Clara Maass Medical Center and Cooperman Barnabas Medical Center Community Health Needs Assessment

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PREPARED BY
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RWJBarnabas HEALTH | Clara Maass Medical Center

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Questions

For questions regarding the RWJBarnabas Health CMMC-CBMC CHNA, please email BHPlanning@RWJBH.org.

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Executive Summary

Introduction

In 2025, Clara Maass Medical Center (CMMC) and Cooperman Barnabas Medical Center (CBMC) undertook a joint 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. The CHNA fulfills the mandate for non-profit hospitals put forth by the Internal Revenue Service. CMMC's primary service area (PSA) includes 8 municipalities (Bloomfield, Harrison, North Arlington, Kearny, Lyndhurst, Newark, Belleville, and Nutley) covering 9 zip codes in Bergen, Essex, and Hudson counties. CBMC's PSA consists of 21 communities (Fairfield, Caldwell, Cedar Grove, East Orange, Essex Fells, Glen Ridge, Livingston, Maplewood, Millburn, Montclair, Verona, Orange, West Orange, Roseland, Short Hills, South Orange, Springfield, Union, Vauxhall, Florham Park, and East Hanover) covering 23 zip codes in the counties of Essex, Morris, and Union.

Clara Maass Medical Center & Cooperman Barnabas Medical Center CHNA Focus Area Map, 2025

DATA SOURCE: Prepared by HRiA based on NJOGIS 2023 data

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 utilized a mixed-methods participatory approach that engaged agencies, organizations, and community residents through different avenues. Community engagement strategies were tailored to reach traditionally medically underserved populations. The CHNA process was guided by the Clara Maass Medical Center (CMMC) and Cooperman Barnabas Medical Center (CBMC) CHNA Advisory Committee, as well as other community partners. Data collection methods included:

- Reviewing existing social, economic, and health data across Bergen, Essex, Hudson, Morris, and Union counties.
- Conducting a community survey with 2,053 residents designed and administered by Health Resources in Action (HRiA).
- Facilitating 3 virtual and 1 in-person focus groups with 30 participants from populations of interest, including Spanish-speaking Latino seniors, high school parents, chronic disease patients, and Latino residents.

- Conducting 9 key informant interviews with 14 community stakeholders from a range of sectors.

Findings
The following provides a brief overview of the key findings that emerged from this assessment.

Population Characteristics

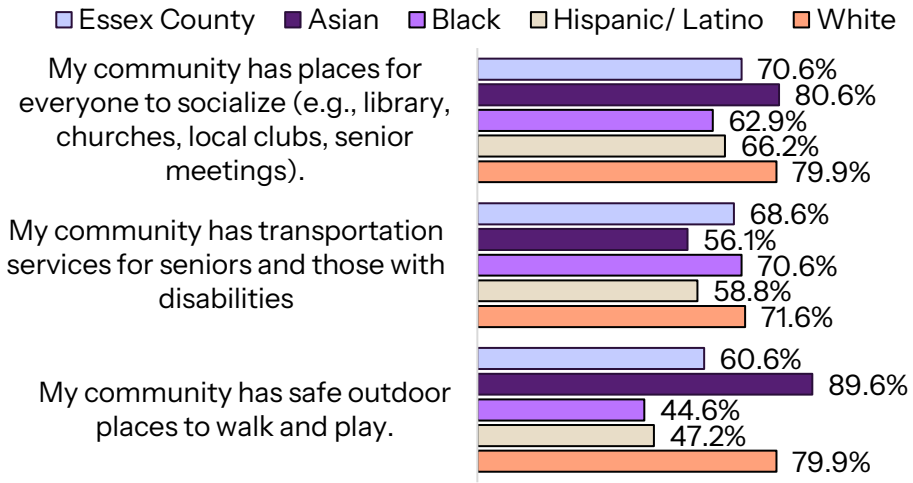
- **Demographics.** CMMC and CBMC serve a population of 785,994 residents in 30 municipalities across five counties. The overall population in New Jersey grew by 4.3% between 2014-2018 and 2019-2023, with Bergen County (2.7%) experiencing the lowest increase and Essex County (7.6%) experiencing the greatest increase in the PSA.[1]

- **Race/Ethnicity.** The CMMC/CBMC PSA is racially and ethnically diverse, with more than 60% of residents over the age of 5 speaking a language other than English in Newark, Kearny, and Harrison. A majority of residents in East Orange (79.0%) and Vauxhall (72.9%) identify as Black while a majority of residents in Fairfield (84.6%) and Verona (82.7%) identify as White. More than half of the residents in four municipalities identify as Latino, including Newark (65.6% in zip code 07104 and 55.6% in zip code 07104), Belleville (53.1%), and Kearny (50.9%). In 2018-2022, the proportion of foreign-born residents was higher in the service areas considered compared to New Jersey overall (23.5%), ranging from 29.3% in Essex County to 42.6% in Hudson County.[2]

Community Social and Economic Environment

- **Community strengths and assets.** Focus group and interview participants valued the strong support network and close-knit bonds in their communities and mentioned that they liked that everyone knew each other. Participants also appreciated the convenience of having amenities nearby, including hospitals, places of worship, recreational areas and parks, businesses and shops, and

Essex County Survey Respondents' Community Perceptions, Percent Who Agreed/Strongly Agreed, by Race/Ethnicity, 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

[1] U.S. Census Bureau, American Community Survey, ACS 5-Year Estimates Subject Tables, 2014-18 & 2019-23
[2] U.S. Census Bureau, American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

good public schools. Top strengths identified by Essex County respondents to the Community Health Needs Assessment Survey in 2024 included that the community had places for everyone to socialize (70.6%), had transportation services for seniors and those with disabilities (68.6%), and had safe outdoor places to walk and play (60.6%).[3]

- **Partnerships and Community Engagement.** Participants valued the strong collaboration and communication among social service agencies and organizations. Participants also noted residents' commitment to community improvement and culture of volunteerism as a community strength. The high level of resident involvement was seen as a reflection of shared responsibility and commitment to collective well-being.

- **Education.** Several school districts, such as Glen Ridge Public School District (100.0%) and Millburn Township School District (99.4%), outperformed New Jersey in terms of graduation rates. However, Irvington Public School District (79.6%) and Newark Public School District (85.7%) experienced lower graduation rates than the state. Latino (85.8%) and Black (86.7%) students generally experienced lower graduation rates than their Asian (96.7%) and White (95.0%) counterparts.[4]

- **Employment and Workforce.** Unemployment rates rose substantially during the COVID-19 pandemic and have declined in New Jersey and the CMMC/CBMC PSA since 2020.[5] However, only 2 in 5 (39.3%) Essex County community health survey respondents agreed that there were job opportunities in their area, with more White survey respondents agreeing compared to respondents of other races/ethnicities.[6] Several participants mentioned that underemployment was a phenomenon across the board; they noted that many workers in the education, service, and healthcare sectors, could not make ends meet.

> *"[At the food pantry] we see service workers of all sorts- preschool teachers, home health care aides, people doing cleaning or food service in medical facilities, Uber drivers, so really the working poor. These are people who are working and can't afford the high cost of housing. They certainly can't afford to get sick."*
> – Focus group participant

- **Income and Financial Security.** Median household income varied across communities. Union County had a median household income that was comparable to the state's, while Essex and Hudson counties were well below New Jersey overall, and Bergen and Morris counties were above the New Jersey average.[7] Focus group and interview participants discussed the rising costs across the board: gas, housing, food, transportation, childcare, and healthcare, and shared the day-to-day challenge of

[3] Community Health Needs Assessment Survey, 2024
[4] New Jersey Department of Education, School Performance, 2023
[5] U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics, 2014-2023
[6] Community Health Needs Assessment Survey, 2024
[7] U.S. Census Bureau, American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

affording necessities as prices continued to climb. While the rising cost of living affected everyone, participants shared that this had been most challenging for low-income individuals, including service workers, seniors, and those in some immigrant communities.

- **Food Insecurity and Healthy Eating.** Several participants discussed how food insecurity seemed to increase due to the rising cost of living, particularly impacting those working in low-wage jobs or retired seniors. The food insecure population increased across the CMMC/CBMC PSA from 2020 to 2022, with the highest rates in Hudson County (14.9%) and Essex County (14.0%) in 2022.[8] Almost one-third of Essex County community survey respondents (29.9%) reported that it was sometimes or often true that they worried their food would run out before they had more money to buy more.[9] The situation was more dire for Black (44.4%) and Latino (51.3%) residents.

- **Affordable Housing.** Housing was described as a substantial community health challenge by focus group and interview participants who noted that the housing issues cut across race and age, with members of some low-income immigrant, LGBTQ+, justice-involved, and senior populations most affected. Overall, less than 1 in 3 (30.9%) Essex County community survey respondents agreed that there was sufficient affordable and safe housing in their community, ranging from 15.7% of Latino respondents to 45.9% of White respondents.[10]

> *"It will be hard for me to leave. Apartments cost too much here and it's impossible to pay such high rent with the pension we receive. It's making me depressed because here I have everything nearby and all my friends."*
> – Focus group participant

- **Green Space and the Built Environment.** Focus group participants valued the recreational kid- and pet-friendly areas in their neighborhoods: *"There are a lot of recreational spaces like parks and spaces where people can take their pets, like dog parks. It's nice having that connectedness with animals."* About 3 in 5 (60.6%) Essex County community health survey respondents indicated that they agreed or strongly agreed with the statement "My community has safe outdoor places to walk and play." However, there were disparities by race/ethnicity, with White (79.9%) and Asian (89.1%) survey respondents being more likely to agree with the statement than Latino (47.2%) and Black (44.6%) survey respondents.[11]

- **Transportation and Walkability.** Participants shared differing perspectives on access to transportation and walkability in their communities. Participants from some municipalities indicated that public transportation, including buses and trains, was

[8] Feeding America, Map the Meal Gap, 2020-2022
[9] Community Health Needs Assessment Survey, 2024
[10] Community Health Needs Assessment Survey, 2024
[11] Community Health Needs Assessment Survey, 2024

available. Others noted that public transportation was inadequate for the transportation needs. Overall, about half (49.5%) of Essex County community survey respondents agreed or strongly agreed with the statement "It would be easy for me to take public transportation to where I needed to go day-to-day."[12] Interview and focus group participants mentioned several promising programs and initiatives to improve transportation and walkability, noting that most towns had bus services for older adults and residents with mobility concerns and that healthcare facilities provided low-income patients with transportation vouchers for medical appointments.

- **Violence Prevention and Safety.** Safety was something residents valued in their neighborhoods. For the individuals engaged in focus groups and interviews, violence was not a major concern. A Latino focus group participant described, *"It's very safe here. It's a small place and everyone looks out for each other."* About half (49.9%) of Essex County community survey respondents agreed or strongly agreed that there was not much violence in their neighborhood and just under half (44.1%) agreed or strongly agreed that there were few issues with violence between people in their communities.[13]

- **Systemic Racism and Discrimination.** Although diversity, inclusion, and a welcoming community were among the top community strengths mentioned in qualitative discussions, participants also recognized ongoing discriminatory immigration, labor, and tenant legislation as a systemic public health issue, linked to the economic system. Participants also frequently shared fears and concerns about the impact of the current political environment on the health and well-being of low-income communities, in general, and on LGTBQ+ and immigrant communities, in particular. Around one-third of Black (35.4%) and Latino (29.6%) community survey respondents reported experiencing discrimination due to their race/ethnicity when receiving medical care compared to 20.9% of survey respondents overall. Additionally, over 1 in 4 (27.9%) LGBTQ+ survey respondents reported experiencing discrimination due to their sexual orientation.[14]

> *"There's always this fear of being attacked or hurt that makes one try to shield or hide one's sexual orientation. This fear is amplified in today's time…"*
> – Key informant interviewee

Community Health Issues

- **Community Perceptions of Health.** Interview and focus group participants highlighted that many community members were impacted by social and economic issues, such as financial and food insecurity, housing, and transportation. They further emphasized how these issues were associated with prevalent chronic conditions, such as high blood pressure and diabetes. Participants also discussed the challenges of accessing care, the difficulties of managing chronic conditions, the increase in mental health concerns, particularly among youth, and the need to bolster diagnosis,

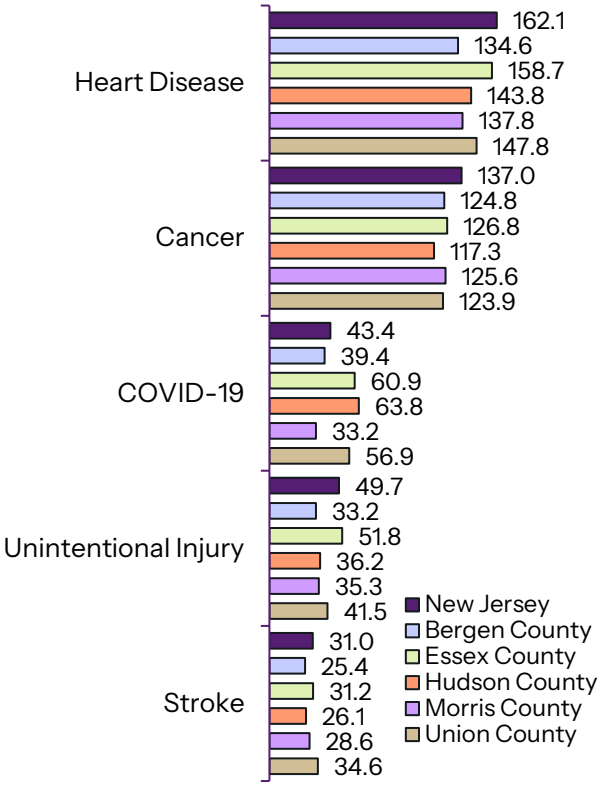
[12] Community Health Needs Assessment Survey, 2024
[13] Community Health Needs Assessment Survey, 2024
[14] Community Health Needs Assessment Survey, 2024

treatment, and access to trauma-informed care for mental health and substance use concerns.

Community health survey respondents in Essex County identified cancer (35.6% of respondents), diabetes (33.1%), heart disease (30.5%), overweight/obesity (22.8%), and mental health issues (20.8%) as the top five health issues in their community. Community survey respondents were also asked to rank the top health issues for children and youth. Essex County respondents identified mental health issues (35.8%), bullying (27.2%), overweight/obesity (25.0%), violence and community safety (21.7%), and child abuse and neglect (15.0%) as the top five health issues impacting children and youth.[15]

- **Leading Causes of Death and Premature Mortality.** The most current mortality data from New Jersey's surveillance systems are from 2021, the second year of the COVID-19 pandemic. The top 5 leading causes of death in the CMMC/CBMC PSA included heart disease, cancer, COVID-19, unintentional injury, and stroke.[16] Of note, the COVID-19 mortality rates in Essex, Hudson, and Union counties were higher than in the state overall.

Top 5 Leading Causes of Death, Deaths per 100,000, 2017-2021



Database, Office of Vital Statistics and Registry Department of Health, 2023

- **Overweight, Obesity, and Physical Activity.** While overweight/obesity was among the top five health concerns for both adults and children identified by Essex County survey respondents, it was not a prominent theme in focus group and interview discussions. However, just under half (45.0%) of survey respondents in Essex County reported ever being told by a healthcare provider that they had a weight problem. There were differences by race/ethnicity, ranging from 28.4% of Asian survey respondents to 51.0% of Black survey respondents.[17]

- **Chronic Disease.** Chronic disease prevention and management continued to be a top priority with several interviewees noting high rates of diabetes, asthma, and cancer in their communities. Data showed racial/ethnic disparities in chronic disease burden across the service area. Black residents experienced higher heart disease mortality in

[15] Community Health Needs Assessment Survey, 2024
[16] Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024
[17] Community Health Needs Assessment Survey, 2024

each county within the CMMC/CBMC PSA except for Morris County.[18] Diabetes was a top concern for survey respondents and secondary data indicated that it was disproportionately prevalent among Latino (13.1%) and Black (12.2%) Essex County residents.[19] The cancer mortality rate in Essex County was highest among Black (137.9 per 100,000), followed by White (120.9 per 100,000) residents.[20]

- **Mental Health and Behavioral Health.** Mental health was identified as a community concern in almost every interview and focus group. Participants identified depression, anxiety, stress, trauma, and suicidal ideation as mental health challenges for community residents, particularly among young people, housing-unstable populations, LGBTQ+ community members, recent mothers, some immigrant populations, and the elderly. Among Essex County survey respondents, almost 1 in 4 (23.4%) reported experiencing 10 or more poor mental health days in the last 30 days.[21] In terms of substance use, 45.0% of admissions to substance use treatment in 2019-2023 were for heroin, followed by alcohol (26.8%) in Essex County.[22] Participants stated that the establishment of new mental health programs and the hiring and training of additional providers and counselors in the aftermath of COVID-19 had improved access to mental health services, although some barriers remained.

> *"Individuals must be near a crisis for them to be able to see a mental health professional. Everyone's so booked, no one's available. Not having access to speak to someone may result in someone coping in other ways, engaging in risky sexual behaviors or indulging in alcohol or smoking."*
> – Key informant interviewee

- **Infectious and Communicable Diseases.** During the prior CHNA-SIP process in 2022, COVID-19 and its health and social impacts were a top concern for residents. In 2025, COVID-19 infections were no longer a top concern among most participants. Due to vaccination, COVID-19 deaths in Essex County plummeted from 2,106 in 2020 to 61 in 2023, despite increasing infection rates.[23] A silver lining uplifted by participants was that COVID-19 funding improved capacity to rapidly respond to emergencies. Although participants did not bring up sexually transmitted infections, rates of HIV, chlamydia, gonorrhea, and hepatitis C were all higher in Essex County than in the state of New Jersey overall.[24] In 2017-2021, the incidence of HIV among

[18] Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023
[19] Behavioral Risk Factor Survey, Center for Health Statistics Department of Health via New Jersey State Health Assessment Data (NJSHAD)
[20] Death Certificate Database, Office of Vital Statistics and Registry Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023
[21] Community Health Needs Assessment Survey, 2024
[22] Statewide Substance Use Overview Dashboard, Department of Human Services, Division of Mental Health and Addiction Services, 2024
[23] New Jersey Department of Public Health, COVID-19 Dashboard, 2024
[24] Communicable Disease Reporting and Surveillance System (CRDSS), Communicable Disease Service, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

Black (65.6 per 100,000) and Latino (44.5 per 100,000) residents was higher than the Essex County average (38.4 per 100,000).

- **Maternal and Infant Health.** Maternal and infant health indicators are markers of inequity as most maternal and perinatal health complications and deaths are preventable with access to quality and timely care. Disparities exist across races/ethnicities with disproportionately more Black newborns born in Essex County with low birth weight (12.6%) compared to White newborns (6.0%).[25] Just over half of Latinas (57.6%) and Black women (56.2%) in Essex County had received prenatal care in 2018-2022 compared to 63.7% overall.

Healthcare Access

- **Access and Utilization of Healthcare Services.** Discussions about access to care, including preventive, primary, and specialty care services, were prominent in interviews and focus group discussions. Several participants mentioned that the area's agencies and service providers collaborated well together, making it easier for people to get care. In Essex County, 90.5% of community health survey respondents reported having an annual physical exam, 73.6% receiving a flu shot, and 78.9% having a dental screening in the last two years.[26]

- **Barriers to Service Access.** Participants observed that residents faced more barriers to accessing specialty care and to care for conditions that required several medications than to preventive care. Cost and insurance issues, lack of providers, and stigma and/or bias were among the barriers mentioned. These sentiments were echoed among Essex County survey respondents who identified the inability to schedule an appointment at a convenient time (32.5%), long wait times (29.9%), doctors not accepting new patients (21.3%), insurance problems (19.9%), and cost of care (18.9%) as the top five barriers to accessing healthcare services.[27]

> *"There are wellness screenings, like blood pressure, for free, but then it's like, yes, they get checked, but then what is the after if they don't have insurance?"*
> – Key informant interviewee

Community Vision and Suggestions for the Future

- **Sustainable funding and resources for social services and safety net organizations.** There are robust programs in the service area that provide wraparound care to those in need, including housing, food, and support applying for benefits. However, participants reported a need for sustained investment in the community, given a greater demand for services in a context of reduced resources.

- **Maintaining the public health infrastructure.** From hiring patient navigators to establishing mental health programs and improving infectious disease surveillance

[25] Birth Certificate Database, Office of Vital Statistics and Registry, Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024
[26] Community Health Needs Assessment Survey, 2024
[27] Community Health Needs Assessment Survey, 2024

and response systems, resources in the aftermath of COVID-19 served to bolster the public health infrastructure and improve community health. Participants were concerned about the loss of these gains and noted that reducing public support for free or low-cost programs would deepen health disparities.

- **Promoting community empowerment and resilience.** Participants identified the role of patient navigators and advocates as key to improving access to healthcare but also uplifted the role of local support groups and of neighbors helping neighbors. They identified the need for more health education and greater promotion of existing programs to increase public awareness.

> *"We have families that help each other, but I want to see the overall community help one another, be there for each other."*
> - Focus group participant

- **Improved communication and collaboration across organizations.** Participants reported a desire for more collaboration across organizations to break down service silos and improve communication to raise awareness of existing services. This was deemed critical in times of dwindling resources.

- **More access to specialty care in the service area.** Participants noted a need for easier access to specialty care services, with provider availability and cost of care as top-of-mind barriers. Difficulties accessing pediatric specialty care, in particular to mental health care, was raised as a critical issue.

- **More training to address discrimination, stigma, and bias, and to improve cultural competency.** Despite the area being generally perceived as an accepting place for people of different identities, a few issues related to stigma and discrimination emerged. More bias training for healthcare and social service employees was suggested as a strategy to address these barriers and mitigate the negative impact of current divisive discourse against specific communities.

> *"When you go into places like shelters, there's stigma, discrimination, and lack of basic cultural competency understanding LGBTQ people."*
> - Key informant interviewee

- **Addressing inequities and the social determinants of health.** Participants uplifted the need for better distribution of resources and linked the ability to be healthy to financial stability. As a key informant interviewee described, *"There's plenty of healthy food. This is not a lack of food. This is a lack of food going to everyone."*

Key Themes

The following section provides an overview of the key themes that emerged from the 2025-2027 CMMC-CBMC CHNA.

- **A diverse and accepting community is a core asset.** The CMMC/CBMC service area is recognized for its cultural diversity, strong community fabric, volunteerism, and proximity to amenities and services. A key informant interviewee illustrated this, *"We*

don't discriminate. In the school cafeteria, students from different cultures and backgrounds sit together."

- **Financial insecurity and the high cost of living strain families**. While unemployment has shown some recovery since COVID-19, the high cost of living continues to place pressure on many residents. Over one-quarter of Essex County (27%) households fall below the ALICE threshold (Asset Limited, Income Constrained, Employed), with over half of households falling under this threshold in predominantly Latino and Black neighborhoods like Orange (59%), Newark (07104) (59%), and Newark (17107) (62%).

- **Affordable housing and housing instability remain critical challenges.** Housing insecurity continues to be a pressing issue. Only 31% of survey respondents in Essex County agreed that there was enough stable housing in their community, with even lower proportions of Latino (16%) and Black (19%) respondents agreeing with this statement. Rising rents, gentrification, and limited shelter options were consistently raised issues.

- **Food insecurity and healthy eating are growing concerns.** Participants mentioned that many excellent programs exist to mitigate the impact of food insecurity. Despite these assets, food insecurity increased from 12.3% in 2020 to 14.0% in 2023 in Essex County. Over half (51%) of Latinos and 44% of Black survey respondents in Essex County worried that their food would run out. Greater need and reduced resources were mentioned as barriers to healthy eating.

- **Green space and the built environment impact health and well-being.** Participants appreciated having parks and green spaces nearby. Efforts to mitigate lead exposure in children have paid off; between 2016 and 2022, the percentage of children under five in Essex County with elevated blood lead levels declined from 4.7% to 3.3%. However, disparities in exposure to pollutants persist among Black and Latino residents who experience higher rates of asthma and other chronic conditions.

- **Diabetes, heart disease, and cancer are top concerns.** Participants highlighted many local programs that promote healthy lifestyle choices, screen for multiple conditions, and support chronic disease management. Participants identified primary care providers, patient navigators, and local pharmacists as key facilitators to care access. Conversely, high costs of medical care and medications, coupled with insurance issues, posed barriers.

> *"When medications are not available because of costs, people just don't take them and that leads to bigger problems."*
> - Key informant interviewee

- **Mental health and behavioral health are top concerns across populations.** Participants observed an increase in information, awareness, and openness around mental health issues since COVID-19. They highlighted that investments have led to stronger programs, enhanced tools, and improved staffing for the diagnosis and treatment of mental and behavioral health. Despite this, mental health emerged as a

pressing issue for youth, seniors, some immigrants, the LGBTQ+ community, justice-involved individuals, and those experiencing poverty.

Conclusions

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 areas of need were identified for the CMMC and CBMC service areas (listed below in alphabetical order):

- Affordable Housing
- Chronic Disease Prevention and Management
- Employment and Financial Security
- Food Insecurity and Healthy Eating
- Green Space and the Built Environment
- Health and Racial Equity
- Healthcare Access
- Infectious and Communicable Disease
- Mental and Behavioral Health
- Systemic Racism and Discrimination

After a multistep prioritization process that entailed discussion with and voting by a broad group of local partners on the CMMC-CBMC CHNA Advisory Committee, and discussions with and voting by CMMC and CBMC leaders, the following priority areas were selected:

- Clara Maass Medical Center Priority Areas: Chronic Disease Prevention and Management; Healthcare Access; Mental Health and Behavioral Health; and Food Insecurity and Healthy Eating.
- Cooperman Barnabas Medical Center Priority Areas: Chronic Disease Prevention and Management and Healthcare Access; Mental Health and Behavioral Health; and Food Insecurity and Healthy Eating.

CMMC and CBMC will address these priority action areas in their Strategic Implementation Plans as part of ongoing community engagement efforts, with Health and Racial Equity and Systemic Racism and Discrimination as cross-cutting themes.

Introduction

Community Health Needs Assessment Purpose and Goals
A community health needs assessment (CHNA) is a systematic process to identify and analyze health needs and assets and prioritize those needs to inform the implementation of strategies to improve community health. In 2025, **Clara Maass Medical Center (CMMC)** and **Cooperman Barnabas Medical Center (CBMC)** undertook a joint CHNA process using a mixed-methods and participatory approach.

CMMC is located in Belleville and **CBMC** in Livingston, both in Essex County, New Jersey. The facilities are 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, fitness and wellness centers, retail pharmacy services, medical groups, diagnostic imaging centers, a clinically integrated network and collaborative accountable care organization.

CMMC is a 472-licensed bed acute community hospital that serves a broad range of communities in urban and suburban settings with culturally and ethnically diverse populations. In 2024, CMMC staff cared for more than 14,800 inpatients, including delivering over 1,800 babies. The hospital also served more than 118,600 outpatient visits, completed 9,200 same-day surgeries, and handled over 73,000 emergency department visits. In 2024, 65.4% of CMMC's inpatient population identified as minority, nonwhite, or other racial and ethnic groups. Nearly 42.7% of CMMC's patients fell within the underinsured or uninsured payer categories, while Medicare accounted for an additional 33.4% of the patient population. CMMC established the Center of Excellence for Latino Health in 2016 to address the social determinants of health. CMMC is a fully accredited hospital and the recipient of numerous awards and honors.

CBMC is a 597-bed teaching institution, which cared for over 35,000 inpatients and over 100,000 emergency department adult and pediatric patients in 2024. The hospital delivered over 6,100 babies of mothers coming from nearly every county in the state. CBMC also served approximately 244,709 outpatient visits. CBMC is committed to providing service to its communities in both inner city and suburban areas, with awareness to the growing Asian and Hispanic populations, as well as other communities of color, within its service area. In 2024, minorities/nonwhite/other populations represented approximately 50.2% of CBMC's patients, and more than 21.9% of its patients were of underinsured and uninsured payer categories. Medicare represented an additional 41.2% of patients. CBMC is accredited by the Joint Commission, has earned many certifications and accreditations, and has been the recipient of numerous awards and honors.

This assessment process is built upon previous assessment and planning processes conducted by CMMC and CBMC. In developing the 2023-2025 Strategic Implementation Plan, CMMC adopted overarching goals and objectives aimed at addressing two priority areas: Mental Health and Systemic Racism and Discrimination. During this time, CMMC partnered with local health departments to host dozens of events in collaboration with community-based organizations to provide health screenings and prevention education to community members, with a focus on mental health. In order to better connect with Spanish-speaking community members, CMMC created bilingual flyers and educational materials, along with developing bilingual social media content.

Between 2023 and 2025, CBMC focused on the following four priority areas: Mental Health, Chronic Disease, Access to Healthcare and Social Services, and Overweight/Obesity. During this time, CBMC increased mental health screenings among pregnant patients, provided art therapy and virtual support groups to thousands of participants, and decreased the time spent between patients presenting to the emergency department for acute mental health and substance use disorder events and admitting patients for care. CBMC also participated in a variety of community events focused on the prevention of chronic disease, increased screenings for cardiovascular health and some types of cancer, and partnered with community-based organizations to provide weight management and diabetes prevention education to community members. For a more detailed description of the CMMC and CBMC activities, accomplishments, and impact since 2022, see Appendix H. Outcomes and Results from Previous Implementation Plan.

In 2024, RWJBarnabas Health (RWJBH) contracted the services of **Health Resources in Action** (HRiA), a non-profit public health consultancy organization, to support, facilitate, conduct data analysis, and develop report deliverables for the joint CMMC and CBMC CHNA. In addition, RWJBH contracted HRiA to carry out similar assessments across the RWJBH system, administer a community health survey, and support strategic planning processes for all RWJBH facilities.

The CMMC-CBMC CHNA aims to gain a greater understanding of the issues faced by community residents served by both facilities, 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 assessment process conducted from January to September 2025.

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 the needs and opportunities for action, and
- Fulfill the Internal Revenue Service (IRS) mandate for non-profit hospitals.

Area of Focus

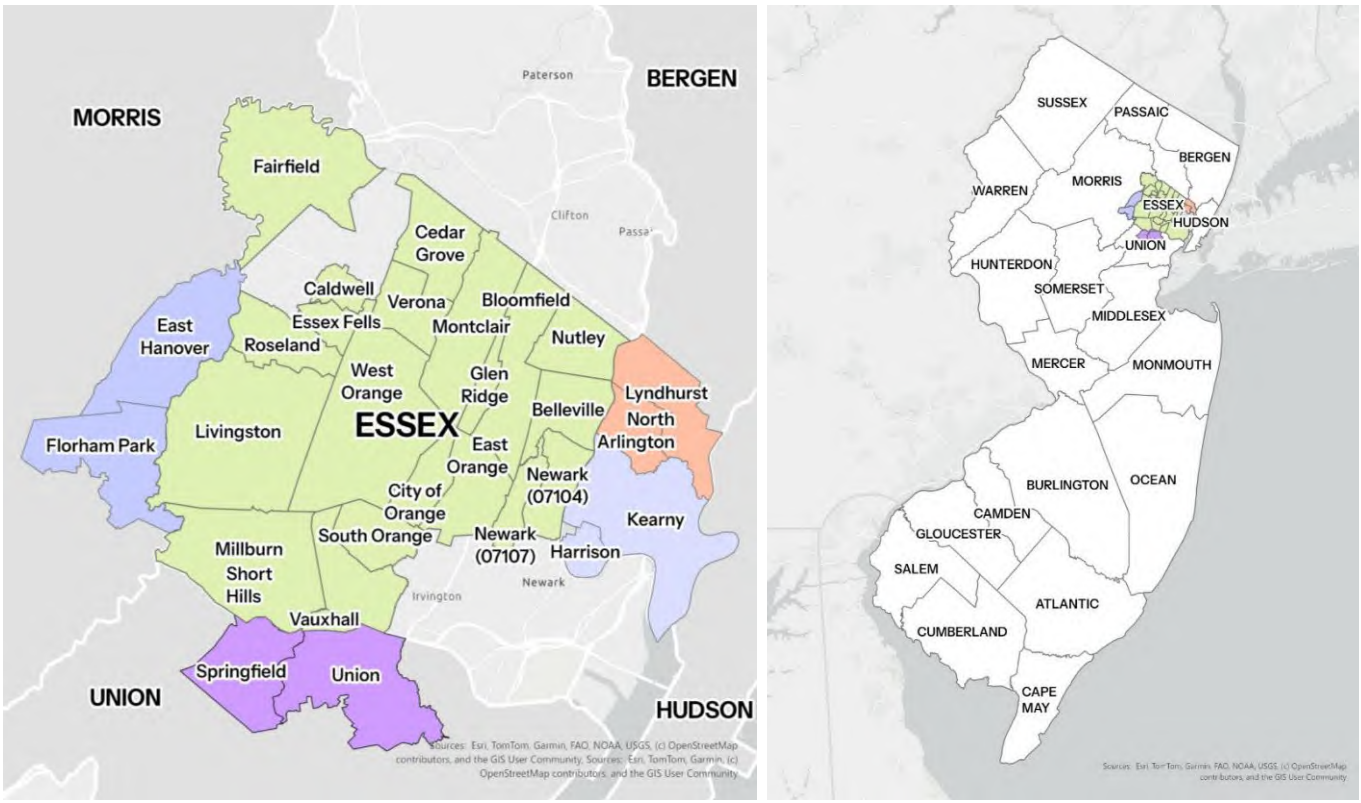
This CHNA process aims to fulfill multiple purposes for a range of stakeholders and includes data from the geographic areas described here. CMMC's primary service area (PSA) consists of 8 municipalities in the following 9 zip codes: 07003 (Bloomfield), 07029 (Harrison), 07031

(North Arlington), 07032 (Kearny), 07071 (Lyndhurst), 07104 (Newark), 07107 (Newark), 07109 (Belleville), and 07110 (Nutley) in Bergen, Essex, and Hudson counties. CBMC's PSA consists of 21 communities in the following 23 zip codes: 07004 (Fairfield), 07006 (Caldwell), 07009 (Cedar Grove), 07017 (East Orange), 07018 (East Orange), 07021 (Essex Fells), 07028 (Glen Ridge), 07039 (Livingston), 07040 (Maplewood), 07041 (Millburn), 07042 (Montclair), 07043 (Montclair), 07044 (Verona), 07050 (Orange), 07052 (West Orange), 07068 (Roseland), 07078 (Short Hills), 07079 (South Orange), 07081 (Springfield), 07083 (Union), 07088 (Vauxhall), 07932 (Florham Park), and 07936 (East Hanover) in the counties of Essex, Morris, and Union.

CMMC Primary Service Area	CBMC Primary Service Area
07003 (Bloomfield)	07004 (Fairfield)
07029 (Harrison)	07006 (Caldwell)
07031 (North Arlington)	07009 (Cedar Grove)
07032 (Kearny)	07017 (East Orange)
07071 (Lyndhurst)	07018 (East Orange)
07104 (Newark)	07021 (Essex Fells)
07107 (Newark)	07028 (Glen Ridge)
07109 (Belleville)	07039 (Livingston)
07110 (Nutley)	07040 (Maplewood)
	07041 (Millburn)
	07042 (Montclair)
	07043 (Montclair)
	07044 (Verona)
	07050 (Orange)
	07052 (West Orange)
	07068 (Roseland)
	07078 (Short Hills)
	07079 (South Orange)
	07081 (Springfield)
	07083 (Union)
	07088 (Vauxhall)
	07932 (Florham Park)
	07936 (East Hanover)

CMMC's service area is predominantly located in the eastern portion of Essex County and includes municipalities in neighboring Bergen and Hudson counties. The communities in the CBMC PSA are located across Essex, Morris, and Union counties. When only county-level data are available, data for Bergen, Essex, Hudson, Morris, and Union are presented. When town-level data are available, 30 townships across 32 zip codes are shown. Data for multiple zip codes within the same township (e.g., Montclair and East Orange) are shown in aggregate. The two Newark zip codes are presented separately. The joint CMMC and CBMC CHNA focus area is shown in Figure 1.

Figure 1. CMMC and CBMC CHNA Focus Area Map, 2025



DATA SOURCE: NJ Office of Information Technology, Office of GIS (NJOGIS), 2023

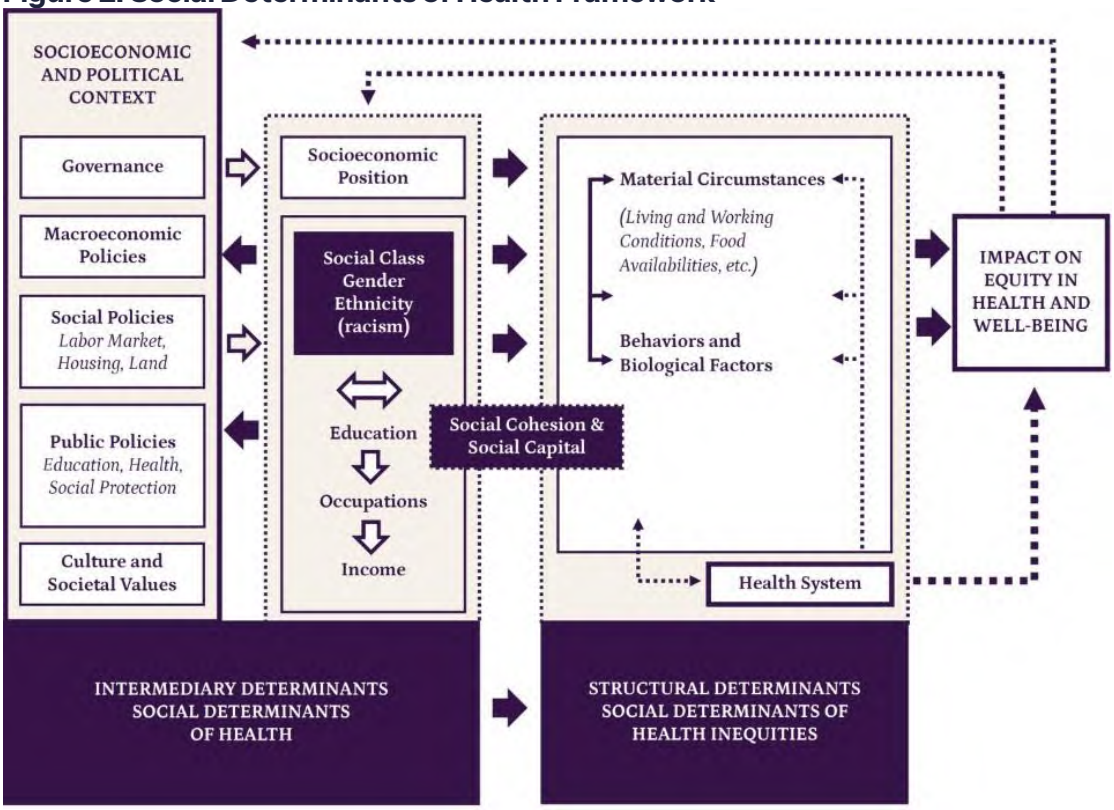
Methods

The following section describes 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 requires more than delivering quality healthcare to residents. Where a person lives, learns, works, and plays has an enormous impact on health. Health is not only affected by people's genes and lifestyle behaviors, the intermediary social determinants of health, but also by upstream factors such as employment status, quality of housing, and economic policies. Figure 2 provides a visual representation of these relationships, depicting how individual lifestyle factors are influenced by structural social determinants of health, that shape a person's access to educational opportunities and income, which in turn are influenced by the socioeconomic and political context. Further, the health system moderates the relationship between the material and biopsychosocial factors and health and well-being.

Figure 2. Social Determinants of Health Framework



DATA SOURCE: World Health Organization, Commission on the Social Determinants of Health, A Conceptual Framework for Action on the Social Determinants of Health, 2010.

Further, healthcare insurers, regulators, and providers have recognized health-related social needs as those social factors that directly impact the health of individuals, such as economic strain and food availability. Healthcare sector partners can take steps to address and mitigate the impact of health-related social factors on health through screening and referrals to social and community-based services.[28]

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 describe 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.

The present report describes health patterns for residents served by CMMC and CBMC overall, as well as areas of need for specific subpopulations within the facilities' service areas. Understanding factors that contribute to health patterns for these groups can facilitate the identification of data-informed and evidence-based strategies to provide all residents with the opportunity to thrive and 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 RWJBarnabas Health Community Health Needs Assessment (CHNA) Steering Committee, the CMMC-CBMC CHNA Advisory Committee, and the community overall.

RWJBarnabas Health System Engagement

This CHNA is part of a set of CHNAs being conducted across the entire RWJBarnabas Health system. Each of these CHNAs follows a consistent framework and includes a common base set of indicators, but the approach and engagement process are tailored for each community. The RWJBH Systemwide CHNA Steering Committee, as well as the system's Social Impact and Community Investment (SICI) leadership group—both with representation across all facilities—met throughout 2024 and provided input and feedback on the assessment process, a set of common metrics across all system facilities, the content and dissemination approach of a community health survey (see next paragraph), and the

[28] Centers for Medicare & Medicaid Services, Social Drivers of Health and Health-Related Social Needs, 2024

planning process, including priority areas. A list of the RWJBH staff engaged can be found in the Acknowledgments section.

In early 2024, RWJBH staff made recommendations to the community health resident survey content, indicating elements to be changed or removed from an older version of the survey. They then reviewed and provided feedback on the revised 2024 survey, which HRiA administered in Spring and Summer 2024. RWJBH staff also provided feedback to the community health survey mode of administration, tools, and the progress monitoring dashboard. HRiA provided weekly progress updates and technical assistance to each facility lead to increase responses and ensure the representation of key population groups.

During the entire assessment and planning process, HRiA met with CMMC and CBMC leads, keeping them abreast of progress. Facility leads provided ongoing guidance, support, and feedback. Further, they were instrumental in organizing focus groups with community residents and/or connecting HRiA to stakeholders in the community.

CMMC-CBMC CHNA Advisory Committee Engagement

A CHNA Advisory Committee was constituted to guide the process. The Advisory Committee included over 30 partners, including representatives from RWJBH, health departments, nonprofit organizations, local businesses, academic institutions, and other organizations representing a range of relevant fields throughout the CHNA's focus area. The CHNA Advisory Committee was engaged at critical intervals throughout this process. In February 2025, the Advisory Committee met for a kick-off meeting during which HRiA provided an overview of the assessment and strategic planning processes, and preliminary findings from the 2024 RWJBH community health survey (see survey details below). The presentations were followed by a brief Q&A and an in-depth discussion to elicit Advisory Committee members' suggestions about population groups, topic areas, and issues to focus on during the assessment process. After the meeting, Advisory Committee members 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 the 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.

A Key Findings and Preliminary Prioritization meeting was held on September 3rd, 2025, and was attended by 18 participants from the CMMC-CBMC CHNA Advisory Committee, as well as additional hospital leadership and representatives of other partner organizations. During this meeting, HRiA staff presented the findings from the CHNA process, including preliminary themes that emerged upon review of the qualitative, survey, and secondary data. Meeting participants had the opportunity to ask questions, discuss the key themes, and participate in a poll to recommend the top priorities for each of the facilities to consider when developing their respective Strategic Implementation Plans (SIP). As a second step in the prioritization process, HRiA met with a core group from each facility to finalize SIP priorities, considering ongoing programs, expertise, and capacity. A detailed description of the prioritization process can be found in the Prioritization and Alignment Process and Priorities Selected for Planning section.

Community Engagement

Community engagement is described 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 of this initiative. Community engagement was done via virtual focus groups, interviews, and surveys, both online and in person. By engaging the community through multiple methods and in several languages, this CHNA aimed to depict a full and multifaced picture of current community strengths and needs. Community engagement strategies were tailored to specifically reach groups that are traditionally medically underserved, including low-income, uninsured and underinsured, and racially minoritized populations.

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

Secondary data are data that have already been collected for other purposes. Examining secondary data helps us to understand trends and identify differences by sub-groups. It also helps guide where primary data collection can dive deeper or fill in gaps.

Secondary data for this assessment were drawn from a variety of national, state, and local sources, including the U.S. Census Bureau American Community Survey (ACS), the County Health Rankings 2024, the U.S. Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System (BRFSS), the NJ Department of Health's State Health Assessment Data (NJSHAD), the NJ Department of Health Office of Vital Statistics and Registry, the NJ State Cancer Registry, the NJ Housing and Mortgage Finance Agency's NJ Counts, the United Ways of New Jersey ALICE (Asset Limited, Income Constrained, Employed), the National Survey of Children's Health, the New Jersey Hospital Discharge Data Collection System (NJDDCS), NJ SUDORS v.01232024, Statewide Substance Use Overview Dashboard Department of Human Services, Division of Mental Health and Addiction Services, Statewide Substance Use Overview Dashboard Department of Human Services, Division of Mental Health and Addiction Services, CDC's High School Youth Risk Behavior Survey, NJ Department of Environmental Protection Bureau of GIS, Schools and Child Care Centers and Acute Care Hospitals, New Jersey Department of Education, Childhood Lead Exposure in New Jersey Annual Report Department of Public Health, Office of Local Public Health, Childhood Lead Program, the U.S. Department of Labor Bureau Statistics, Feeding America, Map the Meal Gap, CDC's ATSDR's Geospatial Research, Analysis, & Services Program (GRASP), Point-In-Time Count, U.S. EPA, National Walkability Index, and NJ Department of Law & Public Safety, Office of the Attorney General, Uniform Crime Reporting. Additionally, hospitalization data for the CMMC and CBMC PSAs were provided by the respective hospitals and culled by the RWJBH System data team. The Appendix G. Cancer Data was prepared by the RWJBH System data team based on the CDC's State Cancer Profiles and each hospital's tumor registry.

Secondary data were analyzed by the agencies that collected or received the data. Data were downloaded from the respective websites between January and March 2025 and reflect the last year for which data were available at that time. Data are typically presented as frequencies (%) or rates per 100,000 population. The race and ethnicity categories used in this report are as reported by the respective agencies. When the narrative makes comparisons between towns, by subpopulation, or with New Jersey overall, these are lay comparisons and *not* statistically significant differences. Since the U.S. Census Bureau does not recommend using the one-year ACS estimates for areas with fewer than 65,000

inhabitants, and many of the towns in the focus area fell below this population threshold, the U.S. Census Bureau ACS five-year estimates (2019-2023) were used to present the social and economic indicators. Sometimes, reporting agencies do not provide certain data points. This could be due to several reasons: the agency might not have the statistics, they might have suppressed the data because of low numbers, or the data might not have met statistical reliability standards. In any of these cases, we placed an asterisk (*) to indicate data were not available.

Primary Data Collection

Primary data are new data collected specifically for the CHNA. The goals of these data were to: 1) describe perceptions of the strengths and needs within the service area by key populations; 2) explore which issues were perceived to be most urgent; and 3) identify the gaps, challenges, and opportunities for addressing these issues more effectively. Primary data were collected using three different methods: key informant interviews, focus groups, and a community health survey. All qualitative discussions were conducted between April and June 2025.

Qualitative Discussion: Key Informant Interviews and Focus Groups

*Key Informant Int*erviews

A total of nine key informant interview discussions were completed with fourteen individuals by Zoom. Interviews lasted from 45 to 60 minutes. They were semi-structured discussions that engaged institutional, organizational, and community leaders as well as frontline 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: social services administrators, faith leaders, public health officials, mental and behavioral health providers, first responders, business owners, education administrators, and those who work with specific populations, including the immigrant community, people who are under- or uninsured, LGBTQ residents, and older adults. See Appendix A: Organizations Represented in Key Informant Interviews and Focus Groups for a list of sectors and organizations represented and Appendix B: Key Informant Interview Guide for the guide used.

Focus Groups

A total of 30 community residents participated in three virtual focus groups on Zoom and 1 in-person focus group conducted with specific populations of interest: Spanish-speaking Latino seniors, high school parents, chronic disease patients, and Latino residents. Two focus groups were conducted in Spanish and two in English. Focus groups were up to 90-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 HRiA data analysts to identify main categories and sub-themes. The 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. The

frequency and intensity of discussions on a specific topic were the key indicators used for extracting the main themes. While differences between towns are noted where appropriate, analyses emphasized findings common across the focus area. Selected paraphrased quotes—without personal identifying information—are presented in the narrative of this report to further illustrate points within topic areas.

RWJBH Community Health Needs Assessment Survey

A community health needs assessment survey was developed with the input of a broad range of partners and administered across a large section of central and northern New Jersey from May to September 2024. The survey was piloted and validated with RWJBH Steering Committee members and key partners, as well as community residents, to support several community health needs assessment and planning processes. The survey focused on the social determinants of health and health issues that impact the community: community priorities, assets and challenges, health status and concerns, healthcare access and barriers, and mental health and substance use. The survey was administered online and by hard copy in person. It was available in eight languages (English, Spanish, Portuguese, Arabic, simplified Chinese, Haitian Creole, Hindi, and Yiddish). A shorter version of the survey was available to facilitate outreach to low-literacy, hard-to-reach groups. These strategies were specifically tailored to reach medically underserved groups, including low-income and uninsured or underinsured community members, among others.

Extensive community outreach was conducted with assistance from RWJBH staff and partner organizations. A link to the online survey was displayed on partners' web pages and social media sites. Recruitment and marketing materials, including flyers and postcards with QR codes that linked to the survey, were distributed online, in medical facility common areas, and at community-wide events. A landing site was developed where partners could download the survey and the recruitment materials in eight languages. A dashboard was created for partners to view progress toward goals in real-time. In Essex County, partners disseminated the survey link and the hardcopy version at in-person events and in organizations throughout the county, including the public library and health fairs.

The sample presented here is based on 2,053 responses from Essex County. Table 1 provides the sociodemographic characteristics of Essex County survey respondents. In this report, people who completed the survey are referred to as "respondents" (whereas those who were part of focus groups and interviews are referred to as "participants" for distinction).

Table 1: Characteristics of Essex County Survey Respondents (N=2053)

Age (n=1813)	
18 to 24	3.6%
25 to 44	18.6%
45 to 64	36.7%
65+	41.0%
Gender (n=1315)	
Woman	75.4%
Man	23.6%
Transgender woman	*
Transgender man	*
Non-binary/gender queer (neither exclusively male or female)	*
Agender/I don't identify with any gender	*
Additional gender category	*
Marital Status (n=1231)	
Married	30.5%
Single	19.9%
Separated/divorced/widowed	46.9%
Domestic partnership/civil union/living together	2.8%
Education (n=1682)	
Less than high school	1.0%
Some high school	2.4%
High school graduate or GED	15.2%
Some college	14.7%
Associate or technical degree/certification	12.5%
College graduate	26.3%
Postgraduate or professional degree	27.9%

Income (n=1007)	
Less than $10,000	6.4%
$10,000 to $14,999	3.9%
$15,000 to $24,999	5.2%
$25,000 to $34,999	7.9%
$35,000 to $49,999	12.4%
$50,000 to $74,999	14.6%
$75,000 to $99,999	12.2%
$100,000 to $149,999	14.4%
$150,000 to $199,999	10.4%
$200,000 or more	12.6%
Race/Ethnicity (n=1907)	
Asian	5.8%
Black/African American	41.6%
Hispanic/Latino	13.8%
Middle Eastern/North African	0.5%
Native American	1.0%
Native Hawaiian or other Pacific Islander	0.0%
White/Caucasian	38.4%
Other Race/Ethnicities	4.4%
Sexual Orientation (n=1259)	
Straight or heterosexual	94.0%
Gay or lesbian	2.6%
Bisexual, pansexual, or queer	2.6%
Asexual	*
Additional category	*

DATA SOURCE: RWJBH Community Health Needs Assessment Survey, 2024
NOTE: Asterisk (*) means that data were suppressed due to low numbers. Respondents who selected multiple race/ethnicities were assigned to each category selected. Highest level of educational attainment was calculated only for respondents aged 25 years or older.

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. Survey data presents race and ethnicity categories as selected by respondents. The race and ethnicity categories were asked in a multiple-choice question that allowed for several answers. To recognize respondents' multiple identities, the race and

ethnicity categories are presented alone or in combination. For example, if someone selected "Asian" and "Black or African American" they would appear in both categories. Thus, as with other multiple-choice questions that allow for multiple responses, the percentages may not add to 100 percent. To protect respondents' privacy, an asterisk (*) was placed in any table cell with fewer than 10 responses.

Data Limitations

As with all data collection efforts, several limitations should be acknowledged when interpreting data. 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 and ethnicity). There may be a time lag for many data sources from the time of data collection to data availability, or changes in methodology that prevent year-by-year comparisons within data sources. Some data are not available for specific population groups (e.g., age) 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 by the original sources to allow for data estimates at a more granular level or among specific groups.

The community health survey used a convenience sample. Since a convenience sample is a type of non-probability sampling strategy, there is potential selection bias in who participated or was asked to participate in the survey. Respondents' sociodemographic distribution does not represent the sociodemographic distribution of Essex County residents. For example, 75.4% of the sample identified as women, compared to 51.5% of the county's population. Community health survey data should not be used to extrapolate the prevalence of a given indicator to the population of Essex County as a whole. However, a range of strategies such as multiple collection sites, access points, and survey administration modalities were used to minimize selection bias (e.g., extensive community outreach at public venues and key events, and availability of survey on paper, among other strategies) and multiple population groups – patients, RWJBH employees, the community at large, and a focus on population groups typically underrepresented in surveillance data (e.g., specific language and demographic groups) were engaged to try to yield a sample that was similar to the Essex County 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. Focus groups and interviews were conducted virtually, and therefore, while both video conference and telephone options were offered, some residents who lack reliable access to the internet and/or phones may have experienced difficulty participating. Further, qualitative data were collected between April and June 2025, a period of significant transition and policy changes by the incoming federal administration. The changing landscape posed difficulties in engaging with some stakeholders and community members —particularly those belonging to or working with some of the most vulnerable populations—in CHNA activities, who were often fearful and/or focused on responding to immediate challenges. Of note, those who were able to engage were eager to participate and uplifted the value of partnerships, solidarity, and collaboration to build and strengthen communities (A more detailed account of this engagement process can be found in the Primary Data Collection section). This CHNA should be considered a snapshot of the current time, which is consistent with public health best practices. Moving forward, community

engagement should continue to be prioritized to understand how the identified issues may evolve and what new issues or concerns may emerge over time.

Context for Comparisons to Previous CHNA

As appropriate, comparisons were made throughout this report between the previous and the current assessment. It is important to keep in mind that these comparisons may not be as relevant given that the previous CHNA was conducted during the height of the COVID-19 pandemic and that this CHNA was conducted during early 2025, a period of transition in the federal government. Changes at the national level can reshape federal policy priorities, funding streams, and regulatory frameworks. These factors can influence other factors that directly affect residents' health and well-being and local organizations' capacity to serve them. As the landscape continue to evolve, it remains essential to continue to understand the assets, challenges, and priorities of diverse communities, especially those with a higher burden of health inequities. Of note, in times of change, assessing the community's resilience and strengths is critically important.

Population Characteristics

Population Overview

CMMC and CBMC serve a population of 785,994 residents in 30 municipalities across five counties (Table 2). The smallest municipalities by population are Essex Fells (2,320 residents) in Essex County and Vauxhall (5,875 residents) in Union County, while the largest are East Orange (69,183 residents) in Essex County and Union (60,119 residents) in Union County. The overall population in New Jersey grew by 4.3% between 2014-2018 and 2019-2023, with Bergen County (2.7%) experiencing the lowest increase and Essex County (7.6%) experiencing the greatest increase.

Table 2. Total Population and Percent Change, by State, County, and Town, 2014-2023

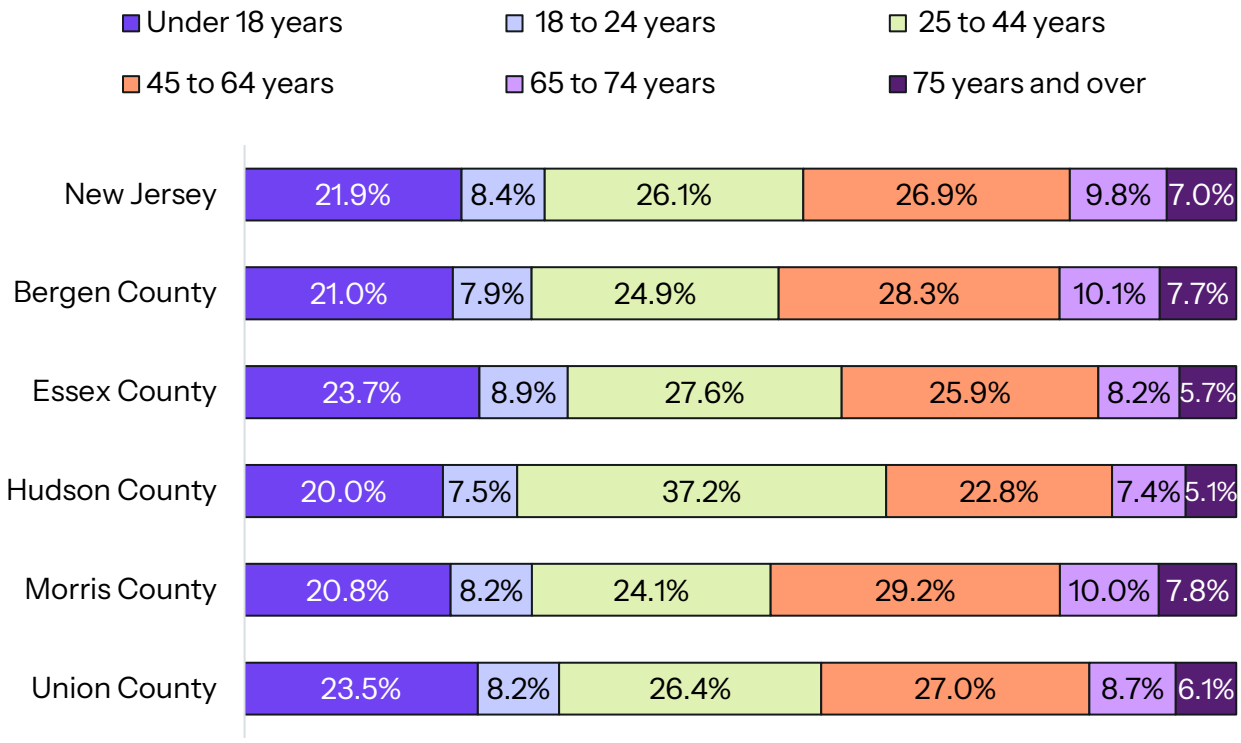
	2014-2018	2019-2023	% change
New Jersey	8,881,845	9,267,014	4.3%
Bergen County	929,999	954,717	2.7%
Lyndhurst	22,030	22,343	1.4%
North Arlington	15,724	16,368	4.1%
Essex County	793,555	854,130	7.6%
Belleville	36,069	37,756	4.7%
Bloomfield	48,810	52,974	8.5%
Caldwell	7,971	8,898	11.6%
Cedar Grove	*	13,252	*
Orange	30,466	33,973	11.5%
East Orange	64,400	69,183	7.4%
Essex Fells	2,205	2,320	5.2%
Fairfield	7,400	7,712	4.2%
Glen Ridge	7,573	7,827	3.4%
Livingston	29,698	31,128	4.8%
Maplewood	24,596	25,406	3.3%
Millburn	20,179	21,793	8.0%
Montclair	38,296	39,873	4.1%
Newark (07104)	51,250	54,277	5.9%
Newark (07107)	37,524	42,132	12.3%
Nutley	28,493	29,767	4.5%
Roseland	5,849	6,211	6.2%
Short Hills	13,134	14,398	9.6%
South Orange	16,434	18,299	11.3%
Verona	13,413	14,441	7.7%
West Orange	47,210	48,276	2.3%
Hudson County	668,631	710,478	6.3%
Harrison	16,180	19,599	21.1%
Kearny	41,567	40,570	-2.4%

	2014-2018	2019-2023	% change
Morris County	494,383	510,375	3.2%
East Hanover	11,116	11,106	-0.1%
Florham Park	11,672	13,134	12.5%
Union County	553,066	572,549	3.5%
Springfield	17,398	16,984	-2.4%
Union	58,158	60,119	3.4%
Vauxhall	*	5,875	*

DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Asterisk (*) means that data is unavailable.

The age distribution of the counties served by CMMC and CBMC in 2019-2023 was similar to that of New Jersey overall (Figure 3). Essex County (23.7%) and Union County (23.5%) had a slightly higher percentage of children under 18 compared to the state (21.9%). On the other hand, Bergen County (17.8%) and Morris County (17.8%) had a higher proportion of adults aged 65 years and older than the state (16.8%). Age distribution data by town and by race/ethnicity can be found in Table 22 in Appendix E. Additional Data Tables and Graphs.

Figure 3. Age Distribution, by State and County, 2019-2023



DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Racial, Ethnic, and Language Diversity

Racial and Ethnic Composition

The racial and ethnic composition of the communities served by CMMC and CBMC varied greatly across the service area. Many of the residents who lived in diverse communities expressed appreciation for that diversity. A focus group participant from East Newark noted, *"It's small so practically everyone knows each other. It's mostly Latinos here, people like us. Everyone gets along well."* Another focus group participant said of West Orange, *"One thing that stands out to me in this city is the diversity in culture and language."* Secondary data show how different the racial and ethnic composition of the municipalities served is across service areas (Table 3). In 2019-2023, a majority of residents in East Orange (79.0%) in Essex County and Vauxhall (72.9%) in Union County identified as Black. A majority of residents in Fairfield (84.6%) and Verona (82.7%) in Essex County identified as White. More than half of the residents in four municipalities identified as Latino: 65.6% in Newark (07104), 55.6% in Newark (07104), 53.1% in Belleville, Essex County, and 50.9% in Kearny, Hudson County. About one-third of residents in Short Hills (38.4%), Millburn (34.2%), and Livingston (31.4%) in Essex County identified as Asian.

> *"In Belleville, we interact with students from different cultures and backgrounds. It gives us a better idea of how the world works and what it looks like from different areas. For me, diversity is a big positive."*
> – Focus group participant

Table 3. Race and Ethnic Distribution, by State, County, and Town, 2019-2023

	American Indian and Alaska Native, non-Hispanic	Asian, non-Hispanic	Black or African American, non-Hispanic	Hispanic/Latino	Native Hawaiian and Pacific Islander, non-Hispanic	White, non-Hispanic
New Jersey	0.1%	9.8%	12.3%	21.9%	0.0%	51.9%
Bergen County	0.1%	16.6%	5.3%	22.1%	0.0%	52.5%
Lyndhurst	0.0%	5.1%	2.3%	30.1%	0.0%	59.0%
North Arlington	0.0%	8.8%	1.4%	31.6%	0.2%	53.7%
Essex County	0.1%	5.7%	36.0%	24.7%	0.0%	27.9%
Belleville	0.0%	8.2%	5.3%	53.1%	0.0%	29.9%
Bloomfield	0.1%	9.5%	16.8%	28.2%	0.0%	39.4%
Caldwell	0.3%	12.6%	4.7%	14.0%	0.0%	66.8%
Cedar Grove	0.0%	7.9%	4.5%	7.9%	0.0%	77.1%
Orange	0.2%	2.3%	57.5%	29.8%	0.0%	5.3%
East Orange	0.1%	2.4%	79.0%	9.9%	0.2%	1.9%
Essex Fells	0.0%	4.6%	1.9%	13.0%	0.0%	78.5%
Fairfield	0.0%	2.7%	1.2%	10.1%	0.0%	84.6%
Glen Ridge	0.0%	5.8%	3.3%	13.4%	0.0%	72.0%
Livingston	0.1%	31.4%	3.9%	5.1%	0.0%	56.6%
Maplewood	0.6%	3.3%	30.5%	8.7%	0.0%	52.9%
Millburn	0.0%	34.2%	2.8%	6.9%	0.0%	50.1%
Montclair	0.0%	5.3%	18.2%	10.9%	0.0%	56.8%
Newark (07104)	0.1%	0.6%	22.4%	65.6%	0.0%	8.4%
Newark (07107)	0.2%	1.1%	31.6%	55.6%	0.1%	6.7%
Nutley	0.0%	11.3%	2.3%	24.6%	0.0%	58.1%
Roseland	0.0%	12.3%	0.5%	7.2%	0.0%	71.9%
Short Hills	0.0%	38.4%	2.0%	4.1%	0.3%	53.2%
South Orange	0.0%	5.9%	21.2%	8.4%	0.0%	58.3%
Verona	0.3%	3.6%	1.3%	7.6%	0.0%	82.7%
West Orange	0.1%	5.3%	26.2%	21.7%	0.0%	41.9%
Hudson County	0.1%	16.3%	10.8%	40.7%	0.0%	28.1%
Harrison	0.8%	22.0%	4.9%	43.5%	0.0%	24.7%
Kearny	0.0%	3.5%	4.7%	50.9%	0.1%	33.5%
Morris County	0.0%	10.6%	3.0%	15.5%	0.0%	66.9%
East Hanover	0.0%	12.6%	3.4%	11.3%	0.0%	70.0%
Florham Park	0.1%	10.5%	9.0%	10.2%	0.0%	66.8%
Union County	0.0%	5.5%	19.6%	34.4%	0.0%	36.3%
Springfield	0.0%	10.4%	11.2%	18.8%	0.0%	57.4%
Union	0.0%	10.1%	37.2%	18.1%	0.0%	28.2%
Vauxhall	0.0%	2.9%	72.9%	10.7%	0.0%	9.1%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

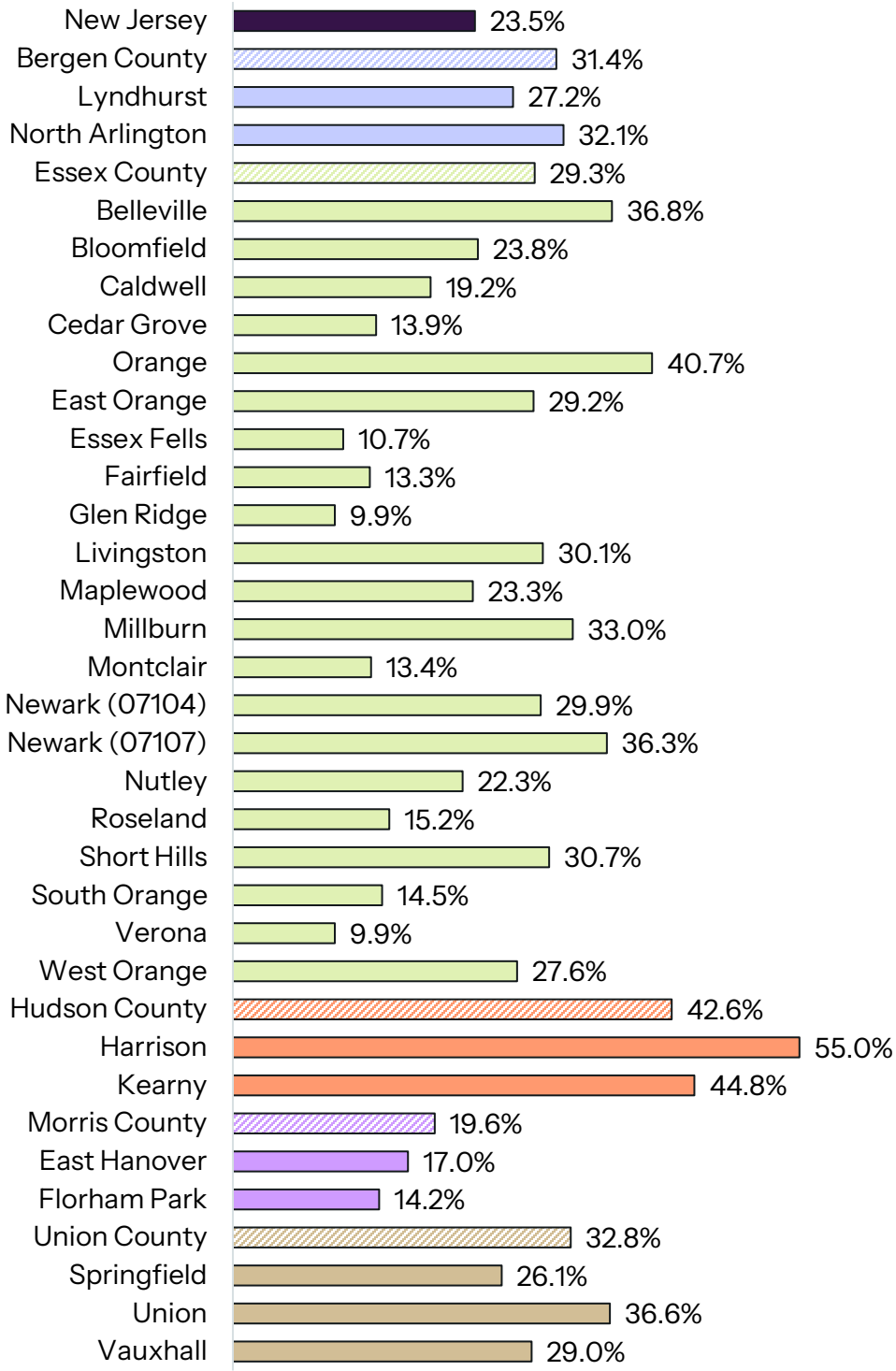
Foreign-Born Population

Many of the residents engaged in qualitative discussions were immigrants themselves or served the immigrant population. Foreign-born populations in this area are varied and have different experiences when coming to the United States. Overall, the immigrant residents who were interviewed expressed gratitude for the services available to help them and their families better integrate into the new settings. For example, a participant noted, *"I like it because there are opportunities here, like English classes. Learning even just a little bit of the language is important in this country."* Many participants who were parents appreciated how the schools supported immigrant children by being understanding, promoting integration, and providing opportunities for foreign-born students to thrive, as well as by hiring bilingual speakers. A mother summed it up: *"It's difficult for immigrant children to adapt when they first arrive and have to adjust to a new education system. But when we first arrived, I felt like my child was welcomed, and the teachers were excellent."* Participants did mention the anxiety and stress that coming to a new country entailed, both for children and adults. They emphasized the need for more mental health resources to serve the immigrant population: *"Little by little, one begins to acclimate, but for children and adolescents, it's even more complicated. So having psychological support would be helpful."*

> *"The school is very committed to helping the immigrant community."*
> – Focus group participant

Quantitative data show that the proportion of foreign-born residents was higher in the service areas considered, ranging from 29.3% in Essex County to 42.6% in Hudson County, than in New Jersey overall (23.5%) (Figure 4). There were large differences across municipalities. In Harrison, more than half of the population was foreign-born (55.0%), while in Glen Ridge and Essex Fells foreign-born residents made up 9.9% and 10.7% of the population, respectively. The proportion of foreign-born residents grew more rapidly in Essex County (2.8%) and Union County (2.8%) between 2014-2018 and 2019-2023 compared to New Jersey overall (1.3%) (Table 24). The municipalities with the most rapid growth in foreign-born residents over this period were Millburn (10.2%) and Short Hills (9.7%).

Figure 4. Percent of Population Foreign-Born, by State, County, and Town, 2019-2023



DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Immigrants to the area come from many different countries; the most common ones being India (19.3% of Morris County and 13.2% of Hudson County), Korea (14.2% of Bergen County), Ecuador (11.2% of Essex County), and Colombia (10.0% of Union County) (Table 4).

Table 4. Top 5 Places of Birth of Foreign-Born Population, by State and County, 2019-2023

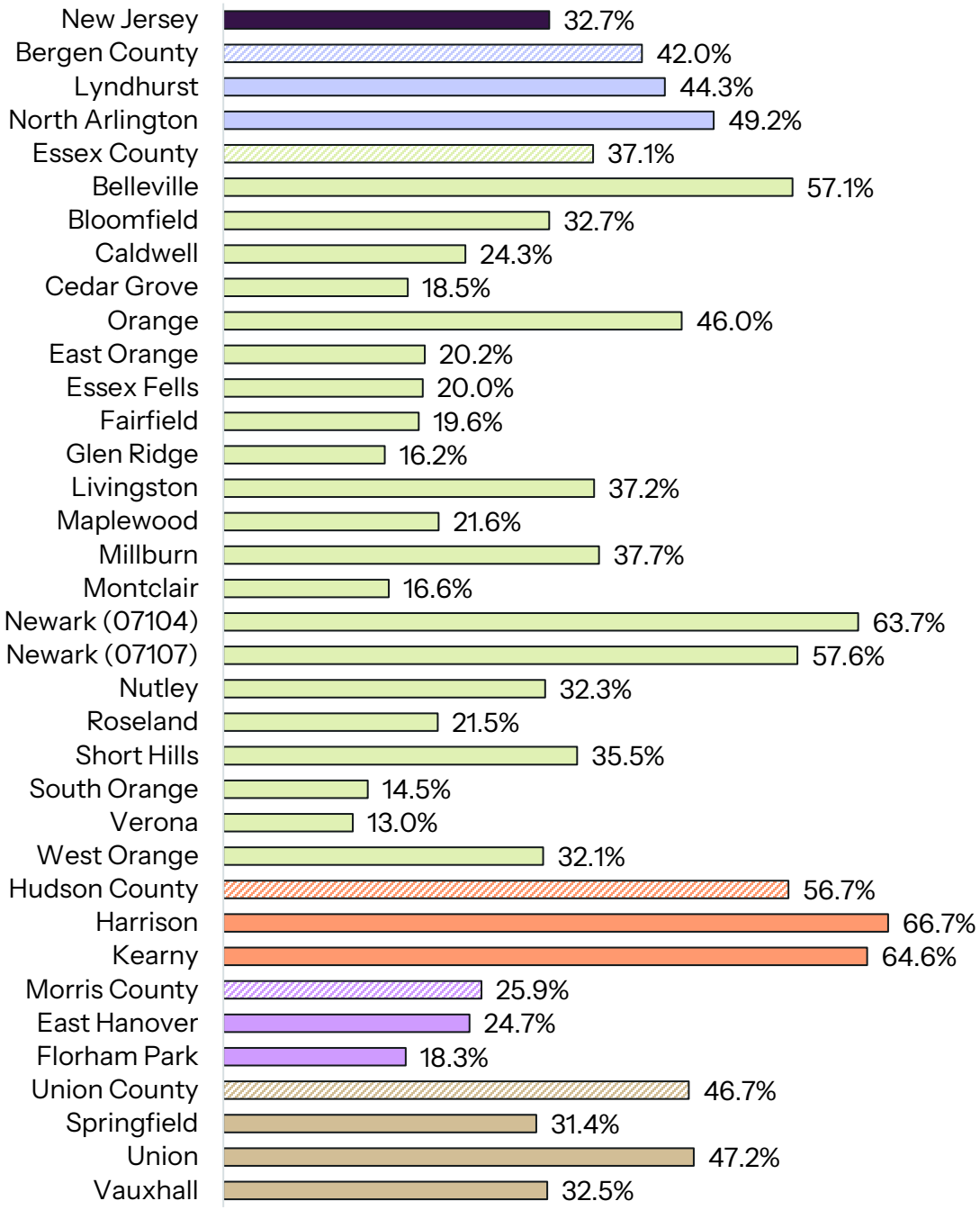
	New Jersey	Bergen County	Essex County	Hudson County	Morris County	Union County
1	India (12.6%)	Korea (14.2%)	Ecuador (11.2%)	India (13.2%)	India (19.3%)	Colombia (10.0%)
2	Dominican Republic (9.7%)	Dominican Republic (8.0%)	Haiti (7.9%)	Dominican Republic (12.1%)	Colombia (8.5%)	Dominican Republic (7.6%)
3	Mexico (4.8%)	India (7.0%)	Dominican Republic (7.1%)	Ecuador (6.5%)	China (4.8%)	El Salvador (6.9%)
4	Ecuador (4.6%)	Philippines (5.8%)	Brazil (6.5%)	Cuba (6.4%)	Honduras (4.8%)	Ecuador (6.7%)
5	Colombia (4.4%)	Colombia (5.3%)	Jamaica (6.0%)	Colombia (5.3%)	Mexico (3.9%)	Haiti (6.2%)

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023
NOTE: Data shows the percentage born in the listed countries out of the total foreign-born population in each designated New Jersey geographic area. Data shown for China does not include Hong Kong or Taiwan.

Language Diversity

A large proportion of residents in the service area speak a language other than English at home (Figure 5). In Newark (07104) (63.7%), Kearny (64.6%), and Harrison (66.7%) more than 60% of residents over the age of 5 speak a language other than English. In contrast, a far smaller proportion of Verona and South Orange residents speak languages other than English at home (13.0% and 14.5%, respectively). Data on the proportion of the population lacking English proficiency among those who speak a language other than English at home are presented in Figure 91 in Appendix E. Additional Data Tables and Graphs.

Figure 5. Percent Population Aged 5+ Speaking Language Other than English at Home, by State, County, and Town, 2019-2023



DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Spanish is the most common language other than English spoken in all counties within the service area, followed by other Indo-European languages (Table 5). Geographic differences exist. In Newark (07104), 56.4% of residents speak Spanish, followed by 49.6% in Newark

(07107). In Kearny, 17.0% of residents speak Indo-European languages, and in Orange 13.1% speak French, Haitian, or Cajun.

To cater to the needs of English-language learners in the CMMC-CBMC service area, schools, healthcare facilities, and social service organizations have adopted a range of strategies to enhance access for immigrants and reduce language and cultural barriers. Many organizations now employ multilingual staff—especially Spanish speakers—and provide on-site translators to assist clients. Additionally, technological solutions such as real-time translation tools and remote on-call interpreter services have played a key role in bridging communication gaps. As one focus group participant shared, *"One day I went to the hospital, and my daughter couldn't come with me to translate, and they put a screen with a person on it to translate for me. It helped a lot—I really liked it. I was able to communicate well with the doctor."*

> *"We have interpreters on site for both Haitian Creole and Spanish which is invaluable to make someone feel seen, respected and treated with dignity"*
> – Focus group participant

Table 5. Top 5 Languages Spoken at Home, by State, County, and Town, 2019-2023

	Spanish	Other Indo-European languages	French, Haitian, or Cajun	Other and unspecified languages	Chinese (incl. Mandarin, Cantonese)
New Jersey	17.0%	5.5%	1.1%	1.1%	1.4%
Bergen County	16.9%	5.6%	0.4%	1.5%	1.9%
Lyndhurst	25.2%	6.9%	0.2%	0.5%	0.9%
North Arlington	26.4%	9.7%	0.0%	0.2%	2.3%
Essex County	19.9%	5.9%	3.9%	3.1%	1.1%
Belleville	44.0%	5.2%	0.2%	0.6%	0.3%
Bloomfield	18.3%	5.9%	0.8%	0.7%	0.5%
Caldwell	7.4%	4.7%	0.5%	1.1%	2.9%
Cedar Grove	4.6%	6.8%	0.1%	0.1%	0.7%
Orange	26.5%	0.6%	13.1%	4.1%	0.0%
East Orange	6.8%	0.8%	6.2%	5.1%	0.1%
Essex Fells	7.5%	7.0%	0.5%	0.1%	1.4%
Fairfield	6.5%	6.2%	0.0%	0.0%	1.3%
Glen Ridge	9.2%	1.3%	2.4%	0.7%	0.2%
Livingston	4.1%	10.7%	1.2%	2.2%	10.9%
Maplewood	6.1%	1.4%	8.3%	2.9%	0.3%
Millburn	4.1%	10.7%	1.5%	0.7%	12.1%
Montclair	5.9%	4.2%	0.9%	1.4%	0.5%
Newark (07104)	56.4%	3.1%	1.4%	1.9%	0.2%
Newark (07107)	49.6%	2.2%	0.8%	3.9%	0.0%
Nutley	15.1%	8.4%	0.1%	0.3%	1.2%
Roseland	5.1%	5.8%	0.0%	0.6%	4.7%
Short Hills	2.0%	12.7%	1.1%	0.5%	11.7%
South Orange	4.6%	2.6%	2.9%	0.8%	1.4%
Verona	3.2%	4.4%	0.1%	0.9%	0.1%
West Orange	18.0%	1.8%	5.0%	2.5%	1.0%
Hudson County	33.8%	8.2%	1.0%	0.9%	2.7%
Harrison	36.6%	13.7%	0.3%	0.5%	5.8%
Kearny	40.8%	17.0%	0.2%	0.3%	1.4%
Morris County	11.7%	5.6%	0.4%	0.5%	2.1%
East Hanover	6.2%	4.8%	0.2%	1.5%	4.5%
Florham Park	3.9%	5.5%	0.9%	0.2%	5.2%
Union County	29.6%	6.5%	3.4%	1.6%	1.1%
Springfield	12.8%	4.9%	0.3%	2.3%	2.3%
Union	16.1%	10.6%	6.8%	5.2%	1.1%
Vauxhall	9.9%	4.0%	0.9%	15.5%	0.0%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

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 facilitate physical activity, resident engagement, and access to healthy foods), and provide income and benefits to access health care. In contrast, unemployment, underemployment, and job instability make it difficult to afford housing, goods, and services linked with health and healthcare access, and contribute to stressful life events that affect multiple aspects of health.

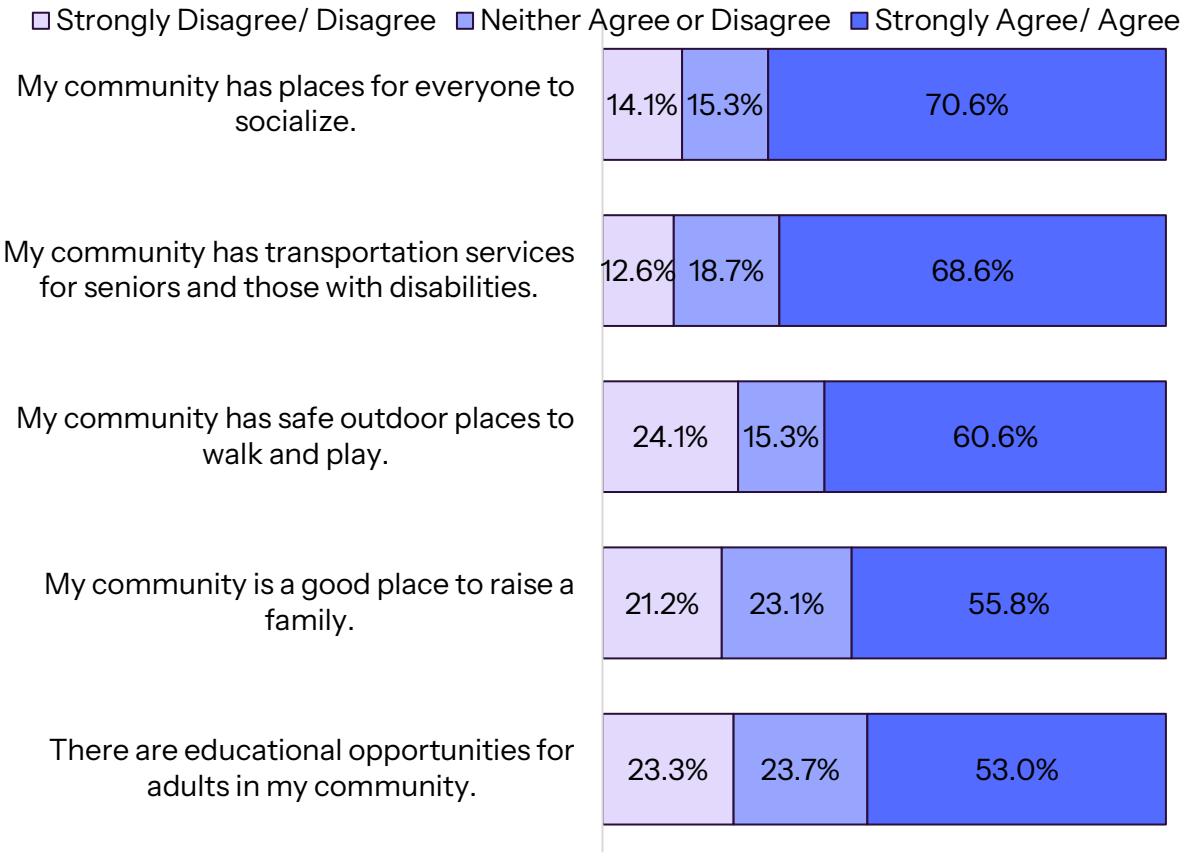
Community Strengths and Assets

Understanding the resources and services available in a community—as well as their geographic distribution—helps to identify the assets that can be drawn upon to address community health, as well as any gaps that might exist. Interviewees and focus group participants mentioned numerous positive aspects of their communities. Residents of several towns, including Belleville, East Newark, Livingston, Montclair, Orange, and West Orange, appreciated the convenience of having amenities nearby, including hospitals, places of worship, recreational areas and parks, businesses and shops, and good schools. When speaking of East Newark, a focus group participant stated, *"We live in a city that's very peaceful. Everything is close by—the supermarket, the hospital, the church."* In addition, many residents valued the strong support network and close-knit bonds in their communities and mentioned that they liked that everyone knew each other. The theme of neighbors-helping-neighbors came up very strongly in interviews and focus groups. Participants noted that it was important to them to have places to socialize and to be with friends. A parent from West Orange described, *"I've been able to get to know people through sports. They have a lot of community activities in town, so we all come together and we meet different families, and we're like, oh, we've seen you at this sport, and we know you, so it's like a small community within the town, and it's nice. It's like the things you see on TV."*

Residents from multiple towns also valued their neighborhoods' diversity and emphasized that people from different sociodemographic groups were integrated and got along well. Community survey respondents from Essex County agreed with these themes. The strengths identified by the greatest proportion of respondents were that their community had places to socialize (70.6%), transportation services for seniors and those with disabilities (68.6%), and safe outdoor places to walk and play (60.6%) (Figure 6).

> *"One thing that stands out to me in [West Orange] is the diversity in culture and language here. It's an area that doesn't discriminate. When I walk into the school cafeteria, there is a mix of students from different cultures and backgrounds sitting together."*
> – Focus group participant

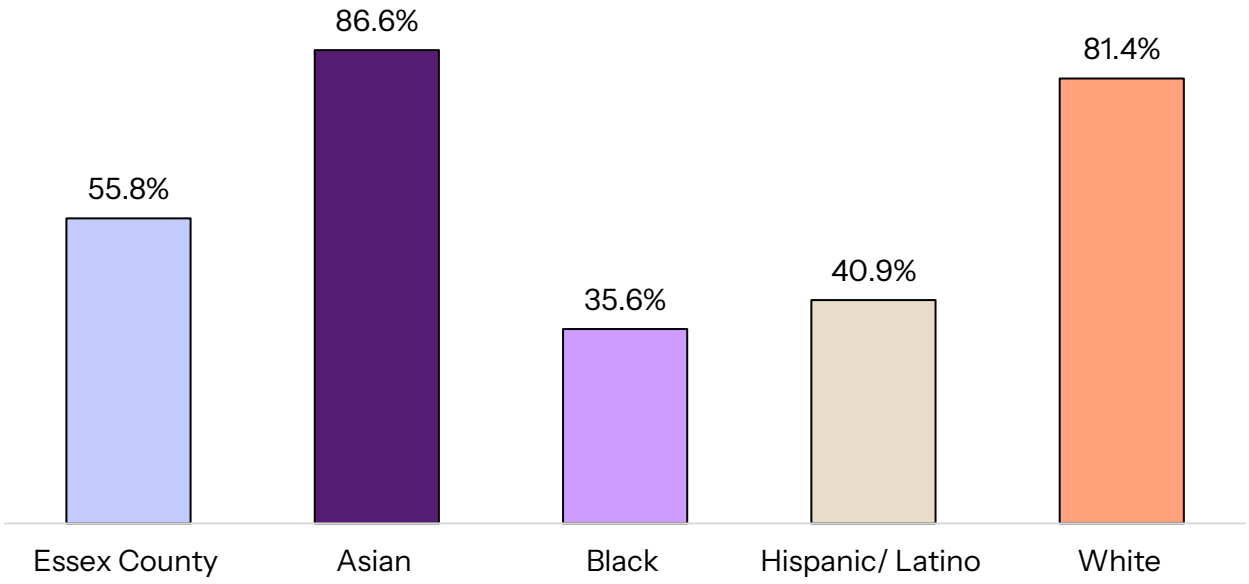
Figure 6. Essex County Survey Respondents' Community Perceptions, Percent Who Agreed/Strongly Agreed, 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: The number of respondents ranged from n=1,092 to n=1,132 for the shown questions.

