Jersey City Medical Center | RWJBarnabas HEALTH

COMMUNITY HEALTH NEEDS ASSESSMENT

JERSEY CITY MEDICAL CENTER

2019

ACKNOWLEDGEMENTS

The following partners led the Jersey City Medical Center (JCMC) Community Health Needs Assessment.

JERSEY CITY MEDICAL CENTER EXECUTIVES AND SENIOR TEAM

- Michael Prilutsky, President & CEO
- Carla Hollis, MHA, Chief Operating Office
- Robert Valentine, Chief Financial Officer
- Mary Cataudella, PHR, Vice President of Human Resources
- Robert Winston, MSW, LCSW, Vice President of Behavioral Health
- Robert Luckritz, NRP, Esq., Vice President of Operations
- Irene Borgen, RN, MSN, MBA, MJ(HL), FACHE, Vice President, Ambulatory Care Network
- Sharon Ambis, Senior Director, Marketing & Public Relations
- Joanne Reich, DNP, RN, NEA-BC, CPHQ, Vice President Safety, Quality & Regulatory
- Margaret Ames, DNP, MPA, RN, NEA-BC, Chief Nursing Officer, Vice President of Patient Care Services
- Robert Spira, MD, Interim CMO
- Nicole Kagan, Vice President of Foundation

JERSEY CITY MEDICAL CENTER OVERSIGHT COMMITTEE

- Irene Borgen, Vice President, Ambulatory Care Network, Jersey City Medical Center- RWJBH
- Michael Prilutsky, President & CEO, Jersey City Medical Center - RWJBH
- Marissa Fisher, Interim Trauma Program Director, Jersey City Medical Center - RWJBH
- Whitney Bracco, Assistant Vice President, Social Impact and Hospital Outpatient Services, Jersey City Medical Center - RWJBH
- Robert Winston, Vice President, Behavioral Health, Jersey City Medical Center - RWJBH
- Kwaku Gyekye, Executive Director, Population Health, Jersey City Medical Center - RWJBH
- Tamara Cunningham, Vice President, System Development/Planning, RWJBH Corporate Affairs
- Stacey Flanagan, Director for Health & Human Services of Jersey City, Health & Human Services of Jersey City
- Dr. Mabel Laforgia, Senior Director, Nursing Practice and Magnet Program, Jersey City Medical Center - RWJBH
- Barbara Mintz, Vice President, Community Health & Wellness, RWJBH Corporate Affairs
- Jennifer Velez, Senior Vice President, Strategy & Planning, RWJBH Corporate Affairs
- Linda Ivory-Green, Director, Community Health & Wellness, Department of Health & Human Services of Jersey City
- Jennifer Morel-Carvajal, Nurse Manger, Orthopedic Services, Jersey City Medical Center - RWJBH
- Margaret Devico, Policy & Communication Manager, Department of Health & Human Services of Jersey City
- Dr. Shatrughan Bastola, Health Officer, Department of Health & Human Services of Jersey City
- Scott Carey, Chief Operation Officer, Metropolitan Family Health Network
- Joan Dublin, Chief Executive Officer, Metropolitan Family Health Network
- Dr. Patrick Beaty, Chief Medical Officer, Metropolitan Family Health Network

- Paul Bellan-Boyer, Director for Division of Injury Prevention, Department of Health & Human Services of Jersey City
- Pamela Weatherspoon, Director, Diversity & Inclusion, Jersey City Medical Center - RWJBH
- Dr. Margaret Ames, Chief Nursing Officer, Jersey City Medical Center- RWJBH
- Sharnia Williams, Program Manager, Patient Navigation, Jersey City Medical Center- RWJBH
- Doha Moussa, Administrative Fellow, Jersey City Medical Center- RWJBH
- Sheridan Blackwell, Project Manager, DSRIP Program, Jersey City Medical Center
- Garrick Hall, Patient Navigation Coordinator, Metropolitan Family Health Network
- Dr. Kenneth Garay, Advisor Medical Doctor/Special Advisor to the President, Jersey City Medical Center- RWJBH
- Beatriz Cruz, Director, Adult Outpatient Behavioral Health, Jersey City Medical Center- RWJBH
- Dr. Ritu Chandak, Chair, Psychiatry Services, Jersey City Medical Center - RWJBH
- Katiana Scalione, Director, Disease Prevention, Department of Health & Human Services of Jersey City
- Maryanne Kelleher, Director, Community Relations & Social Services, Department of Health & Human Services of Jersey City
- Ingrid Brown, Nurse Manager, Continuum of Care Center, Jersey City Medical Center - RWJBH

RWJ BARNABAS HEALTH COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE

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

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

Members of the RWJ Barnabas Health CHNA Steering Committee include:

- Jen Velez, Executive Vice President, Community and Behavioral Health, Committee Chair
- Michellene Davis, Executive Vice President, Corporate Affairs
- Bryan Soltes, System Vice President, Network Development, Oncology Services
- Connie Greene, Behavioral Health/Preventive Care
- Joseph Jaeger, DrPH, Chief Academic Officer
- Barbara Mintz, Senior Vice President, Health and Wellness
- Jessica Israel, M.D., Corporate Chair, Geriatrics
- Michael Knecht, Corporate Vice President, Strategic Messaging and Marketing
- Ernani Sadural, M.D., Director of Global Health for Barnabas Health
- Richard Henwood, Vice President, Finance
- Tamara Cunningham, Vice President, System Development/Planning
- Hospital Representatives:
    - Céu Cirne Neves, Vice President, Physician and Support Services, Saint Barnabas Medical Center (Designee: Margie Heller, Vice President, Community Health & Global Strategic Partnerships, Saint Barnabas Medical Center)
    - Darrell K. Terry, Sr., MHA, MPH, FACHE, President and CEO, Newark Beth Israel Medical Center (Designee: Kim Cook, Director, Community Relations & Volunteer Services)

- Frank Mazzarella, M.D., Chief Medical Officer, Clara Maass Medical Center (Designee: Fran Monteleone, Director, Physician Relations and Community Outreach)
- Judy Colorado, Chief Nursing Officer and Vice President of Patient Care Services, Monmouth Medical Center Southern Campus (Designee: Jean McKinney, Community Education Department)
- Anna Burian, Vice President of Ambulatory Care Services, Monmouth Medical Center (Designee: Jean McKinney, Community Education Department)
- Teri Kubiel, DNP, Vice President, Patient Experience and Community Affairs
- Shari Beirne, Director of Marketing and Patient Satisfaction, Barnabas Health Behavioral Health Center
- Serena Collado, Director, Community Health, Robert Wood Johnson University Hospital Somerset
- Mariam Merced, Director, Community Health Promotions, Robert Wood Johnson University Hospital New Brunswick
- Donna Mancuso, Manager, Public & Community Affairs, Robert Wood Johnson University Hospital Rahway
- Ruth Bash, Vice President & Chief Culture Officer, Children's Specialized Hospital
- Irene Borgen, Vice President, Quality and Standards, Jersey City Medical Center
- Diane Grillo, Vice President, Health Promotion, Robert Wood Johnson University Hospital Hamilton (Designee: Lauren Stabinsky, Director Community & Corporate Health, Robert Wood Johnson University Hospital Hamilton)

JERSEY CITY MEDICAL CENTER STEERING COMMITTEE CONSULTANT ADVISORS

Steering Committee Technical Advisors:

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

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

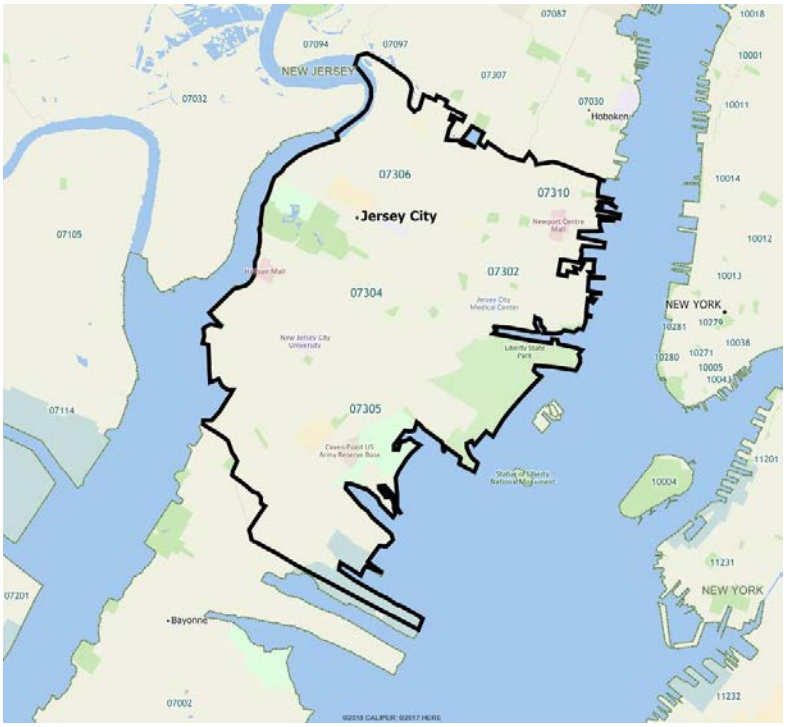
1 The CHA's development consultants, New Solutions, Inc., have planned and conducted numerous community needs assessments and implementation plans with multiple organizations including individual hospitals, health systems, other health care and community organizations such as consortia comprised of a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

TABLE OF CONTENTS

EXECUTIVE SUMMARY

Background

JCMC Service Area



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

The CHNA uses detailed secondary public health data at state, county, and community levels, a community health survey, and key informant interviews with community stakeholders. JCMC 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 Jersey City Medical Center CHNA Oversight Committee helps to identify health assets, gaps, disparities, trends, and priorities. The Methodology section details the data collection process and analysis.

Service Area

JCMC Primary Service Area	
ZIP Code	**ZIP Name**
07302	Jersey City
07304	Jersey City
07305	Jersey City
07306	Jersey City
07310	Jersey City

The service area is determined by considering three factors: patient origin, market reliance on the Hospital (market share) and geographic continuity and proximity. Zip codes representing approximately 50% of the JCMC patient origin form the initial primary service area (PSA); any zip code in which the Hospital has a high market share presence is also included. Zip codes with lower market share are included in the secondary service area (SSA). Geographic proximity is used to create a contiguous area and completes the service area determination. JCMC's PSA and SSA both include zip codes in Hudson County. For purposes of this assessment, Hudson County, JCMC's home county, was selected to best represent communities served by the Medical Center in reviewing data sources presented at the county level.

Located directly across the river from New York City, Hudson County encompasses a land mass of 62 square miles with 12 municipalities. Hudson County continues to be the fastest growing county in New

Jersey, with an estimated population of 685,756. Hudson is the most densely populated county in the state and the sixth most densely populated in the country. Over one-third of Hudson County residents reside in Jersey City. Much of the county lies between the Hackensack and Hudson Rivers on a geographically long narrow peninsula. Ellis Island and Liberty Island, opposite Liberty State Park, are entirely within Hudson County's waters, which extend to the New York state line.

The county's municipalities are diverse, encompassing large urban communities. Hudson County is a major port of entry for immigration to the United States and a major employment center. Cuba, Dominican Republic, Ecuador, Philippines, and India are the five most common nations of birth for foreign-born Hudson County residents. North Hudson has the second largest Cuban-American population in the United States following Miami. Jersey City is the most ethnically diverse municipality on the East Coast. Jersey City Medical Center (JCMC), located in Jersey City, New Jersey, is one of six acute care hospitals operating in Hudson County.[2]

Hudson County's economic wealth is not uniformly distributed across municipalities; it includes urban areas with large numbers of poor and minority populations as well as areas of new development along the County's coast. JCMC's primary service area is comprised of urban communities with low socioeconomic status (SES) and disparities in health status and access to services.

- In 2018, 38.7% of Hudson County's population was Hispanic/Latino compared to 21% statewide.
- In 2016, the median household income in Hudson County was $60,894, more than $12,000 below the State median ($73,702).[3]
- Between 2014 and 2016, unemployment throughout New Jersey decreased. In 2016, the Hudson County unemployment rate was 5.6%, a decrease from 7.1% in 2014.
- The 2016 unemployment rates across the JCMC service area vary from as high as 8.0% in Jersey City 07305 to as low as 3.8% in Jersey City 07310.
- The 2016 median household income of Jersey City residents in zip codes 07304 ($45,088), 07306 ($49,540) and 07305 ($46,656) were at least $25,000 below the statewide figure ($73,702).[4]
- The 2016 median household income of Jersey City 07310 residents ($134,951) was the highest in the service area, and nearly double the statewide figure ($73,702).

TOP FOUR HEALTH ISSUES

The JCMC Oversight Committee considered primary and secondary data along with information obtained in the community survey and information obtained from key informant interviews to determine four top health issues based on capacity, resources, competencies, and needs specific to the populations it serves. These issues are within the hospital's purview, competency and resources to impact in a meaningful manner: chronic disease management (diabetes and hypertension), access to care (primary care, mental health, and substance abuse services), preventive health, and violence and safety.

2 http://www.nj.gov/health/rhc/finalreport/documents/appendix_3.pdf
3 United States Census Bureau 2014
4 United States Census Bureau American Community Survey 2014

1. ***Chronic Disease Management (Diabetes and Hypertension)***

Chronic diseases are non-communicable, prolonged in duration and rarely completely cured. Chronic illness is a significant driver of the national burden of disease and associated costs. Approximately 6 in 10 Americans live with at least one chronic health condition. Chronic diseases are responsible for 70% of deaths in the United States and treatment accounts for 86% of healthcare costs.[5] Individuals living with severe chronic illness are heavy users of acute hospital services; better coordination of care can potentially improve health outcomes while reducing hospital use.[6] Common chronic conditions include heart disease, cancer, stroke, diabetes and arthritis.

Diabetes is a disease in which blood glucose levels are elevated due to abnormal insulin levels. Type 1 diabetes does not allow the body to produce insulin. Type 2 diabetes, the more common disease type, inhibits the body from optimally making or using insulin. Without adequate insulin, glucose remains in the bloodstream and over time, excess blood glucose can cause serious problems, including damaging the eyes, kidneys, and nerves. Diabetes can also cause heart disease, stroke and amputation. Pregnant women may develop gestational diabetes.

Hypertension is a major health problem, especially because it has no symptoms. Many people have it without knowing it. In the U.S., about 50 million people age 6 and older have high blood pressure. Hypertension is serious, because people who have it run a higher risk for heart disease, stroke, enlarged heart and kidney damage. Serious complications can be avoided by getting regular blood pressure checks and treating hypertension as soon as it is diagnosed.

Many chronic diseases are caused by a short list of risk behaviors including tobacco use and exposure to secondhand smoke; poor nutrition, including diets low in fruits and vegetables and high in sodium and saturated fats; lack of physical activity; and excessive alcohol use.

- Hudson County deaths due to heart disease have been on the decrease since 2007 and were below the statewide rate in 2016.
- Likewise, deaths due to cancer have been on the decline, and the 2016 Cancer AAMR performed better than the *Healthy People 2020* target.
- The Hudson County stroke mortality rate places the county in the top performing quartile statewide.
- Based on the latest BRFSS survey, the percent of Hudson County residents told they had a heart attack increased from 4.1% to 4.7% between 2014-2016.
- The percent of residents indicating they were told they had diabetes in Hudson County decreased from 9.3% to 4.2% between 2014-2016.
- Arthritis was also on the decline with the rate decreasing from 20.6% in 2014, to 18.2% in 2016.
- Between 2014-2016, smoking rates in Hudson County increased from 15.5% to 16.2%, placing Hudson County in the bottom quartile in terms of the Healthy People 2020 target.
- In 2016, 16.3% of Hudson County adults were binge drinkers compared to 16% statewide.
- The percent of Hudson County residents with a BMI of >= 30 trended upward from 27.4% in 2011 to 31.2% in 2016.
- Within Hudson County, the percent of adults reporting no leisure-time physical activity trended upward from 27% in 2014 to 36% in 2016.

5 http://www.cdc.gov/chronicdisease/
6 http://bmchealthservres.biomedcentral.com/articles/10.1186/1472-6963-13-164

According to a community health survey, the top health concern of service area residents included diabetes, chronic heart disease, cancer, smoking, behavioral health, asthma and aging. Strategic planning to address chronic disease management in the community includes community education and screenings, care coordination in the community to enhance linkage with community agencies, expansion of chronic disease support and education, and establishing a community advisory board.

JCMC's approach to reducing the impact of chronic diseases like diabetes and hypertension focuses on education, prevention, management and treatment to improve quality of life. Community outreach is a central tenet to the approach. Monthly inpatient and outpatient education on self -management skills are provided through established community platforms. Social media sites are also useful in community education. Collaborating with community-based organizations allows JCMC to translate educational material into multiple languages.

Another tenet of JCMC's approach to mitigating chronic disease is healthcare provider engagement. Partnerships with sub-acute care facilities that focus on early diagnosis and treatment as well as employee participation in the Be Healthy Program increase engagement. JCMC care coordination teams undertake a Define Measure Analyze Improve Control (DMAIC) process improvement cycle for several chronic diseases, including diabetes, COPD, acute myocardial infarction, hypertension, and coronary artery bypass grafting. In addition to this process improvement initiative, the hospital evaluates its Conversation Map Program, a patient education and engagement coaching program.

2. ***Access to Healthcare (Primary Care, Mental Health and Substance Abuse Services)***

Costs, culture and education are three main barriers to healthcare access. The Office of Minority Health's "National Standards for Culturally and Linguistically Appropriate Services in Health Care" (CLAS), defines full access as care that "recognizes and responds to health-related beliefs and cultural values, disease incidence and prevalence, and treatment efficacy."[7] In order to achieve optimal access, effective patient communication is essential. Language differences, diverse cultures, and low health literacy are barriers to high quality care. Linguistic skill, cultural norms and health literacy strategies are integral to ensure a quality patient care plan.

The Robert Wood Johnson Foundation identified five barriers to healthcare access including: affordability (patients do not have enough money to get care); accommodation (patients are too busy to get care); availability (patients could not get an appointment soon enough); accessibility (patients took too long to get to the doctor's office or clinic); and acceptability (doctor or hospital wouldn't accept patient's health insurance).[8] Insurance, long wait times, cost of care and scheduling appointments were key barriers to obtaining care according to responses from the community health survey. Information from key informants highlighted the importance of language and cultural barriers and the part they play in residents' ability to access health care services.

7 Office of Minority Health National Standards for Culturally and Linguistically Appropriate Services in Health Care http://minorityhealth.hhs.gov/assets/pdf/checked/finalreport.pdf

8 Robert Wood Johnson Foundation: Barriers to Access http://www.rwjf.org/en/library/research/2012/02/special-issue-of-health-services-research-links-health-care-rese/nonfinancial-barriers-and-access-to-care-for-us-adults.html

- In 2015, 14.8% of Hudson County's 18-64 population was uninsured. This was a higher than the rate statewide (10%).[9]
- In 2016 the median income of Hudson County was $60,894, more than $12,000 below the state median of $73,702.
    - In JCMC's Service Area, Jersey City 07304 had the lowest median household income ($45,088)
- In 2016, 16.6% of Hudson County residents did not graduate high school, 5.5 percentage points higher than New Jersey.[10]
- In 2016, the percentage of Limited English Proficiency (LEP) households in Hudson County (25.3%) was higher than New Jersey.

According to a community health survey, 28% of residents in the service area report depression and anxiety and 10% report substance use.

JCMC's approach to addressing healthcare access and affordability focuses on expanding access to primary care and specialty services by addressing economic challenges, particularly among those on Medicaid or who do not have insurance. The hospital has developed and made available hard copy and online access to comprehensive community resource directories for healthcare and social services and has expanded services through partnerships with three Federally Qualified Health Centers (FQHC) in Hudson County. JCMC was awarded a *Blueprint for Action Towards Greater Health In Jersey City* grant through the Robert Wood Johnson Foundation - Building a Culture of Health, in cooperation with New Jersey Health Initiatives. The hospital was also awarded a United Health Foundation grant between NJHCQI, Jersey City Department of Health and Jersey City Medical Center. The United Health Foundation's support assists local organizations to expand innovative healthy-lifestyle and health-literacy programs. JCMC utilizes the Greenville Primary Care Site to process presumptive eligibility for Medicaid onsite to increase access. To ensure access to information regarding health issues and available resources JCMC translates health educational materials into the top 5 languages in the service area and has revamped programs and services for those with limited English proficiency.

In addition, the Medical Center created an Emergency Department (ED) navigator in partnership with Metropolitan Family Health Network. The ED navigator identifies patients without a primary care physician, who are at high risk for readmission, and refers them to primary care physician and to the local FQHCS.

JCMC's focuses on addressing mental health and substance abuse issues by improving comprehensive mental health and substance abuse services through affordable and accessible providers. The hospital has developed a marketing strategy for mental health and addictions services. An awareness campaign of available resources and engaging the community in mental health and substance abuse education assists in enhancing information about available resources. In addition to this campaign, JCMC has created partnerships with various community-based organizations and engaged City Hall to interweave mental health and substance abuse issues into community events throughout Jersey City. The hospital seeks to further develop the "Cookies With A Cop" school-based model. This strategy uses student and police forums devoted to student concerns, fears, and experiences in the community, and helps foster engagement, trust and buy-in with the Jersey City Police Department.

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

3. ***Preventive Health Care Services***

Clinical preventive services occupy an important position within the realm of interventions designed to prevent, forestall or mitigate illness. In the U.S., recommendations for clinicians regarding delivery of clinical preventive services are issued by two independent groups of experts: the Advisory Committee of Immunization Practices (ACIP) and the U.S. Preventive Services Task Force (USPSTF). These entities are charged with rigorously evaluating the merits of preventive health services including immunizations and screening tests, counseling and chemoprophylaxis. The Community Preventive Services Task Force (CPSTF), a national independent body of public health and prevention experts, makes recommendations about public health interventions and policies to improve health and promote safety. Between them, the USPSTF and CPSTF evaluated evidence of how health can be improved by prevention in both clinical and community settings. Volumes and disease-screening services occupy an important position within the constellation of interventions designed to prevent, forestall or mitigate illness. With the rapid increase in the number of U.S. residents 65+, this issue grows in even greater importance. With aging, the immune system can get suppressed so annual vaccinations such as a flu shot are a must. Other diseases such as cancer and heart disease tend to onset as people age, screenings can help to identify and treat such diseases. Disease prevention has never been more important to the health of older Americans and to the health of the U.S. economy as it is today. A recent economic analysis concludes that the rise in health care expenditure would be moderated by significantly broadening the provision of 20 proven clinical preventive services, including screenings and vaccinations. Farley et al estimate that 50,000 – 100,000 deaths among persons aged 80 and younger could be prevented through optimal use of 9 clinical preventive services.[11] However, current U.S. spending on prevention accounts for only 2-3% of health care expenditures; with the overwhelming portion of financial outlays covering hospitals, physician services, pharmaceutical services and administrative costs.[12]

- In 2016, only 71.4% of Hudson County women received prenatal care in the first trimester down from 84.6% in 2008.
- In 2016, 76.3% of Hudson County women over age 40 had a mammography within the past 2 years. Compared to all counties, Hudson is the middle performing quantile.
- Between 2014-2016, the percent of women also had a pap smear in the last 3 years decreased from 70.9% to 69.3%.
- In 2016, a lower percentage of Hudson County adults over age 50 (56.2%) participated in colorectal screening than adults statewide (65.1%).
- 94.9% of Hudson County students received all required immunizations, comparable to the statewide percentage (94.4%).
- In 2016, the percent of Hudson County adults who received a flu shot (60.1%) was lower than the *Healthy People 2020* target of 90%.
- The percent of Hudson County adults (43.8%) who had a pneumonia vaccine is lower than the statewide rate (66.5%).

[11] Farley T. Dalal, Mostashar F., Fruelan, T. Deaths Preventable in the U.S. by Improvements in Use of Preventive Services. American Journal of Preventive Medicine 2010; 38:600-609.

[12] Satcher D. The prevention challenge and opportunity. Health Affairs, 2006; 25:1009-1011, and Kaiser Family Health Foundation Health Care Costs. Background Brief.

JCMC offers a wide range of health education and preventative programs throughout the year. The Medical Center also provides free health screenings and prevention programs at the Hospital site and at community venues and health fairs throughout the community. In addition, the Medical Center works with the local health departments and area FQHCS to support preventive health services including screening and vaccine promotion.

4. Violence/Public Safety

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 child abuse, elder abuse, sexual violence, intimate partner violence, youth violence, collective violence, and self-directed violence. All violence directly affects the health of their victims. Violence is a leading cause of death for African-American and Latino males aged 15-24. 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 scientifically demonstrated an increase in a person's risk of adopting violent behavior themselves, and violent behavior spreads based on exposure similar to an epidemic disease.

The WHO identified prevailing cultural norms, poverty, social isolation and such factors as 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.

- In 2017, the violent crime rate in Hudson County was 325/100,000. This rate places the county in the worst performing quartile for the County Health Rankings.
- In 2017, Jersey City ranked 27th in the State in terms of the violent crime rate. Bayonne ranked 47th
- Hudson County ranked in the poorest performing quartile for burglaries statewide.
- Between 2014-2016, the domestic violence arrests remained fairly constant.
- Hudson County ranked in the middle quartile for domestic violence arrests compared to all New Jersey counties.

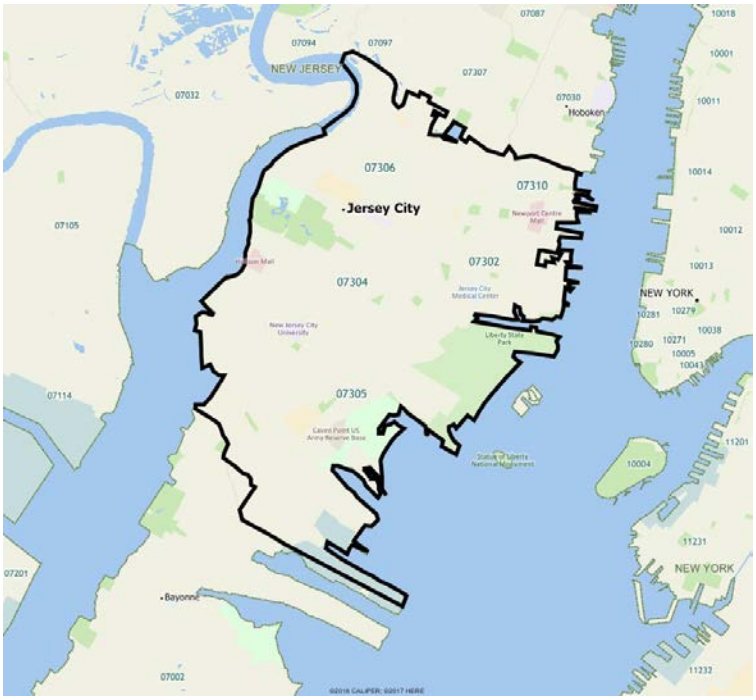
According to a survey of service area residents, the respondents gave the community low scores in the areas of safe/affordable housing, low levels of interpersonal violence, and job opportunities. JCMC's approach to addressing violence in the service area focuses on the use of best practices in support and engagement at the community level. As part of this research, JCMC will continue to work with the community and civic organizations on initiatives to promote safety in the highest violent crime zip codes (07305 and 07304). JCMC will also align with community health agencies. The hospital will work with Jersey City's Health Director and the Executive Director of the Jersey City Anti-Violence Coalition Movement (JCACM) in zip code 07305 to outline mission and outreach initiatives that align with recent community health assessment needs. Jersey City Anti-Violence Movement (JCACM) is an organization providing violence prevention, violence awareness, anti-violence initiatives, mentoring programs for the youth and community in the 07305 community. JCACM's objective is to support community by helping

residents develop constructive ways to be part of the community and establish a plan to be law-abiding citizens living an enriched life. The Hospital seeks to add a JCACM representative to the Hospital team and the Hospital Safety Committee/Acute Care Council.

1. INTRODUCTION

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

JCMC Service Area



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

The JCMC Oversight Committee determined four issues to be within the Hospital's purview, competency and resources to impact in a meaningful manner: access to health care, (primary care and behavioral health), chronic disease management, preventive health, and violence and safety.

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

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

are also used throughout the report to measure the overall health of Hudson County residents and to contrast the county rates to statewide rates.

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

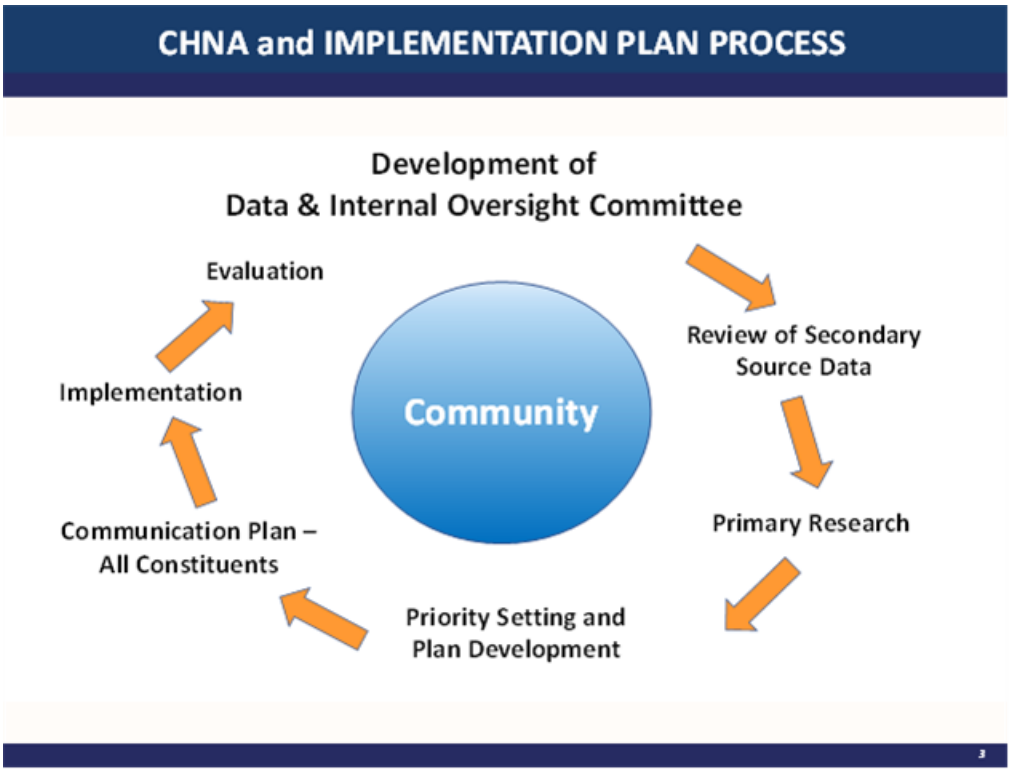
- Diabetes
- Hypertension/High Blood Pressure
- Out-Reach to Diverse Population
- Maternal/Infant Care
- Finances/Poverty
- Transportation
- Insurance
- Access to Care (wait times, insurance options, cost of care, hours of operation)
- Language Barriers

2. METHODOLOGY/SERVICE AREA

A. METHODOLOGY

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

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



Prioritization Process

Following the Steering Committee's review of quantitative and qualitative data on January 31, 2019, a list of 14 issues were identified by consultants as common themes of the research. Through input from the Steering Committee, this list was expanded to 16. These issues became the suggested priority issues and included:

- Mental Health
- Substance Abuse
- Chronic Disease
- Obesity/Nutrition
- Diabetes
- High Blood Pressure/Hypertension

- Outreach to Diverse Populations
- Maternal and Infant Care
- Finances/Poverty
- Transportation
- Insurance
- Access to Care (wait times, insurance options, cost of care, hours of operation)
- Violence and Safety
- Access to Primary Care Providers
- Preventive Health Services
- Language Barriers

The JCMC Oversight Committee considered primary and secondary data along with information obtained in the community survey and information obtained from key informant interviews to prioritize the top health issues based on capacity, resources, competencies, and needs specific to the populations it serves. The prioritization ballot the Steering Committee used to rank each issue was based on the following criteria.

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

JCMC Leadership reviewed the results of the prioritization and selected the top four issues to address over the next three years in their implementation strategy. These needs were selected based on those believed to be within the hospital's purview, competency and resources to impact in a meaningful manner. The selected needs to address are:

- Chronic Disease Management
- Access to Health Care (Primary Care and Behavioral Health)
- Preventive Health Care Services
- Violence/Safety

Primary Data Sources

Community Health Needs Surveys

A survey with 731 residents of the Hospital's PSA provided a service area-specific analysis for the JCMC community needs. The survey consisted of both online and telephone interviews. To encourage broader participation, the hospital: posted a link to the online survey on hospital web pages and social media sites; distributed postcards at area businesses and libraries, directing residents to the online survey link; and discussed survey at various community meetings. The telephone augment to the survey focused on capturing additional interviews in specific areas and among specific ethnic groups. For the telephone portion, a representative sample of households was generated from a database of residential telephone numbers. Bruno and Ridgway Research Associates, Inc. administered the on-line and telephone surveys. This CHNA incorporates the survey results. (See Section 3).

Key Informant Interviews

Key informant interviews were undertaken with members of the medical staff and hospital staff to uncover additional information about key community groups and individuals with respect to health needs, challenges and barriers, and suggestions for improving access to health care services. These groups included South East Asian and Arabic populations. A summary of key informant findings can be found in Section 4. Key informant interviews were conducted in June 2019 by New Solutions, Inc.

Oversight Committee Survey

On January 31st a short survey was administered to oversight committee members prior to commencement of the data presentation. The survey aimed at determining key health issues of concern and barriers to health. Results were tallied and the top health needs identified were:

- Mental Health
- Violence
- Healthy Foods
- Access
- Addiction
- Housing

Top barriers identified were funding, insurance and mental health.

Secondary Data Sources

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

Appendix C contains a detailed report of cancer incidence and mortality by cancer site for Hudson County for the years 2011-2015. In addition, hospital tumor registry data is utilized to understand stage of cancer at time of diagnosis.

Health Profile

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

Color Indicator Tables

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

Assets and Gaps

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

Resource Inventory

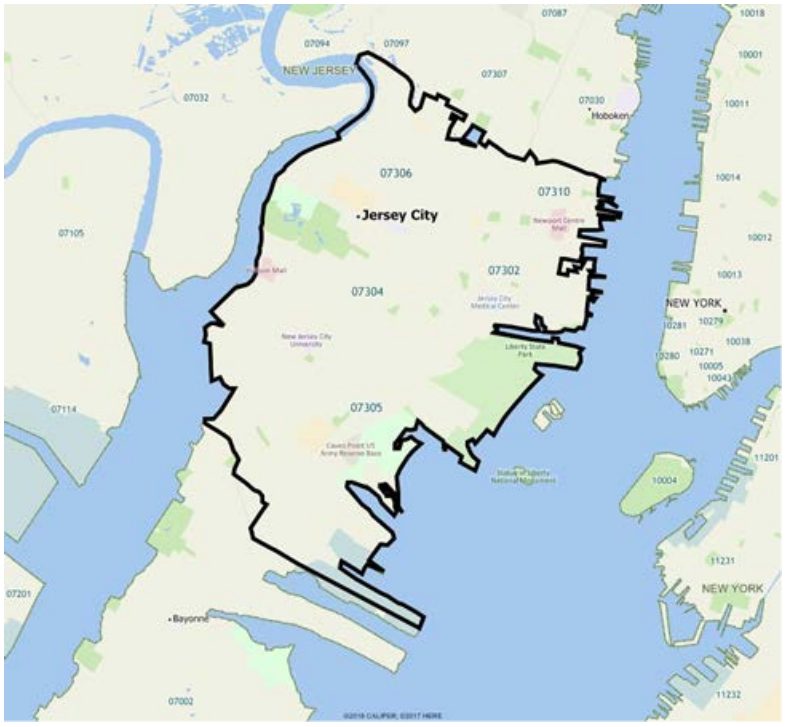
A service area-specific resource inventory is included as **Appendix D,** which details health and social service resources available to residents in Hudson County. Providers' names, addresses, and phone numbers and type of services provided are contained in the inventory.

B. SERVICE AREA

Jersey City Medical Center is located in Jersey City, New Jersey. It is one of six hospitals serving residents in Hudson County. The Medical Center's primary service area (PSA) consists of the following zip codes:

JCMC Primary Service Area	
ZIP Code	ZIP Name
07302	Jersey City
07304	Jersey City
07305	Jersey City
07306	Jersey City
07310	Jersey City

JCMC Service Area Map



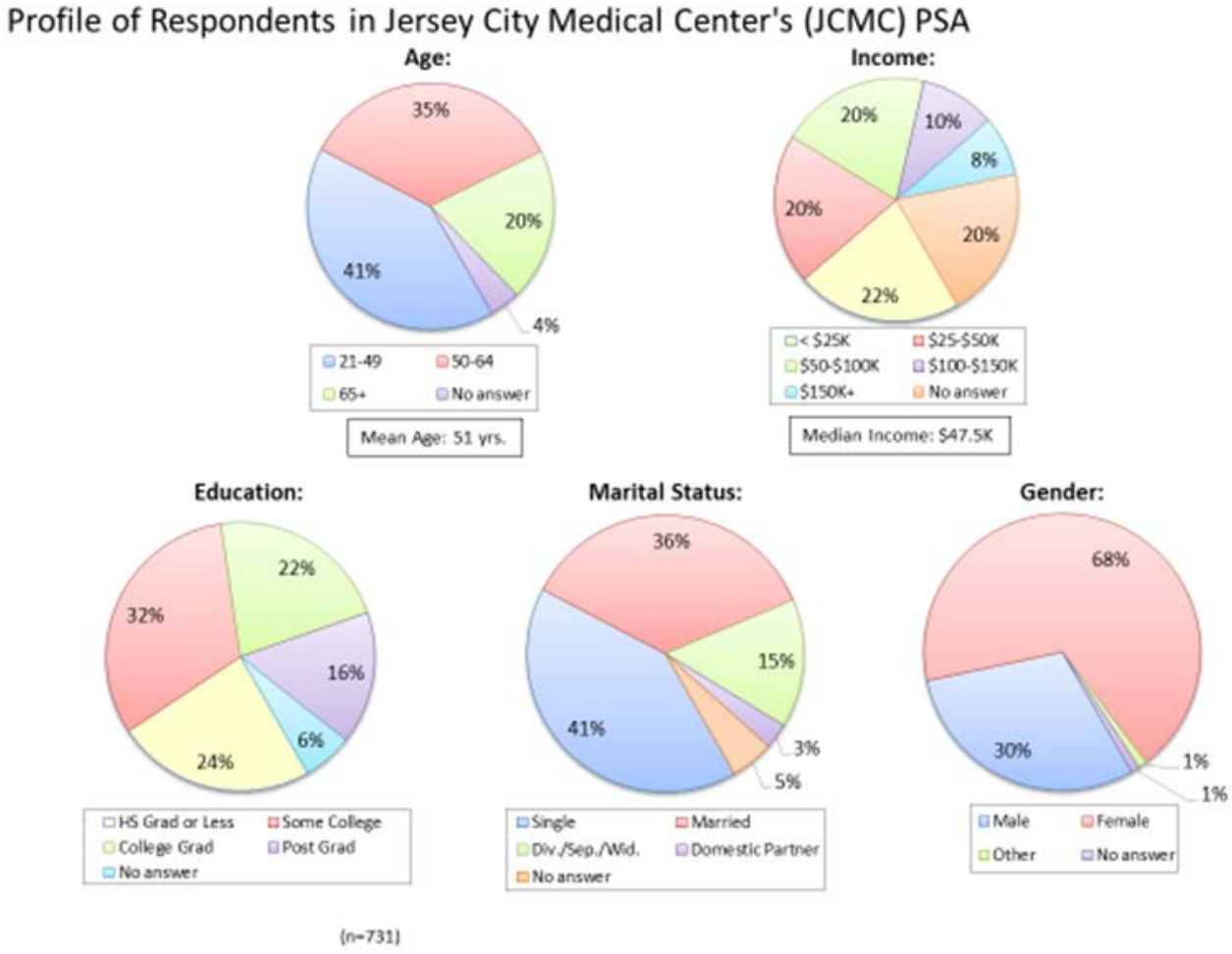
The service area is determined by taking into consideration three factors: patient origin, market reliance on the Hospital (market share) and geographic continuity/ proximity. Typically, the combined service area represents 75-80% of the Medical Center's patients. Zips codes representing approximately 50% of the JCMC patient origin form the initial PSA. Added to this list is any zip code in which the Medical Center has a high market share presence, any zip code with lower market share is deleted from the PSA definition and becomes part of the secondary service area (SSA). The next range of zip codes

comprise the SSA. Geographic proximity is used to create a contiguous area completes the service area determination. JCMC's PSA and SSA are both located in Hudson County and borders Bergen and Essex Counties. The SSA is comprised of small sections of Hudson, Bergen and Passaic counties. For purposes of this assessment, Hudson County, JCMC's home county, was selected to best represent communities served by the Medical Center in reviewing data sources presented at the county level.

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

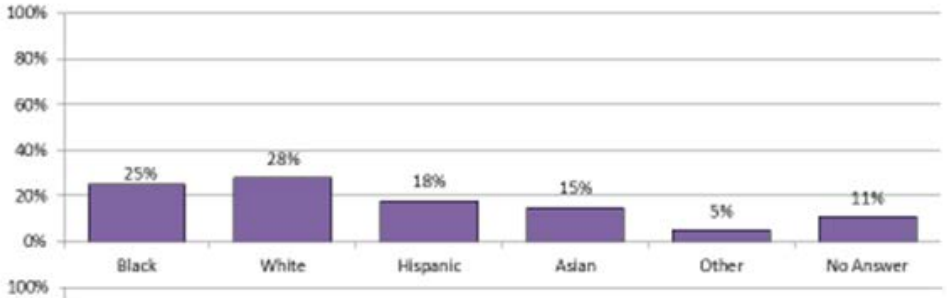
3. COMMUNITY HEALTH NEEDS SURVEY

A. SURVEY RESPONDENTS' PROFILE

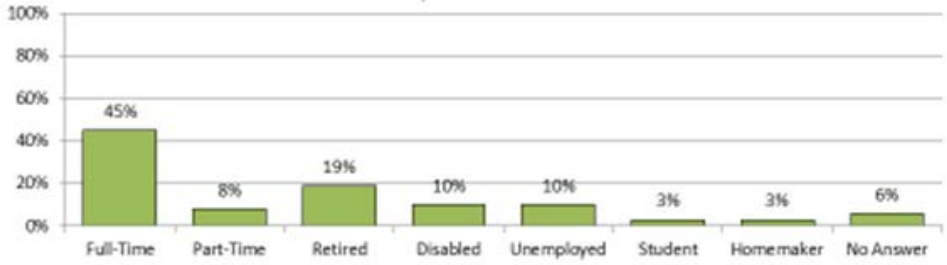


Profile of Respondents in Jersey City Medical Center's (JCMC) PSA – (continued)

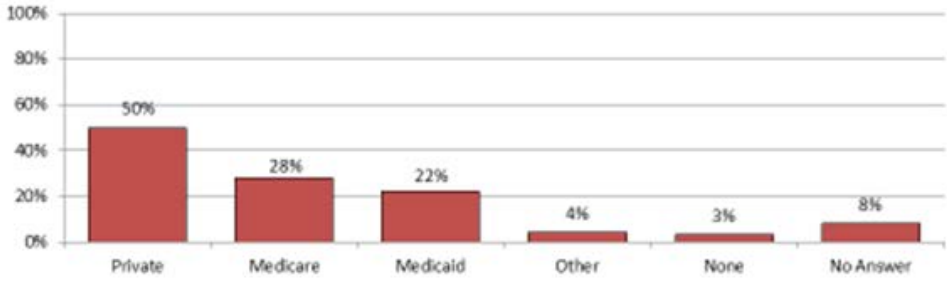
Ethnicity*^:



Employment^:

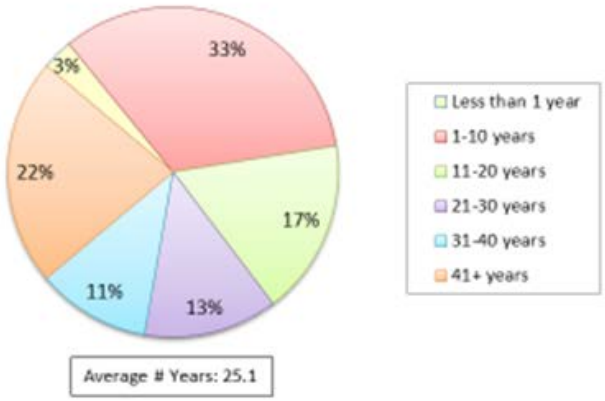


Health Insurance^:



(n=731)
*Quotas were established to align closely with census data.
^ = Multiple mentions.

Length of Time in Area



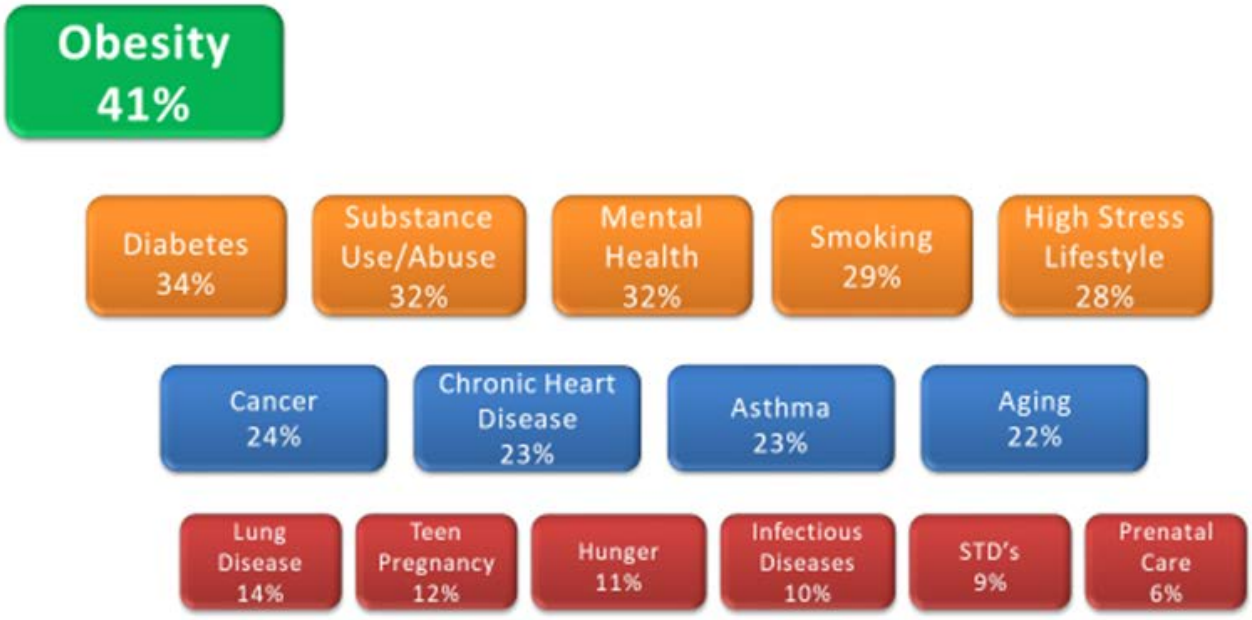
Towns/Zips Where Interviews Came From

(n=731)

B. HEALTH RELATED CONCERNS OF AREA RESIDENTS

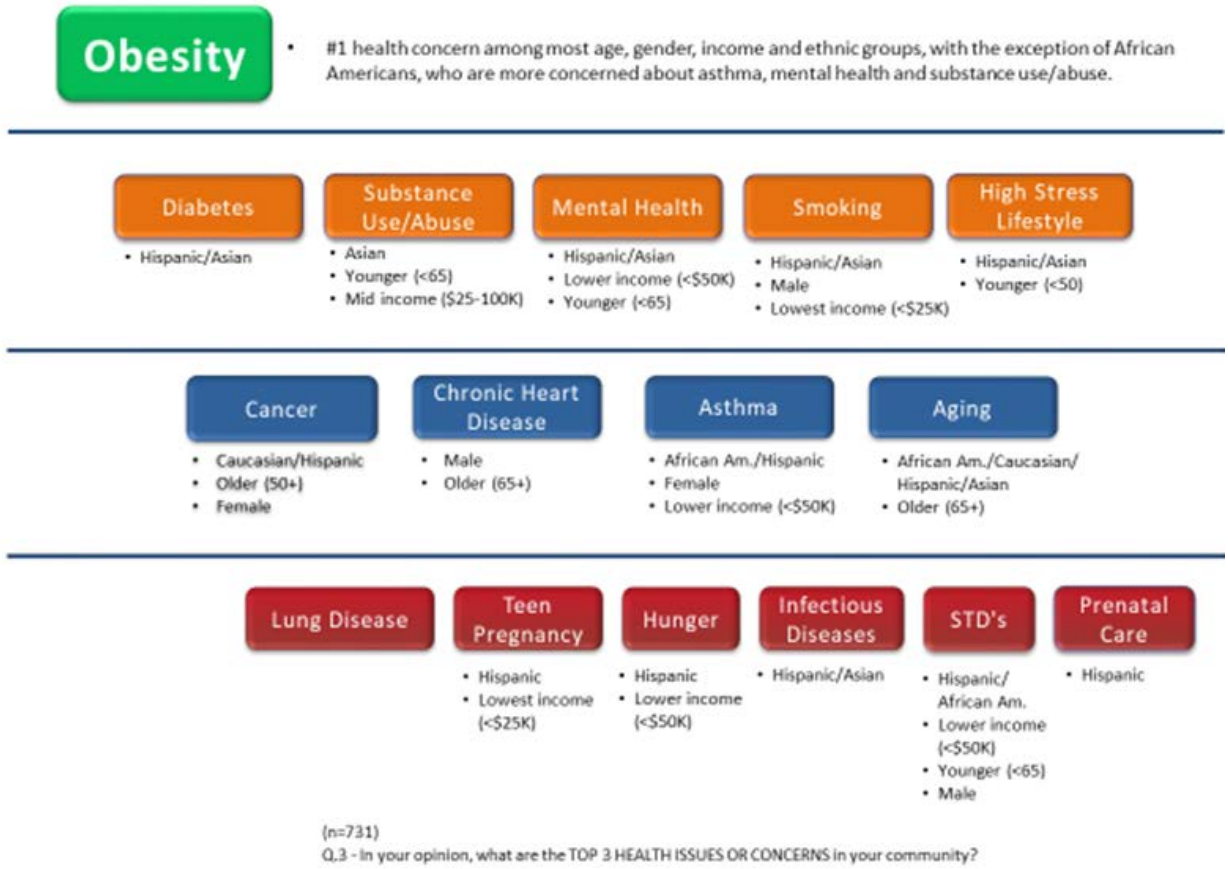
Major Health Concerns Among Respondents in JCMC's PSA Community

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



(n=731)
Q.3 - In your opinion, what are the TOP 3 HEALTH ISSUES OR CONCERNS in your community?

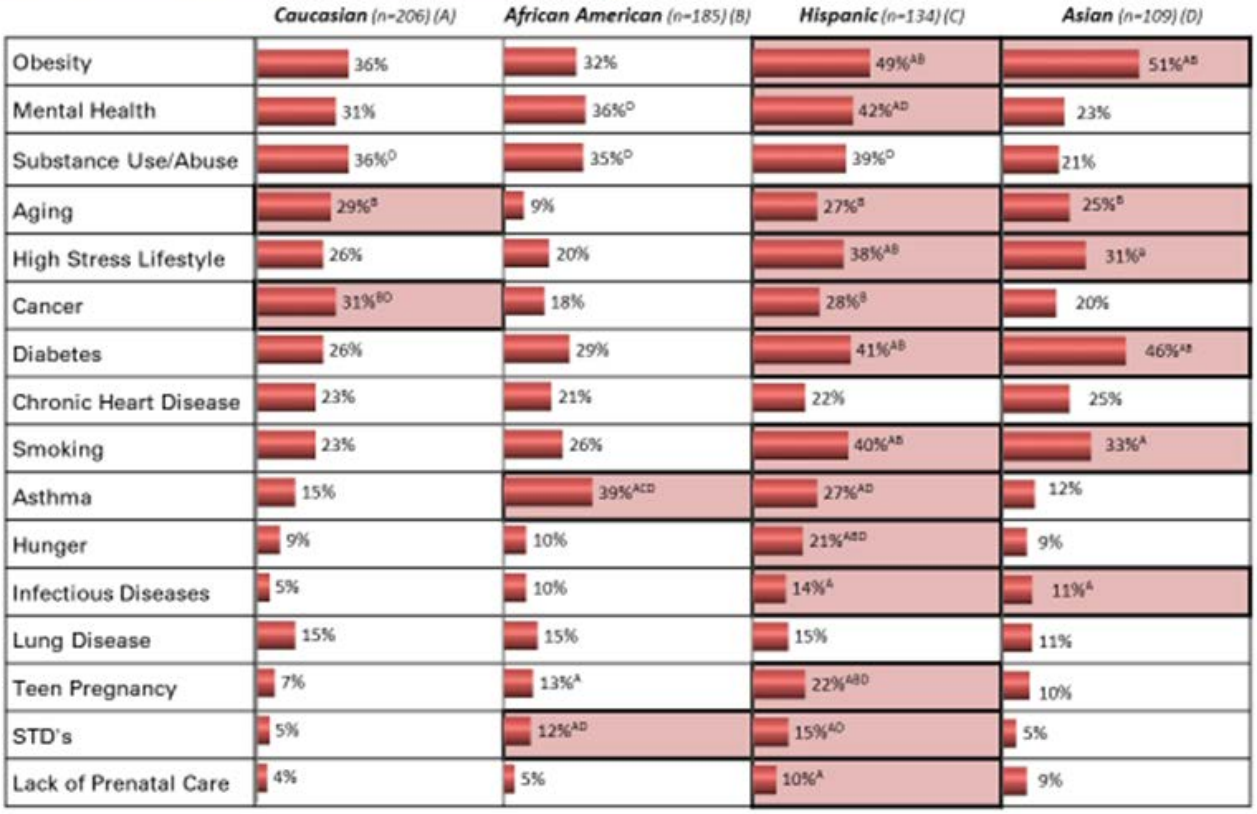
Summary of Health Concerns by Subgroups



(n=731)
Q.3 - In your opinion, what are the TOP 3 HEALTH ISSUES OR CONCERNS in your community?

Community Health-Related Issues of Concern – by Ethnicity

- **Hispanics express the most health-related concerns.**



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

Community Health-Related Issues of Concern – by Age

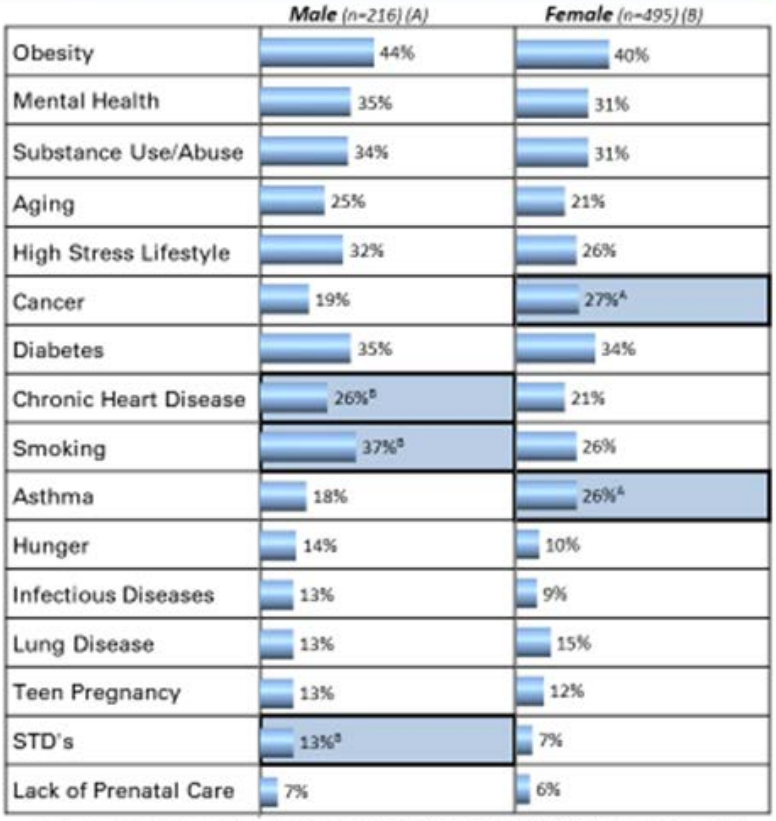
- **Mental health, substance abuse, high stress lifestyles and STDs are of more concern to younger residents surveyed, while aging, cancer and heart diseases are of more concern to older residents surveyed.**

	21-49 (n=298) (A)	50-64 (n=256) (B)	65+ (n=150) (C)
Obesity	42%	41%	39%
Mental Health	37%[BC]	31%	24%
Substance Use/Abuse	32%	37%[C]	25%
Aging	14%	22%[A]	41%[AB]
High Stress Lifestyle	33%[BC]	26%	21%
Cancer	19%	28%[A]	31%[A]
Diabetes	32%	33%	40%
Chronic Heart Disease	17%	22%	33%[AB]
Smoking	31%	29%	26%
Asthma	24%	23%	21%
Hunger	11%	11%	11%
Infectious Diseases	11%[C]	10%	6%
Lung Disease	14%	14%	16%
Teen Pregnancy	12%	14%	10%
STD's	12%[BC]	8%[C]	3%
Lack of Prenatal Care	8%	5%	5%

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

Community Health-Related Issues of Concern – by Gender

- **Males indicate more concern about heart disease, smoking and STDs while females cite cancer and asthma more often.**



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

Community Health-Related Issues of Concern – by Income

- **Smoking, asthma, hunger, infectious diseases, teen pregnancy and STDs are cited more by lower income respondents.**

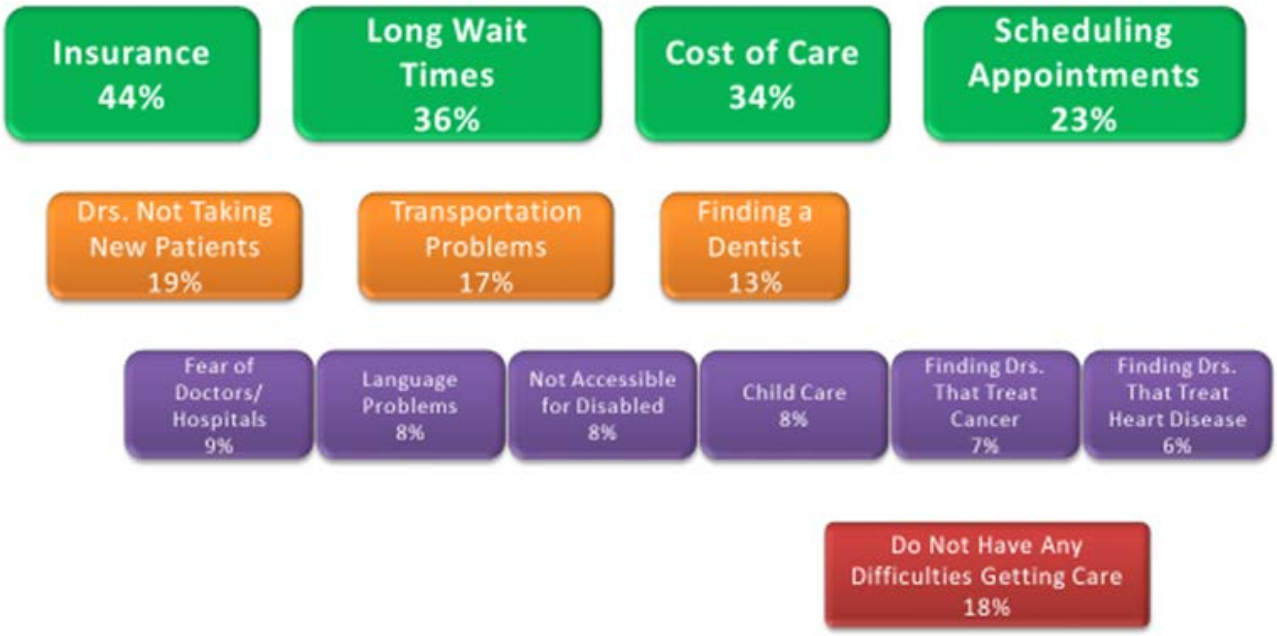
	Under $25K (n=162) (A)	*$25-50K (n=148) (B)*	*$50-100K (n=137) (C)*	*$100-150K (n=76) (D)*	*$150K+ (n=57) (E)*
Obesity	38%	47%	41%	53%ACE	37%
Mental Health	33%	40%D	31%	25%	28%
Substance Use/Abuse	29%	37%E	37%E	30%	25%
Aging	22%E	26%E	20%E	24%E	9%
High Stress Lifestyle	29%	32%C	21%	28%	30%
Cancer	25%	24%	21%	30%	28%
Diabetes	35%	39%	31%	38%	32%
Chronic Heart Disease	18%	24%	20%	21%	21%
Smoking	38%BCE	25%	27%E	29%E	16%
Asthma	32%CDE	24%E	21%	18%	12%
Hunger	18%CDE	14%CE	8%	9%	4%
Infectious Diseases	14%CE	12%E	7%E	12%E	2%
Lung Disease	15%	12%	15%	17%	14%
Teen Pregnancy	19%BCE	12%E	10%E	16%E	4%
STD's	12%DE	10%E	7%E	5%E	-
Lack of Prenatal Care	9%E	8%E	4%	8%E	2%

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

C. BARRIERS TO ACCESSING HEALTH CARE SERVICES

Major Barriers to Accessing Health Care in JCMC's PSA

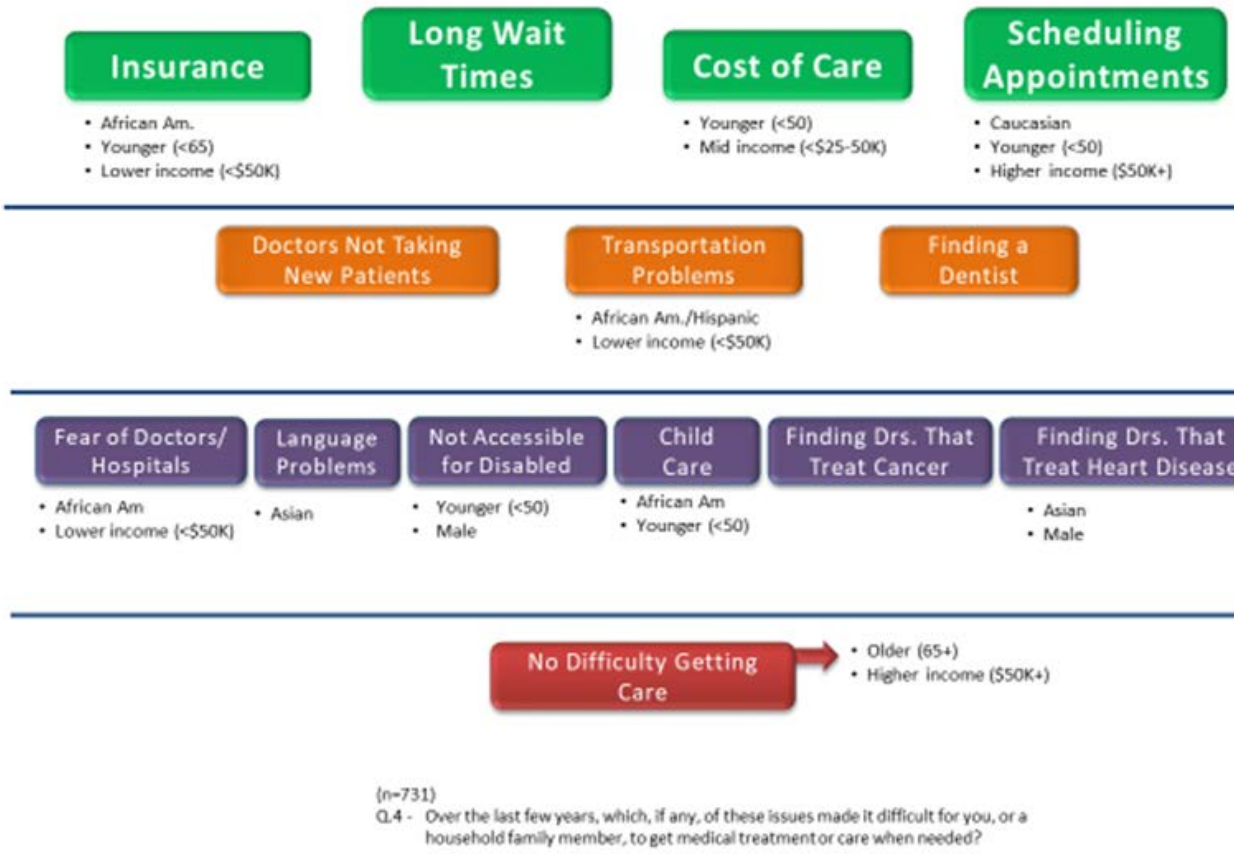
- Insurance, long wait times, cost of care and scheduling appointments are the key barriers to obtaining health care services among area respondents.
- Only 18% of respondents claim they do not experience any difficulty accessing the care they need.



(n=731)
Q.4 - Over the last few years, which, if any, of these issues made it difficult for you, or a household family member, to get medical treatment or care when needed?

Summary of Health Care Barriers by Subgroups

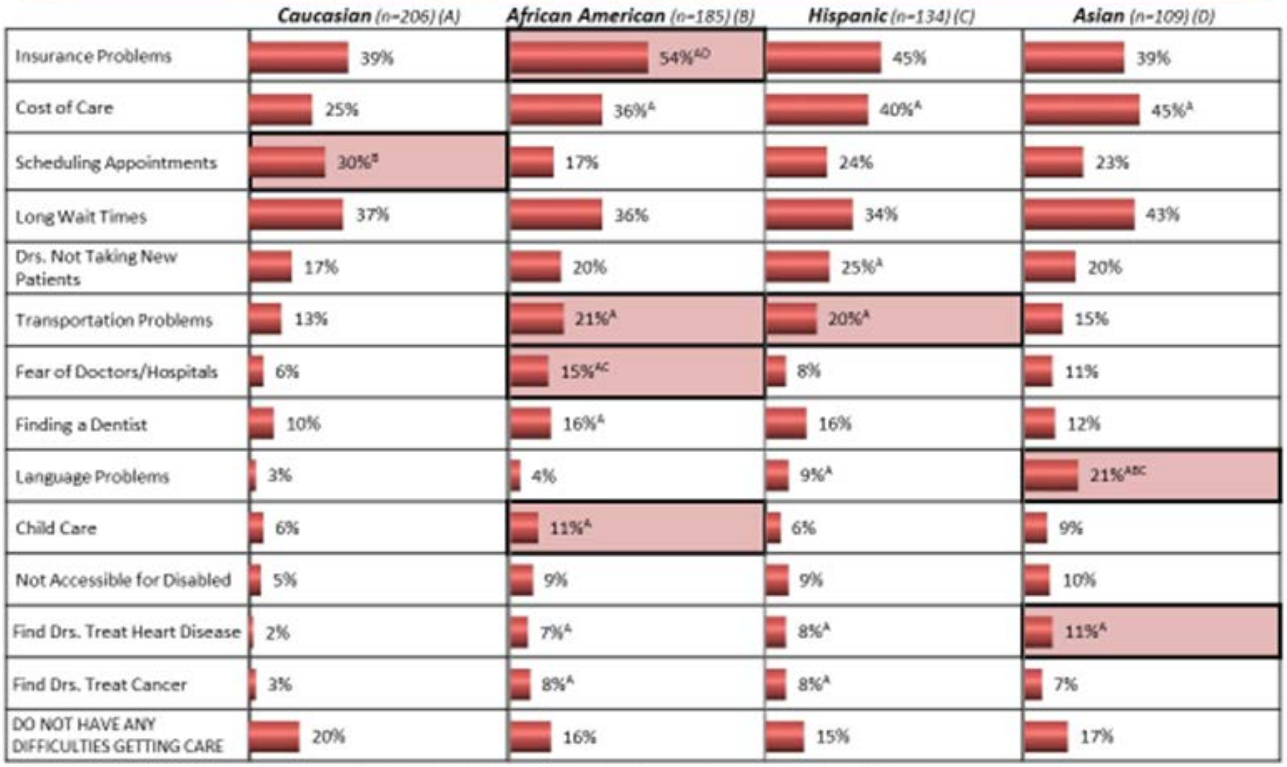
- Virtually all age, gender, income and ethnic groups cite insurance, cost, scheduling and wait times, as key barriers.



(n=731)
Q.4 - Over the last few years, which, if any, of these issues made it difficult for you, or a household family member, to get medical treatment or care when needed?

Barriers to Accessing Health Care Services – by Ethnicity

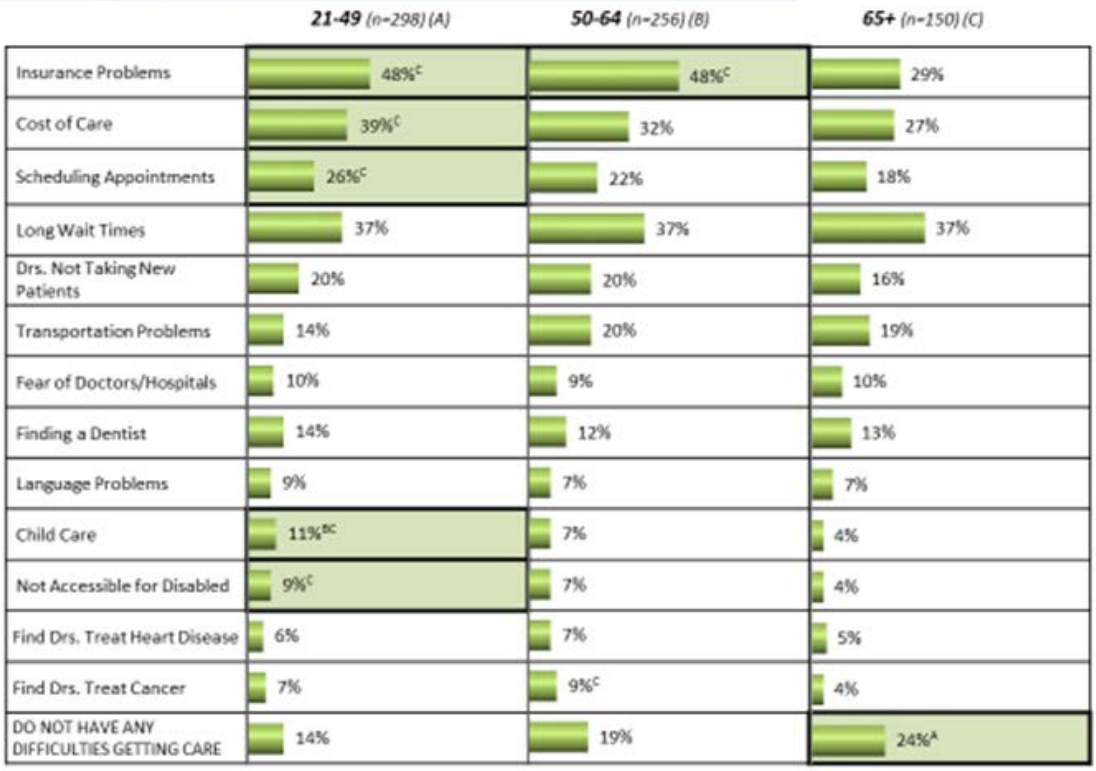
- **African Americans cite insurance as their #1 barrier to getting health care services, while Caucasians have the most difficulty with scheduling appointments.**
- **Asians cite more difficulty vs. other groups regarding language problems and finding heart disease doctors.**



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

Barriers to Accessing Health Care Services – by Age

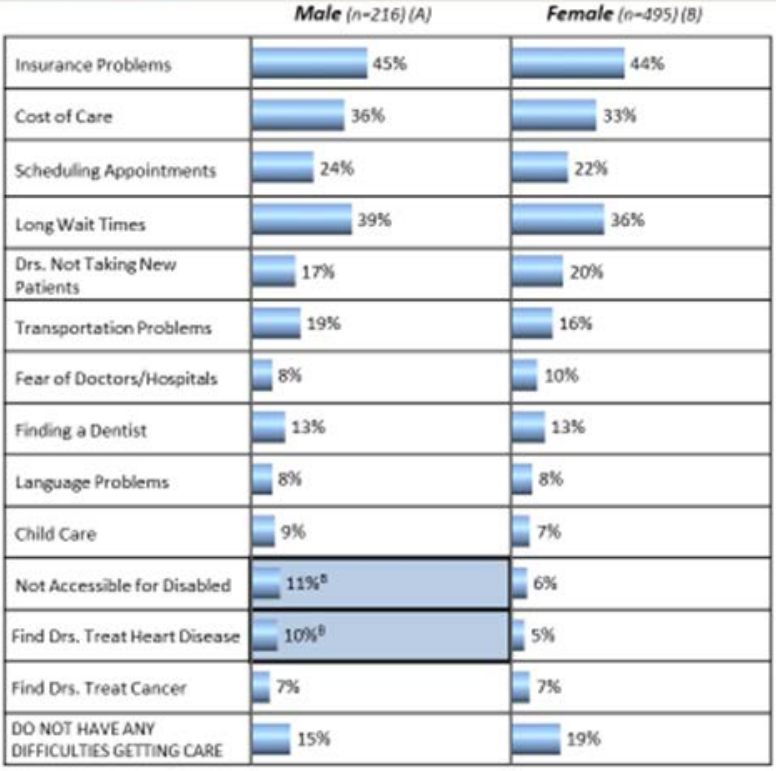
- **In general, younger respondents cite more barriers than older respondents.**



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

Barriers to Accessing Health Care Services – by Gender

- **Males say they have more difficulty with services not being accessible for the disabled and finding doctors that treat heart disease versus females.**



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

Barriers to Accessing Health Care Services – by Income

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

	Under $25K (n=162) (A)	*$25-50K (n=148) (B)*	*$50-100K (n=137) (C)*	*$100-150K (n=76) (D)*	*$150K+ (n=57) (E)*
Insurance Problems	50%^{CE}	54%^{CDE}	40%^{E}	41%	28%
Cost of Care	28%	47%^{ACDE}	34%^{E}	34%^{E}	19%
Scheduling Appointments	17%	22%	28%^{A}	30%^{A}	32%^{A}
Long Wait Times	35%	41%	37%	36%	35%
Drs Not Taking New Patients	21%	20%	18%	18%	19%
Transportation Problems	22%^{CD}	18%^{D}	14%	9%	18%
Fear of Doctors/Hospitals	14%^{CDE}	12%^{E}	8%	7%	4%
Finding a Dentist	14%	16%	10%	12%	11%
Language Problems	11%	7%	8%	7%	5%
Child Care	8%	7%	8%	9%	7%
Not Accessible for Disabled	9%	5%	8%	9%	5%
Finding Dr. Treats Heart Disease	7%	7%	9%	5%	5%
Finding Dr. Treats Cancer	10%	5%	9%	8%	5%
DO NOT HAVE ANY DIFFICULTIES GETTING CARE	12%	14%	19%^{A}	20%	21%

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

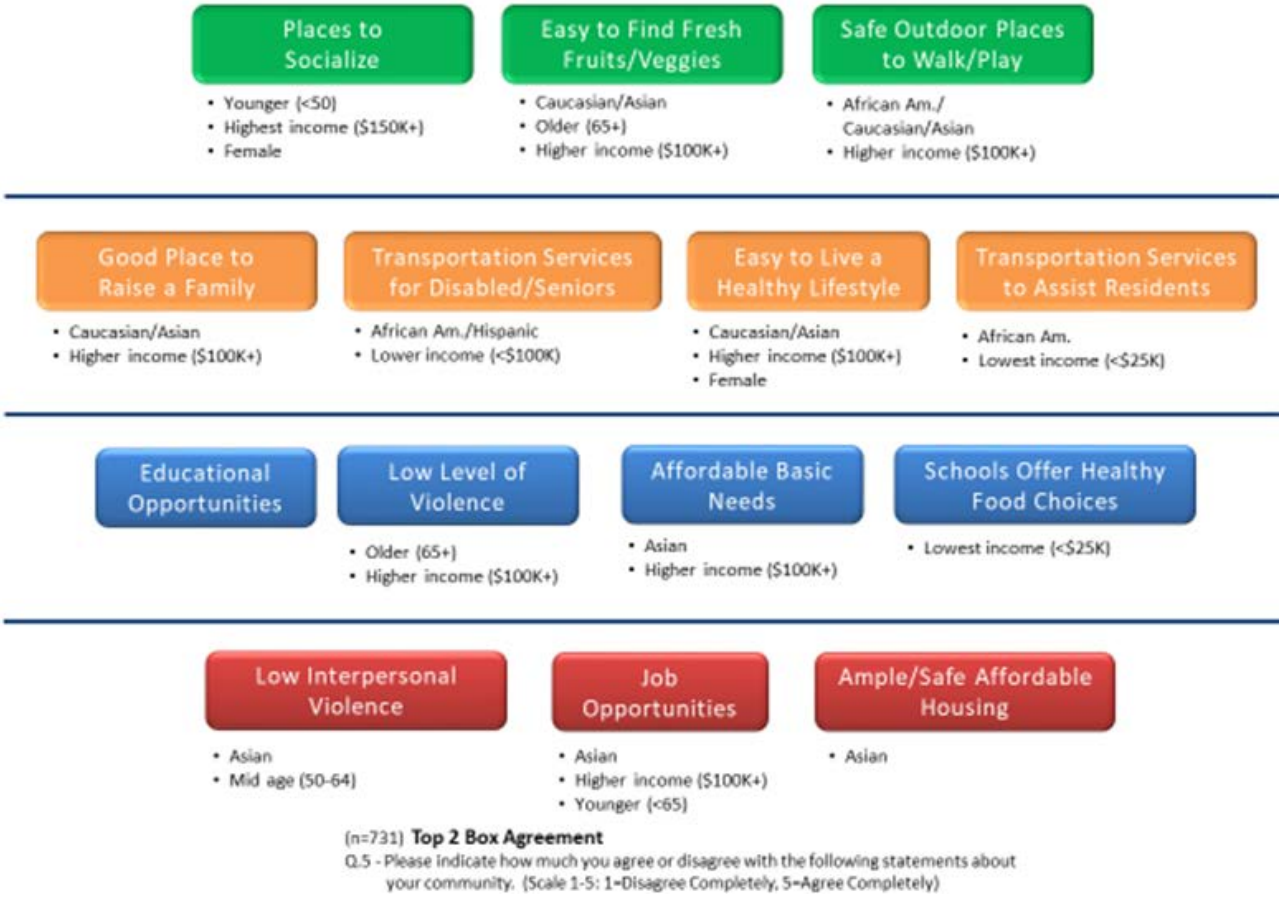
D. COMMUNITY STRENGTHS/OPPORTUNITIES

Community Strengths/Opportunities

- A majority of residents surveyed feel their community has ample places to socialize, is easy find fresh foods and there are safe places to walk/play.
- Only about half feel their community is a good place to raise a family, its easy to live a healthy lifestyle and are satisfied with the transportation services available.
- The community receives relatively low scores in the areas of safe/affordable housing, low interpersonal violence and job opportunities.

