Newark Beth Israel Medical Center Community Health Needs Assessment

December 2025

PREPARED BY
HEALTH RESOURCES IN ACTION

RWJBarnabas HEALTH | Newark Beth Israel Medical Center

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Questions

For questions regarding Newark Beth Israel Medical Center or RWJBarnabas Health, please email BHPlanning@RWJBH.org.

Table of Contents

Executive Summary

Introduction

In 2025, the Newark Beth Israel Medical Center (NBIMC) 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. NBIMC's primary service area (PSA) comprises nine zip codes: seven zip codes in Newark (07112, 07108, 07106, 07105, 07114, 07103, and 07102), one zip code in Hillside (07205), and one in Irvington (07011).

Newark Beth Israel CHNA Focus Area Map, 2024

DATA SOURCE: Prepared by HRiA based on NJOGIS 2023 data

Methods

While this CHNA aimed to be comprehensive, its data collection approach focused on the social and economic upstream issues that affect a community's health. Data collection was conducted using a social determinants of health framework and a health equity lens. The CHNA process utilized a mixed-methods participatory approach that engaged agencies, organizations, and community residents through different avenues. Community engagement strategies were tailored to reach traditionally medically underserved populations. The CHNA process was guided by the NBIMC CHNA Advisory Committee as well as other community partners. Data collection methods included:

- Reviewing existing social, economic, and health data across the NBIMC service area and specifically Essex County and Union Counties.
- Administering a community survey with a total of 624 residents from the NBIMC PSA, designed and administered by Health Resources in Action (HRiA).
- Facilitating 2 virtual focus groups with 21 participants from populations of interest, including residents accessing food pantry services and youth and young adult residents.
- Conducting 8 key informant interviews with community stakeholders from a range of sectors.

Findings

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

Population Characteristics

- **Demographics.** The municipalities that comprise NBIMC's PSA have a population of approximately 600,650 residents. Newark has experienced a notable increase (9.5%) in population from 2014-2018 to 2019-2023, with the South Ward (07108)

demonstrating the most sizeable population growth during this period (28.4%).[1] The area is also very racially and ethnically diverse, with 46.7% of residents in Newark citywide identifying as Black/African American and 37.2% as Hispanic/Latino. In Newark, half of residents (50.2%) age 5 and older speak a language other than English at home, with especially high concentrations in the East Ward (07105), where 84.4% of residents report speaking a non-English language.[2]

Community Social and Economic Environment

- **Community strengths and assets.** Focus group and interview participants highlighted multiple assets that residents recognized in their neighborhoods, including:
  - *Transportation and accessibility*: Nearly two-thirds of survey respondents (65.7%) agreed their community has transportation services for seniors and those with disabilities.
  - *Social connectedness*: Most respondents (61.1%) agreed there are places for people to socialize, such as libraries, churches, mosques, or local clubs.
  - *Food and basic needs*: Just over half (51.0%) reported they would know where to go if they needed food assistance, and nearly one in four (23.0%) felt people in their community could afford basic needs like food, housing, and transportation.
  - *Perceptions of family environment*: About one-quarter (24.0%) strongly agreed their community is a good place to raise a family.
  - *Public spaces:* One in three (34.9%) agreed their community has safe outdoor places to walk and play.

> *"Hands down the diversity we have…120 different languages…our employees come from the community…a beautiful tapestry of languages and ethnicities. Not a melting pot but a salad, because people aren't losing their authenticity."*
> – Key informant interviewee

- **Partnerships and Community Engagement.** Interviewees emphasized the importance of collaboration and partnership among the many sectors and institutions serving Newark and the NBIMC service area. As one key informant explained, *"Our pride — people care about this city… there is a sense of ownership… a level of responsibility for the city doing well."* One of the challenges, though, that interviewees mentioned was also how resources are not necessarily distributed equitably across the service area.

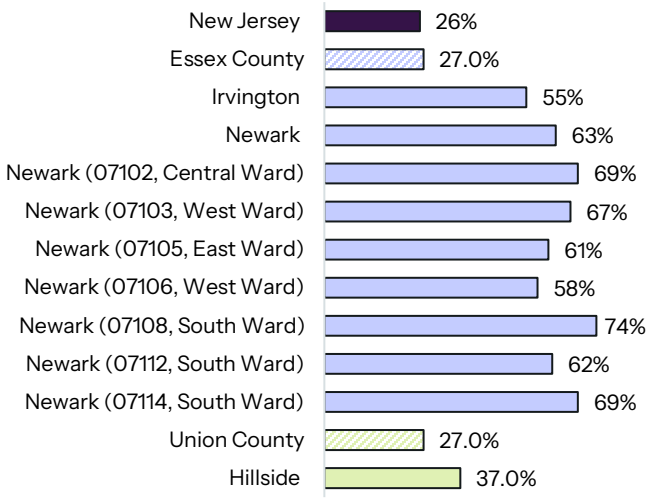
- **Education.** High school graduation rates varied across the NBIMC service area. Between 2019 and 2023, statewide graduation averaged 91.1%. In Essex County, the Essex County Schools of Technology reported the highest graduation rate (97.2%), while Irvington Public Schools had the lowest (79.6%). Newark Public Schools reported an overall graduation rate of 85.7%, and Hillside Public Schools reported 85.3%. Focus group participants reflected on both strengths and challenges within

[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

area schools. Some noted strong academic and vocational offerings and described environments that felt *"safe"* and *"well-organized."* Others pointed to gaps in resources, particularly for students with disabilities and for youth seeking culturally relevant programs.

- **Employment, Income, and Financial Security.** In Essex County, 27.0% of households live below the ALICE threshold – an indicator for the hardships of working adults –which was similar to the statewide rate of 26.0%. However, within the NBIMC service area, economic hardship is higher: 63.0% of households in Newark fall below the ALICE threshold, compared with 55.0% in Irvington and 37.0% in Hillside. Within Newark, rates are especially high in the South Ward (07108, 74%), the Central Ward (07102, 69%), and the South Ward (07114, 69%).

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



DATA SOURCE: United For ALICE 2024, derived from American Community Survey, 2010-2022
NOTE: 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.).

Participants described how low wages and unstable employment contribute to financial insecurity, even among working families. One young adult explained, *"A lot of the jobs in my neighborhood don't pay enough to live, and people work two or three jobs just to keep up with rent and bills."*

While median household income in Essex County is $76,712, it is around $34,000 for the zip codes 07108 and 07114 in the South Ward of Newark. The median incomes in the Central Ward ($37,093) and West Ward ($42,397) also fall well below the county median income.

- **Food Insecurity and Healthy Eating.** Survey and interview participants described how rising costs of living and inflation have made it more difficult for families to afford groceries. In Essex County, 14.5% of households receive SNAP benefits (food assistance), compared with 8.8% statewide. Rates are higher in Newark, where nearly one in four households (23.7%) receive SNAP, with the highest rates in the 07114 zip code at 34.0%. In qualitative discussions, community organizations, schools, and faith-based groups were described as important supports providing food pantries, congregate meals, and delivery programs to residents. Participants emphasized that while income constraints are a key driver of food insecurity, transportation barriers further limit access to healthy foods.

Challenges with healthy eating were mentioned in direct connection with food insecurity. Nearly half (47.0%) of survey respondents cited the price of healthy foods as the main challenge, and 26.4% noted lack of time to buy or prepare healthy meals.

- **Affordable Housing.** Concerns about housing stability were common among survey respondents, with more than one in four respondents overall (27.9%) reported being worried about their housing situation in the next two months. Responses were similar by race/ethnicity. Focus group participants described how rising housing costs and limited affordable options contributed to instability. As one resident noted, *"People are living paycheck to paycheck, and one emergency can mean losing your home."*

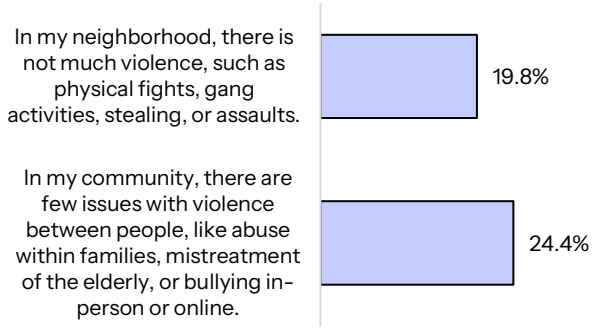
> *"Every month feels like a struggle to make rent. Even a small increase can push families over the edge."*
> – Focus group participant

- **Green Space and the Built Environment.** Residents were mixed on their perspectives of the built environment in the area. Only about one in three NBIMC survey respondents (34.9%) agreed their community has safe outdoor places to walk and play, and Hispanic/Latino respondents (28.9%) were less likely than Black respondents (34.5%) to view their neighborhoods as having safe spaces.[3] In focus groups, residents acknowledged the presence of playgrounds and basketball courts but pointed to concerns about gun violence, traffic, and poorly maintained infrastructure as barriers to use.

- **Transportation and Walkability.** Participants shared differing perspectives on transportation and walkability in the area. Focus group and interview participants indicated that while Newark is relatively well served by transit compared to suburban communities, gaps remain in affordability, safety, and walkability. Residents emphasized that buses and trains are not always reliable or aligned with work schedules, particularly for nightshift and service-sector jobs.

- **Violence Prevention and Safety.** Community members identified violence and safety as dominant concerns, noting the ways exposure to crime—whether as victims, neighbors, or family members—affects daily routines and mental health. As one participant shared, *"You don't always feel safe letting your kids outside. The violence makes people stay in, and it affects everything."* As shown on the right, only 1 in 5 survey respondents (19.8%) agreed there was not much neighborhood violence, such as fights, gang activity, or theft, and 1 in 4

Percent of NBIMC PSA Survey Respondents Who Agreed/Strongly Agreed with the Statements Related to Community Safety, 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

[3] Community Health Needs Assessment Survey, 2024

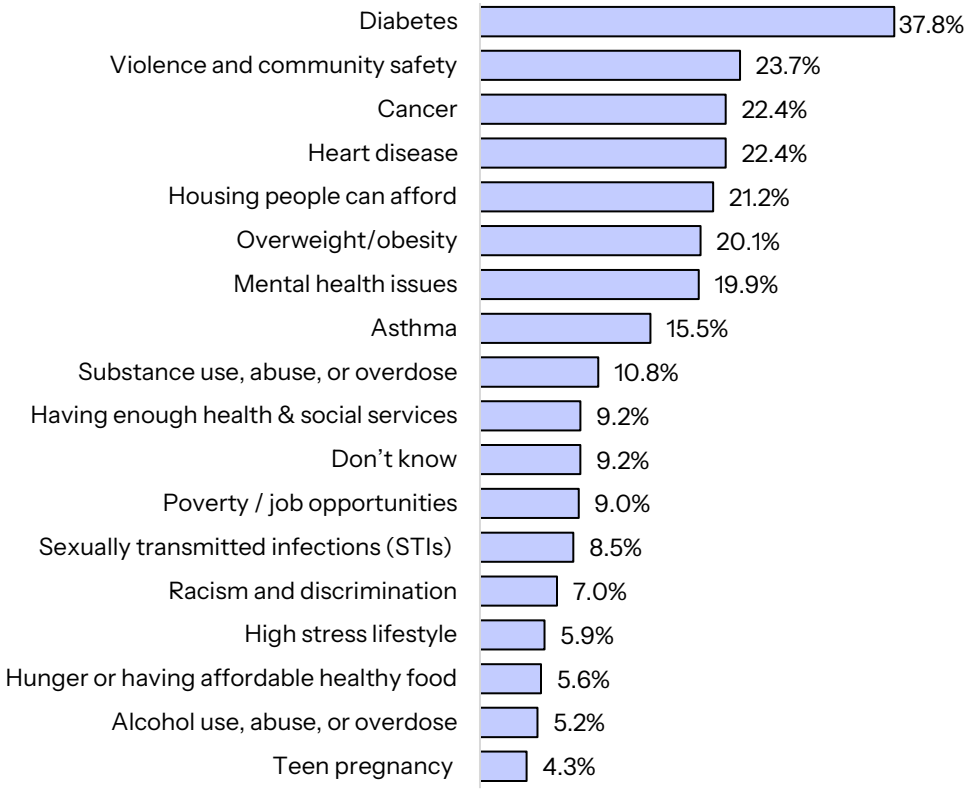
(24.4%) agreed there were few issues such as family violence, elder mistreatment, or bullying in their community.

- **Systemic Racism and Discrimination.** Survey data show that discrimination in healthcare is a concern for residents in the NBIMC service area. About one-third (33.5%) of survey respondents overall reported experiencing discrimination when receiving medical care due to their race or ethnicity. Rates were higher among Black respondents (34.7%) compared to Latino respondents (25.6%). Discrimination was also reported based on culture or religion (18.4%), language or speech (14.4%), and income level (25.5%). Latino respondents were particularly likely to report language-related discrimination (37.2%).[4]

Community Health Issues

- **Community Perceptions of Health.** When asked about concerns in their community, focus group and interview participants identified social and economic issues such as financial and food insecurity, housing, and transportation – and how these were associated with chronic conditions. When asked on the survey about the biggest community health concerns, survey respondents most frequently cited diabetes (37.8%), followed by violence and community safety (23.7%), cancer (22.4%), heart disease (22.4%), and affordable housing (21.2%). Mental health (19.9%) and overweight/obesity (20.1%) were also among the top concerns.

Top Health Concerns in the Community Overall, NBIMC PSA Survey Respondents



[4] Community Health Needs Assessment Survey, 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, for Essex and Union Counties.[5] These are similar leading causes of death as New Jersey overall; however the COVID-19 death rate in these counties during this time period was higher than what was seen statewide.

- **Overweight, Obesity, and Physical Activity.** While overweight/obesity was among the top five health concerns for both adults and children identified by NBIMC survey respondents, it was not a prominent theme in focus group and interview discussions. However, a little over half of NBIMC PSA survey respondents (51.8%) reported ever being told by a healthcare provider that they had a weight problem. Parents in focus groups discussed wanting their children to be active and the importance of having safe spaces in their community for these activities.

