Jersey City Medical Center | RWJBarnabas HEALTH

COMMUNITY HEALTH NEEDS ASSESSMENT 2016-2018

November 18, 2016

ACKNOWLEDGMENTS

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

BARNABAS HEALTH COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE

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

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

Members of the Barnabas Health CHNA Steering Committee include:

- Jen Velez, SVP, Community and Behavioral Health, Committee Chair
- Michellene Davis, EVP, Corporate Affairs
- Robert Braun, Oncology leadership
- Connie Greene, Behavioral Health/Preventive Care
- Joseph Jaeger, DrPH, Chief Academic Officer
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- Ernani Sadural, M.D., Director of Global Health for Barnabas Health
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- Teri Kubiel, Ph.D., CMC Designate
- Frank Mazzarella, MD, CMMC Designate
- Brenda Hall, JCMC, Designate
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- Charlene Harding, Planning
- Tamara Cunningham, Vice President Planning

STEERING COMMITTEE CONSULTANT ADVISORS

Steering Committee Technical Advisors:

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

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

JERSEY CITY MEDICAL CENTER

The Jersey City Medical Center's Needs Assessment and Implementation Plan were approved by the Executive Leadership:

- Joseph Scott, FACHE, President & Chief Executive Officer
- Domenic Segalla, Senior Vice President and Chief Financial Officer
- Kenneth Garay, MD, FACS, Senior Vice President and Chief Medical Officer
- Rita Smith, DNP, Senior Vice President and Chief Nursing Officer
- Michael Prilutsky, Chief Operating Officer
- Brenda Hall, MS, NE-BC, CPHQ, CPPS, Senior Vice President, Patient Safety/Quality Management

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

- Brenda Hall, Chair, Senior Vice President, Patient Safety/Quality Management
- Michele M. Lopez – Nurse Manager
- Susan Walsh, MD – Community Medicine, Vice President
- Philip Borker – Ambulatory Services, Vice President
- Kim Haas
- Maimuna Sayyeda – Oncology, Director
- Marissa Fisher – Injury Prevention Manager
- Whitney Bracco – Center for Comprehensive Care, Program Manager
- Sharon Ambis, Marketing Relations
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- Louis Alerte – Project Coordinator
- Joseph Scott, FACHE, President & Chief Executive Officer
- Joanne Reich –Nursing Practice, Associate Vice President
- Margaret Ames – Nursing Practice, Associate Vice President
- Alisha Ghosh – Administrative Fellow
- Domenic Segalla, Senior Vice President and Chief Financial Officer
- Robert Valentine – Comptroller
- Robert Winston – Behavioral Health
- Tamara Cunningham, Vice President, Planning / Planning Liaison

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

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EXECUTIVE SUMMARY

Background

The 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 the health and quality of life throughout the community. This assessment builds upon the CHNA conducted in 2013. The 2013 Implementation Plan results are reviewed in Appendix A.

The CHNA uses detailed secondary public health data at state, county, and community levels, a community health survey, a survey of Hudson County public health officers, and 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 identify health assets, gaps, disparities, trends, and priorities. The Methodology section details the data collection process and analysis.

Service Area

The JCMC service area is determined by considering three factors: patient origin, 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 low market share are deleted from the PSA and included in the secondary service area (SSA). Geographic proximity is used to create a contiguous area and completes the service area determination. Both the primary and secondary service areas are located within Hudson County. For the purpose of this CHNA, Hudson County statistics were deemed to be most relevant for review.

JCMC PSA	
ZIP Code	**ZIP Name**
07302	JERSEY CITY
07304	JERSEY CITY
07305	JERSEY CITY
07306	JERSEY CITY
07310	JERSEY CITY
JCMC SSA	
ZIP Code	**ZIP Name**
07002	BAYONNE
07030	HOBOKEN
07307	JERSEY CITY

Located directly across the river from New York City, Hudson County encompasses a land mass of 62 square miles with 12 municipalities. As of 2015, Hudson County was the fastest growing county in New Jersey, with an estimated population of 674,836. 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 sixteen acute care hospitals operating in the Newark/Jersey City hospital market area.[2]

Hudson County's economic wealth is not uniformly distributed across municipalities; it includes urban areas with large numbers of poor and minority populations. 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 2014, 33.3% of Hudson County's population was Hispanic/Latino, more than double 16.6% statewide.
- In 2014, the median household income in Hudson County was $58,973, more than $10,000 below the state median ($72,062).[3]
- Between 2011 and 2014, unemployment throughout New Jersey increased. In 2014, the Hudson County unemployment rate was 10.3%, an increase from 9.8% in 2011, and higher than the New Jersey unemployment rate of 6.4%.
- The 2014 unemployment rates across the JCMC service area vary from as high as 16.9% in Jersey City 07305 to as low as 4.1% in Hoboken.
- The 2014 median household income of Jersey City residents in zip codes 07304 ($45,864), 07306 ($48,520) and 07305 ($49,101) were at least $20,000 below the statewide figure ($72,062).[4]
- The 2014 median household income of Jersey City 07310 residents ($152,335) was the highest in the service area, and more than double the statewide figure ($72,062).

TOP FIVE HEALTH ISSUES

The JCMC Steering Committee considered secondary and qualitative data to determine five top health issues based on capacity, resources, competencies, and needs specific to the populations it serves. The selected issues are within the hospital's purview, competency and resources to impact in a meaningful manner. These include diabetes, access, disparities, behavioral health, and public safety.

1. ***Chronic Disease Management: Diabetes***

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. As of 2012, about half of all adults had one or more chronic health conditions and one of four adults had two or more. Chronic diseases are responsible for 70% of deaths in the United States and treatment accounts for 86% of

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

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.

Prediabetes is a precursor to diabetes in which blood sugar is elevated but not high enough to be diagnosed as diabetes; prediabetes places an individual at a high risk of Type 2 diabetes. Obesity is a major risk factor for Type 2 Diabetes. This form of diabetes, once believed to affect only adults, is now diagnosed in children. Between 1980 and 2000, obesity rates among children and adults doubled and tripled among adolescents.[7] Overweight children with diabetes are similarly at risk for complications including kidney disease, blindness, and amputations. Other risk factors include unhealthy diet, physical inactivity, and high blood pressure. While many diabetes risk factors are modifiable, other factors including a family history, increasing age, and ethnicity are uncontrollable.

- In 2012, 23.9% of Hudson County residents were obese, lower than 24.7% statewide, 27.3% in Essex County and higher than 20.4% in Bergen County.[8]
- The 2012 Hudson County obesity rate of 23.9% was lower than the *Healthy People 2020* target of 30.6% and lower than the CHR benchmark of 25%.
- In 2012, 25.0% of Hudson County adults reported no physical exercise within the past month, slightly higher than New Jersey (24.1%) and Bergen County (23.3%) and lower than Essex County (26.9%).
- The percent of Hudson County who did not participate in physical activity in 2012 was higher than the CHR national benchmark of 20.0%.[9]
- Between 2010 and 2013, the Hudson County age-adjusted mortality rate (AAMR) for diabetes increased; the Hudson County rate increased from 31.2/100,000 to 31.6/100,000.
- The 2013 Hudson County diabetes mortality rate (31.6/100,000) was higher than New Jersey (19.4/100,000), Bergen County (13.4/100,000) and Essex County (25.3/100,000).
- In 2012, Hudson County had a lower percentage of adults with diabetes than Essex County (9.3%) and New Jersey (9.3%) and a higher percentage than Bergen County (6.7%).

According to a community health survey, 65% of service area residents suffer from at least one of the following six conditions: stroke, heart disease, weight disorders, hypertension, high cholesterol, and hearing disorders. Five of the six are diabetic comorbid conditions. Chronic diseases, factors contributing to chronic disease, and accessibility to doctors and affordable health care are major concerns to service area residents. In a survey of local Public Health officials, diabetes was identified as the top priority. Opportunities identified through SWOT (Strengths, Weaknesses, Opportunities, Threats) strategic planning to address diabetes in the community include community education and screenings, care

5 http://www.cdc.gov/chronicdisease/
6 http://bmchealthservres.biomedcentral.com/articles/10.1186/1472-6963-13-164
7 www.cdc.gov/pdf/facts_about_obesity_in_the_united_states.pdf
8 New Jersey State Health Assessment Data 2012
9 Behavioral Risk Factor Surveillance System 2012

coordination in community for increased linkage to community agencies, expansion of diabetes support and education, and establishing a community advisory board.

JCMC's approach to reducing the impact of chronic diseases like diabetes 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 diabetes 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 diabetes education into multiple languages. JCMC is establishing a community diabetes class, "Staying Healthy with Diabetes," at the Bethune Community Center. Diabetes education for adolescents in the school system is through a "tasting" health fair in collaboration with the local Boys and Girls club.

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 engagement 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. ***Healthcare Access: Convenience and Affordability***

An individual's ability to access health services has a profound impact on every aspect of health. People without insurance are less likely to have a regular source of care and are more likely to skip routine medical care due to cost, increasing their risk of serious illness and disability. Regular and reliable access to health services can prevent disease and disability, detect and treat illnesses or other health conditions, increase quality of life, and increase life expectancy. Access to evidence-based preventive services to prevent illness or detect disease at an earlier and more treatable stage is an important feature of quality health care. There is a need for free or low-cost primary care in the JCMC service area.

The largest barrier to health care access is a lack of insurance. Patients without insurance are less likely to have a usual and ongoing source of care. People with a usual source of care have better outcomes, fewer disparities, and lower costs. Language differences, diverse cultures, and low health literacy are also barriers to high quality care. Delivering high quality care to these expanding populations is dependent on JCMC's ability to understand and communicate with these patients. In addition, assisting elderly patients in accessing and navigating through the care system can help ensure timely and appropriate diagnosis and treatment of disease. Insurance and affordability are the key barriers to seeking medical care regardless of age, income or ethnicity.

- In 2014, the distribution of Hudson County inpatient admissions by insurance type was as follows:[10]
  - 35.2% paid with commercial insurance, higher than the 34.8% statewide
  - 18.5% paid with Medicaid/Caid HMO/Family Care, higher than 15.4% statewide
  - 10.2% were underinsured, receive charity care, or self-pay, higher than 6.2% statewide

10Ibid.

- In 2014, the distribution of Hudson County ED visits by insurance type was as follows [11]:
  - 21.9% were underinsured, receive charity care, or self-pay, more than 15.9% statewide
- In 2014, the distribution of JCMC primary service area residents' inpatient admissions by insurance type was as follows:[12]
  - 21.5% paid with Medicaid/Caid HMO/Family Care, higher than 18.5% in Hudson County and 15.4% statewide.
  - 11.0% were underinsured, receive charity care, or self-pay, higher than 10.2% in Hudson County and 6.2% statewide.
- In 2014, the distribution of JCMC primary service area residents ED visits by insurance type was as follows [13]:
  - 27.9% paid with Medicaid/Caid HMO/Family Care, higher than 23.4% in Hudson County and 25.0% statewide.
  - 20.5% were underinsured, receive charity care, or self-pay, similar to 21.9% in Hudson County and higher than 15.9% statewide.

According to a community health survey, 61% of residents in the service area feel there are not a sufficient number of providers accepting Medicaid in the area, 58% feel that they do not have access to prescription assistance, 64% feel that they do not have a sufficient number of places to go for low cost or free medical care, and 72% feel that they do not have a sufficient number of places to go for low cost or free dental care. Weaknesses identified through SWOT (Strengths, Weaknesses, Opportunities, Threats) strategic planning analyses include a low awareness of healthcare services in the area, few options for primary care in at-risk communities, the inability of many residents to pay for lab fees at the Federally Qualified Health Center, insufficient services for patients with limited medical coverage, and limited access to specialists.

JCMC's approach to addressing healthcare convenience 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 is developing a comprehensive community resource directory for healthcare and social services and expanding services through partnerships with three Federally Qualified Health Centers (FQHC) in Hudson County. JCMC was recently 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 is assists local organizations to expand innovative healthy-lifestyle and health-literacy programs. JCMC will utilize the Greenville Primary Care Site presumptive-eligibility for Medicaid onsite to increase access. The hospital seeks to collaborate with NJ SNAP-Ed/EFNEP - Rutgers Cooperative Extension of Hudson County Program and North Hudson Community Action Corporation Partnership to provide better primary care to service area residents.

3. ***Healthcare Disparities***

Costs, culture and education cause disparities in the provision and access of healthcare across racial, ethnic and socioeconomic groups.[14] 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

11Ibid.
12Ibid.
13Ibid.
14 http://kff.org/disparities-policy/issue-brief/disparities-in-health-and-health-care-five-key-questions-and-answers/

efficacy."[15] 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 quality patient care plans. JCMC is sensitive to these barriers and strives to ensure patient access to quality care by addressing low health literacy, cultural differences, and limited English proficiency.

By 2050, minority populations are predicted to become the majority population in the United States. People of color make up a disproportionate share of the low-income and uninsured. Addressing health disparities is amplified by the size of this population and its' growth. New Jersey has a higher percentage of foreign-born residents than nationwide. According to the Agency for Healthcare Research and Quality's (AHRQ), low-income individuals and people of color experience more barriers to care and receive poorer quality care.[16] Research has found differing patient experiences and levels of satisfaction by race, gender, education levels, and language. This is especially important, given the growth of diverse populations in Hudson County. People of color frequently report higher prevalence of health conditions, such as diabetes and obesity; diabetes and obesity are identified as needs and opportunities through the strategic planning SWOT analyses.

Approximately 24 million people, 8.5% of the population nationally, have Limited English Proficiency (LEP). Adverse events affect LEP patients more frequently and severely than they affect English speaking patients. LEP patients are more likely to experience medical errors due to communication problems than English speaking patients. Six percent of the United States population is at risk for adverse events and or barriers to care associated with language ability. There is also a greater risk of central line infections, surgical infections, falls, and pressure ulcers due to Limited English Proficiency (LEP) patients' longer hospital stays as compared to English-speaking patients with the same clinical condition. Language barriers and belief systems are two of the items identified as needs and opportunities in the Public Health Officers survey in Hudson County.

- In 2014, 45.7% of Jersey City 07305 population was African American, the highest in the JCMC service area, more than three times higher than New Jersey (12.1%) and greater than four times Hudson County (10.0%).
- In 2014, 26.6% of Jersey City 07304 population was Hispanic/Latino, less than Hudson County (33.3%) and higher than New Jersey (16.6%).
- Hudson County (15.1%) had a higher percentage of people living in poverty than statewide (10.7%) in 2014.[17]
- In 2014, throughout the JCMC service area the following had more than 10% of families living in poverty[18]:
    - Jersey City (07304): 21.2%
    - Jersey City (07305): 19.1%
    - Jersey City (07306): 19.3%
    - Hoboken: 10.1%
- In 2014, 22.1% of people were living in poverty in Jersey City 07304, more than double the statewide percentage (10.7%).

15 Office of Minority Health National Standards for Culturally and Linguistically Appropriate Services in Health Care http://minorityhealth.hhs.gov/assets/pdf/checked/finalreport.pdf
16 http://archive.ahrq.gov/research/findings/nhqrdr/nhqrdr10/minority.html
17Ibid.
18Ibid.

- In 2014, 34.8% of children in Jersey City 07305 were living in poverty, higher than the Hudson County percentage (22.4%) and more than double the New Jersey percentage (15.4%).
- In 2014, 17.5% of Hudson County residents did not complete high school, 5.9 percentage points higher than New Jersey at 11.6%.[19]
- In 2014, 18.3% of Jersey City 07304 residents did not complete high school, the only zip code in the service area to exceed Hudson County (17.5%).
- In 2014, Hudson County had a higher percentage (13.6%) of households with limited English proficiency than the state (7.2%).
- In 2014, 25.6% of households in Jersey City 07306 had limited English proficiency, highest in the JCMC service area and higher than Hudson County (13.6%) and New Jersey (7.2%).

JCMC's approach to addressing disparities in healthcare focuses on adapting services and programs to include income, disability status, ethnicity, language preference, sexual orientation and other socio-demographics. JCMC seeks to determine what healthcare disparities exist in the PSA and SSA and design a plan to address these gaps. In preparing this plan, JCMC will identify process and outcome measures stratified by socio-demographics to provide health screenings and education to diverse community groups. Establishing a community advisory board consisting of patients and their families will provide valuable perspective on JCMC's future initiatives. JCMC will serve Limited English Proficiency patients better through an LEP taskforce on the Patient Safety Committee, part of the hospital-wide Patient Safety Program. This taskforce will assist in developing and revising policies and procedures to consider LEP patients.

4. Behavioral Health: Mental Health and Substance Abuse

Mental health and substance abuse disorders affect approximately 18% of American adults.[20] Disorders are often recurrent, serious, and may co-occur. More than one in four adults living with serious mental health issues also has a substance abuse problem. Rehabilitation, medications, support groups, and talk therapy treatments aim to reduce substance use, improve psychiatric symptoms and functioning, decrease hospitalization, and improve quality of life.

Mental disorders are health conditions characterized by alterations in thinking, mood, and or behavior associated with distress and or impaired functioning. Risk factors for mental illness include family history, stressful life situations, chronic medical conditions, brain damage, and substance abuse. There is stigma associated with mental health diagnosis and treatment, particularly among African-Americans and Latinos. Mental health plays a major role in one's ability to maintain good physical health. Problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

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

19 United States Census Bureau American Community Survey 2014
20 Mental and Substance Abuse Disorders http://www.samhsa.gov/disorders

- In 2014, Hudson County ED admission rate (10.2/1,000) for mental disorders was lower than the statewide rate (10.5/1,000).[21]
- In 2014, Hudson County mental disorders inpatient rate (5.2/1,000) was higher than the state (4.8/1,000).[22]
- In 2014, the JCMC service area inpatient use rate for mental disorders was 5.4/1,000, higher than statewide (4.8/1,000) and less than the county rate (6.9/1,000).
- In 2014, the JCMC service area emergency department use rate for mental disorders was 10.8/1,000, higher than the statewide rate (10.5/1,000) and the county rate (9.0/1,000).
- The rate of emergency department visits for substance abuse in Hudson County increased from 12.2/1,000 in 2012 to 13.2/1,000 in 2014, nearly double the statewide rate (6.8/1,000).
- The rate of inpatient admissions for substance abuse in Hudson County decreased from 3.7/1,000 in 2012 to 3.0/1,000 in 2014, higher than the statewide rate of 2.0/1,000.
- Between 2012 and 2014, the rate of inpatient admissions for substance abuse in the JCMC service area decreased from 5.1/1,000 to 3.9/1,000, higher than the statewide rate of 2.0/1,000 and the county rate of 3.0/1,000.
- ED admissions for substance abuse increased in the JCMC Service Area from 13.3/1,000 in 2012 to 14.9/1,000 in 2014, higher than Hudson county (13.2/1,000) and more than double statewide (6.8/1,000).
- In Hudson County, the age-adjusted drug induced mortality rate (AAMR) increased 27.5% from 7.4/100,000 in 2010 to 10.2/100,000 in 2013; however, the 2013 rate was 30.6% lower than the State and 9.7% lower than the *Healthy People 2020* target (11.3/100,000).
- Between 2010 and 2013, Hudson County age-adjusted alcohol induced deaths decreased 24.4% from 9.0/100,000 to 6.8/100,000; however, the 2013 Hudson County alcohol induced mortality rate was 28.3% higher than the State.

Service area residents feel that access to health care including providers, treatments and services, is inadequate. Sixty-four percent of residents feel that substance abuse and treatment services are not adequate, and 69% of residents feel there are inadequate mental and behavioral health providers. In addition, an issue identified as a weakness through strategic planning SWOT analyses is the lack of methadone or substance abuse clinics in the service area.

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 seeks to develop 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 will market JCMC's services. In addition to this campaign, JCMC will create partnerships with various community-based organizations. Town Hall meetings with religious institutions, colleges and high schools, day care centers and the Bethune Center, will create discussion of mental health and substance abuse issues. JCMC will engage 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. Other avenues include a partnership with wellness programs such as "Happy JC", and hosting a "Dinner with the Doctor" program on mental health and substance abuse issues, possibly former governor Jim McGreevy's reentry program.

21 Health Care Decision Analyst Internal Data 2014
22Ibid.

5. ***Public Safety: Unsafe Neighborhoods and Violence***

The World Health Organization (WHO) defines violence as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, development, or deprivation." The WHO further categorizes violence into: 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 transmits and 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.

- Between 2010 and 2012, the violent crime rate in Hudson County was 392.0/100,000. This rate was more than double the statewide rate and much higher than the County Health Rankings national benchmark (59/100,000).
- In Hudson County, there were 3,753 domestic violence reports for 2013.[23]
- In 2014, the rate of robbery in Hudson County was 1.6/1,000, higher than the rates in New Jersey (1.2/1,000) and Bergen County (0.3/1,000), and 2.4 points lower than the rate of 4.0/1,000 in Essex County.
- In 2014, the rate of burglary in Hudson County was 2.7/1,000, lower than New Jersey (3.6/1,000) and more than half the Essex County rate (5.0/1,000).
- In 2014, the rate of larceny in Hudson County was 12.1/1,000, slightly lower than New Jersey (12.6/1,000) and lower than Essex County (13.4/1,000); the rate in Hudson County was 3.4 points higher than the rate in Bergen County (8.7/1,000).

According to a survey of service area residents, unsafe neighborhoods are a top concern. JCMC's approach to addressing violence in the service area focuses on best practices in support and engagement at the community level. As part of this research, JCMC will investigate the "Man Up!" anti-violence program in Brooklyn for best practices.[24] Along with the Jersey City Police Department, JCMC will stratify causes for perception of unsafe neighborhood including gun violence, gangs, and assaults. The hospital will collaborate with Deputy Chief Mark Hussey in 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

23 New Jersey State Police Uniform Crime Reporting Unit Domestic Violence in New Jersey 2013 http://www.njcedv.org/wp-content/uploads/2015/08/THIRTY-FIRST-ANNUAL-DOMESTIC-VIOLENCE-OFFENSE-REPORT-2013.pdf
24 http://www.manupinc.org/Anti-Violence.htmlhttp://www.manupinc.org/Anti-Violence.html

youth and community in the 07305 community. JCACM's objective is to support community by developing 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 the health and quality of life throughout the community. This assessment builds upon the CHNA conducted in 2013. The 2013 Implementation Plan results are reviewed in Appendix A.

The CHNA uses detailed secondary public health data at state, county, and community levels, a community health survey, a survey of Hudson County public health officers, and 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 identify health assets, gaps, disparities, trends, and priorities. The Methodology section details the data collection process and analysis.

Jersey City Medical Center, located in Jersey City, New Jersey, is one of sixteen acute care hospitals operating in the Newark/Jersey City hospital market area.[25] JCMC's primary service area encompasses large, ethnically and racially diverse urban communities with disparities in health status and access to services.

JCMC is located on a 15-acre campus overlooking the New York Harbor and Liberty State Park. The campus includes two facilities, the Wilzig Hospital and the Provident Bank Ambulatory Center. The medical center serves as a regional referral and teaching hospital and provides the highest level of care for women and infants, trauma, and cardiac patients. JCMC earned a Magnet Designation for Nursing Excellence, the only hospital with this honor in Hudson, Union and Essex Counties. JCMC received 6 consecutive "A" national patient safety ratings from the Leapfrog Group from Spring 2013 through Spring 2016.

The JCMC Steering Committee considered secondary and qualitative data to determine five top health issues based on capacity, resources, competencies, and needs specific to the populations it serves:

- **Diabetes**: JCMC's approach to reducing the impact of chronic diseases like diabetes focuses on reducing education on prevention, management, and treatment to improve quality of life.
- **Access**: JCMC's approach to addressing healthcare convenience and affordability is focused on expanding access to primary care and specialty services by addressing economic challenges, particularly among those on Medicaid or who do not have insurance.

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

- **Disparities**: JCMC's approach to addressing disparities in healthcare is focused on adapting its services and program offerings to include variables such as income, disability status, ethnicity, language preference, sexual orientation and other socio-demographics.
- **Behavioral Health**: JCMC's approach to addressing mental health and substance abuse issues is focused on improving comprehensive services for mental health and substance abuse through affordable and accessible providers.
- **Public Safety**: JCMC's approach to addressing violence in the service area is focused on researching best practices in support and engagement at the community level.

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 (CHR), and hospital discharge data.

- *Healthy People 2020* is a 10-year agenda to improve the nation's health that encompasses the entire continuum of prevention and care. 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 CHR, 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. County rates are also compared 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, a broad array of information both internal and external were used to understand recent health status and the opportunities to provide a positive impact on improving health and wellness. Other significant needs determined by this CHNA include:

- Respiratory Disease, including CLRD and Asthma
- Food Security
- Heart Disease
- Cancer
- Black Infant Mortality
- Cesarean Section Rates
- Teen Pregnancy
- Hospital Readmissions
- Tobacco Use

2. METHODOLOGY/SERVICE AREA

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

Secondary Data Sources

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

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

Health Profile

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

Throughout the Health Profile Section, the reader will find tables that have red, yellow, and green colored indicators. These tables compare the county level data to the *Healthy People 2020* targets, Community Health Rankings benchmarks, and New Jersey State data. Data by race/ethnicity is compared to data for all races in the county, unless otherwise indicated.

Using the Hudson County value as the midpoint, this value was then compared to a number 20% higher or 20% lower than the value for New Jersey, *Healthy People 2020*, or County Health Rankings Benchmark. If the Hudson County value was within 20% lower or 20% higher than the comparison indicator, and thus considered within reasonable range of that indicator, the indicator table will be yellow. The table will be red if the Hudson County value is 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.

Qualitative Data Sources

Jersey City Medical Center Community Health Needs Survey

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

Public Health Survey

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

1. Identify the top six priority health needs for municipalities in Hudson County

2. Identify the primary barriers to improvement for these health needs
3. Identify additional items to consider in the Community Health Needs Assessment.

Health officers from the communities that makeup JCMC's service area were most concerned with issues of mental health/substance abuse, access to care, health promotion and wellness.

The survey identified priority health needs for municipalities in Hudson County. See Appendix E for detailed survey responses.

Public Health Symposium

JCMC reviews patient surveys and comments to understand patient and family concerns. Further, JCMC participates and works with many local organizations on health issues including: discussing and prioritizing needs, coordinating services, providing education and specialty knowledge, and supporting local health promotions. Another collaborative organization is the Greater Newark Health Care Coalition (Coalition), which includes executive leadership of hospitals and health organizations in the greater Newark area. The Coalition held a public health symposium, the fourth annual event, in September 2016. At the symposium, the more than 80 participants from public health, hospital and other providers, education and community advocates ranked health needs. The participants identified Obesity, Diabetes, Affordable Health Care Services, Safe Environments and Mental Health as the highest ranked needs during the course of this event.

JCMC also works with Hudson County Health Department to plan and implement a local needs assessment/health status approximately every five years and works with local health departments to support community health and wellness events. These community touch points provide the hospital with valuable external insights regarding community need.

Assets and Gaps

Section 5, Assets and Gaps, summarizes the preceding components of the CHNA. Assets highlight county or JCMC service area information indicating improvement over time in comparison to the other counties and the State or in comparison to other races or 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 to other races or genders.

Resource Inventory

A service area-specific resource inventory is included as Appendix F, which details health and social service resources available to residents in JCMC's primary service area. Providers' names, addresses, telephone numbers and type of services provided are contained in the inventory.

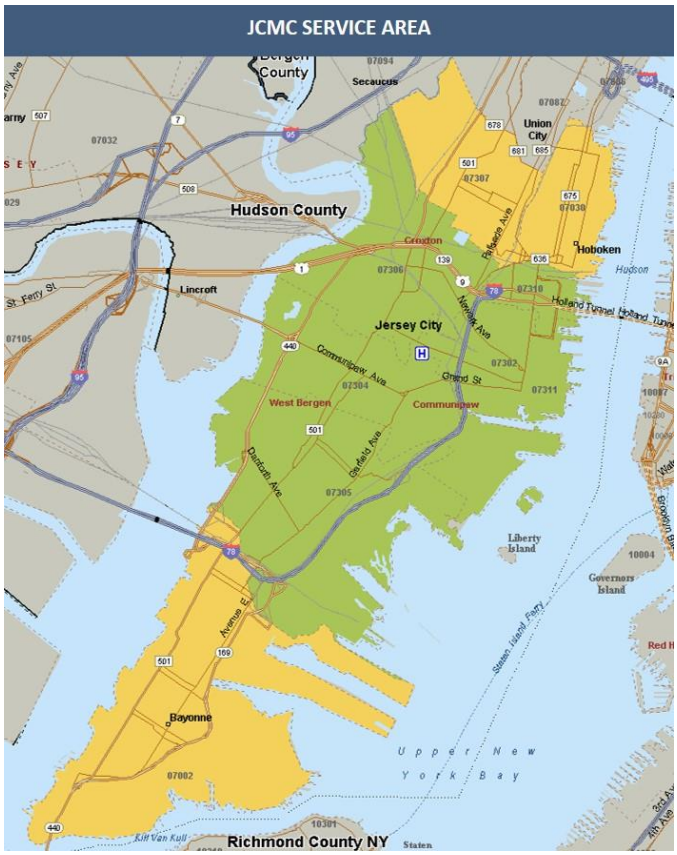
SERVICE AREA

Jersey City Medical Center is located in Jersey City, New Jersey. It is one of 16 hospitals serving residents in the Jersey City/Newark hospital market. The Hospital'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 Secondary Service Area	
Zip Code	**ZIP Name**
07002	BAYONNE
07030	HOBOKEN
07307	JERSEY CITY

The PSA is determined by taking into consideration three factors: patient origin, market share, and geographic continuity/proximity. ZIP 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 low market share is deleted from the PSA definition as well. Geographic proximity to create a contiguous area completes the service area determination. 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.

In addition, JCMC plays a major role in service to the adjacent communities of Bayonne and Hoboken.



3. COMMUNITY HEALTH NEEDS SURVEY

Bruno and Ridgway interviewed 200 residents of Jersey City Medical Center's primary and secondary service areas. Their responses are provided within this section and were used to assist in prioritization of health needs within the community.

Chronic diseases (cancer, diabetes, heart disease) along with unsafe neighborhoods emerge as key health concerns of residents in JCMC's service area. Also cited are the contributing factors to these conditions, such as obesity, drug and alcohol use, cost related factors and the ability to access primary care providers, especially without insurance.

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

Additional suggestions include:

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

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

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

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

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

Key Community Health Issues/Concerns Volunteered

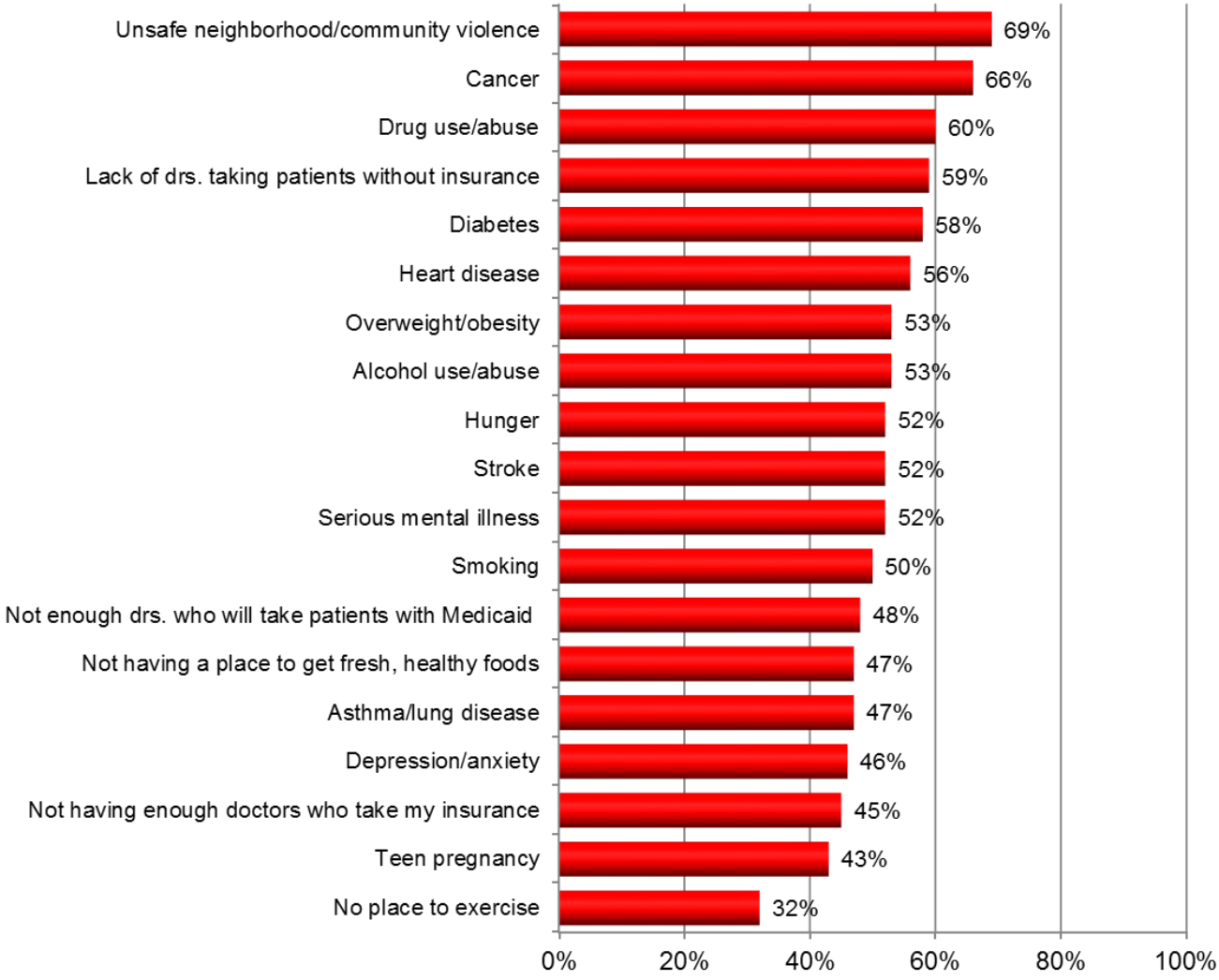
- When residents were asked to volunteer the top 3 health issues in their community, diabetes, cancer, and unsafe neighborhoods top the list.
- Mentioned somewhat less frequently were factors contributing to disease (obesity, high blood pressure, drug use), the lack of doctors taking insurance, and cost-related factors.
- Unsafe neighborhood/community violence was volunteered significantly more often by African Americans.

(n=200)
Q.1a

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

Community Health-Related Issues of Concern
(Extremely Concerned)

- When asked directly to rate specific issues of concern on a 5-point scale, unsafe neighborhoods comes to the top of the list, followed by cancer, drug use, and lack of doctors taking insurance.
- A majority of area residents also cite diabetes, heart disease, obesity, alcohol use, hunger, stroke, mental illness and smoking as areas they are extremely concerned about.

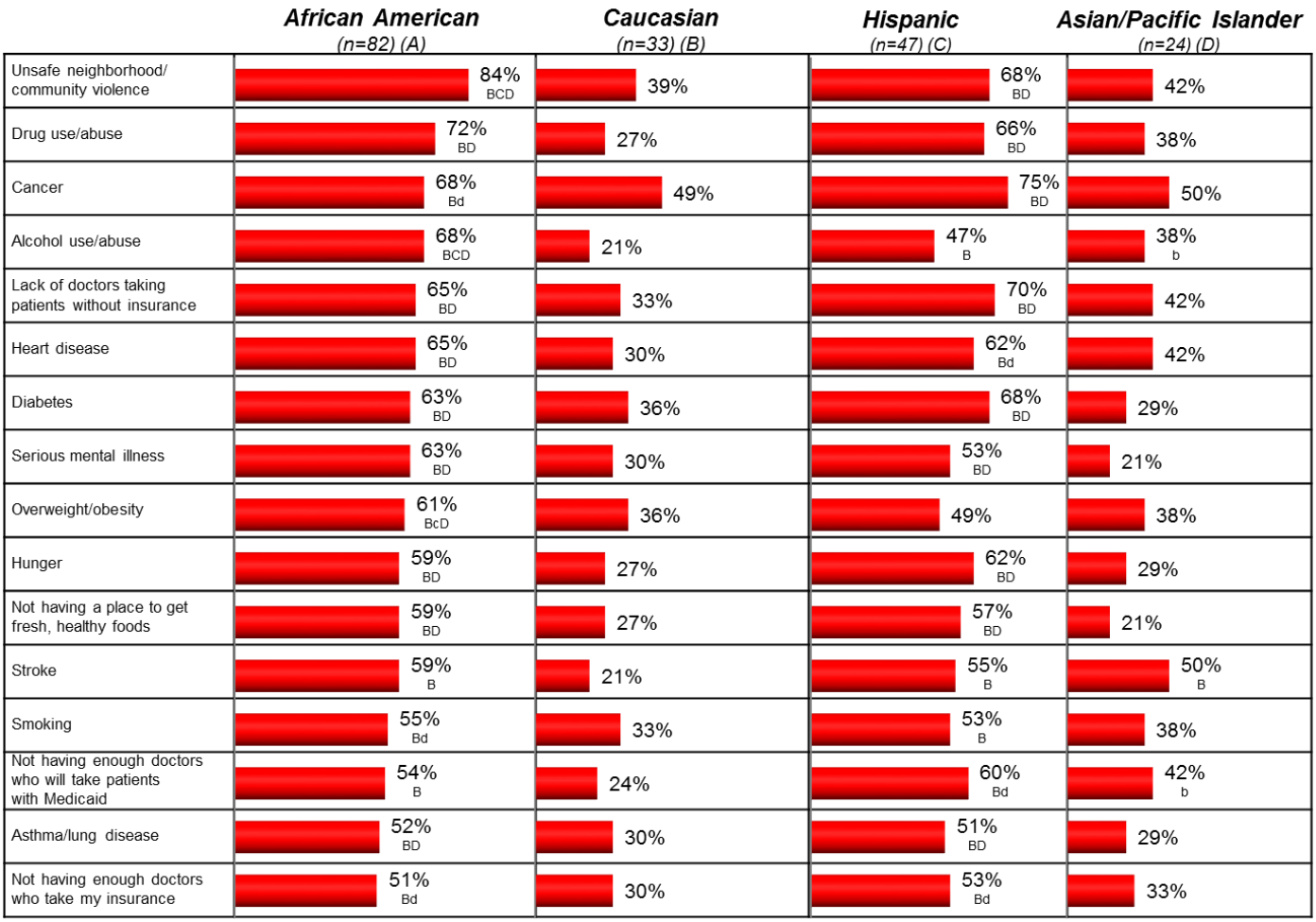


(n=200)
Q.1b

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

Community Health Needs: Specific Issues of Concern – By Ethnicity

- African Americans express the highest degree of concern in almost all areas identified in the survey, highest among those were related to community violence and drug/alcohol use.
- Hispanics also express a high degree of concern in many areas, highest were cancer, lack of physicians taking insurance, unsafe neighborhoods/community violence, and diabetes.



Q.1b

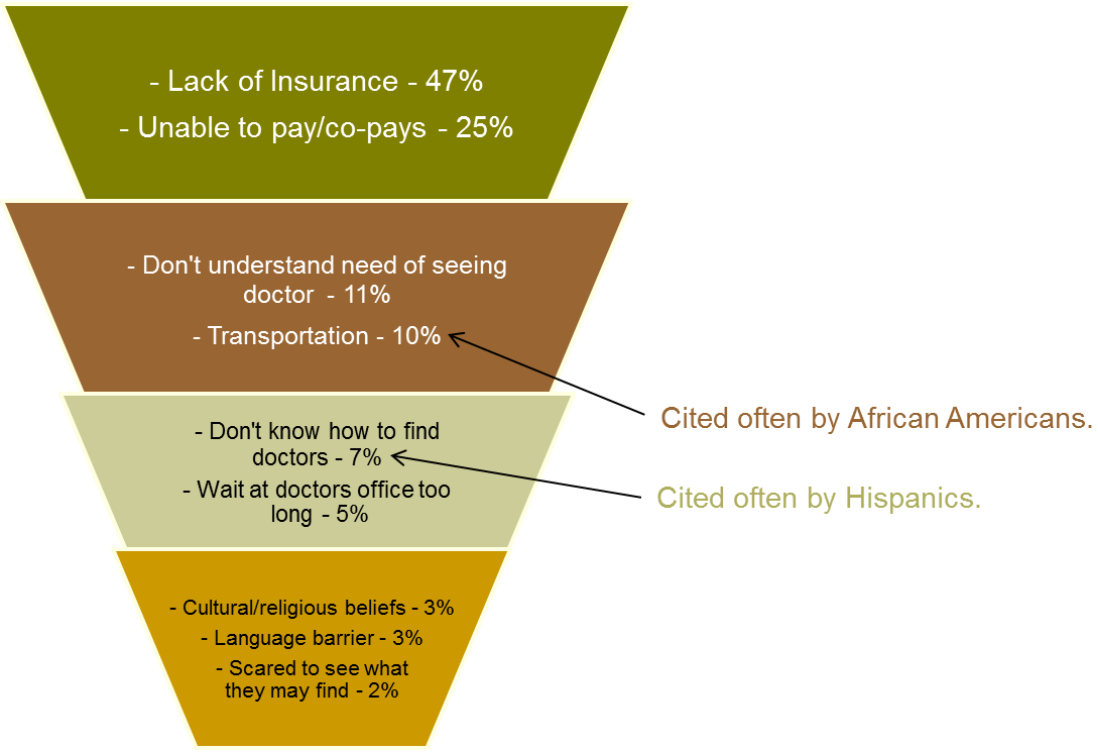
(A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.
(a/b/c/d) = Directionally greater than indicated cell at the 80% confidence level.

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

Community Health Needs: Barriers to Seeking Medical Care

When residents were asked to volunteer factors that may keep people in the community from seeking medical treatment or care when needed:

- Regardless of age, ethnicity, or income, the key barrier to seeking medical care when needed is a lack of insurance, and related to this, the inability to pay/co-pays.
- Though mentioned significantly less often, some residents cite transportation as a factor and don't fully understand the need to see a doctor.

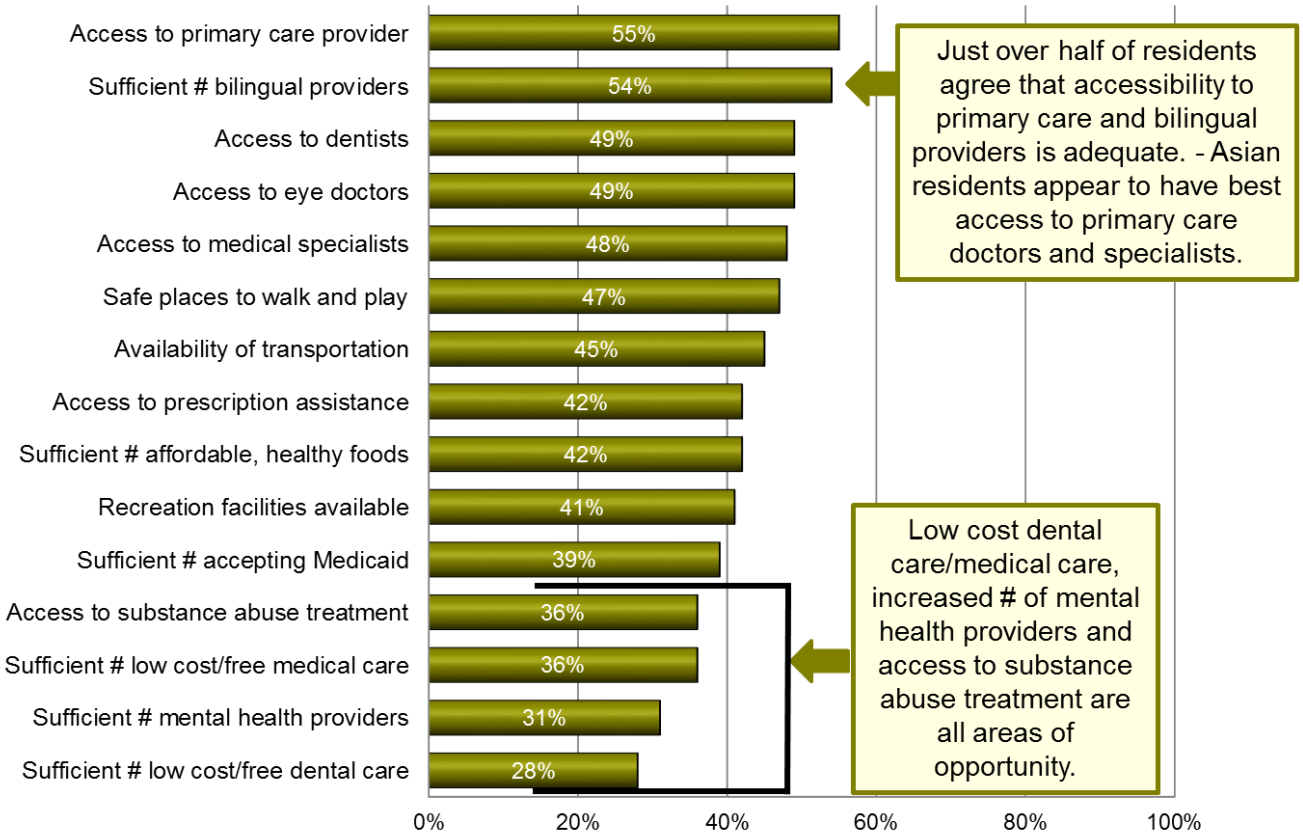


(n=200)
Q.2

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

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

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

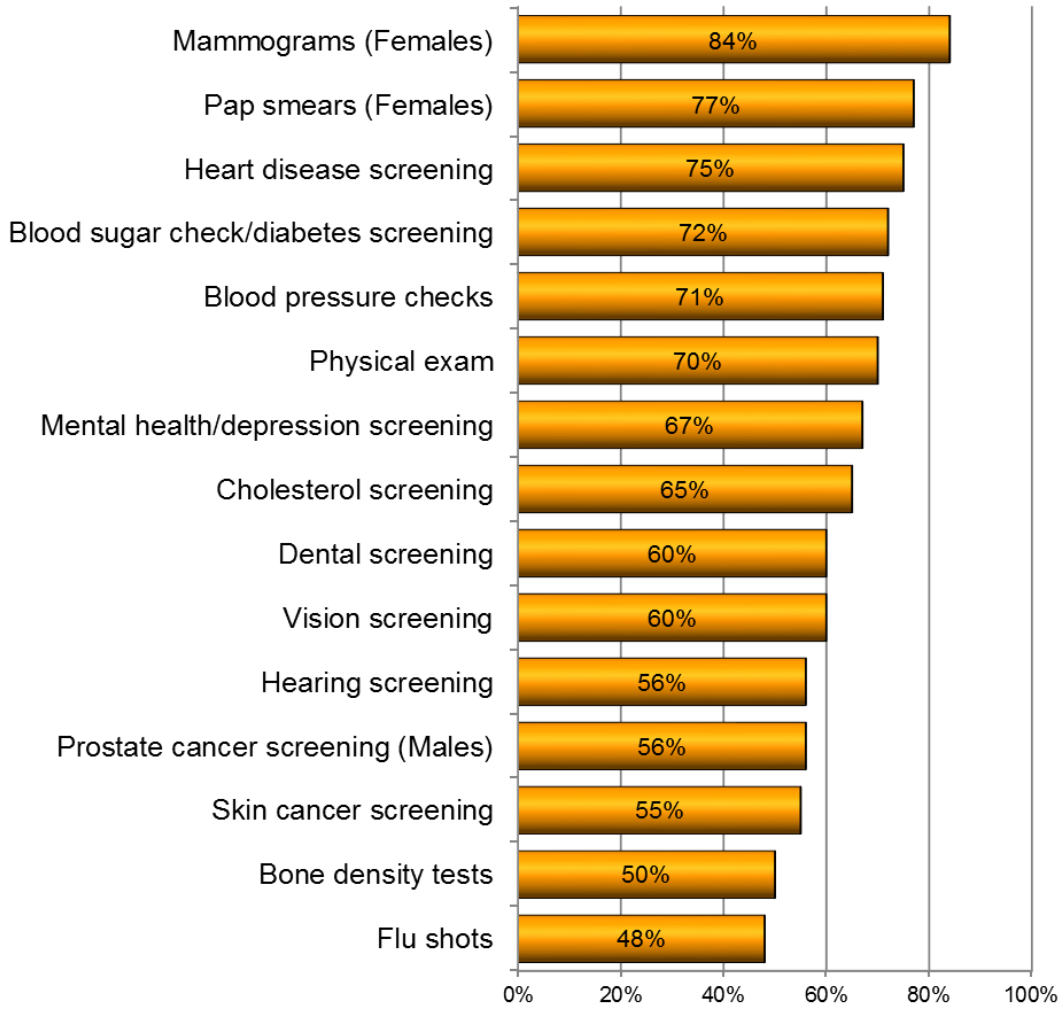


(n=200)
Q.4

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

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

- The large majority of residents feel it is "very important" to have free/low cost preventative services available in their community. Highest mention is for mammograms. Of lesser mention was flu shots.
- The need for free or low cost screenings for preventative health services is extremely important to all residents, with the greatest importance expressed in the survey by females, African Americans, Hispanics and lower income groups.

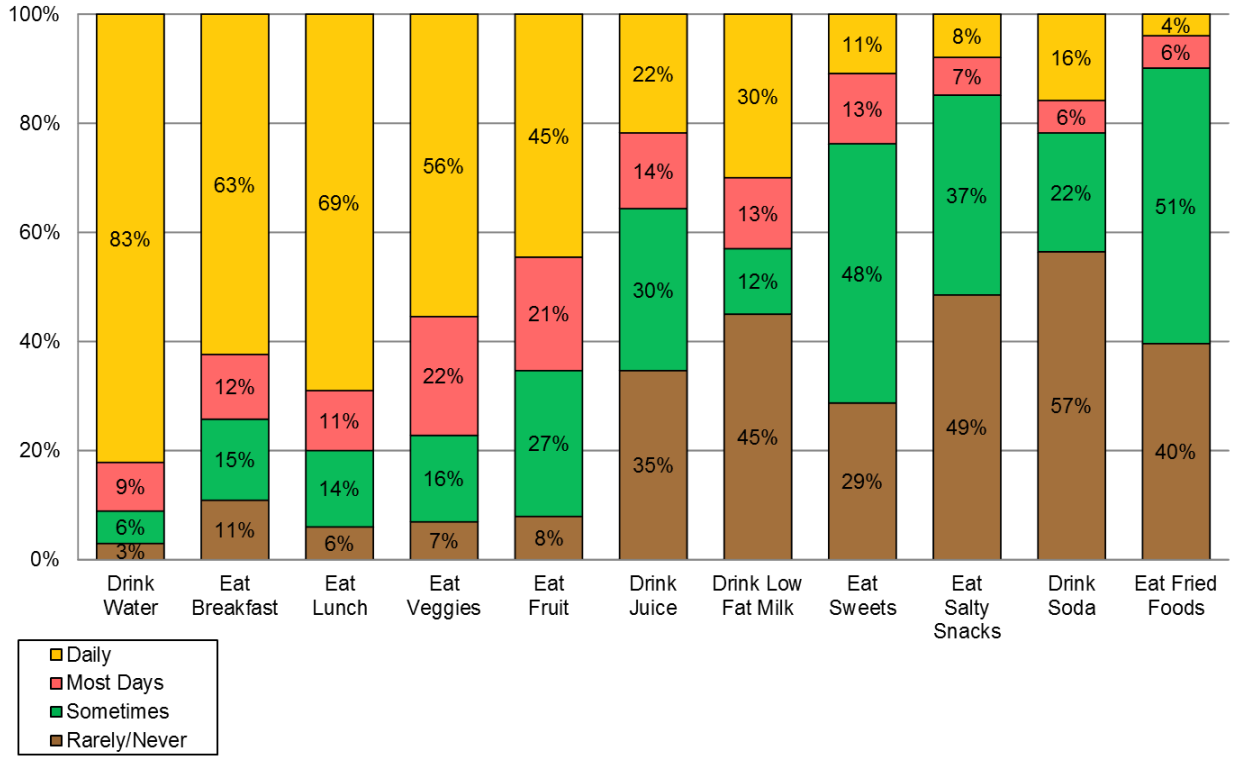


(n=200)
Q.3

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

Personal Lifestyles: Frequency of Performing Health-Related Activities:

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

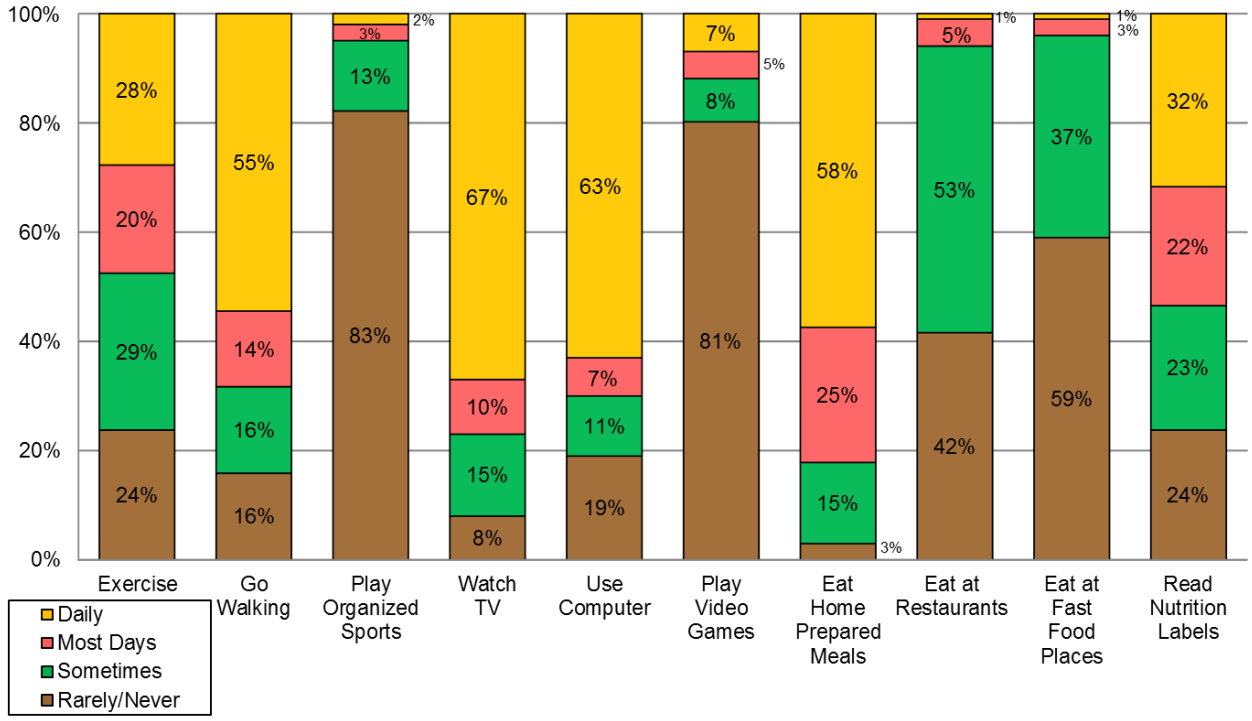


(n=200)
Q.6

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

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

- Nearly 5 of 10 residents say they exercise frequently and almost 7 of 10 say they go walking. While some residents appear quite active, others are leading a somewhat sedentary lifestyle, watching TV and using the computer on an almost daily basis. About one-fourth of residents say they rarely or never exercise.
- On the positive side, most residents are eating home prepared meals and more than half claim to be reading nutrition labels. While eating out at restaurants is an occasional activity for most, quite a few do report at least sometimes eating at fast food places.



(n=200)
Q.6

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

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

- African Americans are less likely versus other ethnic groups to eat lunch and use the computer and are most likely to watch TV and eat salty snacks.
- Caucasians most likely to eat breakfast and use the computer.
- Hispanics tend to drink low fat milk; Asians least likely to drink soda and eat salty snacks.

		Ethnicity				Gender		Age	
	Total	African Am (A)	Caucasian (B)	Hispanic (C)	Asian/ Pacific Islander (D)	Male (E)	Female (F)	25-49 (G)	50-74 (H)
Eat lunch	80	67	88^{A}	89^{A}	96^{A}	88^{F}	75	85^{h}	76
Eat veggies	78	79	82	77	79	78	78	84^{H}	74
Watch TV	77	84^{CD}	76	70	63	74	79	67	84^{G}
Eat breakfast	75	70	91^{AC}	68	79	73	76	69	79^{g}
Use computer	70	61	85^{Ac}	72^{a}	75^{a}	78^{F}	65	88^{H}	57
Go walking	69	70	58	75^{b}	71	77^{F}	65	74^{h}	65
Exercise	48	42	42	53^{a}	58^{a}	59^{F}	41	48	47
Drink low fat milk	43	35	46	60^{Ad}	42	44	43	44	43
Drink juice	36	37^{b}	24	40^{b}	33	43^{f}	32	40	32
Drink soda	21	28^{D}	24^{D}	19^{D}	4	12	26^{E}	21	21
Eat salty snacks	15	22^{bD}	12	15^{d}	4	11	17	17	13

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

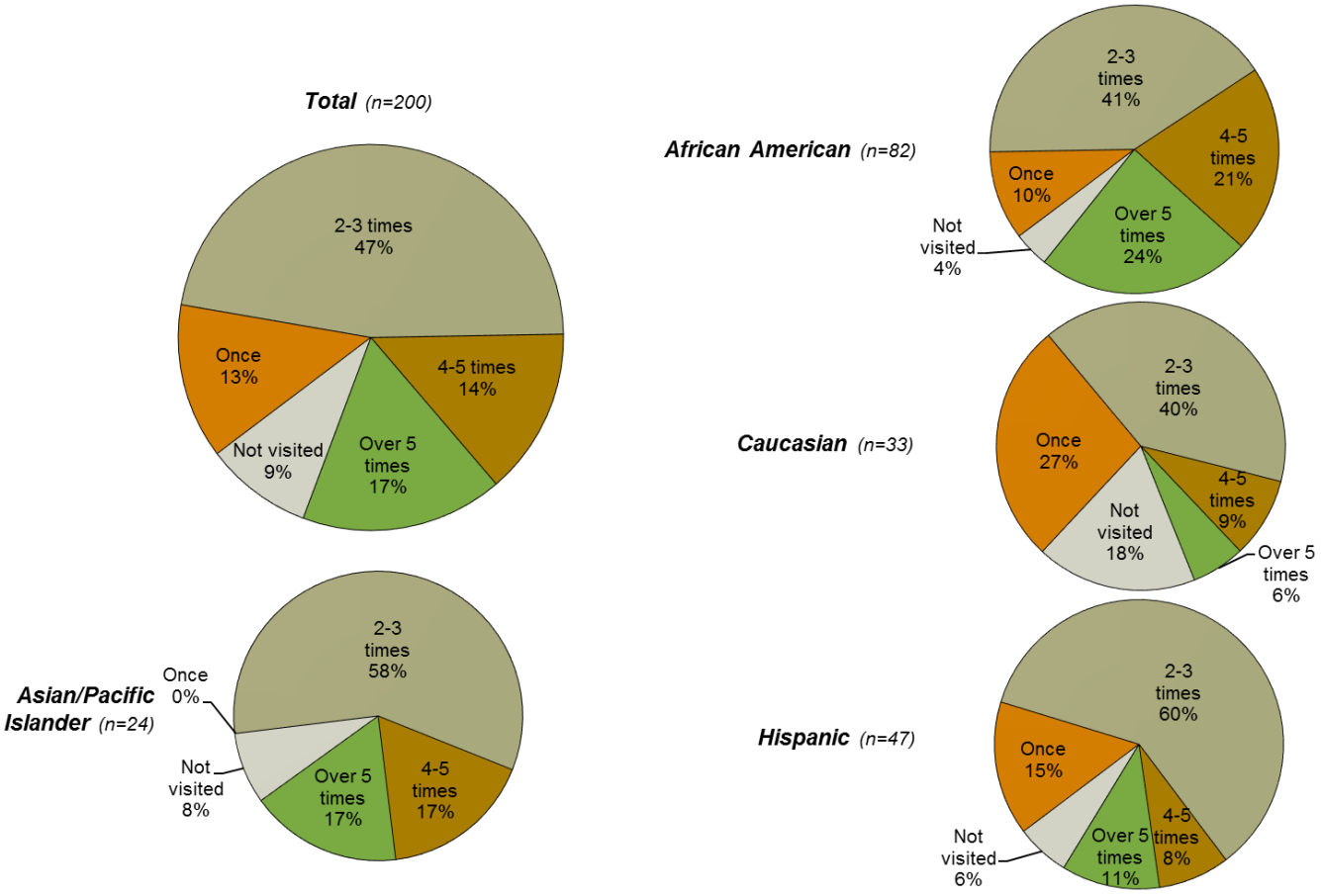
(n=200)
Q.6

(A/B/C/D)(E/F)(G/H) = Significantly greater than indicated column at the 90% confidence level.
(a/b/c/d)(e/f)(g/h) = Directionally greater than indicated column at the 80% confidence level.

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

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

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

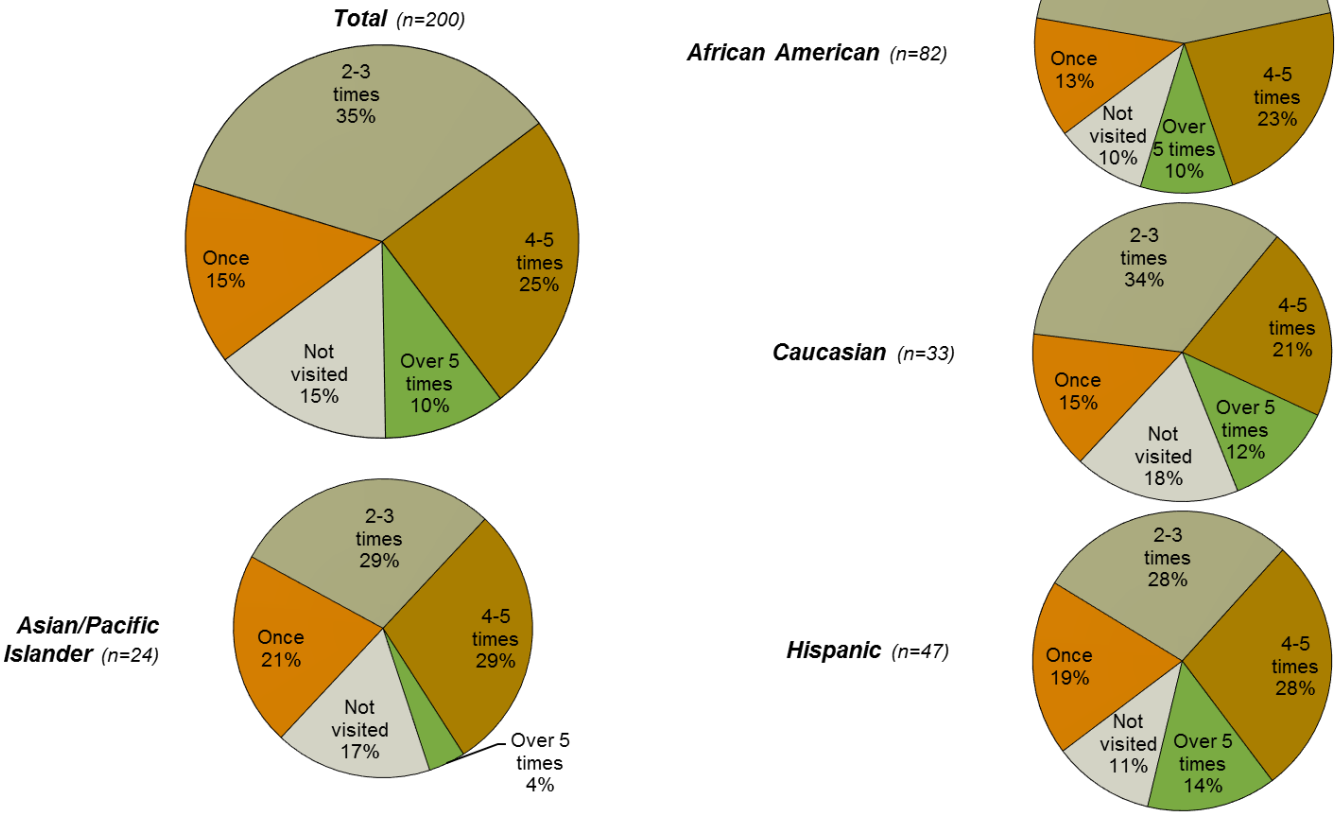


Q.7

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

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

- The very large majority (85%) of residents claim they have visited a dentist at least once within the past 2 years.