(n=731) **Top 2 Box Agreement**
Q.5 - Please indicate how much you agree or disagree with the following statements about your community. (Scale 1-5: 1=Disagree Completely, 5=Agree Completely)

Summary of Community Strengths/Opportunities by Subgroups



(n=731) **Top 2 Box Agreement**

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

Community Strengths/Opportunities – by Ethnicity

- **In general, Caucasians and Asians tend to rate community services higher than African Americans or Hispanics.**
- **African Americans, however, are the most positive toward transportation services.**

	Caucasian *(n=206) (A)*	***African American*** *(n=185) (B)*	***Hispanic*** *(n=134) (C)*	***Asian*** *(n=109) (D)*
Safe Outdoor Places to Walk/Play	68%^{BC}	36%	58%^{B}	62%^{B}
Good Place to Raise a Family	56%^{BC}	38%	46%	56%^{B}
Easy to Find Fresh Fruits/Veggies	72%^{BC}	51%	58%	70%^{BC}
Places to Socialize	65%^{B}	57%	61%	65%
Easy to Live Healthy Lifestyle	55%^{B}	37%	46%^{B}	55%^{B}
Low Level of Violence	42%^{B}	31%	36%	39%
Educational Opportunities	41%	37%	44%	41%
Affordable Basic Needs	40%^{B}	30%	37%	49%^{BC}
Transportation Services for Disabled/Seniors	41%	55%^{A}	53%^{A}	47%
Job Opportunities	37%	31%	31%	46%^{BC}
Low Interpersonal Violence	31%	31%	31%	44%^{ABC}
Ample/Safe Affordable Housing	26%	24%	28%	36%^{AB}
Schools Offer Healthy Food Choices	29%	40%^{A}	43%^{A}	38%
Transportation to Assist Residents	40%	56%^{ACD}	46%	44%

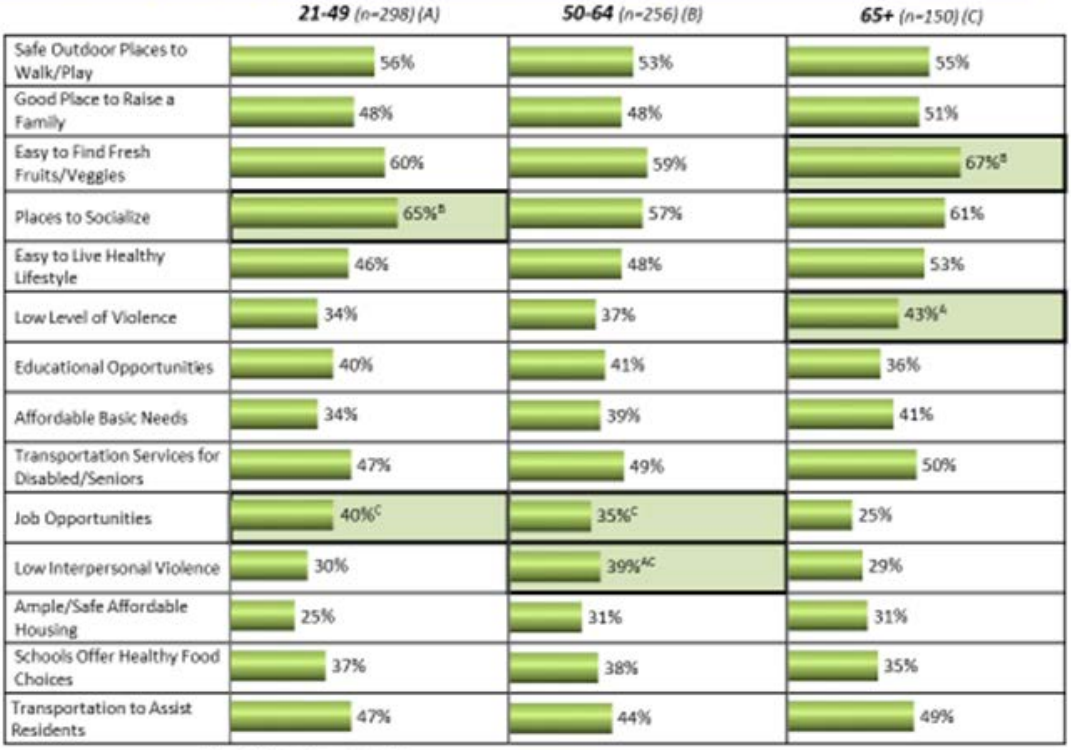
Top 2 Box Agreement

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

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

Community Strengths/Opportunities – by Age

- **Only a few differences exist between older and younger respondents.**
- **Older residents surveyed (65+) are more positive towards finding fresh foods and having a low level of violence, while younger respondents feel there are more job opportunities.**



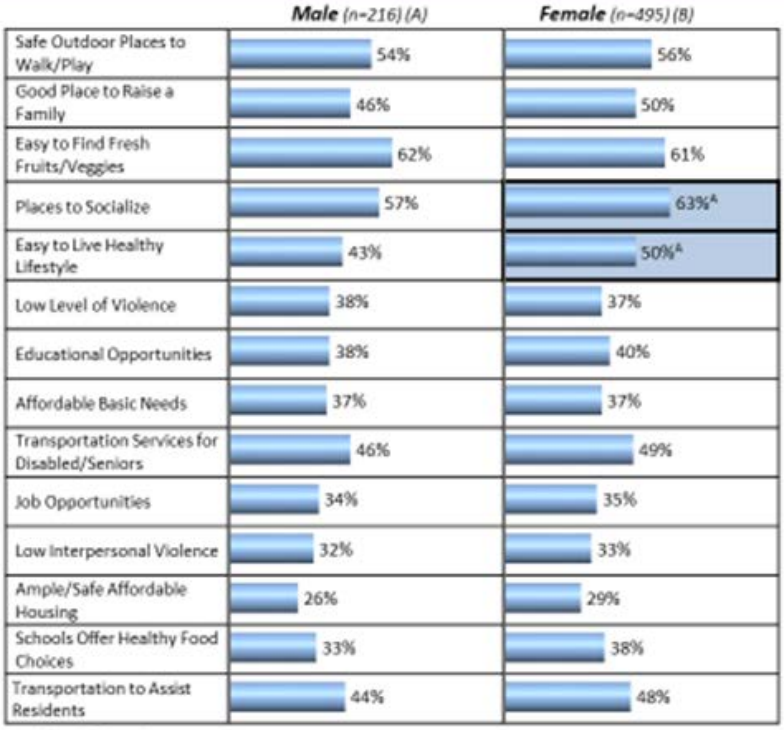
Top 2 Box Agreement

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

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

Community Strengths/Opportunities – by Gender

- **Few differences in community services exist between males and females, although females are more positive towards having places to socialize and being easy to live a healthy lifestyle versus males.**



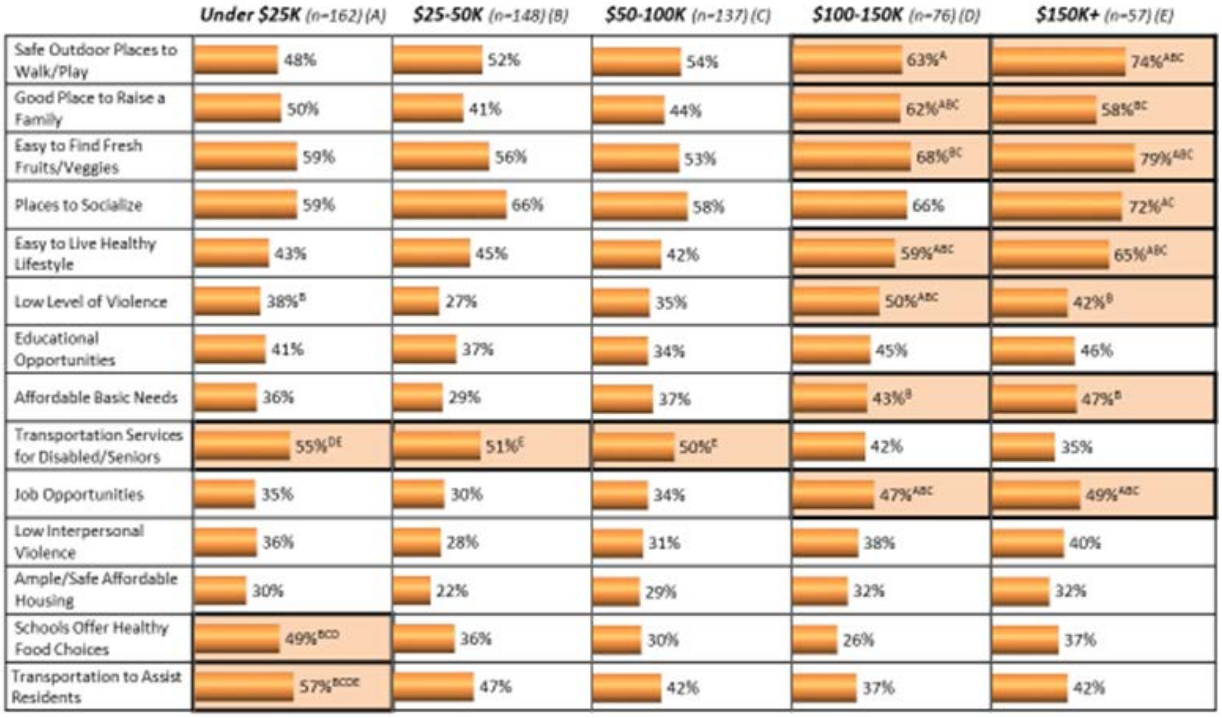
Top 2 Box Agreement

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

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

Community Strengths/Opportunities – by Income

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

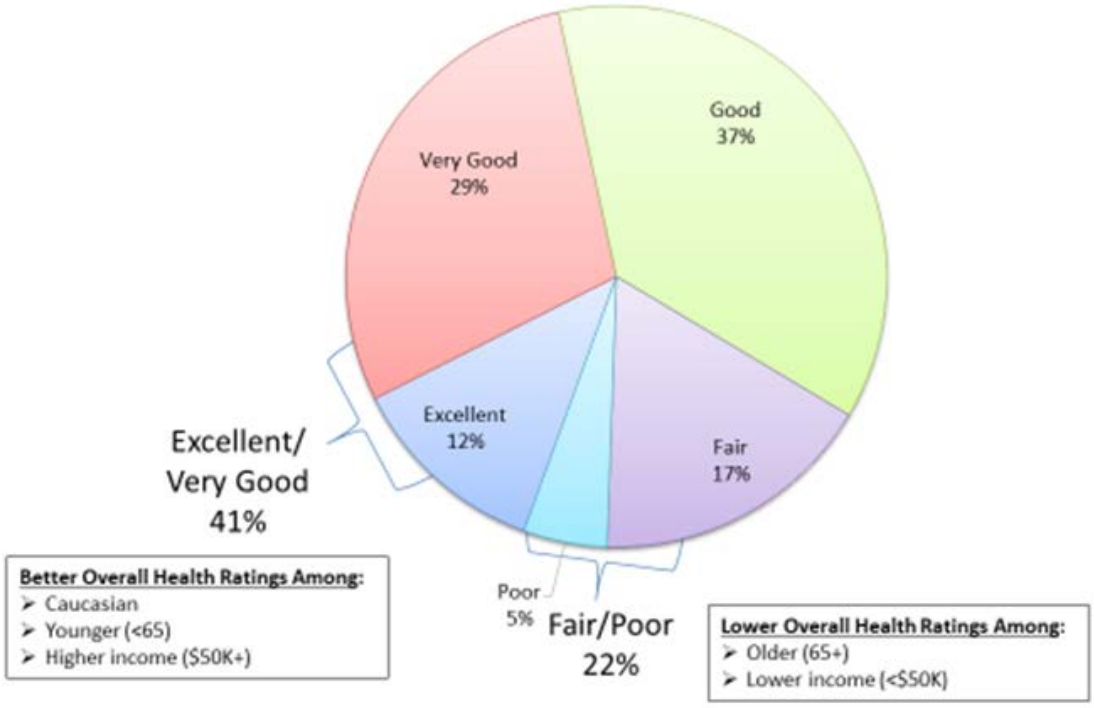


Top 2 Box Agreement Q.5 - Please indicate how much you agree or disagree with the following statements about your community. (Scale 1-5: 1=Disagree Completely, 5=Agree Completely)
(A/B/C/D/E) = Significantly greater than indicated cell at the 90% confidence level.

E. PERSONAL HEALTH HABITS AND PRACTICES

Self-Description of Overall Health

- About four-of-ten residents surveyed describe their health as being excellent or very good; 37% describe it as good, while 22% say their health is fair or poor.

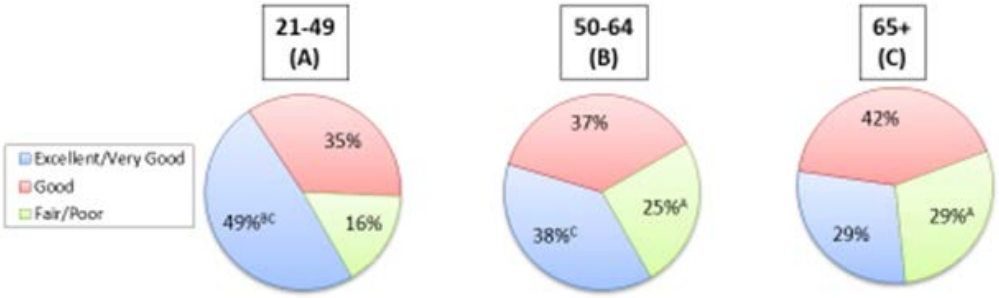


(n=731)
Q.6 - How would you describe your overall health?

Self-Description of Overall Health – by Subgroups

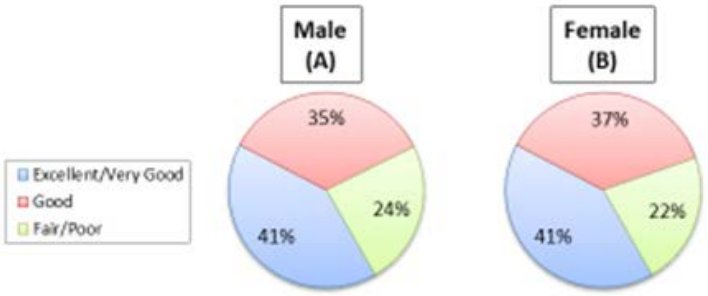
Age:

Younger respondents describe their overall health as better vs. older respondents.



Gender:

Males and females describe their overall health about the same.

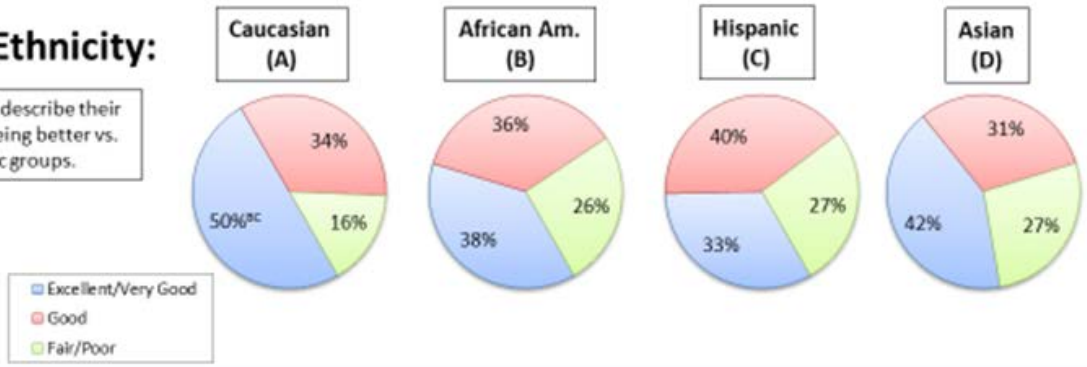


Q.6 - How would you describe your overall health?
(A/B/C) = Significantly greater than indicated cell at the 90% confidence level.

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

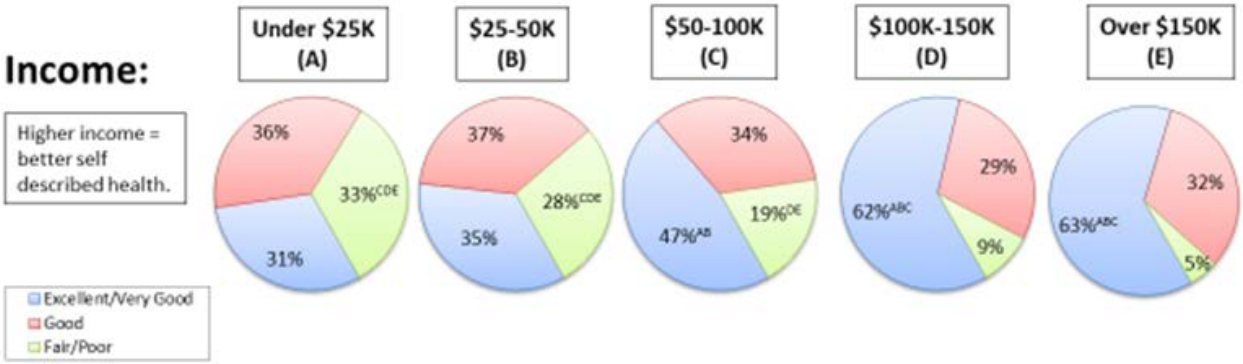
Race/Ethnicity:

Caucasians describe their health as being better vs. other ethnic groups.



Income:

Higher income = better self described health.

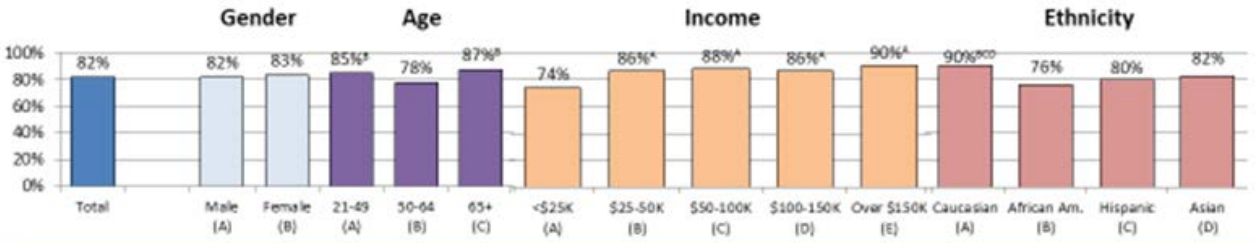


Q.6 - How would you describe your overall health?
(A/B/C/D/E) = Significantly greater than indicated cell at the 90% confidence level.

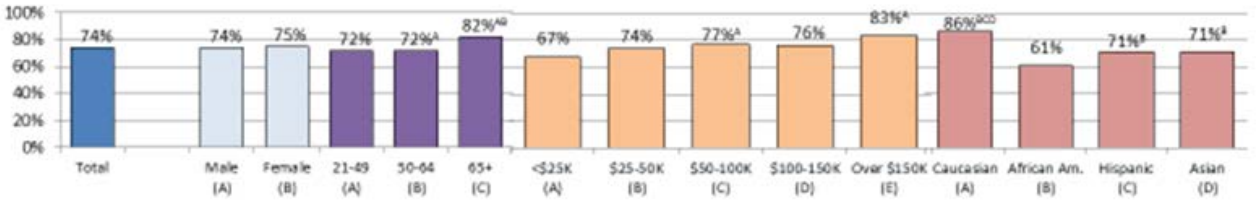
Self-Description of Understanding and Eating Healthy

- The large majority of residents surveyed feel they understand what food is healthy (82%), with many saying they eat healthy food on a regular basis (74%).
- Older respondents and those with higher incomes are more likely to eat healthy on a regular basis.
- While African Americans claim to understand what healthy food is, they are the least likely to eat healthy regularly.

Have enough information to understand what food is healthy



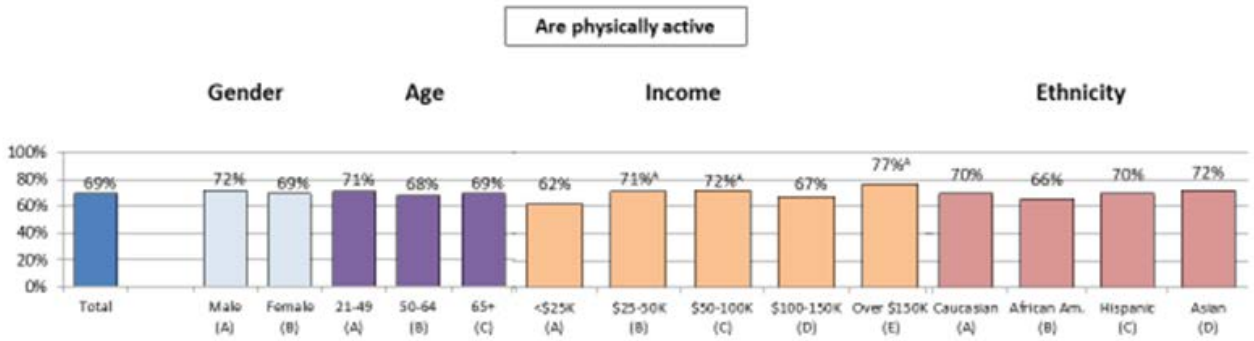
Eat healthy foods on a regular basis



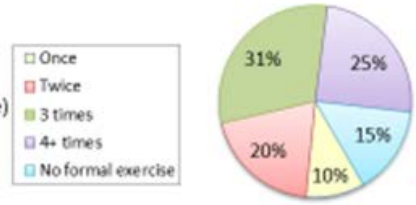
(n=731)
Q.11 - Do you feel that you...
(A/B/C/D/E) = Significantly greater than indicated cell at the 90% confidence level.

Self-Description of Physical Activity

- Nearly seven-of-ten residents surveyed claim to be physically active.
- Physical activity is higher among the higher income groups.



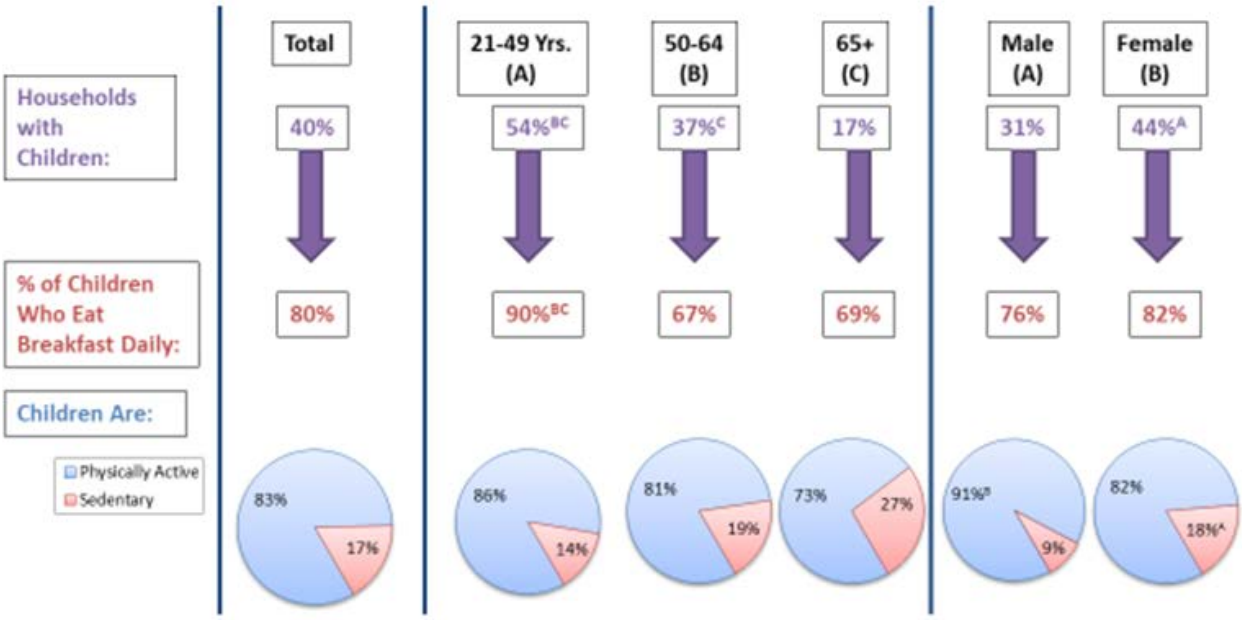
 # Times Exercise per Week
(Among those who are physically active)
(n=507)



(n=731)
Q.11 - Do you feel that you...
Q.11 - How often do you exercise each week?
(A/B/C/D/E) = Significantly greater than indicated cell at the 90% confidence level.

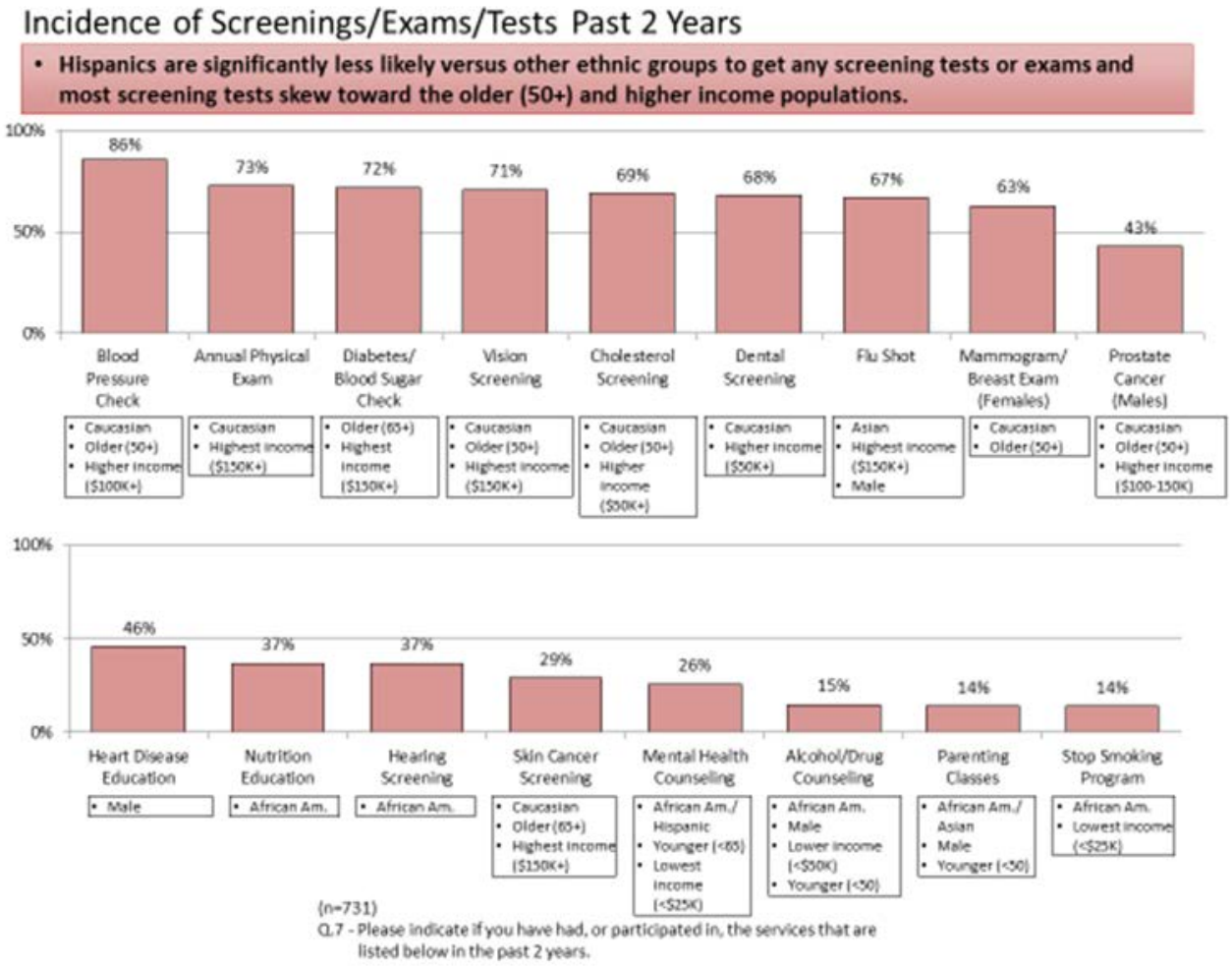
Activity Level of Children in Household

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



(n=731)
Q.11a - Do you have any children that live with you?
Q.11b - Do they eat breakfast before the start of the school day?
Q.11c - Would you describe your child(ren) as physically active or sedentary during after school hours and weekends?
(A/B/C) = Significantly greater than indicated cell at the 90% confidence level.

F. INCIDENCE OF SCREENING TESTS AND CONDITIONS DIAGNOSED



Incidence of Screenings/Exams/Tests – by Ethnicity

- **Caucasians are the most likely to get preventative screening exams overall, although African American cite the highest use of hearing screening, nutrition education, alcohol/drug counseling and stop smoking programs.**
- **African American and Hispanics indicate high incidence of mental health counseling while Asians indicate the highest incidence of getting flu shots.**

	Caucasian (n=206) (A)	*African American* (n=185) (B)	*Hispanic* (n=134) (C)	*Asian* (n=109) (D)
Blood Pressure Check	92%^{BCD}	82%	85%	84%
Cholesterol Screening	76%^{BC}	67%	61%	68%
Diabetes/Blood Sugar Check	76%	72%	75%	70%
Heart Disease Education	47%	47%	44%	40%
Annual Physical Exam	83%^{BCD}	70%	69%	66%
Dental Screening	77%^{BCD}	63%	69%	64%
Vision Screening	81%^{BCD}	65%	69%	67%
Mammogram/Breast Exam (Females)	68%^{D}	63%	63%	51%
Prostate Cancer Screen (Males)	54%^{CD}	40%	31%	35%
Flu Shot	67%	67%	60%	75%^{C}
Skin Cancer Screening	42%^{BCD}	27%^{C}	19%	21%
Hearing Screening	30%	43%^{A}	36%	36%
Nutrition Education	34%	46%^{AC}	29%	39%
Parenting Classes	5%	22%^{AC}	12%^{A}	21%^{AC}
Mental Health Counseling	21%	33%^{AD}	29%^{A}	23%
Alcohol/Drug Counseling	7%	24%^{ACD}	13%^{A}	14%^{A}
Stop Smoking Program	6%	21%^{AC}	12%^{A}	14%^{A}

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

Incidence of Screenings/Exams/Tests – by Age

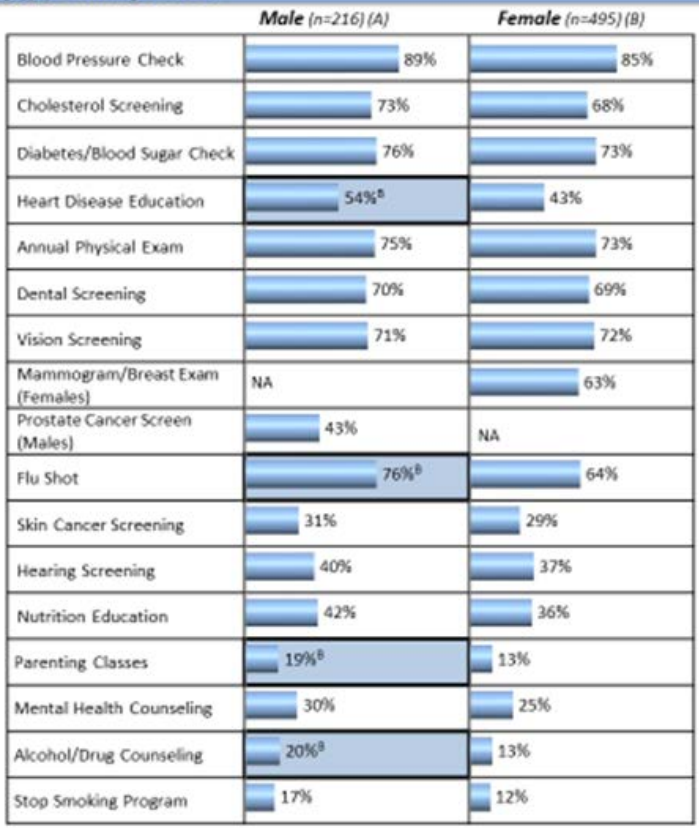
- **Most screening exams skew towards the older population (50+), with the exception of mental health/drug counseling, parenting classes and alcohol/drug counseling, which skew younger.**

	21-49 (n=298) (A)	50-64 (n=256) (B)	65+ (n=150) (C)
Blood Pressure Check	81%	87%[A]	93%[AB]
Cholesterol Screening	61%	71%[A]	81%[AB]
Diabetes/Blood Sugar Check	69%	73%	80%[A]
Heart Disease Education	45%	45%	50%
Annual Physical Exam	70%	73%	79%[A]
Dental Screening	70%	68%	68%
Vision Screening	66%	72%[A]	81%[AB]
Mammogram/Breast Exam (Females)	50%	73%[A]	70%[A]
Prostate Cancer Screen (Males)	23%	51%[A]	69%[AB]
Flu Shot	68%	66%	67%
Skin Cancer Screening	28%	29%	36%[A]
Hearing Screening	40%[B]	32%	42%[B]
Nutrition Education	38%	36%	40%
Parenting Classes	22%[BC]	11%	7%
Mental Health Counseling	31%[C]	26%[C]	17%
Alcohol/Drug Counseling	20%[BC]	13%	11%
Stop Smoking Program	16%	12%	13%

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

Incidence of Screenings/Exams/Tests – by Gender

- **Males tend to have a higher incidence than females with regard to heart disease education, flu shots, alcohol counseling and surprisingly, parenting classes.**



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

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

NA = Not applicable.

Incidence of Screenings/Exams/Tests – by Income

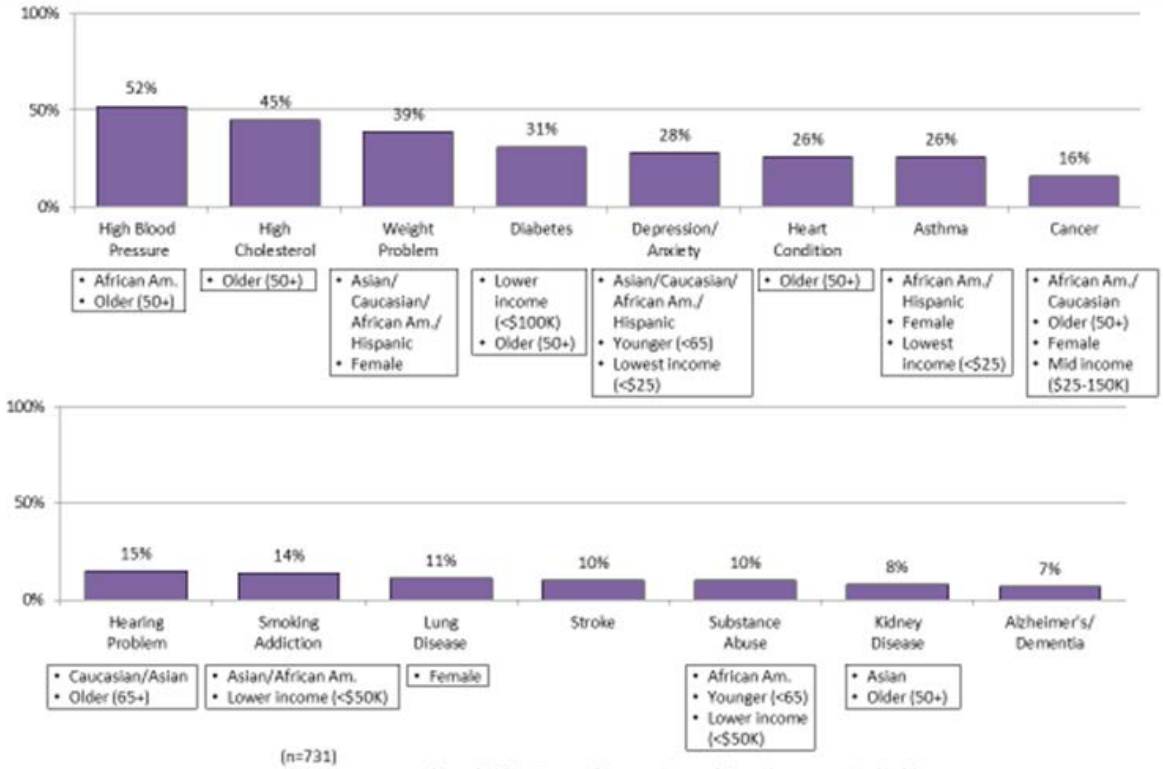
- **Higher income residents have more screening tests.**

	Under $25K (n=162) (A)	$25-50K (n=148) (B)	$50-100K (n=137) (C)	$100-150K (n=76) (D)	$150K+ (n=57) (E)
Blood Pressure Check	82%	85%	85%	90%[A]	97%[ABC]
Cholesterol Screening	64%	63%	73%[AB]	79%[AB]	86%[ABC]
Diabetes/Blood Sugar Check	68%	73%	77%[AD]	66%	83%[AD]
Heart Disease Education	42%	49%	47%	45%	47%
Annual Physical Exam	69%	76%	72%	76%	84%[AC]
Dental Screening	59%	67%	75%[A]	76%[A]	79%[AB]
Vision Screening	64%	71%	76%[A]	76%[A]	84%[AB]
Mammogram/Breast Exam (Females)	58%	63%	64%	73%[A]	63%
Prostate Cancer Screen (Males)	48%[B]	28%	41%	61%[BE]	31%
Flu Shot	58%	66%	68%[A]	70%[A]	84%[ABCD]
Skin Cancer Screening	26%	27%	31%	37%[A]	46%[ABC]
Hearing Screening	41%[D]	37%	38%	28%	40%
Nutrition Education	36%	38%	37%	33%	44%
Parenting Classes	20%[D]	16%	13%	11%	21%
Mental Health Counseling	39%[BCD]	27%[D]	23%	17%	28%
Alcohol/Drug Counseling	21%[D]	17%[D]	15%	9%	14%
Stop Smoking Program	20%[D]	14%	14%	8%	14%

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

Conditions Diagnosed by Physician (Self or Family Member)

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



(n=731)

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

Conditions Diagnosed by Physician – by Ethnicity

- **African Americans report more diagnosed conditions versus other ethnic groups; Hispanics also report high incidence of weight problems, depression and asthma.**
- **Caucasians report the highest incidence of cancer and along with Asians, a high incidence of hearing problems.**

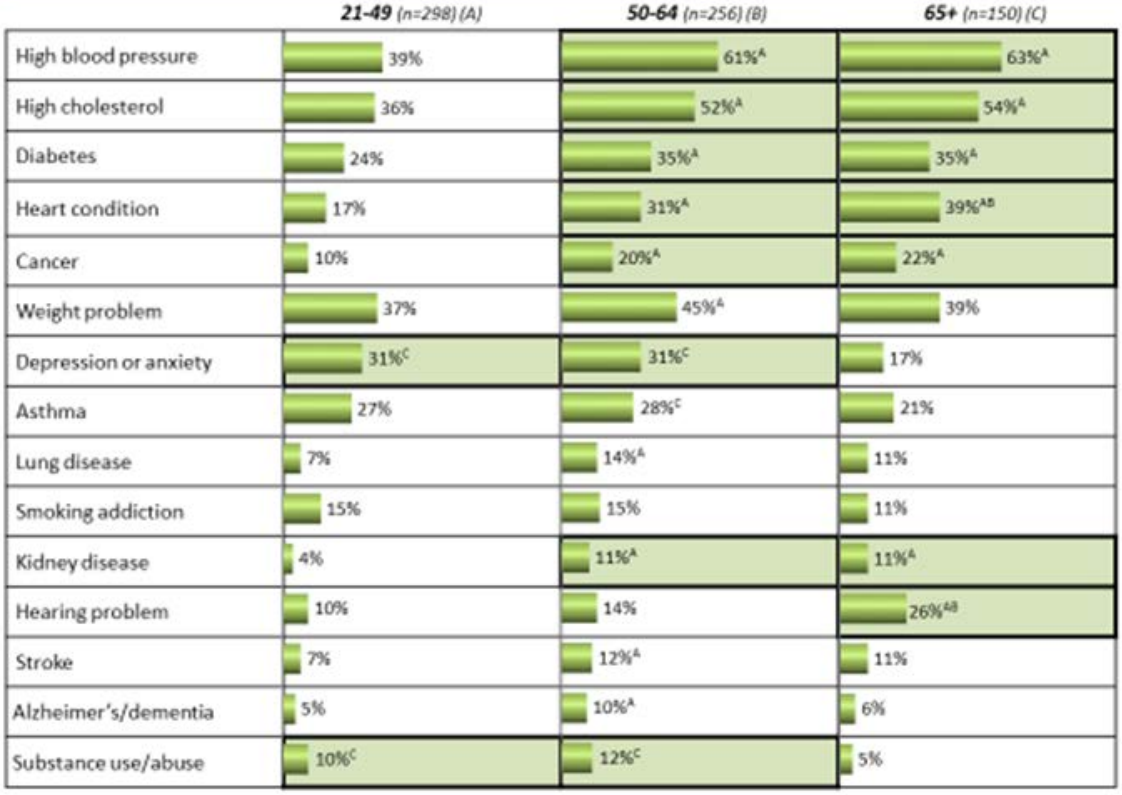
	Caucasian (n=206) (A)	*African American (n=185) (B)*	*Hispanic (n=134) (C)*	*Asian (n=109) (D)*
High blood pressure	53%	61%CD	45%	50%
High cholesterol	48%	44%	49%	40%
Diabetes	24%	31%	34%A	36%A
Heart condition	30%	25%	25%	26%
Cancer	22%CD	18%D	13%	7%
Weight problem	45%D	38%D	44%D	28%
Depression or anxiety	35%D	30%D	32%D	16%
Asthma	21%	35%AD	32%AD	19%
Lung disease	12%	12%C	7%	8%
Smoking addiction	14%D	20%AD	16%D	6%
Kidney disease	7%	9%	6%	14%AC
Hearing problem	19%BC	12%	9%	18%C
Stroke	7%	12%A	12%	9%
Alzheimer's/dementia	4%	10%A	8%	8%
Substance use/abuse	7%	16%AD	11%	6%

Top 2 Box Agreement

Q.8 - Have you, or a household family member, ever been told by a doctor or other health professional that you have had any of the following?
(A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.

Conditions Diagnosed by Physician – by Age

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



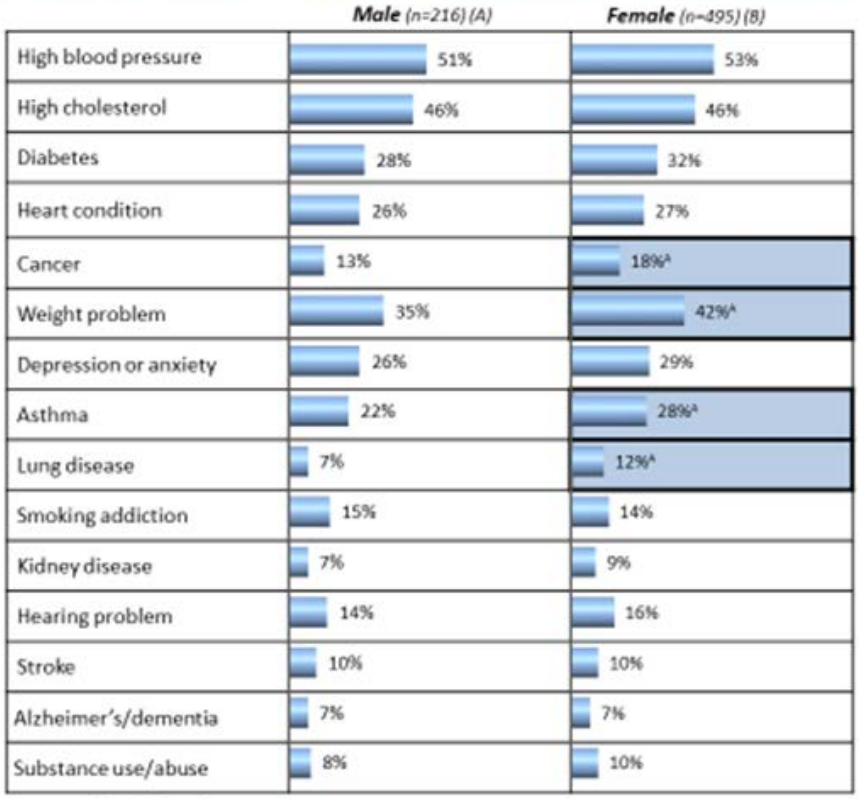
Top 2 Box Agreement

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

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

Conditions Diagnosed by Physician – by Gender

- **Females report higher diagnosis of cancer, weight issues, asthma and lung disease versus males.**



Top 2 Box Agreement

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

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

Conditions Diagnosed by Physician – by Income

- **Few differences exist in conditions diagnosed across income levels, although residents surveyed in the lowest income levels report more depression, asthma, smoking addiction and substance abuse.**

	Under $25K *(n=162) (A)*	***$25-50K*** *(n=148) (B)*	***$50-100K*** *(n=137) (C)*	***$100-150K*** *(n=76) (D)*	***$150K+*** *(n=57) (E)*
High blood pressure	53%	54%	51%	53%	51%
High cholesterol	44%	48%	39%	50%	47%
Diabetes	32%^{D}	35%^{D}	31%^{D}	21%	26%
Heart condition	30%	25%	26%	26%	21%
Cancer	12%	19%^{E}	17%^{E}	24%^{AE}	7%
Weight problem	41%^{E}	41%^{E}	46%^{E}	41%^{E}	25%
Depression or anxiety	40%^{BCDE}	25%	23%	26%	23%
Asthma	33%^{CE}	26%	24%	30%	21%
Lung disease	13%	12%	10%	8%	9%
Smoking addiction	19%^{DE}	21%^{CDE}	12%	7%	7%
Kidney disease	8%	11%^{E}	10%^{E}	9%	4%
Hearing problem	15%^{E}	13%	13%	18%^{E}	7%
Stroke	12%^{E}	12%^{E}	8%^{E}	9%^{E}	-
Alzheimer's/dementia	8%^{E}	10%^{E}	7%^{E}	5%	2%
Substance use/abuse	15%^{CDE}	12%^{DE}	7%	5%	4%

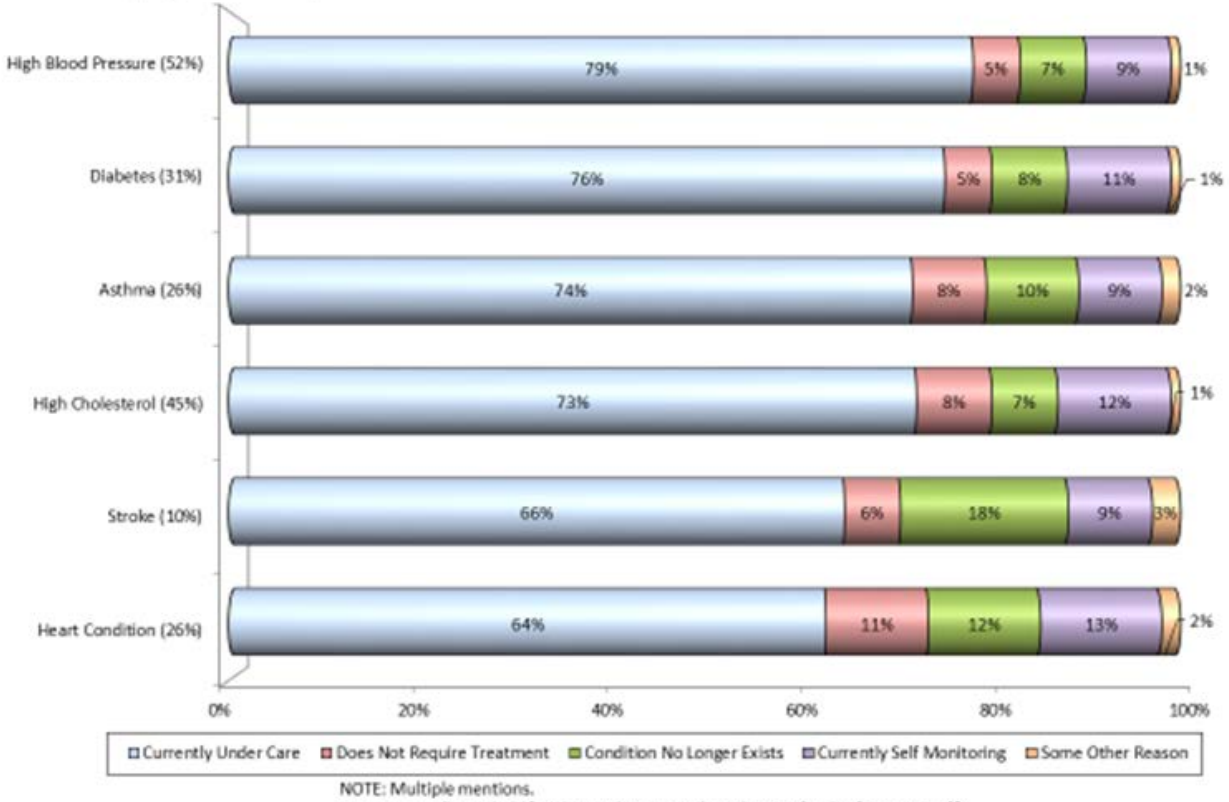
Top 2 Box Agreement

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

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

How Conditions Are Being Managed

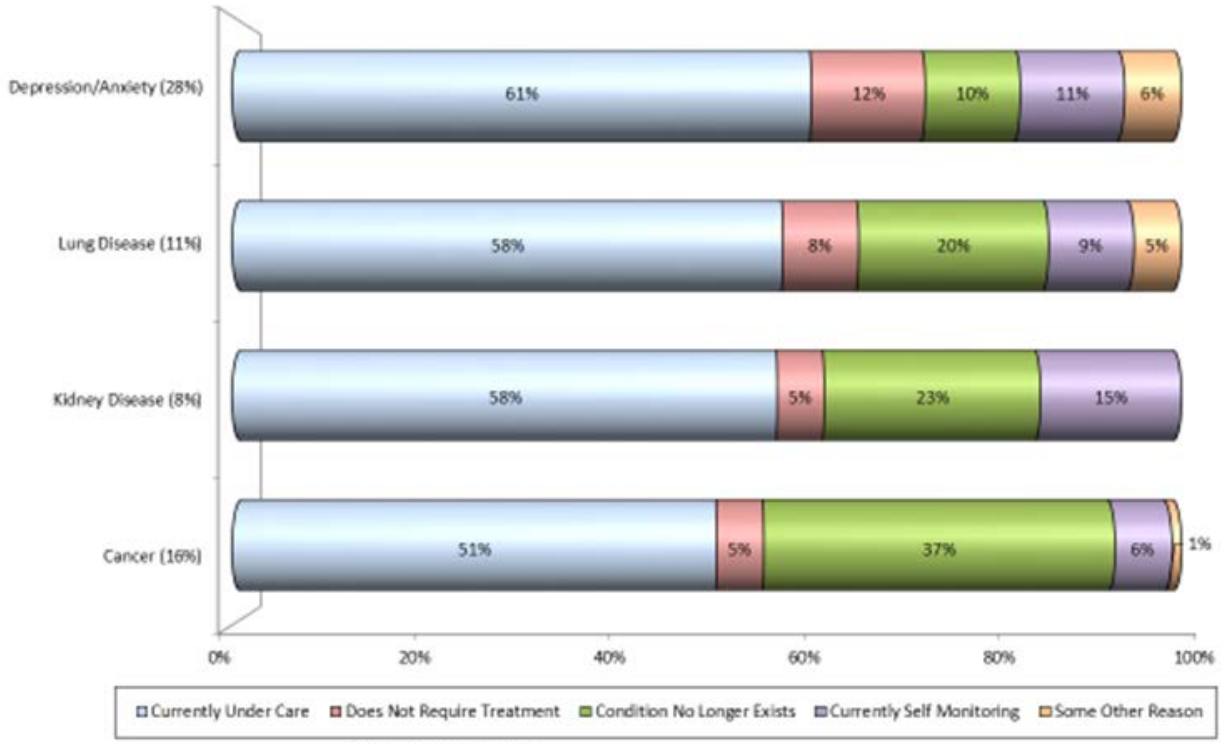
- Diagnosed conditions most likely to be under a physician's care include: high blood pressure, diabetes, asthma, high cholesterol, stroke and heart conditions.



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

How Conditions Are Being Managed – (continued)

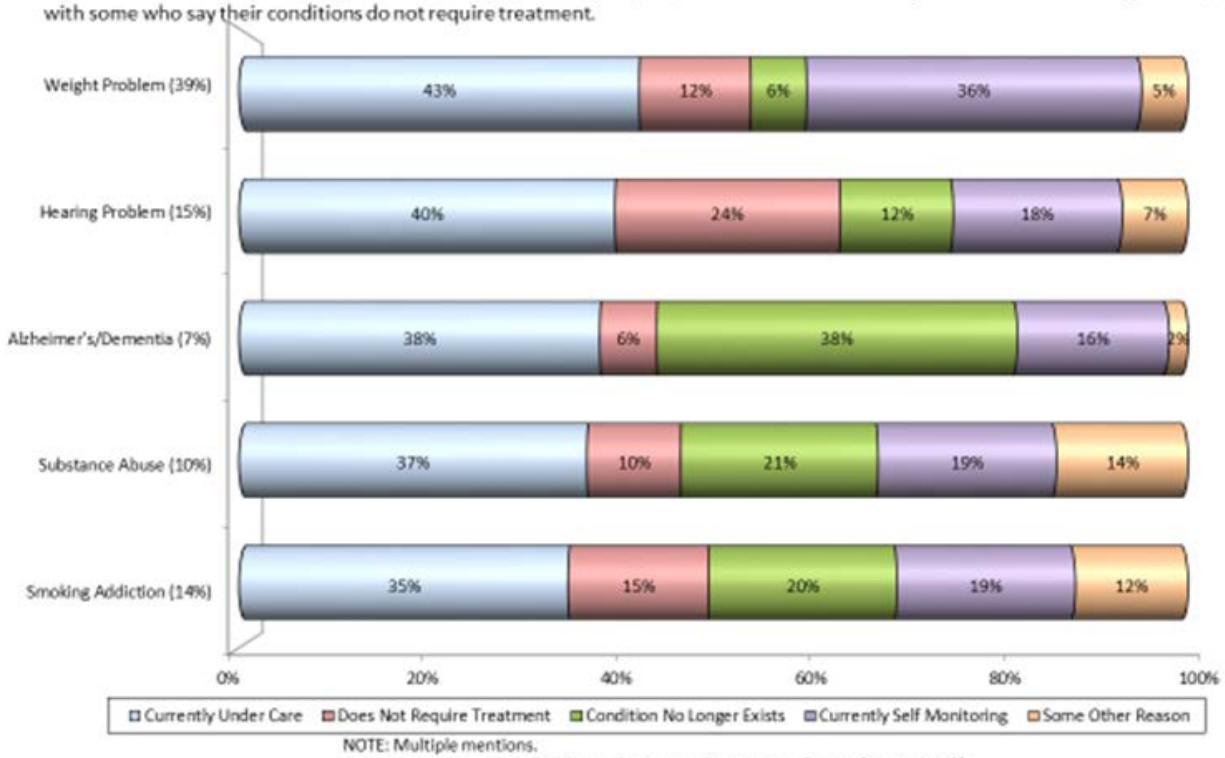
- Many are also under a physician's care for depression/anxiety, lung disease, kidney disease and cancer. For cancer, lung disease and kidney disease many say the condition no longer exists.



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

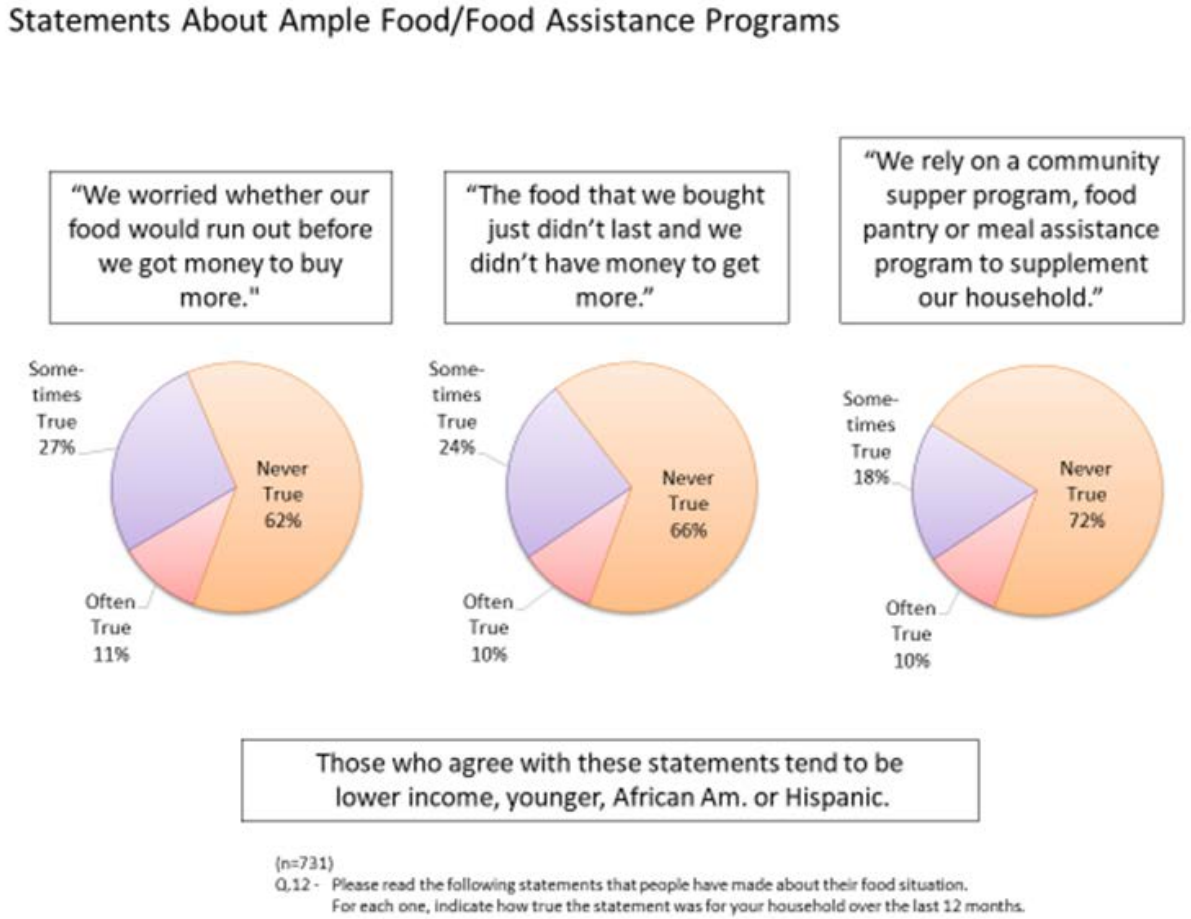
How Conditions Are Being Managed – (continued)

- For respondents with weight issues, fewer than half are under a physician's care, while more than a third say they are self-monitoring their condition.
- For hearing problems, most of those not under a doctor's care say their condition does not require treatment or they are self monitoring their condition.
- For substance abuse and smoking addiction, a large percentage say they are either self-monitoring or the condition no longer exists, with some who say their conditions do not require treatment.



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

G. ADDITIONAL DATA



Physician Habits

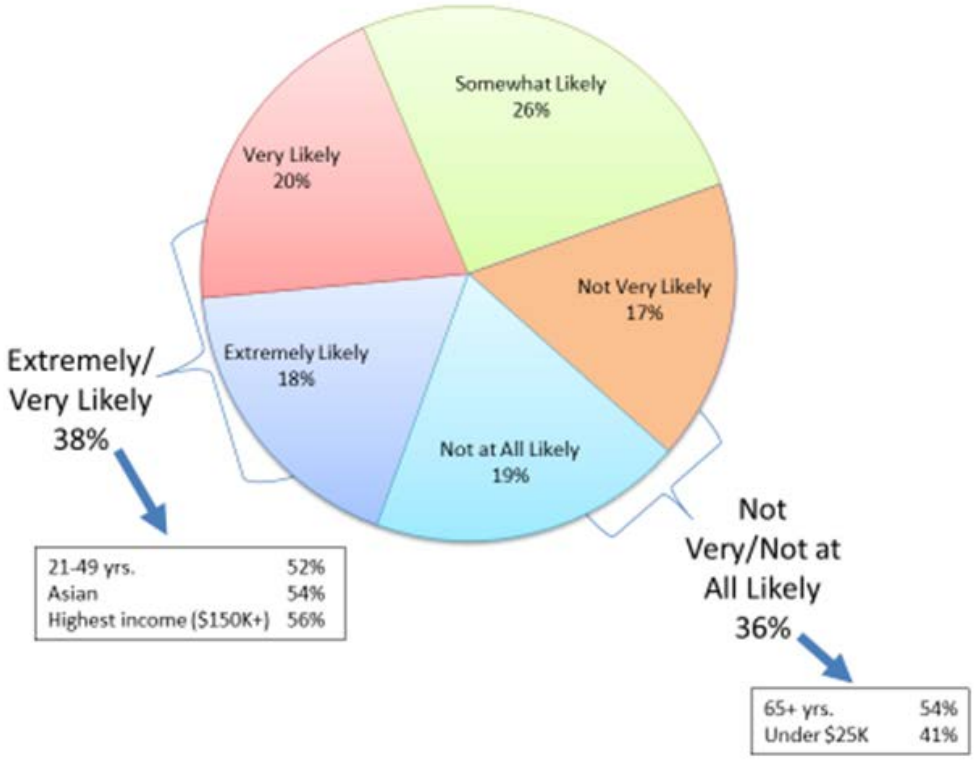
- Younger respondents are more likely to visit the doctor only when sick or need medical care.
- Hispanics and Asians are the most likely to visit an urgent care center when medical care is needed.

		Age			Ethnicity			
	Total	21-49 (A)	50-64 (B)	65+ (C)	Caucasian (A)	AA (B)	Hispanic (C)	Asian (D)
	%	%	%	%	%	%	%	%
Go to Dr/group every year or two for check-up	70	67	70	79[AB]	72[C]	69	61	76[C]
Go to Dr/group only when sick/hurt	28	32[C]	28[C]	19	24	32[AD]	31	22
Go to urgent care center or ER when need medical care	11	12	11	8	9	9	16[AB]	16[A]

(n=731)
NOTE: Multiple mentions.
Q.13 - When you need medical care, which of the statements below best describes you?
(A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.

Likelihood of Accessing Medical Care Virtually

- Roughly 4 of 10 respondents indicated a strong likelihood of accessing medical care virtually, highest among younger, Asian and higher income respondents.



(n=731)
Q.14 - If you were able to access medical care virtually, for example, through FaceTime or Skype, how likely would you be to use this type of technology?

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

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

4. KEY INFORMANT INTERVIEWS

Following the presentation of data collected from primary and secondary sources, JCMC's Oversight Committee asked that additional primary research be conducted to gather more information about the health needs and challenges facing South East Asian and Arabic populations. Interviews were undertaken with physicians and hospital staff who work with and treat these populations. A summary of their comments follows below.

A. SOUTH EAST ASIAN AND ARABIC POPULATIONS

Most Pressing Health Issues

Representatives of both the South East Asian and Arabic populations indicated that the top five health care concerns of their communities mirrored those of the survey with these issues including high blood pressure, high cholesterol, diabetes, obesity, lack of exercise and sedentary lifestyles. The major difference, however, was the language barrier.

- *"Well, language barrier, education, social networks, economic status all play a part . . . even globally, ... language barrier and socioeconomic status puts someone at greater risk."*

It was also mentioned that South East Asians often present to a specialist with significant disease or at a later disease stage because they put off screenings and testing out of fear of delays (long wait times) or that something will be found that requires additional treatment.

- *"There is a significant fear of the unknown and a fear of being a burden . . . maybe because it's such a close family environment." They think, "Oh, my God, it's going to hurt everyone if something happens to me."*
- *"I think it's not just fear of the disease but fear of the expense and the financial burden."*
- *"Skepticism is a big problem also. They'll go to multiple doctors. They're looking around for the answer that they want to hear."*

While representatives see positive changes in their communities with respect to an increasing awareness of patients' understanding of their disease (South East Asian) and attitudes about women changing (Arabic), language continues to be a major barrier.

- *"Accessibility to physicians can be improved a bit but I think the biggest things that patients are looking for are doctors who speak their language. And, I think that's one of the biggest barriers. So, it's not just doctors with low wait times, but a doctor who speaks Arabic with low wait times."*

Needed Services and Barriers

Services such as nutritional and dietary counseling services offered in the major languages spoken in the community were among services that were mentioned as difficult to obtain for the general population, as well as for Arabic populations. Programs promoting physical activity or cardiac rehab were mentioned as services that are also needed to engage the South East Asian community in physical activity.

Mental health services were seen as a service that was missing both for the community in general and especially for the Medicaid HMO population.

- *"We do have a lot of Arabic patients that have Medicaid HMOs, that's another very, very hard thing to find for my patients – psychiatrists, therapists that take their insurance and speak Arabic."*

- *"Overall, anxiety and depression are the two biggest behavioral health issues. The Arabic community isn't immune to substance abuse, but I haven't seen it as much compared to other communities. It may be shifting a bit with the times, but it's not talked about. Females will open up more about depression and anxiety, but males not as much. . . . I think it's a mix of stigma, but access is the bigger issue."*

Specialists with few to no Arabic speaking physicians were said to include cardiologists, gastroenterologists, gynecologists and dermatologists.

Many people find transportation a barrier due to the City's dense population. A two-mile distance can result in a 45 minute to an hour commute. Transportation was mentioned as a barrier both for the South East Asian population as well as the Arabic population.

- *"After the first question, do they take my insurance, is do they speak Arabic? And then, after that, are they in Jersey City."*

Insurance or lack of insurance and co-pays and deductibles were also mentioned as barriers to the receipt of care.

- *"A lot of them are poor and have Medicaid and then there is a population, of maybe 15%, who are working class and are not eligible for Medicaid but don't have insurance through their work."*
- *"They don't understand that 20% is their liability now and that's something they aren't used to, and they don't understand why they have to pay it."*

Other barriers mentioned included the lack of evening hours, the cost of eating healthy, prescription costs, and sedentary lifestyles.

- *"I try to tell my diabetic patients that other than sugar you have to avoid in the form of desserts and soda, you also have to watch your pasta, rice and bread. They'll say, Doc, I'm Egyptian what do you mean?"*
- *"I would say younger people are more compliant, especially if they are educated. People in their sixties and seventies are less compliant. So, for them to change dietary habits is almost impossible. . . . My mother is 72 and if I tell her to go exercise or join a yoga class, she is not going to do it . . . if the weather is nice, she might walk to the temple."*
- *"The cost of healthy foods is also an issue. Medication costs are also a problem, and coverage tends to be a barrier across-the-board, especially for Medicaid HMO patients."*
- *"A lot of patients are working class and it's hard for them to see a doctor during the day."*

Patient care and paperwork burdens were also mentioned as impacting the time physicians had to examine, diagnose and treat a patient, as well as discuss lifestyle changes.

- *"Do I spend more time evaluating, listening to his lungs, looking at the EKG and making a diagnosis, or do I spend 15 minutes discussing lifestyle changes? It's just as important, but then how do I tend to the 40 other patients waiting in the office and deal with their long wait times?"*

Outreach to Minority Populations

There was general agreement that reaching these groups: South East Asian/Indian and Arabic populations was best done through the places of worship – Temples, Mosques and churches, or within other social settings in their communities, i.e., community-sponsored health fairs. Respondents suggested printing ads in their language and providing some level of understanding of their culture whether it be in the food served in the hospital, or by having a special number to call where a hospital operator who speaks their language answer the call.

- *"I think a lot of things that would work for other populations would work for this population, whether it's a health fair or ads in the Arabic papers. Honestly, I think it's getting through to them through their language and in their communities. I think that's the best way to reach them."*
- *"One thing that we learned is that you can do as many outreaches; you can do camps; you can do as many breakouts or coffee/tea parties as you want, but you need to have an in-between from the community to the hospital. And that in-between has to be a center, a cultural center, that is equipped. So, rather than a patient navigating a hundred places, going to see primary, going to see endo., etc. You could have a center for South East Asian populations to come in to see the doctor and get a baseline. All they have to do then is come in quarterly and give us an update. How do you feel? What's lacking? Is your primary doing what is needed? Are you missing anything? Can we offer you anything?"*
- *"Ideally, what you need to do is look at the 5 top ethnicities in terms of disease burden and open up a single center to screen, evaluate them and guide them in the right direction, and move the patients through the health care system according to their benefits."*

To date, the South East Asian community has been engaged through a grassroots community outreach effort (Red Sari) aimed at mosques, temples, shops, social clubs, senior centers, local shops and restaurants. These venues have hosted events for speakers, dances, etc., and restaurant owners have been engaged to offer healthier menu selections.

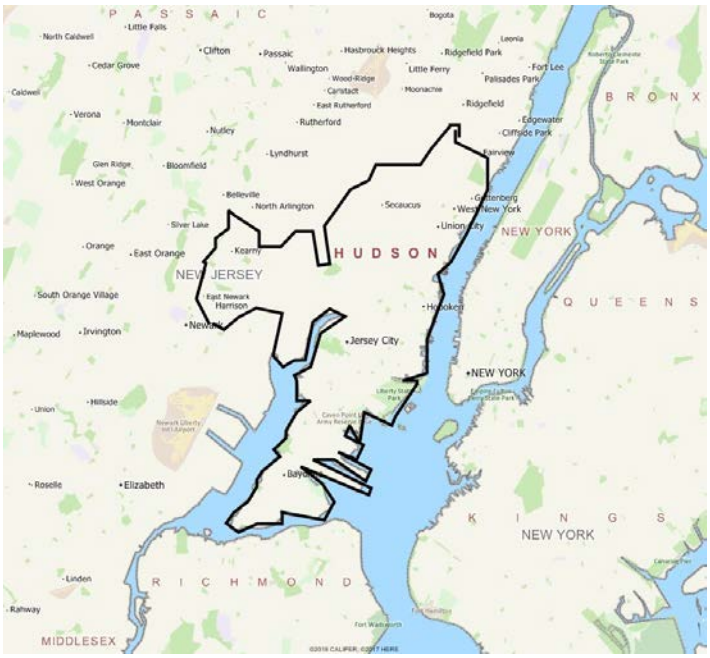
- *"The South East Asian community has a place where they live, a place where they shop. And, the business owners and restaurant owners engage with this community on a daily basis. So, we engage them, and they help us engage the community. Then there are places of worship and senior centers. So, we engage these leaders who engage their members and then we spread the word. . . . So, what we want to do . . . is to start to monitor the effect of change or behavioral changes . . . use a population-based intervention to monitor the effects . . . measure outcomes every three months over a year so that we can show that the intervention works in reducing the burden of disease by X%."*

Leaders of the Red Sari effort believe to have a greater impact they need a center that could provide basic health services and navigators to assist patients obtain the services they need to stay healthy, and gather baseline data and follow-up data to measure the change these interventions have on the community's health.

5. HUDSON COUNTY/SERVICE AREA HEALTH PROFILE

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

A. HUDSON COUNTY OVERVIEW



Hudson County encompasses a land mass of 62 square miles and is comprised of 12 municipalities: Bayonne, East Newark, Guttenberg, Harrison, Hoboken, Jersey City, Kearny, North Bergen, Secaucus, Union City, Weehawken, and West New York. As of 2018, Hudson County was the fastest growing county in New Jersey, with an estimated population of 685,956. Hudson is the most densely populated county in the state and the sixth most densely populated county in the United States. As of the 2010 census, Union City is the most densely populated in the country. Over one-third of Hudson County residents live in its most populous municipality, Jersey City. Much of the county lies between the Hackensack and Hudson Rivers on a geographically long narrow peninsula. Ellis Island and Liberty Island, opposite Liberty State Park, are entirely within Hudson County's waters, which extend to the New York state line.

The municipalities within the County are diverse, encompassing large urban communities. Hudson County is a major port of entry for immigration to the United States and a major employment center at the approximate core of the New York City metropolitan region, given its proximity to Manhattan. The County has a robust and growing demographic and cultural diversity with respect to metrics including nationality, religion, race, and domiciliary partnership. Cuba, Dominican Republic, Ecuador, Philippines, and India are the five most common nations of birth for foreign-born Hudson County residents. North Hudson has the second largest Cuban-American population in the United States behind Miami, and Jersey City is the 21st-most ethnically diverse city in the United States and the most ethnically diverse on the East Coast of the United States.

