

Cooperman Barnabas Medical Center Community Health Needs Assessment

November 16, 2022

PREPARED BY
HEALTH RESOURCES IN ACTION

Cooperman Barnabas
Medical Center

| RWJBarnabas
HEALTH

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Executive Summary

Introduction

In 2022, Cooperman Barnabas Medical Center (CBMC) undertook a community health needs assessment (CHNA) process. The purpose of the CHNA was to identify and analyze community health needs and assets and prioritize those needs to inform strategies to improve community health. This assessment focused on 23 communities located in Essex, Morris, and Union Counties.

CBMC is part of the RWJ Barnabas Health System (RWJBH). In early 2021, RWJBH hired Health Resources in Action (HRiA), a non-profit public health consultancy organization, to provide support, help facilitate, and conduct data analysis for the CHNAs across the system. HRiA worked closely with CBMC and its CHNA Advisory Committee to support the CBMC CHNA.

Context

This CHNA was conducted during an unprecedented time due to the COVID-19 pandemic and the national movement for racial justice. The COVID-19 pandemic coincided with the activities of this assessment and impacted both the CHNA data collection process, as well as topics and concerns that residents raised in focus groups and key informant interviews. A wave of national protests for racial equity in 2020 highlighted how racism is embedded in systems across the U.S. The national movement informed the content of this report including the data collection processes, design of data collection instruments, and the input that was shared during focus groups, key informant interviews, and through survey responses.

Methods

While this CHNA aimed to be comprehensive, its data collection approach focused on the social and economic upstream issues that affect a community's health. Data collection was conducted using a social determinants of health framework and a health equity lens. The CHNA process centered a mixed-methods, participatory approach that engaged agencies, organizations, and community residents through different avenues. The CHNA process was guided by strategic leadership from the RWJBH Systemwide CHNA Steering Committee, the CBMC CHNA Advisory Committee, and the community overall. Methods of data collection included:

- Reviewing existing data on social, economic, and health indicators in the CBMC primary service area (PSA) and the Town of Montclair.
- Conducting a community survey with 704 residents designed and administered by the survey firm Bruno & Ridgway.
- Facilitating three virtual focus groups with 16 participants from specific populations of interest.
- Conducting seven key informant interviews with nine stakeholders in the community from a range of sectors.

Cooperman Barnabas Medical Center CHNA
Focus Area



Findings

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

Population Characteristics

- **Demographics.** While more than a quarter of towns in the CBMC PSA experienced negative population growth and another quarter experienced population growth of less than 1% from 2015-2020,¹ nearly half of key informant interviewees noted the increasing number of families moving into their communities, particularly in the wake of the COVID-19 pandemic. Interviewees from Essex County also highlighted the many older adult residents seeking to age in place in their communities. About half of interview participants spoke about the racial and ethnic diversity in their communities. Essex and Union Counties have a larger proportion of non-Hispanic Black residents, Hispanic/Latino residents, and foreign-born residents than the state.^{2,3}

Community Social and Economic Environment

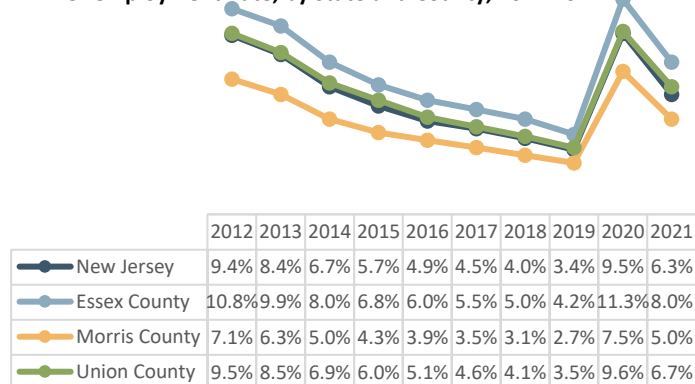
- **Community Strengths and Assets.** Most interviewees identified diversity and a multitude of cultural organizations as a strength within their communities that created opportunities for volunteerism and contributed to a sense of civic pride. Participants also identified access to resources, opportunities for social engagement, proximity to healthcare services, and opportunities for children as community strengths. More than 80% of community survey respondents reported that it is easy to find fresh fruits and vegetables, there are safe outdoor places to walk and play, it is a good place to raise a family, and it is easy to live a healthy lifestyle in their community.⁴

- **Education.** All of the school districts serving the towns in the CBMC PSA in Morris and Union Counties exceeded the overall graduation rate in the state, as well as the statewide graduation rate for each racial/ethnic group. Seven of the eleven school districts serving the towns in the CBMC PSA in Essex County also exceeded the overall graduation rate in the state.⁵ These data are consistent with positive perceptions of public school staff shared by focus group and interview participants.

- **Employment and Workforce.** Focus group participants noted how people in their communities want to work but struggle to find employment. At the same time, multiple interviewees reported struggling to retain workers.

Unemployment rates in NJ and the three counties in the CBMC PSA were trending downward over the decade prior to the COVID-19 pandemic. In 2020, rates rose substantially. While rates declined in 2021, unemployment has not yet fallen to pre-pandemic levels.⁶

Unemployment Rate, by State and County, 2012-2021



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

¹ U.S. Census Bureau, American Community Survey 5-Year Estimates, 2011-2015 and 2016-2020

² U.S. Census Bureau, Decennial Census of Population and Housing, 2020

³ U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

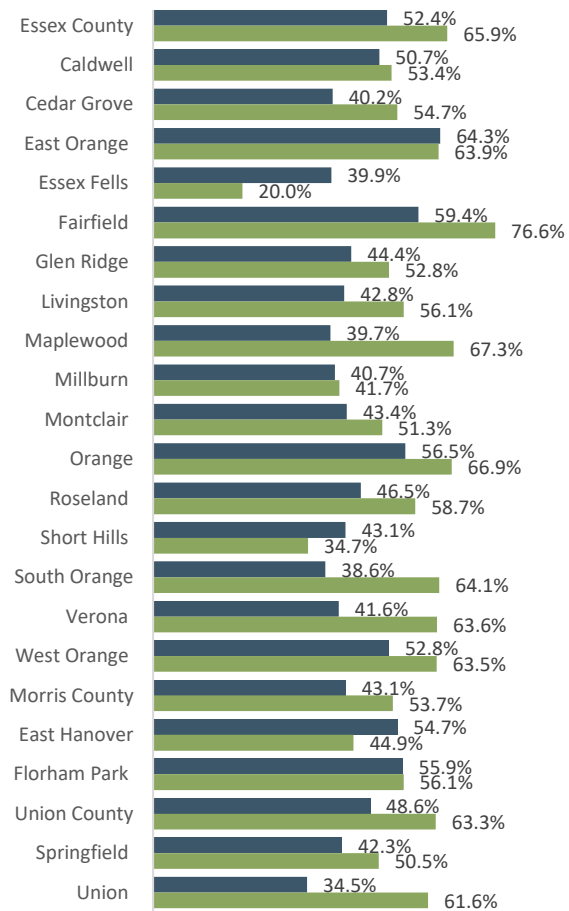
⁴ Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021

⁵ New Jersey Department of Education, School Performance, Adjusted Cohort Graduation Rates, 2020-2021

⁶ Bureau of Labor Statistics, Local Area Unemployment Statistics, 2012-2021

- Income and Financial Security.** Median household income across communities served by CBMC ranges from \$43,422 in the Township of Orange to more than \$250,000 in the Township of Millburn and Short Hills (located within Millburn). More than 30% of households in Orange earn less than \$25,000 annually, while more than 70% of households in Short Hills earn \$200,000 or more annually.⁷ Focus group participants noted that inflation and the rising cost of living pose a challenge to residents' financial security, stating: *"the cost of living is crazy."*
- Food Access and Food Security.** More than half of interviewees reported food insecurity as a challenge, with interviewees and focus group participants noting the pandemic has exacerbated food insecurity. The percentage of the population experiencing food insecurity rose from 2019 to 2020 in each of the three counties in the CBMC PSA.⁸ On a positive note, participants in one focus group reported the selection of fresh foods for residents accessing the foodbank has improved during the pandemic.
- Housing.** A few interviewees and participants in one of the focus groups noted the rising cost of housing. Participants also mentioned long waiting lists for affordable housing and challenges for older adult residents seeking to age in place. In most Townships in the CBMC PSA, the majority of households are owner vs renter occupied. The majority of renter occupied households spend 25% or more of their household income on housing costs in all but three Townships. The Township of Union in Union County is home to the greatest percentage of renters paying at least 25% of their income for housing (61.6%).⁷
- Transportation.** Transportation ranked in the bottom three on the list of community assets and opportunities in the community survey.⁹ Nearly half of interview participants reported that access to transportation was a barrier for community members, especially low-income residents. Focus group participants, including participants in the focus group with older adult residents, reported that transportation is available for seniors;

Households Whose Housing Costs are 25%+ of Household Income, by State, County, and Town, 2016-2020



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

⁷ U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

⁸ Feeding America, Map the Meal Gap, 2019 and 2020

⁹ Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021

however, a few interviewees reported that senior transportation programs are unreliable and insufficient.

- **Green Space and Built Environment.** The majority of community survey respondents across all racial/ethnic groups agreed or completely agreed with the statement, “my community has safe outdoor places to walk and play”; although White and Asian respondents were significantly more likely to agree with this statement than Black and Hispanic/Latino respondents.¹⁰ While focus group participants reported there was sufficient access to green space in their communities, a few interviewees noted that green space and environmental resources were not equally distributed between higher and lower income neighborhoods.
- **Crime and Violence.** Crime and safety were issues that arose during qualitative data collection, including an increase in crime during the pandemic, the prevalence of interpersonal violence and verbal abuse in certain communities, and the need to improve community-police relations. East Orange had the highest violent crime rate in the CBMC PSA, and Orange had the highest rate of property crime.¹¹
- **Systemic Racism and Discrimination.** Nearly half of interviewees discussed systemic racism and discrimination, including how these factors contribute to the disproportionate impact of the COVID-19 pandemic and the disproportionate burden of food and housing insecurity. More than 30% of community survey respondents who identified as Black and 16% of respondents who identified as Asian reported being discriminated against based on race/ethnicity when receiving health care, compared with 1.4% of respondents who identified as White and 8.4% of respondents overall.¹⁰

Community Health Issues

- **Perceptions of Community Health.** Community survey respondents were asked to identify the top health concerns in their communities. The largest percentage of respondents identified overweight/obesity (30.5%) and mental health issues (27.8%) as top health concerns. Nearly one quarter of respondents indicated they did not know what the top health concerns were in their communities. Other top concerns included high stress lifestyle and having access to affordable elder care.¹⁰ Interview and focus group participants also reported that obesity, mental health issues, stress, and difficulty accessing affordable elder care were health challenges in their communities.

“You worry, how am I going to feed six people in my household? Going out to the doctor, to get groceries, pick up the kids, how will I be able to put gas in the car? The worry is a health issue in and of itself.” – Focus group participant

- **Leading Causes of Death and Premature Mortality.** Heart disease, COVID-19, and cancer were the top three leading causes of death in the CBMC PSA in 2020. Essex County had a higher mortality rate for heart disease and COVID-19, but a lower mortality rate for cancer compared with Morris and Union Counties.¹² Data on premature mortality (deaths before age 75) reveal racial and ethnic disparities in

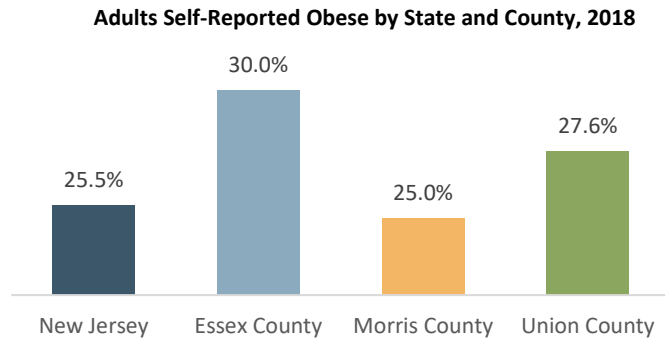
¹⁰ Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021

¹¹ State of New Jersey, Department of Law and Public Safety, Uniform Crime Reporting Unit, Uniform Crime Report, 2020

¹² Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

health outcomes. Across the CBMC PSA, non-Hispanic Black residents had a higher premature mortality rate per 100,000 population compared to the population as a whole.¹³

- Obesity, Healthy Eating, and Physical Activity.** Overweight/obesity was ranked as the top health concern among community survey respondents.¹⁴ Interviewees and focus group participants also discussed concerns related to overweight/obesity. According to self-reported data on height and weight, one quarter of adults in Morris County, 30% of adults in Essex County, and 27.6% of adults in Union County were obese as of 2018.¹⁵



DATA SOURCE: Centers for Disease Control and Prevention (CDC), U.S. Diabetes Surveillance System, County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2018

- Chronic Conditions.** Data show there are racial/ethnic disparities in chronic disease burden across the CBMC service area. Non-Hispanic Black residents experience higher cancer and cardiovascular disease mortality than the population as a whole in Essex, Morris, and Union Counties.¹³ A greater percentage of Hispanic/Latino adults were diagnosed with diabetes compared to the percent of the total adult population across all three counties, and a greater percentage of non-Hispanic Black adults were diagnosed with diabetes in Essex and Union Counties.¹⁶
- Disability.** A few key informant interviewees mentioned challenges and efforts to improve accessibility for residents living with disabilities. In the CBMC PSA, the percentage of people under age 18 with a disability ranges from 0.0% in Caldwell, Roseland, and Fairfield to 17.7% in the Town of Union. The percentage of the population aged 18-64 with a disability ranges from 2.2% in Essex Fells to 11.9% in East Orange, and the percentage of the population 65 or older with a disability ranges from 12.0% in Short Hills to 40.8% in Orange.¹⁷
- Mental Health and Substance Use.** More than half of interviewees and participants in one focus group described mental health challenges in their communities, including difficulty accessing and lack of awareness about mental health services, cultural barriers and stigma, and the effects of the pandemic and other life stressors on mental health for community residents in general and youth in particular. About one third of community survey respondents reported they or a family member had personally experienced difficulty with mental health issues since the onset of the COVID-19

¹³ Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

¹⁴ Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021

¹⁵ Centers for Disease Control and Prevention (CDC), U.S. Diabetes Surveillance System, County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2018

¹⁶ New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2016-2020

¹⁷ U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

pandemic.¹⁸ A few interviewees noted that some residents use substances to self-medicate as a way of coping with mental health issues. Several interviewees also identified youth substance use as a concern. The rate of unintentional drug-induced poisoning deaths increased from 2016 to 2020 across the CBMC PSA.¹⁹

- **Environmental Health.** In 2020, there were eight days statewide in New Jersey where ozone in outdoor air exceeded the federal health-based standard for ozone.²⁰ Within the counties that comprise the CBMC PSA, the majority of children born in 2014 were tested for lead exposure before 36 months of age.²¹ A few interviewees mentioned dealing with environmental health challenges, including flash flooding and the unequal impact of climate change on lower income residents. Secondary data show racial disparities in the burden of asthma, a condition that can be triggered by environmental health hazards. In 2020, the age-adjusted emergency department visit rate for asthma was higher among non-Hispanic Black residents compared with all other racial/ethnic groups and the population as a whole.²²

“The anxiety, depression, worry, is going to continue. If there are any outlets whatsoever, we need to put it out there, make it available, mail it to people’s homes so they know that someone out there cares about everyone.”
– Focus group participant

- **Communicable Disease.** COVID-19 was a prominent theme in key informant interviews and focus group discussions. Participants reported experiencing continued uncertainty about COVID-19 risk, and emphasized the negative impact on older adult residents and youth. Between January – August 2022, Union County had the highest COVID-19 death rate per 100,000 residents of all the counties in the CBMC PSA.²³ Sexual health and sexually transmitted diseases were not a major theme in any of the focus groups or key informant interviews. Rates of chlamydia, gonorrhea, hepatitis C, and syphilis were higher in Essex County compared with Morris and Union Counties.^{24,25}

“[COVID has] been the principal issue for everything we are facing right now, not getting food, supplies, the shelves are empty because we can't get supplies in the store...” – Focus group participant

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

¹⁹ Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 1999-2020 on CDC WONDER Online Database, 2016 and 2020

²⁰ Bureau of Air Monitoring, New Jersey Department of Environmental Protection, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2020

²¹ New Jersey Birth Certificate Database, Office of Vital Statistics and Registry; Child Health Program, Family Health Services, as reported by, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2014

²² New Jersey Discharge Data Collection System, Office of Health Care Quality Assessment, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2020

²³ New Jersey Department of Public Health, COVID-19 Dashboard, updated 9/11/2022

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

²⁵ Communicable Disease Reporting and Surveillance System, New Jersey Department of Health, Division of HIV, STD, and TB Services, 2016 and 2021

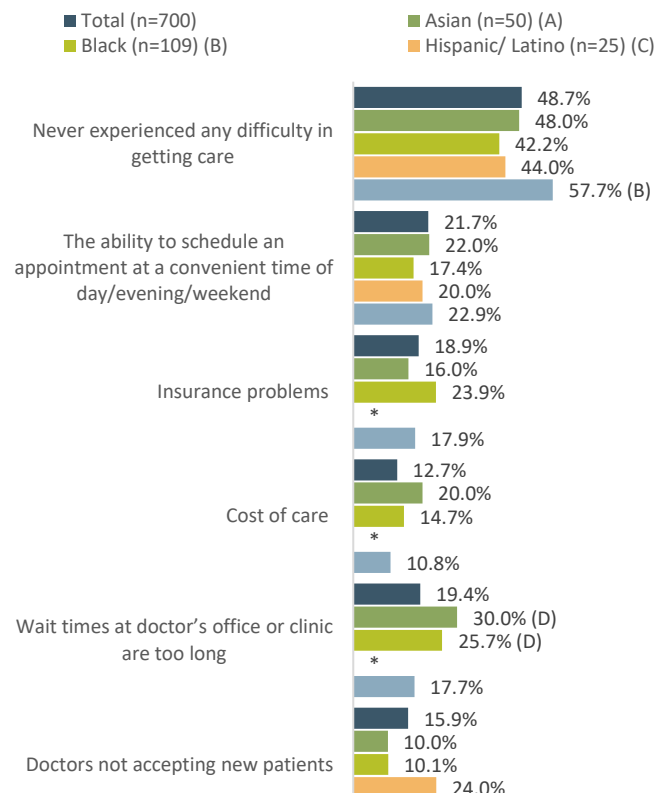
- Maternal and Infant Health.** Maternal and infant health was not a major theme in interviews and focus group discussions; however, secondary data show racial/ethnic disparities in maternal and infant health outcomes. In the three counties that comprise the CBMC PSA, non-Hispanic Black and Hispanic/Latino teens had a higher rate of teen births compared to the overall rate,²⁶ while non-Hispanic Black and non-Hispanic Asian mothers had the highest proportion of low-birth-weight births of any racial ethnic group.²⁷

Access to Services

- Access to Preventive Services.** Nearly 90% of community survey respondents reported receiving an annual physical exam in the past two years; over 80% of respondents reported receiving a flu shot, dental screening, and vision screening in the last two years; about one third of respondents reported receiving a hearing screening.²⁸ Interviewees reported partnering with schools and referring community members to CBMC for health screenings; however, participants in the focus group with parents of school aged children reported not having sufficient access to health screenings.

- Access to Healthcare.** All interviewees and focus group participants discussed barriers to accessing healthcare, including difficulty scheduling appointments, long wait times for appointments, issues with insurance coverage, and challenges related to care coordination. Several participants noted these challenges were exacerbated by the COVID-19 pandemic. Some reported going to urgent care instead of the hospital when experiencing a medical emergency due to the lower cost and shorter wait times. In contrast to the barriers discussed in interviews and focus groups, nearly 50% of community survey respondents reported that they never experienced any difficulty accessing care. Around 20% of respondents reported that inability to schedule an appointment at a convenient time, long wait times, and insurance problems were barriers to care.²⁹

Percent of Community Survey Respondents Reporting Which Issues Made It Difficult for Them or a Family Member to Access Care (n=701)



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

²⁶ National Center for Health Statistics, Natality Files, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2014-2020

²⁷ New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2016-2020

²⁸ Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021

²⁹ Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021

- **Access to Social Services or Other Essential Services.** Participants in the focus group with older adult residents emphasized the lack of access to affordable home health services. Nearly half of all key informant interviewees reported that funding instability makes it challenging for local governments to provide reliable access to preventive and social services. About half of all interviewees also discussed barriers that impact immigrant households, including fear of accessing services and lack of insurance among undocumented/mixed status households, and language and cultural barriers.

Community Vision and Suggestions for the Future

- **Expanding Access to Community Programs and Social Services.** All the key informant interviewees identified expanding access to programs and services as a priority for the future. Recommendations included expanding extracurricular programs for children; creating tailored health programs for specific racial, ethnic, and cultural groups; broadening health education opportunities; and increasing programs and services for older adult residents. Participants also offered suggestions to increase awareness about existing services, including creating a printed resource with referral information, and partnering with community-based organizations to raise awareness.
- **Strengthening Healthcare Services.** Interviewees and focus group participants identified expanding access to healthcare as another community priority, including increasing staffing levels at hospitals and improving access to affordable home healthcare, preventive care, and mental health services. A few participants also identified expanding access to patient navigation and care coordination as a priority for the future.
- **Focusing on the Upstream Factors and the Social Determinants of Health.** Nearly half of all key informant interviewees identified improving access to affordable housing as a community priority. Interviewees also mentioned the need for programs to expand access to transportation and fresh, healthy food, and urged local health and social service providers to work together instead of competing for funding.

Key Themes

Several overarching themes emerged from the Cooperman Barnabas Medical Center 2022 Community Health Needs Assessment.

- ***Responding to COVID-19, including the physical and mental health impacts on youth and older adults, remains a community priority.*** Interviewees and focus group participants reported continuing anxiety about contracting COVID-19, as well as confusion over rapidly changing public health guidance. In addition, participants expressed concern about the impact of the pandemic on other aspects of physical and mental health, particularly for youth and older adults. While community members reported substantial outstanding needs related to the effects of the COVID-19 pandemic on social determinants of health, including financial and food security, interviewees working in local government reported that funding instability and a reduction in COVID-related funding streams could negatively impact the ability to deliver programs and services to address these needs.
- ***Social determinants of health, including employment, transportation, and housing, pose barriers to health and well-being.*** Focus group members described difficulty finding employment at times

due to structural barriers such as lack of transportation. At the same time, interviewees working in the public sector reported difficulties with employee retention. Participants living outside of Livingston, where CBMC is located, reported that it is difficult to reach the community to access healthcare and attend health education and screening events for those without access to a car. More than half of renter households in the three counties that comprise the CBMC PSA spend at least a quarter of their income on housing costs, and there is a need for resources to help low- and middle-income seniors age in place. Addressing these social determinants of health would make it easier for residents in the CBMC service area to access and afford resources and amenities that help prevent disease and enable residents to live healthier lives.

- ***Participants want to see greater awareness of and access to mental health resources.*** About one third of community survey respondents reported experiencing mental health challenges since the onset of the COVID-19 pandemic. One focus group participant who works as a youth mental healthcare provider noted the number of youths seeking their services has tripled since the onset of the pandemic. Beyond the effects of the pandemic and related life stressors on mental health, participants identified lack of awareness and access to mental health services and cultural barriers and stigma as obstacles to receiving mental healthcare. Recommendations included increasing community outreach and education to normalize mental health challenges and raise awareness about available resources.
- ***Participants are concerned about obesity and related comorbidities.*** Overweight/obesity was the top health concern identified by community survey respondents. Interviewees and focus group participants expressed concern about the comorbidities overweight and obesity contribute to, such as high blood pressure, diabetes, and heart disease. A few interviewees noted the unequal distribution of green space between high-income and low-income neighborhoods, and nearly all key informant interviewees and participants in two focus groups described access to healthy food as a challenge.
- ***There are opportunities for collaboration to improve access to healthcare and health-related information.*** Interviewees and focus group participants recommended partnering with existing community institutions to disseminate information and host events, noting that partnerships forged during the COVID-19 pandemic could be leveraged to boost access to health promoting resources and health education.

Conclusion

Through a comprehensive and iterative assessment process that included gathering community input from residents and stakeholders, feedback from a community priorities survey, and quantitative surveillance and secondary data, ten initial issue areas were identified as key community needs for the Cooperman Barnabas Medical Center service area. These included (in no particular order):

- Unemployment
- Financial insecurity
- Food insecurity
- Housing
- Transportation
- Overweight/obesity
- Chronic disease (e.g., heart disease, cancer, stroke, diabetes)

- Mental health
- COVID-19
- Access to healthcare/social services

After a prioritization process with the Advisory Committee and discussions within the hospital taking into consideration existing expertise, capacity, and experience, CBMC will focus on mental health, chronic disease, access to healthcare/social services, and overweight/obesity as priorities during the development of its implementation plan in 2023.

Introduction

Community Health Needs Assessment Purpose and Goals

A community health needs assessment (CHNA) is a systematic process to identify and analyze community health needs and assets, prioritize those needs, and then implement strategies to improve community health. In 2022, Cooperman Barnabas Medical Center (CBMC) undertook a CHNA process using a mixed-methods and participatory approach.

Cooperman Barnabas Medical Center—formerly known as Saint Barnabas Medical Center—is located in the Town of Livingston, in Essex County, New Jersey (NJ) and is part of the **RWJBarnabas Health (RWJBH)** system. RWJBH is a non-profit healthcare organization which includes 12 acute care hospitals, three acute care children’s hospitals, a leading pediatric rehabilitation hospital, a freestanding acute behavioral health hospital, a clinically integrated network of ambulatory care centers, two trauma centers, a satellite emergency department, geriatric centers, the state’s largest behavioral health network, ambulatory surgery centers, comprehensive home care and hospice programs, long term care facilities, fitness and wellness centers, retail pharmacy services, medical groups, diagnostic imaging centers, a clinically integrated network and collaborative accountable care organization. CBMC is a 597-bed teaching institution that has nearly 33,000 inpatient admissions, over 81,300 emergency department visits, over 283,000 outpatient visits, and over 6,500 births in 2021.

This assessment process builds off previous assessment and planning processes conducted by CBMC and RWJBH. See Appendix H- Outcomes and Results Report of the Previous Implementation Plan for a description of the hospital’s activities accomplished and their impact since 2019.

In early 2021, RWJBH hired **Health Resources in Action (HRiA)**, a non-profit public health consultancy organization, to provide support, help facilitate, and conduct data analysis for the CHNAs across the system. HRiA worked closely with CBMC and its CHNA Advisory Committee to support the CBMC CHNA.

The CBMC CHNA aims to gain a greater understanding of the issues that community residents face, how those issues are currently being addressed, and where there are gaps and opportunities to address these issues in the future. This report presents findings from the 2022 CBMC needs assessment processes, which were conducted between March-September 2022.

The specific goals of this CHNA are to:

- Systematically identify the needs, strengths, and resources of the community to inform future planning,
- Understand the current health status of the service area overall and its sub-populations within their social context,
- Engage the community to help determine community needs and social determinant of health needs, and
- Fulfill the IRS mandate for non-profit hospitals.

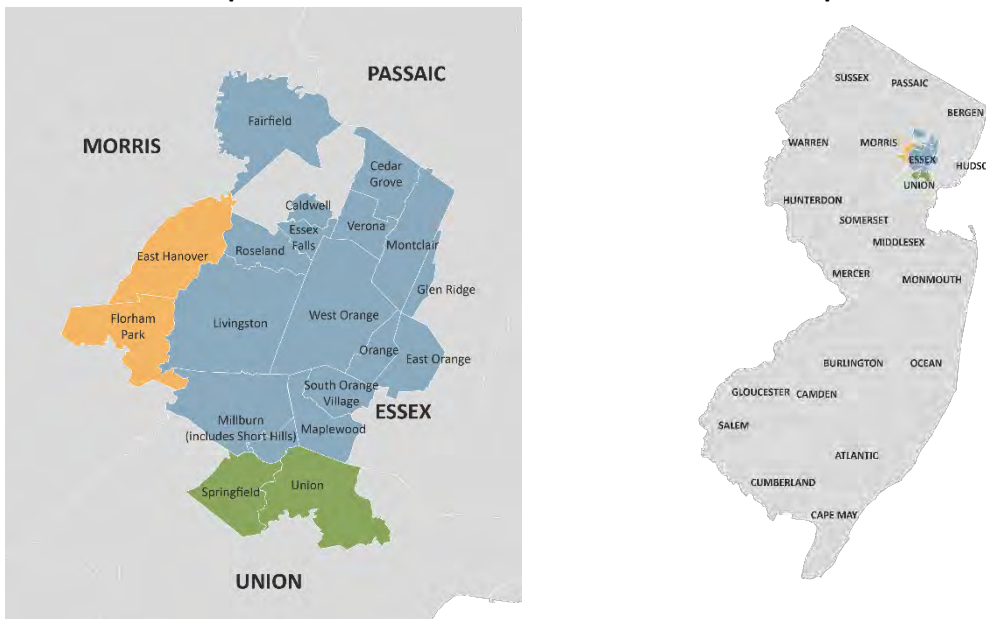
Area of Focus

This CHNA process aims to fulfill multiple purposes for a range of stakeholders. The CBMC primary service area (PSA) consists of 23 communities in the following ZIP codes: 07052 (West Orange), 07039 (Livingston), 07050 (Orange), 07083 (Union), 07040 (Maplewood), 07006 (Caldwell), 07079 (South Orange), 07044 (Verona), 07068 (Roseland), 07042 (Montclair), 07043 (Montclair), 07081 (Springfield), 07021 (Essex Fells), 07936 (East Hanover), 07932 (Florham Park), 07078 (Short Hills), 07041 (Millburn),

07004 (Fairfield), 07009 (Cedar Grove), 07088 (Vauxhall), 07028 (Glen Ridge), 07017 (East Orange), and 07018 (East Orange).

The communities in the CBMC PSA are located across Essex, Morris, and Union Counties. When only county-level data are available, data for Essex, Morris, and Union are presented. When town-level data are available, 20 townships are shown. Data for multiple ZIP codes within the same township (e.g., Montclair and East Orange) are shown in aggregate. Data for Vauxhall – an unincorporated town in the City of Union – are shown in aggregate with data for Union. The CBMC CHNA service area is shown in Figure 1.

Figure 1. Focused Cooperman Barnabas Medical Center CHNA Area Map



Context for the Community Health Needs Assessment

This CHNA was conducted during an unprecedented time, given the COVID-19 pandemic and the national movement for racial justice. This context had a significant impact on the assessment approach and content, described below.

COVID-19 Pandemic

The novel coronavirus (COVID-19) pandemic coincided with the activities of this assessment and impacted both the CHNA data collection process and topics, as well as concerns that participants put forth during discussions in focus groups and interviews. In March 2022, at the beginning of this CHNA process, the COVID-19 pandemic had already been in effect for about two years. Logistically, the pandemic impacted the feasibility of convening in-person groups for the CHNA (e.g., subcommittees, focus groups, etc.) and the availability of key stakeholders and community members to participate in CHNA activities, given their focus on addressing immediate needs. Consequently, all data collection and engagement occurred in a virtual setting (e.g., telephone or video focus groups, interviews), and engagement of residents and stakeholders was challenging. (A more detailed description of this engagement process may be found in the Methods section, and COVID-19 data specific to this service area is provided in the Infectious and Communicable Disease section of this report.)

Substantively, during the CHNA process, COVID-19 was and remains a health concern for communities and has exacerbated underlying inequities and social needs. The pandemic brought to light both the capabilities and gaps in the healthcare system, the public health infrastructure, and social service networks. In this context, an assessment of the community's strengths and needs, and in particular the social determinants of health, is both critically important and logistically challenging. This CHNA should be considered a snapshot in time, which is consistent with public health best practices. Moving forward, the community should continue to be engaged to understand how identified issues may evolve and what new issues or concerns may emerge over time.

National Movement for Racial Justice

Over the past few years, sparked by the national protests for racial equity amidst the killings of George Floyd, Ahmaud Arbery, Breonna Taylor, Tony McDade, and many others, national attention was focused on how racism is embedded in every system and structure of our country, including housing, education, employment, and healthcare. This context impacted the content of the CHNA, including the design of data collection instruments and the input that was shared during interviews and focus groups. While racism and oppression have persisted in this country for over 400 years, it is important to acknowledge the recent focus on these issues in 2022 in the form of increased dialogue, locally and nationally, as context for this assessment.

Methods

The following section details how data for the CHNA were compiled and analyzed, as well as the broader lens used to guide this process.

Social Determinants of Health Framework

While this CHNA aimed to be comprehensive, its data collection approach focused on the social and economic upstream issues that affect a community's health.

Upstream Approaches to Health

Having a healthy population is about more than delivering quality healthcare to residents. Where a person lives, learns, works, and plays all have an enormous impact on health. Health is not only affected by people's genes and lifestyle behaviors, but by upstream factors such as employment status, quality of housing, and economic policies. Figure 2 provides a visual representation of these relationships, demonstrating how individual lifestyle factors, which are closest to health outcomes, are influenced by more upstream factors, such as employment status and educational opportunities.

Figure 2. Social Determinants of Health Framework



SOURCE: World Health Organization, Commission on the Social Determinants of Health, Towards a Conceptual Framework for Analysis and Action on the Social Determinants of Health, 2005.

The data to which we have access is often a snapshot in time, but the people represented by that data have lived their lives in ways that are constrained and enabled by economic circumstances, social context, and government policies. To this end, much of this report is dedicated to discussing the social, economic, and community context in which residents live. We hope to understand the current health status of residents and the multitude of factors that influence health to enable the identification of priorities for community health planning, existing strengths and assets upon which to build, and areas for further collaboration and coordination.

Health Equity Lens

The influences of race, ethnicity, income, and geography on health patterns are often intertwined. In the United States, social, economic, and political processes ascribe social status based on race and ethnicity, which may influence opportunities for educational and occupational advancement and housing options, two factors that profoundly affect health. Institutional racism, economic inequality, discriminatory policies, and historical oppression of specific groups are a few of the factors that drive health inequities in the U.S.

In the present report, health patterns for the CBMC service area are described overall, as well as areas of need for particular population groups. Understanding factors that contribute to health patterns for these populations can facilitate the identification of data-informed and evidence-based strategies to provide all residents with the opportunity to live a healthy life.

Approach and Community Engagement Process

The CHNA aimed to engage agencies, organizations, and community residents through different avenues. The CHNA process was guided by strategic leadership from the RWJBH Systemwide CHNA Steering Committee, the Cooperman Barnabas Medical Center CHNA Advisory Committee, and the community overall.

RWJBH System Engagement

This CHNA is part of a set of CHNAs being conducted across the entire RWJBH system. Each of these CHNAs will use a consistent framework and minimum set of indicators but the approach and

engagement process are tailored for each community. A Systemwide CHNA Steering Committee was convened twice during June 2021. This Steering Committee provided input and feedback on major data elements (e.g., secondary data key indicators, overall Table of Contents) and core prioritization criteria for the planning process. A list of Systemwide CHNA Steering Committee members can be found in the Acknowledgments section.

Advisory Committee Engagement

The CBMC CHNA Advisory Committee was engaged at critical intervals throughout this process. In March 2022, the Advisory Committee met for a kick-off meeting during which HRiA provided an overview of the CHNA process and Bruno & Ridgeway, Inc. presented the findings from a community survey the firm conducted in 2021. These two presentations were followed by a brief Q&A and discussion with Advisory Committee members. After the March 2022 meeting, members of the Advisory Committee were invited to participate in a survey to help identify what populations and sectors to engage in focus groups and key informant interviews. The results of this survey directly informed development of an engagement plan to guide qualitative data collection. During the data collection process, Advisory Committee members also assisted with organizing focus groups with community residents, participating in key informant interviews, and/or connecting HRiA to stakeholders in the community.

The Advisory Committee reconvened in October 2022. During this meeting, HRiA staff presented the findings from the CHNA process, including preliminary priorities that emerged upon review of the qualitative and secondary data. Advisory Committee members had the opportunity to ask questions, then discussed and voted on the top priorities for the hospital to consider when developing its implementation plan. A detailed description of the prioritization process can be found in the Prioritization Process and Priorities Selected for Planning section.

Community Engagement

Community engagement is described further below under the primary data collection methods. Capturing and lifting up a range of voices, especially those not typically represented in these processes, was a core component to this initiative. It should be noted that, due to the COVID-19 pandemic, the community engagement for this CHNA occurred virtually. Additionally, while the CHNA aimed to engage a cross-section of individuals and to be inclusive of traditionally under-represented communities, outreach was challenging given the pandemic and competing priorities. Nevertheless, by engaging the community through multiple methods and in multiple languages, this CHNA aims to describe community strengths and needs during this unique time.

Secondary Data: Review of Existing Secondary Data, Reports, and Analyses

Secondary data are data that have already been collected for another purpose. Examining secondary data helps us to understand trends, provide a baseline, and identify differences by sub-groups. It also helps in guiding where primary data collection can dive deeper or fill in gaps.

Secondary data for this CHNA were drawn from a variety of sources, including the U.S. Census American Community Survey (ACS); the U.S. Department of Labor, Bureau of Labor Statistics; the Federal Bureau of Investigation Uniform Crime Reports; the New Jersey Department of Education; New Jersey Department of Health's New Jersey State Health Assessment Data (NJSHAD); and a number of other agencies and organizations. This CHNA also utilizes reports from a variety of organizations at the community, state, and national level including but not limited to the United Way of New Jersey's ALICE Study. Additionally, hospitalization data from the RWJBH system is included in Appendix F- Hospitalization Data. Secondary data were analyzed by the agencies that collected or received the data.

Data are typically presented as percentages or rates per 100,000 population. It should be noted that when the narrative makes comparisons between towns, by subpopulation, or with NJ overall, these are lay comparisons and *not* statistically significant differences.

The 2022 CBMC community health needs assessment focuses on 20 townships located in Essex, Morris, and Union Counties. Town-level data are provided when available. When county-level data are shared, data for all three counties are presented, although it should be noted that towns in Essex County comprise a substantially higher proportion of the total population of CBMC's PSA.

It should also be noted that for most social and economic indicators, the U.S. Census American Community Survey (ACS) 5-year (2016-2020) aggregate datasets were used over the one-year datasets, since many of the towns in the service area are smaller in population size. Since the ACS uses a probability sampling technique, using the five-year aggregate dataset over the one-year data provides a larger sample size and more precision in its estimates.

Primary Data Collection

Qualitative Discussion: Key Informant Interviews and Focus Groups

Key Informant Interviews

A total of seven key informant interview discussions were completed with nine individuals by Zoom. Interviews were 45-60-minute semi-structured discussions that engaged institutional, organizational, and community leaders as well as front-line staff across sectors. Discussions explored interviewees' experiences addressing community needs and priorities for future alignment, coordination, and expansion of services, initiatives, and policies. Sectors represented in these interviews included: a local public health department, parks department, and school system, and those who serve/work with specific populations (e.g., immigrant communities, residents with disabilities, older adults). See Appendix A- Organizations Engaged Through Key Informant Interviews for the list of organizations engaged through key informant interviews and Appendix B- Key Informant Interview Guide for the key informant interview guide.

Focus Groups

A total of 16 community residents participated in three virtual focus groups conducted via Zoom with specific populations of interest: older adults (ages 65+), parents of school aged children, and residents who identify as Black or African American. Focus groups were up to 60-minute, semi-structured conversations and aimed to delve deeply into the community's needs, strengths, and opportunities for the future and to gather feedback on priorities for action. Please see Appendix C- Focus Group Guide for the focus group facilitator's guide.

Analyses

The collected qualitative information was coded and then analyzed thematically by data analysts for main categories and sub-themes. Analysts identified key themes that emerged across all groups and interviews as well as the unique issues that were noted for specific populations. Throughout the qualitative findings included in this report, the term "participants" is used to refer to key informant interview and focus group participants. Unique issues that emerged among a group of participants are specified as such. Frequency and intensity of discussions on a specific topic were key indicators used for extracting main themes. While differences between towns are noted where appropriate, analyses

emphasized findings common across the service area. Selected paraphrased quotes—without personal identifying information—are presented in the narrative of this report to further illustrate points within topic areas.

Community Survey

A community priorities survey was developed and administered over a five-month period from early April through the end of August 2021 by the survey firm Bruno & Ridgway, who was contracted directly by the RWJBH system. The survey focused on health issues and concerns that impact the community; community safety and quality of life; personal health attitudes, conditions, and behaviors; barriers to accessing healthcare; discrimination when receiving medical care; and the impact of COVID-19 and vaccination compliance. The survey was administered online and was available by paper in five languages (English, Spanish, Portuguese, Arabic, and Chinese).

Outreach for survey dissemination was conducted with assistance from the RWJBH system, the hospital, and its community partners, as well as through social media and the web. Postcards with QR codes that linked to the survey were distributed at vaccination events for community members to take while they waited for their COVID-19 vaccine. Additionally, an online panel sample was recruited to capture survey responses from specific areas to augment the larger sample.

The final sample of the community priorities survey comprised 704 respondents who were residents of Essex, Morris, and Union Counties. Appendix E- Additional Data Tables provides a table with the demographic composition of survey respondents. Respondents to the Cooperman Barnabas Community Health Needs Assessment Survey were predominately White, female, and with a high socioeconomic status. About 47% were employed full-time and 58% earned \$100,000 or more per year. Throughout this report, residents of the CBMC PSA who participated in the Community Health Needs Assessment Survey are referred to as “respondents” (whereas focus group members and interviewees are referred to as “participants” for distinction.)

Analyses

Frequencies were calculated for each survey question. Not all respondents answered every question; therefore, denominators in analyses reflect the number of total responses for each question, which varied by question. Statistical testing (Z-tests) was conducted across sub-groups to determine whether there were significant differences between groups. Survey data by race/ethnicity specifically is presented in this report. Racial/ethnic groups are delineated by a letter (A, B, C, D). When a graph has a letter next to the bar, it indicates that the group for that bar has a statistically significant different frequency of responses compared to the group of the letter shown (e.g., when an A is on the bar of White respondents, it indicates the percentage of White respondents answering the question in that particular way is statistically significantly different than Asian respondents). Significant differences at 90% confidence levels are presented in the report. Due to the overrepresentation of White respondents and small sample size for other racial/ethnic groups, all survey results, particularly those showing statistically significant differences, should be interpreted with caution.

Data Limitations

As with all data collection efforts, there are several limitations that should be acknowledged. Numerous secondary data sources were drawn upon in creating this report and each source has its own set of limitations. Overall, it should be noted that different data sources use different ways of measuring similar variables (e.g., different questions to identify race/ethnicity). There may be a time lag for many data sources from the time of data collection to data availability. Some data are not available by specific

population groups (e.g., race/ethnicity) or at a more granular geographic level (e.g., town or municipality) due to small sub-sample sizes. In some cases, data from multiple years may have been aggregated to allow for data estimates at a more granular level or among specific groups.

With many organizations and residents focused on the pandemic and its effects, community engagement and timely response to data collection requests were challenging. Additionally, with its online administration method, the community survey used a convenience sample. Since a convenience sample is a type of non-probability sampling, there is potential selection bias in who participated or was asked to participate in the survey. Due to this potential bias, results cannot necessarily be generalized to the larger population. Similarly, while interviews and focus groups provide valuable insights and important in-depth context, due to their non-random sampling methods and small sample sizes, results are not necessarily generalizable. Due to COVID-19, focus groups and interviews were also conducted virtually, and therefore, while both video conference and telephone options were offered, some residents who lack reliable access to the Internet and/or cell phones may have experienced difficulty participating. This report should be considered as a snapshot of an unprecedented time, and the findings in this report can be built upon through future data collection efforts.

Population Characteristics

Population Overview

In 2020, the towns that comprise the CBMC primary service area (PSA) had a total population of 386,900 (Table 1). The smallest towns by population were Essex Fells (2,037) and Union (2,591). Essex Fells also experienced the largest decrease in population from 2015 – 2020 (-5.4%), while Short Hills experienced the greatest population growth (6.8%). The largest town by population in 2020 was East Orange (64,650).

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

	2015	2020	% change
New Jersey	8,904,413	8,885,418	-0.2%
Essex County	791,609	798,698	0.9%
Caldwell	7,902	7,970	0.9%
Cedar Grove	12,529	12,593	0.5%
East Orange	64,578	64,650	0.1%
Essex Fells	2,153	2,037	-5.4%
Fairfield	7,556	7,563	0.1%
Glen Ridge	7,607	7,583	-0.3%
Livingston	29,674	30,059	1.3%
Maplewood	24,303	25,135	3.4%
Millburn	20,183	20,174	0.0%
Montclair	38,021	38,634	1.6%
Orange	30,373	30,570	0.6%
Roseland	5,853	5,841	-0.2%
Short Hills	12,831	13,700	6.8%

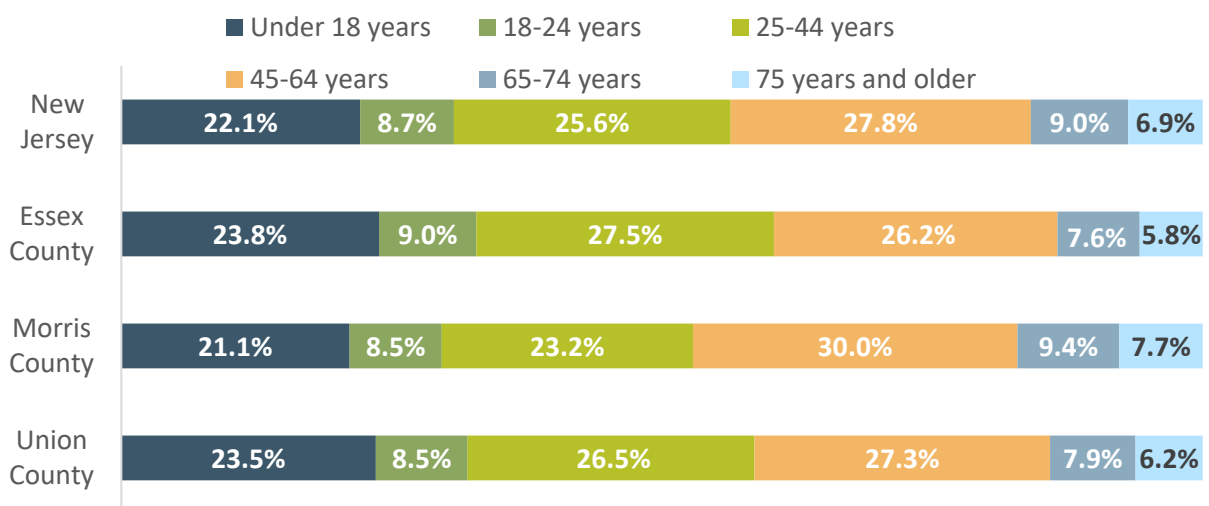
	2015	2020	% change
South Orange	16,305	16,634	2.0%
Verona	13,489	13,478	-0.1%
West Orange	47,014	47,528	1.1%
Morris County	498,192	492,715	-1.1%
East Hanover	11,248	11,009	-2.1%
Florham Park	11,802	11,719	-0.7%
Union County	548,744	555,208	1.2%
Springfield	17,101	17,432	1.9%
Union	-	2,591	-

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

While more than a quarter of towns in the CBMC PSA experienced negative population growth from 2015 – 2020, and another quarter experienced population growth of less than 1% during that timeframe, nearly half of all key informant interview participants noted the increasing number of families moving into their communities, particularly in the wake of the COVID-19 pandemic. A few interviewees representing communities in Essex County reported worrying that an influx of families with young children moving into their communities would strain the capacity of the school system. American Community Survey 5-year estimates, 2016-2020 show that Essex (23.8%) and Union (23.5%) Counties have a slightly higher percentage of residents under age 18 compared with the state as a whole (22.1%), while Morris County (21.1%) has a slightly lower percentage of residents under 18 (Figure 3).

A few interviewees from communities in Essex County also highlighted the many older adult residents seeking to age in place in their communities. Morris County (17.1%) has a slightly higher percentage of older adult residents ages 65 and older compared to New Jersey as a whole (15.9%), while Essex (13.4%) and Union (14.1%) Counties have a slightly lower percentage of residents aged 65 and older.

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



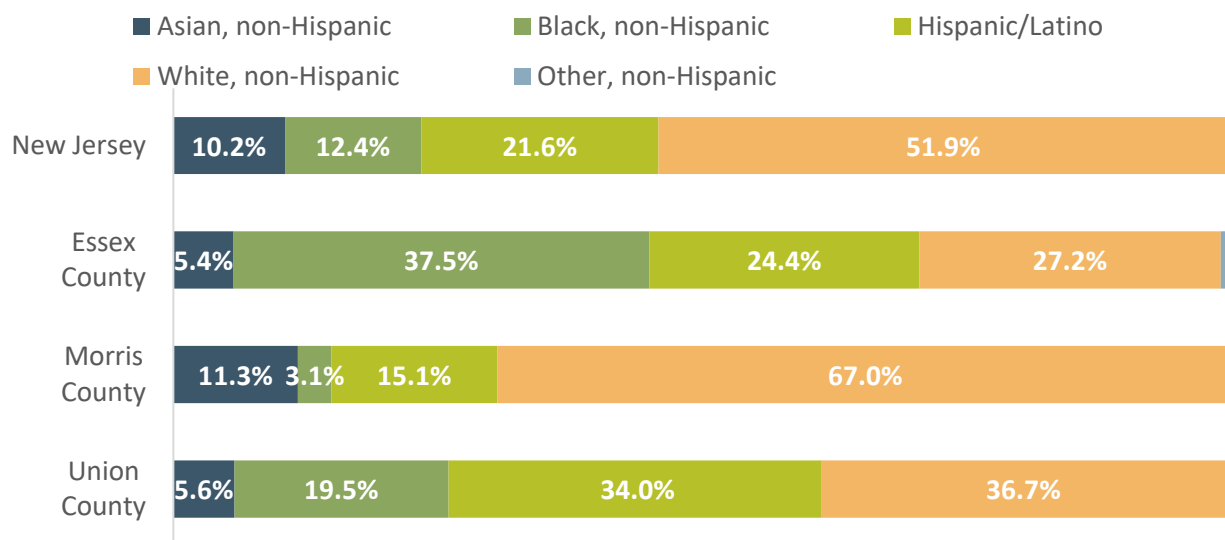
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Racial, Ethnic, and Language Diversity

Racial and Ethnic Composition

About half of interview participants spoke about the racial and ethnic diversity in their communities. According to American Community Survey 5-year estimates, 2016-2020, both Essex and Union Counties have a smaller percentage of non-Hispanic White residents and a larger percentage of non-Hispanic Black and Hispanic/Latino residents compared to New Jersey overall (Figure 4). Morris County has a larger percentage of non-Hispanic White residents, a smaller percentage of non-Hispanic Black and Hispanic/Latino residents, and a larger percentage of Asian residents than the state.

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

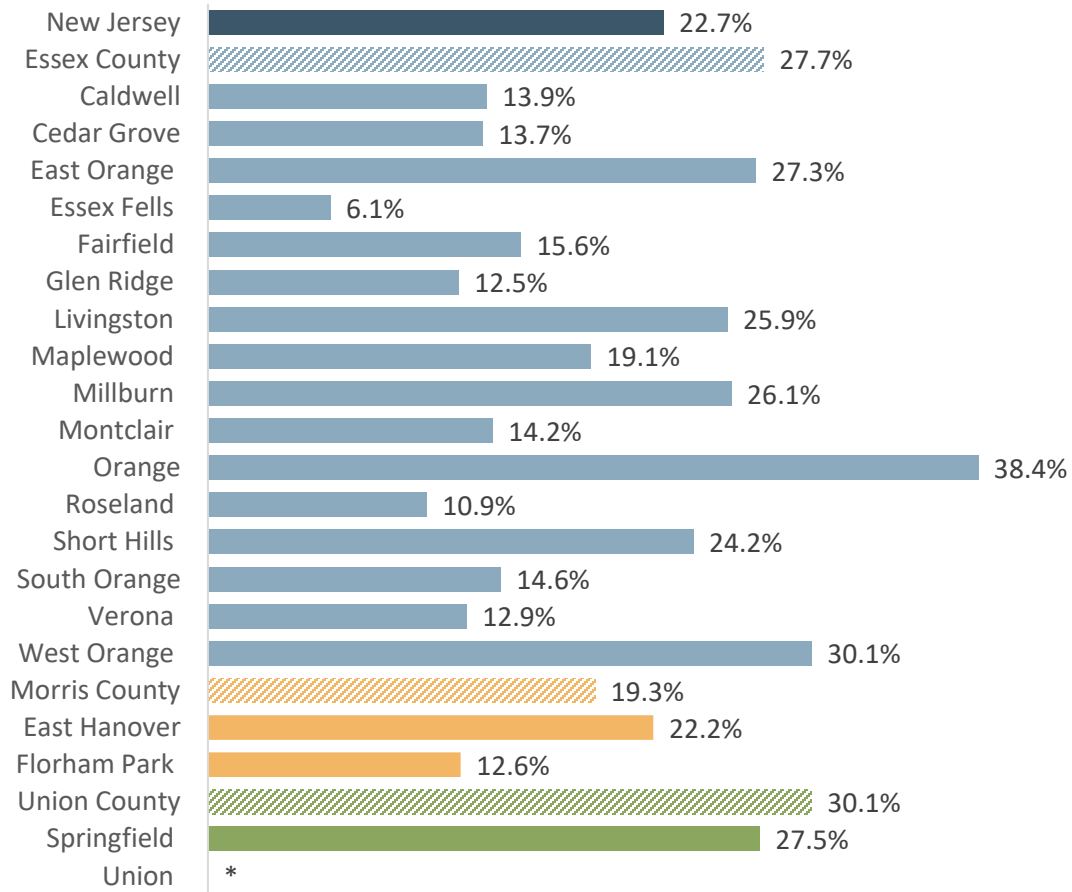


DATA SOURCE: U.S. Census Bureau, Decennial Census of Population and Housing, 2020

Foreign-Born Population

Both Essex (27.7%) and Union (30.1%) Counties are home to a larger proportion of foreign-born residents than New Jersey as a whole (22.7%), while the proportion of foreign-born residents in Morris County (19.3%) is lower. Within Essex County, the towns of Orange (38.4%) and West Orange (30.1%) have the highest proportion of foreign-born residents, and Essex Fells (6.1%) has the lowest proportion of foreign-born residents (Figure 5). Interviewees who work frequently with immigrant populations in the CBMC PSA noted that many newly arrived immigrants need help connecting to services, and that faith-based and community groups serving immigrant populations can be tapped to help disseminate information on available services.

Figure 5. Percent Foreign Born Population, by State, County, and Town, 2016-2020



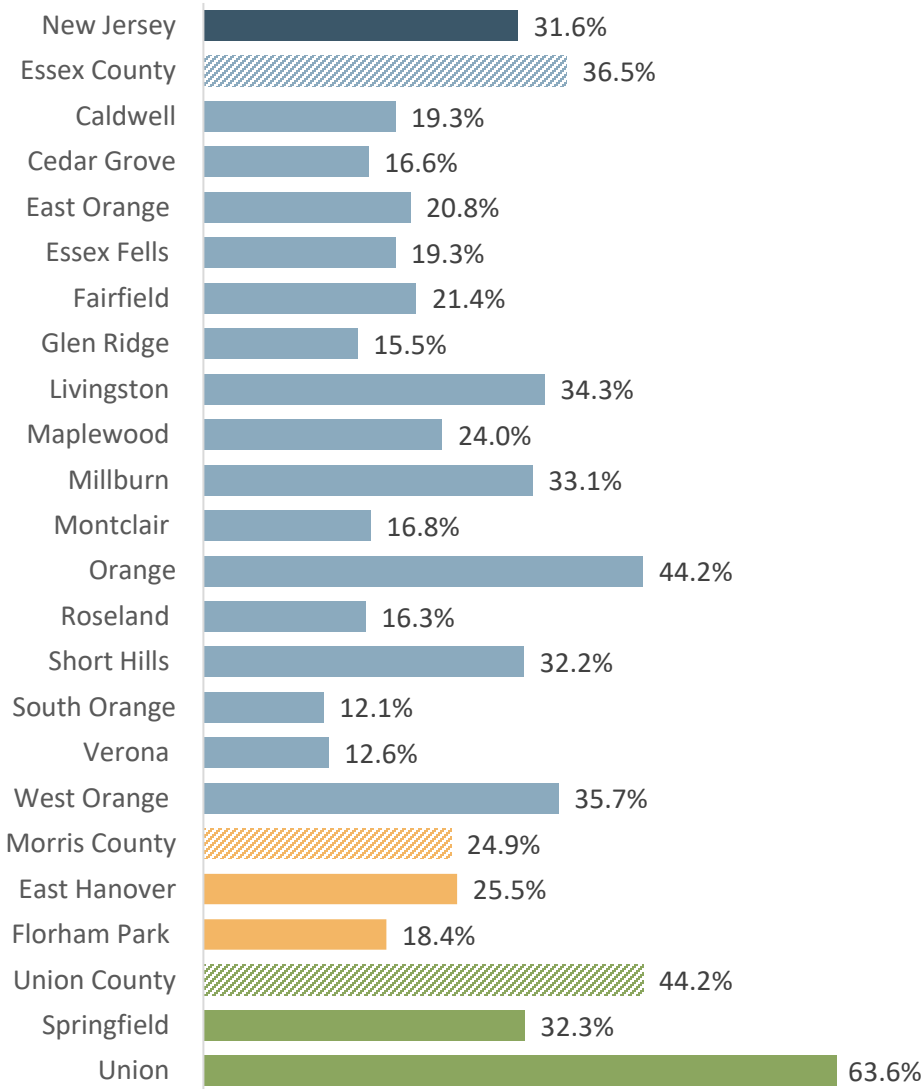
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

NOTE: * indicates data not available.

Language Diversity

According to American Community Survey 5-year estimates, 2016-2020, more than one third (36.5%) of residents in Essex County and nearly half (44.2%) of residents in Union County over age five speak a language other than English at home. About one third (31.6%) of residents in New Jersey and about one quarter (24.9%) of residents in Morris County over age five speak a language other than English at home (Figure 6).

Figure 6. Population Aged 5+ Speak Language Other Than English at Home, by State, County, and Town, 2016-2020



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

Spanish is the most common language other than English spoken at home in the CBMC PSA. Nearly 30% of residents in Union County, nearly 20% of residents in Essex County, and more than 10% of residents in Morris County speak Spanish at home (Table 2). The next most commonly spoken languages are French, Haitian, or Cajun; German or other west Germanic languages; Russian, Polish, or other Slavic languages; and other Indo-European languages. Participants in both the 2019 and 2022 CHNAs reported that language barriers – including the diversity of languages and dialects spoken within groups that share a racial/ethnic or national identity – prevent many community members from accessing services and receiving health-related information.

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

	Speak only English	Spanish	French, Haitian, or Cajun	German or other West Germanic languages	Russian, Polish, or other Slavic languages	Other Indo-European languages	Korean	Chinese (incl. Mandarin, Cantonese)	Vietnamese	Tagalog (incl. Filipino)	Other Asian and Pacific Island languages	Arabic	Other and unspecified languages
New Jersey	68.4%	16.4%	1.1%	0.3%	1.7%	5.4%	0.9%	1.4%	0.2%	0.9%	1.5%	0.9%	1.0%
Essex County	63.5%	19.4%	4.2%	0.2%	1.0%	5.4%	0.2%	1.2%	0.1%	0.8%	0.6%	0.4%	3.0%
Caldwell	80.7%	3.5%	1.5%	0.1%	1.1%	3.7%	0.3%	2.3%	0.1%	0.2%	5.4%	0.3%	0.8%
Cedar Grove	83.4%	3.3%	0.1%	0.7%	1.2%	7.1%	0.4%	0.3%	0.0%	0.7%	1.0%	1.3%	0.5%
East Orange	79.2%	8.4%	7.0%	0.1%	0.0%	0.6%	0.0%	0.2%	0.1%	0.1%	0.2%	0.3%	3.7%
Essex Fells	80.7%	8.9%	0.4%	0.6%	2.0%	5.9%	0.0%	0.6%	0.4%	0.0%	0.2%	0.0%	0.4%
Fairfield	78.6%	3.8%	0.0%	0.0%	6.4%	6.8%	0.0%	1.9%	0.0%	0.6%	0.0%	1.0%	0.9%
Glen Ridge	84.5%	8.5%	0.1%	0.7%	2.3%	2.1%	0.0%	0.7%	0.0%	0.5%	0.0%	0.0%	0.7%
Livingston	65.7%	3.5%	0.1%	0.2%	3.0%	8.9%	0.8%	11.1%	0.4%	3.2%	1.2%	0.1%	1.7%
Maplewood	76.0%	5.7%	9.8%	0.4%	1.6%	2.0%	0.1%	0.7%	0.0%	0.1%	0.5%	0.0%	3.2%
Millburn	66.9%	4.4%	1.2%	0.1%	3.3%	6.3%	1.8%	12.2%	0.0%	0.4%	2.6%	0.1%	0.8%
Montclair	83.2%	6.9%	1.0%	0.3%	0.9%	3.1%	0.2%	0.7%	0.0%	0.4%	1.5%	0.1%	1.6%
Orange	55.8%	25.5%	11.6%	0.1%	0.0%	1.2%	0.1%	0.0%	0.0%	0.7%	0.0%	0.0%	5.0%
Roseland	83.7%	5.8%	0.0%	1.1%	0.7%	3.9%	0.3%	3.1%	0.0%	0.4%	0.8%	0.0%	0.3%
Short Hills	67.8%	3.1%	1.2%	0.1%	1.4%	6.5%	2.4%	13.3%	0.0%	0.4%	3.4%	0.1%	0.4%
South Orange	87.9%	4.0%	1.1%	0.6%	1.6%	2.2%	0.4%	0.6%	0.0%	0.4%	0.2%	0.0%	1.0%
Verona	87.4%	2.8%	0.1%	0.6%	3.5%	4.0%	0.0%	0.7%	0.0%	0.1%	0.4%	0.2%	0.2%

	Speak only English	Spanish	French, Haitian, or Cajun	German or other West Germanic languages	Russian, Polish, or other Slavic languages	Other Indo-European languages	Korean	Chinese (incl. Mandarin, Cantonese)	Vietnamese	Tagalog (incl. Filipino)	Other Asian and Pacific Island languages	Arabic	Other and unspecified languages
West Orange	64.3%	18.4%	5.6%	0.5%	1.7%	3.0%	0.2%	1.7%	0.0%	1.2%	0.9%	0.4%	2.1%
Morris County	75.1%	10.9%	0.4%	0.5%	1.7%	5.6%	0.4%	2.1%	0.2%	0.6%	1.9%	0.4%	0.3%
East Hanover	74.5%	8.0%	0.1%	0.4%	1.3%	8.2%	1.0%	4.1%	0.1%	0.7%	0.5%	1.2%	0.1%
Florham Park	81.6%	4.6%	0.5%	0.2%	1.2%	6.2%	0.8%	3.9%	0.0%	0.1%	0.4%	0.1%	0.2%
Union County	55.8%	28.3%	3.0%	0.2%	1.9%	6.2%	0.2%	0.9%	0.1%	1.0%	0.5%	0.6%	1.3%
Springfield	67.7%	12.1%	0.1%	0.2%	3.5%	6.5%	0.1%	2.5%	0.0%	4.1%	1.1%	0.0%	2.0%
Union	36.4%	24.0%	27.1%	0.0%	1.0%	4.5%	0.0%	0.3%	2.0%	4.3%	0.0%	0.0%	0.4%


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

Community Social and Economic Environment

Income, work, education, and other social and economic factors are powerful social determinants of health. For example, jobs that pay a living wage enable workers to live in neighborhoods that promote health (e.g., built environments that promote physical activity and resident engagement, better access to affordable healthy foods), and provide income and benefits to access healthcare. In contrast, unemployment, underemployment, and job instability make it difficult to afford housing, and goods and services that are linked with health and healthcare, and also contribute to stressful life circumstances that affect multiple aspects of health.

Community Strengths and Assets

Understanding the resources and services available in a community—as well as their distribution—helps to elucidate the assets that can be drawn upon to address community health, as well as any gaps that might exist. More than half of all interviewees identified diversity and a multitude of cultural organizations as a strength within their communities that created opportunities for volunteerism and contributed to a sense of civic pride, two additional strengths identified by multiple interviewees and focus group participants.

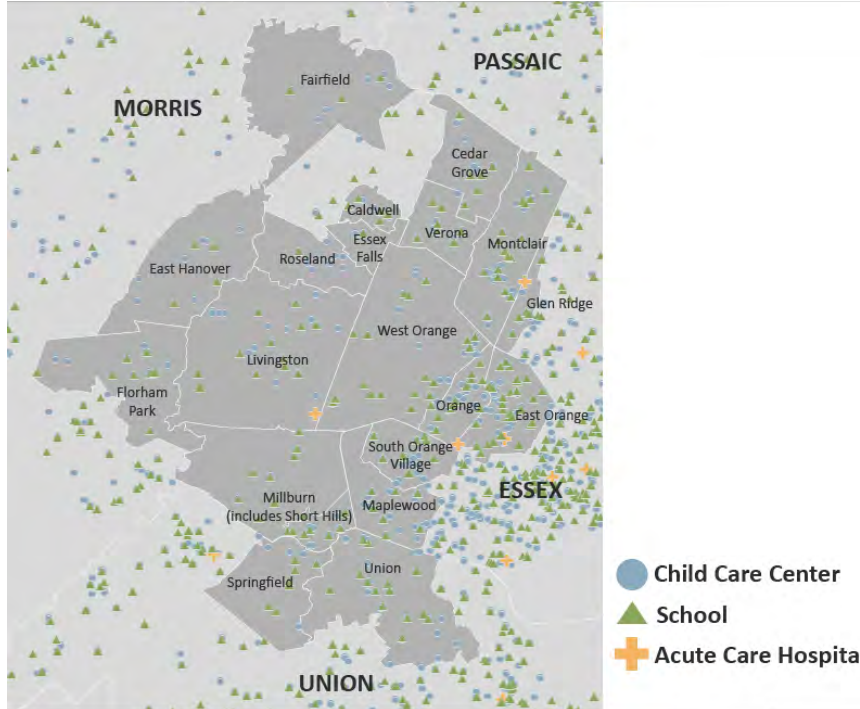


“The biggest triumph of our town is diversity.”
– Key informant interviewee

Participants in the older adult focus group, as well as five of the seven interviewees emphasized access to resources – from recreation opportunities to staffing and funding support – as another asset within their communities. Participants in the older adult focus group also praised the many opportunities for social engagement within their communities, the quality and proximity of health services, and the quality of services for senior residents. This latter observation was echoed by other interviewees and focus group participants.

Focus group participants and interviewees commended the many opportunities for children within their communities – both academic and recreational. A caveat to this community asset noted by one interviewee is that some recreation opportunities are available only to children whose families can afford to pay for them to participate. More than half of all interviewees, as well as participants in one of the focus groups, reflected that local leaders and government agencies are an asset to the community in terms of helping residents access information and connect to services. The map below (Figure 7) shows the distribution of community assets across the CBMC PSA. There are four acute care hospitals as well as 185 schools and 270 childcare centers in the CBMC service area.

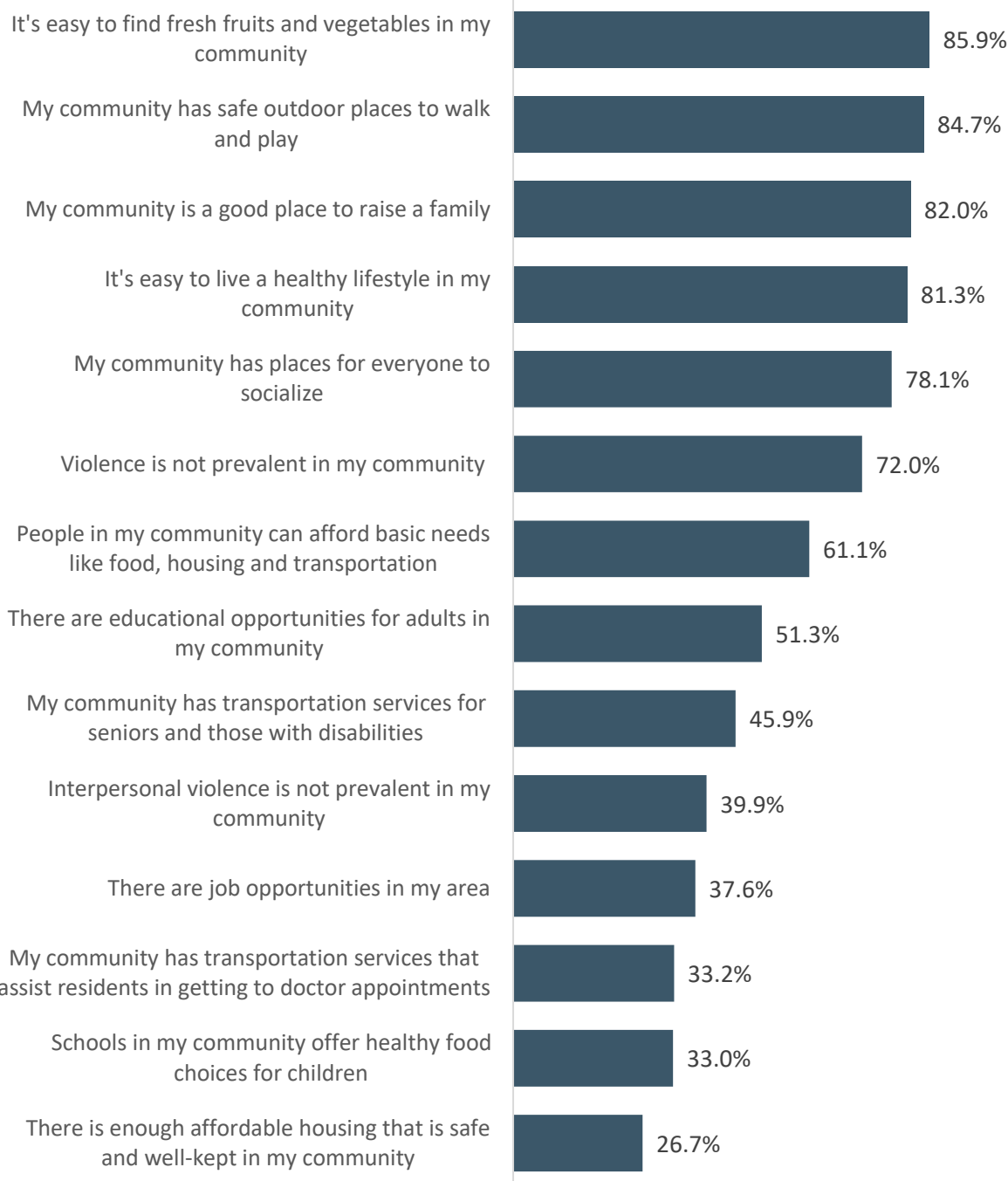
Figure 7. Community Assets Map



DATA SOURCE: New Jersey Geographic Information Network (NJGIN), Schools and Child Care Centers, 2022 and Acute Care Hospitals, 2020

Many of the top strengths identified by community survey respondents in 2021 (Figure 8) are consistent with the top strengths identified in the 2019 community survey. In 2021, the largest percentage of respondents agreed or completely agreed that it is easy to find fresh fruits and vegetables in their community (85.9%). More than 80% of respondents also agreed their community has safe outdoor places to walk and play (84.7%) and that it is a good place to raise a family (82.0%). A slightly higher proportion of respondents agreed it is easy to live a healthy lifestyle in their community in 2021 (81.3%) versus 2019 (80.0%), and a slightly lower proportion of respondents agreed their community had safe spaces for everyone to socialize (78.1% in 2021 versus 84% in 2019). The four lowest ranking strengths in 2021 were also consistent with findings from the 2019 community survey. The lowest proportion of residents agreed or completely agreed their community had job opportunities (37.6%), transportation services to assist residents getting to doctor's appointments (33.2%), healthy food choices in schools (33.0%), and enough affordable housing that is safe and well-kept (26.7%).

Figure 8. Percent of Community Survey Respondents Noting Strengths in Their Community (Agree or Completely Agree with Statements) (n=704), 2021



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

Education

Educational attainment is another important measure of socioeconomic position that may reveal additional nuances about populations, in parallel to measures of income, wealth, and poverty. Focus group participants, including participants in the focus group with parents of school aged children, noted how much they appreciated the work teachers did to help keep students on track during the pandemic. *“I heard some teachers aren't going to bed until 11 or 12 to keep up, all on the same salary,”* one participant said. The interviewee representing public school staff expressed similar appreciation, but also noted that *“staffing in schools is starting to become a major issue,”* which will continue as fewer people are going into education.

Data on 4-year adjusted cohort high school graduation rates in 2020 by race/ethnicity and school district largely support participants’ positive statements about the schools in their communities (Table 3). The school districts serving the towns in the CBMC PSA in Morris and Union Counties exceeded both the overall graduation rate in the state, as well as the statewide graduation rate for each racial/ethnic group. Seven of the eleven school districts serving the towns in the CBMC PSA in Essex County also exceeded the overall graduation rate in the state, although some Essex County school districts did fall below the state graduation rate for specific racial/ethnic populations.

Table 3. 4-Year Adjusted Cohort High School Graduation Rate, by Race/Ethnicity and School District, 2020

New Jersey	Statewide	Asian, Non-Hispanic	Black, Non-Hispanic	Hispanic/Latino	White, Non-Hispanic	2+ Races
	92.6%	97.6%	88.3%	87.4%	95.9%	93.5%
Essex County	District Wide	Asian	Black	Hispanic	White	Two+ Races
Caldwell-West School District	93.1%	100.0%	*	75.9%	95.9%	*
Cedar Grove Township School District	98.5%	*	*	*	98.2%	N
East Orange School District	83.5%	*	85.4%	67.6%	*	*
Essex County Schools of Technology	96.8%	*	97.0%	96.6%	*	N
Livingston Board of Education School District	98.2%	97.0%	100.0%	93.3%	98.7%	100.0%
Millburn Township School District	98.2%	98.8%	90.0%	96.2%	98.5%	100.0%
Montclair Public School District	94.4%	84.0%	91.9%	89.7%	97.7%	96.9%
Orange Board Of Education School District	80.5%	N	82.4%	75.3%	*	*
South Orange-Maplewood School District	90.0%	95.2%	79.4%	80.0%	96.9%	100.0%
Verona Public School District	99.0%	100.0%	100.0%	100.0%	98.7%	*
West Orange Public Schools	91.5%	93.8%	92.7%	87.9%	93.9%	80.0%

Morris County	District Wide	Asian	Black	Hispanic	White	Two+ Races
Hanover Park Regional High School District	97.1	100.0	90.9	96.4	96.9	*
Union County	District Wide	Asian	Black	Hispanic	White	Two+ Races
Springfield Public School District	97.9%	100.0%	96.3%	95.5%	100.0%	*
Union County Vocational-Technical School District	99.7%	100.0%	100.0%	98.9%	100.0%	100.0%

DATA SOURCE: New Jersey Department of Education, School Performance, Adjusted Cohort Graduation Rates, 2020-2021

NOTE: * indicates that data is not displayed to protect student privacy. An N indicates that no data is available.

One interviewee noted that community members who want to go back to school or finish college often cannot afford to do so. According to American Community Survey 5-year estimates, 2016-2020, more than half of adults 25 years or older in Essex (57.6%) and Union (57.4%) Counties and more than a third of adults in Morris County (38.2%) have no college degree (Table 4).

Table 4. Educational Attainment among Adults 25 Years and Older, by State, County, and Town, 2016-2020

	Less than 9th grade	9th to 12th grade, no diploma	High school graduate/ GED	Some college, no degree	Associate's degree	Bachelor's degree	Graduate or professional degree
New Jersey	4.7%	5.1%	26.7%	16.1%	6.6%	24.8%	15.9%
Essex County	6.7%	6.6%	27.9%	16.4%	6.1%	21.2%	15.0%
Caldwell	2.4%	0.8%	18.8%	14.0%	6.5%	35.6%	21.8%
Cedar Grove	1.7%	2.4%	21.4%	15.9%	4.5%	33.6%	20.5%
East Orange	5.0%	8.2%	36.8%	23.1%	6.9%	14.1%	5.9%
Essex Fells	0.8%	0.2%	6.8%	8.6%	1.0%	39.5%	43.1%
Fairfield	2.6%	2.3%	26.9%	13.3%	4.0%	34.2%	16.6%
Glen Ridge	0.0%	0.7%	5.8%	10.8%	3.1%	43.9%	35.7%
Livingston	2.2%	1.2%	12.0%	7.6%	4.0%	34.9%	38.1%
Maplewood	1.9%	2.0%	10.9%	11.9%	4.8%	35.1%	33.4%
Millburn	1.4%	1.2%	5.9%	5.0%	2.2%	34.2%	50.1%
Montclair	1.0%	1.6%	10.6%	13.0%	4.3%	35.0%	34.5%
Orange	12.0%	6.9%	34.9%	18.5%	7.5%	13.3%	6.9%
Roseland	0.4%	2.1%	16.2%	16.1%	5.4%	33.6%	26.2%
Short Hills	0.9%	0.9%	3.0%	4.0%	1.8%	35.9%	53.5%
South Orange	1.1%	1.0%	10.5%	11.0%	3.2%	37.3%	35.9%
Verona	0.4%	0.5%	16.4%	11.8%	4.7%	36.3%	30.0%
West Orange	4.6%	2.9%	19.4%	14.2%	8.1%	29.4%	21.3%

	Less than 9th grade	9th to 12th grade, no diploma	High school graduate/ GED	Some college, no degree	Associate's degree	Bachelor's degree	Graduate or professional degree
Morris County	2.8%	2.8%	19.1%	13.5%	6.5%	32.5%	22.8%
East Hanover	3.2%	4.1%	27.5%	12.8%	3.9%	31.6%	17.0%
Florham Park	0.8%	1.3%	13.9%	16.5%	4.9%	31.6%	30.8%
Union County	7.3%	5.6%	28.2%	16.3%	5.5%	22.3%	14.8%
Springfield	1.8%	2.1%	16.7%	11.3%	2.8%	38.2%	27.1%
Union	9.9%	3.3%	20.6%	13.7%	6.9%	33.4%	12.2%

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

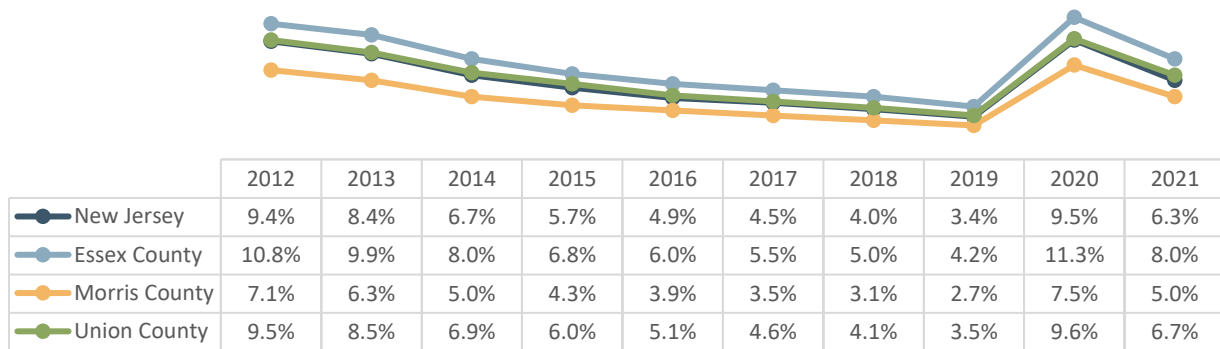
Employment and Workforce

Employment can confer income, benefits, and economic stability – factors that promote health. Focus group participants stated that many people in their communities want to work but struggle to find employment. One participant described systemic barriers to employment: *“People say they want to work, but maybe they don’t have transportation. Plenty of people [are] willing to work, but there are underlying issues keeping them from working.”*

“My anxiety heightened even trying to find a job in the pandemic, it was difficult. And yet they say jobs are out there but it's difficult to get the job.”
 – Focus group participant

At the same time, multiple interviewees reported struggling to retain workers, including challenges retaining younger employees and members of the public sector workforce, who are burning out due to the pandemic. *“Being at home and not working as much has made people aware that you can live life without working as much,”* one interviewee said. Another interviewee noted the need to diversify the public sector workforce to be more representative of the population. Data from the United States Bureau of Labor Statistics show that the unemployment rate in New Jersey and Essex, Morris, and Union Counties declined steadily from 2012 – 2019. The unemployment rate rose sharply in 2020, likely because of the COVID-19 pandemic. Rates fell in 2021, although have yet to return to pre-pandemic levels (Figure 9). Essex County consistently had the highest unemployment rate over time, while Morris County had the lowest unemployment rate.

Figure 9. Unemployment Rate, by State and County, 2012-2021



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

NOTE: Data is not seasonally adjusted.

Table 5 shows the unemployment rate among workers 16 years and older between 2016 – 2020 by state, county, and town. The Town of Union in Union County had the highest unemployment rate during this period at 15.2%. This was followed by East Orange (12.0%) and Fairfield (10.8%) in Essex County. The lowest unemployment rates were in the Towns of Glen Ridge (2.7%) and Roseland (2.8%).