Of note, responses to survey questions about community characteristics varied by race/ethnicity. For example, as can be observed in Figure 7, Asian (86.6%) and White (81.4%) respondents were more likely than Black (35.6%) and Latino (40.9%) respondents to agree or strongly agree that their community was a good place to raise a family.

Figure 7. Percent of Essex County Survey Respondents Who Agreed/Strongly Agreed with the Statement "My community is a good place to raise a family," by Race/Ethnicity, (n=1092), 2024



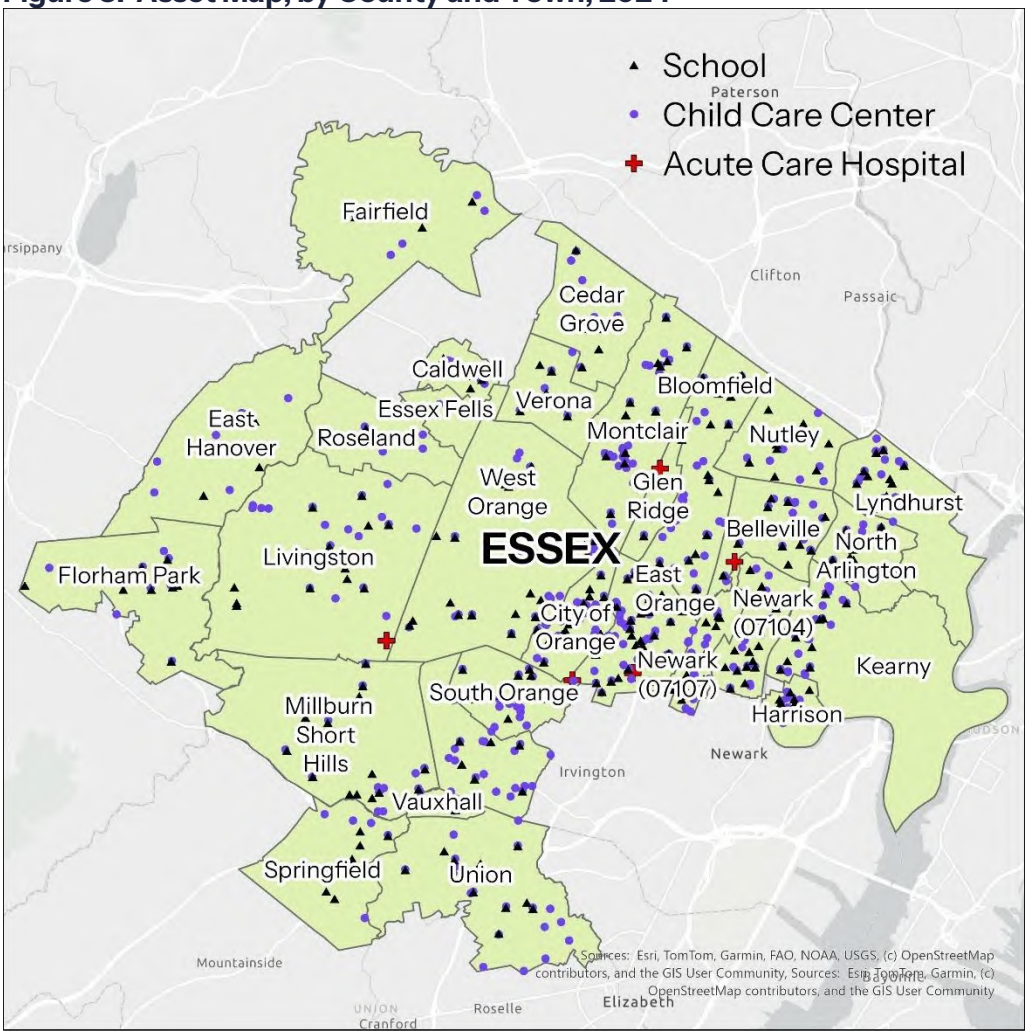
DATA SOURCE: Community Health Needs Assessment Survey, 2024

Several interviewees and focus group participants valued and emphasized community engagement and residents' commitment to community improvement. One focus group participant expressed, *"In Orange, we've seen a renewal in civic participation. People are getting involved in issues that are important to the community – education, housing, environment."* Participants from service agencies expressed strong appreciation for the community's robust culture of volunteerism. The high level of resident involvement was seen as a reflection of shared responsibility and commitment to collective well-being. In the view of a focus group participant, civic participation contributed to community resilience: *"Despite systematic challenges, we tend to land on our feet. We are very resourceful, very savvy in the way we navigate spaces that often don't reflect us."*

> *"When people think of Newark, there's a stigma that comes with Newark. In this area, everyone looks out for each other. People have been here for years and years and they want this community to be safe."*
> – Focus group participant

Another strength noted was the strong collaboration among social service agencies and organizations, which was seen as a way to improve services to clients. Interviewees highlighted the fluid communications across agencies. As one interviewee noted, "*One strength is the partnerships that we have with different services. We have partnerships with shelters, food pantries, and different institutions that are sending clients to us for services."* The resources available in the service area are visually presented in the map below. There are five acute care hospitals, as well as 288 schools and 442 childcare centers (Figure 8).

Figure 8. Asset Map, by County and Town, 2024



DATA SOURCE: NJ Department of Environmental Protection Bureau of GIS, Schools and Child Care Centers and Acute Care Hospitals, 2024

Education

Educational attainment is an important measure of socioeconomic position that may reveal additional nuances about populations, in addition to measures of income, wealth, and poverty. NJ Department of Education data indicate that most (91.1%) New Jersey students in public schools graduated from high school (Table 6). Graduation rates varied by public school district. Several school districts, such as Glen Ridge Public School District (100.0%) and Millburn Township School District (99.4%), outperformed New Jersey as a whole. However, Irvington Public School District (79.6%) and Newark Public School District (85.7%) experienced lower graduation rates than other municipalities and the state. Graduation rates varied across students of different racial and ethnic backgrounds as well: Latino (85.8%) and Black (86.7%) students generally experienced lower graduation rates than their Asian (96.7%) and White (95.0%) counterparts. Of note, Latino students in the Irvington Public School District had the lowest graduation rate, 75.4%%, for any race/ethnicity group across all the school districts. More information on educational attainment in the service area can be found in Table 26 and Table 27 of Appendix E. Additional Data Tables and Graphs.

Table 6. Four-Year Adjusted Cohort High School Graduation Rates, by Race/Ethnicity, by State and School District, 2019-2023

	Overall	Asian	Black or African American	Latino/ Hispanic	White
New Jersey	91.1%	96.7%	86.7%	85.8%	95.0%
Lyndhurst Public School District	96.4%	*	*	98.6%	95.5%
North Arlington School District	93.0%	*	*	88.2%	97.2%
Belleville Public School District	92.8%	94.1%	90.9%	93.5%	90.7%
Bloomfield Township School District	95.1%	95.0%	95.0%	94.2%	97.2%
Caldwell-West School District	95.0%	*	*	84.4%	98.1%
Cedar Grove Township School District	96.6%	*	*	*	97.0%
East Orange School District	87.0%	*	87.8%	85.5%	*
Essex County Schools of Technology	97.2%	*	97.8%	96.8%	*
Glen Ridge Public School District	100.0%	100.0%	*	*	100.0%
Irvington Public School District	79.6%	*	80.8%	75.4%	N
Livingston Board of Education School District	97.9%	97.3%	100.0%	94.4%	98.1%
Millburn Township School District	99.4%	98.1%	*	100.0%	100.0%
Montclair Public School District	94.3%	100.0%	90.0%	95.4%	95.4%
Newark Public School District	85.7%	94.1%	82.1%	87.5%	92.7%
Nutley Public School District	94.0%	100.0%	*	86.4%	97.4%
Orange Board of Education School District	90.2%	*	94.7%	85.4%	*
South Orange-Maplewood School District	91.5%	100.0%	81.5%	84.1%	97.2%
Verona Public School District	96.2%	*	*	100.0%	95.7%
West Essex Regional School District	97.7%	100.0%	*	91.3%	98.6%
West Orange Public Schools	88.4%	84.0%	86.8%	88.4%	93.3%
Harrison Public Schools	91.9%	*	*	92.1%	89.5%
Kearny School District	90.7%	100.0%	84.6%	91.1%	89.3%
Hanover Park Regional High School District	97.9%	100.0%	100.0%	90.5%	98.8%
Springfield Public School District	93.0%	94.1%	93.1%	90.2%	93.8%
Union County Vocational-Technical School District	99.7%	100.0%	100.0%	99.0%	100.0%
Township of Union School District	92.3%	97.3%	90.2%	94.7%	91.9%

DATA SOURCE: New Jersey Department of Education, School Performance, 2023
NOTE: Asterisk (*) indicates that data are not displayed to protect student privacy. N indicates that data are not available.

Employment and Workforce

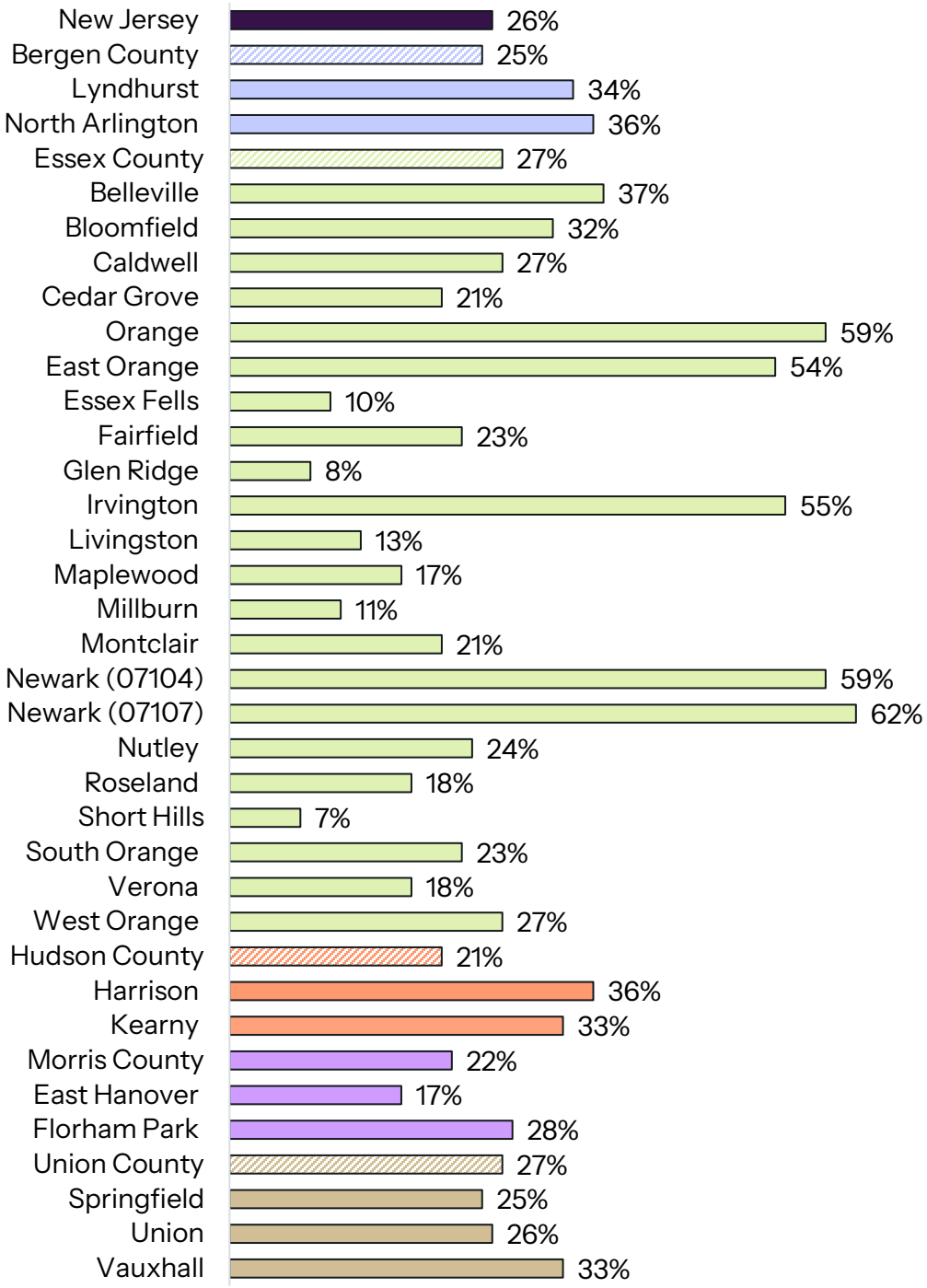
Employment can confer income, benefits, and economic stability – factors that promote health. Several participants mentioned that underemployment was a phenomenon across the board; they noted that many workers in the education, service, and healthcare sectors, to name a few, cannot make ends meet. A key informant interviewee illustrated the issue for emergency responders, *"I'm not gonna lie, a manager at a McDonald's makes over $30 an hour. They have less responsibility. It's insane. You know, and these guys that are risking their lives every day."*

> *"[At the food pantry] we see service workers of all sorts- preschool teachers, home health care aides, people doing cleaning or food service in medical facilities, Uber drivers, so really the working poor. I mean, these are people who are working and can't afford the high cost of housing. They certainly can't afford to get sick."*
> *– Focus group participant*

Participants emphasized that salaries have not kept up with the cost of living. According to participants, young people entering the workforce, Black and Latino residents, justice-involved individuals, and some immigrant communities are among the populations most affected by unemployment in the service area. A key informant interviewee described the barriers faced by some immigrant community members in finding jobs, *"Now with this climate, a lot of jobs are no longer. [Employers] are not legally supposed to say they're not gonna take anyone with just a work permit, but a lot of them are not really taking them. So a lot of those who have permission to work, can't find a job."*

In 2022, about 1 in 4 of the households in the service area were Asset Limited, Income Constrained, Employed (ALICE), meaning that although employed, they did not earn enough to support their families (Figure 9), ranging from 7% in Short Hills to 62% in Newark (07107). According to United for ALICE 2024, between 2010 and 2022, the percentage of single-headed households with children living below the ALICE threshold increased by 18% in New Jersey, overall.

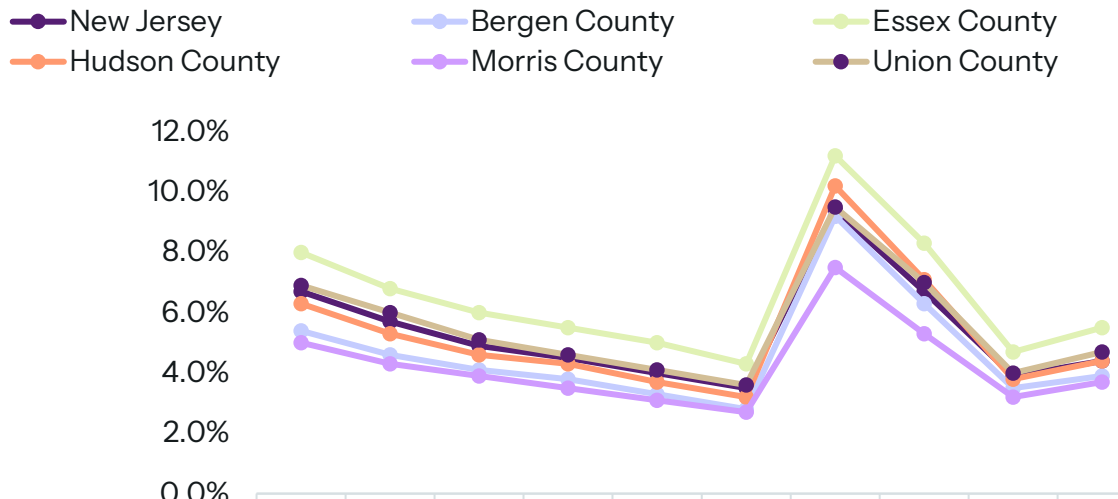
Figure 9. Percent of Households Living Below the ALICE Threshold, by State, County, and Town, 2022



DATA SOURCE: United for ALICE 2024, derived from American Community Survey, 2010-2022
NOTE: The ALICE Threshold is calculated by United Way's United For ALICE initiative. ALICE stands for Asset Limited, Income Constrained, and Employed. Households living below the ALICE threshold represent households with working adults who cannot afford basic needs (childcare, transportation, housing, food, etc.).

Data from the Bureau of Labor Statistics show that unemployment rates across the counties are similar to those of New Jersey as a whole and had been trending downward over the past decade before the COVID-19 pandemic, after which rates rose substantially (Figure 10). Fortunately, unemployment rates declined post-2020. Town-level data show that Orange experienced the highest unemployment rate (10.4%) of any municipality in the service area, while Verona experienced the lowest (3.8%) (Table 28 in Appendix E. Additional Data Tables and Graphs).

Figure 10. Unemployment Rate, by State and County, 2014-2023



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
New Jersey	6.7%	5.7%	4.9%	4.5%	4.0%	3.5%	9.4%	6.7%	3.9%	4.4%
Bergen County	5.4%	4.6%	4.1%	3.8%	3.3%	2.8%	9.2%	6.3%	3.5%	3.9%
Essex County	8.0%	6.8%	6.0%	5.5%	5.0%	4.3%	11.2%	8.3%	4.7%	5.5%
Hudson County	6.3%	5.3%	4.6%	4.3%	3.7%	3.2%	10.2%	7.1%	3.8%	4.4%
Morris County	5.0%	4.3%	3.9%	3.5%	3.1%	2.7%	7.5%	5.3%	3.2%	3.7%
Union County	6.9%	6.0%	5.1%	4.6%	4.1%	3.6%	9.5%	7.0%	4.0%	4.7%

DATA SOURCE: U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics, 2014-2023

Unemployment rates varied by race/ethnicity. Residents who identify as Black had higher unemployment rates (9.0%) than other racial/ethnic groups in New Jersey overall, while Asian residents had the lowest unemployment rates (4.7%) (Table 7). In Essex County, both Black (11.4%) and Latino (8.6%) residents had unemployment rates above the state average. Unemployment rates by age (Table 28) and by gender (Table 29) can be found Appendix E. Additional Data Tables and Graphs. Overall, teens and youth aged 24 years and younger and women reported higher unemployment rates than older residents and men, respectively.

Table 7. Unemployment Rate, by Race/Ethnicity, by State, County, and Town, 2019-2023

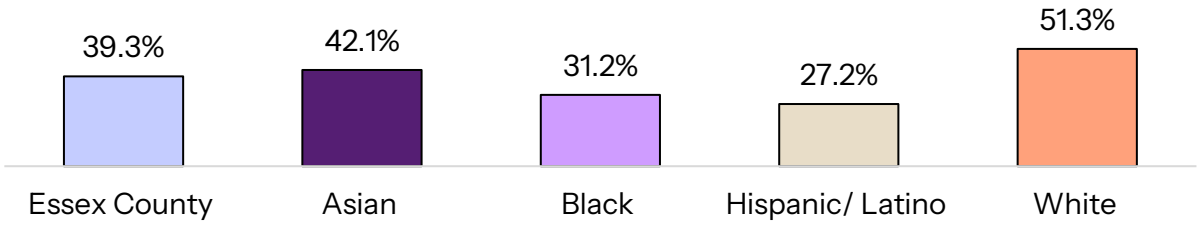
	Overall	Asian, non-Hispanic	Black or African American, non-Hispanic	Hispanic /Latino	White, non-Hispanic	Additional Race, non-Hispanic	2+ Races
New Jersey	6.2%	4.7%	9.0%	7.2%	5.2%	7.4%	8.2%
Bergen County	5.5%	4.6%	6.5%	5.8%	5.3%	4.6%	7.2%
Lyndhurst	6.4%	3.4%	0.0%	5.5%	7.6%	9.6%	4.1%
North Arlington	6.4%	3.2%	9.4%	9.2%	4.9%	5.8%	14.1%
Essex County	8.3%	3.8%	11.4%	8.6%	5.2%	9.2%	9.2%
Belleville	10.1%	2.9%	6.7%	12.5%	6.5%	17.6%	14.2%
Bloomfield	6.1%	3.8%	9.1%	5.7%	5.3%	5.1%	8.6%
Caldwell	4.0%	1.5%	10.4%	3.0%	4.3%	5.0%	1.9%
Cedar Grove	9.1%	1.2%	12.7%	13.2%	9.7%	0.0%	14.0%
Orange	11.4%	2.2%	13.8%	9.0%	4.9%	5.9%	11.0%
East Orange	10.3%	2.3%	10.8%	9.0%	8.4%	8.1%	9.7%
Essex Fells	3.9%	0.0%	0.0%	3.5%	4.3%	0.0%	5.0%
Fairfield	12.4%	16.9%	0.0%	0.0%	13.7%	0.0%	0.0%
Glen Ridge	6.1%	0.0%	5.7%	29.0%	3.0%	0.0%	33.0%
Livingston	4.1%	2.8%	5.3%	4.1%	3.7%	9.6%	26.1%
Maplewood	7.1%	4.2%	12.1%	7.9%	4.1%	4.9%	1.2%
Millburn	4.8%	3.3%	25.7%	4.1%	3.7%	13.7%	2.4%
Montclair	4.3%	1.1%	5.4%	10.0%	3.4%	16.3%	7.8%
Newark (07104)	9.7%	0.0%	15.2%	9.0%	2.6%	6.7%	9.3%
Newark (07107)	11.0%	11.0%	15.5%	9.1%	5.8%	10.4%	8.6%
Nutley	4.8%	7.0%	4.2%	4.9%	4.4%	5.8%	5.1%
Roseland	5.2%	0.0%	0.0%	8.6%	6.1%	0.0%	6.4%
Short Hills	4.3%	3.6%	20.6%	3.3%	3.2%	34.4%	1.6%
South Orange	4.5%	0.0%	6.0%	4.1%	4.3%	4.9%	5.2%
Verona	3.8%	0.0%	12.9%	0.0%	4.3%	*	0.0%
West Orange	5.5%	2.4%	6.7%	4.6%	6.1%	6.2%	1.7%
Hudson County	5.9%	4.0%	7.6%	7.4%	4.6%	8.3%	7.2%
Harrison	5.5%	3.1%	0.4%	6.4%	8.3%	8.1%	5.4%
Kearny	5.2%	0.8%	19.8%	4.4%	6.3%	3.4%	5.1%
Morris County	5.2%	4.9%	8.3%	5.2%	5.1%	8.0%	5.0%
East Hanover	4.2%	0.3%	0.0%	4.7%	5.3%	0.0%	7.2%
Florham Park	4.6%	11.5%	4.3%	11.0%	3.1%	34.2%	1.7%
Union County	6.3%	3.7%	8.2%	6.9%	4.8%	7.5%	7.7%
Springfield	4.7%	2.2%	7.9%	5.3%	4.7%	7.0%	0.0%
Union	6.2%	5.1%	7.5%	6.1%	5.2%	7.8%	3.0%
Vauxhall	6.2%	0.0%	6.5%	2.4%	13.4%	2.4%	0.0%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

NOTE: Asterisk (*) means that data were suppressed due to low numbers.

Consistent with other data, many survey respondents did not believe that there were good employment opportunities in the area. About 2 in 5 (39.3%) of Essex County respondents agreed that there were job opportunities in their area (Figure 11). White respondents were notably more positive, with 51.3% agreeing.

Figure 11. Percent of Essex County Survey Respondents Who Agreed/Strongly Agreed with the Statement *"There are job opportunities in my area,"* by Race/Ethnicity, (n=1132), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

Income and Financial Security

Income is a powerful social determinant of health that influences where people live and their ability to access resources that affect health and well-being. Across the service area, there are wide inequalities in income and wealth between neighboring communities. The area comprises both the most affluent and the most economically deprived communities in New Jersey. Income inequality is reflected in racial disparities in access to quality education, medical care, healthy food, and stable housing. Current economic challenges and financial insecurity were discussed in most interviews and focus groups. Participants talked about the rising cost of living across the board: housing, food, transportation, and healthcare. Focus group participants shared the day-to-day challenge of affording necessities as prices continue to climb.

While the rising cost of living affects everyone, participants shared that this had been most painful for low-income individuals, including service workers, seniors, and some immigrant communities. A key informant described the experience of financial insecurity, *"Food comes last. You know you can't not get a pair of shoes for your kid to go to school. I don't mean cool shoes, I mean any pair. And at the end of that, whatever leftover income you have goes to food. But that's not because your food is insecure. That's because you're economically insecure and you are trying to find a way to make ends meet."* A senior focus group participant noted, *"I have to take heart medication, and I could barely afford it with such a low pension. If you're unable to pay, you just don't receive the medications that you need to survive."*

> *"The rent's going up, everything is just going up and yet when it comes to the finances or the employment, I feel like many don't make enough to pay for the rent, or the cost of rent today."*
> – Focus group participant

Across the service area, there is variation in household financial well-being. Data from the 2019-2023 American Community Survey show that the median household income in Union County was

comparable to the state's, while in Essex and Hudson counties it was well below that of New Jersey overall, and Bergen and Morris counties had median household income above the New Jersey average (Table 8).

Table 8. Median Household Income, by State, County, and Town, 2019-2023

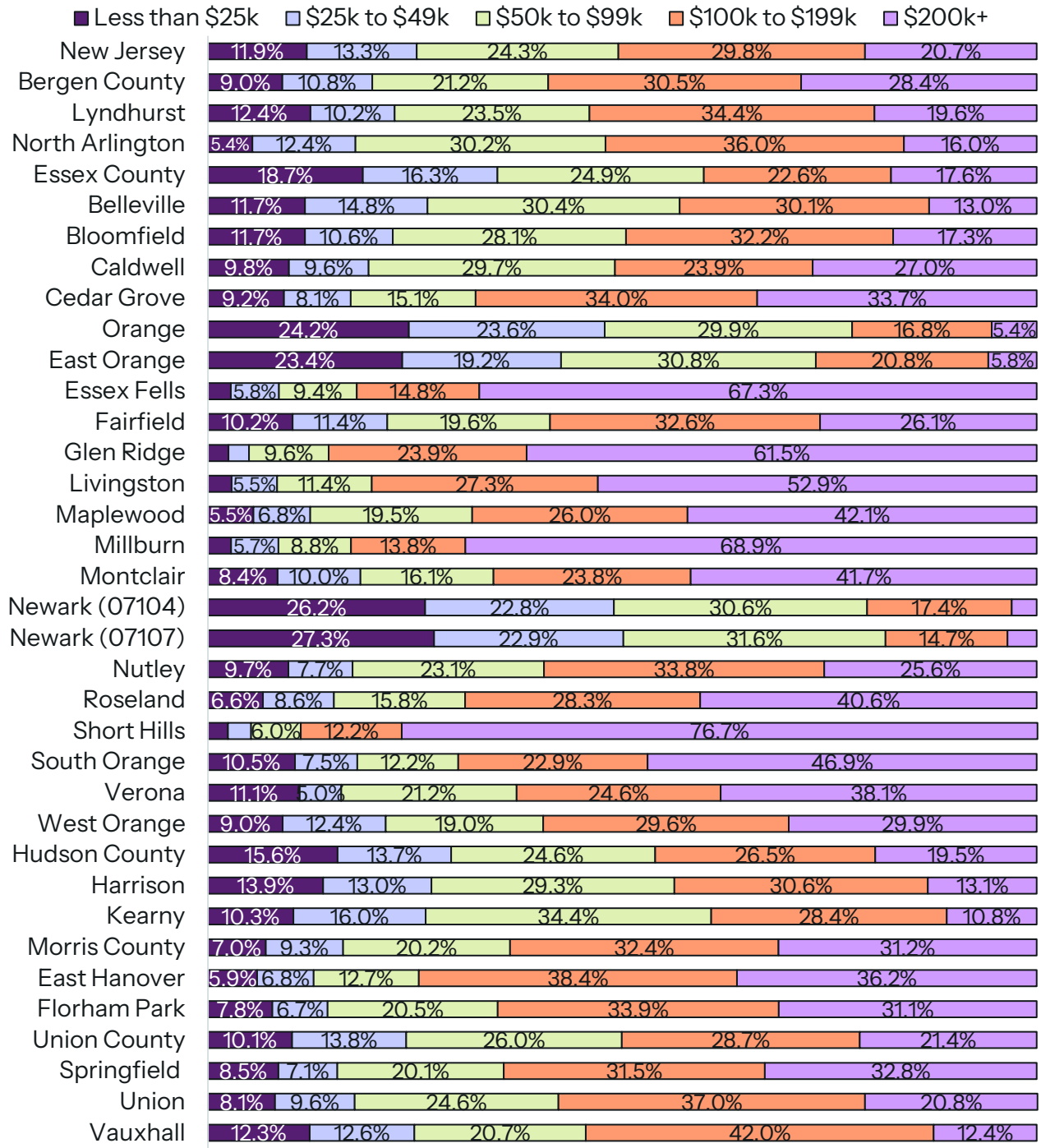
	Median income
New Jersey	$101,050
Bergen County	$123,715
Lyndhurst	$109,021
North Arlington	$101,493
Essex County	$76,712
Belleville	$90,249
Bloomfield	$98,811
Caldwell	$101,196
Cedar Grove	$153,038
Orange	$53,306
East Orange	$59,872
Essex Fells	250,000+
Fairfield	$113,750
Glen Ridge	$248,016
Livingston	$218,416
Maplewood	$167,428
Millburn	250,000+
Montclair	$166,765
Newark (07104)	$51,199
Newark (07107)	$49,892
Nutley	$115,389
Roseland	$160,644
Short Hills	250,000+
South Orange	$187,583
Verona	$159,044
West Orange	$131,645
Hudson County	$90,032
Harrison	$82,290
Kearny	$83,212
Morris County	$134,929
East Hanover	$144,792
Florham Park	$147,714
Union County	$100,117
Springfield	$146,059
Union	$115,938
Vauxhall	$106,962

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Data on the concentration of wealth and poverty indicated large disparities. Around 1 in 4 households in Orange, East Orange, and sections of Newark had annual incomes below

$25,000; in contrast, over 75% of households in Short Hills had incomes greater than $200,000 (Figure 12). Household incomes varied across racial and ethnic groups. Households of service area residents identifying as Black had the lowest median incomes, while those identifying as Asian had the highest incomes (see Table 30 in Appendix E).

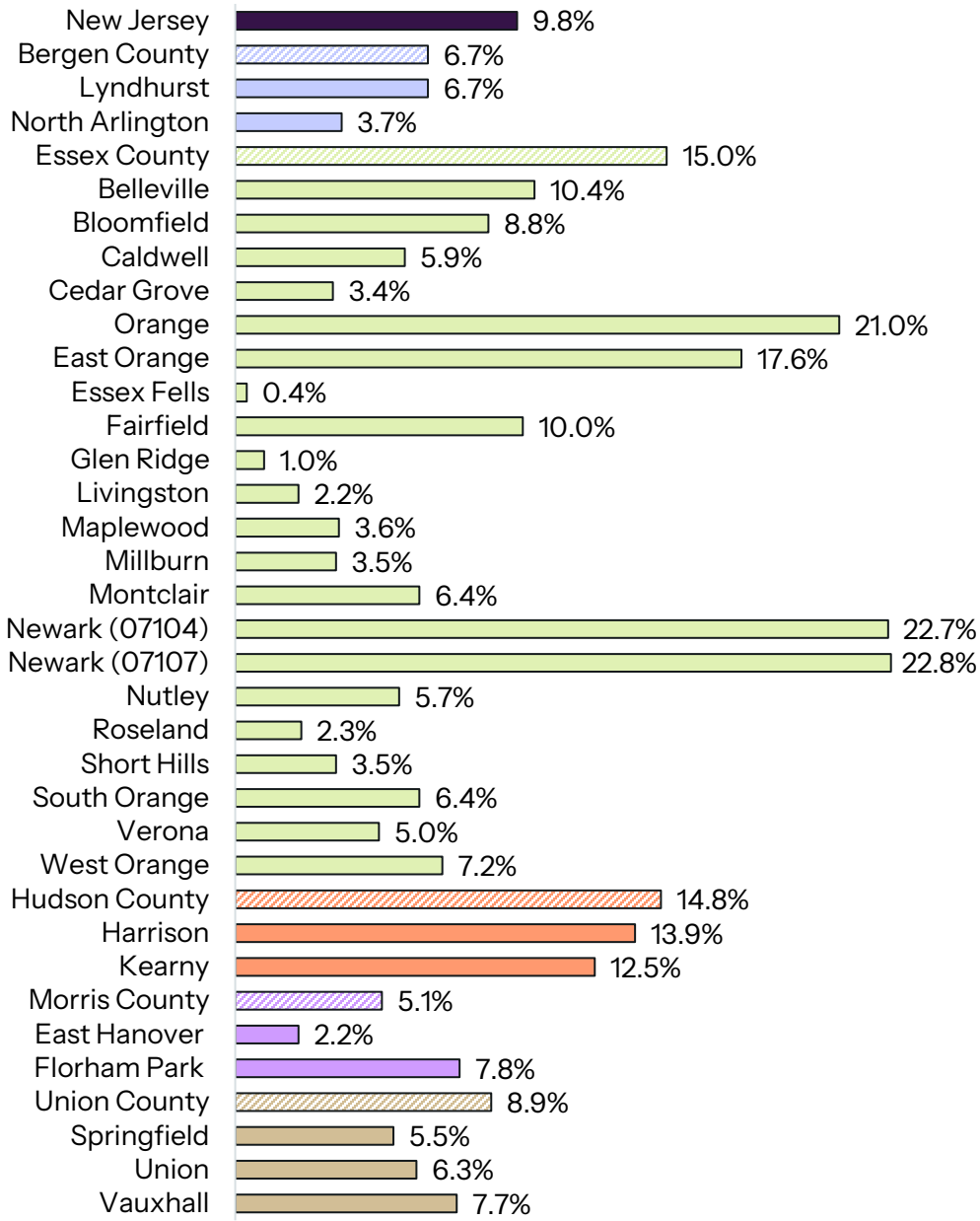
Figure 12. Distribution of Household Income, by State, County, and Town, 2019-2023



DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023. NOTE: Data labels under 5.0% are not shown.

The percentage of residents living below the poverty level represents the most extreme level of financial insecurity. The federal poverty line is the same across the country, regardless of cost of living, but changes by household size and number of children under 18 years in the household. According to the U.S. Census Bureau, in 2023, individuals under 65 years living alone or considered a household of one would fall below the federal poverty line at an income level of $15,850, while the federal poverty level for a family of four was $31,200. In New Jersey, on average, 9.8% of individuals fell below the poverty line between 2019 and 2023, but 22.8% did so in Newark (07107) compared to 0.4% in Essex Fells (Figure 13). See additional data in Table 31, Figure 93, and Figure 94 located in Appendix E.

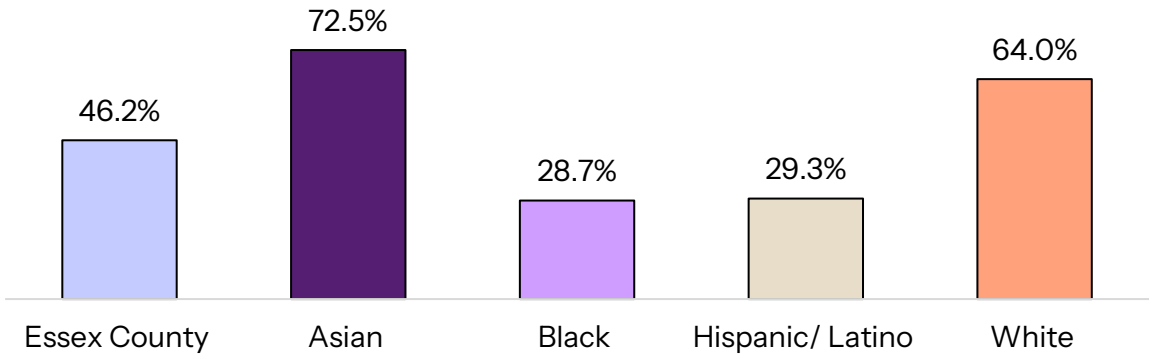
Figure 13. Individuals Below Poverty Level, by State, County, and Town, 2019-2023



DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Less than half (46.2%) of survey respondents in Essex County agreed that people in their community could afford basic needs like food, housing, and transportation (Figure 14). Among them, a greater proportion of Asian respondents agreed with this statement (72.5%), compared to other groups. In contrast, proportionally fewer Black (28.7%) and Latino (29.3%) respondents agreed.

Figure 14. Percent of Essex County Survey Respondents Who Agreed/Strongly Agreed with the Statement "People in my community can afford basic needs like food, housing, and transportation," by Race/Ethnicity, (n=1181), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

Food Insecurity and Healthy Eating

Food insecurity—not having reliable access to enough affordable, nutritious food— was a top-of-mind concern among many residents. Several participants discussed how food insecurity has seemed to increase due to the rising cost of living and is a consequence of financial insecurity. Residents across the board, including those working in low-wage jobs or retired seniors, appeared to be among the groups most affected by food insecurity. Participants described how the high cost of fresh foods impeded healthy eating. A senior focus group participant described, *"The issue with food is that healthy, fresh foods are always more expensive than canned food. And it's even more of an issue for seniors because we're already living on a very limited amount of money that is barely enough for rent."*

> *"Food insecurity is a palatable way of saying that our society is driven in a way that we don't ensure that our neighbor, that everybody, has enough money."*
> – Focus group participant

In addition to income constraints, lack of time to cook meals, a place to cook—particularly among the unhoused and/or housing unstable—, confusion about what constitutes healthy foods for people with different health conditions, transportation issues, and cultural factors, were all mentioned by participants as barriers to healthy eating. In the words of a key informant interviewee, *"If there's a family that don't have anywhere to cook things, maybe them receiving a pack of rice, or things that they have to physically cook, wouldn't be ideal for them."*

The community survey findings echoed these perceptions. Whereas most Essex County respondents (47.0%) did not experience barriers to eating healthy foods (Table 9), food prices (33.4%) and lack of time (21.5%) were the top reasons given by respondents who did. The proportion of respondents indicating that the price of food kept them from a healthy diet was highest among Latino (46.9%) and Black (45.8%) respondents. Notably, 1 in 5 Latinos indicated that health literacy (20.1%) and not knowing how to prepare healthy foods (15.1%) kept them from eating healthy foods.

Table 9. Top 5 Reasons That Keep Respondents from Eating Foods That Are Part of a Healthy Diet among Essex County Residents, by Race/Ethnicity, 2024

	Essex County (n=1492)	Asian (n=81)	Black (n=585)	Hispanic/ Latino (n=179)	White (n=557)
1	Nothing keeps me from eating healthy foods (47.0%)	Nothing keeps me from eating healthy foods (46.9%)	Price of healthy foods / healthy foods cost too much money (45.8%)	Price of healthy foods / healthy foods cost too much money (46.9%)	Nothing keeps me from eating healthy foods (62.3%)
2	Price of healthy foods / healthy foods cost too much money (33.4%)	Price of healthy foods / healthy foods cost too much money (28.4%)	Nothing keeps me from eating healthy foods (37.4%)	Lack of time to buy or prepare healthy meals (29.6%)	Price of healthy foods / healthy foods cost too much money (17.6%)
3	Lack of time to buy or prepare healthy meals (21.5%)	Lack of time to buy or prepare healthy meals (18.5%)	Lack of time to buy or prepare healthy meals (25.8%)	Nothing keeps me from eating healthy foods (26.3%)	Lack of time to buy or prepare healthy meals (15.8%)
4	Don't always know what foods are part of a healthy diet (12.3%)	*	Don't always know what foods are part of a healthy diet (16.6%)	Don't always know what foods are part of a healthy diet (20.1%)	Not in the mood for healthy foods (9.2%)
5	Not in the mood for healthy foods (7.2%)	*	Don't know how to buy or prepare healthy foods (8.2%)	Don't know how to buy or prepare healthy foods (15.1%)	Don't like the taste or healthy foods don't fill me up (7.0%)

DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Asterisk (*) means that data were suppressed due to low numbers.

Discussion participants indicated that they valued the numerous programs available to address food insecurity and promote healthy eating in their community. They described a wealth of community-based programs, such as Tony's Kitchen, Livingston Neighbors, and the Interfaith Food Pantry, among others, offering food to low-income populations through food pantries, congregate meals, vouchers, and food delivery. One key informant interviewee described the strategies in place to reach the most vulnerable populations, *"Our programs include our on-site dining room program, which is our soup kitchen program and a choice pantry, and then out in the community, which is where we do the bulk of our work, we have nine neighborhood mobile markets. We also do a food truck program for people in local parks, cook to order meals, and home deliveries."* Congregate meals, for example, at the East North Senior Center, were considered a wonderful opportunity to socialize and be with

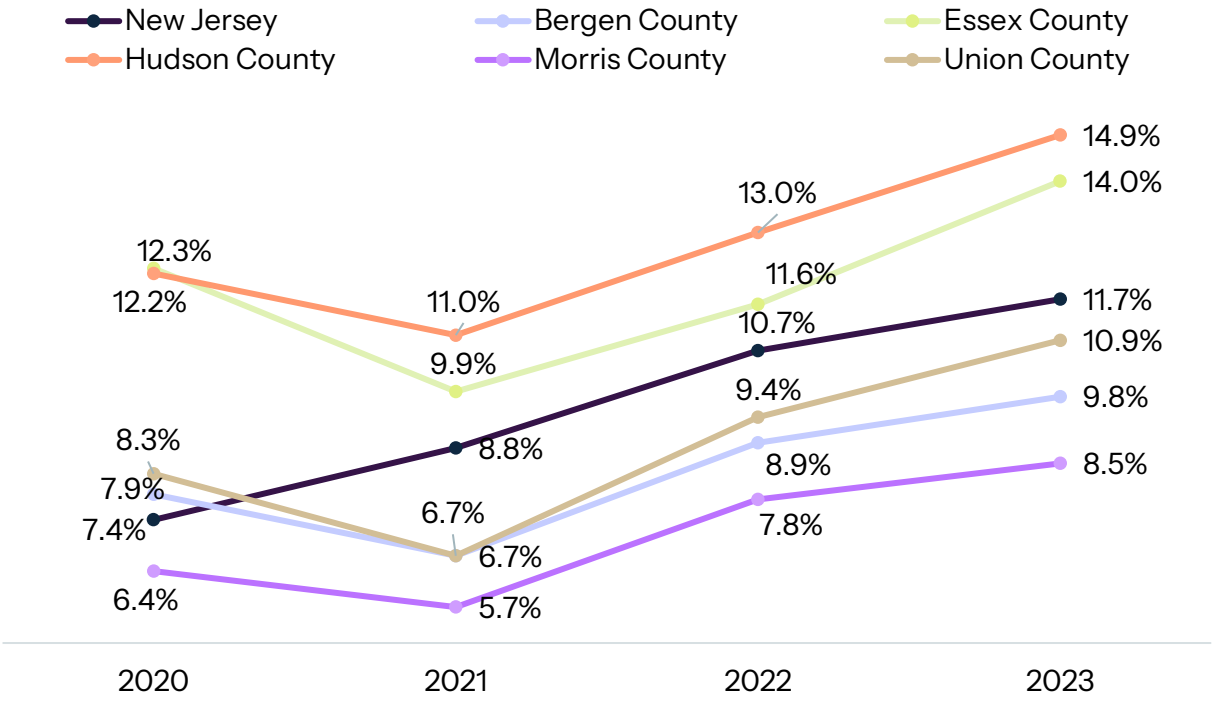
friends, in addition to receiving a nutritious meal. In addition, several agencies help residents apply for food benefits, such as NJ SNAP and vouchers, and provide information about the resources available.

Participants also spoke highly about the nutrition education classes offered, both for the general population as well as those tailored to people with chronic conditions, such as diabetes and high blood pressure. Another strength noted by participants in the service area was the strong collaboration between community partners to provide wrap-around services residents at risk of food insecurity. As described by a key informant interviewee, *"We work with about 20 community partners that provide other types of services on site with our pantry. They provide education around financial management or access to medical care, a dental van, mammograms, SNAP education. All kinds of things that are important to food-insecure populations."*

Consistent with participant perceptions, food insecurity has increased from 2021 to 2023 (Figure 15). Hudson County and Essex County had food insecurity rates above those of New Jersey (14.9% and 14.0%, respectively, compared to 11.7% in New Jersey). One concern from those working in food assistance was that, unlike during the COVID-19 pandemic, even though there is increasing demand, available resources are dwindling. They noted that federal cuts would likely impede their ability to provide the same level of food services; in addition, donations have also been reduced. One key informant interviewee noted, *"We're seeing an increase in need. We expect to see additional new populations coming in. Yet, we've had a 20% cut in our food from the community food bank. So that's a big gap to fill. [In addition to federal budget cuts], donors are having to make decisions and prioritize."*

"We work with about 20 community partners that provide other types of services on site with our pantry ."
– Key informant interviewee

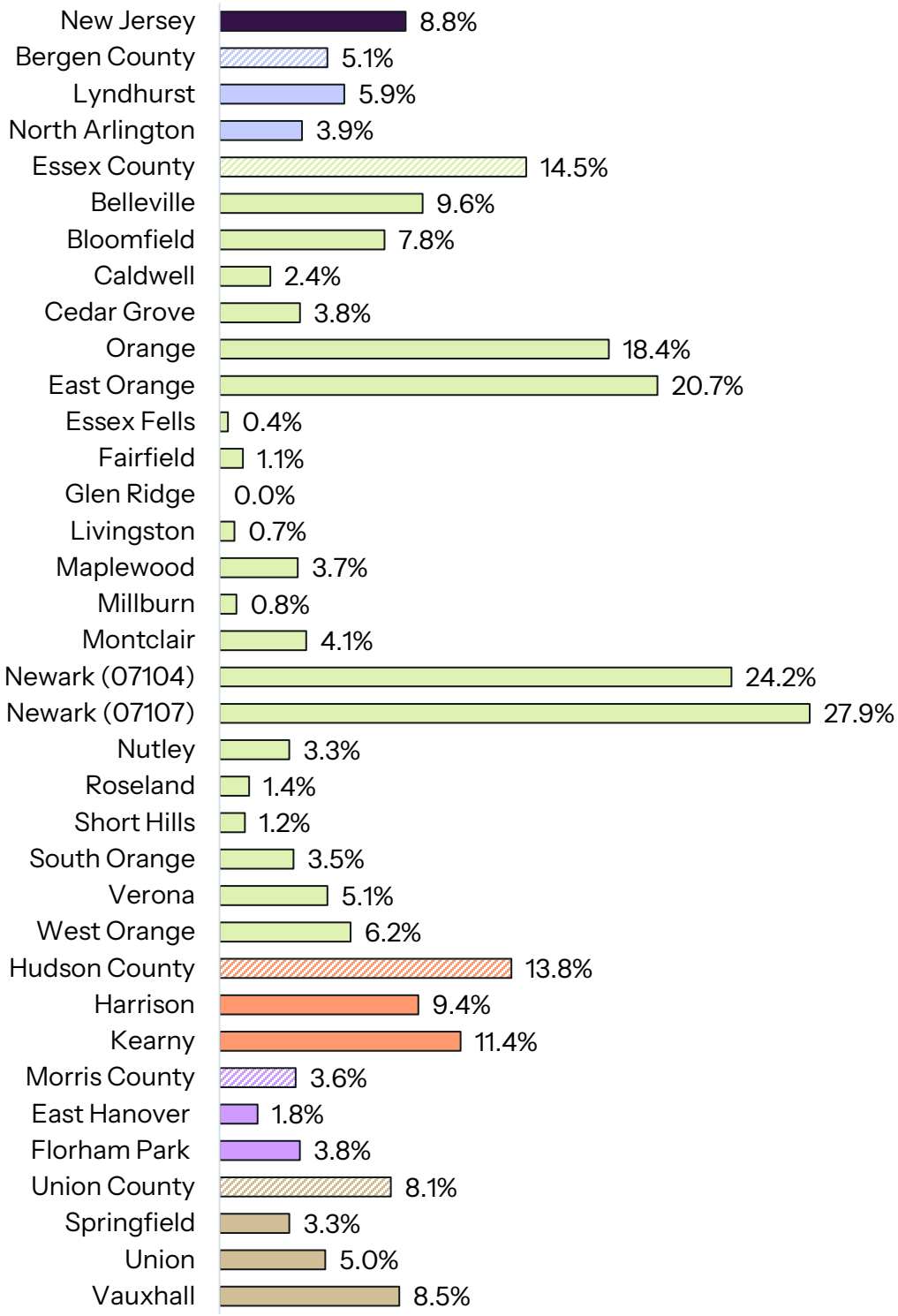
Figure 15. Food Insecurity Rate, by State and County, 2020-2023



DATA SOURCE: Map the Meal Gap, Feeding America, 2020-2023

Data indicate that the need around food security is great in some communities. On average, 14.5% of households in Essex County received food assistance between 2019-2023. However, the region experiences great variability; the proportion of households receiving food assistance ranged from 0.0% in Glen Ridge to 27.9% in Newark (07107). Food assistance data by race/ethnicity can be seen in Table 32 in Appendix E. Additional Data Tables and Graphs of this report. In Essex County, nearly 300,000 people lived in areas classified as food deserts by the New Jersey Economic Development Authority (Table 33 in Appendix E. Additional Data Tables and Graphs). Consistent with participant perceptions of distance and transportation as barriers to healthy eating, Newark (07104) and Newark (07107) were among the communities identified as food deserts.

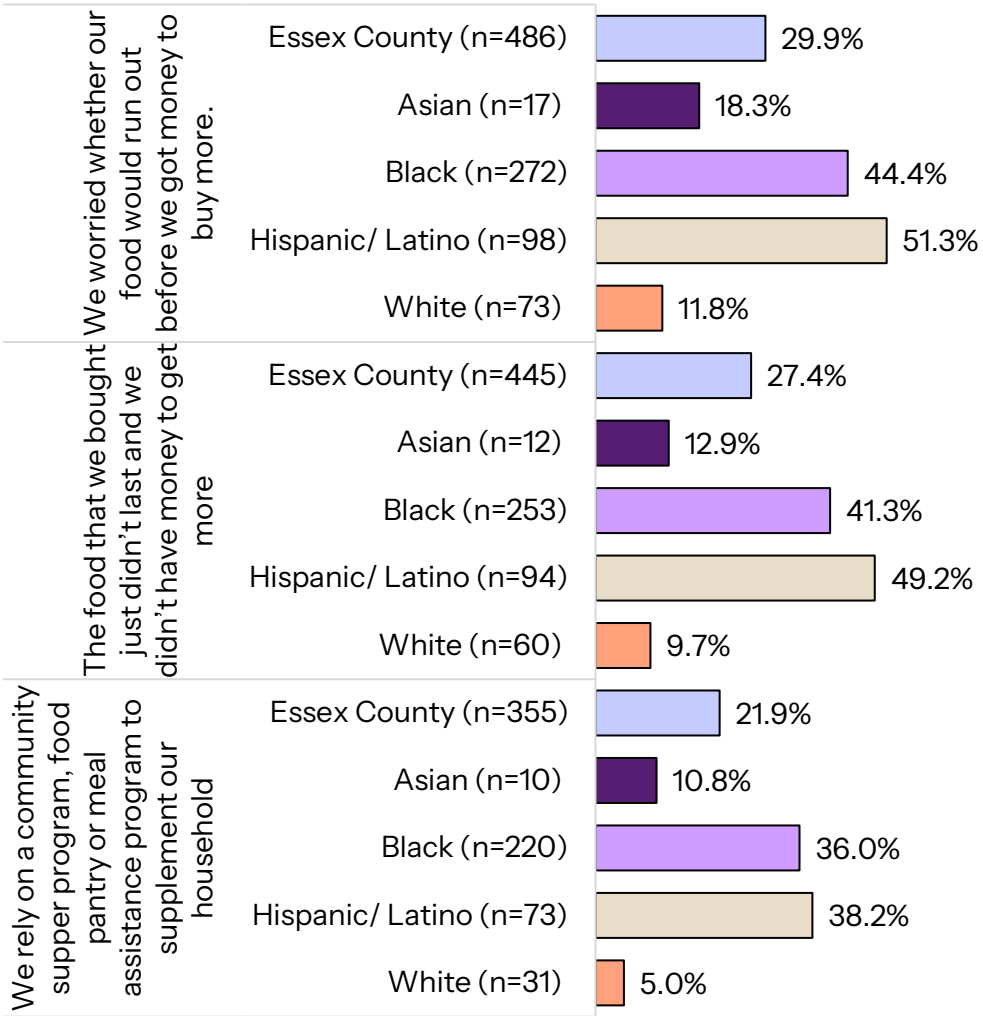
Figure 16. Households Receiving Food Stamps/SNAP, by State, County, and Town, 2019-2023



DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Community health survey data confirm that food security is an issue among respondents in Essex County. About one-third (29.9%) of respondents reported that it was sometimes or often true that they worried their food would run out before they had money to buy more (Figure 17). In addition, 21.9% of respondents relied on food assistance. The situation was more dire for Latino survey respondents; 51.3% of them worried that their food would run out before they had more money to buy more, and 38.2% of them relied on a food assistance program. It should be noted that the proportion of survey respondents reporting food insecurity was higher than that reported in other national sources. For example, Feeding America found that in 2023, 14.0% of Essex County residents overall, 25.0% of Latino, and 29.0% of Black Essex County residents were food insecure.[29] These differences could be due to differences in sampling or measurement methods, a decrease in people's purchasing power, or the ending of COVID-19 economic relief programs.

Figure 17. Household Food Situation over the Past 12 Months, Percent of Essex County Residents Reporting Often or Sometimes True, by Race/Ethnicity, 2024

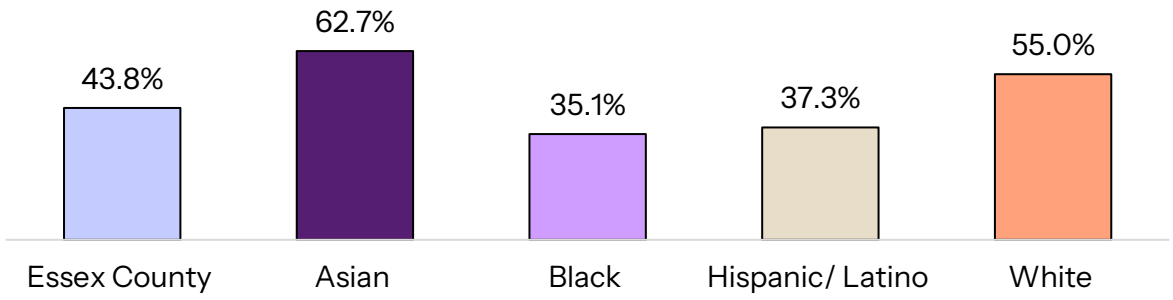


DATA SOURCE: Community Health Needs Assessment Survey, 2024

[29] Feeding America, Map the Meal Gap, Food Insecurity in the United States, 2023

Many schoolchildren have school food for lunch. Schools would provide an ideal opportunity to promote a healthy diet. Unfortunately, less than half of survey respondents in Essex County (43.8%) agreed that the schools in their community offered healthy food choices for children. This proportion was lower for Black (35.1%) and Latino (37.3%) respondents (Figure 18). This was echoed by several parents of school-aged children who were not content with the quality of school lunches; some deemed them not nutritious and *"inedible"* and mentioned that hot meals sometimes ran out.

Figure 18. Percent of Essex County Survey Respondents Who Agreed/Strongly Agreed with the Statement "Schools in my community offer healthy food choices for children," by Race/Ethnicity, (n=1092), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

Housing

Housing Affordability

Safe and affordable housing is integral to life, health, and well-being. Housing was described as a substantial community challenge in focus groups and interviews. As is true across the nation, affordable housing in the service area is scarce. Participants reported that the housing issues cut across race and age, with some low-income immigrant, LGBTQ+, justice-involved individuals, and senior populations most affected. An interviewee who provides services to low-income families described, *"Housing is a big theme because there's a lack of senior homes, so then the seniors have to look elsewhere. And then the rent is just way too expensive for them."* They also described long wait times for affordable public housing.

> *"It will be hard for me to leave. Apartments cost too much here and it's impossible to pay such high rent with the pension we receive. It's making me depressed because here I have everything nearby and all my friends."*
> – Focus group participant

Increases in housing costs were seen as driving many residents out of their neighborhoods. According to some participants, some populations face greater barriers, including legal barriers, to accessing permanent homes. Justice-involved individuals often face problems when landlords run background checks, and some immigrants may be prey to unfair rental practices. A key informant interviewee noted, *"We tend to work with undocumented*

population that have been uncounted, and they are facing different types of issues – health issues, tenants' rights, labor issues."

Gentrification

In addition to rent increases, participants noted that another problem with housing was that new developments were not affordable and that real estate prices had gone up. In the words of a focus group participant, *"Builders are buying starter homes, they're tearing them down, and they're building $2 million homes. They're also building apartments all over, but they aren't that cheap either."* Many participants felt that low-wage residents were being displaced from their communities, which promoted policies that catered to more affluent people.

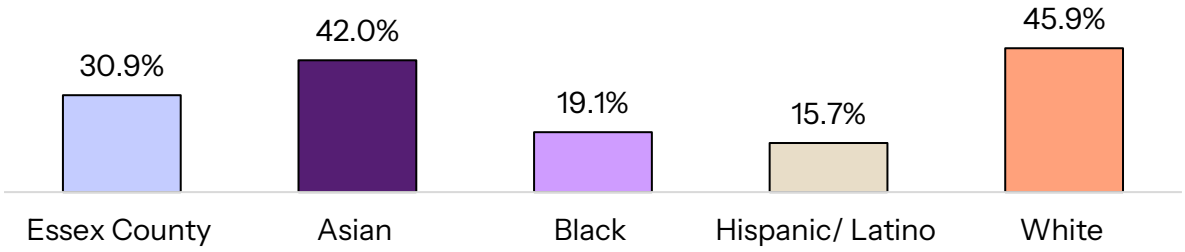
Shelters and Temporary Housing

Several interviewees highlighted the strength of local programs that offer shelter and temporary housing to individuals facing housing instability—including survivors of domestic violence and those recovering from substance use disorders. These agencies collaborate closely with a network of community partners who assist residents in applying for housing benefits, enrolling on public housing waitlists, and transitioning into permanent homes. Support often includes furniture and essential household items for those moving into new homes, legal aid for those at risk of eviction, and financial assistance for security deposits and overdue rent. One focus group participant described the scope of these services, saying, *"We can help them get a place and we can connect them to organizations that can help them with back rent assistance, first-month rent, security deposit, things like that."*

However, these programs were deemed inadequate to meet the need, particularly in neighborhoods of concentrated financial insecurity. There were concerns that funding cuts would further curtail available services. Participants also noted that the dearth of affordable housing made it difficult for people to transition to stable housing and was an impediment to chronic disease management and substance use recovery. As noted by a focus group participant, *"So when you are struggling with finding a home or somewhere to live, the first thing you will go back to using is drugs."* Lack of adequate shelters was also underscored as a serious problem for low-income members in the LGBTQ+ community. One key informant interviewee described: *"Even if they go to a shelter, will they be treated respectfully? When you go into places like shelters, there's stigma, discrimination, lack of basic cultural competency in understanding LGBTQ people."*

Overall, less than a third (30.9%) of survey respondents in Essex County agreed that there was sufficient affordable and safe housing in their community (Figure 19). This proportion was higher for White (45.9%) and Asian (42.0%) respondents and much lower for Black (19.1%) and Latino (15.7%) respondents.

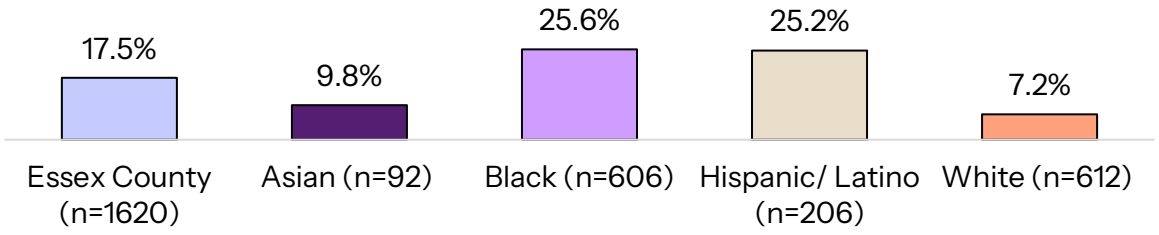
Figure 19. Percent of Essex County Survey Respondents Who Agreed/Strongly Agreed with the Statement "There is enough housing that I can afford that is safe and well-kept in my community," by Race/Ethnicity, (n=1181), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

Echoing qualitative discussions, in Essex County, 17.5% of respondents were concerned about their housing stability in the next two months (Figure 20). This concern was highest among Black (25.6%) and Latino (25.2%) respondents. In contrast, only 9.8% of Asian respondents and 7.2% of White respondents shared this concern.

Figure 20. Percent of Essex County Survey Respondents Reporting Concerns Regarding Their Housing Stability in the Next Two Months, by Race/Ethnicity, (n=1620), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

According to the 2024 Point in Time study, in January 2024, there were a total of 12,680 individuals experiencing homelessness in New Jersey, a 31% increase over 2020 (N=9663). A large proportion of homeless individuals (46%) have a disability, most commonly mental health issues or substance use disorders. Almost 1 in individuals experiencing homelessness in New Jersey are in Essex County (19%) (Table 10).

Table 10. Number and Percent of Population Homeless, by County, January 23, 2024

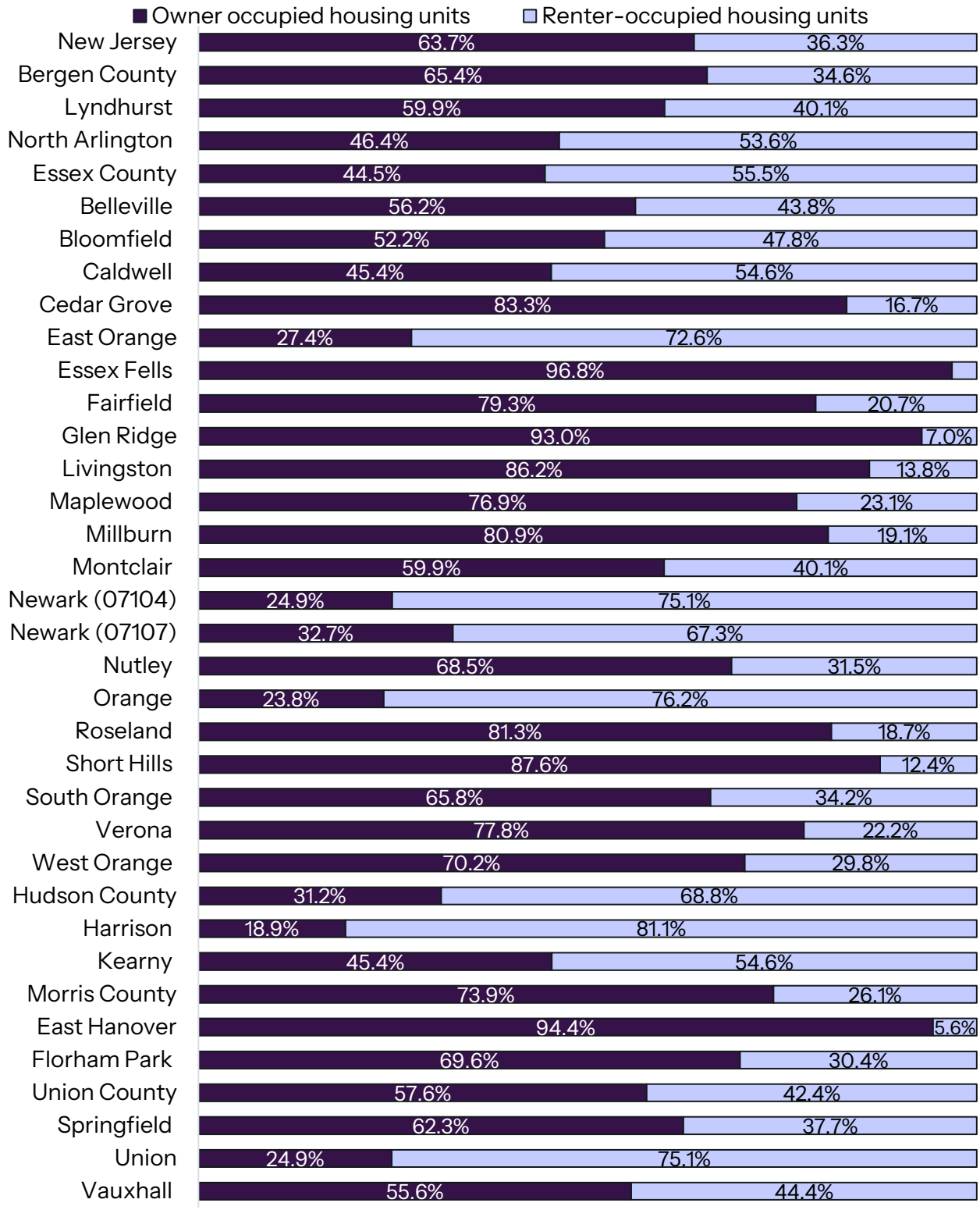
	Number of Homeless Individuals	% of State Total Homeless Population
Bergen County	303	2%
Essex County	2451	19%
Hudson County	1168	9%
Morris County	680	5%
Union County	1026	8%

DATA SOURCE: Point-in-Time 2024 Data Dashboard, Monarch Housing Associates, 2024

Housing Landscape

Low housing stock drives housing costs. The homeowner vacancy rate is low (7.9%) in New Jersey, ranging from 0.3% in Short Hills to 8.6% in Essex Fells (Figure 95 in Appendix E. Additional Data Tables and Graphs). In New Jersey, 63.7% of housing units were owner-occupied (Figure 21) in 2019-2023. In several municipalities, owner-occupied units made up a higher percentage of housing stock than in the county overall. However, there were large differences across the service area. Homeownership rates were highest in East Hanover (94.4%) and lowest in Harrison (18.9%). Despite these differences, over 90% of households in the service area had on average 1 adult occupant or less per room, indicating a low incidence of overcrowding (Table 34 in Appendix E. Additional Data Tables and Graphs).

Figure 21. Home Occupancy, by State, County, and Town, 2019-2023



DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023
NOTE: Data labels under 5.0% are not shown.

Monthly median housing costs for owner-occupied households with a mortgage ranged from $2,467 in Harrison to over $4,000 in Glen Ridge, Livingston, Millburn, Montclair, Short Hills, and South Orange (Table 11) in 2019-2023. Monthly median housing costs for renter-occupied households ranged from $1,259 in Newark (07107) to over $3,500 in Essex Fells.

Table 11. Monthly Median Housing Costs, by State, County, and Town, 2019-2023

	Owner-occupied with a mortgage	Owner-occupied without a mortgage	Renter-occupied
New Jersey	$2,787	$1,205	$1,653
Bergen County	$3,470	$1,475	$1,863
Lyndhurst	$3,055	$1,321	$1,719
North Arlington	$3,156	$1,258	$1,706
Essex County	$3,259	$1,487	$1,459
Belleville	$2,844	$1,308	$1,591
Bloomfield	$3,060	$1,397	$1,775
Caldwell	$3,606	1,500+	$1,937
Cedar Grove	$3,330	$1,496	$1,693
Orange	$2,549	$1,364	$1,429
East Orange	$2,574	$1,286	$1,372
Essex Fells	4,000+	1,500+	3,500+
Fairfield	$3,467	1,500+	$2,576
Glen Ridge	4,000+	1,500+	$2,347
Livingston	4,000+	1,500+	$2,953
Maplewood	$3,924	1,500+	$2,184
Millburn	4,000+	1,500+	$2,166
Montclair	4,000+	1,500+	$2,045
Newark (07104)	$2,504	$940	$1,343
Newark (07107)	$2,547	$1,107	$1,259
Nutley	$3,245	$1,495	$1,698
Roseland	$3,608	1,500+	$3,293
Short Hills	4,000+	1,500+	$3,259
South Orange	4,000+	1,500+	$2,047
Verona	$3,578	1,500+	$2,125
West Orange	$3,482	1,500+	$1,791
Hudson County	$3,219	$1,270	$1,811
Harrison	$2,467	$1,210	$2,073
Kearny	$2,835	$1,275	$1,649
Morris County	$3,256	$1,360	$1,860
East Hanover	$3,412	$1,187	$2,745
Florham Park	$3,593	$1,446	$3,009
Union County	$3,119	$1,429	$1,664
Springfield	$3,516	$1,454	$2,135
Union	$2,927	$1,304	$1,946
Vauxhall	$2,756	$1,101	$1,853

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023. NOTE: '$1500+' and '$4000+' indicate that the median falls in the highest interval of the open-ended distribution in their respective categories.

Consistent with themes shared in focus groups and interviews, data show that there is insufficient affordable housing stock in the service area. The average percentage of income spent on housing costs is an important measure of an area's availability of affordable housing. In Essex County, in 2019-2023, 38.4% of owner-occupied households with a mortgage and 54.6% of renter-occupied households reported spending 30% or more of their income on housing costs (Table 12). Across the service area, renters experience a higher housing cost burden than homeowners. Fairfield experienced the highest proportion of households burdened by housing costs with 84.2% of renters spending 30% or more of their income on housing.

Table 12. Households whose Housing Costs are 30%+ of Household Income, by State, County, and Town, 2019-2023

	Owner-occupied with a mortgage	Owner-occupied without a mortgage	Renter-occupied
New Jersey	32.4%	22.0%	50.8%
Bergen County	33.9%	24.7%	49.7%
Lyndhurst	37.5%	35.0%	44.0%
North Arlington	38.2%	22.3%	36.6%
Essex County	38.4%	26.1%	54.6%
Belleville	43.0%	32.5%	55.8%
Bloomfield	37.9%	24.9%	48.1%
Caldwell	35.4%	12.5%	50.5%
Cedar Grove	35.1%	17.2%	37.0%
Orange	51.5%	32.4%	55.9%
East Orange	42.0%	36.5%	51.5%
Essex Fells	31.6%	24.9%	50.0%
Fairfield	52.0%	15.9%	84.2%
Glen Ridge	25.3%	3.9%	42.7%
Livingston	26.9%	20.0%	44.5%
Maplewood	30.4%	18.2%	49.7%
Millburn	24.6%	16.3%	42.0%
Montclair	25.2%	22.7%	47.6%
Newark (07104)	47.9%	22.6%	57.2%
Newark (07107)	60.0%	25.4%	53.9%
Nutley	36.8%	23.0%	48.9%
Roseland	29.0%	30.1%	51.3%
Short Hills	26.7%	15.1%	27.9%
South Orange	20.2%	34.3%	50.8%
Verona	18.2%	33.4%	43.6%
West Orange	32.8%	27.7%	53.3%
Hudson County	38.9%	24.7%	45.7%
Harrison	56.1%	28.7%	46.2%
Kearny	51.9%	19.3%	50.9%
Morris County	29.0%	20.5%	44.2%
East Hanover	36.9%	19.0%	12.4%
Florham Park	38.1%	19.0%	47.7%

	Owner-occupied with a mortgage	Owner-occupied without a mortgage	Renter-occupied
Union County	35.1%	23.0%	50.6%
Springfield	29.2%	21.0%	35.3%
Union	37.9%	21.1%	50.6%
Vauxhall	48.3%	22.6%	55.4%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Internet Availability

Having internet access at home is essential for full participation in modern life—it enables access to education and information, employment opportunities, healthcare, government services, and social connections. Without it, individuals and families are at a significant disadvantage, especially in an increasingly digital world. Most households in the service area had internet access at home; however, there were disparities. Essex County (87.8%) overall had a slightly lower proportion of households with an internet subscription than New Jersey in 2019-2023, ranging from 8-.5% in Newark (07104) to 100.0% in Short Hills (Figure 96).

Green Space and the Built Environment

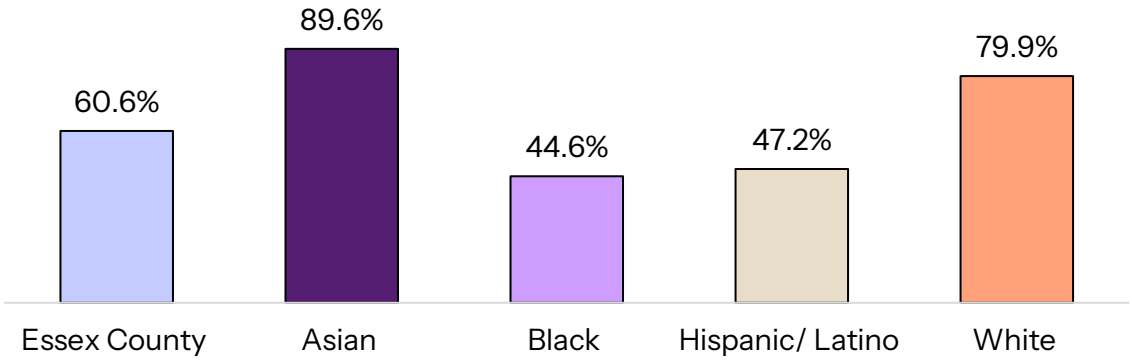
Neighborhood characteristics, including the availability of green space and the quality of the built environment, influence the public's health, particularly in relation to chronic diseases. Urban environments and physical spaces can expose people to toxins or pollutants, increasing the incidence of 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. Focus group participants valued the recreational kid- and pet-friendly areas in their neighborhoods: *"There are a lot of recreational spaces like parks, and spaces where people can take their pets, like dog parks. It's nice having that connectedness with animals."*

> *"There are good outdoor spaces where children can get together and play."*
> – Focus group participant

According to the RWJF County Rankings, the vast majority of service area residents (99%-100%) had adequate access to a location for physical activity (Figure 92 in Appendix E. Additional Data Tables and Graphs). Community survey data from 2024 indicate that 60.6% of Essex County respondents agreed or completely agreed with the statement, "My community has safe outdoor places to walk and play." presents data for the overall sample and by race/ethnicity (Figure 22). White (79.9%) and Asian (89.6%) respondents were more likely than Black (44.6%) and Latino (47.2%) respondents to agree or strongly agree with that statement.

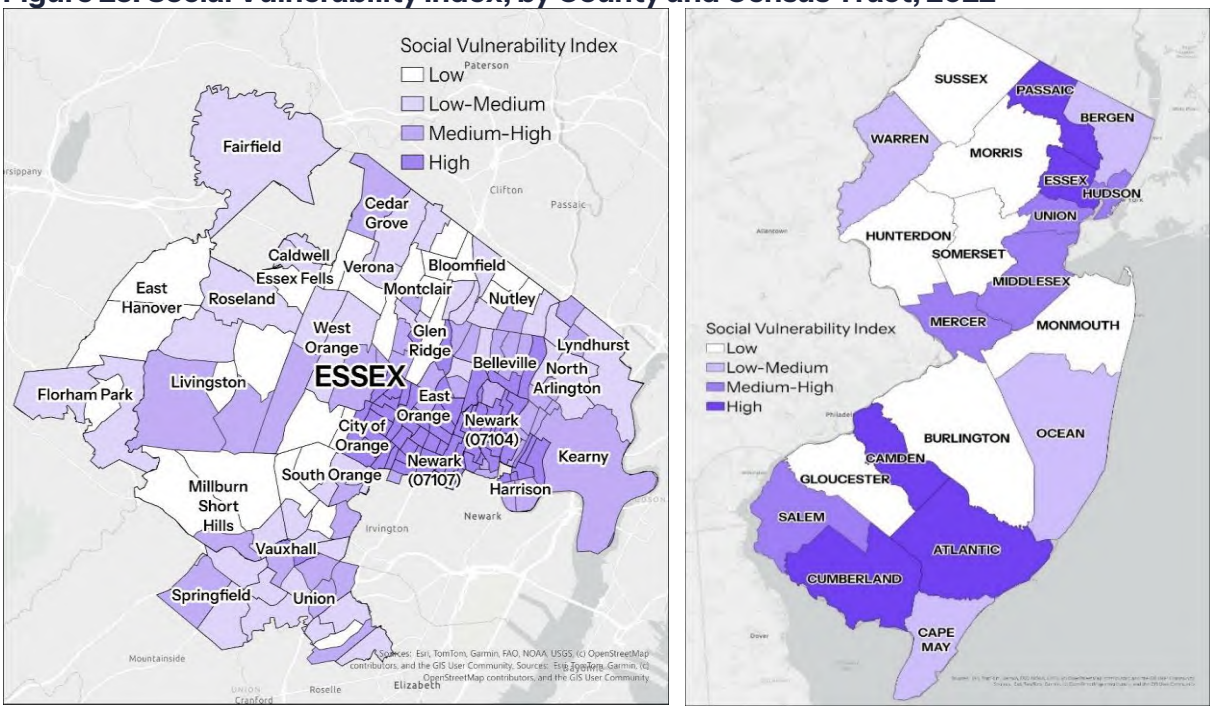
Figure 22. Percent of Essex County Survey Respondents Who Agreed/Strongly Agreed with the Statement "My community has safe outdoor places to walk and play," by Race/Ethnicity, (n=1092), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

The CDC's Social Vulnerability Index (SVI) is a combined measure of factors (such as socioeconomic status, household composition, housing, and transportation) that may adversely affect residents' health and well-being. The SVI score represents the proportion of counties or census tracts that are equal to or lower than the area of interest in terms of social vulnerability. The higher the SVI, the more social vulnerability in that area, meaning that the community may need more resources to thrive. Essex County's SVI in 2022 was 0.95, which means that 95% of counties in NJ were less vulnerable than Essex County, and 5% were more vulnerable (Table 25 in the Appendix E. Additional Data Tables and Graphs). Census tracts around East Orange and Newark were areas of high social vulnerability within the county (SVI $\geq$ 0.9) (Figure 23).

Figure 23. Social Vulnerability Index, by County and Census Tract, 2022



DATA SOURCE: CDC, ATSDR's Geospatial Research, Analysis, & Services Program (GRASP), 2022
NOTE: Index categories are defined in the following way: Low 0-0.25; Low-medium 0.2501-0.5; Medium-high 0.5001-0.75; High 0.7501-1.0

Overdevelopment

Several participants expressed concern about the rapid pace of development in their communities. They pointed to a surge in high-rise construction and luxury housing projects that have displaced long-standing residents and changed the neighborhood's feel. Many noted a strain on the physical infrastructure, which had not kept up with the influx of new residents and construction. Participants perceived that, in many communities, these developments had led to congested roads, overcrowded schools, and issues with water and electricity services. They indicated that some community groups have responded by appealing to local governments for more thoughtful urban planning.

> *"There are so many potholes going through these areas in Essex County. It's the overbuilding. It seems like the number of cars on the road at any time doubled in the last 10 years."*
> – Focus group participant

More information on environmental pollution and health can be found in the Environmental Health section below.

Transportation and Walkability

Interviewees and focus group participants shared varied perspectives on transportation and walkability in the service area. Proximity and ability to walk to shops, healthcare, social services, and amenities in their neighborhoods were valued by some participants. They mentioned that access to community centers, libraries, and other social gathering spaces was a key factor in supporting their mental health and overall well-being. These

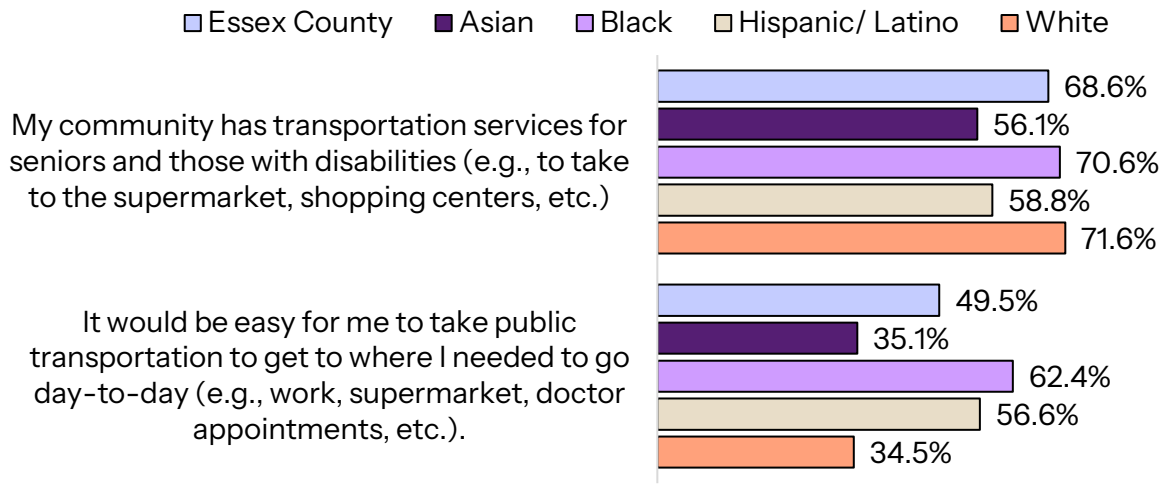
environments offered opportunities for connection, engagement, and promoted a sense of belonging—elements that were deemed essential in reducing isolation. Participants indicated that some areas had public transportation, including buses and trains, available. However, in other municipalities, public transportation was inadequate for the transportation needs. A focus group participant described, *"Here, there are only two bus lines, so a lot of times the bus doesn't go to where you need it to go."*

For some distance to services and cost of transportation were salient barriers to accessing basic needs for those without vehicles, particularly specialty care. Some of the populations most affected included unhoused residents, low-income seniors, immigrants, and parents of school children. A key informant interviewee noted: *"Access to the mental health services for our students has become a little bit of an issue…It is a much more difficult journey, and for some of our parents who do not have cars, who have to rely on public transportation or Uber, it compounds the cost to get them there."* In the words of a senior Latina resident, *"There are hospitals and primary care nearby, but if my doctor sends me to a specialist, they're far away. And sometimes my daughter can't take me, and I have to take an expensive Uber."*

Interviewees and focus group participants mentioned several promising programs and initiatives to address distance and transportation barriers to medical care. Participants mentioned that most towns had bus services for older adults and residents with mobility concerns and that healthcare facilities provided low-income patients with transportation vouchers for medical appointments. A key informant interviewee described, *"We pick up patients from different locations here in Newark, we go to Orange, which is about 15 minutes away from here, or East Orange. We can also get a bus card for the patient so they can transport themselves. If that doesn't work, what we usually do is we pay Ubers for them. It's been working out a lot for us having those three options."* Recommendations to enhance access to care included expanding transportation services for specialist visits and increasing the availability of mobile clinics.

A majority of Essex County respondents believed that their community provided transportation services for seniors and those with disabilities (68.6%), with the highest agreement among Black (70.6%) and White (71.6%) respondents (Figure 24). However, fewer respondents found public transportation easy to use for daily needs (49.5%), with Black respondents reporting the highest agreement (62.4%).

Figure 24. Percent of Essex County Survey Respondents Who Agreed/Strongly Agreed with the Statements Related to Transportation Availability, by Race/Ethnicity, (n=1132), 2024

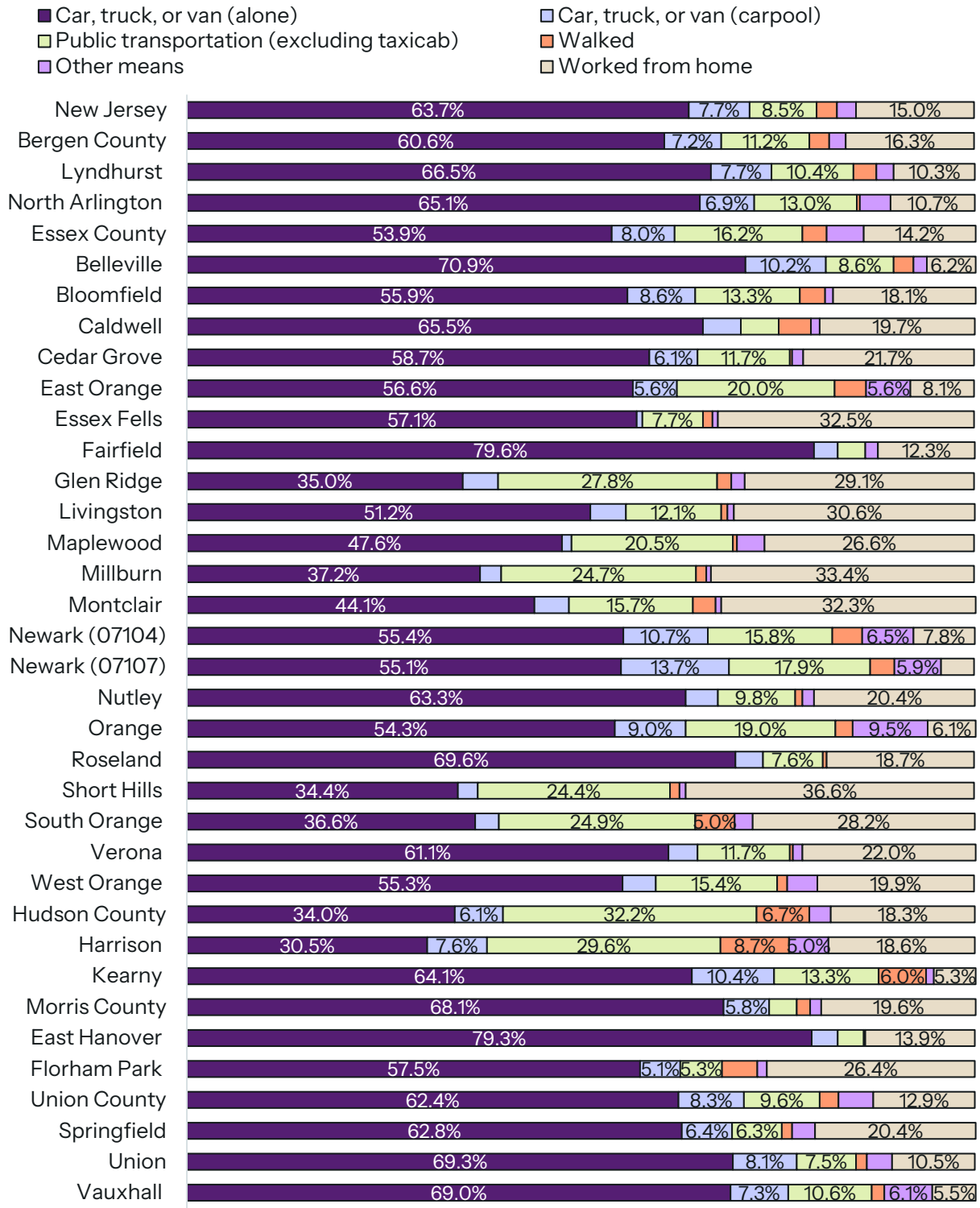


DATA SOURCE: Community Health Needs Assessment Survey, 2024

Walkability and Means of Transportation

Walkability offers a wide array of benefits that touch many aspects of urban and suburban life—from health and environment to economics and community cohesion. Consistent with qualitative data, the National Walkability Index map showed pockets of walkable areas throughout the service area, primarily around Newark, Montclair, Bloomfield, and Union, and large swaths where walking was difficult, such as Kearny, Springfield, and Fairfield (See Figure 97 in Appendix E. Additional Data Tables and Graphs). Data from the 2019-2023 American Community Survey showed that most residents commuted to work alone by car, truck, or van, and fewer used public transportation (Figure 25). There were differences across towns; Fairfield (79.6%), East Hanover (79.3%), and Belleville (70.9%) had the highest proportion of commuters who relied on private transportation, while Harrison (29.6%) and Glen Ridge (27.8%) had the highest proportion of commuters who relied on public transportation. In addition, in Short Hills (36.6%) and Millburn (33.4%) around one-third of residents worked from home.

Figure 25. Means of Transportation to Work for Workers Aged 16+, by State, County, and Town, 2019-2023



DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023
NOTE: Data labels under 5.0% are not shown.

Vehicle Ownership

Many residents without a vehicle faced greater barriers to accessing basic needs. In Essex County, 5.4% of owner-occupied households and 34.7% of renter-occupied households did not have access to a personal vehicle in 2019-2023 (Table 13). Car ownership was lowest among Newark (07104) and East Orange renters, at 42.5% and 42.1% without a vehicle, respectively.

