Jersey City Medical Center 2025-2027 Community Health Needs Assessment

October 2025

RWJBarnabas HEALTH | **Jersey City Medical Center**

Acknowledgments

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Questions
For questions regarding Children's Specialized Hospital or RWJBarnabas Health, please email BHPlanning@RWJBH.org.

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Executive Summary

Introduction

In 2025, the Jersey City Medical Center (JCMC) undertook a community health needs assessment (CHNA) process. The purpose of the CHNA was to identify and analyze community health needs and assets and prioritize those needs to inform strategies to improve community health. The CHNA fulfills the mandate for non-profit hospitals put forth by the Internal Revenue Service and for health department accreditation as stipulated by the Public Health Accreditation Board. The JCMC's focus area includes nine municipalities in Hudson County (Bayonne, Guttenberg, Hoboken, Jersey City, North Bergen, Secaucus, Union City, Weehawken, West New York), including the following Jersey City zip codes: 07302, 07304, 07305, 07306, 07307, and 07310.

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 medically underserved populations. The CHNA process was guided by the JCMC CHNA Advisory Committee, comprised of the JCMC Health Equity Advisory Group, other JCMC staff, and community partners. Data collection methods included:

Jersey City Medical Center CHNA Focus Area Map, 2025

DATA SOURCE: Prepared by HRiA based on NJOGIS 2023 data

- Reviewing existing social, economic, and health data across Hudson County.
- Conducting a community survey with 1,333 residents, designed and administered by Health Resources in Action (HRiA).
- Facilitating 2 virtual focus groups with 21 participants from populations of interest, including JCMC patients with chronic health conditions, and the JCMC Health Equity Advisory Group.
- Conducting 8 small group key informant interviews with 33 community stakeholders from a range of sectors, including healthcare, youth and young adult programs, LGBTQ+ programs, communities of faith, food programs, housing programs, and immigrant-serving organizations.

Findings

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

Population Characteristics

- **Demographics.** Hudson County comprises a population of 710,478 residents. The overall population in Hudson County grew by 6.3% between 2014-2018 and 2019-2023.[1] Hudson County is racially and ethnically diverse, with more than 1 in 2 (56.7%) residents speaking a language other than English at home. Residents identifying as Latino made up 40.7% of the county's residents, followed by White (37.0%), Asian (16.5%), and Black (12.2%) residents. In 2019-2023, 42.6% of Hudson County residents were born outside of the United States, ranging from 19.1% in Hoboken to 61.2% in Jersey City (07310, Newport).[2]

Community Social and Economic Environment

- **Community Strengths and Assets.** Focus group and interview participants appreciated that Hudson County neighborhoods are diverse, welcoming, and have a wealth of programs to support residents' needs. Top strengths identified by Hudson County respondents to the 2024 community health survey included availability of transportation services for seniors and people with disabilities (67.9%), and public transportation (68.1%).[3]

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

□ Hudson County ■ Asian □ Black □ Hispanic/ Latino ■ White

My community has transportation services for seniors and those with disabilities (e.g., to take to the supermarket, shopping centers, etc.)
- 67.9%
- 75.0%
- 67.7%
- 68.3%
- 69.0%

It would be easy for me to take public transportation to get to where I needed to go day-to-day (e.g., work, supermarket, doctor appointments, etc.).
- 68.1%
- 75.0%
- 72.0%
- 71.7%
- 60.3%

DATA SOURCE: Community Health Needs Assessment Survey, 2024

- **Partnerships and Community Engagement.** Participants valued and emphasized the high level of collaboration and partnership across the different sectors and institutions that serve Hudson County residents, with many describing a wide variety of programs and referral networks in the region. Some partnerships described by participants included a partnership between JCMC, the Clinton Foundation, and faith-based organizations to address the fentanyl crisis, partnerships between immigrant-serving organizations and Hoboken Family Planning to provide

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[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, 2019-2023
[3] Community Health Needs Assessment Survey, 2024

family planning supports and cancer screenings to immigrant communities, and partnerships between faith-based organizations, the Jersey City Economic Development Corporation, banks, local retail, and Jersey City Together, with activities ranging from making donations to supporting property tax appeals.

- **Education.** Graduation rates varied by public school district. Several school districts in Hudson County, such as Hudson County Schools of Technology School District (98.5%) and Weehawken Public School District (98.0%) outperformed New Jersey as a whole. However, Jersey City Public Schools (80.1%) experienced a lower graduation rate than other municipalities and had a rate that was lower than the state (91.1%). 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.[4] Youth serving participants noted that, in general, schools had robust programs for connecting youth to information and education (e.g., STEM, workforce development), keeping youth engaged in summer months with free enrichment programs, increasing youth access to healthy food (e.g., creating an on-site food bank for students), and providing free health and wellness programming (e.g., counseling, therapy dogs). However, they also mentioned that schools had insufficient resources to meet the needs of the student population, including those of students with unique challenges such as students with disabilities and international students.

- **Employment and Workforce.**
Unemployment rates in Hudson County were nearly the same as New Jersey's as a whole and had been trending downward over the decade prior to the COVID-19 pandemic, after which rates rose substantially. Fortunately, unemployment rates declined post-2020 and are now close to pre-pandemic levels.[5] Less than half (43.2%) of community health survey respondents agreed there were job opportunities in their area, with more Asian and White survey respondents agreeing compared to Black and Latino respondents.[6] Challenges related to employment were also echoed in focus groups and interviews, with participants described reduced hours, working multiple jobs, and additional employment barriers facing youth, justice involved individuals, and immigrants. Employers also struggled with recruiting and retaining staff.

> "*You see a lot of workplaces scaling back. They're not necessarily terminating them but making them part-time so that they could decrease their health benefit costs.*"
> – Key Informant Interviewee

- **Income and Financial Security.** Median household income in Hudson County showed stark disparities, ranging from $65,369 in Union City to $176,943 in Hoboken.[7] Focus group and interview participants discussed the rising costs of housing, food, and healthcare, and shared the day-to-day challenge of affording necessities as prices

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[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

continued to climb. While the rising cost of living affected everyone, participants shared that this had been most challenging for low-income individuals, unhoused residents, youth, and some immigrant communities.

- **Food Insecurity and Healthy Eating.** Though residents identified an abundance of food pantries and programs available to increase food access, several participants shared their concerns that food insecurity has seemed to increase since the COVID-19 pandemic due to inflation, stagnant wages, and the rising cost of living. Unhoused populations, youth, and older adults were identified as being at higher risk of food insecurity. The food insecure population in Hudson County increased from 12.2% to 14.9% from 2020 to 2023.[8] Almost one half of Hudson County community survey respondents (46.1%) 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 (52.4%) and Latino (56.2%) residents.

- **Affordable Housing.** Housing was described as a substantial community health challenge in Hudson County by focus group and interview participants and was also described as a barrier to residents' ability to address chronic health conditions, mental health challenges, and timely violence intervention efforts. Affordable housing in Hudson County, much like across the state

  > *"You're seeing these enormous rents…and those salaries today are not making it so it's affecting the work environment."*
  > – Key informant interviewee

  and nation, was scarce and participants noted that it affected many other areas related to health and wellbeing. Furthermore, while housing costs have a disproportionate burden on economically vulnerable communities, the impacts of high rents were seen as so widespread they were also thought to be impacting the workforce in various sectors. Overall, less than one in four Hudson County community survey respondents agreed that there was sufficient affordable and safe housing in their community, ranging from 30.9% of Asian respondents to 20.4% of Latino respondents.[10]

- **Green Space and the Built Environment.** According to the RWJF County Rankings, all Hudson County residents (100.0%) had adequate access to a location for physical activity.[11] However, only 56.0% of Hudson County community health survey respondents indicated that they agreed or completely agreed with the statement "my community has safe outdoor places to walk and play." There were disparities by race/ethnicity, with White (70.3%) survey respondents being more likely to agree with the statement than Latino (56.0%), Asian (53.7%), and Black (46.4%) survey respondents.[12]

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[8] Feeding America, Map the Meal Gap, 2020-2023
[9] Community Health Needs Assessment Survey, 2024
[10] Community Health Needs Assessment Survey, 2024
[11] Business Analyst, Delorme map data, ESRI, & U.S. Census Files, as cited by RWJF-County Health Rankings 2020-2023
[12] Community Health Needs Assessment Survey, 2024

- **Transportation and Walkability.** Participants shared differing perspectives on transportation and walkability in Hudson County. Focus group and interview participants indicated that public transportation is available, particularly in larger cities, but transportation may not be affordable and residents with bulky items (such as groceries), older adults, and residents with disabilities may have a difficult time with public transportation. To reduce transportation burdens, some programs provide bus tickets for patients or hire community health workers to provide transportation for appointments. Overall, nearly seven out of ten (68.1%) of Hudson 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 and nearly the same proportion (67.9%) agreed that "my community has transportation services for seniors and those with disabilities."[13]

- **Violence Prevention and Safety.** Violence prevention and safety have been key priority areas for the Hudson County community for several years. Residents commented that overall, they have no challenges or concerns related to neighborhood safety. Among interviewees working in the field of violence prevention, domestic and community violence survivors were described as the primary populations receiving services. From 2020 to 2022, rates of violent crime have remained relatively stable or increased in Hudson County, with the exception of Jersey City, which showed a steep decline.[14] Yet, roughly two in five community survey respondents (37.2%) agreed or strongly agreed that there was not much violence in their neighborhood and about one third (32.2%) agreed or strongly agreed that there were few issues with violence between people in their communities.[15]

- **Systemic Racism and Discrimination.** Participants in focus groups and interviews recognized discrimination and racism as a systemic public health issue, impacting residents of color, some immigrant communities, and LGBTQ+ communities. Survey respondents who identified as people of color mentioned incidences of being discriminated against due to their race or nationality. More than one-third of Black (35.6%) respondents reported experiencing discrimination due to their race/ethnicity when receiving medical care compared to 25.2% of respondents overall. Additionally, 25.7% of LGBTQ+ respondents experienced discrimination due to their sexual orientation.[16] Furthermore, broader fears and concerns about the impact of the current political environment were frequently shared, with a particular emphasis on the impact this environment is having on LGTBQ+ and immigrant communities.

> *"[There are] a lot of people that really would want to go out and put themselves out there for certain opportunities [but they] may want to hold back because they have that fear of with their immigration status."*
> – Key informant interviewee

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[13] Community Health Needs Assessment Survey, 2024
[14] DATA SOURCE: NJ Department of Law & Public Safety, Office of the Attorney General, Uniform Crime Reporting, 2024
[15] Community Health Needs Assessment Survey, 2024
[16] Community Health Needs Assessment Survey, 2024

Community Health Issues

- **Community Perceptions of Health.** When focus group and interview participants frequently identified social and economic issues, such as rising cost of living, housing, food insecurity, and violence in the community as top health concerns. Key health concerns voiced by members in the community include chronic conditions (e.g., diabetes, mental and behavioral health, high blood pressure, high cholesterol), infectious and communicable disease, and access to care. Participants also felt there was more need of health and social services and supports compared to previous years, but many are concerned that key programs may be reduced or eliminated due to federal and state funding cuts.

  Community health survey respondents ranked diabetes (36.0%), followed by heart disease (27.5%), cancer (24.4%), overweight/obesity (23.2%), and housing people can afford (22.2%) as the top five health issues in their communities. The top five health issues identified for children and youth were mental health issues (32.7%), overweight/obesity (26.2%), violence and community safety (25.9%), bullying (24.%), and child abuse and neglect (16.7%).[17]

Top 10 Causes of Death, by State and County, 2021

■ New Jersey   ▨ Hudson County

Cause	New Jersey	Hudson County
Heart Disease	162.1	143.8
Cancer	137	117.3
COVID-19	43.4	63.8
Unintentional Injury	49.7	36.2
Stroke	31	26.1
Chronic Lower Respiratory Diseases	25.8	23
Alzheimer's Disease	22.3	17.7
Diabetes	17.8	24.7
Septicemia	17.2	19.5
Kidney Disease	14.2	12.5

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

- **Leading Causes of Death and Premature Mortality.** The most current mortality data from New Jersey's surveillance systems are from 2021 and identified heart disease, cancer, and COVID-19 as the top three causes of death, respectively.[18] Of note, the mortality rate for COVID-19, diabetes, and septicemia were higher in Hudson County than in the state overall.

- **Overweight, Obesity, and Physical Activity.** While overweight/obesity was identified as the fourth top health concern by community survey respondents, and the second top health concern for children and youth, it was not a prominent theme in

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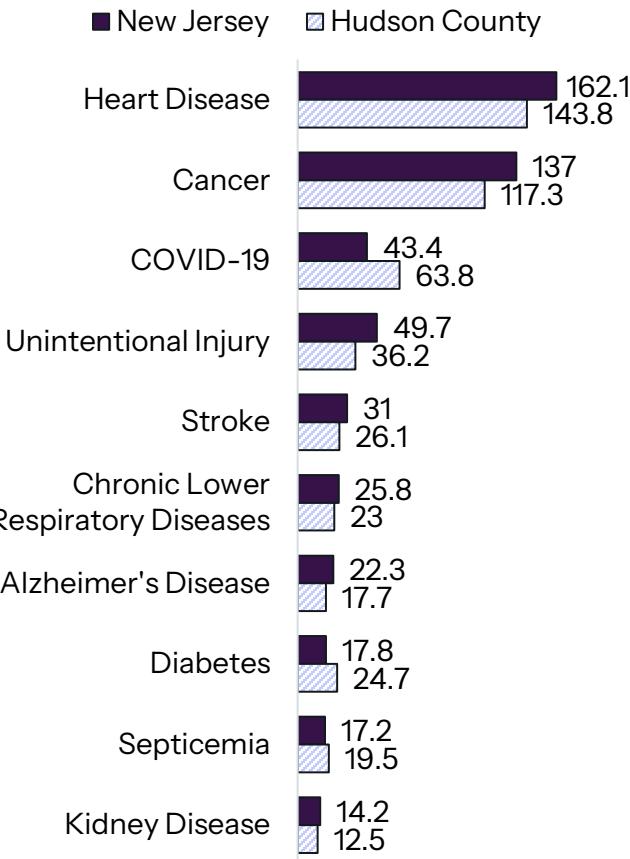
[17] Community Health Needs Assessment Survey, 2024
[18] Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2023

conversations with interviewees and was often mentioned in the context of other social determinants of health. Overall, participants agreed that there were supports available in the community to help residents with achieving a healthy body weight, such as nutrition programs, but participants remarked on a desire for affordable gym access. More than two in five (40.7%) survey respondents in Hudson County reported ever being told by a healthcare provider that they had a weight problem. This proportion varied by race/ethnicity and ranged from 29.6% of Asian respondents to 48.3% of White residents.[19]

- **Chronic Disease.** Chronic disease continued to be a top priority, with multiple participants commenting on concerns related to diabetes and hypertension. Of particular concern was chronic disease prevention and management, including medication adherence, appropriate nutrition, and early intervention. Data showed racial/ethnic disparities in chronic disease burden across Hudson County. Black residents experienced nearly double the rate of cardiovascular disease inpatient hospitalizations (124.0 per 10,000) than the Hudson County average (73.3 per 10,000).[20] Diabetes was the top concern for survey respondents and data indicated that it was disproportionately prevalent among Latino (12.9%) and Black (10.9%) Hudson County residents.[21] The cancer mortality rate in Hudson County was highest among Black (168.4 per 100,000), followed by White (145.5 per 100,000) residents.[22]

- **Mental Health and Behavioral Health.**
  Mental health is a top concern in Hudson County, with participants identifying depression, anxiety, stress, trauma, and substance use as behavioral health challenges for community residents. Priority populations that may be more likely to need mental and behavioral health support due to stress and trauma

  "The mental illness is an all-time high, people are noticing it, it's going untreated... With the poverty, and the way the world is going, it's also causing mental illness."
  – Focus group participant

  included youth, immigrants, individuals with disabilities, violence survivors, unhoused residents, and individuals in the LGBTQ+ community. Common barriers to accessing behavioral health services described by residents included stigma, fears and concerns around losing other social service supports, insurance and cost, provider availability, and the ability to maintain access to medications.

  In 2024, community survey respondents selected mental health as a leading community health concern for both children and adults. Among respondents, 17.5% reported experiencing 10-19 days of poor mental health, and 13% reported 20-30 days of poor mental health, in the last 30 days.[23] Furthermore, rates of pediatric

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[19] Community Health Needs Assessment Survey, 2024
[20] Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023
[21] Behavioral Risk Factor Survey, Center for Health Statistics Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2018-2022
[22] Death Certificate Database, Office of Vital Statistics and Registry Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023
[23] Community Health Needs Assessment Survey, 2024

hospitalization due to mental health between 2019-2023 were higher in Hudson County (31.2 per 10,000) than in New Jersey (28.5 per 10,000), and rates were highest among Black children (35.1 per 10,000).[24] Interviewees shared bright spots in their community to help address behavioral health, including trauma informed care, programs for youth, and trainings for Narcan and opioid use disorders for older adults and the general public.

- **Infectious and Communicable Diseases.** COVID-19, a major theme in the 2022 CHNA-SIP process, was not a prominent topic among focus group and interview participants in 2025. Due to vaccination efforts, COVID-19 deaths in Hudson County plummeted from 1,575 in 2020 to 49 in 2023, despite increasing infection rates.[25,26] The pandemic also increased public attention on public health and caused an influx of funding for programs, community outreach, and local immunization events. However, the pandemic also had lasting impacts on individual behaviors and overall well-being. These included challenges with youth behavioral regulation, ongoing burnout among healthcare staff, delayed preventive health services, and increased food prices. Some silver linings were also mentioned, including

  Sexual health and sexually transmitted infections were discussed as concerns by focus group and interview participants. Interviewees commented on the successes they have achieved in responding to the HIV epidemic and in cultivating a resilient community where people feel accepted and look out for each other. However, concerns were also raised that recent shifts in the political climate are resulting in increased fear and distrust in the healthcare system. Incidence rates of HIV, Chlamydia, Gonorrhea, and Hepatitis C were all more prevalent in Hudson County than in the state of New Jersey overall.[27]

- **Maternal and Infant Health.** Maternal and infant health were not key themes discussed by participants in the current assessment, though some interviewees commented on teenage pregnancy, support needed for young single mothers, and a decrease in the workforce providing ultrasounds. Teen mothers face higher risks of pregnancy complications, such as eclampsia and systemic infections, than women in their twenties. Teen pregnancy is more prevalent in Hudson County than in the state overall.[28] Furthermore, racial and ethnic disparities exist in maternal and infant health outcomes. Severe maternal morbidity with transfusion, which reflects the number of unexpected outcomes from labor and delivery that result in severe short or long term health consequences, were more likely to impact women and birthing persons of color, including Black (41.2 per 1,000 delivery hospitalizations), Latina (28.8 per 1,000 delivery hospitalizations) and Asian (26.9 per 1,000 delivery hospitalizations) persons

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[24] Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024
[25] New Jersey Department of Public Health, COVID-19 Dashboard, 2024
[26] Communicable Disease Reporting and Surveillance System (CRDSS), Communicable Disease Service, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023
[27] Communicable Disease Reporting and Surveillance System (CRDSS), Communicable Disease Service, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024
[28] Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD) 2023

compared to White mothers and birthing persons (17.7 per 1,000 delivery hospitalizations) in New Jersey. In Hudson County, a higher percentage of Black newborns (14.1%) were of low birth weight compared to other races/ethnicities, and Black babies had a higher infant mortality rate compared to other races/ethnicities.[29]

Healthcare Access

- **Access and Utilization of Healthcare Services.** Access to healthcare services to prevent, diagnose early, and manage chronic conditions was a prominent theme in interview and focus group discussions. Several participants mentioned that the county's agencies and service providers have strong partnerships and collaboration, and many organizations described a multitude of strategies they are implementing to remove barriers to care for their patients. These included providing free or reduced cost services, care coordination and other system navigation supports, creating a "one stop shop" for residents to access multiple services in one visit [e.g., obtaining nutrition education, receiving food from a food program, and picking up medications in one trip], improving accessibility of services [e.g., telehealth and increasing access to technology, hiring bilingual staff, providing transportation or bus vouchers], creating rapport and a trusting relationship between providers and patients, and creating an overall safe and welcoming environment on site. Community survey respondents were asked about their participation in various health screenings over the past two years. In Hudson County, 85.8% of survey respondents reported having an annual physical exam in the last two years, while 70.2% reported having a flu shot, and 69.4% received dental screening.[30]

- **Barriers to Service Access.** Interviewees and focus group participants shared that Hudson County residents faced barriers to accessing healthcare, including limited resources [e.g., costs, lack of insurance], a lack of awareness of programs and challenges navigating health systems, long wait times and limited provider availability, access challenges [e.g., language barriers, transportation barriers, technology barriers, a lack of cultural humility], and fear, stigma, and a lack of trust in the healthcare system and the government. Community survey respondents were also asked to identify the issues that made it harder for them to obtain medical care in the past two years. The top issues survey respondents identified were inability to schedule an appointment at a convenient time (36.6%), long wait times (31.6%), cost of care (28.7%), insurance problems (28.3%), and doctors not accepting new patients (21.7%). These identified barriers and challenges differed slightly by race/ethnicity. In particular, cost of care was ranked higher by Latino (36.8%) survey respondents than other races/ethnicities.[31]

"We have two in-house pharmacies and more and more medications don't get picked up by our patients because they don't have that $20 to pay for their medications and [they would] rather buy food for their family."
– Key Informant Interviewee

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[29] Birth Certificate Database, Office of Vital Statistics and Registry, Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

[30] Community Health Needs Assessment Survey, 2024

[31] Community Health Needs Assessment Survey, 2024

- ***Improved partner communication, referrals, and system navigation.*** While strong partnerships with JCMC were praised by many interviewees across a variety of sectors, streamlining and improving communication between local organizations and the hospital system was mentioned by multiple interviewees. Other community partners wished that they had access to referral forms, brochures, or other easily accessible documents with information about services available and how to connect patients. One participant explained that through their partnership with JCMC they were able to have a care coordinator on site to connect patients to resources, which may be a model worth exploring for expansion to other partners.

- ***Improved funding and funding structures for social services and healthcare organizations.*** Funding and sustainability were key areas of concern among the majority of participants and sectors engaged through this CHNA process. When thinking about their vision for the future, participants often reported a need for more investment in the community, local public health, workforce development, and other programs and partners helping to address the social determinants of health (SDoH). Key programs providing services to vulnerable residents were often described as being grant funded, which is often limited and unreliable. Focus group participants envisioned a future where healthcare and other basic needs are accessible to everyone.

  > *"Jersey City is an accessible city, accessible to cultures and different ways of life, healthcare should be accessible, long-term care should be accessible, special needs and mental healthcare should be accessible… Healthcare should be available to everyone."*
  > – Key Informant Interviewee

- ***Expansion of effective programs to address the social determinants of health.*** Similar to the community vision of increasing the amount of resources for programs and healthcare, participants also described a future where effective programs to address housing, food insecurity, education, and other social needs are scaled to meet the needs of Hudson County residents. Focus group and interview participants noted a dire need to expand affordable housing in the county, with participants identifying possible solutions such as more: rent stabilized buildings, renovation of existing houses, and programs to support residents who have recently been incarcerated. Participants also envisioned expansions for food programs, such greenhouses for community growing projects and nutrition education. Increasing volunteers in the community and expanding peer support programs were also suggested by participants as impactful future endeavors.

- ***Policy and systems change to more equitably distribute resources and to reduce health disparities.*** Many participants envisioned systems change in the community to address health disparities. In one example, focus group participants shared, "*If you have the money and grants, use it for people who need it… Put your minds to it and make it happen.*" Similar concepts were shared by interviewees, some of whom

envisioned a future where housing was seen as health, and health was accessible to all. Participants also emphasized the role of politics, with one interviewee commenting on the need for increased accountability for elected officials.

- ***Building and maintaining trust, safety, and core values among the community.***
In the current political climate, many participants remarked on the need to sustain the trust, goodwill, and strengths of the community. Participants in several sectors shared concerns that they would lose progress they have made through years of community engagement, including building trusting connections with LGBTQ+ and immigrant communities. Interviewees working in larger organizations also expressed

> *"[Returning to] where we were 10 months ago, when we saw the future being bright, knowing we had a safe space, knowing it was only going to get stronger."*
> – Key informant interviewee

their hope that individuals at all levels of their organization would stand up for what they believe in and not compromise on shared values. In sum, one interviewee described it as the need to "*keep being a safe space for people to get the healthcare they deserve.*"

Key Themes

The following section provides an overview of the key themes that emerged from the 2025–2027 JCMC CHNA.

- ***The communities in Hudson County are diverse, accepting, and have a variety of resources.*** Participants emphasized the diversity in Hudson County and identified it as one of the communities' top strengths. Cultural pride, resiliency, acceptance of other cultures, and a welcoming environment were all discussed and praised by participants across a variety of sectors. Interviewees explained that there is a wealth of resources, programs, partnerships, and services available in the community, along with strong collaboration among partners and referral networks.

- ***Employment and financial security are escalating concerns affecting the well-being of many residents.*** Through focus groups and interviews two key issues were identified: underemployment/unemployment and salaries being outpaced by cost of living. The percentage of households below the A.L.I.C.E. threshold (Asset Limited, Income Constrained and Employed), or households with adults who work but cannot afford basic needs, is about 20% of households in Hudson County, but in some areas this percentage increases to nearly half of households.[32]

- ***Safe and affordable housing was a chief concern among residents and was identified as a barrier to health.*** Many participants expressed concerns about the lack of affordable housing in Hudson County, particularly in the context of rent increases, housing costs, limited housing availability, and gentrification. About one in four Hudson County homeowners (39%), and nearly one out of every two renters (46%), use more than 30% of their income on housing, indicating the prevalence of

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[32] United For ALICE 2024, derived from American Community Survey, 2010-2022

the housing cost burden on families.[33] Furthermore, from 2021 to 2025, the unhoused population grew 23% in Hudson County, to a total of 1,091 individuals, of which Black residents were disproportionately represented.[34]

- ***Food insecurity is a problem impacting many residents, and proportions of impacted residents have continued to grow since the COVID-19 pandemic***. In Hudson County the percentage of residents living in a household that struggles to access enough food due to money or resources was 14.9% according to our most recent data from 2023.[35] More recent data from the RWJB Community Health Survey showed that 46% of respondents worried their food would run out before they had money to buy more and nearly one in three respondents were accessing food programs to supplement their households. Common barriers to food access included stigma, the rising cost of food, distance challenges and perceived food deserts, and education barriers.[36]

- ***Safety and violence prevention emerged as a key issue for some residents.*** From 2020 to 2022, rates of violent crime in Jersey City showed a steep decline. In conversations with interviewees, a multitude of programs were discussed, including programs to support victims of crime and domestic violence, violence interruption and resolution, youth programs, and programs to potentially reduce an individual's risk of future harm. One potential gap or area for future improvement described by interviewees was violence prevention itself, such as additional youth programming, counseling and behavioral services, and education efforts.

- ***Events at the national level are causing widespread fear and concern among some communities in Hudson County.*** One in four Hudson County survey respondents indicated experiencing discrimination sometimes or frequently based on their race or ethnicity when seeking medical care. This was highest among Black (36%) residents and among Latino residents (29%).[37] Interviewees also explained that some residents fear leaving their homes and are reluctant to seek out services due to fears of Immigration and Customs Enforcement and the threat of deportation. Members of the LGBTQ+ community were concerned about confidentiality, privacy, and safety, in light of public discourse impacting these communities.

- ***Chronic diseases were identified as prevalent in the JCMC service area.*** In 2021, heart disease and cancer were among the top three leading causes of death for Hudson County residents. In 2024, the top health concerns identified by survey respondents were diabetes, heart disease, cancer, obesity, and housing. There are disparities in chronic disease: Black residents experience higher rates of premature mortality, cardiovascular disease mortality and hospitalization, and cancer mortality than any other racial/ethnic group. The issue of chronic disease management was

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[33] U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023
[34] New Jersey Housing and Mortgage Finance Agency, NJ Counts, Hudson County, Point-in-Time Count of the Homeless, January 28, 2025, https://monarchhousing.org/wp-content/uploads/2025/07/PIT-Report-2025-Hudson.pdf
[35] Map the Meal Gap, Feeding America, 2023
[36] Community Health Needs Assessment Survey, 2024
[37] Community Health Needs Assessment Survey, 2024

often mentioned or alluded to in discussions as an ongoing challenge, particularly related to the social determinants of health.

- ***Infectious and communicable diseases were frequently discussed, particularly regarding vaccinations, sexual health, and infectious disease surveillance.*** While public health infrastructure was bolstered in recent years through an influx of funding from the COVID-19 pandemic, many programs and services in Hudson County are concerned about the ability to maintain the hard-won progress of recent years. Challenges related to costs and availability of vaccines were mentioned by interviewees, along with concerns about access to sexual health care, future availability of health surveillance data, growing mistrust of the healthcare system, and concerns about privacy of health information.

- ***Mental health and behavioral health continue to be a significant concern in Hudson County, particularly for children and youth.*** Survey respondents ranked mental health issues as the sixth top health concern for the community overall and the top health concern for children and youth. Participants were particularly concerned about the mental and behavioral health for some key communities, including youth (bullying, social media, and challenges with social and emotional skills due to COVID-19 impacts, vaping), immigrant communities (facing escalating divisive rhetoric and threat of deportation, exposure to war and violence), victims of crime, unhoused populations, and LGBTQ+ communities also facing increasing discourse and rhetoric. Challenges included fear of losing services, costs, long wait times for services, finding appropriate providers, insurance status, and stigma.

- ***Access to healthcare was a prominent theme in discussions with interview and focus group participants.*** Key strategies that support access to care included patient navigation through the healthcare system, a "one-stop shop" method of providing services, and strategies to reduce access challenges (e.g., bus passes, arranging transportation for patients, making space for evening or weekend appointments). Other facilitators included good rapport between clinicians and patients, and an overall safe and accepting environment. Key barriers included copays, medication costs, access to insurance, lack of awareness of available resources, and logistical challenges (e.g., low cost and reliable transportation, telehealth/technology, language barriers).

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 JCMC service area (listed below in alphabetical order):

- Affordable Housing
- Chronic Disease Prevention and Management
- Employment and Financial Security
- Food Insecurity and Healthy Eating
- Health and Racial Equity
- Healthcare Access
- Infectious and Communicable Diseases
- Mental Health and Behavioral Health
- Systemic Racism and Discrimination
- Violence Prevention and Safety

With community input, the facility selected the following priority issues for strategic planning as a result of a Prioritization and Alignment Process: Food Insecurity and Healthy Eating, Healthcare Access and Chronic Disease Prevention and Management, Mental Health and Behavioral Health, and Social Impact Initiatives. In addition, Health and Racial Equity and Systemic Racism and Discrimination were identified as cross-cutting issues underlying all priorities.

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, Jersey City Medical Center undertook a CHNA process using a mixed-methods and participatory approach.

JCMC is located in Hudson County, New Jersey, and is part of the RWJBarnabas Health (RWJBH) system. RWJBH is a non-profit healthcare organization, which includes 12 acute care hospitals, three acute care children's hospitals, a leading pediatric rehabilitation hospital, a freestanding acute behavioral health hospital, a clinically integrated network of ambulatory care centers, two trauma centers, a satellite emergency department, geriatric centers, the state's largest behavioral health network, ambulatory surgery centers, comprehensive home care and hospice programs, fitness and wellness centers, retail pharmacy services, medical groups, diagnostic imaging centers, a clinically integrated network and collaborative accountable care organization. As one of the licensed general acute care hospitals and one of two trauma centers within the system, JCMC admits nearly 20,000 inpatients and provides over 214,000 outpatient visits annually. In 2024, the 352-bed hospital attended over 107,100 emergency department visits and delivered nearly 2,200 babies. JCMC is a DNV (which stands for Det Norske Veritas) fully accredited hospital and has been recognized for its excellence in providing care and support for the health and wellness of our community. The hospital was certified by DNV GL - with ISO 9001 Certification in recognition of the hospital's quality program and for inpatient and outpatient services.

This assessment process is built upon previous assessment and planning processes conducted by JCMC. In developing the 2022-2024 CHNA Implementation Strategy, JCMC adopted overarching goals and objectives aimed at addressing health equity in four priority areas: access to preventive health, chronic disease management, food insecurity and education, and violence prevention and safety. JCMC met their objective of increasing access to preventive health, namely through their strategy of increasing the number of health screenings and increasing consumer education. JCMC conducted 1,391 community events within the reporting period, which focused on improving healthcare access, reducing disparities, and addressing social determinants of health. Screening sessions included blood pressure, glucose, cholesterol, BMI, general health information, and more. Furthermore, 18,995 primary care visits were completed at JCMC's Greenville Primary Care site. JCMC also made progress implementing strategies to provide educational and awareness opportunities for healthier dietary options and habits that promote prevention and reduction of incidence of diseases for residents. From 2022-2024, more than 3,000 residents received emergency food bags and comprehensive assessment/education from a certified dietitian. JCMC's SNAP navigator also completed more than 500 SNAP applications for community residents. JCMC has also made strides in their efforts to prevent and reduce the impact of chronic disease through culturally relevant medical education and programs targeting improved disease and care management. Some examples include JCMC's promotion of patient education materials through daily, weekly, and monthly communication channels, and in the placement if Patient Navigators in JCMC's Emergency Room to confirm primary and

specialty care appointments before patient's leave the hospital. Lastly, JCMC has made notable strides in their efforts to promote safety and decrease incidence of violence in Hudson County. Through Project HUDSON (Helping Us Develop Strength in Our Neighborhoods), JCMC's hospital-based violence intervention program, more than 500 victims of community violence received comprehensive case management services with $1.8 Million utilized for program participants. Another 171 patients who have been impacted by violence were receiving comprehensive, trauma-informed mental health and support services through JCMC's Trauma Recovery Center in 2024. The impacts of these tremendous violence prevention efforts may be starting to appear in publicly available data: from 2020-2022, rates of violent crime in Jersey City showed a steep decline. Additional details on JCMC's activities, accomplishments, and impact since 2022 can be found in 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 JCMC 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 JCMC CHNA aims to gain a greater understanding of the issues that Hudson County community residents face, how those issues are currently being addressed, and where there are gaps and opportunities to address these issues in the future. This report presents findings from the 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 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. The JCMC's focus area includes nine municipalities in Hudson County (Bayonne, Guttenberg, Hoboken, Jersey City, North Bergen, Secaucus, Union City, Weehawken, West New York). The JCMC focus area includes the following zip codes: 07002, 07030, 07047, 07086, 07087, 07093, 07094, 07302, 07304, 07305, 07306, 07307, 07310. (Figure 1).

Figure 1. Jersey City Medical Center CHNA Focus Area Map, 2025
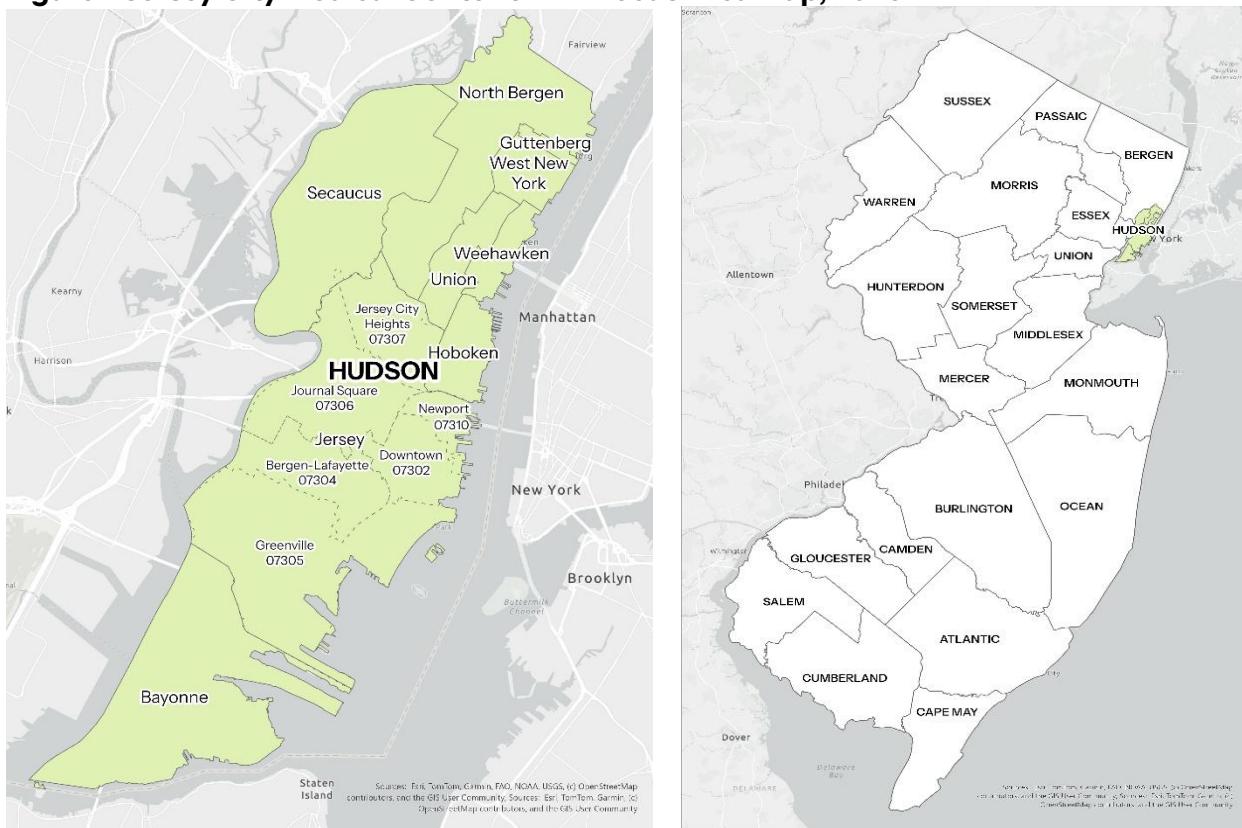
DATA SOURCE: NJ Office of Information Technology, Office of GIS (NJOGIS), 2023

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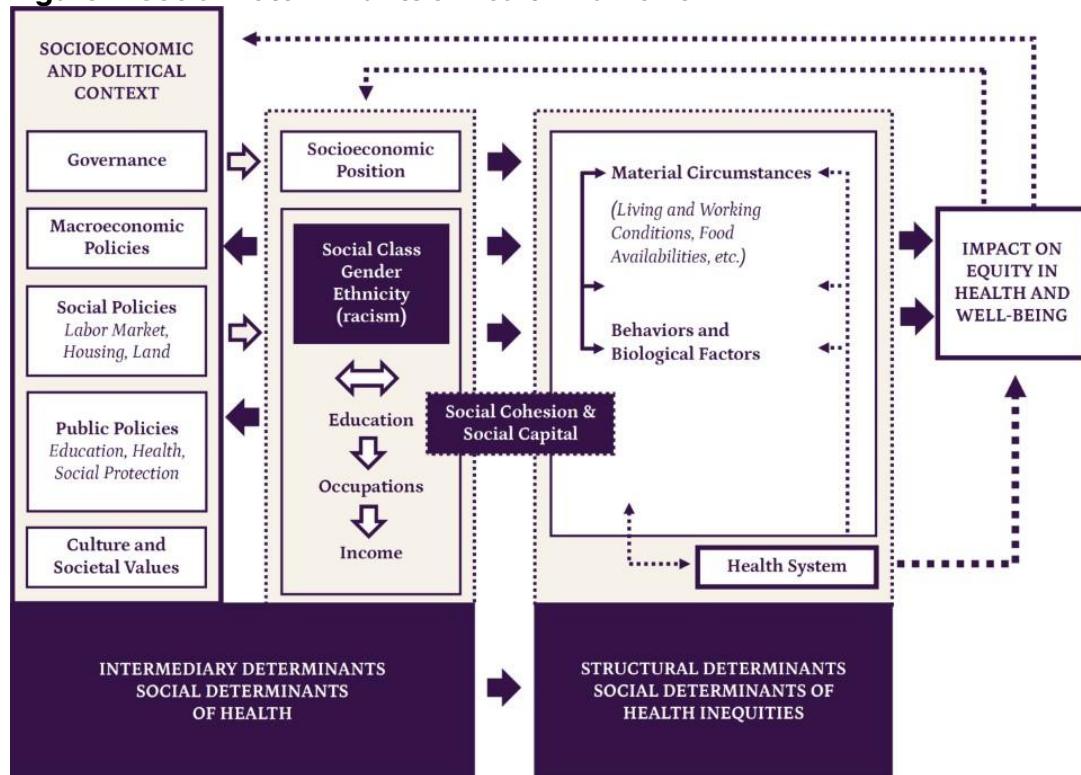
DATA SOURCE: World Health Organization, Commission on the Social Determinants of Health, A Conceptual Framework for Action on the Social Determinants of Health, 2010.

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 the health-related social factors on health through screening and referrals to social and community-based services.[38]

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 the Hudson County population overall, as well as areas of need for specific subpopulations. 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 Jersey City Medical Center 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 planning process, including priority areas. A list of the RWJBH staff engaged can be found in the Acknowledgments section.

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

In early 2024, RWJBH staff made recommendations on the community health resident survey content to be changed or removed from an older version of the survey. They then reviewed and provided feedback on the revised 2024 survey, which was administered in the Spring and Summer 2024. RWJBH staff also provided feedback on 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 JCMC leads, keeping them abreast of progress. JCMC 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.

JCMC Advisory Committee Engagement
A CHNA Advisory Committee was constituted to guide the process. The Advisory Committee included over 70 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 areas. 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 24th, 2025, and was attended by 38 participants, including representatives from the JCMC CHNA Advisory Committee as well as additional hospital leadership and members of other key 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 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 and surveys, both online and in person. By engaging the community through multiple methods and in multiple 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 traditionally medically underserved groups, 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 JCMC PSA were provided by the hospital and prepared by the RWJBH system data team. The cancer appendix 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 fall 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 are 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 eight group key informant interview discussions were completed with 33 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: youth, health leaders, violence prevention professionals, faith community leaders, food access, LGBTQ+ communities, housing, and immigrant communities. See Appendix A: Organizations Represented in Key Informant Interviewees 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 21 community residents participated in two virtual focus groups on Zoom. The first focus group engaged four JCMC patients with a chronic health condition. This focus group was a 90-minute semi-structured conversation and aimed to delve deeply into the community's needs, strengths, and opportunities for the future and to gather feedback on priorities for action. The second focus group was a 60-minute semi-structured discussion conducted with the JCMC Health Equity Advisory Committee. This focus group engaged 17 of Advisory Committee members who are in direct contact with Hudson County residents in their role as health care providers, hospital administrators, leaders, and community residents themselves. This conversation aimed to determine perceptions of the strengths and needs of the Hudson County community, with a specific focus on populations most impacted by health disparities and on sectors that have been highlighted as high priority in conversations with other residents. 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 Hudson County, partners disseminated the survey link and the hardcopy version at in-person events and in organizations throughout the county.

The sample presented here is based on 1,333 responses from Hudson County received through August 2024. Table 1 provides the sociodemographic characteristics of Hudson 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 Hudson County Survey Respondents (N=1333)

Age (n=1189)		Income (n=572)	
18 to 24	4.2%	Less than $10,000	8.4%
25 to 44	34.1%	$10,000 to $14,999	5.2%
45 to 64	39.4%	$15,000 to $24,999	6.6%
65+	22.4%	$25,000 to $34,999	6.8%
Gender (n=908)		$35,000 to $49,999	11.2%
Woman	69.6%	$50,000 to $74,999	20.5%
Man	29.2%	$75,000 to $99,999	11.7%
Transgender woman	*	$100,000 to $149,999	14.7%
Transgender man	*	$150,000 to $199,999	6.5%
Non-binary/gender queer (neither exclusively male or female)	*	$200,000 or more	8.4%
Agender/I don't identify with any gender	*	Race/Ethnicity (n=1267)	
Additional gender category	*	Asian	16.7%
Marital Status (n=665)		Black/African American	23.5%
Married	46.0%	Hispanic/Latino	35.4%
Single	12.8%	Middle Eastern/North African	2.1%
Separated/divorced/widowed	34.9%	Native American	0.8%
Domestic partnership/civil union/living together	6.3%	Native Hawaiian or other Pacific Islander	*
Education among people who are 25 years old and older (collapsed) (n=1060)		White/Caucasian	25.8%
Less than high school	2.7%	Other Race/Ethnicities	4.0%
Some high school	3.6%	Sexual Orientation (n=843)	
High school graduate or GED	17.2%	Straight or heterosexual	85.4%
Some college	14.9%	Gay or lesbian	10.1%
Associate or technical degree/certification	14.2%	Bisexual, pansexual, or queer	3.4%
College graduate	26.0%	Asexual	*
Post graduate or professional degree	21.4%	Additional category	*

DATA SOURCE: 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.

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 are asked in a multiple-choice question that allows 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 (*) is 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 by 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 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 Hudson County residents. For example, 69.6% of the sample identified as women, compared to 50.1% 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 Hudson 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 others) 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 Hudson 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 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 Approach and Community Engagement Process 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 are 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 in the federal government 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 federal policies 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

The Jersey City Medical Center (JCMC) serves a county population of 710,478 (Table 2). The smallest municipalities by population are Guttenberg (11,638 residents) and Jersey City (07310, Newport) (14,577 residents), and largest is Jersey City overall (289,691 residents). Then looking by town and zip code within Jersey City and throughout the service area, the largest populations are in Jersey City (07302, Greenville) (71,643 residents) and Bayonne (70,468 residents). The overall population in Hudson County grew by 6.3% between 2014-2018 and 2019-2023, with Jersey City (07302, Downtown) (26.7%) and Weehawken (18.3%) experiencing the greatest increase. Additional population tables can be found in Appendix E. Additional Data Tables and Graphs

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%
Hudson County	668,631	710,478	6.3%
Bayonne	65,300	70,468	7.9%
Guttenberg	11,436	11,638	1.8%
Hoboken	53,211	58,340	9.6%
Jersey City	261,746	289,691	10.7%
Jersey City (07302, Downtown)	43,770	55,448	26.7%
Jersey City (07304, Bergen-Lafayette)	44,233	49,260	11.4%
Jersey City (07305, Greenville)	64,535	71,643	11.0%
Jersey City (07306, Journal Square)	52,945	54,567	3.1%
Jersey City (07307, Jersey City Heights)	43,055	42,242	-1.9%
Jersey City (07310, Newport)	12,682	14,577	14.9%
North Bergen	61,970	61,202	-1.2%
Secaucus	19,390	21,437	10.6%
Union City	68,362	66,375	-2.9%
Weehawken	14,327	16,946	18.3%
West New York	52,477	51,683	-1.5%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2014-2018 & 2019-2023

The age distribution of Hudson County in 2019-2023 was similar to that of New Jersey overall (Figure 3), with the main difference being a higher percentage of adults ages 25-44 (37.2%) compared to the state (26.1%). Age distribution data by town can be found in Appendix E.

Figure 3. Age Distribution, by State, County, and Town, 2019-2023
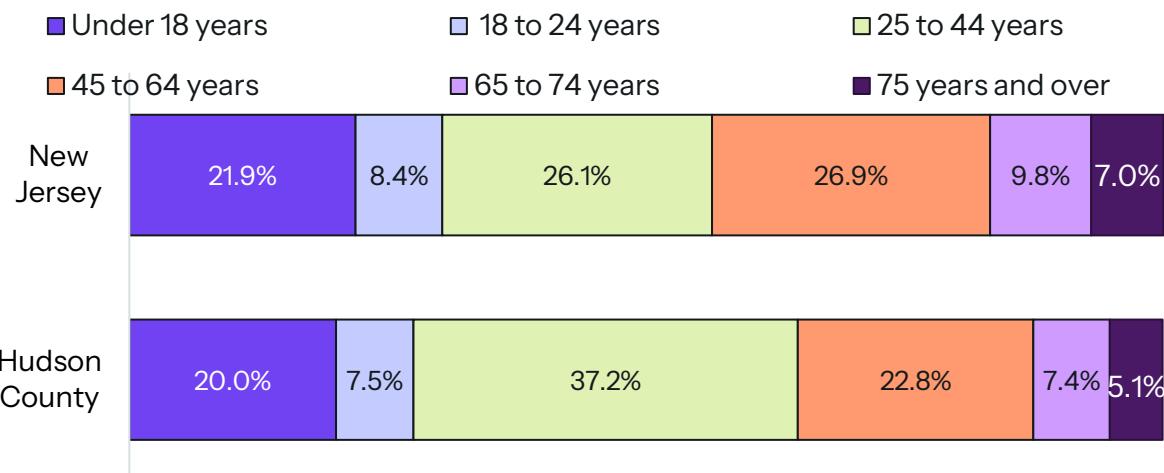
Legend:
- Under 18 years
- 18 to 24 years
- 25 to 44 years
- 45 to 64 years
- 65 to 74 years
- 75 years and over

	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%
Hudson County	20.0%	7.5%	37.2%	22.8%	7.4%	5.1%

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
Hudson County communities are racially and ethnically diverse. In focus groups and interviews, diversity and a welcoming environment for different cultures was one of the most frequently mentioned strengths for Hudson County. A key informant interviewee elaborated, *"Being such a diverse city is amazing. You see a lot of bringing people together and learning about different cultures."* Secondary data corroborate the sentiments expressed by participants; data show that Hudson County is more diverse than New Jersey overall (Table 3). Hudson County has a greater proportion of residents who identify as Latino (40.7%) and Asian (16.5%) than the state (21.9% and 9.9%, respectively). In Hudson County, Latino residents are the largest population, with 2 in 5 Hudson County residents identify as Latino. Yet, even with this diversity, there is great variation between municipalities. For example, in the towns of West New York (76.3%) and Union City (81.6%) more than 3 out of 4 residents identify as Latino, whereas in Jersey City (07310, Newport) (56.7%) and Jersey City (07306, Journal Square) (33.3%) Asian residents make up the largest racial/ethnic group. In Jersey City (07305, Greenville) (42.2%) and Jersey City (07304, Bergen-Lafayette) (35.4%) residents identifying as Black or African American made up a larger percentage of the population than other racial/ethnic groups.

Table 3. Racial 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/ Pacific Islander, non-Hispanic	White, non-Hispanic
New Jersey	0.5%	9.9%	13.0%	21.9%	0.0%	56.9%
Hudson County	0.9%	16.5%	12.2%	40.7%	0.0%	37.0%
Bayonne	0.5%	10.3%	11.7%	31.3%	0.0%	51.5%
Guttenberg	0.8%	7.3%	4.1%	69.0%	0.0%	43.4%
Hoboken	0.1%	13.3%	4.5%	13.8%	0.0%	69.1%
Jersey City	0.7%	25.8%	21.5%	25.7%	0.0%	28.7%
Jersey City (07302, Downtown)	0.3%	33.7%	7.4%	15.2%	0.0%	43.3%
Jersey City (07304, Bergen-Lafayette)	0.4%	13.7%	35.4%	28.2%	0.0%	24.3%
Jersey City (07305, Greenville)	0.7%	16.1%	42.2%	27.5%	0.0%	16.3%
Jersey City (07306, Journal Square)	1.5%	33.3%	13.1%	24.6%	0.0%	29.8%
Jersey City (07307, Jersey City Heights)	0.8%	24.2%	6.0%	41.5%	0.0%	35.1%
Jersey City (07310, Newport)	1.0%	56.7%	4.7%	8.1%	0.0%	27.4%
North Bergen	1.2%	6.7%	4.2%	68.6%	0.0%	34.8%
Secaucus	1.0%	34.5%	6.3%	19.3%	0.0%	40.7%
Union City	1.7%	4.0%	4.7%	81.6%	0.1%	25.8%
Weehawken	0.2%	16.2%	4.7%	36.0%	0.0%	52.4%
West New York	2.1%	7.6%	3.1%	76.3%	0.0%	32.2%

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

Foreign-Born Population
Given the diversity of Hudson County, many participants discussed their experiences providing services to foreign-born residents in their community and shared insights into the unique needs of these communities. Participants explained that many foreign-born residents have a variety of needs, from support accessing education and housing to difficulty obtaining medical and mental health care. Support navigating immigration systems in the United States (e.g., visas, health insurance, identification) and trauma informed physical and mental healthcare were frequently mentioned as key needs for these communities. Despite the difficult situations experienced by many immigrant communities, participants often commented on the immense strength and resilience of these residents, and on the supportive and welcoming atmosphere in Hudson County.

> *"Most of the people I work with have been here for a while. Occasionally I'll get someone-either male or female-who arrived recently who have gone through very horrific experiences. Those are people you have to treat very gently and keep connecting them."*
> – Key Informant Interviewee

Unfortunately, some participants also shared their concerns with being able to stay connected with these communities to provide resources, as many are experiencing fear and withdrawal in the wake of the new administration's immigration policies and the presence of Immigration and Customs Enforcement (ICE) staff in communities. For additional information on this topic, see Systemic Racism and Discrimination in this report.

In sum, participants highlighted that immigration status is a core factor that can impact all aspects of someone's life whether it is access to healthcare, social services, employment opportunities, and financial stability. They also emphasized the impact of the current political environment on the well-being of some of immigrant communities. Multiple participants described a noticeable decrease in immigrant communities accessing healthcare and other social services due to a heightened level of stress and fear of deportation.

Quantitative data show that almost two in five Hudson County residents are foreign-born (42.6%), with large differences across municipalities (Figure 4). Jersey City (07310, Newport) (61.2%) and West New York (58.0%) had the highest proportion of foreign-born residents, while Hoboken (19.1%) and Bayonne (30.5%) had the lowest proportion of foreign-born residents. The proportion of foreign-born residents in Hudson County decreased by 0.2% between 2014-2018 and 2019-2023, with Secaucus (7.5%) and Guttenberg (4.9%) experiencing the largest growth and Jersey City (07306, Journal Square) the largest decline (-4.8%) (See Table 25in the Appendix for percentage change in foreign-born population state, county, and town). Immigrants from Hudson County come primarily from India, the Dominican Republic, Ecuador, Cuba, and Colombia (Table 4).

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

Location	Percent
New Jersey	23.5%
Hudson County	42.6%
Bayonne	30.5%
Guttenberg	56.3%
Hoboken	19.1%
Jersey City	41.2%
Jersey City (07302, Downtown)	39.6%
Jersey City (07304, Bergen-Lafayette)	36.3%
Jersey City (07305, Greenville)	33.0%
Jersey City (07306, Journal Square)	51.2%
Jersey City (07307, Jersey City Heights)	43.0%
Jersey City (07310, Newport)	61.2%
North Bergen	50.3%
Secaucus	42.9%
Union City	55.2%
Weehawken	40.1%
West New York	58.0%

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

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

New Jersey	Hudson County
India (12.6%)	India (13.2%)
Dominican Republic (9.7%)	Dominican Republic (12.1%)
Mexico (4.8%)	Ecuador (6.5%)
Ecuador (4.6%)	Cuba (6.4%)
Colombia (4.4%)	Colombia (5.3%)

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.

Language Diversity

More than one half (56.7%) of residents ages 5+ in Hudson County speak a language other than English at home (Figure 5). In Union City (81.9%), Guttenberg (79.7%), and West New York (77.6%), more than three out of every four residents spoke a language other than English at home. In contrast, a far smaller proportion of Hoboken residents (25.7%) speak languages other than English at home.

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

Location	Percent
New Jersey	32.7%
Hudson County	56.7%
Bayonne	42.4%
Guttenberg	79.7%
Hoboken	25.7%
Jersey City	50.9%
Jersey City (07302, Downtown)	44.9%
Jersey City (07304, Bergen-Lafayette)	48.1%
Jersey City (07305, Greenville)	41.6%
Jersey City (07306, Journal Square)	62.1%
Jersey City (07307, Jersey City Heights)	59.0%
Jersey City (07310, Newport)	61.4%
North Bergen	73.4%
Secaucus	52.1%
Union City	81.9%
Weehawken	50.4%
West New York	77.6%
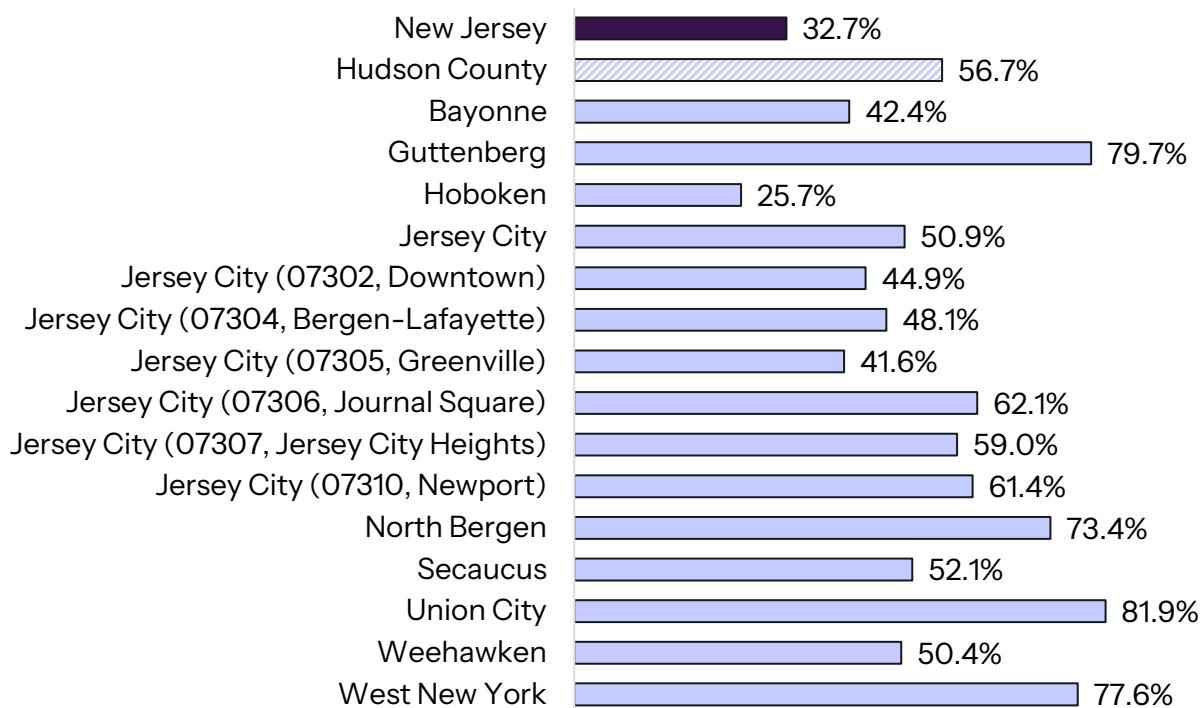
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023

Spanish is the most common language other than English spoken in Hudson County (33.8%) (Table 5). Geographic differences exist, though in most town Spanish remained the most common language spoken beyond English. In Union City, 74.4% of residents speak Spanish, followed by 67.9% of residents in Guttenberg and 67.2% of residents in West New York. In Jersey City (07310, Newport), Secaucus, and Jersey City (07302, Downtown), other Indo-European languages were the most common other than English (26.6%, 19.9%, and 14.1%, respectively). Interviewees and focus group participants commented that language is a barrier to accessing healthcare and other services in their communities. As one interviewee in the health sector explained, "*One of the barriers we see is the language barrier impacting families- being able to fill out forms, or doing phone calls, or just representing themselves and their children*" However, many interviewees explained that they have intentionally tailored their services to incorporate cultural humility and to be linguistically diverse. For example, one interviewee shared, *"We primarily work in areas where there are a large number of Hispanics in the community, and we tailor our services to be able to meet their needs connected to us being both linguistically and culturally competent...we try to meet that need recognizing that strength from the community."*

Table 5. Top 5 Languages Other than English Spoken at Home, by State, County, and Town, 2019–2023

	Spanish	Other Indo-European languages	Chinese (incl. Mandarin, Cantonese)	Other Asian and Pacific Island languages	French, Haitian, or Cajun
New Jersey	17.0%	5.5%	1.4%	1.6%	1.1%
Hudson County	33.8%	8.2%	2.7%	1.7%	1.0%
Bayonne	19.8%	4.3%	0.9%	1.0%	0.5%
Guttenberg	67.9%	3.1%	1.7%	1.0%	0.4%
Hoboken	9.7%	4.9%	3.3%	1.1%	1.1%
Jersey City	19.6%	11.3%	3.8%	2.2%	1.3%
Jersey City (07302, Downtown)	9.7%	14.1%	9.2%	2.5%	1.5%
Jersey City (07304, Bergen-Lafayette)	22.5%	4.0%	0.6%	0.6%	1.9%
Jersey City (07305, Greenville)	20.8%	2.7%	1.2%	0.8%	1.6%
Jersey City (07306, Journal Square)	20.3%	18.0%	2.1%	3.5%	0.9%
Jersey City (07307, Jersey City Heights)	31.7%	15.8%	1.1%	3.7%	0.9%
Jersey City (07310, Newport)	4.9%	26.6%	21.0%	3.4%	0.3%
North Bergen	61.0%	3.7%	0.8%	0.6%	0.8%
Secaucus	14.8%	19.9%	3.7%	5.5%	0.7%
Union City	74.4%	2.0%	0.8%	0.6%	1.0%
Weehawken	28.7%	4.1%	5.1%	2.4%	2.3%
West New York	67.2%	2.2%	1.9%	1.5%	0.5%

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 appreciated that Hudson County, particularly in Jersey City, has good transportation available, a strong network of support services available, and that there is good access to medical facilities and providers. As one interviewee summarized, "*We have great transportation, access to a lot of things pretty easily, and we do have a lot of rich services available for the folks that we serve, and a lot of community support organizations do exist.*"

Many residents also highlighted racial and ethnic diversity and a local culture of acceptance in the community as a key strength. One interviewee shared, "*I was born and raised in Hudson County and have been a member of the LGBT community for as long as I can remember… We went from a community where this was not spoken about often, wasn't accepted, like the majority of the country. It [Hudson County] truly is a remarkable place to be when you're in this community. You feel safe. You feel like you're at home.*"

A sense of community, neighborliness, and kindness was also noted by both focus group and interview participants. This encompassed friendly interactions with neighbors, community events, and a willingness to volunteer, donate, and support community programs and initiatives. Community survey respondents also emphasized several positive aspects of their community. The strengths identified by the greatest proportion of respondents were it would be easy to take public transportation to get where they needed to go day-to-day (68.1%), their community has transportation services for seniors and people with disabilities (67.9%), and there are places for everyone to socialize (62.4%) (Figure 6).

> "*A lot of rich services [are] available for those we serve. A community of people who are willing to step in, volunteer work. An engaged and active, diverse community and its one of the strengths of Hudson County.*"
> -Key Informant Interviewee

Figure 6. Community Characteristics Rated by Level of Agreement by Hudson County Survey Respondents, 2024

☐ Strongly Disagree/ Disagree   ☐ Neither Agree or Disagree   ☐ Strongly Agree/ Agree

It would be easy for me to take public transportation to get to where I needed to go day-to-day (e.g., work, supermarket, doctor appointments, etc.).	16.3%	15.6%	68.1%
My community has transportation services for seniors and those with disabilities (e.g., to take to supermarket, shopping centers, etc.)	13.4%	18.8%	67.9%
My community has places for everyone to socialize (e.g., library, churches, mosques, local clubs, senior meetings).	15.5%	22.2%	62.4%
My community has safe outdoor places to walk and play.	22.0%	22.0%	56.0%
If I needed help in feeding myself or my family, I would know which services to go to for help (e.g., food bank, food pantry, etc.).	25.0%	24.4%	50.6%

DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: The number of respondents ranged from n=659 to n=784 for the shown questions.

Responses to survey questions about community characteristics varied by race/ethnicity. For example, as can be observed in Figure 7, White and Asian respondents were more likely than Black and Latino respondents to agree or strongly agree that their community was a good place to raise a family. Notably, only about one third of Black respondents (34.4%) agreed with this statement.

Figure 7. Percent of Hudson County Survey Respondents Who Agreed/Strongly Agreed with the Statement "*My community is a good place to raise a family*," by Race/Ethnicity, (n=659), 2024
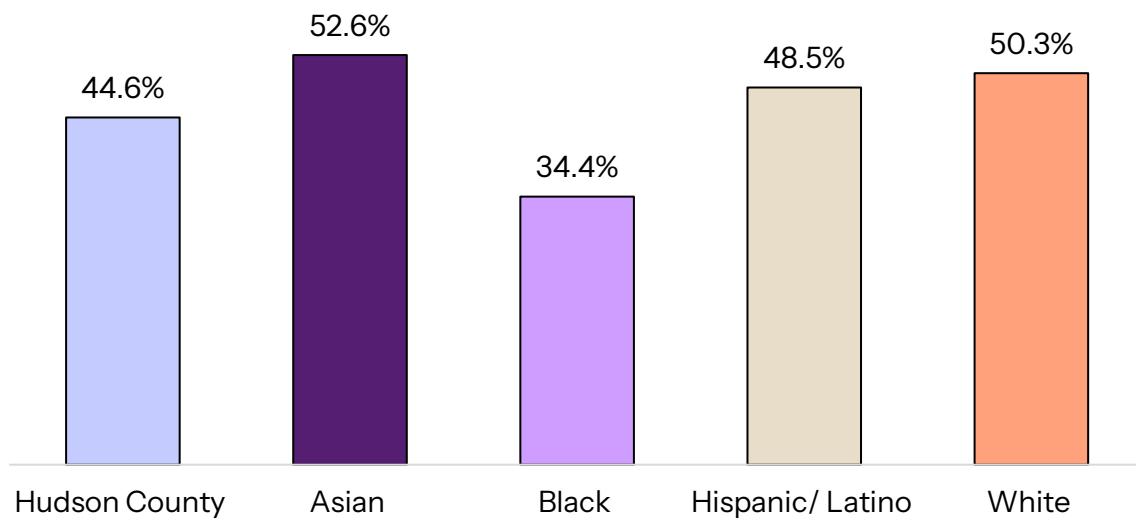
DATA SOURCE: Community Health Needs Assessment Survey, 2024

Most interviewees valued and emphasized the high level of collaboration and partnership across the different sectors and institutions that serve Hudson County residents, with many describing a wide variety of programs and referral networks. One key informant described, *"Everybody works together to get the services to the clients that need to be received… Even if there's competition, it's not a fierce competition. Let me put it that way, because at the end of the day, it is business but it's not this backbiting kind of feeling."* Other interviewees described recent initiatives, for example:

- A partnership between JCMC, the Clinton Foundation, and Faith-Based organizations to address the fentanyl crisis.
- Partnerships between healthcare providers and local universities to provide services to students.
- Partnerships between immigrant serving organizations and Hoboken Family Planning to provide family planning supports and cancer screenings to immigrant communities.
- Partnerships between faith-based organizations, the Jersey City Economic Development Corporation, banks, local retail, and Jersey City Together, with activities ranging from making donations to supporting property tax appeals.

The wealth of resources available in Hudson County is visually presented in the map below. There are six acute care hospitals, as well as 180 schools and 378 childcare centers in Hudson County (Figure 8). More information on assets in New Jersey can be found in Figure 91 in Appendix E. Additional Data Tables and Graphs.