Table 5. Unemployment Rate Among Workers 16 Years and Above, by State, County, and Town, 2016-2020

	2016-2020
New Jersey	5.8%
Essex County	8.0%
Caldwell	3.9%
Cedar Grove	6.8%
East Orange	12.0%
Essex Fells	3.1%
Fairfield	10.8%
Glen Ridge	2.7%
Livingston	3.8%
Maplewood	5.4%
Millburn	4.8%
Montclair	4.8%
Orange	6.2%
Roseland	2.8%
Short Hills	5.1%
South Orange	5.4%
Verona	3.5%
West Orange	4.5%
Morris County	4.9%
East Hanover	3.2%
Florham Park	3.6%
Union County	5.8%
Springfield	4.2%
Union	15.2%

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

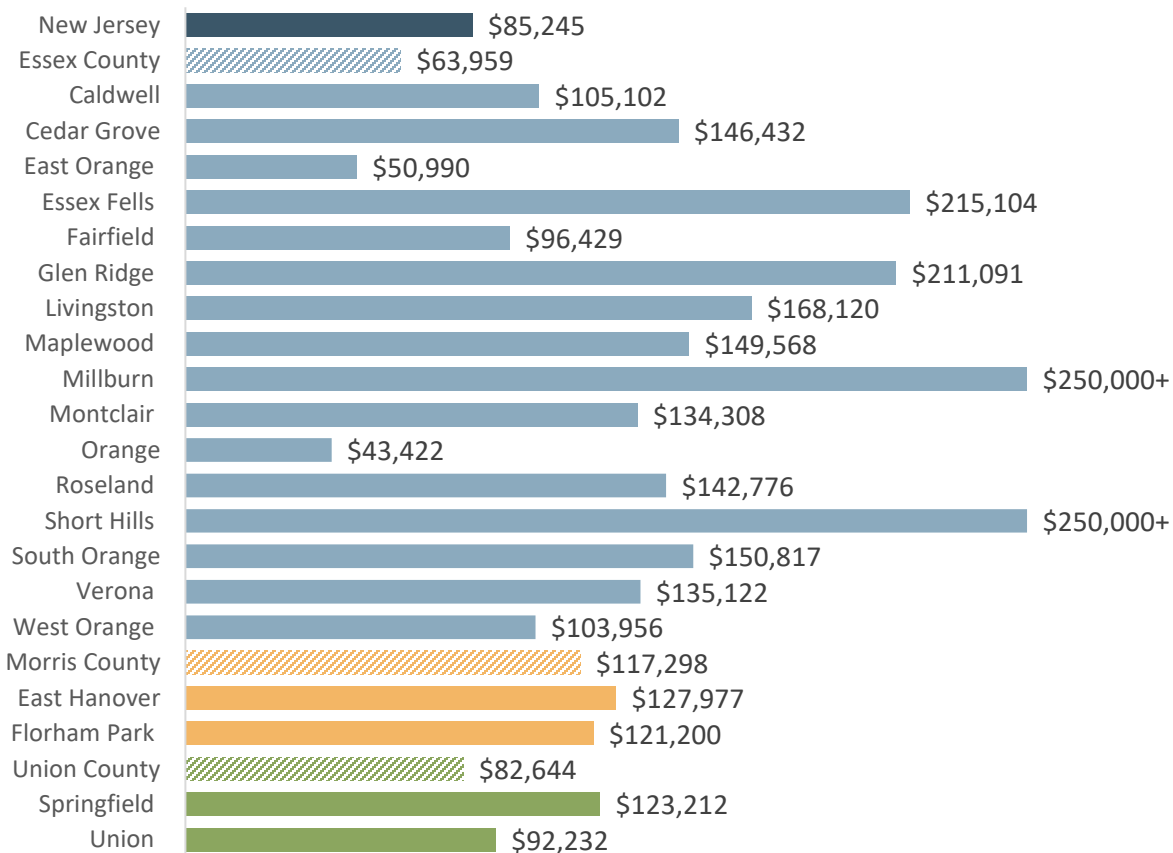
Income and Financial Security

Income is a powerful social determinant of health that influences where people live and their ability to access resources, which in turn affects health and well-being. Nearly half of all interviewees described economic disparities in their communities. Focus group participants noted that inflation and the rising cost of living pose a challenge to residents' financial security, stating: *“the cost of living is crazy”* and *“prices are going up for basically everything.”* One participant suggested more financial literacy and trades programs as a means for creating opportunities for lower income households to build wealth.

“Half of the population is fairly wealthy and has access to information and health care, the other half faces ongoing barriers to health care and healthy food access.” – Key informant interviewee

Figure 10 shows the median household income by state, county, and town. The median household income in Essex (\$63,959) and Union (\$82,644) Counties was lower than the state median household income (\$85,245), while the median household income in Morris County was higher (\$117,298). Across all the towns in the CBMC PSA, Orange had the lowest median household income (\$43,422), and the Township of Millburn and Short Hills (located within Millburn) had the highest median household incomes (\$250,000+).

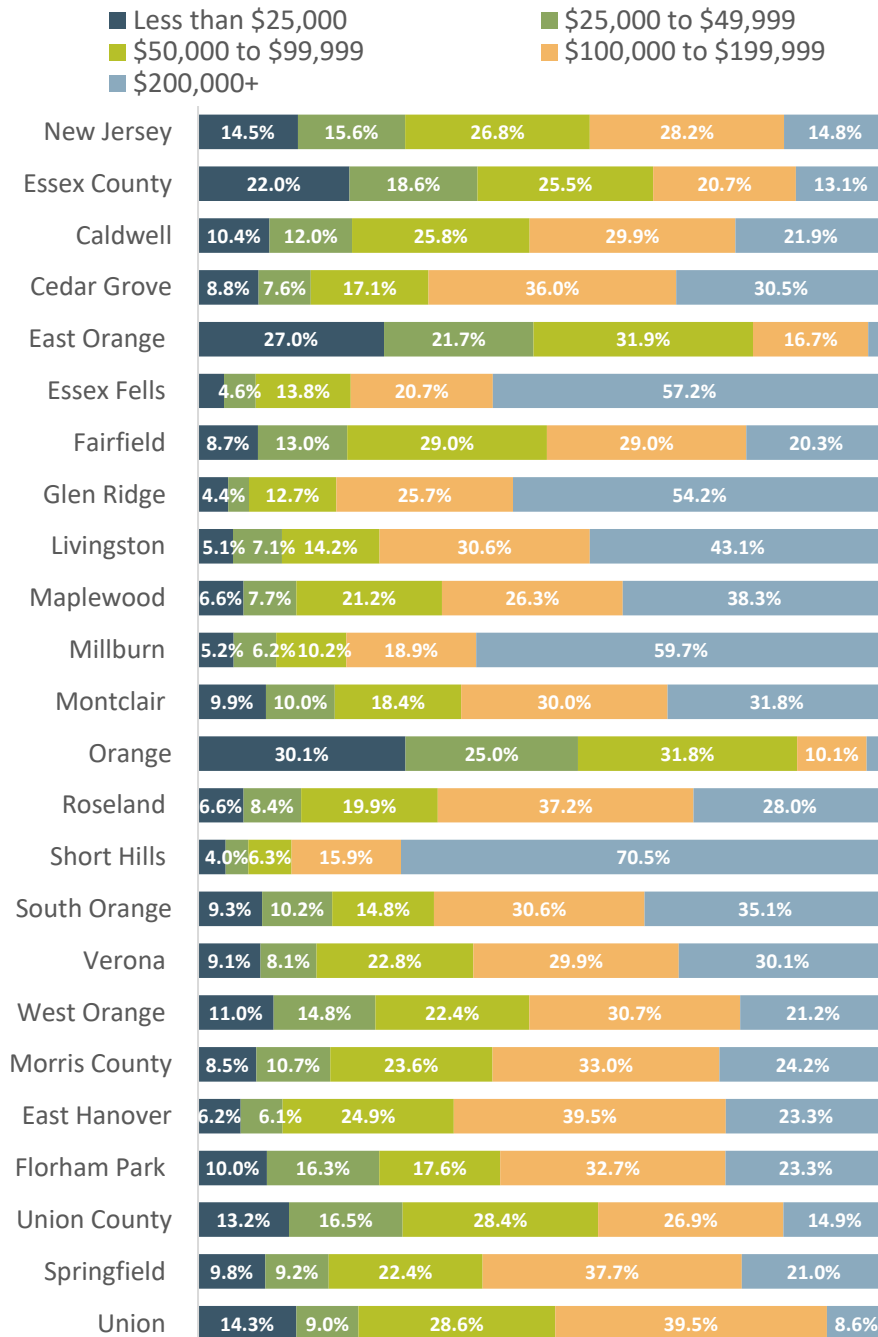
Figure 10. Median Household Income, by State, County, and Town, 2016-2020



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

Figure 11 shows the distribution of household income by state, county, and town. Consistent with data on median household income, Short Hills (70.5%) and Millburn (59.7%), where Short Hills is located, have the highest percentage of residents earning \$200,000 or more. Orange (30.1%) and East Orange (27.0%) have the highest percentage of residents earning less than \$25,000.

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



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

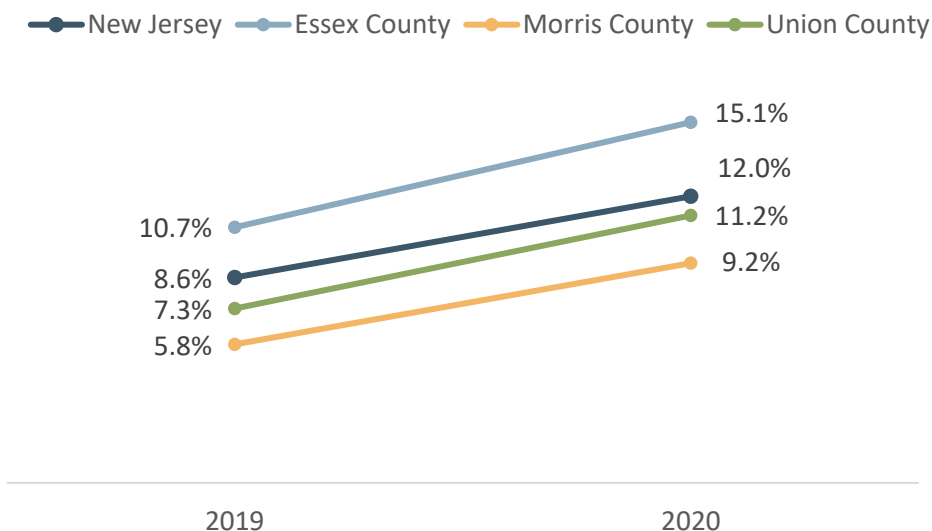
NOTE: Data under 4.0% not labeled.

Food Access and Food Security

While many food access barriers are related to income constraints, access may also be more challenging for residents due to geography and transportation challenges. More than half of all interview participants reported that food insecurity is a challenge in their communities. Interviewees and focus group participants stated that the pandemic has exacerbated food insecurity and contributed to increased demand at foodbanks and other meal distribution programs, such as Meals on Wheels. One interviewee predicted that food insecurity will continue to become increasingly severe in the future due to climate change. On a positive note, participants in one focus group reported that the selection of fresh foods for residents accessing the foodbank has improved during the pandemic: *“Now they are giving out fresh fruit and vegetables, and it's a much better selection for those who are struggling to pay for food.”*

Data from Feeding America show that the percentage of the population experiencing food insecurity rose from 2019 to 2020 in New Jersey and each of the three counties in the CBMC PSA (Figure 12). Essex County experienced the biggest increase and has the largest percentage of residents who are food insecure – 15.1% as of 2020.

Figure 12. Percent Population Food Insecure, by State and County, 2019 and 2020

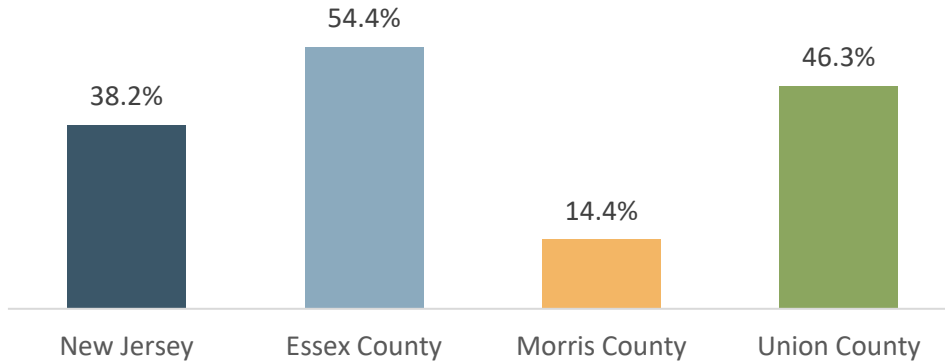


DATA SOURCE: Feeding America, Map the Meal Gap, 2019 and 2020

NOTE: 2020 data are estimated projections based on available employment and poverty data, and were revised in March 2021; therefore data are subject to change.

Several interviewees reported that CBMC and local health departments and school systems worked to address food insecurity during the pandemic through meal distribution, particularly for residents under 18 and those over 18 who are living with disabilities. Data from the National Center for Education Statistics show that both Essex (54.4%) and Union (46.3%) Counties have a greater percentage of children who are eligible for free or reduced-price lunch compared with the state overall (38.2%). Morris County (14.4%) has a lower percentage of children who are eligible for free or reduced-price lunch compared with the state overall (Figure 13).

Figure 13. Children Eligible for Free or Reduced-price Lunch, by State and County, 2019-2020



DATA SOURCE: National Center for Education Statistics, 2019-2020 from University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps, 2021

Housing

Safe and affordable housing is integral to the daily lives, health, and well-being of a community. A few interviewees and participants in one of the focus groups noted the rising cost of housing, with one interviewee stating: *“rent is the highest I’ve ever seen.”* As discussed above, interviewees reported that a growing number of residents are moving into their communities after being priced out of New York City, especially since the pandemic-induced shift to working from home. In turn, they noted this drives up housing costs for existing residents.

Table 6 shows monthly median housing costs for residents in the CBMC PSA by tenure. Median monthly costs for homeowners are highest in Millburn, Short Hills (a community located in Millburn), and Glen Ridge, at over \$4,000 per month. Median monthly costs for homeowners are lowest in Orange (\$2,220) and East Orange (\$2,296). For renters, median monthly costs are highest in Essex Fells (\$3,250) and Short Hills (\$2,935). Again, median monthly costs were lowest in Orange (\$1,197) and East Orange (\$1,156).

Table 6. Monthly Median Housing Costs, by Tenure, State, County, and Town, 2016-2020

	Owner-occupied	Renter-occupied
New Jersey	\$2,476	\$1,368
Essex County	\$2,875	\$1,211
Caldwell	\$3,186	\$1,641
Cedar Grove	\$3,076	\$1,447
East Orange	\$2,296	\$1,156
Essex Fells	\$3,973	\$3,250
Fairfield	\$3,211	\$2,289
Glen Ridge	\$4,000+	\$1,757
Livingston	\$3,725	\$2,472
Maplewood	\$3,288	\$1,838
Millburn	\$4,000+	\$1,802
Montclair	\$3,952	\$1,732
Orange	\$2,220	\$1,197
Roseland	\$3,184	\$2,594

	Owner-occupied	Renter-occupied
Short Hills	\$4,000+	\$2,935
South Orange	\$3,882	\$1,869
Verona	\$3,075	\$1,619
West Orange	\$3,081	\$1,580
Morris County	\$2,916	\$1,622
East Hanover	\$2,889	\$2,599
Florham Park	\$2,792	\$2,524
Union County	\$2,751	\$1,335
Springfield	\$2,991	\$1,831
Union	\$2,610	\$1,426

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

Of course, as described in the Income and Financial Security section, Short Hills, Millburn, Glen Ridge, and Essex Fells are the communities with the highest median household incomes in the CBMC PSA. In contrast, Orange and East Orange are the communities with the lowest median household incomes. A resident in Short Hills or Essex Fells may be able to afford much higher monthly housing costs and still have income leftover for other necessary and discretionary expenses, while a resident in Orange or East Orange may need to forgo spending on critical items such as food or medication in order to afford their lower housing costs. With this in mind, it is helpful to understand housing costs as a percentage of median household income (Table 7).

Data show that a greater proportion of both owner and renter-occupied households in Orange and East Orange spend 25% or more of their monthly income on housing costs compared with the more affluent communities of Millburn, Short Hills (located within Millburn), Glen Ridge, and Essex Fells. However, a large proportion of residents in these wealthier communities still spend a quarter or more of their monthly income on housing. A larger proportion of renters versus homeowners spend a quarter or more of their income on housing in most communities, with the exception of East Orange, East Hanover, Short Hills, and Essex Fells. The towns of Fairfield (76.6%) and Maplewood (67.3%) have the greatest proportion of renter households spending at least a quarter of their monthly income on housing, while Essex Fells (20.0%) and Short Hills (34.7%) have the lowest proportion of renters spending 25% or more of their monthly income on housing costs.

Table 7. Households whose Housing Costs are 25%+ of Household Income, by State, County, and Town, 2016-2020

	Owner-occupied	Renter-occupied
New Jersey	46.2%	62.2%
Essex County	52.4%	65.9%
Caldwell	50.7%	53.4%
Cedar Grove	40.2%	54.7%
East Orange	64.3%	63.9%
Essex Fells	39.9%	20.0%
Fairfield	59.4%	76.6%
Glen Ridge	44.4%	52.8%
Livingston	42.8%	56.1%

	Owner-occupied	Renter-occupied
Maplewood	39.7%	67.3%
Millburn	40.7%	41.7%
Montclair	43.4%	51.3%
Orange	56.5%	66.9%
Roseland	46.5%	58.7%
Short Hills	43.1%	34.7%
South Orange	38.6%	64.1%
Verona	41.6%	63.6%
West Orange	52.8%	63.5%
Morris County	43.1%	53.7%
East Hanover	54.7%	44.9%
Florham Park	55.9%	56.1%
Union County	48.6%	63.3%
Springfield	42.3%	50.5%
Union	34.5%	61.6%

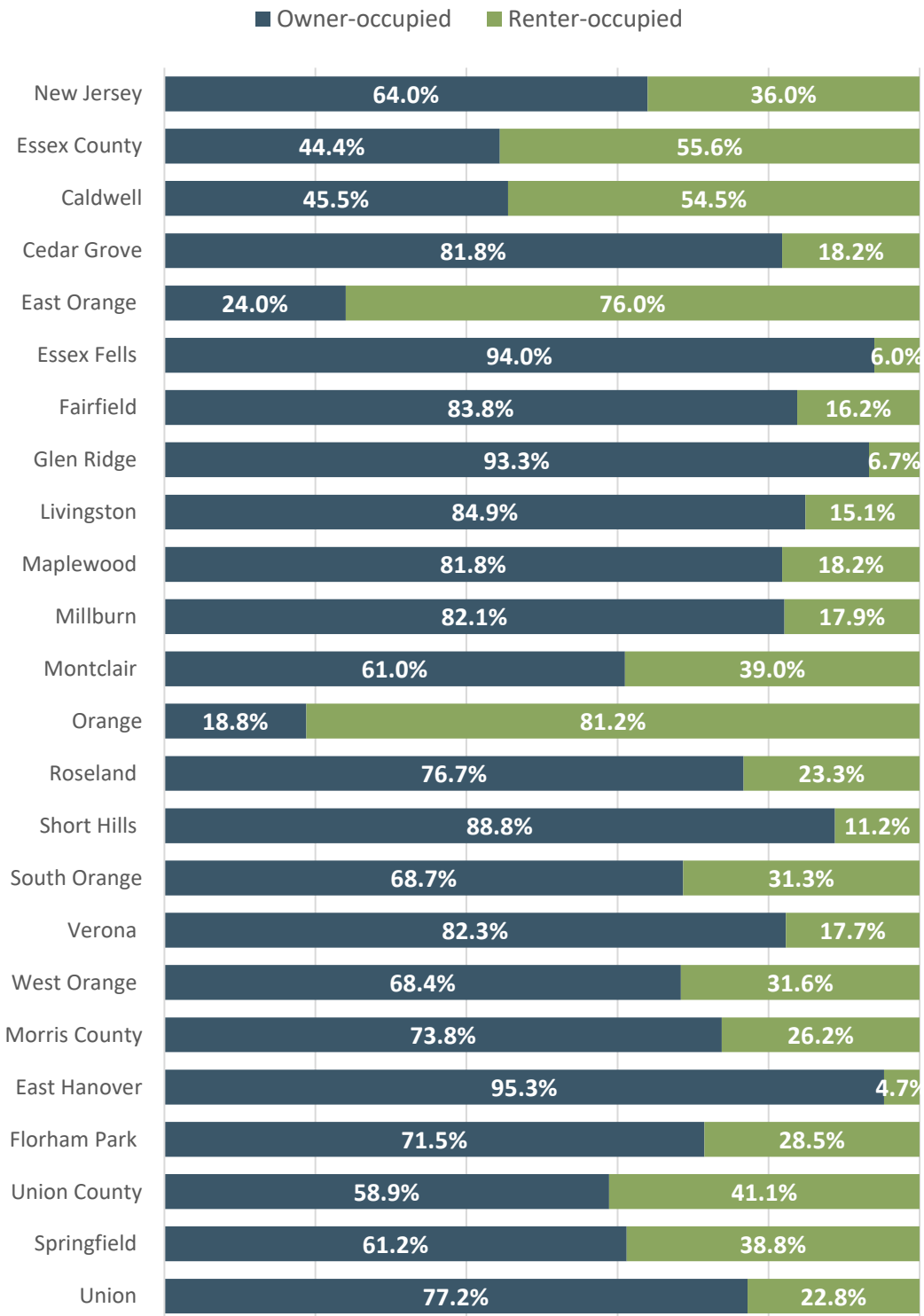
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Housing Landscape

Participants in one focus group expressed concern that redistricting and building more high-rise housing is driving up the cost of living. On the other hand, a few interviewees noted that single family detached homes comprise most of the housing stock in their communities, with one interviewee noting the long waiting lists for limited affordable housing units. Multiple interviewees commented on the challenges for seniors seeking to age in place in their communities, including difficulty keeping up with home maintenance, such as weatherization, and lack of affordable assisted living options. One interviewee summarized: *“It’s probably difficult to age in place unless you have some money ... or your children are willing to help you.”* A few interviewees also reported that homelessness is a challenge, including for families.

Figure 14 shows the percentage of owner versus renter occupied housing units by state, county, and town in the CBMC PSA. Consistent with interviewees’ observations, the majority of housing stock is owner-occupied in nearly all communities in the CBMC PSA with the exception of the towns of Orange (81.2% renter occupied), East Orange (76.0% renter occupied), and Caldwell (54.5% renter occupied), and Essex County overall (55.6% renter occupied).

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



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

Transportation

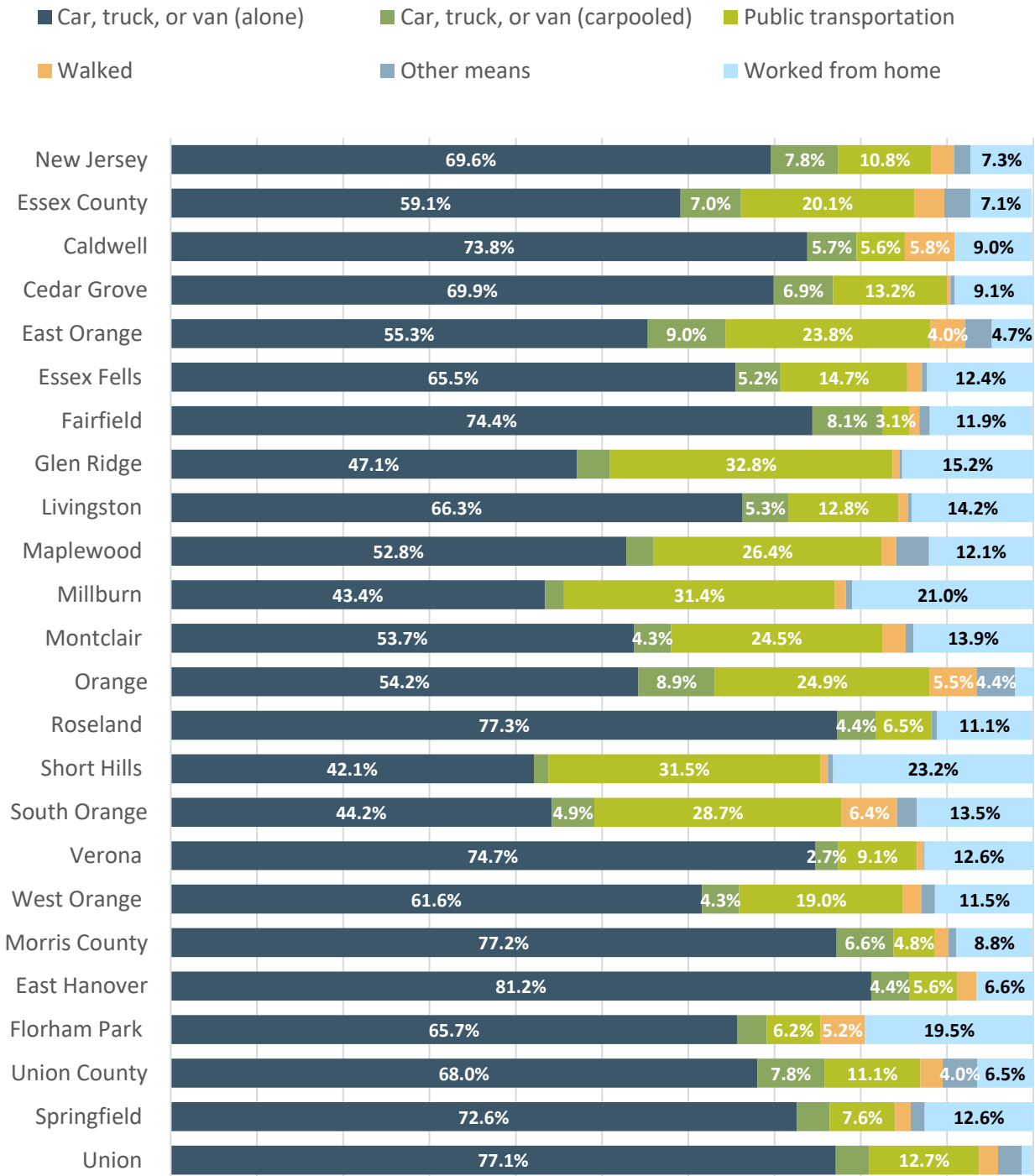
Transportation connects people with and between where they live, learn, play, and work. Figure 15 shows means of transportation to work for workers aged 16 and older by state, county, and town in the CBMC PSA. In most communities, the majority of workers traveled to work via a car, truck, or van (alone). Few residents walked or used other means of transportation. Notably, the Township of Millburn and Short Hills (located within Millburn), which had the highest median household income in the CBMC PSA, also had the greatest percentage of residents who worked from home (23.2% and 21.0% respectively). The prevalence of working from home in these more affluent communities is consistent with the observations of one key informant interviewee who noted that when the pandemic first started *“COVID was spreading among people who were traveling, then when everyone stopped traveling and worked from home, people who were able to work from home did not get sick, but essential workers did because they were out in the community serving people and their jobs didn’t stop.”*

Transportation ranked in the bottom three on the list of community assets and opportunities in both the 2019 and 2021 CHNA community surveys. Nearly half of interview participants reported that access to transportation was a barrier for community members, with one interviewee noting that lower income residents are disproportionately affected by transportation-related barriers.

There was a lack of consensus among focus group participants as to whether public transportation in Livingston – where CBMC is located – is adequate and accessible. Some participants reported that the public bus system makes it easy to get where you need to go in Livingston. Others noted it is difficult to reach Livingston if you live in another community and do not drive: *“I erased the [CBMC] newsletters since I wasn’t really driving then, and the events weren’t happening in Orange.”* Orange residents previously reported transportation-related barriers to accessing CBMC events in the 2019 CHNA.

Focus group participants, including participants in the focus group with older adult residents, reported that transportation is available for seniors. However, a few interviewees reported that senior transportation programs are unreliable and insufficient. One interviewee noted that seniors seeking free transportation through Access Link (a transport service provided by Essex County) must live within a mile of the bus route and must prove they have a disability to access this service. In addition, the interviewee noted: *“Access Link has a 40-minute window, so they can drop you at your appointment 40 minutes early or keep you waiting 40 minutes after. The seniors get frustrated and just don’t use it.”*

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



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

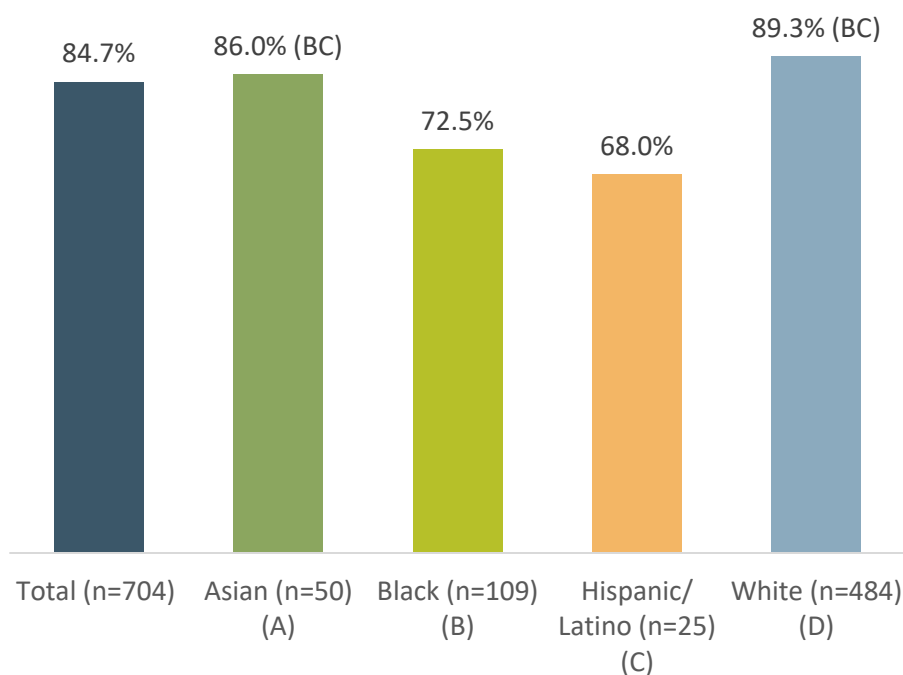
NOTE: data under 4.0% not labeled.

Green Space and Built Environment

Green space and the built environment influence the public’s health, particularly in relation to chronic diseases. Urban environments and physical spaces can expose people to toxins or pollutants, affecting health conditions such as cancer, lead poisoning, and asthma. Physical space can also influence lifestyles. Playgrounds, green spaces, and trails, as well as bike lanes, and safe sidewalks and crosswalks all encourage physical activity and social interaction, which can positively affect physical and mental health.

Figure 16 shows the percent of community survey respondents who agreed or completely agreed that their community has safe outdoor places to walk and play by race/ethnicity. The majority of survey respondents across all racial/ethnic groups agreed with this statement, although a lower proportion of Black and Hispanic respondents agreed their communities had safe outdoor places to walk and play compared with White and Asian respondents, who were significantly more likely to agree with this statement.

Figure 16. Percent of Community Survey Respondents Who Agreed/Completely Agreed Their Community Has Safe Outdoor Places to Walk and Play by Race/Ethnicity (n = 704), 2021



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

NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Focus group participants reported that there was sufficient access to green space in their communities. *“We have a lot of parks in the area and pools as well, so I’m pleased with that,”* one participant stated. A few interviewees echoed that there was sufficient access to green space in their communities, also noting that programs and services were available for seniors through the parks system.

A few interviewees noted that green space and environmental resources were not equally distributed between higher and lower income neighborhoods in their communities. One interviewee elaborated

that suburban school districts and townships have their own athletic fields, whereas urban communities look to the county to provide these fields. In addition, athletic fields in urban communities are subject to greater usage due to higher population density. As a result, more county resources are devoted to basic maintenance versus added amenities in urban compared with suburban communities. A few interviewees also emphasized the importance of maintaining parks and waterways, especially given increased usage coupled with deferred maintenance during the COVID-19 pandemic.

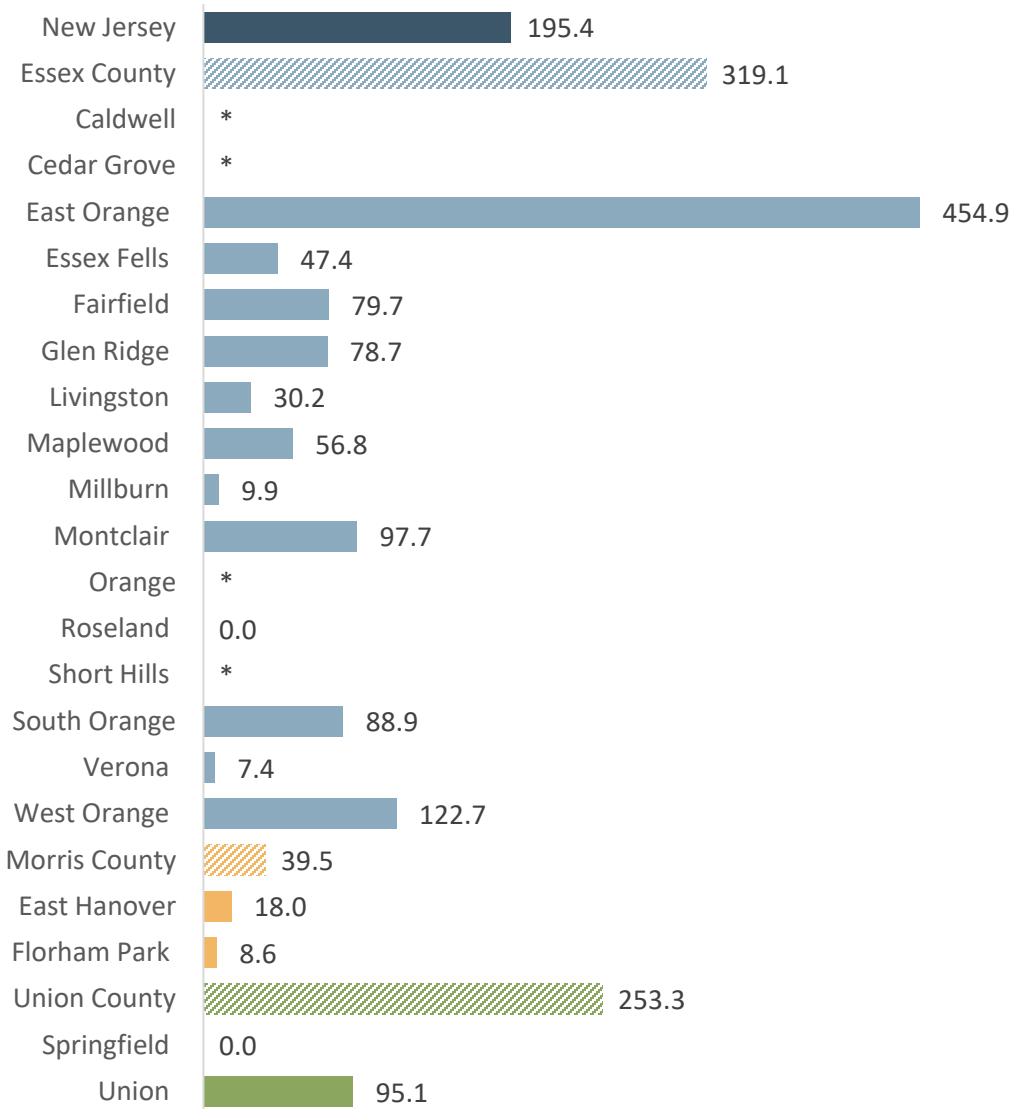
In terms of barriers to accessing public parks in the CBMC service area, one interviewee with knowledge of the area's parks noted that parks are not accessible by public transit. The same interviewee reported that older adult residents and residents with disabilities can face barriers because residents "*need to walk into the park to access specific amenities, such as [the] community center.*" The interviewee stated that the parks system is taking steps to address this by locating newly constructed community centers and other amenities on the edges of parks where they are more accessible.

Crime and Violence

Violence and trauma are important public health issues affecting physical and mental health. People can be exposed to violence in many ways: they may be victims and suffer from premature death or injuries or witness or hear about crime and violence in their communities. As in the 2019 CHNA, crime and safety were issues that arose during qualitative data collection, including an increase in crime during the pandemic, the prevalence of interpersonal violence and verbal abuse in certain communities, and the need to improve community-police relations. Secondary data show that the rate of violent crime (including murder, rape, robbery, and assault) per 100,000 population was higher in Essex (319.1) and Union (253.3) Counties and lower in Morris County (39.5) compared with the state (195.4). East Orange (454.9) had the highest violent crime rate of any township in the CBMC PSA (Figure 17).

The rate of property crime (including burglary, larceny, and auto theft) per 100,000 population was also higher in Essex (1,405.5) and Union (1,394.5) Counties and lower in Morris County (594.8) compared to the state (1,158.2). The rate of property crime in Orange (1,737.3) was the highest of any Township in the CBMC PSA (Figure 18).

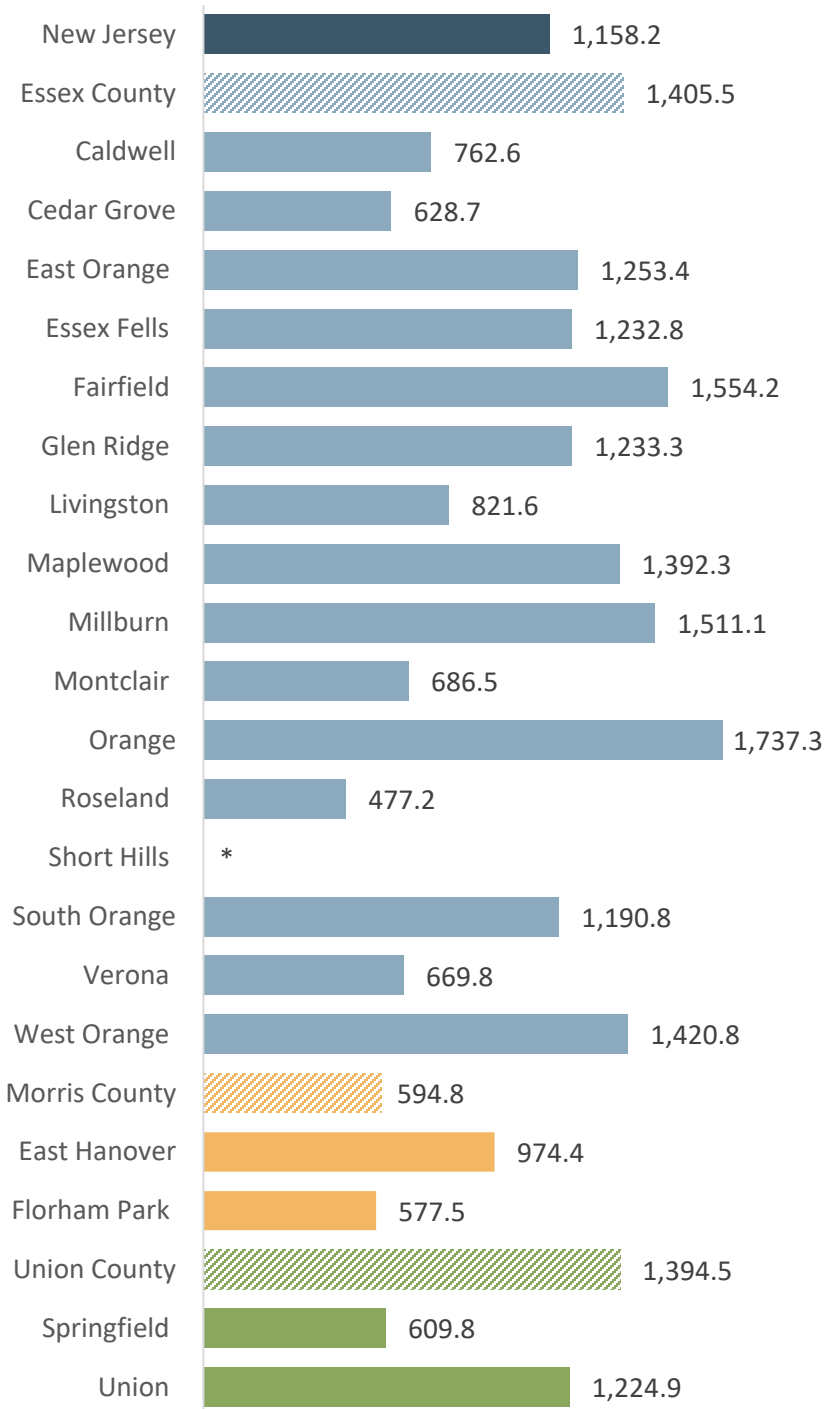
Figure 17. Violent Crime Rate per 100,000 Population, by State, County, and Town, 2020



DATA SOURCE: State of New Jersey, Department of Law and Public Safety, Uniform Crime Reporting Unit, 2020

NOTE: * Data not available for town. Violent crime includes murder, rape, robbery, and assault. Missing data (Caldwell, Cedar Grove, Orange, and Short Hills) not presented.

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



DATA SOURCE: State of New Jersey, Department of Law and Public Safety, Uniform Crime Reporting Unit, Uniform Crime Report, 2020

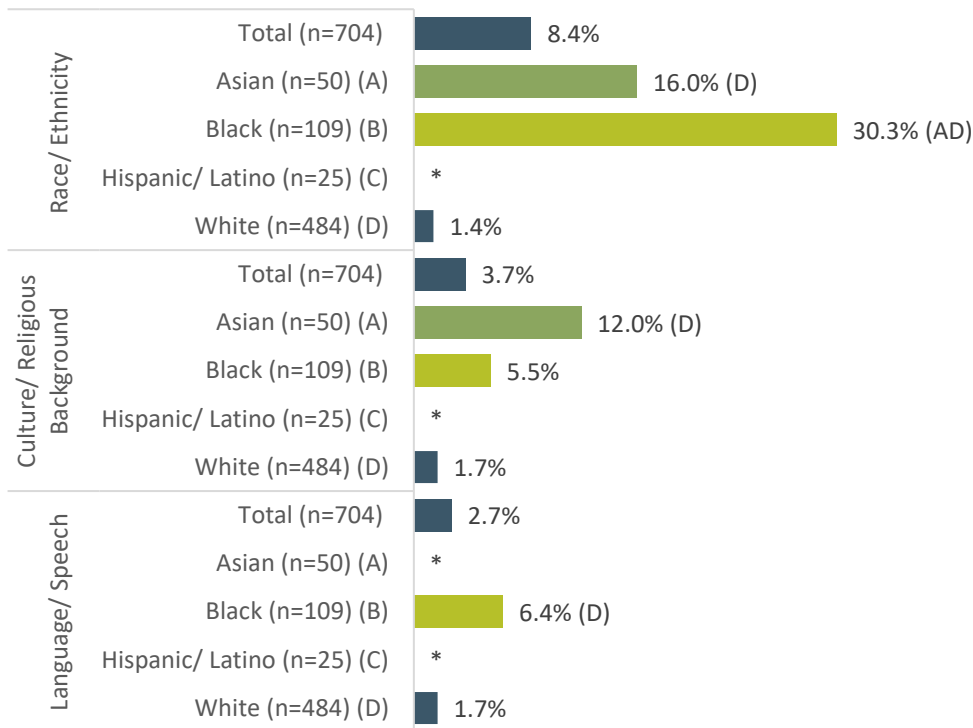
NOTE: * Data not available for town. Property crime includes burglary, larceny, and auto theft.

Systemic Racism and Discrimination

Nearly half of interviewees discussed systemic racism and discrimination. One interviewee noted that *“minority populations are disproportionately affected by food insecurity and housing affordability.”* Another interviewee stated that the pandemic provided a *“glaring commentary on the social system,”* by exposing existing inequities, such as the overrepresentation of people of color in high-risk, frontline professions, adding that communities should also recognize disparities in healthcare *“access, equity, and time to take care of one’s health.”*

Data from the community survey show the percentage of respondents who indicated they have felt discriminated against when receiving medical care. More than 30% of Black respondents and 16.0% of Asian respondents reported being discriminated against based on their race/ethnicity, compared to 8.4% of respondents overall. Similarly, more than three times the proportion of Asian respondents reported experiencing discrimination based on their culture or religious background when seeking care, and more than two times the proportion of Black respondents reported experiencing discrimination based on language or speech compared with respondents overall (Figure 19). A greater proportion of Black respondents (5.5%) reported experiencing discrimination when receiving medical care based on their sexual orientation compared with respondents overall (2.3%) (Figure 20). A greater proportion of Black respondents also reported experiencing discrimination based on their age (7.3%), body size (11.0%), and income level (13.1%) compared with respondents overall (Figure 21).

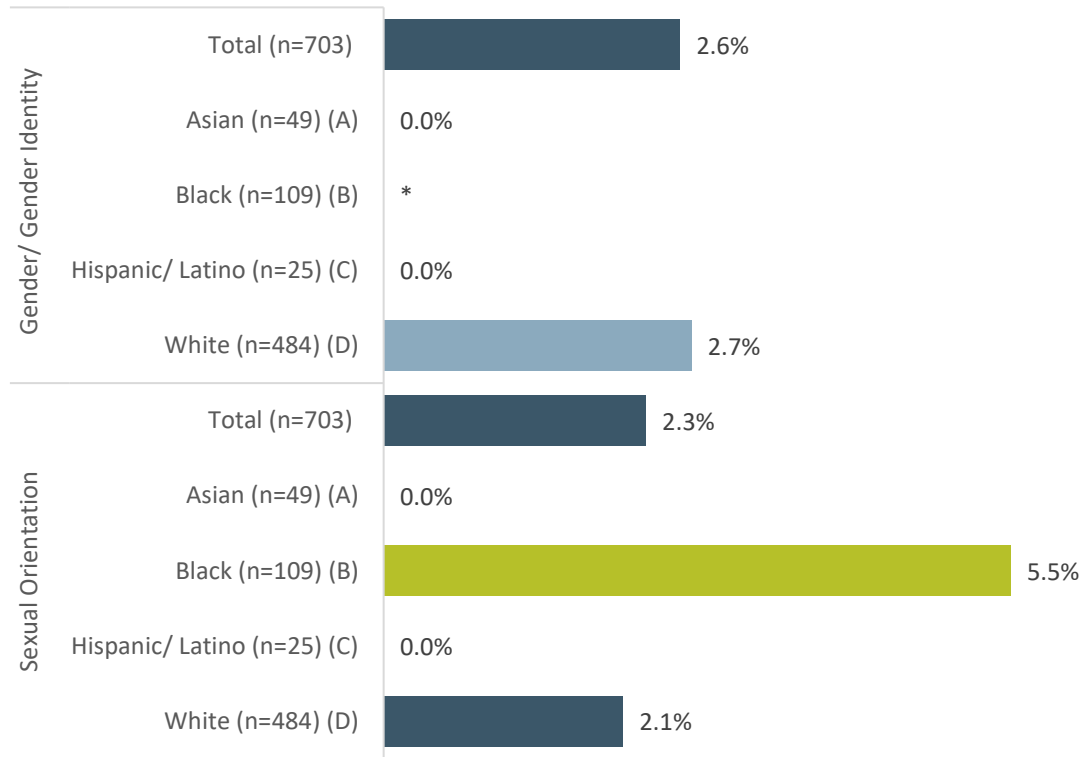
Figure 19. Percent of Community Survey Respondents Indicating Whether They Have Felt Discriminated Against When Receiving Medical Care, by Type of Characteristic and by Race/Ethnicity (n = 704), 2021



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

NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph. *Less than 5 respondents. Data not shown.

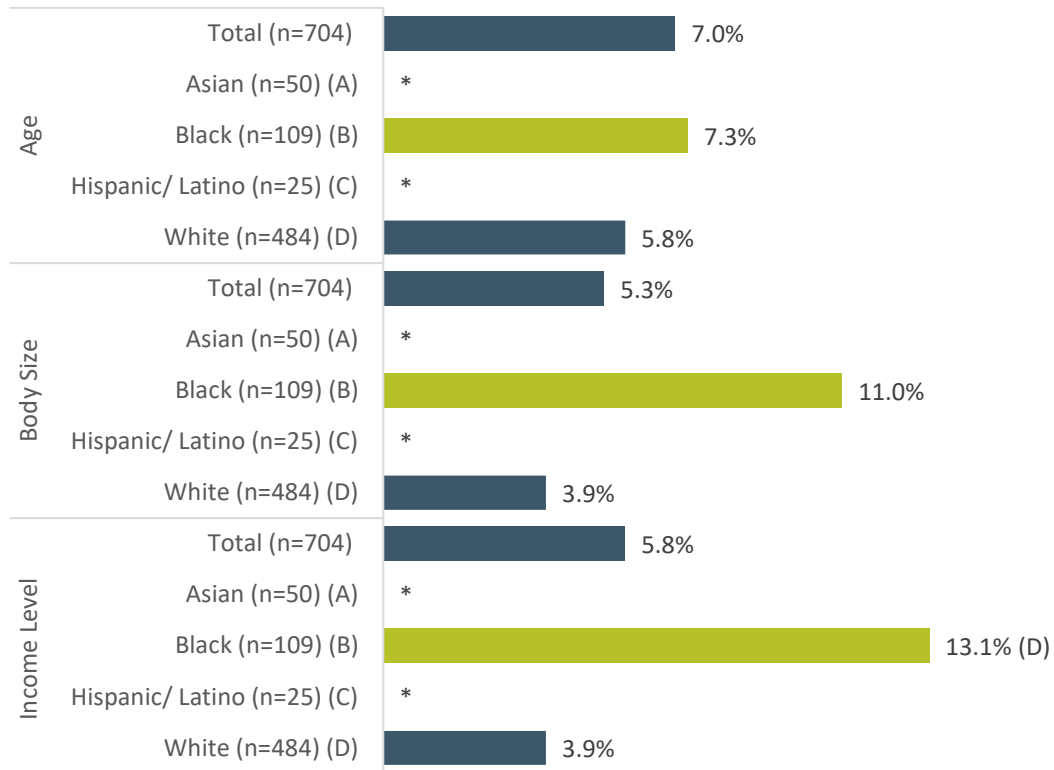
Figure 20. Percent of Community Survey Respondents Indicating Whether They Have Felt Discriminated Against When Receiving Medical Care, by Type of Characteristic and by Race/Ethnicity (n = 704), 2021



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

NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph. *Less than 5 respondents. Data not shown.

Figure 21. Percent of Community Survey Respondents Indicating Whether They Have Felt Discriminated Against When Receiving Medical Care, by Type of Characteristic and by Race/Ethnicity (n = 704), 2021



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

NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph. *Less than 5 respondents. Data not shown.

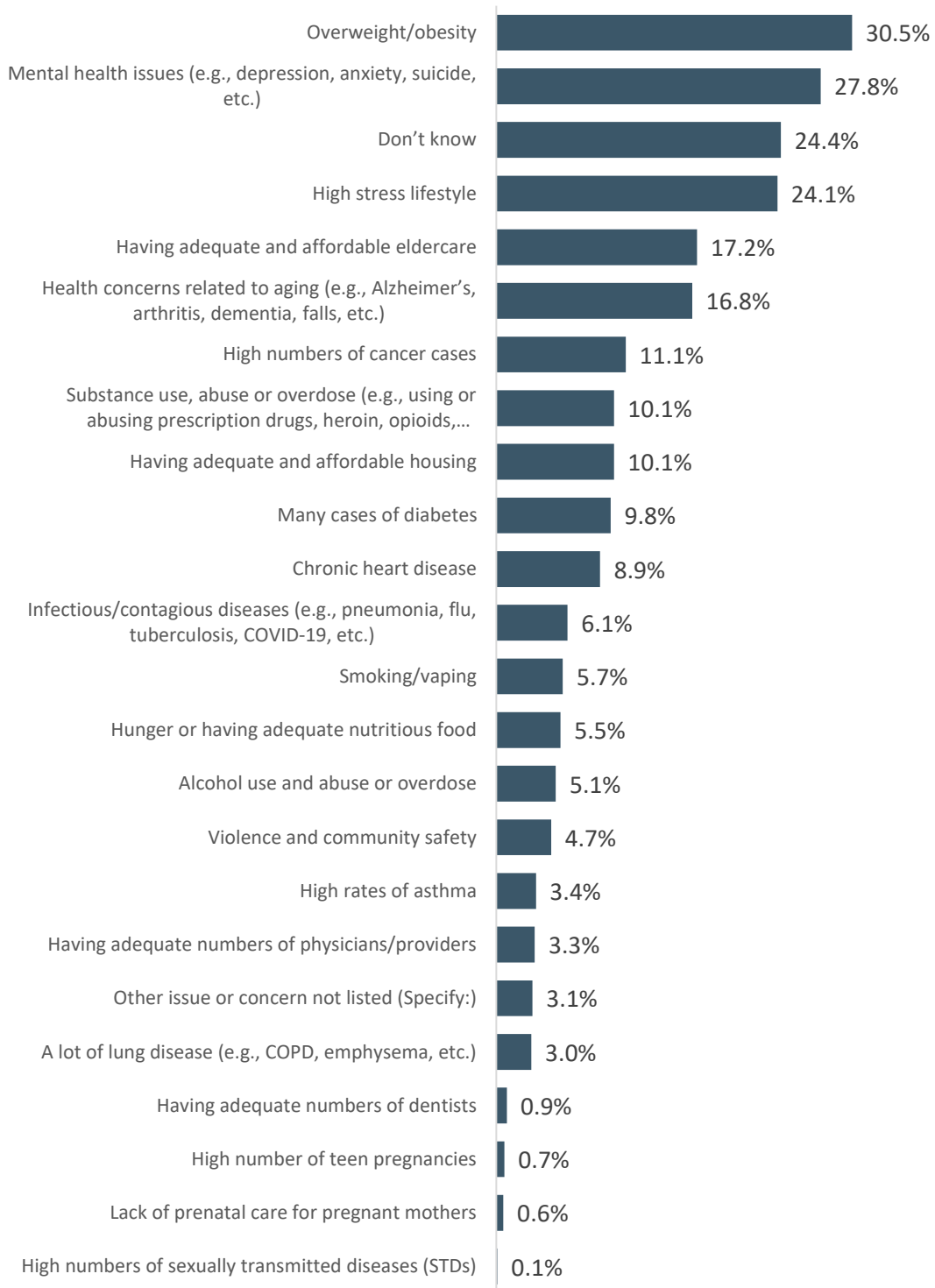
Community Health Issues

Understanding community health issues is a critical step in the CHNA process. The disparities seen in these issues mirror the historical patterns of structural, economic, and racial inequities experienced for generations across the U.S.

Community Perceptions of Health

Understanding residents' perceptions of health helps provide insights into lived experiences, including key health concerns and facilitators and barriers to addressing health conditions. Community survey respondents were presented with a list of specific issues and the ability to add items not listed from which they were then asked to mark the top three health concerns or issues for their community. Overweight/obesity (30.5%) and mental health issues (27.8%) were the top two health concerns identified by respondents. Nearly one quarter (24.4%) of respondents indicated they did not know what the top health concerns were in their communities. High stress lifestyle (24.1%) and having affordable elder care (17.2%) were the fourth and fifth top health concerns among community survey respondents (Figure 22).

Figure 22. Percent of Community Survey Respondents Reporting the Top Three Health Concerns in Their Community (n = 704), 2021



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

Figure 23 shows differences in survey respondents' health concerns by race/ethnicity. Overweight/obesity and mental health issues were the top two concerns among Black and White respondents. Overweight/obesity, high stress lifestyle, and mental health issues were among the top three concerns for all racial/ethnic groups except for Black respondents, for whom diabetes and having adequate and affordable eldercare were tied as the third top concern.

Figure 23. Percent of Community Survey Respondents Reporting the Top Health Issues or Concerns in Their Community by Race/Ethnicity (n = 704), 2021

	Asian (n=50) (A)	Black (n=109) (B)	Hispanic/ Latino (n=25) (C)	White (n=484) (D)
1	High stress lifestyle (34.0%)	Overweight/ obesity (42.2%) (AD)	Overweight/ obesity (36.0%)	Overweight/ obesity (27.7%)
2	Mental health issues (32.0%)	Mental health issues (34.9%)	High stress lifestyle (28.0%)	Mental health issues (27.5%)
3	Overweight/ obesity (28.0%)	Many cases of diabetes (21.1%) (ACD)*	Mental health issues (24.0%)	High stress lifestyle (25.6%)
4	Having adequate and affordable eldercare (16.0%)	Having adequate and affordable eldercare (21.1%)*	Having adequate and affordable eldercare (16.0%)*	Health concerns related to aging (19.0%) (AB)
5	Substance use, abuse or overdose (12.0%)	Having adequate and affordable housing (20.2%)	Smoking/ vaping (16.0%)*	Having adequate and affordable eldercare (16.7%)

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

NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering. * Indicates health issues were tied. Cases where "don't know" was a frequently selected option are not presented in the table.

Consistent with these findings, interview and focus group participants reported that obesity, mental health issues, and difficulty accessing affordable elder care – including in-home care and assisted living – were health challenges in their communities. Participants also spoke about the negative impact of life stressors on community members' physical and mental health, particularly in the wake of the COVID-19 pandemic.

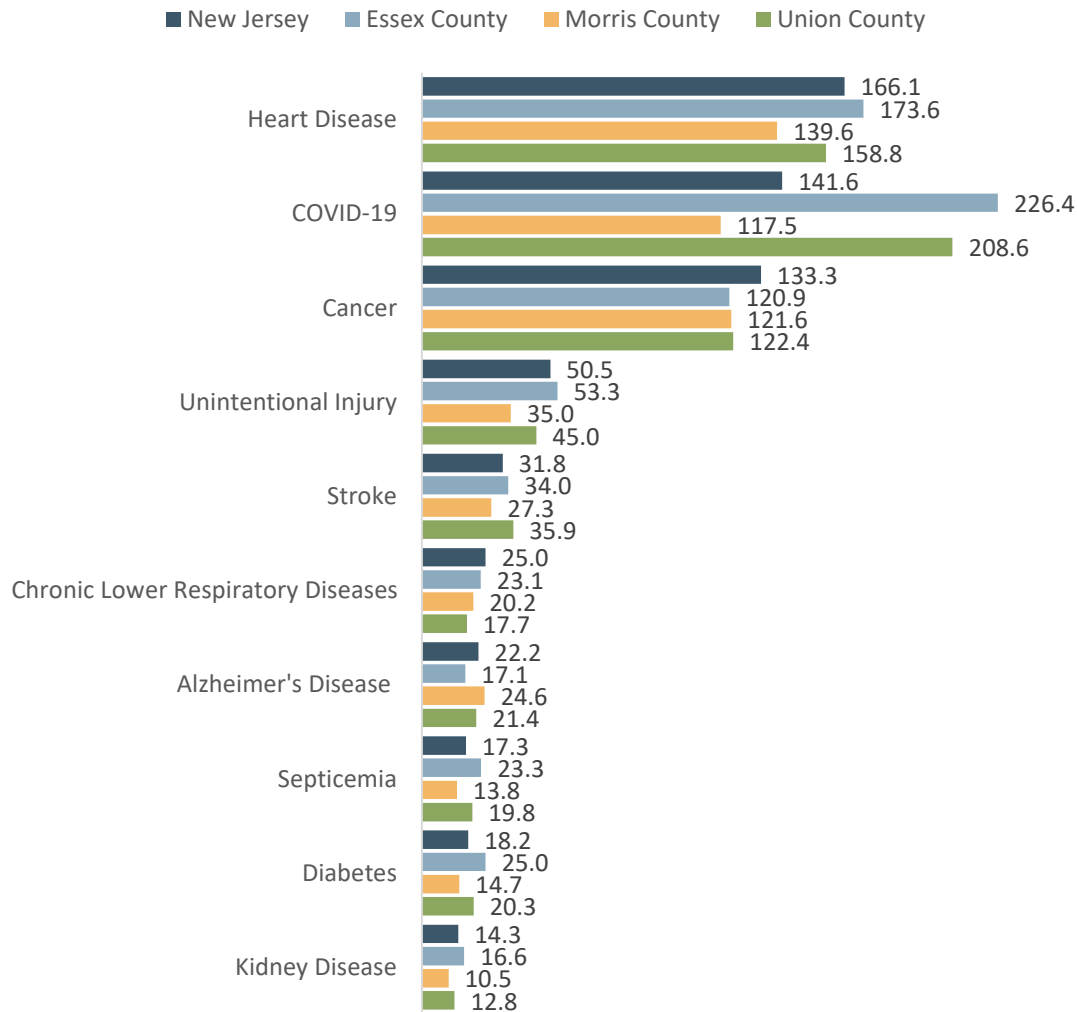
“You worry, how am I going to feed six people in my household? Going out to the doctor, to get groceries, pick up the kids, how will I be able to put gas in the car? The worry is a health issue in and of itself.” – Focus group participant

Leading Causes of Death and Premature Mortality

Mortality rates help to measure the burden and impact of disease on a population, while premature mortality data (deaths before age 75 years old) provide a picture of preventable deaths and point to areas where additional health and public health interventions may be warranted. Heart disease, COVID-19, and cancer were the top three leading causes of death in the state and the three counties in the CBMC PSA (Figure 24). Essex County had a higher mortality rate for heart disease and COVID-19, but a lower mortality rate for cancer compared with Morris and Union Counties. Morris County had a lower COVID-19 mortality rate (117.5 per 100,000 population) than Essex (226.4 per 100,000) and Union

(208.6 per 100,000) Counties or the state (141.6 per 100,000). COVID-19 was the third leading cause of death in Morris County while it was the second leading cause of death in the state and the other two municipalities in the CBMC PSA.

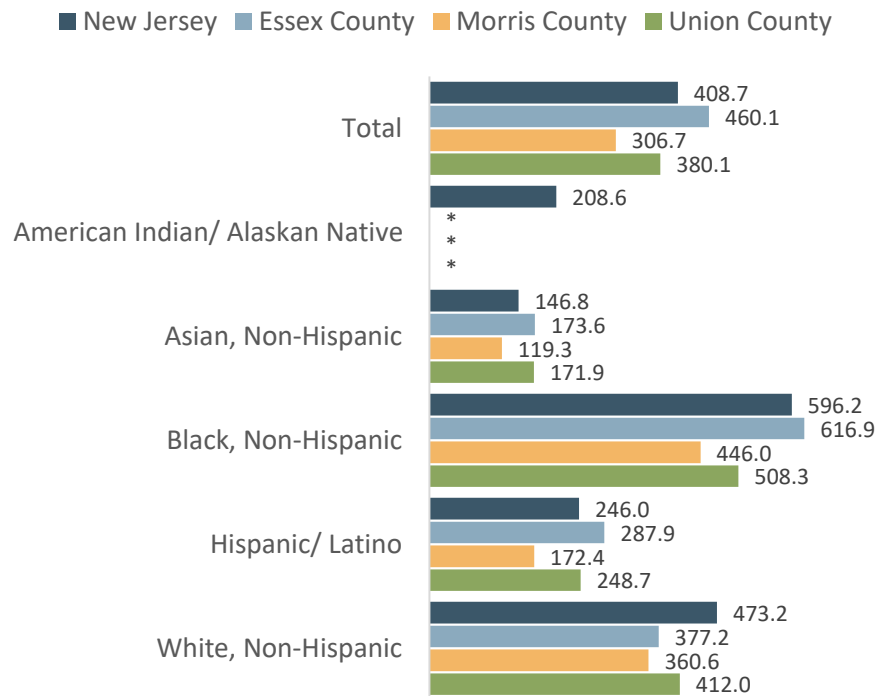
Figure 24. Top 10 Age Adjusted Mortality Rates per 100,000 Population, by State and County, 2020



DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health as reported New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2020

Figure 25 shows the premature mortality (deaths before age 75) rate per 100,000 population by race/ethnicity in New Jersey, and Essex, Morris, and Union Counties. Non-Hispanic Black residents have the highest premature mortality rate per 100,000 population across all geographies, followed by non-Hispanic White residents. Non-Hispanic Asian residents have the lowest premature mortality rate per 100,000 population across all geographies. Morris County has the lowest premature mortality rate across all racial/ethnic groups, while Essex County has the highest premature mortality rate across all racial/ethnic groups with the exception of non-Hispanic White residents, for whom premature mortality is highest in Union County.

Figure 25. Premature Mortality (Deaths Before Age 75) Rate per 100,000 Population, by Race/Ethnicity, State, and County, 2018-2020



DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health as reported New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2020

NOTE: Asterisks (*) denote insufficient data to calculate reliable rate.

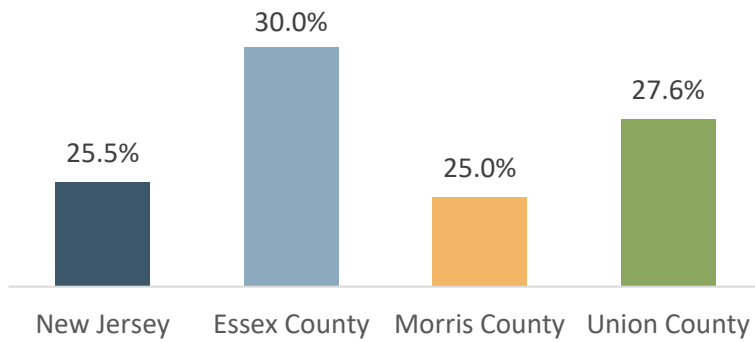
Obesity, Healthy Eating, and Physical Activity

Overweight and Obesity

Obesity is the second leading cause of preventable death in the United States and increases the likelihood of chronic conditions among adults and children. Overweight/obesity was ranked as the top health concern among community survey respondents. Interviewees and focus group participants also discussed concerns related to overweight/obesity. Focus group participants spoke about gaining “the COVID 15” during the pandemic, with one stating: “It’s funny but it’s not funny, because it leads to health risks, my blood pressure was up when I went to the doctor and she said we are going to blame it on the weight gain and to lose the weight so that I don’t have to take the medications.”

The latest surveillance data on overweight/obesity are from 2018 and come from self-reported data about height and weight. Based on this self-report, roughly one quarter of adults in New Jersey (25.5%) and Morris County (25.0%) were obese in 2018. A greater percentage of adults were obese in Essex County (30.0%) and Union County (27.6%) (Figure 26).

Figure 26. Adults Self-Reported Obese, by State and County, 2018

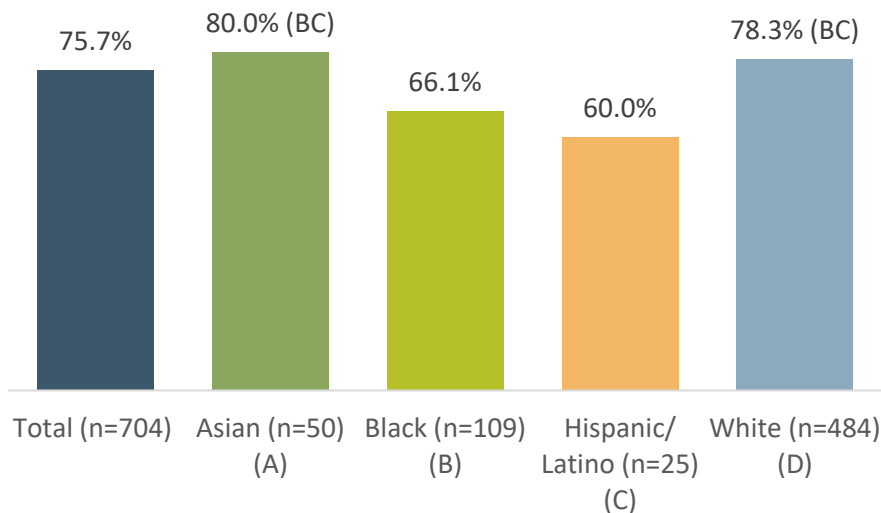


DATA SOURCE: Centers for Disease Control and Prevention (CDC), U.S. Diabetes Surveillance System, County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2018

Physical Activity

Participants noted that there were options to walk outside and access greenspace during the pandemic, including a new reservoir walking path. Interviewees also mentioned a local race and other programs to incentivize physical activity. More than three quarters of community survey respondents (75.7%) reported that they felt that they are physically active. The largest percentage of Asian respondents (80.0%) reported that they felt that they are physically active, and the lowest percentage of Hispanic/Latino respondents (60.0%) reported that they felt they are physically active (Figure 27).

Figure 27. Percent of Community Survey Respondents Indicating That They Felt That They are Physically Active (n = 704), 2021



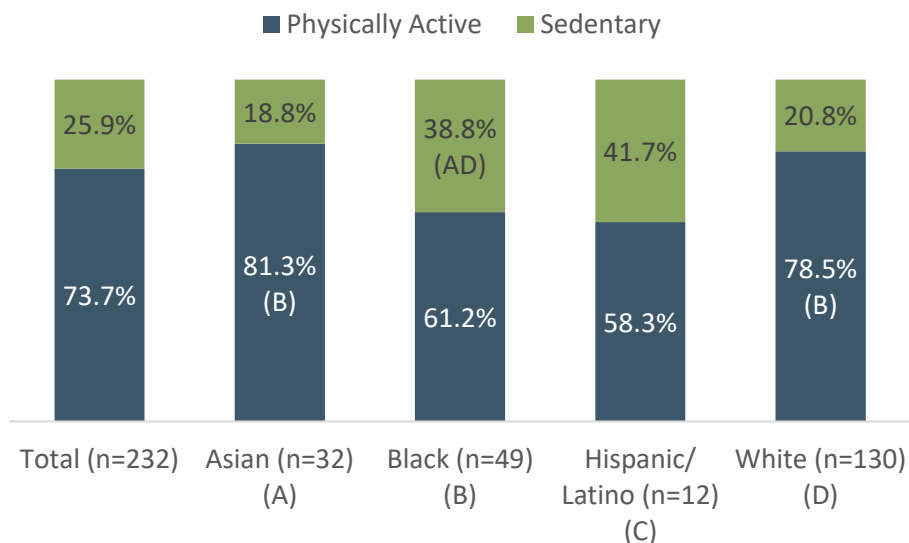
DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021

NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Similar patterns are visible in terms of community survey respondents who are parents or guardians who described their children as physically active versus sedentary during after school hours and weekends. Slightly less than three quarters (73.7%) of respondents who are parents indicated their children are physically active, with the highest percentage of Asian respondents (81.3%) and the lowest

percentage of Hispanic/Latino respondents (58.3%) describing their children as physically active after school and on weekends (Figure 28).

Figure 28. Percent of Community Survey Respondents Who are Parents or Guardians Who Described Their Children as Physically Active or Sedentary During After School Hours and Weekends (n=232), 2021



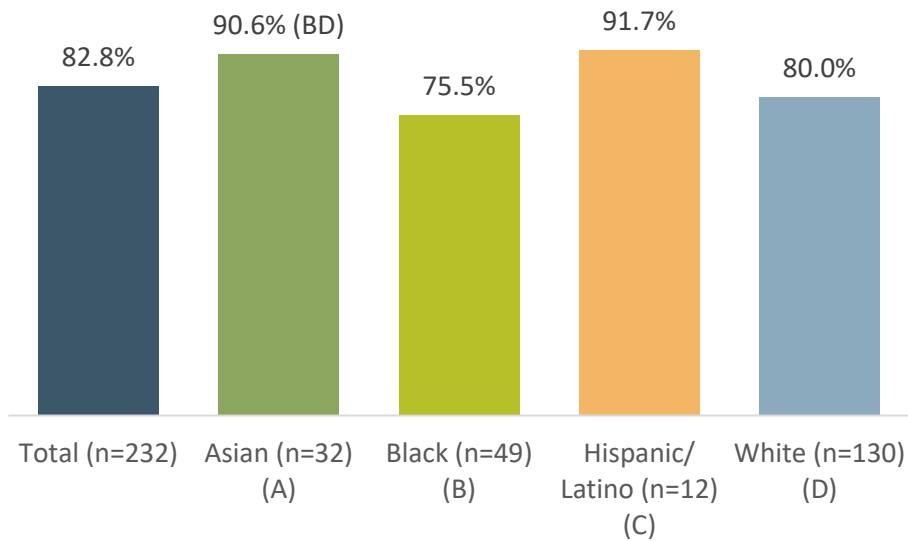
DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021

NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Healthy Eating

Nearly all key informant interviewees and participants in two of the three focus groups described access to healthy food as a challenge. One focus group participant stated: *“It would be nice to have more farmer’s markets and that would be beneficial to everyone in the community.”* Other participants noted that, while grocery stores in their community are conveniently located along bus routes, *“the quality of what we see on the shelves are lower.”* In terms of food access among children in the CBMC PSA, 82.8% of community survey respondents who are parents or guardians reported that their children eat breakfast daily. The highest percentage of Hispanic/Latino respondents (91.7%) and the lowest percentage of Black respondents (75.5%) reported that their children eat breakfast daily (Figure 29).

Figure 29. Percent of Community Survey Respondents Who are Parents or Guardians Reporting Whether Children Eat Breakfast Daily (n = 232), 2021



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

NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

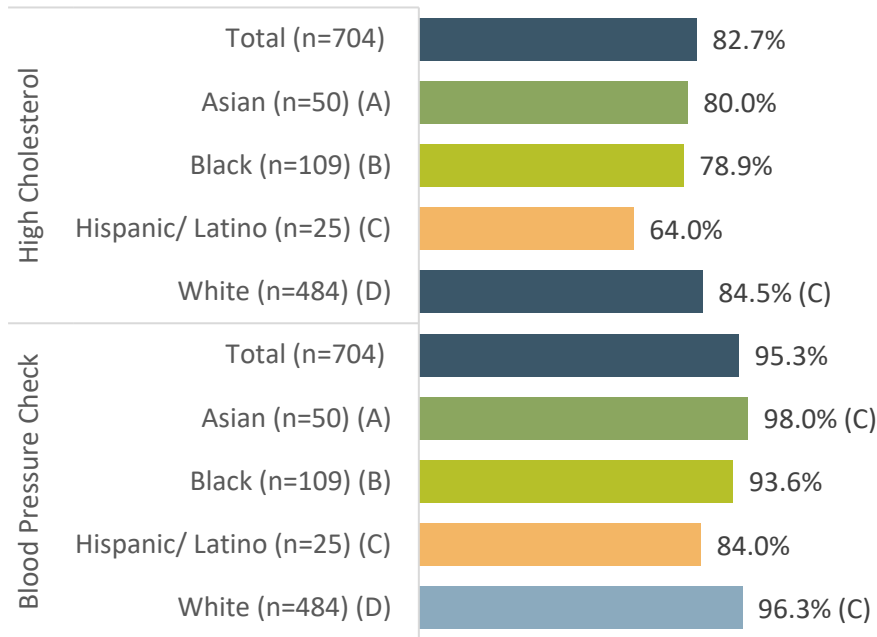
Chronic Conditions

Chronic conditions, such as heart disease, diabetes, chronic obstructive pulmonary disease (COPD), and cancer, are some of the most prevalent conditions in the United States. Although chronic diseases are among the most common and costly health problems, they are also among the most preventable through changes in behavior such as reduced use of tobacco and alcohol and improved diet and physical activity. The following section describes the health data (e.g., screening, incidence, mortality, etc.) related to chronic conditions.

High Cholesterol and High Blood Pressure

High cholesterol and high blood pressure were not major themes in any of the key informant interviews or focus groups, although some focus group participants mentioned high blood pressure in passing as a side effect of overweight/obesity and pandemic-related life stressors. A majority of community survey respondents reported participating in a cholesterol (82.7%) and blood pressure (95.3%) screening in the past two years. Screening rates for both cholesterol (64.0%) and blood pressure (84.0%) were lowest among Hispanic/Latino respondents (Figure 30).

Figure 30. Percent of Community Survey Respondents Reporting That They Have Participated in a Cholesterol or Blood Pressure Screening in the Past Two Years (n=704), 2021



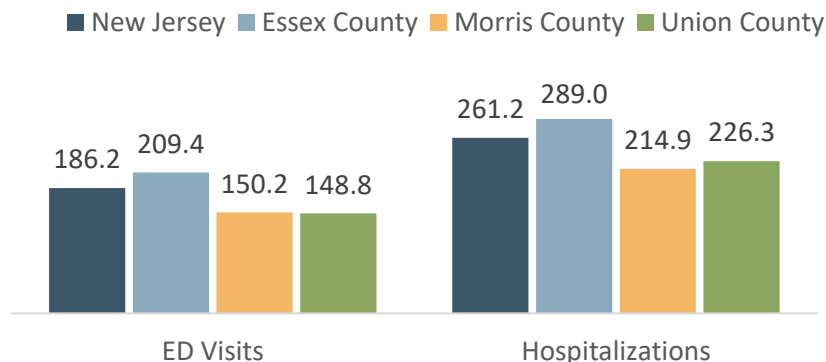
DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021

NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Heart Disease

Two interviewees identified heart disease as a major health issue in their communities. Data from the New Jersey Department of Health on emergency department (ED) visits and hospitalizations for major cardiovascular disease per 10,000 population are shown in Figure 31. Rates of both ED visits (209.4) and hospitalizations (289.0) per 10,000 population in Essex County were higher than rates in the state as a whole (186.2 and 261.2 respectively). Rates of ED visits and hospitalizations were lower in both Morris and Union Counties.

Figure 31. ED Visits and Hospitalizations for Major Cardiovascular Disease per 10,000 Population by State and County, 2016-2020

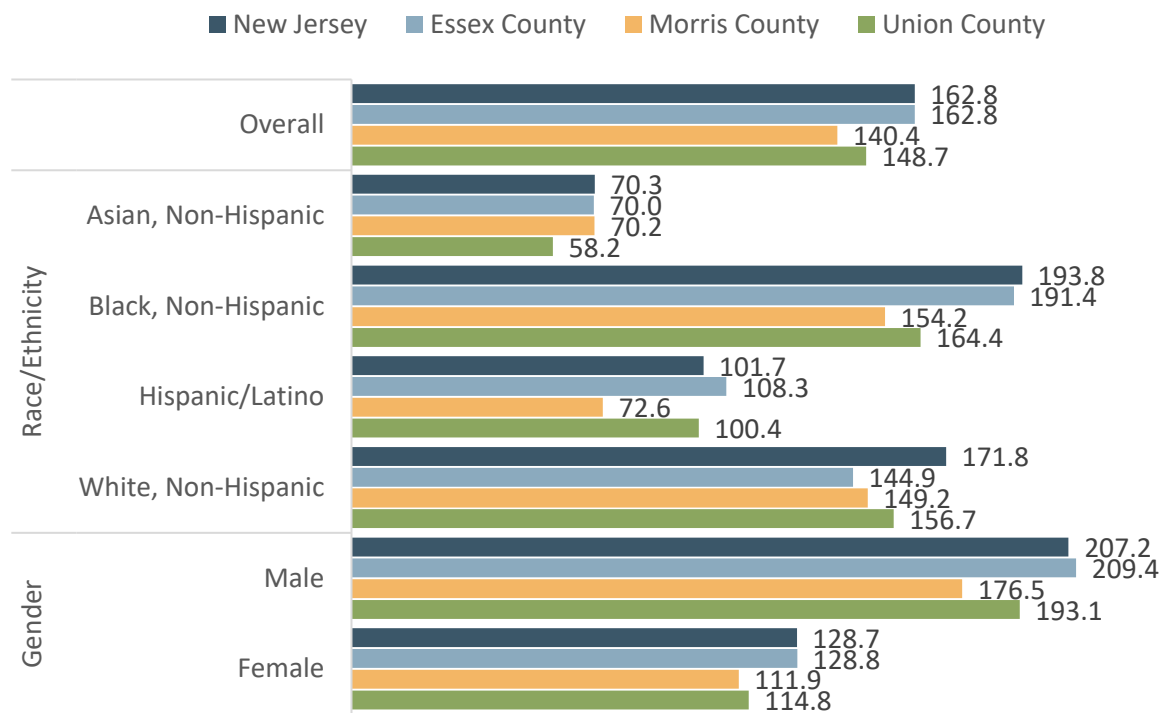


DATA SOURCE: New Jersey Department of Health, Office of Health Care Quality Assessment, New Jersey Data Collection System, as reported by New Jersey State Health Assessment Data (NJSHAD), 2016-2020

NOTE: Includes primary and secondary diagnosis cardiovascular disease, excluding stroke and hypertension.

Figure 32 shows the cardiovascular disease mortality rate per 100,000 population by race/ethnicity, sex, state, and county in 2016 – 2020. The overall cardiovascular disease mortality rate in Essex County was equal to the rate in the state as a whole (162.8), while the overall rates in Morris (140.4) and Union (148.7) Counties were lower than the state rate. When data are disaggregated by race/ethnicity, the cardiovascular disease mortality rates for Asian, Black, and White residents in the three counties in the CBMC PSA were lower than the rates for these populations in the state as a whole. The cardiovascular disease mortality rate for Hispanic/Latino residents was lower in Morris and Union Counties and higher in Essex County compared to the state as a whole. The cardiovascular disease mortality rate for male residents was higher than the rate for female residents in all three counties and in the state overall.

Figure 32. Cardiovascular Disease Mortality per 100,000, by Race/Ethnicity, Sex, State, and County, 2016-2020

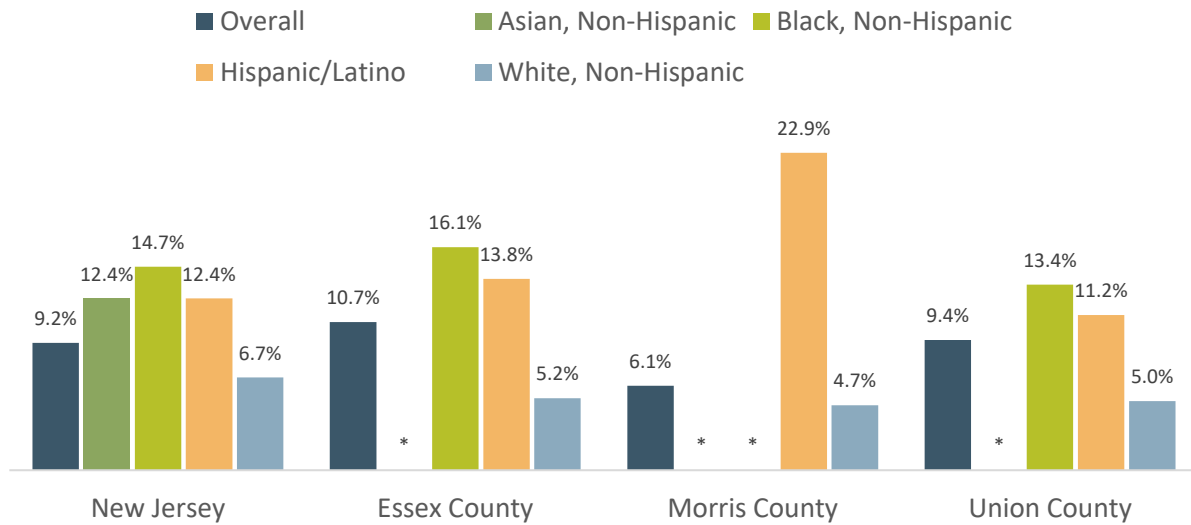


DATA SOURCE: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2016-2020

Diabetes

Nearly half of all key informant interviewees identified diabetes as a major health issue in their communities, with one interviewee reporting that diabetes is among the most common health conditions seen at community health screening events. Figure 33 shows the percentage of adults reported to have been diagnosed with diabetes at the state and county-level by race/ethnicity. A slightly higher percentage of adults overall were diagnosed with diabetes in Essex (10.7%) and Union (9.4%) Counties compared with New Jersey (9.2%), and a slightly lower percentage were diagnosed with diabetes in Morris County (6.2%). Data were not available for all geographies across racial/ethnic groups, but a higher proportion of Black residents were reported to have been diagnosed with diabetes compared with the population overall in Essex and Union Counties and the state. A higher proportion of Hispanic/Latino residents compared with the population overall were reported to have been diagnosed with diabetes in all three counties in the CBMC PSA and in the state.