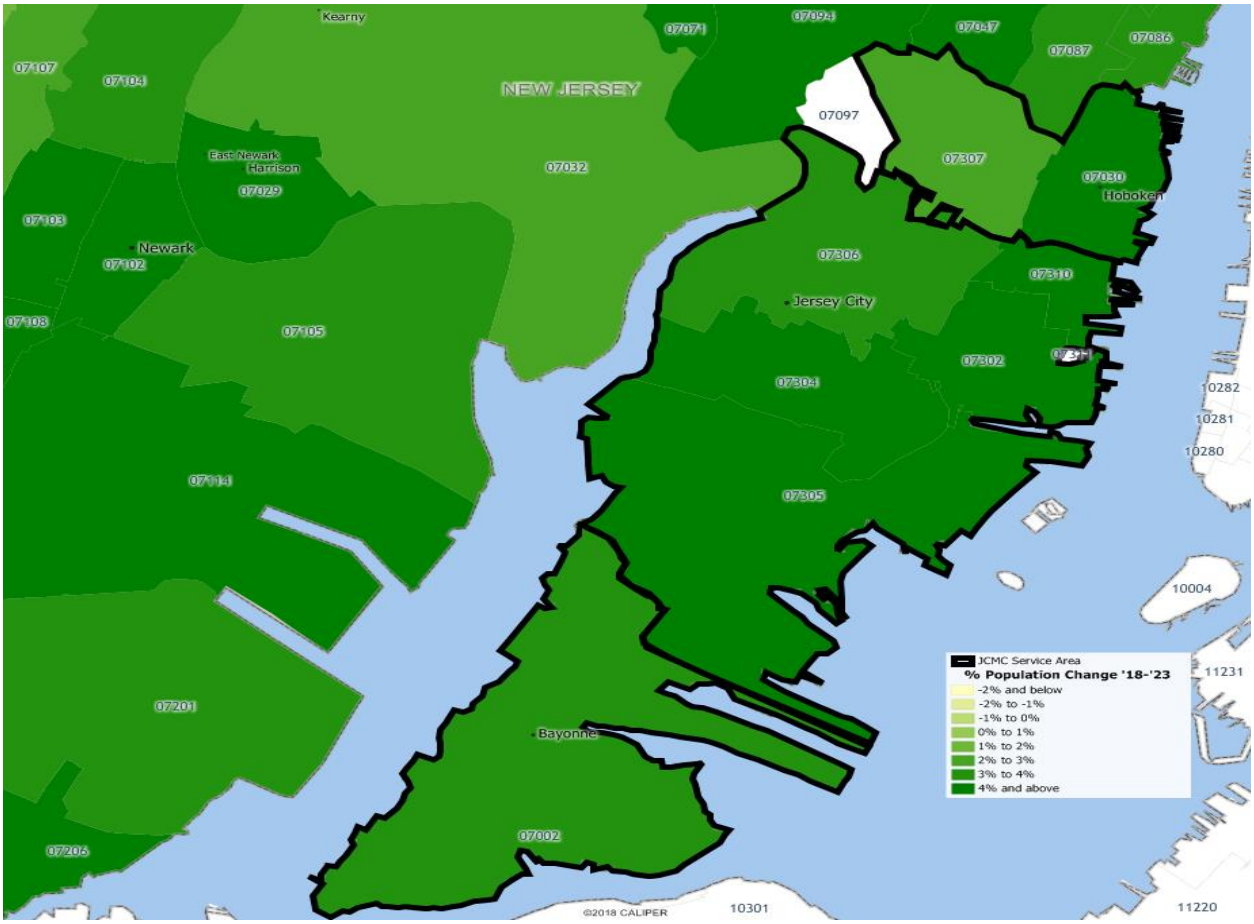
Jersey City Medical Center (JCMC), located in Jersey City, New Jersey, is one of six acute care hospitals operating in Hudson County.[13]

13 http://www.nj.gov/health/rhc/finalreport/documents/appendix_3.pdf

B. JCMC SERVICE AREA OVERVIEW

Between 2010 and 2018, the population of the JCMC Service Area grew 10.5%; faster than Hudson County (8.1%) and New Jersey (2.0%). By 2023, the Service Area population is expected to grow another 4.4% to 234,977.

Population Change in JCMC Service Area
2018-2023



* Source: Claritas Population Estimates 2018, 2023

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

	GEOGRAPHIC AREA										
AGE COHORT	New Jersey	Hudson County	JCMC Service Area	Bayonne (07002)	Hoboken (07030)	Jersey City (07302)	Jersey City (07304)	Jersey City (07305)	Jersey City (07306)	Jersey City (07307)	Jersey City (07310)
0-17	1,924,893	154,440	52,538	14,597	10,908	9,301	11,543	16,286	11,945	10,712	3,463
% of Total	21.19%	21.76%	22.36%	21.49%	18.47%	19.50%	24.66%	24.33%	21.23%	23.20%	20.07%
% Change '18-'23	-1.87%	7.87%	9.07%	4.63%	17.64%	17.10%	6.81%	5.17%	7.04%	5.10%	24.75%
18-44	3,063,151	283,544	98,079	23,907	31,101	22,589	17,755	24,825	23,157	18,004	9,753
% of Total	33.72%	39.94%	41.74%	35.19%	52.67%	47.35%	37.94%	37.08%	41.16%	38.99%	56.54%
% Change '18-'23	-0.71%	-5.14%	-4.25%	-3.19%	-6.68%	-5.49%	-3.57%	-2.29%	-5.92%	-6.80%	-3.45%
45-64	2,440,092	175,768	55,740	17,706	12,672	11,383	11,375	16,209	13,530	11,351	3,243
% of Total	26.86%	24.76%	23.72%	26.07%	21.46%	23.86%	24.30%	24.21%	24.05%	24.58%	18.80%
% Change '18-'23	-1.87%	7.60%	9.75%	-0.58%	27.72%	22.87%	4.25%	3.34%	6.53%	4.58%	45.49%
65+	1,656,700	96,127	28,620	11,719	4,369	4,436	6,130	9,629	7,633	6,106	792
% of Total	18.24%	13.54%	12.18%	17.25%	7.40%	9.30%	13.10%	14.38%	13.57%	13.22%	4.59%
% Change '18-'23	15.44%	19.68%	21.19%	18.95%	19.99%	26.31%	23.07%	18.44%	19.64%	20.67%	29.41%
All Ages	9,084,836	709,879	234,977	67,929	59,050	47,709	46,803	66,949	56,265	46,173	17,251
% of Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
% Change '18-'23	1.30%	3.52%	4.43%	2.44%	5.14%	6.93%	3.75%	3.46%	2.57%	1.65%	9.75%
Female 15-44	1,677,665	147,470	51,329	12,986	15,750	11,332	9,883	14,020	11,313	9,423	4,781
% of Total	18.47%	20.77%	21.84%	19.12%	26.67%	23.75%	21.12%	20.94%	20.11%	20.41%	27.71%
% Change '18-'23	-1.21%	-4.41%	-3.63%	-3.83%	-4.67%	-3.37%	-3.51%	-3.62%	-5.03%	5.63%	-1.06%

Source: Claritas Population Estimates 2018, 2023

C. SOCIAL DETERMINANTS OF HEALTH

Social determinants of health include socioeconomic and environmental factors which influence health outcomes, disparities in health, equity in health care, and are important tools to assess health at the local level. *Healthy People 2020* provides a framework for assessing social determinants of health across five topic areas: economic stability; education; social and community context; health and health care; and, neighborhood and built environment.

While home to New Jersey's new gold coast, there are a large number of residents of Hudson County and JCMC Service Area that face many socioeconomic challenges that may have consequences for health and health care in the region.[14]

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

1. Socioeconomic Status

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

Income, Poverty, and Unemployment

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

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

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

Hudson County

Although Hudson County has affluent areas, concentrations of poverty exist in many areas.

- In 2018, the median household income in Hudson County was $66,036, more than $12,000 below the State median of $78,317
- In 2016, Hudson County had a higher percentage of people living below the federal poverty level than statewide, 17.4% and 10.9%, respectively. [15]
- Between 2014 and 2016, unemployment throughout New Jersey declined. In 2016, the Hudson County unemployment rate was 5.6%, a decrease of 1.5 percentage points from 2014, but higher than the New Jersey unemployment rate of 5.2%.[16]

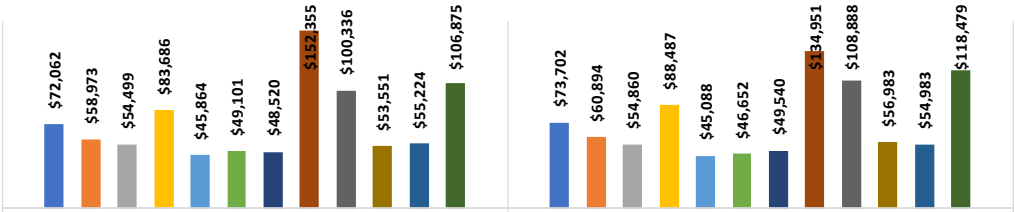
15 Ibid.

16 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

JCMC Service Area

- The 2016 median household income of Jersey City 07306 residents ($49,540) was less than the statewide figure ($73,702).
    - In the JCMC Service Area, Jersey City 07310 had the highest median household income at $134,951, while Jersey City 07304 had the lowest ($45,088).

Median Household Income
State and County Comparisons – 2014-2016



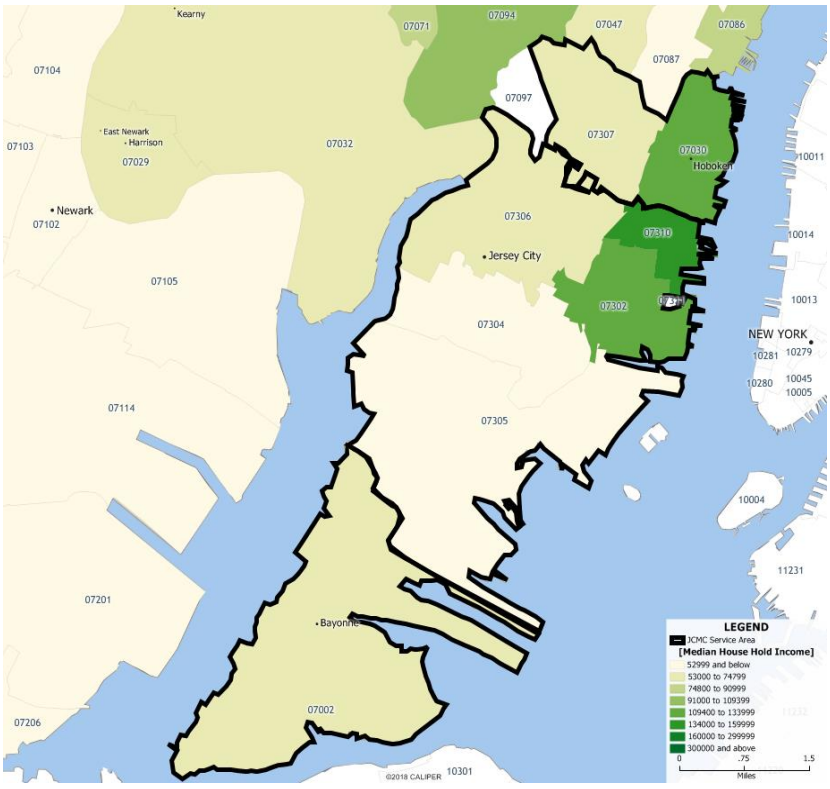
	2014	2016
New Jersey	$72,062	$73,702
Hudson County	$58,973	$60,894
Essex County	$54,499	$54,860
Bergen County	$83,686	$88,487
Jersey City (07304)	$45,864	$45,088
Jersey City (07305)	$49,101	$46,652
Jersey City (07306)	$48,520	$49,540
Jersey City (07310)	$152,355	$134,951
Jersey City (07302)	$100,336	$108,888
Jersey City (07307)	$53,551	$56,983
Bayonne (07002)	$55,224	$54,983
Hoboken (07030)	$106,875	$118,479

Source: United States Census 2016 5 Year ACS Estimates

- Median household income showed increases in all areas in 2018.

Median Household Income, 2018
Hudson County

HOUSEHOLD INCOME (2018*)	
GEOGRAPHIC AREA	MEDIAN
New Jersey	$78,317
Hudson County	$66,036
07302 Jersey City	$118,310
07304 Jersey City	$47,908
07305 Jersey City	$48,778
07306 Jersey City	$55,269
07310 Jersey City	$142,400
07307 Jersey City	$60,832
07002 Bayonne	$58,426
07030 Hoboken	$131,528

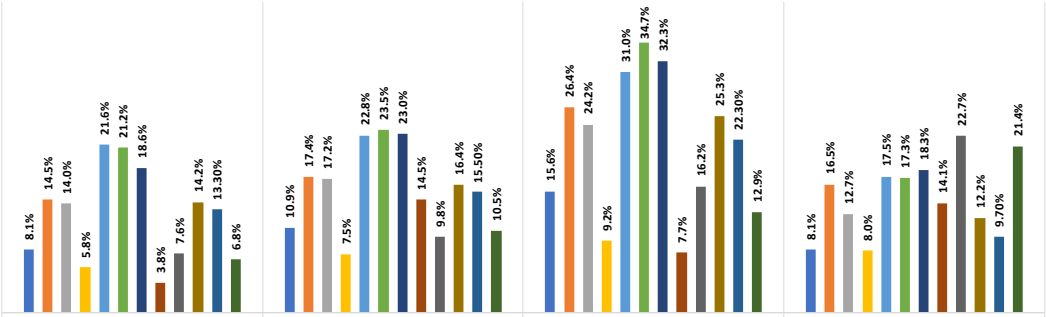


Source: Claritas 2018 Estimates

In 2016, the percent of families living in poverty in Hudson County (14.5%) was higher than the State (8.1%).[17]

  - In 2016, 22.8% of people and 21.6% of families were living in poverty in Jersey City 07304. The percentage of children in poverty was 31%.
- In 2016, there was a wide range of percentages of families living in poverty across select Jersey City zip codes:[18]
  - 07310: 3.8%
  - 07304: 21.6%
  - 07306: 18.6%
  - 07302: 7.6%
- Jersey City's 07304 percent of families living in poverty is nearly triple the New Jersey percentage (8.1%).

Income Below Federal Poverty Level
State and County Comparisons, 2016



	Families	People	Children	Seniors
New Jersey	8.1%	10.9%	15.6%	8.1%
Hudson County	14.5%	17.4%	26.4%	16.5%
Essex County	14.0%	17.2%	24.2%	12.7%
Bergen County	5.8%	7.5%	9.2%	8.0%
Jersey City (07304)	21.6%	22.8%	31.0%	17.5%
Jersey City (07305)	21.2%	23.5%	34.7%	17.3%
Jersey City (07306)	18.6%	23.0%	32.3%	18.3%
Jersey City (07310)	3.8%	14.5%	7.7%	14.1%
Jersey City (07302)	7.6%	9.8%	16.2%	22.7%
Jersey City (07307)	14.2%	16.4%	25.3%	12.2%
Bayonne (07002)	13.30%	15.50%	22.30%	9.70%
Hoboken (07030)	6.8%	10.5%	12.9%	21.4%

Source: United States Census 2016 5 Year ACS Estimates

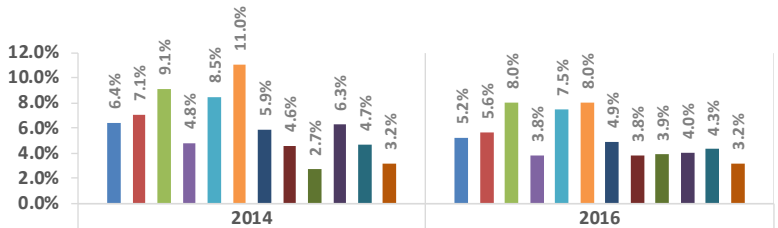
Unemployment

- In 2016, the unemployment rate for Hudson County (5.6%) was slightly above the statewide rate (5.2%).
- The Hudson County unemployment rate declined 1.5 percentage points between 2014-2016.
- In 2016, Jersey City's 07305 unemployment rate was 8.0%, a decrease from 11.0% in 2014, but higher than the Hudson County rate of 5.6%, and the State rate of 5.2%.[19]

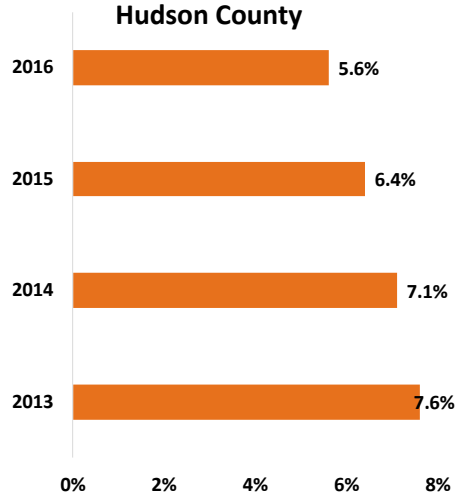
17 United States Census Bureau American Community Survey 2014
http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_DP03&prodType=table
18 United States Census Bureau American Community Survey 2014
19 Ibid.

- In 2016, the Jersey City 07302 unemployment rate was 3.9%, up from 2.7% in 2014, but was lower than the Hudson County unemployment rate of 5.6%.[20]
- In 2016, the Jersey City 07304 unemployment rate was 7.5%, a decrease from 8.5% in 2014.

Unemployment
State and County Comparisons, 2014-2016



	2014	2016
New Jersey	6.4%	5.2%
Hudson County	7.1%	5.6%
Essex County	9.1%	8.0%
Bergen County	4.8%	3.8%
Jersey City (07304)	8.5%	7.5%
Jersey City (07305)	11.0%	8.0%
Jersey City (07306)	5.9%	4.9%
Jersey City (07310)	4.6%	3.8%
Jersey City (07302)	2.7%	3.9%
Jersey City (07307)	6.3%	4.0%
Bayonne (07002)	4.7%	4.3%
Hoboken (07030)	3.2%	3.2%



Source: United States Census 201320142016 5 Year ACS Estimates

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

National Benchmark: 3.2%
Hudson County 2016: 5.6%

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

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

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

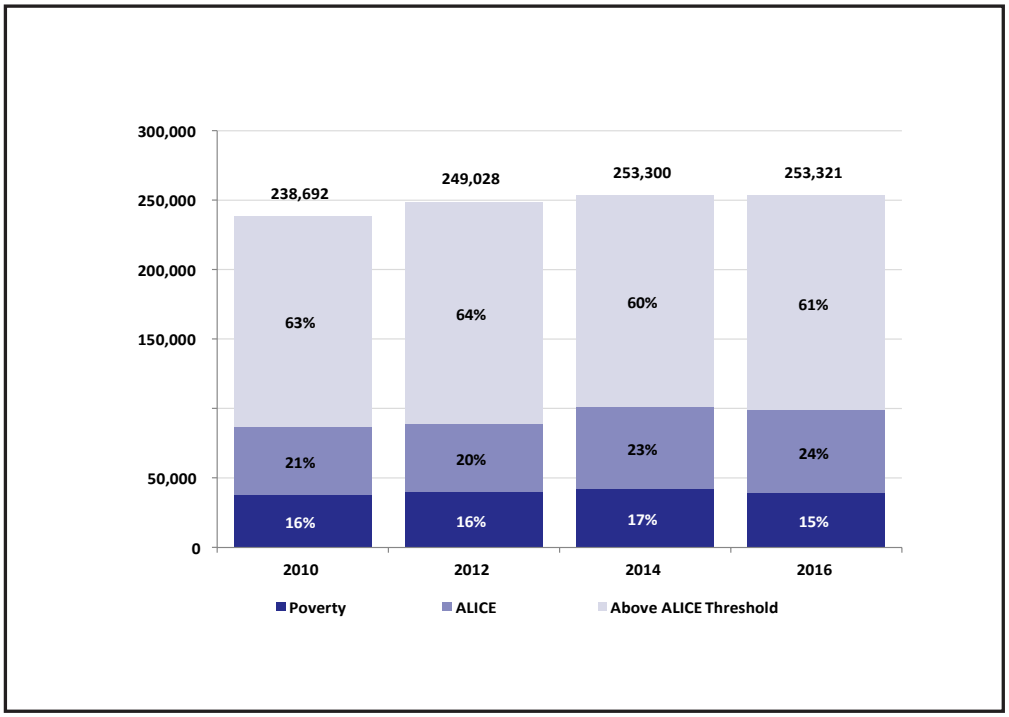
Asset Limited Income Constrained Employed Project

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

To ascertain the number of households that may be struggling due to the high cost of living in New Jersey we turned to the United Way's ALICE (Asset Limited Income Constrained Employed project)[21] to get a better idea of the number of households that earn more than the Federal Poverty Level but less than the basic cost of living in Hudson County. As shown in the chart below, the Alice Threshold (AT) combined the number of households in poverty and ALICE households equals the population struggling to afford basic needs. In Hudson County, this percentage amounts to 39% (2016).

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

Households by Income, 2010 to 2016
Hudson County



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

The United Way's analysis shows ALICE households in Hudson County may earn above the Federal poverty level for a single adult, $11,880, or $24,300 for a family of four, but less than the household survival budget for Hudson County.

Household Survival Budget, Hudson County		
	SINGLE ADULT	2 ADULTS, 1 INFANT, 1 PRESCHOOLER
Monthly Costs		
Housing	$1,076	$1,460
Child Care	$–	$1,250
Food	$182	$603
Transportation	$116	$186
Health Care	$196	$727
Technology	$55	$75
Miscellaneous	$198	$492
Taxes	$360	$618
Monthly Total	$2,183	$5,411
ANNUAL TOTAL	$26,196	$64,932
Hourly Wage	*$13.10*	*$32.47*

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

There appears to be wide differences among municipalities in Hudson County in terms of the percentage of households living in poverty or at the ALICE threshold. More than 40% of residents in Jersey City had incomes at the Federal poverty level or at the ALICE threshold.

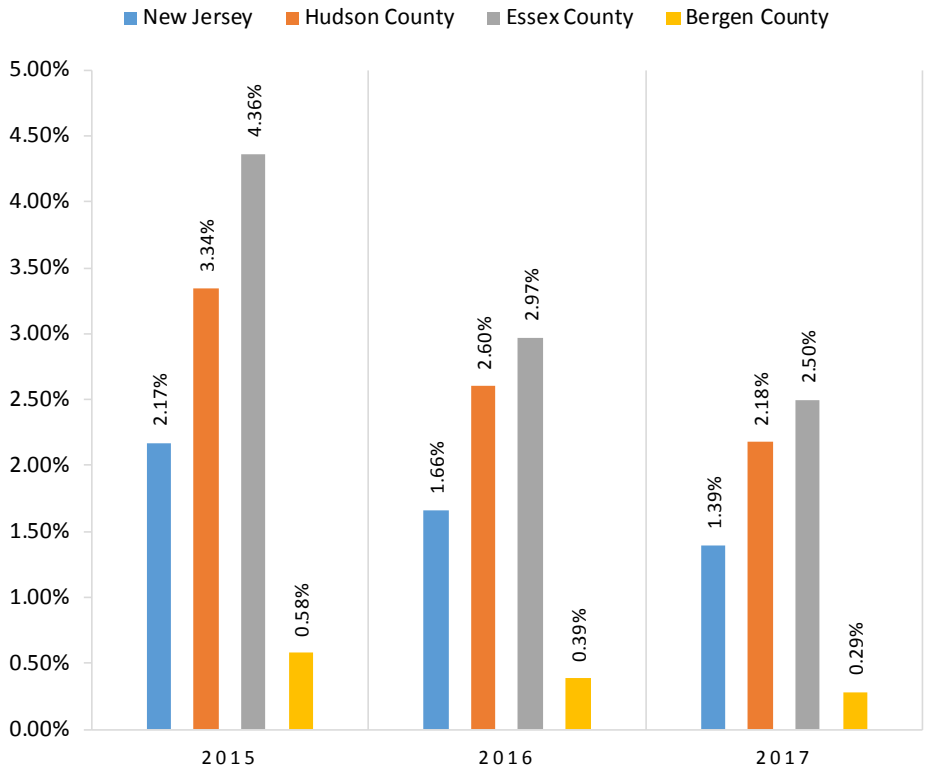
Hudson County, 2016		
Town	Total HH	% ALICE & Poverty
Bayonne	25,377	44%
East Newark	830	41%
Guttenberg	4,551	44%
Harrison	5,413	41%
Hoboken	25,063	20%
Jersey City	99,612	42%
Kearny	13,617	39%
North Bergen	21,644	45%
Secaucus	6,905	22%
Union City	23,675	55%
Weehawken	5,958	32%
West New York	19,048	49%

Temporary Assistance Needy Families (TANF)

In order to qualify for TANF in New Jersey, applicants must comply with all requirements of Work First New Jersey. This includes signing over rights of child support payments, helping to establish paternity of children, cooperating with work requirements and applying for all assistance programs for which a household may be eligible. Additionally, eligible applicants must meet income and resource guidelines.[22]

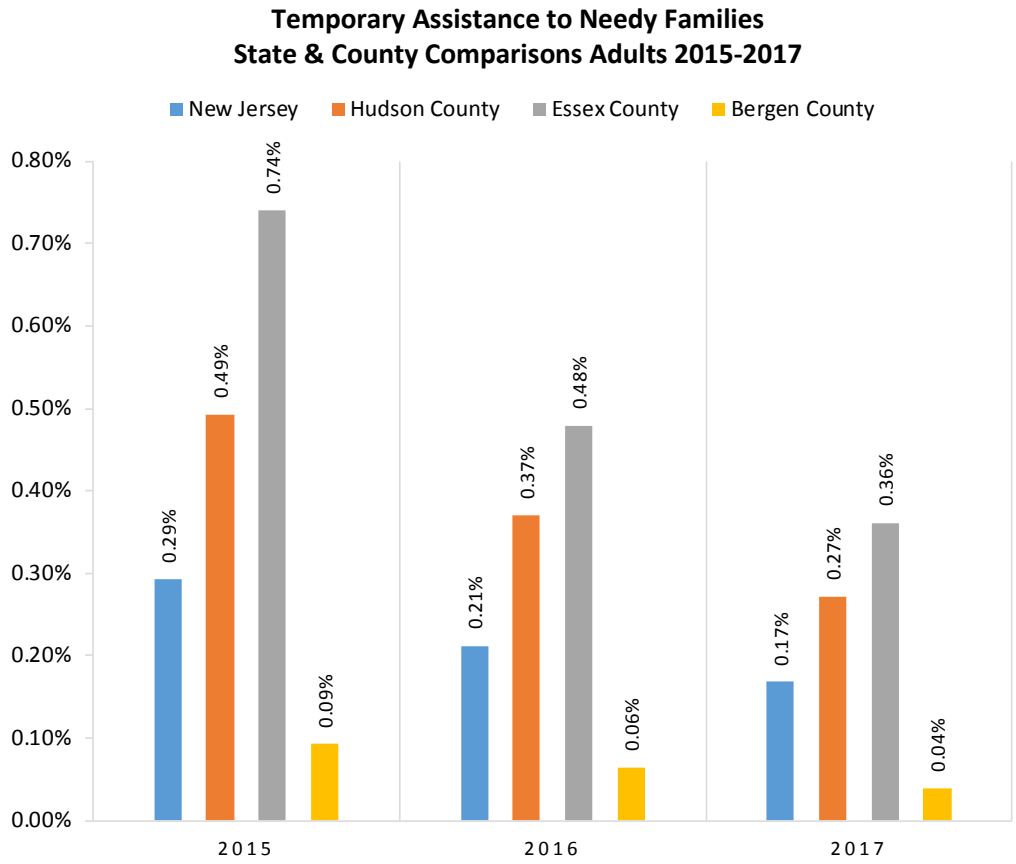
- As of December 2017, 2.2% of Hudson County children were receiving Work First NJ/TANF benefits, nearly double the statewide rate (1.4%); Hudson County ranks in the middle quartile in New Jersey.
- As of December 2017, 0.27% of Hudson County adults were receiving Work First NJ/TANF benefits, more than statewide (0.17%).
- Between 2015 and 2017, the percentage of adults and children receiving WFNJ/TANF benefits declined by 45% and 35%, respectively.

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



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

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



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

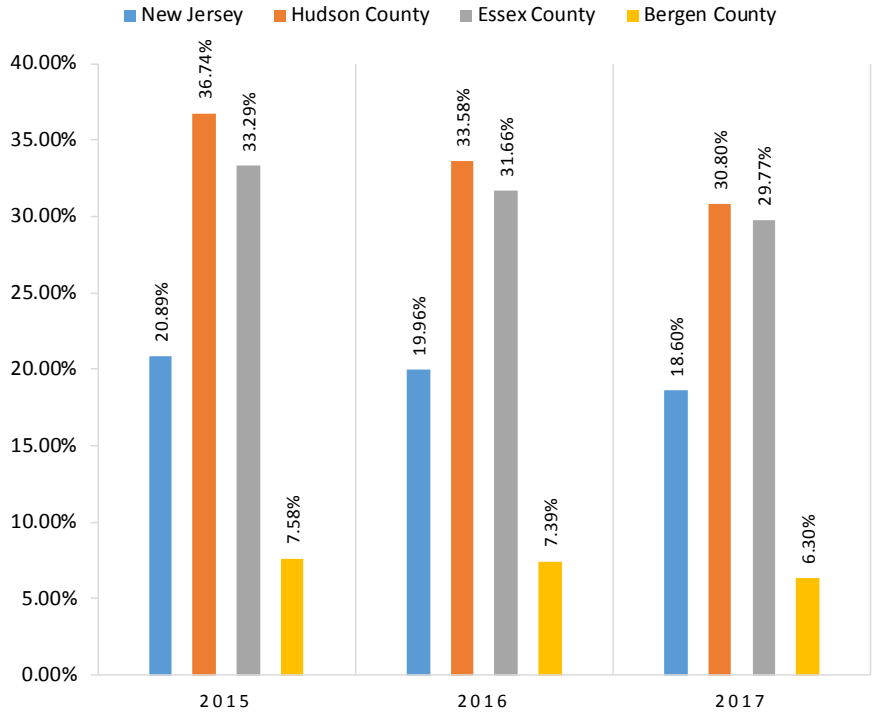
Supplemental Nutrition Assistance Program (SNAP)

SNAP offers nutrition assistance to millions of eligible, low-income individuals and families. The Food and Nutrition Service works with State agencies, nutrition educators and neighborhood and faith-based organizations to ensure that those eligible for nutrition assistance make informed decisions and access benefits.[23]

- In 2017, 64.6% more Hudson County children (30.8%) use SNAP benefits than children Statewide (18.6%).
- In 2017, 40.8% more Hudson County adults (9.8%) use SNAP benefits than throughout the State (5.8%).
- Between 2015 and 2017, Hudson County experienced a 19.0% decline in the percentage of adults and a 16.2% decline in the percentage of children receiving SNAP benefits.
- The percentage of Hudson County children receiving SNAP benefits ranks in the worst performing quartile among all counties.
- The percent of Hudson County adults receiving SNAP benefits ranks in the middle quartile.

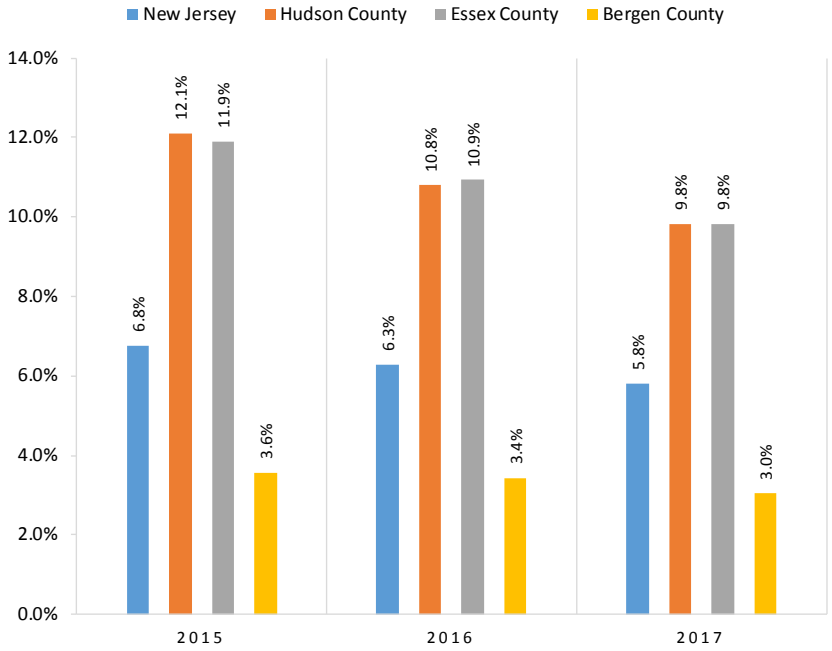
[23] *http://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap*

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



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

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



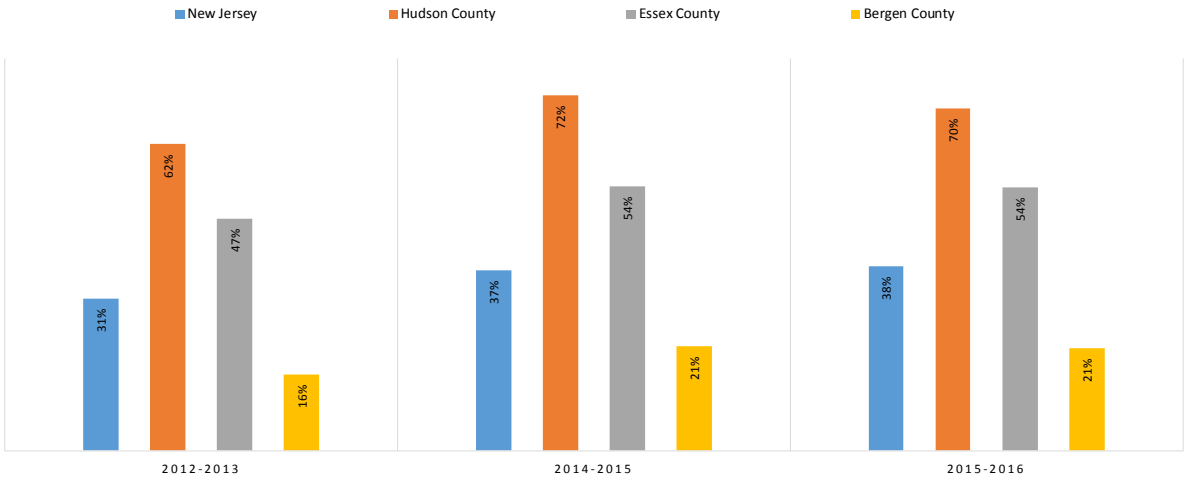
Source: http://www.nj.gov/humanservices/dfd/news/cps_dec17.pdf

Children Eligible for Free Lunch

Public schools nationwide and across New Jersey have free lunch programs for children living at or near poverty. New Jersey requires public schools serve school lunches meeting at least one-third of recommended dietary allowances. According to the National School Lunch Program, the objective is "to provide a nutritious, well-balanced lunch for children in order to promote sound eating habits, to foster good health and academic achievement and to reinforce the nutrition education taught in the classroom."[24]

- The percentage of children eligible for free lunch increased throughout New Jersey, Hudson, Essex, and Bergen Counties between 2012-2013 and 2015-2016.
- Hudson County reported an 8 percentage point increase in students eligible for free lunch from 62% during the 2012-2013 school years to 70% in 2015-2016 school years.
- Hudson County is within the worst performing quartile compared to of all New Jersey counties for free school lunch eligibility.

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



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

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

National Benchmark: 33.0%
Hudson County 2016: 70.0%

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

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

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

2. Education

People with higher levels of educational attainment tend to have lower morbidity rates from acute and chronic diseases, independent of demographic and labor market factors. Life expectancy is increasing in the United States, yet differences have become more pronounced between those with and without a college education. The mechanisms by which education influences health are complex and likely include interrelationships between demographic and family background indicators, effects of poor health in childhood, greater resources associated with higher levels of education, a learned appreciation for the importance of good health behaviors, and one's social networks.[25] The ability to communicate in English is also a key part of educational competence.

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

Hudson County

- In 2016, 16.6% of Hudson County residents did not graduate from high school, 5.5 percentage points higher than New Jersey at 11.1%.[26] This represents an improvement from 17.4% of County residents and 11.6% statewide that did not graduate from high school as reported in the previous CHNA.

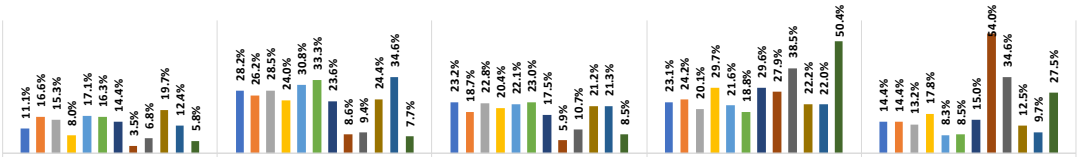
25 National Poverty Center Policy Brief #9 Education and Health 2007 http://www.npc.umich.edu/publications/policy_briefs/brief9/
26 United States Census Bureau American Community Survey 2014

- In 2016, 38.6% of Hudson County residents earned a bachelor's degree or higher.[27] This represents an improvement from 23.3% of County residents that earned a bachelor's degree or higher as reported in the previous CHNA.

JCMC Service Area

- In 2016, 16.6% of county residents did not complete high school, higher than the statewide percentage (11.1%).
- In 2016, 3.5% of Jersey City 07310 residents did not complete high school, less than the statewide percentage (11.1%).
- In 2016, the percent of Hudson County residents with the highest level of education was equal to the statewide rate.

Educational Attainment
State & County Comparisons, 2016



	No High School Diploma	High school graduate (includes equivalency)	Some College/associate's degree	Bachelor's degree	Graduate or professional degree
New Jersey	11.1%	28.2%	23.2%	23.1%	14.4%
Hudson County	16.6%	26.2%	18.7%	24.2%	14.4%
Essex County	15.3%	28.5%	22.8%	20.1%	13.2%
Bergen County	8.0%	24.0%	20.4%	29.7%	17.8%
Jersey City (07304)	17.1%	30.8%	22.1%	21.6%	8.3%
Jersey City (07305)	16.3%	33.3%	23.0%	18.8%	8.5%
Jersey City (07306)	14.4%	23.6%	17.5%	29.6%	15.0%
Jersey City (07310)	3.5%	8.6%	5.9%	27.9%	54.0%
Jersey City (07302)	6.8%	9.4%	10.7%	38.5%	34.6%
Jersey City (07307)	19.7%	24.4%	21.2%	22.2%	12.5%
Bayonne (07002)	12.4%	34.6%	21.3%	22.0%	9.7%
Hoboken (07030)	5.8%	7.7%	8.5%	50.4%	27.5%

Source: United States Census 2016 5 Year ACS Estimates

Healthy People 2020

Baseline: 89.0 %
Target: 97.9%
Hudson County 2016: 83.4%

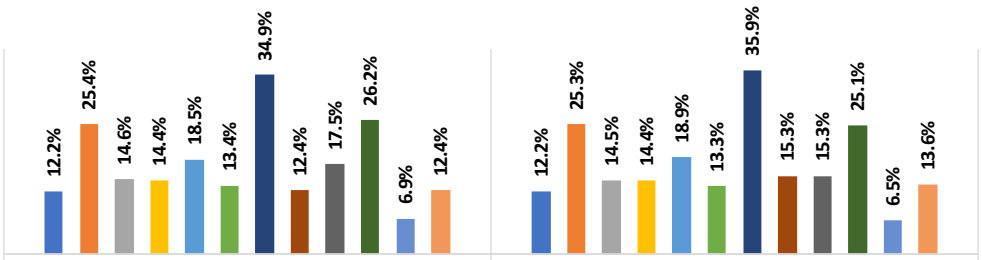
Limited English Proficiency

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

27 Ibid.

- In 2016, the percentage of Limited English Proficiency (LEP) individuals in Hudson County (25.3%) was more than double the rate in New Jersey.

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



	2014	2016
New Jersey	12.2%	12.2%
Hudson County	25.4%	25.3%
Essex County	14.6%	14.5%
Bergen County	14.4%	14.4%
Jersey City (07304)	18.5%	18.9%
Jersey City (07305)	13.4%	13.3%
Jersey City (07306)	34.9%	35.9%
Jersey City (07310)	12.4%	15.3%
Jersey City (07302)	17.5%	15.3%
Jersey City (07307)	26.2%	25.1%
Hoboken (07030)	6.9%	6.5%
Bayonne (07002)	12.4%	13.6%

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

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

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

3. Demographics

Age

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

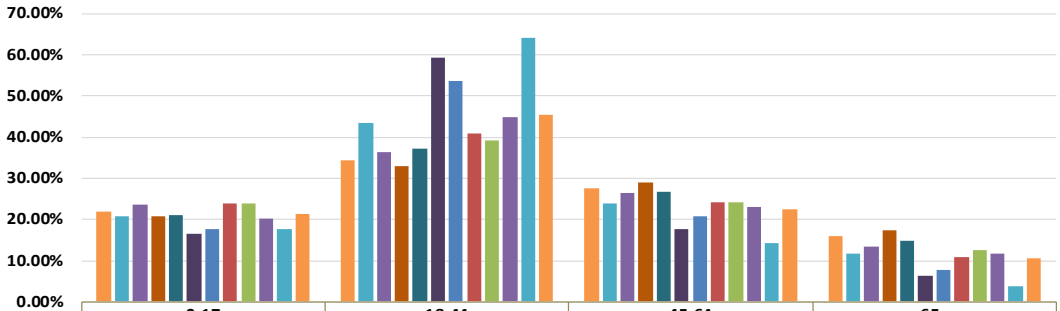
Hudson County

- Hudson County's population distribution is younger than the State, which may be one of the factors contributing to Hudson County's better performance in health outcomes.
- In 2016, 11.7% of Hudson County residents were seniors over 65 compared to 16.0% statewide.

JCMC Service Area

- The population distribution in the JCMC Service Area was younger than the State and the County.
- In 2016, 53.6% of Jersey City 07302 residents were 18-44, higher than the 43.6% in Hudson County and 34.4% in New Jersey.
- In 2016, 24% of Jersey City 07304 residents were 0-17, higher than 20.9% in Hudson County and 21.9% in New Jersey.

Population by Age Cohort
State & County Comparisons



	0-17	18-44	45-64	65+
New Jersey	21.87%	34.40%	27.73%	16.00%
Hudson County	20.88%	43.59%	23.82%	11.71%
Essex County	23.72%	36.27%	26.51%	13.50%
Bergen County	20.72%	32.97%	29.02%	17.29%
Bayonne (07002)	21.04%	37.24%	26.86%	14.86%
Hoboken (07030)	16.5%	59.3%	17.7%	6.5%
Jersey City (07302)	17.8%	53.6%	20.8%	7.9%
Jersey City (07304)	24.0%	40.8%	24.2%	11.0%
Jersey City (07305)	23.9%	39.3%	24.2%	12.6%
Jersey City (07306)	20.3%	44.9%	23.2%	11.6%
Jersey City (07310)	17.7%	64.3%	14.2%	3.9%
JCMC Service Area	21.41%	45.52%	22.57%	10.50%

Source: Claritas 2016 Population Estimate

Ethnic and Racial Makeup

Racial and ethnic minorities receive lower quality healthcare than non-minorities, even when access-related factors such as insurance status and income are controlled. Sources of disparities are complex and rooted in historic and contemporary inequities, and involve many participants at several levels, including health systems administrative and bureaucratic processes, utilization managers, healthcare professionals, and patients.[28]

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

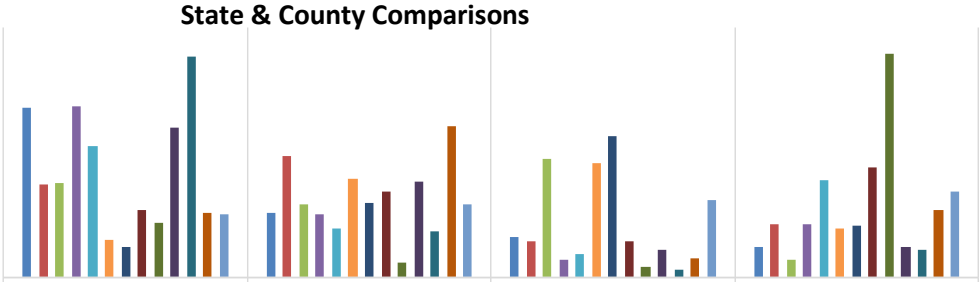
Hudson County

- In 2018, Hudson County had larger percentages of Hispanic and Asian populations than New Jersey.
    - 38.7% of the county population was Hispanic compared to 20.7% statewide.
    - 17.0% of the population was Asian compared to 9.9% statewide.
    - Whites were 29.7% of the county's population compared to 54.4% in New Jersey.

JCMC Select Service Area

- In 2018, 31.4% of Jersey City's 07302 population was Asian, higher than 9.9% in New Jersey.
- In 2018, 36.6% of Jersey City's 07304 population was Black, higher than 11.7% in Hudson County.
- In 2018, 48.7% of Jersey City's 07307 population were Hispanic/Latino compared to 38.7% in Hudson County and 20.7% in New Jersey.
- In 2018, 20.0% of the JCMC Service Area population was White, 23.4% was Hispanic, 24.9% was Black, and 27.7% was Asian.

Population by Race/Ethnicity
State & County Comparisons



	White	Hispanic	Black or African American	Asian
New Jersey	54.39%	20.65%	12.78%	9.88%
Hudson County	29.70%	38.70%	11.65%	17.00%
Essex County	30.27%	23.49%	37.77%	5.51%
Bergen County	54.94%	20.37%	5.47%	17.11%
Jersey City(07302)	42.18%	15.85%	7.30%	31.36%
Jersey City(07304)	11.80%	31.81%	36.55%	15.84%
Jersey City(07305)	9.75%	23.77%	45.28%	16.38%
Jersey City(07306)	21.70%	27.44%	11.74%	35.23%
Jersey City(07310)	17.39%	4.87%	3.56%	71.97%
Bayonne(07002)	48.09%	30.66%	8.78%	9.89%
Hoboken(07030)	71.03%	14.84%	2.44%	9.00%
Jersey City(07307)	20.82%	48.71%	5.85%	21.46%
JCMC Service Area	20.03%	23.38%	24.90%	27.72%

Source: Claritas 2018 Population Estimate

Population by Race/Ethnicity
Hudson County – Trend

Hudson county			
RACE / ETHNICITY	2010	2018	% Change
White (alone)	195,510	189,648	-2.99
Black / African American (alone)	71,315	73,013	2.38
Asian (alone)	83,825	106,456	27
Native American / Pacific Islander / Other Race (alone)	935	942	0.75
Two or More Races (alone)	10,401	13,218	27
Hispanic / Latino (of Any Race)	267,853	297,753	11.16

Source: Claritas 2018 Population Estimate

4. Social and Community Context

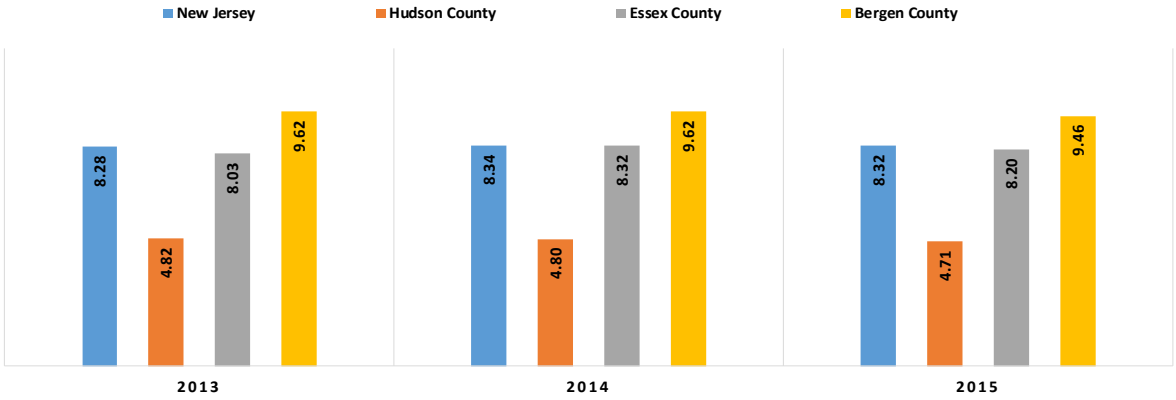
Social Associations

Social isolation can negatively impact health outcomes. Having a strong social network is associated with healthy lifestyle choices, positive health status, and reduced morbidity and mortality. Participation in community organizations can enhance social trust and a sense of belonging.[29] Social associations include structured membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, business and professional associations.

- Between 2013 and 2015, Hudson County had the lowest membership association rates compared to New Jersey, Essex and Bergen Counties.
- The membership association rate for Hudson County falls within the worst performing quartile compared to all 21 counties statewide.

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

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



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

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

National Benchmark: 22.1
Hudson County 2015: 4.7

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

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

5. Health and Health Care

Access to affordable quality health care is important to physical, social, and mental health. Health insurance helps individuals and families access needed primary care, specialists, and emergency care, but does not ensure access. It is also necessary for providers to offer affordable care, be available to treat patients and be near patients.[30]

Health Insurance

The expansion of Medicaid coverage and the Affordable Care Act's (ACA) coverage provisions, which began taking effect in 2010, helped decrease the nation's uninsured rate by 7.2 percentage points, from 16 percent in 2016. That translates into 20.4 million fewer people who lacked health insurance in 2016 compared to 2010. The uninsured rate is estimated to have increased to 15.5% in the first quarter of

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

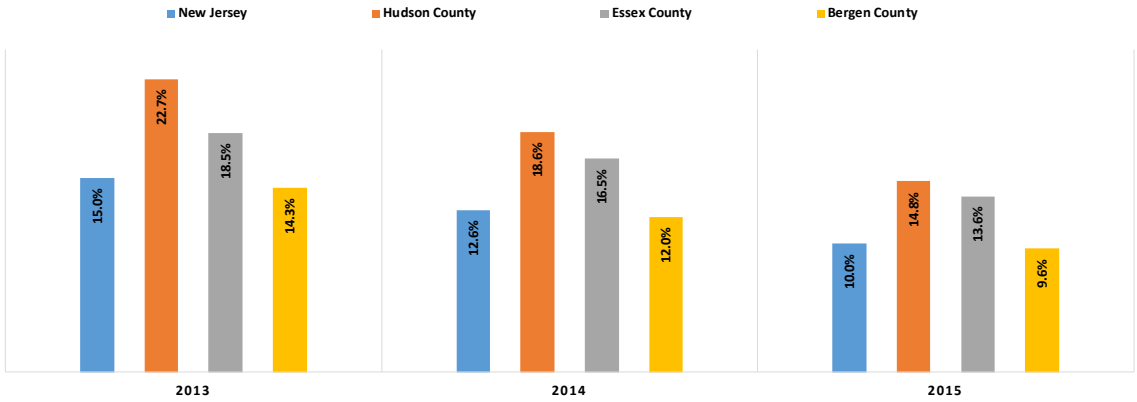
2018, meaning another 4 million lost coverage since 2016 due to changes in health policy and insurance offerings. The uninsured are less likely to have primary care providers than the insured; they also receive less preventive care, dental care, chronic disease management, and behavioral health counseling. Those without insurance are often diagnosed at later, less treatable disease stages than those with insurance and, overall, have worse health outcomes, lower quality of life, and higher mortality rates.

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

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

- Since 2013, the non-elderly population without health insurance in Hudson County has trended downward, decreasing from 22.7% in 2013 to 14.8% in 2015.
- From 2013 through 2015, Hudson County had consistently higher rates of non-elderly population without health insurance than statewide.
- In 2015, Hudson County's percentage of uninsured residents (14.8%) was higher than the ambitious *Healthy People 2020* target of no person without health coverage. Hudson County also had a higher percentage of individuals without insurance than the CHR Benchmark.

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



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

Baseline: 10.0%
Target: 0.0%
Hudson County 2015: 14.8%

National Benchmark: 6.0%
Hudson County 2015: 14.8%

Access to Care

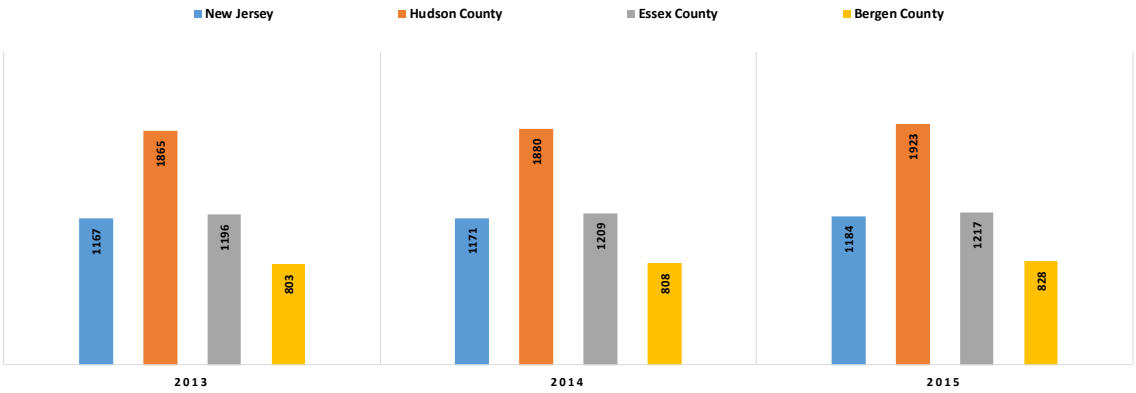
Access to affordable quality health care is important to ensuring physical, social, and mental health. Health insurance assists individuals and families to obtain primary care, specialists, and emergency care, but does not ensure access. Access to care goes beyond just insurance, it is also necessary for providers to offer affordable care, be available to treat patients and be near patients.[31]

Primary Care Physicians

Nationally, many areas lack sufficient providers to meet patient needs; as of June 2014, there are about 7,200 primary care, 5,000 mental health and 5,900 dental federally designated Health Professional Shortage Areas in the US. Having a usual primary care provider is associated with a higher likelihood of appropriate care and better outcomes. In 2017, 88% of Americans had a usual source of care, but those with low incomes are less likely to than those with higher incomes, and the uninsured are twice as likely as the insured to lack a usual care source.[32,33]

- Between 2013 and 2015, the ratio of population to physicians in Hudson County increased from 1,865:1 to 1,923:1.
- In 2015, the Hudson County ratio for primary care providers was worse than the CHR national benchmark (1,030:1).
- Hudson County performs in the worst performing quartile of all New Jersey counties for the ratio of population to primary care physicians.

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



Source: County Health Rankings – HRSA Area Resource File

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

National Benchmark: 1030:1
Hudson County 2015: 1923:1

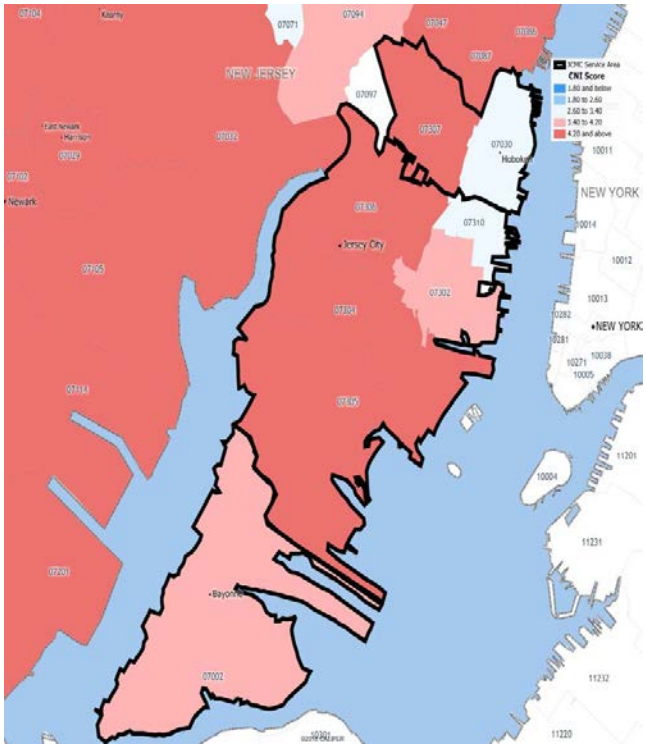
[31] http://www.countyhealthrankings.org/our-approach/health-factors/access-care
[32] http://www.countyhealthrankings.org/our-approach/health-factors/access-care
[33] http://www.cdc.gov/fastfactsaccesstohealthcare.htm

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

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

Community Need Index [34]

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



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

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

1. Income Barrier
   - Percentage of households below poverty line, with head of household age 65 or older
   - Percentage of families with children under 18 below poverty line
   - Percentage of single female-headed families with children under 18 below poverty line

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

2. Cultural Barrier
    - Percentage of population that is minority (including Hispanic ethnicity)
    - Percentage of population over age 5 that speaks English poorly or not at all
3. Education Barrier
    - Percentage of population over 25 without a high school diploma
4. Insurance Barrier
    - Percentage of population in the labor force, aged 16 or more, without employment
    - Percentage of population without health insurance
5. Housing Barrier
    - Percentage of households renting their home

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

Community Needs Index

	County	ZIP Code	ZIP Code Description	CNI Score
Highest CNI Score (Highest Need)	Hudson	07304	Jersey City	4.6
	Hudson	07093	West New York	4.6
	Hudson	07087	Union City	4.6
	Hudson	07305	Jersey City	4.4
	Hudson	07306	Jersey City	4.4
Lowest CNI Score (Lowest Need)	Hudson	07002	Bayonne	3.8
	Hudson	07094	Secaucus	3.6
	Hudson	07302	Jersey City	3.4
	Hudson	07310	Jersey City	3.2
	Hudson	07030	Hoboken	3.0

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

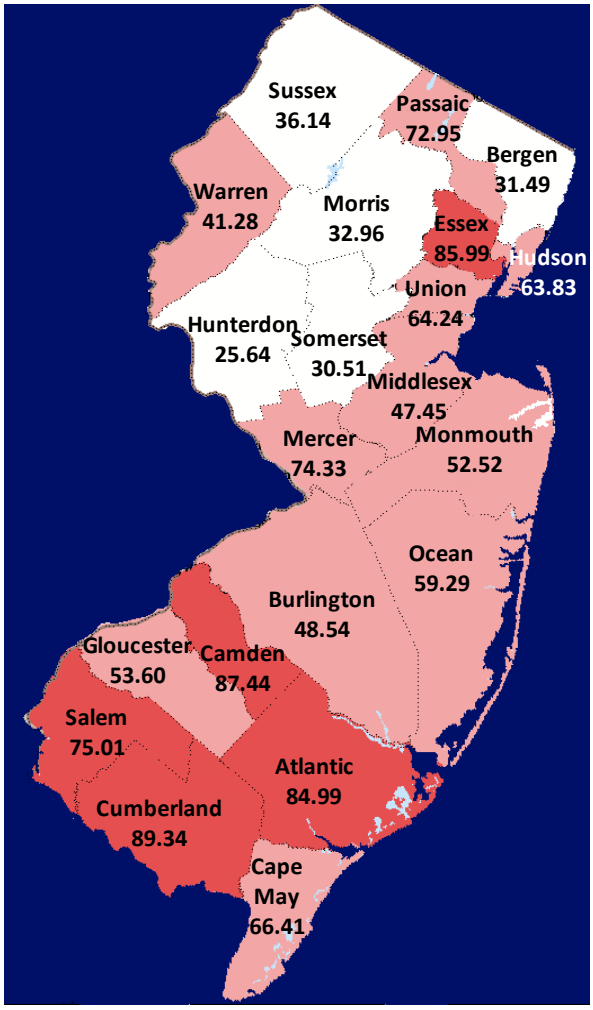
Jersey City 07304 had the highest CNI scores (4.6) indicating highest need in the Service Area, followed by West New York (4.6), Union City (4.6), Jersey City 07305 (4.4), and Jersey City 07306 (4.4). Conversely, Hoboken's score (3.0) represented the lowest CNI score in the Service Area, followed by Jersey City 07310 (3.2), Jersey City 07302 (3.4), Secaucus (3.6), and Bayonne (3.8).

Timeliness of Service

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

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

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



ED Utilization of Ambulatory Care Conditions

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

ED Utilization for Ambulatory Care Sensitive Conditions

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

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

- In 2016, Hudson County's ACSC ED visit rate (at 63.83/1,000) was higher than the statewide rate (58.22/1,000).
- Hudson County had the tenth highest ACSC ED visit rate of the 21 counties in 2016, this was a 5.81 percentage point increase from the 2013 rate.

Total ACSC ED Visits/Rate/1,000 Population

ACSC - ED Rate/1,000			
COUNTY	NJ 2013	NJ 2016	Change '13-'16
CUMBERLAND	82.08	89.34	7.26
CAMDEN	92.53	87.44	(5.09)
ESSEX	81.43	85.99	4.56
ATLANTIC	85.64	84.99	(0.65)
SALEM	77.56	75.01	(2.55)
MERCER	73.13	74.33	1.20
PASSAIC	70.77	72.95	2.18
CAPE MAY	71.68	66.41	(5.27)
UNION	61.98	64.24	2.26
HUDSON	58.01	63.83	5.81
OCEAN	62.11	59.29	(2.83)

ACSC - ED Rate/1,000			
COUNTY	NJ 2013	NJ 2016	Change '13-'16
GLOUCESTER	53.34	53.60	0.27
MONMOUTH	52.97	52.52	(0.46)
BURLINGTON	53.85	48.54	(5.31)
MIDDLESEX	48.46	47.45	(1.01)
WARREN	36.90	41.28	4.38
SUSSEX	25.76	36.14	10.38
MORRIS	30.40	32.96	2.56
BERGEN	31.74	31.49	(0.25)
SOMERSET	30.77	30.51	(0.26)
HUNTERDON	23.72	26.62	2.90
STATEWIDE	57.56	58.22	0.65

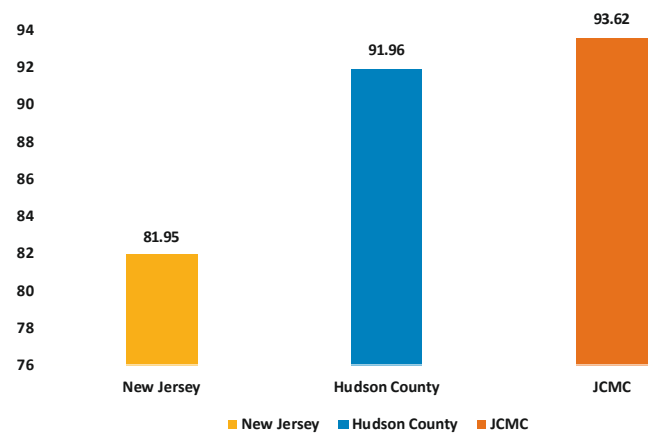
Green highlight represent counties with a rate decrease and yellow highlight represents counties with a rate increase.

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

Children

- In 2016, Hudson County's ACSC ED visits for children age 0-17 (at 91.96/1,000) was 12.0% higher than the statewide rate (81.95/1,000).
- The 2016 Hudson County ACSC visit rate among children was lower than the rate in the JCMC Service Area (93.62/1,000).
- The towns with the highest ACSC ED visit rate were Jersey City 07305 (107.64/100,000) and Jersey City 07304 (107.60/100,000), Jersey City 07307 (102.63/100,000) all of which have rates above the JCMC Service Area.

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



Source: UB-04 2016 Discharges

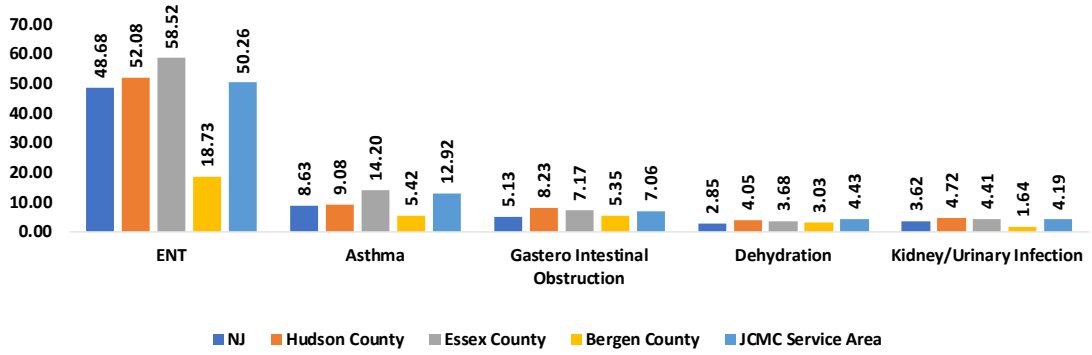
ACSC ED 2016 – Pediatric (Age 0-17)
Rate/1,000 Population

GEOGRAPHIC AREA	RATE	HIGHEST SERVICE AREA RATES	
Hudson County	91.96	07305 Jersey City	107.64
New Jersey	81.95	07304 Jersey City	107.60
JCMC	93.62	07307 Jersey City	102.63
		07306 Jersey City	98.32
		07002 Bayonne	74.46
		07302 Jersey City	58.43
		07030 Hoboken	54.23
		07310 Jersey City	26.89

Source: UB-04 2016 Discharges

- ENT is the most common ACSC that resulted in an ED visit for children, followed by asthma, gastrointestinal obstruction, kidney and urinary tract infection, and dehydration.

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



ED ACSC (2016) Pediatrics (Age 0-17)				
Geographic Area	Rate	Geographic Area		Rate
Hudson County	91.96	07305	Jersey City	107.64
New Jersey	81.95	07304	Jersey City	107.60
JCMC	93.62	07307	Jersey City	102.63
		07306	Jersey City	98.32
		07002	Bayonne	74.46
		07302	Jersey City	58.43
		07030	Hoboken	54.23
		07310	Jersey City	26.89

Source: UB-04 2016 Discharges

- There was a total of 4,376 ACSC ED visits for children from JCMC's Service Area in 2016.

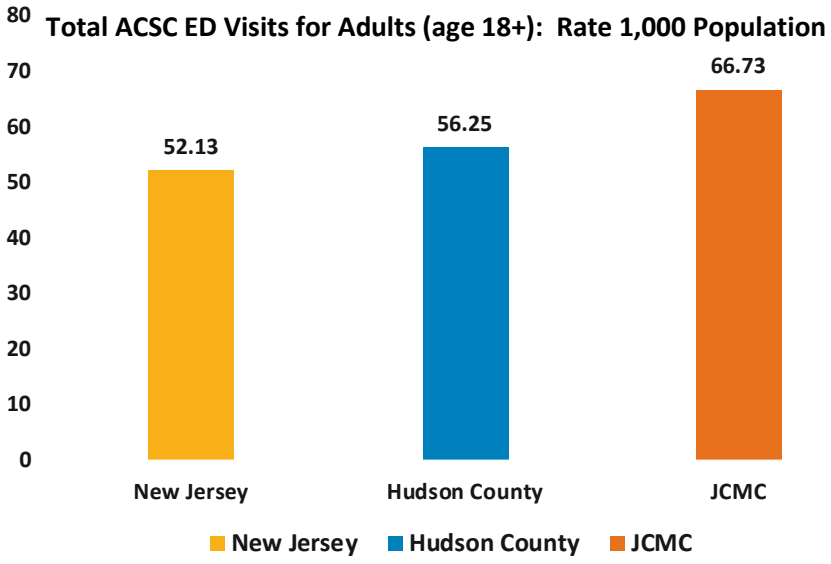
ACSC ED Volume: Top 5 by Service Area – Pediatric (Age 0-17)

EMERGENCY DEPARTMENT (2016) – PEDIATRIC (0-17)		
Service Area	ACSC Description (Top 5 Combined Service Area)	TOTAL IN AREA
JCMC	ENT	2,349
	Asthma	604
	Gastrointestinal Obstruction	330
	Dehydration	207
	Kidney/Urinary Infection	196
	All Others	690
	TOTAL JCMC SERVICE AREA	4,376

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

Adults

- The 2016 Hudson County's adult ED ACSC rate (56.25/1,000) is slightly higher than the statewide rate (52.13).
- Hudson County adult ED ACSC rate is also lower than JCMC's Service Area rate (66.73).



Source: UB-04 2016 Discharges

- The 2016 adult ED ACSC rate for Jersey City 07305 (97.02/1,000) was nearly double the New Jersey State rate (52.13/1,000).
- The 2016 adult ED ACSC rate for Jersey City 07302 (34.01/1,000) was lower than the JCMC Service Area rate (66.73/1,000).

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

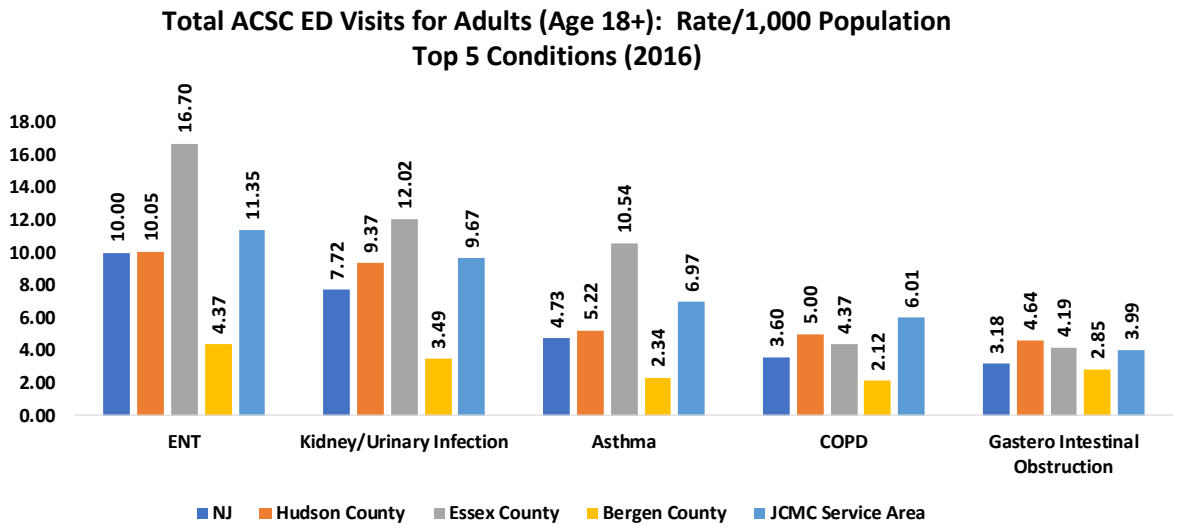
GEOGRAPHIC AREA	RATE	Top 5 By Zip Code	RATE
Hudson County	56.25	07305 Jersey City	97.02
New Jersey	52.13	07304 Jersey City	86.28
JCMC	66.73	07002 Bayonne	62.53
		07306 Jersey City	58.24
		07307 Jersey City	55.51
		07030 Hoboken	40.50
		07302 Jersey City	34.01
		07310 Jersey City	19.38

Source: UB-04 2016 Discharges

- There was a total of 11,538 adult ED ACSC visits in 2016 in the JCMC Service Area.

EMERGENCY DEPARTMENT (2016) – AGE 18+		
Service Area	ACSC Description (Top 5 Combined Service Area)	TOTAL IN AREA
JCMC	ENT	1,963
	Kidney/Urinary Inf.	1,672
	COPD	1,206
	Asthma	1,039
	Gastro-intestinal Obstruction	690
	All Others	4,968
	TOTAL JCMC SERVICE AREA	11,538

- In 2016, ENT was the leading cause of adult ED ACSC followed by kidney/urinary infection, asthma, COPD, and gastrointestinal obstruction in the service area.



ED ACSC (2016) Adults 18+				
Geographic Area	Rate	Geographic Area		Rate
Hudson County	56.25	07305	Jersey City	97.02
New Jersey	52.13	07304	Jersey City	86.28
JCMC	66.73	07002	Bayonne	62.53
		07306	Jersey City	58.24
		07307	Jersey City	55.51
		07030	Hoboken	40.50
		07302	Jersey City	34.01
		07310	Jersey City	19.38

Source: UB-04 2016 Discharges

Inpatient Utilization for Ambulatory Care Sensitive Conditions

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

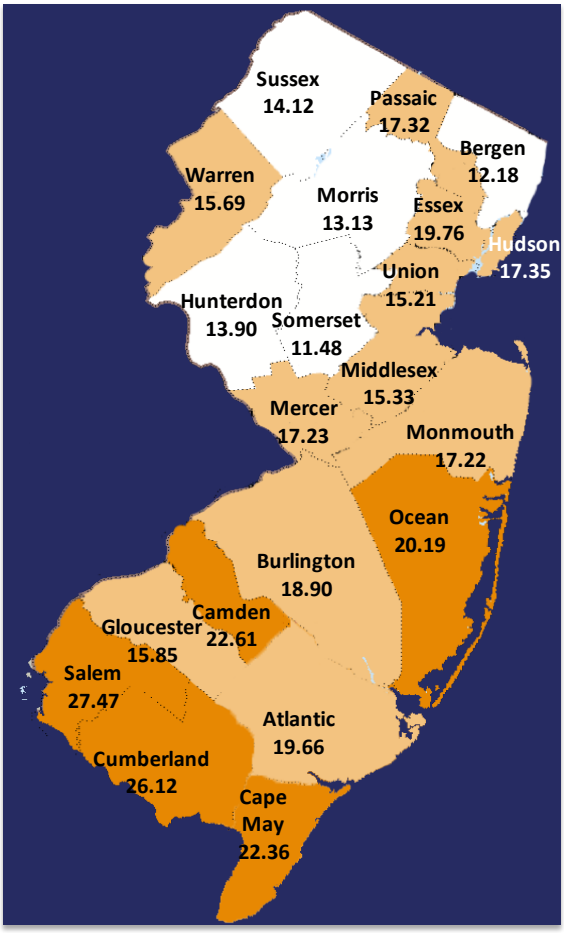
- Hudson County ranks 9/21 counties with 17.35/1,000 ACSC Inpatient admissions in 2016, a 3.23 percentage point decrease from 2013.
- In 2016, Hudson County (17.35/1,000) had a slightly higher ACSC Inpatient admissions rate than the State (16.99/1,000).
- The 2016 JCMC Service Area's inpatient ACSC rate (19.04/1,000) was higher than the State and County rates.

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

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

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

Green highlight represents counties with a rate decrease and yellow highlight represents counties with an increase.



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

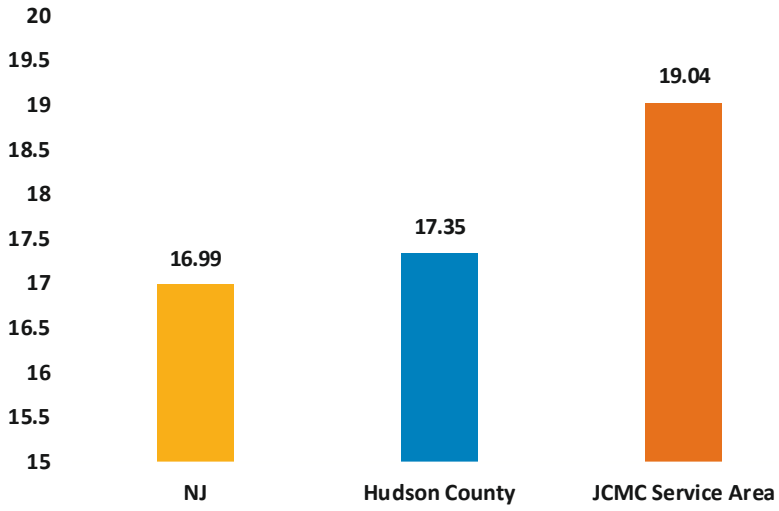
- In 2016, Jersey City 07305 had the highest inpatient admission rate due to an ACSC (26.33/1,000) followed by Jersey City 07304 (23.14/1,000).
- The 2016 Inpatient ACSC rate for Jersey City 07310 (4.86/1,000) was lower than the State rate (16.99/1,000).

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

GEOGRAPHIC AREA	RATE	HIGHEST SERVICE AREA RATES	
New Jersey	16.99	07305 Jersey City	26.33
Hudson County	17.35	07304 Jersey City	23.14
JCMC Service Area	19.04	07002 Bayonne	22.46
		07306 Jersey City	17.42
		07307 Jersey City	17.42
		07302 Jersey City	10.90
		07030 Hoboken	10.31
		07310 Jersey City	4.86

*Source: UB-04 2016 Discharges

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



Source: UB-04 2016 Discharges

- In 2016, there was a total of 4,182 ACSC admissions from the JCMC Service Area.