Table 13. Households (Renter vs. Owner-Occupied) Without Access to a Vehicle, by State, County, and Town, 2019-2023

	Owner occupied	Renter occupied
New Jersey	3.7%	24.6%
Bergen County	3.1%	16.0%
Lyndhurst	3.6%	16.7%
North Arlington	3.9%	8.8%
Essex County	5.4%	34.7%
Belleville	5.6%	15.0%
Bloomfield	5.1%	15.8%
Caldwell	0.0%	6.4%
Cedar Grove	3.4%	19.0%
Orange	9.5%	34.4%
East Orange	9.2%	42.1%
Essex Fells	3.6%	0.0%
Fairfield	1.5%	23.0%
Glen Ridge	1.6%	0.0%
Livingston	1.4%	12.9%
Maplewood	2.8%	24.4%
Millburn	0.4%	10.6%
Montclair	1.2%	16.5%
Newark (07104)	10.2%	42.5%
Newark (07107)	12.4%	41.6%
Nutley	3.4%	10.6%
Roseland	3.2%	0.0%
Short Hills	0.3%	8.1%
South Orange	3.5%	28.9%
Verona	3.4%	15.0%
West Orange	3.5%	17.6%
Hudson County	15.1%	41.5%
Harrison	15.6%	36.9%
Kearny	4.6%	23.8%
Morris County	2.1%	13.9%
East Hanover	3.5%	0.0%
Florham Park	1.3%	10.7%
Union County	3.4%	20.4%
Springfield	2.7%	6.9%
Union	2.7%	14.2%
Vauxhall	1.1%	14.1%

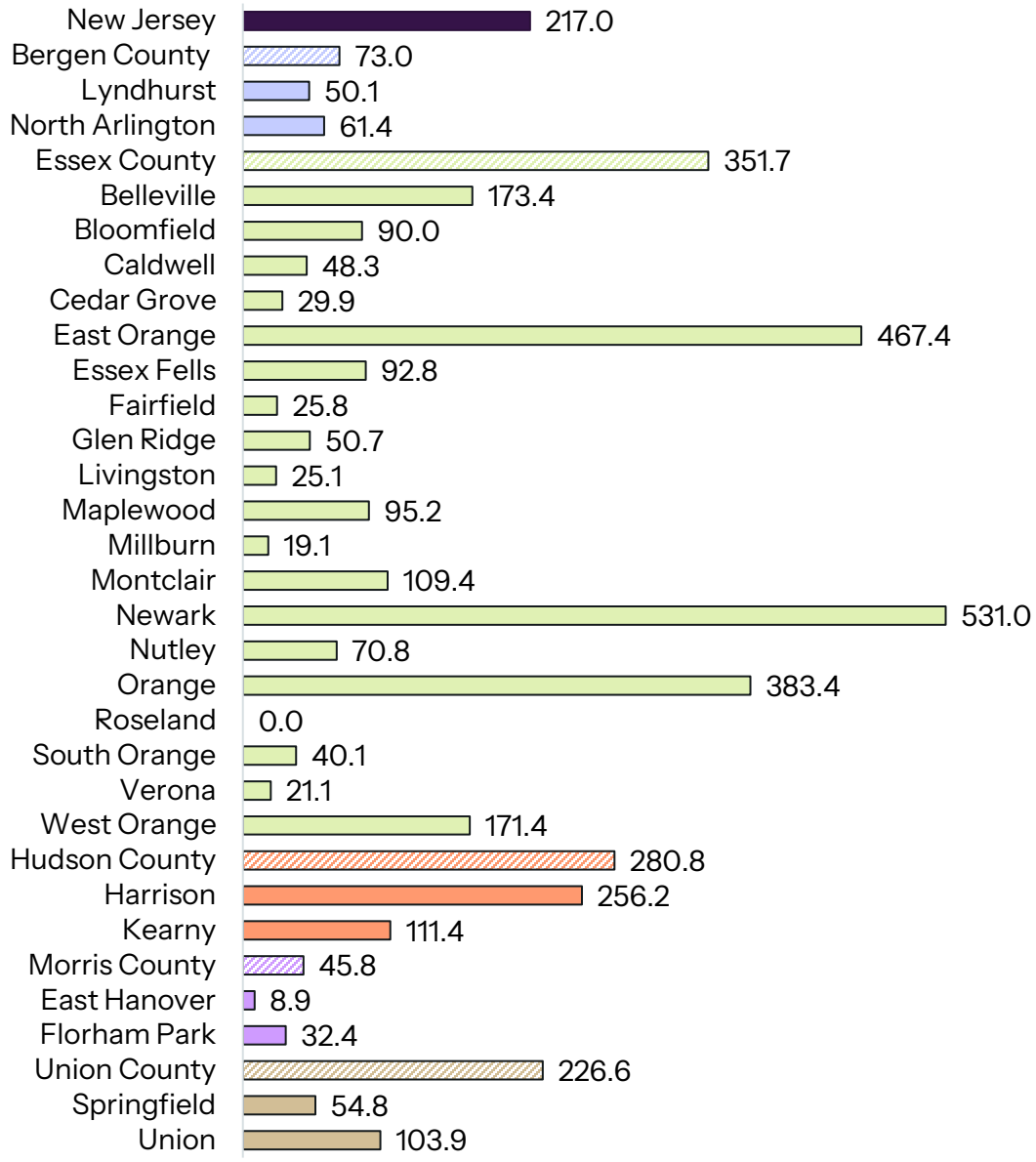
DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Violence Prevention and Safety

Safety was something participants upheld as an asset in their communities. A Latino focus group participant described, "*It's very safe here. It's a small place and everyone looks out for each other."* Residents valued the availability of public safety in their neighborhoods, including emergency responders and law enforcement. A focus group participant noted, *"Police and fire services are very good, and I've seen that they respond quickly to emergencies in my apartment building when elderly people have had to call."* Some participants noted that the increase in traffic congestion, combined with hazardous driving and a lack of crossing guards in certain areas, posed a risk to schoolchildren. Overall, among the specific individuals engaged in the qualitative discussions, crime and violence were not major themes in any of the focus groups or key informant interviews.

However, 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 community. Data from the Uniform Crime Reporting Unit in the State of New Jersey show that rates of violent crime (i.e., murder, rape, aggravated assault) in 2022 varied widely across municipalities (Figure 26). At 531.0 incidents per 100,000 residents, Newark had a rate that doubled that of the state (217.0 per 100,000 residents).

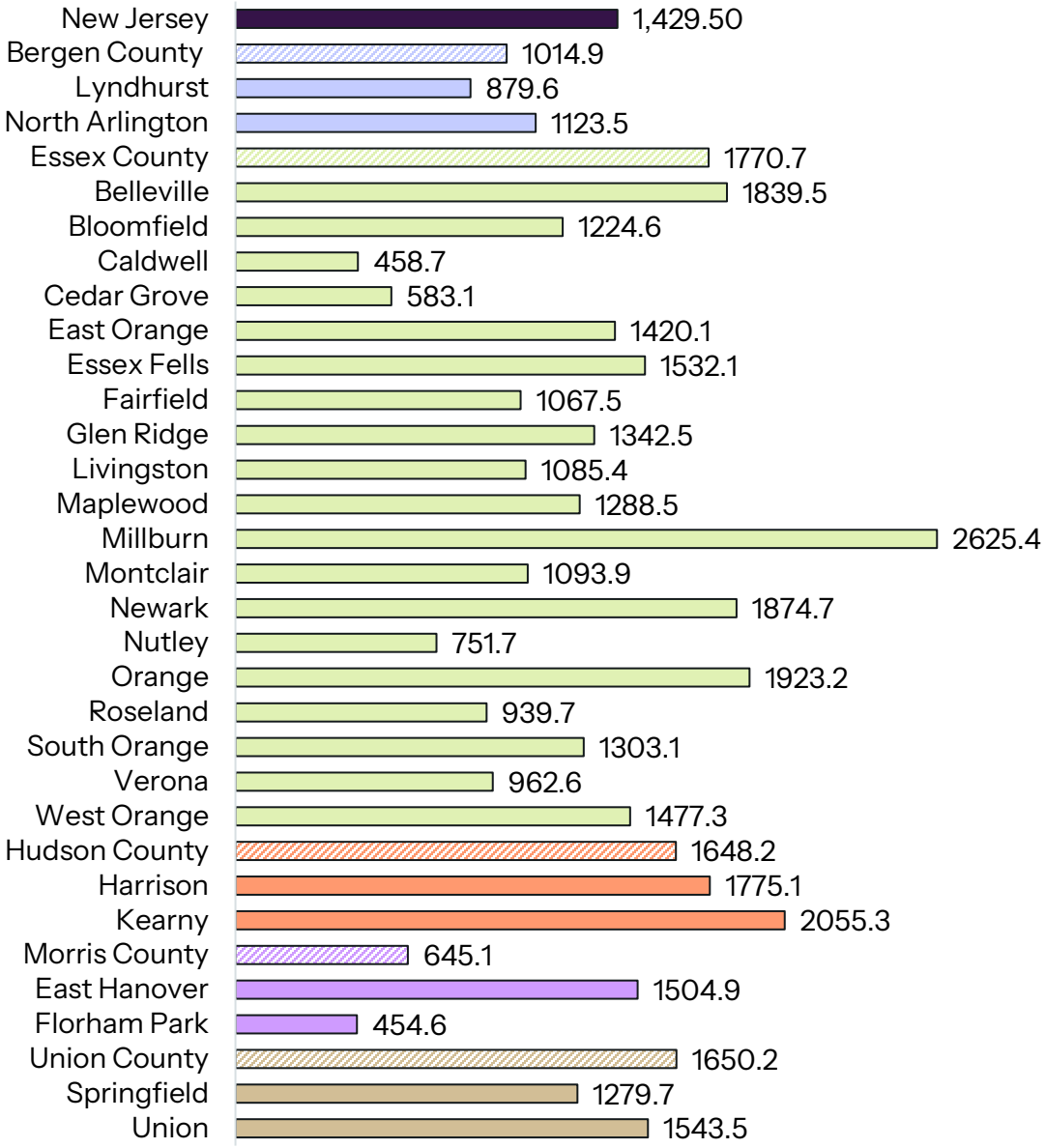
Figure 26. Violent Crime Rate per 100,000 Population, by State, County, and Town, 2022



DATA SOURCE: NJ Department of Law & Public Safety, Office of the Attorney General, Uniform Crime Reporting, 2024
NOTE: Data are only shown at the town level. Short Hills and Vauxhall data are not available.

Property crime (i.e., burglary, larceny, and auto theft) was much more common than violent crime (Figure 27). Unlike violent crime, some affluent municipalities, like Millburn, had elevated property crime rates. This was expressed by a focus group participant, *"Here we are mainly worried about small crimes such as car break-ins and stolen packages."*

Figure 27. Property Crime Rate per 100,000 Population, by State, County, and Town, 2022

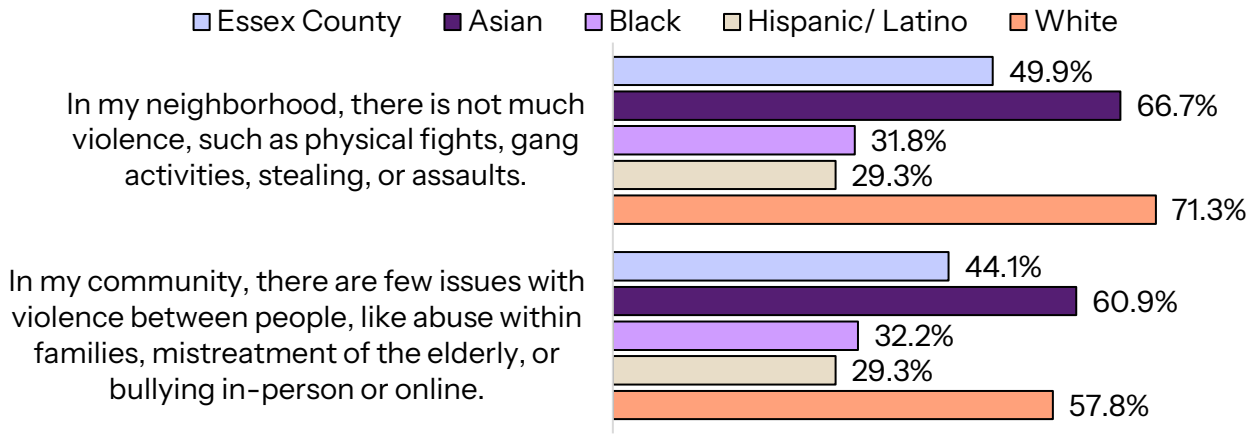


DATA SOURCE: NJ Department of Law & Public Safety, Office of the Attorney General, Uniform Crime Reporting, 2024
NOTE: Data are only shown at the town level. Short Hills and Vauxhall data are not available.

About half of Essex County respondents (49.9%) agreed or strongly agreed that there was not much violence in their neighborhood, such as physical fights, gang activities, stealing, or assaults. However, perceptions varied by race/ethnicity, with proportionately more Asian (66.7%) and White (71.3%) respondents agreeing, compared to only 29.3% of Latino and 31.8% of Black respondents (Figure 28). In Essex County, 44.1% of respondents agreed or strongly agreed that there were few issues with violence between people, like abuse within families, mistreatment of the elderly, or bullying in-person or online in their community. Agreement was

highest among Asian (60.9%) respondents and lowest among Latino (29.3%) and Black (32.2%) respondents. Notably, bullying and community violence were among the top community concerns for children and youth, endorsed by 27.2% and 21.7% of respondents, respectively (See Figure 32 below).

Figure 28. Percent of Essex County Survey Respondents Who Agreed/Strongly Agreed with the Statements Related to Community Safety, by Race/Ethnicity, (n=1181), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

Systemic Racism and Discrimination

Diversity, inclusion, and a welcoming community were among the top community strengths residents described for the service area during qualitative discussions. A focus group participant described their child's experience at school, *"When we first arrived, I felt like my child was welcomed and the teachers were excellent. The school is very committed to helping the immigrant community."* However, several interviewees and focus group participants recognized ongoing discriminatory immigration, labor, and tenant legislation as a systemic, public health issue, linked to the economic system. An interviewee mentioned that: *"Many members of the community are prone to suffer from health issues due to low income, stress, and [unfavorable labor conditions]. For example, immigrant workers are experiencing rapid wage theft, they have no insurance and no days off."*

> *"One thing that stands out to me is the diversity in culture and language. We don't discriminate. In the school cafeteria, students from different cultures and backgrounds sit together."*
> - Key informant interviewee

Of note, these discussions took place in a national context of polarization and backlash against efforts to redress systemic racism and discrimination and promote diversity, equity, and inclusion for all regardless of gender and racial identity, among other identity categories. Participants frequently shared fears and concerns about the impact of the current political environment on the health and well-being of low-income communities, in general, and on LGTBQ+ and immigrant communities through multiple avenues.

These include direct persecution and incarceration—especially of undocumented immigrants—as well as family separations that destabilize support systems; economic repercussions due to reduced employment opportunities for targeted groups and income loss resulting from the incarceration or deportation of primary earners; and heightened trauma, anxiety, and stress, which often deterred individuals from seeking healthcare and other essential services. A key informant interviewee working with members of the LGBTQ+ community described, *"There's always this fear of being attacked or hurt that makes one try to shield or hide one's sexual orientation. This fear is amplified in today's time. There was a level of comfort about a year ago or two years ago. But now with the state of the world, it has heightened the anxiety…"*

> *"We work with the undocumented population who have been neglected and uncounted. They are facing different types of issues – health issues, tenants' rights, labor. There is a huge amount of anxiety that has been increasing. A lot of families fear going out in general, and even just asking for services, because of the climate."*
> - Focus group participant

Participants also noted the loss of public benefits and resources, from food benefits to HIV and gender-affirming care, as a further source of vulnerability, compounding the challenges faced by these communities. A key informant interviewee noted, *"proposed cuts to Medicaid will have huge impacts on the vulnerable community, working class community, community."* In response, agencies are putting in place policies and procedures to protect clients' rights.

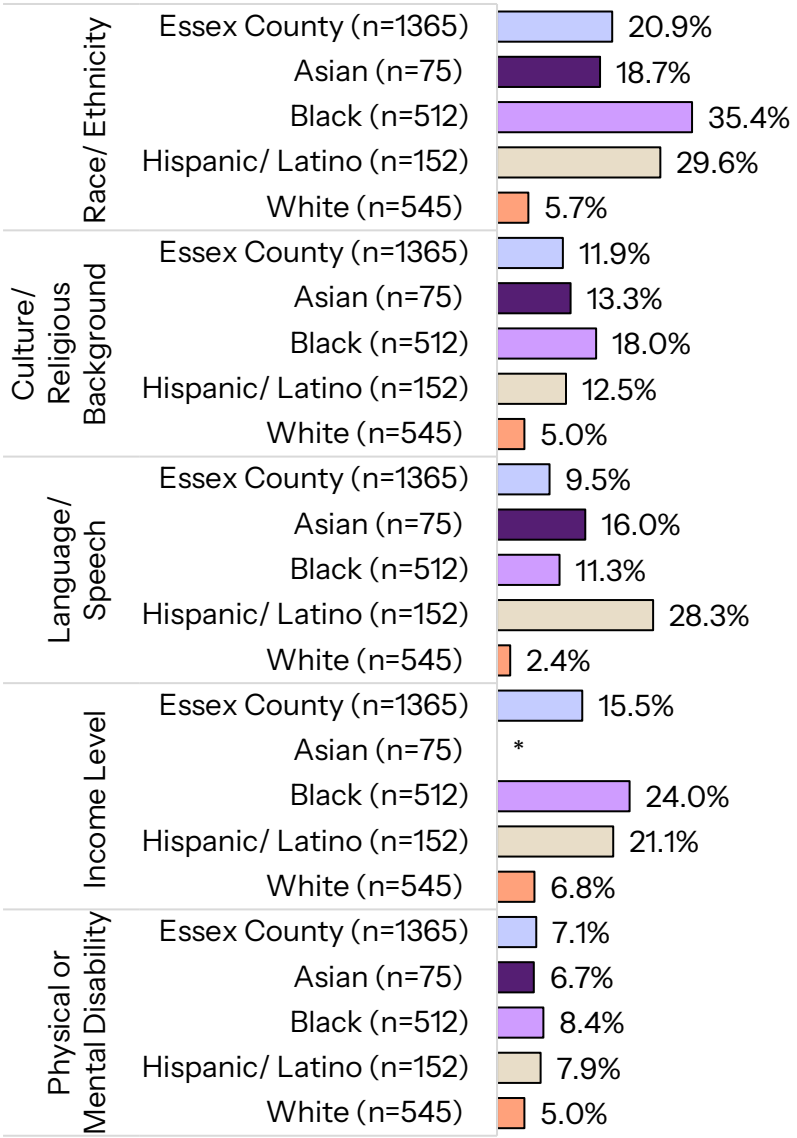
In addition, interviewees described instances of discrimination and stereotyping against low-income people, the unhoused population, residents with substance use disorders, and the elderly, including in healthcare centers. Notably, reducing systemic racism and discrimination in the delivery of health services was a goal of the CMMC in the 2022 CHNA-SIP process. Participants emphasized the importance of treating everyone with dignity and respect. A senior focus group participant expressed, *"They think we're all in our dotage. I wish they would see us not as old people, but as still vibrant human beings."* A provider working with people with substance use disorders underscored, *"I wish people knew that people who are struggling with substances are just people… Sometimes they just need a guide, a friend to help them out…the path to recovery is not easy."*

> *"There's a little bit of otherizing that's happening in the public conversation around people needing services. This is not individuals that created this. This is an economy where you can work 40 hours a week and not be able to put food on your table."*
> - Key informant interviewee

Survey respondents who identified as people of color mentioned instances of being discriminated against due to their race or nationality. Data from the 2024 community survey provide additional insight into experiences of discrimination when receiving healthcare. Around a third of Black (35.4%) and Latino (29.6%) respondents reported experiencing discrimination due to their race/ethnicity when receiving medical care compared to 20.9% of respondents overall (Figure 29). Additionally, Black (18.0%), Asian (13.3%), and Latino (12.5%) survey respondents reported feeling discriminated against when receiving medical care based on their culture and religious background. Over 1 in 4 Latino respondents (28.3%) and 1 in 6 Asian respondents (16.0%) also reported feeling discriminated against due to their language/speech.

Other forms of discrimination while receiving medical care also emerged from the survey. In Essex County, 15.5% of survey respondents felt discriminated against due to their income and 7.1% due to having a disability. In addition, 27.0% of LGB respondents reported experiencing discrimination due to their sexual orientation (Figure 30).

Figure 29. Percent of Essex County Survey Respondents Reporting Experiences of Interpersonal Discrimination while Receiving Medical Care, by Sociodemographic Characteristic, by Race/Ethnicity, 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

Figure 30. Percent of Essex County Survey Respondents Reporting Experiences of Interpersonal Discrimination while Receiving Medical Care due to Sexual Orientation, by Sexual Orientation, 2024

DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: The LGB category includes gay, lesbian, bisexual, pansexual, queer, or asexual.

Community Health Issues

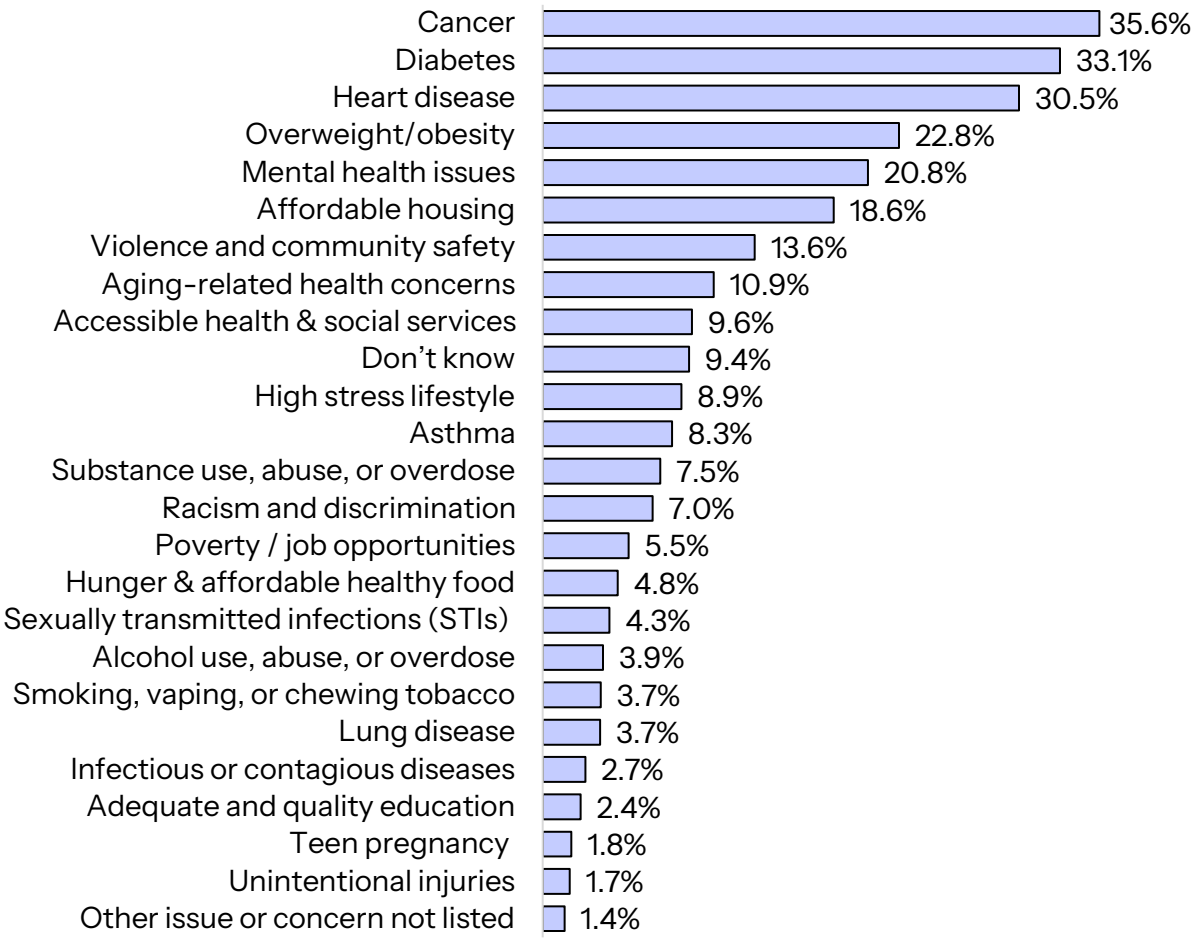
Understanding community health issues is a critical step of the assessment process. The disparities underscored by these issues mirror the historical patterns of systemic, economic, and racial inequities experienced for generations across the United States.

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. Focus group participants and interviewees were asked about top concerns in their communities. Participants identified social and economic issues such as financial and food insecurity, housing, and the built environment – and how these were associated with chronic conditions that affect many members of the community, including high blood pressure and diabetes. They also discussed the challenges of accessing care and the difficulties of managing chronic conditions, the increase in mental health concerns, particularly among youth, and the need to bolster their detection, management, and trauma-informed care, and the lingering effects of the COVID-19 pandemic, including distrust of the healthcare system and anti-vaccine sentiments. Participants discussed the need for more sustainable funding for social and health services in the context of growing demand and dwindling resources.

Community survey respondents were presented with a list of issues and were asked to mark the top three health concerns or issues in their community overall. Respondents in Essex County ranked cancer (35.6%), followed by diabetes (33.1%), heart disease (30.5%), overweight/obesity (22.8%), and mental health issues (20.8%) as the top five health issues in their communities (Figure 31). For community survey respondents who selected "other" top health concerns in your community, write-in responses included reference to specific diseases (e.g. tick-borne illnesses, long-COVID), access to specialty services (e.g. dental care, services for disabled and older adults, LGBTQ healthcare), environmental exposures (e.g., lead and asbestos removal, air and water quality), and climate change.

Figure 31. Top Health Concerns in the Community Overall, Essex County Respondents, (n=2020), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Respondents were asked to select the top three health issues or concerns in their community. Results are aggregated for all selections from all respondents.

There were differences in top health issues by race/ethnicity (Table 14). Diabetes was the top concern among Asian, Black, and Latino survey respondents, while cancer was identified as the top concern among White respondents. Of note, housing people can afford was the second top concern among Black survey respondents, while a high-stress lifestyle and aging-related concerns were a top concern for Asian residents.

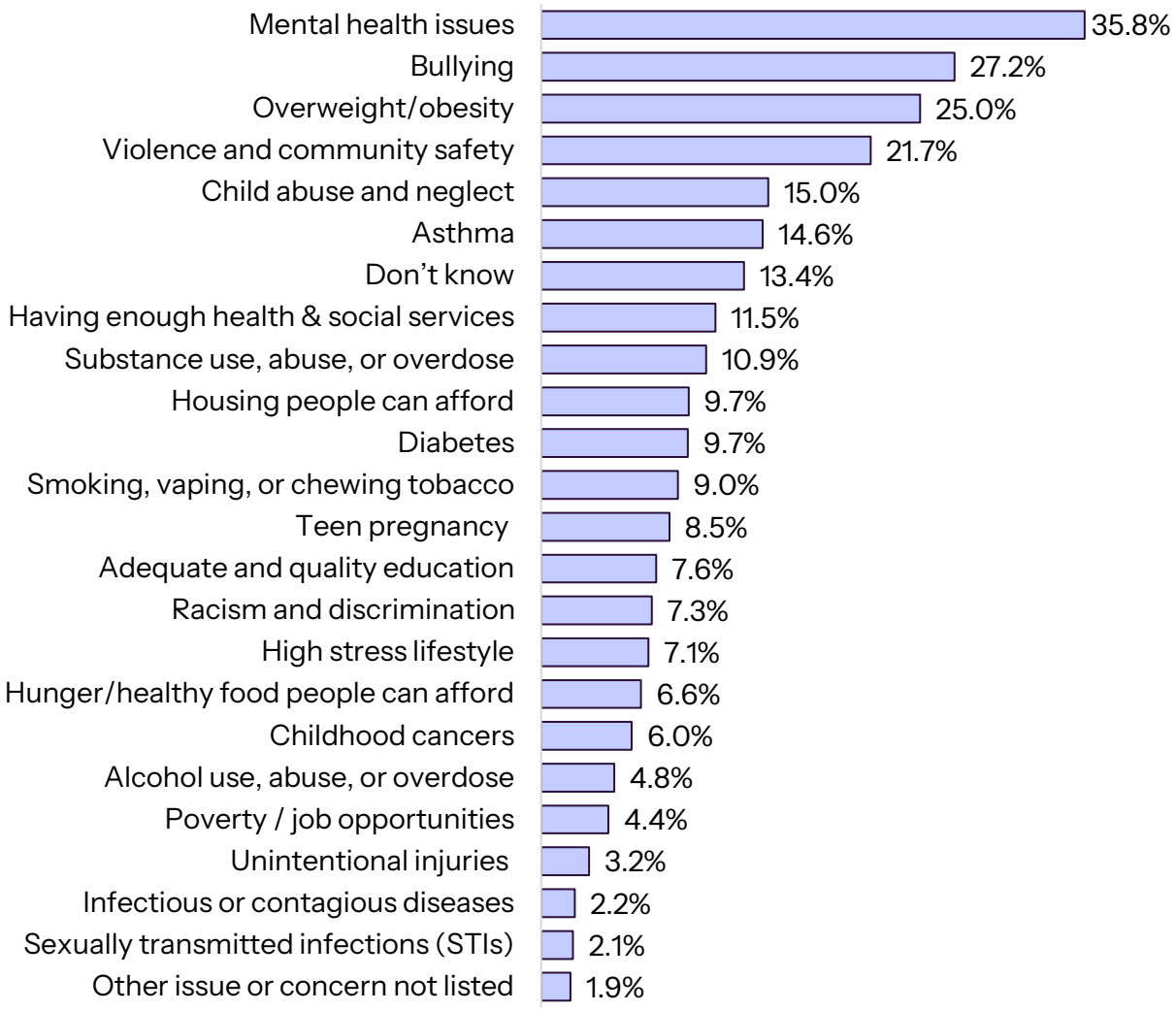
Table 14. Top Health Concerns in the Community Overall, Essex County Respondents, by Race/Ethnicity, (n=2020), 2024

	Essex County (n=2020)	Asian (n=110)	Black (n=781)	Hispanic/ Latino (n=260)	White (n=723)
1	Cancer (35.6%)	Diabetes (45.5%)	Diabetes (36.2%)	Diabetes (36.2%)	Cancer (52.4%)
2	Diabetes (33.1%)	Heart disease (41.8%)	Housing people can afford (24.5%)	Overweight/obesity (24.2%)	Heart disease (39.6%)
3	Heart disease (30.5%)	Cancer (34.6%)	Cancer (23.6%)	Cancer (23.5%)	Diabetes (25.7%)
4	Overweight/ obesity (22.8%)	Mental health issues (19.1%)	Overweight/ obesity (22.0%)	Heart disease (23.5%)	Overweight/ obesity (24.9%)
5	Mental health issues (20.8%)	Aging-related health concerns (18.2%) High stress lifestyle (18.2%)	Heart disease (22.0%)	Mental health issues (20.0%)	Mental health issues (23.4%)

DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Respondents were asked to select the top three health issues or concerns in their community. Results are aggregated for all selections from all respondents. Mental health issues included depression, anxiety, and suicide.

Survey respondents also identified top health concerns regarding youth and children in the community (Figure 32). Respondents ranked mental health issues (35.8%), followed by bullying (27.2%), overweight/obesity (25.0%), violence and community safety (21.7%), and child abuse and neglect (15.0%) as the top five health issues in their communities. For community survey respondents who selected "other" top health concerns for youth and children, write-in responses included concerns about social media use and extensive screen time, a lack of stable adult support and male role models for youth, opportunities and spaces to support positive youth development, support for neurodivergent children, affordable childcare, exposure to toxins and pollution, and climate change.

Figure 32. Top Health Concerns in the Community for Children and Youth, Essex County Respondents, (n=1810), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Respondents were asked to select the top three health issues or concerns in their community. Results are aggregated for all selections from all respondents. Mental health issues included depression, anxiety, and suicide.

There were notable differences by race/ethnicity among the top health concerns for children and youth (Table 15). Although mental health concerns were identified as the top concern for all, violence and community safety was the second top concern among Black respondents, overweight/obesity among Asian and Latino respondents, and bullying among White

respondents. Substance use was a top concern for children among Asian survey respondents, and asthma among Latinos.

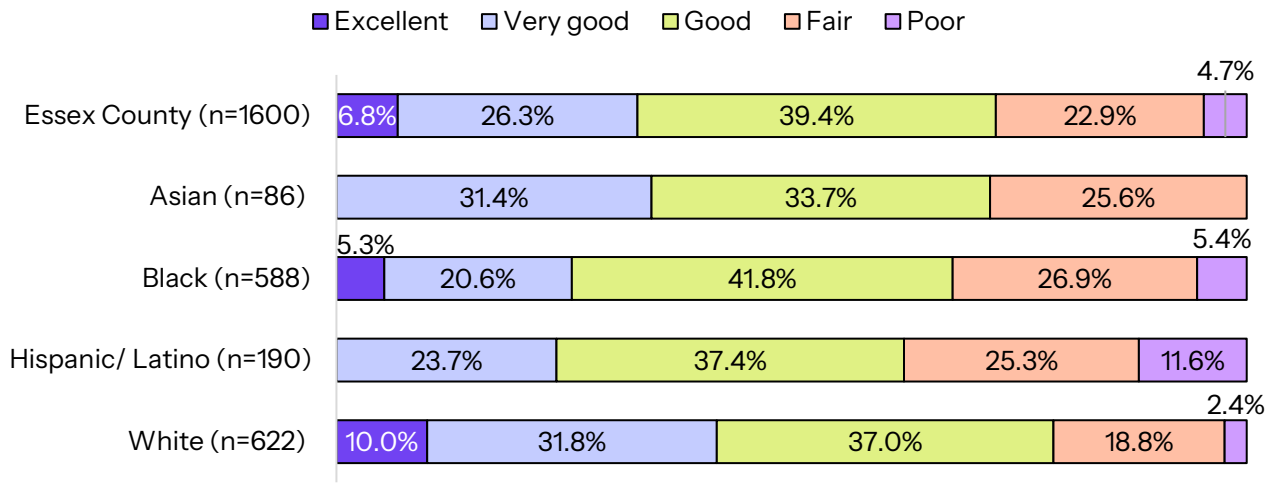
Table 15. Top Health Concerns in the Community for Children and Youth, Essex County Respondents, by Race/Ethnicity, (n=1810), 2024

	Essex County (n=1810)	Asian (n=96)	Black (n=679)	Hispanic/ Latino (n=229)	White (n=679)
1	Mental health issues (35.8%)	Mental health issues (47.9%)	Mental health issues (28.1%)	Mental health issues (32.8%)	Mental health issues (44.3%)
2	Bullying (27.2%)	Overweight/ obesity (31.3%)	Violence and community safety (27.8%)	Overweight/ obesity (25.3%)	Bullying (35.1%)
3	Overweight/ obesity (25.0%)	Bullying (25.0%)	Bullying (22.4%)	Bullying (24.0%)	Overweight/ obesity (29.3%)
4	Violence and community safety (21.7%)	Substance use, abuse, or overdose (15.6%)	Child abuse and neglect (19.6%)	Violence and community safety (21.4%)	Violence and community safety (18.0%)
5	Child abuse and neglect (15.0%)	Don't Know (15.6%)	Overweight/ obesity (19.0%)	Asthma (17.9%)	Don't Know (13.0%)

DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Respondents were asked to select their top three health issues or concerns in their community. Results are aggregated for all selections from all respondents. Mental health issues included depression, anxiety, and suicide.

Most survey respondents perceived their health to be good (39.4%) or very good (26.3%) (Figure 33). White respondents had the lowest proportion of respondents rating themselves as having fair or poor overall health compared to Asian, Black, and Hispanic/Latino survey respondents.

Figure 33. Self-Assessed Overall Health Status, Essex County Residents, by Race/Ethnicity, (n=1600), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

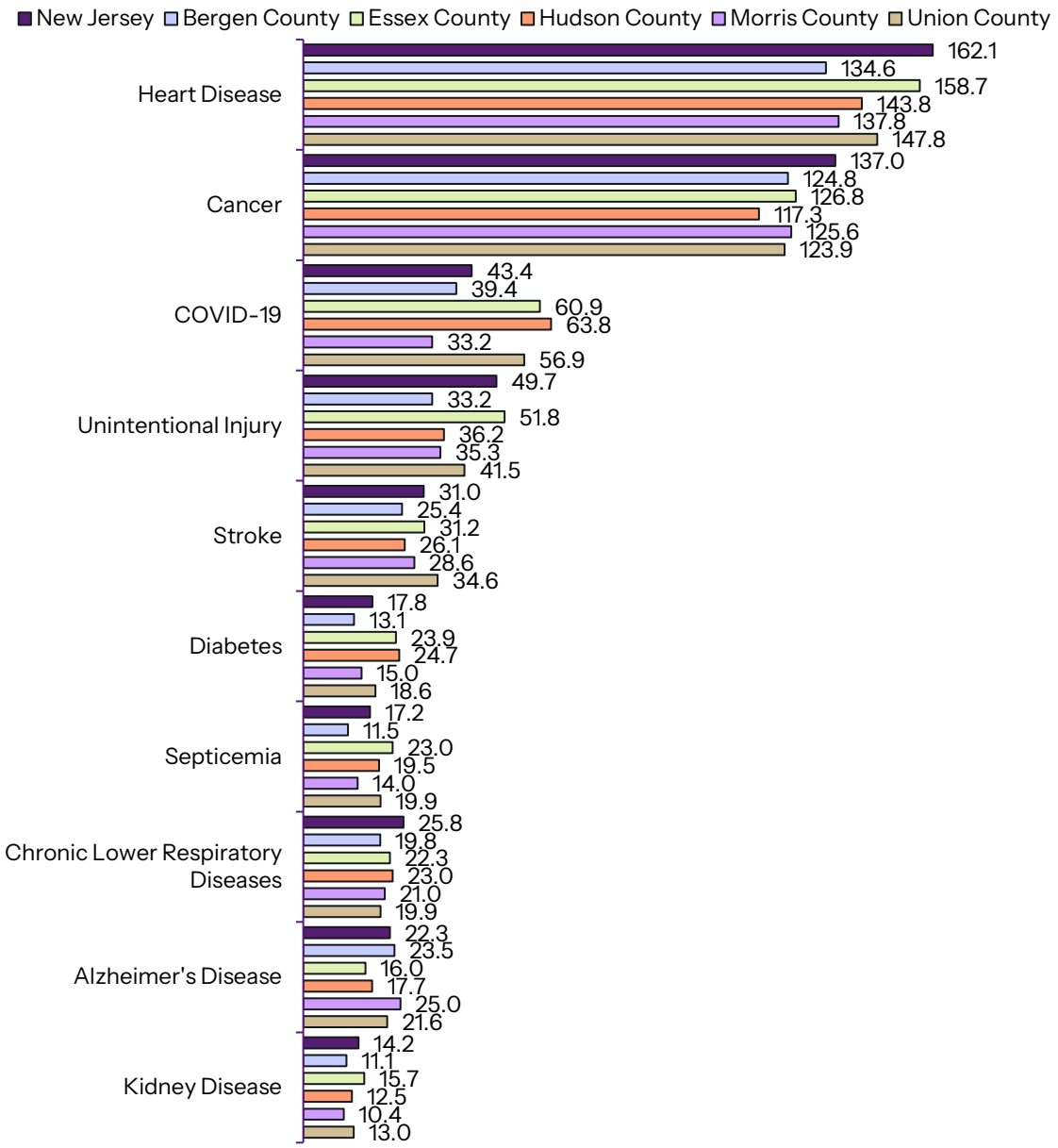
Leading Causes of Death and Premature Mortality

Mortality rates help to measure the burden and impact of disease on a population, while premature mortality data (deaths before the age of 75 years) provide a picture of preventable deaths and point to areas where additional health and public health interventions may be warranted.

The most current mortality data from New Jersey's surveillance systems are available for 2021, the second year of the COVID-19 pandemic. Figure 34 shows the age-adjusted mortality rate per 100,000 residents for the top 10 causes of death for the state of New Jersey and Bergen, Essex, Hudson, Morris, and Union County in 2021. Heart disease and cancer, followed by COVID-19 and unintentional injuries, were the top causes of death for the state and each of the counties. Of note, the COVID-19 mortality rates in Essex County, Hudson County, and Union County were higher than the state overall. Essex County also had a slightly higher unintentional injury mortality rate (51.8 per 100,000) compared to the state overall (49.7 per 100,000). Unintentional injuries can stem from many different types of events and can include motor vehicle crashes and falls, to name a few. In recent years, drug overdose has been a driver of unintentional injuries in the state.[30] More data on life expectancy, injury deaths, and injury-related hospitalizations can be found in Figure 98, Figure 99. Age-Adjusted Rate of Hospital Emergency Department Visits per 10,000 for Injury, Poisoning, and Other External Causes, by State, 2023 Figure 100 in Appendix E. Additional Data Tables and Graphs, respectively.

[30] Healthy NJ 2020, https://www.nj.gov/health/chs/hnj2020/topics/injury-violence-prevention.shtml#ref

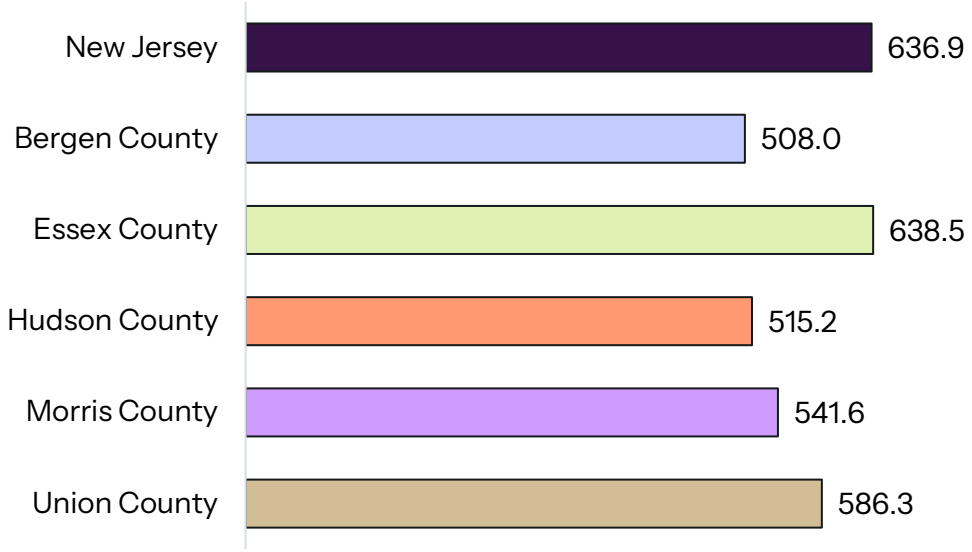
Figure 34. Top 10 Leading Causes of Death, Age-Adjusted Mortality Rates per 100,000, by State and County, 2017-2021



DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2023

Figure 35 presents the overall age-adjusted mortality rate per 100,000 residents in 2023 by state and county. Essex County had the highest age-adjusted mortality rate at 638.5 per 100,000 residents compared to other counties and the state overall (636.9 per 100,000).

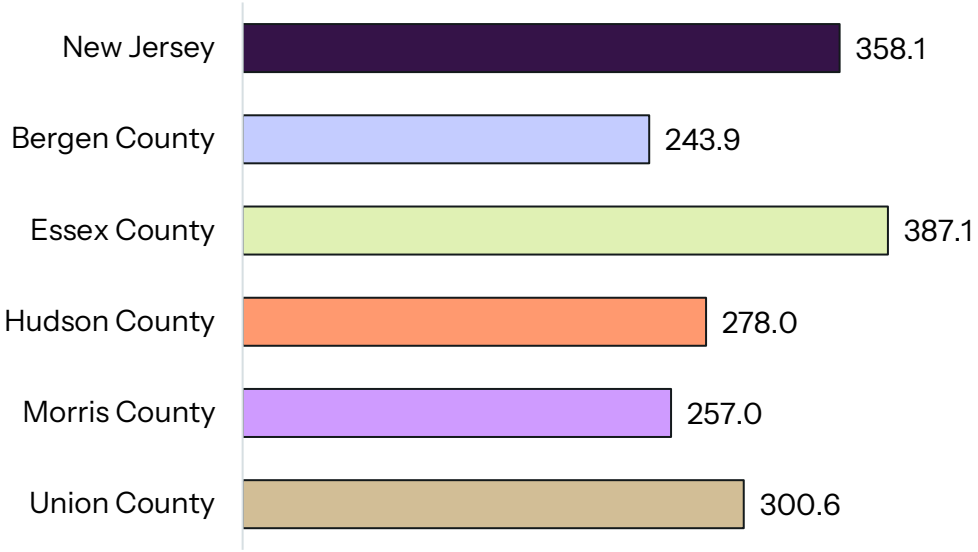
Figure 35. Age-Adjusted Mortality Rate per 100,000, by State and County, 2023



DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024

Figure 36 shows premature mortality (deaths before age 75) rates per 100,000 population by state and county. In 2023, the premature mortality rate in Essex County (387.1 per 100,000) was higher than in other counties and the state overall (358.1 per 100,000).

Figure 36. Premature Mortality (Deaths Before Age 75) Rate per 100,000, by State and County, 2023



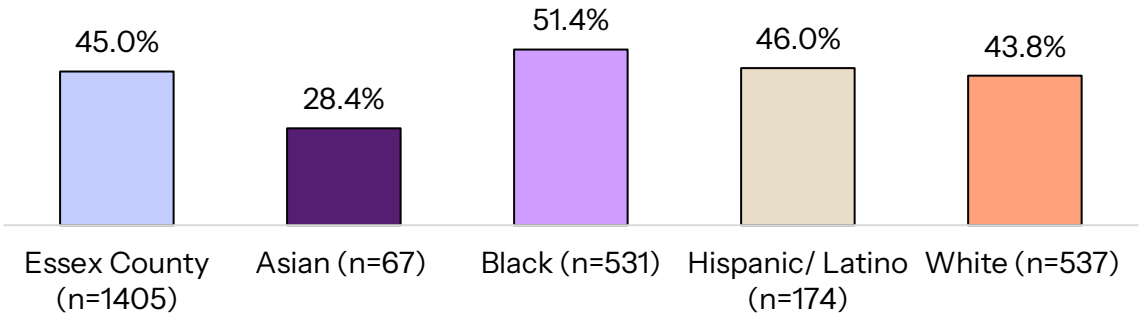
DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024

Overweight, Obesity, and Physical Activity

Obesity is a leading cause of preventable death in the United States and increases the likelihood of chronic conditions among adults and children. While overweight/obesity was identified as the fourth top health concern by Essex County community survey respondents, and the third top health concern among children and youth, it was not a prominent theme in conversations with focus group members or interviewees. In the previous CHNA-SIP process, CBMC identified overweight/obesity as a goal, with a focus on providing culturally appropriate programming and empowering community members.

Almost half (45.0%) of survey respondents in Essex County reported ever being told by a healthcare provider that they had a weight problem (Figure 37). This proportion varied by race/ethnicity and ranged from 28.4% of Asian survey respondents to 51.4% of Black survey respondents. Figure 101 in Appendix E. Additional Data Tables and Graphs shows 29% of Essex County residents self-reported being obese in 2022.

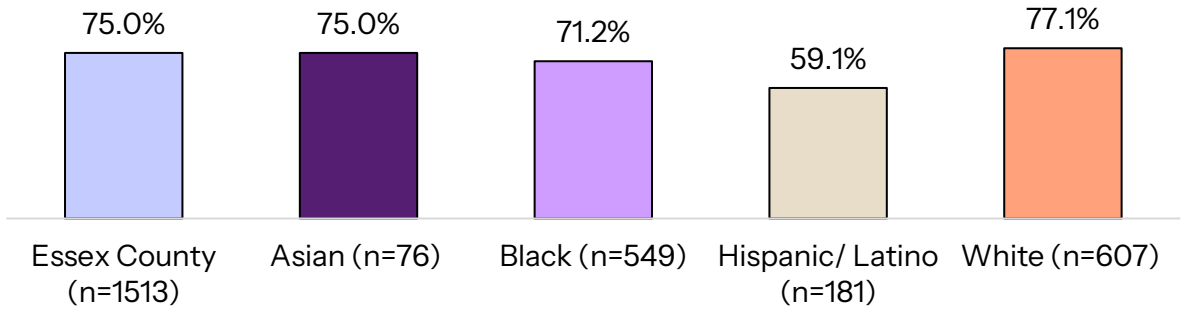
Figure 37. Essex County Survey Respondents Reporting Ever Being Told They Have a Weight Problem by a Healthcare Provider, by Race/Ethnicity, (n=1405), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

Community survey respondents were asked if they had engaged in any physical activity in the past month. A majority of Essex County respondents (75.0%) indicated that they did so, ranging from 59.1% of Hispanic/Latino to 77.1% of White respondents (Figure 38).

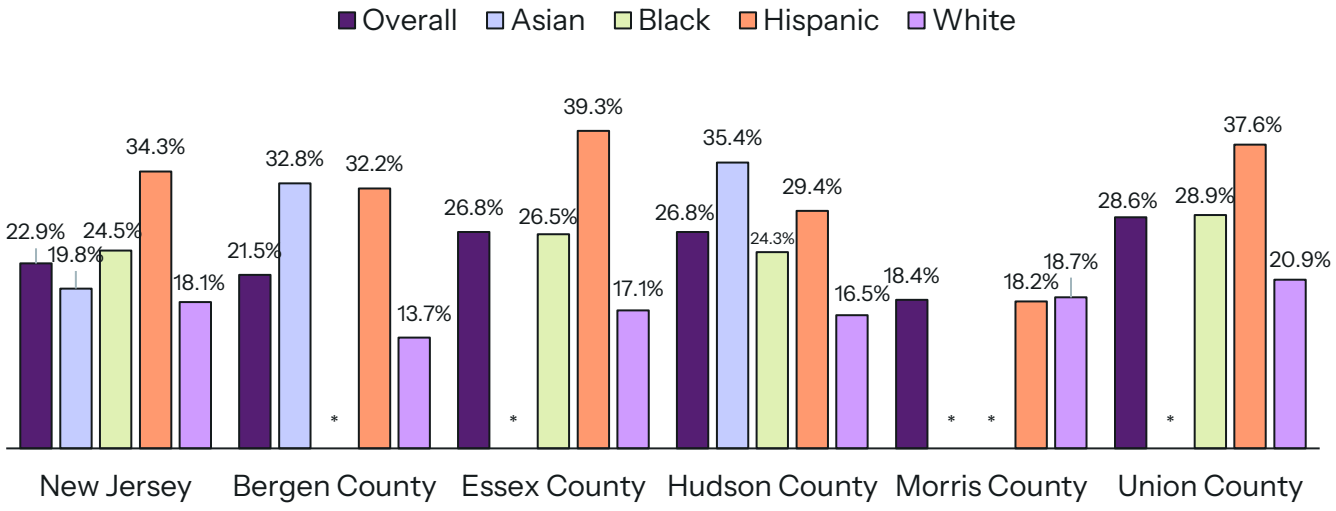
Figure 38. Essex County Survey Respondents Reporting Any Physical Activity or Exercise in the Past Month, by Race/Ethnicity, (n=1513), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

The built environment and availability of leisure time are two factors that affect physical activity. As mentioned in the section on community assets, focus group participants valued that there were green areas and parks to walk and play sports in their neighborhoods. Yet, many residents reported that they were not spending time on physical activity (Figure 39). According to the Behavioral Risk Factor Survey, in 2022, the most recent year for which these surveillance data are available, 22.9% of New Jersey residents reported having no leisure time for physical activity, ranging from 18.4% in Morris County to 28.6% in Union County. There were differences by race and ethnicity with a higher proportion of Latino residents reporting no leisure time for physical activity compared to other residents. Figure 92 in Appendix E. Additional Data Tables and Graphs reports the percentage of the population with adequate access to a location for physical activity by state and county from 2020-2023.

Figure 39. Percent of Adults Reporting No Leisure Time for Physical Activity, by Race/Ethnicity, by State and County, 2022



DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024
NOTE: Asterisk (*) means that data are suppressed as the rate does not meet National Center for Health Statistics standards of statistical reliability for presentation.

Chronic Conditions

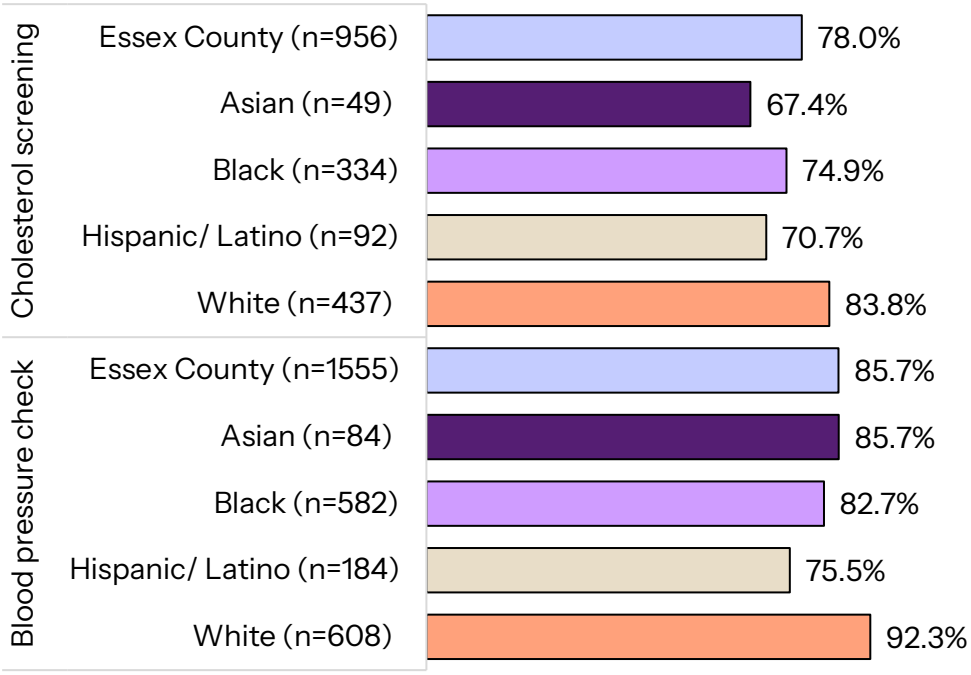
Chronic conditions, such as heart disease, diabetes, chronic obstructive pulmonary disease (COPD), and cancer, are some of the most prevalent conditions in the United States. Chronic disease was mentioned as a community concern by several interviewees who noted high rates of diabetes, asthma, and cancer. Of particular concern were chronic disease management, including diabetes leading to amputations, and late cancer detection among older, unhoused, and residents of color. Progressive generative conditions such as Alzheimer's disease and Parkinson's disease, and arthritis were mentioned as important concerns, affecting quality of life and independent living, by several older focus group participants. As described by a key informant interviewee, *"Alzheimer's is another thing that seniors face and the sad thing about it is that they don't even know that they have it."* In the 2023-2025 CHNA-SIP process, CBMC identified chronic disease as a priority area with a focus on increasing chronic disease education, prevention, management, and referral services among community members. The following section describes health data (e.g., screening, incidence, mortality, etc.) related to chronic conditions in the CBMC and CMMC PSAs.

High Cholesterol and High Blood Pressure

High cholesterol and high blood pressure are significant risk factors for heart disease, stroke, and other chronic diseases. There are three steps to address these conditions: prevention, screening and diagnosis, and management. Prevention based on lifestyle and behavior was discussed earlier in the sections on food insecurity and healthy eating, and on overweight, obesity, and physical activity. This section focuses on diagnosis and management.

Community survey respondents in 2024 were asked if they had ever received a cholesterol or blood pressure screening in the past two years (Figure 40). Over three-quarters (78.0%) of Essex County respondents indicated that they had participated in a cholesterol screening, with a lower proportion of Asian (67.4%) and Hispanic/Latino respondents (70.7%) indicating they had a cholesterol screening compared to White respondents (83.8%). The large majority of Essex County respondents reported participating in blood pressure checks in the past two years (85.7%), which ranged from 75.5% of Hispanic/Latino respondents to 92.3% of White respondents.

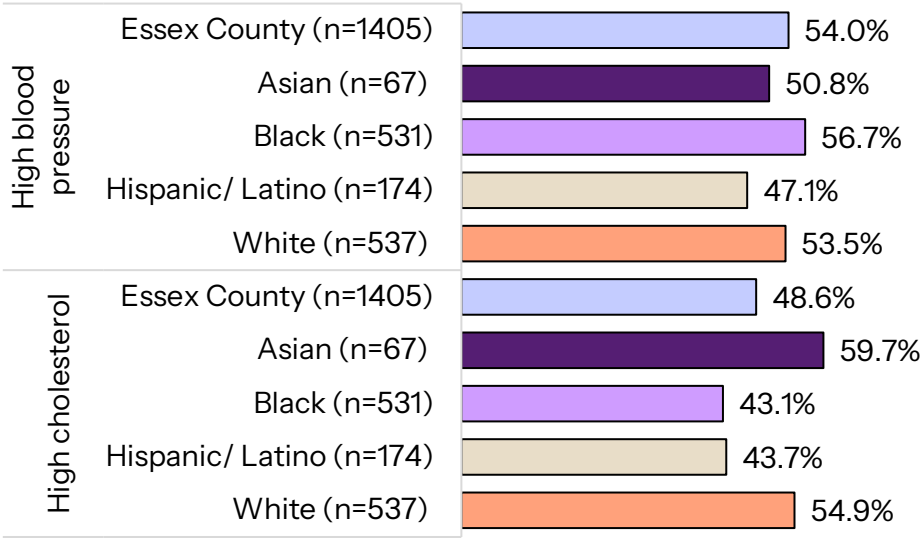
Figure 40. Percent of Community Survey Respondents Reporting Participation in Cholesterol and Blood Pressure Screening in the Past 2 Years, Essex County Residents, by Race/Ethnicity, 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Percentages are calculated among those recommended for screenings by the U.S. Preventive Services Task Force. Cholesterol screening is recommended for those assigned male at birth aged 35 years and older and those assigned female at birth aged 45 years and older.

About half of Essex County survey respondents reported every being told by a healthcare provider that they had high blood pressure (54.0%) and high cholesterol (48.6%) (Figure 41). The proportion of respondents reporting being told that they had high blood pressure ranged from 47.1% of Hispanic/Latino respondents to 56.7% of Black respondents. In terms of high cholesterol, Black and Hispanic/Latino respondents had the lowest proportion at 43.1% and 43.7%, respectively, compared to Asian respondents in which 59.7% had been told by a healthcare provider that they had high cholesterol. These percentages should not be interpreted as the prevalence of the conditions among survey respondents, given that this survey used a convenience sample and there are inequities in access to a healthcare provider to obtain a diagnosis. For example, as seen in Figure 40, there were differences in the proportion of residents that indicated being screened for these conditions, with proportionally fewer Latino residents being screened.

Figure 41. Percent of Community Survey Respondents Ever Told They Had High Blood Pressure or High Cholesterol by a Provider, Essex County Residents, by Race/Ethnicity, 2024



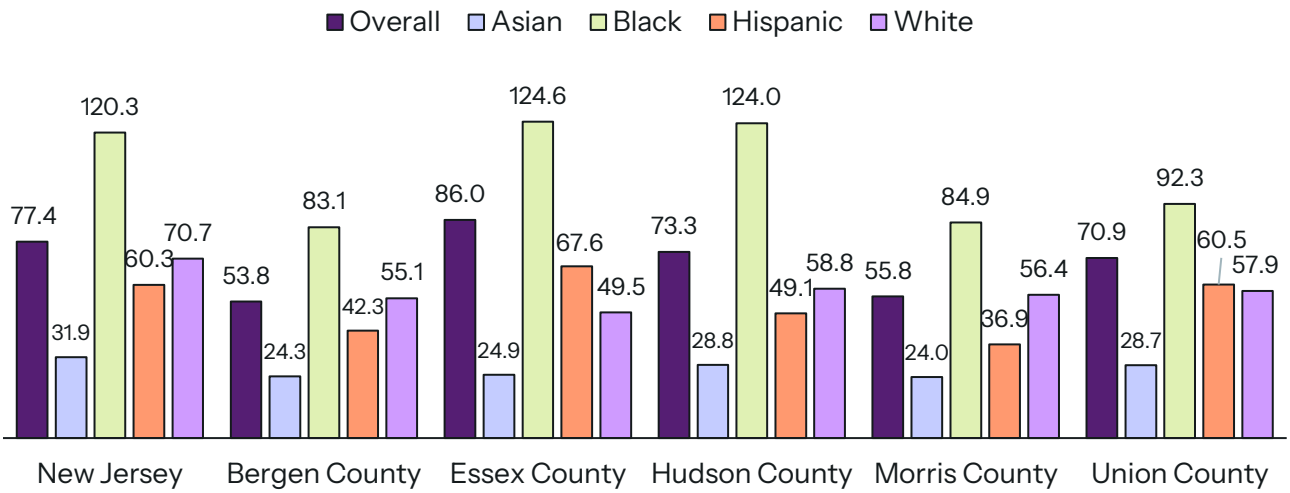
DATA SOURCE: Community Health Needs Assessment Survey, 2024

Heart Disease

Heart problems, mentioned as a concern by several focus group and interview participants, particularly in relation to seniors, is the leading cause of death in each county (Bergen, Essex, Hudson, Morris, and Union County), and closely associated with other conditions mentioned by residents, such as diabetes, overweight/obesity, and high cholesterol.

According to surveillance data, the rate of cardiovascular disease hospitalizations ranged from 53.8 per 100,000 in Bergen County to 86.0 per 100,000 in Essex County, compared to 77.4 per 100,000 in New Jersey overall (Figure 42). Disparities exist within cardiovascular disease as hospitalizations were highest among Black residents and lowest among Asian residents in each county.

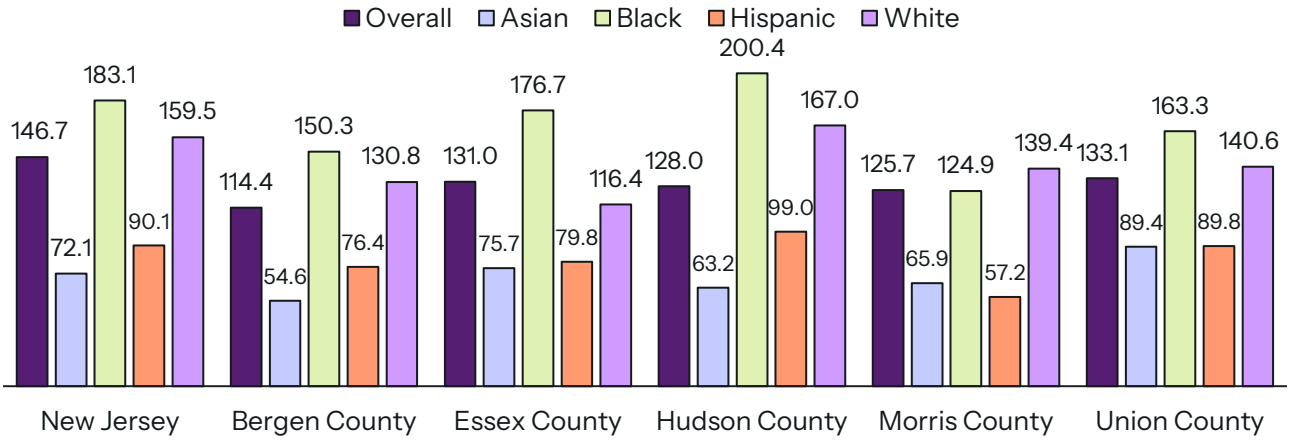
Figure 42. Age-Adjusted Inpatient Hospitalizations due to Cardiovascular Disease as Primary Diagnosis per 10,000, by Race/Ethnicity, by State and County, 2023



DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

Death certificate data show that in 2023, the heart disease mortality rate was slightly lower in each county than in the state overall (146.7 per 100,000) (Figure 43), although this varied by race and ethnicity. Heart disease mortality rates were highest among Black residents in each county except Morris County in which White residents had the highest heart disease mortality rate at 139.4 per 100,000 residents. Asian and Hispanic/Latino residents had the lowest heart disease mortality rates in each county.

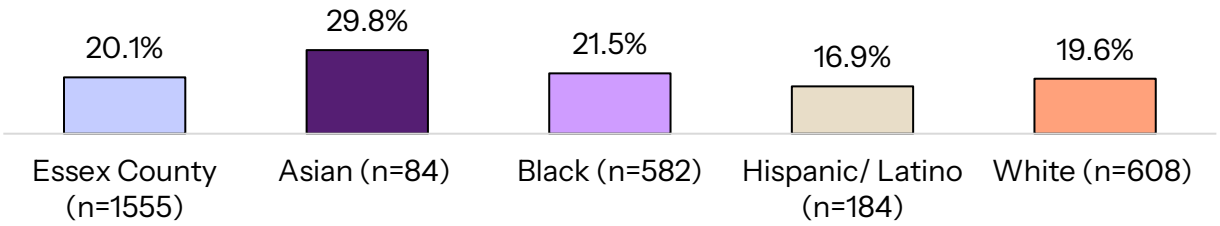
Figure 43. Age-Adjusted Cardiovascular Disease Mortality per 100,000, by Race/Ethnicity, by State and County, 2023



DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

Several focus group participants mentioned participating in educational programs for those with chronic disease conditions, *"Here at the Senior Center, people come to do educational programs. They talk about the importance of being educated about certain health issues in order to take care of ourselves. They do diabetes and cholesterol screenings."* Overall, 20.1% of community survey respondents in Essex County indicated receiving heart disease education in the past two years (Figure 44). Participation in heart disease education differed by race/ethnicity, with 16.9% of Hispanic/Latino respondents reporting participating compared to 29.8% of Asian residents.

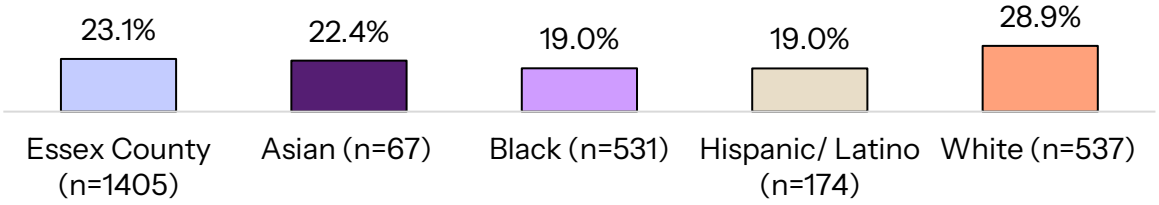
Figure 44. Percent of Community Survey Respondents Participating in Heart Disease Education in the Past 2 Years, Essex County Residents, by Race/Ethnicity, (n=1555), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

Overall, 23.1% of Essex County community survey respondents indicated ever having been told by a provider that they had a heart condition (Figure 45). As with other health indicators, differences existed by race/ethnicity, with a higher percentage of White (28.9%) and Asian (22.4%) respondents reporting having been told they had a heart condition compared to 19.0% of Hispanic/Latino respondents and 19.0% of Black respondents.

Figure 45. Percent of Community Survey Respondents Ever Being Told They Had a Heart Condition by a Provider, Essex County Residents, by Race/Ethnicity, (n=1405), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

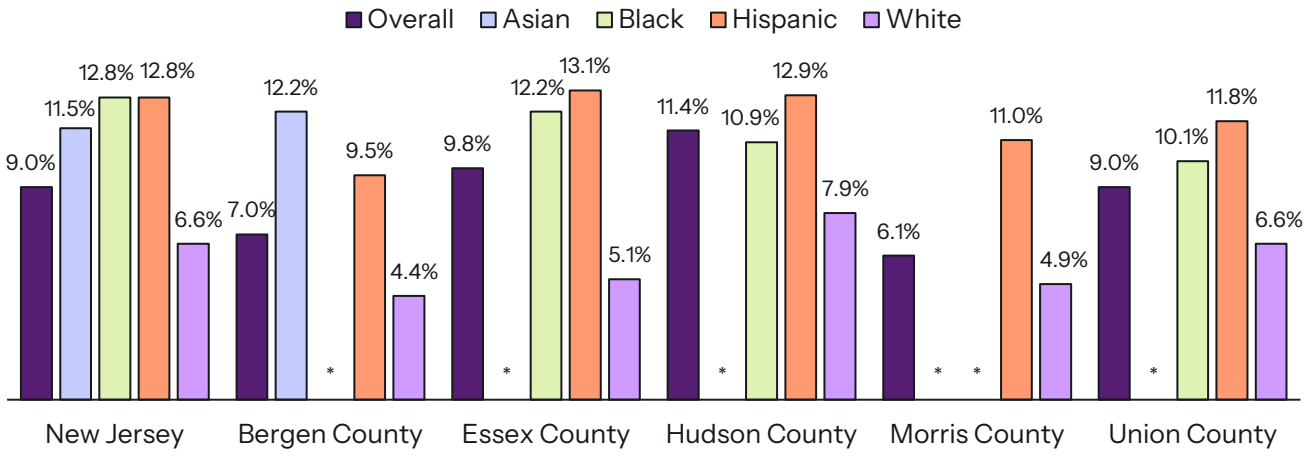
Diabetes

Diabetes was identified as the second top health concern by community survey respondents in Essex County. Diabetes and diabetes management to prevent its worse health outcomes were top health concerns mentioned by discussion participants. Participants indicated observing an increase in cases of diabetes in recent years and noted that diabetes was prevalent in their communities. An interviewee noted the complications of managing diabetes posed by having to take multiple medications, particularly among residents who are older and/or have low health literacy, *"One of the big things in this area are diabetics on multiple medications to combat diabetes and everything that goes along with that – they have 10 to 12 medications and it's hard to manage them."* Another interviewee emphasized the challenge of managing diabetes and other chronic conditions among homeless or housing-unstable populations. The themes that emerged strongly among discussion participants were insurance problems and cost barriers.

> *"Diabetes is a huge problem in this population and the U.S., and I'd be interested to see why it's growing so rapidly."*
> – Key informant interviewee

Figure 46 shows the percentage of adults who reported a diagnosis of diabetes by race/ethnicity from 2018 to 2022, which are the most recent years that surveillance data are available (and aggregated over time due to small numbers). The proportion of residents with diabetes ranged from 6.1% in Morris County to 11.4% in Hudson County, compared to 9.0% in New Jersey overall. Hispanic/Latino residents had the highest proportion of diabetes in each county, except for Bergen County in which 12.2% of Asian residents reported a diabetes diagnosis. Compared to the previous CHNA-SIP process, the percent of adults reporting a diabetes diagnosis in Essex County was similar at 10.7% in 2016-2020 and 9.8% in 2018-2022.

Figure 46. Percent of Adults Reporting Diabetes Diagnosis, by Race/Ethnicity, by State and County, 2018-2022

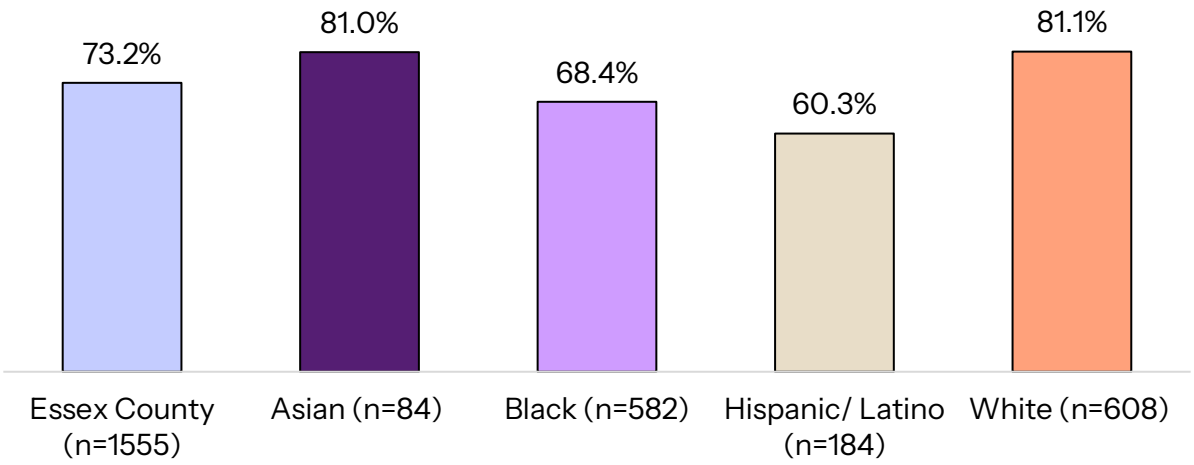


DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2018-2022

NOTE: Asterisk (*) means that data were suppressed. Percentages based on fewer than 50 completed surveys and/or relative standard error (RSE) > 30% are not shown because they do not meet the CDC BRFSS standard for data release.

Community survey respondents were asked about their participation in diabetes screening or blood sugar checks in the past two years. In Essex County, 73.2% of respondents were screened for diabetes (Figure 47). Participation in diabetes screenings or blood sugar checks differed by race/ethnicity ranging from 60.3% among Hispanic/Latino respondents to 81.1% among White respondents.

Figure 47. Percent of Community Survey Respondents Who Participated in Diabetes Screenings or Blood Sugar Checks in the Past 2 Years, Essex County Residents, by Race/Ethnicity, (n=1555), 2024



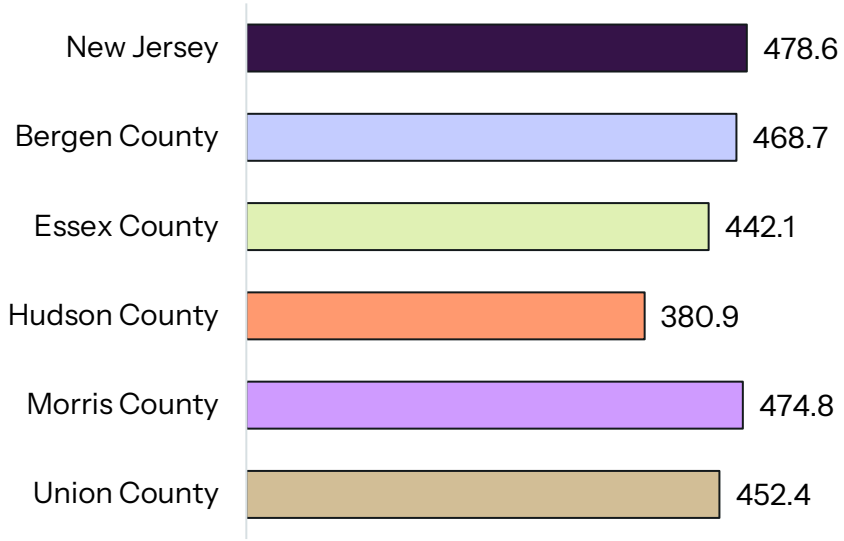
DATA SOURCE: Community Health Needs Assessment Survey, 2024

Cancer

Cancer was identified as the top concern among community survey respondents in Essex County and is the second leading cause of death in each county (Bergen, Essex, Hudson, Morris, and Union counties) and in New Jersey overall. Several interviewees mentioned concern for late-stage cancer diagnoses among some immigrant and low-income earners. An interviewee explained how late cancer diagnoses was linked to the social determinants of health and policies that are detrimental to immigrants, tenants, and workers, *"Many members of the community are prone to suffer from health issues due to low income, stress, and attacks on immigration…A worker had to work 84 hours a week for two years without a day off; because she didn't have access to insurance, she had cancer that was propagating in her body and spread."* Community respondents and quantitative data suggest that cancer is a priority health issue in Essex County.

Overall, each county had a lower age-adjusted invasive cancer incidence rate compared to New Jersey overall (473.6 per 100,000 residents) (Figure 48). Hudson County had the lowest rate at 378.8 per 100,000 residents and Morris had the highest cancer incidence rate at 469.1 per 100,000 residents. For more data by race/ethnicity, see Table 35 in Appendix E. Additional Data Tables and Graphs. Recent trends indicate that overall cancer incidence rates in Essex County have been stable from 2016-2020 (see Appendix G. Cancer Data).

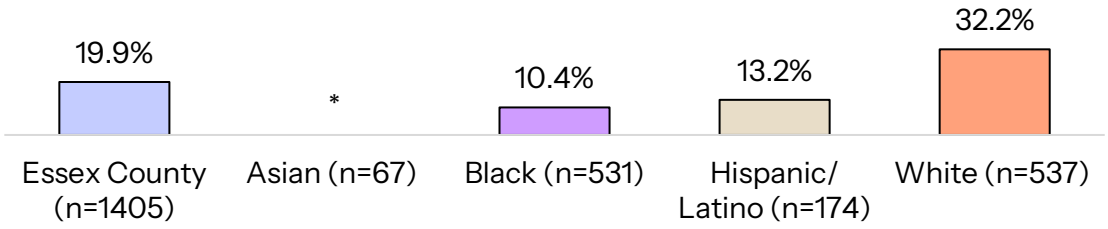
Figure 48. Age-Adjusted Invasive Cancer Incidence Rate per 100,000, by State and County, 2017-2021



DATA SOURCE: New Jersey State Cancer Registry, 2023

Among Essex County community survey respondents, 19.9% reported ever being told they had cancer by a provider (Figure 49). Percentages differed by race/ethnicity, ranging from 10.4% of Black respondents to 32.2% of White respondents.

Figure 49. Percent of Community Survey Respondents Ever Told They Had Cancer by a Provider, Essex County Residents, by Race/Ethnicity (n=1405), 2024

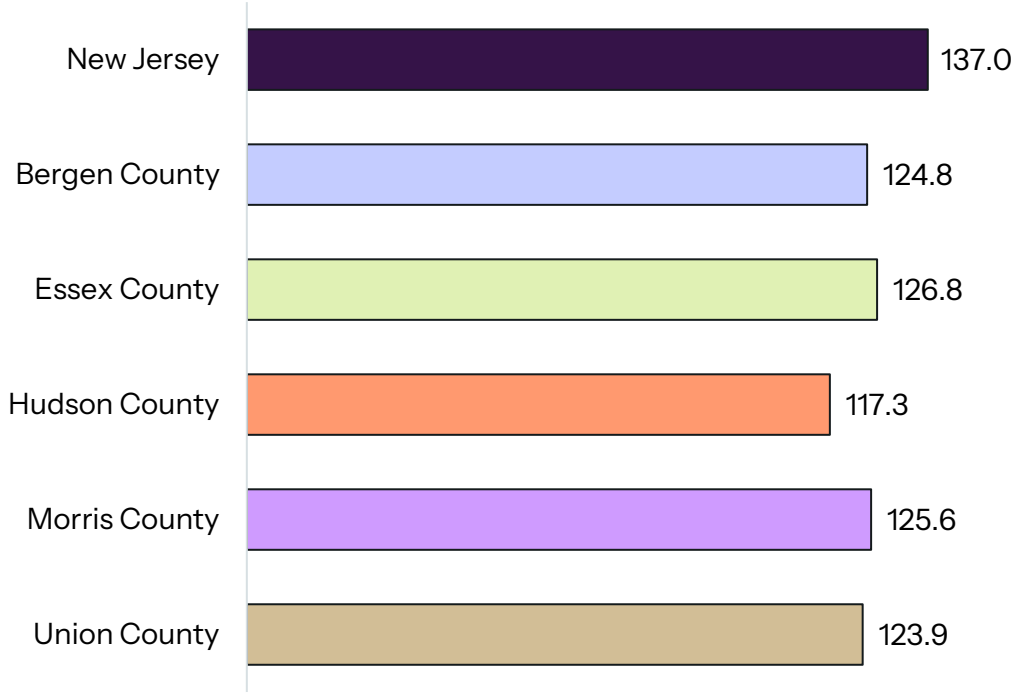


DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Asterisk (*) means that data were suppressed due to low numbers.

According to hospital tumor registries, 9.4% and 12.5% of cancer cases at CBMC were Stage 3 and Stage 4, respectively, in 2023. Just under one-third of lip and oral cavity cancer cases and respiratory system and intrathoracic organ cancer cases at CBMC were Stage 4. At CMMC, 13.6% and 15.5% of cancer cases were Stage 3 and Stage 4, respectively, in 2023. Over three-quarters of lip and oral cavity cancer cases (83.3%) and over half of respiratory system and intrathoracic organ cancer cases (58.7%) were Stage 4 (Appendix G. Cancer Data). From 2017-

2021, each county had a lower age-adjusted cancer death rate compared to the state of New Jersey overall (137.0 per 100,000) (Figure 50). The cancer death rate ranged from 117.3 per 100,000 residents in Hudson County to 126.8 per 100,000 residents in Essex County. For additional data by race/ethnicity, see Table 35 in Appendix E. Additional Data Tables and Graphs.

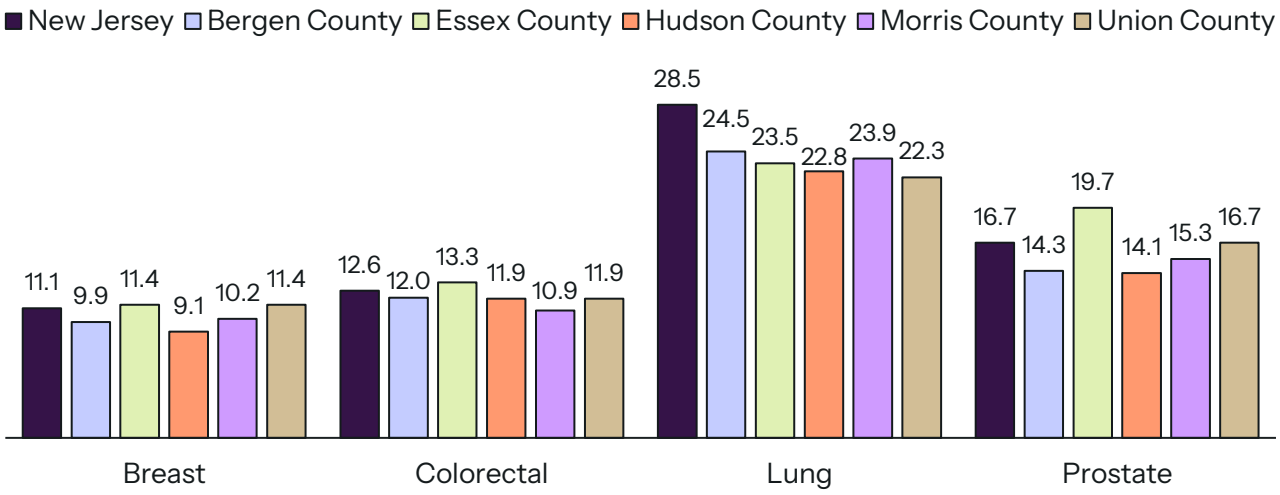
Figure 50. Age-Adjusted Death Rate Due to Cancer per 100,000, by State and County, 2017-2021



DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

The type of cancer that claimed the most lives in each county and the state as a whole was lung cancer, followed by prostate cancer (Figure 51). Each county had a lower age-adjusted lung cancer death rate than the state of New Jersey overall (28.5 per 100,000), ranging from 22.8 per 100,000 residents in Union County to 24.5 per 100,000 in Bergen County. In terms of prostate cancer, Essex County had the highest death rate at 19.7 per 100,000 compared to 16.7 per 100,000 in New Jersey overall. Breast cancer and lung cancer death rates were lower than those of lung and prostate cancer, with the counties having comparable rates to the state of New Jersey overall. Notably, the mortality rates for most types of cancer decreased from 2016 to 2020, with brain cancer and uterus cancer mortality rates remaining stable and liver cancer rising during this period (Appendix G. Cancer Data). For additional data on deaths due to prostate cancer, see Figure 102 in Appendix E. Additional Data Tables and Graphs.

Figure 51. Age-Adjusted Death Rate Due to Cancer per 100,000, by Cancer Site, State and County, 2017-2021

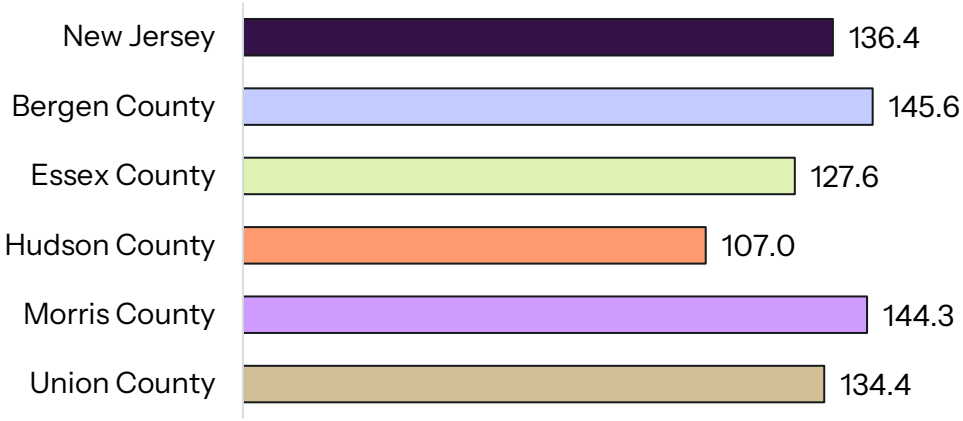


DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

Breast Cancer

Cancer registry data are presented in Figure 52 for the age-adjusted incidence rate of female breast cancer per 100,000 population in 2017-2021 across each county. The breast cancer incidence rates in Bergen County (145.6 per 100,000) and Morris County (144.3 per 100,000) were higher than the state overall (136.4 per 100,000), while Essex, Hudson, and Union counties all had lower rates of breast cancer compared to the state. In terms of breast cancer mortality rates, Black residents had the highest mortality rates, followed by White residents and then Hispanic/Latino residents in New Jersey and each county for which data were available from 2017-2021 (Figure 102 in Appendix E. Additional Data Tables and Graphs).

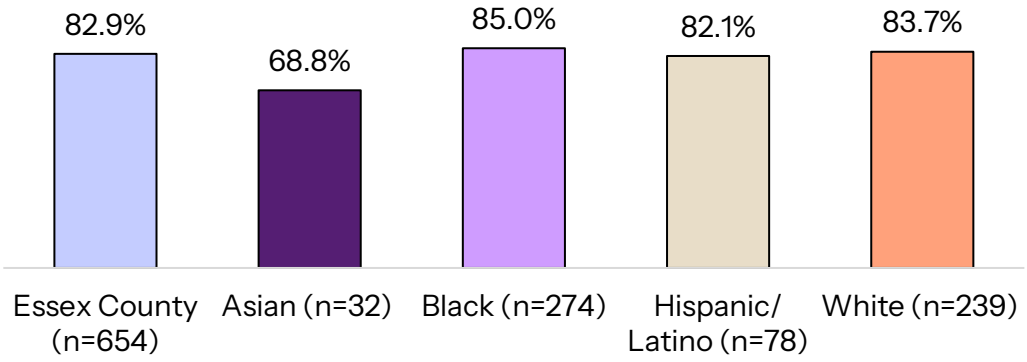
Figure 52: Age-Adjusted Female Breast Cancer Incidence Rate per 100,000, by State and County, 2017-2021



DATA SOURCE: New Jersey State Cancer Registry, 2024

Screening and early detection are critical to improved cancer-related outcomes. Essex County community survey participants who identified as female were asked if they had participated in mammography screenings in the past two years (Figure 53). Overall, 82.9% of female Essex County residents had a mammography in the past two years, however, there were differences by race/ethnicity with 68.8% of Asian respondents reporting participating in a mammography screening compared to over 80% of Black, Hispanic/Latino, and White respondents. For additional data about mammography screening by county, see Figure 104 in Appendix E. Additional Data Tables and Graphs.

Figure 53. Percent of Community Survey Respondents Who Had Mammography or Breast Exam Screening in the Past 2 Years, Essex County Residents, by Race/Ethnicity, (n=654) 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Percentages are calculated among those recommended for screenings by the U.S. Preventive Services Task Force. Mammograms or breast examination screenings are recommended for those assigned female at birth aged 40 to 74 years old.