Figure 33. Percent Adults Reported to Have Been Diagnosed with Diabetes, by Race/Ethnicity, State, and County, 2016-2020



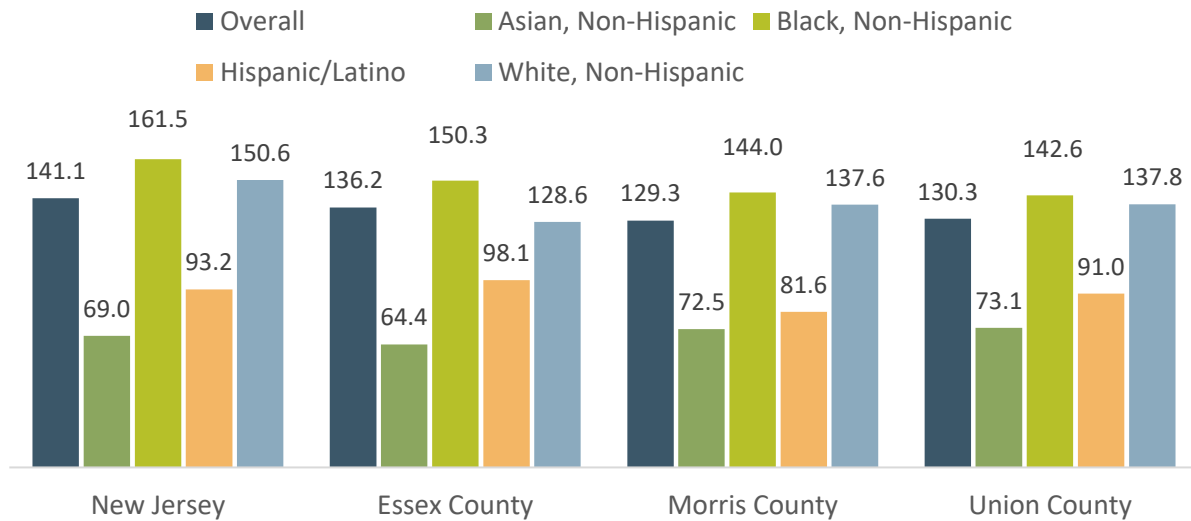
DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2016-2020

NOTE: Asterisks (*) denote insufficient data to calculate reliable rate

Cancer

While cancer was not a prominent theme discussed in focus groups and key informant interviews, it is the third leading cause of death in New Jersey, and the three counties in the CBMC PSA (see Figure 24). Figure 34 shows the cancer mortality per 100,000 population (overall, female breast, colorectal, lung and bronchus, and male prostate) by race/ethnicity, state, and county from 2016-2020. Non-Hispanic Black residents had a higher mortality rate per 100,000 population than the overall rate and the rate for any racial/ethnic group in the state and the three counties in the CBMC PSA. Non-Hispanic White residents had the next highest mortality rate per 100,000 population, and non-Hispanic Asian residents had the lowest mortality rate in the state and the three counties in the CBMC PSA.

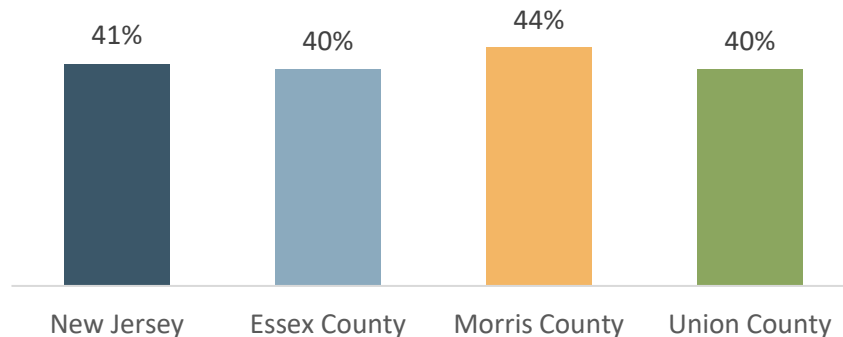
Figure 34. Cancer Mortality Rate per 100,000 Population (Overall, Female Breast, Colorectal, Lung and Bronchus, Male Prostate), by Race/Ethnicity, State, and County, 2016-2020



DATA SOURCE: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2016-2020

One key informant interviewee identified low community participation in cancer screenings as an area of concern, reporting that *“it’s not uncommon for 50-somethings to have never had a mammogram.”* This same interviewee noted that *“people who don’t feel well go to the doctor, but others don’t go in for prevention or screening.”* This interviewee identified accessing a doctor as the first barrier to accessing screening and suggested patient navigation as a means to address this problem. According to data from the Centers for Medicare & Medicaid Services, fewer than half of female Medicare enrollees ages 65-74 received an annual mammography screening in 2019 in the state (41%), Essex (40%), Morris (44%), and Union (40%) Counties (Figure 35).

Figure 35. Percent Female Medicare Enrollees Ages 65-74 That Received an Annual Mammography Screening, by State and County, 2019

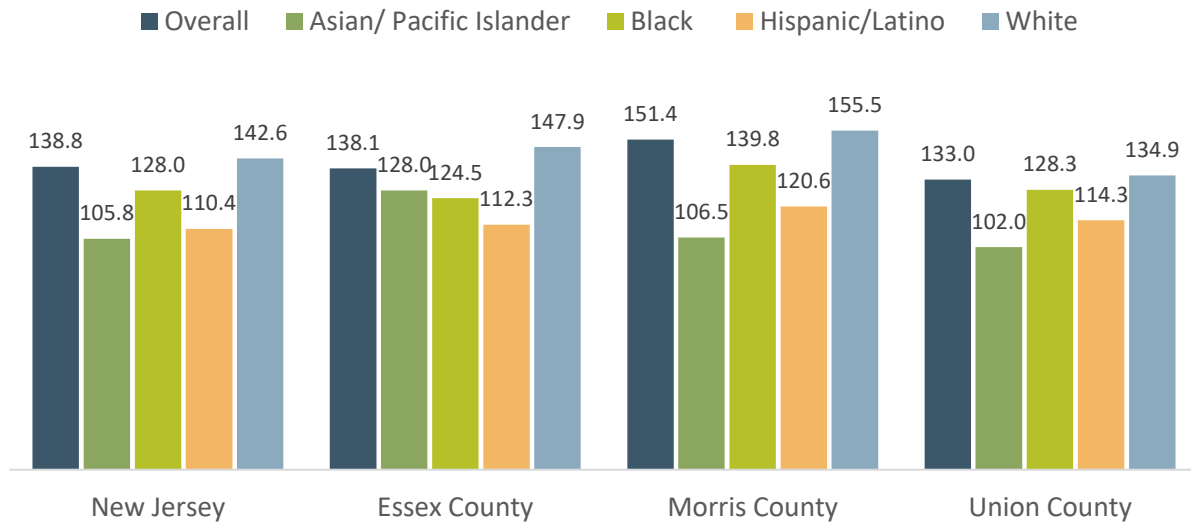


DATA SOURCE: Centers for Medicare & Medicaid Services, Office of Minority Health's Mapping Medicare Disparities tool, as reported by County Health Rankings & Roadmaps, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2019

In 2015-2019, the age-adjusted female breast cancer incidence rate per 100,000 population was lower in Essex (138.1) and Union (133.0) Counties and higher in Morris County (151.4) compared to the state

rate (138.8). Incidence was higher among White residents compared to the overall rate in the state and the three counties in the CBMC PSA. The incidence rate per 100,000 was lower than the overall rate among all other racial/ethnic groups and among residents who identified as Hispanic/Latino in the state and the three counties in the CBMC PSA (Figure 36). Because race and Hispanic origin are not mutually exclusive in the New Jersey State Cancer Registry cancer incidence data, caution should be used when comparing rates among Hispanic residents to rates in the different racial groups.

Figure 36. Age-Adjusted Female Breast Cancer Incidence Rate per 100,000 Population, by Race/Ethnicity, State, and County, 2015-2019

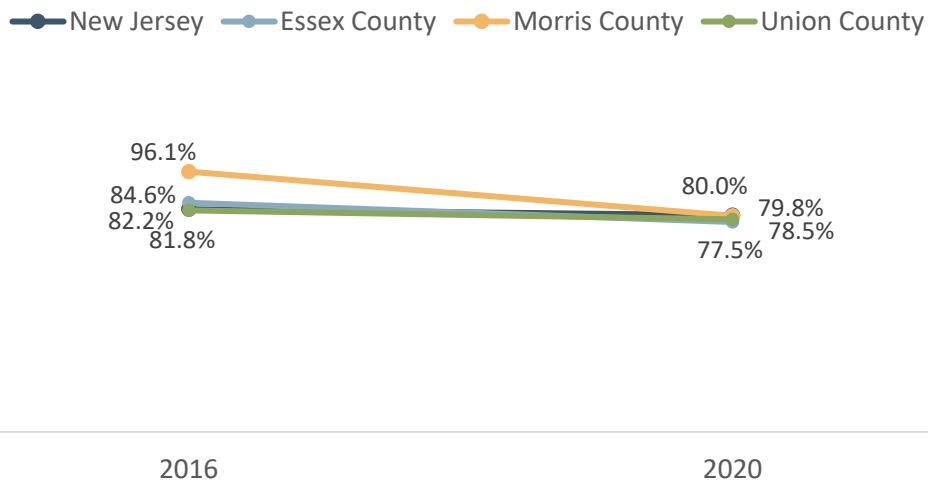


DATA SOURCE: New Jersey State Cancer Registry, New Jersey Department of Health, 2015-2019

NOTE: Persons of Hispanic ethnicity may be of any race or combination of races. The categories of race and ethnicity are not mutually exclusive.

The percentage of females aged 21-65 reported to have had a pap test in the past three years declined in 2020 compared to 2016 in the state and the three counties in the CBMC PSA (Figure 37). The sharpest decline was in Morris County, which fell from 96.1% in 2016 to 80.0% in 2020. This decline may reflect delays in routine, preventive care during the early stages of the COVID-19 pandemic.

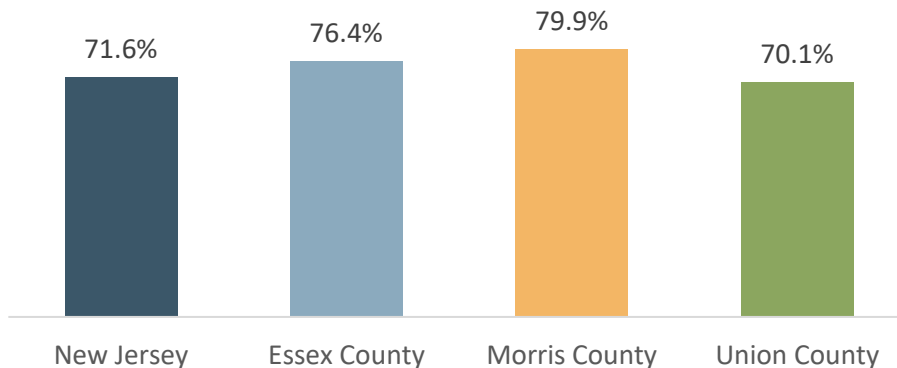
Figure 37. Percent Females Aged 21-65 Reported to Have Had a Pap Test in Past Three Years, by State and County, 2016 and 2020



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

In 2020, the percent of adults aged 50-75 who received a colorectal cancer screening was higher in Essex (76.4%) and Morris (79.9%) Counties and lower in Union County (70.1%) compared to the state overall (71.6%) (Figure 38).

Figure 38. Percent Colorectal Cancer Screening (Adults Aged 50-75), by State and County, 2020

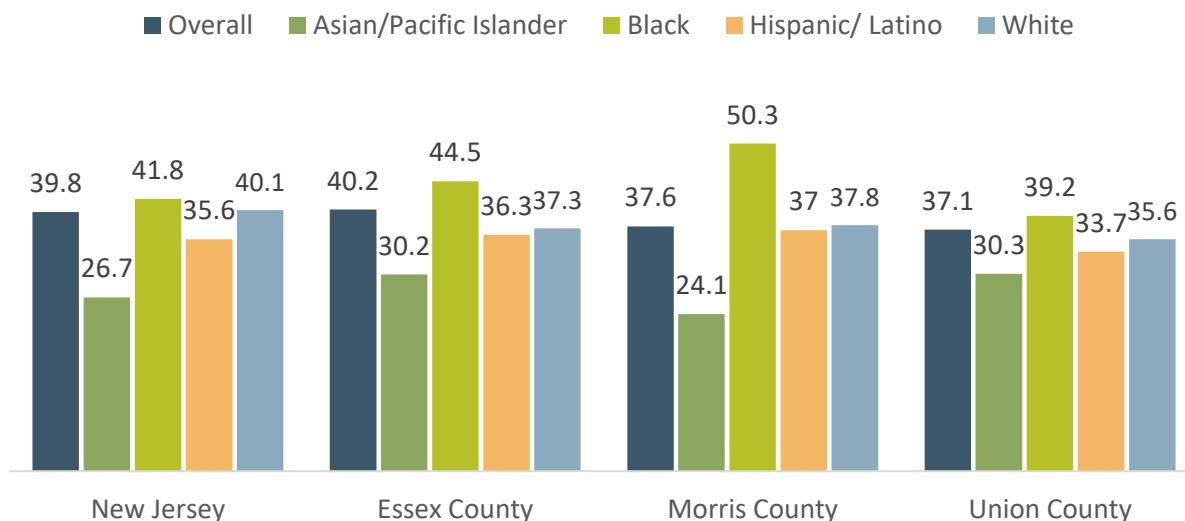


DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2020

The age-adjusted colorectal cancer incidence rate per 100,000 population in 2015-2019 was higher among Black residents compared to the population as a whole in the state and the three counties in the CBMC PSA (Figure 39). Asian/Pacific Islander residents and residents who identified as Hispanic/Latino had a lower incidence rate per 100,000 population compared to the overall rate in the state and the three counties in the CBMC PSA. White residents had a higher age-adjusted colorectal cancer incidence rate per 100,000 population compared to the overall rate in New Jersey and Morris County, and a lower

incidence rate compared to the overall rate in Essex and Union Counties. Because race and Hispanic origin are not mutually exclusive in the New Jersey State Cancer Registry cancer incidence data, caution should be used when comparing rates among Hispanic residents to rates in the different racial groups.

Figure 39. Age-Adjusted Colorectal Cancer Incidence Rate per 100,000 Population, by Race/Ethnicity, State, and County, 2015-2019

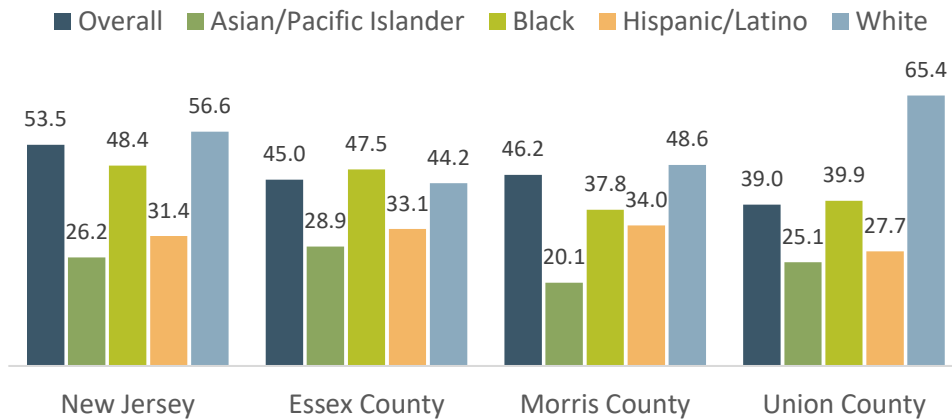


DATA SOURCE: New Jersey State Cancer Registry, New Jersey Department of Health, 2015-2019

NOTE: Persons of Hispanic ethnicity may be of any race or combination of races. The categories of race and ethnicity are not mutually exclusive.

The age-adjusted lung cancer incidence rate per 100,000 population was higher among White residents compared to the overall rate in New Jersey and Morris and Union Counties. The rate was lower among White residents compared to the overall rate in Essex County. The age-adjusted lung cancer incidence rate for Black residents was higher than the overall rate in Essex and Union Counties and lower in Morris County and the state. The lung cancer incidence rates for Asian residents and residents who identified as Hispanic/Latino were lower than the overall rate in the state and the three counties in the CBMC PSA (Figure 40). Because race and Hispanic origin are not mutually exclusive in the New Jersey State Cancer Registry cancer incidence data, caution should be used when comparing rates among Hispanic residents to rates in the different racial groups.

Figure 40. Age-Adjusted Lung Cancer Incidence Rate per 100,000 Population, by Race/Ethnicity, State, and County, 2016-2020

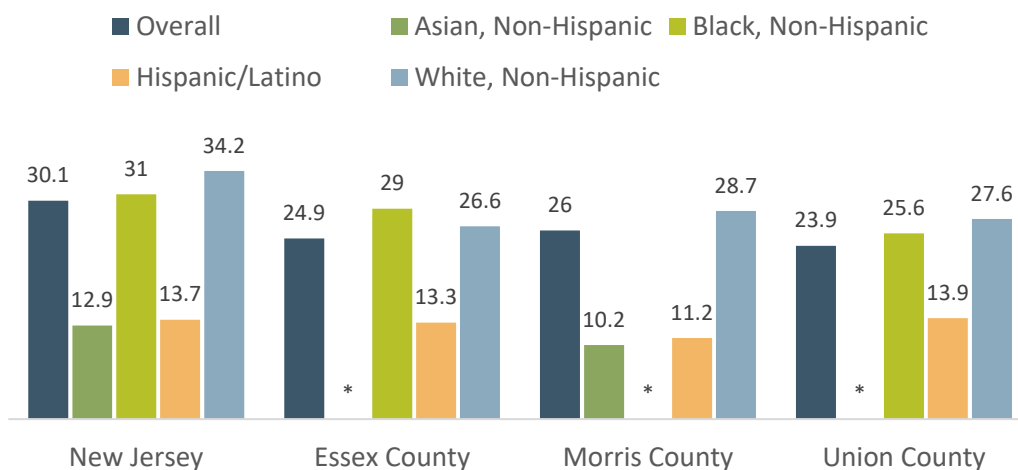


DATA SOURCE: New Jersey State Cancer Registry, New Jersey Department of Health, 2015-2019

NOTE: Persons of Hispanic ethnicity may be of any race or combination of races. The categories of race and ethnicity are not mutually exclusive.

The age-adjusted lung cancer mortality rate per 100,000 population was higher among non-Hispanic White residents versus the overall rate in the state and the three counties in the CBMC PSA (Figure 41). The age-adjusted lung cancer mortality rate was higher among non-Hispanic Black residents versus the overall rate in the state and Essex and Union Counties (data on lung cancer mortality among non-Hispanic Black residents in Morris County are unavailable). The mortality rate among Hispanic/Latino residents was lower than the overall rate in the state and the three counties in the CBMC PSA. The mortality rate among non-Hispanic Asian residents was lower than the overall rate in the state and Morris County (data on lung cancer mortality among non-Hispanic Asian residents in Essex and Union Counties were unavailable).

Figure 41. Lung Cancer Mortality Rate per 100,000 Population, by Race/Ethnicity, State, and County, 2016-2020



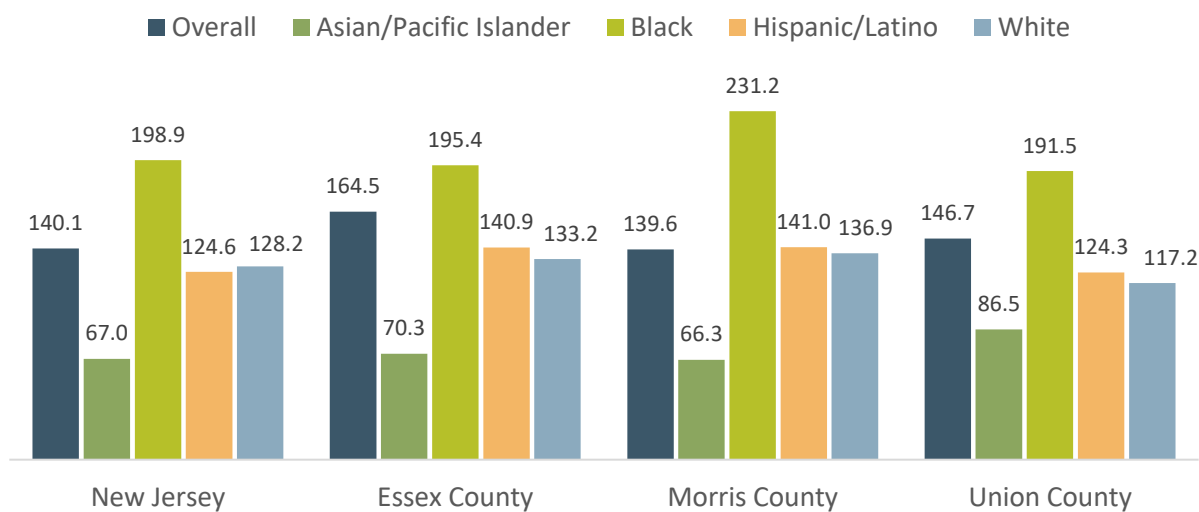
DATA SOURCE: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey

Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2016-2020

NOTE: Asterisks (*) denote insufficient data to calculate reliable rate

The age-adjusted prostate cancer incidence rate per 100,000 population was higher among Black residents compared to the overall rate in New Jersey and the three counties in the CBMC PSA. The rate was lower among White and Asian residents compared to the overall rate in New Jersey and the three counties in the CBMC PSA. The rate was lower among Hispanic/Latino residents compared to the overall rate in New Jersey and Essex and Union Counties, but higher than the overall rate in Morris County (Figure 42). Because race and Hispanic origin are not mutually exclusive in the New Jersey State Cancer Registry cancer incidence data, caution should be used when comparing rates among Hispanic residents to rates in the different racial groups.

Figure 42. Age-Adjusted Prostate Cancer Incidence Rate per 100,000 Population, by State and County, 2015-2019



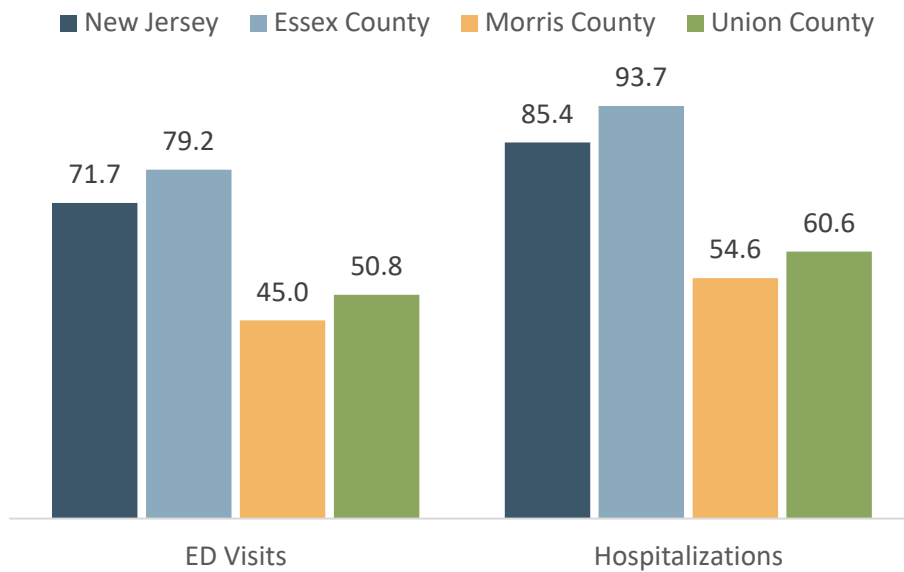
DATA SOURCE: New Jersey State Cancer Registry, New Jersey Department of Health, 2015-2019

NOTE: Persons of Hispanic ethnicity may be of any race or combination of races. The categories of race and ethnicity are not mutually exclusive.

Chronic Obstructive Pulmonary Disease (COPD)

Figure 43 shows the rate of emergency department (ED) visits and hospitalizations for chronic obstructive pulmonary disease (COPD) per 10,000 population by state and county between 2016 and 2020. The rate of ED visits for COPD in New Jersey was 71.7 per 10,000 population, the rate was higher in Essex County (79.2) and lower in Morris (45.0) and Union Counties (50.8). Similarly, the rate of hospitalizations for COPD in Essex County (93.7) was higher than the state rate (85.4), while the rates in Morris (54.6) and Union (60.6) Counties were lower.

Figure 43. Emergency Department Visits and Hospitalizations due to COPD per 10,000 Population, by State and County, 2016-2020



DATA SOURCE: New Jersey Department of Health, Office of Health Care Quality Assessment, New Jersey Data Collection System, as reported by New Jersey State Health Assessment Data (NJSHAD), 2016-2020

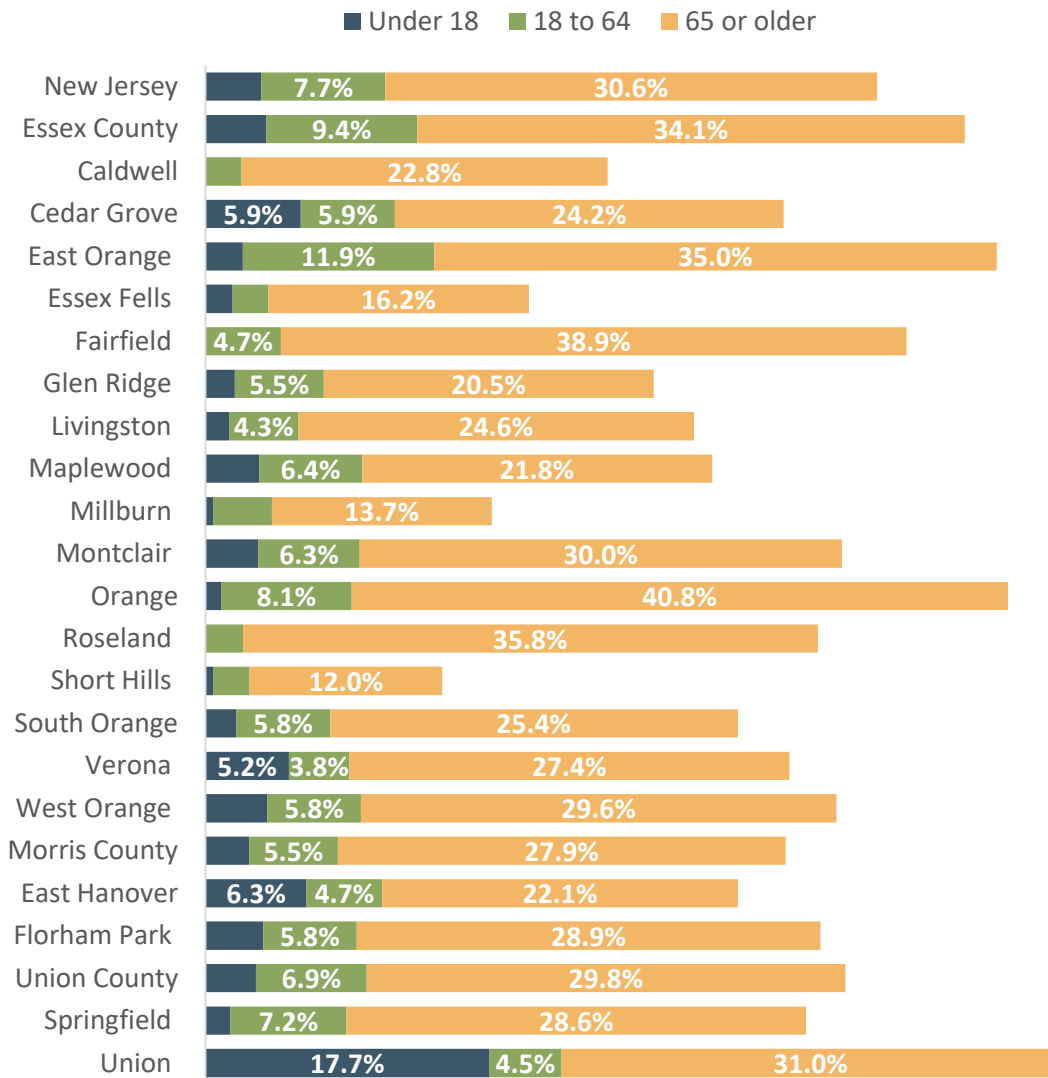
NOTE: Includes primary and secondary diagnosis chronic obstructive pulmonary disease

Disability

Residents living with certain types of disabilities may have difficulty getting around, living independently, or completing self-care activities. Other disabilities, such as hearing impairment, vision impairment, and cognitive impairment, also impact residents’ daily lives. A few key informant interviewees mentioned challenges and efforts to improve accessibility for residents living with disabilities. One interviewee stated: *“Access to resources for residents with disabilities, both physical and cognitive, is limited. People are left to their own devices.”* Another interviewee reported that their community has convened an accessibility committee to advise on how to improve accessibility within the parks system.

In the towns that comprise the CBMC PSA, the percentage of people under age 18 with a disability ranges from 0.0% in Caldwell, Roseland, and Fairfield to 17.7% in the Town of Union. The percentage of the population aged 18-64 with a disability ranges from 2.2% in Essex Fells to 11.9% in East Orange, and the percentage of the population 65 or older with a disability ranges from 12.0% in Short Hills to 40.8% in Orange (Figure 44). Overall, the percentage of residents with a disability is higher in the towns of East Orange (49.2%), Fairfield (43.6%), Orange (49.9%), and Union (53.1%) compared to the state as a whole (41.8%).

Figure 44. Civilian Noninstitutionalized Population with a Disability, by State, County, and Town, 2016-2020



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

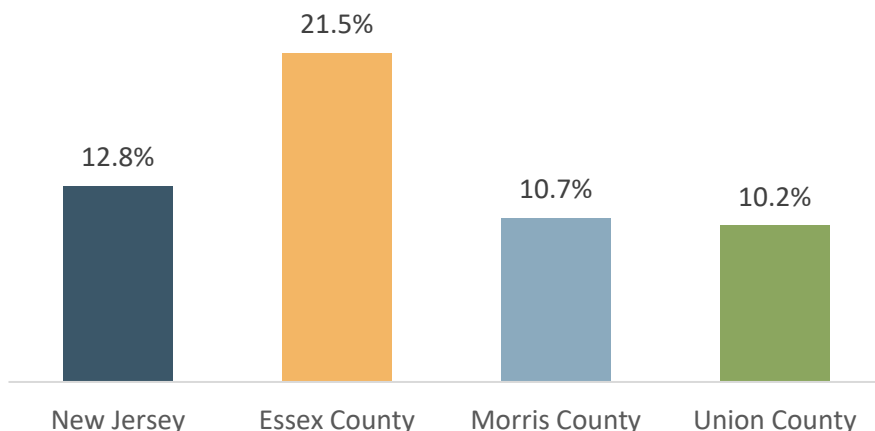
NOTE: Data under 4.0% not labeled.

Behavioral Health: Mental Health and Substance Use

Behavioral health is thought of as the connection between the health and well-being of the body and the mind. In the field, mental health and substance use are typically discussed under the larger framework of behavioral health. More than half of all interviewees and participants in one focus group described mental health challenges in their communities, including difficulty accessing and lack of awareness about mental health services, cultural barriers and stigma preventing residents in some communities from accessing mental health services, and the effects of the pandemic and other life stressors on mental health for community residents in general and youth in particular. Figure 45 through Figure 49 provide an overview of mental health surveillance data for the CBMC PSA.

In 2020, the percentage of adults who reported 14 or more days of poor mental health in the past month in Essex County (21.5%) was greater than the percentage in the state (12.8%). The percentage of adults who reported 14 or more days of poor mental health was lower in Morris (10.7%) and Union (10.2%) Counties (Figure 45).

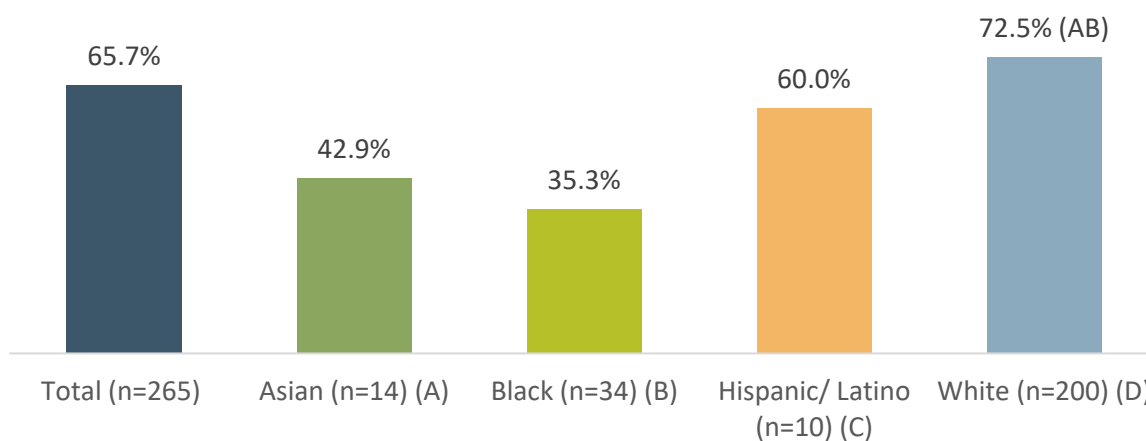
Figure 45. Percent Adults Reported 14 or More Days of Poor Mental Health in Past Month, by State and County, 2020



DATA SOURCE: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention, as reported by New Jersey State Health Assessment Data (NJSHAD), 2020

Among community survey respondents who reported that they or a family member had been told by a health professional that they had depression or anxiety, 65.7% reported they or their family member were currently under care for depression or anxiety (Figure 46). The percentage was higher among White respondents (72.5%), and lower among Asian (42.9%), Black (35.5%), and Hispanic/Latino (60.0%) respondents.

Figure 46. Percent of Community Survey Respondents Reporting That They or a Family Member are Currently Under Care for Depression or Anxiety (n = 265), 2021

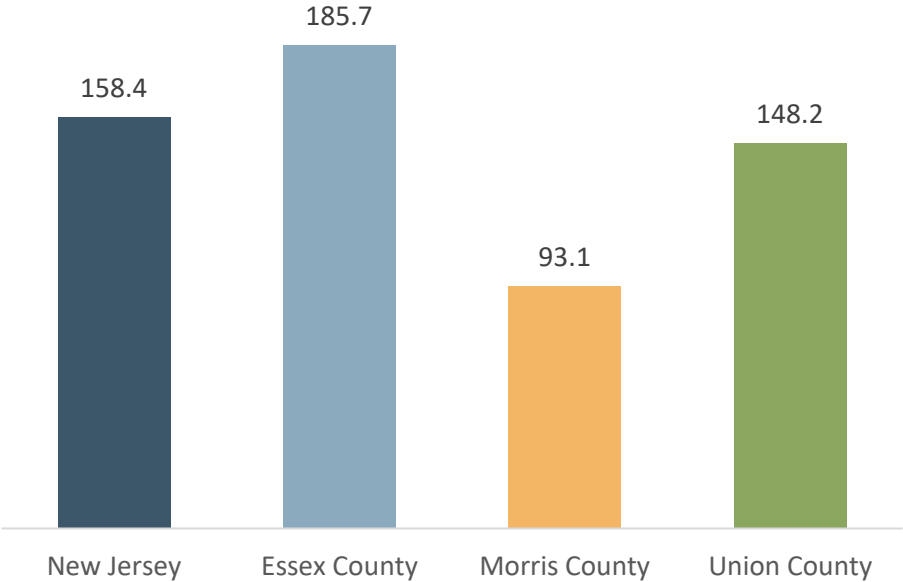


DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021

NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

In 2020, the rate of ED visits due to mental health per 100,000 population was 158.4 in New Jersey. The rate was higher in Essex County (185.7) and lower in Morris (93.1) and Union (148.2) Counties (Figure 47).

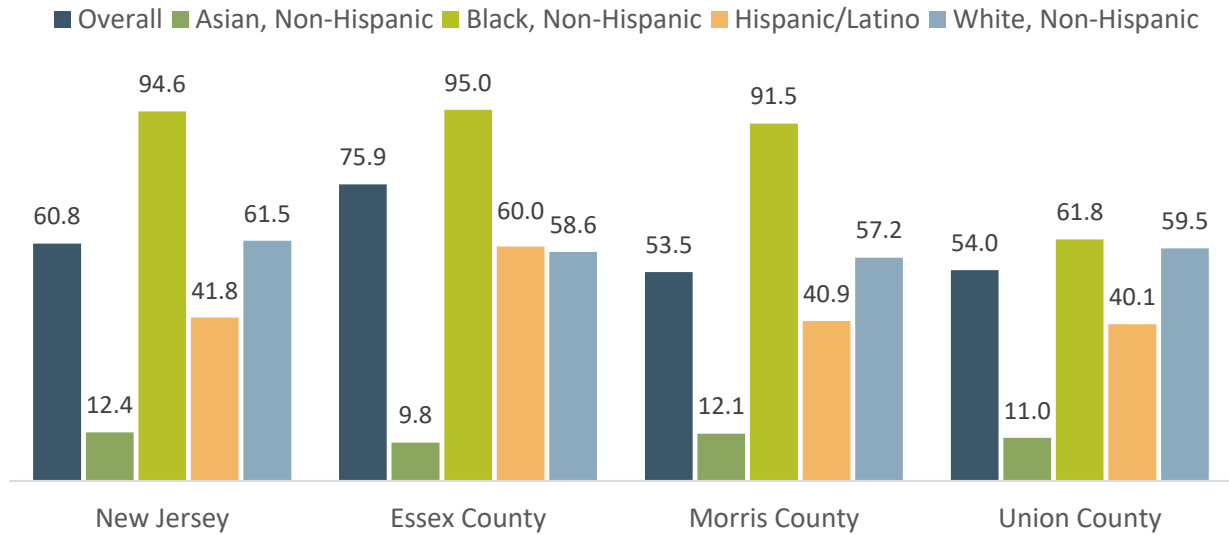
Figure 47. ED Visits due to Mental Health per 100,000 Population, by State and County, 2020



DATA SOURCE: New Jersey Department of Health, Office of Health Care Quality Assessment, New Jersey Data Collection System, as reported by New Jersey State Health Assessment Data (NJSHAD), 2020

The rate of hospitalizations due to mental health per 100,000 population was highest among non-Hispanic Black residents in New Jersey (94.6), and Essex (95.0), Morris (91.5), and Union (61.8) Counties. The rate of hospitalizations due to mental health per 100,000 population was lowest among non-Hispanic Asian residents in the state (12.4) and across the three counties in the CBMC PSA (Figure 48).

Figure 48. Hospitalizations due to Mental Health per 100,000 Population, by Race/Ethnicity, State and County, 2020

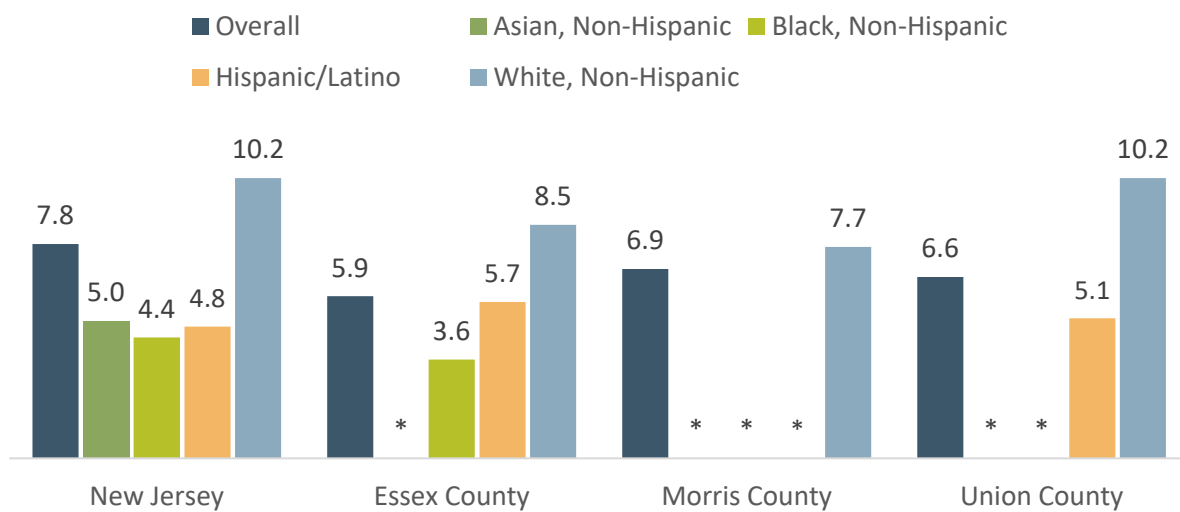


DATA SOURCE: New Jersey Department of Health, Office of Health Care Quality Assessment, New Jersey Data Collection System, as reported by New Jersey State Health Assessment Data (NJSHAD), 2020.

*Crude Rates (age not available for age-adjusted)

The overall suicide rate per 100,000 population in Essex, Morris, and Union Counties was lower than the rate per 100,000 population in New Jersey. The suicide rate per 100,000 population was higher among non-Hispanic White residents, and lower among other racial/ethnic groups for whom data are available, compared to the overall suicide rate in the state of New Jersey and across the three counties in the CBMC PSA (Figure 49).

Figure 49. Age-adjusted Suicide Rate per 100,000 Population, by Race/Ethnicity, State and County, 2016-2020



DATA SOURCE: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2016-2020

NOTE: Asterisks (*) denote insufficient data to calculate reliable rate

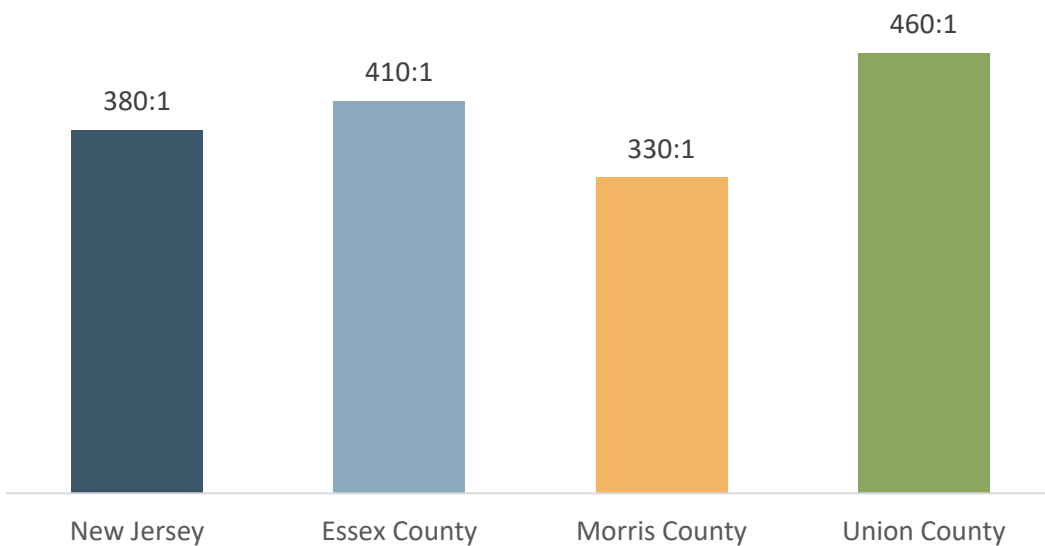
Awareness and Access to Mental Health Services

Nearly half of all interviewees noted barriers to accessing mental health services, including cultural barriers and stigma. One interviewee noted that younger adults in their 20s and early 30s seem to be more attuned to mental health needs compared with adults in their late 30s and older. Focus group participants also described the need to increase awareness about available mental health supports.

In terms of the ratio of population to mental health providers, there are fewer residents per mental health provider in Morris County (330:1) compared to the state overall (380:1). There are more residents per mental health provider compared to the state overall in Essex (410:1) and Union (460:1) Counties (Figure 50).

“The anxiety, depression, worry is going to continue. If there are any outlets whatsoever, we need to put it out there, make it available, mail it to people’s homes so they know that someone out there cares about everyone. Everyone needs the evidence of it. Even if it’s the hospital mailing things out saying, ‘We care, here is what is available.’” – Focus group participant

Figure 50. Ratios of Population to Mental Health Providers, by State and County, 2021



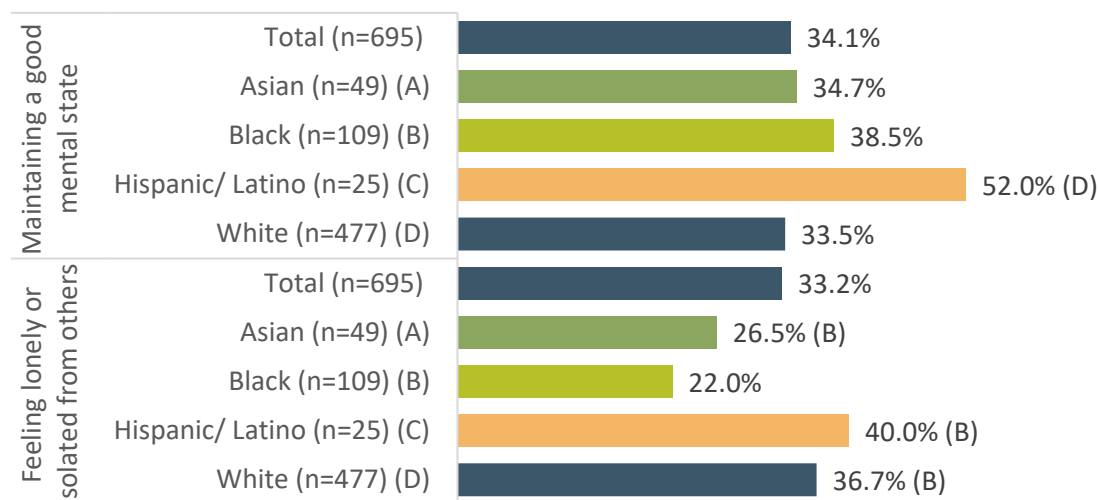
DATA SOURCE: National Provider Identification Registry, Centers for Medicare and Medicaid Services, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2021

Pandemic Impact on Mental Health

Interviewees and focus group participants noted the impact of the pandemic and other contemporary life stressors on residents’ mental health. Multiple interviewees reported that the pandemic has negatively affected public sector employees and frontline workers, some of whom are now experiencing burnout and other mental health issues. Focus group participants described how chronic stress and anxiety in turn affect physical health.

Roughly one third of community survey respondents reported that they or someone in their immediate family has personally experienced difficulty maintaining a good mental state or feeling lonely or isolated from others since the start of the COVID-19 pandemic (Figure 51). The percentage of residents struggling with COVID-19-related mental health issues was highest among Hispanic/Latino survey respondents. More than half (52.0%) reported they or someone in their family had difficulty maintaining a good mental state, while 40.0% reported they or someone in their family felt lonely or isolated from others since the start of the pandemic.

Figure 51. Percent of Community Survey Respondents Reporting That They or Someone in Their Immediate Family Has Personally Experienced Difficulty with Mental Health Issues Since COVID-19 Started (n = 695), 2021



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

NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

Youth Mental Health

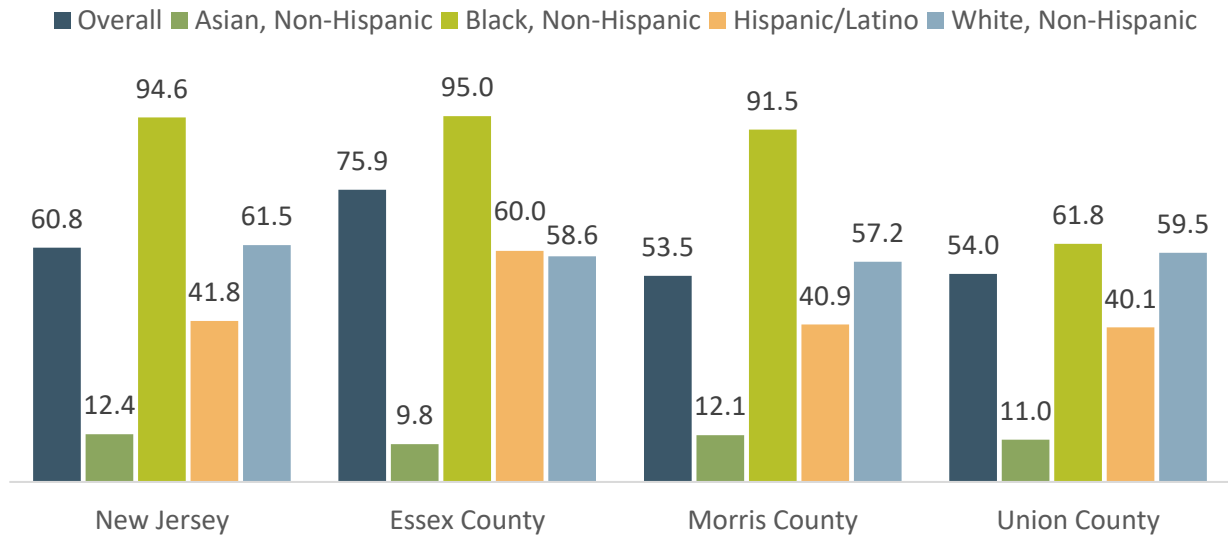
Already an issue of concern raised by focus group participants in the 2019 CHNA, youth mental health arose as a topic of discussion in multiple key informant interviews and focus groups in 2022. One focus group participant who worked as a youth mental healthcare provider reported that the number of children they saw had almost tripled, adding: *“The level of depression and anxiety [has] increased. Domestic violence has increased, suicide has increased, and this is just the [youth] I work with and the agencies I work with, the cases have tripled, our youth are even more in need.”*

Interviewees and focus group participants also noted the negative effects of the pandemic on young people’s social and emotional health. *“The pandemic took a toll on the youth not being able to physically socialize. My grandson’s grades fell, not having social connections with peers, they couldn’t understand why things were happening, it was hard on the parents but also hard on the youth,”* said one focus group participant. Another participant described how parents’ mental health needs often took a back seat while children were struggling: *“I knew I had to compose myself for my son to feel safe and like he could accomplish what he needed to do.”*

Data on pediatric hospitalizations (ages 19 and under) due to mental health per 10,000 show that pediatric mental health hospitalizations were highest among non-Hispanic Black youth in the state (37.4)

and Morris (92.2) and Union (31.9) Counties in 2020 (Figure 52). Pediatric mental health hospitalizations were highest among non-Hispanic White youth in Essex County (33.5). Pediatric mental health hospitalizations were lowest among non-Hispanic Asian youth in the state and the three counties in the CBMC PSA.

Figure 52. Pediatric Hospitalizations (Ages 19 and Under) due to Mental Health per 10,000 Population, by Race/Ethnicity, State and County, 2020



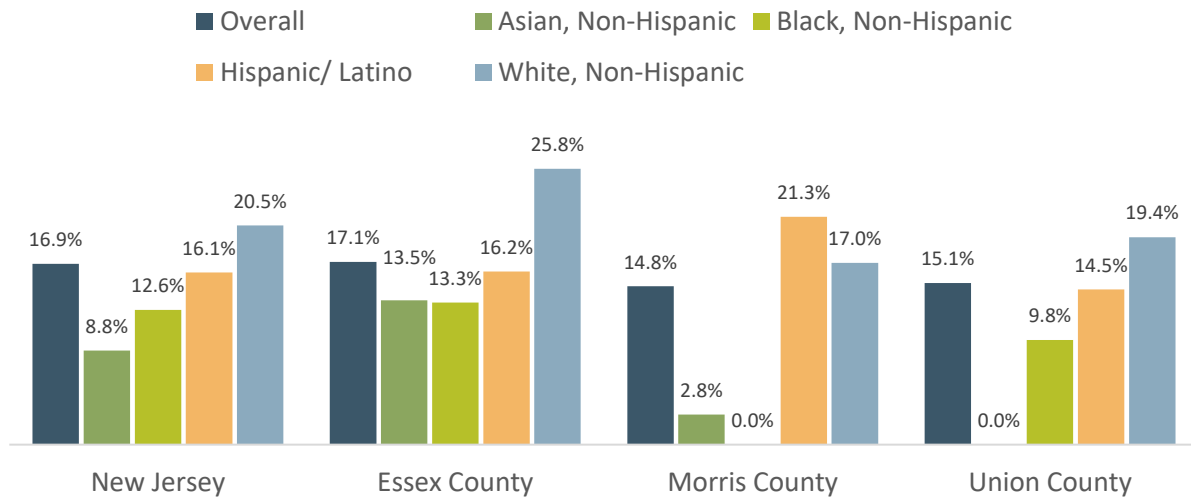
DATA SOURCE: New Jersey Department of Health, Office of Health Care Quality Assessment, New Jersey Data Collection System, as reported by New Jersey State Health Assessment Data (NJSHAD), 2020

Substance Use

A few interviewees noted that some residents use substances to self-medicate as a way of coping with mental health issues. Several interviewees also identified youth substance use, including smoking and vaping, alcohol, and marijuana use, as issues of concern in their communities.

Between 2017 and 2020, about 17% of adults reported binge drinking in the last 30 days in NJ and Essex County. A lower percentage reported binge drinking within the last month in Morris (14.8%) and Union (15.1%) Counties. A higher percentage of non-Hispanic White residents reported binge drinking compared to other racial/ethnic groups in NJ (20.5%), Essex (25.8%), and Union (19.4%) Counties. A higher percentage of Hispanic/Latino residents (21.3%) reported binge drinking in Morris County compared to other racial/ethnic groups (Figure 53).

Figure 53. Percent Adults Who Reported Binge Drinking in the Last 30 Days, by Race/Ethnicity, State and County, 2017-2020

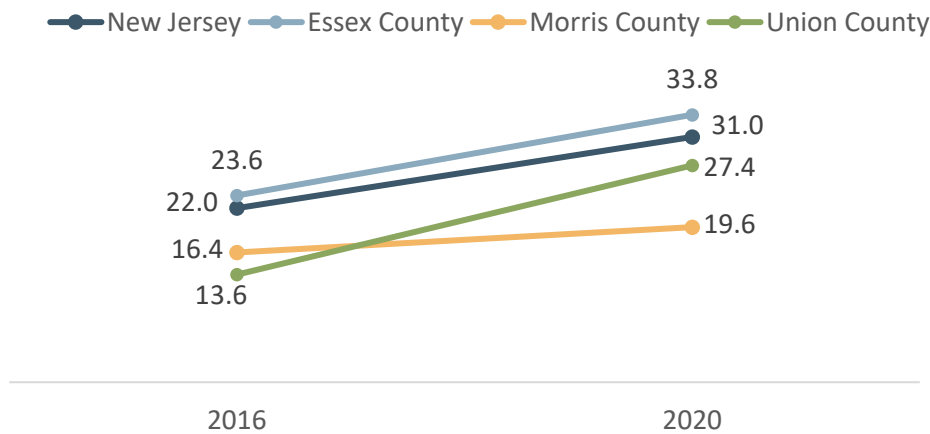


DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2017-2020

NOTE: Asterisks (*) denote insufficient data to calculate reliable rate

The rate of unintentional drug-induced poisoning deaths per 100,000 population increased from 2016 to 2020 in the state and the three counties in the CBMC PSA (Figure 54). In both 2016 and 2020, the rate was highest in Essex County (23.6 and 33.8 per 100,000 population, respectively). The greatest increase occurred in Union County where the rate jumped from 13.6 per 100,000 population in 2016, to 27.4 per 100,000 population in 2020.

Figure 54. Age-Adjusted Unintentional Drug-induced Poisoning Mortality Rate per 100,000 Population, by State and County, 2016 and 2020

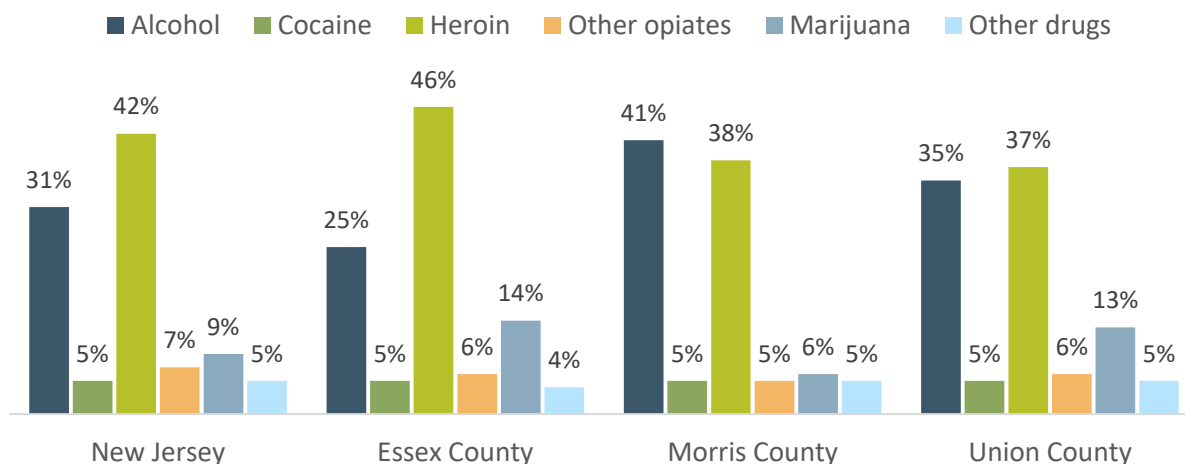


DATA SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 1999-2020 on CDC WONDER Online Database, 2016 and 2020

NOTE: Includes ICD-10 codes X40-X44.

The greatest percentage of substance use treatment admissions in the state (42%) and Essex (46%) and Union (37%) Counties were due to heroin as the primary drug (Figure 55). Alcohol was the primary drug in the greatest percentage of substance use treatment admissions in Morris County (41%). Alcohol was the primary drug in the second highest percentage of substance use treatment admissions in the state and the other two municipalities.

Figure 55. Percent of Substance Use Treatment Admissions by Primary Drug, by State and County, 2020



DATA SOURCE: New Jersey Department of Human Services, Division of Mental Health and Addiction Services, New Jersey Drug and Alcohol Abuse Treatment Substance Abuse Overview, 2020

NOTE: Percentages by county are by county of treatment site

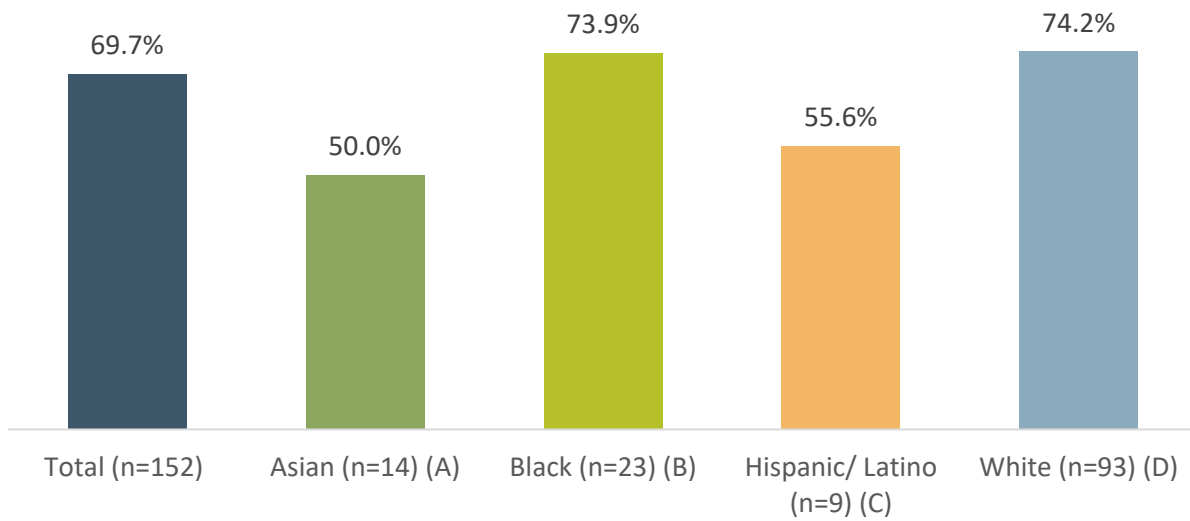
Environmental Health

A healthy environment is associated with a high quality of life and good health. Environmental factors are various and far reaching and include exposure for hazardous substances in the air, water, soil, or food; natural disasters and climate change; and the built environment. A few interviewees mentioned dealing with environmental health challenges, including flash flooding and the unequal impact of climate change on lower income residents. This section describes both environmental health factors in the CBMC service area and the prevalence of conditions these factors can trigger.

Asthma

Among community survey respondents who reported they or a family member had asthma, nearly 70% reported they or their family member were currently under care for asthma (Figure 56). The highest percentage of non-Hispanic White respondents (74.2%) reported being under care, and the lowest percentage of non-Hispanic Asian respondents (50.0%) reported being under care.

Figure 56. Percent of Community Survey Respondents Reporting That They or a Family Member are Currently Under Care for Asthma (n=152), 2021

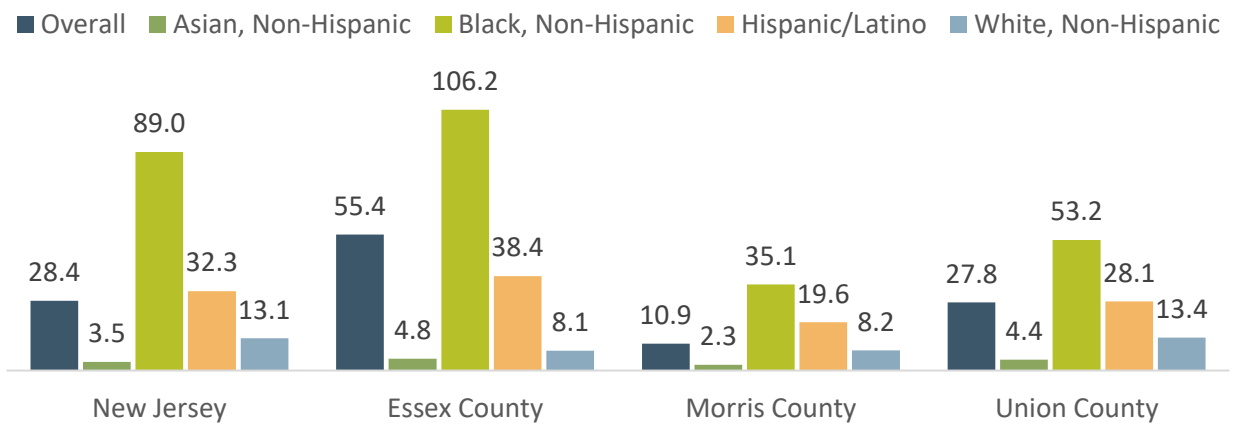


DATA SOURCE: Community Health Needs Assessment Survey Data, Bruno & Ridgway, 2021

NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

The age-adjusted asthma emergency department visit rate per 10,000 population was highest among non-Hispanic Black residents in New Jersey and the three counties in the CBMC PSA (Figure 57). Rates were second highest among Hispanic/Latino residents, and lowest among non-Hispanic Asian residents in the state and across the three municipalities.

Figure 57. Age-Adjusted Asthma Emergency Department Visit Rate per 10,000 Population, by Race/Ethnicity, by State and County, 2020



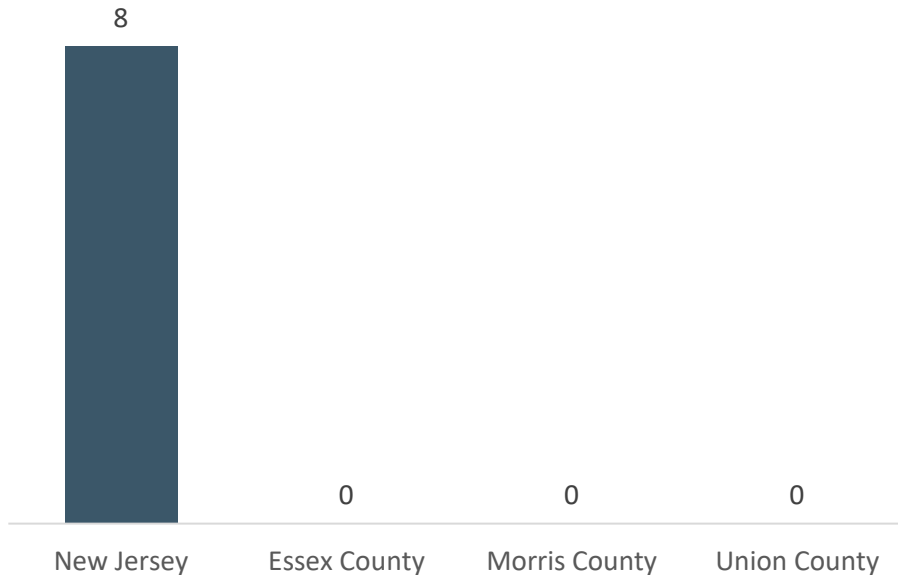
DATA SOURCE: New Jersey Discharge Data Collection System, Office of Health Care Quality Assessment, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2020

NOTE: Data includes ED visits where asthma was primary diagnosis.

Air Quality

In 2020, there were eight days statewide in New Jersey where ozone in outdoor air exceeded the federal health-based standard for ozone (eight-hour period above 0.070 ppm). There were zero days where ozone in outdoor air exceeded the federal health-based standard for ozone in Essex, Morris, and Union Counties (Figure 58).

Figure 58. Ozone in Outdoor Air, Number of Days Ozone Exceeded the National Ambient Air Quality Standards for Ozone (8-hour above 0.070 ppm), by State and County, 2020



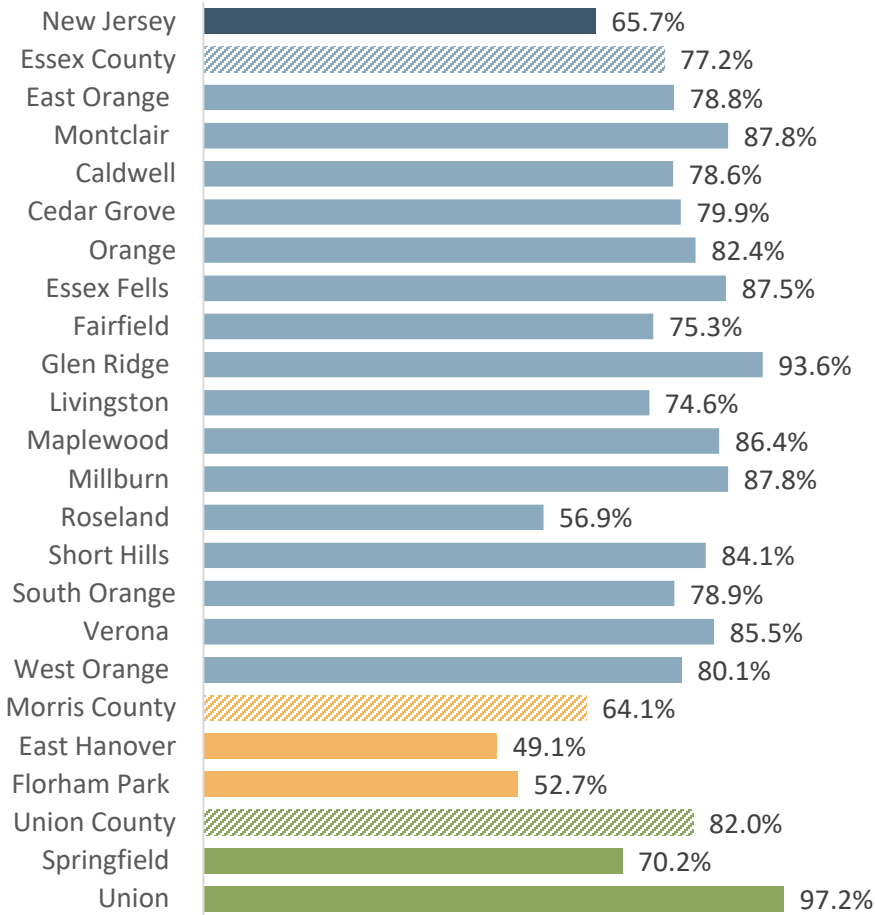
DATA SOURCE: Bureau of Air Monitoring, New Jersey Department of Environmental Protection, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2020

NOTE: Asterisks (*) denote insufficient data to calculate reliable rate.

Lead

In 1978, the federal government banned consumer uses of lead-based paint. Exposure to lead among young children, through touching lead dust or paint chips for example, can harm children’s health, including potential damage to the brain and nervous system, slowed growth and development, and hearing and speech problems. Data from the American Community Survey show that a greater proportion of housing was built prior to 1980 in Essex (77.2%) and Union (82.0%) Counties compared with the state overall (65.7%). The Town of Union within Union County has the greatest proportion of housing built pre-1980 (97.2%) of any township in the CBMC PSA (Figure 59).

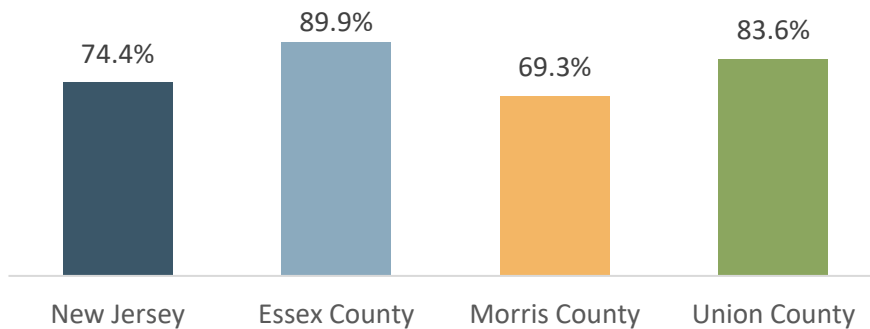
Figure 59. Housing Built Pre-1980, by State, County, and Town, 2016-2020



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

More than 80% of children born in 2014 in Essex (89.9%) and Union (83.6%) Counties were tested for lead exposure before 36 months of age, compared with 69.3% in Morris County and 74.4% statewide (Figure 60).

Figure 60. Percent Children Tested for Lead Exposure Before 36 Months of Age Among Children Born in 2014, by State and County, 2014



DATA SOURCE: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry; Child Health Program, Family Health Services, as reported by, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2014

Infectious and Communicable Disease

This section discusses COVID-19 and sexually transmitted infections.

COVID-19

COVID-19 was a prominent theme in key informant interviews and focus group discussions. Focus group participants reported experiencing continued uncertainty about COVID-19 risk. *“I go from feast to famine, sometimes I'm overly cautious, sometimes I feel like I'm taking too many risks,”* said one participant. *“Some people have even gotten long COVID after the second shot; it's scary,”* said another. Some participants noted their uncertainty is exacerbated by rapidly changing public health guidance: *“Leaders are saying you don't have to wear masks, schools are mandating it, but kids aren't wearing them ... give us the right information, the right procedures, do the best you can to keep us safe and healthy.”*

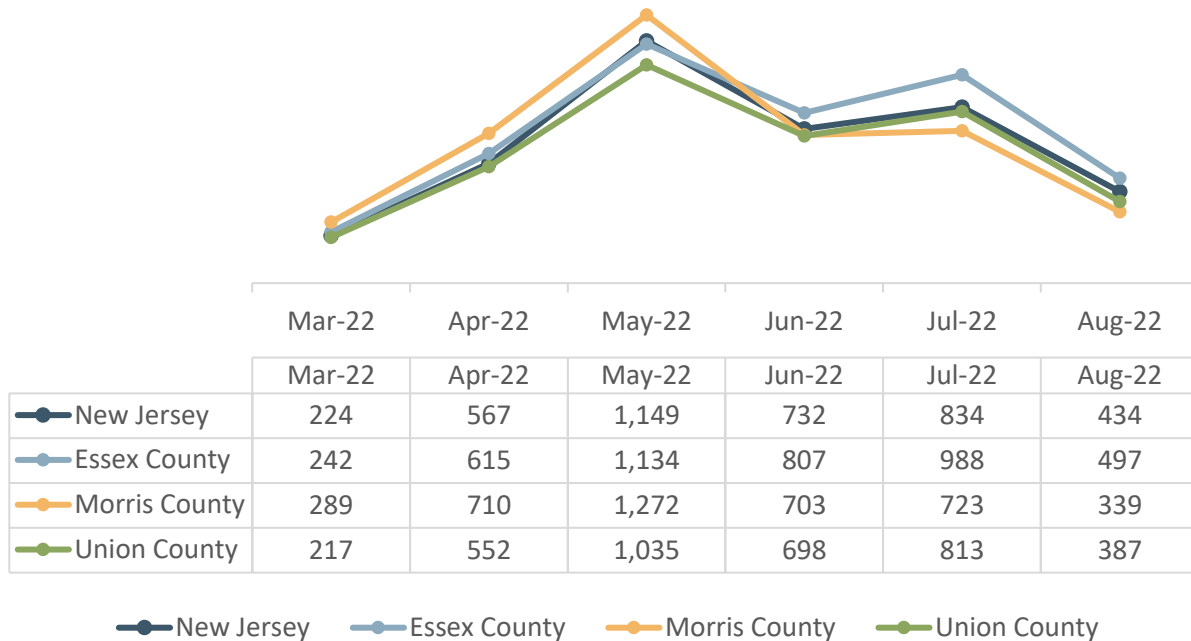
“[COVID has] been the principal issue for everything we are facing right now, not getting food, supplies, the shelves are empty because we can't get supplies in the store. COVID is the reason, stress on down, it's the issue.” - Focus group participant

A few participants specifically noted the impact of the pandemic on older adults in their communities. *“Some had health issues and you could see a physical change in them from not being on the same routine, less vibrant, mobile, because they couldn't do what they were used to doing,”* reported one focus group participant. An interviewee who provides services for older adult residents stated: *“About 40 clients passed away during the pandemic. Some who didn't pass away became more frail due to isolation. Quite a number that used to be here every day wound up in nursing homes or assisted living.”* Both the interviewee and focus group participants noted that pandemic-related health impacts on older adults were exacerbated by the closure or disruption to senior programs, which were a critical source of social engagement and physical activity pre-pandemic.

A few interviewees and focus group participants noted silver linings of the pandemic, including residents becoming more aware of the role health departments play in their communities, formation of partnerships between local health departments and community-based organizations that can now be leveraged to disseminate other health-related information, and an increased appreciation for social interactions with other community members post-pandemic.

Figure 61 shows the rate of new COVID-19 cases per 100,000 population in NJ and the three counties in the CBMC PSA between March – August 2022. Cases in the state and all three municipalities peaked in May 2022. Morris County consistently had the highest cases per 100,000 population from March – May 2022. New cases in Morris County then fell below the rate in the state and Essex and Union Counties in July and August. Conversely, Essex County had a higher rate of new cases compared with the state and Morris and Union Counties in June – August 2022.

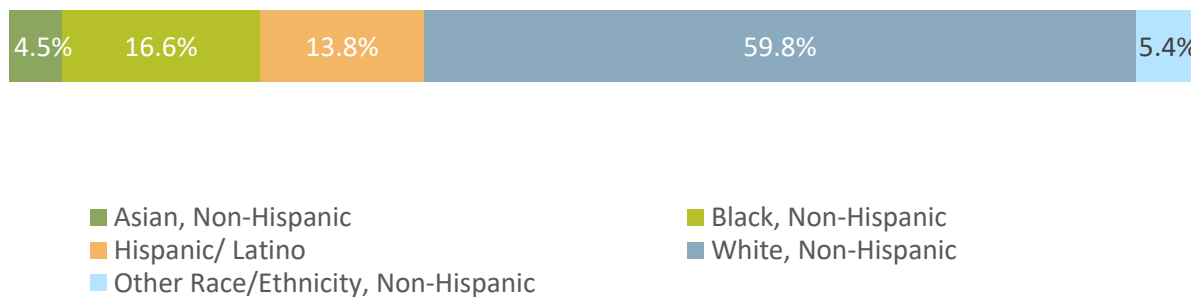
Figure 61. New COVID-19 Cases per 100,000 Population, by State and County, March - August 2022



DATA SOURCE: New Jersey Department of Public Health, COVID-19 Dashboard, 2022
 NOTE: August data is as of 8/23/2022.

As of August 2022, non-Hispanic White residents accounted for the largest percentage of COVID-19 deaths in the state of New Jersey (59.8%). Non-Hispanic Asian residents account for the smallest proportion of deaths in the state (4.5%) (Figure 62). For context, as shown in Figure 4, non-Hispanic White residents also account for the largest proportion of the overall population in NJ (51.9%), and non-Hispanic Asian residents account for the second smallest proportion of the population (10.2%). Residents identifying as “other race/ethnicity, non-Hispanic” account for just 1.2% of the population in the state, but 5.4% of COVID-19 deaths.

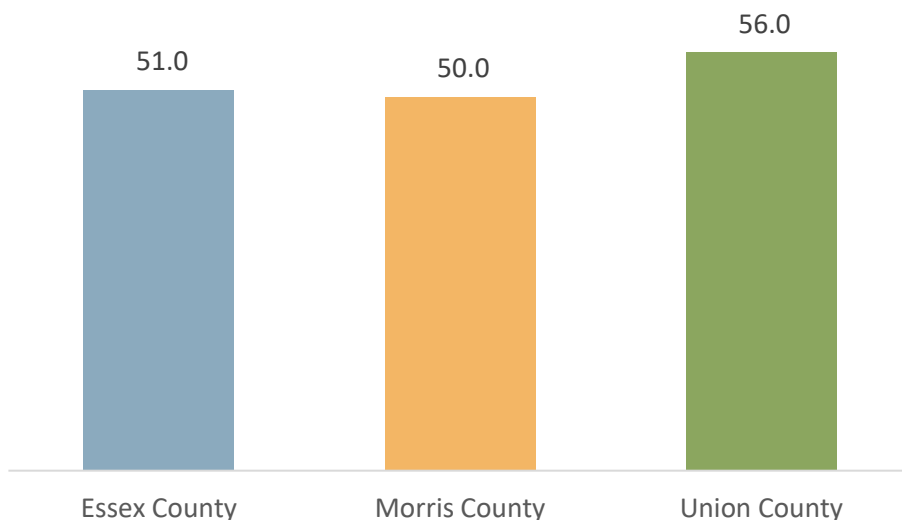
Figure 62. COVID-19 Confirmed Deaths in New Jersey, by Race/Ethnicity, 2022



DATA SOURCE: New Jersey Department of Public Health, COVID-19 Dashboard, updated 8/29/2022

Figure 63 shows the COVID-19 death rate per 100,000 residents in the three counties in the CBMC PSA between January – August 2022. Union County had the highest death rate at 56.0 deaths per 100,000 residents and Morris County had the lowest death rate at 50.0 per 100,000 residents. Data on deaths per 100,000 residents at the state level are unavailable.

Figure 63. COVID-19 Death Rate per 100,000 Residents, by County, January-August 2022



DATA SOURCE: New Jersey Department of Public Health, COVID-19 Dashboard, updated 9/11/2022

Participants in two of the focus groups spoke about volunteering to help distribute vaccines in their communities. One participant expressed surprise at the vaccine hesitancy they encountered within their community when helping to distribute vaccines. Table 8 shows the total count of eligible residents who are fully vaccinated against COVID-19 in the state and the three counties in the CBMC service area.

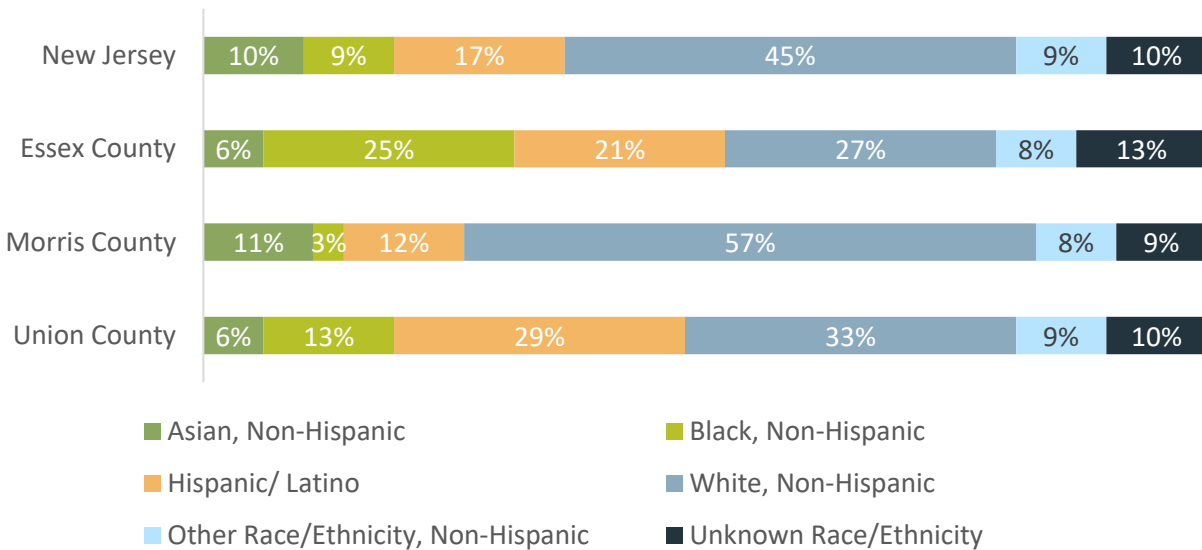
Table 8. Count of Eligible Residents Fully Vaccinated for COVID-19, by State and County, 2022

	Total Vaccinated
New Jersey	6,795,708
Essex County	610,254
Morris County	395,404
Union County	428,263

DATA SOURCE: New Jersey Department of Public Health, COVID-19 Dashboard, updated 7/27/2022

Figure 64 shows the percentage of vaccinated residents by race/ethnicity in the state and the three counties in the CBMC PSA. Again, it is helpful to compare Figure 64 with Figure 4 for context. Non-Hispanic Asian residents account for a similar percentage of those vaccinated and percentage of the total population in NJ and the three counties in the CBMC PSA. Non-Hispanic White residents comprise a smaller share of those vaccinated than of the total population in the state and Morris County, non-Hispanic Black residents comprise a smaller share of those vaccinated than of the total population in the state and Essex and Union Counties, and Hispanic/Latino residents comprise a smaller share of those vaccinated than of the total population in the state and the three counties in the CBMC PSA.

Figure 64. Percent of Eligible Residents Fully Vaccinated for COVID-19, by Race/Ethnicity, by State and County, 2022

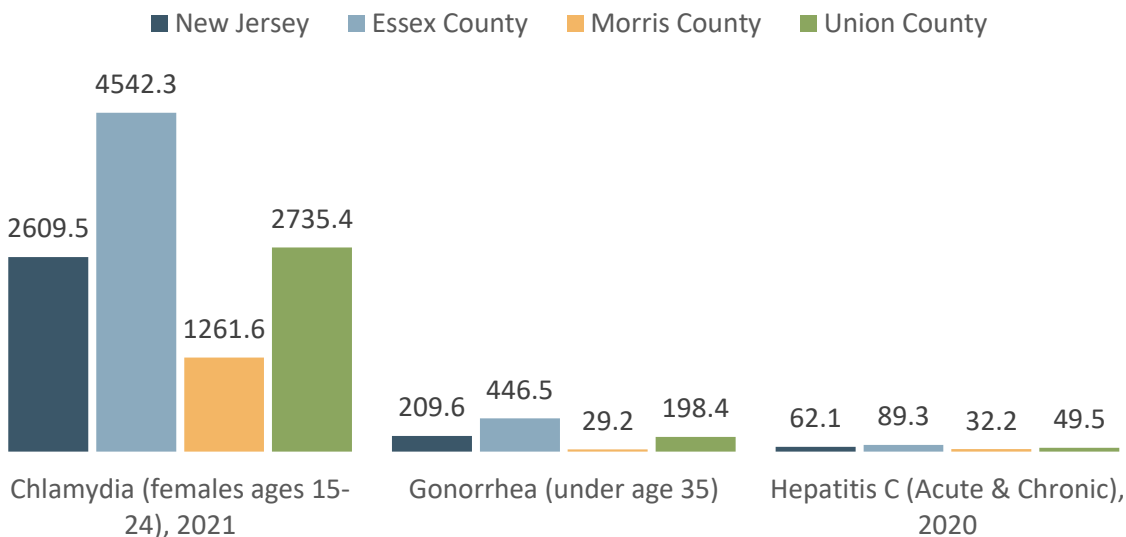


DATA SOURCE: New Jersey Department of Public Health, COVID-19 Dashboard, 2022
 NOTE: Race/ethnicity data does not include those vaccinated out of state and by federal programs.

