.html
[77] Health Care Decision Analyst Internal Data 2014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

ED Utilization

- In 2014, NBIMC's PSA emergency department utilization rate of 633.9/1,000 was 45.3% higher than Essex County (436.4/1,000), and 85.2% higher than the State at 342.2/1,000.[80]



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



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

Cesarean Section

Cesarean section is an inpatient service that is among the most commonly performed surgical procedures in the United States.[81] The cesarean section rate has risen dramatically over the last two decades, despite evidence that hospitals with higher rates of cesarean sections do not have superior maternal and child health outcomes.[82] Current research suggests that the following interconnected factors contribute to high cesarean-section rates including: the low priority of enhancing woman's own abilities to give birth, side effects of common labor interventions, refusal to offer informed choice of vaginal birth, casual attitudes about surgery and variation in professional practice style, limited awareness of harms that are more likely with Cesarean-sections, and the incentive to practice in a manner that is more efficient for providers. In 1965, the U.S. cesarean-sections were 4.5% of all births. This number has risen steadily since. Rates for Cesarean-sections in the U.S. continue to rise well above the 15% recommended by the World Health Organization.

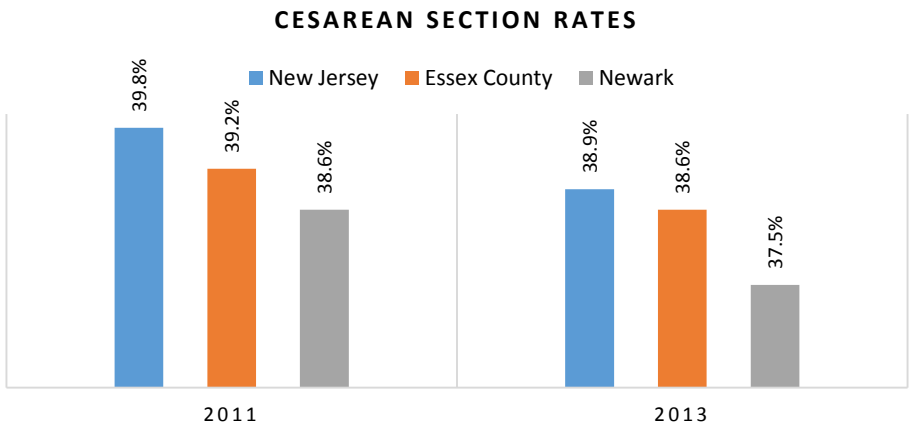
[80] ibid
81 Healthgrades Operating Company The 10 Most Common Surgeries in the US 2016 https://www.healthgrades.com/explore/the-10-most-common-surgeries-in-the-us
82 March of Dimes Use of Cesarean Section in the US 2013 http://www.marchofdimes.org/pdf/newyork/newyork_cesarean_rates_report_2013.pdf

Essex County

- In 2013, 38.6% of all Essex County births were cesarean sections, slightly lower than New Jersey at 38.9%.

NBIMC Service Area

- In 2013, 37.5% of Newark births were cesarean sections, fewer than 38.6% in Essex County.



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

Hospital Readmissions

Hospitalizations can be stressful, even more so when they result in readmissions. While many readmissions cannot and should not be prevented, researchers have found wide variation in readmission rates, suggesting that patients admitted to certain hospitals are more likely to experience readmissions compared to others. A number of studies demonstrate that hospitals can lower their rate of readmissions, by clarifying patient discharge instructions, coordinating with post-acute care providers and patients' primary care physicians, and reducing medical complications during patients' initial hospital stays. [83] High readmission rates in urban populations are often due to cultural barriers and lower levels of health literacy. Poor home conditions also increase the wait times for discharge to nursing homes. Patient access to health information and resources, as well as timing of discharge also impact readmission rates.

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

http://kff.org/medicare/issue-brief/aiming-for-fewer-hospital-u-turns-the-medicare-hospital-readmission-reduction-program/

New Jersey

- In the third year of the Medicare Hospital Readmissions Reduction Program, New Jersey ranked 50 of 50 states.
- 97% of New Jersey hospitals were penalized for readmissions from October 2014 to September 2015.
- The average New Jersey penalty rate was 0.73%.[84]

NBIMC Service Area

- In 2016, NBIMC received a 0.92% penalty for high readmission rates, a slight decrease from the 1% penalty in 2013.
- The NBIMC penalty was also 20% higher than the New Jersey average penalty (0.73%).

3. Health Behaviors

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

Maternal/Fetal Health Indicators

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

Prenatal Care

Circumstances during pregnancy can lead to suboptimal fetal development include: nutritional deficiencies, maternal substance abuse, stress, diet and exercise habits, and inadequate prenatal care. Mothers who receive late or no prenatal care are more likely to have babies with health problems; mothers who do not receive prenatal care are three times more likely to give birth to a low birthweight baby, and their baby is five times more likely to die. [85] Women younger than eighteen, Black women, and Hispanic women routinely receive less adequate prenatal care than other groups.[86]

Essex County

- Similar to New Jersey, Essex County had a slight increase in the percentage of women receiving prenatal care in the first trimester between 2011 and 2013.
- In 2013, 70.4% of Essex County live births initiated prenatal care in the first trimester, less than 79.0% statewide and the *Healthy People 2020* target of 77.9%. The Essex County 2013 percentage was similar to 69.3% in 2010 reported in the previous CHNA.

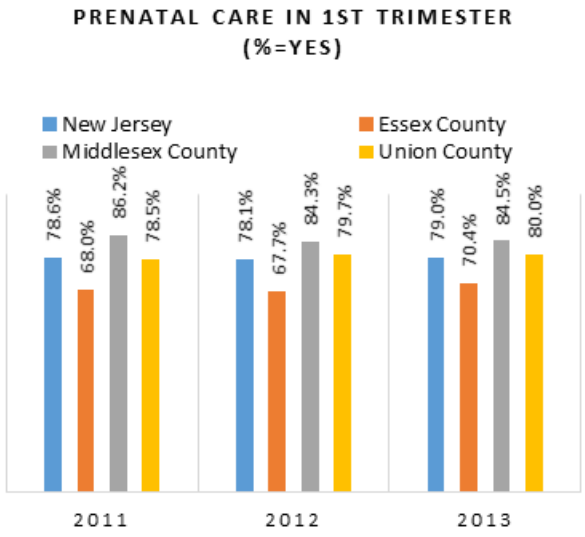
84 Kaiser Family Foundation Aiming for Fewer Hospital U-turns: The Medical Hospital Readmission Reduction Program 2015 http://kff.org/medicare/issue-brief/aiming-for-fewer-hospital-u-turns-the-medicare-hospital-readmission-reduction-program/
85 Child Trends Data Bank Late or No Prenatal Care 2014 http://www.childtrends.org/?indicators=late-or-no-prenatal-care#sthash.oe1zbcSH.dpuf
86 Ibid.

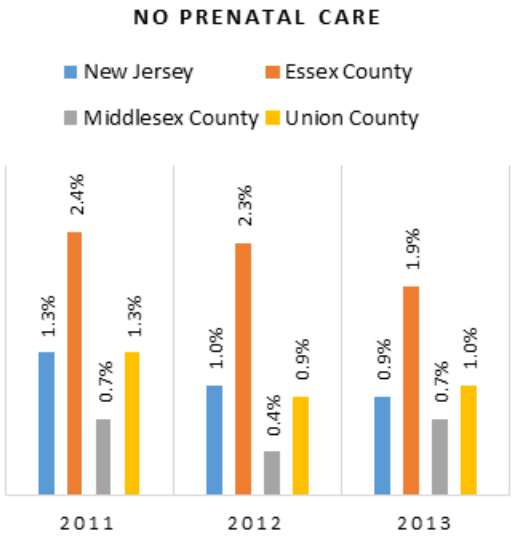
- In 2013, 62.8% of Essex County Black live births initiated prenatal care in the first trimester, slightly more than 60.2% of Blacks in 2011. In 2013, 66.9% of Hispanic live births initiated prenatal care in the first trimester, more than 64.9% in 2011.

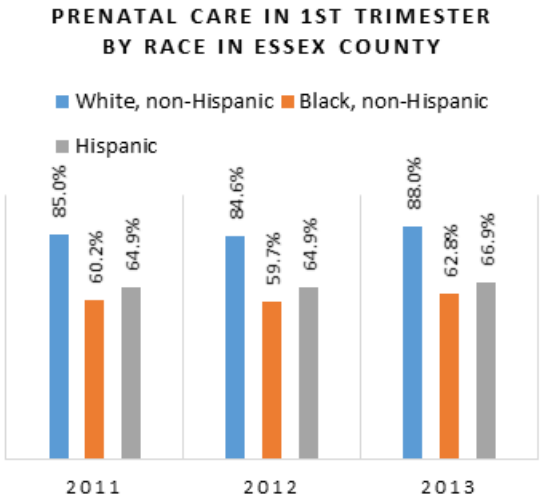
- In 2013, 1.9% of Essex County live birth mothers initiated no prenatal care in the first trimester, more than 0.9% statewide.
  - In 2013, 3.3% of Essex County Black mothers initiated no prenatal care in the first trimester, more than double Hispanics (1.4%), and more than six times Whites (0.4%).

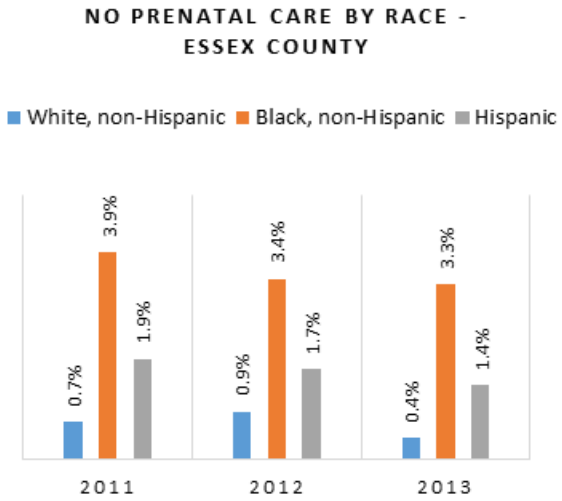
NBIMC Service Area

In 2011, 39% of Newark women received late or no prenatal care.[87]









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

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

Essex County Prenatal Care 2013: 70.4%

Baseline: 70.8 **Target: 77.9%**

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

High-Risk Sexual Behaviors

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

Teen Pregnancy

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

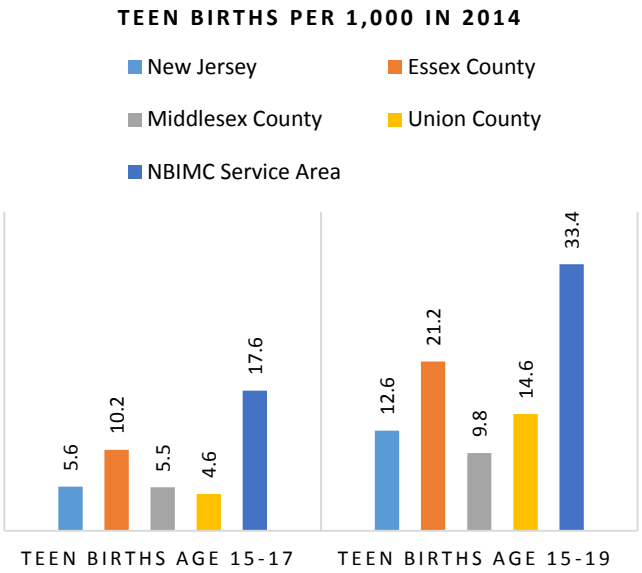
Essex County

- The 2014 birth rate for Essex County teens 15-19 was 21.2/1,000, substantially higher than 12.6/1,000 statewide. [88]
- The 2014 Essex County birth rate for teens 15-17 was 10.2/1,000, almost double the New Jersey rate of 5.6/1,000.
- The 2014 Essex County birth rate for teens 15-19 was 21.2/1,000, higher than the CHR national benchmark of 19/1,000.

88 Health Indicators Warehouse 2014

NBIMC Service Area

- NBIMC's 2014 teen birth rate (33.4/1,000) was higher than the Essex County rate (21.2/1,000) and more than double the New Jersey rate (12.6/1,000).
- The East Orange 2014 teen birth rate was 21.8/1,000, similar to the Essex County rate.
- The teen birth rate in Irvington was 18/1,000, lower than the County, state and CHR national benchmark. [89]



Essex County 2014 Teen Birth Rate: 21.2

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

National Benchmark: 19

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

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

89 United States Census Bureau American Community Survey 2010-2014
http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_S1301&prodType=table

Sexually Transmitted Infections

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

Chlamydia

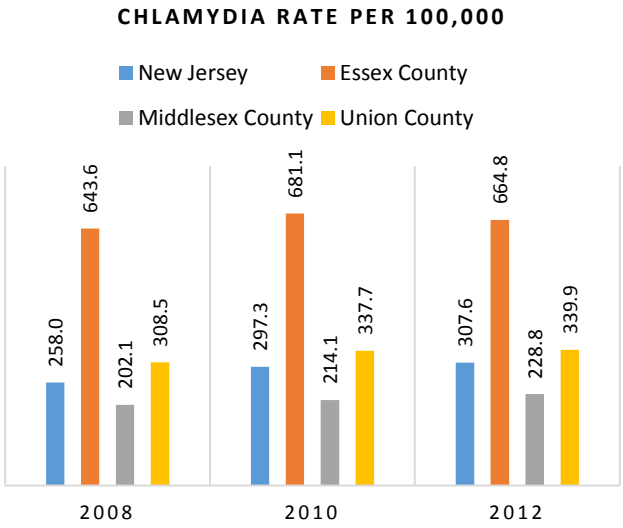
Chlamydia is a common sexually transmitted infection (STI) that can be easily cured. If left untreated, chlamydia can make it difficult for a woman to become pregnant.[90]

Essex County

- In 2012, the Essex County chlamydia rate was 664.8/100,000, more than double the state rate of 307.6/100,000. The rate of chlamydia in Essex County was more than four times the CHR national benchmark of 138/100,000.[91]
- Between 2008 and 2012, Essex County, New Jersey and comparison counties all had increases in the rate of chlamydia.

NBIMC Service Area

- In 2014, the Newark chlamydia rate was 946.8/100,000, higher than the 2012 state and county rates. [92]



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

Essex County 2012: 664.8

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

National Benchmark: 138

90 http://www.cdc.gov/std/chlamydia/stdfact-chlamydia.htm
91 Centers for Disease Control and Prevention Fact Sheet Reported STDs in the United States 2014 http://www.cdc.gov/std/stats14/tables/26.htm
92 New Jersey Department of Health Division of HIV, STD and TB Services 2014 http://www.state.nj.us/health/std/stdstats/stdstats2014/all_muni.pdf

HIV/AIDS

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

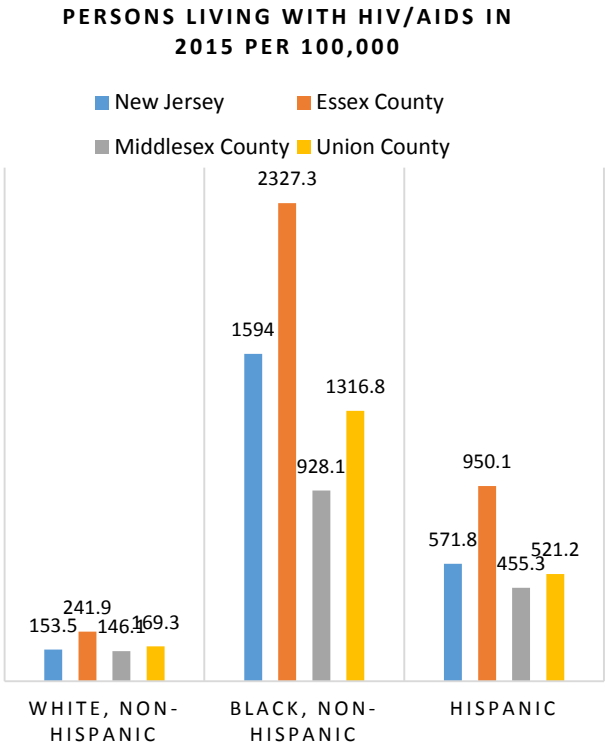
Essex County

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

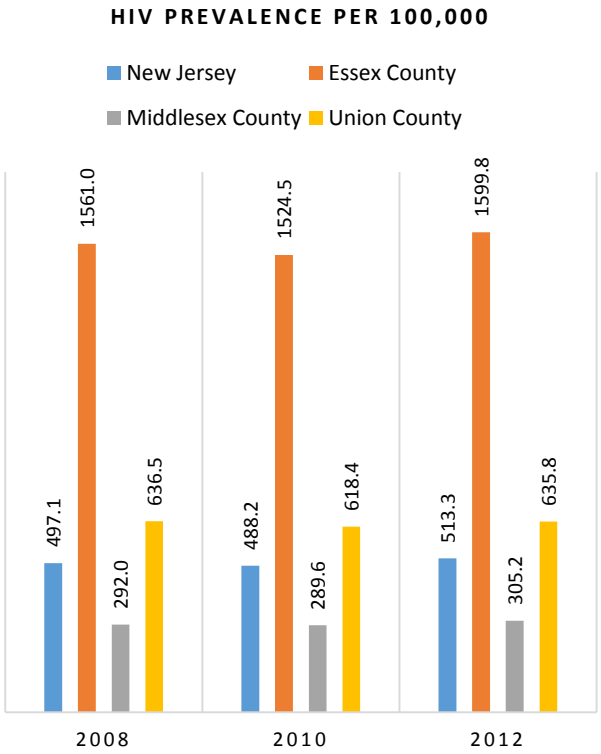
NBIMC Service Area

- As of December 2014, Newark had 14,756 cumulative HIV/AIDS cases. [93]
- In 2014, Newark had 138 new HIV/AIDS cases, the lowest number of annual new cases since 1990.[94]
- Newark, East Orange[95] and Irvington[96] were among the ten cities with the highest number of HIV/AIDs cases. Similar to Newark, both cities had a decline in new cases.

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



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



Source: National HIV Surveillance System, County Health Rankings

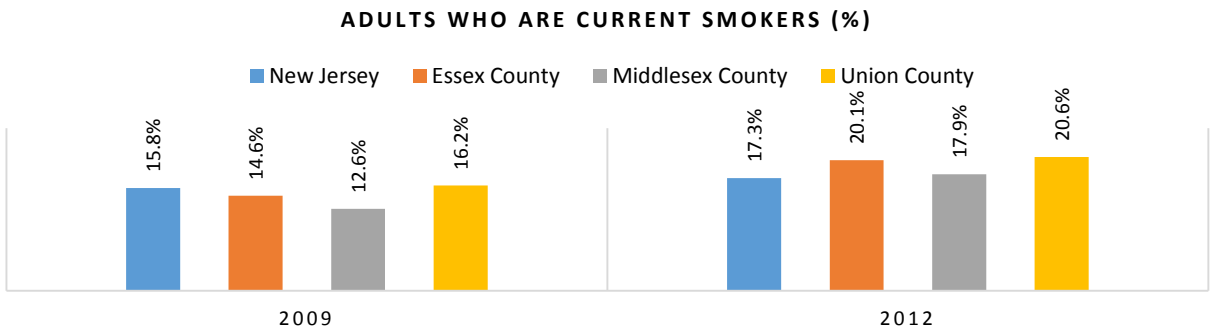
Tobacco Use

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

Essex County

- Between 2011 and 2012, the percentage of Essex County smokers increased from 14.7% to 20.1%. In 2014, 18.8% of New Jersey residents were smokers.[97]
- The percent of current smokers in Essex County (20.1%) is 40.2% higher than the *Healthy People 2020* target of 12%.

97 Behavioral Risk Factor Surveillance System 2012



Source: CDC, Behavioral Risk Factor Surveillance System

Essex County Smokers 2012: 20.1%

Baseline: 20.6% **Target: 12%**

Diet and Exercise Behaviors

According to the Centers for Disease Control and Prevention (CDC), poor diet and physical inactivity have nearly caught up with tobacco use as the second leading preventable cause of death in the United States. Behaviors that contribute to obesity can include dietary patterns, physical activity, inactivity, medication use, and other exposures. Additional contributing factors include education, food skills and food marketing and promotion.[98]

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

Obesity

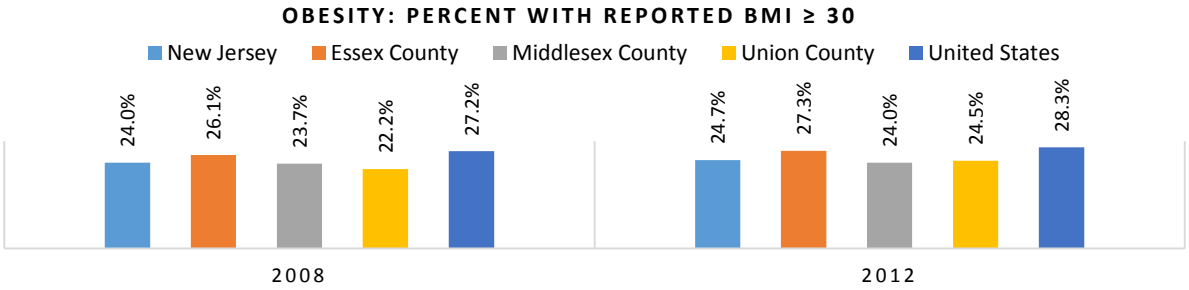
Obesity is a serious concern because it is associated with poorer mental health outcomes, reduced quality of life, and the leading causes of death in the U.S. and worldwide, including diabetes, heart disease, stroke, and some types of cancer.

Essex County

- In 2012, 27.3% of Essex County residents were obese, more than 24.7% statewide and more than comparison counties.

98 Centers for Disease Control and Prevention Overweight and Obesity Adult Obesity Causes and Consequences 2014 http://www.cdc.gov/obesity/adult/causes.html

- From 2008 through 2012, similar to New Jersey and comparison counties, Essex County experienced a slight increase in the percentage of obese residents.[99]
- The Essex County obesity rate was lower than the *Healthy People 2020* target of 30.5% and higher than the CHR benchmark of 25%.



Source: CDC, Behavioral Risk Factor Surveillance System

Essex County 2012 Obesity: 27.3%

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

National Benchmark: 25%

Essex County 2012 Obesity: 27.3%

Healthy People 2020

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

Obesity Indicators	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Obesity: Percent with Reported BMI of >= 30			

Food Security

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

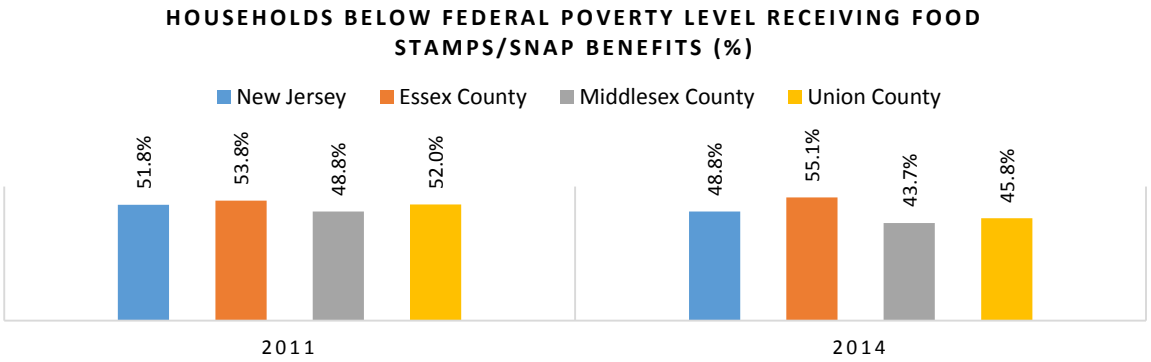
Essex County

- In 2014, 55.1% of households under the Federal Poverty Line received food stamps or SNAP in Essex County, more than New Jersey at 48.8%.[100]

99 New Jersey State Health Assessment Data 2012
100 ibid

NBIMC Service Area

- In 2014, 63.5% of households under the Federal Poverty Line received food stamps or SNAP in Newark, more than Essex County at 55.1% and New Jersey at 48.8%.[101]



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

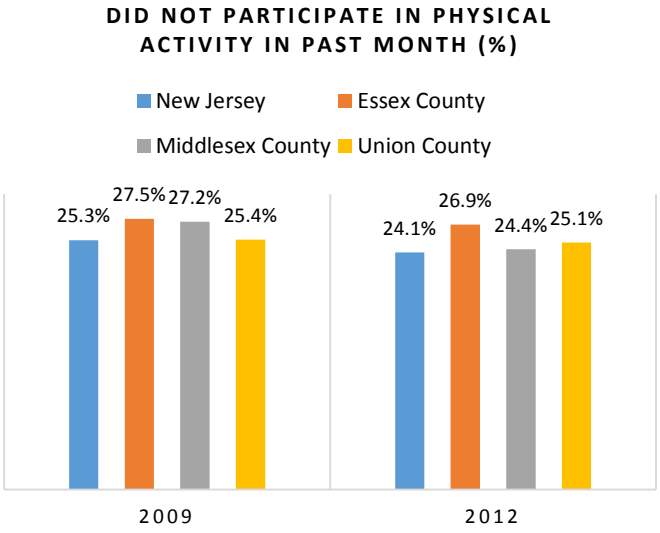
Physical Exercise

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

Essex County

- In 2012, 26.9% of Essex County adults reported no physical exercise within the past month, higher than New Jersey (24.1%) and the CHR national benchmark (20%).
- Similar to New Jersey and comparison counties, Essex County had a slight decrease in the percent of adults who did not participate in physical activity in the past month between 2009 and 2012.[102]

101 ibid
102 Behavioral Risk Factor Surveillance System 2012



Source: CDC, Behavioral Risk Factor Surveillance System

Essex County 2014: 26.9%

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

National Benchmark: 20%

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

Health Screening Behaviors

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

Cancer Screenings

Colorectal Cancer Screening

According to the National Institutes of Health, tests for colorectal cancer (sigmoidoscopy or colonoscopy) should be done starting at age 50.[103]

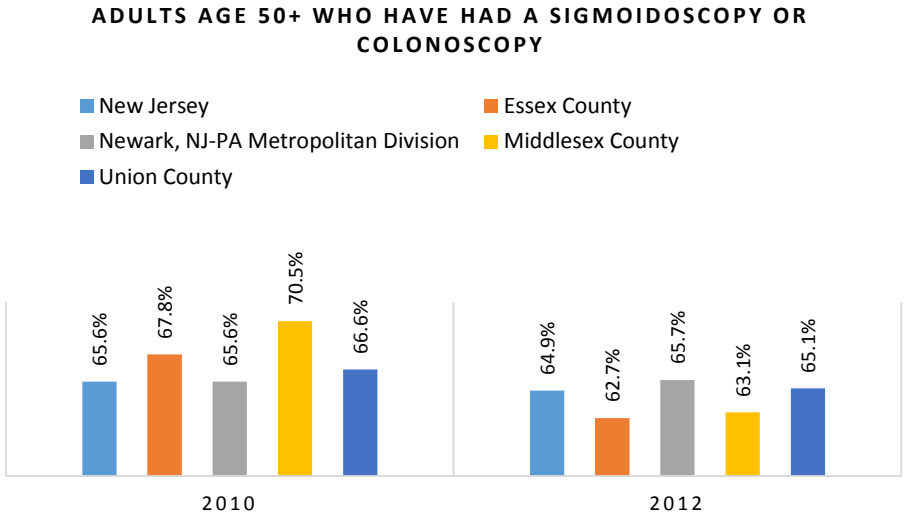
Essex County

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

103 National Institutes of Health Medline Plus Health Screening 2007
https://www.nlm.nih.gov/medlineplus/magazine/issues/winter07/articles/winter07pg17a.html

NBIMC Service Area

- In Newark, 65.7% of adults 50+ had a sigmoidoscopy or colonoscopy.[104]
- Within the past 2 years, 12.9% of adults aged 50+ in Newark had a blood stool test.



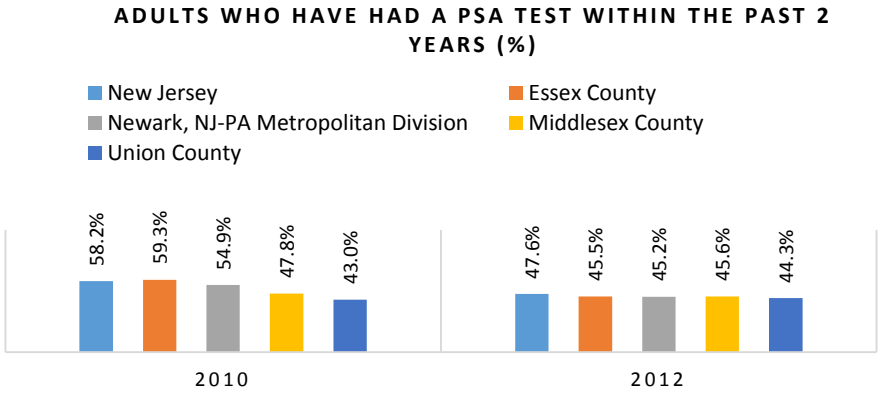
Source: CDC, Behavioral Risk Factor Surveillance System

Prostate Cancer Screening

Prostate cancer screening is done through prostate-specific antigen (PSA) tests or digital rectal examinations (DRE)[105]

Essex County

- In the last two years, 45.5% of Essex County men 50+ had a PSA test as compared to 47.6% of New Jersey men 50+.[106]



Source: CDC, Behavioral Risk Factor Surveillance System

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

Breast Cancer Screening

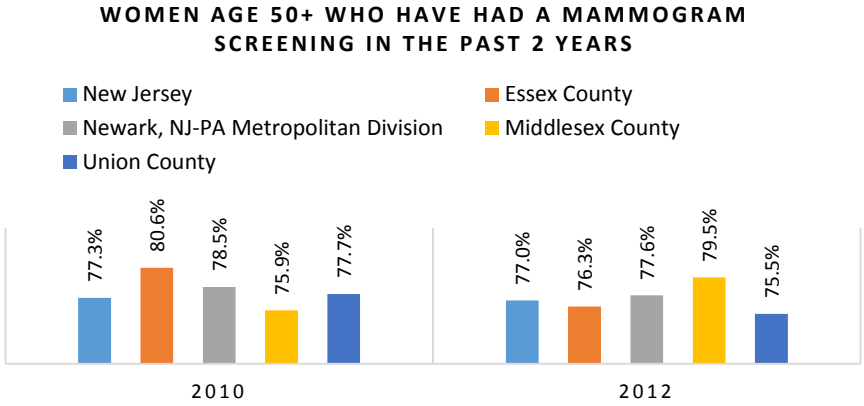
Women ages 40 to 44 should have the choice to start annual breast cancer screening with mammograms (x-rays of the breast) if they wish to do so. Women age 45 to 54 should get mammograms every year. Women 55 and older should switch to mammograms every 2 years, or can continue yearly screening.[107]

Essex County

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

NBIMC Service Area

- In 2012, 77.6% of women in the Newark MSA 40+ had a mammogram screening within the past 2 years, similar to Essex County (76.3%) and New Jersey (77%).[109]



Source: CDC, Behavioral Risk Factor Surveillance System

Cervical Cancer Screening

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

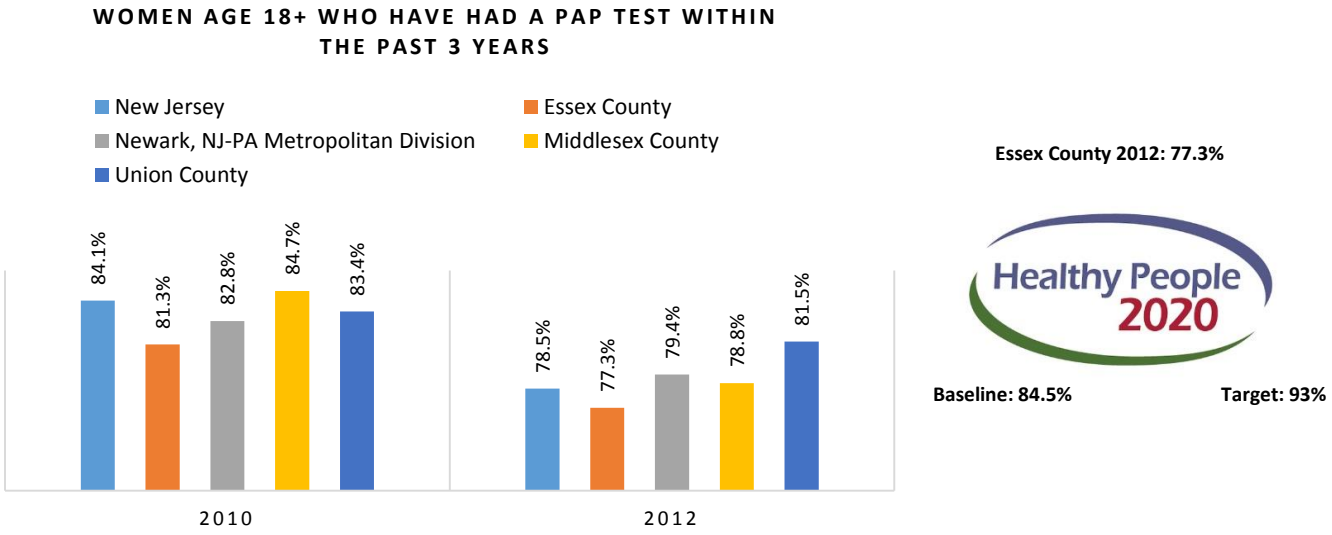
Essex County

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

NBIMC Service Area

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

107 American Cancer Society Guidelines for Early Detection of Cancer
108 County Health Rankings 2016 http://www.countyhealthrankings.org/app/new-jersey/2016/measure/factors/50/data
109 Behavioral Risk Factor Surveillance System 2012
110 National Institutes of Health Medline Plus Health Screening 2007
https://www.nlm.nih.gov/medlineplus/magazine/issues/winter07/articles/winter07pg17a.html
111 Behavioral Risk Factor Surveillance System 2012



Source: CDC, Behavioral Risk Factor Surveillance System

Diabetes Screening

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

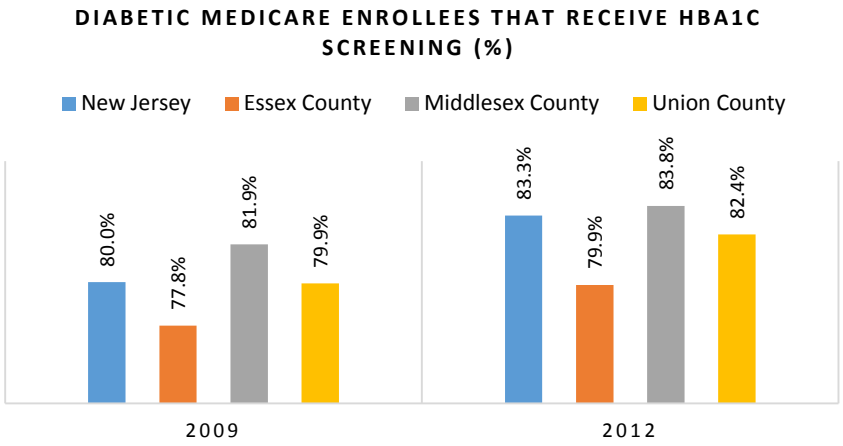
Essex County

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

NBIMC Service Area

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

112 National Institutes of Health Medline Plus Health Screening 2007 https://www.nlm.nih.gov/medlineplus/magazine/issues/winter07/articles/winter07pg17a.html
113 County Health Rankings 2016 http://www.countyhealthrankings.org/app/new-jersey/2016/measure/factors/7/data
114 Free Clinic Directory Essex County 2016 http://freeclinicdirectory.org/new_jersey_care/essex_nj_county.html



Essex County 2013: 80%

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

National Benchmark: 89%

Source: CDC, Behavioral Risk Factor Surveillance System

Immunization Behaviors

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

Adult Flu Vaccine

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

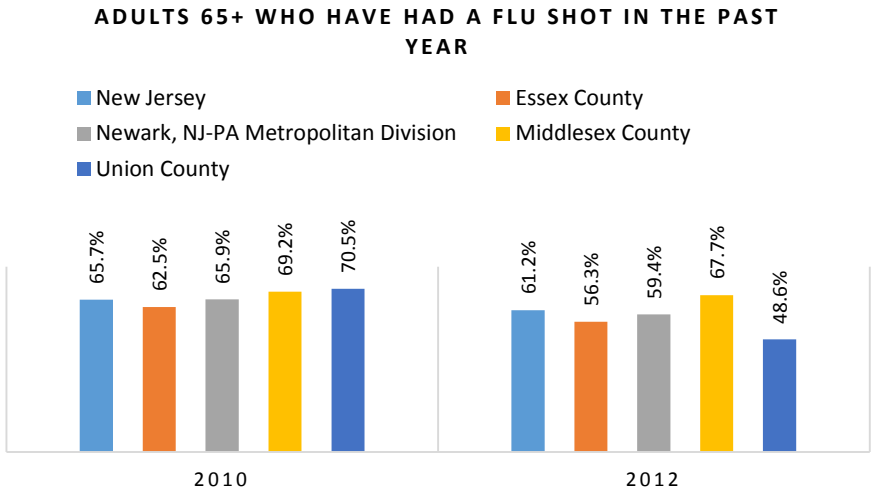
Essex County

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

NBIMC Service Area

- In 2012, 59.4% of Newark adults 65+ were inoculated with the flu vaccine, higher than Essex County (56.3%) and less than the state (61.2 %). The Newark percentage did not meet the *Healthy People 2020* goal to have no more than 10% go without this vaccine.[118]

115 World Health Organization Immunization http://www.who.int/topics/immunization/en/
116 Centers for Disease Control and Prevention Influenza http://www.cdc.gov/flu/protect/whoshouldvax.htm
117 ibid
118 Behavioral Risk Factor Surveillance System 2012



Essex County 2012: 56.3%

Healthy People 2020

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

Source: CDC, Behavioral Risk Factor Surveillance System

Adult Pneumonia Vaccine

The pneumococcal vaccination is recommended for all children younger than 5 years old, all adults 65 years or older, and individuals 6 years or older with compromised immune systems.[119]

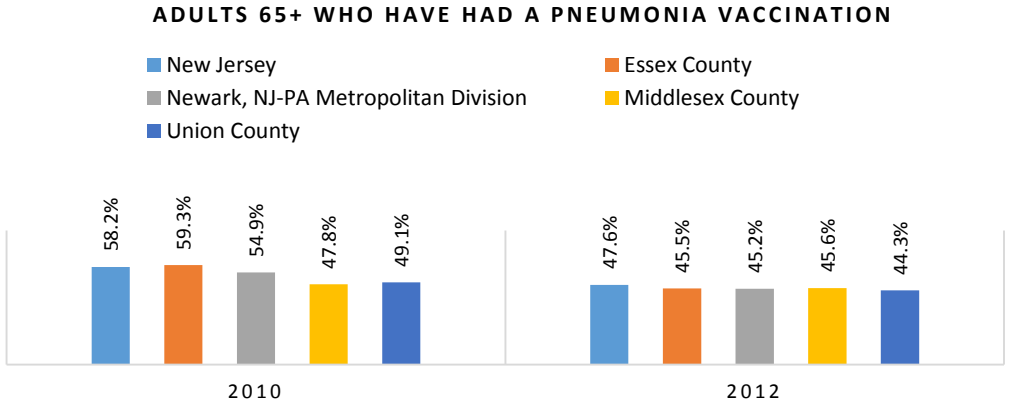
Essex County 2012: 45.5%

Healthy People 2020

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

Essex County

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



Source: CDC, Behavioral Risk Factor Surveillance System

119 Centers for Disease Control and Prevention http://www.cdc.gov/vaccines/vpd-vac/pneumo/
120 ibid

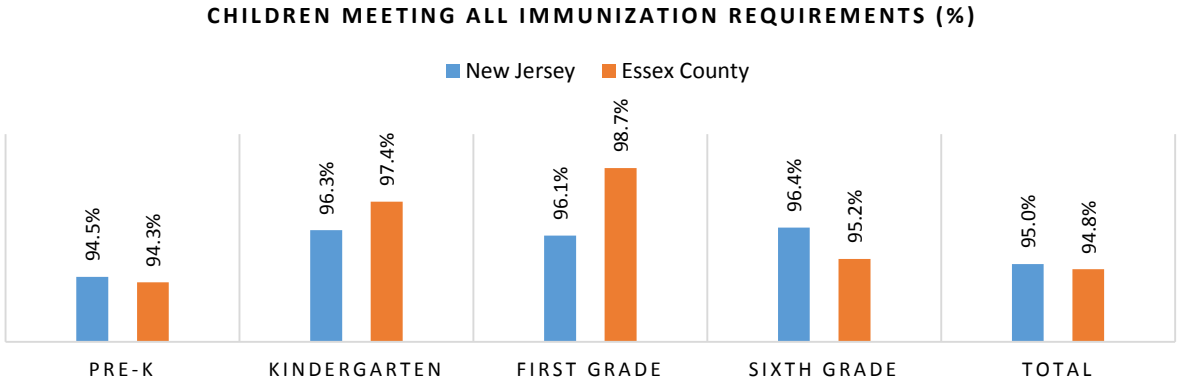
Diabetes Screening	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Percent of Adults Age 50+ Who Have Had a Sigmoidoscopy or Colonoscopy	N.A.	N.A.	
Percent of Women Age 40+ Who Have Not Had a Mammogram in the Past 2 Years	N.A.	N.A.	
Percent of Women Age 18+ Who Have Had a Pap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

Childhood Vaccinations

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

Essex County

- In Essex County, 94.3% of children in pre-kindergarten, 97.4% of children in kindergarten, 98.7% of children in first grade, and 95.2% of children in sixth grade met all immunization requirements in the 2015-2016 school year.
- 94.8% of all Essex County children from pre-kindergarten to 12th grade met immunization requirements in the 2015-2016 school year, lower than the state percentage (95%).[121]



Source: NJ Annual Immunization Status Report 2015-2016

121 http://www.nj.gov/health/cd/documents/status_report/2016/all_schools_vac.pdf

4. Physical Environment

Humans interact with the environment constantly. These interactions affect quality of life, years of healthy life lived, and health disparities. The World Health Organization (WHO) defines environment, as it relates to health, as "all the physical, chemical, and biological factors external to a person, and all the related behaviors." This includes the "built environment": buildings, roads, buses, homes, parks, recreational areas, greenways, shops and other business areas.[122] Environmental health consists of preventing or controlling disease, injury, and disability related to the interactions between people and their environments, both built and natural.