HPV-Associated Cancers

Human papillomavirus (HPV) is a group of viruses that spread through vaginal, anal, and oral sex. HPV infections are prevalent among sexually active people. Whereas most infections resolve on their own, in some cases, HPV can cause cancers such as throat (or oropharyngeal) cancer, anal cancer, penile cancer, vaginal cancer, and vulvar cancer. A pap test can be used to screen for cervical cancer, see Figure 105 in Appendix E. Additional Data Tables and Graphs for screening data.

From 2017-2021, the HPV-associated cancer rates in each county were comparable to the state overall (Table 16). Oral cavity/pharynx cancer was the most common HPV-associated cancer in each county and the state overall (11.2 per 100,000), ranging from 8.9 per 100,000 in Hudson County to 11.2 per 100,000 in Morris County.

Table 16. Age-Adjusted Incidence Rate of HPV-Associated Cancers per 100,000, by State and County, 2017-2021

	Oral Cavity & Pharynx	Anus	Penis	Vagina	Vulva	Cervix
New Jersey	11.2	1.8	0.9	0.6	2.9	7.2
Bergen County	9.5	1.5	0.8	*	2.3	5.4
Essex County	9.9	1.4	0.9	0.6	2.8	8.8
Hudson County	8.9	1.4	*	*	2.4	8.2
Morris County	11.1	1.4	1.2	*	2.9	7.2
Union County	9.2	1.5	1.3	*	2.8	7.1

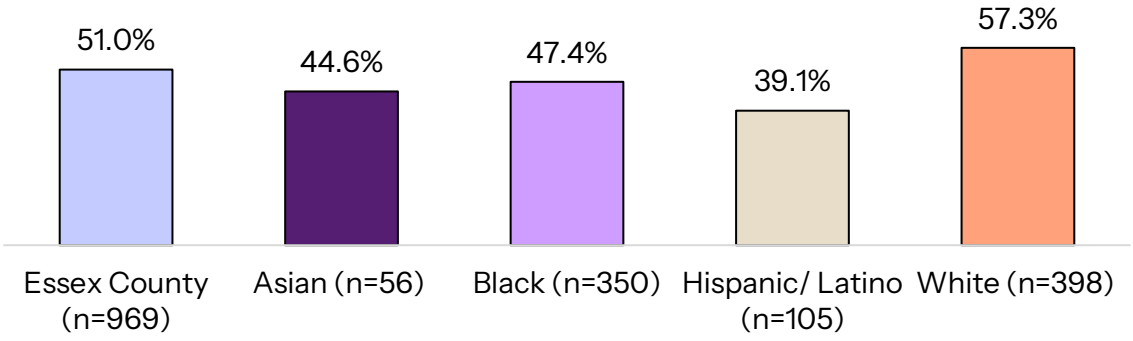
DATA SOURCE: New Jersey State Cancer Registry, 2017-2021
NOTE: Asterisk (*) means that the age-adjusted rate is not stable due to less than 15 cases.

Colon and Skin Cancer Screenings

Colon and skin cancers are relatively common and may not have noticeable symptoms in their early stages. Regular cancer screenings are one of the most effective means to detect and treat it early, when treatment is easier. Essex County community survey respondents were asked about their participation in screenings for colon and skin cancer within the past two years. About half (51.0%) of respondents reported receiving a colon cancer screening (Figure 54) and over a quarter (28.5%) reported receiving a skin cancer screening in the last two years (Figure 55). The proportion of Asian, Black, and Latino respondents reporting being screened for skin cancer was substantially lower than White residents (55.4%). For additional colorectal cancer screening data by county, see Figure 106 in Appendix E. Additional Data Tables and Graphs.

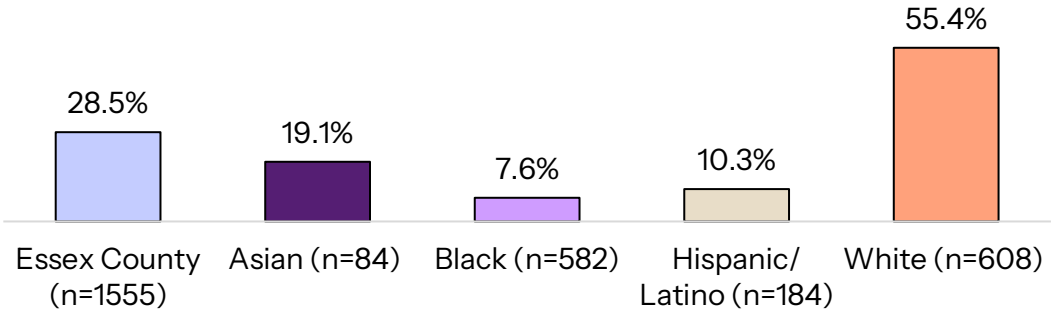
Of note, the percentages of colon cancer screenings found in the community health survey were lower than those in state health statistics. According to the New Jersey Behavioral Risk Factor Survey, an estimated 76.4% of 50-75 year-old adults in Essex County self-reported being current with colorectal cancer screening recommendations in 2017-2020 (defined as having had a take-home fecal immunochemical test (or high-sensitivity fecal occult blood test within the past year, and/or a flexible sigmoidoscopy within the past 5 years with a take-home FIT/FOBT within the past 3 years, and/or a colonoscopy within the past ten years).

Figure 54. Percent of Community Respondents Screened for Colon Cancer in the Past Two Years, Essex County Residents, by Race/Ethnicity, (n=969), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Percentages are calculated among those recommended for screenings by the U.S. Preventive Services Task Force. Colon cancer screening is recommended for adults aged 45 to 75 years old.

Figure 55. Percent of Community Respondents Screened for Skin Cancer in the Past 2 Years, Essex County Residents, by Race/Ethnicity, (n=1555), 2024

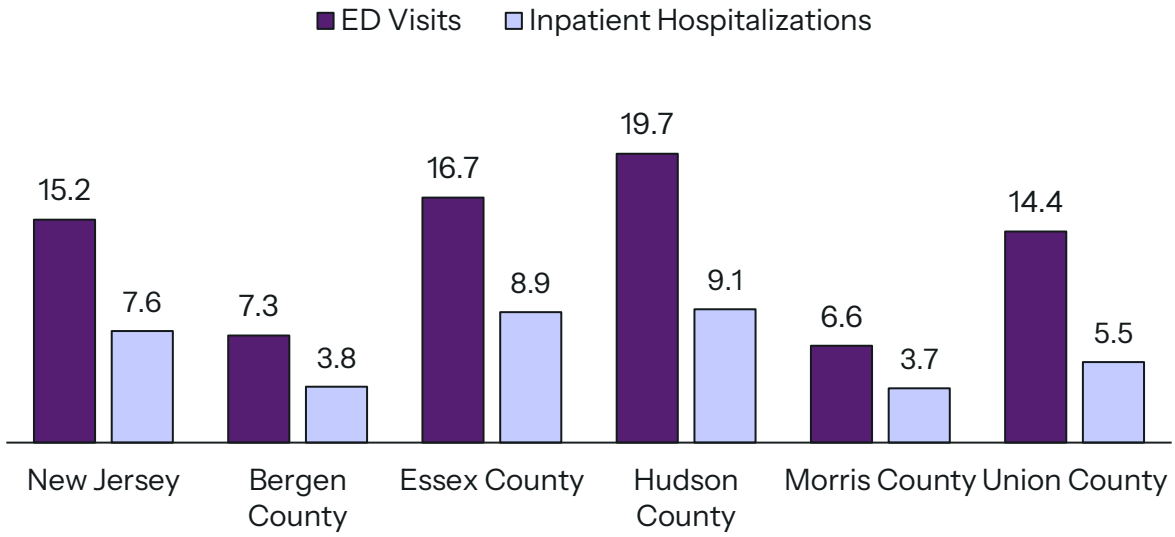


DATA SOURCE: Community Health Needs Assessment Survey, 2024

Chronic Obstructive Pulmonary Disease (COPD)

Chronic obstructive pulmonary disease (COPD) is a chronic inflammatory lung disease that causes obstructed airflow from the lungs. It is one of the main diseases in the grouping of chronic lower respiratory disease, the sixth leading cause of death in the state in 2021 (Figure 34). In 2023, Essex County and Hudson County had higher rates of emergency department visits due to COPD (16.7 and 19.7 per 100,000, respectively) compared to the state of New Jersey as a whole (15.2 per 100,000) (Figure 56). They also had slightly higher inpatient hospitalizations due to COPD (8.9 per 100,000 in Essex County and 9.1 per 100,000 in Hudson County), compared to the state (7.6 per 100,000). Hospital discharge rates for chronic ambulatory-care sensitive conditions, which include COPD, are presented in Appendix F. Hospitalization Data.

Figure 56. Age-Adjusted Rate of Emergency Department Visits and Inpatient Hospitalizations due to Chronic Obstructive Pulmonary Disease as Primary Diagnosis, per 10,000, by State and County, 2023



DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

Disability

Disabilities, such as hearing impairment, vision impairment, cognitive impairment, and impaired mobility, impact residents' daily lives. Residents who have some type of disability may have difficulty getting around, living independently, or completing self-care activities.

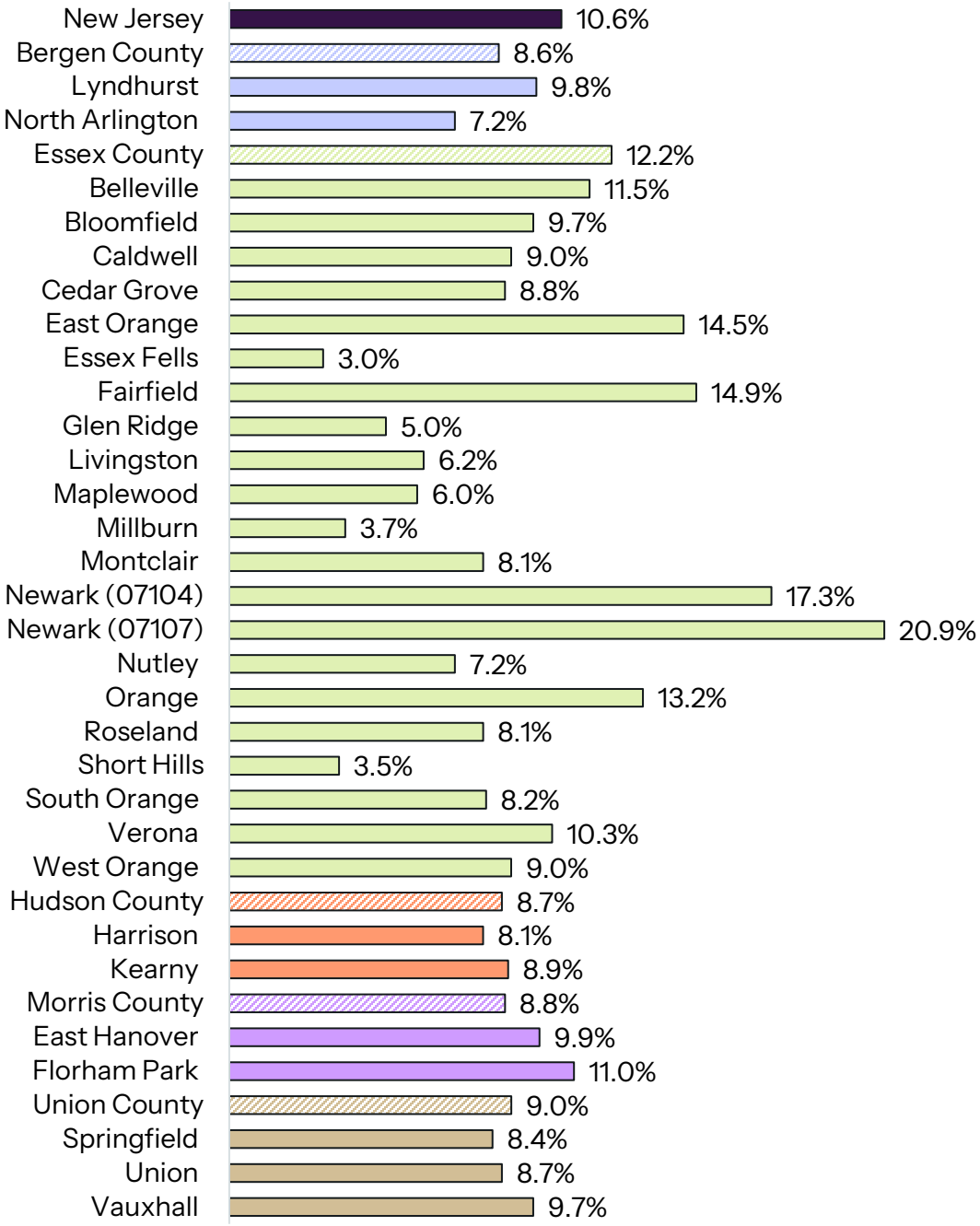
> *"We help a lot of seniors with tech-savvy stuff. If they need help filling out applications, making a phone call, we help them."*
> – Key informant interviewee

Disability was a theme discussed in focus groups with older populations, particularly those with limited mobility, many of whom are homebound or need assistance to continue living independently. To illustrate this point, an interviewee described, *"They need help finding resources because they can't get up the steps anymore, because every house has steps just to get to the front door."* An interviewee working with older adults noted, *"Many of them are homebound or in a wheelchair, affected by crippling arthritis or Parkinson's."* Numerous programs exist to promote healthy living through education, provide people with transportation, and help people obtain benefits and resources so they can continue to live independently.

Overall, about 10.6% of New Jersey residents had a disability, although this proportion varied depending on the county and town (Figure 57). Essex County had the highest proportion of residents with a disability (12.2%) compared to the other counties, with the two zip codes encompassing Newark (07104 and 07107) having the highest proportions at 17.3% and 20.9% of residents, respectively. The proportion of individuals with a disability is likely higher among certain groups. For example, 46.1% of homeless persons in New Jersey reported having some

type of disability in 2024, according to the New Jersey Counts report.[31] More information on the percent of residents with a disability by age can be found in Table 36 in Appendix E. Additional Data Tables and Graphs.

Figure 57. Percent of Persons with a Disability, by State, County, and Town, 2019-2023



DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023

[31] New Jersey 2024 Point-in-Time Count, Monarch Housing Associates, 2024

Mental Health and Behavioral Health

Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. Behavioral health generally refers to mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms. Behavioral health care refers to the prevention, diagnosis, and treatment of these conditions. It is important to recognize that mental and physical health are intricately connected, and mental illness is among one of the leading causes of disability in the United States. Mental health disorders can affect individuals' mental health treatment, maintenance of physical health, and engagement in health-promoting behaviors. People with depression, for example, have an increased risk of cardiovascular disease, diabetes, stroke, Alzheimer's disease, and osteoporosis. In the previous CHNA-SIP process, mental health was identified as a priority area for both CMMC and CBMC, in which both facilities identified goals to increase availability and accessibility of mental health services for community members.

Mental Health

Mental health was identified as a community concern in almost every interview and focus group. Participants identified depression, anxiety, stress, trauma, and suicidal ideation as mental health challenges for community residents, particularly among young people, housing-unstable populations, LGBTQ+ community members, recent mothers, some immigrant populations, and the elderly. Participants noted that poor mental health had a negative impact on overall well-being: those with mental health conditions had difficulty managing other health conditions and accessing services such as healthcare, housing, and food resources. Conversely, participants described how poor mental health was linked to growing financial stress, fear, and uncertainty in the current context, and isolation and loneliness since the pandemic.

> *"We're doing a much better job of monitoring and intervening. We use things like Gaggle to alert us if any communications mention self-harm so we're a lot more vigilant in identifying those cases."*
> *– Key informant interviewee*

Youth mental health was of particular concern to interviewees and focus group participants. A key informant interviewee explained, *"We receive a high number of 504 requests, even for some of our higher academic students, because of the anxiety… It's definitely impacting their performance in school."* However, since the pandemic, participants expressed that there was more awareness about mental health issues, particularly among youth, and more willingness to talk about them. In addition, schools have developed programs, systems, and obtained resources to better address students' mental health needs, including better mechanisms to detect, diagnose, counsel, or refer students with mental health conditions. Some of these resources included a newly-established high-school-based health and wellness center and counselors specifically dedicated to the socio-emotional well-being of students, in addition to academically-focused counselors.

The mental health of older adults was also mentioned as a community concern by several interviewees. Interviewees reported that older residents, many of whom experienced substantial isolation and fear during the pandemic, had high rates of depression, a condition

that was more common among those who were homebound or did not have family close by. One interviewee stated that: *"A lot of our seniors who are homebound get depressed. They feel useless. They feel that there's no point in living."* Participants emphasized the importance of libraries, service agencies, and community centers that serve and engage older adults. Focus group participants described how much they enjoyed senior centers and social clubs— places where they could connect with friends, socialize, share community meals, and take part in organized outings, among other enrichment activities. A key informant interviewee noted, *"Many of them become friends at the tables. They make bonds. And then they have friendships that they pursue outside the club."*

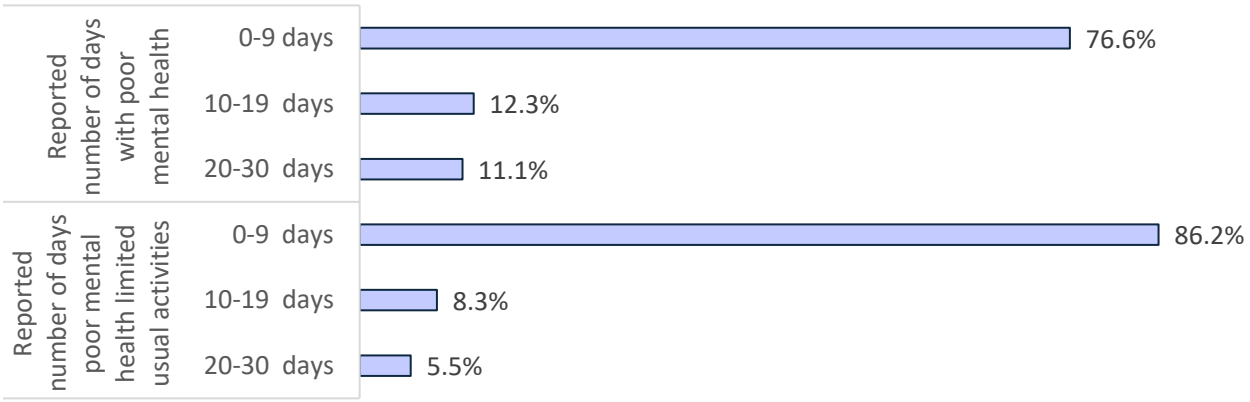
> *"A lot of families have a fear of just going out in general, and maybe even just asking for services because of how the climate is."*
> Key informant interviewee

Another community concern was the mental health of immigrants, noted by many interviewees and focus group participants. Participants reported that some immigrant populations in the service area experienced high levels of trauma, coupled with the stress of acclimating. One focus group participant stated, *"My son started biting his nails due to anxiety. I know it's a process figuring out how to leave behind things in our own country and adapt to everything here. One begins to acclimate, but for children it's more complicated."* Participants described that anxiety was exacerbated by current federal policies targeting the most economically-vulnerable immigrant communities. Participants noted that, in addition to fear, poor mental health was compounded by job loss and reduced access to healthcare. On the other hand, participants discussed that many service agencies and healthcare facilities had instituted cultural sensitivity training to ensure everyone was treated with respect and offered free counseling services in multiple languages.

Another theme that emerged from qualitative discussions was poor mental health among members of the LGBTQ+ community. Participants underscored that there were not enough providers with cultural competency to serve the LGBTQ+ community, particularly trans and gender nonbinary individuals. In addition, they noted that current vitriol against the LGBTQ+ community has increased fear and anxiety. A key informant interviewee explained, *"There's always this fear of being attacked or hurt that makes people try to shield or hide their sexual orientation. It's amplified in today's time. There was a level of comfort about a year or two years ago. But now with the state of the world, it has heightened the anxiety."*

Quantitative data confirm participants' perceptions that mental health is a pressing community issue. As described earlier, community survey respondents identified mental health issues as the fifth top health concern in their community overall, and the top concern for children and youth. Among Essex County community survey respondents, 12.3% reported experiencing 10-19 days of poor mental health, and 11.1% reported 20-30 days of poor mental health in the last 30 days (Figure 58). Additionally, 8.3% of survey respondents reported experiencing 10-19 days in which poor mental health limited their usual activities, and 5.5% reported 20-30 days in which poor mental limited their usual activities. Additional data regarding the prevalence of depression can be found in Figure 107 in Appendix E. Additional Data Tables and Graphs.

Figure 58. Percent of Essex County Community Survey Respondents with Poor Mental Health in the Last 30 Days, 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" was answered by 1235 respondents.
"During the past 30 days, for about how many days did poor mental health keep you from doing your usual activities, such as self-care, work, or recreation?" was answered by 1249 respondents.

Suicidality

Death Certificate Database data from 2017-2021 indicate that the overall suicide rates in each county were slightly lower than in the state of New Jersey overall (7.3 per 100,000), ranging from 5.4 per 100,000 in Essex County to 7.3 per 100,000 in Bergen County (Table 17). Across each county, White residents had the highest rates of suicide compared to other race/ethnicity groups, ranging from 7.4 per 100,000 in Morris County to 8.3 per 100,000 in Bergen County.

Table 17. Age-Adjusted Rate of Suicide Deaths per 100,000, by Race/Ethnicity, by State, 2017-2021

	Overall	Asian, Non-Hispanic	Black, Non-Hispanic	Hispanic/ Latino	White, Non-Hispanic
New Jersey	7.3	4.3	4.2	4.3	9.1
Bergen County	7.0	6.8	5.0	3.6	8.3
Essex County	5.4	4.6	3.7	4.7	7.5
Hudson County	5.7	3.2	4.8	4.5	8.2
Morris County	6.7	5.1	6.2	3.1	7.4
Union County	6.0	5.4	3.1	4.7	7.8

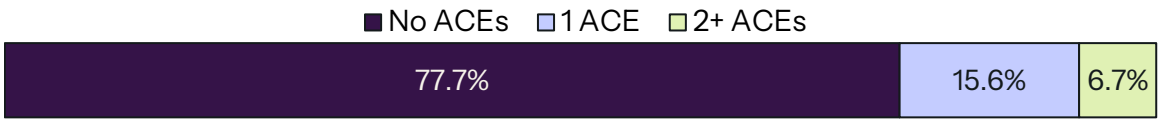
DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

Adverse Childhood Experiences (ACEs)

Experiencing adverse childhood experiences (ACEs) is a strong risk factor for poor mental and physical health outcomes in childhood and in adulthood. While ACEs data at the county or town level are not readily available, the National Survey of Children's Health indicates that in 2022-

2023, 15.6% of children in the state of New Jersey had experienced one ACE, and 6.7% had experienced 2 or more ACEs (Figure 59).

Figure 59. Percent of Children with Adverse Childhood Experiences (ACEs), by State, 2022-2023

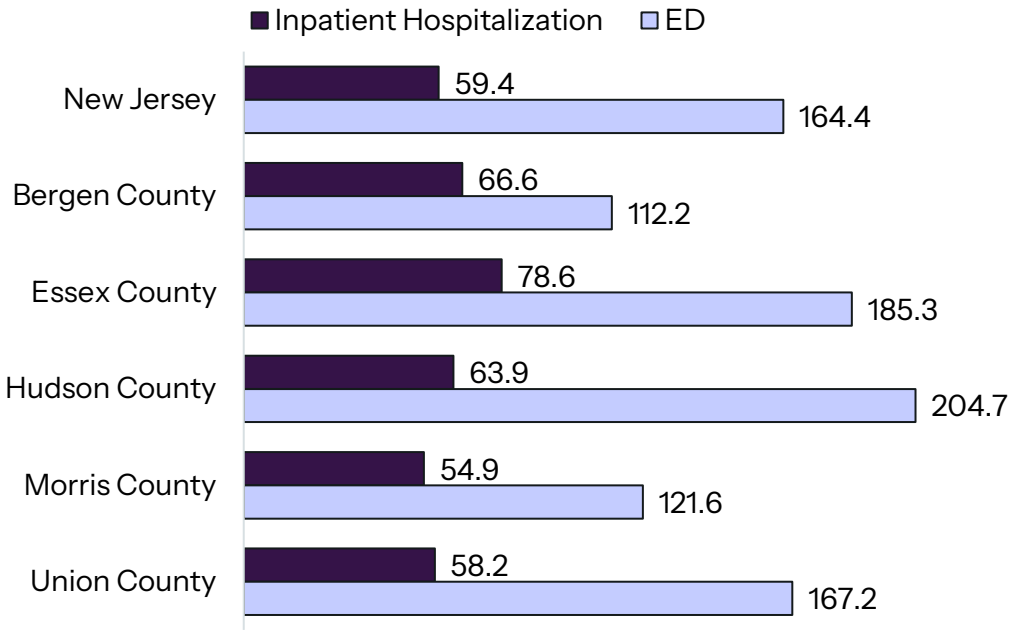


DATA SOURCE: National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau

Mental Health-Related Emergency Department Visits and Hospitalizations

Hospital discharge data from 2023 show that Hudson County and Essex County had the highest rates of emergency department visits due to mental health (204.7 per 10,000 and 185.3 per 10,000, respectively) compared to the state of New Jersey as a whole (164.4 per 10,000) (Figure 60). Essex County and Bergen County had the highest rates of inpatient hospitalizations due to mental health (78.6 per 10,000 and 66.6 per 10,000) compared to the state of New Jersey overall (59.4 per 10,000). This is comparable to 2020 data, in which Essex County had 75.9 hospitalizations per 10,000 and 185.7 emergency department visits per 10,000 due to mental health.

Figure 60. Age-Adjusted Rate of Inpatient Hospitalizations & Emergency Department (ED) Visits due to Mental Health per 10,000, by State and County, 2023

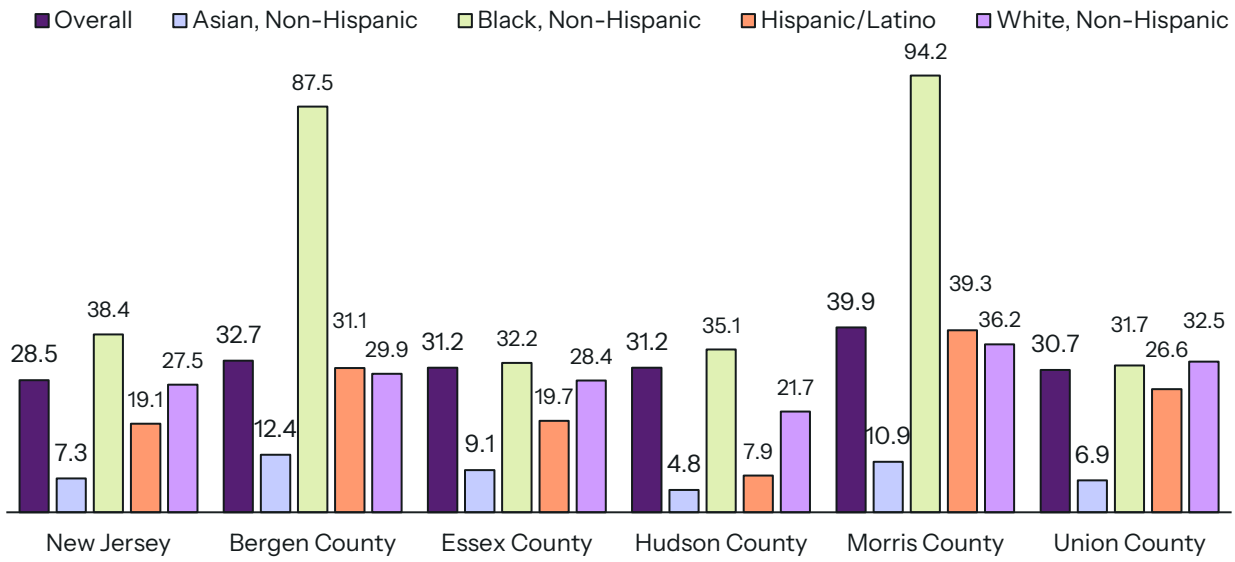


DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

Pediatric Mental Health-Related Hospitalizations

According to hospital discharge data, rates of pediatric hospitalization (age 19 and under) due to mental health were higher in each county than in New Jersey overall (30.6 per 10,000) (Figure 61). Morris County had the highest rate of pediatric hospitalization due to mental health at 39.9 per 10,000 between 2019-2023. Pediatric hospitalization rates due to mental health were highest among Black children and lowest among Asian children in each county, with the highest rates among Black children in Bergen County (87.5 per 10,000) and Morris County (94.2 per 10,000).

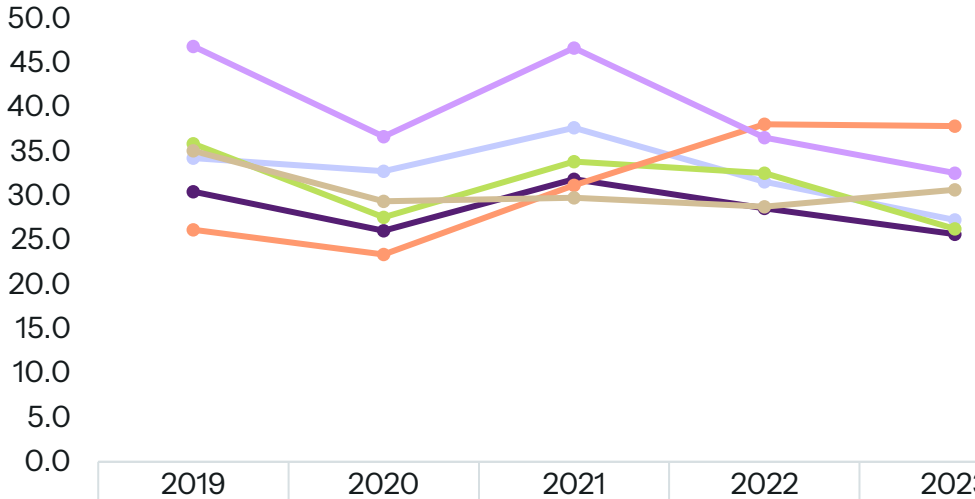
Figure 61. Rate of Pediatric Hospitalizations (Ages 19 and Under) due to Mental Health per 10,000, by Race/Ethnicity, by State and County, 2019-2023



DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

The rate of pediatric hospitalizations (ages 19 and under) due to mental health varied among counties and the state of New Jersey overall between 2019 and 2023 (Figure 62). Each county experienced an increase in hospitalization rates in 2021 in the midst of the COVID-19 pandemic, with the state of New Jersey and some counties seeing a drop in the rate of pediatric hospitalizations due to mental health by 2023. Notably, Union County had approximately the same rate of pediatric hospitalizations over the five-year period, while Hudson County experienced an increase in hospitalizations that continued after 2021 to 37.9 pediatric hospitalizations per 10,000 in 2023.

Figure 62: Rate of Pediatric Hospitalizations (Ages 19 and Under) due to Mental Health per 10,000, by State and County, 2019-2023



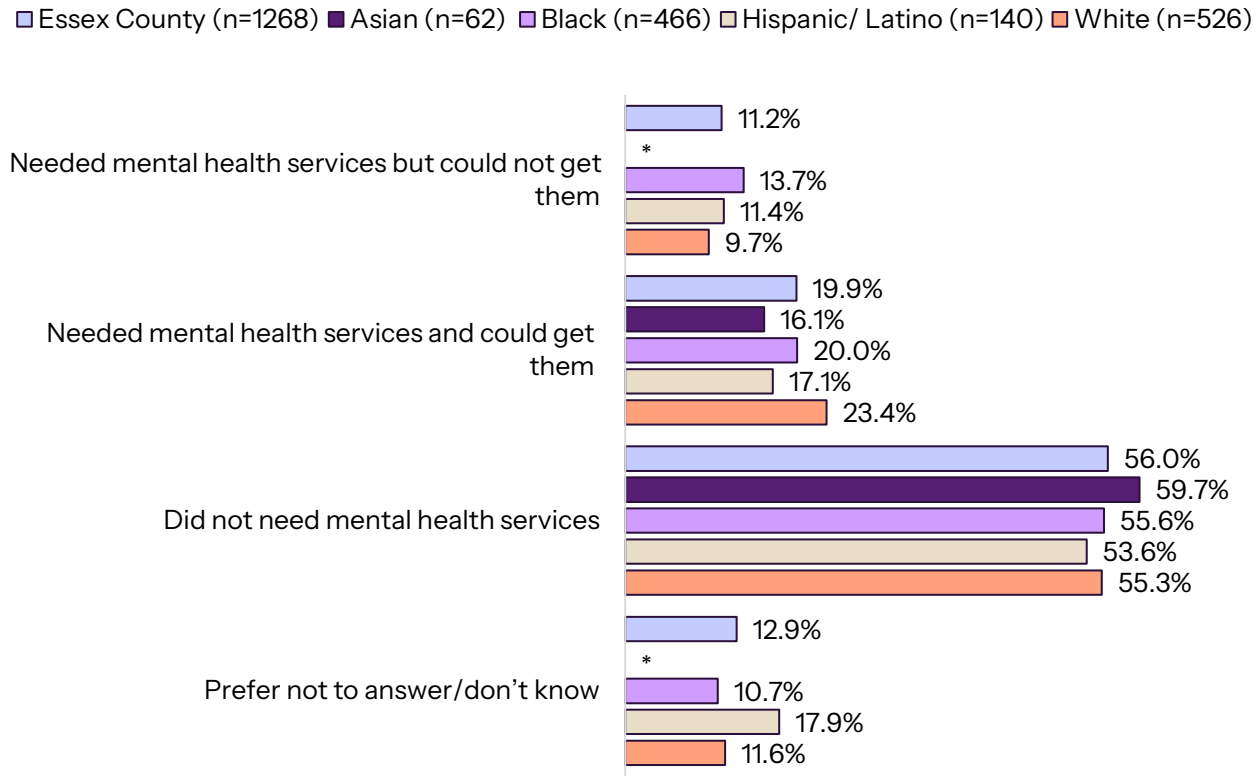
	2019	2020	2021	2022	2023
New Jersey	30.5	26.1	31.9	28.6	25.7
Bergen County	34.3	32.8	37.7	31.6	27.3
Essex County	35.9	27.6	33.9	32.6	26.3
Hudson County	26.2	23.4	31.2	38.1	37.9
Morris County	46.9	36.7	46.7	36.6	32.6
Union County	35.1	29.4	29.8	28.8	30.7

DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

Access to Mental Health Services and Counseling

Essex County community survey respondents were asked about their experiences seeking help for mental health problems for themselves or a family member over the past two years (Figure 63). Over half of all Essex County respondents reported not needing mental health services in the past two years (56.0%). About one in five respondents reported needing services and being able to get them (19.9%), while 11.2% reported needing services and not being able to access them. A slightly higher proportion of Black residents needed services and were unable to access them (13.7%) compared to Hispanic/Latino residents (11.4%) and White residents (9.7%). Of note, 36.0% of respondents who indicated they needed mental health services could not get them.

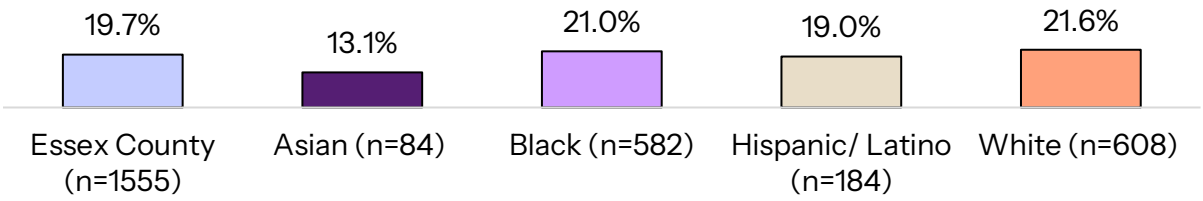
Figure 63. Community Health Survey Respondents' Experiences Accessing Help for Mental Health Problems for Respondent or a Family Member in the Past 2 Years, Essex County Residents, by Race/Ethnicity, 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Asterisk (*) means that data are suppressed.

About one in five Essex County survey respondents (19.7%) reported receiving mental health counseling in the past two years (Figure 64). Rates of participation varied by race/ethnicity with a larger proportion of White (21.6%), Black (21.0%), and Hispanic/Latino (19.0%) respondents reporting receiving mental health counseling in the last two years compared to Asian respondents (13.1%).

Figure 64. Percent of Essex County Survey Respondents Who Received Mental Health Counseling in the Past 2 Years, by Race/Ethnicity, 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

Barriers and Facilitators to Mental Health Access

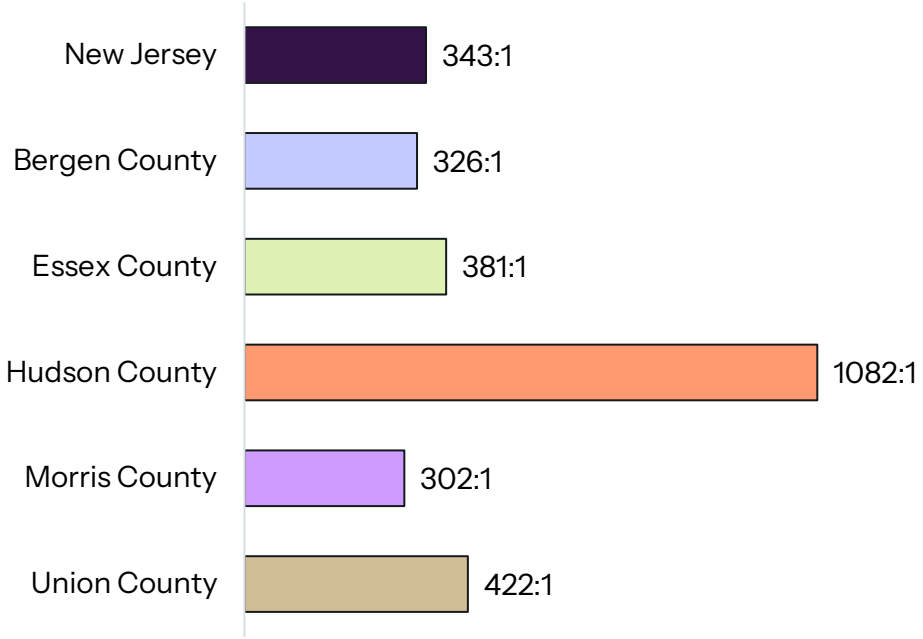
Participants stated that the establishment of new mental health programs and the hiring and training of additional providers and counselors in the aftermath of COVID-19 has improved access to mental health services. Other improvements mentioned by participants following the COVID-19 pandemic, included better coordination among partners, improving referrals, more targeted information available online, and growing public awareness about mental health conditions.

> *"Through a click on their phone you can find information about community orgs that are LGBTQ inclusive. You can find that info immediately."*
> - Key informant interviewee

Despite these improvements, some challenges in accessing resources to address mental health concerns remain. Focus group and interview participants reported difficulty finding culturally-competent mental health providers such as psychiatrists, especially for those who were uninsured or insured by Medicaid, some immigrants, LGBTQ+ community members, and young people. One key informant interviewee described the situation of LGBTQ+ people with mental health issues and the risks of not obtaining timely care, *"Individuals have to be near a crisis for them to be able to see a mental health professional. Everyone's so booked, no one's available. Not having access to speak to someone may result in someone coping in other ways, engaging in risky sexual behaviors, or indulging in alcohol or smoking."* More detailed survey data on challenges to accessing services can be found in the next section – Substance Use - since the community survey asked about respondents' combined barriers to accessing mental health and substance use barriers.

Mental health workforce data indicate that, in 2023, New Jersey had one mental health provider for every 343 residents in the state. Across the counties, Morris County had the best ratio with one provider for every 302 residents whereas Hudson County had just one provider for every 1,082 residents (Figure 65).

Figure 65. Ratio of Population to Mental Health Provider, by State and County, 2023



DATA SOURCE: Centers for Medicare & Medicaid Services, National Provider Identification as cited by County Health Rankings, 2024

Substance Use

Problem substance use is the uncontrolled consumption of a substance, including alcohol, tobacco, or other psychoactive substances, despite harmful consequences. Substance misuse may impact health and affect social and economic well-being. Several interviewees and focus group participants described programs that are available in multiple languages to support people with substance use conditions, including school-based, inpatient, and outpatient programs. Some of these programs also provide wraparound support or partner with service agencies to do so, engaging patients with peer support groups, and assisting patients with obtaining benefits, housing, and employment.

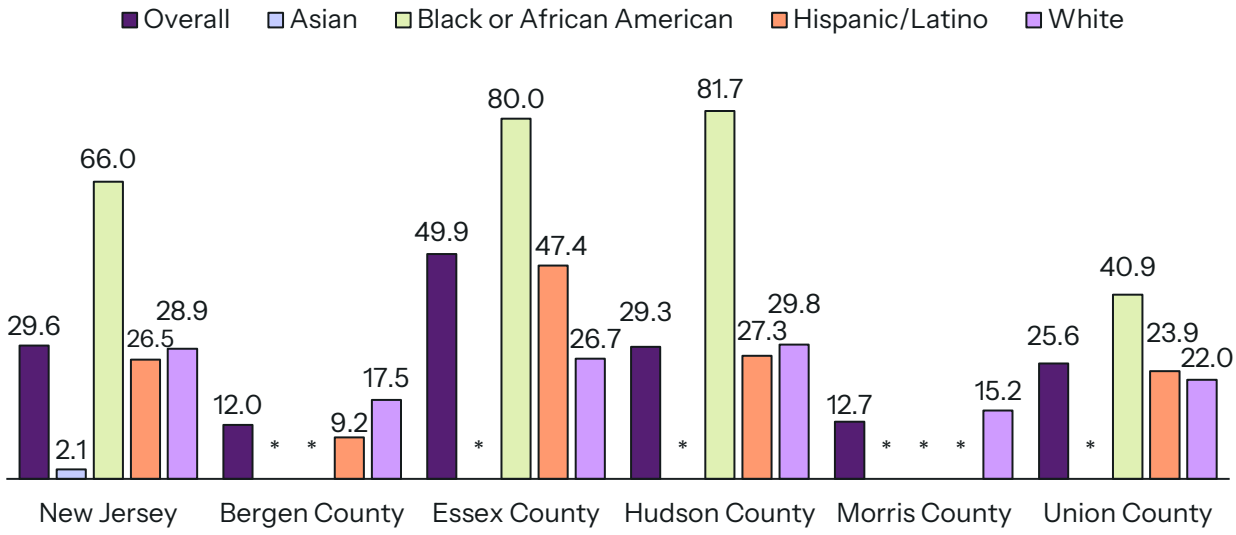
> *"I wish people knew that people who are struggling with substances are just people… Sometimes they just need a guide, a friend to help them out…the path to recovery is not* easy."
> - Key informant interviewee

Participants did also note additional needs and identified substance misuse as a persistent problem, particularly among young people, the unhoused population, and LGBTQ+ community members. In addition, participants highlighted how life stressors were a contributing factor to substance use, and described the challenges of managing substance use conditions faced by people who are unhoused or housing unstable. A key informant interviewee described: *"With substance use, I would say just having the support would be the biggest challenge right now, and also just having a home. It's really crazy right now. When you are struggling with finding somewhere to live, or a job, the first thing you'll do is go back to using drugs."*

Overdose Deaths

Figure 66 shows the age-adjusted unintentional overdose mortality rate per 100,000 population in 2023. Hudson County and Union County had rates of unintentional overdose mortality comparable to those of New Jersey as a whole (29.6 per 100,000). Essex County had the highest rate of unintentional overdose mortality at 49.9 per 100,000, while Bergen County and Morris County had the lowest rates at about 13 per 100,000 residents. The unintentional overdose mortality differed across race/ethnicity with the highest rates appearing among Black residents in New Jersey and in each county in which data is available. Essex County and Hudson County had the highest rate of unintentional overdose mortality among Black residents at about 80 per 100,000 residents.

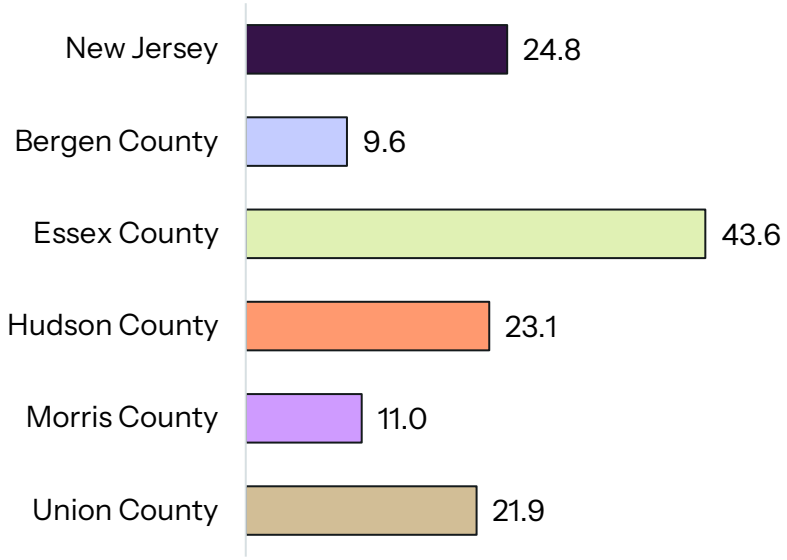
Figure 66. Age-Adjusted Rate of Unintentional Overdose Mortality per 100,000, by Race/Ethnicity, by State and County, 2023



DATA SOURCE: Statewide Substance Use Overview Dashboard, Division of Mental Health and Addiction Services, Department of Human Services, 2024
NOTE: An asterisk (*) means that data is suppressed, as there were fewer than 20 observations.

Figure 67 shows the age-adjusted opioid-related overdose mortality rate per 100,000 population in 2023. In the service area, Essex County had the highest opioid-related overdose mortality rate (43.6/100,000) and Bergen County had the lowest (9.6/100,000).

Figure 67. Age-Adjusted Rate of Opioid-Related Overdose Mortality, per 100,000 Population, by State and County, 2023

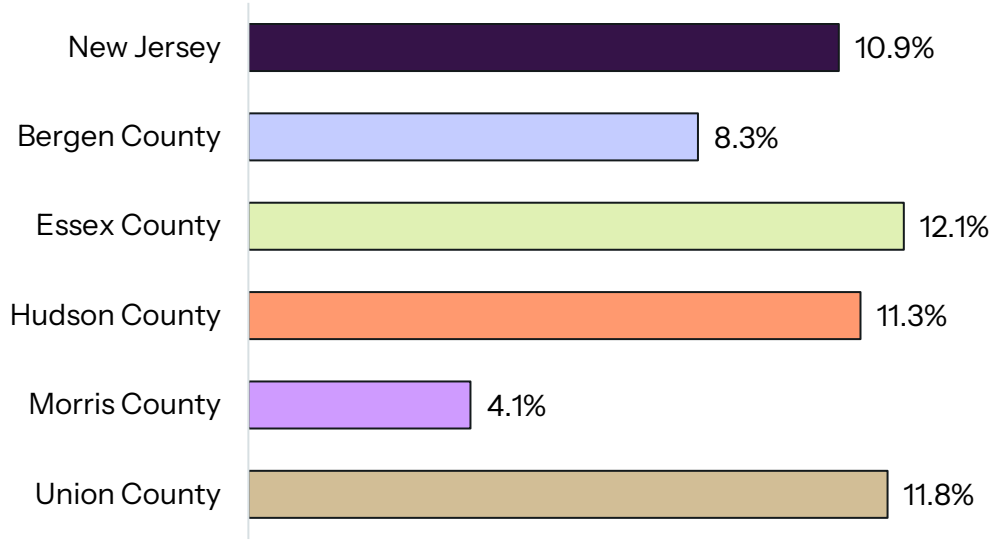


DATA SOURCE: NJ SUDORS v.02202025.

Tobacco and Alcohol Consumption

Tobacco is among the most consumed substances in the U.S. In 2022, the percentage of adults who reported currently smoking tobacco in New Jersey was 10.9% (Figure 68). Essex County had the highest percentage of adults who reported smoking at 12.1% while Bergen County and Morris County had the lowest percentage at 8.3% and 4.1%, respectively. See Figure 108 and Figure 109 in the Appendix E. Additional Data Tables and Graphs for data on the prevalence of excessive alcohol use and trends in driving deaths due to alcohol use. Of note, both Union and Bergen counties showed declines in alcohol-induced driving deaths over this period.

Figure 68. Percent of Adults Who Reported Current Smoking, by State and County, 2022

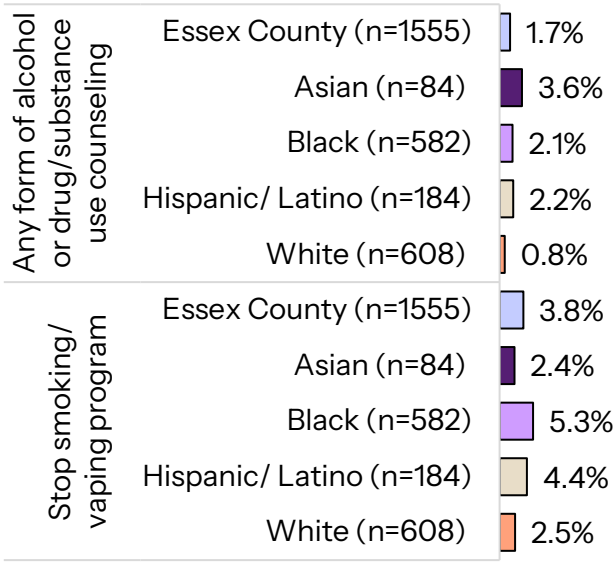


DATA SOURCE: BRFSS Small Area Estimates as cited by County Health Rankings 2024

Access to Substance Use Treatment

Community survey respondents were asked about their participation in any form of counseling for alcohol or drug use over the past two years, along with any programs to reduce smoking or vaping (Figure 69). In Essex County, 1.7% of respondents reported participating in any form of alcohol or drug/substance use counseling in the past two years, with White respondents having the lowest reported participation at 0.8% and Asian respondents having the highest reported participation at 3.6%. In terms of programs to reduce smoking/vaping, 3.8% of Essex County survey respondents reported participating in such a program in the past two years, with Asian respondents having the lowest reported participation at 2.4% and Black respondents having the highest reported participation at 5.3%.

Figure 69. Percent of Participation in Substance Use/ Stop Smoking Counseling in the Past 2 Years, Essex County Survey Respondents, by Race/Ethnicity, 2024



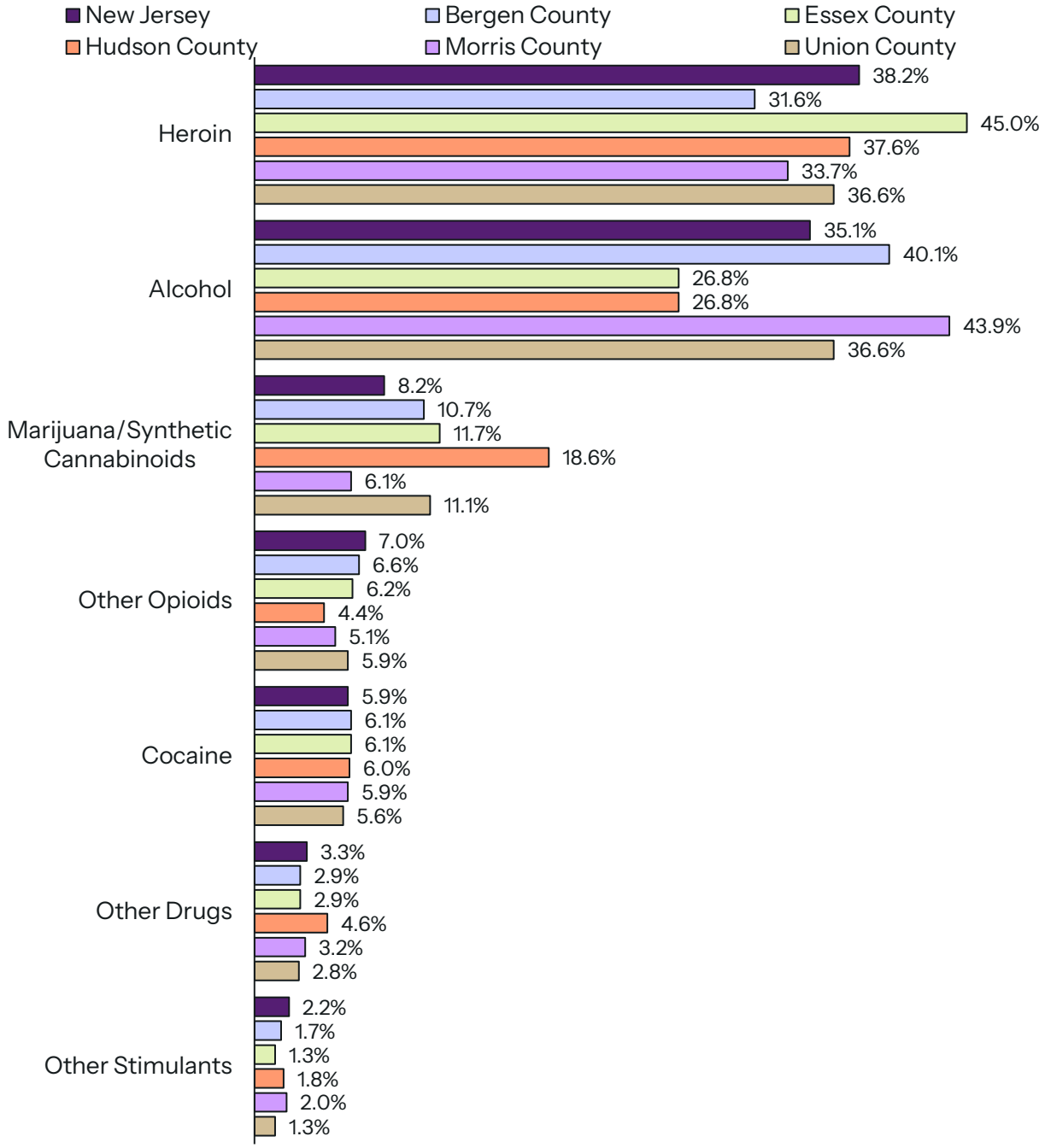
DATA SOURCE: Community Health Needs Assessment Survey, 2024

Community survey respondents were asked about their access to substance use services/treatment for themselves or a family member over the past two years. The large majority of Essex County survey respondents reported not needing substance use services in the previous two years (88.9%). Among those who needed services, 72.5% reported that they could get them and 27.5% that they were unable to get them.

Figure 70 shows the percentage of substance use treatment admissions by primary drug from 2019-2023 by state and county. Admissions were highest for treatment of heroin and alcohol use in New Jersey (38.2% and 35.1%, respectively) and in each of the counties. Essex County and Hudson County had higher proportions of residents admitted for heroin use treatment than to alcohol use treatment, whereas Bergen County and Morris County had the opposite trend with a higher proportion of residents being admitted for alcohol use than for heroin use. Notably, Hudson County had a higher proportion of residents admitted for marijuana use treatment (18.6%) compared to the other counties. Additional information on substance use treatment

admission from 2019-2023 can be found in Table 37 in Appendix E. Additional Data Tables and Graphs.

Figure 70. Percent of Substance Use Treatment Admissions by Primary Drug, by State and County, 2019-2023



DATA SOURCE: Statewide Substance Use Overview Dashboard, Division of Mental Health and Addiction Services Department of Human Services, 2024

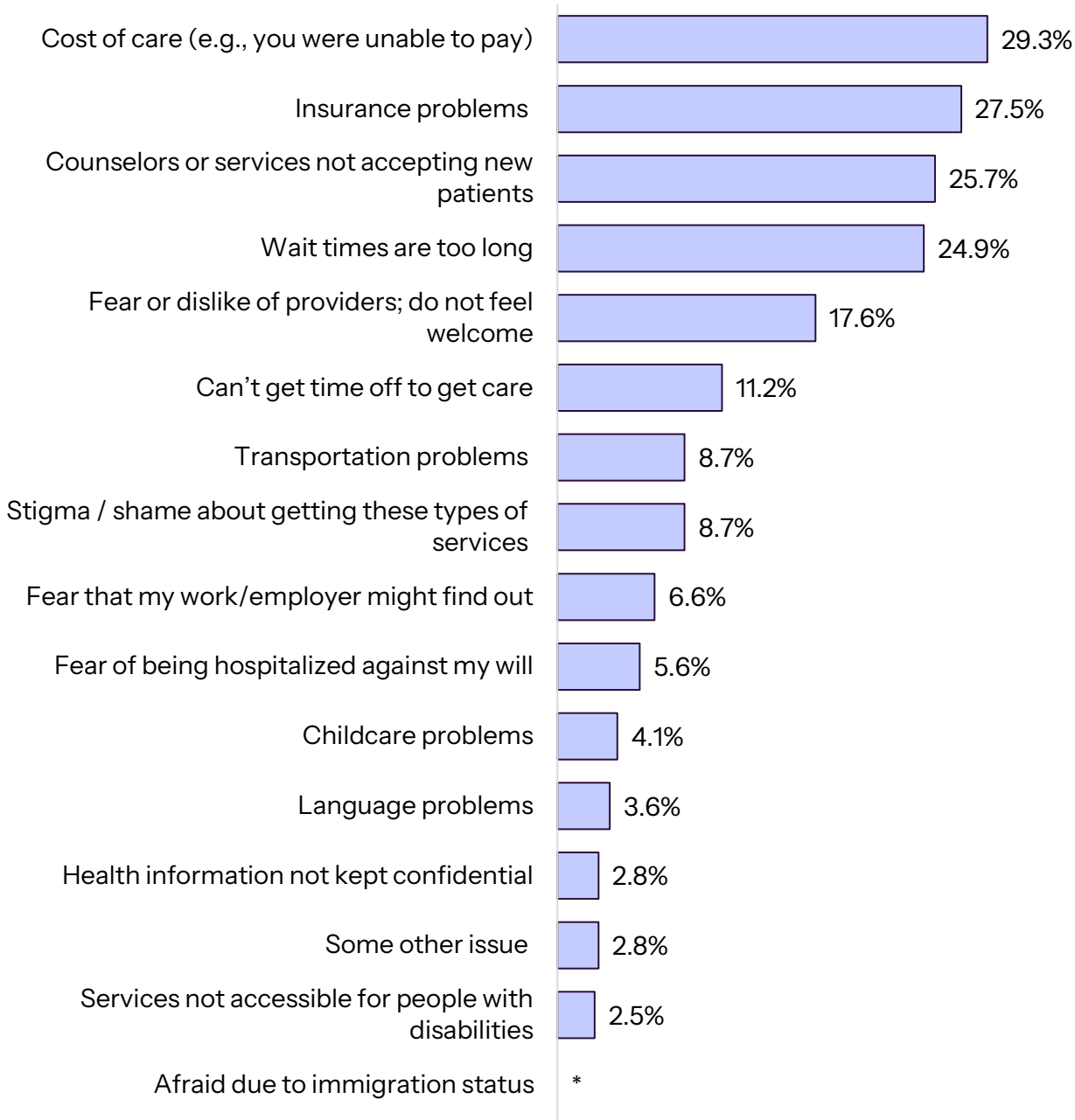
Difficulties Accessing Mental Health and/or Substance Use Services

Participants stated that there were challenges in accessing resources to address mental and behavioral health concerns. Interviewees and focus group participants, especially those working with residents who were uninsured or insured by Medicaid, immigrants, and youth, reported difficulty finding mental and behavioral health providers. Participants named a lack of culturally competent providers, long wait times for appointments, cost and insurance issues, and distance and transportation, as obstacles to obtaining timely mental and behavioral health care. One focus group participant described, *"So once we try to refer [clients] to somewhere else that offers mental health, they either get months and months of wait for appointments, or they don't take the insurance, or things like that."* Lack of knowledge and/or stigma were also described as barriers to care. A key informant interviewee discussing the situation of older adults described, *"I think they're used to bucking up, you know, most of them raised a family, a lot of them worked too. They don't necessarily recognize the symptoms of depression."*

> *"The issue is when we send a student for an immediate psychiatric concern. We're not talking about hospitals that are 5 to 10 minutes away. For our parents who do not have cars, having to rely on public transportation or Uber compounds the cost to get them there without really knowing what it's going to be like."*
> - Key informant interviewee

Community survey respondents were asked to select the top five reasons they had difficulty obtaining mental health or substance use services for themselves or a family member in the past two years (Figure 71). Among those who indicated that they had tried to seek mental health or substance use services, the top challenges that Essex County respondents faced were similar to those brought up by participants for more general healthcare: cost of care (29.3%), insurance problems (27.5%), counselors or services not accepting new patients (25.7%), wait times being too long (24.9%), and fear or dislike of providers / do not feel welcome (17.6%).

Figure 71: Barriers Faced by Essex County Survey Respondents when Trying to Access Mental Health or Substance Use Care for Themselves or a Family Member in the Past 2 Years, (n=393), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Asterisk (*) means that data were suppressed due to low numbers. Data includes only the respondents who reported seeking mental health or substance use services for themselves or a family member in the past 2 years.

There were differences in top challenges for getting mental health and/or substance use services among survey respondents by race/ethnicity (Table 18). Cost of care was the top reason among Black (32.5%) and Hispanic/Latino (30.8%) survey respondents, whereas White respondents selected counselors/services not accepting new patients as the top barrier (28.8%).

Table 18. Top Five Barriers Faced by Essex County Survey Respondents when Trying to Access Mental Health or Substance Use Care for Themselves or a Family Member in the Past 2 Years, Essex County Residents, by Race/Ethnicity, 2024

	Essex County (n=393)	Asian (n=16)	Black (n=151)	Hispanic/ Latino (n=39)	White (n=177)
1	Cost of care (29.3%)	*	Cost of care (32.5%)	Cost of care (30.8%)	Counselors or services not accepting new patients (28.8%)
2	Insurance problems (27.5%)	*	Wait times are too long (29.1%)	Counselors or services not accepting new patients (30.8%)	Insurance problems (27.1%)
3	Counselors or services not accepting new patients (25.7%)	*	Insurance problems (29.1%)	Wait times are too long (30.8%)	Cost of care (26.0%)
4	Wait times are too long (24.9%)	*	Counselors or services not accepting new patients (20.5%)	*	Wait times are too long (20.9%)
5	Fear or dislike of providers (17.6%)	*	Fear or dislike of providers (19.9%)	*	Fear or dislike of providers (15.3%)

DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Asterisk (*) means that data were suppressed. Data includes only the respondents who reported seeking mental health or substance use services for themselves or a family member in the past 2 years.

Environmental Health

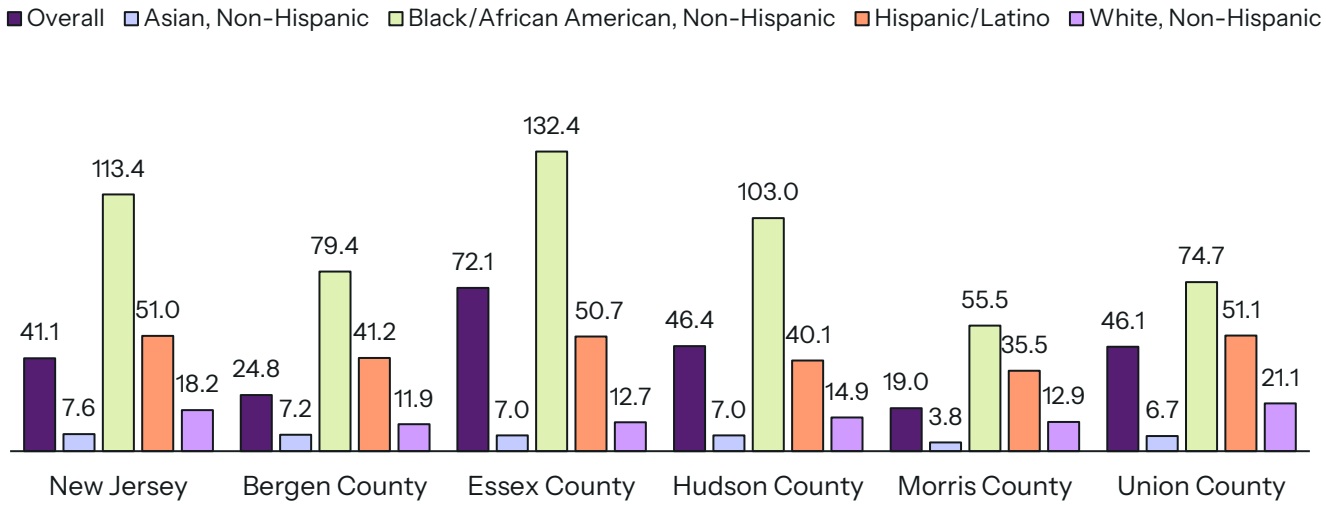
A healthy environment is associated with a high quality of life and good health. Environmental factors are various and far-reaching and include exposure to hazardous substances in the air, water, soil, or food; natural disasters and climate change; and the built environment. This section describes both environmental health factors in the community and the prevalence of conditions these factors can trigger.

Asthma

Asthma is a relatively common chronic condition and disproportionately affects communities of color. Focus group participants in some neighborhoods brought up asthma from environmental pollution as a top concern. Participants from a predominantly Latino neighborhood described how dust from a cement factory nearby was ubiquitous and how many neighbors suffered from lung and respiratory conditions as a result: *"The biggest issue we have where we live is the concrete factory. I never expected there to be so much cement dust in the air from the factory. It's a real health concern; it affects our lungs."* Another participant explained, *"In my household we've been having respiratory issues for years, and it's most likely due to the dust from the concrete factory."* Asthma was the sixth top health concern for children and youth among Essex County survey respondents (Figure 32), and it ranked among the top five concerns among children and youth by Hispanic/Latino respondents (17.9%) (Table 15).

Hospital discharge data show the age-adjusted asthma emergency department visit rate per 10,000 population by race/ethnicity in the state overall and in each county (Figure 72). In 2023, Essex County, Hudson County, and Union County had higher rates of asthma emergency department visits than New Jersey (41.1 per 10,000), with dramatically higher rates in Essex County at 72.1 emergency department visits per 10,000 residents. The rate of emergency department visits due to asthma was higher among Black and Hispanic/Latino residents compared to White and Asian residents in New Jersey and each county. Figure 110 in Appendix E. Additional Data Tables and Graphs presents additional data on inpatient hospitalizations due to asthma.

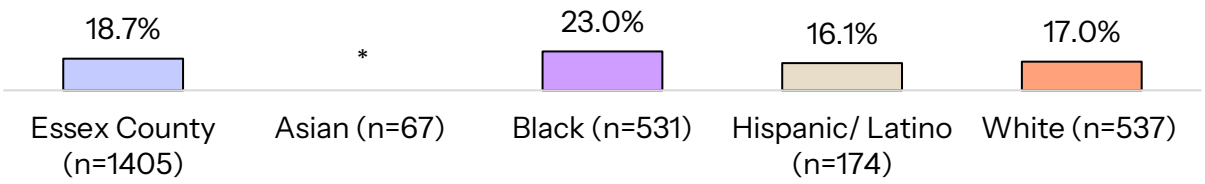
Figure 72. Age-Adjusted Rate of Asthma Emergency Department Visits per 10,000, by Race/Ethnicity, by State and County, 2023



DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

Community survey respondents were asked if they had ever been told by a healthcare provider that they had asthma (Figure 73). In Essex County, 18.7% of respondents reported ever being told by a healthcare provider that they had asthma, although this was higher among Black survey respondents at 23.0% and Hispanic/Latino respondents (16.1%) compared to White respondents (17.0%).

Figure 73. Percent of Community Health Survey Respondents in Essex County Ever Being Told by a Healthcare Provider that They Had Asthma, by Race/Ethnicity, (n=1405), 2024

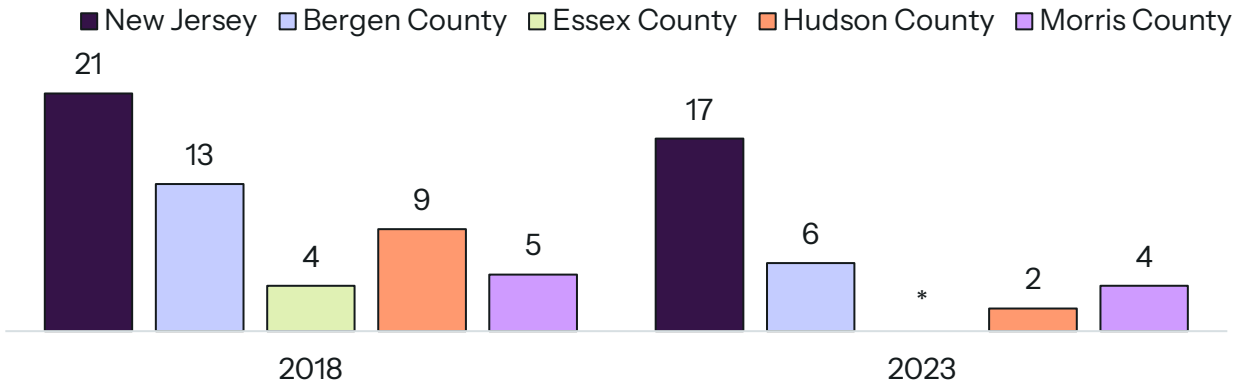


DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Asterisk (*) means that data were suppressed due to low numbers.

Air Quality

From 2018 to 2023, the air quality improved in New Jersey and each county where data was available (Figure 74). The number of days in which the ozone levels exceeded the federal health-based standards (an eight-hour period above 0.070 ppm) decreased from 21 days in 2018 to 17 days in 2023 in New Jersey. Among the counties, Bergen County had the highest number of days with ozone levels exceeding the federal standards at 13 days in 2018, which decreased to 6 days in 2023.

Figure 74. Days with Ozone Levels Exceeding the Federal Standard, by State and County, 2018 and 2023



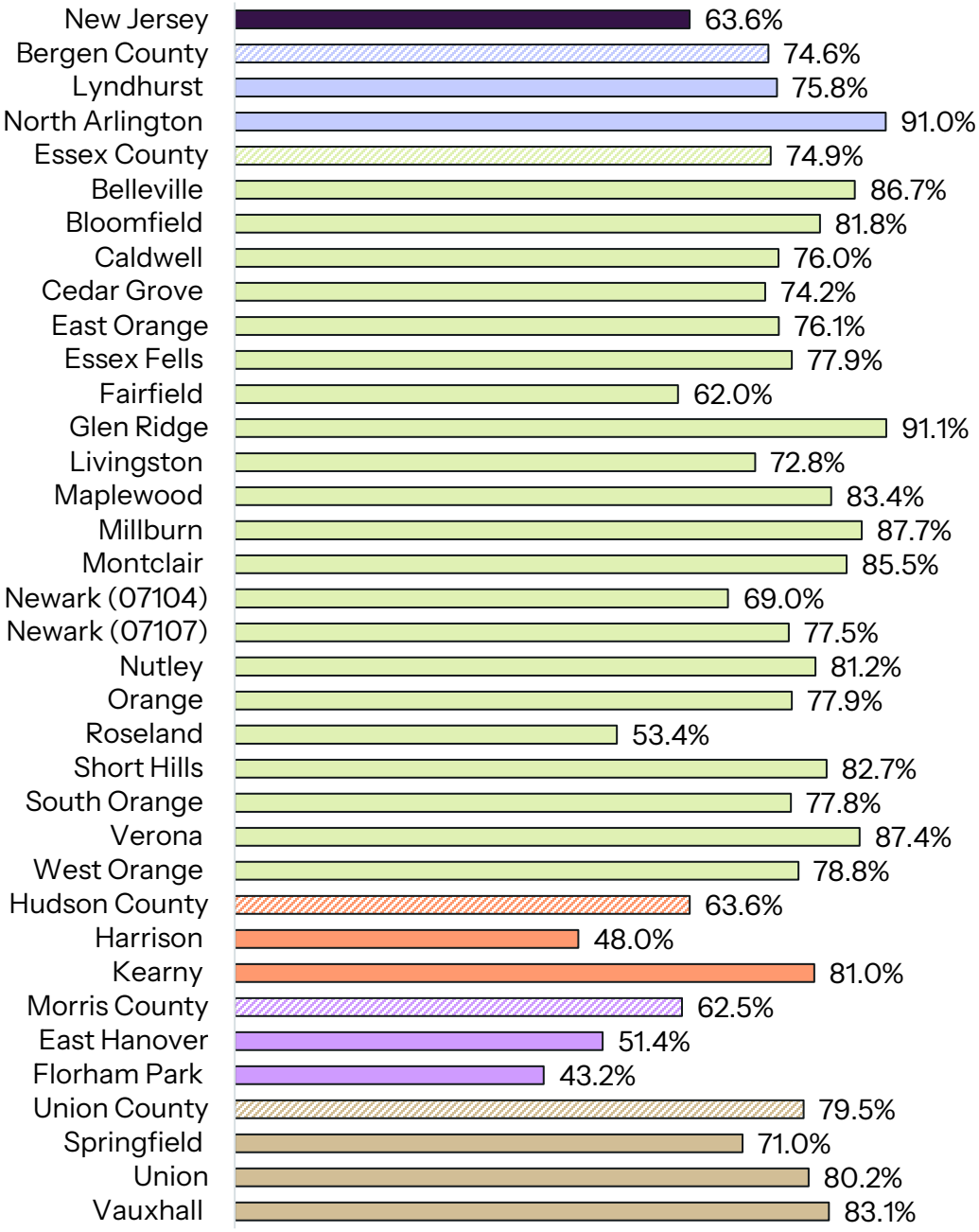
DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), U.S. Environmental Protection Agency (EPA), 2024
NOTE: The federal health-based standard for ozone in outdoor air is 0.070 parts per million (ppm) averaged over an 8-hour period. Not all New Jersey counties have a monitoring station for ozone. Only those counties with monitoring stations are listed. Asterisk (*) means that data is not available.

Lead

In 1971, New Jersey banned the sale of lead-based paint and the federal government followed in 1978. Exposure to lead among young children, through touching lead dust or paint chips for example, can harm children's health, including causing potential damage to the brain and nervous system, slowed growth and development, and hearing and speech problems. Lead exposure can also happen when drinking water comes into contact with corroded lead-based plumbing.

Figure 75 shows that the majority of housing in the service area was built before 1979 (and therefore prior to the federal government banning use of lead-based paint). Bergen County (74.6%), Essex County (74.9%), and Union County (79.5%) all had a higher proportion of older housing compared to the state overall (65.6%). Notably, some municipalities had high proportions of their housing built prior to 1979, including Glen Ridge (91.1%) and North Arlington (91.0%), while others had less than half of their housing built prior to 1979, such as Florham Park (43.2%) and Harrison (48.0%). Another concern among households is water quality, in which water violations were reported in Bergen County, Essex County, and Morris County in 2022 (see Table 38 in Appendix E. Additional Data Tables and Graphs).

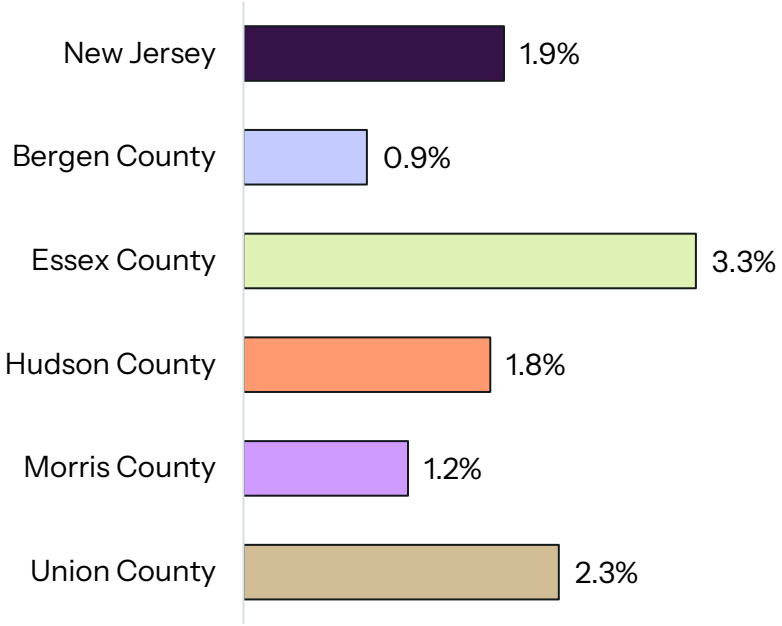
Figure 75. Percent of Houses Built Prior to 1979, by State, County, and Town, 2019-2023



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates Subject Tables, 2019-2023

New Jersey Department of Health data from 2022 show that the percentage of children aged 1-5 with elevated blood lead levels was higher in Essex County (3.3%) and Union County (2.3%) than in the state overall (1.9%) (Figure 76).

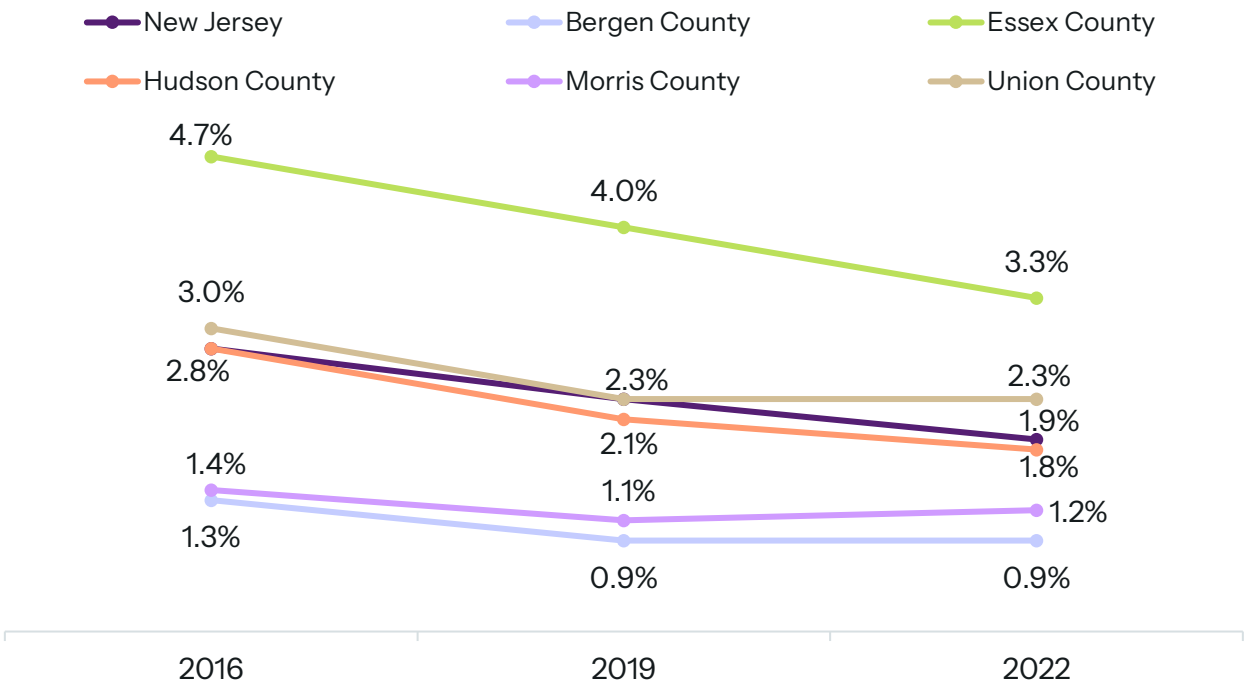
Figure 76. Percentage of Children Aged 1-5 with Elevated Blood Lead Levels, by State and County, 2022



DATA SOURCE: Childhood Lead Exposure in New Jersey Annual Report Department of Public Health, Office of Local Public Health, Childhood Lead Program, State Fiscal Year 2022
NOTE: The state of New Jersey defined elevated blood lead levels in children as at or above 5 ug/dL until 2023, and as at or above 3.5 ug/dL since 2024.

To prevent lead exposure, the state of New Jersey has implemented a number of protective measures, including surveillance and response. Since 1995, New Jersey has mandatory blood lead screenings for young children. In addition, the state requires lead-safe certification for pre-1978 rental properties, and coordinates educational programs for parents, property owners, and communities about lead hazards in homes, drinking water, and consumer products. The state's Childhood Lead Poisoning Prevention Program offers case management for affected children and environmental interventions to address lead hazards in homes, such as lead paint and contaminated soil. These efforts have paid off. From 2016 to 2022, the percentage of children with elevated blood lead levels decreased slightly across the state of New Jersey and each county in the service area, with a marked reduction in Essex County (Figure 77).

Figure 77. Percentage of Children Aged 1-5 with Elevated Blood Lead Levels, by State and County, 2016-2022



DATA SOURCE: Childhood Lead Exposure in New Jersey Annual Report Department of Public Health, Office of Local Public Health, Childhood Lead Program, State Fiscal Year 2016-2022

Infectious and Communicable Diseases

This section discusses COVID-19 and sexually transmitted infections.

COVID-19

During the prior CHNA-SIP process, COVID-19 and its far-reaching impacts on health and social factors were a top concern for residents. In 2025, COVID-19 infections were no longer a top concern among most participants who were engaged in the assessment process. However, the lasting impacts of the COVID-19 pandemic were discussed in several focus group conversations and interviews. The COVID-19 pandemic affected all sectors of life and created substantial challenges for many. Participants shared the impact of the pandemic on individual behaviors and overall well-being. However, participants also noted that there were some positive outcomes of the pandemic, which turned the country's attention to public health and resulted in an influx of funding and programs. Some examples included more robust partnerships between local government, health facilities, and social service organizations; better infectious disease surveillance and response; more resources to bolster the public health infrastructure and the safety net, which enabled the establishment of mental health programs, extensive community outreach, and organizing local immunization events. COVID-19 vaccinations were successful in New Jersey and the U.S. overall and had demonstrable impacts reducing residents' COVID-19 morbidity and mortality. Unfortunately, recently, this influx of public health funds has started to end, and there are concerns in the community that the progress made during the pandemic will be lost.

From 2020 to 2022, the rate of COVID-19 cases per 100,000 increased each year in the state of New Jersey and in each county (Table 19). In 2020, Morris County had the lowest rate of COVID-19 cases (5,227.0 per 100,000), while Union County had the highest rate of COVID-19 cases (7,830.8 per 100,000). By 2022, Union County had the lowest rate of COVID-19 cases (12,161.8 per 100,000), and Bergen County had the highest rate of COVID-19 cases (14,633.0 per 100,000).

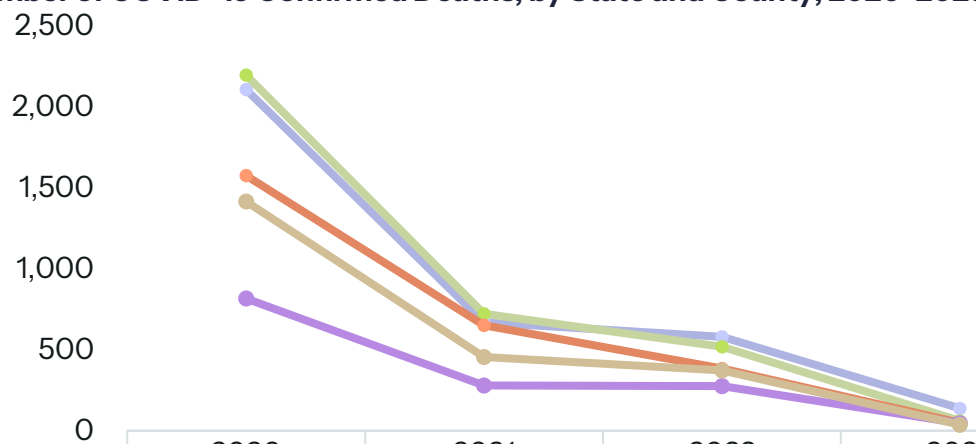
Table 19. Rate of COVID-19 Cases per 100,000, by State and County, 2020-2022

	2020	2021	2022
New Jersey	6,332.8	12,701.0	12,899.6
Bergen County	6,110.3	12,468.8	14,633.0
Essex County	6,326.0	14,137.7	12,831.9
Hudson County	7,232.4	12,671.0	12,951.5
Morris County	5,227.0	12,915.3	13,462.5
Union County	7,830.8	13,413.7	12,161.8

DATA SOURCE: Communicable Disease Reporting and Surveillance System (CRDSS), Communicable Disease Service, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023
NOTE: Crude rate.

Despite the increase in COVID-19 rates over time, since the deployment of COVID-19 vaccines, the number of COVID-19 deaths has decreased dramatically each year for the state of New Jersey and each county (Figure 78).

Figure 78. Number of COVID-19 Confirmed Deaths, by State and County, 2020-2023



	2020	2021	2022	2023
Bergen County	2,106	668	580	138
Essex County	2,195	721	518	61
Hudson County	1,575	650	385	49
Morris County	816	279	276	46
Union County	1,415	455	373	37

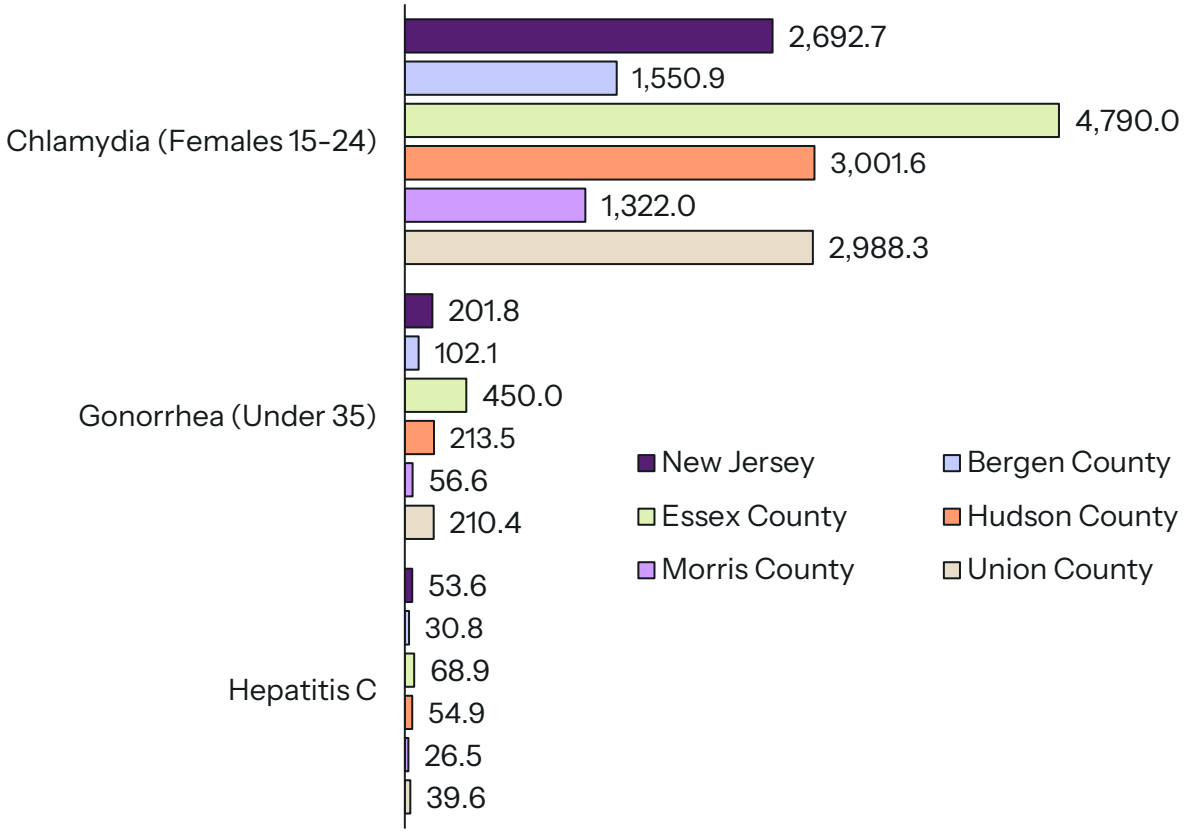
DATA SOURCE: New Jersey Department of Public Health, COVID-19 Dashboard, 2024

Sexual Health and Sexually Transmitted Infections

Sexual health and sexually transmitted infections were not brought up as concerns by focus group and interview participants. However, sexually transmitted infections are associated with adverse birth outcomes, including preterm birth and low birth weight.