Sexual Health and Sexually Transmitted Diseases

Sexual health and sexually transmitted diseases were not a major theme in any of the focus groups or key informant interviews. Rates of chlamydia, gonorrhea, and hepatitis C per 100,000 population were higher in Essex County compared with Morris and Union Counties and the state overall (Figure 65).

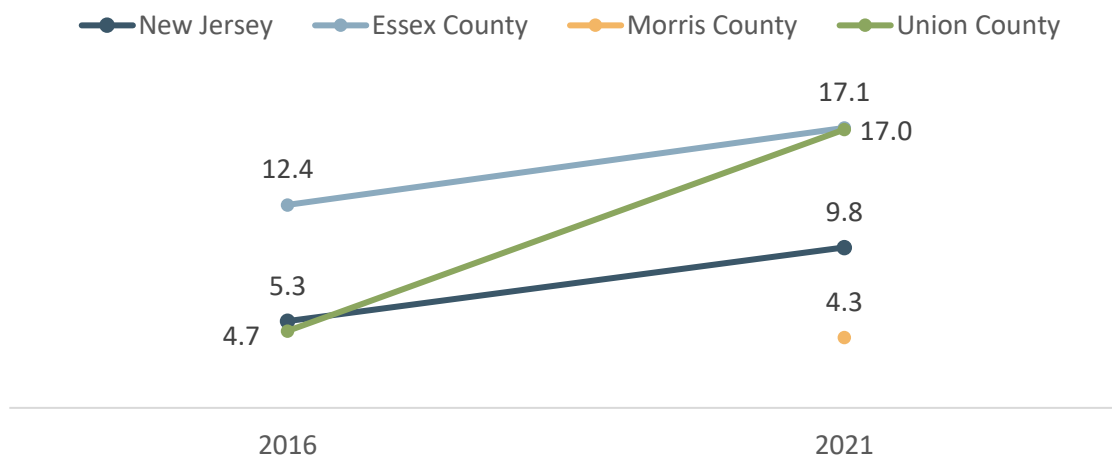
Figure 65. Chlamydia, Gonorrhea, and Hepatitis C per 100,000 Population, by State and County, 2020 & 2021



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

Data from the New Jersey Department of Health show that the syphilis incidence rate per 100,000 population increased in the state and in Essex and Union Counties from 2016 to 2021 (data for Morris County for 2016 are unavailable). The incidence rate in Essex (17.1 per 100,000 population) and Union (17.0 per 100,000 population) Counties was nearly twice as high as the statewide incidence rate (9.8 per 100,000 population) in 2021 (Figure 66).

Figure 66. Syphilis Incidence Rate per 100,000 Population, by State and County, 2016 and 2021

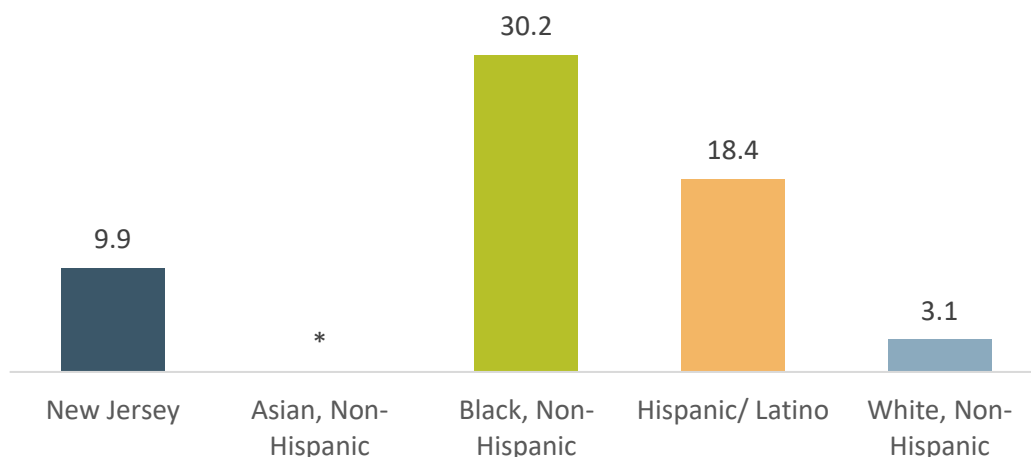


DATA SOURCE: Communicable Disease Reporting and Surveillance System, New Jersey Department of Health, Division of HIV, STD, and TB Services, 2016 and 2021

NOTE: Includes primary and secondary syphilis. Crude rate. Morris County 2016 data is suppressed due to insufficient data to calculate rate.

HIV transmission data are only available at the state level. The rate of transmission per 100,000 population is more than three times as high among non-Hispanic Black residents (30.2) and nearly twice as high among Hispanic/Latino residents (18.4) compared to the rate in the state overall (9.9) (Figure 67).

Figure 67. HIV Transmission per 100,000 Population (Age 13 and Older), by Race/Ethnicity, by State, 2020



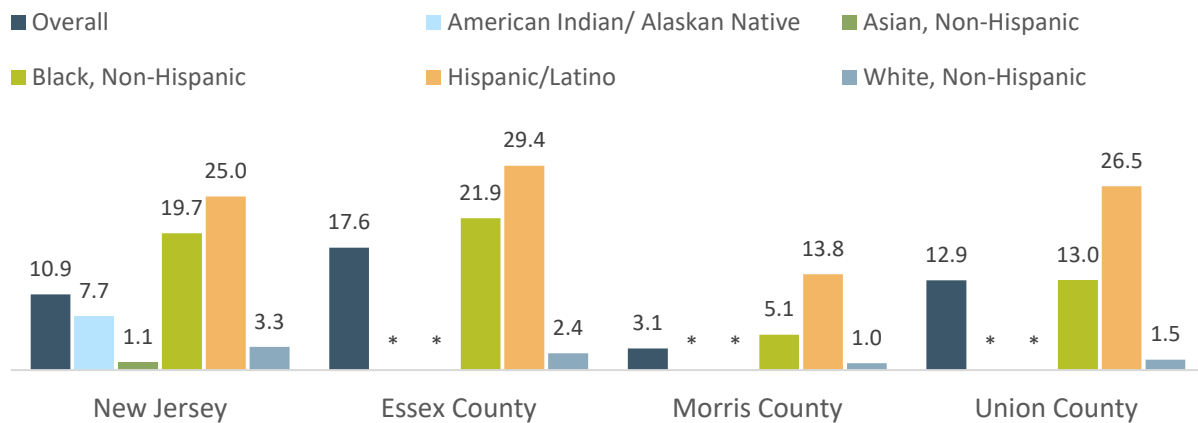
DATA SOURCE: Enhanced HIV/AIDS Reporting System (eHARS), Division of HIV/AIDS, STD, and TB Services, as reported by the New Jersey Health Assessment Data (NJSHAD), 2020

Maternal and Infant Health

The health and well-being of mothers, infants, and children are important indicators of community health.

Figure 68 shows the number of teen births (ages 15 to 19) per 1,000 female population by race/ethnicity in the state and the three counties in the CBMC PSA between 2014 and 2020. In the state and across the three counties, non-Hispanic Black and Hispanic/Latino teens had a higher rate of teen births compared to the overall rate.

Figure 68. Number of Births per 1,000 Female Population Ages 15 to 19, by Race/Ethnicity, by State and County, 2014-2020

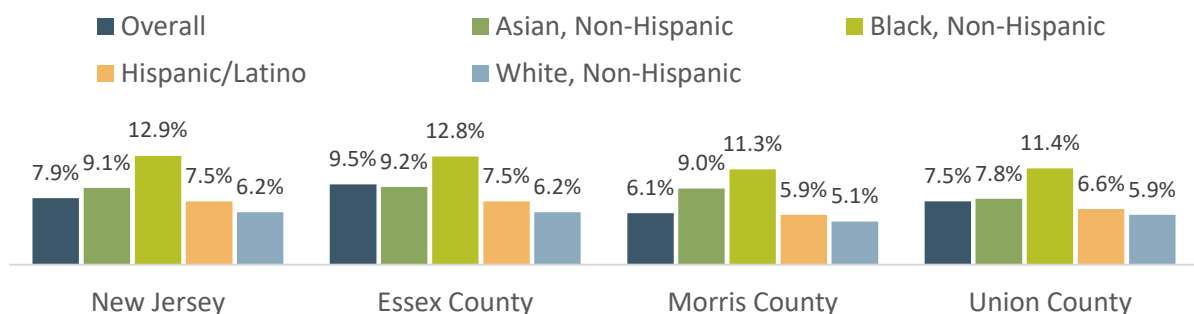


DATA SOURCE: National Center for Health Statistics, Natality Files, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2014-2020

NOTE: Asterisks (*) denote insufficient data to calculate reliable rate

According to data from the New Jersey Birth Certificate Database, non-Hispanic Black and non-Hispanic Asian mothers had the highest proportion of low-birth-weight births (less than 2,500 grams) of any racial ethnic group in the state and the three counties in the CBMC PSA (Figure 69).

Figure 69. Percent Low-Birth-Weight Births, by Race/Ethnicity, by State and County, 2016-2020



DATA SOURCE: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2016-2020

NOTE: Low birth weight as defined as less than 2,500 grams.

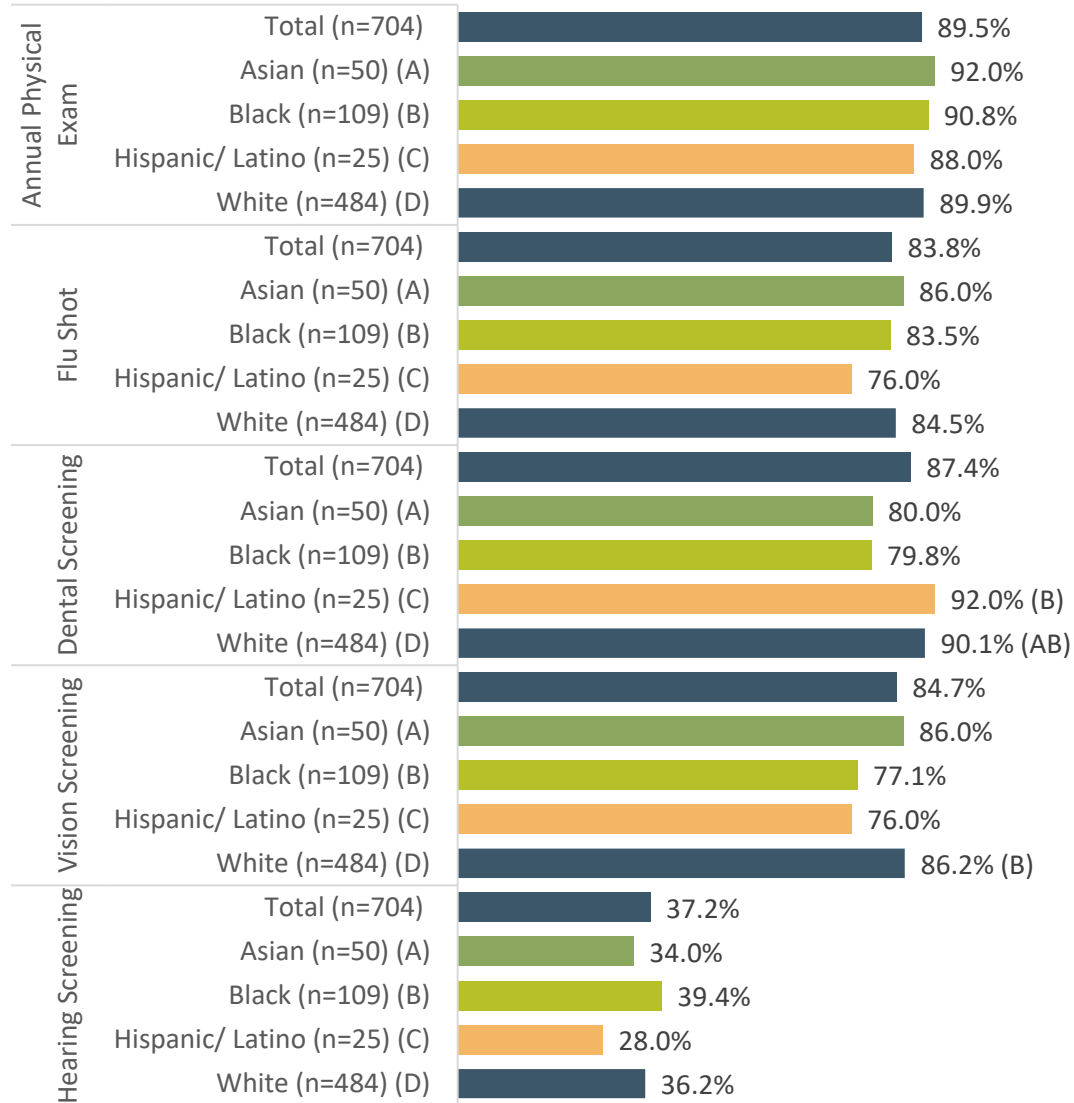
Access to Services

This section discusses the use of healthcare and other services, barriers to accessing these services, and the health professional landscape in the region. Access to healthcare services is important for promoting and maintaining health, preventing and managing disease, and reducing the chance of premature death.

Preventive Care and Health Screenings

Nearly 90% of community survey respondents reported receiving an annual physical exam in the past two years (89.5%) (Figure 70). The greatest percentage of Asian respondents (92.0%) and the lowest percentage of Hispanic/Latino respondents (88.0%) reported receiving a physical exam in the last two years. Over 80% of respondents reported receiving a flu shot (83.8%), dental screening (87.4%), and vision screening (84.7%) in the last two years. The lowest percentage of Hispanic/Latino respondents reported receiving a flu shot (76.0%) and vision screening (76.0%), but the greatest percentage reported receiving a dental screening (92.0%). The greatest percentage of Asian respondents (86.0%) received a flu shot, and the greatest percentage of White respondents received a vision screening (86.2%). Only around one third of respondents (37.2%) reported receiving a hearing screening in the past two years. The greatest percentage of Black respondents (39.4%) and the lowest percentage of Hispanic/Latino respondents (28.0%) reported receiving a hearing screening.

Figure 70. Percent of Community Survey Respondents Reporting that They Have Participated in a General Preventive Services Screening in the Past Two Years (n=704), 2021



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

NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

A few interviewees spoke about partnering with the school system to connect students and their families to health services, including offering health screenings, connecting students to mental healthcare providers, and providing vaccinations. One interviewee spoke about referring community members to CBMC for screening services. On the other hand, participants in the focus group with parents of school aged children reported not having sufficient access to health screenings and not knowing where to go for information about when and where screenings are being offered.

“There’s definitely, in healthcare, the have and have nots, but it goes beyond the color of your skin. Health is impacted by where you live, your job, etc.” – Key informant interviewee

Nearly half of all key informant interviewees reported that funding instability rooted in reliance on grant funding makes it more challenging for local government agencies to plan staffing levels, programs, and activities year-to-year. One interviewee noted that a reduction in COVID-related funding streams in particular could lead to a drop in staffing levels that will negatively impact access to services.

Difficulty Scheduling Appointments and Long Wait Times

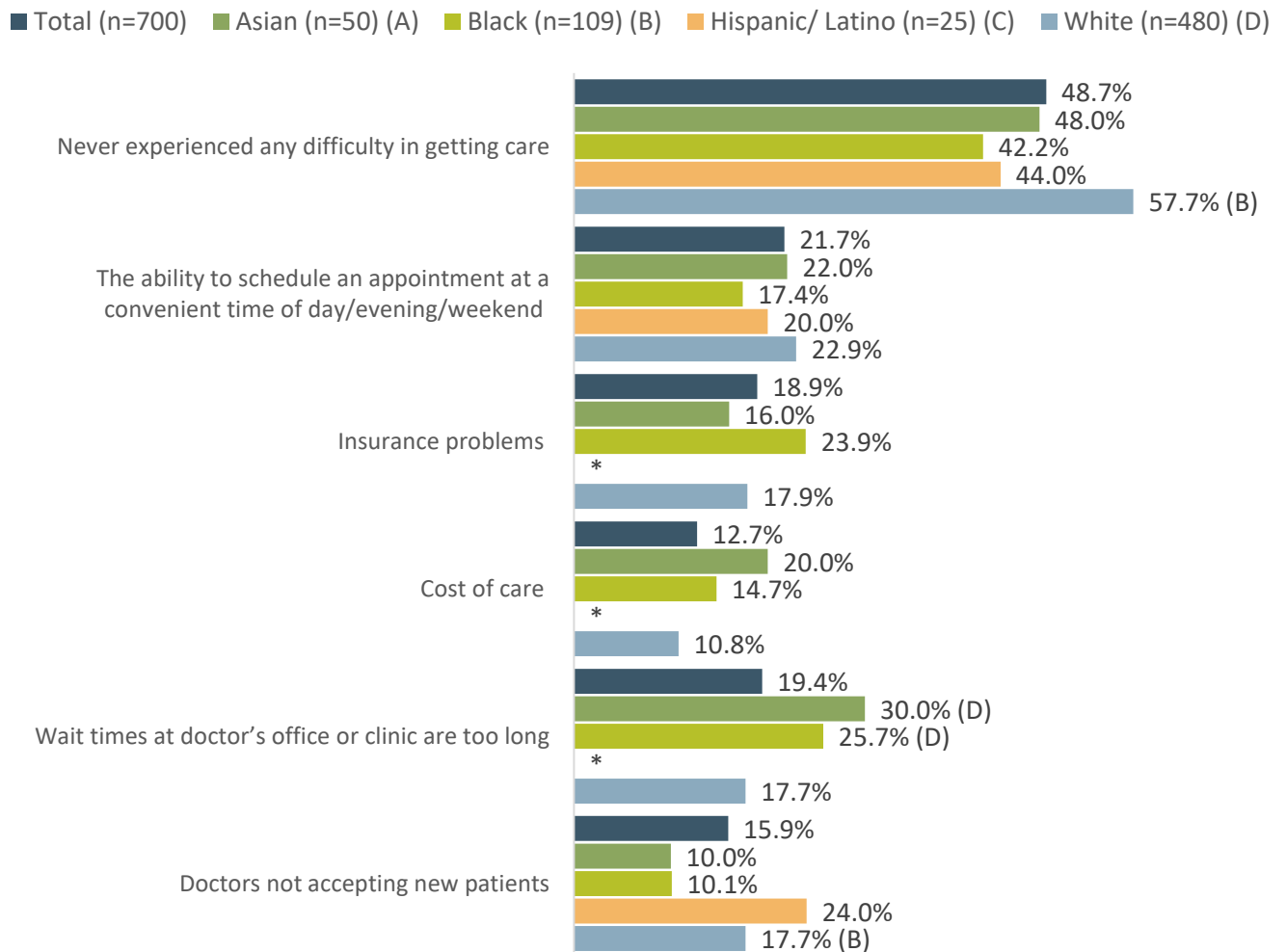
All the interviewees and focus group participants discussed barriers to accessing healthcare and other essential services, including difficulty scheduling doctor’s appointments and long wait times for appointments. Multiple participants noted that it has become more difficult to schedule doctor’s appointments since the pandemic, with one interviewee noting that it is especially difficult for patients seeking a provider with specific characteristics, such as a provider who shares their gender or speaks their native language.

Focus group participants spoke about long wait times for appointments with their primary care physicians and when seeking healthcare in the emergency room (ER). One participant described their frustration with both long wait times and the cost of care: *“At the hospitals you’ll be there for four hours. Then when you get seen it’s not even for fifteen minutes. Afterwards you get a large bill and that doesn’t feel fair. You spend more time waiting for a doctor than them actually seeing you.”*

Some participants reported going to urgent care instead of the emergency room when experiencing a medical emergency. *“My co-pay tends to be a lot cheaper than going to the hospital,”* one focus group participant explained. Another participant reported that the only pediatric urgent care in their community closes at two o’clock in the morning, so parents must take their children to the emergency room if they experience a medical emergency in the early morning hours. In contrast to the challenges reported by participants in the other two focus groups, participants in the focus group with older adult residents reported that accessing care at CBMC is convenient, and that the wound center at CBMC serves as an important resource for post-operative patients discharged from CBMC and other area hospitals. It should be noted that the participants in the older adult focus group were all residents of Livingston, the township where CBMC is located.

Nearly half (48.7%) of community survey respondents reported that they never experienced any difficulty accessing care when needed (Figure 71). The greatest percentage of White respondents (57.7%) and the lowest percentage of Black respondents (42.2%) reported that they never experienced any difficulty accessing care. Overall, the ability to schedule an appointment at a convenient time was the most common barrier to accessing care (21.7%). Around 20% of participants also reported that long wait times (19.4%) and insurance problems (18.9%) were barriers to accessing care.

Figure 71. Percent of Community Survey Respondents Reporting Which Issues Made It Difficult for Them or a Family Member to Access Care When Needed (n=700), 2021



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

NOTE: Statistical significance shown at 90% confidence levels. Racial/ethnic differences between groups noted by lettering next to the bars in the graph.

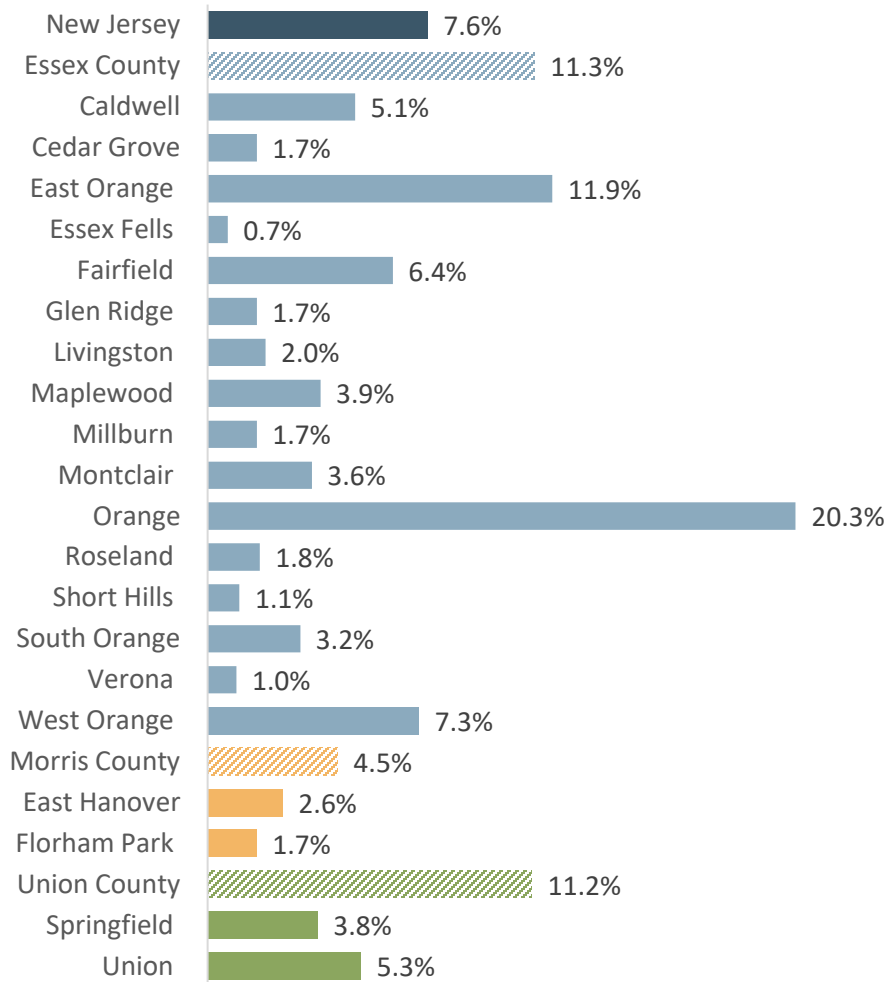
Challenges with Insurance Coverage

Participants in the focus group with older adult residents reported difficulty navigating changes to insurance coverage, including uncertainty about whether insurers will continue to cover COVID-19 vaccinations. Speaking about changes in coverage more generally, one participant stated: *“A lot of us depend on fixed income, some have savings to smooth over the bumps in the road but knowing what you will have to pay out of pocket and what the rules are and how they are changing, is important.”*

Participants in this focus group also reflected on the declining scope of insurance coverage. One participant noted: *“They try to price you out of it, keeping the benefits you have is double the [premium], and to keep the premium you have is almost worthless. Nothing is guaranteed anymore. You have options, but one was for me to pay in just so they could get rid of us.”*

A greater percentage of the population is uninsured in Essex (11.3%) and Union (11.2%) Counties compared with the state overall (7.6%) (Figure 72). A lower percentage of the population is uninsured in Morris County (4.5%). The greatest percentage of the population is uninsured in the Township of Orange (20.3%) compared with the other towns in the CBMC PSA.

Figure 72. Percent Population Uninsured, by State, County, and Town, 2016-2020

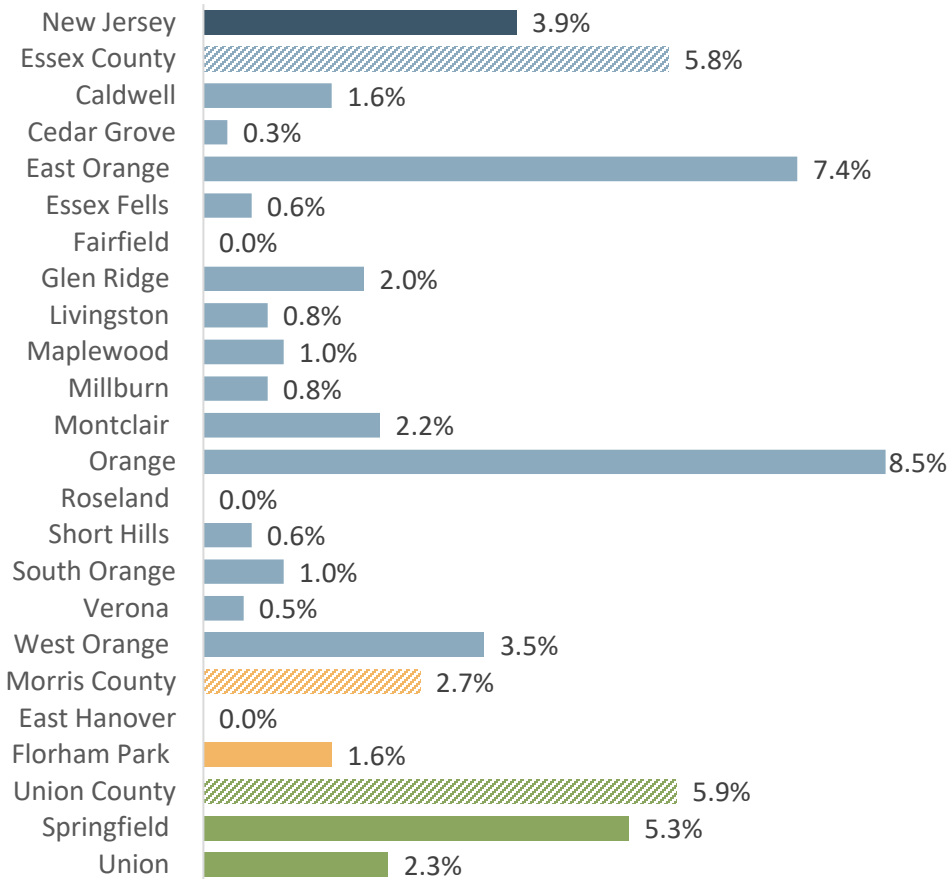


DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Participants in the focus group with parents of school aged children echoed frustrations about insurance coverage, with one participant stating: *“Insurance is very pricey, and it is ridiculous. With them cutting off certain medications, it is unfair for parents. My daughter has asthma and I used to get her medication from CVS. Especially if you’re a parent and low-income, it can be really hard to [take] care of your kid.”*

Similar to data on overall insurance coverage in the state and the CBMC PSA, Essex (5.8%) and Union (5.9%) Counties have a greater percentage of residents under 19 who are uninsured compared to the state overall (3.9%) (Figure 73). A lower percentage of residents under 19 are uninsured in Morris County (2.7%). The greatest percentage of the population under 19 is uninsured in the Township of Orange (8.5%) compared with the other towns in the CBMC PSA.

Figure 73. Population Under 19 with No Health Insurance, by State, County, and Town, 2016-2020



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

NOTE: Asterisks (*) denote insufficient data to calculate reliable estimate

Challenges with Care Coordination

Interviewees and focus group participants reported challenges with care coordination, which echoed frustrations expressed by focus group participants in the 2019 CHNA. One interviewee reported that barriers are especially pronounced for non-English speaking patients, who struggle to schedule appointments with specialists who speak their native language, and report negative experiences and delays when using language lines to schedule appointments. Participants in the focus group with older adult residents reported frustration with the use of digital communications by hospitals and healthcare providers. Their requests for paper communications are consistent with sentiments expressed in the 2019 CHNA.

Access to In-home Care and Assisted Living

Access to in-home healthcare, assisted living, and support for familial caregivers were themes that arose in multiple interviews and focus groups. One interviewee noted how many residents in their community were members of the “sandwich generation” – caring for young children and aging parents simultaneously. This interviewee also mentioned providing referrals for these caregivers to access respite care through CBMC and Atlantic Health System.

Participants in the focus group with older adult residents reported receiving insufficient in-home care after being discharged from the hospital. One participant reported that the location where they lived was a barrier to receiving home healthcare: *“I was told by my insurance company that they didn’t have any aids who could come where I live. I didn’t have anyone at all.”* Participants also reported that the quality of in-home care is insufficient, with many workers unable to meet the needs of their older adult clients, particularly post-operative clients, *“The doctors are giving hours of a surgery to a patient who then is passed to someone unfamiliar with wound care,”* one participant summarized.

Participants also identified cost as a barrier to home healthcare. *“The only way you are eligible for help you don’t have to pay out-of-pocket for is if you are in the hospital for several days, otherwise you have to pay out-of-pocket,”* one participant said. Another noted that insurance coverage for home healthcare after hospitalization stops *“whether you are ready or not.”* Participants in the older adult focus group spoke about many residents falling in the *“donut hole”* of coverage – where their income is too high to qualify for assistance, but not high enough to pay for services out-of-pocket. In addition, one interviewee mentioned that staffing shortages create barriers even for high income residents who can afford to pay out-of-pocket. Another interviewee noted that assisted living is not a viable alternative in their community as there are no assisted living programs dedicated to serving low- and moderate-income residents.

Barriers for Immigrant Households

Nearly half of all interviewees reported that immigrant households face barriers to accessing healthcare and social services. Interviewees noted that many undocumented and mixed status households are afraid to access services, a theme that also came up in the 2019 CHNA. Lack of insurance is another barrier to health-related services for this population. In addition, non-English speaking immigrants face language barriers. Some immigrants also face cultural barriers to care, including difficulty navigating the U.S. healthcare system.

Community Vision and Suggestions for the Future

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

Expanding Access to Community Programs and Social Services

All the key informant interviewees identified expanding access to programs and services as a priority for the future. Recommendations included expanding extra-curricular programs for students; creating tailored programs and services at CBMC for different, racial, ethnic, and cultural groups; partnering with community-based organizations, including culturally-specific organizations, to deliver programs, services, and health education, and to boost community engagement; and expanding services for older adult residents, including transportation, support for residents aging in place (e.g., offsetting the cost of retrofitting homes, organizing volunteers to shovel walkways in winter), more affordable assisted living, and creating more opportunities, such as walking groups, for health promotion and social engagement for seniors. Participants also offered suggestions to increase awareness about existing programs and services, including creating a printed resource with referral numbers for various services to meet the needs of seniors who prefer not to access information digitally, and partnering with churches, free clinics, and food banks to broadly disseminate information about available programs and services.

Strengthening Healthcare Services

Interviewees and focus group participants identified expanding access to healthcare as another community priority moving forward. Focus group participants spoke about the need for greater access and increased staffing at hospitals, and expanded access to home healthcare, especially for those who are uninsured. Interviewees noted the need for more healthcare providers to increase the availability of appointments, as well as the need to expand access to bilingual physicians and services for diverse immigrant communities. One interviewee remarked that expanding access to preventive care is more cost-effective than waiting until acute health issues emerge. Another interviewee emphasized the need to expand access to mental healthcare.

Increasing Care Coordination

A few participants identified expanding access to patient navigation and care coordination as a priority for the future, including transitioning from grant-funding to a more stable funding source for these resources. *“I think our community needs a hub for people to be able to see all their specialists. It can be really hard to schedule all of those,”* said one focus group participant. An interviewee recommended that CBMC and other area hospitals coordinate with local health departments before discharging patients into the community to ensure continuity of services and connection to resources, such as medical equipment, which many local health departments can provide free-of-charge.

Focusing on the Upstream Factors and the Social Determinants of Health

Nearly half of all key informant interviewees identified improving access to affordable housing as a community priority, including creating more affordable housing stock as a means of increasing economic integration. Interviewees also mentioned the need for programs to expand access to transportation and fresh, healthy food. One interviewee stressed the need for local health and social service providers to work together to address health disparities instead of *“competing for the same pocket of money.”*

Key Themes and Conclusions

Through a review of the secondary social, economic, and epidemiological data; a community survey; and discussions with community residents and stakeholders, this assessment report examines the current health status of the Cooperman Barnabas Medical Center primary service area during an unprecedented time given the COVID-19 pandemic. Several overarching themes emerged from this synthesis:

- ***Responding to COVID-19, including the physical and mental health impacts on youth and older adults, remains a community priority.*** Participants described continuing anxiety about contracting COVID-19 and confusion over the appropriate measures to take to protect themselves amidst rapidly changing public health guidance. Participants also expressed concern about the impact of the pandemic on other aspects of physical and mental health, particularly for youth and older adults. Multiple interviewees and focus group participants reported the pandemic had a negative impact on the social and emotional well-being of young people, exacerbating concerns raised in the 2019 CHNA. Focus group members and an interviewee who works with older adult residents noted a deterioration of many seniors’ physical health due to isolation and disruption of their normal routines, including closure of senior programs that promoted social engagement and physical activity. While community members reported substantial outstanding needs related to the effects of the COVID-19 pandemic, interviewees working in local government noted that funding instability and a reduction in COVID-related funding streams could negatively impact the ability to deliver programs and services to address these needs.

- Social determinants of health, including employment, transportation, and housing, pose barriers to health and well-being.*** Social determinants of health, including employment, housing, and transportation were key concerns for interview and focus group participants. Focus group members described difficulty finding employment, at times due to structural barriers such as lack of transportation and other underlying issues. At the same time, interviewees described difficulty retaining public sector employees, many of whom are experiencing pandemic-related burnout. More than half of renter households spend 25% or more of their monthly income on housing costs in Essex, Morris, and Union Counties. About half of homeowners also spend at least 25% of their monthly income on housing in Essex and Union Counties, while 43.1% of homeowners spend a quarter or more of their income on housing in Morris County. When households spend a large portion of their monthly income on housing costs, it leaves insufficient funds to pay for other necessary expenses such as fresh, healthy food and medications. Beyond the need for more affordable housing in general, participants noted the need for resources to help low- and middle-income seniors age in place, including assistance with home maintenance, and affordable in-home care and assisted living options. While focus group participants who lived in the Township of Livingston (where CBMC is located) reported that the community is accessible by bus, participants living outside of Livingston reported that it is difficult to reach the community to access healthcare and attend health education and screening events. Transportation ranked in the bottom three on the list of community assets and opportunities in both the 2019 and 2021 CHNA community surveys. Improving access to transportation, affordable housing, and employment opportunities would make it easier for residents in the CBMC service area to access and afford fresh, healthy food, opportunities to engage in physical activity, and other resources and amenities that help prevent disease and enable residents to live healthier lives.
- Participants want to see greater awareness of and access to mental health resources.*** More than half of all key informant interviewees and participants in one of the three focus groups described mental health challenges as a major issue facing their communities. In Essex County, where the majority of the townships in the CBMC PSA are located, the proportion of adults who reported experiencing 14 or more days of poor mental health in the past month in 2020 (21.5%) was nearly double the proportion in the state overall (12.8%). About one third of community survey respondents reported experiencing difficulty maintaining a good mental state (34.1%) and feeling lonely or isolated from others (33.2%) since the onset of the COVID-19 pandemic. The percentage of adults experiencing pandemic-related mental health challenges was higher among Hispanic/Latino respondents. One focus group participant who works as a youth mental healthcare provider noted the number of youths seeking services has tripled since the onset of the pandemic. Beyond the effects of the pandemic and related life stressors on mental health, participants identified lack of awareness and access to mental health services and cultural barriers and stigma as obstacles to receiving mental healthcare. Participants recommended increasing community outreach and education efforts to normalize mental health challenges and raise awareness about available resources.
- Participants are concerned about obesity and related comorbidities.*** Overweight/obesity was the top health concern identified by community survey respondents and was among the top three concerns for all racial/ethnic groups who completed the community survey. In qualitative discussions, interviewees and focus group participants expressed concern about the comorbidities overweight and obesity contribute to, such as high blood pressure, diabetes, and heart disease – the leading cause of death in the state and the CBMC PSA. The majority of community survey respondents reported that they were physically active (75.7%) and that it was easy to find fresh

fruits and vegetables in their community (85.9%). However, a few interviewees noted the unequal distribution of green space between high-income and low-income neighborhoods and expressed concern about maintaining parks and waterways given increased usage since the onset of the COVID-19 pandemic. Nearly all key informant interviewees and participants in two focus groups described access to healthy food as a challenge. Focus group participants reported that while the quality of food available to food insecure residents had increased, the quality of produce available in local grocery stores had declined since the start of the pandemic.

- ***There are opportunities for collaboration to improve access to healthcare and health-related information.*** Focus group and interview participants noted many community assets in the CBMC PSA, including high levels of volunteerism and civic pride and a great deal of racial, ethnic, and cultural diversity. With these assets come opportunities to boost access to health promoting resources and health education and screening events. Participants recommended partnering with existing community institutions, including churches, schools, and cultural organizations, to disseminate information and host events. Participants also noted that partnerships forged to distribute information during the COVID-19 pandemic could now be leveraged to improve access to other types of health-related information and resources.

Prioritization Process and Priorities Selected for Planning

Prioritization allows hospitals, organizations, and coalitions to target and align resources, leverage efforts, and focus on achievable goals and strategies for addressing priority needs. Priorities for this process were identified by examining data and themes from the CHNA findings utilizing a systematic, engaged approach. This section describes the approach and outcomes of the prioritization process.

Criteria for Prioritization

A set of criteria were used to determine what issues are a priority for action. The RWJBH Systemwide CHNA Steering Committee put forth the following criteria to guide prioritization processes across the RWJBH system.

Prioritization Criteria

- **Burden**: How much does this issue affect health in the community?
- **Equity**: Will addressing this issue substantially benefit those most in need?
- **Impact**: Can working on this issue achieve both short-term and long-term changes? Is there an opportunity to enhance access/accessibility?
- **Systems Change**: Is there an opportunity to focus on/implement strategies that address policy, systems, and environmental change?
- **Feasibility**: Can we take steps to address this issue, given the current infrastructure, capacity, and political will?
- **Collaboration/Critical Mass**: Are existing groups across sectors already working on or willing to work on this issue together?
- **Significance to Community**: Was this issue identified as a top need by a significant number of community members?

Prioritization Process

The prioritization process was multifaceted and aimed to be inclusive, participatory, and data-driven.

Step 1: Input from Community Members and Stakeholders via Primary Data Collection

During each step of the primary data collection phase of the CHNA, assessment participants were asked for input. Key informant interviewees and focus group participants were asked about the most pressing concerns in their communities and the three highest priority issues for future action and investment (Appendices B and C). Community survey respondents were also asked to select up to four of the most important issues for future action in their communities, noted in the Community Health Issues section of the CHNA Report.

Based on responses gathered from key informant interviews, focus group participants, and community survey respondents, as well as social, economic, and health data from surveillance systems, ten major initial issue areas were identified for the Cooperman Barnabas Medical Center service area (listed below in no particular order):

- Unemployment
- Financial insecurity
- Food insecurity
- Housing
- Transportation
- Overweight/obesity
- Chronic disease (e.g., heart disease, cancer, stroke, diabetes)
- Mental health
- COVID-19
- Access to healthcare/social services

Step 2: Data-Informed Voting via a Prioritization Meeting

On October 17, 2022, a 90-minute virtual prioritization meeting was held for the Cooperman Barnabas Medical Center CHNA Advisory Committee (see the Acknowledgements section for a list of committee members), so Advisory Committee members could discuss and vote on preliminary priorities for action. During the prioritization meeting (held virtually), attendees heard a brief data presentation on the key findings from the CHNA.

Next, meeting participants were divided into small groups to discuss the data and offer their perspectives and feedback on the various issues. Meeting participants then shared information from their discussions with the full group.

Then, using Zoom's polling tool, meeting participants were asked to vote for up to four of the ten priorities identified from the data and based on the specific prioritization criteria (Burden, Equity, Impact, Systems Change, Feasibility, Collaboration/Critical Mass, and Significance to Community). A total of 12 advisory committee members voted during the Community Prioritization Meeting.

Voting identified the following issues (Table 9). Mental health received the highest percentage of responses. Chronic disease and access to healthcare/social services were tied as receiving the second highest percentage of responses.

Table 9. Advisory Committee Members Voting to Prioritize Issue

	Percentage	Vote #s
Mental health	83.3%	10/12
Chronic disease	66.7%	8/12
Access to healthcare/social services	66.7%	8/12
Overweight/obesity	58.3%	7/12
Financial insecurity	33.3%	4/12
Transportation	25.0%	3/12
Unemployment	16.7%	2/12
Food insecurity	16.7%	2/12
Housing	16.7%	2/12
COVID-19	8.3%	1/12

Based on the top priority areas identified as well as existing expertise, capacity, and experience Cooperman Barnabas Medical Center has selected mental health, chronic disease, access to healthcare/social services, and overweight/obesity as priorities to focus on when developing their implementation plan in 2023.

APPENDICES

Appendix A- Organizations Engaged Through Key Informant Interviews

Organization	Sector
Montclair Department of Health and Human Services	Local public health officials
Essex County Department of Parks, Recreation, and Cultural Affairs	Parks and recreation department leadership
Center for Asian Health at Cooperman Barnabas Medical Center	Organizations serving a specific racial/ethnic group
JCC MetroWest	Senior service providers
Maplewood Health Department	Disability service providers
Livingston Public Schools	Public school leadership
West Orange Hispanic Foundation	Organizations serving immigrant communities

Appendix B- Key Informant Interview Guide

Health Resources in Action Cooperman Barnabas Medical Center Community Health Needs Assessment Key Informant Interview Guide

Goals of the key informant interview

- To determine perceptions of the strengths and needs of the community served by Cooperman Barnabas Medical Center, and identify sub-populations most affected
- To explore how these issues can be addressed in the future
- To identify the gaps, challenges, and opportunities for addressing community needs more effectively

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

I. BACKGROUND (5 MINUTES)

- Hello, my name is _____, and I work for Health Resources in Action, a non-profit public health organization in Boston. Thank you for taking the time to talk with me today.
- A few months ago, Cooperman Barnabas Medical Center began undertaking a community health assessment in an effort to gain a greater understanding of the health of residents and how the community's needs are currently being addressed. As part of this process, we are having discussions like these around the Cooperman Barnabas Medical Center service area with a wide range of people - community members, health care and social service providers, and staff from a range of community organizations. We are interested in hearing people's feedback on the strengths and needs of the community and suggestions for the future.
- We recognize this is a unique time we are in. Given the COVID-19 pandemic, an assessment of the community's needs and strengths is even more important than ever.
- Our interview will last about 45 – 60 minutes. After all the interview and focus group discussions are completed, we will be writing a summary report of the general themes that have emerged during these discussions. We will not include any names or identifying information in that report. All names and responses will remain confidential. Nothing sensitive that you say here will be connected directly to you in our report.
- Do you have any questions before we begin?

II. INTRODUCTION (5 MINUTES)

1. Can you tell me a bit about your organization/agency? [TAILOR PROBES DEPENDING ON AGENCY OR IF COMMUNITY LEADER NOT AFFILIATED WITH ORGANIZATION]
 - a. [PROBE ON ORGANIZATION, IF APPLICABLE: What is your organization's mission/services? What communities do you work in? Who are the main clients/audiences?]

- i. What are some of the biggest challenges your organization faces in conducting your work in the community?
- ii. How have these changed during COVID-19? What new challenges do you anticipate going forward?

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

1. How would you describe the community served by your organization/ that you serve? (NOTE THAT WE ARE DEFINING COMMUNITY BROADLY – NOT NECESSARILY GEOGRAPHICALLY BASED)
 - a. What do you consider to be the community’s strongest assets/strengths?
 - b. How have you seen the community change over the last several years?
 - c. What are some of its biggest concerns/issues in general? What challenges do residents face in their day-to-day lives? [PROBE IF NOT YET MENTIONED ON: SAFETY/VIOLENCE, ACCESS TO JOBS & EDUCATIONAL OPPORTUNITIES, COST OF LIVING, FOOD ACCESS, INSURANCE/ACCESS TO HEALTH CARE, ETC. REPEAT QUESTIONS FOR DIFFERENT ISSUES]
 - i. What populations (geography, age, race, gender, income/education, etc.) do you see as being most affected by these issues?
 - ii. How has [ISSUE] affected their daily lives?
 - iii. How have these issues changed during/since COVID-19?

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

IV. HEALTH ISSUES (10 MINUTES)

1. What do you think are the most pressing health concerns in the community/among the residents you work with? Why? [PROBE ON SPECIFICS. PROBE FOR HEALTH ISSUES NOT DIRECTLY RELATED TO COVID-19, OR ISSUES THAT HAVE CHANGED BECAUSE OF COVID-19]
 - a. How has [HEALTH ISSUE] affected the residents you work with? [PROBE FOR DETAILS: IN WHAT WAY? CAN YOU PROVIDE SOME EXAMPLES?]
 - i. From your experience, what are peoples’ biggest challenges to addressing [THIS ISSUE]?
 - ii. To what extent, do you see [BARRIER] to addressing this issue among the residents you work with/your organization serves?

[PROBE ON BARRIERS BROUGHT UP/MOST APPROPRIATE FOR POPULATION GROUP: Uninsurance/underinsurance, COVID-related fear of health care settings (e.g., doctor’s office or clinic), Cost or economic hardship, transportation, stigma, attitudes towards

seeking services, built environment, availability/access to resources or services, knowledge of existing resources/services, social support, discrimination, etc.]

2. Where do the residents you work with most often go for health-related information? What sources of information are most trusted and why? [PROBE: DOCTOR'S OFFICE; FRIENDS/FAMILY; HOUSE OF WORSHIP, SCHOOLS, OR OTHER TRUSTED COMMUNITY INSTITUTION; SOCIAL MEDIA; WEB SEARCH]
3. What are current or emerging trends that could have an impact on the public health system or the community? Has anything become apparent due to the Coronavirus pandemic?

V. *TAILORED SECTION - SPECIFIC QUESTIONS ON PARTICULAR ISSUES, DEPENDING ON WHO THE INTERVIEWEE IS. SELECT QUESTIONS TAILORED TO INDIVIDUAL EXPERTISE AND ASK A FEW QUESTIONS IF NOT YET BROUGHT UP. (5-10 MINUTES)*

For Local Public Health Officials/Directors

- What are some of the specific challenges around prevention and health promotion in your community? What populations (geography, age, race, gender, income/education, etc.) do you see as being most affected by these issues?
- What about challenges related to data collection and tracking of public health metrics? What populations are underrepresented in local data collection?
- How has the pandemic impacted public health in your community?
- What are your major concerns for the future? What has been going "right" that could be built on going forward?

For Interviewees Working for Organizations Focused on Serving a Specific Racial or Ethnic Groups

- What are some of the specific challenges that affect the members of the community or communities you serve?
- Are there particular structural, institutional, or policy-related barriers that have affected the community or communities you serve?
- What are some of the specific challenges around discrimination that your communities face?
- What should health care and social service providers consider when treating health and other issues in diverse populations? How can institutions best respond to the needs of diverse groups? (e.g. religious, racial/ethnic, etc.)
- How has the pandemic and/or movements for racial justice impacted addressing issues and needs of diverse groups?
- What are your community's biggest strengths and opportunities for the future?

For Interviewees Working with Seniors/Older Adults

- What are some of the challenges seniors are facing in your community?
- Are there particular structural, institutional, or policy-related barriers that have affected seniors in your community?
- How has the pandemic and its effects impacted seniors and organizations serving older adults?
- What has been going "right" that could be built on going forward?

For Interviewees Working with People with Disabilities

- What are some of the challenges facing people with disabilities in your community?

- Are there particular structural, institutional, or policy-related barriers that have affected the communities you work with in this region before the pandemic – and now?
- How has the pandemic impacted community members with disabilities?
- What are your major concerns for the future? What has been going “right” that could be built on going forward?

For Interviewees Working with Youth/Young Adults

- What are some of the challenges youths are facing in your community?
- What should health care and social service providers consider when treating health and other issues in youth populations? How can institutions best respond to the needs of younger individuals?
- How has the pandemic and its effects impacted youths and organizations serving younger individuals?
- What are your major concerns for the future? Do you have examples of programs or approaches that have been working well that could be built on going forward?

For Interviewees Working with Immigrants or Refugees

- Are there particular structural, institutional, or policy-related barriers that have affected the community or communities you serve?
- What are some of the specific challenges around discrimination that your communities face?
- What should health care and social service providers consider when treating health and other issues in diverse populations? How can institutions best respond to the needs of diverse groups? (e.g. religious, racial/ethnic, etc.)
- What are your major concerns for the future? What has been going “right” that could be built on going forward?

For Parks and Recreation Department Staff/Leaders

- What are some of the specific challenges around access to green space and health promoting amenities and programs in your community? What populations (geography, age, race, gender, income/education, etc.) do you see as being most affected by these issues?
- How has the pandemic impacted use, maintenance, and access to public spaces in your community?
- What are your major concerns for the future? What has been going “right” that could be built on going forward?

VI. VISION FOR THE FUTURE (10 MINUTES)

1. I’d like you to think ahead about the future of your community. When you think about the community 3 years from now, what would you like to see? What’s your vision?
 - a. What do you see as the next steps in helping this vision become reality?
 - b. We talked about a number of strengths or assets in the community. [MENTION POTENTIAL STRENGTHS- Community resilience, diversity, number of organizations/services available, community engagement, etc.] How can we build on or tap into these strengths to move us towards a healthier community?

2. As you think about your vision, what do you think needs to be in place to support sustainable change?
 - a. How do we move forward with lasting change across organizations and systems?
 - b. Where do you see yourself or your organization in this?
3. We talked about a lot of issues today, if you had to narrow down the list to 3 or so issues – thinking about what would make the most impact, who is most affected by the issues, and how realistic it is to make change: What do you think are the 3 highest priority issues for future action? If there were greater investments made in your community, what 3 issues should receive this funding?

VII. CLOSING (5 MINUTES)

Thank you so much for your time and sharing your opinions. Your perspectives about the communities you work with will be a great help in determining how to improve the systems that affect the health of this population. Before we end the discussion, is there anything that you wanted to add that you didn't get a chance to bring up earlier?

Thank you again. Your feedback is valuable, and we greatly appreciate your time and you sharing your opinion.

Appendix C- Focus Group Guide

Health Resources in Action Cooperman Barnabas Medical Center Community Health Needs Assessment Focus Group Guide

Goals of the focus group:

- To determine perceptions of the strengths and needs of the community
- To understand residents' current experiences and challenges
- To identify the gaps, challenges, and opportunities for addressing community needs more effectively

I. BACKGROUND (5-10 minutes)

- Hello, my name is _____, and I work for Health Resources in Action, a non-profit public health organization in Boston. Thank you for taking the time to talk with me today. I hope you and your families are fine during these uncertain times.
- This discussion will last about 60 minutes. [DEPENDING ON FORMAT OF FOCUS GROUP] Please turn on your video, if possible, so that we can all see each other speaking. As a reminder, please keep yourself on MUTE until you want to speak.

NORMALLY, WE WOULD BE DOING THIS IN-PERSON AS A GROUP.

- We're going to be having a focus group today. Has anyone here been part of a focus group before? You are here because we want to hear your opinions. I want everyone to know there are no right or wrong answers during our discussion. We want to know your opinions, and those opinions might differ. This is fine. Please feel free to share your opinions, both positive and negative.
- A few months ago, Cooperman Barnabas Medical Center began undertaking a community health assessment in an effort to gain a greater understanding of the health of residents and how the community's needs are currently being addressed. As part of this process, we are having discussions like these around the Cooperman Barnabas Medical Center service area with a wide range of people - community members, health care and social service providers, and staff from a range of community organizations. We are interested in hearing people's feedback on the strengths and needs of the community and suggestions for the future.
- We recognize this is a unique time we have been in. Given the COVID-19 pandemic, an assessment of the community's needs and strengths is even more important than ever.
- We will be conducting several of these discussion groups around the area. After all of the groups are done, we will be writing a summary report of the general opinions that have come up. In that report, we might provide some general information on what we discussed tonight, but I will not include any names or identifying information. Your responses will be strictly confidential. In the report, nothing you say here will be connected to your name.

- [NOTE IF AUDIORECORDING] We plan to audio record these conversations just to ensure we have captured the main points of the discussion in case there are any interruptions in the note-taking. No one but the analysts at Health Resources in Action, who are writing the report, will be listening to the audio recordings. Does anyone have any concerns with me turning the recorder on now?
- Any questions before we begin our introductions and discussion?

II. INTRODUCTIONS (5 minutes)

Now, first let's spend a little time getting to know one another. When I call your name, please unmute yourself and tell us: 1) Your first name; 2) what city or town you live in; and 3) something about yourself you'd like to share— such as how many children you have or what activities you like to do for fun. [AFTER ALL PARTICIPANTS INTRODUCE THEMSELVES, MODERATOR TO ANSWER INTRO QUESTIONS]

III. COMMUNITY ASSETS AND CONCERNS (20 minutes)

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

1. If someone was thinking about moving into your community, what would you say are some of the biggest strengths - or the most positive things about your community? [PROBE ON COMMUNITY AND ORGANIZATIONAL ASSETS/STRENGTHS]
 - a. How have these strengths changed during COVID-19?
2. To contrast that, what are some of the biggest problems or concerns in your community? How have these concerns changed during COVID-19? [PROBE ON ISSUES IF NEEDED – SAFETY/VIOLENCE, ACCESS TO JOBS & EDUCATIONAL OPPORTUNITIES, COST OF LIVING, FOOD ACCESS, ACCESS TO HEALTH CARE, ETC.]
 - a. Just thinking about day-to-day life –working, getting your kids to school, things like that – what are some of the challenges or struggles you deal with on a day-to-day basis? [PROBE ON ISSUES IF NEEDED – SAFETY/VIOLENCE, COST OF LIVING, FOOD ACCESS, ACCESS TO HEALTH CARE, ETC.]
 - b. How have these changed during COVID-19? [PROBE IF NEEDED – COVID-RELATED FEAR OF HEALTH CARE SETTINGS]
 - c. What specific population groups do you think have been most at-risk for these issues in your community?
3. In the past year, there has been more national dialogue around racial injustice, inequity, and structural racism. How has this dialogue played out in your community? How have issues of inequity played out in your community?
 - a. How can different community organizations effectively contribute to the ongoing conversation and movement for racial justice?

4. What do you think are the most pressing *health* concerns in your community?
 - a. How do these health issues affect your community? In what way?
 - i. How have these changed during COVID-19?
 - b. What specific population groups are most at-risk for these issues?
 - c. What are the barriers to seeking treatment for these issues in a health care setting (e.g., doctor's office or clinic)?
 - i. How do you think these barriers have changed during the COVID-19 pandemic?
 - ii. What steps could or should be taken to address these barriers?
5. Thinking about health and wellness, what makes it easier to be healthy in your community?
 - a. What supports your health and wellness?
 - b. What makes it harder to be healthy in your community?
6. Where do you receive most of your health-related information? What are the trusted sources of health information in your community? [PROBE: DOCTOR'S OFFICE; FRIENDS/FAMILY; HOUSE OF WORSHIP, SCHOOLS, OR OTHER TRUSTED COMMUNITY INSTITUTION; SOCIAL MEDIA; WEB SEARCH]

IV. PERCEPTIONS OF COMMUNITY NEEDS, BARRIERS, AND OPPORTUNITIES (15 minutes)

What are the top three issues of concern that have been mentioned? [MODERATOR TO NAME THE MAJOR 3-4 ISSUES – HEALTH, TRANSPORTATION, SOCIAL, ECONOMIC, ETC. --THAT HAVE COME UP SO FAR.] Let's talk about some of the issues.

1. Do you agree with this list as the major concerns/issues in your community? Is there a major issue that is missing?
2. Let's talk about [ISSUE]. (*Moderator to select one major issue discussed.*) What are some of the barriers or challenges residents face in dealing with [ISSUE]? [PROBE: BARRIERS TO SERVICES, ASSISTANCE, COORDINATION, SOCIAL/ECONOMIC FACTORS, DISCRIMINATION, ETC.]
 - a. Thinking about your larger community environment – the services and resources available, your state and local policies or practices, etc. -- what do you see as some of the biggest challenges for your community to tackle this issue or make improvements?
 - b. What do you think should happen in the community to address this issue? [PROBE SPECIFICALLY ON WHAT THAT WOULD LOOK LIKE AND WHO WOULD BE INVOLVED TO MAKE THAT HAPPEN]

[REPEAT Q6 FOR 1-2 OTHER MAJOR ISSUES THAT WERE DISCUSSED]

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

1. I'd like you to think ahead about the future of your community. When you think about the community 3-5 years from now, what would you like to see? What is your vision for the future?
 - a. What do you think needs to happen in the community to make this vision a reality?

VI. CLOSING (2 minutes)

Thank you so much for your time. This is a very difficult time for everyone, and your perspective will be a great help in determining how to improve the systems that affect your community.

That's it for my questions. Is there anything else that you would like to mention that we didn't discuss today? Thank you again. Have a good afternoon. [[TALK ABOUT NEXT STEPS OF THE PROCESS, SPECIFICALLY HOW PARTICIPANTS CAN GET INVOLVED FURTHER OR RECEIVE THE FINAL REPORT OR SUMMARY OF THE REPORT (SHARE EMAIL), MENTION THAT \$30 GIFT CARD WILL COME FROM "TANGO" NOT HRIA]

Health Resources for Essex County

Part 1: Acute, Long Term and Medical Ambulatory Services

Source: Department of Health
Download Oct 3, 2022

Acute, Long Term Care and Medical Ambulatory Services

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	OWNED_OR_LEASED
ADULT DAY HEALTH CARE SERVICES	80770	1st Cerebral Palsy of New Jersey	7 SANFORD AVENUE	BELLEVILLE	NJ	07109	ESSEX	(973) 751-0200		JUST CEREBRAL PALSY OF NEW JERSEY, INC.
ADULT DAY HEALTH CARE SERVICES	308113	2nd Home East Orange	115 EVERGREEN PLACE	EAST ORANGE	NJ	07018	ESSEX	(973) 676-2600	(973) 676-2800	2ND HOME EAST ORANGE LLC
ADULT DAY HEALTH CARE SERVICES	308116	2nd Home Newark Operations, LLC	717-727 BROADWAY	NEWARK	NJ	07104	ESSEX	(973) 268-1212	(973) 268-1016	2ND HOME NEWARK OPERATIONS, LLC
ADULT DAY HEALTH CARE SERVICES	308117	2nd Home Orange Operations, LLC	37 NORTH DAY STREET	ORANGE	NJ	07050	ESSEX	(973) 395-9800	(973) 395-4242	PREMIER OF ORANGE LLC
ADULT DAY HEALTH CARE SERVICES	308114	Belleville Senior Services	518 WASHINGTON AVENUE	BELLEVILLE	NJ	07109	ESSEX	(973) 751-6000	(973) 751-1190	BELLEVILLE SENIOR SERVICES, LLC
ADULT DAY HEALTH CARE SERVICES	07020	ELDERCARE OF BELLEVILLE LLC	250 MILL STREET	BELLEVILLE	NJ	07109	ESSEX	(973) 751-7600		ELDERCARE OF BELLEVILLE LLC
ADULT DAY HEALTH CARE SERVICES	308336	Goodlife Adult Day Care	515 NORTH ARLINGTON AVENUE	EAST ORANGE	NJ	07017	ESSEX	(973) 674-5100	(973) 674-6300	APOLLO HEALTHCARE, LLC
ADULT DAY HEALTH CARE SERVICES	082453	Happy Days Adult Day Healthcare Center, L.L.C.	67 SO MUNN AVE	EAST ORANGE	NJ	07018	ESSEX	(973) 678-0755	(732) 905-0944	HAPPY DAYS HEALTHCARE LLC
ADULT DAY HEALTH CARE SERVICES	308100	Happy Days II Adult Day Healthcare, L.L.C.	1060 BROAD STREET	NEWARK	NJ	07102	ESSEX	(973) 643-3500		HAPPY DAYS II ADULT MEDICAL DAY
ADULT DAY HEALTH CARE SERVICES	07025	Heritage Adult Enrichment Center	440 WASHINGTON STREET	ORANGE	NJ	07050	ESSEX	(973) 677-2273	(862) 233-6450	HERITAGE ADULT ENRICHMENT CENTER, LLC
ADULT DAY HEALTH CARE SERVICES	308120	Home Away From Home Adult Day Care Center Of Nutley	263 HILLSIDE AVENUE	NUTLEY	NJ	07110	ESSEX	(973) 662-9191	(973) 662-1112	ESSEX MEDICAL DAY CARE, LLC
ADULT DAY HEALTH CARE SERVICES	02005	New Jersey Adult Medical Day Care Inc.	290 CHESTNUT STREET	NEWARK	NJ	07105	ESSEX	(973) 578-2815	(973) 589-0386	NEW JERSEY ADULT MEDICAL DAY CARE, INC
ADULT DAY HEALTH CARE SERVICES	YG153X	The North Ward Center	288 298 MT PROSPECT AVENUE	NEWARK	NJ	07104	ESSEX	(973) 481-6145	(973) 481-1573	THE NORTH WARD CENTER, INC.
ADULT DAY HEALTH CARE SERVICES	07033	Nutley Adult Day Care Center, Inc	357-361 HARRISON STREET	NUTLEY	NJ	07110	ESSEX	(551) 689-6100		NUTLEY ADULT DAY CARE CENTER INC

Acute, Long Term Care and Medical Ambulatory Services

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	OWNED_OR_LEASED
ADULT DAY HEALTH CARE SERVICES	308335	The Oasis at Sinai Adult Medical Day Care	65 JAY STREET	NEWARK	NJ	07103	ESSEX	(973) 483-6800	(973) 483-8140	SINAI CENTER FOR REHABILITATION AND HEALTHCARE LLC
ADULT DAY HEALTH CARE SERVICES	308119	Signature Medical Day Care of Montclair	110 GREENWOOD AVENUE	MONTCLAIR	NJ	07042	ESSEX	(973) 783-5589	(973) 783-3711	FREEHOLD MONTCLAIR HEALTHCARE, LLC
ADULT FAMILY CARE	082445	Care Management 2000	258 PARK ST	UPPER MONTCLAIR	NJ	07043	ESSEX	(973) 655-0121	(973) 655-0402	CARE MANAGEMENT 2000, INC.
ADULT FAMILY CARE	308121	Clarendon Alternate Family Care	212 CLIFTON AVENUE	NEWARK	NJ	07104	ESSEX	(973) 481-6516	(973) 227-1117	BRANCH BROOK PARK MANOR, INC.
ADULT FAMILY CARE	90901	Royal Homecare Management	285 ROSEVILLE AVENUE	NEWARK	NJ	07107	ESSEX	(973) 481-2200	(973) 481-3200	ROYAL HOME CARE MANAGEMENT LLC
AMBULATORY CARE FACILITY	24785	ADVANCED PRACTICE IMAGING	30 BERGEN STREET	NEWARK	NJ	07103	ESSEX	(973) 972-5188	(973) 972-7429	RUTGERS HEALTH GROUP, INC.
AMBULATORY CARE FACILITY	24951	BARNABAS HEALTH AMBULATORY CARE CENTER	200 SOUTH ORANGE AVENUE, SUITE 215	LIVINGSTON	NJ	07039	ESSEX	(973) 322-7000	(973) 322-7283	SAINT BARNABAS OUTPATIENT CENTERS CORPORATION
AMBULATORY CARE FACILITY	25127	BMG EAST ORANGE LLC	200 FREEWAY DRIVE EAST, SUITE 305	EAST ORANGE	NJ	07019	ESSEX	(973) 886-1854	(973) 370-4040	BMG EAST ORANGE LLC
AMBULATORY CARE FACILITY	23184	CANFIELD MEDICAL IMAGING ASSOCIATE, P.A.	343 PASSAIC AVENUE, SUITE C	FAIRFIELD	NJ	07004	ESSEX	(973) 227-2308	(973) 227-3475	CANFIELD MEDICAL IMAGING ASSOCIATE PA
AMBULATORY CARE FACILITY	24945	CITYWIDE URGENT CARE NJ, LLC	322 GLENWOOD AVENUE	BLOOMFIELD	NJ	07003	ESSEX	(973) 929-7600	(973) 929-7602	CITYWIDE URGENT CARE NJ, LLC
AMBULATORY CARE FACILITY	22941	COVENANT HOUSE NEW JERSEY MEDICAL SERVICES	330 WASHINGTON STREET	NEWARK	NJ	07102	ESSEX	(973) 286-3550	(973) 621-6680	COVENANT HOUSE NEW JERSEY
AMBULATORY CARE FACILITY	25331	FAMILY MD URGENT CARE & WALK-IN MEDICAL CENTER	393 MULBERRY STREET, SUITE 203	NEWARK	NJ	07102	ESSEX	(201) 733-9222		FAMILY MD LLC
AMBULATORY CARE FACILITY	22968	IMAGECARE	120 MILLBURN AVENUE	MILLBURN	NJ	07041	ESSEX	(973) 376-0900	(973) 376-0010	CENTER FOR ADVANCED IMAGING LLC
AMBULATORY CARE FACILITY	22601	IMAGECARE AT WEST ORANGE	61 MAIN STREET	WEST ORANGE	NJ	07052	ESSEX	(973) 736-1680	(862) 930-7397	WEST ORANGE RADIOLOGY, LLC

Acute, Long Term Care and Medical Ambulatory Services

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	OWNED_ORN
AMBULATORY CARE FACILITY	24080	IRONBOUND OPEN MRI	119-137 CLIFFORD STREET	NEWARK	NJ	07102	ESSEX	(973) 508-1400	(973) 522-2009	IRONBOUND MRI, LLC
AMBULATORY CARE FACILITY	23000	IRVINGTON MEDICAL IMAGING CENTER	277-285 COIT STREET	IRVINGTON	NJ	07111	ESSEX	(973) 351-1277	(973) 373-0510	NEWARK IMAGING CENTER, INC.
AMBULATORY CARE FACILITY	22787	MAGNETIC RESONANCE OF NJ	410 CENTER STREET	NUTLEY	NJ	07110	ESSEX	(973) 354-9700	(973) 661-1116	HUDSON RADIOLOGY CENTER OF NJ
AMBULATORY CARE FACILITY	24404	MEDIAID RADIOLOGY, LLC	481 NORTH 13TH STREET	NEWARK	NJ	07107	ESSEX	(973) 481-7770	(973) 481-7755	MEDIAID RADIOLOGY, LLC
AMBULATORY CARE FACILITY	23317	MONTCLAIR BREAST CENTER	37 NORTH FULLERTON AVENUE	MONTCLAIR	NJ	07042	ESSEX	(973) 509-1818	(973) 509-0708	MONTCLAIR BREAST CENTER
AMBULATORY CARE FACILITY	22403	MONTCLAIR RADIOLOGY	1140 BLOOMFIELD AVENUE	WEST CALDWELL	NJ	07006	ESSEX	(973) 439-9729	(973) 661-4674	MONTCLAIR RADIOLOGICAL ASSOCIATES, P.A.
AMBULATORY CARE FACILITY	23399	MONTCLAIR RADIOLOGY	20 HIGH STREET	NUTLEY	NJ	07110	ESSEX	(973) 661-4674	(973) 284-0269	MONTCLAIR RADIOLOGICAL ASSOCIATES, P.A.
AMBULATORY CARE FACILITY	23401	MONTCLAIR RADIOLOGY	116 PARK STREET	MONTCLAIR	NJ	07042	ESSEX	(973) 661-4674	(973) 284-0956	MONTCLAIR RADIOLOGICAL ASSOCIATES, P.A.
AMBULATORY CARE FACILITY	10766	MOUNTAINSIDE FAMILY PRACTICE ASSOCIATES AT VERONA	799 BLOOMFIELD AVENUE	VERONA	NJ	07044	ESSEX	(973) 746-7050		MONTCLAIR HOSPITAL, LLC
AMBULATORY CARE FACILITY	22292	MRNI NEWARK	9-25 ALLING STREET	NEWARK	NJ	07102	ESSEX	(973) 242-5600	(973) 242-4277	AMERICAN DIAGNOSTIC IMAGING INC
AMBULATORY CARE FACILITY	24270	NEWARK IMAGING CORP.	400 DELANCEY STREET, SUITE 108	NEWARK	NJ	07105	ESSEX	(973) 589-7777	(973) 412-3333	NEWARK MED IMAGING CORP.
AMBULATORY CARE FACILITY	24805	NJIN OF BELLEVILLE	36 NEWARK AVENUE	BELLEVILLE	NJ	07109	ESSEX	(973) 844-4170	(973) 844-4192	THE NEW JERSEY IMAGING NETWORK LLC
AMBULATORY CARE FACILITY	22760	NJIN WEST ORANGE	772 NORTHFIELD AVENUE	WEST ORANGE	NJ	07052	ESSEX	(973) 325-0002	(973) 325-8140	THE NEW JERSEY IMAGING NETWORK LLC
AMBULATORY CARE FACILITY	24385	NJU CANCER TREATMENT CENTERS	375 MT PLEASANT AVENUE	WEST ORANGE	NJ	07052	ESSEX	(973) 323-1300	(973) 323-1319	NEW JERSEY UROLOGY, LLC
AMBULATORY CARE FACILITY	24320	NJU CANCER TREATMENT CENTERS	1515 BROAD STREET, SUITE B120	BLOOMFIELD	NJ	07003	ESSEX	(973) 873-7000	(973) 873-7025	NEW JERSEY UROLOGY, LLC

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FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	OWNED_OR_LEASED
AMBULATORY CARE FACILITY	23151	ODI DIAGNOSTIC IMAGING OF NEWARK, L.L.C.	243 CHESTNUT STREET	NEWARK	NJ	07105	ESSEX	(973) 521-5685	(862) 237-7629	DIC DIAGNOSTICS, L.L.C.
AMBULATORY CARE FACILITY	25029	PINNACLE MRI GROUP, LLC	345 HENRY STREET	ORANGE	NJ	07050	ESSEX	(201) 426-4450	(201) 754-9850	PINNACLE MRI GROUP, LLC
AMBULATORY CARE FACILITY	70791	PLANNED PARENTHOOD OF METROPOLITAN NEW JERSEY	238-240 MULBERRY STREET	NEWARK	NJ	07102	ESSEX	(973) 622-3900	(973) 596-6307	PLANNED PARENTHOOD OF METROPOLITAN NEW JERSEY
AMBULATORY CARE FACILITY	25201	PREMIER DIAGNOSTIC OF ESSEX, LLC	155 PROSPECT AVENUE	WEST ORANGE	NJ	07052	ESSEX	(862) 520-1962	(862) 520-2670	PREMIER DIAGNOSTICS OF ESSEX, LLC
AMBULATORY CARE FACILITY	24477	PROSPECT PRIMARY CARE	424 MAIN STREET	EAST ORANGE	NJ	07018	ESSEX	(973) 674-8067	(973) 677-7719	MENTAL HEALTH ASSOCIATION OF ESSEX COUNTY, INC.
AMBULATORY CARE FACILITY	24349	SINUS AND DENTAL IMAGING OF NEW JERSEY LLC	111-115 FRANKLIN AVENUE	NUTLEY	NJ	07110	ESSEX	(201) 736-7585	(973) 773-9525	MERCURIUS SIDHOM LIMITED LIABILITY COMPANY
AMBULATORY CARE FACILITY	24871	SUMMIT MEDICAL GROUP, P.A.	75 EAST NORTHFIELD AVENUE	LIVINGSTON	NJ	07039	ESSEX	(908) 273-4300	(908) 277-8656	SUMMIT MEDICAL GROUP, PA
AMBULATORY CARE FACILITY	22255	THE STONE CENTER OF NEW JERSEY	150 BERGEN STREET	NEWARK	NJ	07103	ESSEX	(973) 564-5642	(973) 564-5024	THE STONE CENTER OF NEW JERSEY
AMBULATORY CARE FACILITY	24776	UNIVERSITY RADIOLOGY GROUP, LLC	235 FRANKLIN AVENUE	NUTLEY	NJ	07110	ESSEX	(732) 390-0040	(732) 390-1856	UNIVERSITY RADIOLOGY GROUP, LLC
AMBULATORY CARE FACILITY	22950	UNIVERSITY RADIOLOGY GROUP, LLC	2130 MILLBURN AVENUE	MAPLEWOOD	NJ	07040	ESSEX	(973) 912-0404	(973) 912-0444	UNIVERSITY RADIOLOGY GROUP, LLC
AMBULATORY CARE FACILITY	R24377	WEST ORANGE ENDOVASCULAR CENTER, LLC	347 MOUNT PLEASANT AVENUE, SUITE 100	WEST ORANGE	NJ	07052	ESSEX	(973) 325-0042	(856) 307-1200	JAMES F MCGUCKIN MD DDF NJ, PA
AMBULATORY CARE FACILITY - SATELLITE	25277	MOBILE HEALTH CENTER	150 BERGEN STREET	NEWARK	NJ	07101	ESSEX	(732) 972-0871		UNIVERSITY HOSPITAL
AMBULATORY CARE FACILITY - SATELLITE	25044	NEWARK COMMUNITY HEALTH CENTER	92-96 FERRY STREET	NEWARK	NJ	07105	ESSEX	(973) 483-1300	(973) 350-5562	NEWARK COMMUNITY HEALTH CENTERS, INC
AMBULATORY CARE FACILITY - SATELLITE	24148	NEWARK DEPT OF HEALTH AND COMMUNITY WELLNESS MOBILE VAN	36 VICTORIA STREET	NEWARK	NJ	07114	ESSEX	(973) 877-6082	(973) 353-8473	NEWARK DEPARTMENT OF HEALTH AND COMMUNITY WELLNESS

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FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	OWNED_OR_UNOWNED
AMBULATORY CARE FACILITY - SATELLITE	22305	PLANNED PARENTHOOD OF METROPOLITAN NEW JERSEY	70 ADAMS STREET SUITE 13	NEWARK	NJ	07105	ESSEX	(973) 465-7707	(973) 465-5779	PLANNED PARENTHOOD OF METROPOLITAN NEW JERSEY
AMBULATORY CARE FACILITY - SATELLITE	70793	PLANNED PARENTHOOD OF METROPOLITAN NEW JERSEY	560 MARTIN LUTHER KING BOULEVARD	EAST ORANGE	NJ	07018	ESSEX	(973) 674-4343	(973) 674-5581	PLANNED PARENTHOOD OF METROPOLITAN NEW JERSEY
AMBULATORY CARE FACILITY - SATELLITE	22303	PLANNED PARENTHOOD OF METROPOLITAN NJ - MONTCLAIRE	29 NORTH FULLERTON AVENUE	MONTCLAIR	NJ	07042	ESSEX	(973) 746-7116	(973) 746-8899	PLANNED PARENTHOOD OF METROPOLITAN NEW JERSEY
AMBULATORY CARE FACILITY - SATELLITE	25169	SAINT JAMES HEALTH, INC.	332 SOUTH 8TH STREET	NEWARK	NJ	07103	ESSEX	(973) 789-8111		SAINT JAMES HEALTH, INC.
AMBULATORY CARE FACILITY - SATELLITE	25347	SAINT JAMES HEALTH, INC.	491 CLINTON AVENUE	CLINTON HILL	NJ	07108	ESSEX	(973) 789-8111		SAINT JAMES HEALTH, INC.
AMBULATORY SURGICAL CENTER	24266	ADVANCED SPINE AND OUTPATIENT SURGERY CENTER, LLC	347 MOUNT PLEASANT AVENUE, THIRD FLOOR	WEST ORANGE	NJ	07052	ESSEX	(908) 557-9420	(908) 557-9438	ADVANCED SPINE AND OUTPATIENT SURGERY CENTER, LLC
AMBULATORY SURGICAL CENTER	23459	AMBULATORY CENTER FOR EXCELLENCE IN SURGERY	1255 BROAD STREET	BLOOMFIELD	NJ	07003	ESSEX	(973) 842-2150	(973) 338-3545	BLOOMFIELD SURGICAL CENTER LLC
AMBULATORY SURGICAL CENTER	70785	CENTER FOR SPECIAL SURGERY OF ESSEX COUNTY	556 EAGLE ROCK AVE	ROSELAND	NJ	07068	ESSEX	(973) 226-3500	(973) 226-3100	CENTER FOR SPECIAL SURGERY OF ESSEX COUNTY, L.L.C.
AMBULATORY SURGICAL CENTER	22810	ESSEX ENDOSCOPY CENTER, L.L.C.	275 CHESTNUT STREET	NEWARK	NJ	07105	ESSEX	(973) 589-5545	(973) 589-0073	ESSEX ENDOSCOPY CENTER, L.L.C.
AMBULATORY SURGICAL CENTER	24309	ESSEX SPECIALIZED SURGICAL INSTITUTE	475 PROSPECT AVENUE	WEST ORANGE	NJ	07052	ESSEX	(973) 325-6716	(973) 325-6723	ESSEX SPECIALIZED SURGICAL INSTITUTE, L.L.C.
AMBULATORY SURGICAL CENTER	R24569	ESSEX SURGICAL ARTS SURGERY CENTER, LLC	727 JORALEMON STREET	BELLEVILLE	NJ	07109	ESSEX	(973) 450-1600	(973) 450-1602	ESSEX SURGICAL ARTS SURGERY CENTER LLC
AMBULATORY SURGICAL CENTER	R24648	ESSEX SURGICAL, L.L.C.	776 NORTHFIELD AVENUE	WEST ORANGE	NJ	07052	ESSEX	(973) 324-2300	(973) 324-1421	ESSEX SURGICAL, LLC
AMBULATORY SURGICAL CENTER	R24549	FREEDOM SURGICAL CENTER, LLC	1455 BROAD STREET, SUITE 100	BLOOMFIELD	NJ	07003	ESSEX	(201) 478-9160	(201) 402-2051	FREEDOM SURGICAL CENTER

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FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	OWNED_OR_SELF_OWNED
AMBULATORY SURGICAL CENTER	R24489	LOVERME CENTER FOR PLASTIC SURGERY, THE	825 BLOOMFIELD AVENUE	VERONA	NJ	07044	ESSEX	(973) 857-9499	(973) 857-9453	PAUL J. LOVERME, M.D., P.A.
AMBULATORY SURGICAL CENTER	24393	MOUNTAIN SURGERY CENTER	375 MT PLEASANT AVENUE, SUITE 210	WEST ORANGE	NJ	07052	ESSEX	(973) 736-3390	(973) 736-3588	WEST ORANGE SURGICAL CENTER, LLC
AMBULATORY SURGICAL CENTER	R24543	NORTH FULLERTON SURGERY CENTER	37 NORTH FULLERTON AVENUE	MONTCLAIR	NJ	07042	ESSEX	(973) 233-0433	(973) 233-0144	NORTH FULLERTON SURGERY CENTER LLC
AMBULATORY SURGICAL CENTER	R24542	NORTHERN NJ EYE INSTITUTE	71 SECOND STREET	SOUTH ORANGE	NJ	07079	ESSEX	(973) 763-2203	(973) 762-9449	NORTHERN NEW JERSEY EYE INSTITUTE, PA
AMBULATORY SURGICAL CENTER	R24699	NORTHFIELD SURGICAL CENTER, LLC	741 NORTHFIELD AVENUE	WEST ORANGE	NJ	07052	ESSEX	(201) 243-0990	(973) 243-0731	NORTHFIELD SURGICAL CENTER, LLC
AMBULATORY SURGICAL CENTER	70789	PILGRIM MEDICAL CENTER	393 BLOOMFIELD AVENUE	MONTCLAIR	NJ	07042	ESSEX	(973) 746-1500	(973) 746-0955	PILGRIM MEDICAL CENTER, INC
AMBULATORY SURGICAL CENTER	24023	PLEASANTDALE AMBULATORY CARE, LLC	61 MAIN STREET, SUITE D	WEST ORANGE	NJ	07052	ESSEX	(973) 324-2280	(973) 324-2285	PLEASANTDALE AMBULATORY CARE LLC
AMBULATORY SURGICAL CENTER	70781	PREMIER SURGICAL PAVILION, L.L.C.	145 ROSEVILLE AVE	NEWARK	NJ	07107	ESSEX	(973) 454-2620	(866) 744-4483	PREMIER SURGICAL PAVILION, L.L.C.
AMBULATORY SURGICAL CENTER	24814	RIVERSIDE SURGICAL CENTER OF NEWARK, LLC	393 MULBERRY STREET	NEWARK	NJ	07102	ESSEX	(201) 645-6125	(866) 380-4009	RIVERSIDE SURGICAL CENTER OF NEWARK, LLC.
AMBULATORY SURGICAL CENTER	23381	SHORT HILLS SURGERY CENTER	187 MILLBURN AVENUE	MILLBURN	NJ	07041	ESSEX	(973) 671-0555	(973) 671-0557	JERSEY ASC VENTURES, LLC
AMBULATORY SURGICAL CENTER	22335	SUBURBAN ENDOSCOPY CENTER, LLC	799 BLOOMFIELD AVENUE	VERONA	NJ	07044	ESSEX	(973) 571-1600	(973) 571-1882	SUBURBAN ENDOSCOPY CENTER, LLC
AMBULATORY SURGICAL CENTER	23110	SURGICAL CENTER AT MILLBURN	37 EAST WILLOW STREET	MILLBURN	NJ	07041	ESSEX	(973) 912-8111	(973) 912-0181	SURGICAL CENTER AT MILLBURN, LLC
AMBULATORY SURGICAL CENTER	21955	THE GREGORI SURGERY CENTER	101 OLD SHORT HILLS ROAD	WEST ORANGE	NJ	07052	ESSEX	(973) 322-6373	(973) 322-6633	WEST ORANGE ASC, LLC
AMBULATORY SURGICAL CENTER	70786	THE LIVINGSTON SURGERY CENTER	200 SOUTH ORANGE AVENUE	LIVINGSTON	NJ	07039	ESSEX	(973) 322-7700	(973) 322-7542	LIVINGSTON ASC, LLC
ASSISTED LIVING PROGRAM	07A031	MC Properties Associates, ALP	285 ROSEVILLE AVENUE	NEWARK	NJ	07107	ESSEX	(973) 392-3165	(973) 481-3200	MC PROPERTIES ASSOCIATES ALP

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FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	OWNED_ORN
ASSISTED LIVING RESIDENCE	07015	Arbor Terrace Roseland	345 EAGLE ROCK AVENUE	ROSELAND	NJ	07068	ESSEX	(973) 618-1888		SHIP V ROSELAND, LLC
ASSISTED LIVING RESIDENCE	30a002	Arden Courts of W. Orange NJ, LLC	510 PROSPECT AVENUE	WEST ORANGE	NJ	07052	ESSEX	(973) 736-3100	(973) 736-0500	ARDEN COURTS OF W. ORANGE NJ, LLC
ASSISTED LIVING RESIDENCE	07A021	Brandywine Living At Livingston	369 EAST MT PLEASANT AVENUE	LIVINGSTON	NJ	07039	ESSEX	(973) 251-0600	(973) 251-0601	WELL BL OPCO LLC
ASSISTED LIVING RESIDENCE	30A004	Brighton Gardens of West Orange	220 PLEASANT VALLEY WAY	WEST ORANGE	NJ	07052	ESSEX	(973) 731-9840	(973) 731-9170	HCP ORANGE NJ OPCO, LLC
ASSISTED LIVING RESIDENCE	30A001	Brookdale West Orange	520 PROSPECT AVENUE	WEST ORANGE	NJ	07052	ESSEX	(973) 325-5700	(973) 325-6800	BREA WEST ORANGE, LLC
ASSISTED LIVING RESIDENCE	30A009	Care One At Livingston Assisted Living	76 PASSAIC AVENUE	LIVINGSTON	NJ	07039	ESSEX	(973) 758-4100	(973) 758-4103	CARE TWO LLC
ASSISTED LIVING RESIDENCE	30A008	The Cliffs At Eagle Rock	707 EAGLE ROCK AVENUE	WEST ORANGE	NJ	07052	ESSEX	(973) 669-0011	(973) 669-9711	BAPTIST HOME SOCIETY OF NEW JERSEY
ASSISTED LIVING RESIDENCE	30a006	Job Haines Home For Aged People/Hearthside Commons	250 BLOOMFIELD AVENUE	BLOOMFIELD	NJ	07003	ESSEX	(973) 743-0792	(973) 743-1135	JOB HAINES HOME FOR AGED PEOPLE
ASSISTED LIVING RESIDENCE	30a005	Lutheran Social Ministries At Crane's Mill	459 PASSAIC AVENUE	WEST CALDWELL	NJ	07006	ESSEX	(973) 276-3030	(973) 276-3032	LUTHERAN SOCIAL MINISTRIES OF NJ
ASSISTED LIVING RESIDENCE	30a003	Sunrise Assisted Living at West Essex	47 GREENBROOK ROAD	FAIRFIELD	NJ	07004	ESSEX	(973) 228-7890	(973) 228-7918	WELLTOWER OPCO GROUP LLC
ASSISTED LIVING RESIDENCE	30a000	Winchester Gardens Assisted Living Center	333 ELMWOOD AVENUE	MAPLEWOOD	NJ	07040	ESSEX	(973) 762-5050	(973) 762-2766	MARCUS L WARD HOME
COMPREHENSIVE PERSONAL CARE HOME	N2K04D	House of the Holy Comforter Canterbury Village	33 MOUNT PLEASANT AVENUE	WEST ORANGE	NJ	07052	ESSEX	(973) 736-1194	(973) 243-9381	HOUSE OF THE HOLY COMFORTER
COMPREHENSIVE PERSONAL CARE HOME	07C009	Roseville Manor	285 ROSEVILLE AVENUE	NEWARK	NJ	07107	ESSEX	(973) 481-2200	(973) 481-3200	ROSEVILLE HEALTH CARE, LLC
COMPREHENSIVE REHABILITATION HOSPITAL	20725	KESSLER INSTITUTE FOR REHABILITATION INC	1199 PLEASANT VALLEY WAY	WEST ORANGE	NJ	07052	ESSEX	(973) 243-6830	(973) 243-6819	KESSLER INSTITUTE FOR REHABILITATION, INC.
END STAGE RENAL DIALYSIS	25035	ALARIS HEALTH DIALYSIS AT ESSEX	155-40TH STREET	IRVINGTON	NJ	07111	ESSEX	(973) 371-2155	(973) 963-8341	ALARIS HEALTH DIALYSIS AT ESSEX

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FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	OWNED_ORN
END STAGE RENAL DIALYSIS	22201	BIO-MEDICAL APPLICATIONS OF IRVINGTON	10 CAMPTOWN ROAD	IRVINGTON	NJ	07111	ESSEX	(973) 399-1111	(973) 399-0325	FRESENIUS MEDICAL CARE
END STAGE RENAL DIALYSIS	40701	BIO-MEDICAL APPLICATIONS OF NEW JERSEY, INC.	91-101 HARTFORD STREET	NEWARK	NJ	07103	ESSEX	(973) 624-7100	(973) 624-7113	BIO-MEDICAL APPLICATIONS OF NEW JERSEY, INC.
END STAGE RENAL DIALYSIS	25142	DIALYSIS CENTER OF EAST ORANGE	20 SUSSEX AVENUE	EAST ORANGE	NJ	07018	ESSEX	(973) 266-1093	(973) 266-1094	DIALYSIS CENTER OF MOUNTAINSIDE, LLC
END STAGE RENAL DIALYSIS	24703	DIALYSIS CENTER OF WEST ORANGE, LLC	101 OLD SHORT HILLS ROAD, SUITE 120	WEST ORANGE	NJ	07052	ESSEX	(973) 736-8300	(973) 736-8320	DIALYSIS CENTER OF WEST ORANGE LLC
END STAGE RENAL DIALYSIS	22214	EAST ORANGE DIALYSIS	14-20 PROSPECT STREET	EAST ORANGE	NJ	07017	ESSEX	(973) 672-2025	(973) 675-1381	DVA RENAL HEALTHCARE, INC.
END STAGE RENAL DIALYSIS	40705	FMC DIALYSIS SERVICES OF NORTH NEWARK	155 BERKLEY AVENUE	NEWARK	NJ	07107	ESSEX	(973) 412-0066	(973) 268-4829	BIO-MEDICAL APPLICATIONS OF NEW JERSEY, INC.
END STAGE RENAL DIALYSIS	25097	FRESENIUS KIDNEY CARE BELLEVILLE	36 NEWARK AVENUE, SUITE 304	BELLEVILLE	NJ	07109	ESSEX	(973) 450-0385	(973) 450-4318	FRESENIUS MEDICAL CARE BELLEVILLE, LLC
END STAGE RENAL DIALYSIS	25150	FRESENIUS KIDNEY CARE OF SOUTH ESSEX	415 ELIZABETH AVENUE	NEWARK	NJ	07112	ESSEX	(862) 240-9135	(862) 240-9140	BIO-MEDICAL APPLICATIONS OF NEW JERSEY, INC.
END STAGE RENAL DIALYSIS	24352	FRESENIUS MEDICAL CARE IRONBOUND	248 SOUTH STREET	NEWARK	NJ	07114	ESSEX	(973) 344-0655	(973) 344-6966	FRESENIUS MEDICAL CARE IRONBOUND, L.L.C.
END STAGE RENAL DIALYSIS	24660	FRESENIUS MEDICAL CARE NORTH MONTCLAIR	114 VALLEY ROAD	MONTCLAIR	NJ	07042	ESSEX	(973) 744-2058	(973) 744-2078	FRESENIUS MEDICAL CARE MONTCLAIR, LLC
END STAGE RENAL DIALYSIS	24817	FRESENIUS MEDICAL CARE WEST ESSEX	348 EAST NORTHFIELD ROAD	LIVINGSTON	NJ	07039	ESSEX	(973) 535-0667	(973) 533-0088	FRESENIUS MEDICAL CARE WEST ESSEX
END STAGE RENAL DIALYSIS	25095	IRVINGTON DIALYSIS	468 CHANCELLOR AVENUE, SUITE W5-3	IRVINGTON	NJ	07111	ESSEX	(973) 373-0294	(973) 371-1595	BUCKHORN DIALYSIS, LLC
END STAGE RENAL DIALYSIS	24791	MILLBURN DIALYSIS CENTER	25 EAST WILLOW STREET, SUITE 2	MILLBURN	NJ	07041	ESSEX	(973) 379-7309	(973) 379-5175	REDCLIFF DIALYSIS, L.L.C.
END STAGE RENAL DIALYSIS	25119	NEWARK MT PLEASANT DIALYSIS	262 BROAD STREET	NEWARK	NJ	07104	ESSEX	(973) 268-7184	(973) 268-2802	ISD RENAL, INC.