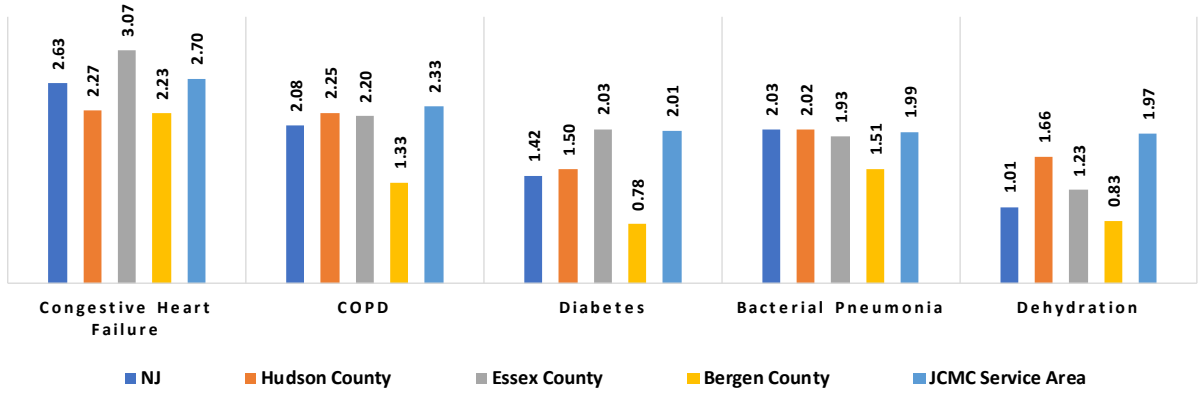
INPATIENT (2016) – ALL AGES		
SERVICE AREA	ACSC Description (Top 5 Conditions Combined)	TOTAL IN AREA
JCMC	Congestive Heart Failure	592
	COPD	512
	Diabetes	441
	Bacterial Pneumonia	438
	Dehydration	433
	All Others	1,766
	TOTAL JCMC SERVICE AREA	4,182

Source: UB-04 2016 Discharges

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

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

LAXMI IS CHECKING THE FOLLOWING CHART. CAD



IP ACSC (2016) All Ages				
Geographic Area	Rate	Geographic Area		Rate
Hudson County	17.35	07305	Jersey City	26.33
New Jersey	16.99	07304	Jersey City	23.14
JCMC Service Area	19.04	07002	Bayonne	22.46
		07306	Jersey City	17.42
		07307	Jersey City	17.42
		07302	Jersey City	10.90
		07030	Hoboken	10.31
		07310	Jersey City	4.86

Source: UB-04 2016 Discharges

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

6. Neighborhood and Built Environment

The neighborhood and built environment contribute to health in a variety of ways. Pollution, crime, and access to healthy food and water are environmental and neighborhood factors that may be hazardous to a community's health.[35]

Air Quality

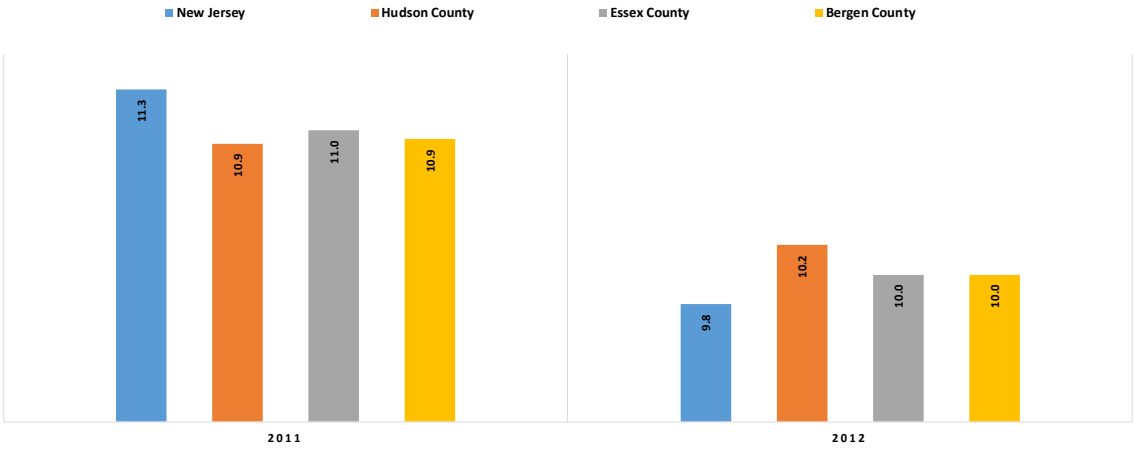
Outdoor air quality has improved since the 1990, but many challenges remain in protecting Americans from air quality problems. Air pollution may make it harder for people with asthma and other respiratory diseases to breathe.[36] County level data masks ZIP Code level analysis that may reveal higher concentrations of air pollution, particularly in industrialized areas of a county.

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

[36] http://www.cdc.gov/air/default.htm

- In 2012, the daily measure of fine particle matter in Hudson County (10.2 PM2.5) is higher than the State rate (9.8 PM2.5). Hudson County ranks in the worst performing quartile as compared to the County Health Rankings benchmark.
- Hudson County experienced a 6.4% reduction in fine particulate matter in between 2011 (10.9 per cubic meter) and 2012 (10.2 per cubic meter).

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



Source: County Health Rankings - Environmental Public Health Tracking Network

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

National Benchmark: 6.7
Hudson County 2012: 10.2%

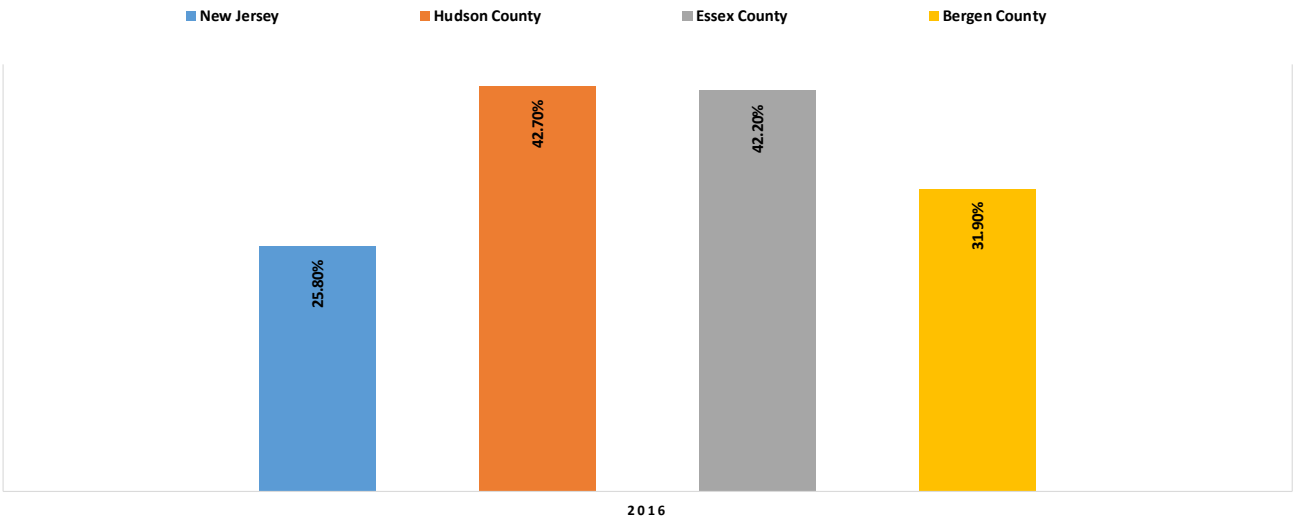
Housing Built before 1950

The potential for exposure to lead based paint in housing units built before 1950 is high. A main source of lead exposure is found in household dust with lead-based paint. Children are highly vulnerable to exposure to lead because of its adverse effects on the developing brain and nervous system.[37]

- In 2016, 42.7% of Hudson County housing units were built before 1950, 49.3% higher than New Jersey overall at 25.8%.
- Hudson County ranked among the worst performing quartiles of all counties in New Jersey, in terms of housing units built before 1950.

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

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



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

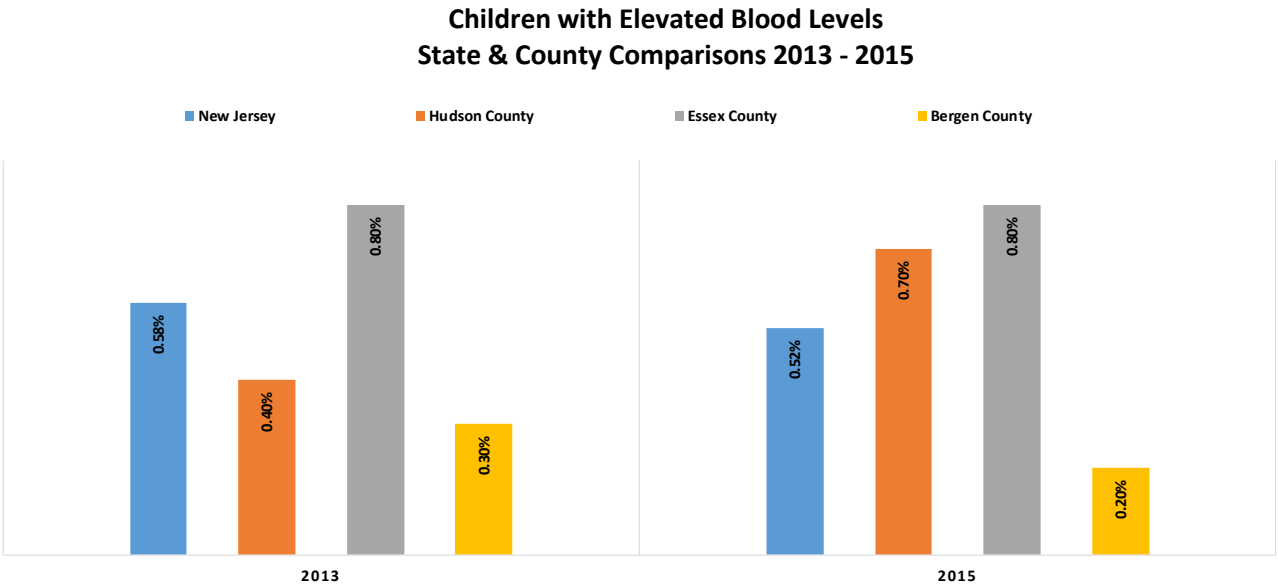
Lead Hazards

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

Very high levels of lead can cause seizures, brain damage, developmental or intellectual disabilities, coma and even death. Exposure to lead, even at low levels, has been associated with decrease hearing, lower intelligence, hyperactivity attention deficit disorder, and developmental problems.[38] County level analysis cannot reveal individual town disparities in blood lead levels particularly in towns with housing stock built before 1950.

- In 2015, 0.7% of Hudson County children had elevated blood lead levels compared to 0.52% statewide.
- The percent of children with elevated blood lead levels increased from 0.4% in 2013 to 0.7% in 2015. In 2015, Hudson County ranked among the worst performing quartile among counties statewide.

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



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

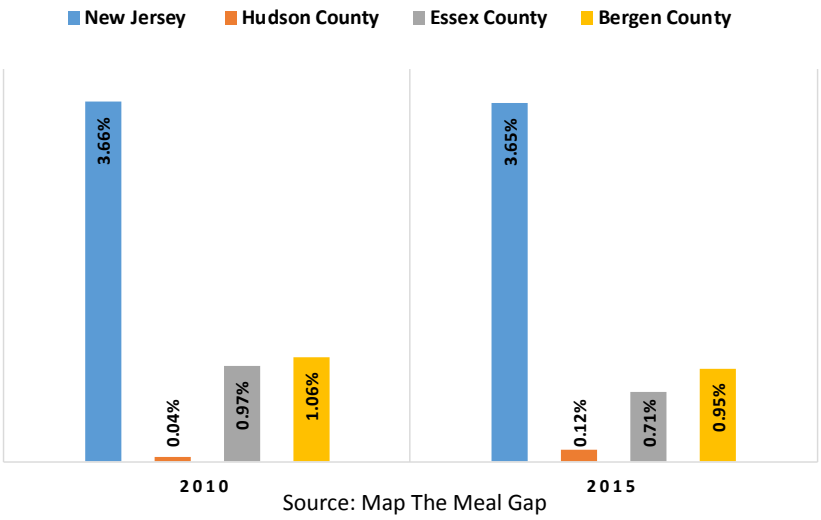
Access to Healthy Foods

Choices about food and diet are influenced by accessibility and affordability of retailers. Specifically, travel time to shopping, availability of healthy foods and food prices are key to decision making. Low-income families face greater barriers in accessing healthy and affordable food retailers, which in turn negatively affects diet and food security.[39]

- In 2015, 3.65% of New Jersey and 0.12% of Hudson County residents suffered from limited access to healthy foods.
- Between 2010 and 2015, the percent of Hudson County residents with limited access to healthy foods increased from 0.07% to 0.12%.

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

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



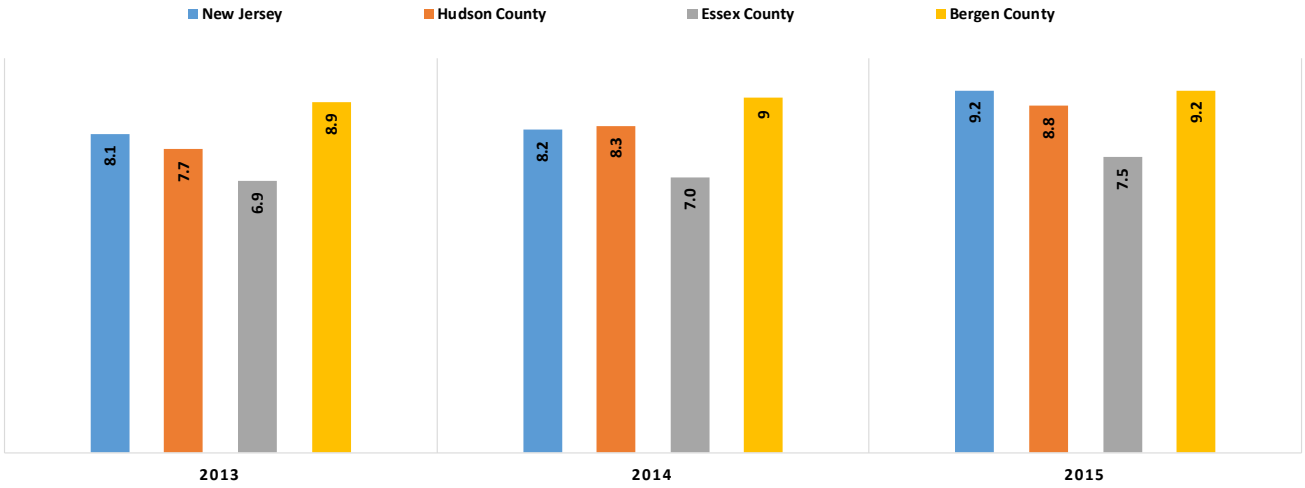
Source: Map The Meal Gap

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

National Benchmark: 2.0
Hudson County 2015: 0.12

- In 2015, Hudson County had a rate of 8.8 out of 10 on the food environment index which is an indicator of supermarket access.

Food Environment Index 2015



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

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

National Benchmark: 8.6
Hudson County 2015: 8.8

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

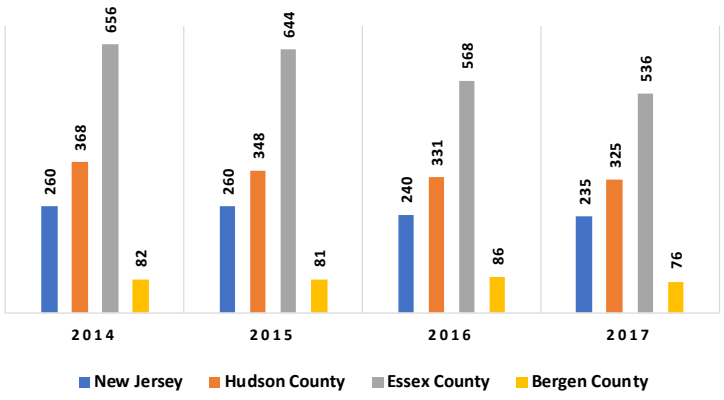
RED: Poorest Performing Quartile
Yellow: Middle Quartiles
Green: Best Performing Quartile

Injury and Crime Prevention

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

- Between 2014 and 2016, the violent crime rate in Hudson County decreased from 368/100,000 to 325/100,000.
- The violent crime rate for Hudson County places it in the worst quartile for County Health Rankings.

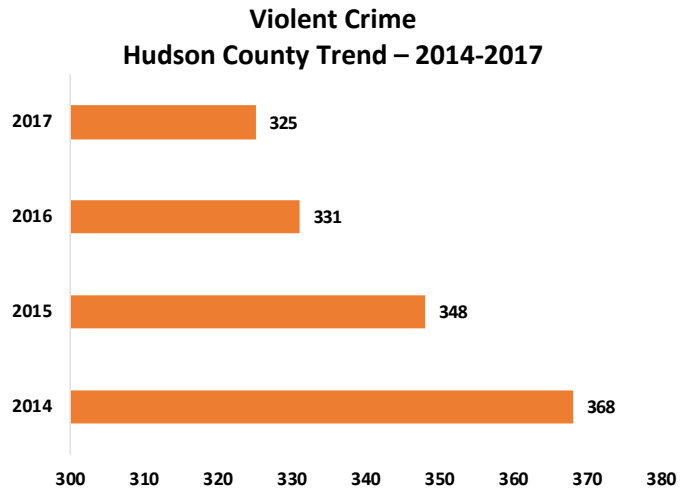
Violent Crime
State & County Comparisons 2014-2017



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

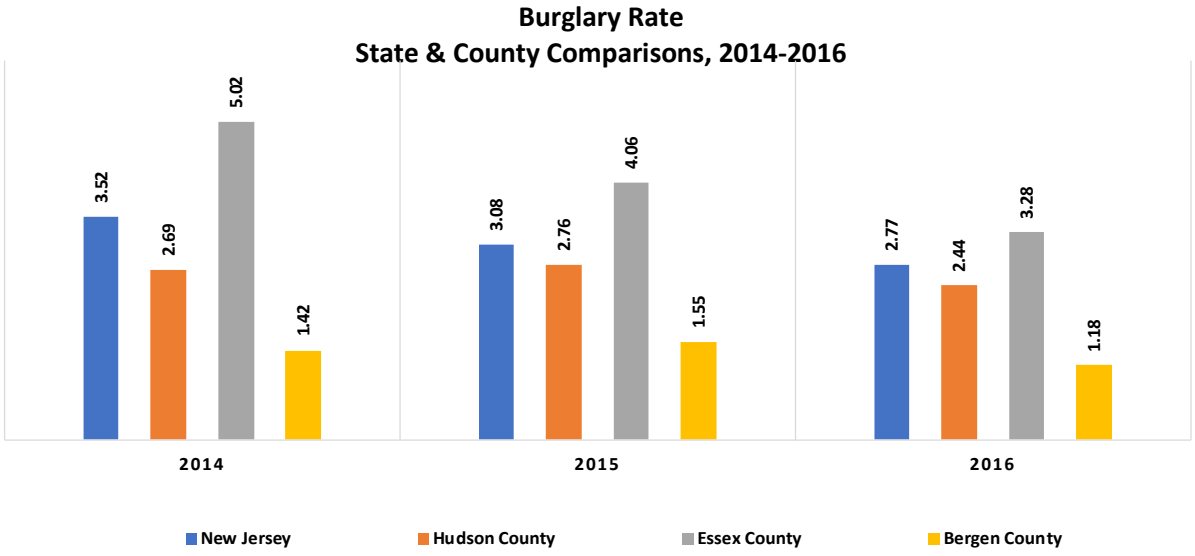
County Health Rankings & Roadmaps
Building a Culture of Health, County by County
A Robert Wood Johnson Foundation program

National Benchmark: 62 Rate / 100,000 Population
Hudson County: 325 Rate / 100,000 Population



Burglaries

- Hudson County's burglary rate in 2016 (2.44/1,000) was lower than New Jersey (2.77/1,000).
- The Hudson County burglary rate decreased 10.2% from 2014-2016.
- Hudson County's burglary rate ranks in the worst performing quartile of New Jersey counties.



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

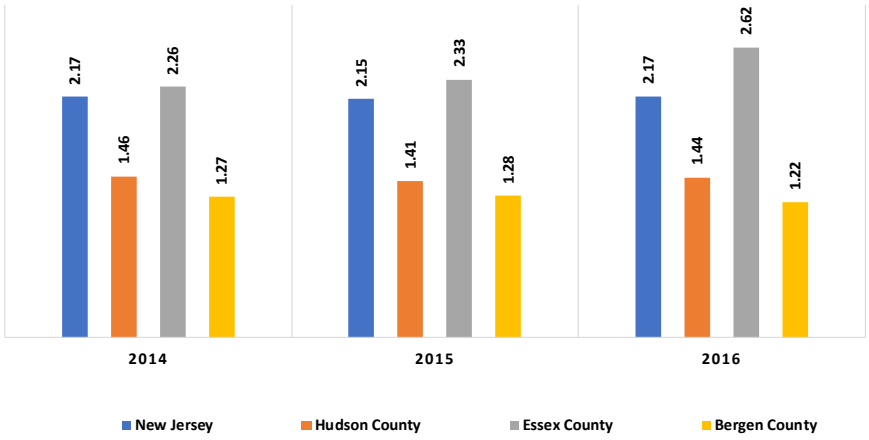
Domestic Violence Arrests

Domestic violence can negatively impact a victim's health beyond the domestic violence incident. Victims of domestic violence exhibit physical and emotional problems including, but not limited to, chronic pain, depression, anxiety, eating disorders, and post-traumatic stress disorder.[40]

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

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

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

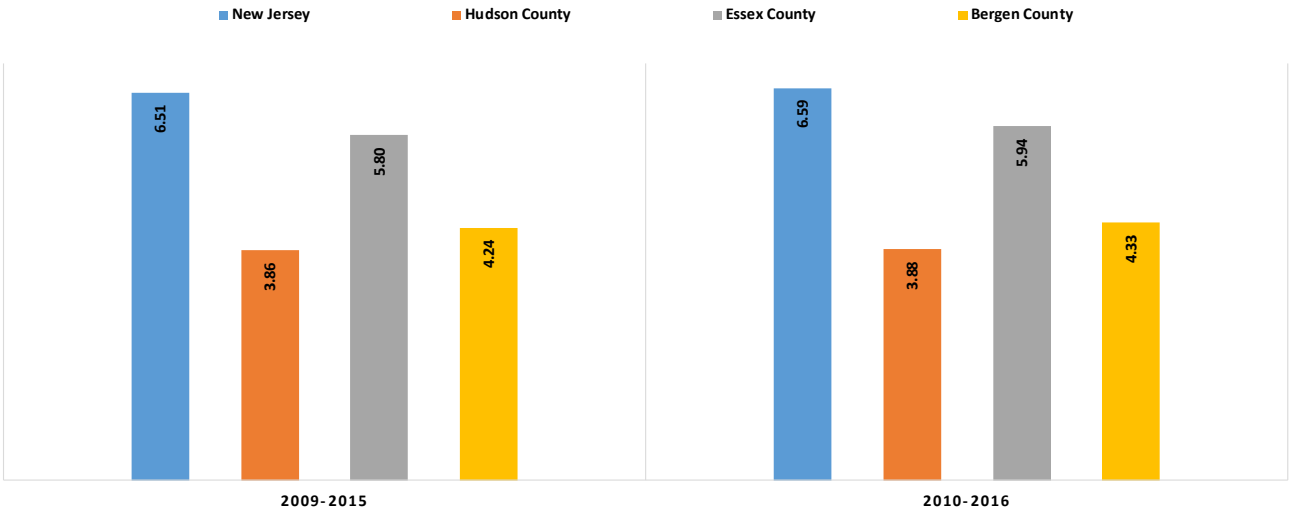


Source: County Health Rankings - The Uniform Crime Reporting (UCR) Program

Motor Vehicle Crash Deaths

- In 2010-2016, Hudson County (3.88/1,000) had 51.8% fewer motor vehicle crash deaths than New Jersey (6.59/100,000).
- Deaths due to motor vehicle accidents increased slightly in Hudson County between 2009-2015 (3.86/1,000) and 2010-2016 (3.88/1,000).
- 2010-2016 Hudson County (3.88/1,000) car accident related deaths occurred 219.6% less often than the *Healthy People 2020* target (12.4/1,000).

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



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

Healthy People 2020

Baseline: 13.8
Target: 12.4
Hudson County 2016: 3.9

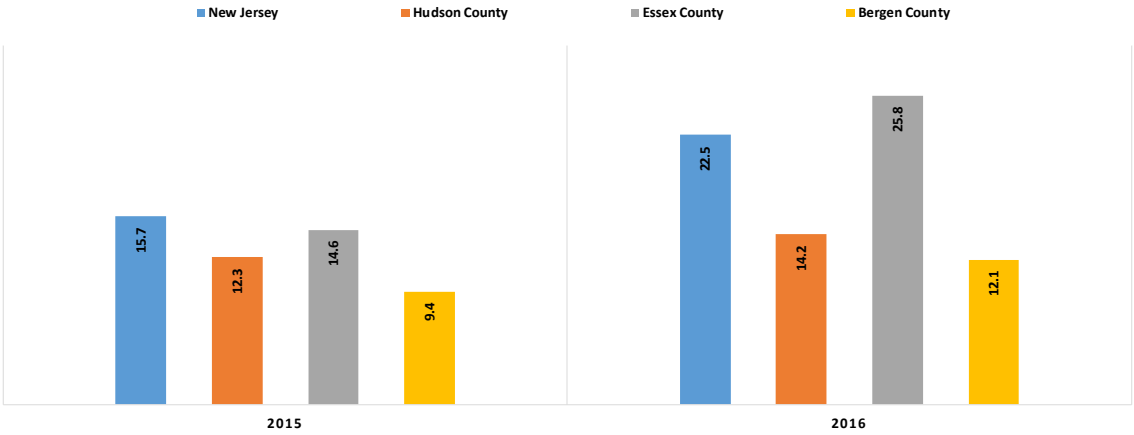
County Health Rankings & Roadmaps
Building a Culture of Health, County by County
A Robert Wood Johnson Foundation program

National Benchmark: 9
Hudson County 2016: 3.9

Accidental Poisoning and Exposure to Noxious Substances

- In 2016, Hudson County (14.2/100,000) had a lower death rate due to accidental poisoning and exposure to noxious substances than the statewide rate (22.5/100,000).
- Hudson County had more deaths due to accidental poisoning and exposure to noxious substances in 2016 (14.2/100,000) than in 2015 (12.3/100,000).
- Hudson County ranks in the top quartile in New Jersey, and in the middle quartile with respect to the *Healthy People 2020* target.

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



Source: NJ SHAD

Healthy People 2020

Baseline: 13.2
Target: 13.2
Hudson County 2016: 14.2

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Violent Crime *Rate/1,000 Population*	N.A.		
Burglary *Rate/1,000 Population*	N.A.	N.A.	
Domestic Violence Arrests *Rate/1,000 Population*	N.A.	N.A.	
Deaths Due to Motor Vehicle Crashes *Rate/100,000 Population*	N.A.		
Deaths Due to Poisoning *Rate/100,000 Population*		N.A.	

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

D. HEALTH FACTORS

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

1. Clinical Care Measures

Inpatient and ED Utilization

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

Inpatient

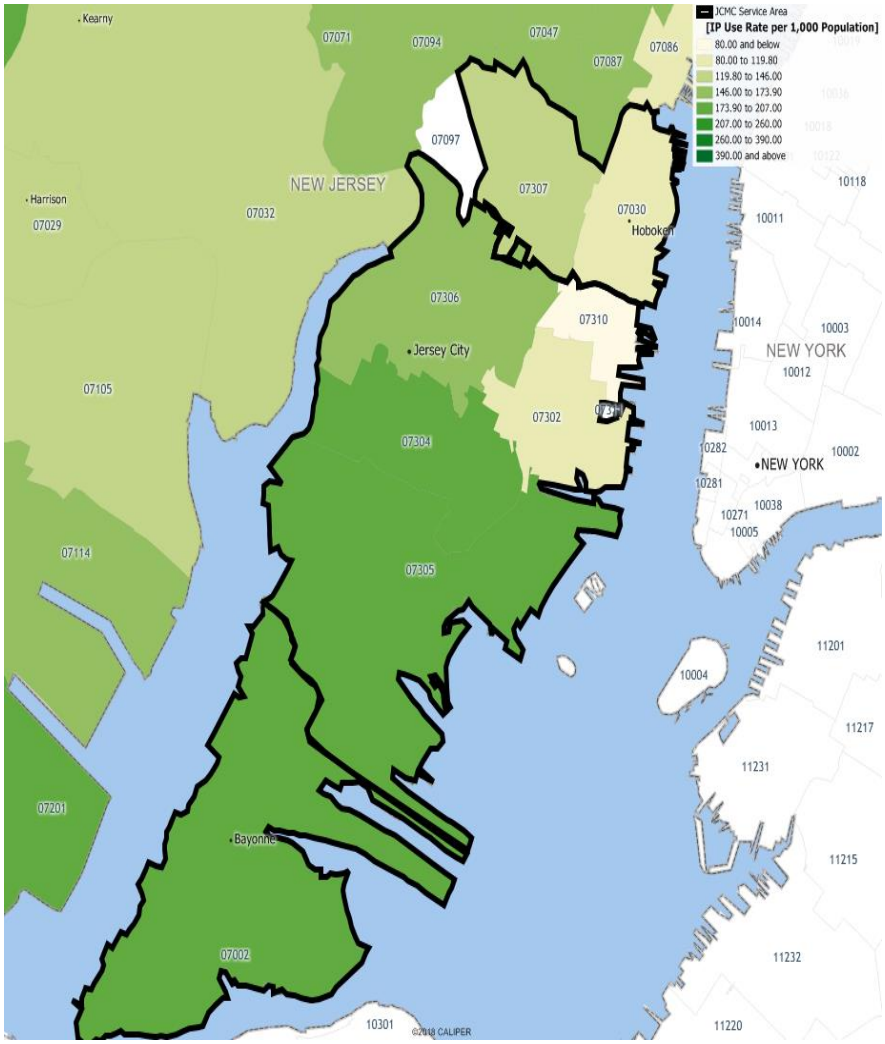
- Hudson County's 2016 inpatient utilization rate (148.63/1,000) was lower than the State (160.22/1,000).
- JCMC's Service Area inpatient rate (152.88/1,000) was similar to the Hudson County rate, and lower than the State rate.
- Jersey City 07305 had the highest inpatient use rate in the JCMC Service Area (192.91/1,000).

Inpatient Use Rates per 1,000 Population 2016

GEOGRAPHIC AREA	RATE
New Jersey	160.22
Hudson County	148.63
JCMC	152.88
BY ZIP CODES	
07305 Jersey City	192.91
07002 Bayonne	189.58
07304 Jersey City	178.40
07306 Jersey City	148.85
07307 Jersey City	144.82
07302 Jersey City	106.48
07030 Hoboken	96.42
07310 Jersey City	53.50

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

Inpatient Use Rates per 1,000 Population 2016



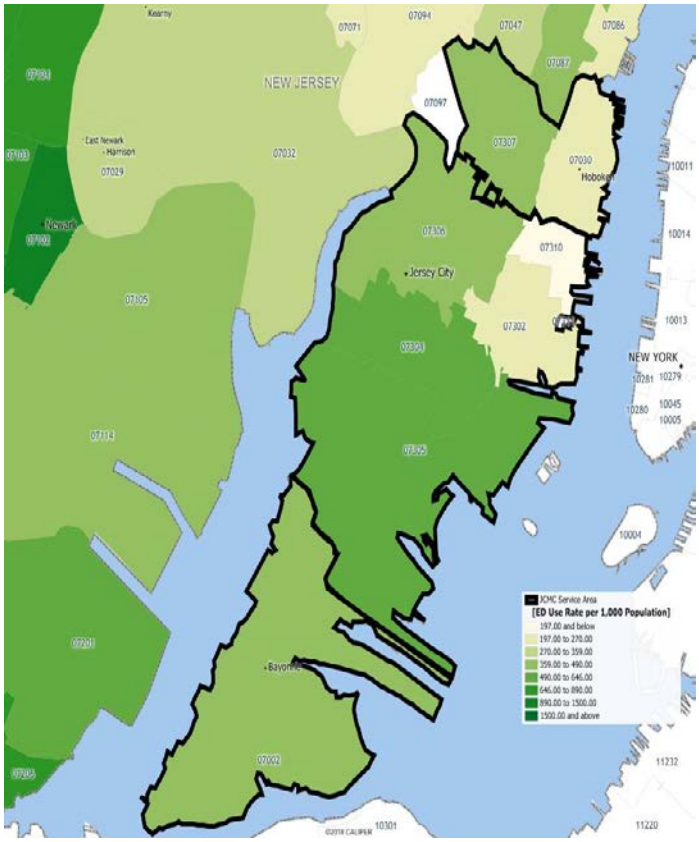
Source: UB-04 2016 Discharges Includes Inpatient & Same Day Stay, Excludes Normal Newborn; Population – Claritas 2016 Estimate

Emergency Department

- Hudson County's 2016 ED visit rate (364.38/1,000) was 3.4% higher than the State rate (352.20/1,000).
- JCMC's 2016 Service Area (412.16/1,000) ED use rate exceeded the State rate (352.2/1,000) by 15.7%.
- In 2016, Jersey City's 07305 ED visit rate (554.06/1,000) was more than 44.5% higher than the State rate (352.2/1,000).
- In 2016, the ED visit rates of Jersey City 07304, 07305, 07306, 07307, and Bayonne 07002 were greater than Hudson County.

ED Use Rate per 1,000 Population 2016

GEOGRAPHIC AREA	ED USE RATES
New Jersey	352.20
Hudson County	364.38
JCMC	412.16
BY ZIP CODES	
07305 Jersey City	554.06
07304 Jersey City	514.53
07306 Jersey City	387.22
07002 Bayonne	384.43
07307 Jersey City	383.40
07030 Hoboken	250.45
07302 Jersey City	230.35
07310 Jersey City	113.29



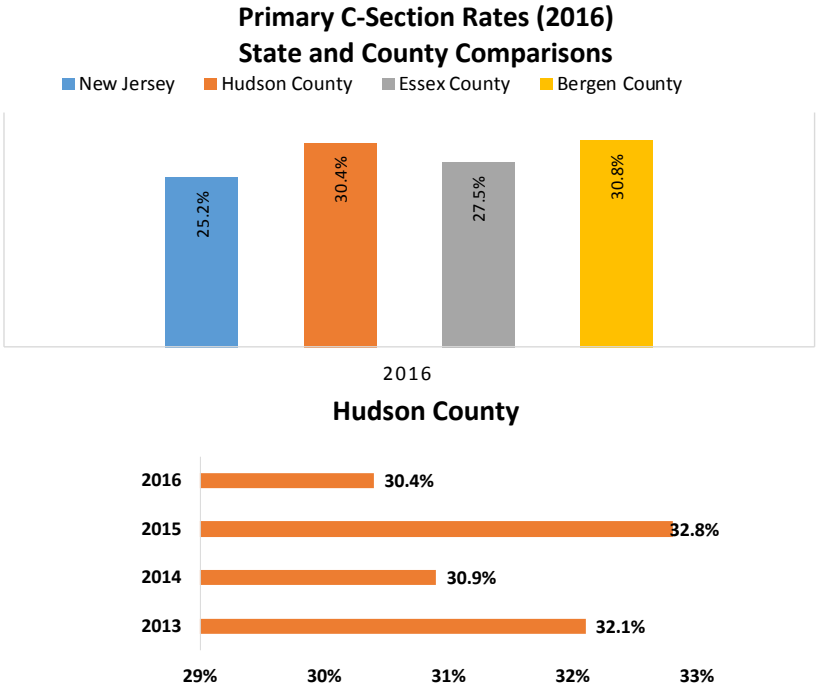
*Source: UB-04 2016 ED Discharges; Claritas 2016 Estimate

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

Cesarean Section

A Cesarean Section (C-section) is a major surgical procedure performed because of health problems in the mother, position of the baby, and/or distress in the infant.[41] The U.S. cesarean delivery rate reached a high of 32.9% of all births in 2009, rising 60% from 1996 (20.7%). Recently, the American College of Obstetricians and Gynecologists developed clinical guidelines for reducing the occurrence of non-medically indicated cesarean delivery and labor induction prior to 39 weeks. Efforts to reduce such births include initiatives to improve perinatal care quality, and changes in hospital policy to disallow elective delivery prior to 39 weeks and education of the public.[42]

- Hudson County's 2016 primary C-section rate (30.4%) was higher than the State rate (25.2%).
- The 2016 Hudson County primary C-section rate (30.4%) was higher than the Essex County (27.5%) rate.
- In 2016, the Hudson County primary C-section rate was in the worst performing quartile of New Jersey counties, and the *Healthy People 2020* target.
- County-wide, women with a primary C-section trended downward from 2013 through 2016, decreasing from 32.1% in 2013, to 30.4% in 2016.



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

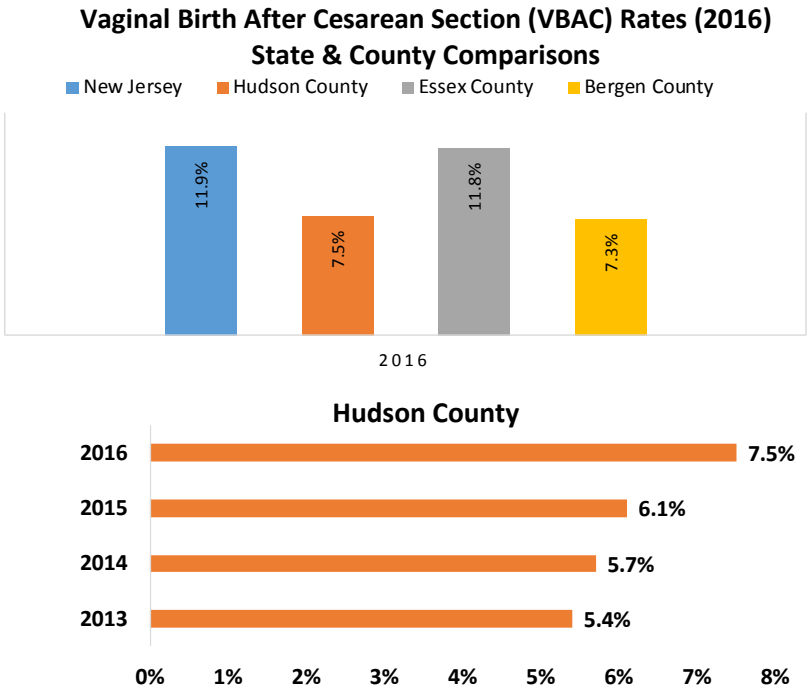
Healthy People 2020

Baseline: 26.5%
Target: 23.9%
Hudson County 2016: 30.4%

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

Vaginal Birth After C-Section (VBAC)

- Hudson County's 2016 VBAC rate (7.5%) was lower than the State rate (11.9%). Hudson County ranks in the worst performing quartile of all 21 New Jersey counties.
- County-wide women with a VBAC trended upward from 2013 through 2016, increasing from 5.4% in 2013 to 7.5% in 2016.



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

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

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

2. Health Behaviors

Maternal / Fetal Health

Prenatal Care

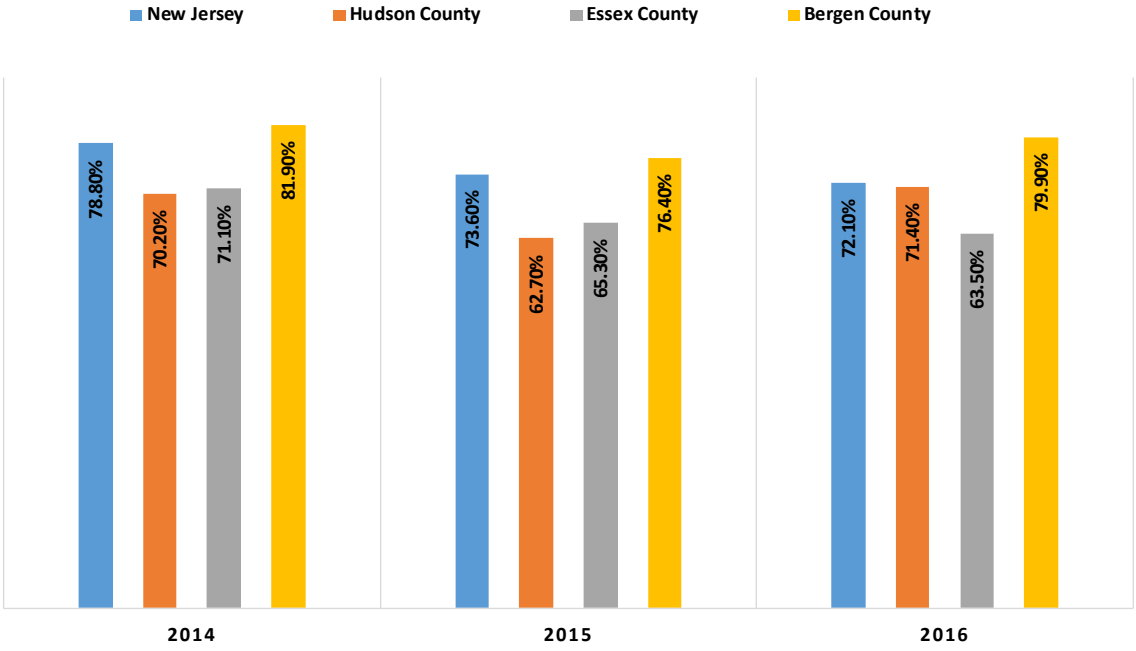
The medical care a woman receives during pregnancy monitors her health and the developing fetus. Low-risk pregnancies should visit a prenatal provider every four or six weeks through 28 weeks, then every two or three weeks from weeks 28-36, and finally every week in the ninth month until delivery. A high-risk pregnancy requires additional visits.[43] Pregnant women who do not receive adequate prenatal care risk undetected complications and an increased possibility of adverse outcomes.

Early and regular prenatal care is a strategy to improve health outcomes for mothers and infants. Two significant benefits are improved birth weight and decreased preterm delivery. Infants born to mothers who receive no prenatal care have an infant mortality rate five times higher than mothers who receive appropriate prenatal care in the first trimester of pregnancy. Enrollment in care during the first trimester of pregnancy reflects timely initiation of prenatal care.[44]

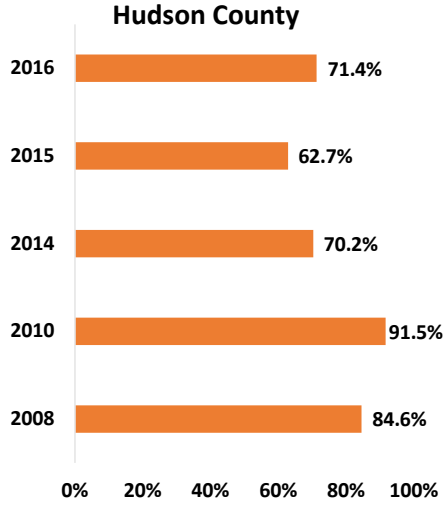
- Since 2010, the percentage of women receiving first trimester prenatal care dropped 20.1 percentage points.
- In 2016, 71.4% of Hudson County women entered prenatal care in the first trimester compared to 72.1% in New Jersey.
- As compared to other New Jersey counties, Hudson County ranks in the middle quartile.

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

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



Hudson County



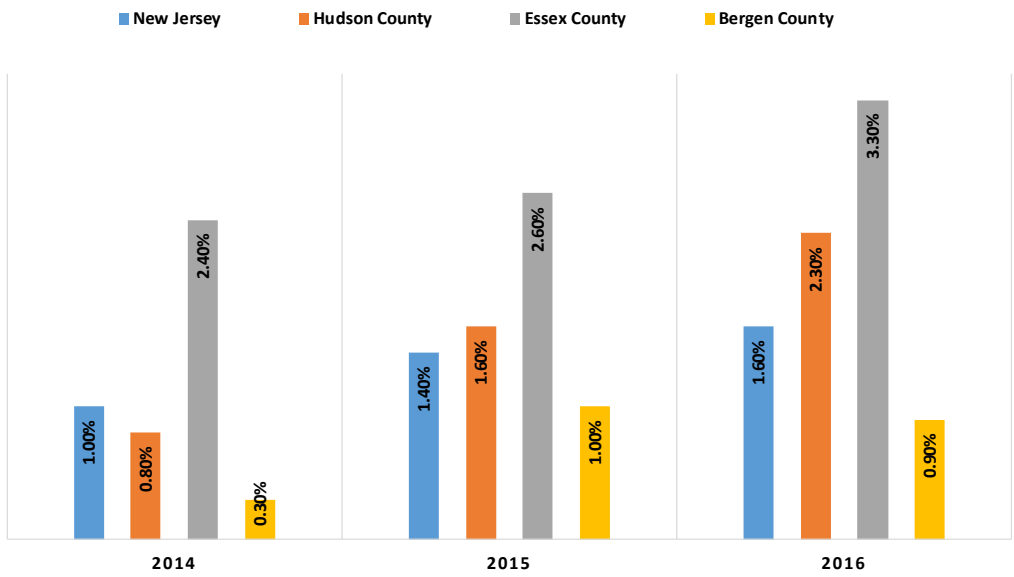
Source: NJDOH Bureau of Vital Statistics and Registration NJ Birth Certificate Database
Note: Percentages are based on Total Number of Live Births for County and State

Healthy People 2020

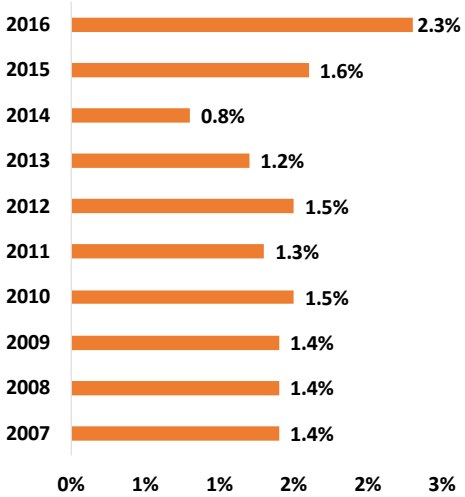
Baseline: 70.8%
Target: 77.9%
Hudson County 2016: 71.4%

- The percent of Hudson County women without prenatal care ranged from a low of 0.8% in 2014 to a high of 2.3% in 2016.
- The 2016 Hudson County rate for no prenatal care exceeded the State rate of 1.6% and performed in the lowest quartile. Increases such as these are concerning and should be monitored.

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



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



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

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

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

High Risk Sexual Behaviors

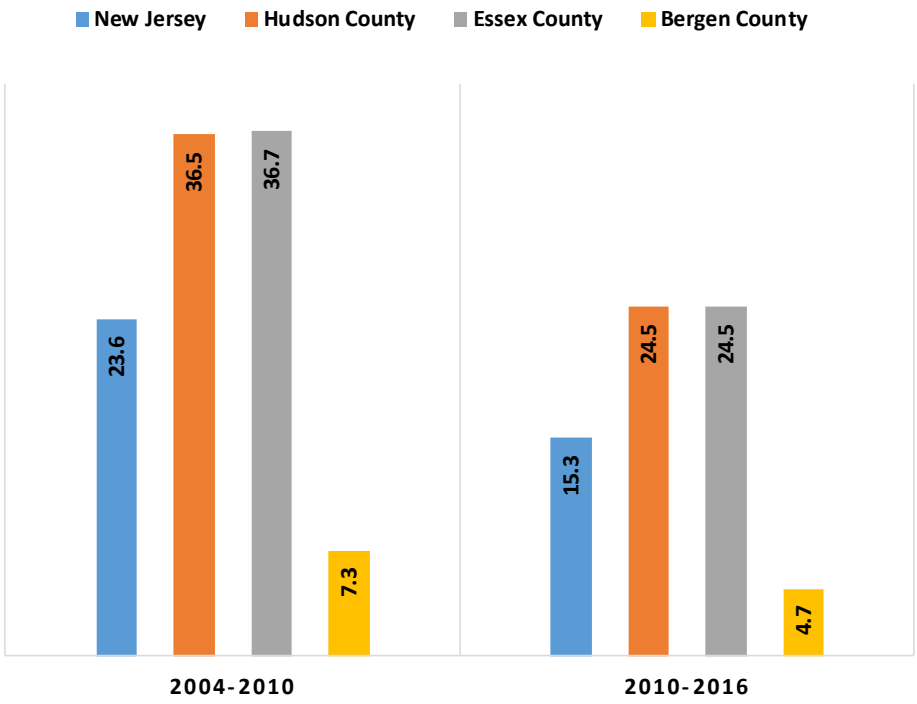
Teen Pregnancy

In 2016, there were 20.3 births/1,000 American adolescent females aged 15-19 years; approximately 209,809 babies were born to teens, with nearly eighty-nine percent of these births occurring outside of marriage. The national teen birth rate has trended downward over the past 20 years. In 1991, the U.S. teen birth rate was 61.8 births/1,000 adolescent females. However, the U.S. teen birth rate remains higher than that of many other developed countries, including Canada and the United Kingdom.[45] Pregnant teens are less likely than older women to receive recommended prenatal care and are more likely to have pre-term or low birth weight babies. Teen mothers are often at increased risk for STIs and repeat pregnancies, are less likely than their peers to complete high school and more likely to live below the poverty level and rely on public assistance. Risky sexual behaviors can have high economic costs for communities and individuals.[46]

- The 2010-2016 Hudson County (24.5/1,000) birth rate among teens aged 15-19 was 46.2%, higher than the State rate (15.3/1,000) and in the lowest performing quartile for both the County Health Ranking benchmark and the *Healthy People 2020* target.
- The birth rate among Hudson County teens aged 15-17 decreased from 18.1/1,000 in 2007-2011 to 11.4/1,000 in 2012-2016 and was in the lowest performing quartile statewide.
- For both age cohorts, 15-17 and 15-19, the percent of Hudson County teen births is consistently higher than statewide rates.

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

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

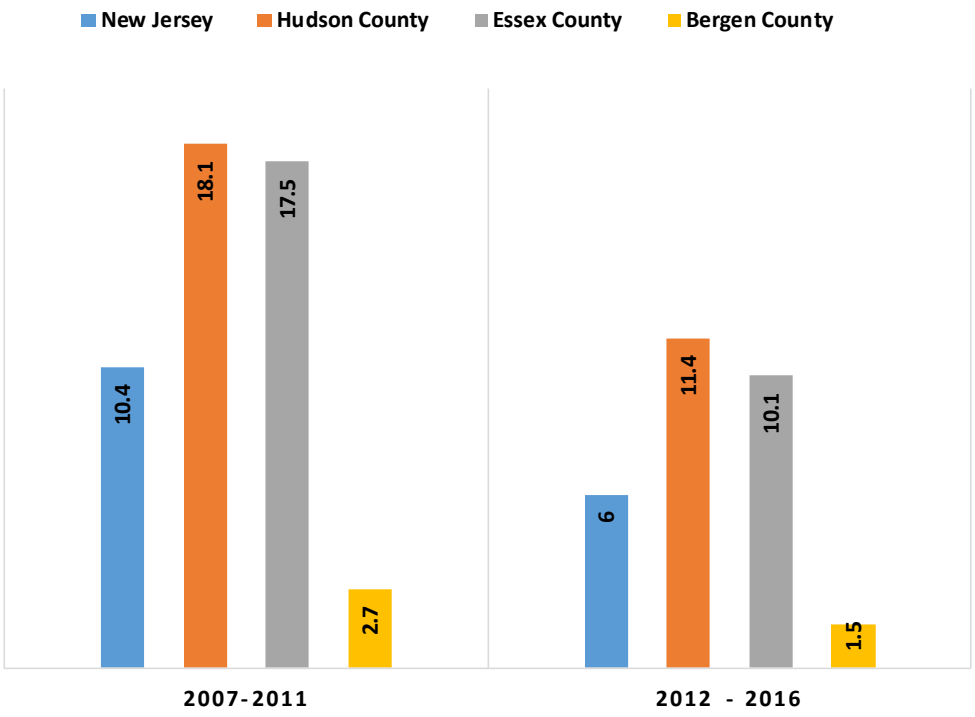


Source: NJDOH Center for Health Statistics State Health Assessment Data

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

National Benchmark: 15
Hudson County 2016: 24.5

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



Source: NJDOH Center for Health Statistics State Health Assessment Data

Healthy People 2020

Baseline: 40.2
Target: 36.2
Hudson County 2016: 11.4

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

- The Jersey City 07305 2016 birth rate for teens aged 15-19 (29.00/1,000) was more than twice the New Jersey rate (11.6/1,000).

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

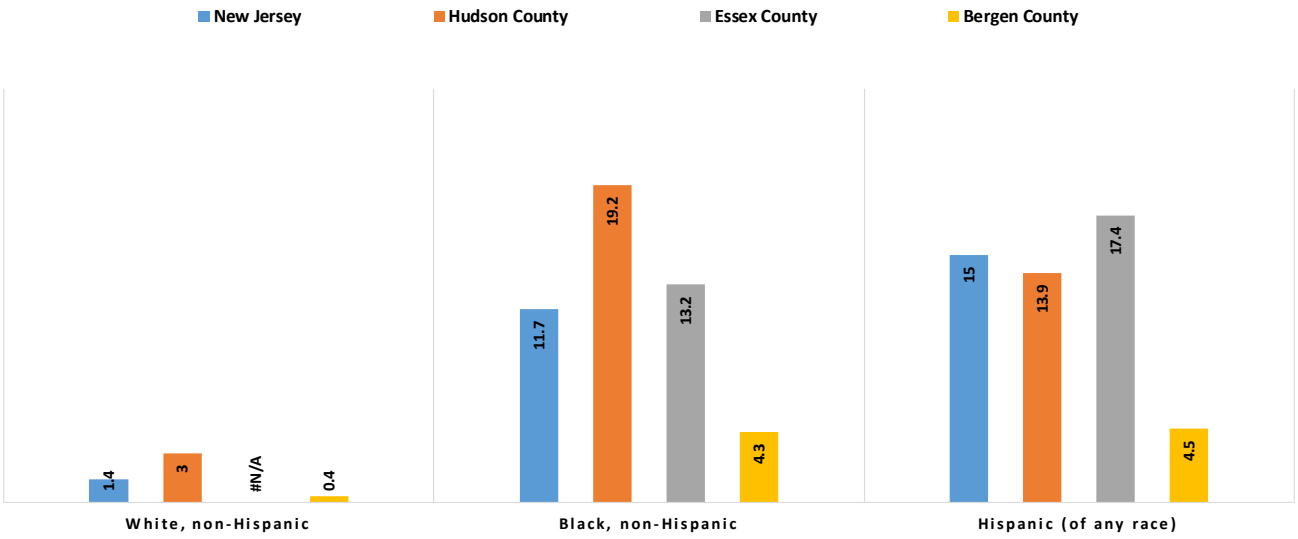
GEOGRAPHIC AREA	RATE
New Jersey	11.16
Hudson County	19.50
JCMC	20.40
07305 Jersey City	29.00
07093 West New York	25.81
07304 Jersey City	23.96
07087 Union City	23.48
07047 North Bergen	16.01
07302 Jersey City	4.43
07306 Jersey City	17.30
07307 Jersey City	9.98
07002 Bayonne	14.61
07030 Hoboken	4.90

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

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

- The 2012-2016 Hudson County teen birth rate for Whites and Blacks was higher relative to New Jersey and the comparison counties.
- The rate for Hudson County teens, 15-17, was highest among Non-Hispanic Blacks (19.2/1,000).

Teen Births by Mother's Race/Ethnicity, Aged 15-17
State & County Comparisons, 2012-2016



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

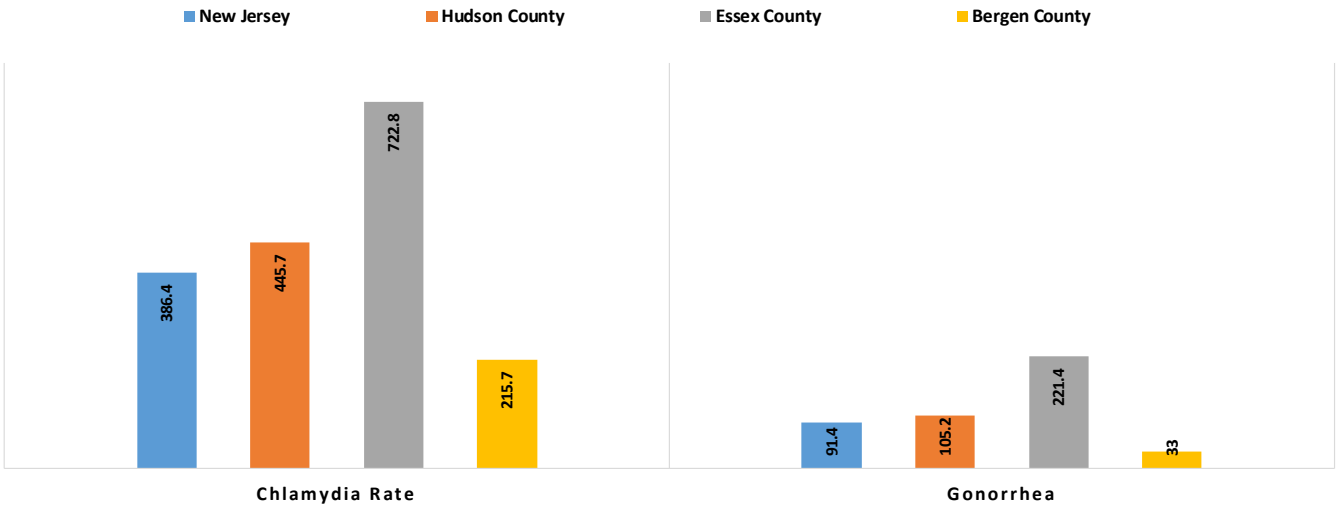
Sexually Transmitted Infection

Sexually transmitted infections (STIs) are caused by bacteria, parasites and viruses contracted through relations with an infected individual. There are more than 20 types of STIs, including Chlamydia, Gonorrhea, Genital herpes, HIV/AIDS , HPV, Syphilis and Trichomoniasis. Most STIs affect both men and women, but in many cases health problems may be more severe for women. If pregnant, a STI can cause serious health complications for the baby.[47]

- Chlamydia is the most prevalent STI. In 2016, the Hudson County rate (445.7/1,000) was higher than the New Jersey rate (386.4/1,000).
- The rate of chlamydia in Hudson County (445.7/1,000) was higher the CHR national benchmark (145.1/1,000) and performed in the lowest quartile.
- In 2016, Hudson County (105.2/1,000) had a higher gonorrhea rate than New Jersey (91.4/1,000) and performed in the middle quartile.
- Hudson County ranks in the lowest quartile of New Jersey counties with regard to chlamydia and gonorrhea infection rates.

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

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



Source: NJ SHAD

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

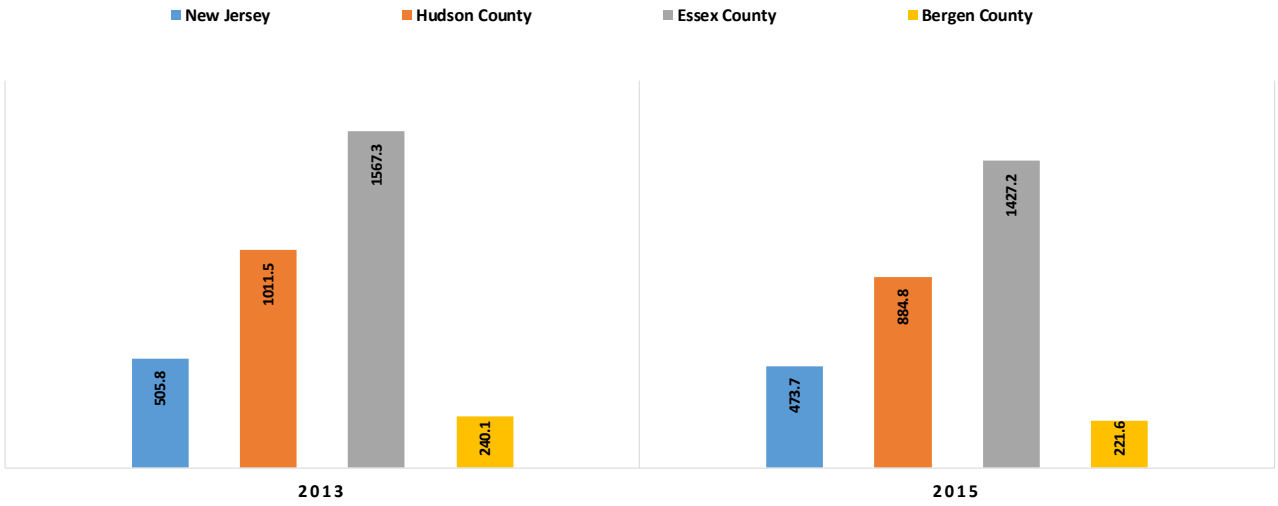
National Benchmark: 145.1
Hudson County 2016: 445.7

HIV/AIDS

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

- County-wide HIV/AIDS prevalence rates declined between 2013 (1,011.5/100,000) and 2015 (884.8/100,000).
- In 2015, the HIV/AIDS prevalence rate in Hudson County (884.8/100,000) was 86.8% higher than the New Jersey rate (473.7/100,000). Hudson County is in the lowest performing quartile statewide.
- Hudson County had a higher HIV/AIDS prevalence rate than neighboring Bergen County.
- The prevalence rate was well above the CHR benchmark of 49/100,000.

HIV Rates 2013-2015
State and County Comparisons



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

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

National Benchmark: 49
Hudson County 2015: 884.8

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

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

Individual Behavior

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

likely to die early from cardiovascular disease and 57 percent less likely to die early from other causes compared to those who do not engage in any of these behaviors.[48]

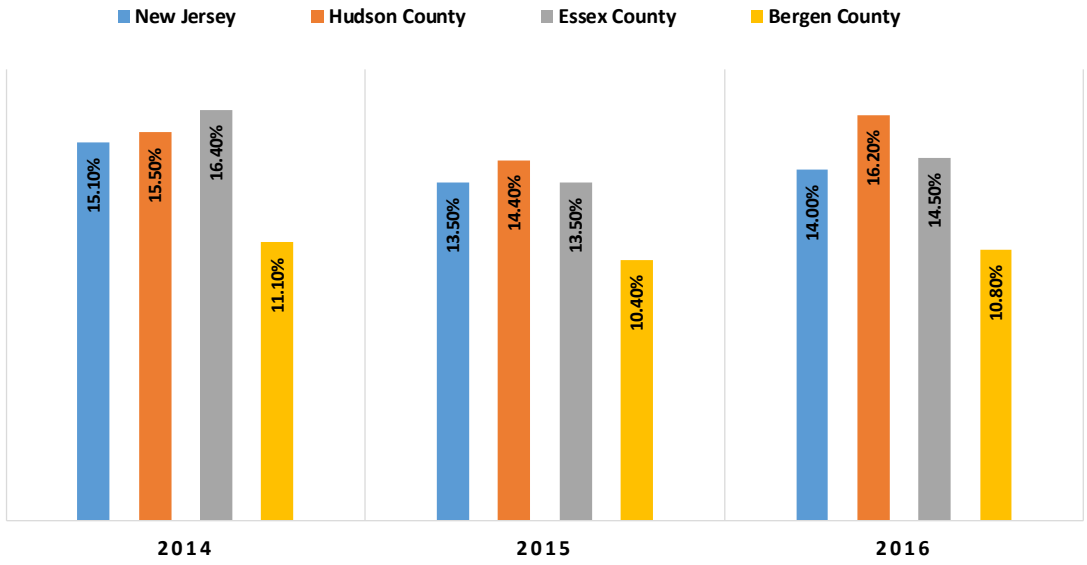
Tobacco Use

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

About 15% of U.S. adults smoke. Each day, nearly 3,200 youth smoke their first cigarette, and 2,100 people transition from occasional to daily smokers. Smokeless tobacco also leads to various cancers, gum and teeth problems, and nicotine addiction. Almost 6% of young adults use smokeless tobacco and half of new users are younger than 18.[49], [50]

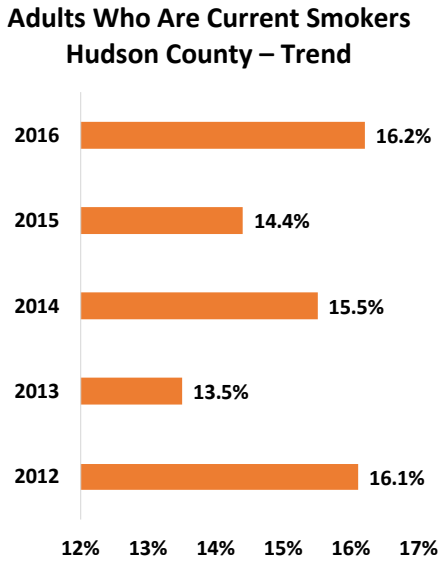
- Between 2012 and 2016, smoking rates have fluctuated in Hudson County with an overall decrease of only 0.1 percentage point.
- In 2016, there were 14.5% more smokers in Hudson County (16.2%) than New Jersey (14.0%). Hudson County had more adult smokers than neighboring Essex (14.5%) and Bergen (10.8%) Counties. Hudson County performs in the middle quartile statewide.
- In 2016, Hudson County was in the middle performing County Health Rankings benchmark and in the bottom quartile of the *Healthy People 2020* target.

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



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

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



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

Baseline: 20.6%
Target: 12.0%
Hudson County 2016: 16.2%

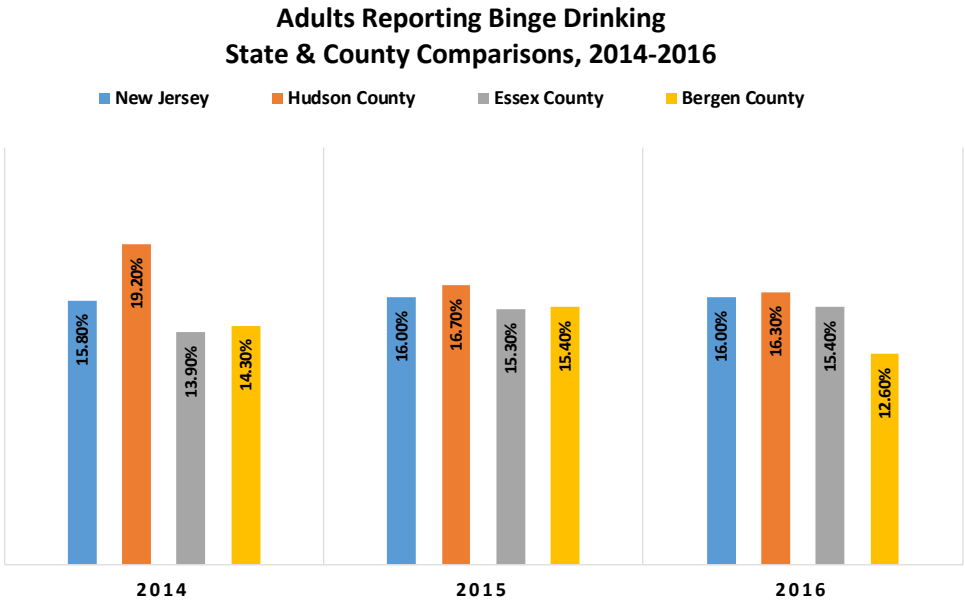
National Benchmark: 14.0%
Hudson County 2016: 16.2%

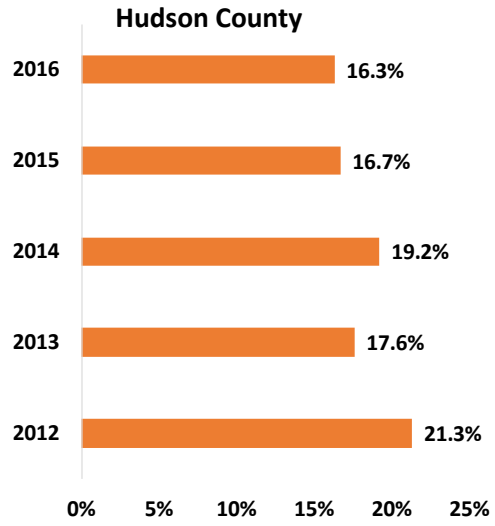
Alcohol Use

Although moderate alcohol use is associated with reduced risk of heart disease and diabetes, excessive consumption is the third leading cause of preventable death nationally. Excessive consumption considers both the amount and the frequency of drinking. Short-term, excessive drinking is linked to alcohol poisoning, intimate partner violence, risky sexual behaviors, failure to fulfill responsibilities and motor vehicle crashes. Over time, excessive alcohol consumption is a risk factor for hypertension, acute myocardial infarction, fetal alcohol syndrome, liver disease and certain cancers.[51]

- Binge drinkers, those men that consume more than 5 drinks and women that consume more than 4 drinks in one occasion, decreased from 19.2% in 2014, to 16.3% in 2016.
- In 2016, 16.3% of Hudson County residents were binge drinkers compared to 16% statewide. Hudson County had more binge drinkers than surrounding Essex and Bergen Counties.
- Statewide, Hudson County performs in the middle quartile.

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





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

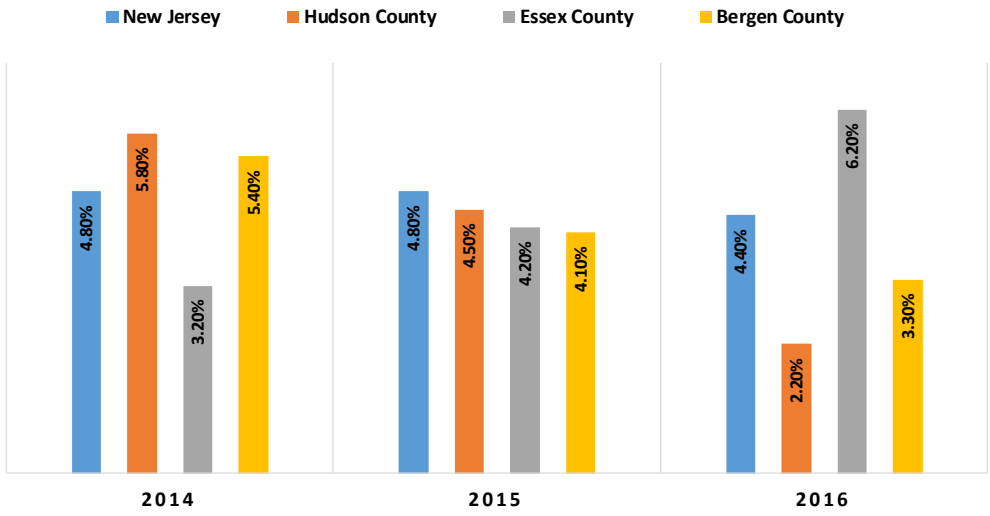
County Health Rankings & Roadmaps
Building a Culture of Health, County by County
A Robert Wood Johnson Foundation program

National Benchmark: 13.0%
Hudson County 2016: 16.3%

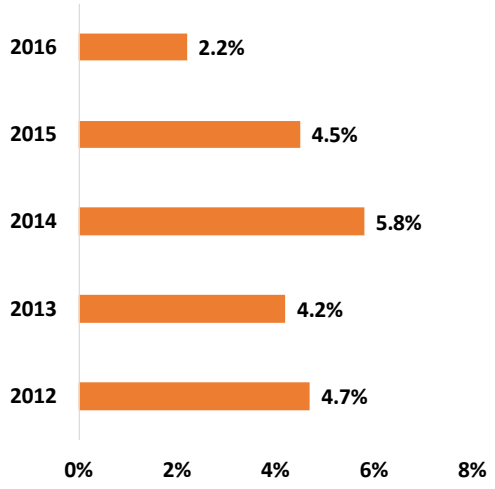
Heavy drinking is defined when someone has at least 60 drinks a month (for males) and 30 (for females).

- County-wide, residents who were heavy drinkers decreased from 5.8% in 2012 to 2.2% in 2016.
- In 2016, Hudson County had the lowest percent of residents reporting heavy drinking, relative to the State and the surrounding counties.
- Hudson County ranked in the best performing quartile among the 21 counties in New Jersey.

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

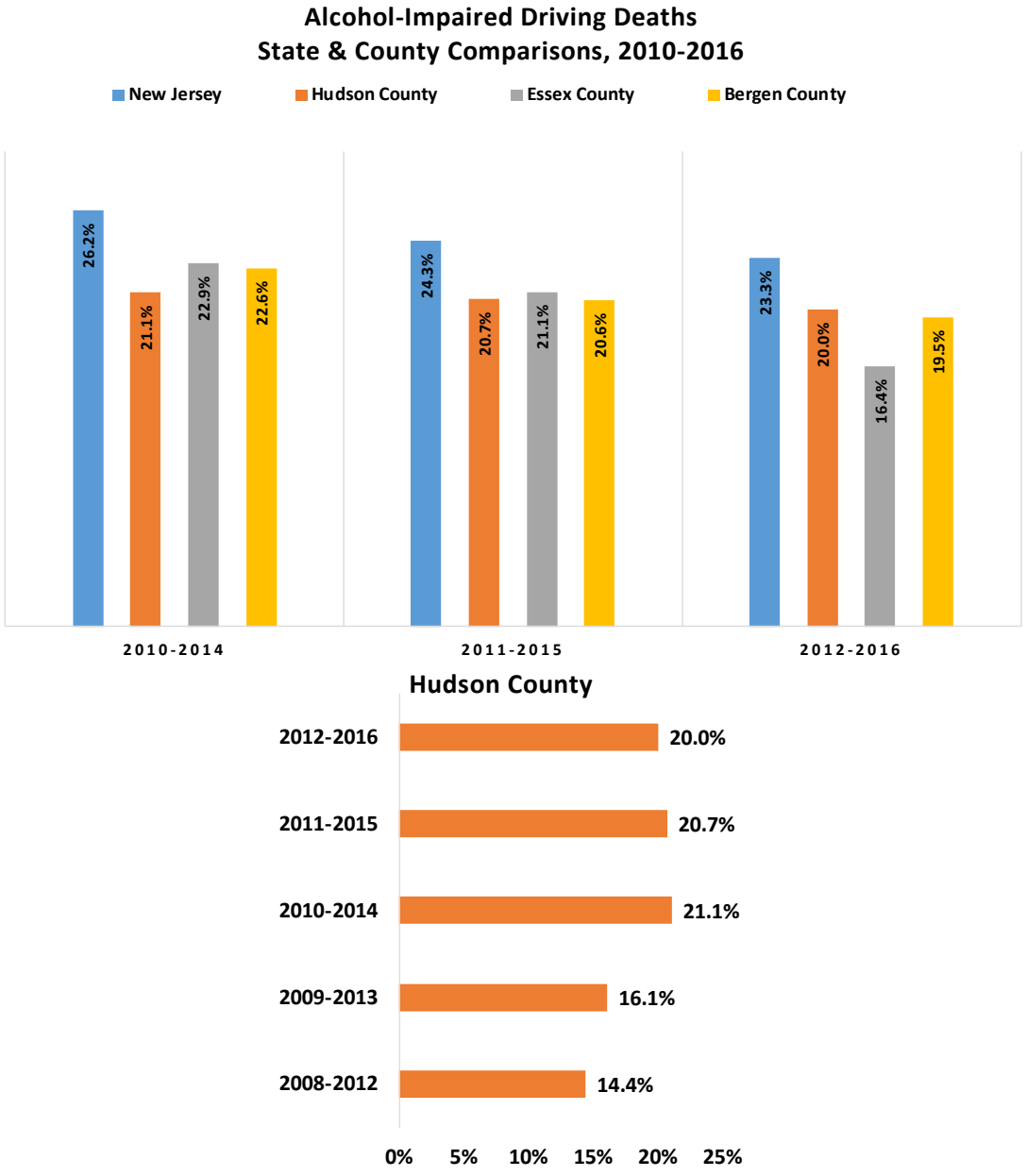


Hudson County



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

- Alcohol impaired driving deaths in Hudson County have increased from 14.4% in 2008-2012 to 20.0% in 2012-2016.
- Between 2010-2014 and 2012-2016 the rate of alcohol impaired driving deaths in Hudson County were historically lower than New Jersey.