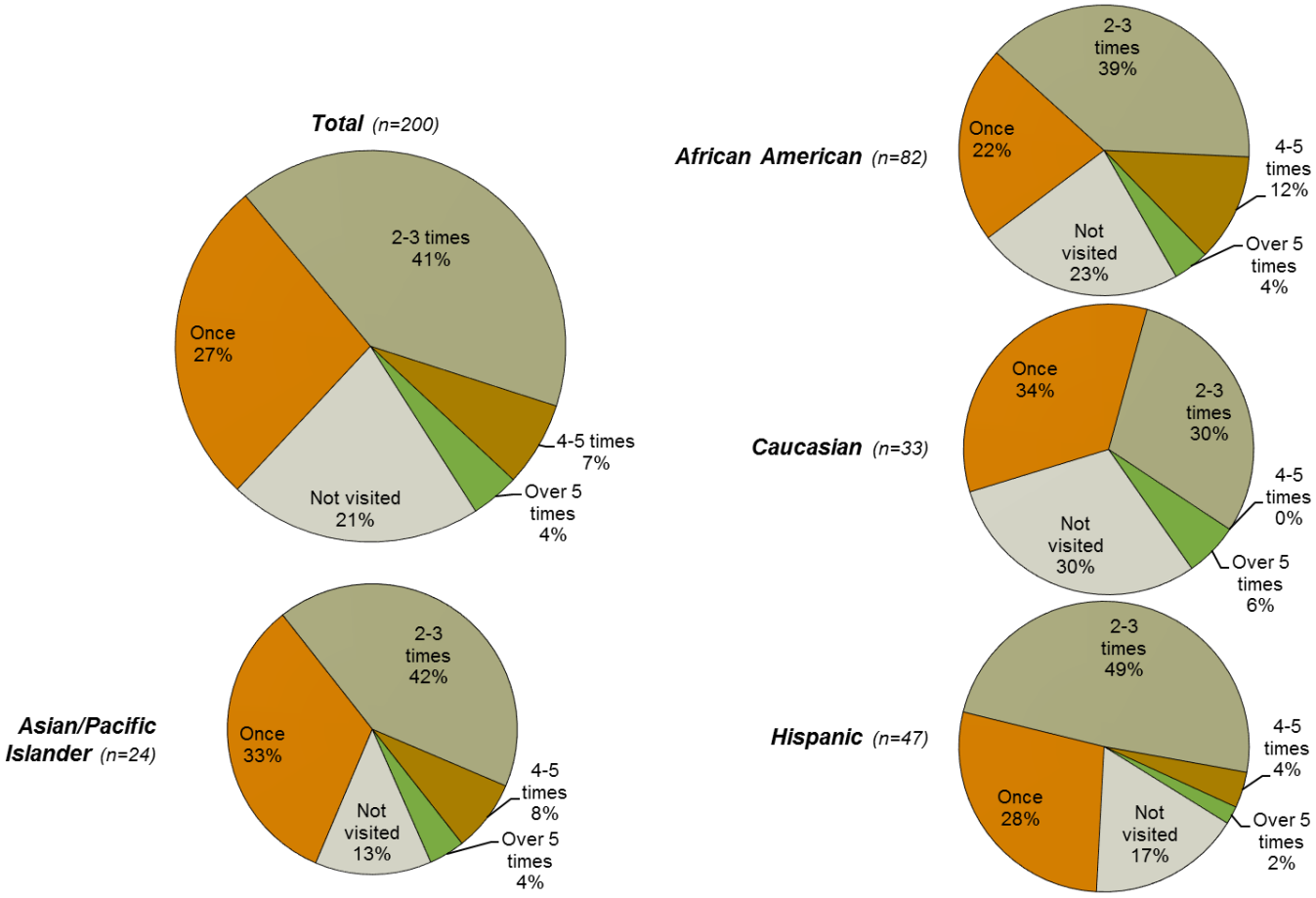


Q.7

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

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

- The large majority (79%) of residents claim they have visited an eye care professional at least once in the past 2 years.

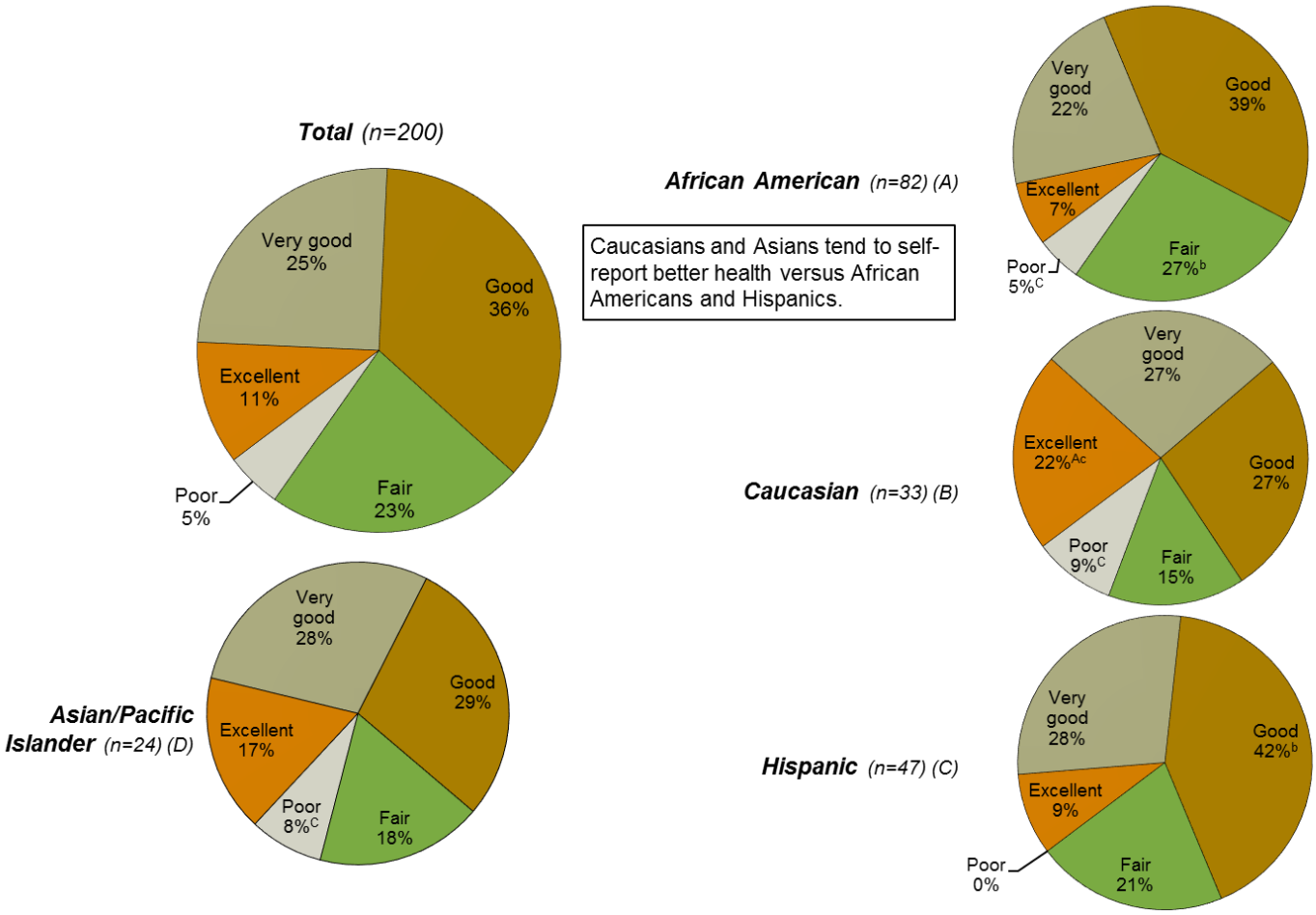


Q.7

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

Personal Lifestyles: Self-Rating of Overall Health

- When asked to describe their overall health, a little over one-third of residents (36%) described their overall health as being excellent or very good, a little over one-third (36%) described it as good, and a little less than one-third (28%) said their overall health is fair or poor.



Q.8 (A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.
(a/b/c/d) = Directionally greater than indicated cell at the 80% confidence level.

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

Personal Lifestyles: Medical Conditions Diagnosed/How Treated

Residents were asked if they have ever been diagnosed with any of six specific medical conditions: high blood pressure, high cholesterol, a heart condition, a stroke, a weight problem and a hearing problem. Note: Strokes and hearing problems are not evaluated due to responses by fewer than 10 residents.

- 65% of residents are diagnosed with at least 1 of 6 specific medical conditions.

	High Blood Pressure	High Cholesterol	Heart Condition	Weight Problem
Diagnosed	**37%**	**28%**	**12%**	**31%**
African American (A)	51[BCD]	24	16[C]	33[D]
Caucasian (B)	24	24	9	36[D]
Hispanic (C)	28	34	6	32[D]
Asian/Pacific Islander (D)	25	42[ab]	8	13
Base: Suffer Condition	(74)	(56)	(23)	(62)
	↓	↓	↓	↓
Managing Condition	88%	89%	74%	77%
Regular visits to PCP	91	92	88	60
Regular exercise	75	76	77	79
Regular cardiologist	32	30	82	35
Take medication	94	76	88	25
Weight loss support	15	8	12	27
Nutrition counseling	11	10	47	27
Had Any Difficulties Managing Condition	**28**	**32**	**39**	**58**
What Would Make it Easier to Manage:				
Someone to answer questions over phone	55	63	52	57
Transportation	37	34	48	48
Supervised exercise program	38	36	52	57
Nutrition classes	24	32	22	42
Less confusion with medications	37	23	30	13
Home health nurse	19	16	30	15
Cooking classes	16	16	17	29

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

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

Only 12% of those interviewed say they have a heart condition.

One third diagnosed with a weight problem; much less prevalent among the Asian population.

Most manage condition via regular exercise.

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

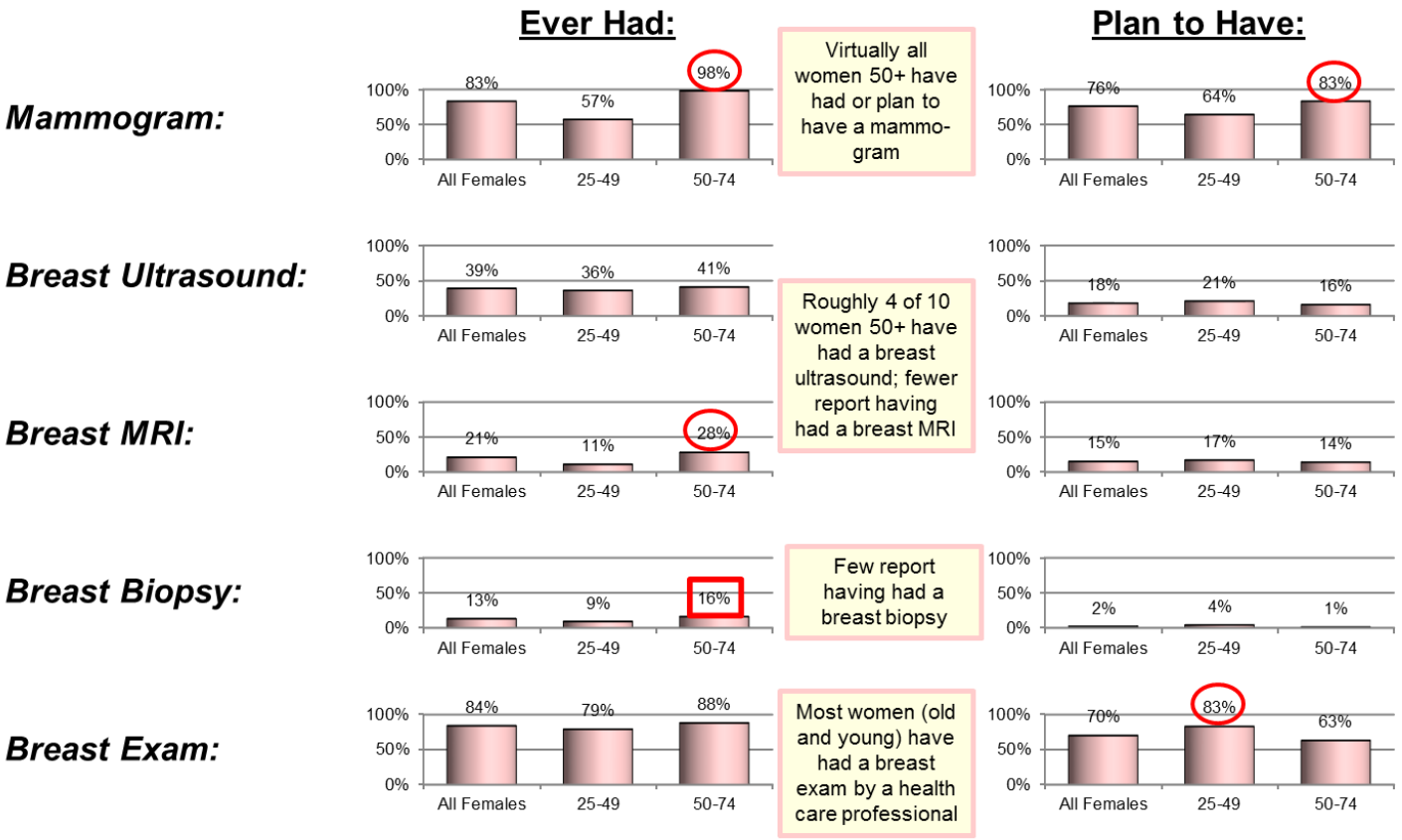
Sufferers of conditions agree that having someone available to answer questions via the phone would make it easier to mange their condition. Exercise programs and transportation service would also be beneficial.

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

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

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

Personal Lifestyles: Breast Services/Tests



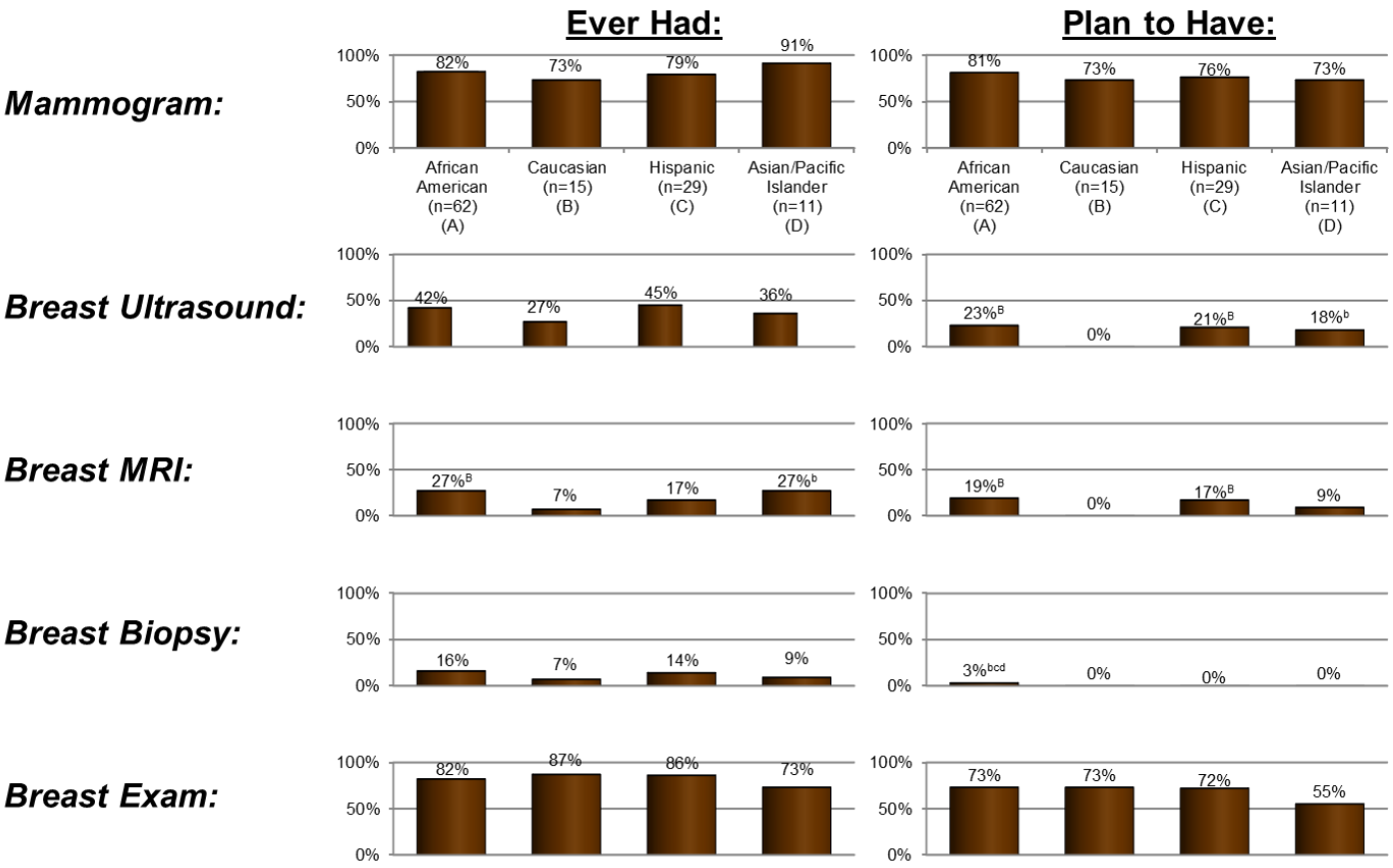
Females (n=127)
Q.11,12

= Significantly higher versus opposite age group at the 90% confidence level.
= Directionally higher versus opposite age group at the 80% confidence level.

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

Personal Lifestyles: Breast Services/Test

- Few significant differences exist between ethnic groups regarding whether or not they have had specific breast services performed.



Q.11,12

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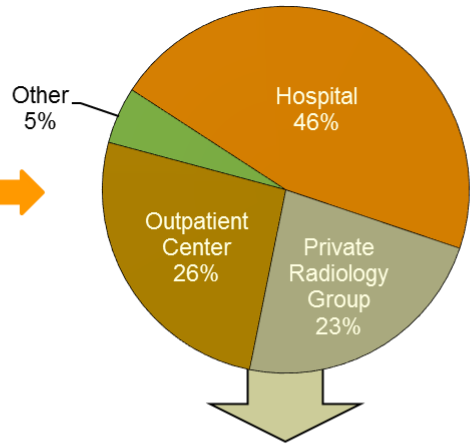
(a/b/c/d) = Directionally greater than indicated cell at the 80% confidence level.

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

Personal Lifestyles: Location of Last Mammogram

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



Doctor referrals, being close to home, and accepting insurance are the key drivers of which facility to go to.

Reasons for Choosing Facility:

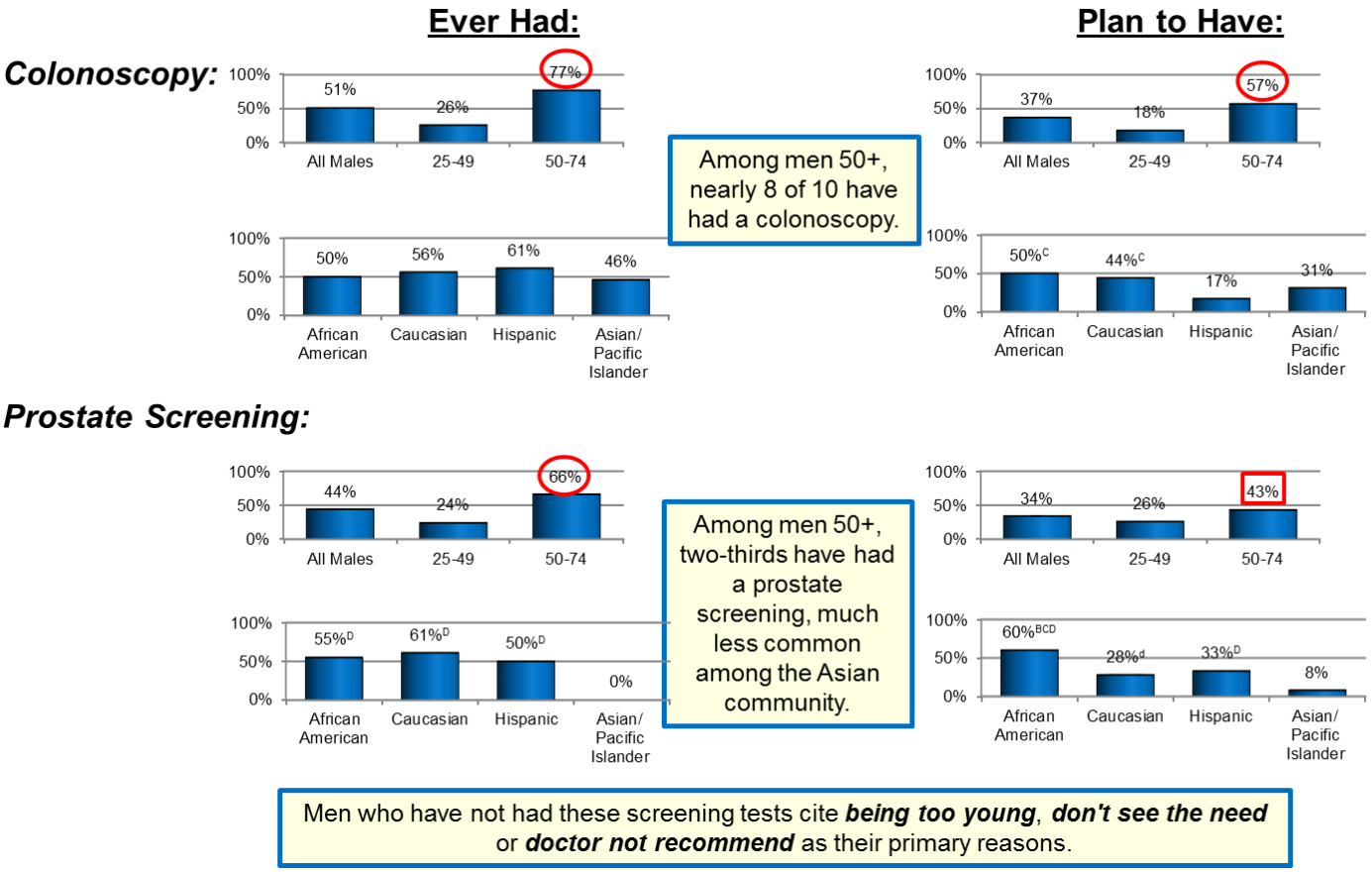
OB/GYN or PCP sent me	36%
Close to home	32%
Takes my insurance	16%
Always gone there	11%
Recommended by friend	4%

Women who have never had a mammogram cite ***being too young*** as their primary reason, followed by ***perception of pain/being scared***, ***don't see the need*** and ***cost/insurance***.

Females Who Have Had Mammogram (n=105)
Q.13a,13b,14

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

Personal Lifestyles: Incidence of Male Health Screenings



Men who have not had these screening tests cite ***being too young***, ***don't see the need*** or ***doctor not recommend*** as their primary reasons.

Males (n=73)
Q.15,16,17

○ = Significantly higher versus opposite age group at the 90% confidence level.
□ = Directionally higher versus opposite age group at the 80% confidence level.

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

Personal Lifestyles: Treatment for Mental Health/Conditions

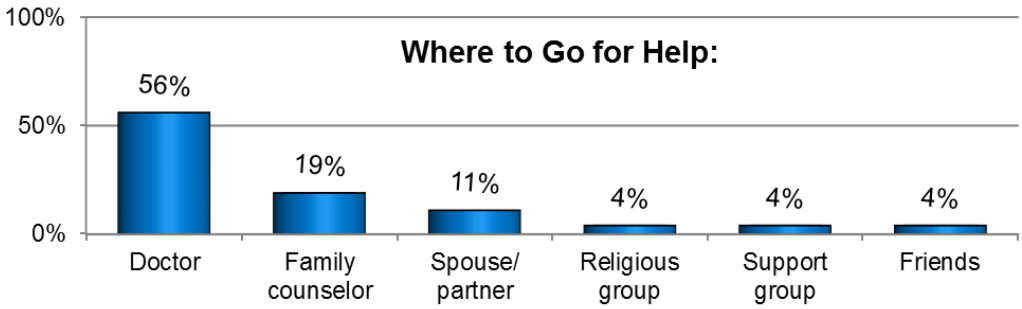
- A small group of area residents have sought treatment for excessive stress, depression and other mental health conditions.

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

African American	17%
Caucasian	9%
Hispanic	17%
Asian	0%

About two-thirds of those suffering have been treated with medication (67%)

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

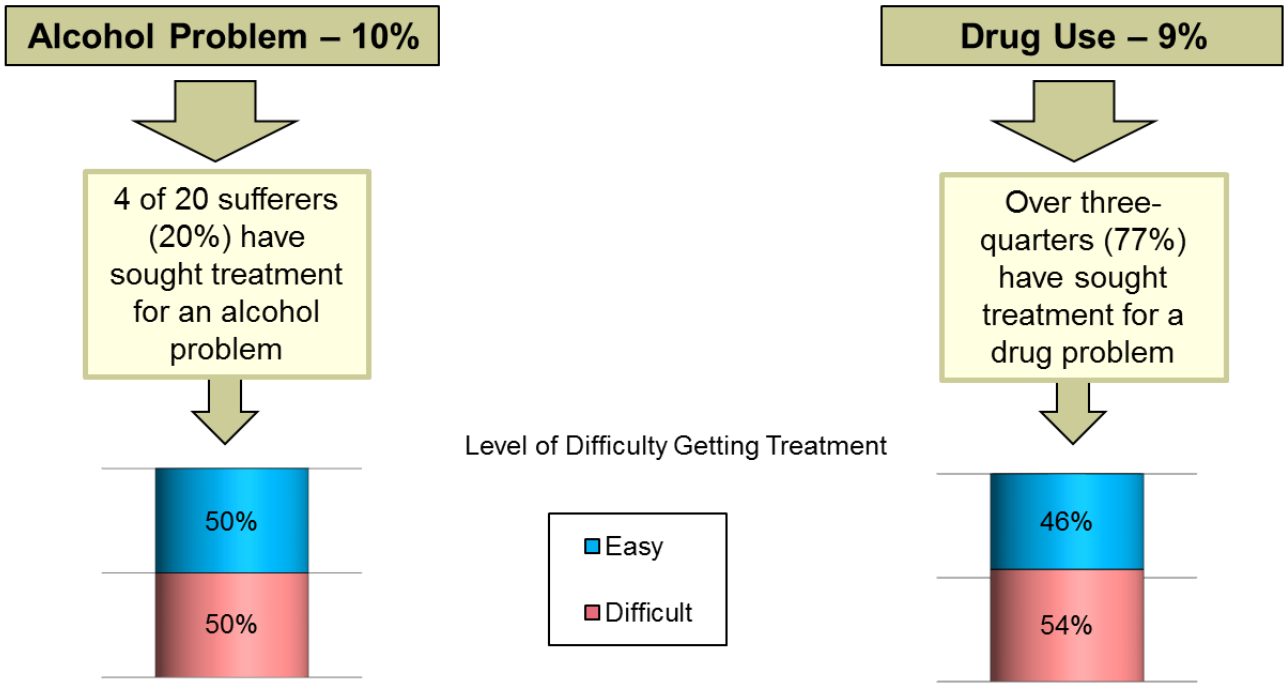


(n=200)
Q.18a,18c,18d

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

Personal Lifestyles: Treatment for Alcohol/Drug Use

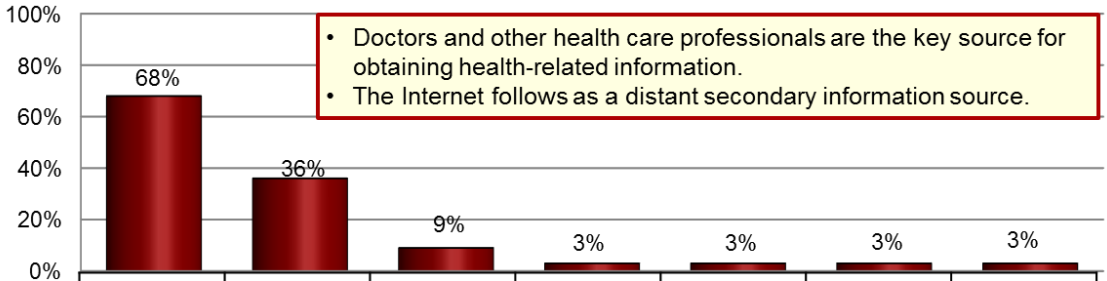
- 9%-10% of survey residents report harmful effects on themselves or a family member from alcohol or drug use.
- Residents are roughly split between those who did not experience difficulty with the process of getting treatment for these conditions and those who view the process as being difficult.



(n=200)
Q.19a-c,20a-c

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

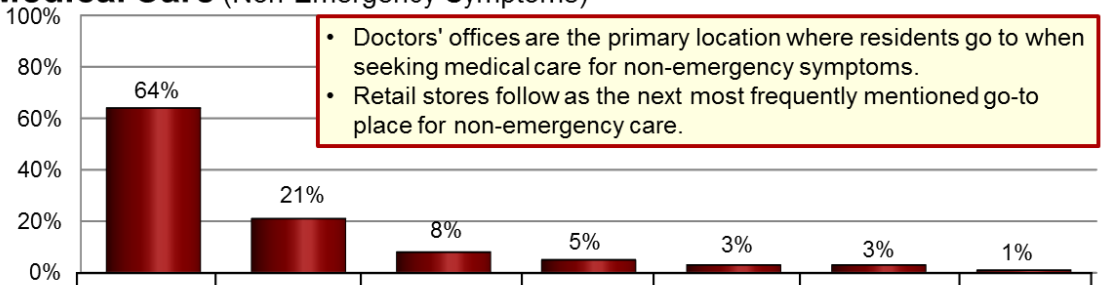
Personal Lifestyles: Primary Sources for Health Information ~ Volunteered



- Doctors and other health care professionals are the key source for obtaining health-related information.
- The Internet follows as a distant secondary information source.

	Doctor/ HCP	Internet	Family/ Friends	TV	Hospital	News/ Magazines	Insurance Company
African American (A)	82^{BCD}	27	12^{C}	2^{bd}	2	2	1
Caucasian (B)	58	42^{a}	15^{C}	-	-	6	-
Hispanic (C)	62	43^{A}	2	9^{aBD}	2	2	6^{aB}
Asian/Pacific Islander (D)	50	42^{a}	8	-	13^{aBc}	4	4

Where Seek Medical Care (Non-Emergency Symptoms)



- Doctors' offices are the primary location where residents go to when seeking medical care for non-emergency symptoms.
- Retail stores follow as the next most frequently mentioned go-to place for non-emergency care.

	Doctor Office	Retail Store	Home/Trad. Remedies	Hospital	Hospital ER	Urgent Care Facility	Free Clinic
African American (A)	63	21	11^{C}	7^{B}	4^{BC}	1	-
Caucasian (B)	67	18	6	-	-	9^{aD}	3
Hispanic (C)	70	19	2	4^{b}	-	4^{d}	2
Asian/Pacific Islander (D)	63	17	8	4	4	-	-

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

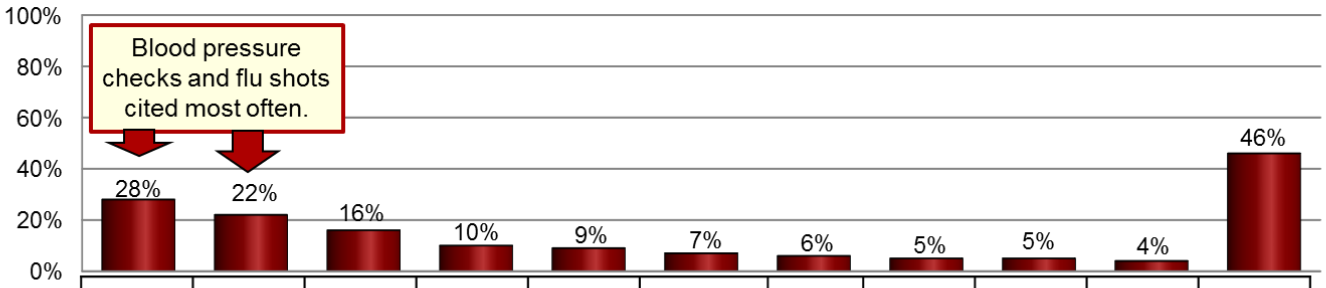
(a/b/c/d) = Directionally greater than indicated group at the 80% confidence level.

(n=200)
Q.21,22a

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

Personal Lifestyles: Ever Used Retail Store for Health Activities

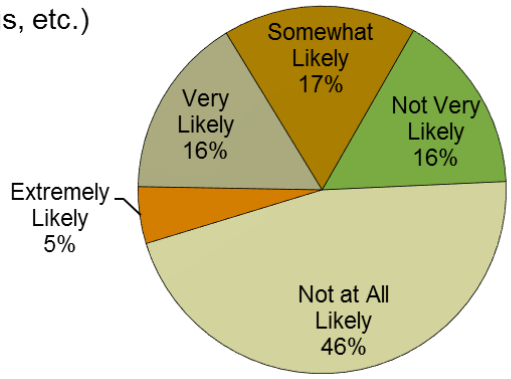
- In all, 54% say they have ever used a retail store for specific types of screenings or health related activities. Used more often by Hispanics and Asians versus Caucasians and African Americans.



	BP Check	Flu Shot	Sinus Infection	Minor Injury	Vaccination (other than flu)	Glucose/ Sugar Check	Rash Looked at	Physical	Ear Infection	Strep Test	None
African Am. (A)	24[b]	20	17	12[B]	6	6	6[B]	6[B]	6	2	50[C]
Caucasian (B)	12	21	12	-	12	3	-	-	3	6	61[CD]
Hispanic (C)	40[AB]	28	13	13[B]	11	9	6[B]	4[b]	2	2	34
Asian/Pacific Islander (D)	29[b]	25	25	13[B]	13	4	13[B]	8[b]	8	8	38

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

Only one-fifth (21%) of all residents anticipate being *extremely or very likely* to use a retail store for health screenings in the future – almost one-half say they are not at all likely.



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

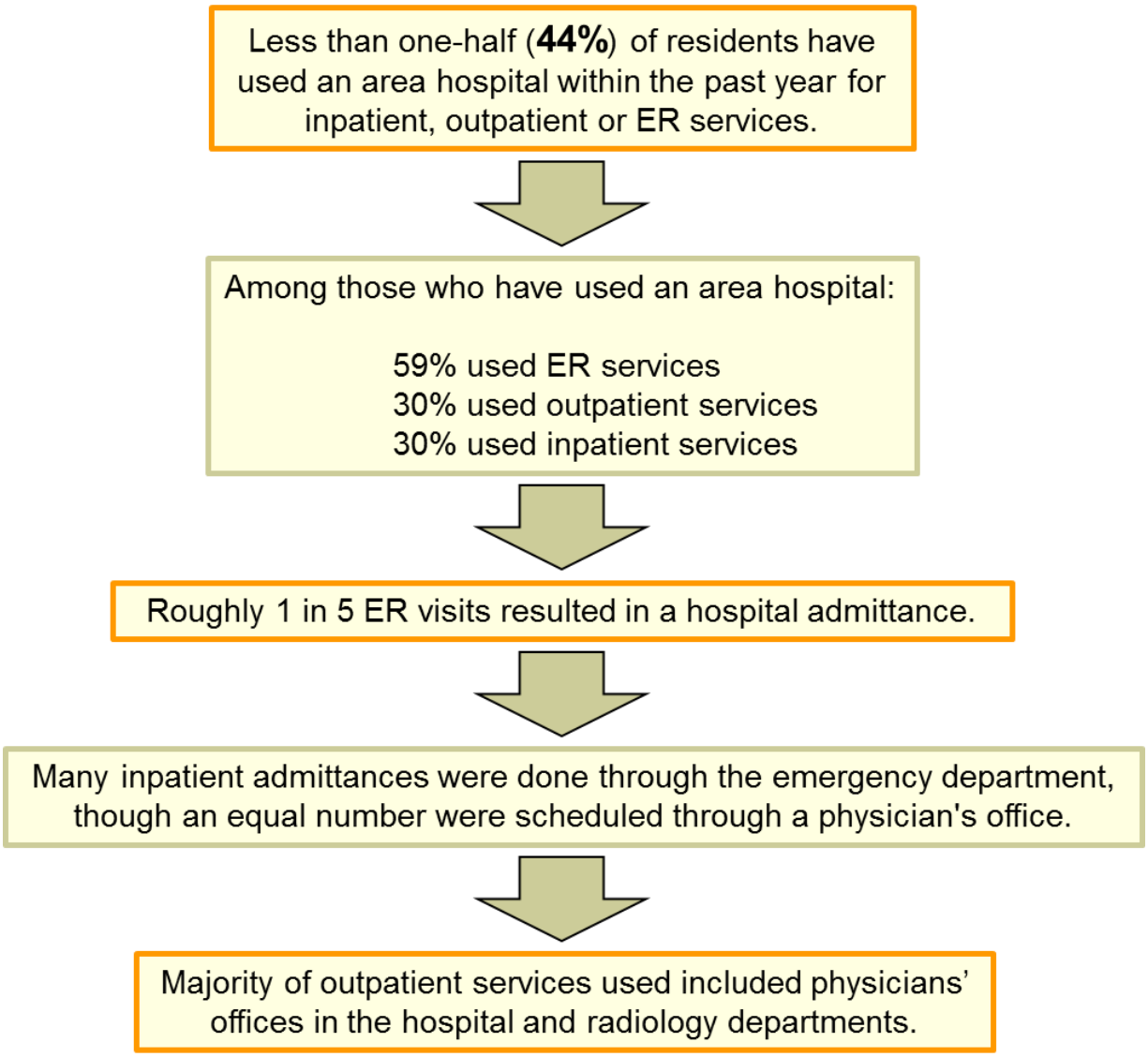
(a/b/c/d) = Directionally greater than indicated group at the 80% confidence level.

(n=200)
Q.22b,22c

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

Area Hospital Usage

- Survey respondents have utilized hospital services with over half having been to an ED.



(n=200)
Q.23a,23c,23d,23e,23f

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

Demographics of Survey Respondents

	Total
	%
Length of Time in Area:	
Less than 2 years	2
2-5 years	10
6-10 years	17
11-20 years	23
Over 20 years	47
Health Insurance:	
Medicare	18
Medicaid	15
Private	64
No health insurance	8
No answer	3
Employment:	
Full-time	52
Part-time	7
Retired	19
Disabled	13
Unemployed	7
Student	1
Homemaker	2
No answer	2
Income (mean):	$64.9K
Gender:	
Male	37
Female	63

59%

n=200

	Total
	%
Zip Codes:	
Jersey City:	
07302	9
07303	1
07304	20
07305	41
07306	6
07307	7
Bayonne:	
07002	10
Hoboken:	
07030	6
Age:	%
25-39	19
40-49	24
50-59	28
60-74	30
Mean age	51

	Total
	%
Race:	
Black/African American	41
Latino/Hispanic	24
White/Caucasian	17
Asian/Pacific Islander	12
Native American/ Alaskan Native	1
Other	3
No answer	6
Marital Status:	
Single	33
Married	40
Sep./Div./Wid.	19
Domestic partner	6
No answer	3
Education:	
< HS graduate	6
High school graduate	25
Some college	25
College graduate	29
Post graduate	14
No answer	2

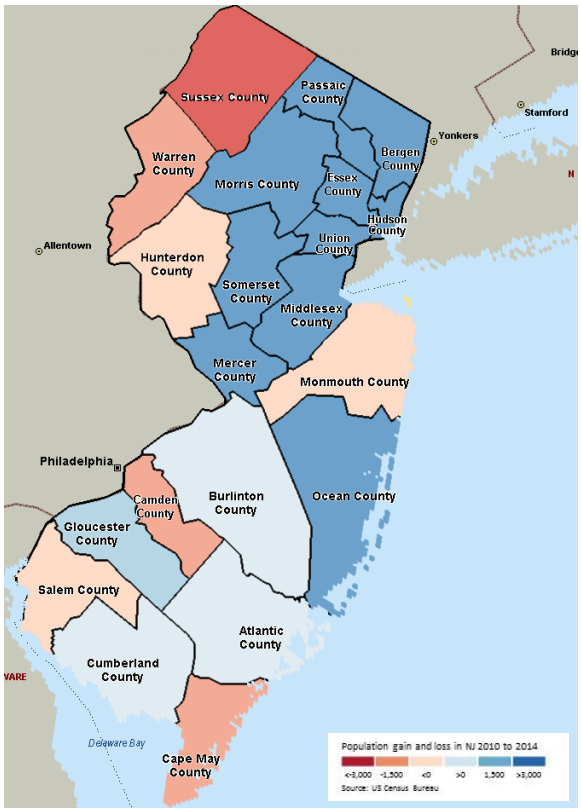
(Adapted: Bruno and Ridgway Community Health Assessment, January 2016)

4. HUDSON COUNTY/SERVICE AREA HEALTH PROFILE

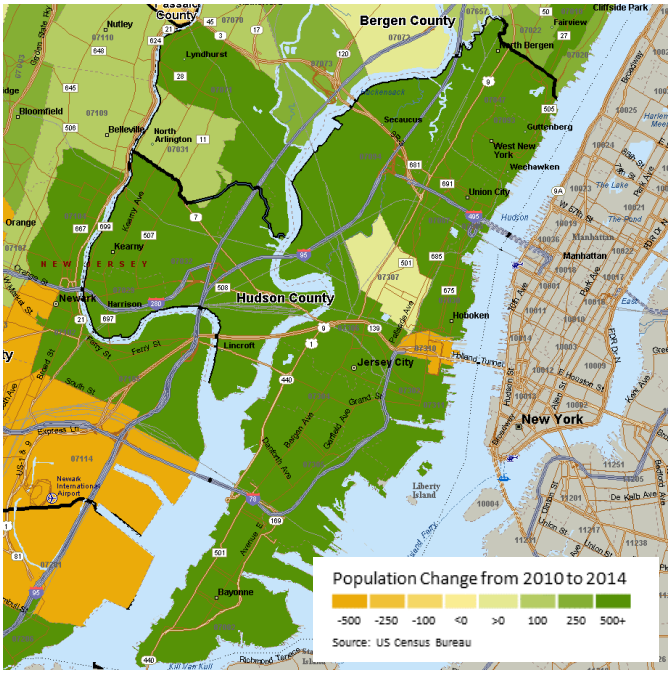
The Hudson County Health Profile provides a discussion of outcomes and factors in determining health. Hudson County data are compared to local, county, state, and national measures.

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 2015, Hudson County was the fastest growing county in New Jersey, with an estimated population of 674,836. 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 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.



Population Change in New Jersey



Population Change in Hudson County

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.[26]

B. HEALTH FACTORS

Factors that determine health status include the social, economic and physical environment, as well as individual characteristics and behaviors.[27] This section examines how different aspects of socioeconomic status, access and quality, health behaviors, behavioral health, and the physical environment affect health status at national, state, county, and local (service area) levels.[28]

1. Socioeconomic Status

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

Income, Poverty, and Unemployment

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

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

Hudson County

Although Hudson County has some affluent areas, pockets of poverty exist.

- In 2014, the median household income in Hudson County was $58,973, more than $10,000 below the state median ($72,062).[29]

26 http://www.nj.gov/health/rhc/finalreport/documents/appendix_3.pdf
27 World Health Organization Health Impact Assessment 2001 http://www.who.int/hia/evidence/doh/en/
28 County Health Rankings Health Factors 2014 http://www.countyhealthrankings.org/our-approach/health-factors
29 United States Census Bureau 2014

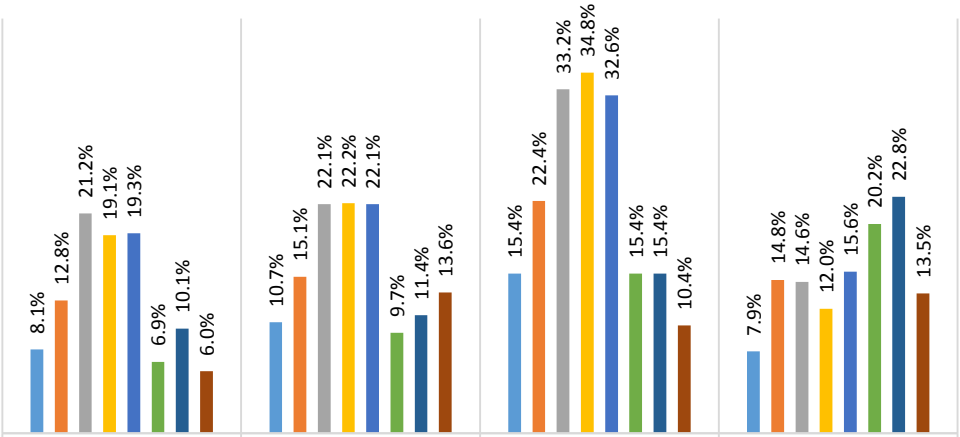
- Hudson County (15.1%) had a higher percentage of people living in poverty than statewide (10.7%) in 2014.[30]
- In 2014, the estimated number of Hudson County recipients of cash assistance income (including TANF services) was 6,555. (not shown)
- Between 2011 and 2014, unemployment throughout New Jersey increased. In 2014, the Hudson County unemployment rate was 10.3%, an increase from 9.8% in 2011, and higher than the New Jersey unemployment rate of 6.4%.[31]

JCMC Service Area

- The 2014 median household income of Jersey City residents in zip codes 07304 ($45,864), 07306 ($48,520) and 07305 ($49,101) was at least $20,000 below the statewide figure ($72,062).[32]
- The 2014 median household income of Jersey City 07310 residents ($152,335) was the highest in the service area, and more than double the statewide figure ($72,062).
- In 2014, Jersey City 07304 had 21.2% of families living in poverty, exceeding the Hudson county percentage (12.8%) and more than double New Jersey (8.1%) rate.
- In 2014, throughout the JCMC service area the following had more than 10% of families living in poverty[33]:
    - Jersey City (07304): 21.2%
    - Jersey City (07305): 19.1%
    - Jersey City (07306): 19.3%
    - Hoboken: 10.1%
- In 2014, 22.1% of people were living in poverty in Jersey City 07304, more than double the statewide percentage (10.7%).
- In 2014, 34.8% of children in Jersey City 07305 were living in poverty, higher than the Hudson County percentage (22.4%) and more than double the New Jersey percentage (15.4%).
- The 2014 unemployment rates across the JCMC service area vary from as high as 16.9% in Jersey City 07305 to as low as 4.1% in Hoboken.[34]

30Ibid.
31 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
32 United States Census Bureau American Community Survey 2014
33Ibid.
34Ibid.

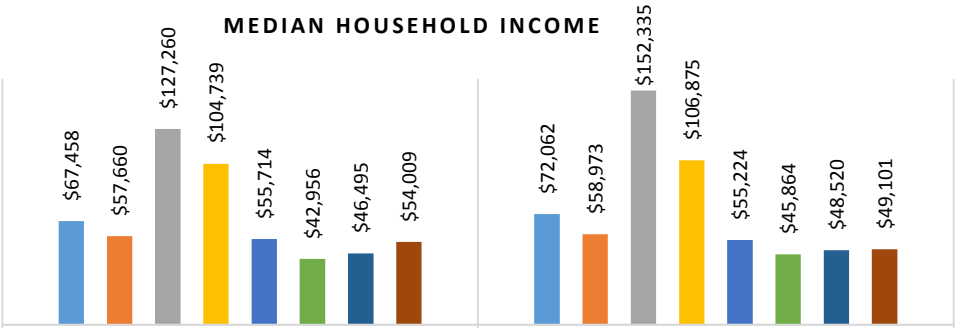
INCOME BELOW FEDERAL POVERTY LEVEL 2014



	Families	People	Children	Seniors
New Jersey	8.1%	10.7%	15.4%	7.9%
Hudson County	12.8%	15.1%	22.4%	14.8%
Jersey City (07304)	21.2%	22.1%	33.2%	14.6%
Jersey City (07305)	19.1%	22.2%	34.8%	12.0%
Jersey City (07306)	19.3%	22.1%	32.6%	15.6%
Jersey City (07302)	6.9%	9.7%	15.4%	20.2%
Hoboken	10.1%	11.4%	15.4%	22.8%
Jersey City (07310)	6.0%	13.6%	10.4%	13.5%

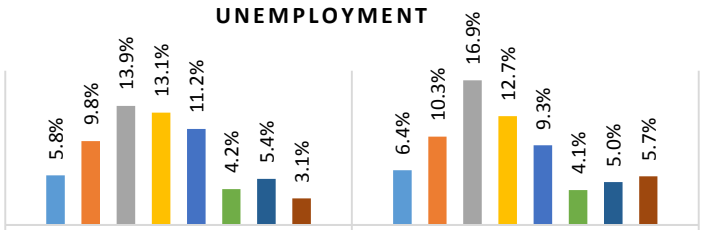
Source: U.S. Census Bureau, American Community Survey

MEDIAN HOUSEHOLD INCOME



	2011	2014
New Jersey	$67,458	$72,062
Hudson County	$57,660	$58,973
Jersey City (07310)	$127,260	$152,335
Hoboken	$104,739	$106,875
Bayonne	$55,714	$55,224
Jersey City (07304)	$42,956	$45,864
Jersey City (07306)	$46,495	$48,520
Jersey City (07305)	$54,009	$49,101

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



	2011	2014
New Jersey	5.8%	6.4%
Hudson County	9.8%	10.3%
Jersey City (07305)	13.9%	16.9%
Jersey City (07304)	13.1%	12.7%
Jersey City (07307)	11.2%	9.3%
Hoboken	4.2%	4.1%
Jersey City (07302)	5.4%	5.0%
Jersey City (07310)	3.1%	5.7%

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

Education

People with higher levels of educational attainment tend to have lower morbidity rates from acute and chronic diseases, independent of demographic and labor market factors. Life expectancy is increasing in the United States, yet differences have become more pronounced between those with and without a college education. The mechanisms by which education influences health are complex and likely include interrelationships between demographic and family background indicators, effects of poor health in childhood, greater resources associated with higher levels of education, a learned appreciation for the importance of good health behaviors, and one's social networks.[35]

Hudson County

Varying educational levels are identifiable across Hudson County.

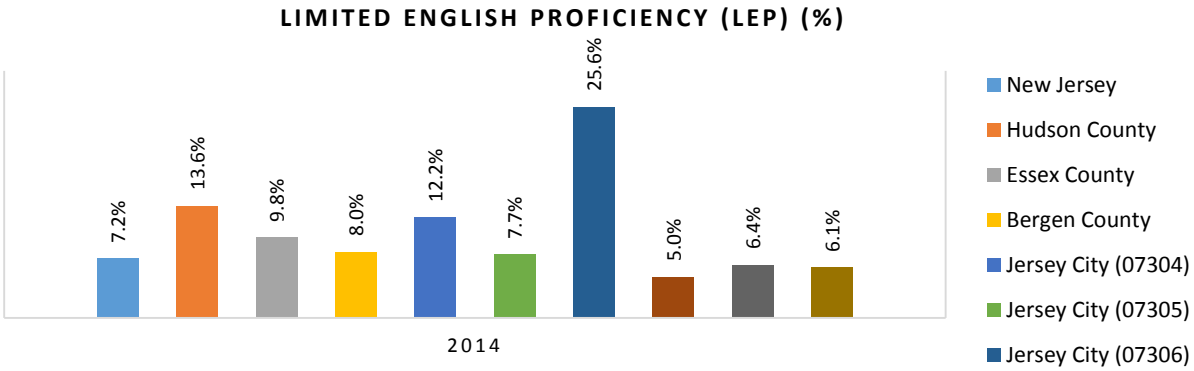
- In 2014, 17.5% of Hudson County residents did not complete high school, 5.9 percentage points higher than New Jersey at 11.6%.[36]
- In 2014, Hudson County had a higher percentage (13.6%) of households with limited English proficiency than the state (7.2%).

JCMC Service Area

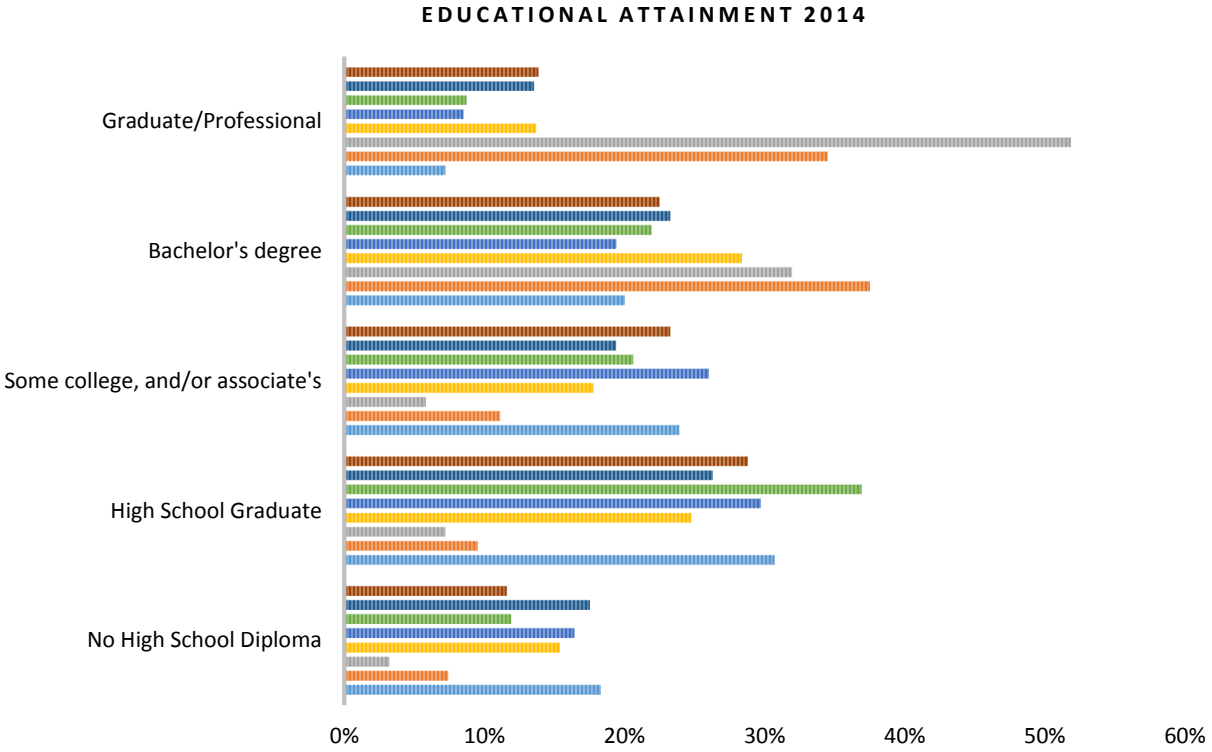
- In 2014, 18.3% of Jersey City 07304 residents did not complete high school, the only zip code in the service area to exceed Hudson County (17.5%).
- In 2014, 3.2% of Jersey City 07310 residents did not complete high school, less than a fifth of Hudson County (17.5%) and less than a third of New Jersey (11.6%).
- In 2014, approximately 36.9% of Bayonne and 30.7% of Jersey City 07304 residents graduated from high school, higher than Hudson County (26.3%) and New Jersey (28.8%).

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

- In 2014, 25.6% of households in Jersey City 07306 had limited English proficiency, highest in the JCMC service area and higher than Hudson County (13.6%) and New Jersey (7.2%).



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



	No High School Diploma	High School Graduate	Some college, and/or associate's	Bachelor's degree	Graduate/Professional
New Jersey	11.6%	28.8%	23.2%	22.5%	13.8%
Hudson County	17.5%	26.3%	19.4%	23.3%	13.5%
Bayonne	11.9%	36.9%	20.6%	21.9%	8.7%
Jersey City (07305)	16.4%	29.7%	26.0%	19.4%	8.5%
Jersey City (07306)	15.4%	24.8%	17.8%	28.4%	13.7%
Jersey City (07310)	3.2%	7.2%	5.8%	31.9%	51.9%
Jersey City (07302)	7.4%	9.5%	11.1%	37.5%	34.5%
Jersey City (07304)	18.3%	30.7%	23.9%	20.0%	7.2%

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

Age

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

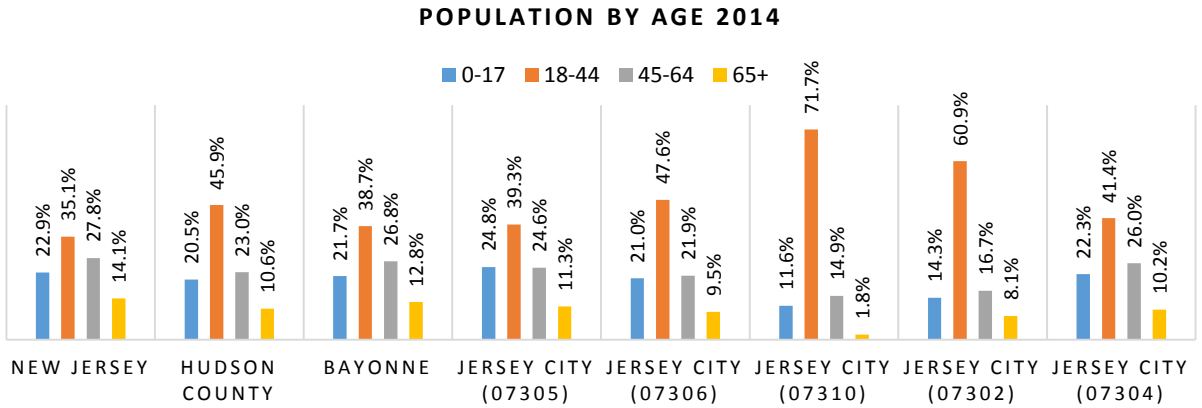
Hudson County

Hudson County residents are younger than statewide.

- In 2014, 45.9% of Hudson County residents were 18-44 years old, more than 35.1% statewide.
- In 2014, 10.6% of Hudson County residents were seniors over 65, fewer than 14.1% statewide.

JCMC Service Area

- In 2014, approximately 12.8% of Bayonne residents were 65+, the highest in the JCMC service area and the only zip code that exceeded Hudson County 65+ (10.6%) but still below 14.1% in New Jersey.
- In 2014, 71.7% of Jersey City 07310 residents and approximately 60.9% of Jersey City 07302 residents were 18-44, higher than 45.9% in Hudson County and higher than 35.1% in New Jersey.



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

Ethnic and Racial Makeup

Racial and ethnic minorities receive lower quality healthcare than non-minorities, even when access-related factors such as insurance status and income are controlled. Sources of disparities are complex and rooted in historic and contemporary inequities, and involve many participants at several levels, including health systems administrative and bureaucratic processes, utilization managers, healthcare professionals, and patients.[37]

Hudson County

Hudson County is more racially and ethnically diverse than the State.

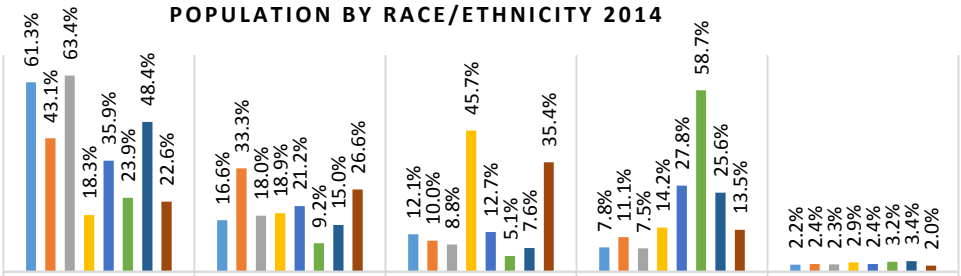
- In 2014, 33.3% of Hudson County's population was Hispanic/Latino, more than double 16.6% statewide.
- In 2014, 11.1% of Hudson County's population was Asian, higher than 7.8% statewide.

37Institute of Medicine, Unequal Treatment: confronting Racial and Ethnic Disparities in Health Care, 2003, http://www.nap.edu/read/10260/chapter/2

- In 2014, 10.0% of Hudson County's population was African-American, less than 12.1% statewide.
- In 2014, Whites comprise 43.1% of the county's population, less than 61.3% in New Jersey.

JCMC Service Area

- In 2014, the percentage of Whites residing in the JCMC service area, except Bayonne (63.4%), was below the statewide percentage (61.3%).
    - In 2014, 45.7% of Jersey City 07305 population was African American, the highest in the JCMC service area, more than three times higher than New Jersey (12.1%) and greater than four times Hudson County (10.0%).
- In 2014, 26.6% of Jersey City 07304 population was Hispanic/Latino, less than Hudson County (33.3%) and higher than New Jersey (16.6%).
- In the service area's highest income zip code, Jersey City 07310, 58.7% of the population is Asian, which exceeds Hudson County (11.1%) by 47.6 percentage points and exceeds the state (7.8%) by an even larger margin.