Figure 8. Asset Map, by County and Town, 2024
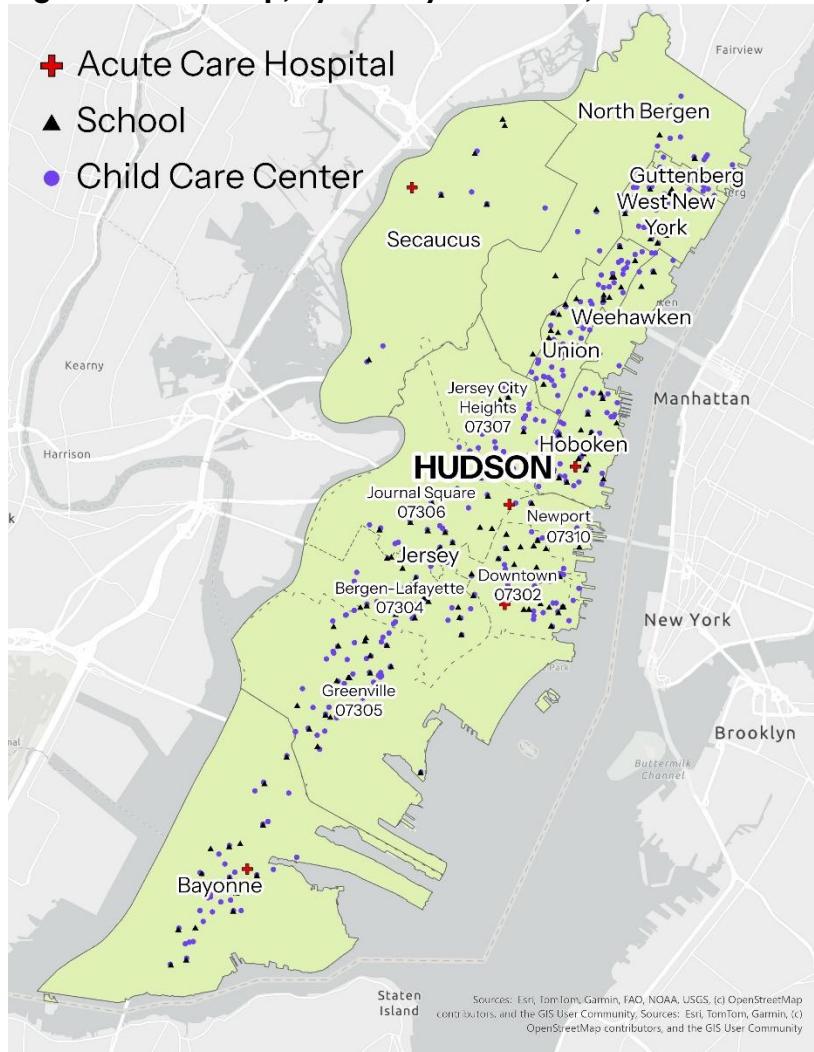
DATA SOURCE: NJ Department of Environmental Protection Bureau of GIS, Schools and Child Care Centers and Acute Care Hospitals, 2024

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

> *"In my programs we have opportunities to provide enrichment, keeping them [students] busy, free summer programs, helping them be successful and busy in a healthy, safe way."*
> – Key Informant Interviewee

varied by public school district. Several school districts in Hudson County, such as Hudson County Schools of Technology School District (98.5%) and Weehawken Public School District (98.0%) outperformed New Jersey as a whole. However, Jersey City Public Schools (80.1%) experienced a lower graduation rate than other municipalities and had a rate that was

lower than 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, Black students in the Union City School District had the lowest graduation rate, 68.8%, for any race/ethnicity group across all the school districts. More information on educational attainment in Hudson County can be found in Table 27 and Table 28 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	Hispanic	White
New Jersey	91.1%	96.7%	86.7%	85.8%	95.0%
Bayonne School District	87.3%	100.0%	82.1%	82.0%	92.3%
Hoboken Public School District	92.7%	*	84.2%	93.2%	96.3%
Hudson County Schools of Technology School District	98.5%	98.4%	98.0%	97.8%	100.0%
Jersey City Public Schools	80.1%	90.8%	75.5%	78.4%	84.7%
North Bergen School District	81.6%	88.9%	*	81.3%	83.0%
Secaucus School District	95.5%	96.9%	*	94.0%	96.0%
Union City School District	92.1%	100.0%	68.8%	92.7%	76.9%
Weehawken Public School District	98.0%	*	*	96.3%	100.0%
West New York School District	82.7%	*	*	82.4%	81.8%

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

Interview participants for this CHNA noted a multitude of programs for students that are designed to meet the needs of diverse populations within and beyond schools and universities. Some of these programs involved connecting youth to information and education (e.g., STEM, workforce development), keeping youth engaged in summer months with free enrichment programs, increasing youth access to healthy food (e.g., creating an on-site food bank for students), and providing free health and wellness programming (e.g., counseling, therapy dogs).

However, interviewees also mentioned that schools, universities, and youth programs had insufficient resources to meet the needs of the student population, including those of students with unique challenges such as students with disabilities and international students. While a multitude of programs were described, it was often noted that these programs were dependent on grant funding to keep services free or minimal cost for students. Furthermore, an ongoing need for more out-of-school programs for youth was also frequently mentioned, though funding and budget cuts were a notable barrier. Overall, the top concerns raised by

interviewees focused on students' access to affordable and healthy food, access to healthcare and behavioral health services, improving youth safety, and access to out-of-school programming.

In order to support students' physical and mental health, interviewees described designing school-based programs to provide healthy food options to students. The need for free or reduced cost vaccines, wellness care, and women's health, particularly for underinsured, out of state, and international students, was discussed by multiple interviewees across several sectors.

Increasing mental and behavioral health needs were also discussed at length by interviewees. Grant funded, low-cost programs are currently available in some institutions, but the overall need appears to exceed the available resources. As one interviewee explained, "*It's a growing concern. We get contacted every day by a school district wanting to partner with us. On staff, we only have two child psychiatrists and one psychologist, so we don't have the manpower to see all of them.*" Certain factors were outlined by interviewees as possibly contributing to the increasing mental health needs among youth, such bullying, social media, pressures related to academic performance, and troubles with emotional regulation and social skills. Participants felt that limited access to physical and behavioral health services may be a barrier to education and overall wellbeing, but noted that challenges such as immunization records, insurance eligibility, long wait times, and licensure requirements are prevalent. For additional information about behavioral health needs among youth, see Mental Health.

> "*In the youth program last summer, youth expressed being bullied and having eating problems as a result. Bullying has evolved – it persists, it goes online, it now even uses AI.*"
>
> – Key Informant Interviewee

Employment and Workforce

Employment can confer income, benefits, and economic stability – factors that promote health. These sentiments were often echoed by interviewees, who frequently described connections between employment opportunities and residents' ability to access housing, food, insurance, and other necessities. Challenges impacting employers, such as increasing costs and funding instability, and the impact of advancing technology, were both identified as factors contributing to reduced employment opportunities. One interviewee explained, "*In general, the cost of each employee is also killing us from health insurance perspective and things like the cost of everything goes up, which is across the board, meaning supplies, health insurance, all the other things that we need to run an organization and with less funding that's a big barrier and tough to come back from.*" Furthermore, residents explained that many individuals need to work multiple jobs due to low wages, and that there is a trend of employers

> "*You see a lot of workplaces scaling back. They're not necessarily terminating them but making them part-time so that they could decrease their health benefit costs, so now they're without insurance... but they still have a job so they kind of don't fit that Medicaid level.*"
>
> – Key Informant Interviewee

reducing hours for staff as a means of cutting costs. Some members of the community are also facing additional challenges, such as youth, justice involved individuals, and immigrants. One interviewee described challenges faced by the immigrant community, "*A lot of people are losing their work authorization – we're in the very much grey area and there's paperwork and not having the ability to renew their paperwork*."

Some interviewees also described challenges with recruiting and retaining staff, particularly specialized healthcare providers. Employers explained that they are having difficulties attracting and recruiting talent due to competing opportunities in other nearby metro areas, which is further exacerbated by the rising cost of living in New Jersey. Individuals working in healthcare settings may also still be recovering from burnout inflicted during the pandemic, which may be driving more of the workforce to seek out remote work options, reduced hours, or transitions into other roles. The impact of these workforce challenges may already be apparent, as many residents described struggles getting timely appointments and difficulty finding appropriate providers for their needs. For additional information, see the Barriers to Accessing Healthcare Services section.

In 2022, 1 in 5 of Hudson County's households were Asset Limited, Income Constrained, Employed (ALICE), meaning that although employed, they did not earn enough to support their families (Figure 9). The percentage of households below the ALICE threshold varied across Hudson County, ranging from 19% in Jersey City (07302, Downtown) and Jersey City (07310, Newport) to 49% in Union. 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

Location	Percent
New Jersey	26%
Hudson County	21%
Bayonne	38%
Guttenberg	41%
Hoboken	20%
Jersey City	35%
Jersey City (07302, Downtown)	19%
Jersey City (07304, Bergen-Lafayette)	46%
Jersey City (07305, Greenville)	41%
Jersey City (07306, Journal Square)	42%
Jersey City (07307, Jersey City Heights)	39%
Jersey City (07310, Newport)	19%
North Bergen	40%
Secaucus	23%
Union City	49%
Weehawken	24%
West New York	43%

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 in 2023 unemployment rates in Hudson County were the same as 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 and are now closer to pre-pandemic levels. Town-level data from the 2019-2023 American Community Survey show that Jersey City (07302, Bergen-Lafayette) and Union City experienced the highest unemployment rates (8.6% and 8.5% respectively), while Jersey City (07310, Newport) and Jersey City (07302, Downtown) experienced the lowest (2.6% and 3.2%, respectively) (Table 7).

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%
Hudson County	6.3%	5.3%	4.6%	4.3%	3.7%	3.2%	10.2%	7.1%	3.8%	4.4%
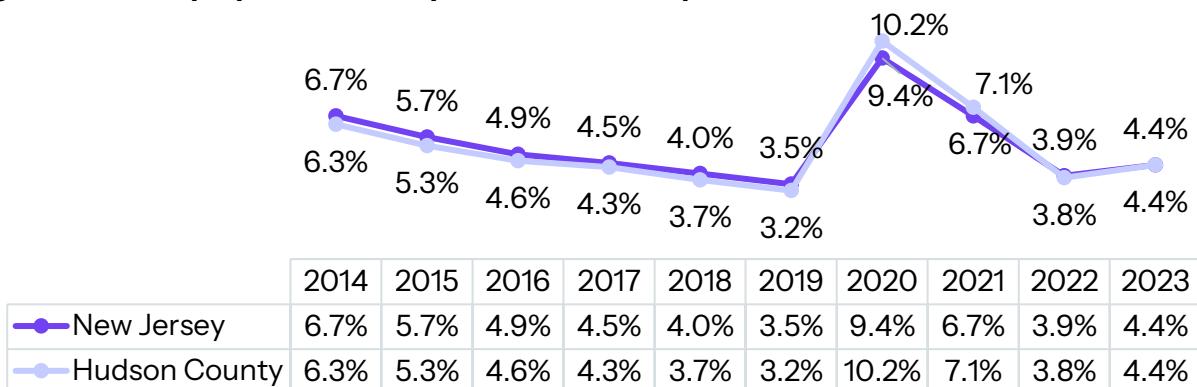
DATA SOURCE: U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics, 2014-2023

Unemployment rates vary by race/ethnicity. Residents who identify as Black had higher unemployment rates (9.0%) than other racial/ethnic groups, while Asian residents had lower unemployment rates (4.7%) (Table 7). The highest unemployment rates were among individuals of 2 or more races in Guttenberg (15.6%) and among Black residents in West New York (14.5%). Unemployment rates by age (Table 29) and by gender (Table 30) can be found in Appendix E. Additional Data Tables and Graphs.

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%	5.3%	7.4%	8.2%
Hudson County	5.9%	4.0%	7.6%	7.4%	4.7%	8.3%	7.2%
Bayonne	5.6%	4.9%	2.7%	7.1%	6.4%	6.0%	5.9%
Guttenberg	6.5%	10.4%	1.5%	7.8%	1.8%	8.8%	15.6%
Hoboken	3.4%	1.9%	1.6%	5.9%	3.7%	5.4%	4.1%
Jersey City	5.8%	3.6%	8.9%	7.2%	5.1%	8.3%	5.3%
Jersey City (07302, Downtown)	3.2%	2.7%	6.1%	3.5%	2.9%	4.5%	4.0%
Jersey City (07304, Bergen-Lafayette)	8.6%	7.8%	8.6%	10.0%	7.0%	10.2%	10.5%
Jersey City (07305, Greenville)	8.1%	3.2%	10.2%	9.4%	8.4%	12.5%	4.3%
Jersey City (07306, Journal Square)	6.0%	4.7%	7.2%	6.8%	6.5%	4.9%	5.0%
Jersey City (07307, Jersey City Heights)	5.0%	2.5%	9.7%	5.8%	5.5%	5.5%	4.0%
Jersey City (07310, Newport)	2.6%	2.8%	0.0%	3.0%	2.6%	11.7%	0.7%
North Bergen	5.7%	5.2%	3.5%	5.7%	4.0%	8.5%	5.8%
Secaucus	6.1%	2.7%	10.1%	10.1%	8.4%	5.1%	6.6%
Union City	8.5%	7.6%	4.4%	9.6%	2.6%	9.9%	14.0%
Weehawken	4.5%	8.0%	3.4%	4.4%	2.8%	5.3%	5.9%
West New York	7.8%	6.8%	14.5%	9.1%	3.0%	11.2%	8.6%

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

Consistent with other data, many survey respondents did not believe that there are good employment opportunities in the area. Overall, less than half (42.3%) of Hudson County respondents agreed that there were job opportunities in their area (Figure 11). Asian (53.3%)

and White (51.6%) respondents were more positive about job opportunities compared to Black (37.1%) and Hispanic/Latino (39.6%) respondents.

Figure 11. Percent of Hudson County Survey Respondents Who Agreed/Strongly Agreed with the Statement "*There are job opportunities in my area*," by Race/Ethnicity, (n=784), 2024

Bar chart showing:
- Hudson County: 43.2%
- Asian: 53.3%
- Black: 37.1%
- Hispanic/ Latino: 39.6%
- White: 51.6%
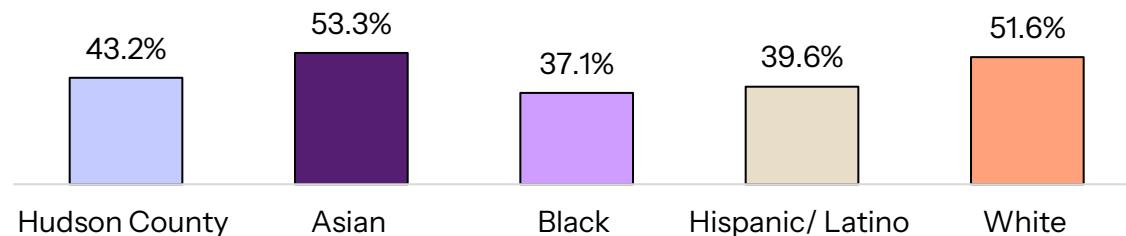
DATA SOURCE: Community Health Needs Assessment Survey, 2024

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.

Income challenges and financial insecurity were discussed in most focus groups and interviews. Economic vulnerability was also described as a contributing factor that further exacerbates other SDOH challenges such as accessing safe housing, healthy food, and healthcare. One focus group participant explained, "*People work and have no peace when they go home. People work and still can't afford food... Salaries are not up to par*." Overall sentiments expressed by residents emphasized rising cost of living (e.g., rent, food) and struggles due to salaries that are stagnant by comparison. One example of this challenge is how limited income impacts access to housing, which often requires applicants to pay large deposits or verify their income meets specific thresholds in relation to rent costs.

Interviewees also explained that as necessities demand a larger portion of residents' income and budgets are strained, there are emerging trends of individuals delaying healthcare services which ultimately results in increased disease severity at the time of diagnosis. Key challenges and barriers related to financial security mentioned by residents primarily included underemployment and low salaries, but high property taxes were also mentioned. Furthermore, while rising costs were described as a challenge affecting all New Jersey residents, there is a disproportionate impact for low-income residents, unhoused residents, youth, and some immigrant communities.

Commensurate with the sentiments shared by focus group and interview participants, there is notable variation in household financial well-being across Hudson County. Data from the 2019-2023 American Community Survey show that the median household income in Hudson County was slightly below that of New Jersey overall over that period. There were differences across communities in Hudson County, where the median household income ranged from $65,369 in Union to $176,943 in Hoboken, nearly a three-fold difference (Table 8).

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

	Median income
New Jersey	$ 101,050
Hudson County	$ 90,032
Bayonne	$ 81,285
Guttenberg	$ 77,636
Hoboken	$ 176,943
Jersey City	$ 94,813
Jersey City (07302, Downtown)	$ 166,854
Jersey City (07304, Bergen-Lafayette)	$ 68,432
Jersey City (07305, Greenville)	$ 77,126
Jersey City (07306, Journal Square)	$ 75,861
Jersey City (07307, Jersey City Heights)	$ 80,745
Jersey City (07310, Newport)	$ 172,946
North Bergen	$ 75,505
Secaucus	$ 134,746
Union City	$ 65,369
Weehawken	$ 122,653
West New York	$ 67,139

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

Data on the concentration of wealth and poverty indicated large disparities. More than one in five of households in Jersey City (07304, Bergen-Lafayette), West New York, and Union City had annual incomes below $25,000; in contrast, nearly half (45.9%) of households in Jersey City (07310, Newport), had incomes greater than $200,000 (Figure 12). Household incomes varied across racial and ethnic groups. Households of Hudson County residents identifying as Black ($65,590), Hispanic or Latino ($64,458) and Additional Race ($62,272) had the lowest median incomes, while those identifying as Asian had the highest median income ($145,519) (see Table 31 in Appendix E. Additional Data Tables and Graphs)

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

Legend: ■ Less than $25k ■ $25k to $49k ■ $50k to $99k ■ $100k to $199k ■ $200k+

Area	Less than $25k	$25k to $49k	$50k to $99k	$100k to $199k	$200k+
New Jersey	11.9%	13.3%	24.3%	29.8%	20.7%
Hudson County	15.6%	13.7%	24.6%	26.5%	19.5%
Bayonne	15.9%	16.1%	29.9%	26.2%	11.8%
Guttenberg	17.2%	18.3%	24.2%	27.3%	13.0%
Hoboken	9.1%	6.8%	11.7%	28.5%	43.8%
Jersey City	16.4%	12.2%	23.2%	26.5%	21.7%
Jersey City (07302, Downtown)	9.1%		13.8%	29.5%	42.3%
Jersey City (07304, Bergen-Lafayette)	22.1%	15.5%	29.7%	22.3%	10.5%
Jersey City (07305, Greenville)	19.7%	14.2%	26.2%	26.7%	13.3%
Jersey City (07306, Journal Square)	19.8%	16.2%	25.5%	26.5%	12.0%
Jersey City (07307, Jersey City Heights)	15.0%	14.2%	28.9%	26.7%	15.2%
Jersey City (07310, Newport)	11.7%	7.1%	13.1%	22.2%	45.9%
North Bergen	18.1%	16.9%	28.1%	27.4%	9.5%
Secaucus	7.5%	7.3%	22.7%	30.0%	32.6%
Union City	20.5%	20.0%	28.8%	22.3%	8.4%
Weehawken	7.9%	8.9%	24.3%	29.3%	29.5%
West New York	21.2%	18.9%	25.6%	23.1%	11.2%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023
NOTE: Data labels under 6.0% are not shown.

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. In 2023, individuals living alone would fall below the federal poverty line at an income level of $13,590, while the federal poverty level for a family of four was $27,750. Figure 13 presents the percentage of residents falling below the poverty line in the state, county, and town. In Hudson County, on average, 14.8% of individuals fell below the poverty line between 2019-2023, but 21.4% in West New York and 21.3% in Union City did so compared to 6.0% in Secaucus. See additional data in Table 31, Table 32, Figure 95 and Figure 96 located in Appendix E. Additional Data Tables and Graphs.

Figure 13. Percent of Individuals Below Poverty Level, by State, County, and Town, 2019–2023

Location	Percent
New Jersey	9.8%
Hudson County	14.8%
Bayonne	14.4%
Guttenberg	13.8%
Hoboken	7.1%
Jersey City	15.6%
Jersey City (07302, Downtown)	7.1%
Jersey City (07304, Bergen-Lafayette)	20.0%
Jersey City (07305, Greenville)	19.2%
Jersey City (07306, Journal Square)	18.8%
Jersey City (07307, Jersey City Heights)	13.5%
Jersey City (07310, Newport)	12.2%
North Bergen	12.9%
Secaucus	6.0%
Union City	21.3%
Weehawken	6.4%
West New York	21.4%
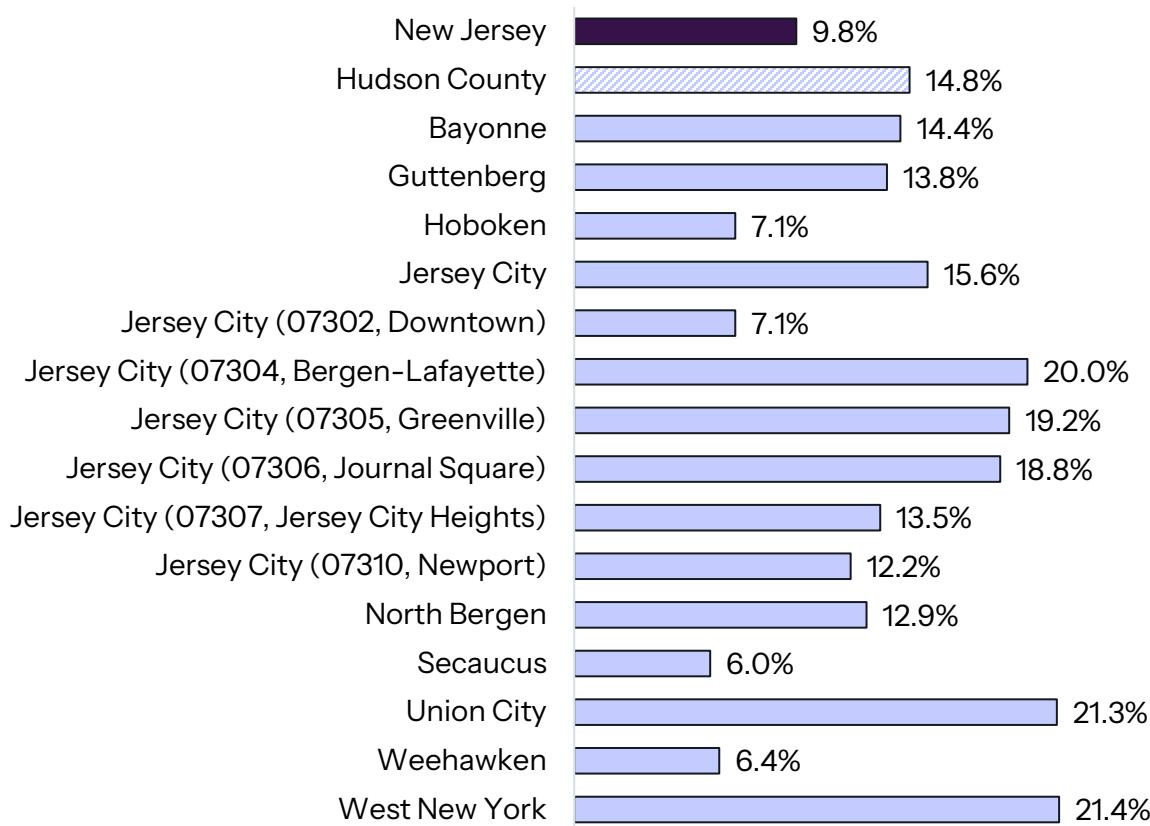
DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019–2023

Only about one in three (30.4%) of survey respondents 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 (44.7%), compared to White (27.1%), Hispanic/Latino (28.7%), and Black (29.7%) respondents.

Figure 14. Percent of Hudson 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=704), 2024

Hudson County	Asian	Black	Hispanic/ Latino	White
30.4%	44.7%	29.7%	28.7%	27.1%
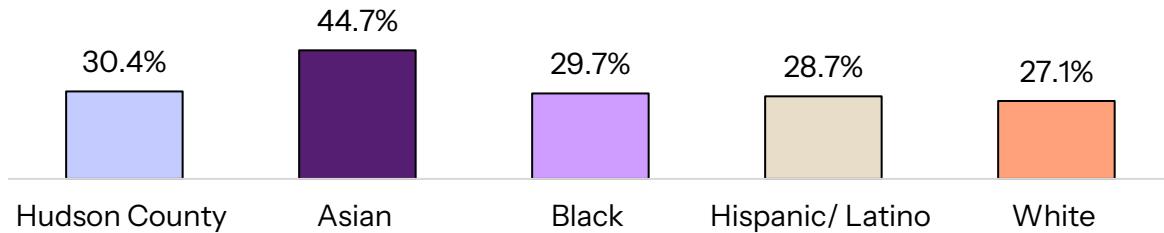
DATA SOURCE: Community Health Needs Assessment Survey, 2024

Food Insecurity and Healthy Eating

Food insecurity—not having reliable access to enough affordable, nutritious food—was a top-of-mind concern among many Hudson County residents. One key strength and notable win for Hudson County was an abundance of food pantries and programs, such as JCMC's Food Pharmacy and the Centra Food Bank of New Jersey, available to residents to increase food access and education. Focus group participants and key informant interviewees were aware of programs available and many were engaged with these programs as recipients of services, partners, or program operators. Based on these experiences, Hudson County residents had positive views about these programs, with one participant explaining, "*The food bank everyone is talking about I go to also and I'm grateful. I went there a few days ago.*"

> "*The food pharmacy we go to has these programs, you can sit down with a nutritionist who will evaluate your blood results with you and go through nutritionally what you can do to help yourself.*"
> – Focus group participant

Despite these wins for the Hudson County community, there are still challenges residents are facing when it comes to food security and healthy eating. Chief among these concerns was escalating food prices, which were noted in the majority of focus groups and interviews. Residents explained that food prices have continued to escalate since the COVID-19 pandemic, which has stressed household budgets and resulted in food budgets, benefits (e.g., SNAP), and programmatic funding not being able to 'stretch' as far as it used to. Furthermore, some residents in Hudson County also face barriers to traveling to purchase food from lower-cost retailers. Particularly for residents in Greenville and Lafayette-Bergen, which were regarded as food deserts, and residents with distance or transportation challenges, many Hudson residents may be forced to choose between foods that are available, foods that are affordable, and foods that are healthy and fresh. It was also noted that these barriers may be more likely to affect some residents in the community, such as older adults, unhoused individuals, and youth, more than the general population.

As noted in Figure 17, there are many households in Hudson County, nearly one in three, that rely on food pantries or other programs to supplement household food. While these programs were highly regarded, there were some challenges that surfaced during discussions. For example, some focus group participants described challenges with the selection of food available, such as unhealthy selections, limited protein options, or limited quantities. As one participant explained, "*There was one bag of fish. That doesn't last a month. They also had chicken legs and it was either-or for the protein, not both. I wish there was more protein available... She handed me one bag of spinach, a small bag, it's great but it won't last me a month either.*" Nutrition and cooking education*, while available through some food programs, was another common barrier discussed in interviews, along with cultural preferences limiting healthy diets. One interviewee shared, "*when we give them whole wheat pasta, sourdough, they turn it down because they are told by their doctor they can't eat that food. Same thing with eggs, you can have these things, we just have to show you how to use it.*" Another interviewee expanded on the challenge of cultural preferences, remarking, "*Our issue is with cultural preferences, we distribute fresh, local, organic food but not everyone is familiar with the food that is seasonal here.*" Stigma and shame were also regarded as barriers to residents' accessing healthy foods through available programs.

Amidst rising food prices and increased usage of food programs, some interviewees operating these programs described additional barriers. Some of these challenges included reduced donations from residents and retailers in the community and logistics challenges (e.g., transportation, refrigeration, certifications). Connections between the central food bank and smaller, local food pantries and programs was also an area identified for future improvement, since these smaller organizations may not have the resources to meet, receive, and

> "*Obtaining that food is getting harder for the agencies. Our access to food through the food bank has been reduced. The amount of food that we're getting from the food banks to serve is reduced, so we're having to purchase more out of pocket with our grant funding, which is also reduced, so for the agencies to provide food is becoming more challenging.* "
> – Key Informant Interviewee

store the minimum number of pounds of food required. One interviewee explained, "*Even if you have good intentions, you're going to run into a wall when you're dealing with state inspections. If people get sick, you're going to have a major problem.*" Beyond logistics, food variety was another common barrier, as one participant illuminated "*[you might] receive 600 bags of grapes and can't distribute them fast enough*." It was also a common theme that many food programs are reliant on grant funding, which raises concerns around future funding and program sustainability.

Consistent with interviewee and focus group perceptions, on average, between 2019-2023, 13.8% of residents in Hudson County received supplementary food assistance (Figure 15). The proportion of households receiving food assistance ranged from 22.8% in Union City to 1.7% in Jersey City (07310, Newport). Food assistance data by race/ethnicity can be seen in Table 33 and the percent of the population who are food insecure by state and county can be seen in Figure 16.

Figure 15. Percent of Households Receiving Food Stamps/SNAP, by State, County, and Town, 2019-2023

Location	Percent
New Jersey	8.8%
Hudson County	13.8%
Bayonne	15.7%
Guttenberg	16.9%
Hoboken	4.7%
Jersey City	14.0%
Jersey City (07302, Downtown)	5.8%
Jersey City (07304, Bergen-Lafayette)	22.3%
Jersey City (07305, Greenville)	19.3%
Jersey City (07306, Journal Square)	16.7%
Jersey City (07307, Jersey City Heights)	12.2%
Jersey City (07310, Newport)	1.7%
North Bergen	16.4%
Secaucus	4.0%
Union City	22.8%
Weehawken	7.7%
West New York	18.0%
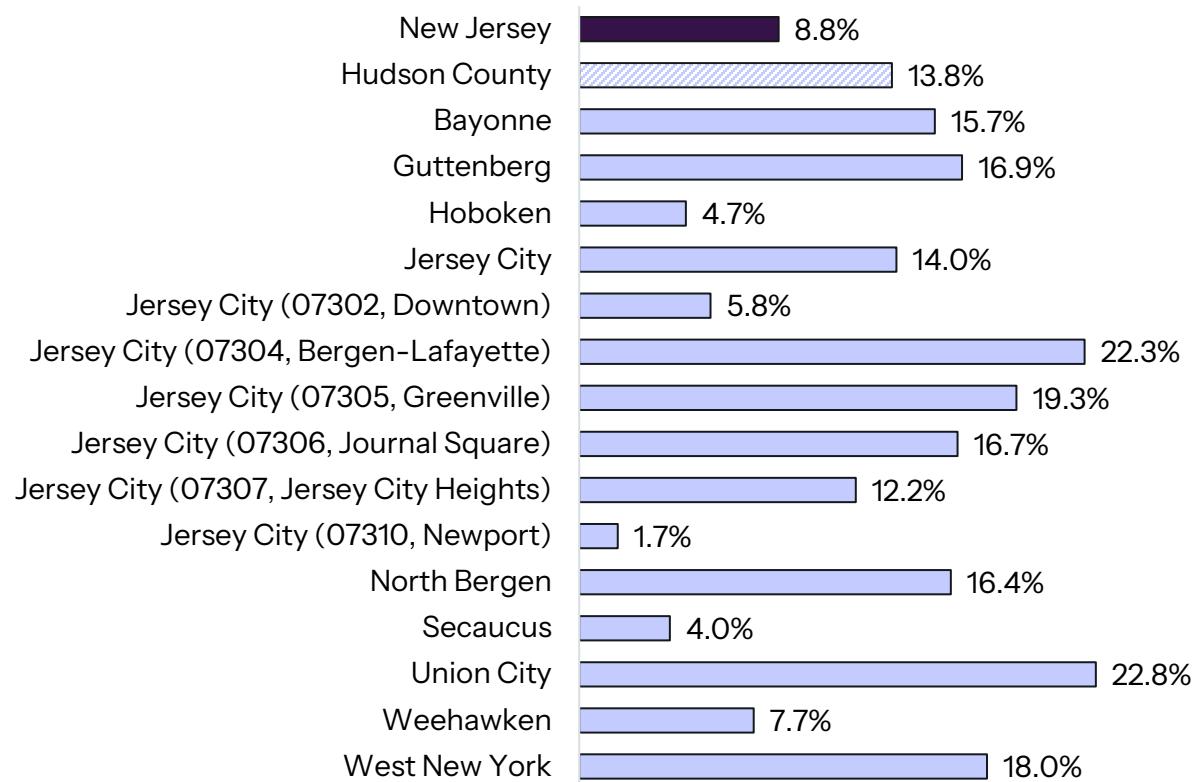
DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023

The NJ Food Insecurity Rate, prepared by the Feeding America, shows the rate of food insecurity in New Jersey and Hudson County from 2020-2023. On average, rates have continued to climb over the years, with rates in Hudson County consistently higher than New Jersey overall. (Figure 16).

Figure 16. Food Insecurity Rate, by State and County, 2020-2023

Legend: ——New Jersey ——Hudson County

Year	New Jersey	Hudson County
2020	7.4%	12.2%
2021	8.8%	11.0%
2022	10.7%	13.0%
2023	11.7%	14.9%
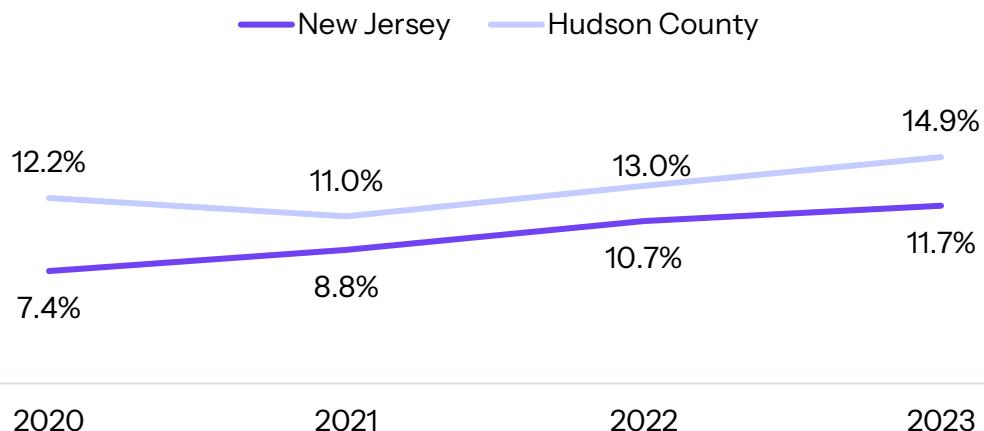
DATA SOURCE: Map the Meal Gap, Feeding America, 2023

Community health survey data further confirm that food security is an issue among respondents in Hudson County. Nearly half (46.1%) 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, 31.7% of respondents relied on food assistance. The situation was more dire for Latino survey respondents; 56.2% of them worried that their food would run out before they had more money to buy more and 52.9% of them noted that the food they bought didn't last and they didn't have money to get more. Black survey respondents also reported concerns about food running out and their ability to buy more at higher rates than Asian and White respondents, and 41.9% of Black survey respondents reported relying on a community supper program, food pantry, or assistance program to supplement household food. It should be noted that, while not a direct comparison, the proportion of survey respondents reporting aspects of food insecurity was higher than that reported in other national sources. For example, Feeding America found that in 2023, 14.9% of Hudson County residents overall, 24% of Latino, and 27% of Black Hudson County residents were food insecure.[39] These differences could be due to differences in sampling or measurement methods, a decrease in people's purchasing power, a lag in available data, or changes in current policies or trends causing an abrupt increase in food insecurity (ex. ending COVID-19 economic relief programs).

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[39] Feeding America, Map the Meal Gap, Food Insecurity in the United States, 2022

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

We worried whether our food would run out before we got money to buy more.
- Hudson County (n=1099): 46.1%
- Asian (n=177): 41.8%
- Black (n=248): 52.4%
- Hispanic/ Latino (n=361): 56.2%
- White (n=275): 32.0%

The food that we bought just didn't last and we didn't have money to get more
- Hudson County (n=1099): 42.2%
- Asian (n=177): 36.7%
- Black (n=248): 48.8%
- Hispanic/ Latino (n=361): 52.9%
- White (n=275): 29.1%

We rely on a community supper program, food pantry or meal assistance program to supplement our household
- Hudson County (n=1099): 31.7%
- Asian (n=177): 28.8%
- Black (n=248): 41.9%
- Hispanic/ Latino (n=361): 38.0%
- White (n=275): 15.3%

DATA SOURCE: Community Health Needs Assessment Survey, 2024

Many schoolchildren purchase lunch at school and/or have lunch provided by the school. Schools should provide an ideal opportunity to promote a healthy diet. Unfortunately, only 36.3% of respondents agreed that the schools in their community offered healthy food choices for children. This proportion was slightly higher among Asian survey respondents (43.2%), but overall, relatively consistent across racial/ethnic groups (Figure 18).

Figure 18. Percent of Hudson County Survey Respondents Who Agreed/Strongly Agreed with the Statement "*Schools in my community offer healthy food choices for children*," by Race/Ethnicity, (n=659), 2024
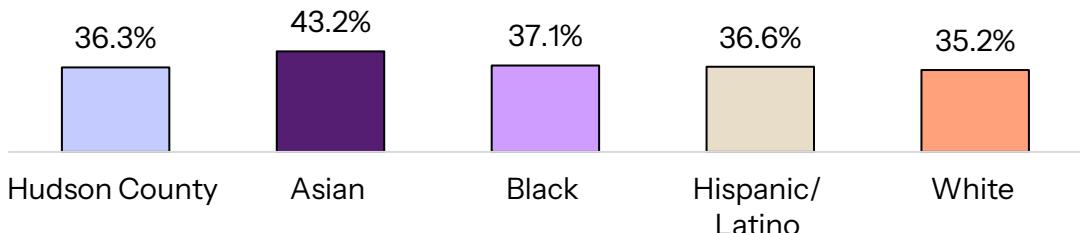
DATA SOURCE: Community Health Needs Assessment Survey, 2024

Food prices (47.6%) and lack of time (32.3%) were the top reasons given by respondents as barriers to maintaining a healthy diet (Table 9). The proportion of respondents indicating that the price of food kept them from a healthy diet was highest among Asian (57.4%) and Hispanic/Latino (50.6%) residents. A lower proportion of residents indicated that knowledge about healthy foods (15.1%) and knowledge on how to buy and prepare healthy foods (10.1%) were barriers.

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

	Hudson County (n=1043)	Asian (n=169)	Black (n=235)	Hispanic/ Latino (n=342)	White (n=264)
1	Price of healthy foods (47.6%)	Price of healthy foods (57.4%)	Price of healthy foods (47.7%)	Price of healthy foods (50.6%)	Price of healthy foods (40.9%)
2	Lack of time to buy or prepare healthy meals (32.2%)	Lack of time to buy or prepare healthy meals (43.2%)	Nothing keeps me from eating healthy foods (32.3%)	Lack of time to buy or prepare healthy meals (33.0%)	Nothing keeps me from eating healthy foods (38.6%)
3	Nothing keeps me from eating healthy foods (32.0%)	Nothing keeps me from eating healthy foods (26.0%)	Lack of time to buy or prepare healthy meals (28.9%)	Nothing keeps me from eating healthy foods (29.8%)	Lack of time to buy or prepare healthy meals (28.8%)
4	Don't always know what foods are part of a healthy diet (15.1%)	Don't always know what foods are part of a healthy diet (14.2%)	Don't always know what foods are part of a healthy diet (19.2%)	Don't always know what foods are part of a healthy diet (17.0%)	Not in the mood for healthy foods (11.7%)
5	Don't know how to buy or prepare healthy foods (10.1%)	Don't like the taste or healthy foods don't fill me up (11.8%)	Don't know how to buy or prepare healthy foods (11.1%)	Don't know how to buy or prepare healthy foods (12.9%)	Don't always know what foods are part of a healthy diet (9.9%)

DATA SOURCE: Community Health Needs Assessment Survey, 2024

Housing

Housing Affordability

Safe and affordable housing is integral to life, health, and well-being. As is true across the nation, affordable housing in Hudson County is scarce. Housing was described as a substantial community challenge in the majority of focus groups and interviews and was also described as a barrier to residents' ability to address chronic health conditions, mental health challenges, and timely violence intervention efforts.

> "My rent is going up. The place I live in, a 2-family home, we cannot move out and the rent is ridiculous… but someone is going to rent it because they can afford it. It gives the landlord the initiative to raise the rent more."
> – Focus group participant

Many participants expressed concerns about the lack of affordable housing in Hudson County, particularly in the context of rent increases and overall housing costs, limited housing availability, and gentrification. Increasing housing costs were described as impacting

communities throughout the state, and residents voiced concerns that landlords are able to increase prices without repercussion because housing demand is high. Long-term residents often expressed challenges paying their current rents and were fearful that rents would increase in the near future. One focus group participant shared that they were recently asked to move after living in their apartment for decades, explaining, "*[I was] told I need to get out of my apartment because things need to be fixed... It's more expensive for a new apartment, my son is disabled, I'm disabled, I can't afford the rent [for a different apartment]*." These challenges, residents explained, were further perpetuated by gentrification. Program administrators explained that new housing developments were being built, but *"not for the people that we serve."* It was also mentioned that landlords are increasing eligibility requirements for apartments, such as a minimum income thresholds and credit checks. These requirements are especially challenging for lower income residents, residents on fixed incomes, and residents who may have struggled with missed rent payments in the past.

Notably, while housing costs have a disproportionate burden on economically vulnerable communities, the impacts of high rents were seen as so widespread they were also thought to be impacting the workforce in various sectors. One interviewee shared, "*You're seeing these enormous rents that people are starting out one bedroom at $2,000 and up, and those salaries today are not making it so it's affecting the work environment. It's affecting the ability to recruit staff*." Further amplifying this sentiment, the connections between various social determinants of health were frequently discussed, with some interviewees describing employment, income, housing, and access to care as a continuum where one item needs to be acquired before the next can be addressed. Additional information about these specific topics can be found in their corresponding sections throughout this report.

Some residents also face unique challenges related to housing. For example, residents who have recently been incarcerated are often in urgent need of housing but many face challenges meeting apartment qualifications (income and employment requirements, credit and background checks, renting history). Similarly, residents that have been victims of crime may require immediate relocation, safe houses, and other support. One interviewee explained, "*the issue of housing for people who are victims of crime, moms who are victims of sexual and domestic violence, they can't return to their homes so it's hard for our workers to find them safe shelters, safe homes, especially for moms with children, that's one of the biggest things we see*." Programs and organizations to support victims of crimes and justice involved individuals are available, such as HUD vouchers, community action agencies, and hospital-based violence interventions, but many programs have long wait lists and difficulty locating appropriate housing even when funds are available.

The needs of unhoused residents and homelessness were also frequently discussed in interviews and focus groups. Some interviewees mentioned that recent changes in the national political landscape have resulted in a reluctance for unhoused individuals to seek supports, such as access to food, healthcare, and mental and behavioral services. One interviewee mentioned, "*We have a couple of unsheltered, homeless encampments that we work with, who used to be more willing to come and get some services and even just have lunch, take a shower at the shelter, and now...They're very fearful to even come out*." Individuals and families living in shelters were also mentioned as a key population in need, particularly in the context of challenges locating emergency short-term housing that is safe and long-term housing that is affordable and sustainable. These residents may also need a

multitude of safety net services, yet there are unique challenges meeting the needs of these residents during a period of transition between one or more temporary living situations.

Some immigrant communities are also facing increased challenges accessing safe and affordable housing, and many are struggling with the same fears and hesitations expressed for the unhoused community. In one example, a participant shared that there are many new residents in their community from Ukraine who are traveling to escape the war. However, these newly arrived immigrants may not have official refugee status and therefore may not be eligible for programs and supports specifically for refugees. Newly arrived immigrants may also be more likely to live in untraditional housing arrangements, such as renting a room in someone's apartment, which can create additional hurdles for these individuals to prove residency or to develop a renter's history.

Participants in focus groups and interviews frequently discussed the multitude of effective programs that provide housing support in Hudson County communities. It was often suggested that these programs could be expanded and scaled as proven methods to help increase affordable housing in the county. These programs included development and expansion of rapid rehousing programs, increasing the number of rent-stabilized buildings, increasing revitalization and renovation projects, and increasing availability of subsidies for housing. However, despite these effective programs and the increasing need for housing, many housing programs are grant funded and there are concerns that proposed funding cuts that may reduce housing efforts in the next federal budget cycle. Furthermore, as housing costs have continued to increase, this has reduced the overall number of individuals and families that existing programs are able to support. One interviewee stated, "*we would have so many dollars for housing assistance, [but] we ran out of those funds sooner than we would have normally run out of those funds because the rents are as high as they are, so perhaps in previous years, we were able to help 500 people and now we're only able to help 200 people.*"

Consistent with focus groups and interviews, less than a quarter (22.3%) of survey respondents in Hudson County agreed that there was sufficient affordable and safe housing in their community (Figure 19). This proportion was higher for Asian respondents (30.9%) and much lower for Black (20.4%) respondents.

Figure 19. Percent of Hudson 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=704), 2024

Hudson County	Asian	Black	Hispanic/Latino	White
22.3%	30.9%	23.0%	20.4%	21.9%
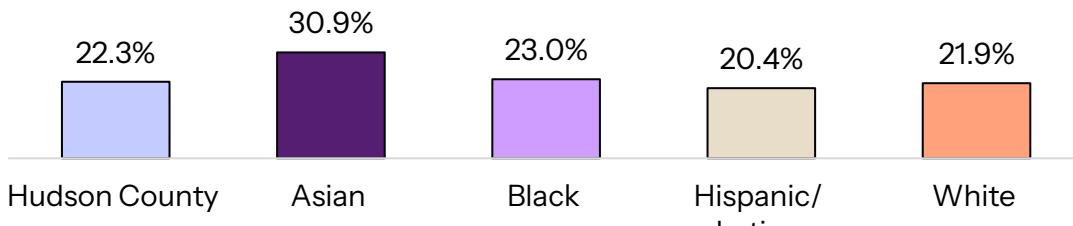
DATA SOURCE: Community Health Needs Assessment Survey, 2024

Furthermore, in Hudson County, more than one in four (26.9%) of respondents were concerned about their housing stability in the next two months (Figure 20). This concern was highest among Latino respondents (32.2%), followed by Black respondents (29.6%). In contrast, only 16.7% of White respondents shared this concern.

Figure 20. Percent of Hudson County Survey Respondents Reporting Concerns Regarding Their Housing Stability in the Next Two Months, by Race/Ethnicity, (n=1099), 2024

Hudson County (n=1099)	Asian (n=177)	Black (n=253)	Hispanic/ Latino (n=360)	White (n=270)
26.9%	23.2%	29.6%	32.2%	16.7%
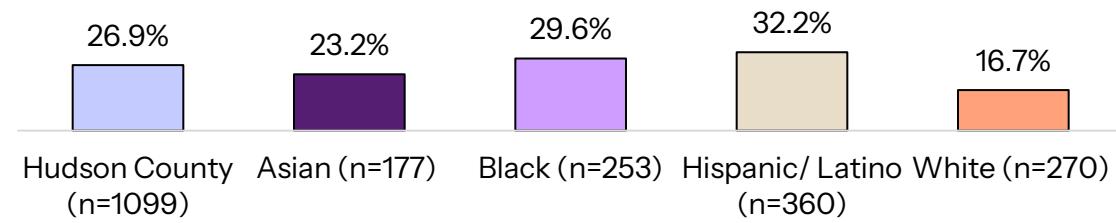
DATA SOURCE: Community Health Needs Assessment Survey, 2024

Table 10. Percent of Population Homeless, by State and County, January 28, 2025

	N	%
New Jersey	13,748	100%
Hudson County	1,091	7.9%

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

According to the 2025 Point in Time study in Hudson County, in January 2025, there were a total of 885 households—inclusive of 1,091 individuals—experiencing homelessness in Hudson County. Of those, 179 individuals were identified as chronically homeless. Almost half of the homeless population (49%) lived in Jersey City, while other towns in Hudson County, namely Kearny (18%), Union City (15%), and Hoboken (9%), included a smaller portion of the homeless population.[40] West New York (0%) and Bayonne (1%) were the towns with the smallest populations of homeless individuals. Overall, the total homeless population decreased by 6.6% in Hudson County between 2024 and 2025. According to the 2025 Point-in-Time Count, there was a 24% increase in the number of people experiencing homelessness in Hudson County from 2021 to 2025. However, the number of people experiencing chronic homelessness over that period decreased by 28%. While 11% of the general population identified as Black/African American in Hudson County, they made up 40% of the population experiencing homelessness in that county. More than one in three (39%) of the homeless population in Hudson County reported having at least one type of disability. Of these individuals, 50% reported having a mental health issue, 36% reported a chronic health condition, and 31% reported a physical disability.

Housing Landscape
Low housing stock drives housing costs. Across Hudson County, the homeowner vacancy rate is (6.8%), with Jersey City (07310, Newport) having the highest homeowner vacancy rate (9.6%) (Figure 97 in Appendix E. Additional Data Tables and Graphs). In Hudson County, 31.2% of housing units were owner-occupied versus 68.8% renter-occupied (Figure 21) in 2019-2023. Across all Hudson County municipalities, renter-occupied units made up a higher percentage of housing stock than in New Jersey overall. Secaucus (49.3%) and Jersey City (07305, Greenville) (42.6%) had the highest proportion of owner-occupied housing, and Jersey City (07310, Newport) had the highest proportion of renter-occupied housing at 89.3%. Despite this housing burden, 92.3% of Hudson County households had on average 1 adult occupant or less per room, indicating a low incidence of overcrowding (Table 35 in Appendix E. Additional Data Tables and Graphs).

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[40] New Jersey Housing and Mortgage Finance Agency, NJ Counts, Hudson County, Point-in-Time Count of the Homeless, January 28, 2025, https://monarchhousing.org/wp-content/uploads/2025/07/PIT-Report-2025-Hudson.pdf

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

■ Owner occupied housing units　　□ Renter-occupied housing units

Location	Owner occupied	Renter-occupied
New Jersey	63.7%	36.3%
Hudson County	31.2%	68.8%
Bayonne	37.4%	62.6%
Guttenberg	36.3%	63.7%
Hoboken	34.1%	65.9%
Jersey City	28.8%	71.2%
Jersey City (07302, Downtown)	24.3%	75.7%
Jersey City (07304, Bergen-Lafayette)	26.0%	74.0%
Jersey City (07305, Greenville)	42.6%	57.4%
Jersey City (07306, Journal Square)	23.6%	76.4%
Jersey City (07307, Jersey City Heights)	35.0%	65.0%
Jersey City (07310, Newport)	10.7%	89.3%
North Bergen	41.3%	58.7%
Secaucus	49.3%	50.7%
Union City	20.4%	79.6%
Weehawken	30.2%	69.8%
West New York	21.8%	78.2%

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

Monthly median housing costs for owner-occupied households with a mortgage ranged from $2,688 in Jersey City (07305, Greenville) to over $4,000+ in Hoboken, Jersey City (07302, Downtown), Jersey City (07310, Newport), and Weehawken (Table 11) in 2018-2022. Monthly median housing costs for renter-occupied households ranged from $1,489 in Union City to $2,960 in Jersey City (07302, Downtown).

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

	Owner w/ Mortgage	Owner w/out Mortgage	Renter
New Jersey	$2,787	$1,205	$1,653
Hudson County	$3,219	$1,270	$1,811
Bayonne	$3,328	$1,362	$1,593
Guttenberg	$3,002	1,500+	$1,661
Hoboken	4,000+	1,500+	$2,819
Jersey City	$3,117	$1,106	$1,902
Jersey City (07302, Downtown)	4,000+	1,500+	$2,960
Jersey City (07304, Bergen-Lafayette)	$2,873	$1,043	$1,572
Jersey City (07305, Greenville)	$2,688	$1,000	$1,610
Jersey City (07306, Journal Square)	$2,867	$1,144	$1,619
Jersey City (07307, Jersey City Heights)	$3,206	$1,218	$1,708
Jersey City (07310, Newport)	4,000+	1,500+	$3,456
North Bergen	$2,867	$1,196	$1,702
Secaucus	$3,183	$1,230	$2,197
Union City	$3,055	$1,374	$1,489
Weehawken	4,000+	1,500+	$2,422
West New York	$2,973	$1,425	$1,607

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 Hudson County lacks sufficient affordable housing stock. The average percentage of income spent on housing costs is an important measure of an area's availability of affordable housing. In Hudson County, from 2019-2023, 38.9% of owner-occupied households with a mortgage and 45.7% of renter-occupied households reported spending 30% or more of their income on housing costs (Table 12). Across the county, renters experience a higher housing cost burden than homeowners on average. Guttenberg experienced the highest proportion of households burdened by housing costs with 61.8% of renters spending 30% or more of their income on housing.

Table 12. Percent Households Whose Housing Costs are More than 30% of their Income, by Housing Status, 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%
Hudson County	38.9%	24.7%	45.7%
Bayonne	44.1%	33.8%	47.4%
Guttenberg	33.0%	38.0%	61.8%
Hoboken	21.2%	10.8%	30.6%
Jersey City	39.4%	24.4%	43.5%
Jersey City (07302, Downtown)	29.3%	35.8%	28.2%
Jersey City (07304, Bergen-Lafayette)	52.2%	16.5%	52.6%
Jersey City (07305, Greenville)	41.1%	20.1%	55.2%
Jersey City (07306, Journal Square)	43.0%	28.9%	45.1%
Jersey City (07307, Jersey City Heights)	35.4%	24.5%	47.1%
Jersey City (07310, Newport)	36.7%	12.0%	37.2%
North Bergen	45.7%	27.8%	54.2%
Secaucus	23.4%	12.7%	32.8%
Union City	45.5%	22.1%	53.1%
Weehawken	31.9%	28.4%	41.8%
West New York	40.2%	29.6%	53.7%

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

Green Space and 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 and interview participants rarely commented on green space and the built environment. One resident did remark on their ability to access parks for physical activity, while another mentioned the need for trash pickup in cities and feeling unsafe as a pedestrian due to local driving habits.

According to the RWJF County Rankings, all Hudson County residents (100%) had adequate access to a location for physical activity (Figure 93 in Appendix E. Additional Data Tables and Graphs). However, community survey data from 2024 indicate that 56% of survey agreed or completely agreed with the statement, "My community has safe outdoor places to walk and

play." Figure 22 presents data for the overall sample and by race/ethnicity. White (70.3%) respondents were more likely than Black (46.4%), Asian (53.7%), and Latino (56%) respondents to agree or strongly agree with that statement.

Figure 22. Percent of Hudson County Survey Respondents Who Agreed/Strongly Agreed with the Statement "*My community has safe outdoor places to walk and play*," by Race/Ethnicity, (n=659), 2024
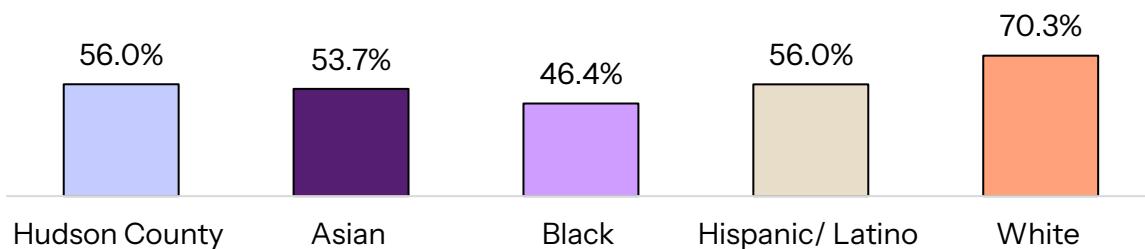
DATA SOURCE: Community Health Needs Assessment Survey, 2024

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 that community may need more resources to thrive. Hudson County's SVI in 2022 was 0.7, which means that 70% of counties in NJ were less vulnerable than Hudson County and 30% were more vulnerable. Areas of high social vulnerability within the county (SVI ≥ 0.9) displayed on a map can be found in Figure 23. Social vulnerability index data by state and county, and social vulnerability index data by percentile ranking from 2022, are presented in Table 26 and Figure 92in Appendix E. Additional Data Tables and Graphs.

Figure 23. Social Vulnerability Index, by County and Census Tract, 2022
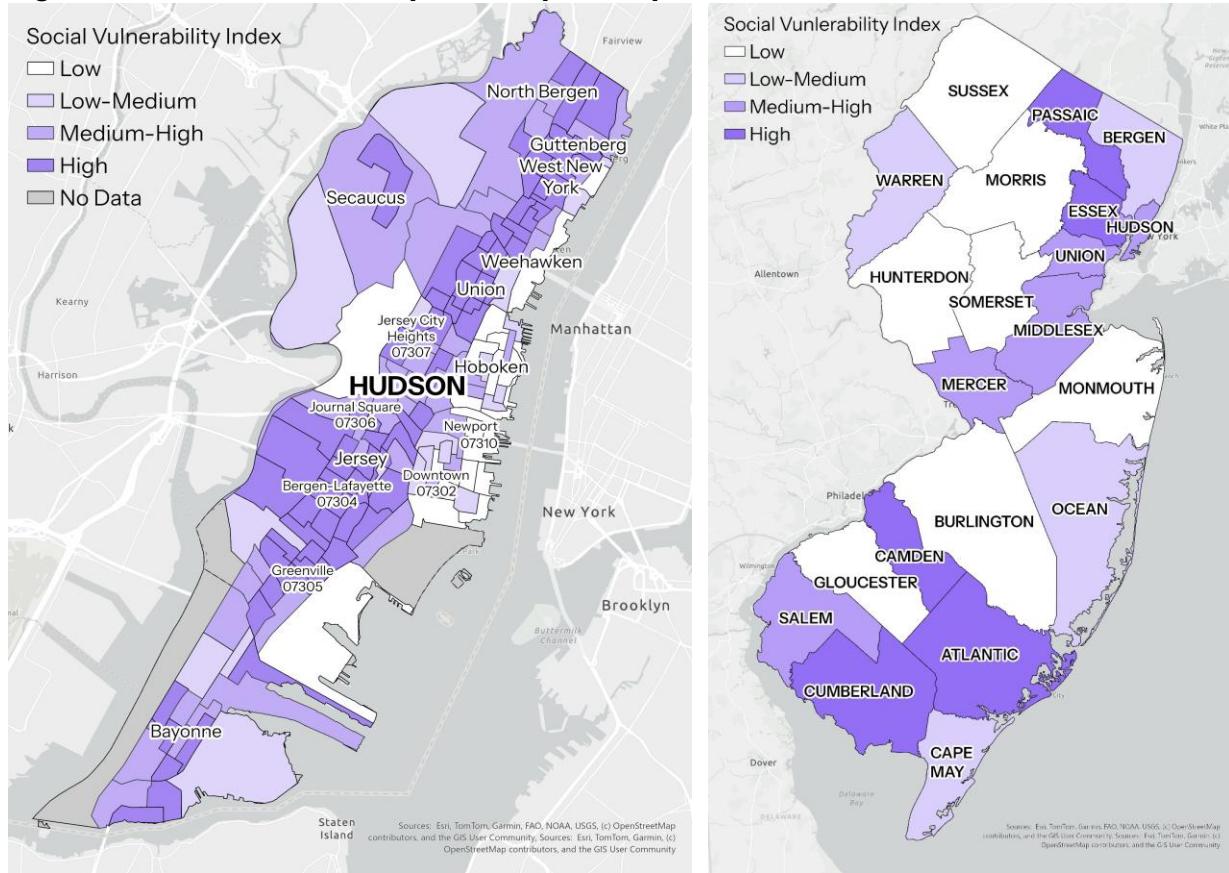
DATA SOURCE: CDC, ATSDR's Geospatial Research, Analysis, & Services Program (GRASP), 2022
NOTE: Index categories are defined in the following way: Low 0-0.25; Low-medium 0.2501-0.5; Medium-high 0.5001-0.75; High 0.7501-1.0

Transportation and Walkability

Transportation and accessibility were lifted up as strengths for Hudson County, though cost and access for residents outside of large cities are barriers. Transportation challenges were particularly noted as barriers to accessing healthy food, due to difficulties bringing bags and bulky items onto public transportation, and as a barrier to accessing medical care. To combat these challenges, many interviewees explained the strategies they have in place that are working well to increase access to services and care for residents. Some of these programs included providing bus tickets for patients, services such as 211 which is run by via, and utilization of community health workers to provide transportation for appointments. Transportation challenges may impact some populations more than others. For example, seniors and individuals with disabilities may have a harder time operating a vehicle and may find it difficult to navigate and utilize public transportation.

> *"A lot of transportation exists, but affordability is a barrier, so we try to give out assistance, like bus tickets …for our population, many of them miss appointments because they can't afford transportation to get there."*
> – Key Informant Interviewee

The National Walkability Index map showed swaths of walkable areas throughout the county, reaching from North Bergen to Bayonne. Some towns, such as Union, Weehawken, West New York, Hoboken, Secaucus, have multiple areas considered to be highly walkable. While there are no areas considered "Least Walkable" in Hudson County, there are some areas that are below average. These areas are south of Secaucus and in the southeast portion of the county below Greenville (07305) (See Figure 99 in the appendix).

Quantitative data showed that most Hudson County residents commuted to work alone by car, truck, or van (34%) and used public transportation (32.2%) (Figure 24). Residents were less likely to walk (6.7%) or carpool (6.1%) and 18.3% worked from home. There were differences across towns. Data from the 2019-2023 American Community Survey showed that Secaucus (49.8%), Bayonne (49.5%) and North Bergen (76.8%) and had the highest proportion of commuters who relied on private transportation. Meanwhile, Jersey City (07310, Newport) (44.9%) and Jersey City (07302, Downtown) (44.4%) had the highest proportion of commuters using public transportation and Union City (10%) had the highest proportion of residents carpooling in the County. In addition, in Jersey City (07310, Newport) (37.9%) and Hoboken (34.2%) over one-third of residents worked from home.

Figure 24. Means of Transportation to Work for Workers Aged 16+, by State, County, and Town, 2019-2023

- ■ Car, truck, or van (alone)
- ☐ Car, truck, or van (carpool)
- ☐ Public transportation (excluding taxicab)
- ■ Walked
- ☐ Other means
- ☐ Worked from home

Location	Car alone	Carpool	Public transport	Walked	Other	Worked from home
New Jersey	63.7%	7.7%	8.5%			15.0%
Hudson County	34.0%	6.1%	32.2%	6.7%		18.3%
Bayonne	49.5%	7.5%	20.9%	6.3%		13.3%
Guttenberg	41.5%	6.0%	25.7%	9.1%		14.0%
Hoboken	16.9%		37.6%	7.9%		34.2%
Jersey City	28.1%		37.1%			21.6%
Jersey City (07302, Downtown)	14.2%		44.4%	6.3%		31.2%
Jersey City (07304, Bergen-Lafayette)	36.1%		33.4%	6.2%		14.8%
Jersey City (07305, Greenville)	43.0%	7.6%	28.4%			14.1%
Jersey City (07306, Journal Square)	24.9%		41.9%	6.2%		17.9%
Jersey City (07307, Jersey City Heights)	35.9%	6.4%	30.5%			19.8%
Jersey City (07310, Newport)	9.0%		44.9%	6.5%		37.9%
North Bergen	49.4%	9.0%	24.2%	6.0%		9.2%
Secaucus	49.8%	7.2%	17.0%			23.0%
Union City	32.1%	10.0%	35.4%	11.4%	7.1%	
Weehawken	32.9%		34.2%			23.5%
West New York	28.2%	7.8%	39.5%	9.0%		13.2%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023
NOTE: Data labels under 6.0% are not shown.

As mentioned above, residents without a vehicle faced barriers to accessing basic needs. Similar to other factors, owning a private vehicle was not equally distributed across county residents. In Hudson County, 15.1% of owner-occupied households and 41.5% of renter-occupied households did not have access to a personal vehicle in 2019-2023 (Table 13); percentages were higher to those of New Jersey as a whole. Access to a vehicle was lowest among Jersey City (07310, Newport) residents, and highest among residents in Secaucus, for both homeowners and renters.

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%
Hudson County	15.1%	41.5%
Bayonne	8.2%	32.5%
Guttenberg	16.6%	45.2%
Hoboken	20.3%	40.5%
Jersey City	17.6%	47.9%
Jersey City (07302, Downtown)	25.6%	50.3%
Jersey City (07304, Bergen-Lafayette)	17.7%	46.0%
Jersey City (07305, Greenville)	8.8%	39.7%
Jersey City (07306, Journal Square)	21.8%	53.2%
Jersey City (07307, Jersey City Heights)	18.8%	40.1%
Jersey City (07310, Newport)	34.3%	59.9%
North Bergen	15.5%	28.2%
Secaucus	5.9%	15.0%
Union City	23.4%	44.8%
Weehawken	7.9%	26.6%
West New York	17.4%	47.8%

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

A majority of Hudson County respondents believed that their community provided transportation services for seniors and those with disabilities (67.9%), with the highest agreement among Asian respondents (65%) (Figure 25). A slightly higher proportion of respondents found public transportation easy to use for daily needs (68.1%), though White residents were least likely to agree with this statement (60.3%).

Figure 25. Percent of Hudson County Survey Respondents Who Agreed/Strongly Agreed with the Statements Related to Transportation Availability, by Race/Ethnicity, (n=784), 2024

Legend: ■ Hudson County ■ Asian ■ Black ■ Hispanic/ Latino ■ White

My community has transportation services for seniors and those with disabilities (e.g., to take to the supermarket, shopping centers, etc.)
- 67.9%
- 75.0%
- 67.7%
- 68.3%
- 69.0%

It would be easy for me to take public transportation to get to where I needed to go day-to-day (e.g., work, supermarket, doctor appointments, etc.).
- 68.1%
- 75.0%
- 72.0%
- 71.7%
- 60.3%
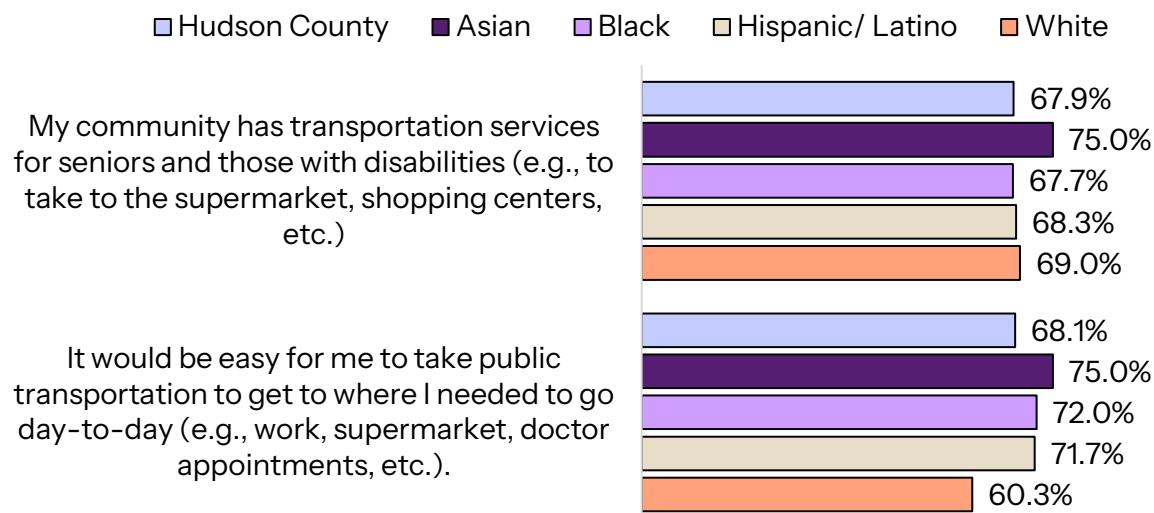
DATA SOURCE: Community Health Needs Assessment Survey, 2024

Violence Prevention and Safety

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. Violence prevention and safety have been key priority areas for the Hudson County community for several years. In focus groups, residents commented that, while there are aspects of their communities that they dislike, they have no challenges or concerns related to neighborhood safety. Among interviewees working in the field of violence prevention, domestic and community violence survivors were described as the primary populations receiving services.