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

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

National Benchmark: 13.0%
Hudson County 2016: 20.0%

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

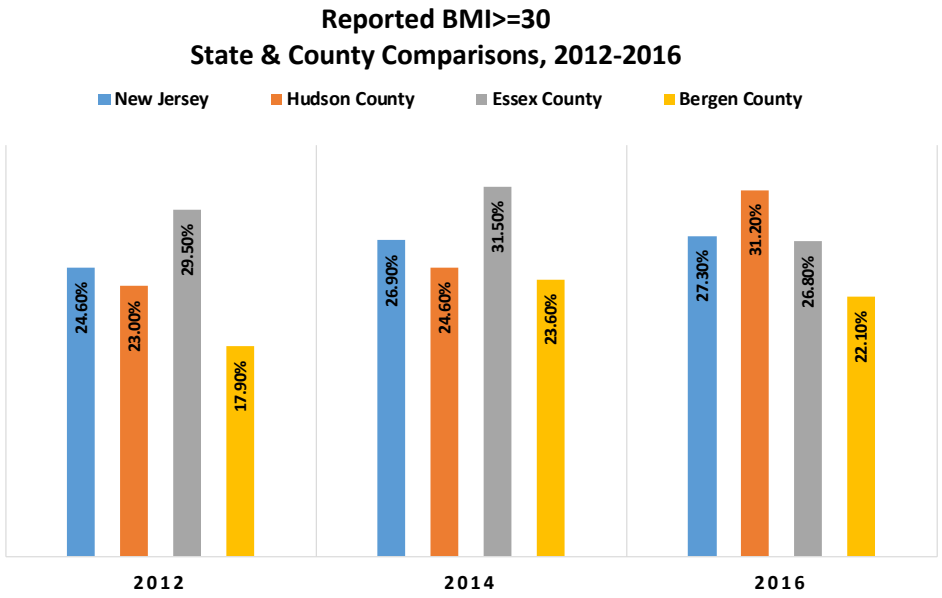
RED: Poorest Performing Quartile
Yellow: Middle Quartiles
Green: Best Performing Quartile

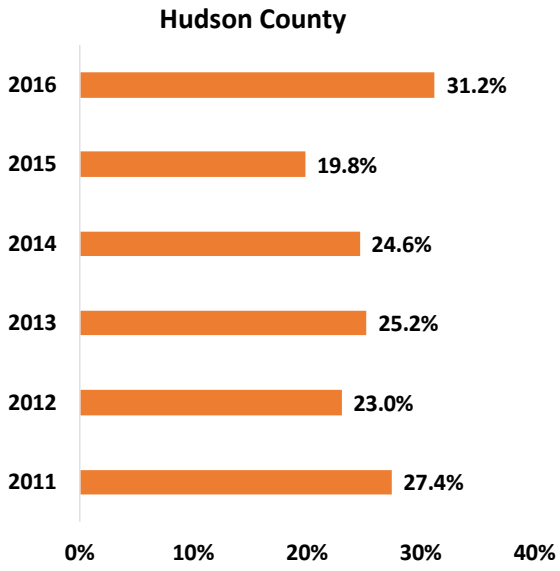
Obesity

Healthy food is a key component to good health; insufficient nutrition hinders growth and development. As of 2016, 41 million Americans struggled with hunger in the U.S. A household that is food insecure has limited or uncertain access to enough food to support a healthy life. Obesity among food insecure people, as well as low income individuals, occurs in part because they are often subject to the same challenges as other Americans (more sedentary lifestyles, increased portion size) and because they face unique challenges in adopting and maintaining healthy behaviors, including limited resources and lack of access to affordable healthy food, cycles of food deprivation and overeating, high levels of stress and anxiety, fewer opportunities for physical activity, greater exposure to marketing of obesity promoting products, and limited access to health care.[52]

- The percent of Hudson County residents with a Body Mass Index (BMI) >=30 trended upward from 27.4% in 2011, to 31.2% in 2016.
- In 2016, Hudson County (31.2%) had a higher rate of obesity than Essex County (26.8%) and Bergen County (22.1%).
- In 2016, a higher percent of Hudson County residents (31.2%) are obese than the *Healthy People 2020* target (30.5%)
- In 2016, Hudson County residents with a BMI>=30 ranked in the middle quartile in New Jersey, *Healthy People 2020* and with regard to the County Health Rankings.

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





Source: CDC Behavioral Risk Factor Surveillance System

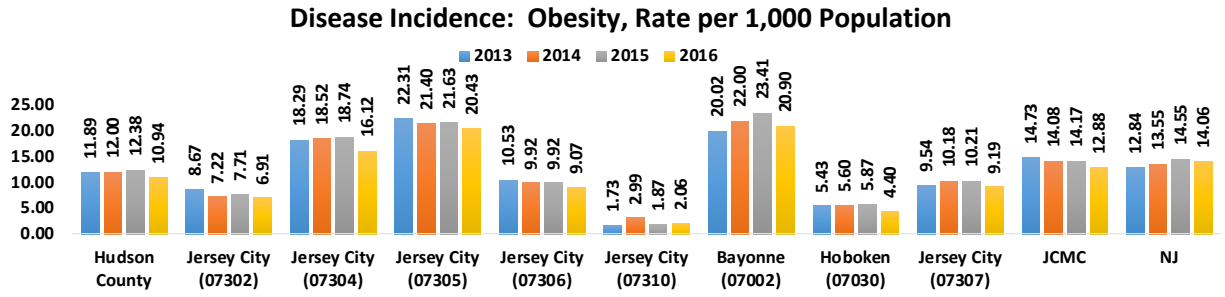
Healthy People 2020

Baseline: 33.9%
Target: 30.5%
Hudson County 2016: 31.2%

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

National Benchmark: 26.0%
Hudson County 2016: 31.2%

- In 2016, Bayonne residents had the highest rate of patients hospitalized with a diagnosis of obesity (20.90/1,000) as compared to the other geographies.
- In 2016, patients hospitalized from Hudson County had lower rates of obesity than hospitalized residents of JCMC's Service Area.



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

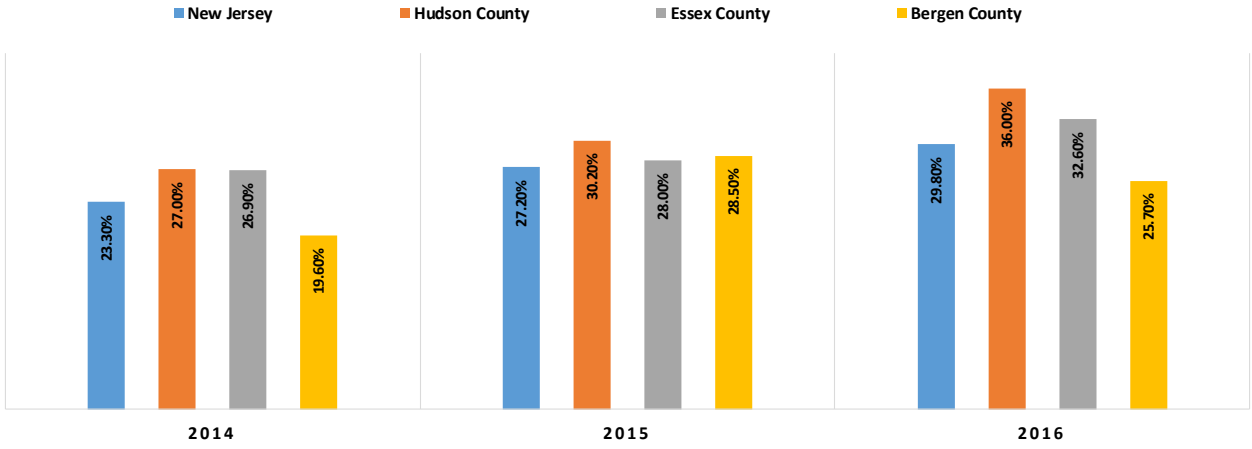
Exercise

Inadequate physical activity contributes to increased risk of coronary heart disease, diabetes and some cancers. Nationally, half of adults and nearly three-quarters of high school students do not meet the CDC's recommended physical activity levels.[53]

- Within Hudson County, the percent of individuals reporting no leisure time physical activity trended upward from 27.0% in 2014, to 36.0% in 2016.
- In 2016, Hudson County had a higher percentage of residents reporting no leisure time physical activity than the State and comparison counties.
- Compared to all counties statewide, Hudson County performs in the bottom quartile.
- Hudson County performs in the lowest quartile compared to the County Health Rankings benchmark as well.

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

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



Source: CDC Behavioral Risk Factor Surveillance System

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

National Benchmark: 20.0%
Hudson County 2016: 36.0%

Healthy People 2020

Baseline: 36.2%
Target: 32.6%
Hudson County 2016: 36.0%

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

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

Health Screenings

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

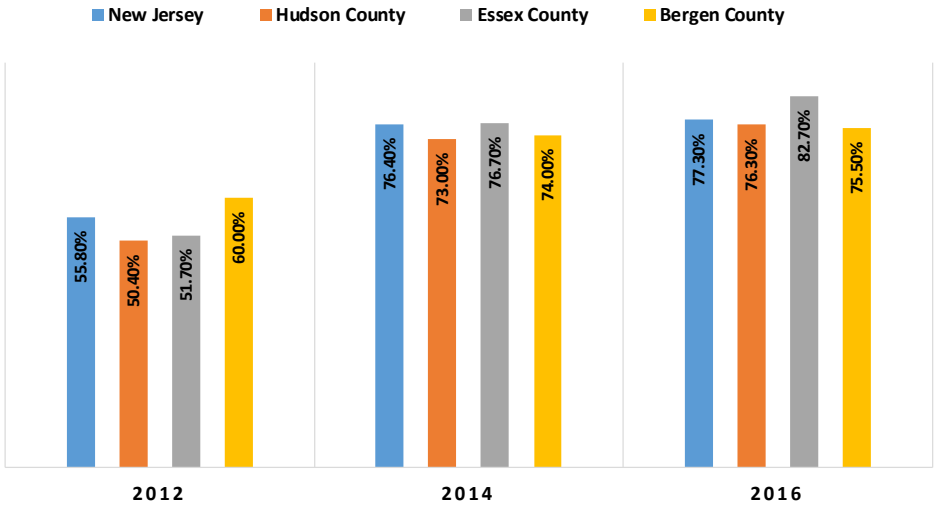
Cancer Screening

Breast Cancer (mammography)

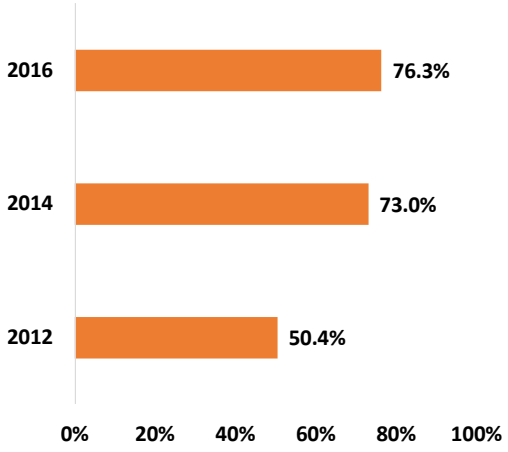
According to the American Cancer Association, women ages 40 to 44 should have the choice to start annual breast cancer screening with mammograms (x-rays of the breast) if they wish to do so. Women age 45 to 54 should get mammograms every year. Women 55 and older should switch to mammograms every 2 years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

- In 2016, 76.3% of Hudson County women over age 40 had a mammography within the past two years, up 25.9 percentage points since 2012. Compared to all counties statewide, Hudson County performs in the middle quartile.
- In 2016, Hudson County performed in the top quartile in terms of the County Health Ranking benchmark and middle quartile of the *Healthy People 2020* target.

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



Hudson County



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

Healthy People 2020

Baseline: 69.8%
Target: 81.1%
Hudson County 2016: 76.3%

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

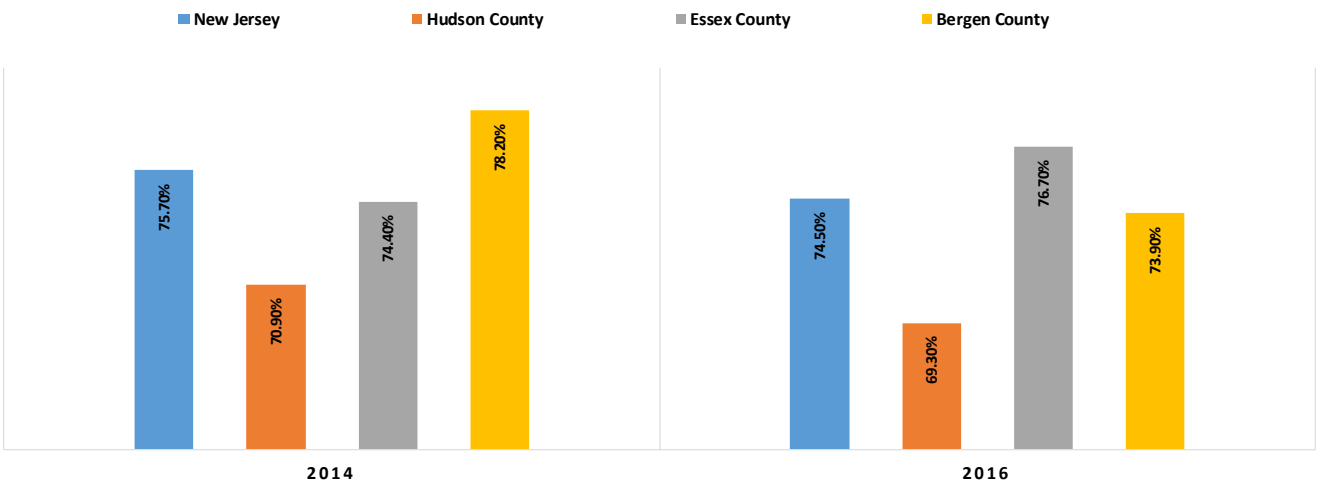
National Benchmark: 71.0%
Hudson County 2016: 76.3%

Cervical Cancer (pap smear)

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

- In 2016, 69.3% of Hudson County women over age 18 had a pap smear within the past three years as compared to 74.5% of New Jersey women 18+. Fewer Hudson County women over age 18 had a pap test within 3 years than in comparative Essex (76.7%) and Bergen (73.9%) Counties. Compared to the State overall, Hudson County performs in the bottom quartile.
- Between 2014 and 2016, Hudson County women who had a pap test within the past three years decreased 1.6 percentage points from 70.9% to 69.3%.

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



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

Healthy People 2020

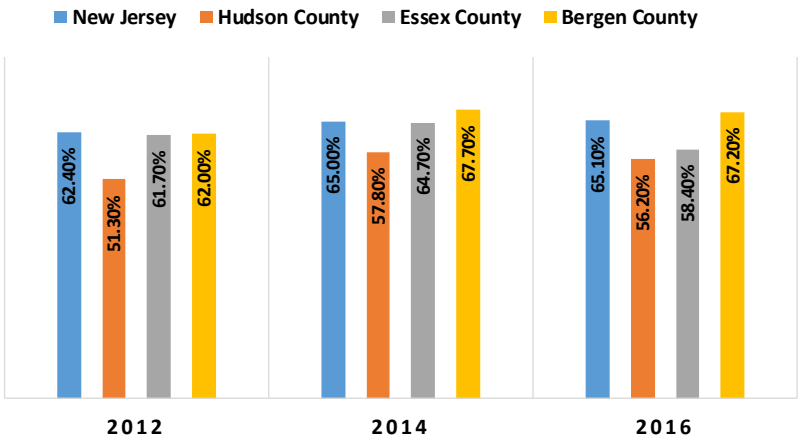
Baseline: 60.2%
Target: 66.2%
Hudson County 2016: 69.3%

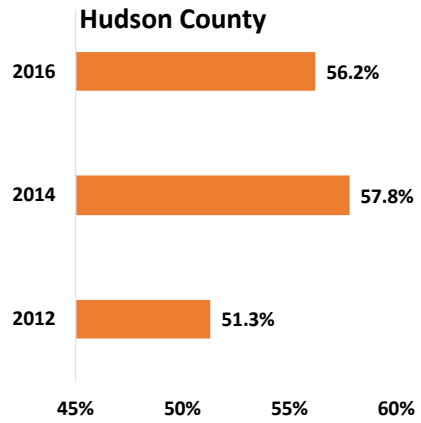
Colon-rectal Cancer (sigmoidoscopy or colonoscopy)

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

- In 2016, a lower percentage of Hudson County adults over age 50 (56.2%) participated in colon-rectal screening than adults statewide (65.1%). Compared to all New Jersey counties, Hudson County performs in the lowest performing quartile.
- In 2016, more Hudson County adults (56.2%) over age 50 had a colonoscopy/sigmoidoscopy than in 2012 (51.3%). Hudson County was below the *Healthy People 2020* target of 70.5% of adults (50+) ever having colon-rectal screening in 2016.

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





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

Healthy People 2020

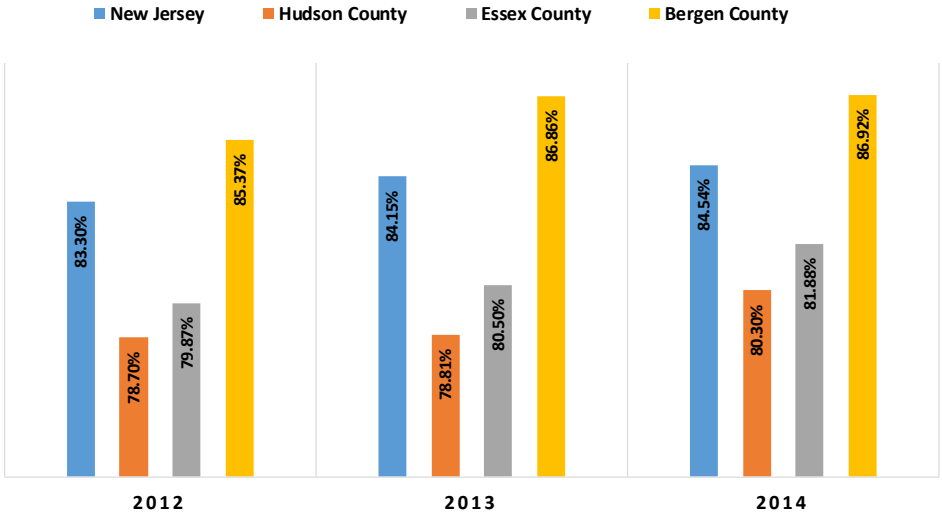
Baseline: 52.1%
Target: 70.5%
Hudson County 2016: 56.2%

Diabetes

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

- In 2014, 80.3% of Hudson County diabetic Medicare enrollees received HbA1c screening, lower than the State and surrounding counties. As compared to all New Jersey counties, Hudson County performs in the bottom quartile.
- The percent of Hudson County diabetic Medicare enrollees receiving HbA1c screening has trended upward since 2009.
- In 2014, fewer Hudson County diabetic Medicare enrollees (80.3%) were screened than the CHR national benchmark (91.0%). Hudson County ranked in the middle quartile of the CHR benchmark.

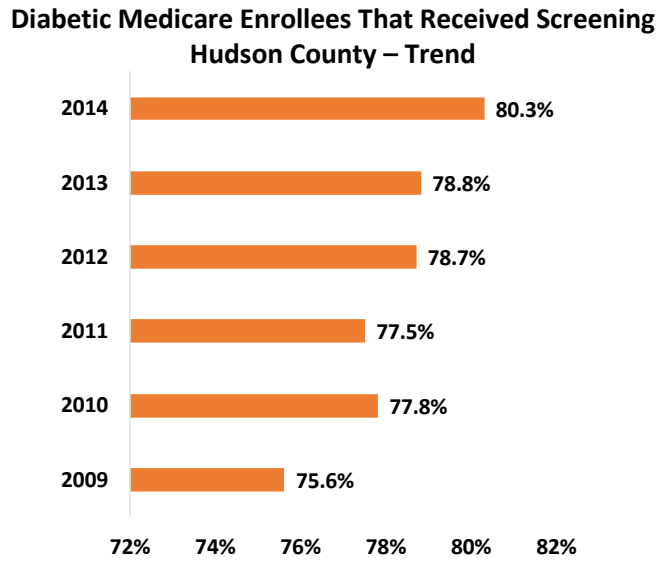
Diabetic Medicare Enrollees That Received Screening
State & County Comparisons, 2012-2014



Source: County Health Rankings – Dartmouth Atlas of Health Care

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

National Benchmark: 91.0
Hudson County 2014: 80.3



Source: County Health Rankings – Dartmouth Atlas of Health Care

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

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

Immunizations

It is better to prevent disease than to treat it after it occurs; vaccines prevent disease and save millions of lives. Vaccines introduce the antigens that cause diseases. Immunity, the body's means to preventing disease, recognizes germs and produces antibodies to fight them. Even after many years, the immune system continues to produce antibodies to thwart disease from recurring. Through vaccination we can develop immunity without suffering from disease.[54]

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

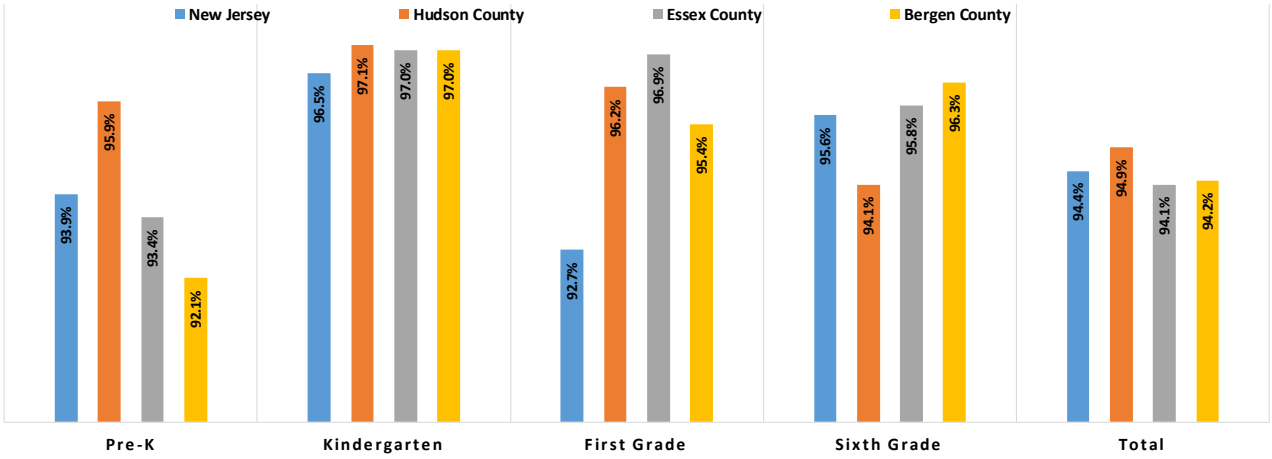
Childhood Immunizations: DPT, polio, MMR & Hib (aged 19-35 months)

Young children are readily susceptible to disease and the consequences can be serious or life-threatening. Childhood immunizations minimize impact of vaccine preventable diseases. Combined 4 vaccine series (4:3:1:3) refers to 4 or more doses of DTP/DT, 3 or more doses of poliovirus vaccine, 1 or more doses of MCV and 3 or more doses of Hib.[55] Conflicting information in the news and on the internet about children's immunizations may cause vaccine hesitancy among select parents. Health care providers have been encouraged to use interventions to overcome vaccine non-compliance, including parental counseling, increasing access to vaccinations, offering combination vaccines, public education, and reminder recall strategies.

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

- In 2016, 94.9% of first grade students in Hudson County had received all required immunizations compared to 92.7% statewide.
- 94.9% of all Hudson County students received all required immunizations, comparable to the statewide percentage (94.4%).
- Hudson County is in the middle performing quartile statewide.

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



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

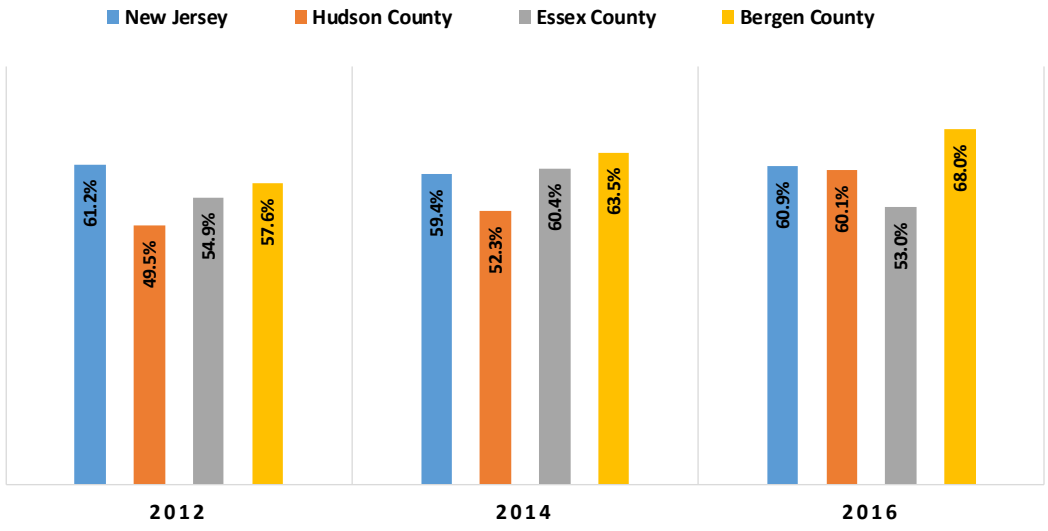
[55] http://www.cdc.gov/vaccines/imz-managers/coverage/nis/child/tech-notes.html)

Adult Flu

Immunizations are not just for children. As we age, the immune system weakens putting us at higher risk for certain diseases. Greater than 60 percent of seasonal flu-related hospitalizations occur in people 65 and older. The single best way to protect against the flu is an annual vaccination.[56]

- Hudson County had the second lowest percent of adults receiving flu shots in comparison to residents of New Jersey and the tri-county area.
- As compared to all counties statewide, Hudson County performs in the middle quartile.
- Between 2011 and 2016, the percentage of Hudson County adults who had a flu shot fluctuated with an overall increase of 12.8 percentage points.
- The percent of 2016 Hudson County adults who received the flu shot in the past year (60.1%) was lower than the *Healthy People 2020* target of 90.0%.
- Hudson County performs in the lowest *Healthy People 2020* quartile.

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

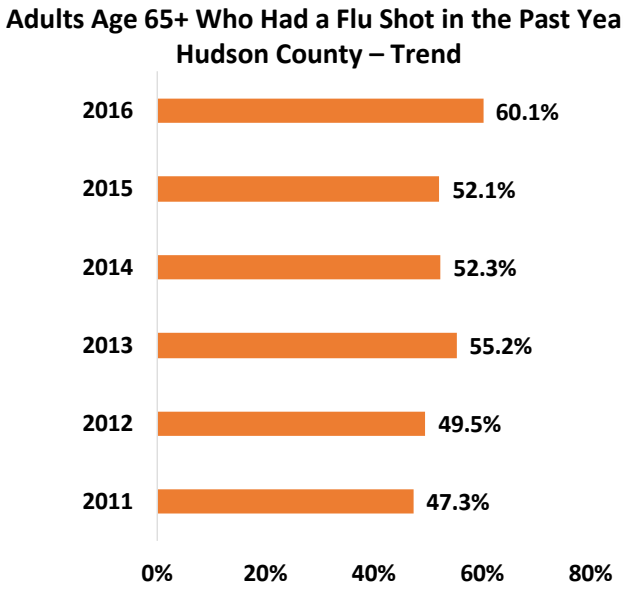


Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

Healthy People 2020

Baseline: 66.6%
Target: 90.0%
Hudson County 2016: 60.1%

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



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

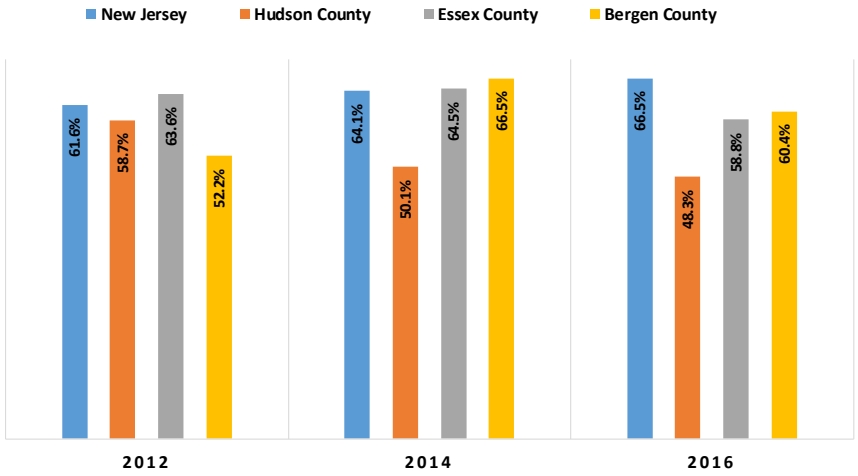
Adult Pneumonia

The pneumococcal vaccine protects us against some of the 90 types of pneumococcal bacteria. Pneumococcal vaccine is recommended for all adults 65 years or older.[57]

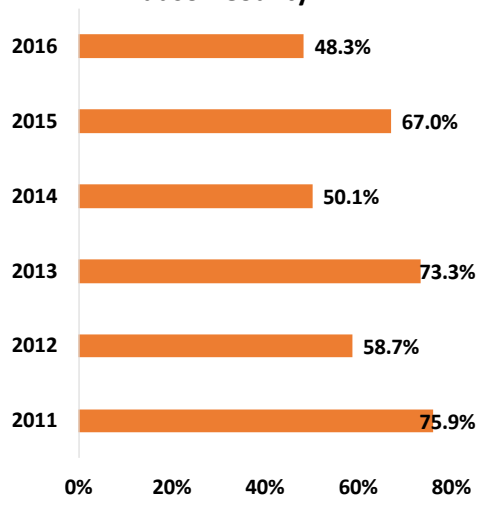
- The percent of Hudson County adults age 65+ who had a pneumonia vaccine decreased from 2011 through 2016, from 75.9% to 48.3%.
- In 2016, the percent of Hudson County (48.3%) adults that had a pneumonia vaccine is higher than statewide (66.5%) and less than the *Healthy People 2020* target (90.0%). As compared to all counties statewide, Hudson County performs in the bottom quartile. Hudson County performs in the bottom quartile in the *Healthy People 2020* target as well.

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

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



Hudson County



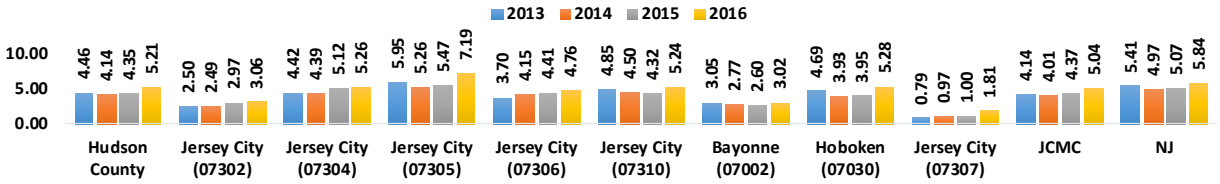
Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

Healthy People 2020

Baseline: 60.0 %
Target: 90.0%
Hudson County 2016: 48.3%

- In 2016, Jersey City 07305 residents who used a hospital service had the highest rate of pneumonia (7.19/1,000) and Jersey City 07310 at 1.81/1,000 was the lowest as compared to all geographies.

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



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

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

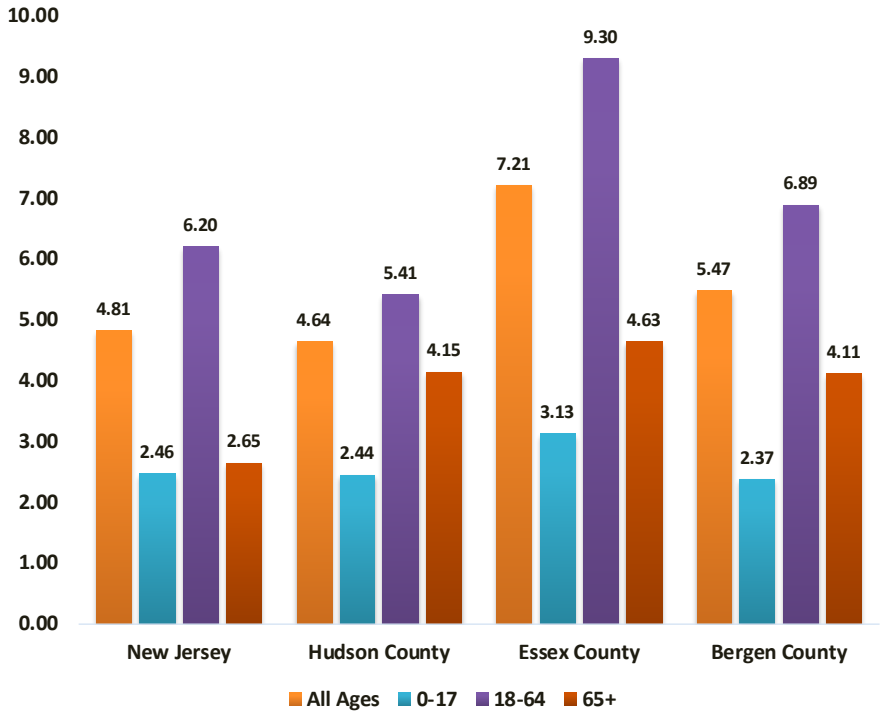
RED: Poorest Performing Quartile
Yellow: Middle Quartiles
Green: Best Performing Quartile

4. Behavioral Health Utilization

Mental Health

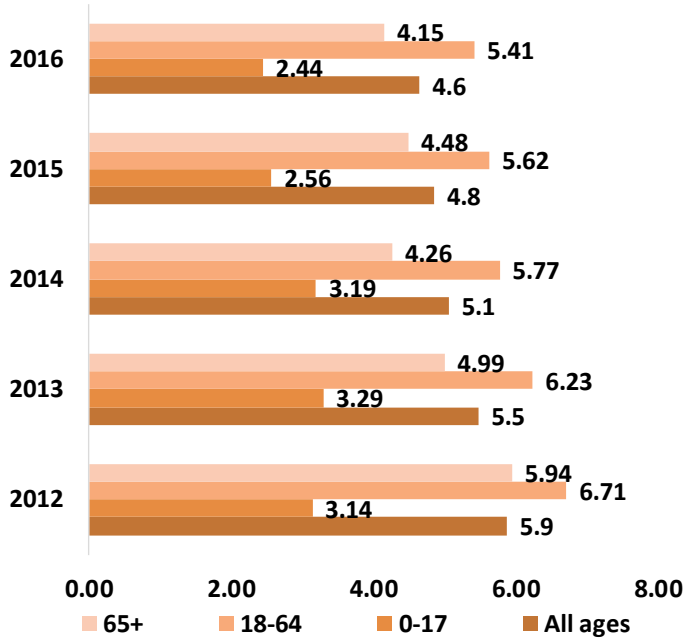
- In 2016, Hudson County (4.64/1,000) had the lowest rate of residents with an inpatient hospitalization for a mental health condition across all age cohorts, as compared to the State and comparison counties.
- Within Hudson County, by age cohort in 2016, adults 18-64 (5.41/1,000) had the highest rate of mental/behavioral health inpatient hospital admissions compared to older adults 65+ (4.15/1,000) and children (2.44/1,000).
- Hudson County had a lower rate of hospitalizations for mental/behavioral health conditions in 2016 (4.64/1,000) than in 2012 (5.90/1,000).

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



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

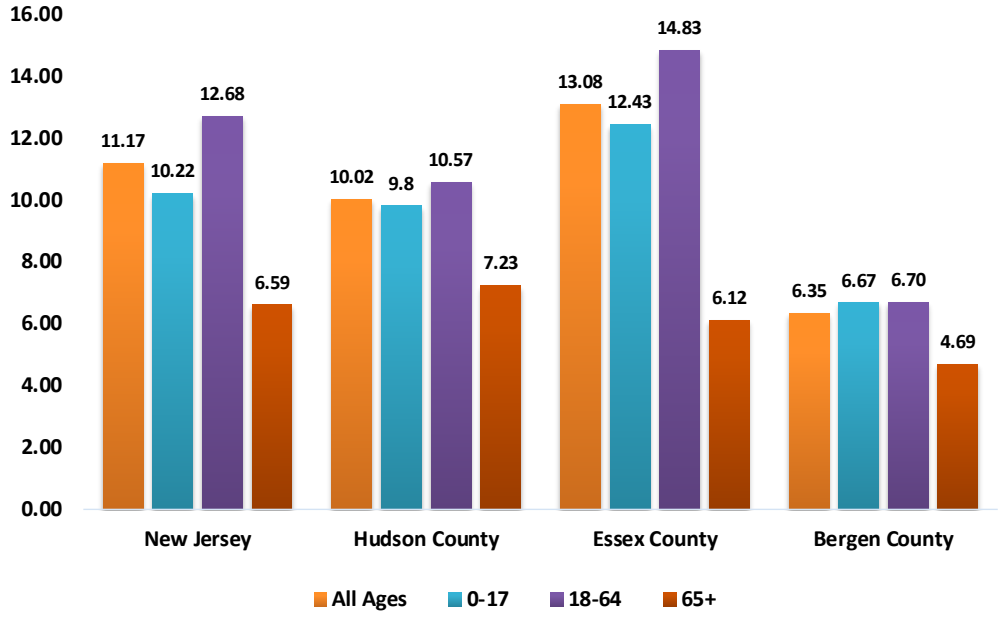
Inpatient Admissions for Mental/Behavioral Health Conditions
By Age; Rate / 1,000 Population
Hudson County – Trend

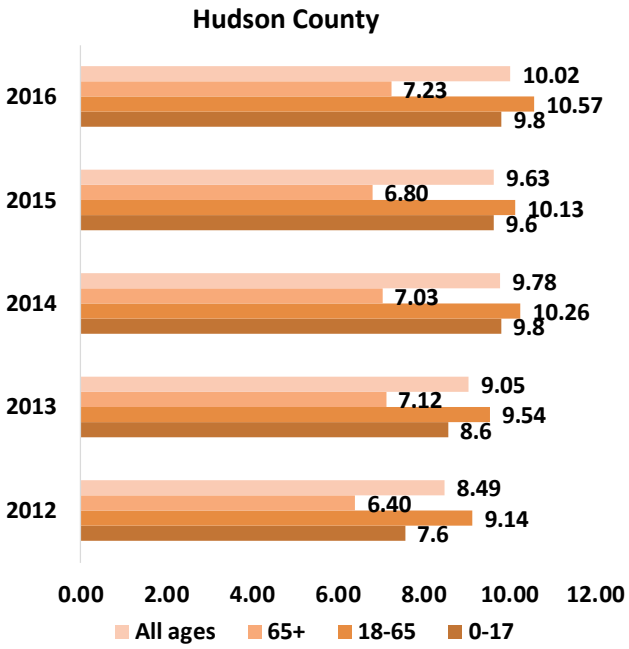


Source: NJDHSS 2012 - 2016 UB-04 Data MDC 19 – NJ Residents; Population: United States Census American Community Survey 5yr Estimate

- In 2016, Hudson County (10.02/1,000) had a lower ED visit rate for mental health conditions than the State (11.17/1,000).
- In 2016, Hudson County adults 18-64 (10.57/1,000) had the highest rate of ED visits compared to children (9.8/1,000) and older adults 65+ (7.23/1,000).
- Hudson County ED visits for mental/behavioral health conditions increased between 2012 (8.49/1,000) and 2016 (10.02/1,000).

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

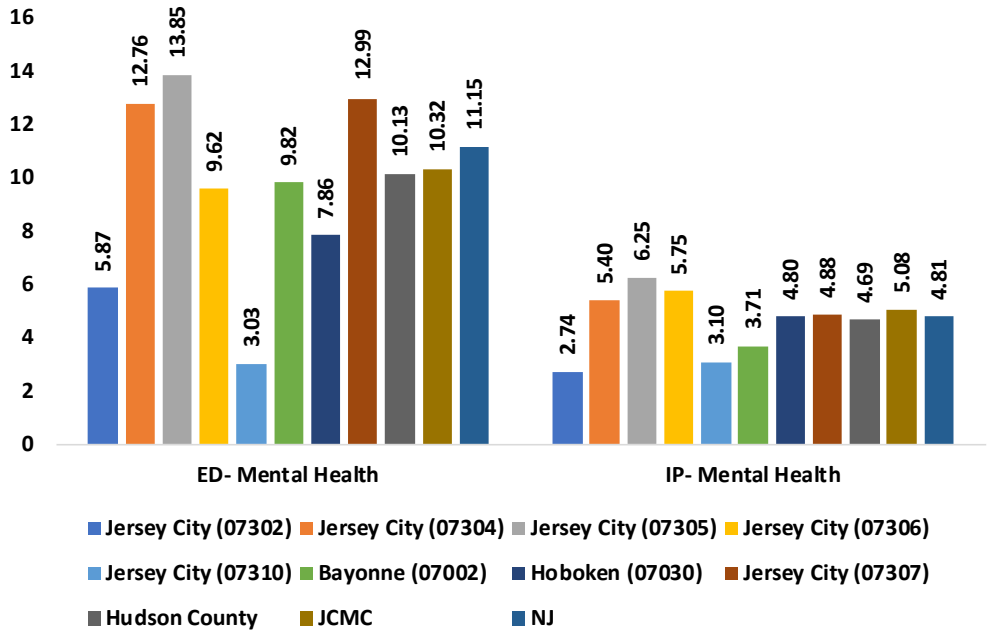




Source: NJDHSS 2012- 2016 UB-04 Data MDC 19 – NJ Residents; Population: United States Census American Community Survey 5yr Estimate

- In 2016, inpatient hospitalizations for mental/behavioral health for JCMC's Service Area (5.08/1,000) exceeded the New Jersey rate (4.81/1,000) and was higher than the Hudson County rate (4.69/1,000).
- In 2016, the emergency department rate for mental/behavioral health in Jersey City 07305 (13.85/1,000) was greater than Hudson County (10.13/1,000), the JCMC Service Area rate (10.32/1,000), and New Jersey (11.15/1,000).
- In 2016, the emergency department rate for mental health in Jersey City 07310 (3.03/1,000) was less than the New Jersey rate (11.15/1,000) and less than the Hudson County rate (10.13/1,000).

Mental Health Use Rate /1,000 Population: 2016

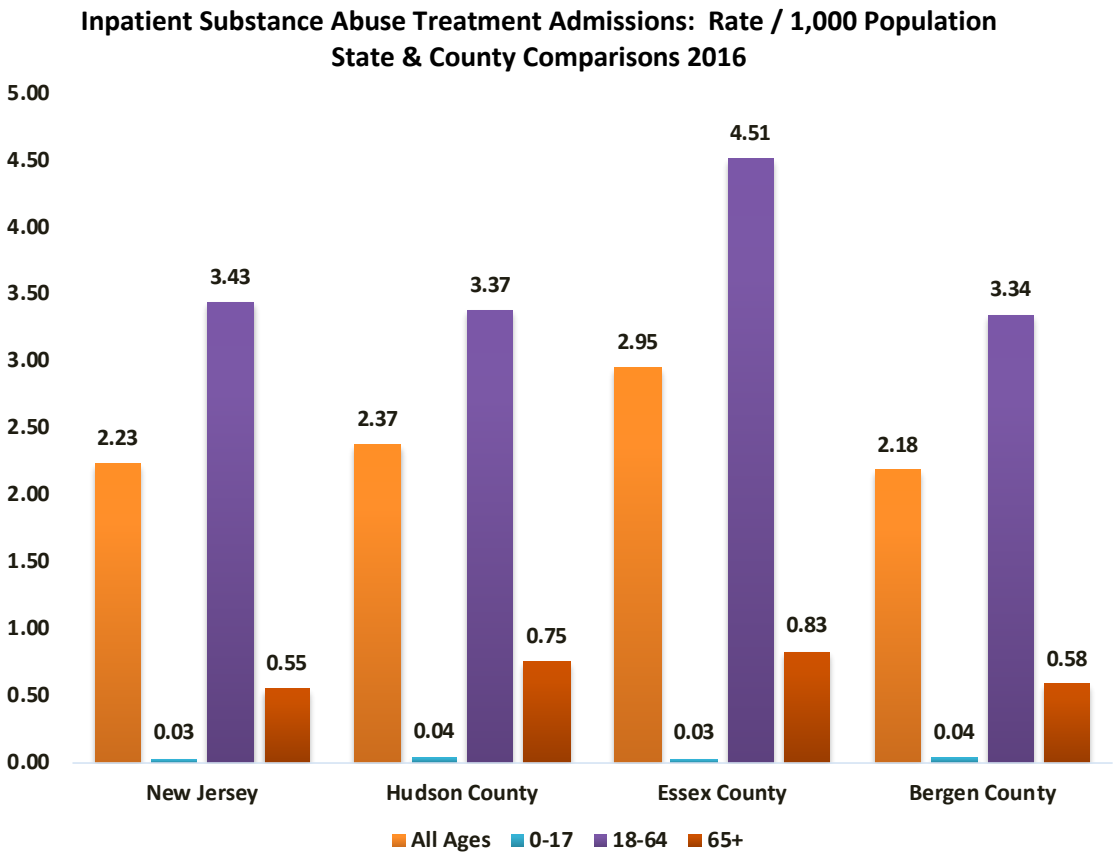


*Source: UB-04 2016 Discharges; Claritas Population Estimate
** Mental Health Defined as MDC 19, Substance Abuse Defined As MDC 20

Substance Abuse

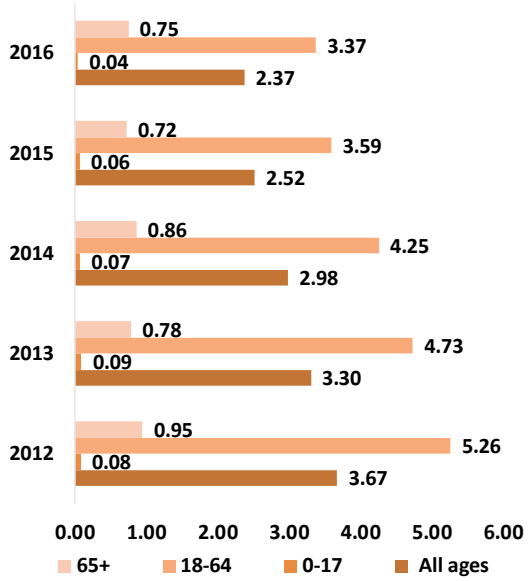
Substance abuse has a major impact on individuals, families and communities. In 2005, an estimated 22 million Americans struggled with a drug or alcohol problem. Almost 95 percent of people with substance use problems are considered unaware of their problem. These estimates highlight the importance of increasing prevention efforts and improving access to treatment for substance abuse and co-occurring disorders.[58]

- In 2016, Hudson County had a slightly higher use rate among all ages with an inpatient admission for substance abuse than the State.
- Inpatient use rates by age cohort in Hudson County trended downward among those 18-44 between 2014-2016.



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

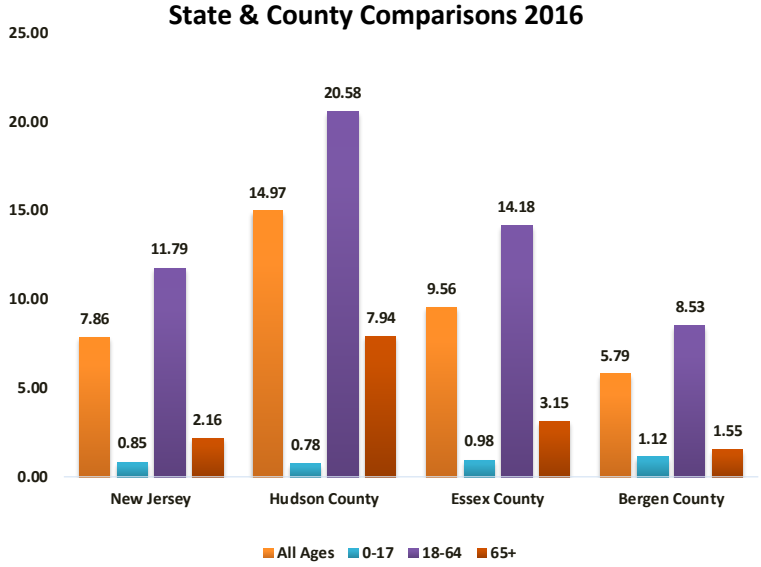
Inpatient Substance Abuse Treatment Admissions: Rate / 1,000 Population
Hudson County – Trend



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

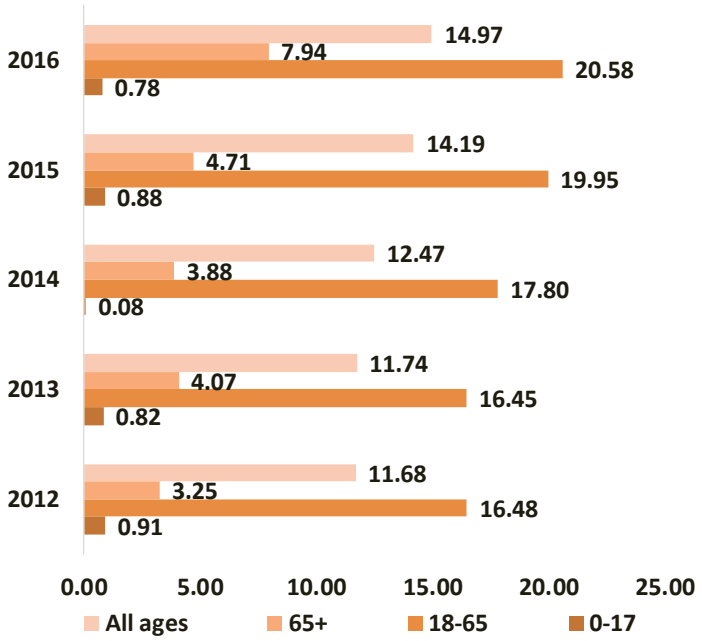
- In 2016, Hudson County (14.97/1,000) had a higher ED visit rate for substance abuse than the State (7.86/1,000) and all comparative counties.
- Between 2012 and 2016, ED visit rate for substance abuse in Hudson County increased from 11.68/1,000 to 14.97/1,000.
- In 2016, Hudson County residents aged 18-64 had the highest rate of ED visits for substance abuse among all comparison counties, as well as the State.

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



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

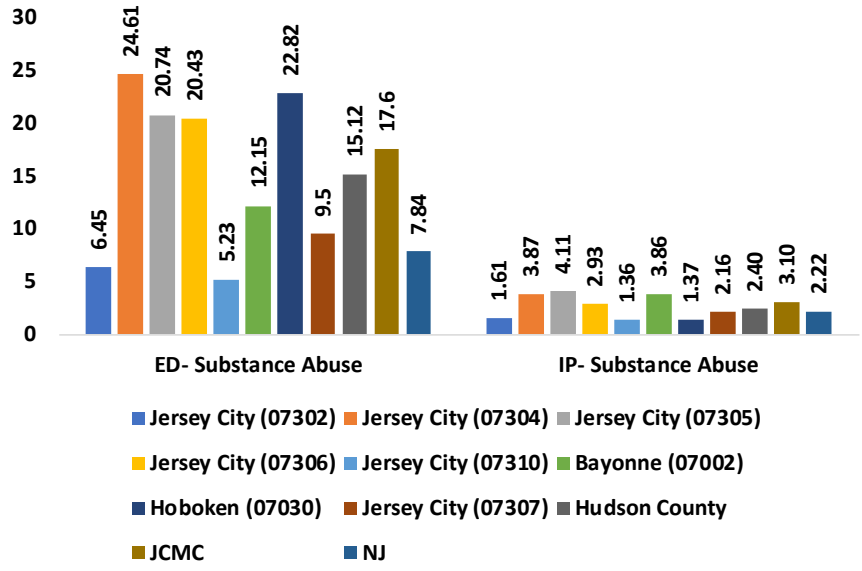
ED Visits for Substance Abuse: By Age; Rate / 1,000 Population
Hudson County – Trend



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

- Inpatient hospitalization to general hospitals for substance abuse in the JCMC Service Area (3.10/1,000) was higher than the County rate (2.40/1,000).
- Jersey City's 07305 rate (4.11/1,000) for inpatient hospitalization for substance abuse was higher than Hudson County (2.40/1,000).
- In 2016, emergency department visits for substance abuse in JCMC's Service Area (17.60/1,000) was higher than the Hudson County rate (15.12/1,000) and the New Jersey rate (7.84/1,000).
- In 2016, emergency department utilization rates for substance abuse in Jersey City 07304 (24.61/1,000) was higher than the Hudson County rate (15.12/1,000).

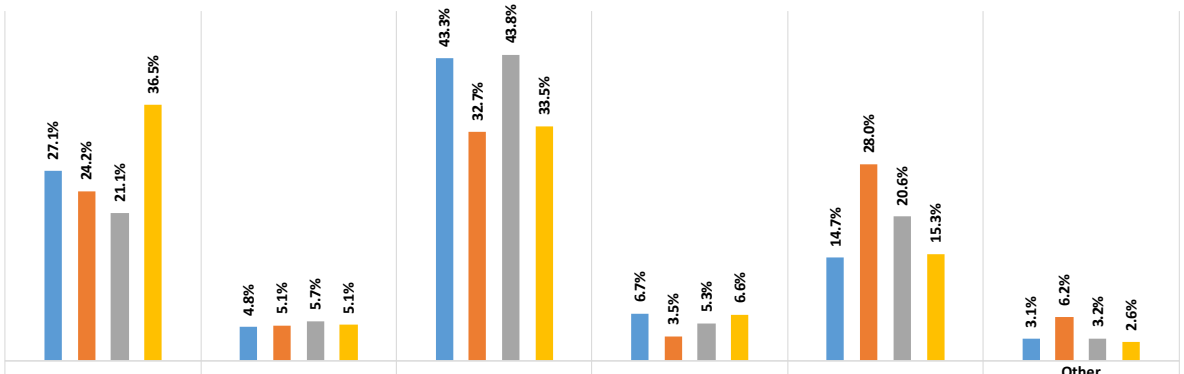
Substance Abuse Use Rate 1,000 Population: 2016



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

- In 2016, heroin was the leading reason for admission to a drug treatment center followed by marijuana/hashish for Hudson County residents.

Primary Drug Treatment Admissions
State & County Comparisons 2016



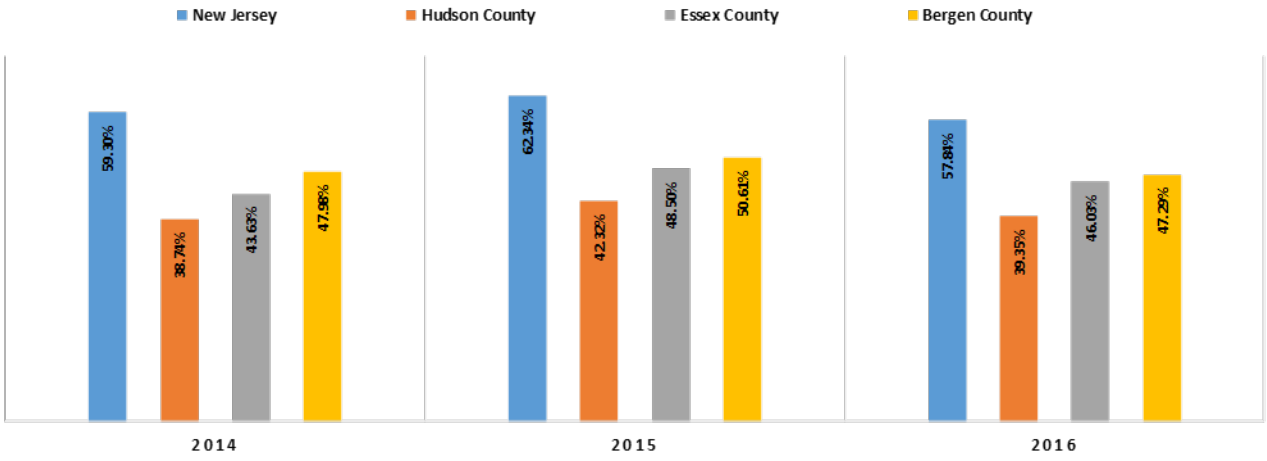
	Alcohol	Cocaine/Crack	Heroin	Other Opiates	Marijuana/Hashish	Other Drugs
New Jersey	27.1%	4.8%	43.3%	6.7%	14.7%	3.1%
Hudson County	24.2%	5.1%	32.7%	3.5%	28.0%	6.2%
Essex County	21.1%	5.7%	43.8%	5.3%	20.6%	3.2%
Bergen County	36.5%	5.1%	33.5%	6.6%	15.3%	2.6%

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

Between 2014 and 2016, the number of drugs dispensed was down across the State, but was up slightly in Hudson County.

- In 2016, the number of drugs dispensed reached slightly less than 40% of the Hudson County population.

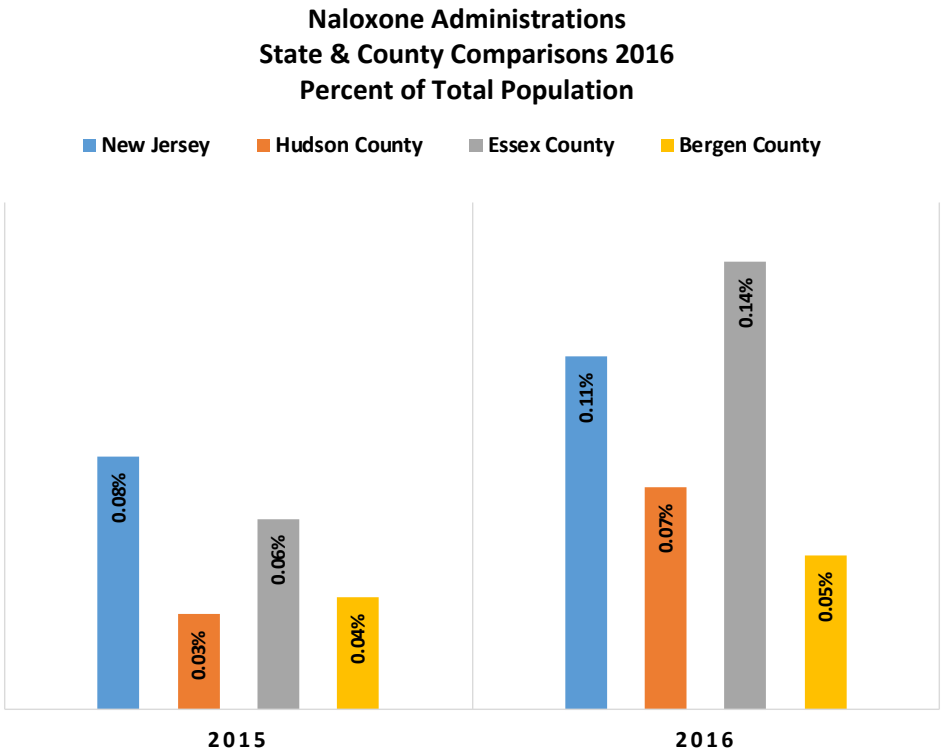
Opioid Dispensing
State & County Comparisons 2016

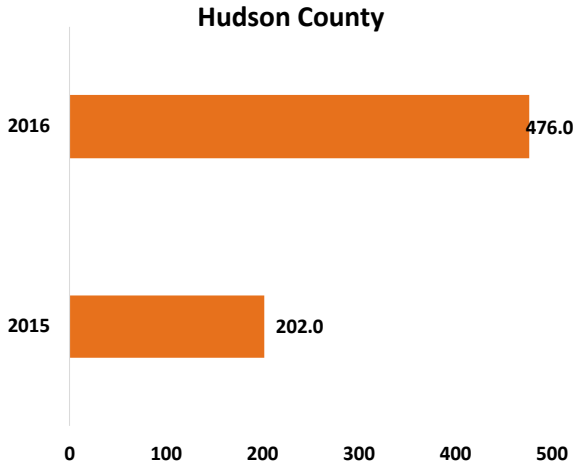


Source: http://www.nj.gov/humanservices/dmhas/publications/statistical/Substance%20Abuse%20Overview/2016/statewide.pdf

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

- Between 2015 and 2016, the number of Naloxone administrations increased statewide; and in Hudson, Essex, and Bergen Counties. In Hudson County, Naloxone administrations more than doubled from 202 administrations in 2015, to 476 in 2016.





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

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

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

E. HEALTH OUTCOMES

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

1. Mortality - Leading Cause of Death

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

- Between 2013 and 2016, Hudson County age-adjusted mortality rates (AAMR) improved (decreased) for seven leading causes of death: diabetes (-22.6%), diseases of the heart (-18.6%), nephritis (-16.8%), cancer (-13.8%), chronic lower respiratory diseases (-13.5%), septicemia (-9.3%), and Alzheimer's disease (-3.1%).
- Between 2013 and 2016, three of the top 10 leading causes of death for Hudson County increased including: essential hypertension and hypertensive kidney disease (16.7%), stroke (12.9%), and unintentional injuries (11.3%).

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

Causes of Death	2008	2013	2016	Change 13'-16'
Diseases of Heart	215.5	176.4	143.6	-18.6%
Cancer (Malignant Neoplasms)	161.4	146.1	126.0	-13.8%
Stroke (Cerebrovascular Diseases)	32.1	27.8	31.4	12.9%
Unintentional Injuries	21.8	23.8	26.5	11.3%
Chronic Lower Respiratory Diseases (CLRD)	32.5	30.3	26.2	-13.5%
Diabetes Mellitus	37.5	31.0	24.0	-22.6%
Septicemia	23.2	24.8	22.5	-9.3%
Alzheimer's Disease	14.6	13.1	12.7	-3.1%
Nephritis, Nephrotic Syndrome and Nephrosis (Kidney Disease)	17.7	14.3	11.9	-16.8%
Essential Hypertension and Hypertensive Renal Disease	7.6	7.8	9.1	16.7%

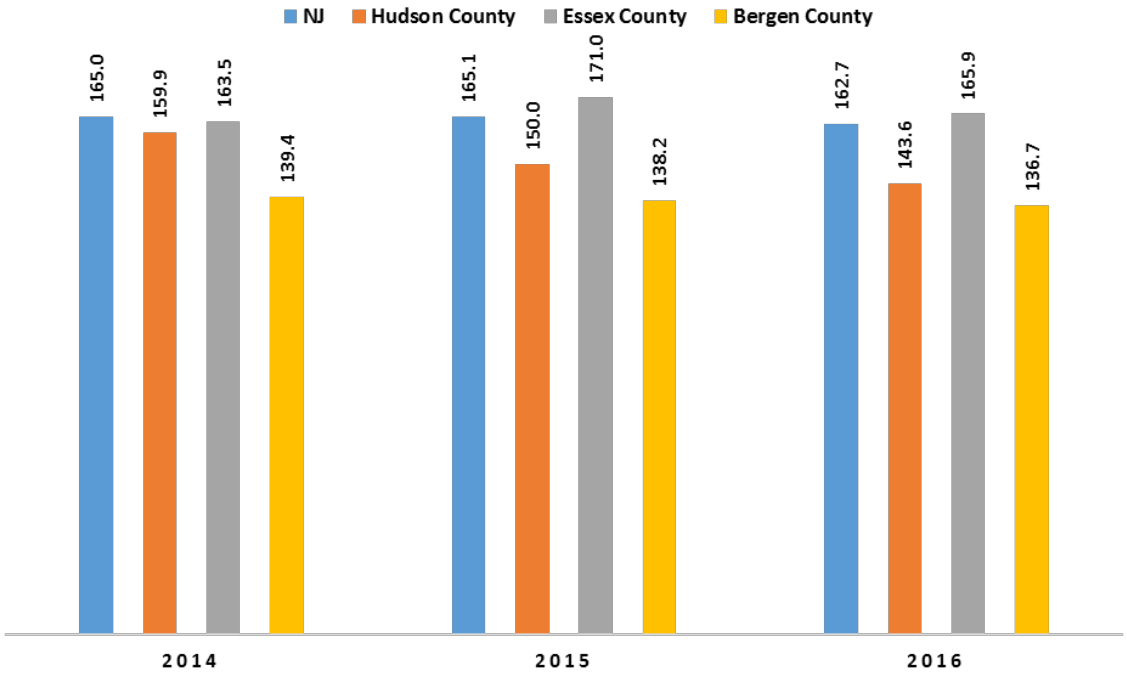
Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.

Heart Disease (1)

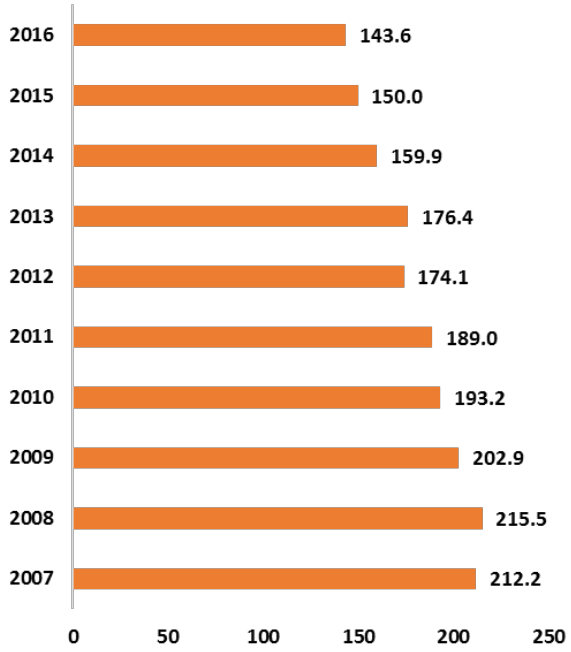
Heart disease includes several conditions, most commonly, coronary artery disease, angina, heart failure and arrhythmias. Nationally, statewide and in Hudson County, heart disease remains the leading cause of death. Responsible for 1 in every 4 deaths, approximately 610,000 people die of heart disease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

- The AAMR for heart disease deaths in Hudson County decreased between 2007 (212.2/100,000) and 2016 (143.6/100,000).
- The 2016 Hudson County mortality rate due to heart disease (143.6/100,000) was 16.8% lower than statewide (162.7/100,000).
- In 2016, across the County, Blacks (201.8/100,000) had the highest heart disease mortality rate as compared to Whites (184.3/100,000) and Hispanics (93.6/100,000).

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



Hudson County

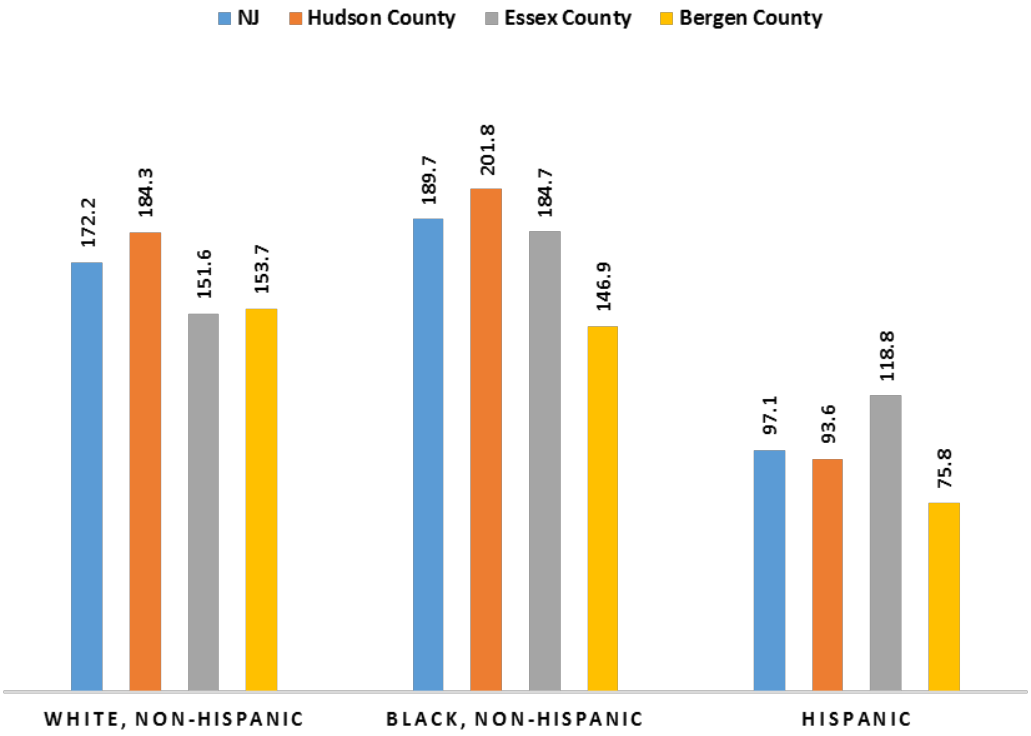


Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.

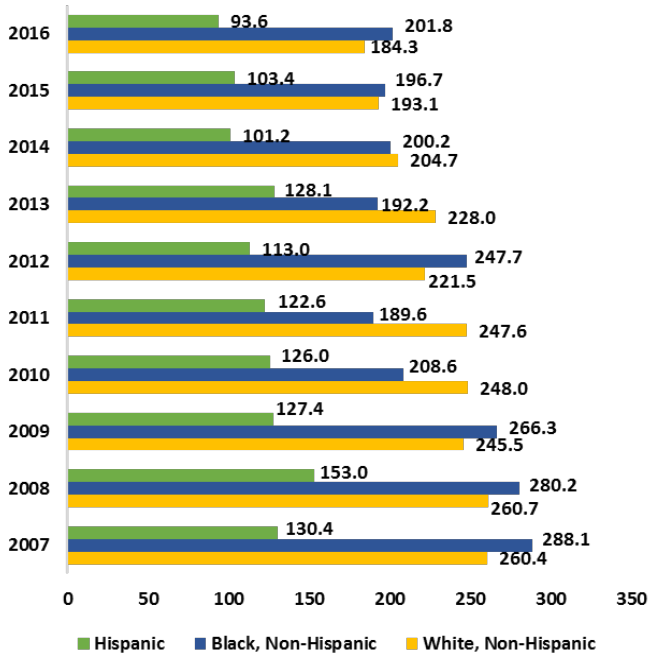
Healthy People 2020

Baseline: 129.2
Target: 103.4
Hudson County 2016: 143.6

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



Hudson County



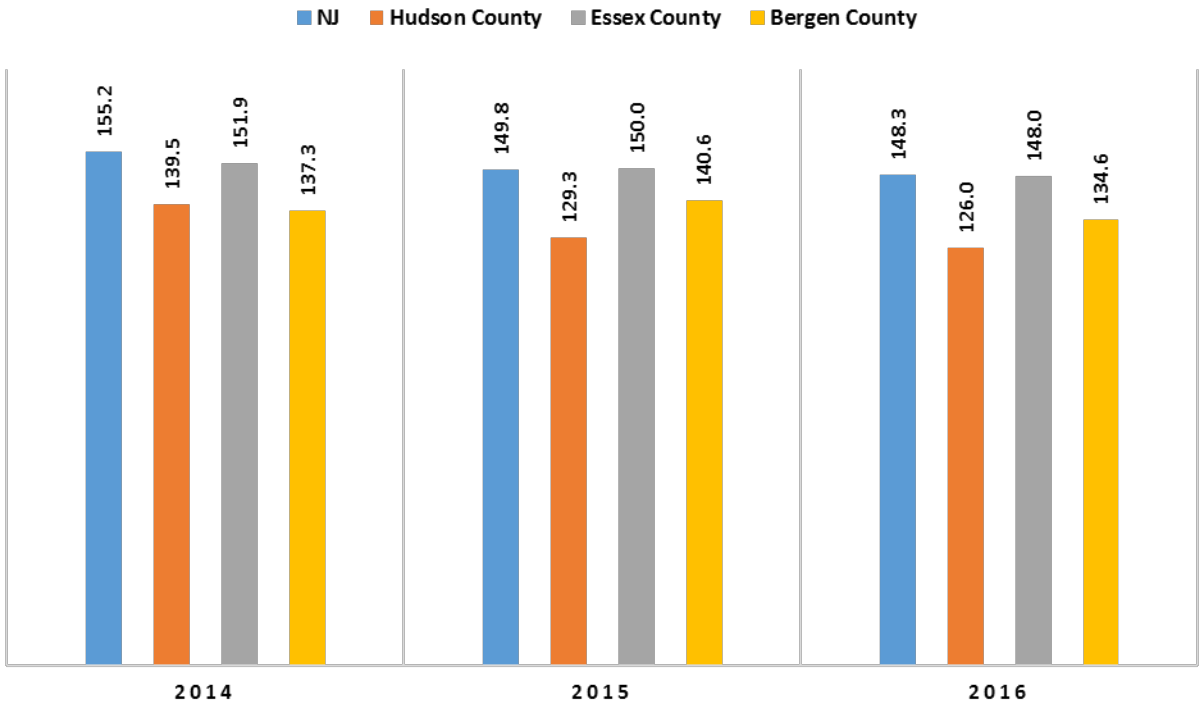
Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.

Cancer (2)

Although there are many types of cancer, all originate from abnormal cells with untreated disease.[59] Approximately half of American men and one-third of women will develop some form of cancer throughout their lifetimes. Cancer risk may be reduced by basic lifestyle modifications including limiting or avoiding tobacco, sun protection, being physically active and eating healthy foods. Early detection greatly improves positive outcomes. Cancer is the second leading cause of death in the United States, New Jersey and Hudson County.[60]

- Hudson County deaths due to cancer decreased from 2007 (170.0/100,000) to 2016 (126.0/100,000).
- The 2016 County AAMR (126.0/100,000) was 16.3% lower than New Jersey (148.3/100,000) and ranks in the top performing quartile statewide.
- The 2016 Hudson County cancer AAMR (126.0/100,000) performed better than the *Healthy People 2020* target of 161.4/100,000.

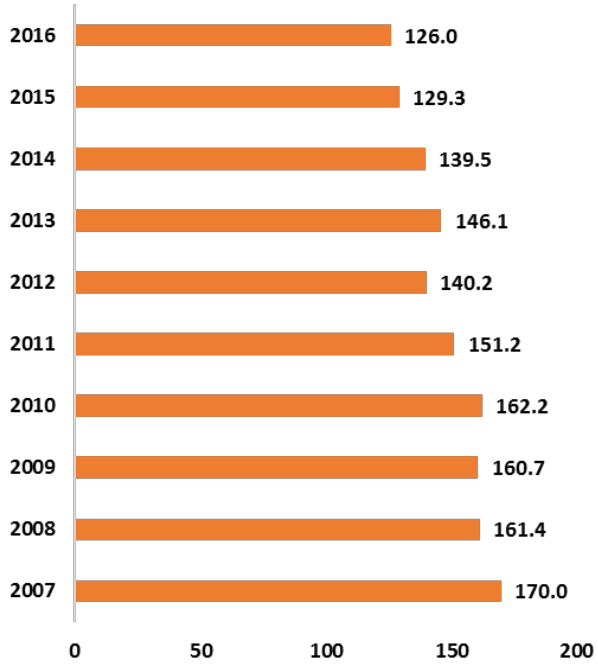
Deaths Due to Malignant Neoplasms (Cancer): Age-Adjusted Rate/100,000 Population
State & County Comparisons, 2014-2016



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

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

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

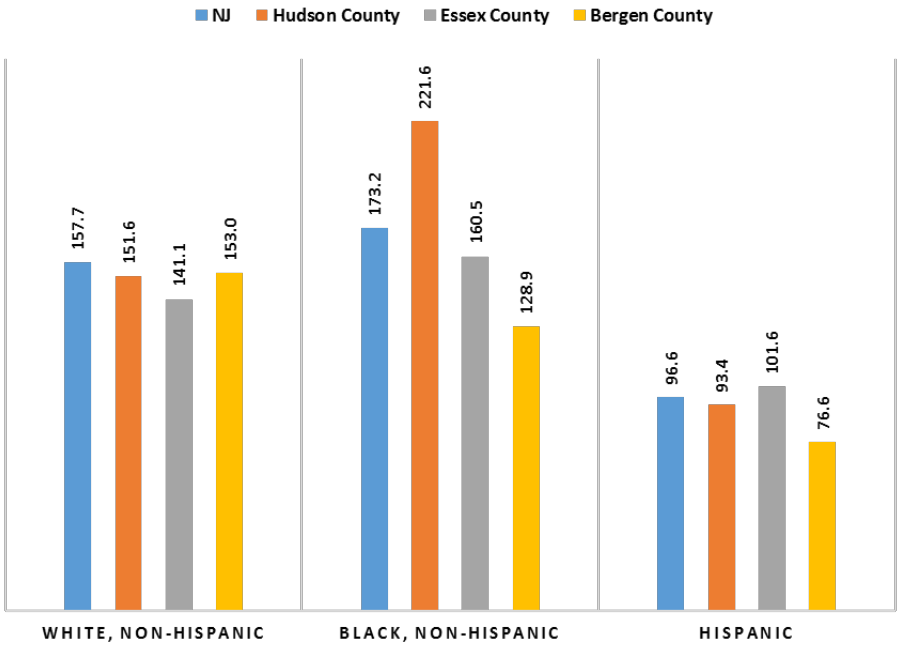


Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.