> *"When there are safe parks and open spaces, it makes it easier for families to stay active."*
> –Focus group participant

- **Chronic Disease.** Chronic disease prevention and management continued to be a top priority. Data showed racial/ethnic disparities in chronic disease burden across the region. Black residents experienced the highest hospitalization rates (120.3 per 10,000), nearly double the rate of White residents (70.7 per 10,000) and more than four times that of Asian residents (24.9 per 10,000).[6] Diabetes was a top concern for survey respondents and data indicated that diabetes diagnoses were disproportionately prevalent among Latino (13.1%) and Black (12.2%) Essex County residents.[7] The cancer mortality rate in Essex County was highest among Black (137.9/100,000), followed by White (120.9/100,000) residents.[8]

- **Mental Health and Behavioral Health.** In discussions, mental health was consistently identified as a pressing concern by NBIMC interview and focus group participants. Residents highlighted challenges such as depression, anxiety, stress, trauma, hoarding, and substance use, all of which have been exacerbated since the COVID-19 pandemic. Essex County residents experienced higher rates of emergency department visits for mental health (185.3 per 10,000) compared to New Jersey overall (164.4 per 10,000). Inpatient hospitalization rates for mental health were also higher in Essex County (78.6 per 10,000) than statewide (59.4 per 10,000). Difficulty accessing mental health services was a common theme in NBIMC interviews and focus groups, with participants pointing to gaps in availability, affordability, and culturally responsive care. As one interviewee explained, *"We hear from families all*

[5] Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024
[6] Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023
[7] Behavioral Risk Factor Survey, Center for Health Statistics Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2018-2022
[8] Death Certificate Database, Office of Vital Statistics and Registry Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

the time that they're on waiting lists for months or that providers don't take their insurance. By then, the crisis has already escalated."

- **Infectious and Communicable Diseases.** Given the timing, COVID-19 was not as much of a concern as the previous CHNA in 2022. NBIMC focus group and interview participants referenced COVID-19 primarily as a backdrop, noting the transition from pandemic conditions to current political and environmental complexities, and the challenges that organizations and residents have faced. Participants did not bring up sexually transmitted infections, but rates of HIV, Chlamydia and Gonorrhea were all more prevalent in Essex County than in the state of New Jersey overall.[9] In 2017-2021, the incidence of HIV was higher among Black residents (65.6 per 100,000 population) and Latino residents (44.5 per 100,000 population) compared to Essex County overall (38.4 per 100,000 population).

- **Maternal and Infant Health.** Maternal and child health was a priority area in the previous NBIMC CHNA and continued to be a focus in the current assessment. Community participants highlighted barriers in accessing timely and high-quality prenatal care, as well as concerns about maternal and infant outcomes. Infant mortality data highlight further inequities. Between 2017 and 2021, Essex County recorded an infant mortality rate of 8.6 per 1,000 live births, more than double the New Jersey average of 4.0. Participants discussed the link between social and economic challenges and how these factors are embodied in maternal and child health: *"When moms don't have stable housing or steady nutrition, it shows up in the health of the baby."*

> *"We see so many women who delay prenatal care because of access issues, and by the time they come in, their risks are higher."*
> – Key informant interviewee

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 emphasized the importance of outreach and trusted partnerships in improving awareness and utilization of services. When NBIMC survey respondents were asked about their main sources of health information, the majority (76.4%) reported healthcare providers as their primary source, followed by online resources (33.1%) and hospital emergency departments (27.3%). Urgent care centers (22.3%) and family members (21.3%) were also frequently cited.

- **Barriers to Service Access.** Community survey respondents were asked to identify the issues that made it harder for them to obtain medical care in the past two years. The most common barriers reported were difficulty scheduling an appointment

[9] Communicable Disease Reporting and Surveillance System (CRDSS), Communicable Disease Service, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

(34.7%), long wait times (33.3%), cost of care (27.5%), and insurance problems (23.7%). Additional challenges included doctors not accepting new patients (15.5%), fear or dislike of providers (14.6%), and transportation barriers (13.6%).

> *"Even when people have insurance, the wait times and finding a provider who will take them make it feel impossible."*
> – Key informant interviewee

Community Vision and Suggestions for the Future

- **More accessible and community-based health care.** Participants called for greater access to health services closer to where people live and work. They described challenges with transportation, long waiting times, and fragmented systems of care. One resident explained, *"Mothers often have to take two buses just to get to a prenatal visit—by the time they arrive, they're already exhausted and stressed."*

- **Addressing discrimination and improving cultural competency.** Community members envisioned a future health system that is more inclusive and respectful of diverse experiences. Participants spoke about the impact of bias and stigma in care settings, especially for immigrant families and residents of color. As one interviewee reflected, *"There needs to be a self-examination of unconscious bias and how it impacts practice. People don't realize how much that affects whether someone even wants to come back for care."*

- **Strengthening funding and sustainable support for community services.** Participants emphasized that future progress depends on greater investment in community organizations and local public health. They described funding as inconsistent, restrictive, and insufficient to meet community needs. One provider stated, *"Some funding is extremely restrictive—you can only buy apples even if the community needs oranges."*

- **Expanding affordable housing and stability supports.** Housing affordability and stability were central to participants' vision for the future. They linked secure housing to every other health outcome. Residents called for stronger protections and expanded affordable housing, alongside partnerships between housing agencies and health providers.

> *"We need more people pushing for public health funding, or else we'll keep seeing the same problems."*
> - Focus group participant

- **Embedding trauma-informed approaches across systems.** Many participants expressed a desire for universal trauma-informed care in medical facilities, schools, and community programs. They emphasized that trauma shapes both physical and mental health and requires compassionate, coordinated responses.

- **Rebuilding trust between residents and institutions.** Finally, participants highlighted the importance of rebuilding trust in health care, government, and community systems. The COVID-19 pandemic deepened skepticism and exposed

gaps in communication. Others emphasized that visible accountability and consistent engagement are key to restoring confidence.

Key Themes

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

- **Health disparities persist for communities of color.** The NBIMC service area is racially, ethnically, and linguistically diverse, with nearly half of Newark residents identifying as Black and more than one-third as Hispanic/Latino. While this diversity is viewed as a community strength, disparities remain across many health outcomes. Black residents disproportionately experience higher rates of chronic disease, severe maternal morbidity, infant mortality, and housing instability. Immigrant families face additional barriers tied to language access, stigma, and fear of engagement with government systems.

- **Housing insecurity, increased cost of living, and food insecurity are impacting quality of life for residents.** Residents consistently described housing affordability and rising living costs as fundamental barriers to well-being. Nearly two-thirds of households fall below the ALICE threshold, and rent consumes a large share of family budgets. Housing instability was reported more often among Black and Latino households, and participants linked unstable housing to stress, chronic conditions, and poor maternal outcomes. Food insecurity was also widespread, with many residents worried about running out of food or relying on emergency pantries.

- **Employment insecurity and instability is an issue.** Employment was identified as both a strength and a challenge in Newark. While the city is home to a large, hardworking population, many jobs lack stability, adequate wages, or benefits. Immigrants and young people in particular reported challenges securing stable work. Participants linked underemployment and financial insecurity to food insecurity, housing instability, and barriers to preventive health care.

- **Mental and behavioral health is one of the most important issues for residents.** Mental health was consistently identified as one of the most urgent issues in the community. Residents described depression, anxiety, trauma, and stress as widespread and increasing since the pandemic. Youth and older adults were described as especially vulnerable to isolation and fear. Barriers to accessing timely services, including long wait times, insurance challenges, and limited culturally relevant providers, were emphasized across interviews and focus groups.

- **The prevalence of chronic diseases is recognized as being linked to social conditions.** Chronic conditions such as diabetes, hypertension, asthma, obesity, and cancer remain leading health challenges in the NBIMC service area. Residents and providers stressed that these conditions are tightly linked to the social determinants of health — from unhealthy diets and food insecurity to unstable housing and neighborhood stressors.

- **Maternal and child health disparities persist.** Maternal and child health continues to be a longstanding area of concern. Newark and Essex County experience higher rates of severe maternal morbidity, low birth weight, preterm birth, and infant mortality compared to New Jersey overall. Disparities are starkest for Black women and infants. Community members described how barriers to prenatal care, long travel times, trauma, and bias in the health system deepen risks.

- **Community resilience is highlighted as a strength, but safety and trust in systems are still concerns.** Neighborhood safety was raised as both a community strength and a challenge. While many residents described resilience, relationships, and a strong sense of community pride, others pointed to the impact of gun violence and safety concerns on youth and families. Participants also highlighted the need to rebuild trust in healthcare and government institutions, particularly in the aftermath of COVID-19.

- **Fragmented systems impact the access and quality of care.** Finally, access to care was a prominent theme throughout the assessment. Residents described challenges including provider shortages, long wait times, cultural and language barriers, insurance limitations, and high costs. Immigrant and non-English speaking communities in particular described difficulty finding trusted providers.

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, several major initial key themes for areas of need were identified for discussion:

- Food Insecurity & Nutrition
- Mental & Behavioral Health
- Housing
- Health Care Access
- Violence & Safety
- Immigrant Health and Wellness
- Chronic Disease Prevention & Management
- Youth Health & Development
- Primary & Preventive Care
- Cost of Living & Affordability

After a multistep prioritization process that entailed discussions with the Advisory Committee and NBIMC leadership, the following priorities were selected to focus on when developing NBIMC's implementation plan:

1. Food Insecurity & Healthy Eating
2. Mental Health & Behavioral Health
3. Healthcare Access & Chronic Disease Prevention & Management

NBIMC will address these priority action areas as part of its ongoing planning and community engagement efforts.

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, Newark Beth Israel Medical Center (NBIMC) undertook a CHNA process using a mixed-methods and participatory approach.

Newark Beth Israel Medical Center (NBIMC) is a 653-bed teaching hospital located in the City of Newark, the seat of Essex County. The hospital 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 acute care hospitals within the system, NBIMC's commitment to health care and the community has earned it numerous awards in quality, performance, and patient experience, including the Healthgrades Surgical Care Excellence Award (2024), Cardiac Surgery Excellence Award (2024), and NICHE Exemplar Hospital designation, among others. In 2024, NBIMC had over 21,000 inpatient admissions, around 2,800 births, over 280,000 outpatient cases, and over 97,000 emergency visits. NBIMC is committed to providing quality and compassionate care to its communities, serving a patient population of over 58.9% underinsured and uninsured payer classifications in 2024.

This assessment process is built upon previous assessment and planning processes conducted by NBIMC. In developing the 2023-2025 Strategic Implementation Plan, NBIMC adopted overarching goals and objectives aimed at addressing three priority areas:

- Mental Health
- Maternal and Child Health
- Obesity Management and Chronic Disease

Since the last CHNA-SIP process, NBIMC and its partners have made progress towards addressing the three priority areas identified in the 2023-2025 Strategic Implementation Plan. See Appendix H. Outcomes and Results from Previous Implementation Plan for a detailed description of the NBIMC activities, accomplishments, and impact since 2022.

In 2024, 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 this 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 NBIMC CHNA aims to gain a greater understanding of the issues faced by community residents within the NBIMC primary service area and greater Essex County, 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. RWJBH NBIMC's primary service area (PSA) comprises nine zip codes: seven zip codes in Newark (07112, 07108, 07106, 07105, 07114, 07103, and 07102), one zip code in Hillside (07205), and one in Irvington (07011). All of these zip codes, except Hillside, are in Essex County. Hillside is situated in Union County. (Figure 1). When only county-level data are available, data for Essex and Union counties are presented. When more granular data are available, data by municipality and zip code are shown.

Figure 1. Newark Beth Israel CHNA Focus Area Map, 2025

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

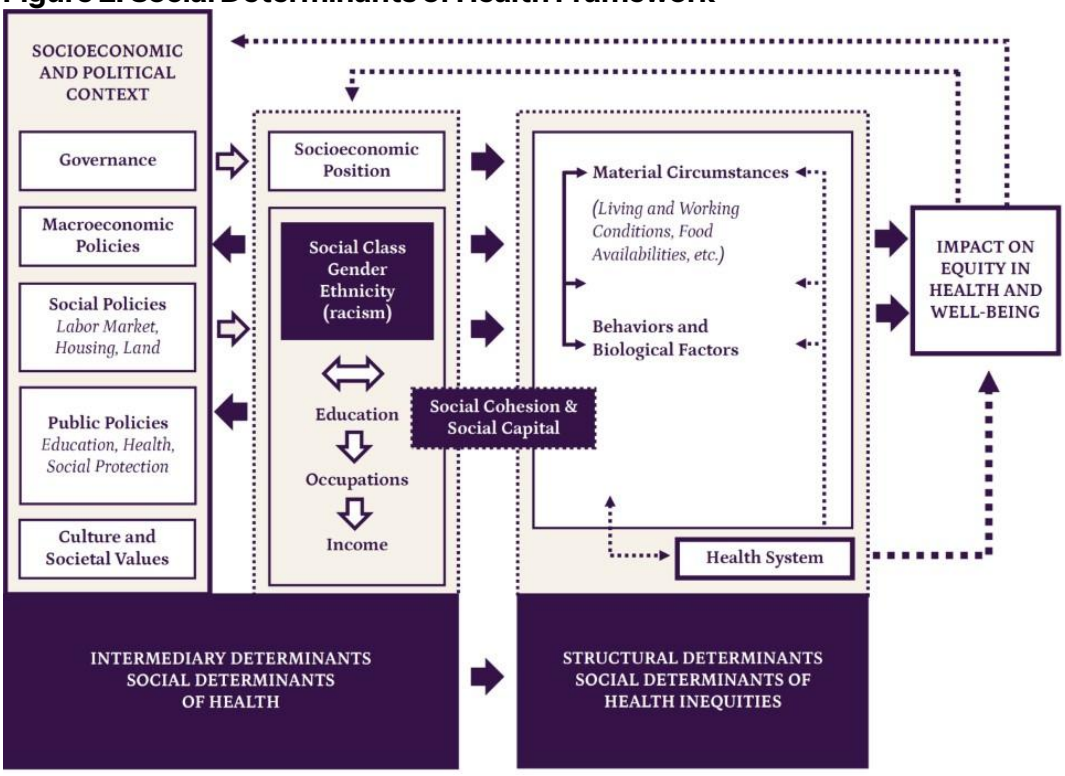
Methods

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

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

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

Figure 2. Social Determinants of Health Framework



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

Further, healthcare insurers, regulators, and providers have recognized health-related social needs as those social factors that directly impact the health of individuals, such as economic strain and food availability. Healthcare sector partners can take steps to address and mitigate the impact of health-related social factors on health through screening and referrals to social and community-based services.[10]

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 overall population of NBIMC's primary service area and Essex and Union counties 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 a broad range of stakeholders that contribute to residents' health, including health departments, hospitals, community-based organizations, academic partners, 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 NBIMC 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

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

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.