	WHITE ALONE (NON-HISPANIC)	HISPANIC/ LATINO (ALL RACES)	AFRICAN AMERICAN (NON-HISPANIC)	ASIAN ALONE (NON HISPANIC)	TWO OR MORE RACES (NON HISPANIC)
New Jersey	61.3%	16.6%	12.1%	7.8%	2.2%
Hudson County	43.1%	33.3%	10.0%	11.1%	2.4%
Bayonne	63.4%	18.0%	8.8%	7.5%	2.3%
Jersey City (07305)	18.3%	18.9%	45.7%	14.2%	2.9%
Jersey City (07306)	35.9%	21.2%	12.7%	27.8%	2.4%
Jersey City (07310)	23.9%	9.2%	5.1%	58.7%	3.2%
Jersey City (07302)	48.4%	15.0%	7.6%	25.6%	3.4%
Jersey City (07304)	22.6%	26.6%	35.4%	13.5%	2.0%

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

2. ***Access to Care***

Access to comprehensive quality health care services is important for health equity and increasing the quality of a healthy life. Access implies timely use of personal health services to achieve good outcomes and encompasses: coverage, services, timeliness, and workforce. Barriers to services include lack of availability, high cost, and lack of insurance. These barriers diminish quality of care and lead to delays in receiving appropriate care, the inability to get preventive services, and hospitalizations that could have been prevented.[38] The following components of access to quality care are outlined below: health

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

insurance coverage, health insurance coverage types, timeliness, providers, and efficiency and effectiveness of service.[39]

Health Insurance Coverage

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

Changes in the rate of health insurance coverage reflects economic trends, shifts, in the demographic composition of the population, and policy changes that impact access to care. In 2014, provisions of the Patient Protection and Affordable Care Act (ACA) went into effect and several significant changes occurred.[40] The Affordable Care Act's coverage expansions have benefited hospitals financially, helping to produce an overall decline nationwide in uncompensated care; much of the decline occurred in Medicaid expansion states, including New Jersey.[41]

Hudson County

- According to Enroll America in 2015, 9% of the population in Hudson County was uninsured, higher than 6.3% statewide.
- The 2015 Enroll America estimates indicate the rate of uninsured dramatically decreased from 2013 to 2015. Between 2013 and 2015, Hudson County uninsured rate was estimated to decrease from 17% to 9%.[42]
- Hudson County's uninsured greatly exceeds the *Healthy People 2020* target for the uninsured to be at 0%.
- Since the inception of the Health Insurance Marketplace's open enrollment period in January 2015, 383,964 New Jersey residents gained Medicaid or CHIP coverage.[43]

Hudson County Uninsured Rate 2015: 9%

Baseline: 16.8 **Target: 0%**

39 Office of Disease Prevention and Health Promotion *Healthy People 2020* Access to Health Services https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services
40 United States Census Bureau Health Insurance Coverage in the United States: 2014 https://www.census.gov/content/dam/Census/library/publications/2015/demo/p60-253.pdf
41 Kaiser Family Foundation Understanding Medicaid Hospital Payments and the Impact of Recent Policy Changes 2016 http://kff.org/medicaid/issue-brief/understanding-medicaid-hospital-payments-and-the-impact-of-recent-policy-changes/?utm_campaign=KFF-2016-June-Medicaid-Payments-Hospitals&utm_medium=email&_hsenc=p2ANqtz-9apov_xx9HZbi8D_D6MtPHACYJJX0_ouVG1axHksYKCK_URLeNApIWv5YYYFt8vfJKpmDi0EPLIxGrW_YA2wkEAQqm4i46mvwtnAew70-D65j8A2M&_hsmi=30432005&utm_content=30432005&utm_source=hs_email&hsCtaTracking=bfa57340-0804-4e1f-8ceb-af3379802901%7C1d424ba6-bd34-48a8-b6c7-c8cc1ae2ae15
42 Enroll America Changing Uninsured Rates by County – From 2013 to 2015 https://www.enrollamerica.org/research-maps/maps/changes-in-uninsured-rates-by-county/
43 United States Department of Health and Human Services 5 Years Later: How the Affordable Care Act is Working for New Jersey, 2015, http://www.hhs.gov/healthcare/facts-and-features/state-by-state/how-aca-is-working-for-new-jersey/index.html

Health Insurance Coverage Types

People without insurance are not offered the same range of medical services as the insured. When a medical condition occurs, the uninsured delay treatment or use the emergency department instead of a lower cost, more appropriate primary care setting. The uninsured also are less likely to receive needed medical care, more likely to have more years of potential life lost, and more likely to have poor health status. [44]

Hudson County

- In 2014, the distribution of Hudson County inpatient admissions by insurance type was as follows:[45]
    - 35.2% paid with commercial insurance, lower than 34.8% statewide
    - 18.5% paid with Medicaid/Caid HMO/Family Care, higher than 15.4% statewide
    - 34.1% paid with Medicare/Care HMO, lower than 41.8% statewide
    - 10.2% were underinsured, receive charity care, or self-pay, higher than 6.2% statewide
- In 2014, the distribution of Hudson County ED visits by insurance type was as follows [46]:
    - 41.0% paid with commercial insurance, similar to 40.6% statewide
    - 23.4% paid with Medicaid/Caid HMO/Family Care, less than 25% statewide
    - 10.5% paid with Medicare/Care HMO, less than 14.9% statewide
    - 21.9% were underinsured, receive charity care, or self-pay, more than 15.9% statewide

JCMC Service Area

- In 2014, the distribution of JCMC primary service area residents' inpatient admissions by insurance type was as follows:[47]
    - 34.0% paid with commercial insurance, slightly lower than 35.2% in Hudson County and 34.8% statewide.
    - 21.5% paid with Medicaid/Caid HMO/Family Care, higher than 18.5% in Hudson County and 15.4% statewide.
    - 32.4% paid with Medicare/Care HMO, lower than 34.1% in Hudson County and 41.8% statewide.
    - 11.0% were underinsured, receive charity care, or self-pay, higher than 10.2% in Hudson County and 6.2% statewide.
- In 2014, the distribution of JCMC primary service area residents ED visits by insurance type was as follows [48]:
    - 39.9% paid with commercial insurance, slightly lower than 41.0% in Hudson County and 40.6% statewide.
    - 27.9% paid with Medicaid/Caid HMO/Family Care, higher than 23.4% in Hudson County and 25.0% statewide.
    - 10.1% paid with Medicare/Care HMO, similar to 10.5% in Hudson County and lower than the 14.9% statewide.
    - 20.5% were underinsured, receive charity care, or self-pay, similar to 21.9% in Hudson County and higher than 15.9% statewide.

44 Kaiser Family Foundation analysis of data from the Office of the Actuary, Centers for Medicare and Medicaid Services, 2015, http://blogs.wsj.com/washwire/2015/04/16/public-vs-private-health-insurance-on-controlling-spending/
45Ibid.
46Ibid.
47Ibid.
48Ibid.

Providers

The population is growing and aging at increasing rates and is in need of additional physicians. The expansion of care under the Affordable Care Act increased the number of people utilizing primary care, causing a bump in physician need.[49]The percentage of United States primary care physicians has been declining steadily over the past half-century, further emphasizing the need. Primary care physicians are an essential part of the healthcare system as gatekeepers to specialists and other providers. They prevent overutilization of costly secondary and tertiary care procedures which may be associated with poor health outcomes. A key to enhancing access is to increase the availability of high quality community prevention services, clinical prevention services as well as community-based care and treatment. A well-trained, culturally competent public and private sector workforce is required; the workforce must hold expertise in wellness, preventive care, chronic-illness care and public health. Many medical residents are choosing not to become Internal and Family Medicine (Primary Care) because low compensation may not adequately cover educational loans. Healthcare Provider Shortage Areas (HPSAs) are populations within geographic areas that lack sufficient providers to meet the health needs of an area or population. The Centers for Medicare & Medicaid Services (CMS) provides a 10 percent bonus payment for Medicare-covered services furnished to beneficiaries in HPSA's.[50]

Hudson County

- In 2013, there were 354 primary care physicians in Hudson County.[51]
- The New Jersey Physician Workforce Task Force predicts that by 2020, Hudson County will need 151.5 more physicians than it is projected to have in order to meet baseline demand.[52]
- According to 2014 data, the ratio of population to primary care providers was 1,870:1 in Hudson County, higher than the 1,170:1 ratio for New Jersey overall. [53]

There are six acute care hospitals in the county, two in Jersey City, one in Secaucus, one in Bayonne, one in Hoboken, and one in North Bergen, which provide primary access points for patients. Most of these facilities provide outpatient clinic services including family health care services.

In addition, there are three Federally Qualified Health Centers (FQHCs) in Hudson County, Horizon Health Center with two offices in Jersey City; Metropolitan Family Health Network with two offices in Jersey City; and North Hudson Community Action Corporation Health Center with offices in Jersey City, West New York, North Bergen, and Union City.

Characteristics which distinguish FQHCs from most other healthcare providers include:

- Governance by users of FQHCs and by local professionals.
- Locations in underserved neighborhoods with clinic hours that include nights and weekends.
- Utilization of National Health Service Corps physicians who are devoted on a full-time basis to the Center.
- Multilingual staff.
- Ability to provide multiple sites and even mobile clinics and services for rural populations.

49 Annals of Family Medicine Projected Need for Primary Care Physicians in the United States 2012 http://www.annfammed.org/content/10/6/503.full
50 Department of Health and Human Services Centers for Medicare and Medicaid Services Health Professional Shortage Physician Bonus Program, 2016, https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/HPSAfctsht.pdf
51 County Health Rankings Primary Care Physicians 2016 http://www.countyhealthrankings.org/app/new-jersey/2016/measure/factors/4/data?sort=sc-2
52 New Jersey Council of Teaching Hospitals Physicians Workforce Task Force Report 2008 http://njcth.org/getmedia/5b820448-8791-46e5-aa70-d690dbcbb99f/FINAL-NJ-Physician-Workforce-Report-012910.aspx
53 County Health Rankings Primary Care Physicians 2016 http://www.countyhealthrankings.org/app/new-jersey/2016/measure/factors/4/data?sort=sc-2

- Commitment to offering a wide array of medical and supportive services.
- Provision of care at costs which are substantially lower than at other settings, sliding fee scales.
- Reduction of overall healthcare costs as an effective alternative to emergency room utilization.
- Physician admitting privileges in local hospitals to provide 24-hour care to patients.
- Networking with community-based human service organizations to provide a continuum of care.
- Programs are based on the life-cycle concept, which gives particular emphasis to maternal and child health and seeks to provide quality care for people from prenatal care to old age.

Timeliness of Service

A key indicator of the timeliness of services is emergency department (ED) utilization for conditions that could have been treated in a primary care setting. These include both unnecessary emergency department visits for minor, treatable conditions and visits for conditions that progressed as a result of not accessing timely treatment in an outpatient setting. Ambulatory care sensitive conditions are one of the causes for extended wait times. Actual and perceived difficulties or delays in getting care when patients are ill or injured likely reflect barriers to care. Prolonged ED wait time decreases patient satisfaction, increases the number of patients who leave prior to being seen and is associated with clinically significant delays in care. Causes for increased ED wait times include an increase in the number of patients going to EDs, with much of the increase due to visits by less acutely ill patients. At the same time, there is a decrease in the total number of EDs in the United States.

Hudson County/JCMC Service Area[54]

- In 2014, the average time patients spent in the emergency room before being seen by a doctor was
  - 32 minutes at Jersey City Medical Center, compared to 30 minutes in New Jersey
  - 24 minutes at Meadowlands Hospital Medical Center
  - 29 minutes at Palisades Medical Center
  - 26 minutes at Carepoint Health – Bayonne Medical Center
  - 67 minutes at Carepoint Health – Hoboken University Medical Center
  - 30 minutes at Carepoint Health – Christ Hospital
- In 2014, the average time patients spent in the emergency room before being sent home was
  - 186 minutes at Jersey City Medical Center, compared to 150 minutes in New Jersey
  - 140 minutes Meadowlands Hospital Medical Center
  - 168 minutes at Palisades Medical Center
  - 148 minutes at Carepoint Health – Bayonne Medical Center
  - 158 minutes at Carepoint Health – Hoboken University Medical Center
  - 165 minutes at Carepoint Health – Christ Hospital
- In 2014, the average time patients with broken bones had to wait before receiving pain medication was
  - 65 minutes at Jersey City Medical Center, compared to 57 minutes in New Jersey
  - 78 minutes at Meadowlands Hospital Medical Center
  - 68 minutes at Palisades Medical Center
  - 64 minutes at Carepoint Health – Bayonne Medical Center
  - 71 minutes at Carepoint Health – Hoboken University Medical Center
  - 79 minutes at Carepoint Health – Christ Hospital

54Ibid.

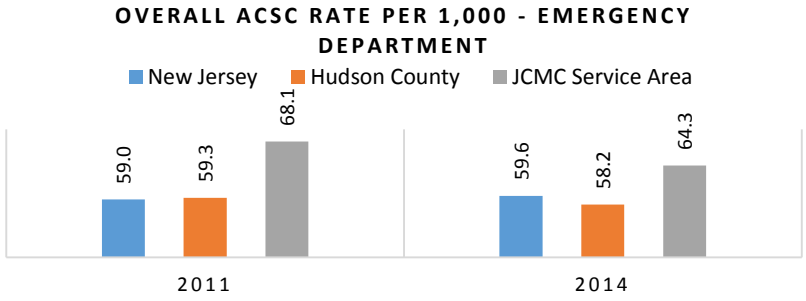
- In 2014, the average transfer time among patients admitted (additional time spent waiting before being taken to their room) was
  - 202 minutes at Jersey City Medical Center, compared to 146 minutes in New Jersey
  - 175 minutes at Meadowlands Hospital Medical Center
  - 98 minutes at Palisades Medical Center
  - 120 minutes at Carepoint Health – Bayonne Medical Center
  - 116 minutes at Carepoint Health – Hoboken University Medical Center
  - 142 minutes at Carepoint Health – Christ Hospital

Ambulatory Care Sensitive Conditions – Emergency Department

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

Hudson County

- In 2014, the overall Hudson County Emergency Department Ambulatory Care Sensitive Conditions rate was 58.2/1,000 people, just below the State rate of 59.6/1,000. Hudson County rates decreased from 2011 through 2014. The 2014 Hudson County rate was 1.1 points lower than 2011.



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

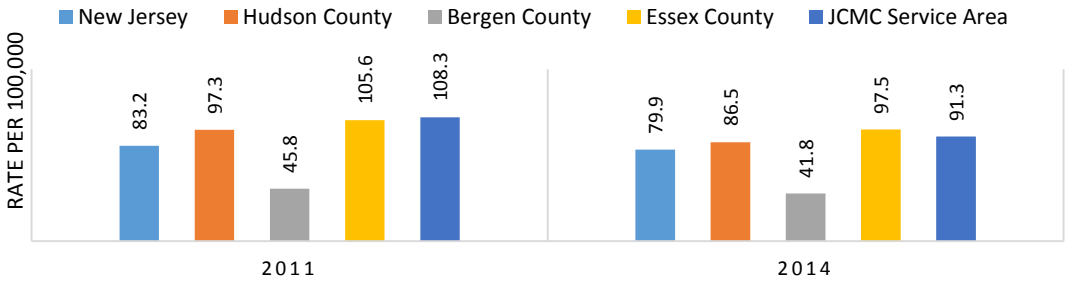
Children

- Among children in 2014, ear/nose/throat conditions are the most common emergency department Ambulatory Care Sensitive Conditions in Hudson County, Bergen County, Essex County and New Jersey. In Hudson County, asthma, gastrointestinal obstruction, kidney/urinary infections, and cellulitis are the remaining top five ACSC for children.[55]
- Between 2011 and 2014, the rate of emergency department visits for Ambulatory Care Sensitive Conditions among children in Hudson County, Bergen County, Essex County and New Jersey decreased.
- Between 2011 and 2014, the rate of emergency department visits for Ambulatory Care Sensitive Conditions among children in Hudson County decreased from 97.3/1,000 to 86.5/1,000. The 2014

55 Health Care Decision Analyst Internal Data 2014

ED ACSC rate was higher than the state (79.9/1,000) and Bergen County (41.8/1,000) rates and lower than the Essex County rate (97.5/1,000).

TOTAL AMBULATORY CARE SENSITIVE CONDITIONS EMERGENCY DEPARTMENT VISITS FOR CHILDREN

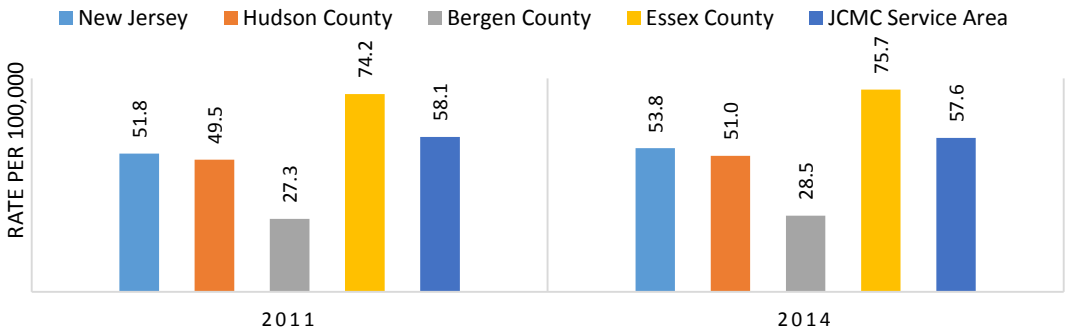


Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey

Adults

- Among adults in 2014, ear/nose/throat conditions are the most common emergency department Ambulatory Care Sensitive Conditions in Hudson County, Bergen County, Essex County and New Jersey. In Hudson County, kidney/urinary tract infections, cellulitis, asthma and dental conditions are the remaining top five ACSC for adults.[56]
- Between 2011 and 2014, the rate of emergency department visits for Ambulatory Care Sensitive Conditions among adults in Hudson County, Bergen County, Essex County and New Jersey increased.
- Between 2011 and 2014, the rate of emergency department visits for Ambulatory Care Sensitive Conditions among adults in Hudson County increased from 49.5/1,000 to 51.0/1,000. The 2014 ED ACSC rate was lower than the state (53.8/1,000) and Essex County (75.7/1,000) rates and higher than the Bergen County rate (28.5/1,000).

TOTAL AMBULATORY CARE SENSITIVE CONDITIONS EMERGENCY DEPARTMENT VISITS FOR ADULTS



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

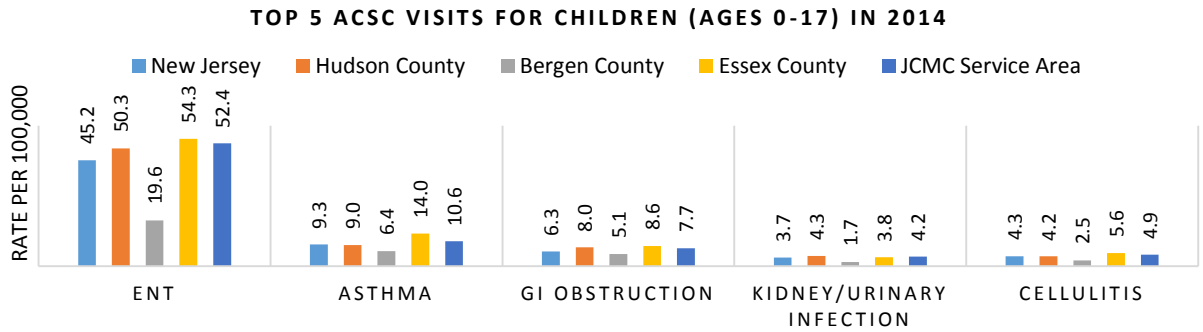
56 Health Care Decision Analyst Internal Data 2014

JCMC Service Area

- The 2014 JCMC emergency department Ambulatory Care Sensitive Conditions rate (64.3/1,000) was 3.8 points lower than the 2011 rate (68.1/1,000).[57]

Children

- Among children in 2014, ear/nose/throat conditions are the most common emergency department Ambulatory Care Sensitive Condition in the JCMC Service Area, followed by asthma, gastrointestinal obstruction, cellulitis, and kidney/urinary infection.[58]
- Similar to Hudson County, Bergen County, Essex County and New Jersey, between 2011 and 2014, the rate of emergency department visits for Ambulatory Care Sensitive Conditions among JCMC service area children decreased.
- Between 2011 and 2014, the rate of emergency department visits for Ambulatory Care Sensitive Conditions among children in the JCMC service area declined from 108.3/1,000 to 91.3/1,000, higher than Hudson County (86.5/1,000), New Jersey (79.9/1,000) and Bergen County (41.8/1,000) rates and lower than the Essex County rate (97.5/1,000).

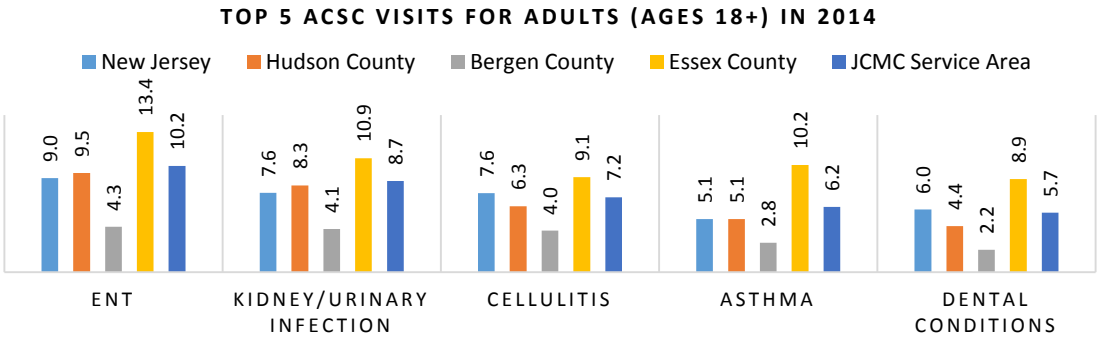


Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey

Adults

- Among adults in 2014, ear/nose/throat conditions are the most common emergency department Ambulatory Care Sensitive Condition in the JCMC Service Area, followed by kidney/urinary tract infections, cellulitis, asthma and dental conditions as the remaining top five adult ACSCs.[59]
- Dissimilar to the rate of emergency department visits for Ambulatory Care Sensitive Conditions among adults in Hudson County, Bergen County, Essex County and New Jersey increasing, the rate among JCMC service area adults decreased from 2011 through 2013.
- Between 2011 and 2014, the rate of emergency department visits for Ambulatory Care Sensitive Conditions among adults in the JCMC service area declined slightly from 58.1/1,000 to 57.6/1,000 in comparison to an increase in Hudson County from 49.5/1,000 to 51.0/1,000. The Service Area 2014 ED ACSC rate was higher than Hudson County, the State (53.8/1,000) and Bergen County rate (28.5/1,000) and lower than the Essex County (75.7/1,000) rate.

57Health Care Decision Analyst Internal Data 2013
58Health Care Decision Analyst Internal Data 2014
59Health Care Decision Analyst Internal Data 2014

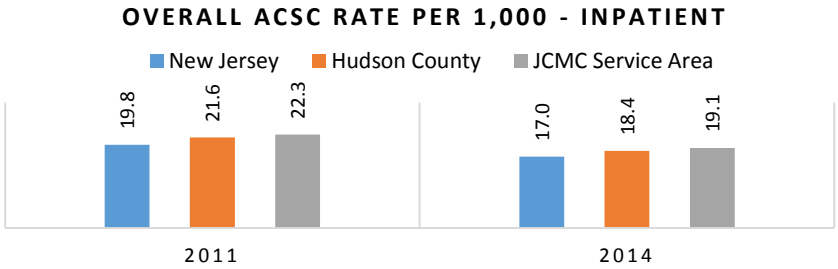


Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey

Ambulatory Care Sensitive Conditions - Inpatient

Hudson County

- In 2014, the overall Hudson County Inpatient Ambulatory Care Sensitive Conditions rate was 18.4/1,000, 3.2 points lower than the 2011 rate of 21.6/1,000 and 1.4 points higher than the state rate of 17.0/1,000.[60]

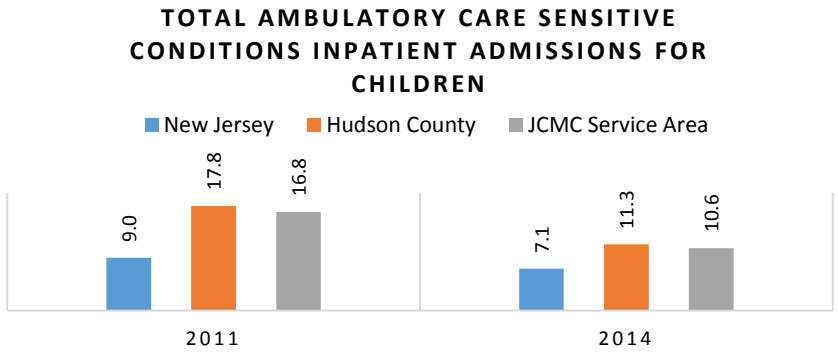


Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey

Children

- Bacterial pneumonia is the most common inpatient ACSC among children in Hudson County, followed by asthma, Grand Mal status/other epileptic convulsion, dehydration, and convulsion.
- Between 2011 and 2014, the rate of inpatient admission for Ambulatory Care Sensitive Conditions among children in Hudson County decreased from 17.8/1,000 to 11.3/1,000. In the same time period, inpatient ACSC visits among New Jersey children also declined, from 9.0/1,000 to 7.1/1,000. Despite the decrease, in 2014, the Hudson County rate was 4.2 points higher than the statewide rate.

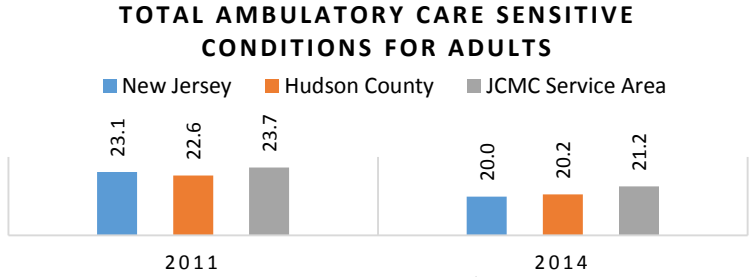
60ibid



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

Adults

- Among adults in 2014, congestive heart failure is the most common inpatient Ambulatory Care Sensitive Condition in Hudson County, followed by diabetes, bacterial pneumonia, cellulitis, and COPD.[61] Congestive heart failure is also the most common in New Jersey, followed by diabetes, bacterial pneumonia, cellulitis, and COPD.[62]
- Between 2011 and 2014, the rate of inpatient admissions for Ambulatory Care Sensitive Conditions among adults in Hudson County decreased from 22.6/1,000 to 20.2/1,000. In the same period, IP ACSC among adults in New Jersey decreased from 23.1/1,000 to 20.0/1,000. In 2014, the Hudson County rate was 0.2 points higher than the statewide rate.



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

JCMC Service Area

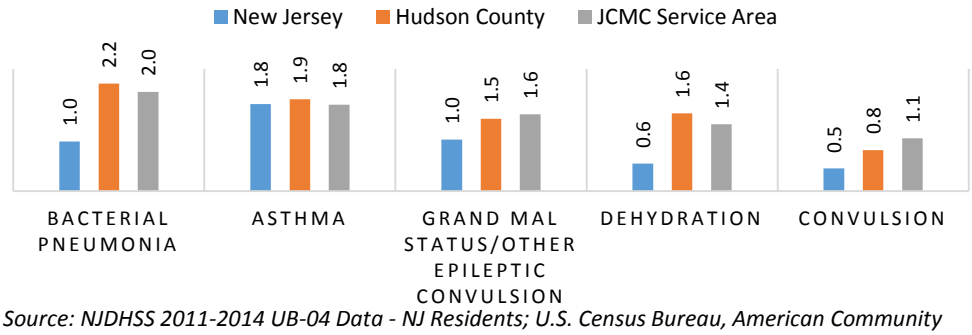
- The 2014 JCMC inpatient Ambulatory Care Sensitive Conditions rate (19.1/1,000) was 3.7 points lower than the 2011 rate of 22.3/1,000.[63]

Children

- Among children in 2014, bacterial pneumonia is the most common inpatient Ambulatory Care Sensitive Condition in JCMC service area, followed by asthma, grand mal status/other epileptic convulsion, dehydration, and convulsion.
- Between 2011 and 2014, the rate of inpatient admissions for Ambulatory Care Sensitive Conditions among children in the JCMC service area declined from 16.8/1,000 to 10.6/1,000, higher than 9.6/1,000 in the County and higher than 7.1/1,000 statewide.

61 Health Care Decision Analyst Internal Data 2014
62ibid
63 ibid

TOP 5 INPATIENT ACSC FOR CHILDREN PER 1,000 IN 2014

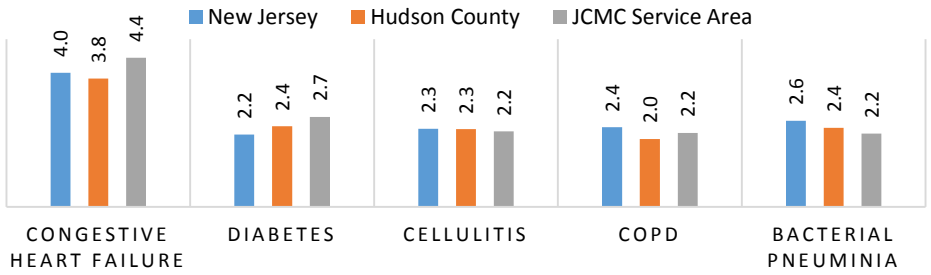


Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey

Adults

- Among adults in 2014, congestive heart failure is the most common inpatient Ambulatory Care Sensitive Condition in JCMC service area, followed by diabetes, cellulitis, COPD, and bacterial pneumonia.[64] Congestive heart failure is also the most common inpatient Ambulatory Care Sensitive Condition in New Jersey.
- Between 2011 and 2014, the rate of inpatient admissions visits for Ambulatory Care Sensitive Conditions among adults in the JCMC primary service area decreased slightly from 23.7/1,000 to 21.2/1,000, lower than the County rate of 22.3/1,000.

TOP 5 INPATIENT ACSC FOR ADULTS PER 1,000 IN 2014



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

Clinical Care Measures

The Institute of Medicine defines health care quality as "the degree to which health care services for individuals and populations increase the likelihood of desired outcomes and are consistent with current professional knowledge." The quality of healthcare services is measured by efficiency and effectiveness services. Effectiveness relates to providing care processes and achieving outcomes as supported by scientific evidence. Efficiency relates to maximizing the quality of a comparable unit of health care delivered or unit of health benefit achieved for a given unit of health care resources used.[65]

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

Hudson County

Inpatient Utilization

- In 2014, Hudson County's inpatient utilization rate of 100.5/1,000 was lower than the State rate of 102.3/1,000 and the Essex County rate of 108.7/1,000; the Hudson County rate was higher than neighboring Bergen County at 88.6/1,000.

ED Utilization

- In 2014, Hudson County's ED utilization rate of 347.0/1,000 was higher than the State rate of 342.2/1,000 and lower than the Essex County rate of 436.4/1,000; the Hudson County rate was higher than neighboring Bergen County at 227.6/1,000.

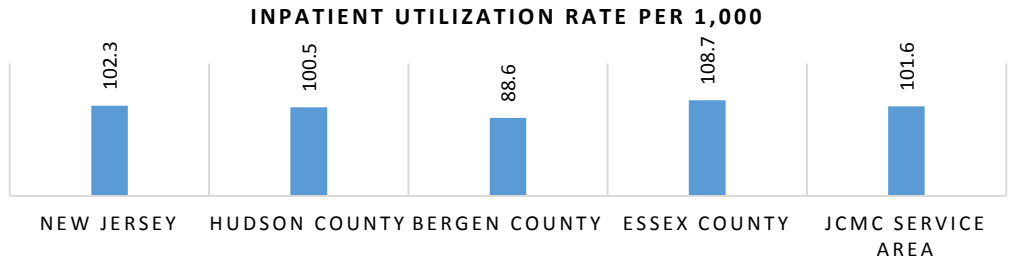
JCMC Service Area

Inpatient Utilization

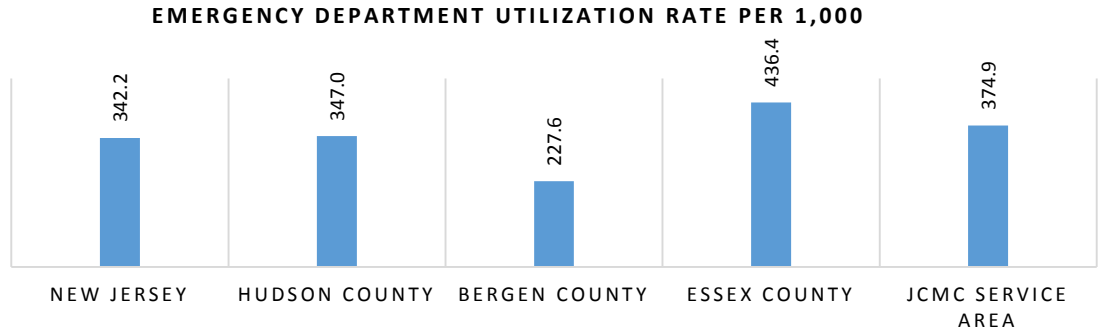
- In 2014, JCMC's Service Area inpatient utilization rate of 101.6/1,000 was 1.1 points higher than Hudson County at 100.5/1,000 and 0.7 points lower than the State at 102.3/1,000.[66]

ED Utilization

- In 2014, JCMC's Service Area emergency department utilization rate of 374.9/1,000 was 27.9 points higher than Hudson County at 347.0/1,000 and 32.7 points higher than the State at 342.2/1,000.[67]



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



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

[66] Health Care Decision Analyst Internal Data 2014
[67] ibid

Cesarean Section

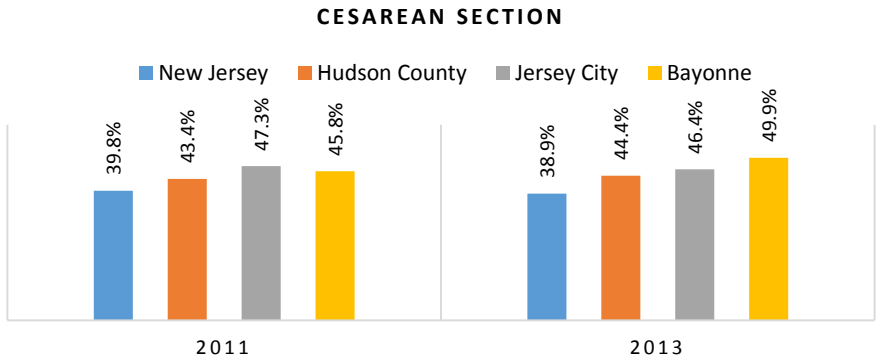
Cesarean section is an inpatient service that is among the most commonly performed surgical procedures in the United States.[68] The cesarean section rate has risen dramatically over the last two decades, despite evidence that hospitals with higher rates of cesarean sections do not have superior maternal and child health outcomes.[69] Current research suggests that the following interconnected factors contribute to high cesarean-section rates including: the low priority of enhancing woman's own abilities to give birth, side effects of common labor interventions, refusal to offer informed choice of vaginal birth, casual attitudes about surgery and variation in professional practice style, limited awareness of harms that are more likely with Cesarean-sections, and the incentive to practice in a manner that is more efficient for providers. In 1965, the U.S. rate for cesarean-sections was 4.5, and has risen steadily since. Rates for Cesarean-sections in the U.S. continue to rise well above the 15% recommended by the World Health Organization.

Hudson County

- In 2013, 44.4% of all Hudson County births were cesarean sections, more than New Jersey at 38.9%.[70]

JCMC Service Area

- In 2013, 46.4% of Jersey City births were cesarean sections, more than the Hudson County percentage (44.4%) and the state percentage (38.9%).
- In 2013, 49.9% of Bayonne births were cesarean sections, higher than the Hudson County percentage (44.4%) and the state percentage (38.9%).



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

Hospital Readmissions

Hospitalizations can be stressful, even more so when they result in readmissions. While many readmissions cannot and should not be prevented, researchers have found wide variation in readmission rates, suggesting that patients admitted to certain hospitals are more likely to experience readmissions compared to others. A number of studies demonstrate that hospitals can lower their rate of readmissions, by clarifying patient discharge instructions, coordinating with post-acute care providers and patients'

68 Healthgrades Operating Company The 10 Most Common Surgeries in the US 2016 https://www.healthgrades.com/explore/the-10-most-common-surgeries-in-the-us
69 March of Dimes Use of Cesarean Section in the US 2013 http://www.marchofdimes.org/pdf/newyork/newyork_cesarean_rates_report_2013.pdf
70 Centers for Disease Control and Prevention National Vital Statistics Reports 2015 http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_12.pdf

primary care physicians, and reducing medical complications during patients' initial hospital stays. [71] High readmission rates in urban populations are often due to cultural barriers and lower levels of health literacy. Poor home conditions also increase the wait times for discharge to nursing homes. Patient access to health information and resources, as well as the timing of discharge also impact readmission rates.

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

New Jersey

- In the third year of the Medicare Hospital Readmissions Reduction Program, New Jersey ranked 50th of 50 states.
    - 97% of New Jersey hospitals were penalized for readmissions from October 2014 to September 2015.
    - The average New Jersey penalty rate was 0.73%. [72]

JCMC Service Area

- In 2016, JCMC received a 0.98% penalty for high readmission rates.[73]
    - In 2016, the JCMC penalty was higher than the New Jersey average penalty (0.73%).

3. Health Behaviors

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

Maternal/Fetal Health Indicators

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

http://kff.org/medicare/issue-brief/aiming-for-fewer-hospital-u-turns-the-medicare-hospital-readmission-reduction-program/
72 Kaiser Family Foundation Aiming for Fewer Hospital U-turns: The Medical Hospital Readmission Reduction Program 2015
http://kff.org/medicare/issue-brief/aiming-for-fewer-hospital-u-turns-the-medicare-hospital-readmission-reduction-program/
73 NJ leads nation for number of hospitals penalized for high readmissions 2015
http://www.nj.com/politics/index.ssf/2015/08/nearly_every_nj_hospital_to_be_penalized_for_high.html

Prenatal Care

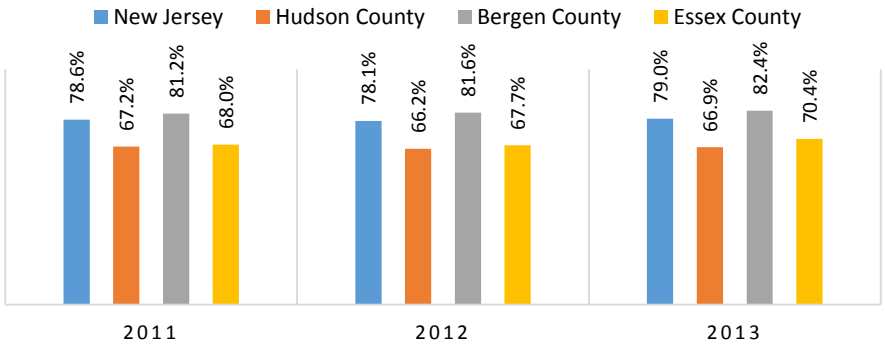
Circumstances during pregnancy that can lead to suboptimal fetal development include: nutritional deficiencies, maternal substance abuse, stress, diet and exercise habits, and inadequate prenatal care. Mothers who receive late or no prenatal care are more likely to have babies with health problems; mothers who do not receive prenatal care are three times more likely to give birth to a low birthweight baby, and their baby is five times more likely to die.[74]

Hudson County 1st Trimester Prenatal Care 2013: 66.9%

Healthy People 2020

Baseline: 70.8% **Target: 77.9%**

LIVE BIRTHS WITH PRENATAL CARE IN 1ST TRIMESTER(%)

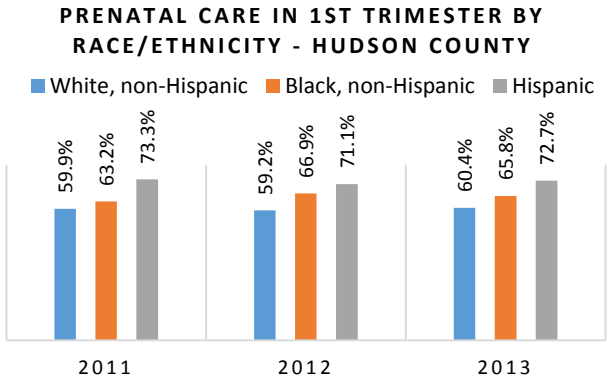


Source: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, NJ State Health Assessment Data

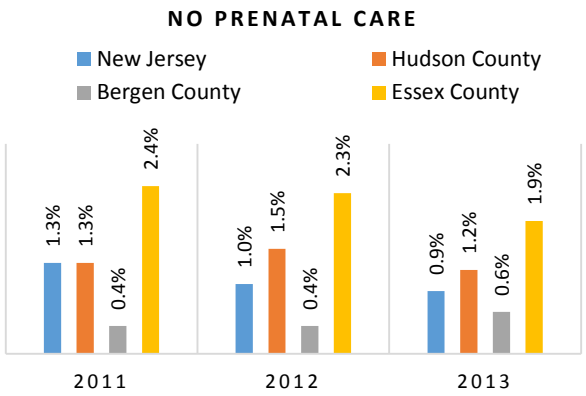
Hudson County

- Similar to New Jersey, the percent of Hudson County live births with onset of prenatal care in the first trimester was relatively stable from 2011 to 2013.
- In 2013, 66.9% of Hudson County live births initiated prenatal care in the first trimester, lower than statewide (79.0%), Bergen County (82.4%) and Essex County (70.4%).
- The percent of Hudson County live births with entry into first trimester prenatal care was lower than the *Healthy People 2020* target of 77.9%.
- When comparing first trimester entry into prenatal care by race and ethnicity, Hudson County Hispanics had the highest percentage as compared to Whites and Blacks.
- In 2013, 72.7% of Hudson Hispanic live births initiated prenatal care in the first trimester, higher than Hudson County overall (66.9%).
- In 2013, 65.8% of Hudson Black live births initiated prenatal care in the first trimester, lower than Hudson County overall (66.9%) and statewide overall (79.0%).
- From 2011 through 2013, Hudson County Whites had the lowest percentage of live births with entry into prenatal care in the first trimester as compared to Hispanics and Blacks within the County.
- In 2013, 2.1% of Black, non-Hispanics in Hudson county did not initiate prenatal care. This is 1.4 percentage points below the 2011 percentage for blacks (3.5%).

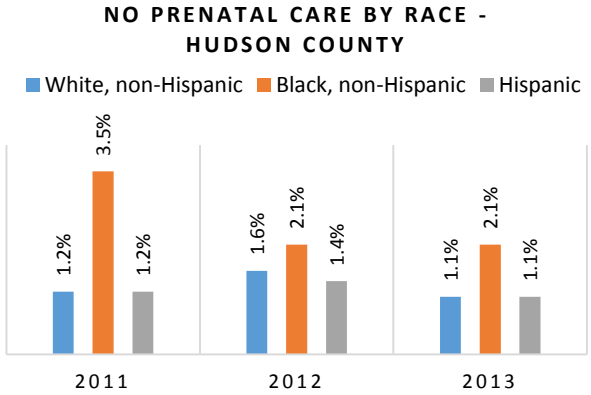
74 Child Trends Data Bank Late or No Prenatal Care 2014 http://www.childtrends.org/?indicators=late-or-no-prenatal-care#sthash.oe1zbcSH.dpuf



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



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



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

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

High-Risk Sexual Behaviors

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

Teen Pregnancy

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

Hudson County

Hudson County Teen Birth Rate Age 15-17 2014: 19.7

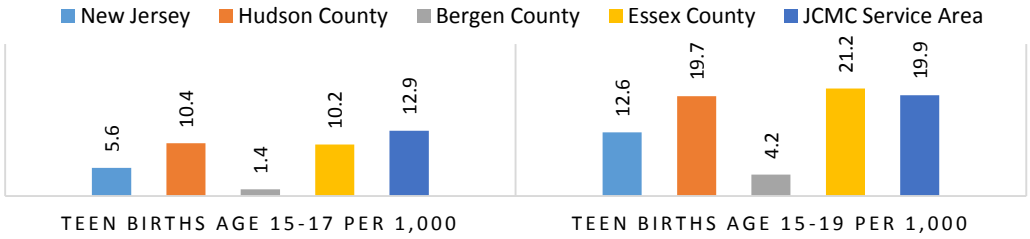
National Benchmark: 19

- The 2014 birth rate for Hudson County teens 15-19 was 19.7/1,000, higher than 12.6/1,000 statewide and more than four times that of Bergen County at 4.2/1,000.[75] The Hudson County rate was lower than Essex County at 21.2%.
- The 2014 teen birth rate for 15-19 year olds was 19.7/1,000 in Hudson County, slightly higher than the CHR national benchmark of 19.0/1,000.
- The Hudson County birth rate for teens 15-17 was 10.4/1,000, almost double the New Jersey rate of 5.6/1,000 and seven times the Bergen County rate of 1.4/1,000. The Hudson County rate was similar to that of Essex County at 10.2/1,000.

JCMC Service Area

- In 2014, JCMC's service area teen birth rate age 15-19 (19.9/1,000) was the slightly higher than the Hudson County rate (19.7/1,000), and higher than the New Jersey rate (12.6/1,000).
- The 2014 teen birth rate age 15-19 in Jersey City 07305 (34.9/1,000) was the highest in the JCMC service area, almost double the county (19.7/1,000) and triple the state rate (12.6/1,000).
- In 2014, JCMC's service area teen birth rate age 15-17 (12.9/1,000) was the higher than the Hudson County rate (10.4/1,000), New Jersey rate (5.6/1,000), Bergen County (1.4/1,000) and Essex County (10.2/1,000).

TEEN BIRTHS BY AGE IN 2014



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

75 Health Indicators Warehouse 2014

Teen Birth Indicators	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Teen Births Ages 15-17 *Rate per 1,000 Female Population*	N.A.	N.A.	
Teen Births Ages 15-19 *Rate per 1,000 Female Population*	N.A.		

Sexually Transmitted Infections

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

Chlamydia

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

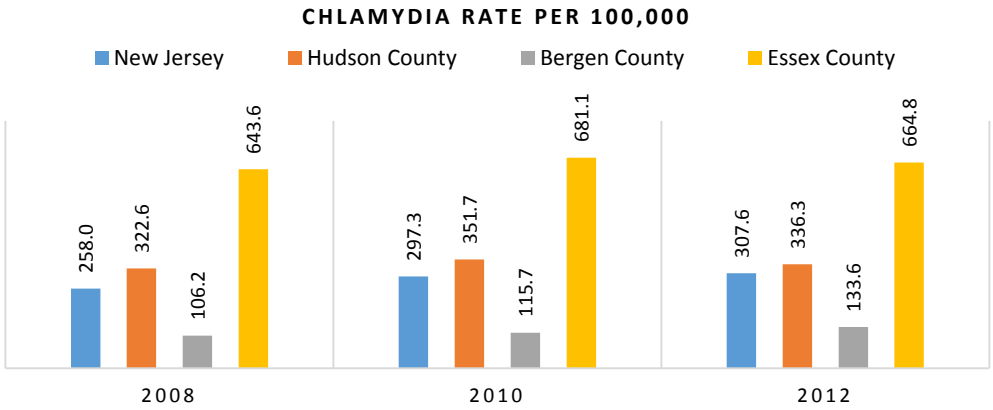
Hudson County Chlamydia Rate 2012: .336.3

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

National Benchmark: 138

Hudson County

- Similar to New Jersey, Bergen County and Essex County, the chlamydia rate in Hudson County increased from 2008 through 2012.
- In 2012, the Hudson County chlamydia rate was 336.3/100,000, higher than the state (307.6/100,000) and Bergen County (133.6/100,000) and half that of Essex County (664.8/100,000).
- The rate of chlamydia in Hudson County is more than double the CHR national benchmark of 138.0/100,000.[76]



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

76 Centers for Disease Control and Prevention Fact Sheet Reported STDs in the United States 2014 http://www.cdc.gov/std/stats14/tables/26.htm

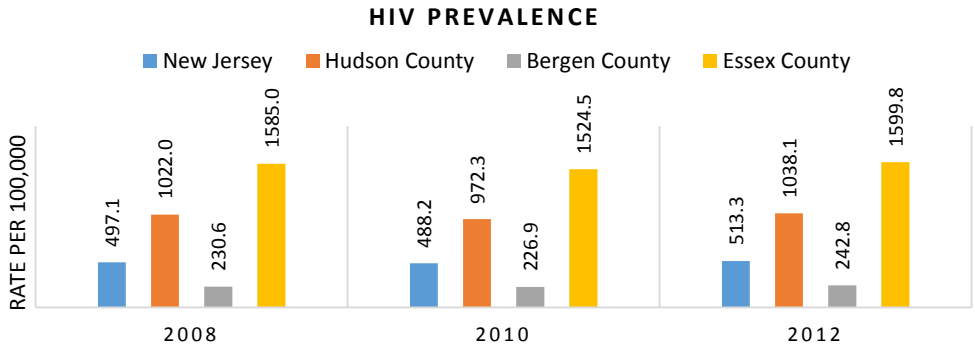
Sexually Transmitted Infection Indicators	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Chlamydia Rate per 100,000	N.A.		

HIV/AIDS

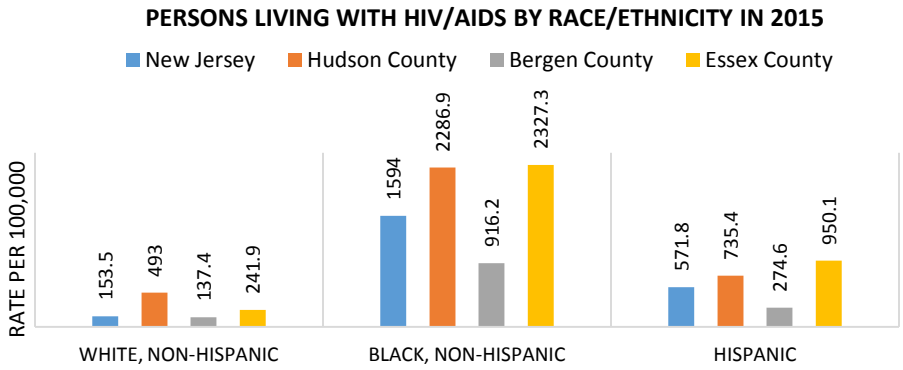
HIV/AIDS can be transmitted through sexual contact, intravenous drug use or contact with bodily fluids. Individuals who have another sexually transmitted infection are at greater risk for contracting HIV.

Hudson County

- In 2015, the HIV prevalence rate in Hudson County was 748.3.1/100,000, 78.7% higher than the New Jersey rate (418,8/100,000). While the Hudson County rate decreased from the high of 1,038.1 in 2012, the 2015 figure remains higher than the rates in surrounding counties, with eh exception of Essex County (1,221.0)
- In 2012, the HIV prevalence rate in Hudson County was 1,038.1/100,000, more than double the New Jersey rate (513.3/100,000), four times the Bergen County rate (242.8/100,000) and one-third less than Essex County (1,599.8/100,000).
- When comparing by race and ethnicity, Blacks had the highest rate of persons living with HIV/AIDS in 2015 across Hudson County, Bergen County, Essex County and New Jersey. Hispanics had the second highest rate, followed by Whites.
- In 2015, the Hudson County rate for Blacks living with HIV was 2,286.9/100,000, higher than Blacks in New Jersey (1,594.0/100,000) and Bergen County (916.2/100,000) and lower than Blacks in Essex County (2,327.3/100,000).
- The Hudson County rate for Blacks living with HIV (2,286.9/100,000) was more than four times the rate for Whites living with HIV (493.0/100,000) and more than three times higher than the Hispanic rate (735.4/100,000).



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



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

Tobacco Use

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

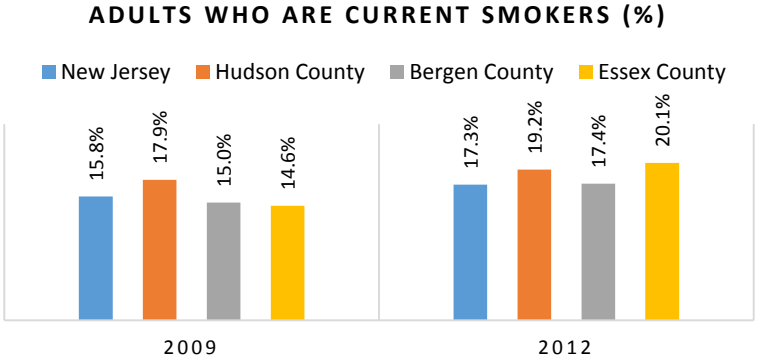
Hudson County Smokers 2012: 19.2%

Healthy People 2020

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

Hudson County

- Between 2009 and 2012, the percentage of Hudson County residents who are current smokers increased from 17.9% to 19.2%.[77]
- This rate exceeds the statewide rate by 1.9 percentage points.



Source: CDC, Behavioral Risk Factor Surveillance System

77 Behavioral Risk Factor Surveillance System 2012

Diet and Exercise Behaviors

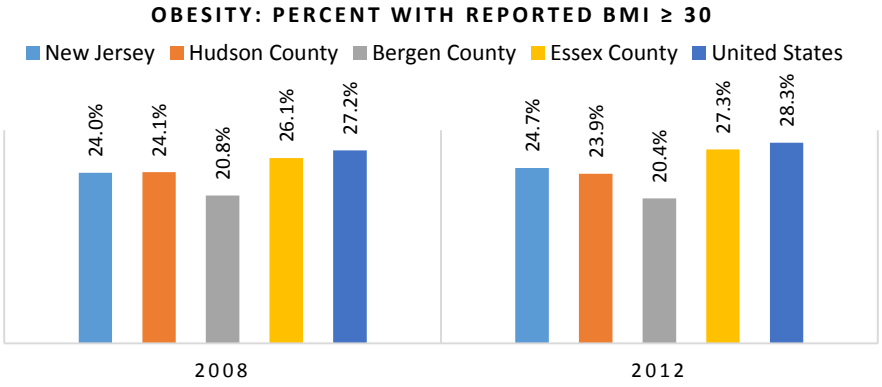
According to the Centers for Disease Control and Prevention (CDC), poor diet and physical inactivity have nearly caught up with tobacco use as the second leading preventable cause of death in the United States. Behaviors that contribute to obesity can include dietary patterns, physical activity, inactivity, medication use, and other exposures. Additional contributing factors include education, food skills and food marketing and promotion.[78]

Obesity

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

Hudson County

- In Hudson County, the percent of adults who were obese were relatively stable from 2008 through 2012; the percent of Hudson County residents who were obese ranged from 24.1% to 23.9%.
- In 2012, 23.9% of Hudson County residents were obese, lower than 24.7% statewide, 27.3% in Essex County and higher than 20.4% in Bergen County.[79]
- The 2012 Hudson County obesity rate of 23.9% was lower than the *Healthy People 2020* target of 30.6% and lower than the CHR benchmark of 25%.



Source: CDC, Behavioral Risk Factor Surveillance System

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

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

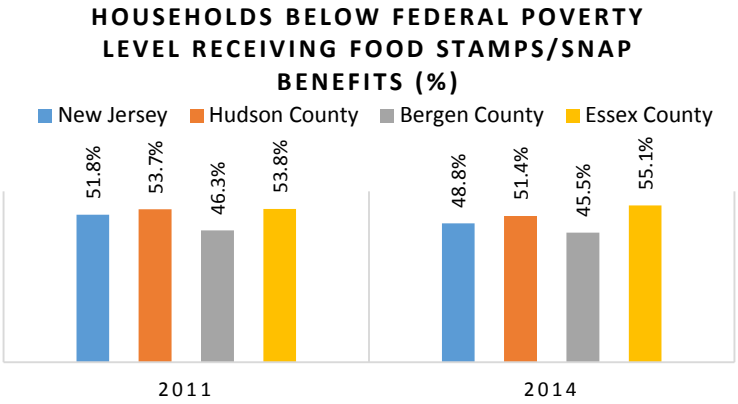
79 New Jersey State Health Assessment Data 2012

Food Security

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

Hudson County

- In 2014, 51.4% of households under the Federal Poverty Line received food stamps or SNAP in Hudson County, higher than New Jersey at 48.8%.[80]



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

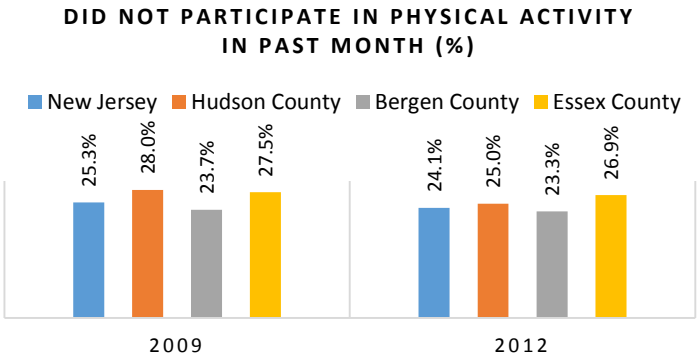
Physical Exercise

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

Hudson County

- Between 2009 and 2012, the percent of persons who did not participate in physical activity in the past month decreased in Hudson County, Bergen County, Essex County and New Jersey.
- In 2012, 25.0% of Hudson County adults reported no physical exercise within the past month, slightly higher than New Jersey (24.1%) and Bergen County (23.3%) and lower than Essex County (26.9%).
- The percent of Hudson County who did not participate in physical activity in 2012 was higher than the CHR national benchmark of 20.0%.[81]

80ibid
81 Behavioral Risk Factor Surveillance System 2012



Source: CDC, Behavioral Risk Factor Surveillance System

Hudson County No Physical Exercise 2012: 25.0%

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

National Benchmark: 20%

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

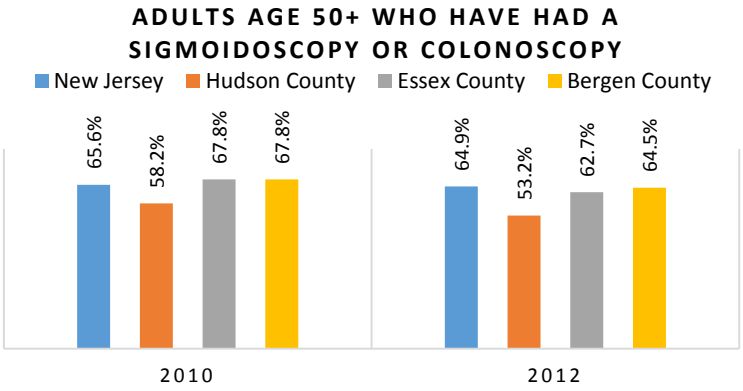
Health Screening Behaviors

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

Cancer Screenings

Colorectal Cancer Screening

According to the National Institutes of Health, tests for colorectal cancer (sigmoidoscopy or colonoscopy) should be done starting at age 50.[82]



Source: CDC, Behavioral Risk Factor Surveillance System

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

Hudson County

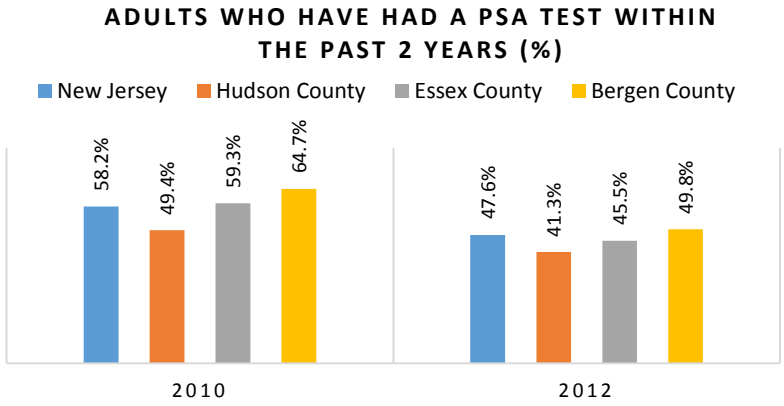
- In 2012, 53.2% of Hudson County adults 50+ have had a sigmoidoscopy or colonoscopy, fewer than in 2010, (58.2%).
- Compared to Hudson County, New Jersey (64.9%) has a higher percentage of residents that receive a sigmoidoscopy/colonoscopy.

Prostate Cancer Screening

Prostate cancer screening is done through prostate-specific antigen (PSA) tests or digital rectal examinations (DRE)[83]

Hudson County

- Between 2010 and 2012, the percentage of men in Hudson County that have had a PSA test has decreased from 49.6% to 41.3%.[84]
- This rate is below that of the state, 47.6%, and below Essex County (45.5%) and Bergen County (49.8%).



Source: CDC, Behavioral Risk Factor Surveillance System

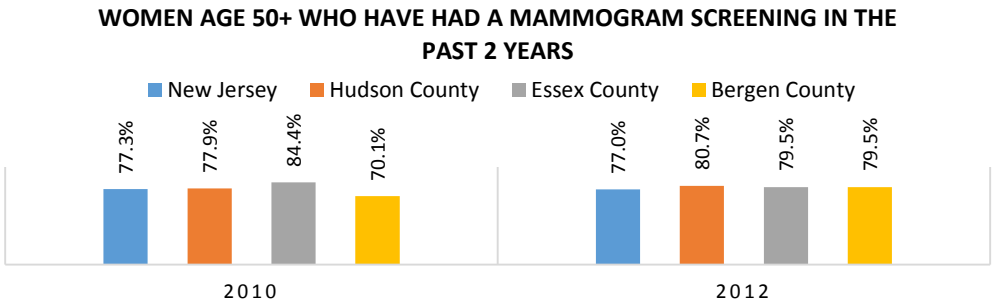
Breast Cancer Screening

Women ages 40 to 44 should have the choice to start annual breast cancer screening with mammograms (x-rays of the breast) if they wish to do so. Women age 45 to 54 should get mammograms every year. Women 55 and older should switch to mammograms every 2 years, or can continue yearly screening.[85]

83 National Institutes of Health Medline Plus Health Screening 2007 https://www.nlm.nih.gov/medlineplus/magazine/issues/winter07/articles/winter07pg17a.html
84ibid
85 American Cancer Society Guidelines for Early Detection of Cancer

Hudson County

- Between 2010 and 2012, the percent of women 50+ who have had a mammogram screening in the past 2 years increased slightly from 77.9% to 80.7%.
- In 2012, 80.7% of Hudson County women 50+ reported having a mammogram screening within the past 2 years, higher than the 77.0% in New Jersey.[86]



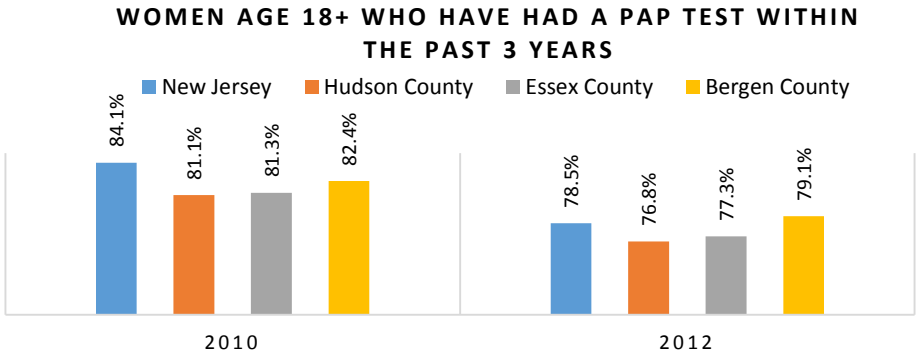
Source: CDC, Behavioral Risk Factor Surveillance System

Cervical Cancer Screening

Cervical cancer screens (pap smears) should be done every 1-3 years after the age of 21.[87]

Hudson County

- In 2012, in Hudson County, 76.8% of women aged 18+ had a pap smear test within the past 3 years, lower than 78.5% in New Jersey, Essex County (77.3%), and Bergen County 79.1%.[88]
- Between 2010 and 2012, the percent of Hudson County women age 18+ who have had a pap test within the past 3 years decreased from 81.1% in 2010 to 76.8%.