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FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	OWNED_OR_SELF_OWNED
END STAGE RENAL DIALYSIS	23076	NNA-SAINT BARNABAS-LIVINGSTON, LLC	200 SOUTH ORANGE AVENUE, SUITE 117	LIVINGSTON	NJ	07039	ESSEX	(973) 322-7150	(973) 322-7160	NNA SAINT BARNABAS-LIVINGSTON, L.L.C.
END STAGE RENAL DIALYSIS	40704	PARKSIDE DIALYSIS	580 FRELINGHUY SEN AVENUE	NEWARK	NJ	07114	ESSEX	(973) 733-9450	(973) 733-9455	TOTAL RENAL CARE, INC.
END STAGE RENAL DIALYSIS	24071	RENAL CARE GROUP MAPLEWOOD	2130 MILBURN AVENUE	MAPLEWOOD	NJ	07040	ESSEX	(973) 275-5499	(973) 275-5103	RENAL CARE GROUP
END STAGE RENAL DIALYSIS	23253	RENAL CENTER OF NEWARK	571 CENTRAL AVENUE	NEWARK	NJ	07107	ESSEX	(973) 484-4994	(973) 484-4434	KIDNEY LIFE, LLC
END STAGE RENAL DIALYSIS	22260	RENEX DIALYSIS CLINIC OF BLOOMFIELD, INC	206 BELLEVILLE AVENUE	BLOOMFIELD	NJ	07003	ESSEX	(973) 680-8100	(973) 680-8228	RENEX DIALYSIS CLINIC OF BLOOMFIELD, INC.
END STAGE RENAL DIALYSIS	23187	RENEX DIALYSIS CLINIC OF EAST ORANGE	110 SOUTH GROVE STREET	EAST ORANGE	NJ	07018	ESSEX	(973) 414-6100	(973) 414-6109	NNA OF EAST ORANGE, LLC
END STAGE RENAL DIALYSIS	82451	RENEX DIALYSIS CLINIC OF ORANGE	258 CENTRAL AVENUE	ORANGE	NJ	07050	ESSEX	(973) 675-3400	(973) 675-1373	RENEX DIALYSIS CLINIC OF ORANGE, INC
END STAGE RENAL DIALYSIS	24961	VISTACARE DIALYSIS CENTER	300 BROADWAY	NEWARK	NJ	07104	ESSEX	(973) 878-4499	(800) 975-5201	VISTACARE CONTINUUM SERVICES, LLC
END STAGE RENAL DIALYSIS	24743	WEST ORANGE DIALYSIS	375 MT PLEASANT AVENUE, SUITE 340	WEST ORANGE	NJ	07052	ESSEX	(973) 243-7069	(973) 731-1348	TOTAL RENAL CARE, INC.
FEDERALLY QUALIFIED HEALTH CENTERS	24415	JEWISH RENAISSANCE MED CENTER AT CENTRAL HIGH SCHOOL	246 18TH AVENUE	NEWARK	NJ	07108	ESSEX	(973) 679-7709	(732) 324-5765	JEWISH RENAISSANCE MEDICAL CENTER
FEDERALLY QUALIFIED HEALTH CENTERS	23973	JEWISH RENAISSANCE MEDICAL CENTER	90 PARKER STREET	NEWARK	NJ	07114	ESSEX	(973) 679-7709	(732) 324-5765	JEWISH RENAISSANCE MEDICAL CENTER
FEDERALLY QUALIFIED HEALTH CENTERS	24927	JEWISH RENAISSANCE MEDICAL CENTER AT 13TH AVE SCHOOL	359 13TH AVENUE	NEWARK	NJ	07103	ESSEX	(973) 679-7709	(732) 324-5765	JEWISH RENAISSANCE MEDICAL CENTER
FEDERALLY QUALIFIED HEALTH CENTERS	70778	NCHC-DAYTON STREET HEALTH CENTER	101 LUDLOW STREET	NEWARK	NJ	07114	ESSEX	(973) 483-1300	(973) 350-5562	NEWARK COMMUNITY HEALTH CENTERS, INC
FEDERALLY QUALIFIED HEALTH CENTERS	24137	NEWARK COMMUNITY HEALTH CENTER INC	37 NORTH DAY STREET	ORANGE	NJ	07050	ESSEX	(973) 483-1300	(973) 350-5562	NEWARK COMMUNITY HEALTH CENTERS, INC
FEDERALLY QUALIFIED HEALTH CENTERS	80194	NEWARK COMMUNITY HEALTH CENTER INC	444 WILLIAM STREET	EAST ORANGE	NJ	07017	ESSEX	(973) 483-1300	(973) 350-5562	NEWARK COMMUNITY HEALTH CENTERS, INC

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FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	OWNED_OR_SELF_OWNED
FEDERALLY QUALIFIED HEALTH CENTERS	70777	NEWARK COMMUNITY HEALTH CENTERS INC	741 BROADWAY	NEWARK	NJ	07104	ESSEX	(973) 483-1300	(973) 266-9945	NEWARK COMMUNITY HEALTH CENTERS, INC
FEDERALLY QUALIFIED HEALTH CENTERS	22382	NEWARK COMMUNITY HEALTH CENTERS, INC	751 BROADWAY	NEWARK	NJ	07104	ESSEX	(973) 483-1300	(973) 266-9945	NEWARK COMMUNITY HEALTH CENTERS, INC
FEDERALLY QUALIFIED HEALTH CENTERS	23134	NEWARK COMMUNITY HEALTH CENTERS, INC.	1148-1150 SPRINGFIELD AVENUE	IRVINGTON	NJ	07111	ESSEX	(973) 483-1300	(973) 350-5562	NEWARK COMMUNITY HEALTH CENTERS, INC
FEDERALLY QUALIFIED HEALTH CENTERS	70782	NEWARK DEPARTMENT OF HEALTH AND COMMUNITY WELLNESS	110 WILLIAM STREET, ROOM 208	NEWARK	NJ	07102	ESSEX	(973) 733-5310	(973) 733-3648	NEWARK DEPARTMENT OF HEALTH AND COMMUNITY WELLNESS
FEDERALLY QUALIFIED HEALTH CENTERS	24779	NEWARK DEPARTMENT OF HEALTH AND COMMUNITY WELLNESS	140 BERGEN STREET, E-1640	NEWARK	NJ	07103	ESSEX	(973) 733-5310	(973) 733-3648	NEWARK DEPARTMENT OF HEALTH AND COMMUNITY WELLNESS
FEDERALLY QUALIFIED HEALTH CENTERS	24765	NEWARK DEPARTMENT OF HEALTH AND COMMUNITY WELLNESS	394 UNIVERSITY AVENUE	NEWARK	NJ	07102	ESSEX	(973) 733-5310	(973) 733-3648	NEWARK DEPARTMENT OF HEALTH & COMMUNITY WELLNESS
FEDERALLY QUALIFIED HEALTH CENTERS	24835	NORTH WARD PARK ELEMENTARY SCHOOL	120 MANCHESTER PLACE	NEWARK	NJ	07104	ESSEX	(732) 679-7709	(732) 324-5765	JEWISH RENAISSANCE MEDICAL CENTER
FEDERALLY QUALIFIED HEALTH CENTERS	24967	SAINT JAMES HEALTH, INC	228 LAFAYETTE STREET, 2ND FLOOR AND 4TH FLOOR	NEWARK	NJ	07105	ESSEX	(908) 578-7273	(973) 589-3762	SAINT JAMES HEALTH, INC.
FEDERALLY QUALIFIED HEALTH CENTERS	23975	SHABAZZ HEALTH CLINIC AT MALCOLM X SHABAZZ HIGH SCHOOL	80 JOHNSON AVENUE	NEWARK	NJ	07108	ESSEX	(973) 679-7709	(732) 324-5765	JEWISH RENAISSANCE MEDICAL CENTER
FEDERALLY QUALIFIED HEALTH CENTERS	23979	THE HEALTH PLACE AT QUITMAN COMMUNITY SCHOOL	21 QUITMAN STREET	NEWARK	NJ	07103	ESSEX	(973) 679-7709	(732) 324-5765	JEWISH RENAISSANCE MEDICAL CENTER
FEDERALLY QUALIFIED HEALTH CENTERS	23977	THE HEALTH ZONE AT GEORGE WASHINGTON CARVER/BRUCE STREET SCHOOL	333 CLINTON PLACE	NEWARK	NJ	07112	ESSEX	(973) 679-7709	(732) 324-5765	JEWISH RENAISSANCE MEDICAL CENTER

Acute, Long Term Care and Medical Ambulatory Services

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	OWNED_ORN
FEDERALLY QUALIFIED HEALTH CENTERS	24844	ZUFALL HEALTH CENTER INC.	95 NORTHFIELD AVENUE, SUITE 2	WEST ORANGE	NJ	07052	ESSEX	(973) 325-2266		ZUFALL HEALTH CENTER
GENERAL ACUTE CARE HOSPITAL	10701	CLARA MAASS MEDICAL CENTER	ONE CLARA MAASS DRIVE	BELLEVILLE	NJ	07109	ESSEX	(973) 450-2000	(973) 450-0181	CLARA MAASS MEDICAL CENTER
GENERAL ACUTE CARE HOSPITAL	10710	COOPERMAN BARNABAS MEDICAL CENTER	94 OLD SHORT HILLS ROAD	LIVINGSTON	NJ	07039	ESSEX	(973) 322-5000	(973) 322-5007	COOPERMAN BARNABAS MEDICAL CENTER
GENERAL ACUTE CARE HOSPITAL	10704	EAST ORANGE GENERAL HOSPITAL	300 CENTRAL AVE	EAST ORANGE	NJ	07018	ESSEX	(973) 617-7518	(973) 266-8488	EOH ACQUISITION GROUP, LLC
GENERAL ACUTE CARE HOSPITAL	10708	HACKENSACKMERIDIAN HEALTH, MOUNTAINSIDE MEDICAL CENTER	1 BAY AVENUE	MONTCLAIR	NJ	07042	ESSEX	(973) 429-6314	(973) 429-6209	MONTCLAIR HOSPITAL, LLC
GENERAL ACUTE CARE HOSPITAL	10709	NEWARK BETH ISRAEL MEDICAL CENTER	201 LYONS AVE	NEWARK	NJ	07112	ESSEX	(973) 926-7850	(973) 705-3477	NEWARK BETH ISRAEL MEDICAL CENTER
GENERAL ACUTE CARE HOSPITAL	10713	SAINT MICHAEL'S MEDICAL CENTER	111 CENTRAL AVENUE	NEWARK	NJ	07102	ESSEX	(973) 877-5350	(973) 877-5593	PRIME HEALTHCARE SERVICES-ST. MICHAEL'S, LLC
GENERAL ACUTE CARE HOSPITAL	10702	UNIVERSITY HOSPITAL	150 BERGEN ST	NEWARK	NJ	07103	ESSEX	(973) 972-5658	(973) 972-6943	UNIVERSITY HOSPITAL
HOME HEALTH AGENCY	22227	BARNABAS HEALTH HOME CARE AND HOSPICE	80 MAIN STREET, SUITE 210	WEST ORANGE	NJ	07052	ESSEX	(973) 243-9666	(973) 322-0370	VNA HEALTH GROUP OF NEW JERSEY, LLC
HOME HEALTH AGENCY	22361	BAYADA HOME HEALTH CARE, INC.	5 REGENT STREET, SUITE 528	LIVINGSTON	NJ	07039	ESSEX	(973) 535-0543	(973) 535-0561	BAYADA HOME HEALTH CARE, INC.
HOME HEALTH AGENCY	70705	PATIENT CARE	300 EXECUTIVE DRIVE, SUITE 010	WEST ORANGE	NJ	07052	ESSEX	(973) 243-6299	(973) 325-9277	PATIENT CARE MEDICAL SERVICES, INC.
HOME HEALTH AGENCY	70702	PROMISE CARE NJ	576 CENTRAL AVENUE, SUITE 304	EAST ORANGE	NJ	07018	ESSEX	(973) 378-1000	(201) 418-6817	NATION STAR HOME HEALTH CARE, LLC
HOSPICE CARE BRANCH	24416	BARNABAS HEALTH HOME CARE AND HOSPICE	80 MAIN STREET	WEST ORANGE	NJ	07052	ESSEX	(973) 412-2000	(973) 481-6395	VNA HEALTH GROUP OF NEW JERSEY, LLC
HOSPICE CARE BRANCH	25180	JOURNEY HOSPICE	459 PASSAIC AVENUE, SUITE 270	WEST CALDWELL	NJ	07006	ESSEX	(609) 386-7171		HOSPICE AT LSMNJ, INC.

Acute, Long Term Care and Medical Ambulatory Services

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	OWNED_ORN
HOSPICE CARE PROGRAM	22714	BARNABAS HEALTH HOME CARE AND HOSPICE	80 MAIN STREET, SECOND FLOOR, SUITE 300	WEST ORANGE	NJ	07052	ESSEX	(855) 619-4448	(973) 669-1081	VNA HEALTH GROUP OF NEW JERSEY, L.L.C.
HOSPICE CARE PROGRAM	22829	COMPASSIONATE CARE HOSPICE OF CLIFTON, LLC	300 BROADACRES DRIVE, SUITE 275	BLOOMFIELD	NJ	07003	ESSEX	(973) 916-1400	(973) 947-6747	COMPASSIONATE CARE HOSPICE OF CLIFTON, LLC
HOSPICE CARE PROGRAM	22741	HOSPICE OF NEW JERSEY, LLC	400 BROADACRES DRIVE, 1ST FLOOR	BLOOMFIELD	NJ	07003	ESSEX	(973) 893-0818	(973) 893-0828	HOSPICE OF NEW JERSEY, LLC
HOSPICE CARE PROGRAM	25064	PIONEER HOSPICE OF NJ, INC.	14 SOUTH CENTER STREET	ORANGE	NJ	07050	ESSEX	(862) 520-4151	(862) 520-1866	PIONEER HOSPICE OF NJ, INC.
HOSPICE CARE PROGRAM	23201	VITAS HEALTHCARE CORPORATION ATLANTIC	70 SOUTH ORANGE AVENUE, SUITE 210	LIVINGSTON	NJ	07039	ESSEX	(973) 994-4738	(973) 422-5385	VITAS HEALTHCARE ATLANTIC
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1149	ATLANTIC HEALTH SLEEP CENTERS	5 REGENT STREET, SUITE 512	LIVINGSTON	NJ	07039	ESSEX	(866) 906-5666	(973) 290-7620	AHS HOSPITAL CORP.
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1396	CENTER FOR WOUND SCIENCE AND HEALING AT SILVER LAKE HOSPITAL	495 NORTH 13TH STREET	NEWARK	NJ	07107	ESSEX	(973) 479-2140	(973) 497-2371	SILVER LAKE HOSPITAL
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1522	COOPERMAN BARNABAS MEDICAL CENTER	375 MOUNT PLEASANT AVENUE	WEST ORANGE	NJ	07052	ESSEX	(973) 322-5000	(973) 322-5007	COOPERMAN BARNABAS MEDICAL CENTER
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1431	COOPERMAN BARNABAS MEDICAL CENTER	200 SOUTH ORANGE AVENUE	LIVINGSTON	NJ	07039	ESSEX	(973) 322-7700	(973) 322-7160	COOPERMAN BARNABAS MEDICAL CENTER
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1369	CSH OUTPATIENT CENTER NEWARK	182 LYONS AVENUE	NEWARK	NJ	07112	ESSEX	(908) 233-3720	(908) 301-5546	CHILDREN'S SPECIALIZED HOSPITAL
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1110	EAST ORANGE GEN HOSP HYPERBARIC WOUND CARE CENTER	310 CENTRAL AVENUE	EAST ORANGE	NJ	07018	ESSEX	(973) 672-8400	(973) 266-8488	EOH ACQUISITION GROUP, LLC
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1280	EAST ORANGE GENERAL HOSP	240 CENTRAL AVENUE	EAST ORANGE	NJ	07018	ESSEX	(973) 672-8400	(973) 266-8488	EAST ORANGE GENERAL HOSPITAL
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1167	EAST ORANGE GENERAL HOSPITAL FAMILY HEALTH CENTER	300 CENTRAL AVENUE	EAST ORANGE	NJ	07018	ESSEX	(973) 266-4406	(973) 414-1850	EOH ACQUISITION GROUP, LLC

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FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	OWNED_OR_SELF_OWNED
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1189	EAST ORANGE GENERAL HOSPITAL LABORATORY	310 CENTRAL AVENUE	EAST ORANGE	NJ	07018	ESSEX	(973) 672-8400	(973) 266-8488	EAST ORANGE GENERAL HOSPITAL
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1388	EAST ORANGE GENERAL HOSPITAL-HEMODIALYSIS	310 CENTRAL AVENUE	EAST ORANGE	NJ	07018	ESSEX	(973) 672-8400	(973) 266-8488	EAST ORANGE GENERAL HOSPITAL
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1388	MAGNUS IMAGING OF ENGLEWOOD HOSPITAL	946 BLOOMFIELD AVENUE	GLEN RIDGE	NJ	07028	ESSEX	(973) 743-9001	(973) 743-9988	ENGLEWOOD HOSPITAL AND MEDICAL CENTER
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1332	SENIOR HEALTH & WELLNESS CENTER AT JAMES WHITE MANOR	516 BERGEN STREET	NEWARK	NJ	07108	ESSEX	(973) 622-2703	(973) 622-2705	NEWARK BETH ISRAEL MEDICAL CENTER
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1393	SLEEP CENTER AT MILLBURN	96 MILLBURN AVENUE	MILLBURN	NJ	07041	ESSEX	(973) 322-5000	(973) 322-5007	COOPERMAN BARNABAS MEDICAL CENTER
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1292	ST JOSEPH'S CARDIOVASCULAR CENTER-NUTLEY	181 FRANKLIN AVENUE - STE 301	NUTLEY	NJ	07110	ESSEX	(973) 667-5511	(973) 667-0561	ST JOSEPH'S UNIVERSITY MEDICAL CENTER
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1169	UNIVERSITY HOSPITAL AMBULATORY CARE CENTER	150 BERGEN STREET	NEWARK	NJ	07101	ESSEX	(973) 972-5658	(973) 972-6943	UNIVERSITY HOSPITAL
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1060	WAYMON C LATTIMORE CLINIC	225 WARREN STREET	NEWARK	NJ	07101	ESSEX	(973) 972-0871	(973) 972-3832	UNIVERSITY HOSPITAL
LONG TERM CARE FACILITY	306000	CG HEALTHCARE, LLC	110 GROVE AVE	CEDAR GROVE	NJ	07009	ESSEX	(973) 571-6600	(973) 571-6618	CG HEALTHCARE, LLC
LONG TERM CARE FACILITY	062209	Alaris Health at St. Mary's	135 SOUTH CENTER STREET	ORANGE	NJ	07050	ESSEX	(973) 266-3000	(973) 266-3094	SOUTH CENTER STREET NURSING HOME, LLC
LONG TERM CARE FACILITY	306001	Alaris Health at West Orange	5 BROOK END DRIVE	WEST ORANGE	NJ	07052	ESSEX	(973) 324-3000	(973) 324-3005	ST CLOUD OPERATIONS LLC
LONG TERM CARE FACILITY	060736	ESSEX GARDEN GROUP LLC	155 40TH STREET	IRVINGTON	NJ	07111	ESSEX	(973) 371-7878	(973) 371-4081	ESSEX GARDEN GROUP LLC
LONG TERM CARE FACILITY	060706	Arbor Glen Center	25 E LINDSLEY ROAD	CEDAR GROVE	NJ	07009	ESSEX	(973) 256-7220	(973) 256-4723	25 EAST LINDSLEY ROAD OPERATIONS LLC
LONG TERM CARE FACILITY	NH07001	Atrium Post Acute Care Of Livingston	348 EAST CEDAR STREET	LIVINGSTON	NJ	07039	ESSEX	(973) 758-8200		LIVINGSTON SNF AMDP, LLC

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FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	OWNED_ORN
LONG TERM CARE FACILITY	060738	Broadway House for Continuing Care	298 BROADWAY	NEWARK	NJ	07104	ESSEX	(973) 268-9797	(973) 268-2828	UNIVERSITY HOSPITAL
LONG TERM CARE FACILITY	060732	BROOKHAVEN CENTER FOR REHAB & HEALTHCARE, LLC	120 PARK END PLACE	EAST ORANGE	NJ	07018	ESSEX	(973) 676-6221	(973) 965-0382	BROOKHAVEN CENTER FOR REHAB & HEALTHCARE, LLC
LONG TERM CARE FACILITY	060729	The Canterbury At Cedar Grove Care and Rehabilitation	398 POMPTON AVENUE	CEDAR GROVE	NJ	07009	ESSEX	(973) 239-7600	(862) 239-5248	THE CANTERBURY @ CEDAR GROVE CARE & REHABILITATION
LONG TERM CARE FACILITY	306301	Care One At Livingston	68 PASSAIC AVENUE	LIVINGSTON	NJ	07039	ESSEX	(973) 758-9000	(973) 758-0070	CARE TWO LLC
LONG TERM CARE FACILITY	07011	Clara Maass Transitional Care Unit	ONE CLARA MAASS DRIVE	BELLEVILLE	NJ	07109	ESSEX	(973) 450-2963	(973) 844-4934	CLARA MAASS MEDICAL CENTER
LONG TERM CARE FACILITY	060720	Complete Care at Waterview LLC	536 RIDGE ROAD	CEDAR GROVE	NJ	07009	ESSEX	(973) 239-9300	(973) 239-8642	COMPLETE CARE AT WATERVIEW, LLC
LONG TERM CARE FACILITY	060722	Complete Care at East Orange, LLC	140 PARK AVE	EAST ORANGE	NJ	07017	ESSEX	(973) 677-1500	(973) 677-7016	COMPLETE CARE AT EAST ORANGE LLC
LONG TERM CARE FACILITY	060739	Complete Care at Summit Ridge	20 SUMMIT STREET	WEST ORANGE	NJ	07052	ESSEX	(973) 736-2000	(973) 731-4582	SUMMIT RIDGE CARE, LLC
LONG TERM CARE FACILITY	030703	Daughters of Israel Pleasant Valley Home	1155 PLEASANT VALLEY WAY	WEST ORANGE	NJ	07052	ESSEX	(973) 731-5100	(973) 736-7698	DAUGHTERS OF ISRAEL FAMILY OF CARING HEALTHCARE AT MONTCLAIR LLC
LONG TERM CARE FACILITY	060719	Family of Caring Healthcare at Montclair	42 NORTH MOUNTAIN AVE	MONTCLAIR	NJ	07042	ESSEX	(973) 783-9400	(973) 783-8499	DAUGHTERS OF ISRAEL FAMILY OF CARING HEALTHCARE AT MONTCLAIR LLC
LONG TERM CARE FACILITY	62203	Forest Hill Healthcare Center	497 MT PROSPECT AVE	NEWARK	NJ	07104	ESSEX	(973) 482-5000	(973) 482-6500	FOREST HILL HEALTHCARE CENTER INC.
LONG TERM CARE FACILITY	060704	Park Grove Healthcare & Rehabilitation Center LLC	101 NORTH GROVE STREET	EAST ORANGE	NJ	07017	ESSEX	(973) 672-1700	(973) 672-8650	PARK GROVE HEALTHCARE & REHABILITATION CENTER, LLC
LONG TERM CARE FACILITY	060734	Hackensack Meridian Health West Caldwell Care Center	165 FAIRFIELD AVE	WEST CALDWELL	NJ	07006	ESSEX	(973) 226-1100	(973) 226-5993	ESSEX RESIDENTIAL CARE, LLC

Acute, Long Term Care and Medical Ambulatory Services

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	OWNED_OR_PRIVATE
LONG TERM CARE FACILITY	060708	Inglemoor Rehabilitation and Care Center of Livingston	311 S LIVINGSTON AVE	LIVINGSTON	NJ	07039	ESSEX	(973) 994-0221	(973) 992-0696	LIVINGSTON CARE CENTER, LP
LONG TERM CARE FACILITY	030706	Job Haines Home For Aged People	250 BLOOMFIELD AVE	BLOOMFIELD	NJ	07003	ESSEX	(973) 743-0792	(973) 743-1135	JOB HAINES HOME FOR AGED PEOPLE
LONG TERM CARE FACILITY	060709	Little Nursing Home	71 CHRISTOPHER ST	MONTCLAIR	NJ	07042	ESSEX	(973) 744-5518	(972) 744-7996	LITTLE NURSING HOME
LONG TERM CARE FACILITY	306300	Lutheran Social Ministries at Crane's Mill	459 PASSAIC AVENUE	WEST CALDWELL	NJ	07006	ESSEX	(973) 276-3018	(973) 276-3032	LUTHERAN SOCIAL MINISTRIES OF NJ
LONG TERM CARE FACILITY	060702	Montclair Care Center	111-115 GATES AVENUE	MONTCLAIR	NJ	07042	ESSEX	(973) 746-4616	(973) 746-1512	MONTCLAIR CARE CENTER, LLC
LONG TERM CARE FACILITY	060731	New Community Extended Care Facility	266 S ORANGE AVE	NEWARK	NJ	07103	ESSEX	(973) 624-2020	(973) 624-8046	NEW COMMUNITY HEALTH CARE, INC.
LONG TERM CARE FACILITY	06730	New Vista Nursing and Rehabilitation Center	300 BROADWAY	NEWARK	NJ	07104	ESSEX	(973) 484-4222	(973) 484-9141	VISTACARE, LLC
LONG TERM CARE FACILITY	060733	Park Crescent Healthcare & Rehabilitation Center	480 PARKWAY DRIVE	EAST ORANGE	NJ	07017	ESSEX	(973) 674-2700	(973) 678-8282	PARKWAY MANOR HEALTH CENTER, LLC
LONG TERM CARE FACILITY	060713	Sinai Post Acute Nursing and Rehab Center	65 JAY STREET	NEWARK	NJ	07103	ESSEX	(973) 483-6800	(973) 483-1841	SINAI CENTER FOR REHABILITATION AND HEALTHCARE LLC
LONG TERM CARE FACILITY	1B41GL	St. Catherine Of Siena	7 RYERSON AVENUE	CALDWELL	NJ	07006	ESSEX	(973) 226-1577	(973) 226-3977	ST. CATHERINE OF SIENA, INC.
LONG TERM CARE FACILITY	060737	St. Joseph's Healthcare and Rehab Center	315 EAST LINDSLEY ROAD	CEDAR GROVE	NJ	07009	ESSEX	(973) 754-4800	(973) 812-4491	ST. JOSEPH'S UNIVERSITY MEDICAL CENTER STRATFORD MANOR
LONG TERM CARE FACILITY	060714	Stratford Manor Rehabilitation and Care Center	787 NORTHFIELD AVE	WEST ORANGE	NJ	07052	ESSEX	(973) 731-4500	(973) 731-5543	REHABILITATION AND CARE CENTER, LL
LONG TERM CARE FACILITY	060721	White House Healthcare & Rehabilitation Center	560 BERKELEY AVENUE	ORANGE	NJ	07050	ESSEX	(973) 672-6500	(973) 672-6611	WHITE HOUSE HEALTHCARE & REHABILITATION CENTER

Acute, Long Term Care and Medical Ambulatory Services

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	OWNED_OR_SELF_OWNED
LONG TERM CARE FACILITY	07028	Winchester Gardens Health Care Center	333 ELMWOOD AVENUE	MAPLEWOOD	NJ	07040	ESSEX	(973) 762-5050	(973) 763-4731	MARCUS L. WARD HOME
MATERNAL AND CHILD HEALTH CONSORTIUM	80308	PARTNERSHIP FOR MATERNAL & CHILD HEALTH OF NORTHERN NJ	50 PARK PLACE, SUITE 700	NEWARK	NJ	07102	ESSEX	(973) 268-2280	(862) 314-0233	PARTNERSHIP FOR MATERNAL & CHILD HEALTH OF NORTHERN
PSYCHIATRIC HOSPITAL	50706	ESSEX COUNTY HOSPITAL CENTER	204 GROVE AVENUE	CEDAR GROVE	NJ	07009	ESSEX	(973) 571-2801	(973) 571-2864	COUNTY OF ESSEX
RESIDENTIAL DEMENTIA CARE HOME	D35008	Montclair Manor	403 CLAREMONT AVENUE	MONTCLAIR	NJ	07042	ESSEX	(973) 509-7363	(866) 788-0066	CORDILLERA PROFESSIONALS LLC
SPECIAL HOSPITAL	24009	SILVER LAKE HOSPITAL LTACH	495 NORTH 13TH STREET	NEWARK	NJ	07107	ESSEX	(973) 587-7712	(973) 587-7830	SILVER LAKE HOSPITAL LTACH
SURGICAL PRACTICE	R24574	DIAMOND INSTITUTE OF INFERTILITY & MENOPAUSE	89 MILLBURN AVENUE	MILLBURN	NJ	07041	ESSEX	(973) 761-5600	(973) 761-5100	DIAMOND INSTITUTE FOR INFERTILITY & MENOPAUSE
SURGICAL PRACTICE	R24619	GARDEN STATE SURGERY CENTER, LLC	29 PARK STREET	MONTCLAIR	NJ	07042	ESSEX	(973) 509-2000	(973) 655-1228	GARDEN STATE SURGERY CENTER, LLC
SURGICAL PRACTICE	R24595	GLEN RIDGE SURGI CENTER, LLC	230 SHERMAN AVENUE	GLEN RIDGE	NJ	07028	ESSEX	(973) 783-2626	(973) 275-1865	GLEN RIDGE SURGI CENTER LLC
SURGICAL PRACTICE	R24534	IRONBOUND ENDO-SURGICAL CENTER, PA	24-28 MERCHANT STREET	NEWARK	NJ	07105	ESSEX	(973) 344-5883	(973) 344-5581	IRONBOUND ENDOSURGICAL CENTER, P.A.
SURGICAL PRACTICE	R24634	NEW JERSEY UROLOGY, LLC	1515 BROAD STREET, SUITE B140	BLOOMFIELD	NJ	07003	ESSEX	(973) 873-7000	(973) 873-7039	NEW JERSEY UROLOGY, LLC
SURGICAL PRACTICE	R24532	NEW JERSEY VEIN & COSMETIC SURGERY	741 NORTHFIELD AVENUE, SUITE 105	WEST ORANGE	NJ	07052	ESSEX	(973) 243-2200	(732) 243-9672	NEW JERSEY VEIN & COSMETIC SURGERY CENTER, PA
SURGICAL PRACTICE	R24637	UROLOGY GROUP OF NEW JERSEY, LLC	375 MT PLEASANT AVENUE, SUITE 250	WEST ORANGE	NJ	07052	ESSEX	(973) 323-1320	(973) 323-1329	UROLOGY GROUP OF NEW JERSEY LLC

Health Resources for Essex County

Part 2: Mental Health Services

Source: Department of Human Services, Division of Mental Health and Addiction Services Download Oct 3, 2022

ESSEX COUNTY

<p>Acute Care Family Support Mental Health Association of Essex & Morris 33 South Fullerton Avenue Montclair, NJ 07042 (973) 509-9777</p> <p>Deaf Enhanced STCF Jersey City Medical Center 395 Grand Street Jersey City, NJ 07302 (201) 915-2349</p> <p>Early Intervention Support Services (<i>Crisis Intervention Services</i>) Rutgers University Behavioral Health Care 183 South Orange Avenue Newark, NJ 07103 (973) 972-6100</p> <p>Homeless Services (PATH) Mental Health Association of Essex & Morris 80 Main St. suite 150. West Orange, NJ 07052 (973) 842-4127</p> <p>Integrated Case Management Services Mental Health Association of Essex and Morris 80 Main St. suite 150. West Orange, NJ 07052 (973) 842-4127</p> <p>Intensive Family Support Services Mental Health Association of Essex & Morris 33 South Fullerton Avenue Montclair, NJ 07042 (973) 509-9777</p> <p>Intensive Outpatient Treatment & Support Services Family Connections Wellness House 395 S. Center St. Orange, NJ 07050 (973) 380-0366</p>	<p>County Mental Health of Essex Mental Health Administrator 204 Grove Avenue Cedar Grove, NJ 07009 (973) 571-2821 /2822</p> <p>Deaf Enhanced Screening Center Jersey City Medical Center 395 Grand Street Jersey City, NJ 07302 (201) 915-2210</p> <p>Homeless Services (PATH) Newark Only Project Live 465-475 Broadway Newark, NJ 07104 (973) 481-1211</p> <p>Integrated Case Management Services -Newark Only Mt. Carmel Guild Behavioral Healthcare 47-71 Miller St. 3rd Floor, Suite 301 Newark, NJ 07114</p> <p>Integrated Case Management Services Mental Health Association of Essex & Morris 60 Evergreen Place - Suite 402 East Orange, NJ 07018 (973) 676-9111</p> <p>Involuntary Outpatient Commitment Mental Health Association of Essex & Morris 33 South Fullerton Avenue Montclair, NJ 07042 (973) 842-4141</p> <p>Justice Involved Services Mental Health Association of Essex & Morris 33 S. Fullerton Avenue Montclair, NJ 07042 (973) 509-9777</p> <p>Outpatient Family Service Bureau of Newark 379 Kearny Avenue Kearny, NJ 07032 (201) 246-8077</p>
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ESSEX COUNTY (Continued)

<p>Outpatient Mental Health Association of Essex & Morris 33 South Fullerton Avenue Montclair, NJ 07042 (973) 509-9777</p> <p>Outpatient Mt. Carmel Guild Behavioral Healthcare 58 Freeman Street Newark, NJ 07102 (973) 596-4190</p> <p>Outpatient Northwest Essex Community Network 570 Belleville Avenue Belleville, NJ 07109 (973) 450-3100</p> <p>Outpatient Irvington Counseling Center 21-29 Wagner Place Irvington, NJ 07111 (973) 399-3132</p> <p>Partial Care Rutgers University Behavioral Health Care 183 South Orange Avenue Newark, NJ 07103-2770 (800) 969-5300</p> <p>Partial Care Mt. Carmel Guild Behavioral Healthcare 58 Freeman Street Newark, NJ 07102 (973) 596-4190</p> <p>Program of Assertive Community Treatment (PACT) Bridgeway Rehabilitation Inc. 622 Eagle Rock Ave. Suite 302 Newark, NJ 07052 973-755-0275</p>	<p>Outpatient Family Connections 395 South Center Street Orange, NJ 07050 (973) 675-3817</p> <p>Outpatient Newark Beth Israel Medical Center CMHC 210 Lehigh Avenue Newark, NJ 07112 (973) 926-7026</p> <p>Outpatient Rutgers University Behavioral Health Care 183 South Orange Avenue Newark, NJ 07103-2770 (973) 912-6100 (ACCESS)</p> <p>Partial Care Northwest Essex Community Network 570 Belleville Avenue Belleville, NJ 07109 (973) 450-3100</p> <p>Partial Care Mental Health Association of Essex & Morris (Prospect House) 424 Main Street East Orange, NJ 07018 (973) 674-8067</p> <p>PRIMARY SCREENING CENTER for ESSEX Clara Maass Medical Center 1 Clara Maass Drive Belleville, NJ 07109 HOTLINE: (973) 844-4357</p>
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ESSEX COUNTY (Continued)

<p>PRIMARY SCREENING CENTER for ESSEX Rutgers University Behavioral Health Care - Rutgers 150 Bergen Street Newark, NJ 07101 HOTLINE: (973) 623-2323</p> <p>Self-Help Center Better Life 101 14th Avenue Newark, NJ 07103 (862) 229-1400 x2806</p> <p>Short Term Care Facility St. Michael's Medical Center 111 Central Avenue Newark, NJ 07109 (973) 465-2681</p> <p>Short Term Care Facility Newark Beth Israel Medical Center/St. Barnabas 201 Lyons Avenue Newark, NJ 07112 (973) 926-3183</p> <p>Short Term Care Facility Mountainside Hospital 1 Bay Avenue Montclair, NJ 07042 (973) 429-6000</p> <p>Supported Employment Services Mental Health Association of Essex County 60 Evergreen Place, Suite 401 East Orange, NJ 07018 (973) 395-1000, ext. 401</p> <p>Supported Education Bridgeway Rehabilitation Services <i>LEARN of Central NJ</i> 1023 Commerce Avenue, 2nd Fl. Union, NJ 07083 (908) 686-2956, ext. 104</p>	<p>PRIMARY SCREENING CENTER for ESSEX Newark Beth Israel Medical Center 201 Lyons Avenue Newark, NJ 07112 HOTLINE: (973) 926-7444</p> <p>Residential Services Easter Seals Society of NJ 414 Eagle Rock Avenue, Suite 206 West Orange, NJ 07052 (973) 324-2712</p> <p>Residential Services Project Live, Inc. 465-475 Broadway Newark, NJ 07104 (973) 481-1211</p> <p>Short Term Care Facility East Orange General Hospital 300 Central Avenue East Orange, NJ 07018 (973) 266-4456 or (973) 266-8440</p> <p>Short Term Care Facility University Hospital/UMDNJ 150 Bergen Street Newark, NJ 07103 (973) 972-7722</p> <p>Community Support Services East Orange General Hospital 300 Central Avenue East Orange, NJ 07018 (973) 395-4164</p>
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ESSEX COUNTY (Continued)

<p>Community Support Services Project Live, Inc. 272 Mt. Pleasant Ave. Suite 3 West Orange, NJ 07052 (973) 395-9160</p> <p>Community Support Services Easter Seal Society of NJ 615 Hope Road - Building 3 Eatontown, NJ 07724 (732) 380-0390</p> <p>Systems Advocacy Community Health Law Project 650 Bloomfield Avenue Bloomfield, NJ 07003 (973) 680-5599</p>	<p>Community Support Services - Newark Rutgers University Behavioral Health Care 10 Corporate Place South – Suite 205 Piscataway, NJ 08854 (732) 235-5000</p> <p>Community Support Services Mental Health Association of Essex & Morris 80 Main St. Suite 370 West Orange, NJ 07052 (973) 509-3777</p> <p>Community Support Services Project Live, Inc. 465-475 Broadway Newark, NJ 07104 (973) 395-9160</p> <p>Systems Advocacy Mental Health Association in NJ 88 Pompton Avenue, Suite 1 Verona, NJ 07044 (973) 571-4100</p>
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Health Resources for Essex County

Part 3: Addiction Health Services

Source: Department of Human Services, Division of Mental Health and Addiction Services
Download Oct 3, 2022



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

ADDICTION SERVICES TREATMENT DIRECTORY

Carole Johnson
 Commissioner
 Department of Human Services
 (DHS)

Valerie Mielke
 Assistant Commissioner
 Division of Mental Health and Addiction Services
 (DMHAS)

<p>Adewale Adefowoju NP NPI Number: 1114153186 Phone No: 9739962170</p>	<p>Services:</p> <ul style="list-style-type: none"> o Medication-Assisted Treatment 	<p>Address:</p> <p>📍 40 Union Ave Ste 301</p> <p>Irvington New Jersey 07111</p> <p>County:Essex</p>
<p>Adewale Adefowoju NP NPI Number: 1114153186 Phone No: 9734810501</p>	<p>Services:</p> <ul style="list-style-type: none"> o Medication-Assisted Treatment 	<p>Address:</p> <p>📍 796 Mount Prospect Ave</p> <p>Newark New Jersey 07104</p> <p>County:Essex</p>
<p>Airmid Counseling Services License No: 2000377 Agency Type: Non-Profit Phone No: 9736780550</p>	<p>Services:</p> <ul style="list-style-type: none"> o Co-Occurring Treatment Services o Intensive Outpatient Treatment o Outpatient Treatment o Partial Care <p><i>IDRC affiliated: Yes</i></p>	<p>Address:</p> <p>📍 137 EVERGREEN PL EAST ORANGE NJ 07018</p> <p>County:Essex</p>
<p>American Habitare and Counseling, Inc. License No: 2000172 Agency Type: Unknown Phone No: 9737990508</p>	<p>Services:</p> <ul style="list-style-type: none"> o Co-Occurring Treatment Services o Intensive Outpatient Treatment o Opiate Treatment Program o Outpatient Treatment o Partial Care <p><i>IDRC affiliated: Yes</i></p>	<p>Address:</p> <p>📍 687 Frelinghuysen Ave Newark NJ 07114</p> <p>County:Essex</p>
<p>Amesika Nyaku MD NPI Number: 1134440647 Phone No: 9739725111</p>	<p>Services:</p> <ul style="list-style-type: none"> o Medication-Assisted Treatment 	<p>Address:</p> <p>📍 140 Bergen Street D-Level Newark New Jersey 07103</p> <p>County:Essex</p>
<p>ANGEL HOPE HOUSE License No: 1000125 Agency Type: Unknown Phone No: 9733736800</p>	<p>Services:</p> <ul style="list-style-type: none"> o Halfway House Substance Abuse Treatment <p><i>Beds Capacity: 21 Available: 7</i></p>	<p>Address:</p> <p>📍 800 Clinton Avenue Newark NJ 07108</p> <p>County:Essex</p>

IDRC affiliated: Yes

Anita Vaughn

NPI Number: 1578503942
Phone No: 9739267472

Services:

- Medication-Assisted Treatment

Address:

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

Anita Vaughn

NPI Number: 1578503942
Phone No: 8622529440

Services:

- Medication-Assisted Treatment

Address:

50 Union Avenue
Suite 706
Irvington New Jersey 07111
County: Essex

Answers Moving Forward Supportive Services

License No: 2000482
Agency Type: Unknown
Phone No: 9733997900

Services:

- Ambulatory Withdrawal Management
- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment
- Partial Care

Address:

1344 Springfield Avenue
Irvington NJ 07111
County: Essex

IDRC affiliated: Yes

ASun Star Consulting, Inc.

License No: 2000831
Agency Type: Profit
Phone No: 9737713300

Services:

- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment

Address:

554 BLOOMFIELD AVENUE
4TH FLOOR
BLOOMFIELD NJ 07003
County: Essex

IDRC affiliated: Yes

Better Life Recovery, LLC

License No: 2000832
Agency Type: Profit
Phone No: 9737185552

Services:

- Intensive Outpatient Treatment
- Outpatient Treatment

Address:

80 Bloomfield Avenue
Suite 201
Caldwell NJ 07006
County: Essex

IDRC affiliated: Yes

Brick City Medical LLC d/b/a Sussex Counseling Center

License No: 2000844
Agency Type: Profit
Phone No: 9082588765

Services:

- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment
- Partial Care

Address:

224 SUSSEX AVENUE
NEWARK NJ 07103
County: Essex

IDRC affiliated: Yes

Center for Network Therapy

License No: 2000674
Agency Type: Unknown
Phone No: 9737311375

Services:

- Ambulatory Withdrawal Management
- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Partial Care

Address:

81 NORTHFIELD AVENUE
SUITE 104
WEST ORANGE NJ 07052
County: Essex

IDRC affiliated: Yes

Community Psychiatric Institute

License No: 2000338
Agency Type: Unknown
Phone No: 9736733342

Services:

- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment
- Partial Care

Address:

67 Sanford Street
East Orange NJ 07018
County: Essex

IDRC affiliated: Yes

Cope Center

License No: 2000866
Agency Type: Unknown
Phone No: 6092675928

Services:

- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment

Address:

104 BLOOMFIELD AVENUE
MONTCLAIR NJ 07042
County: Essex

IDRC affiliated: Yes

Cope Center

License No: 2000867
Agency Type: Unknown
Phone No: 6092675928

Services:

- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment

Address:

73 SOUTH FULLERTON AVENUE
MONTCLAIR NJ 07042
County: Essex

IDRC affiliated: Yes

CURA, Inc.

License No: 1000026
Agency Type: Unknown
Phone No: 9736223570

Services:

- Co-Occurring Treatment Services
- Long Term Residential Substance Abuse Treatment
Beds Capacity: 16 Available: 4
- Short Term Residential Substance Abuse Treatment

Address:

61 LINCOLN PARK
NEWARK NJ 07101-0180
County: Essex

Beds Capacity:20 Available:15

IDRC affiliated: Yes

CURA, Inc.

License No: 1000059
Agency Type: Unknown
Phone No: 9736223570

Services:

- Co-Occurring Treatment Services
 - Long Term Residential Substance Abuse Treatment
- Beds Capacity:34 Available:3

Address:

75 LINCOLN PARK
NEWARK NJ 07101-0180
County:Essex

IDRC affiliated: Yes

CURA, Inc.

License No: 1000087
Agency Type: Unknown
Phone No: 9736223570

Services:

- Co-Occurring Treatment Services
 - Long Term Residential Substance Abuse Treatment
- Beds Capacity:42 Available:18

Address:

53 SPRUCE ST
NEWARK NJ 07101
County:Essex

IDRC affiliated: Yes

CURA, Inc.

License No: 2000263
Agency Type: Unknown
Phone No: 9736223570

Services:

- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment

Address:

61 LINCOLN PARK
NEWARK NJ 07101
County:Essex

David Alabi NP

NPI Number: 1942645544
Phone No: 9735893566

Services:

- Medication-Assisted Treatment

Address:

18 Ferry St Ste 2
Newark New Jersey 07105
County:Essex

David Russo

NPI Number: 1588647143
Phone No: 8668669277

Services:

- Medication-Assisted Treatment

Address:

644 Mount Prospect Avenue
Newark New Jersey 07104
County:Essex

David Russo

NPI Number: 1588647143
Phone No: 8668669277

Services:

- Medication-Assisted Treatment

Address:

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

East Orange Substance

Services:

Address:

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

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

Address:
 110 S. Grove Street
 3rd Floor
 East Orange NJ 07018-2693
County: Essex

IDRC affiliated: Yes

Elev8 Center of New Jersey
 License No: 1000164
 Agency Type: Unknown
 Phone No: 9733290010

Services:

- Co-Occurring Treatment Services
- Short Term Residential Substance Abuse Treatment
 Beds Capacity: 56 Available: 12
- Inpatient Withdrawal Management
 Beds Capacity: 52 Available: 17

Address:
 20 TOLER PLACE
 NEWARK NJ 07114
County: Essex

IDRC affiliated: Yes

Erin Zerbo MD
 NPI Number: 1992900732
 Phone No: 9739722977

Services:

- Medication-Assisted Treatment

Address:
 183 South Orange Ave.
 F-Level
 Newark New Jersey 07103
County: Essex

Family Connections, Inc.
 License No: 2000318
 Agency Type: Non-Profit
 Phone No: 9736753817

Services:

- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment

Address:
 395 SOUTH CENTER STREET
 ORANGE NJ 07050
County: Essex

IDRC affiliated: Yes

Family Healing Center, Inc.
 License No: 2000857
 Agency Type: Unknown
 Phone No: 9732512874

Services:

- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment
- Partial Care

Address:
 349 East Northfield Road,
 Suite LI5
 Livingston NJ 07039
County: Essex







IDRC affiliated: Yes

Family Service Bureau of Newark
 License No: 2000025

Services:

- Co-Occurring Treatment Services
- Intensive Outpatient

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

<p>Agency Type: Non-Profit Phone No: 9734122056</p>	<p>Treatment</p> <ul style="list-style-type: none"> o Outpatient Treatment <p><i>IDRC affiliated: Yes</i></p>	
<p>Full Recovery Wellness Center License No: 2000561 Agency Type: Non-Profit Phone No: 9732445885</p>	<p>Services:</p> <ul style="list-style-type: none"> o Intensive Outpatient Treatment o Outpatient Treatment <p><i>IDRC affiliated: Yes</i></p>	<p>Address:  87 Fairfield Road Fairfield NJ 07004 County: Essex</p>
<p>GenPsych, PC License No: 2000625 Agency Type: Profit Phone No: 9739941011</p>	<p>Services:</p> <ul style="list-style-type: none"> o Intensive Outpatient Treatment o Outpatient Treatment o Partial Care <p><i>IDRC affiliated: Yes</i></p>	<p>Address:  5 REGENT STREET SUITE 517-518 LIVINGSTON NJ 07039 County: Essex</p>
<p>Greater Essex Counseling Service. United Labor Agency of Essex-West Hudson, Inc., License No: 2000289 Agency Type: Non-Profit Phone No: 9736237878</p>	<p>Services:</p> <ul style="list-style-type: none"> o Intensive Outpatient Treatment o Outpatient Treatment <p><i>IDRC affiliated: Yes</i></p>	<p>Address:  23 Branford Place 2nd Floor Newark NJ 07102 County: Essex</p>
<p>Human Empowerment Institute License No: 2000583 Agency Type: Unknown Phone No: 9733519111</p>	<p>Services:</p> <ul style="list-style-type: none"> o Co-Occurring Treatment Services o Intensive Outpatient Treatment o Outpatient Treatment o Partial Care <p><i>IDRC affiliated: Yes</i></p>	<p>Address:  49 NESBIT TERRACE IRVINGTON NJ 07111 County: Essex</p>
<p>Integrity House Academy License No: 2000050 Agency Type: Non-Profit Phone No: 9736230600</p>	<p>Services:</p> <ul style="list-style-type: none"> o Co-Occurring Treatment Services o Intensive Outpatient Treatment o Outpatient Treatment o Partial Care <p><i>IDRC affiliated: Yes</i></p>	<p>Address:  1091-1093 BROAD ST NEWARK NJ 07114 County: Essex</p>
<p>Integrity, Inc. License No: 1000022</p>	<p>Services:</p> <ul style="list-style-type: none"> o Co-Occurring Treatment 	<p>Address:  99 LINCOLN PARK</p>


<p>Agency Type: Non-Profit Phone No: 9736230600</p>	<p>Services</p> <ul style="list-style-type: none"> o Long Term Residential Substance Abuse Treatment <p>Beds Capacity: 38 Available:4</p>	<p>NEWARK NJ 07102 County: Essex</p>
<i>IDRC affiliated: Yes</i>		

<p>Integrity, Inc. License No: 1000070 Agency Type: Non-Profit Phone No: 9736230600</p>	<p>Services:</p> <ul style="list-style-type: none"> o Co-Occurring Treatment Services o Long Term Residential Substance Abuse Treatment <p>Beds Capacity: 31 Available:9</p>	<p>Address:  43 LINCOLN PARK NEWARK NJ 07102 County: Essex</p>
<i>IDRC affiliated: Yes</i>		

<p>Integrity, Inc. License No: 1000072 Agency Type: Non-Profit Phone No: 9736230600</p>	<p>Services:</p> <ul style="list-style-type: none"> o Co-Occurring Treatment Services o Halfway House Substance Abuse Treatment <p>Beds Capacity: 18 Available:2</p>	<p>Address:  37 LINCOLN PARK NEWARK NJ 07102 County: Essex</p>
<i>IDRC affiliated: Yes</i>		

<p>Integrity, Inc. License No: 1000074 Agency Type: Non-Profit Phone No: 9736230600</p>	<p>Services:</p> <ul style="list-style-type: none"> o Co-Occurring Treatment Services o Halfway House Substance Abuse Treatment <p>Beds Capacity: 40 Available:4</p>	<p>Address:  49 LINCOLN PARK NEWARK NJ 07102 County: Essex</p>
<i>IDRC affiliated: Yes</i>		

<p>Integrity, Inc. License No: 1000081 Agency Type: Non-Profit Phone No: 9736230600</p>	<p>Services:</p> <ul style="list-style-type: none"> o Co-Occurring Treatment Services o Long Term Residential Substance Abuse Treatment <p>Beds Capacity: 42 Available:3</p>	<p>Address:  105 LINCOLN PARK NEWARK NJ 07102 County: Essex</p>
<i>IDRC affiliated: Yes</i>		

<p>Integrity, Inc. License No: 1000146 Agency Type: Profit Phone No: 9736230600</p>	<p>Services:</p> <ul style="list-style-type: none"> o Co-Occurring Treatment Services o Halfway House Substance 	<p>Address:  97 LINCOLN PARK NEWARK NJ 07102 County: Essex</p>
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<p>Abuse Treatment <i>Beds Capacity: 21 Available: 3</i></p> <p><i>IDRC affiliated: Yes</i></p>		
<p>Integrity, Inc. License No: 2000333 Agency Type: Non-Profit Phone No: 9736230600</p>	<p>Services:</p> <ul style="list-style-type: none"> ○ Co-Occurring Treatment Services ○ Intensive Outpatient Treatment ○ Outpatient Treatment ○ Partial Care <p><i>IDRC affiliated: Yes</i></p>	<p>Address:  26-28 LONGWORTH ST NEWARK NJ 07102 County: Essex</p>
<p>John Swidryk NPI Number: 1689656043 Phone No: 8668669277</p>	<p>Services:</p> <ul style="list-style-type: none"> ○ Medication-Assisted Treatment 	<p>Address:  73-75 Ferry Street Newark New Jersey 07105 County: Essex</p>
<p>Kintock Day Reporting Center License No: 2000294 Agency Type: Non-Profit Phone No: 9737926275</p>	<p>Services:</p> <ul style="list-style-type: none"> ○ Co-Occurring Treatment Services ○ Outpatient Treatment <p><i>IDRC affiliated: Yes</i></p>	<p>Address:  19 MEEKER AVENUE NEWARK NJ 07114 County: Essex</p>
<p>Lindsay Fox MD NPI Number: 1912280116 Phone No: 9739722977</p>	<p>Services:</p> <ul style="list-style-type: none"> ○ Medication-Assisted Treatment 	<p>Address:  183 South Orange Ave. F-Level Newark New Jersey 07103 County: Essex</p>
<p>Ludmila Gudz ATMD NPI Number: 1386747806 Phone No: 9737626033</p>	<p>Services:</p> <ul style="list-style-type: none"> ○ Medication-Assisted Treatment 	<p>Address:  749 Irvington Ave Maplewood New Jersey 07040 County: Essex</p>
<p>Matthew Kaspar NPI Number: 1588948244 Phone No: 8668669277</p>	<p>Services:</p> <ul style="list-style-type: none"> ○ Medication-Assisted Treatment 	<p>Address:  73-75 Ferry Street Newark New Jersey 07105 County: Essex</p>
<p>Mental Health Association of Essex & Morris, Inc. License No: 2000891 Agency Type: Non-Profit Phone No: 9733343496</p>	<p>Services:</p> <ul style="list-style-type: none"> ○ Co-Occurring Treatment Services ○ Intensive Outpatient Treatment ○ Outpatient Treatment 	<p>Address:  300 LITTLETON ROAD 3RD FLOOR PARSIPPANY NJ 07054 County: Essex</p>

<i>IDRC affiliated: Yes</i>		
Michael Ojelade NPI Number: 1710279534 Phone No: 9734810501	Services: <ul style="list-style-type: none"> ○ Medication-Assisted Treatment 	Address:  796 Mount Prospect Ave Newark New Jersey 07104 County: Essex
New Directions Behavioral Health Center License No: 2000546 Agency Type: Unknown Phone No: 9732426599	Services: <ul style="list-style-type: none"> ○ Co-Occurring Treatment Services ○ Intensive Outpatient Treatment ○ Outpatient Treatment ○ Partial Care 	Address:  9 LINCOLN PARK NEWARK NJ 07102 County: Essex
<i>IDRC affiliated: Yes</i>		
North Jersey Community Research Initiative, Inc., (NJCRI) License No: 2000633 Agency Type: Unknown Phone No: 9734833444	Services: <ul style="list-style-type: none"> ○ Co-Occurring Treatment Services ○ Intensive Outpatient Treatment ○ Outpatient Treatment 	Address:  393 Central Avenue Newark NJ 07103 County: Essex
<i>IDRC affiliated: Yes</i>		
Northwest Essex Community Healthcare OPEN ROAD License No: 2000425 Agency Type: Profit Phone No: 9734503100	Services: <ul style="list-style-type: none"> ○ Ambulatory Withdrawal Management ○ Co-Occurring Treatment Services ○ Intensive Outpatient Treatment ○ Outpatient Treatment 	Address:  570 Belleville Avenue Belleville NJ 07109 County: Essex
<i>IDRC affiliated: Yes</i>		
OWEN HEALTH CARE, INC License No: 2000700 Agency Type: Profit Phone No: 9082587798	Services: <ul style="list-style-type: none"> ○ Co-Occurring Treatment Services ○ Intensive Outpatient Treatment ○ Outpatient Treatment ○ Partial Care 	Address:  2041 SPRINGFIELD AVENUE VAUXHALL NJ 07088 County: Essex
<i>IDRC affiliated: Yes</i>		
People Helping People in Need	Services: <ul style="list-style-type: none"> ○ Co-Occurring Treatment 	Address:  50 UNION AVENUE

License No: 2000698 Agency Type: Unknown Phone No: 9739986327	Services <ul style="list-style-type: none"> o Intensive Outpatient Treatment o Outpatient Treatment o Partial Care 	IRVINGTON NJ 07111 County: Essex
<i>IDRC affiliated: Yes</i>		

Power House Psychotherapy & Addiction, LLC License No: 2000818 Agency Type: Profit Phone No: 9738783900	Services: <ul style="list-style-type: none"> o Co-Occurring Treatment Services o Intensive Outpatient Treatment o Outpatient Treatment o Partial Care 	Address: 654 MOUNT PROSPECT AVENUE SUITE 201 NEWARK NJ 07104 County: Essex
<i>IDRC affiliated: Yes</i>		

Pratap Singhal MD/DO NPI Number: 1164477303 Phone No: 973-619-2707	Services: <ul style="list-style-type: none"> o Medication-Assisted Treatment 	Address: 431 Washington Ave Belleville New Jersey 07109 County: Essex
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Prime Healthcare Services - St. Michael's, LLC. License No: 2000630 Agency Type: Profit Phone No: 9738774357	Services: <ul style="list-style-type: none"> o Co-Occurring Treatment Services o Intensive Outpatient Treatment o Outpatient Treatment 	Address: 111 Central Ave. Newark NJ 07102 County: Essex
<i>IDRC affiliated: Yes</i>		

Prodigal Sons and Daughters Behavioral Health Care Services! License No: 2000609 Agency Type: Non-Profit Phone No: 9736783966	Services: <ul style="list-style-type: none"> o Co-Occurring Treatment Services o Intensive Outpatient Treatment o Outpatient Treatment 	Address: 60 Evergreen Place Suite 200 And Suite 200b-Rooms A, B, C East Orange NJ 07018 County: Essex
<i>IDRC affiliated: Yes</i>		

REAL House Inc. License No: 1000084 Agency Type: Unknown Phone No: 9738265252	Services: <ul style="list-style-type: none"> o Co-Occurring Treatment Services o Halfway House Substance Abuse Treatment 	Address: 15 SOUTH STREET NEWARK NJ 07114 County: Essex
<i>IDRC affiliated: Yes</i>		

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<p>Real House, Inc. License No: 1000037 Agency Type: Unknown Phone No: 9737462400</p>	<p>Services:</p> <ul style="list-style-type: none"> o Co-Occurring Treatment Services o Halfway House Substance Abuse Treatment <p><i>Beds Capacity: 25 Available: 3</i></p> <p><i>IDRC affiliated: Yes</i></p>	<p>Address:  60 HAZELWOOD RD BLOOMFIELD NJ 07003 County: Essex</p>
<p>REAL HOUSE, Inc. License No: 2000081 Agency Type: Unknown Phone No: 9737460487</p>	<p>Services:</p> <ul style="list-style-type: none"> o Co-Occurring Treatment Services o Intensive Outpatient Treatment o Outpatient Treatment o Partial Care <p><i>IDRC affiliated: Yes</i></p>	<p>Address:  127 PINE STREET MONTCLAIR NJ 07042 County: Essex</p>
<p>REAL HOUSE, INC. License No: 2000895 Agency Type: Unknown Phone No: (973)746-2400</p>	<p>Services:</p> <ul style="list-style-type: none"> o Co-Occurring Treatment Services o Intensive Outpatient Treatment o Outpatient Treatment o Partial Care 	<p>Address:  176 HARDING HIGHWAY NEWFIELD NJ 08344 County: Essex</p>
<p>Robert Collin NPI Number: 1700802790 Phone No: 9734129404</p>	<p>Services:</p> <ul style="list-style-type: none"> o Medication-Assisted Treatment 	<p>Address:  337 Bloomfield Ave Newark New Jersey 07107 County: Essex</p>
<p>Rudolph Willis MD NPI Number: 1104887819 Phone No: 9733733000</p>	<p>Services:</p> <ul style="list-style-type: none"> o Medication-Assisted Treatment 	<p>Address:  12 Krotik Pl Irvington New Jersey 07111 County: Essex</p>
<p>Rudolph Willis MD NPI Number: 1104887819 Phone No: 9733756999</p>	<p>Services:</p> <ul style="list-style-type: none"> o Medication-Assisted Treatment 	<p>Address:  352 18th Ave Irvington New Jersey 07111 County: Essex</p>
<p>Rutgers University Behavioral Healthcare License No: 2000476 Agency Type: Unknown Phone No: 7322355900</p>	<p>Services:</p> <ul style="list-style-type: none"> o Co-Occurring Treatment Services o Intensive Outpatient Treatment 	<p>Address:  183 S ORANGE AVE NEWARK NJ 07103 County: Essex</p>

- o Outpatient Treatment

IDRC affiliated: Yes

SERV Centers of New Jersey, Inc

License No: 2000869
Agency Type: Unknown
Phone No: 6094060100

Services:

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

Address:

777 BLOOMFIELD AVENUE
CLIFTON NJ 07012
County: Essex

IDRC affiliated: Yes

SERV Centers of New Jersey, Inc.

License No: 2000869
Agency Type: Unknown
Phone No: (609)406-0100

Services:

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

Address:

777 BLOOMFIELD AVENUE
CLIFTON NJ 07012
County: Essex

IDRC affiliated: Yes

Sunrise Clinical Services, LLC, d/b/a/ Oasis Clinical Services

License No: 2000440
Agency Type: Unknown
Phone No: 9733721095

Services:

- o Intensive Outpatient Treatment
- o Opiate Treatment Program
- o Outpatient Treatment
- o Partial Care

Address:

22 Ball Street
1st And 3rd Floors
Irvington NJ 07111
County: Essex

IDRC affiliated: Yes

Suzanne Zemel MD

NPI Number: 1467507681
Phone No: 9736227274

Services:

- o Medication-Assisted Treatment

Address:

50 Park Pl Ste 1542
Newark New Jersey 07102
County: Essex

Suzanne Zemel MD/DO

NPI Number: 1467507681
Phone No: 973-796-4222

Services:

- o Medication-Assisted Treatment

Address:

60 Vassar Ave
Newark New Jersey 07112
County: Essex

Team Management 2000, Inc. CBO

License No: 2000054
Agency Type: Unknown







Services:


- o Co-Occurring Treatment Services
- o Intensive Outpatient

Address:

744 BROAD STREET
24TH FLOOR
NEWARK NJ 07102

Phone No: 9732730425	Treatment <ul style="list-style-type: none"> o Outpatient Treatment 	County: Essex
<i>IDRC affiliated: Yes</i>		
The Appropriate Place, Inc. License No: 2000689 Agency Type: Non-Profit Phone No: 8622531104	Services: <ul style="list-style-type: none"> o Co-Occurring Treatment Services o Intensive Outpatient Treatment o Outpatient Treatment o Partial Care 	Address:  660 S. 21ST STREET IRVINGTON NJ 07111 County: Essex
<i>IDRC affiliated: Yes</i>		
The Bridge, Inc. License No: 2000061 Agency Type: Non-Profit Phone No: 9732283000	Services: <ul style="list-style-type: none"> o Co-Occurring Treatment Services o Intensive Outpatient Treatment o Outpatient Treatment 	Address:  50 UNION AVE SUITE 303 AND 306 IRVINGTON NJ 07111 County: Essex
<i>IDRC affiliated: Yes</i>		
The Bridge, Inc. License No: 2000144 Agency Type: Non-Profit Phone No: 9732283000	Services: <ul style="list-style-type: none"> o Co-Occurring Treatment Services o Intensive Outpatient Treatment o Outpatient Treatment 	Address:  860 Bloomfield Avenue West Caldwell NJ 07006 County: Essex
<i>IDRC affiliated: Yes</i>		
The Counseling Center at West Caldwell License No: 2000696 Agency Type: Unknown Phone No: 7328821920	Services: <ul style="list-style-type: none"> o Intensive Outpatient Treatment o Outpatient Treatment 	Address:  1120 BLOOMFIELD AVENUE SUITE 200 WEST CALDWELL NJ 07006 County: Essex
<i>IDRC affiliated: Yes</i>		
The Harbor License No: 3000623 Agency Type: Non-Profit Phone No: 9732971771	Services: <ul style="list-style-type: none"> o Intensive Outpatient Treatment o Outpatient Residential Community Release Program 	Address:  300 FRELINGHUYSEN AVENUE NEWARK NJ 07114 County: Essex
<i>IDRC affiliated: Yes</i>		
The Kintock Group- Newark	Services:	Address:

<p>Treatment Program License No: 3000620 Agency Type: Non-Profit Phone No: 9736221400</p>	<ul style="list-style-type: none"> o Outpatient Residential Community Release Program <p><i>IDRC affiliated: Yes</i></p>	<p> 50 FENWICK PLACE NEWARK NJ 07114-1312 County: Essex</p>
<p>The Lennard Clinic, Inc. License No: 2000196 Agency Type: Unknown Phone No: 9735962850</p>	<p>Services:</p> <ul style="list-style-type: none"> o Co-Occurring Treatment Services o Intensive Outpatient Treatment o Opiate Treatment Program o Outpatient Treatment o Partial Care <p><i>IDRC affiliated: Yes</i></p>	<p>Address:  461 Frelinghuysen Avenue Newark NJ 07114 County: Essex</p>
<p>The Marilyn Center License No: 2000678 Agency Type: Unknown Phone No: 9734746492</p>	<p>Services:</p> <ul style="list-style-type: none"> o Co-Occurring Treatment Services o Intensive Outpatient Treatment o Outpatient Treatment <p><i>IDRC affiliated: Yes</i></p>	<p>Address:  85 South Harrison Street Suite 201 East Orange NJ 07018 County: Essex</p>
<p>The New Essecare of NJ, LLC License No: 2000622 Agency Type: Non-Profit Phone No: 9734140091</p>	<p>Services:</p> <ul style="list-style-type: none"> o Co-Occurring Treatment Services o Intensive Outpatient Treatment o Outpatient Treatment <p><i>IDRC affiliated: Yes</i></p>	<p>Address:  20 Main St Orange NJ 07050 County: Essex</p>
<p>The Restoration Center License No: 2000116 Agency Type: Non-Profit Phone No: 9736224934</p>	<p>Services:</p> <ul style="list-style-type: none"> o Intensive Outpatient Treatment o Outpatient Treatment <p><i>IDRC affiliated: Yes</i></p>	<p>Address:  300 S 12 St Newark NJ 07103 County: Essex</p>
<p>The Wise Program License No: 2000249 Agency Type: Non-Profit Phone No: 9736230600</p>	<p>Services:</p> <ul style="list-style-type: none"> o Co-Occurring Treatment Services o Intensive Outpatient Treatment o Outpatient Treatment o Partial Care <p><i>IDRC affiliated: Yes</i></p>	<p>Address:  659 MARTIN LUTHER KING BLVD NEWARK NJ 07102-1119 County: Essex</p>

<p>Tully House License No: 3000624 Agency Type: Non-Profit Phone No: 9732971771</p>	<p>Services:</p> <ul style="list-style-type: none"> o Intensive Outpatient Treatment o Outpatient Residential Community Release Program <p><i>IDRC affiliated: Yes</i></p>	<p>Address:  28 PEERLESS PLACE NEWARK NJ 07114 County: Essex</p>
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<p>Urban Life Counseling Center, Inc. License No: 2000623 Agency Type: Unknown Phone No: 9736777053</p>	<p>Services:</p> <ul style="list-style-type: none"> o Co-Occurring Treatment Services o Intensive Outpatient Treatment o Outpatient Treatment o Partial Care <p><i>IDRC affiliated: Yes</i></p>	<p>Address:  220 South Harrison Street East Orange NJ 07018 County: Essex</p>
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Health Resources for Union County

Part 1: Acute, Long Term and Medical Ambulatory Services

Source: Department of Health
Download Oct 3, 2022

Acute, Long Term Care and Medical Ambulatory Services

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
ADULT DAY HEALTH CARE SERVICES	NZDOUG	2ND HOME SPRINGFIELD	40 STERN AVENUE	SPRINGFIELD	NJ	07081	UNION	(973) 376-4004	(973) 376-8060	2ND HOME SPRINGFIELD LLC
ADULT DAY HEALTH CARE SERVICES	908116	2nd Home Sweet Home Operations, LLC	550 NORTH BROAD STREET	ELIZABETH	NJ	07208	UNION	(908) 994-0050	(908) 994-0056	HOME SWEET HOME OPERATIONS, LLC
ADULT DAY HEALTH CARE SERVICES	908300	AristaCare at Norwood Terrace	40-44 NORWOOD AVENUE	PLAINFIELD	NJ	07060	UNION	(908) 769-1400	(908) 769-8092	NORWOOD TERRACE NURSING AND REHABILITATION CENTER
ADULT DAY HEALTH CARE SERVICES	908115	Cedar Harbor Medical Day Care Center	545 EAST 1ST AVENUE	ROSELLE	NJ	07203	UNION	(908) 298-8588	(908) 298-8511	CEDAR HARBOR MEDICAL DAY CARE CENTER, LLC
ADULT DAY HEALTH CARE SERVICES	908113	Daybreak Adult Daycare At Elizabeth	712 NEWARK AVENUE	ELIZABETH	NJ	07208	UNION	(908) 353-3530	(908) 353-3529	DAYBREAK ADULT DAYCARE AT ELIZABETH LLC
ADULT DAY HEALTH CARE SERVICES	908112	Five Star Adult Medical Day Care Center	1201 DEERFIELD TERRACE	LINDEN	NJ	07036	UNION	(908) 486-5750	(908) 486-3325	FIVE STAR ADULT MEDICAL DAY CARE CENTER LLC
ADULT DAY HEALTH CARE SERVICES	908110	SAGE Spend A Day	290 BROAD STREET	SUMMIT	NJ	07901	UNION	(908) 598-5520	(908) 598-5545	SAGE ELDERCARE, INC.
ADULT DAY HEALTH CARE SERVICES	18202	SarahCare At Watchung Square	1115 GLOBE AVENUE	MOUNTAINSIDE	NJ	07092	UNION	(908) 561-8888	(908) 222-3481	SARAH CARE @ WATCHUNG SQUARE, LLC
ADULT DAY HEALTH CARE SERVICES	908117	Senior Spirit Of Roselle Park	430 EAST WESTFIELD AVENUE	ROSELLE PARK	NJ	07204	UNION	(908) 241-9393	(908) 241-5622	SENIOR SPIRIT OF ROSELLE PARK, LLC
ADULT DAY HEALTH CARE SERVICES	20004	TownSquare Adult Medical Day Care Center, Inc	1155 EAST JERSEY STREET	ELIZABETH	NJ	07201	UNION	(908) 787-0980	(908) 787-0983	TOWN SQUARE ADULT MEDICAL DAY CARE CENTER INC
AMBULATORY CARE FACILITY	24977	AQ MODERN DIAGNOSTIC IMAGING	315 ELMORA AVENUE	ELIZABETH	NJ	07208	UNION	(856) 524-1559	(856) 210-1888	AQ MODERN DIAGNOSTIC IMAGING, INC.
AMBULATORY CARE FACILITY	25233	ATLANTIC IMAGING SERVICES AT CLARK	140 CENTRAL AVENUE, SUITE 600	CLARK	NJ	07066	UNION	(732) 943-5030	(732) 943-5031	ATLANTIC IMAGING SERVICES, L.L.C.
AMBULATORY CARE FACILITY	23294	DYNAMIC MEDICAL IMAGING L.L.C.	950 WEST CHESTNUT STREET	UNION	NJ	07083	UNION	(908) 687-2552	(908) 687-6552	DYNAMIC MEDICAL IMAGING, LLC
AMBULATORY CARE FACILITY	23061	NIJN OF CRANFORD	25 SOUTH UNION AVENUE	CRANFORD	NJ	07016	UNION	(908) 709-1323	(908) 709-1329	THE NEW JERSEY IMAGING NETWORK LLC
AMBULATORY CARE FACILITY	23213	NIJN OF UNION	445 CHESTNUT STREET	UNION	NJ	07083	UNION	(908) 687-6054	(908) 688-1131	THE NEW JERSEY IMAGING NETWORK LLC
AMBULATORY CARE FACILITY	24329	NIJ CANCER TREATMENT CENTERS	570 SOUTH AVENUE	CRANFORD	NJ	07016	UNION	(908) 603-4200	(908) 497-1633	NEW JERSEY UROLOGY, LLC
AMBULATORY CARE FACILITY	24038	RAHWAY REGIONAL CANCER CENTER	892 TRUSSLER PLACE	RAHWAY	NJ	07065	UNION	(732) 382-5550	(732) 382-2407	RAHWAY RADIATION ONCOLOGY ASSOCIATES, P.C.
AMBULATORY CARE FACILITY	25059	SUMMIT MEDICAL GROUP	1 DIAMOND HILL ROAD, SUITE LG-601	BERKELEY HEIGHTS	NJ	07922	UNION	(908) 273-4300		SUMMIT MEDICAL GROUP, PA
AMBULATORY CARE FACILITY	24811	SUMMIT MEDICAL GROUP, P.A.	574 SPRINGFIELD AVENUE	WESTFIELD	NJ	07091	UNION	(908) 673-7257	(908) 673-7179	SUMMIT MEDICAL GROUP, PA
AMBULATORY CARE FACILITY	25089	THE BIRTH CENTER OF NEW JERSEY, LLC	1945 US 22 WEST	UNION	NJ	07083	UNION	(908) 624-9665	(908) 624-9632	THE BIRTH CENTER OF NEW JERSEY, LLC
AMBULATORY CARE FACILITY	22518	UNIVERSITY RADIOLOGY AT TRINITAS, LLC	415 MORRIS AVENUE	ELIZABETH	NJ	07208	UNION	(908) 351-7600	(908) 351-4406	UNIVERSITY RADIOLOGY AT TRINITAS, L.L.C.