Chlamydia was the most common sexually transmitted infection in the state and across each county (Figure 79). From 2019-2023, the incidence of chlamydia among females aged 15-24 was 2,692.7 per 100,000 in New Jersey, ranging from 1,322.0 per 100,000 in Morris County to 4,790.0 per 100,000 in Essex County. The rate of gonorrhea among residents under the age of 35 was lower at 201.8 per 100,000 in New Jersey, with the highest rate in Essex County at 450.0 per 100,000 residents. Essex County also had a slightly higher rate of hepatitis C at 68.9 per 100,000 residents compared to New Jersey overall (53.6 per 100,000). More information on sexual health and sexually transmitted infections can be found in Table 39 in Appendix E. Additional Data Tables and Graphs.

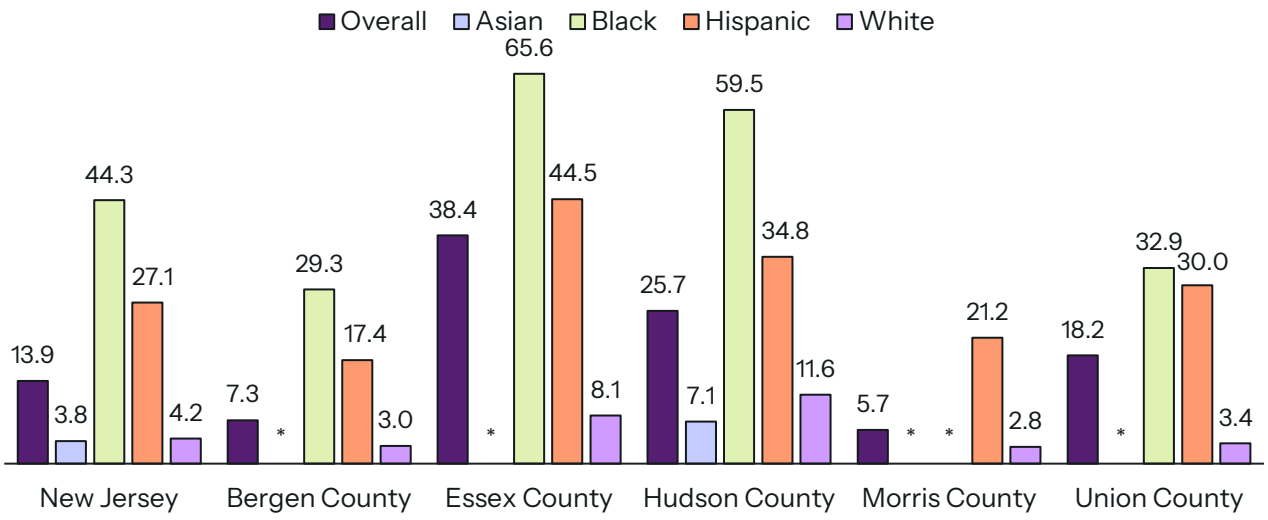
Figure 79. Crude Incidence Rate of Chlamydia (Females Aged 15-24), Gonorrhea (Under Age 35), and Hepatitis C, per 100,000, by State and County, 2019-2023



DATA SOURCE: Communicable Disease Reporting and Surveillance System (CRDSS), Communicable Disease Service, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

The average 5-year HIV incidence rate was 13.9 per 100,000 residents in New Jersey between 2017 and 2021 (Figure 80). Essex County, Hudson County, and Union County each had an HIV incidence rate that was higher than the state overall. Black and Hispanic/Latino residents had a higher HIV incidence rate than White or Asian residents in each county, with the highest rates in Essex County being among Black residents (65.6 per 100,000) and Hispanic/Latino residents (44.5 per 100,000).

Figure 80. HIV Incidence Rate per 100,000 Population (Age 13+), by Race/Ethnicity, by State and County, 2017-2021



DATA SOURCE: Enhanced HIV/AIDS Reporting System; Division of HIV/AIDS, STD, and TB Services; New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023
NOTE: Asterisk (*) means that data are suppressed, as the rate does not meet National Center for Health Statistics standards of statistical reliability for presentation. The racial/ethnic categories are as presented by the data source.

Maternal and Infant Health

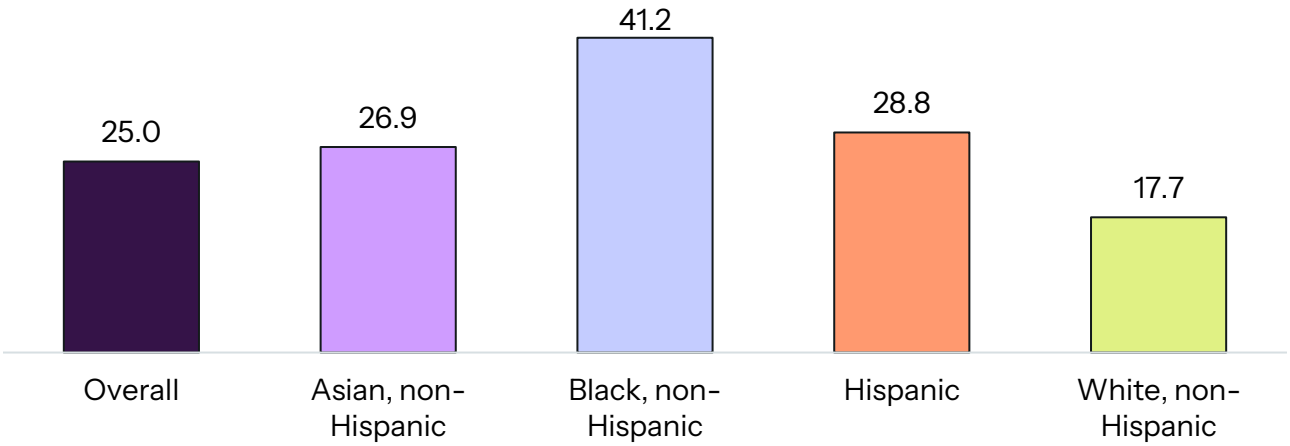
The health and well-being of mothers, infants, and children are important indicators of community health. Despite the presence of many families with children in the service area, maternal and infant health were not thoroughly discussed by participants in the current assessment. A key informant interviewee mentioned the need for parenting classes for first-time parents and raised the issue of postpartum depression among recent mothers: "*When it comes* to *parent education presentations, we try to focus* those *presentations on moms, parents in general, or new moms, because a lot of our clientele are new moms with newborn babies.*"

Quantitative data provide evidence of persistent disparities in maternal and infant health indicators in the community. Teen mothers face higher risks of pregnancy complications, such as eclampsia and systemic infections, than women in their twenties. Teen pregnancy was more prevalent in Essex County, Hudson County, and Union County than in the state overall. According to the Hospital Discharge Data Collection System, in 2020-2022, there were 5.5

births per 1,000 females ages 15-17 in Essex County, higher than 3.3 births per 1,000 females ages 15-17 in New Jersey (Figure 111 in Appendix E. Additional Data Tables and Graphs).

Grave racial and ethnic disparities exist in maternal and infant health outcomes. The infant mortality rate was highest in Essex County (5.3 per 1,000 births) and Union County (4.1 per 1,000 births) compared to New Jersey overall (4.0 per 1,000 births); Black residents had the highest infant mortality rates in each of these counties at 9.3 per 1,000 births in Union County and 8.6 per 1,000 in Essex County in 2017-2021 (Table 40). In New Jersey, White women had the lowest rates of severe maternal morbidity involving blood transfusions (17.7 per 1,000 delivery hospitalizations), compared to Black women (41.2 per 1,000), Hispanic women (28.8 per 1,000), and Asian women (26.9 per 1,000) (Figure 81).

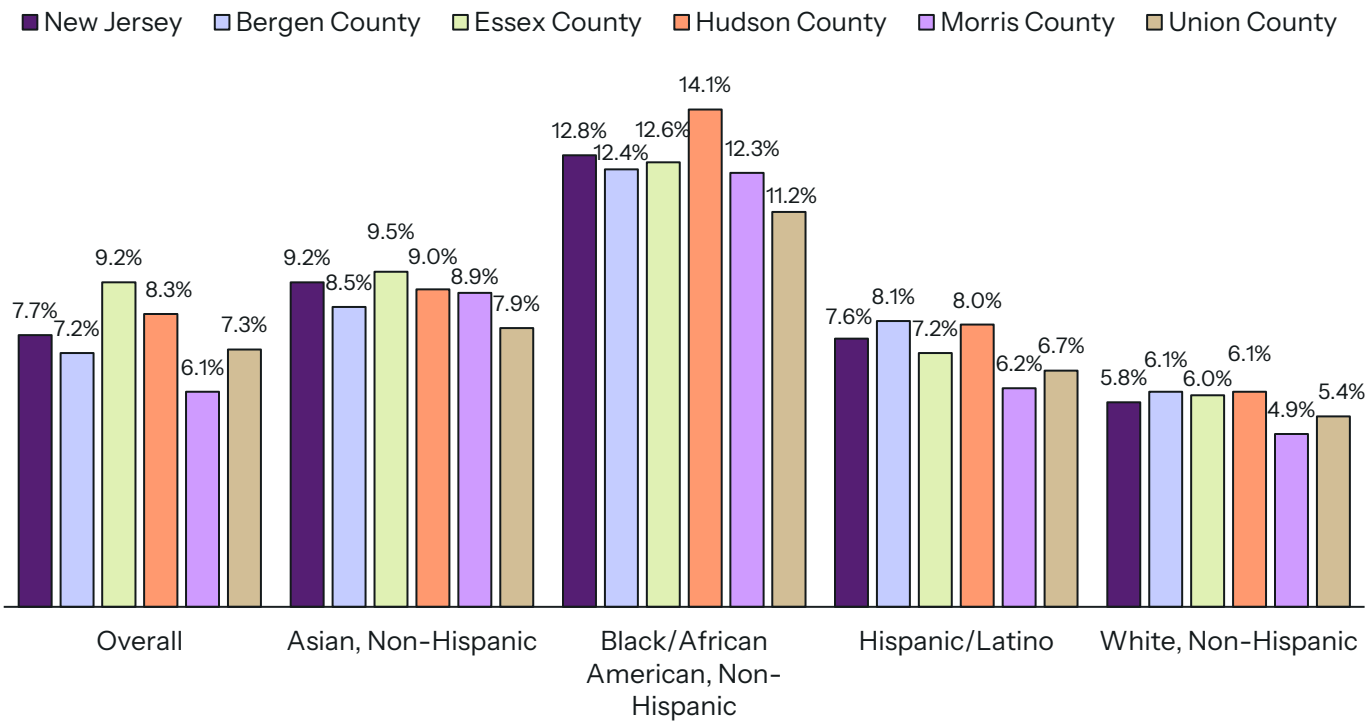
Figure 81. Severe Maternal Morbidity (SMM) with Transfusion per 1,000 Delivery Hospitalizations by Race/Ethnicity, by State, 2023



DATA SOURCE: New Jersey Electronic Birth Certificate Database (EBC), Office of Vital Statistics and Registry, New Jersey Department of Health; New Jersey Hospital Discharge Data Collections System (NJDDCS), Healthcare Quality and Informatics, New Jersey Department of Health, 2024
NOTE: Severe maternal morbidity (SMM) is a composite outcome measure that indicates serious, potentially life-threatening maternal health problems

Birth data from the NJ Birth Certificate Database also showed that Black women had higher rates of low birth weight births in the state of New Jersey and each county in the service area while White women had the lowest percentage of low birth weight births (Figure 82). Similar disparities were observed for very low birth weight outcomes (Table 41) and preterm births (Table 42) in Appendix E. Additional Data Tables and Graphs.

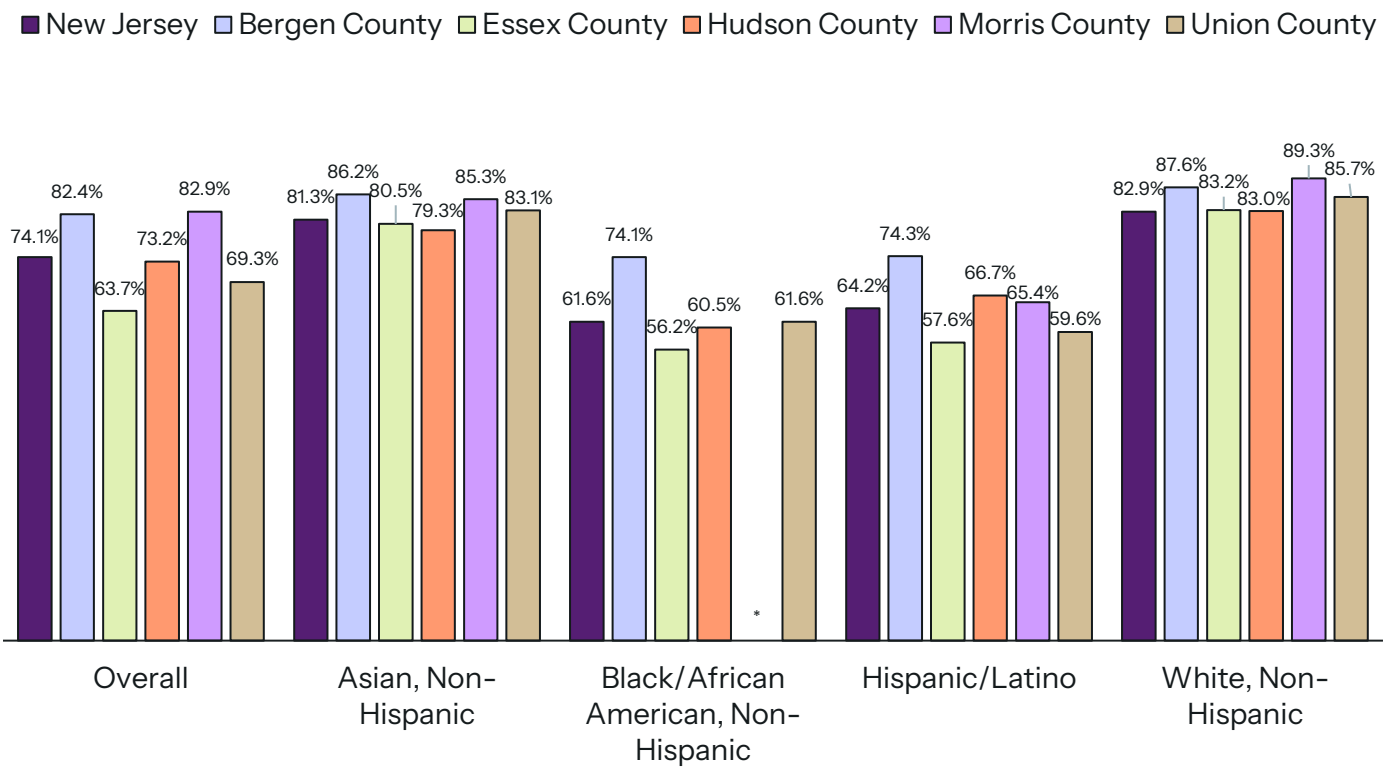
Figure 82: Percent Low Birth Weight Births, by Race/Ethnicity, by State and County, 2018-2022



DATA SOURCE: Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024
NOTE: Low birth weight is defined as newborns born weighing less than 2,500 grams

Prenatal care is a critical evidence-based strategy to prevent and manage pregnancy complications and reduce poor birth outcomes. About three-quarters of pregnant women in New Jersey received prenatal care in the first trimester from 2018-2022, ranging from 63.7% in Essex County to 82.9% in Morris County (Figure 83). This varied by race/ethnicity; lower proportions of Black and Hispanic/Latino women received prenatal care in New Jersey and each county. Across the counties, Essex County had the lowest proportions of prenatal care among Black (56.2%) and Hispanic/Latino women (57.6%).

Figure 83: Percent of Pregnant Women Receiving Prenatal Care in the First Trimester, by Race/Ethnicity, by State and County, 2018-2022



DATA SOURCE: Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024

Essex County community survey respondents were asked about their participation in parenting classes over the past two years. Overall, 6.2% of Essex County respondents reported attending parenting classes, ranging from 6.9% of Black respondents to 10.8% of White respondents. Notably, few Asian and Hispanic/Latino respondents answered the question.

Healthcare Access

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. During the 2022 CHNA-SIP process, CBMC identified access to healthcare and social services as a priority area, with a goal to increase access to preventative services, provide equitable care, and reduce unnecessary emergency department utilization.

Access and Utilization of Services

Discussions about access to care, including preventive, primary, and specialty care services, were prominent in interviews and focus group discussions. Several participants mentioned that the area's agencies and service providers were very collaborative, which made obtaining services easier. The words of one participant highlight the importance of partnerships: *"We have partnerships with shelters, food pantries, and different institutions that are sending clients to us for services. Every month, we have someone here who comes in and does job fairs and helps them through the process. That's helping us because they're keeping the clients engaged in letting them know, like, hey, we are here to help you with all the wraparound services you need."*

> *"Everybody needs healthcare, and everybody needs accessibility to healthcare, and we provide that accessibility. We're here….providing the services that we do to help the community."*
> – Key informant interviewee

Navigating the healthcare system and knowing about the available services were uplifted as issues by participants. In this regard, focus group and interview participants discussed how having a trusted provider and/or navigator who could provide information and be an advocate served to raise awareness about and connection to existing services. One participant described, *"I've been fortunate because I do have a very good primary doctor who really has been helping me manage the system and finding the right specialists and advocating for me in order to get in in a timely manner."*

Community survey respondents were asked to select their top five sources of health information (Table 20). Consistent with qualitative findings, among Essex County survey respondents, the top five sources of health information were healthcare providers (83.8%), online resources (38.2%), family members (23.9%), urgent care (23.4%), and hospital emergency departments (21.6%). The top two sources of health information were consistent across races/ethnicities, with some variation in the order of third through fifth top sources of health information. Notably, friends was a fourth top source of health information among Asian survey respondents (18.3%).

Table 20. Top 5 Sources of Health Information among Essex County Survey Respondents, by Race/Ethnicity, 2024

	Essex County (n=1383)	Asian (n=71)	Black (n=503)	Hispanic/ Latino (n=153)	White (n=571)
1	Health care provider (83.8%)	Health care provider (78.9%)	Health care provider (82.1%)	Health care provider (73.2%)	Health care provider (88.3%)
2	Online resources (38.3%)	Online resources (39.4%)	Online resources (38.0%)	Online resources (30.7%)	Online resources (42.2%)
3	Family member (23.9%)	Family member (22.5%)	Hospital emergency department (25.7%)	Hospital emergency department (23.5%)	Family member (26.1%)
4	Urgent care (23.4%)	Friends (18.3%)	Urgent care (23.5%)	Family member (21.6%)	Urgent care (25.9%)
5	Hospital emergency department (21.6%)	Hospital emergency department (16.9%)	Family member (22.3%)	Urgent care (20.9%)	Hospital emergency department (18.2%)

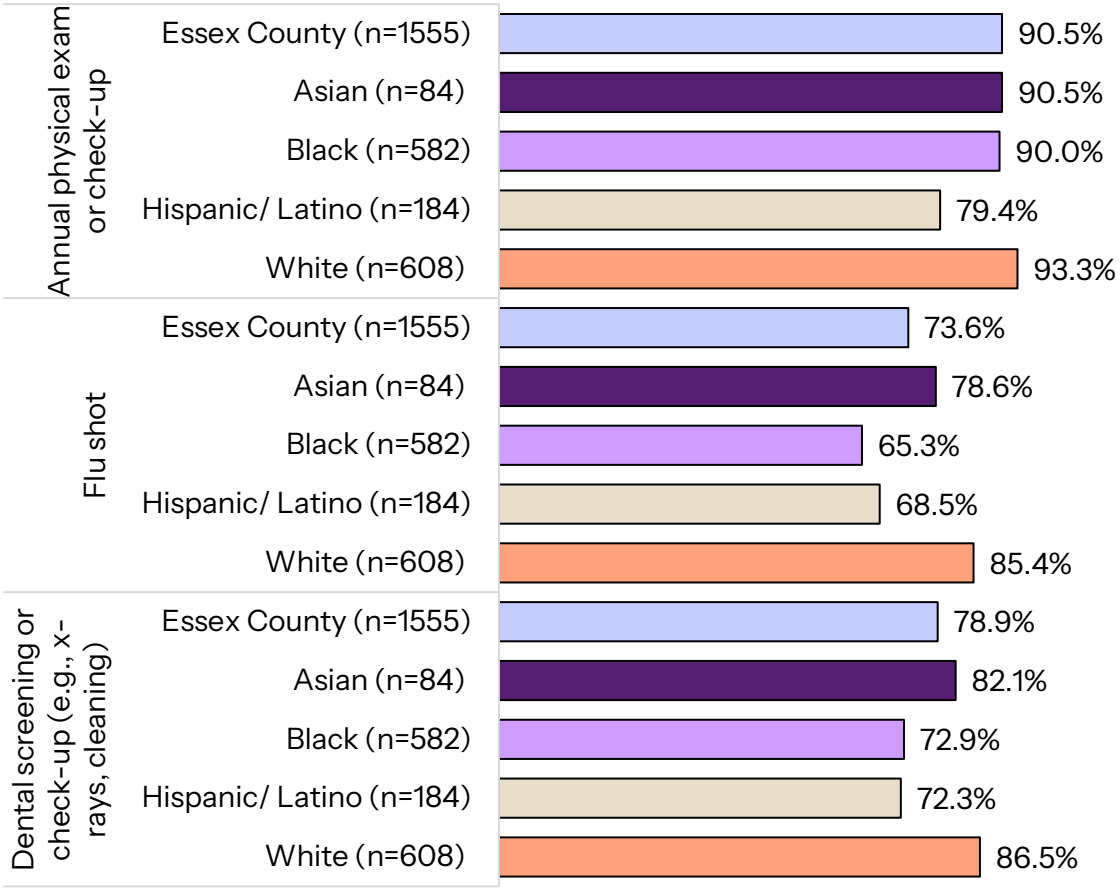
DATA SOURCE: Community Health Needs Assessment Survey, 2024

Preventive Screenings and Community Health Education

Many focus group participants and interviewees mentioned that community health outreach was critical to increase access to preventive screenings and to build health literacy among different population groups, including low-income families, students, LGBTQ+ community members, immigrants, and older adults. Screening events for diabetes and high blood pressure, vision testing, and vaccinations at health fairs, libraries, schools, community centers, and through mobile health clinics, organized by health departments, community-based groups, and healthcare facilities, were among the strategies named by participants. A key informant interviewee described one of these efforts, *"One of the things we're doing already is providing community-level access. It's missing in those municipalities where there are not as many family providers, local hospitals, and access points for medical care. That's what we're trying to do on a county level with our mobile health clinics."* A focus group participant illustrated, *"I take these classes in Montclair Public Library and they have lessons on medications, on diabetes, on high blood pressure, things like that, and they even have your blood pressure and glucose checked every other month, which is a free service. You just go there, you don't have to register, you come in, they check your blood pressure and blood sugar. And I find that to be very, very useful for me because I can get my levels easily."*

Community survey respondents were asked about their participation in various health screenings and preventive services in the last two years (Figure 84). In Essex County, 90.5% reported having an annual physical exam or check-up in the past two years, ranging from 79.4% of Hispanic/Latino survey respondents to 93.3% of White survey respondents. Almost 80% of respondents reported receiving a dental screening or check-up in the previous two years, ranging from about 72.9% among Black and Hispanic/Latino respondents, to 86.5% of White respondents.

Figure 84. Participation in Selected Preventive Services in the Past 2 Years, Essex County Residents, by Race/Ethnicity, 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

Immunizations

Vaccines are a safe and effective method to protect the public's health from preventable infectious diseases. The spread of antivaccine sentiments, confusion about vaccine guidance, and the potential outbreaks of preventable diseases, such as measles and whooping cough, were mentioned by participants as concerns. Efforts by health departments and other partners are in place to promote full childhood vaccination schedules and to encourage annual seasonal immunizations for adults.

About three-quarters of survey respondents (73.6%) in Essex County reported receiving a flu shot in the past two years, with a lower proportion of Black (65.3%) and Hispanic/Latino (68.5%) respondents reporting receiving a flu shot (Figure 84). About half (52%) of New Jersey residents enrolled in fee-for-service Medicare had an annual flu vaccination in 2021, ranging from 40% in Hudson County to 58% in Morris County (Figure 113 in Appendix E. Additional Data Tables and Graphs). Black residents enrolled in fee-for-service Medicare had the lowest proportion who had received an annual flu shot at 28% and 30% of Hudson County and Essex County, respectively. Additional information on vaccines is available in Figure 114 and Table 43.

Barriers to Healthcare Access

Interviewees and focus group participants shared barriers to accessing healthcare in the service area. In general, participants observed that residents faced more barriers to accessing specialty care and to care for conditions that required several medications than to preventive care. Challenges such as cost and insurance issues, systemic issues such as lack of providers, and stigma and/or bias were among the barriers mentioned. A focus group participant described, *" I still have employer-provided insurance, but what I find very confusing is the drug side, the formulary's constantly changing, so you don't know from one quarter to the next quarter what's being covered."*

> *"We do get wellness screenings, like blood pressure and blood sugar, for free, but then it's like, yes, they get checked, but then what is the after if they don't have insurance?"*
> – Key informant interviewee

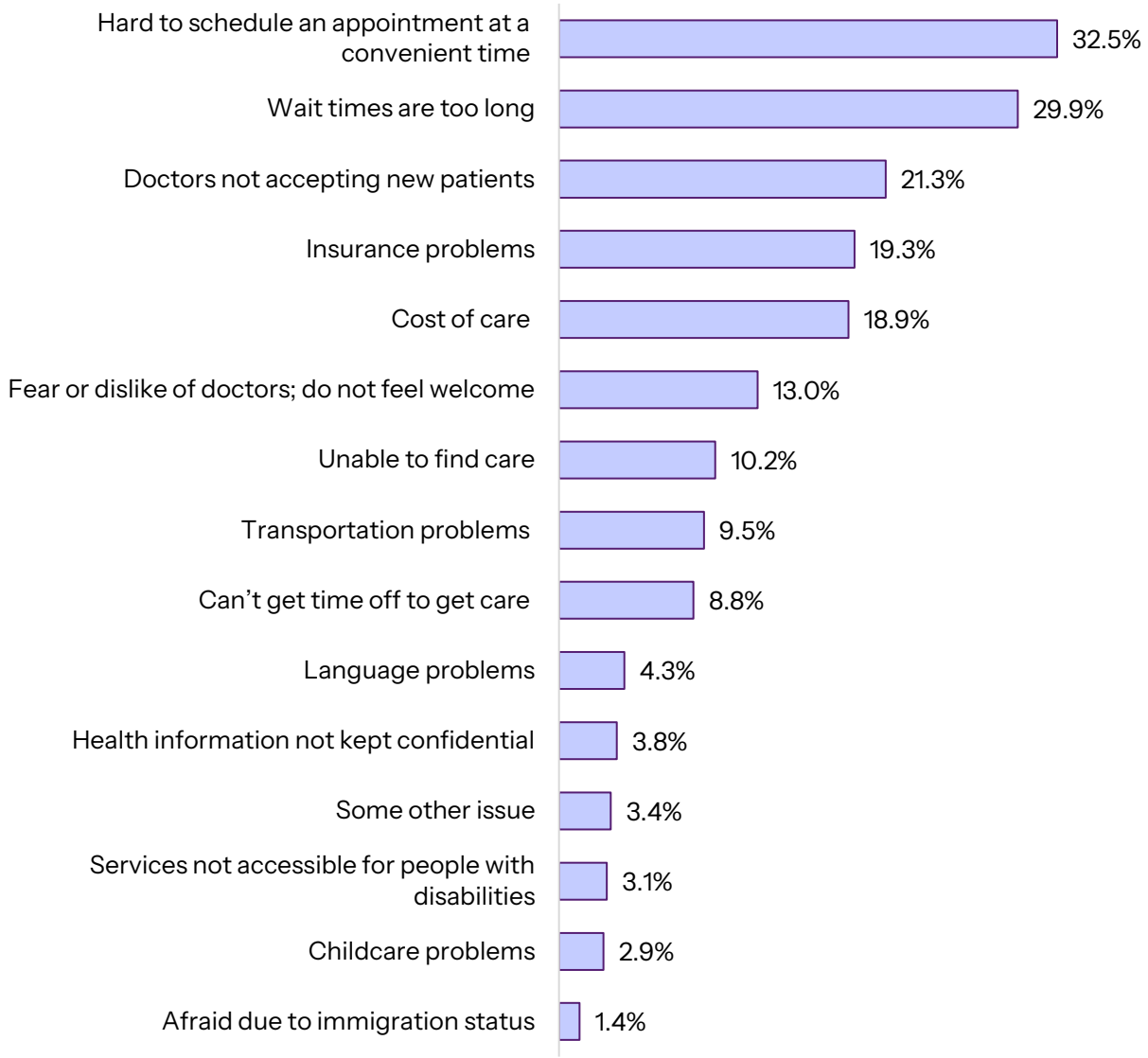
Some groups appeared to face more barriers than others. Participants noted that some immigrants were more hesitant to seek services due to fear. Participants also mentioned that fewer benefits were now available to low-income immigrants, posing additional financial barriers to care. Participants identified several barriers to care for older adults, including distrust of the healthcare system, fear of hospitalization, high medication costs, and being overwhelmed by multiple prescriptions. Another theme that emerged was the challenge of ensuring continuity of care among unhoused or housing-unstable residents, particularly those with chronic conditions. In this regard, participants described how the lack of stable access to primary care resulted in an overuse of emergency services. A key informant interviewee described the situation of emergency responders, *"We're understaffed, we're overworked. We're nowhere near what we should be at for the staffing level…I can barely get medics on my calls anymore, because we have one truck to cover ten towns, almost half a million people."*

In addition, there is pervasive worry that federal budget cuts will result in reduced funding for mental and physical health services, resulting in program closures and/or reduced capacity. A key informant interviewee described, *"Luckily, we didn't have to cut any of our programs other than, unfortunately, some full-time staff members were let go, but we were able to salvage and be creative in some areas."*

Community survey respondents were asked to identify the issues that made it harder for them or a family member to get medical care or treatment when needed (Figure 85). Issues related to provider availability were top of mind. Among Essex County survey respondents, the top issues identified overall were inability to schedule an appointment at a convenient time (32.5%), long

wait times (29.9%), doctors not accepting new patients (21.3%), insurance problems (19.3%), and cost of care (18.9%).

Figure 85. Healthcare Access Barriers Reported by Community Health Survey Respondents in Essex County, (n= 1483), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

Table 21 below presents the top five barriers to accessing healthcare by racial/ethnic groups. The first two barriers were consistent across racial/ethnic groups, with some variation in the following selections. Of note, being unable to find care was one of the top five barriers for Asian respondents (11.7%), instead of cost of care, which was a top barrier among other groups.

Table 21. Healthcare Access Barriers Reported by Community Health Survey Respondents in Essex County, by Race/Ethnicity, 2024

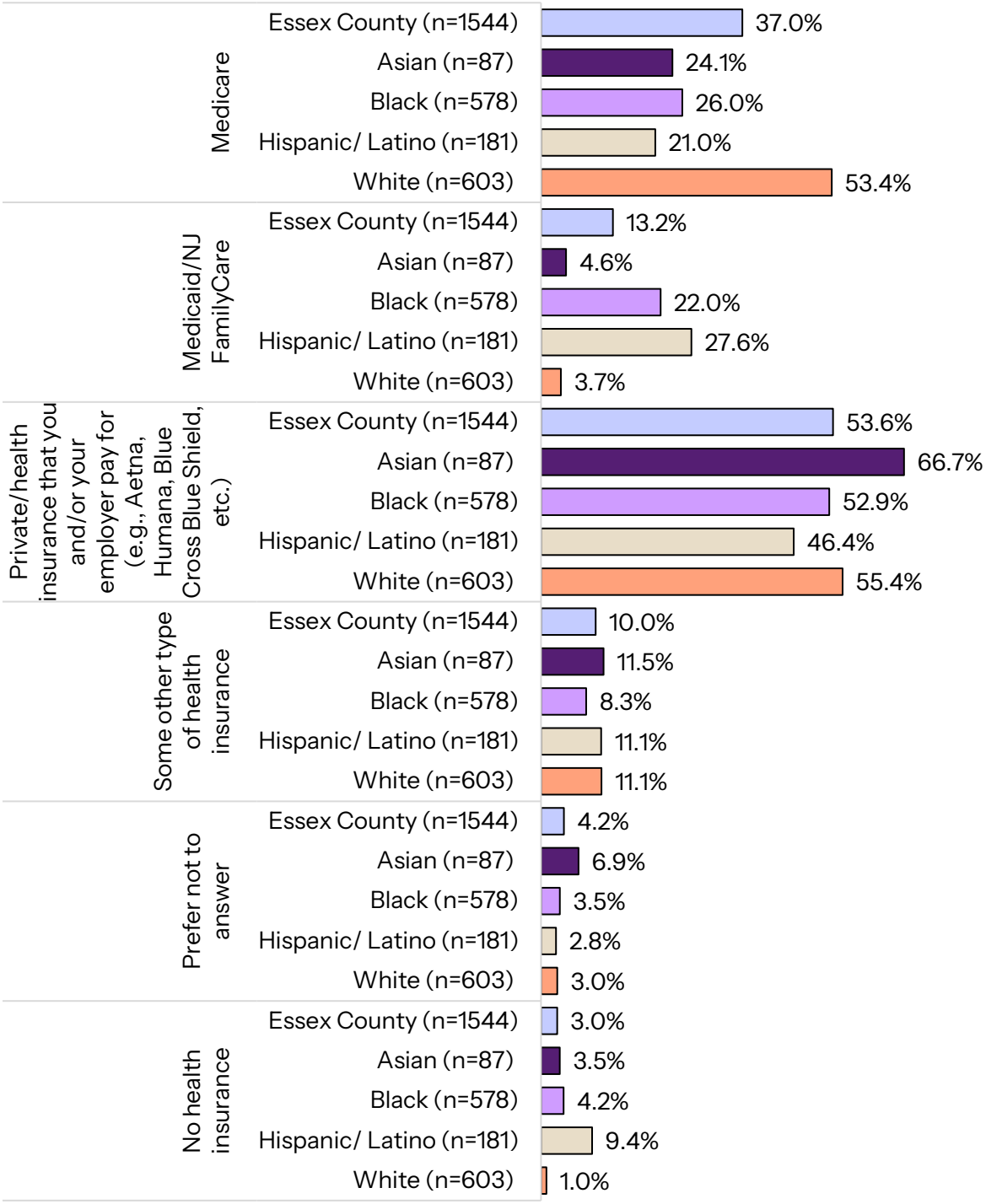
	Essex County (n=1483)	Asian (n=77)	Black (n=556)	Hispanic/ Latino (n=169)	White (n=588)
1	Hard to schedule an appointment at a convenient time (32.5%)	Hard to schedule an appointment at a convenient time (36.4%)	Hard to schedule an appointment at a convenient time (32.2%)	Hard to schedule an appointment at a convenient time (40.2%)	Hard to schedule an appointment at a convenient time (31.1%)
2	Wait times are too long (29.9%)	Wait times are too long (23.4%)	Wait times are too long (30.2%)	Wait times are too long (36.1%)	Wait times are too long (29.1%)
3	Doctors not accepting new patients (21.3%)	Doctors not accepting new patients (22.1%)	Cost of care (24.5%)	Cost of care (32.0%)	Doctors not accepting new patients (25.3%)
4	Insurance problems (19.3%)	Insurance problems (15.6%)	Insurance problems (21.9%)	Insurance problems (24.9%)	Insurance problems (17.0%)
5	Cost of care (18.9%)	Unable to find care (11.7%)	Doctors not accepting new patients (17.3%)	Doctors not accepting new patients (21.3%)	Cost of care (12.8%)

DATA SOURCE: Community Health Needs Assessment Survey, 2024

Insurance Coverage

Insurance coverage is an important factor in promoting access to care and was ranked, together as the cost of care, as a top barrier to care. Community survey respondents were asked about their health insurance coverage (Figure 86). In Essex County, about half of respondents reported having private health insurance (53.6%), followed by a little over a third (37.0%) having Medicare, 13.3% having Medicaid/NJ FamilyCare, and 10.0% reported having another type of health insurance. Higher proportions of Black respondents (22.0%) and Hispanic/Latino Respondents (27.6%) reported utilizing Medicaid/NJ FamilyCare compared to White and Asian respondents. A higher proportion of White respondents (53.4%) reported utilizing Medicare compared to other racial/ethnic groups. Only 3.0% of Essex County respondents reported not having any health insurance, ranging from 1.0% of White respondents to 9.4% of Hispanic/Latino respondents.

Figure 86. Type of Health Insurance, Essex County Residents, by Race/Ethnicity, 2024

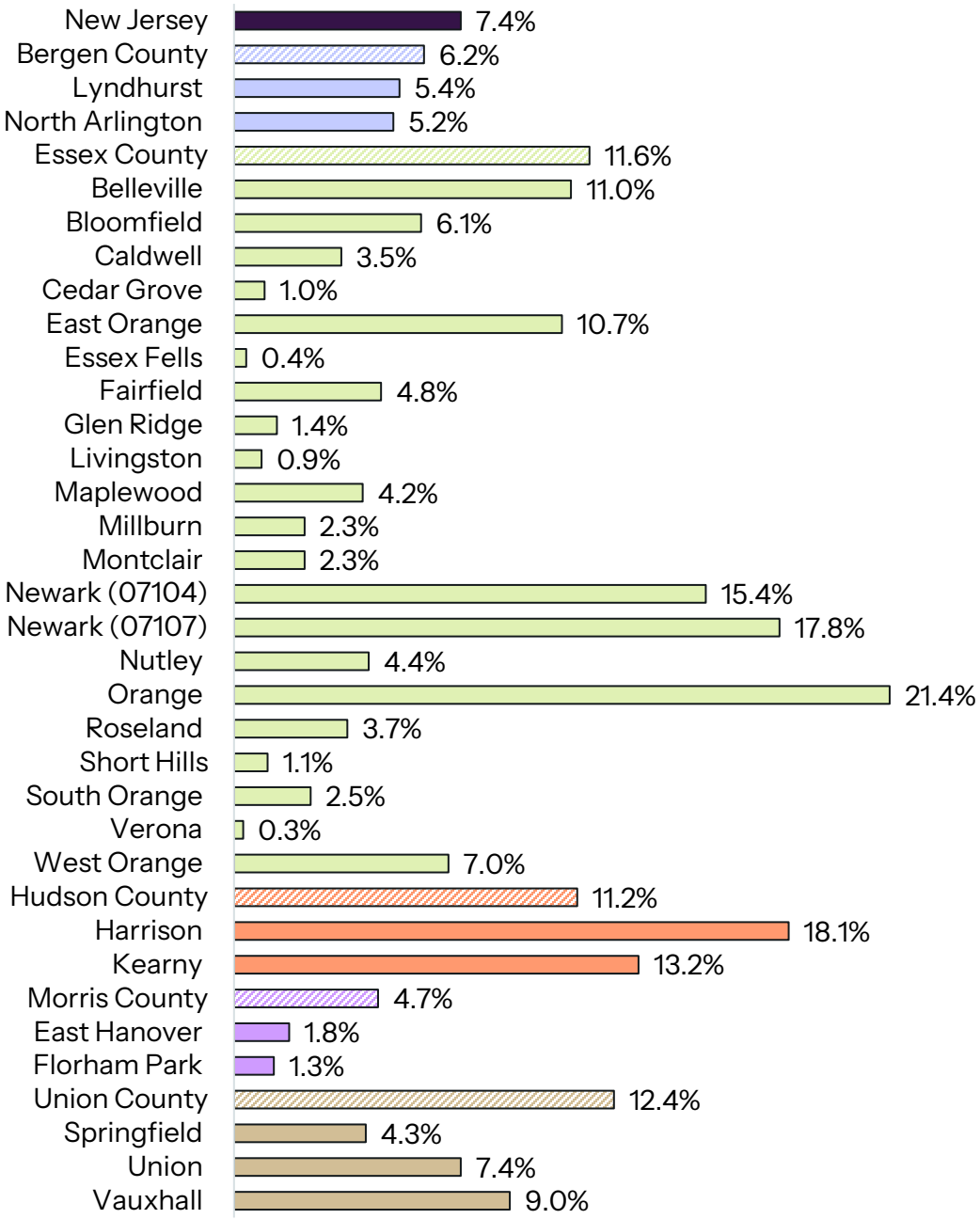


DATA SOURCE: Community Health Needs Assessment Survey, 2024

People who are uninsured tend to face the largest barriers to care. U.S. Census data show the percentage of the uninsured population from 2018-2022 (Figure 87). In New Jersey, about 7.4% of the population was uninsured, ranging from 4.6% of Morris County to 12.4% of Union County residents. The uninsured population also varied by municipality, with the highest proportion of

uninsured residents located in Orange (21.4%), Harrison (18.1%), Newark (07107 and 07104) (17.8% and 15.4%, respectively). On the other hand, less than 1% of the population was uninsured in Essex Fells, Livingston, and Verona. The percentage of children uninsured and the percentage of people with private insurance by state, county, and town can be found in Figure 115 and Figure 116, respectively, in Appendix E. Additional Data Tables and Graphs.

Figure 87. Percentage Uninsured, by State, County, and Town, 2019-2023

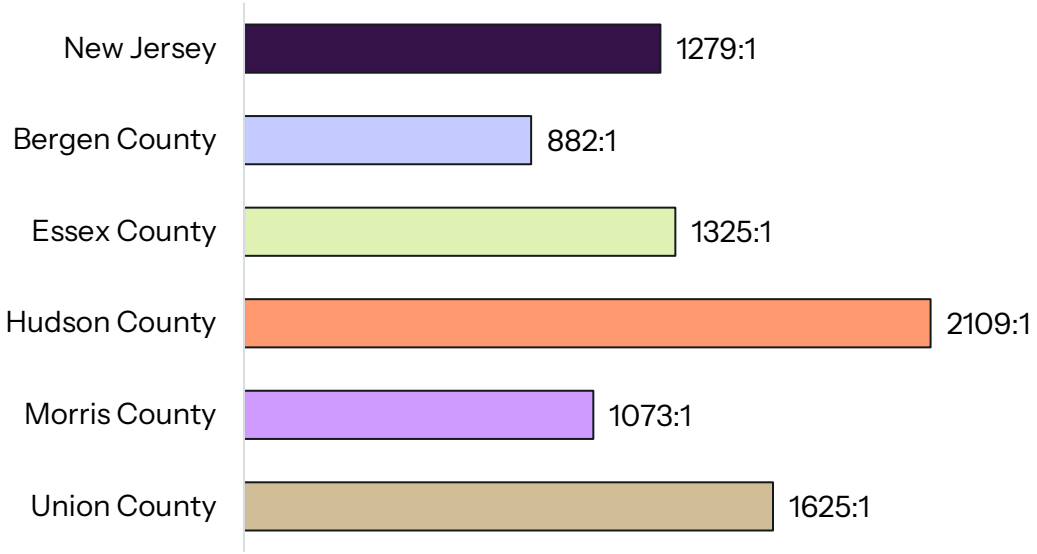


DATA SOURCE: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates, 2019-2023

Provider Availability

Data from the 2023 County Health Rankings show the ratio of population to primary care providers in 2021 (Figure 88). In New Jersey, the ratio of the population to primary care providers was 1,279 residents per primary care provider in 2021. Bergen County and Morris County had a lower ratio of residents to primary care providers in the service area, while Hudson County had the largest ratio at 2,109 residents per primary care provider, indicating a relative lack of providers compared to the state and other counties. Figure 65 above provides a ratio of population to mental health provider by state and county in 2023. Data on the ratio of population to dentist is available in Figure 117 of Appendix E. Additional Data Tables and Graphs.

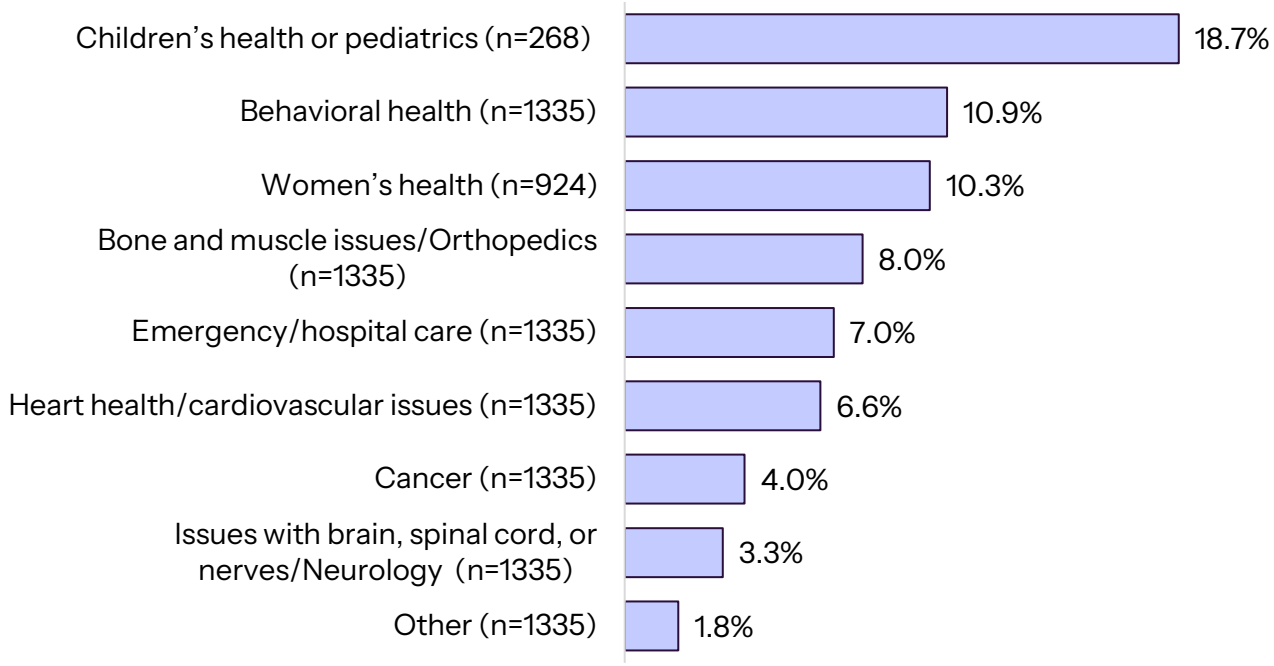
Figure 88. Ratio of Population to Primary Care Provider, by State and County, 2021



DATA SOURCE: Area Health Resource File/National Provider Identifier Downloadable File as cited by County Health Rankings 2024

Below is the percentage of community survey respondents from Essex County who reported needing specialist care and not being able to access such care, by type of care (Figure 89). The greatest proportion of respondents facing difficulties in accessing care were for those needing pediatric care (18.7%), behavioral health care (10.9%), and women's health care (10.3%).

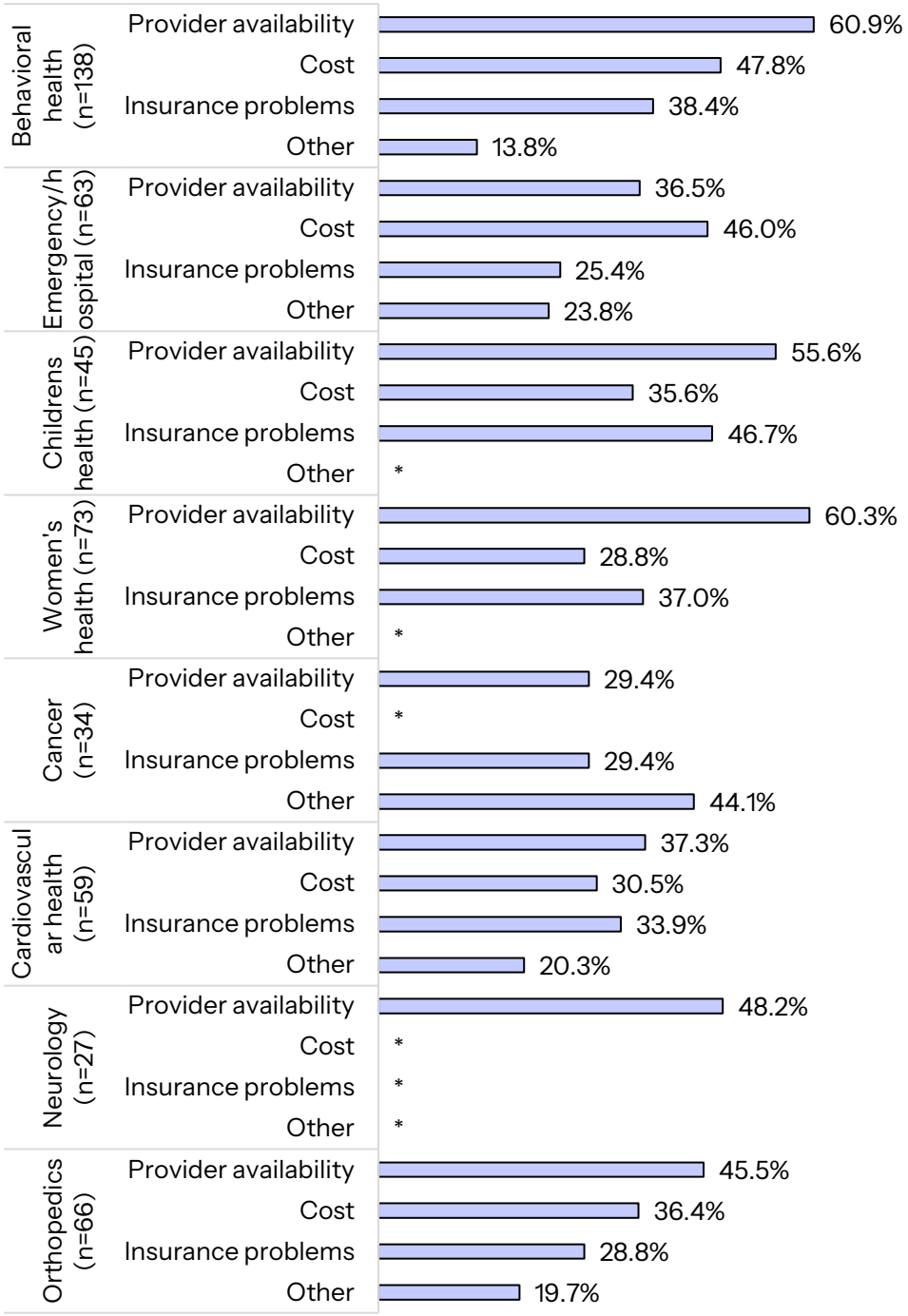
Figure 89: Percent of Community Survey Respondents in Essex County Who Reported Needing Specialist Care and Not Being Able to Access It, by Type of Care Needed, 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

Survey respondents in Essex County identified provider availability as the top barrier to obtaining care for behavioral health (60.9%), children's health (55.6%), women's health (60.3%), cardiovascular health (37.3%), orthopedics (45.5%), and neurology (48.2%) (Figure 90). Cost was identified as the top barrier for emergency/hospital services (46.0%), while "other" was the top barrier to accessing cancer services.

Figure 90: Factors Preventing Community Survey Respondents in Essex County from Obtaining Specialist Care, by Provider Type, 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Asterisk (*) means that data were suppressed due to low numbers.

Community Vision and Suggestions for the Future

Focus group and interview participants were asked for their suggestions for addressing community needs and their vision for the future of their communities. Community participants included organizational leaders from different health and social service sectors (e.g., housing, older adults, LGBTQ+, low-income families, immigrants, unhoused residents), first responders, educators, health officers and administrators, and service area residents at large belonging to specific population groups, including Spanish-speakers, older adults, parents of school children, and those with chronic conditions. The following section summarizes the assessment participants' recommendations for future consideration.

Sustainable funding and resources for social services and safety net organizations. There are great programs in the service area that provide needed wraparound care, including housing, food, and assistance applying for benefits. However, assessment participants reported a need for sustained investment in the community, social service organizations, and workforce development as priorities for the near future. Participants observed a greater demand for services and expressed concern about the impact of federal funding changes on the ability of social service and safety net organizations to continue providing services and wraparound care to the highest need populations. One participant described the need: *"They are pulling back resources at a time when they're most in need. And we expect that to continue going forward. So, I think while in some ways this is like COVID, certainly the demand curve is like COVID, the curve in terms of supply and support is going in the opposite direction of COVID. So, the gap is greater."*

Maintaining the public health infrastructure. From hiring patient navigators to establishing mental health programs and improving infectious disease surveillance and response systems, resources in the aftermath of COVID-19 served to bolster the public health infrastructure and improve community health. Participants were concerned about the loss of these gains. Further, participants noted that reducing public support for free or low-cost programs would deepen health disparities. A key informant interviewee highlighted the need for services, *"We need our healthcare providers now more than ever. We need our larger networks to step up and continue to provide these important services in light of all the uncertainty."* In the words of another key informant interviewee, *"We need a sustainable form of funding, with investments from both public or governmental stakeholders, and hospitals. We all as a community need to invest in our local public health."*

> *"Some people can't pay a high monthly payment, so they get cheaper insurance which covers less, meaning they get a lower quality of care. Everyone in this country should have a right to the same high-level quality of healthcare."*
> – Focus group participant

Promoting community empowerment and resilience. Discussion participants identified a need for more strategies to empower residents to manage their own health and that of community members. The role of patient navigators and advocates was perceived as key to improving access to healthcare, however participants also uplifted the role of local support groups and of neighbors helping neighbors: *"We have families that help each other, but I want to see the overall community just help one another, just be there for each other."* Another participant said, *"Wouldn't that be a wonderful thing if every town had something like that, a senior call up other senior citizens to stay in touch. Some kind of network just to keep seniors from falling through the cracks."* Several participants indicated a need for expanded health education, along with greater promotion and awareness of the resources available within the community. One participant said, *"I would think to educate the person. A new way of receiving education. Make T-shirts, let people self-publicize. Have your past patients do your publicity. It's a great way of giving back to the community."*

Improved communication and collaboration across organizations. Assessment participants emphasized the need for greater collaboration among organizations to reduce service silos and enhance communication, thereby increasing awareness of existing resources. One participant stated, *"There are resources out there. I just wish there was more communicating about them, and had them more available than, alright, you have to go to this person, or you have to call this one… I think every town should have a list of the main resources readily available."* This sharing of information was deemed as even more critical in times of dwindling resources. In the words of a key informant interviewee, *"My vision for 3-5 years down the road is having healthcare providers in this area working together more. We need to work together for the common goal of getting better outcomes. By working together, we can achieve that."*

More access to specialty care in the service area. Community participants noted a need for easier access to specialty care providers in the service area. Issues related to provider availability and cost of care were top of mind. Among Essex County survey respondents, the top barriers to care identified were inability to schedule an appointment at a convenient time (32.5%), long wait times (29.9%), doctors not accepting new patients (21.3%), insurance problems (19.3%), and cost of care (18.9%). Additionally, focus group and interview participants noted a need for more services in neighborhoods where no or few health centers operate. Difficulties accessing pediatric specialty care, in particular to mental health care, was raised as a critical issue.

> *"They're talking at the federal level about not just cutting but penalizing states that have programs that serve the undocumented… If those cuts happen, that will have a huge impact on vulnerable and working-class communities."*
> – Key informant interviewee

More training to address discrimination, stigma, and bias, and to improve cultural competency. Despite the area being generally perceived as an accepting place for people of different identities, a few issues related to stigma and discrimination emerged, particularly against unhoused populations, the formerly incarcerated, people with substance use disorders, undocumented immigrants, and the LGBTQ+ community. The current divisive discourse against some vulnerable groups, such as transgender individuals and some immigrants, was seen as an additional concern by participants, affecting access to care and the well-being of these communities. Older adults also noted instances of

discrimination against them, such as not being heard or taken seriously. One in five (20.9%) community survey respondents reported experiences of interpersonal discrimination when seeking medical care (Figure 29), with over one in three Black (35.4%) respondents reporting discrimination. Additionally, 27.9% of LGB respondents reported discrimination due to their sexual orientation when receiving medical care (Figure 30). Several key informant interviewees also noted there was work to be done to address interpersonal discrimination against the LGBTQ+ community with one participant stating, *"I wish that there were more resources available to address the lack of housing for LGBTQ individuals. Even if they go to a shelter, will they be treated respectfully? When you go into places like shelters, there's stigma, discrimination, lack of basic cultural competency understanding LGBTQ people."* More bias training for healthcare and social service employees was suggested as a strategy to address these barriers.

Addressing inequities and the social determinants of health. Another vision for the future among community participants was addressing inequities in access to resources, including expanding affordable housing, food, transportation, and healthcare. Participants uplifted the need for a better distribution of resources and linked the ability to be healthy to economic resources. As a key informant interviewee described, *"When someone comes to the pantry and the pantry is able to feed their family every week, their kid goes to school healthy, right? They got fresh produce; they got healthy food. They go to school healthily. So, everyone in that child's class benefits from that."* Housing was also identified as a concern among participants and community survey respondents. Housing people can afford was a top community concern for 1 in 4 Black Essex County residents (24.5%). The issue of gentrification of urban centers was highlighted by several participants, *"They're basically telling the residents here, well, if you cannot pay, I'm sorry, then I guess you gotta go. They really don't care about helping the homeless, they just want to make it look pretty for people to come in outside."*

> *"There's plenty of food. There's plenty of healthy food. We just need to have it distributed. The people who need healthy food and everyone should have healthy food. This is not a lack of food. This is a lack of food going to everyone."*
> - Key informant interviewee

Key Themes and Conclusions

Through a review of secondary social, economic, and epidemiological data; a community survey; and discussions with community residents and stakeholders, this assessment examined the current health status of the communities that CMMC and CBMC serve. Several key themes emerged from this synthesis:

- ***A diverse and accepting community is a core asset*.** The CMMC-CBMC service area is recognized for its cultural diversity, strong community fabric, volunteerism, and proximity to amenities and services. A key informant interviewee noted, "*We don't discriminate. In the school cafeteria, students from different cultures and backgrounds sit together."* Survey responses and qualitative feedback consistently noted the community as welcoming, safe, and with many places for children and adults of all ages to socialize. Over 70% of survey respondents agreed that there were places for everyone to socialize in their community. As described by a focus group participant, "*We live in a community where the majority of people know each other and get together and share with each other. We enjoy spending time together."*

- ***Financial insecurity and the high cost of living strain families.*** While unemployment has shown some recovery since COVID-19, the high cost of living, particularly housing, food, and transportation, continues to place pressure on many residents. Over one-quarter of Essex County (27%) households fall below the ALICE threshold (Asset Limited, Income Constrained, Employed), with over half of households in predominantly Latino and Black neighborhoods like Orange (59%), Newark (07104) (59%), and Newark (17107) (62%).

- ***Affordable housing and housing instability remain critical challenges.*** Housing insecurity continues to be a pressing issue. Only 31% of survey respondents in Essex County agreed that there was enough stable housing in their community, with even lower proportions of Latino (16%) and Black (19%) respondents agreeing with this statement. Rising rents, gentrification, and limited shelter options were consistently raised.

- ***Food insecurity and healthy eating are growing concerns.*** Participants mentioned that many excellent programs exist to mitigate the impact of food insecurity on the population, such as food pantries, community meals, and state-funded SNAP navigators, and nutrition education programs. Despite these assets, food insecurity increased between 2020 and 2023 (12.3% of Essex County residents were food insecure in 2020, compared to 14.0% in 2023). Over half (51%) of Latinos and 44% of Black survey respondents in Essex County worried that their food would run out. Cost, red tape for benefits, distance & transportation, stigma, and reduced resources were mentioned as barriers to healthy eating.

- ***Green space and the built environment impact health and well-being.*** Neighborhood characteristics, such as access to green space and the quality of the built environment, influence health. Participants appreciated having parks and green spaces nearby,

associating them with mental and physical wellness for themselves and their children. Further, concerted state and local efforts to detect and mitigate lead exposure in children have paid off; between 2016 and 2022, the percentage of children under five in Essex County with elevated blood lead levels declined from 4.7% to 3.3%. However, disparities in exposure to pollutants persist. Black residents in Essex County experienced asthma hospitalization rates of 19.5 per 10,000, and Latino residents of 8.5 per 10,000, both higher than the rate among White residents (2.6 per 10,000). Several focus group participants voiced concern about the health impact of pollution in their neighborhoods, *"The concrete factory is terrible. The dust is everywhere. I can't even open my windows. It's a real health concern; it affects our lungs."* Some participants also noted that gentrification and overdevelopment in many areas were pushing out longtime residents and straining the infrastructure.

- **Diabetes, heart disease, and cancer are top issues of concern in the community.** As in the rest of the state, heart disease and cancer are the leading causes of death in the service areas. While Essex County had a lower cancer mortality rate than the state (126.8/100,00 deaths in Essex County compared to 137.0/100,000 in New Jersey), disparities remain. Cancer deaths remain highest among Black and White non-Hispanic residents. Participants highlighted many local programs and resources to inform residents about healthy lifestyle choices; screen for multiple conditions, including diabetes and high blood pressure; and support chronic disease management. Participants identified primary care providers, patient navigators, and local pharmacists as key facilitators to accessing care. Conversely, the high cost of medical services and prescription medications, coupled with insurance issues, pose barriers to care. Low-income seniors, unhoused residents, and immigrant populations were most affected. As a key informant interviewee described, "*When medications are not available because of costs, people just don't take them and that leads to bigger problems… people ration insulin. Access is a big deal in this area with uninsured or underinsured people."*

- ***Mental health and behavioral health are top concerns across populations.*** Participants observed an increase in information, awareness, and openness around mental health issues since the COVID-19 pandemic. They highlighted that investments have led to stronger programs, enhanced tools, and improved staffing for the diagnosis and treatment of mental and behavioral health conditions. Reflecting on progress in schools, one participant shared, *"We're doing a much better job of monitoring and intervening."* Despite these gains, mental health emerged as a pressing issue for the community. Specific populations of concern included youth, seniors, immigrant residents, the LGBTQ+ community, justice-involved individuals, and those experiencing poverty. Barriers to access care included cost, insurance issues, provider shortages, distance, long wait times, and stigma. Substance use continues to impact safety and well-being. Black residents face a disproportionate rate of overdose-related deaths, with 80 deaths per 100,000 among Black Essex County residents compared to 49.9 per 100,000 countywide. A key informant interviewee remarked, "*I wish people knew that people who are struggling with substances are just people…Sometimes they just need a friend…the path to recovery is not easy."*

Conclusions

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 key themes for areas of need were identified for the CMMC and CBMC service areas (listed below in alphabetical order):

- Affordable Housing
- Chronic Disease Prevention and Management
- Employment and Financial Security
- Food Insecurity and Healthy Eating
- Green Space and Built Environment
- Health and Racial Equity
- Healthcare Access
- Infectious and Communicable Disease
- Mental and Behavioral Health
- Systemic Racism and Discrimination

The recommendation was made to address Health and Racial Equity and Systemic Racism and Discrimination as cross-cutting themes and strategies to address health disparities.

Prioritization and Alignment 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 high-level set of prioritization criteria, defined by the RWJBH CHNA Steering Committee for the system, were used to guide conversations to refine the priorities:

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

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 top 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 this 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 key themes for areas of need were identified for the CMMC and CBMC service areas (listed below in alphabetical order):

- Affordable Housing
- Chronic Disease Prevention and Management
- Employment and Financial Security
- Food Insecurity and Healthy Eating
- Green Space and Built Environment
- Health and Racial Equity
- Healthcare Access
- Infectious and Communicable Disease
- Mental and Behavioral Health
- Systemic Racism and Discrimination

The recommendation was made to address Health and Racial Equity and Systemic Racism and Discrimination as cross-cutting themes and strategies to address health disparities, leaving eight key themes for consideration as potential priority areas.

Key Findings Presentation and SIP Preliminary Prioritization (Step 1)
On September 3, 2025, a 120-minute virtual Key Findings Presentation and SIP Preliminary Prioritization meeting was held with CMMC-CBMC Advisory Committee members, hospital leadership, and key community partners to present and discuss the preliminary findings and conduct a poll on the preliminary priorities for action.

During the meeting, attendees heard a brief data presentation on the preliminary key findings from the assessment. Meeting participants discussed the data as a group and offered their perspectives and feedback on the various issues. Participants noted that the themes presented resonated with their own experiences and perceptions.

Then, using the polling platform Mentimeter, meeting participants were asked to select up to four of the eight potential priorities identified from the data and based on the high-level prioritization criteria. Preliminary polling results identified the following four potential priority areas:

- Chronic Disease Prevention and Management
- Healthcare Access
- Mental Health and Behavioral Health
- Food Insecurity and Healthy Eating.

Facility-Specific Key Findings & SIP Prioritization Sessions (Step 2)
On September 9 and September 11, 2025, two separate 60-minute virtual meetings took place with CBMC and CMMC leadership and key partners, respectively. Following a brief presentation of the CHNA findings, facility leadership reviewed the polling results from the Step 1 meeting and discussed priorities for their respective Strategic Implementation Plans (SIPs). CBMC discussions resulted in combining Chronic Disease Prevention & Management and Healthcare Access into one priority area. CMMC discussions resulted in leadership approving the four priority areas suggested by the CBMC-CMMC CHNA Advisory Committee polling results.

Priorities Selected for Planning
Based on the assessment findings as well as existing initiatives, expertise, capacity, and experience:

- Clara Maas Medical Center (CMMC) selected the following four priorities to focus on when developing their strategic implementation plan:
    - Chronic Disease Prevention & Management
    - Healthcare Access
    - Mental Health and Behavioral Health
    - Food Insecurity and Healthy Eating

- Cooperman Barnabas Medical Center (CBMC) selected the following three priorities to focus on when developing their strategic implementation plan:
    - Chronic Disease Prevention & Management and Healthcare Access
    - Mental Health and Behavioral Health
    - Food Insecurity and Healthy Eating

It is noted that the needs prioritized and selected by the facilities for improvement planning are in line with the New Jersey State Health Improvement Plan 2020, which addresses strategies for improvement of Health Equity, Mental Health/Substance Use, Nutrition, Physical Activity, and Chronic Disease (additional focus areas include Birth Outcomes, Immunizations and Alignment of State and Community Health Improvement Planning). Further, actions for the prioritized areas support and are in line with the four broad Healthy New Jersey 2030 topic areas that represent the key elements that influence health: 1) Access to Quality Care; 2) Healthy Communities; 3) Healthy Families; and 4) Healthy Living.

In 2025, CMMC and CBMC will bring together stakeholders and subject matter experts for their planning processes and the development of their implementation plans that identify goals and strategies for addressing the CMMC and CBMC priorities: Chronic Disease Prevention and Management; Healthcare Access; Mental Health and Behavioral Health; and Food Insecurity and Healthy Eating. Health and Racial Equity and Systemic Racism and Discrimination will be included as cross-cutting themes with strategies to address health disparities.

Clara Maass Medical Center and Cooperman Barnabas Medical Center Community Health Needs Assessment: Appendix

November 2025

PREPARED BY
HEALTH RESOURCES IN ACTION

RWJBarnabas HEALTH | Clara Maass Medical Center

RWJBarnabas HEALTH | Cooperman Barnabas Medical Center

Appendix

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Appendix A: Organizations Represented in Key Informant Interviews and Focus Groups

Organization	Sector
Apostle Church	Faith Leaders
Belleville High School and West Orange High School	Education Systems
CBMC Diabetes Center	Chronic Disease
East North Senior Center	Older Adults
Essex County Office of LGBTQ Affairs	LGBTQ+ Community
Essex County Office of Public Health Management	Local Public Health Officials
Greater Essex Counseling Center	Mental Health
Liss Pharmacy	Health Insurance
North Ward Center (Family Success Center)	Older Adults
Nutley Fire District & Livingston First Aid Squad	First Responders
Orange and Belleville Public School Districts	Parents
Tony's Kitchen and Interfaith Food Pantry	Food Insecurity
West Orange Hispanic Foundation	Latino Residents

Appendix B: Key Informant Interview Guide

Health Resources in Action
CBMC & CMMC 2024-2025
Community Health Needs Assessment-Strategic Improvement Plan
Virtual Key Informant Interview Guide

Goals of the key informant interview
- To determine perceptions of the strengths and needs of the community
- To identify the gaps, challenges, and opportunities for addressing community needs more effectively
- To understand the priorities for action

I. BACKGROUND (5 MINUTES)

- Hello, my name is _____, and I work for _____. Thank you for taking the time to talk with me today.

- The RWJBarnabas Health Clara Maass Medical Center and Cooperman Barnabas Medical Center are conducting a collaborative community health assessment to gain a greater understanding of the needs of the community, how those needs are currently being addressed, and whether there might be opportunities to address these issues more effectively.

- As part of the community health assessment process, we are conducting interviews with leaders in the community and focus groups with residents to understand different people's perspectives on these issues. The findings from these conversations will inform decisions around future investments to improve the community.

- Our interview will last about 45 – 60 minutes. When we are done with the data collection, we will write a report on the key themes that came up during these discussions. We will include quotes, but we will not share any names or identifying information. Nothing that you say here will be connected directly to you in our report. The final report will be publicly available through RWJBarnabas Health in late 2025 / early 2026.

- [NOTE IF TRANSCRIBING] We plan to transcribe 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 reviewing the transcription. Do you have any concerns with me turning on the transcription now?

- Do you have any questions before we begin?

II. INTRODUCTION (5 MINUTES)

1. Can you tell me a bit about yourself and the work that your organization does? What communities do you work in or serve?

III. COMMUNITY ASSETS AND CONCERNS (20 minutes)

Now, we're going to shift gears and talk about the community.

2. What makes your community great? What are it's biggest strengths?

3. What are some of the biggest problems or concerns in your community? What are neighbors worried about?

4. How do these issues affect your/ residents' day-to-day life? [PROBE ON SDOH AND HEALTH ISSUES]

IV. PRIORITIES (18 minutes)

5. Can you tell me about some promising initiatives in your community to tackle the issues we've discussed?

6. Can you describe existing partnerships and collaborations that are helping to strengthen the community? What health issue are they tackling? Who are they serving? What have been the main accomplishments?

7. What are the gaps in existing services? Are there groups or populations that are not being reached?

8. What do you see as some of the biggest challenges for your community to tackle this issue or make improvements?

V. VISION FOR THE FUTURE (10 MINUTES)

8. If you had one major takeaway call to action, need, or issue for us to address urgently, what would that be, and why? In other words, what change needs to happen to address the main issues in this community?

9. I'd like you to think 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? What are the next steps to help this vision become a reality?

VI. CLOSING (2 MINUTES)

Thank you so much for your time and sharing your opinions.

That's it for my questions. Is there anything else that you would like to mention ? Thank you again. Your feedback is valuable, and we greatly appreciate your time.

Appendix C: Focus Group Guide

Health Resources in Action
CBMC & CMMC 2024-2025
Community Health Needs Assessment-Strategic Improvement Plan
Virtual 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 minutes)

- Hello, my name is _____, and I work for Health Resources in Action, a non-profit public health organization based in Boston that works throughout the US. I'd also like to introduce my colleague _____. They work with me on this project and are here to take notes during our discussion, so I can give you my full attention. Thank you for taking the time to talk with me today.

- The RWJBarnabas Health Clara Maass Medical Center and Cooperman Barnabas Medical Center are conducting a collaborative community health assessment to gain a greater understanding of the needs of the community, how those needs are currently being addressed, and whether there might be opportunities to address these issues more effectively.

- As part of the community health assessment process, we are conducting interviews with leaders in the community and focus groups with residents to understand different people's perspectives on these issues. The findings from these conversations will inform decisions around future investments to improve the community. We greatly appreciate your feedback, insight, and honesty.

- You are here because we want to hear from you. There are no right or wrong answers. We want to know your opinions, and those opinions might differ. This is fine. Please feel free to share what you think, both positive and negative. If I ask a question that you don't feel comfortable answering it's okay for us to skip and move on to the next questions.

- 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.

- When we are done collecting data, we will write a report on the key themes that came up during these discussions. We will include quotes, but we will not share any names or identifying information. Nothing that you say here will be connected directly to you in our

report. The final report will be publicly available through RWJBarnabas Health in late 2025 / early 2026.

- [NOTE IF AUDIORECORDING/TRANSCRIBING] We'd like to audio record/transcribe this conversation to ensure we have captured the main points of the discussion. No one but the analysts at Health Resources in Action, who are writing the report, will be listening to the audio recordings/reading the transcript. Does anyone have any concerns with me turning the recorder/transcription on now? [Only turn transcript on if nobody objects]

- Does anyone have any questions before we begin?

II. INTRODUCTIONS (5 minutes)

First, let's spend some 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
3) One thing you love about where you live. [MODERATOR STARTS THEN ALL PARTICIPANTS INTRODUCE THEMSELVES]

III. COMMUNITY ASSETS AND CONCERNS (20 minutes)

Now, we're going to shift gears and talk about the community that you live in.

1. If someone was thinking about moving into your neighborhood, what would you say are the biggest strengths of your community - or the most positive things about it? [PROBE ON COMMUNITY AND ORGANIZATIONAL ASSETS/STRENGTHS]

2. What are some of the biggest problems or concerns in your community? What are neighbors worried about?

3. How do these issues affect your/ residents' day-to-day life? [PROBE ON SDOH AND HEALTH ISSUES]

    a. Are there groups in the community that are more impacted by these concerns than others? If yes, which groups? (PROBE: New Immigrants, Youth, Seniors, Low-Income Residents)

IV. PRIORITIES (14 minutes)

I've heard in our conversation today that NAME ISSUES are a top concern for the community. [NAME THE MAJOR 2-3 ISSUES MENTIONED IN THE DISCUSSION– FOOD INSECURITY/HEALTHY EATING; ACCESS TO HEALTHCARE; MENTAL HEALTH; BEHAVIORAL HEALTH; CHRONIC DISEASE; TRANSPORTATION; SOCIAL; ECONOMIC; ETC.]

4. Do you agree with this list as the major concerns/issues in your community? Is there a major issue that is missing?

Now let's talk about some of these issues in more detail [Moderator to select one major issue discussed.]

5. From your perspective, what are the main issues related to this [ISSUE]? What are the main factors affecting [ISSUE] in your community? [PROBE: Barriers and facilitators to access, Service Coordination, Social/Economic Factors, Discrimination, etc.; Population groups most affected]

6. What do you see as some of the biggest challenges for your community to tackle this issue or make improvements?

7. What services or programs currently exist to address [ISSUE]?

8. What are the main gaps in existing services? Do the existing services work for everyone? [PROBE: Groups not being reached, neighborhoods less served, etc]

[REPEAT Q5-Q8 FOR 1-2 OTHER MAJOR ISSUES THAT WERE DISCUSSED]

V. VISION OF COMMUNITY HEALTH IMPROVEMENT AND INVOLVEMENT (14 minutes)

9. I'd like you to think ahead about the future of your community. When you envision the community 3 years from now, what change would you like to see happen?

10. What is one action or investment that should happen in the community to improve health and wellness? Why?

VI. CLOSING & GIFT CARDS (5 minutes)

Thank you so much for your time and for sharing your opinions with us. Your perspective 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 sharing your opinion. [TALK ABOUT NEXT STEPS OF THE PROCESS, SPECIFICALLY HOW PARTICIPANTS WILL RECEIVE GIFT CARD AND WHO TO CONTACT IF THEY HAVE QUESTIONS.]

Appendix D: Resource Inventory

Essex County: Acute Care Facilities Resource

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	CITY	STATE	zip	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
AMBULATORY CARE FACILITY	10766	MOUNTAINSIDE FAMILY PRACTICE ASSOCIATES AT VERONA (NJ10766)	799 BLOOMFIELD AVENUE VERONA, NJ 07044	VERONA	NJ	07044	ESSEX	(973) 746-7050		Montclair Hospital, Llc
AMBULATORY CARE FACILITY	22255	STONE CENTER OF NEW JERSEY, THE (NJ22255)	150 BERGEN STREET NEWARK, NJ 07103	NEWARK	NJ	07103	ESSEX	(973) 564-5642	(973) 564-5024	The Stone Center Of New Jersey
AMBULATORY CARE FACILITY	22403	NJIN OF WEST CALDWELL (NJ22403)	1140 BLOOMFIELD AVENUE WEST CALDWELL, NJ 07006	WEST CALDWELL	NJ	07006	ESSEX	(973) 439-9729	(973) 661-4674	Montclair Radiological Associates, P.A.
AMBULATORY CARE FACILITY	22601	IMAGECARE AT WEST ORANGE (NJ22601)	61 MAIN STREET WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 736-1680	(862) 930-7397	West Orange Radiology, Llc
AMBULATORY CARE FACILITY	22760	NJIN WEST ORANGE (NJ22760)	772 NORTHFIELD AVENUE WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 325-0002	(973) 325-8140	The New Jersey Imaging Network Llc
AMBULATORY CARE FACILITY	22787	NORTH JERSEY MEDICAL IMAGING LLC (NJ22787)	410 CENTER STREET NUTLEY, NJ 07110	NUTLEY	NJ	07110	ESSEX	(973) 354-9700	(973) 661-1116	Hudson Radiology Center Of Nj
AMBULATORY CARE FACILITY	22941	COVENANT HOUSE NEW JERSEY MEDICAL SERVICES (NJ22941)	330 WASHINGTON STREET NEWARK, NJ 07102	NEWARK	NJ	07102	ESSEX	(973) 286-3550	(973) 621-6680	Covenant House New Jersey
AMBULATORY CARE FACILITY	22950	UNIVERSITY RADIOLOGY GROUP, LLC (NJ22950)	2130 MILLBURN AVENUE MAPLEWOOD, NJ 07040	MAPLEWOOD	NJ	07040	ESSEX	(973) 912-0404	(973) 912-0444	University Radiology Group, Llc
AMBULATORY CARE FACILITY	22968	IMAGECARE (NJ22968)	120 MILLBURN AVENUE MILLBURN, NJ 07041	MILLBURN	NJ	07041	ESSEX	(973) 376-0900	(973) 376-0010	Center For Advanced Imaging Llc
AMBULATORY CARE FACILITY	23000	IRVINGTON MEDICAL IMAGING CENTER (NJ23000)	277-285 COIT STREET IRVINGTON, NJ 07111	IRVINGTON	NJ	07111	ESSEX	(973) 351-1277	(973) 373-0510	Newark Imaging Center, Inc.
AMBULATORY CARE FACILITY	23151	ODI DIAGNOSTIC IMAGING OF NEWARK, LLC (NJ23151)	243 CHESTNUT STREET NEWARK, NJ 07105	NEWARK	NJ	07105	ESSEX	(973) 521-5685	(862) 237-7629	Dic Diagnostics, L.L.C.
AMBULATORY CARE FACILITY	23184	CANFIELD MEDICAL IMAGING ASSOCIATE PA (NJ23184)	343 PASSAIC AVENUE, SUITE C FAIRFIELD, NJ 07004	FAIRFIELD	NJ	07004	ESSEX	(973) 227-2308	(973) 227-3475	Canfield Medical Imaging Associate Pa
AMBULATORY CARE FACILITY	23317	MONTCLAIR BREAST CENTER (NJ23317)	37 NORTH FULLERTON AVENUE MONTCLAIR, NJ 07042	MONTCLAIR	NJ	07042	ESSEX	(973) 509-1818	(973) 509-0708	Montclair Breast Center
AMBULATORY CARE FACILITY	23399	NJIN OF NUTLEY (NJ23399)	20 HIGH STREET NUTLEY, NJ 07110	NUTLEY	NJ	07110	ESSEX	(973) 661-4674	(973) 284-0269	Montclair Radiological Associates, P.A.
AMBULATORY CARE FACILITY	23401	NJIN OF MONTCLAIR (NJ23401)	116 PARK STREET MONTCLAIR, NJ 07042	MONTCLAIR	NJ	07042	ESSEX	(973) 661-4674	(973) 284-0956	Montclair Radiological Associates, P.A.
AMBULATORY CARE FACILITY	24080	IRONBOUND OPEN MRI, LLC (NJ24080)	119-137 CLIFFORD STREET NEWARK, NJ 07102	NEWARK	NJ	07102	ESSEX	(973) 508-1400	(973) 522-2009	Ironbound Open Mri, Llc
AMBULATORY CARE FACILITY	24270	NEWARK IMAGING CORP (NJ24270)	400 DELANCEY STREET, SUITE 108 NEWARK, NJ 07105	NEWARK	NJ	07105	ESSEX	(973) 589-7777	(973) 412-3333	Newark Med Imaging Corp.
AMBULATORY CARE FACILITY	24320	SUMMIT HEALTH (NJ24320)	1515 BROAD STREET, SUITE B120 BLOOMFIELD, NJ 07003	BLOOMFIELD	NJ	07003	ESSEX	(973) 873-7000	(973) 873-7025	New Jersey Urology, Llc
AMBULATORY CARE FACILITY	24349	SINUS AND DENTAL IMAGING OF NEW JERSEY LLC (NJ24349)	111-115 FRANKLIN AVENUE NUTLEY, NJ 07110	NUTLEY	NJ	07110	ESSEX	(201) 736-7585	(973) 773-9525	Mercurius Sidhom Limited Liability Company
AMBULATORY CARE FACILITY	24385	SUMMIT HEALTH (NJ24385)	375 MT PLEASANT AVENUE WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 323-1300	(973) 323-1319	Summit Medical Group, P.A.
AMBULATORY CARE FACILITY	24477	PROSPECT PRIMARY CARE (NJ24477)	424 MAIN STREET EAST ORANGE, NJ 07018	EAST ORANGE	NJ	07018	ESSEX	(973) 674-8067	(973) 677-7719	Mental Health Association Of Essex County, Inc.
AMBULATORY CARE FACILITY	24776	UNIVERSITY RADIOLOGY GROUP, LLC (NJ24776)	235 FRANKLIN AVENUE NUTLEY, NJ 07110	NUTLEY	NJ	07110	ESSEX	(732) 390-0040	(732) 390-1856	University Radiology Group, Llc
AMBULATORY CARE FACILITY	24805	NJIN OF BELLEVILLE (NJ24805)	36 NEWARK AVENUE BELLEVILLE, NJ 07109	BELLEVILLE	NJ	07109	ESSEX	(973) 844-4170	(973) 844-4192	The New Jersey Imaging Network Llc
AMBULATORY CARE FACILITY	24871	SUMMIT MEDICAL GROUP, PA (NJ24871)	75 EAST NORTHFIELD AVENUE LIVINGSTON, NJ 07039	LIVINGSTON	NJ	07039	ESSEX	(908) 273-4300	(908) 277-8656	Summit Medical Group, Pa
AMBULATORY CARE FACILITY	24945	CITYWIDE URGENT CARE NJ, LLC (NJ24945)	322 GLENWOOD AVENUE 322 GLENWOOD AVENUE BLOOMFIELD, NJ 07003	BLOOMFIELD	NJ	07003	ESSEX	(973) 929-7600	(973) 929-7602	Bloomfield Health Services, L.L.C.
AMBULATORY CARE FACILITY	24951	BARNABAS HEALTH AMBULATORY CARE CENTER (NJ24951)	200 SOUTH ORANGE AVENUE, SUITE 215 LIVINGSTON, NJ 07039	LIVINGSTON	NJ	07039	ESSEX	(973) 322-7000	(973) 322-7283	Saint Barnabas Outpatient Centers Corporation
AMBULATORY CARE FACILITY	24995	PETER HO MEMORIAL CLINIC, THE (NJ24995)	111 CENTRAL AVENUE NEWARK, NJ 07102	NEWARK	NJ	07102	ESSEX	(973) 877-5649	(973) 877-5593	Saint Michael'S Clinics, Inc.