Source: CDC, Behavioral Risk Factor Surveillance System

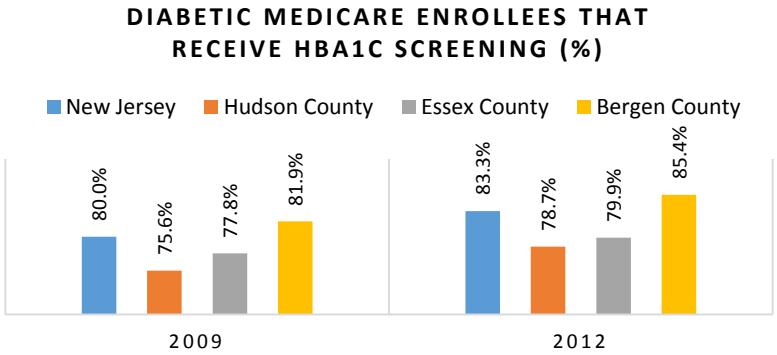
86 County Health Rankings 2016 http://www.countyhealthrankings.org/app/new-jersey/2016/measure/factors/50/data
87 National Institutes of Health Medline Plus Health Screening 2007
https://www.nlm.nih.gov/medlineplus/magazine/issues/winter07/articles/winter07pg17a.html
88 Behavioral Risk Factor Surveillance System 2012

Diabetes Screening

Individuals with high blood pressure or high cholesterol levels should be tested for diabetes.[89]

Hudson County

- In 2013, 78.7% of Hudson County Medicare enrollees received a HBA1C screening, lower than the 83.3% in New Jersey, 79.9% in Essex County, and 85.4% in Bergen County. [90]
- Between 2010 and 2013, the percent of Hudson County Diabetic Medicare enrollees that received a HBA1C screening increased from 75.6% to 78.7%.



Source: CDC, Behavioral Risk Factor Surveillance System

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

Immunization Behaviors

Immunization is the process whereby a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine. Vaccines stimulate the body's own immune system to protect the person against subsequent infection or disease. Immunizations are a primary means of providing adults and children protection from potentially fatal illnesses. They are one of the most cost-effective

89 National Institutes of Health Medline Plus Health Screening 2007
https://www.nlm.nih.gov/medlineplus/magazine/issues/winter07/articles/winter07pg17a.html
90 County Health Rankings 2016 http://www.countyhealthrankings.org/app/new-jersey/2016/measure/factors/7/data

health investments, with proven strategies that make it accessible to even the most hard-to-reach and vulnerable populations. Immunizations have clearly defined target groups, can be delivered effectively through outreach activities, and do not require major lifestyle change.[91]

Adult Flu Vaccine

With rare exception, everyone 6 months and older is recommended for annual flu vaccination. Vaccination to prevent influenza is particularly important for people at high risk for serious complications.[92] The *Healthy People 2020* goal is to have no more than 10% go without this vaccine.

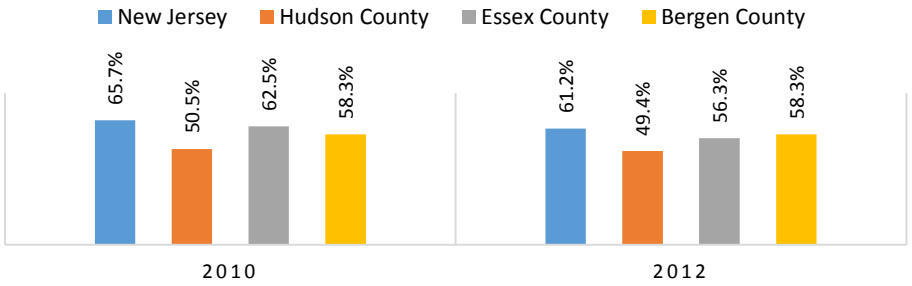
Hudson County Adult Flu Vaccine 2012: 49.4%

Baseline: 80.0% **Target: 90.0%**

Hudson County

- In 2012, 49.4% of Hudson County adults 65+ were inoculated with the flu vaccine, higher than 38.8% in New Jersey.[93]

ADULTS 65+ WHO HAVE HAD A FLU SHOT IN THE PAST YEAR



Source: CDC, Behavioral Risk Factor Surveillance System

Adult Pneumonia Vaccine

The pneumococcal vaccination is recommended for all children younger than 5 years old, all adults 65 years or older, and individuals 6 years or older with compromised immune systems.[94] The *Healthy People 2020* goal is to have no more than 10% go without this vaccine.

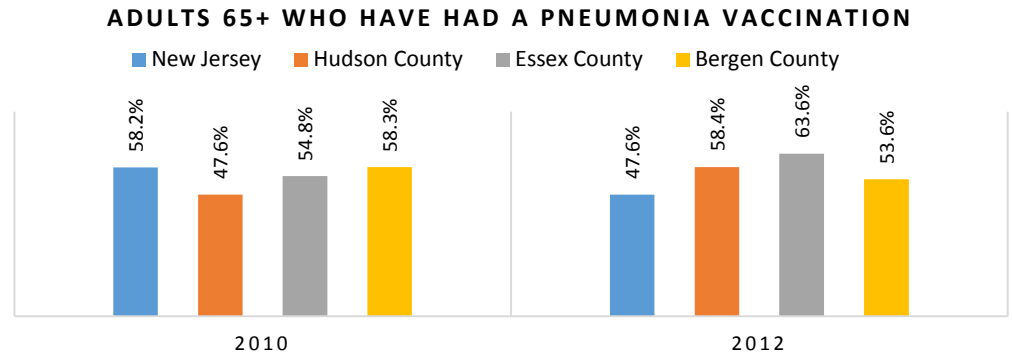
Hudson County Adult Pneumonia Vaccine 2012: 58.4%

Baseline: 78.0% **Target: 90.0%**

Hudson County

- In Hudson County, 58.4% of adults 65 and older had the pneumonia vaccine in 2012, higher than the statewide figure (47.6%).[95]

91 World Health Organization Immunization http://www.who.int/topics/immunization/en/
92 Centers for Disease Control and Prevention Influenza http://www.cdc.gov/flu/protect/whoshouldvax.htm
93ibid
94 Centers for Disease Control and Prevention http://www.cdc.gov/vaccines/vpd-vac/pneumo/
95ibid



Source: CDC, Behavioral Risk Factor Surveillance System

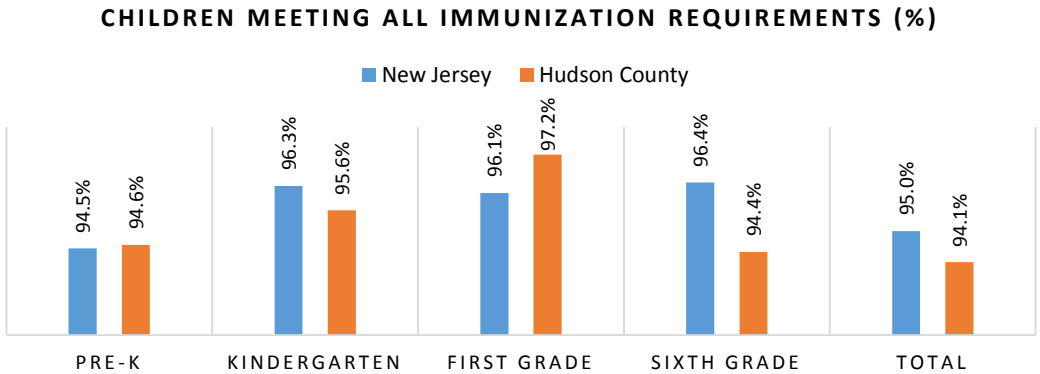
Influenza Vaccinations	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Percent of Adults Age 65+ Who Have Not Had a Flu Shot in Past Year		N.A.	
Percent of Adults Age 65+ Who Have Had a Pneumonia Vaccination in Past Year		N.A.	

Childhood Vaccinations

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

Hudson County

- In 2015, 94.1% of children in Hudson County meet all immunization requirements, similar to 95.0% of children in New Jersey.
- In Hudson County, the majority of children (97.2%) meeting all immunization requirements are in first grade.



Source: NJ Annual Immunization Status Report 2015-2016

4. Physical Environment

Humans interact with the environment constantly. These interactions affect quality of life, years of healthy life lived, and health disparities. The World Health Organization (WHO) defines environment, as it relates to health, as "all the physical, chemical, and biological factors external to a person, and all the related behaviors." This includes the "built environment": buildings, roads, buses, homes, parks, recreational areas, greenways, shops and other business areas.[96] Environmental health consists of preventing or controlling disease, injury, and disability related to the interactions between people and their environments, both built and natural.

Air Quality

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

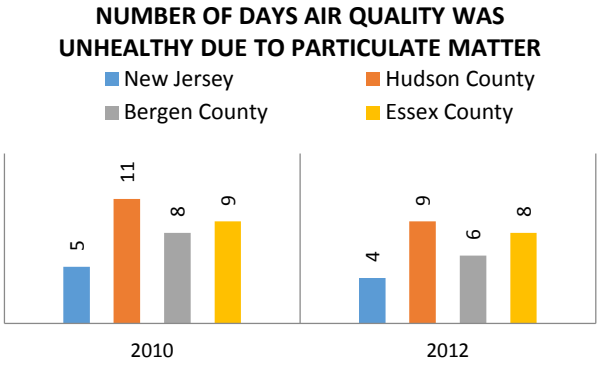
Hudson County

- Between 2010 and 2012, the number of days of unhealthy air quality due to the PM2.5 concentration decreased in Hudson County, Bergen County, Essex County and New Jersey.
- In 2012, Hudson County had 9 days of unhealthy air quality due to the PM2.5 concentrations, 2 days fewer than in 2010.[97] Hudson County had the highest number of days of unhealthy air quality due to PM2.5 concentrations as compared to Bergen and Essex County and Statewide.
- Between 2010 and 2012, the number of days of unhealthy air quality due to ozone concentration decreased in Hudson County, Bergen County, Essex County and New Jersey.
- In 2012, Hudson County had 10 days of unhealthy air quality due to ozone, 2 fewer days than in 2010. Hudson County had more unhealthy days due to ozone than Bergen and Essex Counties and one less than the State.

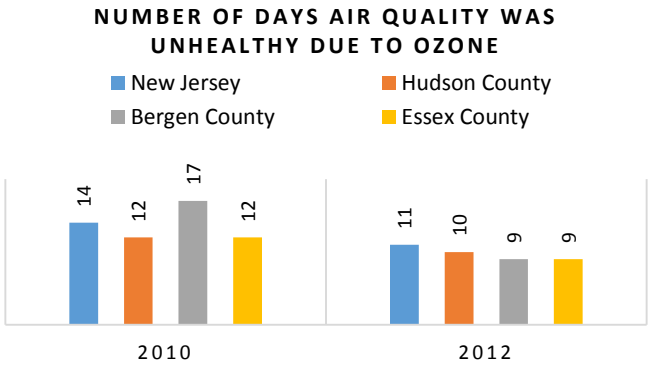
Hudson County Days of Unhealthy Air Quality Due to Ozone 2012: 10

National Benchmark: 0

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



Source: CDC Wonder Environmental Data, County Health Rankings



Source: CDC Wonder Environmental Data, County Health Rankings

Physical Environment Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Unhealthy Air Quality Days due to Ozone	N.A.		

Lead Hazards

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

Hudson County

- Hudson County and its major urban centers have 43.6% of housing built before 1950, higher than statewide (25.6%).[98]
- 0.41% of Hudson County children ages 1-3 have blood lead levels above 10 micrograms per deciliter.

Proximity of Healthy Food Sources

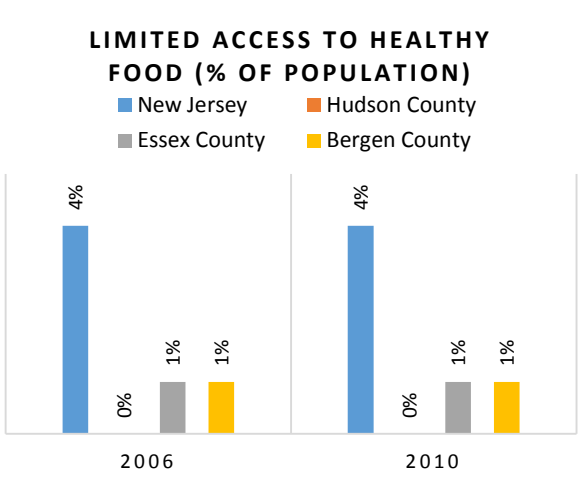
The density of unhealthy sources of food and drink in geographic areas can inform the lifestyles of residents.[99] The term "obesogenic environment" refers to "an environment that promotes gaining weight and one that is not conducive to weight loss" within the home or workplace. A lack of healthy food also contributes to an obesogenic environment. Greater density of alcohol retailers is associated with higher

98 New Jersey State Health Assessment Data Complete Indicator Profile of Risk Factor for Childhood Lead Exposure: Pre-1950 Housing https://www26.state.nj.us/doh-shad/indicator/complete_profile/pre1950home.html
99ibid

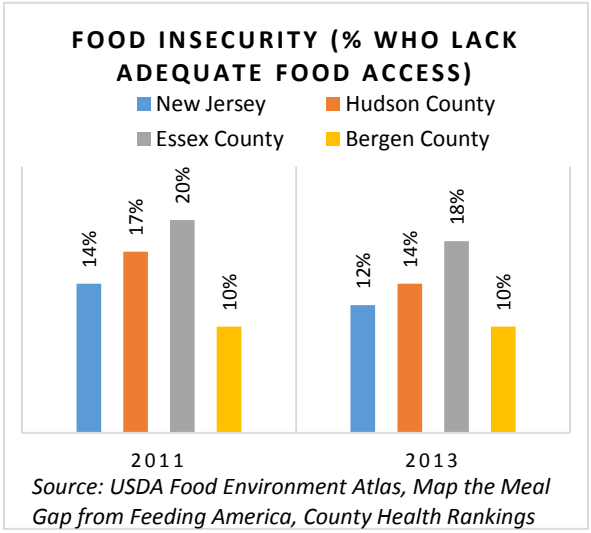
levels of poverty, particularly in Black and Latino populations. These disparities can contribute to higher morbidity in these geographic areas. [100] Increased density of convenience stores is associated with unhealthy lifestyles, poor psychosocial profiles, and a higher risk of obesity. "Food deserts," areas characterized by poor access to healthy and affordable food, may contribute to social and spatial disparities in diet and diet-related health outcomes. [101]This is largely due to the presence of stores that provide a wealth of processed, sugar, and fat laden foods instead of grocery stores, farmers' markets, and other healthy food providers.[102] First Lady Michelle Obama's campaign to fight childhood obesity, "Let's Move," has a goal of eradicating food deserts by 2017.[103]

Hudson County

- In 2012, 0% of Hudson County's low-income population lacked adequate access to a grocery store, less than the 3.7% statewide, 1.1% in Bergen County and 1.0% in Essex County.
- In 2013, there were 2.7 liquor stores per 10,000 residents in Hudson County. This was higher than the state (1.9) and national rate (1.0) (Data not shown).[104]



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



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

Community Safety

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

100 Alcohol Retail Density and Demographic Predictors of Health Disparities: A Geographic Analysis http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2936987/
101 Centers for Disease Control and Prevention A Systematic Review of Food Deserts 1996-2007 http://www.cdc.gov/pcd/issues/2009/jul/08_0163.htm
102 USDA Defines Food Deserts http://americannutritionassociation.org/newsletter/usda-defines-food-deserts
103 Food Deserts https://www.dosomething.org/facts/11-facts-about-food-deserts
104 Health Indicators Warehouse 2013

Criminal Violence

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

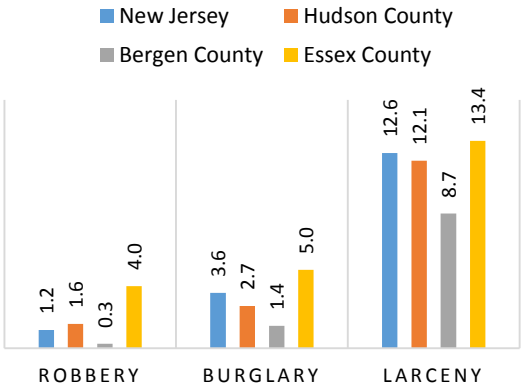
Hudson County

Hudson County Violent Crime Rate 2010-2012: 392

National Benchmark: 59

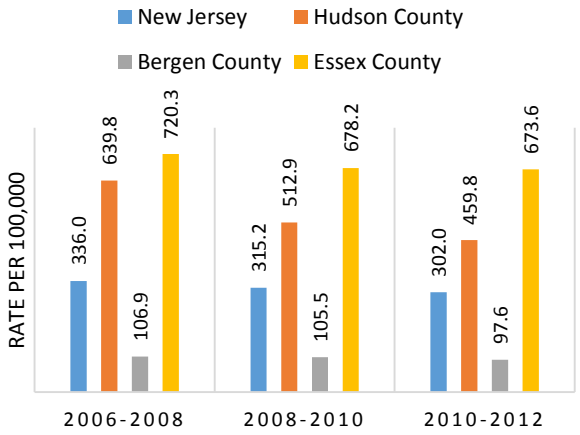
- Between 2010 and 2012, the violent crime rate in Hudson County was 392.0/100,000. This rate was more than double the statewide rate and much higher than the County Health Rankings national benchmark (59/100,000).
- In Hudson County, there were 3,753 domestic violence reports for 2013.[105]
- In 2014, the rate of robbery in Hudson County was 1.6/1,000, higher than the rates in New Jersey (1.2/1,000) and Bergen County (0.3/1,000), and 2.4 points lower than the rate of 4.0/1,000 in Essex County.
- In 2014, the rate of burglary in Hudson County was 2.7/1,000, lower than New Jersey (3.6/1,000) and more than half the Essex County rate (5.0/1,000).
- In 2014, the rate of larceny in Hudson County was 12.1/1,000, slightly lower than New Jersey (12.6/1,000) and lower than Essex County (13.4/1,000); the rate in Hudson County was 3.4 points higher than the rate in Bergen County (8.7/1,000).

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



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

VIOLENT CRIMES

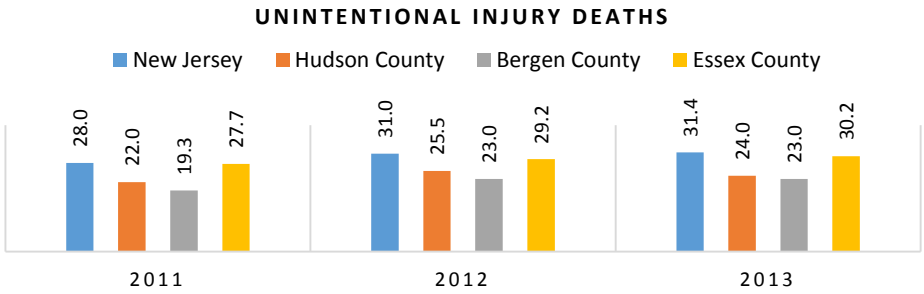


Source: Uniform Crime Reporting - FBI, County Health Rankings

Community Safety Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Violent Crime Rate per 100,000 population	N.A.		

105 New Jersey State Police Uniform Crime Reporting Unit Domestic Violence in New Jersey 2013 http://www.njcedv.org/wp-content/uploads/2015/08/THIRTY-FIRST-ANNUAL-DOMESTIC-VIOLENCE-OFFENSE-REPORT-2013.pdf

Unintentional Injury



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

Hudson County

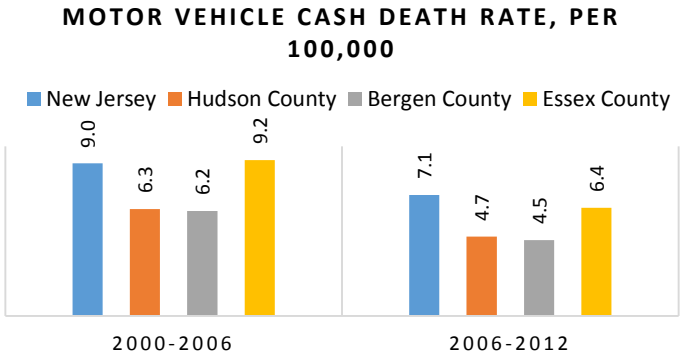
- Between 2011 and 2013, the death rate due to unintentional injury increased in Hudson County, Bergen County, Essex County and New Jersey.
- In 2013, the rate of death due to unintentional injury in Hudson County was lower than New Jersey and Essex County and higher than Bergen County.
- In 2013, the rate of deaths due to unintentional injuries in Hudson County was 24/100,000, 23.6% lower than the statewide of 31.4/100,000.[106]

Hudson County Motor Vehicle Crash Death Rate
2006-2012: 9.9

Healthy People 2020

Baseline: 15.3 **Target: 12.4**

- Between 2006 and 2012, the motor vehicle crash death rate was 4.7/100,000 in Hudson County, lower than statewide rate of 7.1/100,000.[107]
- Both the Hudson County unintentional injury death rate and motor vehicle crash death rate were below the statewide rates.[108]



Source: National Vital Statistics System, County Health Rankings

106 New Jersey State Health Assessment Data 2013
107 Centers for Disease Control and Prevention Accidental Injury http://www.cdc.gov/nchs/fastats/accidental-injury.htm
108 New Jersey State Health Assessment Data 2013

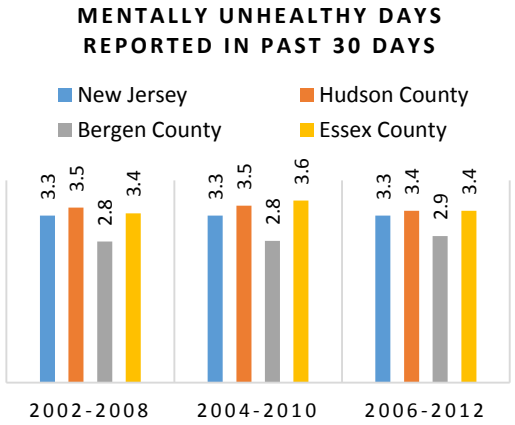
Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Deaths due to Motor Vehicle Crashes *Rate per 100,000 Population*		N.A.	

5. Behavioral Health

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

Mental Health

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



Source: CDC, Behavioral Risk Factor Surveillance

Hudson County

- In 2014, Hudson County ED admission rate (10.2/1,000) for mental disorders was slightly lower than the statewide rate (10.5/1,000).[109]
- In 2014, Hudson County mental disorders inpatient rate (5.2/1,000) was slightly higher than the state (4.8/1,000).[110]
- According to BRFSS, the average number of mentally unhealthy days in Hudson County from 2006 to 2012 was 3.4 in the last 30 days.[111]

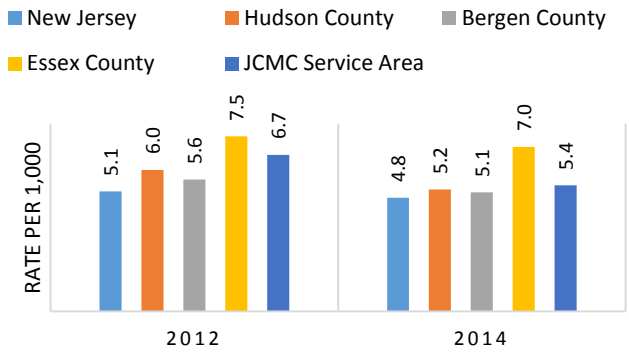
JCMC Service Area

- In 2014, the JCMC inpatient use rate for mental disorders was 5.4/1,000, higher than statewide (4.8/1,000) and less than the county rate (6.9/1,000).

109 Health Care Decision Analyst Internal Data 2014
110Ibid.
111 Community Health Rankings 2012

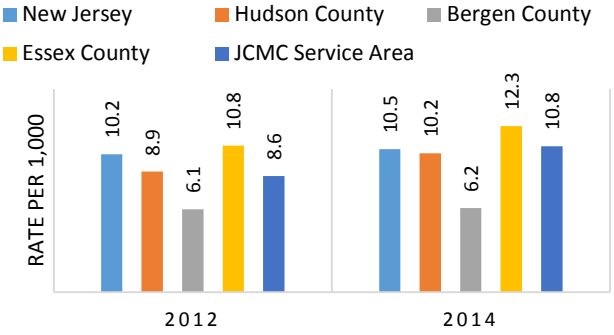
- In 2014, the JCMC emergency department use rate for mental disorders was 10.8/1,000, higher than the statewide rate (10.5/1,000) and the county rate (9.0/1,000).

MENTAL DISORDER USE RATES - INPATIENT



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

MENTAL DISORDER USE RATES - EMERGENCY DEPARTMENT



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

Substance Abuse

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

Hudson County Excessive Drinkers 2006-2012: 17.4%

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

National Benchmark: 12%

Hudson County

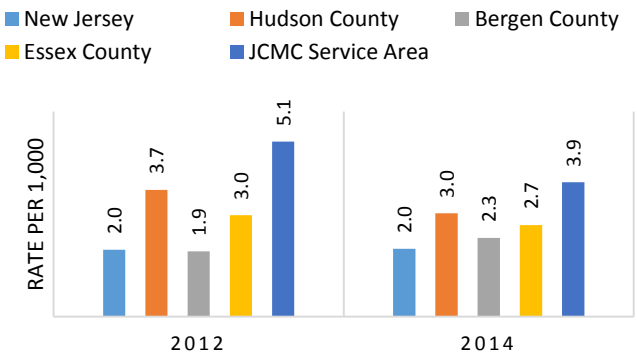
- Excessive drinkers include heavy and binge drinkers. Between 2006 and 2012, 17.4% of adults in Hudson County reported excessive drinking, exceeding the statewide percentage (16.1%).[112]
- Between 2010 and 2014, 21.1% of driving deaths in Hudson County were alcohol impaired.[113,114]
- In 2014, heroin and other opiates were the most common drugs being treated in Hudson County; 30.4% of total admissions in Hudson County were for heroin and other opiates.[115]
- The rate of emergency department visits for substance abuse in Hudson County increased from 12.2/1,000 in 2012 to 13.2/1,000 in 2014, nearly double the statewide rate (6.8/1,000).
- The rate of inpatient admissions for substance abuse in Hudson County decreased from 3.7/1,000 in 2012 to 3.0/1,000 in 2014, higher than the statewide rate of 2.0/1,000.

112 County Health Rankings 2016 http://www.countyhealthrankings.org/app/new-jersey/2016/measure/factors/49/data?sort=desc-2*****Data should not be compared with prior years due to changes in definition/methods.
113 County Health Rankings 2016 http://www.countyhealthrankings.org/app/new-jersey/2016/measure/factors/134/data?sort=desc-2
114ibid
115 Department of Human Services Division of Mental Health and Addiction Services Office of Planning Research, Evaluation and Prevention New Jersey Drug and Alcohol Abuse Treatment Substance Abuse Overview 2014 http://www.state.nj.us/humanservices/dmhas/publications/statistical/Substance%20Abuse%20Overview/2014/Statewide.pdf

JCMC Service Area

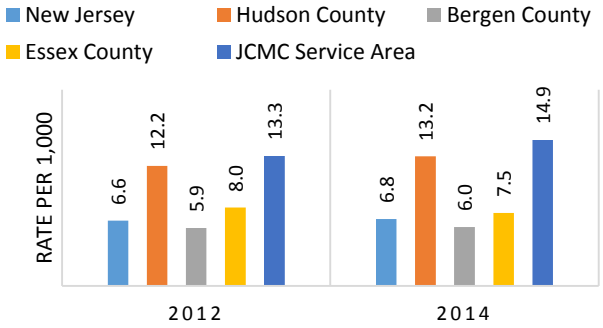
- Between 2012 and 2014, the rate of inpatient admissions for substance abuse in the JCMC service area decreased from 5.1/1,000 to 3.9/1,000, higher than the statewide rate of 2.0/1,000 and the county rate of 3.0/1,000.
- ED admissions for substance abuse increased in the JCMC Service Area from 13.3/1,000 in 2012 to 14.9/1,000 in 2014, higher than Hudson county (13.2/1,000) and more than double statewide (6.8/1,000).

SUBSTANCE ABUSE RATE - INPATIENT



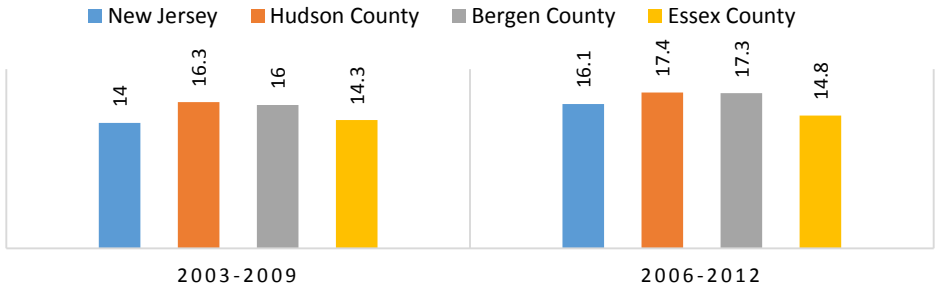
Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey

SUBSTANCE ABUSE RATE - EMERGENCY DEPARTMENT



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

ADULTS REPORTING EXCESSIVE DRINKING (%)



Source: CDC, Behavioral Risk Factor Surveillance

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

C. HEALTH OUTCOMES

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

1. Premature Deaths

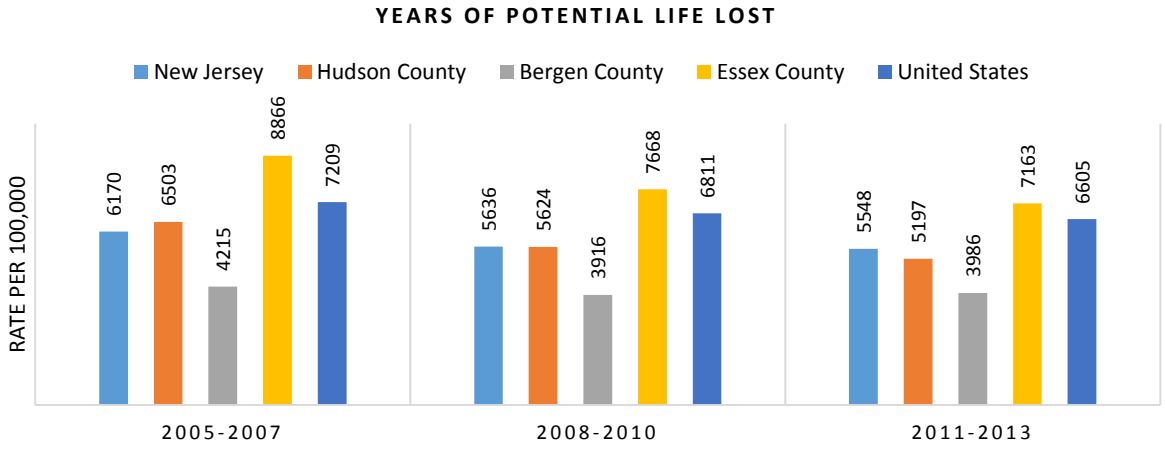
Years of potential life lost (YPLL) is a measure of early death; it represents the number of years not lived by people who die before a given age, usually 75 years. Hudson County's premature death rate has declined from 2005-2007 through 2011-2013 and is higher than Bergen County and lower than Essex County.

Hudson County Years of Potential Life Lost 2011-2013: 5,197

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

National Benchmark: 5,200

- Hudson County's 2011-2013 premature death rate of 5,197/100,000 was 6.3% lower than New Jersey (5,548/100,000), 27.4% lower than Essex County (7,163/100,000) and 30.4% higher than Bergen County (3,986/100,000). Hudson County's 2011-2013 premature death rate was similar to the County Health Rankings (CHR) benchmark (5,200/100,000).[116]
- Similar to New Jersey, Bergen and Essex Counties and nationwide, Hudson County's premature death rate declined from 2005-2007 through 2011-2013.



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

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

116 County Health Rankings, National Vital Statistics System

2. *Leading Causes of Death*

Between 2010 and 2013, the age-adjusted mortality rates for only four of Hudson County's top 10 leading causes of death declined including heart disease, cancer, stroke and nephritis. Six of the top 10 leading causes of death increased, including diabetes mellitus, chronic lower respiratory disease, septicemia, unintentional injury, Alzheimer's disease, and influenza/pneumonia.

- The top five leading causes of death include heart disease, cancer, diabetes mellitus, chronic lower respiratory disease, and stroke.
- Heart disease and cancer mortality rates declined between 2010 and 2013 but remain the primary causes of death for Hudson County residents. See following table.[117]

Cause of Death	2010 Rate	2013 Rate
Heart Disease	193.3	179.3
Cancer	162.2	147.7
Diabetes Mellitus	31.2	31.6
Chronic Lower Respiratory Disease	30.2	30.9
Stroke	33.2	28.2
Septicemia	19	25.1
Unintentional Injury	19.8	24
Nephritis	15.4	14.4
Alzheimer's Disease	13.4	13.5
Influenza/Pneumonia	10.3	13.2
2013 Rate Lower then 2010		
2013 Rate Higher than 2010		

Heart Disease

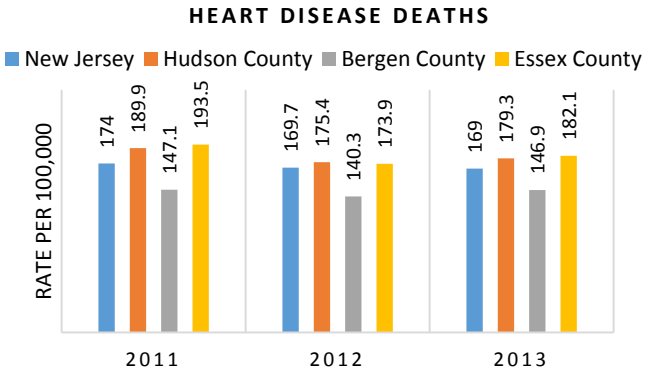
Heart disease is the leading cause of death in the nation, New Jersey and Hudson County.

Hudson County Heart Disease Deaths 2013: 179.3

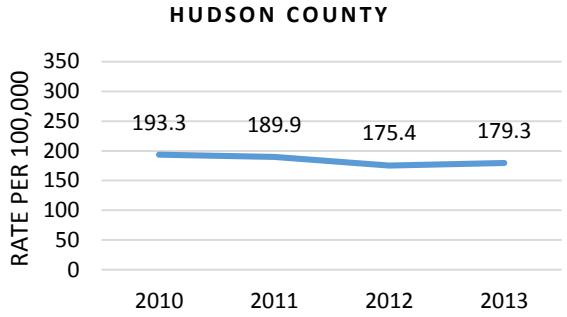
Baseline: 129.2 **Target: 100.8**

- Similar to New Jersey, Bergen County and Essex County, between 2010 and 2013, the Hudson County age-adjusted mortality rate (AAMR) for heart disease decreased; the Hudson County rate decreased 7.2% from 193.3/100,000 to 179.3/100,000.
- Despite decreasing, the 2013 Hudson County rate (179.3/100,000) was 6.1% higher than New Jersey (169.0/100,000) and 22.1% higher than Bergen County (146.9/100,000). The Hudson County rate was slightly lower than Essex County (182.1/100,000).
- The 2013 Hudson County AAMR for heart disease is 77.9% higher than the *Healthy People 2020* target of 100.8/100,000.[118]

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

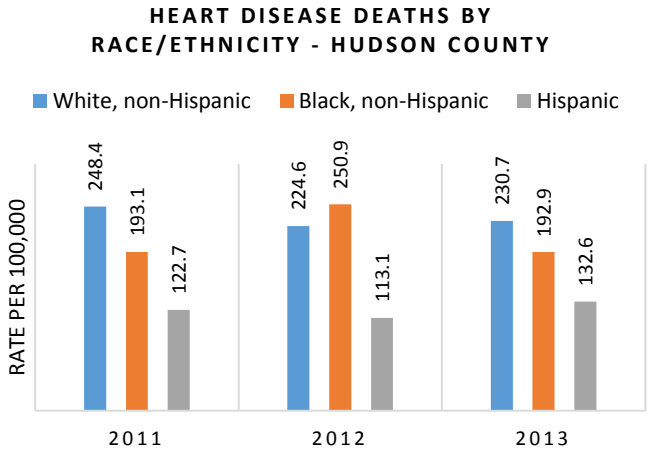


Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

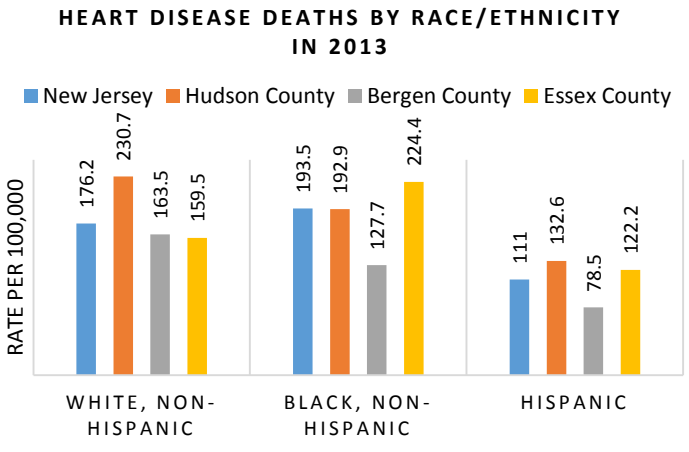


Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

- Considering the Age-Adjusted Mortality Rate (AAMR) for heart diease by race and ethnicity, Hudson County from 2011 through 2013 had the highest AAMR by race alternates between Whites and Blacks.
- In 2013,Whites had the highest AAMR for heart disease within Hudson County at 230.7/100,000 and among comparative counties, regardless of race and/or ethnicity.
- The heart disease mortality rate for Whites decreased 11.9% from 248.4/100,000 in 2011 to 230.7/100,000 in 2013; however, the 2013 White rate was 16.4% higher than Hudson County Blacks (192.9/100,000) and 42.5% higher than Hispanics (132.6/100,000). In 2013, the White AAMR for heart disease in Hudson County was higher than New Jersey Whites (176.2/100,000), Bergen County Whites (163.5/100,000) and Essex County Whites (159.5/100,000).
- The Hudson County AAMR for heart disease among Blacks was relatively stable from 193.1/100,000 in 2011 to 192.9/100,000 in 2013. The 2013 Hudson County rate among blacks was slightly lower than the New Jersey rate (193.5/100,000) or Essex County rate (224.4/100,000), but was higher than the Bergen County figure. (127.7/100,000).



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

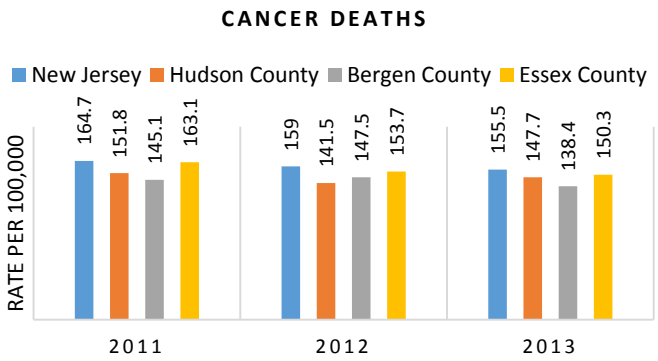


Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

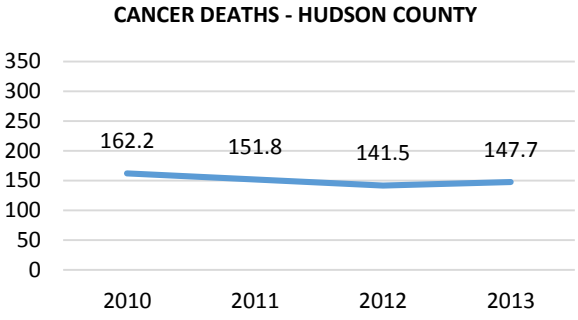
Cancer

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

- Similar to New Jersey, Bergen County and Essex County, between 2010 and 2013, the Hudson County age-adjusted mortality rate (AAMR) for cancer decreased; the Hudson County rate decreased 8.9% from 162.2/100,000 to 147.7/100,000.
- The 2013 Hudson County cancer mortality rate (147.7/100,000) was 5% lower than New Jersey (155.5/100,000) and lower than Essex County (150.3/100,000). The Hudson County rate was 6.7% higher than Bergen County (138.4/100,000).
- The 2013 Hudson County AAMR for cancer is 8.5% lower than the *Healthy People 2020* target of 161.5/100,000.[119]



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



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

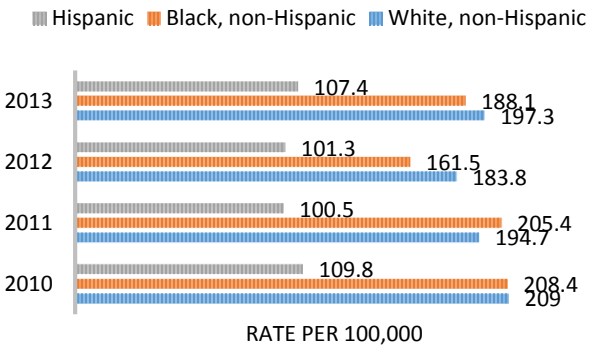
- Considering cancer by race and ethnicity in Hudson County from 2010 through 2013, the highest AAMR alternates between Whites and Blacks. In 2013,Whites had the highest AAMR for cancer within Hudson County at 197.3/100,000.
- The cancer disease mortality rate for Whites decreased 5.6% from 209.0/100,000 in 2010 to 197.3/100,000 in 2013; however, the 2013 Hudson County White rate was 4.7% higher than Hudson County Black rate (188.1/100,000) and 45.6% higher than the Hudson County Hispanic rate (107.4/100,000). In 2013, the White AAMR for cancer in Hudson County was higher than any rate in New Jersey, Bergen County and Essex County, regardless of race and or ethnicity.
- The Hudson County AAMR for cancer among Blacks decreased from 9.7% from 208.4/100,000 in 2010 to 188.1/100,000 in 2013. The 2013 Black Hudson County rate was higher than the AAMR for Blacks in New Jersey (178.0/100,000), Bergen County (155.7/100,000) and Essex County (174.4/100,000).

Hudson County Cancer Deaths Rate 2013: 147.7

Baseline: 179.4 **Target: 161.5**

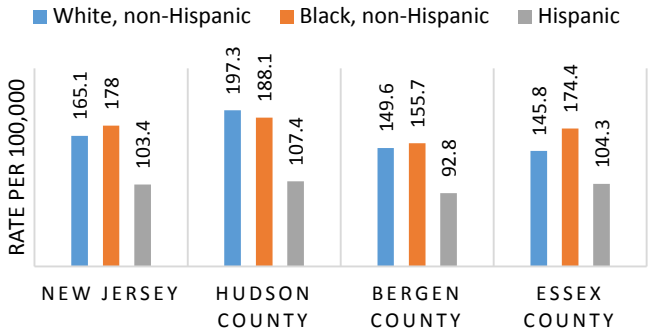
119 ibid

CANCER DEATHS BY RACE/ETHNICITY - HUDSON COUNTY



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

DEATHS DUE TO CANCER BY RACE/ETHNICITY IN 2013



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

Diabetes Mellitus

Diabetes Mellitus is the third leading cause of death in Hudson County.

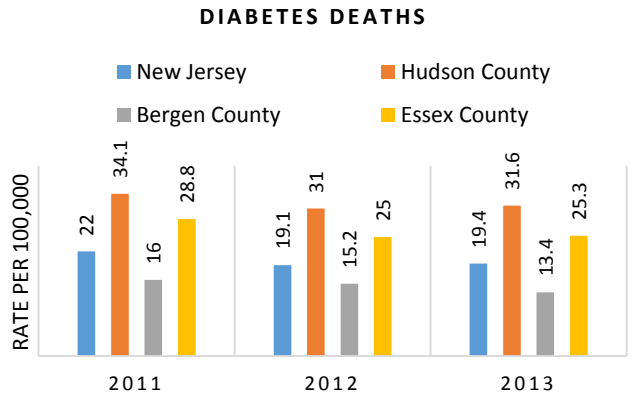
Hudson County Diabetes Deaths Rate 2013: 31.6

Healthy People 2020

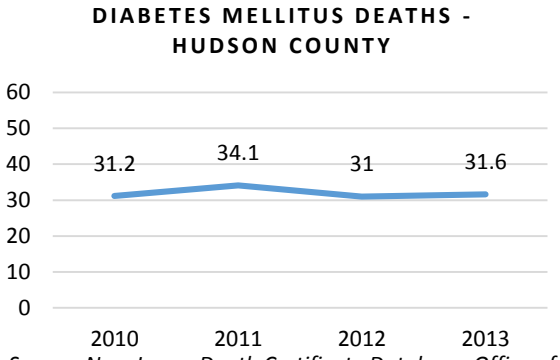
Baseline: 74.0 **Target: 66.6**

- Between 2010 and 2013, the Hudson County age-adjusted mortality rate (AAMR) for diabetes increased; the Hudson County rate remained nearly constant (31.2/100,000 in 2010, 31.6/100,000 in 2013).
- The 2013 Hudson County diabetes mortality rate (31.6/100,000) was higher than New Jersey (19.4/100,000), Bergen County (13.4/100,000) and Essex County (25.3/100,000).
- The 2013 Hudson County AAMR for diabetes was less than half the *Healthy People 2020* target of 66.6/100,000.[120]
- Considering diabetes by race and ethnicity in Hudson County from 2005-2007 through 2011-2013, Blacks have the highest AAMR. In 2011-2013, the diabetes AAMR for Hudson County Blacks was 51.9/100,000, almost double that of Whites.
- Despite decreasing 30.5% from 74.7/100,000 in 2005-2007 to 51.9/100,000 in 2011-2013, the Hudson County AAMR for diabetes among Blacks was higher than the AAMR for Blacks in New Jersey (39.4/100,000), Essex County (39.4/100,000), and Bergen County (22.2/100,000). From 2011-2013, the Black AAMR for diabetes in Hudson County was higher than any rate in New Jersey, Bergen County and Essex County, regardless of race and or ethnicity.
- The diabetes mortality rate for Hispanics increased 14.8% from 31.7/100,000 in 2005-2007 to 36.4/100,000 in 2011-2013 and was higher than the AAMR for Hispanics in New Jersey (24.9/100,000), Bergen County (12.4/100,000) and Essex County (27.3/100,000).
- Despite decreasing 27.6% from 36.6/100,000 in 2005-2007 to 26.5/100,000 in 2011-2013, the Hudson County AAMR for diabetes among Whites was higher than the AAMR for Whites in New Jersey (17.4/100,000), Bergen County (15.1/100,000) and Essex County (16.2/100,000).

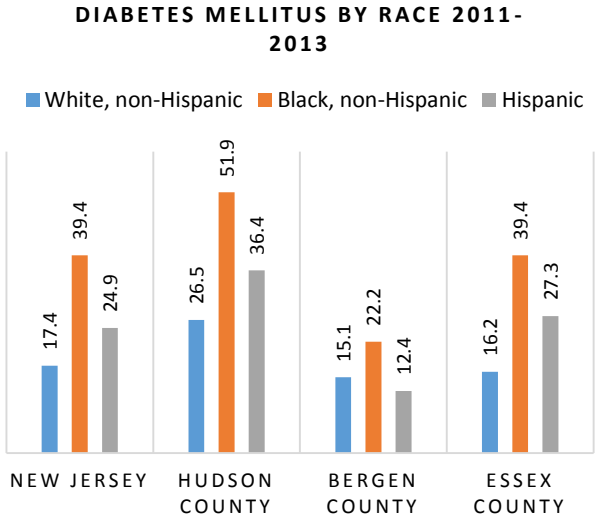
120 ibid



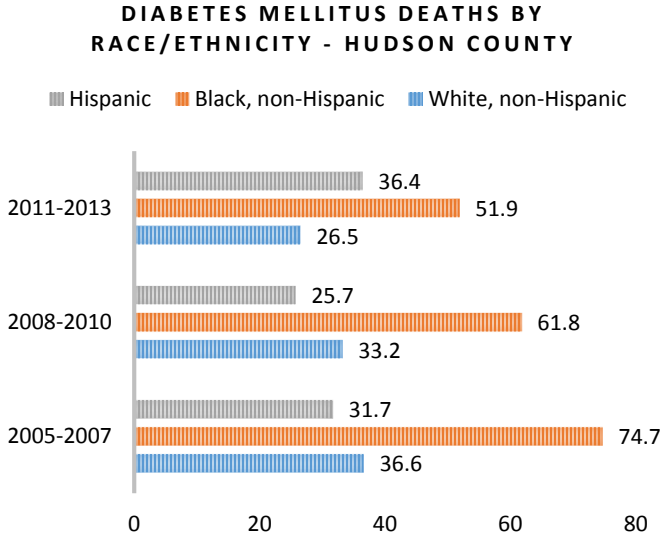
Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health



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



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



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

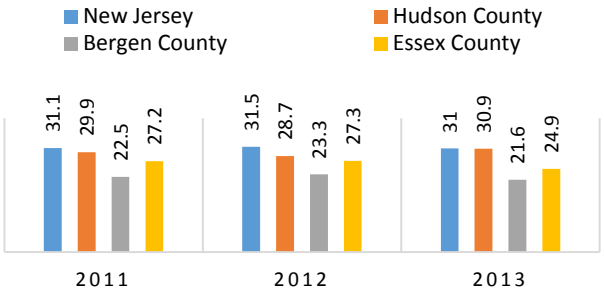
Chronic Lower Respiratory Disease

Chronic Lower Respiratory Disease (CLRD) is the fourth leading cause of death in Hudson County. CLRD comprises 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.

- Between 2010 and 2013, the age adjusted mortality rate for CLRD in Hudson County increased slightly from 30.2/100,000 to 30.9/100,000. In the same period, the New Jersey rate remained relatively constant and both Bergen County and Essex County decreased.
- In 2013, the Hudson County CLRD AAMR of 30.9/100,000 was similar to New Jersey (31/100,000), and higher than Bergen County (21.6/100,000) and Essex County (24.9/100,000).

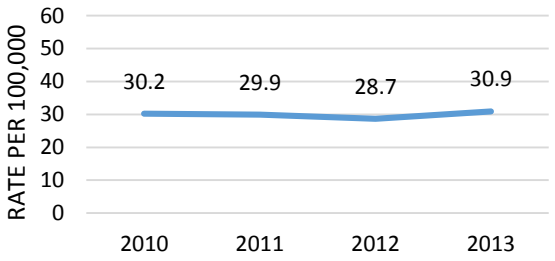
- Considering CLRD by race and ethnicity in Hudson County from 2005-2007 through 2011-2013, Whites have the highest AAMR. In 2011-2013, the CLRD AAMR for Hudson County Whites was 42.1/100,000, more than double that of Hispanics and 35.8% higher than Blacks.
- Despite decreasing 6.9% from 45.2/100,000 in 2005-2007 to 42.1/100,000 in 2011-2013, the Hudson County AAMR for CLRD among Whites was higher than the AAMR for Whites in New Jersey (34.5/100,000), Bergen County (25.8/100,000) and Essex County (25.0/100,000).
- Despite decreasing 23.1% from 40.3/100,000 in 2005-2007 to 31.0/100,000 in 2011-2013, the Hudson County AAMR for CLRD among Blacks was higher than the AAMR for Blacks in New Jersey (28.3/100,000), Bergen County (17.6/100,000) and Essex County (30.2/100,000).
- The CLRD mortality rate for Hispanics increased 15.1% from 17.2/100,000 in 2005-2007 to 19.8/100,000 in 2011-2013 and was higher than the AAMR for Hispanics in New Jersey (15.9/100,000) and Essex County (17.2/100,000).

CHRONIC LOWER RESPIRATORY DEATHS



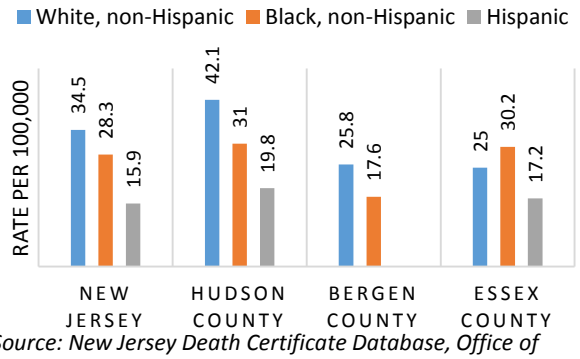
Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

CLRD DEATHS - HUDSON COUNTY



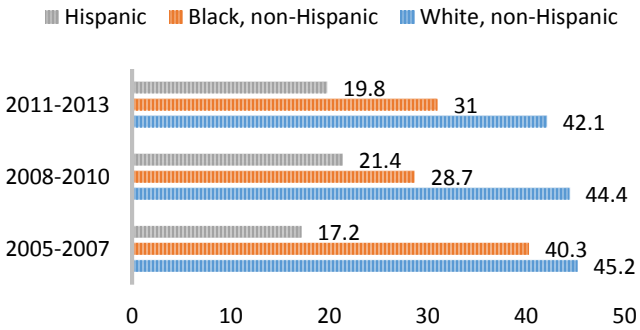
Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

CLRD DEATHS BY RACE/ETHNICITY IN 2011-2013



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

CLRD DEATHS BY RACE/ETHNICITY IN HUDSON COUNTY



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

Stroke

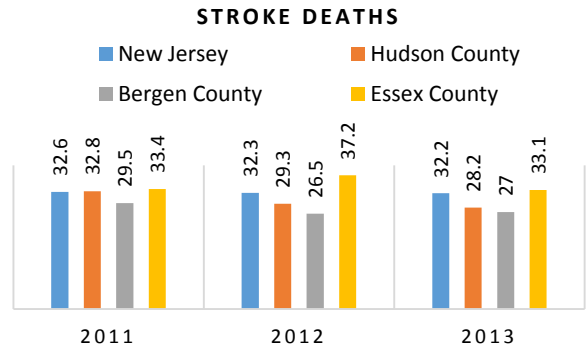
Stroke is the fifth leading cause of death in Hudson County.

- Similar to New Jersey, Bergen County and Essex County, between 2010 and 2013, the Hudson County age-adjusted mortality rate (AAMR) for stoke decreased; the Hudson County rate decreased 15.1% from 33.2/100,000 to 28.2/100,000.
- The 2013 Hudson County stroke mortality rate (28.2/100,000) was lower than New Jersey (32.2/100,000) and Essex County (33.1/100,000) but slightly higher than Bergen County (27.0/100,000).

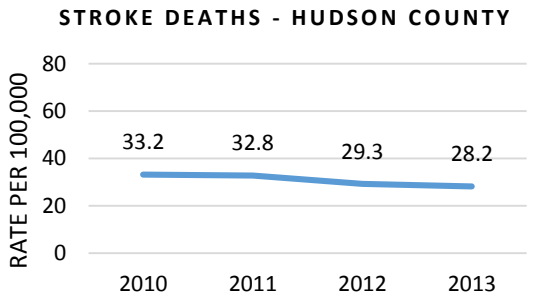
Hudson County Stroke Deaths Rate 2013: 28.2

Baseline: 43.5 **Target: 34.8**

- The 2013 Hudson County AAMR for stroke is 16.6% lower than the *Healthy People 2020* target of 33.8/100,000.[121]
- Considering stroke by race and ethnicity in Hudson County from 2005-2007 through 2011-2013, Blacks have the highest AAMR. In 2011-2013, the Stroke AAMR for Hudson County Blacks was 48.2/100,000, more than double that of Hispanics and 47.9% higher than Whites.
- Despite decreasing 36.8% from 76.3/100,000 in 2005-2007 to 48.2/100,000 in 2011-2013, the Hudson County AAMR for stroke among Blacks was higher than the AAMR for Blacks in New Jersey (45.2/100,000), Bergen County (31.2/100,000) and Essex County (44.4/100,000). From 2011-2013, the Black AAMR for Stroke in Hudson County was higher than any rate in New Jersey, Bergen County and Essex County, regardless of race and or ethnicity.
- Despite decreasing 25.1% from 43.5/100,000 in 2005-2007 to 32.6/100,000 in 2011-2013, the Hudson County AAMR for Stroke among Whites was higher than the AAMR for Whites in New Jersey (31.3/100,000), Bergen County (28.3/100,000) and Essex County (27.4/100,000).
- The stroke mortality rate for Hispanics decreased 10.6% from 25.5/100,000 in 2005-2007 to 22.8/100,000 in 2011-2013 and was the same as the AAMR for Hispanics in Bergen County and lower than both New Jersey (26.0/100,000) and Essex County (27.0/100,000).



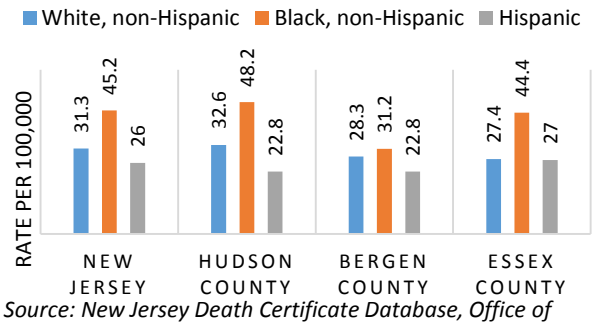
Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health



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

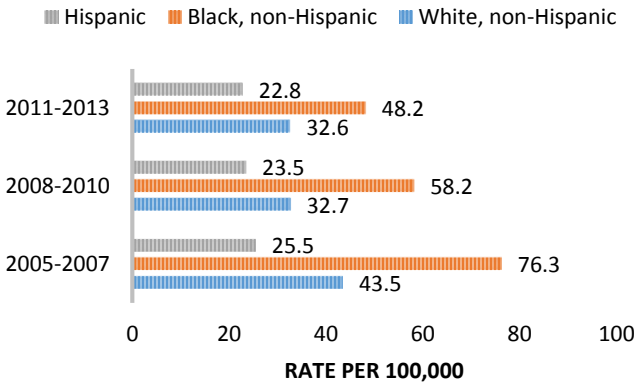
121 ibid

DEATHS DUE TO STROKE BY RACE/ETHNICITY 2011-2013



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

STROKE DEATHS BY RACE/ETHNICITY - HUDSON COUNTY



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

Leading Causes of Death Indicators	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Deaths Due to Heart Disease AAMR per 100,000 Population		N.A.	
Deaths due to Cancer (Malignant Neoplasms) AAMR per 100,000 Population among all ethnicities		N.A.	
Deaths due to Cancer (Malignant Neoplasms) in Black Non-Hispanics AAMR per 100,000 Population	N.A.	N.A.	
Diabetes Deaths AAMR per 100,000 population		N.A.	
Diabetes Deaths among Black, non-Hispanics AAMR per 100,000 Population	N.A.	N.A.	
Chronic Lower Respiratory Disease Deaths AAMR per 100,000 Population	N.A.	N.A.	
Stroke Deaths AAMR per 100,000 Population		N.A.	

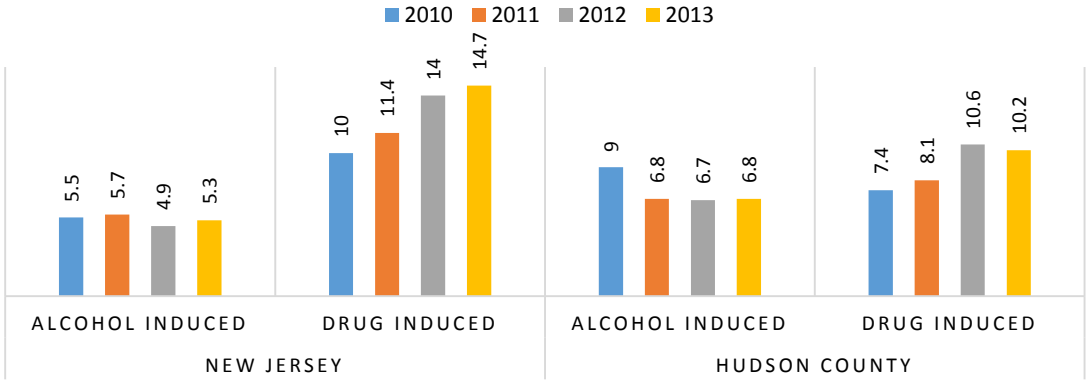
3. ***Behavioral Health-Related Deaths***

Hudson County Drug Induced Deaths: 10.2

Baseline: 12.6 **Target: 11.3**

- In Hudson County, the age-adjusted drug induced mortality rate (AAMR) increased 27.5% from 7.4/100,000 in 2010 to 10.2/100,000 in 2013; in the same period, the New Jersey drug induced death rate increased 47% from 10/100,000 to 14.7/100,000.
- The 2013 Hudson County drug induced mortality rate was 30.6% lower than the State and 9.7% lower than the *Healthy People 2020* target (11.3/100,000).
- Between 2010 and 2013, Hudson County age-adjusted alcohol induced deaths decreased 24.4% from 9.0/100,000 to 6.8/100,000. In the same period, New Jersey alcohol induced deaths were variable between 4.9/100,000 and 5.7/100,000 with a 2013 rate of 5.3/100,000.
- The 2013 Hudson County alcohol induced mortality rate was 28.3% higher than the State.