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 increased responses and ensure the representation of key population groups.

NBIMC Engagement

NBIMC was engaged throughout this process providing input and feedback on CHNA methodology, data collection instruments (e.g., focus group and interview guides), secondary data indicators, local data sources, community health survey administration methods, and priority stakeholders and population groups to engage in discussions. HRiA was in ongoing contact with the NBIMC facility lead, who served as liaison with NBIMC partners and the community at large.

The NBIMC Advisory Committee was engaged at critical intervals throughout this process. In March 2024, NBIMC members met for a kick-off meeting during which HRiA provided an overview of the assessment and planning processes. A Q&A session and discussion followed this presentation. After the meeting, HRiA met with the NBIMC core team 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 qualitative data collection process, the NBIMC facility lead and NBIMC partners 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 Prioritization meeting was held on September 18, 2025, to engage community leaders via the Advisory Committee. 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. NBIMC partners had the opportunity to ask questions and then discuss and vote on the top priorities for the hospital to consider when developing its Strategic Improvement Plan (SIP). As a second step, the NBIMC leadership and staff met thereafter to consider the facility's expertise and capacity to identify the final list of priorities. A detailed description of the prioritization process can be found in the Prioritization and Alignment Process section of this report.

Community Engagement

Community engagement is described below under the primary data collection methods. Capturing and uplifting 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 NBIMC's PSA was provided by the hospital and culled 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 was 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 NJ 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 key informant interview discussions were completed with eight 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: maternal and child health, coalitions, emergency services, violence prevention, federally qualified hospitals, and those who work with specific populations, including the Latinx and youth populations. 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 2 virtual focus groups on Zoom conducted with specific populations of interest: youth residents, and food pantry consumers. The focus groups were conducted in English. Focus groups were up to 90-minute semi-structured conversations and aimed to delve deeply into the community's needs, strengths, and opportunities for the future and to gather feedback on priorities for action. Please see Appendix C: Focus Group Guide for the focus group facilitator's guide.

Analyses

The collected qualitative information was coded and then analyzed thematically by HRiA data analysts to identify main categories and sub-themes. The analysts identified key themes that emerged across all groups and interviews as well as the unique issues that were noted for specific populations. Throughout the qualitative findings included in this report, the term "participants" is used to refer to key informant interview and focus group participants. Unique issues that emerged among a group of participants are specified as such. The frequency and intensity of discussions on a specific topic were the key indicators used for extracting the main themes. While differences between wards and neighborhoods 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, NBICM staff, 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 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, including NBIMC, staff members, 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 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 the NBIMC service area, partners disseminated the survey link and the hardcopy version at in-person events and in organizations throughout the county, such as the public library, health facility waiting rooms, and health fairs.

The sample presented here is based on 624 responses from NBIMC's primary service area received through July 29, 2024.Table 1 Table 1 provides the sociodemographic characteristics of survey respondents specifically within NBIMC's primary service area (inclusive of 7 zip codes). 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).

It should be noted that most of the NBIMC primary service area survey sample identified as Black or African American (80.4%) or Hispanic/Latino (15.1%). Less than 4% of respondents identified as White. Very few respondents (<10) identified as another racial/ethnic group, which is indicated with an asterisk (*) on tables and graphs.

Table 1. Characteristics of NBIMC PSA Survey Respondents (N=624)

Age (n=550)		**Income (n=289)**	
18 to 24	6.6%	Less than $10,000	14.5%
25 to 44	28.0%	$10,000 to $14,999	6.2%
45 to 64	40.4%	$15,000 to $24,999	7.3%
65+	25.1%	$25,000 to $34,999	12.5%
Gender (n=379)		$35,000 to $49,999	15.9%
Woman	81.3%	$50,000 to $74,999	16.6%
Man	17.7%	$75,000 to $99,999	10.4%
Transgender woman	*	$100,000 to $149,999	9.0%
Transgender man	*	$150,000 to $199,999	6.2%
Non-binary/gender queer (neither exclusively male or female)	*	$200,000 or more	*
Agender/I don't identify with any gender	*	**Race/Ethnicity (n=577)**	
Additional gender category	*	Asian	*
Marital Status (n=331)		Black/African American	80.4%
Married	27.8%	Hispanic/Latino	15.1%
Single	50.8%	Middle Eastern/North African	*
Separated/divorced/widowed	18.7%	Native American	*
Domestic partnership/civil union/living together	*	Native Hawaiian or other Pacific Islander	*
Education among people who are 25 years old and older (collapsed) (n=495)		White/Caucasian	3.6%
Less than high school	*	Other Race/Ethnicities	3.3%
Some high school	4.9%	**Sexual Orientation (n=360)**	
High school graduate or GED	23.8%	Straight or heterosexual	94.2%
Some college	20.2%	Gay or lesbian	2.5%
Associate or technical degree/certification	16.0%	Bisexual, pansexual, or queer	2.8%
College graduate	19.0%	Asexual	*
Post graduate or professional degree	14.6%	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. Additionally, presenting results with such small numbers would over-inflate the accuracy of the findings. Survey responses in this report are provided for the overall sample. When stratified analyses are conducted by race/ethnicity, only Black/African American and Hispanic/Latino respondent results are presented. Asian and White respondents include an * because of small sample sizes.

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 is 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 may not represent the sociodemographic distribution of the residents of NBIMC's primary service area. Community health survey data should not be used to extrapolate the prevalence of a given indicator to this larger population. 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 those residents who live in NBIMC's primary service area.

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 had trouble participating. Further, qualitative data were collected between May 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. Notably, those who were able to engage were eager to participate and uplifted the value of partnerships, solidarity, and collaboration to build and strengthen communities (A more detailed account of this engagement process can be found in the Primary Data Collection section). This CHNA should be considered a snapshot of the current time, which is consistent with public health best practices. Moving forward, community engagement should continue to be prioritized to understand how the identified issues may evolve and what new issues or concerns may emerge over time.

Context for Comparisons to Previous CHNA

As appropriate, comparisons 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 Newark Beth Israel Medical Center (NBIMC) primary service area crosses both Essex County and Union County, and the municipalities that comprise the PSA have a population of approximately 600,650 residents. Within Essex County, the city of Newark is the largest municipality, with a population of 307,188 (Table 2Table 2). Among Newark's Wards, the Central Ward (07102) is the smallest, with fewer than 13,000 residents, while the West Ward (07103) and East Ward (07105) each house more than 30,000 to 50,000 residents. The township of Hillside represents one of the smallest populations in the NBIMC service area, with just over 22,000 residents.

Between 2014–2018 and 2019–2023, Essex County's population increased by 7.6%, outpacing the state of New Jersey's overall growth of 4.3%. Newark also experienced notable growth (9.5%), with the South Ward (07108) demonstrating the most sizeable increase (28.4%). Population expansion was also substantial in Irvington Township (11.7%) and Newark's West Ward (13.1%). By contrast, the Central Ward (07102) and South Ward (07114) recorded slight population declines, at –3.2% and –0.7%, respectively. 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%
Essex County	793,555	854,130	7.6%
Irvington	54,035	60,334	11.7%
Newark	280,463	307,188	9.5%
Newark (07102, Central Ward)	13,382	12,954	-3.2%
Newark (07103, West Ward)	32,471	36,733	13.1%
Newark (07105, East Ward)	52,033	56,657	8.9%
Newark (07106, West Ward)	33,583	35,999	7.2%
Newark (07108, South Ward)	22,047	28,317	28.4%
Newark (07112, South Ward)	25,555	27,633	8.1%
Newark (07114, South Ward)	12,749	12,658	-0.7%
Union County	553,066	572,549	3.5%
Hillside	21,895	22,179	1.3%

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

Within the NBIMC service area, Newark has a relatively youthful demographic profile compared to the state overall. Nearly one in four Newark residents are under the age of 18 (24.6%), and

close to one in three are ages 25–44 (29.8%) (Table 3). The South Ward (07108) stands out with the highest proportion of children under 18 (30.4%), while the Central Ward (07102) has fewer children (15.2%) but higher proportions of young adults (16.9%) and adults ages 25–44 (31.2%).

Older adults make up a smaller share of the service area population. In Newark, just 6.8% of residents are ages 65–74 and 4.1% are ages 75 and older. These percentages are lower than state averages and point to a comparatively smaller older adult population in the service area. Additional detailed data on age distribution by race/ethnicity can be found in Appendix E. Additional Data Tables and Graphs.

Table 3. 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%
Essex County	23.7%	8.9%	27.6%	25.9%	8.2%	5.7%
Irvington	23.1%	10.5%	28.7%	25.3%	7.3%	5.1%
Newark	24.6%	10.4%	29.8%	24.4%	6.8%	4.1%
Newark (07102, Central Ward)	15.2%	16.9%	31.2%	21.2%	10.3%	5.1%
Newark (07103, West Ward)	27.3%	13.9%	27.4%	21.8%	5.6%	4.2%
Newark (07105, East Ward)	23.4%	10.0%	35.2%	24.2%	3.8%	3.4%
Newark (07106, West Ward)	24.4%	9.2%	28.6%	25.1%	8.3%	4.3%
Newark (07108, South Ward)	30.4%	9.4%	29.7%	20.8%	6.2%	3.6%
Newark (07112, South Ward)	24.2%	11.1%	27.8%	25.8%	6.1%	4.9%
Newark (07114, South Ward)	15.3%	7.5%	34.9%	30.8%	10.4%	1.2%
Union County	23.5%	8.2%	26.4%	27.0%	8.7%	6.1%
Hillside	23.3%	10.0%	25.9%	26.9%	8.1%	5.6%

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

Racial, Ethnic, and Language Diversity

Racial and Ethnic Composition

The NBIMC service area is home to a racially and ethnically diverse population (Table 4). Newark has a particularly diverse profile, with 46.7% of residents identifying as Black/African American and 37.2% as Hispanic/Latino. Irvington has one of the largest shares of Black/African American residents in the service area (78.7%), while Hillside has a more mixed population, with 51.8% identifying as Black/African American and 25.9% as Hispanic/Latino.

Differences are also evident across Newark's wards. In the South Ward (07112), more than 85% of residents identify as Black/African American. By contrast, the East Ward (07105) has the

highest share of Hispanic/Latino residents (49.2%) and the largest proportion of White residents in Newark (37.1%). Several Wards, including the East and Central Wards, also report relatively high shares of residents identifying as "some other race" or as multiracial.
Key informant interviewees highlighted this racial and ethnic diversity as a community strength, noting the wide range of languages spoken and the cultural connections residents maintain.
Additional tables on racial and ethnic distribution are provided in Appendix E. Additional Data Tables and Graphs.

Table 4. Racial and Ethnic Distribution, by State, County, and Town, 2019-2023

	Asian, Non-Hispanic	Black or African American, Non-Hispanic	Hispanic /Latino	White, Non-Hispanic	American Indian and Alaska Native, Non-Hispanic	Native Hawaiian and Other Pacific Islander, Non-Hispanic	Some Other Race	2+ Races
New Jersey	9.9%	13.0%	21.9%	56.9%	0.5%	0.0%	9.2%	10.6%
Essex County	5.8%	36.9%	24.7%	33.2%	0.5%	0.0%	12.2%	11.4%
Irvington	0.7%	78.7%	13.3%	5.0%	0.4%	0.0%	6.2%	9.0%
Newark	1.9%	46.7%	37.2%	16.5%	0.8%	0.0%	20.4%	13.8%
Newark (07102, Central Ward)	5.8%	50.6%	26.1%	18.0%	0.3%	0.0%	16.8%	8.5%
Newark (07103, West Ward)	4.0%	72.0%	17.8%	7.5%	0.5%	0.0%	5.7%	10.4%
Newark (07105, East Ward)	0.7%	7.2%	49.2%	37.1%	2.4%	0.0%	34.6%	17.9%
Newark (07106, West Ward)	4.4%	75.8%	15.1%	1.9%	0.3%	0.0%	7.0%	10.6%
Newark (07108, South Ward)	0.7%	77.9%	19.0%	2.5%	0.0%	0.0%	6.4%	12.5%
Newark (07112, South Ward)	1.0%	85.4%	8.9%	3.1%	0.4%	0.0%	4.7%	5.4%
Newark (07114, South Ward)	1.2%	47.1%	33.1%	16.1%	0.1%	0.0%	16.0%	19.5%
Union County	5.6%	20.5%	34.4%	41.7%	0.3%	0.0%	19.7%	12.1%
Hillside	1.9%	51.8%	25.9%	18.6%	0.4%	0.0%	20.0%	7.4%