Air Quality

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

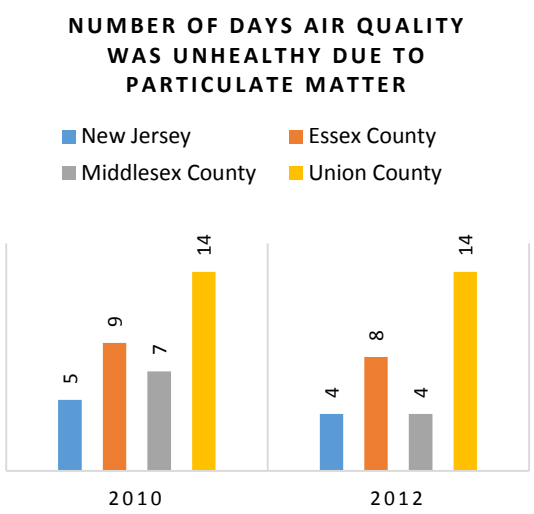
Essex County

- In 2012, Essex County had 8 days of unhealthy air quality due to the PM2.5 concentrations, a decrease from 9 days in 2010 and double New Jersey's 4 days. [123]
- Similar to New Jersey and surrounding counties, Essex County's days of unhealthy air quality due to ozone in 2012 decreased to 9 from 12 in 2010. All geographies are substantially worse than the CHR benchmark of 0 days.

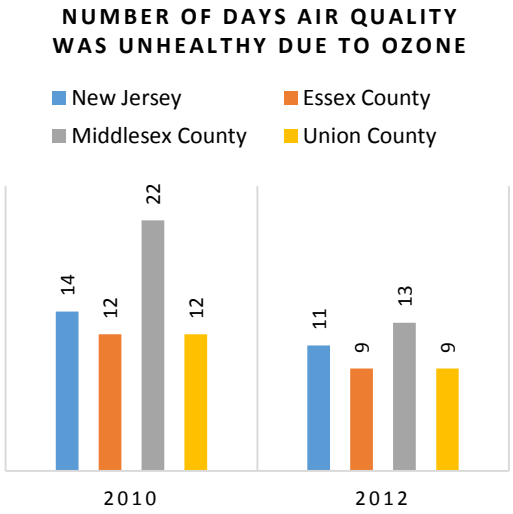
NBIMC Service Area

- In 2014, Newark had 2 days of unhealthy air quality due to the PM2.5 concentrations, one day less than Essex County as a whole.[124]

122 University of Nevada What is Obesogenic Environment? https://www.unce.unr.edu/publications/files/hn/2010/fs1011.pdf
123 Centers for Disease Control and Prevention 2014
124 ibid



Source: CDC, Environmental Public Health Tracking Network, County Health Rankings



Source: CDC, Environmental Public Health Tracking Network, County Health Rankings

Essex County 2012 Days of Low Air Quality: 8

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

National Benchmark: 0

Lead Hazards

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

Essex County

- Essex County and its major urban centers have substantially higher percentages (42.7%) of housing built before 1950 than statewide (25.6%).[125]
- In 2014, 0.9% of Essex County children ages 1-3 have blood lead levels above 10 micrograms per deciliter, almost double 0.47% of New Jersey children ages 1-3.

125 New Jersey State Health Assessment Data Complete Indicator Profile of Risk Factor for Childhood Lead Exposure: Pre-1950 Housing https://www26.state.nj.us/doh-shad/indicator/complete_profile/pre1950home.html

NBIMC Service Area

- In 2014, 111 (.4%) Newark children under the age of six years old had a BLL over 10 µg/Dl, lower than both the state and county.
- In 2014, 0.8% of Irvington children under the age of six had a BLL over 10 µg/dL in Irvington.[126]
- In 2014, .6% of Newark children between six months and 26 months, had a BLL over 10 µg/dL, higher than the State (0.47%).
- In 2014, 0.9% of Irvington children between six to 26 months had a BLL over 10 µg/dL in 2014, the same as the Essex County percentage and higher than NJ for children ages 1-3.

Proximity of Healthy Food Sources

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

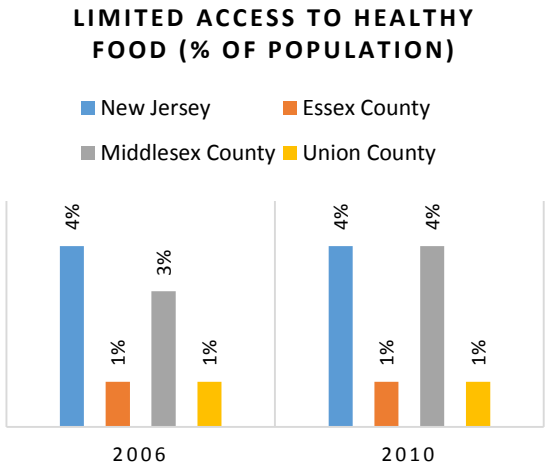
Essex County

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

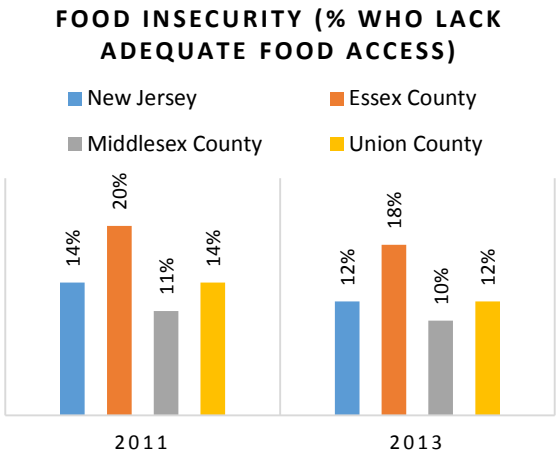
NBIMC Service Area

- The larger of the two Essex County food deserts is located in the NBIMC service area.[134]

126 New Jersey Department of Health Childhood Lead Poisoning in New Jersey Annual Report 2014 http://www.nj.gov/health/fhs/documents/childhoodlead2014.pdf
127 ibid
128 Alcohol Retail Density and Demographic Predictors of Health Disparities: A Geographic Analysis http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2936987/
129 Centers for Disease Control and Prevention A Systematic Review of Food Deserts 1996-2007 http://www.cdc.gov/pcd/issues/2009/jul/08_0163.htm
130 USDA Defines Food Deserts http://americannutritionassociation.org/newsletter/usda-defines-food-deserts
131 Food Deserts https://www.dosomething.org/facts/11-facts-about-food-deserts
132 Health Indicators Warehouse 2013
133 Retail Food Stores in Newark: A Research Brief 2014 New Jersey Child Health Study http://www.cshp.rutgers.edu/Downloads/10870.pdf
134 United States Department of Agriculture Economic Research Service Food Access Research Atlas 2014 http://www.ers.usda.gov/data-products/food-eaccess-research-atlas/go-to-the-atlas.aspx



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



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

Community Safety

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

Criminal Violence

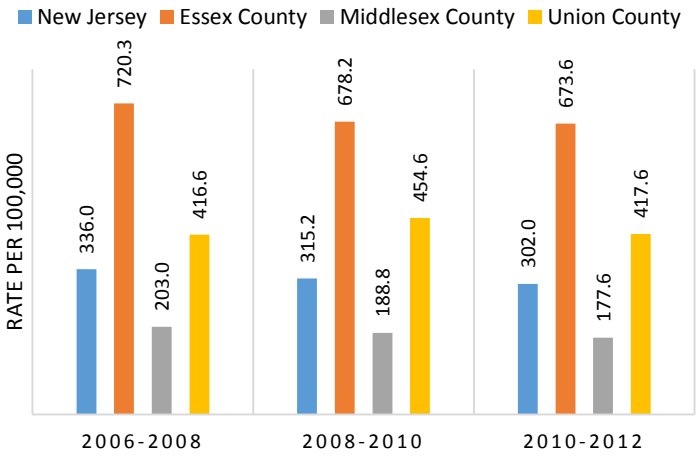
A violent crime is a crime in which an offender uses or threatens force upon a victim.

Essex County

- Between 2010 and 2012, the violent crime rate in Essex County was 674/100,000. Violent crimes declined in Essex County but remain more than double the statewide rate (261/100,000) and ten times higher than the County Health Rankings national benchmark (59/100,000).
- In 2014, the Essex violent crimes rate was 1,110/100,000, nearly four times the New Jersey rate of 261/100,000.[135]
- The 2013 percent of Essex County substantiated child abuse/neglect reports is 14%, higher than the Essex County rate of 11.1%.[136]
- The rates of robbery (4.0/1,000), burglary (5.0/1,000), and larceny (13.4/1,000) in Essex County are higher than the rates in the state and comparison counties.

135 Neighborhood Scout Crime Rates for New Jersey 2014 http://www.neighborhoodscout.com/nj/crime/
136 http://nj.gov/dcf/childdata/continuous/2013_AnnualAbuseNeglectReport.pdf

VIOLENT CRIMES



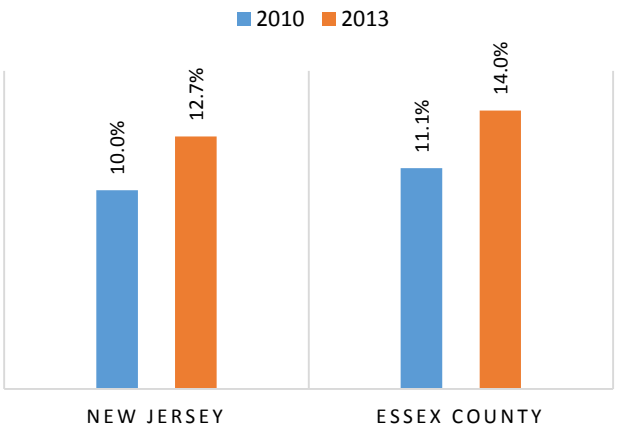
Source: National Vital Statistics System, County Health Rankings

Essex County Violent Crimes 2010-2012: 673.6

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

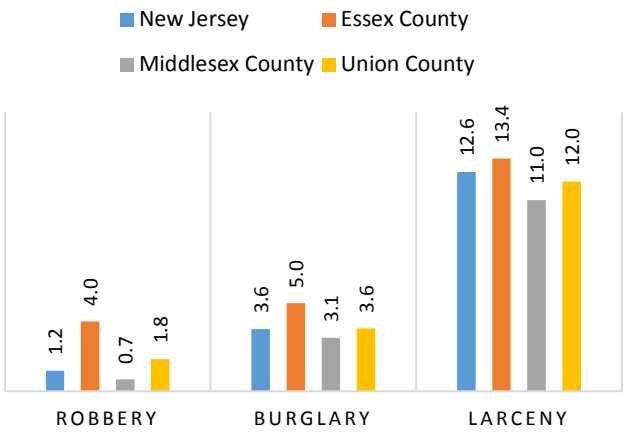
National Benchmark: 59

SUBSTANTIATED FINDINGS OF CHILD ABUSE/NEGLECT REPORTS



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

RATE OF ROBBERY, BURGLARY, AND LARCENY PER 1,000 IN 2014



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

Unintentional Injury

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

Essex County

- Between 2008 and 2012, the rate of deaths due to injuries in Essex County was 47.8/100,000, higher than statewide 41/100,000[137]

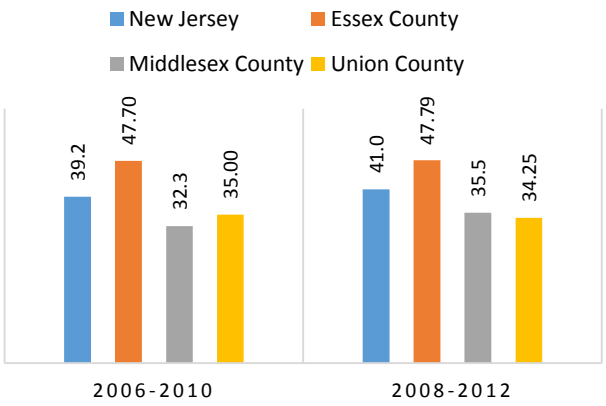
137 New Jersey State Health Assessment Data 2013

- Between 2006 and 2012, the motor vehicle crash death rate was 6.4/100,000 in Essex County, down from 9.2/100,000 in 2000-2006.[138] Between 2006-2012, the New Jersey motor vehicle crash death rate was 7.1/100,000, a decrease from 9.0/100,000 in 2000-2006.

NBIMC Service Area

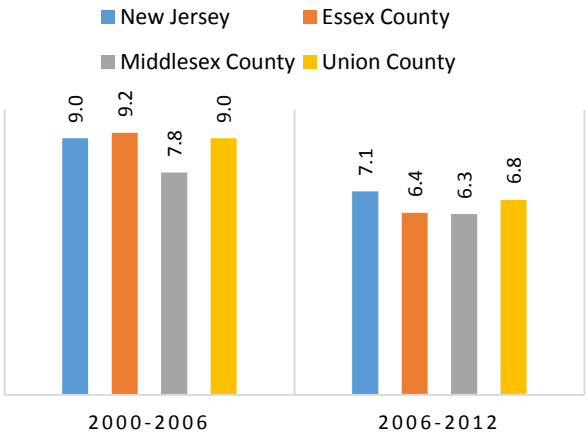
- In 2013, the Newark motor vehicle crash death rate was 11.85/100,000.[139]

INJURY MORTALITY RATE PER 100,000



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

MOTOR VEHICLE CRASH DEATH RATE, PER 100,000



Source: National Vital Statistics System, County Health Rankings

Essex County Motor Vehicle Death Rate
2006-2012: 6.4

Baseline: 13.8% **Target: 12.4**

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

138 Centers for Disease Control and Prevention Accidental Injury http://www.cdc.gov/nchs/fastats/accidental-injury.htm
139 New Jersey State Police Fatal Motor Vehicle Crash Report 2013http://www.njsp.org/info/fatalacc/2013_fatal_crash.pdf

5. Behavioral Health

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

Mental Health

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental disorders are health conditions characterized by alterations in thinking, mood, and/or behavior associated with distress and/or impaired functioning. There is often stigma associated with mental health diagnosis and treatment, particularly among African-Americans and Latinos. Mental health plays a major role in one's ability to maintain good physical health. Problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

Essex County

- In 2014, Essex County ED admission rates (12.3/1,000) for mental disorders were higher than the statewide rates (10.5/1,000).[140]
- In 2014, Essex County mental disorders inpatient rates (7.0/1,000) were higher than the state (4.8/1,000).[141]
- In 2012, ED visits among adults for mental disorders in Essex County was 13.4/1,000; the 2014 rate decreased to 9.4/1,000.
- According to CHR, the average number of mentally unhealthy days in Essex County from 2006 to 2012 was 3.4 in the last 30 days.[142]
- Accord to BRFSS, from 2006-2012, New Jersey residents reported 3.3 mentally unhealthy days in the past month, the same as 2002-2008.

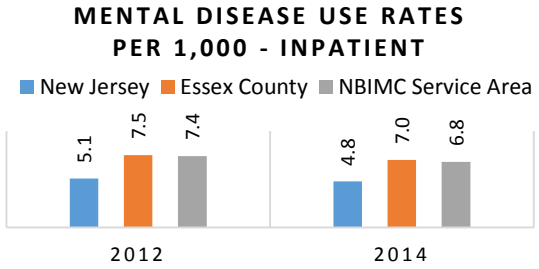
Essex County 2006-2012 number of mentally unhealthy days: 3.4

National Benchmark: 2.8

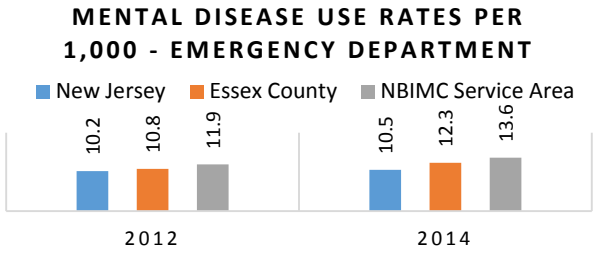
NBIMC Service Area

- In 2014, the NBIMC inpatient use rate for mental disorders was 6.8/1,000.
    - Inpatient rates were higher in the NBIMC service area than statewide (4.8), but lower than the county (7.0) [143]
- In 2014, the NBIMC emergency department use rate for mental disorders was 13.6/1,000.
    - The rate for emergency department visits in the NBIMC service area higher than the statewide rate (10.5) and higher than the county rate (12.3)[144]

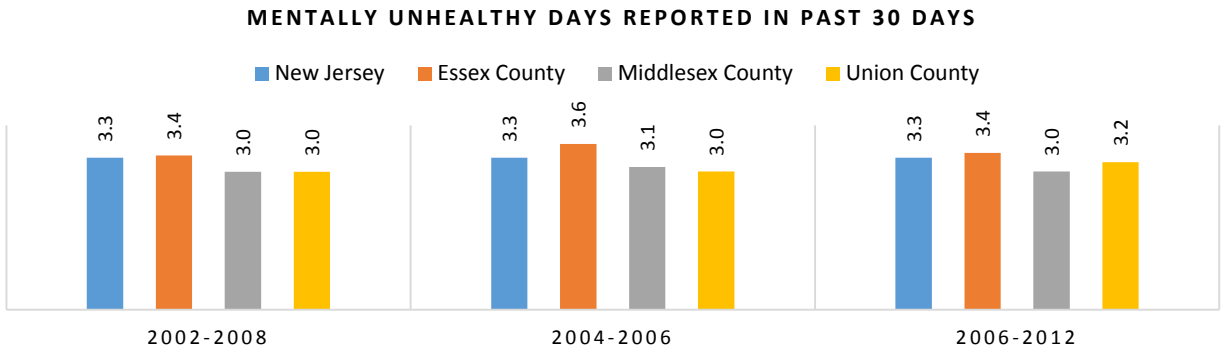
140 Health Care Decision Analyst Internal Data 2014
141 Ibid.
142 Community Health Rankings 2012
143 Health Care Decision Analyst Internal Data 2014
144 Ibid.



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



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



Source: CDC, Behavioral Risk Factor Surveillance System

Substance Abuse

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

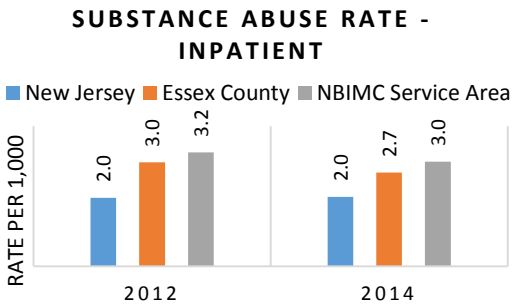
Essex County

- Excessive drinkers include heavy and binge drinkers. Between 2006 and 2012, 14.8% of adults in Essex County reported excessive drinking, 1.3% less than the statewide percentage and nearly the same as from 2003-2009.[145] 16.1% of New Jersey residents reported excessive drinking in 2006-2012, an increase from 14% in 2003-2007.
- In 2014, alcohol dependence admissions in Essex County were 19.5% compared to 27% statewide.
- Between 2010 and 2014, 23% of driving deaths in Essex County were alcohol impaired. [146,147]
- Between 2002 and 2014, 302 drug overdose deaths occurred in Essex County, an overdose mortality rate of 13/100,000. [148]

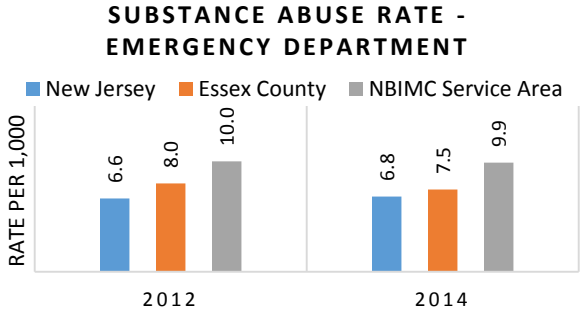
145 County Health Rankings 2016 http://www.countyhealthrankings.org/app/new-jersey/2016/measure/factors/49/data?sort=desc-2 *****Data should not be compared with prior years due to changes in definition/methods.
146 County Health Rankings 2016 http://www.countyhealthrankings.org/app/new-jersey/2016/measure/factors/134/data?sort=desc-2
147 ibid
148 ibid

NBIMC Service Area

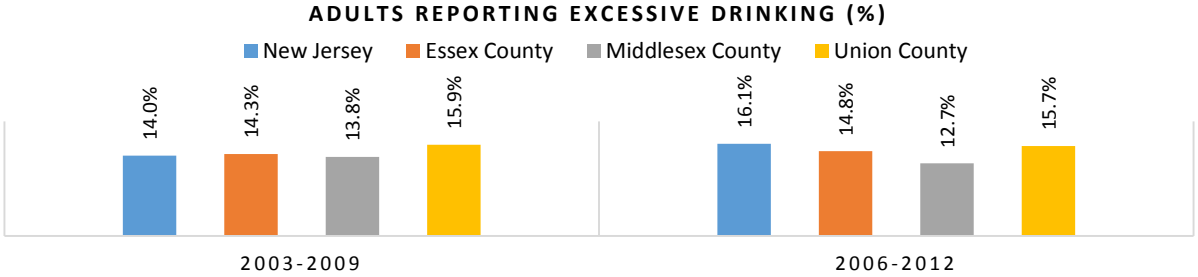
- Within the NBIMC service area, the inpatient use rate for substance abuse was 3.2/1,000 in 2014
- The emergency department use rate was 9.9/1,000 in 2014. [149]



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



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



Source: CDC, Behavioral Risk Factor Surveillance System

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

149 Health Care Decision Analyst Internal Data 2014

C. HEALTH OUTCOMES

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

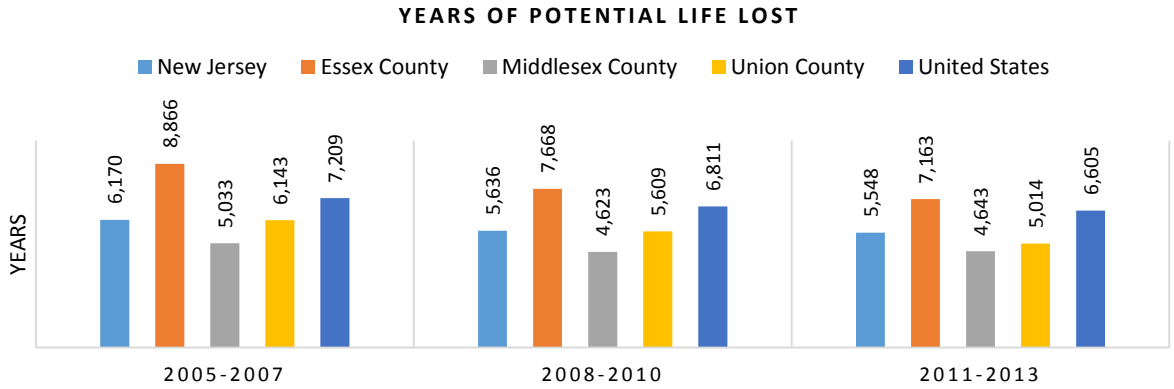
1. Premature Deaths

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

Essex County Premature Deaths 2011-2013: 7,163

National Benchmark: 5,200

- Essex County's premature death rate declined from 2005-2007 through 2011-2013, but remained higher than New Jersey, comparative counties and nationwide.
- Essex County's 2011-2013 premature death rate of 7,163/100,000 was 29.1% higher than New Jersey's 5,548/100,000, and 37.8% higher than the County Health Rankings (CHR) benchmark of 5,200/100,000.
- Essex County's premature death rate declined 19.2% from 8,866/100,000 in 2005-2007 to 7,163/100,000 in 2011-2013. Despite declining, Essex County's premature death rate remains higher than all comparison counties[150].



Source: National Vital Statistics System, County Health Rankings

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

[150] County Health Rankings, National Vital Statistics System

2. *Leading Causes of Death*

- Between 2010 and 2013, the age-adjusted mortality rates for eight of Essex County's 10 leading causes of death declined, with the exception of unintentional injury and drug induced deaths.
- The top five leading causes of death include heart disease, cancer, stroke, unintentional injuries, and diabetes mellitus.
- Heart disease and cancer mortality rates declined but remained the primary causes of death for county residents. (See table below) [151]

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

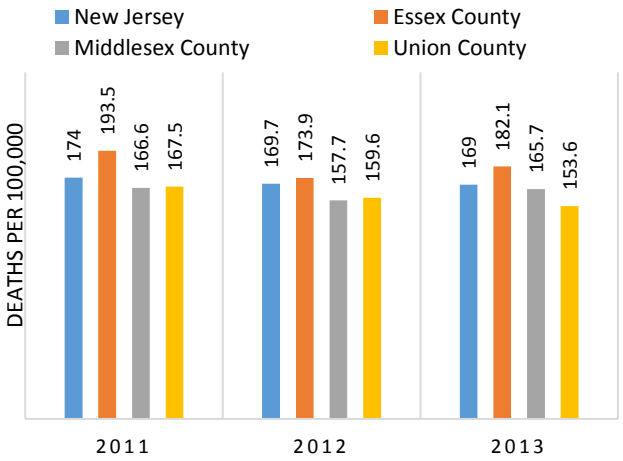
Heart Disease

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

- Between 2010 and 2013, the Essex County AAMR due to heart disease decreased 7.2%, from 196.5/100,000 to 182.1/100,000. This continues the downward trend reported in the 2013 CHNA indicating a 2008 AAMR of 206.4/100,000, a 9% decline from 2004 through 2008.
- The Essex County 2013 AAMR of 182.1/100,000 was higher than statewide rate, the rate of surrounding counties and the *Healthy People 2020* target rate of 108.8/100,000. [152]
- Considering the AAMR for heart disease by race and ethnicity, Essex County, like New Jersey has the highest AAMR among Blacks; neighboring Middlesex and Union Counties had the highest AAMR among Whites.
- The Essex County AAMR for heart disease for Blacks and Hispanics was higher than State rates.
- The Essex County age-adjusted mortality rates for Black heart disease declined 1.9% from 228.7/100,000 to 224.4/100,000 between 2010 and 2013.
- The age-adjusted mortality rate for heart disease among Hispanics increased from 118.5/100,000 in 2010 to 122.2/100,000 in 2013. However, the 2013 Hispanic rate was substantially lower than Blacks (224.4/100,000) and Whites (159.5/100,000). [153]

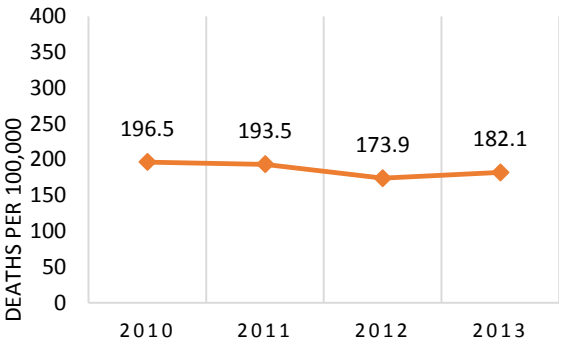
151 New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health; Population Estimates: New Jersey Department of Labor and Workforce Development, State Data Center, 2013
152 ibid
153 ibid

HEART DISEASE DEATHS



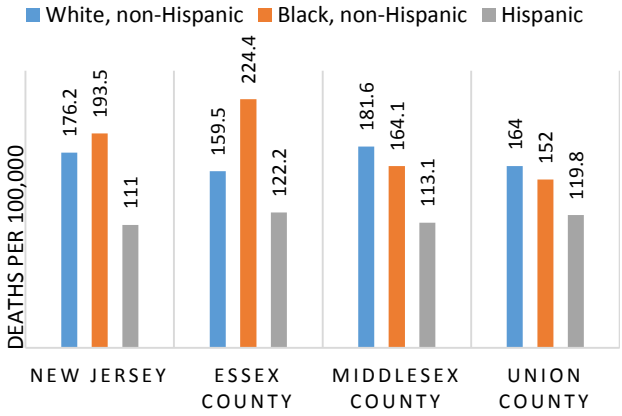
Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

HEART DISEASE DEATHS IN ESSEX COUNTY



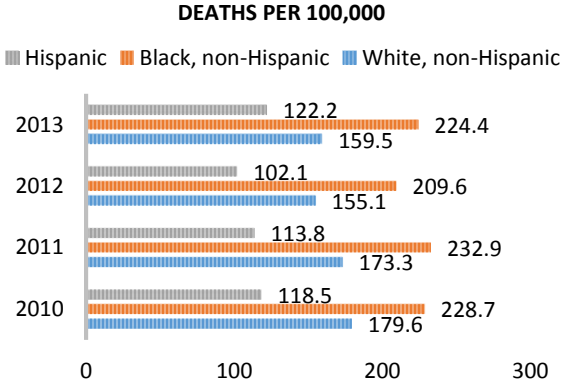
Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

HEART DISEASE DEATHS BY RACE/ETHNICITY 2013



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

HEART DISEASE DEATHS BY RACE/ETHNICITY IN ESSEX COUNTY



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

Essex County 2013 Heart Disease Deaths: 182.1

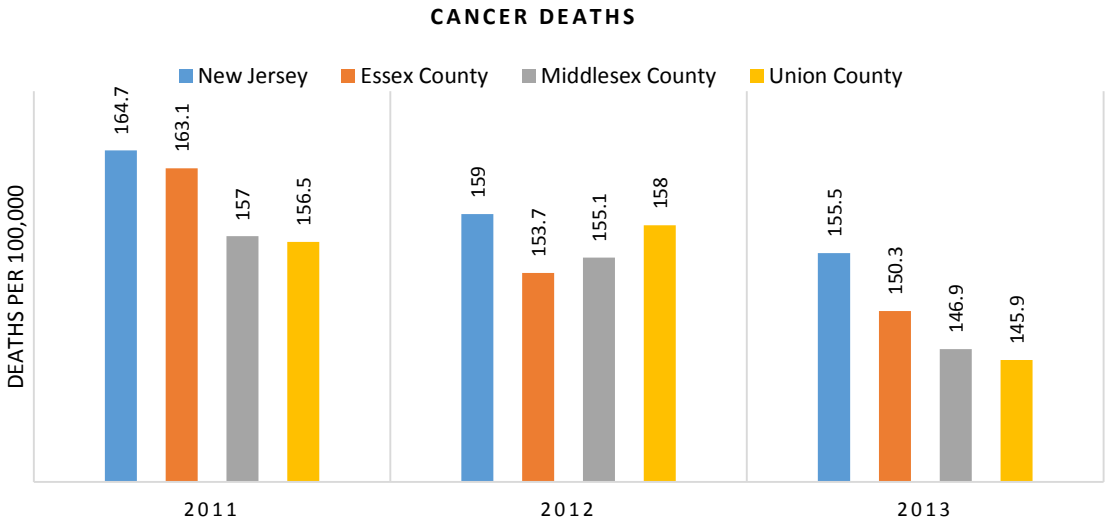
Healthy People 2020

Baseline: 179.4 **Target: 161.5**

Cancer

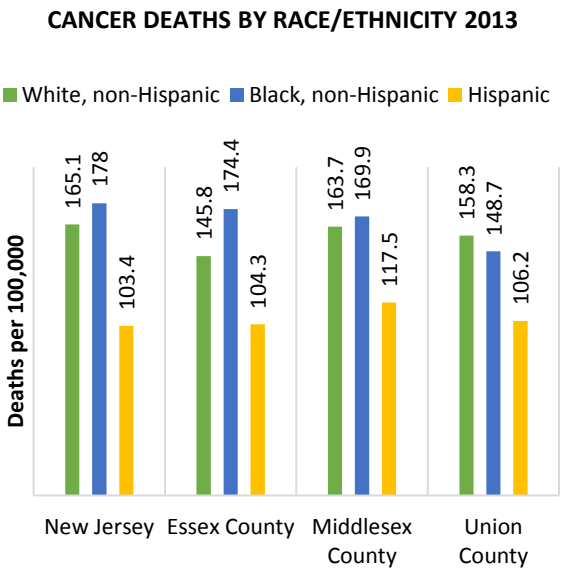
Cancer is the second leading cause of death in the nation, New Jersey, and Essex County.

- Between 2010 and 2013, the age-adjusted mortality rate for cancer in Essex County decreased 13.1% from 173/100,000, to 150.3/100,000.[154] This continues the downward trend reported in the 2013 CHNA indicating a 2008 AAMR of 183.6/100,000, a 4.1% decline between 2004 and 2008.
- The 2013 Essex County cancer mortality rate was 3.3% lower than the New Jersey AAMR of 155.5/100,000, and higher than both Middlesex and Union Counties. The 2013 Essex County rate was 6.9% lower than the *Healthy People 2020* target of 161.5/100,000, an improvement from the 2008 rate of 183.6/100,000 which exceeded the target.
- The cancer AAMR for all races and ethnicities in Essex County decreased between 2010 and 2013. Consistently, Blacks had the highest AAMR for cancer, followed by Whites and Hispanics.
- The age-adjusted mortality rate for cancer among Essex County Blacks decreased 8.0% from 189.5/100,000 in 2010 to 174.4/100,000 in 2013. This is in contrast to the 7.6% increase reported from 2004 through 2008, to 235.2/100,000 for Essex County Blacks.
- The 2013 Essex County Black cancer AAMR was lower than New Jersey at 178/100,000, but higher than both Middlesex County 169.9/100,000 and Union County 148.7/100,000.
- The age-adjusted mortality rate for cancer among Essex County Whites decreased 13.8% from 169.1/100,000, to 145.8/100,000.
- Similar to the State and comparison counties, the Essex County cancer mortality rate for Hispanics is lower than that of Blacks and Whites. The Essex County AAMR for cancer among Hispanics decreased 14.2% from 121.6/100,000, to 104.3/100,000 from 2010 to 2013.

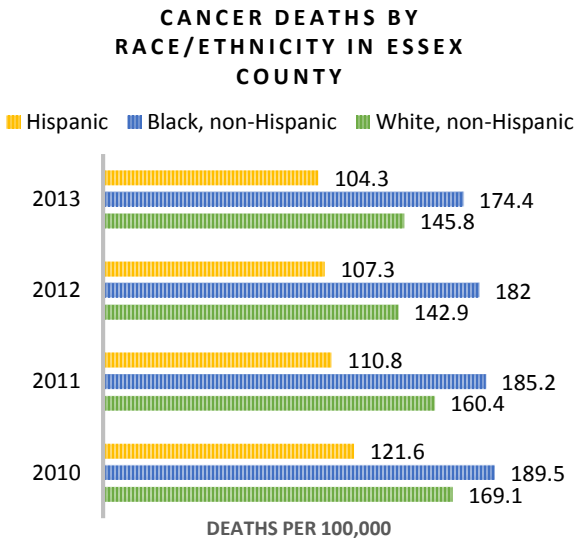


Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

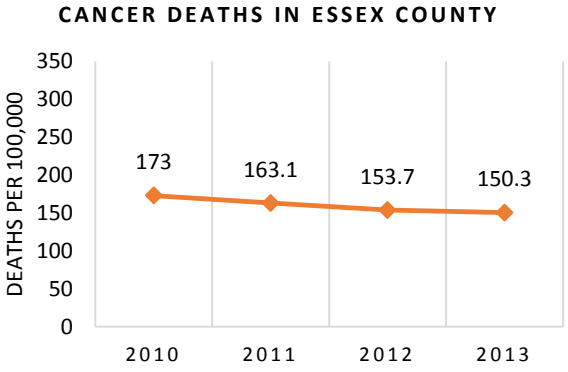
154 ibid



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



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



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

Essex County Cancer Deaths 2013: 150.3

Baseline: 179.4 **Target: 161.5**

Stroke

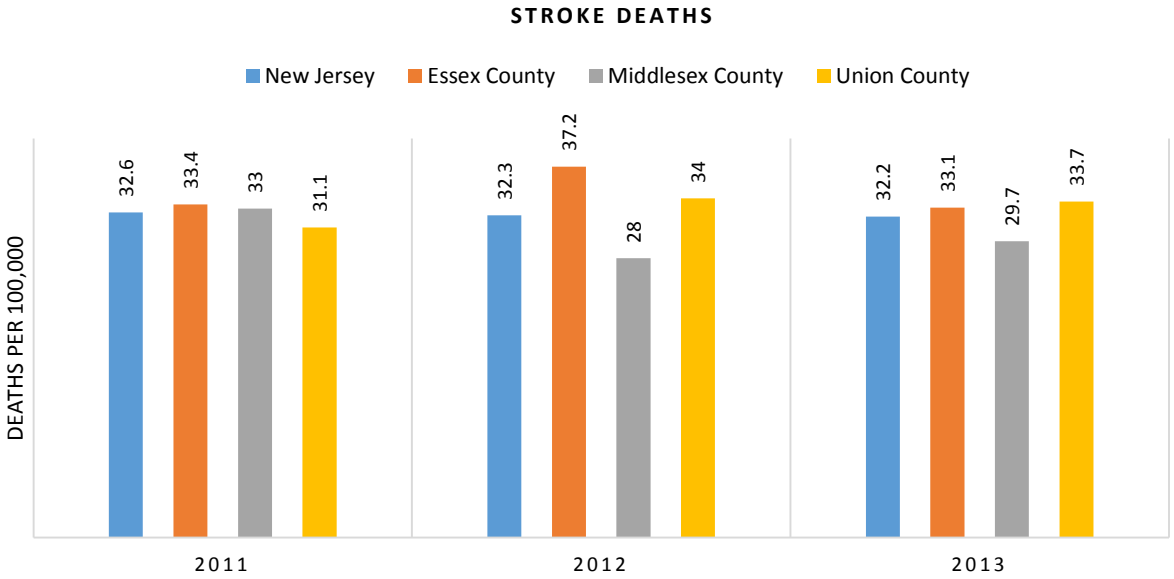
Stroke is the third leading cause of death in the nation, New Jersey, and Essex County.

- The Essex County AAMR for stroke was slightly higher than New Jersey between 2011 and 2013.
- The 2013 Essex County AAMR for stroke of 33.1/100,000 was lower than the *Healthy People 2020* target of 33.8/100,000.
- The age-adjusted mortality rate due to stroke in Essex County decreased 18.7% from 40.7/100,000 in 2010 to 33.1/100,000 in 2013.[155] Although the 2010 rate is slightly higher than

155 ibid

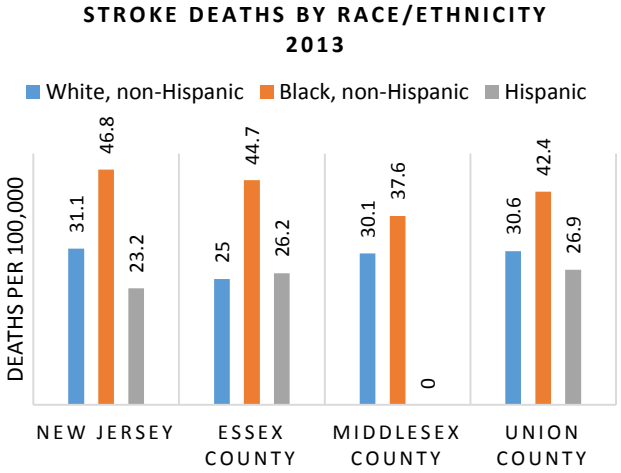
the 2008 rate, this continues the downward trend reported in the 2013 CHNA indicating a 19.1% decline from 44.5/100,000 to 36.0/100,000 in 2004 and 2008.

- Considering AAMR for stroke by race and ethnicity, Essex County, like New Jersey and comparison counties has the highest AAMR among Blacks. Dissimilar to the State, Hispanics followed Blacks in Essex County as opposed to Whites, statewide.
- Between 2010 and 2013, the Essex County AAMR for stroke declined for all races and ethnicities.
- The 2013 Essex County age-adjusted mortality rate due to stroke among Black residents of 44.7/100,000 was lower than New Jersey at 46.8/100,000, but higher than neighboring Middlesex (37.6/100,000) and Union Counties (42.4/100,000). [156]
- In 2013, the Essex County Black age-adjusted mortality rate of 44.7/100,000 due to stroke was 78.8% higher than for Whites at 25/100,000.
- Between 2010 and 2013, the age-adjusted mortality rate due to stroke among Black Essex County residents decreased 16.4% from 53.5/100,000 in 2010 to 44.7/100,000 in 2013.