DRUG AND ALCOHOL INDUCED DEATHS - TREND



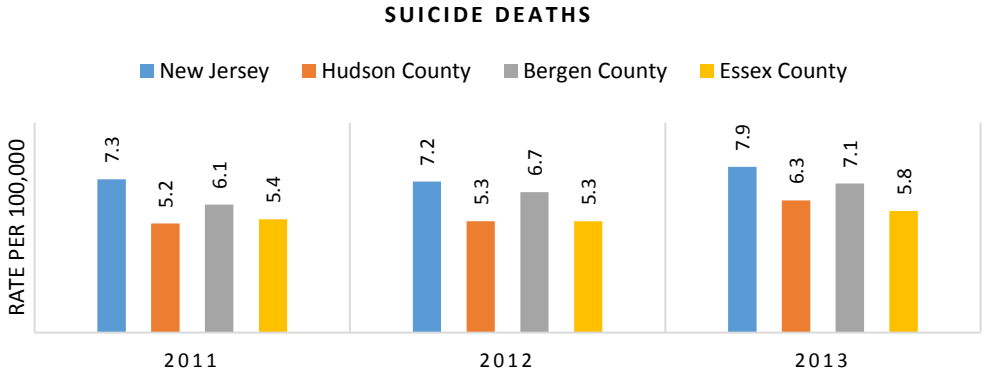
Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

Hudson County Suicide Rate 2013: 6.3

Baseline: 11.3 **Target: 10.2**

- Similar to New Jersey, Bergen County and Essex County, the Hudson County suicide rate increased between 2011 and 2013.
- The Hudson County age-adjusted suicide rate increased 21.2% from 5.2/100,000 in 2011 to 6.3/100,000 in 2013. In the same period, the New Jersey rate increased 8.2% from 7.3/100,000 to 7.9/100,000.
- The 2013 Hudson County suicide rate was lower than New Jersey (7.9/100,000) and Bergen County (7.1/100,000), and higher than Essex County (5.8/100,000). [122]
- The 2013 Hudson County suicide rate of 6.3/100,000 was 3.8% lower than the *Healthy People 2020* target of 10.2/100,000.

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



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

Behavioral Health-Related Indicators	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Drug Induced Deaths per 100,000 population		N.A.	
Suicide Deaths per 100,000 population		N.A.	

4. Infant Mortality

Infant mortality measures the health and well-being of populations within and across nations; the United States ranks far behind most industrialized nations. This ranking is in large part due to disparities that occur in pre-term babies born to racial and ethnic minorities.[123]

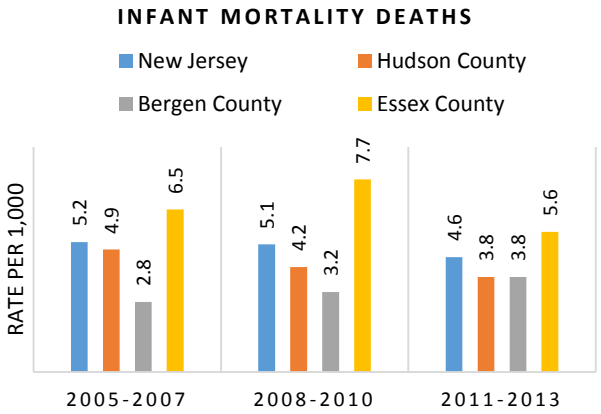
Hudson County Infant Mortality Rate 2011-2013: 3.8

Healthy People 2020

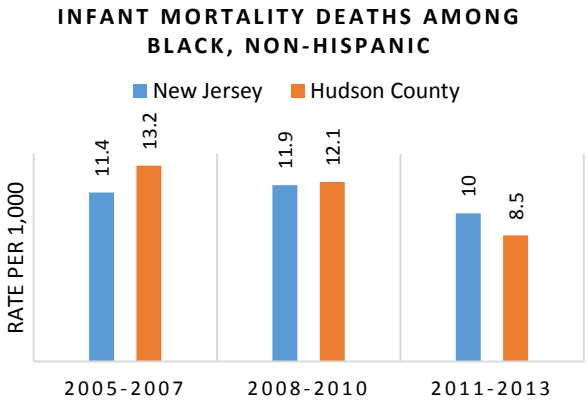
Baseline: 6.7 Target: 6.0

- Similar to New Jersey and Essex County, between 2005-2007 and 2011-2013, the Hudson County infant mortality rate decreased.
- Hudson County's mortality rate decreased 22.4% from 4.9/1,000 in 2005-2007 to 3.8/1,000 in 2011-2013. The 2011-2013 Hudson County rate is the same as Bergen County rate and lower than New Jersey (4.6/1,000) and Essex County (5.6/1,000) rates.
- The 2011-2013 Hudson County infant mortality rate was 36.7% lower than the *Healthy People 2020* target (6.0/100,000).
- Considering infant mortality by race in Hudson County from 2005-2007 through 2011-2013, the rate for Blacks decreased 35.6% from 13.2/100,000 to 8.5/100,000 larger than the 12.3% decline statewide.

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



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



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

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

5. ***Low and Very Low Birth Weight Infants***

- Between 2011 and 2013, the rate of low birth weight infants in Hudson County increased slightly from 8.7% to 9.0%. In the same period, New Jersey low birth weight infants remained relatively stable at 8.3%.
- In 2013, Hudson County had a higher rate of low birthweight babies than Bergen County and the State but was lower than the Essex County rate.
- The 2013 Hudson County percentage of low birthweight babies was higher than the *Healthy People 2020* target of 7.8%.
- Considering low birthweight by race and ethnicity in Hudson County from 2011 through 2013, Blacks have the highest percentage. In 2013, the percent of Black low birthweight babies in Hudson County was 15.3%, double that of Whites and Hispanics.

Hudson County Very Low BW Infants 2013: 1.6%

Healthy People 2020

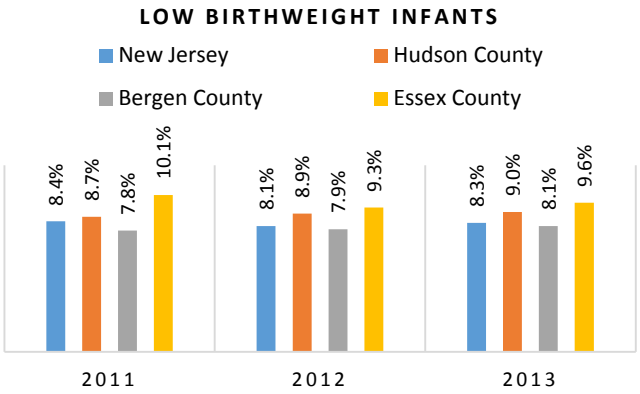
Baseline: 1.9% **Target: 1.4%**

Hudson County Low BW Infants 2013: 9.0 %

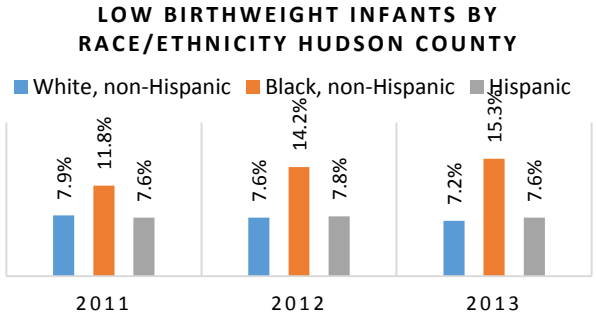
Healthy People 2020

Baseline: 8.2% **Target: 7.8%**

- The percentage of Black low birth weight infants in Hudson County increased 29.7% from 11.8% in 2011 to 15.3% in 2013. In the same period, the percentage of low birth weight Whites declined slightly and Hispanics remained stable.

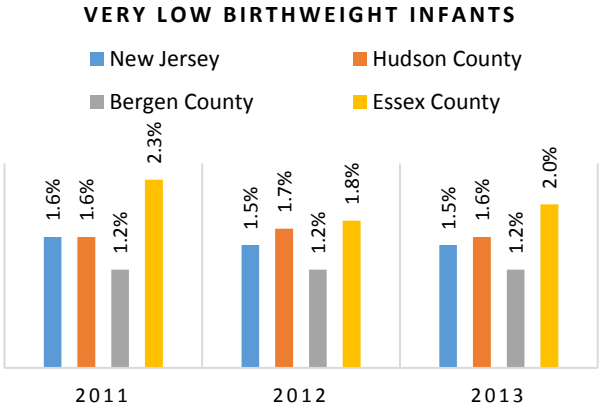


Source: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

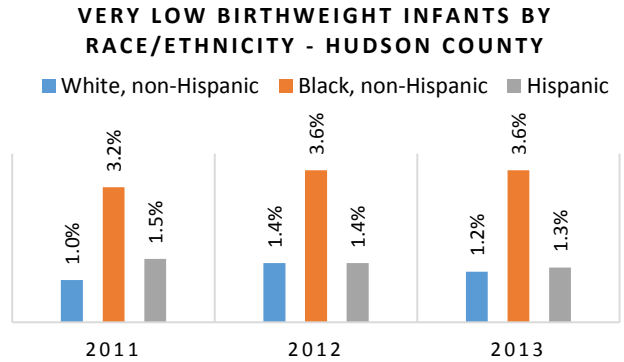


Source: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

- Between 2011 and 2013, the rate of very low birth weight infants in Hudson County remained stable at 1.6%. In the same period, Bergen County also remained stable while New Jersey and Essex County had slight decreases.
- In 2013, the percent of very low birth weight babies in Hudson County (1.6%) was similar to New Jersey (1.5%), higher than Bergen County (1.2%) and lower than Essex County (2.0%).
- The 2013 Hudson County percentage of very low birthweight babies is slightly higher than the *Healthy People 2020* target of 1.4%.
- Considering very low birthweight by race and ethnicity in Hudson County from 2011 through 2013, Blacks have the highest percentage. In 2013, the percent of very low birthweight babies for Hudson County Blacks was 3.6%, more than double that of Whites and Hispanics.
- The percentage of Black very low birth weight infants in Hudson County increased slightly from 3.2% in 2011 to 3.6% in 2013. In the same period, the percentage of very low birth weight Whites increased slightly and Hispanics declined slightly.



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



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

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

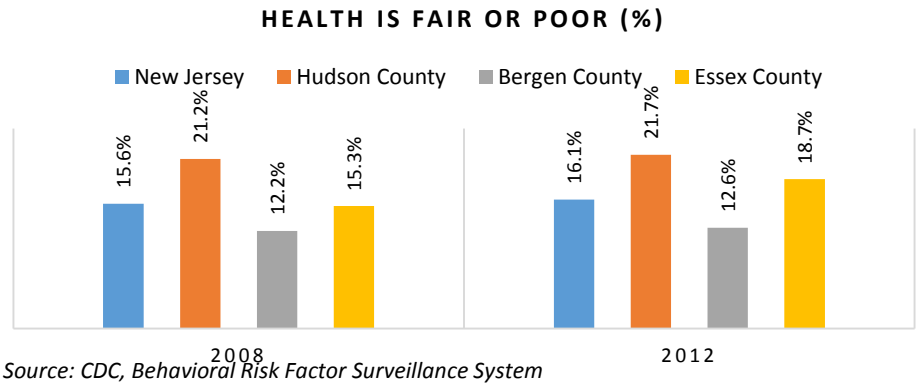
6. Health and Behavioral Health Status

Health Status

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

The percentage of Hudson County residents that perceive their health was fair or poor was similar in 2012 and 2008.

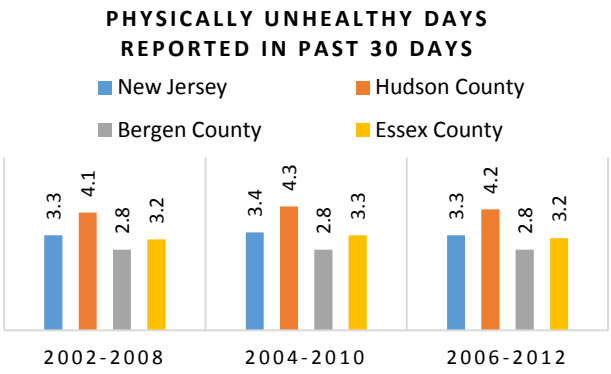
- The percent of Hudson County residents reporting fair or poor health remained relatively stable from 21.2% in 2008 to 21.7% in 2012.
- The 2012 Hudson County percentage of residents reporting fair or poor health was higher than New Jersey (16.1%), Bergen County (12.6%) and Essex County (18.7%).[124]



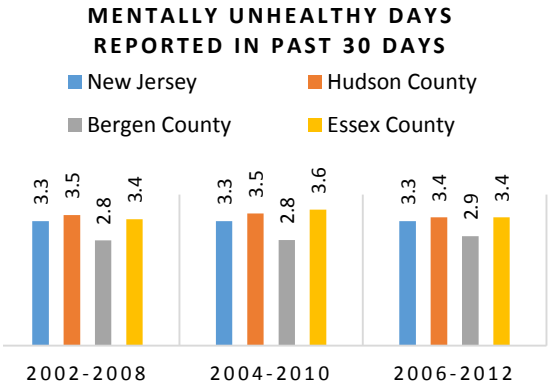
Source: CDC, Behavioral Risk Factor Surveillance System

124 CDC, Behavioral Risk Factor Surveillance System

- From 2006-2012, Hudson County residents reported an average of 4.2 physically unhealthy days per month, higher than New Jersey at 3.3 days, Bergen County at 2.8 days, Essex County at 3.2 days and the CHR national benchmark of 2.5 days.
- Hudson County residents reported 3.4 mentally unhealthy days from 2006-2012, slightly higher than 3.3 days by New Jersey residents and higher than Bergen County at 2.9 days, and the CHR benchmark of 2.3 days.[125] Hudson County residents reported the same number of mentally unhealthy days as Essex County at 3.4 days.



Source: CDC, Behavioral Risk Factor Surveillance System



Source: CDC, Behavioral Risk Factor Surveillance System

Hudson County Physically Unhealthy Days 2006-2012: 4.2

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

National Benchmark: 2.5

Hudson County Mentally Unhealthy Days 2006-2012: 3.4

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

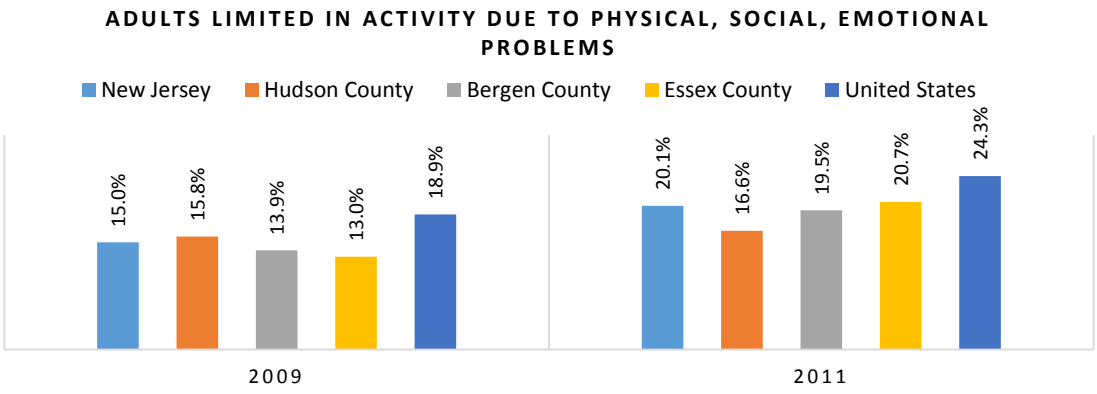
National Benchmark: 2.3

Disability Status

The percentage of adults reporting limited activity due to physical, social, or emotional problems is increasing in Hudson County, New Jersey, Bergen County, Essex County and the United States.

- Between 2009 and 2011, the percentage of Hudson County adults reporting limited activity due to physical, social, or emotional problems increased slightly from 15.8% to 16.6%.[126]
- In 2011, BRFSS data indicated that fewer Hudson County adults were limited in activity due to physical, social and emotional problems than in New Jersey (20.1%), Bergen County (19.5%) and Essex County (20.7%).

125 County Health Rankings, National Vital Statistics System
126 CDC, Behavioral Risk Factor Surveillance System



Source: CDC, Behavioral Risk Factor Surveillance System

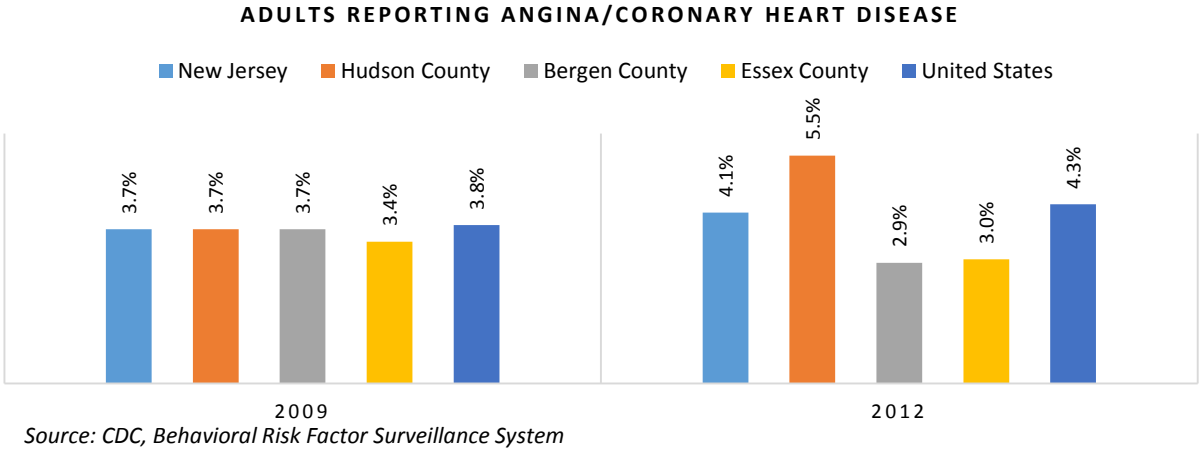
Health and Behavioral Health Status Indicators	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Physically Unhealthy Days Reported in Past 30 Days	N.A.		
Mentally Unhealthy Days Reported in Past 30 Days	N.A.		

7. Morbidity

Heart Disease

Cardiovascular disease morbidity includes illness related to heart disease and stroke.

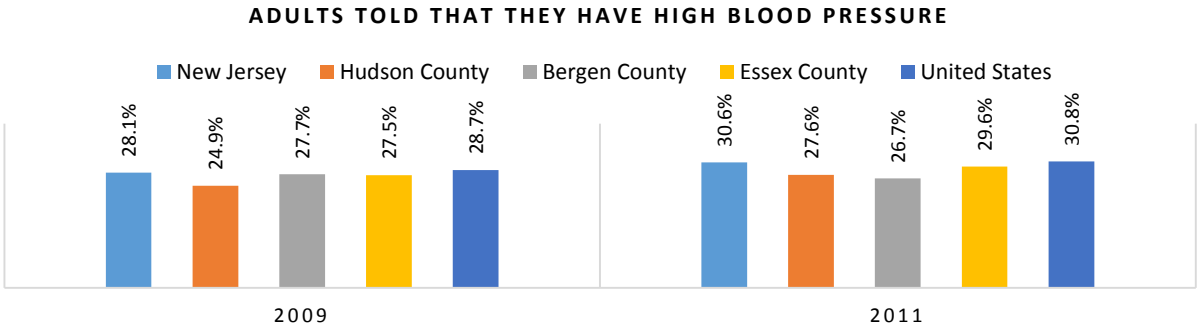
- Between 2009 and 2011, according to BRFSS, the percent of adults reporting angina or coronary heart disease increased in Hudson County, New Jersey, and the United States while decreasing in neighboring Bergen and Essex Counties.
- According to 2012 BRFSS data, 5.5% of Hudson County residents reported they had angina or coronary heart disease, 1.8 percentage points higher than 3.7% reported in 2009. The 2012 Hudson County rate was higher than the New Jersey rate of 4.1% and nearly double Bergen County (2.9%) and Essex County (3.0%).



Source: CDC, Behavioral Risk Factor Surveillance System

High Blood Pressure

- According to BRFSS, the percent of adults reporting high blood pressure increased in Hudson County, New Jersey, Essex County and the United States while decreasing in Bergen County between 2009 and 2011.
- According to 2011 BRFSS data, 27.6% of Hudson County residents reported they had high blood pressure, 2.7 percentage points higher than 24.9% in 2009. In the same period, the New Jersey rate increased from 28.1% in 2009 to 30.6% in 2011.
- The 2011 Hudson County rate was 9.8% lower than the New Jersey rate of 30.6% and slightly higher than Bergen County at 26.7%.



Source: CDC, Behavioral Risk Factor Surveillance System

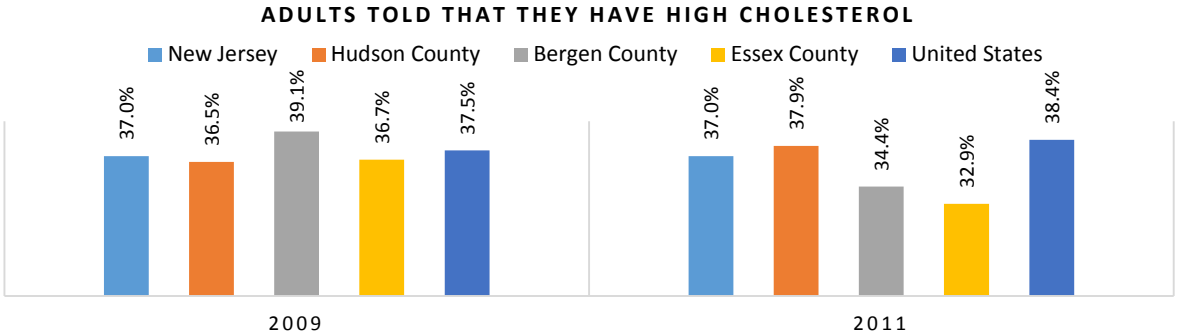
High Blood Cholesterol

- According to BRFSS, the percent of adults reporting high blood cholesterol increased in Hudson County and nationwide, decreased in Bergen and Essex Counties and remained stable in New Jersey between 2009 and 2011.
- According to 2011 BRFSS data, 37.9% of Hudson County residents reported they had high blood cholesterol, a slight increase from 36.5% in 2009.
- The 2011 Hudson County rate was similar to New Jersey (37.0%) and higher than Bergen County (34.4%) and Essex County (32.9%).
- The Hudson County rate was more than double the *Healthy People 2020* target of 13.5%.

Hudson County Reporting High Cholesterol 2011: 37.9%

Healthy People 2020

Baseline: 15.0% **Target: 13.5%**

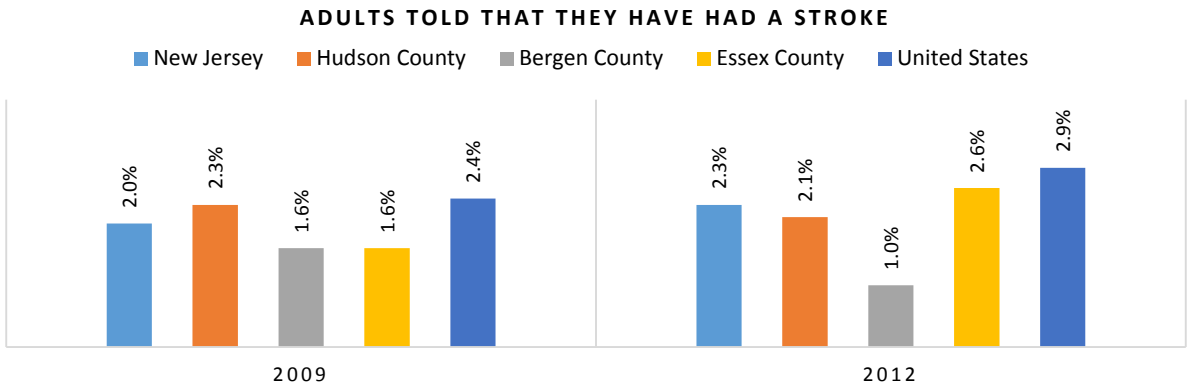


Source: CDC, Behavioral Risk Factor Surveillance System

Stroke

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

- According to BRFSS, the percent of adults reporting stroke decreased in Hudson County and Bergen Counties while increasing in New Jersey and Essex County between 2009 and 2012.
- According to 2012 BRFSS data, 2.1% of Hudson County residents reported they had a stroke, 0.2 percentage points fewer than 2009.
- The 2012 Hudson County rate was 0.2 percentage points lower than New Jersey (2.3%), 0.5 percentage points lower than Essex County and 1.1 percentage points higher than Bergen County.[127]



Source: CDC, Behavioral Risk Factor Surveillance System

Morbidity Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Adults Told That They Have High Cholesterol		N.A.	

Cancer

- Within Hudson County, Bergen County, Essex County and New Jersey, breast and prostate had the highest cancer incidence rates.
- The overall AAR for cancer decreased in Hudson County, Bergen County and New Jersey and increased in Essex County between 2011 and 2013.
- Between 2011 and 2013, the overall age-adjusted cancer incidence rate in Hudson County decreased slightly from 427.8/100,000 to 425.2/100,000, 20.6% lower than the 2013 New Jersey rate of 535.2/100,000 and lower than Bergen and Essex Counties.[128]

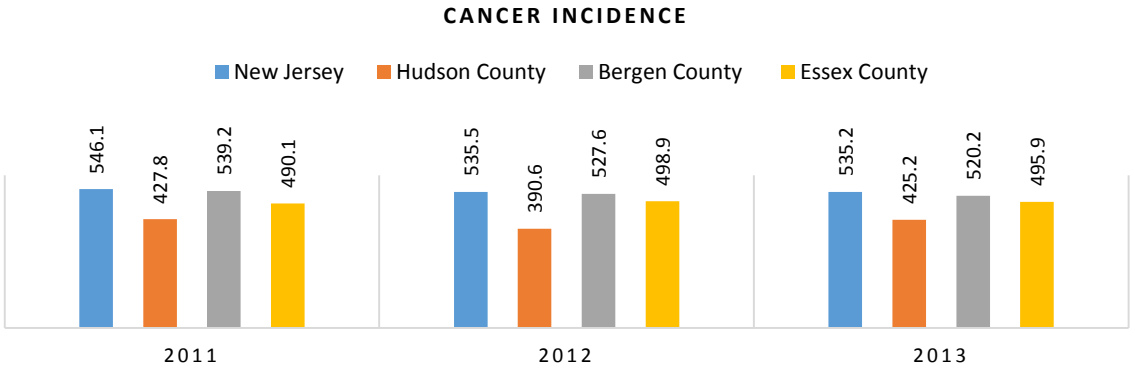
Hudson County Cancer Incidence Rate 2013: 425.2

Healthy People 2020

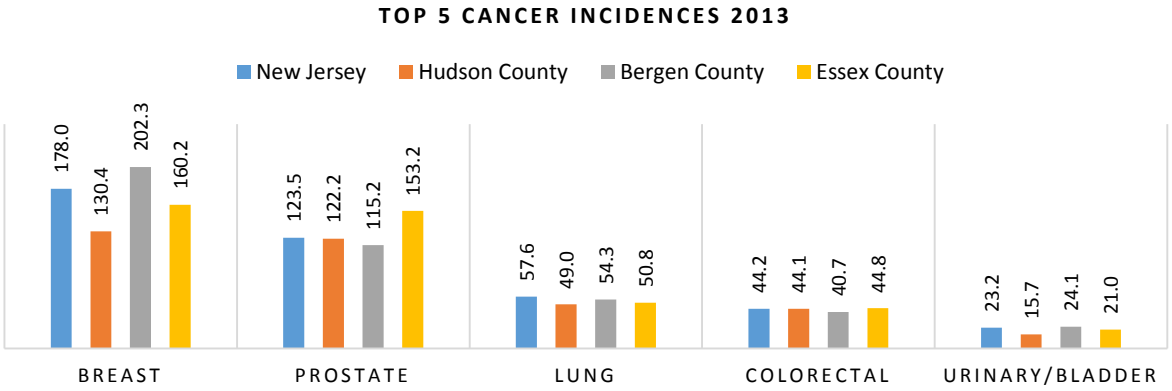
Baseline: 179.3 **Target: 161.4**

127 CDC, Behavioral Risk Factor Surveillance System
128 New Jersey State Cancer Registry http://www.cancer-rates.info/nj/, NJ CI (530.6, 539.7) Essex County CI (480.5, 511.6)

- The 2013 cancer incidence rate in Hudson County (425.2/100,000) was more than double the *Healthy People 2020* target of 161.4/100,000.

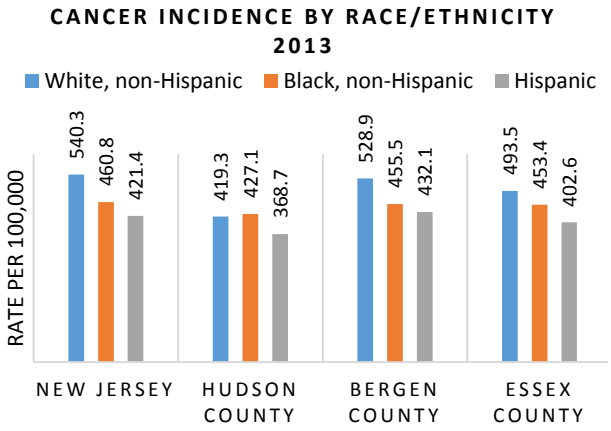


Source: NJ State Cancer Registry, NJ State Department of Health

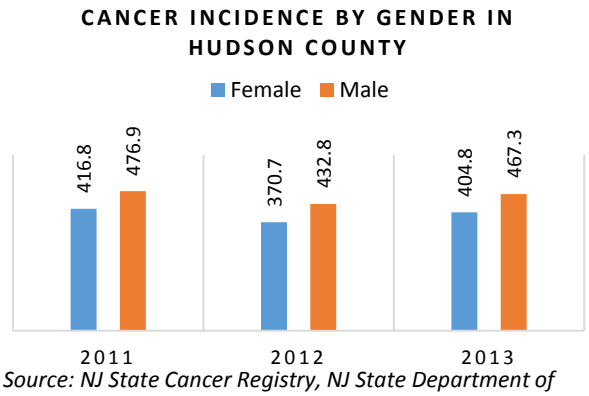


Source: NJ State Cancer Registry, NJ State Department of Health

- When comparing cancer incidence by race and ethnicity, in 2013, Blacks had the highest incidence within Hudson County as compared to Whites having the highest incidence within New Jersey, Bergen County and Essex County.
- In 2013, Hudson County Blacks (427.1/100,000) had a higher cancer incidence than Whites (419.3/100,000) and Hispanics (368.7/100,000). The Hudson County cancer incidence rate among Blacks was lower than New Jersey (460.8/100,000), Bergen County (455.5/100,000), and Essex County Blacks (453.4/100,000).
- In 2013, the Hudson County male (467.3/100,000) cancer incidence rate was 13% higher than females (404.8/100,000).



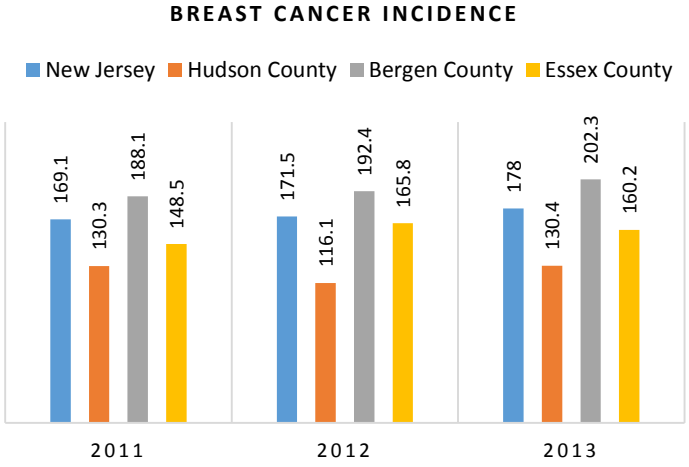
Source: NJ State Cancer Registry, NJ State Department of Health



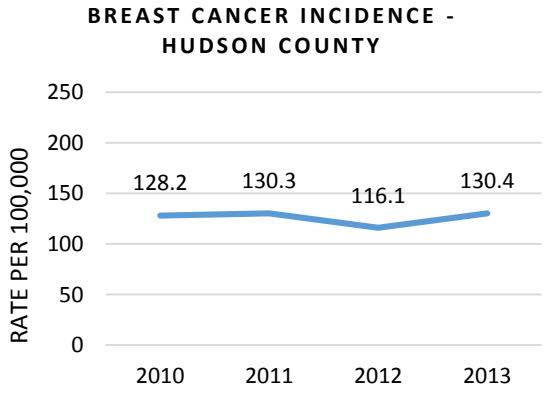
Source: NJ State Cancer Registry, NJ State Department of Health

Breast Cancer

Breast cancer is the most commonly occurring type of cancer in Hudson County, Bergen County, Essex County and New Jersey.



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

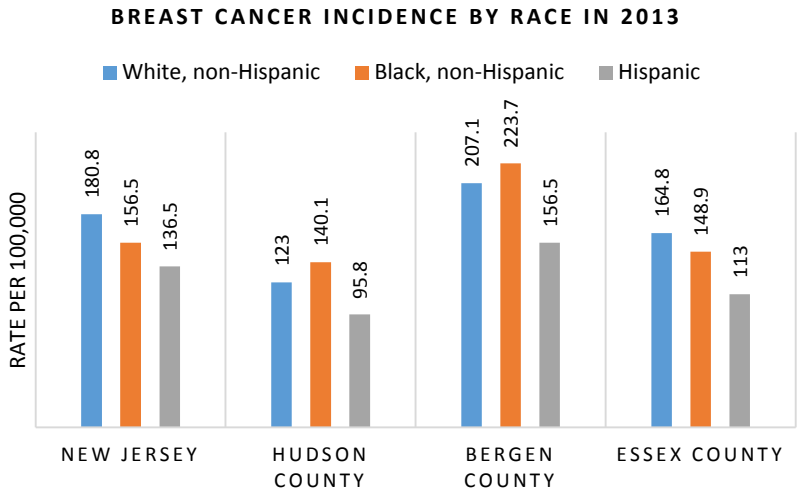


Source: NJ State Cancer Registry, NJ State Department of Health

- Between 2011 and 2013, the age-adjusted rate of breast cancer in Hudson County remained relatively stable from 130.3/100,000 to 130.4/100,000. In the same period, the New Jersey rate increased from 169.1/100,000 to 178.0/100,000; rates in Bergen and Essex Counties also increased.
- The 2013 Hudson County breast cancer rate was 26.7% lower than the State, 35.5% lower than Bergen County, and 18.6% lower than Essex County rates.[129]
- When comparing breast cancer incidence by race and ethnicity, in 2013, Blacks had the highest incidence within Hudson County and Bergen County as compared to Whites having the highest incidence within New Jersey and Essex County.

129 129

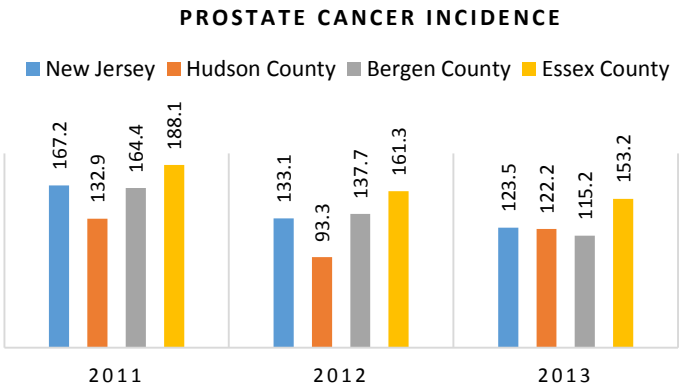
- The 2013 Hudson County age-adjusted breast cancer incidence rate for Black women (140.1/100,000) was higher than Whites (123.0/100,000) and Hispanics (95.8/100,000) countywide, but 10.5% lower than the statewide rate for Blacks (156.5/100,000). [130]



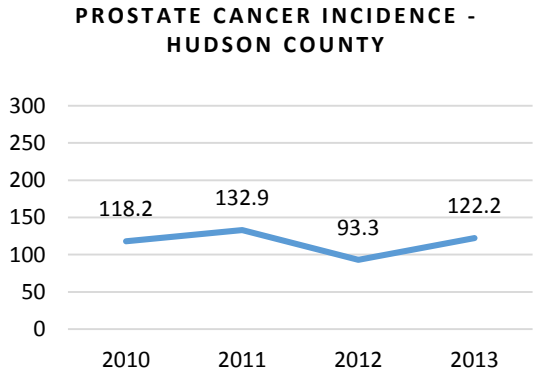
Source: NJ State Cancer Registry, NJ State Department of Health

Prostate Cancer

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



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

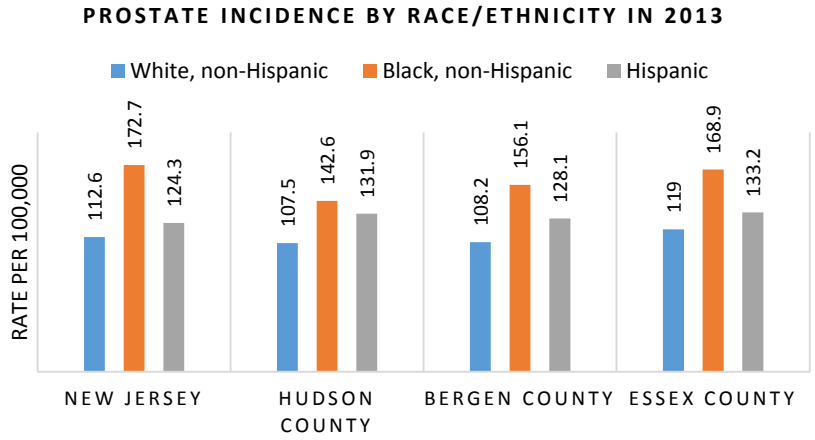


Source: NJ State Cancer Registry, NJ State Department of Health

- The AAR for prostate cancer decreased in Hudson County, Bergen County, Essex County and New Jersey between 2011 and 2013.
- Between 2011 and 2013, the age-adjusted rate of prostate cancer in Hudson County decreased 8.1% from 132.9/100,000 to 122.2/100,000. The 2013 Hudson County rate was slightly lower than the statewide rate of 123.5/100,000, lower than the Essex County rate of 153.2/100,000 and slightly higher than the Bergen County rate of 115.2/100,000.

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

- When comparing prostate cancer incidence by race and ethnicity, in 2013, Blacks had the highest incidence in Hudson County, Bergen County, Essex County and New Jersey.
- The 2013 Hudson County age-adjusted prostate cancer incidence rate for Black men (142.6/100,000) was higher than Whites (107.5/100,000) and Hispanics (131.9/100,000) countywide; the rate for Hudson County Blacks was lower than Blacks statewide (172.7/100,000), Bergen County (156.1/100,000), and Essex County (168.9/100,000).[131]

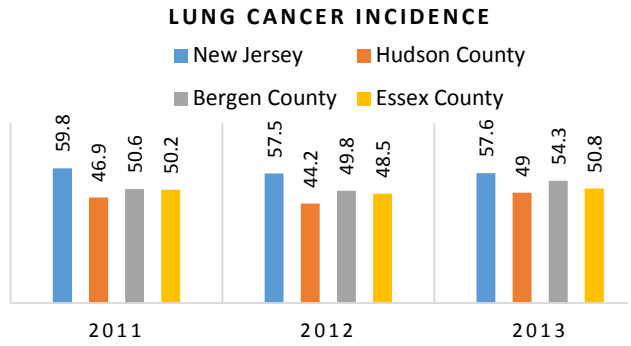


Source: NJ State Cancer Registry, NJ State Department of Health

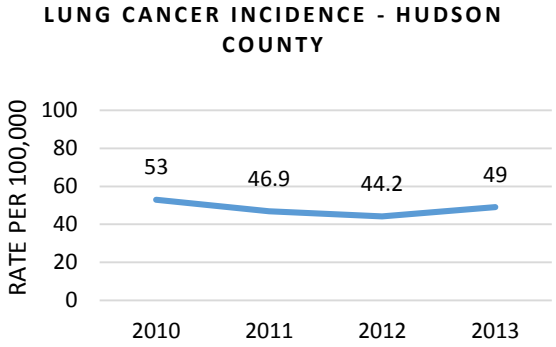
Lung Cancer

- From 2011 through 2013, the AAR for lung cancer increased in Hudson County, Bergen County and Essex County but decreased statewide.
- Between 2010 and 2013, the overall age-adjusted rate of lung cancer incidence in Hudson County decreased 7.6% from 53.0/100,000 to 49.0/100,000. The 2013 age-adjusted rate for lung cancer was lower than the New Jersey (57.6/100,000), Bergen County (54.3/100,000), and Essex County (50.8/100,000) rates.[132] When comparing 2013 lung cancer incidence by race and ethnicity across Hudson County, Bergen County, Essex County and New Jersey, no pattern emerges.
- In Hudson County, the 2013 lung cancer rate for Blacks (55.0/100,000) was higher than Whites (50.4/100,000) and Hispanics (31.8/100,000). The 2013 Black Hudson County lung cancer rate is the same as New Jersey Blacks and higher than Blacks in Bergen (37.4/100,000) and Essex (52.2/100,000) Counties.
- The 2013 Hudson County Hispanics lung cancer incidence rate (31.8/100,000) was lower than the rate for Hispanics in New Jersey (36.0/100,000), Bergen County (34.0/100,000), and Essex County (38.6/100,000).
- In 2013, the incidence of lung cancer was higher for Hudson County males (58.6/100,000) than females (42.7/100,000).[133] Between 2011 and 2013, the Hudson County male lung cancer incidence rate decreased slightly from 59.1/100,000 to 58.6/100,000, but for females, the rate increased from 38.4/100,000 to 42.7/100,000.

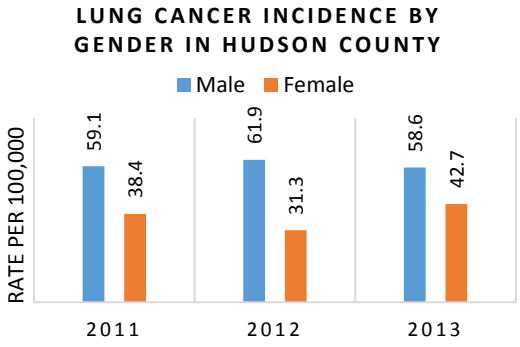
131 Ibid.
132 New Jersey State Cancer Registry http://www.cancer-rates.info/nj/
133 Ibid.



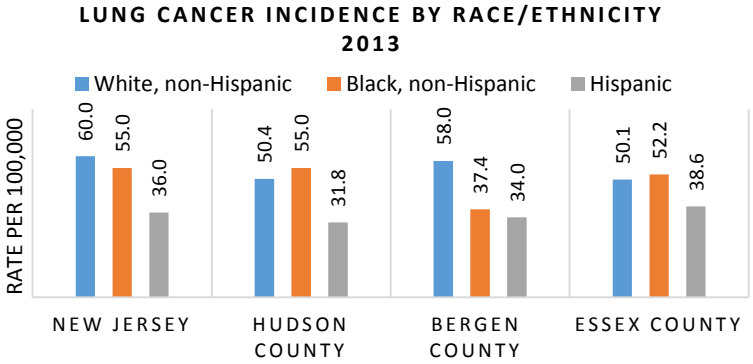
Source: NJ State Cancer Registry, NJ State Department of Health



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



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

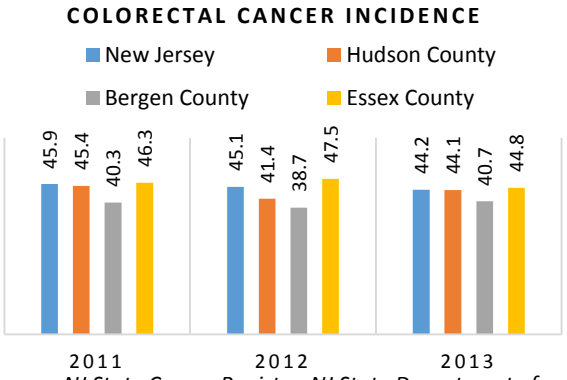


Source: NJ State Cancer Registry, NJ State Department of Health

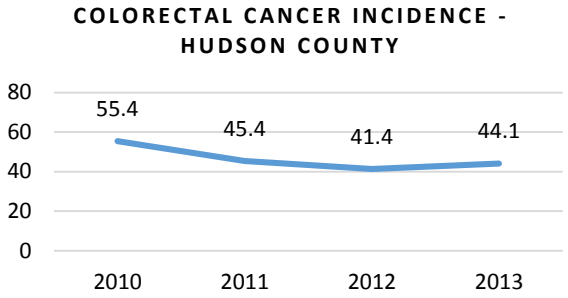
Colorectal Cancer

- From 2011 through 2013, the AAR for colorectal cancer incidence decreased in Hudson County, Essex County and New Jersey; the rate was relatively stable in Bergen County.
- Between 2010 and 2013, the Hudson County age-adjusted rate of colorectal cancer decreased from 55.4/100,000 to 44.1/100,000. Rates for colorectal cancer in 2013 were similar for Hudson County, New Jersey, and Essex County, ranging from 44.1/100,000 to 44.8/100,000, all higher than the Bergen County rate (40.7/100,000). [134]

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

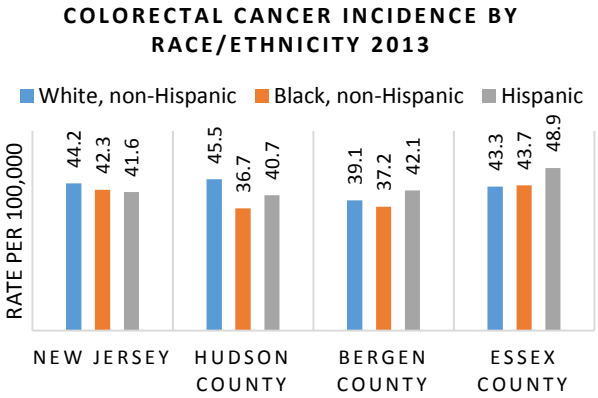


Source: NJ State Cancer Registry, NJ State Department of Health

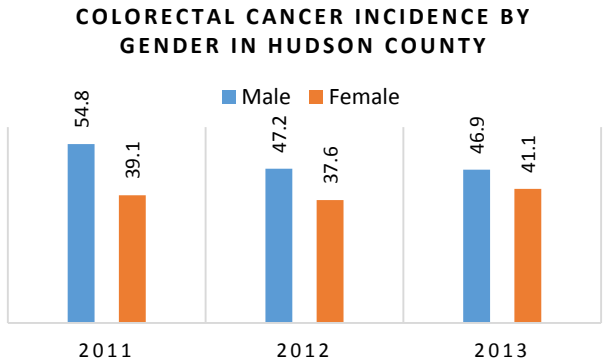


Source: NJ State Cancer Registry, NJ State Department of Health

- The largest disparity in colorectal cancer is gender. In 2013, Hudson County men had an age-adjusted rate of (46.9/100,000), higher than women (41.1/100,000). Between 2011 and 2013, in Hudson County, the male colorectal cancer incidence rate decreased 14.4% from 54.8/100,000 to 46.9/100,000.
- When comparing the AAR incidence by race and ethnicity within Hudson County, Whites had the highest incidence of colorectal cancer (45.5/100,000), slightly higher than the rate for Whites statewide (44.2/100,000) and Bergen (39.12/100,000) and Essex (43.3/100,000) Counties. [135]



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

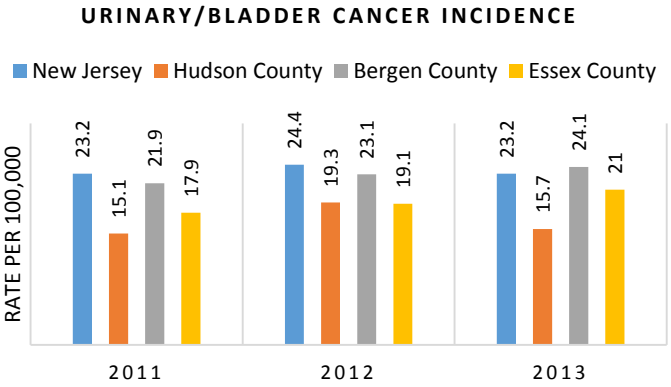


Source: NJ State Cancer Registry, NJ State Department of Health

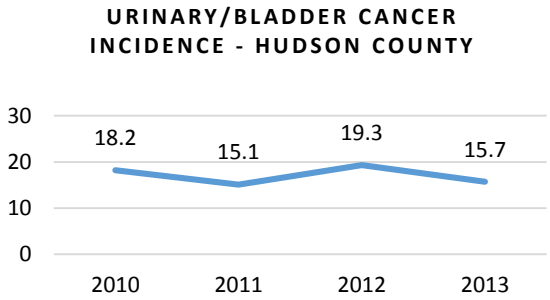
135 Ibid.

Urinary/Bladder Cancer

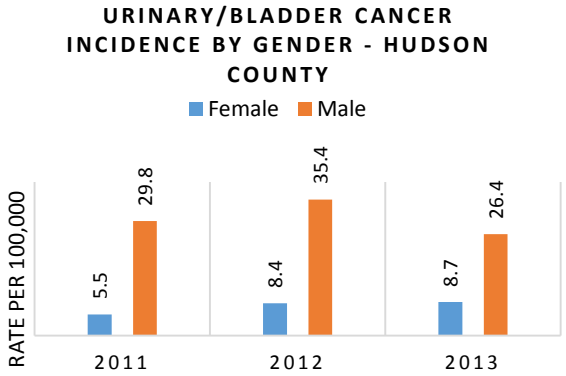
- From 2010 through 2013, the AAR for urinary/bladder cancer incidence decreased in Hudson County from 18.2/100,000 to 15.7/100,000.
- The 2013 Hudson County rate was 26.4% lower than the New Jersey rate (23.2/100,000), and lower than the Bergen (24.1/100,000) and Essex (21.0/100,000) County rates.



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



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



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

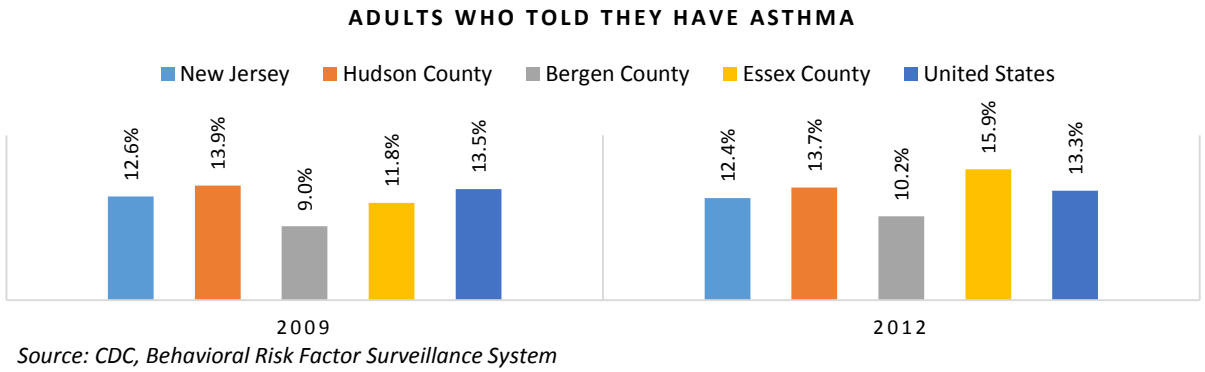
- The largest disparity in urinary/bladder cancer is gender. In 2013, the urinary/bladder cancer incidence rate for Hudson County males (26.4/100,000) was triple females (8.7/100,000). Between 2011 and 2013, the urinary/bladder cancer incidence rate for males decreased 11.4% from 29.8/100,000 to 26.4/100,000. In the same period, the rate for females increased from 5.5/100,000 to 8.7/100,000.
- Rates for urinary/bladder cancer by race are considered unreliable, based on fewer than 15 cases required to calculate a stable age-adjusted rate.

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

Asthma

In the Unites States, more than 23 million people currently have asthma. Asthma affects people of all ages, but most often begins in childhood. The exact cause of asthma is unknown but environmental and genetic factors that may interact to cause the disease include:

- Inherited tendency to develop allergies
- Parents with asthma
- Certain respiratory infections during childhood
- Contact with some airborne allergies or exposure to some viral infections
- Allergy and asthma triggers
- According to BRFSS, between 2009 and 2012, the percentage of adults in Hudson County reporting asthma remained relatively stable from 13.9% to 13.7%.
- In 2012, more Hudson County residents reported asthma than statewide (12.4%) and in Bergen County (10.2%) and fewer than Essex County (15.9%).

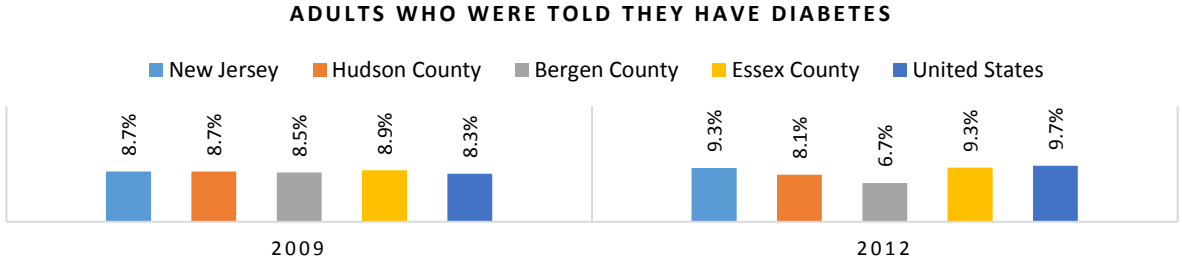


Source: CDC, Behavioral Risk Factor Surveillance System

Diabetes

The three common types of diabetes are Type 2, caused by a combination of resistance to the action of insulin and insufficient insulin production, Type 1, results when the body loses its ability to produce insulin, and Gestational, a common complication of pregnancy that can lead to perinatal complications in mother and child. Gestational Diabetes a risk factor for development of Type 2 diabetes after pregnancy. Diabetes is the seventh leading cause of death in the U.S. Complications include reduced life expectancy by up to 15 years, increased risk of heart disease by two to four times, leading cause of kidney failure, limb amputations, and adult onset blindness. It also results in significant financial costs in healthcare, lost productivity and early death.[136] Almost 7 million Americans with diabetes are undiagnosed, and another 79 million Americans have pre-diabetes which greatly increases their risk of developing diabetes in the next several years.[137] Factors contributing to diabetes prevalence overall and in Ocean County include, obesity, lack of physical activity, family history, environmental resources including such things as the availability of wholesome food, healthcare access and recreational availability.

- According to BRFSS, between 2009 and 2012, diabetes diagnosis is decreasing in Hudson and Bergen Counties and increasing in Essex County and statewide.
- In 2012, Hudson County had a lower percentage of adults with diabetes than Essex County (9.3%) and New Jersey (9.3%) and a higher percentage than Bergen County (6.7%).



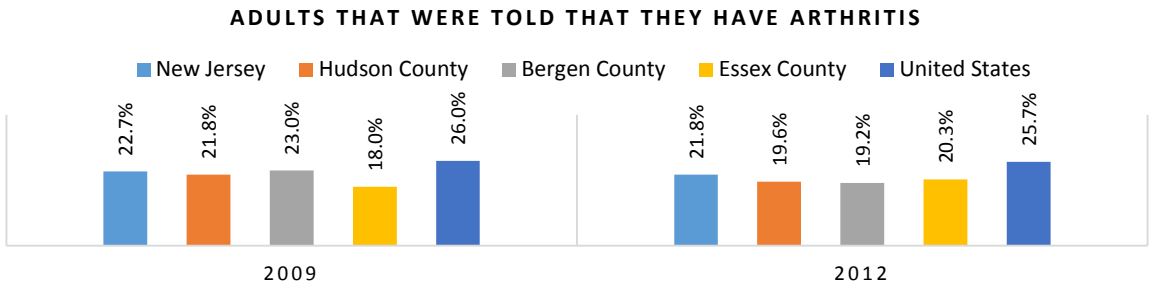
Source: CDC, Behavioral Risk Factor Surveillance System

Arthritis

Arthritis is the inflammation of one or more joints. A joint is where two bones meet. There are over 100 different types of arthritis. The most common form of arthritis is osteoarthritis which is a normal result of aging. It is also caused by "wear and tear" on the joints. Arthritis is the most common cause of disability in the U.S., limiting the activities of an estimated 22 million adults (9%).[138]

- The percentage of Hudson County, Bergen County and New Jersey residents told that they have arthritis decreased from 2009 through 2012; the percentage increased in Essex County.
- Between 2009 and 2012, the percentage of Hudson County residents reporting arthritis decreased from 21.8% to 19.6%.[139] The Hudson County 2012 rate was lower than the state, 21.8%, and similar to Bergen County 19.2% and Essex County 20.3%.

[136] Retrieved from www.diabetes.org/diabetesbasics. Accessed April 30, 2013.
[137] Retrieved from www.cdc.gov/diabetes/pubs/pdf/ndfs_2011pdf. Accessed April 30, 2013.
[138] Retrieved from http://www.cdc.gov/arthritis. Accessed 4/30/13.
139 CDC, Behavioral Risk Factor Surveillance System



Source: CDC, Behavioral Risk Factor Surveillance System

5. ASSETS AND GAPS ANALYSIS

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

PREMATURE DEATHS

Assets

- Hudson County's 2011-2013 premature death rate of 5,197/100,000 was 6.3% lower than New Jersey (5,548/100,000), 27.4% lower than Essex County (7,163/100,000) and similar to the County Health Rankings (CHR) benchmark (5,200/100,000).

Gaps

- Hudson County's 2011-2013 premature death rate of 5,197/100,000 was 30.4% higher than Bergen County (3,986/100,000).

LEADING CAUSES OF DISEASE

Heart Disease Mortality

Assets

- The Hudson County heart disease death rate decreased 7.2% from 193.3/100,000 to 179.3/100,000.

Gaps

- Despite decreasing, the 2013 Hudson County rate (179.3/100,000) was 6.1% higher than New Jersey (169.0/100,000) and 22.1% higher than Bergen County (146.9/100,000).
- The 2013 Hudson County AAMR (179.3/100,000) was 77.9% higher than the *Healthy People 2020* target of 100.8/100,000.
- In 2013,Whites had the highest AAMR for heart disease within Hudson County at 230.7/100,000 and among comparative counties.
- The 2013 White rate was 16.4% higher than Hudson County Blacks (192.9/100,000) and 42.5% higher than Hispanics (132.6/100,000).
    - In 2013, the White AAMR for heart disease in Hudson County was higher than New Jersey Whites (176.2/100,000), Bergen County Whites (163.5/100,000) and Essex County Whites (159.5/100,000).
- The 2013 Black Hudson County rate (192.9/100,000) was higher than Bergen County (127.7/100,000).

Heart Disease Morbidity

Assets

- The 2011 Hudson County high blood pressure rate (27.6%) was 9.8% lower than the New Jersey rate of 30.6% and slightly higher than Bergen County at 26.7%.

Gaps

- In 2012, 5.5% of Hudson County residents reported angina or coronary heart disease. This was higher than the New Jersey rate of 4.1% and nearly double Bergen County (2.9%) and Essex County (3.0%).
- The Hudson County high cholesterol rate (37.9%) was more than double the *Healthy People 2020* target of 13.5%.

Cancer Mortality

Assets

- The Hudson County Cancer AAMR decreased 8.9% from 162.2/100,000 to 147.7/100,000.
- The 2013 Hudson County AAMR for cancer is 8.5% lower than the *Healthy People 2020* target of 161.5/100,000.[140]
- The Hudson County AAMR for cancer among Blacks decreased from 9.7% from 208.4/100,000 in 2010 to 188.1/100,000 in 2013

Gaps

- The Hudson County rate was 6.7% higher than Bergen County (138.4/100,000).
- In 2013,Whites had the highest AAMR for cancer within Hudson County at 197.3/100,000.
- The 2013 Hudson County White rate (197.3/100,000) was 4.7% higher than Hudson County Black rate (188.1/100,000) and 45.6% higher than the Hudson County Hispanic rate (107.4/100,000).
- In 2013, the White AAMR for cancer in Hudson County was higher than any rate in New Jersey, Bergen County and Essex County, regardless of race and or ethnicity.
- The 2013 Black Hudson County rate (188.1/100,000) was higher than the AAMR for Blacks in New Jersey (178.0/100,000), Bergen County (155.7/100,000) and Essex County (174.4/100,000).

Cancer Morbidity

Assets

- Between 2011 and 2013, the overall age-adjusted cancer incidence rate in Hudson County decreased slightly from 427.8/100,000 to 425.2/100,000, 20.6% lower than the 2013 New Jersey rate of 535.2/100,000 and lower than Bergen and Essex Counties.
- The 2013 Hudson County breast cancer rate (130.4/100,000) was 26.7% lower than the State rate of 178.0/100,000, 35.5% lower than Bergen County (202.3/100,000), and 18.6% lower than Essex County (160.2/100,000).
- The 2013 Hudson County age-adjusted breast cancer incidence rate for Black women (140.1/100,000) was 10.5% lower than the statewide rate for Blacks (156.5/100,000). [141]
- Between 2011 and 2013, the age-adjusted rate of prostate cancer in Hudson County decreased 8.1% from 132.9/100,000 to 122.2/100,000.

140 ibid
141 New Jersey State Cancer Registry http://www.cancer-rates.info/nj/

- The 2013 rate for Hudson County Blacks (142.6/100,000) was lower than Blacks statewide (172.7/100,000), Bergen County (156.1/100,000), and Essex County (168.9/100,000).[142]
- Between 2010 and 2013, the overall age-adjusted rate of lung cancer incidence in Hudson County decreased 7.6% from 53.0/100,000 to 49.0/100,000. The 2013 age-adjusted rate for lung cancer was lower than the New Jersey (57.6/100,000), Bergen County (54.3/100,000), and Essex County (50.8/100,000) rates.[143]
- The 2013 Hudson County Hispanics lung cancer incidence rate (31.8/100,000) was lower than the rate for Hispanics in New Jersey (36.0/100,000), Bergen County (34.0/100,000), and Essex County (38.6/100,000).
- Between 2010 and 2013, the Hudson County age-adjusted rate of colorectal cancer decreased from 55.4/100,000 to 44.1/100,000.
- Between 2011 and 2013, in Hudson County, the male colorectal cancer incidence rate decreased 14.4% from 54.8/100,000 to 46.9/100,000.
- From 2010 through 2013, the AAR for urinary/bladder cancer incidence decreased in Hudson County from 18.2/100,000 to 15.7/100,000.
- The 2013 Hudson County rate was 26.4% lower than the New Jersey rate (23.2/100,000), and lower than the Bergen (24.1/100,000) and Essex (21.0/100,000) County rates.
- Between 2011 and 2013, the urinary/bladder cancer incidence rate for males decreased 11.4% from 29.8/100,000 to 26.4/100,000.

Gaps

- The 2013 cancer incidence rate in Hudson County (425.2/100,000) was more than double the *Healthy People 2020* target of 161.4/100,000.
- In 2013, Hudson County Blacks (427.1/100,000) had a higher cancer incidence than Whites (419.3/100,000) and Hispanics (368.7/100,000).
- In 2013, the Hudson County male (467.3/100,000) cancer incidence rate was 13% higher than females (404.8/100,000).
- The 2013 Hudson County age-adjusted breast cancer incidence rate for Black women (140.1/100,000) was higher than Whites (123.0/100,000) and Hispanics (95.8/100,000) countywide
- The 2013 Hudson County age-adjusted prostate cancer incidence rate for Black men (142.6/100,000) was higher than Whites (107.5/100,000) and Hispanics (131.9/100,000) countywide.
- In Hudson County, the 2013 lung cancer rate for Blacks (55.0/100,000) was higher than Whites (50.4/100,000) and Hispanics (31.8/100,000). The 2013 Black Hudson County lung cancer rate is the same as New Jersey Blacks and higher than Blacks in Bergen (37.4/100,000) and Essex (52.2/100,000) counties.
- In 2013, the incidence of lung cancer was higher for Hudson County males (58.6/100,000) than females (42.7/100,000).
- Between 2011 and 2013, the Hudson County lung cancer incidence rate for females increased from 38.4/100,000 to 42.7/100,000.
- The largest disparity in colorectal cancer is gender. In 2013, Hudson County men had an age-adjusted rate of (46.9/100,000), higher than women (41.1/100,000).