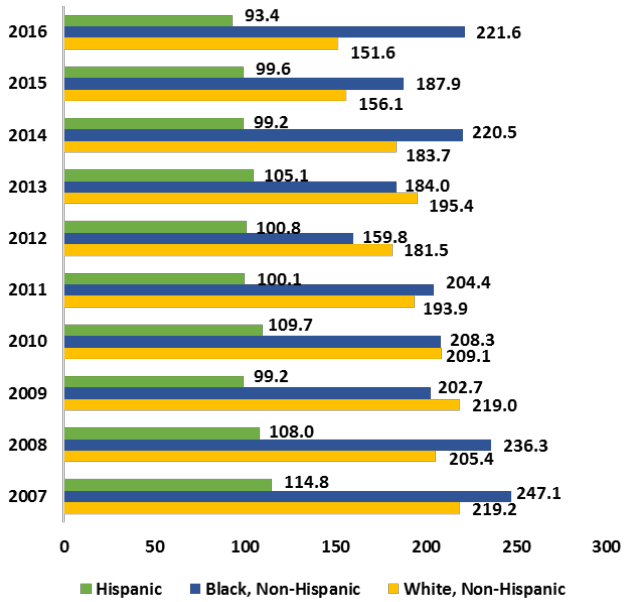
Baseline: 179.3
Target: 161.4
Hudson County 2016: 126.0

- In 2016, the AAMR for malignant neoplasm deaths among Blacks in Hudson County (221.6/100,000) exceeded those of Whites (151.6/100,000) and Hispanics (93.4/100,000).
- The mortality rate for cancer among Hispanics in Hudson County has historically been lower than for Whites and Blacks.

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



Hudson County



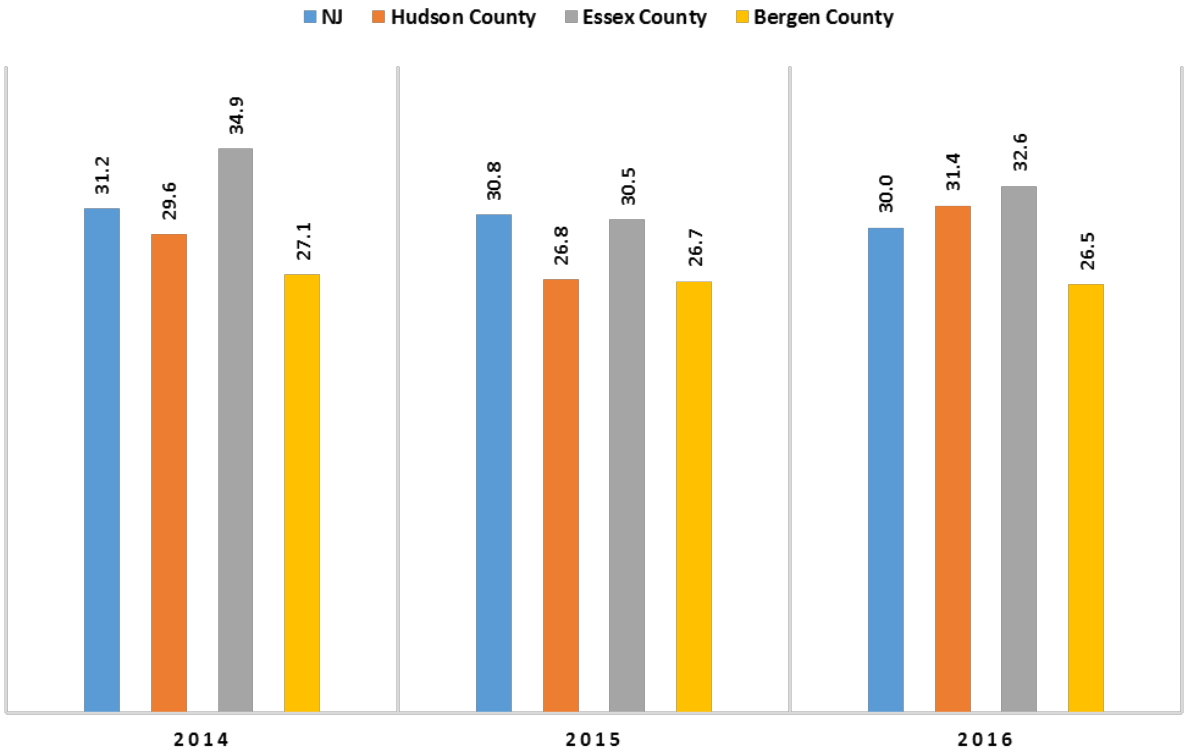
Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.

Stroke (Cerebrovascular Diseases) (3)

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

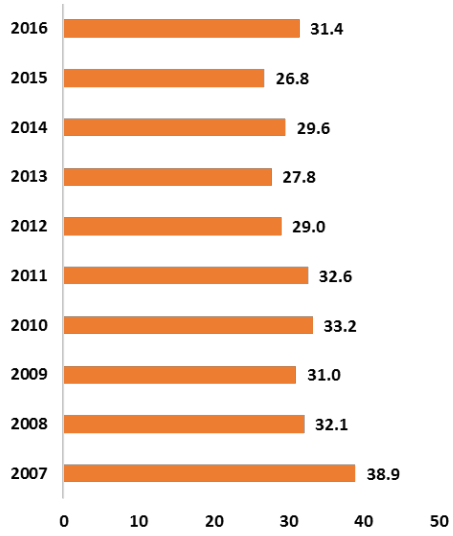
- The Hudson County stroke AAMR decreased from 2007 (38.9/100,000) to 2016 (31.4/100,000).
- In 2016, the Hudson County AAMR was lower than the *Healthy People 2020* target (34.8/100,000) and ranks in the top quartile.
- The 2016 Hudson County stroke AAMR (31.4/100,000) was slightly higher than the State (30.0/100,000) and ranks in the top performing quartile statewide.

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



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

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

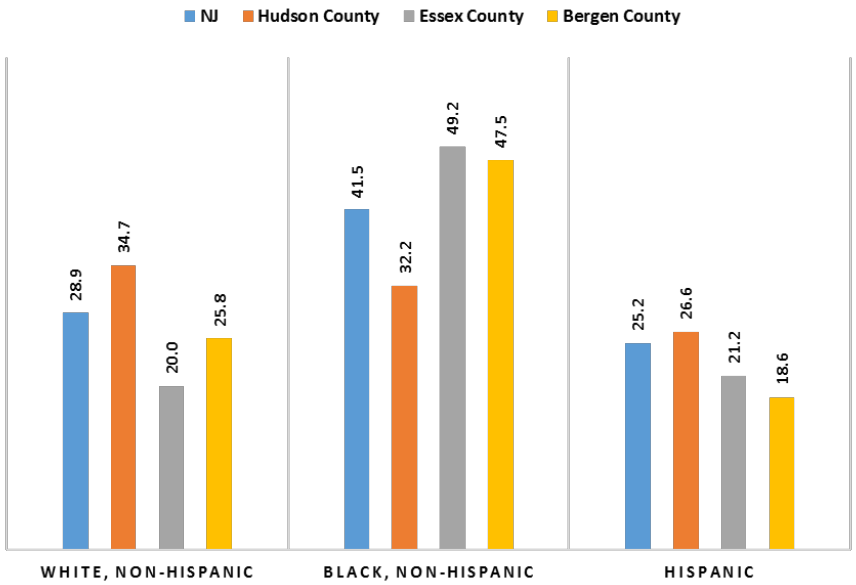


Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.

Baseline: 43.5
Target: 34.8
Hudson County 2016: 31.4

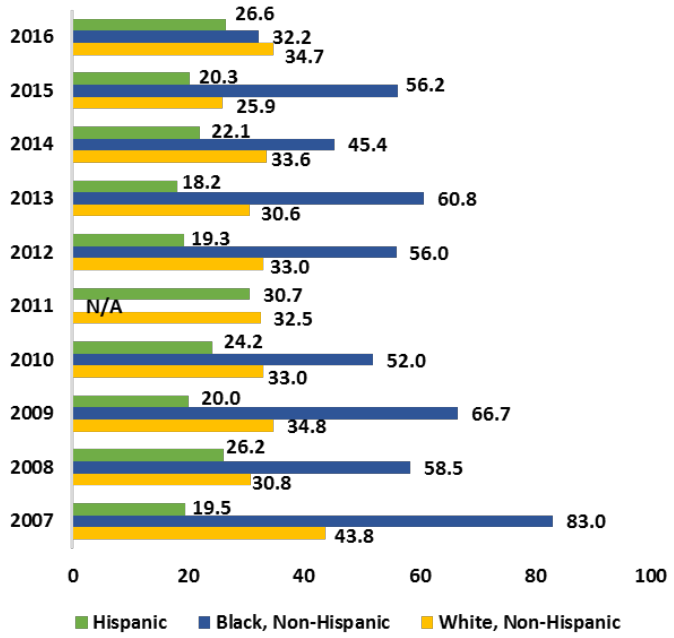
- By race/ethnicity, between 2014 and 2016, Whites (34.7/100,000) had the highest death rate due to stroke compared to Blacks (32.2/100,000) and Hispanics (26.6/100,000).

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



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

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



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

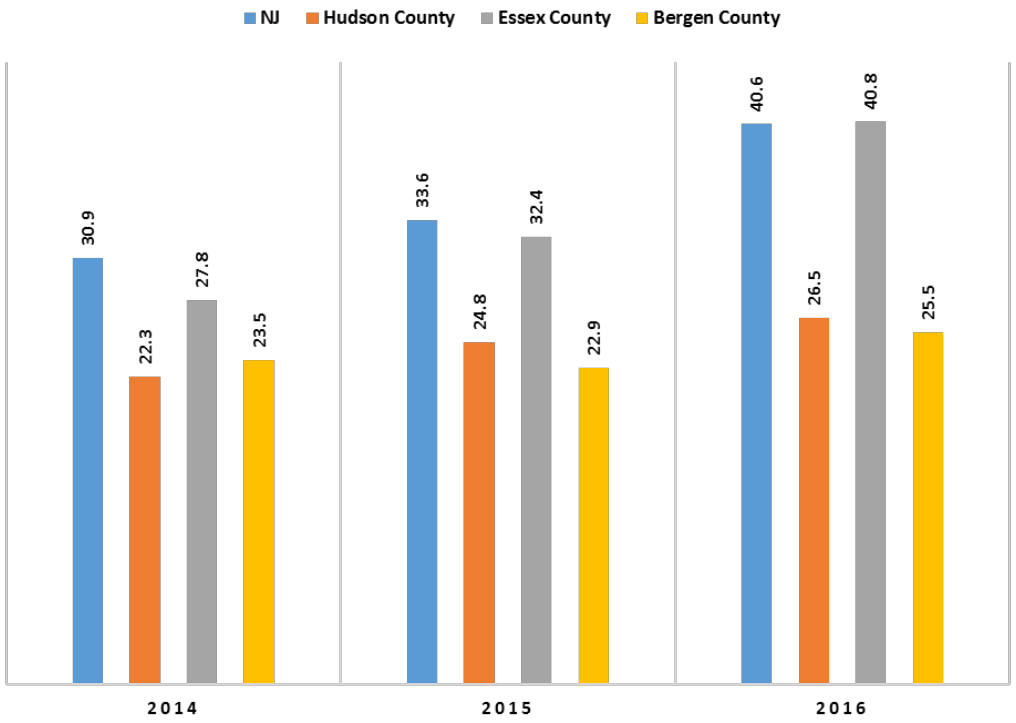
Unintentional Injuries (4)

The majority of unintentional injuries are preventable and predictable. Deaths due to unintentional injury often occur as a result of motor vehicle accidents, falls, firearms, drownings, suffocations, bites, stings, sports/recreational activities, natural disasters, fires, burns and poisonings. Public Health prevention strategies including minimum age drinking requirements, seatbelt and helmet laws, smoke alarms, exercise programs and other safety awareness campaigns reduce unintentional injury and death.[61]

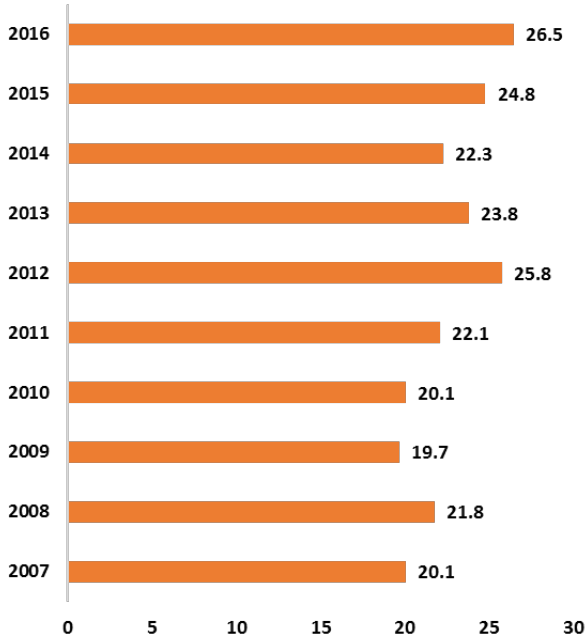
- The unintentional injury AAMR for Hudson County has increased from 20.1/100,000 in 2007 to 26.5/100,000 in 2016.
- Hudson County ranked in the best performing quartile among New Jersey counties.
- The 2016 Hudson County unintentional injury AAMR was notably lower than the statewide rate and the *Healthy People 2020* target.

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

Unintentional Injuries
State & County Comparisons, 2014-2016



Hudson County

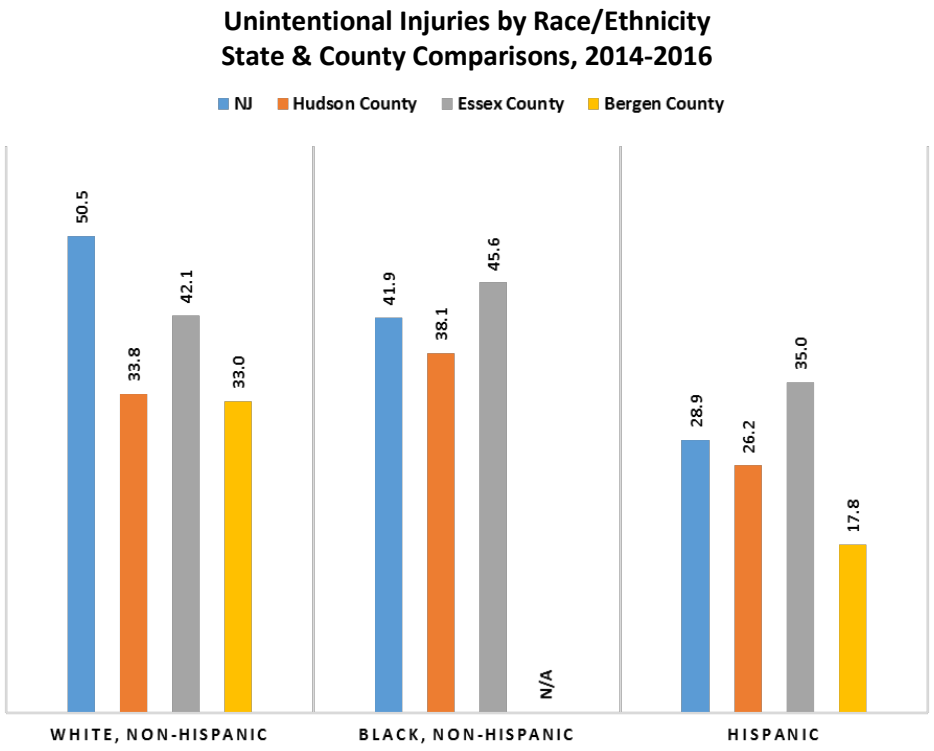


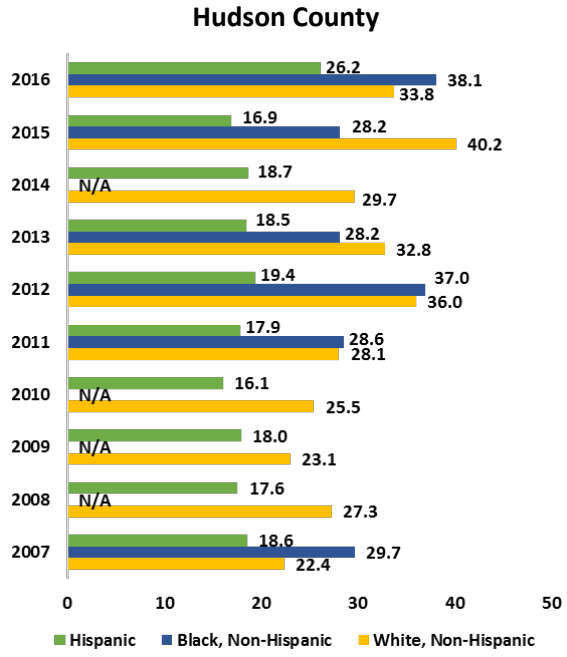
Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.

Healthy People 2020

Baseline: 40.4
Target: 36.4
Hudson County 2016: 26.5

- The 2016 unintentional injury AAMR in Hudson County for Blacks (38.1/100,000) was higher than the rate for Whites (33.8/100,000) and Hispanics (26.2/100,000).



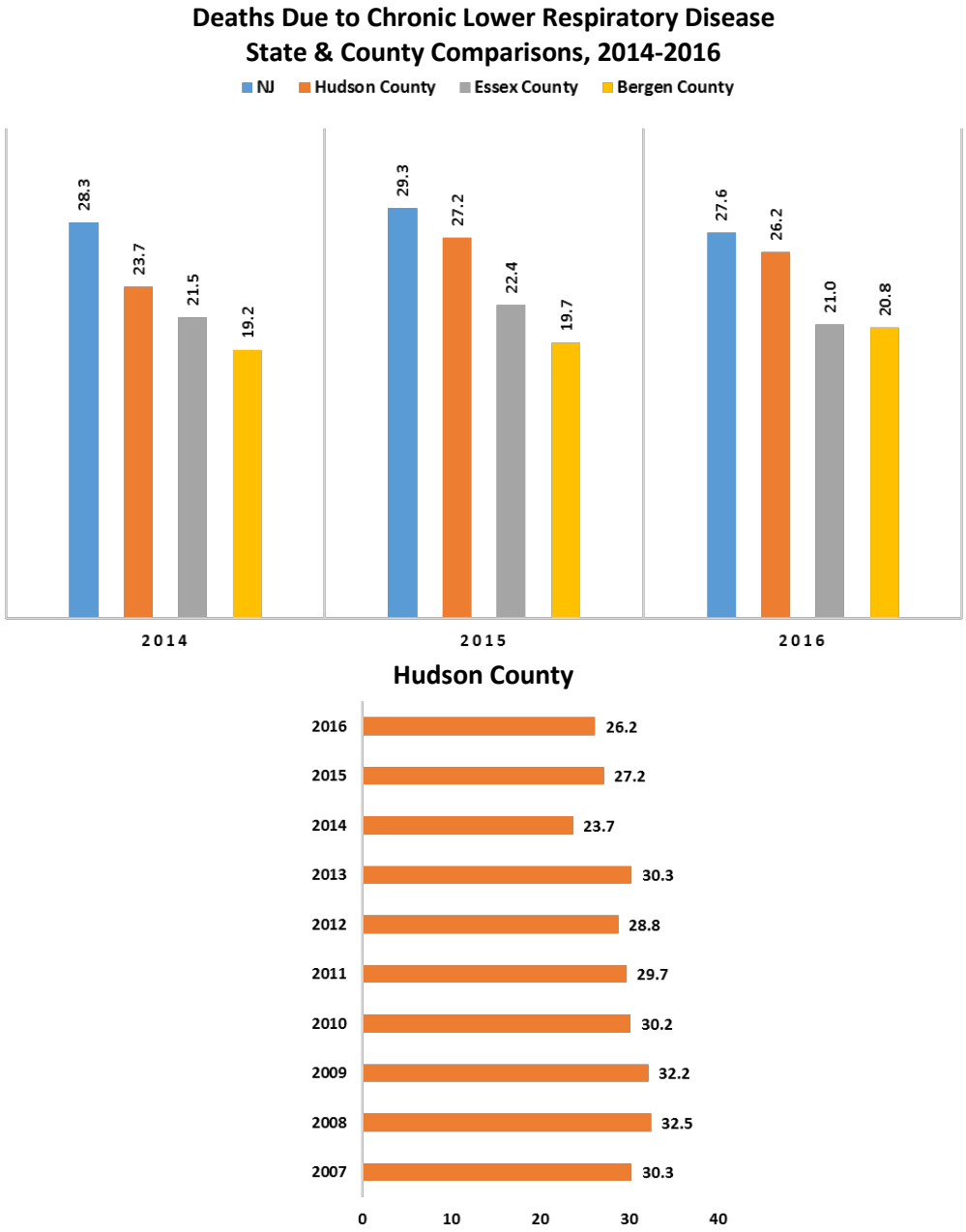


Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.

Chronic Lower Respiratory Disease (5)

Chronic Lower Respiratory Diseases (CLRD) is the fifth leading cause of death in Hudson County. CLRD includes chronic bronchitis, emphysema, and asthma, all characterized by shortness of breath caused by airway obstruction. The obstruction is irreversible in chronic bronchitis and emphysema and reversible in asthma.

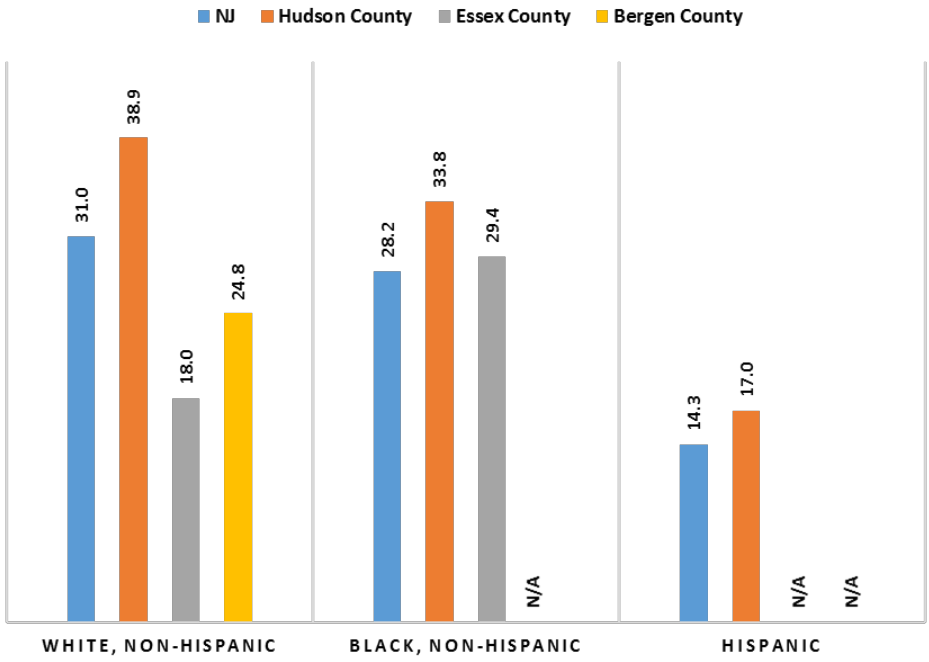
- In 2016, the county-wide AAMR due to chronic lower respiratory disease in Hudson County was slightly lower than the statewide rate.
- Since 2014, the AAMR for chronic lower respiratory disease has fluctuated with an overall increase of 10.6%.

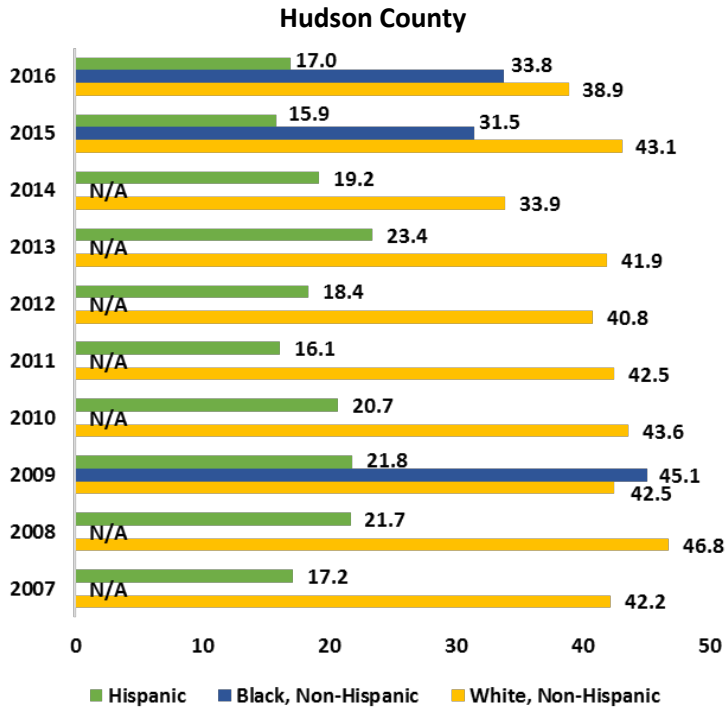


Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

Deaths Due to Chronic Lower Respiratory Disease
By Race/Ethnicity
State & County Comparisons, 2014-2016

- By race/ethnicity Whites had the highest death rate for Chronic Respiratory Disease (38.9/100,000) followed by Blacks (33.8/100,000) and Hispanics (17.0/100,000).





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

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

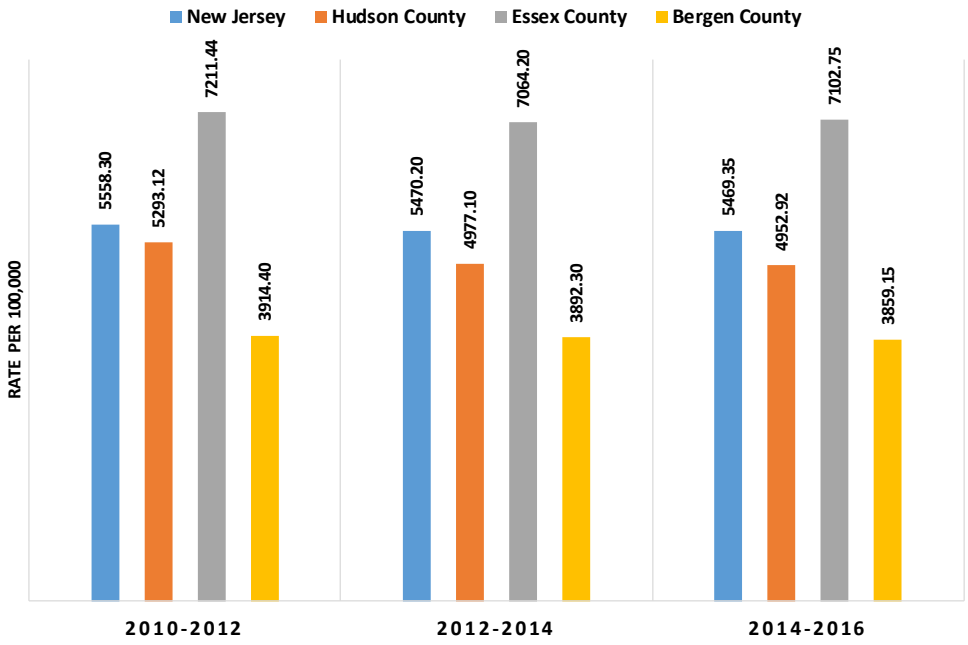
RED: Poorest Performing Quartile
Yellow: Middle Quartiles
Green: Best Performing Quartile

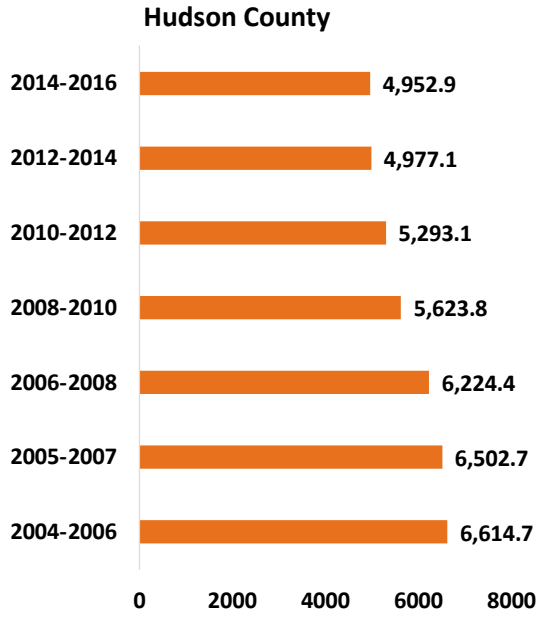
2. Premature Deaths

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

- The Hudson County YPLL rate decreased from 5,293.12/100,000 for the period 2010-2012, to 4,952.9/100,000 for the period from 2014-2016.
- The 2014-2016 Hudson County YPLL rate (4,952.9/100,000) was lower than the statewide rate (5,469.35/100,000) and ranks in the middle performing statewide quartile.
- The 2014-2016 Hudson County YPLL rate (4,952.9/100,000) was lower than the County Health Ranking benchmark (5,300/100,000) and was in the best performing quartile.

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





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

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

National Benchmark: 5300
Hudson County 2014-2016: 4952.9

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

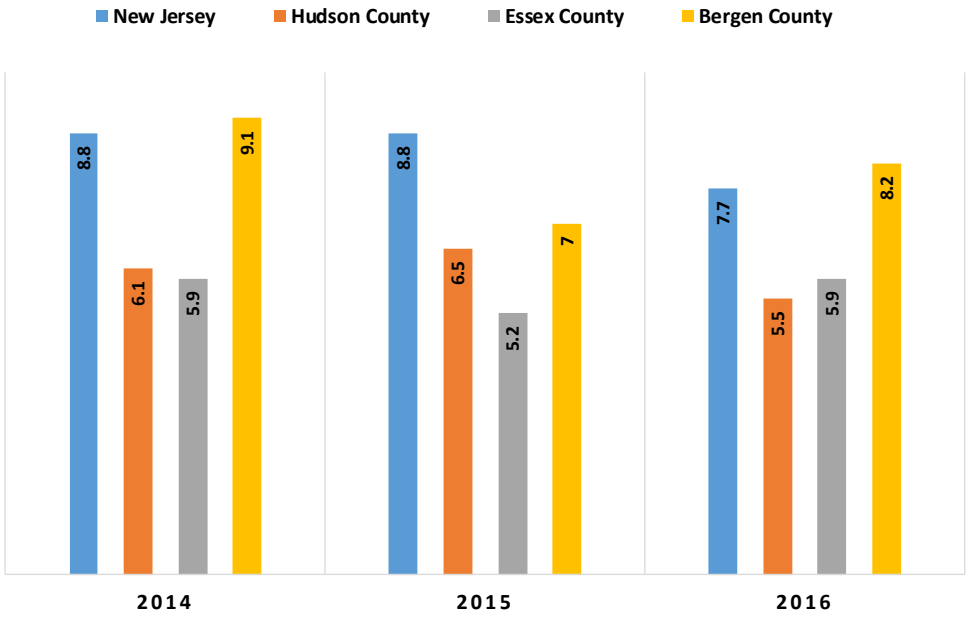
RED: Poorest Performing Quartile
Yellow: Middle Quartiles
Green: Best Performing Quartile

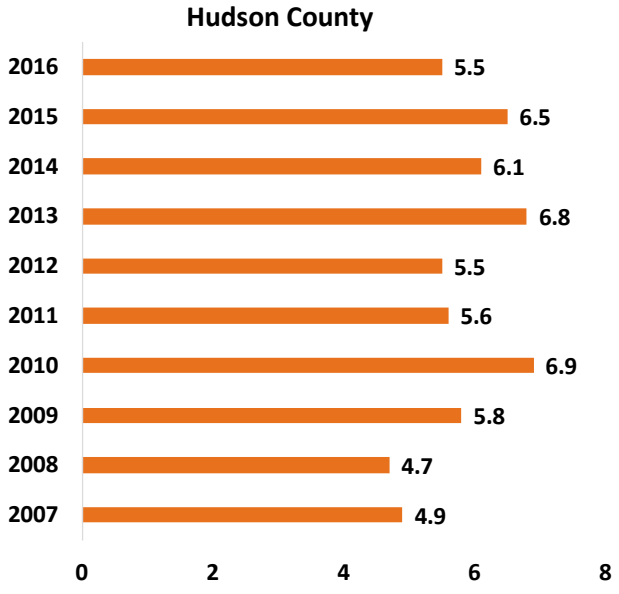
3. Behavioral Health-Related Deaths

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

- Statewide deaths due to suicide decreased from 2014 (8.8/100,000) to 2016 (7.7/100,000), or 12.5%, while Hudson County's suicide rate decreased from 6.1/100,000 to 5.5/100,000 for the same period.
- Hudson County's 2016 suicide rate was lower than the rate statewide and for all comparison counties.
- The 2016 Hudson County suicide rate (5.5/100,000) is 46.9% lower than the *Healthy People 2020* target (10.2/100,000).

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





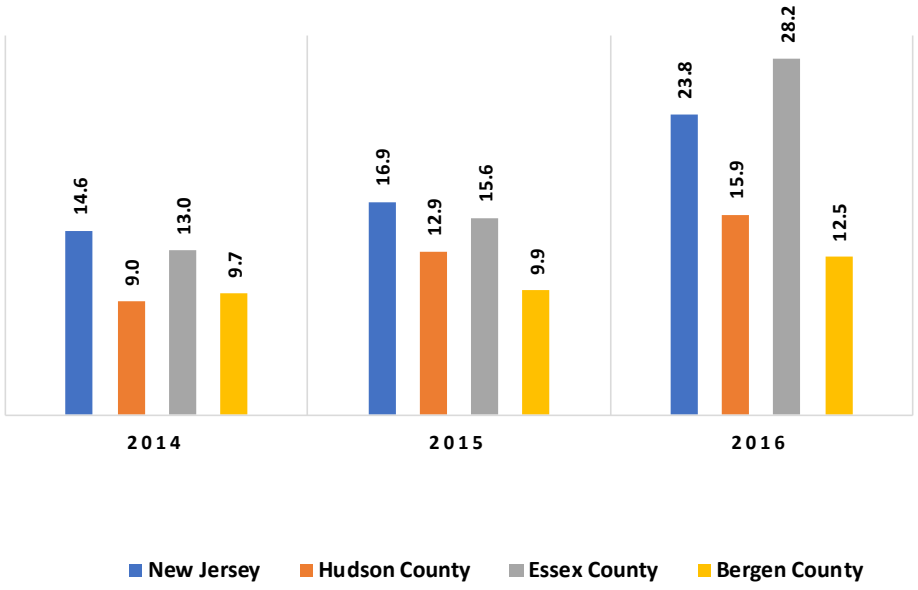
Source: NJDOH Center for Health Statistics; NJ State Health Assessment Data

Healthy People 2020

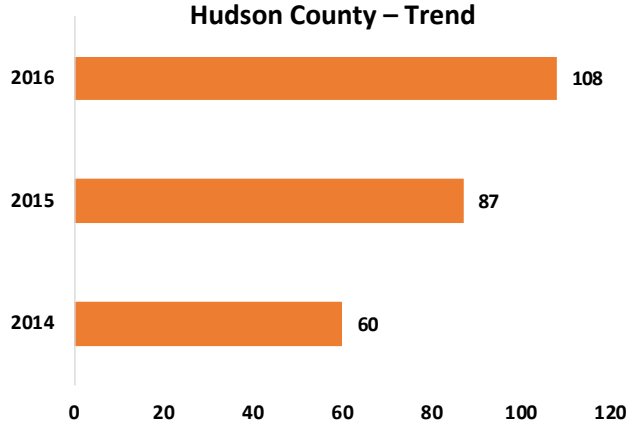
Baseline: 11.3
Target: 10.2
Hudson County 2016: 5.5

- Between 2014 and 2016, the rate of drug overdose deaths in Hudson County increased from 9.0/100,000 to 15.9/100,000.
- Drug overdose deaths in Hudson County increased from 60 to 108.
- The rate of drug overdose deaths in Hudson County was lower than the State and performed in the top quartile.

Drug Overdose Deaths
per 100,000 Population
State & County Comparisons, 2014-2016



Drug Overdose Deaths
Hudson County – Trend



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

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

National Benchmark: 10
Hudson County: 15.9

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

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

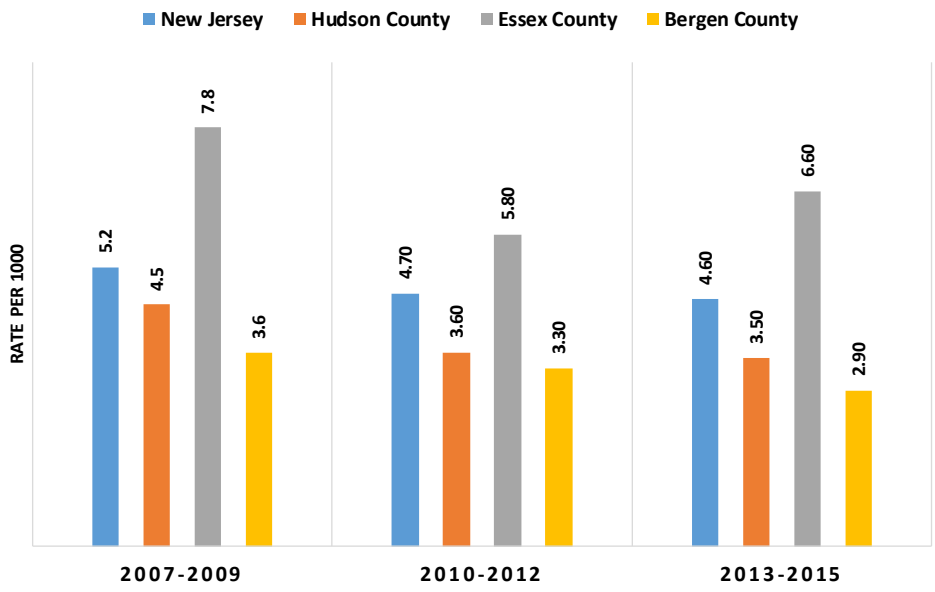
4. Infant Mortality

Infant mortality, the death of a baby prior to his or her first birthday, is t*raditionally* used as an indicator of the health and well-being of a nation. Infant mortality is calculated as the number of infant deaths under age 1 per 1,000 live births. Great disparities exist in infant mortality by age, race, and ethnicity. Most frequent causes are serious birth defect, preterm birth / low birth weight, Sudden Infant Death Syndrome (SIDS), maternal complications of pregnancy, and injury.[62]

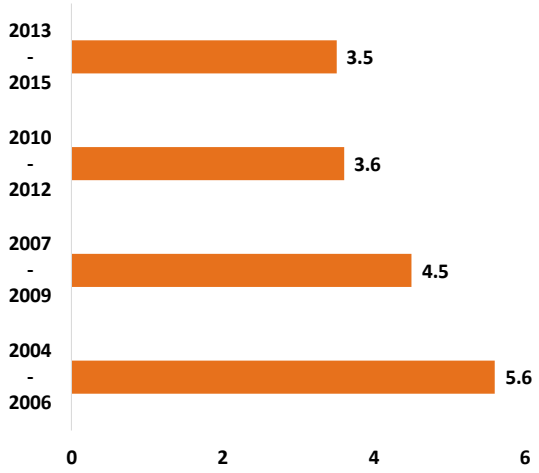
- The overall infant mortality rate declined statewide from the period 2007-2009 (5.2/100,000) to 2013-2015 (4.6/100,000). In Hudson County the rate decreased from 4.5/100,000 to 3.5/100,000.
- Hudson County ranked in the top performing quartile among New Jersey counties for overall infant mortality in 2013-2015. It was also in the best performing quartile for the *Healthy People 2020* target and in terms of the County Health Ranking benchmark.
- The Black infant mortality rate decreased between 2007-2009 from 11.9/100,000 to 9.4/100,000 in 2013-2015.

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

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



Hudson County



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

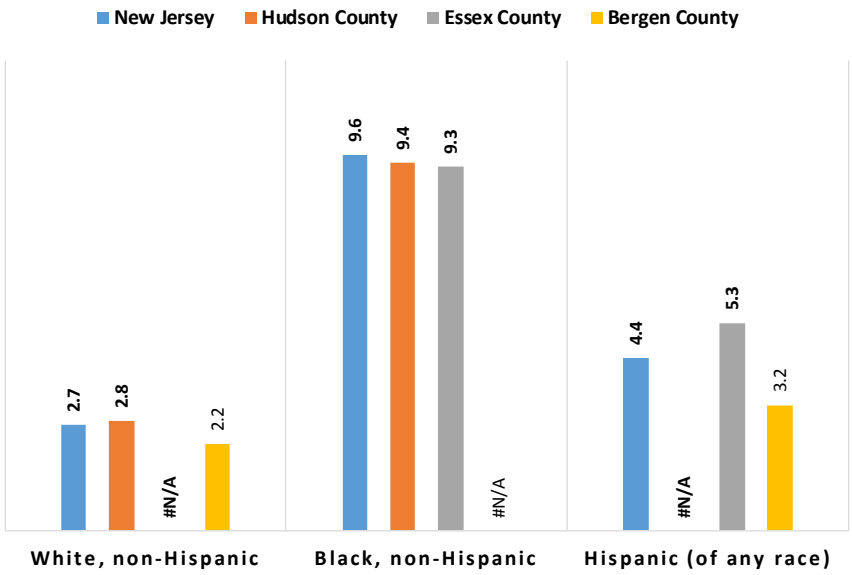
Healthy People 2020

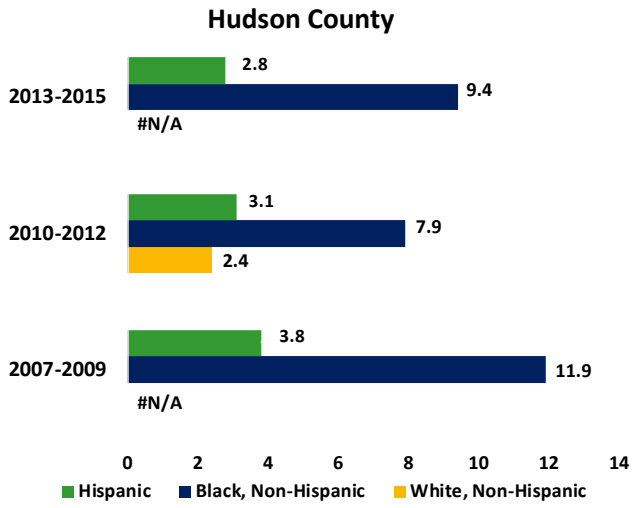
Baseline: 6.7
Target: 6.0
Hudson County 2013-2015: 3.5

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

National Benchmark: 4.0
Hudson County 2015: 3.5

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





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

5. Low and Very Low Birth Weight Infants

Birth weight is the most important factor affecting neonatal mortality and a significant determinant of post neonatal mortality. Low birth weight infants (less than 2,500 grams) are at an increased risk for health problems ranging from neurodevelopmental disabilities to respiratory disorders.[63] Racial disparities in low birth weight babies persist; nationally, non-Hispanic Black infants continue to die at nearly twice the rate of non-Hispanic Whites.

Low Birth Weight

- In 2016, Hudson County had a higher percentage of low birth weight babies (8.3%) than Bergen County (8.1%).
- The 2016 percent of Hudson County low birth weight babies was more than the *Healthy People 2020* target of 7.8%.
- The percentage of Hudson County low birthweight babies was higher among Blacks (14.5%) than for Whites (6.7%) and Hispanics (6.9%) in 2016.

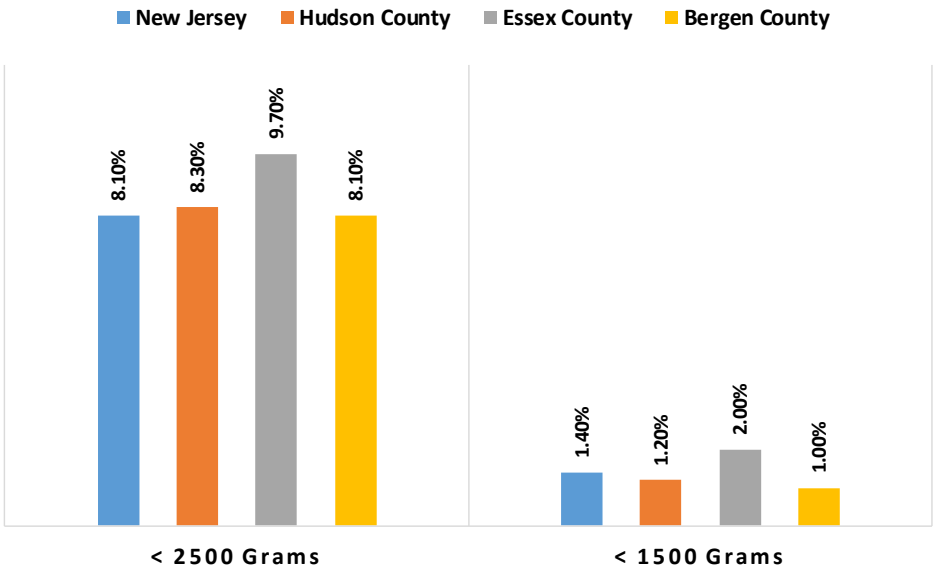
Very low birth weight babies (less than 1,500 grams) are at greater risk of adverse outcomes than low birth weight babies.

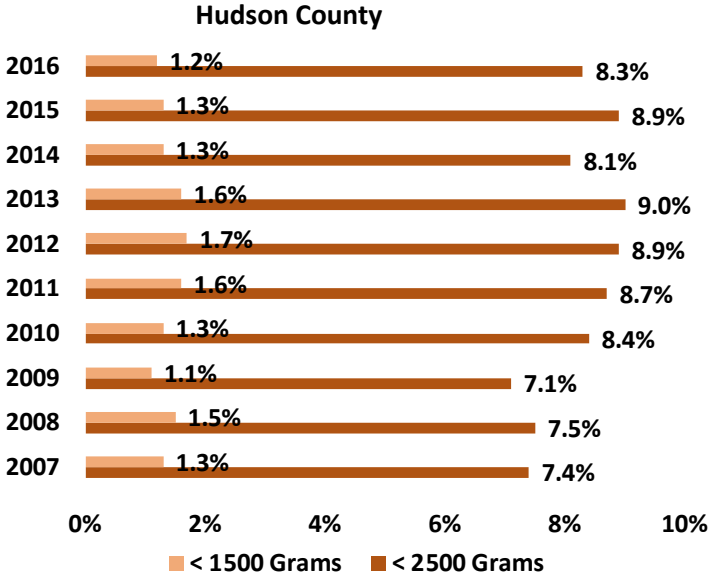
Very Low Birth Weight

- In 2016, 1.2% of Hudson County babies were very low birth weight as compared to 1.4% statewide.
- The 2016 percent of very low birth weight babies in Hudson County was higher than the rate in Bergen County (1.0%).
- By race, between 2011 and 2016, the percentage of very low birthweight babies: decreased for Whites from 1.2% to 1.1%; decreased from 3.6% to 3.0% for Blacks; and decreased from 1.3% to 1.1% for Hispanics.

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

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



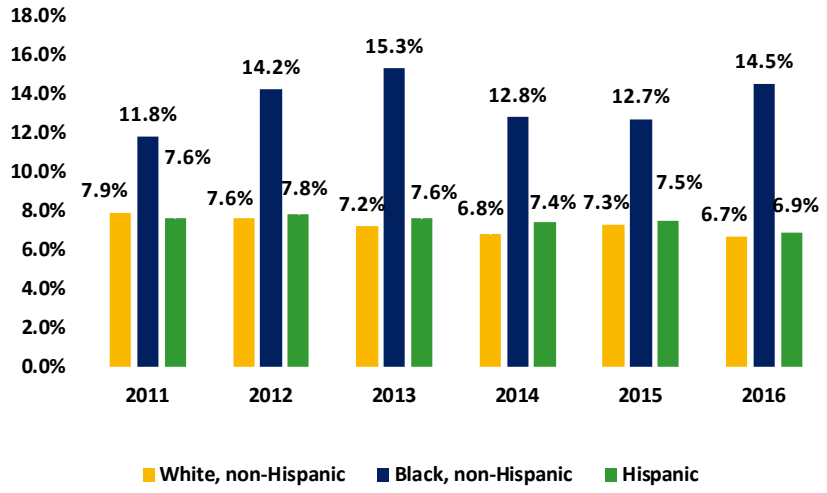


Source: NJDOH Bureau of Vital Statistics and Registration NJ Birth Certificate Database
Note: Percentages are based on the total number of live births for the County and State

Healthy People 2020

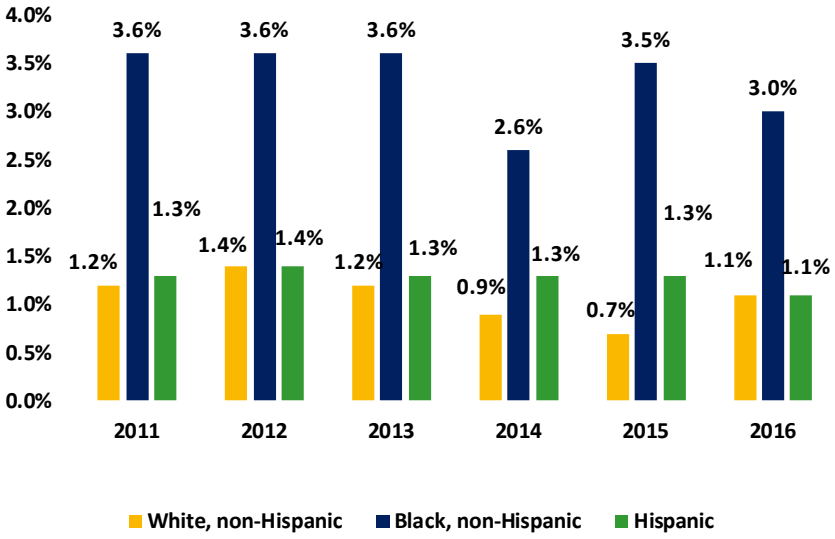
<1500/<2500
Baseline: 1.5% / 8.2%
Target: 1.4% / 7.8%
Hudson County 2016: 1.2% / 8.3%

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



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

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



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

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

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

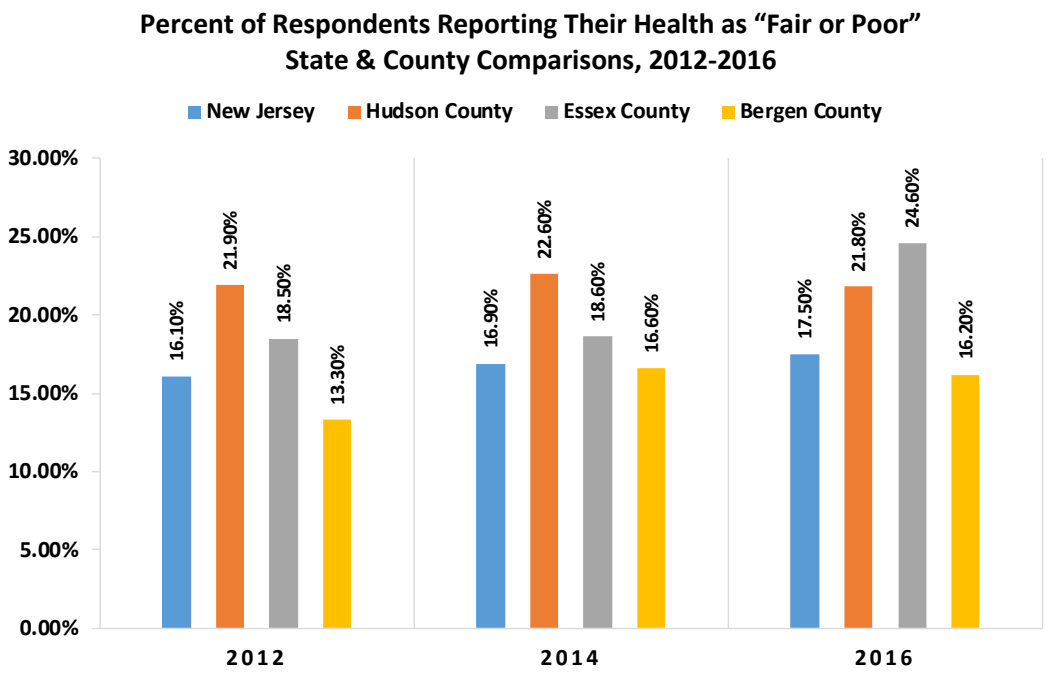
6. Health Status and Behavioral Health Status

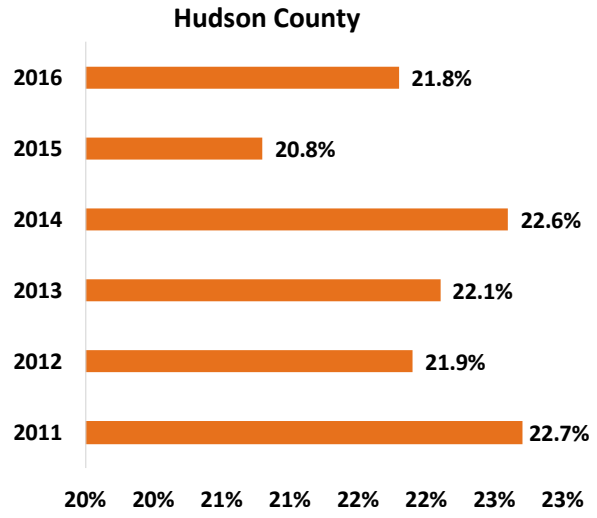
Health status and behavioral health status are broad multidimensional concepts including self-report measures of physical and mental health.

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

General Health Status

- Between 2012 and 2016, BRFSS data reported a small decrease in the percent of Hudson County residents who indicate their health as “poor or fair,” from 21.9% to 21.8%.
- In 2016, 17.5% of New Jersey respondents report that their health is “fair or poor,” lower than the rate among Hudson and Essex County residents.
- As compared to all New Jersey counties, Hudson County residents with “fair or poor” health rank in the worst performing quartile.
- As compared to the County Health Ranking, Hudson County residents with “fair or poor” health rank in the poorest performing quartile.





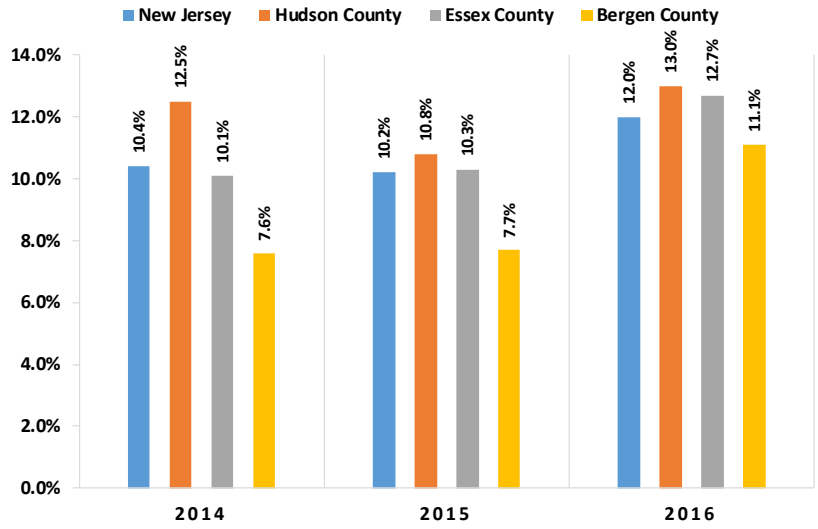
Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

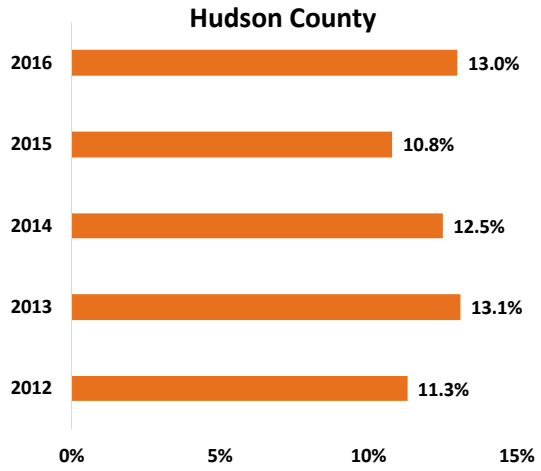
County Health Rankings & Roadmaps
Building a Culture of Health, County by County
A Robert Wood Johnson Foundation program

National Benchmark: 12%
Hudson County 2016: 21.8%

- NJBRFSS reports that the number of Hudson County adults with 14 or more physically unhealthy days (in the last 30 days) increased 1.7 percentage points between 2012 (11.3%) and 2016 (13.0%).
- Hudson County residents with 14+/30 days of poor physical health rank in the poorest performing quartile compared to the County Health Ranking benchmark.

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





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

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

National Benchmark: 3.0%
Hudson County 2016: 13.0%

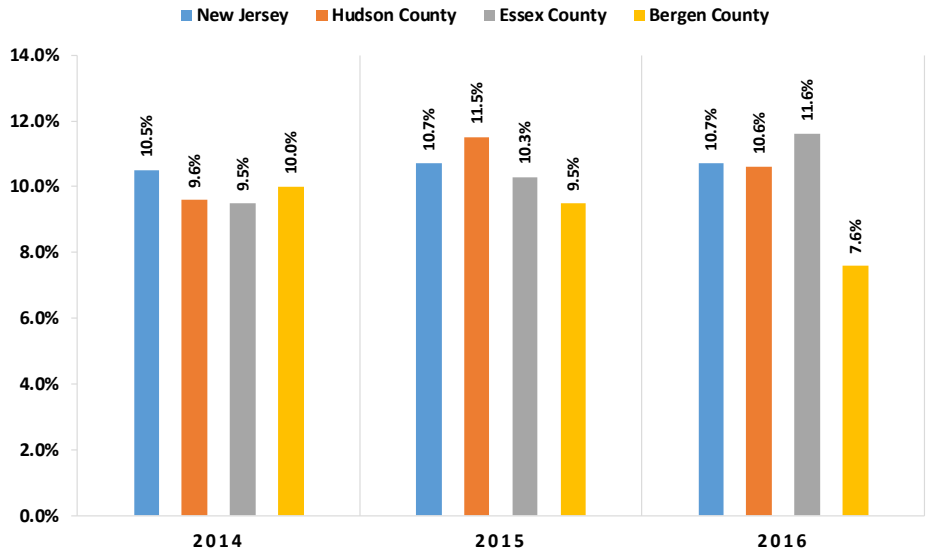
Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Reported "Fair" or "Poor" Health *Percentage of Respondents*			
Physically Unhealthy Days Reported in the Past 30 Days *Average Age-Adjusted Number*	N.A.		
Mentally Unhealthy Days Reported in the Past 30 Days *Average Age-Adjusted Number*	N.A		
History of Diagnosed Depression	N.A.	N.A.	
Deaths Due to Suicide *Age-Adjusted Rate/100,000 Population*		N.A	
Drug Overdose Deaths *Age-Adjusted Rate/ 100,000 Population*	N.A		

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

Behavioral Health Status

- County-wide, adults who report 14 or more of the past 30 days with "not good" mental health status increased from 9.6% in 2014, to 10.6% in 2016. The 2016 Hudson County report of 14+/30 days with "not good" mental health was slightly better than New Jersey at 10.7%.
- As compared to all New Jersey counties, Hudson County residents with 14+/30 days in poor physical health ranks in the middle quartile.
- As compared to County Health Ranking Hudson County ranks in the bottom quartile.

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

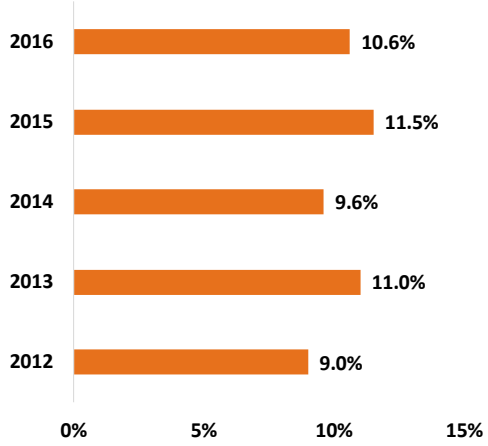


Source: New Jersey Behavioral Risk Factor Survey
Note: The physical health measure is based on response to the question: "Now thinking about your physical health which includes physical illness and injury for how many days during the past 30 days was your physical health not good?"

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

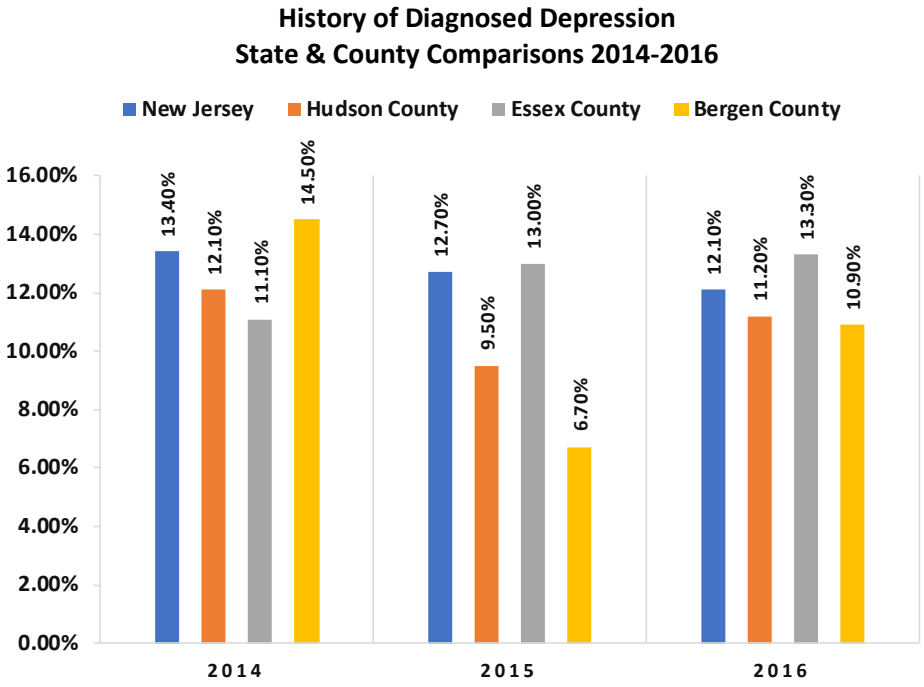
National Benchmark: 3.1%
Hudson County 2016: 10.6%

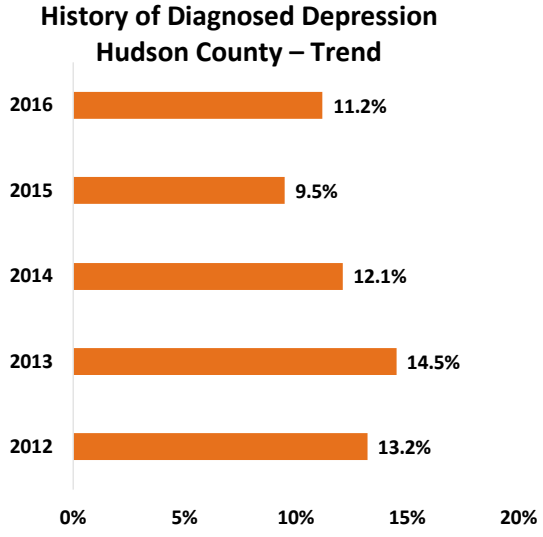
Frequent Mental Distress
Percent Reporting 14 or More of the Past 30 Days Mental Health Not Good
Hudson County – Trend



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

- Between 2014 and 2016, the percent of Hudson County residents reporting a history of depression decreased from 12.1% to 11.2%.
- The Hudson County rate for history of depression was lower than the statewide rate (12.1%) and ranked in the middle quartile.





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

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

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

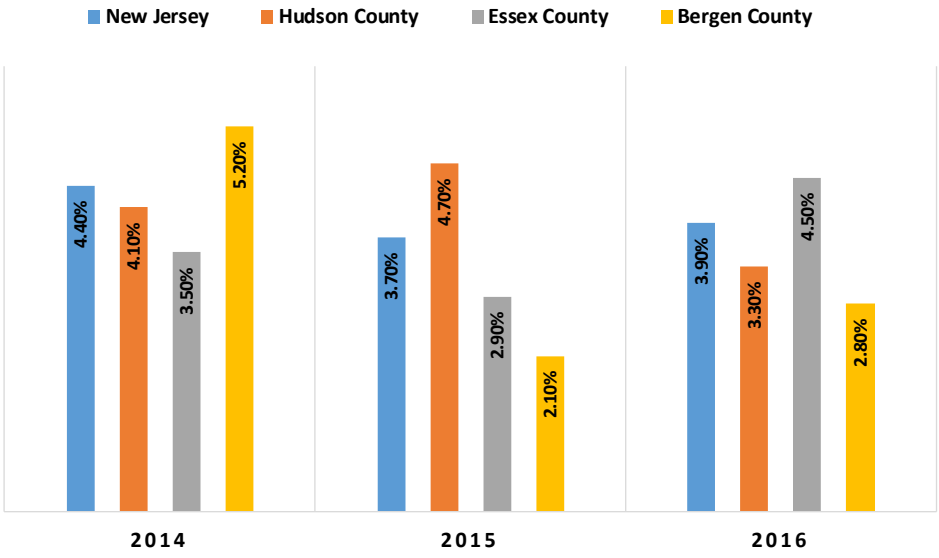
7. Morbidity

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

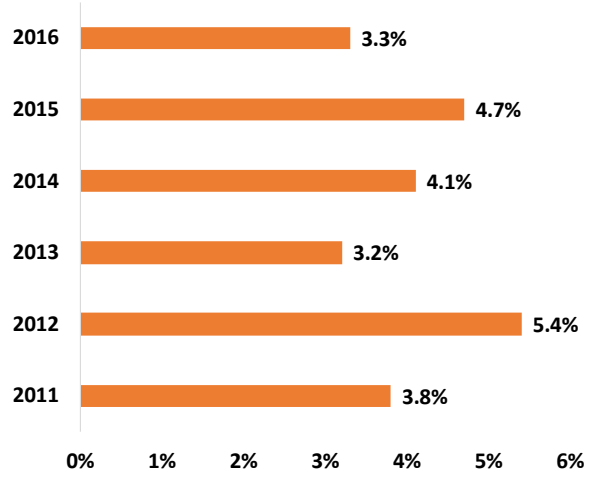
Heart Disease

- According to BRFSS, the percent of Hudson County residents told they have angina or coronary heart disease decreased from 4.1% in 2014, to 3.3% in 2016. In 2016, BRFSS indicates 3.9% of New Jersey respondents have angina or coronary heart disease.
- As compared to New Jersey, Hudson County residents reporting angina or coronary heart disease ranks in the middle performing quartile.

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



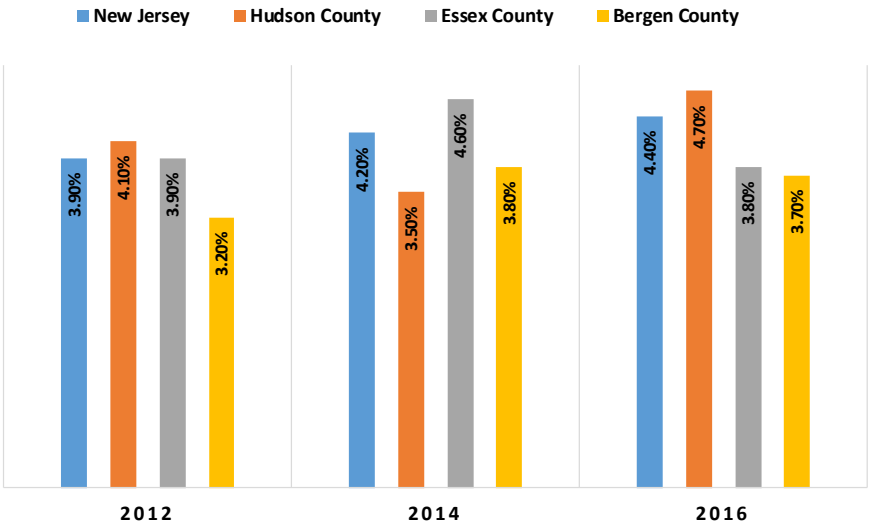
Hudson County



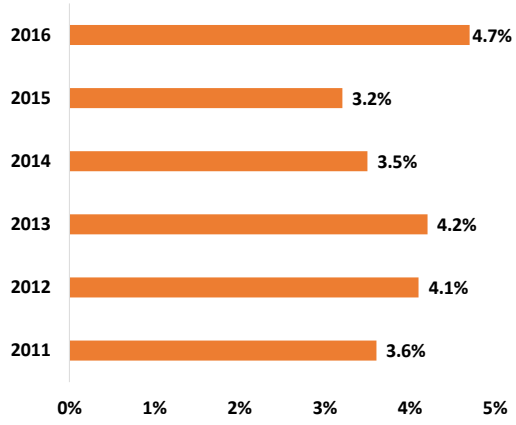
Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

- According to BRFSS, the percent of Hudson County residents told they have had a heart attack increased 0.6 percentage point from 4.1% in 2012 to 4.7% in 2016. In 2016, BRFSS indicated 4.4% of New Jersey respondents were told they had a heart attack.
- Hudson County ranks in the middle performing quartile compared to all 21 New Jersey counties for residents who had a heart attack.

Cardiovascular Disease (Percent "Yes")
Were You Ever Told You Had a Heart Attack? (Myocardial Infarction)



Hudson County

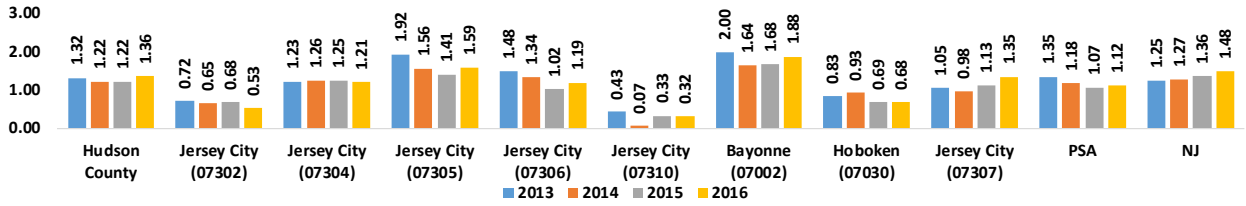


Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

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

- The rate of Hudson County residents hospitalized with a heart attack diagnosis (2013-2016) was lower than those in the State.
- In 2016, Bayonne 07002 residents exhibited the highest rate of patients hospitalized with a diagnosis of heart attacks at 1.88/1,000 and Jersey City 07310 residents reported the lowest rate of 0.32/1,000.

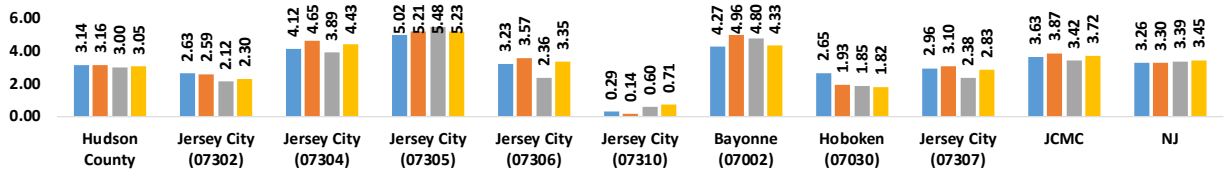
Heart Attack: Acute Care IP, Same Day and ED Discharges; Rate / 1,000 Population, 2013-2016



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

- Between 2013 and 2016, the rate of patients hospitalized with a diagnosis of heart failure in JCMC's Service Area was higher than the County.
- In 2016, Jersey City 07305 residents exhibited the highest rate of patients hospitalized with a diagnosis of heart failure/CHF at 5.23/1,000 and Jersey City 07310 residents had the lowest rate at 0.71/1,000.

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

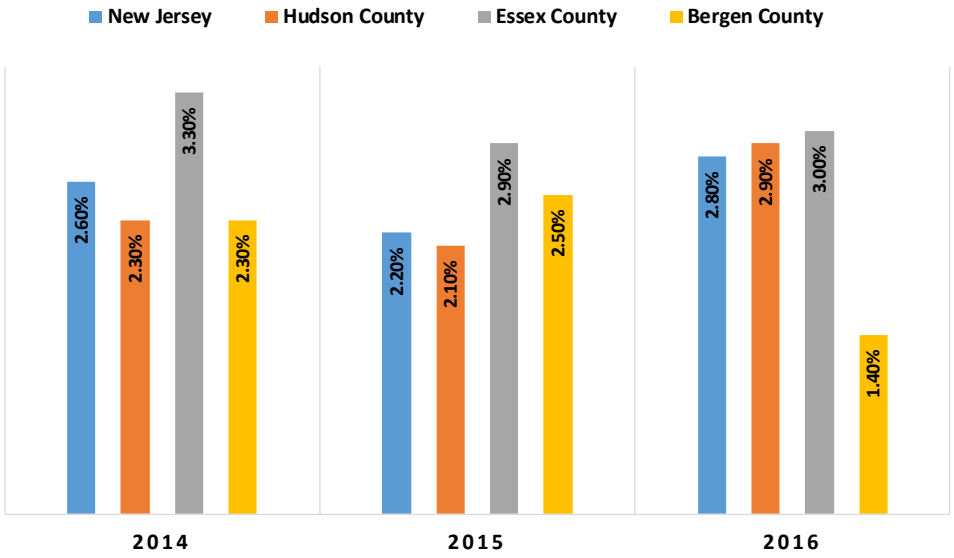


Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census; Definition: Inpatient, Same Day Stay and ED Discharges for MS-DRGs 291-293

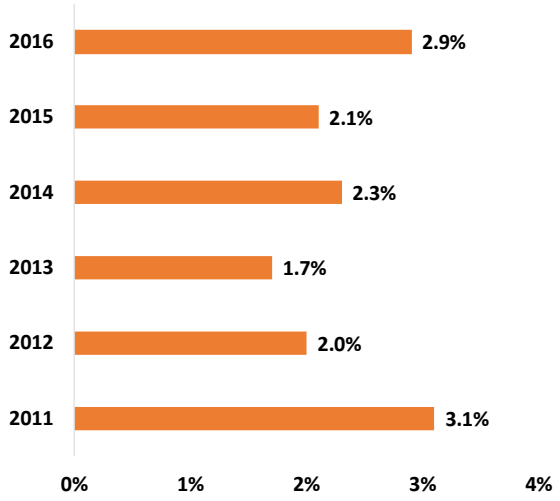
Stroke

- In 2016, BRFSS reported 2.9% of Hudson County respondents indicated they had a stroke.
- In 2016, Hudson County (2.9%) reported a higher rate of strokes than the State (2.8%) and Bergen County (1.4%).
- Hudson County ranks in the middle quartile of New Jersey counties for percentage of the population that had a stroke.