"People receive services after they become a victim, but we should be enhancing strategies to educate people before they become victims…we provide a lot of services to help people avoid going back into a certain situation, so that's one of the things we see with community violence. Prevention is what we should enhance for Hudson County."
– Key Informant Interviewee

From 2020 to 2022, rates of violent crime have remained relatively stable or increased in Hudson County, with one notable bright spot: Rates of violent crime in Jersey City showed a steep decline (Figure 27). In conversations with interviewees, a robust network of programs related to violence prevention and safety were discussed, including programs to support victims of crime and domestic violence, violence interruption and resolution, youth programs, and programs to potentially reduce an individual's risk of further and future harms. These programs emphasized a holistic approach to care, often describing the importance, and challenges, of addressing social determinants of health like access to housing, employment, and food, as part of their efforts. Given the recent reduction in violent crime

rates in Jersey City, and the ecosystem of robust programming, it is possible we are beginning to see measurable impacts resulting from the community's collaborative efforts.

Some potential gaps or areas for future improvement were described by interviewees. The first gap was the need for additional violence prevention efforts, such as additional youth programming, counseling and behavioral services, and education efforts, which interviewees described as being under supported and underfunded. Interviewees also described concerns about the broader field of violence prevention overall, in light of recent policy and funding decisions at the national level (e.g., reducing funding for anti-violence research, cuts to Medicare and Medicaid). Residents stressed the need to maintain violence prevention and safety efforts and noted that advocacy is needed to ensure funding for these programs continues. Lastly, challenges in the field of safe and affordable housing are presenting barriers to violence prevention efforts. Particularly for women experiencing domestic violence, leaving the home is often immediate and necessary for safety. Unfortunately, finding short- and long-term housing options for victims of crime, especially those with children or pets, is an ongoing challenge.

"In the past month, millions of dollars have been lost in funding, and those programs are going to be lost or reduced. Advocating for those programs, [advocating for] the ones who are on the street supporting our victims of crime- we will see the effects over the next couple of years and advocating for those programs will be key."
– Key Informant Interviewee

It was also noted that violence survivors and justice-involved individuals face unique challenges that can impact overall wellbeing. For example, having a record makes it more challenging to acquire and maintain stable employment, which further strains financial security, housing, access to food, and ability to access medical and behavioral healthcare. Youth exposure to violence was also a topic of concern mentioned in some interviews, particularly in the context of experiencing bullying, dating violence, or witnessing domestic violence in the home. Lastly, seniors were noted as being at higher risk of experiencing violence, including through scams and other predatory behaviors.

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 392.8 incidents per 100,000 residents, Guttenberg had a rate higher than that of the county (280.8 per 100,000 residents) and nearly double that of the state (217.0 per 100,000 residents). When comparing data from 2020 to 2022, the rate of violent crime increased in New Jersey and Hudson County (Figure 27). However, one notable bright spot and public health win is a sharp decline of violent crimes in Jersey City, from 431.9 per 100,000 violent crimes in 2020 to 354.0 per 100,000 in 2022. As mentioned previously, violence prevention and response have been key focus areas in Hudson County and for the Jersey City Medical Center, who featured violence prevention as a high priority issue in their 2019 and 2021 CHNAs. These topics were also discussed in multiple key informant interviews, and a wealth of programs to help prevent crime and support victims of violence were discussed including the Anti-Violence Coalition and Project H.U.D.S.O.N. Though interviewees explained there is more work to be done to help prevent violence in the

community, it seems likely that the reductions in violent crime rates are due, in part or in full, to the robust and holistic violence prevention programs in Jersey City.

Figure 26. Violent Crime Rate per 100,000, by State, County, and Town, 2022
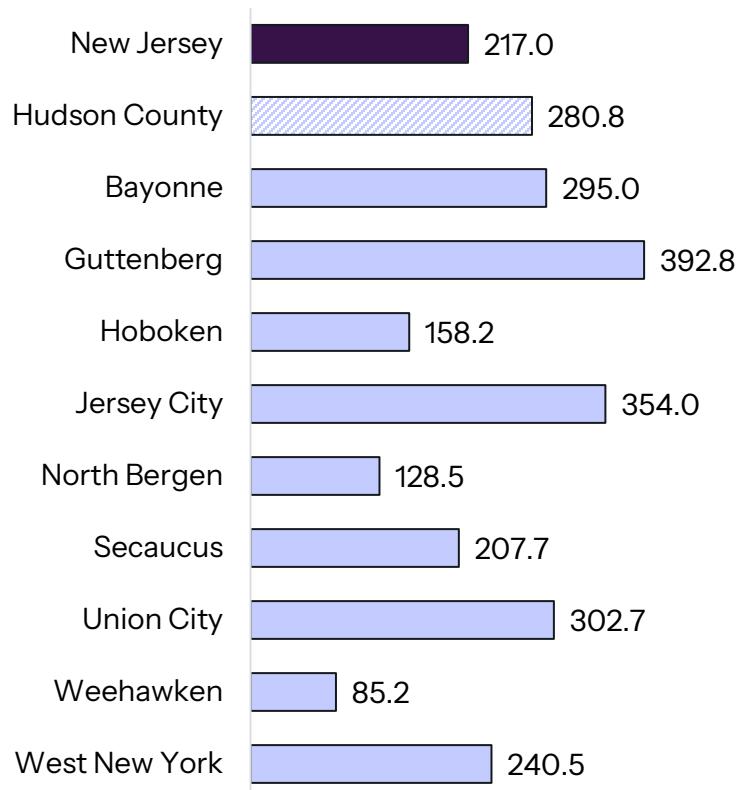
Location	Rate
New Jersey	217.0
Hudson County	280.8
Bayonne	295.0
Guttenberg	392.8
Hoboken	158.2
Jersey City	354.0
North Bergen	128.5
Secaucus	207.7
Union City	302.7
Weehawken	85.2
West New York	240.5

DATA SOURCE: NJ Department of Law & Public Safety, Office of the Attorney General, Uniform Crime Reporting, 2024

Figure 27. Violent Crime Rate per 100,000, by State, County, and Town, 2020-2022
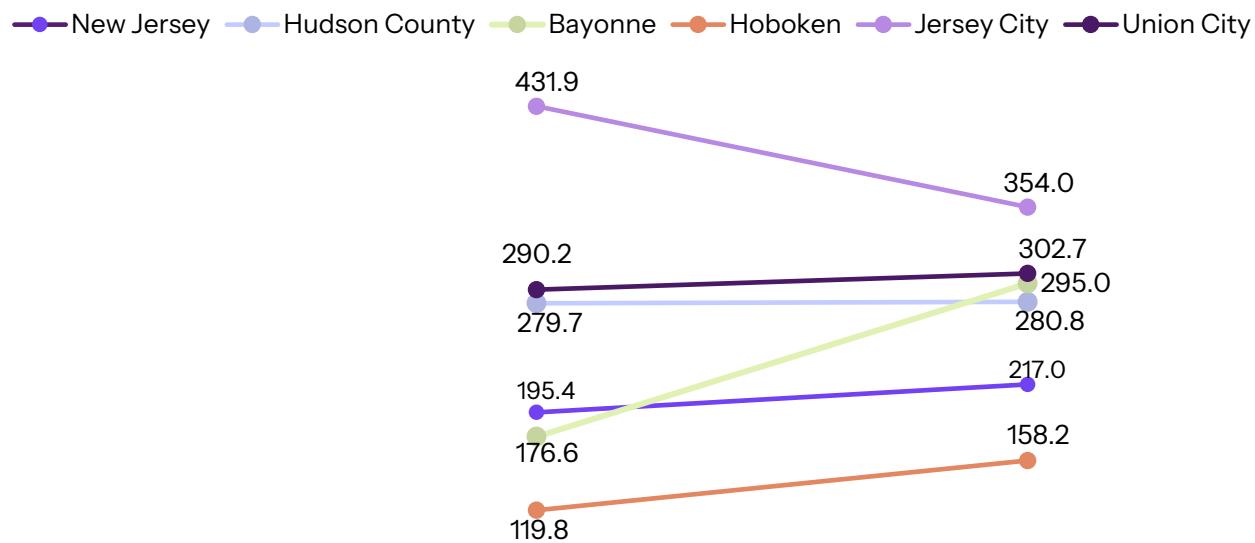
	2020	2022
New Jersey	195.4	217.0
Hudson County	279.7	280.8
Bayonne	176.6	295.0
Hoboken	119.8	158.2
Jersey City	431.9	354.0
Union City	290.2	302.7

DATA SOURCE: NJ Department of Law & Public Safety, Office of the Attorney General, Uniform Crime Reporting, 2024

Property crime (i.e., burglary, larceny, and auto theft) was much more common than violent crime in Hudson County. Guttenberg had the highest rate of violent crime in the county but was among the lowest for incidence of property crime (759.3 per 100,000). Meanwhile, Secaucus experienced a moderate amount of violent crime but has a property crime rate exceeding all other townships in Hudson County (2597.2 per 100,000) (Figure 28).

Figure 28. Property Crime Rate per 100,000, by State, County and Town, 2022
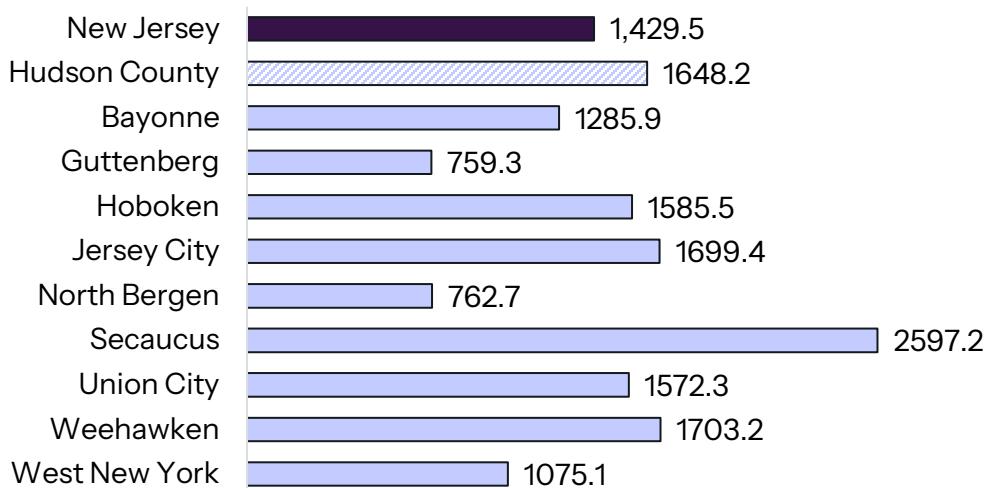
New Jersey	1,429.5
Hudson County	1648.2
Bayonne	1285.9
Guttenberg	759.3
Hoboken	1585.5
Jersey City	1699.4
North Bergen	762.7
Secaucus	2597.2
Union City	1572.3
Weehawken	1703.2
West New York	1075.1

DATA SOURCE: NJ Department of Law & Public Safety, Office of the Attorney General, Uniform Crime Reporting, 2024

Nearly four in ten respondents (37.2%) agreed that there was not much violence in their neighborhood, such as physical fights, gang activities, stealing, or assaults. However, perceptions varied by race, with more Asian (44.7%) respondents agreeing, compared to only 30.9% of Black respondents (Figure 29). About one third (32.2%) of respondents 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 respondents (41.5%) and lowest among White respondents (26.0%). Notably, violence and community safety (25.9%), bullying (24.0%), and child abuse and neglect (16.7%) were among the top community concerns for children and youth (See Figure 32 below).

Figure 29. Percent of Hudson County Survey Respondents Who Agreed/Strongly Agreed with the Statements Related to Community Safety, by Race/Ethnicity, (n=704), 2024

Legend: ☐ Hudson County ■ Asian ☐ Black ☐ Hispanic/ Latino ■ White

In my neighborhood, there is not much violence, such as physical fights, gang activities, stealing, or assaults.
- Hudson County: 37.2%
- Asian: 44.7%
- Black: 30.9%
- Hispanic/ Latino: 40.4%
- White: 38.5%

In my community, there are few issues with violence between people, like abuse within families, mistreatment of the elderly, or bullying in-person or online.
- Hudson County: 32.2%
- Asian: 41.5%
- Black: 32.1%
- Hispanic/ Latino: 36.1%
- White: 26.0%

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 Hudson County. However, there are still challenges around systemic racism and discrimination impacting Hudson Communities. In focus groups and interviews, residents rarely commented on challenges they have experienced related to discrimination.

"On immigration impacts…One child wasn't picked up [from school] all the way until 8pm after a play because their parent was deported and the family member left in charge has to pick up the pieces left behind."
– Key Informant Interviewee

However, broader fears and concerns about the impact of the current political environment were frequently shared, with a particular emphasis on the impact this environment is having on LGTBQ+ and immigrant communities.

Participants highlighted that immigration status is a core factor that can impact all aspects of someone's life whether it is access to healthcare, social services, employment opportunities, and financial stability. Some of the tangible impacts of the widespread concern in this community are already becoming apparent. Interviewees explained that some residents fear leaving their homes and are reluctant to seek out services, such as attending doctor appointments, behavioral health services, or seeking food or housing support, largely due to fears of potential encounters with Immigration and Customs Enforcement and the threat of deportation. One interviewee described these impacts, "*There's a lot of fear, a lot of anxiety and that leads to the stigmas and the depression and substance abuse that you see from some people that you serve, that feeling of being trapped and being lost…a lot of people that really would want to go out and put themselves out there for certain opportunities may want to hold back because they have that fear of with their immigration status*."

For the LGBTQ+ community, in light of public discourse focusing negative attention on this community and concerns about the potential for this community to be targeted based on their identities, residents described increased concerns around maintaining confidentiality, privacy, and safety. Concerns for LGBTQ+ youth in particular, a group already vulnerable mental and behavioral health related challenges due to stigma and cultural expectations during critical developmental years, was also voiced by interviewees. One interviewee explained, "*With mental health, the agenda of the administration— even if stuff isn't going to happen concretely—it's making people feel like it's okay to be against an entire population of people. Just creating that narrative is harmful. The youth on social media probably see so much more than we see every single day*."

Potential health implications for these groups may range from reduced access to healthy food and exercise, increased anxiety, stress, and other behavioral health challenges, reduced access and utilization of care, and increased severity of conditions due to delayed care. Additional information on the foreign-born population in Hudson County can be found in the section Foreign-Born Population.

Survey respondents who identified as people of color mentioned incidences 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. More

than one-third of Black (35.6%) respondents reported experiencing discrimination due to their race/ethnicity when receiving medical care compared to 25.2% of respondents overall (Figure 30). Latino (20.2%), Black (18.1%), and Asian (16.2%) survey respondents also reported feeling discriminated against when receiving medical care based on their culture and religious background at higher rates than White survey respondents (9.8%). More than 1 in 5 Latino respondents (22.3%) also reported feeling discriminated against due to their language/speech. Additionally, 25.7% of LGB respondents, including individuals identifying as gay, lesbian, bisexual, pansexual, queer, or asexual, reported experiencing discrimination due to their sexual orientation (Figure 123).

Figure 30. Percent of Hudson County Survey Respondents Reporting Experiences of Interpersonal Discrimination while Receiving Medical Care, by Sociodemographic Characteristic, by Race/Ethnicity, 2024

Category	Group	Percent
Race/Ethnicity	Hudson County (n=940)	25.2%
	Asian (n=148)	25.0%
	Black (n=205)	35.6%
	Hispanic/ Latino (n=287)	28.9%
	White (n=245)	11.8%
Culture/ Religious Background	Hudson County (n=940)	15.7%
	Asian (n=148)	16.2%
	Black (n=205)	18.1%
	Hispanic/ Latino (n=287)	20.2%
	White (n=245)	9.8%
Language/ Speech	Hudson County (n=940)	16.4%
	Asian (n=148)	18.9%
	Black (n=205)	18.1%
	Hispanic/ Latino (n=287)	22.3%
	White (n=245)	6.9%
Income Level	Hudson County (n=957)	22.1%
	Asian (n=148)	18.2%
	Black (n=205)	24.4%
	Hispanic/ Latino (n=287)	26.5%
	White (n=245)	16.3%
Physical or Mental Disability	Hudson County (n=954)	9.3%
	Asian (n=148)	*
	Black (n=205)	10.2%
	Hispanic/ Latino (n=287)	12.9%
	White (n=245)	9.4%

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

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 frequently identified social and economic issues, such as rising cost of living, housing, food insecurity, and violence in the community. Social determinants of health (SDoH) were often described as barriers or facilitators to health and challenges impacting SDoH were seen as drivers for many chronic conditions that are top of mind for residents. Key health concerns voiced by members in the community include chronic conditions (e.g., diabetes, mental and behavioral health, high blood pressure, high cholesterol), infectious and communicable disease, and access to care. Participants also explained that more residents are in need of health and social services and supports than in previous years, but many are concerned that key programs that many residents rely on, such as Medicare, Medicaid, SNAP, housing vouchers, and more, may be reduced or eliminated due to federal and state funding cuts.

Community survey respondents were presented with a list of issues and also could write in others and were asked to mark the top three health concerns or issues in their community overall. Respondents in Hudson County ranked diabetes (36.0%), followed by heart disease (27.5%), cancer (24.4%), overweight/obesity (23.2%), and housing people can afford (22.2%) as the top five health issues in their communities (Figure 31, Table 14).

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, Hudson County Residents, (n=1293), 2024

Concern	Percentage
Diabetes	36.0%
Heart disease	27.5%
Cancer	24.4%
Overweight/obesity	23.2%
Housing people can afford	22.2%
Mental health issues	22.0%
Violence and community safety	14.2%
Having enough health & social services	10.5%
Substance use, abuse, or overdose	10.3%
Asthma	9.9%
High stress lifestyle	8.9%
Don't know	8.4%
Sexually transmitted infections (STIs)	8.2%
Poverty / job opportunities	6.8%
Alcohol use, abuse, or overdose	6.2%
Aging-related health concerns	5.8%
Hunger or affordable healthy food	5.3%
Smoking, vaping, or chewing tobacco	5.0%
Racism and discrimination	4.3%
Lung disease	3.9%
Adequate and quality education	2.9%
Teen pregnancy	2.6%
Infectious or contagious diseases	2.6%
Unintentional injuries	2.1%
Other issue	1.6%

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. Cancer was identified as the top concern among White respondents. Housing people can afford ranked as the second top concern among Black respondents, with Asian, Latino, and White respondents identifying heart disease, overweight/obesity, and mental health issues, as their second top concerns, respectively. Of note, violence and community safety was a top concern for Black residents.

Table 14. Top Health Concerns in the Community Overall, Hudson County Residents, by Race/Ethnicity, (n=1293), 2024

	Hudson County (n=1293)	Asian (n=205)	Black (n=288)	Hispanic/ Latino (n=431)	White (n=320)
1	Diabetes (36.0%)	Diabetes (51.2%)	Diabetes (36.5%)	Diabetes (35.5%)	Cancer (29.1%)
2	Heart disease (27.5%)	Heart disease (46.8%)	Housing people can afford (27.8%)	Overweight/ obesity (25.5%)	Mental health issues (29.1%)
3	Cancer (24.4%)	Overweight/ obesity (22.0%)	Mental health issues (24.3%)	Heart disease (24.4%)	Housing people can afford (29.1%)
4	Overweight/ obesity (23.2%)	Cancer (21.5%)	Cancer (21.5%)	Cancer (21.6%)	Heart disease (26.9%)
5	Housing people can afford (22.2%)	Housing people can afford (19.0%)	Violence and community safety (18.4%)	Mental health issues (21.6%)	Diabetes (24.4%) / Overweight/ obesity (24.4%)

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.

Survey respondents also identified top health concerns regarding youth and children in the community. Respondents ranked mental health issues (32.7%), followed by overweight/obesity (26.2%), violence and community safety (25.9%), bullying (24.%), and child abuse and neglect (16.7%) as the top five health issues in their communities for children and youth (Figure 32). 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, Hudson County Residents, (n=996), 2024

Concern	Percentage
Mental health issues	32.7%
Overweight/obesity	26.2%
Violence and community safety	25.9%
Bullying	24.0%
Child abuse and neglect	16.7%
Asthma	14.3%
Diabetes	14.3%
Smoking, vaping, or chewing tobacco	12.7%
Teen pregnancy	12.0%
Don't know	11.8%
Having enough health & social services	11.5%
Housing people can afford	10.5%
Substance use, abuse, or overdose	10.2%
Adequate and quality education	9.1%
Hunger or affordable healthy food	6.6%
Alcohol use, abuse, or overdose	5.0%
High stress lifestyle	4.7%
Racism and discrimination	4.5%
Poverty / job opportunities	4.1%
Childhood cancers	3.9%
Unintentional injuries	3.2%
Infectious or contagious diseases	2.3%
Sexually transmitted infections (STIs)	1.7%

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.

As with other issues, there were notable differences by race/ethnicity (Table 15) when looking at health concerns for children and youth. Mental health concerns were identified as the top concern for children and youth among Asian and White respondents. Latino respondents identified overweight/obesity as the top concern, and Black respondents identified violence and community safety, as the top concern for children and youth. Bullying was ranked among the top 5 concerns across all race and ethnicity groups. Bullying was the second top concern for children and youth among White respondents, followed by overweight/obesity and violence and community safety. Latino and Black respondents identified mental health issues and substance use as the second top concern, and bullying as

the third top concern for children and youth. Asian respondents identified violence and community safety, overweight/obesity, and bullying, as their second, third, and fourth top concerns, respectively. Of note, teen pregnancy was among the top 5 concerns for children among Black residents.

Table 15. Top Health Concerns in the Community for Children and Youth, Hudson County Residents, by Race/Ethnicity, (n=996), 2024

	Hudson County (n=996)	Asian (n=135)	Black (n=218)	Hispanic/ Latino (n=327)	White (n=283)
1	Mental health issues (32.7%)	Mental health issues (31.9%)	Violence and community safety (38.1%)	Overweight/obesity (32.4%)	Mental health issues (38.9%)
2	Overweight/obesity (26.2%)	Violence and community safety (31.1%)	Mental health issues (33.5%)	Mental health issues (28.1%)	Bullying (25.1%)
3	Violence and community safety (25.9%)	Overweight/obesity (29.6%)	Bullying (23.4%)	Bullying (22.0%)	Overweight/obesity (24.4%)
4	Bullying (24.0%)	Bullying (26.7%)	Overweight/obesity (18.8%)	Violence and community safety (19.9%)	Violence and community safety (23.7%)
5	Child abuse and neglect (16.7%)	Child abuse and neglect (16.3%)	Teen pregnancy (17.0%)	Child abuse and neglect (17.1%)	Child abuse and neglect (18.4%)

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.

Most survey respondents perceived their health to be good (37.7%) or very good (25.7%) (Figure 33). Proportionally more White respondents considered themselves to be in excellent (11.8%) and very good (31.1%) health than those from other races/ethnicities. Hispanic and Latino respondents were more likely to describe their health as fair (26.6%) or poor (8.6%) compared to other races/ethnicities.

Figure 33. Self-Assessed Overall Health Status, Hudson County Residents, by Race/Ethnicity, (n=877), 2024

Legend: ■ Excellent ■ Very good ■ Good ■ Fair ■ Poor

Category	Excellent	Very good	Good	Fair	Poor
Hudson County (n=877)	7.9%	25.7%	37.7%	22.4%	6.4%
Asian (n=120)		30.0%	48.3%	11.7%	
Black (n=192)	7.3%	25.0%	39.6%	24.5%	
Hispanic/ Latino (n=278)	7.9%	20.9%	36.0%	26.6%	8.6%
White (n=254)	11.8%	31.1%	33.1%	17.7%	6.3%
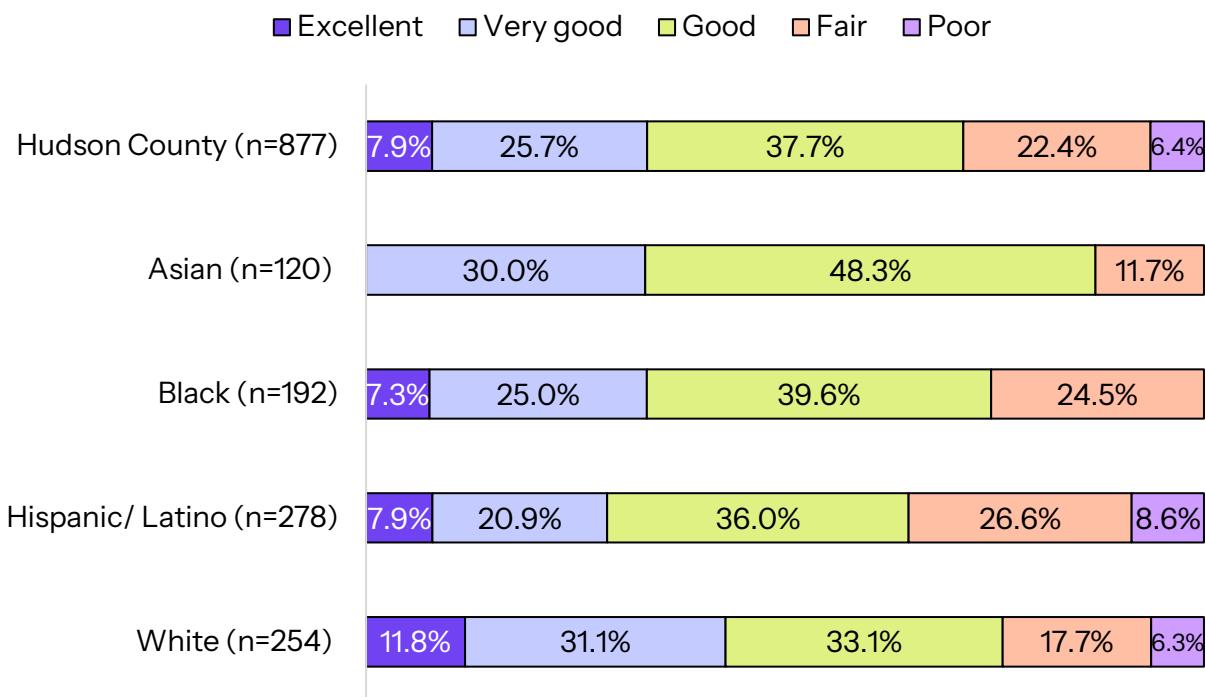
DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: The Asian category does not add to 100% because % for poor and excellent were suppressed due to n<10.

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 by state and county in 2021. The leading cause of death in Hudson County in 2021 was heart disease (143.6 per 100,000), followed by cancer (117.3 per 100,000), and COVID-19 (63.8 per 100,000). Of note, the mortality rates for COVID-19, diabetes, and septicemia were higher in Hudson County than in the state overall. 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, unintentional poisoning and drug overdose has been a driver of unintentional injuries in the state, and rates have worsened for suicide and seatbelt use.[41] More data on injury deaths and hospitalizations, as well as life expectancy, can be found in Appendix E. Additional Data Tables and Graphs.

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

Figure 34. Age-Adjusted Rates for Top 10 Causes of Death per 100,000 Population, by State and County, 2017-2021
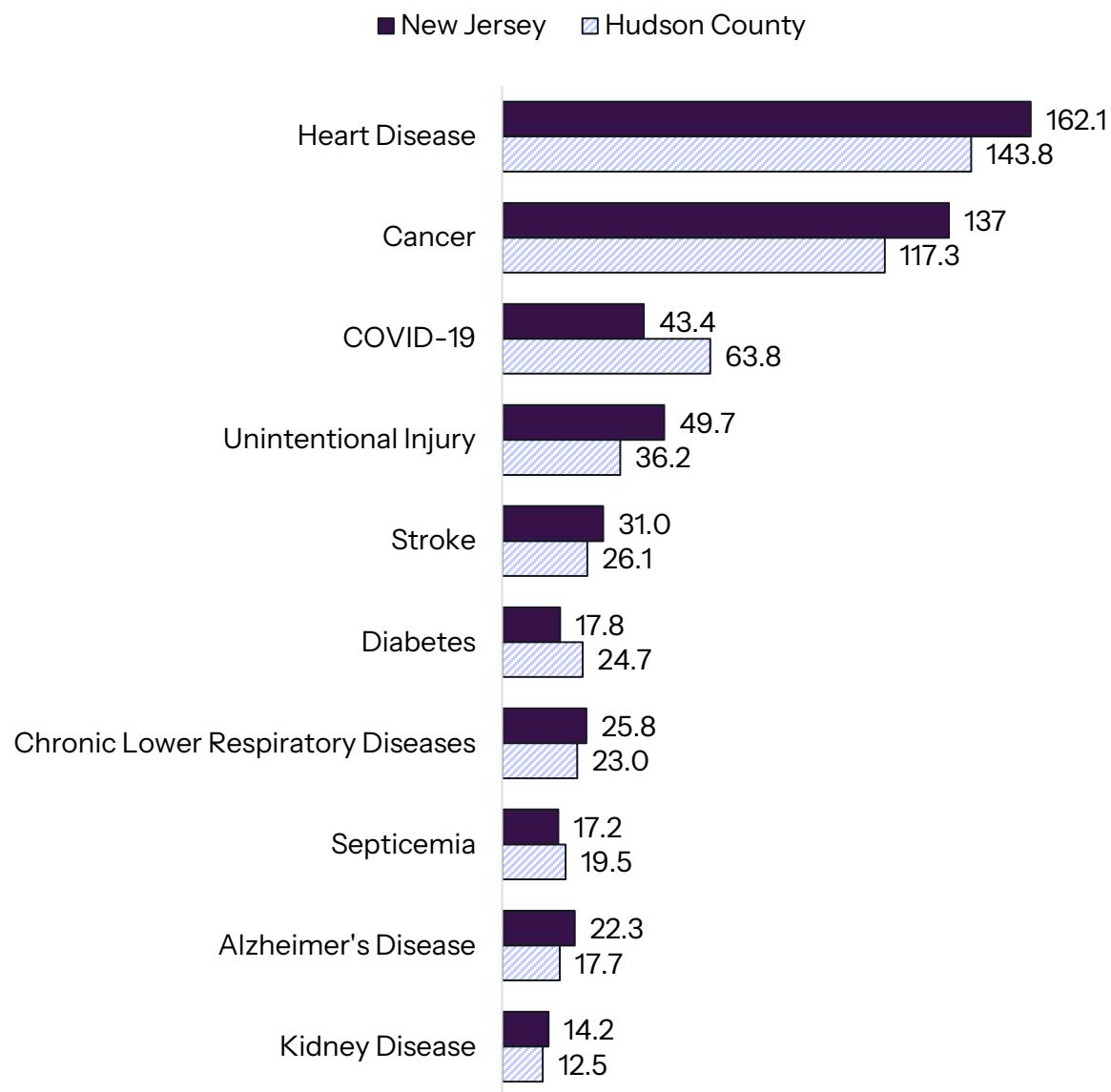
■ New Jersey ▨ Hudson County

Cause of Death	New Jersey	Hudson County
Heart Disease	162.1	143.8
Cancer	137	117.3
COVID-19	43.4	63.8
Unintentional Injury	49.7	36.2
Stroke	31.0	26.1
Diabetes	17.8	24.7
Chronic Lower Respiratory Diseases	25.8	23.0
Septicemia	17.2	19.5
Alzheimer's Disease	22.3	17.7
Kidney Disease	14.2	12.5

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 race/ethnicity. Black residents had the highest age-adjusted mortality rate with 872 per 100,000 residents, which was slightly higher than the state average of 847 per 100,000 residents.

Figure 35. Age-Adjusted Mortality Rate per 100,000, by Race/Ethnicity, by State and County, 2023
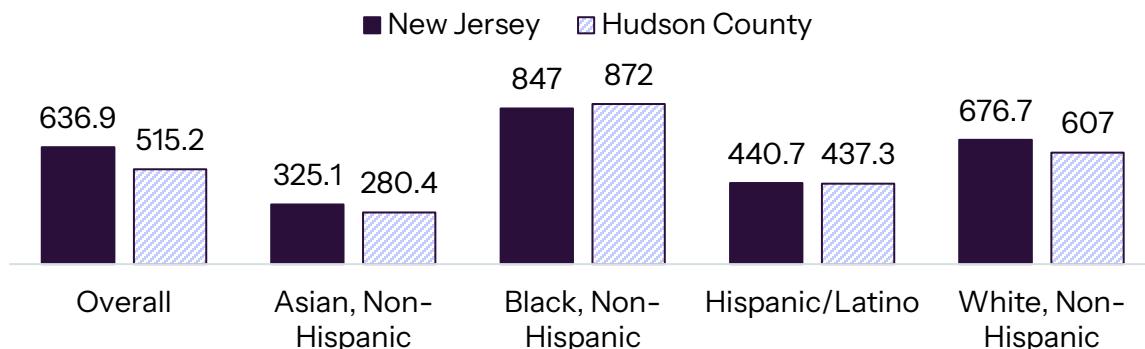
DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024

Figure 36 shows premature mortality (deaths before age 75) rates per 100,000 population by state, county, and race/ethnicity. In 2023, the premature mortality rate in Hudson County (278.0 per 100,000) was lower than for the state (358.1 per 100,000). Black residents in Hudson County experienced a far higher premature mortality rate (560.3 per 100,000) than residents of other races/ethnicities, though this rate was slightly below the average premature mortality rate of Black residents in New Jersey overall (565.9 per 100,000).

This is consistent with findings from the 2021-CHNA-SIP process, which also indicated that Black residents of Hudson County were found to experience premature death (626.3 per 100,000) at higher rates than other races/ethnicities. However, from 2020 to 2023, there is a notable overall reduction in the rate of premature deaths for Black residents, from 626.3 per 100,00 to 560.3 per 100,000. Reducing health disparities and racial inequities was identified as an overarching goal in the 2021 CHNA-SIP process, which may have contributed to the reduction in premature mortality among Black residents.

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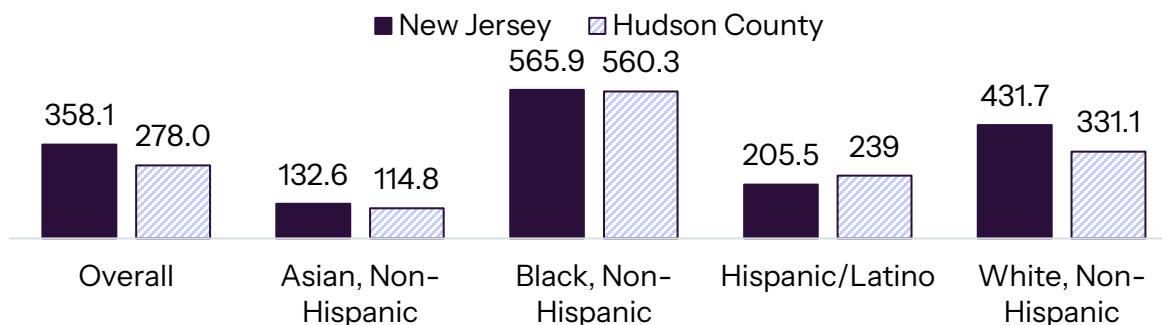

DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024

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 community survey respondents, and the second top health concern for children and youth, it was not a prominent theme in conversations with interviewees and was often mentioned in the context of other social determinants of health.

> *"I started biking a lot, mostly... in Liberty state park, I worked up to the Washington State Bridge, and the New York state border, it helps with my mental health."*
> – Focus group participant

One focus group discussed their experiences and challenges with maintaining physical activity and a healthy weight. Overall, participants agreed that there were supports available in the community to help residents with achieving a healthy body weight. In one example, a participant shared that they were able to successfully lose weight with self-directed exercise and nutrition coaching through JCMC's Food Pharmacy program and the local food bank. Another participant shared that they were able to lose weight through a physician-driven weight loss plan incorporating medication and visits with a nutritionist. However, participants had mixed opinions about their ability to safely access physical activity in their community. While some residents felt comfortable walking or riding bikes in their neighborhoods, others expressed concerns with pedestrian safety and distracted driving. Overall, residents participating in this focus group unanimously agreed that they would like to see additional programs that incorporate free or very low-cost access to a gym and/or gym memberships (e.g., expansion of programs like Silver Sneakers and subsidized gym memberships through insurance). As one focus group participant emphasized, *"You really have to go to a gym or sign up for something if you want that. And unfortunately, the insurance doesn't have that because you have to have Medicare-it's called Silver Sneakers... If they offered it, I'd be at the gym too, helping yourself health wise if it was free to use."*

More than two in five (40.7%) survey respondents in Hudson 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 29.6% of Asian respondents to 48.3% of White residents. Almost half (51.1%) of respondents who were ever told they had a weight problem reported currently being under medical care to manage this condition. Figure 101 in the appendix shows 30.9% of Hudson County residents self-reported being obese in 2022.

Figure 37. Hudson County Survey Respondents Reporting Ever Being Told They Have a Weight Problem by a Healthcare Provider, by Race/Ethnicity, (n=759), 2024
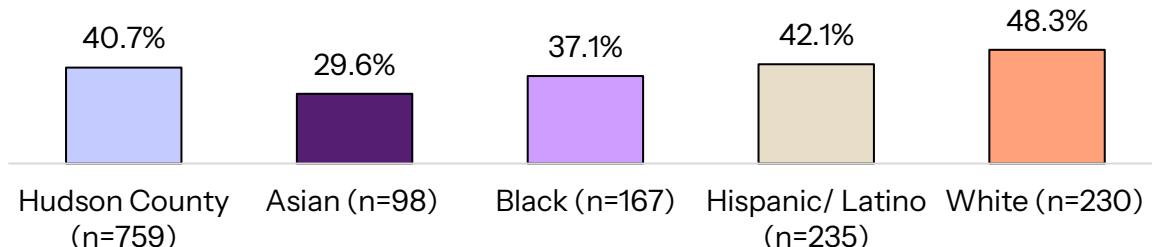
40.7%	29.6%	37.1%	42.1%	48.3%
Hudson County (n=759)	Asian (n=98)	Black (n=167)	Hispanic/ Latino (n=235)	White (n=230)

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 Hudson County respondents (70.2%) indicated that they did so, ranging from 68.4% of Black respondents to 73.9% of White respondents (Figure 38).

Figure 38. Hudson County Survey Respondents Reporting Any Physical Activity or Exercise in the Past Month, by Race/Ethnicity, (n=811), 2024

70.2%	70.9%	68.4%	70.6%	73.9%
Hudson County (n=811)	Asian (n=110)	Black (n=177)	Hispanic/ Latino (n=252)	White (n=249)
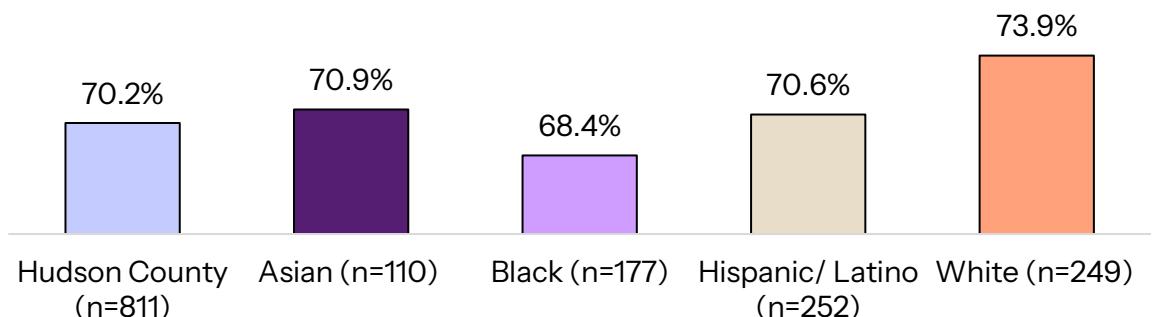
DATA SOURCE: Community Health Needs Assessment Survey, 2024

The built environment and availability of leisure time are two factors that affect physical activity. As mentioned in the section on community assets, nearly 8 out of 10 survey respondents (78.7%) agreed that their community has safe outdoor places to walk and play. However, many Hudson County residents reported not spending time on physical activity. According to the Behavioral Risk Factor Survey, in 2022, the most recent year for which these surveillance data are available, 26.8% of Hudson County residents reported having no leisure time for physical activity. There were differences by race and ethnicity, 35.4% of Asian residents, 29.4% of Latino residents, and 24.3% of Black residents reporting no leisure time compared to 16.5% of White respondents (Figure 39). This has improved since the 2021-CHNA-SIP process where 29.4% of Hudson County adults reported no leisure time for activity in the past 30 days compared to a New Jersey average of 27.9%. Figure 93 in the appendix 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
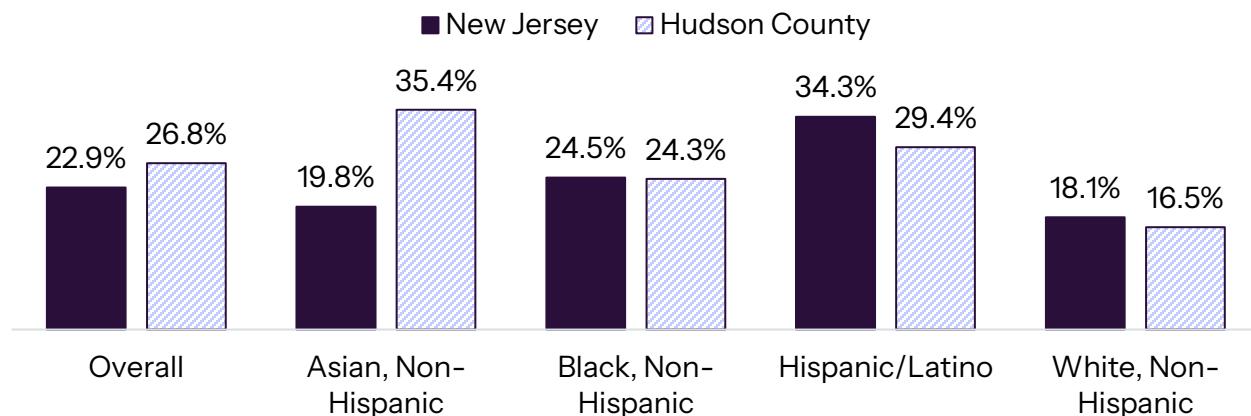
DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

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 that Hudson County had, like the rest of the country, high rates of diabetes and hypertension. Of particular concern was chronic disease management, including medication adherence, appropriate nutrition, and early intervention. The following section describes health data (e.g., screening, incidence, mortality, etc.) related to chronic conditions in Hudson County.

High Cholesterol and High Blood Pressure
High cholesterol and high blood pressure are 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. In 2024, community survey respondents were asked if they had ever received a cholesterol or blood pressure screening in the past two years. Nearly three-quarters (74.2%) indicated that they had participated in a cholesterol screening, and 80.7% participated in a blood pressure screening (Figure 40). The results had some variation by race/ethnicity. Black and Latino respondents were least likely of have participated in a cholesterol screening (69.9% and 73.4%, respectively), compared to 79.1% of White respondents. Blood pressure checks also differed by race/ethnicity. Notably, only 72.9% of Latino respondents indicated that they had participated in blood pressure screenings in the past 2 years compared to 88.5% of White respondents.

Figure 40. Percent of Community Survey Respondents Reporting Participation in Cholesterol and Blood Pressure Screening in the Past 2 Years, Hudson County Residents, by Race/Ethnicity, 2024
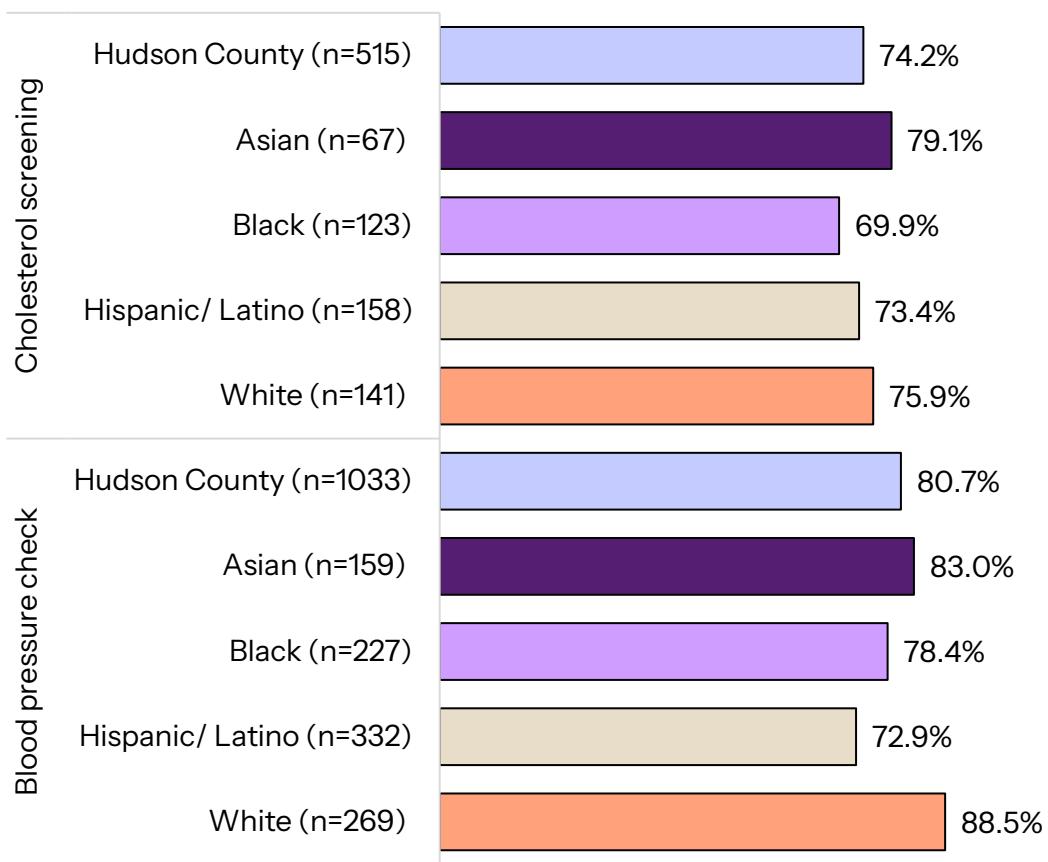
DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Percentages are calculated among those recommended for screenings by the U.S. Preventive Services Task Force. Cholesterol screening is recommended for those assigned male at birth aged 35 years and older and those assigned female at birth aged 45 years and older.

A high proportion of survey respondents reported being affected by high cholesterol and high blood pressure. Overall, 39.4% of survey respondents in Hudson County reported ever being told by a healthcare provider that they had high blood pressure and 41.8% that they had high cholesterol (Figure 41). Fewer Asian (30.6%) and Latino (35.7%) respondents reported having been told they had high blood pressure compared to Black respondents (47.9%). In terms of high cholesterol, percentages ranged from 28.6% of Latino respondents to 46.1% of White respondents. 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 above, there were differences in the proportion of residents that indicated being screened for these conditions, with proportionally fewer Latino and Black residents being screened. Of the survey respondents who were ever told that they had high blood pressure or high cholesterol, 87.9% and 76.0% reported being under medical care for high blood pressure and high cholesterol, respectively.

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

High blood pressure
- Hudson County (n=759): 39.4%
- Asian (n=98): 30.6%
- Black (n=167): 47.9%
- Hispanic/ Latino (n=235): 35.7%
- White (n=230): 38.3%

High cholesterol
- Hudson County (n=759): 41.8%
- Asian (n=98): 28.6%
- Black (n=167): 41.9%
- Hispanic/ Latino (n=235): 41.3%
- White (n=230): 46.1%
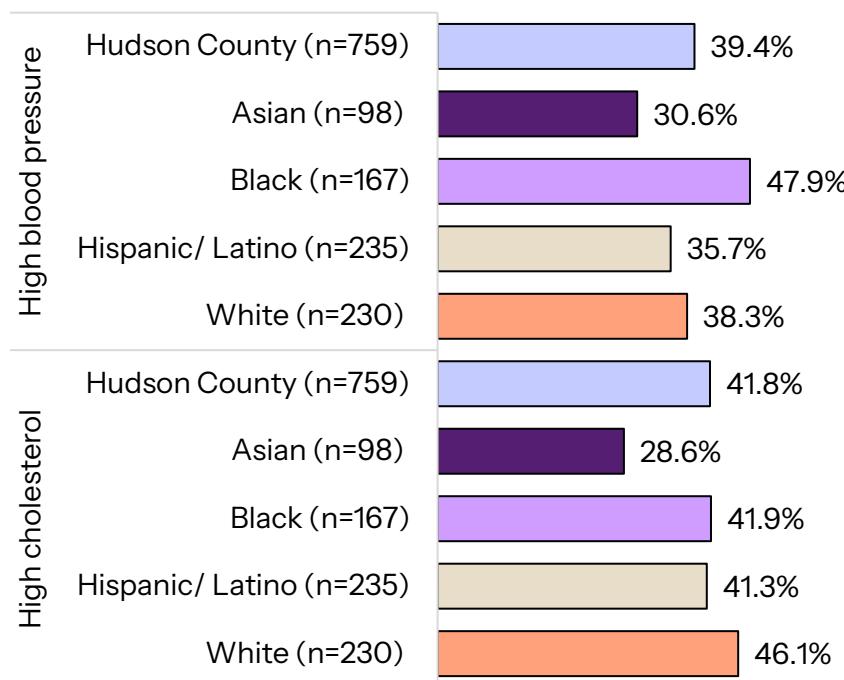
DATA SOURCE: Community Health Needs Assessment Survey, 2024

Heart Disease
While focus group and interview participants did not directly discuss heart disease, it is the leading cause of death in Hudson County and closely associated with other conditions mentioned by residents such as diabetes and overweight/obesity.

According to surveillance data, the rate of cardiovascular disease hospitalizations in Hudson County (73.3 per 10,000 population) was slightly lower than New Jersey overall (77.4 per 10,000) (Figure 42). Disparities exist within Hudson County, with Black residents being hospitalized due to cardiovascular disease at nearly two times the county rate (124.0 per 10,000) and Asian residents being hospitalized at less than half of the county rate (28.8 per 10,00).

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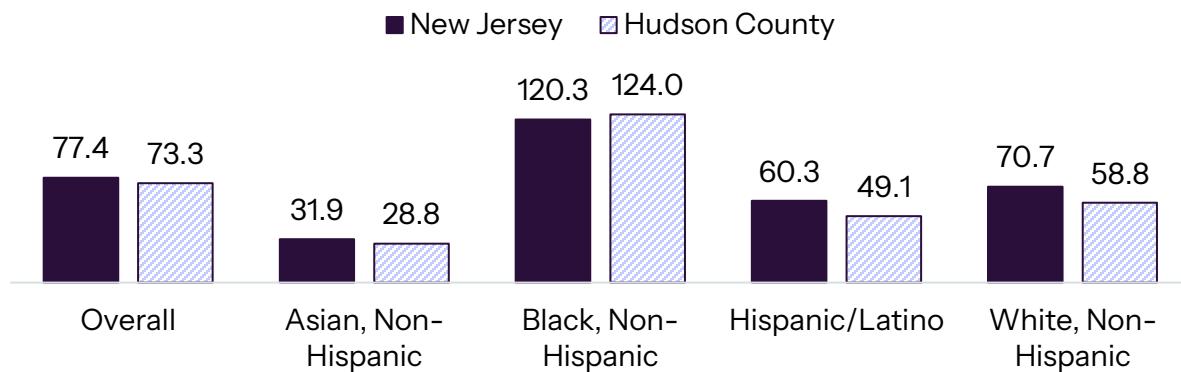
■ New Jersey   ▨ Hudson County

Category	New Jersey	Hudson County
Overall	77.4	73.3
Asian, Non-Hispanic	31.9	28.8
Black, Non-Hispanic	120.3	124.0
Hispanic/Latino	60.3	49.1
White, Non-Hispanic	70.7	58.8

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 Hudson County (128.0 per 100,000 residents) than in the state (146.7 per 100,000) (Figure 43). Heart disease mortality rates were highest among Black residents (200.4 per 100,000), followed by White residents (167.0 per 100,000).

Figure 43. Age-Adjusted Rate of Cardiovascular Disease Mortality per 100,000, by Race/Ethnicity, by State and County, 2023
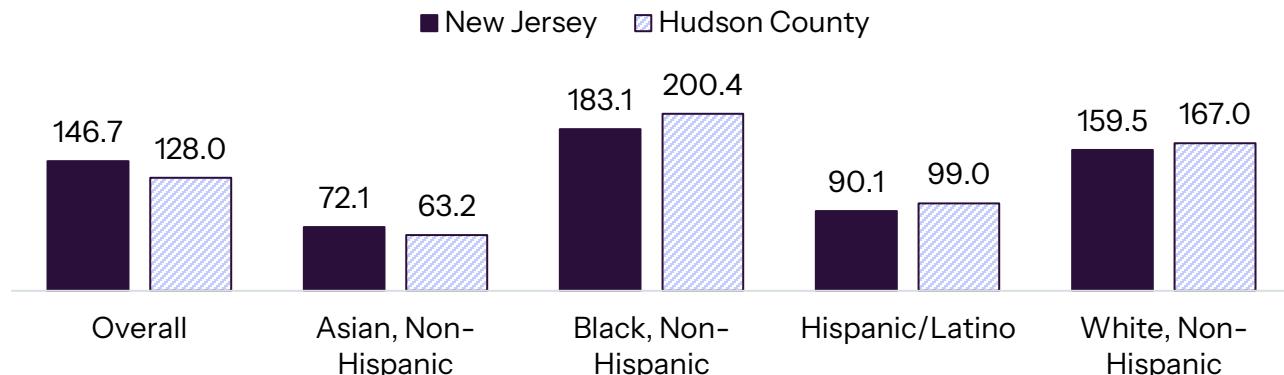
■ New Jersey   ▨ Hudson County

Category	New Jersey	Hudson County
Overall	146.7	128.0
Asian, Non-Hispanic	72.1	63.2
Black, Non-Hispanic	183.1	200.4
Hispanic/Latino	90.1	99.0
White, Non-Hispanic	159.5	167.0

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

Overall, 15.0% of community survey respondents in Hudson County indicated receiving heart disease education in the past two years (Figure 44). Participation in heart disease education somewhat differed by race/ethnicity, with 11.4% of Asian residents reporting participating compared to 16.6% of Latino residents, 15.0% of Black residents, and 14.5% of White residents.

Figure 44. Percent of Community Survey Respondents Participating in Heart Disease Education in the Past 2 Years, Hudson County Residents, by Race/Ethnicity, (n=1021), 2024

15.0%	11.4%	15.0%	16.6%	14.5%
Hudson County (n=1021)	Asian (n=158)	Black (n=227)	Hispanic/ Latino (n=332)	White (n=269)
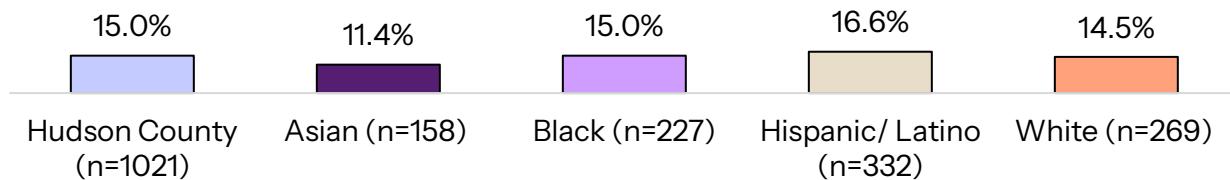
DATA SOURCE: Community Health Needs Assessment Survey, 2024

Overall, 15.0% of community survey respondents indicated that they had ever 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 (20.0%) respondents reporting having been told they had a heart condition.

Figure 45. Percent of Community Survey Respondents Ever Being Told They Had a Heart Condition by a Provider, Hudson County Residents, by Race/Ethnicity, (n=759), 2024
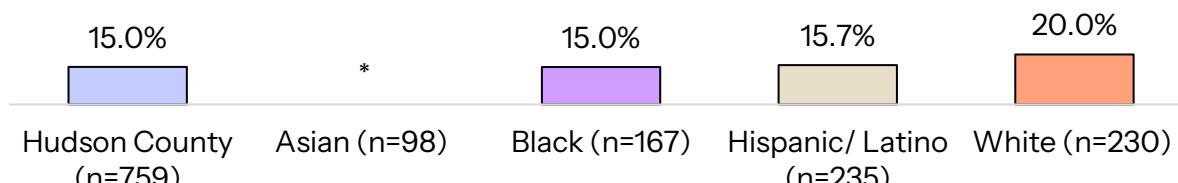
15.0%	*	15.0%	15.7%	20.0%
Hudson County (n=759)	Asian (n=98)	Black (n=167)	Hispanic/ Latino (n=235)	White (n=230)

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

Diabetes
Diabetes and diabetes management were the most frequently mentioned chronic health concerns discussed by focus group and interview participants. Interview participants in the health sector and those managing food programs mentioned observing an increase prevalence of diabetes in recent years and focus group participants noted that diabetes was common in their communities. An interviewee explained the prevalence of diabetes and the associated challenges, *"Just based off our UDS*

> *"If there are more programs about taking care of diabetes, ways to access a gym, I would like to have access to that."*
> – Focus Group Participant

numbers, the number of patients that have a hemoglobin A1C of over nine is startling. That comes [with the need for] appropriate care, follow-up visits every three months. These are things that people who are working day-to-day can't necessarily avoid, [but] can't necessarily take a day off work, and therefore, wait and wait and just get refills and it's not always ideal." Another interviewee discussed increased difficulty managing diabetes for unhoused populations, who face higher barriers accessing healthy food, medication, and medical care. Overall, the themes that emerged strongly among discussion participants were insurance problems, uncertainty around disease management, and cost barriers.

Figure 46 shows the percentage of adults who reported a diagnosis of diabetes overall and by race/ethnicity from 2018 to 2022, the most recent years that surveillance data are available and aggregated over time due to small numbers. Overall diabetes rates were higher in Hudson County (11.4%) than in New Jersey (9.0%). Diabetes rates in Hudson County were highest among Latino (12.9%) and Black (10.9%) residents. Community survey respondents identified diabetes as their number 1 top health concern overall.

Figure 46. Percent of Adults Reporting Diabetes Diagnosis, by Race/Ethnicity, by State and County, 2018-2022
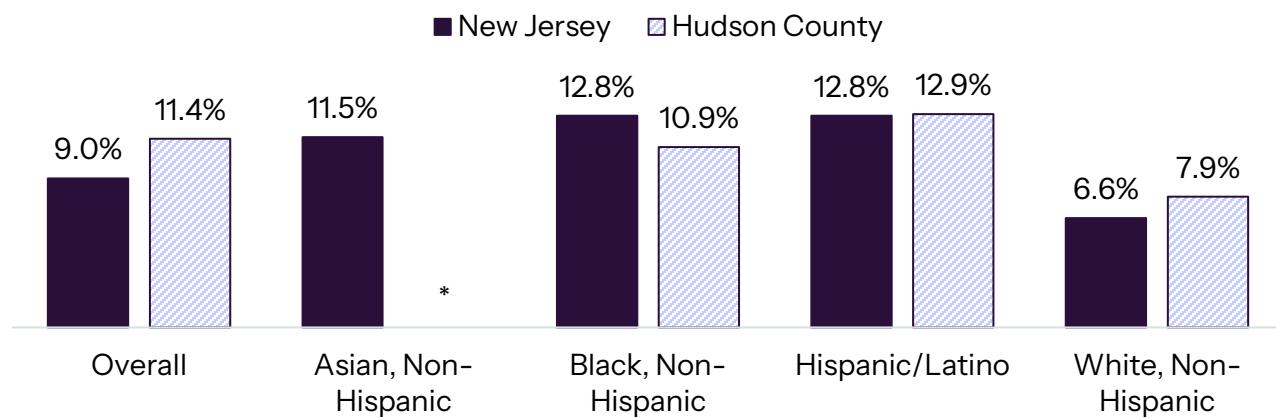
DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2018-2022
NOTE: Asterisk (*) represents percentages based on fewer than 50 completed surveys and/or relative standard error (RSE) > 30% are not shown because 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 Hudson County, 65.9% of respondents were screened for diabetes (Figure 47). Participation in diabetes screenings or blood sugar checks differed by race/ethnicity ranging from 59.9% among Latino respondents to 59.9% among White respondents.

Figure 47. Percent of Community Survey Respondents Who Participated in Diabetes Screenings or Blood Sugar Checks in the Past 2 Years, Hudson County Residents, by Race/Ethnicity, (n=1033), 2024
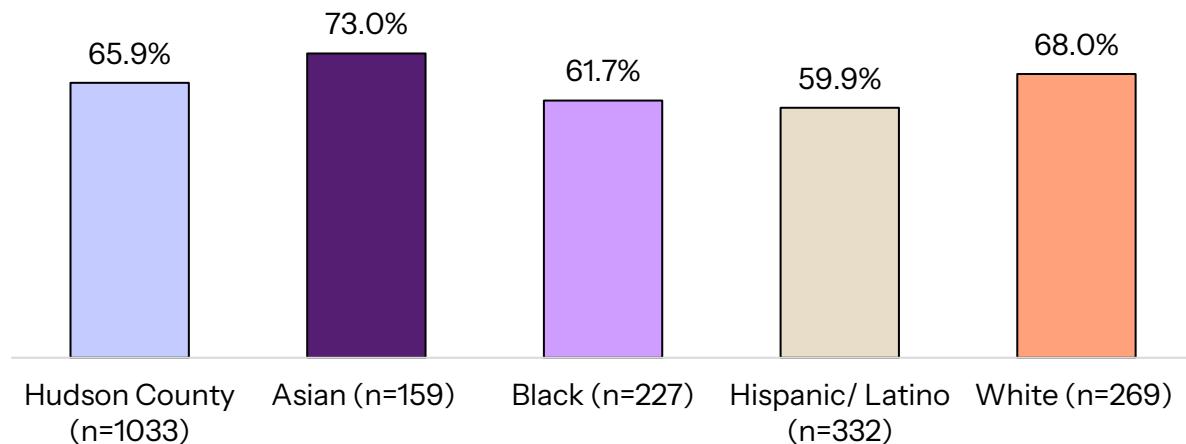
DATA SOURCE: Community Health Needs Assessment Survey, 2024

Cancer
Even though cancer is the second leading cause of death in Hudson County and New Jersey overall, it was not a common theme discussed in focus groups or interviews. However, a couple of interviewees mentioned concern for decreased access to cancer screenings, primarily due to affordability challenges. Another interviewee described a community-based screening program for immigrant residents that they have been able to implement using grant funds and partnerships with a local family planning organization. Furthermore, cancer was identified as the third top health concern among community survey respondents. These data suggest that, among community respondents, focus group participants, and interviewees, cancer is a key health issue in Hudson County.

Overall, there were 380.9 cases of cancer per 100,000 residents in Hudson County, according to the NJ State Cancer Profile (Figure 48).

Figure 48. Age-Adjusted Invasive Cancer Incidence Rate per 100,000, by State and County, 2017-2021
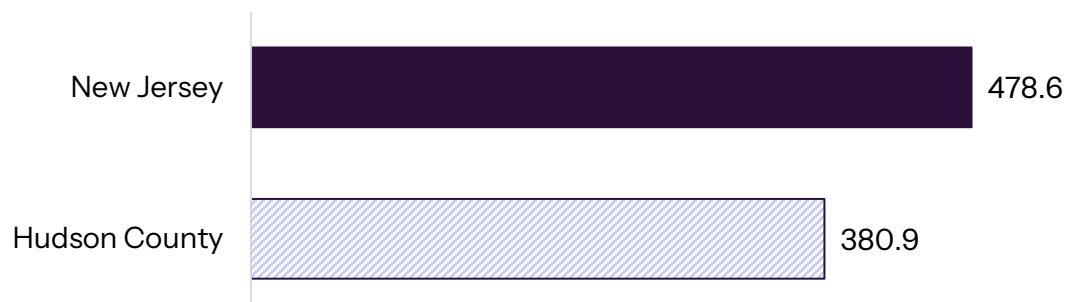
DATA SOURCE: New Jersey State Cancer Registry, 2024

Among Hudson County community survey respondents, 8.3% reported ever being told they had cancer by a provider (Figure 49). Percentages differed by race/ethnicity, ranging from 5.5% of Latino to 11.7% of White respondents. Slightly over half (79.7%) of survey respondents diagnosed with cancer were currently under medical care to manage the condition.

Figure 49. Percent of Community Survey Respondents Ever Told They Had Cancer by a Provider, Hudson County Residents, by Race/Ethnicity (n=759), 2024
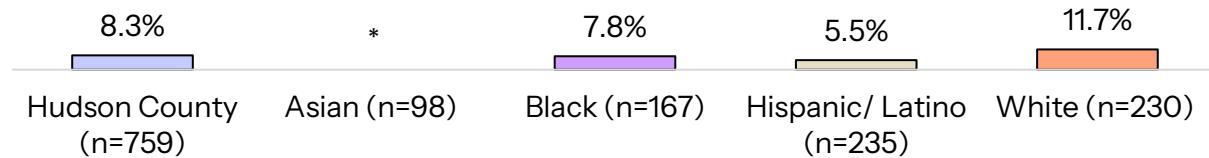
8.3%	*	7.8%	5.5%	11.7%
Hudson County (n=759)	Asian (n=98)	Black (n=167)	Hispanic/ Latino (n=235)	White (n=230)

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

According to hospital tumor registries, in 2023, 12.5% and 22.0% of cancer cases in JCMC were Stage 3 and Stage 4, respectively. More than half of lip and oral cavity (72.7%), lymph nodes (69.2), respiratory and intrathoracic organs (67.9%), digestive organs (53.2%) and male genital organs (51.2%) cancer cases were stage 3 or 4. Furthermore, of the lip and oral cavity and lymph nodes cancer cases at JCMC, more than half were Stage 4 (63.6% and 53.8%, respectively) (Appendix G. Cancer Data).

In 2021, the last year for which these data were available, the overall cancer mortality rate in Hudson County was less than that of the state (117.3 per 100,00 and 137.0, respectively) (Figure 50). Black residents had the highest cancer mortality rate (168.4 per 100,000) of any race/ethnicity and had a rate that was higher than New Jersey (137.0) and the county average (153.9). Asian (70.7 per 100,000) and Latino (87.9 per 100,000) residents had the lowest cancer mortality rates of any race/ethnic group.

Figure 50. Age-Adjusted Deaths Due to Cancer per 100,000, by Race/Ethnicity, by State and County, 2017-2021
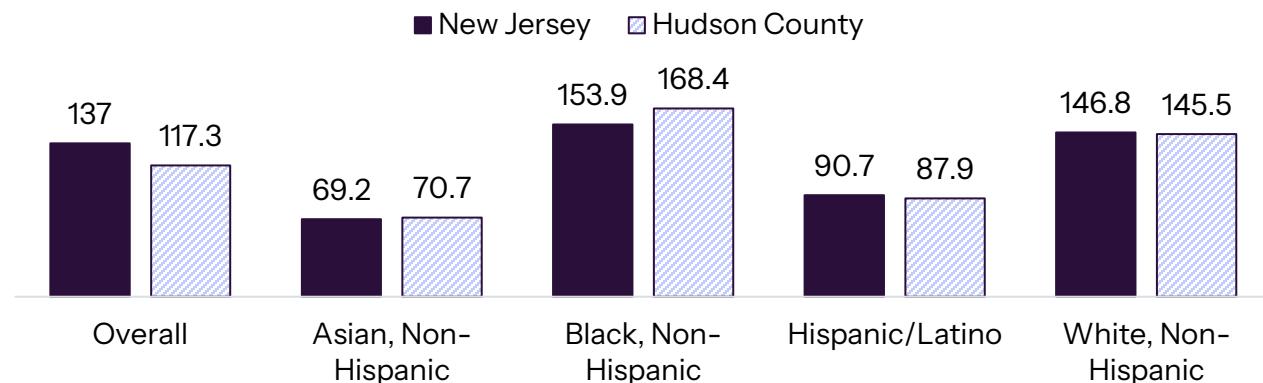
■ New Jersey ◻ Hudson County

	Overall	Asian, Non-Hispanic	Black, Non-Hispanic	Hispanic/Latino	White, Non-Hispanic
New Jersey	137	69.2	153.9	90.7	146.8
Hudson County	117.3	70.7	168.4	87.9	145.5

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

The cancers that claimed the most lives in Hudson County were lung and bronchus cancer (22.8 deaths per 100,000 population), followed by prostate (14.1 deaths per 100,000 population), colorectal (11.9 deaths per 100,000), and breast (9.1 deaths per 100,000 females) cancers (Figure 51). The mortality rate of these three cancers fell from 2016-2020 (Appendix G. Cancer Data).