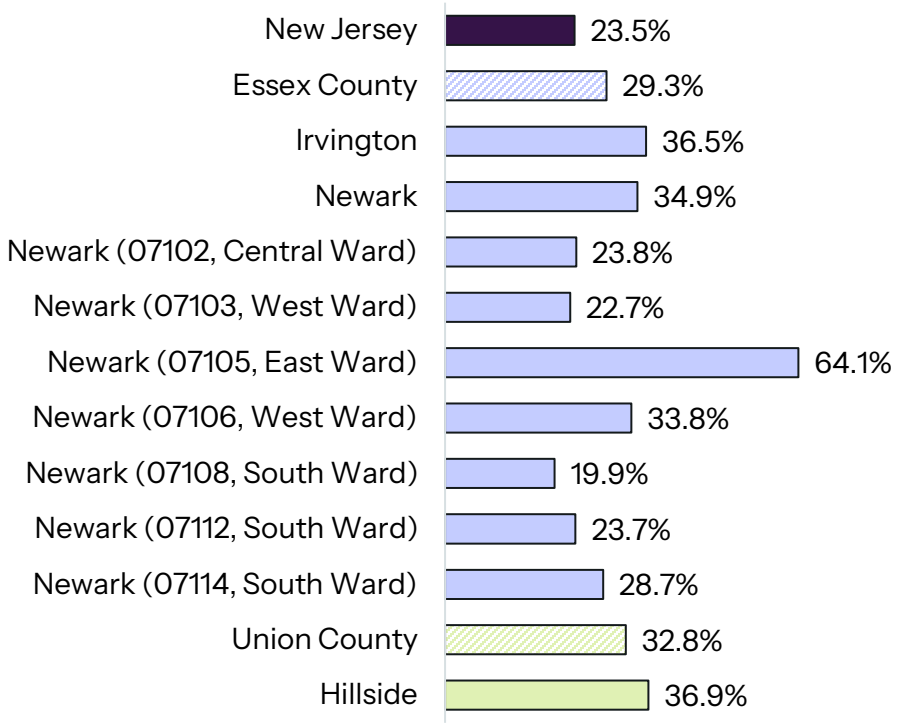
DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Foreign-Born Population

A significant share of the NBIMC service area population is foreign-born (Figure 3). In Newark, nearly 35% of residents were born outside the United States, with wide variation across wards. The East Ward (07105) stands out, where nearly two-thirds of residents (64.1%) are foreign-born. By comparison, the South Ward (07108) has the lowest proportion (19.9%). Irvington (36.5%) and Hillside (36.9%) also have large foreign-born populations.

Key informant interviewees emphasized the experiences of immigrant and refugee residents and discussed their challenges with accessing services due to language barriers, navigating the health care system, and addressing trauma related to migration. Participants described how these barriers make families more vulnerable in getting medical care, insurance, and education, underscoring the importance of culturally responsive supports.

Figure 3. Percent Foreign-Born Population, by State, County, and Town, 2019-2023



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

The countries of origin for foreign-born residents in the NBIMC service area highlight diverse immigrant communities (Figure 4). In Essex County, the largest groups of foreign-born residents were born in Ecuador (11.2%), Haiti (7.9%), and the Dominican Republic (7.1%), with smaller shares from Brazil (6.5%) and Jamaica (6.0%).

Patterns in neighboring Union County differ, with Colombia (10.0%), the Dominican Republic (7.6%), and El Salvador (6.9%) representing the top places of birth. These distributions contrast with New Jersey overall, where India (12.6%) is the leading country of origin for foreign-born

residents. Additional details on foreign-born populations by municipality are available in Appendix E. Additional Data Tables and Graphs.

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

	New Jersey	Essex County	Union County
1	India (12.6%)	Ecuador (11.2%)	Colombia (10.0%)
2	Dominican Republic (9.7%)	Haiti (7.9%)	Dominican Republic (7.6%)
3	Mexico (4.8%)	Dominican Republic (7.1%)	El Salvador (6.9%)
4	Ecuador (4.6%)	Brazil (6.5%)	Ecuador (6.7%)
5	Colombia (4.4%)	Jamaica (6.0%)	Haiti (6.2%)

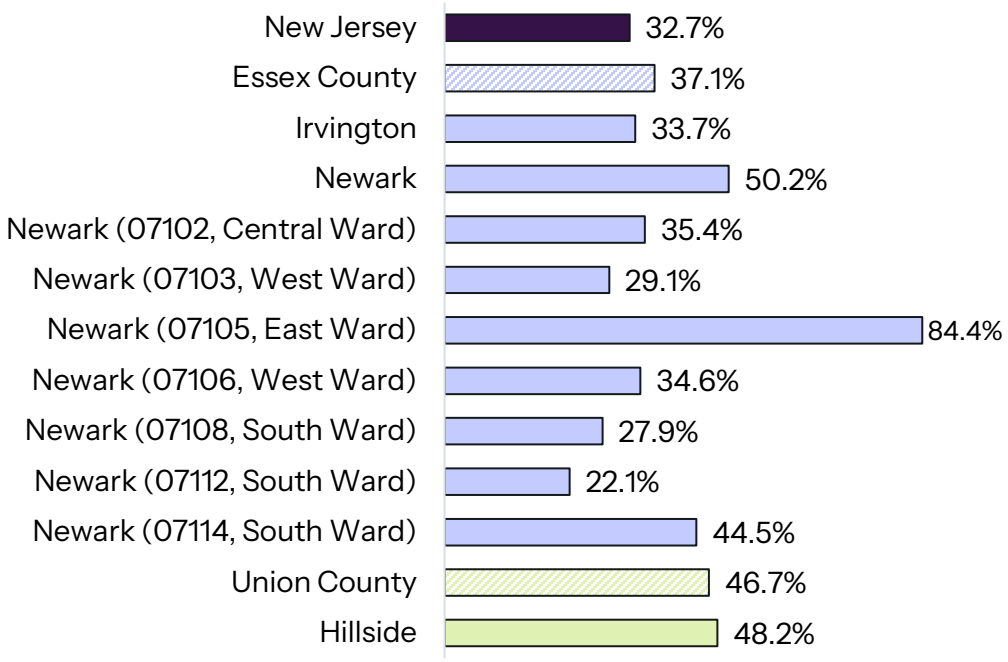
DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Language Diversity

Language diversity is a defining characteristic of the NBIMC service area (Figure 5). In Newark, half of residents (50.2%) age 5 and older speak a language other than English at home, with especially high concentrations in the East Ward (07105), where 84.4% of residents report speaking a non-English language. Other wards have slightly lower percentages of non-English speakers, ranging from 22.1% in the South Ward (07112) to 44.5% in the South Ward (07114). Nearby municipalities also reflect significant language diversity, including Hillside (48.2%) and Union County (46.7%).

Key informant interviewees noted that language differences often create barriers to accessing care, particularly in behavioral health. Providers described challenges in recruiting bilingual and bicultural clinicians to meet the needs of residents with histories of trauma. As one provider explained, *"It's not that people don't want services—it's that they can't find them in their language or they're told the next appointment is six months out."*

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



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

Spanish is the most spoken language other than English in the NBIMC service area (Table 5). In Newark, nearly one-third of residents (32.4%) speak Spanish at home, with the highest concentration in the East Ward (07105), where 45.1% of residents report Spanish use. The South Ward (07114) also has a relatively large Spanish-speaking population (28.7%).

Other languages are present in specific neighborhoods. In the East Ward, more than one-third of residents (37.9%) speak other Indo-European languages, such as Portuguese or Italian. French, Haitian, or Cajun languages are particularly concentrated in Irvington (14.8%) and Newark's West Ward (13.2%), reflecting strong Haitian communities. By comparison, Asian and Pacific Island languages (0.7%) and Chinese dialects (1–2%) are spoken by smaller shares of residents.

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

	Spanish	Other Indo-European languages	Other Asian and Pacific Island languages	Chinese (incl. Mandarin, Cantonese)	French, Haitian, or Cajun
New Jersey	17.0%	5.5%	1.6%	1.4%	1.1%
Essex County	19.9%	5.9%	0.7%	1.1%	3.9%
Irvington	9.8%	0.6%	0.1%	0.0%	14.8%
Newark	32.4%	9.4%	0.2%	0.2%	2.9%
Newark (07102, Central Ward)	19.7%	5.7%	0.7%	1.0%	2.8%
Newark (07103, West Ward)	13.8%	2.1%	0.1%	0.2%	3.9%
Newark (07105, East Ward)	45.1%	37.9%	0.1%	0.1%	0.2%
Newark (07106, West Ward)	11.5%	3.0%	0.4%	0.1%	13.2%
Newark (07108, South Ward)	15.9%	1.1%	0.0%	0.0%	2.4%
Newark (07112, South Ward)	8.8%	1.4%	0.0%	0.5%	1.9%
Newark (07114, South Ward)	28.7%	10.8%	0.0%	0.2%	1.0%
Union County	29.6%	6.5%	0.5%	1.1%	3.4%
Hillside	24.3%	10.0%	0.2%	0.1%	9.1%

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

Community Social and Economic Environment

Income, employment, education, and related social and economic conditions are powerful determinants of health. Jobs that pay a living wage enable individuals to secure stable housing, live in neighborhoods that promote health, and access health care and nutritious food. Conversely, unemployment, underemployment, and financial instability can limit access to resources, drive housing insecurity, and contribute to stressors that negatively impact well-being.

Community Strengths and Assets

Understanding community strengths is critical for identifying resources that can be leveraged to support health. Survey results from the NBIMC CHNA highlight several assets that residents recognize in their neighborhoods*Transportation and accessibility*: Nearly two-thirds of respondents (65.7%) agreed their community has transportation services for seniors and those with disabilities (Figure 6),

- *Social connectedness*: Majority of respondents (61.1%) agreed there are places for people to socialize, such as libraries, churches, mosques, or local clubs.
- *Food and basic needs*: Just over half (51.0%) reported they would know where to go if they needed food assistance, and nearly one in four (23.0%) felt people in their community could afford basic needs like food, housing, and transportation.
- *Perceptions of family environment*: About one-quarter (24.0%) strongly agreed their community is a good place to raise a family.
- *Public spaces:* One in three (34.9%) agreed their community has safe outdoor places to walk and play.

Qualitative input from interviews and focus groups reinforced survey findings, highlighting that Newark and the NBIMC service area are communities defined by diversity, collaboration, and resilience. Participants repeatedly emphasized that the area's cultural richness is one of its greatest strengths.

Participants also described strong traditions of grassroots collaboration and mutual support. Nonprofits, anchor institutions, and residents increasingly coordinate resources, particularly in the wake of COVID-19, as illustrated by one interviewee: "The community is rich with resources… it's our ability to come together and collaborate… not only CBOs, but the residents too — they show up for you."

> *"Hands down the diversity we have…120 different languages…our employees come from the community…a beautiful tapestry of languages and ethnicities. Not a melting pot but a salad, because people aren't losing their authenticity."*
> – Interviewee

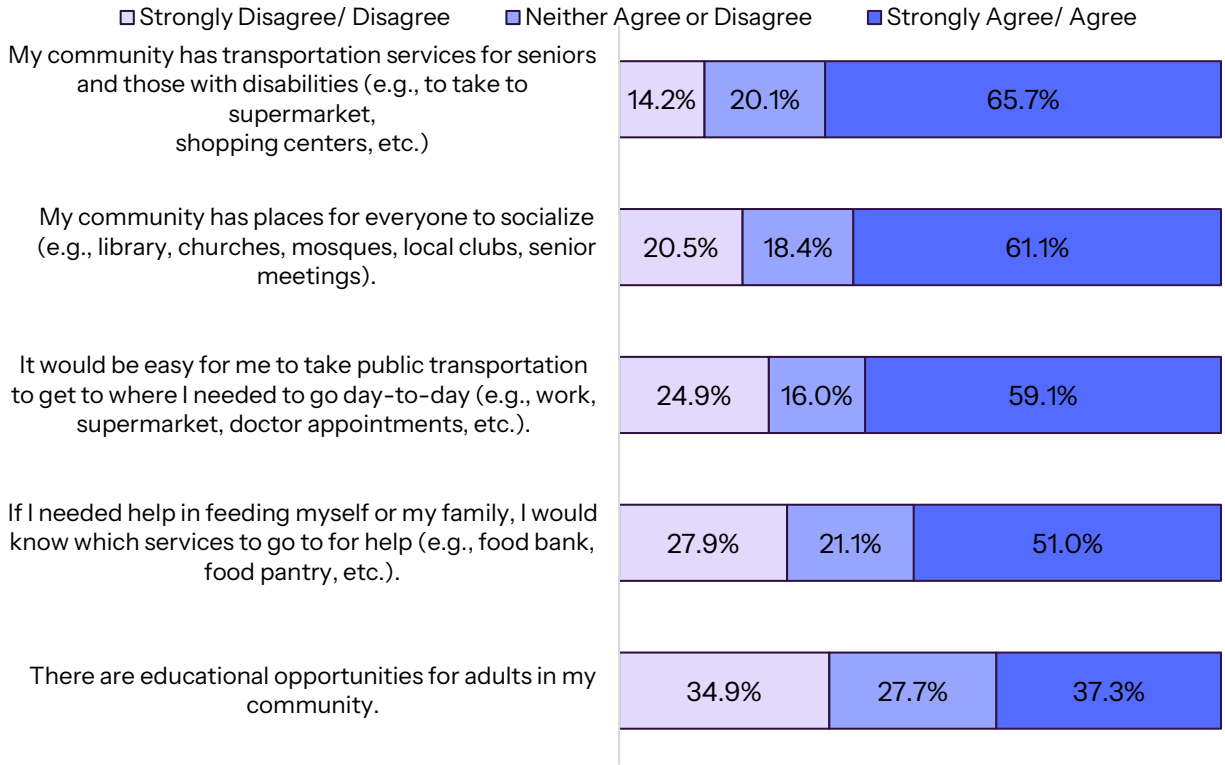
At the same time, the community demonstrates deep resilience and determination in the face of challenges. Residents were described as hardworking and committed to caring for their

families, often finding creative solutions despite economic hardship. Another key informant noted, “Extremely resilient… majority of people are hardworking people, taking care of their families, trying to find alternative solutions.”