Acute, Long Term Care and Medical Ambulatory Services

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
AMBULATORY CARE FACILITY	23473	UNIVERSITY RADIOLOGY GROUP, LLC	210 W ST GEORGES AVENUE	LINDEN	NJ	07036	UNION	(908) 587-0035	(908) 587-0037	UNIVERSITY RADIOLOGY GROUP, LLC
AMBULATORY CARE FACILITY	24872	WOMEN'S HEALTHCARE IMAGING CENTER	1896 MORRIS AVENUE	UNION	NJ	07083	UNION	(908) 964-0004	(908) 964-0034	WOMEN'S HEALTHCARE IMAGING, CORP
AMBULATORY CARE FACILITY - SATELLITE	22756	NEIGHBORHOOD HEALTH CENTER THE HEALTHY PLACE	427 DARROW AVENUE	PLAINFIELD	NJ	07063	UNION	(908) 731-4288	(908) 731-7570	NEIGHBORHOOD HEALTH SERVICES CORPORATION
AMBULATORY CARE FACILITY - SATELLITE	72092	PLANNED PARENTHOOD OF NORTHERN, CENTRAL AND SOUTHERN NEW JERSEY, INC.	123 PARK AVENUE	PLAINFIELD	NJ	07060	UNION	(908) 756-3736	(908) 756-9272	PLANNED PARENTHOOD OF NCSNJ
AMBULATORY CARE FACILITY - SATELLITE	72038	PLANNED PARENTHOOD OF NORTHERN, CENTRAL AND SOUTHERN NEW JERSEY, INC.	1171 ELIZABETH AVENUE	ELIZABETH	NJ	07201	UNION	(973) 879-1306	(908) 353-6822	PLANNED PARENTHOOD OF NCSNJ
AMBULATORY SURGICAL CENTER	R24714	ACCESS CARE PHYSICIANS OF NJ L.L.C.	1050 GALLOPING HILL ROAD, SUITE 101	UNION	NJ	07083	UNION	(908) 686-0123	(908) 686-0014	ACCESS CARE PHYSICIANS OF NJ, L.L.C.
AMBULATORY SURGICAL CENTER	22987	CENTER FOR AMBULATORY SURGERY, LLC	1450 ROUTE 22 WEST	MOUNTAINSIDE	NJ	07092	UNION	(908) 233-2020	(908) 233-9322	CENTER FOR AMBULATORY SURGERY
AMBULATORY SURGICAL CENTER	R24498	ENDO-SURGI CENTER, PA	1201 MORRIS AVENUE	UNION	NJ	07083	UNION	(908) 686-0066	(908) 686-5388	ENDO SURGI CENTER PA
AMBULATORY SURGICAL CENTER	22511	GASTRO-SURGI CENTER OF NEW JERSEY, THE	1132 SPRUCE DRIVE	MOUNTAINSIDE	NJ	07092	UNION	(908) 317-0071	(908) 317-0103	THE GASTRO-SURGI CENTER OF NEW JERSEY, LLC
AMBULATORY SURGICAL CENTER	R24579	LINDEN SURGICAL CENTER, LLC	210 WEST ST GEORGE AVENUE	LINDEN	NJ	07036	UNION	(908) 587-1888	(908) 587-9545	LINDEN SURGICAL CENTER, LLC
AMBULATORY SURGICAL CENTER	22724	MORRIS AVENUE ENDOSCOPY LLC	200 SHEFFIELD STREET STE 101	MOUNTAINSIDE	NJ	07092	UNION	(908) 241-8900	(908) 241-8933	MORRIS AVENUE ENDOSCOPY, LLC
AMBULATORY SURGICAL CENTER	R24726	NEW JERSEY INTERVENTIONAL ASSOCIATES LLC	1050 GALLOPING HILL ROAD, SUITE 102	UNION	NJ	07083	UNION	(908) 686-1350	(908) 686-1382	NEW JERSEY INTERVENTIONAL ASSOCIATES, LLC
AMBULATORY SURGICAL CENTER	24093	SUMMIT MEDICAL GROUP PA	1 DIAMOND HILL ROAD, SUITE 1B-142	BERKELEY HEIGHTS	NJ	07922	UNION	(908) 273-4300	(908) 673-7382	SUMMIT MEDICAL GROUP, PA
AMBULATORY SURGICAL CENTER	23028	UNION COUNTY SURGERY CENTER, L.L.C.	950 WEST CHESTNUT STREET	UNION	NJ	07083	UNION	(908) 688-2700	(908) 688-7424	UNION COUNTY SURGERY CENTER, L.L.C.
AMBULATORY SURGICAL CENTER	24207	UNION SURGERY CENTER, LLC	1000 GALLOPING HILL ROAD	UNION	NJ	07083	UNION	(908) 258-7666	(908) 258-7654	UNION SURGERY CENTER, LLC
ASSISTED LIVING PROGRAM	90A100	Center for Hope Hospice Inc.	1900 RARITAN ROAD	SCOTCH PLAINS	NJ	07076	UNION	(908) 889-7780	(908) 288-9151	CENTER FOR HOPE HOSPICE
ASSISTED LIVING RESIDENCE	90A120	Amber Court of Elizabeth, LLC	1155 EAST JERSEY STREET	ELIZABETH	NJ	07201	UNION	(908) 352-9200	(908) 352-8026	AMBER COURT OF ELIZABETH, LLC
ASSISTED LIVING RESIDENCE	AL20001	Arboret Terrace Mountainside	1050 SPRINGFIELD AVENUE	MOUNTAINSIDE	NJ	07092	UNION	(908) 760-0599		SHP VI MOUNTAINSIDE LLC

Acute, Long Term Care and Medical Ambulatory Services

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
ASSISTED LIVING RESIDENCE	90a001	BRANDYWINE LIVING AT SUMMIT	41 SPRINGFIELD AVENUE	SUMMIT	NJ	07901	UNION	(908) 522-8852	(908) 522-8862	WELL BL PORTFOLIO I OPCO LLC
ASSISTED LIVING RESIDENCE	90122	Brighton Gardens of Mountainside	1350 ROUTE 22 WEST	MOUNTAINSIDE	NJ	07092	UNION	(908) 654-4460	(908) 654-4467	PRIME CARE ONE, LLC
ASSISTED LIVING RESIDENCE	90A000	The Chelsea at Fanwood	295 SOUTH AVENUE	FANWOOD	NJ	07023	UNION	(908) 654-5200	(908) 789-0451	FANWOOD SENIOR CARE, LLC
ASSISTED LIVING RESIDENCE	20A105	Continuing Care At Lantern Hill	537 MOUNTAIN AVENUE	NEW PROVIDENCE	NJ	07974	UNION	(908) 516-9300	(908) 516-9325	LANTERN HILL, INC.
ASSISTED LIVING RESIDENCE	90144	Sunrise Assisted Living Of Westfield	240 SPRINGFIELD AVENUE	WESTFIELD	NJ	07090	UNION	(908) 317-3030	(908) 789-5778	SZR WESTFIELD ASSISTED LIVING, LLC
ASSISTED LIVING RESIDENCE	20A014	Sunrise Of Summit	26 RIVER ROAD	SUMMIT	NJ	07901	UNION	(908) 673-1400	(908) 673-1401	SUNRISE OF SUMMIT LLC
COMPREHENSIVE OUTPATIENT REHAB	23133	QUALCARE THERAPY CENTER INC & SLEEP DIAGNOSTICS OF NJ	2333 MORRIS AVENUE, SUITE B-210	UNION	NJ	07083	UNION	(908) 688-3366	(908) 688-8115	QUALCARE THERAPY CNT, INC & SLEEP DIAGNOSTICS NJ
COMPREHENSIVE PERSONAL CARE HOME	90C000	ARISTACARE AT DELAIRE	400 WEST STIMPSON AVENUE	LINDEN	NJ	07036	UNION	(908) 862-3399	(908) 862-6967	LINDEN GARDEN ESTATES, LLC
COMPREHENSIVE PERSONAL CARE HOME	82472	Atria Cranford	10 JACKSON DRIVE	CRANFORD	NJ	07016	UNION	(908) 709-4300	(908) 709-1460	WG CRANFORD SH, LLC
COMPREHENSIVE PERSONAL CARE HOME	20C003	Birchwood Square at Cranford	205 BIRCHWOOD AVENUE	CRANFORD	NJ	07016	UNION	(908) 272-6660	(908) 276-2424	CRNC OPERATING, LLC
END STAGE RENAL DIALYSIS	42001	BIO-MEDICAL APPLICATIONS OF HILLSIDE	879 RAHWAY AVENUE	UNION	NJ	07083	UNION	(908) 378-6387	(908) 688-7108	FRESENIUS MEDICAL CARE
END STAGE RENAL DIALYSIS	25179	ELMORA DIALYSIS	547 MORRIS AVENUE	ELIZABETH	NJ	07208	UNION	(908) 436-9201	(908) 436-9206	PINSON DIALYSIS, LLC
END STAGE RENAL DIALYSIS	22289	FRESENIUS MEDICAL CARE KENILWORTH	131 SOUTH 31ST STREET	KENILWORTH	NJ	07033	UNION	(908) 241-0453	(908) 241-5731	NNA SAINT BARNABAS, LLC
END STAGE RENAL DIALYSIS	24459	FRESENIUS MEDICAL CARE LINDEN	630 WEST ST GEORGES	LINDEN	NJ	07036	UNION	(908) 925-5161	(908) 925-5197	FRESENIUS MEDICAL CARE LINDEN LLC
END STAGE RENAL DIALYSIS	24065	HILLSIDE DIALYSIS	1529 NORTH BROAD STREET	HILLSIDE	NJ	07205	UNION	(973) 474-1199	(973) 474-1198	TOTAL RENAL CARE, INC.
END STAGE RENAL DIALYSIS	23228	NATIONAL NEPHROLOGY ASSOCIATES, INC	595 DIVISION STREET, SUITE B	ELIZABETH	NJ	07201	UNION	(908) 436-3007	(908) 436-3008	NNA OF ELIZABETH
END STAGE RENAL DIALYSIS	23079	PLAINFIELD DIALYSIS	1200 RANDOLPH ROAD	PLAINFIELD	NJ	07060	UNION	(908) 757-6030	(908) 757-6282	DVA RENAL HEALTHCARE, INC.
END STAGE RENAL DIALYSIS	24924	RAHWAY DIALYSIS	800 HARRISON STREET	RAHWAY	NJ	07065	UNION	(732) 680-0373	(732) 680-0376	GEBHARD DIALYSIS, LLC
END STAGE RENAL DIALYSIS	22318	SUMMIT DIALYSIS	1139 SPRUCE DRIVE	MOUNTAINSIDE	NJ	07092	UNION	(908) 232-7800	(908) 232-9188	DVA RENAL HEALTHCARE, INC.
FEDERALLY QUALIFIED HEALTH CENTERS	22271	NEIGHBORHOOD HEALTH CENTER PLAINFIELD	1700 MYRTLE AVENUE	PLAINFIELD	NJ	07063	UNION	(908) 753-6401	(908) 753-7570	NEIGHBORHOOD HEALTH SERVICES CORPORATION
FEDERALLY QUALIFIED HEALTH CENTERS	23072	NEIGHBORHOOD HEALTH SERVICES CORPORATION	178-184 FIRST STREET	ELIZABETH	NJ	07206	UNION	(908) 355-4459	(908) 226-6685	NEIGHBORHOOD HEALTH SERVICES CORPORATION

Acute, Long Term Care and Medical Ambulatory Services

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
GENERAL ACUTE CARE HOSPITAL	12005	OVERLOOK MEDICAL CENTER	99 BEAUVOIR AVENUE	SUMMIT	NJ	07902	UNION	(908) 522-2000	(908) 273-5134	AHS HOSPITAL CORP.
GENERAL ACUTE CARE HOSPITAL	12006	ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT RAHWAY	865 STONE ST	RAHWAY	NJ	07065	UNION	(732) 381-4200	(732) 499-6337	ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT RAHWAY
GENERAL ACUTE CARE HOSPITAL	12007	TRINITAS REGIONAL MEDICAL CENTER	225 WILLIAMSON STREET	ELIZABETH	NJ	07207	UNION	(908) 994-5000	(908) 994-5756	TRINITAS REGIONAL MEDICAL CENTER
HOME HEALTH AGENCY	22301	HOLY REDEEMER HOME CARE	354 UNION AVENUE	ELIZABETH	NJ	07208	UNION	(908) 352-5694	(908) 659-4470	VISITING NURSE AND HEALTH SERVICES, INC
HOSPICE CARE BRANCH	22796	HOLY REDEEMER HOSPICE	354 UNION AVENUE	ELIZABETH	NJ	07208	UNION	(908) 352-5694	(908) 659-4470	HOLY REDEEMER HEALTH SYSTEM
HOSPICE CARE PROGRAM	22841	ASCEND HOSPICE	1600 ST GEORGE AVENUE, SUITE 312	RAHWAY	NJ	07065	UNION	(908) 931-9080	(908) 931-9081	CARE ALTERNATIVES, INC.
HOSPICE CARE PROGRAM	22782	CENTER FOR HOPE HOSPICE AND PALLIATIVE CARE	1900 RARITAN ROAD	SCOTCH PLAINS	NJ	07076	UNION	(908) 889-7780	(908) 889-5172	CENTER FOR HOPE HOSPICE
HOSPICE CARE PROGRAM	23391	HOMESIDE HOSPICE LLC	67 WALNUT AVENUE, SUITE 205	CLARK	NJ	07066	UNION	(732) 381-3444	(732) 381-3445	JOURNEY INVESTMENTS LLC
HOSPICE CARE PROGRAM	24987	SWAN HOSPICE	57 BRANT AVENUE, SUITE 100	CLARK	NJ	07066	UNION	(908) 818-1700	(347) 689-1627	NJ HOSPICE HOLDINGS LLC
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1526	CHILDREN'S SPECIALIZED HOSPITAL CENTER AT UNION	2840 MORRIS AVENUE	UNION	NJ	07083	UNION	(732) 258-7000	(732) 258-7210	CHILDREN'S SPECIALIZED HOSPITAL
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1105	CHILDREN'S SPECIALIZED HOSPITAL PRIMARY CARE	150 NEW PROVIDENCE ROAD	MOUNTAINSIDE	NJ	07092	UNION	(732) 258-7050	(732) 258-7210	CHILDREN'S SPECIALIZED HOSPITAL
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1242	JFK MEDICAL CENTER- MUHLENBERG CAMPUS	PARK AVENUE AND RANDOLPH ROAD	PLAINFIELD	NJ	07061	UNION	(732) 321-7000	(732) 549-8532	HMH HOSPITALS CORPORATION
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1233	OVERLOOK HEALTH SERVICES AT ONE SPRINGFIELD AVENUE	1 SPRINGFIELD AVENUE	SUMMIT	NJ	07901	UNION	(908) 934-6651	(908) 273-0104	OVERLOOK MEDICAL CENTER
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1210	OVERLOOK MEDICAL CENTER- UNION CAMPUS	1000 GALLOPING HILL ROAD	UNION	NJ	07083	UNION	(973) 522-6300	(908) 964-2160	OVERLOOK MEDICAL CENTER
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1040	RENAL DIALYSIS SATELLITE	10 NORTH WOOD AVENUE	LINDEN	NJ	07036	UNION	(908) 862-7400	(908) 862-5245	TRINITAS REGIONAL MEDICAL CENTER
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1050	TRINITAS ADULT PSYCHIATRIC CLINIC	654 EAST JERSEY STREET	ELIZABETH	NJ	07206	UNION	(908) 994-7552	(908) 994-7054	TRINITAS REGIONAL MEDICAL CENTER
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1404	TRINITAS AMBULATORY SURGERY CENTER	225 WILLIAMSON STREET	ELIZABETH	NJ	07202	UNION	(908) 994-8944	(908) 994-8349	TRINITAS REGIONAL MEDICAL CENTER

Acute, Long Term Care and Medical Ambulatory Services

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1051	TRINITAS CHILD AND ADOLESCENT PSYCHIATRIC CLINIC	655 EAST JERSEY STREET	ELIZABETH	NJ	07206	UNION	(908) 994-7354	(908) 994-7247	TRINITAS REGIONAL MEDICAL CENTER
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1042	TRINITAS COMPREHENSIVE CANCER CENTER	225 WILLIAMSON STREET	ELIZABETH	NJ	07202	UNION	(908) 994-8000	(908) 994-8748	TRINITAS REGIONAL MEDICAL CENTER
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1503	TRINITAS CRANFORD DIALYSIS	205 BIRCHWOOD AVENUE	CRANFORD	NJ	07016	UNION	(908) 994-6660	(908) 994-5134	TRINITAS REGIONAL MEDICAL CENTER
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1031	TRINITAS HEALTH CENTER - JEFFERSON AVENUE	65 JEFFERSON AVENUE	ELIZABETH	NJ	07201	UNION	(908) 994-5094	(908) 994-5631	TRINITAS REGIONAL MEDICAL CENTER
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1048	TRINITAS HIV CLINIC	655 LIVINGSTON STREET	ELIZABETH	NJ	07206	UNION	(908) 994-7605	(908) 994-7301	TRINITAS REGIONAL MEDICAL CENTER
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1177	TRINITAS HOSPITAL ADDICTION SERVICES	654 EAST JERSEY STREET	ELIZABETH	NJ	07206	UNION	(908) 994-7556	(908) 994-7170	TRINITAS REGIONAL MEDICAL CENTER
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1027	TRINITAS HOSPITAL DOROTHY B HERSH CLINIC	655 EAST JERSEY STREET	ELIZABETH	NJ	07208	UNION	(908) 994-5112	(908) 994-5574	TRINITAS REGIONAL MEDICAL CENTER
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1479	TRINITAS REGIONAL MEDICAL CENTER PRIMARY CARE SATELLITE	654 EAST JERSEY STREET	ELIZABETH	NJ	07206	UNION	(908) 994-7271	(908) 994-6054	TRINITAS REGIONAL MEDICAL CENTER
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1279	TRINITAS REGIONAL MEDICAL CENTER SLEEP	2 JACKSON DRIVE, HOMEWOOD SUITES	CRANFORD	NJ	07016	UNION	(908) 994-8694	(908) 351-8697	TRINITAS REGIONAL MEDICAL CENTER
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1041	TRINITAS RENAL DIALYSIS SATELLITE	629 LIVINGSTON STREET	ELIZABETH	NJ	07206	UNION	(908) 994-7011	(908) 994-7025	TRINITAS REGIONAL MEDICAL CENTER
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1049	TRINITAS SUBSTANCE ABUSE CLINIC	655 EAST JERSEY STREET	ELIZABETH	NJ	07206	UNION	(908) 994-7438	(908) 994-7191	TRINITAS REGIONAL MEDICAL CENTER
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	1425	WOUND HEALING PROGRAM AT UNION CAMPUS	1000 GALLOPING HILL ROAD	UNION	NJ	07083	UNION	(908) 522-6300		OVERLOOK MEDICAL CENTER
LONG TERM CARE FACILITY	062018	RAHWAY GARDEN GROUP LLC	1777 LAWRENCE STREET	RAHWAY	NJ	07065	UNION	(732) 499-7927		RAHWAY GARDEN GROUP LLC
LONG TERM CARE FACILITY	062020	AristaCare at Norwood Terrace	40 NORWOOD AVENUE	PLAINFIELD	NJ	07060	UNION	(908) 769-1400	(908) 769-8092	NORWOOD TERRACE NURSING AND REHABILITATION CENTER
LONG TERM CARE FACILITY	062017	Linden Garden Estates	400 W STIMPSON AVE	LINDEN	NJ	07036	UNION	(908) 862-3399	(908) 862-6967	LINDEN GARDEN ESTATES, LLC

Acute, Long Term Care and Medical Ambulatory Services

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
LONG TERM CARE FACILITY	062002	Ashbrook Care & Rehabilitation Center	1610 RARITAN ROAD	SCOTCH PLAINS	NJ	07076	UNION	(908) 889-5500	(908) 889-6573	ASHBROOK CARE & REHABILITATION CENTER, LLC
LONG TERM CARE FACILITY	062016	Autumn Lake Healthcare At Berkeley Heights	35 COTTAGE STREET	BERKELEY HEIGHTS	NJ	07922	UNION	(908) 897-1000	(908) 425-4546	BHEIGHTS ASSOCIATES, LLC
LONG TERM CARE FACILITY	12006L	Care Connection Rahway	865 STONE STREET	RAHWAY	NJ	07065	UNION	(732) 499-6460	(732) 388-4111	CARE CONNECTION RAHWAY, LLC
LONG TERM CARE FACILITY	22249L	Children's Specialized Hospital	150 NEW PROVIDENCE ROAD	MOUNTAINSIDE	NJ	07092	UNION	(908) 233-3720	(908) 301-5587	CHILDREN'S SPECIALIZED HOSPITAL
LONG TERM CARE FACILITY	062211	Clark Nursing And Rehabilitation Center	1213 WESTFIELD AVENUE	CLARK	NJ	07066	UNION	(732) 396-7100	(732) 396-1924	CLARK NURSING & REHABILITATION CENTER, LLC
LONG TERM CARE FACILITY	062013	COMPLETE CARE AT WESTFIELD, LLC	1515 LAMBERTS MILL ROAD	WESTFIELD	NJ	07090	UNION	(908) 233-9700	(908) 233-4266	COMPLETE CARE AT WESTFIELD, LLC
LONG TERM CARE FACILITY	062022	Complete Care at Woodlands	1400 WOODLAND AVE	PLAINFIELD	NJ	07060	UNION	(908) 753-1113	(908) 753-9558	COMPLETE CARE AT WOODLANDS LLC
LONG TERM CARE FACILITY	20016	Continuing Care At Lantern Hill	537 MOUNTAIN AVENUE	NEW PROVIDENCE	NJ	07974	UNION	(908) 516-9400	(908) 516-9425	LANTERN HILL, INC.
LONG TERM CARE FACILITY	062004	Cornell Hall Care & Rehabilitation Center	234 CHESTNUT STREET	UNION	NJ	07083	UNION	(908) 687-7800	(908) 687-1417	CORNELL HALL CARE & REHABILITATION CENTER, LLC
LONG TERM CARE FACILITY	062005	Cranford Park Rehabilitation & Healthcare Center	600 LINCOLN PARK EAST	CRANFORD	NJ	07016	UNION	(908) 276-7100	(908) 276-0173	CRANFORD PARK REHABILITATION & HEALTHCARE CTR, LLC
LONG TERM CARE FACILITY	062006	Crmc Operating LLC	205 BIRCHWOOD AVE	CRANFORD	NJ	07016	UNION	(908) 272-6660	(908) 276-2424	CRMC OPERATING, LLC
LONG TERM CARE FACILITY	62007X	Elizabeth Nursing And Rehab Center	1048 GROVE STREET	ELIZABETH	NJ	07202	UNION	(908) 354-0002	(908) 354-0033	BRACHA, INC.
LONG TERM CARE FACILITY	32003	Elmora Hills Health & Rehabilitation Center	225 W JERSEY STREET	ELIZABETH	NJ	07202	UNION	(908) 353-1220	(908) 353-0102	ELMORA HILLS HEALTH & REHABILITATION CENTER, LLC
LONG TERM CARE FACILITY	062009	HACKENSACK MERIDIAN AMBULATORY CARE, INC.	1340 PARK AVE	PLAINFIELD	NJ	07060	UNION	(908) 754-3100	(908) 754-3418	HACKENSACK MERIDIAN AMBULATORY CARE, INC.
LONG TERM CARE FACILITY	602030	Plaza Healthcare & Rehabilitation Center	456 RAHWAY AVENUE	ELIZABETH	NJ	07202	UNION	(908) 354-1300	(908) 629-9610	PLAZA HEALTHCARE & REHABILITATION CENTER, LLC
LONG TERM CARE FACILITY	062021	ProMedica Skilled Nursing and Rehabilitation - Mountainside	1180 ROUTE 22 WEST	MOUNTAINSIDE	NJ	07092	UNION	(908) 654-0020	(800) 504-0270	MANOR CARE OF MOUNTAINSIDE NJ, LLC
LONG TERM CARE FACILITY	22001L	Runnells Center for Rehabilitation & Healthcare	40 WATCHUNG WAY	BERKELEY HEIGHTS	NJ	07922	UNION	(908) 771-5700	(908) 771-9654	RUNNELLS OPERATING LLC
LONG TERM CARE FACILITY	062023	South Mountain Healthcare & Rehabilitation	2385 SPRINGFIELD AVENUE	VAUXHALL	NJ	07088	UNION	(908) 688-3400	(908) 964-7502	SOUTH MOUNTAIN REHABILITATION CENTER LLC
LONG TERM CARE FACILITY	062008	Spring Grove Rehabilitation and Healthcare Center	144 GALES DRIVE	NEW PROVIDENCE	NJ	07974	UNION	(908) 464-8600	(908) 464-3969	SPRING GROVE OPERATOR, LLC
LONG TERM CARE FACILITY	12001L	Trinitas Hospital	655 EAST JERSEY STREET	ELIZABETH	NJ	07206	UNION	(908) 994-7525	(908) 994-7047	TRINITAS REGIONAL MEDICAL CENTER

Acute, Long Term Care and Medical Ambulatory Services

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	City	State	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
PEDIATRIC COMMUNITY TRANSITIONAL HOMES	23965	AIDS RESOURCE FOUNDATION FOR CHILDREN/ST. CLARES ELIZABETH	643 PEARL STREET	ELIZABETH	NJ	07202	UNION	(908) 351-8746	(908) 355-1708	SAINT CLARE'S HOMES FOR CHILDREN
PSYCHIATRIC HOSPITAL	52006	SUMMIT OAKS HOSPITAL	19 PROSPECT ST	SUMMIT	NJ	07901	UNION	(908) 522-7000	(908) 522-7098	SUMMIT OAKS HOSPITAL
PSYCHIATRIC SPECIAL HOSPITAL	22001	CORNERSTONE BEHAVIORAL HEALTH HOSPITAL OF UNION COUNTY	40 WATCHUNG WAY	BERKELEY HEIGHTS	NJ	07922	UNION	(908) 771-5857	(908) 771-5820	COUNTY OF UNION
SPECIAL HOSPITAL	24426	CARE ONE AT TRINITAS REGIONAL MEDICAL CENTER	225 WILLIAMSON ST 7 NORTH	ELIZABETH	NJ	07207	UNION	(908) 994-5412	(908) 994-8860	THE REHABILITATION HOSPITAL AT RARITAN BAY MEDICAL
SPECIAL HOSPITAL	23268	KINDRED HOSPITAL NEW JERSEY-RAHWAY	865 STONE STREET	RAHWAY	NJ	07065	UNION	(732) 669-8200	(732) 669-8229	KINDRED HOSPITALS EAST, LLC
SURGICAL PRACTICE	R24592	CARDIOVASCULAR CARE GROUP, THE	433 CENTRAL AVENUE - 2ND FLOOR	WESTFIELD	NJ	07090	UNION	(973) 759-9000	(973) 759-2487	THE CARDIOVASCULAR CARE GROUP, PC
SURGICAL PRACTICE	R24618	MED FEM AESTHETIC CENTER	33 OVERLOOK ROAD, SUITE 302	SUMMIT	NJ	07901	UNION	(908) 522-1777	(908) 522-3051	MED FEM AESTHETIC CENTER
SURGICAL PRACTICE	R24840	SPRINGFIELD SURGERY CENTER, L.L.C.	105 MORRIS AVENUE, FIRST FLOOR	SPRINGFIELD	NJ	07081	UNION	(973) 718-5550	(973) 376-0729	SPRINGFIELD SURGERY CENTER, LLC
SURGICAL PRACTICE	R24587	WESTFIELD PLASTIC SURGICAL CENTER	955 SO SPRINGFIELD AVENUE, BLDG A, SUITE 105	SPRINGFIELD	NJ	07081	UNION	(908) 654-6540	(908) 654-6504	WESTFIELD PLASTIC SURGICAL CENTER

Health Resources for Union County

Part 2: Mental Health Services

Source: Department of Human Services, Division of Mental Health and Addiction Services Download Oct 3, 2022

UNION COUNTY

<p>Acute Care Family Support Mental Health Association in NJ 88 Pompton Avenue Verona, NJ 07044 (973) 571-4100</p> <p>Deaf Enhanced Screening Center Trinitas Regional Medical Center 925 East Jersey Street Elizabeth, NJ 07201 (908) 994-8131</p> <p>Homeless Services (PATH) Bridgeway Rehabilitation Services 265 West Grand Street Elizabeth, NJ 07202 (908) 249-4100</p> <p>Integrated Case Management Services Mt. Carmel Guild Behavioral Healthcare 505 South Avenue East Cranford, NJ 07016 (908) 497-3918</p> <p>Involuntary Outpatient Commitment Trinitas Regional Medical Center 654 East Jersey Street Elizabeth, NJ 07206 (908) 994-7543</p> <p>Outpatient Trinitas Regional Medical Center - Dept. of Psychiatry 655 East Jersey Street Elizabeth, NJ 07201 (908) 994-7278</p> <p>Outpatient UCPC Behavioral Healthcare 117-119 Roosevelt Avenue Plainfield, NJ 07060 (908) 756-6870 (press #4)</p> <p>Partial Care UCPC Behavioral Healthcare 117-119 Roosevelt Avenue Plainfield, NJ 07060 (908) 756-6870 (press #3), (908) 686-0560 or (973) 571-4100</p>	<p>County Mental Health Board Union County Administration Building Elizabethtown Plaza Elizabeth, NJ 07207 (908) 527-4844</p> <p>Deaf Enhanced STCF Trinitas Regional Medical Center 655 East Jersey Street Elizabeth, NJ 07201 (908) 994-7205 / 7202 HOTLINE: (908) 351-6684</p> <p>Intensive Family Support Services Mental Health Association in NJ 361-363 Monroe Avenue Kenilworth, NJ 07033 (908) 272-5309</p> <p>Intensive Outpatient Treatment and Support Services (IOTSS) TLC Program at Trinitas Regional Medical Center 654 East Jersey Street Elizabeth, NJ 07206 (908) 994-7278 (908) 994-7131 (after hours)</p> <p>Justice Involved Services Trinitas Regional Medical Center 655 East Jersey Street Elizabeth, NJ 07206 (908) 994-7278 or (908) 994-7131</p> <p>Outpatient Mt. Carmel Guild Behavioral Healthcare 108 Alden Street Cranford, NJ 07016 (908) 497-3904 / 3925 / 3919</p> <p>Partial Care Mt. Carmel Guild Behavioral Healthcare 1160 Raymond Boulevard Newark, NJ 07102 (973) 596-3971 or (908) 497-3968</p> <p>Partial Care Trinitas Regional Medical Center - Dept. of Psychiatry 655 East Jersey Street Elizabeth, NJ 07201 (908) 497-3968 or call center (908) 994-7131</p>
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UNION COUNTY (Continued)

<p>Partial Care Bridgeway House 567 Morris Avenue Elizabeth, NJ 07208 (908) 355-7200</p> <p>PRIMARY SCREENING CENTER for UNION Trinitas Regional Medical Center 655 East Jersey Street Elizabeth, NJ 07201 HOTLINE: (908) 994-7131</p> <p>Emergency Services - Affiliated w/Screening Center Overlook Hospital 99 Beaver @ Silvan Road Summit, NJ 07901 HOTLINE: (201) 841-8078</p> <p>Program of Assertive Community Treatment (PACT) Bridgeway Rehabilitation, Inc. 313 E. Front Street Plainfield, NJ 07060 (908) 791-0505 (PACT II)</p> <p>Residential Services Volunteers of America 205 West Milton Avenue Rahway, NJ 07065 (732) 827-2444</p> <p>Residential Services SERV Centers of NJ 130 Dermody Street Cranford, NJ 07016 (908) 276-0490</p>	<p>Partial Care Bridgeway House 567 Morris Avenue Elizabeth, NJ 07208 (908) 355-7200</p> <p>Emergency Services - Affiliated w/Screening Center RWJ University Hospital Rahway 865 Stone Street Rahway, NJ 07065 HOTLINE: (732) 499-6165 or (732) 381-4949</p> <p>Program of Assertive Community Treatment (PACT) Bridgeway Rehabilitation, Inc. 96 W. Grand Street Elizabeth, NJ 07208 (908) 352-0242 (PACT I)</p> <p>Program of Assertive Community Treatment (PACT) Bridgeway Rehabilitation, Inc. 1023 Commerce Avenue Union, NJ 07083 (908) 688-5400 (PACT III)</p> <p>Self-Help Center New Beginnings SHC 516 Morris Avenue - 1st floor Elizabeth, NJ 07208 (908) 352-7830</p> <p>Self-Help Center Park Avenue SHC 333 Park Avenue Plainfield, NJ 07060 (908) 757-1350</p> <p>Self-Help Center Esperanza 673 Morris Ave., Suite 100 Springfield, NJ 07080 908-810-1001 (Spanish-speaking staff)</p>
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UNION COUNTY (Continued)

<p>Short Term Care Facility Trinitas Regional Medical Center 655 East Jersey Street Elizabeth, NJ 07026 (908) 994-7275</p> <p>Supported Employment Services Bridgeway House 1023 Commerce Street Elizabeth, NJ 07208 (908) 687-9666</p> <p>Community Support Services & Medically Enhanced Community Support Services Bridgeway House 265 West Grand Street Elizabeth, NJ 07208 (908) 249-4100</p> <p>Voluntary Unit Trinitas Regional Medical Center 655 East Jersey Street Elizabeth, NJ 07206 (908) 994-7205</p>	<p>Supported Education Bridgeway Rehabilitation Services <i>LEARN of Central NJ</i> 1023 Commerce Street, 2nd Floor Union, NJ 07083 (908) 687-9666</p> <p>Community Support Services Advance Housing, Inc. 100 Hollister Road - Suite 203 Teterboro, NJ 07608 (201) 498-9140</p> <p>Systems Advocacy Community Health Law Project 65 Jefferson Street Elizabeth, NJ 07201 (908) 355-8282</p> <p>Systems Advocacy United Family & Children's Society 305 West 7th Street Plainfield, NJ 07060 (908) 755-4848</p>
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Health Resources for Union County

Part 3: Addiction Health Services

Source: Department of Human Services, Division of Mental Health and Addiction
Services Download Oct 3, 2022









ADDICTION SERVICES TREATMENT DIRECTORY

Carole Johnson
 Commissioner
 Department of Human Services
 (DHS)

Valerie Mielke
 Assistant Commissioner
 Division of Mental Health and Addiction Services
 (DMHAS)


<p>Addiction Services at Overlook Medical Center License No: 2000091 Agency Type: Non-Profit Phone No: 9085224800</p>	<p>Services:</p> <ul style="list-style-type: none"> Intensive Outpatient Treatment Outpatient Treatment <p><i>IDRC affiliated: Yes</i></p>	<p>Address: 2 WALNUT STREET SUMMIT NJ 07902 County: Union</p>
<p>American Day CD Centers, LLC d/b/a/ High Focus Centers License No: 2000537 Agency Type: Profit Phone No: 9082722474</p>	<p>Services:</p> <ul style="list-style-type: none"> Intensive Outpatient Treatment Outpatient Treatment <p><i>IDRC affiliated: Yes</i></p>	<p>Address: 16 COMMERCE DRIVE CRANFORD NJ 07016 County: Union</p>
<p>Brick City Medical LLC d/b/a Suburban Health Clinic License No: 2000828 Agency Type: Profit Phone No: 9082588765</p>	<p>Services:</p> <ul style="list-style-type: none"> Co-Occurring Treatment Services Intensive Outpatient Treatment Opiate Treatment Program Outpatient Treatment <p><i>IDRC affiliated: Yes</i></p>	<p>Address: 43 Progress Street Union NJ 07083 County: Union</p>
<p>Bridgeway Rehabilitation Services License No: 2000048 Agency Type: Non-Profit Phone No: 7322614962</p>	<p>Services:</p> <ul style="list-style-type: none"> Co-Occurring Treatment Services Intensive Outpatient Treatment Outpatient Treatment <p><i>IDRC affiliated: Yes</i></p>	<p>Address: 567 MORRIS AVE ELIZABETH NJ 07208 County: Union</p>
<p>Chukwuemeka Ibeku MD/DO NPI Number: 1023059722 Phone No: 908-686-9440</p>	<p>Services:</p> <ul style="list-style-type: none"> Medication-Assisted Treatment 	<p>Address: 940 Stuyvesant Ave 2 Union New Jersey 07083 County: Union</p>
<p>Counseling Center at Clark, LLC License No: 2000538 Agency Type: Unknown</p>	<p>Services:</p> <ul style="list-style-type: none"> Co-Occurring Treatment Services Intensive Outpatient Treatment 	<p>Address: 60 WALNUT AVENUE, SUITE 201 CLARK NJ 07066</p>

Phone No: 7328821920	<ul style="list-style-type: none"> o Outpatient Treatment o Partial Care 	County: Union
<i>IDRC affiliated: Yes</i>		
Intervention Specialist License No: 2000618 Agency Type: Profit Phone No: 9082890700	Services: <ul style="list-style-type: none"> o Co-Occurring Treatment Services o Intensive Outpatient Treatment o Outpatient Treatment o Partial Care 	Address:  333 North Broad Street Suite B Elizabeth NJ 07208 County: Union
<i>IDRC affiliated: Yes</i>		
Ludmila Gudz ATMD NPI Number: 1386747806 Phone No: 9086240090	Services: <ul style="list-style-type: none"> o Medication-Assisted Treatment 	Address:  2333 Morris Ave # B-115 Union New Jersey 07083 County: Union
Manfred Obi MD/DO NPI Number: 1467634360 Phone No: 973-951-0653	Services: <ul style="list-style-type: none"> o Medication-Assisted Treatment 	Address:  1235 Morris Ave Ste 1 Union New Jersey 07083 County: Union
Olubunmi Adetule NP NPI Number: 1245786979 Phone No: 908-276-2244	Services: <ul style="list-style-type: none"> o Medication-Assisted Treatment 	Address:  11 Dundar Rd Springfield New Jersey 07081 County: Union
Organization for Recovery, Inc. License No: 2000304 Agency Type: Unknown Phone No: 9087694700	Services: <ul style="list-style-type: none"> o Co-Occurring Treatment Services o Intensive Outpatient Treatment o Opiate Treatment Program o Outpatient Treatment 	Address:  519 North Ave Plainfield NJ 07060 County: Union
<i>IDRC affiliated: Yes</i>		
Organization For Recovery, Inc. License No: 2000427 Agency Type: Unknown Phone No: 9087694700	Services: <ul style="list-style-type: none"> o Co-Occurring Treatment Services o Opiate Treatment Program o Outpatient Treatment 	Address:  120 W 7TH ST PLAINFIELD NJ 07060 County: Union
<i>IDRC affiliated: Yes</i>		
PROCEED, Inc.	Services:	Address:

License No: 2000311
 Agency Type: Non-Profit
 Phone No: [9083517727](tel:9083517727)

- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment
- Partial Care

IDRC affiliated: Yes


 [1122-1130 E GRAND ST](#)
 ELIZABETH NJ 07201
County: Union

PROCEED, Inc.
 License No: 2000634
 Agency Type: Non-Profit
 Phone No: [9083517727](tel:9083517727)

Services:

- Co-Occurring Treatment Services
- Outpatient Treatment

IDRC affiliated: Yes

Address:
 [1126 DICKINSON STREET](#)
 ELIZABETH NJ 07201
County: Union

Real House, Inc.
 License No: 1000148
 Agency Type: Unknown
 Phone No: [9085272400](tel:9085272400)

Services:

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

Beds Capacity: 26 Available 2

IDRC affiliated: Yes

Address:
 [419-421 WESTMINSTER AVENUE](#)
 ELIZABETH NJ 07208
County: Union

Real House, Inc.
 License No: 1000154
 Agency Type: Profit
 Phone No: [9737462400](tel:9737462400)

Services:

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

Beds Capacity: 26 Available 2

IDRC affiliated: Yes

Address:
 [1089-91 East Jersey Street](#)
 Elizabeth NJ 07201
County: Union

SBH Union IOP, LLC
 License No: 2000591
 Agency Type: Profit
 Phone No: [9084815050](tel:9084815050)

Services:

- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment
- Partial Care

IDRC affiliated: Yes






Address:
 [2780 MORRIS AVENUE SUITE 2D](#)
 UNION NJ 07083
County: Union

Social Clubhouse Inc.
 License No: 2000617
 Agency Type: Unknown
 Phone No: [9733762500](tel:9733762500)

Services:

- Co-Occurring Treatment Services
- Intensive Outpatient Treatment
- Outpatient Treatment

Address:
 [58 Brown Avenue](#)
 Springfield NJ 07081
County: Union

<i>IDRC affiliated: Yes</i>		
<p>Suzanne Zemel MD NPI Number: 1467507681 Phone No: 9737964222</p>	<p>Services:</p> <ul style="list-style-type: none"> ○ Medication-Assisted Treatment 	<p>Address:  123 W 7th St Plainfield New Jersey 07060 County: Union</p>
<p>Suzanne Zemel MD NPI Number: 1467507681 Phone No: 9737964222</p>	<p>Services:</p> <ul style="list-style-type: none"> ○ Medication-Assisted Treatment 	<p>Address:  161 Wilder Dr Hillside New Jersey 07205 County: Union</p>
<p>The Lennard Clinic, Inc. License No: 2000417 Agency Type: Unknown Phone No: 9083520850</p>	<p>Services:</p> <ul style="list-style-type: none"> ○ Co-Occurring Treatment Services ○ Intensive Outpatient Treatment ○ Opiate Treatment Program ○ Outpatient Treatment ○ Partial Care <p><i>IDRC affiliated: Yes</i></p>	<p>Address:  850 WOODRUFF LN ELIZABETH NJ 07201 County: Union</p>
<p>Trinitas Hospital/Addiction Services License No: 2000101 Agency Type: Non-Profit Phone No: 9089947556</p>	<p>Services:</p> <ul style="list-style-type: none"> ○ Co-Occurring Treatment Services ○ Intensive Outpatient Treatment ○ Outpatient Treatment ○ Partial Care <p><i>IDRC affiliated: Yes</i></p>	<p>Address:  654 E JERSEY ST ELIZABETH NJ 07206 County: Union</p>
<p>Union Fresh Start LLC License No: 1000094 Agency Type: Profit Phone No: 9084814400</p>	<p>Services:</p> <ul style="list-style-type: none"> ○ Long Term Residential Substance Abuse Treatment Beds Capacity: 32 Available: 2 ○ Inpatient Withdrawal Management Beds Capacity: 40 Available: 7 <p><i>IDRC affiliated: Yes</i></p>	<p>Address:  1000 Galloping Hill Rd. Union NJ 07083 County: Union</p>

Appendix E- Additional Data Tables

Population Overview

Table 10. CBMC CHNA Community Survey Respondent Sample Characteristics (n=704), 2021

Age	
Under 30	2.6%
30 to 49	20.1%
50 to 64	34.8%
65+	42.5%
Gender	
Female	75.3%
Male	24.5%
Additional Gender Category/ Transgender	0.1%*
Race/Ethnicity	
African American/ Black	15.5%
Asian	7.1%
Hispanic/ Latino, Latino(a)	3.6%
Multiracial	2.0%
White/ Caucasian	69.0%
Other	2.7%
Sexual Orientation	
Heterosexual	95.6%
Homosexual	2.0%
Bisexual	1.1%
Additional Sexual Orientation	1.4%
Education	
Less than high school graduate or GED	0.7%
High school graduate or GED	4.9%
Some college	10.9%
Associate or technical degree/certification	6.6%
College graduate	30.7%
Post graduate or professional degree	46.3%
Income	
Under \$25,000	4.9%
\$25,000 to \$50,000	9.6%
\$50,001 to \$100,000	21.1%
\$100,001 to \$125,000	10.7%
\$125,001 to \$150,000	11.3%
\$150,001 to \$200,000	17.2%
Over \$200,000	25.2%

Employment

Employed full-time	45.8%
Employed part-time	9.6%
Student	1.1%
Homemaker	4.4%
Disabled	1.9%
Retired	32.7%
Unemployed	4.4%

Marital Status

Married	60.9%
Single	17.0%
Separated/divorced/widowed	18.9%
Domestic partnership/civil union/living together	3.1%

DATA SOURCE: Assessment Survey Data, Bruno & Ridgway, 2021

Note: * indicates n < 5

Table 11. Total Population, by Gender, State, County, and Town, 2011-2015 and 2016-2020

	2015		2020		% change	
	Male	Female	Male	Female	Male	Female
New Jersey	48.8%	51.2%	48.9%	51.1%	0.1%	-0.1%
Essex County	48.0%	52.0%	48.1%	51.9%	0.1%	-0.1%
Caldwell	45.7%	54.3%	49.7%	50.3%	4.0%	-4.0%
Cedar Grove	44.6%	55.4%	43.5%	56.5%	-1.1%	1.1%
East Orange	44.7%	55.3%	46.2%	53.8%	1.5%	-1.5%
Essex Fells	46.4%	53.6%	48.1%	51.9%	1.7%	-1.7%
Fairfield	49.3%	50.7%	46.3%	53.7%	-3.0%	3.0%
Glen Ridge	48.3%	51.7%	47.9%	52.1%	-0.4%	0.4%
Livingston	48.8%	51.2%	48.8%	51.2%	0.0%	0.0%
Maplewood	48.9%	51.1%	48.4%	51.6%	-0.5%	0.5%
Millburn	49.6%	50.4%	49.0%	51.0%	-0.6%	0.6%
Montclair	46.1%	53.9%	48.7%	51.3%	2.6%	-2.6%
Orange	43.8%	56.2%	43.4%	56.6%	-0.4%	0.4%
Roseland	47.9%	52.1%	46.5%	53.5%	-1.4%	1.4%
Short Hills	51.1%	48.9%	49.0%	51.0%	-2.1%	2.1%
South Orange	47.4%	52.6%	47.8%	52.2%	0.4%	-0.4%
Verona	46.4%	53.6%	47.3%	52.7%	0.9%	-0.9%
West Orange	48.9%	51.1%	48.5%	51.5%	-0.4%	0.4%
Morris County	49.0%	51.0%	49.1%	50.9%	0.1%	-0.1%
East Hanover	47.6%	52.4%	43.8%	56.2%	-3.8%	3.8%
Florham Park	46.2%	53.8%	49.2%	50.8%	3.0%	-3.0%
Union County	48.7%	51.3%	48.8%	51.2%	0.1%	-0.1%
Springfield	47.8%	52.2%	48.4%	51.6%	0.6%	-0.6%
Union	-	-	53.3%	46.7%	-	-

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

NOTE: - indicates data not available

Table 12. Age Distribution and Percent Change, by Town, 2011-2015 and 2016-2020

	Under 18 years			18-24 years			25-44 years			45-64 years			65-74 years			75 years and older		
	2011-2015	2016-2020	% change	2011-2015	2016-2020	% change	2011-2015	2016-2020	% change	2011-2015	2016-2020	% change	2011-2015	2016-2020	% change	2011-2015	2016-2020	% change
Essex County																		
Caldwell	13.0%	19.6%	6.6%	10.7%	10.6%	-0.1%	27.8%	29.2%	1.4%	26.0%	26.1%	0.1%	8.8%	8.4%	-0.4%	9.2%	6.0%	-3.2%
Cedar Grove	15.2%	19.0%	3.8%	6.3%	8.2%	1.9%	21.4%	21.1%	-0.3%	28.7%	26.4%	-2.3%	9.3%	12.0%	2.7%	15.3%	13.6%	-1.7%
East Orange	22.6%	24.1%	1.5%	10.5%	10.0%	-0.5%	27.3%	29.2%	1.9%	26.6%	24.3%	-2.3%	7.6%	6.9%	-0.7%	5.5%	5.4%	-0.1%
Essex Fells	23.3%	29.2%	5.9%	5.0%	5.5%	0.5%	16.9%	16.6%	-0.3%	34.5%	30.8%	-3.7%	9.1%	9.9%	0.8%	6.8%	8.0%	1.2%
Fairfield	18.1%	21.0%	2.9%	5.2%	3.5%	-1.7%	20.5%	17.2%	-3.3%	30.3%	29.7%	-0.6%	9.6%	11.4%	1.8%	10.7%	17.1%	6.4%
Glen Ridge	28.9%	31.7%	2.8%	5.7%	7.5%	1.8%	20.3%	20.6%	0.3%	31.7%	29.2%	-2.5%	4.3%	8.4%	4.1%	5.4%	2.5%	-2.9%
Livingston	21.2%	26.8%	5.6%	5.0%	5.2%	0.2%	21.8%	18.6%	-3.2%	30.3%	31.0%	0.7%	8.5%	9.4%	0.9%	8.5%	9.0%	0.5%
Maplewood	20.9%	27.4%	6.5%	5.8%	7.4%	1.6%	24.7%	24.1%	-0.6%	29.5%	29.1%	-0.4%	6.0%	6.7%	0.7%	4.9%	5.3%	0.4%
Millburn	26.0%	31.7%	5.7%	5.0%	4.3%	-0.7%	20.0%	21.1%	1.1%	30.8%	30.1%	-0.7%	7.4%	7.8%	0.4%	4.2%	5.2%	1.0%
Montclair	25.6%	25.0%	-0.6%	6.7%	6.6%	-0.1%	24.2%	25.4%	1.2%	30.5%	29.9%	-0.6%	7.2%	8.3%	1.1%	5.6%	4.7%	-0.9%
Orange	16.8%	26.9%	10.1%	9.6%	8.0%	-1.6%	30.6%	30.0%	-0.6%	23.4%	22.3%	-1.1%	6.9%	6.2%	-0.7%	5.1%	6.5%	1.4%
Roseland	18.7%	21.2%	2.5%	3.9%	4.7%	0.8%	19.6%	24.3%	4.7%	31.5%	26.8%	-4.7%	13.3%	9.3%	-4.0%	9.4%	13.7%	4.3%
Short Hills	27.8%	33.8%	6.0%	3.9%	4.6%	0.7%	17.9%	19.1%	1.2%	31.8%	31.1%	-0.7%	7.7%	6.8%	-0.9%	4.9%	4.6%	-0.3%
South Orange	15.7%	19.2%	3.5%	20.0%	20.7%	0.7%	21.7%	23.2%	1.5%	25.6%	24.8%	-0.8%	6.8%	7.0%	0.2%	4.7%	5.1%	0.4%
Verona	17.0%	24.5%	7.5%	4.6%	4.8%	0.2%	22.4%	20.6%	-1.8%	31.1%	28.6%	-2.5%	10.3%	13.4%	3.1%	9.3%	8.1%	-1.2%
West Orange	17.2%	20.2%	3.0%	7.8%	7.0%	-0.8%	25.7%	23.8%	-1.9%	27.7%	29.1%	1.4%	8.2%	11.4%	3.2%	8.0%	8.4%	0.4%
Morris County																		
East Hanover	14.9%	18.4%	3.5%	7.8%	10.6%	2.8%	20.2%	20.9%	0.7%	30.2%	29.0%	-1.2%	11.7%	11.1%	-0.6%	9.6%	10.0%	0.4%
Florham Park	12.1%	16.1%	4.0%	17.3%	19.3%	2.0%	19.5%	20.3%	0.8%	25.7%	23.5%	-2.2%	9.8%	9.0%	-0.8%	9.8%	11.8%	2.0%
Union County																		
Springfield	14.0%	21.0%	7.0%	6.2%	7.7%	1.5%	24.1%	25.7%	1.6%	29.6%	29.6%	0.0%	11.8%	8.7%	-3.1%	7.9%	7.3%	-0.6%
Union	-	12.9%	-	-	6.0%	-	-	26.5%	-	-	39.8%	-	-	4.1%	-	-	10.7%	-

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

Table 13. Age Distribution, by Gender, State, County, and Town, 2016-2020

	Under 18 years		18-24 years		25-44 years		45-64 years		65-74 years		75 years and older	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
New Jersey	23.0%	21.0%	9.0%	8.2%	26.5%	25.0%	27.3%	27.7%	8.6%	9.7%	5.7%	8.4%
Essex County	25.2%	22.5%	9.2%	8.4%	27.9%	27.2%	26.0%	26.3%	7.1%	8.5%	4.5%	7.1%
Caldwell	21.8%	17.5%	9.8%	11.4%	30.5%	27.9%	20.4%	26.4%	13.9%	8.6%	3.7%	8.2%
Cedar Grove	18.6%	19.3%	5.4%	10.2%	23.6%	18.9%	22.0%	24.2%	19.1%	11.9%	11.3%	15.3%
East Orange	24.2%	22.2%	10.8%	8.1%	30.6%	30.2%	23.7%	23.0%	6.7%	8.9%	4.0%	7.5%
Essex Fells	28.0%	30.3%	6.8%	4.3%	14.5%	18.4%	28.6%	28.0%	15.3%	9.8%	6.7%	9.2%
Fairfield	17.7%	23.9%	3.0%	3.9%	17.7%	16.6%	23.1%	28.1%	19.5%	11.9%	18.9%	15.5%
Glen Ridge	33.0%	30.5%	6.1%	8.8%	18.7%	22.4%	24.5%	28.2%	14.0%	8.6%	3.5%	1.6%
Livingston	29.3%	24.4%	5.5%	4.9%	17.5%	19.7%	24.4%	31.2%	15.0%	10.0%	8.1%	9.8%
Maplewood	29.7%	25.3%	10.3%	4.7%	21.3%	26.7%	22.0%	30.7%	11.7%	6.9%	4.9%	5.6%
Millburn	32.1%	31.2%	4.4%	4.1%	19.4%	22.6%	26.0%	28.8%	13.3%	7.5%	4.8%	5.6%
Montclair	27.4%	25.8%	8.4%	4.5%	25.3%	25.5%	27.4%	29.1%	7.9%	9.2%	3.5%	5.9%
Orange	27.8%	26.1%	7.5%	8.5%	30.7%	29.5%	18.3%	22.0%	9.6%	7.2%	6.2%	6.7%
Roseland	26.5%	16.7%	5.9%	3.7%	21.2%	26.9%	24.0%	26.5%	10.8%	10.7%	11.7%	15.5%
Short Hills	34.4%	33.1%	4.7%	4.6%	16.9%	21.2%	28.3%	29.8%	11.2%	6.8%	4.5%	4.6%
South Orange	20.0%	18.5%	19.0%	22.3%	24.0%	22.5%	20.3%	23.5%	12.4%	7.3%	4.3%	5.9%
Verona	24.8%	24.1%	6.7%	3.1%	21.8%	19.5%	21.9%	28.9%	20.1%	13.2%	4.5%	11.3%
West Orange	22.9%	17.7%	7.0%	7.0%	25.8%	22.0%	22.4%	30.1%	15.8%	12.6%	6.1%	10.6%
Morris County	22.1%	20.2%	8.8%	8.3%	23.7%	22.6%	23.2%	30.1%	15.7%	9.8%	6.3%	9.0%
East Hanover	17.1%	19.3%	11.1%	10.1%	20.7%	21.1%	22.7%	25.9%	21.3%	11.2%	6.9%	12.4%
Florham Park	18.6%	13.7%	19.7%	19.0%	23.1%	17.5%	17.4%	22.9%	13.7%	10.9%	7.5%	15.9%
Union County	24.5%	22.6%	8.7%	8.1%	27.2%	25.9%	27.2%	27.2%	7.6%	8.7%	5.0%	7.6%
Springfield	24.2%	18.0%	8.1%	7.4%	23.8%	27.5%	21.5%	30.8%	16.4%	7.8%	6.1%	8.4%
Union	13.1%	12.6%	7.0%	4.9%	25.2%	28.1%	40.0%	37.5%	7.5%	2.1%	7.1%	14.8%

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

Table 14. Age Distribution, by Race/Ethnicity, by State and County, 2016-2020

	Asian					
	Under 18 years	18-24 years	25-44 years	45-64 years	65-74 years	75 years and older
New Jersey	14.6%	5.0%	21.8%	17.0%	4.8%	3.0%
Essex County	13.6%	5.1%	20.9%	17.5%	5.4%	3.1%
Morris County	23.2%	6.6%	30.9%	26.8%	7.4%	5.0%
Union County	13.8%	3.9%	22.1%	17.4%	5.2%	3.2%
	Black					
	Under 18 years	18-24 years	25-44 years	45-64 years	65-74 years	75 years and older
New Jersey	15.0%	6.7%	18.3%	17.3%	4.8%	3.3%
Essex County	15.7%	6.2%	18.6%	16.6%	4.6%	3.2%
Morris County	20.6%	11.0%	25.9%	29.7%	7.8%	5.0%
Union County	13.9%	6.0%	18.0%	18.3%	5.2%	3.7%
	Hispanic/ Latino					
	Under 18 years	18-24 years	25-44 years	45-64 years	65-74 years	75 years and older
New Jersey	19.1%	6.7%	20.4%	14.9%	3.3%	2.2%
Essex County	19.4%	6.4%	21.1%	14.5%	3.3%	2.0%
Morris County	26.5%	9.7%	31.3%	25.3%	4.4%	2.8%
Union County	18.7%	6.4%	20.8%	15.5%	3.3%	2.2%
	White					
	Under 18 years	18-24 years	25-44 years	45-64 years	65-74 years	75 years and older
New Jersey	12.2%	5.1%	14.7%	20.1%	7.8%	6.3%
Essex County	12.6%	4.8%	15.0%	20.1%	7.3%	6.4%
Morris County	19.1%	8.4%	20.5%	31.8%	11.0%	9.3%
Union County	12.7%	4.5%	14.6%	20.6%	7.6%	6.4%
	Some Other Race					
	Under 18 years	18-24 years	25-44 years	45-64 years	65-74 years	75 years and older
New Jersey	28.5%	10.3%	32.4%	21.5%	4.6%	2.6%
Essex County	28.6%	8.9%	33.0%	21.4%	5.1%	2.9%
Morris County	30.2%	10.4%	37.6%	18.8%	1.9%	1.2%
Union County	29.8%	11.1%	32.6%	20.4%	3.9%	2.2%

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

NOTE: Some Other Race includes individuals that identified as American Indian/Alaskan Native, Native Hawaiian or Other Pacific Islander, or as some other race.

Racial, Ethnic, and Language Diversity

Table 15. Percent Change in Racial and Ethnic Distribution, by State and County, 2011-2015 and 2016-2020

	New Jersey			Essex County			Morris County			Union County		
	2015	2020	% change	2015	2020	% change	2015	2020	% change	2015	2020	% change
Asian	9.0%	9.6%	0.6%	4.9%	5.4%	0.5%	9.7%	10.5%	0.8%	4.8%	5.2%	0.4%
Black or African American	12.7%	12.6%	-0.1%	38.7%	38.0%	-0.7%	3.0%	3.1%	0.1%	20.3%	20.2%	-0.1%
Hispanic/ Latino, any race	19.0%	20.4%	1.4%	21.7%	23.3%	1.6%	12.4%	13.5%	1.1%	29.4%	32.0%	2.6%
White, non-Hispanic	57.2%	54.7%	-2.5%	31.9%	30.0%	-1.9%	72.9%	70.5%	-2.4%	42.4%	39.0%	-3.4%
Other	0.5%	0.6%	0.1%	1.1%	1.2%	0.1%	0.4%	0.3%	0.0%	1.9%	1.9%	0.0%

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

NOTE: "Other" is represents those who identify as American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, and those identifying as another race or more than one race.

Table 16. Percent Change in Racial and Ethnic Distribution, by Town, 2011-2015 and 2016-2020

	Asian			Black or African-American			Hispanic/ Latino			White, NH			Other Race, NH		
	2011-2015	2016-2020	% change	2011-2015	2016-2020	% change	2011-2015	2016-2020	% change	2011-2015	2016-2020	% change	2011-2015	2016-2020	% change
Essex County															
Caldwell	3.4%	12.2%	8.8%	4.6%	4.3%	-0.3%	6.3%	11.4%	5.1%	82.6%	70.3%	-12.3%	0.0%	1.3%	1.3%
Cedar Grove	8.7%	7.9%	-0.8%	4.5%	2.6%	-1.9%	4.7%	5.3%	0.6%	80.8%	82.6%	1.8%	0.1%	0.1%	0.0%
East Orange	0.9%	1.6%	0.7%	87.9%	82.4%	-5.5%	7.0%	10.8%	3.8%	2.3%	2.1%	-0.2%	0.8%	1.2%	0.4%
Essex Fells	3.0%	2.7%	-0.3%	0.3%	0.2%	-0.1%	4.7%	13.3%	8.6%	88.9%	81.8%	-7.1%	0.0%	0.0%	0.0%
Fairfield	1.7%	3.9%	2.2%	0.0%	0.0%	0.0%	3.7%	8.4%	4.7%	93.9%	87.5%	-6.4%	0.2%	0.0%	-0.2%
Glen Ridge	4.3%	6.3%	2.0%	4.0%	2.5%	-1.5%	11.4%	8.8%	-2.6%	78.3%	76.3%	-2.0%	0.0%	0.0%	0.0%
Livingston	21.0%	27.8%	6.8%	1.6%	1.8%	0.2%	4.6%	4.0%	-0.6%	70.5%	62.9%	-7.6%	0.1%	1.0%	0.8%
Maplewood	2.9%	3.0%	0.1%	30.8%	34.0%	3.2%	7.7%	8.2%	0.5%	55.5%	49.9%	-5.6%	0.7%	2.1%	1.4%
Millburn	17.5%	29.2%	11.7%	3.0%	1.5%	-1.5%	5.1%	6.2%	1.1%	72.7%	57.8%	-14.9%	0.1%	1.7%	1.6%
Montclair	4.1%	4.9%	0.8%	23.4%	24.3%	0.9%	8.9%	10.1%	1.2%	59.2%	56.2%	-3.0%	0.8%	0.2%	-0.6%
Orange	1.5%	1.2%	-0.3%	72.7%	64.4%	-8.3%	21.2%	28.4%	7.2%	2.7%	3.0%	0.3%	1.1%	1.4%	0.2%
Roseland	8.2%	5.8%	-2.4%	0.6%	0.0%	-0.6%	9.9%	8.9%	-1.0%	78.8%	79.2%	0.4%	0.0%	0.2%	0.2%
Short Hills	17.6%	31.9%	14.3%	0.2%	0.8%	0.6%	3.0%	4.5%	1.5%	77.2%	57.8%	-19.4%	0.1%	2.1%	2.0%
South Orange	5.4%	4.4%	-1.0%	24.7%	24.0%	-0.7%	5.3%	7.1%	1.8%	61.7%	59.9%	-1.8%	0.0%	1.2%	1.2%
Verona	3.6%	3.8%	0.2%	1.7%	0.9%	-0.8%	6.7%	5.9%	-0.8%	86.1%	87.2%	1.1%	0.1%	0.0%	-0.1%
West Orange	7.5%	7.0%	-0.5%	25.1%	25.8%	0.7%	18.3%	21.9%	3.6%	47.1%	41.4%	-5.7%	0.4%	0.9%	0.5%
Morris County															
East Hanover	13.6%	8.9%	-4.7%	0.6%	1.0%	0.4%	9.8%	14.7%	4.9%	75.6%	73.5%	-2.1%	0.2%	0.0%	-0.2%
Florham Park	9.3%	10.5%	1.2%	7.1%	5.3%	-1.8%	7.6%	11.0%	3.4%	74.5%	72.1%	-2.4%	0.1%	0.1%	-0.1%
Union County															
Springfield	10.0%	11.4%	1.4%	5.3%	10.5%	5.2%	8.1%	15.0%	6.9%	73.8%	60.5%	-13.3%	2.0%	1.7%	-0.3%
Union	-	11.7%	-	-	37.4%	-	-	26.9%	-	-	20.0%	-	-	2.1%	-

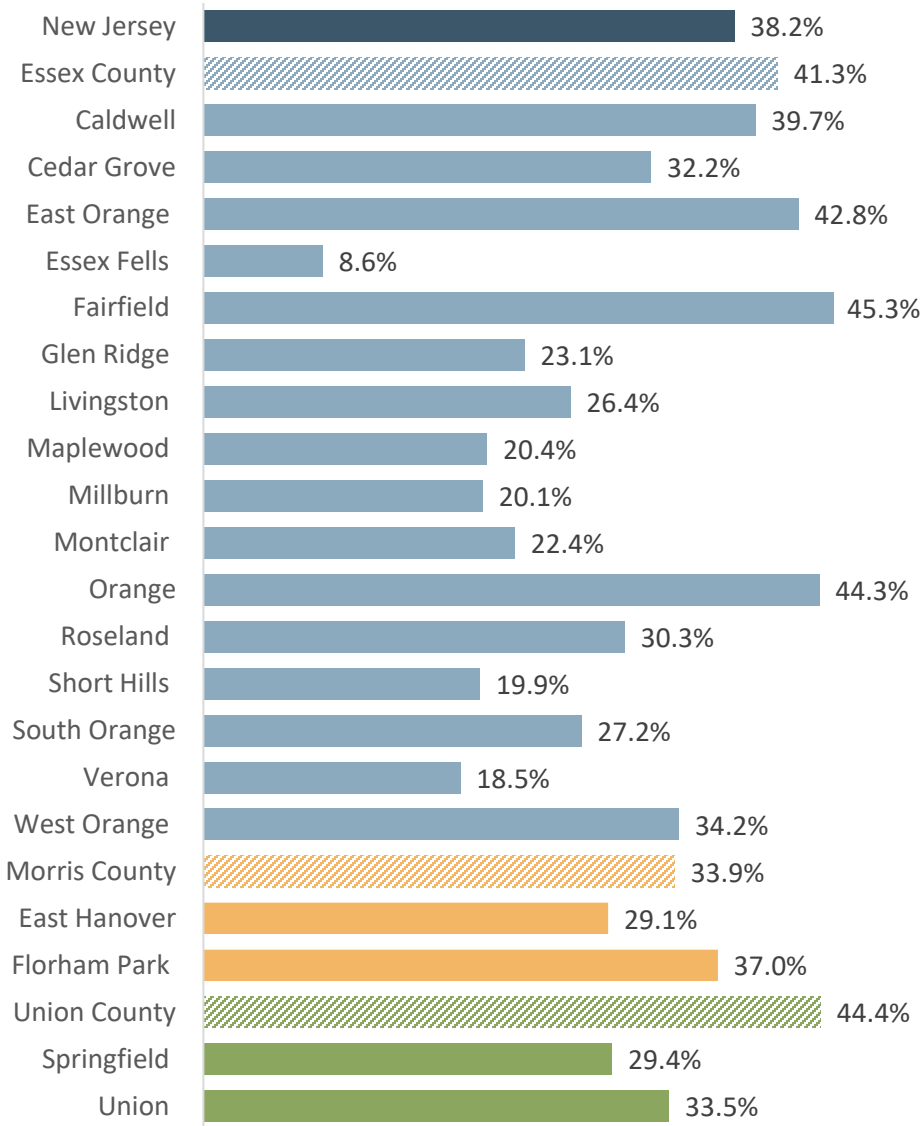
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2011-2015 and 2016-2020

Table 17. Foreign-Born Population by Top Countries of Origin, by State and County, 2016-2020

	New Jersey		Essex County		Morris County		Union County	
1	India	13.1%	Ecuador	10.0%	India	19.4%	Colombia	9.4%
2	Dominican Republic	9.1%	Haiti	9.5%	Colombia	7.9%	Dominican Republic	7.0%
3	Mexico	5.1%	Dominican Republic	7.8%	China, excluding Hong Kong and Taiwan	4.7%	Ecuador	6.7%
4	Colombia	4.3%	Jamaica	6.1%	Honduras	3.8%	El Salvador	6.6%
5	Ecuador	4.1%	Nigeria	5.0%	Philippines	3.8%	Haiti	6.1%

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

Figure 74. Population Lacking English Proficiency (Out of Population who Speak a Language Other than English at Home), by State, County, and Town, 2016-2020



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

Education

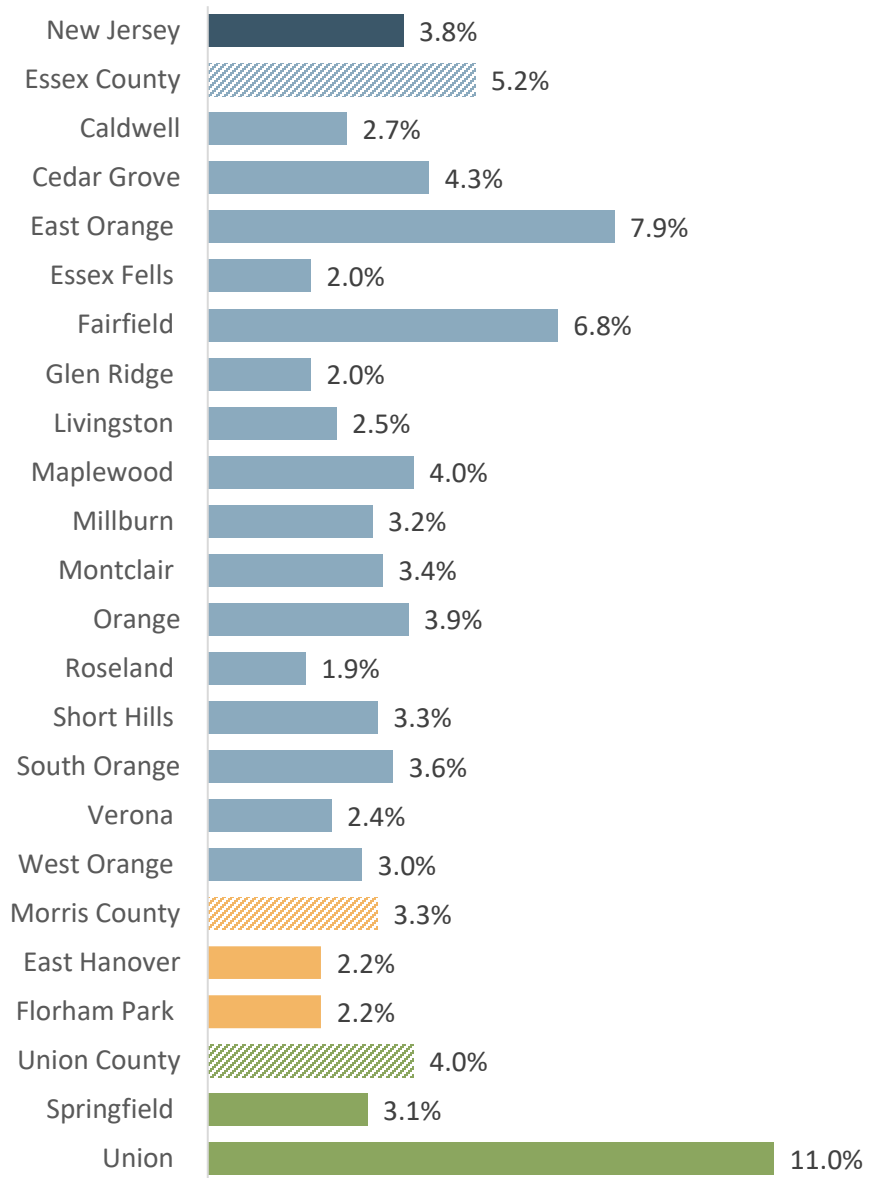
Table 18. Educational Attainment among Adults 25 Years and Older, by Race/Ethnicity, by State, County, and Town, 2016-2020

	Asian, NH		Black, NH		Hispanic/ Latino		White, NH		Other race, NH	
	HS+	BA/BS+	HS+	BA/BS+	HS+	BA/BS+	HS+	BA/BS+	HS+	BA/BS+
New Jersey	92.8%	71.0%	88.6%	25.2%	75.6%	20.6%	94.6%	45.1%	71.4%	15.3%
Essex County	93.9%	71.6%	87.0%	21.9%	72.7%	18.8%	93.5%	57.7%	67.6%	15.0%
Caldwell	97.1%	88.5%	97.2%	19.4%	83.7%	29.8%	98.1%	57.8%	89.8%	14.3%
Cedar Grove	83.7%	65.7%	81.9%	10.7%	91.0%	53.4%	98.1%	54.3%	87.0%	32.6%
East Orange	91.7%	41.1%	88.0%	19.6%	72.6%	14.5%	87.0%	38.8%	73.1%	6.2%
Essex Fells	100.0%	80.4%	100.0%	100.0%	100.0%	82.8%	98.8%	82.6%	-	-
Fairfield	100.0%	65.7%	-	-	86.3%	42.4%	95.6%	50.6%	-	-
Glen Ridge	98.7%	74.9%	93.9%	50.8%	100.0%	53.4%	99.6%	84.4%	100.0%	75.0%
Livingston	96.1%	82.2%	90.0%	53.7%	79.9%	56.6%	97.9%	71.6%	81.4%	53.8%
Maplewood	98.9%	87.1%	93.0%	47.9%	90.9%	67.9%	98.3%	82.2%	91.3%	53.5%
Millburn	96.7%	88.4%	98.6%	44.9%	86.5%	67.7%	99.0%	85.3%	89.7%	66.1%
Montclair	98.1%	75.9%	95.7%	40.9%	90.0%	53.4%	99.0%	82.6%	90.2%	56.2%
Orange	89.9%	68.8%	87.8%	22.3%	59.5%	10.0%	87.3%	33.4%	57.2%	6.3%
Roseland	100.0%	85.3%	-	-	78.9%	38.4%	98.5%	58.2%	71.9%	56.3%
Short Hills	96.3%	87.7%	100.0%	31.3%	100.0%	92.3%	99.1%	91.2%	100.0%	84.6%
South Orange	97.0%	93.5%	95.0%	56.7%	97.6%	55.9%	99.4%	81.1%	100.0%	83.6%
Verona	100.0%	68.0%	92.5%	54.8%	100.0%	47.2%	99.0%	67.6%	100.0%	19.6%
West Orange	97.8%	68.2%	93.7%	45.5%	77.5%	28.3%	97.0%	60.3%	73.3%	27.7%
Morris County	93.5%	78.1%	91.6%	38.3%	81.5%	28.2%	96.7%	57.2%	78.9%	25.1%
East Hanover	91.2%	64.5%	2.7%	0.0%	97.3%	48.1%	92.6%	46.1%	100.0%	0.0%
Florham Park	97.6%	85.3%	99.3%	19.7%	82.8%	41.4%	99.0%	64.5%	100.0%	72.7%
Union County	92.3%	70.8%	90.7%	25.0%	74.4%	18.7%	93.5%	51.0%	69.3%	13.8%
Springfield	97.2%	81.4%	94.8%	60.9%	91.7%	53.6%	96.8%	65.3%	90.2%	65.1%
Union	90.2%	55.5%	85.5%	43.7%	85.4%	54.1%	97.1%	32.4%	58.1%	32.1%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019

Employment

Figure 75. Unemployment Rate among Civilian Labor Force, by State, County, and Town, 2016-2020



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

Table 19. Population Employed, by Industry Type, by State, County, and Town, 2016-2020

	Agriculture, forestry, fishing and hunting, and mining	Construction	Manufacturing	Wholesale trade	Retail trade	Transportation and warehousing, and utilities	Information	Finance and insurance, and real estate and rental and leasing	Professional, scientific, and management, and administrative and waste management services	Educational services, and health care and social assistance	Arts, entertainment, and recreation, and accommodation and food services	Other services, except public administration	Public administration
New Jersey	0.3%	5.9%	8.1%	3.3%	10.7%	6.4%	2.6%	8.5%	13.7%	24.1%	7.8%	4.2%	4.4%
Essex County	0.2%	6.0%	6.7%	2.5%	9.9%	7.9%	3.0%	8.1%	13.7%	25.5%	7.2%	4.5%	4.8%
Caldwell	0.0%	4.9%	6.6%	2.5%	9.9%	3.4%	2.4%	8.9%	22.1%	23.7%	8.8%	3.3%	3.5%
Cedar Grove	0.0%	3.2%	8.0%	2.8%	9.2%	2.5%	3.3%	6.7%	15.0%	34.6%	8.6%	2.6%	3.5%
East Orange	0.1%	3.8%	4.6%	2.0%	14.3%	11.7%	1.6%	5.2%	8.9%	30.2%	6.8%	4.7%	6.2%
Essex Fells	0.0%	2.0%	11.1%	2.7%	7.9%	1.9%	6.8%	18.8%	19.0%	21.4%	5.3%	2.5%	0.6%
Fairfield	0.5%	5.3%	10.1%	1.9%	7.5%	1.9%	3.9%	13.3%	18.4%	24.6%	3.5%	3.1%	6.0%
Glen Ridge	0.0%	1.2%	1.9%	1.2%	2.6%	1.2%	9.1%	25.0%	23.2%	16.8%	10.8%	3.6%	3.4%
Livingston	0.2%	3.6%	8.4%	3.9%	7.6%	1.6%	4.0%	17.7%	21.4%	22.8%	3.7%	3.1%	2.0%
Maplewood	0.0%	4.3%	5.8%	0.8%	8.4%	3.6%	7.6%	11.9%	15.4%	27.5%	9.0%	3.4%	2.3%
Millburn	0.0%	2.1%	6.1%	3.2%	5.6%	1.8%	3.6%	29.4%	23.1%	15.9%	5.1%	3.1%	1.1%
Montclair	0.0%	2.1%	6.7%	2.3%	9.0%	3.4%	7.3%	11.0%	17.9%	26.3%	6.3%	4.7%	3.0%
Orange	0.1%	10.2%	4.4%	2.3%	10.3%	10.7%	1.5%	5.2%	9.2%	27.3%	9.2%	4.9%	4.8%
Roseland	0.0%	4.3%	12.0%	5.2%	8.4%	3.4%	2.5%	10.5%	14.1%	25.1%	6.5%	3.8%	4.2%
Short Hills South	0.0%	1.0%	6.1%	3.0%	4.0%	2.4%	3.0%	32.2%	25.8%	16.7%	3.5%	1.5%	0.7%
Orange	0.5%	1.6%	3.8%	2.8%	8.6%	3.0%	4.0%	13.2%	20.4%	25.1%	8.9%	4.7%	3.5%
Verona	0.3%	2.6%	10.3%	4.2%	6.7%	2.3%	4.1%	9.3%	19.6%	27.4%	4.3%	4.1%	5.1%
West Orange	0.2%	5.1%	7.2%	1.8%	7.7%	3.8%	4.4%	9.1%	19.5%	26.3%	6.9%	3.6%	4.4%
Morris County	0.2%	5.3%	11.0%	3.1%	9.5%	3.9%	3.2%	10.5%	16.9%	22.5%	6.9%	3.7%	3.4%
East Hanover	0.0%	5.1%	8.0%	2.8%	10.9%	3.4%	1.8%	8.3%	17.9%	24.4%	7.5%	4.5%	5.4%
Florham Park	0.0%	5.8%	6.7%	2.2%	9.6%	5.0%	3.3%	9.8%	24.1%	19.8%	7.1%	3.5%	3.2%

	Agriculture, forestry, fishing and hunting, and mining	Construction	Manufacturing	Wholesale trade	Retail trade	Transportation and warehousing, and utilities	Information	Finance and insurance, and real estate and rental and leasing	Professional, scientific, and management, and administrative and waste management services	Educational services, and health care and social assistance	Arts, entertainment, and recreation, and accommodation and food services	Other services, except public administration	Public administration
Union County	0.2%	6.2%	8.9%	3.4%	10.0%	10.2%	2.4%	8.3%	12.9%	21.9%	6.9%	4.8%	3.9%
Springfield	0.0%	3.8%	8.0%	1.7%	7.5%	4.5%	3.8%	8.5%	16.5%	30.5%	7.0%	4.5%	3.7%
Union	0.0%	4.3%	10.9%	1.3%	9.7%	4.4%	3.5%	3.6%	8.5%	29.1%	1.9%	3.9%	18.8%

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

Table 20. Unemployment Rate, by Race/Ethnicity, by State and County, 2016-2020

	Asian, Non- Hispanic	Black, Non- Hispanic	Hispanic/ Latino	White, Non- Hispanic	American Indian and Alaska Native	Native Hawaiian and Other Pacific Islander	Other, Non- Hispanic
New Jersey	4.3%	9.0%	6.4%	5.0%	9.0%	6.5%	6.6%
Essex County	3.7%	11.4%	7.4%	4.9%	15.1%	0.0%	8.2%
Caldwell	1.3%	4.6%	1.7%	4.5%	-	-	0.0%
Cedar Grove	3.1%	0.0%	0.3%	7.6%	-	-	12.5%
East Orange	1.2%	12.0%	12.3%	18.7%	13.6%	0.0%	13.7%
Essex Fells	10.8%	0.0%	0.0%	3.4%	-	-	-
Fairfield	0.0%	-	0.0%	12.6%	-	-	-
Glen Ridge	0.0%	3.8%	0.0%	3.3%	-	-	0.0%
Livingston	2.0%	0.0%	4.8%	3.7%	-	0.0%	0.0%
Maplewood	1.9%	8.4%	6.8%	3.4%	0.0%	-	7.1%
Millburn	3.9%	0.0%	10.7%	4.4%	-	-	8.8%
Montclair	0.7%	6.7%	4.4%	4.3%	0.0%	0.0%	15.1%
Orange	14.0%	6.4%	4.7%	5.7%	-	-	3.6%
Roseland	3.1%	-	3.1%	3.1%	-	-	0.0%
Short Hills	4.2%	0.0%	10.1%	4.5%	-	-	15.4%
South Orange	2.5%	7.4%	3.5%	5.0%	-	-	7.9%
Verona	6.3%	17.3%	4.3%	3.4%	-	-	14.3%
West Orange	3.9%	7.1%	2.4%	3.8%	0.0%	-	7.5%
Morris County	4.1%	9.1%	4.3%	4.9%	4.5%	0.0%	6.1%
East Hanover	3.3%	0.0%	0.0%	4.1%	-	-	0.0%
Florham Park	1.8%	3.1%	3.9%	3.8%	0.0%	-	32.3%
Union County	3.1%	7.7%	6.1%	4.7%	5.2%	0.0%	5.6%
Springfield	2.9%	4.8%	3.2%	4.7%	-	-	0.0%
Union	0.0%	29.8%	0.0%	11.3%	-	-	0.0%

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

Table 21. Unemployment Rate, by Gender, by State, County, and Town, 2016-2020

	Female	Male
New Jersey	5.6%	5.4%
Essex County	8.0%	7.4%
Caldwell	4.8%	3.3%
Cedar Grove	11.3%	2.1%
East Orange	11.9%	10.6%
Essex Fells	1.2%	2.5%
Fairfield	13.0%	12.0%
Glen Ridge	2.5%	2.8%
Livingston	4.2%	3.6%
Maplewood	5.9%	5.3%
Millburn	4.0%	4.1%
Montclair	4.8%	5.0%
Orange	6.4%	5.2%
Roseland	2.6%	3.7%
Short Hills	4.4%	4.9%
South Orange	5.2%	5.6%
Verona	2.1%	3.1%
West Orange	5.0%	4.2%
Morris County	5.0%	4.5%
East Hanover	4.4%	3.0%
Florham Park	4.1%	3.9%
Union County	5.6%	5.0%
Springfield	4.0%	4.1%
Union	19.0%	11.3%