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

- When comparing the AAR incidence by race and ethnicity within Hudson County, Whites had the highest incidence of colorectal cancer (45.5/100,000), slightly higher than the rate for Whites statewide (44.2/100,000) and Bergen (39.12/100,000) and Essex (43.3/100,000) Counties. [144]
- The largest disparity in urinary/bladder cancer is gender. In 2013, the urinary/bladder cancer incidence rate for Hudson County males (26.4/100,000) was triple females (8.7/100,000).
- Between 2011 and 2013, the urinary/bladder cancer incidence rate for females increased from 5.5/100,000 to 8.7/100,000.

Diabetes Mortality

Assets

- The 2013 Hudson County AAMR for diabetes (31.6/100,000) was less than half the *Healthy People 2020* target of 66.6/100,000.[145]
- The Hudson county AAMR for diabetes among Blacks decreased 30.5% from 74.7/100,000 in 2005-2007 to 51.9/100,000 in 2011-2013.
- The Hudson county AAMR for diabetes among Whites decreased 27.6% from 36.6/100,000 in 2005-2007 to 26.5/100,000 in 2011-2013.

Gaps

- The 2013 Hudson County diabetes mortality rate (31.6/100,000) was higher than New Jersey (19.4/100,000), Bergen County (13.4/100,000) and Essex County (25.3/100,000).
- Considering diabetes by race and ethnicity in Hudson County from 2005-2007 through 2011-2013, Blacks have the highest AAMR. In 2011-2013, the diabetes AAMR for Hudson County Blacks was 51.9/100,000, almost double that of Whites (26.5/100,000).
- The 2011-2013 Hudson County AAMR for diabetes among Blacks (51.9/100,000) was higher than the AAMR for Blacks in New Jersey (39.4/100,000), Essex County (39.4/100,000), and Bergen County (22.2/100,000).
- The diabetes mortality rate for Hispanics increased 14.8% from 31.7/100,000 in 2005-2007 to 36.4/100,000 in 2011-2013 and was higher than the AAMR for Hispanics in New Jersey (24.9/100,000), Bergen County (12.4/100,000) and Essex County (27.3/100,000).
- Between 2011-2013, the Hudson County AAMR for diabetes among Whites was higher than the AAMR for Whites in New Jersey (17.4/100,000), Bergen County (15.1/100,000) and Essex County (16.2/100,000).

Diabetes Morbidity

Assets

- In 2012, Hudson County had a lower percentage of adults with diabetes (8.1%) than Essex County (9.3%) and New Jersey (9.3%).

Gaps

- In 2012, Hudson County had a higher percentage of adults with diabetes (8.1%) than Bergen County (6.7%)

144 Ibid.
145 ibid

Chronic Lower Respiratory Disease Mortality

Assets

- The Hudson County AAMR for CLRD among Whites decreased 6.9% from 45.2/100,000 in 2005-2007 to 42.1/100,000 in 2011-2013.
- The Hudson County AAMR for CLRD among Blacks decreased 23.1% from 40.3/100,000 in 2005-2007 to 31.0/100,000 in 2011-2013.

Gaps

- In 2011-2013, the CLRD AAMR for Hudson County Whites was 42.1/100,000, more than double that of Hispanics (19.8/100,000) and 35.8% higher than Blacks (31.0/100,000).
- The CLRD mortality rate for Hispanics increased 15.1% from 17.2/100,000 in 2005-2007 to 19.8/100,000 in 2011-2013 and was higher than the AAMR for Hispanics in New Jersey (15.9/100,000) and Essex County (17.2/100,000).
- Despite decreasing, the 2011-2013 Hudson County AAMR for CLRD among Blacks was higher than the AAMR for Blacks in New Jersey (28.3/100,000), Bergen County (17.6/100,000) and Essex County (30.2/100,000).
- In 2011-2013, the CLRD AAMR for Hudson County Blacks was 48.2/100,000, more than double that of Hispanics (22.8/100,000) and 47.9% higher than Whites (32.6/100,000).

Stroke Mortality

Assets

- The Hudson County AAMR for stroke decreased 15.1% from 33.2/100,000 in 2010 to 28.2/100,000 2013.
- The 2013 Hudson County stroke mortality rate (28.2/100,000) was lower than New Jersey (32.2/100,000) and Essex County (33.1/100,000).
- The 2013 Hudson County AAMR for stroke is 16.6% lower than the *Healthy People 2020* target of 33.8/100,000.[146]
- The Hudson County AAMR for stroke among Blacks decreased 36.8% from 76.3/100,000 in 2005-2007 to 48.2/100,000 in 2011-2013.
- The Hudson County AAMR for stroke among Whites decreased 25.1% from 43.5/100,000 in 2005-2007 to 32.6/100,000 in 2011-2013.

Stroke Morbidity

Assets

- According to 2012 BRFSS data, 2.1% of Hudson County residents reported they had a stroke, 0.2 percentage points fewer than 2009.
- The 2012 Hudson County rate was 0.2 percentage points lower than New Jersey (2.3%) and 0.5 percentage points lower than Essex County.

Gaps

- The 2012 Hudson County stroke prevalence rate (2.1%) was 1.1 percentage points higher than Bergen County (1.0%).

146 ibid

Asthma Morbidity

Gaps

- In 2012, more Hudson County residents reported asthma (13.7%) than statewide (12.4%) and in Bergen County (10.2%), but fewer than Essex County (15.9%).

Arthritis Morbidity

Assets

- The percentage of Hudson County, Bergen County and New Jersey residents told that they have arthritis decreased from 21.8% in 2009 to 19.6% in 2012.
- The Hudson County 2012 figure was lower than the state, 21.8%, and similar to Bergen County 19.2% and Essex County 20.3%.

BEHAVIORAL HEALTH RELATED DEATHS

Assets

- The 2013 Hudson County drug induced mortality rate (10.2/100,000) was 30.6% lower than the State (14.7/100,000) and 9.7% lower than the *Healthy People 2020* target (11.3/100,000).
- Between 2010 and 2013, Hudson County age-adjusted alcohol induced deaths decreased 24.4% from 9.0/100,000 to 6.8/100,000.
- The 2013 Hudson County suicide rate (6.3/100,000) was lower than New Jersey (7.9/100,000) and Bergen County (7.1/100,000).
- The 2013 Hudson County suicide rate of 6.3/100,000 was 3.8% lower than the *Healthy People 2020* target of 10.2/100,000.

Gaps

- In Hudson County, the age-adjusted drug induced mortality rate (AAMR) increased 27.5% from 7.4/100,000 in 2010 to 10.2/100,000 in 2013.
- The 2013 Hudson County alcohol induced mortality rate (6.8/100,000) was 28.3% higher than the State (5.3/100,000).
- The Hudson County age-adjusted suicide rate increased 21.2% from 5.2/100,000 in 2011 to 6.3/100,000 in 2013.

INFANT MORTALITY

Assets

- Hudson County's mortality rate decreased 22.4% from 4.9/1,000 in 2005-2007 to 3.8/1,000 in 2011-2013. The 2011-2013 Hudson County rate is the same as Bergen County rate and lower than New Jersey (4.6/1,000) and Essex County (5.6/1,000) rates.
- The 2011-2013 Hudson County infant mortality rate (3.8/1,000) was 36.7% lower than the *Healthy People 2020* target (6.0/100,000).
- Considering infant mortality by race in Hudson County from 2005-2007 through 2011-2013, the rate for Blacks decreased 35.6% from 13.2/100,000 to 8.5/100,000 larger than the 12.3% decline statewide.

LOW AND VERY LOW BIRTH WEIGHT INFANTS

Assets

- In 2013, Hudson County had fewer low birthweight babies (9.0%) than Essex County (9.6%).

Gaps

- The 2013 Hudson County percentage of low birthweight babies (9.0%) was higher than the *Healthy People 2020* target of 7.8%.
- In Hudson County from 2011 through 2013, Blacks had the highest percentage of low birthweight babies. In 2013, the percent of Black low birthweight babies in Hudson County was 15.3%, double that of Whites (7.2%) and Hispanics (7.6%).
- The percentage of Black low birth weight infants in Hudson County increased 29.7% from 11.8% in 2011 to 15.3% in 2013.
- In 2013, the percent of very low birth weight babies in Hudson County (1.6%) was higher than Bergen County (1.2%).
- In 2013, the percent of very low birthweight babies for Hudson County Blacks was 3.6%, more than double that of Whites (1.2%) and Hispanics (1.3%).

HEALTH AND BEHAVIORAL HEALTH STATUS

Health Status

Gaps

- The 2012 Hudson County percentage of residents reporting fair or poor health (22.6%) was higher than New Jersey (15.0%), Bergen County (12.6%) and Essex County (20.1%).[147]
- From 2006-2012, Hudson County residents reported an average of 4.2 physically unhealthy days per month, higher than New Jersey at 3.3 days, Bergen County at 2.8 days, Essex County at 3.2 days and the CHR national benchmark of 2.5 days.
- Hudson County residents reported 3.4 mentally unhealthy days from 2006-2012, slightly higher than 3.3 days by New Jersey residents and higher than Bergen County at 2.9 days, and the CHR benchmark of 2.3 days.

SOCIOECONOMIC STATUS

Income, Poverty, and Unemployment

Assets

- The 2014 median household income of Jersey City 07310 residents ($152,335) was the highest in the service area, and more than double the statewide figure ($72,062).

Gaps

- In 2014, the median household income in Hudson County was $58,973, more than $10,000 below the state median ($72,062).
- The 2014 median household income of Jersey City residents in zip codes 07304 ($45,864), 07306 ($48,520) and 07305 ($49,101) were at least $20,000 below the statewide figure ($72,062).[148]

147 CDC, Behavioral Risk Factor Surveillance System
148 United States Census Bureau American Community Survey 2014

- Between 2011 and 2014, unemployment throughout New Jersey increased. In 2014, the Hudson County unemployment rate was 10.3%, an increase from 9.8% in 2011, and higher than the New Jersey unemployment rate of 6.4%.[149]
- In 2014, the unemployment rate in Jersey City (07305) was 16.9%, the highest in the JCMC PSA and higher than both the state (6.4%) and Hudson County (10.3%) rates.
- Hudson County (15.1%) had a higher percentage of people living in poverty than statewide (10.7%) in 2014.[150]
- In 2014, Jersey City 07304 had 21.2% of families living in poverty, exceeding the Hudson county percentage (12.8%) and more than double New Jersey (8.1%).
- In 2014, 22.1% of people were living in poverty in Jersey City 07304, more than double the statewide percentage (10.7%).
- In 2014, throughout the JCMC service area the following had more than 10% of families living in poverty[151]:
    - Jersey City (07304): 21.2%
    - Jersey City (07305): 19.1%
    - Jersey City (07306): 19.3%
    - Hoboken: 10.1%
- In 2014, 34.8% of children in Jersey City 07305 were living in poverty, higher than the Hudson County percentage (22.4%) and more than double the New Jersey percentage (15.4%).

Educational Attainment

Assets

- In 2014, 3.2% of Jersey City 07310 residents did not complete high school, less than a fifth of Hudson County (17.5%) and less than a third of New Jersey (11.6%).
- In 2014, approximately 36.9% of Bayonne and 30.7% of Jersey City 07304 residents graduated from high school, higher than Hudson County (26.3%) and New Jersey (28.8%).

Gaps

- In 2014, 17.5% of Hudson County residents did not complete high school, 5.9 percentage points higher than New Jersey at 11.6%.[152]
- In 2014, 18.3% of Jersey City 07304 residents did not complete high school, the only zip code in the service area to exceed Hudson County (17.5%).
- In 2014, Hudson County had a higher percentage (13.6%) of households with limited English proficiency than the state (7.2%).
- In 2014, 25.6% of households in Jersey City 07306 had limited English proficiency, highest in the JCMC service area and higher than Hudson County (13.6%) and New Jersey (7.2%).

149 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
150Ibid.
151Ibid.
152 United States Census Bureau American Community Survey 2014

ACCESS TO CARE

Health Insurance Coverage

Gaps

- According to Enroll America in 2015, 9% of the population in Hudson County was uninsured, higher than 6.3% statewide.
- Hudson County's uninsured greatly exceeds the *Healthy People 2020* target for the uninsured to be at 0%.

Health Insurance Coverage Types

Gaps

- In 2014, the distribution of Hudson County inpatient admissions by insurance type was as follows:[153]
    - 35.2% paid with commercial insurance, lower than 34.8% statewide
    - 18.5% paid with Medicaid/Caid HMO/Family Care, higher than 15.4% statewide
    - 10.2% were underinsured, receive charity care, or self-pay, higher than 6.2% statewide
- In 2014, the distribution of Hudson County ED visits by insurance type was as follows [154]:
    - 21.9% were underinsured, receive charity care, or self-pay, more than 15.9% statewide
- In 2014, the distribution of JCMC primary service area residents' inpatient admissions by insurance type was as follows:[155]
    - 21.5% paid with Medicaid/Caid HMO/Family Care, higher than 18.5% in Hudson County and 15.4% statewide.
    - 11.0% were underinsured, receive charity care, or self-pay, higher than 10.2% in Hudson County and 6.2% statewide.
- In 2014, the distribution of JCMC primary service area residents ED visits by insurance type was as follows [156]:
    - 27.9% paid with Medicaid/Caid HMO/Family Care, higher than 23.4% in Hudson County and 25.0% statewide.

Providers

Assets

- According to 2014 data, the ratio of population to primary care providers was 1,870:1 in Hudson County, higher than the 1,170:1 ratio for New Jersey overall.

Timeliness

Gaps

- In 2014, the average time patients spent in the emergency room before being seen by a doctor was 32 minutes at Jersey City Medical Center, higher compared to
    - 30 minutes in New Jersey
    - 24 minutes at Meadowlands Hospital Medical Center

153Ibid.
154Ibid.
155Ibid.
156Ibid.

  - 29 minutes at Palisades Medical Center
  - 30 minutes at Carepoint Health – Christ Hospital
- In 2014, the average time patients spent in the emergency room before being sent home was 186 minutes at Jersey City Medical Center, higher compared to
  - 150 minutes in New Jersey
  - 140 minutes Meadowlands Hospital Medical Center
  - 168 minutes at Palisades Medical Center
  - 148 minutes at Carepoint Health – Bayonne Medical Center
  - 158 minutes at Carepoint Health – Hoboken University Medical Center
  - 165 minutes at Carepoint Health – Christ Hospital
- In 2014, the average time patients with broken bones had to wait before receiving pain medication was 65 minutes at Jersey City Medical Center, higher compared to 57 minutes in New Jersey.
- In 2014, the average transfer time among patients admitted (additional time spent waiting before being taken to their room) was 202 minutes at Jersey City Medical Center, higher than the five hospitals in Hudson county and New Jersey
  - 146 minutes in New Jersey
  - 175 minutes at Meadowlands Hospital Medical Center
  - 98 minutes at Palisades Medical Center
  - 120 minutes at Carepoint Health – Bayonne Medical Center
  - 116 minutes at Carepoint Health – Hoboken University

Ambulatory Care Sensitive Conditions – Emergency Department

Assets

- The Hudson County Emergency Department Ambulatory Care Sensitive Conditions rate decreased from 59.3/1,000 in 2011 to 58.2/1,000 in 2014. In 2014, the overall Hudson County rate was 58.2/1,000 people, just below the State rate of 59.6/1,000.
- Between 2011 and 2014, the rate of emergency department visits for Ambulatory Care Sensitive Conditions among children in Hudson County decreased from 97.3/1,000 to 86.5/1,000, lower than the Essex County rate (97.5/1,000).
- The 2014 Hudson County adults ED ACSC rate (51.0/1,000) was lower than the state (53.8/1,000) and Essex County (75.7/1,000) rates.
- Between 2011 and 2014, the rate of emergency department visits for Ambulatory Care Sensitive Conditions among children in the JCMC service area declined from 108.3/1,000 to 91.3/1,000, lower than the Essex County rate (97.5/1,000).

Gaps

- The 2014 the rate of emergency department visits for Ambulatory Care Sensitive Conditions among children in Hudson County (86.5/1,000) was higher than the state (79.9/1,000) and Bergen County (41.8/1,000) rates.
- Between 2011 and 2014, the rate of emergency department visits for Ambulatory Care Sensitive Conditions among adults in Hudson County increased from 49.5/1,000 to 51.0/1,000, higher than the Bergen County rate (28.5/1,000).
- The 2014 rate of emergency department visits for Ambulatory Care Sensitive Conditions among children in the JCMC service area, 91.3/1,000, was higher than Hudson County (86.5/1,000), New Jersey (79.9/1,000), and Bergen County (41.8/1,000) rate rates.

Ambulatory Care Sensitive Conditions – Inpatient Admissions

Assets

- Between 2011 and 2014, the rate of inpatient admission for Ambulatory Care Sensitive Conditions among children in Hudson County decreased from 17.8/1,000 to 11.3/1,000.
- Between 2011 and 2014, the rate of inpatient admissions for Ambulatory Care Sensitive Conditions among adults in Hudson County decreased from 22.6/1,000 to 20.2/1,000.
- The 2014 JCMC overall inpatient Ambulatory Care Sensitive Conditions rate (19.1/1,000) was 3.7 points lower than the 2011 rate of 22.3/1,000.[157]
- Between 2011 and 2014, the rate of inpatient admissions for Ambulatory Care Sensitive Conditions among children in the JCMC service area declined from 16.8/1,000 to 10.6/1,000,

Gaps

- The 2014 rate of inpatient admission for Ambulatory Care Sensitive Conditions among children in Hudson County (11.3/1,000) was 4.2 points higher than the statewide rate of 7.1/1,000.
- The 2014 rate of inpatient admissions for Ambulatory Care Sensitive Conditions among children in the JCMC service area (10.6/1,000) was higher than 9.6/1,000 in the County and higher than 7.1/1,000 statewide.

Clinical Care Measures

Assets

- In 2014, Hudson County's inpatient utilization rate of 100.5/1,000 was lower than the State rate of 102.3/1,000 and the Essex County rate of 108.7/1,000.
- In 2014, Hudson County's ED utilization rate of 347.0/1,000 was lower than the State rate of 342.2/1,000 and the Essex County rate of 436.4/1,000.

Gaps

- The 2014 Hudson County inpatient utilization rate of 100.5/1,000 was higher than neighboring Bergen County at 88.6/1,000.
- In 2014, JCMC's Service Area emergency department utilization rate of 374.9/1,000 was 27.9 points higher than Hudson County at 347.0/1,000 and 32.7 points higher than the State at 342.2/1,000.[158]

Cesarean Section

Gaps

- In 2013, 44.4% of all Hudson County births were cesarean sections, more than New Jersey at 38.9%.[159]
- In 2013, 49.9% of Bayonne births were cesarean sections, higher than the Hudson County percentage (44.4%) and slightly lower than the state percentage (38.9%).

157 ibid
[158] ibid
159 Centers for Disease Control and Prevention National Vital Statistics Reports 2015
http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_12.pdf

Hospital Readmissions

Gaps

- In 2016, JCMC received a 0.98% penalty for high readmission rates, higher than the average New Jersey penalty of 0.73%.

HEALTH BEHAVIORS

Maternal/Fetal Health Indicators

Prenatal Care

Gaps

- In 2013, 66.9% of Hudson County live births initiated prenatal care in the first trimester, lower than statewide (79.0%), Bergen County (82.4%), Essex County (70.4%), and the *Healthy People 2020* target of 77.9%.
- In 2013, 72.7% of Hudson Hispanic live births initiated prenatal care in the first trimester, higher than Hudson County overall (66.9%).
- In 2013, 65.8% of Hudson Black live births initiated prenatal care in the first trimester, lower than Hudson County overall (66.9%) and statewide overall (79.0%).
- In 2013, 2.1% of Black, non-Hispanics in Hudson county did not initiate prenatal care. This is 1.4 percentage points below the 2011 percentage for blacks at 3.5%.

High Risk Sexual Behaviors

Teen Pregnancy

Gaps

- The 2014 birth rate for Hudson County teens 15-19 was 19.7/1,000, higher than 12.6/1,000 statewide and more than four times that of Bergen County at 4.2/1,000.
- The Hudson County birth rate for teens 15-17 was 10.4/1,000, almost double the New Jersey rate of 5.6/1,000 and seven times the Bergen County rate of 1.4/1,000.
- The 2014 teen birth rate age 15-19 in Jersey City 07305 (34.9/1,000) was the highest in the JCMC service area, almost double the county (19.7/1,000) and triple the state rate (12.6/1,000).

Sexually Transmitted Diseases

Chlamydia

Gaps

- The rate of chlamydia in Hudson County is more than double the CHR national benchmark of 138.0/100,000.

HIV/AIDS

Gaps

- In 2012, the HIV prevalence rate in Hudson County was 1,038.1/100,000, more than double the New Jersey rate (513.3/100,000), four times the Bergen County rate (242.8/100,000) and one-third less than Essex County (1,599.8/100,000).
- In 2015, the Hudson County rate for Blacks living with HIV was 2,286.9/100,000, higher than Blacks in New Jersey (1,594.0/100,000) and Blacks in Bergen County (916.2/100,000).
- The Hudson County rate for Blacks living with HIV (2,286.9/100,000) was more than four times the rate for Whites living with HIV (493.0/100,000) and more than three times higher than the Hispanic rate (735.4/100,000).

Tobacco Use

Gaps

- Between 2009 and 2012, the percentage of Hudson County residents who are current smokers increased from 17.9% to 19.2%.[160]

DIET AND EXERCISE BEHAVIORS

Obesity

Assets

- The 2012 Hudson County obesity rate of 23.9% was lower than the *Healthy People 2020* target of 30.6% and lower than the CHR benchmark of 25%.

Gaps

- The 2012 Hudson County obesity rate of 23.9% was higher than 20.4% in Bergen County.[161]

Food Security

Gaps

- In 2014, 51.4% of households under the Federal Poverty Line received food stamps or SNAP in Hudson County, higher than New Jersey at 48.8%.

Physical Exercise

Gaps

- The percent of Hudson County who did not participate in physical activity in 2012 (25.0%) was higher than the CHR national benchmark of 20.0%.[162]

160 Behavioral Risk Factor Surveillance System 2012
161 New Jersey State Health Assessment Data 2012
162 Behavioral Risk Factor Surveillance System 2012

HEALTH SCREENING BEHAVIORS

Colorectal Screenings

Gaps

- The percentage of Hudson County adults 50+ who have had a sigmoidoscopy or colonoscopy decreased 5.0 percentage points from 58.2% in 2010 to 53.2% in 2012, lower than the 64.9% in New Jersey.

Prostate Cancer Screening

Gaps

- Between 2010 and 2012, the percentage of men in Hudson County that have had a PSA test has decreased from 49.6% to 41.3%.[163]
- This rate is below that of the state, 47.6%, and below Essex County (45.5%) and Bergen County (49.8%).

Breast Cancer Screening

Asset

- Between 2010 and 2012, the percent of women 50+ who have had a mammogram screening in the past 2 years increased slightly from 77.9% to 80.7%.
- In 2012, 80.7% of Hudson County women 50+ reported having a mammogram screening within the past 2 years, higher than the 77.0% in New Jersey.[164]

Cervical Cancer Screening

Gaps

- In 2012, in Hudson County, 76.8% of women aged 18+ had a pap smear test within the past 3 years, lower than 78.5% in New Jersey, Essex County (77.3%), and Bergen County 79.1%.[165]
- Between 2010 and 2012, the percent of Hudson County women age 18+ who have had a pap test within the past 3 years decreased from 81.1% in 2010 to 76.8%.

Diabetes Screening

Assets

- Between 2010 and 2013, the percent of Hudson County Diabetic Medicare enrollees that received a HBA1C screening increased from 75.6% to 78.7%.

Gaps

- In 2013, 78.7% of Hudson County Medicare enrollees received a HBA1C screening, lower than the 83.3% in New Jersey, 79.9% in Essex County, and 85.4% in Bergen County. [166]

163ibid
164 County Health Rankings 2016 http://www.countyhealthrankings.org/app/new-jersey/2016/measure/factors/50/data
165 Behavioral Risk Factor Surveillance System 2012
166 County Health Rankings 2016 http://www.countyhealthrankings.org/app/new-jersey/2016/measure/factors/7/data

IMMUNIZATION BEHAVIORS

Adult Flu Vaccine

Asset

- In 2012, 49.4% of Hudson County adults 65+ were inoculated with the flu vaccine, higher than 38.8% in New Jersey.[167]

Gaps

- The 2012 percentage of Hudson County adults 65+ who were inoculated with the flu vaccine (49.4%) was lower than the *Healthy People 2020* target of 90.0%.

Pneumonia Vaccine

Gaps

- The 2012 percentage of Hudson County adults 65+ who have had the pneumonia vaccine (58.4%) was lower than the *Healthy People 2020* target of 90.0%.

Childhood Vaccinations

Assets

- In Hudson County, 97.2% of children in first grade met all immunization requirements in 2015, higher than New Jersey and highest among the different grades.

Gaps

- In 2015, 94.1% of children in Hudson County meet all immunization requirements, slightly lower than the 95.0% of children in New Jersey.
- The largest disparity in children meeting all immunization requirements between New Jersey and Hudson County was sixth grade; Hudson County was 2.0 percentage points lower than New Jersey.

PHYSICAL ENVIRONMENT

Air Quality

Assets

- In 2012, Hudson County had 9 days of unhealthy air quality due to the PM2.5 concentrations, 2 days fewer than in 2010.
- In 2012, Hudson County had 10 days of unhealthy air quality due to ozone, 2 fewer days than in 2010. and one less than the State.

Gaps

- Hudson County had the highest number of days of unhealthy air quality due to PM2.5 concentrations as compared to Bergen (6) and Essex County (8) and Statewide (4).

167ibid

Lead Hazards

Gaps

- Hudson County and its major urban centers have 43.6% of housing built before 1950, higher than statewide (25.6%).[168]

Proximity of Healthy Food Sources

Assets

- In 2012, 0% of Hudson County's low-income population lacked adequate access to a grocery store, less than the 3.7% statewide, 1.1% in Bergen County and 1.0% in Essex County.

Gaps

- In 2013, there were 2.7 liquor stores per 10,000 residents in Hudson County. This was higher than the state (1.9) and national rate (1.0).[169]

COMMUNITY SAFETY

Violence and Injury

Assets

- The 2014 rate of robbery in Hudson County (1.6/1,000) was 2.4 points lower than the rate of 4.0/1,000 in Essex County.
- In 2014, the rate of burglary in Hudson County was 2.7/1,000, lower than New Jersey (3.6/1,000) and 2.3 points lower than the rate of 5.0/1,000 in Essex County.

Gaps

- Between 2010 and 2012, the violent crime rate in Hudson County was 392.0/100,000. This rate was more than double the statewide rate and much higher than the County Health Rankings national benchmark (59/100,000).
- Resident survey respondents indicated unsafe neighborhoods/violence as a top concern.

Unintentional Injuries

Assets

- In 2013, the rate of deaths due to unintentional injuries in Hudson County was 24/100,000, 23.6% lower than statewide 31.4/100,000.[170]
- Between 2006 and 2012, the motor vehicle crash death rate was 4.2/100,000 in Hudson County, lower than the statewide rate of 7.1/100,000.[171]

168 New Jersey State Health Assessment Data Complete Indicator Profile of Risk Factor for Childhood Lead Exposure: Pre-1950 Housing https://www26.state.nj.us/doh-shad/indicator/complete_profile/pre1950home.html
169 Health Indicators Warehouse 2013
170 New Jersey State Health Assessment Data 2013
171 Centers for Disease Control and Prevention Accidental Injury http://www.cdc.gov/nchs/fastats/accidental-injury.htm

BEHAVIORAL HEALTH

Mental Illness

Gaps

- In 2014, the JCMC inpatient use rate for mental disorders was 5.4/1,000, higher than statewide (4.8) and less than the county rate (6.9).
- In 2014, the JCMC emergency department use rate for mental disorders was 10.8/1,000, higher than the statewide rate (10.5) and the county rate (9.0).

Substance Abuse

Assets

- Between 2012 and 2014, the rate of inpatient admissions for substance abuse in the JCMC service area decreased from 5.1/1,000 to 3.9/1,000.

Gaps

- Between 2006 and 2012, 17.4% of adults in Hudson County reported excessive drinking, exceeding the statewide percentage (16.1%).[172]
- In 2014, heroin and other opiates were the most common drugs being treated in Hudson County; 30.4% of total substance abuse admissions in Hudson County were for heroin and other opiates.
- Between 2012 and 2014, the rate of inpatient admissions for substance abuse in the JCMC service area was 3.9/1,000, higher than the rate of 2.0/1,000 statewide and 3.0/1,000 in Hudson County.
- ED admissions for substance abuse increased in the JCMC Service Area from 13.3/1,000 in 2012 to 14.9/1,000 in 2014, higher than Hudson county (13.2/1,000) and more than double statewide (6.8/1,000).
- The rate of emergency department visits for substance abuse in Hudson County increased from 12.2/1,000 in 2012 to 13.2/1,000 in 2014, nearly double the statewide rate (6.8/1,000).
- The 2014 rate of inpatient admissions for substance abuse in Hudson County (3.0/1,000) was higher than the statewide rate of 2.0/1,000.

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

APPENDIX

APPENDIX A
JERSEY CITY MEDICAL CENTER
COMMUNITY HEALTH NEEDS ASSESSMENT: 2013 IMPLEMENTATION PLAN

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

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

- Cancer
- Cardiovascular Disease
- Diabetes
- Healthcare Access and Availability
- Maternal and Child Health
- STDs
- Substance Abuse

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

GOAL 1: INCREASE THE PROPORTION OF WOMEN WHO RECEIVE A BREAST CANCER SCREENING BASED ON THE MOST RECENT GUIDELINES, AND INCREASE THE PROPORTION OF HIV POSITIVE WOMEN WHO RECEIVE A COLPOSCOPY FOLLOWING AN ABNORMAL PAP SMEAR

JCMC chose to address this need through several initiatives. One was to increase marketing and outreach to underserved and underinsured women aged 50-74. JCMC also increased community awareness of expanded colposcopy services. The following occurred in 2014 and 2015:

- 2014:
  - Referrals made to FQHC (Metropolitan Family Health Network)
  - Grant obtained to purchase a colposcopy
- 2015:
  - Women's Center opened, providing to OB-GYN physicians
  - APN credentialed as a Colposcopist – approved by Medical Executive Committee
  - NJDHSS Waiver application pending to perform colposcopies

- The Center for Comprehensive Care completed 198 PAP smears (35/198 were abnormal and required a colposcopy
- Co-infection clinic (HIV & Hep C) established
- Community education on cancer management options developed for Asian and Arabic populations
- Case finding grant application submitted

GOAL 2: INCREASE THE PROPORTION OF ADULTS WHO HAVE HAD THEIR BLOOD PRESSURE CHECKED WITHIN THE PRECEDING TWO YEARS AND CAN STATE WHETHER THEIR BLOOD PRESSURE WAS NORMAL OR HIGH

JCMC increased community outreach to engage community residents in education and blood pressure screening while linking those in need to care. In 2015, the Cardiac Diagnostic Center opened, and it provided echo stress and various diagnostic testing. Also see Goal 4.

GOAL 3: INCREASE THE PROPORTIONS OF PERSONS WITH DIABETES WHOSE CONDITION HAS BEEN DIAGNOSED AND WHO RECEIVE FORMAL DIABETES EDUCATION

JCMC's education approach to reducing the impact of chronic diseases like diabetes focuses on prevention, management and treatment to improve quality of life. Community outreach is a central tenet and monthly inpatient and outpatient education on diabetes self -management skills are disseminated through various established community platforms. JCMC increased community outreach to engage community residents in education and glucose screening while linking those in need to care. The following occurred in 2014 and 2015:

- 2014
  - Endocrinologist was hired
- 2015:
  - Comprehensive Call Center & Wealth from Health_Staff Training in Diabetes Self-Management Education: Diabetes Conversation Mapping Training/Planning Sessions-clinical staff trained in use of mapping (4 Days)
  - Diabetes Health Fair: Eating Healthy with Diabetes Over the Holidays (45 attendees)
  - Community Education: Diabetes self-management classes: (67 attendees)
  - Topic: Preventing Diabetes (83 attendees) at the Bethune Community Center
  - Topic: Preventing Cardiovascular Disease (45 attendees)
  - Greenville Hospital Health Fair
  - Topic: Prevention of Diabetes Complications (15 attendees)
  - Royal Bank of Canada
  - Topic: Prevention of diabetes Complications (20 attendees)
  - Community Partnerships: Community DOC program, and Congressman Payne's office provided diabetes prevention education in Hudson county

JCMC also expanded programming conducted by JCMC's diabetic educator to community members. Wealth from Health Program partnered with local supermarkets to provide an in store dietician and education on healthy eating and food choices. The dietician was credentialed by the Medical Executive Committee to provide services in the Medical Office Building and the Women's Health Center. Also see Goal 4.

GOAL 4: INCREASE KNOWLEDGE OF FREE AND SLIDING SCALE HEALTHCARE SERVICES, AND INCREASE THE PROPORTION OF PATIENTS DIAGNOSED WITH A CHRONIC DISEASE DISPLAYING COMPLIANCE TO SELF-MANAGEMENT GOALS

JCMC's approach to addressing healthcare convenience and affordability is focused 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 aims to do this by developing a comprehensive community resource directory for healthcare and social services, and expanding services through partnership with three Federally Qualified Health Centers (FQHC) in Hudson County. The resource listings are more focused to target specific community populations. JCMC also assisted patients qualifying for the Wealth from Health program to create and follow self-management goals through patient -managed tasks, interventions and educational activities. The Wealth from Health program utilizes nurses and non-clinical navigators to support, advocate for, and motivate chronically ill patients using an innovative points-driven financial rewards system. This program includes the following services:

1. Helping the Helper: This is an at-home program for caretakers of family members with multiple chronic diseases. It includes survey tools to identify caregiver strain as well as barriers to good outcomes (eg. fall potential, hearing and vision problems, cognitive and toileting concerns) and attaches next steps/solutions to identified barriers. Caretakers earn reward points for participation. In 2015, there was a 25% increase in referrals.
2. Shared Decision Support: The informed-patient educations program provides video prescribed education. In 2015, 1085 videos were prescribed.
3. Environmental Housecall: This is an in-home review of hazards including CO levels, fire and fall hazards, lead paint, mold/mildew, etc. especially for asthmatic members in the community. An action plan with recommendations is generated for the member following each visit. Essential supplies, such as mattress/pillow covers and anti-allergen spray, are delivered to the member at no cost. Between 2014 and 2015, 189 home assessments were completed.
4. Getting Stronger: This is a pre-habilitative program in which patients with cancer (or other conditions) who are about to undergo chemo or radiation therapy are evaluated for endurance, balance, nutrition, cognitive, etc. competencies before treatment and puts therapies in place to maximize health before the start of the chemo/radiation. Patient education is provided in English or Spanish and the use of language line solutions with access to a professional interpreter in over 200 languages 24/7. All patient navigators are provided with ipads to support patient education in different settings and the Teach-back methodology is used to assess patient understanding.

As a result, more than 7000 community members were educated at 92 community health screening and educational events by the Wealth from Health team in 2014. 600 community outreach hours were used in 2014 with 593 blood pressure screenings. In 2015, 135 community health screening and educational events were held by the Wealth from Health team. 857 community outreach hours were used with 763 blood pressure screenings, 285 glucose screenings and 100 BMI screenings.

Wealth from Health Partnerships:

1. Grace Church Van Horst Bi-Weekly Health Education: Bi-weekly health education series is carried out at Grace Church Van Horst with free blood pressure screening and health coaching. There is a 20-minute guest speaker presentation followed by other educational activities. Participants include seniors and the homeless in the community.

2. Maureen Collier Senior Center: Monthly education sessions similar to the above stated services are provided including free HIV screenings, medication reconciliation and general health education.
3. Mary Bethune Center: This Senior Center host different events for seniors in the community with Health Education on a number of chronic conditions. Health fairs are set up, in which seniors in Hudson County receive free Health screenings and nutritional education on over 20 different chronic conditions. The Navigators provide community members with referrals to physical specialist treating conditions such as diabetes, hypertension, and asthma.
4. Ocean Towers Senior Towers: The asthma educators and Patient Navigators provide free Services and resources for chronic conditions and referrals to primary care physicians for seniors in senior centers.
5. Shoprite Food Tours with Certified Dietician: While partnering with the ShopRite supermarket, "nutrition tours" are provided to the community. This allows individuals to explore key sections of the supermarket, and provides assistance with reading product labels, comparing the nutrient content of foods and discovering new foods. The Shoprite nutritional tours have been expanded to include all Jersey City Public Employees. Between 2014 and 2015, 250 community members with chronic conditions have participated in the tours
6. ED Navigation Program with Metro FQHC: The staff provides counseling to discharged ED patients on available community resources and follow-up appointment scheduling. A live video feed into Metro FQHC has been developed to provide the patient a face-to-face encounter with the schedulers before they leave the ED. In 2015, 2,446 encounters were conducted through the collaboration with Metro FQHC. In addition, the hospital has provided ongoing education to Metro Staff, IT support and equipment and patient incentives to patients of Metro FQHC.
7. Community Vendor Partnerships with 60+ Vendors: Over 60 community businesses in Hudson County have partnered with the hospital to provide various discounts to community members who agree to self-manage their chronic disease. Some of the businesses are restaurants, pharmacies, gyms, and spas.
8. Jersey City Health & Human Services Department: This is a partnership with the Majors Office for providing community events and services. The hospital hosts the Health & Human Services in its ultra-modern lecture hall every month. The hospital is a major stakeholder in the Culture of Health (RWJ Foundation Grant) with the City to help improve population health.
9. Public Schools & Head Start Programs Partnerships: Expanded monthly staff training sessions to early childhood development centers and strong partnerships with more than 100 school nurses in Jersey City (Hudson Milestone, Head Start of Hudson County, Hudson Daycare 100 Programs and Greater Bergen Community Action). The staff is trained on how to identify early warning signs and symptoms of Asthma, how to give treatments on a nebulizer machine as well as on a MDI, how to minimize triggers in the center, and the different medication their children might be taking. The asthma educators attend different school activities, and events including back to school nights. They provide program educational materials to parents and students regarding Asthma and JCMC's monthly support groups. On a quarterly basis, the asthma educators attend the Hudson County Community Advisory Board meeting to help coordinate and leverage community resources

The Wealth from Health program provides the following regular monthly and bi-monthly support groups to the targeted population:

1. INNER YOU is a support group that provides participants with coping mechanisms to deal with behavioral health conditions, self-management of chronic conditions, and relaxation techniques.

2. Monthly Support Group is designed for those families being affected by Asthma. The group is hosted by our Asthma Educators and is open to children and adults in the community. An educational session is opened to the public with bilingual educators: English and Spanish.
3. Professional Development Support Services: This is a monthly series that will allow members to challenge and explore their greatest potential by providing important tools for success.
4. The Sickle Cell Support Group
5. Lupus-Renal Support Group
6. Caregiver Support Group: This support group is a bi-monthly support group for caregivers of our enrolled members.
7. Diabetes Mapping Education Class: Every month, a Patient Navigator and a Diabetes educator teach a class called Diabetes Conversation Map. This class is open to all community members in Hudson County. The community members are taught how to diet correctly with diabetes, the different types of medications provided to diabetics, and how to administer, self-manage, and control diabetes.
8. Oncology Support Group – This support group is open to newly diagnosed cancer patients and patients that have a cancer survivorship plan in place. The Cancer Support Group empowers people through education and support; echoing a message of "You are Not Alone".
9. Continuum of Care Center: Patients and their families are empowered to become partners in managing their health while promoting lifestyle changes. The RelayCare software is utilized to provide support during the care continuum.

GOAL 5: INCREASE THE PROPORTION OF PREGNANT WOMEN WHO RECEIVE EARLY AND ADEQUATE PRENATAL CARE, AND REDUCE UNINTENDED PREGNANCIES AMONG FEMALES AGE 15-19

JCMC enhanced the prenatal peer support group program to include underserved and uninsured women. In 2015, the Obstetric/Gynecology Department increased the number of midwives currently working full time with several per diem midwives covering the labor and delivery service. The JCMC obstetric service has 2 lactation consultants available for all of the women delivering, and all of the nursing staff are educated in the lactation process and are available 24/7 for patient support during their delivery and admission. A monthly lactation class is held at the hospital for women (and their partners) to learn more about breastfeeding. In 2015, a room was renovated and converted in the hospital to be a lactation room. The Lactation Room is located on the 1st floor, strategically located in the admitting area, and available to any woman who needs to nurse or pump at all times. Interested parties can gain access via inquiry at the hospitality desk. This room is available to employees, visitors and the community. In addition, the Women's Health Center is dedicated to helping new and existing moms recover post-pregnancy. The doula supports overall women's wellness, including the physical, mental and emotional changes associated with childbirth. Women's herbal homeopathic healing for postpartum recovery is also provided. Further, JCMC chose to enhance collaborative efforts and support Hudson Perinatal Consortium teen pregnancy prevention efforts.

GOAL 6: REDUCE SUSTAINED TRANSMISSION OF PRIMARY AND SECONDARY SYPHILIS, AND INCREASE THE PROPORTION OF ADOLESCENTS AND ADULTS WHO HAVE BEEN TESTED FOR HIV IN THE PAST 12 MONTHS

JCMC enhanced syphilis screening efforts among HIV positive community members and sexual partners. In 2014, at the Center for Comprehensive Care, 802 of 906 HIV patients received a syphilis screening (88.5%), and 13 were tested positive for syphilis with 10 (76.9%) receiving treatment. (The 2015 data is pending). JCMC also expanded mobile HIV screening efforts to include Greenville Heights. In 2015, the

Center for Comprehensive Care (CCC) has three testing sites where HIV testing services are provided. The Counseling and Testing program tested a total of 3,680 individuals for HIV:

1. Emergency Department: 1,491 tests
2. Greenville: 1,036 tests
3. Outreach Mobile Van: 1,153 tests

The total number of positive tests was 35 (17 identified as new positives and 18 identified as individuals who were aware of their status but sought testing to be re-engaged in care).

Sexually Transmitted Disease:

- 473 STD tests were completed for Chlamydia and Gonorrhea.
- 46 positives identified for Chlamydia
- 13 positives for Gonorrhea
- 39 tests performed for Trichomoniasis with 2 positives identified.

The CCC Counseling and Testing staff attended 19 health fairs to provide education and awareness on HIV transmission/ Risk reduction. In 2015, 18,233 condoms were distributed.

GOAL 7: INCREASE THE PROPORTION OF PERSONS WITH CO-OCCURRING SUBSTANCE ABUSE AND MENTAL DISORDERS WHO RECEIVE TREATMENT FOR BOTH DISORDERS

JCMC's approach to addressing mental health and substance abuse issues is focused on improving comprehensive services for mental health and substance abuse through affordable and accessible providers. One way the hospital seeks to do this is by developing a marketing strategy for menu of mental health and addictions services. JCMC increased integrated screening in those individuals seeking services for mental health and/or substance abuse. Between 2013 and 2015, the Behavioral Health Services began identifying and tracking mental health program participants with co-occurring disorders.

	Total Patients	Total Co-Occurring
Intensive Outpatient Services	355	UTO
Psych Er / Screening	14,988	3,843
Intensive Day Treatment	1,745	UTO
Partial Hospital	1,991	UTO
Supportive Housing	94	15
Group Home	40	12
Inpatient	3,789	UTO
ICMS	1,250	455
Co-Occurring Navigator	254	254
PATH	272	160
Justice Involved Services	62	22
Substance Abuse Program Outpatient	206	UTO
Substance Abuse Program Intensive	400	UTO
Children's Outpatient	2,174	UTO
Children's Partial	705	UTO
Involuntary Outpatient Commitment	138	59
TOTALS	28,463	4,820

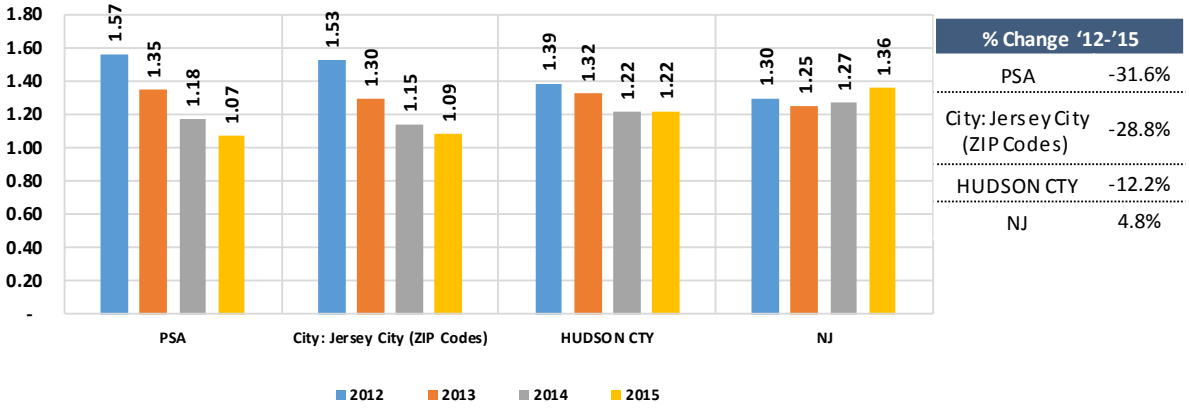
APPENDIX B
SECONDARY DATA SOURCES

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

Source	
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) 2010-2014	http://www.datacenter.kidscount.org
United States Department of Agriculture Economic Research Service	http://www.ers.usda.gov
United States Department of Health and Human Services	http://www.hhs.gov/healthcare
United States Department of Health and Human Services, Agency for Healthcare Research and Quality Understanding Quality Measurement 2016	http://www.ahrq.gov
University of Nevada	https://www.unce.unr.edu
US Department of Education	http://www.ed.gov
US Department of Health and Human Services, Maternal and Child Health Bureau	http://mchb.hrsa.gov
US DHHS Administration for Children and Families	http://www.acf.hhs.gov
USDA Defines Food Deserts	http://americannutritionassociation.org
Washington Post	https://www.washingtonpost.com
World Health Organization	http://www.who.int

APPENDIX C: JERSEY CITY MEDICAL CENTER SERVICE AREA
DISEASE PREVALENCE TRENDS: BASED ON ACUTE CARE DISCHARGES

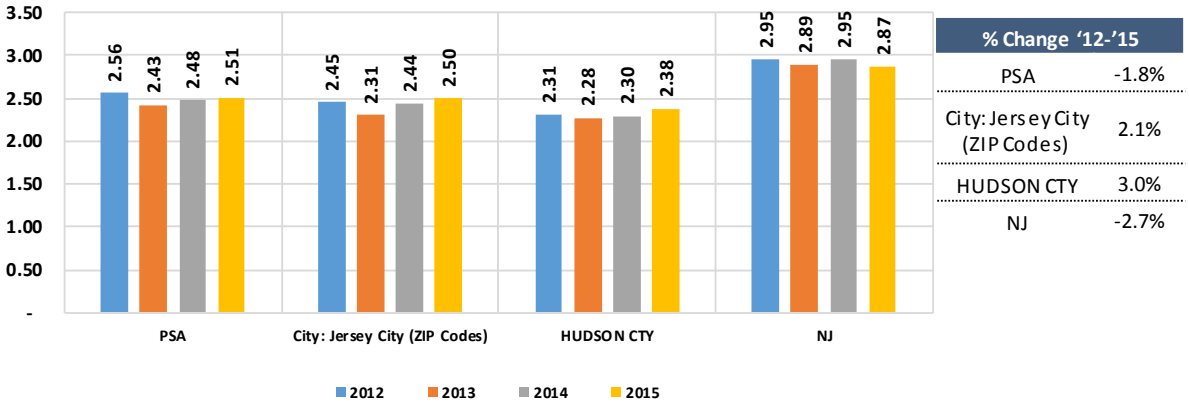
HEART ATTACK



% Change '12-'15	
PSA	-31.6%
City: Jersey City (ZIP Codes)	-28.8%
HUDSON CTY	-12.2%
NJ	4.8%

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

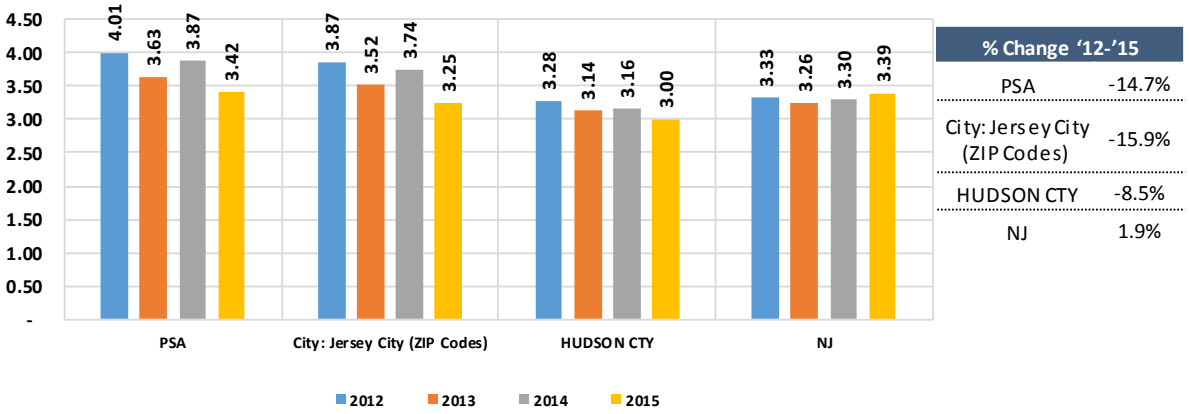
STROKE/TIA



% Change '12-'15	
PSA	-1.8%
City: Jersey City (ZIP Codes)	2.1%
HUDSON CTY	3.0%
NJ	-2.7%

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

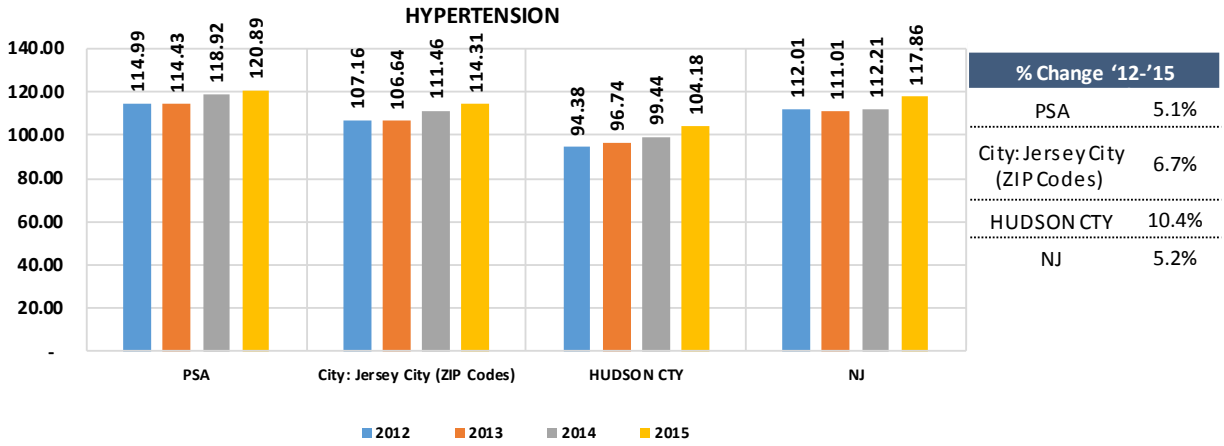
HEART FAILURE/CHF



% Change '12-'15	
PSA	-14.7%
City: Jersey City (ZIP Codes)	-15.9%
HUDSON CTY	-8.5%
NJ	1.9%

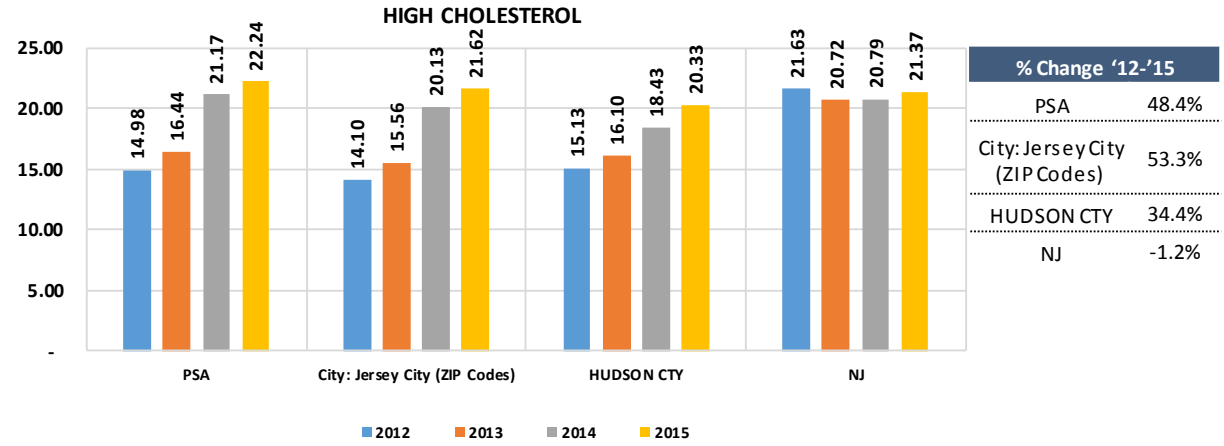
Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
Definition: Inpatient, Same Day Stay and ED Discharges - MS-DRGs 291-293

Note: Hudson County data includes 97.2% of Hudson County residents as approximately 2.8% of Hudson County residents seek inpatient care in NY or PA.



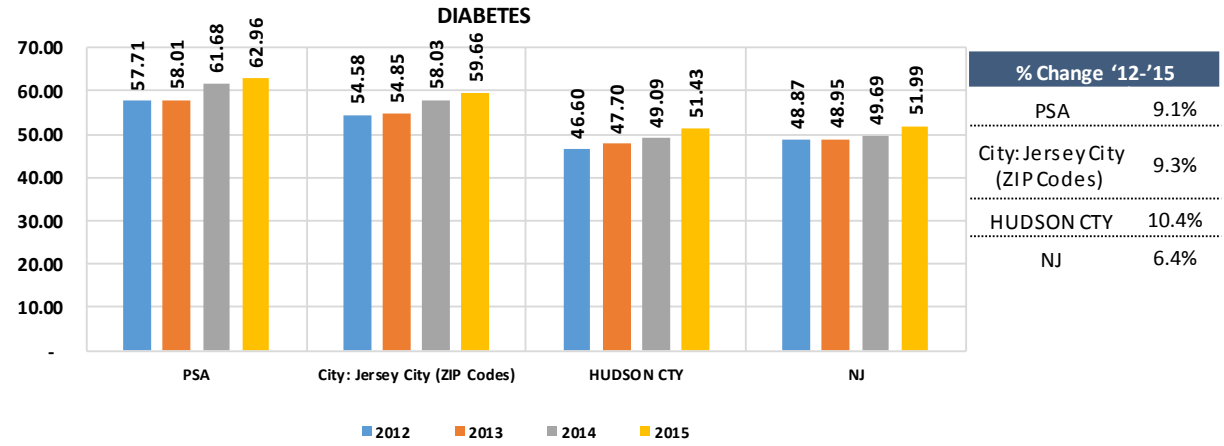
% Change '12-'15	
PSA	5.1%
City: Jersey City (ZIP Codes)	6.7%
HUDSON CTY	10.4%
NJ	5.2%

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



% Change '12-'15	
PSA	48.4%
City: Jersey City (ZIP Codes)	53.3%
HUDSON CTY	34.4%
NJ	-1.2%

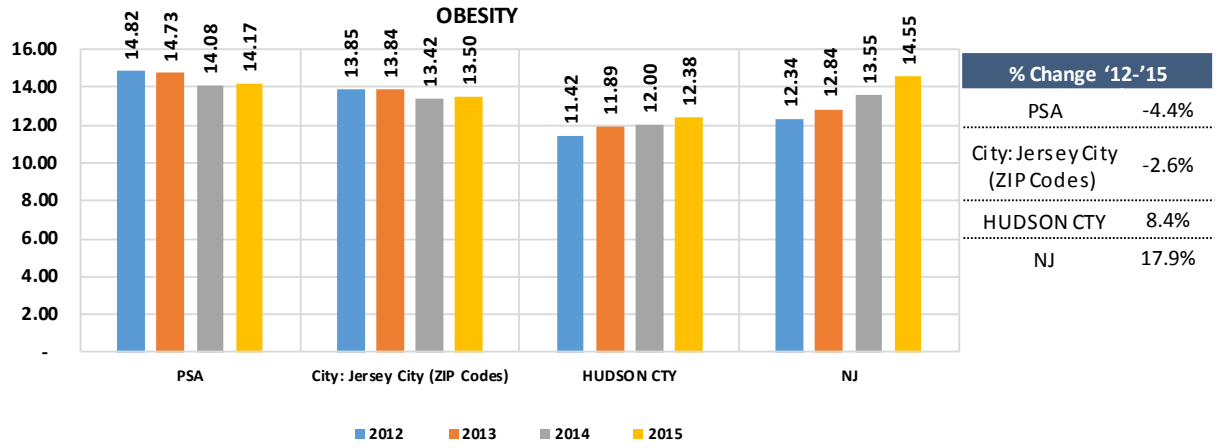
Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
Definition: Inpatient, Same Day Stay and ED Discharges - ICD-9 DX Codes 272.0 or 272.2 (Appearing in First 13 DX on Patient Record)



% Change '12-'15	
PSA	9.1%
City: Jersey City (ZIP Codes)	9.3%
HUDSON CTY	10.4%
NJ	6.4%

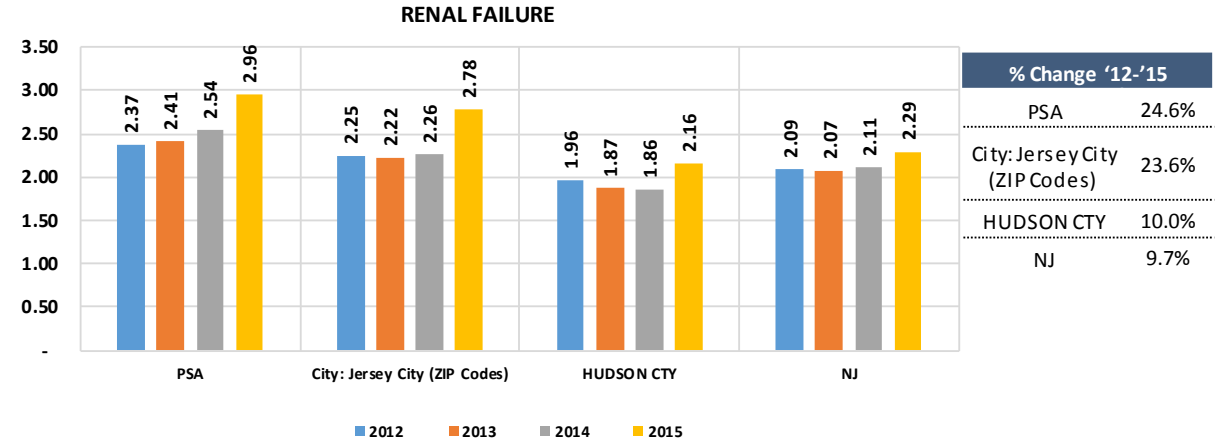
Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
Definition: Inpatient, Same Day Stay and ED Discharges - ICD-9 DX Range 249.00-250.03 (Appearing in First 13 DX on Patient Record)

Note: Hudson County data includes 97.2% of Hudson County residents as approximately 2.8% of Hudson County residents seek inpatient care in NY or PA.



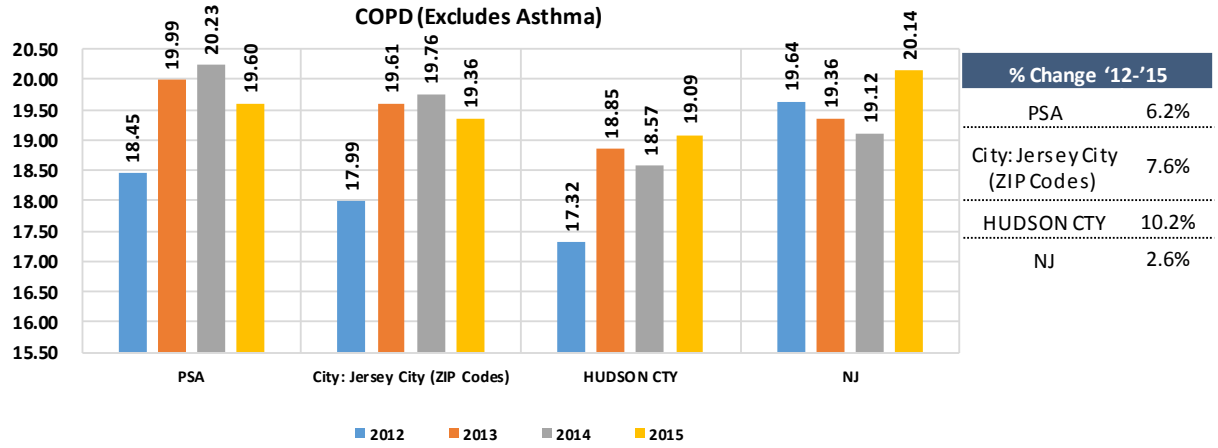
% Change '12-'15	
PSA	-4.4%
City: Jersey City (ZIP Codes)	-2.6%
HUDSON CTY	8.4%
NJ	17.9%

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



% Change '12-'15	
PSA	24.6%
City: Jersey City (ZIP Codes)	23.6%
HUDSON CTY	10.0%
NJ	9.7%

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

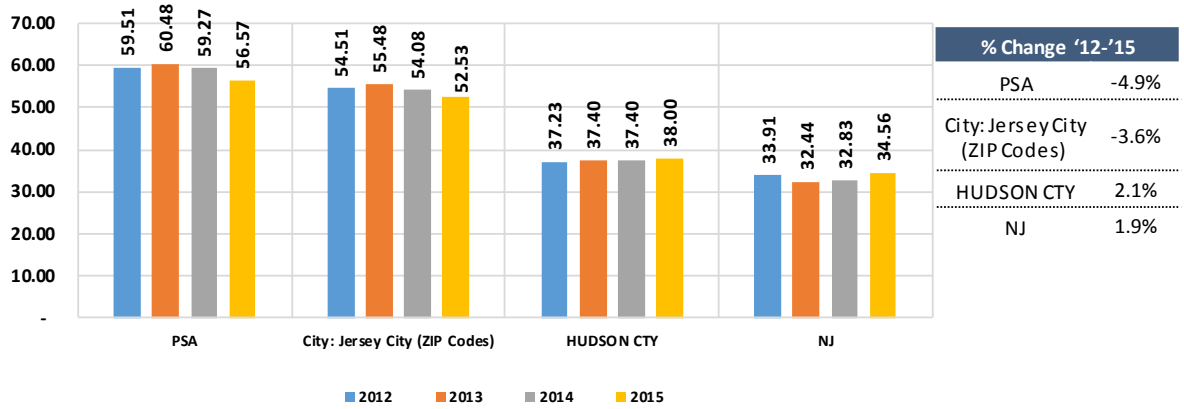


% Change '12-'15	
PSA	6.2%
City: Jersey City (ZIP Codes)	7.6%
HUDSON CTY	10.2%
NJ	2.6%

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

Note: Hudson County data includes 97.2% of Hudson County residents as approximately 2.8% of Hudson County residents seek inpatient care in NY or PA.