Finally, relationship networks emerged as a vital asset. Newark was often described as a “small city” where connections between leaders, organizations, and residents help strengthen the social fabric. As one participant explained, “It’s a city of relationships… one degree of separation to know everyone… relationships make it strong.”

Survey results underscored considerable barriers related to employment, housing, and basic needs. Fewer than one in three respondents (30.7%) agreed that there are job opportunities in their community, and one in four (23.0%) felt that people in their community can afford food, housing, and transportation. Only 17.3% of respondents agreed there is enough safe and affordable housing available. Focus group and interview participants tied these concerns to housing instability, rising costs of living, food insecurity, and workforce challenges. Safety was also a recurring theme, with participants pointing to concerns about gun violence, bullying in schools, and unsafe infrastructure such as poorly maintained sidewalks and traffic patterns.

Figure 6. Community Characteristics Rated by Level of Agreement by NBIMC PSA Survey Respondents, 2024

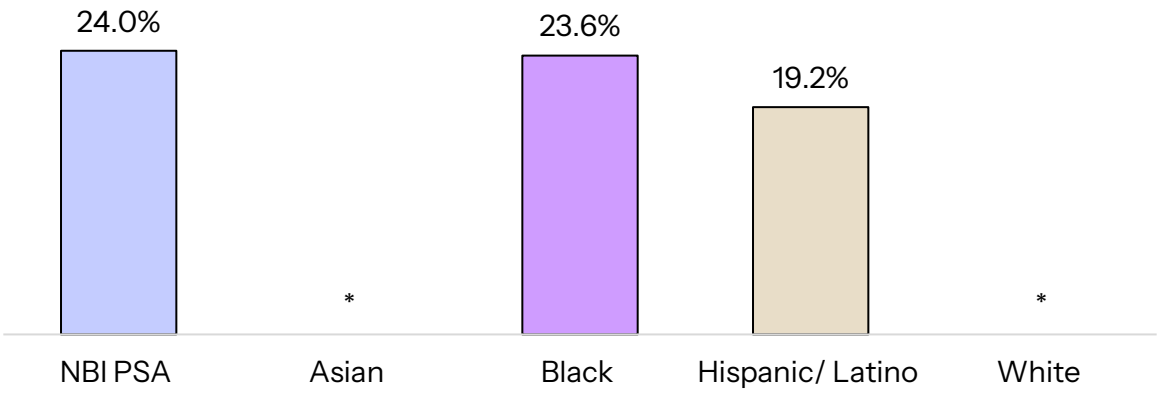


DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: The number of respondents ranged from n=394 to n=369 for the questions shown.

Survey responses showed relatively low agreement that the community is a good place to raise a family (Figure 7). Overall, 24.0% of respondents agreed with this statement. Black

respondents reported a similar level of agreement (23.6%), while Hispanic/Latino respondents were less likely to agree (19.2%). Results for White and Asian respondents were suppressed due to small sample sizes (n<10).

Figure 7. Percent of NBIMC PSA Survey Respondents Who Agreed/Strongly Agreed with the Statement "*My community is a good place to raise a family*," by Race/Ethnicity, (n=375), 2024



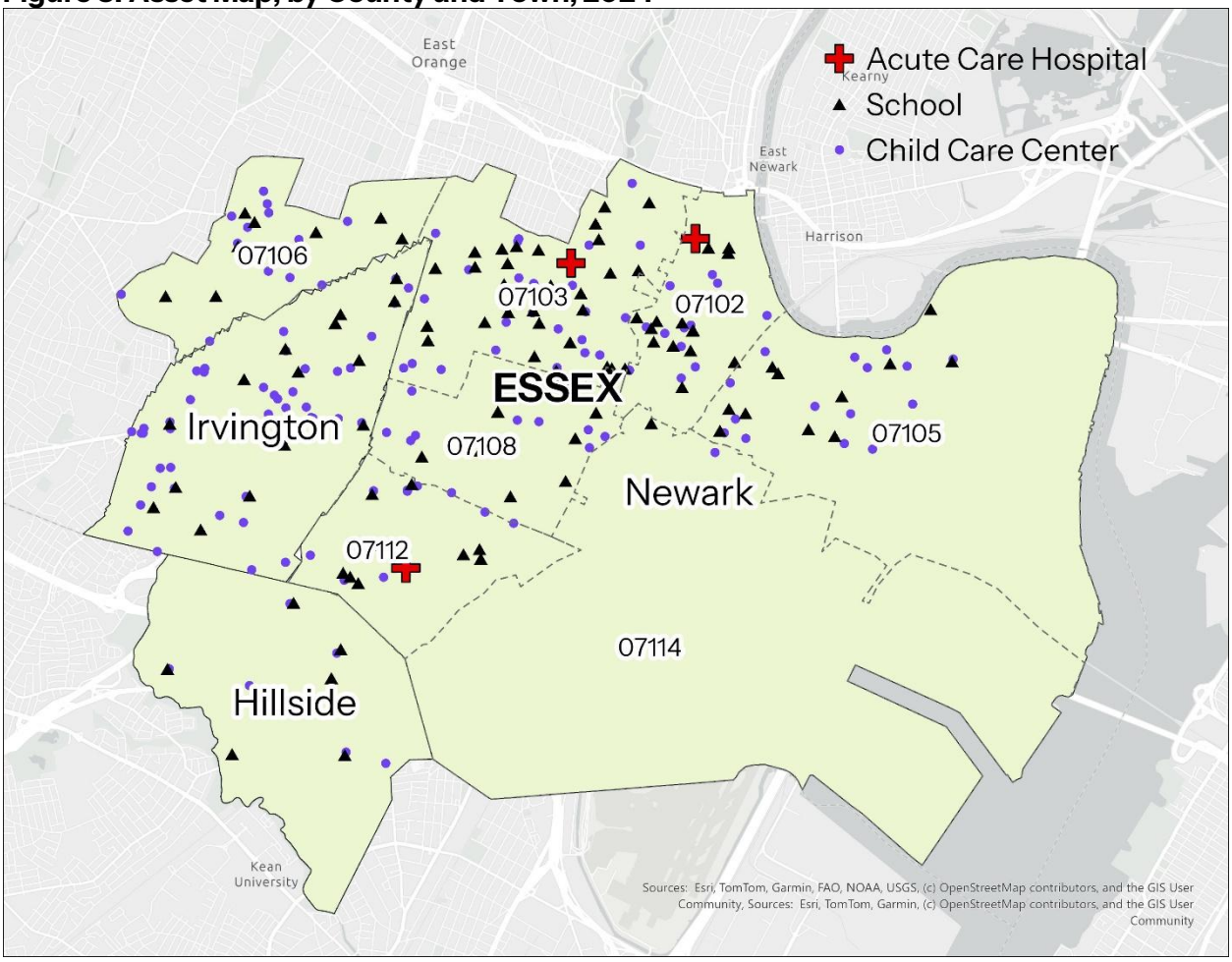
DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: An asterisk (*) means that data were suppressed due to low numbers.

Interviewees emphasized the importance of collaboration and partnership among the many sectors and institutions serving Newark and the NBIMC service area. As one key informant explained, *"Our pride — people care about this city… there is a sense of ownership… a level of responsibility for the city doing well."*

The service area includes several physical assets that support health and family well-being (Figure 8), including three acute care hospitals, 113 schools, and 143 childcare centers across Newark, Irvington, and Hillside. These institutions represent critical infrastructure for education, health, and family support.

At the same time, participants noted that access to these resources is not always equitable. Transportation barriers, affordability, and lack of awareness were commonly described as limiting use of available services, alongside siloed programs and fragmented systems. More information on assets in New Jersey can be found in Figure 82 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

High school graduation rates vary across the NBIMC service area (Table 6). Between 2019 and 2023, statewide graduation averaged 91.1%. In Essex County, the Essex County Schools of Technology reported the highest graduation rate (97.2%), while Irvington Public Schools had the lowest (79.6%). Newark Public Schools reported an overall graduation rate of 85.7%, and Hillside Public Schools reported 85.3%.

Differences are also seen by student groups. In Newark, Asian students graduated at the highest rate (94.1%), followed by White (92.7%) and Hispanic students (87.5%). Black/African American students graduated at lower rates (82.1%), below both the district and state averages. In Hillside, White students graduated at a lower rate (68.4%) compared with Black/African American (89.4%) and Hispanic students (82.0%).

Focus group participants reflected on both strengths and challenges within area schools. Some noted strong academic and vocational offerings and described environments that felt *"safe"* and *"well-organized."* Others pointed to gaps in resources, particularly for students with

disabilities and for youth seeking culturally relevant programs. As one participant shared, *"There aren't enough youth programs that feel culturally relevant—so kids disengage and miss opportunities for mentorship and wellness."* Another reflected, *"Not enough resources for youth development like afterschool programming… lack of coordination of resources."*

Youth participants also highlighted needs for mental health support and preparation for life beyond high school. Concerns included accessibility and safety: *"Youth tell us they don't feel safe walking to afterschool programs or health centers—it's not just about having services but being able to get to them."* More information on educational attainment in Essex County can be found in Appendix E. Additional Data Tables and Graphs.

> *"High schoolers are asking for more than sports—they want spaces to talk about mental health, career pathways, and life skills."*
> – Key informant interviewee

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

		Overall	Asian, Native Hawaiian, or Pacific Islander	Black or African American	Hispanic	White
	New Jersey	91.1%	96.7%	86.7%	85.8%	95.0%
Essex	Essex County Schools of Technology	97.2%	*	97.8%	96.8%	*
	Irvington Public School District	79.6%	*	80.8%	75.4%	N
	Newark Public School District	85.7%	94.1%	82.1%	87.5%	92.7%
Union	Hillside Public School District	85.3%	*	89.4%	82.0%	68.4%
	Union County Vocational-Technical School District	99.7%	100.0%	100.0%	99.0%	100.0%
	Township Of Union School District	92.3%	97.3%	90.2%	94.7%	91.9%

DATA SOURCE: New Jersey Department of Education, School Performance, 2023
NOTE: Asterisk (*) indicates that data is not displayed to protect student privacy. An N means that there is no data available to display.

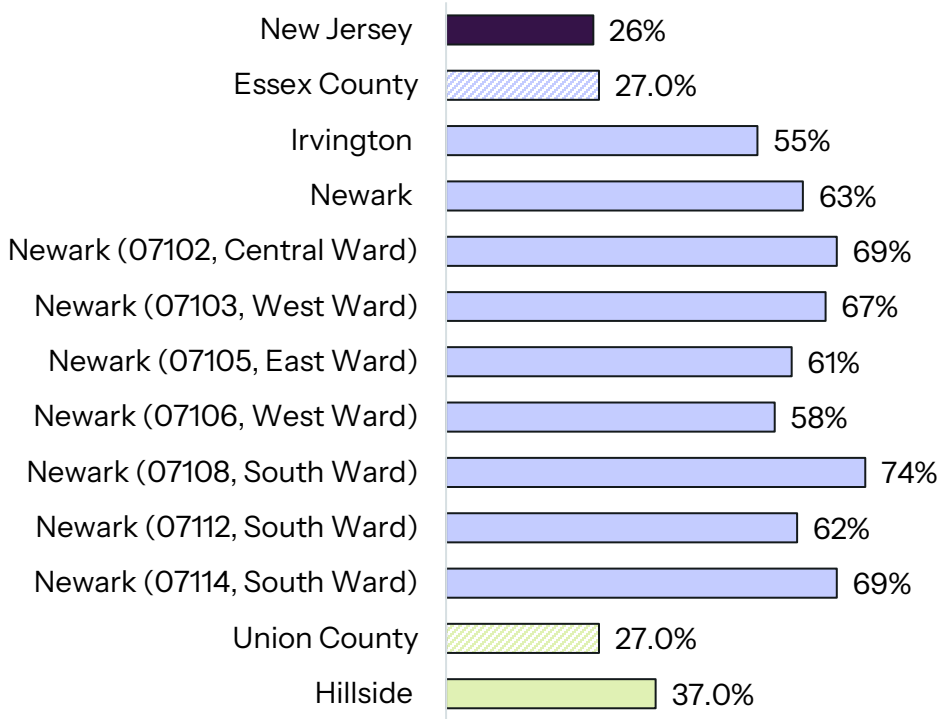
Employment and Workforce

Employment provides income and stability that are essential for health and well-being. In Essex County, 27.0% of households live below the ALICE threshold, similar to the statewide rate of 26.0% (Figure 9). Within the NBIMC service area, economic hardship is higher: 63.0% of households in Newark fall below the ALICE threshold, compared with 55.0% in Irvington and 37.0% in Hillside. Within Newark, rates are especially high in the South Ward (07108, 74%), the Central Ward (07102, 69%), and the South Ward (07114, 69%).

Participants described how low wages and unstable employment contribute to financial insecurity, even among working families. One young adult explained, *"A lot of the jobs in my neighborhood don't pay enough to live, and people work two or three jobs just to keep up with rent and bills."* An immigrant participant shared, *"It's hard to find stable work. You might get a few days a week here and there, but it doesn't cover all the expenses. People are struggling even when they're working."*

Several respondents also highlighted the presence of community-based organizations and workforce programs that provide job training and employment support, describing them as important local assets.