Figure 51. Age-Adjusted Cancer Mortality Rate per 100,000, by Cancer Site, by State and County, 2017-2021
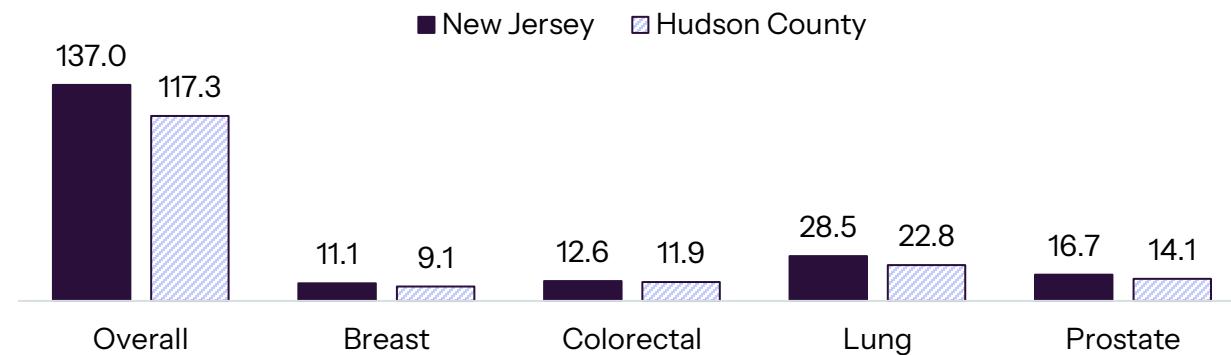
■ New Jersey ◻ Hudson County

	Overall	Breast	Colorectal	Lung	Prostate
New Jersey	137.0	11.1	12.6	28.5	16.7
Hudson County	117.3	9.1	11.9	22.8	14.1

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

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 New Jersey and in Hudson County by race/ethnicity. The breast cancer incidence rate in Hudson County (107.0 per 100,000) was highest among White (125.9 per 100,000) and lowest among Latino (93.4 per 100,000) residents. Because race and Hispanic origin are not mutually exclusive in the New Jersey State Cancer Registry, caution should be used when comparing rates among Latino residents to rates in the different racial groups. More information on breast cancer deaths can be found in Figure 102 in Appendix E. Additional Data Tables and Graphs and in Appendix G. Cancer Data.

Figure 52. Age-Adjusted Rate of Female Breast Cancer per 100,000, by Race/Ethnicity, by State and County, 2017-2021

■ New Jersey   ▨ Hudson County

	Overall	Asian, Non-Hispanic	Black, Non-Hispanic	Hispanic/Latino	White, Non-Hispanic
New Jersey	136.4	106.0	131.3	105.3	148.5
Hudson County	107.0	105.0	104.6	93.4	125.9
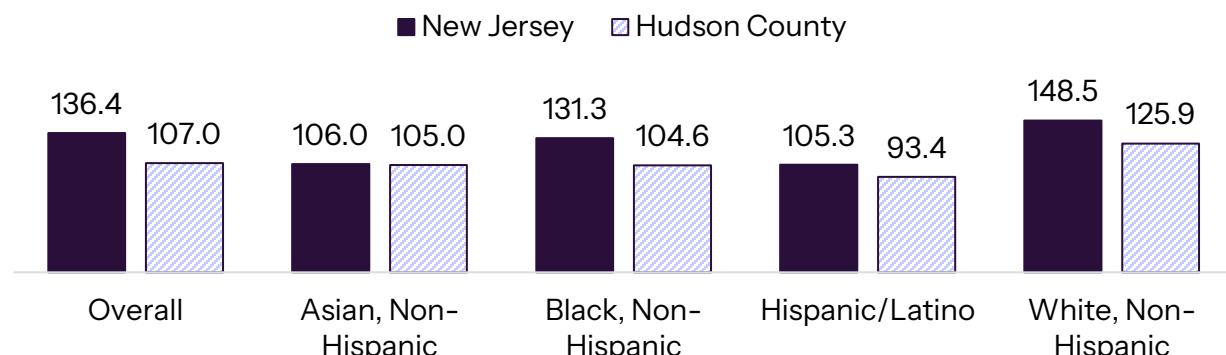
DATA SOURCE: New Jersey State Cancer Registry, 2024

Screening and early detection are critical to improved cancer-related outcomes. Community survey participants who identified as female were asked if they had participated in mammography screenings in the past two years. Overall, 79.2% of female Hudson County residents aged 40-74 had a mammography in the past two years (Figure 53). However, there were some differences by race/ethnicity with Latina respondents reporting participating the least (74.1%) and White respondents the most (86.7%).

Figure 53. Percent of Community Survey Respondents Who Had Mammography or Breast Exam Screening in the Past 2 Years, Hudson County Residents, by Race/Ethnicity, (n=351) 2024
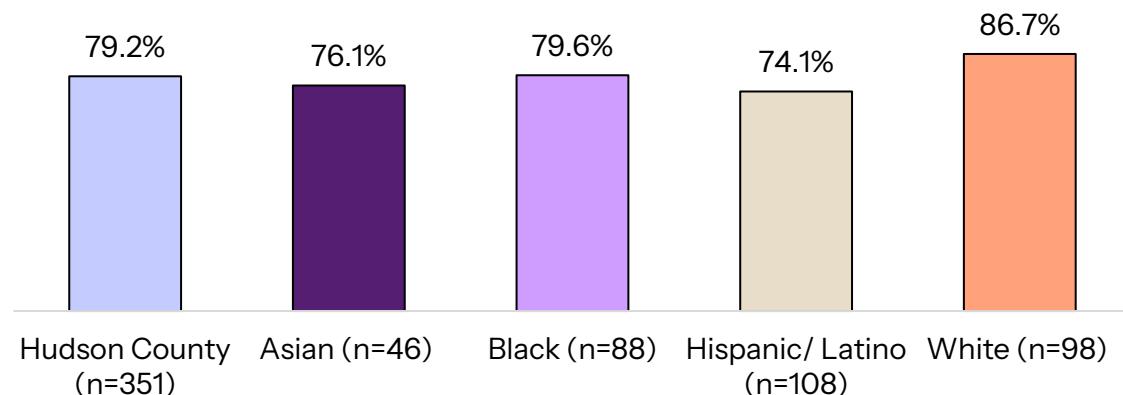
Hudson County (n=351)	Asian (n=46)	Black (n=88)	Hispanic/ Latino (n=108)	White (n=98)
79.2%	76.1%	79.6%	74.1%	86.7%

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, vulvar cancer, and cervical cancer. Throat

was the most common HPV-associated cancer in Hudson County in 2017-2021 (83.9 per 100,000) (Table 14). Overall, the Hudson County rates of HPV-associated cancers were comparable to those of the state. Figure 103 in Appendix E. Additional Data Tables and Graphs presents additional data on deaths due to prostate cancer in 2021.

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 Uteri
New Jersey	11.2	1.8	0.9	0.6	2.9	7.2
Hudson County	8.9	1.4	0.8*	0.6*	2.4	8.2

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. Community survey respondents were asked about their participation in screenings for colon and skin cancer within the past two years. About half (44.0%) of respondents reported receiving a colon cancer screen (Figure 54) and nearly one in seven (13.6%) respondents reporting having a skin cancer screen in the last two years (Figure 55). While White residents were the least likely to have had a colon cancer screen (40.7%), they were more than twice as likely (28.6%) as other groups to have a skin cancer screen in the past two years.

Of note, the percentages of colon cancer screenings found in the community health survey are lower than those in state health statistics. According to the New Jersey Behavioral Risk Factor Survey, an estimated 67.1% of 50+ year-old adults in Hudson County self-reported being current with colorectal cancer screening recommendations in 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). A consideration is that the community health survey data are drawn from a convenience sample and may not be representative of the population of New Jersey or Hudson County overall. In addition, the lower percentages observed in the community health survey may be indicative of disruptions in access to care caused by the COVID-19 pandemic and subsequent changes in residents' ability to access care. Finally, these discrepancies may be due to differences in the question wording.

Figure 54. Percent of Community Respondents Screened for Colon Cancer in the Past Two Years, Hudson County Residents, by Race/Ethnicity, (n=536), 2024
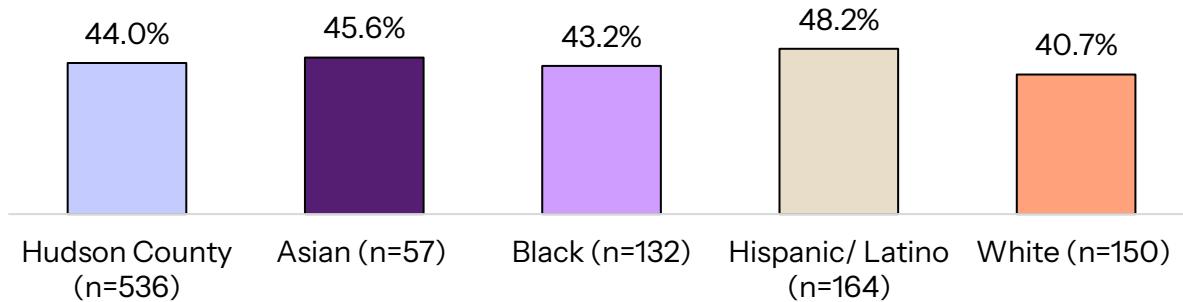
DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Percentages are calculated among those recommended for screenings by the U.S. Preventive Services Task Force. Colon cancer screening is recommended for adults aged 45 to 75 years old.

Figure 55. Percent of Community Respondents Screened for Skin Cancer in the Past 2 Years, Hudson County Residents, by Race/Ethnicity, (n=1024), 2024
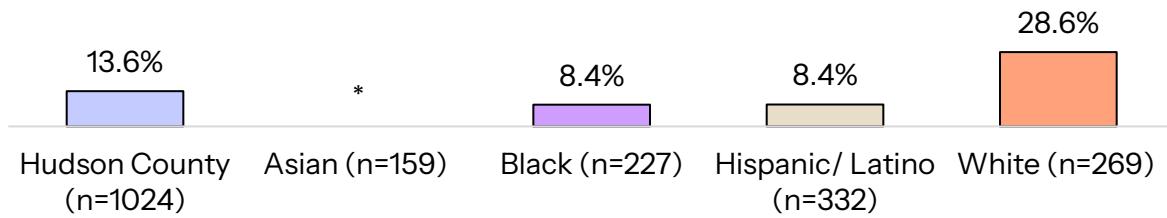
DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Asterisk (*) means data are suppressed due to low numbers.

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, Hudson County had higher rates of emergency department (ED) visits due to COPD (19.7 per 10,000 population) than New Jersey overall (15.2 per 10,000) and slightly higher rates of COPD-related hospitalizations to relative to the state (9.1 per 10,000 and 7.6 per 10,000 population, respectively) (Figure 56).

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

■ New Jersey   ☐ Hudson County

	ED Visits	Inpatient Hospitalizations
New Jersey	15.2	7.6
Hudson County	19.7	9.1
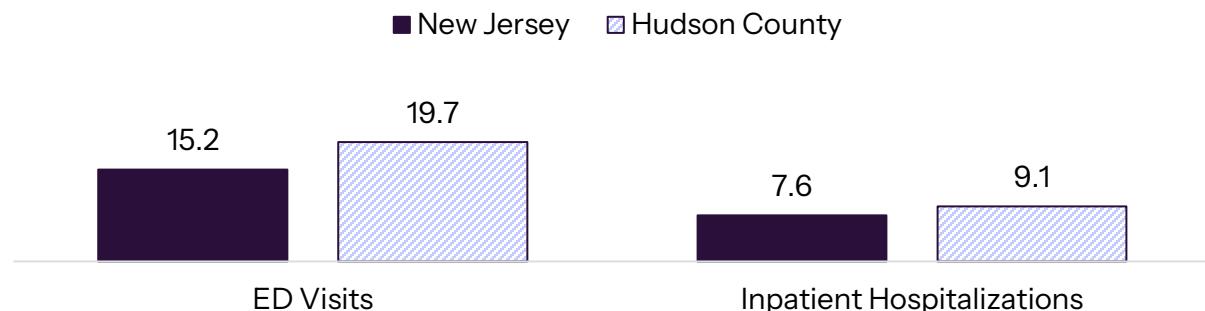
DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

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.

Disabilities were a topic discussed in some focus groups and interviews, particularly in the context of youth and caregivers. Autism and other developmental disabilities were discussed, from the viewpoint of parents and schools/programs that provide services to this population. The most common concern discussed were challenges identifying caregivers, educators, and other program staff that have the experience and expertise needed to engage with youth with disabilities and to meet their complex needs. Emphasis was placed on the challenges identifying professionals that can provide counseling,

"There is not a lot of places in Jersey City, you have to go out of the city [to find care for persons with disabilities]… when we call [looking for providers] they said 'oh no were not going to be able to care for him', because he's 28 years old but has the mentality of a 10 year old."
– Key informant interviewee

therapy, and other interventions, which often caused these residents to travel to other towns in search of appropriate providers. Health care providers also remarked that they are facing challenges meeting the volume of neurology referrals they are receiving from schools, which are intended to help students with assessment and diagnosis. Interviewees in school settings also remarked on challenges meeting the needs of this population, with one interviewee commenting, "*I'd like to see more focus and funding on kids from developmentally disabled backgrounds. I carve out time for kids from these backgrounds for our therapy dog program, but they need more.*" Additional details about mental and behavioral health among youth are discussed in the section Mental Health and .

Focus group participants also remarked on the need for additional caregiver support, both to help them better manage care for their dependents and to help them maintain their own health. For example, participants explained that additional care coordination support would

help make their lives easier, ideally to help them identify appropriate providers and to identify programs that they are eligible for but may not be aware of. These additional supports, interviewees remarked, would also be helpful to maintain continuity of care should anything happen that disrupts the caregiver's ability to fulfill their role. As one interviewee explained, "*[Our family] needs advice to help take care of adults with special needs. If I passed away, or my siblings did, who takes care of my brother?*" Given the additional stresses placed on caregivers, and possible barriers to care such as childcare and free time to attend appointments,

Older adults may also face obstacles related to disabilities, such as limited mobility or mental health challenges, but these were not often discussed by participants. Instead, older adults were often a priority population identified when thinking about housing supports, especially since older adults are more likely to be on limited or fixed incomes. These financial challenges also emphasized the needs of older adults to be connected with other social services programming, as one interviewee discussed, "*The seniors come with a host of different issues that they are looking to be resolved. They're looking to be linked to various services to help them sustain themselves and remain independent and that is harder in an environment where prices are just increasing for so many things.*"

American Community Survey data from 2019-2023 show that the number of people with disabilities differs across the Hudson County service area. Overall, about 8.7% of Hudson County residents have a disability. The percentage of individuals living with a disability varies by town within Hudson County, from Jersey City (07310, Newport) (2.3%) to Union City (11.7%) (Figure 57). More information on the percentage of residents with a disability by age can be found in Table 36 in the appendix. The proportion of persons with a disability is likely higher among certain groups. For example, 39% of homeless persons in New Jersey reported having one or more disabilities in January 2025, according to the New Jersey Counts Hudson County Point in Time report.[42]

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[42] New Jersey Housing and Mortgage Finance Agency, NJ Counts, Hudson County, Point-in-Time Count of the Homeless, January 28, 2025, https://monarchhousing.org/wp-content/uploads/2025/07/PIT-Report-2025-Hudson.pdf

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

Location	Percent
New Jersey	10.6%
Hudson County	8.7%
Bayonne	9.8%
Guttenberg	10.1%
Hoboken	4.6%
Jersey City	7.7%
Jersey City (07302, Downtown)	4.7%
Jersey City (07304, Bergen-Lafayette)	8.5%
Jersey City (07305, Greenville)	9.8%
Jersey City (07306, Journal Square)	8.1%
Jersey City (07307, Jersey City Heights)	9.1%
Jersey City (07310, Newport)	2.3%
North Bergen	11.4%
Secaucus	9.6%
Union City	11.7%
Weehawken	6.6%
West New York	10.8%
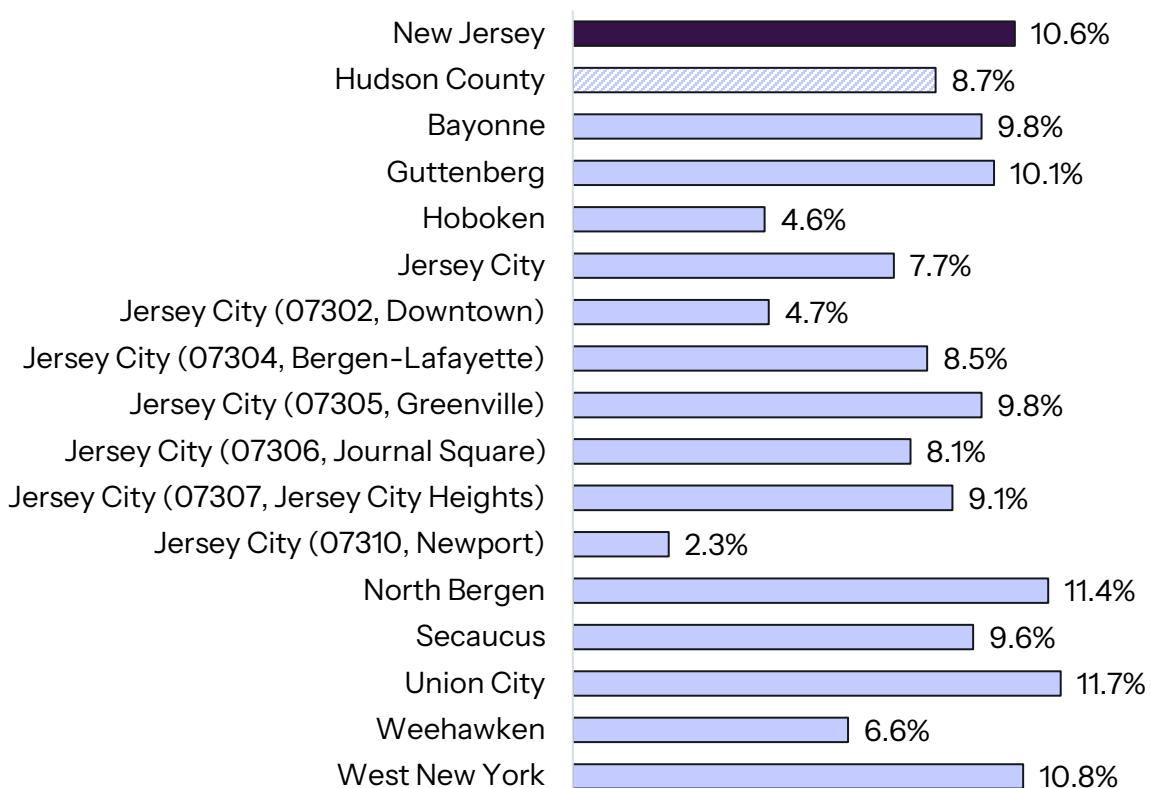
DATA SOURCE: U.S. Census, American Community Survey, 5-Year Estimates, 2019-2023

Mental Health and Behavioral

Behavioral health is thought of as the connection between the health and well-being of the body and the mind. In the healthcare field, mental health and substance use are typically discussed under the larger framework of behavioral health. Access to care and behavioral health were priorities of the 2022-2025 JCMC CHNA-SIP process.

Mental Health

Mental health was identified as a community concern in almost every interview and focus group. Participants identified depression, anxiety, stress, trauma, and substance use as behavioral health challenges for community residents and noted that these all have been exacerbated since the pandemic. Poor mental health has a negative impact on overall well-being: those with mental health conditions have difficulty managing other health conditions and accessing services such as healthcare, housing, and food resources. Several interviewees commented that some

> *"The mental illness is an all-time high, people are noticing it, it's going untreated. Not everyone is on drugs, [but] every day there are more and more. With the poverty, and the way the world is going, it's also causing mental illness."*
> – Focus group participant

populations in the community are at a higher risk of mental health challenges than others. Youth, immigrants, individuals with disabilities, violence survivors, unhoused residents, and individuals in the LGBTQ+ community were emphasized as key populations for mental health

supports. For additional information about the unique healthcare needs of Hudson County residents with disabilities, please see the section titled Disability.

Youth mental health was described as a key area of concern among many interviewees. Participants identified several factors contributing to the state of youth mental health, including self-imposed pressures on academic performance, experiences with loss and trauma, difficulty with emotional regulation and social skills, prevalence of social media, and exposure to violence and bullying (e.g., online bullying, date rape, exposure to violence at home). Suicidal ideation, disordered eating, substance use, and behavioral challenges were also mentioned. Primary barriers to accessing behavioral health care for youth included long wait times, stigma, and cost/insurance. Though behavioral health challenges were described as impacting children at all age levels and backgrounds, youth who are immigrants, LGBTQ+ youth, and youth with disabilities such as autism may be at higher risk and more likely to face challenges accessing the care they need. One participant stated, *"[There are] so many services that are not prepared to work with these children [children with autism]– Sometimes, these kids languish because they have nowhere to go. These situations are difficult, and at a crisis level around the state*."

> *"Just the experiences that they've had getting into this country and surviving– it's just the resilience of the communities and their desire and determination to have a healthy and fulfilling life in America."*
> – Key Informant Interviewee

Another community concern was for the mental health of immigrants, noted by several interviewees and focus group participants. Participants reported that immigrant populations in Hudson County experienced high levels of trauma before arriving in the United States. Even after immigrant residents arrive in Hudson County, they may continue to experience trauma related to experiences happening in their home countries. One focus group participant stated, *"Mental healthcare is one of the number one things [needed for immigrant communities] because we're still very – we're losing a lot of people there [in Ukraine] and even my friends I see losing their lives, and a lot of children left seeing bombs and drones…Drone war- it's very scary."* Participants also explained that immigrant residents face unique challenges to accessing healthcare and other SDoH, and that there are situations unfolding in the United States in 2025 that are increasing stress and fear among these communities. For additional information about the health of immigrant communities in Hudson County, please see the sections Foreign-Born Population and Systemic Racism and Discrimination.

Interviewees also expressed concern for the mental health and wellbeing of residents in the community who identify as LGBTQ+. Individuals in these communities may face increased stigma, stress, and other barriers to accessing care. Furthermore, participants noted that increased negative sentiments and anti-transgender rhetoric from the new administration are expected to further impact the mental health of this community. One interviewee explained, *"Mental health in general [is a focus for the LGBTQ+ community]. And especially for transgender [residents], hormone replacement therapy. There will be an increase in suicide, an increase in mental health disorders*." Participants also expressed concerns that existing programs are reliant on grant funding to provide services to the LGBTQ+ community, and there are concerns that funding from a variety of sources may disappear. One interviewee shared, *"There's so many grants that are focused on LGBT community and*

health that don't come from HRSA, that don't come from other federal or state sources, that could potentially go away as well." For additional insights into the experiences of the LGBTQ+ population, please see Systemic Racism and Discrimination and Sexual Health and Sexually Transmitted Infections.

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 sixth top health concern in their communities, and number one top health concern for children and youth. Among Hudson County survey community respondents, 17.5% reported experiencing 10-19 days of poor mental health, and 13% reported 20-30 days of poor mental health in the last 30 days (Figure 58). Additionally, 12% of survey respondents reported experiencing 10-19 days in which poor mental health limited their usual activities, and 8.3% reported 20-30 days in which poor mental limited their usual activities. According to the Behavioral Risk Factor Survey from 2020-2022, 16.3% of adults in New Jersey and 14.8% in Hudson County had ever been diagnosed with depression (Figure 108 in the appendix). Mental health and behavioral health were identified as a priority area during the 2022 JCMC CHNA-SIP process as well.

Figure 58. Percent of Hudson County Community Survey Respondents with Poor Mental Health in the Last 30 Days, 2024
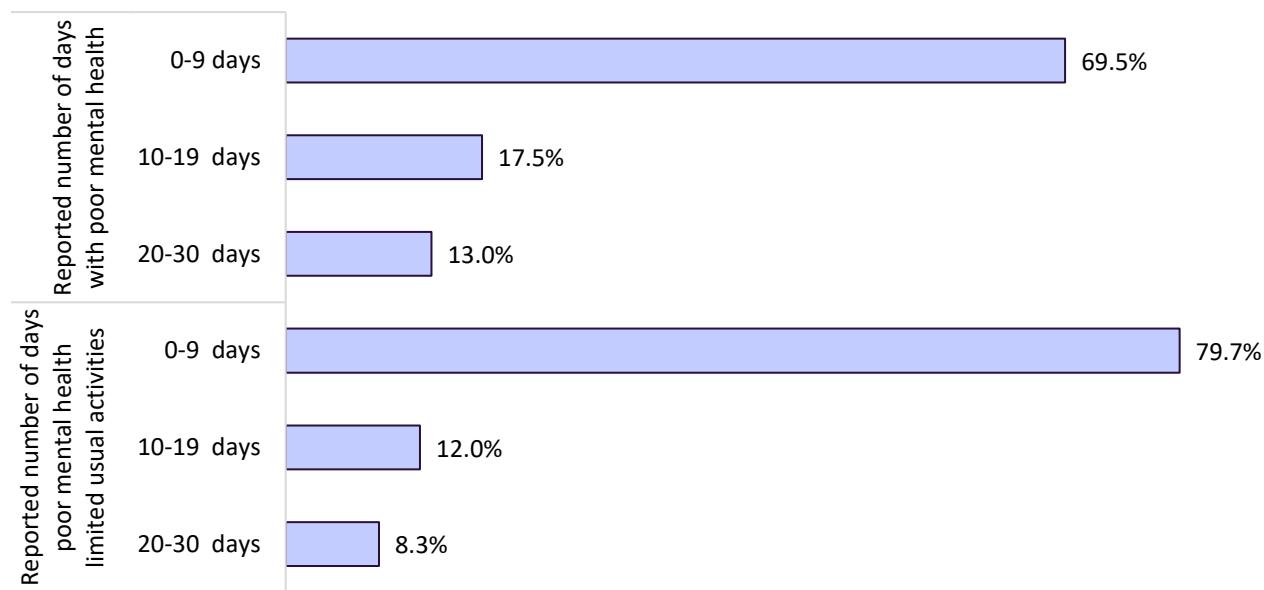
DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" was answered by 800 respondents. "During the past 30 days, 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 793 respondents.

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 is 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

■No ACEs   □1 ACE   □2+ ACEs

| 77.7% | 15.6% | 6.7% |
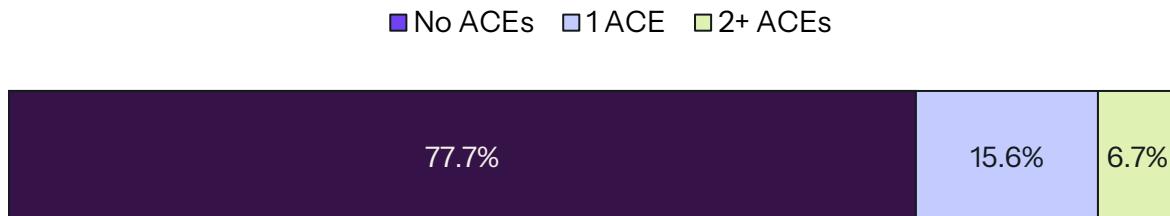
DATA SOURCE: National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau

More than 1 in 4 (26.5%) Hudson County survey respondents reported receiving mental health counseling in the past two years. Rates of participation varied by race/ethnicity. White (34.9%) and Latino (31.3%) respondents were more likely to report receiving mental health counseling in the last two years compared to Asian (18.4%) and Black (20.7%) respondents (Figure 60).

Figure 60. Percent of Hudson County Survey Respondents Who Received Mental Health Counseling in the Past 2 Years, by Race/Ethnicity, (n=1021), 2024

Hudson County (n=1021)	Asian (n=158)	Black (n=227)	Hispanic/ Latino (n=332)	White (n=269)
26.5%	18.4%	20.7%	31.3%	34.9%
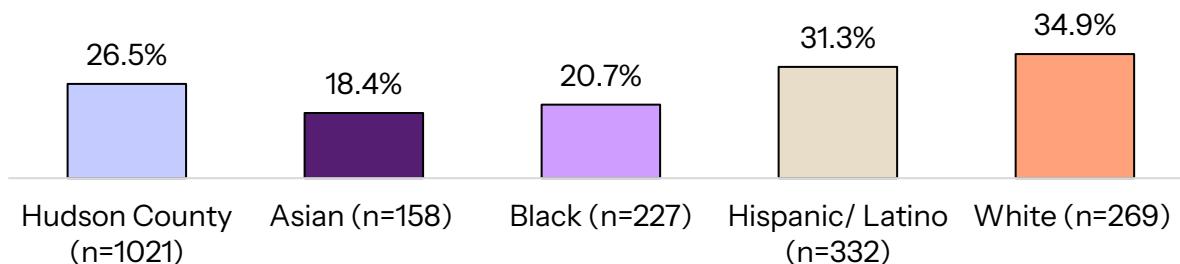
DATA SOURCE: Community Health Needs Assessment Survey, 2024

Hospital discharge data from 2023 show that Hudson County had higher rates of emergency department (ED) visits (204.7 per 10,000) and inpatient hospitalizations (63.9 per 10,000) due to mental health than New Jersey (164,4 and 59.4 per 10,000, respectively) (Figure 61).

Figure 61. Age-Adjusted Rate of Inpatient Hospitalizations & Emergency Department (ED) Visits due to Mental Health per 10,000, by State and County, 2023
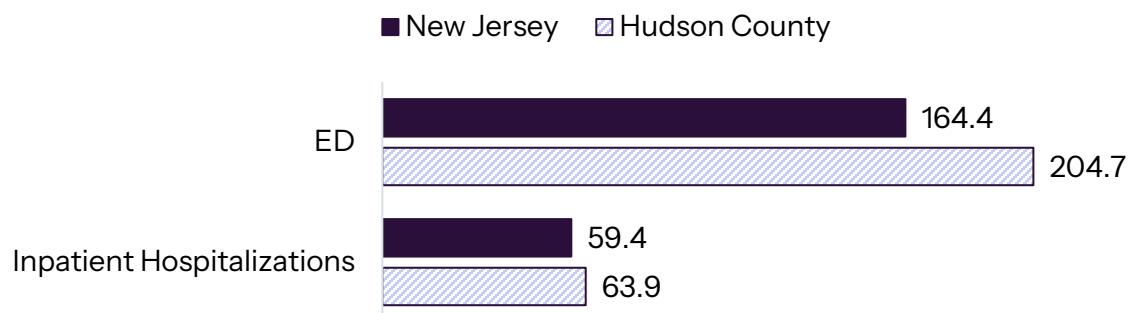
DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

Death Certificate Database data from 2021 indicate that overall suicide rates in Hudson County (5.7 per 100,000) were lower than in the state (7.3 per 100,000). White New Jersey residents had the highest rate of suicide deaths than any other racial/ethnic group (Table 17).

Table 17. Age-Adjusted Suicide Death Rate per 100,000 Population, by Race/Ethnicity, by State and County, 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
Hudson County	5.7	3.2	4.8	4.5	8.2

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

According to hospital discharge data, rates of pediatric hospitalization due to mental health between 2019-2023 were higher in Hudson County (31.2 per 10,000) than in New Jersey (28.5 per 10,000). Rates were highest in Hudson County among Black children (35.1 per 10,000) and lowest among Asian children (4.8 per 10,000) (Figure 62).

Figure 62. Rate of Pediatric Hospitalizations due to Mental Health per 10,000, by Race/Ethnicity, by State and County, 2019-2023
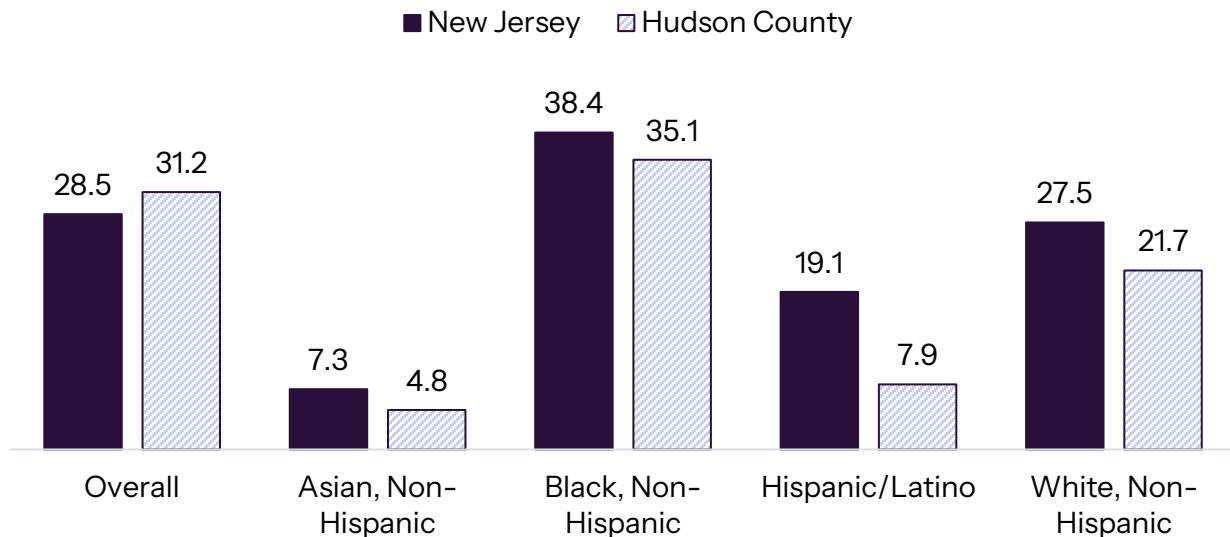
■ New Jersey ▨ Hudson County

Category	New Jersey	Hudson County
Overall	28.5	31.2
Asian, Non-Hispanic	7.3	4.8
Black, Non-Hispanic	38.4	35.1
Hispanic/Latino	19.1	7.9
White, Non-Hispanic	27.5	21.7

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

Pediatric hospitalizations due to mental health have trended at similar rates in Hudson County compared to New Jersey from 2019-2023, though rates in Hudson County increased after 2021 whereas New Jersey observed a decline. (Figure 63). The county experienced an increase in hospitalization rates in the aftermath of the COVID-19 pandemic, but data show the rate may be stabilizing or declining from 2022 to 2023.

Figure 63. Rate of Pediatric Hospitalizations 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
Hudson County	26.2	23.4	31.2	38.1	37.9

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

Difficulty accessing mental health services was a theme in focus group and interview conversations, as described earlier in this section and in the section Barriers to Accessing Healthcare Services. Hudson 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. Overall, 35.7% of Hudson County respondents needed mental health services (Figure 64). Among those who needed services, 37.6% could not obtain them. In the sample overall, a higher proportion of Latino respondents (16.5%) reported not being able to access needed help. Additionally, 22.3% of respondents sought mental health services and/or treatment and accessed them in the past two years. White respondents (25.7%) were the most likely to access needed mental health help.

Figure 64. Community Health Survey Respondents' Experiences Accessing Help for Mental Health Problems for Respondent or a Family Member in the Past 2 Years, Hudson County Residents, by Race/Ethnicity, 2024

Legend:
- ☐ Hudson County (n=665)
- ■ Asian (n=94)
- ■ Black (n=148)
- ☐ Hispanic/ Latino (n=200)
- ☐ White (n=210)

Needed mental health services but could not get them
- Hudson County: 13.4%
- Asian: *
- Black: 12.2%
- Hispanic/Latino: 16.5%
- White: 14.8%

Needed mental health services and could get them
- Hudson County: 22.3%
- Asian: 19.2%
- Black: 21.0%
- Hispanic/Latino: 23.5%
- White: 25.7%

Did not need mental health services
- Hudson County: 47.7%
- Asian: 55.3%
- Black: 48.7%
- Hispanic/Latino: 41.0%
- White: 46.7%

Prefer not to answer/don't know
- Hudson County: 16.7%
- Asian: 17.0%
- Black: 18.2%
- Hispanic/Latino: 19.0%
- White: 12.9%
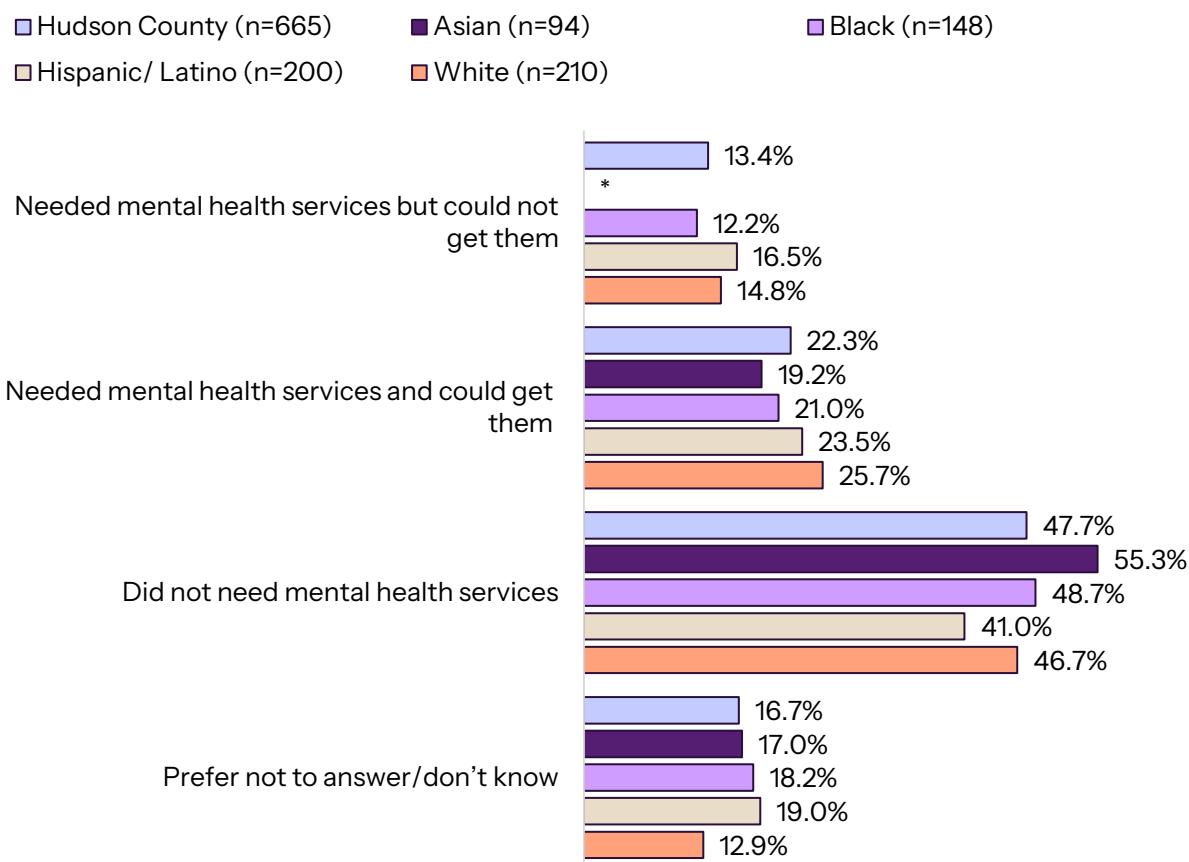
DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Asterisk (*) means that data were suppressed due to low numbers.

Mental health workforce data indicate that, in 2023, Hudson County had a higher population to mental health provider ratio than the state; there was one mental health provider per 1,082 Hudson County residents compared to one provider per 343 New Jersey residents (Figure 65). Based on these data, and consistent with focus group and interview discussions, it is possible that residents in Hudson County have a harder time accessing mental health services and finding appropriate providers compared to other areas in New Jersey.

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

New Jersey	343:1
Hudson	1082:1
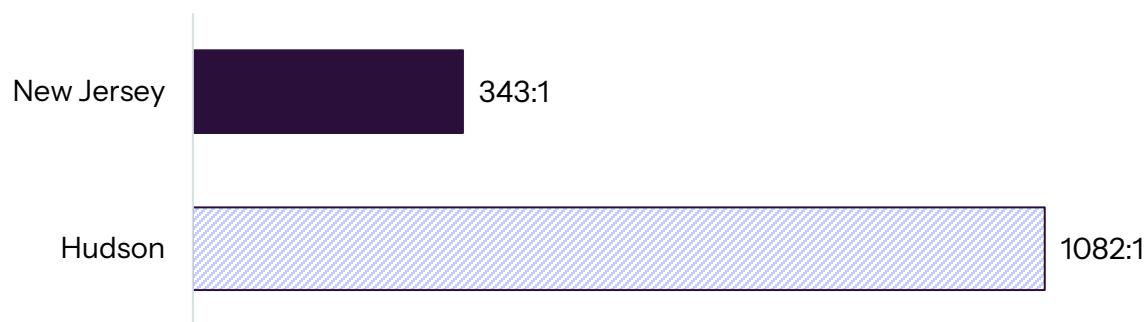
DATA SOURCE: CMS, National Provider Identification as cited by County Health Rankings 2024

Behavioral Health and 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. Multiple focus group participants commented on their experiences observing drug use in their communities, with one participant commenting "*I didn't know it was legal to smoke weed in public, there was a time they would arrest you for that, and in the building I live in there is a tenant who will sit on the porch and smoke and the smell comes right into my apartment.*" In interviews, increased smoking and vaping was also a concern for youth who may not have access to information about potential harms of substance use. Unhoused residents and uninsured residents were also described as facing additional barriers when seeking substance misuse support.

Interviewees also shared bright spots in their community to help address substance misuse, including trainings for Narcan and opioid use disorders for older adults and the general public. Interviewees from the faith community also shared the development of a resource guide in response to the fentanyl crisis, and in hosting community-wide events to encourage residents to bring in unneeded prescription drugs for safe disposal.

Figure 66 shows the age-adjusted unintentional overdose mortality rate per 100,000 population in 2023. Hudson County had a slightly lower rate of unintentional overdose mortality (29.3 per 100,000 population) when compared to the state rate (29.6 per 100,000 population). Most of the overdose mortality was attributable to opioids. The opioid-related overdose mortality in Hudson County in 2023 was 23.1 per 100,000 (Figure 112). Additional data on other substances are presented in the Substance Use section of Appendix E. Additional Data Tables and Graphs.

The unintentional overdose mortality differed across race/ethnicity, with the highest rates appearing among Black residents (81.7 per 100,000) followed by White (29.8 per 100,000) and Latino residents (27.3 per 100,000 population) (Figure 66).

Figure 66. Age-Adjusted Rate of Unintentional Overdose Mortality, per 100,000 Population, by Race/Ethnicity, by State and County, 2023
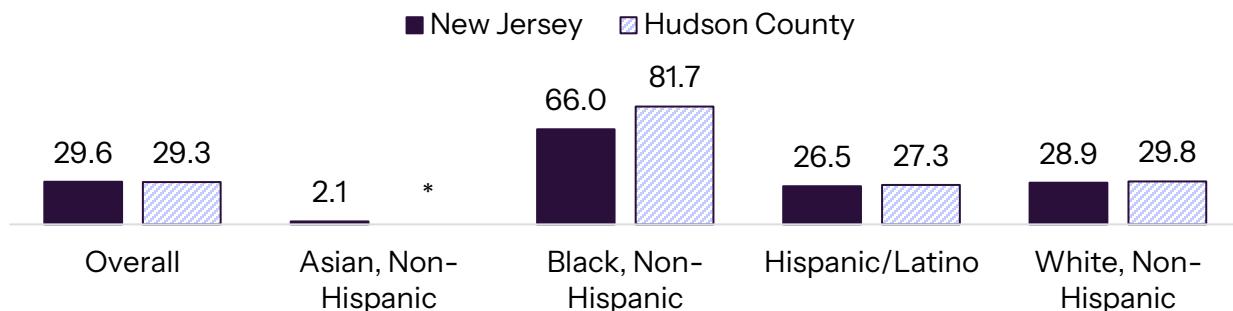
DATA SOURCE: Statewide Substance Use Overview Dashboard, Division of Mental Health and Addiction Services Department of Human Services, 2024
NOTE: An asterisk (*) means that data is suppressed, as there were fewer than 20 observations.

Tobacco is among the most consumed substances. In 2022, the percentage of adults who reported currently smoking was similar between Hudson County (11.3%) and the state (10.9%) (Figure 67). Additional data on alcohol and opioid use may be found in the appendix.

Figure 67. Percent of Adults Who Reported Current Smoking, by State and County, 2022
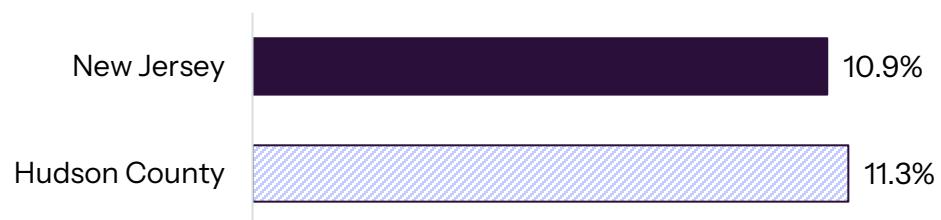
DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health 2024

Community survey respondents were asked about their participation in any form of counseling for alcohol or drug use over the past two years. Overall, 3.3% of Hudson County residents reported receiving substance use counseling, with the highest participation among Latino residents (5.1%) (Figure 68). Percentages are suppressed for White and Asian respondents, because the number was too low. Survey respondents were also asked about their participation in any programs to reduce smoking or vaping over the past two years. Overall, 4.8% of respondents indicated that they participated in such programs. Black respondents reported the highest percentage of participation with 5.7%, followed by Latino respondents at 5.1%. The number of Asian respondents was too low to present the data.

Figure 68. Percent of Participation in Substance Use/ Stop Smoking Counseling in the Past 2 Years, Hudson County Survey Respondents, by Race/Ethnicity, 2024
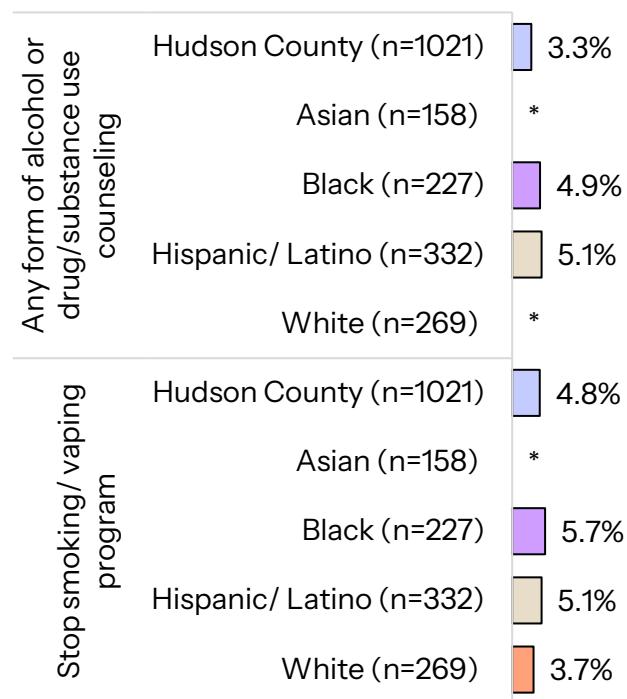
DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Asterisk (*) means that data are suppressed due to low numbers.

Figure 69 shows the percentage of substance use treatment admissions by primary drug from 2019-2023. Admission rates were highest for heroin and alcohol. In Hudson County, more than one-third of admissions to substance use treatment services were for heroin misuse (37.6%) and roughly one-quarter were for alcohol misuse (26.8%). Substance use treatment admission rates for marijuana/synthetic cannabinoids were more than twice as high in Hudson County (18.7%) than in New Jersey (8.2%). Additional information on substance use treatment admission from 2019-2023 can be found in Figure 113 in the appendix.

Figure 69. Substance Use Treatment Admissions, by Primary Drug, by State and County, 2019-2023
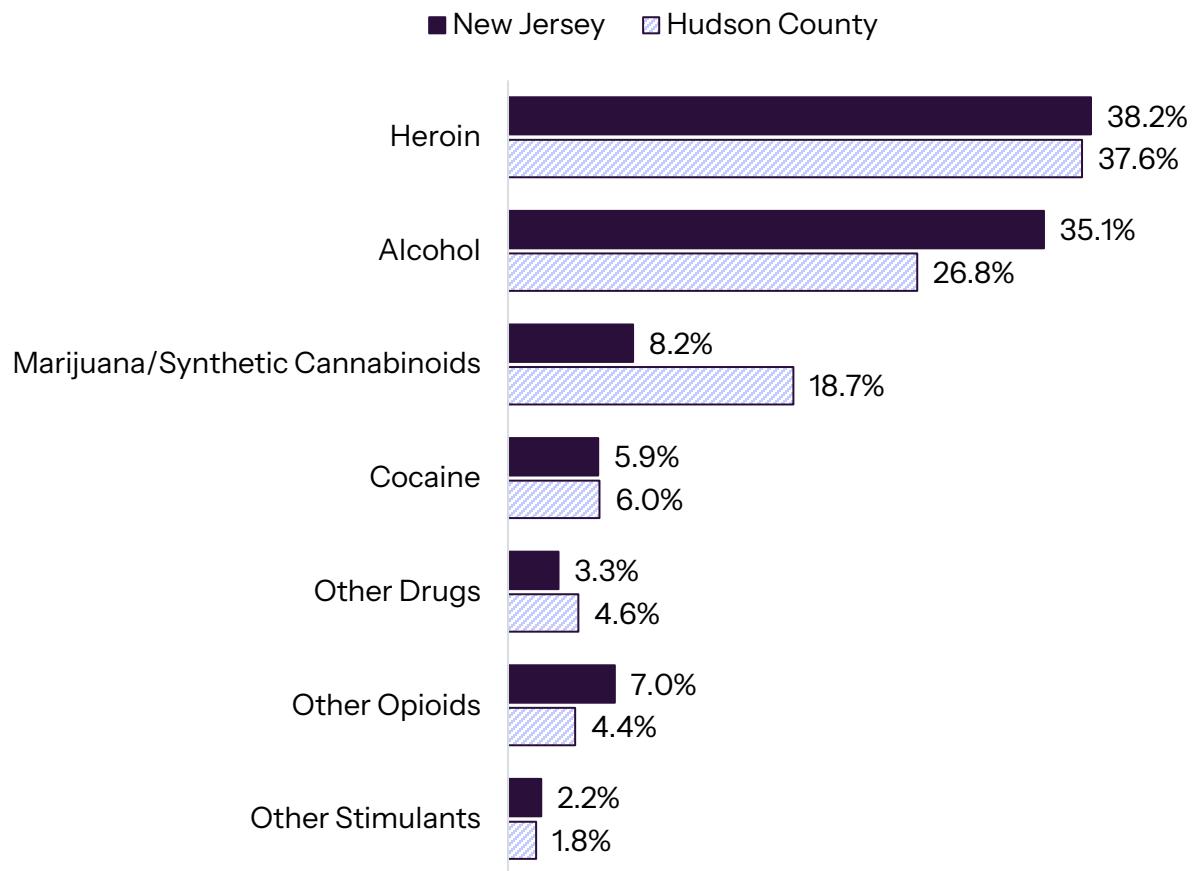
■ New Jersey ▨ Hudson County

Drug	New Jersey	Hudson County
Heroin	38.2%	37.6%
Alcohol	35.1%	26.8%
Marijuana/Synthetic Cannabinoids	8.2%	18.7%
Cocaine	5.9%	6.0%
Other Drugs	3.3%	4.6%
Other Opioids	7.0%	4.4%
Other Stimulants	2.2%	1.8%

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 health concerns. Common barriers to accessing mental health described by residents included stigma, fears and concerns around losing other social service supports, insurance and cost, provider availability, and the ability to maintain access to medications. Access to treatment for behavioral health was also a key theme discussed by participants, with common barriers to care including a lack of insurance, long wait times for providers, and limited options for long-term treatment. Multiple interviewees also commented on a key support for the community. Interviewees explained, "*[Bridgeway Crisis Intervention] They're a temporary 30-day program, and sometimes at the end of that, they're still having trouble getting somebody linked up with outpatient mental health services, whether it's*

> "*There is a stigma around mental health services. There are fears that they might lose their housing. There are fears about going to government services right now under the current administration.*"
> – Key Informant Interviewee

psychiatry or outpatient counseling, substance treatment beds are sometimes difficult for inpatient and outpatient substance misuse treatment." This was further emphasized during a separate interview, with another participant explaining, *"We work with homeless populations who are hesitant to seek out services, so once Bridgeway is finished, they don't want to seek out that next help."*

Community survey respondents were asked about their access to substance use services/treatment for themselves or a family member in Hudson County over the past two years. Most respondents indicated that they did not need substance use services (92.9%). Among those who needed services, 59.6% (28/47) indicated they could obtain them and 30.4% (19/47) that they could not.

Community survey respondents were also asked to list their top five reasons they had difficulty obtaining mental health or substance use services for themselves or a family member in the past two years. The top 5 main issues described by Hudson County residents who tried to obtain mental health services listed as barriers to obtaining such services were: insurance problems (31.9%), cost of care (28.5%), counselors or services not accepting new patients (28.5%), long wait times (28.0%), and fear/dislike of providers (16.8%) (Figure 70). Other barriers noted by respondents included services not accessible for people with disabilities, childcare problems, health information not kept confidential, and fears due to immigration status.

Figure 70. Barriers Faced by Hudson 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=232), 2024
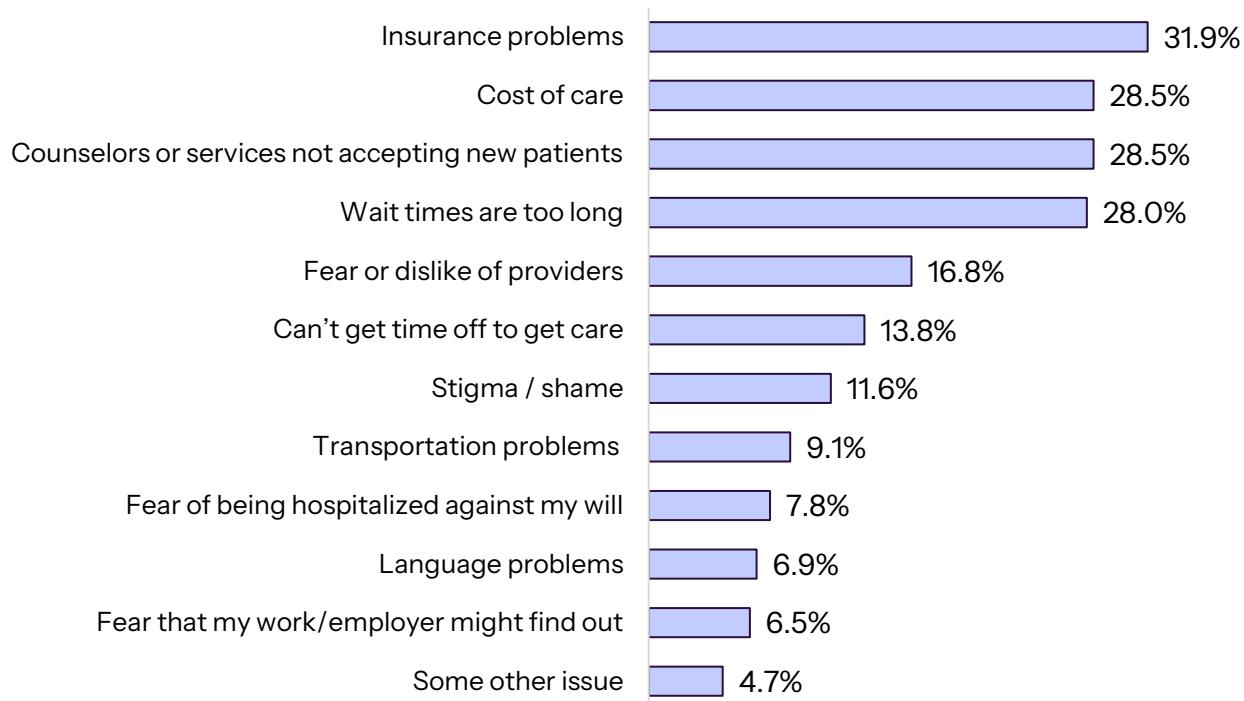
Barrier	Percentage
Insurance problems	31.9%
Cost of care	28.5%
Counselors or services not accepting new patients	28.5%
Wait times are too long	28.0%
Fear or dislike of providers	16.8%
Can't get time off to get care	13.8%
Stigma / shame	11.6%
Transportation problems	9.1%
Fear of being hospitalized against my will	7.8%
Language problems	6.9%
Fear that my work/employer might find out	6.5%
Some other issue	4.7%

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

There were differences in top challenges for getting mental health and/or substance use services in the 2024 survey by race/ethnicity (Table 18). Long wait times was the top reason among Black (27.7%) and Latino (27.2%) survey respondents, while insurance problems were the biggest barrier for White respondents (34.9%). Counselors not accepting new patients ranked as the second top reason among White (34.9%) and Black (25.5%) respondents, while Latino respondents (24.7%) identified insurance problems as the second top reason.

Table 18. Top Five Reasons for Difficulty Getting Mental Health or Substance Use Services and/or Treatment by the Respondent or a Family Member in the Past 2 Years, Hudson County Residents, by Race/Ethnicity, 2024

Hudson County (n=232)	Asian (n=24)	Black (n=47)	Hispanic/ Latino (n=81)	White (n=86)
Insurance problems (31.9%)	*	Wait times are too long (27.7%)	Wait times are too long (27.2%)	Insurance problems (34.9%)
Cost of care (28.5%)	*	Counselors or services not accepting new patients (25.5%)	Insurance problems (24.7%)	Counselors or services not accepting new patients (34.9%)
Counselors or services not accepting new patients (28.5%)	*	Insurance problems (23.4%)	Cost of care (24.7%)	Cost of care (33.7%)
Wait times are too long (28.0%)	*	*	Counselors or services not accepting new patients (19.8%)	Wait times are too long (30.2%)
Fear or dislike of providers (16.8%)	*	*	Fear or dislike of providers (18.5%)	Fear or dislike of providers (19.8%)

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

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 Hudson County service area and the prevalence of conditions these factors can trigger.

In focus groups and interviews environmental health was not talked about directly. Instead, residents commented on the connections between health and having safe and clean cities, green spaces and places for outdoors physical activity, and the importance of safe and affordable housing.

Asthma
While asthma is a relatively common chronic condition and disproportionately affects communities of color, it was not mentioned in the focus groups and interviews as a top concern. However, 14.3% of community health survey respondents ranked asthma as a top concern for children and youth, making asthma the sixth priority health concern for children (Figure 32). Asthma was also ranked tenth in the top health concerns for the community overall (Figure 31). Hospital discharge data show the age-adjusted asthma emergency department (ED) visit rate per 10,000 population by race/ethnicity in the state overall and in Hudson County. In 2023, the age-adjusted asthma ED visit rate for Black residents was more than double the rate of the state and Hudson County overall (Figure 71). The age-adjusted asthma ED visit rate was lowest among Asian (7.0 per 10,000) and White (14.9 per 10,000) residents in Hudson County, and highest among Black residents (103.0 per 10,000). Figure 114 in the appendix presents additional data on inpatient hospitalizations due to asthma.

Figure 71. Age-Adjusted Rate of Asthma Emergency Department Visits per 10,000, by Race/Ethnicity, by State and County, 2023
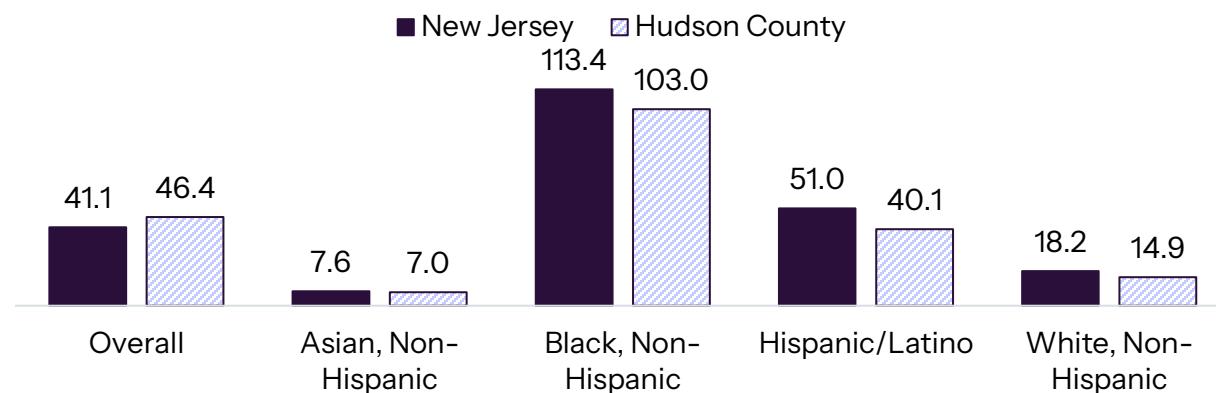
DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment, 2024 Data (NJSHAD) 2023

Community survey respondents were asked if they had ever been told by a healthcare provider that they had asthma. In Hudson County, 21.3% of respondents reported ever being told by a healthcare provider that they had asthma (Figure 72). Latino respondents (26.4%) were most likely to report that they had been told they had asthma, and Asian respondents (14.3%) were the least likely.

Figure 72. Percent of Community Health Survey Respondents in Hudson County Ever Being Told by a Healthcare Provider that They Had Asthma, by Race/Ethnicity, (n=759), 2024

21.3%	14.3%	19.8%	26.4%	19.1%
Hudson County (n=759)	Asian (n=98)	Black (n=167)	Hispanic/ Latino (n=235)	White (n=230)
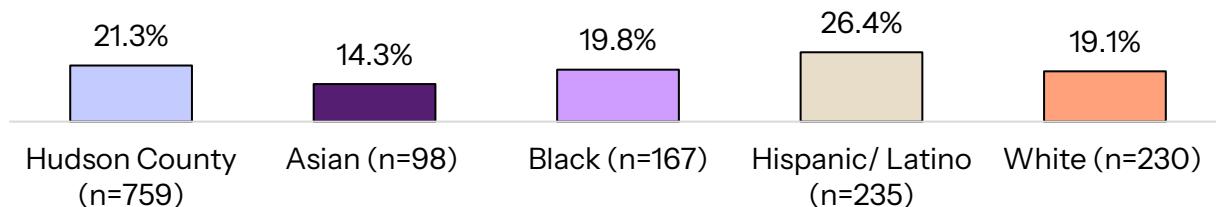
DATA SOURCE: Community Health Needs Assessment Survey, 2024

Among community survey respondents ever told by a provider that they had asthma, 72.5% indicated that they were currently receiving medical care for the condition.[43]

Air Quality
The number of days with ozone levels exceeding the federal standard in New Jersey and Hudson County improved from 2018 to 2023. In 2018, there were 21 days statewide in New Jersey where ozone in outdoor air exceeded the federal health-based standard for ozone levels (an eight-hour period above 0.070 ppm) which had reduced to 17 days in 2023. Similarly, Hudson County had nine days of poor air quality in 2018, which fell to only two days in 2023 (Figure 73).

Figure 73. Days with Ozone Levels Exceeding the Federal Standard, by State and County, 2018 and 2023
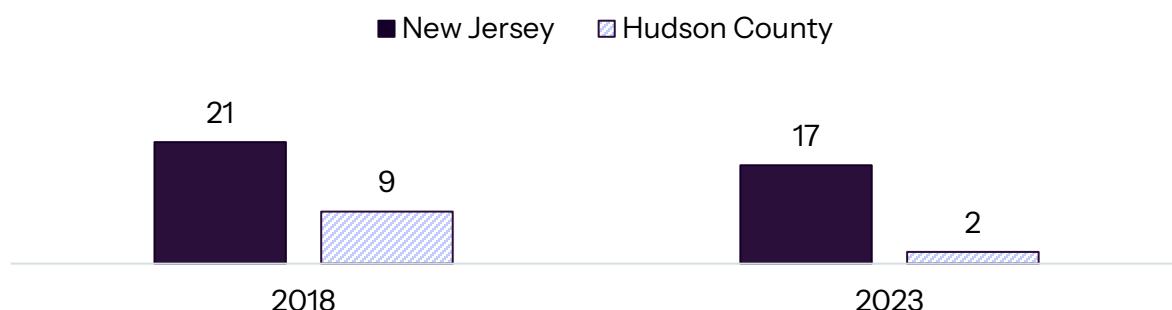
DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), U.S. Environmental Protection Agency (EPA), 2024
NOTE: The federal health-based standard for ozone in outdoor air is 0.070 parts per million (ppm) averaged over an 8-hour period.

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[43] DATA SOURCE: Community Health Needs Assessment Survey, 2024

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 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 74 shows that the majority of housing in the Hudson County service area, 63.6% of houses, were built prior to 1979. Most of the towns in Hudson County have a higher proportion of housing built prior to 1979 than the state overall. In Bayonne, North Bergen, Jersey City (07307, Jersey City Heights), Union City, and Jersey City (07304, Bergen-Lafayette) roughly 3 out of every 4 houses were built before lead-based paint was banned. However, in Jersey City (07310, Newport) and Jersey City (07302, Downtown) less than 1 in every 2 houses were built prior to 1979 (Figure 74). Another potential exposure to lead occurs through drinking contaminated water, which is of grave concern to children's health. Water violations were present and reported in Hudson County in 2022 (Table 37 in the Environmental Health section of Appendix E. Additional Data Tables and Graphs).

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. A comparison of blood lead levels in children from 2016 to 2022 show that rates of lead exposure in children are declining in Hudson County and New Jersey overall. New Jersey Department of Health data from 2022 show that the percentage of children younger than six years of age with elevated blood lead levels was about the same in Hudson County (1.8%) and the state overall (1.9%) (Figure 75).