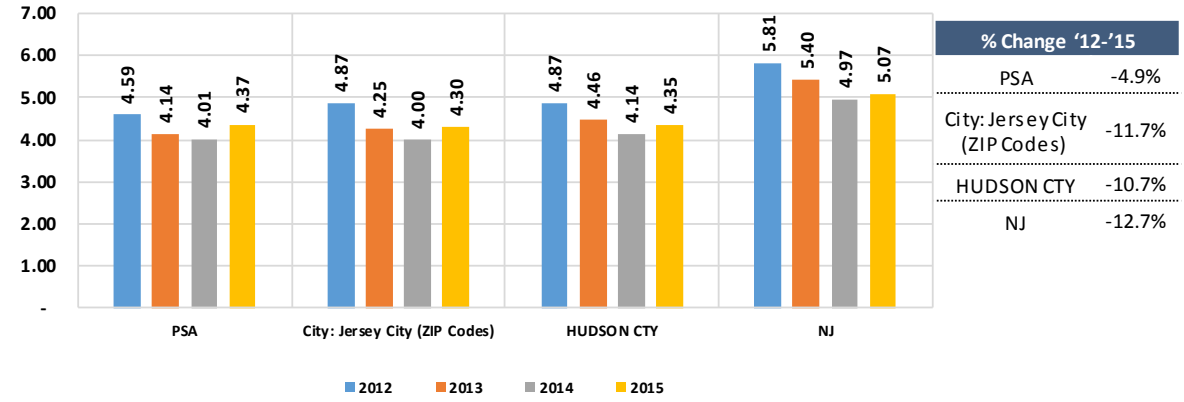
ASTHMA



% Change '12-'15	
PSA	-4.9%
City: Jersey City (ZIP Codes)	-3.6%
HUDSON CTY	2.1%
NJ	1.9%

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

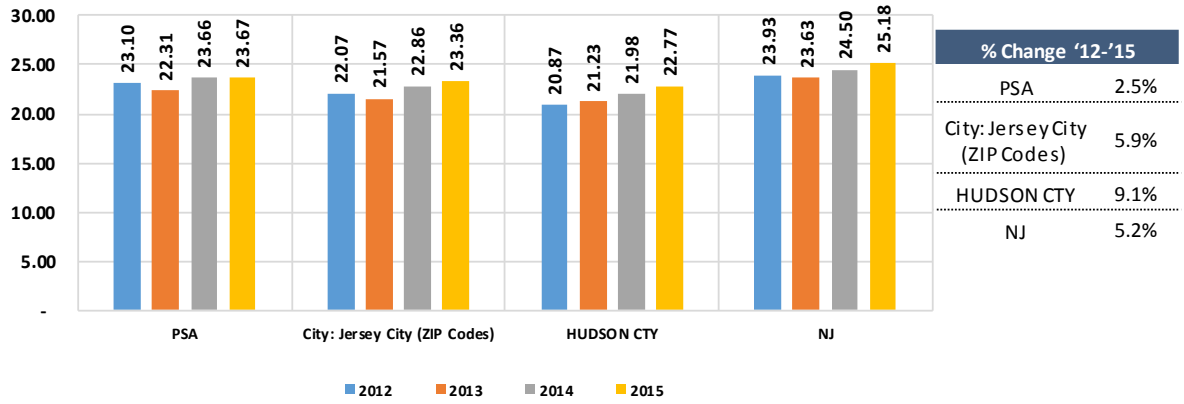
PNEUMONIA



% Change '12-'15	
PSA	-4.9%
City: Jersey City (ZIP Codes)	-11.7%
HUDSON CTY	-10.7%
NJ	-12.7%

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

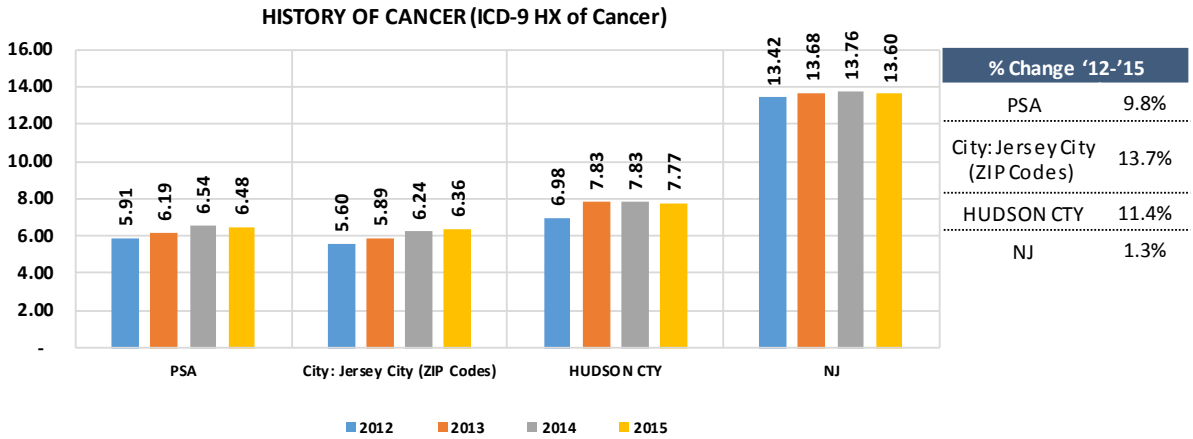
CANCER (ICD-9 Neoplasms)



% Change '12-'15	
PSA	2.5%
City: Jersey City (ZIP Codes)	5.9%
HUDSON CTY	9.1%
NJ	5.2%

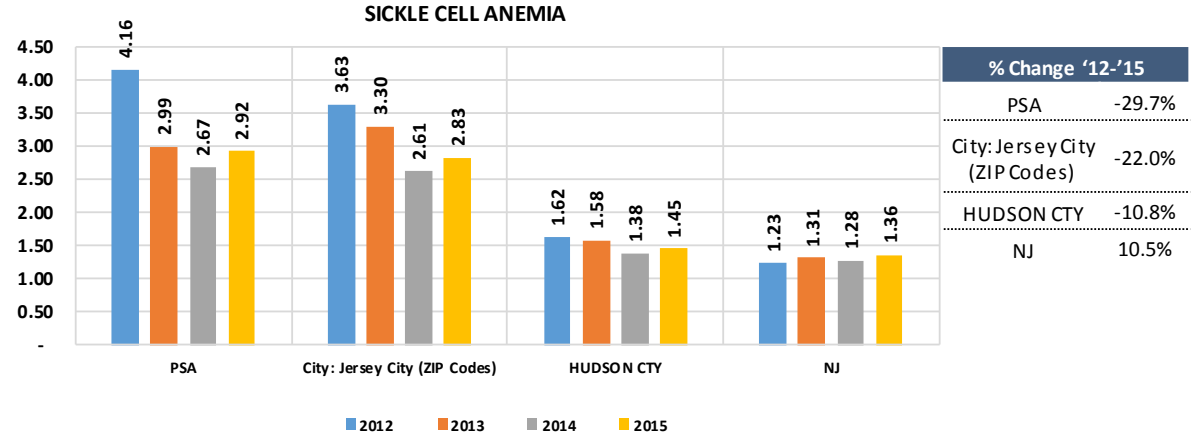
Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
Definition: Inpatient, Same Day Stay and ED Discharges - ICD-9 DX Range 140-239 (Appearing In First 13 DX on Patient Record)

Note: Hudson County data includes 97.2% of Hudson County residents as approximately 2.8% of Hudson County residents seek inpatient care in NY or PA.



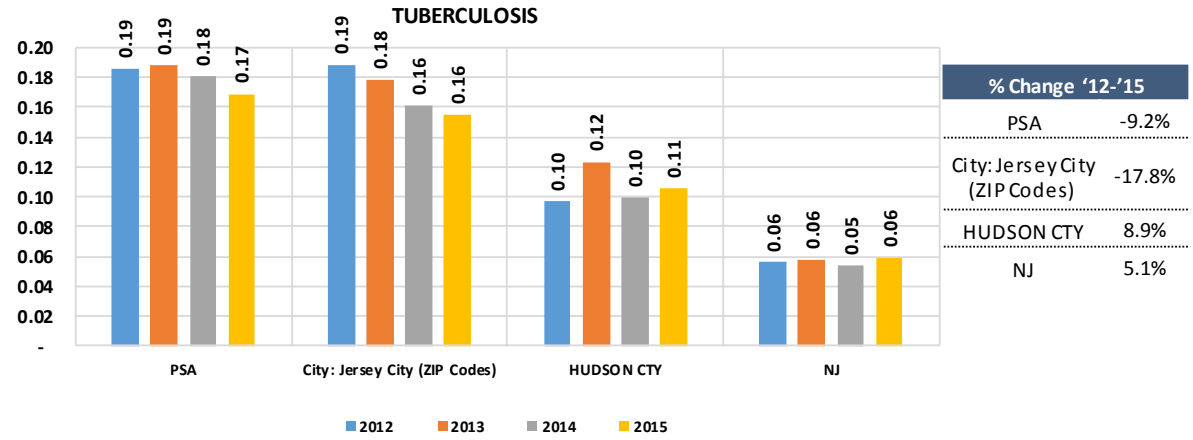
% Change '12-'15	
PSA	9.8%
City: Jersey City (ZIP Codes)	13.7%
HUDSON CTY	11.4%
NJ	1.3%

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



% Change '12-'15	
PSA	-29.7%
City: Jersey City (ZIP Codes)	-22.0%
HUDSON CTY	-10.8%
NJ	10.5%

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

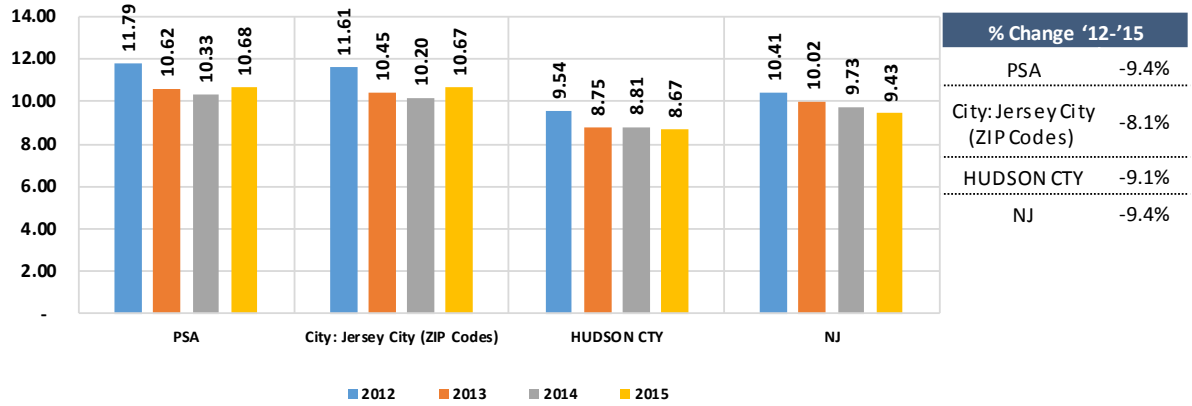


% Change '12-'15	
PSA	-9.2%
City: Jersey City (ZIP Codes)	-17.8%
HUDSON CTY	8.9%
NJ	5.1%

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

Note: Hudson County data includes 97.2% of Hudson County residents as approximately 2.8% of Hudson County residents seek inpatient care in NY or PA.

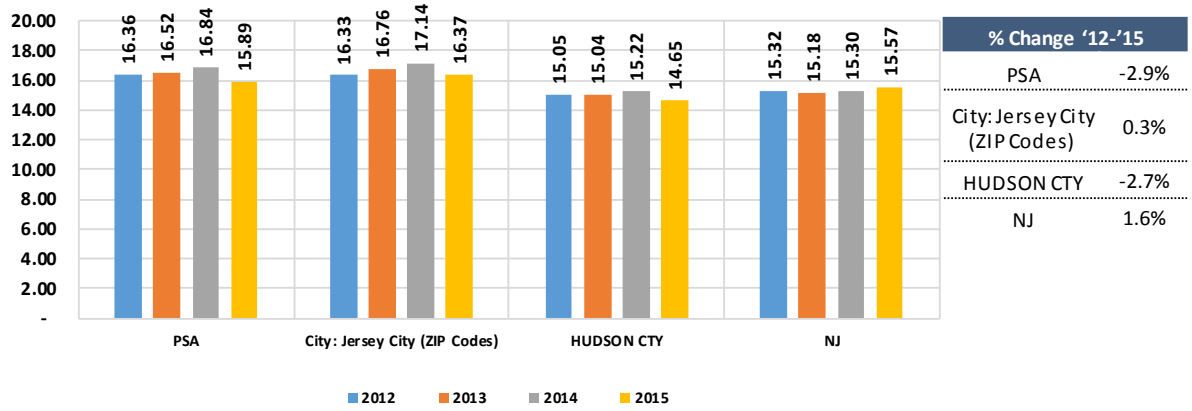
CELLULITIS



% Change '12-'15	
PSA	-9.4%
City: Jersey City (ZIP Codes)	-8.1%
HUDSON CTY	-9.1%
NJ	-9.4%

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

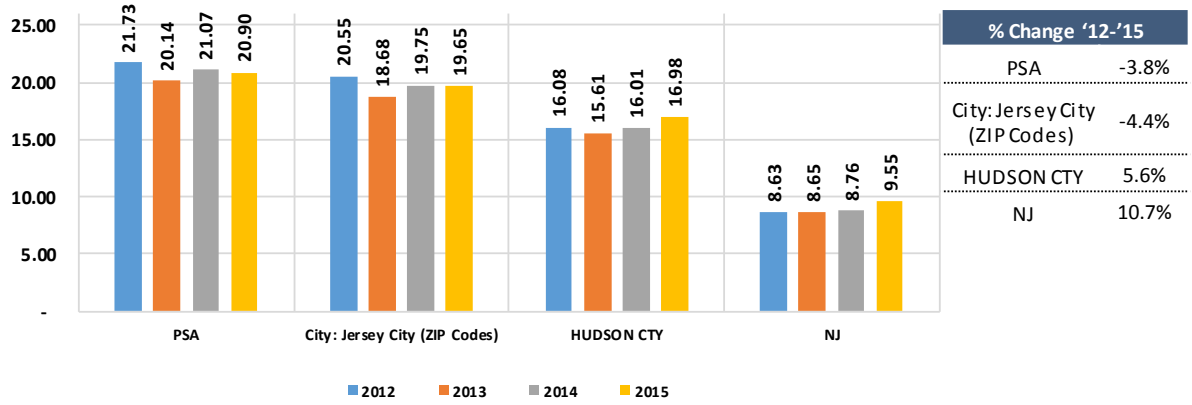
MENTAL HEALTH



% Change '12-'15	
PSA	-2.9%
City: Jersey City (ZIP Codes)	0.3%
HUDSON CTY	-2.7%
NJ	1.6%

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

SUBSTANCE ABUSE



% Change '12-'15	
PSA	-3.8%
City: Jersey City (ZIP Codes)	-4.4%
HUDSON CTY	5.6%
NJ	10.7%

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

Note: Hudson County data includes 97.2% of Hudson County residents as approximately 2.8% of Hudson County residents seek inpatient care in NY or PA.

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

In 2015, 77.8% of JCMC's cancer inpatients and 42.9% of cancer outpatients resided in the Primary Service Area. In total, 92.2% of inpatients and 100.0% of outpatients resided in Hudson County. Jersey City zip codes (07305) and (07304) represent the largest segment of JCMC's inpatient cancer patients. Jersey City (07307) represents the largest segments of JCMC's outpatient cancer patients. The health factors and outcomes explored in the CHNA bear relevance to the oncology services and its review of specific cancer needs for the community.

CANCER PATIENT ORIGIN	2015 JCMC IP PATIENTS	%	2015 JCMC OP PATIENTS	%
Hudson County	6,230	92.2%	7	100.0%
Primary Service Area	5,260	77.8%	3	42.9%
Secondary Service Area	798	11.8%	3	42.9%
Out of Area (NJ)	550	8.1%	*	14.3%
Out of State	150	2.2%	*	0.0%
TOTAL	**6,758**	**100.0%**	**7**	**100.0%**
Jersey City (07305)	2,437	36.1%	*	14.3%
Jersey City (07306)	[redacted]		*	14.3%
Jersey City (07304)	1,172	17.3%	*	14.3%
Union City (07087)	[redacted]		*	14.3%
Bayonne (07002)	[redacted]		*	14.3%
Jersey City (07307)	[redacted]		*	28.6%

*Value omitted per HIPAA requirements.

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

INCIDENCE RATE REPORT FOR HUDSON COUNTY 2009-2013[173]					
Cancer Site	**Age-Adjusted Incidence Rate**	**Average Annual Count**	**Recent**	**Trend**	**RWJ Barnabas County Indicator Comparison**
All Races (includes Hispanic), Both Sexes (except where noted), All Ages					
ALL SITES	394.4	2367	falling	-4.7	
BLADDER	17.4	97	falling	-1.8	
BRAIN & ONS	5.1	32	falling	-1.6	
BREAST: Females	105.7	352	falling	-0.7	
CERVIX: Females	9.1	31	falling	-3.2	
COLON & RECTUM	43.4	255	falling	-7.9	
ESOPHAGUS	3.7	22	falling	-2.7	
KIDNEY & RENAL	11.9	73	stable	0.6	
LEUKEMIA	12.2	72	falling	-0.8	
LIVER & BILE DUCT	7.2	45	rising	1.7	
LUNG & BRONCHUS	48.8	279	falling	-2.1	
MELANOMA	7.0	44	falling	-9.0	
NON-HODGKIN'S LYMPHOMA	17.4	105	falling	-2.1	
ORAL CAVITY & PHARYNX	8.2	51	falling	-2.5	
OVARY: Females	12.2	40	falling	-2.2	
PANCREAS	12.0	69	stable	-0.5	
PROSTATE: Males	117.9	300	falling	-5.6	
STOMACH	9.6	57	falling	-1.0	
THYROID	15.0	101	stable	-3.2	
UTERUS: Females	23.1	79	stable	-0.4	

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

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

		LIVER & BILE DUCT	STOMACH
INCIDENCE RATE REPORT - HUDSON COUNTY: 2009-2013 All Races (includes Hispanic), All Ages, Male and Female (Unless Noted)	**Age-Adjusted Incidence Rate**	7.2	9.6
	Average Annual Count	45.0	57.0
	Recent	rising	falling
	Trend	1.7	-1.0
	RWJ Barnabas County Indicator		
White (Non-Hispanic)	Age-Adjusted Incidence Rate	6.9	9.5
	Average Annual Count	32.0	42.0
	Recent	rising	falling
	Trend	1.8	-0.9
Black (Includes Hispanic)	Age-Adjusted Incidence Rate	5.6	10.4
	Average Annual Count	5.0	8.0
	Recent	stable	stable
	Trend	0.5	-1.2
Asian / Pacific Islander	Age-Adjusted Incidence Rate	9.1	7.7
	Average Annual Count	7.0	5.0
	Recent	stable	stable
	Trend	0.1	-1.9
Hispanic (of Any Race)	Age-Adjusted Incidence Rate	7.2	11.5
	Average Annual Count	18.0	26.0
	Recent	stable	falling
	Trend	1.1	-4.0
MALES	Age-Adjusted Incidence Rate	12.2	12.2
	Average Annual Count	34.0	31.0
	Recent	rising	falling
	Trend	2.1	-1.5
FEMALES	Age-Adjusted Incidence Rate	3.3	7.9
	Average Annual Count	11.0	26.0
	Recent	stable	stable
	Trend	0.3	-0.4

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

MORTALITY RATE REPORT FOR HUDSON COUNTY 2009-2013[174]						
Cancer Site	Met HP2020 Objective 160.6? (1)	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
All Races (includes Hispanic), Both Sexes (except where noted), All Ages						
ALL SITES: HP2020 Objective C-1 (160.6)	Yes	152.6	876	falling	-2.3	
BLADDER: HP2020 Objective (N/A)	n/a	4.6	25	stable	3.1	
BRAIN & ONS: HP2020 Objective (N/A)	n/a	2.6	16	stable	-1.1	
BREAST: Females: HP2020 Objective C-3 (20.6)	No	22.3	75	falling	-2.1	
CERVIX: Females: HP2020 Objective C-4 (2.2)	No	2.7	9	falling	-3.6	
COLON & RECTUM: HP2020 Objective C-5 (14.5)	No	18.3	105	falling	-2.8	
ESOPHAGUS: HP2020 Objective (N/A)	n/a	3.3	20	falling	-2.6	
KIDNEY & RENAL: HP2020 Objective (N/A)	n/a	3.0	17	stable	-0.7	
LEUKEMIA: HP2020 Objective (N/A)	n/a	6.1	34	falling	-1.8	
LIVER & BILE DUCT HP2020 Objective (N/A)	n/a	5.2	32	stable	0.4	
LUNG & BRONCHUS: HP2020 Objective C-2 (45.5)	Yes	36.5	206	falling	-2.7	
MELANOMA: HP2020 Objective C-8 (2.4)	Yes	1.3	7	stable	-1.1	
NON-HODGKIN'S LYMPHOMA: HP2020 Objective (N/A)	n/a	4.9	27	falling	-3.7	
ORAL CAVITY & PHARYNX: HP2020 Objective C-6 (2.3)	Yes	2.2	13	falling	-3.9	
OVARY: Females: HP2020 Objective (N/A)	n/a	7.6	26	falling	-1.6	
PANCREAS: HP2020 Objective (N/A)	n/a	8.9	51	falling	-1.1	
PROSTATE: Males: HP2020 Objective C-7 (21.8)	Yes	19.0	39	falling	-3.8	
STOMACH: HP2020 Objective (N/A)	n/a	4.9	28	falling	-1.9	
THYROID: HP2020 Objective (N/A)	n/a	0.6	4	**	**	
UTERUS: Females: HP2020 Objective (N/A)	n/a	5.7	20	stable	0	

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

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

		STOMACH: HP2020 Objective (N/A)
MORTALITY RATE REPORT - HUDSON COUNTY 2009-2013[1] All Races (includes Hispanic), All Ages, Male and Female (Unless Noted)	Met HP2020 Objective	n/a
	Age-Adjusted Death Rate	4.9
	Average Deaths/Year	28.0
	Recent	falling (-1.9)
	RWJ Barnabas County Indicator Comparison	
White (Non-Hispanic)	Met HP2020 Objective	n/a
	Age-Adjusted Death Rate	5.3
	Average Deaths/Year	23.0
	Recent / Trend	falling (-1.5)
Black (Includes Hispanic)	Met HP2020 Objective	n/a
	Age-Adjusted Death Rate	*
	Average Deaths/Year	3 or fewer
	Recent / Trend	**
Asian / Pacific Islander	Met HP2020 Objective	n/a
	Age-Adjusted Death Rate	*
	Average Deaths/Year	3 or fewer
	Recent / Trend	**
Hispanic (of Any Race)	Met HP2020 Objective	n/a
	Age-Adjusted Death Rate	4.6
	Average Deaths/Year	10.0
	Recent / Trend	stable (-1.0)
MALES	Met HP2020 Objective	n/a
	Age-Adjusted Death Rate	6.9
	Average Deaths/Year	16.0
	Recent / Trend	falling (-2.1)
FEMALES	Met HP2020 Objective	n/a
	Age-Adjusted Death Rate	3.5
	Average Deaths/Year	12.0
	Recent / Trend	falling (-1.8)

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

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[175]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
ALL SITES: All Races (includes Hispanic), Both Sexes, All Ages					
United States	448.4	1,540,559	falling	-1.9	
New Jersey	484.0	48,523	falling	-4.4	
Atlantic County	497.9	1618	falling	-5.9	
Bergen County	464.6	5,199	falling	-1.7	
Burlington County	529.1	2799	stable	-3.9	
Camden County	526.5	2,978	falling	-4.5	
Cape May County	558.6	853	stable	-3.8	
Cumberland County	515.1	863	stable	0.0	
Essex County	451.9	3,617	falling	-2.0	
Gloucester County	540.6	1713	stable	-4.4	
Hudson County	394.4	2367	falling	-4.7	
Hunterdon County	476.4	722	stable	-0.4	
Mercer County	499.9	2008	stable	-4.2	
Middlesex County	465.6	4,050	falling	-3.8	
Monmouth County	522.4	3,904	stable	-3.9	
Morris County	486.1	2834	falling	-4.6	
Ocean County	518.8	4,325	falling	-4.2	
Passaic County	446.1	2333	falling	-5.2	
Salem County	531.7	434	stable	-0.2	
Somerset County	471.0	1717	falling	-2.3	
Sussex County	490.0	833	falling	-3.0	
Union County	459.4	2673	falling	-5.7	
Warren County	503.3	651	falling	-0.7	
BLADDER: All Races (includes Hispanic), Both Sexes, All Ages					
United States	20.7	70,418	falling	-1.3	
New Jersey	23.8	2378	falling	-3.0	
Atlantic County	29.2	94	stable	0.1	
Bergen County	23.1	266	falling	-3.1	
Burlington County	27.0	143	stable	-0.1	
Camden County	23.9	135	stable	-0.3	
Cape May County	35.7	57	rising	1.4	
Cumberland County	27.1	45	rising	1.3	
Essex County	19.7	152	stable	-0.4	

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

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[175]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
Gloucester County	28.6	87	stable	0.5	
Hudson County	17.4	97	falling	-1.8	
Hunterdon County	27.4	40	stable	1.2	
Mercer County	23.9	95	stable	-12.3	
Middlesex County	23.3	198	falling	-3.9	
Monmouth County	24.8	184	stable	-0.3	
Morris County	24.9	146	falling	-3.6	
Ocean County	25.6	238	falling	-4.8	
Passaic County	18.9	98	stable	-0.9	
Salem County	29.7	25	stable	0.2	
Somerset County	23.6	83	stable	0.6	
Sussex County	24.5	40	stable	-0.7	
Union County	20.3	118	falling	-6.2	
Warren County	28.3	36	stable	-0.9	
BRAIN & ONS: All Races (includes Hispanic), Both Sexes, All Ages					
United States	6.6	21761	falling	-1.2	
New Jersey	7.0	666	falling	-0.4	
Atlantic County	8.0	24	stable	0.3	
Bergen County	7.9	81	stable	-0.4	
Burlington County	7.5	37	stable	0.3	
Camden County	7.3	39	stable	0.1	
Cape May County	8.8	11	stable	0.6	
Cumberland County	6.5	11	stable	-0.9	
Essex County	5.3	42	falling	-1.4	
Gloucester County	7.0	22	stable	-0.8	
Hudson County	5.1	32	falling	-1.6	
Hunterdon County	5.9	8	stable	-1.7	
Mercer County	7.1	27	stable	-0.7	
Middlesex County	6.4	54	falling	-1.0	
Monmouth County	8.0	57	stable	0.7	
Morris County	8.3	45	stable	0.1	
Ocean County	8.5	58	stable	0.6	
Passaic County	6.7	34	falling	-1.2	
Salem County	6.9	5	*	*	
Somerset County	6.4	22	stable	-17.0	
Sussex County	7.3	11	stable	-1.3	
Union County	6.3	36	stable	-1.0	
Warren County	7.7	9	stable	0.2	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[175]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
BREAST: All Races (includes Hispanic), Females, All Ages					
United States	123.3	224504	stable	-0.1	
New Jersey	131.4	7105	stable	-1.5	
Atlantic County	132.9	231	stable	-0.4	
Bergen County	134.8	802	falling	-0.7	
Burlington County	136.3	389	stable	-0.3	
Camden County	145.4	447	stable	-2.3	
Cape May County	126.8	100	falling	-0.9	
Cumberland County	113.0	99	falling	-1.0	
Essex County	121.7	547	stable	0.1	
Gloucester County	135.5	237	stable	-0.3	
Hudson County	105.7	352	falling	-0.7	
Hunterdon County	150.6	125	stable	-0.4	
Mercer County	137.4	298	falling	-0.6	
Middlesex County	131.2	617	falling	-0.7	
Monmouth County	144.6	586	stable	-0.2	
Morris County	142.6	449	falling	-0.5	
Ocean County	126.4	539	falling	-0.8	
Passaic County	119.2	342	falling	-0.7	
Salem County	120.4	52	stable	-0.9	
Somerset County	134.5	270	stable	0.1	
Sussex County	126.7	116	stable	-0.4	
Union County	129.1	411	falling	-0.7	
Warren County	135.0	94	stable	-0.4	
CERVIX: All Races (includes Hispanic), Females, All Ages					
United States	7.6	12404	falling	-2.3	
New Jersey	7.9	390	falling	-2.8	
Atlantic County	11.4	17	falling	-3.6	
Bergen County	7.3	38	falling	-2.4	
Burlington County	7.6	18	stable	-0.8	
Camden County	8.6	25	falling	-2.7	
Cape May County	8.9	5	stable	8.1	
Cumberland County	9.7	8	falling	-5.0	
Essex County	9.6	42	falling	-3.9	
Gloucester County	6.8	11	falling	-2.8	
Hudson County	9.1	31	falling	-3.2	
Hunterdon County	5.7	5	stable	-2.4	
Mercer County	6.1	13	falling	-3.1	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[175]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
Middlesex County	7.1	32	falling	-2.3	
Monmouth County	6.5	24	falling	-2.8	
Morris County	6.1	18	falling	-2.3	
Ocean County	9.0	29	falling	-2.4	
Passaic County	8.1	21	falling	-2.4	
Salem County	9.9	4	*	*	
Somerset County	7.1	13	falling	-2.0	
Sussex County	5.6	5	falling	-15.1	
Union County	9.6	29	stable	0.1	
Warren County	6.6	4	falling	-4.3	
COLON & RECTUM: All Races (includes Hispanic), Both Sexes, All Ages					
United States	40.6	139095	falling	-3.0	
New Jersey	43.5	4384	falling	-4.0	
Atlantic County	43.5	142	falling	-5.1	
Bergen County	39.2	446	falling	-4.4	
Burlington County	48.8	259	falling	-2.1	
Camden County	48.5	274	falling	-3.1	
Cape May County	48.3	75	falling	-3.0	
Cumberland County	52.2	87	falling	-1.5	
Essex County	42.3	337	falling	-4.0	
Gloucester County	49.3	155	falling	-9.2	
Hudson County	43.4	255	falling	-7.9	
Hunterdon County	40.6	61	falling	-3.2	
Mercer County	43.8	177	falling	-2.4	
Middlesex County	42.3	367	falling	-3.9	
Monmouth County	43.7	329	falling	-4.0	
Morris County	38.6	227	falling	-4.7	
Ocean County	47.0	417	falling	-3.4	
Passaic County	41.4	216	falling	-4.5	
Salem County	45.4	38	falling	-2.5	
Somerset County	38.6	142	falling	-2.3	
Sussex County	43.4	71	falling	-2.9	
Union County	42.9	248	falling	-4.6	
Warren County	44.4	58	falling	-3.2	
ESOPHAGUS: All Races (includes Hispanic), Both Sexes, All Ages					
United States	4.7	16328	falling	-2.1	
New Jersey	4.6	467	falling	-4.9	
Atlantic County	5.2	17	falling	-2.5	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[175]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
Bergen County	3.5	41	stable	-0.9	
Burlington County	5.5	30	stable	0.3	
Camden County	5.2	29	falling	-1.2	
Cape May County	5.8	9	stable	-1.2	
Cumberland County	6.6	11	stable	0.9	
Essex County	4.3	35	falling	-3.2	
Gloucester County	6.0	20	stable	0.5	
Hudson County	3.7	22	falling	-2.7	
Hunterdon County	5.0	8	stable	-0.2	
Mercer County	4.4	18	stable	-1.4	
Middlesex County	4.6	40	falling	-1.1	
Monmouth County	5.1	38	stable	-0.2	
Morris County	4.5	27	stable	0.2	
Ocean County	5.3	47	stable	-6.4	
Passaic County	4.8	25	falling	-1.4	
Salem County	4.1	3	stable	-2.5	
Somerset County	3.2	12	stable	-1.6	
Sussex County	4.4	8	stable	-0.3	
Union County	3.2	19	falling	-2.1	
Warren County	5.6	7	stable	1.2	
KIDNEY & RENAL: All Races (includes Hispanic), Both Sexes, All Ages					
United States	16.0	55089	stable	-0.2	
New Jersey	15.5	1560	falling	-2.4	
Atlantic County	16.4	54	rising	1.2	
Bergen County	15.6	175	rising	1.0	
Burlington County	19.9	104	rising	2.7	
Camden County	17.9	101	rising	1.9	
Cape May County	19.2	30	rising	2.1	
Cumberland County	22.1	37	rising	4.3	
Essex County	13.0	104	rising	0.8	
Gloucester County	20.0	63	rising	2.4	
Hudson County	11.9	73	stable	0.6	
Hunterdon County	12.8	20	stable	1.5	
Mercer County	15.4	62	rising	1.9	
Middlesex County	14.4	126	stable	-2.1	
Monmouth County	15.8	120	rising	1.0	
Morris County	13.3	79	stable	0.5	
Ocean County	16.8	138	rising	1.5	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[175]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
Passaic County	15.6	82	rising	1.6	
Salem County	19.0	15	stable	0.9	
Somerset County	13.7	50	rising	1.7	
Sussex County	15.0	27	stable	0.3	
Union County	14.0	82	stable	0.7	
Warren County	15.2	19	stable	0.7	
LEUKEMIA: All Races (includes Hispanic), Both Sexes, All Ages					
United States	13.4	44727	stable	-0.6	
New Jersey	14.5	1418	stable	0.2	
Atlantic County	12.5	39	stable	-0.1	
Bergen County	16.2	177	stable	-6.3	
Burlington County	15.1	77	stable	0.9	
Camden County	14.5	81	stable	0.6	
Cape May County	17.5	26	stable	1.3	
Cumberland County	15.3	25	rising	1.9	
Essex County	12.0	93	falling	-0.8	
Gloucester County	17.1	52	rising	1.4	
Hudson County	12.2	72	falling	-0.8	
Hunterdon County	12.7	19	stable	-0.9	
Mercer County	12.8	51	stable	-0.4	
Middlesex County	15.1	129	stable	0.4	
Monmouth County	14.8	107	stable	0.6	
Morris County	15.9	90	stable	0.3	
Ocean County	13.7	113	stable	-0.4	
Passaic County	14.4	73	stable	-0.5	
Salem County	15.1	11	stable	0.9	
Somerset County	15.3	54	stable	0.4	
Sussex County	15.3	25	stable	0.8	
Union County	14.8	84	stable	0.7	
Warren County	12.5	16	falling	-1.3	
LIVER & BILE DUCT: All Races (includes Hispanic), Both Sexes, All Ages					
United States	7.6	27290	rising	2.0	
New Jersey (State)	7.2	751	stable	-2.4	
Atlantic County	7.8	27	rising	3.3	
Bergen County	7.0	80	rising	1.6	
Burlington County	7.0	39	rising	3.0	
Camden County	8.6	51	stable	-7.6	
Cape May County	7.5	12	rising	5.4	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[175]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
Cumberland County	10.4	18	rising	6.7	
Essex County	7.8	66	rising	1.9	
Gloucester County	7.2	24	rising	3.7	
Hudson County	7.2	45	rising	1.7	
Hunterdon County	4.9	8	*	*	
Mercer County	8.3	35	rising	4.0	
Middlesex County	7.4	66	rising	3.2	
Monmouth County	6.2	49	stable	1.3	
Morris County	5.7	34	stable	1.1	
Ocean County	7.7	66	rising	4.2	
Passaic County	7.7	42	rising	2.8	
Salem County	11.5	10	rising	4.8	
Somerset County	5.6	21	rising	2.7	
Sussex County	6.6	11	stable	1.8	
Union County	6.5	39	rising	2.7	
Warren County	6.6	9	stable	0.7	
LUNG & BRONCHUS: All Races (includes Hispanic), Both Sexes, All Ages					
United States	62.4	214614	falling	-2.5	
New Jersey	59.0	5900	falling	-4.3	
Atlantic County	69.9	230	falling	-6.4	
Bergen County	50.9	580	falling	-3.3	
Burlington County	65.1	342	stable	-5.7	
Camden County	71.9	406	stable	-5.4	
Cape May County	83.5	136	stable	-0.4	
Cumberland County	73.4	122	stable	-6.9	
Essex County	50.9	399	falling	-2.6	
Gloucester County	80.5	250	stable	-5.6	
Hudson County	48.8	279	falling	-2.1	
Hunterdon County	54.4	80	falling	-1.7	
Mercer County	59.1	235	falling	-1.2	
Middlesex County	53.4	459	stable	-7.3	
Monmouth County	63.9	475	stable	-7.1	
Morris County	49.6	287	falling	-5.8	
Ocean County	71.4	645	falling	-4.0	
Passaic County	53.8	276	falling	-1.2	
Salem County	72.8	62	falling	-1.1	
Somerset County	48.7	171	falling	-1.3	
Sussex County	64.2	106	falling	-1.3	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[175]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
Union County	47.9	274	falling	-1.6	
Warren County	65.4	85	falling	-1.0	
MELANOMA: All Races (includes Hispanic), Both Sexes, All Ages					
United States	20.3	68242	stable	0.7	
New Jersey	21.7	2143	stable	-1.7	
Atlantic County	24.2	77	stable	-5.1	
Bergen County	17.9	196	falling	-3.4	
Burlington County	27.3	143	stable	0.6	
Camden County	20.0	114	stable	-2.4	
Cape May County	40.8	60	stable	-3.4	
Cumberland County	17.3	29	rising	2.0	
Essex County	12.5	99	stable	-0.9	
Gloucester County	25.7	80	stable	-2.1	
Hudson County	7.0	44	falling	-9.0	
Hunterdon County	35.1	52	rising	5.4	
Mercer County	24.1	95	rising	3.7	
Middlesex County	17.1	146	rising	1.6	
Monmouth County	32.4	235	rising	2.3	
Morris County	26.9	154	stable	-0.7	
Ocean County	33.2	263	rising	3.7	
Passaic County	13.3	69	falling	-6.6	
Salem County	32.5	25	rising	5.0	
Somerset County	24.5	89	stable	-1.5	
Sussex County	27.0	46	rising	2.5	
Union County	16.0	93	stable	1.1	
Warren County	23.7	31	stable	1.4	
NON-HODGKIN'S LYMPHOMA: All Races (includes Hispanic), Both Sexes, All Ages					
United States	19.1	64576	falling	-1.7	
New Jersey	21.2	2094	stable	-3.0	
Atlantic County	19.4	61	falling	-0.9	
Bergen County	21.8	242	falling	-0.7	
Burlington County	21.2	110	stable	0.4	
Camden County	21.0	117	stable	0.2	
Cape May County	17.7	27	stable	-0.7	
Cumberland County	20.0	33	stable	0.2	
Essex County	20.7	164	stable	0.1	
Gloucester County	20.9	65	stable	0.5	
Hudson County	17.4	105	falling	-2.1	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[175]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
Hunterdon County	22.8	33	stable	0.6	
Mercer County	23.4	92	stable	0.6	
Middlesex County	21.0	180	stable	0.4	
Monmouth County	22.8	169	falling	-1.0	
Morris County	22.6	129	stable	-1.1	
Ocean County	21.4	180	stable	-0.4	
Passaic County	19.4	100	stable	0.3	
Salem County	19.5	16	stable	0.3	
Somerset County	20.4	75	stable	-1.8	
Sussex County	22.0	36	stable	0.4	
Union County	21.9	127	falling	-1.1	
Warren County	21.3	26	stable	0.3	
ORAL CAVITY & PHARYNX: All Races (includes Hispanic), Both Sexes, All Ages					
United States	11.3	39885	stable	0.5	
New Jersey	10.4	1066	falling	-0.6	
Atlantic County	13.1	45	stable	-0.3	
Bergen County	9.5	108	stable	0.0	
Burlington County	12.0	65	stable	-0.1	
Camden County	12.2	70	stable	0.4	
Cape May County	11.0	17	stable	0.1	
Cumberland County	11.9	21	stable	0.2	
Essex County	8.5	70	falling	-2.7	
Gloucester County	11.1	37	stable	0.7	
Hudson County	8.2	51	falling	-2.5	
Hunterdon County	7.0	13	stable	-0.6	
Mercer County	10.1	42	falling	-1.5	
Middlesex County	11.1	98	stable	0.0	
Monmouth County	11.3	88	stable	-0.2	
Morris County	10.5	63	stable	0.1	
Ocean County	11.6	95	stable	0.0	
Passaic County	9.1	48	falling	-1.7	
Salem County	13.6	11	stable	1.1	
Somerset County	9.6	38	stable	0.7	
Sussex County	12.8	22	stable	0.6	
Union County	9.1	55	falling	-0.8	
Warren County	9.3	12	stable	-0.5	
OVARY: All Races (includes Hispanic), Females, All Ages					
United States	11.6	21294	falling	-2.1	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[175]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
New Jersey	12.6	691	falling	-6.0	
Atlantic County	9.2	16	falling	-12.0	
Bergen County	11.5	70	falling	-5.4	
Burlington County	13.8	40	falling	-1.5	
Camden County	12.7	39	falling	-1.7	
Cape May County	13.5	11	stable	-1.1	
Cumberland County	8.8	8	falling	-20.4	
Essex County	11.8	53	falling	-2.4	
Gloucester County	14.6	25	stable	-1.1	
Hudson County	12.2	40	falling	-2.2	
Hunterdon County	12.0	10	falling	-3.3	
Mercer County	14.5	32	stable	-0.6	
Middlesex County	13.8	65	falling	-1.9	
Monmouth County	12.3	51	stable	-9.5	
Morris County	13.4	43	falling	-1.8	
Ocean County	13.2	57	falling	-1.9	
Passaic County	11.4	33	falling	-2.2	
Salem County	14.2	6	stable	-0.2	
Somerset County	13.0	26	stable	-1.1	
Sussex County	17.1	16	stable	-0.8	
Union County	12.2	40	falling	-2.4	
Warren County	14.5	10	stable	-1.1	
PANCREAS: All Races (includes Hispanic), Both Sexes, All Ages					
United States	12.3	42602	stable	0.5	
New Jersey	13.7	1390	stable	-2.0	
Atlantic County	13.2	44	stable	-0.6	
Bergen County	13.3	155	stable	0.0	
Burlington County	15.0	80	stable	0.5	
Camden County	13.6	77	stable	0.3	
Cape May County	13.2	21	stable	0.7	
Cumberland County	14.9	25	rising	1.8	
Essex County	14.3	112	stable	-0.4	
Gloucester County	13.2	42	stable	1.3	
Hudson County	12.0	69	stable	-0.5	
Hunterdon County	14.3	21	stable	1.1	
Mercer County	15.6	62	rising	2.2	
Middlesex County	13.1	114	stable	0.1	
Monmouth County	14.1	106	stable	0.3	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[175]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
Morris County	14.2	83	stable	0.7	
Ocean County	14.7	134	rising	0.9	
Passaic County	13.4	71	stable	0.2	
Salem County	12.2	10	stable	0.9	
Somerset County	12.5	45	rising	1.3	
Sussex County	11.2	18	stable	-0.6	
Union County	13.8	81	stable	0.0	
Warren County	16.0	21	stable	1.3	
PROSTATE: All Races (includes Hispanic), Males, All Ages					
United States	123.1	202783	falling	-8.5	
New Jersey	148.7	6915	stable	-11.7	
Atlantic County	135.4	213	stable	-14.4	
Bergen County	138.9	725	falling	-4.7	
Burlington County	162.4	411	falling	-14.5	
Camden County	160.0	416	stable	-11.6	
Cape May County	170.0	128	falling	-1.6	
Cumberland County	145.4	113	falling	-1.1	
Essex County	176.0	617	stable	-12.2	
Gloucester County	156.3	235	stable	-9.4	
Hudson County	117.9	300	falling	-5.6	
Hunterdon County	113.5	86	falling	-2.2	
Mercer County	153.5	284	falling	-16.9	
Middlesex County	139.0	557	falling	-3.6	
Monmouth County	158.5	562	stable	-9.6	
Morris County	157.4	440	stable	-13.5	
Ocean County	140.8	548	falling	-2.7	
Passaic County	147.2	347	falling	-6.9	
Salem County	165.4	65	stable	-0.7	
Somerset County	145.9	247	falling	-1.5	
Sussex County	132.5	119	falling	-11.4	
Union County	153.3	403	stable	-17.0	
Warren County	149.7	95	stable	-1.0	
STOMACH: All Races (includes Hispanic), Both Sexes, All Ages					
United States	6.7	22689	stable	-0.5	
New Jersey	8.0	804	falling	-1.9	
Atlantic County	8.3	27	falling	-1.6	
Bergen County	8.8	100	falling	-1.4	
Burlington County	6.3	34	falling	-2.4	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[175]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
Camden County	8.8	50	stable	-0.9	
Cape May County	6.5	11	stable	-0.1	
Cumberland County	8.2	14	stable	-1.7	
Essex County	8.7	69	falling	-2.4	
Gloucester County	7.0	22	falling	-1.5	
Hudson County	9.6	57	falling	-1.0	
Hunterdon County	5.2	8	falling	-4.3	
Mercer County	7.6	30	falling	-2.9	
Middlesex County	7.9	68	falling	-1.9	
Monmouth County	6.5	50	falling	-2.4	
Morris County	7.2	43	falling	-1.3	
Ocean County	7.6	67	falling	-1.9	
Passaic County	8.9	46	falling	-1.3	
Salem County	6.3	5	stable	-1.5	
Somerset County	7.4	26	falling	-1.6	
Sussex County	8.4	13	falling	-2.5	
Union County	9.5	55	falling	-1.7	
Warren County	7.5	10	falling	-2.5	
THYROID: All Races (includes Hispanic), Both Sexes, All Ages					
United States	14.0	45352	rising	2.1	
New Jersey	19.1	1805	stable	1.1	
Atlantic County	15.2	45	stable	-5.6	
Bergen County	20.3	206	stable	-3.6	
Burlington County	21.5	106	rising	3.1	
Camden County	20.3	110	rising	3.0	
Cape May County	16.9	18	rising	6.5	
Cumberland County	20.0	32	stable	3.0	
Essex County	12.0	97	rising	5.1	
Gloucester County	21.2	65	rising	7.9	
Hudson County	15.0	101	stable	-3.2	
Hunterdon County	18.2	26	rising	5.2	
Mercer County	22.2	87	rising	7.7	
Middlesex County	19.1	164	rising	6.3	
Monmouth County	24.4	165	stable	-1.3	
Morris County	21.1	113	rising	6.6	
Ocean County	23.1	142	rising	8.3	
Passaic County	15.2	77	rising	6.9	
Salem County	21.7	15	rising	8.4	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[175]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
Somerset County	22.2	80	rising	8.1	
Sussex County	15.4	25	rising	6.8	
Union County	18.5	106	rising	7.7	
Warren County	18.6	22	rising	6.0	
UTERUS: All Races (includes Hispanic), Females, All Ages					
United States	25.6	48317	rising	0.6	
New Jersey	30.8	1732	rising	0.5	
Atlantic County	30.0	54	stable	0.4	
Bergen County	28.6	180	stable	0.2	
Burlington County	29.9	89	stable	0.8	
Camden County	35.0	111	rising	1.5	
Cape May County	27.7	24	stable	0.5	
Cumberland County	34.2	31	stable	0.7	
Essex County	27.9	128	stable	0.7	
Gloucester County	30.6	56	stable	1.0	
Hudson County	23.1	79	stable	-0.4	
Hunterdon County	30.7	27	stable	-0.6	
Mercer County	33.4	75	stable	0.5	
Middlesex County	32.2	156	rising	0.8	
Monmouth County	33.0	138	rising	1.3	
Morris County	31.3	102	stable	0.2	
Ocean County	32.2	142	stable	0.4	
Passaic County	27.9	83	stable	0.2	
Salem County	33.9	15	stable	1.1	
Somerset County	34.0	70	stable	0.8	
Sussex County	37.2	36	stable	-0.3	
Union County	33.4	109	stable	0.5	
Warren County	35.7	25	stable	-0.9	

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

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[176]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
ALL SITES: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective C-1 (160.6)						
United States	No	168.5	577,303	falling	-1.5	
New Jersey	No	163.8	16,572	falling	-2.1	
Atlantic County	No	179.5	584	falling	-3.2	
Bergen County	Yes	147.3	1,722	falling	-2.0	
Burlington County	No	171.6	914	falling	-1.5	
Camden County	No	182.8	1,039	falling	-1.9	
Cape May County	No	193.1	314	falling	-1.1	
Cumberland County	No	189.6	317	falling	-0.9	
Essex County	No	161.8	1,272	falling	-2.4	
Gloucester County	No	193.5	602	falling	-2.5	
Hudson County	Yes	152.6	876	falling	-2.3	
Hunterdon County	Yes	145.1	210	falling	-2.0	
Mercer County	Yes	160.3	648	falling	-2.2	
Middlesex County	Yes	156.7	1,357	falling	-1.7	
Monmouth County	No	168.6	1,269	falling	-2.6	
Morris County	Yes	150.3	884	falling	-2.6	
Ocean County	No	174.2	1,607	falling	-1.4	
Passaic County	Yes	159.1	827	falling	-2.1	
Salem County	No	194.8	164	falling	-1.2	
Somerset County	Yes	153.3	549	falling	-1.7	
Sussex County	No	176.4	281	falling	-1.5	
Union County	Yes	155.6	909	falling	-1.9	
Warren County	No	175.1	227	falling	-1.0	
BLADDER: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective (N/A)						
United States	***	4.4	14,989	stable	0.1	
New Jersey (State)	***	4.8	493	falling	-0.5	
Atlantic County	***	5.5	18	stable	-0.9	
Bergen County	***	4.8	57	falling	-0.9	
Burlington County	***	4.7	25	stable	-0.6	
Camden County	***	4.8	27	stable	-0.1	
Cape May County	***	5.4	9	rising	23.5	
Cumberland County	***	5.4	9	stable	-0.3	
Essex County	***	4.3	34	stable	-0.4	

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

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[176]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
Gloucester County	***	5.7	17	stable	-0.4	
Hudson County	***	4.6	25	stable	3.1	
Hunterdon County	***	4.9	7	stable	-0.8	
Mercer County	***	5.0	20	stable	0.0	
Middlesex County	***	4.7	40	stable	-0.4	
Monmouth County	***	4.8	37	stable	-0.3	
Morris County	***	5.0	30	stable	0.0	
Ocean County	***	5.6	55	stable	0.0	
Passaic County	***	4.2	21	stable	-0.5	
Salem County	***	5.3	4	stable	0.2	
Somerset County	***	5.0	17	stable	0.6	
Sussex County	***	3.9	6	falling	-3.0	
Union County	***	4.4	26	stable	-1.0	
Warren County	***	6.0	8	stable	-0.7	
BRAIN & ONS: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective (N/A)						
United States	***	4.3	14690	stable	0.5	
New Jersey (State)	***	3.7	371	falling	-0.6	
Atlantic County	***	4.2	13	stable	0.2	
Bergen County	***	3.5	39	stable	-0.4	
Burlington County	***	4.4	23	stable	-0.5	
Camden County	***	3.6	19	falling	-1.3	
Cape May County	***	4.8	7	stable	0.5	
Cumberland County	***	2.8	5	stable	-1.9	
Essex County	***	3.1	24	stable	-1.2	
Gloucester County	***	4.1	13	stable	-0.7	
Hudson County	***	2.6	16	stable	-1.1	
Hunterdon County	***	2.5	4	falling	-3.4	
Mercer County	***	3.8	15	stable	-0.4	
Middlesex County	***	3.6	31	stable	-0.4	
Monmouth County	***	4.1	31	stable	0.6	
Morris County	***	5.4	30	stable	0.4	
Ocean County	***	4.3	34	stable	-0.2	
Passaic County	***	3.7	19	stable	-1.1	
Salem County	*	*	*	**	**	
Somerset County	***	3.9	14	stable	-1.5	
Sussex County	***	4.6	7	stable	-0.2	
Union County	***	3.2	18	falling	-1.9	
Warren County	***	4.4	5	stable	0.3	

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[176]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
BREAST: All Races (includes Hispanic), Females, All Ages: HP2020 Objective C-3 (20.6)						
United States	No	21.5	40923	falling	-1.9	
New Jersey	No	23.4	1347	falling	-2.3	
Atlantic County	No	26.1	47	falling	-1.8	
Bergen County	No	20.8	139	falling	-3.0	
Burlington County	No	25.2	75	falling	-2.0	
Camden County	No	27.8	91	falling	-2.0	
Cape May County	Yes	19.5	19	stable	-1.7	
Cumberland County	No	21.4	20	falling	-1.8	
Essex County	No	23.7	109	falling	-2.7	
Gloucester County	No	26.5	48	falling	-1.4	
Hudson County	No	22.3	75	falling	-2.1	
Hunterdon County	No	24.3	20	stable	-1.1	
Mercer County	No	22.5	53	falling	-2.6	
Middlesex County	No	22.6	112	falling	-2.5	
Monmouth County	No	24.7	106	falling	-2.3	
Morris County	No	21.0	70	falling	-2.5	
Ocean County	No	23.4	114	falling	-2.3	
Passaic County	No	24.2	72	falling	-1.5	
Salem County	No	26.6	13	stable	-0.9	
Somerset County	No	21.8	46	falling	-2.6	
Sussex County	No	23.0	21	falling	-2.1	
Union County	No	24.4	81	falling	-2.2	
Warren County	No	21.9	16	falling	-2.1	
CERVIX: All Races (includes Hispanic), Females, All Ages: HP2020 Objective C-4 (2.2)						
United States	No	2.3	4046	falling	-0.8	red
New Jersey	No	2.3	124	falling	-2.4	
Atlantic County	No	3.8	6	stable	-1.5	
Bergen County	Yes	2.2	13	falling	-1.5	
Burlington County	Yes	2.0	5	stable	-2.2	
Camden County	No	3.4	10	stable	-0.7	
Cape May County	*	*	*	**	**	
Cumberland County	*	*	*	**	**	
Essex County	No	3.4	15	falling	-3.0	
Gloucester County	Yes	2.0	4	**	**	
Hudson County	No	2.7	9	falling	-3.6	
Hunterdon County	*	*	*	**	**	
Mercer County	Yes	2.2	5	stable	-2.1	

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[176]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
Middlesex County	Yes	2.0	9	falling	-2.1	
Monmouth County	Yes	1.8	7	falling	-2.5	
Morris County	Yes	1.6	5	**	**	
Ocean County	Yes	2.0	8	stable	-1.5	
Passaic County	No	2.7	7	stable	-1.8	
Salem County	*	*	*	**	**	
Somerset County	Yes	1.7	3	stable	-0.5	
Sussex County	*	*	*	**	**	
Union County	Yes	1.9	6	falling	-4.1	
Warren County	*	*	*	**	**	
COLON & RECTUM: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective C-5 (14.5)						
United States	No	15.1	51,801	falling	-2.5	
New Jersey	No	15.6	1,601	falling	-3.0	
Atlantic County	No	16.7	54	falling	-3.2	
Bergen County	Yes	13.3	158	falling	-3.6	
Burlington County	No	16.5	89	falling	-2.7	
Camden County	No	16.9	99	falling	-2.3	
Cape May County	No	16.6	27	falling	-2.7	
Cumberland County	No	17.3	29	falling	-2.5	
Essex County	No	16.5	130	falling	-2.7	
Gloucester County	No	18.3	57	falling	-2.4	
Hudson County	No	18.3	105	falling	-2.8	
Hunterdon County	Yes	12.9	18	falling	-3.1	
Mercer County	No	15.7	64	falling	-3.1	
Middlesex County	Yes	14.5	127	falling	-3.7	
Monmouth County	No	15.8	121	falling	-3.3	
Morris County	Yes	13.2	80	falling	-3.2	
Ocean County	No	15.5	147	falling	-2.6	
Passaic County	No	15.2	80	falling	-3.2	
Salem County	No	22.7	20	falling	-1.7	
Somerset County	No	15.4	56	falling	-2.5	
Sussex County	No	17.0	27	falling	-2.8	
Union County	No	15.5	91	falling	-2.9	
Warren County	No	17.7	23	falling	-2.2	
ESOPHAGUS: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective (N/A)						
United States	***	4.1	14436	falling	-0.9	
New Jersey	***	3.9	403	falling	-0.8	
Atlantic County	***	4.5	15	falling	-2.0	

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[176]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
Bergen County	***	2.9	33	falling	-6.8	
Burlington County	***	4.8	26	stable	0.2	
Camden County	***	4.7	28	stable	0.0	
Cape May County	***	4.0	6	stable	-1.1	
Cumberland County	***	5.0	8	stable	21.1	
Essex County	***	3.8	30	falling	-2.7	
Gloucester County	***	5.5	18	stable	0.8	
Hudson County	***	3.3	20	falling	-2.6	
Hunterdon County	***	4.8	8	**	**	
Mercer County	***	4.0	16	falling	-1.8	
Middlesex County	***	4.0	35	stable	-0.1	
Monmouth County	***	4.1	30	falling	-0.9	
Morris County	***	3.3	20	stable	-0.6	
Ocean County	***	4.7	43	stable	0.4	
Passaic County	***	3.9	21	falling	-1.4	
Salem County	***	3.8	3	stable	-2.1	
Somerset County	***	3.1	12	falling	-1.9	
Sussex County	***	5.6	9	stable	1.0	
Union County	***	2.6	16	falling	-2.8	
Warren County	***	4.0	5	stable	0.3	
KIDNEY & RENAL: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective (N/A)						
United States	***	3.9	13439	falling	-0.9	
New Jersey	***	3.3	338	falling	-1.3	
Atlantic County	***	3.4	11	stable	-1.3	
Bergen County	***	2.9	35	falling	-1.9	
Burlington County	***	3.8	21	falling	-1.5	
Camden County	***	3.5	20	falling	-1.8	
Cape May County	***	3.9	7	stable	-0.4	
Cumberland County	***	4.2	7	stable	0.2	
Essex County	***	2.9	23	falling	-1.2	
Gloucester County	***	4.5	14	stable	-0.5	
Hudson County	***	3.0	17	stable	-0.7	
Hunterdon County	***	2.8	4	**	**	
Mercer County	***	2.9	12	falling	-1.8	
Middlesex County	***	3.6	31	falling	-1.6	
Monmouth County	***	3.5	27	falling	-1.9	
Morris County	***	3.6	21	stable	-0.6	
Ocean County	***	3.2	29	falling	-1.4	

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[176]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
Passaic County	***	2.7	14	stable	-0.5	
Salem County	*	*	*	*	*	
Somerset County	***	3.4	12	stable	-0.2	
Sussex County	***	4.3	7	stable	-0.2	
Union County	***	3.0	18	falling	-2.2	
Warren County	***	3.6	5	stable	-1.1	
LEUKEMIA: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective (N/A)						
United States	***	6.9	23083	falling	-1	
New Jersey	***	6.5	642	falling	-1.5	
Atlantic County	***	6	19	falling	-2	
Bergen County	***	6.2	72	falling	-1.3	
Burlington County	***	6.4	34	stable	-0.3	
Camden County	***	7.1	40	stable	-0.6	
Cape May County	***	8.4	13	stable	0.7	
Cumberland County	***	5.9	10	falling	-2.3	
Essex County	***	5.9	46	falling	-2	
Gloucester County	***	7.2	22	stable	-1.2	
Hudson County	***	6.1	34	falling	-1.8	
Hunterdon County	***	4.9	7	stable	-1.9	
Mercer County	***	5.5	22	falling	-1.5	
Middlesex County	***	6.6	57	falling	-0.8	
Monmouth County	***	7.1	52	stable	-0.7	
Morris County	***	6.8	39	stable	-0.8	
Ocean County	***	6.6	62	falling	-1.5	
Passaic County	***	5.6	29	falling	-3	
Salem County	***	6.6	5	stable	-1.2	
Somerset County	***	6.9	24	stable	-0.9	
Sussex County	***	6.8	10	stable	-0.9	
Union County	***	6.7	38	falling	-0.8	
Warren County	***	6.6	8	stable	-0.2	
LIVER & BILE DUCT: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective (N/A)						
United States	***	6.1	21654	rising	3.0	
New Jersey (State)	***	5.6	577	rising	1.4	
Atlantic County	***	5.8	20	stable	1.5	
Bergen County	***	5.6	65	rising	1.1	
Burlington County	***	5.6	30	stable	1.5	
Camden County	***	6.5	38	rising	2.6	
Cape May County	***	6.6	10	rising	3.1	

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[176]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
Cumberland County	***	8.7	15	rising	5.0	
Essex County	***	5.7	47	stable	1.1	
Gloucester County	***	4.7	15	stable	1.1	
Hudson County	***	5.2	32	stable	0.4	
Hunterdon County	***	4.9	7	stable	2.6	
Mercer County	***	5.8	24	rising	2.0	
Middlesex County	***	5.4	47	rising	1.4	
Monmouth County	***	6.2	47	stable	1.0	
Morris County	***	4.8	28	stable	1.0	
Ocean County	***	5.7	50	stable	0.1	
Passaic County	***	6.5	34	rising	2.7	
Salem County	***	7.7	7	stable	1.7	
Somerset County	***	4.3	16	stable	0.7	
Sussex County	***	5.5	9	stable	0.4	
Union County	***	5.1	30	rising	2.5	
Warren County	***	5.1	7	**	**	
LUNG & BRONCHUS: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective C-2 (45.5)						
United States	No	46.0	157376	falling	-2.4	
New Jersey	Yes	40.9	4100	falling	-2.8	
Atlantic County	No	47.9	156	falling	-5.5	
Bergen County	Yes	34.7	402	falling	-2.2	
Burlington County	Yes	44.2	232	falling	-1.8	
Camden County	No	48.9	275	falling	-2.9	
Cape May County	No	54.9	90	falling	-1.1	
Cumberland County	No	50.7	84	falling	-1.0	
Essex County	Yes	37.1	289	falling	-2.9	
Gloucester County	No	55.5	172	falling	-3.2	
Hudson County	Yes	36.5	206	falling	-2.7	
Hunterdon County	Yes	37.8	55	falling	-2.2	
Mercer County	Yes	38.2	152	falling	-1.9	
Middlesex County	Yes	37.0	319	falling	-3.1	
Monmouth County	Yes	42.8	317	falling	-3.2	
Morris County	Yes	34.8	201	falling	-3.8	
Ocean County	No	47.7	442	falling	-4.3	
Passaic County	Yes	39.3	202	falling	-1.7	
Salem County	No	48.1	41	falling	-1.6	
Somerset County	Yes	35.3	122	falling	-2.1	
Sussex County	Yes	45.2	74	falling	-1.6	