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



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

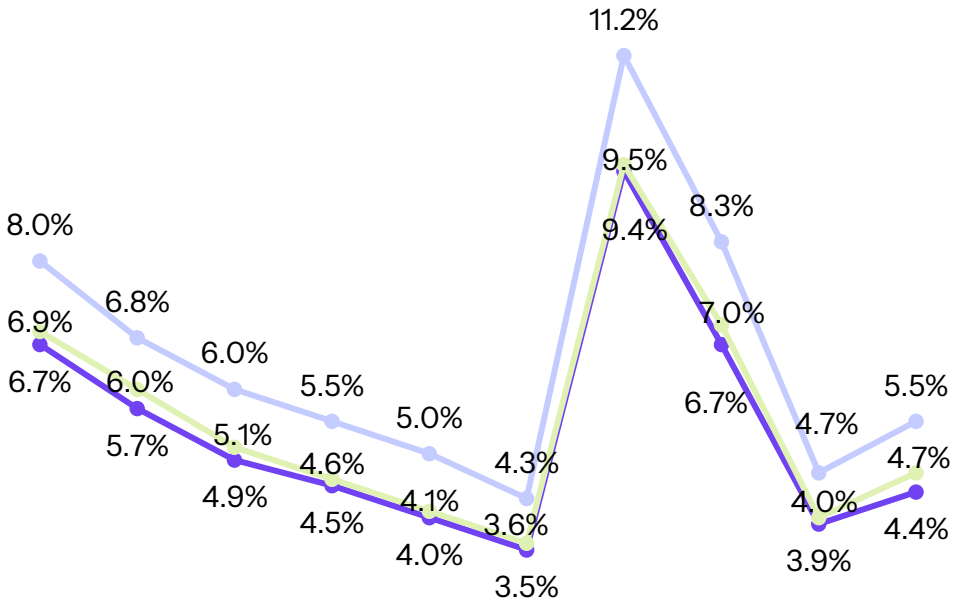
Unemployment rates in Essex County have followed statewide trends over the past decade (Figure 10). Rates declined steadily from 8.0% in 2014 to 3.6% in 2019, before peaking at 11.2% during the COVID-19 pandemic in 2020. Since then, unemployment has decreased, reaching 5.5% in 2023, similar to the statewide average of 4.4%.

Focus group participants emphasized that countywide improvements do not always reflect local experiences in Newark and surrounding municipalities. Residents described challenges finding stable, full-time work with adequate wages. One participant explained, *"A lot of people I know are working, but it's not steady. You might be on for a few weeks and then out again. It's hard to keep up with rent or food that way."*

> *"People are hustling with two or three jobs just to survive, but none of them offer benefits or security."*
> – Focus group participant

Immigrant participants highlighted additional barriers, including language and documentation. As one resident shared, *"Even when you have skills, if you don't speak English well, people won't hire you for good jobs. You get stuck in cleaning or service jobs that don't pay enough."*

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%
Essex County	8.0%	6.8%	6.0%	5.5%	5.0%	4.3%	11.2%	8.3%	4.7%	5.5%
Union County	6.9%	6.0%	5.1%	4.6%	4.1%	3.6%	9.5%	7.0%	4.0%	4.7%

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

Unemployment rates in Essex County vary across racial and ethnic groups (Table 7). Asian residents reported the lowest unemployment rate (4.7%), below both the county average (8.3%) and the state average (6.2%). Hispanic/Latino residents also reported lower unemployment than the county average (5.8%).

By contrast, Black/African American residents experienced higher unemployment (10.3%) compared with the county and state. Within Newark, several disparities are evident. In the West Ward (07106), unemployment among Black/African American residents was 16.3%, nearly double the county rate. In the South Ward (07112), Asian residents reported unemployment of 23.1%, substantially above county and state averages. Hispanic/Latino residents in the East Ward (07105) also reported higher unemployment (10.7%) compared to the county.

Focus group participants described barriers to employment linked to neighborhood, identity, and discrimination. One resident explained, *"People want to work, but if you're from certain neighborhoods, they don't give you a chance. It feels like the doors are closed before you even get in."* Another noted, *"When they see where you live or hear your accent, it's like they already made up their mind. You end up with whatever jobs are left, and they don't pay enough."* Additional data can be found in Appendix E.

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%
Essex County	8.3%	3.8%	11.4%	8.6%	5.4%	9.2%	9.2%
Irvington	8.6%	4.1%	9.7%	4.9%	0.0%	4.0%	8.2%
Newark	10.9%	10.0%	13.4%	9.4%	7.2%	9.6%	9.9%
Newark (07102, Central Ward)	7.0%	6.6%	9.6%	3.3%	4.0%	3.4%	6.5%
Newark (07103, West Ward)	9.1%	11.0%	9.6%	7.8%	8.1%	3.6%	9.3%
Newark (07105, East Ward)	9.1%	0.0%	13.7%	10.7%	6.3%	11.3%	11.4%
Newark (07106, West Ward)	14.7%	16.3%	14.3%	8.6%	20.3%	8.5%	17.7%
Newark (07108, South Ward)	11.6%	0.0%	13.4%	3.9%	0.0%	1.4%	6.3%
Newark (07112, South Ward)	13.5%	23.1%	13.5%	15.1%	18.0%	18.8%	2.3%
Newark (07114, South Ward)	14.5%	0.0%	22.0%	10.4%	11.2%	15.3%	7.3%
Union County	6.3%	4.8%	8.2%	2.5%	3.7%	34.4%	7.5%
Hillside	7.8%	6.2%	8.0%	0.0%	24.9%	*	8.3%

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

Survey responses reflected limited confidence in local job opportunities. About three in ten respondents (30.7%) agreed or strongly agreed that there are job opportunities in their area.

Focus group participants shared that while jobs are available, many are part-time, temporary, or do not provide enough income to meet household needs. One resident explained, *"A lot of people are working, but the jobs aren't enough to cover bills. You can't get ahead if every paycheck just goes right back out."* Youth and young adults described particular challenges in entering the workforce. As one participant noted, *"It's hard to get that first real job. You need experience, but no one wants to give you a chance. People end up in retail or fast food, and it doesn't lead anywhere."*

Income and Financial Security

Median household income varies across the NBIMC service area (Table 8). In Essex County, the median household income is $76,712, lower than the statewide median of $101,050. Newark households report significantly lower median incomes ($48,416). By comparison, Hillside ($98,558) and Union County ($100,117) report incomes close to or exceeding the state median.

Within Newark, notable differences are observed between Wards. The East Ward ($55,752) and the South Ward (07112: $55,171) report higher household incomes relative to other wards, though still below county and state medians. The South Ward (07108: $33,960) and South Ward (07114: $34,167) report the lowest median household incomes, less than half the statewide figure. The Central Ward ($37,093) and West Ward ($42,397) also fall well below the county median.

> *"Gas, groceries, everything costs more now. Even people with steady jobs are feeling it, but for low-income families, it's impossible to keep up."*
> – Focus group participant

Focus group and interview participants described the challenges of covering basic needs amid rising costs. As one participant shared, *"Every month feels like a struggle to stretch what little we have. Rent and food keep going up, but paychecks don't."*

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

	Median income
New Jersey	$101,050
Essex County	$76,712
Irvington	$59,232
Newark	$48,416
Newark (07102, Central Ward)	$37,093
Newark (07103, West Ward)	$42,397
Newark (07105, East Ward)	$55,752
Newark (07106, West Ward)	$48,105
Newark (07108, South Ward)	$33,960
Newark (07112, South Ward)	$55,171
Newark (07114, South Ward)	$34,167
Union County	$100,117
Hillside	$98,558

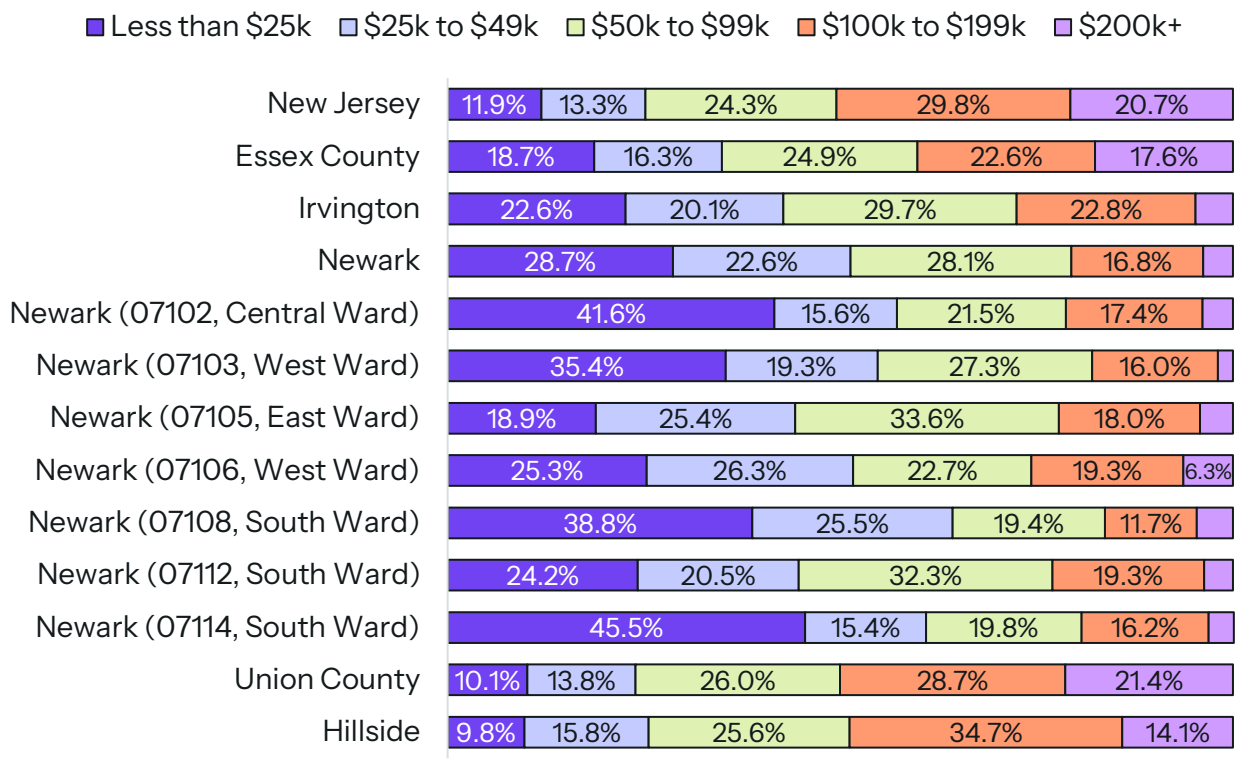
DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Household income distribution in Essex County reflects both challenges and areas of relative stability (Figure 11). Compared to the state overall, Essex County has a larger share of middle-income households, with 24.9% earning between $50,000 and $99,000 and 22.6% earning $100,000–$199,000. Some municipalities in the NBIMC primary service area approach or exceed state levels. In Hillside, 34.7% of households earn $100,000–$199,000 and 14.1% earn above $200,000. Union County also shows relative stability, with 21.4% of households earning over $200,000. Appendix E includes additional data on poverty.

> *"There are people working full-time and still living in poverty. You see it when families are choosing between paying rent and buying groceries."*
> – Focus group participant

In Newark, a greater share of households earns less than $25,000 annually (29.0%) compared with the statewide average (11.9%). This burden is more pronounced in certain wards. In the Central Ward, 41.6% of households fall below $25,000, and in the South Ward (07114) nearly half (45.5%) do so. In contrast, the East Ward shows higher concentrations in middle-income ranges, with 33.6% earning between $50,000 and $99,000. Focus group participants described the challenges behind these figures, noting that even full-time employment may not be enough to meet basic needs.

Figure 11. Distribution of Household Income, by State, County, and Town, 2019-2023



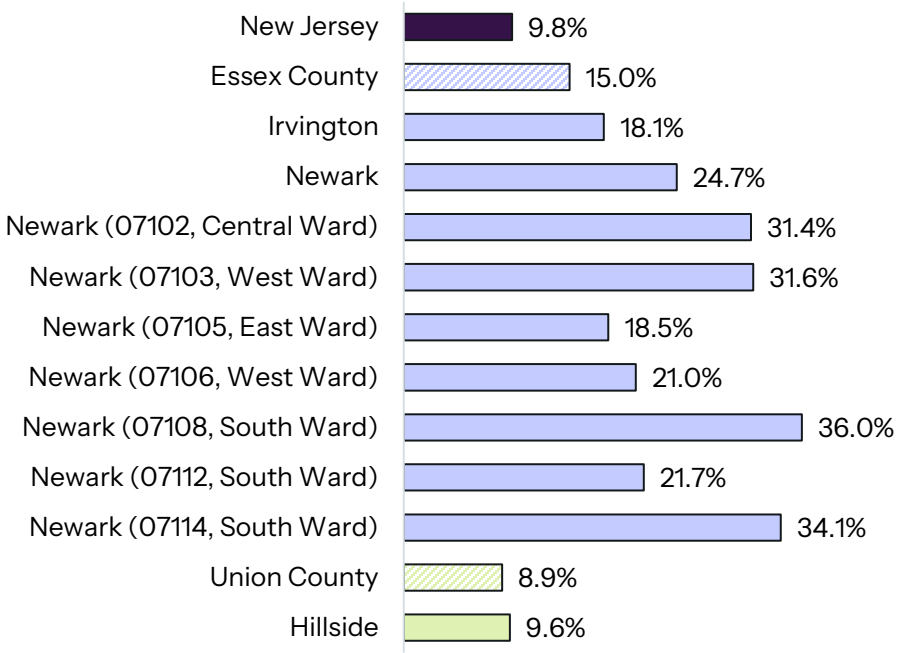
DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023
NOTE: Data labels under 5.0% are not shown.

The percentage of residents living below the poverty level represents the most extreme level of financial insecurity. For context, the federal poverty line is the same across the country–regardless of cost of living–but changes by household size and number of children under 18 years in the household. According to the U.S. Census Bureau, in 2023, individuals under 65 years living alone or considered a household of one would fall below the federal poverty line at an income level of $15,850, while the federal poverty level for a family of four was $31,200.