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



Hudson County

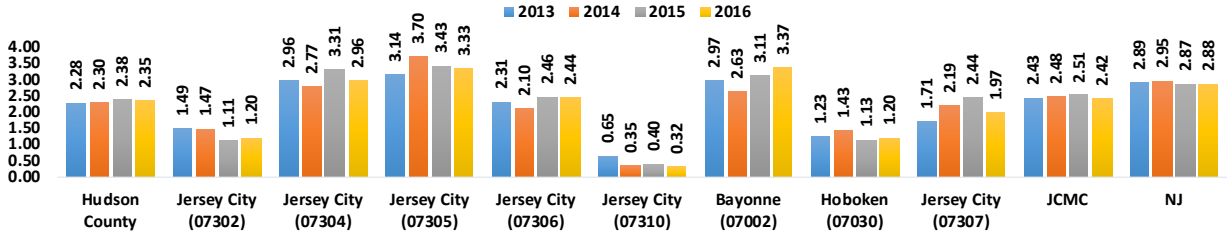


Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

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

- From 2013 through 2016, Hudson County had a lower rate of patients using a hospital service with stroke/TIA diagnosis than the State.
- In 2016, Bayonne (3.37/1,000) had the highest rate for patients hospitalized for stroke/TIA diagnosis in the region, and Jersey City 07310 (0.32/1,000) had the lowest.

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



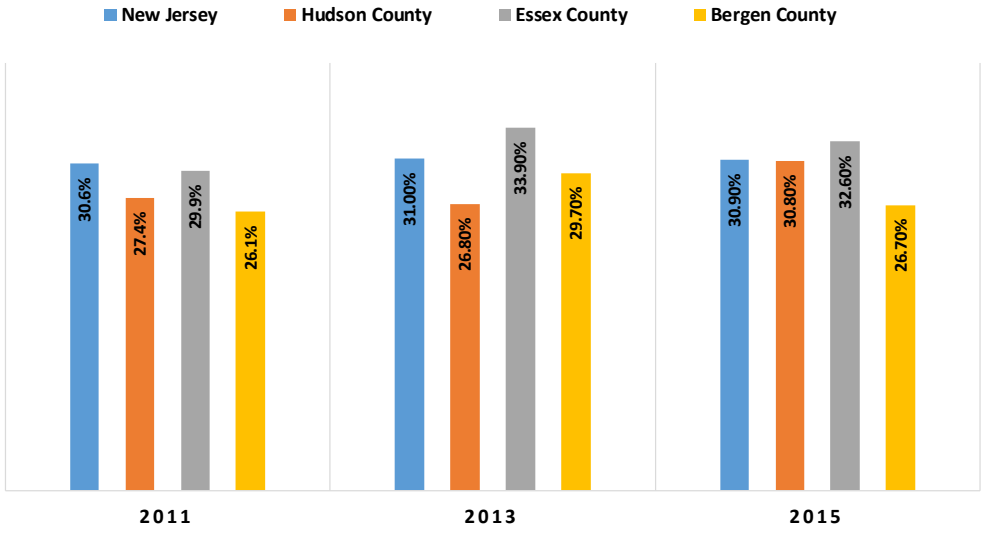
Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census; Definition: Inpatient, Same Day Stay and ED Discharges for MS-DRGs 061-069

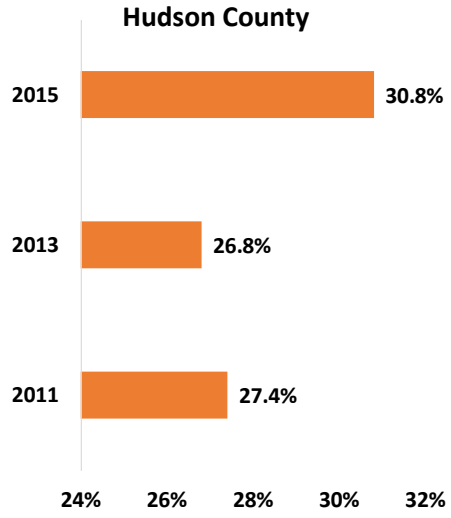
Hypertension and High Cholesterol

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

- In 2015, BRFSS reported 30.8% of Hudson County adults were aware that they suffered from hypertension, slightly less than New Jersey adults (30.9%), and adults in comparative counties.
- Between 2011 and 2015, Hudson County adults who were told they had high blood pressure increased 3.4 percentage points.
- In 2015, Hudson County percentage of adults with hypertension (30.8%) was higher than the *Healthy People 2020* target (26.9%).

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





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

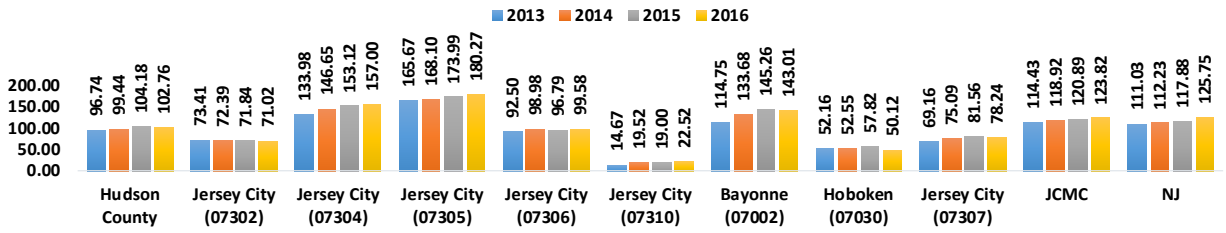
Healthy People 2020

Baseline: 29.9%
Target: 26.9%
Hudson County 2015: 30.8%

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

- Jersey City 07305 (180.27/1,000) had the highest rate of patients using a hospital service with a diagnosis of hypertension for each year from 2013 through 2016.
- In 2016, JCMC's Service Area (123.82/1,000) had a higher rate of patients using a hospital service with a hypertension diagnosis than Hudson County (102.76/1,000).

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

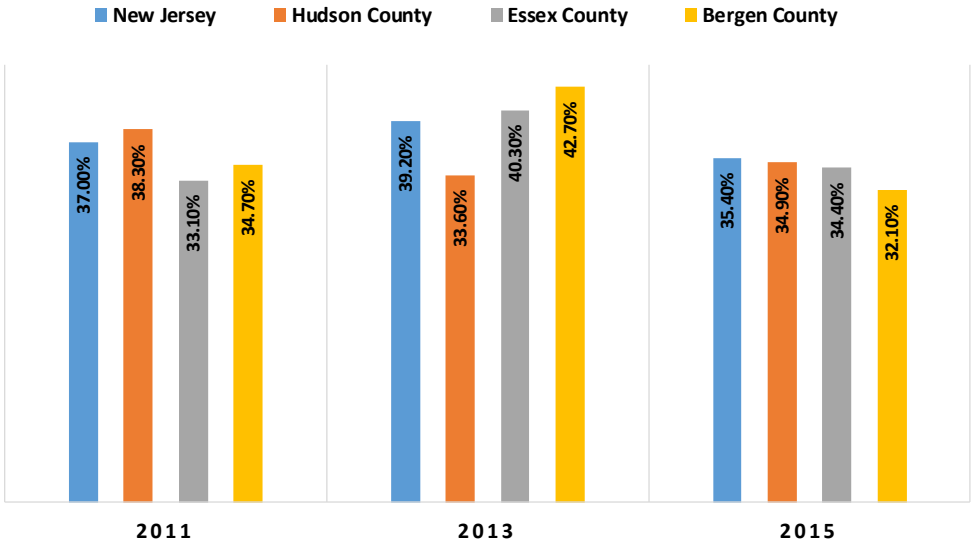


Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census; Definition: Inpatient, Same Day Stay and ED Discharges – ICD-9 DX Codes in Range 401-405.99 (Appearing Anywhere In First 13 DX Codes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

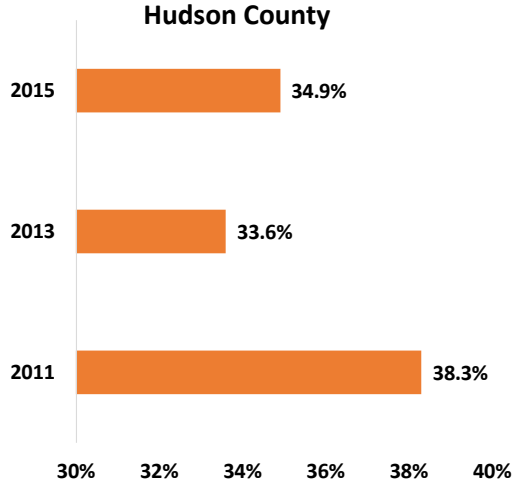
Cholesterol

- In the 2015 BRFSS, 34.9% of Hudson County adults who had their cholesterol checked were told it was high, similar to New Jersey adults (35.4%).
- The percent of Hudson County adults reporting high cholesterol trended downward from 2011 (38.3%) through 2015 (34.9%).
- The 2015 Hudson County percent of adults who had their cholesterol checked and were told it was high was more than double the *Healthy People 2020* target of 13.5%. Hudson County is in the lowest performing quartile with respect to the *Healthy People 2020* target.

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



Hudson County



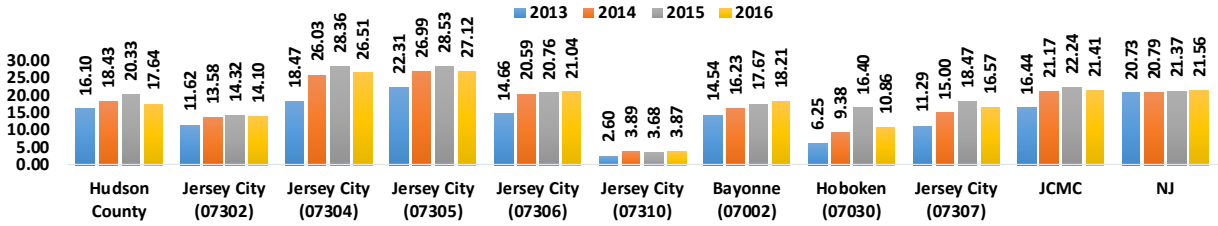
Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

Baseline: 15.0%
Target: 13.5%
Hudson County 2015: 34.9%

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

- The rate of patients using a hospital service with a diagnosis of high cholesterol was highest in Jersey City 07305 in 2016 (27.12/1,000).
- In 2016, the rate of patients using a hospital service with a diagnosis of high cholesterol was lowest in Jersey City 07310 (3.87/1,000).

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

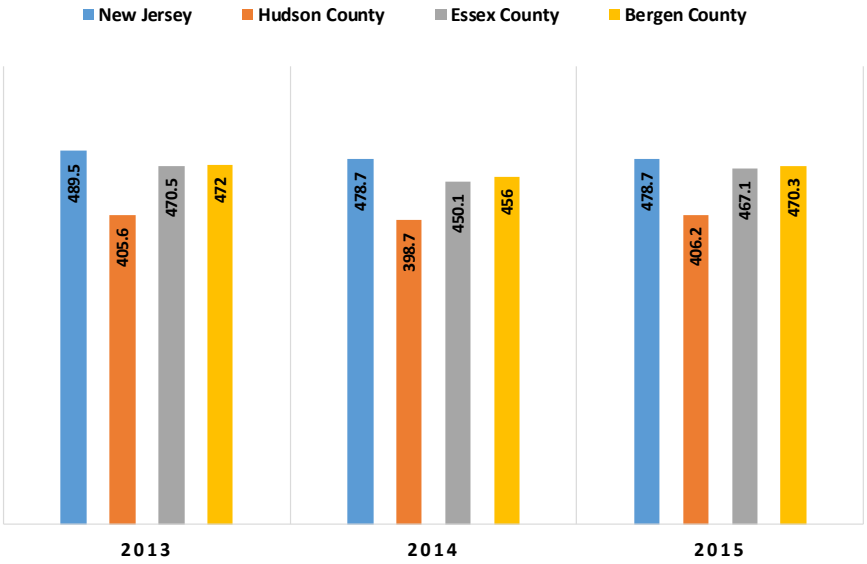


Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census; Definition: Inpatient, Same Day Stay and ED Discharges – ICD-9 DX Codes 272.0 or 272.2 (Appearing Anywhere In First 13 DX Codes On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

Cancer

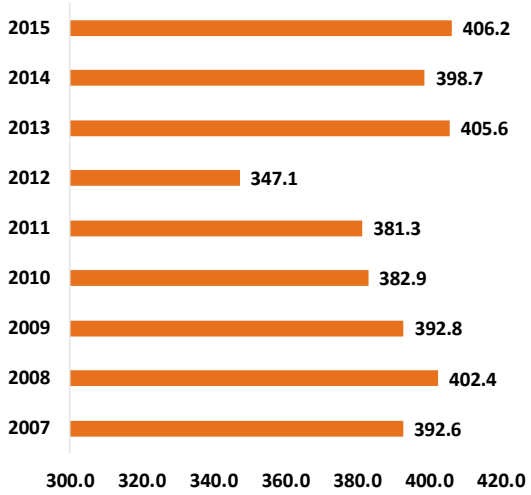
- The incidence of overall invasive cancer in Hudson County increased slightly from 405.6/100,000 in 2007, to 406.2/100,000 in 2015.
- In 2015, the overall incidence of cancer in Hudson County was lower than the State and comparison counties.

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



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

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

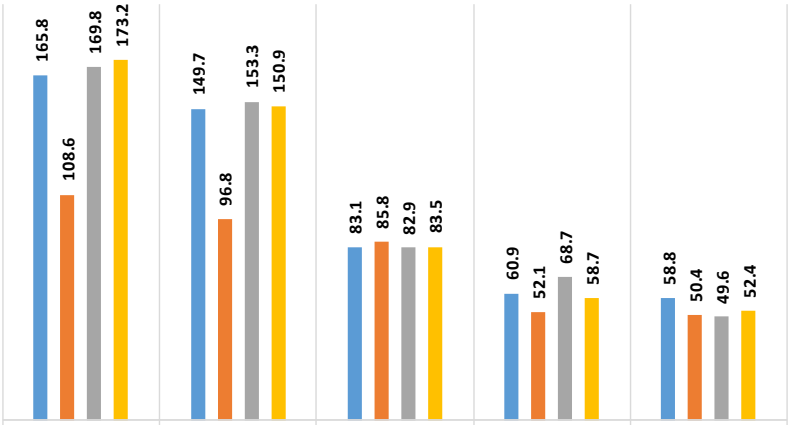


Source: NJDOH New Jersey Cancer Registry
Note: The Rate / 100,000 for Prostate Cancer is based on Males and the Rate / 100000 for Breast Cancer is based on Females

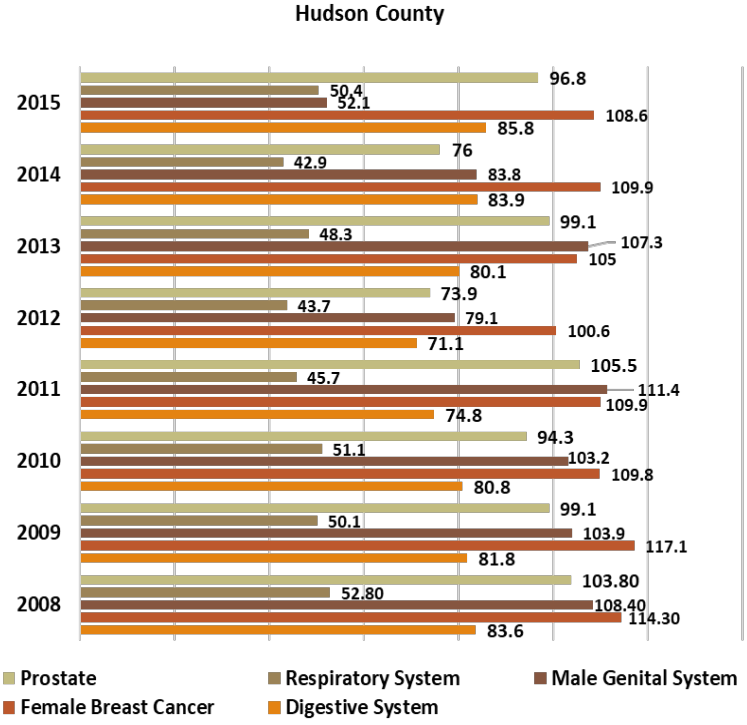
Incidence by Site

- In Hudson County, breast (108.6/100,000) and prostate (96.8/100,000) cancers had the highest incidence rates among the top five cancers, followed by digestive system (85.8/100,000), male genital system (52.1/100,000), and respiratory system (50.4/100,000).
- In 2015, the incident rates for four of the top five cancers in Hudson County were lower than New Jersey. Hudson County rate per 100,000 for digestive system cancers (85.8/100,000) was higher than the State (83.1/100,000).
- Between 2008 and 2015, incidence trends for Hudson County by site were:
    - Breast decreased 5.0%
    - Digestive System increased 2.6%
    - Prostate declined 6.7%
    - Male Genital System decreased 52%
    - Respiratory System decreased 4.5%
- Prostate, breast, respiratory system and male genital system cancer incidence for Hudson County perform in the top quartile in comparison to all 21 New Jersey counties. Digestive system cancer incidence in Hudson County performs in the middle quartile.

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



	Breast	Prostate	Digestive System	Male Genital System	Respiratory System
New Jersey	165.8	149.7	83.1	60.9	58.8
Hudson County	108.6	96.8	85.8	52.1	50.4
Essex County	169.8	153.3	82.9	68.7	49.6
Bergen County	173.2	150.9	83.5	58.7	52.4



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

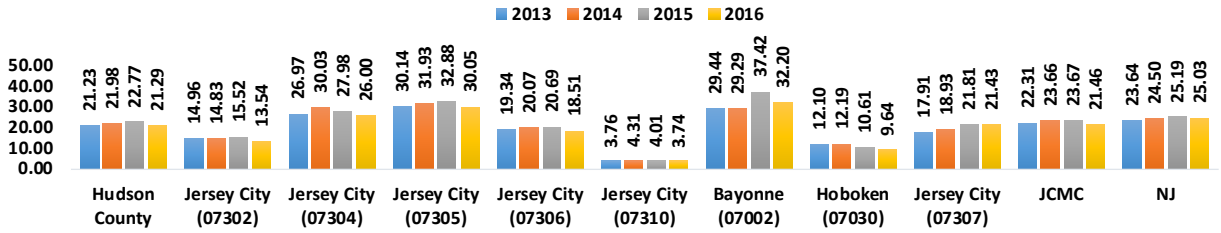
Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Overall Cancer Incidence *Age-Adjusted Rate per 100,000 Population*	N.A	N.A.	
Prostate Cancer Incidence *Age-Adjusted Rate per 100,000 Population*	N.A.	N.A.	
Breast Cancer Incidence *Age-Adjusted Rate per 100,000 Population*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

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

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

- The 2016 rate of patients using a hospital service with a cancer diagnosis per 1,000 population was highest in Bayonne (32.2/1,000).
- In 2016, the rate for patients discharged with a cancer diagnosis/1,000 population was slightly lower in the County (21.29/1,000) than in the JCMC Service Area (21.46/1,000).

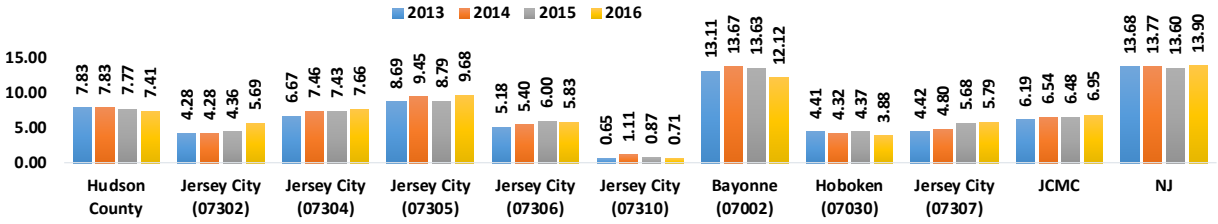
Cancer: Acute Care IP, Same Day and ED Discharges; Rate / 1,000 Population, 2013-2016



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

- The 2016 rate of residents using a hospital service that had a history of cancer diagnosis was highest in Bayonne (12.12/1,000).
- In 2016, the rate of patients hospitalized with a history of cancer diagnosis/1,000 population was lowest in Jersey City 07310 (0.71/1,000).

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



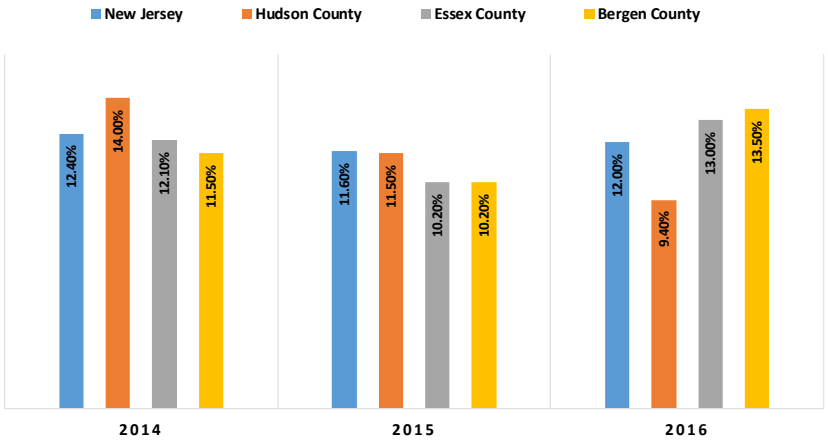
Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census
Definition: Inpatient, Same Day Stay and ED Discharges – New Solution's Inc. Oncology Product Line (History of Cancer Only)

Asthma

Asthma, a chronic lung disease often with childhood onset, inflames and narrows airways and causes recurring periods of wheezing, chest tightness, shortness of breath and coughing.[64] The exact cause of asthma is unknown; however, researchers believe genetic and environmental factors are involved. Factors may include atopy, parents with asthma, certain respiratory infections during childhood and contact with some airborne allergens or exposure to some viral infections in infancy or in early childhood when the immune system is developing.[65]

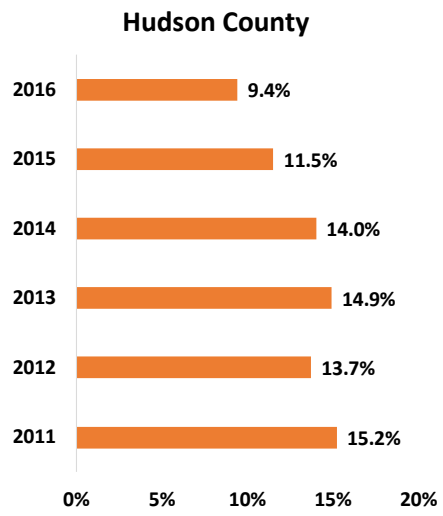
- According to the 2016 BRFSS survey, 9.4% of Hudson County adults reported ever being told they have asthma. This was down 4.6 percentage points from 2014.
- The percent of Hudson County residents with asthma (9.4%) was lower than the State (12.0%), and the comparative counties. Compared to all 21 New Jersey counties, Hudson County was in the top performing quartile.

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



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

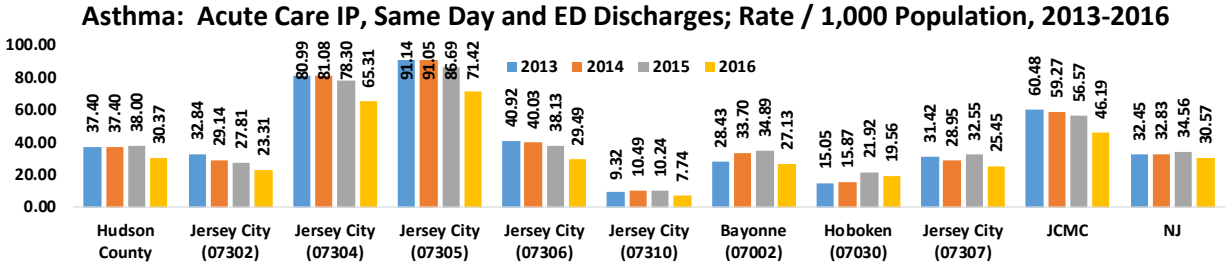
[64] http://www.nhlbi.nih.gov/health/health-topics/topics/asthma
[65] ibid



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

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

- Rates of residents using a hospital service with a diagnosis of asthma were highest in Jersey City 07305 in 2016 (71.42/1,000).
- In 2016, the rate of Jersey City 07305 (71.42/1,000) patients using a hospital service with a diagnosis of asthma exceeded the New Jersey (30.57/1,000) rate by a factor of 2. Rates were lowest in Jersey City 07310 (7.74/1,000).



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

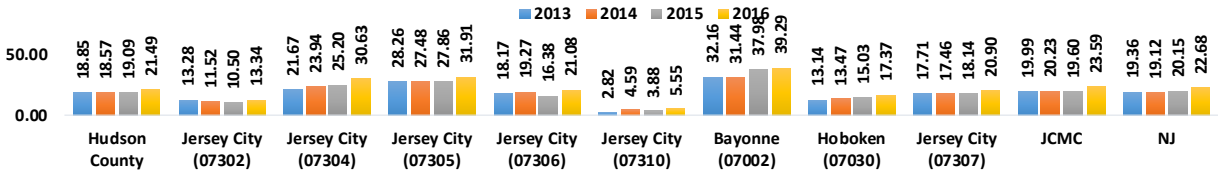
COPD (excluding Asthma)

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

- Rates of residents hospitalized with a diagnosis of COPD were highest in Bayonne 07002 from 2013 through 2016.

- In 2016, the rate of hospitalization for patients with a diagnosis of COPD was highest in Bayonne (39.29/1,000) and lowest in Jersey City 07310 (5.55/1,000).

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



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

Diabetes

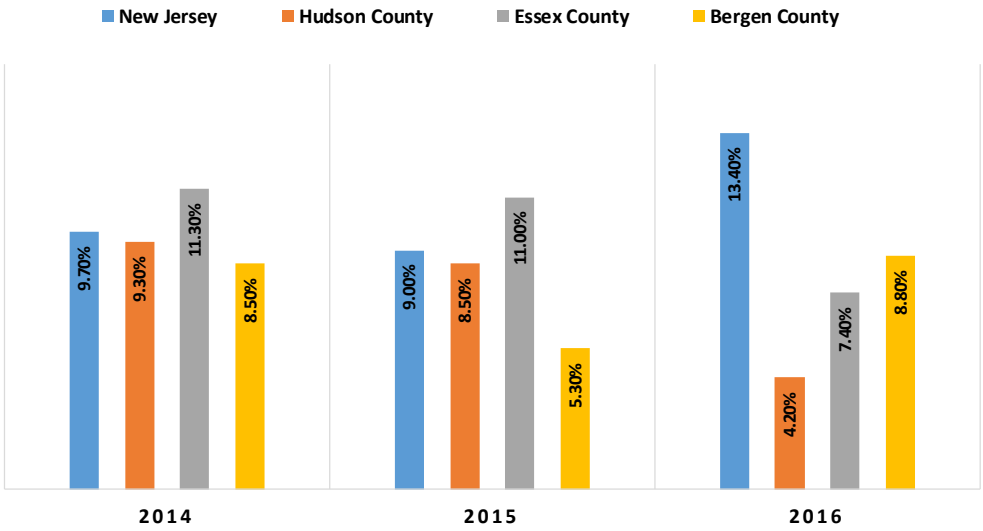
Diabetes is indicated by high levels of blood glucose as a result of problems in insulin production, effectiveness, or a combination of both. The three most common types of diabetes are Type 1, Type 2 and Gestational. Individuals with diabetes may develop serious health complications including heart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

Type 1 develops when insulin producing cells located in the pancreas are destroyed. There is no known way to prevent Type 1 diabetes. In order to survive, Type 1 diabetics must have insulin delivered by injection or pump. Type 2 primarily onsets with insulin resistance disorder in which cells within the muscles, liver, and fat tissue are unable to properly use insulin. Higher risk for developing Type 2 diabetes is associated with older age, obesity, family history of diabetes, history of gestational diabetes, impaired glucose metabolism, physical inactivity, and race/ethnicity. African Americans, Hispanics/Latinos, American Indians, some Asians, and Native Hawaiians or other Pacific Islanders are at particularly high risk for Type 2 diabetes. Gestational diabetes is a form of glucose intolerance diagnosed during the second or third trimester of pregnancy. The risk factors for gestational diabetes are similar to those for Type 2 diabetes.[66]

- Diabetes is decreasing among Hudson County residents. Between 2014 (9.3%) and 2016 (4.2%), the rate decreased by 5.1 percentage points.
- In 2016, Hudson County had the lowest percentage of patients reporting diabetes among comparison counties. Hudson County is in the middle quartile for diabetes as compared to all 21 counties statewide.

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

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

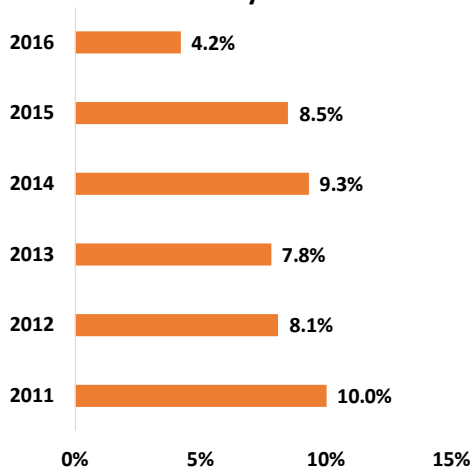


Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

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

National Benchmark: 8%
Hudson County 2016: 4.2%

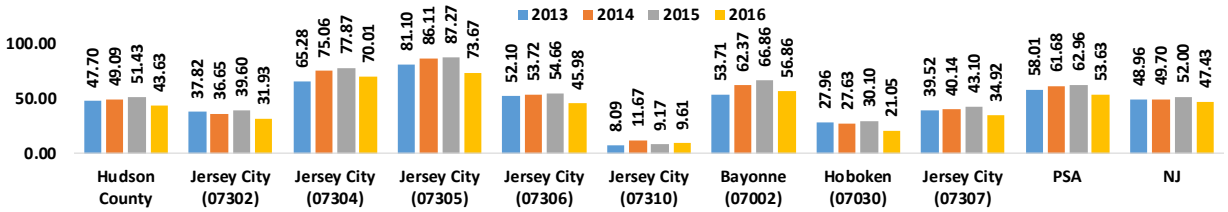
Diabetes (Percent "Yes"): Have You Ever Been Told by a Doctor That You Have Diabetes?
Hudson County – Trend



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

- Jersey City 07305 had the highest rate of residents using a hospital service with a diabetes diagnosis (73.67/1,000) in 2016. Rates in Jersey City 07304 were second highest in the region (70.01/1,000).
- In 2016, the rate of patients using a hospital service with diabetes diagnosis was higher in the JCMC Service Area (53.63/1,000) than in the County (43.63/1,000).

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

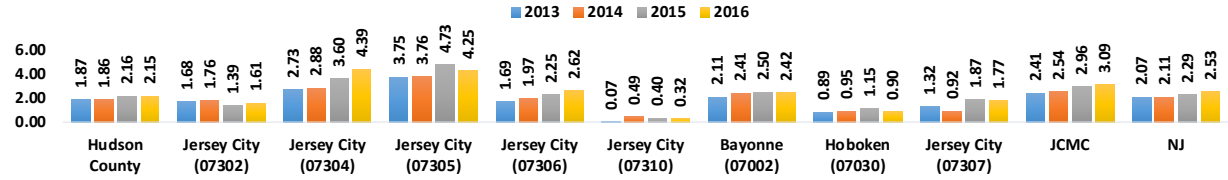


Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census; Definition: Inpatient, Same Day Stay and ED Discharges – ICD-9 DX Codes In The Range 249.00-250.03 (Appearing Anywhere In First 13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

Diabetes is a contributing factor to renal failure. More than 35% of U.S. adults with diabetes have chronic kidney disease. High blood sugar and high blood pressure increase the risk that chronic kidney disease will eventually lead to kidney failure.[67]

- In 2016, the rate of Hudson County residents using a hospital service with diagnosis of renal failure was highest in Jersey City 07304 (4.39/1,000) and lowest in Jersey City 07310 (0.32/1,000).
- The 2016 rate of Hudson County residents using a hospital service with diagnosis of renal failure was lower than for New Jersey residents.

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



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

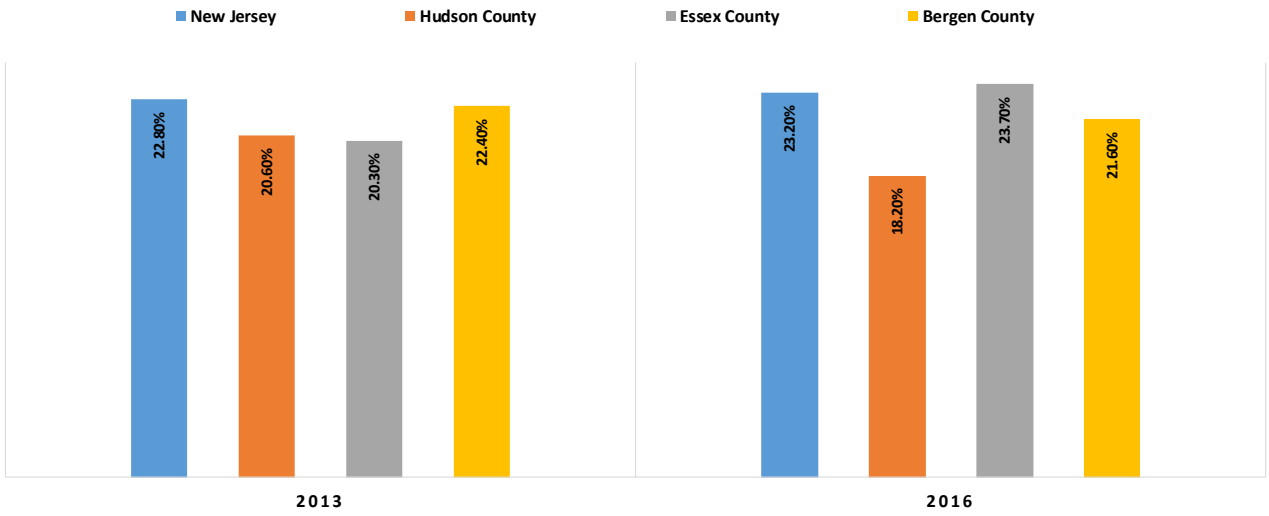
Arthritis

Arthritis affects more than 1 in 5 adults and is the nation's most common cause of disability. A*rthritis* describes more than 100 rheumatic diseases and conditions that affect joints, the tissues which surround the joint and other connective tissue. The pattern, severity and location of symptoms vary depending on the specific form of the disease. Typically, rheumatic conditions are characterized by pain and stiffness in and around one or more joints. The symptoms can develop gradually or suddenly.[68]

- Between 2013 and 2016, the percentage of Hudson County residents reporting arthritis decreased from 20.6% to 18.2%.
- The percentage of Hudson County residents reporting arthritis was lower than the State (23.2%), Essex County (23.7%), and Bergen County (21.60/1,000). As compared to 21 counties statewide, Hudson County ranks in the top performing quartile.

[67] http://www.cdc.gov/Features/WorldKidneyDay
[68] http://www.cdc.gov/arthritis/basics.htm

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



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

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

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

6. ASSETS AND GAPS ANALYSIS

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

A. HEALTH DISPARITIES

Economic Status

ASSETS

- The median household income of Jersey City 07310 residents was $134,951 or more than twice the County income level.
- The percent of families living in poverty in Jersey City 07310 was 3.8% in 2016, lowest in all towns in the JCMC Service Area.
- In 2016, the percent of unemployment in Hoboken (3.2%) was lower than the County and State.
- Between 2015 and 2017, the percent of adults and children receiving TANF/WFNJ benefits declined by 45% and 35%, respectively.
- Over 54% of Jersey City 07310 residents earned a graduate or professional degree, highest in the Service Area.

GAPS

- In 2016, the median household income in Hudson County was $60,894, more than $12,000 below the State.
- In 2016, Hudson County had a higher percentage of people living below the poverty level than statewide, 17.4% and 10.9%, respectively.
- Between 2014 and 2016, unemployment in Hudson County declined to 5.6%, but remained higher than New Jersey, 5.2%.
- The percent of families living in poverty (14.5%) is higher than the State (8.1%).
- The percent of families living in poverty in Jersey City 07304 (21.6%) is more than double the New Jersey percentage.
- Hudson County reported an 8 percentage point increase in the number of students eligible for free lunch between 2012-2013 and 2015-2016.
- In 2016, 16.6% of Hudson County residents did not complete high school, 5.5 percentage points higher than New Jersey.
- In 2016, 25.3% of Hudson County residents had limited English proficiency compared to 12.2% in New Jersey.

Health and Health Care

ASSETS

- Since 2013, the non-elderly population without health insurance in Hudson County decreased from 22.7% to 14.8% in 2015.

GAPS

- From 2013 to 2015, Hudson County had a higher percentage of non-elderly population without health insurance than statewide.
- Hudson County had the tenth highest ACSC ED visit rate of the 21 counties in the State.
- Zip codes with the highest ED visit rate for children were Jersey City 07305 and 07304.
- Between 2013 and 2016, the physician to population ratio was higher in Hudson County than the CHR benchmark.

Neighborhood and Built Environment

ASSETS

- Between 2010 and 2016, Hudson County's motor vehicle crash deaths were 51.8% lower than New Jersey.

GAPS

- Hudson County's count of fine particular is higher than the State.
- In 2016, 42.7% of Hudson County housing units were built before 1952, higher than New Jersey overall at 25.8%.
- In 2015, Hudson County ranked in the lowest performing quartile in terms of children with elevated blood lead levels.
- Between 2010 and 2015, the percent of Hudson County residents with limited access to healthy foods increased.
- In 2017, the violent crime rate in Hudson County was in the worst performing quartile of the County Health Ranking.

B. HEALTH FACTORS

Clinical Care Measures

ASSETS

- In 2016, JCMC's Service Area inpatient use rate (152.88/1,000) was lower than the State rate.
- The county-wide percentage of VBACs trended upward from 2013 to 2016, increasing from 5.4% to 7.5% in 2016.

GAPS

- JCMC's Service Area ED visit rate (364.38/1,000) was higher than the State rate (352.2/1,000).
- In 2016, the ED visit rate in Jersey City 07305 was higher than the Service Area, State and County use rates.
- Hudson County's C-section rate (30.4%) was higher than the State rate (25.2%).

Health Behaviors

GAPS

- Only 71.4% of Hudson County women entered prenatal care in the first trimester.
- The 2010-2016 Hudson County teen birth rate (15-19) was 46.2% higher than the State rate.
- In 2016, the County's chlamydia and gonorrhea rates were higher than the respective rates in New Jersey.
- In 2015, the HIV prevalence rate in Hudson County was higher than the rate in New Jersey.

Individual Behaviors

ASSETS

- Between 2012 and 2016, smoking rates fluctuated in Hudson County with an overall decrease of 0.1 percentage points.
- Binge drinkers decreased from 19.2% in 2014, to 16.3% in 2016.
- Hudson County had the lowest percent of residents reporting heavy drinking relative to the State and surrounding counties.

GAPS

- Alcohol impaired driving deaths increased from 14.4% in 2008-2012, to 20.0% in 2012-2016.
- In 2016, a higher percentage of Hudson County residents were obese (31.2%) was higher than the *Healthy People 2020* target (30.5%).
- From 2014 to 2016, Hudson County had a higher percentage of residents reporting no physical activity than residents of the State and comparison counties.

Health Screenings and Immunizations

ASSETS

- In 2016, 76.3% of Hudson County women over 40 had a mammogram, up 25.9 percentage points since 2012.
- In 2016, 69.3% of Hudson County women over 18 had a pap smear within the past three years compared to the *Healthy People 2020* target of 66.2%.
- In 2016, 96.2% of first grade students in Hudson County received all required immunizations compared to 92.7% statewide.

GAPS

- In 2016, a lower percentage of Hudson County adults over 50 (56.2%) participated in colon-rectal screenings than residents statewide (65.1%).
- In 2014, 80.3% of Hudson County diabetic Medicare enrollees received HbA1c screening, lower than the State and surrounding counties.
- Hudson County had the second lowest percent of adults receiving flu shots compared to residents of New Jersey and surrounding counties.
- The percent of Hudson County adults 65+ who had a pneumonia vaccine decreased from 2011-2016, from 75.9% to 48.3%.

Behavioral Health Utilization

ASSETS

- In 2016, Hudson County (4.64/1,000) had the lowest rate of residents with an inpatient hospitalization for a mental health condition, compared to the State and comparison counties.
- In 2016, Hudson County (10.02/1,000) had a lower ED visit rate for mental health conditions than the State.

GAPS

- In 2016, Hudson County had a higher use rate for residents with an inpatient admission for substance abuse than the State.
- In 2016, Hudson County (14.97/1,000) had a higher ED visit rate for substance abuse than the State (7.86/1,000) and comparative counties.
- Between 2015 and 2016, Naloxone administrations increased from 202 to 476.

C. HEALTH OUTCOMES

Mortality

ASSETS

- The AAMR for heart disease deaths decreased between 2007 (212.2/100,000) and 2016 (143.6/100,000).
- Between 2013 and 2016, Hudson County's mortality rates decreased for heart disease, cancer, chronic lower respiratory disease, diabetes, septicemia, Alzheimer's disease, and kidney disease.
- The 2016 Hudson County cancer mortality rate was 16.3% lower than the State.
- The Hudson County AAMR for stroke decreased from 2007 (38.9/100,000) to (31.4/100,000) in 2016.
- The 2016 Hudson County unintentional injury AAMR was 42% was lower than the statewide rate.
- In 2016, the Hudson County AAMR for chronic respiratory disease was lower than the rates statewide.

- The years of potential life lost in Hudson County (4,952.9/100,000) was better than the County Health Ranking benchmark (5,300/100,000).
- The 2016 suicide mortality rate in Hudson County (5.5/100,000) was lower than the State (7.7/100,000).
- The infant mortality rate in Hudson County decreased from 5.6/1,000 between 2004-2006, to 3.5/1,000 from 2013-2015.

GAPS

- Between 2013 and 2016, Hudson County's age-adjusted mortality rates increased for stroke (12.9%), unintentional injuries (11.36%), and hypertension (16.7%).
- Blacks (201.8/100,000) had the highest heart disease mortality rate compared to Whites (184.3/100,000) and Hispanics (93.6/100,000).
- The mortality rate for cancer among Blacks (221.6/100,000) in Hudson County exceeded those of Whites (151.6/100,000) and Hispanics (93.4/100,000).
- The 2016 unintentional injury death rate was highest among Blacks (38.1/100,000).
- Whites (34.7/100,000) had a higher death rate due to stroke than Blacks (32.2/100,000) and Hispanics (26.6/100,000).
- The rate of drug overdose deaths in Hudson County increased from 9.0/100,000 in 2014, to 15.9/100,000 in 2016.

Maternal and Child Health

ASSETS

- In 2016, Hudson County had lower rates of very low birth weight babies than the State.

GAPS

- The Black infant mortality rate continues to be higher than for Whites.
- The percentage of low birth weight babies were higher among Black (14.5%) than for Whites (6.7%) or Hispanics (6.9%).

Health Status and Behavioral Health Status

ASSETS

- The percent of Hudson County residents reporting a history of depression decreased from 12.1% to 11.2% from 2014 to 2016.

GAPS

- In 2016, a higher percentage of Hudson County residents indicated their health was poor or fair from (21.8%) compared to the State (17.5%).
- County-wide, Hudson County adults who reported 14 or more of the past 30 days with "not good" mental health increased from 9.6% in 2014, to 10.6% in 2016.

Morbidity

ASSETS

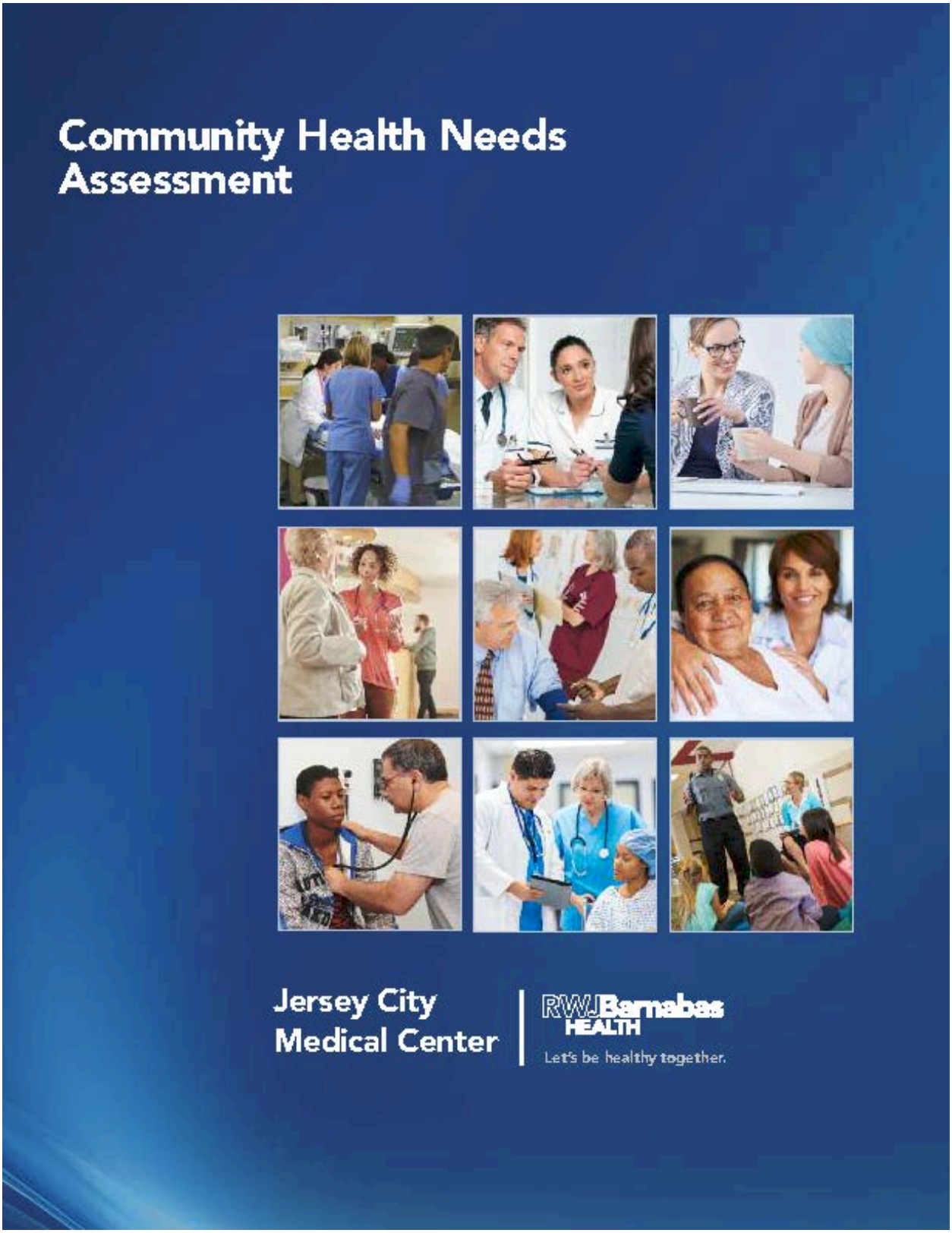
- The percent of Hudson County residents told they had angina or coronary heart disease decreased from 4.1% in 2014, to 3.3% in 2016.
- Jersey City 07307 residents had the lowest rate of patients hospitalized with a heart attack in 2016.
- Jersey City 07310 had the lowest rate of residents hospitalized with heart failure in 2016.
- From 2013 through 2016, Hudson County had a lower rate of patients using a hospital service with a stroke/TIA diagnosis than the State.
- In 2016, Hudson County had a lower hospital use rate for hypertension than the State.
- Jersey City 07310 residents had the lowest use rate of patients using a hospital service with high cholesterol.
- Between 2008 and 2015, breast (5.0%), prostate (6.7%), respiratory system (4.5%), and male genital system (52.0%) cancers all decreased.
- Between 2013 and 2016, the percentage of Hudson County residents reporting arthritis decreased from 20.6% to 18.2%.
- The percent of Hudson County residents reporting diabetes was lower than the State and all comparison counties from 2014 to 2016.

GAPS

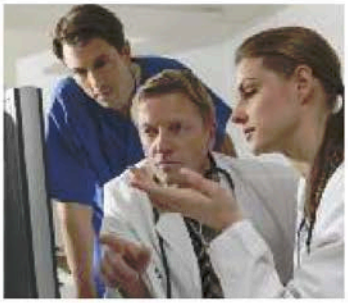
- The percent of Hudson County residents told they had a heart attack increased 0.6 percentage points from 2012 to 2016.
- Jersey City 07310 residents had the highest rate of residents hospitalized with a heart attack in 2016.
- In 2016, Hudson County (2.9%) reported a higher rate of strokes than the State (2.8%).
- Between 2011 and 2015, Hudson County adults who were aware they had hypertension increased 3.4 percentage points.
- Jersey City 07305 residents had the highest rate of hospital usage for hypertension from 2013 to 2016.
- The Hudson County percent of adults told they had high cholesterol was more than double the *Healthy People 2020* target.
- Jersey City 07305 residents with high cholesterol had the highest hospital use rate in the Service Area.
- Between 2008 and 2015, digestive system cancer rates increased.
- In 2016, the rate of patients using a hospital with a cancer diagnosis was highest in Bayonne (2.6%).

APPENDICES

APPENDIX A: JCMC CHNA IMPLEMENTATION PLAN RESULTS



Introduction



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

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

- Chronic Disease Management and Improvement (Diabetes)
- Access to Primary Care
- Health Care Disparities
- Mental Health / Substance Abuse
- Public Safety: Unsafe Neighborhoods/Violence

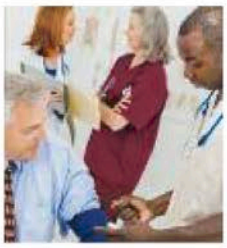
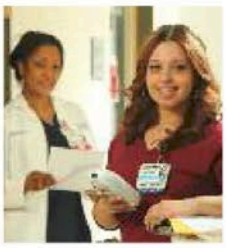
JCMC is active as a founding member of the Greater Newark Health Care Coalition (GNHCC) which is made up of key stakeholders in the county (government, civic, community-based organizations, faith-based organizations and healthcare providers) who are focused on improving the health of community members. JCMC will continue to work with the GNHCC, other providers and community organizations to improve the health and welfare of our communities.

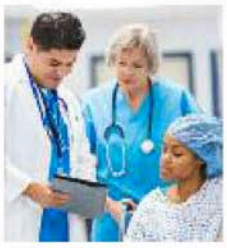
**The five focus areas do not represent the full extent of the Medical Center's community benefit activities or its support of the community's health needs. Other needs identified through the CHNA may be better addressed by other agencies/organizations or deferred to another timeframe.*

Goal #1: Reduce the Impact of Chronic Disease through Education on Prevention, Management and Treatment to Improve Quality of Life – Priority Focus on Diabetes

Key CHNA Findings:

- Two-thirds of residents suffer at least one of six conditions explored.
- Of the top three health issues via survey, diabetes was top of the list.


Strategy/Initiative 1.1

Increase patient and community education.

- Implement monthly outpatient education programs
- Develop and implement social media plan

Indicator/Metric

- Creation of monthly event calendars that educate the community on the upcoming education activities and resources related to health maintenance and chronic disease management
- Number of patients for Hemoglobin A1c in hospital based primary care offsite
- Number of diabetic patients retested with a Hemoglobin A1c of less than 7-8 for ages 50-80 years in target population of Greenville

Tracking/Outcome

2016 Baseline: 32 specific glucose screening events/697 residents

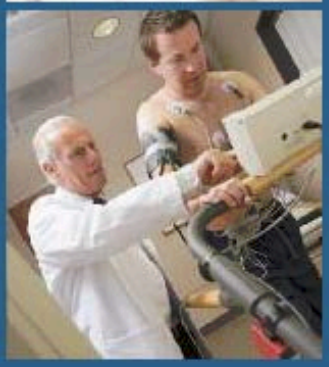
2017 Results: 90 specific glucose screening events/1200 residents; social media plan implemented and monthly event calendars distributed

2018 Results: (January-April): 36 specific glucose screening events/420 residents

Strategy/Initiative 1.2

Increase partnerships with community-based organizations to provide diabetes education within multiple points in the community.

- Hold four diabetes events at the Mary Bethune Community Center



Indicator/Metric

- Glucose monitoring activities in the community

Tracking/Outcome

Glucose monitoring activities occurred in various community locations, including Mary Bethune Community Center
2016 Baseline: 200 events
2017 Results: 246 events
2018 Results: (January-April) 96 events

Strategy/Initiative 1.3

Increase Jersey City Medical Center physician/provider engagement in education and early diagnosis.

Indicator/Metric

- Engage minimum of six primary care practices in Garden State Practice Transformation Network to prepare for 2017 MACRA compliance.
- Provide two grand round presentations for residents/medical students, pharmacists, and nurses on:
  1. Clinical variation
  2. Overuse/misuse/underuse of diagnostic imaging and procedures

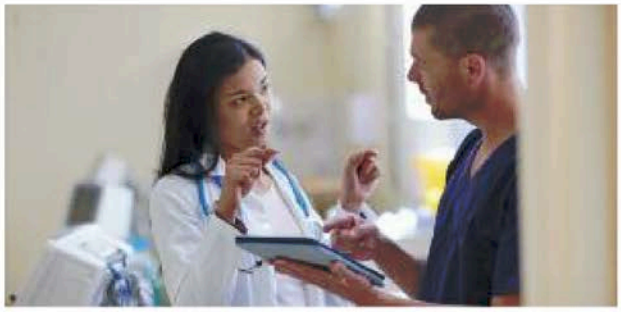
Tracking/Outcome

Ten primary care practices were assessed for care transformation under MACRA principles in 2016 and 2017
Two grand rounds on clinical variation and overuse/misuse/underuse of diagnostic imaging and procedures was provided to residents/medical, pharmacies and nursing in 2017

Strategy/Initiative 1.4

Increase Care Coordination services.

- Establish DMAIC Teams for Diabetes, COPD, AMI, HTN, CABG
- Reduce 30-day Readmission Rates for COPD, AMI, HTN, CABG



Indicator/Metric

- Reduce diabetes inpatient admissions from primary service area by 10% by 2019
- Reduce 30-Day Readmission Rate
  AMI from 11.90 to 11.5 by December 2017
  CHF from 17.90 to 17.0 by December 2017
  PN from 7.8 to 7.4 by December 2017
- Increase Discharge Disposition HOME with home health services rate from 13.2% to 20% for 27 BCPI - DRGs participants by December 2017
- Reduce SNF Days in Post Discharge from 25 days to 22 days on average by December 2017

Tracking/Outcome

2017 Results:
30-Day Readmission Rate AMI – 5.31
30-Day Readmission Rate CHF – 3.86
30-Day Readmission Rate PN- 13.44
Discharge Disposition HOME with home health services – 18.32%
SNF Days in Post Discharge – 28.2 days

Strategy/Initiative 1.5

Utilize conversation map program in care for patients with diabetes.

Indicator/Metric

- Implementation of a monthly diabetes-related education program for Jersey City residents that is based on the conversation map program principles and guidelines

Tracking/Outcome

2017 Results: 24 monthly events conducted

Goal #2: Expand Access to Primary Care and Specialty Services (priority focus on Under and Uninsured)

Key CHNA Findings:

- Insurance and affordability are key barriers to seeking medical care regardless of age, income or ethnicity.
- Sixty-one percent of residents surveyed do not feel there are sufficient providers accepting Medicaid/their insurance.
- Seventy-two percent of residents surveyed do not feel they have access to low cost or free dental care.

Strategy/Initiative 2.1

Develop a comprehensive community resource directory for healthcare and social services.

- Directory completed by year-end 2017
- Hard copies in primary care clinics by first quarter 2018
- Available online through link first quarter 2018

Indicator/Metric

- Number of online hits to "Aunt Bertha" (social services directory) internet site
- Consistent review of "Aunt Bertha" user and resource utilization
- Information communicated to primary care network partners and area FQHC's
- Postcards designed and sent out to community members and agencies
- Expanded efforts established to develop a structured process to add on new community partners

Tracking/Outcome

2017 Results: 2,550 postcards sent and 550 hard copies of the postcards placed in ten primary care locations in Jersey City

2018 Results: 520 online hits to "Aunt Bertha" (January-April); 550 hard copies of the postcards placed in ten primary care locations in Jersey City and the "Aunt Bertha" resource link was embedded on the main hospital website and the Jersey City Department of Health and Human Services website

Strategy/Initiative 2.2

Expand services through partnership with the three local Federally Qualified Health Services (FQHS).

- Address access to care priority with senior leadership of each JC FQHC through an understanding of gap issues (hours of operation, availability of multidisciplinary team members and utilization of JCMC navigation staff)
- Document minimum two face to face meetings with action steps
- Create Emergency Room Patient Navigation Program in partnership with Metropolitan Family Health Network
- Expand data exchange protocols to facilitate comprehensive care coordination for community residents

Indicator/Metric

- Number of ED referrals to Metropolitan FQHC and patient service linkages
- Data exchange protocols
- Number of patient & family support groups and community outreach events at partnering FQHC locations
- Healthier JC internet partnership platform

Tracking/Outcome

2017 Results:

Data exchange protocol in place

Two patient & family support groups and community outreach events at partnering FQHC locations

ED Navigation program completed 2, 518 patient service linkages

2018 Results: (January-April)

495 patient service linkages

Successful launch of the Healthier JC partnership portal in 2018 with over 40 partners

Strategy/Initiative 2.3

Implement Blueprint for Action towards Greater Health in Jersey City through the RWJ Foundation – Building a Culture of Health Grant.

- Meet all partner commitments including offsite learning collaborative attendance for Culture of Health grant
- Promote chronic disease management in the community

Indicator/Metric

- Number of community outreach events focused on chronic disease management

Tracking/Outcome

2017 Results: 984 community outreach events

2018 Results (January-April): 299 outreach events

Strategy/Initiative 2.4

Complete Greenville Primary Care site presumptive eligibility for Medicaid.

Indicator/Metric

- Number of presumptive eligibility Medicaid applications completed monthly (beginning in 2019)

Tracking/Outcome

Available beginning first quarter 2019

Strategy/Initiative 2.5

Establish partnership with the North Hudson Community Action Corporation.

Indicator/Metric

- On-going conversations between JCMC and the North Hudson Community Action Corporation focused on collaboration around care for low income population
- Collaboration around DSRIP Program Outcome metrics

Tracking/Outcome

2017 Results: Four joint meetings annually in 2017; successful reporting DSRIP outcomes data

Goal #3: Adapt services and programs to address disparities in healthcare to include variables such as income, disability status, ethnicity, language preference, sexual orientation, and other sociodemographics

Key CHNA Findings:

- New Jersey has a higher percentage of foreign born residents (Asia 30%, Europe 20%) versus the U.S. as a whole (Asia 27%, Europe 13%).
- Twenty-four million (8.5% of U.S. population) have Limited English Proficiency (LEP) and are at risk for medical errors and adverse events due to communication.

Strategy/Initiative 3.1

Reduce adverse outcomes and healthcare disparities in JCMC's primary service area (PSA) and secondary service area (SSA).

Indicator/Metric

- Provide patients in the ED and inpatient access to language assistance services upon request

Tracking/Outcome

2017 Results: 11,300 patients' language assistance requests completed

2018 Results: (January-March): 3,715 patients' language assistance requests completed

Strategy/Initiative 3.2

Establish a community patient/family advisory board that matches the demographics of the community we serve (i.e. income, disability status, ethnicity, language, sexual orientation, etc.).

- Meet with community leaders to assist in identifying those who should sit on board by January 2017.
- Advisory board will meet once a month and bring any issues/areas of concern to the Population Health Council starting in March 2018.

Indicator/Metric

- Number of members actively enrolled
- Number of meetings completed
- Number of issues/concerns reported through Community Patient/Family Advisory Board meetings

Tracking/Outcome

2018 Results (as of April): Two enrolled members; four meetings completed and two issues reported

Strategy/Initiative 3.3

Provide health education and screenings to key diverse community groups.

Indicator/Metric

- Quarterly health screenings for religious/diverse community organizations each year
- Minimum two Health Education Dinners per year targeting diverse communities (i.e. Bollywood Dance Your Way to Good Health, LGBTQ Family Planning with Dr. Serena Chen)
- LGBTQ Health Fair in June 2017
- Translation of Health Education Materials to top five languages spoken in our primary service area (PSA) and secondary service area (SSA) by April 2017
- Partner with South Asian Total Health Initiatives (SATHI) to put on at least one health education seminar per year for the South Asian Population

Tracking/Outcome

2017 Results:

984 community events completed; 36,490 participants

Of 984 community events, 398 events directly impacted the five CHNA priority areas identified

Heart Awareness and Diabetic Education to South Asian Population at Red Sari Gala held in April

951 participants attended LGBT Pride Festival on August 26, 2017

2018 Results (January-April):

299 community events completed; 10,756 participants

Of 299 community events, 175 events directly impacted the five CHNA priority areas identified

Strategy/Initiative 3.4

Incorporate Limited English Proficiency (LEP) program into the hospital-wide patient safety committee.

Indicator/Metric

- Number of LEP incidents in hospital-wide safety tracking system (Verge)
- Number of adverse events attributable to LEP

Tracking/Outcome

2017 Results: No incident reports

2018 Results (January-April): No incident reports

Strategy/Initiative 3.5

Develop/revise policies and procedures focused on Limited English Proficiency (LEP) services.

- All newly developed or policies requiring revision will contain a statement that references the Organization's Effective Communication policy and LEP

Indicator/Metric

- Number of new and revised policies in compliance with LEP

Tracking/Outcome

All new and revised policies have an effective communication and LEP clause

Goal #4: Improve comprehensive services for mental health and substance abuse through affordable and accessible providers

Key CHNA Findings:

- Sixty-four percent of residents surveyed do not feel substance abuse/treatment services are adequate.
- Sixty-nine percent of residents surveyed do not feel there are adequate mental/behavior health providers.

Strategy/Initiative 4.1

Develop marketing strategy for menu of mental health and addictions services.

- Develop awareness campaign on available resources
- Engage the community in direct education on mental health and substance abuse as well as overall wellness
- Create partnerships in the community

Indicator/Metric

- Develop marketing materials for behavioral health
- Engage the community in direct education on mental health and substance abuse as well as overall wellness
- Create partnerships in the community

Tracking/Outcome

Marketing and Partnerships:

- Materials created and being used at community events:
  - Children's Behavioral Health Services – third quarter 2017
  - Adult Behavioral Health Services - second quarter 2018
- Social Media Campaigns for Behavioral Health:
  - May 2016, May 2017 & December 2017, May and June 2018
- Service Partnerships – affiliation agreements developed or re-designated with:
  - Bridgeway Early Intervention Support Services (May 2018)
  - Hoboken University Medical Center (fourth quarter - 2016)
  - Christ Hospital (fourth quarter 2017)
  - Hudson County Care Management Organization (January 2018)

Direct Education to the Community:

2016 Baseline: Over 1,685 people reached; 22 events attended (5 high school, 17 community events)

2017 Results: Over 1,786 people reached; 29 events attended (14 high school, 4 community, 11 shelters)

2018 Results (January-April): Over 2,068 people reached; 17 events (4 high school, 5 community, 8 shelters)

School Based Youth Service Program Sessions:

2017 Results: Over 617 students reached

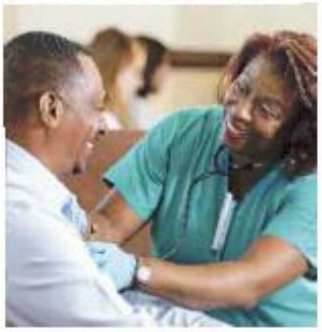
2018 Results: (January-April): Over 116 students reached

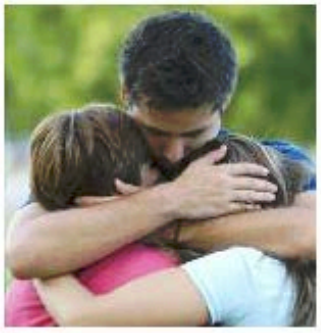
Strategy/Initiative 4.2

Engage City Hall to interweave MH/SA into community events throughout Jersey City.

Indicator/Metric

- Partner with JCMC in "Cookies with a Cop" Program
- Work with Jersey City Administration to partner on services
- Meet with the Hudson County Mental Health Board to promote services
- Develop partnerships on jail diversion and prisoner re-entry





Tracking/Outcome

Hosted "Cookies with a Cop" at Snyder High School

Met with Jersey City Administration and Deputy Mayor to disseminate services; services uploaded to "HealthyJC" (the city's portal for service access) in May 2018

Representation at the Mental Health Board:

2016 Baseline: Five meetings attended

2017 Results: Seven meetings attended

2018 Results: Four meetings attended

Representation at the Jersey City Youth Council:

2017 Results: Four meetings attended as well as four meetings attended for subgroup of Youth Violence and Trauma

Jail Diversion Program Partnerships and Prison Re-entry:

2016 Baseline: 21 persons served

2017 Results: 72 persons served

2018 Results (January-April): 46 persons served

Outpatient Commitment: (working with court system)

2016 Baseline: 53 persons served

2017 Results: 59 persons served

2018 Results (January-April): 26 persons served

Strategy/Initiative 4.3

Research best practices in community support and engagement at the community level.

Indicator/Metric

- Provide three researched programs to CHNA

Tracking/Outcome

Formed a committee and researched best practices in Trauma informed Care working with the state, county and Rutgers UBH

- Between December 2017-May 2018, over 120 outpatient behavioral health employees were trained on the Nurtured Heart Approach
- In talks with Rutgers UBH regarding future training and support on EBP for clinicians to treat our greater trauma community
  - ARC (for pediatric services)

- Cognitive Restructuring Program (for adult services)
- Motivational Interviewing

Strategy/Initiative 4.4

Gain insights and research related to community-based organization working towards reducing violence in the community.

Indicator/Metric

- Evaluate other hospital and community-based organizations and adopt best practices and partnerships toward the goal of reducing community violence

Tracking/Outcome

Evaluated programs:

- Newark Community Services
- Make it Happen
- NNHVIP: National Network of Hospital-Based Violence Intervention Programs

Adopted programs:

- Hiring a Trauma Navigator (third quarter 2018)
  - Responding to victims of penetrating trauma to break the cycle of violence
- Have a working agreement with Jersey City's Director of Injury Prevention who will be:
  - Using the "Cure Violence Model"
  - Hiring Violence Interrupters
- Hired a consultant with the focus of unifying existing community-based organizations and strategists to align together towards the common goal of lessoning violence in Jersey City
- Three community meetings held

Goal #5: Develop strategies to promote public safety to decrease the incidence of unintentional injuries and those caused by acts of violence with a focus on individual behaviors, physical environment, and social environment

Key CHNA Findings:

- On a five-point scale, unsafe neighborhoods emerge as the top concern among those surveyed.
- Unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages.

Strategy/Initiative 5.1

Partner with Jersey City Police Department to promote safety in the highest violent crime zip code 07305, followed by 07304.

Indicator/Metric

- Number of violent trauma admissions from zip codes 07304 and 07305

Tracking/Outcome

2016 Baseline: 134 violent trauma admissions

2017 Results: 99 violent trauma admissions

2018 Results (January-April): 51 violent trauma admissions

Strategy/Initiative 5.2

Partner with community health agency/community groups to collaborate on promotion of safety within the community.

Indicator/Metric

- Meet with Jersey City Department of Health and Human Services representatives regarding anti-violence coalition movement (07305) to outline mission and outreach initiatives that align with our recent community health needs assessment
- Add representative from anti-violence coalition to the CHNA team and Safety Committee/Acute Care Council
- Partner with the Jersey City Anti-Violence Movement (J.C.A.C.M.) for violence prevention, violence awareness, anti-violence initiatives, and mentoring programs for the youth and community (Snyder High School-Anti Violent Talent Show)
- Review existing anti-violence programs

Tracking/Outcome

2017 Results:

Quarterly meetings with JC Department of Health and Human Services representatives regarding anti-violence coalition movement

Employed a consultant focused on the anti-violence initiatives

Comprehensive study of existing youth violence intervention programs and organizations completed

2018 Results:

Hospital-based violence intervention program called Project HUDSON developed and funding sources identified

Jersey City Medical Center | RWJBarnabas HEALTH

Let's be healthy together.

355 GRAND STREET | JERSEY CITY, NEW JERSEY 07302 | **rwjbh.org/jerseycity**

6587-06/18jcmc

APPENDIX B: SECONDARY DATA SOURCES

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

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

Source	
United States Department of Health and Human Services, Agency for Healthcare Research and Quality Understanding Quality Measurement 2016	http://www.ahrq.gov
United Way	http://www.unitedwaynj.org/ourwork/alicenj.php
University of Nevada	https://www.unce.unr.edu
US Department of Education	http://www.ed.gov
US Department of Health and Human Services, Maternal and Child Health Bureau	http://mchb.hrsa.gov
US DHHS Administration for Children and Families	http://www.acf.hhs.gov
Washington Post	https://www.washingtonpost.com
World Health Organization	http://www.who.int

APPENDIX C1: CANCER INCIDENCE RATE REPORT: CANCER PATIENT ORIGIN
HUDSON COUNTY 2017

Over 73% of JCMC's cancer inpatients and 50.0% of cancer outpatients resided in the Hospital's Primary Service Area. In total, 93.4% of inpatients and 100.0% of outpatients resided in Hudson County. Jersey City (07305) and Jersey City (07304) represent the largest segment of JCMC's inpatient and outpatient cancer patients. The health factors and outcomes explored in the CHNA bear relevance to the provision of oncology services and its review of specific needs for the community.

CANCER PATIENT ORIGIN	2017 JCMC IP PATIENTS	%	2017 JCMC OP PATIENTS	%
Hudson County	1,206	93.4%	*	100.0%
Primary Service Area	945	73.2%	*	50.0%
Secondary Service Area	210	16.3%	*	25.0%
Out of Service Area (NJ)	112	8.7%	*	25.0%
Out of State	24	1.9%	*	0.0%
TOTAL	**1,291**	**100.0%**	*	**100.0%**
Jersey City (07305)	415	32.1%	*	25.0%
Jersey City (07304)	240	18.6%	*	16.7%

** Numbers suppressed due to low volumes reported.*
Source: Decision Support; IP volume includes cases with ICD10 principal or secondary codes C00 thru D49.9 (Neoplasms); OP volume includes cases with ICD10 principal or secondary codes Z51.0 or Z51.11 (Chemo and Radiation Therapy).