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[176]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
Union County	Yes	35.8	207	falling	-1.8	
Warren County	No	45.6	59	falling	-1.4	
MELANOMA: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective C-8 (2.4)						
United States	No	2.7	9225	stable	0	
New Jersey	Yes	2.4	241	falling	-1.3	
Atlantic County	Yes	2.2	7	stable	-1.5	
Bergen County	Yes	2.2	25	falling	-2.2	
Burlington County	No	3	16	stable	1.2	
Camden County	No	3.2	18	stable	0.2	
Cape May County	No	3.8	6	stable	-1.1	
Cumberland County	No	2.5	4	falling	-2.6	
Essex County	Yes	1.6	12	falling	-1.2	
Gloucester County	No	2.9	9	stable	-1.6	
Hudson County	Yes	1.3	7	stable	-1.1	
Hunterdon County	No	2.8	4	falling	-5.4	
Mercer County	Yes	2	8	falling	-2.8	
Middlesex County	Yes	1.8	15	falling	-2.5	
Monmouth County	Yes	2.4	18	falling	-1.9	
Morris County	No	3.1	18	stable	0.5	
Ocean County	No	3.3	28	stable	-0.1	
Passaic County	Yes	1.8	9	stable	-1.5	
Salem County	*	*	*	*	*	
Somerset County	No	2.9	10	stable	-0.2	
Sussex County	No	2.9	5	**	**	
Union County	No	2.5	14	stable	-0.5	
Warren County	No	3.7	5	**	**	
NON-HODGKIN'S LYMPHOMA: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective (N/A)						
United States	***	6.0	20300	falling	-2.3	
New Jersey	***	5.6	564	falling	-3.8	
Atlantic County	***	5.7	18	falling	-6.2	
Bergen County	***	5.6	65	falling	-4.0	
Burlington County	***	5.2	28	falling	-8.8	
Camden County	***	5.6	32	falling	-2.3	
Cape May County	***	6.6	10	stable	-1.3	
Cumberland County	***	5.3	9	falling	-9.4	
Essex County	***	5.5	43	falling	-3.5	
Gloucester County	***	6.4	19	falling	-5.0	
Hudson County	***	4.9	27	falling	-3.7	

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[176]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
Hunterdon County	***	5.1	7	falling	-2.4	
Mercer County	***	5.8	23	stable	5.0	
Middlesex County	***	5.7	49	falling	-2.9	
Monmouth County	***	5.6	42	falling	-4.3	
Morris County	***	5.4	31	falling	-3.0	
Ocean County	***	5.7	54	stable	4.5	
Passaic County	***	5.0	26	falling	-2.8	
Salem County	***	7.5	6	stable	-0.1	
Somerset County	***	5.3	19	falling	-2.6	
Sussex County	***	7.3	11	stable	-0.4	
Union County	***	5.6	33	falling	-2.2	
Warren County	***	8.2	11	stable	-1.5	
ORAL CAVITY & PHARYNX: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective C-6 (2.3)						
United States	No	2.4	8565	stable	0.4	
New Jersey	Yes	2	204	falling	-3.1	
Atlantic County	Yes	2	7	stable	-2	
Bergen County	Yes	1.9	23	stable	-1.1	
Burlington County	Yes	1.8	10	falling	-3.8	
Camden County	Yes	2.3	13	falling	-2.9	
Cape May County	No	3	5	**	**	
Cumberland County	No	3	5	stable	-1	
Essex County	Yes	2.3	19	falling	-3.9	
Gloucester County	Yes	2.2	7	stable	-1.4	
Hudson County	Yes	2.2	13	falling	-3.9	
Hunterdon County	*	*	*	**	**	
Mercer County	Yes	1.9	8	falling	-2.8	
Middlesex County	Yes	2	18	falling	-2.9	
Monmouth County	Yes	1.4	10	falling	-4.5	
Morris County	Yes	1.8	11	falling	-4.3	
Ocean County	Yes	2.1	19	falling	-1.5	
Passaic County	No	2.4	13	falling	-2.3	
Salem County	*	*	*	**	**	
Somerset County	Yes	1.2	4	stable	-2.3	
Sussex County	*	*	*	*	*	
Union County	Yes	1.6	10	falling	-3.6	
Warren County	No	3	4	**	**	
OVARY: All Races (includes Hispanic), Females, All Ages: HP2020 Objective (N/A)						
United States	***	7.5	14407	falling	-2.1	

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[176]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
New Jersey	***	7.8	449	stable	-5.8	
Atlantic County	***	6.2	11	falling	-11.1	
Bergen County	***	7.8	51	falling	-1.5	
Burlington County	***	7.3	22	falling	-2.1	
Camden County	***	7.8	25	stable	-0.7	
Cape May County	***	8.6	7	stable	0.9	
Cumberland County	***	8.5	8	stable	-0.8	
Essex County	***	7.1	32	falling	-2.2	
Gloucester County	***	9.2	16	stable	-0.4	
Hudson County	***	7.6	26	falling	-1.6	
Hunterdon County	***	7.7	6	falling	-2.9	
Mercer County	***	7.9	18	falling	-1.5	
Middlesex County	***	9.0	44	falling	-1.4	
Monmouth County	***	8.3	36	falling	-1.9	
Morris County	***	8.0	27	stable	-0.8	
Ocean County	***	7.6	39	falling	-1.8	
Passaic County	***	7.5	22	stable	-0.7	
Salem County	*	*	*	*	*	
Somerset County	***	8.5	17	stable	-1.4	
Sussex County	***	10.5	9	stable	-0.8	
Union County	***	6.9	23	falling	-2.5	
Warren County	***	7.2	6	stable	-1.5	
PANCREAS: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective (N/A)						
United States	***	10.9	37531	rising	0.3	
New Jersey	***	11.6	1175	stable	0.1	
Atlantic County	***	12.1	40	stable	-0.3	
Bergen County	***	11.4	135	stable	-0.3	
Burlington County	***	13.1	70	stable	0.5	
Camden County	***	11.1	64	stable	-0.1	
Cape May County	***	11.8	19	stable	0.7	
Cumberland County	***	13.4	22	rising	2.1	
Essex County	***	11.7	91	falling	-0.7	
Gloucester County	***	12.6	40	rising	1.6	
Hudson County	***	8.9	51	falling	-1.1	
Hunterdon County	***	11.0	15	stable	1.0	
Mercer County	***	12.7	51	rising	1.7	
Middlesex County	***	10.4	90	falling	-0.7	
Monmouth County	***	11.9	90	stable	-0.1	

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[176]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
Morris County	***	11.4	67	stable	0.0	
Ocean County	***	13.0	122	rising	0.6	
Passaic County	***	11.6	62	stable	0.1	
Salem County	***	12.1	10	stable	-0.3	
Somerset County	***	10.3	37	stable	0.7	
Sussex County	***	10.1	16	stable	-0.7	
Union County	***	11.7	68	stable	0.0	
Warren County	***	12.3	16	stable	0.5	
PROSTATE: All Races (includes Hispanic), Males, All Ages: HP2020 Objective C-7 (21.8)						
United States	Yes	20.7	27909	falling	-3.6	
New Jersey	Yes	19.5	769	falling	-3.9	
Atlantic County	Yes	19.9	25	falling	-3.9	
Bergen County	Yes	14.8	70	falling	-4.7	
Burlington County	Yes	19.5	40	falling	-3.6	
Camden County	No	22.3	48	falling	-3.1	
Cape May County	No	22.7	15	falling	-3.7	
Cumberland County	No	24.5	15	falling	-3.0	
Essex County	No	24.5	71	falling	-3.5	
Gloucester County	Yes	21.2	25	falling	-3.0	
Hudson County	Yes	19.0	39	falling	-3.8	
Hunterdon County	Yes	16.9	9	falling	-3.9	
Mercer County	No	22.6	34	falling	-3.9	
Middlesex County	Yes	17.8	60	falling	-4.6	
Monmouth County	Yes	20.1	58	falling	-4.0	
Morris County	Yes	18.2	44	falling	-3.9	
Ocean County	Yes	18.0	74	falling	-3.7	
Passaic County	Yes	19.8	39	falling	-2.9	
Salem County	No	28.6	10	stable	-1.6	
Somerset County	Yes	17.9	24	falling	-3.8	
Sussex County	Yes	16.9	10	falling	-4.1	
Union County	No	21.8	49	falling	-3.5	
Warren County	Yes	19.0	10	stable	-1.2	
STOMACH: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective (N/A)						
United States	***	3.3	11212	falling	-2.2	
New Jersey	***	3.7	371	falling	-3.5	
Atlantic County	***	3.6	11	falling	-3.1	
Bergen County	***	3.9	45	falling	-3.4	
Burlington County	***	2.9	16	falling	-4.2	

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[176]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
Camden County	***	4	23	falling	-2.8	
Cape May County	***	3.6	6	stable	-1.8	
Cumberland County	***	3.5	6	falling	-2.7	
Essex County	***	4.4	34	falling	-3.5	
Gloucester County	***	2.8	9	falling	-4.2	
Hudson County	***	4.9	28	falling	-1.9	
Hunterdon County	*	*	*	**	**	
Mercer County	***	2.7	11	falling	-4.9	
Middlesex County	***	4.4	38	falling	-2.9	
Monmouth County	***	2.6	19	falling	-4.2	
Morris County	***	3.5	21	falling	-2.6	
Ocean County	***	3	28	falling	-4.3	
Passaic County	***	4.5	23	falling	-3.2	
Salem County	*	*	*	*	*	
Somerset County	***	3.2	11	falling	-3.9	
Sussex County	***	3.6	5	falling	-3.3	
Union County	***	4.7	28	falling	-3.7	
Warren County	***	2.4	3	falling	-4.4	
THYROID: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective (N/A)						
United States	***	0.5	1736	rising	0.8	
New Jersey	***	0.5	50	stable	-0.2	
Atlantic County	*	*	*	**	**	
Bergen County	***	0.5	5	stable	-0.9	
Burlington County	*	*	*	**	**	
Camden County	***	0.6	4	**	**	
Cape May County	*	*	*	**	**	
Cumberland County	*	*	*	**	**	
Essex County	***	0.4	4	**	**	
Gloucester County	*	*	*	**	**	
Hudson County	***	0.6	4	**	**	
Hunterdon County	*	*	*	**	**	
Mercer County	*	*	*	**	**	
Middlesex County	***	0.4	4	**	**	
Monmouth County	***	0.5	4	stable	-0.9	
Morris County	***	0.6	4	**	**	
Ocean County	***	0.5	5	**	**	
Passaic County	*	*	*	*	*	
Salem County	*	*	*	**	**	

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[176]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
Somerset County	*	*	*	**	**	
Sussex County	*	*	*	**	**	
Union County	*	*	*	**	**	
Warren County	*	*	*	**	**	
UTERUS: All Races (includes Hispanic), Females, All Ages: HP2020 Objective (N/A)						
United States	***	4.5	8598	rising	2.4	
New Jersey	***	5.5	315	rising	0.6	
Atlantic County	***	5.7	11	stable	-0.2	
Bergen County	***	5.1	35	stable	0.8	
Burlington County	***	5.2	16	stable	-1.8	
Camden County	***	5.6	18	stable	-0.2	
Cape May County	***	4.1	4	stable	-0.2	
Cumberland County	***	7.8	7	stable	2.3	
Essex County	***	5.7	26	stable	-0.2	
Gloucester County	***	5.5	10	stable	-0.9	
Hudson County	***	5.7	20	stable	0	
Hunterdon County	*	*	*	**	**	
Mercer County	***	5	11	stable	0.6	
Middlesex County	***	6.2	30	stable	1.4	
Monmouth County	***	5.2	22	stable	0.5	
Morris County	***	4.2	14	stable	-0.7	
Ocean County	***	5.1	26	stable	1.4	
Passaic County	***	6.4	19	stable	1.2	
Salem County	*	*	*	**	**	
Somerset County	***	5.4	11	stable	0.9	
Sussex County	***	4.3	4	**	**	
Union County	***	6.2	20	stable	0.9	
Warren County	***	6.8	5	**	**	

APPENDIX E: PUBLIC HEALTH SURVEY RESPONSES

	Jersey City / Bayonne / Hoboken / Kearny / East Newark
Top six health needs identified for Municipality	1. Common Shared Services 2. Culturally Relevant Health Promotion/Wellness 3. Same Vision For Hospital and Communities 4. Low Cost/No Cost Health Screenings 5. Family Planning/STD 6. Medication Assistance (Financial) 7. Mental Health/Substance Abuse Services 8. Immunizations 9. Primary Care Access 10. Orthopedic Services Access 11. Nutrition Education 12. Food Security 13. Ambulatory Mobility Needs 14. Insurance Coverage/Financial Assistance
Primary barriers precluding improvement	• Language Barrier • Belief Systems • Insurance Not Being Accepted By Local Doctors • Financial Limitations • Services Not Located Within Community
Additional items to consider in CHNA	• Public Safety • Perhaps An FQCH Satellite In Bayonne / Potential Partnership With Metropolitan

APPENDIX F: RESOURCE INVENTORY

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
AMBULATORY CARE FACILITY	60TH STREET MRI	6001 MONROE PLACE	WEST NEW YORK	07093	HUDSON	(201) 854-1200	
AMBULATORY CARE FACILITY	ADVANCED MAGNETIC IMAGING ASSOCIATES, PA	6410-6416 BERGENLINE AVENUE	WEST NEW YORK	07093	HUDSON	(201) 295-1099	
AMBULATORY CARE FACILITY	ADVANCED OPEN MRI OF WEST HUDSON	723 ELM STREET	KEARNY	07032	HUDSON	(201) 997-7300	
AMBULATORY CARE FACILITY	AMERICAN IMAGING OF JERSEY CITY	547 SUMMIT AVENUE	JERSEY CITY	07306	HUDSON	(201) 656-5050	PSA
AMBULATORY CARE FACILITY	AMERICAN IMAGING OF JERSEY CITY	550 NEWARK AVENUE, UNIT 102	JERSEY CITY	07306	HUDSON	(201) 239-1250	PSA
AMBULATORY CARE FACILITY	AMERICAN IMAGING OF JERSEY CITY	550 SUMMIT AVENUE	JERSEY CITY	07306	HUDSON	(201) 656-5050	PSA
AMBULATORY CARE FACILITY	AMERICAN IMAGING OF UNION CITY	120-152 48TH STREET	UNION CITY	07087	HUDSON	(201) 330-1606	
AMBULATORY CARE FACILITY	BERGENLINE X-RAY DIAGNOSTIC CENTER, CORP	400-02 43RD STREET	UNION CITY	07087	HUDSON	(201) 348-6060	
AMBULATORY CARE FACILITY	HOBOKEN FAMILY PLANNING, INC	124 GRAND STREET	HOBOKEN	07030	HUDSON	(201) 963-0300	SSA
AMBULATORY CARE FACILITY	HOBOKEN MEDICAL IMAGING	TWO HUDSON PLACE, SUITE 102	HOBOKEN	07030	HUDSON	(201) 418-0040	SSA
AMBULATORY CARE FACILITY	HOBOKEN RADIOLOGY LLC	79 HUDSON STREET, SUITE 100	HOBOKEN	07030	HUDSON	(201) 222-2500	SSA
AMBULATORY CARE FACILITY	HUDSON MRI, PA	170 ERIE STREET	JERSEY CITY	07302	HUDSON	(201) 659-1177	PSA
AMBULATORY CARE FACILITY	HUDSON RADIOLOGY CENTER OF NJ	657 BROADWAY	BAYONNE	07002	HUDSON	(201) 437-3007	SSA
AMBULATORY CARE FACILITY	JERSEY ADVANCED MRI & DIAGNOSTIC CENTER	2127 KENNEDY BOULEVARD	NORTH BERGEN	07047	HUDSON	(201) 552-9464	
AMBULATORY CARE FACILITY	JERSEY CITY DIAGNOSTIC CENTER	2300 KENNEDY BOULEVARD	JERSEY CITY	07304	HUDSON	(201) 432-2100	PSA
AMBULATORY CARE FACILITY	JERSEY CITY RADIATION THERAPY LLC	631 GRAND STREET	JERSEY CITY	07303	HUDSON	(201) 942-3999	
AMBULATORY CARE FACILITY	LUTHERAN SENIOR LIFE AT JERSEY CITY	377 JERSEY AVENUE, SUITE 310	JERSEY CITY	07302	HUDSON	(201) 706-2091	PSA
AMBULATORY CARE FACILITY	NHCAC HARRISON HEALTH CENTER	326 HARRISON AVENUE	HARRISON	07029	HUDSON	(201) 941-3040	
AMBULATORY CARE FACILITY	NJIN OF UNION CITY	3196 KENNEDY BOULEVARD	UNION CITY	07087	HUDSON	(201) 865-6100	

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
AMBULATORY CARE FACILITY	PARKSIDE MEDICAL CENTER	127 LAFAYETTE STREET	JERSEY CITY	07304	HUDSON	(201) 434-1111	PSA
AMBULATORY CARE FACILITY	WEST NEW YORK FAMILY PLANNING CENTER	5305 HUDSON AVENUE	WEST NEW YORK	07093	HUDSON	(201) 866-8071	
AMBULATORY CARE FACILITY - SATELLITE	HOBOKEN FAMILY PLANNING SUMMIT CENTER	1206 SUMMIT AVENUE	UNION CITY	07087	HUDSON	(201) 319-9200	
AMBULATORY CARE FACILITY - SATELLITE	NHCAC HEALTH CENTER AT UNION CITY HIGH SCHOOL	2500 KENNEDY BOULEVARD	UNION CITY	07087	HUDSON	(201) 553-7888	
AMBULATORY CARE FACILITY - SATELLITE	NHCAC HEALTH CENTER MOBILE DENTAL VAN	5301 BROADWAY	WEST NEW YORK	07093	HUDSON	(201) 866-9320	
AMBULATORY CARE FACILITY - SATELLITE	NORTH HUDSON COMMUNITY ACTION CORP MOBILE HEALTH V	5301 BROADWAY	WEST NEW YORK	07093	HUDSON	(201) 583-6822	
AMBULATORY SURGICAL CENTER	AMBULATORY CENTER FOR ENDOSCOPY LLC	7600 RIVER ROAD	NORTH BERGEN	07047	HUDSON	(201) 705-1080	
AMBULATORY SURGICAL CENTER	COUNTY LINE ENDOSCOPY AND SURGICAL CENTER	9226 KENNEDY BOULEVARD	NORTH BERGEN	07047	HUDSON	(201) 295-0900	
AMBULATORY SURGICAL CENTER	HARRISON ENDO SURGICAL CENTER LLC	620 ESSEX STREET	HARRISON	07029	HUDSON	(973) 474-1040	
AMBULATORY SURGICAL CENTER	JOURNAL SQUARE SURGICAL CENTER LLC	550 NEWARK AVENUE	JERSEY CITY	07306	HUDSON	(201) 795-0205	PSA
AMBULATORY SURGICAL CENTER	LIBERTY AMBULATORY SURGERY CENTER LLC	377 JERSEY AVENUE, SUITE 510	JERSEY CITY	07302	HUDSON	(201) 878-3211	PSA
AMBULATORY SURGICAL CENTER	SPECIALTY SURGERY OF SECAUCUS LLC	210 MEADOWLAND PARKWAY	SECAUCUS	07094	HUDSON	(201) 330-9090	
AMBULATORY SURGICAL CENTER	SURGICARE SURGICAL ASSOCIATES OF JERSEY CITY	631-645 GRAND STREET	JERSEY CITY	07304	HUDSON	(201) 830-2280	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	BAYONNE CMHC	601 BROADWAY	BAYONNE	07002	HUDSON	(201) 339-9200	SSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	BAYONNE CMHC - ADDICTION TREATMENT	597-601 BROADWAY	BAYONNE	07002	HUDSON	(201) 339-9200	SSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	COMMUNITY PSYCHOTHERAPY ASSOCIATES, INC.	479 AVENUE C	BAYONNE	07002	HUDSON	(201) 339-0142	SSA
BEHAVIORAL HEALTH	NEW PATHWAY COUNSELING SERVICE	995 BROADWAY	BAYONNE	07002	HUDSON	(201) 436-1022	SSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
LOCATIONS: OUTPATIENT							
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	NORTH STAR BEHAVIORAL HEALTH	354 AVENUE C	BAYONNE	07002	HUDSON	(201) 535-5959	SSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	HOBOKEN MEDICAL CENTER	506 THIRD STREET	HOBOKEN	07030	HUDSON	(201) 792-8200	SSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	HOBOKEN UNIVERSITY MEDICAL CENTER GIANT STEPS	61 MONROE STREET	HOBOKEN	07030	HUDSON	(201) 792-8290	SSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	BAYONNE CMHC - ADDICTION TREATMENT	657 BERGEN AVENUE	JERSEY CITY	07304	HUDSON	(201) 309-4663	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	C-LINE COMMUNITY OUTREACH	450 MARTIN LUTHER KING DRIVE	JERSEY CITY	07304	HUDSON	(201) 200-1965	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	JERSEY CITY MEDICAL CENTER	355 GRAND STREET	JERSEY CITY	07304	HUDSON	(201) 915-2281	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	KALEIDOSCOPE HEALTH CARE, INC.	75 HARRISON AVENUE	JERSEY CITY	07304	HUDSON	(201) 451-5425	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	SPECTRUM HEALTH CARE, INC.	74-80 PACIFIC AVENUE	JERSEY CITY	07304	HUDSON	(201) 860-6100	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	ALPHA HEALING CENTER, LLC	600 PAVONIA AVENUE	JERSEY CITY	07306	HUDSON	(844) 244-4325	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	CHRIST HOSPITAL CMHC	176 PALISADES AVENUE	JERSEY CITY	07306	HUDSON	(201) 795-8374	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	CHRIST HOSPITAL COUNSELING & RESOURCE CENTER	176 PALISADE AVENUE	JERSEY CITY	07306	HUDSON	(201) 795-8381	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	COMMUNITY SOLUTIONS, INC.	2853 JFK BOULEVARD	JERSEY CITY	07306	HUDSON	(201) 521-1300	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	MT. CARMEL GUILD BEHAVIORAL HEALTHCARE	285 MAGNOLIA AVENUE	JERSEY CITY	07306	HUDSON	(201) 395-4800	PSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	PUERTO RICAN FAMILY INSTITUTE	40 JOURNAL SQUARE - SUITE 528	JERSEY CITY	07306	HUDSON	(201) 610-1446	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	FAMILY SERVICE BUREAU	379 KEARNEY AVENUE	KEARNEY	07032	HUDSON	(201) 246-8077	
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	INTER COUNTY COUNCIL ON DRUG & ALCOHOL ABUSE	480 KEARNEY AVENUE	KEARNEY	07032	HUDSON	(201) 998-7422	
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	PALISADES MEDICAL CENTER - COUNSELING CENTER	7101 KENNEDY BOULEVARD	NORTH BERGEN	07047	HUDSON	(201) 854-0500	
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	FREEDOM OF CHOICE HEALTHCARE, INC.	533 32ND STREET	UNION CITY	07087	HUDSON	(201) 766-6617	
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	HEALTH PATH / CAMINO DE SALUD	204-18TH STREET	UNION CITY	07087	HUDSON	(201) 866-2934	
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	MT. CARMEL GUILD BEHAVIORAL HEALTHCARE	2201 BERGENLINE AVENUE	UNION CITY	07087	HUDSON	(201) 558-3700	
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	NORTH HUDSON COMMUNITY ACTION	5301 BROADWAY	WEST NEW YORK	07093	HUDSON	(201) 866-9320	
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT & RESIDENTIAL	ENDEAVOR HOUSE NORTH	206 BERGEN AVENUE	KEARNEY	07032	HUDSON	(732) 264-3824	
BEHAVIORAL HEALTH LOCATIONS: RESIDENTIAL	SERV CENTERS OF N J - HUDSON & PASSAIC COUNTIES	777 BLOOMFIELD AVENUE	CLIFTON	07012	HUDSON	(973) 594-0125	
BEHAVIORAL HEALTH LOCATIONS: RESIDENTIAL	JERSEY CITY MEDICAL CENTER	395 GRAND STREET	JERSEY CITY	07302	HUDSON	(201) 915-2844	PSA
BEHAVIORAL HEALTH LOCATIONS: RESIDENTIAL	JERSEY CITY MEDICAL CENTER	355 GRAND STREET	JERSEY CITY	07304	HUDSON	(201) 915-2349	PSA
BEHAVIORAL HEALTH LOCATIONS: RESIDENTIAL	GARDEN STATE EPISCOPAL	514 NEWARK AVENUE	JERSEY CITY	07306	HUDSON	(201) 209-9301	PSA
BEHAVIORAL HEALTH	MT. CARMEL GUILD BEHAVIORAL HEALTHCARE	619 GROVE STREET	JERSEY CITY	07310	HUDSON	(201) 656-7201	PSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
LOCATIONS: RESIDENTIAL							
BEHAVIORAL HEALTH LOCATIONS: RESIDENTIAL	CURA, INC. (SECAUCUS)	595 COUNTY AVENUE BLDG W-5	SECAUCUS	07094	HUDSON	(973) 622-3570	
BEHAVIORAL HEALTH LOCATIONS: RESIDENTIAL	INTEGRITY HOUSE (SEACAUCUS)	5958 COUNTY AVENUE	SECAUCUS	07094	HUDSON	(201) 583-7100	
BEHAVIORAL HEALTH LOCATIONS: RESIDENTIAL	NEW HOPE FOUNDATION, INC. (SECAUCUS)	595 COUNTY AVENUE	SECAUCUS	07094	HUDSON	(732) 946-3030	
BEHAVIORAL HEALTH LOCATIONS: RESIDENTIAL	STRAIGHT & NARROW, INC. - SECAUCUS	595 COUNTY AVENUE	SECAUCUS	07094	HUDSON	(201) 863-7750	
CLINICAL CARE PROVIDER LOCATION: DENTAL	HORIZON HEALTH CENTER	115 CHRISTOPHER COLUMBUS DR	JERSEY CITY	07302	HUDSON	(201) 710-2200	PSA
CLINICAL CARE PROVIDER LOCATION: DENTAL	METROPOLITAN FAMILY HEALTH NETWORK	935 GARFIELD AVENUE	JERSEY CITY	07304	HUDSON	(201) 478-5800	PSA
CLINICAL CARE PROVIDER LOCATION: DENTAL	HORIZON HEALTH CENTER	714 BERGEN AVENUE	JERSEY CITY	07306	HUDSON	(201) 451-2316	PSA
CLINICAL CARE PROVIDER LOCATION: DENTAL	NORTH HUDSON COMMUNITY ACTION CORP	324 PALISADE AVENUE	JERSEY CITY	07307	HUDSON	(201) 459-8888	SSA
CLINICAL CARE PROVIDER LOCATION: DENTAL	NORTH HUDSON COMMUNITY ACTION CORP	714 31ST STREET	UNION CITY	07087	HUDSON	(201) 863-7077	
CLINICAL CARE PROVIDER LOCATION: DENTAL	NORTH HUDSON COMMUNITY ACTION CORP	5301 BROADWAY	WEST NEW YORK	07093	HUDSON	(201) 866-9320	
COMMUNICABLE DISEASE SERVICES: TB TESTING CENTER	BAYONNE HEALTH DEPARTMENT	CITY OF BAYONNE 630 AVENUE C - RM 18	BAYONNE	07002	HUDSON	(201) 858-6100	SSA
COMMUNICABLE DISEASE SERVICES: TB TESTING CENTER	HOBOKEN HEALTH DEPARTMENT	124 GRAND STREET	HOBOKEN	07030	HUDSON	(201) 420-2375	SSA
COMMUNICABLE DISEASE SERVICES: TB TESTING CENTER	JERSEY CITY DEPT OF HEALTH & HUMAN SERVICES	199-201 SUMMIT AVENUE	JERSEY CITY	07304	HUDSON	(201) 547-4335	PSA
COMMUNICABLE DISEASE	KEARNY DEPT OF HEALTH	645 KEARNY AVENUE	KEARNY	07032	HUDSON	(201) 997-0400	

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
SERVICES: TB TESTING CENTER							
COMMUNICABLE DISEASE SERVICES: TB TESTING CENTER	TOWNSHIP OF NORTH BERGEN	1116 43RD STREET - SECOND FLOOR	NORTH BERGEN	07047	HUDSON	(201) 392-2084	
COMMUNICABLE DISEASE SERVICES: TB TESTING CENTER	HUDSON REGINAL HEALTH COMMISSION - MEADOWVIEW CAMPUS	595 COUNTY AVENUE - BUILDING 1	SECAUCUS	07094	HUDSON	(201) 223-1133	
COMMUNICABLE DISEASE SERVICES: TB TESTING CENTER	WEST NEW YORK HEALTH DEPARTMENT	428 - 60TH STREET - ROOM 30	WEST NEW YORK	07094	HUDSON	(201) 295-5070	
COMPREHENSIVE OUTPATIENT REHAB	THERAPRO-CORF	9225 KENNEDY BOULEVARD	NORTH BERGEN	07047	HUDSON	(201) 869-2707	
COMPREHENSIVE OUTPATIENT REHAB	THERAPRO-CORF	600 PAVONIA AVENUE - 7TH FLOOR	JERSEY CITY	07306	HUDSON	(201) 418-0088	PSA
END STAGE RENAL DIALYSIS	BAYONNE RENAL CENTER LLC	434-436 BROADWAY - PO BOX 169	BAYONNE	07002	HUDSON	(201) 436-1644	SSA
END STAGE RENAL DIALYSIS	BIO MEDICAL APPLICATIONS OF NEW JERSEY, INC	29 COTTAGE STREET	JERSEY CITY	07306	HUDSON	(201) 876-7964	PSA
END STAGE RENAL DIALYSIS	BIO-MEDICAL APPLICATIONS OF HOBOKEN	1600 WILLOW AVENUE	HOBOKEN	07030	HUDSON	(201) 656-7500	SSA
END STAGE RENAL DIALYSIS	BIO-MEDICAL APPLICATIONS OF JERSEY CITY	107-123 PACIFIC AVENUE	JERSEY CITY	07304	HUDSON	(201) 451-3760	PSA
END STAGE RENAL DIALYSIS	DIALYSIS PALISADES MEDICAL CENTER	7650 RIVER ROAD, SUITE 150	NORTH BERGEN	07047	HUDSON	(201) 861-1031	
END STAGE RENAL DIALYSIS	FRESENIUS MEDICAL CARE CENTER UNION CITY HOME, LL	3196 KENNEDY BOULEVARD	UNION CITY	07087	HUDSON	(201) 601-4702	
END STAGE RENAL DIALYSIS	FRESENIUS MEDICAL CARE UNION HILL	508 31ST STREET	UNION CITY	07087	HUDSON	(201) 902-9382	
END STAGE RENAL DIALYSIS	HAMILTON PARK DIALYSIS OPCO, LLC	328 NINTH STREET	JERSEY CITY	07302	HUDSON	(201) 716-7700	PSA
END STAGE RENAL DIALYSIS	JERSEY CITY DIALYSIS	1310 5TH STREET	NORTH BERGEN	07047	HUDSON	(201) 770-9220	
END STAGE RENAL DIALYSIS	JERSEY CITY GRAND HOME DIALYSIS	422 GRAND STREET	JERSEY CITY	07302	HUDSON	(860) 990-6992	PSA
END STAGE RENAL DIALYSIS	RENEX DIALYSIS CLINIC OF HARRISON	620 ESSEX STREET	HARRISON	07029	HUDSON	(973) 482-7772	
FEDERALLY QUALIFIED HEALTH CENTERS	ALLIANCE COMMUNITY HEALTHCARE, INC	115 CHRISTOPHER COLUMBUS DRIVE	JERSEY CITY	07302	HUDSON	(201) 451-6300	PSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
FEDERALLY QUALIFIED HEALTH CENTERS	ALLIANCE COMMUNITY HEALTHCARE, INC	714 BERGEN AVENUE	JERSEY CITY	07306	HUDSON	(201) 451-6300	PSA
FEDERALLY QUALIFIED HEALTH CENTERS	BERGEN AVENUE HEALTH CENTER	857 BERGEN AVENUE	JERSEY CITY	07305	HUDSON	(201) 478-5813	PSA
FEDERALLY QUALIFIED HEALTH CENTERS	METROPOLITAN FAMILY HEALTH NETWORK, INC	5300 BERGENLINE AVENUE	WEST NEW YORK	07093	HUDSON	(201) 478-5800	
FEDERALLY QUALIFIED HEALTH CENTERS	METROPOLITAN FAMILY HEALTH NETWORK, INC	935 GARFIELD AVENUE	JERSEY CITY	07304	HUDSON	(201) 478-5802	PSA
FEDERALLY QUALIFIED HEALTH CENTERS	NORTH HUDSON CAC HEALTH CENTER AT NORTH BERGEN	1116 43RD STREET	NORTH BERGEN	07047	HUDSON	(201) 583-6822	
FEDERALLY QUALIFIED HEALTH CENTERS	NORTH HUDSON CAC HEALTH CENTER AT UNION CITY	714-31 STREET	UNION CITY	07087	HUDSON	(201) 863-7077	
FEDERALLY QUALIFIED HEALTH CENTERS	NORTH HUDSON CAC HEALTH CENTER AT WEST NEW YORK	5301 BROADWAY	WEST NEW YORK	07093	HUDSON	(201) 866-9320	
FEDERALLY QUALIFIED HEALTH CENTERS	NORTH HUDSON CAC HEALTH CTR AT JERSEY CITY	324 PALISADES AVENUE	JERSEY CITY	07304	HUDSON	(201) 459-8888	PSA
GENERAL ACUTE CARE HOSPITAL	CAREPOINT HEALTH - BAYONNE MEDICAL CENTER	29 EAST 29TH ST	BAYONNE	07002	HUDSON	(201) 858-5000	SSA
GENERAL ACUTE CARE HOSPITAL	CAREPOINT HEALTH-CHRIST HOSPITAL	176 PALISADE AVE	JERSEY CITY	07306	HUDSON	(201) 795-8200	PSA
GENERAL ACUTE CARE HOSPITAL	CAREPOINT HEALTH-HOBOKEN UNIVERSITY MEDICAL CENTER	308 WILLOW AVE	HOBOKEN	07030	HUDSON	(201) 418-1000	SSA
GENERAL ACUTE CARE HOSPITAL	JERSEY CITY MEDICAL CENTER	355 GRAND STREET	JERSEY CITY	07302	HUDSON	(201) 915-2000	PSA
GENERAL ACUTE CARE HOSPITAL	MEADOWLANDS HOSPITAL MEDICAL CENTER	55 MEADOWLANDS PKWY	SECAUCUS	07094	HUDSON	(201) 392-3200	
GENERAL ACUTE CARE HOSPITAL	PALISADES MEDICAL CENTER	7600 RIVER RD	NORTH BERGEN	07047	HUDSON	(201) 854-5000	
HOME HEALTH AGENCY	BAYADA HOME HEALTH CARE, INC	299 GRAND STREET	JERSEY CITY	07302	HUDSON	(201) 377-6000	PSA
HOME HEALTH AGENCY	BAYONNE VISITING NURSE ASSOCIATION	120 LEFANTE WAY, SOUTH COVE COMMONS SHOPPING CTR	BAYONNE	07002	HUDSON	(201) 339-2500	SSA
HOME HEALTH AGENCY	PROMISE CARE NJ, LLC	2 JEFFERSON AVENUE	JERSEY CITY	07306	HUDSON	(201) 418-6800	PSA
HOSPICE CARE PROGRAM	BAYADA HOME HEALTH CARE INC	299 GRAND STREET	JERSEY CITY	07302	HUDSON	(201) 377-6000	PSA

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HOSPICE CARE PROGRAM	HOSPICE COMFORT CARE OF NJ INC	820 BROADWAY	BAYONNE	07002	HUDSON	(201) 437-7070	SSA
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	CAREPOINT HEALTH CHRIST HOSPITAL MOBILE VAN	176 PALISADE AVENUE	JERSEY CITY	07306	HUDSON	(201) 795-8405	PSA
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	CAREPOINT HEALTH-CHRIST HOSPITAL IMAGING CENTER	142 PALISADE AVENUE	JERSEY CITY	07306	HUDSON	(201) 795-8413	PSA
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	CPH-BAYONNE MEDICAL CENTER OUTPATIENT SLEEP CENTER	12-16 E 29TH STREET	BAYONNE	07002	HUDSON	(201) 858-5000	SSA
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	JCMC ANTENATAL TESTING UNIT	377 SKINNER MEMORIAL DRIVE	JERSEY CITY	07302	HUDSON	(201) 369-6300	PSA
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	JERSEY CITY MEDICAL CENTER - AMBULATORY CARE CNTR	395 GRAND STREET	JERSEY CITY	07302	HUDSON	(201) 521-5922	PSA
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	JERSEY CITY MEDICAL CENTER AT GREENVILLE	1825 KENNEDY BLVD, GREENVILLE MED ARTS COMPLEX	JERSEY CITY	07304	HUDSON	(201) 946-6460	PSA
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	JERSEY CITY MEDICAL CENTER FAMILY HEALTH CENTER	412 SUMMIT AVENUE	JERSEY CITY	07306	HUDSON	(201) 432-4600	PSA
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	LIBERTY HEALTH IMAGING CENTER	377 SKINNER MEMORIAL DRIVE	JERSEY CITY	07302	HUDSON	(201) 915-2696	PSA
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	NEIGHBORHOOD HEALTH CENTER OF HOBOKEN UNIV MC	122-132 CLINTON STREET	HOBOKEN	07030	HUDSON	(201) 418-1000	SSA
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	SLEEP/WAKE CENTER AT PALISADES MEDICAL CENTER	7600 RIVER ROAD	NORTH BERGEN	07047	HUDSON	(201) 854-5000	
HOSPITAL-BASED, OFF-SITE AMBULATORY SURGICAL CTR	NBIM PHYSICIANS SPECIALTY PRACTICE BAYONNE	16 EAST 29TH STREET	BAYONNE	07002	HUDSON	(201) 858-0618	SSA
HOSPITALS - CANCER CENTER	CAREPOINT HEALTH-BAYONNE MEDICAL CENTER	29 EAST 29TH STREET	BAYONNE	07002	HUDSON	(201) 858-5000	SSA
HOSPITALS - CANCER CENTER	CAREPOINT HEALTH-HOBOKEN UNIVERSITY MEDICAL CENTER	308 WILLOW AVENUE	HOBOKEN	07030	HUDSON	(201) 418-1000	SSA
HOSPITALS - CANCER CENTER	JERSEY CITY MEDICAL CENTER	355 GRAND STREET	JERSEY CITY	07302	HUDSON	(201) 915-2000	PSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
HOSPITALS - CANCER CENTER	CAREPOINT HEALTH-CHRIST HOSPITAL	176 PALISADE AVE	JERSEY CITY	07306	HUDSON	(201) 795-8200	PSA
HOSPITALS - CANCER CENTER	PALISADES MEDICAL CENTER	7600 RIVER ROAD	NORTH BERGEN	07047	HUDSON	(201) 854-5000	
HOSPITALS - CANCER CENTER	MEADOWLANDS HOSPITAL MEDICAL CENTER	55 MEADOWLANDS PARKWAY	SECAUCUS	07094	HUDSON	(201) 392-3200	
HUDSON CTY CANCER COALITION	BERGEN CTY HEALTH DEPT	ATT: YASMIN HOWARD - 1 BERGEN PLAZA - 4TH FLOOR	HACKENSACK	07601	HUDSON	(201) 634-2844	
INPATIENT REHABILITATION & LONG TERM CARE	BAYONNE HOSPITAL CENTER TRANSITIONAL CARE UNIT	29 EAST 29TH STREET	BAYONNE	07002	HUDSON	(201) 858-7330	SSA
INPATIENT REHABILITATION & LONG TERM CARE	CARE POINT HEALTH - BAYONNE MEDICAL CENTER	29 EAST 29TH STREET	BAYONNE	07002	HUDSON	(201) 858-5000	SSA
INPATIENT REHABILITATION & LONG TERM CARE	ALARIS HEALTH AT BOULEVARD EAST	6819 BOULEVARD EAST	GUTTENBERG	07093	HUDSON	(201) 868-3600	
INPATIENT REHABILITATION & LONG TERM CARE	CAREPOINT HEALTH - HOBOKEN UNIVERSITY MEDICAL CENTER	308 WILLOW AVENUE	HOBOKEN	07030	HUDSON	(201) 418-1000	SSA
INPATIENT REHABILITATION & LONG TERM CARE	HOBOKEN UNIVERSITY MEDICAL CENTER TRADITIONAL CARE UNIT	308 WILLOW AVENUE	HOBOKEN	07030	HUDSON	(201) 418-1000	SSA
INPATIENT REHABILITATION & LONG TERM CARE	ALARIS HEALTH AT HAMILTON PARK	525 MONMOUTH STREET	JERSEY CITY	07302	HUDSON	(201) 653-8800	PSA
INPATIENT REHABILITATION & LONG TERM CARE	JERSEY CITY MEDICAL CENTER	355 GRAND STREET	JERSEY CITY	07302	HUDSON	(201) 915-2000	PSA
INPATIENT REHABILITATION & LONG TERM CARE	MAJESTIC REHABILITATION & NURSING CENTER INC.	620 MONTGOMERY STREET	JERSEY CITY	07302	HUDSON	(201) 435-0033	PSA
INPATIENT REHABILITATION & LONG TERM CARE	ALARIS HEALTH AT JERSEY CITY	198 STEVENS AVENUE	JERSEY CITY	07305	HUDSON	(201) 451-9000	PSA
INPATIENT REHABILITATION & LONG TERM CARE	ST. ANN'S HOME FOR THE AGED	198 OLD BERGEN ROAD	JERSEY CITY	07305	HUDSON	(201) 433-0950	PSA
INPATIENT REHABILITATION	CAREPOINT HEALTH - CHRIST HOSPITAL	176 PALISADE AVENUE	JERSEY CITY	07306	HUDSON	(201) 795-8200	PSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
& LONG TERM CARE							
INPATIENT REHABILITATION & LONG TERM CARE	MARGARET ANNA CUSACK CARE CENTER	537 PAVONIA AVENUE	JERSEY CITY	07306	HUDSON	(201) 653-8300	PSA
INPATIENT REHABILITATION & LONG TERM CARE	ALARIS HEALTH AT HARBOR VIEW	178-198 OGDEN AVENUE	JERSEY CITY	07307	HUDSON	(201) 963-1800	SSA
INPATIENT REHABILITATION & LONG TERM CARE	ALARIS HEALTH AT BELGROVE	195 BELGROVE DRIVE	KEARNY	07032	HUDSON	(973) 844-4800	
INPATIENT REHABILITATION & LONG TERM CARE	ALARIS HEALTH AT KEARNY	206 BERGEN AVENUE	KEARNY	07032	HUDSON	(201) 955-7067	
INPATIENT REHABILITATION & LONG TERM CARE	FRITZ REUTER ALTENHEIM	3161 KENNEDY BOULEVARD	NO BERGEN	07047	HUDSON	(201) 867-3585	
INPATIENT REHABILITATION & LONG TERM CARE	HARBORAGE	7600 RIVER ROAD	NO BERGEN	07047	HUDSON	(201) 854-5400	
INPATIENT REHABILITATION & LONG TERM CARE	HUDSONVIEW HEALTH CARE CENTER	9020 WALL STREET	NO BERGEN	07047	HUDSON	(201) 861-4040	
INPATIENT REHABILITATION & LONG TERM CARE	PALISADES MEDICAL CENTER	7600 RIVER ROAD	NO BERGEN	07047	HUDSON	(201) 854-5000	
INPATIENT REHABILITATION & LONG TERM CARE	ALARIS HEALTH AT THE FOUNTAINS	595 COUNTY AVENUE	SECAUCUS	07094	HUDSON	(201) 863-8866	
INPATIENT REHABILITATION & LONG TERM CARE	MEADOWLANDS HOSPITAL MEDICAL CENTER	55 MEADOWLANDS PKWY	SECAUCUS	07094	HUDSON	(201) 392-3200	
INPATIENT REHABILITATION & LONG TERM CARE	ALARIS HEALTH AT CASTLE HILL	615 23RD STREET	UNION CITY	07087	HUDSON	(201) 348-0818	
INPATIENT REHABILITATION & LONG TERM CARE	MANHATTANVIEW NURSING HOME	3200 HUDSON AVENUE	UNION CITY	07087	HUDSON	(201) 325-8400	
MAMMOGRAPHY CENTERS	BAYONNE MEDICAL CENTER	29 EAST 29TH STREET	BAYONNE	07002	HUDSON	(201) 240-3331	SSA
MAMMOGRAPHY CENTERS	HUDSON RADIOLOGY CENTER	657-659 BROADWAY	BAYONNE	07002	HUDSON	(201) 437-3007	SSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
MAMMOGRAPHY CENTERS	TRINITAS REGIONAL MEDICAL CENTER	225 WILLIAMSON STREET	ELIZABETH	07207	HUDSON	(908) 994-5051	
MAMMOGRAPHY CENTERS	HOBOKEN UNIVERSITY MEDICAL CENTER	308 WILLOW AVENUE	HOBOKEN	07030	HUDSON	(201) 418-1270	SSA
MAMMOGRAPHY CENTERS	CRISTIE KERR WOMAN'S HEALTH CENTER (LIBERTY HEALTH)	377 JERSEY AVENUE SUITE 110	JERSEY CITY	07302	HUDSON	(201) 309-2400	PSA
MAMMOGRAPHY CENTERS	CHRIST HOSPITAL OUTPATIENT IMAGING CENTER	142 PALISADE AVENUE SUITE 106	JERSEY CITY	07306	HUDSON	(201) 795-0700	PSA
MAMMOGRAPHY CENTERS	HUDSON HOSPITAL OPIC LLC DBA CAREPOINT HEALTH - CHRIST	176 PALISADE AVE	JERSEY CITY	07306	HUDSON	(201) 795-0700	PSA
MAMMOGRAPHY CENTERS	PALISADES MEDICAL CENTER OF NEW YORK PRESBYTERIAN HEALTH	7600 RIVER ROAD	NORTH BERGEN	07047	HUDSON	(201) 854-5119	
MAMMOGRAPHY CENTERS	MEADOWLANDS HOSPITAL MEDICAL CENTER	55 MEADOWLAND PARKWAY	SECAUCUS	07094	HUDSON	(201) 392-3122	
MAMMOGRAPHY CENTERS	BERGENLINE X-RAY DIAGNOSTIC CENTER	400-402 43RD STREET	UNION CITY	07087	HUDSON	(201) 348-6060	
MAMMOGRAPHY CENTERS	DRA OF UNION CITY AT THE KENNEDY CENTER	3196 KENNEDY BOULEVARD-3RD FLOOR	UNION CITY	07087	HUDSON	(201) 865-6100	
MAMMOGRAPHY CENTERS	RICARDO T. BALDONADO, MD NORTH JERSEY IMAGING CENTER	307 60TH STREET	WEST NEW YORK	08093	HUDSON	(201) 854-1200	
MATERNAL & PEDIATRIC	BAYONNE FAMILY MEDICINE BY HORIZON	29 EAST 29TH STREET	BAYONNE	07002	HUDSON	(201) 683-2000	SSA
MATERNAL & PEDIATRIC	NHCAC ENGLEWOOD HEALTH CENTER	197 SOUTH VAN BRUNT STREET	ENGLEWOOD	07631	HUDSON	(20) 157-4442	
MATERNAL & PEDIATRIC	NO HUDSON COMM HEALTH CENTER @ GARFIELD	535 MIDLAND AVENUE	GARFIELD	07026	HUDSON	(973) 340-1182	
MATERNAL & PEDIATRIC	HOBOKEN FAMILY PLANNING	124 GRAND STREET	HOBOKEN	07030	HUDSON	(201) 963-0300	SSA
MATERNAL & PEDIATRIC	NORTH HUDSON COMMUNITY ACTION CORPORATION HEALTH CENTER - HOBOKEN	124 GRAND	HOBOKEN	07030	HUDSON	(201) 795-9521	SSA
MATERNAL & PEDIATRIC	JERSEY CITY FAMILY HEALTH CENTER	935 GARFIELD AVENUE	JERSEY CITY	07304	HUDSON	(201) 946-6460	PSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
MATERNAL & PEDIATRIC	COLUMBUS HEALTH CENTER	115 CHRISTOPHER COLUMBUS DRIVE	JERSEY CITY	07305	HUDSON	(201) 432-4600	PSA
MATERNAL & PEDIATRIC	HORIZON HEALTH CENTER - SNYDER HS HEALTH CLINIC	239 BERGEN AVENUE	JERSEY CITY	07305	HUDSON	(201) 451-6300	PSA
MATERNAL & PEDIATRIC	HORIZON HEALTH CENTER	714 BERGEN AVENUE	JERSEY CITY	07306	HUDSON	(201) 451-6300	PSA
MATERNAL & PEDIATRIC	METROPOLITAN FAMILY HEALTH NETWORK, INC. @ BERGEN AVENUE	857 BERGEN AVENUE	JERSEY CITY	07306	HUDSON	(201) 282-0531	PSA
MATERNAL & PEDIATRIC	NORTH HUDSON COMMUNITY ACTION CENTER @ JERSEY CITY	324 PALISADE AVENUE	JERSEY CITY	07307	HUDSON	(201) 459-8888	SSA
MATERNAL & PEDIATRIC	NO HUDSON COMMUNITY ACTION CTR HEALTH CENTER @ NO BERGEN	1116-43RD STREET	NORTH BERGEN	07047	HUDSON	(201) 330-2632	
MATERNAL & PEDIATRIC	NORTH HUDSON COMMUNITY ACTION CENTER @ NORTH BERGEN	1116 43RD STREET	NORTH BERGEN	07047	HUDSON	(201) 330-2632	
MATERNAL & PEDIATRIC	NHCAC HEALTH CENTER @ PASSAIC	110 MAIN AVENUE	PASSAIC	07055	HUDSON	(973) 777-0256	
MATERNAL & PEDIATRIC	NHCAC HEALTH CENTER @ PASSAIC	148 8TH STREET	PASSAIC	07055	HUDSON	(973) 473-3033	
MATERNAL & PEDIATRIC	NO HUDSON COMM ACTION CORP HEALTH CENTER	714-31ST STREET	UNION CITY	07087	HUDSON	(201) 863-7077	
MATERNAL & PEDIATRIC	NORTH HUDSON CLINICAL ACTION CENTER @ UNION CITY	714 31ST STREET	UNION CITY	07087	HUDSON	(201) 863-7077	
MATERNAL & PEDIATRIC	SUMMIT CENTER	1206 SUMMIT AVENUE	UNION CITY	07087	HUDSON	(201) 319-9200	
MATERNAL & PEDIATRIC	FAMILY PLANNING PF WEST NEW YORK	5305 HUDSON AVENUE	WEST NEW YORK	07093	HUDSON	(201) 866-8071	
MATERNAL & PEDIATRIC	METROPOLITAN FAMILY HEALTH NETWORK - WEST NEW YORK SITE	5300 BERGENLINE AVENUE	WEST NEW YORK	07093	HUDSON	(201) 478-5800	
MATERNAL & PEDIATRIC	NORTH HUDSON COMMUNITY ACTION CENTER @ MOBILE HEALTH VAN	5301 BROADWAY	WEST NEW YORK	07093	HUDSON	(201) 617-7242	
MATERNAL & PEDIATRIC	NORTH HUDSON COMMUNITY ACTION CORPORATION @ WEST NEW YORK	5301 BROADWAY	WEST NEW YORK	07093	HUDSON	(201) 866-9320	

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
MATERNAL & PEDIATRIC	NORTH HUDSON COMMUNITY ACTION CORPORATION HEALTH CENTER	5301 BROADWAY	WEST NEW YORK	07093	HUDSON	(201) 866-2388	
MATERNAL & PEDIATRIC	WEST NEW YORK FAMILY HEALTH CENTER	5300 BERGENLINE AVENUE	WEST NEW YORK	07093	HUDSON	(201) 392-1102	
PEDIATRIC COMMUNITY TRANSITIONAL HOMES	AIDS RESOURCE FOUNDATION FOR CHILDREN	15 CLIFTON PLACE	JERSEY CITY	07303	HUDSON	(201) 435-5040	
PRIMARY HEALTH CARE CENTER	HORIZON HEALTH CENTER	115 CHRISTOPHER COLUMBUS DRIVE	JERSEY CITY	07302	HUDSON	(201) 710-2200	PSA
PRIMARY HEALTH CARE CENTER	METROPOLITAN FAMILY HEALTH NETWORK-GARFIELD	935 GARFIELD AVENUE	JERSEY CITY	07304	HUDSON	(201) 478-5800	PSA
PRIMARY HEALTH CARE CENTER	METROPOLITAN FAMILY HEALTH NETWORK-HOMELESS PROJECT	857 BERGEN AVENUE	JERSEY CITY	07305	HUDSON	(201) 478-5859	PSA
PRIMARY HEALTH CARE CENTER	HORIZON HEALTH CENTER	714 BERGEN AVENUE	JERSEY CITY	07306	HUDSON	(201) 451-6300	PSA
PRIMARY HEALTH CARE CENTER	NORTH HUDSON COMMUNITY ACTION CORP HEALTH CENTER-JERSEY CITY	324 PALISADE AVENUE	JERSEY CITY	07307	HUDSON	(201) 459-8888	SSA
PRIMARY HEALTH CARE CENTER	NORTH HUDSON COMMUNITY ACTION CORP HEALTH CENTER-NORTH BERGEN	1116-43RD STREET	NORTH BERGEN	07047	HUDSON	(201) 330-2632	
PRIMARY HEALTH CARE CENTER	NORTH HUDSON COMMUNITY ACTION CORP HEALTH CENTER-UNION CITY	714-31ST STREET	UNION CITY	07087	HUDSON	(201) 863-7077	
PRIMARY HEALTH CARE CENTER	NORTH HUDSON COMMUNITY ACTION CORP HEALTH CENTER-UNION CITY HIGH SCHOOL	2500 KENNEDY BOULEVARD	UNION CITY	07087	HUDSON		
PRIMARY HEALTH CARE CENTER	METROPOLITAN FAMILY HEALTH NETWORK-WEST NEW YORK	5300 BERGENLINE AVENUE	WEST NEW YORK	07093	HUDSON	(201) 478-5852	
PRIMARY HEALTH CARE CENTER	NORTH HUDSON COMMUNITY ACTION CORP	5301 BROADWAY	WEST NEW YORK	07093	HUDSON	(201) 866-9320	

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
	HEALTH CENTER-MOBILE UNIT						
PRIMARY HEALTH CARE CENTER	NORTH HUDSON COMMUNITY ACTION CORP HEALTH CENTER-WEST NEW YORK	5301 BROADWAY	WEST NEW YORK	07093	HUDSON	(201) 866-9320	
PRIMARY HEALTH CARE CENTER	HORIZON HEALTH CENTER	115 CHRISTOPHER COLUMBUS DR	JERSEY CITY	07302	HUDSON	(201) 710-2200	PSA
PRIMARY HEALTH CARE CENTER	METROPOLITAN FAMILY HEALTH NETWORK - GARFIELD	935 GARFIELD AVENUE	JERSEY CITY	07304	HUDSON	(201) 478-5800	PSA
PRIMARY HEALTH CARE CENTER	METROPOLITAN FAMILY HEALTH NETWORK - HOMELESS PROJECT	857 BERGEN AVENUE	JERSEY CITY	07305	HUDSON	(201) 478-5859	PSA
PRIMARY HEALTH CARE CENTER	HORIZON HEALTH CENTER	714 BERGEN AVENUE	JERSEY CITY	07306	HUDSON	(201) 451-6300	PSA
PRIMARY HEALTH CARE CENTER	NORTH HUDSON COMMUNITY ACTION CORPORATION HEALTH CENTER - JERSEY CITY	324 PALISADE AVENUE	JERSEY CITY	07307	HUDSON	(201) 459-8888	SSA
PRIMARY HEALTH CARE CENTER	NORTH HUDSON COMMUNITY ACTION CORPORATION HEALTH CENTER - NORTH BERGEN	1116-43RD STREET	NORTH BERGEN	07047	HUDSON	(201) 330-2632	
PRIMARY HEALTH CARE CENTER	NORTH HUDSON COMMUNITY ACTION CORPORATION HEALTH CENTER - UNION CENTER	714-31ST STREET	UNION CITY	07087	HUDSON	(201) 863-7077	
PRIMARY HEALTH CARE CENTER	NORTH HUDSON COMMUNITY ACTION CORPORATION HEALTH CENTER - UNION CITY HIGH SCHOOL	2500 KENNEDY BOULEVARD	UNION CITY	07087	HUDSON		
PRIMARY HEALTH CARE CENTER	METROPOLITAN FAMILY HEALTH NETWORK - WEST NEW YORK	5300 BERGENLINE AVENUE	WEST NEW YORK	07093	HUDSON	(201) 478-5852	
PRIMARY HEALTH CARE CENTER	NORTH HUDSON COMMUNITY ACTION CORPORATION HEALTH CENTER - MOBILE UNIT	5301 BROADWAY	WEST NEW YORK	07093	HUDSON	(201) 866-9320	

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
PRIMARY HEALTH CARE CENTER	NORTH HUDSON COMMUNITY ACTION CORPORATION HEALTH CENTER - WEST NEW YORK	5301 BROADWAY	WEST NEW YORK	07093	HUDSON	(201) 866-9320	
PSYCHIATRIC HOSPITAL	HUDSON COUNTY MEADOWVIEW PSYCHIATRIC HOSPITAL	595 COUNTY AVENUE	SECAUCUS	07094	HUDSON	(201) 369-5252	
SENIOR SERVICES	BAYONNE ADULT MEDICAL DAY CARE CENTER	801-803 BROADWAY	BAYONNE	07002	HUDSON	(201) 243-0035	SSA
SENIOR SERVICES	SUNFLOWER MEDICAL ADULT DAY CARE	300 BROADWAY	BAYONNE	07002	HUDSON	(201) 243-0666	SSA
SENIOR SERVICES	BAYONNE JEWISH COMMUNITY CENTER	1050 KENNEDY BLVD	BAYONNE	07002	HUDSON	(201) 436-6900	SSA
SENIOR SERVICES	BAYONNE SENIOR CENTER	16 W FOURTH STREET	BAYONNE	07002	HUDSON	(201) 858-6133	SSA
SENIOR SERVICES	BAYONNE UPTOWN SENIOR CENTER	238 AVENUE B	BAYONNE	07002	HUDSON	(201) 437-5996	SSA
SENIOR SERVICES	HOBOKEN SENIOR CENTER	124 GRAND STREET	HOBOKEN	07030	HUDSON	(201) 420-2054	SSA
SENIOR SERVICES	HAPPY DAYS ADULT HEALTHCARE CENTER	591 MONTGOMERY STREET	JERSEY CITY	07302	HUDSON	(201) 938-0300	PSA
SENIOR SERVICES	LUTHERAN SENIOR LIFE AT JERSEY CITY	377 JERSEY AVENUE - 3RD FLOOR	JERSEY CITY	07302	HUDSON	(201) 706-2091	PSA
SENIOR SERVICES	ADVANCED SERVICES INTERNATIONAL DAY CARE PLUS	49-51 MORTON PLACE	JERSEY CITY	07305	HUDSON	(201) 209-0001	PSA
SENIOR SERVICES	SAINT ANN HOME FOR THE AGING	198 OLD BERGEN ROAD	JERSEY CITY	07305	HUDSON	(201) 433-0950	PSA
SENIOR SERVICES	SENIOR SPIRIT OF JERSEY CITY	675 GARFIELD AVENUE	JERSEY CITY	07305	HUDSON	(201) 761-0280	PSA
SENIOR SERVICES	HENRIETTA BENSTEAD SENIOR CITIZENS CTR	60 COLUMBIA AVENUE	KEARNY	07032	HUDSON	(201) 866-8791	
SENIOR SERVICES	HUDSON VIEW CARE & REHABILITATION CENTER	9020 WALL STREET	NORTH BERGEN	07047	HUDSON	(201) 861-4040	
SENIOR SERVICES	RISE & SHINE ADULT MEDICAL DAYCARE	6201 GRAND AVENUE	NORTH BERGEN	07047	HUDSON	(201) 869-4443	
SENIOR SERVICES	NORTH BERGEN SENIOR CENTER	1441 45TH STREET	NORTH BERGEN	07047	HUDSON	(201) 866-8791	
SENIOR SERVICES	SEACAUCUS SENIOR CITIZEN CENTER	101 CENTRE AVENUE	SECAUCUS	07094	HUDSON	(201) 330-2034	
SENIOR SERVICES	SECOND HOME OF UNION CITY OPERATIONS, LLP	3610 PALISADE AVE	UNION CITY	07087	HUDSON	(201) 864-0400	

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
SENIOR SERVICES	2ND HOME ADULT MEDICAL DAY CARE (UNION CITY)	3610 PALISADES AVENUE	UNION CITY	07087	HUDSON	(201) 864-0400	
SENIOR SERVICES	WEEHAWKEN SENIOR CITIZEN CENTER	201 HIGHWOOD AVENUE	WEEHAWKEN	07086	HUDSON	(201) 319-6060	
SENIOR SERVICES	CASA MANITO	324-55TH STREET	WEST NEW YORK	07093	HUDSON	(201) 223-6800	
SENIOR SERVICES	MI CASA ES SU CASA II, INC	6120 BUCHANAN PLACE	WEST NEW YORK	07093	HUDSON	(201) 537-2211	
SURGICAL PRACTICE	MARCO A PELOSI MD, PA	350 KENNEDY BOULEVARD	BAYONNE	07002	HUDSON	(201) 858-1800	SSA
SURGICAL PRACTICE	PAIN AND DISABILITY INSTITUTE, PC, THE	191 PALISADE AVENUE	JERSEY CITY	07306	HUDSON	(201) 656-4324	PSA
SURGICAL PRACTICE	PAVONIA SURGERY CENTER	600 PAVONIA AVENUE, FOURTH FLOOR	JERSEY CITY	07306	HUDSON	(201) 216-1700	PSA
SURGICAL PRACTICE	UROLOGY GROUP OF NEW JERSEY	534 AVENUE E, SUITE 2A	BAYONNE	07002	HUDSON	(973) 323-1320	SSA