In Essex County, 15.0% of residents live below the federal poverty level, compared with 9.8% statewide. Rates are higher in Newark, where nearly one in four residents (24.7%) live below the poverty line (Figure 12). Hillside (9.6%) and Union County overall (8.9%) report lower poverty levels, closer to the statewide figure. Within Newark, poverty rates are highest in the South Ward (07108: 36.0%) and South Ward (07114: 34.1%). The Central Ward (31.4%) and West Ward (31.6%) also report poverty levels more than three times the statewide average. By contrast, the East Ward reports a lower share (18.5%), though it is still nearly double the statewide figure.

Focus group participants described the day-to-day realities of poverty, particularly the difficulty of meeting basic needs. One resident shared, *"Every paycheck is already gone before the month is over. Between rent, food, and bills, there's nothing left."* Another noted, *"Even people who work full-time are living in poverty. Prices keep going up, but wages don't."* See additional data in Appendix E. Additional Data Tables and Graphs.

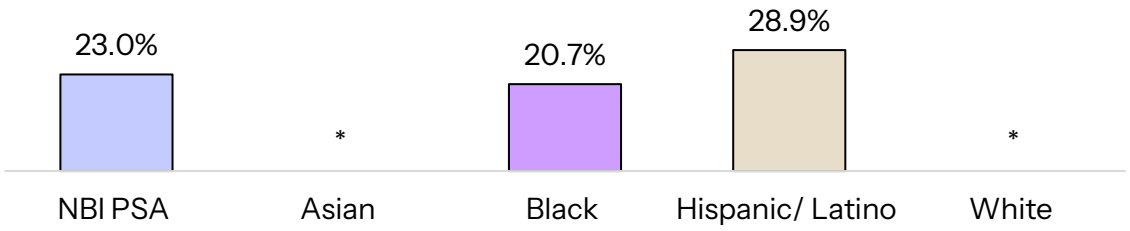
Figure 12. Individuals Below Poverty Level, by State, County, and Town, 2019-2023



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

Survey findings indicate that relatively few respondents felt people in their community could afford basic needs such as food, housing, and transportation. Fewer than one in four respondents overall (23.0%) agreed or strongly agreed with this statement (Figure 13). By subgroup, 20.7% of Black respondents and 28.9% of Hispanic/Latino respondents agreed. Results for Asian and White respondents were suppressed due to small sample sizes (n<10).

Figure 13. Percent of NBIMC PSA 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=369), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

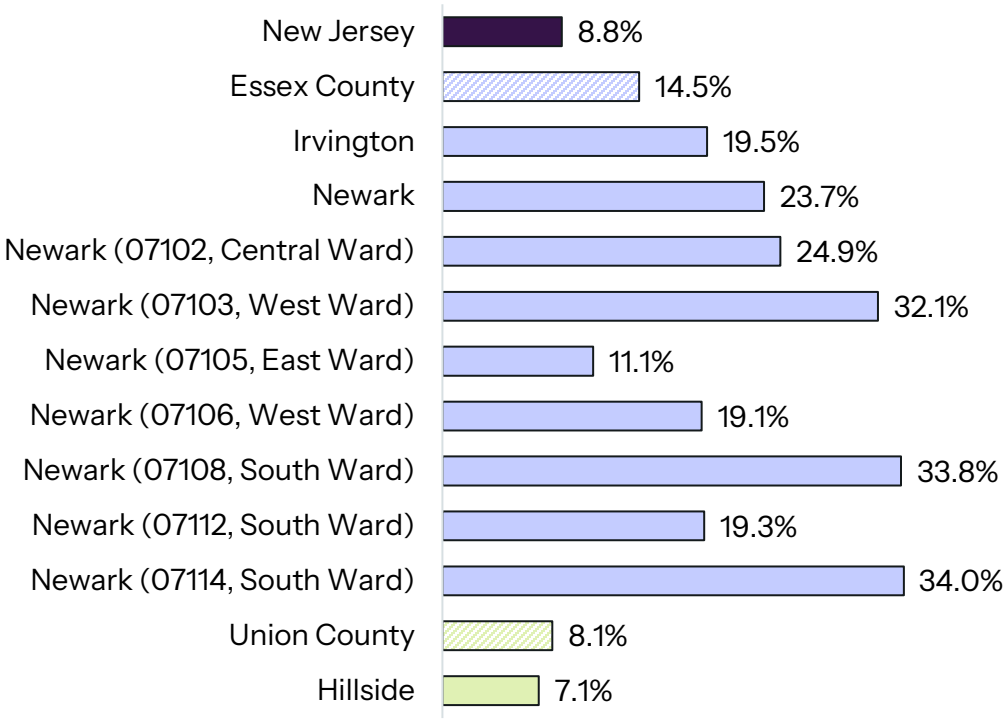
Food Insecurity and Healthy Eating

Food insecurity—limited or uncertain access to affordable, nutritious food—emerged as a concern among residents in the NBIMC service area. Survey and interview participants described how rising costs of living and inflation have made it more difficult for families to afford groceries. As one resident shared, *"The food and meat are expensive, things are too far away, and you need a car to get anywhere. Having to take taxis everywhere is an issue."*

Data also highlights the reliance on supplemental food assistance. In Essex County, 14.5% of households receive SNAP benefits, compared with 8.8% statewide (Figure 14). Rates are higher in Newark, where nearly one in four households (23.7%) receive SNAP. Within Newark, reliance on assistance is most pronounced in the South Ward (07108: 33.8% and 07114: 34.0%) and West Ward (32.1%). By contrast, the East Ward reports a much lower rate (11.1%). Irvington also shows elevated participation (19.5%). In neighboring Union County, SNAP usage is less common (8.1%), with Hillside reporting one of the lowest rates (7.1%).

Community organizations, schools, and faith-based groups were described as important supports providing food pantries, congregate meals, and delivery programs to residents. Participants emphasized that while income constraints are a key driver of food insecurity, transportation barriers further limit access to healthy foods. Food assistance data by race/ethnicity, as well as food insecurity data by state and county, can be seen in Appendix E. Additional Data Tables and Graphs.

Figure 14. Households Receiving Food Stamps/SNAP, by State, County, and Town, 2019-2023

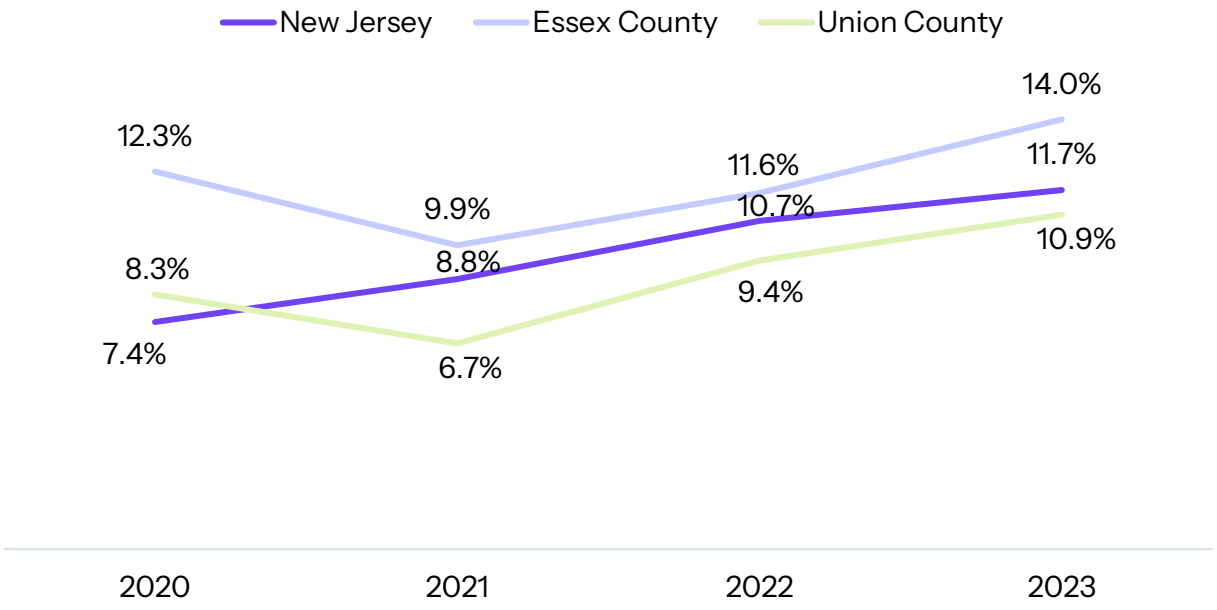


DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Food insecurity has increased in Essex County in recent years. Between 2020 and 2023, the share of food-insecure residents rose from 12.3% to 14.0%, remaining consistently higher than both the statewide average (8.3% to 11.7%) and the rate in neighboring Union County (7.4% to 10.9%) (Figure 15).

These data indicate that Essex County residents face elevated risk of food insecurity compared with other areas of New Jersey. Qualitative findings reinforced this trend, with participants describing the impact of rising food costs and limited access to affordable, nutritious options.

Figure 15. Percent Food Insecure, by State and County, 2020-2023



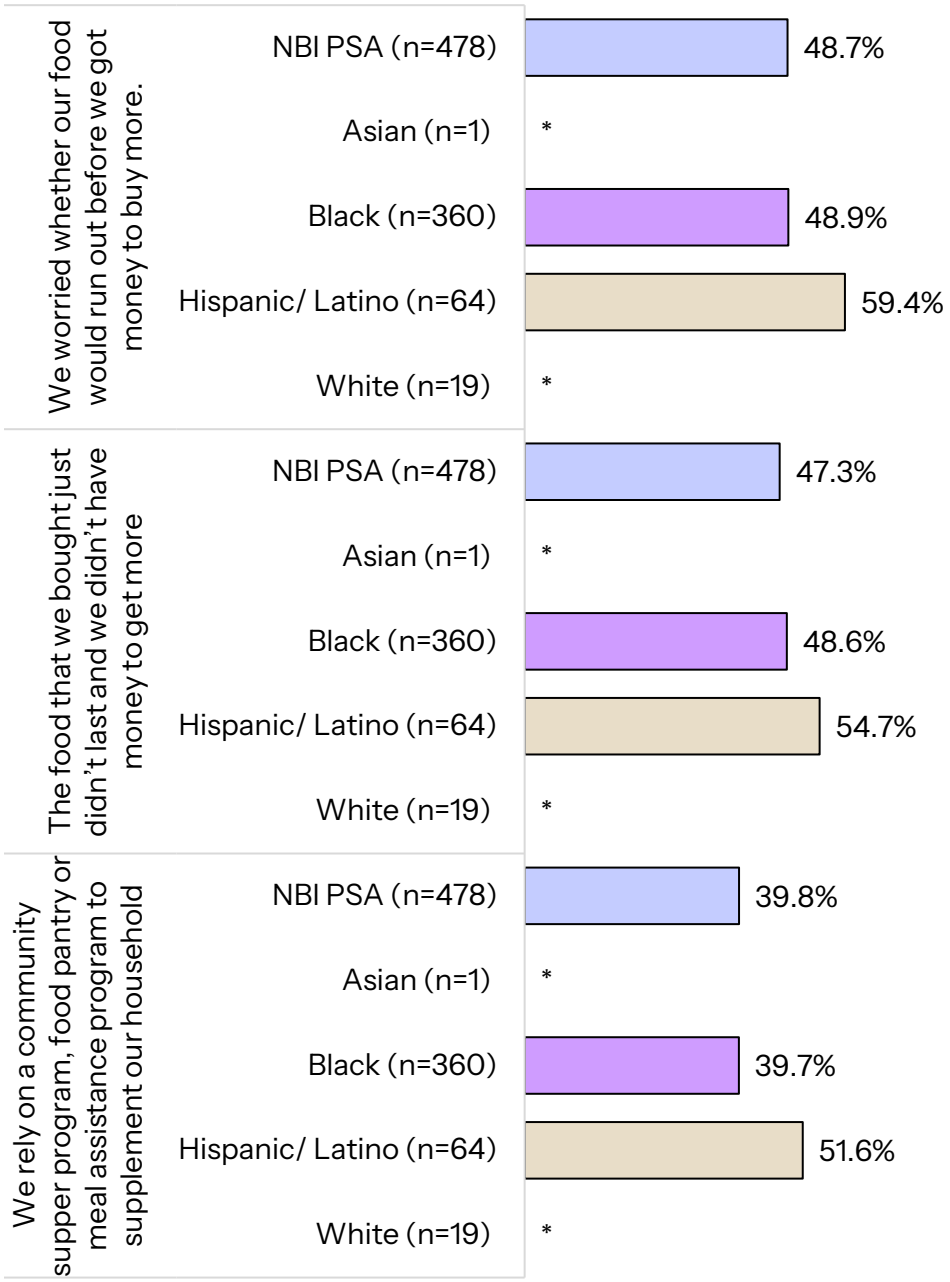
DATA SOURCE: Feeding America, Map the Meal Gap, 2020-2023

Community survey findings show that many residents in the NBIMC service area experience food insecurity (Figure 16). Nearly half of respondents (48.7%) reported that they often or sometimes worried their food would run out before they had money to buy more. Similarly, 47.3% said the food they bought did not last and they did not have money to get more.

Reliance on food assistance was also common. About two in five respondents overall (39.8%) reported that they often or sometimes relied on community programs, food pantries, or meal services to supplement their household food supply.

Disparities were observed by race and ethnicity. Many Hispanic/Latino respondents reported food insecurity, including 59.4% who worried food would run out, 54.7% who said food did not last, and 51.6% who relied on food assistance programs. Among Black respondents, nearly half reported similar challenges (48.9%, 48.6%, and 39.7%, respectively). Results for Asian and White respondents were suppressed due to small sample sizes.