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

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



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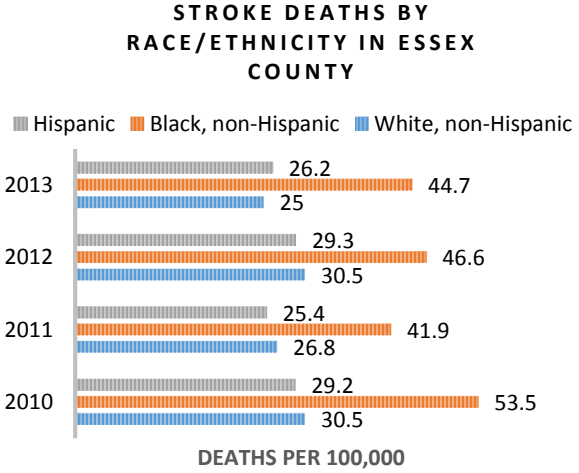
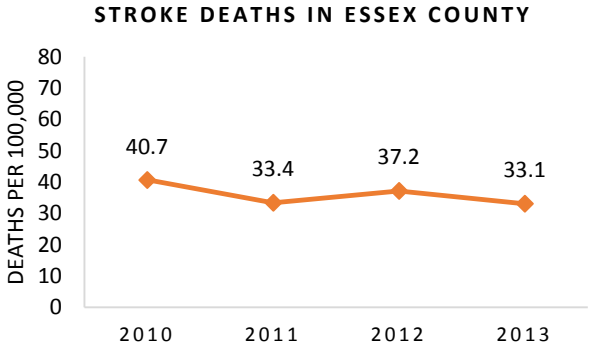


Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health



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

Essex County 2013 Stroke Death Rate: 33.1

Healthy People 2020

Baseline: 42.0 **Target: 33.8**

Unintentional Injury

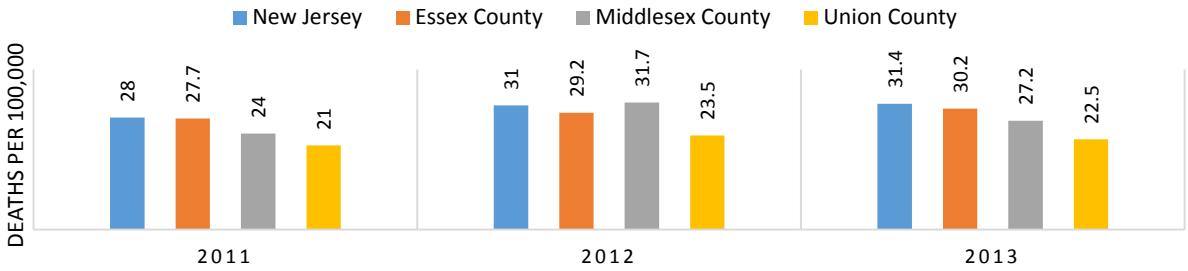
Unintentional injury is the fourth leading cause of death in Essex County. This includes motor vehicle related injuries, poisonings, falls, burns and smoke inhalation, drowning, suffocation, and other injuries.

- The Essex County AAMR for unintentional injuries increased 8.6% from 27.8/100,000 in 2010 to 30.2/100,000 in 2013. In the same period, unintentional injuries also increased statewide and in comparison counties. Unintentional injuries were not included in the Essex County top 5 leading causes of death reported in the previous CHNA.
- The 2013 Essex County AAMR for unintentional injury of 30.2/100,000 was lower than the *Healthy People 2020* target of 36.4/100,000 and the statewide rate of 31.4/100,000, but higher than neighboring Middlesex and Union Counties. [157]

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

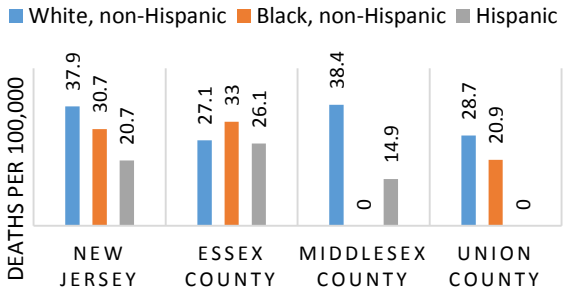
- Comparing Essex County's unintentional injury rate by race, Blacks have the highest rate as compared to Whites statewide. The 2013 unintentional injury death rate among Black Essex County residents (33/100,000) was higher than the state (31.4/100,000).
- The Hispanic unintentional injury deaths rate increased the most out of all racial/ethnic groups, 46.6%, from 17.8/100,000 in 2010 to 26.1/100,000 in 2013. However, in 2013, the unintentional injury death rate among Black Essex County residents remained higher than Whites and Hispanics.

UNINTENTIONAL INJURY DEATHS



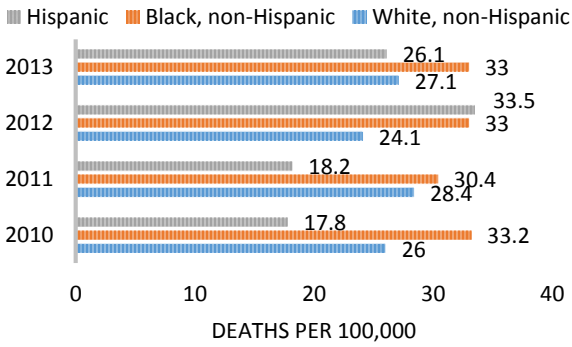
Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

UNINTENTIONAL INJURY DEATHS BY RACE/ETHNICITY 2013



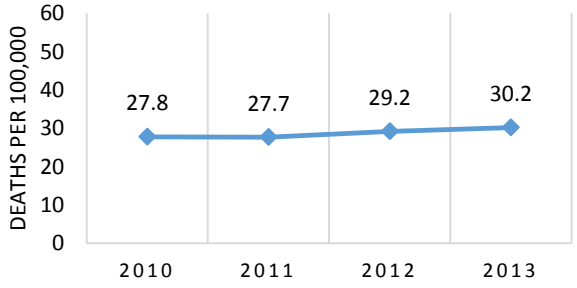
Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health
Note: Missing data contains measures that do not meet standards of reliability or precision

UNINTENTIONAL INJURY DEATHS BY RACE/ETHNICITY IN ESSEX COUNTY



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

UNINTENTIONAL DEATHS IN ESSEX COUNTY



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

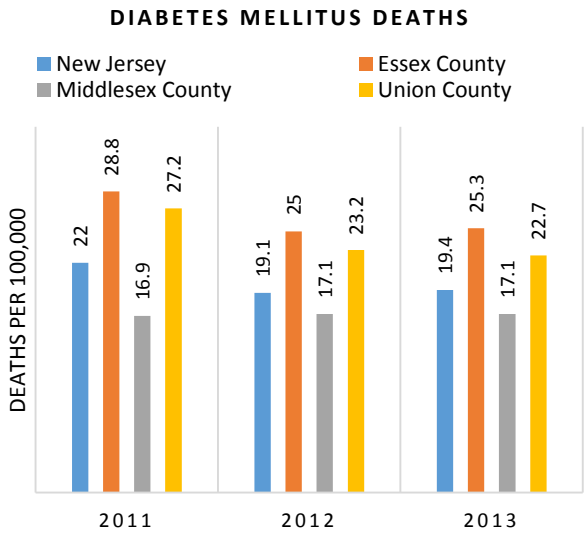
Essex County 2013 Unintentional Injuries: 30.2

Baseline:40.4 **Target:36.4**

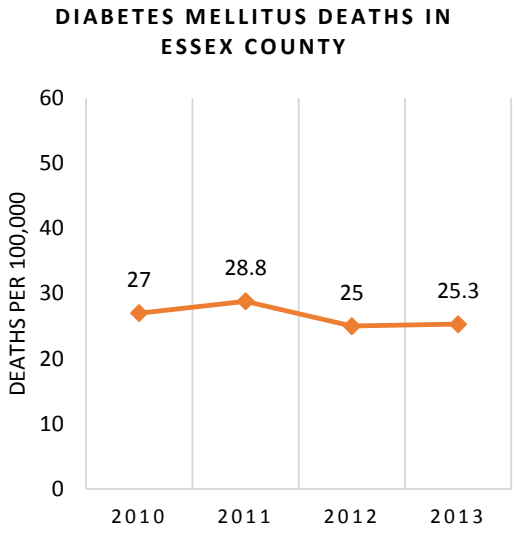
Diabetes

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

- Between 2010 and 2013, the Essex County age-adjusted mortality rate decreased 6.3% from 27/100,000 to 25.3/100,000. In the same time period, New Jersey and Union County rates also declined while Middlesex County had a slight increase.
- Despite declining, in 2013, the Essex County rate remained higher than the statewide rate of 19.4/100,000, Middlesex County 17.1/100,000, and Union County 22.7/100,000.[158]
- When comparing AAMR by race and ethnicity in Essex County, Blacks had the highest age-adjusted death rate for diabetes, similar to New Jersey.
- The age-adjusted mortality rate for diabetes among Essex County Blacks declined 17.4% from 38.5/100,000 in 2011 to 31.8/100,000 in 2013, lower than statewide rate for Blacks at 34.1/100,000 and Union County at 35.2/100,000. In the same time frame, Hispanics also decreased 28.4% from 31.3/100,000 to 22.4/100,000, lower than New Jersey at 24.5/100,000. Conversely, the rate for Whites increased 28.0%, from 16.4/100,000 to 21/100,000 between 2011 and 2013 and higher than New Jersey at 17.3/100,000.[159]



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

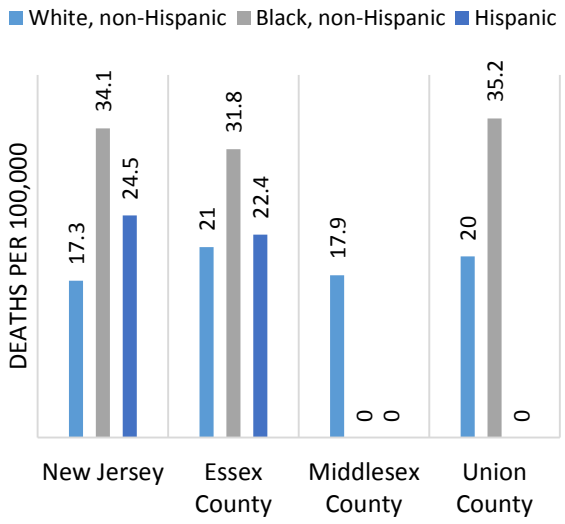


Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

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

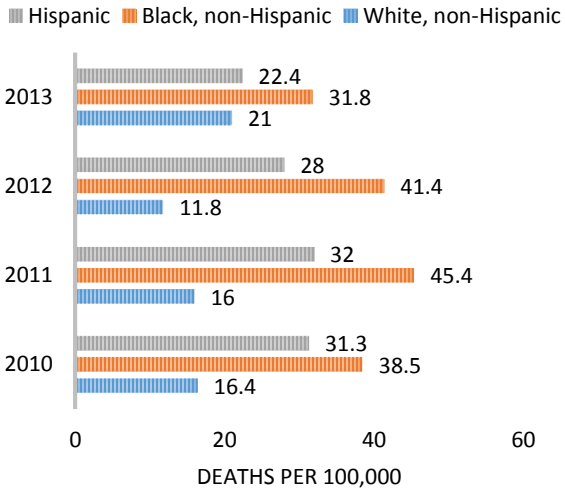
159 Ibid. NOTE: Data for racial/ethnic groups not shown because figures do not meet standards of reliability and precision, based on fewer than 20 cases in the numerator and/or denominator

DIABETES MELLITUS BY RACE 2013



Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health
Note: Missing data contains measures that do not meet standards of reliability or precision

DIABETES MELLITUS DEATHS BY RACE/ETHNICITY IN ESSEX COUNTY



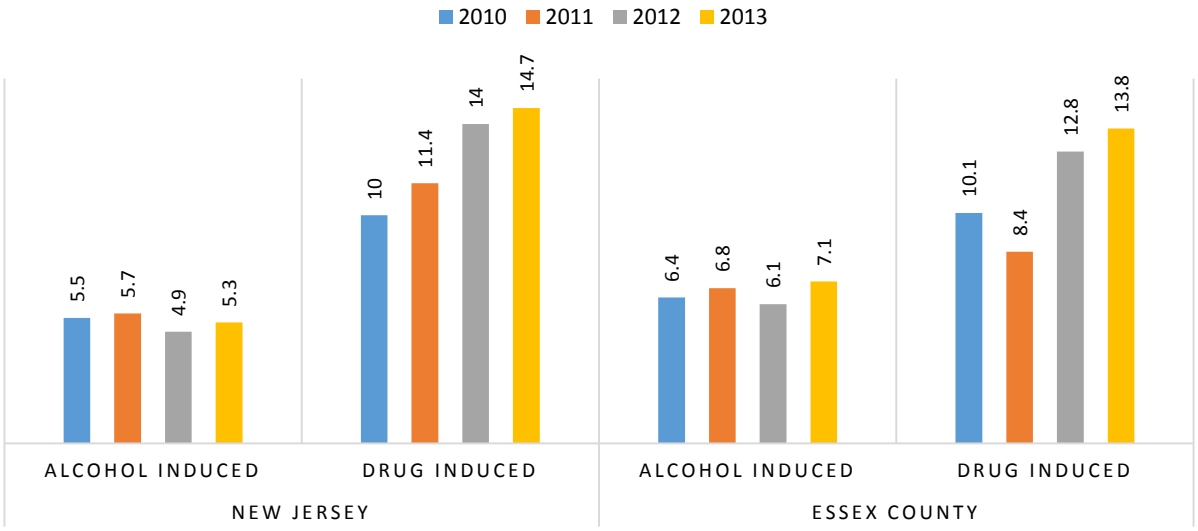
Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

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

3. ***Behavioral Health-Related Deaths***

- Between 2010 and 2013, Essex County's age-adjusted drug-induced deaths increased 36.6% from 10.1/100,000, to 13.8/100,000; in the same period, the New Jersey rate increased 47% from 10/100,000 to 14.7/100,000. This is in contrast to the decline reported in the previous CHNA from 15.3/100,000 in 2006, to 10.2/100,000 in 2007.
- The 2013 Essex County drug-induced death rate was 6.1% lower than the state and 22% higher than the *Healthy People 2020* target of 11.3/100,000.
- Between 2010 and 2013, Essex County's age-adjusted alcohol-induced deaths increased slightly from 6.4/100,000 to 7.1/100,000; the AADR for alcohol continues to increase from 4.4/100,000 as reported in the previous CHNA.
- Conversely, in the same time period, the New Jersey rate of age-adjusted alcohol-induced deaths declined slightly to 5.3/100,000. The 2013 Essex County rate was higher than state rate. [160]
- Between 2011 and 2013, the Essex County age-adjusted suicide rate increased slightly to 5.8/100,000. This is in contrast to the previously reported decline from 5.9/100,000 in 2004 and to 3.3/100,000 in 2008.
- The 2013 Essex County rate of age-adjusted suicide rate (5.7/100,000) was lower than New Jersey 7.9/100,000, comparison counties and the *Healthy People 2020* target of 10.2/100,000.

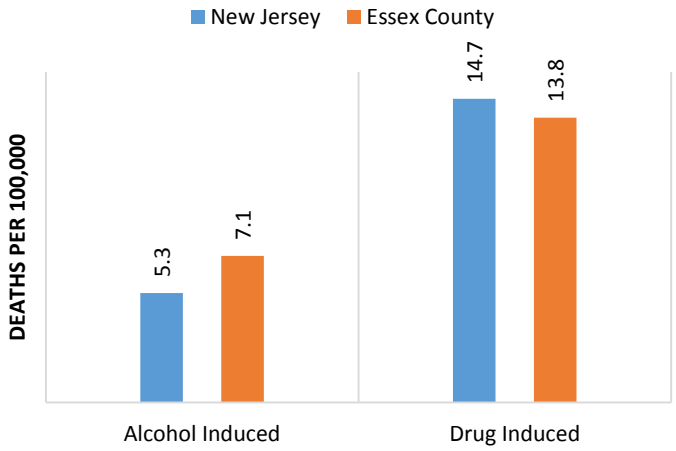
AGE-ADJUSTED ALCOHOL AND DRUG INDUCED DEATHS IN ESSEX COUNTY



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

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

AGE-ADJUSTED ALCOHOL AND DRUG INDUCED DEATHS 2013



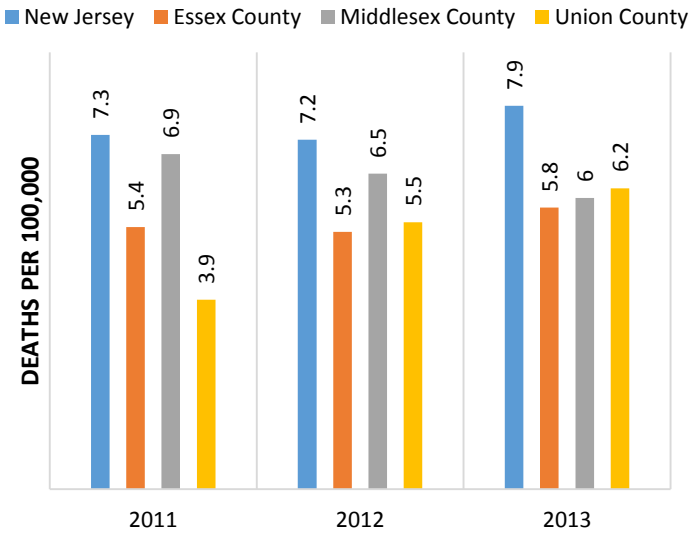
Essex County Drug Induced Deaths: 13.8

Healthy People 2020

Baseline: 12.6 **Target: 11.3**

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

AGE-ADJUSTED SUICIDE DEATHS



Essex County 2013 Suicide Deaths: 5.8

Healthy People 2020

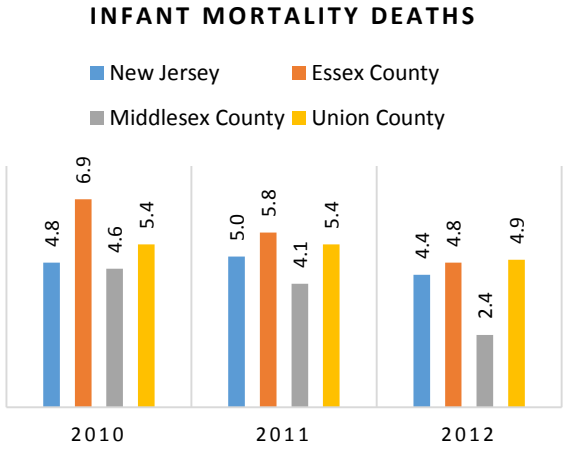
Baseline: 11.3 **Target: 10.2**

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

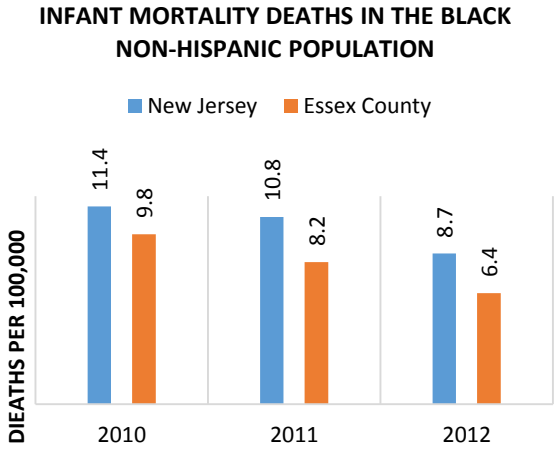
4. Infant Mortality

Infant mortality measures the health and well-being of populations within and across nations; the United States ranks far behind most industrialized nations. This ranking is in large part due to disparities that occur in pre-term babies born to racial and ethnic minorities. [161]

- Between 2010 and 2012, the infant mortality rate decreased in Essex County, New Jersey and comparison counties; Essex County's rate decreased 30.4% from 6.9/1,000 to 4.8/1,000 and was slightly higher than the New Jersey rate of 4.4/100,000 and double Middlesex County. This is in contrast to previously reported 2004 through 2008 infant mortality in Essex County rising 11.8% from 7.6/1,000 to 8.5/1,000.
- Despite decreasing since 2010, the 2012 Essex County Black infant mortality rate of 6.4/100,000 was 25% higher than the Essex County overall rate of 4.8/100,000. The 2012 Essex County Black infant mortality rate was also slightly higher than *Healthy People 2020* of 6.0/100,000.[162]



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



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

Essex County 2012 Infant Mortality Deaths: 4.8

Healthy People 2020

Baseline: 6.7 **Target: 6.0**

161 New Jersey Death and Birth Certificate Databases, Office of Vital Statistics and Registry, New Jersey Department of Health. Infant death certificates and corresponding birth certificates are matched by the Center for Health Statistics, New Jersey Department of Health.
162 New Jersey Death and Birth Certificate Databases, Office of Vital Statistics and Registry, New Jersey Department of Health. Infant death certificates and corresponding birth certificates are matched by the Center for Health Statistics, New Jersey Department of Health.
NOTE: no data on whites/hispanics

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

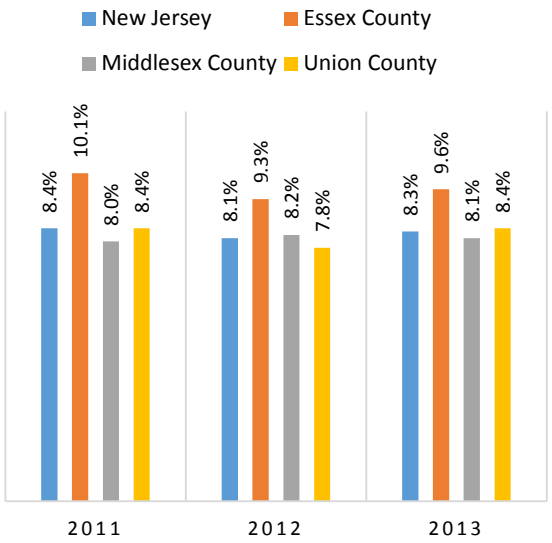
5. Low and Very Low Birth Weight Infants

The rate of low and very low birth weight infants declined between 2011-2013, but remained higher than New Jersey and the comparison counties.

- Between 2011 and 2013, the rate of low birth weight infants in Essex County decreased 0.5% from 10.1% to 9.6%. This trend is in contrast to the previously reported increase of 0.3 percentage point from 9.7% in 2004 to 10% in 2008.
- In 2013, 15.6% more Essex County babies were low birthweight than New Jersey (8.3%). The Essex County percent of low birthweight infants was also higher than Middlesex County (8.1%), Union County (8.4%) and the *Healthy People 2020* target of 7.8%.
- Within Essex County, the percent of very low birth weight infants decreased by 0.3% from 2.3% in 2011 to 2.0% in 2013. The 2011 percentage remains the same as the 2008 percentage as reported in the previous CHNA.
- In 2013, 10.5% of infants born in Newark were low birthweight, higher than New Jersey (8.3%) and Essex County (9.6%).[163]
- The 2013 percentage of very low birthweight infants was higher in Essex County than Middlesex and Union Counties, as well as the State.
- In 2013, the percentage of low birth weight infants among Blacks in Essex County was higher than any other racial or ethnic groups, 81% higher than Whites and 73.2% higher than Hispanics.
- All racial and ethnic groups experienced a decline in percentage of low birth weight babies in Essex County from 2011 to 2013.
- In 2013, the percentage of very low birth weight infants among Blacks in Essex County was higher than any other racial or ethnic groups, three times greater than both Whites and Hispanics.
- From 2011 through 2013, the percent of Hispanic very low birthweight babies decreased .7 percentage points from 1.8% to 1.1%.

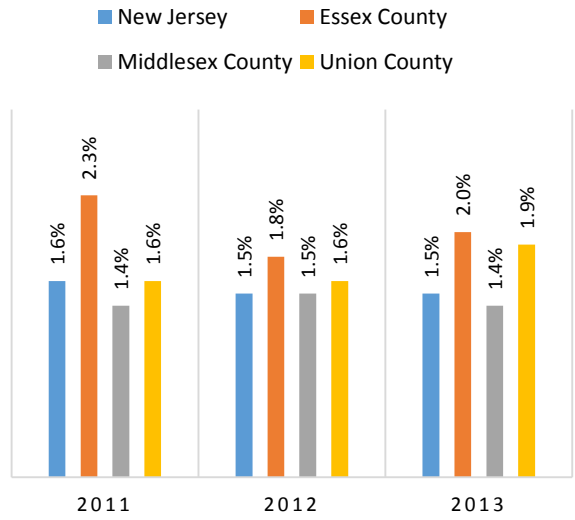
163 New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

LOW BIRTHWEIGHT INFANTS



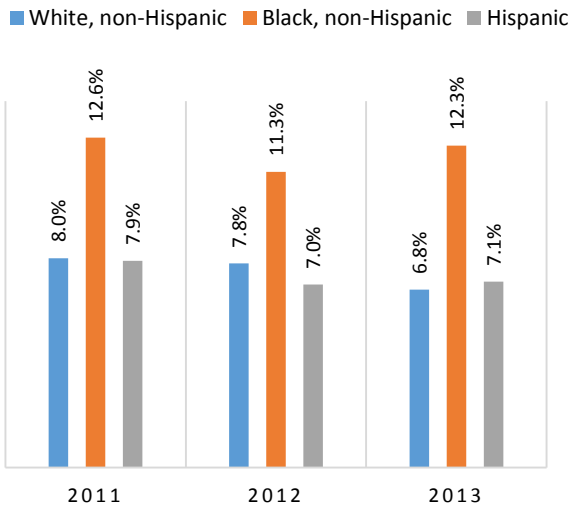
Source: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

VERY LOW BIRTHWEIGHT INFANTS



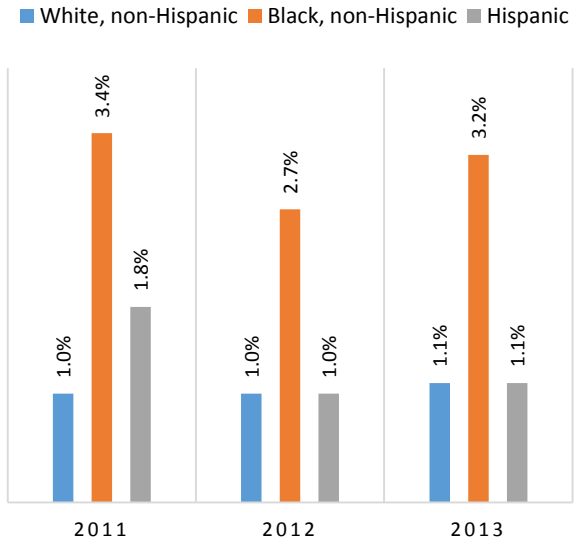
Source: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

LOW BIRTHWEIGHT INFANTS BY RACE IN ESSEX COUNTY



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

VERY LOW BIRTHWEIGHT INFANTS BY RACE IN ESSEX COUNTY



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

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

6. Health and Behavioral Health Status

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

Health Status

- Essex County residents' perceptions of their health status decreased as the percent reporting fair or poor health increased from 15.3% in 2008 to 18.7% in 2012.
- Similar to New Jersey, the percent of Essex County residents reporting fair or poor health increased from 2008 to 2012 compared to decreases reported in the Newark MSA, Middlesex County, and Union County.
- The 2012 Essex County percentage was 4.6% higher than the Newark MSA and 2.6% higher than New Jersey. [164]
- Between 2006 and 2012, Essex County resident reported an average of 3.2 physically unhealthy days per month, the same as reported in 2002-2008 and 0.6% higher than the CHR national benchmark of 2.5 days.
- From 2006-2012, Essex County residents reported 3.4 mentally unhealthy days, the same as previously reported in 2002-2008. The 2006-2012 Essex County mentally unhealthy days exceeded the CHR benchmark of 2.3 days. [165]

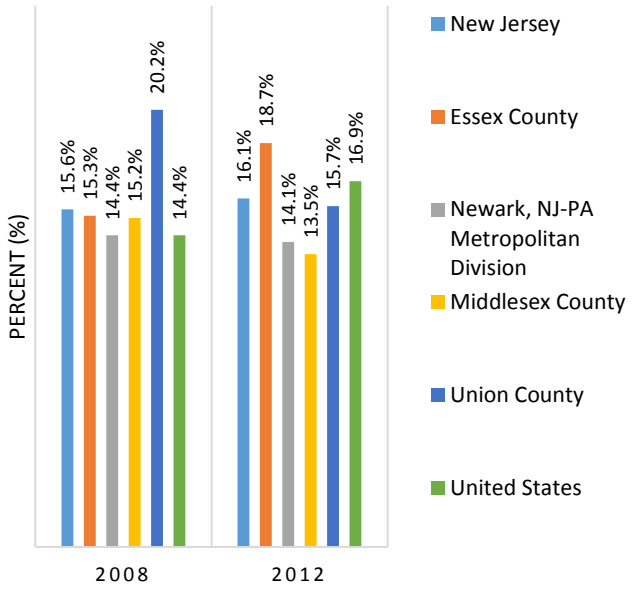
Disability Status

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

- In Essex County, an additional 59.2% of adults reported limitations in 2011 than in 2009; the rate increased 7.7 percentage points from 13% in 2009 to 20.7% in 2011. [166]
- In 2011, the Essex County percentage was higher than the Newark MSA, New Jersey and comparison counties.

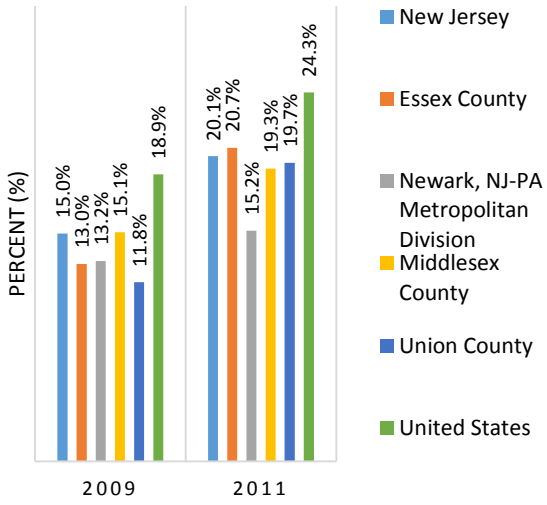
164 New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health
165 County Health Rankings, National Vital Statistics System
166 CDC, Behavioral Risk Factor Surveillance System

HEALTH IS FAIR OR POOR



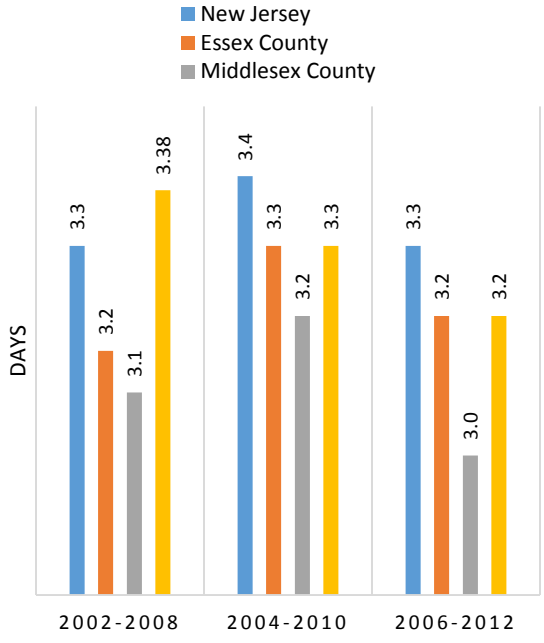
Source: CDC, Behavioral Risk Factor Surveillance System

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



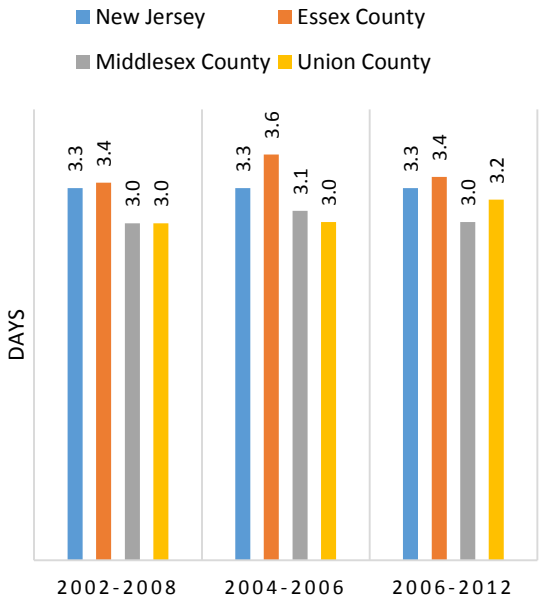
Source: CDC, Behavioral Risk Factor Surveillance System

PHYSICALLY UNHEALTHY DAYS REPORTED IN PAST 30 DAYS



Source: CDC, Behavioral Risk Factor Surveillance System

MENTALLY UNHEALTHY DAYS REPORTED IN PAST 30 DAYS



Source: CDC, Behavioral Risk Factor Surveillance System

Essex County 2006-2012 Physically Unhealthy Days: 3.2

National Benchmark: 2.5

Essex County 2006-2012 Mentally Unhealthy Days: 3.4

National Benchmark: 2.3

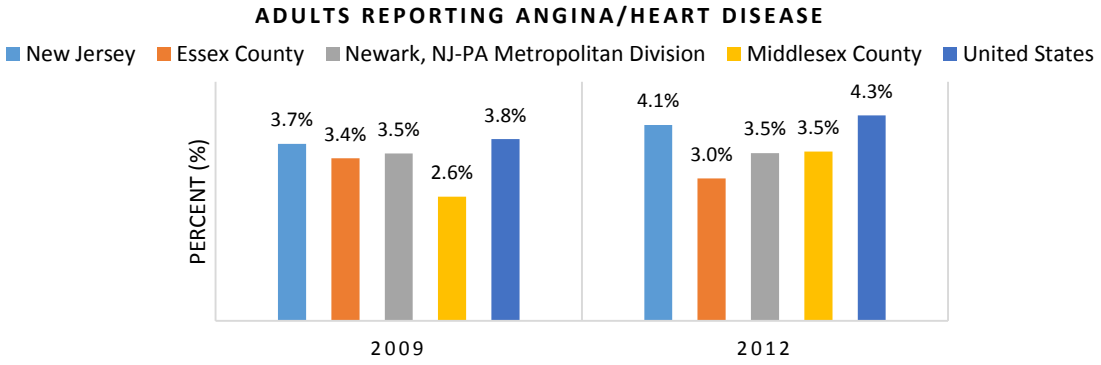
7. Morbidity

Heart Disease

Cardiovascular disease includes illness related to heart disease and stroke.

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

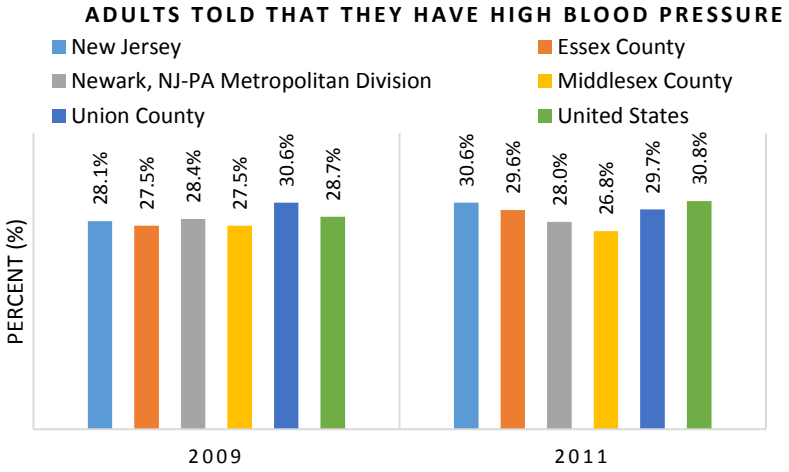
According to the American Heart Association, controllable risk factors for cardiovascular disease include high blood pressure, high cholesterol, cigarette smoking, physical inactivity, poor diet, overweight and obesity and diabetes. High blood pressure and cholesterol are discussed further here.



Source: CDC, Behavioral Risk Factor Surveillance System

High Blood Pressure

- According to BRFSS survey, the percent of adults told that they have high blood pressure increased in Essex County, New Jersey and nationwide, and decreased in the Newark MSA, Middlesex and Union Counties.
- Between 2009 and 2011, high blood pressure among Essex County adult residents increased 2.1% from 27.5% to 29.6%, similar to the New Jersey increase of 2.5% from 28.1% to 30.6%.[167]
- The increase in high blood pressure within Essex County continues the trend reported in the previous CHNA as between 2005 and 2009 high blood pressure rose from 24.5% to 27.5%.



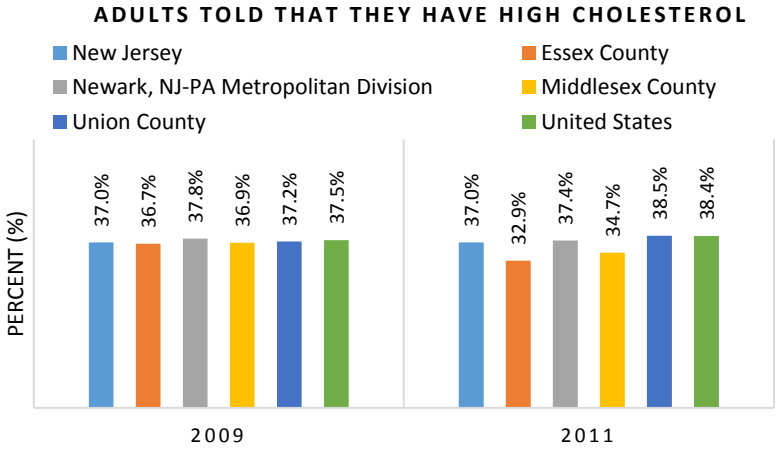
Source: CDC, Behavioral Risk Factor Surveillance System

High Blood Cholesterol

- Between 2009 and 2011, the BRFSS survey reported the percent of adults told they have high cholesterol was steady in New Jersey, decreased in Essex County, the Newark MSA, and Middlesex County and increased in Union County and nationwide.
- Essex County adults reporting high cholesterol decreased 3.8% from 36.7% in 2009 to 32.9% in 2011. This is an improvement from between 2005 and 2009 adults reporting high cholesterol increased from 30.6% to 36.7% as reported in the 2013 CHNA.

167 CDC, Behavioral Risk Factor Surveillance System

- In 2011, Essex County had a lower percentage of adults reporting high cholesterol than statewide (37.0%) and nearly three times higher than the *Healthy People 2020* target of 13.5%.

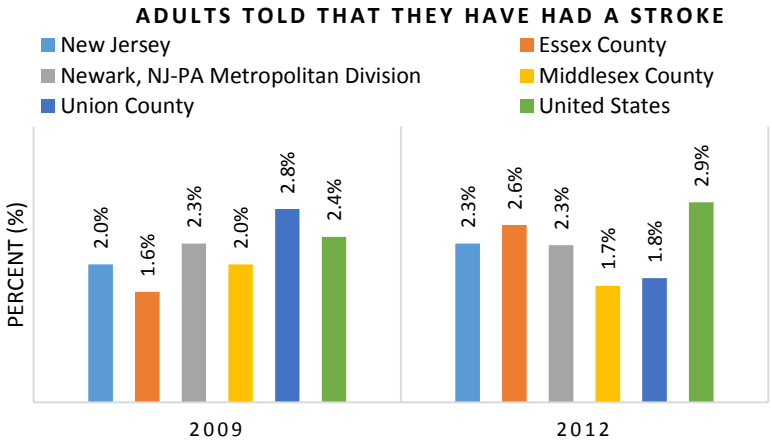


Source: CDC, Behavioral Risk Factor Surveillance System

Stroke

Over time, these risk factors cause changes in the heart and blood vessels that can lead to heart attacks, heart failure and strokes.