Figure 74. Percent of Houses Built Prior to 1979, by State, County, and Town, 2019-2023
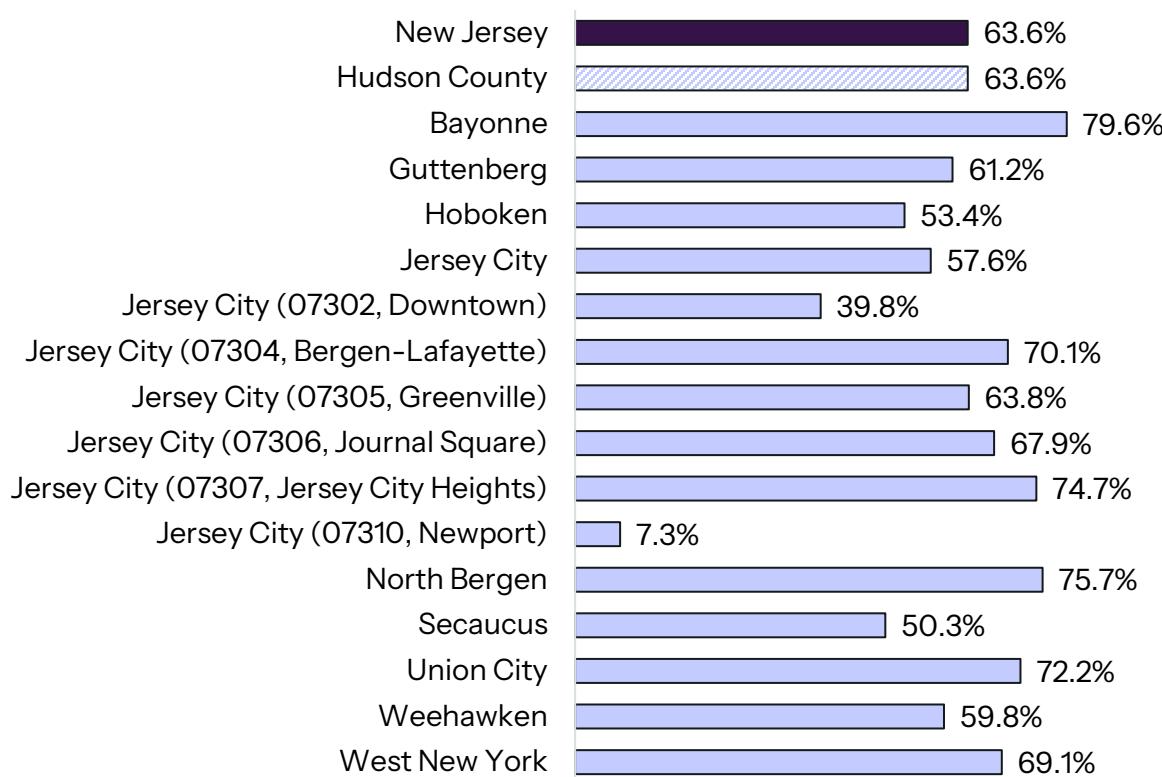
Location	Percent
New Jersey	63.6%
Hudson County	63.6%
Bayonne	79.6%
Guttenberg	61.2%
Hoboken	53.4%
Jersey City	57.6%
Jersey City (07302, Downtown)	39.8%
Jersey City (07304, Bergen-Lafayette)	70.1%
Jersey City (07305, Greenville)	63.8%
Jersey City (07306, Journal Square)	67.9%
Jersey City (07307, Jersey City Heights)	74.7%
Jersey City (07310, Newport)	7.3%
North Bergen	75.7%
Secaucus	50.3%
Union City	72.2%
Weehawken	59.8%
West New York	69.1%

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

Figure 75. Percent of Children Younger than Six Years of Age With Elevated Blood Lead Levels, by State and County, 2016-2022

New Jersey — Hudson County

Year	New Jersey	Hudson County
2016	2.8%	2.8%
2019	2.3%	2.1%
2022	1.9%	1.8%
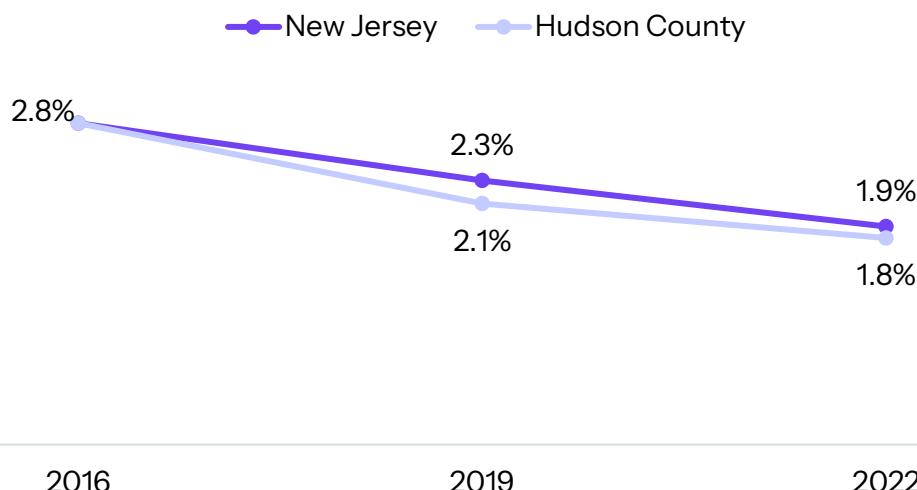
DATA SOURCE: Childhood Lead Exposure in New Jersey Annual Report Department of Public Health, Office of Local Public Health, Childhood Lead Program, State Fiscal Year 2022
NOTE: The state of New Jersey defined elevated blood lead levels in children as at or above 5 μ g/dL until 2023, and as at or above 3.5 μ g/dL since 2024.

Infectious and Communicable Diseases
This section discusses COVID-19 and sexually transmitted infections.

COVID-19
During the 2022 JCMC 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, overall well-being, and across multiple sectors (e.g., healthcare delivery, food, education). These lasting negative effects of COVID-19 were ongoing concerns for residents, including youth behavioral regulation, ongoing burnout among healthcare staff, delayed preventive health services, and increased food prices. However, participants also noted that there were some positive programs and accomplishments during the pandemic, which turned the country's attention to public health and resulted in an influx of funding and programs. Some examples included a more robust transit system and grant funding for community outreach and local immunization events. COVID-19 events were also wildly successful in New Jersey and the U.S. overall and had demonstrable impacts reducing residents' COVID morbidity and mortality. Unfortunately, in recent years 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.

Table 19 shows the rate of COVID-19 cases per 100,000 population from 2020 to 2022. COVID-19 rates increased each year from 2020 to 2022 in the state and the county. Overall, Hudson County had comparable rates of COVID-19 cases to the state with the greatest difference in 2020.

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
Hudson County	7,232.4	12,671.0	12,951.5

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, the number of COVID-19 deaths has decreased each year in both New Jersey and Hudson County due to COVID-19 vaccinations. In Hudson County, the deaths were highest in 2020 at 1,575, and lowest in 2023 (49 deaths) (Figure 76).

Figure 76. Number of COVID-19 Confirmed Deaths, by Race/Ethnicity, by State and County, 2020-2023

	2020	2021	2022	2023
New Jersey	17,674	8,655	6,227	921
Hudson County	1,575	650	385	49
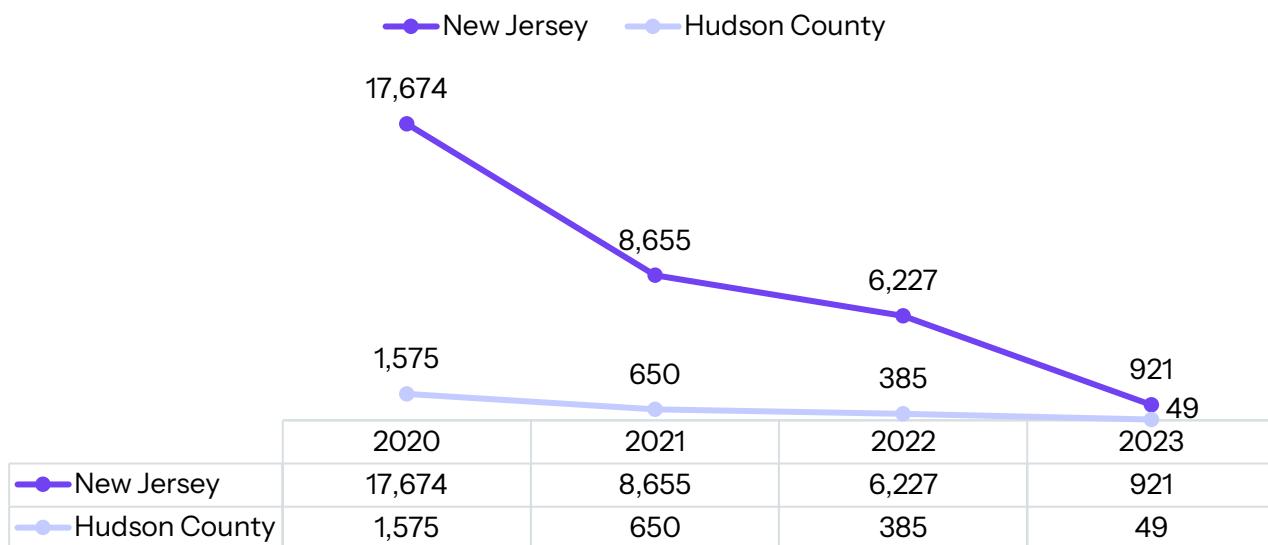
DATA SOURCE: New Jersey Department of Public Health, COVID-19 Dashboard, 2024

Sexual Health and Sexually Transmitted Infections
Sexual health and sexually transmitted infections were discussed as concerns by focus group and interview participants. Interviewees that are part of or provide services to the LGBTQ+ community, many of whom were impacted by the HIV epidemic in the 1980's, shared their successes and concerns related to sexual health and sexually transmitted infections. For the LGBTQ+ population in particular, there have been tremendous efforts to build safe, trusting environments to provide compassionate care. Interviewees commented on the successes and accomplishments they have achieved as a community in the past several decades, both in responding to the HIV epidemic and in cultivating a resilient community where people feel accepted and look out for each other.

"A lack of health infrastructure/ surveillance around cluster HIV and STDs are a concern, especially with the rising rates of syphilis, chlamydia, gonorrhea, losing the capacity to track that and being able to follow up with the patient through the state to make sure they are receiving treatment, that is definitely a concern."
– Key Informant Interviewee

However, interviewees shared some priorities and ongoing concerns impacting the LGBTQ+ community. These included the need for additional awareness campaigns for Pre-Exposure Prophylaxis (PrEP) for HIV prevention for broader audiences, the importance of ongoing testing and surveillance for HIV and other sexually transmitted infections, and concerns about funding and sustainability for key programs. Furthermore, building trust and goodwill was described as a key facilitator to accessing care, particularly for sensitive topics and conditions that may be stigmatized. Yet, there are concerns that recent shifts in the political climate are resulting in increased fear and distrust in the healthcare system, particularly for undocumented and transgender residents. Interviewees were concerned that these recent events could disrupt all of the progress made improving health in the LGBTQ+ community in

recent years. One interviewee elaborated, "*We spent a lot of time trying to build goodwill with the undocumented community, groups that were living in shadows and afraid to reach out for services. It's a public health crisis. It's the same short-sightedness that's going to regress us back to the early days of the HIV epidemic. It's a giant step back from where we were.*"

Lastly, a couple of interviewees also expressed concerns about the sexual health and wellbeing of youth. These interviewees emphasized the need for accessible and free or low-cost wellness visits, screening and testing, and treatments, with a particular emphasis on young women. One interviewee working in the healthcare sector also explained that there have been recent trends where women fail to pick up birth control prescriptions due to cost, and that there is increasing financial strain on women's health programs overall.

Sexually transmitted infections are associated with adverse birth outcomes, including preterm birth and low birth weight, two issues of concern in Hudson County. Chlamydia was the most common sexually transmitted disease in the state and across the Hudson County service area, with more cases per 100,000 population in Hudson County than in the state overall (3,001.6 and 2,692.7 per 100,000, respectively) (Figure 77). Rates of Gonorrhea (213.5 per 100,000) and Hepatitis C (54.9 per 100,000) were also slightly higher in Hudson County, compared to the state, 201.8 and 53.6 per 100,000 population in New Jersey overall respectively. More information on sexual health and sexually transmitted infections can be found in Table 38 in the appendix.

Figure 77. 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
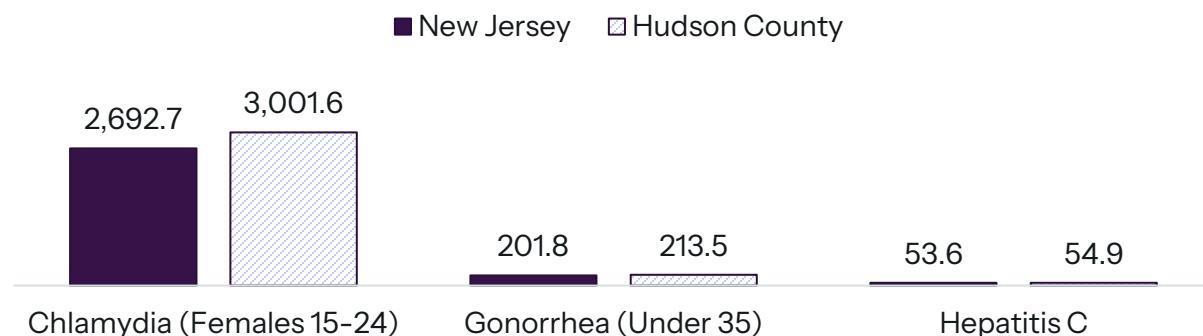
DATA SOURCE: Communicable Disease Reporting and Surveillance System (CRDSS), Communicable Disease Service, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

The average 5-year HIV incidence rate was 25.7 per 100,000 Hudson County residents in 2017-2021, which was nearly double the rate for New Jersey overall (13.9 per 100,000) (Figure 78). HIV incidence rates were substantially higher among Black (59.5 per 100,00) and Latino (34.8 per 100,00) residents. Across all racial and ethnic groups, rates of HIV incidence in Hudson County were higher than in New Jersey.

Figure 78. HIV Incidence Rate per 100,000 (Age 13+), by Race/Ethnicity, by State and County, 2017-2021

Legend: ■ New Jersey □ Hudson County

Category	New Jersey	Hudson County
Overall	13.9	25.7
Asian, Non-Hispanic	3.8	7.1
Black, Non-Hispanic	44.3	59.5
Hispanic/Latino	27.1	34.8
White, Non-Hispanic	4.2	11.6
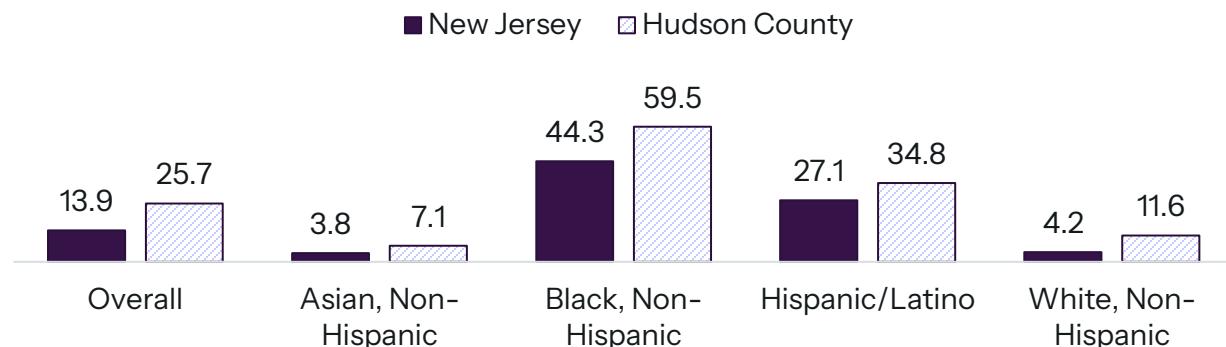
DATA SOURCE: Enhanced HIV/AIDS Reporting System; Division of HIV/AIDS, STD, and TB Services; New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

Maternal and Infant Health

The health and well-being of mothers, infants, and children are important indicators of community health. Maternal and infant health were not key themes discussed by participants in the current assessment. A few interviewees in the health and violence prevention sectors mentioned some observations around increases in teenage pregnancy and young single mothers. It was emphasized that new mothers in particular are in need of support, and that strengthening and sustaining programs that can provide resources for mothers is imperative. One interview in the health sector also commented on a decrease in the workforce conducting imaging and ultrasounds for pregnant people, which may create additional barriers for this population to access the care they need.

> *"I know from pregnancy perspectives to get an ultrasound appointment, the number of techs that are available is much lower than it was few months ago, and that's across the board."*
> – Key informant interviewee

Quantitative data indicate that maternal and infant health were issues of concern in Hudson County. Teen mothers face higher risks of pregnancy complications, such as eclampsia and systemic infections, than women in their twenties. Teen pregnancy is more prevalent in Hudson County than in the state overall. According to the Hospital Discharge Data Collection System, in 2023, there were 4.0 births per 1,000 females ages 15-17 in Hudson County, higher than 3.2 births per 1,000 females ages 15-17 in New Jersey (Figure 115 in the appendix). Infant mortality per 1,000 births was lower in Hudson County at 2.8 per 1,000 births compared to a New Jersey rate of 4.0 per 1,000 births from 2017-2021 (Figure 117 in the Appendix).

Racial and ethnic disparities exist in maternal and infant health outcomes. Severe maternal morbidity with transfusion, which reflects the number of unexpected outcomes from labor and delivery that result in severe short or long term health consequences, were more likely to impact women and birthing persons of color, including Black (41.2 per 1,000 delivery hospitalizations), Latina (28.8 per 1,000 delivery hospitalizations) and Asian (26.9 per 1,000 delivery hospitalizations) persons compared to White mothers and birthing persons (17.7 per

1,000 delivery hospitalizations) in New Jersey (Figure 79). Furthermore, birth data from the NJ Birth Certificate Database showed that Hudson County (8.3%) had a slightly higher percentage of low birth weight babies born from 2018-2022 than the state (7.8%) (Figure 80). Data across racial/ethnic groups shows that a higher percentage of Black newborns (14.1%) were of low birth weight compared to other races/ethnicities in Hudson County and the state, with White women having the lowest percentage of low birthweight births in the county (6.1%). A similar pattern occurred for very low birth weight outcomes (Figure 116) and preterm births (Figure 118 in the Appendix). Lastly, Black babies had a higher infant mortality rate (6.5 per 1,000 births) compared to babies of other racial/ethnic groups and compared to Hudson County overall (2.8 per 1,000 births).

Figure 79. Severe Maternal Morbidity (SMM) with Transfusion per 1,000 Delivery Hospitalizations by Race/Ethnicity, by State, 2023
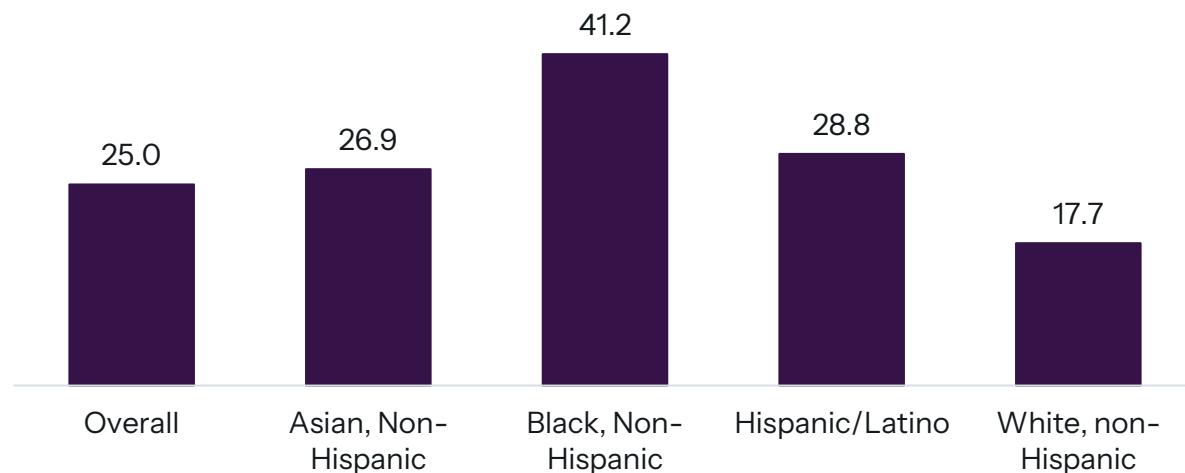
DATA SOURCE: New Jersey Electronic Birth Certificate Database (EBC), Office of Vital Statistics and Registry, New Jersey Department of Health; New Jersey Hospital Discharge Data Collections System (NJDDCS), Healthcare Quality and Informatics, New Jersey Department of Health, 2024
NOTE: Severe maternal morbidity (SMM) is a composite outcome measure that indicates serious, potentially life-threatening maternal health problems.

Figure 80. Percent of Low Birthweight Births, by Race/Ethnicity, by State and County, 2018-2022
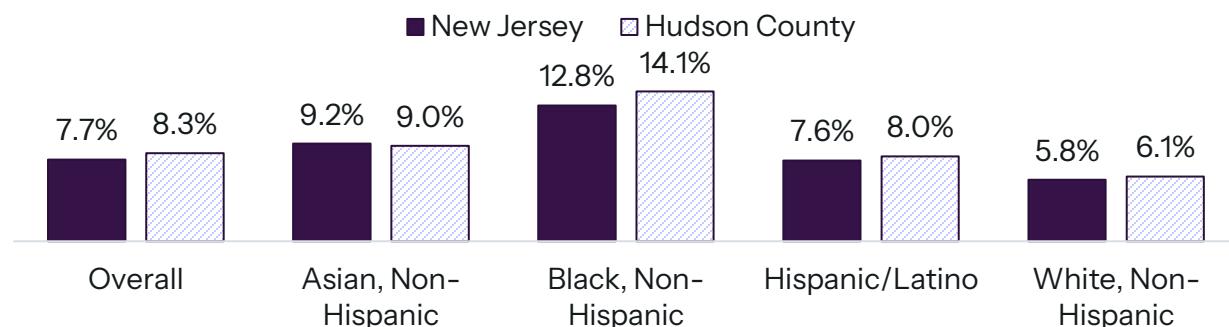
DATA SOURCE: Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024
NOTE: Low birth weight is defined as less than 2,500 grams

Prenatal care is a critical evidence-based strategy to prevent and manage pregnancy complications and reduce poor birth outcomes. The percentage of pregnant women receiving prenatal care in the first trimester was about the same in Hudson County (73.2%) and in New Jersey overall (74.1%). There were some differences by race/ethnicity, with roughly 2 out of 3 Latina (66.7%) and Black (60.5%) women in Hudson County receiving prenatal care in the first trimester compared to 83.0% of White women in Hudson County (Figure 81). Community survey respondents were asked about their participation in parenting classes over the past two years. Overall, 6.6% of Hudson County respondents reported attending parenting classes.

Figure 81. Percent of Pregnant Women Receiving Prenatal Care in the First Trimester, by Race/Ethnicity, by State and County, 2018-2022
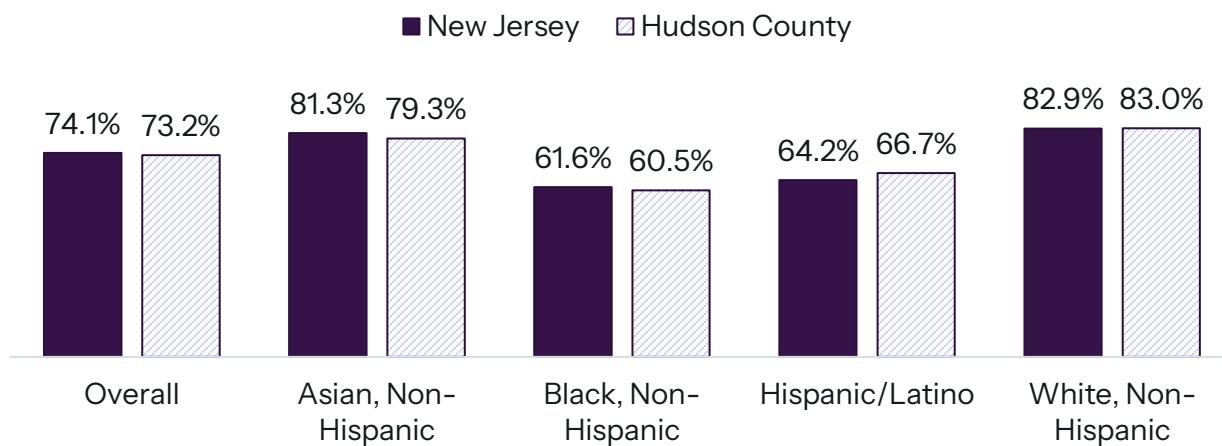
DATA SOURCE: Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024

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.

Access and Utilization of Preventive Services, Including Immunizations

Access to preventive services was a prominent theme in interviews and focus group discussions. Several participants mentioned that the county's agencies and service providers have strong partnerships and collaboration, and many organizations described a multitude of strategies they are implementing to remove barriers to care for their patients.

> *"We're happy to say that a lot of our patients consider us a home. They're not afraid to come to us and we're the ones that they look to for answers for anything that they need …If we can't help them, we're going to find somebody that's going to help you."*
> – Key Informant Interviewee

Key facilitators that help improve access and utilization of healthcare services for residents in Hudson County were described in most focus groups and interviews. These included providing care coordination and other system navigation supports, creating a "one stop shop" for residents to access multiple services in one visit [e.g., obtaining nutrition education, receiving food from a food program, and picking up medications in one trip], improving accessibility of services [e.g., telehealth and increasing access to technology, hiring bilingual staff, providing transportation or bus vouchers], creating rapport and a trusting relationship between providers and patients, and creating an overall safe and welcoming environment on site. Multiple interviewees also emphasized the importance of providing low cost or free services, particularly for youth and economically vulnerable residents. Grant funding for programs was often mentioned as a strategy for reducing patient costs, and to fund activities like outreach and community-based events [e.g., immunization fairs, screenings]. One participant described ways they are improving healthcare access and quality, stating, *"We do have transportation services, so we can provide transportation in the language they prefer speaking, we do offer virtual visits for anyone scared of coming in or with life things that makes it difficult to come in, and the hospital has been working on an initiative for trauma-informed care focusing on providers of care and identifying vicarious trauma."*

Two out of five (40.0%) of Hudson County residents who enrolled in fee-for-service Medicare were vaccinated annually against the flu. Vaccination rates differed across race/ethnicity with White (45.0%) and Asian (43.0%) residents in Hudson County being vaccinated at the highest percentages compared to Latino (36.0%) and Black (28.0%) residents (Figure 82).

Figure 82. Percentage of Fee-for-Service (FFS) Medicare Enrollees that Had an Annual Flu Vaccination, by Race/Ethnicity, by State and County, 2021
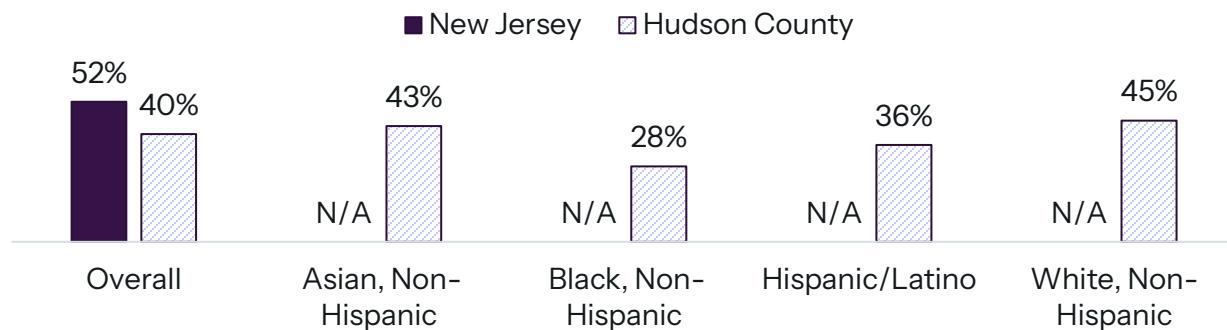
DATA SOURCE: Mapping Medicare Disparities Tool as cited in County Health Rankings 2024

Community survey respondents were asked what their top five sources of health information were. The top five sources of health information for Hudson County survey respondents overall were healthcare providers (73.4%), online resources (34.8%), family member (26.4%), urgent care (20.7%), and hospital emergency department (19.9%) (Table 20). The top three sources of health information were consistent across race/ethnicity. When looking across the top five sources of information, the main difference was that Asian (22.3%) and White (22.9%) respondents also received health information from friends.

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

	Hudson County (n=738)	Asian (n=103)	Black (n=165)	Hispanic/ Latino (n=227)	White (n=227)
1	Health care provider (73.4%)	Health care provider (78.6%)	Health care provider (70.9%)	Health care provider (63.4%)	Health care provider (80.6%)
2	Online resources (34.8%)	Online resources (46.6%)	Online resources (32.1%)	Online resources (32.2%)	Online resources (39.2%)
3	Family member (26.4%)	Family member (30.1%)	Family member (28.5%)	Family member (21.2%)	Family member (30.4%)
4	Urgent care (20.7%)	Friends (22.3%)	Urgent care (25.5%)	Hospital emergency department (21.2%)	Urgent care (25.6%)
5	Hospital emergency department (19.9%)	Hospital emergency department (17.5%) / Urgent care (17.5%)	Hospital emergency department (20.6%)	Urgent care (15.9%)	Friends (22.9%)

DATA SOURCE: Community Health Needs Assessment Survey, 2024

Respondents to the 2024 community survey were asked about their participation in various health screenings and preventive services in the last two years. Overall, 85.8% of survey respondents in Hudson County reported having an annual physical exam in the last two years, while 70.2% reported having a flu shot, and 69.4% received dental screening (Figure 83). Latino respondents reported the lowest percentage of participation annual physical exams (84.0%), and Black respondents reported the lowest percentage of flu shots (64.8%) and dental screenings (64.3%), respectively in the last two years. In Hudson County, the ratio of population to dentist is 1,484 to one, which is higher than New Jersey overall (1,157 to one) (Figure 121). This may indicate that there are additional barriers to resident's ability to access dental care.

Figure 83. Participation in Selected Preventive Services in the Past 2 Years, Hudson County Residents, by Race/Ethnicity, 2024
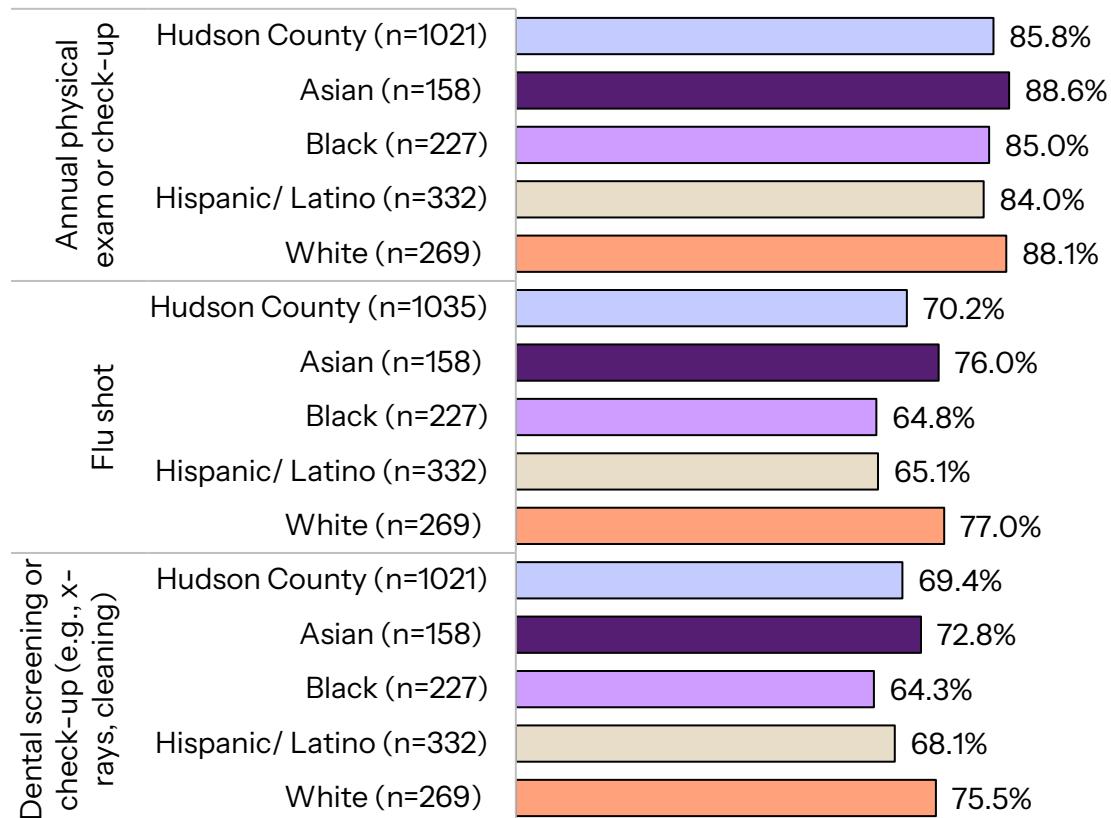
Annual physical exam or check-up
- Hudson County (n=1021): 85.8%
- Asian (n=158): 88.6%
- Black (n=227): 85.0%
- Hispanic/ Latino (n=332): 84.0%
- White (n=269): 88.1%

Flu shot
- Hudson County (n=1035): 70.2%
- Asian (n=158): 76.0%
- Black (n=227): 64.8%
- Hispanic/ Latino (n=332): 65.1%
- White (n=269): 77.0%

Dental screening or check-up (e.g., x-rays, cleaning)
- Hudson County (n=1021): 69.4%
- Asian (n=158): 72.8%
- Black (n=227): 64.3%
- Hispanic/ Latino (n=332): 68.1%
- White (n=269): 75.5%

DATA SOURCE: Community Health Needs Assessment Survey, 2024

Community survey respondents were asked about their health insurance coverage. Overall, 20.1% of survey respondents in Hudson County reported having Medicare, 17.8% reported having Medicaid/NJ FamilyCare, 53.9% reported having private insurance, and 8.8% reported having some other type of insurance (Figure 84). The biggest racial/ethnic disparities in insurance coverage were among residents with private health insurance. Black (50.7%) and Latino (47.1) residents were less likely than White (64.2%) and Asian (60.7%) residents to have private health insurance. Furthermore, Latino (7.0%) and Asian (6.0%) respondents were the most likely groups to report being uninsured.

Figure 84. Type of Health Insurance, Hudson County Residents, by Race/Ethnicity, 2024

		Percentage
Medicare	Hudson County (n=1042)	20.1%
	Asian (n=168)	20.8%
	Black (n=231)	21.2%
	Hispanic/ Latino (n=342)	14.0%
	White (n=268)	24.6%
Medicaid/NJ FamilyCare	Hudson County (n=1042)	17.8%
	Asian (n=168)	9.5%
	Black (n=231)	24.2%
	Hispanic/ Latino (n=342)	22.2%
	White (n=268)	12.7%
Private insurance	Hudson County (n=1042)	53.9%
	Asian (n=168)	60.7%
	Black (n=231)	50.7%
	Hispanic/ Latino (n=342)	47.1%
	White (n=268)	64.2%
Other type of insurance	Hudson County (n=1042)	8.8%
	Asian (n=168)	8.9%
	Black (n=231)	6.1%
	Hispanic/ Latino (n=342)	11.1%
	White (n=268)	4.9%
Prefer not to answer	Hudson County (n=1042)	6.0%
	Asian (n=168)	6.0%
	Black (n=231)	5.2%
	Hispanic/ Latino (n=342)	8.2%
	White (n=268)	*
No health insurance	Hudson County (n=1042)	5.4%
	Asian (n=168)	6.0%
	Black (n=231)	*
	Hispanic/ Latino (n=342)	7.0%
	White (n=268)	*

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

U.S. Census data show the percentage of uninsured population from 2019-2023. Overall, Hudson County has a higher percentage of uninsured population than New Jersey (11.2% and 7.4%, respectively). Differences exist across towns in Hudson County with Hoboken (3.1%) and Jersey City (07302, Downtown) having the lowest percentage of uninsured residents and Union City (23.3%) and West New York (21.4%) having the highest percentage of uninsured residents (Figure 85). More information on health insurance rates and uninsured populations can be found in Figure 120 and Table 40 in the appendix.

Figure 85. Percent Uninsured, by State, County, and Town, 2019-2023
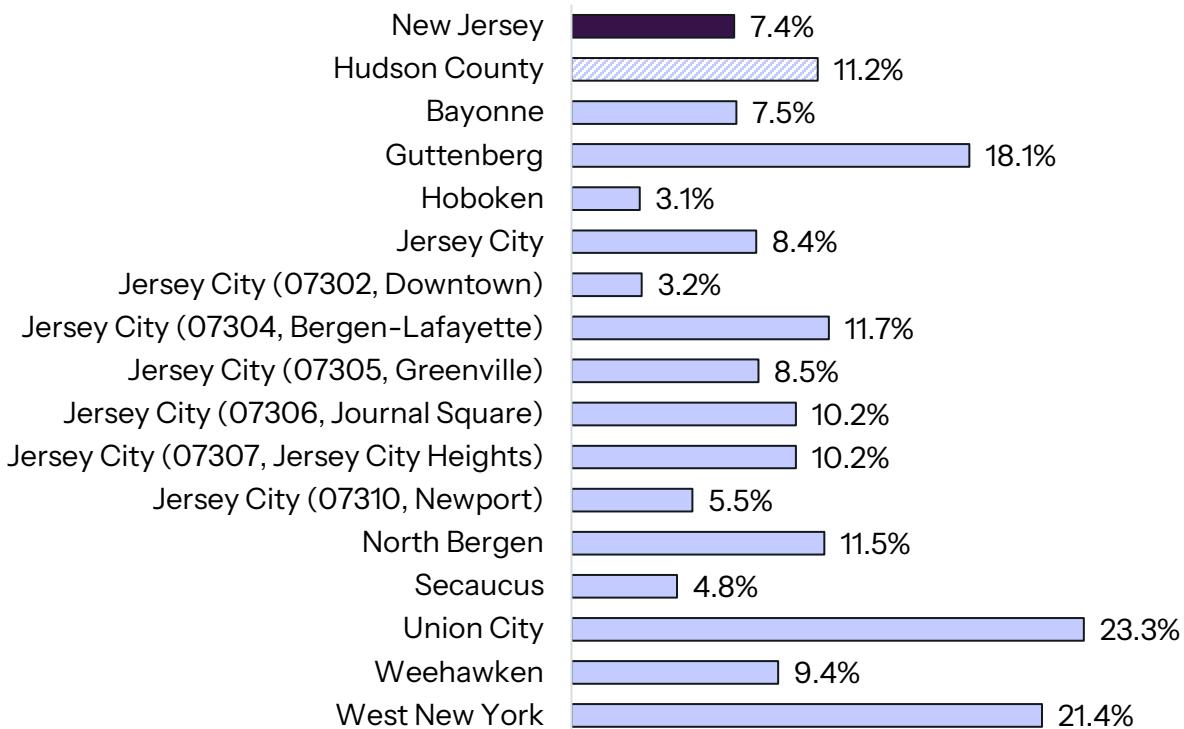
Location	Percent
New Jersey	7.4%
Hudson County	11.2%
Bayonne	7.5%
Guttenberg	18.1%
Hoboken	3.1%
Jersey City	8.4%
Jersey City (07302, Downtown)	3.2%
Jersey City (07304, Bergen-Lafayette)	11.7%
Jersey City (07305, Greenville)	8.5%
Jersey City (07306, Journal Square)	10.2%
Jersey City (07307, Jersey City Heights)	10.2%
Jersey City (07310, Newport)	5.5%
North Bergen	11.5%
Secaucus	4.8%
Union City	23.3%
Weehawken	9.4%
West New York	21.4%

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

Barriers to Accessing Healthcare Services

Interviewees and focus group participants shared that Hudson County residents faced barriers to accessing healthcare. Challenges included limited resources [e.g., costs, lack of insurance], a lack of awareness of programs and challenges navigating health systems, long wait times and limited provider availability, and access challenges [e.g., language barriers, transportation barriers, technology barriers, a lack of cultural humility]. Many participants also described challenges around fear, stigma, and a lack of trust in the healthcare system and the government as key barriers resulting in delayed care for many residents. Furthermore, it was also noted by participants that residents who face challenges with one or more of the social determinants of health [e.g., limited access to healthy food, unstable housing, financial insecurity] are more likely to struggle to access healthcare and may delay care if they are facing more immediate needs. To illustrate, one participant explained, "*We have two in-house pharmacies and [there is an increasing] amount of medications that don't get picked up by our patients because they don't have that $20 to pay for their medications and [they would] rather buy their food for their family.*"

> *"What I'm hearing from the other participants, if they were able to find a social worker to help them get through the red tape, to get the help they need quicker, I think that would be wonderful. It sounds like maybe the services are available, but people don't know how to access it."*
>
> – Focus group participant

Data from the 2024 County Health Rankings show the ratio of population to primary care providers in 2021. Hudson County has a much larger ratio at 2,109 residents per one primary care provider, compared to New Jersey overall with 1279 residents per one provider indicating a relative lack of primary care providers compared to the state average(Figure 86). Figure 65 in the Mental Health section provides a ratio of population to mental health provider by state (343:1) and county (1082:1) in 2023, which also indicates a lack of mental health providers in Hudson County compared to the state.

Figure 86. Ratio of Population to Primary Care Provider, by State and County, 2021
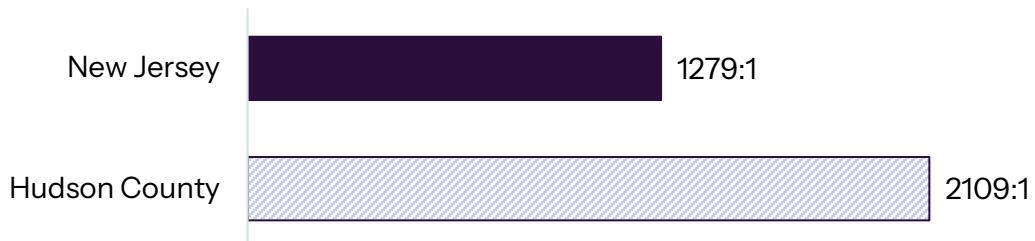
DATA SOURCE: Area Health Resource File/National Provider Identifier Downloadable File as cited by County Health Rankings 2024

Community survey respondents who reported seeking specialty care were asked to identify the issues that made it harder for them or a family member to get medical care or treatment when needed. The full list of barriers is graphed below (Figure 87). The top issues survey respondents identified overall were inability to schedule an appointment at a convenient time (36.6%), long wait times (31.6%), cost of care (28.7%), insurance problems (28.3%), and doctors not accepting new patients (21.7%).

Figure 87. Health Care Access Barriers Reported by Community Health Survey Respondents in Hudson County, by Race/Ethnicity, (n=971), 2024

Barrier	Percentage
Hard to schedule an appointment at a convenient time	36.6%
Wait times are too long	31.6%
Cost of care	28.7%
Insurance problems	28.3%
Doctors not accepting new patients	21.7%
Unable to find care	17.1%
Fear or dislike of doctors or hospitals	16.4%
Can't get time off to get care	14.4%
Transportation problems	13.4%
Language problems	8.1%
Services not accessible for people with disabilities	5.8%
Health information not kept confidential	5.7%
Childcare problems	5.2%
Afraid due to immigration status	4.6%
Some other issue	4.3%

DATA SOURCE: Community Health Needs Assessment Survey, 2024

Table 21 below presents the top five challenges residents face accessing healthcare by racial/ethnic groups. Notably, the top five challenges were the same for all groups, though there was some variation by race/ethnicity when it came to the order of challenges.

Table 21. Top 5 Health Care Access Barriers, Hudson County Residents, by Race/Ethnicity, 2024

	Hudson County (n=971)	Asian (n=148)	Black (n=223)	Hispanic/ Latino (n=315)	White (n=258)
1	Hard to schedule an appointment at a convenient time (36.6%)	Hard to schedule an appointment at a convenient time (42.6%)	Hard to schedule an appointment at a convenient time (30.5%)	Hard to schedule an appointment at a convenient time (40.0%)	Hard to schedule an appointment at a convenient time (38.0%)
2	Wait times are too long (31.6%)	Wait times are too long (37.8%)	Wait times are too long (26.5%)	Cost of care (36.8%)	Wait times are too long (28.7%)
3	Cost of care (28.7%)	Cost of care (32.4%)	Insurance problems (25.1%)	Wait times are too long (33.7%)	Insurance problems (26.7%)
4	Insurance problems (28.3%)	Insurance problems (25.7%)	Cost of care (23.8%)	Insurance problems (33.3%)	Doctors not accepting new patients (21.3%)
5	Doctors not accepting new patients (21.7%)	Doctors not accepting new patients (21.6%)	Doctors not accepting new patients (17.9%)	Doctors not accepting new patients (24.1%)	Cost of care (20.9%)

DATA SOURCE: Community Health Needs Assessment Survey, 2024

Below is the percentage of community survey respondents from Hudson County who reported needing specialist care and not being able to access such care, by type of care (Figure 88). The greatest proportion of respondents facing difficulties in accessing care were for those needing pediatric care (18.5%), behavioral health care (14.0%), and women's health care (13.5%).

Figure 88. Percent of Community Survey Respondents in Hudson County Who Reported Needing Specialist Care and Not Being Able to Go, by Type of Care Needed, 2024

Type of Care	Percent
Children's health or pediatrics (n=173)	18.5%
Behavioral health (n=708)	14.0%
Women's health (n=468)	13.5%
Bone and muscle issues/Orthopedics (n=708)	9.9%
Emergency/hospital care (n=708)	9.3%
Heart health/cardiovascular issues (n=708)	5.9%
Issues with brain, spinal cord, or nerves/Neurology (n=708)	4.1%
Cancer (n=708)	4.0%
Other (n=708)	2.3%
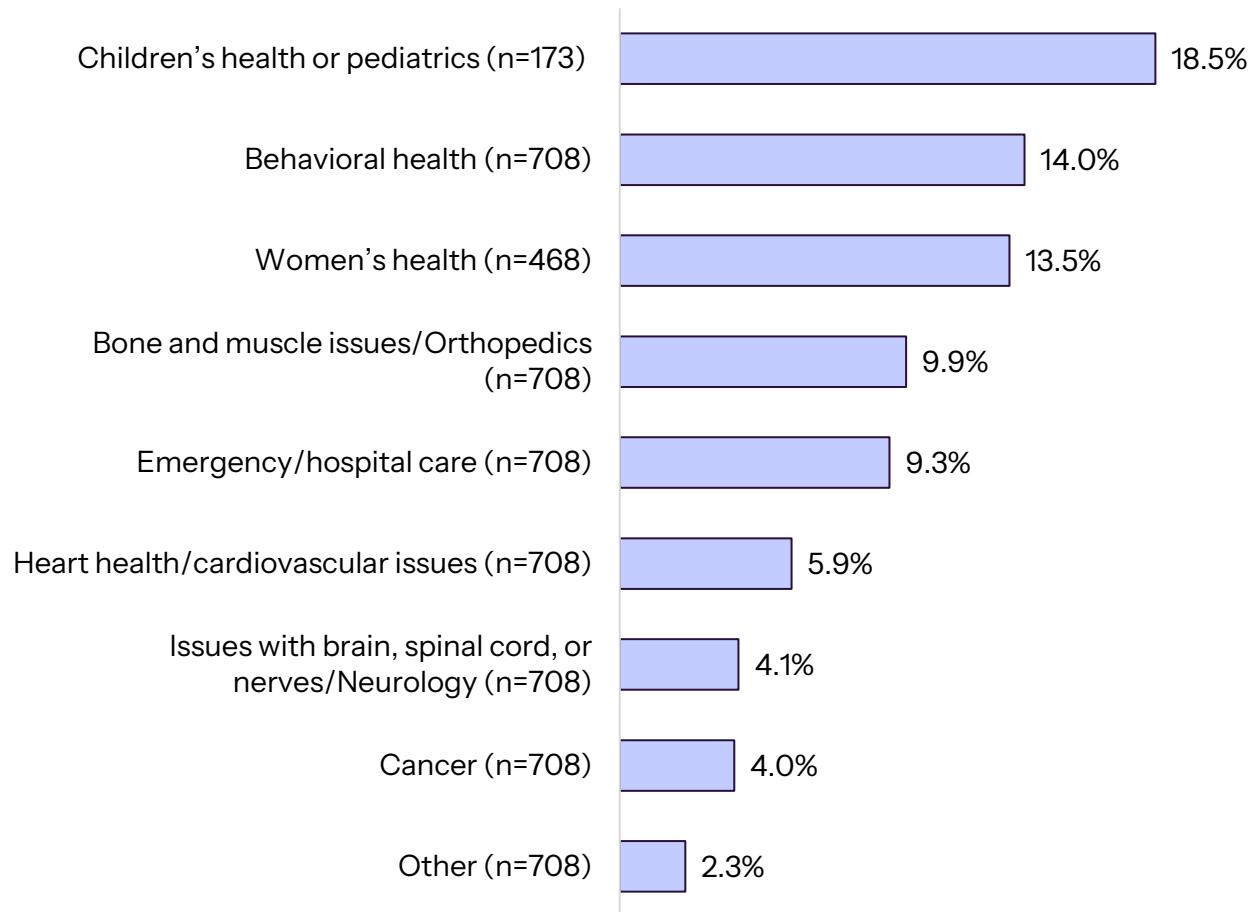
DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Responses are only among survey respondents who reported needing specialty care. Percentages are calculated for "Children's health or pediatrics" only among respondents reporting having any children under age 18. Percentages are calculated for "Women's health" only among those assigned female at birth.

Community survey respondents reported that the largest barrier to seeking care for women's health (61.1%), behavioral health (57.0%), orthopedics (54.0%), and children's health (53.9%) was provider availability (Figure 89). Community respondents also reported that insurance problems were the largest barrier to seeking care for cancer (52.4%), cardiovascular care (46.4%), and neurology (58.3%), while cost was the biggest barrier to seeking care from hospitals and/or emergency departments (61.2%).

Figure 89. Factors Preventing Community Survey Respondents from Obtaining Specialist Care, Hudson County Survey Respondents, by Provider Type, 2024
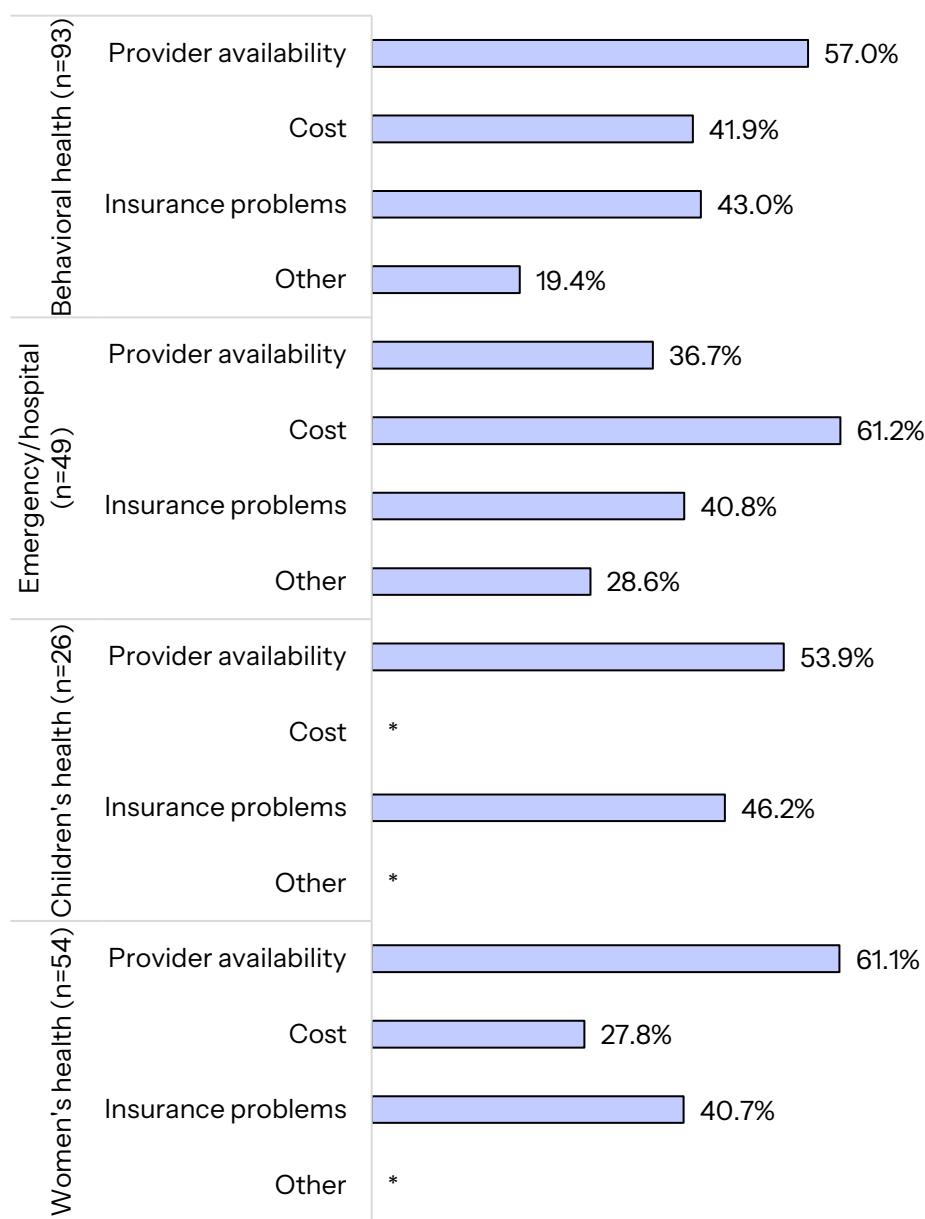
Behavioral health (n=93)
- Provider availability: 57.0%
- Cost: 41.9%
- Insurance problems: 43.0%
- Other: 19.4%

Emergency/hospital (n=49)
- Provider availability: 36.7%
- Cost: 61.2%
- Insurance problems: 40.8%
- Other: 28.6%

Children's health (n=26)
- Provider availability: 53.9%
- Cost: *
- Insurance problems: 46.2%
- Other: *

Women's health (n=54)
- Provider availability: 61.1%
- Cost: 27.8%
- Insurance problems: 40.7%
- Other: *

DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Percentages are calculated for "Children's health or pediatrics" only among respondents reporting having any children under age 18. Percentages are calculated for "Women's health" only among those assigned female at birth. Responses are only among survey respondents who reported seeking specialty care.
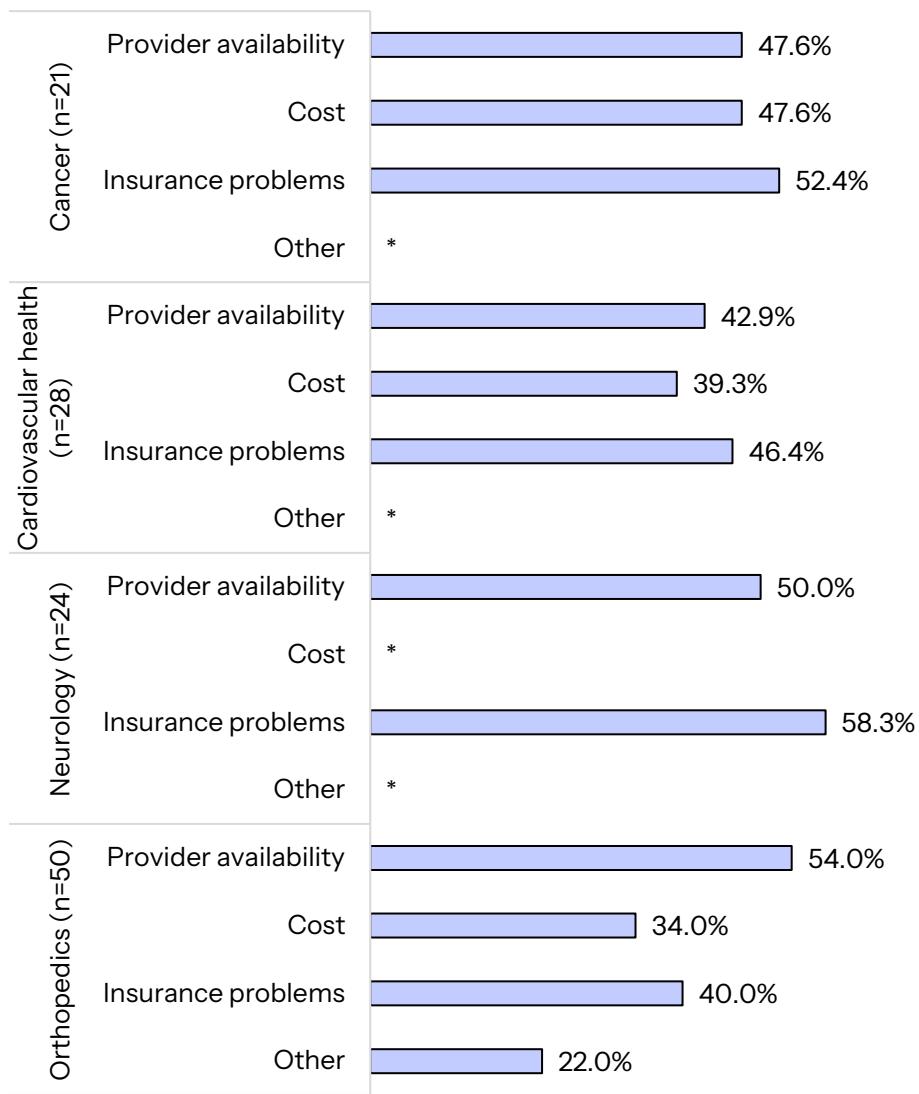
Cancer (n=21)
- Provider availability: 47.6%
- Cost: 47.6%
- Insurance problems: 52.4%
- Other: *

Cardiovascular health (n=28)
- Provider availability: 42.9%
- Cost: 39.3%
- Insurance problems: 46.4%
- Other: *

Neurology (n=24)
- Provider availability: 50.0%
- Cost: *
- Insurance problems: 58.3%
- Other: *

Orthopedics (n=50)
- Provider availability: 54.0%
- Cost: 34.0%
- Insurance problems: 40.0%
- Other: 22.0%

DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Percentages are calculated for "Children's health or pediatrics" only among respondents reporting having any children under age 18. Percentages are calculated for "Women's health" only among those assigned female at birth. NOTE: Responses are only among survey respondents who reported seeking specialty care.

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, food access, violence prevention), faith leaders, mental and behavioral health providers, and Hudson County residents at large belonging to specific population groups, including LGBTQ+ and youth. The following section summarizes the assessment participants' recommendations for future consideration.

Improved partner communication, referrals, and system navigation. While strong partnerships with JCMC were praised by many interviewees across a variety of sectors, streamlining and improving communication between local organizations and the hospital system was mentioned by multiple interviewees. Participants explained that the system for communicating patient details has long been a pain-point in the community, with one interviewee stating, "*I think the biggest thing that has to be figured out in general in the health system is HIE and the easy transfer of information between clinics and partners that they have from the hospital. I think that if there's one thing that should be focused on, it should be that because that just provides care in total for the patient rather than a piecemeal system that we have now.*" Other community partners wished that they had access to referral forms, brochures, or other easily accessible documents with information about services available and how to connect patients. One participant explained that through their partnership with JCMC they were able to have a care coordinator on site to connect patients to resources, which may be a model worth exploring for expansion to other partners.

> "*I think that is one of the biggest challenges we have, smooth, frictionless transition, and transmission of health information between the entities, I think can be improved.*"
> – Key Informant Interviewee

Improved funding and funding structures for social services and healthcare organizations. Funding and sustainability were key areas of concern among the majority of participants and sectors engaged through this CHNA process. When thinking about their vision for the future, participants often reported a need for more investment in the community, local public health, workforce development, and other programs and partners helping to address social determinants of health (SDoH). Key programs providing services to vulnerable residents were often described as being grant funded, which is often limited and unreliable. Participants also lamented that funding challenges and requirements also put them in difficult situations. One participant provided an example, stating, "*If you're requiring things [for example, vaccines], then you need programs that are accessible and affordable to them [Hudson County residents].*" Focus group participants envisioned a future where healthcare and SDoH are accessible to everyone, "*Jersey City is an accessible city, accessible to cultures and different ways of life, healthcare should be accessible, long-term care should*

be accessible, special needs and mental healthcare should be accessible, more food pantries without limitation should be accessible… Healthcare should be available to everyone."

Expansion of effective programs to address the social determinants of health. Similar to the community vision of increasing the amount of resources for programs and healthcare, participants also described a future where effective programs to address housing, food insecurity, education, and other social needs are scaled to meet the needs of Hudson County residents. Focus group and interview participants noted a dire need to expand affordable housing in the county, with participants identifying possible solutions such as more rent stabilized buildings, more renovation projects for existing houses, and more programs to support residents who have recently been incarcerated. Participants also envisioned expansions for food programs, such as more greenhouses for community growing projects and more nutrition education. Increasing volunteers in the community and expanding peer support programs were also suggested by participants as impactful future endeavors.

> *"A teach the teacher program, educating those who are disseminating information out to people—those who work at food pantries, clinics in shelters, even some of our residents."*
> – Key informant interviewee

Policy and systems change to more equitably distribute resources and to reduce health disparities. Many participants expressed visions for community that emphasize the need for systems change and addressing health disparities. In one example, focus group participants shared, "*If you have the money and grants, use it for people who need it … If you have resources, you should help people, a lot of people have mental illness, drug addiction, they do want to try to better themselves … but you, in the government, have the resources. Put your minds to it and make it happen.*" Similar concepts were shared by interviewees, some of whom envisioned a future where housing was seen as healthcare, and healthcare is accessible to all residents. Participants also emphasized the role of politics, with one interviewee commenting, "*We need our elected officials to hold people accountable for that they're doing. They're representatives and they're there to represent our interests. We see that they're not getting anything done or it's too slow.*"

Building and maintaining trust, safety, and core values among the community. Lastly, in the current political climate, many participants remarked on the need to sustain all of the trust, goodwill, and strengths of the community. Participants in several sectors shared concerns that they would lose progress they have made through years of community engagement, including building trusting connections with LGBTQ+ and immigrant communities. Interviewees working in larger organizations also expressed their hope that individuals in all levels of their organization would stand up for what they believe in and not compromise on shared values. In sum, one interviewee described it as the need to "*keep continuing a safe space for people to get the healthcare they deserve.*"

> *"[Returning to] Where we were 10 months ago, where we saw the future being bright. Knowing we had a safe space, knowing it was only going to get stronger."*
> – Key informant interviewee

Key Themes and Conclusions

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

The communities in Hudson County are diverse, accepting, and have a variety of resources. Participants in both focus groups and interviews emphasized the diversity in Hudson County and identified it as one of the communities' top strengths. Cultural pride, resiliency, acceptance of other cultures, and a welcoming environment were all discussed and praised by many participants across a variety of sectors. Participants also explained that there was a sense of community and general friendliness or neighborliness. Community health survey respondents identified as the greatest strengths availability of public transportation to get where they needed to go day-to-day (68.1%), access to transportation services for seniors and people with disabilities (67.9%), and having places for everyone to socialize (62.4%). Interview participants also explained that there were a wealth of resources, programs, partnerships, and services available in the community, along with strong collaboration among partners and referral networks.

Employment and financial security are escalating concerns affecting the well-being of many residents. Employment and employment conditions are critical to financial security and impact all other areas of life, including mental health, exposure to adverse childhood experiences or ACES, and general well-being. Through focus groups and interviews two key issues were identified: underemployment/unemployment and salaries being outpaced by cost of living. Residents frequently described the ways these challenges were impacting other social determinants of health, such as access to housing, food, and healthcare, which are critical pillars to maintaining physical and mental health. Data show that the percentage of households below the A.L.I.C.E. threshold (Asset Limited, Income Constrained and Employed), or households with adults who work but cannot afford basic needs, is about 20% of households in Hudson County. These data also show stark variation across the different municipalities in Hudson County. Most notably, almost 1 in every 2 households in Union City and Jersey City (07304, Bergen-Lafayette) have working adults who are unable to afford basic needs. Data also revealed that Black (7.6%) and Latino (7.4%) residents were more likely to face unemployment challenges compared to the general population (5.9%). Many focus group and interview participants mentioned struggles across the board with earning a living wage, and program providers commented that they often struggled with providing competitive salaries for staff. Many participants explained that a continuously rising cost of living exacerbated these concerns. Participants also noted that some immigrant communities, young adults, and justice-involved residents face additional barriers to obtaining stable employment and living wages (e.g., obtaining work visas, learning about and getting hired for entry level positions, obtaining employment when you have a record) which places these residents at higher risk of financial insecurity.

Safe and affordable housing was a chief concern among residents and was identified as a barrier to health. Housing was mentioned in the majority of focus groups and interviews, either directly or as a barrier to residents' ability to address chronic health conditions, mental

health challenges, and violence intervention efforts. Many participants expressed concerns about the lack of affordable housing in Hudson County, particularly in the context of rent increases and overall housing costs, limited housing availability, and gentrification. Data show that about one in four Hudson County homeowners (39%), and nearly one out of every two renters (46%), use more than 30% of their income on housing, indicating the prevalence of the housing cost burden on families. As conditions of low availability and increasing costs worsen, increases in unhoused individuals and families is also being observed. From 2021 to 2025, the unhoused population grew 24% in Hudson County, to a total of 1,091 individuals. Furthermore, Black and Latino survey respondents were most likely to report concerns about their housing stability over the next two months, and Black residents made up over 40% of the population experiencing homelessness despite representing 10.7% of the Hudson County population overall. Participants in focus groups and interviews did identify effective programs available in the community and expressed a desire to see those programs expanded to create more affordable housing in Hudson. These included development and expansion of rapid rehousing programs, increasing the number of rent stabilized buildings, increased revitalization and renovation projects, and increased availability of subsidies for housing.

Food insecurity is a problem impacting many residents, and proportions of impacted residents have continued to grow since the COVID-19 pandemic. Food insecurity and barriers to healthy eating can have long-term impacts on chronic disease and health outcomes. In Hudson County the percentage of residents living in a household that struggles to access enough food due to money or resources was 14.9% according to our most recent data from 2023. Unfortunately, these data also show that food challenges have continued to increase since the pandemic, which was a sentiment that was also reflected in discussions with residents and in the community health survey. More recent data from the RWJB Community Health Survey showed that 46% of respondents worried their food would run out before they had money to buy more. Furthermore, nearly one in three respondents were accessing food programs to supplement their households, which points to a key strength in the community: though residents are facing numerous challenges accessing food, there are programs available in Hudson County that are helping meet residents' needs. Residents particularly appreciated that these programs, such as JCMC's Food Pharmacy, provided healthy options including fresh produce, were located nearby, didn't require long waits or lines, and that nutrition education and other supports were available. Common barriers residents faced regarding food access included stigma, the rising cost of food, distance challenges and perceived food deserts, and education barriers. Residents who provide food services also described challenges they are facing, including increasing costs to procure food, reduced donations as prices rise and household food budgets become strained, logistics challenges such as transporting food and maintaining refrigeration, and navigating other food safety standards. There was also widespread concern among programs around the potential for future funding cuts. Like other health conditions and SDoH, food insecurity does impact some residents more than others. Economically vulnerable residents are most likely to face challenges, including seniors who may be at increased risk of isolation, transportation challenges, and fixed incomes, and unhoused individuals who are also likely to have unique challenges storing food (e.g., no access to refrigeration, must be easily transported).

Safety and violence prevention emerged as a key issue for some residents. Violence prevention and safety have been key areas of interest for Hudson County and JCMC, which was reflected in JCMC's 2019, 2021, and now 2025 CHNA processes. From 2020 to 2022, rates of violent crime have remained relatively stable or increased, with one notable bright spot: rates of violent crime in Jersey City showed a steep decline. In conversations with interviewees, a multitude of programs related to violence prevention and safety were discussed, including programs to support victims of crime and domestic violence, violence interruption and resolution, youth programs, and programs to potentially reduce an individual's risk of future harm. These programs emphasized a holistic and robust approach to care, often describing the importance, and challenges, of addressing social determinants of health like access to housing, employment, and food, as part of their efforts. Given the recent reduction in violent crime rates, and the ecosystem of robust programming, it is possible we are beginning to see measurable impacts resulting from the community's collaborative efforts. One potential gap or area for future improvement described by interviewees was on violence prevention itself, such as additional youth programming, counseling and behavioral services, and education efforts, which interviewees described as being under-supported and underfunded. Interviewees also described concerns about the broader field of violence prevention overall, in light of recent policy and funding decisions at the national level (e.g., reducing funding for anti-violence research, cuts to Medicare and Medicaid). Furthermore, participants also noted that violence survivors and justice-involved individuals face some unique challenges that can impact overall wellbeing, such as increased challenges obtaining stable employment. Participants also explained that youth exposure to violence, particularly in the context of bullying and domestic and dating violence, was a key concern in Hudson County.