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

Table 22. Unemployment Rate, by Age, by State, County, and Town, 2016-2020

	16 to 19 years	20 to 24 years	25 to 29 years	30 to 34 years	35 to 44 years	45 to 54 years	55 to 59 years	60 to 64 years	65 to 74 years	75 years and over
New Jersey	17.2%	11.4%	6.5%	5.2%	4.6%	4.6%	4.5%	4.4%	4.8%	4.2%
Essex County	26.1%	17.1%	9.7%	7.4%	6.8%	5.7%	5.9%	5.2%	4.5%	6.6%
Caldwell	7.6%	0.0%	4.1%	1.9%	4.8%	4.5%	10.7%	0.0%	0.0%	0.0%
Cedar Grove	11.1%	6.4%	0.0%	4.8%	12.0%	5.0%	8.5%	0.0%	8.0%	0.0%
East Orange	40.9%	25.4%	16.3%	10.9%	8.1%	7.5%	7.5%	4.2%	4.2%	4.7%
Essex Fells	0.0%	9.4%	0.0%	0.0%	2.0%	1.4%	2.2%	0.0%	6.5%	22.6%
Fairfield	0.0%	8.6%	14.3%	0.0%	1.6%	24.9%	0.0%	13.7%	0.0%	0.0%
Glen Ridge	0.0%	13.1%	0.0%	0.0%	2.6%	2.8%	0.0%	0.0%	4.1%	0.0%
Livingston	13.0%	14.0%	5.4%	14.1%	1.2%	3.3%	4.7%	0.8%	3.1%	0.0%
Maplewood	5.8%	29.3%	2.4%	7.4%	2.7%	3.4%	3.3%	2.5%	1.7%	13.2%
Millburn	28.7%	7.7%	0.0%	5.3%	2.0%	5.5%	7.2%	0.0%	10.6%	4.1%
Montclair	16.1%	14.2%	4.6%	1.6%	4.8%	3.7%	7.3%	4.9%	1.0%	9.1%
Orange	21.2%	17.7%	6.8%	1.7%	6.6%	3.5%	5.4%	1.7%	6.2%	0.0%
Roseland	0.0%	0.0%	12.3%	0.0%	0.0%	3.8%	0.0%	12.3%	0.0%	0.0%
Short Hills	40.9%	7.2%	0.0%	8.9%	3.1%	5.8%	6.1%	0.0%	5.4%	0.0%
South Orange	12.2%	4.8%	9.8%	7.3%	2.9%	5.7%	5.7%	4.9%	1.6%	0.0%
Verona	14.7%	4.2%	5.8%	3.7%	0.8%	1.7%	0.0%	10.0%	6.3%	14.8%
West Orange	11.1%	10.2%	2.2%	6.5%	4.8%	4.5%	2.8%	2.5%	1.9%	3.8%
Morris County	15.0%	9.8%	5.5%	3.2%	3.8%	4.0%	4.6%	4.7%	3.0%	3.4%
East Hanover	0.0%	12.1%	6.5%	0.0%	0.8%	1.9%	5.4%	1.7%	0.0%	0.0%
Florham Park	0.0%	12.0%	1.8%	0.6%	1.1%	2.5%	3.1%	2.3%	0.0%	0.0%
Union County	22.9%	13.0%	6.2%	5.2%	4.5%	4.3%	3.9%	2.5%	5.1%	3.8%
Springfield	10.0%	12.0%	3.3%	2.0%	1.7%	3.6%	7.6%	2.1%	5.2%	0.0%
Union	0.0%	62.6%	0.0%	37.0%	55.6%	0.0%	0.0%	6.0%	54.2%	-

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

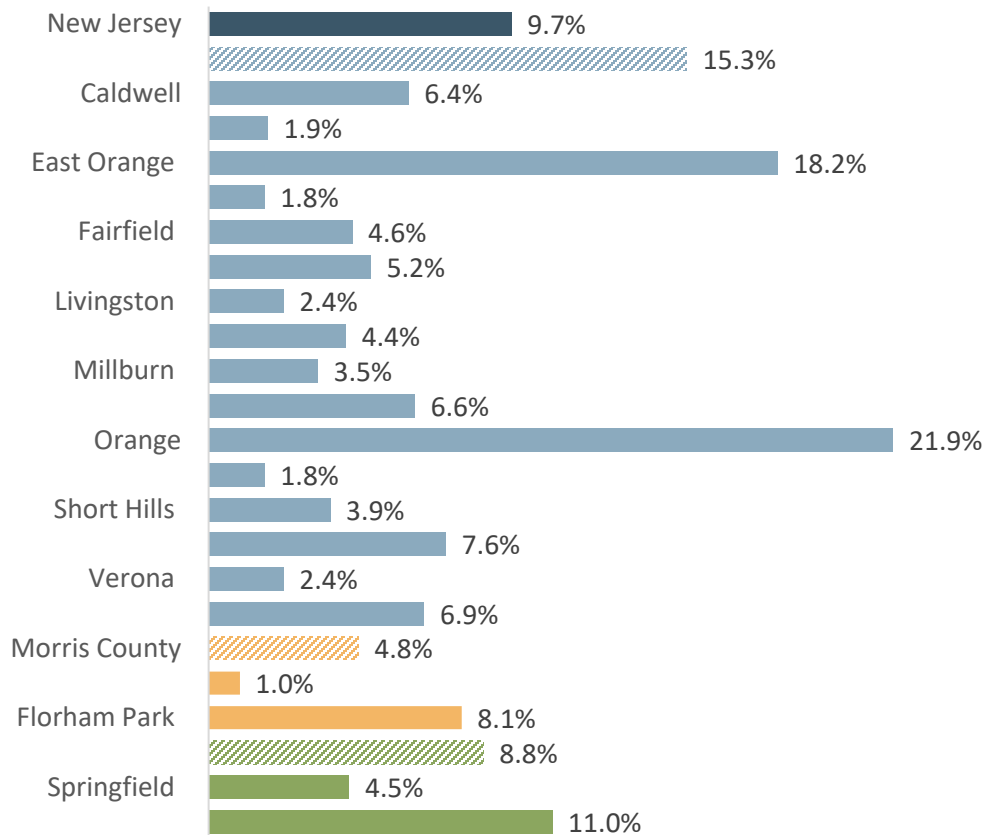
Income, Poverty, and Food Insecurity

Table 23. Median Household Income, by Race/Ethnicity, by State, County, and Town, 2016-2020

	Asian, Non- Hispanic	Black, Non- Hispanic	Hispanic/ Latino	White, Non- Hispanic	American Indian and Alaska Native	Native Hawaiian and Other Pacific Islander	Some other race
New Jersey	\$126,232	\$55,453	\$60,352	\$96,531	\$59,827	\$61,563	\$54,334
Essex County	\$138,138	\$46,021	\$50,466	\$110,016	\$51,957	\$108,206	\$43,802
Caldwell	\$250,000+	\$105,786	\$82,604	\$102,679	-	-	\$81,250
Cedar Grove	\$199,167	-	\$141,625	\$142,891	-	-	-
East Orange	\$82,629	\$50,779	\$50,347	\$42,560	\$68,875	-	\$41,103
Essex Fells	\$250,000+	-	\$250,000+	\$206,607	-	-	-
Fairfield	\$170,833	-	-	\$95,128	-	-	-
Glen Ridge	\$157,721	\$121,583	\$133,558	\$233,650	-	-	-
Livingston	\$214,167	\$156,389	\$113,654	\$159,415	-	-	-
Maplewood	\$131,875	\$86,982	\$185,057	\$199,363	-	-	-
Millburn	\$250,000+	-	-	\$250,000+	-	-	-
Montclair	\$152,375	\$73,169	\$121,905	\$154,595	-	-	\$148,056
Orange	\$31,058	\$45,601	\$41,040	\$54,926	-	-	\$46,953
Roseland	\$144,864	-	-	\$135,708	-	-	-
Short Hills	\$250,000+	-	\$250,000+	\$250,000+	-	-	\$250,000+
South Orange	\$101,959	\$120,833	\$112,500	\$159,038	-	-	\$197,212
Verona	\$202,159	-	\$183,897	\$133,157	-	-	-
West Orange	\$117,629	\$102,966	\$68,730	\$115,327	-	-	\$55,729
Morris County	\$141,824	\$74,899	\$83,716	\$122,327	-	-	\$81,992
East Hanover	\$170,530	-	\$150,125	\$123,333	-	-	-
Florham Park	\$151,875	\$46,459	\$143,720	\$124,840	-	-	-
Union County	\$127,356	\$65,964	\$62,403	\$108,476	\$58,600	-	\$60,715
Springfield	\$131,867	\$126,094	\$78,243	\$128,085	-	-	\$85,777
Union	\$156,607	\$91,115	\$150,277	\$37,361	-	-	\$53,304

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

Figure 76. Individuals Below Poverty Level, by State, County, and Town, 2016-2020



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

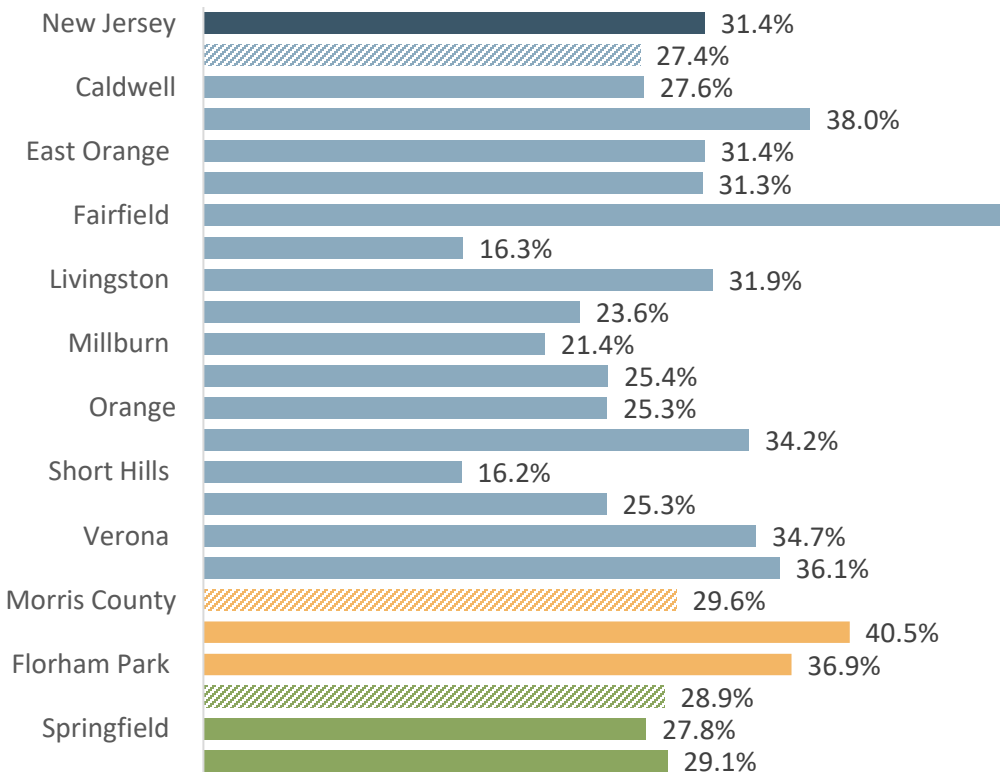
Table 24. Individuals Below Poverty Level, by Race/Ethnicity, by State, County, and Town, 2016-2020

	Asian, Non-Hispanic	Black, Non-Hispanic	Hispanic/Latino	White, Non-Hispanic	Other Race, Non-Hispanic
New Jersey	6.3%	16.4%	16.9%	6.0%	19.6%
Essex County	6.0%	20.6%	21.0%	6.0%	22.2%
Caldwell	1.6%	5.3%	5.2%	7.7%	14.9%
Cedar Grove	0.0%	2.1%	2.6%	2.0%	3.4%
East Orange	10.6%	17.6%	23.4%	25.2%	26.0%
Essex Fells	11.5%	0.0%	2.2%	1.4%	-
Fairfield	0.0%	-	0.0%	5.3%	-
Glen Ridge	3.3%	12.6%	6.6%	1.3%	14.3%
Livingston	2.9%	4.6%	11.3%	1.0%	25.1%
Maplewood	4.4%	4.8%	3.4%	4.4%	4.3%
Millburn	3.2%	13.7%	0.3%	3.4%	4.4%
Montclair	2.5%	16.4%	8.7%	2.4%	4.5%
Orange	23.2%	16.2%	32.2%	29.7%	25.4%

	Asian, Non-Hispanic	Black, Non-Hispanic	Hispanic/Latino	White, Non-Hispanic	Other Race, Non-Hispanic
Roseland	4.0%	-	0.0%	2.0%	0.0%
Short Hills	4.3%	26.9%	0.0%	3.2%	6.3%
South Orange	8.8%	4.7%	24.2%	7.4%	13.1%
Verona	3.9%	20.3%	0.4%	2.4%	0.0%
West Orange	3.2%	5.5%	16.5%	3.6%	6.3%
Morris County	3.0%	11.1%	8.3%	4.1%	9.6%
East Hanover	0.1%	0.9%	2.0%	1.0%	0.0%
Florham Park	0.0%	0.7%	16.8%	8.6%	72.7%
Union County	4.7%	11.9%	12.5%	4.5%	14.4%
Springfield	1.5%	3.7%	7.4%	4.3%	7.8%
Union	14.1%	0.0%	5.4%	34.6%	9.0%

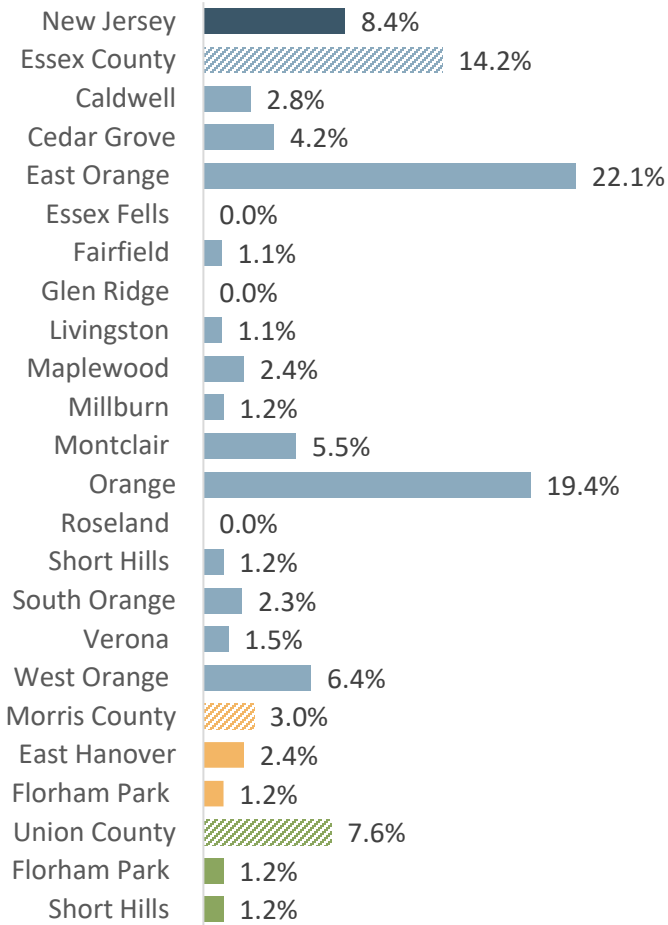
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Figure 77. Percent Households Receiving Social Security Income, by State, County, and Town, 2016-2020



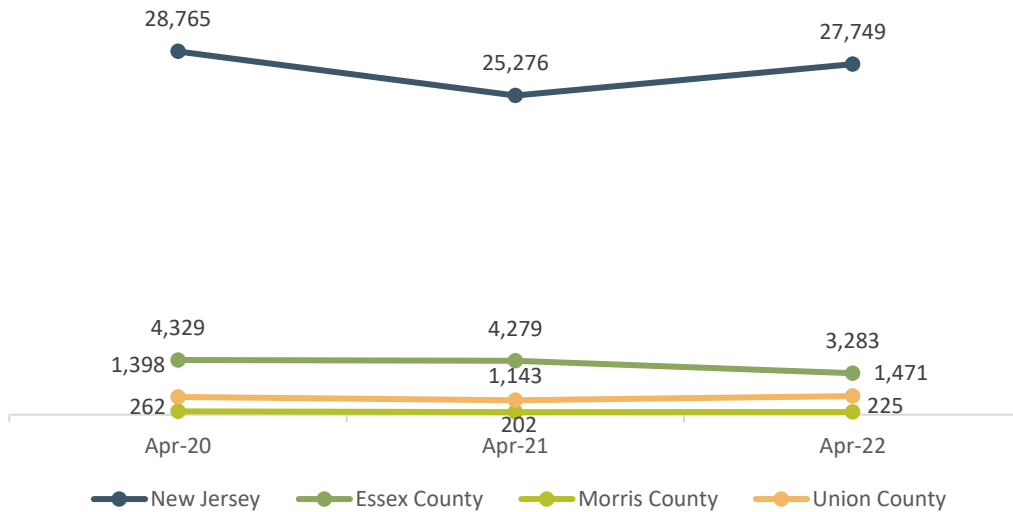
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Figure 78. Households Receiving Food Stamps/SNAP, by State, County, and Town, 2016-2020



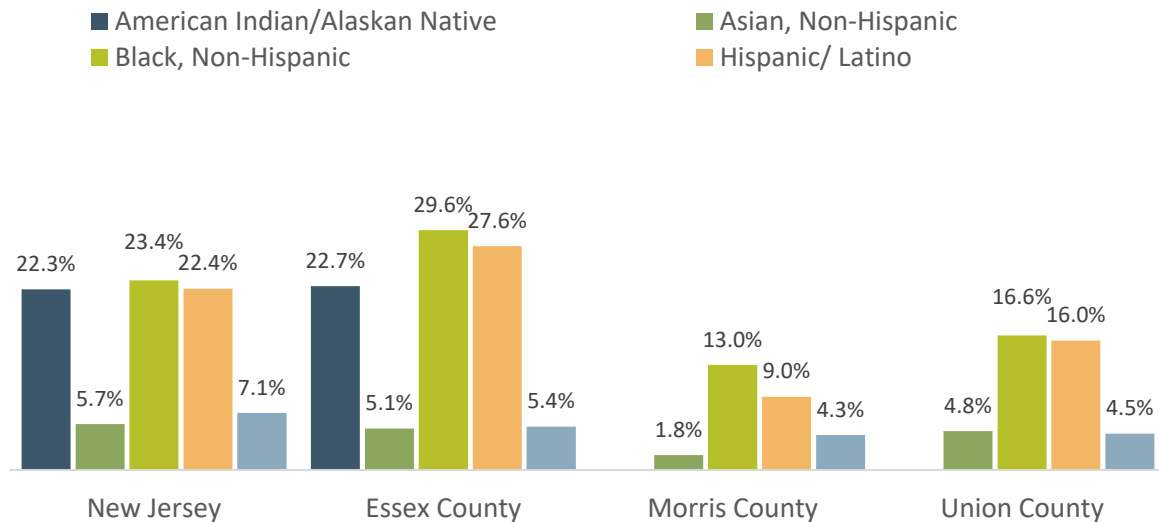
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Figure 79. Number of Participating Persons, Adults, and Children Receiving WFNJ/TANF, by State and County, 2021



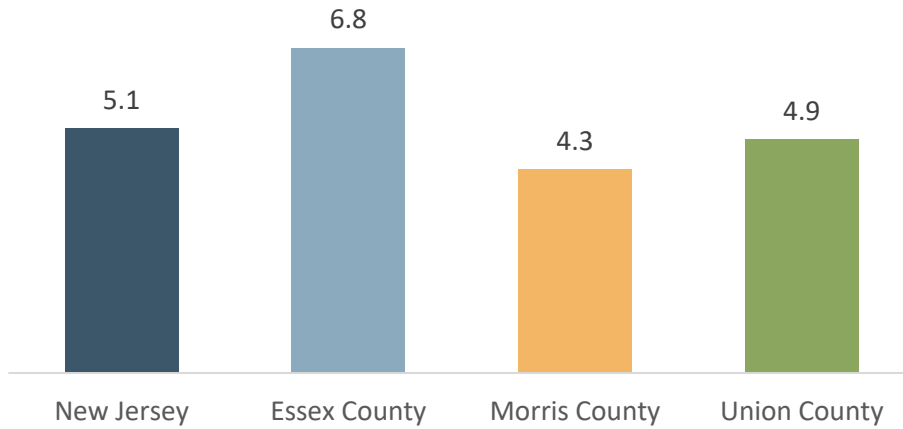
DATA SOURCE: New Jersey Department of Human Services, Division of Family Development, Current Program Statistics 2020-2022

Figure 80. Children in Poverty, by Race/Ethnicity, by State and County, 2019



DATA SOURCE: U.S. Census Bureau, Small Area Income and Poverty Estimates, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2019

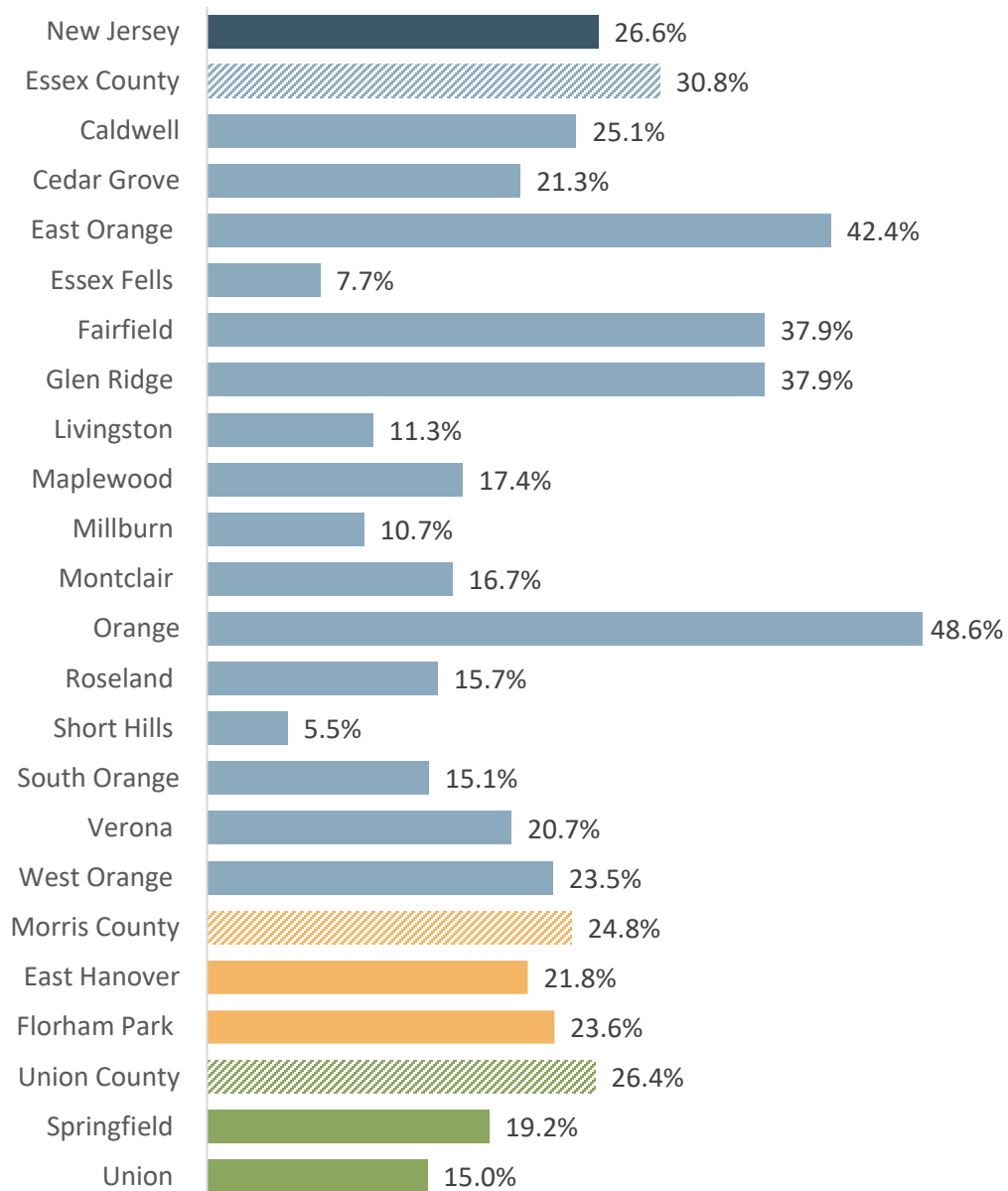
Figure 81. Income Inequality (80th to 20th Percentile Income Ratio), by State and County, 2015-2019



DATA SOURCE: U.S. Census Bureau, American Community Survey as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2016-2020

NOTE: The ratio of household income at the 80th percentile to that at the 20th percentile, where the incomes of all households in a county are listed from highest to lowest, the 80th percentile is the level of income at which only 20% of households have higher incomes, and the 20th percentile is the level of income at which only 20% of households have lower incomes. A higher inequality ratio indicates greater division between the top and bottom ends of the income spectrum.

Figure 82. Percent Households Falling into ALICE Population, by State, County, and Town, 2018

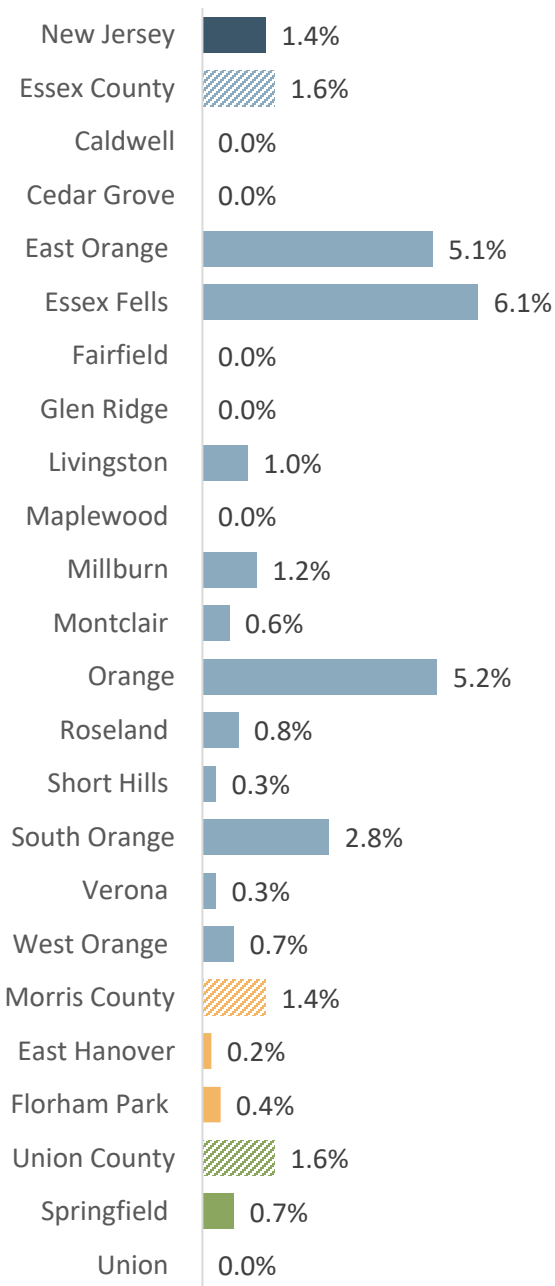


DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2014-2018 as reported by United Ways of New Jersey, Alice in New Jersey: A Financial Hardship Study, 2020

NOTE: ALICE refers to the population in our communities that are Asset Limited, Income Constrained, Employed. The ALICE population represents those among us who are working, but due to child care costs, transportation challenges, high cost of living and so much more are living paycheck to paycheck.

Housing

Figure 83. Homeowner Vacancy Rate, by State, County, and Town, 2016-2020



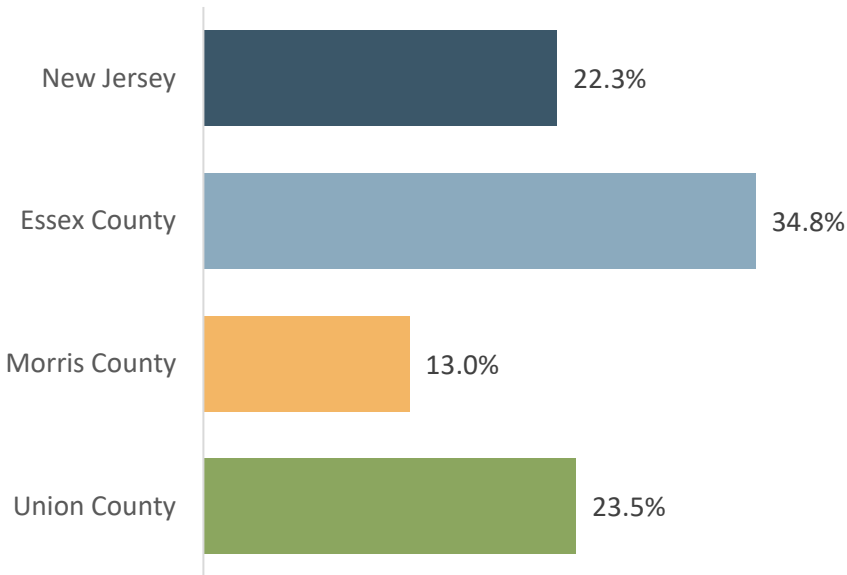
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Table 25. Household Occupants per Room, by State, County, and Town, 2016-2020

	1.00 or less	1.01 to 1.50	1.51 or more
New Jersey	96.7%	2.1%	1.1%
Essex County	95.1%	2.6%	2.2%
Caldwell	98.8%	0.8%	0.4%
Cedar Grove	99.4%	0.6%	0.0%
East Orange	90.1%	4.7%	5.2%
Essex Fells	100.0%	0.0%	0.0%
Fairfield	100.0%	0.0%	0.0%
Glen Ridge	100.0%	0.0%	0.0%
Livingston	98.8%	1.0%	0.2%
Maplewood	97.7%	1.4%	0.8%
Millburn	99.3%	0.7%	0.0%
Montclair	98.4%	1.0%	0.6%
Orange	94.0%	4.3%	1.7%
Roseland	99.1%	0.9%	0.0%
Short Hills	99.5%	0.5%	0.0%
South Orange	98.4%	0.3%	1.3%
Verona	99.7%	0.3%	0.0%
West Orange	97.6%	1.8%	0.6%
Morris County	98.6%	1.0%	0.5%
East Hanover	99.9%	0.0%	0.1%
Florham Park	99.5%	0.0%	0.5%
Union County	95.4%	3.0%	1.5%
Springfield	97.5%	1.7%	0.8%
Union	98.6%	1.4%	0.0%

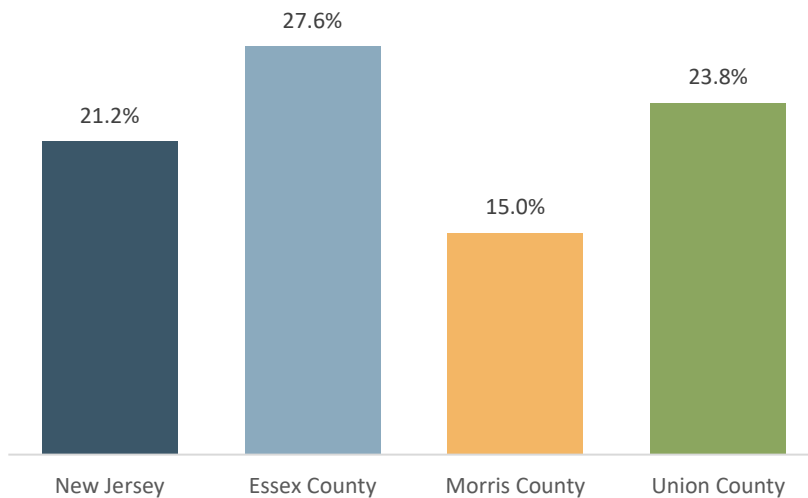
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020

Figure 84. Percentage of Children that Live in a Household Headed by a Single Parent, by State and County, 2016-2020



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2016-2020

Figure 85. Severe Housing Problems, by State and County, 2014-2018



DATA SOURCE: U.S. Department of Housing and Urban Development, Comprehensive Housing Affordability Strategy (CHAS) data, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2014-2018

NOTE: Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.

Transportation

Table 26. Households (Renter v. Owner-Occupied) Without Access to a Vehicle, by State, County, and Town, 2016-2020

	Owner-occupied	Renter-occupied
New Jersey	3.6%	24.8%
Essex County	5.3%	35.4%
Caldwell	0.7%	3.2%
Cedar Grove	3.2%	23.0%
East Orange	9.7%	40.9%
Essex Fells	0.9%	0.0%
Fairfield	2.4%	4.7%
Glen Ridge	0.9%	0.0%
Livingston	1.4%	11.6%
Maplewood	4.2%	18.0%
Millburn	0.8%	5.8%
Montclair	3.8%	17.7%
Orange	10.5%	34.9%
Roseland	1.9%	0.0%
Short Hills	0.3%	5.2%
South Orange	3.1%	32.4%
Verona	3.4%	9.0%
West Orange	3.1%	20.1%
Morris County	2.1%	12.8%
East Hanover	3.2%	0.0%
Florham Park	1.0%	11.7%
Union County	3.3%	21.2%
Springfield	2.8%	6.3%
Union	9.7%	17.1%

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

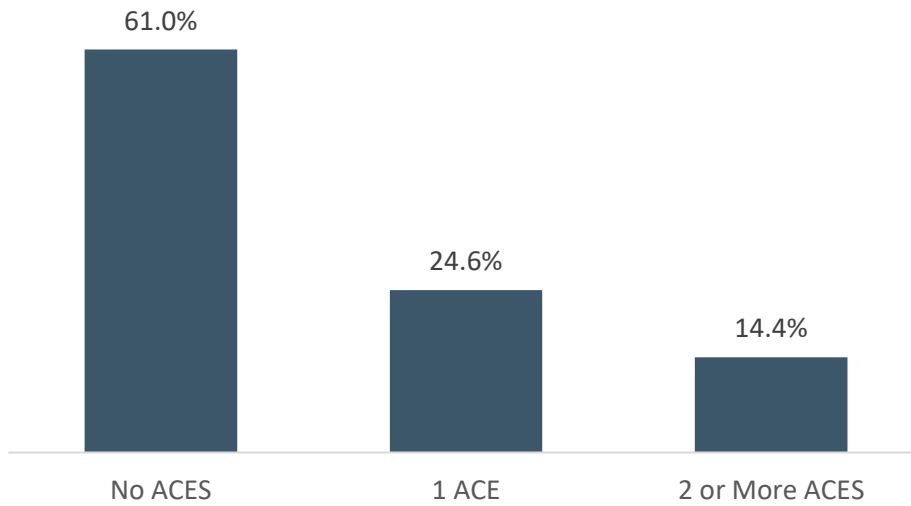
Crime and Violence

Table 27. Domestic Violence Offenses, by State, 2019

	2019
New Jersey	59,645

DATA SOURCE: State of New Jersey, Department of Law and Public Safety, Uniform Crime Reporting Unit, Uniform Crime Report, 2019

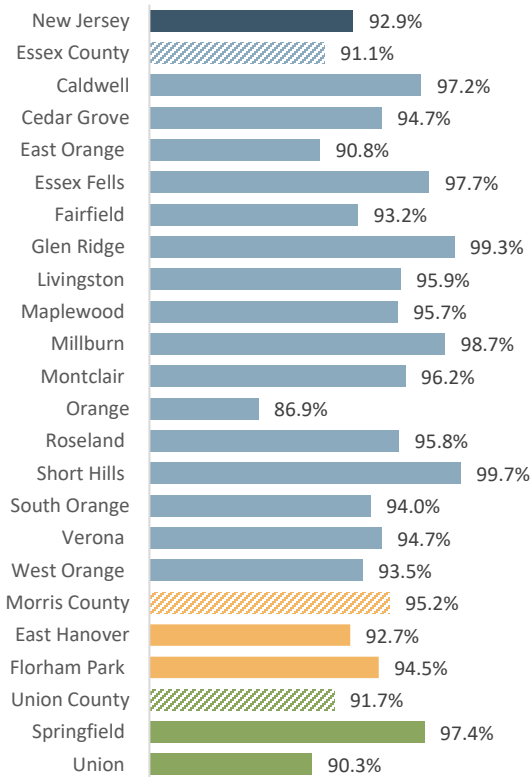
Table 28. Percent of Children with Adverse Childhood Experiences (ACEs), by State, 2019



DATA SOURCE: Child and Adolescent Health Measurement Initiative (CAHMI), Data Resource Center for Child and Adolescent Health, National Survey of Children’s Health Interactive Data Query, 2019

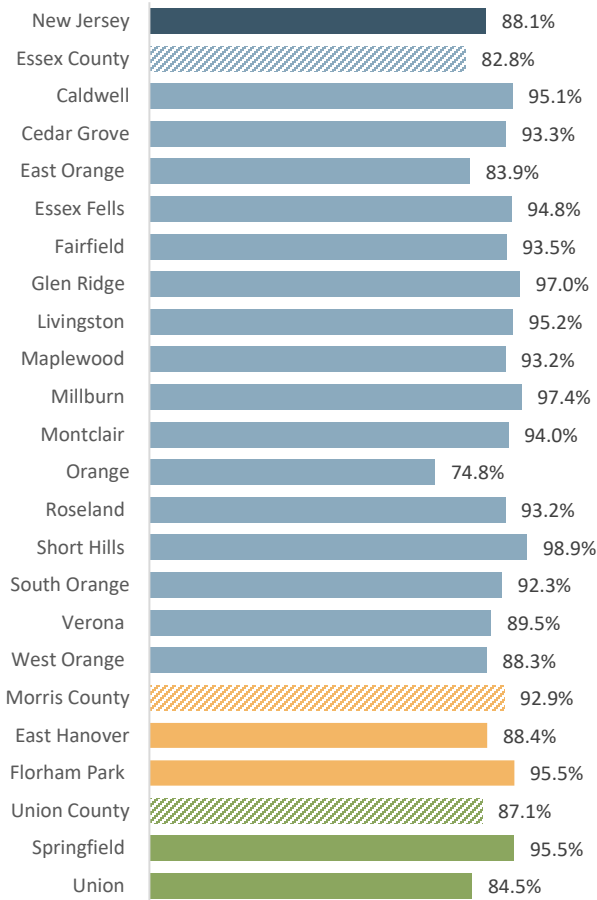
Technology

Figure 86. Households with a Computer, by State, County, and Town, 2016-2020



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

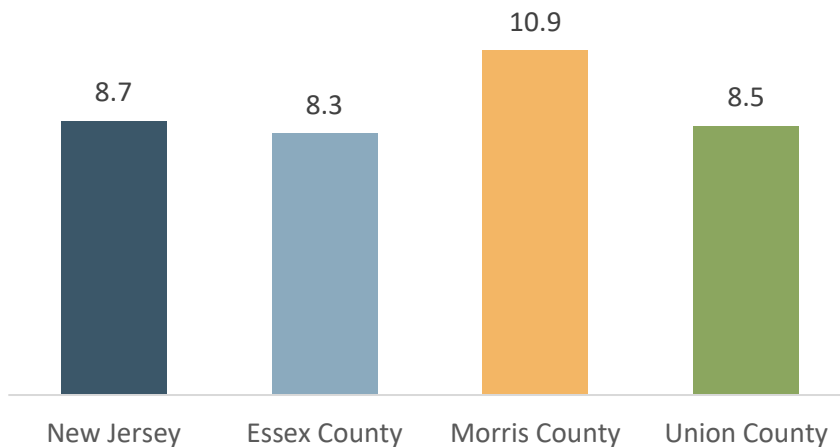
Figure 87. Households with Internet, by State, County, and Town, 2016-2020



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

Social Health

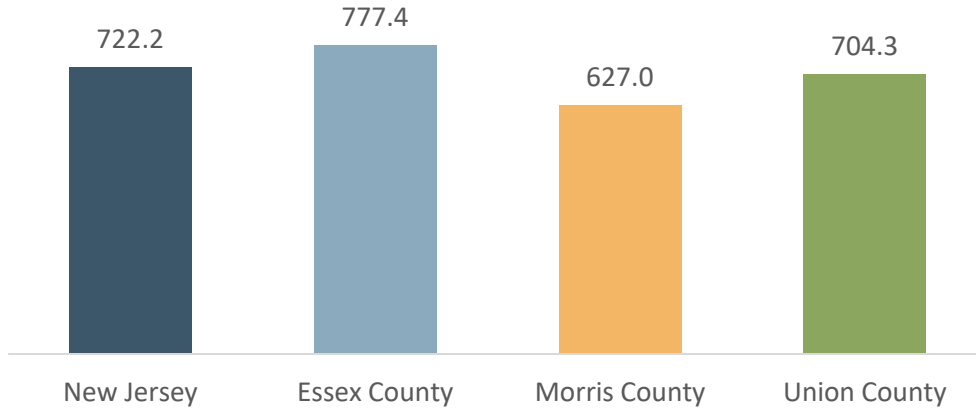
Figure 88. Membership in Social Associations, by State and County, 2019



DATA SOURCE: County Business Patterns as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2019

Overall Health

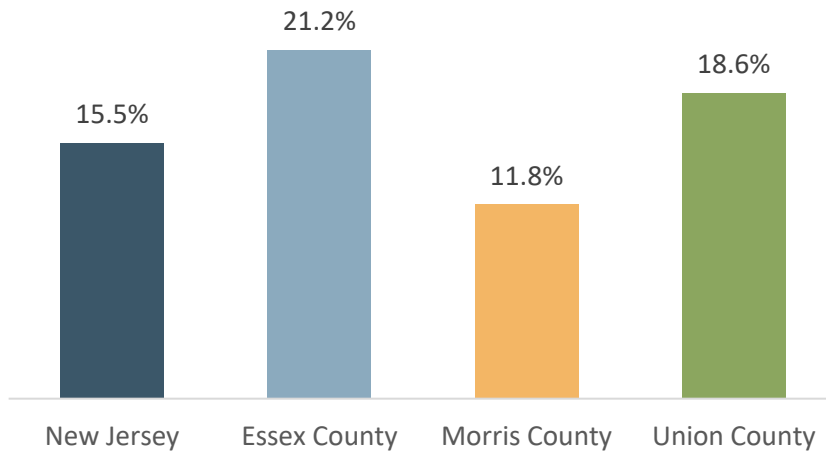
Figure 89. Overall Mortality Rate per 100,000 Population, by State and County, 2018-2020



DATA SOURCE: New Jersey Department of Health, New Jersey Death Certificate Database, Office of Vital Statistics and Registry, 2018-2020

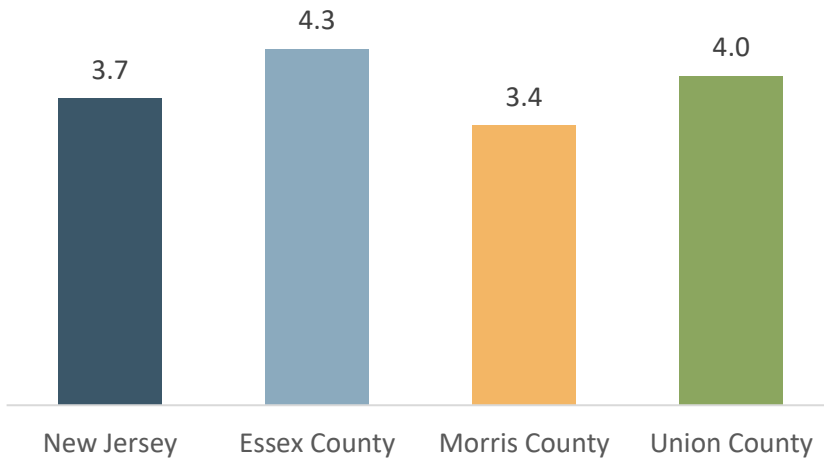
NOTE: Municipalities' data is for 2019 only.

Figure 90. Percent Poor or Fair Health, by State and County, 2018



DATA SOURCE: Behavioral Risk Factor Surveillance System, as reported University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps, 2018

Figure 91. Poor Physical Health Days, by State and County, 2018



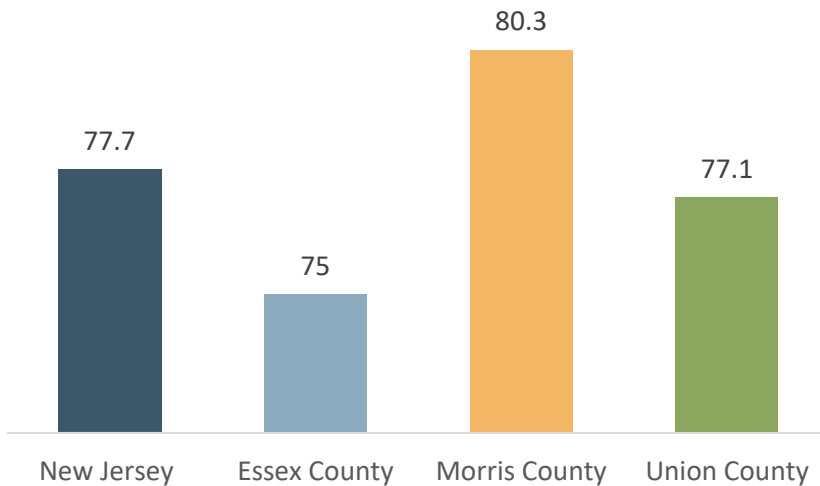
DATA SOURCE: Behavioral Risk Factor Surveillance System, as reported University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps, 2018

Table 29. Community Need Index, by County, 2021

Weighted average CNI	
Essex County	3.8
Morris County	2.4
Union County	3.2

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

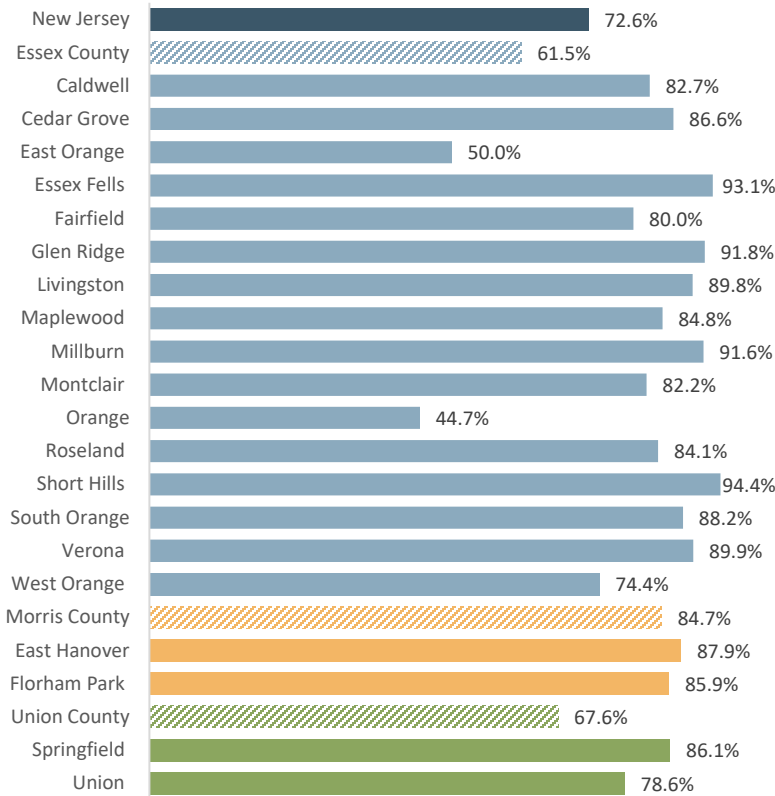
Figure 92. Life Expectancy, by State and County, 2020



DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health 2020

Access to Care

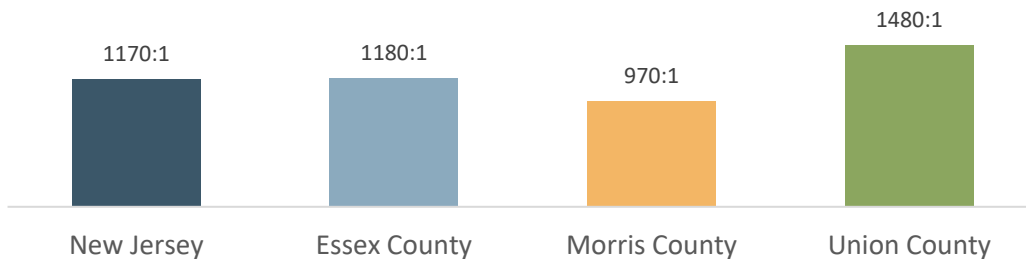
Figure 93. Population with Private Insurance, by State, County, and Town, 2016-2020



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

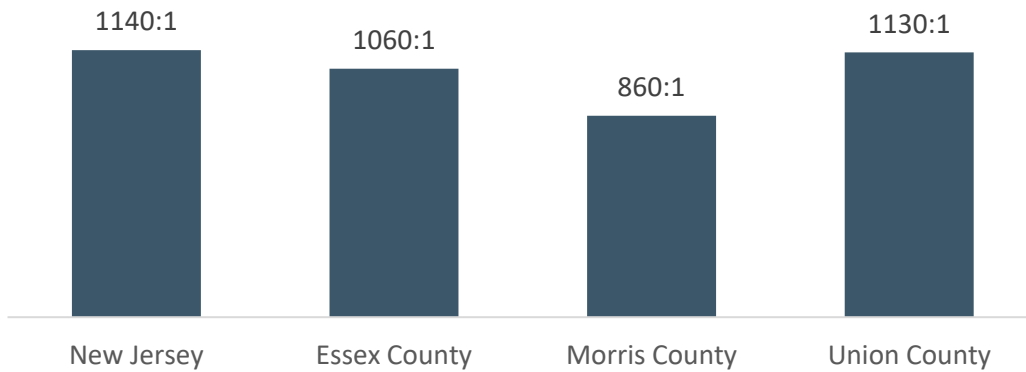
NOTE: Data for Middlesex County and Monmouth County are not available via 2016-2020 estimates. Data shown are 2015-2019 estimates.

Figure 94. Ratio of Population to Primary Care Physicians, by State and County, 2019



DATA SOURCE: National Provider Identification Registry, Centers for Medicare and Medicaid Services, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2021

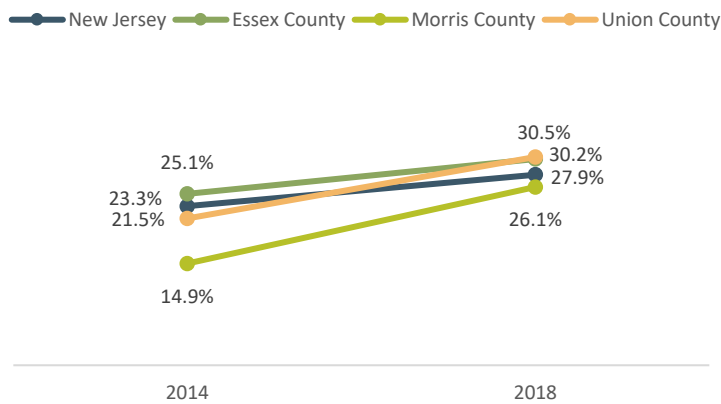
Figure 95. Ratio of Population to Dentists, by State and County, 2020



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

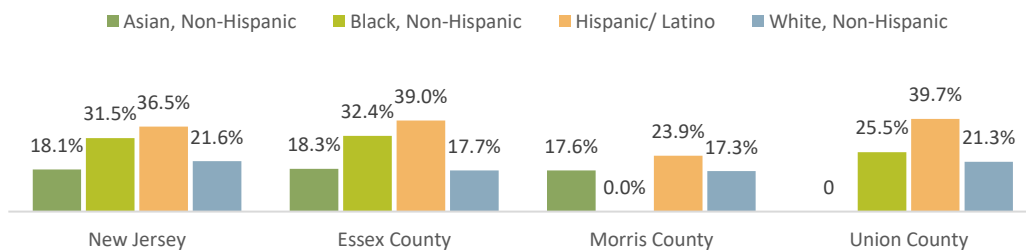
Health Living and Food Access

Figure 96. Percent Adults Reported to Have Had No Leisure Time Physical Activity, by State and County, 2014 and 2018



DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2014 and 2018

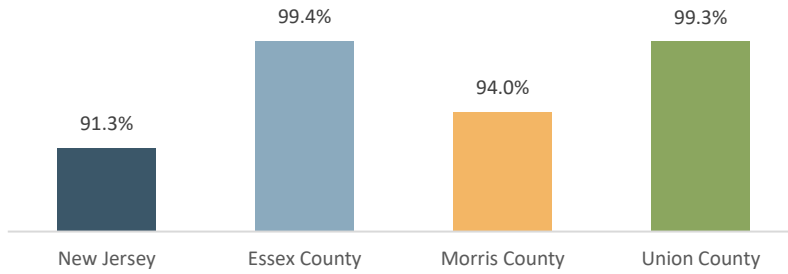
Figure 97. Percent Adults Reported to Have Had No Leisure Time Physical Activity, by Race/Ethnicity, by State and County, 2016-2020



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

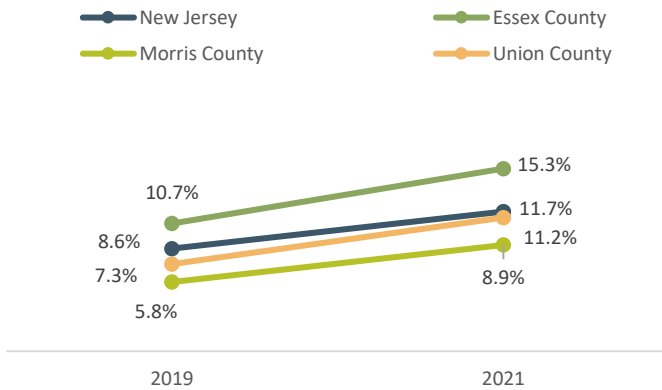
NOTE: Asterisks (*) denote insufficient data to calculate reliable rate

Figure 98. Population with Adequate Access to a Location for Physical Activity, by State and County, 2010 and 2021



DATA SOURCE: ESRI & U.S. Census Tigerline Files, Business Analyst, Delorme map data, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2010 & 2021

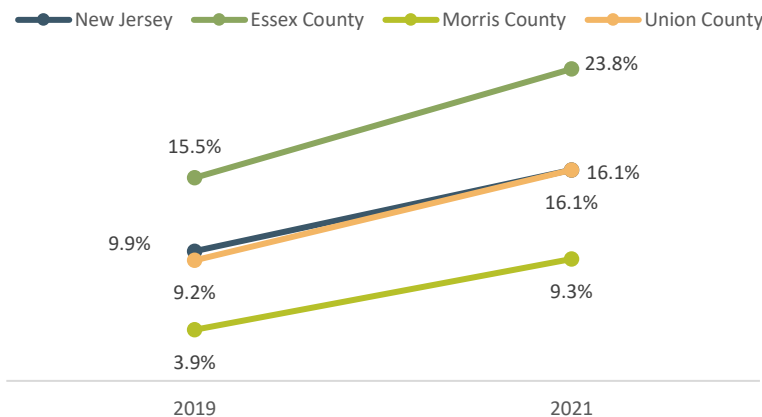
Figure 99. Percent Food Insecure, by State and County, 2019 and 2021



DATA SOURCE: Feeding America, Map the Meal Gap 2021

NOTE: 2021 data are projections of food insecurity levels in response to projected changes to annual unemployment and poverty due to COVID-19.

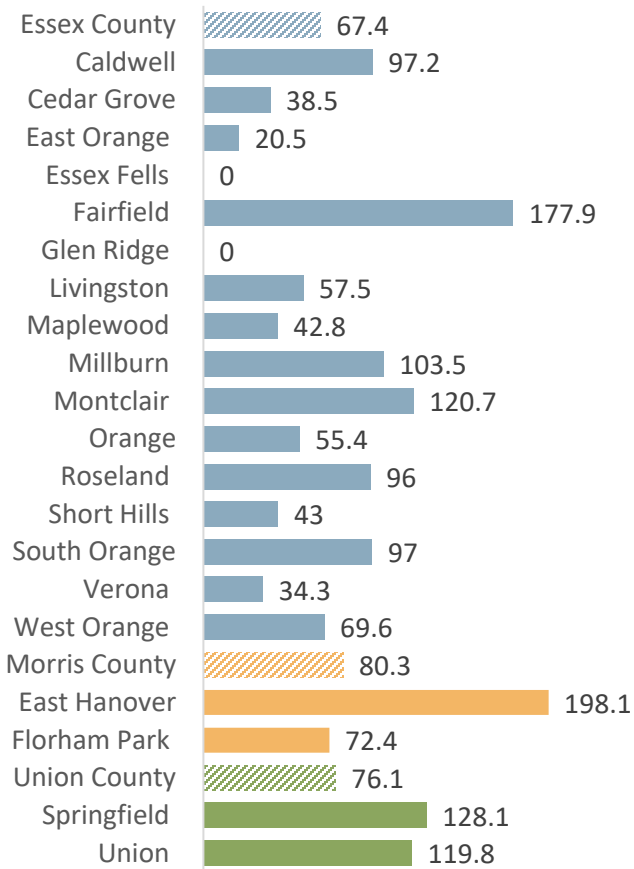
Figure 100. Percent Under 18 Food Insecure, by State and County, 2019 and 2021



DATA SOURCE: Feeding America, Map the Meal Gap 2021

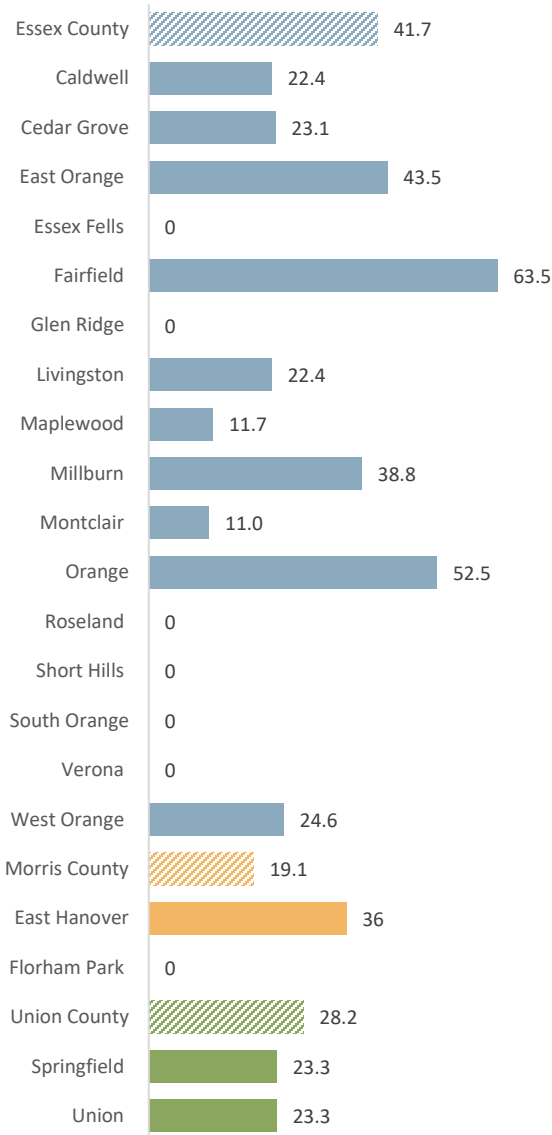
NOTE: 2021 data are projections of food insecurity levels in response to projected changes to annual unemployment and poverty due to COVID-19.

Figure 101. Fast Food Establishments per 100,000 Population, by County and Town, 2020



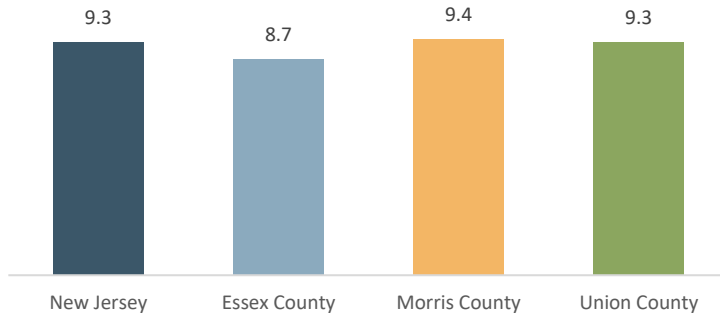
DATA SOURCE: Community Commons, Census County Business Patterns, analyzed by Center for Applied Research and Engagement Systems (CARES), 2020

Figure 102. Grocery Stores and Supermarkets per 100,000 Population, by County and Town, 2018



DATA SOURCE: Community Commons, Census County Business Patterns, analyzed by Center for Applied Research and Engagement Systems (CARES), 2020

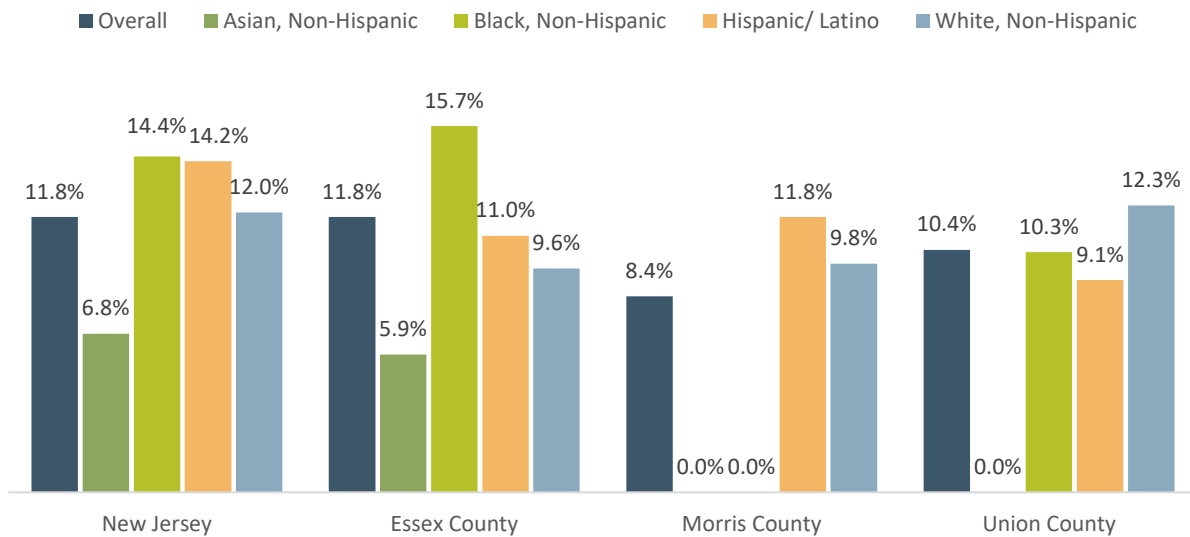
Figure 103. Food Environment Index, by State and County, 2021



DATA SOURCE: USDA Food Environment Atlas, Map the Meal Gap from Feeding America, 2015 & 2018 as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2018

Substance Use

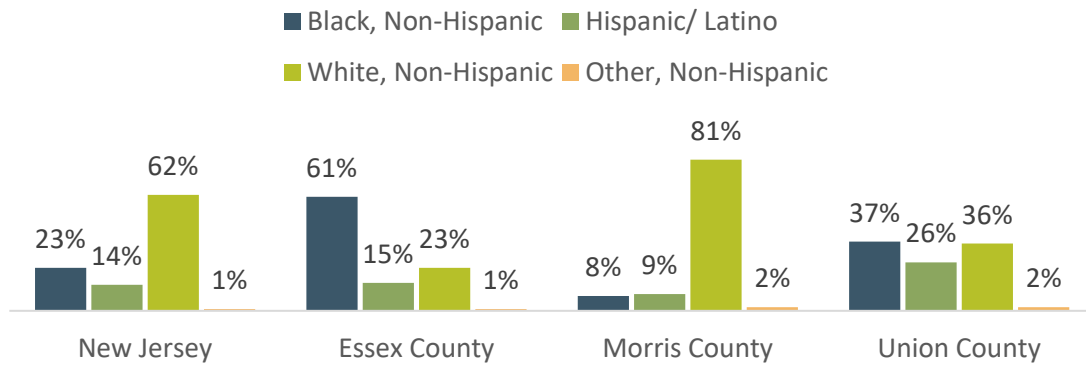
Figure 104. Percent Adults Reported Current Smokers, by State and County, 2017-2020



DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2017-2020

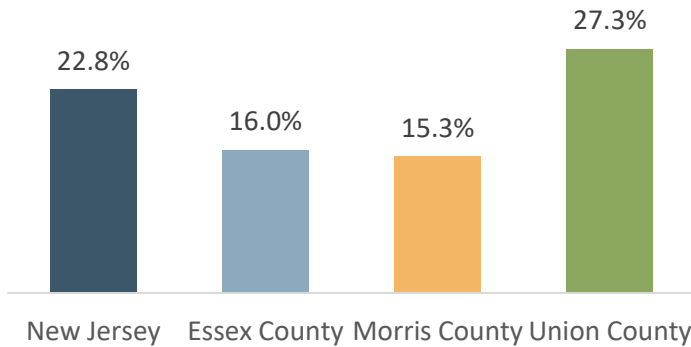
NOTE: Asterisks (*) denote insufficient data to calculate reliable rate

Figure 105. Substance Use Treatment Admissions by Race/Ethnicity, by State and County, 2020



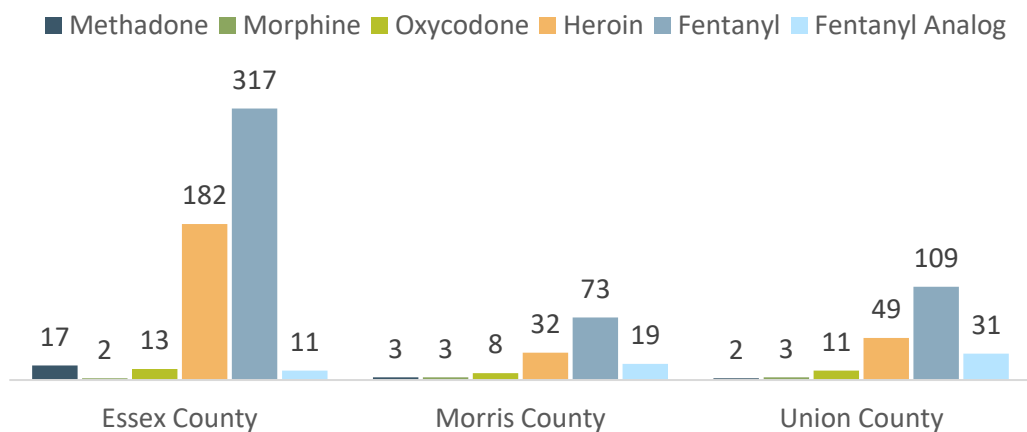
DATA SOURCE: New Jersey Department of Human Services, Division of Mental Health and Addiction Services, New Jersey Drug and Alcohol Abuse Treatment Substance Abuse Overview, 2020

Figure 106. Alcohol-impaired Driving Deaths as Percent of Total Driving Deaths, by State and County, 2016-2020



DATA SOURCE: Fatality Analysis Reporting System as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2016-2020

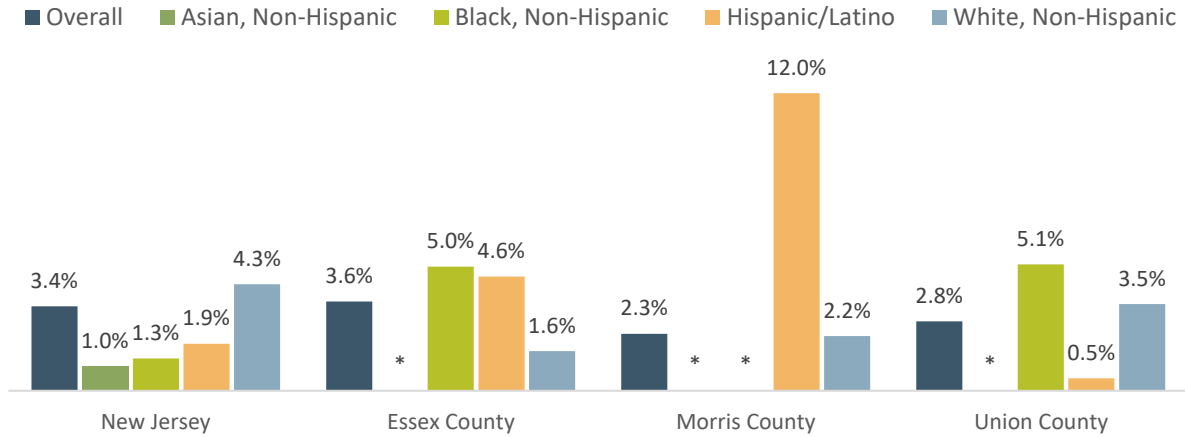
Figure 107. Count of Opioid Related Deaths by Drug, by State and County, 2019



DATA SOURCE: Drug Deaths for 2019, New Jersey Office of the State Medical Examiner

Chronic Diseases

Figure 108. Adults Reporting Angina or Coronary Heart Disease, by Race/Ethnicity, by State and County, 2020

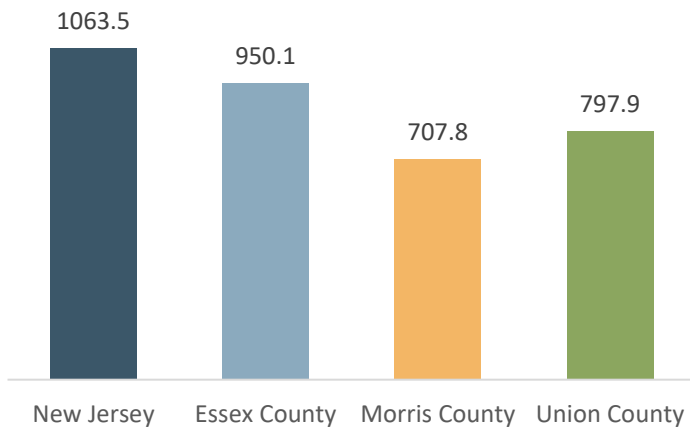


DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS), New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2018

NOTE: Asterisks (*) denote insufficient data to calculate reliable rate

Environmental Health

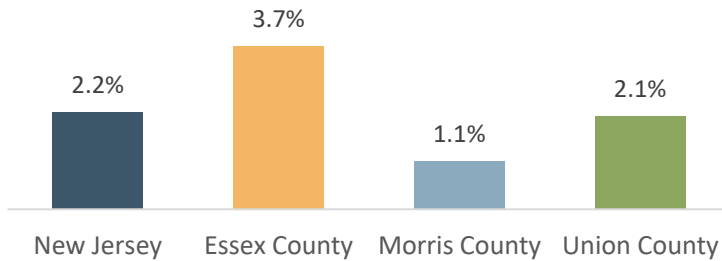
Figure 109. Age-Adjusted Rate of Asthma Hospitalizations, by State and County, 2020



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

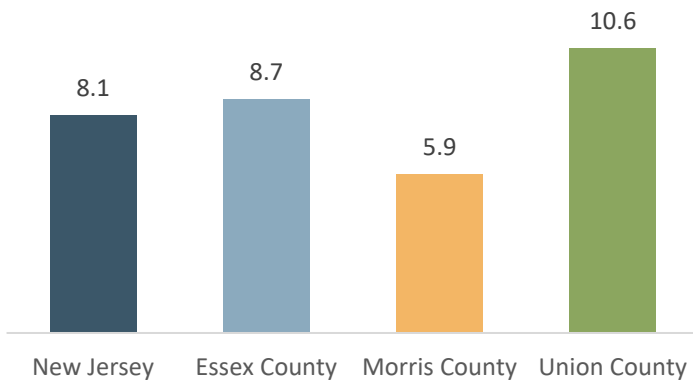
NOTE: Includes all asthma diagnoses, including primary, secondary, and other diagnoses.

Figure 110. Percent of Children Aged 1 -5 Years with Elevated Blood Lead Level ($\geq 5\text{mcg/dL}$), by State and County, 2019



DATA SOURCE: Childhood Lead Exposure in New Jersey Annual Report, New Jersey Department of Public Health, Office of Local Public Health, Childhood Lead Program, State Fiscal Year 2019

Figure 111. Air Pollution-particulate Matter, by State and County, 2018



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

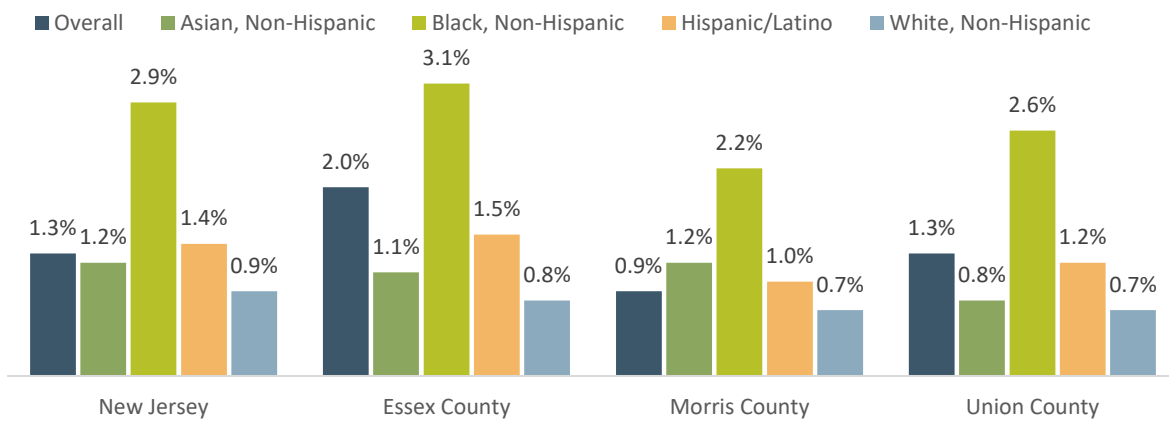
Figure 112. Presence of Drinking Water Violations, by County, 2020

Presence of Water Violation	
Essex County	Yes
Morris County	Yes
Union County	No

DATA SOURCE: Environmental Protection Agency, Safe Drinking Water Information System, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2020
 Note: 'Yes' indicates the presence of a violation, 'No' indicates no violation.