- According to the 2012 BRFSS survey, 2.6% of Essex County adults suffered a stroke, a 1% increase from 1.6% in 2009.
- In 2012, Essex County had the highest percentage of stroke compared to New Jersey (2.3%), Middlesex County (1.7%) and Union County (1.8%). [168]



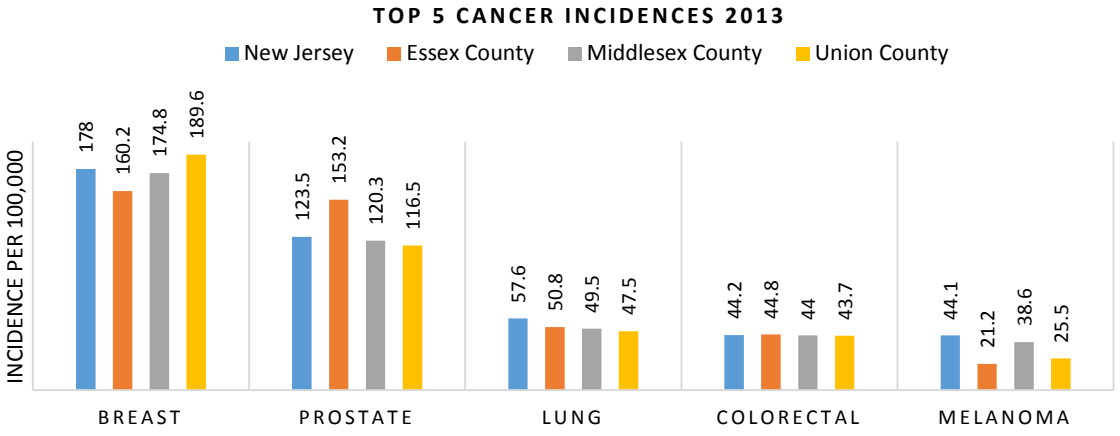
Source: CDC, Behavioral Risk Factor Surveillance System

168 CDC, Behavioral Risk Factor Surveillance System

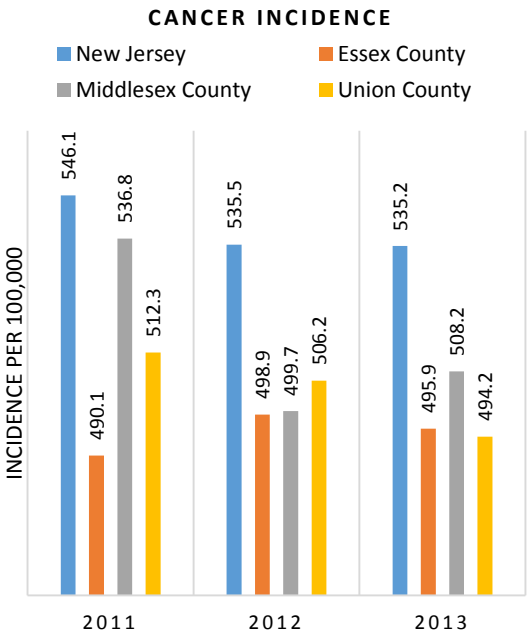
Cancer

- Between 2011 and 2013, the overall age-adjusted cancer incidence rate in Essex County increased from 490.1 to 495.9/100,000; this is in contrast to between 2005 and 2009 the age-adjusted rate (AAR) of cancer incidence decreased from 486.9/100,000 to 427.2/100,000 as reported in the 2013 CHNA.
- The 2013 Essex County rate was 7.3% lower than the New Jersey rate of 535.2/100,000. [169] The 2013 cancer incidence rate in Essex County was at least three times the *Healthy People 2020* target rate of 161.4/100,000.
- Essex County cancer incidence, regardless of race and ethnicity, is lower than New Jersey incidence.
- When comparing cancer incidence by race and ethnicity, Whites have the highest incidence of cancer in New Jersey, Essex County, Middlesex and Union Counties. In 2013, Essex County Whites (493.5/100,000) had a higher incidence than Blacks (453.4/100,000) and Hispanics (402.6/100,000).
- In 2013, Essex County men reported a higher cancer incidence than Essex County women at 538.1/100,000, compared to 475.4/100,000. [170]

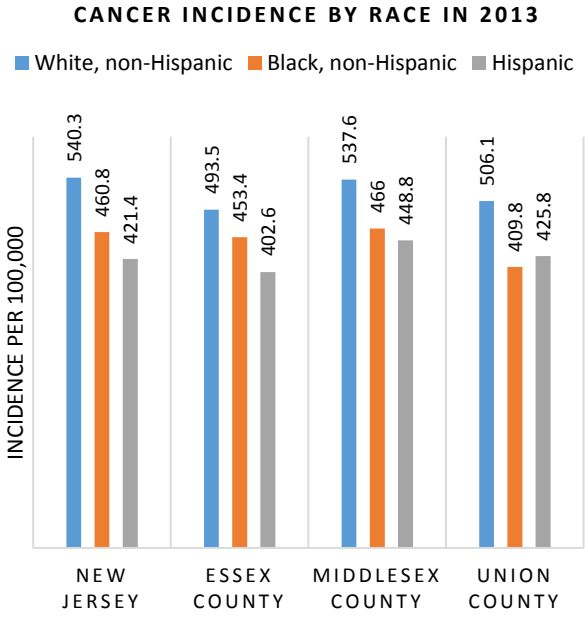
169 New Jersey State Cancer Registry http://www.cancer-rates.info/nj/, NJ CI (530.6, 539.7) Essex County CI (480.5, 511.6)
170 New Jersey State Cancer Registry http://www.cancer-rates.info/nj/



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



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



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

Essex County 2013Carcer Incidence: 495.9

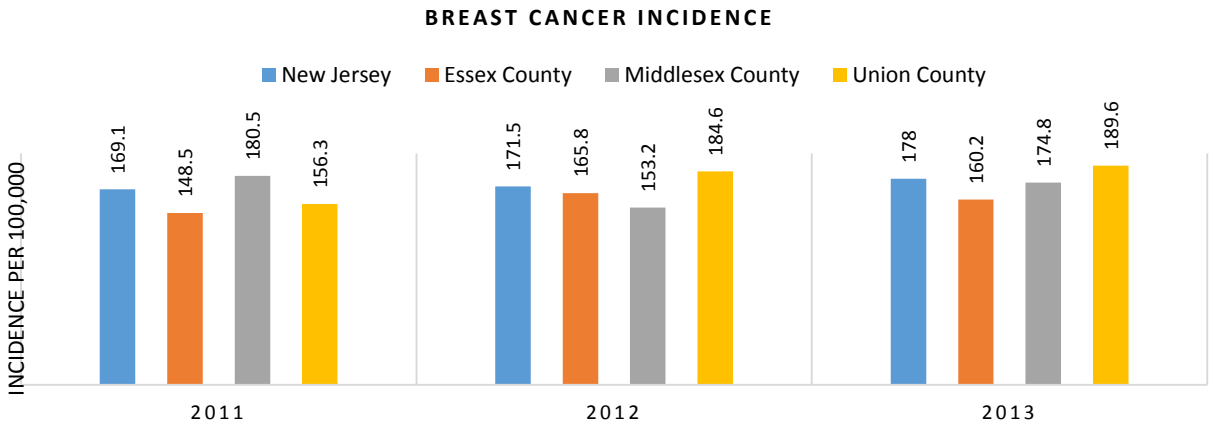
Healthy People 2020

Baseline: 179.3 **Target: 161.4**

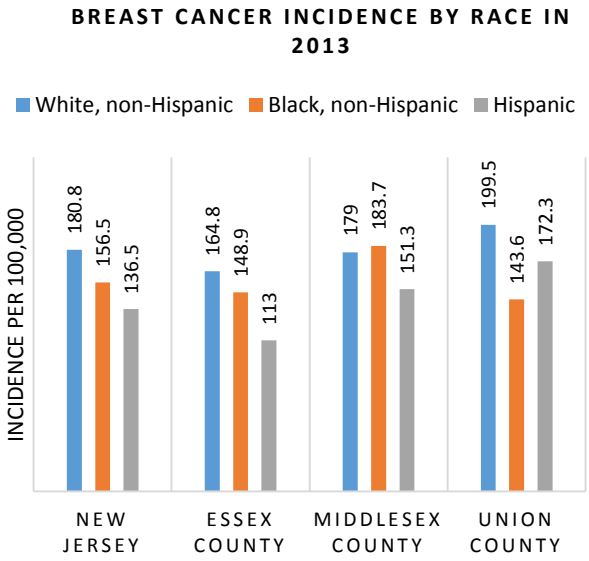
Breast Cancer

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

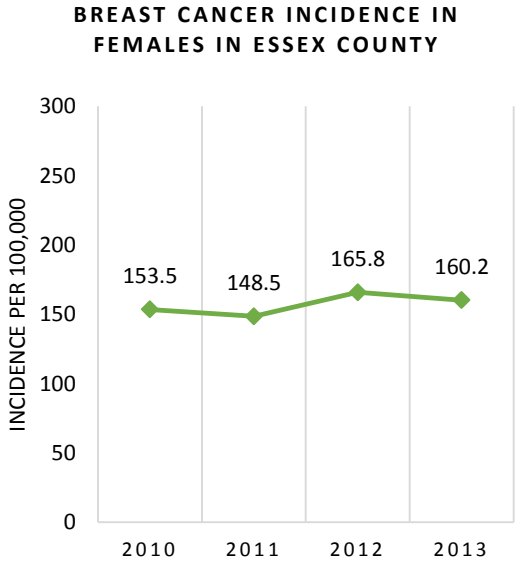
- Between 2011 and 2013, the AAR of breast cancer in Essex County increased 7.9% from 148.5/100,000 to 160.2/100,000; in the same period, the New Jersey rate increased 5.3% from 169.1/100,000 to 178/100,000. Although both rates are increasing, the 2013 Essex County rate is 10% lower than the statewide rate. [171]
- Breast Cancer incidence in Essex County females increased 4.4% from 153.5/100,000 in 2010 to 160.2/100,000 in 2013.
- In 2013, White women in New Jersey (180.8/100,000) and Essex County (164.8/100,000) had higher age-adjusted breast cancer incidence rates than Blacks or Hispanics. [172] In Essex County, the 2013 rate for Whites was 15.9 points higher than Blacks and 51.8 points higher than Hispanics.



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



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



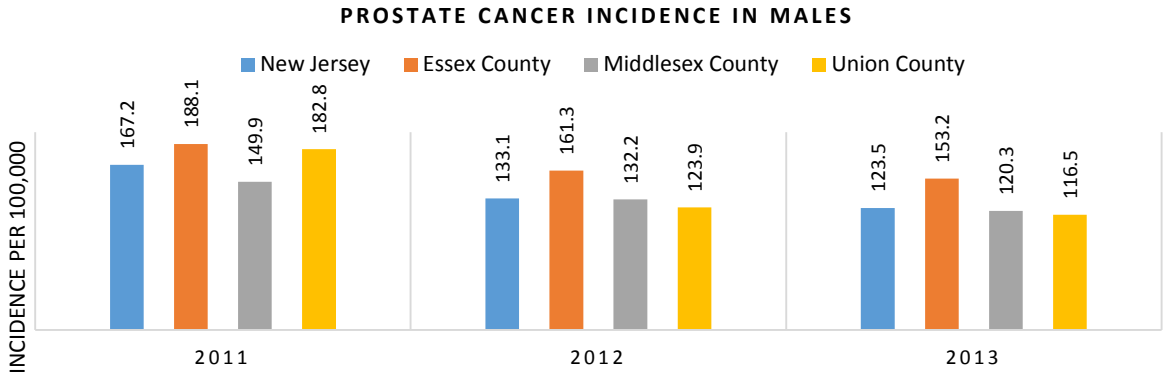
Source: NJ State Cancer Registry, NJ State Department of Health

171 171
172 New Jersey State Cancer Registry http://www.cancer-rates.info/nj/

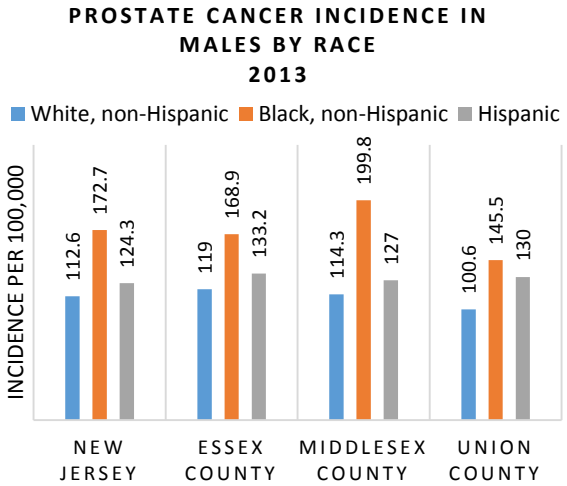
Prostate Cancer

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

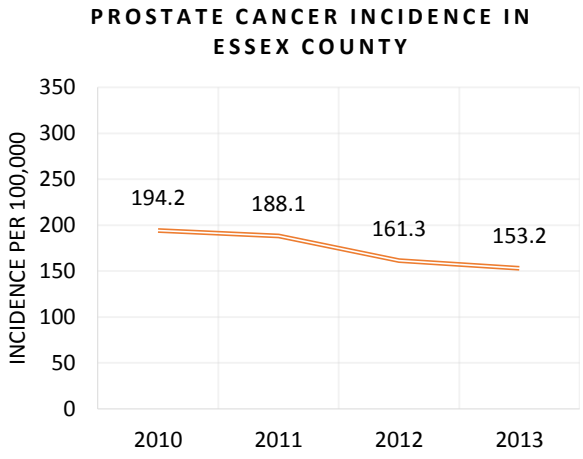
- From 2011 through 2013, the AAR for prostate cancer incidence decreased in New Jersey, Essex County, Middlesex County and Union County.
- Although the overall age-adjusted prostate cancer incidence rate in Essex County decreased 21.1%, from 194.2/100,000 in 2010 to 153.2/100,000 in 2013, the 2013 rate exceeded the statewide rate by 24%.[173]
- When comparing the AAR of prostate incidence by race and ethnicity, Blacks have the highest incidence in New Jersey, Essex, Middlesex and Union Counties.
- In 2013, Essex County Whites and Hispanics had a higher incidence of prostate cancer than those statewide while Essex County Blacks had a lower incidence as compared to the state.
- Within Essex County in 2013, Blacks (168.9/100,000) had a higher rate of prostate cancer than Whites (119/100,000) and Hispanics (133.2/100,000.[174]



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



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



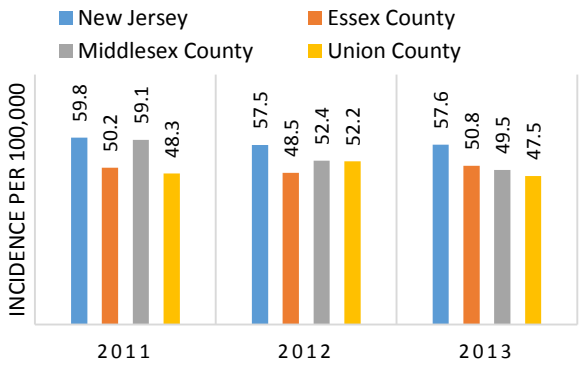
Source: NJ State Cancer Registry, NJ State Department of Health

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

Lung Cancer

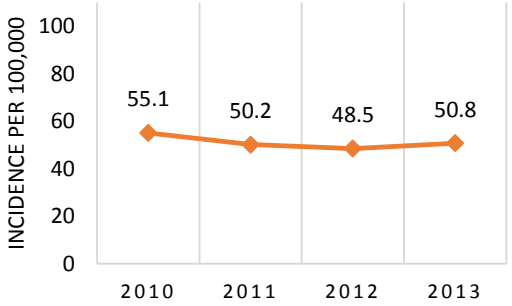
- From 2011 through 2013, the AAR for lung cancer incidence decreased in New Jersey, Middlesex County and Union County, however, Essex County had a slight increase.
- Between 2010 and 2013, the overall AAR of lung cancer incidence in Essex County decreased 7.8% from 55.1/100,000 to 50.8/100,000. The 2013 AAR for lung cancer was lower than the New Jersey rate (57.6/100,000) but higher than neighboring Middlesex and Union Counties. [175]
- When comparing 2013 lung cancer incidence by race and ethnicity, Essex County is different from New Jersey and comparison counties. In Essex County, Blacks have the highest incidence of lung cancer as compared to Whites and Hispanics while in all other geographies, Whites have the highest incidence followed by Blacks and Hispanics.
- In 2013 Essex County, Blacks lung cancer rate (52.2/100,000) was higher than Whites (50.1/100,000) and Hispanics (38.6/100,000). The rate for Blacks was 13.6 points higher than the rate for Hispanics.
- The AAR for Essex County Blacks was lower than New Jersey (55/100,000).
- Men have a higher AAR for lung cancer than women; in 2013, the Essex County male rate was 62.9/100,000 compared to 42.9/100,000.[176]

LUNG CANCER INCIDENCE



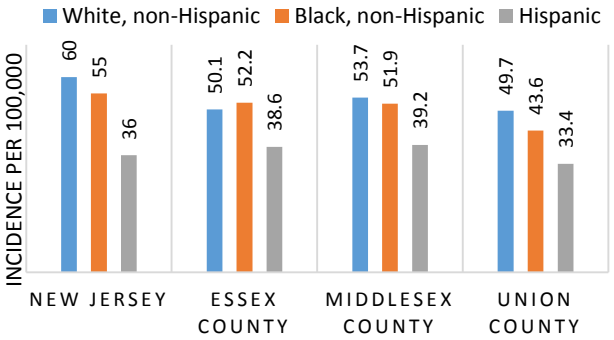
Source: NJ State Cancer Registry, NJ State Department of Health

LUNG CANCER INCIDENCE IN ESSEX COUNTY



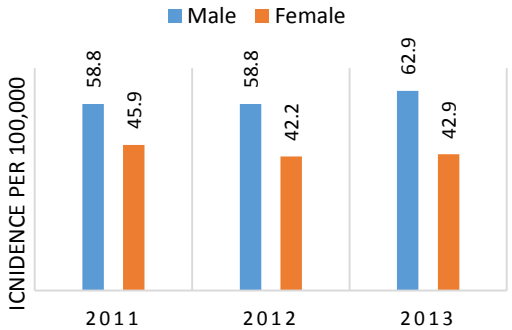
Source: NJ State Cancer Registry, NJ State Department of Health

LUNG CANCER INCIDENCE BY RACE 2013



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

LUNG CANCER INCIDENCE BY GENDER

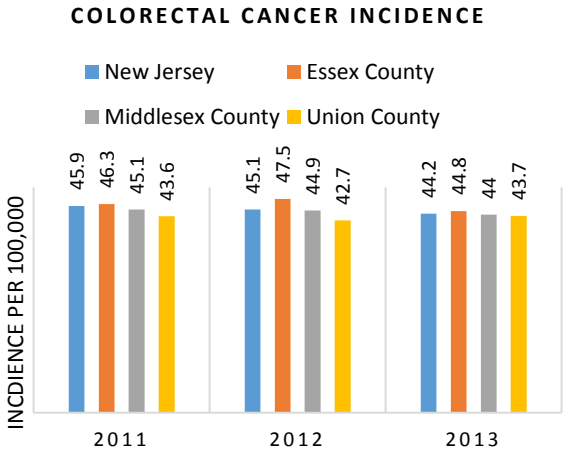


Source: NJ State Cancer Registry, NJ State Department of Health

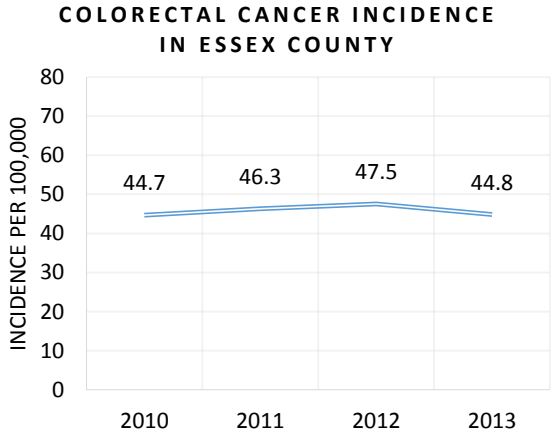
175 New Jersey State Cancer Registry http://www.cancer-rates.info/nj/
176 Ibid.

Colorectal Cancer

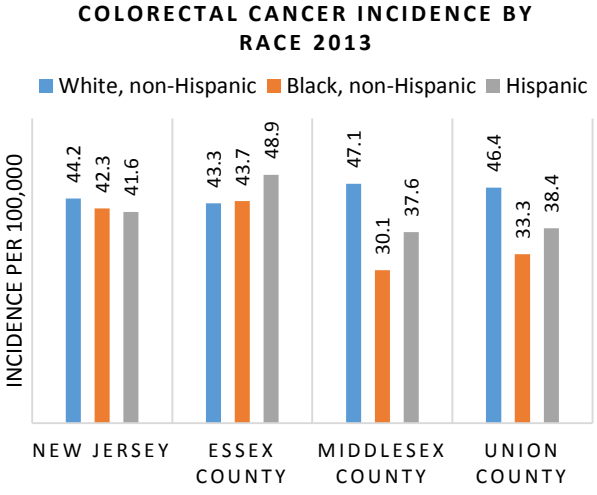
- From 2011 through 2013, the AAR for colorectal cancer incidence decreased in Essex County and New Jersey. Rates for colorectal cancer in 2013 were similar for New Jersey, Essex County, Middlesex and Union Counties ranging from 44 to 44.8/100,000.
- Between 2011 and 2013, the Essex County overall AAR of colorectal cancer decreased from 46.3/100,000 to 44.8/100,000.[177] The colorectal cancer incidence rates in Essex County were similar in 2010 (44.7) and 2013 (44.8).
- The largest disparity in colorectal cancer is gender. In 2013, Essex County men had an age-adjusted rate (51.4/100,000), 21.6% higher than women (40.3/100,000).
- In Essex County, incidence of colorectal cancer was highest among Hispanics (48.9/100,000). Essex County is unique from comparison geographies where incidence of colorectal cancer is highest among Whites.[178]



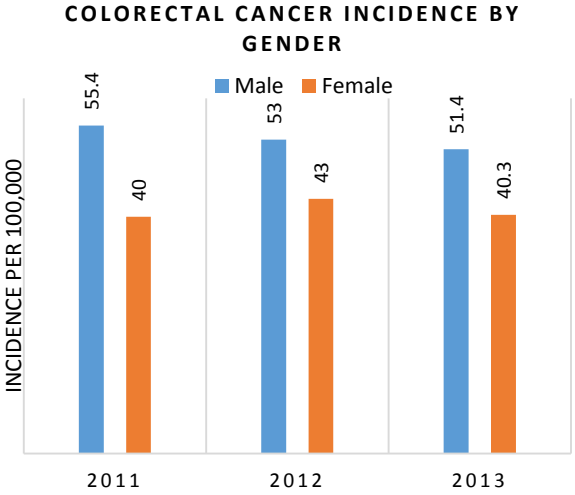
Source: NJ State Cancer Registry, NJ State Department of Health



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



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

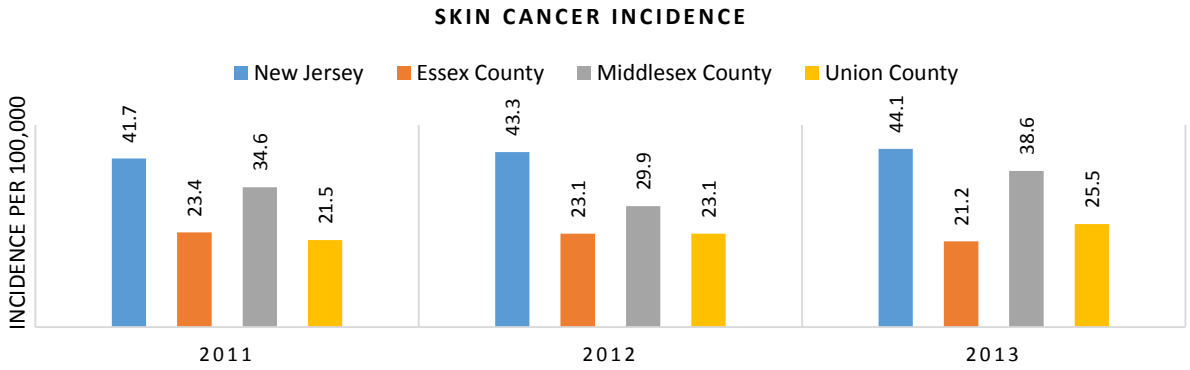


Source: NJ State Cancer Registry, NJ State Department of Health

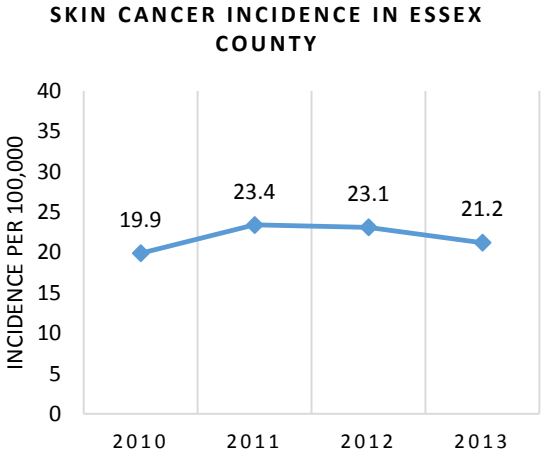
177 New Jersey State Cancer Registry http://www.cancer-rates.info/nj/
178 Ibid.

Skin Cancer

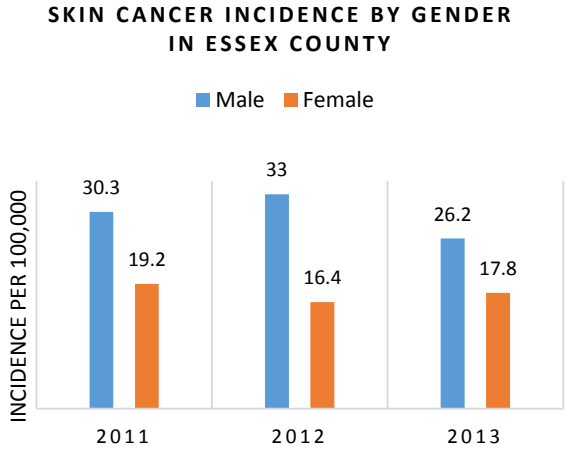
- From 2011 through 2013, the AAR for melanoma incidence decreased in Essex County and increased in New Jersey, Middlesex and Union Counties.
- Between 2011 and 2013, the overall AAR of skin cancer incidence in Essex County decreased from 23.4/100,000 to 21.2/100,000. In 2013, the Essex County AAR for skin cancer was half the statewide rate of 44.1/100,000. [179]
- Men have a higher AAR for skin cancer than women. The 2013 Essex County male AAR (26.2/100,000) was 32.1% higher than women (17.8/100,000).
- Statistics were not available for non-White populations. [180]



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



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



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

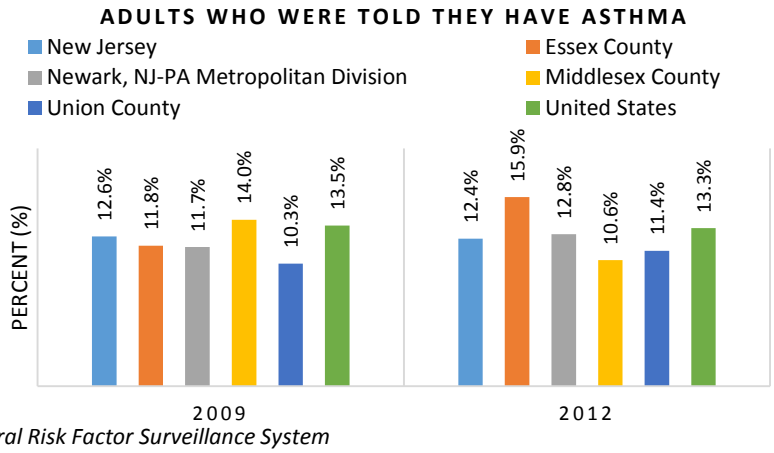
179 New Jersey State Cancer Registry http://www.cancer-rates.info/nj/
180 Ibid.

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

Asthma

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

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



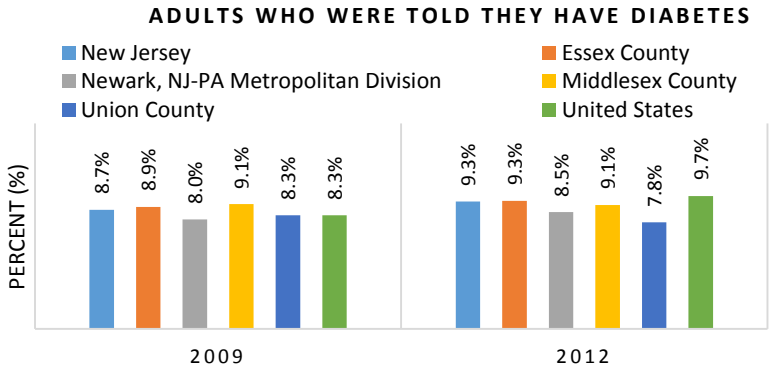
Source: CDC, Behavioral Risk Factor Surveillance System

Diabetes

The three common types of diabetes are Type 2, caused by a combination of resistance to the action of insulin and insufficient insulin production, Type 1, results when the body loses its ability to produce insulin, and Gestational, a common complication of pregnancy that can lead to perinatal complications in mother and child. It is a risk factor for development of Type 2 diabetes after pregnancy. Diabetes is the seventh

leading cause of death in the U.S. Complications include reduced life expectancy by up to 15 years, increased risk of heart disease by two to four times, leading cause of kidney failure, limb amputations, and adult onset blindness, significant financial costs in healthcare, lost productivity and early death.[181] Almost 7 million Americans with diabetes are undiagnosed, and another 79 million Americans have pre-diabetes which greatly increases their risk of developing diabetes in the next several years.[182] Factors contributing to diabetes prevalence overall and in Monmouth County include, obesity, lack of physical activity, family history, environmental resources including such things as the availability of wholesome food, healthcare access and recreational availability.

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



Source: CDC, Behavioral Risk Factor Surveillance System

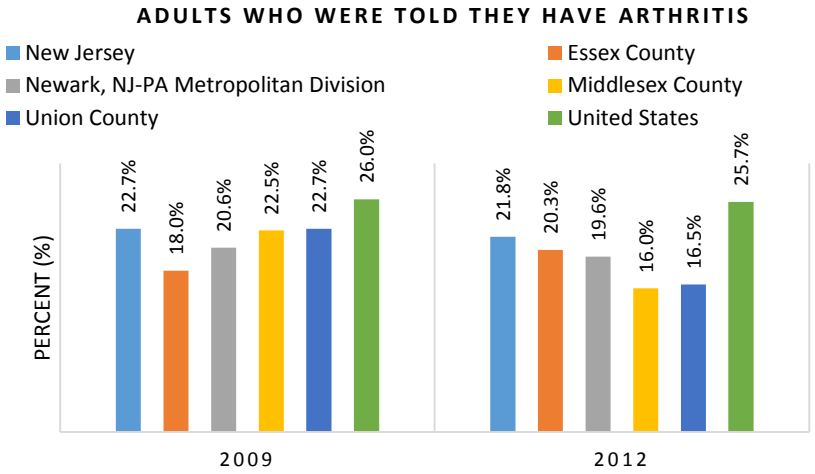
Arthritis

Arthritis is the inflammation of one or more joints. A joint is where two bones meet. There are over 100 different types of arthritis. The most common form of arthritis is osteoarthritis which is a normal result of aging. It is also caused by "wear and tear" on the joints. Arthritis is the most common cause of disability in the U.S., limiting the activities of an estimated 22 million adults (9%).[183]

- The percentage of adults who were told they have arthritis increased in Essex County and decreased in New Jersey, the Newark MSA and Middlesex and Union Counties.

181 Retrieved from www.diabetes.org/diabetesbasics. Accessed April 30, 2013.
182 Retrieved from www.cdc.gov/diabetes/pubs/pdf/ndfs_2011pdf. Accessed April 30, 2013.
183 Retrieved from http://www.cdc.gov/arthritis. Accessed 4/30/13.

- Between 2009 and 2012, the percentage of Essex County residents reporting arthritis increased from 18% to 20.3%.[184] In 2012, a lower percentage of Essex County adults (20.3%) reported having arthritis compared to New Jersey adults (21.8%).



Source: CDC, Behavioral Risk Factor Surveillance System

184 CDC, Behavioral Risk Factor Surveillance System

5. ASSETS AND GAPS ANALYSIS

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

PREMATURE DEATHS

Assets

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

Gaps

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

LEADING CAUSES OF DISEASE

Heart Disease Mortality

Assets

- Heart disease and cancer mortality rates declined but remained the primary causes of death for county residents.[185]
- Between 2010 and 2013, the Essex County AAMR due to heart disease decreased 7.2%, from 196.5/100,000 to 182.1/100,000. This continues the downward trend reported in the 2013 CHNA indicating a 2008 AAMR of 206.4/100,000, a 9% decline from 2004 through 2008.
- The Essex County age-adjusted mortality rates for Black heart disease declined 1.9% from 228.7/100,000 to 224.4/100,000 between 2010 and 2013.

Gaps

- The Essex County 2013 heart disease AAMR of 182.1/100,000 was higher than statewide rate, the rate of surrounding counties and the *Healthy People 2020* target rate of 108.8/100,000. [186]
- Considering AAMR for heart disease by race and ethnicity, Essex County, like New Jersey has the highest AAMR among Blacks; neighboring Middlesex and Union Counties had the highest AAMR among Whites.
- The Essex County AAMR for heart disease for Blacks and Hispanics are higher than State rates.
- The age-adjusted mortality rate for heart disease among Hispanics increased from 118.5/100,000 in 2010 to 122.2/100,000 in 2013.

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

Heart Disease Morbidity

Heart Disease

Assets

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

Gaps

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

Cancer Mortality

Assets

- Between 2010 and 2013, the age-adjusted mortality rate for cancer in Essex County decreased 13.1% from 173/100,000 to 150.3/100,000.[187] This continues the downward trend reported in the 2013 CHNA indicating a 2008 AAMR of 183.6/100,000, a 4.1% decline between 2004 and 2008.
- The cancer AAMR for all races and ethnicities in Essex County decreased between 2010 and 2013.
- The age-adjusted mortality rate for cancer among Essex County Blacks decreased 8.0% from 189.5/100,000 in 2010 to 174.4/100,000 in 2013. This is in contrast to the 7.6% increase reported from 2004 through 2008 to 235.2/100,000 for Essex County Blacks.
- The age-adjusted mortality rate for cancer among Essex County Whites decreased 13.8% from 169.1/100,000 to 145.8/100,000.
- Similar to the State and comparison counties, the Essex County cancer mortality rate for Hispanics is lower than that of Blacks and Whites. The Essex County AAMR for cancer among Hispanics decreased 14.2% from 121.6/100,000 to 104.3/100,000 from 2010 to 2013.

Cancer Morbidity

Assets

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

187 ibid

- Between 2010 and 2013, the overall age-adjusted rate of lung cancer incidence in Essex County decreased 7.8%, but was relatively constant between 2011 (50.2/100,000) and 2013 (50.8/100,000).

Gaps

- The 2013 cancer incidence rate in Essex County (495.9/100,000) was at least three times higher than the *Healthy People 2020* target rate (161.4/100,000).
- Men have a higher age-adjusted rate for lung cancer than women; in 2013, the Essex County male rate was 62.9/100,000 compared to 42.9/100,000.[188]
- In 2013, Essex County Blacks (168.9/100,000) had a higher rate of prostate cancer higher than Whites (119/100,000) and Hispanics (133.2/100,000).

Stroke Mortality

Assets

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

Gaps

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

Diabetes Mortality

Assets

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

Gaps

- When comparing diabetes AAMR by race and ethnicity in Essex County, Blacks had the highest age-adjusted death rate for diabetes, similar to New Jersey.

Diabetes Morbidity

Assets

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

Gaps

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

188 Ibid.

Asthma

Gaps

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

Arthritis

Assets

- In 2012, a lower percentage of Essex County adults (20.3%) reported having arthritis compared to New Jersey (21.8%).

BEHAVIORAL HEALTH-RELATED DEATHS

Assets

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

Gaps

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

INFANT MORTALITY AND LOW BIRTH WEIGHT BABIES

Assets

- In 2012, the Essex County infant mortality rate was 4.8/1,000, lower than the *Healthy People 2020* target rate of 6.0/1,000.
- In 2012, the Essex County Black infant mortality rate was 6.4/1,000 births, lower than the New Jersey Black infant mortality rate (8.7/1,000).[189]
- In 2012, the Newark infant mortality rate was 4.6/1,000 births, lower than the Essex County rate (4.8/1,000) and the *Healthy People 2020* target (6.0/1,000).

Gaps

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

189 ibid

HEALTH AND BEHAVIORAL HEALTH STATUS

Gaps

- The percent of Essex County residents reporting fair or poor health increased from 15.3% in 2008 to 18.7% in 2012.
- Between 2008 and 2012, Essex County residents reported an average 3.2 physically unhealthy days per month, 0.6% higher than the CHR national benchmark of 2.5 days.
- Between 2008 and 2012, Essex County residents reported 3.4 mentally unhealthy days, 1.2 days more than the CHR benchmark (2.3 days).
- Between 2006 and 2012, the number of physically unhealthy days in Essex County was 3.2, higher than the CHR benchmark at 2.5 days
- Between 2006 and 2012, the number of Essex County mentally unhealthy days was 3.4, higher than the CHR benchmark at 2.3 days.

SOCIOECONOMIC STATUS

Income and Poverty

Gaps

- In 2014, the median household income in Essex County was $54,499, more than $17,000 below the state average.
- The 2014 median household income of Newark residents ($31,698) was less than half the statewide figure ($72,062).
- In 2014, 32.5% of people and 29.1% of families were living in poverty in Newark, as compared to 17.2% of people and 14.1% of families in Essex County.
- In 2014, the percent of families living in poverty within the service area (23.77%) was triple that of the state (8.1%).

Unemployment

Gaps

- In 2014, the Essex County unemployment rate was 9.1%, higher than the New Jersey unemployment rate of 6.4%[190]
- In 2014, the unemployment rate in Newark was 13.4%, higher than the Essex County rate of 9.1%.[191]
- In 2014, the Irvington unemployment rate was 14.1%, higher than Newark and East Orange, as well as the Essex County rate of 9.1%.

190 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
191 Ibid.

Education

Gaps

- In 2014, 13.7% of Newark residents did not complete Grade 9 compared to 5.4% statewide and 7.9% in Essex County.
- In 2014, 16.2% of Essex County residents did not graduate high school, 4.6 points higher than New Jersey.
- The percentage of Limited English Proficiency (LEP) households in Newark zip code 07105 (43.1%), located in the NBIMC service area, is about four times the New Jersey, Essex County, and comparison county percentages.

Ethnic and Racial Makeup

- In 2014, Essex County had larger African American and Hispanics/Latinos populations than New Jersey.
    - 35.9% of the county population is African-American compared to 12.1% statewide.
    - 19.0% of the population was Hispanic/Latino compared to 16.6% statewide.
    - Whites are 38.0% of the county's population compared to 61.3% in the State.
- In 2014, 39.0% of the Newark population was African-American, higher than 35.9% in Essex County.
- In 2014, 30.4% of the Newark population was Hispanic/Latino compared to 19.0% in Essex County and 16.6% in New Jersey.
- In 2014, 86.0% of the East Orange population is African-American, compared to 35.9% in Essex County and 39% in Newark.
- Similar to East Orange, 81.5% of the Irvington population was African-American, higher than 35.9% in Essex County.

ACCESS TO CARE

Providers and Clinics

Gaps

- New Jersey Physician Workforce Task Force predicts that by 2020, Essex County will need 226.3 more physicians than it is projected to have in order to meet baseline demand.[192]
- According to 2014 data, the ratio of population to primary care providers other than physicians was 1,196:1 in Essex County, less in comparison to the 1,170:1 ratio for New Jersey overall. [193]
- There are three designated Healthcare Provider Shortage Areas (HPSA) populations in the NBIMC service area.

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

Wait Times

Gaps

- In 2014, the average time patients spent in the emergency room before being seen by a doctor was
  - 96 minutes at Newark Beth Israel Medical Center, triple the 30 minutes in New Jersey
- In 2014, the average time patients spent in the emergency room before being sent home was
  - 205 minutes at Newark Beth Israel Medical Center, more than 150 minutes in New Jersey
- In 2014, the average time patients with broken bones had to wait before receiving pain medication was
  - 95 minutes at Newark Beth Israel Medical Center. more than 57 minutes statewide
- In 2014, the average transfer time among patients admitted (additional time spent waiting before being taken to their room) was
  - 715 minutes at Newark Beth Israel Medical Center, more than four times greater than 146 minutes statewide

Ambulatory Care Sensitive Conditions

Assets

- Between 2011 and 2014, the rate of emergency department visits for Ambulatory Care Sensitive Conditions among children in Essex County declined from 105.6/1,000 to 97.5/1,000.
- Between 2011 and 2014, the rate of emergency department visits for Ambulatory Care Sensitive Conditions among children in the NBIMC service area declined from 160.5/1,000 to 152.6/1,000.
- In 2014, Essex County had 19.22 inpatient Ambulatory Care Sensitive Conditions per 1,000 people, lower than the 2013 rate (25.2/1,000).[194]
- In 2014, the NBIMC Service Area had 25.76 inpatient Ambulatory Care Sensitive Conditions per 1,000 people, lower than the 2013 rate of 32.9 per 1,000.[195]

Gaps

- In 2014, the NBIMC Service Area had 130.7 emergency department Ambulatory Care Sensitive Conditions per 1,000 people, more than double the State and Essex County rate of 59.6/1,000.
- In 2014, the rate of emergency department visits for Ambulatory Care Sensitive Conditions among children in the NBIMC service area (152.6/1,000) exceeds the county rate (97.5/1,000) and the statewide rate (79.9/1,000).
- In 2014, the rate of emergency department visits for Ambulatory Care Sensitive Conditions among adults in the NBIMC primary service area (123.6/1,000) was higher than Essex County (75.7/1,000) and statewide (53.8/1,000) rates.
- In 2014, Newark 07108 experienced the highest total ambulatory care sensitive condition emergency department rate at 206.2/1,000, while Newark 07103 had the next highest rate at 173.2/1,000.

194 ibid
195 ibid

Inpatient and ED Utilization

Gaps

- In 2014, Essex County's inpatient utilization rate of 108.7/1,000 was 6.25% higher than the State rate of 102.3/1,000.[196]
- In 2014, Essex County's ED utilization rate of 436.4/1,000 was 21.5% higher than the State rate of 342.2/1,000.[197]
- In 2014, NBIMC's inpatient utilization rate of 136.1/1,000 was 25.2% higher than Essex County (108.7/1,000) and 33.0% higher than the State rate of 102.3/1,000.[198]
- In 2014, NBIMC's emergency department utilization rate of 633.9/1,000 was 45.3% higher than Essex County (436.4/1,000), and 85.2% higher than the State at 342.2/1,000.[199]

Cesarean Sections

Assets

- In 2013, 38.6% of all Essex County births were cesarean sections, slightly lower than New Jersey at 38.9%.
- In 2013, 37.5% of Newark births were cesarean sections, fewer than 38.6% in Essex County.

Hospital Readmissions

Gaps

- In 2016, NBIMC received a 0.92% penalty for high readmission rates, a slight increase from the 1% penalty in 2013.
- The NBIMC penalty was also 20% higher than the New Jersey average penalty (0.73%).

HEALTH BEHAVIORS

Maternal/Fetal Health Indicators

Gaps

- In 2013, 70.4% of Essex County live births initiated prenatal care in the first trimester, less than 79.0% statewide.
- In 2013, 59.7% of Black live births initiated prenatal care in the first trimester, less than Essex County (70.4%) and statewide (79.0%).
- In 2013, 64.9% of Hispanic live births initiated prenatal care in the first trimester, less than Essex County (70.4%) and statewide (79.0%).
- In 2014, Essex County teen births rate for women aged 15-19 (21.2/1,000) was higher than the CHR benchmark (19/1,000).
- In 2014, NBIMC's teen birth rate 33.4/1,000was higher than the Essex County rate of 21.2/1,000 and more than double the New Jersey rate (12.6/1,000).

[196] Health Care Decision Analyst Internal Data 2014
[197] Health Care Decision Analyst Internal Data 2014
[198] Health Care Decision Analyst Internal Data 2014
[199] ibid

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

High Risk Sexual Behaviors, Sexually Transmitted Infections, and HIV/AIDS

Gaps

- In 2012, the Essex County Chlamydia rate (664.8/100,000) was more than four times the CHR benchmark (138/100,000) and more than double the state rate of 319.6.
- In 2014, the Newark chlamydia rate (946.8/100,000) was more than seven times the CHR benchmark (138/100,000).
- In 2012, the HIV prevalence rate in Essex County was 1,599.8/100,000, more than triple the New Jersey rate (513.3/1,000).
- In 2015, the Essex County rate for Blacks living with HIV was 2,327.3/100,000, higher than New Jersey (1,594/100,000) and comparative counties.
- In 2015, the Essex County rate for Blacks living with HIV (2,327.3/100,000) was more than nine times the rate for Whites (241.9/100,000) and more than double the Hispanic rate (950.1/100,000).