Events at the national level are causing widespread fear and concern among some communities in Hudson County. Diversity, inclusion, and a welcoming community were among the top strengths residents described for Hudson County. However, challenges around systemic racism and discrimination are impacting Hudson Communities. One in four Hudson County survey respondents indicated experiencing discrimination sometimes or frequently based on their race or ethnicity when seeking medical care. This was highest among Black (36%) residents and among Latino residents (29%). In focus groups and interviews, residents rarely commented on challenges they have experienced related to discrimination, but broader fears and concerns were shared, particularly among those in LGTBQ+ and immigrant communities. Some of the impacts of these concerns are already becoming apparent, interviewees explained that some residents fear leaving their homes and are reluctant to seek out services, such as attending doctor appointments, behavioral health services, or seeking food or housing support, largely due to fears of Immigration and Customs Enforcement and the threat of deportation. For the LGBTQ+ community, additional concerns were raised, such as maintaining confidentiality, privacy, and safety, in light of public discourse impacting these communities. Potential health implications resulting from these challenges may range from reduced access to healthy food and exercise, increased anxiety, stress, and other behavioral health challenges, reduced access and utilization of care, and increased severity of conditions due to delayed care.

Chronic diseases were identified as prevalent in the JCMC service area. Chronic conditions, such as heart disease, diabetes, and cancer, are some of the most prevalent conditions in Hudson County. When looking at secondary data, heart disease and cancer

were among the top three leading causes of death in 2021. In 2024, the top health concerns identified by survey respondents were diabetes, heart disease, cancer, obesity, and housing. There are disparities in chronic disease: Black residents experience higher rates of premature mortality, cardiovascular disease mortality and hospitalization, and cancer mortality than any other racial/ethnic group. Chronic diseases are closely related to the social determinants of health, such as access to healthy foods, leisure time for exercise, and the neighborhood environment. Furthermore, factors such as rising cost of living and divisive rhetoric may have a direct impact on health, since these factors are influencing residents' behaviors, stress levels, and comfort during day-to-day activities. Though specific chronic conditions were not often discussed in focus groups and interviews, many residents described important programs in the community that they participate in, partner with, or otherwise engage with that support chronic disease management and prevention. For example, free screenings and nutrition education programs were highly praised, and some residents remarked that they would like to see more programs that support physical activity and gym access. The issue of chronic disease management was often mentioned or alluded to in discussions as an ongoing challenge. Residents who were uninsured or underinsured, some immigrant residents, and homeless populations were often described as facing additional barriers to chronic disease management.

Infectious and communicable diseases were frequently discussed, particularly regarding vaccinations, sexual health, and infectious disease surveillance. Infectious diseases were brought up as part of discussions with residents. COVID-19 itself was not a concern, but participants highlighted that COVID-19 had given more visibility to public health and improved partnerships. COVID-19 funding was also a boon to public health efforts in Hudson County, with multiple interviewees describing new services and programs they were able to offer through grant funds. Residents also described notable progress related to providing care for the LGBTQ+ community, including building a sense of community, increasing awareness and acceptance, and providing a trusted and safe space to access care. Unfortunately, some notable challenges were also shared during discussions—while public health infrastructure was bolstered in recent years through an influx of funding, many programs and services are now concerned about the future of public health funds and the ability to maintain the hard-won progress of recent years. Challenges related to costs and availability of vaccines were mentioned by interviewees, who explained that costs are increasingly being passed to healthcare providers, but many providers are unable to generate the additional funds to purchase the amount of vaccines that are needed. Furthermore, future availability of health surveillance data, such as measles or tuberculosis outbreaks, were also a top-of-mind concern for some interviewees. HIV incidence rates, for example, were a concern expressed by participants, and data indicate that rates are higher in Hudson County (25.7 per 100,000) compared to New Jersey (13.9 per 100,000) overall. However, a growing mistrust of the healthcare system and concerns about privacy were also mentioned. Some communities facing additional struggles related to communicable diseases include youth and immigrant communities, some of whom may struggle to access vaccines, and members of the LGBTQ+ community.

Mental health and behavioral health continue to be a significant concern in Hudson County, particularly for children and youth. Mental health and behavioral health were key concerns for survey respondents and discussion participants. Survey respondents ranked mental health issues as the sixth top health concern for the community overall and the top

health concern for children and youth. In focus groups, residents described observing substance use and being exposed to substances in public spaces. Interviewees described challenges connecting residents to care, factors contributing to mental and behavioral health challenges such as stress and unemployment, and ways local programs are supporting residents seeking mental and behavioral care. Participants were particularly concerned about the mental and behavioral health for some key communities undergoing severe and unique challenges, including youth (bullying, social media, and challenges with social and emotional skills due to COVID-19 impacts, vaping), immigrant communities (facing escalating divisive rhetoric and threat of deportation, exposure to war and violence), victims of crime, unhoused populations, and LGBTQ+ communities also facing increasing discourse and rhetoric. There was also hesitation in the community to seek behavioral health services due to fear of losing other supports (e.g., access to housing) or being targeted because of their immigration status or identities (e.g., LGBTQ+). Other challenges included costs, long wait times for services, particularly long-term services, finding appropriate providers, insurance status, and stigma.

Access to healthcare was a prominent theme in discussions with interview and focus group participants. Key facilitators that support access to care mentioned during focus groups and interviews included patient navigation through the healthcare system, such as care coordinators, community health workers, and other staff able to direct patients to resources as needed. A "one-stop shop" method of providing services was also frequently discussed, particularly in the context of support services, but efforts to connect patients to multiple services at one time were encouraged along with strategies to reduce access challenges (e.g., bus passes, arranging transportation for patients, making space for evening or weekend appointments). Rapport between clinicians and patients, along with creating an overall safe and accepting environment, was discussed as facilitators for patients accessing care. Specific barriers included challenges related to resources, such as copays or medication costs, or access to insurance. Other noted struggles with navigating the healthcare system to identify programs and services they are eligible for, and a lack of awareness of available resources. Logistical challenges were also identified, such as low cost and reliable transportation, being able to utilize telehealth or technology, and language barriers. Social determinants of health were also described as a compounding challenge to accessing care. For example, residents struggling to obtain food and safe housing may deprioritize healthcare appointments or medication in lieu of more immediate needs.

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 JCMC service area (listed below in alphabetical order):

- Affordable Housing
- Chronic Disease Prevention and Management
- Employment and Financial Security
- Food Insecurity and Healthy Eating
- Health and Racial Equity
- Healthcare Access
- Infectious and Communicable Diseases
- Mental Health and Behavioral Health
- Systemic Racism and Discrimination
- Violence Prevention and Safety

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 JCMC service area (listed below in alphabetical order):

- Affordable Housing
- Chronic Disease Prevention and Management
- Employment and Financial Security
- Food Insecurity and Healthy Eating
- Health and Racial Equity
- Healthcare Access
- Infectious and Communicable Diseases
- Mental Health and Behavioral Health
- Systemic Racism and Discrimination
- Violence Prevention and Safety

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 Strategic Implementation Plan (SIP) Preliminary Prioritization (Step 1)
On September 24, 2025, a 90-minute virtual Key Findings Presentation and Prioritization meeting was held with JCMC members and 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:

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

Facility-Specific Key Findings & SIP Prioritization Sessions (Step 2)
On October 15th, 2025, a 60-minute virtual meeting took place with fourteen members of the JCMC Health Equity Advisory Group and JCMC leadership. Following a brief presentation of the CHNA findings, facility leadership reviewed the polling results from the Step 1 meeting and discussed priorities for their SIP. The group opted to conduct a second poll using the polling platform Mentimeter confirming the same four potential priorities identified in Step 1. A discussion followed resulting in combining Chronic Disease Prevention and Management

and Healthcare Access into one priority area. The JCMC team met internally to review the collective results from the polling processes and subsequently met with HRiA to discuss the final JCMC priority areas for planning.

Priorities Selected for Planning
Based on the assessment findings as well as existing initiatives, expertise, capacity, and experience JCMC selected the following four priorities to focus on when developing their implementation plan:
- Food Insecurity & Healthy Eating
- Healthcare Access and Chronic Disease Prevention & Management
- Mental Health & Behavioral Health
- Social Impact Initiatives

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 Health 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, JCMC will bring together stakeholders and subject matter experts to begin planning process and the development of their implementation plan that will identify goals and strategies for addressing JCMC's priorities: Food Insecurity and Healthy Eating, Healthcare Access and Chronic Disease Prevention and Management, Mental Health and Behavioral Health, and Social Impact Initiatives.

Health and Racial Equity and Systemic Racism and Discrimination will be included as cross-cutting themes with strategies to address health disparities.

Jersey City Medical Center 2025-2027 Community Health Needs Assessment: Appendix

October 2025

RWJBarnabas HEALTH | Jersey City Medical Center

Appendix Table of Contents

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

Organization	Sector
Jersey City Public School	Youth and Adolescents
Jersey City Medical Center	Youth and Adolescents
Hudson Partnership CMO	Youth and Adolescents
Big Brothers/Big Sisters of Hudson County	Youth and Adolescents
St. Peter's University	Youth and Adolescents
New Jersey City University	Youth and Adolescents
North Hudson Community Action Corporation	Healthcare Delivery
Alliance Community Healthcare, Inc.	Healthcare Delivery
RWJBarnabas Health	Healthcare Delivery
Jersey City Medical Center	Violence Prevention
Anti-Violence Coalition of Hudson County	Violence Prevention
JC Police Activity League	Violence Prevention
Women Rising	Violence Prevention
York Street Project	Violence Prevention
JC Women's Clergy Alliance	Faith Leaders
Zion Cares Baptist Church	Faith Leaders
Jesey City Medical Center	Healthy Food Access
City of JC	Healthy Food Access
Hudson County Planning Council	LGBTQ+ Communities
Jesey City Medical Center	LGBTQ+ Communities
Jersey City Medical Center	Housing
Jersey City Housing Authority	Housing
Save Latin America, Inc.	Immigrant Communities
Islamic Center of JC	Immigrant Communities
Ukrainian JC	Immigrant Communities

Appendix B: Key Informant Interview Guide

Health Resources in Action

JCMC 2025-2027 Community Health Assessment- Strategic Implementation Plan

Virtual Group Key Informant Interview Guide 4.25.25

Goals of the group 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

[INSTRUCTIONS FOR FACIILTATOR:

THE QUESTIONS IN THE INTERVIEW GUIDE ARE INTENDED TO SERVE AS A <u>GUIDE</u>, BUT NOT A SCRIPT.

BEFORE THE INTERVIEW, TAILOR THE GUIDE BASED ON THE INTERVIEWEE'S AREA OF EXPERTISE USING THE SUGGESTED POOL OF QUESTIONS AT THE END.

IF RUNNING SHORT ON TIME, MAKE SURE TO ASK THE HIGHLIGHTED QUESTIONS.

REMINDER: THE THREE RWJB PRIORITIES ARE <u>FOOD INSECURITY, MENTAL HEALTH, CHRONIC DISEASE MANAGEMENT/ACCESS TO CARE</u>]

I. **BACKGROUND (5 MINUTES)**

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

- The Jersey City Medical Center is conducting a 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.

- Our interview will last about 45 – 60 minutes. Notes will be used to develop the Community Health Assessment report. After all the data gathering is completed, HRiA will summarize the key themes that have emerged during these discussions. HRiA will be including quotes, but will not include any names or identifying information.

- The final report will be publicly available through the JCMC website, it is expected to be available in late 2025 or early 2026.

- [NOTE IF TRANSCRIBING/RECORDING] We would like to transcribe/record these conversations just to ensure we have captured the main points of the discussion in case there are any interruptions in the note-taking. No one but the analysts at Health Resources in Action, who are writing the report, will be reviewing the transcription/recording. Do you have any concerns with me turning on the transcription/recording now? Do you consent to being recorded/having our discussion transcribed?

- 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? [PROBE: What is your organization's mission/services? What communities do you work in? Who are your main clients/audiences?]

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 its biggest strengths?

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

a. [PROBE ON SOCIAL DETERMINANTS OF HEALTH – FOOD INSECURITY / HEALTHY EATING; HOUSING AFFORDABILITY, ECONOMIC SECURITY/EMPLOYMENT; TRANSPORTATION; STIGMA/DISCRIMINATION, SAFETY, ETC.]

b. [IF NOT ADDRESSED ABOVE] What do you think are the most pressing *health* concerns in your community? (EX. MENTAL HEALTH, CHRONIC DISEASE MANAGEMENT, SUBSTANCE USE, ETC.)

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

a. Are there groups or populations 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 (18 minutes) [Tailor section with questions from the Question Pool Below]**

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?
a. 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 that we didn't discuss today?

Thank you again. Your feedback is valuable, and we greatly appreciate your time.
QUESTION POOL – USE TO TAILOR THE GUIDE TO SPECIFIC INTEREST GROUPS/TOPIC AREAS

Impact of COVID (if it arises in conversation)
- What are some of the lasting impacts that COVID-19 had on your community? (PROBE ON: HOUSING, FOOD, MENTAL HEALTH, ISOLATION, BASIC NEEDS, NEW ALLIANCES/NETWORKS, NEW PROGRAMS, VACCINE AWARENESS, ETC.)
- How have community concerns changed over the last few years?
- What groups are most affected by these changes? (PROBE ON: IMPACT ON CHILDREN, IMPACT ON SENIORS, IMPACT ON PEOPLE WITH CHRONIC DISEASES AND DISABILITIES.)

Access to Care
- What are some of the major barriers related to accessing preventive or primary care services that are affecting people in your community?
- What are the tools or resources that you need to be able to access health care?
- What programs are working well to help navigate care? Please describe them.

Mental Health (if it arises in conversation)
- From your perspective, what are the key issues related to mental health in your community?
    - Which, if any, populations in the community face more of these issues? For example, adolescents/young adults, seniors.
- What services or programs currently exist to address mental health?
    - What do you like about these services?
    - What are the barriers related to accessing mental health services?
- How could your community address these issues? For example, what services or policies could be put in place?
    - Where should the community put more funding towards?

Nutrition and Food Insecurity
- Could you tell me a bit about how food insecurity affects your community?
    - How does food insecurity affect diverse populations specifically?
- What services do you know of that people in your community go to for food? (ex. Networks of food pantries, SNAP benefits at farmer's markets, etc).
    - In your community, how easy or difficult is it to access foods that are important to your culture?
- What else do you feel needs to be in place in order to meaningfully address food insecurity in your community in the long term?
- What are some policies or programs that the local government can implement to address food insecurity in your community?

Immigrant Health
- What are some of the specific challenges around immigration issues or discrimination that your community faces?
- What should health care and social service providers consider when treating health and other issues in diverse populations/your cultural group?
- How do current town policies perpetuate discrimination or racism?
    - What changes need to be made to work towards a more equitable community?

Housing
- What are the most significant barriers that the community experiences as it relates to housing? [PROBE: Costs, Availability, Quality, Utilities]
    - Which, if any, populations in the community that face more barriers to housing? (Examples: Seniors, People with disabilities, Low-income residents)
- What are some changes to policy that the town can make to address affordable housing?

Economic Stability and Cost of Living (if it arises in conversation)
- Could you describe the issues that your community is facing related to economic or job security?
    - What are the unique issues that diverse populations face related to economic/job security?
- How are you or your community being affected by the costs of living?

- How have you had to adjust your spending? What sacrifices have you had to make to offset higher inflation?
- Are there certain populations/groups in the community that are more impacted by cost-of-living concerns? If yes, which ones?
- What are the most important resources that the community needs to improve financial security or workforce development?

LGBTQIA+ Populations
- What are some of the most important issues that LGBTQIA+ community are currently facing?
  - What makes these issues even more difficult for this community? Have these issues changed or evolved in recent years?
- What are the current services or programs that exist for individuals identifying as LGBTQIA+?
  - What makes these services good?
  - Where are there gaps or barriers in the current services or programs for the LGBTQIA+ community? What would you like to see added or changed?
- How can local government best respond to the unique needs of the LGBTQIA+ community in Hudson County?
  - What are some policies that need to change to better support this community?

Youth and Adolescents
- What are some of the most important issues that youth in the community are facing?
  - In your opinion, what's causing or influencing these issues?
- What are the most pressing mental health issues facing youth specifically?
  - In your opinion, what's causing or influencing these issues?
  - What, if any, groups are more impacted by mental health issues? For example, high school students, youth of color, LGBTQ youth, etc.
- What services are available to youth to address mental health?
  - What are some additional barriers that youth may face when trying to access mental health support?
- How can local government best respond to the unique needs of youth populations?
  - What are some policies that need to change to better support youth?

Built Environment (if it arises in conversation)
- What challenges does the community face in its built environment? By built environment, I mean things like transportation, roads and bike lanes, or parks and other public spaces.
  - Which populations in the community are most impacted by these challenges? For example, seniors, youth, or low-income residents.
  - What factors do you think are causing or influencing these issues?
- How safe do you feel with using alternative transportation such as walking or biking in your community? What influences that safety (Ex: Presence of designated bike lanes, maintenance of sidewalks)
  - What would you change in your community to encourage more walking or biking?
- Thinking about green spaces, like parks or walking trails, in your community – what do you like most about these spaces?

- What would you change or add to these spaces to encourage more people to use them?
- What are the most common ways you use these spaces? What do you use them the most for?
- What are your most pressing safety concerns when it comes to using these spaces for recreation?

Violence and Safety
- What are the major concerns in your community related to violence and safety?
- Could you describe the relationship between your community and the local police?
  - What initiatives/programs, if any, have been implemented to address racial inequities in the criminal justice system?
- What are some promising violence prevention programs or policies that you've come across and would like to see implemented?
  - How might these programs alleviate or exacerbate inequities in the criminal justice system?

Appendix C: Focus Group Guide

Health Resources in Action
JCMC 2025-2027 Community Health Assessment-Strategic Implementation Plan
Virtual Focus Group Guide 4.25.25

Goals of the focus group:
- To determine perceptions of the strengths and needs of the community
- To understand participants' current experiences and challenges
- To identify the gaps, challenges, and opportunities for addressing community needs more effectively

[Instructions for facilitator:

- **Before the focus group, tailor the guide based on the participants' area of expertise using the suggested pool of questions at the end.**
- **If running short on time, make sure to ask the highlighted questions.**
- **THE THREE RWJB PRIORITIES ARE FOOD INSECURITY, MENTAL HEALTH, CHRONIC DISEASE MANAGEMENT/ACCESS TO CARE]**

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 Jersey City Medical Center is conducting a 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 and other stakeholders 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.

- We're going to be having a focus group today. Has anyone here been part of a focus group before?

- You are here because we want to hear from you. There are <u>no right or wrong answers</u>. 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 60-90 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 the JCMC website, it is expected to be available in late 2025 or 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? Do you consent to have our conversation recorded and/or transcribed? [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 <u>biggest strengths of your community - or the most positive things</u> about it? [PROBE ON COMMUNITY AND ORGANIZATIONAL ASSETS/STRENGTHS]

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

a. [PROBE ON SOCIAL DETERMINANTS OF HEALTH – <u>FOOD INSECURITY / HEALTHY EATING;</u> HOUSING AFFORDABILITY, ECONOMIC SECURITY/EMPLOYMENT; TRANSPORTATION; STIGMA/DISCRIMINATION, ETC.]

b. [IF NOT ADDRESSED ABOVE] What do you think are the most pressing *health* concerns in your community? (<u>EX. MENTAL HEALTH, CHRONIC DISEASE MANAGEMENT, SUBSTANCE USE, ETC.</u>)

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

a. Are there <u>groups</u> 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)** [You can use the question pool to tailor this section]
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 (2 minutes)**

Thank you so much for your time and for sharing your opinions with us. Your perspective will be a great help in determining how to improve the systems that affect the health in Hudson County.

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.]

QUESTION POOL – USE TO TAILOR THE GUIDE TO SPECIFIC INTEREST GROUPS/TOPIC AREAS

Impact of COVID
- What are some of the lasting impacts that COVID-19 had on your community? (PROBE ON: HOUSING, FOOD, MENTAL HEALTH, ISOLATION, BASIC NEEDS, NEW ALLIANCES/NETWORKS, NEW PROGRAMS, VACCINE AWARENESS, ETC.)
- How have community concerns changed over the last few years?
- What groups are most affected by these changes? (PROBE ON: IMPACT ON CHILDREN, IMPACT ON SENIORS, IMPACT ON PEOPLE WITH CHRONIC DISEASES AND DISABILITIES.)

Access to Care
- What are some of the major barriers related to accessing preventive or primary care services that are affecting people in your community?
- What are the tools or resources that you need to be able to access health care?
- What programs are working well to help navigate care? Please describe them

Mental Health
- From your perspective, what are the key issues related to mental health in your community?
  - Which, if any, populations in the community face more of these issues? For example, adolescents/young adults, seniors.
- What services or programs currently exist to address mental health?
  - What do you like about these services?
  - What are the barriers related to accessing mental health services?
- How could your community address these issues? For example, what services or policies could be put in place?
  - Where should the community put more funding towards?

Substance Use

- From your perspective, what are the key issues related to substance use that are facing your community?
  - o   In your opinion, what's causing or influencing those issues?
  - o   Which, if any, populations in the community face more of these issues? For example, adolescents/young adults, seniors.
- What services or programs currently exist to address substance use issues?
  - o   What's working well about these services?
  - o   What barriers do people face in accessing substance use services?
- What are some resources or services the community could provide to better address substance use?
- How do current policies address substance use? (ex. Punitive vs rehabilitative, prevention vs treatment)
  - o   What changes should be made to policies to better address substance use?

Nutrition and Food Insecurity

- Could you tell me a bit about how food insecurity affects your community?
  - o   How does food insecurity affect diverse populations specifically?
- What services do you know of that people in your community go to for food? (ex. Networks of food pantries, SNAP benefits at farmer's markets, etc).
  - o   In your community, how easy or difficult is it to access foods that are important to your culture?
- What else do you feel needs to be in place in order to meaningfully address food insecurity in your community in the long term?
- What are some policies or programs that the local government can implement to address food insecurity in your community?

Immigrant Health

- What are some of the specific challenges around immigration issues or discrimination that your community faces?
- What should health care and social service providers consider when treating health and other issues in diverse populations/your cultural group?
- How do current town policies perpetuate discrimination or racism?
  - o   What changes need to be made to work towards a more equitable community?

Housing

- What are the most significant barriers that the community experiences as it relates to housing? [PROBE: Costs, Availability, Quality, Utilities]
  - o   Which, if any, populations in the community that face more barriers to housing? (Examples: Seniors, People with disabilities, Low-income residents)
- What are some changes to policy that the town can make to address affordable housing?

Economic Stability and Cost of Living

- Could you describe the issues that your community is facing related to economic or job security?

- o What are the unique issues that diverse populations face related to economic/job security?
- How are you or your community being affected by the costs of living?
  - o How have you had to adjust your spending? What sacrifices have you had to make to offset higher inflation?
  - o Are there certain populations/groups in the community that are more impacted by cost-of-living concerns? If yes, which ones?
- What are the most important resources that the community needs to improve financial security or workforce development?

Senior or Older Populations
- What are some of the most important issues that senior populations in the community are currently facing?
  - o What makes these issues even more difficult for senior populations?
- What are the current services or programs that exist for senior populations?
  - o What makes these services good?
  - o Where are there gaps or barriers in the current services or programs for seniors? What would you like to see added or changed?
- How can local government best respond to the unique needs of senior populations?
  - o What are some policies that need to change to better support seniors?

Youth and Adolescents
- What are some of the most important issues that youth in the community are facing?
  - o In your opinion, what's causing or influencing these issues?
- What are the most pressing mental health issues facing youth specifically?
  - o In your opinion, what's causing or influencing these issues?
  - o What, if any, groups are more impacted by mental health issues? For example, high school students, youth of color, LGBTQ youth, etc.
- What services are available to youth to address mental health?
  - o What are some additional barriers that youth may face when trying to access mental health support?
- How can local government best respond to the unique needs of youth populations?
  - o What are some policies that need to change to better support youth?

Built Environment
- What challenges does the community face in its built environment? By built environment, I mean things like transportation, roads and bike lanes, or parks and other public spaces.
  - o Which populations in the community are most impacted by these challenges? For example, seniors, youth, or low-income residents.
  - o What factors do you think are causing or influencing these issues?
- How safe do you feel with using alternative transportation such as walking or biking in your community? What influences that safety (Ex: Presence of designated bike lanes, maintenance of sidewalks)
  - o What would you change in your community to encourage more walking or biking?
- Thinking about green spaces, like parks or walking trails, in your community – what do you like most about these spaces?
  - o What would you change or add to these spaces to encourage more people to use them?

- o   What are the most common ways you use these spaces? What do you use them the most for?
- o   What are your most pressing safety concerns when it comes to using these spaces for recreation?

Violence and Safety
- What are the major concerns in your community related to violence and safety?
- Could you describe the relationship between your community and the local police?
  - o   What initiatives/programs, if any, have been implemented to address racial inequities in the criminal justice system?
- What are some promising violence prevention programs or policies that you've come across and would like to see implemented?
  - o   How might these programs alleviate or exacerbate inequities in the criminal justice system?

LGBTQIA+ Populations
- What are some of the most important issues that LGBTQIA+ community are currently facing?
  - o   What makes these issues even more difficult for this community? Have these issues changed or evolved in recent years?
- What are the current services or programs that exist for individuals identifying as LGBTQIA+?
  - o   What makes these services good?
  - o   Where are there gaps or barriers in the current services or programs for the LGBTQIA+ community? What would you like to see added or changed?
- How can local government best respond to the unique needs of the LGBTQIA+ community in Hudson County?
  - o   What are some policies that need to change to better support this community?

Appendix D: Resource Inventory

Health Resources
for
Hudson County

Part 1: Acute and Long Term Care Facilities

Acute Care Facility Resources_Hudson County

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	CITY	STATE	ZIP	COUNTY	TELEPHONE	FAX PHONE	LICENSED_OWNER
AMBULATORY CARE FACILITY	22788	ADVANCED MAGNETIC IMAGING ASSOCIATES, PA(NJ22788)	6410-6416 BERGENLINE AVENUE WEST NEW YORK, NJ 07093	WEST NEW YORK	NJ	07093	HUDSON	(201) 295-1099	(201) 295-1035	Ahsan Zafar, M.D.
AMBULATORY CARE FACILITY	22927	NJIN OF UNION CITY (NJ22927)	3196 KENNEDY BOULEVARD UNION CITY, NJ 07087	UNION CITY	NJ	07087	HUDSON	(201) 865-6100	(201) 865-6102	The New Jersey Imaging Network Llc
AMBULATORY CARE FACILITY	23058	BERGENLINE X-RAY DIAGNOSTIC CENTER, CORP (NJ23058)	400-02 43RD STREET UNION CITY, NJ 07087	UNION CITY	NJ	07087	HUDSON	(201) 348-6060	(201) 348-2064	Bergenline X-Ray Diagnostic Center, Corp
AMBULATORY CARE FACILITY	23188	NJIN OF HOBOKEN (NJ23188)	53-61 WASHINGTON STREET, HOBOKEN, NJ 07030	HOBOKEN	NJ	07030	HUDSON	(973) 661-4674	(973) 284-0956	Hoboken Radiology, L.L.C.
AMBULATORY CARE FACILITY	23345	NJIN OF WEST NEW YORK MRI CENTER (NJ23345)	6001 MONROE PLACE WEST NEW YORK, NJ 07093	WEST NEW YORK	NJ	07093	HUDSON	(201) 854-1200	(201) 854-3333	Ricardo T. Baldonado, M.D.
AMBULATORY CARE FACILITY	23347	CITY RADIO-LOGY, LLC (NJ23347)	657 BROADWAY BAYONNE, NJ 07002	BAYONNE	NJ	07002	HUDSON	(201) 822-2235	(201) 437-1418	City Radiology Center Llc
AMBULATORY CARE FACILITY	24396	LUTHERAN SENIOR LIFE AT JERSEY CITY (NJ24396)	377 JERSEY AVENUE, SUITE 310 JERSEY CITY, NJ 07302	JERSEY CITY	NJ	07302	HUDSON	(201) 706-2091	(201) 706-2092	Lutheran Social Ministries Of New Jersey
AMBULATORY CARE FACILITY	24478	JERSEY CITY DIAGNOS-TIC CENTER (NJ24478)	2300 KENNEDY BOULEVARD JERSEY CITY, NJ 07304	JERSEY CITY	NJ	07304	HUDSON	(201) 432-2100	(201) 432-1900	Jersey City Diagnostic Center
AMBULATORY CARE FACILITY	24767	JERSEY ADVANCED MRI & DIAGNOSTIC CENTER (NJ24767)	2127 KENNEDY BOULEVARD NORTH BERGEN, NJ 07047	NORTH BERGEN	NJ	07047	HUDSON	(201) 552-9464	(201) 552-9467	Jersey Advanced Mri And Diagnostic Center
AMBULATORY CARE FACILITY	24803	ADVANCED OPEN MRI OF WEST HUDSON (NJ24803)	723 ELM STREET KEARNY, NJ 07032	KEARNY	NJ	07032	HUDSON	(201) 997-7300	(201) 997-2709	Sks Healthcare Llc
AMBULATORY CARE FACILITY	25008	PAIN AND DISABILITY INSTITUTE PC (NJ25008)	193 PALISADE AVENUE, BASEMENT JERSEY CITY, NJ 07306	JERSEY CITY	NJ	07306	HUDSON	(201) 656-4324	(201) 656-4019	Pain And Disability Institute, P.C.
AMBULATORY CARE FACILITY	25051	NJIN OF BAYONNE (NJ25051)	519 BROADWAY, SUITE 155 BAYONNE, NJ 07002	BAYONNE	NJ	07002	HUDSON	(201) 608-6250	(201) 608-6260	New Jersey Imaging Networks, Llc
AMBULATORY CARE FACILITY	25140	JERSEY CITY OPEN MRI (NJ25140)	3540 JOHN F KENNEDY BOULEVARD JERSEY CITY, NJ 07307	JERSEY CITY	NJ	07307	HUDSON	(201) 333-2221		Urgent Medical Care And Mri, Llc

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	CITY	STATE	ZIP	COUNTY	TELEPHONE	FAX PHONE	LICENSED_OWNER
AMBULATORY CARE FACILITY	25165	NJIN OF JERSEY CITY (NJ25165)	600 PAVONIA AVENUE JERSEY CITY, NJ 07306	JERSEY CITY	NJ	07306	HUDSON	(201) 630-0316	(973) 875-5230	The New Jersey Imaging Network Llc
AMBULATORY CARE FACILITY	25203	SKR MEDICAL ADVISORS, LLC (NJ25203)	2100 88TH STREET, BUILDING G NORTH BERGEN, NJ07047	NORTH BERGEN	NJ	07047	HUDSON	(201) 588-1300		Skr Medical Advisors, Llc
AMBULATORY CARE FACILITY	25342	HACKENSACK RADIOLOGY - HOBOKEN (NJ25342)	5 MARINE VIEW PLAZA SUITE 100 HOBOKEN, NJ 07030	HOBOKEN	NJ	07030	HUDSON	(201) 488-2660		Imaging North, Llc
AMBULATORY CARE FACILITY	70991	HOBOKEN FAMILY PLANNING, INC (NJ70991)	124 GRAND STREET HOBOKEN, NJ 07030	HOBOKEN	NJ	07030	HUDSON	(201) 963-0300	(201) 963-0303	Hoboken Family Planning, Inc
AMBULATORY CARE FACILITY	70992	WEST NEW YORK FAMILY PLANNING CENTER (NJ70992)	5305 HUDSON AVENUE WEST NEW YORK, NJ 07093	WEST NEW YORK	NJ	07093	HUDSON	(201) 866-8071	(201) 866-3807	Hoboken Family Planning, Inc
AMBULATORY CARE FACILITY	80305	PARKSIDE MEDICAL CENTER (NJ80305)	127 LAFAYETTE STREET JERSEY CITY, NJ 07304	JERSEY CITY	NJ	07304	HUDSON	(201) 434-1111	(201) 432-0192	Khaleidoscope Health Care, Inc
AMBULATORY CARE FACILITY	80320	HUDSON MRI, PA (NJ80320)	2811 KENNEDY BOULEVARD NORTH BERGEN, NJ, 07047	NORTH BERGEN	NJ	07047	HUDSON	(201) 659-1177	(201) 659-2262	Hudson Mri, Pa
AMBULATORY CARE FACILITY	25481	APEX RADIOLOGY LLC (NJ25481)	244 SAINT PAULSAVENUE JERSEY CITY, NJ 07306	JERSEY CITY	NJ	07306	HUDSON	(201) 201-3500		Apex Radiology Llc
AMBULATORY CARE FACILITY	25441	ATLANTIC IMAGING SERVICES AT BAYONNE (NJ25441)	471 BROADWAY BAYONNE, NJ 07002	BAYONNE	NJ	07002	HUDSON	(551) 214-2408		Atlantic Imaging Services, Llc
AMBULATORY CARE FACILITY	25422	OUR BIRTHING CENTER ON THE HUDSON (NJ25422)	7000 JFK BLVD EAST UNIT 18 GUTTENBERG, NJ, 07093	GUTTENBERG	NJ	07093	HUDSON	(862) 444-2420		Our Birthing Center On The Hudson
AMBULATORY CARE FACILITY - SATELLITE	22863	HOBOKEN FAMILY PLANNING SUMMIT CENTER (NJ22863)	1206 SUMMIT AVENUE UNION CITY, NJ 07087	UNION CITY	NJ	07087	HUDSON	(201) 319-9200	(201) 319-9121	Hoboken Family Planning, Inc
AMBULATORY CARE FACILITY - SATELLITE	24107	NORTH HUDSON COMMUNITY ACTION CORP MOBILE HEALTH V (NJ24107)	5301 BROADWAY WEST NEW YORK, NJ 07093	WEST NEW YORK	NJ	07093	HUDSON	(201) 583-6822	(201) 330-3803	North Hudson Community Action Corporation
AMBULATORY CARE FACILITY - SATELLITE	25421	HOBOKEN FAMILY PLANNING, INC (NJ25421)	124 GRAND STREET HOBOKEN, NJ 07030	HOBOKEN	NJ	07030	HUDSON	(201) 963-0300	(201) 963-0303	Hoboken Family Planning Inc.
AMBULATORY SURGICAL CENTER	23180	HUDSON BERGEN	9226 KENNEDY BOULEVARD, UNIT	NORTH BERGEN	NJ	07047	HUDSON	(201) 295-0900	(201) 869-9501	Ambulatory Center For

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		ENDO-SURGICAL CENTER (23180)	A NORTH BERGEN, NJ 07047							Endoscopy Llc
AMBULATORY SURGICAL CENTER	24067	AMBULATORY CENTER FOR ENDOSCOPY LLC (NJ24067)	7600 RIVER ROAD, 4TH FLOOR NORTH BERGEN, NJ 07047	NORTH BERGEN	NJ	07047	HUDSON	(201) 705-1080	(201) 705-1090	Ambulatory Center For Endoscopy Llc
AMBULATORY SURGICAL CENTER	24224	Visionary ASC NJ (NJ24224)	210 MEADOWLAND PARKWAY # 5 SECAUCUS, NJ 07094	SECAUCUS	NJ	07094	HUDSON	(201) 330-9090	(201) 330-9092	42 Services, Llc
AMBULATORY SURGICAL CENTER	24351	HARRISON ENDO SURGICAL CENTER LLC (NJ24351)	620 ESSEX STREET HARRISON, NJ 07029	HARRISON	NJ	07029	HUDSON	(973) 474-1040	(973) 474-1030	Harrison Endo Surgical Center, L.L.C.
AMBULATORY SURGICAL CENTER	24362	SURGICARE SURGICAL ASSOCIATES OF JERSEY CITY (NJ24362-1)	631 GRAND STREET JERSEY CITY, NJ 07304	JERSEY CITY	NJ	07304	HUDSON	(201) 830-2280	(201) 599-8338	Surgicare Surgical Associates Of Jersey City Llc
AMBULATORY SURGICAL CENTER	80193	SURGICORE OF JERSEY CITY, LLC(NJ31C0001039)	550 NEWARK AVENUE, 5TH FLOOR JERSEY CITY, NJ 07306	JERSEY CITY	NJ	07306	HUDSON	(201) 795-0205	(201) 795-0737	Surgicore Of Jersey City, Llc
AMBULATORY SURGICAL CENTER ASC-ST	R24621	AMBULATORY PAIN AND DISABILITY MANAGEMENT CENTER (NJR24621)	191 PALISADE AVENUE JERSEY CITY, NJ 07306	JERSEY CITY	NJ	07306	HUDSON	(201) 656-4324	(201) 656-4019	Ambulatory Pain & Disability Management Center Llc
COMPREHENSIVE OUTPATIENT REHAB	22936	THERAPRO-CORF, LLC (22936)	600 PAVONIA AVENUE -7TH FLOOR JERSEY CITY, NJ 07306	JERSEY CITY	NJ	07306	HUDSON	(201) 418-0088	(201) 418-9420	Therapro-Corf, L.L.C.
COMPREHENSIVE OUTPATIENT REHAB	22872	THERAPRO-CORF (NJ22872)	9225 KENNEDY BOULEVARD NORTH BERGEN, NJ07047	NORTH BERGEN	NJ	07047	HUDSON	(201) 869-2707	(201) 869-2717	Therapro-Corf, L.L.C.
COMPREHENSIVE OUTPATIENT REHAB	25055	AGILE URGENT CARE (NJ25055)	20 MEADOWLANDS PARKWAY SECAUCUS, NJ 07094	SECAUCUS	NJ	07094	HUDSON	(201) 381-4800	(201) 381-4700	Agile Urgent Care Of Secaucus, Llc
END STAGE RENAL DIALYSIS	23196	ALARIS HEALTH DIALYSIS AT HAMILTON PARK (23196)	328 NINTH STREET JERSEY CITY, NJ 07302	JERSEY CITY	NJ	07302	HUDSON	(201) 516-7700	(201) 716-7711	Hamilton Park Dialysis Opco Llc
END STAGE RENAL DIALYSIS	22515	FRESENIUS MEDICAL CARE UNION HILL (NJ22515)	508 31ST STREET UNION CITY, NJ 07087	UNION CITY	NJ	07087	HUDSON	(201) 902-9382	(201) 902-0661	Bio-Medical Applications Of New Jersey, Inc.
END STAGE RENAL DIALYSIS	22532	JERSEY CITY DIALYSIS (NJ22532)	1310 5TH STREET NORTH BERGEN, NJ 07047	NORTH BERGEN	NJ	07047	HUDSON	(201) 770-9220	(201) 770-9225	Kidney Life, Llc
END STAGE RENAL DIALYSIS	22816	BAYONNE RENAL	434-436 BROADWAY PO	BAYONNE	NJ	07002	HUDSON	(201) 436-1644	(201) 436-5133	Bayonne Renal Center, Llc

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		CENTER (NJ22816)	BOX 169 BAYONNE, NJ 07002							
END STAGE RENAL DIALYSIS	22862	RENEX DIALYSIS CLINIC OF HARRISON (NJ22862)	620 ESSEX STREET HARRISON, NJ 07029	HARRISON	NJ	07029	HUDSON	(973) 482-7772	(973) 482-0102	Nna Of Harrison
END STAGE RENAL DIALYSIS	24831	FRESENIUS MEDICAL CARE CENTER UNION CITY HOME, LL (NJ24831)	3196 KENNEDY BOULEVARD, BOX#7A UNION CITY, NJ 07087	UNION CITY	NJ	07087	HUDSON	(201) 601-4702	(201) 864-3167	Hudson Home Therapies
END STAGE RENAL DIALYSIS	24873	DIALYSIS PALISADES MEDICAL CENTER (NJ24873)	7650 RIVER ROAD, SUITE 150 NORTH BERGEN, NJ 07047	NORTH BERGEN	NJ	07047	HUDSON	(201) 861-1031	(201) 758-2794	Norte Dialysis, L.L.C.
END STAGE RENAL DIALYSIS	24893	JERSEY CITY GRAND HOME DIALYSIS (NJ24893)	422 GRAND STREET JERSEY CITY, NJ 07302	JERSEY CITY	NJ	07302	HUDSON	(201) 332-6413	(201) 536-8093	Pershing Dialysis, L.L.C.
END STAGE RENAL DIALYSIS	24980	JERSEY CITY SUMMIT DIALYSIS (NJ24980)	414 SUMMIT AVENUE JERSEY CITY, NJ 07306	JERSEY CITY	NJ	07306	HUDSON	(201) 420-8431	(201) 459-0967	Hawn Dialysis, L.L.C.
END STAGE RENAL DIALYSIS	25058	FRESENIUS KIDNEY CARE SECAUCUS (NJ25058)	200 MEADOWLANDS PARKWAY SECAUCUS, NJ 07094	SECAUCUS	NJ	07094	HUDSON	(201) 583-6650	(201) 583-6657	Fresenius Medical Care Secaucus, Llc
END STAGE RENAL DIALYSIS	25092	FRESENIUS KIDNEY CARE BAYONNE (NJ25092)	29 E 29TH STREET BAYONNE, NJ 07002	BAYONNE	NJ	07002	HUDSON	(201) 858-5358	(201) 858-5206	Fresenius Medical Care Bayonne, Llc
END STAGE RENAL DIALYSIS	40901	BIO-MEDICAL APPLICATIONS OF JERSEY CITY (NJ40901)	107-123 PACIFIC AVENUE JERSEY CITY, NJ 07304	JERSEY CITY	NJ	07304	HUDSON	(201) 451-3760	(201) 451-2863	Fresenius Medical Care
END STAGE RENAL DIALYSIS	42303	BIO-MEDICAL APPLICATIONS OF HOBOKEN (NJ42303)	1600 WILLOW AVENUE HOBOKEN, NJ 07030	HOBOKEN	NJ	07030	HUDSON	(201) 656-7500	(201) 656-7552	Fresenius Medical Care Hoboken, Llc
END STAGE RENAL DIALYSIS	25404	LIBERTY PARK DIALYSIS (NJ25404)	15 CARBON PLACE JERSEY CITY, NJ 07305	JERSEY CITY	NJ	07305	HUDSON	(551) 285-1016		Brookstone Dialysis, Llc
FEDERALLY QUALIFIED HEALTH CENTERS	22448	NORTH HUDSON CAC HEALTH CENTER AT UNION CITY (311849)	714-31 STREET UNION CITY, NJ 07087	UNION CITY	NJ	07087	HUDSON	(201) 210-0200	(201) 863-2508	North Hudson Community Action Corporation
FEDERALLY QUALIFIED HEALTH CENTERS	24089	METROPOLITAN FAMILY HEALTH NETWORK, INC (311878)	935 GARFIELD AVENUE JERSEY CITY, NJ 07304	JERSEY CITY	NJ	07304	HUDSON	(201) 478-5877	(201) 478-5814	Metropolitan Family Health Network
FEDERALLY QUALIFIED	24830	NHCAC	326 HARRISON	HARRISON	NJ	07029	HUDSON	(201) 941-3040		North Hudson

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HEALTH CENTERS		HARRISON HEALTH CENTER (NJ24830)	AVENUE HARRISON, NJ 07029							Community Action Corporation
FEDERALLY QUALIFIED HEALTH CENTERS	25172	ALLIANCE COMMUNITY HEALTHCARE (NJ25172)	115 CHRISTOPHER COLUMBUS DRIVE JERSEY CITY, NJ 07302	JERSEY CITY	NJ	07302	HUDSON	(201) 451-6300	(201) 451-8300	Horizon Health Center
FEDERALLY QUALIFIED HEALTH CENTERS	25390	NORTH HUDSON COMMUNITY ACTION CORPORATION (NJ25390)	55 MEADOWLANDS PARKWAY, 2ND FLOOR SECAUCUS, NJ 07094	SECAUCUS	NJ	07094	HUDSON	(201) 210-0100		North Hudson Community Action Corporation
FEDERALLY QUALIFIED HEALTH CENTERS	70974	NORTH HUDSON CAC HEALTH CENTER AT WEST NEW YORK (NJ311829)	5301 BROADWAY WEST NEW YORK, NJ 07093	WEST NEW YORK	NJ	07093	HUDSON	(201) 866-9320	(201) 223-0306	North Hudson Community Action Corporation
GENERAL ACUTE CARE HOSPITAL	10901	CAREPOINT HEALTH - BAYONNE MEDICAL CENTER (NJ10901)	29 EAST 29TH ST BAYONNE, NJ 07002	BAYONNE	NJ	07002	HUDSON	(201) 858-5000	(201) 858-7355	Ijkg Opco, L.L.C.
GENERAL ACUTE CARE HOSPITAL	10902	CAREPOINT HEALTH-CHRIST HOSPITAL (NJ10902)	176 PALISADE AVE JERSEY CITY, NJ 07306	JERSEY CITY	NJ	07306	HUDSON	(201) 795-8200	(201) 795-8796	Hudson Hospital Opco, Llc
GENERAL ACUTE CARE HOSPITAL	10904	JERSEY CITY MEDICAL CENTER (NJ10904)	355 GRAND STREET JERSEY CITY, NJ 07302	JERSEY CITY	NJ	07302	HUDSON	(201) 915-2000	(201) 915-2029	Jersey City Medical Center
GENERAL ACUTE CARE HOSPITAL	10905	PALISADES MEDICAL CENTER (NJ10905)	7600 RIVER RD NORTH BERGEN, NJ 07047	NORTH BERGEN	NJ	07047	HUDSON	(201) 854-5004	(201) 854-5036	Hmh Hospitals Corporation
GENERAL ACUTE CARE HOSPITAL	10906	HUDSON REGIONAL HOSPITAL (NJ10906)	55 MEADOWLANDS PKWY4 SECAUCUS, NJ 0709	SECAUCUS	NJ	07094	HUDSON	(201) 392-3200	(201) 392-3527	Njmhmc, Llc
GENERAL ACUTE CARE HOSPITAL	10908	CAREPOINT HEALTH-HOBOKEN UNIVERSITY MEDICAL CENTER (NJ10908)	308 WILLOW AVE HOBOKEN, NJ 07030	HOBOKEN	NJ	07030	HUDSON	(201) 418-1000	(201) 418-1011	Humc Opco, L.L.C.
HOME HEALTH AGENCY	70901	BAYONNE VISITING NURSE ASSOCIATION (NJ317006)	149 Lefante Way Suite 144 & 146 Suite 144 & 146 BAYONNE, NJ 07002	BAYONNE	NJ	07002	HUDSON	(201) 339-2500	(201) 339-1255	Patient Care Of Hudson County, L.L.C.
HOME HEALTH AGENCY	22363	BAYADA HOME HEALTH CARE, INC (NJ317050)	5901 West Side Avenue, Suite 502B North	NORTH BERGEN	NJ	07047	HUDSON	(201) 377-6000	(201) 377-6083	Bayada Home Health Care, Inc.

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			Bergen, NJ 07047							
HOME HEALTH AGENCY	70905	PROMISE CARE, NJ (NJ317064)	4914 Kennedy Boulevard W Suite 203 West New York, NJ 07093	WEST NEW YORK	NJ	07093	HUDSON	(201) 418-6800	(201) 418-6817	Promise Care Of Hudson County, Llc
HOSPICE CARE PROGRAM	24815	BAYADA HOSPICE (NJ24815)	5901 WEST SIDE AVENUE, SUITE 502A NORTH BERGEN, NJ 07047	NORTH BERGEN	NJ	07047	HUDSON	(201) 630-2158	(201) 516-6033	Bayada Home Health Care, Inc.
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY CORF	1523	HMH PALISADES MEDICAL CENTER-PHYSICAL REHABILITATI (NJ1523)	7650 RIVER ROAD NORTH BERGEN, NJ 07047	NORTH BERGEN	NJ	07047	HUDSON	(201) 854-5001	(201) 854-5036	Hmh Hospitals Corporation-Palisades Medical Center
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY CTR ST	1361	NBIM PHYSICIANS SPECIALTY PRACTICE BAYONNE (NJ1361)	16 EAST 29TH STREET BAYONNE, NJ 07002	BAYONNE	NJ	07002	HUDSON	(973) 926-6696	(201) 858-0874	Newark Beth Israel Medical Center
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1121	JERSEY CITY MEDICAL CENTER - AMBULATORY CARE CNTR (NJ1121)	395 GRAND STREET JERSEY CITY, NJ 07302	JERSEY CITY	NJ	07302	HUDSON	(201) 521-5922	(201) 915-2029	Jersey City Medical Center
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1122	JERSEY CITY MEDICAL CENTER FAMILY HEALTH CENTER (NJ1122)	418 SUMMIT AVENUE JERSEY CITY, NJ 07306	JERSEY CITY	NJ	07306	HUDSON	(201) 432-4600	(201) 915-2029	Jersey City Medical Center
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1124	JERSEY CITY MEDICAL CENTER AT GREENVILLE (NJ1124)	1825 KENNEDY BLVD, GREENVILLE MED ARTS COMPLEX JERSEY CITY, NJ 07304	JERSEY CITY	NJ	07304	HUDSON	(201) 946-6460	(201) 946-6489	Jersey City Medical Center
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1156	NEIGHBORHOOD HEALTH CENTER OF HOBOKEN UNIV MC (NJ1156)	122-132 CLINTON STREET HOBOKEN, NJ 07030	HOBOKEN	NJ	07030	HUDSON	(201) 418-1000	(201) 428-1011	Humc Opco, L.L.C.
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1274	JCMC CARDIOLOGY & IMAGING SERVICES (NJ1274)	377 SKINNER MEMORIAL DRIVE JERSEY CITY, NJ 07302	JERSEY CITY	NJ	07302	HUDSON	(201) 915-2696	(201) 915-2029	Jersey City Medical Center

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HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1336	JCMC WOMEN'S HEALTH AND MATERNAL FETAL MEDICINE CE (NJ1336)	116 NEWARK AVENUE, 3RD FLOOR JERSEY CITY, NJ 07302	JERSEY CITY	NJ	07302	HUDSON	(201) 915-2000	(201) 915-2029	Jersey City Medical Center
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1442	SLEEP/WAKE CENTER AT PALISADES MEDICAL CENTER (NJ1442)	7600 RIVER ROAD NORTH BERGEN, NJ 07047	NORTH BERGEN	NJ	07047	HUDSON	(201) 854-5412	(201) 861-7952	Hmh Hospitals Corporation
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1447	CAREPOINT HEALTH CHRIST HOSPITAL MOBILE VAN (NJ1447)	176 PALISADE AVENUE JERSEY CITY, NJ 07306	JERSEY CITY	NJ	07306	HUDSON	(201) 795-8200	(201) 795-8796	Christ Hospital
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1464	JERSEY CITY MEDICAL SATELLITE EMERGENCY DEPARTMENT (NJ1464)	519 BROADWAY, SUITE 100 BAYONNE, NJ 07002	BAYONNE	NJ	07002	HUDSON	(201) 915-2000	(201) 915-2029	Jersey City Medical Center
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1482	JERSEY CITY MEDICAL CENTER AMBULATORY SURGERY CTR (NJ1482)	377 JERSEY AVENUE, SUITE 510 JERSEY CITY, NJ 07302	JERSEY CITY	NJ	07302	HUDSON	(201) 878-3200	(201) 915-2029	Jersey City Medical Center
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1486	JERSEY CITY MEDICAL CENTER SPECIALITY CARE CENTER (NJ1486)	414 GRAND STREET, SUITE 14 JERSEY CITY, NJ 07302	JERSEY CITY	NJ	07302	HUDSON	(201) 915-2000	(201) 915-2029	Jersey City Medical Center
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1487	BREAST CENTER AT PALISADES MEDICAL CENTER (NJ1487)	7650 RIVER ROAD, SUITE 240 NORTH BERGEN, NJ 07047	NORTH BERGEN	NJ	07047	HUDSON	(201) 295-4800		Hmh Hospitals Corporation
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1491	JERSEY CITY MEDICAL CENTER SLEEP CENTER (NJ1491)	333 GRAND STREET JERSEY CITY, NJ 07302	JERSEY CITY	NJ	07302	HUDSON	(201) 915-2029		Jersey City Medical Center

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	CITY	STATE	ZIP	COUNTY	TELEPHONE	FAX PHONE	LICENSED_OWNER
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1535	ENGLEWOOD HOSP IMAGING&THERAPEUTICS AT JERSEY CITY (NJ1535)	2 JOURNAL SQUARE, 3RD FLOOR JERSEY CITY, NJ 07306	JERSEY CITY	NJ	07306	HUDSON	(201) 894-3000		Englewood Hospital And Medical Center
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1320	CAREPOINT HEALTH-CHRIST HOSPITAL IMAGING CENTER (NJ22210)	142 PALISADE AVENUE JERSEY CITY, NJ 07306	JERSEY CITY	NJ	07306	HUDSON	(201) 795-8401	(201) 795-0874	Hudson Hospital Opco, Llc
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1494	JERSEY CITY MEDICAL CENTER RADIATION ONCOLOGY (NJ24456)	631 GRAND STREET JERSEY CITY, NJ 07303	JERSEY CITY	NJ	07303	HUDSON	(201) 942-3999	(201) 942-3998	Jersey City Medical Center
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1536	CHILDREN'S SPECIALIZED HOSPITAL AT BAYONNE (NJ1536)	519 BROADWAY SUITE 2500 BAYONNE, NJ 07002	BAYONNE	NJ	07002	HUDSON	(732) 258-7000	(732) 258-7210	Children'S Specialized Hospital
PSYCHIATRIC HOSPITAL	60908	HUDSON COUNTY MEADOWVIEW PSYCHIATRICH (NJ314024)	595 COUNTY AVENUE SECAUCUS, NJ 07094	SECAUCUS	NJ	07094	HUDSON	(201) 369-5252	(201) 369-5260	County Of Hudson
SURGICAL PRACTICE	R24901	MARCO A PELOSI MD, PA (NJR24901)	350 KENNEDY BOULEVARD BAYONNE, NJ 07002	BAYONNE	NJ	07002	HUDSON	(201) 858-1800	(201) 858-1002	Marco A. Pelosi, Md, P.A.

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

Long Term Care Facility Resource_Hudson County

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	CITY	STATE	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
ADULT DAY HEALTH SERVICES FACILITY	D6OGUT	ACTIVE DAY AT CASA MANITO (D6OGUT)	324 55TH STREET WEST NEW YORK, NJ 07093	WEST NEW YORK	NJ	07093	HUDSON	(201) 223-6800	(201) 223-6885	Senior Care Centers Of America, Inc.
ADULT DAY HEALTH SERVICES FACILITY	L9N0H7	ACTIVE DAY OF NORTH BERGEN (L9NOH7)	6201 GRAND AVENUE NORTH BERGEN, NJ 07047	NORTH BERGEN	NJ	07047	HUDSON	(201) 869-4443	(201) 869-0814	Senior Care Centers Of America, Inc.
ADULT DAY HEALTH SERVICES FACILITY	09001	MI CASA ES SU CASA II, INC (NJ09001)	6120 BUCHANAN PLACE (PO BOX 4074) PO BOX 4074	WEST NEW YORK	NJ	07093	HUDSON	(201) 537-2211	(201) 537-2209	Mi Casa Es Su Casa Ii, Inc.
ADULT DAY HEALTH SERVICES FACILITY	09010	CARE WITH LOVE ADULT DAY CARE CENTER (NJ09010)	953 GARFIELD AVENUE JERSEY CITY, NJ 07304	JERSEY CITY	NJ	07304	HUDSON	(201) 333-8883	(201) 333-8897	Care With Love Adult Daycare Center, Inc
ADULT DAY HEALTH SERVICES FACILITY	408110	HAPPY DAYS 3 ADULT HEALTHCARE (NJ408110)	591 MONTGOMERY STREET 1153 BUCKWALD	JERSEY CITY	NJ	07302	HUDSON	(201) 938-0300		0Hd Healthcare Services
ADULT DAY HEALTH SERVICES FACILITY	408111	2ND HOME UNION CITY, LLC (NJ408111)	3610 PALISADES AVENUE UNION CITY, NJ 07087	UNION CITY	NJ	07087	HUDSON	(201) 864-0400	(201) 864-6833	2Nd Home Union City Operations, Llc
ADULT DAY HEALTH SERVICES FACILITY	408112	ADULTCARE ADULT DAY CARE (NJ408112)	1607 MANHATTAN AVENUE UNION CITY, NJ 07087	UNION CITY	NJ	07087	HUDSON	(201) 864-5400	(201) 864-1512	Adultcare, Inc.
ADULT DAY HEALTH SERVICES FACILITY	408200	ADVANCED SERVICES INTERNATIONAL DAY CARE PLUS (NJ408200)	49-51 MORTON PLACE JERSEY CITY, NJ 07305	JERSEY CITY	NJ	07305	HUDSON	(201) 209-0001	(201) 209-1333	Advanced Services International, Inc.
ADULT DAY HEALTH SERVICES FACILITY	408210	SUNFLOWER MEDICAL ADULT DAY CARE (NJ408210)	300 BROADWAY BAYONNE, NJ 07002	BAYONNE	NJ	07002	HUDSON	(201) 243-0666	(201) 243-1836	Metropolitan Life Care Corp
ADULT DAY HEALTH SERVICES FACILITY	408212	BAYONNE ADULT MEDICAL DAY CARE CENTER (NJ408212)	801-803 BROADWAY BAYONNE, NJ 07002	BAYONNE	NJ	07002	HUDSON	(201) 243-0035	(201) 243-0036	Bayonne Adult Medical Day Care Corp. Of Bayonne

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	CITY	STATE	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
ADULT DAY HEALTH SERVICES FACILITY	408331	SENIOR SPIRIT OF JERSEY CITY (NJ408331)	675 GARFIELD AVENUE 1ST FLOOR JERSEY CITY, NJ 07305	JERSEY CITY	NJ	07305	HUDSON	(201) 761-0280	(201) 761-0290	Family Senior Health, Llc
ADULT DAY HEALTH SERVICES in a LONG-TERM CARE FACILITY	408330	ST ANN'S HOME FOR THE AGED (NJ408330)	198 OLD BERGEN ROAD JERSEY CITY, NJ 07305	JERSEY CITY	NJ	07305	HUDSON	(201) 433-0950	(201) 433-6554	St. Ann'S Home For The Aged
ASSISTED LIVING RESIDENCE	7U0NFD	ALARIS HEALTH AT THE ATRIUM (NJ7U0NFD)	330 NINTH STREET JERSEY CITY, NJ 07302	JERSEY CITY	NJ	07302	HUDSON	(201) 716-8000	(201) 716-8005	Hamilton Park Atrium Opco, Llc
COMPREHENSIVE PERSONAL CARE HOME	403330	HARBOUR VIEW SENIOR LIVING CORP (NJ403330)	3161 KENNEDY BOULEVARD NORTH BERGEN, NJ	NORTH BERGEN	NJ	07047	HUDSON	(201) 867-3585	(201) 758-5013	Harbour View Senior Living Corp
HOSPITAL BASED - LONG TERM CARE SUB ACUTE FACILITY SNF	09006	HOBOKEN UNIVERSITY MEDICAL CENTER TCU (NJ09006)	308 WILLOW AVENUE HOBOKEN, NJ 07030	HOBOKEN	NJ	07030	HUDSON	(201) 418-1000	(201) 418-1780	Humc Opco, L.L.C.
HOSPITAL BASED - LONG TERM CARE SUB ACUTE FACILITY SNF	406100	CAREPOINT HEALTH - BAYONNE HOSPITAL CENTER TCU	29 EAST 29TH STREET BAYONNE, NJ 07002	BAYONNE	NJ	07002	HUDSON	(201) 858-5000		0ljkg Opco, L.L.C.
LONG TERM CARE FACILITY - HOME FOR THE AGED SNF/NF	030901	HARBOUR VIEW SENIOR LIVING CORP (NJ30901)	3161 KENNEDY BLVD NORTH BERGEN, NJ 07047	NORTH BERGEN	NJ	07047	HUDSON	(201) 867-3585	(201) 758-5014	Harbour View Senior Living Corp
LONG TERM CARE FACILITY - HOME FOR THE AGED SNF/NF	030904	PEACE CARE ST ANN'S (NJ30904)	198 OLD BERGEN ROAD JERSEY CITY, NJ 07305	JERSEY CITY	NJ	07305	HUDSON	(201) 433-0950	(201) 433-6554	Margaret Anna Cusack Care Center, Inc.
LONG TERM CARE FACILITY - HOME FOR THE AGED SNF/NF	030905	PEACE CARE ST JOSEPH'S (NJ30905)	537 PAVONIA AVENUE JERSEY CITY, NJ 07306	JERSEY CITY	NJ	07306	HUDSON	(201) 653-8300	(201) 653-7705	Margaret Anna Cusack Care Center, Inc.
LONG TERM CARE FACILITY SNF/NF	060909	ACCLAIM REHABILITATION AND NURSING CENTER	198 STEVENS AVE JERSEY CITY, NJ 07305	JERSEY CITY	NJ	07305	HUDSON	(201) 451-9000	(201) 451-0609	Newport Garden Group Llc

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	CITY	STATE	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
LONG TERM CARE FACILITY SNF/NF	10909	ALARIS HEALTH AT KEARNY (NJ10909L)	206 BERGEN AVE KEARNY, NJ 07032	KEARNY	NJ	07032	HUDSON	(201) 955-7067	(201) 955-7547	West Hudson Sub Acute Care Center, Llc
LONG TERM CARE FACILITY SNF/NF	NJ11952	ALARIS HEALTH AT BELGROVE (NJ11952)	195 BELGROVE DRIVE KEARNY, NJ 07032	KEARNY	NJ	07032	HUDSON	(973) 844-4800	(973) 844-4899	Sub Acute Rehabilitation Center At Kearny, Llc
LONG TERM CARE FACILITY SNF/NF	406001	MANHATTANVIEW CTR FOR REHABILITATION AND HEALTHCAR	3200 HUDSON AVENUE UNION CITY, NJ 07087	UNION CITY	NJ	07087	HUDSON	(201) 325-8400	(201) 325-8410	Manhattanview Operations, L.L.C.
LONG TERM CARE FACILITY SNF/NF	060902	HUDSONVIEW HEALTH CARE CENTER (NJ60902)	9020 WALL STREET NORTH BERGEN, NJ 07047	NORTH BERGEN	NJ	07047	HUDSON	(201) 861-4040	(201) 869-8842	Hudsonview Center For Rehabi And Healthcare, Llc
LONG TERM CARE FACILITY SNF/NF	060905	OPTIMA CARE HARBORVIEW (NJ60905)	178-198 OGDEN AVE JERSEY CITY, NJ 07307	JERSEY CITY	NJ	07307	HUDSON	(201) 963-1800	(201) 963-0018	Jersey City Healthcare Providers, Llc
LONG TERM CARE FACILITY SNF/NF	060906	ALARIS HEALTH AT HAMILTON PARK (NJ60906)	525 MONMOUTH STREET JERSEY CITY, NJ 07302	JERSEY CITY	NJ	07302	HUDSON	(201) 653-8800	(201) 653-3074	Hamilton Park Opco, Llc
LONG TERM CARE FACILITY SNF/NF	060907	COMPLETE CARE AT HARBORAGE LLC (NJ60907)	7600 RIVER RD NORTH BERGEN, NJ 07047	NORTH BERGEN	NJ	07047	HUDSON	(201) 854-5400	(201) 854-8798	Complete Care At Harborage Llc
LONG TERM CARE FACILITY SNF/NF	060910	OPTIMA CARE CASTLE HILL (NJ60910)	615 23RD ST UNION CITY, NJ 07087	UNION CITY	NJ	07087	HUDSON	(201) 348-0818	(201) 348-0783	Castle Hill Healthcare Providers, Llc
LONG TERM CARE FACILITY SNF/NF	60918	OPTIMA CARE FOUNTAINS (NJ60918)	505 COUNTY AVENUE SECAUCUS, NJ 07094	SECAUCUS	NJ	07094	HUDSON	(201) 863-8866	(201) 863-1057	Optima Care Secaucus, Llc
LONG TERM CARE FACILITY SNF/NF	060904	OPTIMA CARE RIVERVIEW (NJ060904)	6819 BOULEVARD EAST GUTTEN-BERG, NJ 07093	GUTTENBERG	NJ	07093	HUDSON	(201) 868-3600	(201) 863-3013	Optima Care Riverview, Llc
PEDIATRIC DAY HEALTH SERVICES FACILITY	408332	U C P OF HUDSON COUNTY PEDIATRIC MEDICAL DAY CARE	721 BROADWAY BAYONNE, NJ 07002	BAYONNE	NJ	07002	HUDSON	(201) 436-2200	(201) 436-6642	United Cerebral Palsy Of Hudson County

Reference: New Jersey Department of Health, Health Facilities search downloaded July 17, 2025

Health Resources

for

Hudson County

Part 2: Mental Health Services

HUDSON COUNTY

Acute Care Family Support
Jersey City Medical Center 355
Grand Street
Jersey City, NJ 07302
(201) 915-2268

Community Support Services
Jersey City Medical Center
1805 JFK Blvd
Jersey City, NJ 07305
(201) 402-4621

Community Support Services / RIST
Bridgeway RIST
615 North Broad Street
Elizabeth, NJ 07208
973-373-0777

Early Intervention Support Services (EISS)
(Crisis Intervention Services) Bridgeway
Behavioral Health Services 506 3rd Street
Hoboken, NJ 07030
(201) 885-2539

Integrated Case Management Services (ICMS)
Jersey City Medical Center 1805
Kennedy Boulevard Jersey City,
NJ 07305
(201) 402-4617

Intensive Outpatient Treatment & Support Services (IOTSS)
Jersey City Medical Center
395 Grand Street
Jersey City, NJ 07302
(201) 915-2478

Justice Involved Services
Jersey City Medical Center
355 Grand Street
Jersey City, NJ 07302
(201) 915-2268

Outpatient
Christ Hospital CMHC
174 Palisades Avenue
Jersey City, NJ 07306
(201) 795-8375

Community Support Services
Garden State Episcopal Community Development Corp.
118 Summit Avenue
Jersey City, NJ 07304
(201) 209-9301

Community Support Services
SERV Centers of NJ - Northern Regional Office 1373
Broad Street
Clifton, NJ 07013
(862) 291-0077

County Mental Health Board
Hudson County Department of Health & Human Services
830 Bergen Avenue, 2B
Jersey City, NJ 07306
(201) 369-5280, ext. 4250

Homeless Services (PATH)
Jersey City Medical Center
1825 Kennedy Blvd
Jersey City, NJ 07305
(201) 204-0040

Intensive Family Support Services (IFSS)
Catholic Charities 249
Virginia Avenue
Jersey City, NJ 07304
(201) 798-9906

Involuntary Outpatient Commitment (IOC)
Jersey City Medical Center
1805 Kennedy Boulevard
Jersey City, NJ 07305
(201) 402-4617

Outpatient
Bayonne CMHC @ Trinitas
601 Broadway
Bayonne, NJ 07002
(201) 339-9200

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

Outpatient
Hoboken Medical Center
122 Clinton Street
Hoboken, NJ 07030
(201) 792-8200

Outpatient
Mt. Carmel Guild Behavioral Healthcare
2201 Bergenline Avenue
Union City, NJ 07087
(201) 558-3700

Partial Care
Bayonne CMHC @ Trinitas
601 Broadway
Bayonne, NJ 07002
(201) 339-9200

Partial Care
Mt. Carmel Guild Behavioral Healthcare
285 Magnolia Avenue
Jersey City, NJ 07306
(201) 395-4800

Emergency Services – Affiliated w/Screening Center
Christ Hospital
176 Palisades Avenue Jersey City,
NJ 07306
HOTLINE: (201) 795-8374

Emergency Services - Affiliated w/Screening Center
Palisades Medical Center
7600 River Road
North Bergen, NJ 07047
HOTLINE: (201) 854-5760

Program of Assertive Community Treatment (PACT)
Bridgeway Rehabilitation Inc.
862 Newark Avenue
Jersey City, NJ 07306
(201) 653-3980

Residential Services
Jersey City Medical Center
395 Grand Street
Jersey City, NJ 07302
(201) 402-4621

Outpatient
Mt. Carmel Guild Behavioral Healthcare
285 Magnolia Avenue
Jersey City, NJ 07306
(201) 395-4800