AMBULATORY CARE FACILITY	25029	PINNACLE MRI GROUP LLC (NJ25029)	345 HENRY STREET ORANGE, NJ 07050	ORANGE	NJ	07050	ESSEX	(201) 426-4450	(201) 754-9850	Pinnacle Mri Group, Llc
AMBULATORY CARE FACILITY	25115	INTEGRITY, INC (NJ25115)	1091-1093 BROAD STREET NEWARK, NJ 07102	NEWARK	NJ	07102	ESSEX	(973) 623-0600	(973) 623-1862	Integrity House
AMBULATORY CARE FACILITY	25127	URGENT CARE AND WALK-IN MEDICAL SUITE (NJ25127)	200 FREEWAY DRIVE EAST, SUITE 305 EAST ORANGE, NJ 07019	EAST ORANGE	NJ	07019	ESSEX	(973) 886-1854	(973) 370-4040	Bmg East Orange Llc
AMBULATORY CARE FACILITY	25201	PREMIER DIAGNOSTIC OF ESSEX, LLC (NJ25201)	155 PROSPECT AVENUE WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(862) 520-1962	(862) 520-2670	Premier Diagnostics Of Essex, Llc
AMBULATORY CARE FACILITY	25331	FAMILY MD URGENT CARE & WALK-IN MEDICAL CENTER (NJ25331)	393 MULBERRY STREET, SUITE 203 NEWARK, NJ 07102	NEWARK	NJ	07102	ESSEX	(201) 733-9222		Family Md Llc
AMBULATORY CARE FACILITY	70791	PLANNED PARENTHOOD OF METROPOLITAN NEW JERSEY (NJ70791)	238-240 MULBERRY STREET NEWARK, NJ 07102	NEWARK	NJ	07102	ESSEX	(973) 622-3900	(973) 596-6307	Planned Parenthood Of Metropolitan New Jersey
AMBULATORY CARE FACILITY	24250	HACKENSACK MERIDIAN URGENT CARE PLUS WEST ORANGE (NJ24250)	769 NORTHFIELD AVENUE SUITE 4 WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(848) 308-4609	(973) 669-8576	Fresenius Medical Care Holdings Inc.
AMBULATORY CARE FACILITY - SATELLITE	22303	PLANNED PARENTHOOD OF METROPOLITAN NEW JERSEY (NJ22303)	29 NORTH FULLERTON AVENUE MONTCLAIR, NJ 07042	MONTCLAIR	NJ	07042	ESSEX	(973) 746-7116	(973) 746-8899	Planned Parenthood Of Metropolitan New Jersey
AMBULATORY CARE FACILITY - SATELLITE	22305	PLANNED PARENTHOOD OF METROPOLITAN NEW JERSEY (NJ22305PP)	70 ADAMS STREET SUITE 13 UNIT 13 NEWARK, NJ 07105	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 (NJ70793)	560 MARTIN LUTHER KING BOULEVARD SUITE 100 EAST ORANGE NJ 07018	EAST ORANGE	NJ	07018	ESSEX	(973) 674-4343	(973) 674-5581	Planned Parenthood Of Metropolitan New Jersey
AMBULATORY SURGICAL CENTER	R24532	NEW JERSEY VEIN & COSMETIC SURGERY (3111087)	741 NORTHFIELD AVENUE, SUITE 105 WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 243-9729	(732) 243-9672	New Jersey Vein & Cosmetic Surgery, Pa
AMBULATORY SURGICAL CENTER	21955	GREGORI SURGERY CENTER, THE (NJ21955)	101 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 322-6373	(973) 322-6633	West Orange Asc, Llc
AMBULATORY SURGICAL CENTER	70786	LIVINGSTON SURGERY CENTER, THE (NJ22223)	200 SOUTH ORANGE AVENUE LIVINGSTON, NJ 07039	LIVINGSTON	NJ	07039	ESSEX	(973) 322-7703	(973) 322-7542	Livingston Asc, Llc
AMBULATORY SURGICAL CENTER	23110	SURGICAL CENTER AT MILLBURN (NJ23110)	37 EAST WILLOW STREET MILLBURN, NJ 07041	MILLBURN	NJ	07041	ESSEX	(973) 912-8111	(973) 912-0181	Surgical Center At Millburn, Llc
AMBULATORY SURGICAL CENTER	23381	SHORT HILLS SURGERY CENTER (NJ23314)	187 MILLBURN AVENUE MILLBURN, NJ 07041	MILLBURN	NJ	07041	ESSEX	(973) 671-0555	(973) 671-0557	Amsurg Holdings, Inc.
AMBULATORY SURGICAL CENTER	23459	AMBULATORY CENTER FOR EXCELLENCE IN SURGERY (NJ23459)	1255 BROAD STREET BLOOMFIELD, NJ 07003	BLOOMFIELD	NJ	07003	ESSEX	(973) 842-2150	(973) 338-3545	Bloomfield Surgi Center Llc
AMBULATORY SURGICAL CENTER	24266	ADVANCED SPINE AND OUTPATIENT SURGERY CENTER, LLC (NJ24266)	347 MOUNT PLEASANT AVENUE, THIRD FLOOR WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(908) 557-9420	(908) 557-9438	Advanced Spine And Outpatient Surgery Center, Llc
AMBULATORY SURGICAL CENTER	24393	MOUNTAIN SURGERY CENTER (NJ24393)	375 MT PLEASANT AVENUE, SUITE 210 WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 736-3390	(973) 736-3588	West Orange Surgical Center, Llc
AMBULATORY SURGICAL CENTER	24023	PLEASANTDALE AMBULATORY CARE LLC (NJ24796)	61 MAIN STREET, SUITE D WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 324-2280	(973) 324-2285	Pleasantdale Ambulatory Care Llc
AMBULATORY SURGICAL CENTER	24814	MULBERRY AMBULATORY SURGICAL CENTER, LLC (NJ24814-1)	393 MULBERRY STREET NEWARK, NJ 07102	NEWARK	NJ	07102	ESSEX	(973) 559-5009	(973) 344-5581	Mulberry Ambulatory Surgical Center Llc
AMBULATORY SURGICAL CENTER	R24542	NORTHERN NJ EYE INSTITUTE (NJ31C0001024)	71 SECOND STREET SOUTH ORANGE, NJ 07079	SOUTH ORANGE	NJ	07079	ESSEX	(973) 763-2203	(973) 762-9449	Northern New Jersey Eye Institute, Pa
AMBULATORY SURGICAL CENTER	R24699	NORTHFIELD SURGICAL CENTER (NJ31C0001108)	741 NORTHFIELD AVENUE, STE 102 WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 243-1062	(973) 243-0564	Northfield Surgical Center, Llc
AMBULATORY SURGICAL CENTER	22810	ESSEX ENDOSCOPY CENTER, LLC (NJ31C0001148)	275 CHESTNUT STREET NEWARK, NJ 07105	NEWARK	NJ	07105	ESSEX	(973) 589-5545	(973) 589-0073	Essex Endoscopy Center, L.L.C.
AMBULATORY SURGICAL CENTER	24309	ESSEX SPECIALIZED SURGICAL INSTITUTE (NJ31C0001156)	475 PROSPECT AVENUE WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 325-6716	(973) 325-6723	Essex Specialized Surgical Institute, L.L.C.
AMBULATORY SURGICAL CENTER	22335	SUBURBAN ENDOSCOPY CENTER, LLC (NJ31C0001162)	799 BLOOMFIELD AVENUE VERONA, NJ 07044	VERONA	NJ	07044	ESSEX	(973) 571-1600	(973) 571-1882	Suburban Endoscopy Center, Llc
AMBULATORY SURGICAL CENTER	70789	PILGRIM MEDICAL CENTER (NJ70789)	393 BLOOMFIELD AVENUE MONTCLAIR, NJ 07042	MONTCLAIR	NJ	07042	ESSEX	(973) 746-1500	(973) 746-0955	Pilgrim Medical Center, Inc
AMBULATORY SURGICAL CENTER	R24543	NORTH FULLERTON SURGERY CENTER (NJ80031)	37 NORTH FULLERTON AVENUE MONTCLAIR, NJ 07042	MONTCLAIR	NJ	07042	ESSEX	(973) 233-0433	(973) 233-0144	North Fullerton Surgery Center Llc
AMBULATORY SURGICAL CENTER	R24569	ESSEX SURGICAL ARTS SURGERY CENTER (NJ90061)	727 JORALEMON STREET, SUITE B SUITE B BELLEVILLE, NJ 07109	BELLEVILLE	NJ	07109	ESSEX	(973) 450-1600	(973) 450-1602	Essex Surgical Arts Surgery Center Llc
AMBULATORY SURGICAL CENTER	R24648	ESSEX SURGICAL, LLC (NJ909049)	776 NORTHFIELD AVENUE SUITE 101 WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 324-0400	(973) 324-2113	Essex Surgical, Llc
AMBULATORY SURGICAL CENTER	R24489	CityView Surgical Center, LLC (NJR24489)	34 South Dean Street, Suite 201 Englewood, NJ 07631	ENGLEWOOD	NJ	07631	ESSEX	(551) 369-1200	(551) 369-1199	Cityview Surgical Center, Llc
AMBULATORY SURGICAL CENTER	R24549	FREEDOM SURGICAL CENTER, LLC (NJR24549-1)	1455 BROAD STREET, SUITE 100 BLOOMFIELD, NJ 07003	BLOOMFIELD	NJ	07003	ESSEX	(201) 402-2050	(201) 402-2037	Freedom Surgical Center
AMBULATORY SURGICAL CENTER ASC-ST	R24377	WEST ORANGE ENDOVASCULAR CENTER (NJR24377)	347 MOUNT PLEASANT AVENUE, SUITE 100 WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 325-0042	(856) 307-1200	West Orange Endovasvular Center, Llc
AMBULATORY SURGICAL CENTER ASC-ST	24814	MULBERRY AMBULATORY SURGICAL CENTER, LLC (NJ24814-2)	24 MERCHANT STREET NEWARK, NJ 07105	NEWARK	NJ	07105	ESSEX	(973) 559-5009		Mulberry Ambulatory Surgical Center Llc

COMPREHENSIVE REHABILITATION HOSPITAL	20725	KESSLER REHAB CENTER (NJ20725)	1199 PLEASANT VALLEY WAY WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 243-6830	(973) 243-6819	Kessler Institute For Rehabilitation, Inc.
END STAGE RENAL DIALYSIS	82451	RENEX DIALYSIS CLINIC OF ORANGE (31-2533)	258 CENTRAL AVENUE ORANGE, NJ 07050	ORANGE	NJ	07050	ESSEX	(973) 675-3400	(973) 675-1373	Renex Dialysis Clinic Of Orange, Inc
END STAGE RENAL DIALYSIS	22201	BIO-MEDICAL APPLICATIONS OF IRVINGTON (NJ22201)	10 CAMPTOWN ROAD IRVINGTON, NJ 07111	IRVINGTON	NJ	07111	ESSEX	(973) 399-1111	(973) 399-0325	Fresenius Medical Care
END STAGE RENAL DIALYSIS	22214	EAST ORANGE DIALYSIS (NJ22214)	14-20 PROSPECT STREET EAST ORANGE, NJ 07017	EAST ORANGE	NJ	07017	ESSEX	(973) 672-2025	(973) 675-1381	Dva Renal Healthcare, Inc.
END STAGE RENAL DIALYSIS	22260	RENEX DIALYSIS CLINIC OF BLOOMFIELD, INC (NJ22260)	206 BELLEVILLE AVENUE BLOOMFIELD, NJ 07003	BLOOMFIELD	NJ	07003	ESSEX	(973) 680-8100	(973) 680-8228	Renex Dialysis Clinic Of Bloomfield, Inc.
END STAGE RENAL DIALYSIS	24071	RENAL CARE GROUP MAPLEWOOD (NJ24071)	2130 MILBURN AVENUE MAPLEWOOD, NJ 07040	MAPLEWOOD	NJ	07040	ESSEX	(973) 275-5499	(973) 275-5103	Renal Care Group
END STAGE RENAL DIALYSIS	24660	FRESENIUS MEDICAL CARE NORTH MONTCLAIR (NJ24660)	114 VALLEY ROAD MONTCLAIR, NJ 07042	MONTCLAIR	NJ	07042	ESSEX	(973) 744-2058	(973) 744-2078	Fresenius Medical Care Montclair, Llc
END STAGE RENAL DIALYSIS	24703	DIALYSIS CENTER OF WEST ORANGE, LLC (NJ24703)	101 OLD SHORT HILLS ROAD, SUITE 120 WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 736-8300	(973) 736-8320	Dialysis Center Of West Orange Llc
END STAGE RENAL DIALYSIS	24743	WEST ORANGE DIALYSIS (NJ24743)	375 MT PLEASANT AVENUE, SUITE 340 WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 243-7069	(973) 731-1348	Kidney Life, Llc
END STAGE RENAL DIALYSIS	24791	MILLBURN DIALYSIS CENTER (NJ24791)	25 EAST WILLOW STREET, SUITE 2 MILLBURN, NJ 07041	MILLBURN	NJ	07041	ESSEX	(973) 379-7309	(973) 379-5175	Redcliff Dialysis, L.L.C.
END STAGE RENAL DIALYSIS	24817	FRESENIUS MEDICAL CARE WEST ESSEX (NJ24817)	348 EAST NORTHFIELD ROAD LIVINGSTON, NJ 07039	LIVINGSTON	NJ	07039	ESSEX	(973) 535-0667	(973) 533-0088	Fresenius Medical Care West Essex
END STAGE RENAL DIALYSIS	24961	VISTACARE DIALYSIS CENTER (NJ24961)	300 BROADWAY NEWARK, NJ 07104	NEWARK	NJ	07104	ESSEX	(973) 878-4499	(973) 368-4943	Fresenius Medical Care New Vista, L.L.C.
END STAGE RENAL DIALYSIS	25035	ALLIANCE DIALYSIS CENTER (NJ25035)	155-40TH STREET IRVINGTON, NJ 07111	IRVINGTON	NJ	07111	ESSEX	(973) 371-2155	(973) 963-8341	Alaris Health Dialysis At Essex
END STAGE RENAL DIALYSIS	25095	IRVINGTON DIALYSIS (NJ25095)	468 CHANCELLOR AVENUE, SUITE WS-3 IRVINGTON, NJ 07111	IRVINGTON	NJ	07111	ESSEX	(973) 373-0294	(973) 371-1595	Buckhorn Dialysis, Llc
END STAGE RENAL DIALYSIS	25097	FRESENIUS KIDNEY CARE BELLEVILLE (NJ25097)	36 NEWARK AVENUE,, SUITE 304 BELLEVILLE, NJ 07109	BELLEVILLE	NJ	07109	ESSEX	(973) 450-0385	(973) 450-4318	Fresenius Medical Care Belleville, Llc
END STAGE RENAL DIALYSIS	25119	NEWARK MT PLEASANT DIALYSIS (NJ25119)	262 BROAD STREET NEWARK, NJ 07104	NEWARK	NJ	07104	ESSEX	(973) 268-7184	(973) 268-2802	Isd Renal, Inc.
END STAGE RENAL DIALYSIS	25142	DIALYSIS CENTER OF EAST ORANGE (NJ25142)	20 SUSSEX AVENUE EAST ORANGE, NJ 07018	EAST ORANGE	NJ	07018	ESSEX	(973) 266-1093	(973) 266-1094	Dialysis Center Of Mountainside, Llc
END STAGE RENAL DIALYSIS	40705	FRESENIUS MEDICAL CARE NORTH NEWARK (NJ312503)	155 BERKLEY AVENUE NEWARK, NJ 07107	NEWARK	NJ	07107	ESSEX	(973) 412-0066	(973) 268-4829	Bio-Medical Applications Of New Jersey, Inc.
END STAGE RENAL DIALYSIS	40701	BIO-MEDICAL APPLICATIONS OF NEW JERSEY, INC (NJ312505)	91-101 HARTFORD STREET NEWARK, NJ 07103	NEWARK	NJ	07103	ESSEX	(973) 624-7100	(973) 624-7113	Bio-Medi Al Applications Of New Jersey, Inc.
END STAGE RENAL DIALYSIS	23187	RENEX DIALYSIS CLINIC OF EAST ORANGE (NJ312568)	110 SOUTH GROVE STREET EAST ORANGE, NJ 07018	EAST ORANGE	NJ	07018	ESSEX	(973) 414-6100	(973) 414-6109	Nna Of East Orange, Llc
END STAGE RENAL DIALYSIS	40704	PARKSIDE DIALYSIS (NJ40704)	580 FRELINGHUYSEN AVENUE NEWARK, NJ 07114	NEWARK	NJ	07114	ESSEX	(973) 733-9450	(973) 733-9455	Kidney Life, Llc
END STAGE RENAL DIALYSIS	23076	SAINT BARNABAS RCG DIALYSIS CENTER-LIVINGSTON (NJ80036)	200 SOUTH ORANGE AVENUE, SUITE 117 LIVINGSTON, NJ 07039	LIVINGSTON	NJ	07039	ESSEX	(973) 322-7150	(973) 322-7160	Nna Saint Barnabas-Livingston, L.L.C.
FEDERALLY QUALIFIED HEALTH CENTERS	24137	NEWARK COMMUNITY HEALTH CENTER INC (311887)	37 NORTH DAY STREET ORANGE, NJ 07050	ORANGE	NJ	07050	ESSEX	(973) 483-1300	(973) 350-5562	Newark Community Health Centers, Inc
FEDERALLY QUALIFIED HEALTH CENTERS	70782	NEWARK DEPARTMENT OF HEALTH & COMMUNITY WELLNESS (311892)	110 WILLIAM STREET, ROOM 208 NEWARK, NJ 07102	NEWARK	NJ	07102	ESSEX	(973) 733-5310	(973) 733-3648	Newark Department Of Health And Community Wellness
FEDERALLY QUALIFIED HEALTH CENTERS	24967	SAINT JAMES HEALTH, INC (6530)	228 LAFAYETTE STREET, 2ND FLOOR AND 4TH FLOOR NEWARK, NJ 07105	NEWARK	NJ	07105	ESSEX	(908) 578-7273	(973) 589-3762	Saint James Health, Inc.
FEDERALLY QUALIFIED HEALTH CENTERS	25297	HOPE & ESPERANZA COMMUNITY HEALTH CENTER (NJ25297)	788 MOUNT PROSPECT AVENUE, FLOOR 2 NEWARK, NJ 07104	NEWARK	NJ	07104	ESSEX	(973) 433-9773	(973) 433-9761	Ironbound Community Health Center, Inc.
FEDERALLY QUALIFIED HEALTH CENTERS	70777	NEWARK COMMUNITY HEALTH CENTERS INC (NJ311806)	741 BROADWAY NEWARK, NJ 07104	NEWARK	NJ	07104	ESSEX	(973) 483-1300	(973) 266-9945	Newark Community Health Centers, Inc
FEDERALLY QUALIFIED HEALTH CENTERS	70778	NEWARK COMMUNITY HEALTH CENTER INC (NJ311820)	101 LUDLOW STREET NEWARK, NJ 07114	NEWARK	NJ	07114	ESSEX	(973) 483-1300	(973) 350-5562	Newark Community Health Centers, Inc
GENERAL ACUTE CARE HOSPITAL	10701	CLARA MAASS MEDICAL CENTER (NJ10701)	ONE CLARA MAASS DRIVE BELLEVILLE, NJ 07109	BELLEVILLE	NJ	07109	ESSEX	(973) 450-2000	(973) 450-0181	Clara Maass Medical Center
GENERAL ACUTE CARE HOSPITAL	10702	UNIVERSITY HOSPITAL (NJ10702)	150 BERGEN ST NEWARK, NJ 07103	NEWARK	NJ	07103	ESSEX	(973) 972-5658	(973) 972-6943	University Hospital
GENERAL ACUTE CARE HOSPITAL	10704	CAREWELL HEALTH MEDICAL CENTER (NJ10704)	300 CENTRAL AVE EAST ORANGE, NJ 07018	EAST ORANGE	NJ	07018	ESSEX	(973) 672-8400	(973) 266-8488	Eoh Acquisition Group, Llc
GENERAL ACUTE CARE HOSPITAL	10708	HACKENSACK MERIDIAN MOUNTAINSIDE MEDICAL (NJ10708)	1 BAY AVENUE MONTCLAIR, NJ 07042	MONTCLAIR	NJ	07042	ESSEX	(973) 429-6000	(973) 429-6209	Montclair Health System, L.L.C.

GENERAL ACUTE CARE HOSPITAL	10709	NEWARK BETH ISRAEL MEDICAL CENTER (NJ10709)	201 LYONS AVE NEWARK, NJ 07112	NEWARK	NJ	07112	ESSEX	(973) 926-7850	(973) 705-3477	Newark Beth Israel Medical Center
GENERAL ACUTE CARE HOSPITAL	10710	COOPERMAN BARNABAS MEDICAL CENTER (NJ10710)	94 OLD SHORT HILLS ROAD LIVINGSTON, NJ 07039	LIVINGSTON	NJ	07039	ESSEX	(973) 322-5000	(973) 322-5007	Cooperman Barnabas Medical Center
GENERAL ACUTE CARE HOSPITAL	10713	SAINT MICHAEL'S MEDICAL CENTER (NJ10713)	111 CENTRAL AVENUE NEWARK, NJ 07102	NEWARK	NJ	07102	ESSEX	(973) 877-5350	(973) 877-5593	Prime Healthcare Services-St. Michael'S, Llc
HOME HEALTH AGENCY	70702	PROMISE CARE NJ (NJ317009)	576 CENTRAL AVENUE, SUITE 304 EAST ORANGE, NJ 07018	EAST ORANGE	NJ	07018	ESSEX	(973) 378-1000	(201) 418-6817	Promise Care Of Essex County, Llc
HOME HEALTH AGENCY	22361	BAYADA HOME HEALTH CARE, INC (NJ317021)	5 REGENT STREET, SUITE 528 LIVINGSTON, NJ 07039	LIVINGSTON	NJ	07039	ESSEX	(973) 535-0543	(973) 535-0561	Bayada Home Health Care, Inc.
HOME HEALTH AGENCY	70705	PATIENT CARE (NJ317060)	300 EXECUTIVE DRIVE, SUITE 010 WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 243-6299	(973) 325-9277	Patient Care Medical Services, Inc.
HOME HEALTH AGENCY	22227	BARNABAS HEALTH HOME CARE AND HOSPICE (NJ317061)	80 MAIN STREET, SUITE 210 WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 243-9666	(973) 322-0370	Vna Health Group Of New Jersey, Llc
HOSPICE CARE BRANCH	24416	BARNABAS HEALTH HOME CARE AND HOSPICE (NJ24416)	80 MAIN STREET WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 412-2000	(973) 481-6395	Vna Health Group Of New Jersey, Llc
HOSPICE CARE BRANCH	25180	JOURNEY HOSPICE (NJ25180)	459 PASSAIC AVENUE, SUITE 270 WEST CALDWELL, NJ 07006	WEST CALDWELL	NJ	07006	ESSEX	(609) 386-7171		Hospice At Lsmnj, Inc.
HOSPICE CARE PROGRAM	22829	COMPASSIONATE CARE HOSPICE (31-1542)	300 BROADACRES DRIVE, SUITE 275 BLOOMFIELD, NJ 07003	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 (NJ22741)	400 BROADACRES DRIVE, 1ST FLOOR BLOOMFIELD, NJ 07003	BLOOMFIELD	NJ	07003	ESSEX	(857) 331-6275	(973) 893-0828	Hospice Of New Jersey, Llc
HOSPICE CARE PROGRAM	25064	PIONEER HOSPICE OF NJ INC (NJ25064)	14 SOUTH CENTER STREET ORANGE, NJ 07050	ORANGE	NJ	07050	ESSEX	(862) 520-4151	(862) 520-1866	Pioneer Hospice Of Nj, Inc.
HOSPICE CARE PROGRAM	22714	BARNABAS HEALTH HOME CARE AND HOSPICE (NJ311507)	80 MAIN STREET, SECOND FLOOR, SUITE 300 WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(855) 619-4448	(973) 669-1081	Vna Health Group Of New Jersey, L.L.C.
HOSPICE CARE PROGRAM	23201	VITAS HEALTHCARE CORPORATION ATLANTIC (NJ311558)	70 SOUTH ORANGE AVENUE, SUITE 210 LIVINGSTON, NJ 07039	LIVINGSTON	NJ	07039	ESSEX	(973) 994-4738	(973) 422-5385	Vitas Healthcare Atlantic
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1060	WAYMON C LATTIMORE CLINIC (NJ1060)	225 WARREN STREET NEWARK, NJ 07101	NEWARK	NJ	07101	ESSEX	(973) 972-0871	(973) 972-3832	University Hospital
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1110	CAREWELL HLTH CTR F WOUND HEALING & HYPERBARIC MED (NJ1110)	310 CENTRAL AVENUE EAST ORANGE, NJ 07018	EAST ORANGE	NJ	07018	ESSEX	(973) 395-4150	(973) 266-8488	East Orange General Hospital
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1149	ATLANTIC HEALTH SLEEP CENTERS (NJ1149)	5 REGENT STREET, SUITE 512 LIVINGSTON, NJ 07039	LIVINGSTON	NJ	07039	ESSEX	(866) 906-5666	(973) 290-7620	Ahs Hospital Corp.
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1169	UNIVERSITY HOSPITAL AMBULATORY CARE CENTER (NJ1167)	140 BERGEN STREET NEWARK, NJ 07101	NEWARK	NJ	07101	ESSEX	(973) 972-5658	(973) 972-6943	University Hospital
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1280	CAREWELL HEALTH PHYSICAL REHABILITATION (NJ1280)	240 CENTRAL AVENUE EAST ORANGE, NJ 07018	EAST ORANGE	NJ	07018	ESSEX	(973) 266-8415	(973) 266-8488	East Orange General Hospital
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1292	ST JOSEPH'S CARDIOVASCULAR CENTER-NUTLEY (NJ1292)	181 FRANKLIN AVENUE - STE 301 NUTLEY, NJ 07110	NUTLEY	NJ	07110	ESSEX	(973) 667-5511	(973) 667-0561	St. Joseph'S University Medical Center
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1332	SENIOR HEALTH & WELLNESS CENTER JAMES WHITE MANOR (NJ1332)	516 BERGEN STREET NEWARK, NJ 07108	NEWARK	NJ	07108	ESSEX	(973) 622-2703	(973) 622-2705	Newark Beth Israel Medical Center
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1369	CSH OUTPATIENT CENTER NEWARK (NJ1369)	182 LYONS AVENUE NEWARK, NJ 07112	NEWARK	NJ	07112	ESSEX	(908) 233-3720	(908) 301-5546	Children'S Specialized Hospital
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1388	CAREWELL HEALTH HEMODIALYSIS (NJ1388)	310 CENTRAL AVENUE EAST ORANGE, NJ 07018	EAST ORANGE	NJ	07018	ESSEX	(973) 395-4030	(973) 266-8488	East Orange General Hospital
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1396	CENTER FOR WOUND SCIENCE AND HEALING ATSILVER LAKE (NJ1396)	495 NORTH 13TH STREET NEWARK, NJ 07107	NEWARK	NJ	07107	ESSEX	(973) 479-2140	(973) 497-2371	Silver Lake Hospital
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1431	SAINT BARNABAS AMBULATORY CARE CENTER (NJ1431)	200 SOUTH ORANGE AVENUE LIVINGSTON, NJ 07039	LIVINGSTON	NJ	07039	ESSEX	(973) 322-7700	(973) 322-7160	Cooperman Barnabas Medical Center
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1522	COOPER BARNABAS MEDICAL CENTER CARDIAC REHABILITAT (NJ1522)	375 MOUNT PLEASANT AVENUE WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 322-5000	(973) 322-5007	Cooperman Barnabas Medical Center
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1338	MAGNUS IMAGING OF ENGLEWOOD HOSPITAL (NJ24055)	946 BLOOMFIELD AVENUE GLEN RIDGE, NJ 07028	GLEN RIDGE	NJ	07028	ESSEX	(973) 743-9001	(973) 743-9988	Englewood Hospital And Medical Center
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	25277	MOBILE HEALTH CENTER (NJ25277)	150 BERGEN STREET NEWARK, NJ 07101	NEWARK	NJ	07101	ESSEX	(732) 972-0871		University Hospital
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1167	CAREWELL HEALTH FAMILY HEALTH CENTER (NJ70771)	300 CENTRAL AVENUE EAST ORANGE, NJ 07018	EAST ORANGE	NJ	07018	ESSEX	(973) 266-4406	(973) 414-1850	East Orange General Hospital
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1553	MOBILE COMMUNITY HEALTH SERVICES (NJ1553)	150 BERGEN STREET NEWARK, NJ 07101	NEWARK	NJ	07101	ESSEX	(973) 972-5658		University Hospital

HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1559	UNIVERSITY HOSPITAL HEALTH & WELLNESS CENTER (NJ1559)	388 WEST MARKET STREET NEWARK, NJ 07107	NEWARK	NJ	07107	ESSEX	(973) 972-5658		University Hospital
MATERNAL AND CHILD HEALTH CONSORTIUM	80308	PARTNERSHIP FOR MATERNAL & CHILD HEALTH OF NORTHER (NJ80308)	50 PARK PLACE, SUITE 700 NEWARK, NJ 07102	NEWARK	NJ	07102	ESSEX	(973) 268-2280	(862) 314-0233	Partnership For Maternal & Child Health Of Norther
PSYCHIATRIC HOSPITAL	50706	ESSEX COUNTY HOSPITAL CENTER (NJ50706)	204 GROVE AVENUE CEDAR GROVE, NJ 07009	CEDAR GROVE	NJ	07009	ESSEX	(973) 571-2801	(973) 571-2864	County Of Essex
SPECIAL HOSPITAL HOSP-LT	24009	SILVER LAKE HOSPITAL LTACH (NJ24009)	495 NORTH 13TH STREET NEWARK, NJ 07107	NEWARK	NJ	07107	ESSEX	(973) 587-7712	(973) 587-7830	Columbus Hospital Ltach, Llc
SURGICAL PRACTICE	R24619	GARDEN STATE SURGERY CENTER (NJR24619)	29 PARK STREET MONTCLAIR, NJ 07042	MONTCLAIR	NJ	07042	ESSEX	(973) 509-2000	(973) 655-1228	Garden State Surgery Center, Llc
SURGICAL PRACTICE ASC-P-C	R24534	IRONBOUND ENDO-SURGICAL CENTER (NJ31C0001129)	24-28 MERCHANT STREET NEWARK, NJ 07105	NEWARK	NJ	07105	ESSEX	(973) 344-4787	(973) 344-5581	Ironbound Endosurgical Center, P.A.

Data Source: New Jersey Department of Health, Health Facilities search downloaded July 31, 2025

Essex County: Long Term Care Facilities Resource

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	CITY	STATE	zip	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
ADULT DAY HEALTH SERVICES FACILITY	07020	CIRCLE OF LIFE AT BELLEVILLE ADULT DAY CENTER (NJ07020)	250 MILL STREET BELLEVILLE, NJ 07109	BELLEVILLE	NJ	07109	ESSEX	(973) 751-7600		Eldercare Of Belleville Llc
ADULT DAY HEALTH SERVICES FACILITY	07024	IRVINGTON ADULT DAY CARE CENTER (NJ07024)	62-70 HOWARD STREET IRVINGTON, NJ 07111	IRVINGTON	NJ	07111	ESSEX	(201) 803-3072		Irvington Adult Day Care Center Llc
ADULT DAY HEALTH SERVICES FACILITY	07025	HERITAGE ADULT ENRICHMENT CENTER (NJ07025)	440 WASHINGTON STREET ORANGE, NJ 07050	ORANGE	NJ	07050	ESSEX	(973) 677-2273	(862) 233-6450	Heritage Adult Enrichment Cente, Llc
ADULT DAY HEALTH SERVICES FACILITY	07033	NUTLEY ADULT DAY CARE CENTER INC (NJ07033)	357-361 HARRISON STREET NUTLEY, NJ 07110	NUTLEY	NJ	07110	ESSEX	(551) 689-6100		Nutley Adult Day Care Center Inc
ADULT DAY HEALTH SERVICES FACILITY	02005	NEW JERSEY ADULT MEDICAL DAY CARE INC (NJ20005)	290 CHESTNUT STREET NEWARK, NJ 07105	NEWARK	NJ	07105	ESSEX	(973) 578-2815	(973) 589-0386	New Jersey Adult Medical Day Care, Inc
ADULT DAY HEALTH SERVICES FACILITY	308100	HAPPY DAYS I I ADULT DAY HEALTH (NJ308100)	1060 BROAD STREET 1153 BUCKWALD COURT, LAKEWOOD, NJ 08701 - MAILING NEWARK, NJ 07102	NEWARK	NJ	07102	ESSEX	(973) 643-3500		Happy Days Ii Adult Medical Day
ADULT DAY HEALTH SERVICES FACILITY	308113	2ND HOME EAST ORANGE (NJ308113)	115 EVERGREEN PLACE EAST ORANGE, NJ 07018	EAST ORANGE	NJ	07018	ESSEX	(973) 676-2600	(973) 676-2800	2Nd Home East Orange Llc
ADULT DAY HEALTH SERVICES FACILITY	308114	BELLEVILLE SENIOR SERVICES (NJ308114)	518 WASHINGTON AVENUE BELLEVILLE, NJ 07109	BELLEVILLE	NJ	07109	ESSEX	(973) 751-6000	(973) 751-1190	Belleville Senior Services, Llc
ADULT DAY HEALTH SERVICES FACILITY	308116	2ND HOME NEWARK OPERATIONS, LLC (NJ308116)	717-727 BROADWAY NEWARK, NJ 07104	NEWARK	NJ	07104	ESSEX	(973) 268-1212	(973) 268-1016	2Nd Home Newark Operations, Llc
ADULT DAY HEALTH SERVICES FACILITY	308117	2ND HOME ORANGE OPERATIONS, LLC (NJ308117)	37 NORTH DAY STREET ORANGE, NJ 07050	ORANGE	NJ	07050	ESSEX	(973) 395-0555	(973) 395-8279	Premier Of Orange Llc
ADULT DAY HEALTH SERVICES FACILITY	308119	SIGNATURE MEDICAL DAY CARE OF MONTCLAIR (NJ308119)	110 GREENWOOD AVENUE MONTCLAIR, NJ 07042	MONTCLAIR	NJ	07042	ESSEX	(973) 783-5589	(973) 783-3711	Freehold Montclair Healthcare, Llc
ADULT DAY HEALTH SERVICES FACILITY	308120	HOME AWAY FROM HOME ADULT DAY CARE CENTER OF NUT (NJ308120)	263 HILLSIDE AVENUE NUTLEY, NJ 07110	NUTLEY	NJ	07110	ESSEX	(973) 662-9191	(973) 662-1112	Essex Medical Day Care, Llc
ADULT DAY HEALTH SERVICES FACILITY	308336	GOODLIFE ADULT DAY CARE (NJ308336)	515 NORTH ARLINGTON AVENUE EAST ORANGE, NJ 07017	EAST ORANGE	NJ	07017	ESSEX	(973) 674-5100	(973) 674-6300	Apollo Healthcare, Llc
ADULT DAY HEALTH SERVICES FACILITY	082453	HAPPY DAYS ADULT DAY HEALTH CARE (NJ82453)	67 SO MUNN AVE 1153 BUCKWALD COURT, LAKEWOOD, NJ 08701 - MAILING EAST ORANGE, NJ 07018	EAST ORANGE	NJ	07018	ESSEX	(973) 678-0755	(732) 905-0944	Happy Days Healthcare Llc
ADULT DAY HEALTH SERVICES FACILITY	YG153X	NORTH WARD CENTER, THE (NJYG153X)	288 298 MT PROSPECT AVENUE NEWARK, NJ 07104	NEWARK	NJ	07104	ESSEX	(973) 481-6145	(973) 481-1573	The North Ward Center, Inc.

ADULT DAY HEALTH SERVICES in a LONG-TERM CARE FACILITY	308335	OASIS AT SINAI ADULT MEDICAL DAY CARE, THE (NJ308335)	65 JAY STREET NEWARK, NJ 07103	NEWARK	NJ	07103	ESSEX	(973) 483-6800	(973) 483-8140	Sinai Center For Rehabilitation And Healthcare Llc
ALTERNATE FAMILY CARE	308121	CLARENDON ALTERNATE FAMILY CARE (NJ308121)	212 CLIFTON AVENUE NEWARK, NJ 07104	NEWARK	NJ	07104	ESSEX	(973) 481-6516	(973) 227-1117	Branch Brook Park Manor, Inc.
ALTERNATE FAMILY CARE	082445	CARE MANAGEMENT 2000 (NJ82445)	258 PARK ST UPPER MONTCLAIR, NJ 07043	UPPER MONTCLAIR	NJ	07043	ESSEX	(973) 655-0121	(973) 655-0402	Care Management 2000, Inc.
ALTERNATE FAMILY CARE	90901	ROYAL HOMECARE MANAGEMENT (NJ90901)	285 ROSEVILLE AVENUE NEWARK, NJ 07107	NEWARK	NJ	07107	ESSEX	(973) 481-2200	(973) 481-3200	Royal Home Care Management Llc
ASSISTED LIVING PROGRAM	07A031	MC PROPERTIES ASSOCIATES, ALP (NJ07A031)	285 ROSEVILLE AVENUE NEWARK, NJ 07107	NEWARK	NJ	07107	ESSEX	(973) 392-3165	(973) 481-3200	Mc Properties Associates Alp
ASSISTED LIVING PROGRAM	25389	JEWISH COMMUNITY HOUSING ASSISTED LIVING PROGRAM (NJ25389)	750 NORTHFIELD AVENUE SOUTH ORANGE, NJ 07470	SOUTH ORANGE	NJ	07470	ESSEX	(862) 386-4762		Jewish Community Housing Corp Of Metropolitan Nj
ASSISTED LIVING RESIDENCE	07015	ARBOR TERRACE ROSELAND (NJ07015)	345 EAGLE ROCK AVENUE ROSELAND, NJ 07068	ROSELAND	NJ	07068	ESSEX	(973) 618-1888		Shp V Roseland, Llc
ASSISTED LIVING RESIDENCE	07A021	BRANDYWINE LIVING AT LIVINGSTON (NJ07A021)	369 EAST MT PLEASANT AVENUE LIVINGSTON, NJ 07039	LIVINGSTON	NJ	07039	ESSEX	(973) 251-0600	(973) 251-0601	Brandywine Senior Living At Livingston, Llc
ASSISTED LIVING RESIDENCE	30a000	WINCHESTER GARDENS ASSISTED LIVING CENTER (NJ30A000)	333 ELMWOOD AVENUE MAPLEWOOD, NJ 07040	MAPLEWOOD	NJ	07040	ESSEX	(973) 762-5050	(973) 762-2766	Marcus L. Ward Home
ASSISTED LIVING RESIDENCE	30A001	BROOKDALE WEST ORANGE (NJ30A001)	520 PROSPECT AVENUE WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 325-5700	(973) 325-6800	Brea West Orange, Llc
ASSISTED LIVING RESIDENCE	30a002	ARDEN COURTS (WEST ORANGE) (NJ30A002)	510 PROSPECT AVENUE WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 736-3100	(973) 736-0500	Arden Courts Of W. Orange Nj, Llc
ASSISTED LIVING RESIDENCE	30a003	SUNRISE ASSISTED LIVING AT WEST ESSEX (NJ30A003)	47 GREENBROOK ROAD FAIRFIELD, NJ 07004	FAIRFIELD	NJ	07004	ESSEX	(973) 228-7890	(973) 228-7918	Welltower Opco Group Llc
ASSISTED LIVING RESIDENCE	30A004	BRIGHTON GARDENS OF WEST ORANGE (NJ30A004)	220 PLEASANT VALLEY WAY WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 731-9840	(973) 731-9170	Sjv 1 W Orange Opco, Llc
ASSISTED LIVING RESIDENCE	30a005	LUTHERAN SOCIAL MINISTRIES AT (NJ30A005)	459 PASSAIC AVENUE WEST CALDWELL, NJ 07006	WEST CALDWELL	NJ	07006	ESSEX	(973) 276-3030	(973) 276-3032	Lutheran Social Ministries Of Nj
ASSISTED LIVING RESIDENCE	30a006	JOB HAINES HOME FOR AGED PEOPLE (NJ30A006)	250 BLOOMFIELD AVENUE BLOOMFIELD, NJ 07003	BLOOMFIELD	NJ	07003	ESSEX	(973) 743-0792	(973) 743-1135	Job Haines Home For Aged People
ASSISTED LIVING RESIDENCE	30A008	CLIFFS AT EAGLE ROCK, THE (NJ30A008)	707 EAGLE ROCK AVENUE WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 669-0011	(973) 669-9711	Baptist Home Society Of New Jersey
ASSISTED LIVING RESIDENCE	30A009	CARE ONE AT LIVINGSTON ASSISTED LIVING (NJ30A009)	76 PASSAIC AVENUE LIVINGSTON, NJ 07039	LIVINGSTON	NJ	07039	ESSEX	(973) 758-4100	(973) 758-4103	Care Two, Llc

ASSISTED LIVING RESIDENCE	07A030	SUNRISE OF LIVINGSTON (NJ07A030)	290 SOUTH ORANGE AVENUE LIVINGSTON, NJ 07039	LIVINGSTON	NJ	07039	ESSEX	(973) 548-6994		Sunrise Of Livingston, Llc
ASSISTED LIVING RESIDENCE	07A022	SPRING HILLS LIVINGSTON (NJ07A022)	346 E CEDAR STREET LIVINGSTON, NJ 07039	LIVINGSTON	NJ	07039	ESSEX	(973) 333-2200		Kbwb Operations, Llc
ASSISTED LIVING RESIDENCE	07019	CARE ONE AT LIVINGSTON ASSISTED LIVING II (NJ070190)	68 PASSAIC AVE. LIVINGSTON, NJ 07039	LIVINGSTON	NJ	07039	ESSEX	(973) 758-9000	(973) 758-4103	Care Two, Llc
COMPREHENSIVE PERSONAL CARE HOME	N2K04D	HOUSE OF THE HOLY COMFORTER CA (N2K04D)	33 MOUNT PLEASANT AVENUE WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 736-1194	(973) 243-9381	House Of The Holy Comforter
COMPREHENSIVE PERSONAL CARE HOME	07C009	ROSEVILLE MANOR (NJ07C009)	285 ROSEVILLE AVENUE NEWARK, NJ 07107	NEWARK	NJ	07107	ESSEX	(973) 481-2200	(973) 481-3200	Roseville Health Care, Llc
COMPREHENSIVE PERSONAL CARE HOME	30C001	GREEN HILL (NJ30C001)	103 PLEASANT VALLEY WAY WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 731-2300		Green Hill Inc.
COMPREHENSIVE PERSONAL CARE HOME	CP07001	LITTLE SENIOR RESIDENCE (NJCP07001)	71 CHRISTOPHER STREET MONTCLAIR, NJ 07042	MONTCLAIR	NJ	07042	ESSEX	(973) 744-5518	(973) 744-7995	Little Nursing Home, Inc.
HOSPITAL BASED - LONG TERM CARE SUB ACUTE FACILITY SNF	306100	HACKENSACK-UMC MOUNTAINSIDE (NJ3061001)	MONTCLAIR HOSPITAL, LLC ONE BAY AVE MONTCLAIR, NJ 07042	MONTCLAIR	NJ	07042	ESSEX	(973) 429-6949		Montclair Hospital, Llc
LONG TERM CARE FACILITY	306300	LUTHERAN SOCIAL MINISTRIES CRANES MILL (NJ306300)	459 PASSAIC AVENUE WEST CALDWELL, NJ 07006	WEST CALDWELL	NJ	07006	ESSEX	(973) 276-3018	(973) 276-3032	Lutheran Social Ministries Of Nj
LONG TERM CARE FACILITY - HOME FOR THE AGED SNF/NF	030706	JOB HAINES HOME FOR AGED PEOPLE (NJ30706)	250 BLOOMFIELD AVE BLOOMFIELD, NJ 07003	BLOOMFIELD	NJ	07003	ESSEX	(973) 743-0792	(973) 743-1135	Job Haines Home For Aged People
LONG TERM CARE FACILITY - HOME FOR THE AGED SNF/NF	30707	GREEN HILL (NJ30707)	103 PLEASANT VALLEY WAY WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 731-2300	(973) 766-9352	Green Hill Inc.
LONG TERM CARE FACILITY - HOME FOR THE AGED SNF/NF	030703	DAUGHTERS OF ISRAEL PLEASANT VALLEY HOME (NJ70770)	1155 PLEASANT VALLEY WAY WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 731-5100	(973) 736-7698	Daughters Of Israel
LONG TERM CARE FACILITY LTC-PRIV	060709	LITTLE NURSING HOME (NJ60709)	71 CHRISTOPHER ST MONTCLAIR, NJ 07042	MONTCLAIR	NJ	07042	ESSEX	(973) 744-5518	(972) 744-7996	Little Nursing Home
LONG TERM CARE FACILITY SNF/NF	07028	WINCHESTER GARDENS HEALTH CARE CENTER (NJ07028)	333 ELMWOOD AVENUE MAPLEWOOD, NJ 07040	MAPLEWOOD	NJ	07040	ESSEX	(973) 762-5050	(973) 763-4731	Marcus L. Ward Home
LONG TERM CARE FACILITY SNF/NF	1B4IGL	ST CATHERINE OF SIENA (NJ1B4IGL)	7 RYERSON AVENUE CALDWELL, NJ 07006	CALDWELL	NJ	07006	ESSEX	(973) 226-1577	(973) 226-3977	St. Catherine Of Siena, Inc.
LONG TERM CARE FACILITY SNF/NF	306001	ALARIS HEALTH AT WEST ORANGE (NJ306001)	5 BROOK END DRIVE WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 324-3000	(973) 324-3005	St Cloud Operations Llc
LONG TERM CARE FACILITY SNF/NF	306301	CAREONE AT LIVINGSTON (NJ306301)	68 PASSAIC AVENUE LIVINGSTON, NJ 07039	LIVINGSTON	NJ	07039	ESSEX	(973) 758-9000	(973) 758-0070	Care Two, Llc
LONG TERM CARE FACILITY SNF/NF	060702	MONTCLAIR CARE CENTER (NJ60702)	111-115 GATES AVENUE MONTCLAIR, NJ 07042	MONTCLAIR	NJ	07042	ESSEX	(973) 746-4616	(973) 746-1512	Montclair Care Center, Llc

LONG TERM CARE FACILITY SNF/NF	060704	GROVE PARK HEALTHCARE AND REHABILITATION CENTER (NJ60704)	101 NORTH GROVE STREET EAST ORANGE, NJ 07017	EAST ORANGE	NJ	07017	ESSEX	(973) 672-1700	(973) 672-8650	Garden State Nursing Home, Inc.
LONG TERM CARE FACILITY SNF/NF	306000	ALARIS HEALTH AT CEDAR GROVE (NJ60705)	110 GROVE AVE CEDAR GROVE, NJ 07009	CEDAR GROVE	NJ	07009	ESSEX	(973) 571-6600	(973) 571-6618	Cg Healthcare, Llc
LONG TERM CARE FACILITY SNF/NF	060706	ARBOR GLEN CENTER (NJ60706)	25 E LINDSLEY ROAD CEDAR GROVE, NJ 07009	CEDAR GROVE	NJ	07009	ESSEX	(973) 256-7220	(973) 256-4723	25 East Lindsley Road Operations Llc
LONG TERM CARE FACILITY SNF/NF	060708	INGLEMOOR REHABILITATION AND CARE CENTER OF LIVING (NJ60708)	311 S LIVINGSTON AVE LIVINGSTON, NJ 07039	LIVINGSTON	NJ	07039	ESSEX	(973) 994-0221	(973) 992-0696	Livingston Care Center, Lp
LONG TERM CARE FACILITY SNF/NF	060713	SINAI POST ACUTE NURSING AND REHAB CENTER (NJ60713)	65 JAY STREET NEWARK, NJ 07103	NEWARK	NJ	07103	ESSEX	(973) 483-6800	(973) 483-1841	Sinai Center For Rehabilitation And Healthcare Llc
LONG TERM CARE FACILITY SNF/NF	060714	STRATFORD MANOR REHABILITATION AND CARE CENTER (NJ60714)	787 NORTHFIELD AVE WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 731-4500	(973) 731-5543	Stratford Manor Rehabilitation And Care Center, Ll
LONG TERM CARE FACILITY SNF/NF	060719	FAMILY OF CARING HEALTHCARE AT MONTCLAIR (NJ60719)	42 NORTH MOUNTAIN AVE MONTCLAIR, NJ 07042	MONTCLAIR	NJ	07042	ESSEX	(973) 783-9400	(973) 783-8499	Family Of Caring Healthcare At Montclair Llc
LONG TERM CARE FACILITY SNF/NF	060720	COMPLETE CARE AT CEDAR GROVE (NJ60720)	536 RIDGE ROAD CEDAR GROVE, NJ 07009	CEDAR GROVE	NJ	07009	ESSEX	(973) 239-9300	(973) 239-8642	536 Ridge Road Operations Llc
LONG TERM CARE FACILITY SNF/NF	060721	WHITE HOUSE HEALTHCARE AND REHABILITATION CENTER (NJ60721)	560 BERKELEY AVENUE ORANGE, NJ 07050	ORANGE	NJ	07050	ESSEX	(973) 672-6500	(973) 672-6611	White House Healthcare & Rehabilitation Center
LONG TERM CARE FACILITY SNF/NF	060722	COMPLETE CARE AT ORANGE PARK (NJ60722)	140 PARK AVE EAST ORANGE, NJ 07017	EAST ORANGE	NJ	07017	ESSEX	(973) 677-1500	(973) 677-7016	Complete Care At East Orange Llc
LONG TERM CARE FACILITY SNF/NF	060729	CANTERBURY AT CEDAR GROVE (NJ60729)	398 POMPTON AVENUE CEDAR GROVE, NJ 07009	CEDAR GROVE	NJ	07009	ESSEX	(973) 239-7600	(862) 239-5248	The Canterbury @ Cedar Grove Care & Rehabilitation
LONG TERM CARE FACILITY SNF/NF	06730	NEW VISTA NURSING & REHABILITATION CTR (NJ60730)	300 BROADWAY NEWARK, NJ 07104	NEWARK	NJ	07104	ESSEX	(973) 484-4222	(973) 484-9141	Vistacare, Llc
LONG TERM CARE FACILITY SNF/NF	060731	NEW COMMUNITY EXTENDED CARE FACILITY (NJ60731)	266 S ORANGE AVE NEWARK, NJ 07103	NEWARK	NJ	07103	ESSEX	(973) 624-2020	(973) 624-8046	New Community Health Care, Inc.
LONG TERM CARE FACILITY SNF/NF	060732	BROOKHAVEN HEALTH CARE CENTER (NJ60732)	120 PARK END PLACE EAST ORANGE, NJ 07018	EAST ORANGE	NJ	07018	ESSEX	(973) 676-6221	(973) 965-0382	Brookhaven Center For Rehab & Healthcare, Llc
LONG TERM CARE FACILITY SNF/NF	060733	PARK CRESCENT HEALTHCARE & REHABILITATION CENTER (NJ60733)	480 PARKWAY DRIVE EAST ORANGE, NJ 07017	EAST ORANGE	NJ	07017	ESSEX	(973) 674-2700	(973) 678-8282	Parkway Manor Health Center, Llc
LONG TERM CARE FACILITY SNF/NF	060734	COMPLETE CARE AT WEST CALDWELL LLC (NJ60734)	165 FAIRFIELD AVE WEST CALDWELL, NJ 07006	WEST CALDWELL	NJ	07006	ESSEX	(973) 226-1100	(973) 226-5993	Complete Care At West Caldwell Llc
LONG TERM CARE FACILITY SNF/NF	060736	ALLIANCE CARE REHABILITATION AND NURSING CENTER (NJ60736)	155 40TH STREET IRVINGTON, NJ 07111	IRVINGTON	NJ	07111	ESSEX	(973) 232-3100	(973) 371-4081	Essex Garden Group Llc
LONG TERM CARE FACILITY SNF/NF	060737	COMPLETE CARE AT ST VINCENTS LLC (NJ60737)	315 EAST LINDSLEY ROAD CEDAR GROVE, NJ 07009	CEDAR GROVE	NJ	07009	ESSEX	(973) 754-4800	(973) 812-4491	Complete Care At St. Vincent'S Llc

LONG TERM CARE FACILITY SNF/NF	060738	BROADWAY HOUSE FOR CONTINUING CARE (NJ60738)	298 BROADWAY NEWARK, NJ 07104	NEWARK	NJ	07104	ESSEX	(973) 268-9797	(973) 268-2828	University Hospital
LONG TERM CARE FACILITY SNF/NF	060739	COMPLETE CARE AT SUMMIT RIDGE (NJ60739)	20 SUMMIT STREET WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 736-2000	(973) 731-4582	Summit Ridge Care, Llc
LONG TERM CARE FACILITY SNF/NF	62203	FOREST HILLS CENTER FOR REHABILITATION AND HEALING (NJ62203)	497 MT PROSPECT AVE NEWARK, NJ 07104	NEWARK	NJ	07104	ESSEX	(973) 482-5000	(973) 482-6500	Forest Hill Healthcare Center Inc.
LONG TERM CARE FACILITY SNF/NF	062209	ALARIS HEALTH AT ST MARY'S (NJ62209)	135 SOUTH CENTER STREET ORANGE, NJ 07050	ORANGE	NJ	07050	ESSEX	(973) 266-3000	(973) 266-3094	South Center Street Nursing Home, Llc
LONG TERM CARE FACILITY SNF/NF	NH07001	LIVINGSTON POST ACUTE CARE (NJNH07001)	348 E CEDAR STREET LIVINGSTON, NJ 07039	LIVINGSTON	NJ	07039	ESSEX	(973) 758-8200		Livingston Post Acute Operator, Llc
RESIDENTIAL DEMENTIA CARE HOME	D35008	MONTCLAIR MANOR (NJD35008)	403 CLAREMONT AVENUE MONTCLAIR, NJ 07042	MONTCLAIR	NJ	07042	ESSEX	(973) 509-7363	(866) 788-0066	Cordillera Professionals Llc
RESIDENTIAL HEALTH CARE in a LONG-TERM CARE FACILITY	303333	GREEN HILL (NJ303333)	103 PLEASANT VALLEY WAY WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 731-2300	(973) 731-5185	Green Hill Inc.

Essex County: Mental Health Services Resource

Acute Care Family Support Mental Health Association of Essex & Morris 33 South Fullerton Avenue Montclair, NJ 07042 (973) 509-9777	**Certified Community Behavioral Health Clinic (CCBHC)** Northwest Essex Community Healthcare Network 570 Belleville Avenue Belleville, NJ 07109 (973) 450-3100
Community Support Services (CSS) East Orange General Hospital 300 Central Avenue East Orange, NJ 07018 (973) 395-4164	**Community Support Services (CSS)** Easter Seal Society of NJ 615 Hope Road - Building 3 Eatontown, NJ 07724 (732) 380-0390
Community Support Services (CSS) Project Live, Inc. 272 Mt. Pleasant Ave., Suite 3 West Orange, NJ 07052 (973) 395-9160	**Community Support Services (CSS)** Mental Health Association of Essex & Morris 80 Main St. Suite 370 Orange, NJ 07052 (973) 509-3777
Community Support Services - Newark Rutgers-University Behavioral Health Care 10 Corporate Place South – Suite 205 Piscataway, NJ 08854 (732) 235-5000	**Community Support Services (CSS)** Project Live, Inc. 465-475 Broadway Newark, NJ 07104 (973) 395-9160
STCF Jersey City Medical Center 395 Grand Street Jersey City, NJ 07302 (201) 915-2349	**County Mental Health of Essex** Mental Health Administrator 204 Grove Avenue Cedar Grove, NJ 07009 (973) 571-2821 /2822
Early Intervention Support Services ***(Crisis Intervention Services)*** Rutgers University Behavioral Health Care 183 South Orange Avenue Newark, NJ 07103 (973) 972-6100	***Primary* Screening Center** Jersey City Medical Center 395 Grand Street Jersey City, NJ 07302 (201) 915-2210
Homeless Services (PATH) Mental Health Association of Essex & Morris 80 Main St. suite 150. West Orange, NJ 07052 (973) 842-4127	**Homeless Services (PATH) *Newark Only*** Project Live 465-475 Broadway Newark, NJ 07104 (973) 481-1211
Integrated Case Management Services (ICMS) Mental Health Association of Essex and Morris 80 Main St. suite 150. West Orange, NJ 07052 (973) 842-4127	**Integrated Case Management Services (ICMS)** Newark Only Mt. Carmel Guild Behavioral Healthcare 47-71 Miller St.3rd Floor, Suite 301 Newark, NJ 07114

Intensive Family Support Services (IFSS)
Mental Health Association of Essex & Morris
33 South Fullerton Avenue
Montclair, NJ 07042
(973) 509-9777

Intensive Outpatient Treatment & Support Services (IOTSS)
Family Connections Wellness House
395 S. Center St.
Orange, NJ 07050
(973) 380-0366

Outpatient
Mental Health Association of Essex & Morris
33 South Fullerton Avenue
Montclair, NJ 07042
(973) 509-9777

Outpatient
Mt. Carmel Guild Behavioral Healthcare
58 Freeman Street
Newark, NJ 07102
(973) 596-4190

Outpatient
Northwest Essex Community Network
570 Belleville Avenue
Belleville, NJ 07109
(973) 450-3100

Outpatient
Irvington Counseling Center
21-29 Wagner Place
Irvington, NJ 07111
(973) 399-3132

Partial Care
Rutgers University Behavioral Health Care
183 South Orange Avenue
Newark, NJ 07103-2770
(800) 969-5300

Partial Care
Mt. Carmel Guild Behavioral Healthcare
58 Freeman Street
Newark, NJ 07102
(973) 596-4190

Involuntary Outpatient Commitment (IOC)
Mental Health Association of Essex & Morris
33 South Fullerton Avenue
Montclair, NJ 07042
(973) 842-4141

Justice Involved Services (JIS)
Mental Health Association of Essex & Morris
33 S. Fullerton Avenue
Montclair, NJ 07042
(973) 274-6179

Outpatient
CarePlus NJ
650 Bloomfield Ave Suite 106
Bloomfield, NJ 07003
(201) 986-5000

Outpatient
Family Service Bureau of Newark
379 Kearny Avenue
Kearny, NJ 07032
(201) 246-8077

Outpatient
Family Connections
395 South Center Street
Orange, NJ 07050
(973) 675-3817

Outpatient
Newark Beth Israel Medical Center CMHC
210 Lehigh Avenue
Newark, NJ 07112
(973) 926-7026

Outpatient
Rutgers University Behavioral Health Care
183 South Orange Avenue
Newark, NJ 07103-2770
(973) 912-6100 (ACCESS)

Partial Care
Northwest Essex Community Network
570 Belleville Avenue
Belleville, NJ 07109
(973) 450-3100

PEER Respite Program
CSP Newark Respite
(862)229)1401

PRIMARY SCREENING CENTER for ESSEX
Clara Maass Medical Center
1 Clara Maass Drive
Belleville, NJ 07109
HOTLINE: (973) 844-4357

PRIMARY SCREENING CENTER for ESSEX
Rutgers University Behavioral Health Care
150 Bergen Street
Newark, NJ 07101
HOTLINE: (973) 623-2323

Residential Services
Easter Seals Society of NJ
414 Eagle Rock Avenue, Suite 206
West Orange, NJ 07052
(973) 324-2712

Self-Help/Wellness Center
Better Life CWC
101 14th Avenue
Newark, NJ 07103
(862) 229-1400

Short Term Care Facility (STCF)
Mountainside Hospital
1 Bay Avenue
Montclair, NJ 07042
(973) 429-6000

Short Term Care Facility (STCF)
St. Michael's Medical Center
111 Central Avenue
Newark, NJ 07109
(973) 465-2681

Supported Education
Bridgeway Behavioral Health Services
373 Clermont Terrace
Union, NJ 07083
(908) 687-9666

Partial Care
Mental Health Association of Essex & Morris
(Prospect House)
424 Main Street
East Orange, NJ 07018
(973) 674-8067

PRIMARY SCREENING CENTER for ESSEX
Newark Beth Israel Medical Center
201 Lyons Avenue
Newark, NJ 07112
HOTLINE: (973) 926-7444

Program of Assertive Community Treatment (PACT)
Bridgeway Rehabilitation Inc.
622 Eagle Rock Ave. Suite 302
Newark, NJ 07052
973-755-0275

Residential Services
Project Live, Inc.
465-475 Broadway
Newark, NJ 07104
(973) 481-1211

Short Term Care Facility (STCF)
East Orange General Hospital
300 Central Avenue
East Orange, NJ 07018
(973) 266-4456 or (973) 266-8440

Short Term Care Facility (STCF)
Newark Beth Israel Medical Center/St. Barnabas
201 Lyons Avenue
Newark, NJ 07112
(973) 926-3183

Short Term Care Facility (STCF)
University Hospital/UMDNJ
150 Bergen Street
Newark, NJ 07103
(973) 972-7722

Short Term Care Facility (STCF) St. Michael's Medical Center 111 Central Avenue Newark, NJ 07109 (973) 465-2681 **Supported Employment Services** Catholic Charities (Archdiocese of Newark/Mt. Carmel Guild) 57 Miller Street Newark, NJ 07114 (908) 596-4190 **Systems Advocacy** Community Health Law Project 650 Bloomfield Avenue Bloomfield, NJ 07003 (973) 680-5599	**Short Term Care Facility (STCF)** University Hospital/UMDNJ 150 Bergen Street Newark, NJ 07103 (973) 972-7722 **Supported Employment Services** Mental Health Association 80 Main Street, Suite 500 West Orange, NJ 07052 (973) 395-1000 **Systems Advocacy** Mental Health Association in NJ 88 Pompton Avenue, Suite 1 Verona, NJ 07044 (973) 571-4100

Data Source: Department of Human Services, Division of Mental Health and Addiction Services. Directory of Mental Health Services (DHMAS contracted providers only), updated March 2025 and downloaded July 31, 2025

Appendix E. Additional Data Tables and Graphs

Population Overview

Table 22. Age Distribution, by State, County, and Town, 2019-2023

	Under 18 years	18 to 24 years	25 to 44 years	45 to 64 years	65 to 74 years	75 years and over
New Jersey	21.9%	8.4%	26.1%	26.9%	9.8%	7.0%
Bergen County	21.0%	7.9%	24.9%	28.3%	10.1%	7.7%
Lyndhurst	17.4%	9.3%	27.6%	30.3%	9.4%	6.2%
North Arlington	18.2%	7.1%	33.0%	26.2%	9.7%	5.9%
Essex County	23.7%	8.9%	27.6%	25.9%	8.2%	5.7%
Belleville	19.7%	9.1%	26.0%	30.6%	8.0%	6.5%
Bloomfield	19.0%	9.6%	31.7%	25.1%	8.8%	5.8%
Caldwell	18.6%	10.5%	28.2%	23.7%	10.5%	8.5%
Cedar Grove	20.6%	6.5%	21.6%	26.2%	13.8%	11.2%
Orange	25.4%	10.0%	29.5%	21.6%	8.0%	5.6%
East Orange	22.3%	7.2%	31.1%	24.7%	8.9%	6.0%
Essex Fells	31.5%	5.3%	16.4%	30.4%	8.8%	7.7%
Fairfield	20.7%	3.7%	19.2%	25.2%	14.8%	16.3%
Glen Ridge	29.4%	8.5%	20.5%	28.1%	11.3%	2.1%
Livingston	26.3%	5.7%	19.7%	29.6%	10.7%	8.1%
Maplewood	28.0%	6.6%	24.8%	28.6%	6.1%	5.9%
Millburn	30.9%	6.1%	21.2%	28.5%	8.4%	4.7%
Montclair	26.9%	5.5%	25.1%	28.9%	8.6%	5.0%
Newark (07104)	24.0%	9.9%	28.6%	25.6%	7.5%	4.5%
Newark (07107)	26.4%	8.3%	27.0%	25.1%	8.4%	4.7%
Nutley	20.9%	6.7%	28.8%	27.2%	8.8%	7.8%
Roseland	20.3%	4.2%	23.1%	29.1%	10.7%	12.5%
Short Hills	32.0%	6.6%	18.7%	29.6%	8.3%	4.5%
South Orange	21.8%	18.2%	22.5%	24.6%	7.4%	5.6%
Verona	24.5%	4.5%	23.2%	26.0%	12.3%	9.4%
West Orange	21.4%	7.8%	24.8%	27.2%	10.2%	8.4%
Hudson County	20.0%	7.5%	37.2%	22.8%	7.4%	5.1%
Harrison	17.8%	5.4%	43.7%	21.8%	7.2%	4.0%
Kearny	20.2%	7.5%	31.4%	27.0%	8.8%	5.1%
Morris County	20.8%	8.2%	24.1%	29.2%	10.0%	7.8%
East Hanover	17.9%	6.7%	24.2%	26.5%	11.4%	13.2%
Florham Park	17.6%	18.0%	20.4%	23.0%	10.6%	10.4%
Union County	23.5%	8.2%	26.4%	27.0%	8.7%	6.1%

	Under 18 years	18 to 24 years	25 to 44 years	45 to 64 years	65 to 74 years	75 years and over
Springfield	21.5%	7.6%	0.3%	0.3%	0.1%	5.8%
Union	17.8%	10.0%	0.3%	0.3%	0.1%	6.5%
Vauxhall	25.3%	7.2%	21.4%	29.6%	11.2%	5.4%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023

Table 23. Age Distribution, by Race/Ethnicity, by State and County, 2019-2023

			Asian, non-Hispanic		Black, non-Hispanic		
	Total Population	Under 18 years	18 to 64 years	65 years and over	Under 18 years	18 to 64 years	65 years and over
New Jersey	9,267,014	2.1%	6.7%	1.4%	2.8%	8.1%	1.8%
Bergen County	954,717	3.4%	10.9%	2.8%	1.4%	3.7%	0.9%
Essex County	854,130	1.3%	4.1%	0.9%	8.3%	22.8%	4.9%
Hudson County	710,478	2.5%	12.4%	1.7%	2.6%	7.7%	1.3%
Morris County	510,375	2.5%	7.1%	1.6%	0.5%	2.0%	0.4%
Union County	572,549	1.3%	3.8%	0.8%	4.4%	12.8%	3.1%

	Hispanic/Latino			White, non-Hispanic		
	Under 18 years	18 to 64 years	65 years and over	Under 18 years	18 to 64 years	65 years and over
New Jersey	6.4%	14.1%	2.1%	8.9%	29.7%	12.1%
Bergen County	5.9%	15.2%	2.3%	9.1%	29.0%	12.6%
Essex County	7.1%	15.7%	2.3%	5.1%	16.5%	6.0%
Hudson County	9.3%	25.7%	5.5%	3.8%	18.9%	4.3%
Morris County	4.3%	10.6%	1.4%	11.7%	39.2%	15.1%
Union County	9.9%	22.0%	3.3%	6.6%	20.3%	8.0%

	Additional Race, non-Hispanic			2+ Races		
	Under 18 years	18 to 64 years	65 years and over	Under 18 years	18 to 64 years	65 years and over
New Jersey	2.7%	6.9%	0.9%	2.7%	5.5%	4.1%
Bergen County	2.0%	6.5%	0.8%	2.9%	5.8%	4.6%
Essex County	3.1%	8.9%	1.4%	2.9%	6.0%	4.2%
Hudson County	4.0%	10.9%	2.3%	4.0%	10.1%	7.5%
Morris County	0.9%	3.7%	0.5%	2.6%	6.3%	4.2%
Union County	6.2%	13.8%	1.2%	2.6%	5.2%	5.0%

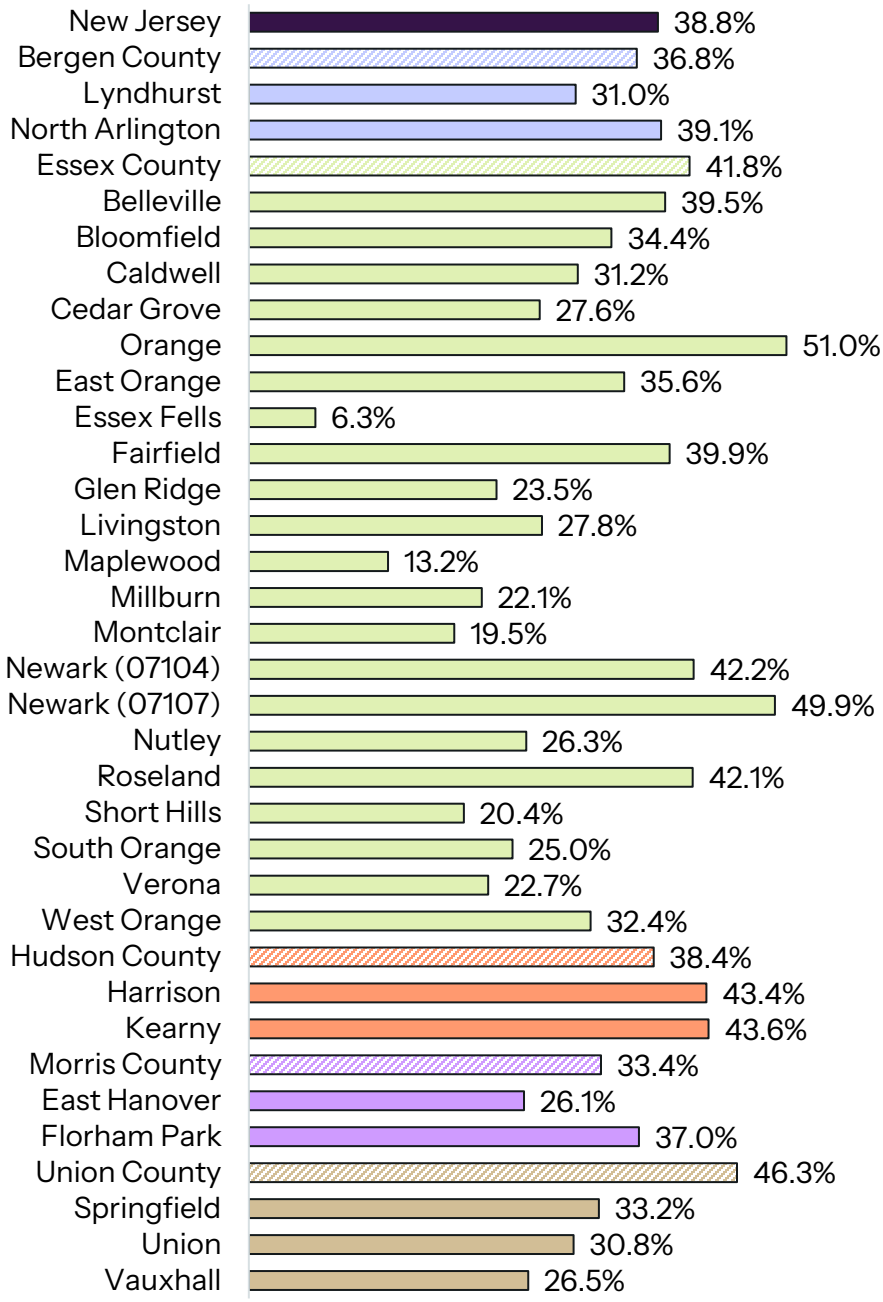
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023

Table 24. Percent Change in Foreign Born Population, by State, County, and Town, 2014-2023

	2014-2018	2019-2023	% change
New Jersey	22.2%	23.5%	1.3%
Bergen County	30.7%	31.4%	0.7%
Lyndhurst	28.1%	27.2%	-0.9%
North Arlington	31.8%	32.1%	0.3%
Essex County	26.5%	29.3%	2.8%
Belleville	29.3%	36.8%	7.5%
Bloomfield	26.0%	23.8%	-2.2%
Caldwell	13.8%	19.2%	5.4%
Cedar Grove	14.3%	13.9%	-0.4%
Orange	39.3%	40.7%	1.4%
East Orange	26.9%	29.2%	2.3%
Essex Fells	5.4%	10.7%	5.3%
Fairfield	14.2%	13.3%	-0.9%
Glen Ridge	13.4%	9.9%	-3.5%
Livingston	24.4%	30.1%	5.7%
Maplewood	17.7%	23.3%	5.6%
Millburn	22.8%	33.0%	10.2%
Montclair	13.5%	13.4%	-0.1%
Newark (07104)	27.9%	29.9%	2.0%
Newark (07107)	32.1%	36.3%	4.2%
Nutley	19.5%	22.3%	2.8%
Roseland	12.8%	15.2%	2.4%
Short Hills	21.0%	30.7%	9.7%
South Orange	14.1%	14.5%	0.4%
Verona	14.8%	9.9%	-4.9%
West Orange	30.1%	27.6%	-2.5%
Hudson County	42.8%	42.6%	-0.2%
Harrison	53.6%	55.0%	1.4%
Kearny	43.5%	44.8%	1.3%
Morris County	19.1%	19.6%	0.5%
East Hanover	22.8%	17.0%	-5.8%
Florham Park	14.0%	14.2%	0.2%
Union County	30.0%	32.8%	2.8%
Springfield	23.6%	26.1%	2.5%
Union	30.8%	36.6%	5.8%
Vauxhall	N	29.0%	N

DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023. NOTE: N means that data are unavailable.

Figure 91. Percent Population Lacking English Proficiency Among Population Who Speak a Language Other than English at Home, by State, County, and Town, 2019-2023



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023

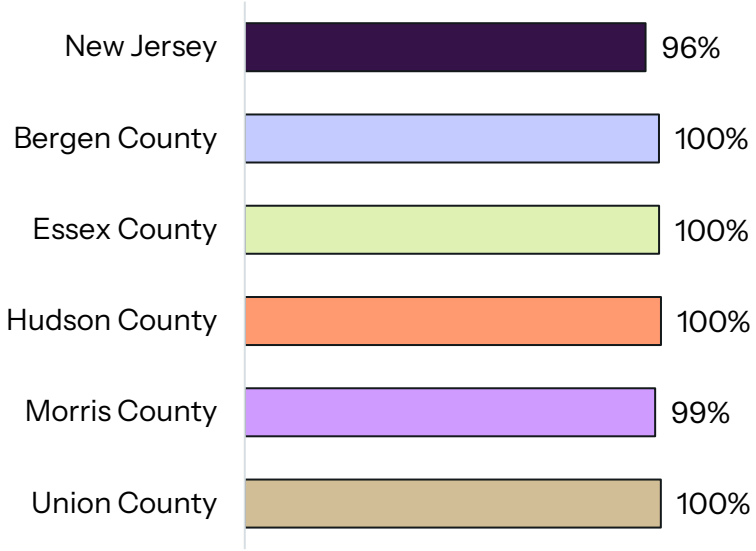
Green Space and Built Environment

Table 25. Social Vulnerability Index(SVI), by State and County, 2022

	Overall SVI
Bergen County	0.50
Essex County	0.95
Hudson County	0.70
Morris County	0.10
Union County	0.75

DATA SOURCE: CDC, ATSDR's Geospatial Research, Analysis, & Services Program (GRASP), 2022
NOTE: A percentile ranking represents the proportion of tracts (or counties) that are equal to or lower than a tract (or county) of interest in terms of social vulnerability. For example, a CDC/ATSDR SVI ranking of 0.85 signifies that 85% of tracts (or counties) in the state or nation are less vulnerable than the tract (or county) of interest and that 15% of tracts (or counties) in the state or nation are more vulnerable.

Figure 92. Percent Population with Adequate Access to Location for Physical Activity, by State and County, 2020-2023



DATA SOURCE: ArcGIS Business Analyst and ArcGIS Online, YMCA, US Census TIGER/Line Shapefiles as cited in County Health Rankings 2024

Education

Table 26. Educational Attainment of Adults Aged 25+, by State, County, and Town, 2018-2022

	Less than 9th grade	9th to 12th grade, no diploma	HS graduate (or GRE)	Some college	Associate's degree	Bachelor's degree	Graduate degree	HS graduate+	Bachelor's degree or higher
New Jersey	4.6%	4.7%	25.7%	15.3%	6.7%	25.8%	17.1%	90.7%	42.9%
Bergen County	4.0%	3.1%	20.1%	13.5%	6.7%	31.3%	21.3%	92.9%	52.6%
Lyndhurst	5.8%	4.4%	26.9%	13.8%	8.7%	26.7%	13.8%	89.8%	40.5%
North Arlington	6.1%	2.7%	31.2%	15.7%	5.6%	23.9%	14.7%	91.1%	38.6%
Essex County	7.0%	6.2%	27.7%	15.5%	5.8%	22.0%	15.9%	86.8%	37.9%
Belleville	7.4%	5.7%	32.2%	16.2%	7.4%	22.4%	8.8%	86.9%	31.2%
Bloomfield	3.7%	3.6%	23.1%	14.4%	6.6%	31.6%	17.1%	92.7%	48.7%
Caldwell	2.1%	1.2%	18.9%	11.4%	8.2%	31.4%	26.9%	96.8%	58.3%
Cedar Grove	1.1%	2.1%	18.6%	14.8%	4.9%	35.1%	23.3%	96.8%	58.4%
Orange	13.6%	6.6%	34.8%	18.7%	5.2%	14.1%	7.0%	79.8%	21.1%
East Orange	5.4%	7.1%	35.1%	21.9%	7.6%	16.6%	6.3%	87.5%	22.9%
Essex Fells	1.2%	0.2%	7.8%	7.2%	2.1%	41.9%	39.6%	98.6%	81.5%
Fairfield	1.2%	1.6%	23.4%	17.7%	4.7%	31.7%	19.8%	97.2%	51.5%
Glen Ridge	0.1%	0.2%	10.4%	3.9%	2.1%	40.3%	43.1%	99.7%	83.4%
Livingston	2.3%	1.4%	10.9%	9.3%	3.0%	34.6%	38.4%	96.3%	73.0%
Maplewood	2.3%	1.9%	8.4%	14.4%	3.6%	37.5%	31.9%	95.8%	69.4%
Millburn	0.5%	1.1%	4.8%	3.7%	2.9%	32.0%	54.9%	98.3%	86.9%
Montclair	0.9%	2.0%	9.5%	10.8%	4.4%	34.0%	38.4%	97.1%	72.4%
Newark (07104)	16.2%	12.5%	29.3%	15.6%	5.4%	14.0%	6.9%	71.3%	20.9%
Newark (07107)	13.2%	9.8%	41.1%	19.3%	4.1%	8.9%	3.6%	77.1%	12.5%
Nutley	2.7%	3.0%	23.7%	12.5%	7.7%	29.7%	20.7%	94.3%	50.4%
Roseland	1.5%	1.0%	16.6%	10.4%	4.4%	32.7%	33.4%	97.6%	66.1%
Short Hills	0.0%	0.7%	3.4%	2.5%	3.4%	30.0%	59.9%	99.3%	90.0%
South Orange	1.1%	1.0%	9.0%	8.8%	3.7%	37.4%	39.0%	97.9%	76.4%
Verona	0.6%	1.3%	16.1%	9.2%	4.9%	38.0%	29.8%	98.1%	67.8%
West Orange	5.0%	2.9%	17.7%	14.9%	6.3%	30.1%	23.0%	92.1%	53.1%
Hudson County	7.0%	5.1%	22.7%	12.4%	4.8%	28.1%	19.8%	87.9%	47.9%
Harrison	6.8%	4.5%	23.1%	9.1%	7.3%	22.1%	27.0%	88.7%	49.2%
Kearny	8.4%	7.4%	33.4%	16.0%	5.3%	20.0%	9.4%	84.2%	29.4%
Morris County	2.3%	2.6%	19.0%	12.8%	6.1%	33.6%	23.7%	95.1%	57.2%
East Hanover	1.6%	3.0%	26.8%	8.4%	5.1%	28.8%	26.3%	95.4%	55.2%
Florham Park	0.3%	1.6%	13.3%	14.1%	4.4%	34.8%	31.5%	98.1%	66.3%
Union County	8.0%	5.8%	26.7%	15.3%	5.7%	22.9%	15.6%	86.3%	38.6%
Springfield	3.6%	1.4%	12.2%	14.3%	4.1%	39.8%	24.7%	95.0%	64.4%
Union	6.6%	4.4%	23.9%	18.0%	6.6%	27.1%	13.4%	89.1%	40.5%
Vauxhall	5.7%	6.7%	26.5%	21.1%	9.2%	22.0%	8.8%	87.7%	30.9%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023

Table 27. Educational Attainment of Adults Aged 25+ (HS+, BA/BS+), by Race/Ethnicity, by State, County, and Town, 2018-2022

	Asian, non-Hispanic		Black, non-Hispanic		Hispanic/Latino		White, non-Hispanic		Additional Race Category, non-Hispanic		2+ Races	
	High school graduate or higher	Bachelor's degree or higher	High school graduate or higher	Bachelor's degree or higher	High school graduate or higher	Bachelor's degree or higher	High school graduate or higher	Bachelor's degree or higher	High school graduate or higher	Bachelor's degree or higher	High school graduate or higher	Bachelor's degree or higher
New Jersey	92.8%	72.0%	89.9%	28.0%	76.2%	22.5%	95.4%	47.9%	71.3%	18.0%	84.4%	32.4%
Bergen County	94.7%	70.4%	92.7%	41.5%	84.1%	32.6%	95.6%	55.4%	80.3%	27.5%	89.0%	41.3%
Lyndhurst	95.9%	60.5%	83.5%	43.8%	85.2%	33.0%	91.9%	42.5%	78.7%	24.4%	90.0%	29.3%
North Arlington	76.6%	54.1%	94.9%	34.0%	89.3%	21.8%	94.6%	42.7%	90.8%	23.7%	85.3%	34.4%
Essex County	92.4%	71.2%	88.0%	24.5%	72.8%	20.1%	94.1%	60.9%	69.5%	16.6%	82.9%	30.0%
Belleville	90.9%	55.3%	93.3%	31.4%	82.0%	23.1%	91.8%	35.3%	77.4%	22.4%	86.5%	26.9%
Bloomfield	88.7%	61.5%	93.5%	46.7%	89.5%	38.7%	95.1%	53.7%	89.9%	25.7%	92.9%	48.9%
Caldwell	94.4%	80.4%	98.7%	55.3%	92.6%	35.9%	97.8%	57.8%	82.8%	44.4%	92.8%	34.4%
Cedar Grove	89.0%	76.1%	88.7%	29.2%	96.0%	55.5%	98.2%	59.0%	92.5%	18.0%	99.1%	72.5%
Orange	93.4%	56.5%	90.0%	24.0%	52.7%	6.9%	79.3%	29.8%	46.8%	6.9%	65.5%	14.4%
East Orange	73.8%	29.7%	89.0%	21.9%	74.2%	16.8%	91.8%	40.7%	75.2%	16.3%	84.9%	33.1%
Essex Fells	100.0%	95.1%	100.0%	95.3%	100.0%	92.9%	98.3%	78.9%	100.0%	100.0%	100.0%	96.4%
Fairfield	100.0%	80.1%	100.0%	97.8%	100.0%	49.6%	96.8%	50.4%	100.0%	0.0%	100.0%	47.6%
Glen Ridge	100.0%	94.1%	96.8%	57.6%	100.0%	41.0%	99.9%	87.8%	100.0%	100.0%	100.0%	36.1%
Livingston	96.4%	80.9%	90.2%	68.1%	93.7%	45.6%	96.6%	71.1%	77.6%	42.1%	98.4%	49.1%
Maplewood	99.2%	94.3%	95.0%	45.0%	91.6%	68.1%	97.2%	83.5%	89.3%	52.2%	86.2%	72.3%
Millburn	98.6%	88.4%	97.0%	47.3%	86.8%	62.0%	99.3%	91.7%	84.1%	43.9%	100.0%	82.7%
Montclair	98.7%	79.4%	93.0%	41.4%	89.1%	51.3%	99.3%	84.4%	95.6%	45.8%	95.0%	73.5%
Newark (07104)	84.3%	62.4%	90.4%	30.6%	63.5%	15.3%	79.0%	32.8%	54.2%	14.4%	75.5%	20.8%
Newark (07107)	71.5%	48.6%	83.3%	12.0%	72.0%	8.6%	81.7%	22.4%	71.7%	7.5%	80.6%	19.0%
Nutley	89.4%	74.8%	85.7%	36.1%	89.1%	41.0%	96.8%	48.4%	87.0%	30.7%	92.2%	60.8%

	Asian, non-Hispanic		Black, non-Hispanic		Hispanic/Latino		White, non-Hispanic		Additional Race Category, non-Hispanic		2+ Races	
Roseland	97.5%	84.2%	100.0%	66.7%	76.1%	31.1%	98.7%	63.8%	100.0%	0.0%	85.4%	68.1%
Short Hills	98.8%	87.7%	100.0%	31.6%	100.0%	90.6%	99.5%	93.8%	100.0%	42.3%	100.0%	93.6%
South Orange	96.9%	87.1%	95.3%	57.5%	92.5%	64.2%	99.5%	83.8%	88.6%	76.7%	96.4%	65.2%
Verona	100.0%	87.9%	93.0%	51.9%	100.0%	72.4%	97.9%	66.7%	100.0%	0.0%	100.0%	81.8%
West Orange	95.9%	69.9%	95.4%	48.2%	76.3%	26.9%	95.9%	64.8%	74.5%	23.0%	87.2%	41.1%
Hudson County	94.5%	76.8%	90.8%	33.2%	78.3%	26.0%	94.3%	62.4%	75.3%	22.1%	82.9%	34.2%
Harrison	98.3%	86.7%	100.0%	76.3%	82.5%	25.8%	87.1%	41.5%	77.3%	13.3%	89.5%	44.3%
Kearny	89.2%	63.3%	89.4%	35.0%	82.6%	26.9%	85.6%	29.8%	82.6%	21.5%	82.3%	30.9%
Morris County	93.7%	77.7%	93.5%	43.7%	84.3%	30.7%	97.5%	59.8%	79.1%	24.6%	90.7%	42.0%
East Hanover	96.1%	78.7%	84.7%	58.1%	98.6%	59.2%	95.1%	49.8%	84.3%	55.7%	100.0%	63.7%
Florham Park	96.5%	89.8%	100.0%	40.1%	83.3%	44.0%	99.4%	67.6%	89.6%	26.2%	100.0%	75.3%
Union County	94.6%	72.0%	91.0%	28.4%	71.8%	18.7%	93.8%	54.5%	65.8%	13.4%	83.1%	30.2%
Springfield	97.5%	79.1%	99.2%	45.6%	74.5%	49.3%	98.5%	67.7%	67.2%	41.6%	91.8%	66.9%
Union	90.2%	63.9%	92.6%	40.9%	81.4%	28.5%	89.8%	37.9%	75.1%	25.5%	90.3%	42.1%
Vauxhall	100.0%	49.3%	94.0%	29.5%	45.1%	27.2%	90.0%	34.1%	44.3%	29.0%	79.0%	32.4%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Asterisk (*) means that data are suppressed. HS = High School degree or GED completed; BA/BS+ = Bachelor's degree or above obtained.