Tobacco Use, Diet, and Exercise

Gaps

- Smoking increased in Essex County from 14.7% in 2011 to 20.1% in 2012. The percent of Essex County smokers in 2012 was higher than the *Healthy People 2020* target (12%).
- Essex County had a higher percentage (52.6%) of households that receive SNAP or food stamps than the state (48.8%)
- In 2012, 26.9%, of Essex County adults reported no physical activity in the last month, higher than the CHR National Benchmark (20%).
- In 2012, 27.3% of Essex County residents were obese, more than 24.7% statewide.
    - 58% of residents say they are extremely concerned about overweight/obesity in their community.
- In 2013, 18% of the Essex County population lacked adequate access to food; according to CHR, Essex is the lowest ranked county for adequate access to food in New Jersey.
- In 2013, there were 2.4 liquor stores per 10,000 residents in Essex County, higher than the state rate and more than double the national rate.[200]
- The larger of the two Essex County food deserts is located in the NBIMC service area.
    - 53% of residents say they are extremely concerned about not having a place to get fresh, healthy foods in their community.
- The percentage of adults reporting limited activity due to physical, social, or emotional problems is increasing. In Essex County, the rate increased 7.7% from 13% in 2009 to 20.7% in 2011.

200 Health Indicators Warehouse 2013

HEALTH SCREENING BEHAVIORS AND IMMUNIZATION BEHAVIORS

Assets

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

Gaps

- In 2012, the percent of women in Essex County who reported having a pap test within the last three years as 77.3%, lower the *Healthy People 2020* target of 93%.
- In 2012, 77.6% of women 40+ in the Newark MSA and 76.3% of women 40+ in Essex County reported having a mammogram screening within the past 2 years, lower the *Healthy People 2020* target (81.1%).
- In 2012, the percentage of Essex County adults 50+ who ever had a sigmoidoscopy or colonoscopy was 62.7%, lower than New Jersey (63.8%) and the *Healthy People 2020* target (70.5%).
    - The percent (65.7%) of Newark adult males 50+who reported having a sigmoidoscopy or colonoscopy was also lower than the *Healthy People 2020* target (70.5%).
- In 2012, the percent of Essex County men 50+ who reported having a PSA test in the last two years (54.5%) was 2.1 points lower than the state (52.4%).
- In 2013, 80% of Essex County Medicare patients ages 65 to 75 had their blood sugar monitored, 4% lower than the New Jersey rate.
- In 2012, the percent of adults 65+ who were inoculated with the flu vaccine in Newark (59.4%) and Essex County (56.3%) exceeded the *Healthy People 2020* goal to have no more than 10% not be vaccinated.
- In 2013, the percent of Newark adults 65+ who have ever had the pneumonia vaccine was 62.1%, lower than the *Healthy People 2020* Target (90%).

PHYSICAL ENVIRONMENT

Air Quality

Assets

- In 2012, Essex County had 9 days of unhealthy air quality due to ozone, lower than the statewide number of days (11).

Gaps

- In 2012, Essex County had 8 days of unhealthy air quality due to the PM2.5 concentrations., higher than the statewide number of days (4) and the CHR Benchmark (0 days).

Lead Hazards

Gaps

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

Community Safety

Assets

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

Gaps

- The violent crimes rate in Essex County has declined but remains substantially higher than the statewide rate.
    - Between 2010 and 2012, in Essex County the violent crime rate was 674/100,000, more than double the statewide rate. Essex County is higher than the CHR Benchmark (59/100,000).
    - Unsafe neighborhoods and violence ranked among the key community health concerns of people in the NBIMC primary service area.
    - 74% of residents say they are extremely concerned about unsafe neighborhoods and violence in their community

Unintentional Injuries

Gaps

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

BEHAVIORAL HEALTH

Mental Health

Assets

- Between 2014 and 2010, the rate per 1,000 for ED visits among adults for mental disorders in Essex County decreased from 13.4/1,000 to 12.3/1,000.

Gaps

- In 2014, the Essex County emergency department visit rate for mental disorders (12.3 per 1,000) was higher than the state rate (10.5/1,000).
- In 2014, the NBIMC PSA mental disorder emergency department use rate was 18.3/1,000, greater than Essex County (12.3/1,000) and New Jersey (10.5/1,000.
- In 2014, the NBIMC PSA mental disorder inpatient rate (9.1/1,000) was higher than statewide (4.8/1,000) and within Essex County (7.0/1,000).

Substance Abuse

Assets

- In 2014, alcohol dependence admissions in Essex County were 19.5% compared to 27% statewide.

Gaps

- Between 2010 and 2014, 23% of driving deaths in Essex County were alcohol impaired. [201,202]

201 County Health Rankings 2016 http://www.countyhealthrankings.org/app/new-jersey/2016/measure/factors/134/data?sort=desc-2
202 ibid

APPENDIX

APPENDIX A
NEWARK BETH ISRAEL MEDICAL CENTER
COMMUNITY HEALTH NEEDS ASSESSMENT: 2013 IMPLEMENTATION PLAN

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

Through the CHNA process, health need priorities were chosen based on the Medical Center's capacity, resources, competencies, and the needs specific to the populations it serves. The 2013 Implementation Plan specified the manner in which NBIMC would address each priority need and the expected outcome and timeframe for the evaluation of its efforts. Six priority areas were identified for strategic focus. The six priorities selected for the Implementation Plan did not represent the full extent of the Medical Center's community benefit activities or its full support of the community's health needs. Many other needs identified through the CHNA may be addressed though ongoing programs/services, some needs may be better addressed by other agencies/organizations or deferred to another timeframe due to limited resources. The 2013 CHNA Health Needs priorities selected for implementation planning were:

- Heart Disease
- Cancer
- Access to Primary Care
- Asthma
- Mental Health & Substance Abuse
- Obesity

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

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

NBIMC chose to address this need through several initiatives. One was to expand work with community partners to offer cardiovascular risk screenings and preventive education services.

- Participate in Health Fairs aimed at cardiac disease prevention.
- Provide cardiovascular education programs:
    - Chest pain, signs, symptoms of a heart attack.
    - Congestive heart failure.
    - Stroke.
- Provide high blood pressure screenings throughout the year.
- Provide nutritional outreach services to community groups, faith-based organizations and schools.

NBIMC's community partnerships exceeded 40 organizations and include a wide range of organizations from Health Departments, Churches, FQHCs, Health Care Coalitions, YMCAs, Schools and Universities, other Hospitals and Health Providers, and Health Care Coalitions. In 2015, NBIMC participated in, held or sponsored more than 45 screenings and health fairs.

NBIMC also chose to offer free cardiac screenings to young athletes. Each year according to the American Heart Association, sudden cardiac death is the result of an unexpected failure of proper heart function during or immediately after exercise. 90% of cardiac deaths in young athletes occur in youth sports related competition. About 100 such deaths are reported in the United States each year. In coordination with the American Heart Association and The American Academy of Pediatrics and their recommendations, the state of New Jersey and the New Jersey Department of Education requires all school athletes to be examined by a primary care physician at least once per year to include a full physical exam. This would include a complete screening of blood pressure and heart rate and rhythm abnormalities along with a complete evaluation of medical history. At this time electrocardiograms (EKG's) are not a state requirement as part of the pre participation physical process to participate in youth sports. In most cases, unless a preexisting or congenital heart defect exists, most children have not had a baseline EKG or complete cardiac screening in their lifetime. The number one cause of sudden cardiac death is hypertrophic cardiomyopathy (HCM) otherwise known as enlargement of the heart muscle. Without proper screening and assessment this condition can go undetected.

The Matthew J. Morahan III Health Assessment Center for Athletes, part of the Barnabas Health Network provides education, evaluation and assessment of sports injury and sports-related cardiac and concussion screenings. The Center is available as a comprehensive resource for cardiac and concussion concerns in athletes and is committed to educating athletes, parents, coaches and athletic trainers about sudden cardiac death and concussion issues. Cardiac screenings are offered for ages 6-18 and include a baseline EKG and resting blood pressure along with a thorough review of medical history and EKG interpretation by a pediatric cardiologist. EKG findings can result in further testing and are referred to your physician for evaluation to ensure each child's safety. NBIMC screened 158 young athletes in 2013, 163 in 2014 and 100 athletes in 2015. In 2015, there were 23 cardiac abnormal results that were referred and seen by cardiologists for care.

NBIMC also evaluated implementation of a multi-therapeutic CHF transitions in care program. In August 2014, the Transitional Care Center (TCC) opened as a Nurse Practitioner driven center functioning as a safety net for patient lacking a Primary Care Provider after they are discharged home. Such patients are seen within a week of discharge while they are established with a PCP at our Adult Health Center. The TCC focuses on high risk Medicaid, low income and charity populations and is comprised of a Multidisciplinary Team (RN, NP, pharmacist, CSW and Med Tech help manage patient back home into community. Over 900 patients have been seen by the team and over 97% of patients seen had follow-up appointments scheduled prior to discharge. The TCC team engages with the community by attending events and fairs. Lifestyle classes were started in October 2014.

GOAL 2: IMPROVE HEALTH OUTCOMES FOR CANCER PATIENTS THROUGH EARLY DETECTION AND SCREENING, AND THE PROVISION OF SUPPORTIVE SERVICES.

NBIMC chose to provide Breast cancer screenings at the Cohen Cancer Center and continue its annual October Breast Cancer Screening Event. The screening is free to uninsured women and those having high deductible insurance plans had their co-pay waived. Screenings were provided to 173 participants in 2013, 159 participants in 2014 and 140 participants in 2015. A decrease in participants was attributed to

the initiation of The Affordable Care Act. Of the participants, 65% were uninsured in 2013, 46% were uninsured in 2014 and 41% uninsured in 2015.
Further, NBIMC continues to provide breast cancer navigator services to assist patients with access to services, education about their disease, and compliance with their treatment plan. We have established a "Breast Support Team" to execute navigation for the Breast Cancer Patient across the continuum of care. The "Breast Support Team" is made up of the Radiology Breast Nurse Navigator, Breast Cancer Social Worker, Oncology Nurse Navigator and Oncology Genetic Counselor.
Navigation participants increased from 2014 – 2015 by the team as follows:

- Nurse Navigation: 27%
- Social Work: 11%
- Genetic Counseling: 25%

Attendance at the NBIMC's Women's Health Day numbers over 100 participants each year. From screenings and private consultations with physicians to conversations with geriatricians to yoga, cooking, diet, exercise, massages and healthy eating classes, the day became the highlight of their commitment to begin a regimen of healthy living. The day includes special gifts for women; journals, makeup, and gifts to serve as a reminder that healthy living can be rewarding. NBIMC continues to explore new ground and new opportunities to make wellness a focal point for the women of the South Ward and Newark. NBIMC offers clinical breast exams at each Women's Health Day event and expanded outreach efforts to offer free screening throughout the year, partnering with Rutgers University Hospital in the NJCEED program. This program also allowed NBIMC to provide free diagnostic work up for suspicious screening mammograms.

NBIMC was looking for a better way to connect men to having healthy lifestyles and to engage them in improving their quality of life through healthy living. NBIMC wanted programming that would combine things that men enjoy (sports) with things that men historically don't do (have regular health checkups and screenings). This led to the creation of MONDAY NIGHT FOOTBALL/Men's Health Night with The Beth. The goal was to use a sports figure to encourage men to follow his journey to healthy living through diet, exercise and positive living. Before and after presentations, the men receive a number of screenings, followed by massages and more. This past year, 106 men, including 12, were immediately screened for prostate as well. The Annual Men's Health Day offerings include Prostate exam, PSA screens as well as conducting BMI, BP, glucose, balance testing and connection to a primary care physician.
NBIMC partnered with Gilda's Club of New Jersey to provide free cancer support services to inner city residents. Partnering with Gilda's Club minimized duplication of services being offered. Referrals were made for:

- Young Women's Breast Cancer group (female breast cancer patients <45 years of age)
- Breast/Gynecological Cancer Support Group
- Evening General Support Group

Since the closing of Gilda's House in 2015, patients are offered the support groups conducted by social workers at NBIMC's cancer center.

The cancer center offers:

- Monthly Breast Cancer Support Group
- Monthly General Cancer Support Group

- Monthly Nutritional Support Group
- Monthly "Cooking with Cancer Fighting Foods"
- 1:1 Bereavement Counseling with Oncology LCSW

Patient Satisfaction Survey sent to Cancer Patients to evaluate opportunities for improvements in service. In 2014, there was a 21% response rate and 82% rated the social worker to be very helpful with meeting their needs and concerns. In 2015, there was 14% response rate in which 100% rated the social worker to be very helpful with meeting their needs and concerns.

The costs of services and continuity of care was reviewed and NBIMC for the large number of sickle cell patients seen. NBIMC investigated the potential of providing continuing support to Sickle Cell Anemia Program that follows patients as they transition to adulthood once grant ends. A new Sickle Cell Grant Funding- Sickle Cell Treatment Demonstration Program was approved from 2014 to August 31, 2017. The Transition Education Program works with Pediatric patients between the ages of 13-18. Education is provided by the Community Health Care Worker. Patients and family members participate in both group and family education programs. Individual age –appropriate education is provided during out-patient visits and hospitalization. Ten group transition programs were held between 2013-2015 including- five programs held outside the hospital and five "family Matters" support group for children and parents focusing on successful transition to adult care.
Further, a Sickle Cell Transition Clinic was initiated in 2015. During the transition clinic patients are seen by both pediatric and adult sickle cell providers in order to smoothly transition patients. Newly transitioned patients are then seen in the adult Sickle Cell clinic and following by the adult sickle cell nurse, social worker and community health care worker to assist in the transition process. Transitioned patients in 2015 number 17.

NBIMC also chose to enhance Advanced Pulmonary Services to improve access and outcomes by:

- Hiring a clinical lung navigator
- Initiating lung cancer screenings
- Identifying high risk populations for outreach
- Providing service coordination

Lung navigator position was established and filled in 2014. During that period, 192 Screening CTs were conducted and 170 patients enrolled in NBI screening program. There were four oncology referrals made from screenings.

GOAL 3: IMPROVE ACCESS TO PRIMARY AND SPECIALTY CARE SERVICES FOR LOW INCOME RESIDENTS, THE ELDERLY, THE CHINESE COMMUNITY, AND ESTABLISH AND SUPPORT THE DEVELOPMENT OF MEDICAL HOMES.

Access to primary and prevention services is a key resource to improving community health. NBIMC maintained offering primary care services. NBIMC secured Adult Health Clinic's certification as a Primary Care Medical Home (PCMH) to assure commitment to improve health outcomes.

All measures for Medical Home were met:

- CPOE Lab orders >30 (63.6%)

- CPOE med orders >60 (98.2%)
- CPOE rad orders >30 (59%)
- Perform med rec >50 (75%)
- Provide Pt Education resources >10 (79%)
- Transmit Prescription elect. >50 (98.1%)
- VDT >50 (71.1%) / VDT – V/D/T >5 (6.2%)

Further, NBIMC continued to offer support to physician practices pursuing certification as a Primary Care Medical Home. This included supporting and participating with the Greater Newark Health Care Coalition which provides an annual education symposium on primary care and their grant to assist local physicians with PCMH development. Physicians were supported with Health Information Exchange and assistance was provided with the integration of physician data with their provider information.

NBIMC remained committed to providing the primary and specialty care clinics for adults, children and women in the community despite low reimbursement. Clinic visits in 2015 included: Adult Primary Care - 26,866; Pediatric Primary Care - 14,777, Adult Specialty Care - 28,657, and Pediatric Specialty -- 4,380. Specialties include: Cardiac, Endocrine, diabetic, Gastroenterology, Neurology, orthopedics, pulmonary, Rheumatology, Vascular, Surgery, Dental, nutrition, renal, infectious diseases, geriatrics and more. Also, NBIMC increased Nurse Practitioners to support care teams in outpatient pre-admission services.

NBIMC also reviewed unique patient populations and needs to assure connection to services. The Chinese Medical Program was offered with patient navigator services to assist in setting up appointments, scheduling services, providing translation services, arranging transportation and working with community agencies and promoting access to care and primary and preventive screenings. The number of patients using Navigator services in 2015 was 1,165.

NBIMC also continue to support its Senior Wellness Action Team (SWAT) program focused on education and support services provided to elderly at senior sites in the community. Programs include:

- Chronic Disease Self-Management Program
- NBIMC Caregiver Education and Support Program
- Aging in Place initiatives
- Health Fairs
- Falls Prevention Program
- Health Education, Screenings, and Prevention Programs

From 2013 through 2015, NBIMC:

- Provided 450 programs - 5,898 participants
- CDSMP – 49 classes – 328 participants
- Caregiver education - 13 support groups 77 participants
- Aging in place supported through specialized services.
- Health fairs – 203 – enrolled 676 senior health members
- Held 7 (8) week sessions 82 enrolled 67 graduated
- Health and education screening; 6 programs with 50 participants

GOAL 4: IMPROVE HEALTH OUTCOMES FOR ASTHMA PATIENTS THROUGH IMPROVED DISEASE MANAGEMENT AND TREATMENT.

NBIMC worked with adult patients and area providers to ensure appropriate referrals to pulmonologists with expertise to manage asthma. Services included setting up appointments and scheduling procedures and/or tests as well as providing education to patients and their families. NBIMC also worked with the Newark Sustainability Office (now called Reconnection Program) regarding identification of pediatric patients with housing issues for home remediation.

NBIMC focused resources on education and identification. Patient experience representatives saw about 12% of asthma cases in ED – close to 180 cases in 2015 and provided education and assistance to these patients and their families.

Asthma Cases are tracked and monitored and declines have been noted for asthma ED visits. Utilization was:

	2013	2014	2015
Emergency Room	1,911	2,137	1,495
Inpatient	453	471	321
Outpatient	101	103	181

NBIMC also continued provision of bronchial thermoplasty services to adults with severe and persistent Asthma.

GOAL 5: ENHANCE EXISTING BEHAVIORAL HEALTH PROGRAMMING PROVIDED TO LOW INCOME RESIDENTS WITH COMMUNITY-BASED PROGRAMS AIMED AT SOCIAL ISSUES OF VIOLENCE, ABUSE AND BULLYING.

NBIMC continued to staff and operate www.areaskeepgirlssafe.com, a social medial support website for adolescent girls impacted by intimate partner violence.

	2013	2014	2015
# Hits	14,554	5,852	2,647
# Unique Visitors	10,965	5,801	1,640

In addition, NBIMC increased workshops and community education programs to children and families regarding physician abuse or neglect.

	2013	2014	2015
# of programs	8	10	12
# of individuals/families	624	642	760

Workshops and community education programs were provided at schools, churches and health fairs on the topics of violence, bullying and abuse. The number of workshops done annually was 34 in 2015.

NBIMC provided ongoing support groups dealing with domestic abuse, violence. These groups include:

- Expectant Mother's group for first time teen moms

- Young Parents Group
- Young Teens Group for girls
- Areas 4U group – teen girls domestic violence group.

NBIMC continues to improve care transitions and support access to inpatient/outpatient, emergency, and early intervention services to low income children and adults through the following services:

- Emergency screening services
- Mobile outreach
- Adult voluntary inpatient services
- Short term care facility (involuntary adults inpatient service)
- Partial Hospital Program
- Adult outpatient
- Child and Adolescent/Children Crisis Intervention Services
- Therapeutic Learning Center
- Child outpatient services

Focus was to enhance access to better address behavioral health needs. Results were evidenced in increase utilization across most services.

Annual Utilization:

	2014	**2015**
Emergency screening visits	3,354	3,582
Mobile outreach visits	241	246
Adult voluntary inpatient admits	428	525
Short term care admissions	222	263
Partial Hospital daily census	40	40
Adult outpatient (see below combined with child)		
Child and Adolescent/Children Crisis Intervention Services	536	562
Therapeutic Learning Center Census	25	25
Child outpatient services (see below combined with adult)		
Child and adult outpatient visits	7,233	11,485

PESS disposition was enhanced through decrease in waiting times, improving care transitions.

2015 Results - Wait Times:

- Children and adolescents were seen within 14 days 97% of the time
- Adults were seen within 14 days 94% of the time.

GOAL 6: ENHANCE COMMUNITY-BASED INITIATIVES TO REDUCE OBESITY.

Continue to support the expansion of the award winning Beth Challenge weight loss and fitness challenge program to civic, business and faith communities. In 2015, 850 participants lost 1,500 pounds in 2015. Cumulative weight loss for the program is: >21,000 pounds.

Continue to support the Kids Fit Program and provide activity and nutrition education in the classroom. Improvements for program participants included:

- Breakfast: Eating breakfast every day or most days increased from 77.5% to 80.5%
- Water: Drinking water every day or most days increased from 89% to 93%
- Fruit: Eating fruit every day or most days increased from 70% to 84%
- Vegetables: Eating vegetables every day or most days increased from 56.5% to 67%
- Lunch: Eating lunch every day or most days increased from 79% to 86%
- Nutrition Facts: Reading nutrition fact labels every day or most days increased from 28% to 37%
- Soda: Drinking soda every day or most days decreased from 44% to 38%
- Juice: Drinking juice every day or most days decreased from 74% to 66%
- Fast Food: Eating fast food every day or most days decreased from 27% to 23%
- Fried Foods: Eating fried foods every day or most days decreased from 48% to 39%
- Exercise: Meeting the daily requirement of 60 minutes or more of physical activity increased from 71% to 82%

NBIMC continues to sponsor the Beth Garden & Farmer's Market providing access and education regarding healthy foods and eating to communities in need. One hundred WIC recipients were served. Education was provided to all church members within the participating churches. Education began at the Reverend Ronald B. Christian Wellness Center in September 2015: 150 people in October and November received nutrition and lifestyle education.

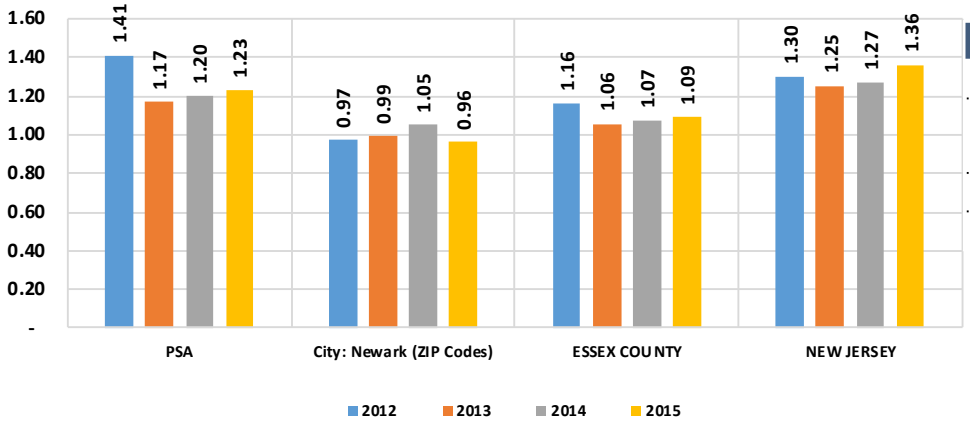
APPENDIX B
SECONDARY DATA SOURCES

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

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

APPENDIX C: NEWARK BETH ISRAEL MEDICAL CENTER SERVICE AREA
Disease Prevalence Trends: Based on Inpatient/Same Day/ER Discharges

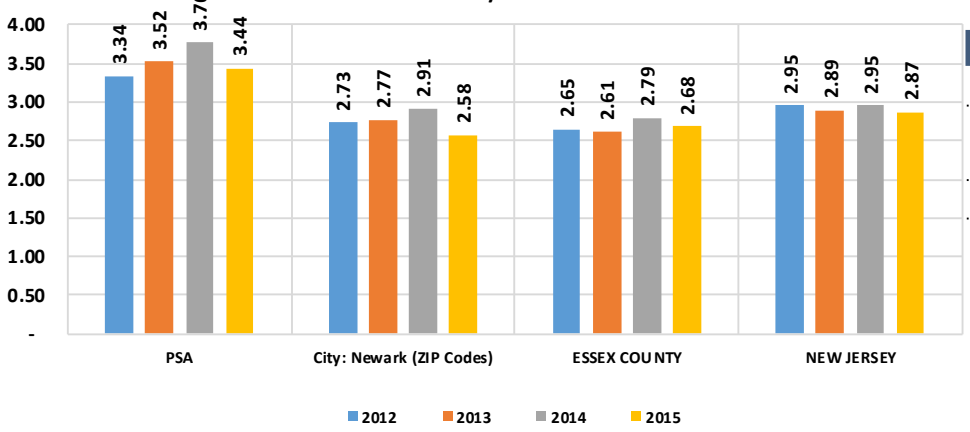
HEART ATTACK



% Change '12-'15	
PSA	-12.8%
City: Newark (ZIP Codes)	-1.0%
ESSEX CTY	-6.2%
NJ	4.8%

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

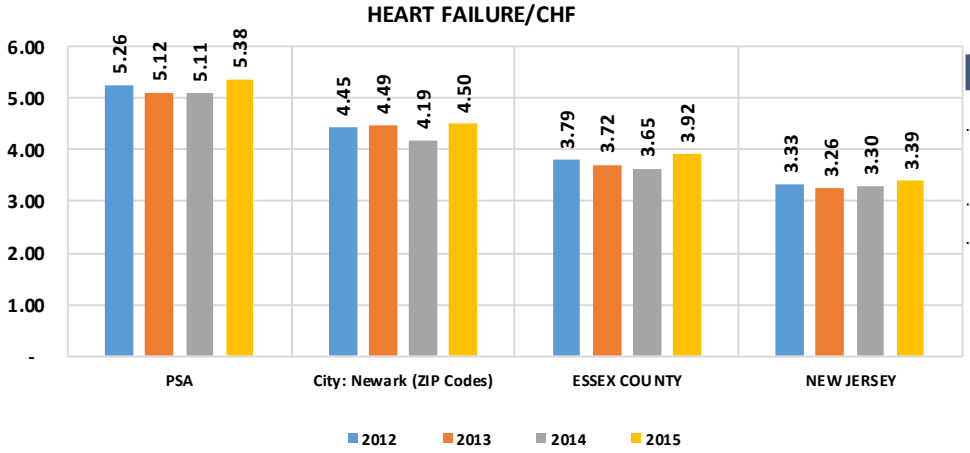
STROKE/TIA



% Change '12-'15	
PSA	3.0%
City: Newark (ZIP Codes)	-5.6%
ESSEX CTY	1.0%
NJ	-2.7%

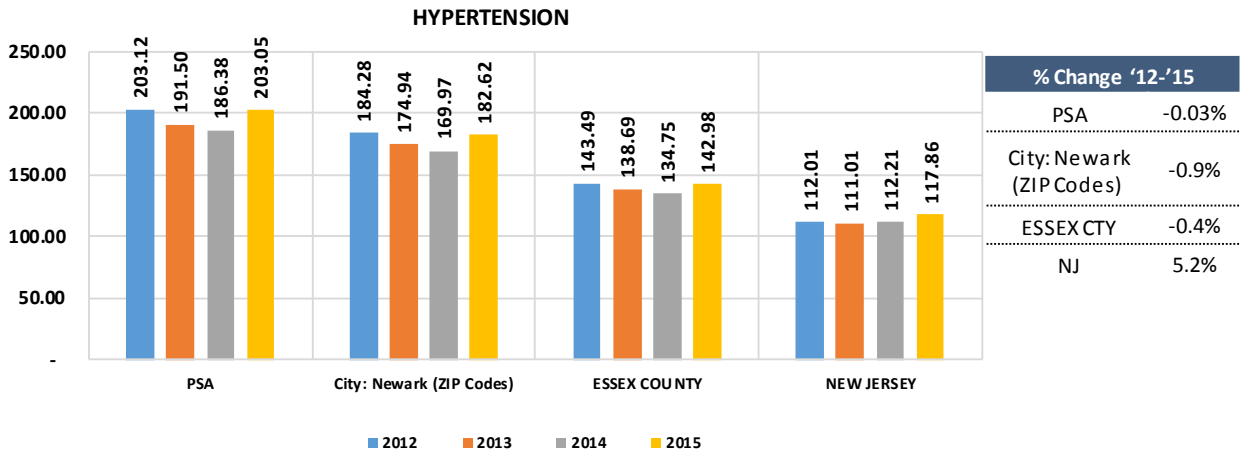
Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
Definition: Inpatient, Same Day Stay and ED Discharges - MS-DRGs 061-069

HEART FAILURE/CHF



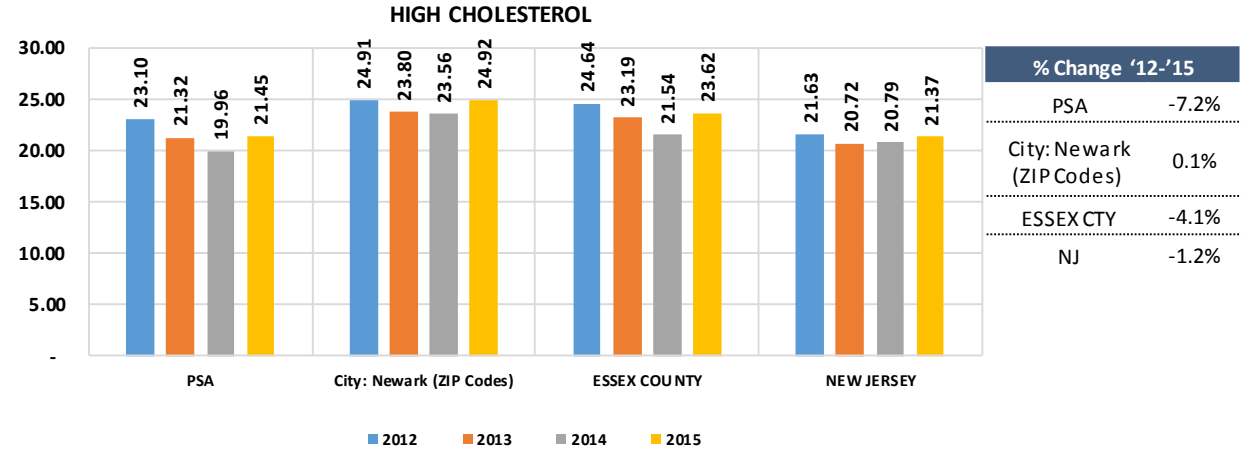
% Change '12-'15	
PSA	2.1%
City: Newark (ZIP Codes)	1.2%
ESSEX CTY	3.3%
NJ	1.9%

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



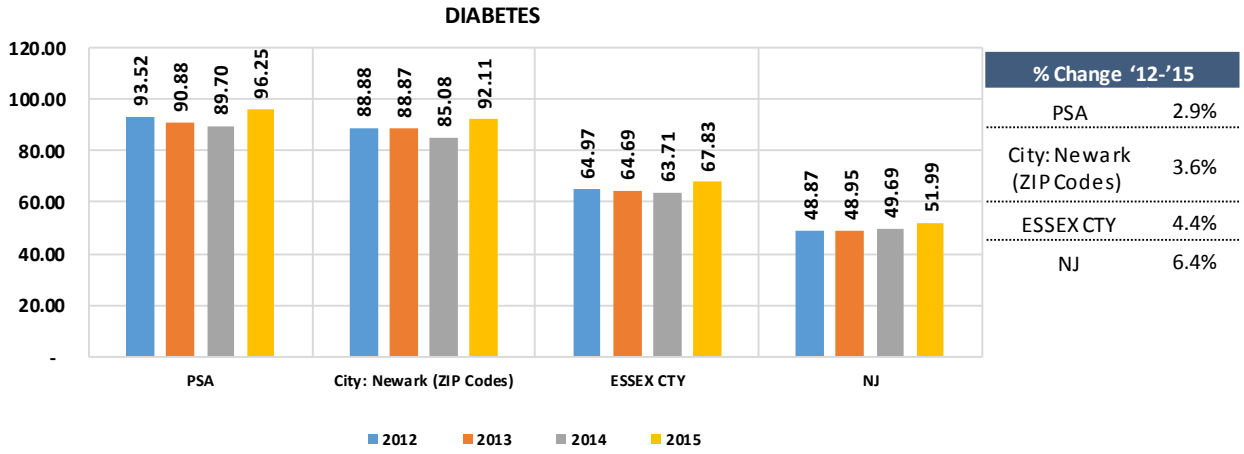
% Change '12-'15	
PSA	-0.03%
City: Newark (ZIP Codes)	-0.9%
ESSEX CTY	-0.4%
NJ	5.2%

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



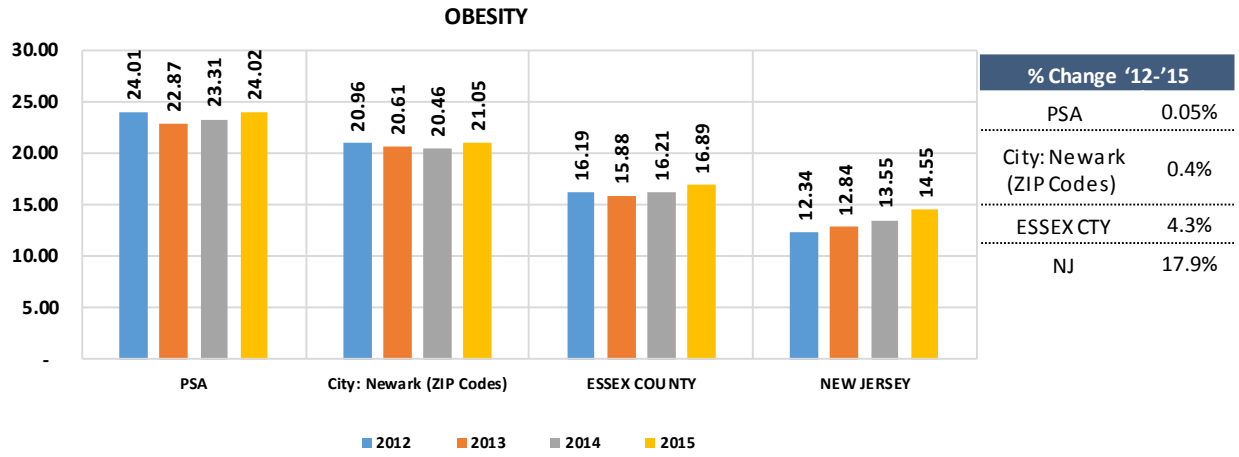
% Change '12-'15	
PSA	-7.2%
City: Newark (ZIP Codes)	0.1%
ESSEX CTY	-4.1%
NJ	-1.2%

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



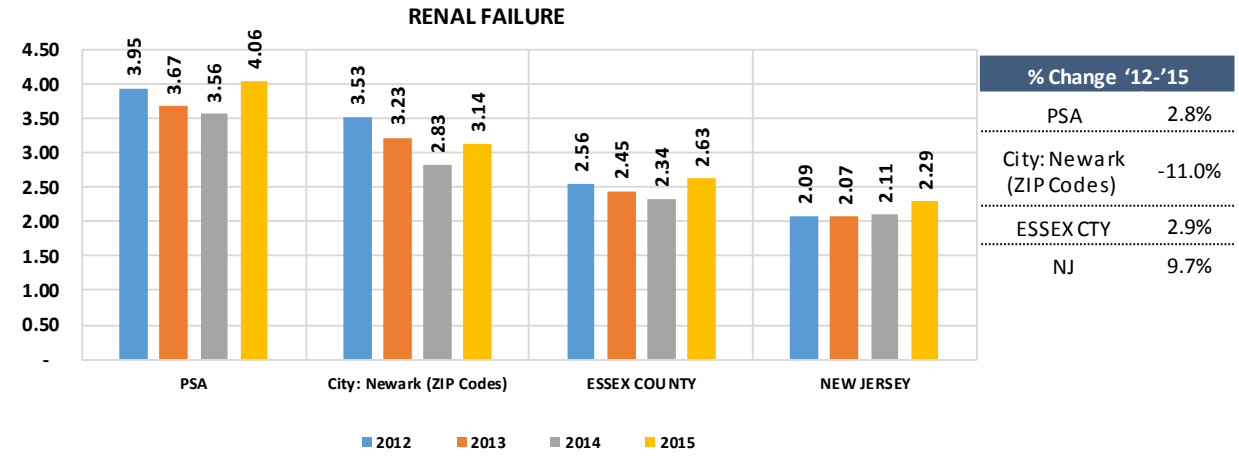
% Change '12-'15	
PSA	2.9%
City: Newark (ZIP Codes)	3.6%
ESSEX CTY	4.4%
NJ	6.4%

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



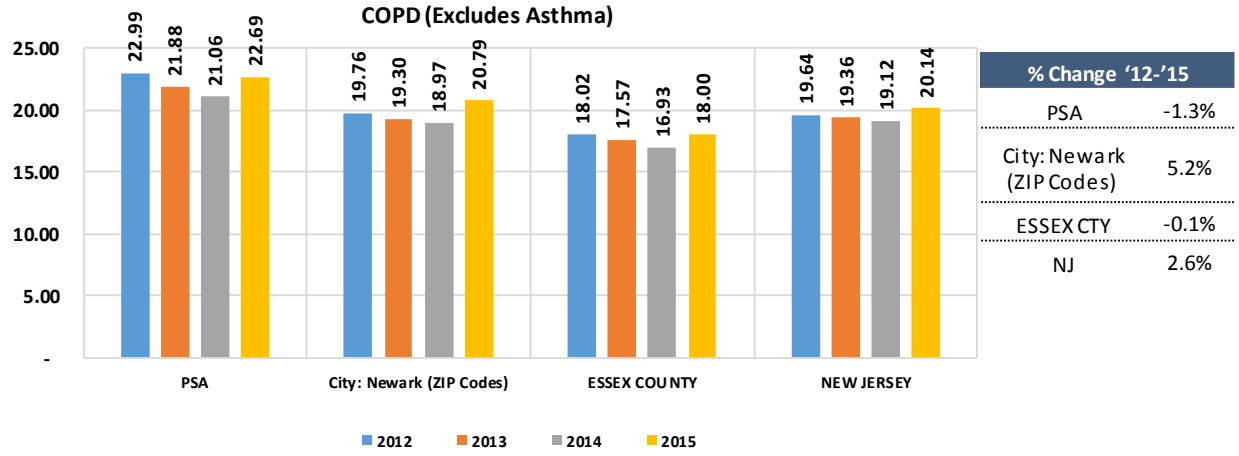
% Change '12-'15	
PSA	0.05%
City: Newark (ZIP Codes)	0.4%
ESSEX CTY	4.3%
NJ	17.9%

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



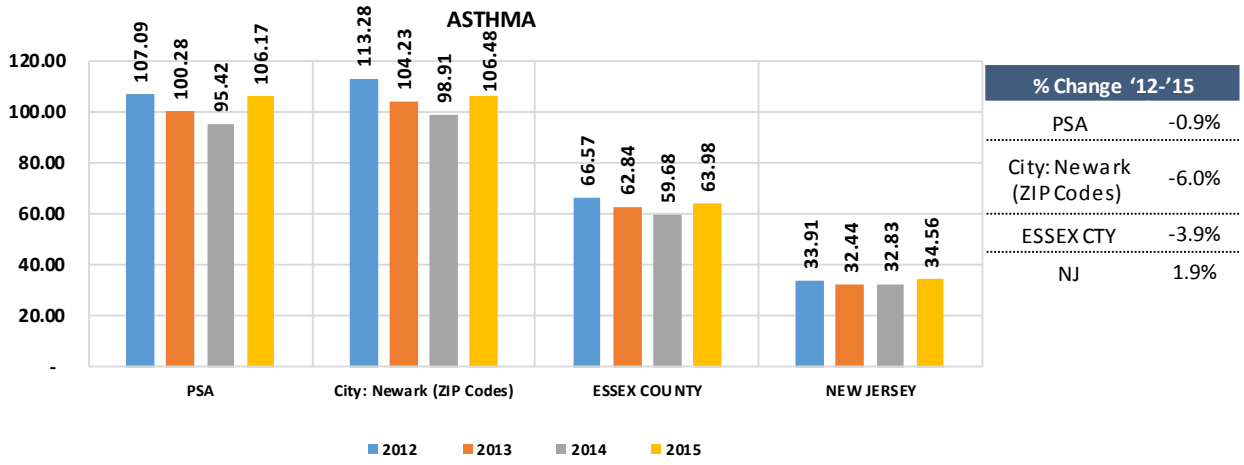
% Change '12-'15	
PSA	2.8%
City: Newark (ZIP Codes)	-11.0%
ESSEX CTY	2.9%
NJ	9.7%

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



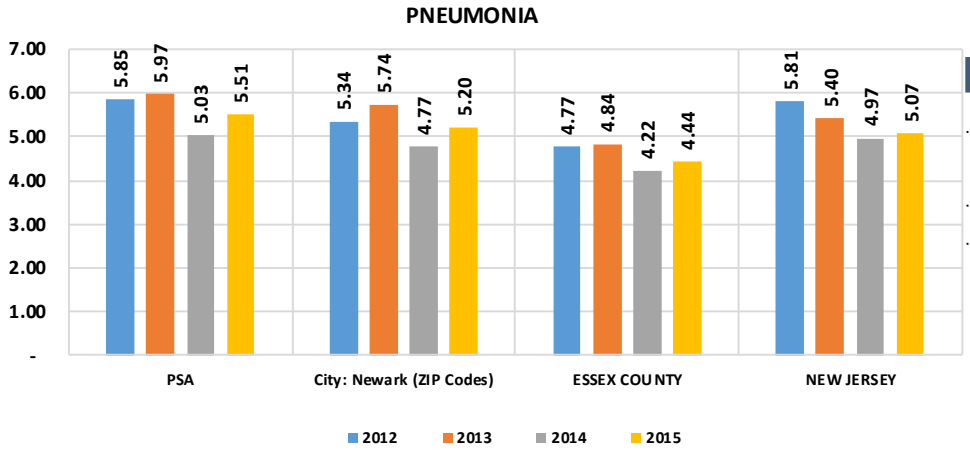
% Change '12-'15	
PSA	-1.3%
City: Newark (ZIP Codes)	5.2%
ESSEX CTY	-0.1%
NJ	2.6%