Outpatient
Palisades Medical Center
Counseling Center
7101 Kennedy Boulevard
North Bergen, NJ 07047
(201) 854-0500

Partial Care
Mt. Carmel Guild Behavioral Healthcare
2201 Bergenline Avenue
Union City, NJ 07087
(201) 558-3700

PRIMARY SCREENING CENTER (s) for HUDSON
Jersey City Medical Center
355 Grand Street
Jersey City, NJ 07302
HOTLINE: (866) 367-6023 or (201) 915-2210

Emergency Services - Affiliated w/Screening Center
Hoboken Medical Center
308 Willow Avenue
Hoboken, NJ 07030
HOTLINE: (201) 418-2090

Residential Intensive Support Team/Community Support Svc
Garden State Episcopal
118 Summit Ave Jersey
City, NJ 07304
(201) 209-9301

Residential Services
Mt. Carmel Guild Behavioral Healthcare
619 Grove Street
Jersey City, NJ 07310
(201) 656-7201 Ext. 208

HUDSON COUNTY (Continued)

Residential Services SERV Centers of NJ – Hudson & Passaic Counties 1373 Broad Street Clifton, NJ 07013 (862) 291-0077 **Screening Center** Jersey City Medical Center 355 Grand Street Jersey City, NJ 07304 (201) 915-2210 **STCF** Jersey City Medical Center 395 Grand Street Jersey City, NJ 07304 (201) 915-2349 **Systems Advocacy** Mental Health Association 35 Journal Square, Suite 827 Jersey City, NJ 07306 (201) 653-4700 **Systems Advocacy** Community Health Law Project 650 Bloomfield Avenue Bloomfield, NJ 07003 (973) 680-5599	**Self-Help/Wellness Center** Hudson County Integrated Services CWC 422-426 Martin Luther King Jr. Drive Jersey City, NJ 08304 (201) 420-8013 **Short Term Care Facility J**ersey City Medical Center 355 Grand Street Jersey City, NJ 07304 (201) 915-2349 **Supported Employment Services** Catholic Charities 2201 Bergenline Avenue Union City, NJ 07087 (201) 558-3793 **Supported Education** Bridgeway Rehabilitation Services 373 Clermont Terrace Union, NJ 07083 (908) 686-9666

Appendix E. Additional Data Tables and Graphs

Population Overview

Table 22. Race/Ethnicity Distribution and Percent Change, by State, County and Town, 2014-2018 and 2019-2023

	American Indian and Alaska Native, Non-Hispanic			Asian, Non-Hispanic			Black or African American, Non-Hispanic			Hispanic/Latino		
	2014-2018	2019-2023	% change	2014-2018	2019-2023	% change	2014-2018	2019-2023	% change	2014-2018	2019-2023	% change
New Jersey	0.2%	0.5%	0.3%	9.4%	9.9%	0.5%	13.5%	13.0%	-0.5%	19.9%	21.9%	2.0%
Hudson County	0.3%	0.9%	0.6%	15.0%	16.5%	1.5%	12.4%	12.2%	-0.2%	43.2%	40.7%	-2.5%
Bayonne	0.1%	0.5%	0.4%	9.9%	10.3%	0.4%	11.5%	11.7%	0.2%	31.4%	31.3%	-0.1%
Guttenberg	0.6%	0.8%	0.2%	8.4%	7.3%	-1.1%	3.4%	4.1%	0.7%	62.9%	69.0%	6.1%
Hoboken	0.0%	0.1%	0.1%	9.1%	13.3%	4.2%	3.1%	4.5%	1.4%	15.8%	13.8%	-2.0%
Jersey City	0.5%	0.7%	0.2%	25.1%	25.8%	0.7%	23.9%	21.5%	-2.4%	29.1%	25.7%	-3.4%
Jersey City (07302, Downtown)	0.2%	0.3%	0.1%	29.0%	33.7%	4.7%	8.2%	7.4%	-0.8%	18.9%	15.2%	-3.7%
Jersey City (07304, Bergen-Lafayette)	0.3%	0.4%	0.1%	14.5%	13.7%	-0.8%	38.5%	35.4%	-3.1%	33.7%	28.2%	-5.5%
Jersey City (07305, Greenville)	0.7%	0.7%	0.0%	16.0%	16.1%	0.1%	49.0%	42.2%	-6.8%	25.5%	27.5%	2.0%
Jersey City (07306, Journal Square)	0.3%	1.5%	1.2%	36.2%	33.3%	-2.9%	12.0%	13.1%	1.1%	29.0%	24.6%	-4.4%
Jersey City (07307, Jersey City Heights)	1.1%	0.8%	-0.3%	20.5%	24.2%	3.7%	7.9%	6.0%	-1.9%	46.9%	41.5%	-5.4%
Jersey City (07310, Newport)	0.7%	1.0%	0.3%	64.1%	56.7%	-7.4%	4.0%	4.7%	0.7%	6.6%	8.1%	1.5%
North Bergen	0.1%	1.2%	1.1%	7.0%	6.7%	-0.3%	3.7%	4.2%	0.5%	70.9%	68.6%	-2.3%
Secaucus	0.5%	1.0%	0.5%	27.8%	34.5%	6.7%	3.6%	6.3%	2.7%	21.8%	19.3%	-2.5%
Union City	0.1%	1.7%	1.6%	3.8%	4.0%	0.2%	4.7%	4.7%	0.0%	77.3%	81.6%	4.3%
Weehawken	0.6%	0.2%	-0.4%	10.9%	16.2%	5.3%	3.3%	4.7%	1.4%	36.0%	36.0%	0.0%
West New York	0.2%	2.1%	1.9%	6.2%	7.6%	1.4%	3.4%	3.1%	-0.3%	76.4%	76.3%	-0.1%

	Native Hawaiian and Other Pacific Islander, Non-Hispanic			White, Non-Hispanic			Some Other Race			2+ Races		
	2014-2018	2019-2023	% change	2014-2018	2019-2023	% change	2014-2018	2019-2023	% change	2014-2018	2019-2023	% change
New Jersey	0.0%	0.0%	0.0%	67.9%	56.9%	-11.0%	6.4%	9.2%	2.8%	2.6%	10.6%	8.0%
Hudson County	0.1%	0.0%	-0.1%	55.1%	37.0%	-18.1%	13.6%	15.3%	1.7%	3.4%	18.1%	14.7%
Bayonne	0.3%	0.0%	-0.3%	63.4%	51.5%	-11.9%	11.2%	8.1%	-3.1%	3.7%	17.9%	14.2%
Guttenberg	0.0%	0.0%	0.0%	60.2%	43.4%	-16.8%	24.8%	20.8%	-4.0%	2.5%	23.6%	21.1%
Hoboken	0.0%	0.0%	0.0%	82.3%	69.1%	-13.2%	2.1%	2.1%	0.0%	3.4%	10.9%	7.5%
Jersey City	0.1%	0.0%	-0.1%	35.0%	28.7%	-6.3%	12.1%	9.6%	-2.5%	3.3%	13.6%	10.3%
Jersey City (07302, Downtown)	0.2%	0.0%	-0.2%	54.2%	43.3%	-10.9%	3.0%	4.6%	1.6%	5.4%	10.8%	5.4%
Jersey City (07304, Bergen-Lafayette)	0.1%	0.0%	-0.1%	22.8%	24.3%	1.5%	20.8%	11.6%	-9.2%	3.0%	14.6%	11.6%
Jersey City (07305, Greenville)	0.0%	0.0%	0.0%	18.9%	16.3%	-2.6%	13.1%	11.9%	-1.2%	2.3%	12.9%	10.6%
Jersey City (07306, Journal Square)	0.1%	0.0%	-0.1%	42.4%	29.8%	-12.6%	5.9%	7.7%	1.8%	3.2%	14.6%	11.4%
Jersey City (07307, Jersey City Heights)	0.0%	0.0%	0.0%	45.4%	35.1%	-10.3%	21.6%	15.6%	-6.0%	3.4%	18.2%	14.8%
Jersey City (07310, Newport)	0.0%	0.0%	0.0%	25.7%	27.4%	1.7%	2.3%	2.4%	0.1%	3.2%	7.8%	4.6%
North Bergen	0.0%	0.0%	0.0%	67.6%	34.8%	-32.8%	17.7%	26.7%	9.0%	3.8%	26.4%	22.6%
Secaucus	0.0%	0.0%	0.0%	62.2%	40.7%	-21.5%	3.3%	3.8%	0.5%	2.6%	13.7%	11.1%
Union City	0.1%	0.1%	0.0%	74.2%	25.8%	-48.4%	13.8%	35.7%	21.9%	3.3%	28.0%	24.7%
Weehawken	0.0%	0.0%	0.0%	73.9%	52.4%	-21.5%	6.9%	10.0%	3.1%	4.4%	16.6%	12.2%
West New York	0.2%	0.0%	-0.2%	60.3%	32.2%	-28.1%	26.6%	27.4%	0.8%	3.0%	27.6%	24.6%

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

Table 23. 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%
Hudson County	20.0%	7.5%	37.2%	22.8%	7.4%	5.1%
Bayonne	23.0%	6.3%	30.5%	25.5%	9.3%	5.3%
Guttenberg	21.0%	7.8%	33.4%	25.4%	7.2%	5.3%
Hoboken	15.0%	9.9%	53.1%	16.2%	3.5%	2.3%
Jersey City	20.0%	7.4%	40.0%	20.9%	7.1%	4.7%
Jersey City (07302, Downtown)	14.4%	3.6%	59.4%	15.2%	4.1%	3.2%
Jersey City (07304, Bergen-Lafayette)	22.5%	7.9%	34.7%	23.1%	7.7%	4.1%
Jersey City (07305, Greenville)	25.2%	8.3%	28.9%	23.6%	8.8%	5.4%
Jersey City (07306, Journal Square)	20.0%	9.0%	34.6%	21.6%	8.4%	6.4%
Jersey City (07307, Jersey City Heights)	19.6%	6.7%	37.8%	23.1%	7.2%	5.5%
Jersey City (07310, Newport)	9.5%	12.3%	62.0%	13.1%	2.7%	0.5%
North Bergen	21.7%	6.7%	28.5%	25.7%	9.8%	7.4%
Secaucus	20.6%	4.8%	34.9%	24.2%	9.0%	6.5%
Union City	21.6%	10.1%	30.2%	25.7%	6.6%	5.8%
Weehawken	15.5%	3.0%	43.5%	25.6%	7.9%	4.6%
West New York	19.6%	8.3%	33.9%	24.8%	6.6%	6.7%

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

Table 24. Age Distribution, by Race/Ethnicity, by State and County, 2019-2023

	Total Population	Asian, non-Hispanic			Black, non-Hispanic			Hispanic/Latino		
		Under 18 years	18 to 64 years	65 years and over	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%	6.4%	14.1%	2.1%
Hudson County	710,478	2.5%	12.4%	1.7%	2.6%	7.7%	1.3%	9.3%	25.7%	5.5%

	White, non-Hispanic			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	Under 18 years	18 to 64 years	65 years and over
New Jersey	8.9%	29.7%	12.1%	2.7%	6.9%	0.9%	2.7%	5.5%	4.1%
Hudson County	3.8%	18.9%	4.3%	4.0%	10.9%	2.3%	4.0%	10.1%	7.5%

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

Table 25. 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%
Hudson County	42.8%	42.6%	-0.2%
Bayonne	30.4%	30.5%	0.1%
Guttenberg	51.4%	56.3%	4.9%
Hoboken	16.5%	19.1%	2.6%
Jersey City	41.4%	41.2%	-0.2%
Jersey City (07302, Downtown)	36.0%	39.6%	3.6%
Jersey City (07304, Bergen–Lafayette)	34.4%	36.3%	1.9%
Jersey City (07305, Greenville)	31.4%	33.0%	1.6%
Jersey City (07306, Journal Square)	56.0%	51.2%	-4.8%
Jersey City (07307, Jersey City Heights)	44.2%	43.0%	-1.2%
Jersey City (07310, Newport)	64.0%	61.2%	-2.8%
North Bergen	49.9%	50.3%	0.4%
Secaucus	35.4%	42.9%	7.5%
Union City	58.2%	55.2%	-3.0%
Weehawken	35.9%	40.1%	4.2%
West New York	61.1%	58.0%	-3.1%

DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2014-2023

Figure 90. Percent Population Lacking English Proficiency Among Population Who Speak a Language Other than English at Home, by State, County, and Town, 2019-2023

Location	Percent
New Jersey	38.8%
Hudson County	38.4%
Bayonne	31.8%
Guttenberg	44.6%
Hoboken	19.8%
Jersey City	31.3%
Jersey City (07302, Downtown)	20.0%
Jersey City (07304, Bergen-Lafayette)	34.7%
Jersey City (07305, Greenville)	36.8%
Jersey City (07306, Journal Square)	34.3%
Jersey City (07307, Jersey City Heights)	36.2%
Jersey City (07310, Newport)	14.0%
North Bergen	42.9%
Secaucus	26.7%
Union City	50.9%
Weehawken	29.0%
West New York	52.3%
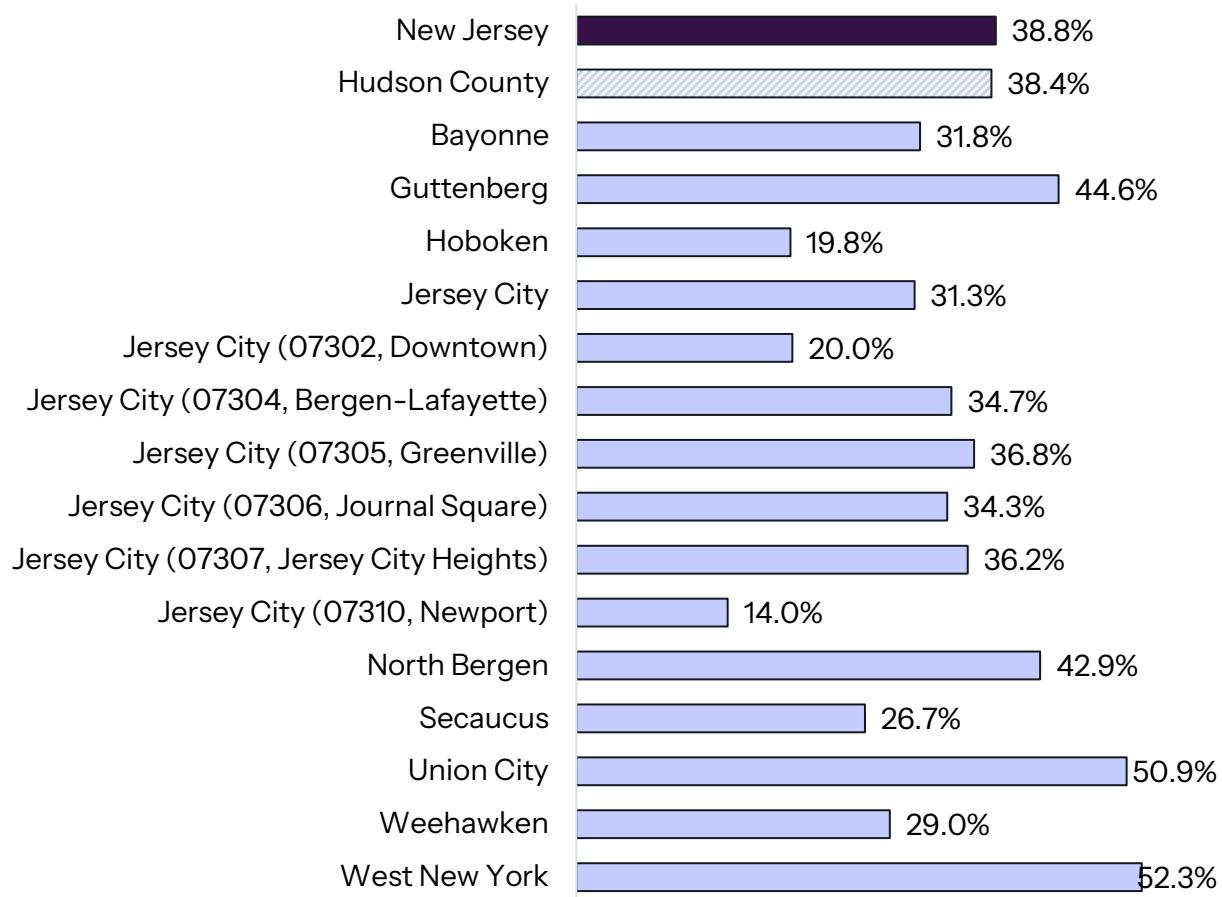
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023

Green Space and Built Environment

Figure 91. Asset Map by State, County, and Town, 2024
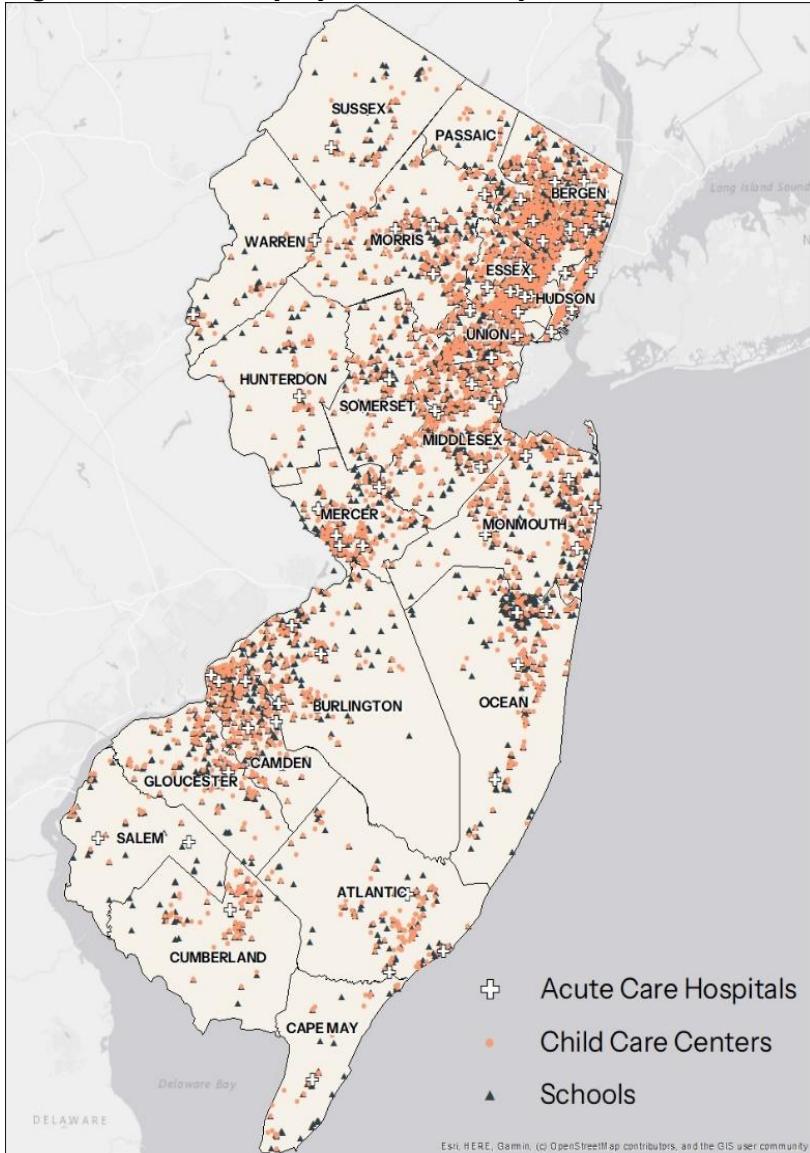
DATA SOURCE: NJ Department of Environmental Protection Bureau of GIS, Schools and Child Care Centers and Acute Care Hospitals, 2024

Table 26. Social Vulnerability Index, by State and County, 2022

	Overall SVI
New Jersey	0.5
Hudson County	0.7

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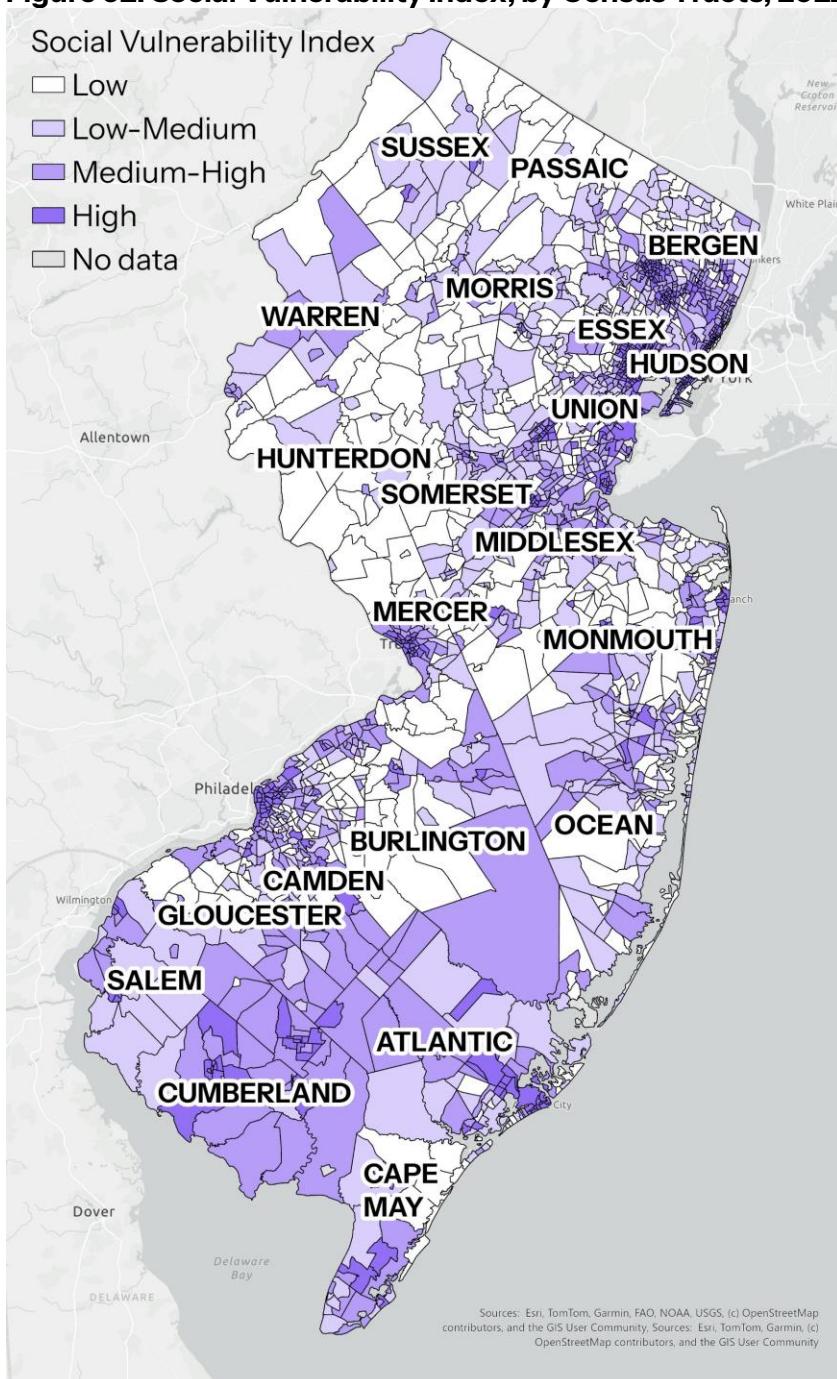
DATA SOURCE: CDC, ATSDR's Geospatial Research, Analysis, & Services Program (GRASP), 2022
NOTE: Index categories are defined in the following way: Low 0-0.25; Low-medium 0.2501-0.5; Medium-high 0.5001-0.75; High 0.7501-1.0

Figure 93. Percent Population with Adequate Access to Location for Physical Activity, by State and County, 2020-2023

New Jersey — 96.3%

Hudson County — 100.0%
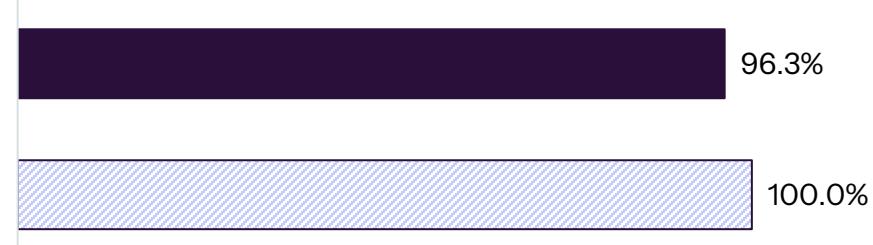
DATA SOURCE: ArcGIS Business Analyst and ArcGIS Online, YMCA, US Census TIGER/Line Shapefiles as cited in County Health Rankings 2024

Education

Table 27. Educational Attainment of Adults Aged 25+, by State, County, and Town, 2019-2023

	High school graduate or higher	Bachelor's degree or higher
New Jersey	90.7%	42.9%
Hudson County	87.9%	47.9%
Bayonne	90.7%	39.7%
Guttenberg	86.8%	43.3%
Hoboken	97.0%	83.1%
Jersey City	90.5%	53.1%
Jersey City (07302, Downtown)	96.6%	80.0%
Jersey City (07304, Bergen-Lafayette)	89.7%	39.7%
Jersey City (07305, Greenville)	87.8%	34.6%
Jersey City (07306, Journal Square)	87.2%	50.1%
Jersey City (07307, Jersey City Heights)	87.0%	45.7%
Jersey City (07310, Newport)	99.4%	87.6%
North Bergen	82.7%	32.0%
Secaucus	94.8%	62.7%
Union City	77.5%	28.4%
Weehawken	92.0%	66.1%
West New York	76.4%	33.5%

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

Table 28. Educational Attainment for Population Aged 25+, by Race/Ethnicity, by State, County, and Town, 2019-2023

	Asian, Non-Hispanic		Black, Non-Hispanic		Hispanic/Latino		White, Non-Hispanic		Additional Race Category, Non-Hispanic		2+ Races	
	HS	BA/BS+	HS	BA/BS+	HS	BA/BS+	HS	BA/BS+	HS	BA/BS+	HS	BA/BS+
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%
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%
Bayonne	94.8%	65.5%	91.5%	33.6%	84.4%	26.5%	93.2%	42.8%	84.3%	26.3%	87.1%	28.7%
Guttenberg	90.7%	73.7%	98.0%	57.2%	82.9%	30.2%	92.9%	62.0%	74.2%	17.1%	86.7%	34.5%
Hoboken	97.9%	90.5%	86.7%	43.5%	88.1%	51.3%	98.7%	89.0%	91.0%	53.3%	91.7%	65.9%
Jersey City	93.9%	75.6%	90.5%	28.9%	79.8%	28.8%	96.1%	68.3%	76.7%	24.4%	85.2%	39.9%
Jersey City (07302, Downtown)	98.7%	92.0%	93.5%	48.5%	85.2%	49.1%	99.2%	86.7%	78.5%	34.2%	90.6%	64.9%
Jersey City (07304, Bergen-Lafayette)	93.6%	62.4%	91.1%	29.9%	79.5%	23.1%	95.3%	58.4%	76.0%	20.2%	88.1%	33.3%
Jersey City (07305, Greenville)	92.0%	61.4%	91.6%	23.8%	77.1%	24.2%	94.4%	49.4%	75.1%	20.9%	78.4%	31.0%
Jersey City (07306, Journal Square)	90.0%	66.0%	81.9%	28.8%	76.0%	28.0%	93.9%	55.1%	79.3%	33.5%	81.4%	37.7%
Jersey City (07307, Jersey City Heights)	87.9%	65.3%	89.9%	37.8%	80.5%	23.3%	92.5%	58.8%	75.0%	21.5%	86.9%	28.6%
Jersey City (07310, Newport)	99.9%	98.1%	94.0%	38.8%	98.9%	61.7%	98.9%	82.0%	100.0%	30.1%	99.6%	74.1%
North Bergen	89.5%	67.0%	90.4%	35.3%	79.5%	23.0%	88.2%	45.1%	79.8%	21.4%	80.7%	26.6%
Secaucus	99.1%	87.5%	96.3%	52.3%	89.4%	40.5%	93.0%	51.9%	91.9%	32.1%	94.1%	50.2%
Union City	93.1%	70.4%	89.4%	52.7%	73.2%	19.5%	93.4%	54.3%	71.1%	20.3%	75.5%	22.0%
Weehawken	98.9%	92.3%	91.9%	54.2%	82.0%	42.8%	96.6%	72.6%	83.3%	37.7%	81.4%	54.3%
West New York	92.9%	75.1%	92.5%	43.2%	70.3%	21.0%	92.6%	66.4%	60.8%	17.6%	78.7%	26.6%

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

Employment and Workforce
Figure 94. Unemployment Rate, by State, County, and Town, 2019-2023
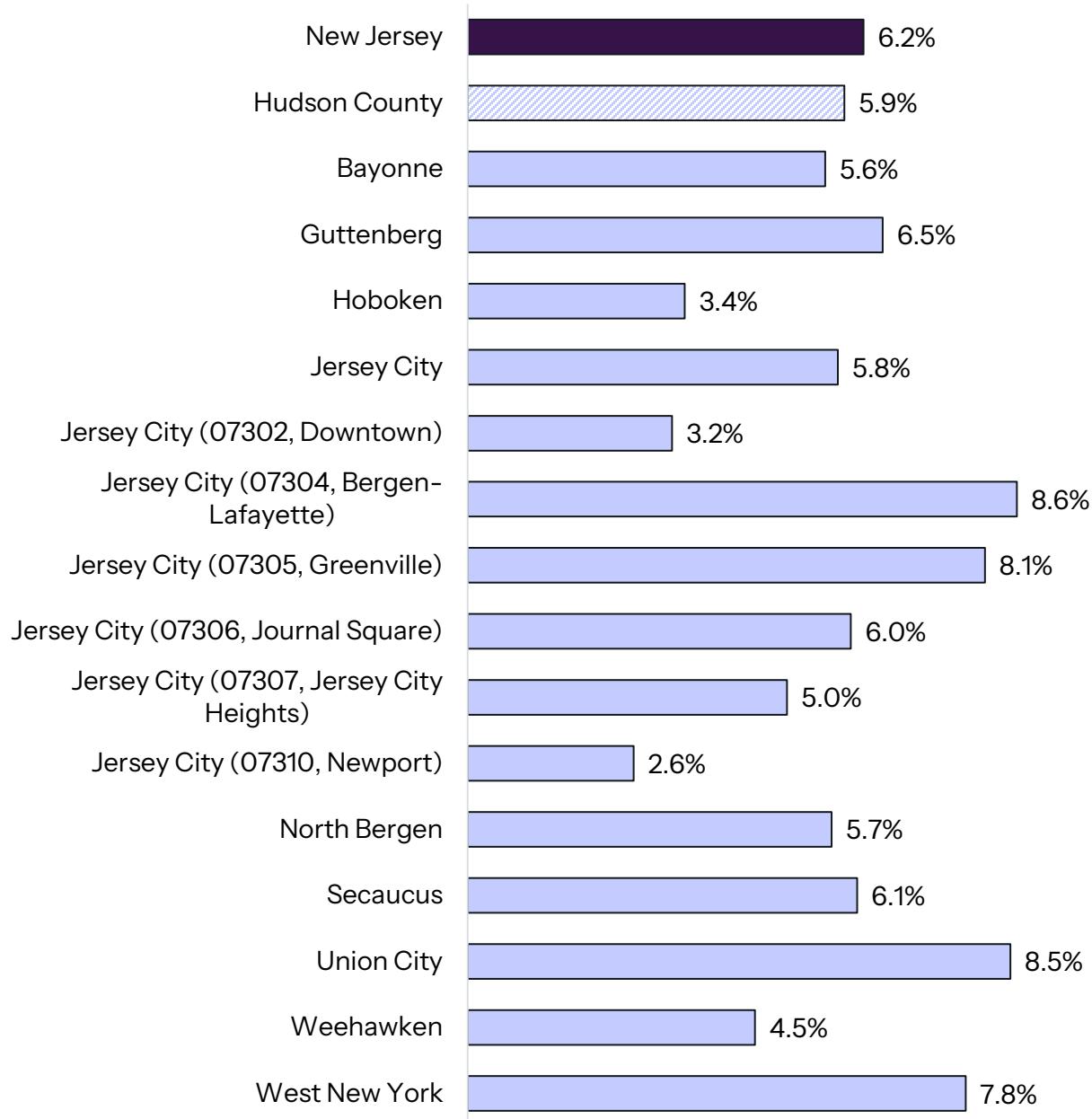
Location	Rate
New Jersey	6.2%
Hudson County	5.9%
Bayonne	5.6%
Guttenberg	6.5%
Hoboken	3.4%
Jersey City	5.8%
Jersey City (07302, Downtown)	3.2%
Jersey City (07304, Bergen-Lafayette)	8.6%
Jersey City (07305, Greenville)	8.1%
Jersey City (07306, Journal Square)	6.0%
Jersey City (07307, Jersey City Heights)	5.0%
Jersey City (07310, Newport)	2.6%
North Bergen	5.7%
Secaucus	6.1%
Union City	8.5%
Weehawken	4.5%
West New York	7.8%

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

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

	16 to 19 years	20 to 24 years	25 to 44 years	45 to 64 years	65+ years
New Jersey	15.9%	11.6%	5.8%	5.0%	5.8%
Hudson County	18.3%	11.3%	4.9%	5.7%	6.1%
Bayonne	13.5%	8.4%	6.3%	4.1%	3.4%
Guttenberg	39.4%	2.3%	7.3%	11.7%	0.0%
Hoboken	49.7%	4.1%	2.6%	5.7%	1.7%
Jersey City	17.0%	12.1%	4.6%	6.1%	6.4%
Jersey City (07302, Downtown)	25.0%	6.3%	2.6%	5.5%	9.4%
Jersey City (07304, Bergen-Lafayette)	36.3%	25.3%	7.1%	4.6%	6.0%
Jersey City (07305, Greenville)	13.4%	16.0%	8.2%	6.3%	7.5%
Jersey City (07306, Journal Square)	15.4%	4.9%	5.1%	7.3%	4.9%
Jersey City (07307, Jersey City Heights)	7.1%	8.4%	3.9%	6.7%	4.9%
Jersey City (07310, Newport)	-	3.9%	2.5%	6.5%	0.0%
North Bergen	9.9%	9.8%	7.1%	3.3%	9.8%
Secaucus	0.0%	20.6%	4.7%	7.5%	8.2%
Union City	21.6%	9.1%	7.6%	8.4%	10.8%
Weehawken	14.1%	6.3%	5.0%	4.7%	8.0%
West New York	25.7%	25.1%	5.1%	4.9%	8.7%

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

NOTE: Dash (-) means that no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution

Table 30. Unemployment Rate, by Gender, by State, County, and Town, 2019-2023

	Overall	Male	Female
New Jersey	6.2%	5.7%	6.0%
Hudson County	5.9%	5.3%	6.0%
Bayonne	5.6%	5.8%	5.5%
Guttenberg	6.5%	5.8%	6.5%
Hoboken	3.4%	4.5%	2.0%
Jersey City	5.8%	4.8%	6.4%
Jersey City (07302, Downtown)	3.2%	2.2%	4.0%
Jersey City (07304, Bergen-Lafayette)	8.6%	6.3%	10.2%
Jersey City (07305, Greenville)	8.1%	8.6%	7.7%
Jersey City (07306, Journal Square)	6.0%	4.5%	7.6%
Jersey City (07307, Jersey City Heights)	5.0%	4.8%	4.7%
Jersey City (07310, Newport)	2.6%	1.7%	4.3%
North Bergen	5.7%	4.5%	7.0%
Secaucus	6.1%	6.5%	5.7%
Union City	8.5%	7.0%	8.8%
Weehawken	4.5%	4.3%	4.2%
West New York	7.8%	7.8%	6.2%

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

Income and Financial Security
Table 31. Median Household Income, by Race/Ethnicity, by State, County, and Town, 2019-2023

	Overall	Asian	Black or African American	Hispanic or Latino	White	Additional Race	2+ Races
New Jersey	$101,050	$154,105	$68,457	$74,331	$113,091	$70,457	$84,641
Hudson County	$90,032	$145,519	$65,590	$64,458	$118,335	$62,272	$70,675
Bayonne	$81,285	$128,542	$76,380	$70,435	$81,684	$67,760	$71,998
Guttenberg	$77,636	$109,840	-	$72,821	$85,338	$78,134	$45,000
Hoboken	$176,943	$244,888	$66,495	$61,763	$182,667	$26,003	$141,771
Jersey City	$94,813	$142,576	$60,211	$65,883	$126,892	$64,256	$74,306
Jersey City (07302, Downtown)	$166,854	$202,407	$54,759	$81,802	$190,902	$72,115	$120,909
Jersey City (07304, Bergen-Lafayette)	$68,432	$90,139	$60,482	$54,535	$91,387	$52,942	$65,417
Jersey City (07305, Greenville)	$77,126	$152,524	$60,946	$79,020	$80,263	$82,207	$83,149
Jersey City (07306, Journal Square)	$75,861	$113,679	$51,237	$49,605	$92,321	$47,500	$58,067
Jersey City (07307, Jersey City Heights)	$80,745	$110,183	$75,845	$58,468	$95,254	$74,750	$56,425
Jersey City (07310, Newport)	$172,946	$178,821	-	-	$190,313	$43,781	250,000+
North Bergen	$75,505	$119,427	$103,239	$68,084	$74,318	$68,118	$66,550
Secaucus	$134,746	$182,471	$124,940	$78,285	$123,581	$66,953	$93,484
Union City	$65,369	$105,368	$69,783	$54,778	$106,060	$51,332	$55,739
Weehawken	$122,653	$169,696	$97,717	$72,384	$132,740	$58,676	$84,672
West New York	$67,139	$145,556	$102,431	$52,694	$101,532	$60,550	$65,424

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023
NOTE: A dash (-) means that data was unavailable for that respective geography.

Table 32. Percent 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	White, non-Hispanic	Additional Race	2+ Races
New Jersey	9.8%	5.7%	16.3%	16.1%	6.3%	17.9%	13.0%
Hudson County	14.8%	9.1%	20.8%	19.2%	9.9%	21.5%	15.7%
Bayonne	14.4%	7.5%	21.0%	15.2%	13.9%	20.6%	13.3%
Guttenberg	13.8%	0.0%	24.4%	14.7%	13.1%	17.2%	19.0%
Hoboken	7.1%	5.0%	11.2%	18.6%	4.7%	35.0%	11.7%
Jersey City	15.6%	11.1%	22.8%	20.7%	10.2%	24.1%	14.5%
Jersey City (07302, Downtown)	7.1%	5.0%	16.6%	19.9%	3.0%	28.6%	10.0%
Jersey City (07304, Bergen-Lafayette)	20.0%	15.2%	19.4%	28.0%	15.6%	29.0%	21.0%
Jersey City (07305, Greenville)	19.2%	7.5%	24.6%	18.2%	16.8%	24.5%	13.7%
Jersey City (07306, Journal Square)	18.8%	18.2%	26.7%	23.0%	15.8%	25.9%	15.7%
Jersey City (07307, Jersey City Heights)	13.5%	8.3%	26.6%	17.0%	9.7%	17.1%	12.9%
Jersey City (07310, Newport)	12.2%	14.9%	18.7%	11.5%	6.7%	10.8%	9.8%
North Bergen	12.9%	3.3%	12.6%	14.5%	11.5%	11.4%	16.1%
Secaucus	6.0%	0.5%	12.1%	11.5%	7.1%	5.1%	6.7%
Union City	21.3%	4.1%	13.3%	23.4%	14.0%	28.9%	20.5%
Weehawken	6.4%	1.8%	2.8%	13.0%	3.1%	20.4%	6.2%
West New York	21.4%	7.9%	6.5%	24.0%	17.8%	23.7%	20.7%

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

Figure 95. Percent of Children in Poverty, by State, County, and Town, 2019-2023

Location	Percent
New Jersey	13.3%
Hudson County	21.2%
Bayonne	21.1%
Guttenberg	15.7%
Hoboken	5.4%
Jersey City	23.4%
Jersey City (07302, Downtown)	6.9%
Jersey City (07304, Bergen-Lafayette)	30.1%
Jersey City (07305, Greenville)	30.2%
Jersey City (07306, Journal Square)	24.8%
Jersey City (07307, Jersey City Heights)	18.0%
Jersey City (07310, Newport)	2.5%
North Bergen	14.1%
Secaucus	4.3%
Union City	30.4%
Weehawken	9.6%
West New York	32.6%
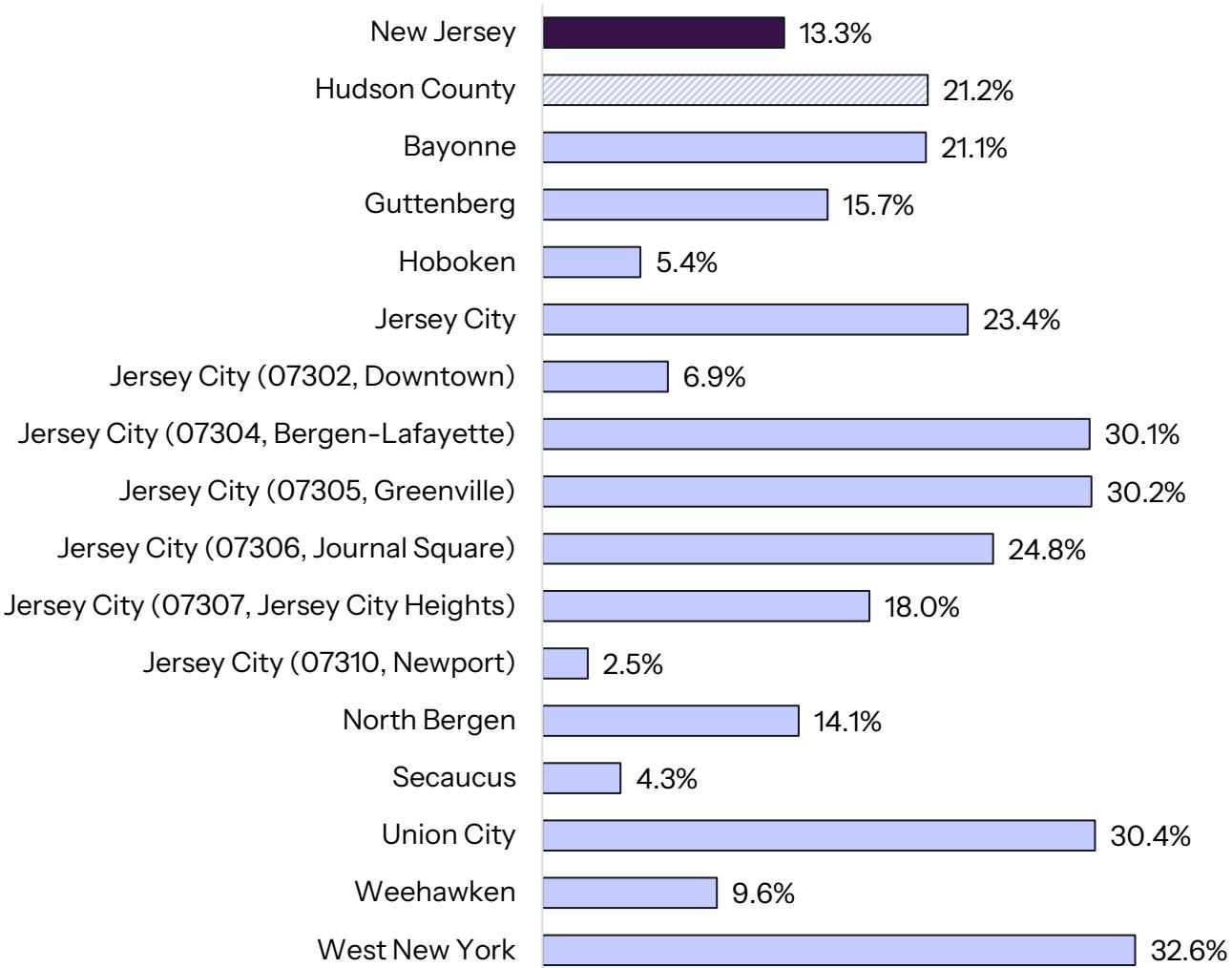
DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023

Figure 96. Percent Children in Poverty, by Race/Ethnicity, by County, 2022

Legend: □ Overall ■ Asian ■ Black □ Hispanic ■ White, non-Hispanic

Category	Percent
Overall	18.2%
Asian	5.4%
Black	27.2%
Hispanic	23.7%
White, non-Hispanic	15.2%
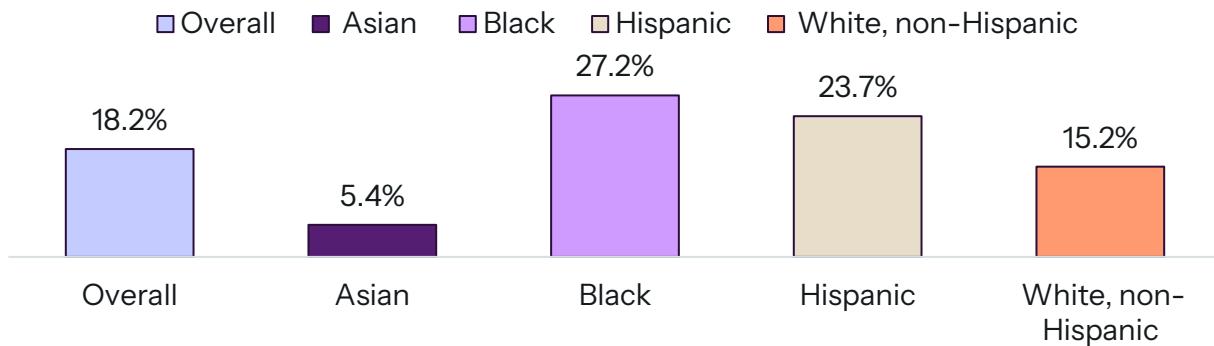
DATA SOURCE: U.S. Census Bureau, Small Area Income and Poverty Estimates, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation 2024

Food Access and Food Insecurity

Table 33. Households Receiving Food Stamps/SNAP, by Race/Ethnicity, by State, County, and Town, 2019-2023

	Overall	Asian	Black or African American	Hispanic or Latino	White	Additional Race	2+ Races
New Jersey	8.8%	5.6%	27.3%	37.7%	27.7%	16.3%	14.9%
Hudson County	13.8%	6.1%	18.2%	60.5%	16.3%	22.5%	23.1%
Bayonne	15.7%	3.0%	13.6%	39.9%	43.4%	9.9%	18.3%
Guttenberg	16.9%	3.2%	3.5%	93.4%	1.4%	38.9%	29.8%
Hoboken	4.7%	5.1%	17.4%	64.4%	20.5%	14.0%	27.7%
Jersey City	14.0%	10.9%	33.8%	40.2%	15.5%	15.1%	17.1%
Jersey City (07302, Downtown)	5.8%	6.7%	24.7%	55.3%	16.0%	21.7%	20.4%
Jersey City (07304, Bergen-Lafayette)	22.3%	5.7%	40.8%	36.9%	15.7%	16.3%	15.9%
Jersey City (07305, Greenville)	19.3%	3.1%	52.9%	33.7%	9.2%	12.2%	14.0%
Jersey City (07306, Journal Square)	16.7%	25.3%	17.3%	38.5%	19.9%	12.1%	19.4%
Jersey City (07307, Jersey City Heights)	12.2%	17.3%	8.5%	55.1%	22.7%	19.0%	21.7%
Jersey City (07310, Newport)	1.7%	0.0%	62.9%	38.7%	4.0%	33.1%	0.0%
North Bergen	16.4%	2.2%	5.3%	83.7%	12.2%	25.9%	32.4%
Secaucus	4.0%	5.0%	21.5%	47.5%	21.8%	32.7%	12.4%
Union City	22.8%	2.0%	4.2%	93.9%	2.7%	46.8%	28.0%
Weehawken	7.7%	4.1%	5.7%	85.6%	6.6%	30.2%	39.3%
West New York	18.0%	0.9%	2.1%	92.2%	6.7%	26.2%	32.5%

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

Table 34. Food Desert Factor Score, by Designated Food Desert Communities, 2022

	Municipality	Population Weighted Avg FDF Score	Avg Food Desert Low Access Score (supermarket)	Food Desert Population (2020)
Hudson County	Jersey City South	49.1	98.1	68636
	Jersey City Central	47.8	72.7	58929
	Jersey City North	42.3	67.1	62363
	North Bergen/ West New York/ Guttenberg	31.7	28	48711
	Bayonne city	31.3	46.6	28718
	Union City	11.2	1.2	23926

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 97. Homeowner Vacancy Rate, by State, County, and Town, 2019-2023
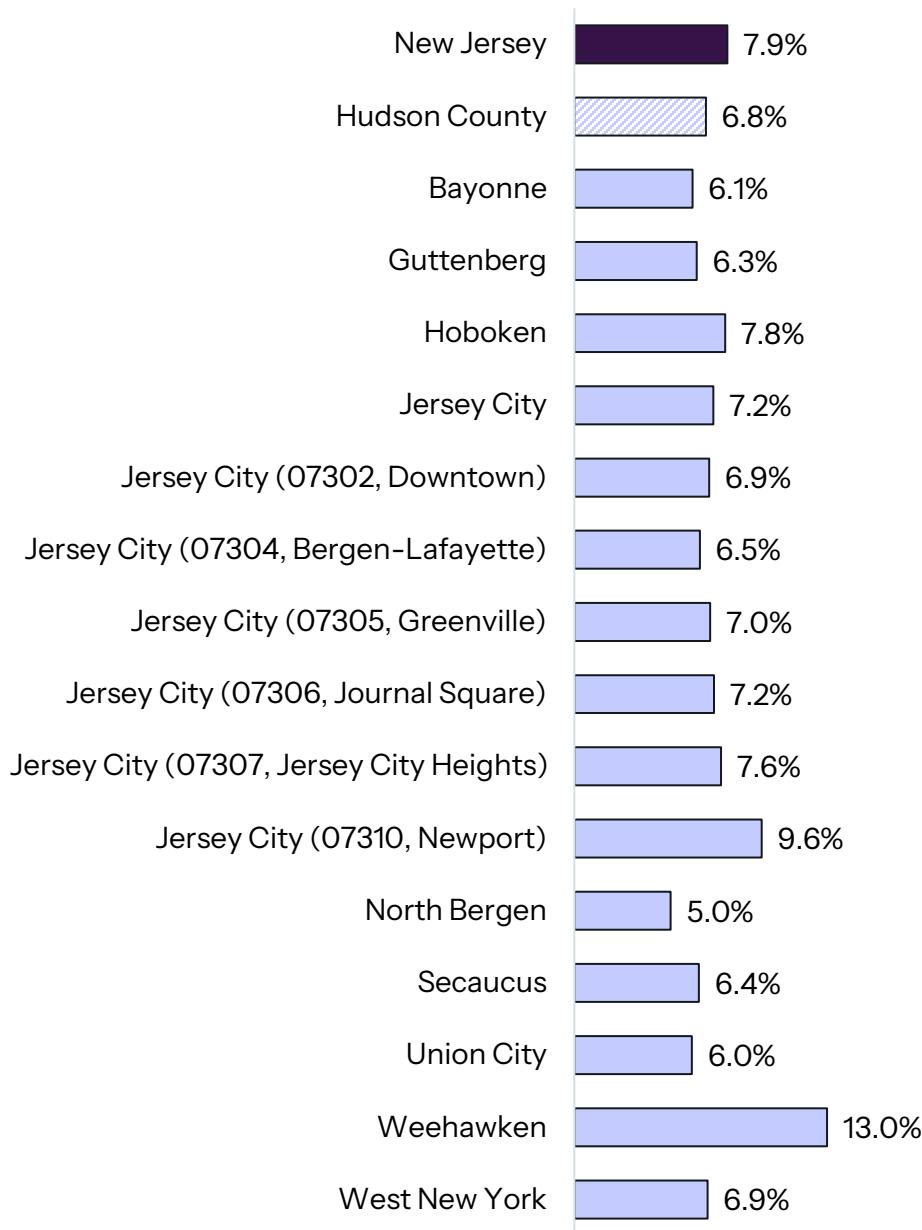
Location	Rate
New Jersey	7.9%
Hudson County	6.8%
Bayonne	6.1%
Guttenberg	6.3%
Hoboken	7.8%
Jersey City	7.2%
Jersey City (07302, Downtown)	6.9%
Jersey City (07304, Bergen-Lafayette)	6.5%
Jersey City (07305, Greenville)	7.0%
Jersey City (07306, Journal Square)	7.2%
Jersey City (07307, Jersey City Heights)	7.6%
Jersey City (07310, Newport)	9.6%
North Bergen	5.0%
Secaucus	6.4%
Union City	6.0%
Weehawken	13.0%
West New York	6.9%

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

Table 35. Household 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%
Hudson County	92.3%	4.6%	3.0%
Bayonne	94.5%	4.2%	1.3%
Guttenberg	87.8%	7.2%	5.0%
Hoboken	96.7%	1.6%	1.6%
Jersey City	92.1%	4.9%	3.0%
Jersey City (07302, Downtown)	93.7%	3.3%	3.0%
Jersey City (07304, Bergen-Lafayette)	91.8%	3.7%	4.5%
Jersey City (07305, Greenville)	92.1%	6.3%	1.6%
Jersey City (07306, Journal Square)	89.6%	6.5%	4.0%
Jersey City (07307, Jersey City Heights)	92.5%	5.8%	1.7%
Jersey City (07310, Newport)	93.5%	2.5%	4.0%
North Bergen	93.8%	3.4%	2.8%
Secaucus	94.7%	2.8%	2.5%
Union City	85.6%	9.3%	5.0%
Weehawken	97.0%	0.8%	2.2%
West New York	87.6%	6.3%	6.1%

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

Figure 98. Households with Internet, by State, County, and Town, 2019-2023
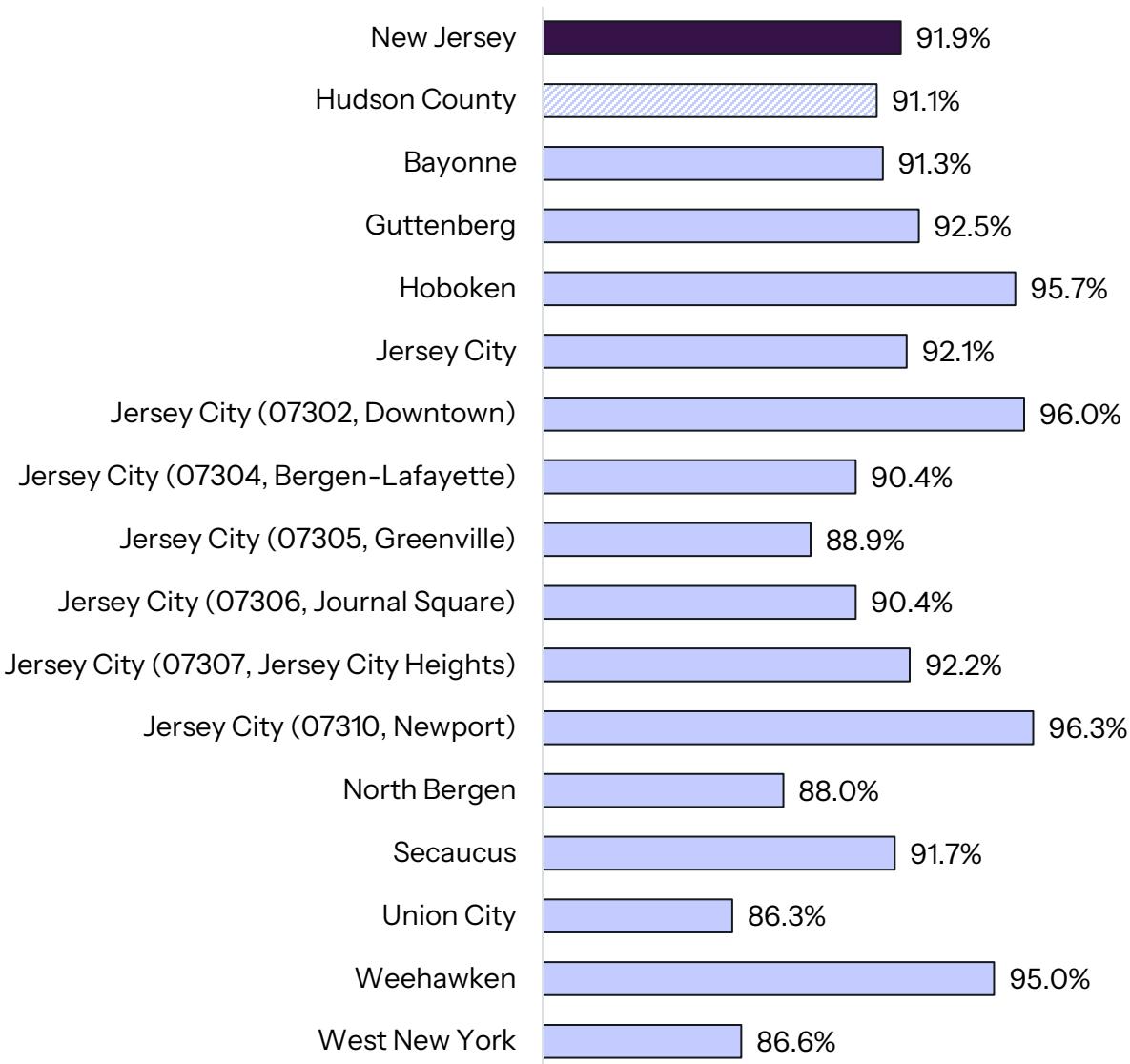
Location	Percentage
New Jersey	91.9%
Hudson County	91.1%
Bayonne	91.3%
Guttenberg	92.5%
Hoboken	95.7%
Jersey City	92.1%
Jersey City (07302, Downtown)	96.0%
Jersey City (07304, Bergen-Lafayette)	90.4%
Jersey City (07305, Greenville)	88.9%
Jersey City (07306, Journal Square)	90.4%
Jersey City (07307, Jersey City Heights)	92.2%
Jersey City (07310, Newport)	96.3%
North Bergen	88.0%
Secaucus	91.7%
Union City	86.3%
Weehawken	95.0%
West New York	86.6%

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

Transportation

Figure 99. National Walkability Index, by State and Town, 2021
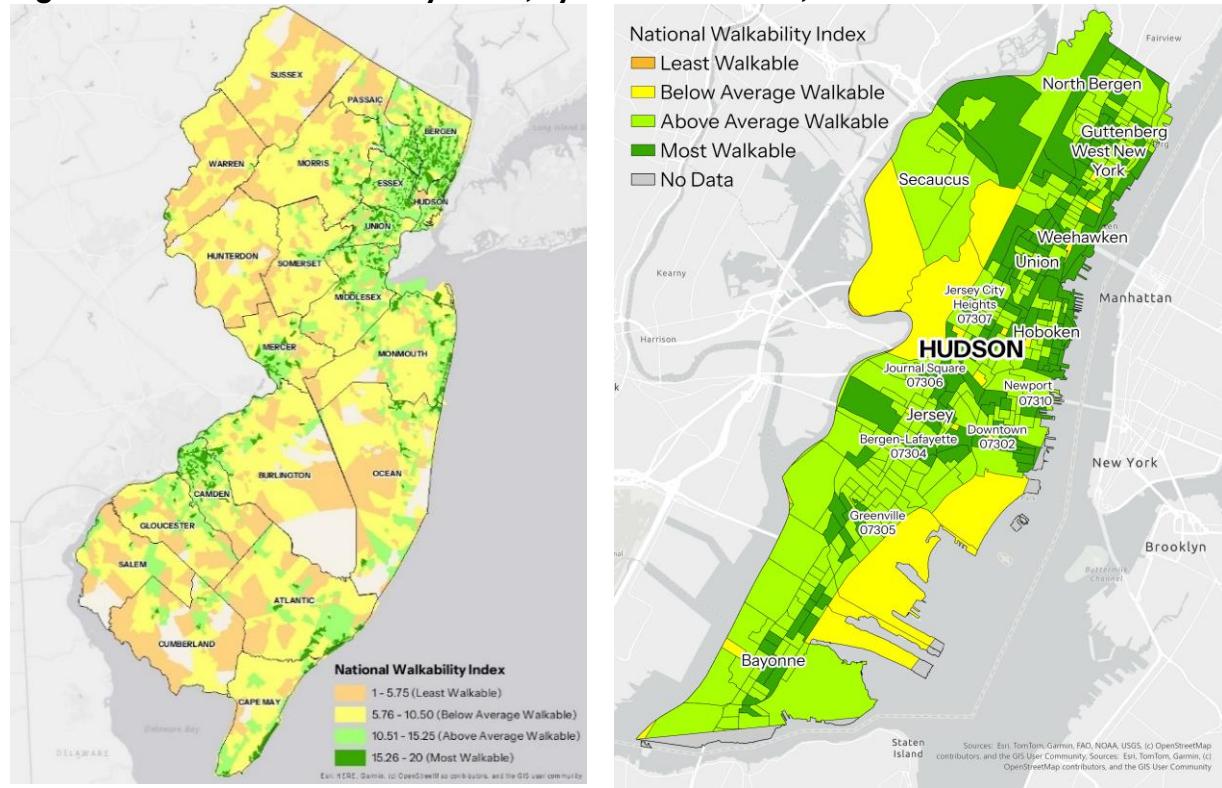
DATA SOURCE: U.S. EPA, National Walkability Index, 2021

Leading Causes of Death and Premature Mortality

Figure 100. Life Expectancy in Years, by State and County, 2021
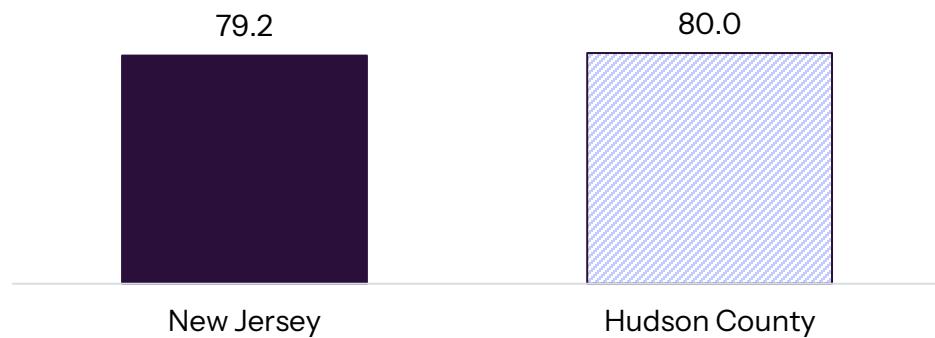
DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024

Obesity and Physical Activity

Figure 101. Percent Adults Self-Reported Obese, by State and County, 2022
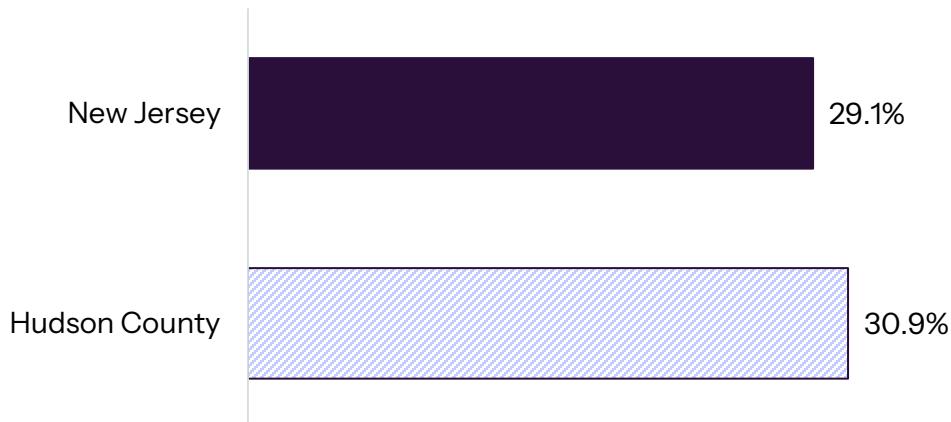
DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health 2024

Cancer and Chronic Disease

Figure 102. Age-Adjusted Rate of Deaths due to Breast Cancer per 100,000, by Race/Ethnicity, by State and County, 2017-2021
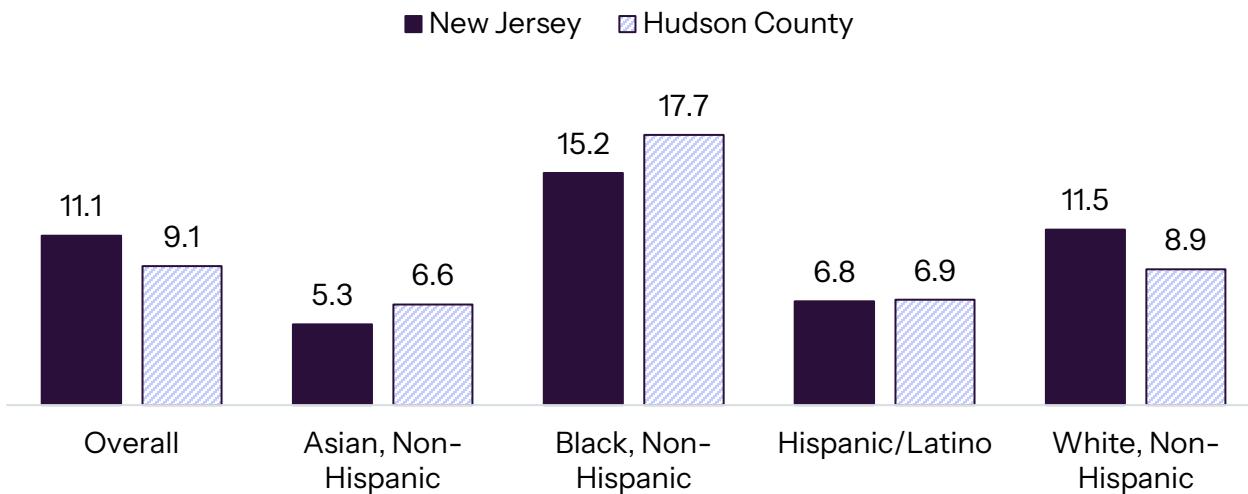
■ New Jersey   ▨ Hudson County

Category	New Jersey	Hudson County
Overall	11.1	9.1
Asian, Non-Hispanic	5.3	6.6
Black, Non-Hispanic	15.2	17.7
Hispanic/Latino	6.8	6.9
White, Non-Hispanic	11.5	8.9

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

Figure 103. Age-Adjusted Rate of Deaths due to Prostate Cancer per 100,000, by Race/Ethnicity, by State and County, 2017-2021
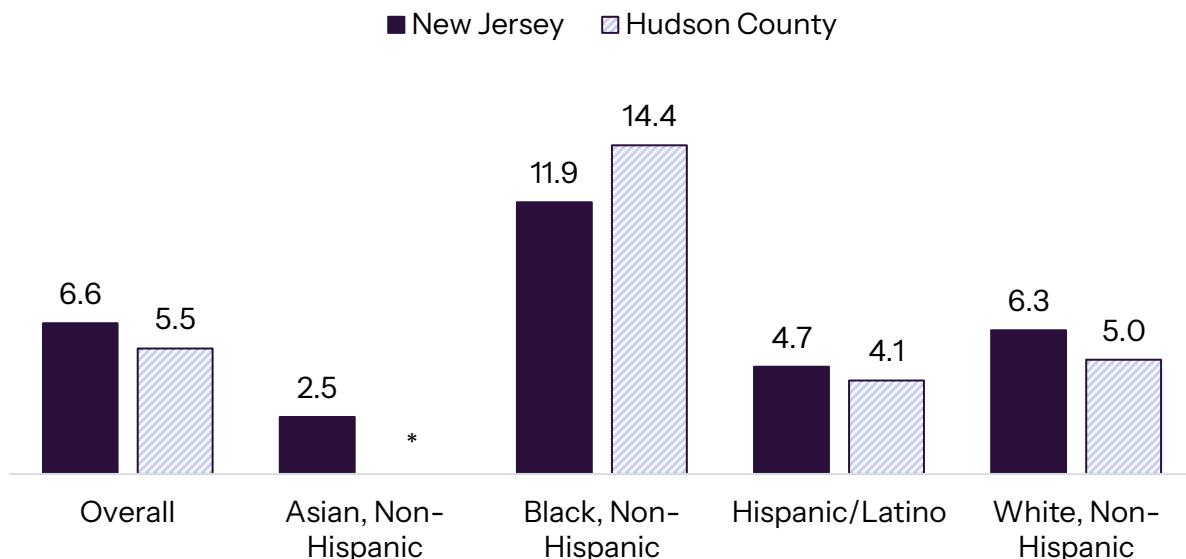
■ New Jersey   ▨ Hudson County