Employment and Workforce

Table 28. Unemployment Rate, by Age Group, by State, County, and Town, 2019-2023

	Overall	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 +
New Jersey	6.2%	15.9%	11.6%	7.0%	5.5%	4.9%	4.7%	5.0%	5.2%	5.9%	5.7%
Bergen County	5.5%	14.6%	11.6%	6.7%	6.0%	4.3%	4.2%	3.5%	4.5%	5.2%	5.5%
Lyndhurst	6.4%	33.8%	14.8%	5.7%	12.4%	4.8%	1.9%	6.5%	2.0%	6.2%	8.0%
North Arlington	6.4%	0.0%	13.7%	7.2%	4.8%	5.2%	5.9%	4.5%	8.2%	9.4%	0.0%
Essex County	8.3%	21.9%	15.0%	10.7%	8.5%	7.1%	5.8%	6.8%	7.5%	6.0%	7.4%
Belleville	10.1%	15.6%	9.3%	14.9%	15.1%	4.9%	12.7%	3.7%	12.9%	3.2%	7.6%
Bloomfield	6.1%	13.1%	10.3%	4.2%	6.0%	6.8%	4.4%	7.8%	3.1%	2.8%	13.4%
Caldwell	4.0%	14.7%	6.3%	6.0%	0.0%	4.1%	3.0%	5.3%	0.0%	5.4%	0.0%
Cedar Grove	9.1%	24.1%	23.8%	0.0%	0.0%	13.0%	1.7%	17.2%	3.2%	13.3%	12.3%
Orange	11.4%	23.3%	26.6%	13.0%	14.6%	10.2%	5.0%	7.1%	5.6%	5.5%	0.0%
East Orange	10.3%	26.6%	23.7%	12.8%	9.1%	7.6%	8.3%	9.6%	9.7%	4.0%	0.0%
Essex Fells	3.9%	0.0%	40.7%	0.0%	0.0%	2.3%	3.1%	0.0%	2.5%	2.1%	0.0%
Fairfield	12.4%	0.0%	14.1%	42.9%	0.0%	3.1%	29.5%	0.0%	15.9%	0.0%	0.0%
Glen Ridge	6.1%	0.0%	52.5%	0.0%	0.0%	1.5%	8.0%	0.0%	0.0%	2.1%	0.0%
Livingston	4.1%	7.4%	8.9%	18.4%	11.1%	3.0%	2.1%	5.1%	0.2%	3.9%	3.3%
Maplewood	7.1%	13.6%	32.4%	8.6%	8.2%	6.8%	2.2%	4.1%	4.0%	0.5%	3.9%
Millburn	4.8%	9.5%	20.0%	14.6%	6.4%	0.6%	3.4%	9.6%	0.0%	5.8%	6.5%
Montclair	4.3%	14.3%	8.6%	6.2%	3.0%	1.8%	4.4%	6.7%	5.1%	1.9%	8.4%
Newark (07104)	9.7%	19.3%	25.8%	4.9%	9.3%	12.2%	4.8%	11.3%	4.7%	0.0%	19.0%
Newark (07107)	11.0%	38.3%	9.4%	19.4%	11.1%	11.1%	6.3%	3.6%	9.2%	12.0%	14.3%
Nutley	4.8%	22.2%	6.3%	0.8%	4.2%	4.9%	3.6%	1.7%	11.0%	5.5%	8.0%
Roseland	5.2%	0.0%	8.6%	32.3%	0.0%	0.0%	0.0%	0.0%	11.1%	0.0%	10.5%
Short Hills	4.3%	10.3%	22.5%	0.0%	13.0%	1.0%	3.5%	5.1%	0.0%	1.9%	12.9%
South Orange	4.5%	20.5%	2.3%	6.5%	0.0%	1.3%	7.2%	6.6%	0.0%	5.2%	0.0%

	Overall	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 +
Verona	3.8%	6.7%	0.0%	3.9%	2.8%	0.7%	3.5%	4.5%	8.0%	7.2%	20.9%
West Orange	5.5%	23.0%	4.5%	8.1%	12.1%	4.6%	3.7%	1.6%	2.3%	8.3%	0.0%
Hudson County	5.9%	18.3%	11.3%	4.9%	5.0%	4.8%	5.8%	5.4%	5.8%	7.3%	4.9%
Harrison	5.5%	53.3%	10.7%	1.5%	3.8%	2.7%	12.3%	4.3%	3.3%	6.5%	0.0%
Kearny	5.2%	0.7%	11.7%	5.0%	6.9%	4.8%	3.9%	3.0%	6.8%	2.1%	0.0%
Morris County	5.2%	12.7%	11.2%	6.3%	4.2%	4.2%	3.6%	4.6%	5.0%	4.2%	6.4%
East Hanover	4.2%	0.0%	3.0%	7.1%	2.0%	4.5%	0.7%	10.0%	2.3%	6.6%	0.0%
Florham Park	4.6%	4.9%	5.9%	0.0%	0.0%	8.0%	4.2%	3.5%	1.4%	9.2%	0.0%
Union County	6.3%	22.5%	14.0%	7.1%	4.9%	5.3%	4.8%	4.8%	3.4%	5.5%	2.8%
Springfield	4.7%	26.0%	14.4%	1.8%	0.0%	4.8%	0.0%	9.2%	3.6%	2.9%	0.0%
Union	6.2%	10.2%	21.4%	2.8%	5.1%	4.9%	4.3%	6.4%	2.3%	5.3%	6.3%
Vauxhall	6.2%	23.8%	29.4%	0.0%	8.5%	2.8%	4.6%	2.5%	7.9%	0.0%	0.0%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023

Table 29. Unemployment Rate, by Gender, by State, County, and Town, 2019-2023

	Overall	Male	Female
New Jersey	6.2%	5.7%	6.0%
Bergen County	5.5%	5.2%	5.2%
Lyndhurst	6.4%	8.5%	3.7%
North Arlington	6.4%	7.5%	4.9%
Essex County	8.3%	7.5%	8.7%
Belleville	10.1%	10.8%	9.9%
Bloomfield	6.1%	4.9%	7.3%
Caldwell	4.0%	2.2%	5.4%
Cedar Grove	9.1%	4.5%	12.0%
Orange	11.4%	11.8%	11.3%
East Orange	10.3%	8.2%	12.2%
Essex Fells	3.9%	1.5%	8.1%
Fairfield	12.4%	13.6%	16.7%
Glen Ridge	6.1%	2.7%	10.9%
Livingston	4.1%	4.8%	3.2%
Maplewood	7.1%	6.0%	8.4%
Millburn	4.8%	3.2%	6.2%
Montclair	4.3%	4.5%	3.9%
Newark (07104)	9.7%	7.9%	11.7%
Newark (07107)	11.0%	8.3%	11.7%
Nutley	4.8%	5.5%	3.0%
Roseland	5.2%	2.8%	8.0%
Short Hills	4.3%	3.5%	5.2%
South Orange	4.5%	2.9%	4.4%
Verona	3.8%	4.2%	1.3%
West Orange	5.5%	5.2%	4.5%
Hudson County	5.9%	5.3%	6.0%
Harrison	5.5%	4.8%	4.9%
Kearny	5.2%	5.3%	5.7%
Morris County	5.2%	5.0%	5.0%
East Hanover	4.2%	3.7%	4.6%
Florham Park	4.6%	3.0%	5.6%
Union County	6.3%	5.6%	6.2%
Springfield	4.7%	3.1%	5.4%
Union	6.2%	6.6%	5.6%
Vauxhall	6.2%	6.0%	6.4%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023

Income and Financial Security

Table 30. Median Household Income, by Race/Ethnicity, by State, County, and Town, 2019-2023

	Overall	Asian, non-Hispanic	Black or African American, non-Hispanic	Hispanic/ Latino	White, non-Hispanic	Additional Race, non-Hispanic	2+ Races
New Jersey	$101,050	$154,105	$68,457	$74,331	$113,091	$70,457	$84,641
Bergen County	$123,715	$152,504	$98,480	$97,876	$130,663	$93,110	$108,055
Lyndhurst	$109,021	$125,859	$70,699	$134,349	$101,703	$96,250	$108,750
North Arlington	$101,493	$119,436	$155,362	$87,903	$110,089	$72,095	$77,813
Essex County	$76,712	$166,223	$56,411	$62,046	$129,342	$60,368	$67,241
Belleville	$90,249	$113,750	$70,625	$97,879	$79,317	$102,372	$86,833
Bloomfield	$98,811	$133,875	$83,084	$102,365	$96,128	$93,005	$140,925
Caldwell	$101,196	*	$127,340	$141,320	$79,942	*	$141,532
Cedar Grove	$153,038	$169,214	250,000+	*	$147,359	$132,750	$178,598
Orange	$53,306	$176,100	$51,403	$50,938	$69,028	$55,903	$53,628
East Orange	$59,872	$63,485	$58,910	$70,446	$58,259	$58,838	$82,645
Essex Fells	250,000+	*	250,000+	250,000+	250,000+	*	250,000+
Fairfield	$113,750	*	*	$160,651	$105,250	*	$161,380
Glen Ridge	$248,016	$196,618	$146,591	$156,566	250,000+	250,000+	$152,955
Livingston	$218,416	250,000+	$151,250	$153,512	$193,881	*	*
Maplewood	$167,428	$150,385	$97,444	$177,614	$228,203	$155,431	$144,276
Millburn	250,000+	250,000+	*	$96,061	250,000+	$70,170	250,000+
Montclair	$166,765	$169,688	$71,356	$112,721	$195,781	$95,231	$157,553
Newark (07104)	$51,199	*	$54,611	$46,723	$57,712	$44,677	$51,618
Newark (07107)	$49,892	$73,358	$41,012	$52,851	$51,406	$52,479	$66,042
Nutley	$115,389	$205,417	$65,175	$111,375	$115,130	$64,546	$163,125
Roseland	$160,644	*	*	*	$171,528	*	*
Short Hills	250,000+	250,000+	*	250,000+	250,000+	*	250,000+
South Orange	$187,583	*	$142,733	$217,344	$196,176	*	$230,083
Verona	$159,044	*	*	$218,819	$152,112	*	$218,190

	Overall	Asian, non-Hispanic	Black or African American, non-Hispanic	Hispanic/ Latino	White, non-Hispanic	Additional Race, non-Hispanic	2+ Races
West Orange	$131,645	$142,596	$133,462	$82,601	$143,906	$73,355	$101,856
Hudson County	$90,032	$145,519	$65,590	$64,458	$118,335	$62,272	$70,675
Harrison	$82,290	$122,344	$82,636	$63,422	$92,702	$61,360	$64,375
Kearny	$83,212	$109,779	$69,538	$79,793	$90,037	$73,304	$74,688
Morris County	$134,929	$174,399	$87,055	$94,718	$141,664	$84,273	$110,738
East Hanover	$144,792	$238,333	*	$137,791	$133,787	250,000+	$124,485
Florham Park	$147,714	$192,614	$54,112	$230,407	$147,620	$92,708	$185,521
Union County	$100,117	$165,686	$86,179	$77,613	$131,368	$73,125	$95,098
Springfield	$146,059	$176,705	$114,643	$168,295	$146,809	$127,000	$174,205
Union	$115,938	$135,809	$126,955	$94,063	$108,219	$83,512	$111,787
Vauxhall	$106,962	$151,375	$104,500	$108,977	$95,156	*	$109,596

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023
NOTE: Asterisk (*) means that data are suppressed.

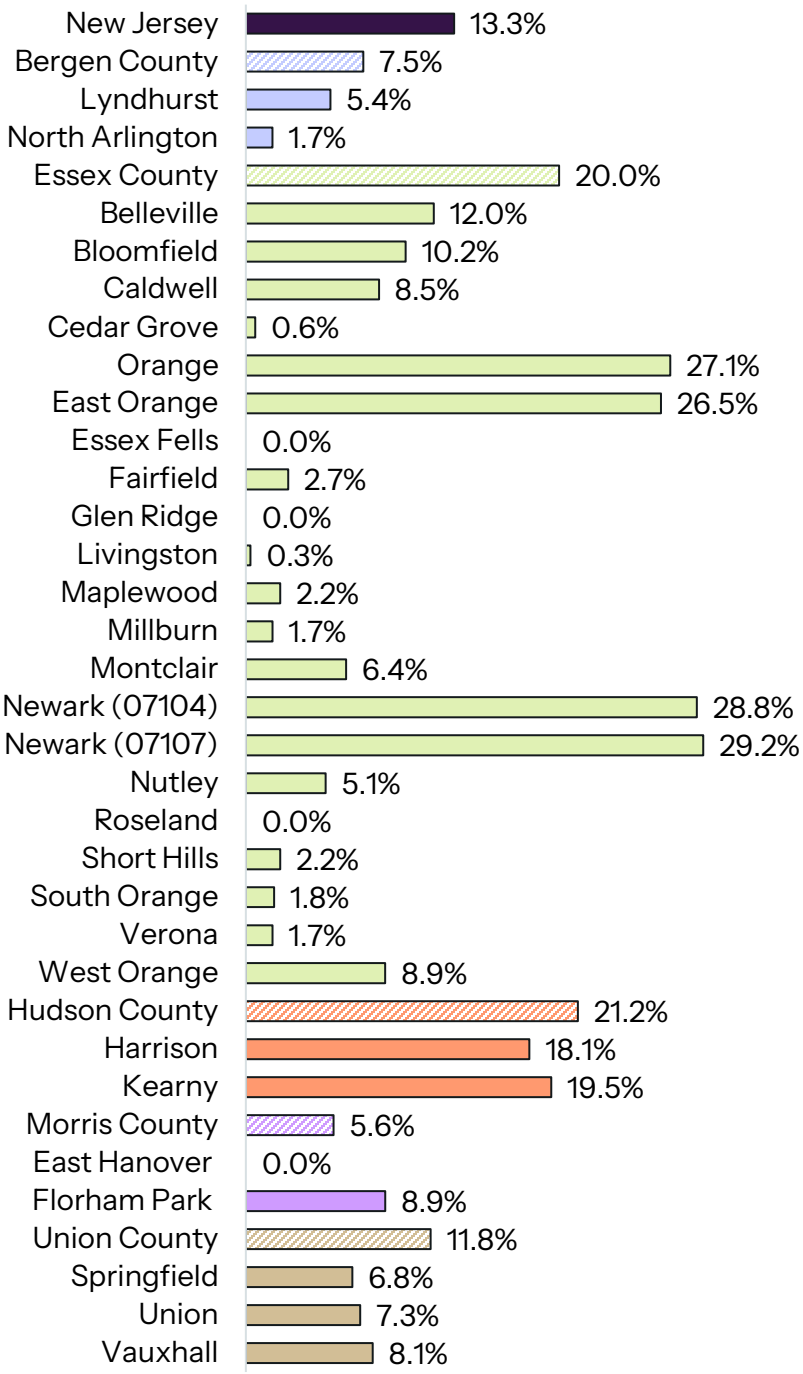
Table 31. Percentage of Individuals Below Poverty Level, by Race/Ethnicity, by State, County, and Town, 2019-2023

	Overall	Asian, non-Hispanic	Black or African American, non-Hispanic	Hispanic or Latino origin (of any race)	White, non-Hispanic	Additional Races, non-Hispanic	2+ Races
New Jersey	9.8%	5.7%	16.3%	16.1%	6.3%	17.9%	13.0%
Bergen County	6.7%	4.7%	10.0%	10.5%	5.4%	11.2%	8.3%
Lyndhurst	6.7%	6.1%	29.1%	6.1%	5.0%	6.2%	10.6%
North Arlington	3.7%	3.6%	2.2%	2.2%	4.8%	1.4%	4.5%
Essex County	15.0%	5.5%	20.6%	20.5%	6.1%	20.0%	17.4%
Belleville	10.4%	6.0%	12.3%	11.5%	9.9%	9.9%	10.8%
Bloomfield	8.8%	4.4%	9.4%	13.0%	7.2%	19.1%	6.5%
Caldwell	5.9%	0.0%	5.8%	1.1%	8.0%	0.0%	1.4%
Cedar Grove	3.4%	2.9%	0.6%	4.4%	3.5%	0.0%	3.7%
Orange	21.0%	10.7%	20.0%	29.0%	14.0%	14.7%	29.2%
East Orange	17.6%	0.0%	17.3%	22.4%	26.0%	26.3%	15.0%
Essex Fells	0.4%	0.0%	0.0%	0.0%	0.5%	0.0%	0.0%
Fairfield	10.0%	0.0%	2.2%	28.5%	8.4%	0.0%	30.2%
Glen Ridge	1.0%	0.0%	11.7%	0.0%	0.8%	0.0%	0.0%
Livingston	2.2%	1.4%	0.6%	2.8%	2.7%	0.3%	2.7%
Maplewood	3.6%	2.4%	5.7%	2.5%	2.7%	2.3%	3.2%
Millburn	3.5%	2.5%	16.7%	8.6%	2.4%	19.0%	4.0%
Montclair	6.4%	5.1%	14.3%	15.5%	3.2%	23.7%	5.4%
Newark (07104)	22.7%	24.7%	21.3%	24.7%	13.3%	26.6%	25.1%
Newark (07107)	22.8%	24.9%	28.3%	20.9%	18.2%	23.8%	10.9%
Nutley	5.7%	4.9%	9.6%	7.3%	5.0%	6.4%	6.8%
Roseland	2.3%	2.4%	0.0%	6.0%	2.2%	0.0%	3.8%
Short Hills	3.5%	1.5%	26.9%	4.4%	3.2%	50.3%	2.7%
South Orange	6.4%	9.0%	6.5%	8.8%	6.1%	10.2%	4.5%
Verona	5.0%	11.3%	21.6%	0.0%	5.3%	0.0%	0.0%
West Orange	7.2%	5.2%	4.4%	16.0%	5.1%	13.5%	8.2%
Hudson County	14.8%	9.1%	20.8%	19.2%	9.9%	21.5%	15.7%
Harrison	13.9%	13.2%	18.0%	13.4%	13.1%	10.1%	16.6%
Kearny	12.5%	4.4%	17.2%	14.2%	9.4%	16.4%	11.1%
Morris County	5.1%	3.4%	10.5%	10.8%	3.8%	13.1%	7.1%
East Hanover	2.2%	0.0%	0.0%	2.2%	2.7%	9.1%	1.5%
Florham Park	7.8%	0.0%	48.0%	0.0%	6.0%	0.0%	0.0%
Union County	8.9%	5.3%	10.4%	13.2%	4.9%	15.7%	7.9%

	Overall	Asian, non-Hispanic	Black or African American, non-Hispanic	Hispanic or Latino origin (of any race)	White, non-Hispanic	Additional Races, non-Hispanic	2+ Races
Springfield	5.5%	0.0%	12.7%	8.3%	4.1%	13.9%	1.8%
Union	6.3%	9.4%	4.9%	7.6%	7.0%	5.8%	5.6%
Vauxhall	7.7%	0.0%	7.2%	16.3%	7.1%	0.0%	39.7%

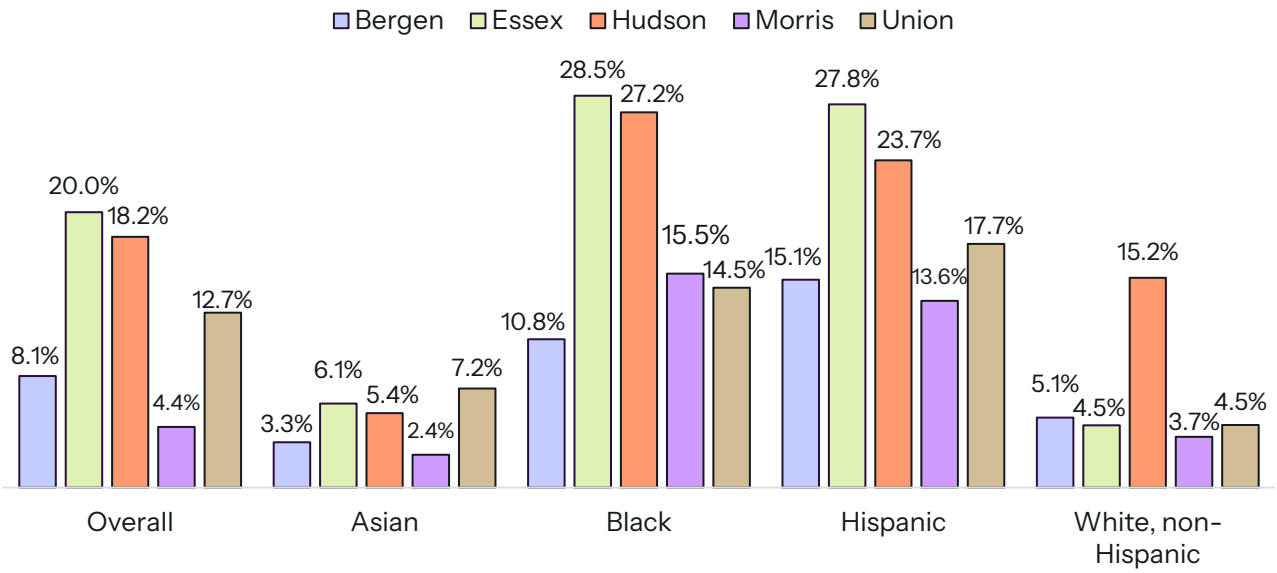
DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023

Figure 93. Percentage of Children in Poverty, by State, County, and Town, 2019-2023



DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023

Figure 94. Percentage of Children in Poverty, by Race/Ethnicity, by County, 2022



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 2024

Food Access and Food Insecurity

Table 32. Percentage of Households Receiving Food Stamps/SNAP, by Race/Ethnicity, by State, County, and Town, 2019-2023

	Overall	Asian,	Black or African American	Latino	White	Other Races	2+ Races
New Jersey	8.8%	5.6%	27.3%	37.7%	27.7%	16.3%	14.9%
Bergen County	5.1%	15.9%	12.1%	34.9%	34.2%	11.2%	15.1%
Lyndhurst	5.9%	5.6%	0.0%	20.8%	36.8%	2.9%	50.8%
North Arlington	3.9%	0.0%	0.0%	38.6%	59.1%	16.6%	22.4%
Essex County	14.5%	1.7%	57.8%	28.4%	8.2%	13.3%	12.0%
Belleville	9.6%	8.2%	6.5%	51.6%	31.6%	21.9%	17.5%
Bloomfield	7.8%	7.5%	29.2%	33.9%	30.0%	14.7%	8.3%
Caldwell	2.4%	0.0%	0.0%	6.7%	93.3%	0.0%	6.7%
Cedar Grove	3.8%	13.4%	0.0%	0.0%	86.6%	0.0%	0.0%
Orange	18.4%	0.7%	65.9%	18.3%	2.6%	7.6%	20.5%
East Orange	20.7%	0.1%	83.7%	10.4%	1.8%	5.9%	6.2%
Essex Fells	0.4%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Fairfield	1.1%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Glen Ridge	0.0%	-	-	-	-	-	-
Livingston	0.7%	66.7%	0.0%	0.0%	33.3%	0.0%	0.0%
Maplewood	3.7%	0.0%	77.7%	4.1%	4.7%	0.0%	15.7%
Millburn	0.8%	0.0%	0.0%	0.0%	17.0%	83.0%	0.0%
Montclair	4.1%	2.9%	62.0%	18.1%	20.7%	1.0%	2.3%
Newark (07104)	24.2%	1.2%	19.3%	73.2%	4.2%	34.1%	18.3%
Newark (07107)	27.9%	0.5%	52.0%	39.6%	6.2%	24.1%	7.9%
Nutley	3.3%	5.7%	18.7%	21.0%	54.7%	0.0%	3.6%
Roseland	1.4%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Short Hills	1.2%	0.0%	0.0%	0.0%	17.0%	83.0%	0.0%
South Orange	3.5%	7.3%	32.2%	0.0%	56.6%	0.0%	3.9%
Verona	5.1%	16.7%	9.3%	0.0%	74.0%	0.0%	0.0%
West Orange	6.2%	3.4%	23.2%	35.9%	34.2%	17.1%	18.3%
Hudson County	13.8%	6.1%	18.2%	60.5%	16.3%	22.5%	23.1%

	Overall	Asian,	Black or African American	Latino	White	Other Races	2+ Races
Harrison	9.4%	5.0%	8.7%	52.9%	34.4%	20.0%	22.1%
Kearny	11.4%	4.6%	2.7%	59.4%	27.9%	23.9%	26.1%
Morris County	3.6%	13.3%	11.2%	29.9%	45.7%	12.3%	12.0%
East Hanover	1.8%	28.2%	0.0%	0.0%	71.8%	0.0%	0.0%
Florham Park	3.8%	0.0%	0.0%	17.9%	82.1%	17.9%	0.0%
Union County	8.1%	3.5%	33.5%	48.9%	13.6%	23.1%	17.5%
Springfield	3.3%	0.0%	0.0%	47.3%	50.9%	40.0%	7.3%
Union	5.0%	10.5%	36.9%	30.0%	18.4%	26.3%	7.9%
Vauxhall	8.5%	0.0%	67.5%	17.2%	15.3%	15.3%	1.9%

DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023

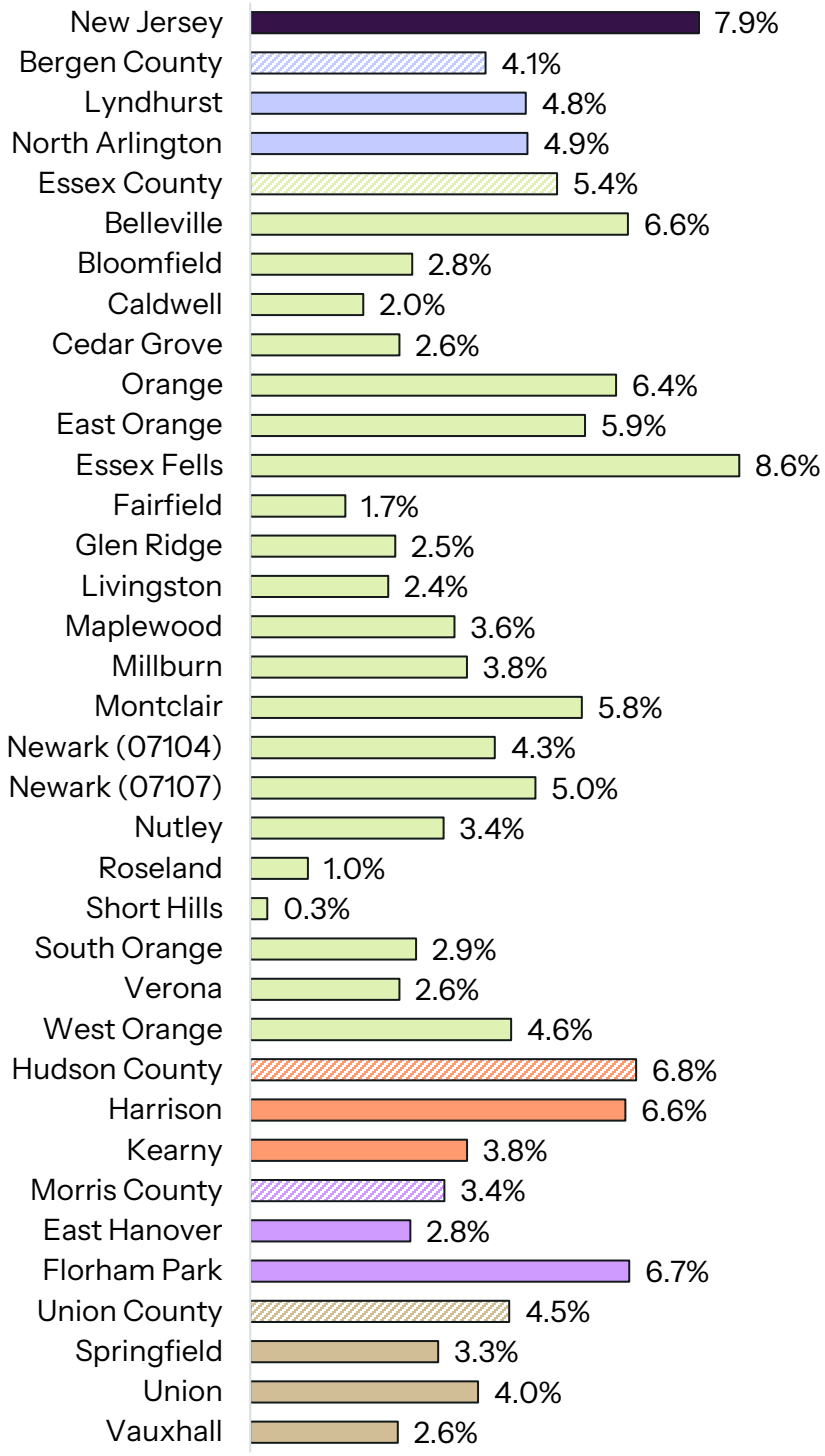
Table 33. Food Desert Factor Score, by Designated Food Desert Communities, 2022

County	Municipality	Population Weighted Avg FDF Score	Avg Food Desert Low Access Score (Supermarket)	Food Desert Population (2020)
Essex	Newark South	62.5	62.2	42713
	Newark West	62.0	70.1	49065
	Newark North and Central	58.0	36.3	50855
	Newark East	50.4	44.6	40427
	East Orange	49.9	90.6	65254
	Orange/West Orange/Montclair	46.2	82.6	50522

DATA SOURCE: New Jersey Economic Development Authority, 2022
NOTE: Food Desert Factor Score ranges from 0 to 100. Higher scores indicate more factors consistent with being a Food Desert Community.

Housing

Figure 95. Homeowner Vacancy Rate, by State, County, and Town, 2018-2022



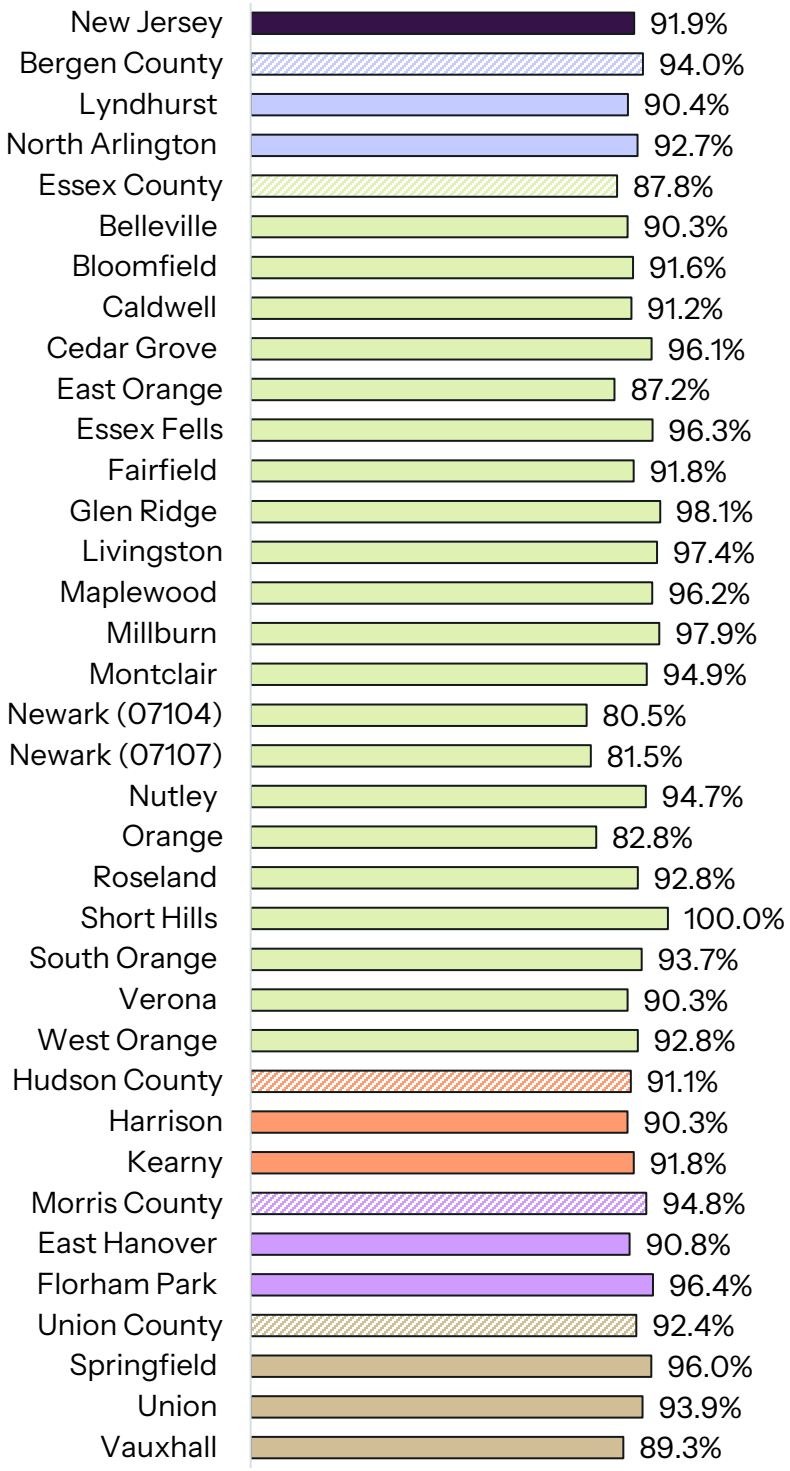
DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Table 34. Occupants per Room, by State, County, and Town, 2019-2023

	1.00 or less	1.01 to 1.50	1.51 or more
New Jersey	96.3%	2.4%	1.3%
Bergen County	96.6%	2.0%	1.4%
Lyndhurst	98.4%	0.6%	1.0%
North Arlington	95.9%	1.4%	2.7%
Essex County	94.5%	2.8%	2.7%
Belleville	92.9%	4.8%	2.3%
Bloomfield	96.9%	1.9%	1.2%
Caldwell	98.7%	0.3%	0.9%
Cedar Grove	98.4%	1.1%	0.5%
Orange	92.2%	3.8%	3.9%
East Orange	92.0%	3.8%	4.2%
Essex Fells	99.3%	0.7%	0.0%
Fairfield	100.0%	0.0%	0.0%
Glen Ridge	100.0%	0.0%	0.0%
Livingston	99.0%	0.8%	0.2%
Maplewood	97.8%	1.3%	0.8%
Millburn	98.3%	0.9%	0.8%
Montclair	98.7%	0.8%	0.5%
Newark (07104)	91.7%	4.4%	3.9%
Newark (07107)	92.0%	3.0%	5.0%
Nutley	98.4%	1.1%	0.5%
Roseland	100.0%	0.0%	0.0%
Short Hills	99.4%	0.5%	0.1%
South Orange	98.8%	0.3%	1.0%
Verona	99.7%	0.0%	0.3%
West Orange	97.5%	1.0%	1.5%
Hudson County	92.3%	4.6%	3.0%
Harrison	93.8%	2.9%	3.3%
Kearny	94.7%	3.6%	1.8%
Morris County	98.3%	1.1%	0.6%
East Hanover	98.8%	0.0%	1.2%
Florham Park	97.8%	1.7%	0.4%
Union County	94.6%	3.5%	1.9%
Springfield	97.1%	2.1%	0.8%
Union	96.1%	2.5%	1.4%
Vauxhall	85.7%	10.2%	4.1%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

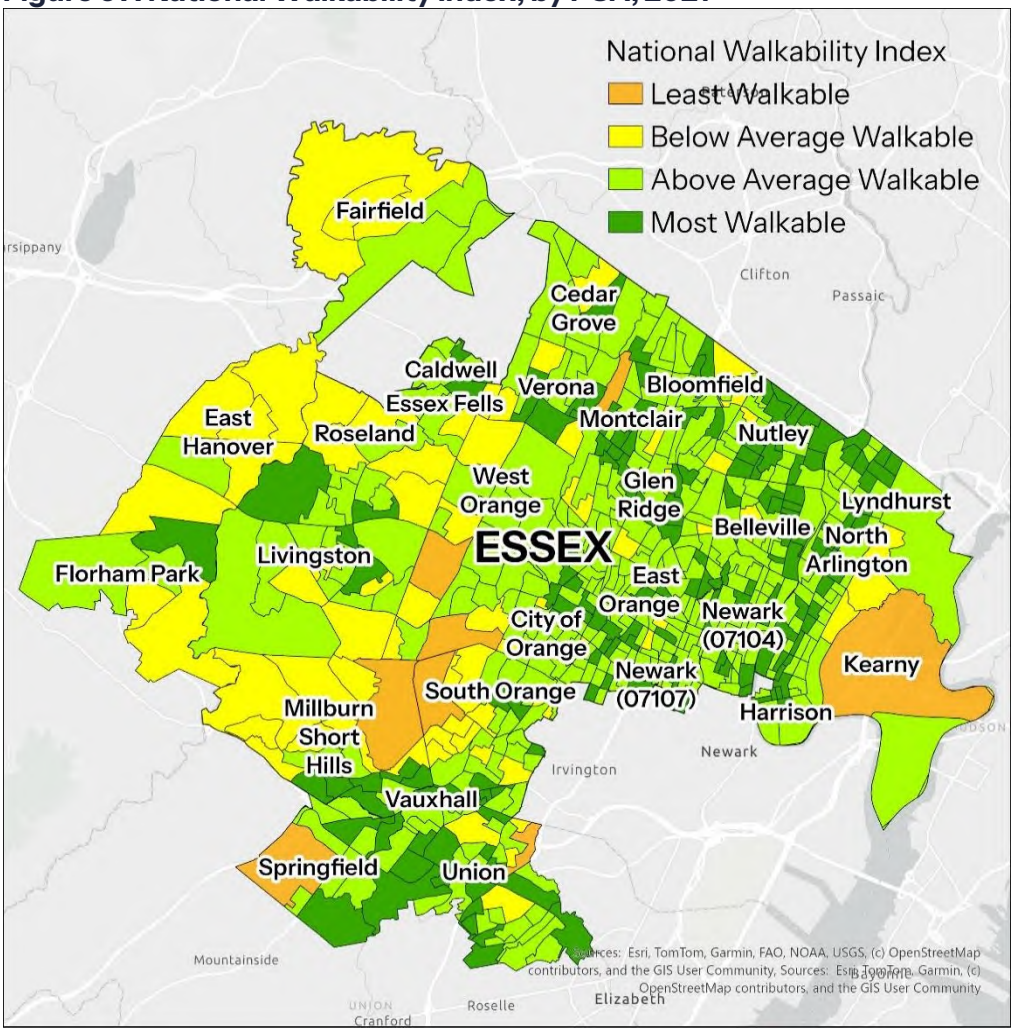
Figure 96: Percent of Households with an Internet Subscription, by State, County, and Town, 2019-2023



DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Transportation

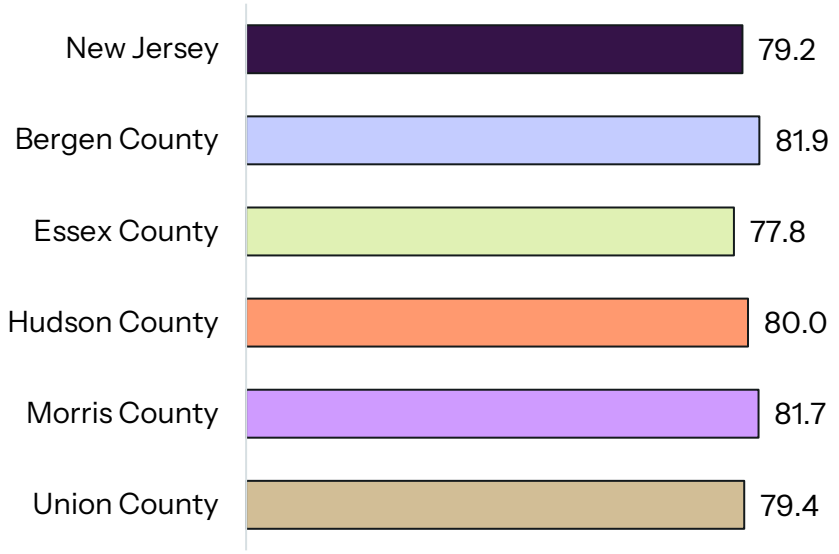
Figure 97. National Walkability Index, by PSA, 2021



DATA SOURCE: U.S. EPA, National Walkability Index, 2021

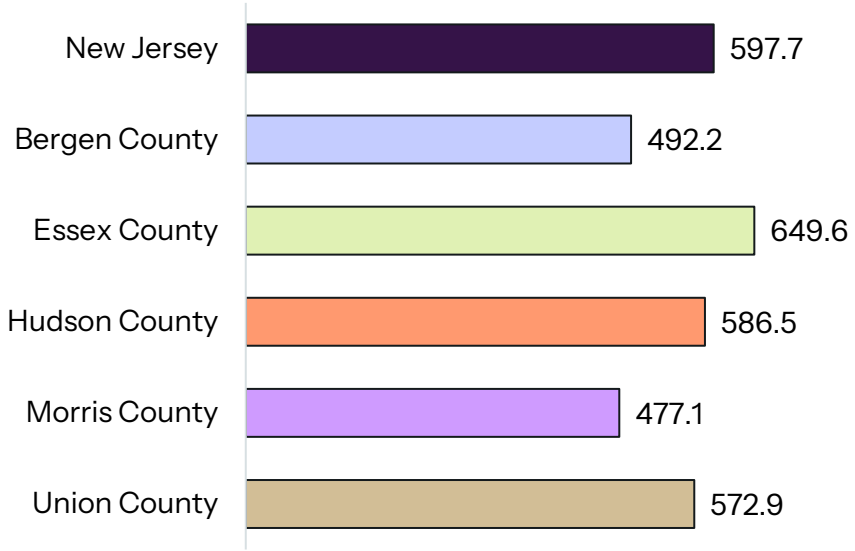
Leading Causes of Death and Premature Mortality

Figure 98. Life Expectancy in Years, by State and County, 2021



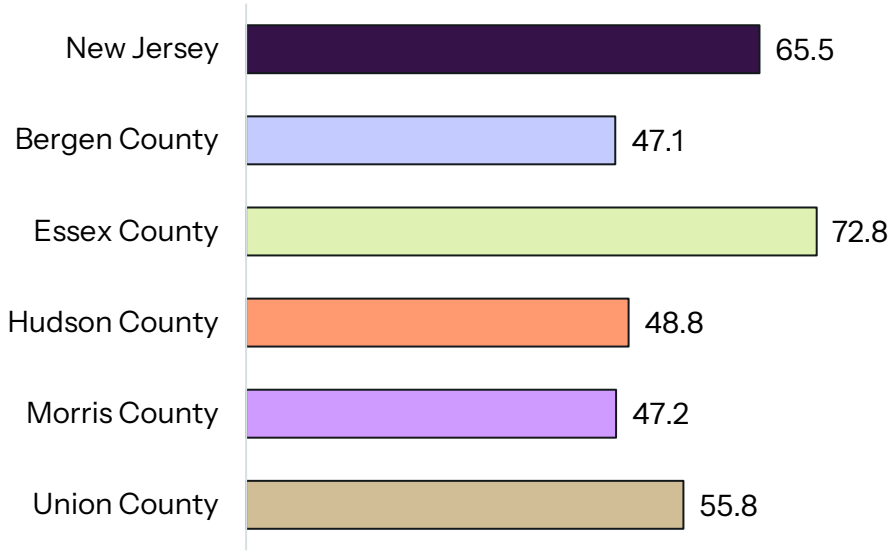
DATA SOURCE: National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program 2024

Figure 99. Age-Adjusted Rate of Hospital Emergency Department Visits per 10,000 for Injury, Poisoning, and Other External Causes, by State, 2023



DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

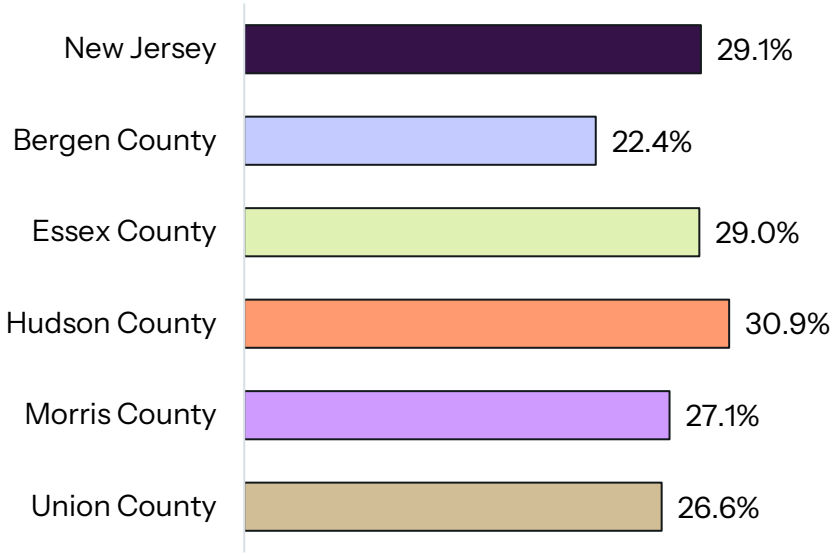
Figure 100. Injury Deaths per 100,000 Population, by State and County, 2017-2021



DATA SOURCE: National Center for Health Statistics - Mortality Files as cited by County Health Rankings 2023

Obesity and Physical Activity

Figure 101. Percent Adults Self-Reported Obese, by State and County, 2022



DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics Department of Health 2024

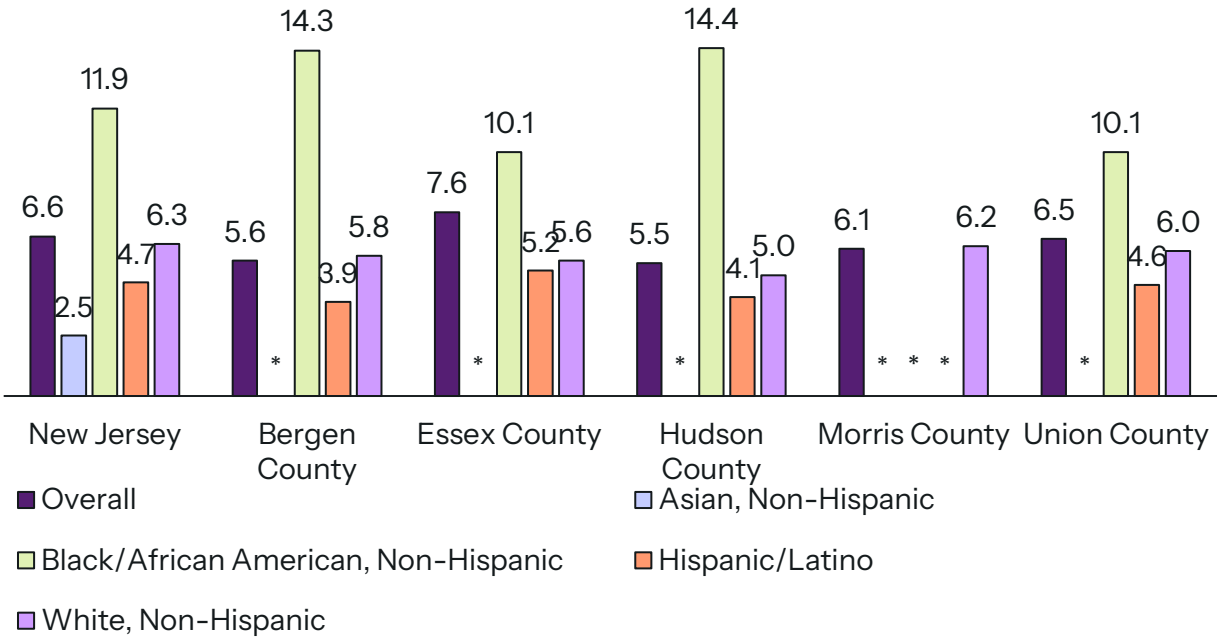
Cancer and Chronic Disease

Table 35: Age-Adjusted Death Rate Due to Cancer per 100,000, by Race/Ethnicity, by State and County, 2017-2021

	Overall	Asian, Non-Hispanic	Black, Non-Hispanic	Hispanic or Latino	White, Non-Hispanic
New Jersey	137.0	69.2	153.9	90.7	146.8
Bergen County	124.8	72.8	133	88.1	138.7
Essex County	126.8	63.9	137.9	90.4	120.9
Hudson County	117.3	70.7	168.4	87.9	145.5
Morris County	125.6	72.7	143.5	87.4	132.6
Union County	123.9	67.7	138.1	87.2	129.6

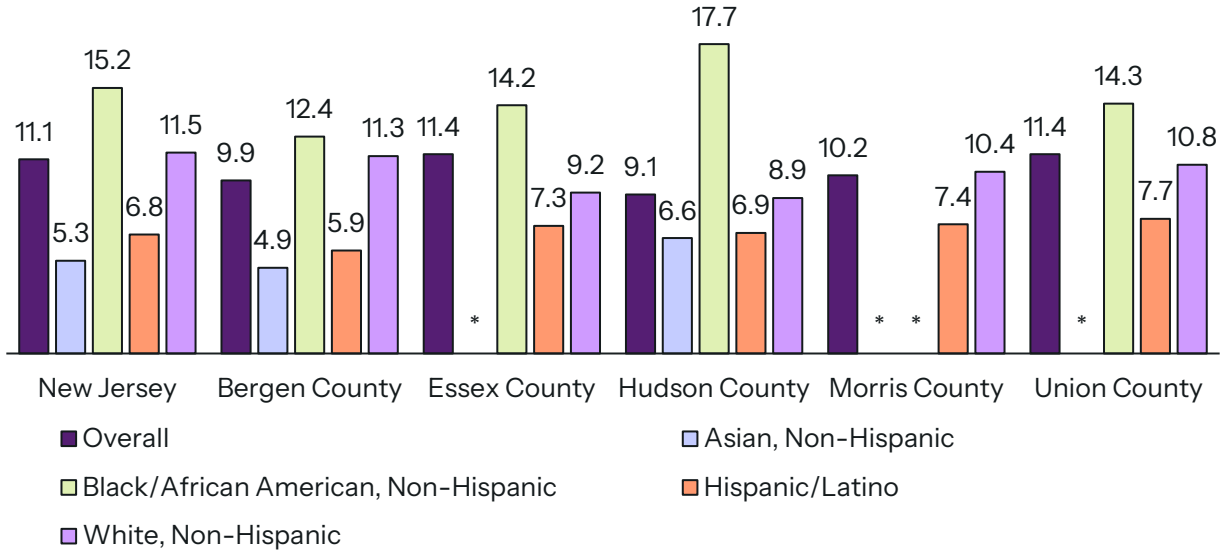
DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

Figure 102. Age-Adjusted Death Rate due to Prostate Cancer per 100,000, by Race/Ethnicity, by State and County, 2017-2021



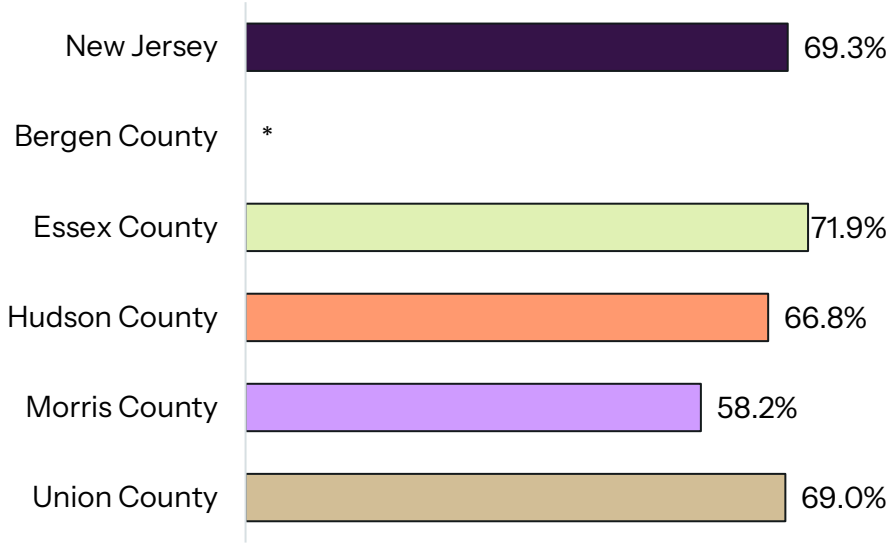
DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry Department, of Health via New Jersey State Health Assessment Data (NJSHAD), 2024
NOTE: Asterisk (*) means that data are suppressed.

Figure 103. Age-Adjusted Death Rate due to Breast Cancer per 100,000, by Race/Ethnicity, by State and County, 2017-2021



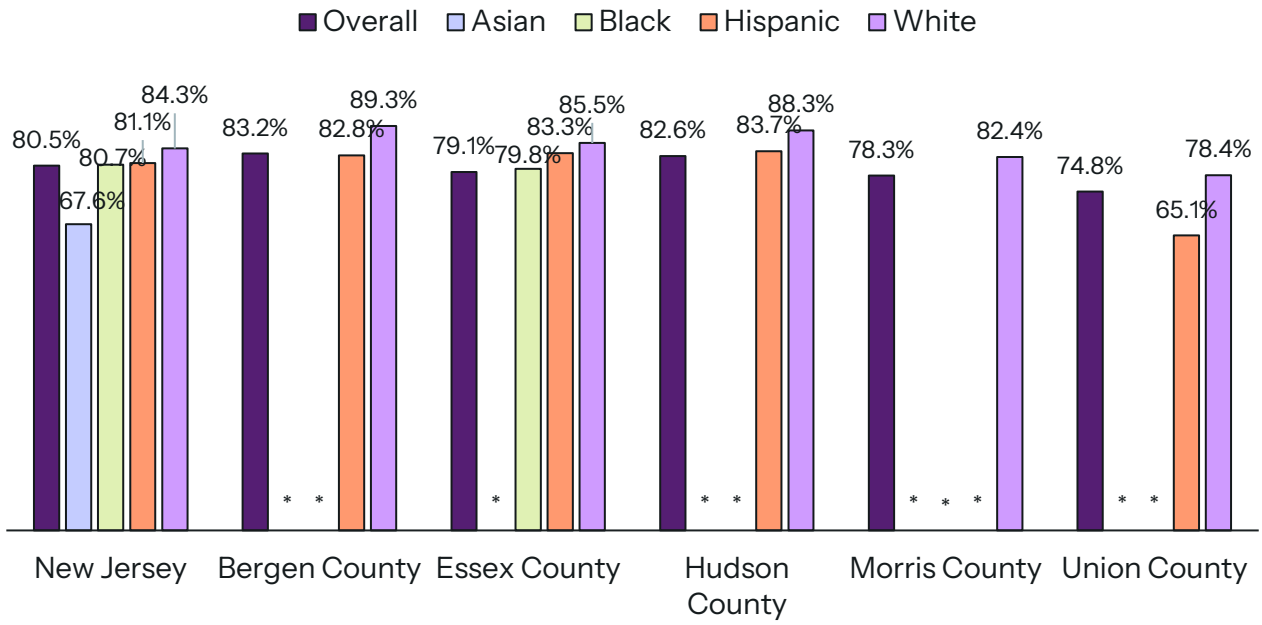
DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry Department, of Health via New Jersey State Health Assessment Data (NJSHAD), 2024
NOTE: Asterisk (*) means that data are suppressed.

Figure 104. Percent with a Mammography Screening Within the Past Two Years (Age 40-74), by State and County, 2022



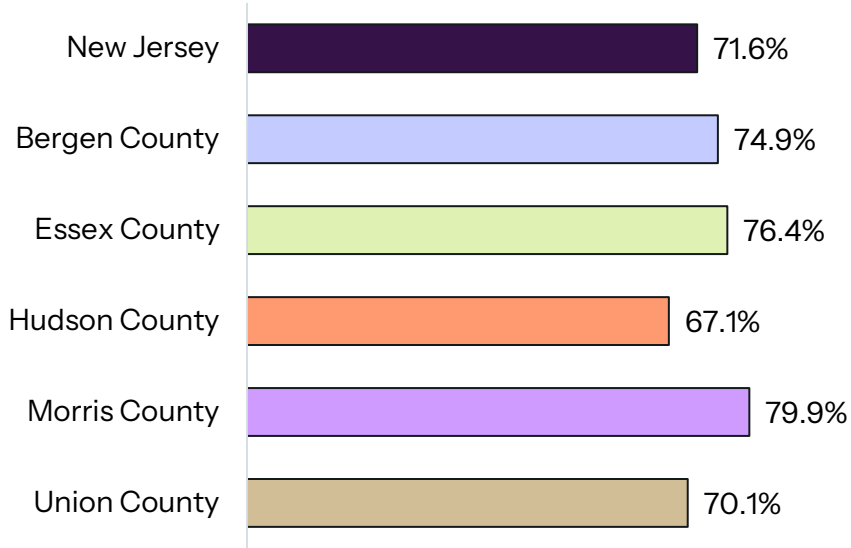
DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2022
NOTE : An asterisk (*) means that data is suppressed. Percentages based on fewer than 50 completed surveys and/or relative standard error (RSE) > 30% are not shown because they do not meet the CDC BRFSS standard for data release.

Figure 105. Percentage of Females Aged 21-65 Self-Reported to Have Had a Pap Test in Past Three Years, by Race/Ethnicity, by State and County, 2017-2020



DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024
NOTE: Asterisk (*) means that data are suppressed, as the rate does not meet National Center for Health Statistics standards of statistical reliability for presentation.

Figure 106. Percentage of Adults 50+ Meeting Current Guidelines for Colorectal Cancer Screening, by State and County, 2020



DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024
NOTE : Asterisk (*) means that data is suppressed. Percentages based on fewer than 50 completed surveys and/or relative standard error (RSE) > 30% are not shown because they do not meet the CDC BRFSS standard for data release.

Disability

Table 36. Percent With a Disability by Age, by State, County, and Town, 2019-2023

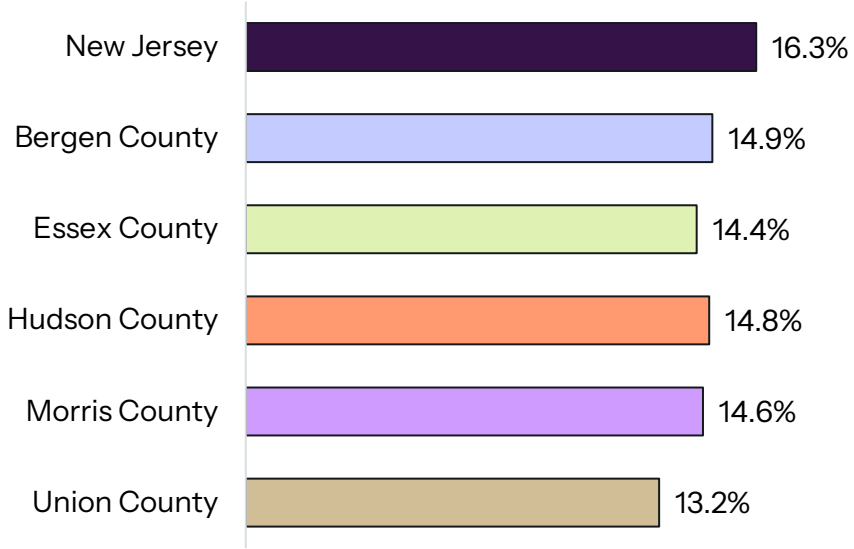
	Under 5 years	5 to 17 years	18 to 34 years	35 to 64 years	65 to 74 years	75 years and over
New Jersey	0.4%	4.9%	5.7%	9.2%	20.1%	43.2%
Bergen County	0.4%	3.2%	4.7%	6.3%	15.3%	39.2%
Lyndhurst	0.0%	5.0%	4.5%	8.5%	16.4%	45.4%
North Arlington	1.1%	0.6%	7.2%	5.0%	15.6%	29.1%
Essex County	0.4%	6.1%	7.9%	12.1%	23.5%	46.6%
Belleville	0.0%	4.3%	5.2%	10.8%	23.3%	48.6%
Bloomfield	0.0%	4.4%	6.5%	8.0%	20.4%	42.6%
Caldwell	0.0%	0.0%	7.9%	5.5%	10.7%	46.0%
Cedar Grove	0.0%	7.4%	2.3%	7.8%	13.7%	27.6%
East Orange	0.0%	9.6%	8.1%	16.7%	26.1%	40.5%
Essex Fells	0.0%	0.8%	2.8%	1.5%	4.9%	18.5%
Fairfield	0.0%	4.7%	5.4%	6.7%	11.8%	57.8%
Glen Ridge	0.0%	5.4%	3.5%	3.9%	7.3%	31.9%
Livingston	0.0%	0.5%	3.5%	4.0%	9.6%	37.9%
Maplewood	0.0%	3.9%	4.8%	5.1%	9.4%	27.2%
Millburn	0.0%	0.9%	3.3%	2.4%	4.5%	35.4%
Montclair	0.0%	3.5%	6.0%	7.3%	13.4%	43.0%
Newark (07104)	0.0%	7.5%	11.7%	19.1%	40.0%	63.0%
Newark (07107)	1.5%	12.0%	11.2%	25.0%	42.7%	58.7%
Nutley	0.0%	2.0%	2.8%	3.7%	15.7%	43.3%
Orange	2.6%	5.7%	10.8%	13.3%	26.9%	43.2%
Roseland	0.0%	2.4%	2.1%	2.2%	11.1%	42.9%
Short Hills	0.0%	1.1%	3.8%	1.5%	6.2%	36.1%
South Orange	0.0%	1.9%	6.9%	6.9%	13.7%	43.5%
Verona	0.0%	5.3%	5.3%	4.7%	13.0%	54.8%
West Orange	1.3%	4.2%	4.3%	5.4%	15.7%	47.0%
Hudson County	0.2%	4.6%	3.5%	8.2%	24.1%	43.1%
Harrison	0.0%	5.2%	2.2%	8.8%	20.6%	50.6%
Kearny	0.0%	7.6%	5.4%	6.8%	16.3%	43.7%
Morris County	0.4%	3.4%	5.3%	6.3%	15.7%	40.6%
East Hanover	1.3%	2.7%	2.1%	7.1%	12.3%	36.7%
Florham Park	0.0%	1.0%	8.8%	10.2%	14.0%	34.2%
Union County	0.7%	3.9%	5.0%	7.7%	16.8%	43.8%
Springfield	0.0%	3.0%	4.2%	6.8%	10.2%	50.5%

	Under 5 years	5 to 17 years	18 to 34 years	35 to 64 years	65 to 74 years	75 years and over
Union	2.3%	4.1%	4.7%	6.9%	12.2%	43.7%
Vauxhall	10.9%	12.5%	3.8%	6.9%	9.9%	47.1%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

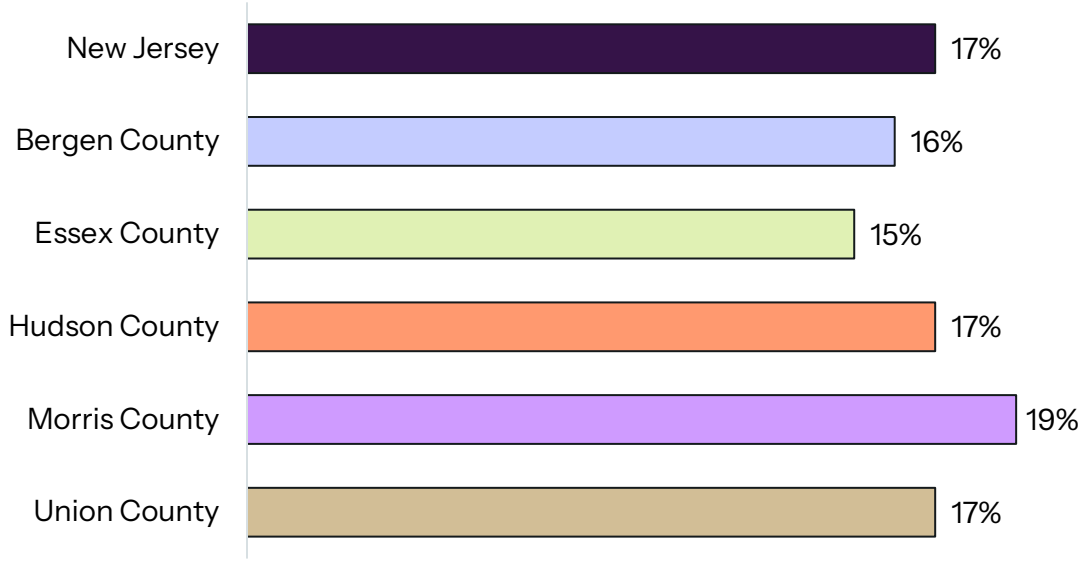
Mental Health and Behavioral Health

Figure 107: Percent Adults Ever Diagnosed with Depression, by State and County, 2020-2022



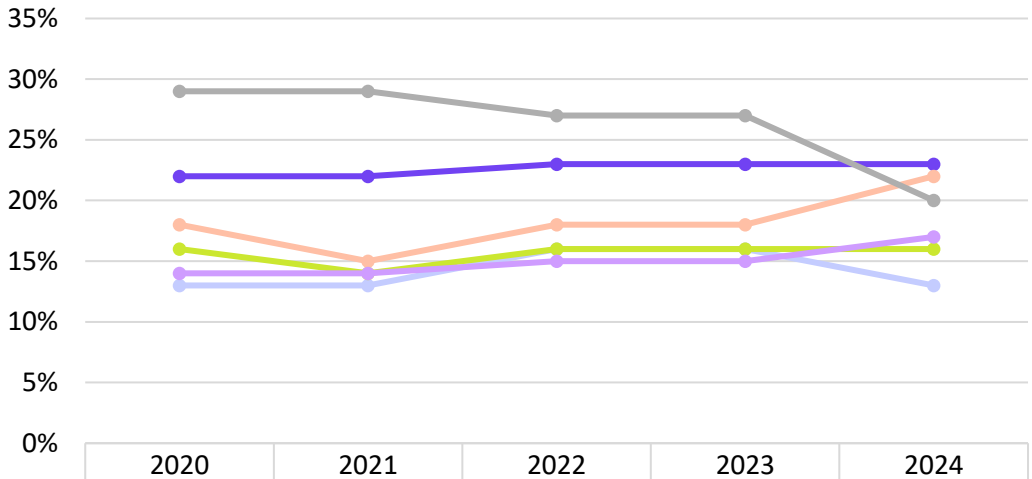
DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics Department of Health 2023

Figure 108. Percent Adults Reported Excessive Drinking, by State and County, 2024



DATA SOURCE: Behavioral Risk Factor Surveillance System as cited by County Health Rankings 2023
NOTE: Excessive drinking refers to heavy drinking (adult men having more than 14 drinks per week and adult women having more than 7 drinks per week)) or binge drinking (4 or more drinks on one occasion within a two-hour window for women and 5 or more drinks on one occasion within a two-hour window for men).

Figure 109. Percentage of Driving Deaths with Alcohol Involvement, by State and County, 2020-2024



	2020	2021	2022	2023	2024
New Jersey	22%	22%	23%	23%	23%
Bergen County	13%	13%	16%	16%	13%
Essex County	16%	14%	16%	16%	16%
Hudson County	18%	15%	18%	18%	22%
Morris County	14%	14%	15%	15%	17%
Union County	29%	29%	27%	27%	20%

DATA SOURCE: Fatality Analysis Reporting System as cited by County Health Rankings 2023

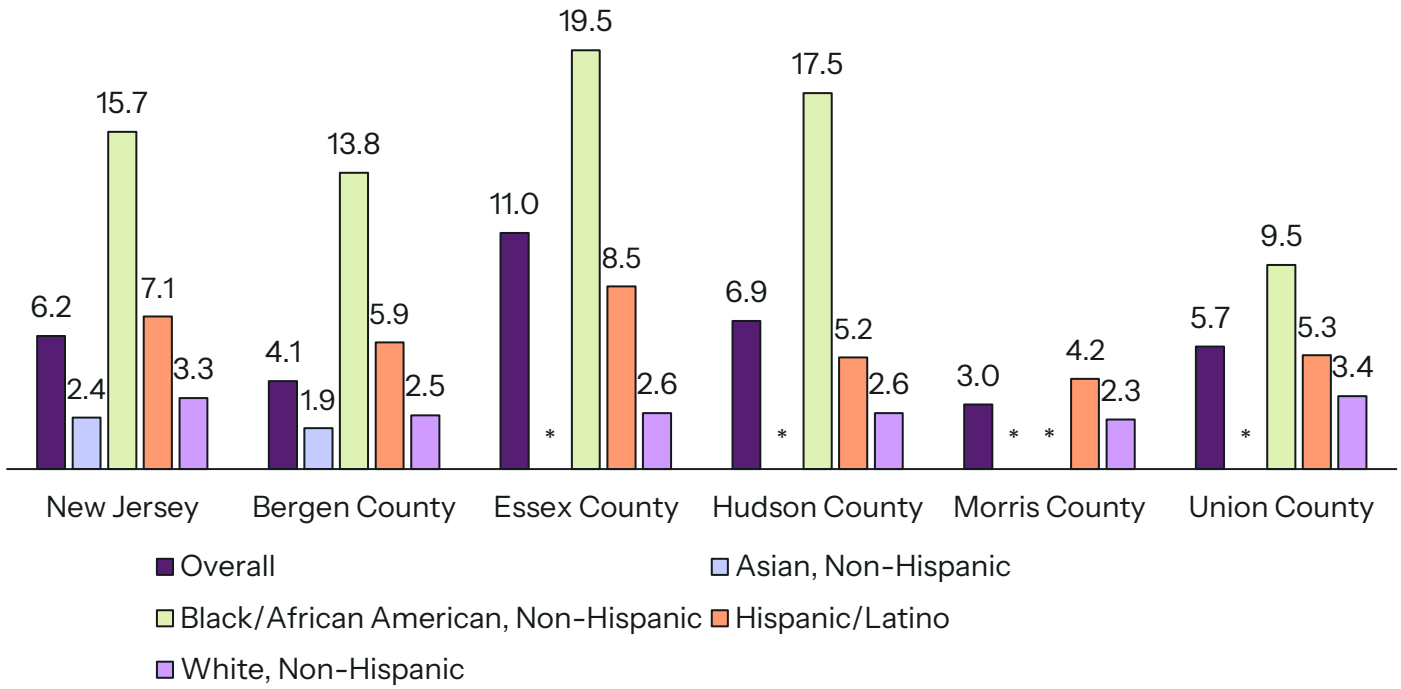
Table 37. Percentage of Substance Use Treatment Admissions, by Race/Ethnicity, by State and County, 2019-2023

	Asian, Non-Hispanic	Black/African American, Non-Hispanic	Hispanic/ Latino	White, Non-Hispanic
New Jersey	1.0%	28.4%	15.1%	69.9%
Bergen County	3.1%	13.6%	23.3%	82.3%
Essex County	0.7%	73.3%	65.0%	25.5%
Hudson County	2.3%	49.2%	44.9%	47.3%
Morris County	1.3%	9.6%	56.1%	88.5%
Union County	1.2%	50.1%	73.8%	48.2%

DATA SOURCE: Statewide Substance Use Overview Dashboard, Division of Mental Health and Addiction Services Department of Human Services, 2024

Environmental Health

Figure 110. Age-Adjusted Inpatient Hospitalizations Due to Asthma, per 10,000 Population, by Race/Ethnicity, by State and County, 2023



DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health 2024

NOTE: Asterisk (*) means that data is suppressed. Rate does not meet National Center for Health Statistics standards of statistically reliability for presentation (RSE >=23% and n<20).

Table 38. Presence of Drinking Water Violations, by County, 2022

	Presence of Violation
Bergen County	Yes
Essex County	Yes
Hudson County	No
Morris County	Yes
Union County	No

DATA SOURCE: Safe Drinking Water Information System as cited by County Health Rankings 2024

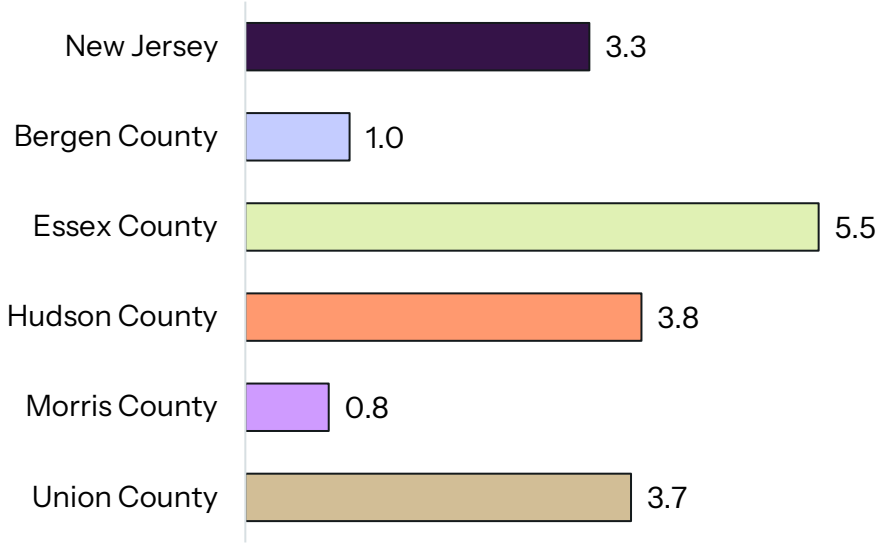
Infectious and Communicable Disease

Table 39. Crude Rate of Primary and Secondary Syphilis, per 100,000 Population, by Race/Ethnicity, by State and County, 2019-2023

	Overall	Asian/ Pacific Islander, Non-Hispanic	Black/ African American, Non-Hispanic	Hispanic/ Latino	White, Non-Hispanic
New Jersey	8.9	2.6	26.8	12.1	4.2
Bergen County	5.2	*	14.3	8.4	3.5
Essex County	17.8	*	31.0	15.9	5.4
Hudson County	13.5	4.9	29.9	13.9	9.4
Morris County	2.7	*		5.7	2.1
Union County	11.5	*	19.0	15.1	4.9

DATA SOURCE: Communicable Disease Reporting and Surveillance System Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024
NOTE: An asterisk (*) means that the rate does not meet the National Center for Health Statistics standards of statistical reliability for presentation.

Figure 111. Live Births per 1,000 Female Population Aged 15-17, by State and County, 2020-2022



DATA SOURCE: Birth Certificate Database, Office of Vital Statistics and Registry Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024
NOTE: An asterisk (*) means that the rate does not meet the National Center for Health Statistics standards of statistical reliability for presentation.

Table 40. Infant Mortality Rate per 1,000 Births, by State and County, 2017-2021

	Overall	Asian, Non-Hispanic	Black/African American, Non-Hispanic	Hispanic/Latino	White, Non-Hispanic
New Jersey	4.0	2.5	8.7	4.0	2.5
Bergen County	3.1	*	*	4.2	1.8
Essex County	5.3	*	8.6	3.0	2
Hudson County	2.8	*	6.5	3.3	*
Morris County	2.8	*	*	*	1.8
Union County	4.1	*	9.3	4.0	*

DATA SOURCE: Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024
NOTE: Asterisk (*) means that data are suppressed, as the rate does not meet National Center for Health Statistics standards of statistical reliability for presentation.

Table 41. Percentage of Very Low Birth Weight Births, by State and County, 2018-2022

	Overall	Asian, Non-Hispanic	Black/African American, Non-Hispanic	Hispanic/Latino	White, Non-Hispanic
New Jersey	1.3%	1.1%	2.8%	1.3%	0.8%
Bergen County	1.1%	1.1%	2.2%	1.4%	0.8%
Essex County	1.8%	0.9%	2.9%	1.3%	0.7%
Hudson County	1.2%	1.0%	2.6%	1.3%	0.8%
Morris County	0.8%	1.1%	1.8%	0.8%	0.3%
Union County	1.4%	1.1%	2.7%	1.3%	0.7%

NOTE: Very low birth weight is defined as newborns born weighing less than 1,500 grams.

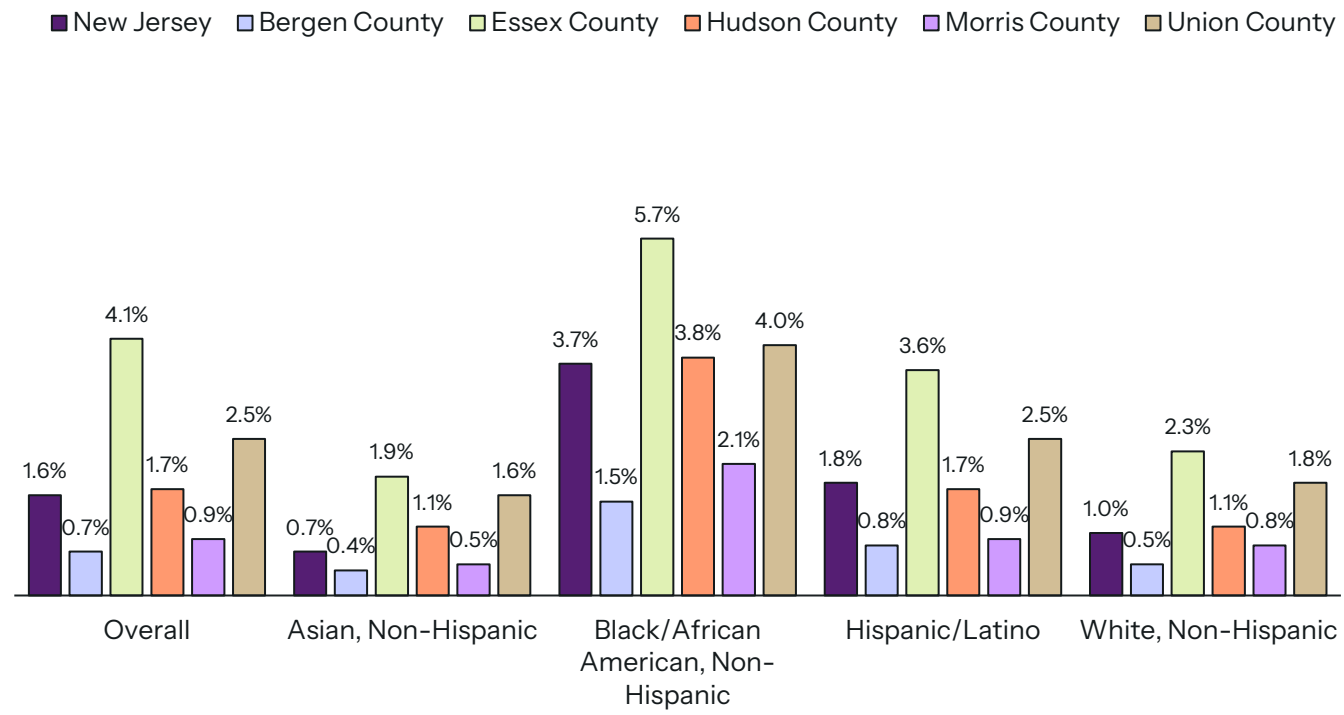
Table 42. Percentage of Preterm Births, by State and County, 2021-2022

	Overall	Asian, Non-Hispanic	Black, Non-Hispanic	Hispanic/ Latino	White, Non-Hispanic
New Jersey	9.3%	8.4%	13.2%	9.9%	7.9%
Bergen County	9.2%	8.7%	15.6%	10.4%	8.6%
Essex County	10.2%	8.1%	12.8%	9.6%	7.3%
Hudson County	9.8%	7.9%	14.8%	10.3%	8.2%
Morris County	7.2%	6.8%	*	8.7%	7.0%
Union County	8.6%	9.6%	11.3%	9.0%	6.7%

DATA SOURCE: Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024

NOTE: Preterm births are defined as live births before 37 weeks of gestation based on obstetric estimate. Asterisk (*) means that data are suppressed.

Figure 112. Percent Receiving No Prenatal Care, By Race/Ethnicity, by State and County, 2022



DATA SOURCE: Birth Certificate Database, Office of Vital Statistics and Registry, Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

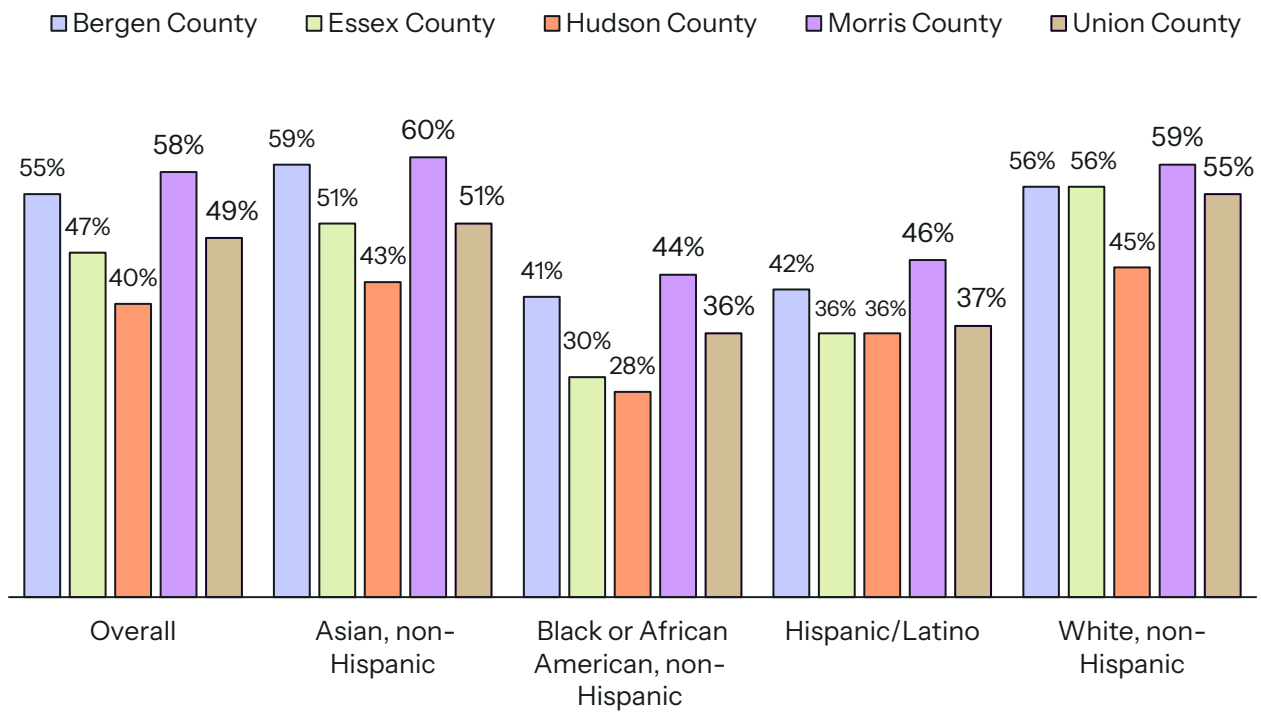
Healthcare Access

Table 43. Percentage of Immunized Children, by State, 2020

	2020
United States	70.5%
New Jersey	68.7%

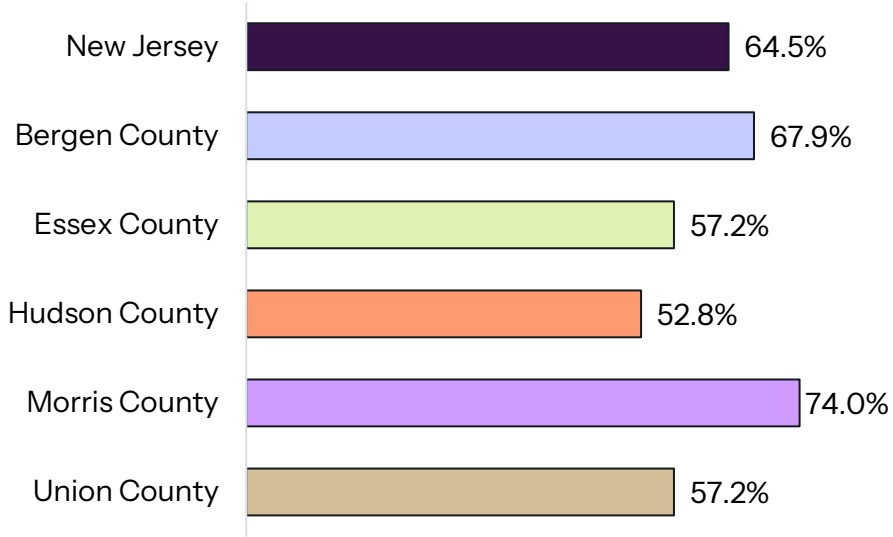
DATA SOURCE: National Immunization Survey, Center for Disease Control and Prevention via New Jersey State Health Assessment Data (NJSHAD), 2024

Figure 113. Percentage of Fee-for-Service (FFS) Medicare Enrollees that Had an Annual Flu Vaccination, by Race/Ethnicity, by State and County, 2021



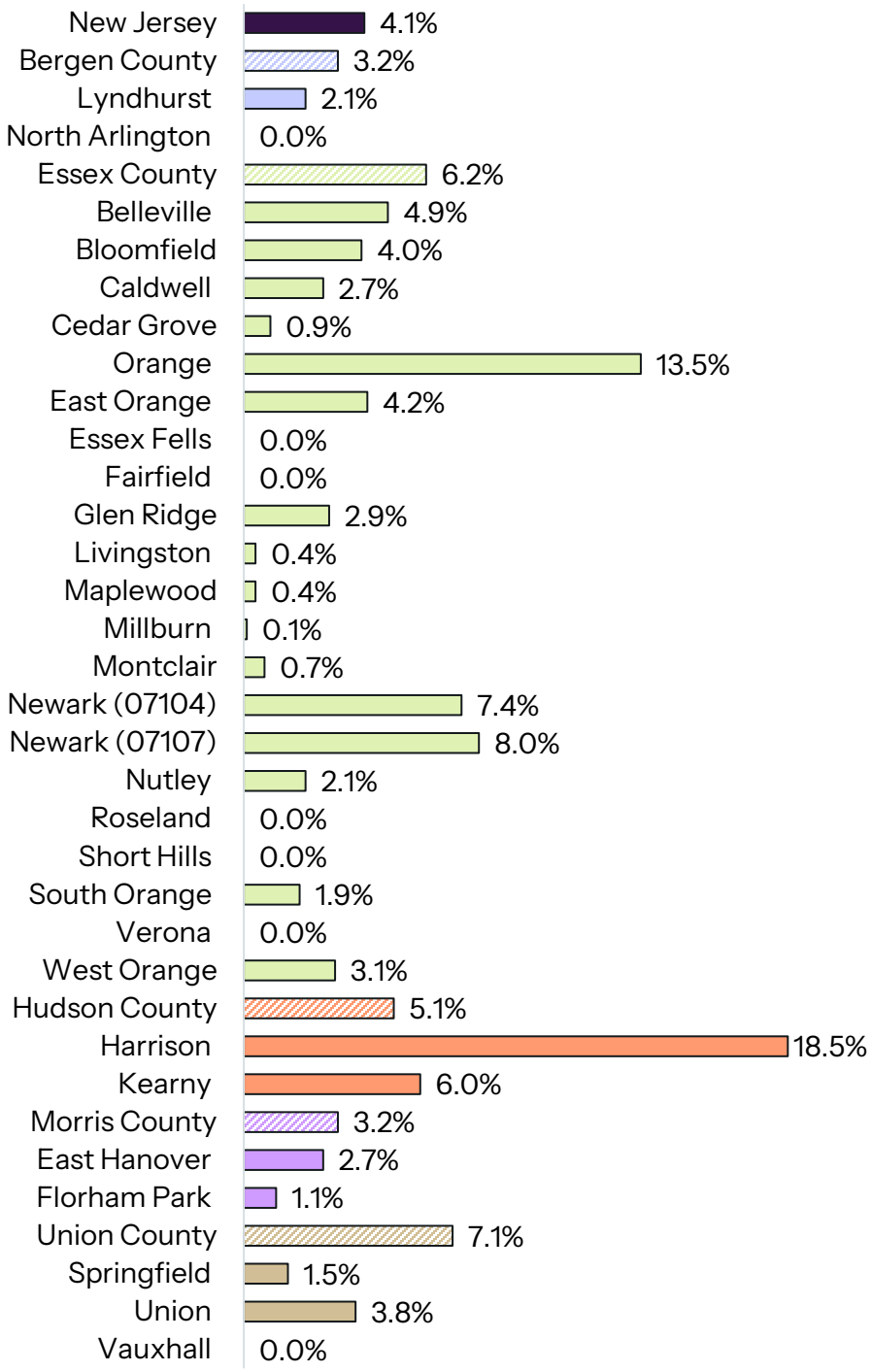
DATA SOURCE: Mapping Medicare Disparities Tool as cited in County Health Rankings 2024

Figure 114. Percentage of Adults Reporting Ever Receiving a Pneumococcal Vaccination, 65 and Older, by State and County, 2020-2022



DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

Figure 115. Percentage Under 19 Uninsured, by State, County, and Town, 2019-2023



DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Figure 116. Percentage with Private Health Insurance, by State, County, and Town, 2019-2023

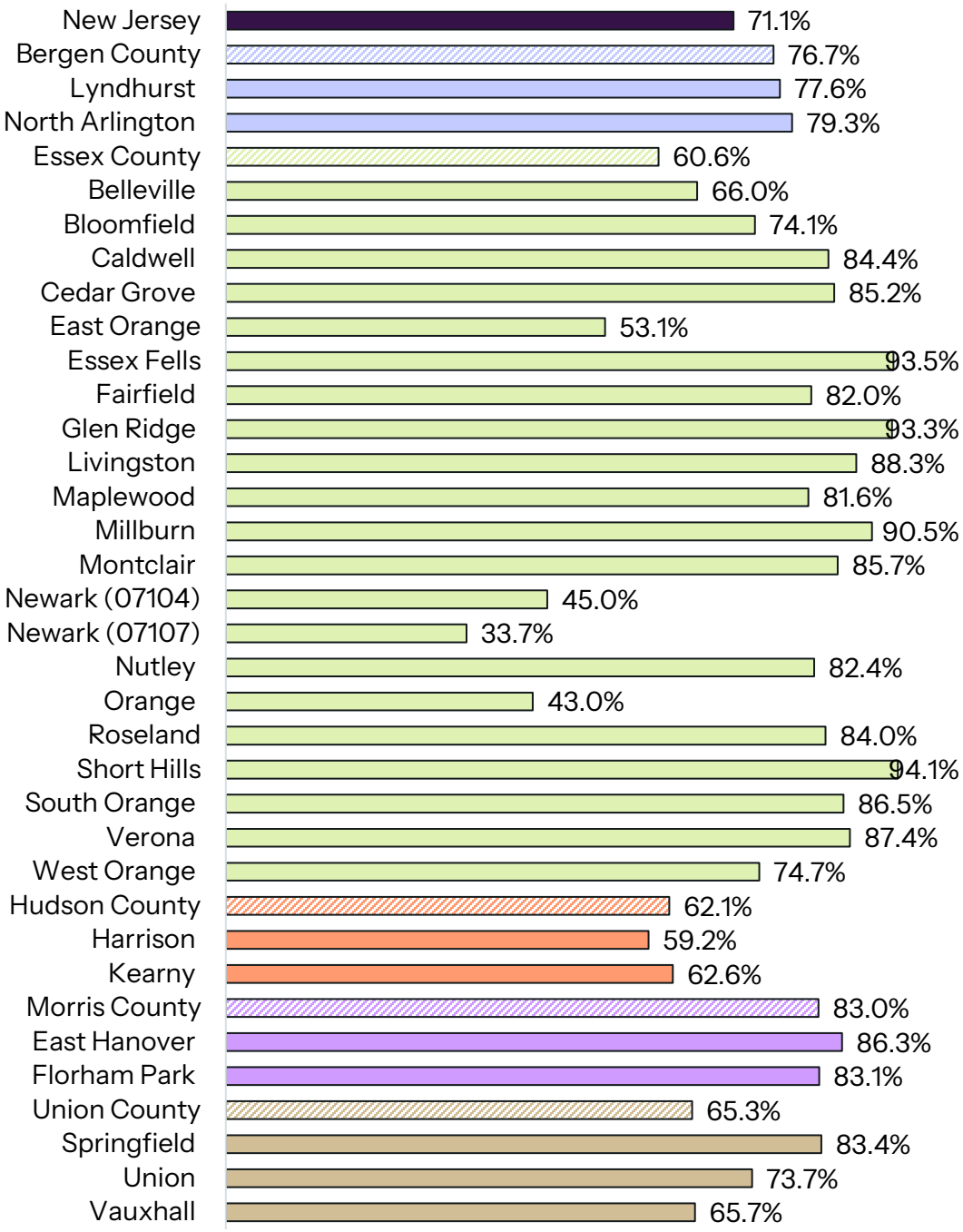
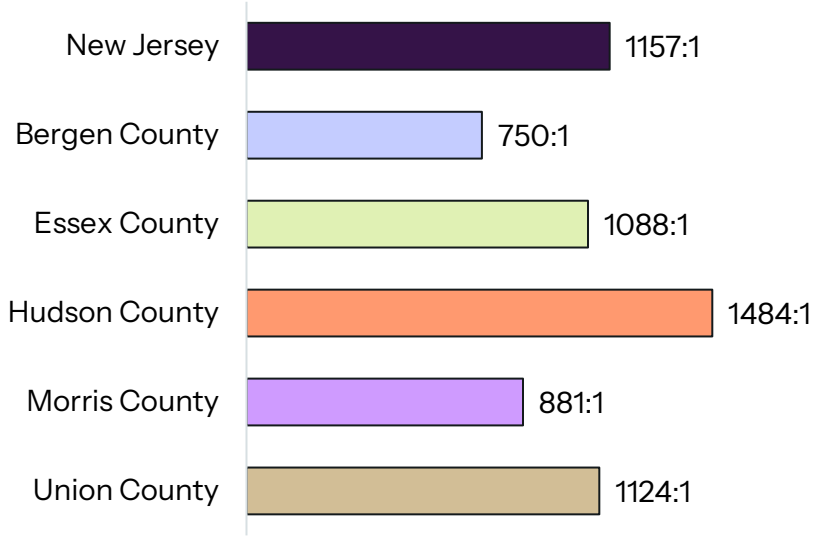