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



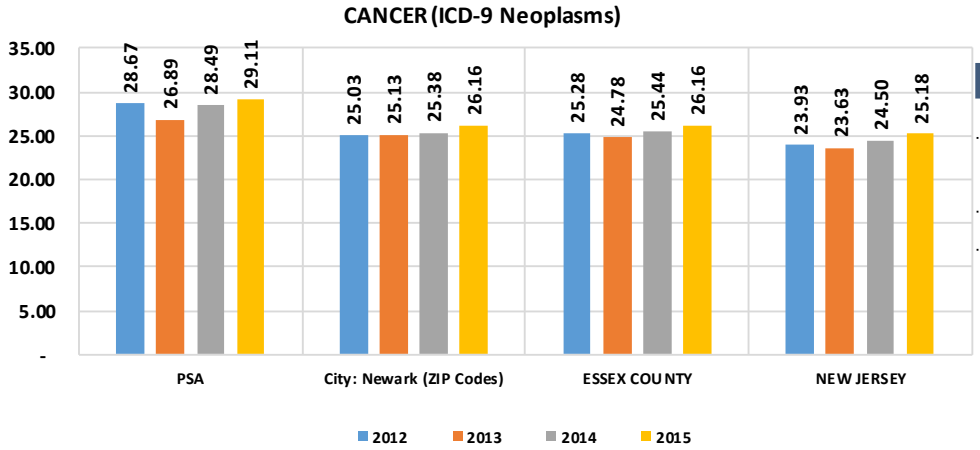
% Change '12-'15	
PSA	-0.9%
City: Newark (ZIP Codes)	-6.0%
ESSEX CTY	-3.9%
NJ	1.9%

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



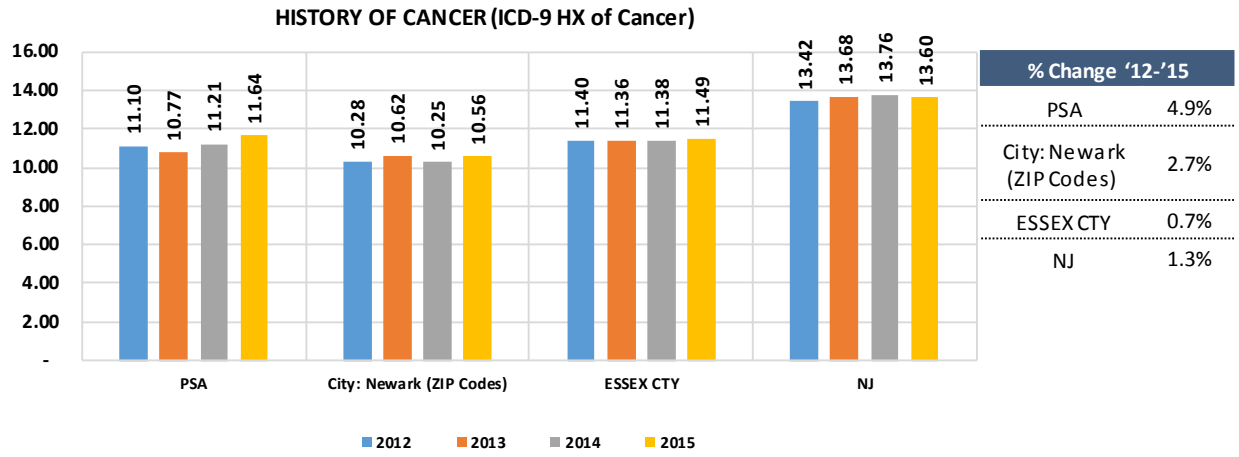
% Change '12-'15	
PSA	-5.7%
City: Newark (ZIP Codes)	-2.6%
ESSEX CTY	-7.0%
NJ	-12.7%

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

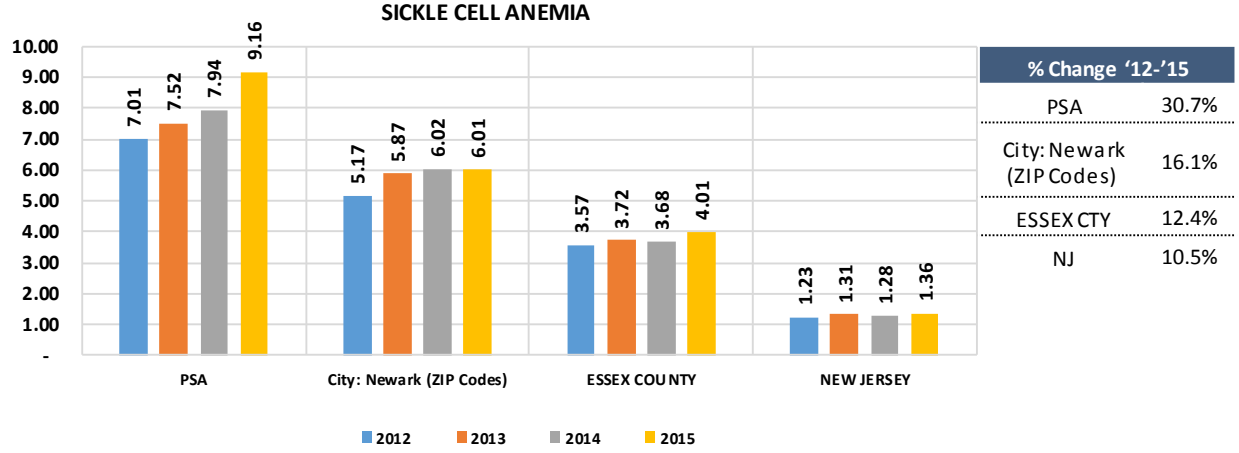


% Change '12-'15	
PSA	1.5%
City: Newark (ZIP Codes)	4.5%
ESSEX CTY	3.5%
NJ	5.2%

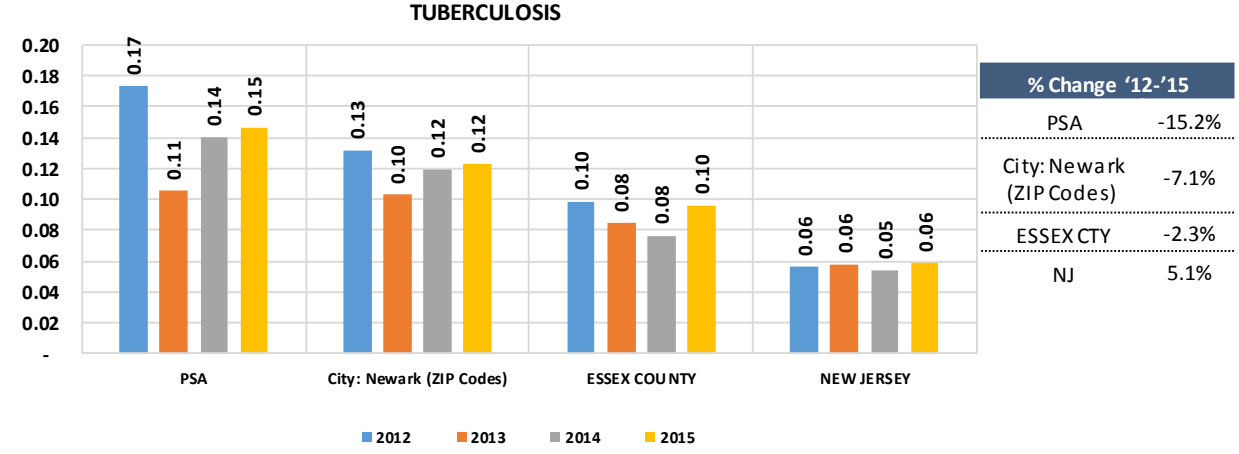
Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
Definition: Inpatient, Same Day Stay and ED Discharges - ICD-9 DX Range 140-239 (Appearing In First 13 DX on Patient Record)



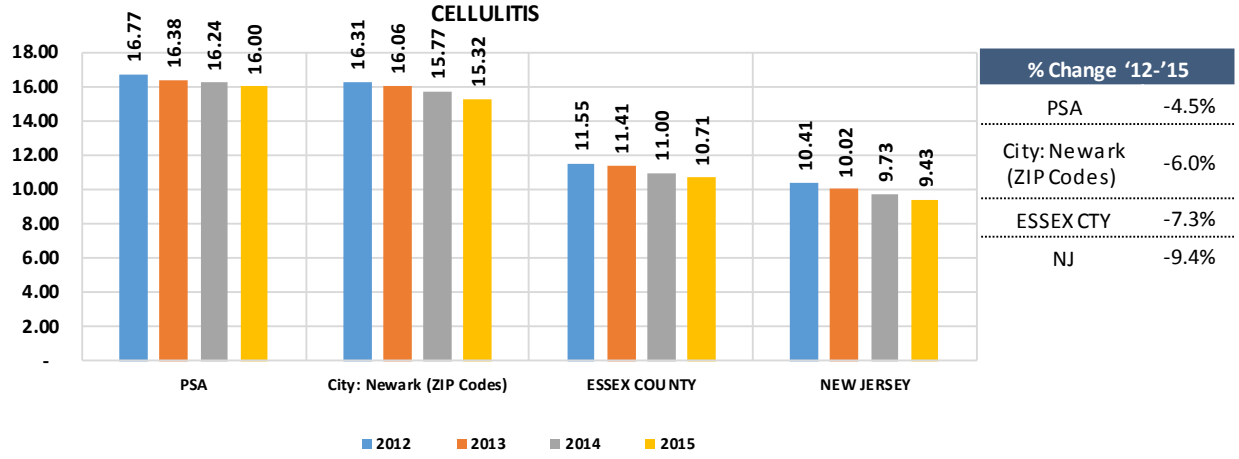
Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
Definition: Inpatient, Same Day Stay and ED Discharges - ICD-9 DX Range V10-V10.91 (Appearing In First 13 DX on Patient Record)



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

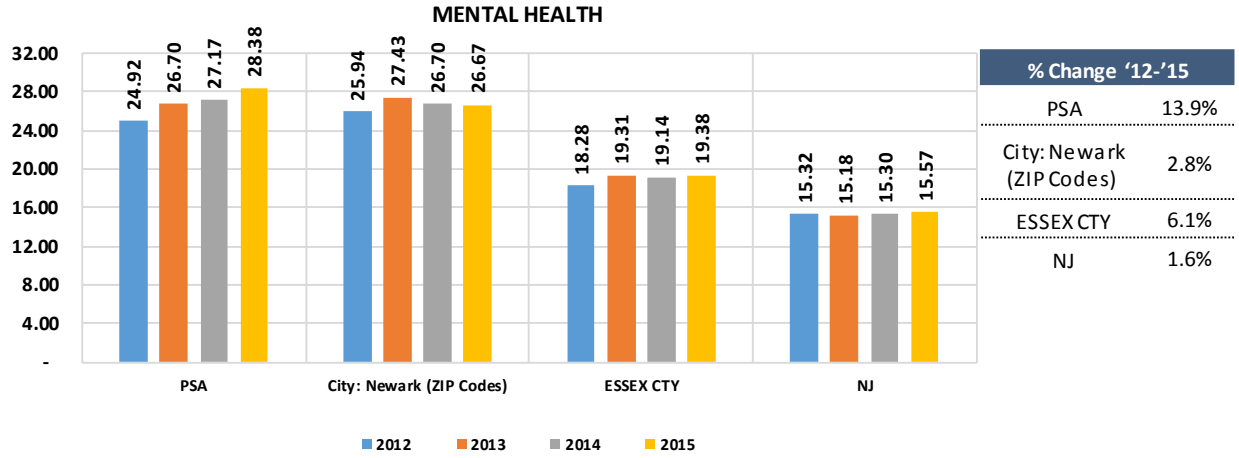


Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
Definition: Inpatient, Same Day Stay and ED Discharges - ICD-9 DX Range 010-018.96 (Appearing In First 13 DX on Patient Record)



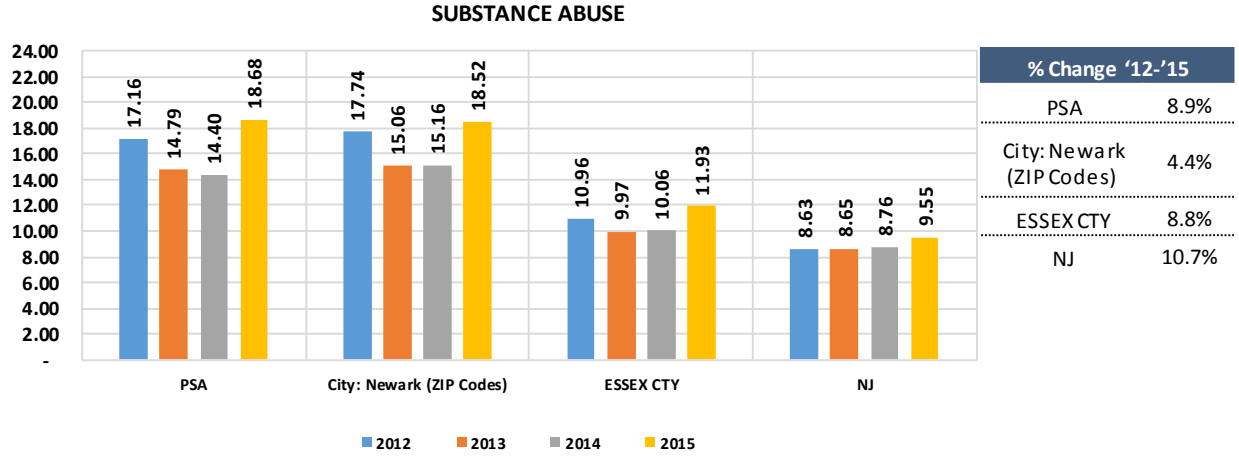
% Change '12-'15	
PSA	-4.5%
City: Newark (ZIP Codes)	-6.0%
ESSEX CTY	-7.3%
NJ	-9.4%

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



% Change '12-'15	
PSA	13.9%
City: Newark (ZIP Codes)	2.8%
ESSEX CTY	6.1%
NJ	1.6%

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



% Change '12-'15	
PSA	8.9%
City: Newark (ZIP Codes)	4.4%
ESSEX CTY	8.8%
NJ	10.7%

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

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

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

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

*Value omitted per HIPAA requirements.

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

INCIDENCE RATE REPORT FOR ESSEX COUNTY 2009-2013[203]					
Cancer Site	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
All Races (includes Hispanic), Both Sexes (except where noted), All Ages					
ALL SITES	451.9	3,617	falling	-2.0	
BLADDER	19.7	152	stable	-0.4	
BRAIN & ONS	5.3	42	falling	-1.4	
BREAST: Females	121.7	547	stable	0.1	
CERVIX: Females	9.6	42	falling	-3.9	
COLON & RECTUM	42.3	337	falling	-4.0	
ESOPHAGUS	4.3	35	falling	-3.2	
KIDNEY & RENAL	13.0	104	rising	0.8	
LEUKEMIA	12.0	93	falling	-0.8	
LIVER & BILE DUCT	7.8	66	rising	1.9	
LUNG & BRONCHUS	50.9	399	falling	-2.6	
MELANOMA	12.5	99	stable	-0.9	
NON-HODGKIN'S LYMPHOMA	20.7	164	stable	0.1	
ORAL CAVITY & PHARYNX	8.5	70	falling	-2.7	
OVARY: Females	11.8	53	falling	-2.4	
PANCREAS	14.3	112	stable	-0.4	
PROSTATE: Males	176.0	617	stable	-12.2	
STOMACH	8.7	69	falling	-2.4	
THYROID	12.0	97	rising	5.1	
UTERUS: Females	27.9	128	stable	0.7	

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

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

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

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

MORTALITY RATE REPORT FOR ESSEX COUNTY 2009-2013[204]						
Cancer Site	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
All Races (includes Hispanic), Both Sexes (except where noted), All Ages						
ALL SITES:HP2020 Objective C-1 (160.6)	No	161.8	1,272	falling	-2.4	
BLADDER: HP2020 Objective (N/A)	n/a	4.3	34	stable	-0.4	
BRAIN & ONS: HP2020 Objective (N/A)	n/a	3.1	24	stable	-1.2	
BREAST: Females: HP2020 Objective C-3 (20.6)	No	23.7	109	falling	-2.7	
CERVIX: Females: HP2020 Objective C-4 (2.2)	No	3.4	15	falling	-3.0	
COLON & RECTUM: HP2020 Objective C-5 (14.5)	No	16.5	130	falling	-2.7	
ESOPHAGUS: HP2020 Objective (N/A)	n/a	3.8	30	falling	-2.7	
KIDNEY & RENAL: HP2020 Objective (N/A)	n/a	2.9	23	falling	-1.2	
LEUKEMIA: HP2020 Objective (N/A)	n/a	5.9	46	falling	-2	
LIVER & BILE DUCT HP2020 Objective (N/A)	n/a	5.7	47	stable	1.1	
LUNG & BRONCHUS: HP2020 Objective C-2 (45.5)	Yes	37.1	289	falling	-2.9	
MELANOMA: HP2020 Objective C-8 (2.4)	Yes	1.6	12	falling	-1.2	
NON-HODGKIN'S LYMPHOMA: HP2020 Objective (N/A)	n/a	5.5	43	falling	-3.5	
ORAL CAVITY & PHARYNX: HP2020 Objective C-6 (2.3)	Yes	2.3	19	falling	-3.9	
OVARY: Females: HP2020 Objective (N/A)	n/a	7.1	32	falling	-2.2	
PANCREAS: HP2020 Objective (N/A)	n/a	11.7	91	falling	-0.7	
PROSTATE: Males: HP2020 Objective C-7 (21.8)	No	24.5	71	falling	-3.5	
STOMACH: HP2020 Objective (N/A)	n/a	4.4	34	falling	-3.5	
THYROID: HP2020 Objective (N/A)	n/a	0.4	4	**	**	
UTERUS: Females: HP2020 Objective (N/A)	n/a	5.7	26	stable	-0.2	

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

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

		CERVIX: HP2020 Objective C-4 (2.2)	PROSTATE: Male
MORTALITY RATE REPORT FOR ESSEX COUNTY 2009-2013[1] All Races (includes Hispanic), All Ages, Male and Female (Unless Noted)	Met HP2020 Objective	No	No
	Age-Adjusted Death Rate	3.4	24.5
	Average Deaths/Year	15.0	71.0
	Recent	falling (-3.0)	falling (-3.5)
	RWJ Barnabas County Indicator Comparison		
White (Non-Hispanic)	Met HP2020 Objective	No	Yes
	Age-Adjusted Death Rate	2.5	17.6
	Average Deaths/Year	6.0	70.0
	Recent / Trend	falling (-2.7)	falling (-3.7)
Black (Includes Hispanic)	Met HP2020 Objective	No	No
	Age-Adjusted Death Rate	5.0	43.3
	Average Deaths/Year	9.0	39.0
	Recent / Trend	falling (-3.4)	falling (-3.2)
Asian / Pacific Islander	Met HP2020 Objective	*	*
	Age-Adjusted Death Rate	*	*
	Average Deaths/Year	3 or fewer	3 or fewer
	Recent / Trend	**	**
Hispanic (of Any Race)	Met HP2020 Objective	*	Yes
	Age-Adjusted Death Rate	*	17.7
	Average Deaths/Year	3 or fewer	5.0
	Recent / Trend	**	falling (-4.5)
MALES	Met HP2020 Objective	na	No
	Age-Adjusted Death Rate	na	24.5
	Average Deaths/Year	na	71.0
	Recent / Trend	na	falling (-3.5)
FEMALES	Met HP2020 Objective	No	na
	Age-Adjusted Death Rate	3.4	na
	Average Deaths/Year	15.0	na
	Recent / Trend	falling (-3.0)	na

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

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[205]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
ALL SITES: All Races (includes Hispanic), Both Sexes, All Ages					
United States	448.4	1,540,559	falling	-1.9	
New Jersey	484.0	48,523	falling	-4.4	
Atlantic County	497.9	1618	falling	-5.9	
Bergen County	464.6	5,199	falling	-1.7	
Burlington County	529.1	2799	stable	-3.9	
Camden County	526.5	2,978	falling	-4.5	
Cape May County	558.6	853	stable	-3.8	
Cumberland County	515.1	863	stable	0.0	
Essex County	451.9	3,617	falling	-2.0	
Gloucester County	540.6	1713	stable	-4.4	
Hudson County	394.4	2367	falling	-4.7	
Hunterdon County	476.4	722	stable	-0.4	
Mercer County	499.9	2008	stable	-4.2	
Middlesex County	465.6	4,050	falling	-3.8	
Monmouth County	522.4	3,904	stable	-3.9	
Morris County	486.1	2834	falling	-4.6	
Ocean County	518.8	4,325	falling	-4.2	
Passaic County	446.1	2333	falling	-5.2	
Salem County	531.7	434	stable	-0.2	
Somerset County	471.0	1717	falling	-2.3	
Sussex County	490.0	833	falling	-3.0	
Union County	459.4	2673	falling	-5.7	
Warren County	503.3	651	falling	-0.7	
BLADDER: All Races (includes Hispanic), Both Sexes, All Ages					
United States	20.7	70,418	falling	-1.3	
New Jersey	23.8	2378	falling	-3.0	
Atlantic County	29.2	94	stable	0.1	
Bergen County	23.1	266	falling	-3.1	
Burlington County	27.0	143	stable	-0.1	
Camden County	23.9	135	stable	-0.3	
Cape May County	35.7	57	rising	1.4	
Cumberland County	27.1	45	rising	1.3	

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

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[205]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
Essex County	19.7	152	stable	-0.4	
Gloucester County	28.6	87	stable	0.5	
Hudson County	17.4	97	falling	-1.8	
Hunterdon County	27.4	40	stable	1.2	
Mercer County	23.9	95	stable	-12.3	
Middlesex County	23.3	198	falling	-3.9	
Monmouth County	24.8	184	stable	-0.3	
Morris County	24.9	146	falling	-3.6	
Ocean County	25.6	238	falling	-4.8	
Passaic County	18.9	98	stable	-0.9	
Salem County	29.7	25	stable	0.2	
Somerset County	23.6	83	stable	0.6	
Sussex County	24.5	40	stable	-0.7	
Union County	20.3	118	falling	-6.2	
Warren County	28.3	36	stable	-0.9	
BRAIN & ONS: All Races (includes Hispanic), Both Sexes, All Ages					
United States	6.6	21761	falling	-1.2	
New Jersey	7.0	666	falling	-0.4	
Atlantic County	8.0	24	stable	0.3	
Bergen County	7.9	81	stable	-0.4	
Burlington County	7.5	37	stable	0.3	
Camden County	7.3	39	stable	0.1	
Cape May County	8.8	11	stable	0.6	
Cumberland County	6.5	11	stable	-0.9	
Essex County	5.3	42	falling	-1.4	
Gloucester County	7.0	22	stable	-0.8	
Hudson County	5.1	32	falling	-1.6	
Hunterdon County	5.9	8	stable	-1.7	
Mercer County	7.1	27	stable	-0.7	
Middlesex County	6.4	54	falling	-1.0	
Monmouth County	8.0	57	stable	0.7	
Morris County	8.3	45	stable	0.1	
Ocean County	8.5	58	stable	0.6	
Passaic County	6.7	34	falling	-1.2	
Salem County	6.9	5	*	*	
Somerset County	6.4	22	stable	-17.0	
Sussex County	7.3	11	stable	-1.3	
Union County	6.3	36	stable	-1.0	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[205]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
Warren County	7.7	9	stable	0.2	
BREAST: All Races (includes Hispanic), Females, All Ages					
United States	123.3	224504	stable	-0.1	
New Jersey	131.4	7105	stable	-1.5	
Atlantic County	132.9	231	stable	-0.4	
Bergen County	134.8	802	falling	-0.7	
Burlington County	136.3	389	stable	-0.3	
Camden County	145.4	447	stable	-2.3	
Cape May County	126.8	100	falling	-0.9	
Cumberland County	113.0	99	falling	-1.0	
Essex County	121.7	547	stable	0.1	
Gloucester County	135.5	237	stable	-0.3	
Hudson County	105.7	352	falling	-0.7	
Hunterdon County	150.6	125	stable	-0.4	
Mercer County	137.4	298	falling	-0.6	
Middlesex County	131.2	617	falling	-0.7	
Monmouth County	144.6	586	stable	-0.2	
Morris County	142.6	449	falling	-0.5	
Ocean County	126.4	539	falling	-0.8	
Passaic County	119.2	342	falling	-0.7	
Salem County	120.4	52	stable	-0.9	
Somerset County	134.5	270	stable	0.1	
Sussex County	126.7	116	stable	-0.4	
Union County	129.1	411	falling	-0.7	
Warren County	135.0	94	stable	-0.4	
CERVIX: All Races (includes Hispanic), Females, All Ages					
United States	7.6	12404	falling	-2.3	
New Jersey	7.9	390	falling	-2.8	
Atlantic County	11.4	17	falling	-3.6	
Bergen County	7.3	38	falling	-2.4	
Burlington County	7.6	18	stable	-0.8	
Camden County	8.6	25	falling	-2.7	
Cape May County	8.9	5	stable	8.1	
Cumberland County	9.7	8	falling	-5.0	
Essex County	9.6	42	falling	-3.9	
Gloucester County	6.8	11	falling	-2.8	
Hudson County	9.1	31	falling	-3.2	
Hunterdon County	5.7	5	stable	-2.4	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[205]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
Mercer County	6.1	13	falling	-3.1	
Middlesex County	7.1	32	falling	-2.3	
Monmouth County	6.5	24	falling	-2.8	
Morris County	6.1	18	falling	-2.3	
Ocean County	9.0	29	falling	-2.4	
Passaic County	8.1	21	falling	-2.4	
Salem County	9.9	4	*	*	
Somerset County	7.1	13	falling	-2.0	
Sussex County	5.6	5	falling	-15.1	
Union County	9.6	29	stable	0.1	
Warren County	6.6	4	falling	-4.3	
COLON & RECTUM: All Races (includes Hispanic), Both Sexes, All Ages					
United States	40.6	139095	falling	-3.0	
New Jersey	43.5	4384	falling	-4.0	
Atlantic County	43.5	142	falling	-5.1	
Bergen County	39.2	446	falling	-4.4	
Burlington County	48.8	259	falling	-2.1	
Camden County	48.5	274	falling	-3.1	
Cape May County	48.3	75	falling	-3.0	
Cumberland County	52.2	87	falling	-1.5	
Essex County	42.3	337	falling	-4.0	
Gloucester County	49.3	155	falling	-9.2	
Hudson County	43.4	255	falling	-7.9	
Hunterdon County	40.6	61	falling	-3.2	
Mercer County	43.8	177	falling	-2.4	
Middlesex County	42.3	367	falling	-3.9	
Monmouth County	43.7	329	falling	-4.0	
Morris County	38.6	227	falling	-4.7	
Ocean County	47.0	417	falling	-3.4	
Passaic County	41.4	216	falling	-4.5	
Salem County	45.4	38	falling	-2.5	
Somerset County	38.6	142	falling	-2.3	
Sussex County	43.4	71	falling	-2.9	
Union County	42.9	248	falling	-4.6	
Warren County	44.4	58	falling	-3.2	
ESOPHAGUS: All Races (includes Hispanic), Both Sexes, All Ages					
United States	4.7	16328	falling	-2.1	
New Jersey	4.6	467	falling	-4.9	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[205]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
Atlantic County	5.2	17	falling	-2.5	
Bergen County	3.5	41	stable	-0.9	
Burlington County	5.5	30	stable	0.3	
Camden County	5.2	29	falling	-1.2	
Cape May County	5.8	9	stable	-1.2	
Cumberland County	6.6	11	stable	0.9	
Essex County	4.3	35	falling	-3.2	
Gloucester County	6.0	20	stable	0.5	
Hudson County	3.7	22	falling	-2.7	
Hunterdon County	5.0	8	stable	-0.2	
Mercer County	4.4	18	stable	-1.4	
Middlesex County	4.6	40	falling	-1.1	
Monmouth County	5.1	38	stable	-0.2	
Morris County	4.5	27	stable	0.2	
Ocean County	5.3	47	stable	-6.4	
Passaic County	4.8	25	falling	-1.4	
Salem County	4.1	3	stable	-2.5	
Somerset County	3.2	12	stable	-1.6	
Sussex County	4.4	8	stable	-0.3	
Union County	3.2	19	falling	-2.1	
Warren County	5.6	7	stable	1.2	
KIDNEY & RENAL: All Races (includes Hispanic), Both Sexes, All Ages					
United States	16.0	55089	stable	-0.2	
New Jersey	15.5	1560	falling	-2.4	
Atlantic County	16.4	54	rising	1.2	
Bergen County	15.6	175	rising	1.0	
Burlington County	19.9	104	rising	2.7	
Camden County	17.9	101	rising	1.9	
Cape May County	19.2	30	rising	2.1	
Cumberland County	22.1	37	rising	4.3	
Essex County	13.0	104	rising	0.8	
Gloucester County	20.0	63	rising	2.4	
Hudson County	11.9	73	stable	0.6	
Hunterdon County	12.8	20	stable	1.5	
Mercer County	15.4	62	rising	1.9	
Middlesex County	14.4	126	stable	-2.1	
Monmouth County	15.8	120	rising	1.0	
Morris County	13.3	79	stable	0.5	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[205]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
Ocean County	16.8	138	rising	1.5	
Passaic County	15.6	82	rising	1.6	
Salem County	19.0	15	stable	0.9	
Somerset County	13.7	50	rising	1.7	
Sussex County	15.0	27	stable	0.3	
Union County	14.0	82	stable	0.7	
Warren County	15.2	19	stable	0.7	
LEUKEMIA: All Races (includes Hispanic), Both Sexes, All Ages					
United States	13.4	44727	stable	-0.6	
New Jersey	14.5	1418	stable	0.2	
Atlantic County	12.5	39	stable	-0.1	
Bergen County	16.2	177	stable	-6.3	
Burlington County	15.1	77	stable	0.9	
Camden County	14.5	81	stable	0.6	
Cape May County	17.5	26	stable	1.3	
Cumberland County	15.3	25	rising	1.9	
Essex County	12.0	93	falling	-0.8	
Gloucester County	17.1	52	rising	1.4	
Hudson County	12.2	72	falling	-0.8	
Hunterdon County	12.7	19	stable	-0.9	
Mercer County	12.8	51	stable	-0.4	
Middlesex County	15.1	129	stable	0.4	
Monmouth County	14.8	107	stable	0.6	
Morris County	15.9	90	stable	0.3	
Ocean County	13.7	113	stable	-0.4	
Passaic County	14.4	73	stable	-0.5	
Salem County	15.1	11	stable	0.9	
Somerset County	15.3	54	stable	0.4	
Sussex County	15.3	25	stable	0.8	
Union County	14.8	84	stable	0.7	
Warren County	12.5	16	falling	-1.3	
LIVER & BILE DUCT: All Races (includes Hispanic), Both Sexes, All Ages					
United States	7.6	27290	rising	2.0	
New Jersey (State)	7.2	751	stable	-2.4	
Atlantic County	7.8	27	rising	3.3	
Bergen County	7.0	80	rising	1.6	
Burlington County	7.0	39	rising	3.0	
Camden County	8.6	51	stable	-7.6	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[205]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
Cape May County	7.5	12	rising	5.4	
Cumberland County	10.4	18	rising	6.7	
Essex County	7.8	66	rising	1.9	
Gloucester County	7.2	24	rising	3.7	
Hudson County	7.2	45	rising	1.7	
Hunterdon County	4.9	8	*	*	
Mercer County	8.3	35	rising	4.0	
Middlesex County	7.4	66	rising	3.2	
Monmouth County	6.2	49	stable	1.3	
Morris County	5.7	34	stable	1.1	
Ocean County	7.7	66	rising	4.2	
Passaic County	7.7	42	rising	2.8	
Salem County	11.5	10	rising	4.8	
Somerset County	5.6	21	rising	2.7	
Sussex County	6.6	11	stable	1.8	
Union County	6.5	39	rising	2.7	
Warren County	6.6	9	stable	0.7	
LUNG & BRONCHUS: All Races (includes Hispanic), Both Sexes, All Ages					
United States	62.4	214614	falling	-2.5	
New Jersey	59.0	5900	falling	-4.3	
Atlantic County	69.9	230	falling	-6.4	
Bergen County	50.9	580	falling	-3.3	
Burlington County	65.1	342	stable	-5.7	
Camden County	71.9	406	stable	-5.4	
Cape May County	83.5	136	stable	-0.4	
Cumberland County	73.4	122	stable	-6.9	
Essex County	50.9	399	falling	-2.6	
Gloucester County	80.5	250	stable	-5.6	
Hudson County	48.8	279	falling	-2.1	
Hunterdon County	54.4	80	falling	-1.7	
Mercer County	59.1	235	falling	-1.2	
Middlesex County	53.4	459	stable	-7.3	
Monmouth County	63.9	475	stable	-7.1	
Morris County	49.6	287	falling	-5.8	
Ocean County	71.4	645	falling	-4.0	
Passaic County	53.8	276	falling	-1.2	
Salem County	72.8	62	falling	-1.1	
Somerset County	48.7	171	falling	-1.3	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[205]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
Sussex County	64.2	106	falling	-1.3	
Union County	47.9	274	falling	-1.6	
Warren County	65.4	85	falling	-1.0	
MELANOMA: All Races (includes Hispanic), Both Sexes, All Ages					
United States	20.3	68242	stable	0.7	
New Jersey	21.7	2143	stable	-1.7	
Atlantic County	24.2	77	stable	-5.1	
Bergen County	17.9	196	falling	-3.4	
Burlington County	27.3	143	stable	0.6	
Camden County	20.0	114	stable	-2.4	
Cape May County	40.8	60	stable	-3.4	
Cumberland County	17.3	29	rising	2.0	
Essex County	12.5	99	stable	-0.9	
Gloucester County	25.7	80	stable	-2.1	
Hudson County	7.0	44	falling	-9.0	
Hunterdon County	35.1	52	rising	5.4	
Mercer County	24.1	95	rising	3.7	
Middlesex County	17.1	146	rising	1.6	
Monmouth County	32.4	235	rising	2.3	
Morris County	26.9	154	stable	-0.7	
Ocean County	33.2	263	rising	3.7	
Passaic County	13.3	69	falling	-6.6	
Salem County	32.5	25	rising	5.0	
Somerset County	24.5	89	stable	-1.5	
Sussex County	27.0	46	rising	2.5	
Union County	16.0	93	stable	1.1	
Warren County	23.7	31	stable	1.4	
NON-HODGKIN'S LYMPHOMA: All Races (includes Hispanic), Both Sexes, All Ages					
United States	19.1	64576	falling	-1.7	
New Jersey	21.2	2094	stable	-3.0	
Atlantic County	19.4	61	falling	-0.9	
Bergen County	21.8	242	falling	-0.7	
Burlington County	21.2	110	stable	0.4	
Camden County	21.0	117	stable	0.2	
Cape May County	17.7	27	stable	-0.7	
Cumberland County	20.0	33	stable	0.2	
Essex County	20.7	164	stable	0.1	
Gloucester County	20.9	65	stable	0.5	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[205]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
Hudson County	17.4	105	falling	-2.1	
Hunterdon County	22.8	33	stable	0.6	
Mercer County	23.4	92	stable	0.6	
Middlesex County	21.0	180	stable	0.4	
Monmouth County	22.8	169	falling	-1.0	
Morris County	22.6	129	stable	-1.1	
Ocean County	21.4	180	stable	-0.4	
Passaic County	19.4	100	stable	0.3	
Salem County	19.5	16	stable	0.3	
Somerset County	20.4	75	stable	-1.8	
Sussex County	22.0	36	stable	0.4	
Union County	21.9	127	falling	-1.1	
Warren County	21.3	26	stable	0.3	
ORAL CAVITY & PHARYNX: All Races (includes Hispanic), Both Sexes, All Ages					
United States	11.3	39885	stable	0.5	
New Jersey	10.4	1066	falling	-0.6	
Atlantic County	13.1	45	stable	-0.3	
Bergen County	9.5	108	stable	0.0	
Burlington County	12.0	65	stable	-0.1	
Camden County	12.2	70	stable	0.4	
Cape May County	11.0	17	stable	0.1	
Cumberland County	11.9	21	stable	0.2	
Essex County	8.5	70	falling	-2.7	
Gloucester County	11.1	37	stable	0.7	
Hudson County	8.2	51	falling	-2.5	
Hunterdon County	7.0	13	stable	-0.6	
Mercer County	10.1	42	falling	-1.5	
Middlesex County	11.1	98	stable	0.0	
Monmouth County	11.3	88	stable	-0.2	
Morris County	10.5	63	stable	0.1	
Ocean County	11.6	95	stable	0.0	
Passaic County	9.1	48	falling	-1.7	
Salem County	13.6	11	stable	1.1	
Somerset County	9.6	38	stable	0.7	
Sussex County	12.8	22	stable	0.6	
Union County	9.1	55	falling	-0.8	
Warren County	9.3	12	stable	-0.5	
OVARY: All Races (includes Hispanic), Females, All Ages					

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[205]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
United States	11.6	21294	falling	-2.1	
New Jersey	12.6	691	falling	-6.0	
Atlantic County	9.2	16	falling	-12.0	
Bergen County	11.5	70	falling	-5.4	
Burlington County	13.8	40	falling	-1.5	
Camden County	12.7	39	falling	-1.7	
Cape May County	13.5	11	stable	-1.1	
Cumberland County	8.8	8	falling	-20.4	
Essex County	11.8	53	falling	-2.4	
Gloucester County	14.6	25	stable	-1.1	
Hudson County	12.2	40	falling	-2.2	
Hunterdon County	12.0	10	falling	-3.3	
Mercer County	14.5	32	stable	-0.6	
Middlesex County	13.8	65	falling	-1.9	
Monmouth County	12.3	51	stable	-9.5	
Morris County	13.4	43	falling	-1.8	
Ocean County	13.2	57	falling	-1.9	
Passaic County	11.4	33	falling	-2.2	
Salem County	14.2	6	stable	-0.2	
Somerset County	13.0	26	stable	-1.1	
Sussex County	17.1	16	stable	-0.8	
Union County	12.2	40	falling	-2.4	
Warren County	14.5	10	stable	-1.1	
PANCREAS: All Races (includes Hispanic), Both Sexes, All Ages					
United States	12.3	42602	stable	0.5	
New Jersey	13.7	1390	stable	-2.0	
Atlantic County	13.2	44	stable	-0.6	
Bergen County	13.3	155	stable	0.0	
Burlington County	15.0	80	stable	0.5	
Camden County	13.6	77	stable	0.3	
Cape May County	13.2	21	stable	0.7	
Cumberland County	14.9	25	rising	1.8	
Essex County	14.3	112	stable	-0.4	
Gloucester County	13.2	42	stable	1.3	
Hudson County	12.0	69	stable	-0.5	
Hunterdon County	14.3	21	stable	1.1	
Mercer County	15.6	62	rising	2.2	
Middlesex County	13.1	114	stable	0.1	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[205]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
Monmouth County	14.1	106	stable	0.3	
Morris County	14.2	83	stable	0.7	
Ocean County	14.7	134	rising	0.9	
Passaic County	13.4	71	stable	0.2	
Salem County	12.2	10	stable	0.9	
Somerset County	12.5	45	rising	1.3	
Sussex County	11.2	18	stable	-0.6	
Union County	13.8	81	stable	0.0	
Warren County	16.0	21	stable	1.3	
PROSTATE: All Races (includes Hispanic), Males, All Ages					
United States	123.1	202783	falling	-8.5	
New Jersey	148.7	6915	stable	-11.7	
Atlantic County	135.4	213	stable	-14.4	
Bergen County	138.9	725	falling	-4.7	
Burlington County	162.4	411	falling	-14.5	
Camden County	160.0	416	stable	-11.6	
Cape May County	170.0	128	falling	-1.6	
Cumberland County	145.4	113	falling	-1.1	
Essex County	176.0	617	stable	-12.2	
Gloucester County	156.3	235	stable	-9.4	
Hudson County	117.9	300	falling	-5.6	
Hunterdon County	113.5	86	falling	-2.2	
Mercer County	153.5	284	falling	-16.9	
Middlesex County	139.0	557	falling	-3.6	
Monmouth County	158.5	562	stable	-9.6	
Morris County	157.4	440	stable	-13.5	
Ocean County	140.8	548	falling	-2.7	
Passaic County	147.2	347	falling	-6.9	
Salem County	165.4	65	stable	-0.7	
Somerset County	145.9	247	falling	-1.5	
Sussex County	132.5	119	falling	-11.4	
Union County	153.3	403	stable	-17.0	
Warren County	149.7	95	stable	-1.0	
STOMACH: All Races (includes Hispanic), Both Sexes, All Ages					
United States	6.7	22689	stable	-0.5	
New Jersey	8.0	804	falling	-1.9	
Atlantic County	8.3	27	falling	-1.6	
Bergen County	8.8	100	falling	-1.4	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[205]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
Burlington County	6.3	34	falling	-2.4	
Camden County	8.8	50	stable	-0.9	
Cape May County	6.5	11	stable	-0.1	
Cumberland County	8.2	14	stable	-1.7	
Essex County	8.7	69	falling	-2.4	
Gloucester County	7.0	22	falling	-1.5	
Hudson County	9.6	57	falling	-1.0	
Hunterdon County	5.2	8	falling	-4.3	
Mercer County	7.6	30	falling	-2.9	
Middlesex County	7.9	68	falling	-1.9	
Monmouth County	6.5	50	falling	-2.4	
Morris County	7.2	43	falling	-1.3	
Ocean County	7.6	67	falling	-1.9	
Passaic County	8.9	46	falling	-1.3	
Salem County	6.3	5	stable	-1.5	
Somerset County	7.4	26	falling	-1.6	
Sussex County	8.4	13	falling	-2.5	
Union County	9.5	55	falling	-1.7	
Warren County	7.5	10	falling	-2.5	
THYROID: All Races (includes Hispanic), Both Sexes, All Ages					
United States	14.0	45352	rising	2.1	
New Jersey	19.1	1805	stable	1.1	
Atlantic County	15.2	45	stable	-5.6	
Bergen County	20.3	206	stable	-3.6	
Burlington County	21.5	106	rising	3.1	
Camden County	20.3	110	rising	3.0	
Cape May County	16.9	18	rising	6.5	
Cumberland County	20.0	32	stable	3.0	
Essex County	12.0	97	rising	5.1	
Gloucester County	21.2	65	rising	7.9	
Hudson County	15.0	101	stable	-3.2	
Hunterdon County	18.2	26	rising	5.2	
Mercer County	22.2	87	rising	7.7	
Middlesex County	19.1	164	rising	6.3	
Monmouth County	24.4	165	stable	-1.3	
Morris County	21.1	113	rising	6.6	
Ocean County	23.1	142	rising	8.3	
Passaic County	15.2	77	rising	6.9	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[205]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
Salem County	21.7	15	rising	8.4	
Somerset County	22.2	80	rising	8.1	
Sussex County	15.4	25	rising	6.8	
Union County	18.5	106	rising	7.7	
Warren County	18.6	22	rising	6.0	
UTERUS: All Races (includes Hispanic), Females, All Ages					
United States	25.6	48317	rising	0.6	
New Jersey	30.8	1732	rising	0.5	
Atlantic County	30.0	54	stable	0.4	
Bergen County	28.6	180	stable	0.2	
Burlington County	29.9	89	stable	0.8	
Camden County	35.0	111	rising	1.5	
Cape May County	27.7	24	stable	0.5	
Cumberland County	34.2	31	stable	0.7	
Essex County	27.9	128	stable	0.7	
Gloucester County	30.6	56	stable	1.0	
Hudson County	23.1	79	stable	-0.4	
Hunterdon County	30.7	27	stable	-0.6	
Mercer County	33.4	75	stable	0.5	
Middlesex County	32.2	156	rising	0.8	
Monmouth County	33.0	138	rising	1.3	
Morris County	31.3	102	stable	0.2	
Ocean County	32.2	142	stable	0.4	
Passaic County	27.9	83	stable	0.2	
Salem County	33.9	15	stable	1.1	
Somerset County	34.0	70	stable	0.8	
Sussex County	37.2	36	stable	-0.3	
Union County	33.4	109	stable	0.5	
Warren County	35.7	25	stable	-0.9	