Category	New Jersey	Hudson County
Overall	6.6	5.5
Asian, Non-Hispanic	2.5	*
Black, Non-Hispanic	11.9	14.4
Hispanic/Latino	4.7	4.1
White, Non-Hispanic	6.3	5.0

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

■ New Jersey ☐ Hudson County

ED Visits: New Jersey 15.2, Hudson County 19.7
Inpatient Hospitalizations: New Jersey 7.6, Hudson County 9.1
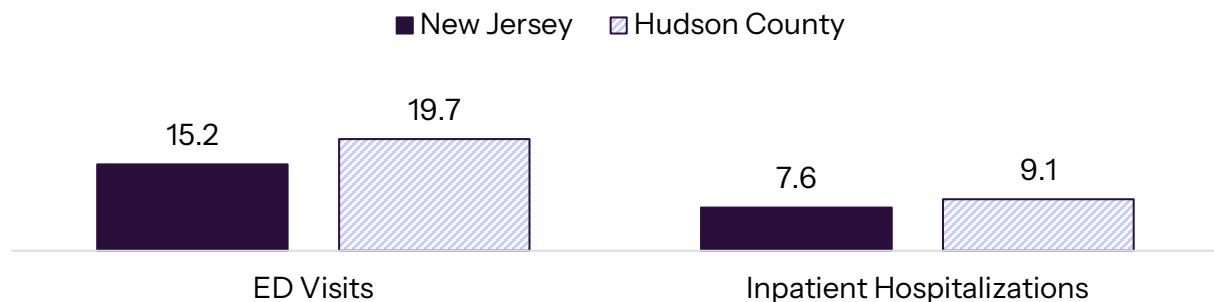
DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

Figure 105. Percent with a Mammography Screening Within the Past Two Years (Age 40-74), by State and County, 2022
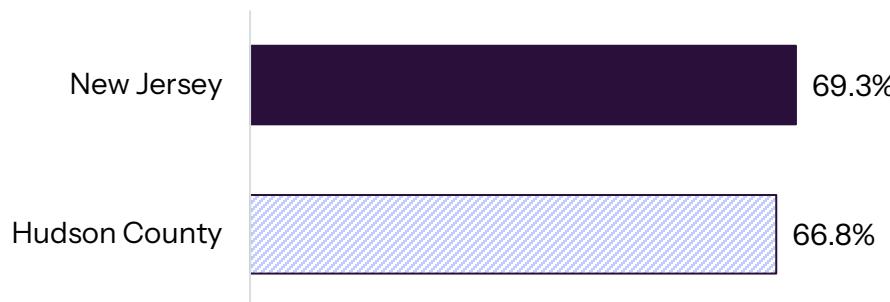
New Jersey: 69.3%
Hudson County: 66.8%

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

Figure 106. Percent 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
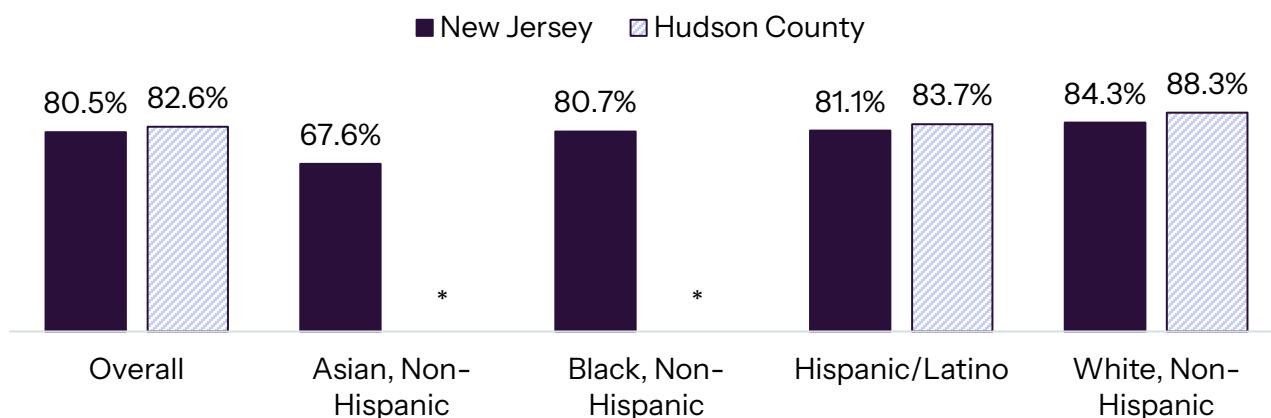
■ New Jersey ☐ Hudson County

Overall: New Jersey 80.5%, Hudson County 82.6%
Asian, Non-Hispanic: New Jersey 67.6%, Hudson County *
Black, Non-Hispanic: New Jersey 80.7%, Hudson County *
Hispanic/Latino: New Jersey 81.1%, Hudson County 83.7%
White, Non-Hispanic: New Jersey 84.3%, Hudson County 88.3%

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 107. Percent of Adults 50+ Meeting Current Guidelines for Colorectal Cancer Screening, by State and County, 2020
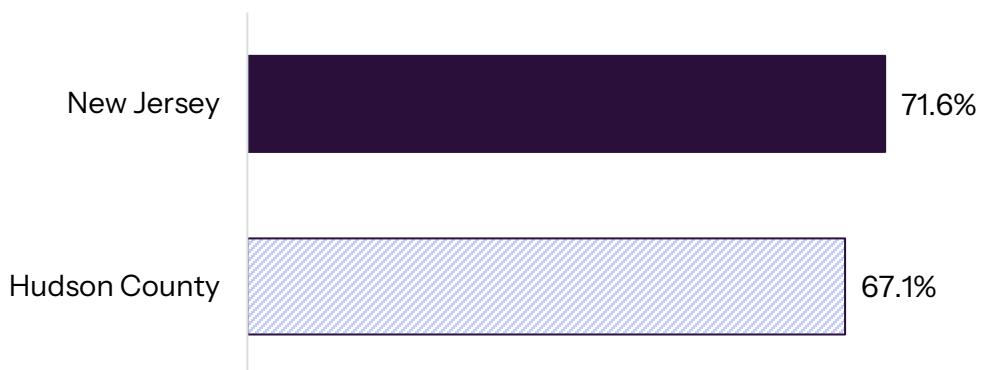
New Jersey — 71.6%

Hudson County — 67.1%

DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

Disability

Table 36. Percent with 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%
Hudson County	0.2%	4.6%	3.5%	8.2%	24.1%	43.1%
Bayonne	0.8%	3.6%	4.7%	9.7%	18.5%	46.3%
Guttenberg	0.0%	9.8%	3.6%	8.8%	25.4%	39.1%
Hoboken	0.0%	2.8%	2.1%	5.0%	20.3%	44.7%
Jersey City	0.0%	4.4%	2.7%	7.7%	24.4%	38.4%
Jersey City (07302, Downtown)	0.0%	1.7%	1.9%	4.6%	13.7%	48.4%
Jersey City (07304, Bergen-Lafayette)	0.0%	5.1%	4.1%	9.6%	22.5%	28.0%
Jersey City (07305, Greenville)	0.0%	5.0%	3.3%	9.5%	29.1%	40.0%
Jersey City (07306, Journal Square)	0.0%	3.1%	3.5%	7.9%	21.5%	31.7%
Jersey City (07307, Jersey City Heights)	0.0%	5.6%	2.0%	7.3%	31.1%	48.8%
Jersey City (07310, Newport)	0.0%	6.1%	0.5%	5.1%	9.3%	10.4%
North Bergen	0.0%	4.8%	6.6%	9.3%	28.3%	39.8%
Secaucus	1.6%	10.2%	1.6%	8.4%	20.8%	39.1%
Union City	1.0%	4.2%	4.6%	10.6%	37.7%	53.8%
Weehawken	0.0%	3.1%	3.3%	4.8%	23.8%	30.2%
West New York	0.0%	2.7%	6.3%	9.4%	21.5%	52.5%

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

Mental Health and Substance Use

Figure 108. Percent Adults Ever Diagnosed with Depression, 2020-2022
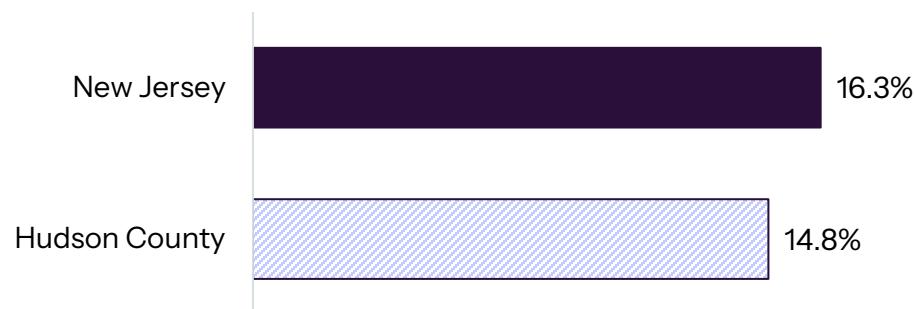
New Jersey 16.3%

Hudson County 14.8%

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

Figure 109. Age-Adjusted Rate of Emergency Visits & Inpatient Hospitalizations due to Mental Health per 10,000, by State and County, 2023

New Jersey ■   Hudson County ▨

ED
- New Jersey: 164.4
- Hudson County: 204.7

Inpatient
- New Jersey: 59.4
- Hudson County: 63.9
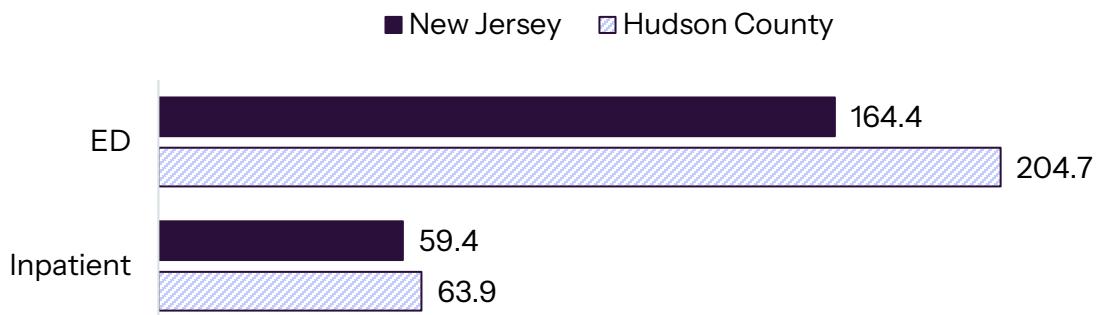
DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

Substance Use
Figure 110. Percent Adults Reported Excessive Drinking, by State and County, 2024

New Jersey: 17%

Hudson County: 17%
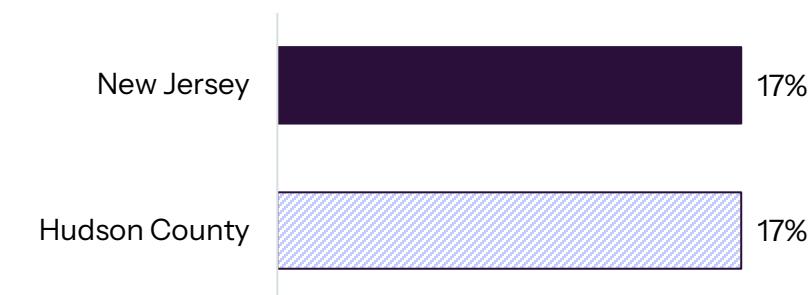
DATA SOURCE: Behavioral Risk Factor Surveillance System as cited by County Health Rankings 2024
NOTE: Excessive drinking refers to heavy drinking (adult men having more than 14 drinks per week and adult women having more than 7 drinks per week)) or binge drinking (4 or more drinks on one occasion within a two-hour window for women and 5 or more drinks on one occasion within a two-hour window for men).

Figure 111. Percent Driving Deaths with Alcohol Involvement, by State and County, 2020-2024

New Jersey: 22.6%

Hudson County: 18.2%
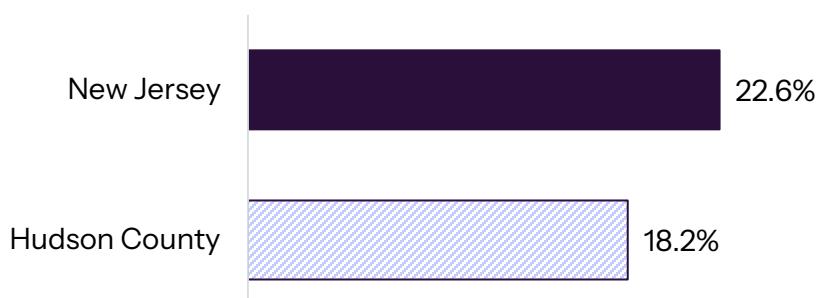
DATA SOURCE: Fatality Analysis Reporting System as cited by County Health Rankings 2023

Figure 112. Age-Adjusted Rate of Opioid-Related Overdose Mortality per 100,000, by State and County, 2023

New Jersey	24.8
Hudson County	23.1
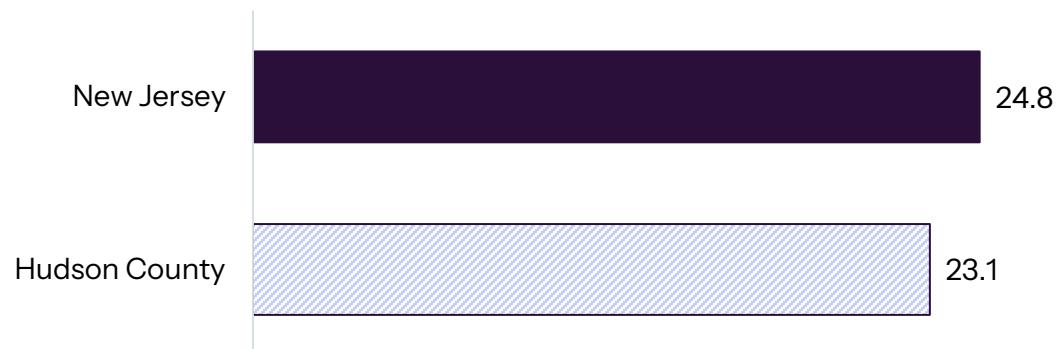
DATA SOURCE: NJ SUDORS v.02202025.

Figure 113. Substance Use Treatment Admissions, by Race/Ethnicity, by State and County, 2019-2023
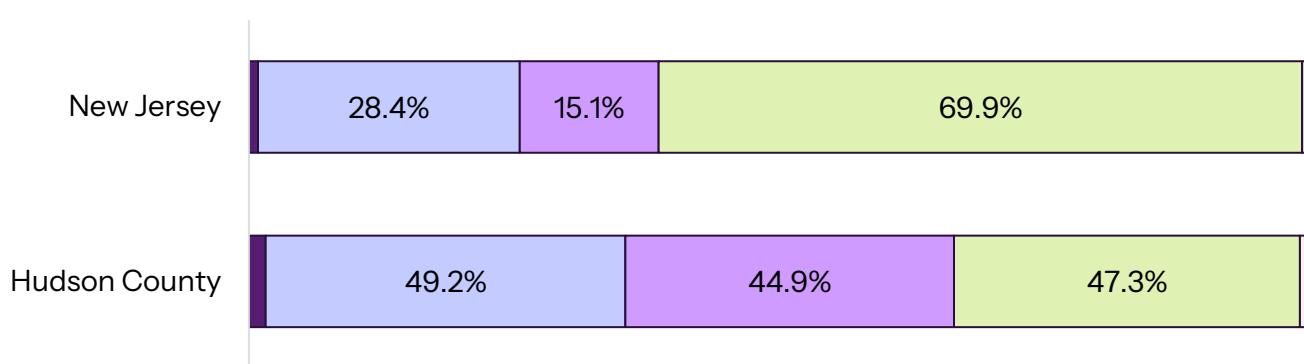
■ Asian, Non-Hispanic
■ Hispanic/Latino
□ Other, Non-Hispanic
□ Black/African American, Non-Hispanic
□ White, Non-Hispanic

	Black/African American	Hispanic/Latino	White
New Jersey	28.4%	15.1%	69.9%
Hudson County	49.2%	44.9%	47.3%

DATA SOURCE: Statewide Substance Use Overview Dashboard, Division of Mental Health and Addiction Services Department of Human Services, 2024
NOTE: Data labels under 5.0% are not shown.

Environmental Health

Figure 114. Age-Adjusted Asthma Inpatient Hospitalization Rate per 10,000 Population by Race/Ethnicity, by State and County, 2023
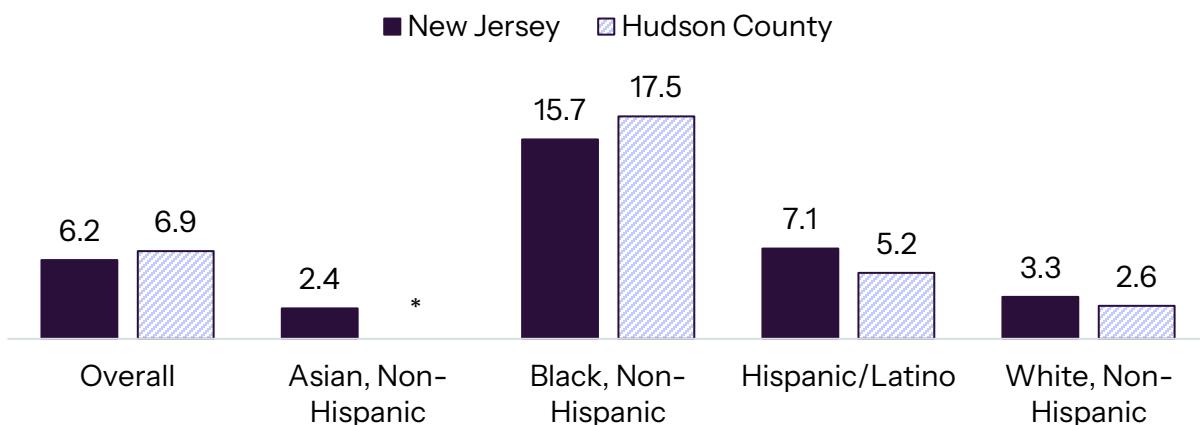
DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment, 2024 Data (NJSHAD) 2023
NOTE: An asterisk (*) means that data does not meet National Center for Health Statistics standards of statistically reliability for presentation (RSE >=23% and n<20).

Table 37. Presence of Drinking Water Violations, by County, 2022

	Presence of Water Violation
Hudson County	Yes

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

Infectious and Communicable Disease

Table 38. 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**	**American Indian /Alaska Native, Non-Hispanic**	**Black/ African American, Non-Hispanic**	**Hispanic/ Latino**	**White, Non-Hispanic**
New Jersey	8.9	2.6	*	26.8	12.1	4.2
Hudson County	13.5	4.9	*	29.9	13.9	9.4

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.

Maternal and Infant Health

Figure 115. Live Births per 1,000 Female Population Aged 15-17, by Race/Ethnicity, by State and County, 2020-2023
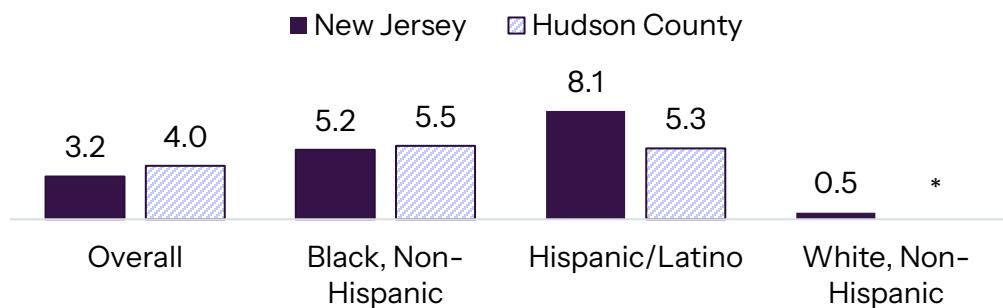
DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD) 2023
NOTE: An asterisk (*) means that the rate does not meet the National Center for Health Statistics standards of statistical reliability for presentation.

Figure 116. Percent Very Low Birth Weight Births, by State and County, 2018-2022
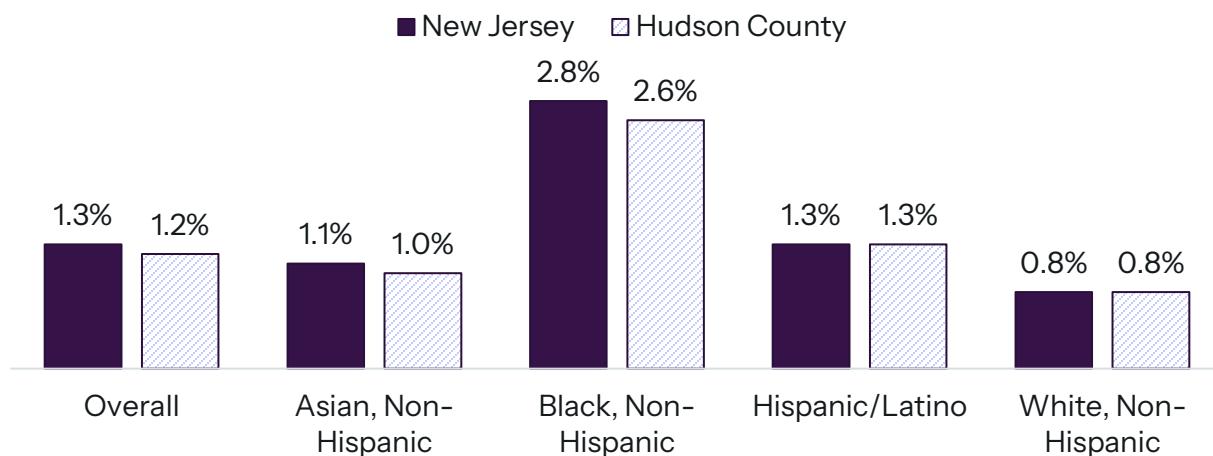
DATA SOURCE: Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024
NOTE: Very low birth weight is defined as less than 1,500 grams.

Figure 117. Infant Mortality Rate per 1,000 Births, by Race/Ethnicity, by State and County, 2017-2021
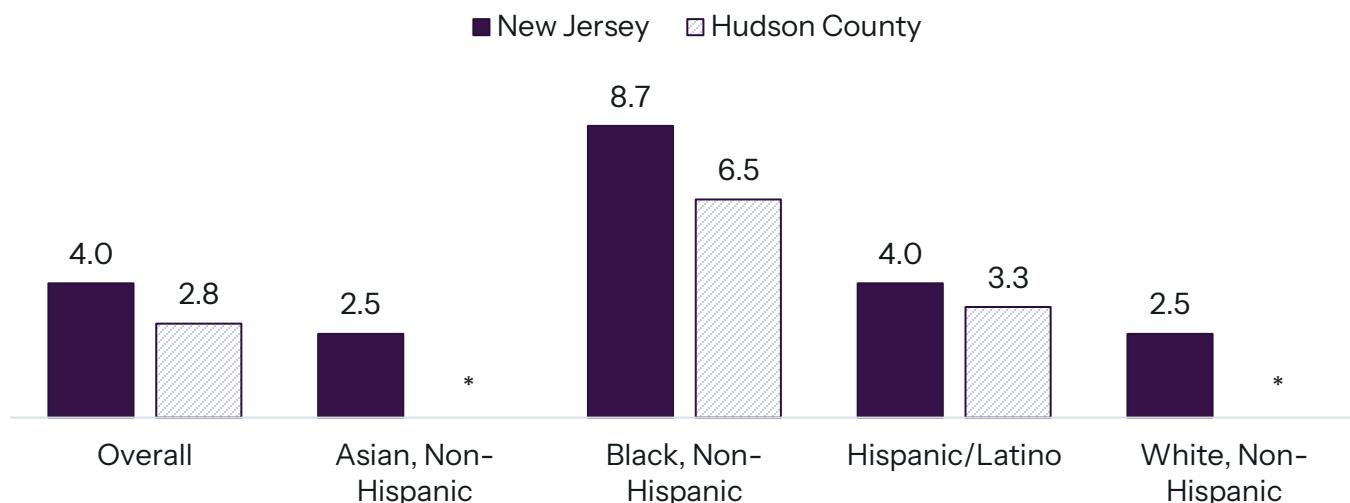
DATA SOURCE: Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024

Figure 118. Percent Preterm Births, by Race/Ethnicity, by State and County, 2021-2022
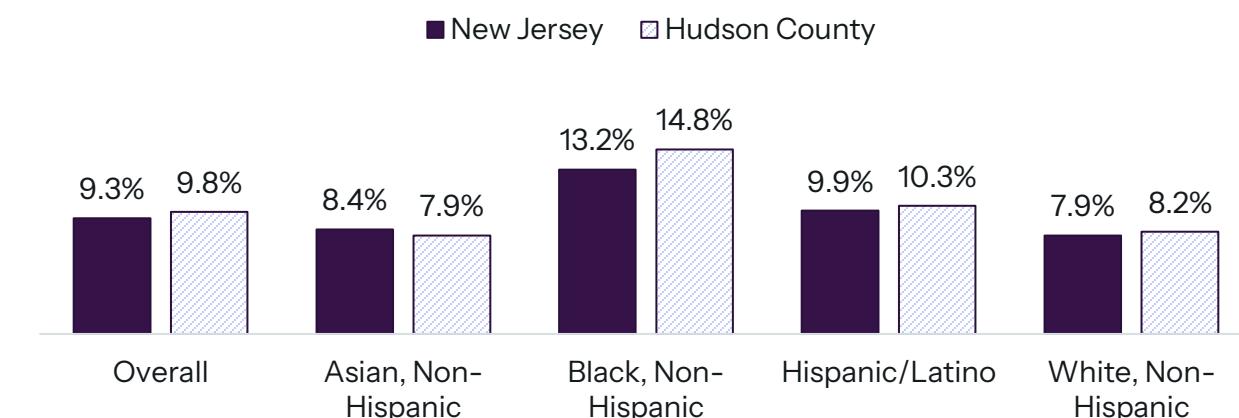
DATA SOURCE: Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024
NOTE: Preterm births mean live births that occurred before 37 weeks of pregnancy had been completed.

Table 39. Percent Immunized Children, by State, 2020

	Overall
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 119. Percentage of Live Births to Women Who Had No Prenatal Care, by Race/Ethnicity, by State and County, 2018-2022
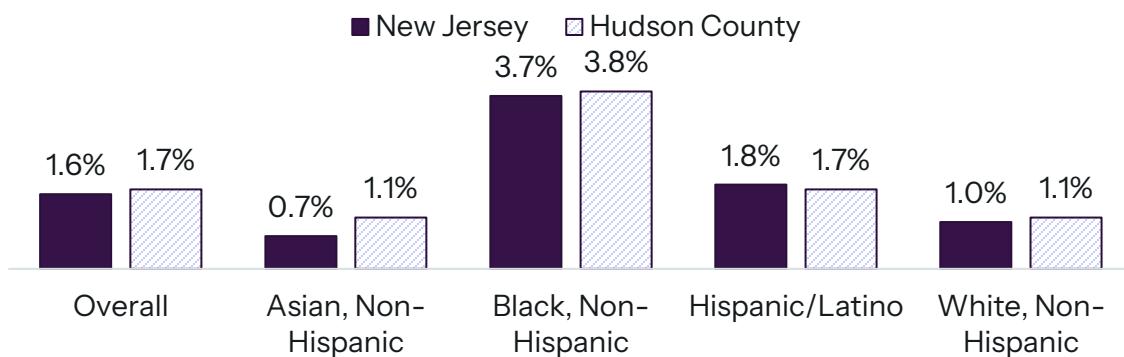
■ New Jersey   ▨ Hudson County

	Overall	Asian, Non-Hispanic	Black, Non-Hispanic	Hispanic/Latino	White, Non-Hispanic
New Jersey	1.6%	0.7%	3.7%	1.8%	1.0%
Hudson County	1.7%	1.1%	3.8%	1.7%	1.1%

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

Access to Care

Figure 120. Percent of Population under 19 Uninsured, by Town, by State and County, 2019-2023
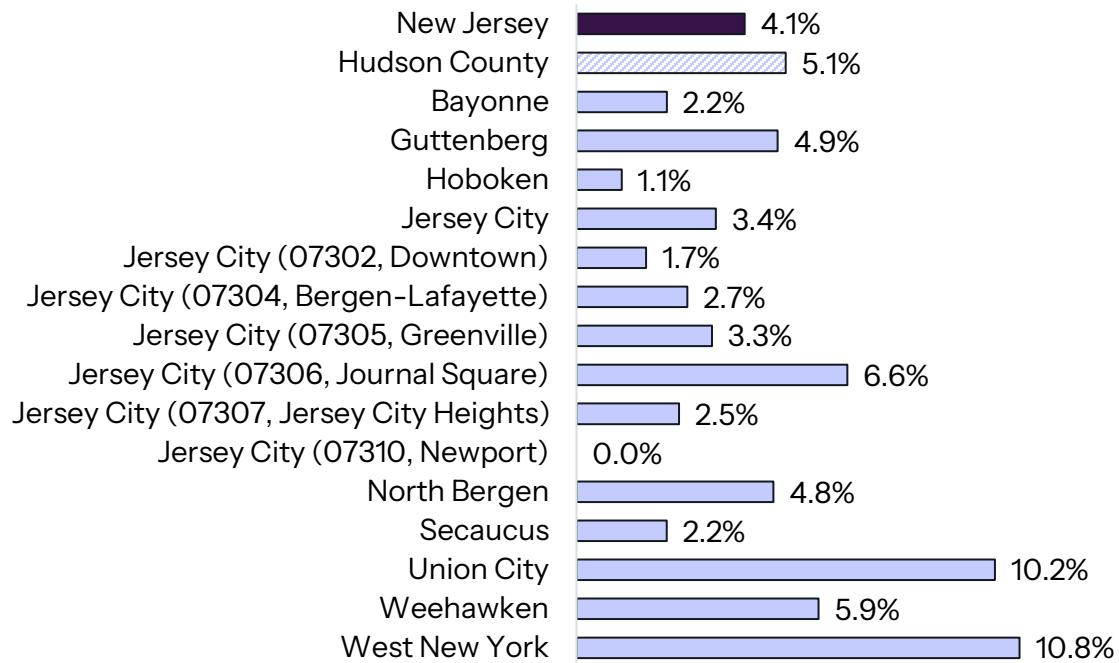
Location	Percent
New Jersey	4.1%
Hudson County	5.1%
Bayonne	2.2%
Guttenberg	4.9%
Hoboken	1.1%
Jersey City	3.4%
Jersey City (07302, Downtown)	1.7%
Jersey City (07304, Bergen-Lafayette)	2.7%
Jersey City (07305, Greenville)	3.3%
Jersey City (07306, Journal Square)	6.6%
Jersey City (07307, Jersey City Heights)	2.5%
Jersey City (07310, Newport)	0.0%
North Bergen	4.8%
Secaucus	2.2%
Union City	10.2%
Weehawken	5.9%
West New York	10.8%

DATA SOURCE: U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates, 2019-2023

Table 40. Percent of Population with Private Health Insurance, by State, County, and Town, 2019-2023

	Overall
New Jersey	71.1%
Hudson County	62.1%
Bayonne	59.8%
Guttenberg	55.5%
Hoboken	88.7%
Jersey City	64.9%
Jersey City (07302, Downtown)	86.1%
Jersey City (07304, Bergen-Lafayette)	52.6%
Jersey City (07305, Greenville)	55.5%
Jersey City (07306, Journal Square)	59.4%
Jersey City (07307, Jersey City Heights)	64.5%
Jersey City (07310, Newport)	90.5%
North Bergen	55.3%
Secaucus	81.1%
Union City	40.0%
Weehawken	74.0%
West New York	47.5%

DATA SOURCE: Source: U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates, 2019-2023

Figure 121. Ratio of Population to Dentist, by State and County, 2022
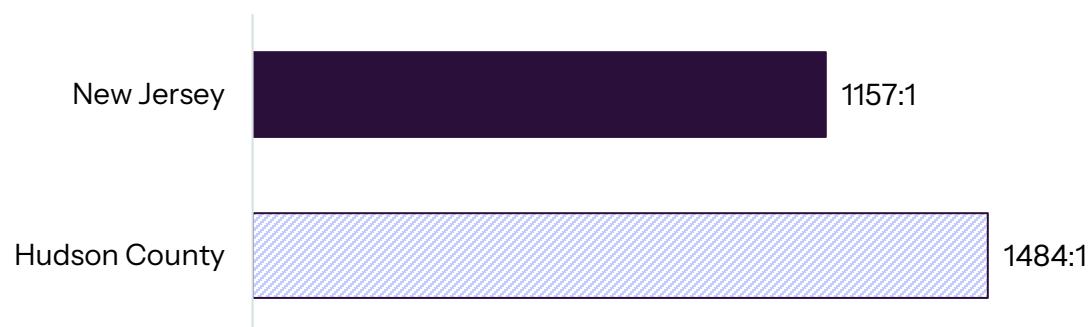
New Jersey	1157:1
Hudson County	1484:1

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

Figure 122. Percentage of Adults Reporting Ever Receiving a Pneumococcal Vaccination, 65 and Older, by State and County, 2020-2022
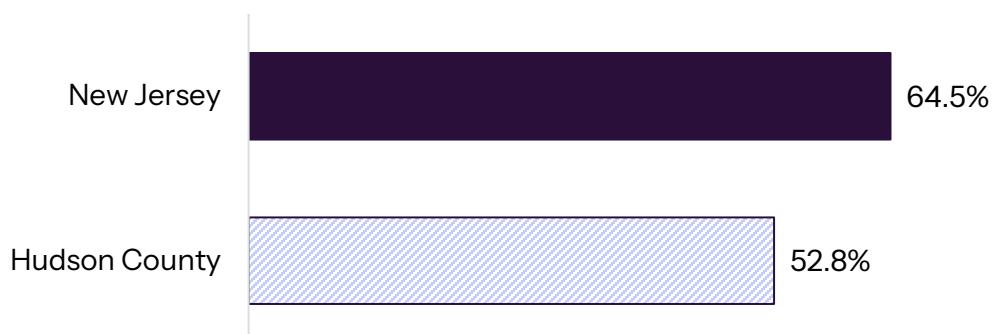
New Jersey	64.5%
Hudson County	52.8%

DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

Figure 123. Percent of Hudson County Survey Respondents Reporting Experiences of Interpersonal Discrimination while Receiving Medical Care due to Sexual Orientation, by Sexual Orientation, (n=690), 2024

Heterosexual (n=690)	LGB
5.5%	25.7%

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

Injury

Table 41. Age-Adjusted Rate of Hospital Emergency Department Visits per 10,000 for Injury, Poisoning, and Other External Causes, by State, 2023

	Rate per 100,000
New Jersey	597.7
Hudson County	586.5

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

Table 42. Injury Deaths per 100,000 Population, by State and County, 2017-2021

	Rate
New Jersey	65.5
Hudson County	48.8

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

Appendix F. Hospitalization Data

Emergency Room Treat and Release Rates per 1,000 Population, by Age, by State, County, and Primary Service Area, 2022

Age	New Jersey	Hudson County	JCMC PSA
Total	304.6	326.9	330.4
Under 18	67.4	370.5	354.8
18–64	185.6	317.5	329.5
65 and over	51.6	308.8	292.1

DATA SOURCE: RWJBarnabas Health System, 2022

Emergency Room Treat and Release Rates per 1,000 Population, by Race/Ethnicity, by State, County, and Primary Service Area, 2022

Race/Ethnicity	New Jersey	Hudson County	JCMC PSA
Total	304.6	326.9	330.4
Asian	90.7	84.0	87.6
Black	546.9	470.1	514.7
Hispanic	373.3	254.7	210.0
White	219.3	163.8	115.0

DATA SOURCE: RWJBarnabas Health System, 2022

Hospital Admission Rates per 1,000 Population, by Race/Ethnicity, by State, County, and Primary Service Area, 2022

	Race/Ethnicity	Total	Acute	Chronic	Diabetic
New Jersey	Total	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
Hudson County	Total	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
JCMC PSA	Total	7.4	3.1	2.3	2.0
	Asian	2.2	1.0	0.7	0.5
	Black	12.5	4.5	4.3	3.7
	Hispanic	5.1	2.4	1.3	1.4
	White	4.0	1.8	1.2	0.9

DATA SOURCE: RWJBarnabas Health System, 2022

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
Hudson County	65.8	1.1	10.9	8.4	4.1	2.0
JCMC PSA	67.1	0.9	11.2	9.1	4.3	2.3

DATA SOURCE: RWJBarnabas Health System, 2022

Hospital Admission Rates per 1,000 Population, by Age, by Race/Ethnicity, by 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
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
JCMC PSA	Total	Total	67.1	0.9	11.2	9.1	4.3	2.3
		Asian	27.2	0.1	7.8	4.2	0.8	0.4
		Black	97.5	1.3	7.9	14.8	6.2	3.5
		Hispanic	45.5	1.5	8.3	4.9	2.1	1.0
		White	35.8	0.3	5.5	4.8	3.2	1.9
	Under 18	Total	12.5	0.0	0.4	0.1	1.6	0.0
		Asian	3.7	0.0	0.0	0.0	0.2	0.0
		Black	14.5	0.0	0.5	0.0	2.1	0.1
		Hispanic	10.0	0.1	0.5	0.2	0.3	0.0
		White	4.6	0.0	0.0	0.0	1.1	0.0
	18-64	Total	61.6	1.3	16.3	5.9	5.2	3.1
		Asian	21.9	0.1	10.7	1.9	0.9	0.5
		Black	99.3	2.0	12.2	12.6	8.0	4.9
		Hispanic	46.0	2.4	12.8	2.8	2.8	1.5
		White	28.0	0.4	7.7	2.5	3.5	2.4
	65 and over	Total	197.1	0.1	0.0	44.0	3.9	1.9
		Asian	97.5	0.0	0.0	25.8	1.3	0.1
		Black	262.9	0.0	0.0	57.8	4.7	3.3
		Hispanic	116.0	0.1	0.0	26.3	2.4	0.5
		White	123.5	0.1	0.0	25.0	4.0	1.7

DATA SOURCE: RWJBarnabas Health System, 2022

Appendix G. Cancer Data

APPENDIX G1: CANCER INCIDENCE RATE REPORT: CANCER PATIENT ORIGIN HUDSON COUNTY 2023

About seventy-four percent of JCMC's cancer inpatients and 65.7% of cancer outpatients resided in the Primary Service Area. In total, 93.1% of inpatients and 94.6% of outpatients resided in Essex County. Jersey City (07305 and 07304) represent the largest segment of JCMC's inpatient cancer patients. Similarly, Jersey City (07305 and 07306) represent the largest segments of JCMC's outpatient cancer patients. The health factors and outcomes explored in the CHNA bear relevance to the oncology services and its review of specific cancer needs for the community.

CANCER PATIENT ORIGIN	2023 JCMC IP PATIENTS	%	2023 JCMC OP PATIENTS	%
Hudson County	1,359	93.1%	452	94.6%
Primary Service Area	1,086	74.4%	314	65.7%
Secondary Service Area	214	14.7%	95	19.9%
Out of Service Area (NJ)	139	9.5%	69	14.4%
Out of State	21	1.4%	0	0.0%
TOTAL	1,460	100.0%	478	100.0%
Jersey City (07305)	415	28.4%	95	19.9%
Jersey City (07304)	273	18.7%	105	22.0%

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: HUDSON COUNTY 2016-2020

INCIDENCE RATE REPORT FOR HUDSON 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	398.2	2,679	stable	0.3
Bladder	15.5	99	falling	-1.8
Brain & ONS	5.7	39	stable	-0.6
Breast	112.5	403	stable	0.5
Cervix	8.3	29	falling	-2.4
Colon & Rectum	37	247	falling	-2.7
Esophagus	3	21	stable	-2.1
Kidney & Renal Pelvis	13.7	94	rising	1
Leukemia	12.6	83	stable	0.6
Liver & Bile Duct	9	62	rising	2.8
Lung & Bronchus	39.2	257	falling	-2.4
Melanoma of the Skin	7.7	53	stable	-0.7
Non-Hodgkin Lymphoma	17.1	113	stable	-0.5
Oral Cavity & Pharynx	9.4	66	stable	-0.7
Ovary	11.8	42	stable	-0.8
Pancreas	14.2	93	stable	3.3
Prostate	114.1	344	stable	1.3
Stomach	8.4	56	falling	-1.9
Thyroid	13.7	98	stable	-0.6
Uterus (Corpus & Uterus, NOS)	30	112	rising	1.4

The Source for G2 and following tables G3, G4, G5 and G6 is : https://statecancerprofiles.cancer.gov

APPENDIX G3: CANCER INCIDENCE DETAILED RATE REPORT: HUDSON COUNTY 2016-2020 SELECT CANCER SITES: RISING INCIDENCE RATES

		Kidney & Renal Pelvis	Liver & Bile Duct	Uterus (Corpus & Uterus, NOS)
INCIDENCE RATE REPORT FOR HUDSON COUNTY 2016-2020 All Races (includes Hispanic), All Ages	Age-Adjusted Incidence Rate(†) - cases per 100,000	13.7	9	30
	Average Annual Count	94	62	112
	Recent Trend	rising	rising	rising
	Recent 5-Year Trend (‡) in Incidence Rates	1	2.8	1.4
White Non-Hispanic, All Ages	Age-Adjusted Incidence Rate(†) - cases per 100,000	17	8.5	39.4
	Average Annual Count	38	20	45
	Recent Trend	stable	stable	rising
	Recent 5-Year Trend (‡) in Incidence Rates	1.3	2.5	9.2
Black (includes Hispanic), All Ages	Age-Adjusted Incidence Rate(†) - cases per 100,000	12.7	8.7	38.5
	Average Annual Count	9	6	17
	Recent Trend	stable	stable	stable
	Recent 5-Year Trend (‡) in Incidence Rates	1.3	2.5	0.6
Asian or Pacific Islander (includes Hispanic), All Ages	Age-Adjusted Incidence Rate(†) - cases per 100,000	6.4	9	22
	Average Annual Count	6	8	11
	Recent Trend	*	stable	stable
	Recent 5-Year Trend (‡) in Incidence Rates	*	1.6	3.3
Hispanic (any race), All Ages	Age-Adjusted Incidence Rate(†) - cases per 100,000	12.9	9.7	23.1
	Average Annual Count	39	28	37
	Recent Trend	stable	rising	rising
	Recent 5-Year Trend (‡) in Incidence Rates	1.7	3.6	2.1
MALES	Age-Adjusted Incidence Rate(†) - cases per 100,000	20.6	13.5	n/a
	Average Annual Count	64	42	n/a
	Recent Trend	rising	rising	n/a
	Recent 5-Year Trend (‡) in Incidence Rates	1.5	2.6	n/a
FEMALES	Age-Adjusted Incidence Rate(†) - cases per 100,000	8.1	5.4	30
	Average Annual Count	30	20	112
	Recent Trend	stable	rising	rising
	Recent 5-Year Trend (‡) in Incidence Rates	-0.1	3	1.4

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: HUDSON COUNTY 2016-2020

MORTALITY RATE REPORT: HUDSON 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	Yes	121.5	799	falling	-2.5
Bladder	***	3.4	21	falling	-5.9
Brain & ONS	***	2.7	18	stable	-0.8
Breast	No	16.8	62	falling	-2.5
Cervix	Yes	2	7	falling	-3.9
Colon & Rectum	Yes	12.3	82	falling	-3.3
Esophagus	***	2.4	16	falling	-2.6
Kidney & Renal Pelvis	***	3	20	stable	-0.6
Leukemia	***	5	33	falling	-1.6
Liver & Bile Duct	***	5.9	39	stable	1.2
Lung & Bronchus	Yes	24	156	falling	-2.6
Melanoma of the Skin	***	0.8	5	falling	*
Non-Hodgkin Lymphoma	***	3.2	21	falling	-3.8
Oral Cavity & Pharynx	***	1.9	13	falling	-3.2
Ovary	***	5.4	20	falling	-2.2
Pancreas	***	10.5	68	rising	0.4
Prostate	Yes	14.1	35	falling	-3.9
Stomach	***	3.6	24	falling	-2.9
Thyroid	***	*	3 or fewer	*	*
Uterus (Corpus & Uterus, NOS)	***	6.6	24	stable	0.5

*** 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: HUDSON COUNTY 2016-2020

		Pancreas
MORTALITY RATE REPORT FOR HUDSON COUNTY 2016-2020 All Races (includes Hispanic), All Ages	Met Healthy People Objective	***
	Age-Adjusted Death Rate - per 100,000	10.5
	Average Annual Count	68
	Recent Trend	rising
	Recent 5-Year Trend in Death Rates	2
White Non-Hispanic, All Ages	Met Healthy People Objective	***
	Age-Adjusted Death Rate - per 100,000	13
	Average Annual Count	29
	Recent Trend	stable
	Recent 5-Year Trend in Death Rates	0.3
Black (includes Hispanic), All Ages	Met Healthy People Objective	***
	Age-Adjusted Death Rate - per 100,000	18
	Average Annual Count	12
	Recent Trend	stable
	Recent 5-Year Trend in Death Rates	0.2
Asian or Pacific Islander (includes Hispanic), All Ages	Met Healthy People Objective	***
	Age-Adjusted Death Rate - per 100,000	6.2
	Average Annual Count	5
	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	7.7
	Average Annual Count	22
	Recent Trend	stable
	Recent 5-Year Trend in Death Rates	0.9
MALES	Met Healthy People Objective	***
	Age-Adjusted Death Rate - per 100,000	11.9
	Average Annual Count	32
	Recent Trend	stable
	Recent 5-Year Trend in Death Rates	-5
FEMALES	Met Healthy People Objective	***
	Age-Adjusted Death Rate - per 100,000	9.5
	Average Annual Count	36
	Recent Trend	stable
	Recent 5-Year Trend in Death Rates	0.4

*** 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

County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
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

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
Burlington County	24.5	146	stable	-0.3
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

County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Atlantic County	6	20	stable	-1.7
Cumberland County	5.8	9	stable	-1.5
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

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
Passaic County	9.5	24	stable	-1.5
Essex County	9.1	40	stable	3
Hudson County	8.3	29	falling	-2.4
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

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)	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
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				

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(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
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

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
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
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

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
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
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

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
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
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

County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
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				
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

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
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
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

County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
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
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

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	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
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

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
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
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

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
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: JERSEY CITY MEDICAL CENTER - TUMOR REGISTRY SUMMARY

In 2023, JCMC's tumor registry data showed that 12.5% and 22.0% 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 Cavity (63.6%), Lymph Nodes (53.8%), Respiratory Systems 43.4%), and Digestive Organs (36.3%).

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		**147**	**7.0%**	**8.6%**	**15.6%**
CONNECTIVE, SUBCUTANEOUS AND OTHER SOFT TISSUES			**33.3%**	**0.0%**	**33.3%**
DIGESTIVE ORGANS		**143**	**16.9%**	**36.3%**	**53.2%**
	COLON	45	19.5%	29.3%	48.8%
	LIVER AND INTRAHEPATIC BILE DUCTS	11	11.1%	55.6%	66.7%
	PANCREAS	21	15.0%	55.0%	70.0%
	RECTUM	18	7.1%	21.4%	28.6%
	STOMACH	20	0.0%	50.0%	50.0%
EYE, BRAIN AND OTHER PARTS OF CENTRAL NERVOUS SYSTEM		**31**	**0.0%**	**0.0%**	**0.0%**
	MENINGES	22	0.0%	0.0%	0.0%
FEMALE GENITAL ORGANS		**56**	**16.3%**	**18.6%**	**34.9%**
	CERVIX UTERI	17	13.3%	20.0%	33.3%
	CORPUS UTERI	23	17.6%	11.8%	29.4%
	OVARY	13	22.2%	22.2%	44.4%
HEMATOPOIETIC AND RETICULOENDOTHELIAL SYSTEMS		**44**	**0.0%**	**15.0%**	**15.0%**
	HEMATOPOIETIC AND RETICULOENDOTHELIAL SYSTEMS	44	0.0%	15.0%	15.0%
LIP, ORAL CAVITY AND PHARYNX		**11**	**9.1%**	**63.6%**	**72.7%**
LYMPH NODES		**16**	**15.4%**	**53.8%**	**69.2%**
	LYMPH NODES	16	15.4%	53.8%	69.2%
MALE GENITAL ORGANS		**60**	**29.3%**	**22.0%**	**51.2%**
	PROSTATE GLAND	57	27.5%	22.5%	50.0%
RESPIRATORY SYSTEM AND INTRATORACIC ORGANS		**67**	**24.5%**	**43.4%**	**67.9%**
	BRONCHUS AND LUNG	62	27.1%	43.8%	70.8%
THYROID AND OTHER ENDOCRINE GLANDS		**54**	**0.0%**	**2.1%**	**2.1%**
	OTHER ENDOCRINE GLANDS AND RELATED STRUCTURES	13	0.0%	0.0%	0.0%
	THYROID GLAND	41	0.0%	2.5%	2.5%
URINARY TRACT		**28**	**4.5%**	**18.2%**	**22.7%**
	BLADDER	15	0.0%	8.3%	8.3%
	KIDNEY	11	11.1%	33.3%	44.4%
Grand Total		**673**	**12.5%**	**22.0%**	**34.5%**

Appendix H. Outcomes and Results from Previous Implementation Plan

CHNA 2022-2024 Implementation Strategy

CHNA 2022-2024 Implementation Strategy

Executive Summary

Introduction & Purpose

Jersey City Medical Center is pleased to share its Implementation Strategy Plan, which follows the development of its Hudson County 2022 Community Health Needs Assessment (CHNA). In accordance with requirements under the Patient Protection and Affordable Care Act and Section 501(r) of the Internal Revenue Code, the CHNA report was approved by the JCMC Community Health Needs Assessment Advisory Committee and the JCMC Board of Directors on December 15, 2022. This report summarizes the plans for 2022-2024 to provide community benefit programming that addresses the prioritized health needs identified in its 2022-2024 CHNA. These include:

JCMC Objectives:	Prioritized Health Needs:
Access to Preventive Health:	*Cost of care, transportation, language barriers, etc.*
Food Insecurity and Education:	*Availability of quality education, nutritional options, etc.*
Chronic Disease Management:	*Diabetes, Heart Disease, Behavioral Health, etc.*
Violence Prevention & Safety:	*Violence Intervention Program, Peer Counseling, etc.*

The following additional significant community health needs emerged from a review of primary and secondary data: Outreach to Diverse Population, Housing, Maternal/Infant Care, Finances/Poverty/Unemployment, Access to Care (wait times, insurance options, hours of operation, etc.), and Infectious Diseases including COVID-19. With limitations in resources, the hospital needs to focus on the prioritized health needs described in the table above, these topics are not specifically prioritized efforts in the 2022-2024 Implementation Strategy. However, due to the interrelationships of social determinant needs many of these areas fall, tangentially, within the prioritized health needs and will be addressed through the upstream efforts of the prioritized health objectives. Additionally, many of them are addressed within ongoing programs and services established or continued with the 2019 CHNA Implementation Strategy plan.

The purpose of the CHNA was to offer a comprehensive understanding of the health needs in Jersey City Medical Center's service area and guide the hospital's planning efforts to address those needs. Special attention was given to the needs of vulnerable populations, unmet health needs or gaps in services, and input from the community. To standardize efforts within the Jersey City Medical Center health system and increase the potential for impacting top health needs in the greater Hudson County region, community health needs were assessed and prioritized at a regional/system level. For in-depth information on the process to identify and prioritize significant health needs, please refer to Jersey City Medical Center's CHNA report at the following link: https://www.rwjbh.org/documents/community-health-needs-assessment/JCMC-CHNA-2022.pdf

Summary of Implementation Strategies

Implementation Strategy Design Process

Jersey City Medical Center is dedicated to improving community health and delivering community benefit with the engagement of its management team, board, clinicians and staff, and in collaboration with reliable community partners.

Through a comprehensive and iterative assessment process, ten major areas were identified as community needs after gathering input through qualitative data from residents and stakeholders, feedback from a community priorities survey, and quantitative surveillance and secondary data. A prioritization process was developed and weighted based upon each of the following criterion:

- Risk of mortality and morbidity associated with the problem
- Impact of the problem on vulnerable populations and number of community members impacted
- Meaningful progress with state timelines, system change, equity and feasibility of objectives
- Community capability and competency to collaborate and ensure significant impact

Several overarching themes emerged from the JCMC/Hudson County 2022 CHNA. Importantly, several key areas, including increasing access to care, the importance of preventive care, and safety & violence prevention echoed those priorities identified by the community in 2019 as part of the prior CHNA process. During initial planning meetings, representatives from Jersey City Medical Center reviewed the hospital's most recent implementation plan (2019-2022), noting strengths and areas of improvement to inform the development of the new implementation plans. After a comprehensive analysis and rigorous prioritization process, the result is the aforementioned list of objectives.

Jersey City Medical Center Implementation Strategy

The implementation strategy outlined below summarizes the strategies and activities that will be implemented by Jersey City Medical Center to directly address the health needs identified in the CHNA process. They include:

JCMC Objectives:	Prioritized Health Needs:
Access to Preventive Health: • Strategy: Increase the number of health screenings and consumer education to improve health and wellbeing. Improve access to primary care, mental health, and substance abuse services.	*Cost of care, transportation, language barriers, etc.*
Food Insecurity & Education: • Strategy: Provide educational and awareness opportunities for healthier dietary options and habits that promote prevention and reduction of incidence of diseases such as diabetes, heart disease, stroke, and obesity/overweight.	*Availability of quality education, nutritional options, etc.*
Chronic Disease Management: • Strategy: Prevent and reduce the impact of chronic disease through culturally relevant medical education and programs targeting improved disease and care management.	*Diabetes, Heart Disease, Behavioral Health, etc.*
Violence Prevention & Safety: • Strategy: Promote safety and decrease incidence of violence with a focus on individual behaviors, physical environments, and social environments.	*Violence Intervention Program, Peer Counseling, etc.*

![RWJBarnabas HEALTH | Jersey City Medical Center]

Priority Objective 1:	Access to Preventive Health
Strategy 1:	Increase the number of health screenings and consumer education to improve health and wellbeing. Improve access to primary care, mental health, and substance abuse services.

Key Findings:
- *In a 2021 Community survey, only 29.4% of survey respondents indicated that they have never experienced any difficulty in getting healthcare (ie. convenient appointment times, insurance problems, cost of care, wait times, PCP availability).*
- *Surveillance data from 2017 indicates that Hudson County had more people per every primary care physician (1,950:1) than New Jersey overall (1,190:1). The need is noted even more urgently with specialty care.*

Strategies/Initiatives	Timeline (2022-2024)	Outcomes/Accomplishments/ Opportunities for Improvement
a. Increase community partnerships with a focus on cultural organizations.	2022-2024	JCMC's commitment to serving the community extends beyond hospital walls. By addressing healthcare access challenges and enhancing chronic disease prevention efforts, the hospital continues to be a leader in fostering equitable healthcare solutions. Our success in several initiatives highlights the strength of our partnerships. There is free regular community engagements at public libraries, faith-based organizations, senior centers, public schools, University campuses, public housing, residential buildings, etc to provide needed health screenings and education.
b. Increase community-based health screenings and interventions in vulnerable populations.	2022-2024	JCMC conducted 1,391 community events within the reporting period. These initiatives focused on improving healthcare access, reducing disparities, and addressing social determinants of health. Screening sessions included blood pressure, glucose, cholesterol, BMI, general health information, etc. 18,995 primary care visits were completed at Greenville Primary Care site within the reporting period. Health Screenings (2022) – 2,900 completed Health Screenings (2023) – 5,971 completed Health Screenings (2024) – 11,560 completed

c. Increase adult outpatient mental health services at 2 co- located primary care sites.	2022-2024	JCMC continued impactful community health initiatives, demonstrating our unwavering commitment to addressing healthcare disparities. Through strategic outreach, education, and preventive care efforts, we made measurable progress in improving health outcomes for Hudson County residents, expanding primary care services in Jersey City (4 locations), Bayonne (2 locations) Kearny (1 location), Union City (1 location) and Hoboken (1 location).
d. Improve access to mental health crisis services through additional offsite crisis location(s).	2022-2024	"Familiar Faces" program, specifically addresses homeless individuals lack of access to affordable housing with supportive services, resulting in their repeat use of hospitals, jails, shelters and other crisis systems. Jersey City Medical Center was provided Housing vouchers (63) and hired a Supportive Housing Case Manager who provides the voucher recipients intensive case management services. The ARRIVE Together (Alternative Responses to Reduce Instances of Violence and Escalation) initiative pairs law enforcement officers trained in crisis de-escalation techniques with a mental health specialist from Jersey City Medical Center to respond to calls involving behavioral health incidents. The program has seen significant outcomes since its inception in May, 2023; 82 (2023) and 135 (2024) with no fatalities.
e. Improve access to substance abuse services at primary care sites.	2022-2024	JCMC launched in Spring, 2023 a program to help tear down barriers to care, reduce hospital readmissions, and improve overall health outcomes. Community Health Workers serve as a critical part of the continuum of care as resources for vulnerable individuals. They assist patients with their health and social needs for up to 120 days and are embedded on the hospitals units, Federally Qualified Health Centers (FQHCs), homeless and community centers, and attend community health events. CHWs conduct social determinants of health assessments to ensure patients are living in healthy environments, able to schedule and secure transportation to physician visits, have access to healthy food, and are getting and taking their medications, and then aid in filling in any identified gaps. The hospital screened 11,628 patients for social drivers to health such as food insecurity, utilities, housing instability, transportation and interpersonal safety.

f.	Implement quarterly health fairs in partnership with local communities with screening, education and connections to support systems.	2022-2024	JCMC plays an integral role in community efforts, dedicating valuable time and expertise to patient care and outreach: • 2,185 staffing hours (2022) • 4,062 staffing hours and 1,242 volunteer hours (2023) • 109,547 staffing hours and 3,328 volunteer hours (2024) have been contributed for free toward patient education, care coordination, and community support across Hudson County municipalities.
g.	Work with transitional care services to identify surplus medications available in the community for patients who are struggling with access.	2022-2024	JCMC offers free medications to financially qualified patients through the Dispensary of Hope program amounting to $350, 000+ (2022-2024). 6,822 residents in (2022), 18,416 residents in (2023) and 53,339 (2024) residents were educated through tailored patient education sessions, helping to improve health literacy, particularly among vulnerable populations. Health screenings conducted, have led to early detection of chronic conditions and real-time referrals for timely medical interventions.
h.	Promote Charity Care clinic in multiple languages to increase awareness and utilization.	2022-2024	JCMC provides a 24/7 access to medical interpreters in more than 250 languages and American Sign Language services. JCMC provided timely language access to our patients and their loved ones who have limited English proficiency at a cost of $750,000 per year.
i.	Work with transportation services to increase primary care access to underserved communities.	2022-2024	JCMC provided over 46,800 rides for patients through a Rideshare Partnership, 84% of which were to or from a doctor's visit. To further assist patients, CHWs have scheduled physician appointments, helped enroll patients in the Supplemental Nutrition Assistance Program (SNAP), and referred patients to community-based resources, such as food banks and other assistance programs.

Priority Objective 2:	Food Insecurity & Education

Strategy 2: Provide educational and awareness opportunities for healthier dietary options and habits that promote prevention and reduction of incidence of diseases such as diabetes, heart disease, stroke, and obesity/overweight.

Key Findings:
- *In a 2020 data from Feeding America, Hudson County had a higher percentage of food insecure residents than New Jersey as a whole.*
  - *[2019 – 12.0% HC vs 8.6% NJ] & [2020 – 15.5% HC vs 11.1% NJ]*
- *In a 2021 survey, a majority of respondents of all race/ethnicities reported knowing what constituted a healthy diet, yet fewer reported being able to eat healthy foods on a regular basis, indicating that other factors such as affordability and access may be at play.*

Strategies/Initiatives	Timeline (2022-2024)	Outcomes/Accomplishments/ Opportunities for Improvement
a. Establish methods of outreach for diet/nutrition information (social media, newsletters, etc.).	2022-2024	Food FarMacy staff provide regular in-person and virtual food demonstration and education. 816 education sessions provided.
b. Increase community partnerships with a focus on diet/nutrition- based organizations.	2022-2024	Food FarMacy, Green Apple Rx: 3000+ community residents received emergency food bags from (2022-2024) reporting period including a comprehensive assessment/ education from the certified dietitian.
c. Investigate and promote education programs focused on dietary choices and habits with dietitians.	2022-2024	Primary Care patients are screened for Food Insecurity and Chronic Health Conditions and provided with free healthy foods based on their condition. 1,258 patients screened at Greenville Primary Care.
d. Increase community awareness of Green Apple Rx Food FARMacy services available at primary care site.	2022-2024	Approximately 500+ SNAP applications have been completed for community resident with our dedicated SNAP Navigator.
e. Implement & promote community greenhouse plan at primary care site(s).	2022-2024	Capital expense of $200, 000+ spent on space remodeling for greenhouse at Greenville site. Quarterly activities and staff support at two community greenhouse locations (Currie Woods and Marion Gardens). Campus Kitchen program provided 4,500 pounds of foods to the community.

Priority Objective 3:	Chronic Disease Management
Strategy 3:	Prevent and reduce the impact of chronic disease through culturally relevant medical education and programs targeting improved disease and care management.

Key Findings:
- *2021 CHNA survey data showed disparities in chronic disease burden across Hudson County. Black residents experienced higher cardiovascular disease mortality rates than other racial/ethnic groups in the county.*

Strategies/Initiatives	Timeline (2022-2024)	Outcomes/Accomplishments/ Opportunities for Improvement
a. Establish methods of outreach for health information (social media, newsletters, etc.).	2022-2024	Our Strategic Communication and Marketing department has established effective communication channels to consistently promote existing and new hospital programs and services. Daily, weekly and monthly patient education materials are made available to the public.
b. Partner with PCP's to connect us to patients struggling with compliance	2022-2024	Nearly six in 10 patients who completed the social determinants of health assessment identified lacking access to transportation, 45% reported being food insecure, and 21% each reported having trouble paying utility bills or finding stable housing.
c. Increase frequency of Patient/Family Advisory Group to meet at least monthly.	2022-2024	Our PFAC group (10) meets monthly and have been integrate in providing a breath of knowledge and offering opportunities for improvement in ensuring we meet the needs of our community.
d. Investigate funding sources to support community outreach initiatives.	2022-2024	A significant accomplishment has been the hospitals successful development of corporate partnerships to benefit the community. These partnerships not only strengthen the hospital's role as a trusted community anchor but also demonstrates a shared commitment to social responsibility and public health advancement. The hospital provided cash contributions and donations to the amount of $450, 000 in 2022-2024 reporting period.

e.	Implement quarterly health fairs in partnership with local communities with screening, education and connections to support systems.	2022-2024	JCMC conducted 1,391 community events (2022-2024). These initiatives focused on improving healthcare access, reducing disparities, and addressing social determinants of health. Screening sessions included blood pressure, glucose, cholesterol, BMI, general health information, etc. Health Screenings (2022) – 2,900 completed Health Screenings (2023) – 5,971 completed Health Screenings (2024) – 11,560 completed
f.	Promote existing chronic disease support groups to patients.	2022-2024	There a several monthly and quarterly focused support groups open to the public such as breast and general cancer, heart failure, maternity, breastfeeding, etc.
g.	Explore opportunities to promote and increase smoking cessation programs and resources.	2022-2024	There is consistent health assessment of patients on smoking habits and corresponding counselling and smoke cessation resources offered to patients.
h.	Implement an ED navigation program for patients that access the ED for primary care treatable and avoidable issues.	2022-2024	JCMC has dedicated Patient Navigators in the Emergency Room and on the inpatient units that assist patients with confirming follow up primary and sub-specialty appointments before patients leave the hospital.

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Priority Objective 4:   **Violence Prevention & Safety**

Strategy 4:   Promote safety and decrease incidence of violence with a focus on individual behaviors, physical environments, and social environments.

Key Findings:
- *In 2020, rates of violent crime (i.e., murder, rape, aggravated assault) in Hudson County (280 per 100,000 residents) were higher than in New Jersey (195 per 100,000residents)*
- *2021 CHNA survey data showed that of respondents who agreed the statement, "Violence is not prevalent in my community," responses varied significantly based on race/ethnicity. 41.4% (Total; n=273)*
- o   *46.8% (White; n=126) : 43.2% (Asian; n=44) : 36.8% (Hispanic/Latino; n=68) : 23.1% (Black; n=26)*
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Strategies/Initiatives	Timeline (2022-2024)	Outcomes/Accomplishments/ Opportunities for Improvement
a. Increase community partnerships with a focus on mental health, public safety and social services.	2022-2024	Strong continuous partnership with Jersey City Antiviolence Coalition to address community violence. The partnership offers various programs to address public safety needs, including trauma healing services for victims of crime, youth violence intervention, and prevention initiatives.
b. Establish methods of outreach for public safety and mental health information (social media, newsletters, etc.).	2022-2024	JCMC's Trauma Recovery Center utilizes trauma-informed, evidence-based practices in providing comprehensive mental health and support services for victims and families impacted by violence in both clinical and non-clinical peer settings. At the end of 2024 TRC had 171 actively enrolled patients.
c. Partner with PCP's to connect us to patients struggling with trauma and mental health issues.	2022-2024	The Trauma Recovery Center provides services such as On-call crisis intervention, individual and group counseling and clinical case management and assistance in linking to community resources.

d.	Grow JCMC's hospital- based violence intervention program for at-risk community members.	2022-2024	Project HUDSON (Helping Us Develop Strength in Our Neighborhoods), a hospital-based violence intervention program (HVIP) helps reduce the risk for those who have been injured from being violently injured again; provide support to promote a healthier perspective and outlook on life; provide victims of interpersonal violence with tools and strategies for success once they leave the hospital; improve the overall physical and mental health of our community; and assist community members who are at-risk for violence with connections to resources. 500+ victims of community violence provided comprehensive case management services. $1.8 Million utilized for program participants.
e.	Investigate and promote education workshops focused on mental health, public safety, and social services.	2022-2024	The program connects victims of community violence to services beginning at the hospital bedside, providing comprehensive support that provides the healing and stability needed to reduce the risk of retaliation or revictimization. The program partners with medical and community service providers who come together in the immediate aftermath of a violent incident to ensure that victims leave the hospital engaged in services and with the support needed to continue a healing path.
f.	Investigate funding sources to support community outreach initiatives.	2022-2024	JCMC is committed to connecting people to resources they need to improve their health. JCMC partnered with HealthierJC, to develop and maintain a free, comprehensive, user-friendly social services search tool to assist community members in connecting to needed services in Hudson County.
g.	Implement and promote peer counseling and mental health services to trauma patients.	2022-2024	The Peer Recovery Program provides recovery support services for all patients who present with substance use disorder, to include opioid use disorder, in our emergency departments and on our inpatient floors. The program serves, 24 hours a day, 7 days per week through full-time, hospital-based recovery specialists.