Figure 117. Ratio of Population to Dentist, by State and County, 2022



DATA SOURCE: Area Health Resource File/National Provider Identifier Downloadable File as cited by County Health Rankings, 2024

Appendix F. Hospitalization Data

Table 44. Emergency Room Treat and Release Rates per 1,000 Population, by Age, State, County, and Primary Service Area (PSA), 2022

Age	New Jersey	Essex County	Hudson County	Bergen County	CMMC PSA
Total	304.6	378.2	326.9	221.7	340.6
Under 18	67.4	384.1	370.5	231.5	390.5
18-64	185.6	393.2	317.5	207.2	333.3
65 and over	51.6	304.3	308.8	258.6	296.5

Age	New Jersey	Essex County	Morris County	Union County	CBMC PSA
Total	304.6	378.2	200.8	330.1	248.3
Under 18	67.4	384.1	231.5	367.5	239.6
18-64	185.6	393.2	178.6	323.6	244.5
65 and over	51.6	304.3	240.8	300.0	274.2

DATA SOURCE: RWJBarnabas Health System, 2022

Table 45. Emergency Room Treat and Release Rates per 1,000 Population, by Race/Ethnicity, State, County, and Primary Service Area, 2022

Race/Ethnicity	New Jersey	Essex County	Hudson County	Bergen County	CMMC PSA
Total	304.6	378.2	326.9	221.7	340.6
Asian	90.7	69.5	84.0	88.2	80.6
Black	546.9	553.7	470.1	362.9	525.1
Hispanic	373.3	404.1	254.7	291.5	356.2
White	219.3	153.8	163.8	182.0	124.4

Race/Ethnicity	New Jersey	Essex County	Morris County	Union County	CBMC PSA
Total	304.6	378.2	200.8	330.1	248.3
Asian	90.7	69.5	73.2	90.2	69.3
Black	546.9	553.7	337.6	417.6	387.4
Hispanic	373.3	404.1	309.7	395.4	312.0
White	219.3	153.8	174.6	199.2	141.9

DATA SOURCE: RWJBarnabas Health System, 2022

Table 46. Hospital Admission Rates per 1,000 Population, by Race/Ethnicity, State, County, and Primary Service Area, 2022

	Race/Ethnicity	Total	Acute	Chronic	Diabetic
New Jersey	Overall	8.1	3.8	2.5	1.8
	Asian	1.6	2.2	1.5	0.9
	Black	13.1	5.0	4.3	3.9
	Hispanic	5.8	2.7	1.5	1.6
	White	8.2	4.1	2.6	1.5
Essex County	Overall	9.7	4.2	3.1	2.4
	Asian	1.8	1.1	0.5	0.3
	Black	14.6	5.7	5.1	3.9
	Hispanic	8.0	3.7	2.0	2.2
	White	6.2	3.3	1.9	1.0
Hudson County	Overall	7.1	3.2	2.2	1.8
	Asian	1.9	0.9	0.6	0.4
	Black	10.7	4.1	3.6	3.1
	Hispanic	5.2	2.4	1.4	1.3
	White	5.9	2.8	1.8	1.3
Bergen County	Overall	5.8	2.8	2.0	1.0
	Asian	2.0	0.9	0.8	0.4
	Black	9.8	3.8	3.2	2.9
	Hispanic	4.0	1.9	1.3	0.8
	White	6.6	3.2	2.3	1.1
CMMC PSA	Overall	8.9	4.2	2.5	2.2
	Asian	1.8	0.9	0.4	0.5
	Black	13.0	5.5	4.3	3.2
	Hispanic	7.7	3.6	1.9	2.2
	White	5.7	2.9	1.8	1.1

	Race/Ethnicity	Total	Acute	Chronic	Diabetic
New Jersey	Overall	8.1	3.8	2.5	1.8
	Asian	1.6	2.2	1.5	0.9
	Black	13.1	5.0	4.3	3.9
	Hispanic	5.8	2.7	1.5	1.6
	White	8.2	4.1	2.6	1.5
Essex County	Overall	9.7	4.2	3.1	2.4
	Asian	1.8	1.1	0.5	0.3
	Black	14.6	5.7	5.1	3.9
	Hispanic	8.0	3.7	2.0	2.2
	White	6.2	3.3	1.9	1.0

	Race/Ethnicity	Total	Acute	Chronic	Diabetic
Morris County	Overall	5.4	2.8	1.6	1.0
	Asian	1.5	0.8	0.5	0.2
	Black	8.8	3.9	2.7	2.1
	Hispanic	4.0	2.2	1.0	0.8
	White	5.9	3.0	1.8	1.0
Union County	Overall	7.2	3.2	2.2	1.8
	Asian	0.1	0.1	0.0	0.0
	Black	10.4	4.1	3.1	3.1
	Hispanic	5.5	2.5	1.5	1.5
	White	6.4	3.1	2.0	1.3
CBMC PSA	Overall	7.4	3.5	2.3	1.6
	Asian	1.8	1.1	0.6	0.1
	Black	11.1	4.7	3.4	3.0
	Hispanic	5.3	2.6	1.2	1.4
	White	6.0	3.2	1.9	0.9

DATA SOURCE: RWJBarnabas Health System, 2022

Table 47. Hospital Admission Rates per 1,000 Population, by Condition, by State, County, and Primary Service Area, 2022

	Total	Obesity	Obstetrics	Cardiac	Mental Health	Substance Use
New Jersey	75.8	1.1	10.7	10.7	3.4	1.5
Essex County	83.1	1.5	12.1	11.0	4.5	1.9
Hudson County	65.8	1.1	10.9	8.4	4.1	2.0
Bergen County	63.9	0.9	9.0	8.1	4.6	1.8
CMMC PSA	78.1	1.8	11.8	10.5	4.3	1.9

	Total	Obesity	Obstetrics	Cardiac	Mental Health	Substance Use
New Jersey	75.8	1.1	10.7	10.7	3.4	1.5
Essex County	83.1	1.5	12.1	11.0	4.5	1.9
Morris County	62.5	0.9	9.4	8.2	2.6	1.1
Union County	70.7	1.3	12.3	9.3	3.6	1.2
CBMC PSA	69.8	1.2	10.1	9.7	3.7	0.9

DATA SOURCE: RWJBarnabas Health System, 2022

Table 48. Hospital Admission Rates per 1,000 Population, by Age, Race/Ethnicity, State, County, and Primary Service Area, 2022

	Age	Race /Ethnicity	Total	Obesity	Obstetrics	Cardiac	Mental Health	Substance Use
New Jersey	Total	Total	75.8	1.1	10.7	10.7	3.4	1.5
		Asian	30.8	0.1	8.6	3.6	0.9	0.2
		Black	103.3	1.8	11.3	15.7	6.1	2.4
		Hispanic	57.0	1.5	13.1	5.5	2.3	1.1
		White	77.5	0.9	8.4	12.2	3.1	1.5
	Under 18	Total	2.8	0.0	0.1	0.0	0.3	0.0
		Asian	1.4	0.0	0.0	0.0	0.1	0.0
		Black	4.3	0.0	0.1	0.0	0.6	0.0
		Hispanic	3.9	0.0	0.2	0.1	0.3	0.0
		White	1.7	0.0	0.0	0.0	0.3	0.0
	18-64	Total	39.5	1.1	10.6	3.6	2.6	1.4
		Asian	17.4	0.1	8.6	1.2	0.7	0.2
		Black	65.8	1.8	11.2	7.9	5.1	2.2
		Hispanic	38.8	1.5	12.9	2.5	1.8	1.1
		White	33.1	0.9	8.4	3.1	2.3	1.4
	65 and over	Total	33.4	0.0	0.0	7.1	0.4	0.1
		Asian	12.0	0.0	0.0	2.4	0.1	0.0
		Black	33.3	0.0	0.0	7.8	0.5	0.2
		Hispanic	14.3	0.0	0.0	3.0	0.2	0.0
		White	42.7	0.1	0.0	9.1	0.5	0.2
Essex County	Total	Total	83.1	1.5	12.1	11.0	4.5	1.9
		Asian	27.2	0.1	7.8	3.4	0.9	0.1
		Black	111.6	2.0	12.6	16.1	6.7	2.8
		Hispanic	68.9	1.9	14.4	7.3	2.8	1.7
		White	62.5	0.8	7.2	9.1	3.3	1.4
	Under 18	Total	18.5	0.0	0.5	0.3	1.7	0.0
		Asian	5.4	-	-	-	0.6	-
		Black	23.9	0.0	0.5	0.4	2.2	0.0
		Hispanic	16.1	0.0	0.7	0.3	1.2	0.0
		White	10.5	0.0	-	-	1.2	-
	18-64	Total	80.7	2.3	19.2	7.7	5.8	2.9
		Asian	22.9	0.2	11.9	1.8	1.1	0.1
		Black	115.1	3.0	19.6	13.2	8.9	4.1
		Hispanic	75.0	3.0	22.7	5.5	3.5	2.6
		White	43.2	1.2	12.0	3.6	4.2	2.1
		Total	197.9	0.2	-	42.7	3.3	1.0
		Asian	81.9	0.1	-	16.5	0.7	0.3

	Age	Race /Ethnicity	Total	Obesity	Obstetrics	Cardiac	Mental Health	Substance Use
	65 and over	Black	249.8	0.3	-	58.5	4.0	1.8
		Hispanic	195.5	0.1	-	42.7	3.3	0.6
		White	169.7	0.3	-	34.1	2.8	0.6
Hudson County	Total	Total	65.8	1.1	10.9	8.4	4.1	2.0
		Asian	26.4	0.1	9.0	3.4	0.8	0.3
		Black	86.4	1.2	7.7	12.6	5.9	3.2
		Hispanic	47.1	1.5	8.6	5.2	1.5	0.9
		White	52.2	0.6	6.3	7.3	3.5	2.3
	Under 18	Total	13.5	0.0	0.4	0.1	2.0	0.0
		Asian	3.4	-	-	-	0.1	-
		Black	13.1	-	0.4	0.0	1.9	0.0
		Hispanic	10.3	0.1	0.4	0.1	0.3	0.0
		White	6.5	-	0.1	0.0	1.3	-
	18-64	Total	57.7	1.5	16.1	4.8	4.7	2.8
		Asian	22.4	0.1	12.2	1.5	0.9	0.4
		Black	88.1	1.8	11.6	10.6	7.6	4.4
		Hispanic	43.8	2.2	13.4	2.6	1.9	1.3
		White	37.3	0.8	9.2	3.3	3.9	3.0
	65 and over	Total	189.0	0.2	-	40.1	3.7	1.2
		Asian	90.9	-	-	22.7	1.4	0.1
		Black	255.9	0.1	-	56.3	4.9	3.1
		Hispanic	127.9	0.2	-	26.9	1.8	0.3
		White	165.5	0.1	-	32.5	3.7	1.3
Bergen County	Total	Total	63.9	0.9	9.0	8.1	4.6	1.8
		Asian	30.7	0.1	7.5	3.1	1.9	0.5
		Black	86.8	1.5	6.8	10.9	10.0	2.9
		Hispanic	49.7	1.4	11.2	3.9	3.7	1.4
		White	69.8	0.8	6.9	10.3	4.9	2.2
	Under 18	Total	12.7	0.0	0.1	0.1	2.6	0.0
		Asian	6.2	-	-	0.1	1.0	0.1
		Black	18.0	-	0.1	-	6.0	0.1
		Hispanic	14.2	0.0	0.3	0.2	2.6	0.1
		White	10.1	-	0.0	0.1	2.6	0.0
	18-64	Total	50.6	1.5	14.7	3.6	5.6	2.8
		Asian	25.4	0.2	11.6	1.5	2.4	0.8
		Black	77.2	2.2	10.1	6.9	11.8	3.8
		Hispanic	50.1	2.1	17.0	2.4	4.3	2.0
		White	47.6	1.3	11.9	3.9	6.0	3.5

	Age	Race /Ethnicity	Total	Obesity	Obstetrics	Cardiac	Mental Health	Substance Use
	65 and over	Total	165.6	0.1	-	31.9	3.5	0.7
		Asian	83.5	-	-	13.5	1.3	0.0
		Black	238.6	0.3	-	47.9	6.5	2.2
		Hispanic	143.2	0.2	-	24.7	2.3	0.5
		White	171.1	0.2	-	34.0	3.9	0.8
CMMC PSA	Total	Total	78.1	1.8	11.8	10.5	4.3	1.9
		Asian	32.7	0.0	9.9	4.3	1.3	0.2
		Black	99.0	1.5	12.2	13.4	6.4	3.0
		Hispanic	64.4	2.1	12.0	7.7	2.8	1.3
		White	53.5	1.0	4.7	8.7	3.3	1.4
	Under 18	Total	16.3	0.1	0.3	0.1	1.7	0.0
		Asian	6.5	0.0	0.0	0.0	1.0	0.0
		Black	18.7	0.0	0.3	0.2	2.3	0.0
		Hispanic	13.6	0.1	0.3	0.1	1.0	0.0
		White	5.4	0.0	0.0	0.0	0.9	0.0
	18-64	Total	71.7	2.6	18.0	6.7	5.3	2.7
		Asian	27.1	0.1	13.9	2.4	1.6	0.2
		Black	106.6	2.2	18.1	12.4	8.0	4.2
		Hispanic	66.3	3.2	18.6	5.6	3.4	2.0
		White	36.9	1.5	7.2	3.7	4.1	2.1
	65 and over	Total	208.3	0.2	0.0	45.5	3.4	0.6
		Asian	87.1	0.0	0.0	18.4	0.7	0.7
		Black	256.7	0.0	0.0	56.1	5.5	1.9
		Hispanic	193.4	0.2	0.0	43.6	3.3	0.5
		White	168.1	0.2	0.0	36.9	2.5	0.3

	Age	Race /Ethnicity	Total	Obesity	Obstetrics	Cardiac	Mental Health	Substance Use
New Jersey	Total	Total	75.8	1.1	10.7	10.7	3.4	1.5
		Asian	30.8	0.1	8.6	3.6	0.9	0.2
		Black	103.3	1.8	11.3	15.7	6.1	2.4
		Hispanic	57.0	1.5	13.1	5.5	2.3	1.1
		White	77.5	0.9	8.4	12.2	3.1	1.5
	Under 18	Total	2.8	0.0	0.1	0.0	0.3	0.0
		Asian	1.4	0.0	0.0	0.0	0.1	0.0
		Black	4.3	0.0	0.1	0.0	0.6	0.0
		Hispanic	3.9	0.0	0.2	0.1	0.3	0.0
		White	1.7	0.0	0.0	0.0	0.3	0.0
	18-64	Total	39.5	1.1	10.6	3.6	2.6	1.4

	Age	Race /Ethnicity	Total	Obesity	Obstetrics	Cardiac	Mental Health	Substance Use
		Asian	17.4	0.1	8.6	1.2	0.7	0.2
		Black	65.8	1.8	11.2	7.9	5.1	2.2
		Hispanic	38.8	1.5	12.9	2.5	1.8	1.1
		White	33.1	0.9	8.4	3.1	2.3	1.4
	65 and over	Total	33.4	0.0	0.0	7.1	0.4	0.1
		Asian	12.0	0.0	0.0	2.4	0.1	0.0
		Black	33.3	0.0	0.0	7.8	0.5	0.2
		Hispanic	14.3	0.0	0.0	3.0	0.2	0.0
		White	42.7	0.1	0.0	9.1	0.5	0.2
Essex County	Total	Total	83.1	1.5	12.1	11.0	4.5	1.9
		Asian	27.2	0.1	7.8	3.4	0.9	0.1
		Black	111.6	2.0	12.6	16.1	6.7	2.8
		Hispanic	68.9	1.9	14.4	7.3	2.8	1.7
		White	62.5	0.8	7.2	9.1	3.3	1.4
	Under 18	Total	18.5	0.0	0.5	0.3	1.7	0.0
		Asian	5.4	-	-	-	0.6	-
		Black	23.9	0.0	0.5	0.4	2.2	0.0
		Hispanic	16.1	0.0	0.7	0.3	1.2	0.0
		White	10.5	0.0	-	-	1.2	-
	18-64	Total	80.7	2.3	19.2	7.7	5.8	2.9
		Asian	22.9	0.2	11.9	1.8	1.1	0.1
		Black	115.1	3.0	19.6	13.2	8.9	4.1
		Hispanic	75.0	3.0	22.7	5.5	3.5	2.6
		White	43.2	1.2	12.0	3.6	4.2	2.1
	65 and over	Total	197.9	0.2	-	42.7	3.3	1.0
		Asian	81.9	0.1	-	16.5	0.7	0.3
		Black	249.8	0.3	-	58.5	4.0	1.8
		Hispanic	195.5	0.1	-	42.7	3.3	0.6
		White	169.7	0.3	-	34.1	2.8	0.6
Morris County	Total	Total	62.5	0.9	9.4	8.2	2.6	1.1
		Asian	28.9	0.1	9.0	3.2	0.8	0.1
		Black	77.4	1.7	7.6	9.3	5.6	1.4
		Hispanic	49.3	1.1	13.1	3.8	1.8	0.9
		White	67.1	0.9	8.1	9.7	2.7	1.3
	Under 18	Total	12.6	0.0	0.0	0.1	1.4	0.0
		Asian	6.3	-	-	-	0.6	-
		Black	18.5	-	-	0.3	4.7	-
		Hispanic	15.5	-	0.2	0.0	1.4	-

	Age	Race /Ethnicity	Total	Obesity	Obstetrics	Cardiac	Mental Health	Substance Use
		White	11.6	0.0	-	0.1	1.3	0.0
	18-64	Total	46.4	1.4	15.4	3.5	3.3	1.6
		Asian	25.0	0.1	14.0	1.5	1.0	0.1
		Black	60.8	2.4	10.7	6.3	6.4	2.0
		Hispanic	52.8	1.7	19.9	2.7	2.1	1.3
		White	43.7	1.4	13.3	3.6	3.4	1.9
	65 and over	Total	170.9	0.2	-	33.0	1.8	0.6
		Asian	83.4	-	-	16.4	0.5	-
		Black	265.0	0.5	-	41.2	2.0	-
		Hispanic	128.9	-	-	23.7	1.4	0.2
		White	176.1	0.2	-	34.3	1.9	0.7
Union County	Total	Total	70.7	1.3	12.3	9.3	3.6	1.2
		Asian	33.6	0.1	10.2	3.6	0.9	0.1
		Black	82.2	1.7	9.9	13.5	4.4	1.6
		Hispanic	61.3	1.5	15.8	5.3	2.6	0.9
		White	66.2	0.9	9.1	10.5	4.0	1.1
	Under 18	Total	16.8	0.0	0.4	0.3	2.1	0.0
		Asian	8.5	-	-	-	0.1	-
		Black	19.9	-	0.5	0.2	2.5	0.0
		Hispanic	17.2	-	0.7	0.5	2.3	0.0
		White	11.3	0.0	0.0	0.0	1.7	0.0
	18-64	Total	65.4	2.1	19.9	5.6	4.5	1.7
		Asian	30.7	0.1	15.8	1.6	1.1	0.1
		Black	77.1	2.6	15.1	10.3	5.5	2.4
		Hispanic	67.5	2.4	24.9	3.8	2.9	1.4
		White	50.9	1.4	15.4	4.6	5.2	1.7
	65 and over	Total	173.5	0.2	-	37.9	2.5	0.6
		Asian	84.5	-	-	18.4	0.9	-
		Black	191.8	0.2	-	46.3	2.0	0.7
		Hispanic	155.2	0.1	-	31.0	2.0	0.7
		White	158.6	0.2	-	36.3	2.8	0.6
CBMC PSA	Total	Total	69.8	1.2	10.1	9.7	3.7	0.9
		Asian	28.4	0.1	8.4	3.2	0.7	0.0
		Black	89.3	1.9	10.2	14.0	5.4	1.4
		Hispanic	56.1	1.6	13.8	4.8	3.0	1.0
		White	61.1	0.7	7.6	8.7	2.9	0.7
	Under 18	Total	13.9	0.0	0.2	0.2	1.3	0.0
		Asian	5.6	0.0	0.0	0.0	0.3	0.0

	Age	Race /Ethnicity	Total	Obesity	Obstetrics	Cardiac	Mental Health	Substance Use
		Black	16.4	0.0	0.1	0.3	1.7	0.0
		Hispanic	12.6	0.0	0.6	0.3	1.0	0.0
		White	11.3	0.0	0.0	0.0	1.1	0.0
	18-64	Total	57.8	1.8	16.6	5.4	4.8	1.4
		Asian	23.3	0.1	12.9	1.4	0.8	0.0
		Black	82.3	2.8	16.0	9.9	7.2	2.0
		Hispanic	59.5	2.5	21.6	3.4	3.7	1.6
		White	39.0	1.1	13.1	3.1	3.7	1.0
	65 and over	Total	190.8	0.3	0.0	38.4	3.0	0.5
		Asian	96.9	0.0	0.0	18.6	1.0	0.0
		Black	246.0	0.5	0.0	56.5	3.2	0.6
		Hispanic	198.0	0.0	0.0	34.9	4.3	0.2
		White	167.9	0.2	0.0	32.2	2.7	0.5

DATA SOURCE: RWJBarnabas Health System, 2022
NOTE: Dash (-) means that data were suppressed by the reporting agency.

Appendix G. Cancer Data

APPENDIX G1: CANCER INCIDENCE RATE REPORT: CANCER PATIENT ORIGIN ESSEX COUNTY 2023
Cooperman Barnabas Medical Center

A little over forty four percent of CBMC's cancer inpatients and 43.3% of cancer outpatients resided in the Primary Service Area. In total, 55.5% of inpatients and 52.5% 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	2023 CBMC IP PATIENTS	%	2023 CBMC OP PATIENTS	%
Essex County	2,297	55.5%	2,620	52.5%
Primary Service Area	1,833	44.3%	2,161	43.3%
Secondary Service Area	1,517	36.6%	1,861	37.3%
Out of Service Area (NJ)	703	17.0%	903	18.1%
Out of State	87	2.1%	69	1.4%
TOTAL	**4,140**	**100.0%**	**4,994**	**100.0%**
West Orange (07052)	370	8.9%	352	7.0%
Livingston (07039)	231	5.6%	289	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).

Clara Maass Medical Center

A little over sixty-four percent of CMMC's cancer inpatients and 47.5% of cancer outpatients resided in the Primary Service Area. In total, 72.7% of inpatients and 78.5% of outpatients resided in Essex County. Newark (07104) and Belleville (07109) represent the largest segment of CMMC's inpatient cancer patients. Similarly, the same zip codes represent the largest segments of CMMC'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	2023 CMMC IP PATIENTS	%	2023 CMMC OP PATIENTS	%
Essex County	903	72.7%	223	78.5%
Primary Service Area	800	64.4%	135	47.5%
Secondary Service Area	240	19.3%	84	29.6%
Out of Service Area (NJ)	190	15.3%	62	21.8%
Out of State	12	1.0%	3	1.1%
TOTAL	**1,242**	**100.0%**	**284**	**100.0%**
Newark (07104)	180	14.5%	37	13.0%
Belleville (07109)	149	12.0%	30	10.6%

Source; Decision Support; IP volume includes cases with ICD10 principal or secondary codes C00 thru D49.9 (Neoplasms); OP volume includes cases with ICD10 principal or secondary codes Z51.0 or Z51.11 (Chemo and Radiation Therapy).

APPENDIX G2: CANCER INCIDENCE RATE REPORT: ESSEX COUNTY 2016-2020

INCIDENCE RATE REPORT FOR ESSEX COUNTY 2016-2020				
Cancer Site	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend
All Cancer Sites	452.5	4,014	stable	-0.3
Bladder	16.8	147	falling	-1.4
Brain & ONS	5.6	47	stable	-0.3
Breast	130.6	625	rising	1.4
Cervix	9.1	40	stable	3
Colon & Rectum	38.7	340	stable	-1.1
Esophagus	3.4	30	falling	-3.1
Kidney & Renal Pelvis	14	124	stable	0.7
Leukemia	14.1	123	stable	0.8
Liver & Bile Duct	8.3	77	stable	1.1
Lung & Bronchus	42.9	379	falling	-2.2
Melanoma of the Skin	10.4	92	stable	-0.6
Non-Hodgkin Lymphoma	17.8	154	falling	-1.8
Oral Cavity & Pharynx	10.7	96	stable	-2.3
Ovary	10.9	51	falling	-1.7
Pancreas	14.7	130	stable	0.8
Prostate	167.5	690	stable	4.7
Stomach	9.2	81	falling	-1.3
Thyroid	13.1	111	stable	-0.4
Uterus (Corpus & Uterus, NOS)	31.6	160	rising	1.6

The Source for D2 and following tables D3, D4, D5 and D6 is : https://statecancerprofiles.cancer.gov

APPENDIX G3: CANCER INCIDENCE DETAILED RATE REPORT: ESSEX COUNTY 2016-2020 SELECT CANCER SITES: RISING INCIDENCE RATES

		Breast	Uterus (Corpus & Uterus, NOS)
INCIDENCE RATE REPORT FOR ESSEX COUNTY 2016-2020 All Races (includes Hispanic), All Ages	Age-Adjusted Incidence Rate(†) - cases per 100,000	130.6	31.6
	Average Annual Count	625	160
	Recent Trend	rising	rising
	Recent 5-Year Trend (‡) in Incidence Rates	1.4	1.6
White Non-Hispanic, All Ages	Age-Adjusted Incidence Rate(†) - cases per 100,000	152.3	29.8
	Average Annual Count	270	58
	Recent Trend	rising	stable
	Recent 5-Year Trend (‡) in Incidence Rates	1.3	0.6
Black (includes Hispanic), All Ages	Age-Adjusted Incidence Rate(†) - cases per 100,000	121.7	32.5
	Average Annual Count	232	67
	Recent Trend	falling	rising
	Recent 5-Year Trend (‡) in Incidence Rates	-3.5	2.3
Asian or Pacific Islander (includes Hispanic), All Ages	Age-Adjusted Incidence Rate(†) - cases per 100,000	121.2	26.8
	Average Annual Count	33	8
	Recent Trend	stable	rising
	Recent 5-Year Trend (‡) in Incidence Rates	2.2	10.1
Hispanic (any race), All Ages	Age-Adjusted Incidence Rate(†) - cases per 100,000	103.4	31.5
	Average Annual Count	84	26
	Recent Trend	stable	rising
	Recent 5-Year Trend (‡) in Incidence Rates	0.8	2.7
MALES	Age-Adjusted Incidence Rate(†) - cases per 100,000	n/a	n/a
	Average Annual Count	n/a	n/a
	Recent Trend	n/a	n/a
	Recent 5-Year Trend (‡) in Incidence Rates	n/a	n/a
FEMALES	Age-Adjusted Incidence Rate(†) - cases per 100,000	130.6	31.6
	Average Annual Count	625	160
	Recent Trend	rising	rising
	Recent 5-Year Trend (‡) in Incidence Rates	1.4	1.6

** Data has been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category. If an average count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression threshold (but is rounded to 3).*

APPENDIX G4: CANCER MORTALITY RATE REPORT: ESSEX COUNTY 2016-2020

MORTALITY RATE REPORT: ESSEX COUNTY 2016-2020					
Cancer Site	Met Healthy People Objective of ***?	Age-Adjusted Mortality Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend
All Cancer Sites	No	136.1	1,200	falling	-5.2
Bladder	***	3.4	30	falling	-1.3
Brain & ONS	***	3.5	31	stable	-0.5
Breast	No	22	110	falling	-2.4
Cervix	Yes	2.4	12	falling	-3.2
Colon & Rectum	Yes	14.1	126	falling	-2.7
Esophagus	***	2.7	24	falling	-3.2
Kidney & Renal Pelvis	***	2.1	19	falling	-1.9
Leukemia	***	5.2	46	falling	-2.1
Liver & Bile Duct	***	6.3	57	rising	1.1
Lung & Bronchus	No	25.6	225	falling	-11.1
Melanoma of the Skin	***	1	9	falling	-2.2
Non-Hodgkin Lymphoma	***	4.6	40	falling	-2.7
Oral Cavity & Pharynx	***	1.8	16	falling	-3.5
Ovary	***	5.8	30	falling	-2.5
Pancreas	***	9.8	87	falling	-0.9
Prostate	No	21.9	73	falling	-3.2
Stomach	***	4.1	36	falling	-3.3
Thyroid	***	0.4	3	*	*
Uterus (Corpus & Uterus, NOS)	***	6.9	36	stable	0.2

*** No Healthy People 2030 Objective for this cancer.*

** Data has been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category. If an average count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression threshold (but is rounded to 3).*

APPENDIX G5: CANCER MORTALITY DETAILED RATE REPORT:
ESSEX COUNTY 2016-2020

		Liver & Bile Duct
MORTALITY RATE REPORT FOR ESSEX COUNTY 2016-2020 All Races (includes Hispanic), All Ages	Met Healthy People Objective	***
	Age-Adjusted Death Rate - per 100,000	6.3
	Average Annual Count	57
	Recent Trend	rising
	Recent 5-Year Trend in Death Rates	1.1
White Non-Hispanic, All Ages	Met Healthy People Objective	***
	Age-Adjusted Death Rate - per 100,000	5
	Average Annual Count	19
	Recent Trend	stable
	Recent 5-Year Trend in Death Rates	0.5
Black (includes Hispanic), All Ages	Met Healthy People Objective	***
	Age-Adjusted Death Rate - per 100,000	8.2
	Average Annual Count	28
	Recent Trend	rising
	Recent 5-Year Trend in Death Rates	1.6
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	5.8
	Average Annual Count	7
	Recent Trend	stable
	Recent 5-Year Trend in Death Rates	1.6
MALES	Met Healthy People Objective	***
	Age-Adjusted Death Rate - per 100,000	8.9
	Average Annual Count	34
	Recent Trend	stable
	Recent 5-Year Trend in Death Rates	0.9
FEMALES	Met Healthy People Objective	***
	Age-Adjusted Death Rate - per 100,000	4.3
	Average Annual Count	22
	Recent Trend	rising
	Recent 5-Year Trend in Death Rates	1.3

**** No Healthy People 2030 Objective for this cancer.*

** Data has been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category. If an average count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression threshold (but is rounded to 3).*

APPENDIX G6: CANCER INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
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	481.9	53,389	falling	-0.5
US (SEER+NPCR)	442.3	1,698,328	stable	-0.3
Cape May County	559	900	stable	-0.4
Gloucester County	533.7	1,930	stable	-0.2
Ocean County	532.8	4,817	stable	1.5
Monmouth County	526.4	4,389	rising	1
Burlington County	519.4	3,025	stable	-0.3
Camden County	517.6	3,187	stable	-0.3
Sussex County	512	979	falling	-0.5
Salem County	510.2	436	stable	0
Warren County	507.5	740	stable	-0.4
Cumberland County	504	891	stable	0.1
Mercer County	491.4	2,165	falling	-0.5
Atlantic County	490.4	1,755	falling	-0.7
Morris County	484.4	3,134	falling	-0.6
Hunterdon County	474.7	836	stable	-0.2
Bergen County	465.8	5,678	stable	-0.4
Passaic County	455.7	2,624	falling	-0.6
Somerset County	453	1,882	falling	-0.6
Middlesex County	452.9	4,432	falling	-0.7
Essex County	452.5	4,014	stable	-0.3
Union County	446.4	2,875	falling	-1
Hudson County	398.2	2,679	stable	0.3
Bladder: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	22	2,487	falling	-1.1
US (SEER+NPCR)	18.9	74,016	falling	-2
Cape May County	29.8	50	falling	-4.1
Ocean County	27.6	276	stable	5.2
Hunterdon County	25.6	46	stable	0.2
Sussex County	25.5	49	stable	-0.3
Monmouth County	25.1	216	stable	-0.2
Gloucester County	24.7	89	falling	-5.2
Burlington County	24.5	146	stable	-0.3

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Cumberland County	24	43	stable	-0.4
Salem County	23.9	22	stable	0.2
Warren County	23.9	37	stable	-1
Atlantic County	23.1	85	falling	-4.5
Morris County	22.8	152	falling	-1.4
Camden County	22	136	stable	-1.2
Middlesex County	21.4	210	falling	-1.1
Mercer County	21.2	94	falling	-3.2
Bergen County	20.9	266	falling	-1.5
Passaic County	20.2	118	stable	-1.3
Somerset County	19.7	82	stable	-1.1
Union County	18.9	122	falling	-2
Essex County	16.8	147	falling	-1.4
Hudson County	15.5	99	falling	-1.8
Brain & ONS: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	6.8	689	falling	-0.4
US (SEER+NPCR)	6.4	22,602	falling	-0.7
Gloucester County	8.4	27	stable	1.2
Ocean County	8.2	60	stable	0.2
Somerset County	7.9	29	stable	-0.2
Cape May County	7.7	11	stable	-1
Monmouth County	7.5	57	stable	-0.8
Bergen County	7.4	80	stable	-0.2
Sussex County	7.3	12	stable	-1.4
Burlington County	7.2	38	stable	0.7
Passaic County	7.2	38	stable	-0.2
Mercer County	6.9	28	stable	-0.5
Hunterdon County	6.8	11	stable	-0.9
Camden County	6.8	39	stable	-0.7
Salem County	6.7	5	*	*
Morris County	6.5	39	falling	-3.4
Middlesex County	6.3	58	stable	-0.8
Warren County	6.2	8	stable	1.1
Atlantic County	6	20	stable	-1.7
Cumberland County	5.8	9	stable	-1.5

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Union County	5.7	34	stable	-0.9
Hudson County	5.7	39	stable	-0.6
Essex County	5.6	47	stable	-0.3
Breast: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	137.1	7,854	rising	0.6
US (SEER+NPCR)	127	249,750	rising	0.5
Burlington County	151	454	rising	1.4
Monmouth County	150.9	650	stable	0.3
Morris County	146.7	483	stable	0.2
Hunterdon County	146.2	130	stable	0.5
Gloucester County	145.4	279	rising	1.8
Bergen County	144	896	rising	0.9
Cape May County	143.9	112	stable	0.2
Somerset County	142.5	309	stable	0.2
Sussex County	141	139	stable	0
Camden County	138.7	450	stable	0.6
Ocean County	135.2	616	stable	0.9
Passaic County	134.9	402	rising	1.5
Mercer County	132.7	302	stable	0
Union County	132.6	451	stable	0.3
Warren County	132.3	99	stable	-0.2
Essex County	130.6	625	rising	1.4
Atlantic County	130.3	239	stable	0.2
Middlesex County	128.5	651	stable	-0.1
Salem County	122.7	53	stable	0.5
Cumberland County	120.8	111	stable	0.8
Hudson County	112.5	403	stable	0.5
Cervix: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	7.4	365	falling	-1.7
US (SEER+NPCR)	7.5	12,553	stable	-0.4
Cumberland County	10.9	9	stable	-2
Cape May County	9.5	5	stable	1
Passaic County	9.5	24	stable	-1.5
Essex County	9.1	40	stable	3
Hudson County	8.3	29	falling	-2.4

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Atlantic County	8.1	12	stable	-1.7
Union County	8	25	stable	-0.8
Middlesex County	7.9	37	stable	-1.1
Mercer County	7.6	15	stable	6.1
Burlington County	7.4	18	stable	-1
Camden County	7.4	21	falling	-2.4
Ocean County	7	23	stable	-1.3
Gloucester County	6.8	11	stable	-1
Warren County	6.8	3	stable	-1.2
Morris County	6.7	19	stable	-0.9
Hunterdon County	6.3	4	stable	21.6
Monmouth County	6.2	22	stable	-1.4
Somerset County	5.8	11	stable	2.3
Bergen County	5.3	30	stable	-1.3
Sussex County	5.1	4	falling	-3.7
Salem County	*	3 or fewer	*	*
Colon & Rectum: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey(7)	38.7	4,270	falling	-1.5
US (SEER+NPCR)(1)	36.5	138,021	falling	-1.1
Cape May County(7)	45.1	71	stable	-0.2
Gloucester County(7)	44.3	158	falling	-2.5
Salem County(7)	44.1	36	falling	-1.9
Sussex County(7)	43.8	82	stable	0
Camden County(7)	43.2	263	stable	-2
Cumberland County(7)	42.7	74	stable	-1.6
Warren County(7)	42.5	62	stable	0
Ocean County(7)	41.7	378	stable	-1.6
Burlington County(7)	40.6	234	falling	-2.4
Passaic County(7)	39.6	227	stable	-0.5
Essex County(7)	38.7	340	stable	-1.1
Monmouth County(7)	38.6	319	stable	-1.8
Atlantic County(7)	38.5	136	falling	-3.4
Bergen County(7)	37.3	460	stable	-0.4
Hudson County(7)	37	247	falling	-2.7
Morris County(7)	36.5	239	stable	0.4

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Union County(7)	36.3	232	falling	-3
Middlesex County(7)	36.1	353	falling	-2.9
Mercer County(7)	35.1	154	falling	-3.3
Hunterdon County(7)	34.9	61	falling	-2.3
Somerset County(7)	34.7	145	falling	-2.8
Esophagus: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey(7)	4.2	486	falling	-1.2
US (SEER+NPCR)(1)	4.5	17,922	stable	-0.1
Cape May County(7)	6.3	11	stable	0.8
Ocean County(7)	6	57	stable	-0.3
Warren County(7)	5.6	9	stable	0
Hunterdon County(7)	5.6	11	stable	-0.8
Gloucester County(7)	5.4	20	stable	1.4
Camden County(7)	5.3	34	stable	-0.7
Cumberland County(7)	5.3	9	stable	0
Sussex County(7)	5.2	11	stable	-1.1
Atlantic County(7)	4.9	18	stable	-1.5
Morris County(7)	4.6	31	stable	-0.3
Monmouth County(7)	4.5	39	stable	-1
Burlington County(7)	4.3	26	stable	-1.4
Passaic County(7)	4.1	24	stable	-0.8
Mercer County(7)	3.8	17	falling	-3.2
Middlesex County(7)	3.7	38	stable	-1.5
Union County(7)	3.4	22	stable	-1.7
Bergen County(7)	3.4	42	falling	-1.8
Essex County(7)	3.4	30	falling	-3.1
Hudson County(7)	3	21	stable	-2.1
Somerset County(7)	2.8	12	stable	-1.1
Salem County(7)	*	3 or fewer	*	*
Kidney & Renal Pelvis: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey(7)	16.2	1,785	stable	0.6
US (SEER+NPCR)(1)	17.2	65,490	rising	1.2
Salem County(7)	21	17	stable	1.3
Camden County(7)	19	116	stable	0.2
Burlington County(7)	18.8	109	stable	-0.2

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Mercer County(7)	18.6	81	rising	2.5
Cape May County(7)	18.4	28	stable	1.8
Gloucester County(7)	18.2	68	stable	0.3
Ocean County(7)	17.9	156	rising	1.6
Warren County(7)	17.6	25	stable	1
Cumberland County(7)	17	30	falling	-6.6
Atlantic County(7)	16.5	58	stable	-0.2
Bergen County(7)	16.3	200	stable	0.6
Monmouth County(7)	15.8	132	rising	1.1
Middlesex County(7)	15.8	155	stable	0.3
Hunterdon County(7)	15.6	26	stable	0.3
Passaic County(7)	15.4	90	stable	0.7
Morris County(7)	15.3	99	stable	0.8
Sussex County(7)	15	30	stable	-0.5
Union County(7)	14.5	93	stable	0.6
Essex County(7)	14	124	stable	0.7
Hudson County(7)	13.7	94	rising	1
Somerset County(7)	13.3	56	stable	0
Leukemia: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey(7)	15.8	1,686	rising	1
US (SEER+NPCR)(1)	13.9	51,518	falling	-1.9
Sussex County(7)	23.3	39	rising	3.6
Monmouth County(7)	18.7	149	rising	1.8
Hunterdon County(7)	18.2	31	stable	0.3
Morris County(7)	17.9	111	rising	1.5
Mercer County(7)	17.4	74	rising	2.1
Gloucester County(7)	17.3	59	stable	1
Ocean County(7)	17.3	157	stable	0.8
Warren County(7)	16.6	23	stable	1.4
Burlington County(7)	16.3	92	stable	1
Middlesex County(7)	16	147	stable	0.3
Cape May County(7)	15.5	24	stable	-0.6
Camden County(7)	15.2	90	stable	0.6
Bergen County(7)	15	176	stable	-2.4
Somerset County(7)	14.8	59	stable	-0.2

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Union County(7)	14.7	91	stable	0.3
Essex County(7)	14.1	123	stable	0.8
Cumberland County(7)	13.9	24	stable	-8.9
Atlantic County(7)	13.8	47	stable	0
Passaic County(7)	13.6	75	stable	-9.3
Hudson County(7)	12.6	83	stable	0.6
Salem County(7)	11.9	9	stable	-1
Liver & Bile Duct: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey(7)	8	935	stable	0.5
US (SEER+NPCR)(1)	8.6	34,900	stable	0
Cumberland County(7)	11.9	21	rising	4.1
Cape May County(7)	11	19	rising	4.5
Atlantic County(7)	10.5	40	stable	2.2
Camden County(7)	9.2	61	stable	-4.4
Hudson County(7)	9	62	rising	2.8
Ocean County(7)	8.9	86	rising	3.6
Salem County(7)	8.7	8	rising	4
Essex County(7)	8.3	77	stable	1.1
Mercer County(7)	8.2	38	rising	1.8
Passaic County(7)	7.8	47	stable	0.9
Bergen County(7)	7.7	98	rising	1.4
Middlesex County(7)	7.7	78	rising	2.1
Sussex County(7)	7.6	16	stable	1.9
Union County(7)	7.5	50	rising	2.3
Burlington County(7)	7.5	46	rising	2.1
Gloucester County(7)	7.3	28	rising	1.7
Monmouth County(7)	7.2	63	rising	2
Morris County(7)	7	47	rising	2.2
Warren County(7)	6.9	10	stable	1.5
Somerset County(7)	6.4	28	rising	2.2
Hunterdon County(7)	5.3	10	rising	2.2
Lung & Bronchus: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey(7)	51.3	5,849	falling	-1.9
US (SEER+NPCR)(1)	54	215,307	falling	-1.8
Salem County(7)	77.9	70	stable	1.4

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Cape May County(7)	70.8	125	stable	-0.8
Ocean County(7)	69.8	702	stable	0.7
Gloucester County(7)	68.8	251	falling	-4.9
Cumberland County(7)	66.2	120	falling	-0.9
Warren County(7)	63.9	96	stable	-0.6
Atlantic County(7)	63.5	236	falling	-1.5
Camden County(7)	60.4	382	falling	-1.4
Burlington County(7)	57.4	346	falling	-1.1
Sussex County(7)	57	113	falling	-1.4
Monmouth County(7)	55.6	480	falling	-1.5
Mercer County(7)	50.5	228	falling	-1.5
Middlesex County(7)	45.9	453	falling	-2
Bergen County(7)	45.4	576	falling	-1.6
Morris County(7)	44.4	295	falling	-1.9
Passaic County(7)	43.4	254	falling	-1.9
Essex County(7)	42.9	379	falling	-2.2
Somerset County(7)	39.6	166	falling	-1.9
Hudson County(7)	39.2	257	falling	-2.4
Hunterdon County(7)	38.6	72	falling	-12.5
Union County(7)	37.9	245	falling	-5.8
Melanoma of the Skin: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey(7)	21	2,295	stable	0.4
US (SEER+NPCR)(1)	22.5	83,836	stable	1.5
Cape May County(7)	50.1	79	stable	1.9
Hunterdon County(7)	34.7	61	stable	1.6
Ocean County(7)	31.6	274	stable	-0.2
Monmouth County(7)	29.9	245	stable	-1.3
Sussex County(7)	28.6	53	stable	0.4
Gloucester County(7)	28.2	99	stable	1
Atlantic County(7)	26.9	94	rising	1.7
Morris County(7)	26.1	166	stable	0.3
Warren County(7)	25.7	37	stable	0.6
Burlington County(7)	25.6	146	stable	0.6
Somerset County(7)	24.8	102	stable	0.4
Salem County(7)	23.7	20	stable	-0.5

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Camden County(7)	22.6	135	stable	0.5
Mercer County(7)	21.8	96	stable	0.4
Cumberland County(7)	17.5	30	stable	1.6
Bergen County(7)	16.8	202	falling	-1.5
Middlesex County(7)	15.4	149	falling	-5.5
Union County(7)	14.2	92	stable	-1.5
Passaic County(7)	12.3	70	stable	-0.3
Essex County(7)	10.4	92	stable	-0.6
Hudson County(7)	7.7	53	stable	-0.7
Non-Hodgkin Lymphoma: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey(7)	21.3	2,323	stable	0
US (SEER+NPCR)(1)	18.6	70,394	falling	-1.3
Monmouth County(7)	24.2	200	stable	1.7
Morris County(7)	23.6	151	stable	-0.1
Sussex County(7)	23.5	44	stable	-0.3
Warren County(7)	23.3	34	stable	-0.4
Somerset County(7)	22.8	93	stable	0.3
Bergen County(7)	22.6	271	stable	0.2
Mercer County(7)	22.5	97	stable	0
Camden County(7)	22.3	135	stable	0.3
Ocean County(7)	22.1	202	stable	0.6
Burlington County(7)	21.8	125	stable	-0.2
Middlesex County(7)	21.5	207	stable	-0.1
Cumberland County(7)	20.8	36	stable	0.2
Passaic County(7)	20.6	117	stable	0.4
Atlantic County(7)	20.6	73	stable	-0.2
Gloucester County(7)	20.5	72	stable	-4.8
Union County(7)	18.8	120	stable	-0.3
Hunterdon County(7)	18.5	34	stable	-0.8
Essex County(7)	17.8	154	falling	-1.8
Salem County(7)	17.2	15	stable	-0.9
Hudson County(7)	17.1	113	stable	-0.5
Cape May County(7)	16.9	28	stable	-0.4
Oral Cavity & Pharynx: All Races (includes Hispanic), Both Sexes, All Ages				

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
New Jersey	11.4	1,298	rising	0.9
US (SEER+NPCR)	11.9	46,507	stable	0
Cape May County	15.8	25	stable	0.5
Salem County	15	14	stable	0.7
Cumberland County	14.5	26	rising	2.2
Sussex County	14.2	27	stable	1.5
Ocean County	13.9	124	stable	2.6
Atlantic County	12.8	48	rising	1.4
Monmouth County	12.8	110	stable	0.8
Camden County	12.6	79	rising	1.6
Warren County	12.3	18	stable	2
Gloucester County	12	45	stable	0.9
Middlesex County	11.6	115	rising	1.9
Morris County	11.4	75	stable	1.6
Burlington County	11.2	68	stable	1.1
Somerset County	11.1	48	stable	0.4
Passaic County	11	65	stable	2.3
Hunterdon County	10.9	21	stable	1.3
Mercer County	10.7	49	rising	8.2
Essex County	10.7	96	stable	-2.3
Bergen County	9.8	123	stable	0.2
Hudson County	9.4	66	stable	-0.7
Union County	8.6	55	stable	0
Ovary: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	11.3	654	falling	-2
US (SEER+NPCR)	10.1	19,863	falling	-3.3
Warren County	15	11	stable	0.9
Cape May County	14.7	11	stable	-0.2
Somerset County	12.6	27	falling	-2
Mercer County	12.3	29	stable	-0.9
Atlantic County	12.3	22	stable	-2.4
Cumberland County	11.9	11	stable	-1.2
Burlington County	11.8	35	stable	-0.9
Hudson County	11.8	42	stable	-0.8
Union County	11.6	39	falling	-1.9

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Camden County	11.6	38	falling	-2.1
Hunterdon County	11.5	10	falling	-2.5
Sussex County	11.2	11	falling	-3.1
Middlesex County	11.2	58	falling	-2.3
Ocean County	11.1	52	falling	-1.3
Essex County	10.9	51	falling	-1.7
Bergen County	10.7	68	stable	-1
Monmouth County	10.6	47	falling	-2
Gloucester County	10.5	20	falling	-2.9
Passaic County	10.4	32	falling	-2.5
Morris County	10.2	36	falling	-3.1
Salem County	*	3 or fewer	*	*
Pancreas: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey(7)	14.8	1,687	rising	1.2
US (SEER+NPCR)(1)	13.2	52,045	rising	1
Ocean County(7)	16.8	162	rising	1.6
Salem County(7)	16.7	15	stable	1.8
Camden County(7)	16.4	103	rising	1.4
Cumberland County(7)	16.4	30	stable	1.6
Sussex County(7)	15.7	30	rising	3.1
Atlantic County(7)	15.6	58	rising	1.4
Burlington County(7)	15.6	92	rising	1.7
Gloucester County(7)	15.4	57	stable	1.1
Mercer County(7)	15.3	69	rising	1.9
Morris County(7)	15.2	102	rising	1.5
Warren County(7)	14.9	22	stable	-13.4
Essex County(7)	14.7	130	stable	0.8
Monmouth County(7)	14.6	127	rising	1.1
Bergen County(7)	14.3	182	stable	0.4
Passaic County(7)	14.2	84	stable	0.6
Hudson County(7)	14.2	93	stable	3.3
Hunterdon County(7)	14.1	26	stable	1.7
Somerset County(7)	13.4	59	rising	1.4
Middlesex County(7)	13.4	134	stable	0.9
Union County(7)	13.3	86	stable	0.4

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Cape May County(7)	13	23	stable	0
Prostate: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	143.3	7,783	stable	3.6
US (SEER+NPCR)	110.5	212,734	rising	2.5
Essex County	167.5	690	stable	4.7
Burlington County	165.9	480	stable	2.8
Mercer County	158.4	337	falling	-1.9
Cape May County	158	135	falling	-1.5
Gloucester County	156.5	284	falling	-1.5
Union County	154.8	478	rising	5
Camden County	151.9	456	falling	-1.6
Monmouth County	150.2	636	rising	6.3
Cumberland County	148.6	128	stable	-0.2
Passaic County	145.8	405	falling	-2.2
Morris County	142.4	463	falling	-2.6
Salem County	142.2	63	stable	-1.6
Bergen County	137.3	823	stable	-1.6
Somerset County	136	277	falling	-2.2
Middlesex County	135.1	645	rising	4.8
Hunterdon County	130	124	rising	7.5
Atlantic County	127.9	231	falling	-2.2
Ocean County	127.7	563	stable	6.6
Sussex County	124.7	128	falling	-3.7
Warren County	120	92	falling	-3.1
Hudson County	114.1	344	stable	1.3
Stomach: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey(7)	7.5	832	falling	-1
US (SEER+NPCR)(1)	6.2	23,883	falling	-1
Passaic County(7)	10.4	59	stable	-0.1
Essex County(7)	9.2	81	falling	-1.3
Cumberland County(7)	8.8	15	stable	-1.5
Union County(7)	8.8	56	stable	-0.9
Hudson County(7)	8.4	56	falling	-1.9
Camden County(7)	8.3	51	stable	0.4
Bergen County(7)	8.2	101	stable	-0.7

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Atlantic County(7)	7.7	28	stable	-0.8
Middlesex County(7)	7	69	falling	-2.2
Somerset County(7)	7	29	stable	-1.3
Monmouth County(7)	6.8	59	stable	6.5
Mercer County(7)	6.8	30	stable	-0.9
Sussex County(7)	6.6	13	stable	-0.6
Burlington County(7)	6.5	39	stable	-0.2
Gloucester County(7)	6	22	stable	-1.7
Morris County(7)	6	39	falling	-1.7
Ocean County(7)	5.9	54	stable	-0.8
Warren County(7)	5.7	9	stable	-0.1
Salem County(7)	5.3	4	stable	-0.5
Hunterdon County(7)	5.3	10	stable	0.1
Cape May County(7)	5.2	9	stable	-1.7
Thyroid: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey(7)	17.5	1,673	falling	-2.2
US (SEER+NPCR)(1)	13.3	44,551	falling	-2.3
Monmouth County(7)	24.3	165	stable	0.2
Ocean County(7)	23.4	146	stable	0.1
Gloucester County(7)	21.7	67	rising	3.1
Warren County(7)	20.6	25	rising	2.2
Salem County(7)	20	13	stable	2.8
Hunterdon County(7)	19.2	26	rising	4.6
Bergen County(7)	18.8	191	stable	-0.6
Camden County(7)	18.6	100	falling	-6.1
Mercer County(7)	18.3	73	falling	-14.3
Burlington County(7)	17.8	88	falling	-3.8
Middlesex County(7)	17.1	151	stable	-1.7
Morris County(7)	16.9	91	stable	-2.6
Sussex County(7)	16.8	26	rising	3.4
Atlantic County(7)	16.2	46	stable	0.2
Somerset County(7)	16.1	57	falling	-6.1
Passaic County(7)	15	79	stable	-1.1
Cape May County(7)	14.9	15	stable	-3.2
Union County(7)	14.8	87	stable	3.8

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Hudson County(7)	13.7	98	stable	-0.6
Essex County(7)	13.1	111	stable	-0.4
Cumberland County(7)	11.2	18	stable	-0.4
Uterus (Corpus & Uterus, NOS): All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	31.9	1,967	rising	0.8
US (SEER+NPCR)	27.4	56,871	rising	1.2
Warren County	39.2	31	stable	1.4
Cumberland County	38	36	stable	1.6
Hunterdon County	37.7	37	rising	4.5
Sussex County	36.6	40	stable	0.4
Camden County	35.9	124	stable	0
Mercer County	33.1	83	rising	1.5
Ocean County	33	163	stable	0.3
Middlesex County	32.5	175	stable	0.6
Monmouth County	31.8	147	stable	0
Cape May County	31.7	27	stable	-12.7
Burlington County	31.7	103	stable	1.1
Essex County	31.6	160	rising	1.6
Morris County	31.4	113	stable	0.4
Union County	31.1	113	stable	1.1
Atlantic County	31	62	stable	-8
Somerset County	30.9	73	stable	0.1
Gloucester County	30.9	64	stable	1
Hudson County	30	112	rising	1.4
Bergen County	29.3	199	stable	0.1
Salem County	28.5	14	stable	0.3
Passaic County	28.5	91	stable	0.2

APPENDIX G7: COOPERMAN BARNABAS MEDICAL CENTER - TUMOR REGISTRY SUMMARY

In 2023, CBMC's tumor registry data showed that 9.4% and 12.5% 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 (29.9%) followed by Lip Oral (29.2%) and Digestive Organs (26.6%).

Please note that case volume counts smaller than 10 are suppressed. Staging percentages are calculated on analytic cases only.

MainSite	SubSite	Cases (both analytic and non-analytic) - 2023	% Stage 3	% Stage 4	Total % Stage 3 & 4
BREAST		**732**	**3.7%**	**4.1%**	**7.8%**
CONNECTIVE, SUBCUTANEOUS AND OTHER SOFT TISSUES			**25.0%**	**0.0%**	**25.0%**
DIGESTIVE ORGANS		**438**	**18.3%**	**26.6%**	**44.9%**
	ANUS AND ANAL CANAL	17	30.0%	10.0%	40.0%
	COLON	151	21.0%	17.6%	38.7%
	ESOPHAGUS	14	10.0%	40.0%	50.0%
	LIVER AND INTRAHEPATIC BILE DUCTS	30	5.3%	21.1%	26.3%
	OTHER AND UNSPECIFIED PARTS OF BILIARY TRACT	12	9.1%	18.2%	27.3%
	PANCREAS	82	6.7%	51.7%	58.3%
	RECTOSIGMOID JUNCTION	12	40.0%	20.0%	60.0%
	RECTUM	46	36.1%	11.1%	47.2%
	SMALL INTESTINE	17	20.0%	6.7%	26.7%
	STOMACH	51	15.8%	42.1%	57.9%
EYE, BRAIN AND OTHER PARTS OF CENTRAL NERVOUS SYSTEM		**159**	**0.0%**	**0.0%**	**0.0%**
	BRAIN	49	0.0%	0.0%	0.0%
	MENINGES	80	0.0%	0.0%	0.0%
	SPINAL CORD, CRANIAL NERVES, AND OTHER PARTS OF CENTRAL NERVOUS SYSTEM	30	0.0%	0.0%	0.0%
FEMALE GENITAL ORGANS		**318**	**13.7%**	**12.2%**	**25.8%**
	CERVIX UTERI	30	11.1%	14.8%	25.9%
	CORPUS UTERI	183	8.6%	9.8%	18.4%
	OTHER AND UNSPECIFIED FEMALE GENITAL ORGANS	13	15.4%	23.1%	38.5%
	OVARY	54	31.9%	17.0%	48.9%
	VULVA	24	13.3%	13.3%	26.7%
HEMATOPOIETIC AND RETICULOENDOTHELIAL SYSTEMS		**148**	**5.8%**	**4.3%**	**10.1%**
	HEMATOPOIETIC AND RETICULOENDOTHELIAL SYSTEMS	148	5.8%	4.3%	10.1%
LIP, ORAL CAVITY AND PHARYNX		**70**	**20.8%**	**29.2%**	**50.0%**
	OTHER AND UNSPECIFIED PARTS OF TONGUE	11	22.2%	22.2%	44.4%
	TONSIL	12	16.7%	50.0%	66.7%
LYMPH NODES		**71**	**13.0%**	**17.4%**	**30.4%**
	LYMPH NODES	71	13.0%	17.4%	30.4%
MALE GENITAL ORGANS		**223**	**12.7%**	**13.6%**	**26.3%**
	PROSTATE GLAND	216	11.6%	14.3%	25.9%
RESPIRATORY SYSTEM AND INTRATORACIC ORGANS		**228**	**12.5%**	**29.9%**	**42.4%**
	BRONCHUS AND LUNG	177	14.9%	29.8%	44.7%
	LARYNX	19	11.8%	35.3%	47.1%
	NASAL CAVITY AND MIDDLE EAR	16	0.0%	28.6%	28.6%
	THYMUS	10	0.0%	25.0%	25.0%

MainSite	SubSite	Cases (both analytic and non-analytic) - 2023	% Stage 3	% Stage 4	Total % Stage 3 & 4
RETROPERITONEUM AND PERITONEUM			**25.0%**	**0.0%**	**25.0%**
SKIN		**51**	**0.0%**	**0.0%**	**0.0%**
THYROID AND OTHER ENDOCRINE GLANDS		**135**	**0.0%**	**2.6%**	**2.6%**
	OTHER ENDOCRINE GLANDS AND RELATED STRUCTURES	70	0.0%	0.0%	0.0%
	THYROID GLAND	65	0.0%	5.4%	5.4%
UNKNOWN PRIMARY SITE		**24**	**0.0%**	**0.0%**	**0.0%**
	UNKNOWN PRIMARY SITE	24	0.0%	0.0%	0.0%
URINARY TRACT		**162**	**10.0%**	**9.2%**	**19.2%**
	BLADDER	94	3.9%	6.5%	10.4%
	KIDNEY	60	17.8%	15.6%	33.3%
Grand Total		**2786**	**9.4%**	**12.5%**	**22.0%**

APPENDIX G8: CLARA MAASS MEDICAL CENTER - TUMOR REGISTRY SUMMARY

In 2023, CMMC's tumor registry data showed that 13.6% and 15.5% of overall cases were Stage 3 and Stage 4 respectively. The following primary sites were made up of more than 25% of Stage 4 cases: Lip Oral (83.3%), Respiratory System (58.7%), Connective Tissues (50.0%) and Digestive Organs (27.3%)

Please note that case volume counts smaller than 10 are suppressed. Staging percentages are calculated on analytic cases only.

MainSite	SubSite	Cases (both analytic and non-analytic) - 2023	% Stage 3	% Stage 4	Total % Stage 3 & 4
BREAST		**128**	**5.2%**	**5.2%**	**10.4%**
CONNECTIVE, SUBCUTANEOUS AND OTHER SOFT TISSUES			**0.0%**	**50.0%**	**50.0%**
DIGESTIVE ORGANS		**140**	**20.0%**	**27.3%**	**47.3%**
	COLON	60	20.4%	20.4%	40.8%
	LIVER AND INTRAHEPATIC BILE DUCTS	15	25.0%	50.0%	75.0%
	PANCREAS	15	20.0%	70.0%	90.0%
	RECTUM	15	23.1%	30.8%	53.8%
	STOMACH	20	11.8%	17.6%	29.4%
EYE, BRAIN AND OTHER PARTS OF CENTRAL NERVOUS SYSTEM		**39**	**0.0%**	**0.0%**	**0.0%**
	MENINGES	23	0.0%	0.0%	0.0%
FEMALE GENITAL ORGANS		**43**	**15.2%**	**6.1%**	**21.2%**
	CORPUS UTERI	31	15.4%	0.0%	15.4%
HEMATOPOIETIC AND RETICULOENDOTHELIAL SYSTEMS		**25**	**0.0%**	**7.7%**	**7.7%**
	HEMATOPOIETIC AND RETICULOENDOTHELIAL SYSTEMS	25	0.0%	7.7%	7.7%
LIP, ORAL CAVITY AND PHARYNX		**10**	**0.0%**	**83.3%**	**83.3%**
LYMPH NODES		**16**	**30.8%**	**23.1%**	**53.8%**
	LYMPH NODES	16	30.8%	23.1%	53.8%
MALE GENITAL ORGANS		**180**	**21.5%**	**4.6%**	**26.2%**
	PROSTATE GLAND	172	22.1%	4.9%	27.0%
RESPIRATORY SYSTEM AND INTRATORACIC ORGANS		**68**	**17.4%**	**58.7%**	**76.1%**
	BRONCHUS AND LUNG	65	18.6%	60.5%	79.1%
URINARY TRACT		**83**	**5.5%**	**4.1%**	**9.6%**
	BLADDER	45	2.7%	2.7%	5.4%
	KIDNEY	30	10.3%	6.9%	17.2%
Grand Total		**760**	**13.6%**	**15.5%**	**29.1%**

Appendix H. Outcomes and Results from Previous Implementation Plan

Clara Maas Medical Center SIP Outcomes Report

Clara Maass Medical Center | RWJBarnabas HEALTH

COMMUNITY HEALTH NEEDS ASSESSMENT

IMPLEMENTATION PLAN RESULTS

2022-2025

Clara Maass Medical Center | RWJBarnabas HEALTH

Introduction

In 2022, Clara Maass Medical Center ("CMMC") conducted and adopted its Community Health Needs Assessment ("CHNA") which consisted of a community health needs survey of residents in our service area, a detailed review of secondary source data, focus groups and key informant interviews. The process included a local committee to oversee the process that was inclusive of community representatives. The Plan and a full discussion of methods can be accessed at https://www.rwjbh.org/clara-maass-medical-center/about/community-health-needs-assessment .

Through the CHNA process, significant health needs were identified and select priorities were chosen for development of improvement strategies based on the Medical Center's capacity, resources, competencies, and the needs specific to the populations it serves. The Implementation Plan addresses the manner in which CMMC will address each priority need and the expected outcome for the evaluation of its efforts. The implementation plan which follows is based on the two selected priority areas*:

- **Mental Health**
- **Systemic Racism and Discrimination**

CMMC participates and works with its Network Partners, its Patient-Family Advisory Council and many local organizations on health issues including discussing and prioritizing needs, coordinating services, providing education and specialty knowledge, and supporting local health promotions. These community touch points provide the hospital with additional valuable external insights regarding community need.

**The two focus areas do not represent the full extent of the Medical Center's community benefit activities nor its support of the community's health needs. Other needs identified through the CHNA may be better addressed by other agencies/organizations, deferred to another timeframe or have additional activities that are not reported as part of this plan. Other significant needs identified in the CHNA include Unemployment and financial insecurity, food insecurity, housing, transportation, chronic diseases (heart, diabetes, cancer), COVID-19 and access to healthcare/social services.*

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Goal 1: Enhance Access to Mental Health Care Services and Address Barriers to Care

Key CHNA Findings:

- ***Most frequently identified as a top need - 30% of Resident Survey Respondents identified as a top need and 45% of Hispanic respondents identified as top need mental health services***
- ***Public Health Officers/educators stressed need for prevention/wellness***

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
1.1	Increase availability of mental health outpatient services to the local community	• Establish a new IOP service on hospital campus	Behavioral Health	IOP officially opened on 12/9/25 and has seen continued growth through 2025; expanded services to traditional outpatient (non-group therapy) clients starting October 2025.
1.2	Strengthen patient connection to outpatient mental health services	• Reduce 30 day PESS readmission/ revisit by 5%	Behavioral Health	Staff follow-up patients discharged from the BH inpatient units, the ED and PESS to ensure patient follow- up with their out-patient appointments.
1.3	Increase identification of post partum depression and assure referral to appropriate services	• Successful implementation of Depression screening tool, GAD tool and emotional support form in EPIC for inpatient and outpatient dinic post-partum patients by the end of 2023. • Collaborate with CELH on providing education, resources to all patients – those identified 100% evaluated by Social Worker on staff.	OB Clinic	Social workers on staff are 100% notified of all Positive Depression Screenings identified by RNs for immediate evaluation prior to discharge of any inpatient or outpatient. Referral of appropriate services are determined, implemented, and assured by Social Worker after proper evaluation of a patient with a positive depression screen.
1.4	Collaborate with local Health Depts. to target community education programs that focus on prevention (resilience and coping)and early identification of intervention	• Hold at least 10 Lunch and learn events focusing on mental health and prevention • Hold at least 4 Support Groups/ Year • Glucose and blood pressure screenings with church leaders- and other community organizations to emphasize mental health awareness.	Community Health CELH	▪ 2022-2023-Health Screening Events 97 Mental Health Educational Lunch and learn 6 ▪ 2024 -Health Screening Events 51 Mental Health Educational Lunch and learn 7 ▪ 2025-Health Screenings Event 52 until 10/2025 Mental Health Educational Lunch and learn 3 ▪ 2022-2023-Health Screening Events 5 Mental Health Educational Lunch and learn 1 support group established faith bases organization ▪ 2024 -Health Screening Events 2 Mental Health Educational Lunch and learn 1 ▪ 2025-Health Screenings Event 2 until 10/2025 2 Mental Health Educational Lunch and learn

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Goal 1: Enhance Access to Mental Health Care Services and Address Barriers to Care (Continued)

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
1.4 Cont	**CELH**- Collaborate with Community Health & other departments to provide health education program / Health information tabling at local schools, community-based organizations, faith-based organizations, local businesses, government officials etc. in the Latino community CELH- Investigate Related Associated factors for readmission to behavioral health services for Latinos prior to and during COVID-19	• **CELH**- Scheduling mental health education on depression, anxiety, and stress. • **CELH**- Research Project Development, IRB Approval, Data collection (1 month), Data Analysis (2 months), Results, Findings, and Recommendations (3 months)	CELH Director CELH Director	CELH- -Track the number of health education/tabling programs and number of participants per year **2023:** 6 sessions Health education **2024:** 4 sessions Health education **2025:** 8 sessions Health education Track attendance, engagement, and post-session surveys showing at least 80% of participants report increased awareness. **CELH-** Initiative postponed due to competing priorities and limited staffing resources. Will be revisited in future CHNA cycle.
1.5	Implement SDOH screening for psychiatric inpatients to better capture needs	• Support implementing Epic SDOH screening tools for inpatient psychiatric patients by the end of 2023. • Establish collaboration with community providers to improve coordination of care	Behavioral Health	SDOH screening tool implemented for all psychiatric inpatients. Currently tracking percentage of completion. Facility able to review SDOH screening results. Community Health Workers (CHW) are engaged to assist with community referrals.

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Reduce Systemic Racism and Discrimination in the Delivery of Health Services (continued)

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
2.3	Provide Community Health outreach and support groups	▪ Hold at least 10 Lunch and learn events and at least 5 Support Groups /Year ▪ Scheduling of glucose and blood pressure screenings with church leaders and other community organizations to emphasize Systemic Racism and Discrimination awareness. ▪ Work in collaboration with CMMC departments to address systematic racism and discrimination.	Community Health/ CELH	**2023:** 1 Lunch and Learn sessions; \ 5 Health Screening Events; 2 Community Collaboration Events with faith-based and community organizations. **2024:** 1Lunch and Learn sessions; 2 Health Screening Events; 4 Collaboration Events; **2025:** 1 Lunch and Learn sessions; 5 Health Screening Events; 4 Collaboration Events; expand reach through bilingual education and stronger partnerships with community leaders. ▪ 2023-Health Screening Events 5 ▪ 2024 -Health Screening Events 4 ▪ 2025-Health Screenings Event 3 ▪ 2022-2023 Lunch & Learn: 2 Health Screening Events: 2 2024- Health Screening Events: 3 Community Collaboration Events: 4 ▪ 2025- Health Screening Events: 1 Community Collaboration Events: 4
2.4	**CELH**-Include Spanish translation of the CMMC pre-recorded phone directory message for Latino community members Provide bilingual flyers, calendars, health education materials, and social media communication via Su Salud Clara Maass Facebook page for the Latino community members	• CELH-Development of Su Salud Clara Maass FB Page, monthly check in meetings with corporate PR & CELH Consultant	CELH- Director, CELH Consultant,	**CELH**-Track Number of flyers, calendars or health education documents translated in Spanish **2023:** 100 bilingual materials produced and distributed; monthly content posts maintained; increased engagement from Latino community. **2024 - 2025:** bilingual materials produced; 1,500 followers; consistent monthly updates and continued community engagement.

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Goal 2: Reduce Systemic Racism and Discrimination in the Delivery of Health Services

Key CHNA Findings:

- ***Blacks in the service area had more than double the rate of admissions (11.7 per 1,000) for preventable chronic conditions than whites (5.3 per 1,000)***
- ***More than one third of Black (38.1%) and Hispanic (34.5%) respondents reported experiencing discrimination due to their race/ethnicity when receiving medical care compared 14.7% of respondents overall in the Resident Survey***
- ***Focus group participants shared experiences with racism and disrespect when receiving healthcare including being turned away by medical providers for not having insurance/papers, lack of language, services, and disrespectful treatment***

	Strategy/Initiative	Indicator/Metric	Responsible Staff*	Tracking/Outcome
2.1	Offer RWJBH **Workforce** a safe, nurturing, equitable, and antiracist environment in which to work that affords professional development opportunities, potential growth, and avenues for their voices to be heard	• Track number of members who join each BRG. • Track the number of events that are inclusive of CMMCs workforce. • Track number of attendees at each event. • Monitor Press Ganey DEI scores to understand workplace climate	DEI	• In 2024, all 50+ PARS staff were trained, both on NetLearning/Sympler, and in-person • 2025-The corporate legal team paused all SOGI trainings for 2025 to protect our federal funds. We currently have 54 BRG members through 2024 and 2025, with approximately 18 new members joining in the 4th quarter of 2025. • Attendance isn't taken at our BRG community events because we do not have a tracking tool or the bandwidth to collect this data.
2.2	Ensure that **Patients** of all races, ethnicities, and cultures are afforded safe, high-quality, equitable, and antiracist care	Sign-in sheets for PARS staff Diversity, Equity and Inclusions (DEI) and Sexual Orientation and Gender Identity (SOGI) trainings	DEI	**2024** –Heart health walk -150 • Bloomfield pride N/A • Out Montclair 1500 • Newark pride 1200 • Montclair African American Heritage Festival 450 **2025**-Heart Health Walk 180 • Bloomfield pride 400 • Out Montclair 800 (bad weather) • Newark pride 1300 • Montclair African American Heritage Festival 600

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2022 COMMUNITY HEALTH NEEDS ASSESSMENT

STRATEGIC IMPLEMENTATION PLAN Results 2023-2025

Summary

2022 Community Health Needs Assessment ("CHNA")

Improving the health of a community is essential to enhancing the quality of life for residents in the region and supporting future social and economic well-being. 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. The 2022 assessment focused on 23 communities located in Essex, Morris, and Union Counties, fulfilling the requirements under the Affordable Care Act and continuing this best practice in community health. This effort included two phases: (1) a CHNA to identify the health-related needs and strengths of the region and (2) a Strategic Implementation Plan ("SIP") to identify major health priorities, develop goals, select strategies, and identify partners to address these priority issues across the region.

Impact of COVID-19 & Related Considerations

The 2022 CHNA was conducted during an unprecedented time due to the novel coronavirus (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 US. 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.

Health Equity Approach

CBMC utilized the social determinants of health framework to guide the CHNA and SIP processes. This framework examines how individual health outcomes are influenced by upstream social and economic factors such as housing, educational opportunities, food access, and economic stability. The CHNA describes social and economic determinants and reviews key health outcomes among residents of the CBMC primary service area (PSA) and the Town of Montclair. The SIP prioritizes addressing these upstream factors to promote health equity, the principle that all people have a fair and just opportunity to be healthy.

Methods

To identify the health needs of the service area, challenges to addressing these needs, current strengths and assets, and opportunities for action, the assessment process included: synthesizing existing data on social, economic, and health indicators in the CBMC PSA and the Town of Montclair; conducting a community survey with 704 resident responses; facilitating three focus groups with a total of 16 residents from specific populations of interest; and conducting seven key informant interviews with 9 community stakeholders representing a range of sectors. The CHNA and SIP processes were guided by strategic leadership from the RWJBH Systemwide CHNA Steering Committee, the CBMC CHNA Advisory Committee, and the community overall. Both the CHNA and SIP committees included community stakeholders who actively participated in the CHNA and SIP processes and contributed suggestions and feedback regarding health and social challenges in their area and recommendations for how to address these concerns.

CHNA Key Findings and Prioritization

During the survey, focus groups and interviews, assessment participants were asked for input on the top priorities for action in their communities. Participants were asked about the most pressing concerns in their communities, and their highest priorities for future action and investment. Secondary data at the state, county, and town-level were also reviewed for key concerns related to social, environmental, and health issues.

In synthesizing social, economic, and epidemiological statistical data with community perspectives and discussions, this 2022 CHNA identified several key priority areas for action related to community health improvement, including:

- 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 and Social Services

On October 17, 2022, a 90-minute virtual prioritization meeting was held for the CBMC CHNA Advisory Committee, so Advisory Committee members could discuss and vote on preliminary priorities for action. During the virtual prioritization meeting on Zoom, attendees heard a brief data presentation on the key findings from the CHNA conducted across the CBMC primary service areas. Meeting participants were then divided into small groups to reflect on and discuss the data and offer their perspectives and feedback on the various issues. At the end of the meeting, using Zoom's polling tool, 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.

Based on the top priority areas identified as well as existing expertise, capacity, and experience CBMC selected the following priorities to be the focus for their implementation plan in 2023:

- Mental Health
- Chronic Disease
- Access to Health Care and Social Services
- Overweight/Obesity

The CHNA can be accessed at https://www.rwjbh.org/cooperman-barnabas-medical-center/about/community-health-needs-assessment/. The document provides a more in-depth discussion of the communities served and the methods, participants, and findings leading to the selected priorities. While there were other significant needs that were identified in the CHNA, the hospital has limited resources and needs to focus on prioritized needs to be most successful in its improvement efforts for the SIP. The SIP does not include all activities that are or may be undertaken by the hospital, but those developed to achieve specific objectives within the mission of Community Benefit.

2023 -2025 Strategic Implementation Plan ("SIP")

Process for Developing the SIP

Following the prioritization discussion, Health Resources in Action ("HRiA"), our Assessment and Plan consultants, facilitated planning sessions that included mapping current and emerging programs and initiatives against priority areas identified in the CHNA. All areas highlighted by the 2022 CHNA are being addressed at different levels within the 2023-2025 Strategic Implementation Plan (e.g., priority level, goal, and/or cross-cutting strategic themes/strategic initiatives). The resultant plan focused on select vulnerable populations: Youth; Older adults; and People of color, especially Black and Hispanic/Latinx residents. In addition, cost of healthcare services and food access were key Social Determinants of Health components that were addressed.

Partnership Development & Ongoing Collaborations

CBMC recognizes collaboration with others as a vital in addressing community needs and as such, continues to build and maintain relationships with partner organizations in the community to ensure community health improvement work is carried out collaboratively. Residents, social service organizations, and faith communities are highly invested in community health and in deepening the partnership between communities and healthcare providers.

SIP Priority Areas and Goals

Priority Area	Goal
Priority Area 1: Mental Health	Goal 1: Increase the ability to provide person-centered, stigma-free, culturally competent mental health education, prevention, early identification/intervention, and treatment to address behavioral health issues and improve transitions of care and access to support and recovery services.
Priority Area 2: Chronic Disease	Goal 2: Serve as the healthcare resource for chronic disease education, prevention, management, and referral services in the CBMC primary service area to empower residents to participate in their own care regardless of ability to pay.
Priority Area 3: Access to Healthcare and Social Services	Goal 3: Improve the health of the community and reduce unnecessary ED utilization by increasing access to preventative services, reducing barriers to care, and providing the best care regardless of identity, citizenship status, or other social determinants of health.
Priority Area 4: Overweight/Obesity	Goal 4: Serve and be recognized as one of the best community resources to reduce the prevalence of overweight/obesity by providing culturally appropriate and weight-sensitive programming and empowering people to make attainable healthy lifestyle choices.

The results of the 2023-2025 SIP follow. Again, this is not reflective of all community benefit activities undertaken by the hospital, but specific to the SIP.

Priority Area 1: Mental Health

Strategic Initiative	Outcome Indicators	Tracking/Outcomes
1.1 Continue to provide Perinatal Mood and Anxiety Disorder Center outpatient services for pregnant and newly parenting people.	Number of patients in the Perinatal Mood and Anxiety Disorder program, length of time in program (up to 1 year) Baseline: 35 Target: 36.05	2023: 39.25% 2024: 56.5% 2025: 51.5% **GOAL MET**
1.2 Support access to mental health prevention/screening among pregnant people through Centering Pregnancy Initiative for group prenatal care.	Number of participants in the Centering Pregnancy Initiative Baseline: 12 Target: 14.4	2023: 22 2024: 32 2025: 8 **GOAL MET IN 2023 & 2024** **On Track to meet goal by end of 2025**
1.3 Support access to mental health prevention/screening among pregnant people through Centering Pregnancy Initiative for group prenatal care.	Number of patients in OB-GYN clinic screened in first and third trimester Baseline: 97 patients Target: 75% of patients screened	2023: 98/98 patients screened 2024: 97/97 patients screened 2025: 55/55 patients screened **GOAL MET**
1.4 Provide art therapy to cancer, ante-partum, and pediatric patients to address mental health needs when deemed appropriate. Provide virtual support groups for cancer patients, caregivers and individuals with Parkinson's disease, and individuals receiving gender affirming surgery. Provide virtual yoga programming for patients with cancer.	Number of attendees at all virtual and in person mental health support events and number of events Baseline: 3,103 Target: 3,196	2023: 3,778 2024: 4,775 2025: 3,830 **GOAL MET**
1.5 Enhance access to quick and efficient intervention for patients in acute mental health crisis (e.g. admission to psychiatric facilities).	Time to admission for patients who present in ED in acute mental health crisis (initial arrival to PESS) Baseline: 165 minutes Target: 160.05 minutes	2023: 594.435 *initiative was changed in 2024* 2024: 144.33 min (Median Arrival to PESS order) 2025: 161.5 min **GOAL MET**
1.6 Enhance access to quick and equitable interventions for substance use disorders (e.g., peer recovery specialists).	Time to admission for patients who represent in ED with SUD (substance use disorders) (from consult to discharge) Baseline: 710 minutes Target: 688.7 minutes	2023: 957.3325 min (Median time to admission – initiative was changed in 2024) 2024: 544.1 min (Median PESS order to PT leaves ED) 2025: 497.5 (Median PESS order to PT leaves ED) **GOAL MET**

Priority Area 2: Chronic Disease

Strategic Initiative	Outcome Indicators	Tracking/Outcomes
2.1 Continue free Diabetes Alert Day risk assessment tests in the community, offered annually on March 28th.	Diabetes Alert Day - # of people who complete risk assessment test Baseline: 23 Target: 30	2023: 23 **GOAL NOT MET** 2024: 65 **GOAL MET** 2025: 16 **GOAL NOT MET**
2.2 Continue to sponsor and participate in community colon cancer event with free FIT tests and education materials about Colon Cancer screening and follow-up. Continue partnership with Mt. Sinai on national research study (IELCAP) on lung cancer screening.	# of people screened for colon and lung cancers Baseline Colon: 80 Baseline Lung: 540 Total: 620 Target Colon: 90 Target Lung: 550 Total: 640	2023 Lung: 795 2023 Colon: 1099 Total: 1194 **GOAL MET** 2024 Lung: 718 2024 Colon: 43 Total: 761 **GOAL MET** 2025 Lung: 425 2025 Colon: 0 **GOAL NOT MET** **GOAL AT 66% COMPLETE FOR 2025**
2.3 Continue cardiovascular health and stroke screenings at various community locations throughout the year. Continue to hold annual Chinese Wellness Day event offering multidisciplinary health education and screening through CBMC Primary Care Medical Group each June. Participate and provide free, multidisciplinary health education and screenings at annual Kessler Stroll and Roll event.	# of people screened for cardiovascular health and stroke Baseline BP: 645 Diabetes: 68 Stroke: 282 Total: 995 Target BP: 657.9 Diabetes: 69.36 Stroke: 287.64 Total: 1014.9	**2023** BPs: 823 Diabetes: 68 Stroke: 530 Total: 1,421 **2024** BPs: 1,643 Diabetes: 647 Stroke: 1,289 Total: 3,579 **2025** BPs: 807 Diabetes: 300 Stroke: 624 Total: 1,731 **GOAL MET**
2.4 Continue cardiovascular and stroke education and prevention at various community locations and in hospital cafeteria throughout the year. Continue free diabetes education presentations at various community locations.	# of people attending cardiovascular and stroke educational events Baseline Other Education: 870 Diabetes: 536 Stroke: 60 Total: 1,466 Target Other Education: 887.4 Diabetes: 546.72 Stroke: 61.2	**2023** Stroke: 207 Diabetes: 852 Other Edu: 1256 Total: 2,315 **2024** Stroke: 338 Diabetes: 980 Other Edu: 2850 Total: 4,168 **2025** Stroke: 44 Diabetes: 280 Other Edu: 106 Total: 403 **GOAL MET**

Priority Area 3: Access to Healthcare & Social Services

Strategic Initiative	Outcome Indicators	Tracking/Outcomes
3.1 Continue viral Hepatitis and HIV screening and identification program at CBMC ED and provide staff to implement program in other Eds in the RWJBH System. Explore funding options for viral Hepatitis and HIV screening and identification program at CBMC ED.	Continue HBV, HCV, and risk-based HIV screening in CBMC ED with linkage to care by patient navigation team. HCV, HBV, and HIV disease burden continues to be significant based on the data. Baseline HCV: 13,869 HBV: 4,840 HIV: 3,049 Total: 21,758 Target HCV: 14,146 HBV: 4,936.8 HIV: 3,109.98 Total: 22,192.16	**2023** HCV: 13,487 HBV: 5033 HIV: 2406 Total: 20926 **GOAL NOT MET** **2024** HCV: 17,926 HBV: 5,344 HIV: 0 (Note: HIV screenings paused since EPIC launched in Fall '23) Total: 23,270 **GOAL MET** **2025** HCV: 15,437 HBV: 4,936 HIV: 0 (Note: HIV screenings are still paused as of Q2 2025) **GOAL NOT MET**
3.2 Explore available options for outpatient therapy when stroke patients are under-insured.	Readmission rates (AMI, HF, Stroke, COPD, CABG) Baseline AMI: 28 HF: 16.86 Stroke: 12.86 COPD: 17.86 CABG: 9.43 Total: 17.002 Target (3% reduction) AMI: 27.16 HF: 16.29 Stroke: 12.47 COPD: 17.32 CABG: 9.15 Total: 16.42	**2023** AMI: 9.86 HF: 12.77 Stroke: 5.6 COPD: 14.49 CABG: 11.11 **GOAL NOT MET** Totals: 10.766 **GOAL MET** **2024** AMI: 12.64 HF: 17.58 **GOAL NOT MET** Stroke: 6.92 COPD: 13.46 CABG: 5.17 Totals: 10.80 **GOAL MET** **2025** AMI: 21.345 HF: 19.995 **GOAL NOT MET** Stroke: 11.67 COPD: 33.39 CABG: 13.095 Totals: 19.899 **GOAL MET**
3.3 Continue daily outreach and education on resources and preventative services (e.g. Dispensary of Hope program,	# of community benefit hours Baseline: 11,746 Target: 11,980.92	2023: 11,276 **GOAL NOT MET** 2024: 12,948 **GOAL MET**

Strategic Initiative	Outcome Indicators	Tracking/Outcomes
FQHCs, preventative screenings, stroke education) in a culturally appropriate manner.		2025: 8,673.5 **GOAL on Track to Be Met**
3.4 Provide community preventative care screenings, including viral hepatitis and colon cancer screenings, via Essex County mobile van targeting vulnerable communities.	# of mobile van access locations Baseline: 0 Target: 24	**2023: 35** **2024: 36** **2025: 41** **GOAL MET**

Priority Area 4: Overweight/Obesity

Strategic Initiative	Outcome Indicators	Tracking/Outcomes
4.1 Continue free hybrid (in person and virtual) monthly support groups with nutrition education and subsidized behavioral psychologist for patients who have had or are preparing for bariatric surgery. Pilot the year-long Diabetes Prevention Program that focuses on behavior change, exercise, and 5-7% body weight loss in collaboration with WellCare. **discontinued after Q1 2024** Initiative changed in 2024: Number of people screened for A1Cs	Number of people screened (AICs) Baseline: 100 Target: 125	2023: 23.25 **GOAL MET** 2024: 166 **GOAL MET** 2025: 169 **GOAL MET**
4.2 Continue free hybrid (in person and virtual) monthly support groups with nutrition education and subsidized behavioral psychologist for patients who have had or are preparing for bariatric surgery. Partner with community leaders (e.g. faith based) and successful program participants to educate others on weight management options. Continue offering 3 free nutrition visits (virtual or in person) for individuals who are overweight and obese and are	Percentage weight lost Baseline: 4.8% Target: 5.04%	2023: 5.58% 2024: 5.32% 2025: 5.08% **GOAL MET**

Strategic Initiative	Outcome Indicators	Tracking/Outcomes
either prediabetic or at-risk or developing diabetes.		
4.3 Pilot the year long Diabetes Prevention Program that focuses on behavior change, exercise, and 5 – 7% body weight loss in collaboration with WellCare. Partner with community leaders (e.g. faith based) and successful program participants to educate others on weight management options.	Self reported physical activity Baseline: 192 minutes Target: 200 minutes	2023: 215 mins 2024: 209 mins 2025: 206.5 mins **GOAL MET**
4.4 Pilot the year long Diabetes Prevention Program that focuses on behavior change, exercise, and 5 – 7% body weight loss in collaboration with WellCare	Reduction in A1C Baseline: 0.1 Target: .019	2023: 0.056 **GOAL MET** 2024: 0.06 **GOAL NOT MET** 2025: 0.166 **GOAL ON TRACK TO BE MET**
4.5 Continue risk assessment test ACC and CBMC for Diabetes Alert Day. Increase the number of people who complete online diabetes risk assessments.	Number of people who complete risk assessment tests for ACC & CBMC Diabetes Alert Day and online diabetes risk assessments Baseline: 23 Target: 30	2023: 23 **GOAL NOT MET** 2024: 65 **GOAL MET** 2025: 16 **GOAL NOT MET**
4.6 Partner with community leaders (e.g. faith based) and successful program participants to educate others on weight management options.	Number of community-based events Baseline: 0 Target: 12	2023: 15 2024: 13 2025: 13 **GOAL MET**
4.7 Continue offering 3 free nutrition visits (virtual or in person) for individuals who are overweight and obese and are either prediabetic or at-risk or developing diabetes.	Number of people who use free nutrition visits (virtual or in person) for individuals who are overweight and obese and are prediabetic or at-risk of developing diabetes Baseline: 38 Target: 41.8	2023: 70 2024: 106 2025: 60 **GOAL MET**