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

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[206]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
ALL SITES: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective C-1 (160.6)						
United States	No	168.5	577,303	falling	-1.5	
New Jersey	No	163.8	16,572	falling	-2.1	
Atlantic County	No	179.5	584	falling	-3.2	
Bergen County	Yes	147.3	1,722	falling	-2.0	
Burlington County	No	171.6	914	falling	-1.5	
Camden County	No	182.8	1,039	falling	-1.9	
Cape May County	No	193.1	314	falling	-1.1	
Cumberland County	No	189.6	317	falling	-0.9	
Essex County	No	161.8	1,272	falling	-2.4	
Gloucester County	No	193.5	602	falling	-2.5	
Hudson County	Yes	152.6	876	falling	-2.3	
Hunterdon County	Yes	145.1	210	falling	-2.0	
Mercer County	Yes	160.3	648	falling	-2.2	
Middlesex County	Yes	156.7	1,357	falling	-1.7	
Monmouth County	No	168.6	1,269	falling	-2.6	
Morris County	Yes	150.3	884	falling	-2.6	
Ocean County	No	174.2	1,607	falling	-1.4	
Passaic County	Yes	159.1	827	falling	-2.1	
Salem County	No	194.8	164	falling	-1.2	
Somerset County	Yes	153.3	549	falling	-1.7	
Sussex County	No	176.4	281	falling	-1.5	
Union County	Yes	155.6	909	falling	-1.9	
Warren County	No	175.1	227	falling	-1.0	
BLADDER: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective (N/A)						
United States	***	4.4	14,989	stable	0.1	
New Jersey (State)	***	4.8	493	falling	-0.5	
Atlantic County	***	5.5	18	stable	-0.9	
Bergen County	***	4.8	57	falling	-0.9	
Burlington County	***	4.7	25	stable	-0.6	
Camden County	***	4.8	27	stable	-0.1	
Cape May County	***	5.4	9	rising	23.5	
Cumberland County	***	5.4	9	stable	-0.3	

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

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[206]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
Essex County	***	4.3	34	stable	-0.4	
Gloucester County	***	5.7	17	stable	-0.4	
Hudson County	***	4.6	25	stable	3.1	
Hunterdon County	***	4.9	7	stable	-0.8	
Mercer County	***	5.0	20	stable	0.0	
Middlesex County	***	4.7	40	stable	-0.4	
Monmouth County	***	4.8	37	stable	-0.3	
Morris County	***	5.0	30	stable	0.0	
Ocean County	***	5.6	55	stable	0.0	
Passaic County	***	4.2	21	stable	-0.5	
Salem County	***	5.3	4	stable	0.2	
Somerset County	***	5.0	17	stable	0.6	
Sussex County	***	3.9	6	falling	-3.0	
Union County	***	4.4	26	stable	-1.0	
Warren County	***	6.0	8	stable	-0.7	
BRAIN & ONS: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective (N/A)						
United States	***	4.3	14690	stable	0.5	
New Jersey (State)	***	3.7	371	falling	-0.6	
Atlantic County	***	4.2	13	stable	0.2	
Bergen County	***	3.5	39	stable	-0.4	
Burlington County	***	4.4	23	stable	-0.5	
Camden County	***	3.6	19	falling	-1.3	
Cape May County	***	4.8	7	stable	0.5	
Cumberland County	***	2.8	5	stable	-1.9	
Essex County	***	3.1	24	stable	-1.2	
Gloucester County	***	4.1	13	stable	-0.7	
Hudson County	***	2.6	16	stable	-1.1	
Hunterdon County	***	2.5	4	falling	-3.4	
Mercer County	***	3.8	15	stable	-0.4	
Middlesex County	***	3.6	31	stable	-0.4	
Monmouth County	***	4.1	31	stable	0.6	
Morris County	***	5.4	30	stable	0.4	
Ocean County	***	4.3	34	stable	-0.2	
Passaic County	***	3.7	19	stable	-1.1	
Salem County	*	*	*	**	**	
Somerset County	***	3.9	14	stable	-1.5	
Sussex County	***	4.6	7	stable	-0.2	
Union County	***	3.2	18	falling	-1.9	

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[206]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
Warren County	***	4.4	5	stable	0.3	
BREAST: All Races (includes Hispanic), Females, All Ages: HP2020 Objective C-3 (20.6)						
United States	No	21.5	40923	falling	-1.9	
New Jersey	No	23.4	1347	falling	-2.3	
Atlantic County	No	26.1	47	falling	-1.8	
Bergen County	No	20.8	139	falling	-3.0	
Burlington County	No	25.2	75	falling	-2.0	
Camden County	No	27.8	91	falling	-2.0	
Cape May County	Yes	19.5	19	stable	-1.7	
Cumberland County	No	21.4	20	falling	-1.8	
Essex County	No	23.7	109	falling	-2.7	
Gloucester County	No	26.5	48	falling	-1.4	
Hudson County	No	22.3	75	falling	-2.1	
Hunterdon County	No	24.3	20	stable	-1.1	
Mercer County	No	22.5	53	falling	-2.6	
Middlesex County	No	22.6	112	falling	-2.5	
Monmouth County	No	24.7	106	falling	-2.3	
Morris County	No	21.0	70	falling	-2.5	
Ocean County	No	23.4	114	falling	-2.3	
Passaic County	No	24.2	72	falling	-1.5	
Salem County	No	26.6	13	stable	-0.9	
Somerset County	No	21.8	46	falling	-2.6	
Sussex County	No	23.0	21	falling	-2.1	
Union County	No	24.4	81	falling	-2.2	
Warren County	No	21.9	16	falling	-2.1	
CERVIX: All Races (includes Hispanic), Females, All Ages: HP2020 Objective C-4 (2.2)						
United States	No	2.3	4046	falling	-0.8	red
New Jersey	No	2.3	124	falling	-2.4	
Atlantic County	No	3.8	6	stable	-1.5	
Bergen County	Yes	2.2	13	falling	-1.5	
Burlington County	Yes	2.0	5	stable	-2.2	
Camden County	No	3.4	10	stable	-0.7	
Cape May County	*	*	*	**	**	
Cumberland County	*	*	*	**	**	
Essex County	No	3.4	15	falling	-3.0	
Gloucester County	Yes	2.0	4	**	**	
Hudson County	No	2.7	9	falling	-3.6	
Hunterdon County	*	*	*	**	**	

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[206]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
Mercer County	Yes	2.2	5	stable	-2.1	
Middlesex County	Yes	2.0	9	falling	-2.1	
Monmouth County	Yes	1.8	7	falling	-2.5	
Morris County	Yes	1.6	5	**	**	
Ocean County	Yes	2.0	8	stable	-1.5	
Passaic County	No	2.7	7	stable	-1.8	
Salem County	*	*	*	**	**	
Somerset County	Yes	1.7	3	stable	-0.5	
Sussex County	*	*	*	**	**	
Union County	Yes	1.9	6	falling	-4.1	
Warren County	*	*	*	**	**	
COLON & RECTUM: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective C-5 (14.5)						
United States	No	15.1	51,801	falling	-2.5	
New Jersey	No	15.6	1,601	falling	-3.0	
Atlantic County	No	16.7	54	falling	-3.2	
Bergen County	Yes	13.3	158	falling	-3.6	
Burlington County	No	16.5	89	falling	-2.7	
Camden County	No	16.9	99	falling	-2.3	
Cape May County	No	16.6	27	falling	-2.7	
Cumberland County	No	17.3	29	falling	-2.5	
Essex County	No	16.5	130	falling	-2.7	
Gloucester County	No	18.3	57	falling	-2.4	
Hudson County	No	18.3	105	falling	-2.8	
Hunterdon County	Yes	12.9	18	falling	-3.1	
Mercer County	No	15.7	64	falling	-3.1	
Middlesex County	Yes	14.5	127	falling	-3.7	
Monmouth County	No	15.8	121	falling	-3.3	
Morris County	Yes	13.2	80	falling	-3.2	
Ocean County	No	15.5	147	falling	-2.6	
Passaic County	No	15.2	80	falling	-3.2	
Salem County	No	22.7	20	falling	-1.7	
Somerset County	No	15.4	56	falling	-2.5	
Sussex County	No	17.0	27	falling	-2.8	
Union County	No	15.5	91	falling	-2.9	
Warren County	No	17.7	23	falling	-2.2	
ESOPHAGUS: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective (N/A)						
United States	***	4.1	14436	falling	-0.9	
New Jersey	***	3.9	403	falling	-0.8	

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[206]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
Atlantic County	***	4.5	15	falling	-2.0	
Bergen County	***	2.9	33	falling	-6.8	
Burlington County	***	4.8	26	stable	0.2	
Camden County	***	4.7	28	stable	0.0	
Cape May County	***	4.0	6	stable	-1.1	
Cumberland County	***	5.0	8	stable	21.1	
Essex County	***	3.8	30	falling	-2.7	
Gloucester County	***	5.5	18	stable	0.8	
Hudson County	***	3.3	20	falling	-2.6	
Hunterdon County	***	4.8	8	**	**	
Mercer County	***	4.0	16	falling	-1.8	
Middlesex County	***	4.0	35	stable	-0.1	
Monmouth County	***	4.1	30	falling	-0.9	
Morris County	***	3.3	20	stable	-0.6	
Ocean County	***	4.7	43	stable	0.4	
Passaic County	***	3.9	21	falling	-1.4	
Salem County	***	3.8	3	stable	-2.1	
Somerset County	***	3.1	12	falling	-1.9	
Sussex County	***	5.6	9	stable	1.0	
Union County	***	2.6	16	falling	-2.8	
Warren County	***	4.0	5	stable	0.3	
KIDNEY & RENAL: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective (N/A)						
United States	***	3.9	13439	falling	-0.9	
New Jersey	***	3.3	338	falling	-1.3	
Atlantic County	***	3.4	11	stable	-1.3	
Bergen County	***	2.9	35	falling	-1.9	
Burlington County	***	3.8	21	falling	-1.5	
Camden County	***	3.5	20	falling	-1.8	
Cape May County	***	3.9	7	stable	-0.4	
Cumberland County	***	4.2	7	stable	0.2	
Essex County	***	2.9	23	falling	-1.2	
Gloucester County	***	4.5	14	stable	-0.5	
Hudson County	***	3.0	17	stable	-0.7	
Hunterdon County	***	2.8	4	**	**	
Mercer County	***	2.9	12	falling	-1.8	
Middlesex County	***	3.6	31	falling	-1.6	
Monmouth County	***	3.5	27	falling	-1.9	
Morris County	***	3.6	21	stable	-0.6	

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[206]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
Ocean County	***	3.2	29	falling	-1.4	
Passaic County	***	2.7	14	stable	-0.5	
Salem County	*	*	*	*	*	
Somerset County	***	3.4	12	stable	-0.2	
Sussex County	***	4.3	7	stable	-0.2	
Union County	***	3.0	18	falling	-2.2	
Warren County	***	3.6	5	stable	-1.1	
LEUKEMIA: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective (N/A)						
United States	***	6.9	23083	falling	-1	
New Jersey	***	6.5	642	falling	-1.5	
Atlantic County	***	6	19	falling	-2	
Bergen County	***	6.2	72	falling	-1.3	
Burlington County	***	6.4	34	stable	-0.3	
Camden County	***	7.1	40	stable	-0.6	
Cape May County	***	8.4	13	stable	0.7	
Cumberland County	***	5.9	10	falling	-2.3	
Essex County	***	5.9	46	falling	-2	
Gloucester County	***	7.2	22	stable	-1.2	
Hudson County	***	6.1	34	falling	-1.8	
Hunterdon County	***	4.9	7	stable	-1.9	
Mercer County	***	5.5	22	falling	-1.5	
Middlesex County	***	6.6	57	falling	-0.8	
Monmouth County	***	7.1	52	stable	-0.7	
Morris County	***	6.8	39	stable	-0.8	
Ocean County	***	6.6	62	falling	-1.5	
Passaic County	***	5.6	29	falling	-3	
Salem County	***	6.6	5	stable	-1.2	
Somerset County	***	6.9	24	stable	-0.9	
Sussex County	***	6.8	10	stable	-0.9	
Union County	***	6.7	38	falling	-0.8	
Warren County	***	6.6	8	stable	-0.2	
LIVER & BILE DUCT: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective (N/A)						
United States	***	6.1	21654	rising	3.0	
New Jersey (State)	***	5.6	577	rising	1.4	
Atlantic County	***	5.8	20	stable	1.5	
Bergen County	***	5.6	65	rising	1.1	
Burlington County	***	5.6	30	stable	1.5	
Camden County	***	6.5	38	rising	2.6	

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[206]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
Cape May County	***	6.6	10	rising	3.1	
Cumberland County	***	8.7	15	rising	5.0	
Essex County	***	5.7	47	stable	1.1	
Gloucester County	***	4.7	15	stable	1.1	
Hudson County	***	5.2	32	stable	0.4	
Hunterdon County	***	4.9	7	stable	2.6	
Mercer County	***	5.8	24	rising	2.0	
Middlesex County	***	5.4	47	rising	1.4	
Monmouth County	***	6.2	47	stable	1.0	
Morris County	***	4.8	28	stable	1.0	
Ocean County	***	5.7	50	stable	0.1	
Passaic County	***	6.5	34	rising	2.7	
Salem County	***	7.7	7	stable	1.7	
Somerset County	***	4.3	16	stable	0.7	
Sussex County	***	5.5	9	stable	0.4	
Union County	***	5.1	30	rising	2.5	
Warren County	***	5.1	7	**	**	
LUNG & BRONCHUS: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective C-2 (45.5)						
United States	No	46.0	157376	falling	-2.4	
New Jersey	Yes	40.9	4100	falling	-2.8	
Atlantic County	No	47.9	156	falling	-5.5	
Bergen County	Yes	34.7	402	falling	-2.2	
Burlington County	Yes	44.2	232	falling	-1.8	
Camden County	No	48.9	275	falling	-2.9	
Cape May County	No	54.9	90	falling	-1.1	
Cumberland County	No	50.7	84	falling	-1.0	
Essex County	Yes	37.1	289	falling	-2.9	
Gloucester County	No	55.5	172	falling	-3.2	
Hudson County	Yes	36.5	206	falling	-2.7	
Hunterdon County	Yes	37.8	55	falling	-2.2	
Mercer County	Yes	38.2	152	falling	-1.9	
Middlesex County	Yes	37.0	319	falling	-3.1	
Monmouth County	Yes	42.8	317	falling	-3.2	
Morris County	Yes	34.8	201	falling	-3.8	
Ocean County	No	47.7	442	falling	-4.3	
Passaic County	Yes	39.3	202	falling	-1.7	
Salem County	No	48.1	41	falling	-1.6	
Somerset County	Yes	35.3	122	falling	-2.1	

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[206]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
Sussex County	Yes	45.2	74	falling	-1.6	
Union County	Yes	35.8	207	falling	-1.8	
Warren County	No	45.6	59	falling	-1.4	
MELANOMA: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective C-8 (2.4)						
United States	No	2.7	9225	stable	0	
New Jersey	Yes	2.4	241	falling	-1.3	
Atlantic County	Yes	2.2	7	stable	-1.5	
Bergen County	Yes	2.2	25	falling	-2.2	
Burlington County	No	3	16	stable	1.2	
Camden County	No	3.2	18	stable	0.2	
Cape May County	No	3.8	6	stable	-1.1	
Cumberland County	No	2.5	4	falling	-2.6	
Essex County	Yes	1.6	12	falling	-1.2	
Gloucester County	No	2.9	9	stable	-1.6	
Hudson County	Yes	1.3	7	stable	-1.1	
Hunterdon County	No	2.8	4	falling	-5.4	
Mercer County	Yes	2	8	falling	-2.8	
Middlesex County	Yes	1.8	15	falling	-2.5	
Monmouth County	Yes	2.4	18	falling	-1.9	
Morris County	No	3.1	18	stable	0.5	
Ocean County	No	3.3	28	stable	-0.1	
Passaic County	Yes	1.8	9	stable	-1.5	
Salem County	*	*	*	*	*	
Somerset County	No	2.9	10	stable	-0.2	
Sussex County	No	2.9	5	**	**	
Union County	No	2.5	14	stable	-0.5	
Warren County	No	3.7	5	**	**	
NON-HODGKIN'S LYMPHOMA: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective (N/A)						
United States	***	6.0	20300	falling	-2.3	
New Jersey	***	5.6	564	falling	-3.8	
Atlantic County	***	5.7	18	falling	-6.2	
Bergen County	***	5.6	65	falling	-4.0	
Burlington County	***	5.2	28	falling	-8.8	
Camden County	***	5.6	32	falling	-2.3	
Cape May County	***	6.6	10	stable	-1.3	
Cumberland County	***	5.3	9	falling	-9.4	
Essex County	***	5.5	43	falling	-3.5	
Gloucester County	***	6.4	19	falling	-5.0	

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[206]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
Hudson County	***	4.9	27	falling	-3.7	
Hunterdon County	***	5.1	7	falling	-2.4	
Mercer County	***	5.8	23	stable	5.0	
Middlesex County	***	5.7	49	falling	-2.9	
Monmouth County	***	5.6	42	falling	-4.3	
Morris County	***	5.4	31	falling	-3.0	
Ocean County	***	5.7	54	stable	4.5	
Passaic County	***	5.0	26	falling	-2.8	
Salem County	***	7.5	6	stable	-0.1	
Somerset County	***	5.3	19	falling	-2.6	
Sussex County	***	7.3	11	stable	-0.4	
Union County	***	5.6	33	falling	-2.2	
Warren County	***	8.2	11	stable	-1.5	
ORAL CAVITY & PHARYNX: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective C-6 (2.3)						
United States	No	2.4	8565	stable	0.4	
New Jersey	Yes	2	204	falling	-3.1	
Atlantic County	Yes	2	7	stable	-2	
Bergen County	Yes	1.9	23	stable	-1.1	
Burlington County	Yes	1.8	10	falling	-3.8	
Camden County	Yes	2.3	13	falling	-2.9	
Cape May County	No	3	5	**	**	
Cumberland County	No	3	5	stable	-1	
Essex County	Yes	2.3	19	falling	-3.9	
Gloucester County	Yes	2.2	7	stable	-1.4	
Hudson County	Yes	2.2	13	falling	-3.9	
Hunterdon County	*	*	*	**	**	
Mercer County	Yes	1.9	8	falling	-2.8	
Middlesex County	Yes	2	18	falling	-2.9	
Monmouth County	Yes	1.4	10	falling	-4.5	
Morris County	Yes	1.8	11	falling	-4.3	
Ocean County	Yes	2.1	19	falling	-1.5	
Passaic County	No	2.4	13	falling	-2.3	
Salem County	*	*	*	**	**	
Somerset County	Yes	1.2	4	stable	-2.3	
Sussex County	*	*	*	*	*	
Union County	Yes	1.6	10	falling	-3.6	
Warren County	No	3	4	**	**	
OVARY: All Races (includes Hispanic), Females, All Ages: HP2020 Objective (N/A)						

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[206]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
United States	***	7.5	14407	falling	-2.1	
New Jersey	***	7.8	449	stable	-5.8	
Atlantic County	***	6.2	11	falling	-11.1	
Bergen County	***	7.8	51	falling	-1.5	
Burlington County	***	7.3	22	falling	-2.1	
Camden County	***	7.8	25	stable	-0.7	
Cape May County	***	8.6	7	stable	0.9	
Cumberland County	***	8.5	8	stable	-0.8	
Essex County	***	7.1	32	falling	-2.2	
Gloucester County	***	9.2	16	stable	-0.4	
Hudson County	***	7.6	26	falling	-1.6	
Hunterdon County	***	7.7	6	falling	-2.9	
Mercer County	***	7.9	18	falling	-1.5	
Middlesex County	***	9.0	44	falling	-1.4	
Monmouth County	***	8.3	36	falling	-1.9	
Morris County	***	8.0	27	stable	-0.8	
Ocean County	***	7.6	39	falling	-1.8	
Passaic County	***	7.5	22	stable	-0.7	
Salem County	*	*	*	*	*	
Somerset County	***	8.5	17	stable	-1.4	
Sussex County	***	10.5	9	stable	-0.8	
Union County	***	6.9	23	falling	-2.5	
Warren County	***	7.2	6	stable	-1.5	
PANCREAS: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective (N/A)						
United States	***	10.9	37531	rising	0.3	
New Jersey	***	11.6	1175	stable	0.1	
Atlantic County	***	12.1	40	stable	-0.3	
Bergen County	***	11.4	135	stable	-0.3	
Burlington County	***	13.1	70	stable	0.5	
Camden County	***	11.1	64	stable	-0.1	
Cape May County	***	11.8	19	stable	0.7	
Cumberland County	***	13.4	22	rising	2.1	
Essex County	***	11.7	91	falling	-0.7	
Gloucester County	***	12.6	40	rising	1.6	
Hudson County	***	8.9	51	falling	-1.1	
Hunterdon County	***	11.0	15	stable	1.0	
Mercer County	***	12.7	51	rising	1.7	
Middlesex County	***	10.4	90	falling	-0.7	

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[206]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
Monmouth County	***	11.9	90	stable	-0.1	
Morris County	***	11.4	67	stable	0.0	
Ocean County	***	13.0	122	rising	0.6	
Passaic County	***	11.6	62	stable	0.1	
Salem County	***	12.1	10	stable	-0.3	
Somerset County	***	10.3	37	stable	0.7	
Sussex County	***	10.1	16	stable	-0.7	
Union County	***	11.7	68	stable	0.0	
Warren County	***	12.3	16	stable	0.5	
PROSTATE: All Races (includes Hispanic), Males, All Ages: HP2020 Objective C-7 (21.8)						
United States	Yes	20.7	27909	falling	-3.6	
New Jersey	Yes	19.5	769	falling	-3.9	
Atlantic County	Yes	19.9	25	falling	-3.9	
Bergen County	Yes	14.8	70	falling	-4.7	
Burlington County	Yes	19.5	40	falling	-3.6	
Camden County	No	22.3	48	falling	-3.1	
Cape May County	No	22.7	15	falling	-3.7	
Cumberland County	No	24.5	15	falling	-3.0	
Essex County	No	24.5	71	falling	-3.5	
Gloucester County	Yes	21.2	25	falling	-3.0	
Hudson County	Yes	19.0	39	falling	-3.8	
Hunterdon County	Yes	16.9	9	falling	-3.9	
Mercer County	No	22.6	34	falling	-3.9	
Middlesex County	Yes	17.8	60	falling	-4.6	
Monmouth County	Yes	20.1	58	falling	-4.0	
Morris County	Yes	18.2	44	falling	-3.9	
Ocean County	Yes	18.0	74	falling	-3.7	
Passaic County	Yes	19.8	39	falling	-2.9	
Salem County	No	28.6	10	stable	-1.6	
Somerset County	Yes	17.9	24	falling	-3.8	
Sussex County	Yes	16.9	10	falling	-4.1	
Union County	No	21.8	49	falling	-3.5	
Warren County	Yes	19.0	10	stable	-1.2	
STOMACH: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective (N/A)						
United States	***	3.3	11212	falling	-2.2	
New Jersey	***	3.7	371	falling	-3.5	
Atlantic County	***	3.6	11	falling	-3.1	
Bergen County	***	3.9	45	falling	-3.4	

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[206]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
Burlington County	***	2.9	16	falling	-4.2	
Camden County	***	4	23	falling	-2.8	
Cape May County	***	3.6	6	stable	-1.8	
Cumberland County	***	3.5	6	falling	-2.7	
Essex County	***	4.4	34	falling	-3.5	
Gloucester County	***	2.8	9	falling	-4.2	
Hudson County	***	4.9	28	falling	-1.9	
Hunterdon County	*	*	*	**	**	
Mercer County	***	2.7	11	falling	-4.9	
Middlesex County	***	4.4	38	falling	-2.9	
Monmouth County	***	2.6	19	falling	-4.2	
Morris County	***	3.5	21	falling	-2.6	
Ocean County	***	3	28	falling	-4.3	
Passaic County	***	4.5	23	falling	-3.2	
Salem County	*	*	*	*	*	
Somerset County	***	3.2	11	falling	-3.9	
Sussex County	***	3.6	5	falling	-3.3	
Union County	***	4.7	28	falling	-3.7	
Warren County	***	2.4	3	falling	-4.4	
THYROID: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective (N/A)						
United States	***	0.5	1736	rising	0.8	
New Jersey	***	0.5	50	stable	-0.2	
Atlantic County	*	*	*	**	**	
Bergen County	***	0.5	5	stable	-0.9	
Burlington County	*	*	*	**	**	
Camden County	***	0.6	4	**	**	
Cape May County	*	*	*	**	**	
Cumberland County	*	*	*	**	**	
Essex County	***	0.4	4	**	**	
Gloucester County	*	*	*	**	**	
Hudson County	***	0.6	4	**	**	
Hunterdon County	*	*	*	**	**	
Mercer County	*	*	*	**	**	
Middlesex County	***	0.4	4	**	**	
Monmouth County	***	0.5	4	stable	-0.9	
Morris County	***	0.6	4	**	**	
Ocean County	***	0.5	5	**	**	
Passaic County	*	*	*	*	*	

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[206]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
Salem County	*	*	*	**	**	
Somerset County	*	*	*	**	**	
Sussex County	*	*	*	**	**	
Union County	*	*	*	**	**	
Warren County	*	*	*	**	**	
UTERUS: All Races (includes Hispanic), Females, All Ages: HP2020 Objective (N/A)						
United States	***	4.5	8598	rising	2.4	
New Jersey	***	5.5	315	rising	0.6	
Atlantic County	***	5.7	11	stable	-0.2	
Bergen County	***	5.1	35	stable	0.8	
Burlington County	***	5.2	16	stable	-1.8	
Camden County	***	5.6	18	stable	-0.2	
Cape May County	***	4.1	4	stable	-0.2	
Cumberland County	***	7.8	7	stable	2.3	
Essex County	***	5.7	26	stable	-0.2	
Gloucester County	***	5.5	10	stable	-0.9	
Hudson County	***	5.7	20	stable	0	
Hunterdon County	*	*	*	**	**	
Mercer County	***	5	11	stable	0.6	
Middlesex County	***	6.2	30	stable	1.4	
Monmouth County	***	5.2	22	stable	0.5	
Morris County	***	4.2	14	stable	-0.7	
Ocean County	***	5.1	26	stable	1.4	
Passaic County	***	6.4	19	stable	1.2	
Salem County	*	*	*	**	**	
Somerset County	***	5.4	11	stable	0.9	
Sussex County	***	4.3	4	**	**	
Union County	***	6.2	20	stable	0.9	
Warren County	***	6.8	5	**	**	

APPENDIX E: PUBLIC HEALTH SURVEY RESPONSES

Essex County – Public Health Officers Identified Priority Needs

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

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

APPENDIX F: RESOURCE INVENTORY

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
ADULT DAY HEALTH CARE SERVICES	1ST CEREBRAL PALSY OF NEW JERSEY	7 SANFORD AVENUE	BELLEVILLE	07109	ESSEX	(973) 751-0200	SSA
ADULT DAY HEALTH CARE SERVICES	2ND HOME EAST ORANGE	115 EVERGREEN PLACE	EAST ORANGE	07018	ESSEX	(973) 676-2600	PSA
ADULT DAY HEALTH CARE SERVICES	2ND HOME NEWARK OPERATIONS, LLC	717-727 BROADWAY	NEWARK	07104	ESSEX	(973) 268-1212	SSA
ADULT DAY HEALTH CARE SERVICES	2ND HOME ORANGE OPERATIONS, LLC	37 NORTH DAY STREET	ORANGE	07050	ESSEX	(973) 395-9800	SSA
ADULT DAY HEALTH CARE SERVICES	BELLEVILLE SENIOR SERVICES	518 WASHINGTON AVENUE	BELLEVILLE	07109	ESSEX	(973) 751-6000	SSA
ADULT DAY HEALTH CARE SERVICES	CIRCLE OF LIFE AT BELLEVILLE ADULT DAY CENTER	250 MILL STREET	BELLEVILLE	07109	ESSEX	(973) 751-7600	SSA
ADULT DAY HEALTH CARE SERVICES	GOODLIFE ADULT DAY CARE	515 NORTH ARLINGTON AVENUE	EAST ORANGE	07017	ESSEX	(973) 674-5100	PSA
ADULT DAY HEALTH CARE SERVICES	HAPPY DAYS ADULT DAY HEALTHCARE CENTER, L.L.C.	67 SO MUNN AVE	EAST ORANGE	07018	ESSEX	(973) 678-0755	PSA
ADULT DAY HEALTH CARE SERVICES	HAPPY DAYS I I ADULT DAY HEALTHCARE, L.L.C.	1060 BROAD STREET	NEWARK	07102	ESSEX	(973) 643-3500	PSA
ADULT DAY HEALTH CARE SERVICES	HOME AWAY FROM HOME ADULT DAY CARE CENTER OF NUTLEY	263 HILLSIDE AVENUE	NUTLEY	07110	ESSEX	(973) 662-9191	
ADULT DAY HEALTH CARE SERVICES	NEW JERSEY ADULT MEDICAL DAY CARE CENTER II, INC	290 CHESTNUT STREET	NEWARK	07105	ESSEX	(973) 578-2815	SSA
ADULT DAY HEALTH CARE SERVICES	SENIOR CARE AND ACTIVITIES CENTER	110 GREENWOOD AVENUE	MONTCLAIR	07042	ESSEX	(973) 783-5589	
ADULT DAY HEALTH CARE SERVICES	THE NORTH WARD CENTER	288 298 MT PROSPECT AVENUE	NEWARK	07104	ESSEX	(973) 481-6145	SSA
ADULT DAY HEALTH CARE SERVICES	THE OASIS AT SINAI ADULT MEDICAL DAY CARE	65 JAY STREET	NEWARK	07103	ESSEX	(973) 483-6800	PSA
ADULT FAMILY CARE	CARE MANAGEMENT 2000	258 PARK ST	UPPER MONTCLAIR	07043	ESSEX	(973) 655-0121	
ADULT FAMILY CARE	CLARENDON ALTERNATE FAMILY CARE	212 CLIFTON AVENUE	NEWARK	07104	ESSEX	(973) 481-6516	SSA
ADULT FAMILY CARE	ROYAL HOMECARE MANAGEMENT	285 ROSEVILLE AVENUE	NEWARK	07107	ESSEX	(973) 481-2200	SSA
AMBULATORY CARE FACILITY	ADVANCED IMAGING CENTER LLC	400 DELANCEY STREET, SUITE 108	NEWARK	07105	ESSEX	(973) 589-7777	SSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
AMBULATORY CARE FACILITY	ADVANCED PRACTICE IMAGING	30 BERGEN STREET	NEWARK	07103	ESSEX	(973) 972-5188	PSA
AMBULATORY CARE FACILITY	AMERICAN SLEEP MEDICINE	5N REGENT STREET, SUITE 512	LIVINGSTON	07039	ESSEX	(973) 422-9030	
AMBULATORY CARE FACILITY	AP DIAGNOSTIC IMAGING INC IRONBOUND	2 FERRY STREET	NEWARK	07105	ESSEX	(973) 589-0373	SSA
AMBULATORY CARE FACILITY	BARNABAS HEALTH AMBULATORY CARE CENTER	200 SOUTH ORANGE AVENUE	LIVINGSTON	07039	ESSEX	(973) 322-7700	
AMBULATORY CARE FACILITY	CANFIELD MEDICAL IMAGING ASSOCIATE PA	343 PASSAIC AVENUE, SUITE C	FAIRFIELD	07004	ESSEX	(973) 227-2308	
AMBULATORY CARE FACILITY	CENTRAL IMAGING ASSOCIATES, INC	514 JOYCE STREET	ORANGE	07050	ESSEX	(973) 294-9507	SSA
AMBULATORY CARE FACILITY	COLUMBUS IMAGING CENTER LLC	481 NORTH 13TH STREET	NEWARK	07107	ESSEX	(973) 481-7770	SSA
AMBULATORY CARE FACILITY	COMMUNITY HEALTH IMPROVEMENT CENTERS INC	352 WEST MARKET STREET	NEWARK	07107	ESSEX	(973) 732-2147	SSA
AMBULATORY CARE FACILITY	COVENANT HOUSE NEW JERSEY MEDICAL SERVICES	330 WASHINGTON STREET	NEWARK	07102	ESSEX	(973) 286-3427	PSA
AMBULATORY CARE FACILITY	IRONBOUND OPEN MRI	119-137 CLIFFORD STREET	NEWARK	07102	ESSEX	(973) 508-1400	PSA
AMBULATORY CARE FACILITY	IRVINGTON MEDICAL IMAGING CENTER	277-285 COIT STREET	IRVINGTON	07111	ESSEX	(973) 351-1277	PSA
AMBULATORY CARE FACILITY	MAGNETIC RESONANCE OF NJ	410 CENTER STREET	NUTLEY	07110	ESSEX	(973) 661-2000	
AMBULATORY CARE FACILITY	MILLBURN MEDICAL IMAGING, PA	2130 MILLBURN AVENUE	MAPLEWOOD	07040	ESSEX	(973) 912-0404	SSA
AMBULATORY CARE FACILITY	MONTCLAIR BREAST CENTER	37 NORTH FULLERTON AVENUE	MONTCLAIR	07042	ESSEX	(973) 509-1818	
AMBULATORY CARE FACILITY	MONTCLAIR RADIOLOGY	1140 BLOOMFIELD AVENUE	WEST CALDWELL	07006	ESSEX	(973) 439-9729	
AMBULATORY CARE FACILITY	MONTCLAIR RADIOLOGY	20 HIGH STREET	NUTLEY	07110	ESSEX	(973) 284-1881	
AMBULATORY CARE FACILITY	MONTCLAIR RADIOLOGY	116 PARK STREET	MONTCLAIR	07042	ESSEX	(973) 746-2525	
AMBULATORY CARE FACILITY	MOUNTAINSIDE FAMILY PRACTICE ASSOCIATES AT VERONA	799 BLOOMFIELD AVENUE	VERONA	07044	ESSEX	(973) 746-7050	
AMBULATORY CARE FACILITY	MRNJ NEWARK	9-25 ALLING STREET	NEWARK	07102	ESSEX	(973) 242-5600	PSA
AMBULATORY CARE FACILITY	NJIN OF BELLEVILLE	36 NEWARK AVENUE	BELLEVILLE	07109	ESSEX	(973) 844-4170	SSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
AMBULATORY CARE FACILITY	NJIN WEST ORANGE	772 NORTHFIELD AVENUE	WEST ORANGE	07052	ESSEX	(973) 325-0002	
AMBULATORY CARE FACILITY	NJU CANCER TREATMENT CENTERS	1515 BROAD STREET, SUITE B120	BLOOMFIELD	07003	ESSEX	(973) 873-7000	
AMBULATORY CARE FACILITY	ODI DIAGNOSTIC IMAGING OF NEWARK, LLC	243 CHESTNUT STREET	NEWARK	07105	ESSEX	(973) 521-5685	SSA
AMBULATORY CARE FACILITY	PETER HO MEMORIAL CLINIC, THE	111 CENTRAL AVENUE	NEWARK	07102	ESSEX	(973) 877-5649	PSA
AMBULATORY CARE FACILITY	PLANNED PARENTHOOD OF METROPOLITAN NEW JERSEY	151 WASHINGTON STREET	NEWARK	07102	ESSEX	(973) 622-3900	PSA
AMBULATORY CARE FACILITY	PROSPECT PRIMARY CARE	424 MAIN STREET	EAST ORANGE	07018	ESSEX	(973) 674-8067	PSA
AMBULATORY CARE FACILITY	PROSTATE CANCER CENTER OF NEW JERSEY	375 MT PLEASANT AVENUE	WEST ORANGE	07052	ESSEX	(973) 323-1300	
AMBULATORY CARE FACILITY	SAINT JAMES HEALTH, INC	228 LAFAYETTE STREET, SECOND FLOOR	NEWARK	07105	ESSEX	(973) 789-8111	SSA
AMBULATORY CARE FACILITY	SINUS AND DENTAL IMAGING OF NJ LLC	111-115 FRANKLIN AVENUE	NUTLEY	07110	ESSEX	(973) 685-9191	
AMBULATORY CARE FACILITY	SOUTH MOUNTAIN IMAGING CENTER	120 MILLBURN AVENUE	MILLBURN	07041	ESSEX	(973) 376-0900	
AMBULATORY CARE FACILITY	STONE CENTER OF NEW JERSEY, THE	150 BERGEN STREET	NEWARK	07103	ESSEX	(973) 564-5642	PSA
AMBULATORY CARE FACILITY	SUMMIT MEDICAL GROUP, PA	75 EAST NORTHFIELD AVENUE	LIVINGSTON	07039	ESSEX	(908) 273-4300	
AMBULATORY CARE FACILITY	UNIVERSITY RADIOLOGY GROUP, PC	235 FRANKLIN AVENUE	NUTLEY	07110	ESSEX	(732) 390-0040	
AMBULATORY CARE FACILITY	WEST ORANGE RADIOLOGY	61 MAIN STREET	WEST ORANGE	07052	ESSEX	(973) 669-1989	
AMBULATORY CARE FACILITY - SATELLITE	NEWARK DEPARTMENT OF HEALTH & COMMUNITY WELLNESS	36 VICTORIA STREET	NEWARK	07114	ESSEX	(973) 733-5310	PSA
AMBULATORY CARE FACILITY - SATELLITE	PLANNED PARENTHOOD OF METROPOLITAN NEW JERSEY	29 NORTH FULLERTON AVENUE	MONTCLAIR	07042	ESSEX	(973) 746-7116	
AMBULATORY CARE FACILITY - SATELLITE	PLANNED PARENTHOOD OF METROPOLITAN NEW JERSEY	66-88 ADAMS STREET	IRONBOUND	07105	ESSEX	(973) 465-7707	SSA
AMBULATORY CARE FACILITY - SATELLITE	PLANNED PARENTHOOD OF	560 MARTIN LUTHER KING BOULEVARD	EAST ORANGE	07018	ESSEX	(973) 674-4343	PSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
	METROPOLITAN NEW JERSEY						
AMBULATORY CARE FACILITY - SATELLITE	RUTGERS NURSING FACULTY PRACTICE	65 BERGEN STREET, SUITE 835	NEWARK	07101	ESSEX	(973) 972-9620	
AMBULATORY SURGICAL CENTER	AMBULATORY CENTER FOR EXCELLENCE IN SURGERY	1255 BROAD STREET	BLOOMFIELD	07003	ESSEX	(973) 842-2150	
AMBULATORY SURGICAL CENTER	CENTER FOR SPECIAL SURGERY OF ESSEX COUNTY	556 EAGLE ROCK AVE	ROSELAND	07068	ESSEX	(973) 226-3500	
AMBULATORY SURGICAL CENTER	ESSEX ENDOSCOPY CENTER, LLC	275 CHESTNUT STREET	NEWARK	07105	ESSEX	(973) 589-5545	SSA
AMBULATORY SURGICAL CENTER	ESSEX SPECIALIZED SURGICAL INSTITUTE	475 PROSPECT AVENUE	WEST ORANGE	07052	ESSEX	(973) 325-6716	
AMBULATORY SURGICAL CENTER	GREGORI SURGERY CENTER, THE	101 OLD SHORT HILLS ROAD	WEST ORANGE	07052	ESSEX	(973) 322-5000	
AMBULATORY SURGICAL CENTER	LIVINGSTON SURGERY CENTER, THE	200 SOUTH ORANGE AVENUE	LIVINGSTON	07039	ESSEX	(973) 322-7700	
AMBULATORY SURGICAL CENTER	MOUNTAIN SURGERY CENTER LLC	375 MT PLEASANT AVENUE, SUITE 210	WEST ORANGE	07052	ESSEX	(973) 736-3390	
AMBULATORY SURGICAL CENTER	MULBERRY AMBULATORY SURGICAL CENTER LLC	393-397 MULBERRY STREET	NEWARK	07102	ESSEX	(973) 559-5009	PSA
AMBULATORY SURGICAL CENTER	PILGRIM MEDICAL CENTER, INC	393 BLOOMFIELD AVENUE	MONTCLAIR	07042	ESSEX	(973) 746-1500	
AMBULATORY SURGICAL CENTER	PLEASANTDALE AMBULATORY CARE LLC	61 MAIN STREET, SUITE D	WEST ORANGE	07052	ESSEX	(973) 324-2280	
AMBULATORY SURGICAL CENTER	PREMIER SURGICAL PAVILION, LLC	145 ROSEVILLE AVE	NEWARK	07107	ESSEX	(201) 488-2101	SSA
AMBULATORY SURGICAL CENTER	SHORT HILLS SURGERY CENTER LLC	187 MILLBURN AVENUE	MILLBURN	07041	ESSEX	(973) 671-0555	
AMBULATORY SURGICAL CENTER	SUBURBAN ENDOSCOPY CENTER, LLC	799 BLOOMFIELD AVENUE	VERONA	07044	ESSEX	(973) 571-1600	
AMBULATORY SURGICAL CENTER	SURGICAL CENTER AT MILLBURN, LLC	37 EAST WILLOW STREET	MILLBURN	07041	ESSEX	(973) 912-8111	
ASSISTED LIVING RESIDENCE	ARDEN COURTS OF WEST ORANGE	510 PROSPECT AVENUE	WEST ORANGE	07052	ESSEX	(973) 736-3100	
ASSISTED LIVING RESIDENCE	BRIGHTON GARDENS OF WEST ORANGE	220 PLEASANT VALLEY WAY	WEST ORANGE	07052	ESSEX	(973) 731-9840	
ASSISTED LIVING RESIDENCE	BROOKDALE WEST ORANGE	520 PROSPECT AVENUE	WEST ORANGE	07052	ESSEX	(973) 325-5700	
ASSISTED LIVING RESIDENCE	CARE ONE AT LIVINGSTON ASSISTED LIVING	68 PASSAIC AVENUE	LIVINGSTON	07039	ESSEX	(973) 758-9000	