Maternal and Infant Health

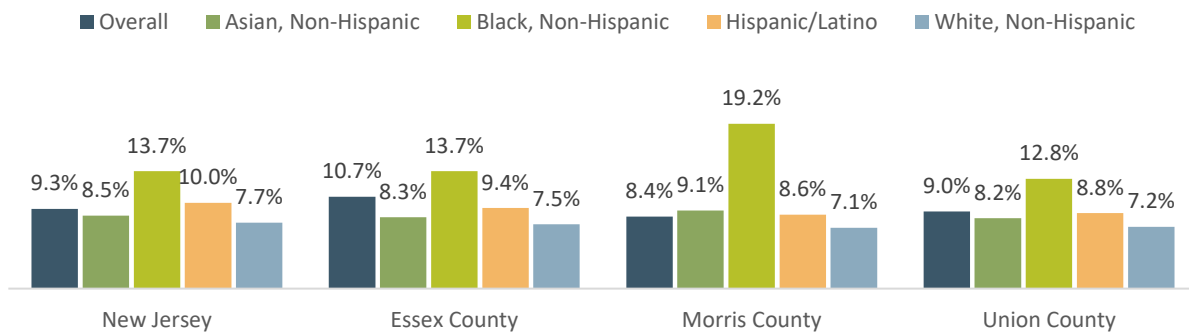
Figure 113. Percent Very Low Birth Weight Births, by Race/Ethnicity, by State and County, 2016-2020



DATA SOURCE: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2018

NOTE: Very low birth weight is defined as less than 1,500 grams

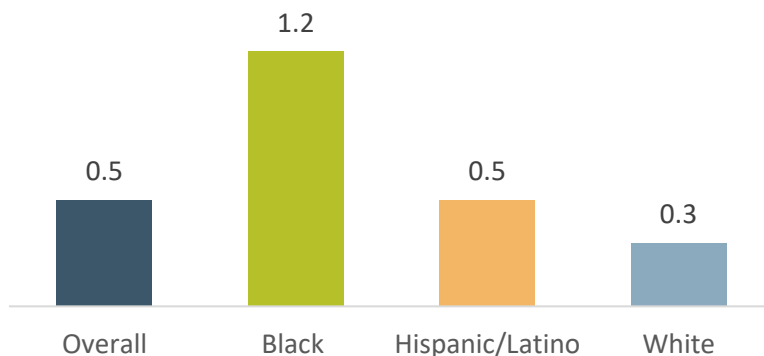
Figure 114. Percent Preterm Births, by Race/Ethnicity, by State and County, 2020



DATA SOURCE: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2020

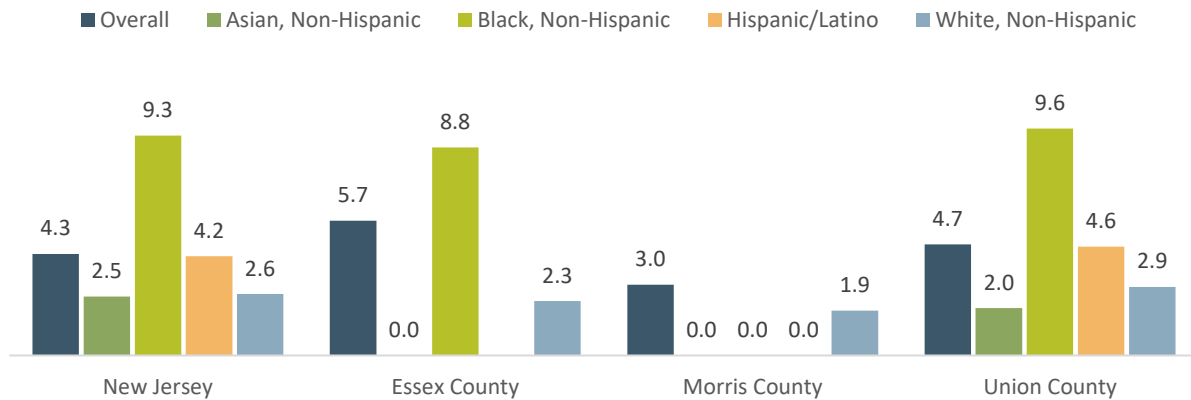
NOTE: Preterm is defined as less than 37 weeks gestation

Figure 115. Maternal Mortality Rate per 100,000 Population, by Race/Ethnicity, by State, 2015-2019



DATA SOURCE: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD), 2015-2019

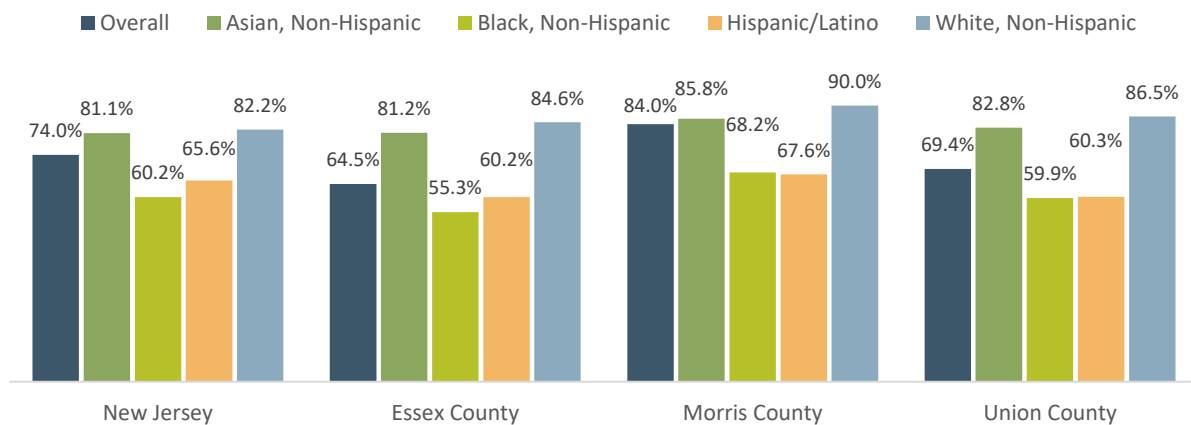
Figure 116. Infant Mortality Rate per 1,000 Births, by Race/Ethnicity, by State and County, 2015-2019



DATA SOURCE: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2015-2019

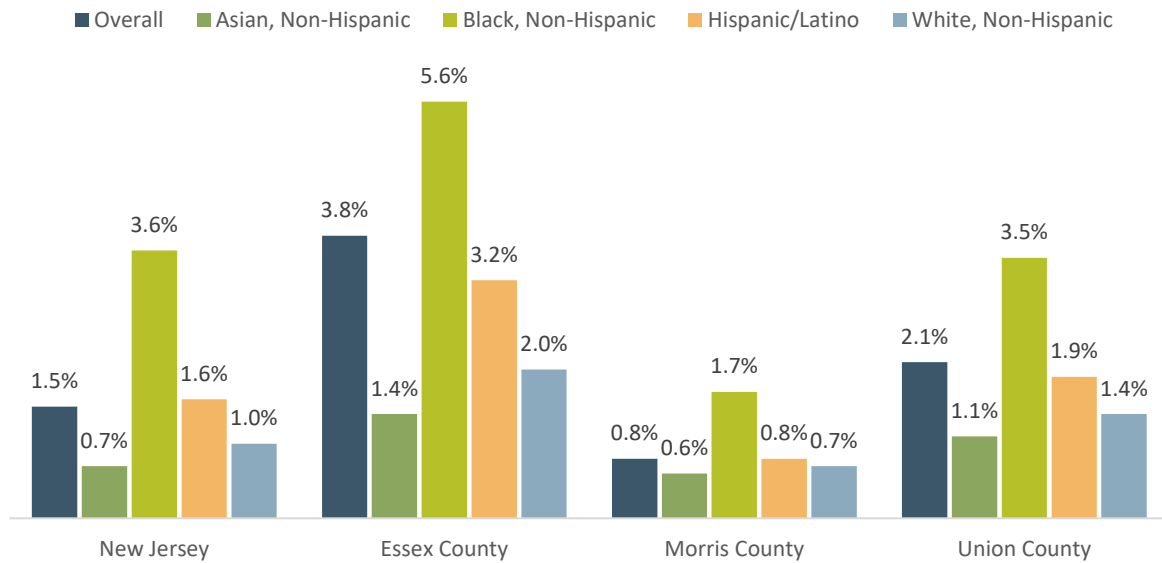
NOTE: Asterisks (*) denote insufficient data to calculate reliable rate

Figure 117. Percent Births with Prenatal Care in First Trimester, by Race/Ethnicity, by State and County, 2016-2020



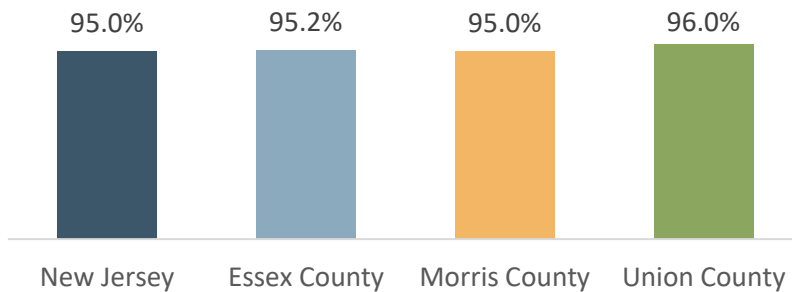
DATA SOURCE: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2016-2020

Figure 118. Percent Births with No Prenatal Care Overall, by Race/Ethnicity, by State and County, 2016-2020



DATA SOURCE: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2016-2020
 NOTE: Asterisks (*) denote insufficient data to calculate reliable rate

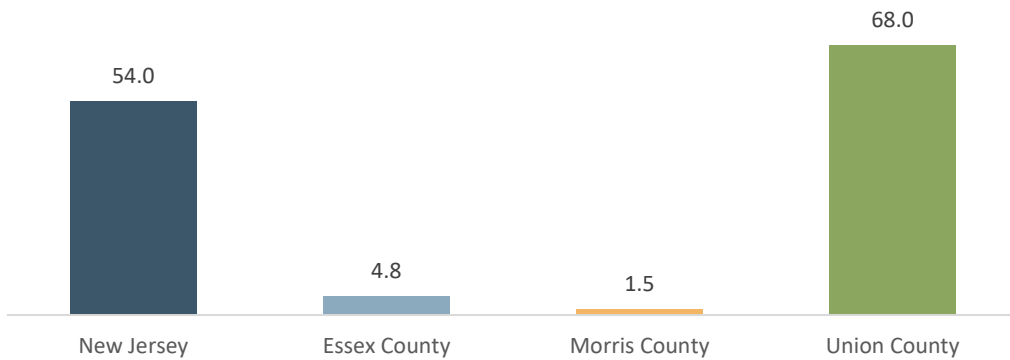
Figure 119. Percent of Immunized Children, by State and County, 2017-2018



DATA SOURCE: Annual Immunization Status Reports, Communicable Disease Service, New Jersey Department of Health, as reported by New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2017-2018
 NOTE: Includes childcare/preschool, Kindergarten/Grade 1 (entry level), Grade 6, and transfer students in any grade

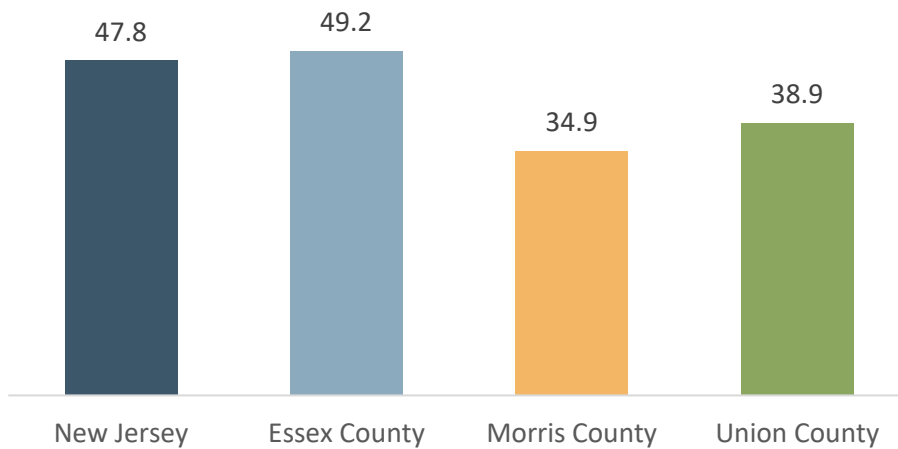
Injury

Figure 120. ED Visits Due to Unintentional Injury (Age Adjusted) per 10,000 Population, by State and County, 2016-2020



DATA SOURCE: New Jersey Department of Health, Office of Health Care Quality Assessment, New Jersey Data Collection System, as reported by New Jersey State Health Assessment Data (NJSHAD), 2016-2020

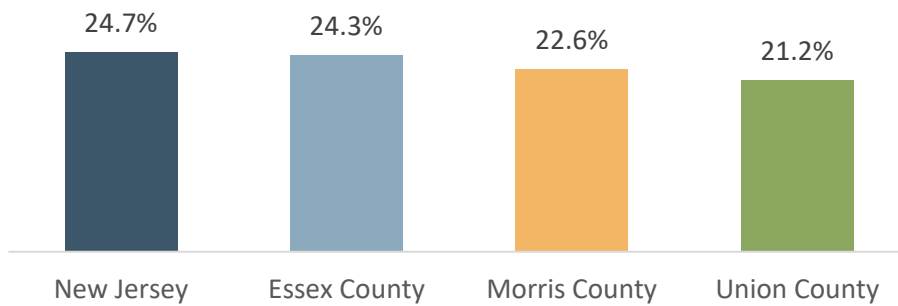
Figure 121. Unintentional Injury Deaths per 100,000 Population, by State and County, 2016-2020



DATA SOURCE: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, New Jersey State Health Assessment Data (NJSHAD), 2016-2020

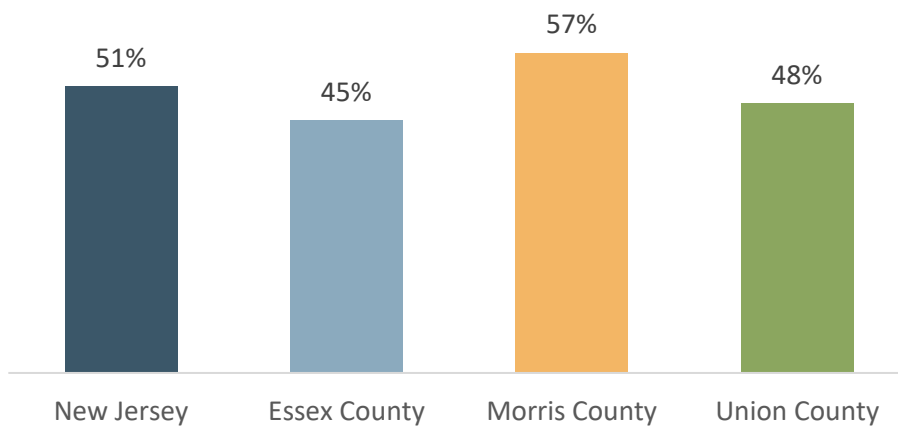
Preventive Healthcare

Figure 122. Age-Adjusted Pneumococcal Vaccination (Ever), by State and County, 2020



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

Figure 123. Percentage of Fee-for-Service (FFS) Medicare Enrollees That Had an Annual Flu Vaccination, by State and County, 2019



DATA SOURCE: Centers for Medicare & Medicaid Services, Office of Minority Health's Mapping Medicare Disparities tool, as reported by County Health Rankings & Roadmaps, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2019

Appendix F- Hospitalization Data

Table 30. Emergency Room Treat & Release Counts and Rates per 1,000 Population of Patients Treated in New Jersey, by Patient County of Residence and Age, 2017-2019

Year	Age	Count of Patients Treated & Released			Rate per 100,000 Population		
		New Jersey	Essex County	Union County	New Jersey	Essex County	Union County
2017	0-17	690,506	80,937	50,548	334.4	415.2	385.1
	18-44	1,259,377	155,655	81,876	416.8	539.8	414.9
	45-64	757,159	83,668	46,930	302.2	393.4	303.6
	65+	450,704	33,422	23,744	320.4	315.7	305.3
	All Ages	3,157,746	353,682	203,098	350.9	441.1	362.0
2018	0-17	673,100	79,994	47,598	343.2	421.5	363.5
	18-44	1,217,047	147,327	77,243	394.5	507.8	395.1
	45-64	748,821	78,221	44,774	301.1	368.8	290.4
	65+	463,456	32,929	22,868	322.9	304.9	289.2
	All Ages	3,102,424	338,471	192,483	345.9	423.1	343.9
2019	0-17	658,207	79,156	49,358	334.6	413.0	373.5
	18-44	1,219,299	153,222	80,210	392.2	519.5	402.7
	45-64	760,293	83,068	47,553	305.8	385.9	306.0
	65+	489,485	36,538	25,961	330.6	325.6	315.4
	All Ages	3,127,284	351,984	203,082	345.8	432.4	356.9

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

Table 31. Emergency Room Treat & Release Counts and Rates per 1,000 Population of New Jersey Resident Patients Treated at RWJBH Hospitals, by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	142,919	69.2
	18-44	242,892	80.4
	45-64	139,427	55.6
	65+	82,129	58.4
	All Ages	607,367	67.5
2018	0-17	145,643	74.3
	18-44	239,710	77.7
	45-64	139,051	55.9
	65+	82,293	57.3
	All Ages	606,697	67.6
2019	0-17	142,215	72.3
	18-44	238,051	76.6
	45-64	141,147	56.8
	65+	88,005	59.0
	All Ages	609,418	67.4

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

Table 32. Emergency Room Treat & Release Counts and Rates per 1,000 Population of Essex County Resident Patients Treated at CBMC, by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	18,941	97.2
	18-44	23,327	80.9
	45-64	12,509	58.8
	65+	8,506	80.3
	All Ages	63,283	78.9
2018	0-17	19,025	100.2
	18-44	23,132	79.7
	45-64	12,359	58.3
	65+	8,765	81.2
	All Ages	63,281	79.1
2019	0-17	17,734	92.5
	18-44	21,734	73.7
	45-64	11,902	55.3
	65+	9,102	81.1
	All Ages	60,472	74.3

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

Table 33. Emergency Room Treat and Release Counts and Rates per 1,000 Population of Patients Residing in CBMC's Primary Service Area Treated in New Jersey, by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	27,718	272.2
	18-44	49,553	342.5
	45-64	30,485	238.7
	65+	19,163	265.3
	All Ages	126,919	284.3
2018	0-17	26,215	260.5
	18-44	45,538	315.0
	45-64	28,810	227.1
	65+	18,471	251.0
	All Ages	119,034	267.1
2019	0-17	25,819	254.8
	18-44	45,714	310.1
	45-64	29,431	229.9
	65+	20,299	265.9
	All Ages	121,263	267.6

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

Table 34. Emergency Room Treat and Release Counts and Rates per 1,000 Population of Patients Residing in CBMC's Primary Service Area Treated at CBMC, by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	12,723	124.9
	18-44	14,675	101.4
	45-64	9,345	73.2
	65+	7,523	104.1
	All Ages	44,266	99.1
2018	0-17	12,560	124.8
	18-44	14,441	99.9
	45-64	9,335	73.6
	65+	7,661	104.1
	All Ages	43,997	98.7
2019	0-17	11,928	117.7
	18-44	13,765	93.4
	45-64	9,108	71.2
	65+	7,874	103.1
	All Ages	42,675	94.2

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

Table 35. Emergency Room Treat & Release Counts and Rates per 1,000 Population of Patients Treated in New Jersey, by Patient County of Residence and Race/Ethnicity, 2017-2019

Year	Race/Ethnicity	Count			Rate per 100,000 Population		
		New Jersey Residents	Essex County	Union County	New Jersey Residents	Essex County	Union County
2017	American Indian or Alaska Native	6,530	181	208	201.1	56.9	81.0
	Asian	80,692	4,065	2,968	92.2	94.3	92.6
	Black or African American	780,645	204,583	64,182	628.0	643.3	495.1
	Hawaiian & Pacific Islander	3,949	425	316	985.5	1,416.7	1356.2
	Other Race	610,721	81,198	54,043	935.3	1,069.4	932.9
	Two or More Races	11,014	550	372	38.6	18.6	17.7
	White	1,563,896	62,680	81,009	264.8	188.6	239.5
	All Race/Ethnicities	3,057,447	353,682	203,098	340.0	-	-
2018	American Indian or Alaska Native	6,035	175	225	185.4	55.1	89.1
	Asian	80,655	4,024	2,897	90.3	89.9	89.1
	Black or African American	755,704	192,377	59,363	608.9	607.7	458.4
	Hawaiian & Pacific Islander	8,405	925	2,555	2,031.7	3,022.9	10826.3
	Other Race	633,209	82,940	50,541	961.3	1,086.1	862.2
	Two or More Races	11,395	490	381	39.5	16.4	17.8
	White	1,509,245	57,540	76,521	258.0	174.5	228.1
	All Race/Ethnicities	3,004,648	338,471	192,483	335.0	-	-
2019	American Indian or Alaska Native	5,360	300	244	164.0	95.3	93.5
	Asian	81,556	3,810	3,056	89.8	82.9	93.8
	Black or African American	754,534	198,183	59,201	600.1	607.8	448.4
	Hawaiian & Pacific Islander	4,203	550	413	1,005.3	2,182.5	1735.3
	Other Race	683,104	91,050	57,821	1,012.6	1,163.1	952.9

Year	Race/Ethnicity	Count			Rate per 100,000 Population		
		New Jersey Residents	Essex County	Union County	New Jersey Residents	Essex County	Union County
	Two or More Races	11,025	441	399	37.5	14.8	18.3
	White	1,486,019	57,650	81,948	253.0	174.0	241.3
	All Race/Ethnicities	3,025,801	351,984	203,082	334.6	-	-

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

Table 36. Emergency Room Treat & Release Counts and Rates per 1,000 Population of New Jersey Resident Patients Treated at RWJBH Hospitals, by Race/Ethnicity, 2017-2019

Year	Race/Ethnicity	Count	Rate per 1,000
2017	American Indian or Alaska Native	608	18.7
	Asian	17,289	19.8
	Black or African American	197,472	158.9
	Hawaiian & Pacific Islander	577	144.0
	Other Race	147,525	225.9
	Two or More Races	1,571	5.5
	White	227,264	38.5
	All Race/Ethnicities	592,306	-
2018	American Indian or Alaska Native	548	16.8
	Asian	17,617	19.7
	Black or African American	198,391	159.8
	Hawaiian & Pacific Islander	474	114.6
	Other Race	153,992	233.8
	Two or More Races	1,745	6.0
	White	219,439	37.5
	All Race/Ethnicities	592,206	-
2019	American Indian or Alaska Native	593	18.1
	Asian	18,706	20.6
	Black or African American	195,413	155.4
	Hawaiian & Pacific Islander	480	114.8
	Other Race	162,149	240.4
	Two or More Races	1,946	6.6
	White	215,469	36.7
	All Race/Ethnicities	594,756	-

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

Table 37. Emergency Room Treat and Release Counts and Rates per 1,000 Population of Patients Residing in CBMC's Primary Service Area Treated in New Jersey, by Race/Ethnicity, 2017-2019

Year	Race/Ethnicity	Count	Rate per 1,000 Population
2017	American Indian or Alaska Native	74	78.1
	Asian	2,707	76.0
	Black or African American	66,452	487.5
	Hawaiian & Pacific Islander	140	965.5
	Other Race	18,010	1079.0
	Two or More Races	273	19.5
	White	39,263	161.7
	All Race/Ethnicities	126,919	284.3
2018	American Indian or Alaska Native	86	91.4
	Asian	2,638	71.5
	Black or African American	60,643	445.6
	Hawaiian & Pacific Islander	585	4208.6
	Other Race	18,013	1060.1
	Two or More Races	255	17.9
	White	36,814	153.2
	All Race/Ethnicities	119,034	267.1
2019	American Indian or Alaska Native	138	147.3
	Asian	2,696	71.4
	Black or African American	60,247	427.8
	Hawaiian & Pacific Islander	198	1692.3
	Other Race	20,088	1138.4
	Two or More Races	212	14.8
	White	37,684	156.0
	All Race/Ethnicities	121,263	267.6

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

Table 38. Emergency Room Treat and Release Counts and Rates per 1,000 Population of Patients Residing in CBMC's Primary Service Area Treated at CBMC, by Race/Ethnicity, 2017-2019

Year	Race/Ethnicity	Count	Rate per 1,000 Population
2017	American Indian or Alaska Native	37	39.0
	Asian	1,032	29.0
	Black or African American	19,851	145.6
	Hawaiian & Pacific Islander	31	213.8
	Other Race	7,469	447.5
	Two or More Races	120	8.6
	White	15,726	64.8
	All Race/Ethnicities	44,266	99.1
2018	American Indian or Alaska Native	34	36.1
	Asian	1,097	29.7
	Black or African American	19,556	143.7
	Hawaiian & Pacific Islander	28	201.4
	Other Race	7,490	440.8
	Two or More Races	113	7.9
	White	15,679	65.2
	All Race/Ethnicities	43,997	98.7
2019	American Indian or Alaska Native	28	29.9
	Asian	1,258	33.3
	Black or African American	18,779	133.4
	Hawaiian & Pacific Islander	23	196.6
	Other Race	7,033	398.6
	Two or More Races	96	6.7
	White	15,458	64.0
	All Race/Ethnicities	42,675	94.2

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

Table 39. Emergency Room Treat & Release Counts and Rates for Behavioral Health per 1,000 Population of Patients Treated in New Jersey, by Patient County of Residence and Age, 2017-2019

Year	Age	Count			Rate per 1,000		
		New Jersey	Essex County	Union County	New Jersey	Essex County	Union County
2017	0-17	24,837	2,744	1565	12.0	14.1	11.9
	18-44	91,990	8,893	5235	30.4	30.8	26.5
	45-64	55,496	6,400	3709	22.1	30.1	24.0
	65+	10,688	862	652	7.6	8.1	8.4
	All Ages	183,011	18,899	11,161	20.3	23.6	19.9
2018	0-17	26,241	3,022	1650	13.4	15.9	12.6
	18-44	90,808	8,889	5502	29.4	30.6	28.1
	45-64	55,715	5,908	3751	22.4	27.9	24.3
	65+	11,055	738	554	7.7	6.8	7.0
	All Ages	183,819	18,557	11,457	20.5	23.2	20.5
2019	0-17	25,172	3,043	1677	12.8	15.9	12.7
	18-44	90,172	9,500	5279	29.0	32.2	26.5
	45-64	54,046	6,260	3437	21.7	29.1	22.1
	65+	11,851	967	556	8.0	8.6	6.8
	All Ages	181,241	19,770	10,949	20.0	24.3	19.2

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

Table 40. Emergency Room Treat & Release Counts and Rates for Behavioral Health per 1,000 Population of Patients Treated in New Jersey, by Patient County of Residence and Race, 2017-2019

Year	Race/Ethnicity	Count			Rate per 1,000		
		New Jersey	Essex County	Union County	New Jersey	Essex County	Union County
2017	American Indian or Alaska Native	334	12	7	10.3	3.8	2.7
	Asian	3,380	283	108	3.9	6.6	3.4
	Black or African American	44,153	10770	3,287	35.5	33.9	25.4
	Hawaiian & Pacific Islander	187	26	35	46.7	86.7	150.2
	Other Race	22,769	1745	1,428	34.9	23.0	24.6
	Two or More Races	490	26	12	1.7	0.9	0.6
	White	106,929	4,360	6,067	18.1	13.1	17.9
	All Race/Ethnicities	178,242	17,222	10,944	19.8	21.5	18.8
2018	American Indian or Alaska Native	350	12	15	10.8	3.8	5.9
	Asian	3,497	281	109	3.9	6.3	3.4
	Black or African American	44,282	10,383	3,265	35.7	32.8	25.2
	Hawaiian & Pacific Islander	187	26	35	45.2	85.0	148.3

Year	Race/Ethnicity	Count			Rate per 1,000		
		New Jersey	Essex County	Union County	New Jersey	Essex County	Union County
	Other Race	24,682	1,828	1,224	37.5	23.9	20.9
	Two or More Races	651	22	14	2.3	0.7	0.7
	White	104,601	4,052	6,467	17.9	12.3	19.3
	All Race/Ethnicities	178,250	16,604	11,129	19.9	20.7	19.2
2019	American Indian or Alaska Native	322	36	19	9.8	11.4	7.3
	Asian	3,466	281	114	3.8	6.1	3.5
	Black or African American	43,789	11,015	2,852	34.8	33.8	21.6
	Hawaiian & Pacific Islander	187	26	35	44.7	103.2	147.1
	Other Race	27,076	1,828	1,490	40.1	23.4	24.6
	Two or More Races	609	25	24	2.1	0.8	1.1
	White	99,593	4,178	6,119	17.0	12.6	18.0
	All Race/Ethnicities	175,042	17,389	10,653	19.4	21.3	18.1

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

Table 41. Inpatient Discharge Counts and Rates per 1,000 Population of Patients Treated in New Jersey, by Patient County of Residence and Age, 2017-2019

Year	Age	Count			Rate per 1,000 Population		
		New Jersey	Essex County Residents	Union County Residents	New Jersey	Essex County Residents	Union County Residents
2017	0-17	131,591	14,522	9,637	63.7	74.5	73.4
	18-44	231,158	26,605	14,755	76.5	92.3	74.8
	45-64	226,349	23,928	12,559	90.3	112.5	81.2
	65+	363,285	28,582	18,555	258.2	270.0	238.6
	All Ages	952,383	93,637	55,506	105.8	116.8	98.9
2018	0-17	130,739	14,460	9,343	66.7	76.2	71.4
	18-44	225,360	25,547	14,108	73.0	88.1	72.2
	45-64	221,118	23,442	12,087	88.9	110.5	78.4
	65+	364,459	28,531	17,348	254.0	264.2	219.4
	All Ages	941,676	91,980	52,886	105.0	115.0	94.5
2019	0-17	127,024	13,598	9,475	64.6	71.0	71.7
	18-44	218,270	24,494	14,011	70.2	83.0	70.3
	45-64	215,320	21,859	12,071	86.6	101.6	77.7
	65+	368,288	26,911	18,320	248.7	239.8	222.5
	All Ages	928,902	86,862	53,877	102.7	106.7	94.7

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

Table 42. Inpatient Discharge Counts and Rates per 1,000 Population of New Jersey Resident Patients Treated at RWJBH Hospitals, by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	32,923	15.9
	18-44	50,878	16.8
	45-64	44,240	17.7
	65+	68,104	48.4
	All Ages	196,145	21.8
2018	0-17	32,768	16.7
	18-44	49,365	16.0
	45-64	43,076	17.3
	65+	67,477	47.0
	All Ages	192,686	21.5
2019	0-17	32,107	16.3
	18-44	48,316	15.5
	45-64	41,662	16.8
	65+	67,539	45.6
	All Ages	189,624	21.0

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

Table 43. Inpatient Discharge Counts and Rates per 1,000 Population of Essex County Resident Patients Treated at CBMC, by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	3,481	17.9
	18-44	4,684	16.2
	45-64	3,454	16.2
	65+	6,506	61.5
	All Ages	18,125	22.6
2018	0-17	3,577	18.8
	18-44	4,778	16.5
	45-64	3,569	16.8
	65+	6,795	62.9
	All Ages	18,719	23.4
2019	0-17	3,474	18.1
	18-44	4,538	15.4
	45-64	3,437	16.0
	65+	6,590	58.7
	All Ages	18,039	22.2

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

Table 44. Inpatient Discharge Counts and Rates per 1,000 Population of Patients Residing in CBMC's Primary Service Area Treated in New Jersey, by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	6,068	59.6
	18-44	10,369	71.7
	45-64	9,929	77.7
	65+	17,618	243.9
	All Ages	43,984	98.5
2018	0-17	5,997	59.6
	18-44	9,744	67.4
	45-64	9,388	74.0
	65+	17,032	231.4
	All Ages	42,161	94.6
2019	0-17	6,029	59.5
	18-44	9,525	64.6
	45-64	9,053	70.7
	65+	16,589	217.3
	All Ages	41,196	90.9

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

Table 45. Inpatient Discharge Counts and Rates per 1,000 Population of Patients Residing in CBMC's Primary Service Area Treated at CBMC, by Age, 2017-2019

Year	Age	Count	Rate per 1,000 Population
2017	0-17	2,591	25.4
	18-44	3,257	22.5
	45-64	2,603	20.4
	65+	5,961	82.5
	All Ages	14,412	32.3
2018	0-17	2,666	26.5
	18-44	3,383	23.4
	45-64	2,676	21.1
	65+	6,054	82.3
	All Ages	14,779	33.2
2019	0-17	2,601	25.7
	18-44	3,208	21.8
	45-64	2,560	20.0
	65+	5,840	76.5
	All Ages	14,209	31.4

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

Table 46. Inpatient Discharge Counts and Rates per 1,000 Population of Patients Treated in New Jersey, by Patient County of Residence and Race/Ethnicity, 2017-2019

Year	Race/Ethnicity	Count			Rate per 1,000 Population		
		New Jersey	Essex County Residents	Union County Residents	New Jersey	Essex County Residents	Union County Residents
2017	American Indian or Alaska Native	1913	38	64	58.9	11.9	24.9
	Asian	40,158	2,006	1,640	45.9	46.5	51.1
	Black or African American	164,073	45,259	14,247	132.0	142.3	109.9
	Hawaiian & Pacific Islander	1438	168	105	358.9	560.00	450.6
	Other Race	135,193	18,151	10,075	207.0	239.00	173.9
	Two or More Races	1733	128	90	6.1	4.3	4.3
	White	607,875	27,887	29,285	102.9	83.9	86.6
	All Race/Ethnicities	952,383	93,637	55,506	268.3	-	-
2018	American Indian or Alaska Native	1689	43	61	51.9	13.5	24.1
	Asian	40,286	2,097	1,530	45.1	46.8	47.1

Year	Race/Ethnicity	Count			Rate per 1,000 Population			
		New Jersey	Essex County Residents	Union County Residents	New Jersey	Essex County Residents	Union County Residents	
	Black or African American	160,752	44,453	13,386	129.5	140.4	103.4	
	Hawaiian & Pacific Islander	2146	222	484	518.7	725.50	2050.8	
	Other Race	146,436	18,825	10,481	222.3	246.5	178.8	
	Two or More Races	1929	99	63	6.7	3.3	2.9	
	White	588,438	26,241	26,881	100.6	79.6	80.1	
	All Race/Ethnicities	941,676	91,980	52,886	267.7	-	-	
	2019	American Indian or Alaska Native	1559	87	104	47.7	27.6	39.8
		Asian	38,291	1,820	1,486	42.2	39.6	45.6
Black or African American		156,678	42,005	13,213	124.6	128.8	100.1	
Hawaiian & Pacific Islander		1442	162	191	344.9	642.90	802.5	
Other Race		152,844	18,677	11,423	226.6	238.60	188.3	
Two or More Races		1767	105	72	6.0	3.5	3.3	
White		576,321	24,006	27,388	98.1	72.5	80.7	
All Race/Ethnicities		928,902	86,862	53,877	262.7	-	-	

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

Table 47. Inpatient Discharge Counts and Rates per 1,000 Population of New Jersey Resident Patients Treated at RWJBH Hospitals, by Race/Ethnicity, 2017-2019

Year	Race/Ethnicity	Count	Rate per 1,000
2017	American Indian or Alaska Native	207	6.4
	Asian	8,753	10.0
	Black or African American	45,498	36.6
	Hawaiian & Pacific Islander	188	46.9
	Other Race	33,999	52.1
	Two or More Races	255	0.9
	White	107,245	18.2
	All Race/Ethnicities	196,145	55.2
2018	American Indian or Alaska Native	181	5.6
	Asian	8,850	9.9
	Black or African American	45,635	36.8
	Hawaiian & Pacific Islander	199	48.1

Year	Race/Ethnicity	Count	Rater per 1,000
	Other Race	34,880	53.0
	Two or More Races	250	0.9
	White	102,691	17.6
	All Race/Ethnicities	192,686	54.8
2019	American Indian or Alaska Native	244	7.5
	Asian	8,642	9.5
	Black or African American	44,186	35.1
	Hawaiian & Pacific Islander	200	47.8
	Other Race	34,415	51.0
	Two or More Races	339	1.2
	White	101,598	17.3
	All Race/Ethnicities	189,624	53.6

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

Table 48. Inpatient Discharge Counts and Rates per 1,000 Population of Essex County Resident Patients Treated at CBMC, by Race/Ethnicity, 2017-2019

Year	Race/Ethnicity	Count	Rate per 1,000 Population
2017	American Indian or Alaska Native	626	4.7
	Asian	7,027	14.5
	Black or African American	2,428	22.1
	Hawaiian & Pacific Islander	7,970	73.3
	Other Race	18,125	32.0
	Two or More Races	626	1.3
	White	7,027	24.0
	All Race/Ethnicities	2,428	-
2018	American Indian or Alaska Native	-	2.2
	Asian	778	17.4
	Black or African American	7,401	23.4
	Hawaiian & Pacific Islander	-	29.4
	Other Race	2,452	32.1
	Two or More Races	28	0.9
	White	8,044	24.4
	All Race/Ethnicities	18,719	-
2019	American Indian or Alaska Native	22	7.0
	Asian	717	15.6
	Black or African American	7,220	22.1
	Hawaiian & Pacific Islander	11	43.7
	Other Race	2,400	30.7
	Two or More Races	30	1.0
	White	7,639	23.1
	All Race/Ethnicities	18,039	-

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

Table 49. Inpatient Discharge Counts and Rates per 1,000 Population of Patients Residing in CBMC's Primary Service Area Treated in New Jersey, by Race/Ethnicity, 2017-2019

Year	Race/Ethnicity	Count	Rate per 1,000 Population
2017	American Indian or Alaska Native	30	31.6
	Asian	1,521	42.7
	Black or African American	17,004	124.8
	Hawaiian & Pacific Islander	64	441.4
	Other Race	4,387	262.8
	Two or More Races	77	5.5
	White	20,901	86.1
	All Race/Ethnicities	43,984	98.5
2018	American Indian or Alaska Native	19	20.2
	Asian	1,617	43.8
	Black or African American	16,305	119.8
	Hawaiian & Pacific Islander	136	978.4
	Other Race	4,510	265.4
	Two or More Races	65	4.6
	White	19,509	81.2
	All Race/Ethnicities	42,161	94.6
2019	American Indian or Alaska Native	50	53.4
	Asian	1,475	39.1
	Black or African American	15,637	111.0
	Hawaiian & Pacific Islander	68	581.2
	Other Race	5,193	294.3
	Two or More Races	58	4.0
	White	18,715	77.5
	All Race/Ethnicities	41,196	90.9

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

Table 50. Inpatient Discharge Counts and Rates per 1,000 Population of Patients Residing in CBMC's Primary Service Area Treated at CBMC, by Race/Ethnicity, 2017-2019

Year	Race/Ethnicity	Count	Rate per 1,000 Population
2017	American Indian or Alaska Native	16	16.9
	Asian	663	18.6
	Black or African American	4,332	31.8
	Hawaiian & Pacific Islander	17	117.2
	Other Race	1,481	88.7
	Two or More Races	30	2.1
	White	7,873	32.4
	All Race/Ethnicities	14,412	32.3
2018	American Indian or Alaska Native	-	7.4
	Asian	806	21.9
	Black or African American	4,570	33.6
	Hawaiian & Pacific Islander	10	71.9
	Other Race	1,443	84.9
	Two or More Races	20	1.4
	White	7,923	33.0
	All Race/Ethnicities	14,779	33.2
2019	American Indian or Alaska Native	16	17.1
	Asian	739	19.6
	Black or African American	4,422	31.4
	Hawaiian & Pacific Islander	-	76.9
	Other Race	1,482	84.0
	Two or More Races	20	1.4
	White	7,521	31.1
	All Race/Ethnicities	14,209	31.4

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

Table 51. Hospital Admission Rates per 1,000 Population, by Race/Ethnicity, New Jersey and CBMC, 2019

		Admission Rate per 1,000			
		Total Overall	Acute	Chronic	Diabetic
New Jersey	Asian	2.6	0.8	1.8	0.4
	Black	16.7	3.0	13.7	4.1
	Hispanic	5.4	1.4	4.0	1.5
	White	9.6	2.9	6.7	1.5
	All Race/Ethnicities	10.4	2.8	7.7	2.0
CBMC	Asian	2.1	0.6	1.5	0.4
	Black	14.2	2.7	11.5	3.4
	Hispanic	4.6	1.4	3.1	1.1
	White	7.1	2.4	4.7	0.9
	All Race/Ethnicities	9.2	2.4	6.8	1.8

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

Figure 124. Hospital Admission Rates per 1,000 Population by Reason for Admission, by Race/Ethnicity, New Jersey and CBMC, 2019

		Admission Rate per 1,000			
		Total Overall	Cardiac	Mental Health	Substance Use
New Jersey	Asian	5.2	3.9	1.0	0.3
	Black	26.1	16.6	6.7	2.7
	Hispanic	10.3	6.2	2.6	1.5
	White	17.2	12.2	3.2	1.9
	All Race/Ethnicities	18.6	12.5	4.0	2.1
CBMC	Asian	29.0	3.0	0.8	0.1
	Black	95.9	15.0	5.8	1.5
	Hispanic	54.5	5.4	3.1	1.4
	White	64.0	9.7	3.1	1.0
	All Race/Ethnicities	77.0	11.2	4.2	1.2

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

Table 52. Hospital Admission and Emergency Department Visit Rates per 1,000 Population, by Age and Race/Ethnicity, New Jersey and CBMC, 2019

	Admission Rate per 1,000 Population						Emergency Department Visits per 1,000 Population				
	Age	Asian	Black	Hispanic	White	All Race/Ethnicities	Asian	Black	Hispanic	White	All Race/Ethnicities
New Jersey	All	5.2	26.1	10.3	17.2	18.6	108.8	682.4	430.2	271.2	403
	Under 18	0.4	1.9	1.4	1.1	1.6	99.8	477.1	497.4	181.7	344
	18 to 64	3.5	26.5	9.3	12	15	91.4	760.5	392.4	248	396.6
	65+	25.3	73.3	46.6	48.7	54.8	233.8	698.1	548.2	428.5	505.8
CBMC	All	29.0	95.9	54.5	64.0	77.0	84.3	496.2	336.3	186.6	321.8
	Under 18	5.8	17.5	17.8	9.6	14.4	84.3	361.4	430.0	135.6	265.4
	18 to 64	25.3	91.3	51.9	43.6	65.1	64.0	529.8	292.5	147.8	311.8
	65+	88.6	256.0	185.2	173.4	203.1	191.6	582.8	473.8	345.3	433.0

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

Table 53. Inpatient Discharge Counts and Rates per 1,000 Diagnosed with Mental Diseases and Disorders & Alcohol/Drug Use or Induced Mental Disorder Treated in New Jersey, by County of Residence, 2017-2019

Year	Count		Rate per 1,000 Population			
	New Jersey	Essex County Residents	Union County Residents	New Jersey	Essex County Residents	Union County Residents
2017	73,005	8,843	3,966	8.1	11	7.1
2018	69,282	7,885	3,790	7.7	9.9	6.8
2019	65,610	7,220	3,659	7.3	8.9	6.4

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

Table 54. Inpatient Discharge Counts and Rates per 1,000 Diagnosed with Diseases and Disorders of the Circulatory System Treated in New Jersey, by County of Residence, 2017-2019

Year	Count			Rate per 1,000 Population		
	New Jersey	Essex County Residents	Union County Residents	New Jersey	Essex County Residents	Union County Residents
2017	126,968	12,176	6,710	14.1	15.2	12.0
2018	125,886	12,235	6,525	14.0	15.3	11.7
2019	126,198	11,091	6,562	14.0	13.6	11.5

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

Table 55. Inpatient Discharge Counts and Rates per 1,000, Residents of Essex County Treated at CBMC, by Major Diagnostic Category, 2017-2019

Major Diagnostic Category	Count			Rate per 1,000 Population		
	2017	2018	2019	2017	2018	2019
Mental Diseases and Disorders & Alcohol/Drug Use or Induced Mental Disorder	-	-	-	-	-	-
Diseases and Disorders of the Circulatory System	2,168	2,280	2,191	2.7	2.9	2.7

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

Appendix G- Cancer Data

CANCER INCIDENCE RATE REPORT: CANCER PATIENT ORIGINS, SEX, COUNTY 2020

Almost forty three percent of CBMC's cancer inpatients and 41.9% of cancer outpatients resided in the Primary Service Area. In total, 54.0% of inpatients and 50.7% of outpatients resided in Essex County. West Orange (07052) and Livingston (07039) represent the largest segment of CBMC's inpatient cancer patients. Similarly, the same two zip codes represent the largest segments of CBMC's outpatient cancer patients. The health factors and outcomes explored in the CHNA bear relevance to the oncology services and its review of specific cancer needs for the community.

CANCER PATIENT ORIGIN	2020 CBMC IP PATIENTS	%	2020 CBMC OP PATIENTS	%
Essex County	2,158	54.0%	2,999	50.7%
Primary Service Area	1,717	43.0%	2,481	41.9%
Secondary Service Area	1,507	37.7%	2,193	37.1%
Out of Service Area (NJ)	708	17.7%	1,154	19.5%
Out of State	62	1.6%	91	1.5%
TOTAL	3,994	100.0%	5,919	100.0%
West Orange (07052)	349	8.7%	449	7.6%
Livingston (07039)	196	4.9%	343	5.8%

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

CANCER INCIDENCE RATE REPORT: ESSEX COUNTY 2013-2017

INCIDENCE RATE REPORT FOR ESSEX COUNTY 2013-2017				
Cancer Site	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend
All Cancer Sites	462.1	3930	falling	-0.7
Bladder	18.4	154	falling	-1.4
Brain & ONS	5.5	46	*	*
Breast	137.4	641	rising	1.9
Cervix	9.2	40	falling	-3
Colon & Rectum	42.1	354	stable	-0.1
Esophagus	3.7	32	falling	-3
Kidney & Renal Pelvis	13.4	115	stable	0.6
Leukemia	14.2	117	stable	0.5
Liver & Bile Duct	7.9	71	stable	0.8
Lung & Bronchus	46.9	393	falling	-2.4
Melanoma of the Skin	12.2	103	stable	-0.1
Non-Hodgkin Lymphoma	18.4	153	stable	-0.7
Oral Cavity & Pharynx	10.7	92	rising	8.2
Ovary	11.3	54	falling	-1.8
Pancreas	14.2	120	stable	0.7
Prostate	153.1	593	falling	-3.2
Stomach	9	76	falling	-2
Thyroid	13.7	113	rising	4.3
Uterus (Corpus & Uterus, NOS)	33.5	165	rising	1.7

DATA SOURCE: <https://statecancerprofiles.cancer.gov>

CANCER INCIDENCE DETAILED RATE REPORT: ESSEX COUNTY 2013-2017
SELECT CANCER SITES: RISING INCIDENCE RATES

		Breast	Oral Cavity & Pharynx	Thyroid	Uterus (Corpus & Uterus, NOS)
INCIDENCE RATE REPORT FOR ESSEX COUNTY 2013-2017 All Races (includes Hispanic), All Ages	Age-Adjusted Incidence Rate - cases per 100,000	137.4	10.7	13.7	33.5
	Average Annual Count	641	92	113	165
	Recent Trend	rising	rising	rising	rising
	Recent 5-Year Trend in Incidence Rates	1.9	8.2	4.3	1.7
White Non-Hispanic, All Ages	Age-Adjusted Incidence Rate - cases per 100,000	152.4	12.6	19.6	35.4
	Average Annual Count	277	46	55	70
	Recent Trend	stable	rising	stable	stable
	Recent 5-Year Trend in Incidence Rates	1.1	2.9	0	1.1
Black (includes Hispanic), All Ages	Age-Adjusted Incidence Rate - cases per 100,000	128.6	8.6	6.6	31.8
	Average Annual Count	250	29	23	65
	Recent Trend	stable	falling	rising	rising
	Recent 5-Year Trend in Incidence Rates	-0.7	-2.8	3.5	1.9
Asian or Pacific Islander (includes Hispanic), All Ages	Age-Adjusted Incidence Rate - cases per 100,000	130.2	9.4	17.8	24.8
	Average Annual Count	34	4	9	7
	Recent Trend	stable	stable	stable	stable
	Recent 5-Year Trend in Incidence Rates	3.3	1.9	2.8	-1.9
Hispanic (any race), All Ages	Age-Adjusted Incidence Rate - cases per 100,000	110.7	8.2	15.4	28.7
	Average Annual Count	80	12	24	21
	Recent Trend	stable	stable	rising	rising
	Recent 5-Year Trend in Incidence Rates	-0.1	-0.5	8	2.5
MALES	Age-Adjusted Incidence Rate - cases per 100,000	n/a	15.9	7.7	n/a
	Average Annual Count	n/a	61	30	n/a
	Recent Trend	n/a	stable	stable	n/a
	Recent 5-Year Trend in Incidence Rates	n/a	11.5	-2	n/a
FEMALES	Age-Adjusted Incidence Rate - cases per 100,000	137.4	6.6	19	33.5
	Average Annual Count	641	31	83	165
	Recent Trend	rising	stable	rising	rising
	Recent 5-Year Trend in Incidence Rates	1.9	1.4	4	1.7

DATA SOURCE: <https://statecancerprofiles.cancer.gov>

* Data has been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category. If an average count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression threshold (but is rounded to 3).

CANCER MORTALITY RATE REPORT: ESSEX COUNTY 2014-2018

MORTALITY RATE REPORT: ESSEX COUNTY 2014-2018					
Cancer Site	Met Healthy People Objective of ***?	Age-Adjusted Mortality Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Mortality Rates
All Cancer Sites	***	148.5	1,270	falling	-2.3
Bladder	***	3.7	31	falling	-1
Brain & ONS	***	3.5	30	*	*
Breast	***	23.9	116	falling	-2.4
Cervix	***	2.7	13	falling	-3.1
Colon & Rectum	***	14.6	127	falling	-2.7
Esophagus	***	2.8	25	falling	-3
Kidney & Renal Pelvis	***	2.4	21	falling	-1.7
Leukemia	***	5.5	46	falling	-2.1
Liver & Bile Duct	***	6.2	55	rising	1.2
Lung & Bronchus	***	30.5	260	falling	-3.1
Melanoma of the Skin	***	1.2	10	falling	-1.8
Non-Hodgkin Lymphoma	***	5.3	44	falling	-2.5
Oral Cavity & Pharynx	***	2	17	falling	-3.7
Ovary	***	6	30	falling	-2.5
Pancreas	***	10.9	93	falling	-0.8
Prostate	***	23.6	76	falling	-3.2
Stomach	***	4.4	36	falling	-3.2
Thyroid	***	0.5	4	*	*
Uterus (Corpus & Uterus, NOS)	***	7.2	36	stable	0.3

DATA SOURCE: <https://statecancerprofiles.cancer.gov>

*** No Healthy People 2020 Objective for this cancer.

* Data has been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category. If an average count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression threshold (but is rounded to 3).

CANCER MORTALITY DETAILED RATE REPORT (Highest Volume): ESSEX COUNTY 2014-2018

		Liver & Bile Duct
MORTALITY RATE REPORT FOR ESSEX COUNTY 2014-2018 All Races (includes Hispanic), All Ages	Met Healthy People Objective	***
	Age-Adjusted Death Rate - per 100,000	6.2
	Average Annual Count	55
	Recent Trend	rising
	Recent 5-Year Trend in Death Rates	1.2
White Non-Hispanic, All Ages	Met Healthy People Objective	***
	Age-Adjusted Death Rate - per 100,000	4.3
	Average Annual Count	16
	Recent Trend	stable
	Recent 5-Year Trend in Death Rates	0.3
Black (includes Hispanic), All Ages	Met Healthy People Objective	***
	Age-Adjusted Death Rate - per 100,000	8.9
	Average Annual Count	31
	Recent Trend	rising
	Recent 5-Year Trend in Death Rates	1.8
Asian or Pacific Islander (includes Hispanic), All Ages	Met Healthy People Objective	***
	Age-Adjusted Death Rate - per 100,000	*
	Average Annual Count	3 or fewer
	Recent Trend	*
	Recent 5-Year Trend in Death Rates	*
Hispanic (any race), All Ages	Met Healthy People Objective	***
	Age-Adjusted Death Rate - per 100,000	5.1
	Average Annual Count	6
	Recent Trend	stable
	Recent 5-Year Trend in Death Rates	1.8
MALES	Met Healthy People Objective	***
	Age-Adjusted Death Rate - per 100,000	9.7
	Average Annual Count	37
	Recent Trend	rising
	Recent 5-Year Trend in Death Rates	1.2
FEMALES	Met Healthy People Objective	***
	Age-Adjusted Death Rate - per 100,000	3.7
	Average Annual Count	19
	Recent Trend	stable
	Recent 5-Year Trend in Death Rates	0.9

DATA SOURCE: <https://statecancerprofiles.cancer.gov>

*** No Healthy People 2020 Objective for this cancer.

* Data has been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category. If an average count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression threshold (but is rounded to 3).

CANCER INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017

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

All Cancer Sites: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	485.9	51,689	falling	-0.8
US (SEER+NPCR)	448.7	1,673,102	falling	-1
Cape May County	564.6	881	stable	-0.2
Salem County	554.1	462	stable	0
Gloucester County	541.6	1,853	stable	-0.2
Burlington County	527.8	2,956	falling	-0.4
Camden County	524.6	3,123	falling	-0.4
Monmouth County	523.2	4,160	stable	0.4
Ocean County	521.2	4,511	falling	-0.6
Cumberland County	512	895	stable	0.1
Sussex County	510.3	932	falling	-0.8
Warren County	506.4	706	falling	-0.8
Mercer County	503.9	2,138	falling	-0.6
Atlantic County	495.8	1,699	falling	-0.8
Morris County	487.9	3,030	falling	-0.9
Hunterdon County	475.1	794	stable	-0.4
Bergen County	472.4	5,571	falling	-1
Somerset County	463.3	1,827	falling	-0.8
Essex County	462.1	3,930	falling	-0.7
Middlesex County	460.8	4,293	falling	-0.9
Union County	453.7	2,802	falling	-1.2
Passaic County	451.6	2,510	falling	-0.8
Hudson County	403.5	2,607	falling	-1.2
Bladder: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	23.1	2,487	falling	-1.1
US (SEER+NPCR)	20	74,787	falling	-1.9
Cape May County	30.9	51	stable	-0.3
Warren County	27.2	39	stable	-0.4
Gloucester County	27.1	90	stable	0
Atlantic County	26.8	93	stable	-0.6
Salem County	26.5	23	stable	0.6
Burlington County	26.5	151	stable	-0.2
Sussex County	25.9	48	stable	0

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Hunterdon County	25.9	43	stable	0.5
Monmouth County	25.5	206	stable	-0.3
Camden County	25	148	stable	-0.8
Cumberland County	25	43	stable	-0.7
Morris County	24.2	152	falling	-1.5
Ocean County	23.9	231	falling	-2.2
Middlesex County	22.8	211	falling	-1
Bergen County	22.6	277	falling	-1.6
Passaic County	22.2	124	stable	-1
Mercer County	20.7	88	falling	-1.4
Union County	20.4	127	falling	-2
Somerset County	20.1	79	stable	-1.2
Essex County	18.4	154	falling	-1.4
Hudson County	17.6	108	falling	-1.6
Brain & ONS: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	6.8	673	*	*
US (SEER+NPCR)	6.5	22,781	*	*
Salem County	9.6	7	*	*
Warren County	9.1	12	*	*
Hunterdon County	8.6	12	*	*
Sussex County	7.9	13	*	*
Gloucester County	7.8	25	*	*
Burlington County	7.7	39	*	*
Ocean County	7.7	54	*	*
Mercer County	7.3	29	*	*
Bergen County	7.2	77	*	*
Morris County	7.2	40	*	*
Atlantic County	6.9	22	*	*
Cumberland County	6.9	11	*	*
Camden County	6.9	38	*	*
Middlesex County	6.8	60	*	*
Monmouth County	6.8	50	*	*
Passaic County	6.7	35	*	*
Somerset County	6.5	23	*	*
Cape May County	5.8	7	*	*
Hudson County	5.7	38	*	*
Union County	5.6	33	*	*

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Essex County	5.5	46	*	*
Breast: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	136.6	7,668	rising	0.5
US (SEER+NPCR)	125.9	244,411	rising	0.3
Morris County	148.1	480	stable	0
Burlington County	147	433	rising	1.3
Hunterdon County	146.2	129	stable	0.2
Monmouth County	146.2	616	stable	0.1
Gloucester County	144.3	267	stable	0.3
Somerset County	144.2	306	stable	0.1
Mercer County	141.9	316	stable	0.2
Camden County	141	450	stable	0.6
Bergen County	140.8	865	stable	0.5
Essex County	137.4	641	rising	1.9
Union County	136.7	454	stable	0
Cape May County	135.7	106	stable	-0.1
Sussex County	135.6	129	stable	-0.2
Ocean County	132.9	586	stable	-0.2
Atlantic County	131.4	238	stable	0.2
Salem County	130.6	56	stable	0.1
Middlesex County	129.7	639	stable	-0.1
Warren County	125.9	92	stable	-0.7
Passaic County	124.4	367	rising	1.1
Cumberland County	118.9	108	stable	0.6
Hudson County	111.1	389	stable	0.5
Cervix: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	7.7	382	falling	-1.9
US (SEER+NPCR)	7.6	12,833	stable	0.3
Cumberland County	15.3	11	stable	-1.4
Cape May County	11.7	5	stable	0.8
Salem County	10.6	3	*	*
Hudson County	9.4	33	falling	-2.2
Union County	9.3	29	stable	-0.3
Atlantic County	9.2	14	stable	-1.1
Essex County	9.2	40	falling	-3
Passaic County	8.6	23	stable	-2.1
Ocean County	8.2	27	stable	-1.5

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Camden County	8.1	23	falling	-2.7
Warren County	8	4	stable	-0.5
Somerset County	7.5	13	stable	4.7
Gloucester County	6.9	12	stable	-0.8
Middlesex County	6.9	32	stable	-1.5
Bergen County	6.8	36	stable	-0.9
Burlington County	6.4	16	stable	12.6
Morris County	6.3	18	stable	-1.1
Mercer County	6.2	12	falling	-3.9
Monmouth County	6.1	21	stable	-2.3
Sussex County	5.9	5	stable	-2.7
Hunterdon County	5.1	3	falling	-4
Colon & Rectum: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	40.8	4,342	falling	-1.6
US (SEER+NPCR)	38.4	142,225	falling	-1.4
Salem County	48.4	40	falling	-2.6
Cape May County	46.5	72	falling	-2.8
Cumberland County	46.3	80	falling	-2.5
Gloucester County	44.8	151	falling	-2.7
Burlington County	44.7	249	stable	-1
Ocean County	43.7	393	falling	-1.8
Camden County	43.7	256	falling	-2.9
Warren County	42.8	61	falling	-3
Sussex County	42.1	74	falling	-3.4
Essex County	42.1	354	stable	-0.1
Monmouth County	40.9	325	falling	-3.3
Atlantic County	40.4	138	falling	-3.6
Hudson County	40.3	259	falling	-2.9
Middlesex County	39.6	370	falling	-3
Passaic County	39.5	220	stable	-0.8
Union County	39.1	243	falling	-3.2
Bergen County	39	464	stable	1.1
Hunterdon County	37.7	62	falling	-2.6
Mercer County	37.3	158	falling	-3.3
Morris County	37.1	233	falling	-3.4
Somerset County	35.2	139	falling	-3.4

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Esophagus: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	4.3	469	falling	-1.3
US (SEER+NPCR)	4.5	17,419	falling	-1.1
Warren County	7	10	stable	-0.1
Gloucester County	6.4	23	rising	2.2
Cape May County	6.4	10	stable	1.4
Sussex County	6.1	12	stable	-1.1
Ocean County	5.7	52	stable	-0.7
Cumberland County	5.1	9	stable	-0.3
Camden County	5	31	stable	-0.8
Hunterdon County	4.7	8	stable	-1.8
Salem County	4.7	4	stable	-3.4
Morris County	4.6	30	stable	-0.4
Passaic County	4.5	25	stable	-0.3
Burlington County	4.4	25	stable	-0.9
Atlantic County	4.3	15	falling	-2.1
Monmouth County	4.3	36	falling	-2
Mercer County	4.2	18	falling	-2.8
Essex County	3.7	32	falling	-3
Union County	3.7	23	stable	-1.9
Middlesex County	3.6	34	falling	-2
Bergen County	3.2	39	falling	-1.4
Hudson County	3.2	20	falling	-2.8
Somerset County	3.2	13	stable	-1.6
Kidney & Renal Pelvis: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	16.3	1,736	rising	0.8
US (SEER+NPCR)	16.8	62,705	rising	0.6
Cumberland County	21	36	stable	-10.5
Burlington County	19.6	110	stable	1.3
Camden County	19.6	116	rising	2
Gloucester County	18.6	65	stable	0.4
Ocean County	17.8	147	rising	1.5
Mercer County	17.7	76	rising	2
Salem County	17.7	15	stable	0.2
Atlantic County	17.4	60	stable	0.2
Cape May County	17.3	26	stable	2.1

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Monmouth County	16.7	133	rising	0.9
Warren County	16.5	22	stable	0.8
Bergen County	16.4	194	stable	0.5
Passaic County	15.8	88	stable	0.9
Morris County	15.7	98	stable	0.7
Middlesex County	15.7	146	stable	0
Sussex County	15.4	31	stable	-0.4
Union County	15	93	stable	0.2
Somerset County	14.6	58	stable	-0.1
Hunterdon County	13.8	23	stable	-0.7
Essex County	13.4	115	stable	0.6
Hudson County	12.8	84	stable	0.5
Leukemia: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	15.7	1,610	rising	0.8
US (SEER+NPCR)	14.2	51,227	falling	-2.1
Sussex County	19.4	32	rising	2.9
Monmouth County	17.4	134	rising	1.5
Gloucester County	17.4	58	stable	1.2
Ocean County	16.9	145	stable	0.6
Morris County	16.8	101	rising	1.2
Mercer County	16.6	68	rising	1.8
Cape May County	16.5	23	stable	-1.2
Burlington County	16.3	88	stable	0.9
Cumberland County	16.1	28	rising	1.7
Warren County	16	21	stable	0.4
Union County	15.7	93	stable	1
Bergen County	15.6	182	stable	1.3
Passaic County	15.6	83	stable	1
Somerset County	15.4	57	stable	-0.5
Middlesex County	15.4	139	stable	0.3
Camden County	15.3	88	stable	0.4
Hunterdon County	14.7	23	stable	-0.8
Essex County	14.2	117	stable	0.5
Atlantic County	13.7	45	stable	-0.2
Salem County	13.7	10	stable	-1.1
Hudson County	11.5	72	stable	0

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Liver & Bile Duct: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	7.8	869	rising	2.1
US (SEER+NPCR)	8.4	33,355	stable	0.4
Cumberland County	10.5	19	rising	4.8
Cape May County	9.9	17	stable	4
Camden County	9.4	60	rising	2.4
Atlantic County	9.1	32	stable	2.1
Hudson County	8.7	57	rising	2.6
Gloucester County	8.6	30	rising	2.1
Mercer County	8.4	37	stable	1.8
Ocean County	8.3	75	rising	3.2
Salem County	8.3	7	stable	-15.4
Passaic County	8.2	47	stable	1.1
Essex County	7.9	71	stable	0.8
Middlesex County	7.9	76	rising	2.5
Burlington County	7.7	45	rising	2.4
Monmouth County	7.6	64	rising	2.4
Bergen County	7.1	89	stable	1.1
Warren County	6.7	10	stable	1.9
Sussex County	6.7	13	stable	1.5
Morris County	6.6	43	rising	2.2
Union County	6.3	40	rising	1.8
Somerset County	6	25	stable	1.6
Hunterdon County	5.4	10	rising	3
Lung & Bronchus: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	55.3	5,950	falling	-1.6
US (SEER+NPCR)	58.3	221,568	falling	-2
Salem County	85.4	73	rising	2.5
Cape May County	76.3	130	stable	-0.8
Gloucester County	74.6	252	falling	-1.2
Ocean County	70.8	672	falling	-1.1
Cumberland County	69.2	123	falling	-0.8
Camden County	67.2	404	falling	-1.4
Atlantic County	64.7	226	falling	-1.9
Warren County	63.8	91	stable	-1
Sussex County	62.5	114	falling	-1.3

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Burlington County	61.8	350	falling	-1
Monmouth County	59.7	482	falling	-1.5
Mercer County	56.7	242	falling	-1.5
Middlesex County	49.7	459	falling	-2.1
Bergen County	49.4	598	falling	-1.7
Hunterdon County	48.6	81	stable	-1.2
Morris County	47.7	300	falling	-2
Essex County	46.9	393	falling	-2.4
Passaic County	44.8	250	falling	-5.8
Somerset County	44	173	falling	-1.8
Hudson County	43.7	273	falling	-2.5
Union County	43.1	262	falling	-2.2
Melanoma of the Skin: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	22.2	2,335	stable	0.5
US (SEER+NPCR)	22.3	81,226	rising	1.8
Cape May County	51.3	77	rising	3.3
Hunterdon County	39.8	65	stable	1.9
Ocean County	34	283	stable	0.2
Salem County	32.4	26	stable	-16.8
Monmouth County	32.1	249	rising	1.6
Sussex County	31.9	56	rising	3.1
Gloucester County	27.2	91	stable	0.7
Atlantic County	27.1	92	rising	1.6
Morris County	26.7	164	stable	0.2
Burlington County	26.4	146	stable	0.5
Warren County	25.7	34	stable	0.1
Somerset County	24.4	97	stable	0.2
Camden County	21.7	128	stable	0.3
Mercer County	21.1	88	stable	0.4
Middlesex County	18.1	167	stable	1
Bergen County	18	212	falling	-1.3
Cumberland County	16.4	28	stable	1.3
Union County	15.7	97	stable	0.2
Passaic County	14.3	77	stable	0.2
Essex County	12.2	103	stable	-0.1
Hudson County	8.2	53	stable	-0.7

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017

County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Non-Hodgkin Lymphoma: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	21.8	2,272	stable	0
US (SEER+NPCR)	19.3	70,661	falling	-1.5
Warren County	24.9	34	stable	-0.2
Monmouth County	24.3	188	stable	0
Morris County	23.7	145	stable	-0.3
Somerset County	23.7	92	stable	0.3
Sussex County	23.5	41	stable	-0.5
Atlantic County	23.2	78	stable	0
Bergen County	23.1	268	stable	0.1
Mercer County	22.6	94	stable	0
Ocean County	22.5	196	stable	0.4
Gloucester County	22.1	73	rising	0.9
Middlesex County	22.1	202	stable	-0.1
Cumberland County	22	37	stable	-0.1
Union County	21.1	129	stable	-6.5
Burlington County	21.1	117	stable	-0.5
Salem County	20.8	17	stable	-0.5
Hunterdon County	20.6	35	stable	-0.3
Camden County	20.6	122	stable	-0.4
Passaic County	20.4	109	stable	0.4
Essex County	18.4	153	stable	-0.7
Cape May County	18.3	29	stable	-0.3
Hudson County	17.1	110	stable	-0.4
Oral Cavity & Pharynx: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	11.1	1,204	rising	0.8
US (SEER+NPCR)	11.8	45,129	stable	0
Salem County	16.1	14	stable	1.2
Cape May County	14.6	23	stable	0.2
Atlantic County	14.4	51	rising	1.5
Cumberland County	14	25	rising	2.3
Monmouth County	12.9	105	rising	1
Ocean County	12.8	108	rising	1.7
Sussex County	12.7	25	stable	1.7
Camden County	12.2	75	stable	1.2
Warren County	11.7	17	stable	2.1

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Gloucester County	11.5	41	stable	0.8
Hunterdon County	11.4	21	stable	1.9
Morris County	11.4	74	rising	1.7
Burlington County	11.2	65	stable	1.3
Middlesex County	10.7	100	rising	1.6
Essex County	10.7	92	rising	8.2
Somerset County	10.5	43	stable	0.4
Passaic County	10.1	57	stable	-0.2
Bergen County	9.5	115	stable	-0.1
Mercer County	9.4	42	falling	-1.2
Union County	9	57	stable	-0.1
Hudson County	8.3	55	stable	-1.3
Ovary: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	11.8	679	falling	-2.1
US (SEER+NPCR)	10.9	21,338	falling	-3.1
Cape May County	17.1	13	stable	0.2
Somerset County	13.6	29	falling	-2.1
Camden County	13.4	42	falling	-1.6
Mercer County	13.2	30	stable	-0.9
Burlington County	12.8	39	stable	-0.9
Warren County	12.5	9	stable	0.2
Atlantic County	12.3	22	falling	-2.7
Gloucester County	12.3	23	falling	-2.9
Ocean County	12	55	stable	-1.1
Hunterdon County	11.9	11	falling	-2.7
Middlesex County	11.8	59	falling	-2.1
Hudson County	11.7	41	stable	-1.1
Morris County	11.4	38	falling	-2.5
Bergen County	11.3	72	falling	-3.9
Essex County	11.3	54	falling	-1.8
Passaic County	11.2	34	falling	-2.7
Monmouth County	11	48	falling	-2.2
Union County	10.6	36	falling	-2.4
Cumberland County	10.4	9	stable	15.6
Sussex County	10.2	10	falling	-3.3
Salem County	9.3	4	stable	-2.1
Pancreas: All Races (includes Hispanic), Both Sexes, All Ages				

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
New Jersey	14.4	1,556	rising	1.1
US (SEER+NPCR)	12.9	48,832	rising	0.8
Warren County	17	24	stable	1.8
Mercer County	16.1	69	rising	2.3
Salem County	15.9	14	stable	1.5
Burlington County	15.9	91	rising	2
Ocean County	15.7	148	rising	1.5
Hunterdon County	15.4	27	rising	2.2
Camden County	15.1	91	rising	1.1
Gloucester County	14.7	50	stable	0.8
Cape May County	14.7	25	stable	0.4
Monmouth County	14.5	121	rising	1.3
Essex County	14.2	120	stable	0.7
Atlantic County	14.2	50	stable	1.3
Bergen County	14.1	171	stable	0.3
Morris County	14	90	rising	1.3
Hudson County	14	87	rising	2.1
Passaic County	13.5	76	stable	0
Sussex County	13.5	25	stable	2.3
Cumberland County	13.4	24	stable	0.6
Union County	13.4	82	stable	0.5
Middlesex County	12.9	121	stable	0.8
Somerset County	12.8	51	stable	1.1
Prostate: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	131.3	6,723	falling	-2.9
US (SEER+NPCR)	104.5	192,918	stable	-0.4
Essex County	153.1	593	falling	-3.2
Cape May County	152.9	122	falling	-1.9
Mercer County	148.1	300	falling	-2.3
Burlington County	147.9	407	falling	-3.1
Camden County	142.3	405	falling	-1.8
Gloucester County	140.7	236	falling	-1.8
Monmouth County	139.3	549	falling	-2.2
Salem County	139.3	58	stable	-1.7
Passaic County	136.2	359	falling	-2.5
Union County	134.6	390	falling	-3.7
Cumberland County	129.8	109	stable	-0.6

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Bergen County	128.6	729	falling	-3.3
Morris County	127.6	392	falling	-3.3
Middlesex County	124.1	555	stable	1.2
Somerset County	122	232	falling	-2.9
Warren County	120	85	falling	-3.5
Sussex County	119.2	117	falling	-4.3
Atlantic County	117.7	203	falling	-2.5
Hudson County	112.7	319	falling	-3.9
Ocean County	112.1	466	falling	-3.6
Hunterdon County	108	94	rising	9.1
Stomach: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	7.9	847	falling	-1.1
US (SEER+NPCR)	6.5	24,190	falling	-1.1
Passaic County	10.4	58	stable	-0.2
Union County	9.7	59	stable	-0.8
Hudson County	9.5	60	falling	-1.7
Essex County	9	76	falling	-2
Cumberland County	8.8	15	stable	-2
Camden County	8.7	51	stable	0.3
Bergen County	8.6	104	stable	-0.9
Mercer County	8.1	34	stable	-0.5
Atlantic County	7.7	26	stable	-1
Middlesex County	7.5	70	falling	-2.5
Sussex County	7.5	14	stable	0.3
Burlington County	7	40	stable	-0.4
Ocean County	7	62	stable	-0.7
Somerset County	7	28	falling	-1.8
Gloucester County	6.7	23	stable	-0.9
Monmouth County	6.7	56	falling	-1.5
Morris County	6.4	41	falling	-1.7
Salem County	5.9	5	stable	0
Hunterdon County	5.7	9	stable	-0.1
Warren County	5.6	8	stable	0.7
Cape May County	5.1	8	stable	-1.6
Thyroid: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	19.3	1,840	stable	-0.3
US (SEER+NPCR)	14.3	48,211	falling	-2.2

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Monmouth County	26.8	182	stable	1.4
Gloucester County	24.4	76	rising	4
Mercer County	24.1	96	rising	4
Ocean County	24	147	rising	5.4
Camden County	22	118	rising	2.7
Burlington County	20.8	102	rising	2.4
Bergen County	20.3	207	stable	0.3
Salem County	20.2	13	rising	4
Somerset County	19.8	71	falling	-12.1
Middlesex County	19.2	169	stable	-0.9
Morris County	19.1	102	stable	-3.9
Sussex County	18	29	rising	3.9
Warren County	17	20	stable	1.6
Atlantic County	16.9	48	stable	0.9
Passaic County	16.2	85	stable	-7.6
Cape May County	16	17	rising	2.4
Union County	15.8	92	falling	-8.9
Hudson County	15.1	107	stable	-0.1
Cumberland County	14.6	24	stable	0.5
Hunterdon County	14.4	20	rising	3.6
Essex County	13.7	113	rising	4.3
Uterus (Corpus & Uterus, NOS): All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	31.9	1,913	rising	0.8
US (SEER+NPCR)	27	55,004	rising	1.2
Warren County	39.3	30	stable	1.2
Cumberland County	39.1	37	rising	1.9
Cape May County	38.2	32	rising	3.1
Sussex County	36.3	38	stable	0.9
Camden County	35.3	119	rising	2.1
Mercer County	34.3	82	rising	1.6
Hunterdon County	34.3	31	stable	-1
Gloucester County	33.7	66	stable	1.2
Salem County	33.7	16	stable	1.1
Essex County	33.5	165	rising	1.7
Morris County	32.8	115	stable	0.3
Atlantic County	32.4	61	stable	1.2

INCIDENCE RATE REPORT: ALL COUNTIES 2013-2017				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Somerset County	32.4	73	stable	0.4
Burlington County	32.2	101	stable	1
Middlesex County	32	168	stable	0.5
Ocean County	31.5	150	stable	0.2
Monmouth County	30.8	140	stable	-0.2
Bergen County	29.9	198	stable	-0.1
Union County	29.3	102	stable	1
Passaic County	28.8	90	stable	0.3
Hudson County	26.8	98	stable	0.6

DATA SOURCE: <https://statecancerprofiles.cancer.gov>

COOPERMAN BARNABAS MEDICAL CENTER - TUMOR REGISTRY SUMMARY

In 2019, CBMC's tumor registry data showed that 9.6% and 9.3% of overall cases were Stage 3 and Stage 4 respectively. The following primary site was made up of more than 25% of Stage 4 cases: Respiratory System (31.3%).

Compared to 2018, there was an increase of 7 cases (+0.2%) in 2019. The two biggest increases in overall cases occurred in Digestive Organs (+36, +8.2%), followed by Skin (+18, +30.5%). Please note that case volume counts of less than 10 are suppressed. Staging percentages are calculated on analytic cases only.

MainSite	SubSite	Cases (both analytic and non-analytic)		2018			2019			2018 - 2019			
		2018	2019	% Stage3	% Stage4	Total % Stage3 & 4	% Stage 3	% Stage4	Total % Stage3 & 4	Change in Case Volume	Change in % points for Stage 3	Change in % points for Stage 4	Change in % points for Stage 3 & 4
BREAST		841	822	6.2%	3.3%	9.5%	3.8%	3.8%	7.6%	(19)	(2.4)	0.5	(1.9)
CONNECTIVE, SUBCUTANEOUS AND OTHER SOFT TISSUES		21	17	7.7%	23.1%	30.8%	0.0%	0.0%	0.0%	(4)	(7.7)	(23.1)	(30.8)
DIGESTIVE ORGANS		441	477	20.5%	20.2%	40.7%	19.2%	17.1%	36.3%	36	(1.3)	(3.1)	(4.3)
	ANUS AND ANAL CANAL		11	42.9%	0.0%	42.9%	33.3%	0.0%	33.3%	2	(9.5)	0.0	(9.5)
	COLON	133	190	25.2%	16.8%	42.1%	28.0%	9.6%	37.6%	57	2.8	(7.3)	(4.5)
	ESOPHAGUS	28	20	25.0%	25.0%	50.0%	16.7%	16.7%	33.3%	(8)	(8.3)	(8.3)	(16.7)
	LIVER AND INTRAHEPATIC BILE DUCTS	41	32	24.1%	24.1%	48.3%	22.2%	11.1%	33.3%	(9)	(1.9)	(13.0)	(14.9)
	OTHER AND UNSPECIFIED PARTS OF BILIARY TRACT		14	25.0%	0.0%	25.0%	0.0%	22.2%	22.2%	4	(25.0)	22.2	(2.8)
	PANCREAS	84	86	11.5%	29.5%	41.0%	2.7%	38.4%	41.1%	2	(8.7)	8.8	0.1
	RECTOSIGMOID JUNCTION	17	19	30.8%	38.5%	69.2%	44.4%	11.1%	55.6%	2	13.7	(27.4)	(13.7)
	RECTUM	37	34	28.6%	7.1%	35.7%	16.0%	8.0%	24.0%	(3)	(12.6)	0.9	(11.7)
	SMALL INTESTINE	20	20	7.1%	21.4%	28.6%	11.1%	22.2%	33.3%	0	4.0	0.8	4.8
	STOMACH	49	39	11.1%	25.0%	36.1%	10.3%	17.2%	27.6%	(10)	(0.8)	(7.8)	(8.5)
EYE, BRAIN AND OTHER PARTS OF CENTRAL NERVOUS SYSTEM		119	130	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	11	0.0	0.0	0.0
	BRAIN	54	44	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	(10)	0.0	0.0	0.0
	MENINGES	44	70	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	26	0.0	0.0	0.0
	SPINAL CORD, CRANIAL NERVES, AND OTHER PARTS OF CENTRAL NERVOUS SYSTEM	19	14	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	(5)	0.0	0.0	0.0
FEMALE GENITAL ORGANS		288	261	14.2%	11.9%	26.1%	16.8%	5.0%	21.8%	(27)	2.6	(7.0)	(4.4)
	CERVIX UTERI	28	22	21.1%	15.8%	36.8%	20.0%	0.0%	20.0%	(6)	(1.1)	(15.8)	(16.8)
	CORPUS UTERI	139	152	7.3%	8.9%	16.3%	13.8%	2.3%	16.2%	13	6.5	(6.6)	(0.1)
	OTHER AND UNSPECIFIED FEMALE GENITAL ORGANS	15	12	45.5%	18.2%	63.6%	22.2%	11.1%	33.3%	(3)	(23.2)	(7.1)	(30.3)
	OVARY	63	39	26.7%	20.0%	46.7%	29.0%	12.9%	41.9%	(24)	2.4	(7.1)	(4.7)
	VULVA	28	18	0.0%	0.0%	0.0%	12.5%	0.0%	12.5%	(10)	12.5	0.0	12.5
HEMATOPOIETIC AND RETICULOENDOTHELIAL SYSTEMS		163	140	0.0%	9.5%	9.5%	0.0%	9.1%	9.1%	(23)	0.0	(0.4)	(0.4)

		Cases (both analytic and non-analytic)		2018			2019			2018 - 2019			
MainSite	SubSite	2018	2019	% Stage 3	% Stage 4	Total % Stage 3 & 4	% Stage 3	% Stage 4	Total % Stage 3 & 4	Change in Case Volume	Change in % points for Stage 3	Change in % points for Stage 4	Change in % points for Stage 3 & 4
	HEMATOPOIETIC AND RETICULOENDOTHELIAL SYSTEMS	163	140	0.0%	9.5%	9.5%	0.0%	9.1%	9.1%	(23)	0.0	(0.4)	(0.4)
	LIP, ORAL CAVITY AND PHARYNX	69	73	14.9%	19.1%	34.0%	15.2%	10.9%	26.1%	4	0.3	(8.3)	(8.0)
	OTHER AND UNSPECIFIED PARTS OF TONGUE		15	50.0%	16.7%	66.7%	22.2%	11.1%	33.3%	8	(27.8)	(5.6)	(33.3)
	PAROTID GLAND	17		7.7%	30.8%	38.5%	25.0%	0.0%	25.0%	(10)	17.3	(30.8)	(13.5)
	TONSIL	14	13	0.0%	11.1%	11.1%	0.0%	9.1%	9.1%	(1)	0.0	(2.0)	(2.0)
	LYMPH NODES	70	80	20.8%	22.9%	43.8%	20.4%	24.1%	44.4%	10	(0.5)	1.2	0.7
	MALE GENITAL ORGANS	275	273	13.5%	11.6%	25.2%	14.4%	1.4%	15.8%	(2)	0.8	(10.2)	(9.4)
	PROSTATE GLAND	266	263	13.6%	12.2%	25.9%	15.1%	1.4%	16.5%	(3)	1.5	(10.8)	(9.3)
	RESPIRATORY SYSTEM AND INTRATORACIC ORGANS	268	259	15.5%	36.0%	51.5%	15.4%	31.3%	46.8%	(9)	(0.1)	(4.7)	(4.7)
	BRONCHUS AND LUNG	236	226	16.5%	39.4%	55.9%	17.4%	33.7%	51.2%	(10)	1.0	(5.7)	(4.7)
	LARYNX	15	15	13.3%	6.7%	20.0%	7.7%	30.8%	38.5%	0	(5.6)	24.1	18.5
	SKIN	59	77	5.0%	5.0%	10.0%	5.4%	5.4%	10.7%	18	0.4	0.4	0.7
	THYROID AND OTHER ENDOCRINE GLANDS	125	126	0.0%	1.1%	1.1%	0.0%	0.0%	0.0%	1	0.0	(1.1)	(1.1)
	OTHER ENDOCRINE GLANDS AND RELATED STRUCTURES	47	50	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3	0.0	0.0	0.0
	THYROID GLAND	77	74	0.0%	1.5%	1.5%	0.0%	0.0%	0.0%	(3)	0.0	(1.5)	(1.5)
	UNKNOWN PRIMARY SITE	25	28	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3	0.0	0.0	0.0
	URINARY TRACT	177	185	8.5%	3.9%	12.4%	3.2%	7.6%	10.8%	8	(5.3)	3.7	(1.6)
	BLADDER	90	102	3.8%	5.0%	8.8%	2.3%	3.4%	5.7%	12	(1.5)	(1.6)	(3.0)
	KIDNEY	72	75	11.7%	3.3%	15.0%	1.6%	10.9%	12.5%	3	(10.1)	7.6	(2.5)
	Grand Total	2,955	2,962	10.6%	11.2%	21.9%	9.6%	9.3%	18.9%	7	(1.0)	(2.0)	(3.0)

**Cooperman Barnabas
Medical Center**

**RWJBarnabas
HEALTH**



COMMUNITY HEALTH NEEDS ASSESSMENT

IMPLEMENTATION PLAN RESULTS 2019-2021

Goal I: Improve Health Outcomes for Cancer Patients by Promoting Prevention and Early Detection of Cancer in the Community

Key CHNA Findings:

- Cancer emerges as one of the five top issues identified by the PSA Health Officers.
- Cancer is the second leading cause of death in the US, causing approximately 1,600 deaths per day.

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
1.1	Provide cancer prevention education seminars to increase awareness of a specific cancer type and address the needs of the community.	Measure the number of programs offered	Oncology Education and Navigation	Number of cancer prevention seminars provided: <ul style="list-style-type: none"> • <u>2019</u> = 21 • <u>2020</u> = 12 (43% decrease) • <u>2021</u> = 20 (67% increase) Overall 24% increase ✓ Goal Met
1.2	Expand early detection outreach by providing free community screenings in <u>one or more of the below cancers</u> : <ul style="list-style-type: none"> • Skin Cancer • Head and Neck Cancer • Lung Cancer • Breast Cancer • Colorectal Cancer • Prostate Cancer • GYN cancer/ Pap Smear 	Number of programs provided as measured by number of community benefit hours reported	Oncology Education and Navigation Community Health	Community benefit hours reported by providing free community screenings: <ul style="list-style-type: none"> • <u>2019</u> = 781 • <u>2020</u> = 626 (20% decrease) • <u>2021</u> = 665 (6% increase) Overall 14% decrease Goal Not Met - decrease of in-person screenings due to COVID19

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Goal II: Improve Outcomes for Cardiovascular Disease Through Care Coordination and Education and Outreach

Key CHNA Findings:

- In top five health related concerns by PSA Health Officers.

- The AHA And World Heart Federation suggest addressing: tobacco use, hypertension, diabetes, and obesity to reduce overall incidence of cardiovascular disease.

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
2.1	<p>Focus individual sessions for community participants, who will be educated specifically in the Heart Disease risk factors. The Heart Disease education will include:</p> <ul style="list-style-type: none"> • Dietary • Lifestyle • Medication • Psychosocial risk factors 	Utilize the 2019 program numbers as a basis to measure the percent of increased participation	Nursing, Cardiac Health	<p>Heart Disease risk factor sessions:</p> <ul style="list-style-type: none"> • 2019 = 6 • 2020 = 12 (100% increase) • 2021 = 9 (25% decrease) <p>Overall 75% increase ✓ Goal Met</p>
2.2	<p>Offer a series of cardiac related health screenings targeted at specific early detection:</p> <ul style="list-style-type: none"> • Blood pressure • Cholesterol • BMP • Nutrition assessment 	Increase the number of health screenings by 5%	Nursing, Cardiac Health	<p>Cardiac related health screenings:</p> <ul style="list-style-type: none"> • 2019 = 31 • 2020 = 5 (84% decrease) • 2021 = 3 (40% decrease) <p>Overall 124% decrease Goal Not Met – decrease of in-person screenings due to COVID19</p>
2.3	<p>Offer a series of classes on a quarterly basis, that are focused on the importance of medication regimes for Heart Failure patients:</p> <ul style="list-style-type: none"> • Include a dietary professional to incorporate medication interactions • Include a pharmacist to assist with multi-pharmaceutical questions 	<p>Retaining Heart Failure patients in the RWJBarnabas Health System and offering interest in ongoing cardiac health</p> <p>Reduce Heart Failure readmissions by 3%</p>	Nursing, Cardiac Health	<p>30 day readmission rate for Heart Failure patients:</p> <ul style="list-style-type: none"> • 2019 = 19.35% • 2020 = 15% (4.35% decrease) • 2021 = 13.49% (1.51% decrease) <p>Overall 5.86% decrease ✓ Goal Met</p>

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Goal III: Improve Diabetes Prevention and Diabetes Self Management by Promoting Healthy Eating and Exercise at Schools and Community-based Organizations.

Key CHNA Findings:

- Identified as a top five health issue by PSA Health Officers.
- Obesity/Diabetes was identified as a top issue by PSA residents.

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
3.1	To increase access to prevent T2 (CDC National Diabetes Prevention Program)	Increase number of persons enrolled in the program by 3%	Dietician, Center for Diabetes Education	Persons enrolled in CDC National Diabetes Prevention Program: <ul style="list-style-type: none"> • 2019 = 26 • 2020 = 20 (23% decrease) • 2021 = 88 (340% increase) Overall 317% increase ✓ Goal Met
3.2	Increase number of persons enrolled in diabetes classes each calendar year	Expand access to diabetes self management education and support	Dietician, Center for Diabetes Education	Persons enrolled in diabetes self management education and support: <ul style="list-style-type: none"> • 2019 = 57 • 2020 = 34 (40% decrease) • 2021 = 41 (21% increase) Overall 19% decrease Goal Not Met
3.3	Improve the knowledge and skills of persons with diabetes to self-manage their disease	Persons with diabetes will improve on their knowledge and skills to manage their disease assessed via pre/post assessment survey Target number to complete both pre and post assessment: 50% of persons who are enrolled in the program	Dietician, Center for Diabetes Education	Percent completion of pre/post assessment: <ul style="list-style-type: none"> • 2019 = N/A, assessment started in 2020 • 2020 = 65% • 2021 = 49% ✓ Goal Met Goal Not Met

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Goal IV: Maternal & Child Health

Key CHNA Findings:

- Identified as a top five health issue by PSA Health Officers.

- The WHO pushed for a Global Strategy for Women's, Children's, & Adolescent's Health. Their set of objectives are to: end preventable deaths, ensure health and well-being, and expand enabling environments.

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
4.1	Offer free Pediatric Flu Clinics, providing vaccines for mothers and children	Increase number of clinics and vaccines provided	OB Nursing Leadership Community Health & Outreach Department Family Care Center (FCC)	<p>Pediatric Flu Clinics:</p> <ul style="list-style-type: none"> • 2019 = 2 • 2020 = 4 (100% increase) • 2021 = 3 (25% decrease) <p>Overall 75% increase ✓ Goal Met</p> <p>Vaccinations:</p> <ul style="list-style-type: none"> • 2019 = 83 • 2020 = 148 (78% increase) • 2021 = 469 (217% increase) <p>Overall 295% increase ✓ Goal Met</p>
4.2	Creation of a Post Partum Family Advisory Council	Increase overall hospital and discharge ratings in the HCAHPS scores	Nursing Program Director, Magnet Community Health & Outreach Department	<p>Overall hospital rating (percentile):</p> <ul style="list-style-type: none"> • 2019 = 59th • 2020 = 60th (2% increase) • 2021 = 70th (17% increase) <p>Overall 19% increase ✓ Goal Met</p> <p>Overall discharge rating (percentile):</p> <ul style="list-style-type: none"> • 2019 = 58th • 2020 = 56th (3% decrease) • 2021 = 70th (25% increase) <p>Overall 22% increase ✓ Goal Met</p>

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Goal V: Reduce Disparities by Improving Access to Care

Key CHNA Findings:

- The need for free or low cost screenings for preventative health services is more important to females, African Americans, singles and lower income groups
- Improve access to primary care in the following zip codes: West Orange, Orange, South Orange and Maplewood.

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
5.1	Ensure strong SBMC presence in our PSA urban communities to build trust, provide needed health screenings and conduct preventative education in partnership with community based organizations	Number of programs provided as measured by number of community benefit hours reported	Community Health & Outreach Department	Community benefit Hours: <ul style="list-style-type: none"> • 2019 = 449 • 2020 = 622 (39% increase) • 2021 = 1,500 (141% increase) Overall 180% increase ✓ Goal Met
5.2	Aiming to prevent liver disease in the PSA area by providing Hepatitis B & C screenings in the community	Increase total number of patients screened in the community	Practice Manager, Family Practice	Patients screened for Hep B & C: <ul style="list-style-type: none"> • 2019 = 293 • 2020 = 4 (98% decrease) • 2021 = 0 (100% decrease) Overall 198% decrease Goal Not Met – no community events with Hep B & C screenings due to COVID19
5.3	The GILEAD grant funded program aims to prevent liver disease in the PSA area. Saint Barnabas Medical Center's ED, Cancer Center, and inpatients floors will provide: <ul style="list-style-type: none"> • Hepatitis B & C screening • Linkage to care • Education 	Offer education, linkage to care, and increase Hepatitis B & C screenings by 10%	Manager, Gilead Focus Initiative	GILEAD Grantfunded screenings: <ul style="list-style-type: none"> • 2019 = 14,362 • 2020 = 36,945 (157% increase) • 2021 = 34,303 (7% decrease) Overall 150% increase ✓ Goal Met

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