APPENDIX C2: CANCER INCIDENCE RATE REPORT: HUDSON COUNTY 2011-2015

INCIDENCE RATE REPORT FOR HUDSON COUNTY 2011-2015				
Cancer Site	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend
All Cancer Sites	391.1	2429	falling	-1.5
Bladder	17.5	102	falling	-1.5
Brain & ONS	5.7	37	falling	-1.2
Breast	104.4	356	falling	-0.5
Cervix	10.1	35	falling	-2.7
Colon & Rectum	41.4	254	falling	-2.5
Esophagus	3	18	falling	-2.9
Kidney & Renal Pelvis	12.4	79	stable	0.7
Leukemia	12.1	73	falling	-0.7
Liver & Bile Duct	7.8	49	rising	2.2
Lung & Bronchus	46.3	274	falling	-2
Melanoma of the Skin	7.9	50	stable	-0.6
Non-Hodgkin Lymphoma	17.7	110	stable	-0.4
Oral Cavity & Pharynx	7.9	50	falling	-2.4
Ovary	11.4	39	falling	-2
Pancreas	13.1	78	rising	3.8
Prostate	111.8	297	falling	-4.4
Stomach	10	61	falling	-0.9
Thyroid	14.8	105	stable	-0.3
Uterus (Corpus & Uterus, NOS)	23.9	84	stable	0

The Source for C2 and following tables C3, C4, C5 and C6 is: https://statecancerprofiles.cancer.gov

APPENDIX C3: CANCER INCIDENCE DETAILED RATE REPORT: HUDSON COUNTY 2011-2015
SELECT CANCER SITES: RISING INCIDENCE RATES

		Liver & Bile Duct	Pancreas
INCIDENCE RATE REPORT FOR HUDSON COUNTY 2011-2015 All Races (includes Hispanic), All Ages	Age-Adjusted Incidence Rate - cases per 100,000	7.8	13.1
	Average Annual Count	49	78
	Recent Trend	rising	rising
	Recent 5-Year Trend in Incidence Rates	2.2	3.8
White Non-Hispanic, All Ages	Age-Adjusted Incidence Rate - cases per 100,000	6.9	15.3
	Average Annual Count	16	35
	Recent Trend	rising	rising
	Recent 5-Year Trend in Incidence Rates	2.2	5.4
Black (includes Hispanic), All Ages	Age-Adjusted Incidence Rate - cases per 100,000	7.1	12.5
	Average Annual Count	7	11
	Recent Trend	stable	stable
	Recent 5-Year Trend in Incidence Rates	2	-0.4
Asian or Pacific Islander (includes Hispanic), All Ages	Age-Adjusted Incidence Rate - cases per 100,000	8.5	7.2
	Average Annual Count	6	4
	Recent Trend	stable	*
	Recent 5-Year Trend in Incidence Rates	-0.1	*
Hispanic (any race), All Ages	Age-Adjusted Incidence Rate - cases per 100,000	7.3	12.3
	Average Annual Count	18	29
	Recent Trend	stable	stable
	Recent 5-Year Trend in Incidence Rates	1.7	0.7
MALES	Age-Adjusted Incidence Rate - cases per 100,000	13.2	13.2
	Average Annual Count	37	34
	Recent Trend	rising	stable
	Recent 5-Year Trend in Incidence Rates	2.6	-0.6
FEMALES	Age-Adjusted Incidence Rate - cases per 100,000	3.6	12.9
	Average Annual Count	12	44
	Recent Trend	stable	stable
	Recent 5-Year Trend in Incidence Rates	0.8	0.9

** Data has been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category. If an average count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression threshold (but is rounded to 3).*

APPENDIX C4: CANCER MORTALITY RATE REPORT: HUDSON COUNTY 2011-2015

MORTALITY RATE REPORT FOR HUDSON COUNTY 2011-2015					
Cancer Site	Met Healthy People Objective	Age-Adjusted Death Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend
All Cancer Sites	Yes	144.4	853	falling	-2.3
Bladder	***	4.7	26	stable	2.2
Brain & ONS	***	2.7	17	stable	-0.9
Breast	No	21.2	73	falling	-2.2
Cervix	No	2.4	8	falling	-3.9
Colon & Rectum	No	17	101	falling	-2.8
Esophagus	***	3.1	19	falling	-2.4
Kidney & Renal Pelvis	***	3.2	18	stable	-0.7
Leukemia	***	5.6	33	falling	-2.2
Liver & Bile Duct	***	5.4	33	stable	0.6
Lung & Bronchus	Yes	33	192	falling	-2.8
Melanoma of the Skin	Yes	1.1	6	falling	-1.6
Non-Hodgkin Lymphoma	***	5.2	30	falling	-3.5
Oral Cavity & Pharynx	Yes	1.5	9	falling	-4.2
Ovary	***	6.4	22	falling	-1.8
Pancreas	***	9.6	57	stable	-0.6
Prostate	Yes	17.9	38	falling	-3.7
Stomach	***	4.6	27	falling	-1.9
Thyroid	***	*	3 or fewer	*	*
Uterus (Corpus & Uterus, NOS)	***	5.2	18	stable	0

**** No Healthy People 2020 Objective for this cancer.*

** Data has been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category. If an average count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression threshold (but is rounded to 3).*

APPENDIX C5: CANCER MORTALITY DETAILED RATE REPORT (Highest Volume): HUDSON COUNTY 2011-2015

		Breast	Colon & Rectum	Lung & Bronchus
MORTALITY RATE REPORT FOR HUDSON COUNTY 2011-2015 All Races (includes Hispanic), All Ages	Met Healthy People Objective	No	No	Yes
	Age-Adjusted Death Rate - cases per 100,000	21.2	17	33
	Average Annual Count	73	101	192
	Recent Trend	falling	falling	falling
	Recent 5-Year Trend in Death Rates	-2.2	-2.8	-2.8
White Non-Hispanic, All Ages	Met Healthy People Objective	No	No	No
	Age-Adjusted Death Rate - cases per 100,000	27	22	50.4
	Average Annual Count	36	52	114
	Recent Trend	falling	falling	falling
	Recent 5-Year Trend in Death Rates	-1.5	-2.2	-1.8
Black (includes Hispanic), All Ages	Met Healthy People Objective	No	No	Yes
	Age-Adjusted Death Rate - cases per 100,000	28.5	21.3	34.7
	Average Annual Count	15	17	28
	Recent Trend	falling	falling	falling
	Recent 5-Year Trend in Death Rates	-2	-2.8	-2.9
Asian or Pacific Islander (includes Hispanic), All Ages	Met Healthy People Objective	Yes	Yes	Yes
	Age-Adjusted Death Rate - cases per 100,000	13.1	10	18.7
	Average Annual Count	5	6	11
	Recent Trend	*	stable	stable
	Recent 5-Year Trend in Death Rates	*	1.3	-1.1
Hispanic (any race), All Ages	Met Healthy People Objective	Yes	Yes	Yes
	Age-Adjusted Death Rate - cases per 100,000	13	11.1	17.4
	Average Annual Count	18	26	41
	Recent Trend	falling	falling	stable
	Recent 5-Year Trend in Death Rates	-2.5	-2.3	-1.1
MALES	Met Healthy People Objective	n/a	No	Yes
	Age-Adjusted Death Rate - cases per 100,000	n/a	22	44
	Average Annual Count	n/a	54	108
	Recent Trend	n/a	falling	falling
	Recent 5-Year Trend in Death Rates	n/a	-2.7	-3.5
FEMALES	Met Healthy People Objective	No	Yes	Yes
	Age-Adjusted Death Rate - cases per 100,000	21.2	13.5	25.2
	Average Annual Count	73	47	85
	Recent Trend	falling	falling	falling
	Recent 5-Year Trend in Death Rates	-2.2	-3.1	-2.1

**** No Healthy People 2020 Objective for this cancer.*

** Data has been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category. If an average count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression threshold (but is rounded to 3).*

APPENDIX C6: CANCER INCIDENCE RATE REPORT: ALL COUNTIES 2011-2015

INCIDENCE RATE REPORT: ALL COUNTIES 2011-2015				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
ALL SITES: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	441.2	1,580,653	falling	-1.4
New Jersey	477.5	49,332	falling	-0.9
Atlantic County	490.9	1,646	falling	-0.6
Bergen County	462	5,311	falling	-1.1
Burlington County	521.7	2,845	stable	-1
Camden County	513.9	2,982	stable	-1.4
Cape May County	557.2	864	stable	-0.1
Cumberland County	502.9	862	stable	0.1
Essex County	452.1	3,717	falling	-1.2
Gloucester County	529.7	1,753	stable	-1.7
Hudson County	391.1	2,429	falling	-1.5
Hunterdon County	481.7	762	stable	-0.2
Mercer County	498.1	2,058	falling	-0.4
Middlesex County	455.8	4,118	falling	-1
Monmouth County	511.5	3,950	falling	-1.6
Morris County	470.4	2,848	falling	-1.7
Ocean County	515.9	4,370	falling	-0.7
Passaic County	441.4	2,378	falling	-0.9
Salem County	534.1	443	stable	0.1
Somerset County	461.1	1,761	falling	-1.4
Sussex County	489.7	863	falling	-0.5
Union County	451.9	2,692	falling	-1.2
Warren County	497.8	665	falling	-0.5
Bladder: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	20.3	72,640	falling	-1.7
New Jersey	23.6	2,449	falling	-1.5
Atlantic County	27.9	94	stable	0.2
Bergen County	23	272	falling	-0.8
Burlington County	26.7	147	stable	0
Camden County	25.3	146	stable	0
Cape May County	35	58	rising	1.3
Cumberland County	26.4	45	stable	1
Essex County	19.1	153	stable	-0.4
Gloucester County	28.4	91	rising	0.7

INCIDENCE RATE REPORT: ALL COUNTIES 2011-2015				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Hudson County	17.5	102	falling	-1.5
Hunterdon County	28.2	44	rising	1.4
Mercer County	22.1	91	stable	-0.5
Middlesex County	23.1	205	stable	-0.3
Monmouth County	25.8	202	stable	-0.2
Morris County	24.3	149	stable	-0.3
Ocean County	24.4	230	falling	-3.5
Passaic County	21.2	113	stable	-0.6
Salem County	29.5	25	stable	0.3
Somerset County	21.3	81	stable	0.3
Sussex County	26.6	45	stable	-0.3
Union County	20.1	119	falling	-3.7
Warren County	27.6	37	stable	-0.6
Brain & ONS: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	6.5	22,226	falling	-0.9
New Jersey	6.9	669	falling	-0.3
Atlantic County	7.3	22	stable	0.3
Bergen County	7.7	81	stable	-0.4
Burlington County	7.2	36	stable	0.5
Camden County	7.2	39	stable	0
Cape May County	7.1	9	stable	0
Cumberland County	7.1	12	stable	-0.8
Essex County	5.1	42	falling	-1.4
Gloucester County	7.3	23	stable	-0.3
Hudson County	5.7	37	falling	-1.2
Hunterdon County	7.8	10	stable	-0.5
Mercer County	7.1	27	stable	-0.5
Middlesex County	6.3	55	falling	-1
Monmouth County	7.3	54	stable	0.5
Morris County	7.9	43	stable	0.1
Ocean County	7.7	54	stable	0.4
Passaic County	6.7	35	falling	-0.9
Salem County (7)	7.3	5	*	*
Somerset County	6.1	22	stable	-0.5
Sussex County	7.7	12	stable	-0.5
Union County	6.2	36	falling	-1

INCIDENCE RATE REPORT: ALL COUNTIES 2011-2015				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Warren County	10.4	13	stable	1.6
Breast: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	124.7	234,445	stable	0.2
New Jersey	133.4	7,357	rising	0.4
Atlantic County	132.5	236	stable	-0.1
Bergen County	135.5	822	falling	-0.6
Burlington County	139.6	405	stable	-0.1
Camden County	140.1	440	stable	0.4
Cape May County	129.9	100	falling	-0.7
Cumberland County	113.9	101	falling	-0.8
Essex County	133.5	610	rising	5.7
Gloucester County	142.6	257	stable	0
Hudson County	104.4	356	falling	-0.5
Hunterdon County	155.1	133	stable	-0.1
Mercer County	140	309	stable	-0.4
Middlesex County	129.2	625	falling	-0.5
Monmouth County	144.1	594	stable	-0.1
Morris County	144.4	465	stable	-0.3
Ocean County	130.8	567	falling	-0.6
Passaic County	117	344	falling	-0.5
Salem County	126.1	55	stable	-0.5
Somerset County	140.4	290	stable	0.4
Sussex County	134.3	125	stable	-0.2
Union County	133.4	433	falling	-0.4
Warren County	127.7	91	stable	-0.3
Cervix: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	7.5	12,529	stable	0.2
New Jersey	7.6	380	falling	-2.6
Atlantic County	9.8	15	falling	-3.6
Bergen County	6.7	36	falling	-2
Burlington County	6.1	15	stable	-9.4
Camden County	7.8	22	falling	-2.4
Cape May County	10.2	5	stable	-0.4
Cumberland County	12	9	falling	-3.8
Essex County	9.5	42	falling	-3.7
Gloucester County	6.9	11	falling	-2.5

INCIDENCE RATE REPORT: ALL COUNTIES 2011-2015				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Hudson County	10.1	35	falling	-2.7
Hunterdon County	5.3	4	falling	-2.3
Mercer County	5.5	11	falling	-3.3
Middlesex County	6.1	28	falling	-2.3
Monmouth County	6.9	26	falling	-2.6
Morris County	5.9	18	falling	-2.2
Ocean County	8.7	28	falling	-2.1
Passaic County	7.9	21	falling	-2.2
Salem County(7)	*	3 or fewer	*	*
Somerset County	8.3	15	stable	-1.3
Sussex County	5.8	5	falling	-3.1
Union County	8.5	26	falling	-1.9
Warren County	7.8	5	falling	-3.1
Colon & Rectum: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	39.2	139,950	falling	-1.7
New Jersey	41.9	4,346	falling	-1.6
Atlantic County	42.1	143	falling	-2.7
Bergen County	38.3	447	stable	0.4
Burlington County	46.8	256	falling	-2.1
Camden County	45.5	263	falling	-2.9
Cape May County	46.2	72	falling	-2.8
Cumberland County	49.3	84	falling	-1.4
Essex County	43.3	355	stable	0.4
Gloucester County	44.1	144	falling	-2.2
Hudson County	41.4	254	falling	-2.5
Hunterdon County	41	65	falling	-2.8
Mercer County	39.5	164	falling	-4.4
Middlesex County	41.6	375	falling	-2.5
Monmouth County	41.9	326	falling	-3.7
Morris County	36.5	224	falling	-3
Ocean County	45.5	406	falling	-3
Passaic County	40	215	falling	-3.6
Salem County	47.4	40	falling	-2.1
Somerset County	35.9	139	falling	-2.4
Sussex County	42.5	71	falling	-2.9
Union County	40.4	241	falling	-2.5

INCIDENCE RATE REPORT: ALL COUNTIES 2011-2015				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Warren County	46.3	62	falling	-2.9
Esophagus: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	4.6	16,795	falling	-0.9
New Jersey	4.4	465	falling	-1
Atlantic County	4.4	15	falling	-2.5
Bergen County	3.3	39	falling	-1.8
Burlington County	5.3	30	stable	-0.1
Camden County	5.2	31	stable	-1
Cape May County	5.5	8	stable	-0.8
Cumberland County	5.6	10	stable	0.6
Essex County	3.9	32	falling	-3.1
Gloucester County	6.3	22	stable	1.1
Hudson County	3	18	falling	-2.9
Hunterdon County	4.6	8	stable	-0.4
Mercer County	4.7	19	stable	-1.3
Middlesex County	4	37	falling	-1.1
Monmouth County	4.6	36	stable	-0.4
Morris County	4.6	29	stable	0.3
Ocean County	5.7	51	stable	5.5
Passaic County	4.4	24	stable	-1.1
Salem County	5.4	5	stable	-2
Somerset County	3.2	12	falling	-1.6
Sussex County	5.5	10	stable	0.2
Union County	3.6	22	falling	-1.7
Warren County	5.8	8	stable	1.4
Kidney & Renal Pelvis.: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	16.4	58,599	rising	0.8
New Jersey	16	1,655	stable	0.2
Atlantic County	17.2	58	rising	1.4
Bergen County	16.1	186	rising	1
Burlington County	19.9	108	rising	2.6
Camden County	19.5	112	rising	2
Cape May County	18.1	29	rising	1.9
Cumberland County	22.6	38	rising	4.2
Essex County	13	108	rising	0.8
Gloucester County	19.2	65	rising	2

INCIDENCE RATE REPORT: ALL COUNTIES 2011-2015				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Hudson County	12.4	79	stable	0.7
Hunterdon County	13.4	22	rising	1.6
Mercer County	16.2	68	rising	2.1
Middlesex County	14.8	135	rising	0.9
Monmouth County	16.7	131	rising	1.3
Morris County	13.7	83	stable	0.9
Ocean County	17.7	144	rising	1.7
Passaic County	15.9	85	rising	1.6
Salem County	18.1	15	stable	1
Somerset County	13.8	54	rising	1.7
Sussex County	14.1	27	stable	0.1
Union County	15.1	90	rising	1
Warren County	16.3	21	rising	1
Leukemia: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	13.6	47,270	falling	-1.6
New Jersey	15.2	1,523	rising	0.6
Atlantic County	14.5	47	stable	0.5
Bergen County	16.1	182	rising	0.8
Burlington County	15.3	80	rising	1.2
Camden County	15.2	86	rising	0.9
Cape May County	15.9	24	rising	1.2
Cumberland County	15.3	26	rising	2
Essex County	13.1	104	stable	-0.3
Gloucester County	17.3	55	rising	1.6
Hudson County	12.1	73	falling	-0.7
Hunterdon County	13.2	20	stable	-0.8
Mercer County	15.8	65	stable	0.6
Middlesex County	15	133	rising	0.6
Monmouth County	15.7	118	rising	1.1
Morris County	16	94	stable	0.6
Ocean County	16	132	stable	0.3
Passaic County	15.1	78	stable	0.1
Salem County	12.9	10	stable	0.8
Somerset County	15.3	56	stable	0.6
Sussex County	16.5	28	stable	1
Union County	16	92	rising	1.2

INCIDENCE RATE REPORT: ALL COUNTIES 2011-2015				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Warren County	15.6	20	stable	0.1
Liver & Bile Duct: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	8.1	30,492	rising	2.2
New Jersey	7.5	808	rising	2.2
Atlantic County	8.2	30	rising	2.9
Bergen County	6.8	81	rising	1.6
Burlington County	7.4	42	rising	3.2
Camden County	9.1	55	rising	3.8
Cape May County	8.8	15	rising	5.4
Cumberland County	10.7	19	rising	6.8
Essex County	7.7	67	rising	1.8
Gloucester County	8.6	30	rising	4
Hudson County	7.8	49	rising	2.2
Hunterdon County(7)	5.8	10	*	*
Mercer County	8.4	36	rising	4.1
Middlesex County	7.4	68	rising	3
Monmouth County	6.8	56	rising	1.9
Morris County	5.7	36	rising	1.3
Ocean County	8.1	71	rising	4.3
Passaic County	8.2	46	rising	2.9
Salem County	10.9	9	rising	4.6
Somerset County	6.6	27	rising	3.2
Sussex County	7.2	13	rising	1.9
Union County	6	37	rising	2.4
Warren County	7.4	10	stable	1
Lung & Bronchus: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	60.2	217,545	falling	-2.1
New Jersey	57.3	5,940	falling	-2.2
Atlantic County	68.2	232	falling	-2.8
Bergen County	50.9	596	falling	-1.3
Burlington County	63.1	344	falling	-0.9
Camden County	71.4	415	falling	-0.6
Cape May County	79.3	131	stable	-0.2
Cumberland County	70.9	122	falling	-2.7
Essex County	48.7	392	falling	-2.4
Gloucester County	76	249	falling	-0.5

INCIDENCE RATE REPORT: ALL COUNTIES 2011-2015				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Hudson County	46.3	274	falling	-2
Hunterdon County	52.1	80	falling	-1.5
Mercer County	58.9	242	falling	-1
Middlesex County	52.3	466	falling	-1.6
Monmouth County	61.6	478	falling	-2.5
Morris County	48	291	falling	-1.5
Ocean County	70.3	647	falling	-1.6
Passaic County	49.6	266	stable	-5.7
Salem County	76.5	66	stable	-0.6
Somerset County	47.1	177	falling	-1.2
Sussex County	62.4	109	falling	-1.1
Union County	47.5	275	falling	-1.6
Warren County	63.4	87	falling	-1
Melanoma of the Skin: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	21.3	74,467	rising	2.1
New Jersey	22.1	2,251	stable	0.2
Atlantic County	25.5	85	stable	-1.5
Bergen County	17.8	203	falling	-2.3
Burlington County	26.6	145	stable	0.8
Camden County	20.7	120	stable	-0.3
Cape May County	45	68	rising	3.9
Cumberland County	16.2	28	rising	1.9
Essex County	13.1	106	stable	0.8
Gloucester County	26.9	86	stable	0.1
Hudson County	7.9	50	stable	-0.6
Hunterdon County	39.1	61	rising	5
Mercer County	23.4	95	stable	-8.1
Middlesex County	17.9	161	rising	1.8
Monmouth County	31.6	237	rising	2
Morris County	26.5	159	stable	-0.4
Ocean County	34.3	277	rising	3.7
Passaic County	14	74	rising	1.8
Salem County	36.8	28	rising	5.3
Somerset County	24.1	91	stable	-1.2
Sussex County	28.7	49	rising	2.7
Union County	15.3	91	rising	1.1

INCIDENCE RATE REPORT: ALL COUNTIES 2011-2015				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Warren County	26	33	rising	1.7
Non-Hodgkin Lymphoma: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	18.9	66,509	falling	-1
New Jersey	21.6	2,188	stable	-0.2
Atlantic County	20.9	67	stable	-0.3
Bergen County	22.4	255	stable	-0.1
Burlington County	21.8	116	rising	0.6
Camden County	19.8	114	stable	0.1
Cape May County	20.2	31	stable	-0.2
Cumberland County	21.7	37	stable	0.4
Essex County	19.4	157	stable	0
Gloucester County	22.2	71	stable	0.7
Hudson County	17.7	110	stable	-0.4
Hunterdon County	23.4	36	stable	0.6
Mercer County	21.7	88	stable	0.4
Middlesex County	22.4	199	rising	0.6
Monmouth County	23.4	177	stable	-0.6
Morris County	22.7	134	stable	-0.7
Ocean County	22.6	195	stable	0.6
Passaic County	19.5	101	stable	0.4
Salem County	20.7	17	stable	0.6
Somerset County	21	80	stable	0.8
Sussex County	22.2	38	stable	0.3
Union County	22.4	134	stable	-0.3
Warren County	23.2	30	stable	0.6
Oral Cavity & Pharynx: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	11.6	42,585	stable	0.4
New Jersey	10.6	1,118	stable	0.6
Atlantic County	14.1	49	stable	0.3
Bergen County	9.4	109	stable	0.1
Burlington County	11.4	63	stable	0
Camden County	11.6	69	stable	0.4
Cape May County	13	20	stable	0.4
Cumberland County	13.1	23	stable	0.6
Essex County	8.9	75	falling	-2.1
Gloucester County	11.1	39	stable	0.8

INCIDENCE RATE REPORT: ALL COUNTIES 2011-2015				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Hudson County	7.9	50	falling	-2.4
Hunterdon County	9.4	17	stable	0.6
Mercer County	9.3	40	falling	-1.6
Middlesex County	10.4	95	stable	0.1
Monmouth County	11.9	96	stable	0.2
Morris County	10.5	66	stable	0.3
Ocean County	11.8	100	stable	0.2
Passaic County	9.9	55	falling	-1.1
Salem County	14	11	stable	1.5
Somerset County	10.1	41	rising	1
Sussex County	13.3	24	stable	0.5
Union County	9.5	59	stable	-0.3
Warren County	11.3	16	stable	0.5
Ovary: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	11.3	21,476	falling	-1.6
New Jersey	12.3	692	falling	-1.9
Atlantic County	11.5	20	falling	-1.7
Bergen County	12.1	75	falling	-2.5
Burlington County	14.1	42	falling	-1.2
Camden County	13	41	falling	-1.4
Cape May County	15.2	12	stable	-0.8
Cumberland County	8.4	8	falling	-2.5
Essex County	12.2	56	falling	-2
Gloucester County	13.3	25	stable	-1.2
Hudson County	11.4	39	falling	-2
Hunterdon County	11	10	falling	-3.1
Mercer County	14.3	32	stable	-0.6
Middlesex County	11.8	57	falling	-2
Monmouth County	12.3	53	falling	-1.9
Morris County	12.1	40	falling	-1.9
Ocean County	12.6	57	falling	-1.8
Passaic County	12.1	36	falling	-1.9
Salem County	13.6	6	stable	0
Somerset County	12.3	26	falling	-1.1
Sussex County	13.8	13	stable	-1.4
Union County	10.7	36	falling	-2.6

INCIDENCE RATE REPORT: ALL COUNTIES 2011-2015				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Warren County	12.6	9	stable	-1.2
Pancreas: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	12.6	45,703	rising	0.6
New Jersey	14	1,465	rising	1.2
Atlantic County	13.3	45	stable	-0.2
Bergen County	13.8	164	stable	0.2
Burlington County	15.7	87	rising	3
Camden County	13.6	79	stable	0.6
Cape May County	13.9	23	stable	0.9
Cumberland County	14.5	25	rising	1.6
Essex County	14.6	117	stable	0
Gloucester County	13.8	46	rising	1.6
Hudson County	13.1	78	rising	3.8
Hunterdon County	15.1	24	rising	1.4
Mercer County	17.1	70	rising	2.4
Middlesex County	13.3	120	stable	0.2
Monmouth County	14.2	113	stable	0.5
Morris County	13.4	83	rising	1.5
Ocean County	15.2	140	rising	1.1
Passaic County	13.2	72	stable	0.4
Salem County	12.6	11	stable	1.3
Somerset County	12.9	49	rising	1.3
Sussex County	13.1	22	stable	0.2
Union County	12.9	77	stable	0
Warren County	15	21	rising	1.5
Prostate: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	109	190,639	falling	-7.3
New Jersey	134.7	6,575	falling	-6
Atlantic County	120.7	199	falling	-3
Bergen County	131.1	714	falling	-4
Burlington County	147.8	390	falling	-6.3
Camden County	141.7	385	stable	-0.7
Cape May County	161.5	126	falling	-1.5
Cumberland County	127.2	103	falling	-1.2
Essex County	158.8	580	falling	-4.8
Gloucester County	136.8	219	falling	-7.5

INCIDENCE RATE REPORT: ALL COUNTIES 2011-2015				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Hudson County	111.8	297	falling	-4.4
Hunterdon County	103	83	falling	-2.1
Mercer County	147	285	falling	-1.7
Middlesex County	127.3	542	falling	-3.4
Monmouth County	144.9	544	falling	-1.8
Morris County	135.5	397	falling	-7.8
Ocean County	125.8	506	falling	-2.9
Passaic County	137.1	342	falling	-1.4
Salem County	138.9	57	stable	-1
Somerset County	125.2	228	falling	-2.3
Sussex County	122.5	115	falling	-6.8
Union County	138.4	378	falling	-6
Warren County	125.2	84	falling	-8.3
Stomach: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	6.6	23,501	falling	-1.2
New Jersey	8	827	falling	-1.6
Atlantic County	7.5	25	falling	-1.5
Bergen County	9.1	107	falling	-1.1
Burlington County	6.4	36	falling	-1.6
Camden County	8.9	51	stable	-0.5
Cape May County	5.8	9	stable	-0.4
Cumberland County	7.4	12	falling	-1.7
Essex County	9.3	75	falling	-2
Gloucester County	6.7	22	falling	-1.5
Hudson County	10	61	falling	-0.9
Hunterdon County	5	8	falling	-3.4
Mercer County	8.2	33	falling	-2.2
Middlesex County	7.4	67	falling	-1.8
Monmouth County	6.1	49	falling	-2.3
Morris County	7.1	43	falling	-1.2
Ocean County	7.6	68	falling	-1.6
Passaic County	9.8	53	stable	-0.8
Salem County	6.6	5	stable	-1.3
Somerset County	6.9	26	falling	-1.7
Sussex County	6.8	11	falling	-2.5
Union County	9.4	55	falling	-1.5

INCIDENCE RATE REPORT: ALL COUNTIES 2011-2015				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Warren County	6.8	9	falling	-2.6
Thyroid: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	14.5	47,777	stable	0.6
New Jersey	19.2	1,833	stable	0.8
Atlantic County	14.9	44	stable	-2.3
Bergen County	19.6	201	stable	-2.1
Burlington County	21.4	105	stable	2.1
Camden County	22.2	119	rising	3.2
Cape May County	16.9	18	rising	6
Cumberland County	17.2	28	stable	-7.2
Essex County	12.6	103	rising	5.1
Gloucester County	21.7	67	rising	4.9
Hudson County	14.8	105	stable	-0.3
Hunterdon County	16.5	23	rising	4.5
Mercer County	24.1	96	rising	7.2
Middlesex County	19.1	167	rising	5.8
Monmouth County	24.4	166	stable	0.2
Morris County	20.6	111	stable	-1.9
Ocean County	23.1	142	stable	-2.8
Passaic County	17	87	rising	6.7
Salem County	19.2	13	rising	7.3
Somerset County	22.6	83	stable	-4.5
Sussex County	17.1	28	rising	6.6
Union County	18.1	105	stable	-7.1
Warren County	17.3	21	rising	4.9
Uterus (Corpus & Uterus, NOS): All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	26.2	51,560	rising	1.2
New Jersey	31.3	1,822	rising	0.7
Atlantic County	30.5	57	stable	0.6
Bergen County	29.8	193	stable	0.4
Burlington County	33.4	102	rising	1.1
Camden County	34.3	113	stable	-0.8
Cape May County	32.5	28	rising	1.3
Cumberland County	36.1	34	stable	1
Essex County	31.8	151	rising	1.3
Gloucester County	33.1	62	rising	1.1

INCIDENCE RATE REPORT: ALL COUNTIES 2011-2015				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Hudson County	23.9	84	stable	0
Hunterdon County	32.7	30	stable	-0.2
Mercer County	34.5	79	rising	0.8
Middlesex County	31.7	161	rising	0.8
Monmouth County	30	131	stable	-5
Morris County	32.9	111	stable	0.5
Ocean County	31.7	144	stable	0.3
Passaic County	26.8	82	stable	0.3
Salem County	37.4	17	stable	1.2
Somerset County	33.7	73	stable	0.8
Sussex County	35.5	35	stable	-0.1
Union County	32.2	107	stable	0.4
Warren County	35.9	27	stable	-0.5

APPENDIX C7: JERSEY CITY MEDICAL CENTER - TUMOR REGISTRY SUMMARY

In 2016, JCMC's tumor registry data showed that 9.4% and 18.5% of overall cases were Stage 3 and Stage 4 respectively. The following primary sites were made up of more than 25% of Stage 4 cases: Digestive System 35.6%), Respiratory System (58.5%), Soft Tissue (50.0%), and Male Genital System (37.5%). Compared to 2015, there was a decrease of 29 cases (-6.7%) in 2016. The two biggest decreases in overall cases occurred in Respiratory System (-33, -41.8%), followed by Digestive System (-12, -13.3%). Please note that case volume counts smaller than 10 are suppressed. Staging percentages are calculated on analytic cases only.

	Cases (both analytic and non-analytic)		2015			2016			2015 - 2016			
Primary Site	**2015**	**2016**	**% Stage III**	**% Stage IV**	**Total % Stage III & IV**	**% Stage III**	**% Stage IV**	**Total % Stage III & IV**	**Change in Case Volume**	**Change in % points for Stage III**	**Change in % points for Stage IV**	**Change in % points for Stage III & IV**
ORAL CAVITY & PHARYNX	**6**	**7**	**0.0%**	**33.3%**	**33.3%**	**16.7%**	**16.7%**	**33.3%**	**1**	**16.7**	**(16.7)**	**0.0**
DIGESTIVE SYSTEM	**90**	**78**	**17.1%**	**26.3%**	**43.4%**	**13.7%**	**35.6%**	**49.3%**	**(12)**	**(3.4)**	**9.3**	**5.9**
Select Digestive System												
Esophagus	5	2	0.0%	66.7%	66.7%	0.0%	50.0%	50.0%	(3)	0.0	(16.7)	(16.7)
Stomach	4	9	0.0%	25.0%	25.0%	11.1%	66.7%	77.8%	5	11.1	41.7	52.8
Small Intestine	2	5	100.0%	0.0%	100.0%	20.0%	0.0%	20.0%	3	(80.0)	0.0	(80.0)
Colon Excluding Rectum	34	30	29.0%	19.4%	48.4%	17.9%	32.1%	50.0%	(4)	(11.2)	12.8	1.6
Rectum & Rectosigmoid	9	7	14.3%	14.3%	28.6%	0.0%	33.3%	33.3%	(2)	(14.3)	19.0	4.8
Anus, Anal Canal & Anorectum	0	1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0	0.0	0.0
Liver & Intrahepatic Bile Duct	10	4	12.5%	0.0%	12.5%	25.0%	25.0%	50.0%	(6)	12.5	25.0	37.5
Gallbladder	1	1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0	0.0	0.0
Other Biliary	2	2	0.0%	0.0%	0.0%	0.0%	50.0%	50.0%	0	0.0	50.0	50.0
Pancreas	18	15	6.7%	66.7%	73.3%	15.4%	46.2%	61.5%	(3)	8.7	(20.5)	(11.8)
Peritoneum, Omentum & Mesentery	1	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	(1)	0.0	0.0	0.0
Other Digestive Organs	4	2	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	(2)	0.0	0.0	0.0
RESPIRATORY SYSTEM	**79**	**46**	**26.6%**	**51.6%**	**78.1%**	**17.1%**	**58.5%**	**75.6%**	**(33)**	**(9.5)**	**7.0**	**(2.5)**
Select Respiratory System												
Lung & Bronchus	77	43	27.4%	51.6%	79.0%	15.4%	61.5%	76.9%	(34)	(12.0)	9.9	(2.1)
SOFT TISSUE	**3**	**4**	**33.3%**	**0.0%**	**33.3%**	**50.0%**	**50.0%**	**100.0%**	**1**	**16.7**	**50.0**	**66.7**

	Cases (both analytic and non-analytic)		2015			2016			2015 - 2016			
Primary Site	2015	2016	% Stage III	% Stage IV	Total % Stage III & IV	% Stage III	% Stage IV	Total % Stage III & IV	Change in Case Volume	Change in % points for Stage III	Change in % points for Stage IV	Change in % points for Stage III & IV
SKIN EXCLUDING BASAL & SQUAMOUS	**3**	**1**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**(2)**	**0.0**	**0.0**	**0.0**
BREAST	**119**	**154**	**5.5%**	**2.8%**	**8.3%**	**5.6%**	**4.9%**	**10.4%**	**35**	**0.1**	**2.1**	**2.2**
FEMALE GENITAL SYSTEM	**28**	**23**	**4.5%**	**9.1%**	**13.6%**	**5.9%**	**11.8%**	**17.6%**	**(5)**	**1.3**	**2.7**	**4.0**
Select Female Genital System												
Cervix Uteri	9	2	12.5%	12.5%	25.0%	50.0%	0.0%	50.0%	(7)	37.5	(12.5)	25.0
Corpus & Uterus, NOS	12	18	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	6	0.0	0.0	0.0
Ovary	6	2	0.0%	50.0%	50.0%	0.0%	100.0%	100.0%	(4)	0.0	50.0	50.0
MALE GENITAL SYSTEM	**13**	**8**	**0.0%**	**25.0%**	**25.0%**	**0.0%**	**37.5%**	**37.5%**	**(5)**	**0.0**	**12.5**	**12.5**
Prostate	12	7	0.0%	28.6%	28.6%	0.0%	42.9%	42.9%	(5)	0.0	14.3	14.3
URINARY SYSTEM	**10**	**5**	**0.0%**	**10.0%**	**10.0%**	**0.0%**	**0.0%**	**0.0%**	**(5)**	**0.0**	**(10.0)**	**(10.0)**
BRAIN & OTHER NERVOUS SYSTEM	**16**	**11**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**(5)**	**0.0**	**0.0**	**0.0**
ENDOCRINE SYSTEM	**27**	**35**	**20.8%**	**0.0%**	**20.8%**	**9.4%**	**0.0%**	**9.4%**	**8**	**(11.5)**	**0.0**	**(11.5)**
Thyroid	21	28	25.0%	0.0%	25.0%	11.5%	0.0%	11.5%	7	(13.5)	0.0	(13.5)
LYMPHOMA	**14**	**13**	**0.0%**	**33.3%**	**33.3%**	**15.4%**	**15.4%**	**30.8%**	**(1)**	**15.4**	**(17.9)**	**(2.6)**
Select Lymphoma:												
Hodgkin Lymphoma	3	1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	(2)	0.0	0.0	0.0
Non-Hodgkin Lymphoma	11	12	0.0%	40.0%	40.0%	16.7%	16.7%	33.3%	1	16.7	(23.3)	(6.7)
MYELOMA	**5**	**4**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**(1)**	**0.0**	**0.0**	**0.0**
LEUKEMIA	**3**	**2**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**(1)**	**0.0**	**0.0**	**0.0**
MESOTHELIOMA	**3**	**1**	**0.0%**	**33.3%**	**33.3%**	**0.0%**	**0.0%**	**0.0%**	**(2)**	**0.0**	**(33.3)**	**(33.3)**
KAPOSI SARCOMA	**1**	**2**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**1**	**0.0**	**0.0**	**0.0**
MISCELLANEOUS	**10**	**7**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**(3)**	**0.0**	**0.0**	**0.0**
Total	**430**	**401**	**11.8%**	**18.7%**	**30.5%**	**9.4%**	**18.5%**	**27.9%**	**(29)**	**(2.4)**	**(0.2)**	**(2.6)**

APPENDIX D: JCMC RESOURCE INVENTORY

Provider Type	Provider Name	Street Address	Town	Zip Code	Phone
Acute Care Family Support	Jersey City Medical Center	355 Grand Street	Jersey City	07302	(201) 915-2210
Adolescent Pregnancy Prevention Initiative	Jose Marti Freshman Academy	1800 Summit Avenue	Union City	07087	(201) 348-5400 Ext. 6504
Adult Day Health Care Services	Hudson Hills Senior Living, LLC	3161 Kenney Boulevard	North Bergen	07047	(201) 867-3585
Adult Day Health Care Services	Active Day At Casa Manito	324 55th Street	West New York	07093	(201) 223-6800
Adult Day Health Care Services	Active Day Of North Bergen	6201 Grand Avenue	North Bergen	07047	(201) 869-4443
Adult Day Health Care Services	Adult Day Care	1607 Manhattan Avenue	Union City	07087	(201) 864-5400
Adult Day Health Care Services	Advanced Services International Day Care Plus	49-51 Morton Place	Jersey City	07305	(201)209-0001
Adult Day Health Care Services	Bayonne Adult Medical Day Care Center	801-803 Broadway	Bayonne	07002	(201) 243-0035
Adult Day Health Care Services	Care With Love Adult Day Care Center	953 Garfield Avenue	Jersey City	07304	(201) 333-8883
Adult Day Health Care Services	Happy Days 3 Adult Healthcare Center, LLC	591 Montgomery Street	Jersey City	07302	(201) 938-0300
Adult Day Health Care Services	Hudson View Adult Medical Day Care Center	90210 Wall Street, 10th Floor	North Bergen	07047	(201) 624-2750
Adult Day Health Care Services	Mi Casa Es Su Casa Ii, Inc	6120 Buchanan Place	West New York	07093	(201) 537-2211
Adult Day Health Care Services	Senior Spirit Of Jersey City	675 Garfield Avenue,	Jersey City	07305	(201) 761-0280
Adult Day Health Care Services	St. Ann's Home For The Aged	198 Old Bergen Road	Jersey City	07305	(201) 433-0950
Adult Day Health Care Services	Sunflower Medical Adult Day Care	300 Broadway	Bayonne	07002	(201) 243-0666
Adult Day Health Care Services	2nd Home Union City, LLC	3610 Palisades Avenue	Union City	07087	(201) 864-0400
Adult Day Health Care Services	Senior Spirit Of Jersey City	675 Garfield Avenue	Jersey City	07305	(201) 761-0280
Adult Day Health Care Services	St. Ann's Home For The Aged	198 Old Bergen Road	Jersey City	07305	(201)433-0950
Adult Day Health Care Services	Sunflower Medical Adult Day Care	300 Broadway	Bayonne	07002	(201) 243-0666
Amb. Care Facility--Hosp.-Based-Off Site	Newark Beth Israel Physicians Specialty Practice Bayonne	16 East 29th Street	Bayonne	07002	(201) 858-0618
Amb. Care Facility--Hosp.-Based-Off Site	Carepoint Health-Christ Hospital Imaging Center	519 Broadway, Suite 100	Bayonne	07002	(201) 915-2000
Amb. Care Facility--Hosp.-Based-Off Site	Neighborhood Health Center Of Hoboken University Medical Center	122-132 Clinton Street	Hoboken	07030	(201) 418-1000

Provider Type	Provider Name	Street Address	Town	Zip Code	Phone
Amb. Care Facility--Hosp.-Based-Off Site	Jersey City Medical Center-Ambulatory Care Center	395 Grand Street	Jersey City	07302	(201) 521-5922
Amb. Care Facility--Hosp.-Based-Off Site	Jersey City Medical Center-Jersey City Family Health Ctr	412 Summit Avenue	Jersey City	07306	(201) 432-4600
Amb. Care Facility--Hosp.-Based-Off Site	Jersey City Medical Center At Greenville	1825 Kennedy Blvd	Jersey City	07304	(201) 946-6460
Amb. Care Facility--Hosp.-Based-Off Site	Liberty Health Imaging Center	377 Skinner Memorial Drive	Jersey City	07302	(201) 915-2696
Amb. Care Facility--Hosp.-Based-Off Site	Carepoint Health-Christ Hospital Imaging Center	142 Palisade Avenue	Jersey City	07306	(201) 795-8413
Amb. Care Facility--Hosp.-Based-Off Site	JCMC Antenatal Testing Unit	377 Skinner Memorial Drive	Jersey City	07302	(201) 369-6300
Amb. Care Facility--Hosp.-Based-Off Site	Carepoint Health Christ Hospital Mobile Van	176 Palisade Avenue	Jersey City	07306	(201) 795-8405
Amb. Care Facility--Hosp.-Based-Off Site	Jersey City Medical Center Ambulatory Surgery Center	377 Jersey Avenue, Suite 510	Jersey City	07302	(201) 878-3200
Amb. Care Facility--Hosp.-Based-Off Site	Jersey City Medical Center Specialty Care Center	414 Grand Street, Suite 14	Jersey City	07302	(201) 915-2000
Amb. Care Facility--Hosp.-Based-Off Site	Children's Specialized Outpatient Center Jersey City	1825 JFK Boulevard	Jersey City	07305	(609) 222-2222
Amb. Care Facility--Hosp.-Based-Off Site	Sleep/Wake Center At Palisades Medical Center	7600 River Road	North Bergen	07047	(201) 854-5000
Amb. Care Facility--Hosp.-Based-Off Site	Christ Hospital Neighborhood Health Clinic-Union City	1901 West Street	Union City	07087	(201) 795-8405
Amb. Care-Outpatient	Bayonne Renal Center	434-436 Broadway Po Box 169	Bayonne	07002	(201) 436-1644
Amb. Care-Outpatient	Hudson Radiology Center Of NJ	657 Broadway	Bayonne	07002	(201) 437-3007
Amb. Care-Outpatient	NJIN Of Bayonne	519 Broadway, Suite 155	Bayonne	07002	(201) 608-6250
Amb. Care-Outpatient	Fresenius Kidney Care Bayonne	29 E 29th Street	Bayonne	07002	(201) 858-5000
Amb. Care-Outpatient	Renex Dialysis Clinic Of Harrison	620 Essex Street	Harrison	07029	(973) 482-7772
Amb. Care-Outpatient	Harrison Endo Surgical Center, L.L.C.	620 Essex Street	Harrison	07029	(973) 474-1040
Amb. Care-Outpatient	NHCAC Harrison Health Center	326 Harrison Avenue	Harrison	07029	(201) 941-3040
Amb. Care-Outpatient	Hoboken Radiology, L.L.C.	79 Hudson Street, Suite 100	Hoboken	07030	(201) 222-2500
Amb. Care-Outpatient	Bio-Medical Applications Of Hoboken	1600 Willow Avenue	Hoboken	07030	(201) 656-7500
Amb. Care-Outpatient	Hoboken Family Planning, Inc.	124 Grand Street	Hoboken	07030	(201) 963-0300

Provider Type	Provider Name	Street Address	Town	Zip Code	Phone
Amb. Care-Outpatient	Hudson River Radiology	547 Summit Avenue	Jersey City	07306	(201) 656-5050
Amb. Care-Outpatient	Alliance Community Healthcare, Inc	714 Bergen Avenue	Jersey City	07306	(201) 451-6300
Amb. Care-Outpatient	Hudson River Radiology	550 Newark Avenue, Unit 102	Jersey City	03706	(201) 239-1250
Amb. Care-Outpatient	Therapro-Corf, L.L.C.	600 Pavonia Avenue 7th Floor	Jersey City	07306	(201) 418-0088
Amb. Care-Outpatient	Alaris Health Dialysis At Hamilton Park	328 Ninth Street	Jersey City	07302	(201) 716-7700
Amb. Care-Outpatient	Metropolitan Family Health Network, Inc	935 Garfield Avenue	Jersey City	07304	(201) 478-5802
Amb. Care-Outpatient	Surgicare Surgical Associates Of Jersey City	631-645 Grand Street	Jersey City	07304	(201) 830-2280
Amb. Care-Outpatient	Lutheran Senior Life At Jersey City	377 Jersey Avenue, Suite 310	Jersey City	07302	(201) 706-2091
Amb. Care-Outpatient	Jersey City Radiation Therapy LLC	631 Grand Street	Jersey City	07303	(201) 942-3999
Amb. Care-Outpatient	Jersey City Diagnostic Center	2300 Kennedy Boulevard	Jersey City	07304	(201) 432-2100
Amb. Care-Outpatient	The Pain And Disability Institute, P.C.	191 Palisade Avenue	Jersey City	07306	(201) 656-4324
Amb. Care-Outpatient	Fresenius Medical Care North Jersey City	29 Cottage Street	Jersey City	07306	(201) 876-7964
Amb. Care-Outpatient	Jersey City Grand Home Dialysis	422 Grand Street	Jersey City	07302	(201) 332-6413
Amb. Care-Outpatient	Jersey City Summit Dialysis	414 Summit Avenue	Jersey City	07306	(201) 420-8431
Amb. Care-Outpatient	Montclair Radiological Associates, Pa	550 Summit Avenue	Jersey City	07306	(973) 284-0038
Amb. Care-Outpatient	Bio-Medical Applications Of Jersey City	107-123 Pacific Avenue	Jersey City	07304	(201) 451-3760
Amb. Care-Outpatient	Surgicore Of Jersey City, LLC	550 Newark Avenue, 5th Floor	Jersey City	07306	(201) 795-0205
Amb. Care-Outpatient	Parkside Medical Center	127 Lafayette Street	Jersey City	07304	(201) 434-1111
Amb. Care-Outpatient	Hudson MRI, P.A.	170 Erie Street	Jersey City	07302	(201) 659-1177
Amb. Care-Outpatient	Pavonia Surgery Center	600 Pavonia Avenue, Fourth Fl	Jersey City	07306	(201) 216-1700
Amb. Care-Outpatient	Advanced Open MRI Of West Hudson	723 Elm Street	Kearny	07032	(201) 997-7300
Amb. Care-Outpatient	Jersey City Dialysis	1310 5th Street	North Bergen	07047	(201) 770-9220
Amb. Care-Outpatient	Therapro-Corf, L.L.C.	9225 Kennedy Boulevard	North Bergen	07047	(201) 869-2707
Amb. Care-Outpatient	Hudson Bergen Medical Center LLC	9226 Kennedy Boulevard	North Bergen	07047	(201) 295-0900
Amb. Care-Outpatient	Ambulatory Center For Endoscopy, LLC	7600 River Road	North Bergen	07047	(201) 705-1080
Amb. Care-Outpatient	Jersey Advanced MRI & Diagnostic Center	2127 Kennedy Boulevard	North Bergen	07047	(201) 552-9464

Provider Type	Provider Name	Street Address	Town	Zip Code	Phone
Amb. Care-Outpatient	Dialysis Palisades Medical Center	7650 River Road, Suite 150	North Bergen	07047	(201) 861-1031
Amb. Care-Outpatient	Specialty Surgery Of Secaucus LLC	210 Meadowland Parkway	Secaucus	07094	(201) 330-9090
Amb. Care-Outpatient	Agile Urgent Care	20 Meadowlands Parkway	Secaucus	07094	(201) 381-4800
Amb. Care-Outpatient	North Hudson CAC Health Center At Union City	714-31 Street	Union City	07087	(201) 863-7077
Amb. Care-Outpatient	Fresenius Medical Care Union Hill	508 31st Street	Union City	07087	(201) 902-9382
Amb. Care-Outpatient	NJIN Of Union City	3196 Kennedy Boulevard	Union City	07087	(201) 865-6100
Amb. Care-Outpatient	Bergenline X-Ray Diagnostic Center, Corp	400-02 43rd Street	Union City	07087	(201) 348-6060
Amb. Care-Outpatient	American Imaging Of Union City, L.L.C.	120-152 48th Street	Union City	07087	(201) 330-1606
Amb. Care-Outpatient	Fresenius Medical Care Union City Home, L.L.C.	3196 Kennedy Boulevard	Union City	07087	(
Amb. Care-Outpatient	Advanced Magnetic Imaging Associates, P.A.	6410-6416 Bergenline Avenue	West New York	07093	(201) 295-1099
Amb. Care-Outpatient	60th Street MRI	6001 Monroe Place	West New York	07093	(
Amb. Care-Outpatient	Metropolitan Family Health Network, Inc	5300 Bergenline Avenue	West New York	07093	(201) 478-5800
Amb. Care-Outpatient	North Hudson CAC Health Center At West New York	5301 Broadway	West New York	07093	(201) 866-9320
Amb. Care-Outpatient	West New York Family Planning Center	5305 Hudson Avenue	West New York	07093	(201) 866-8071
Behavioral Health	Jersey City Medical Center	355 Grand Street	Jersey City	07302	(201) 915-2268
Communicable Disease--Tb Testing	Township Of North Bergen	1116 43rd Street - Second Floor	North Bergen	07047	(201) 392-2084
Communicable Disease--Tb Testing	Hudson Reginal Health Commission - Meadowview Campus	595 County Avenue Building 1	Secaucus	07094	(201) 223-1133
Communicable Disease--Tb Testing	West New York Health Department	428 - 60th Street - Room 30	West New York	07094	(201) 295-5070
County Mental Health Board	Jersey City Medical Center	1825 Kennedy Blvd	Jersey City	07305	(201) 915-2980 Ext. 5
Deaf Enhanced Screening Center	Jersey City Medical Center	395 Grand Street	Jersey City	07304	(201) 915-2349
Deaf Enhanced STCF	Bridgeway, Inc	152 Central Avenue	Jersey City	07306	(201) 885-2539
Displaced Homemaker Program	Catholic Charities The Archdiocese Of Newark	2201 Bergenline Avenue, Third Floor	Union City	07087	(201) 325-4800, Ext. 4836
Domestic Violence Program	Women Rising, Inc	270 Fairmount Avenue	Jersey City	07306	(201) 333-5700
Early Childhood Services	North Hudson Community Action	5301 Broadway	West New York	07093	(201) 617-7242

Provider Type	Provider Name	Street Address	Town	Zip Code	Phone
	Center @ Mobile Health Van				
Early Childhood Services	Care Plus NJ, Inc.	600 Meadowlands Parkway, Suite 142	Secaucus	07094	(201) 986-5015
Early Childhood Services	Partnership For Maternal And Child Health Of Northern NJ	333 Meadowlands Parkway, Suite 101	Secaucus	07094	(201) 876-8900
Early Childhood Services	Youth Consultation Services	760 Post Place	Secaucus	07294	(201) 864-1047
Early Childhood Services	Urban League Of Hudson County	253 Martin Luther King Blvd., 3rd Floor	Jersey City	07305	(201) 451-8888 Ext. 194
Early Intervention Support Services	Jersey City Medical Center	395 Grand Street	Jersey City	07302	(201) 915-2885
Emergency Services - Affiliated W/Screening Center	Christ Hospital	176 Palisades Avenue	Jersey City	07306	(201) 795-8374
Emergency Services - Affiliated W/Screening Center	Hoboken Medical Center	308 Willow Avenue	Hoboken	07030	(201) 418-2090
Emergency Services - Affiliated W/Screening Center	Bridgeway Rehabilitation Inc	862 Newark Avenue	JERSEY CITY	07306	(201) 653-3980
End Stage Renal Dialysis	Bayonne Renal Center LLC	434-436 Broadway	Bayonne	07002	(201) 436-1644
End Stage Renal Dialysis	Bio Medical Applications Of New Jersey, Inc	29 Cottage Street	Jersey City	07306	(201) 876-7964
End Stage Renal Dialysis	Bio-Medical Applications Of Hoboken	1600 Willow Avenue	Hoboken	07030	201) 656-7500
End Stage Renal Dialysis	Bio-Medical Applications Of Jersey City	107-123 Pacific Avenue	Jersey City	07304	(201) 451-3760
End Stage Renal Dialysis	Dialysis Palisades Medical Center	7650 River Road, Suite 150	North Bergen	07047	(201) 861-1031
End Stage Renal Dialysis	Fresenius Medical Care Center Union City Home	3196 Kennedy Boulevard	Union City	07087	(201) 601-4702
End Stage Renal Dialysis	Fresenius Medical Care Union Hill	508 31st Street	Union City	07087	(201) 902-9382
End Stage Renal Dialysis	Hamilton Park Dialysis Opco, LLC	328 Ninth Street	Jersey City	07302	(201) 716-7700
End Stage Renal Dialysis	Jersey City Grand Home Dialysis	422 Grand Street	Jersey City	07302	(860) 990-6992
Family Friendly Centers	Public School #5, Jersey City	182 Merseles Street	Jersey City	07302	(973) 484-7554
Family Friendly Centers	Roosevelt Elementary School	4507 Hudson Avenue	Union City	07087	(201) 348-2748
Family Friendly Centers	Washington Middle School	501 Hamilton Street	Harrison	07029	(973) 482-5050
Family Friendly Centers	Family Partners Of Hudson County, FSO	911 Bergen Avenue, Suite 2	Jersey City	07306	(201) 915-5140

Provider Type	Provider Name	Street Address	Town	Zip Code	Phone
Family Friendly Centers	Public School #5, Jersey City	182 Merseles Street	Jersey City	07302	(973) 484-7554
Family Friendly Centers	Roosevelt Elementary School	4507 Hudson Avenue	Union City	07087	(201) 348-2748
Family Friendly Centers	Washington Middle School	501 Hamilton Street	Harrison	07029	(973) 482-5050
Family Planning	West New York Family Planning Center	5305 Hudson Avenue	West New York	07093	(201) 866-8071
Family Success Centers	Palisades Family Success Center	1408 New York Avenue	Union City	07087	(201) 758-8793
Family Success Centers	Care Plus, NJ	17- 07 Romaine Street	Fair Lawn	07410	(201) 797-2660 Or (201) 398-9110
Family Support Services	Catholic Charities	249 Virginia Avenue	Jersey City	07304	(201) 798-9900
FQHC	Alliance Community Healthcare, Inc	714 Bergen Avenue	Jersey City	07306	(201) 451-6300
FQHC	Bergen Avenue Health Center	857 Bergen Avenue	Jersey City	07305	(201) 478-5813
FQHC	Metropolitan Family Health Network, Inc	5300 Bergenline Avenue	West New York	07093	(201) 478-5800
FQHC	Metropolitan Family Health Network, Inc	935 Garfield Avenue	Jersey City	07304	(201) 478-5802
FQHC	North Hudson CAC Health Center At North Bergen	1116 43rd Street	North Bergen	07047	(201) 583-6822
FQHC	North Hudson CAC Health Center At Union City	714-31 Street	Union City	07087	(201) 863-7077
FQHC	North Hudson CAC Health Center At West New York	5301 Broadway	West New York	07093	(201) 866-9320
FQHC	North Hudson CAC Health Ctr At Jersey City	324 Palisades Avenue	Jersey City	07304	(201) 459-8888
General Acute Care Hospital	Carepoint Health - Bayonne Medical Center	29 East 29th St	Bayonne	07002	(201) 858-5000
General Acute Care Hospital	Carepoint Health-Hoboken University Medical Center	308 Willow Ave	Hoboken	07030	(201) 418-1000
General Acute Care Hospital	Carepoint Health-Christ Hospital	176 Palisade Ave	Jersey City	07306	(201) 795-8200
General Acute Care Hospital	Jersey City Medical Center	355 Grand Street	Jersey City	07302	(201) 915-2000
General Acute Care Hospital	Palisades Medical Center	7600 River Rd	North Bergen	07047	(201) 854-5000
General Acute Care Hospital	Hudson Regional Hospital	55 Meadowlands Pkwy	Secaucus	07094	(201) 392-3200
Home Health Agency	Bayonne Visiting Nurse Association	120 LeFante Way, South Cove Commons Shopping Ctr	Bayonne	07002	(201) 339-2500
Home Health Agency	Bayada Home Health Care, Inc.	299 Grand Street	Jersey City	07302	(201) 377-6000

Provider Type	Provider Name	Street Address	Town	Zip Code	Phone
Home Health Agency	Promise Care, NJ	2 Jefferson Avenue	Jersey City	07306	(201) 418-6800
Hospice Care	Bayada Hospice	299 Grand Street	Jersey City	07302	(201) 630-2158
Hospice Care	Hospice Comfort Care Of NJ Inc	820 Broadway	Bayonne	07002	(201) 437-7070
Hospital Cancer Centers	Carepoint Health-Christ Hospital	176 Palisade Ave	Jersey City	07306	(201) 795-8200
Hospital Cancer Centers	Palisades Medical Center	7600 River Road	North Bergen	07047	(201) 854-5000
Hospital Cancer Centers	Meadowlands Hospital Medical Center	55 Meadowlands Parkway	Secaucus	07094	(201) 392-3200
Hudson Cty Cancer Coalition	Bergen County Health Dept	1 Bergen Plaza	Hackensack	07601	(201) 634-2844
Integrated Case Management Services	Jersey City Medical Center	395 Grand Street	Jersey City	07302	(201) 915-2478
Intensive Family Support Services	Liberty Family Success Center	341 Kearny Avenue	Kearney	07032	(201) 622-2210
Intensive Outpatient Treatment & Support Serv.	Jersey City Medical Center	395 Grand Street, 3rd Floor	Jersey City	07302	(201) 915-2478
Involuntary Outpatient Commitment	Jersey City Medical Center	395 Grand Street, 3rd Floor	Jersey City	07302	(201) 915-2272
Justice Involved Services	Endeavor House North	206 Bergen Ave	Kearny	07032	(201) 948-0458
Kinship Navigator Pro	Thomas B. Connors Primary School	201 Monroe Street	Hoboken	07030	(201) 356-3680
Long Term Care Facility	Alaris Health At Belgrove	195 Belgrove Drive	Kearny	07032	(973) 844-4800
Long Term Care Facility	Alaris Health At Boulevard East	6819 Boulevard East	Guttenberg	07093	(201) 868-3600
Long Term Care Facility	Alaris Health At Castle Hill	615 23rd Street	Union City	07087	(201) 348-0818
Long Term Care Facility	Alaris Health At Hamilton Park	525monmouth Street	Jersey City	07302	(201) 653-8800
Long Term Care Facility	Alaris Health At Harbor View	178-198 Ogden Avenue	Jersey City	07307	(201) 963-1800
Long Term Care Facility	Alaris Health At Jersey City	198 Stevens Avenue	Jersey City	07305	(201) 451-9000
Long Term Care Facility	Alaris Health At Kearny	206 Bergen Avenue	Kearny	07032	(201) 955-7067
Long Term Care Facility	Alaris Health At The Fountains	595 County Avenue	Secaucus	07094	(201) 863-8866
Long Term Care Facility	Carepoint Health - Bayonne Hospital Center Transitional Care Unit	29 East 29th Street	Bayonne	07002	(201 858-5000
Long Term Care Facility	The Harborage	7600 River Road	North Bergen	07047	(201) 854-5400
Long Term Care Facility	Hoboken University Medical Center Transitional Care Unit	308 Willow Avenue	Hoboken	07030	(201) 418-1000
Long Term Care Facility	Hudsonview Health Care Center	9020 Wall Street	North Bergen	07047	(201) 861-4040
Long Term Care Facility	Manhattanview Nursing Home	3200 Hudson Ave	Union City	07087	(201) 325-8400
Long Term Care Facility	Peace Care St. Ann's	198 Old Bergen Road	Jersey City	07305	(201) 433-0950
Long Term Care Facility	Peace Care St. Joseph's	537 Pavonia Avenue	Jersey City	07306	(201) 653-8300

Provider Type	Provider Name	Street Address	Town	Zip Code	Phone
Long Term Care Facility	Hudson Hills Senior Living, LLC	3161 Kennedy Blvd	North Bergen	07047	
Mammography Centers	Hudson River Radiology	550 Newark Avenue	Jersey City	07306	(201) 656-5050
Mammography Centers	Hudson River Radiology	547 Summit Avenue	Jersey City	07306	(201) 656-5050
Mammography Centers	Montclair Radiology	550 Summit Avenue	Jersey City	07306	(973) 746-0109
Mammography Centers	Diagnostic Medical Imaging Of New Jersey	415 43rd Street	Union City	07087	(201) 867-9002
Mammography Centers	Advanced Women's Imaging	560 60th Street	West New York	07093	(201) 472-8291
Mammography Centers	Bayonne Medical Center	29 East 29th Street	Bayonne	07002	(201) 240-3331
Mammography Centers	Hudson Radiology Center	657-659 Broadway	Bayonne	07002	(201) 437-3007
Mammography Centers	Trinitas Regional Medical Center	225 Williamson Street	Elizabeth	07207	(908) 994-5051
Mammography Centers	Hoboken University Medical Center	308 Willow Avenue	Hoboken	07030	(201) 418-1270
Mammography Centers	Cristie Kerr Woman's Health Center (Liberty Health)	377 Jersey Avenue Suite 110	Jersey City	07302	(201) 309-2400
Mammography Centers	Christ Hospital Outpatient Imaging Center	142 Palisade Avenue Suite 106	Jersey City	07306	(201) 795-0700
Mammography Centers	Hudson Hospital OPIC LLC Dba Carepoint Health	176 Palisade Ave	Jersey City	07306	(201) 795-0700
Mammography Centers	Palisades Medical Center Of New York Presbyterian Health	7600 River Road	North Bergen	07047	(201) 854-5119
Mammography Centers	Hudson Regional Hospital	55 Meadowland Parkway	Secaucus	07094	(201) 392-3122
Mammography Centers	Bergenline X-Ray Diagnostic Center	400-402 43rd Street	Union City	07087	(201) 348-6060
Mammography Centers	Dra Of Union City At The Kennedy Center	3196 Kennedy Boulevard	Union City	07087	(201) 865-6100
Maternal And Pediatric	Ricardo T. Baldonado, MD North Jersey Imaging Center	307 60th Street	West New York	08093	(201) 854-1200
Maternal And Pediatric	Columbus Health Center	115 Christopher Columbus Drive	Jersey City	07305	(201) 432-4600
Maternal And Pediatric	Horizon Health Center - Snyder HS Health Clinic	239 Bergen Avenue	Jersey City	07305	(201) 451-6300
Maternal And Pediatric	Horizon Health Center	714 Bergen Avenue	Jersey City	07306	(201) 451-6300
Maternal And Pediatric	Metropolitan Family Health Network, Inc. @ Bergen Avenue	857 Bergen Avenue	Jersey City	07306	(201) 282-0531
Maternal And Pediatric	North Hudson Community Action Center @ Jersey City	324 Palisade Avenue	Jersey City	07307	(201) 459-8888

Provider Type	Provider Name	Street Address	Town	Zip Code	Phone
Maternal And Pediatric	No Hudson Community Action Ctr Health Center @ North Bergen	1116-43rd Street	North Bergen	07047	(201) 330-2632
Maternal And Pediatric	North Hudson Community Action Center @ North Bergen	1116 43rd Street	North Bergen	07047	(201) 330-2632
Maternal And Pediatric	NHCAD Health Center @ Passaic	110 Main Avenue	Passaic	07055	(973) 777-0256
Maternal And Pediatric	No Hudson Comm Action Corp Health Center	714-31st Street	Union City	07087	(201) 863-7077
Maternal And Pediatric	Summit Center	1206 Summit Avenue	Union City	07087	(201) 319-9200
Maternal And Pediatric	Family Planning PL West New York	5305 Hudson Avenue	West New York	07093	(201) 866-8071
Maternal And Pediatric	Metropolitan Family Health Network - West New York Site	5300 Bergenline Avenue	West New York	07093	(201) 478-5800
Medical And Dental Clinics	Bayonne Family Medicine By Horizon	29 E 29th St	Bayonne	07002	(201)683-2000
Medical And Dental Clinics	Columbus Health Center	115 Christopher Columbus Drive	Jersey City	07305	201-432-4600
Medical And Dental Clinics	Eastern International College - Dental Hygiene Clinic	684 Newark Avenue	Jersey City	07306	201-630-2080
Medical And Dental Clinics	Horizon Health Center	714 Bergen Ave	Jersey City	07306	201-451-6300
Medical And Dental Clinics	Horizon Health Ctr / Journal Square	412 Summit Ave	Jersey City	07306	201-963-5774
Medical And Dental Clinics	Jersey City Family Health Center	935 Garfield Avenue	Jersey City	07304	201-946-6460
Medical And Dental Clinics	Metropolitan -West New York Site	5300 Bergenline Ave	West New York	07093	201-478-5800
Medical And Dental Clinics	Metropolitan Family Health Network	935 Garfield Ave	Jersey City	07304	201-478-5802
Medical And Dental Clinics	Metropolitan Family Health Network, Inc. At Bergen Avenue	857 Bergen Ave	Jersey City	07306	201-282-0531
Medical And Dental Clinics	NHCAC Corporate Headquarters - Union	800 31st St	Union City	07087	201-866-2727
Medical And Dental Clinics	NHCAC Health Center @ Hoboken	124 Grand St	Hoboken	07030	201-795-9521
Medical And Dental Clinics	NHCAC Health Center @ Jersey City	324 Palisade Ave	Jersey City	07307	201-459-8888
Medical And Dental Clinics	NHCAC Health Center @ Mobile Health Van	5301 Broadway	West New York	07090	201-617-7242
Medical And Dental Clinics	NHCAC Health Center @ North Bergen	1116 43rd St	North Bergen	07047	201-330-2632
Medical And Dental Clinics	NHCAC Health Center @ Union City	714 31st St	Union City	07087	201-863-7077
Medical And Dental Clinics	North Hudson Community Action Corporation	5301 Broadway	West New York	07093	201-866-2388

Provider Type	Provider Name	Street Address	Town	Zip Code	Phone
Medical And Dental Clinics	Snyder HS Health Clinic	239 Bergen Ave	Jersey City	07305	201-451-6300
Medical And Dental Clinics	West New York Family Health Center	5300 Bergenline Avenue	West New York	07093	201-392-1102
Outpatient	Family Service Bureau	391 Kearny Avenue	Kearny	07032	(201) 246-8077
Outpatient	Mt. Carmel Guild Behavioral Healthcare	285 Magnolia Avenue	Jersey City	07306	(201) 395-4800
Outpatient	Palisades Medical Center Counseling Center	7101 Kennedy Boulevard	North Bergen	07047	(201) 854-0500
Outpatient	Christ Hospital CMHC	169 Palisades Avenue	Jersey City	07306	(201) 795-8374
Outpatient	Hoboken Medical Center	506 3rd Street	Hoboken	07030	(201) 792-8200
Outpatient	Mt. Carmel Guild Behavioral Healthcare	2201 Bergenline Avenue	Union City	07087	(201) 558-3700
Outpatient	Mt. Carmel Guild Behavioral Healthcare	285 Magnolia Avenue	Jersey City	07306	(201) 395-4800
Outpatient And Inpatient Services	Serv Centers Of NJ - Hudson & Passaic Counties	777 Bloomfield Avenue	Clifton	07012	(973) 594-0125
Parent Linking Programs	Union City High School	2500 JFK Boulevard	Union City	07087	(201) 330-8170 Ext. 1225
Partial Care	Bayonne CMHC	601 Broadway	Bayonne	07002	(201) 339-9200
Partial Care	Mt. Carmel Guild Behavioral Healthcare	2201 Bergenline Avenue	Union City	07087	(201) 558-3700
Partial Care	Hoboken Medical Center	506 3rd Street	Hoboken	07030	(201) 792-8200
Partial Care	Palisades Medical Center	7600 River Road	North Bergen	07047	(201) 854-5638
Program Of Assertive Community Treatment (PACT)	Jersey City Medical Center	395 Grand Street	Jersey City	07302	(201) 915-2844
Psychiatric Hospital	Hudson County Meadowview Psychiatric Hospital	595 County Avenue	Secaucus	07094	(201) 369-5252
Residential	Garden State Episcopal	514 Newark Avenue	Jersey City	07306	(201) 209-9301
Residential	Mt. Carmel Guild Behavioral Healthcare	619 Grove Street	Jersey City	07310	(201) 656-7201
Residential	CURA, INC.	5958 County Avenue	Secaucus	07094	(201) 583-7100
Residential	Bayonne CMHC	601 Broadway	Bayonne	07002	(201) 339-9200
Residential Health Care	2nd Home Union City, LLC	3610 Palisades Avenue	Union City	07087	(201) 864-0400
Residential Health Care	Mi Casa Es Su Casa Ii, Inc	6120 Buchanan Place	West New York	07093	(201) 537-2211
Residential Intensive Support Team	Serv Centers Of NJ – Hudson & Passaic Counties	777 Bloomfield Avenue	Clifton	07012	(973) 594-0125
Residential Services	Garden State Episcopal	118 Summit Ave	Jersey City	07304	(201) 209-9301
Residential Services	Mt. Carmel Guild Behavioral Healthcare	619 Grove Street	Jersey City	07310	(201) 656-7201 , Ext. 208

Provider Type	Provider Name	Street Address	Town	Zip Code	Phone
Residential Services	Jersey City Medical Center	355 Grand Street	Jersey City	07304	(201) 915-2349
School Based Youth Services Programs	Union City High School	2500 JFK Boulevard	Union City	07087	(201) 330-8170
School Based Youth Services Programs	Harrison High School	800 Hamilton Street	Harrison	07029	(973) 482-5050 Ext. 1630
School Based Youth Services Programs	Hoboken High School	800 Clinton Street	Hoboken	07030	(201) 356-3635
School Based Youth Services Programs	Kearny High School	336 Devon Street	Kearny	07032	(201) 246-7223
School Based Youth Services Programs	Henry Snyder High School	239 Bergen Avenue	Jersey City	07305	(201) 413-6952
School Based Youth Services Programs	Union Hill Middle School	3803 Hudson Avenue	Union City	07087	(201) 348-5936 Ext. 2019
School Based Youth Services Programs	Thomas B. Connors Primary School	201 Monroe Street	Hoboken	07030	(201) 356-3680
School Linked Services	Bayonne High School	669 Avenue A	Bayonne	07002	(201) 858-7885
Self-Help Center	Catholic Charities	2201 Bergenline Avenue, 3rd Floor	Union City	07087	(201) 558-3789
Senior Services	Hudson Hills Senior Living, LLC	3161 Kennedy Blvd	North Bergen	07047	(201) 867-3585
Sexual Violence Program	Hudson S.P.E.A.K.S	179 Palisade Avenue	Jersey City	07306	(201) 795-8741
Short Term Care Facility	Hudson County SHC	124 Claremont Ave	Jersey City	07305	(201) 420-8013
Supported Education	Jersey City Medical Center	395 Grand Street	Jersey City	07302	(201) 915-2844
Supported Employment	Bridgeway Rehabilitation Services	1023 Commerce Avenue, 2nd Floor	Union	07083	(908) 686-2956, Ext. 104
Supportive Housing	Serv Centers Of NJ - Northern Regional Office	777 Bloomfield Avenue - Suite A	Clifton	07012	(973) 594-0125
Supportive Housing	Bridgeway	554 Bloomfield Ave, Suite 201	Bloomfield	07003	
Supportive Housing	Garden State Episcopal Community Development Corp	118 Summit Avenue	Jersey City	07304	(201) 209-9301
Supportive Housing	Mental Health Association	35 Journal Square Suite 827	Jersey City	07306	(201) 653-4700
Surgical Practice	Urology Group Of New Jersey, LLC	534 Avenue E, Suite 2a	Bayonne	07002	(973) 323-1320
Surgical Practice	Marco A Pelosi M.D., P.A.	350 Kennedy Boulevard	Bayonne	07002	(201) 858-1800
Surgical Practice	The Pain And Disability Institute, P.C	191 Palisade Avenue	Jersey City	07306	(201) 656-4324
Systems Advocacy	Community Health Law Project	650 Bloomfield Avenue	Bloomfield	07003	(973) 680-5599
Systems Advocacy	Community Health Law Project	35 Journal Square Suite 827	Jersey City	07306	(973) 963-6295
Systems Advocacy	Hudson County Department Of Health & Human Services	830 Bergen Avenue	Jersey City	07306	(201) 369-5280, Ext. 4250

APPENDIX E: DISCHARGES AND POPULATION 18-64 FOR AMBULATORY CARE SENSITIVE CONDITIONS

ACSC Discharges from NJ Hospitals	Total ACS Discharges	ANGINA	ASTHMA	BACTERIAL PNEUMONIA	CELLULITIS	CONGESTIVE HEART FAILURE	CONVULSION	COPD	DEHYDRATION	DENTAL CONDITIONS	DIABETES	ENT
ALL RACES												
Statewide	55,565	603	3,780	6,170	6,230	5,260	963	6,355	2,923	761	7,624	533
JCMC PSA	2,032	15	143	192	158	263	34	210	267	12	292	18
WHITE												
Statewide	27,668	276	1,289	3,316	4,150	2,014	528	3,729	1,469	379	3,271	237
JCMC PSA	261	1	11	39	40	17	4	26	46	1	28	1
BLACK												
Statewide	15,535	160	1,363	1,578	892	2,180	242	1,792	740	186	2,603	134
JCMC PSA	1,040	9	75	88	53	169	21	141	127	3	147	9

ACSC Discharges from NJ Hospitals	Total ACS Discharges	GASTRO-INSTESTINAL OBSTRUCTION	GRAND MAL STATUS/OTHER EPILEPTIC CONVULSION	HYPERTENSION	HYPOGLYCEMIA	IMMUNIZATION RELATED PREVENTABLE	KIDNEY/URINARY INFECTION	NUTRITION DEFICIENCIES (til 12/14 DSCHG)	OTHER TUBERCULOSIS	PELVIC INFLAMMATORY DISEASE	PULMONARY TUBERCULOSIS	SKIN GRAFTS W CELLULITIS
ALL RACES												
Statewide	55,565	1,936	4,534	994	60	8	4,164	2,068	33	359	73	134
JCMC PSA	2,032	68	151	29	3	3	138	8	4	11	3	10
WHITE												
Statewide	27,668	969	2,226	346	25	3	2,051	1,203	4	110	6	67
JCMC PSA	261	9	18	1	1		14			1	1	2
BLACK												
Statewide	15,535	437	1,293	427	26	2	841	462	10	118	16	33
JCMC PSA	1,040	31	83	14		1	55	6		5		3

Population Source: Claritas Inc via New Solutions

ACSC 2016 Discharge Rate per 1,000 population	Est 2016 Population 18-64	Total ACS Discharges	ANGINA	ASTHMA	BACTERIAL PNEUMONIA	CELLULITIS	CONGESTIVE HEART FAILURE	CONVULSION	COPD	DEHYDRATION	DENTAL CONDITIONS	DIABETES	ENT
ALL RACES													
Statewide	5,610,651	9.903	0.107	0.674	1.100	1.110	0.938	0.172	1.133	0.521	0.136	1.359	0.095
JCMC PSA	152,227	13.348	0.099	0.939	1.261	1.038	1.728	0.223	1.380	1.754	0.079	1.918	0.118
Variance from Statewide		3.445	(0.009)	0.266	0.162	(0.072)	0.790	0.052	0.247	1.233	(0.057)	0.559	0.023
WHITE													
Statewide	3,657,780	7.564	0.075	0.352	0.907	1.135	0.551	0.144	1.019	0.402	0.104	0.894	0.065
JCMC PSA	45,731	5.707	0.022	0.241	0.853	0.875	0.372	0.087	0.569	1.006	0.022	0.612	0.022
Variance from Statewide		(1.857)	(0.054)	(0.112)	(0.054)	(0.260)	(0.179)	(0.057)	(0.451)	0.604	(0.082)	(0.282)	(0.043)
BLACK													
Statewide	783,378	19.831	0.204	1.740	2.014	1.139	2.783	0.309	2.288	0.945	0.237	3.323	0.171
JCMC PSA	38,542	26.984	0.234	1.946	2.283	1.375	4.385	0.545	3.658	3.295	0.078	3.814	0.234
Variance from Statewide		7.153	0.029	0.206	0.269	0.236	1.602	0.236	1.371	2.350	(0.160)	0.491	0.062
Variance Black from White													
Statewide		12.27	0.13	1.39	1.11	0.00	2.23	0.16	1.27	0.54	0.13	2.43	0.11
PSA		21.28	0.21	1.71	1.43	0.50	4.01	0.46	3.09	2.29	0.06	3.20	0.21
Est Admissions Statewide		**9609.41**	**100.89**	**1086.94**	**867.82**	**3.20**	**1748.67**	**128.92**	**993.37**	**425.39**	**104.83**	**1902.46**	**83.24**
Est Admissions PSA		820.03	8.16	65.73	55.13	19.29	154.67	17.63	119.09	88.23	2.16	123.40	8.16

ACSC 2016 Discharge Rate per 1,000 population	Est 2016 Population 18-64	Total ACS Discharges	GASTRO-INSTESTINAL OBSTRUCTION	GRAND MAL STATUS/OTHER EPILEPTIC CONVULSION	HYPERTENSION	HYPOGLYCEMIA	IMMUNIZATION RELATED PREVENTABLE	KIDNEY/URINARY INFECTION	NUTRITION DEFICIENCIES (til 12/14 DSCHG)	OTHER TUBERCULOSIS	PELVIC INFLAMMATORY DISEASE	PULMONARY TUBERCULOSIS	SKIN GRAFTS W CELLULITIS
ALL RACES													
Statewide	5,610,651	9.903	0.345	0.808	0.177	0.011	0.001	0.742	0.369	0.006	0.064	0.013	0.024
JCMC PSA	152,227	13.348	0.447	0.992	0.191	0.020	0.020	0.907	0.053	0.026	0.072	0.020	0.066
Variance from Statewide		3.445	0.102	0.184	0.013	0.009	0.018	0.164	(0.316)	0.020	0.008	0.007	0.042
WHITE													
Statewide	3,657,780	7.564	0.265	0.609	0.095	0.007	0.001	0.561	0.329	0.001	0.030	0.002	0.018
JCMC PSA	45,731	5.707	0.197	0.394	0.022	0.022	0.000	0.306	0.000	0.000	0.022	0.022	0.044
Variance from Statewide		(1.857)	(0.068)	(0.215)	(0.073)	0.015	(0.001)	(0.255)	(0.329)	(0.001)	(0.008)	0.020	0.025
BLACK													
Statewide	783,378	19.831	0.558	1.651	0.545	0.033	0.003	1.074	0.590	0.013	0.151	0.020	0.042
JCMC PSA	38,542	26.984	0.804	2.153	0.363	0.000	0.026	1.427	0.156	0.000	0.130	0.000	0.078
Variance from Statewide		7.153	0.246	0.503	(0.182)	(0.033)	0.023	0.353	(0.434)	(0.013)	(0.021)	(0.020)	0.036
Variance Black from White													
Statewide		12.27	0.29	1.04	0.45	0.03	0.00	0.51	0.26	0.01	0.12	0.02	0.02
PSA		21.28	0.61	1.76	0.34	-0.02	0.03	1.12	0.16	0.00	0.11	-0.02	0.03
Est Admissions Statewide		**9609.41**	**229.47**	**816.26**	**352.90**	**20.65**	**1.36**	**401.74**	**204.36**	**9.14**	**94.44**	**14.71**	**18.65**
Est Admissions PSA		820.03	23.41	67.83	13.16	-0.84	1.00	43.20	6.00	0.00	4.16	-0.84	1.31

Population Source: Claritas Inc via New Solutions