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
ASSISTED LIVING RESIDENCE	CARE ONE AT LIVINGSTON ASSISTED LIVING	76 PASSAIC AVENUE	LIVINGSTON	07039	ESSEX	(973) 758-4100	
ASSISTED LIVING RESIDENCE	JOB HAINES HOME FOR AGED PEOPLE/HEARTHSIDE COMMONS	250 BLOOMFIELD AVENUE	BLOOMFIELD	07003	ESSEX	(973) 743-0792	
ASSISTED LIVING RESIDENCE	LUTHERAN SOCIAL MINISTRIES AT CRANE'S MILL	459 PASSAIC AVENUE	WEST CALDWELL	07006	ESSEX	(973) 276-3018	
ASSISTED LIVING RESIDENCE	SUNRISE ASSISTED LIVING AT WEST ESSEX	47 GREENBROOK ROAD	FAIRFIELD	07004	ESSEX	(973) 228-7890	
ASSISTED LIVING RESIDENCE	THE CLIFFS AT EAGLE ROCK	707 EAGLE ROCK AVENUE	WEST ORANGE	07052	ESSEX	(973) 669-0011	
ASSISTED LIVING RESIDENCE	THE SOLANA ROSELAND	345 EAGLE ROCK AVENUE	ROSELAND	07068	ESSEX	(973) 618-1888	
ASSISTED LIVING RESIDENCE	WINCHESTER GARDENS	333 ELMWOOD AVENUE	MAPLEWOOD	07040	ESSEX	(973) 762-5050	SSA
CANCER TREATMENT CENTERS	FREDERICK B. COHEN COMPREHENSIVE CANCER AND BLOOD DISORDERS	201 LYONS AVENUE	NEWARK	07103	ESSEX	(201) 926-7230	PSA
CANCER TREATMENT CENTERS	PROSTATE CANCER CENTER OF N.J.	375 MT PLEASANT AVE STE 251	WEST ORANGE	07052	ESSEX	(973) 323-1300	
CANCER TREATMENT CENTERS	UNIVERSITY HOSPTIAL	150 BERGEN STREET	NEWARK	07103	ESSEX	(973) 972-5658	PSA
CLINICAL CARE PROVIDER LOCATION: DENTAL	13TH AVENUE SCHOOL	359 13TH AVENUE	NEWARK	07108	ESSEX	(973) 399-3400	PSA
CLINICAL CARE PROVIDER LOCATION: DENTAL	EAST ORANGE HEALTH AND HUMAN SERVICES DEPARTMENT	143 NEW ST	EAST ORANGE	07017	ESSEX	(973) 266-5490	PSA
CLINICAL CARE PROVIDER LOCATION: DENTAL	JEWISH RENAISSANCE MEDICAL CENTER - BARRINGER HIGH SCHOOL	90 PARKER ST	NEWARK	07104	ESSEX	(973) 679-7709	SSA
CLINICAL CARE PROVIDER LOCATION: DENTAL	JEWISH RENAISSANCE MEDICAL CENTER - CENTRAL HIGH SCHOOL	436 18TH AVE	NEWARK	07103	ESSEX	(973) 679-7709	PSA
CLINICAL CARE PROVIDER LOCATION: DENTAL	JEWISH RENAISSANCE MEDICAL CENTER - GEORGE WASHINGTON CARVER	333 CLINTON PL	NEWARK	07112	ESSEX	(973) 679-7709	PSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
	ELEMENTARY SCHOOL						
CLINICAL CARE PROVIDER LOCATION: DENTAL	JEWISH RENAISSANCE MEDICAL CENTER - MALCOLM X SHABAZZ HIGH SCHOOL	80 JOHNSON AVE	NEWARK	07108	ESSEX	(973) 679-7709	PSA
CLINICAL CARE PROVIDER LOCATION: DENTAL	JEWISH RENAISSANCE MEDICAL CENTER - PARK ELEMENTARY SCHOOL	120 MANCHESTER PLACE	NEWARK	07104	ESSEX	(973) 679-7709	SSA
CLINICAL CARE PROVIDER LOCATION: DENTAL	JEWISH RENAISSANCE MEDICAL CENTER - QUITMAN ST COMMUNITY SCHOOL	21 QUITMAN ST	NEWARK	07103	ESSEX	(973) 679-7709	PSA
CLINICAL CARE PROVIDER LOCATION: DENTAL	MOUNTAINSIDE HOSPITAL DENTAL CLINIC	1 BAY AVENUE	MONTCLAIR	07042	ESSEX	(973) 429-6887	
CLINICAL CARE PROVIDER LOCATION: DENTAL	NEWARK BETH ISRAEL MEDICAL CENTER	201 LYONS AVE	NEWARK	07112	ESSEX	(973) 926-7338	PSA
CLINICAL CARE PROVIDER LOCATION: DENTAL	NEWARK COMMUNITY HEALTH CENTERS,INC.	444 WILLIAM STREET	EAST ORANGE	07107	ESSEX	(973) 483-1300	SSA
CLINICAL CARE PROVIDER LOCATION: DENTAL	NEWARK COMMUNITY HEALTH CENTERS,INC.	1150 SPRINGFIELD AVENUE	IRVINGTON	07111	ESSEX	(973) 399-6292	PSA
CLINICAL CARE PROVIDER LOCATION: DENTAL	NEWARK COMMUNITY HEALTH CENTERS,INC.	741 BROADWWAY	NEWARK	07104	ESSEX	(973) 483-1300	SSA
CLINICAL CARE PROVIDER LOCATION: DENTAL	NEWARK COMMUNITY HEALTH CENTERS,INC.	101 LUDLOW STREET	NEWARK	07104	ESSEX	(973) 565-0355	SSA
CLINICAL CARE PROVIDER LOCATION: DENTAL	NEWARK DEPARTMENT OF HEALTH & HUMAN SERVICES	110 WILLIAMS STREET, RM 111	NEWARK	07102	ESSEX	(973) 733-7613	PSA
CLINICAL CARE PROVIDER LOCATION: DENTAL	RUTGERS - NEW JERSEY DENTAL SCHOOL	110 BERGEN STREET	NEWARK	07103	ESSEX	(973) 972-3418	PSA
CLINICAL CARE PROVIDER LOCATION: DENTAL	RUTGERS - UNIVERSITY HOSPITAL	150 BERGEN STREET	NEWARK	07103	ESSEX	(973) 972-5026	PSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
CLINICAL CARE PROVIDER LOCATION: DENTAL	UMDNJ - NEW JERSEY DENTAL SCHOOL	110 BERGEN ST	NEWARK	07103	ESSEX	(973) 972-4621	PSA
CLINICAL CARE PROVIDER LOCATION: DENTAL	UMDNJ - UNIVERSITY HOSPITAL	150 BERGEN ST	NEWARK	07104	ESSEX	(973) 972-3418	SSA
COMMUNICABLE DISEASE SERVICES: TB TESTING CENTER	BLOOMFIELD DEPT OF HEALTH & HUMAN SERVICES	ONE MUNICIPAL PLAZA - RM 111	BLOOMFIELD	07003	ESSEX	(973) 680-4024	
COMMUNICABLE DISEASE SERVICES: TB TESTING CENTER	CITY OF ORANGE TOWNSHIP	29 NORTH DAY STREET	ORANGE	70850	ESSEX	(973) 266-4071	
COMMUNICABLE DISEASE SERVICES: TB TESTING CENTER	EAST ORANGE HEALTH DEPARTMENT	143 NEW STREET	EAST ORANGE	07017	ESSEX	(973) 266-5480	PSA
COMMUNICABLE DISEASE SERVICES: TB TESTING CENTER	ESSEX COUNTY HEALTH DEPT	115 CLIFTON AVENUE-3RD FLOOR	NEWARK	07104	ESSEX	(973) 497-9401	SSA
COMMUNICABLE DISEASE SERVICES: TB TESTING CENTER	ESSEX REGIONAL HEALTH COMMISSION	204 HILLSIDE AVENUE	LIVINGSTON	07039	ESSEX	(973) 251-2059	
COMMUNICABLE DISEASE SERVICES: TB TESTING CENTER	IRVINGTON HEALTH DEPARTMENT	MUNICIPAL BUILDING 1 CIVIC SQUARE	IRVINGTON	07111	ESSEX	(973) 399-6634	PSA
COMMUNICABLE DISEASE SERVICES: TB TESTING CENTER	LIVINGSTON HEALTH DEPT/MILLBURN HEALTH DEPT	204 HILLSIDE AVENUE	LIVINGSTON	07039	ESSEX	(973) 535-7961	
COMMUNICABLE DISEASE SERVICES: TB TESTING CENTER	MAPLEWOOD HEALTH DEPARTMENT	574 VALLEY STREET	MAPLEWOOD	07040	ESSEX	(973) 762-8120	SSA
COMMUNICABLE DISEASE SERVICES: TB TESTING CENTER	MONTCLAIR HEALTH DEPARTMENT	205 CLAREMONT AVENUE - 3RD FLOOR	MONTCLAIR	07042	ESSEX	(973) 509-4970	
COMMUNICABLE DISEASE SERVICES: TB TESTING CENTER	NEWARK DEPARTMENT OF HEALTH & COMMUNITY WELLNESS	110 WILLIAM STREET - SUITE 200	NEWARK	07102	ESSEX	(973) 733-7592	PSA
COMMUNICABLE DISEASE	TWP OF SO ORANGE / TWP OF SO ORANGE VILLAGE	VILLAGE HALL - 101 SOUTH	SOUTH ORANGE	07079	ESSEX	(973) 378-7715	SSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
SERVICES: TB TESTING CENTER		ORANGE AVENUE					
COMMUNICABLE DISEASE SERVICES: TB TESTING CENTER	WEST CALDWELL HEALTH DEPARTMENT	BORO HALL - 30 CLINTON ROAD	WEST CALDWELL	07006	ESSEX	(973) 226-2303	
COMMUNICABLE DISEASE SERVICES: TB TESTING CENTER	WEST ORANGE HEALTH DEPARTMENT	MUNICIPAL BUILDING - 66 MAIN STREET	WEST ORANGE	07052	ESSEX	(973) 325-4124	
COMPREHENSIVE PERSONAL CARE HOME	GREEN HILL	103 PLEASANT VALLEY WAY	WEST ORANGE	07052	ESSEX	(973) 731-2300	
COMPREHENSIVE PERSONAL CARE HOME	HOUSE OF THE HOLY COMFORTER CANTERBURY VILLAGE	33 MOUNT PLEASANT AVENUE	WEST ORANGE	07052	ESSEX	(973) 736-1194	
COMPREHENSIVE PERSONAL CARE HOME	ROSEVILLE MANOR	285 ROSEVILLE AVENUE	NEWARK	07107	ESSEX	(973) 481-2200	SSA
COMPREHENSIVE REHABILITATION HOSPITAL	KESSLER INSTITUTE FOR REHABILITATION - WEST FAC	1199 PLEASANT VALLEY WAY	WEST ORANGE	07052	ESSEX	(973) 731-3600	
END STAGE RENAL DIALYSIS	BIO-MEDICAL APPLICATIONS OF IRVINGTON	10 CAMPTOWN ROAD	IRVINGTON	07111	ESSEX	(973) 399-1111	PSA
END STAGE RENAL DIALYSIS	BIO-MEDICAL APPLICATIONS OF NEW JERSEY, INC	91-101 HARTFORD STREET	NEWARK	07103	ESSEX	(973) 624-7100	PSA
END STAGE RENAL DIALYSIS	DIALYSIS CENTER OF WEST ORANGE	101 OLD SHORT HILLS ROAD, SUITE 120	WEST ORANGE	07052	ESSEX	(973) 736-8300	
END STAGE RENAL DIALYSIS	EAST ORANGE DIALYSIS	14-20 PROSPECT STREET	EAST ORANGE	07017	ESSEX	(973) 672-2025	PSA
END STAGE RENAL DIALYSIS	FRESENIUS MEDICAL CARE IRONBOUND	248 SOUTH STREET	NEWARK	07114	ESSEX	(973) 344-0655	PSA
END STAGE RENAL DIALYSIS	FRESENIUS MEDICAL CARE LLC	348 EAST NORTHFIELD ROAD	LIVINGSTON	07039	ESSEX	(973) 535-0667	
END STAGE RENAL DIALYSIS	FRESENIUS MEDICAL CARE NORTH MONTCLAIR	114 VALLEY ROAD	MONTCLAIR	07042	ESSEX	(973) 744-2058	
END STAGE RENAL DIALYSIS	FRESENIUS MEDICAL CENTER NORTH NEWARK	155 BERKLEY AVENUE	NEWARK	07107	ESSEX	(908) 241-0453	SSA
END STAGE RENAL DIALYSIS	KIDNEY LIFE, LLC	571 CENTRAL AVENUE	NEWARK	07107	ESSEX	(973) 484-4994	SSA
END STAGE RENAL DIALYSIS	MILLBURN DIALYSIS CENTER	25 EAST WILLOW STREET, SUITE 2	MILLBURN	07041	ESSEX	(973) 379-7309	
END STAGE RENAL DIALYSIS	PARKSIDE DIALYSIS	580 FRELINGHUYSEN AVENUE	NEWARK	07114	ESSEX	(973) 624-2226	PSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
END STAGE RENAL DIALYSIS	RENAL CARE GROUP MAPLEWOOD	2130 MILBURN AVENUE	MAPLEWOOD	07040	ESSEX	(973) 275-5499	SSA
END STAGE RENAL DIALYSIS	RENEX DIALYSIS CLINIC OF BLOOMFIELD, INC	206 BELLEVILLE AVENUE	BLOOMFIELD	07003	ESSEX	(973) 680-8100	
END STAGE RENAL DIALYSIS	RENEX DIALYSIS CLINIC OF EAST ORANGE	110 SOUTH GROVE STREET	EAST ORANGE	07018	ESSEX	(973) 414-6100	PSA
END STAGE RENAL DIALYSIS	RENEX DIALYSIS CLINIC OF ORANGE	151 CENTRAL AVENUE	ORANGE	07050	ESSEX	(973) 675-3400	SSA
END STAGE RENAL DIALYSIS	SAINT BARNABAS RCG DIALYSIS CENTER-LIVINGSTON	200 SOUTH ORANGE AVENUE, SUITE 117	LIVINGSTON	07039	ESSEX	(973) 322-7150	
END STAGE RENAL DIALYSIS	WEST ORANGE DIALYSIS	375 MT PLEASANT AVENUE, SUITE 340	WEST ORANGE	07052	ESSEX	(973) 243-7069	
ESSEX COUNTY CANCER COALITION	ATTN DAN ROSENBLUM ADMC 16 STE 1614	ADMC 16 STE 1614	NEWARK	07107	ESSEX	(973) 972-6556	SSA
ESSEX COUNTY CANCER COALITION	CLARA MAASS MEDICAL CENTER	ONE CLARA MAAS DRIVE	BELLVILLE	07109	ESSEX	(973) 450-2002	SSA
FEDERALLY QUALIFIED HEALTH CENTERS	EAST ORANGE PRIMARY CARE CENTER	444 WILLIAM STREET	EAST ORANGE	07017	ESSEX	(973) 483-1300	PSA
FEDERALLY QUALIFIED HEALTH CENTERS	HEALTH ZONE AT GEORGE WASHINGTON CARVER/BRUCE,THE	333 CLINTON PLACE	NEWARK	07112	ESSEX	(973) 679-7709	PSA
FEDERALLY QUALIFIED HEALTH CENTERS	JEWISH RENAISSANCE MED CTR AT CENTRAL HS	246 18TH AVENUE	NEWARK	07108	ESSEX	(973) 679-7709	PSA
FEDERALLY QUALIFIED HEALTH CENTERS	JEWISH RENAISSANCE MC AT 13TH AVE SCHOOL	359 13TH AVENUE	NEWARK	07103	ESSEX	(973) 679-7709	PSA
FEDERALLY QUALIFIED HEALTH CENTERS	JEWISH RENAISSANCE MED CTR BARRINGER SCHOOL BASED	90 PARKER STREET	NEWARK	07114	ESSEX	(973) 679-7709	PSA
FEDERALLY QUALIFIED HEALTH CENTERS	JEWISH RENAISSANCE MED CTR SHABAZZ HLTH CLINIC	80 JOHNSON AVENUE	NEWARK	07108	ESSEX	(973) 679-7709	PSA
FEDERALLY QUALIFIED HEALTH CENTERS	JEWISH RENAISSANCE MED CTR THE HEALTH PLACE	21 QUITMAN STREET	NEWARK	07103	ESSEX	(973) 679-7709	PSA
FEDERALLY QUALIFIED HEALTH CENTERS	NEWARK COMMUNITY HEALTH CENTER - ORANGE COMMUNITY	37 NORTH DAY STREET	ORANGE	07050	ESSEX	(973) 483-1300	SSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
FEDERALLY QUALIFIED HEALTH CENTERS	NEWARK COMMUNITY HEALTH CENTER INC	101 LUDLOW STREET	NEWARK	07114	ESSEX	(973) 483-1300	PSA
FEDERALLY QUALIFIED HEALTH CENTERS	NEWARK COMMUNITY HEALTH CENTERS, INC	155 JEFFERSON STREET	NEWARK	07105	ESSEX	(973) 483-1300	SSA
FEDERALLY QUALIFIED HEALTH CENTERS	NEWARK COMMUNITY HEALTH CENTERS, INC	741 BROADWAY	NEWARK	07104	ESSEX	(973) 483-1300	SSA
FEDERALLY QUALIFIED HEALTH CENTERS	NEWARK COMMUNITY HEALTH CENTERS, INC	751 BROADWAY	NEWARK	07104	ESSEX	(973) 483-1300	SSA
FEDERALLY QUALIFIED HEALTH CENTERS	NEWARK COMMUNITY HEALTH CENTERS, INC	1148-1150 SPRINGFIELD AVENUE	IRVINGTON	07111	ESSEX	(973) 483-1300	PSA
FEDERALLY QUALIFIED HEALTH CENTERS	NEWARK DEPARTMENT OF HEALTH & COMMUNITY WELLNESS	110 WILLIAM STREET, ROOM 208	NEWARK	07102	ESSEX	(973) 733-5310	PSA
FEDERALLY QUALIFIED HEALTH CENTERS	NEWARK DEPARTMENT OF HEALTH & COMMUNITY WELLNESS	140 BERGEN STREET, E-1640	NEWARK	07103	ESSEX	(973) 733-5310	PSA
FEDERALLY QUALIFIED HEALTH CENTERS	NEWARK DEPARTMENT OF HEALTH & COMMUNITY WELLNESS	394 UNIVERSITY AVENUE	NEWARK	07102	ESSEX	(973) 733-5310	PSA
FEDERALLY QUALIFIED HEALTH CENTERS	NORTH WARD PARK ELEMENTARY SCHOOL	120 MANCHESTER PLACE	NEWARK	07104	ESSEX	(732) 679-7709	SSA
FEDERALLY QUALIFIED HEALTH CENTERS	RUTGERS NURSING FACULTY PRACTICE	449 BROAD STREET	NEWARK	07102	ESSEX	(973) 732-6040	PSA
FEDERALLY QUALIFIED HEALTH CENTERS	ZUFALL HEALTH CENTER INC	95 NORTHFIELD AVENUE	WEST ORANGE	07052	ESSEX	(973) 325-2266	
GENERAL ACUTE CARE HOSPITAL	CLARA MAASS MEDICAL CENTER	ONE CLARA MAAS DRIVE	BELLEVILLE	07109	ESSEX	(973) 450-2002	SSA
GENERAL ACUTE CARE HOSPITAL	EAST ORANGE GENERAL HOSPITAL	300 CENTRAL AVE	EAST ORANGE	07018	ESSEX	(973) 266-4401	PSA
GENERAL ACUTE CARE HOSPITAL	HACKENSACK-UMC MOUNTAINSIDE	BAY AND HIGHLAND AVE	MONTCLAIR	07042	ESSEX	(973) 429-6000	
GENERAL ACUTE CARE HOSPITAL	NEWARK BETH ISRAEL MEDICAL CENTER	201 LYONS AVE	NEWARK	07112	ESSEX	(973) 926-7850	PSA
GENERAL ACUTE CARE HOSPITAL	SAINT BARNABAS MEDICAL CENTER	94 OLD SHORT HILLS ROAD	LIVINGSTON	07039	ESSEX	(973) 322-5000	

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
GENERAL ACUTE CARE HOSPITAL	SAINT MICHAEL'S MEDICAL CENTER	111 CENTRAL AVENUE	NEWARK	07102	ESSEX	(973) 877-5350	PSA
GENERAL ACUTE CARE HOSPITAL	UNIVERSITY HOSPITAL	150 BERGEN ST	NEWARK	07103	ESSEX	(973) 972-5658	PSA
HOME HEALTH AGENCY	BARNABAS HEALTH HOME CARE AND HOSPICE	80 MAIN STREET, SUITE 210	WEST ORANGE	07052	ESSEX	(973) 243-9666	
HOME HEALTH AGENCY	CHRILL VISITING NURSE ASSOCIATION	201 BLOOMFIELD AVENUE, SECOND FLOOR	VERONA	07044	ESSEX	(973) 509-9870	
HOME HEALTH AGENCY	PATIENT CARE MEDICAL SERVICES, INC	300 EXECUTIVE DRIVE, SUITE 175	WEST ORANGE	07052	ESSEX	(973) 243-6299	
HOSPICE	BARNABAS HEALTH HOME CARE & HOSPICE	80 MAIN STREET, 2ND FLOOR, SUITE 300	WEST ORANGE	07052	ESSEX	(855) 619-4448	
HOSPICE	BARNABAS HEALTH HOME CARE & HOSPICE	80 MAIN STREET	WEST ORANGE	07052	ESSEX	(973) 412-2000	
HOSPICE	HOSPICE OF NEW JERSEY	400 BROADACRES DRIVE, 1ST FLOOR	BLOOMFIELD	07003	ESSEX	(973) 893-0818	
HOSPICE	VITAS HEALTHCARE CORP ATLANTIC	70 SOUTH ORANGE AVENUE, SUITE 210	LIVINGSTON	07039	ESSEX	(973) 994-4738	
HOSPICE CARE BRANCH	BARNABAS HEALTH HOME CARE AND HOSPICE	80 MAIN STREET	WEST ORANGE	07052	ESSEX	(973) 412-2000	
HOSPICE CARE PROGRAM	HOSPICE OF NEW JERSEY	400 BROADACRES DRIVE, 1ST FLOOR	BLOOMFIELD	07003	ESSEX	(973) 893-0818	
HOSPICE CARE PROGRAM	VITAS HEALTHCARE CORPORATION ATLANTIC	70 SOUTH ORANGE AVENUE, SUITE 210	LIVINGSTON	07039	ESSEX	(973) 994-4738	
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	CENTER FOR WOUND SCIENCE & HEALING AT COLUMBUS	495 NORTH 13TH STREET	NEWARK	07107	ESSEX	(973) 479-2140	SSA
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	CSH OUTPATIENT CENTER NEWARK	182 LYONS AVENUE	NEWARK	07112	ESSEX	(908) 233-3720	PSA
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	EAST ORANGE GEN HOSP HYPERBARIC WOUND CARE CENTER	310 CENTRAL AVENUE	EAST ORANGE	07018	ESSEX	(973) 266-4401	PSA
HOSPITAL-BASED, OFF-SITE	EAST ORANGE GENERAL HOSP	240 CENTRAL AVENUE	EAST ORANGE	07018	ESSEX	(973) 266-4401	PSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
AMBULATORY CARE FACILITY							
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	EAST ORANGE GENERAL HOSPITAL FAMILY HEALTH CENTER	240 CENTRAL AVENUE	EAST ORANGE	07018	ESSEX	(973) 414-1871	PSA
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	EAST ORANGE GENERAL HOSPITAL LABORATORY	310 CENTRAL AVENUE	EAST ORANGE	07018	ESSEX	(973) 266-4401	PSA
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	EAST ORANGE GENERAL HOSPITAL-HEMODIALYSIS	310 CENTRAL AVENUE	EAST ORANGE	07018	ESSEX	(973) 266-4401	PSA
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	MAGNUS IMAGING OF ENGLEWOOD HOSPITAL & MED CTR	946 BLOOMFIELD AVENUE	GLEN RIDGE	07028	ESSEX	(973) 743-9001	
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	SAINT BARNABAS AMBULATORY CARE CENTER	200 SOUTH ORANGE AVENUE	LIVINGSTON	07039	ESSEX	(973) 322-7700	
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	SENIOR HEALTH & WELLNESS CENTER JAMES WHITE MANOR	516 BERGEN STREET	NEWARK	07108	ESSEX	(973) 622-2703	PSA
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	SLEEP CENTER AT MILLBURN	96 MILLBURN AVENUE	MILLBURN	07041	ESSEX	(973) 322-5000	
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	ST JOSEPH'S CARDIOVASCULAR CENTER-NUTLEY	181 FRANKLIN AVENUE - STE 301	NUTLEY	07110	ESSEX	(973) 667-5511	
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	UNIVERSITY HOSPITAL AMBULATORY CARE CENTER	140 BERGEN STREET	NEWARK	07102	ESSEX	(973) 972-5658	PSA
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	WAYMON C LATTIMORE CLINIC	225 WARREN STREET	NEWARK	07103	ESSEX	(973) 972-5658	PSA
HOSPITALS CANCER CENTERS	CLARA MAASS MEDICAL CENTER	1 CLARA MAAS DRIVE	BELLEVILLE	07109	ESSEX	(973) 450-2000	SSA
HOSPITALS CANCER CENTERS	EAST ORANGE CAMPUS OF THE NJ VA HEALTH CARE SYSTEM (VETERANS ONLY)	385 TREMONT AVENUE	EAST ORANGE	07018	ESSEX	(973) 676-1000	PSA
HOSPITALS CANCER CENTERS	EAST ORANGE GENERAL HOSPITAL	300 CENTRAL AVENUE	EAST ORANGE	07018	ESSEX	(973) 266-4401	PSA
HOSPITALS CANCER CENTERS	NEWARK BETH ISRAEL MED CTR	201 LYONS AVENUE	NEWARK	07112	ESSEX	(973) 926-7850	PSA
HOSPITALS CANCER CENTERS	SAINT BARNABUS MEDICAL CENTER	94 OLD SHORT HILLS ROAD	LIVINGSTON	07039	ESSEX	(973) 322-5000	

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HOSPITALS CANCER CENTERS	ST MICHAELS MED CTR	111 CENTRAL AVENUE	NEWARK	07102	ESSEX	(973) 877-5350	PSA
HOSPITALS CANCER CENTERS	UNIVERSITY HOSPITAL	150 BERGEN STREET	NEWARK	07103	ESSEX	(973) 972-5658	PSA
LONG TERM CARE FACILITY	ALARIS HEALTH AT CEDAR GROVE	110 GROVE AVE	CEDAR GROVE	07009	ESSEX	(973) 571-6600	
LONG TERM CARE FACILITY	ALARIS HEALTH AT ESSEX	155 FORTIETH STREET	IRVINGTON	07111	ESSEX	(973) 232-3100	PSA
LONG TERM CARE FACILITY	ALARIS HEALTH AT ST. MARY'S	135 SOUTH CENTER STREET	ORANGE	07050	ESSEX	(973) 266-3000	SSA
LONG TERM CARE FACILITY	ALARIS HEALTH AT WEST ORANGE	5 BROOK END DRIVE	WEST ORANGE	07052	ESSEX	(973) 324-3000	
LONG TERM CARE FACILITY	ARBOR GLEN CENTER	25 E LINDSLEY ROAD	CEDAR GROVE	07009	ESSEX	(973) 256-7220	
LONG TERM CARE FACILITY	BROADWAY HOUSE FOR CONTINUING CARE	298 BROADWAY	NEWARK	07104	ESSEX	(973) 268-9797	SSA
LONG TERM CARE FACILITY	BROOKHAVEN HEALTH CARE CENTER	120 PARK END PLACE	EAST ORANGE	07018	ESSEX	(973) 676-6221	PSA
LONG TERM CARE FACILITY	CARE ONE AT LIVINGSTON	68 PASSAIC AVENUE	LIVINGSTON	07039	ESSEX	(973) 758-9000	
LONG TERM CARE FACILITY	CLARA MAASS TRANSITIONAL CARE UNIT	ONE CLARA MAASS DRIVE	BELLEVILLE	07109	ESSEX	(973) 450-2963	SSA
LONG TERM CARE FACILITY	DAUGHTERS OF ISRAEL PLEASANT VALLEY HOME	1155 PLEASANT VALLEY WAY	WEST ORANGE	07052	ESSEX	(973) 731-5100	
LONG TERM CARE FACILITY	FOREST HILL HEALTHCARE CENTER	497 MT PROSPECT AVE	NEWARK	07104	ESSEX	(973) 482-5000	SSA
LONG TERM CARE FACILITY	GATES MANOR	111-115 GATES AVENUE	MONTCLAIR	07042	ESSEX	(973) 746-4616	
LONG TERM CARE FACILITY	GREEN HILL	103 PLEASANT VALLEY WAY	WEST ORANGE	07052	ESSEX	(973) 731-2300	
LONG TERM CARE FACILITY	HACKENSACK-UMC MOUNTAINSIDE	ONE BAY AVE	MONTCLAIR	07042	ESSEX	(973) 429-6949	
LONG TERM CARE FACILITY	INGLEMOOR REHABILITATION AND CARE CENTER OF LIVINGSTON	311 S LIVINGSTON AVE	LIVINGSTON	07039	ESSEX	(973) 994-0221	
LONG TERM CARE FACILITY	JOB HAINES HOME FOR AGED PEOPLE	250 BLOOMFIELD AVE	BLOOMFIELD	07003	ESSEX	(973) 743-0792	
LONG TERM CARE FACILITY	LITTLE NURSING HOME	71 CHRISTOPHER ST	MONTCLAIR	07042	ESSEX	(973) 744-5518	
LONG TERM CARE FACILITY	LUTHERAN SOCIAL MINISTRIES AT CRANE'S MILL	459 PASSAIC AVENUE	WEST CALDWELL	07006	ESSEX	(973) 276-3018	
LONG TERM CARE FACILITY	NEW COMMUNITY EXTENDED CARE FACILITY	266 S ORANGE AVE	NEWARK	07103	ESSEX	(973) 624-2020	PSA
LONG TERM CARE FACILITY	NEW GROVE MANOR	101 NORTH GROVE STREET	EAST ORANGE	07017	ESSEX	(973) 672-1700	PSA

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LONG TERM CARE FACILITY	NEW VISTA NURSING AND REHABILITATION CENTER	300 BROADWAY	NEWARK	07104	ESSEX	(973) 484-4222	SSA
LONG TERM CARE FACILITY	PARK CRESCENT HEALTHCARE & REHABILITATION CENTER	480 PARKWAY DRIVE	EAST ORANGE	07017	ESSEX	(973) 674-2700	PSA
LONG TERM CARE FACILITY	SINAI POST ACUTE NURSING AND REHAB CENTER	65 JAY STREET	NEWARK	07103	ESSEX	(973) 483-6800	PSA
LONG TERM CARE FACILITY	ST. CATHERINE OF SIENA	7 RYERSON AVENUE	CALDWELL	07006	ESSEX	(973) 226-1577	
LONG TERM CARE FACILITY	ST. VINCENT'S HEALTHCARE AND REHAB CENTER	315 EAST LINDSLEY ROAD	CEDAR GROVE	07009	ESSEX	(973) 754-4800	
LONG TERM CARE FACILITY	STRATFORD MANOR REHABILITATION AND CARE CENTER	787 NORTHFIELD AVE	WEST ORANGE	07052	ESSEX	(973) 731-4500	
LONG TERM CARE FACILITY	SUMMIT RIDGE CENTER	20 SUMMIT STREET	WEST ORANGE	07052	ESSEX	(973) 736-2000	
LONG TERM CARE FACILITY	THE CANTERBURY AT CEDAR GROVE CARE AND REHABILITATION	398 POMPTON AVENUE	CEDAR GROVE	07009	ESSEX	(973) 239-7600	
LONG TERM CARE FACILITY	VAN DYK MANOR OF MONTCLAIR	42 NORTH MOUNTAIN AVE	MONTCLAIR	07042	ESSEX	(973) 783-9400	
LONG TERM CARE FACILITY	WATERVIEW CENTER	536 RIDGE ROAD	CEDAR GROVE	07009	ESSEX	(973) 239-9300	
LONG TERM CARE FACILITY	WEST CALDWELL CARE CENTER	165 FAIRFIELD AVE	WEST CALDWELL	07006	ESSEX	(973) 226-1100	
LONG TERM CARE FACILITY	WHITE HOUSE HEALTHCARE & REHABILITATION CENTER	560 BERKELEY AVENUE	ORANGE	07050	ESSEX	(973) 672-6500	SSA
LONG TERM CARE FACILITY	WINDSOR GARDENS CARE CENTER	140 PARK AVE	EAST ORANGE	07017	ESSEX	(973) 677-1500	PSA
MAMMOGRAPHY CENTERS	BARNABUS HEALTH AMBULATORY CARE CENTR	94 OLD SHORT HILLS ROAD	LIVINGSTON	07039	ESSEX	(973) 322-7807	
MAMMOGRAPHY CENTERS	CLARA MAASS MEDICAL CENTER	1 CLARA MAASS DRIVE	BELLEVILLE	07109	ESSEX	(973) 450-2031	SSA
MAMMOGRAPHY CENTERS	DIAGNOSTIC IMAGING OF NORTHFIELD	772 NORTHFIELD AVENUE	WEST ORANGE	07052	ESSEX	(973) 325-0002	
MAMMOGRAPHY CENTERS	EAST ORANGE GENERAL HOSPITAL	300 CENTRAL AVENUE	EAST ORANGE	07019	ESSEX	(973) 266-4418	
MAMMOGRAPHY CENTERS	FRANK AGUIRRE, MD	195 LAFAYETTE STREET	NEWARK	07105	ESSEX	(973) 465-3044	SSA
MAMMOGRAPHY CENTERS	HACKENSACK UMC - MOUNTAINSIDE	ONE BAY AVENUE - RADIOLOGY DEPARTMENT	MONTCLAIR	07042	ESSEX	(973) 429-6105	

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MAMMOGRAPHY CENTERS	MAGNETIC RESONANCE OF NEW JERSEY	410 CENTRE STREET	NUTLEY	07110	ESSEX	(973) 661-2000	
MAMMOGRAPHY CENTERS	MILLBURN MEDICAL IMAGING, PA	2130 MILLBURN AVENUE, STE A8	MAPLEWOOD	07040	ESSEX	(973) 912-0404	SSA
MAMMOGRAPHY CENTERS	MONTCLAIR BREAST CENTER	37 NORTH FULLERTON AVE	MONTCLAIR	07042	ESSEX	(973) 509-1818	
MAMMOGRAPHY CENTERS	MONTCLAIR RADIOLOGICAL ASSOCIATES	1140 BLOOMFIELD AVENUE	WEST CALDWELL	07006	ESSEX	(973) 439-9729	
MAMMOGRAPHY CENTERS	MONTCLAIR RADIOLOGY ASSOCIATES, PA	116 PARK STREET	MONTCLAIR	07042	ESSEX	(973) 746-2525	
MAMMOGRAPHY CENTERS	MONTCLAIR RADIOLOGY ASSOCIATES, PA	271 GROVE AVENUE - BUILDING A	VERONA	07044	ESSEX	(973) 439-9729	
MAMMOGRAPHY CENTERS	MONTCLAIR RADIOLOGY ASSOCIATES, PA	20 HIGH STREET	NUTLEY	07110	ESSEX	(973) 284-1881	
MAMMOGRAPHY CENTERS	NEWARK BETH ISRAEL MED CTR	201 LYONS AVENUE	ESSEX	07112	ESSEX	(973) 926-7695	PSA
MAMMOGRAPHY CENTERS	PROGRESSIVE IMAGING CENTER	36 NEWARK AVENUE STE, 100	BELLEVILLE	07109	ESSEX	(973) 844-4169	SSA
MAMMOGRAPHY CENTERS	ST MICHAELS INC SUBCATH HEALTH E	111 CENTRAL AVENUE	NEWARK	07102	ESSEX	(973) 877-5000	PSA
MAMMOGRAPHY CENTERS	UNIVERSITY HOSPITAL-CTR FOR BREAST IMAGING	205 SO ORANGE AVENUE, STE 1200	NEWARK	07103	ESSEX	(973) 972-5193	PSA
MAMMOGRAPHY CENTERS	WOMAN'S HEALTHCARE IMAGING CORP.	1896 MORRIS AVENUE	UNION	07083	ESSEX	(908) 964-0004	SSA
MATERNAL AND CHILD HEALTH CONSORTIUM	PARTNERSHIP FOR MATERNAL & CHILD HEALTH OF NORTHER	50 PARK PLACE, SUITE 700	NEWARK	07102	ESSEX	(973) 268-2280	PSA
PSYCHIATRIC HOSPITAL	ESSEX COUNTY HOSPITAL CENTER	204 GROVE AVENUE	CEDAR GROVE	07009	ESSEX	(973) 571-2801	
RESIDENTIAL DEMENTIA CARE HOME	MONTCLAIR MANOR	403 CLAREMONT AVENUE	MONTCLAIR	07042	ESSEX	(973) 509-7363	
RESIDENTIAL HEALTH CARE	GREEN HILL	103 PLEASANT VALLEY WAY	WEST ORANGE	07052	ESSEX	(973) 731-2300	
SPECIAL HOSPITAL	COLUMBUS HOSPITAL LTACH	495 NORTH 13TH STREET	NEWARK	07107	ESSEX	(973) 587-7712	SSA
SURGICAL PRACTICE	DIAMOND INSTITUTE OF INFERTILITY & MENOPAUSE	89 MILLBURN AVENUE	MILLBURN	07041	ESSEX	(973) 761-5600	
SURGICAL PRACTICE	ESSEX SURGICAL ARTS SURGERY CENTER	727 JORALEMON STREET	BELLEVILLE	07109	ESSEX	(973) 450-1600	SSA
SURGICAL PRACTICE	ESSEX SURGICAL, LLC	776 NORTHFIELD AVENUE	WEST ORANGE	07052	ESSEX	(973) 324-2300	

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SURGICAL PRACTICE	GARDEN STATE SURGERY CENTER	29 PARK STREET	MONTCLAIR	07042	ESSEX	(973) 509-2000	
SURGICAL PRACTICE	GLEN RIDGE SURGI CENTER	230 SHERMAN AVENUE	GLEN RIDGE	07028	ESSEX	(973) 783-2626	
SURGICAL PRACTICE	IRONBOUND ENDO-SURGICAL CENTER	24-28 MERCHANT STREET	NEWARK	07105	ESSEX	(973) 344-5883	SSA
SURGICAL PRACTICE	JAMES F MC GUCKIN MD OF NJ PA	347 MOUNT PLEASANT AVENUE, SUITE 100	WEST ORANGE	07052	ESSEX	(973) 325-0042	
SURGICAL PRACTICE	NEW JERSEY UROLOGY	1515 BROAD STREET, SUITE B140	BLOOMFIELD	07003	ESSEX	(973) 873-7000	
SURGICAL PRACTICE	NEW JERSEY VEIN & COSMETIC SUR	741 NORTHFIELD AVE - SUITE 105	WEST ORANGE	07052	ESSEX	(732) 243-9729	
SURGICAL PRACTICE	NORTH FULLERTON SURGERY CENTER	37 NORTH FULLERTON AVENUE	MONTCLAIR	07042	ESSEX	(973) 233-0433	
SURGICAL PRACTICE	NORTHERN NJ EYE INSTITUE	71 SECOND STREET	SOUTH ORANGE	07079	ESSEX	(973) 763-2203	SSA
SURGICAL PRACTICE	NORTHFIELD SURGICAL CENTER	741 NORTHFIELD AVENUE	WEST ORANGE	07052	ESSEX	(201) 243-0990	
SURGICAL PRACTICE	PAUL J LO VERME, MD	825 BLOOMFIELD AVENUE	VERONA	07044	ESSEX	(973) 857-9499	
SURGICAL PRACTICE	UROLOGY GROUP OF NEW JERSEY	375 MT PLEASANT AVENUE, SUITE 250	WEST ORANGE	07052	ESSEX	(973) 323-1320	