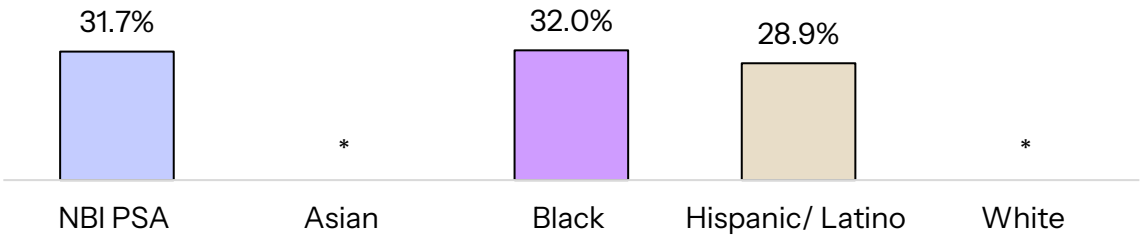
Figure 16. Household Food Situation over the Past 12 Months, Percent of NBIMC PSA Residents Reporting Often or Sometimes True, by Race/Ethnicity, 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: An asterisk (*) means that data were suppressed.

Many schoolchildren have school food for lunch. Schools would provide an ideal opportunity to promote a healthy diet. Fewer than one in three respondents (31.7%) agreed or strongly agreed that schools in their community offer healthy food choices for children (Figure 17). Rates were similar among Black respondents (32.0%) and Hispanic/Latino respondents (28.9%). Results for Asian and White respondents were suppressed due to small sample sizes.

Figure 17. Percent of NBIMC PSA Survey Respondents Who Agreed/Strongly Agreed with the Statement "*Schools in my community offer healthy food choices for children*," by Race/Ethnicity, (n=375), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: An asterisk (*) means that data were suppressed.

Survey respondents identified several barriers to maintaining a healthy diet (Table 9). Nearly half (47.0%) cited the price of healthy foods as the primary challenge. About one in three (34.5%) reported that nothing kept them from eating healthy foods, while 26.4% noted lack of time to buy or prepare healthy meals.

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

	NBIMC PSA (n=447)	Asian (n=1)	Black (n=339)	Hispanic/ Latino (n=53)	White (n=16)
1	Price of healthy foods (47.0%)	*	Price of healthy foods (49.6%)	Price of healthy foods (50.9%)	*
2	Nothing keeps me from eating healthy foods (34.5%)	*	Nothing keeps me from eating healthy foods (33.9%)	Lack of time to buy or prepare healthy meals (32.1%)	*
3	Lack of time to buy or prepare healthy meals (26.4%)	*	Lack of time to buy or prepare healthy meals (27.4%)	Don't always know what foods are part of a healthy diet (32.1%)	*
4	Don't always know what foods are part of a healthy diet (19.9%)	*	Don't always know what foods are part of a healthy diet (18.6%)	Nothing keeps me from eating healthy foods (22.6%)	*
5	Don't know how to buy or prepare healthy foods (10.5%)	*	Don't know how to buy or prepare healthy foods (12.1%)	*	*

DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: An asterisk (*) means that data were suppressed.

Housing

Housing Affordability

Safe and affordable housing is integral to life, health, and well-being. Housing was described as a substantial community challenge in focus groups and interviews. As is true across the nation, affordable housing in the service area is scarce.

Survey findings indicate that relatively few respondents (17.3%) felt there was enough affordable and safe housing in their community. Focus group and interview participants echoed these survey findings, describing housing affordability as a major community challenge. One participant explained, *"It is extremely expensive to live in New Jersey … We are not meeting the rising costs of living."* Another noted the impact of expiring COVID-era housing protections: *"Once the housing moratorium stopped post-Covid, housing became a huge issue."*

Concerns about housing stability were common among survey respondents, with more than one in four respondents overall (27.9%) reported being worried about their housing situation in the next two months. Responses were similar by race/ethnicity.

Focus group participants described how rising housing costs and limited affordable options contributed to instability. As one resident noted, *"People are living paycheck to paycheck, and one emergency can mean losing your home."*

> *"Every month feels like a struggle to make rent. Even a small increase can push families over the edge."*
> – Focus group participant

Housing Landscape

Housing market conditions shape affordability, stability, and long-term community well-being. Vacancy rates provide an important indicator of housing availability, while patterns of homeownership versus renting highlight structural differences across municipalities.

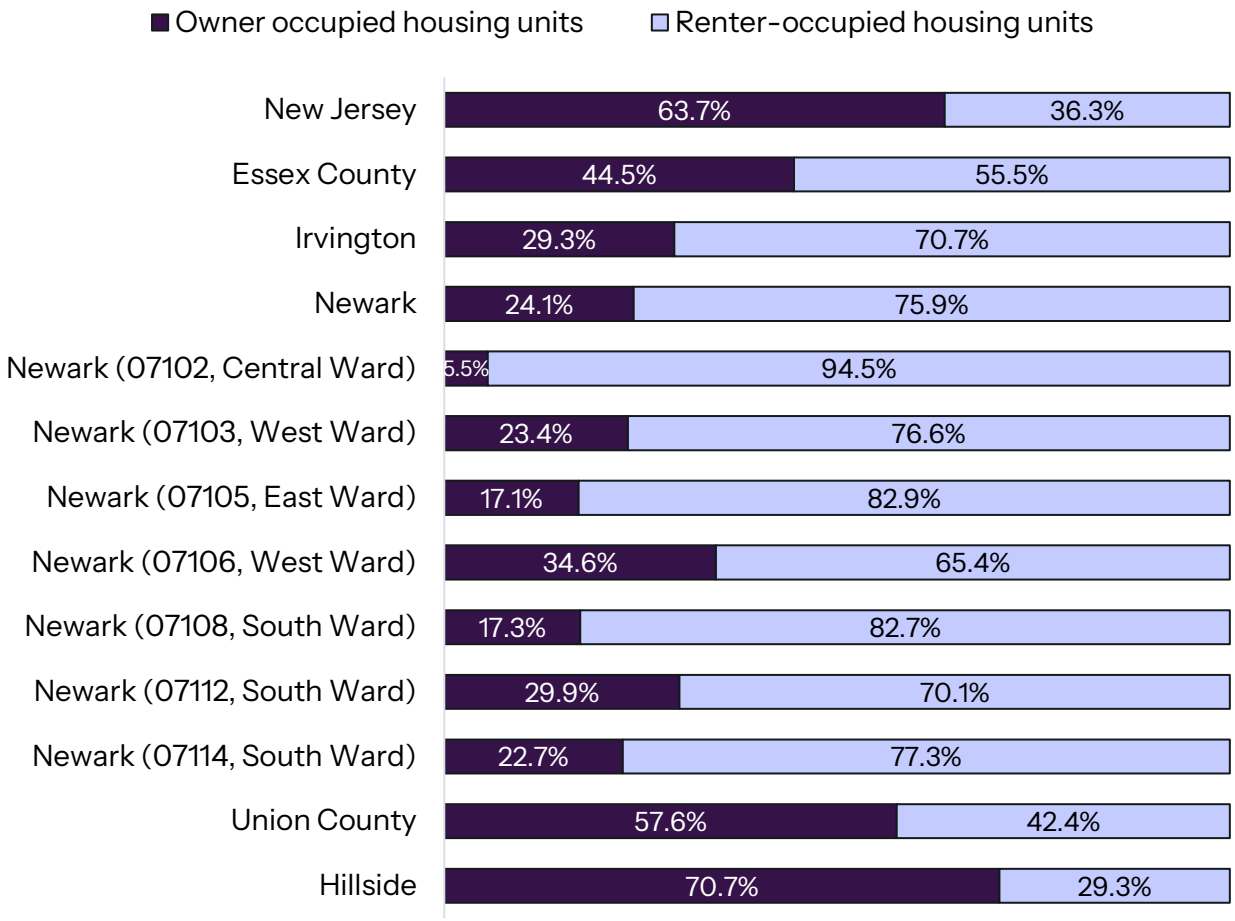
In Essex County, the homeowner vacancy rate (5.4%) is below the statewide average (7.9%), indicating a relatively tight housing market (Figure 87). Newark shows a vacancy rate of 6.5%, though significant variation exists across Wards. The South Ward (07108) reports the highest vacancies (11.2%), while the Central Ward is much lower (4.9%). Irvington's rate (8.3%) exceeds both county and state averages, suggesting housing instability in that market. By contrast, Union County (4.5%) and Hillside (5.6%) show stronger stability.

Occupancy patterns further underscore disparities (Figure 18). In Essex County, fewer than half of units are owner-occupied (44.5%), well below the statewide average (63.7%). Newark demonstrates particularly low homeownership (24.1%), with most households (75.9%) renting their homes. Within Newark, the Central Ward has the lowest share of owner-occupied housing (5.5%), while the West Ward (34.6%) reports slightly higher rates. In contrast, Hillside presents a different picture, with more than two-thirds of homes (70.7%) owner-occupied.

These data illustrate structural inequities in the housing market: while nearby municipalities such as Hillside and Union County maintain relatively strong homeownership, Newark residents—particularly in the Central and South Wards—face limited opportunities to build generational wealth through ownership. Focus group participants tied these patterns to rising rental costs, displacement pressures, and barriers to mortgage financing. As one resident explained, *"People want to buy, but it's nearly impossible to qualify. Rent keeps going up, and ownership feels out of reach."*

Together, low homeownership rates, high rental dependence, and uneven vacancy trends highlight ongoing challenges to housing stability in the NBIMC service area, reinforcing disparities already evident in poverty, ALICE status, and household income.

Figure 18. Home Occupancy, by State, County, and Town, 2019-2023



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

Monthly housing costs in Newark highlight deep inequities across wards. Table 10 shows, among owner-occupied households with a mortgage, median costs ranged from $2,097 in the West Ward to more than $3,500 in the South Ward (07114), exceeding both the Essex County ($3,259) and statewide ($2,787) medians. By contrast, costs for owners without a mortgage were much lower, though still variable, from $697 in the Central Ward to $1,429 in Union County.

For renter households—the majority in Newark—median monthly costs ranged from $616 in the South Ward (07114) to $1,664 in Union County, with most Newark wards clustering between $1,000–$1,300. These patterns underscore the dual challenge: mortgage costs for owners in several Newark wards rival or exceed county and state levels, while renters face instability and limited affordability despite relatively lower median costs.

Focus group participants emphasized that these costs rarely align with household incomes, particularly in Newark's South and Central Wards where poverty is concentrated. As one

resident noted, *"Even if rent looks lower here, it doesn't mean people can afford it when paychecks don't stretch."*

Table 10. Monthly Median Housing Costs, by State, County, and Town, 2019-2023

	Owner-Occupied with Mortgage	Owner-Occupied without Mortgage	Renter-Occupied
New Jersey	$ 2,787	$1,205	$1,653
Essex County	$ 3,259	$1,487	$1,459
Irvington	$ 2,423	$1,027	$1,324
Newark (07102, Central Ward)	$ 3,042	$697	$1,141
Newark (07103, West Ward)	$ 2,097	$945	$ 1,289
Newark (07105, East Ward)	$ 2,966	$1,195	$1,600
Newark (07106, West Ward)	$2,579	$958	$1,221
Newark (07108, South Ward)	$2,799	$908	$1,098
Newark (07112, South Ward)	$2,489	$1,121	$1,334
Newark (07114, South Ward)	$3,511	$776	$616
Union County	$3,119	$1,429	$1,664
Hillside	$2,739	$1,363	$1,712

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

Data illustrates that Newark households face significant housing cost burdens, consistent with themes from focus groups and interviews. Across the city, more than half of homeowners with a mortgage (54.3%) spend 30% or more of their income on housing, exceeding both Essex County (38.4%) and statewide (32.4%) levels (Table 11). The burden is particularly severe in the East Ward (60.2%), South Ward (07108: 62.3%), and South Ward (07112: 62.0%), where nearly two-thirds of mortgaged homeowners are cost-burdened.

Renters—who make up most Newark households—experience even higher levels of strain. Across Newark, 58.2% of renters spend more than 30% of income on housing, compared with 50.8% statewide. The burden is especially pronounced in the West Ward (61.3%) and South Ward (07108: 63.7%), underscoring the depth of financial insecurity among renters. These themes were further underscored in conversations with community residents and leaders.

> *"Even when the rent looks cheaper here, it takes up most of your paycheck. People are working, but they can't get ahead."*
> – Focus group participant

Table 11. Households whose Housing Costs are 30%+ of Household Income, by State, County, and Town, 2019-2023

	Owner-Occupied with Mortgage	Owner-Occupied without Mortgage	Renter-Occupied
New Jersey	32.4%	22.0%	50.8%
Essex County	38.4%	26.1%	54.6%
Irvington	56.5%	24.1%	51.2%
Newark	54.3%	31.7%	58.2%
Newark (07102, Central Ward)	23.8%	28.3%	56.3%
Newark (07103, West Ward)	47.5%	14.8%	61.3%
Newark (07105, East Ward)	60.2%	50.2%	58.0%
Newark (07106, West Ward)	49.8%	32.7%	60.7%
Newark (07108, South Ward)	62.3%	32.0%	63.7%
Newark (07112, South Ward)	62.0%	41.1%	54.8%
Newark (07114, South Ward)	55.3%	31.0%	57.4%
Union County	35.1%	23.0%	50.6%
Hillside	46.3%	35.8%	49.1%

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

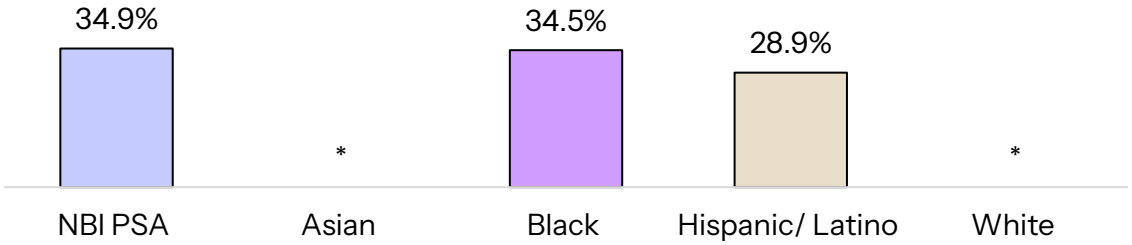
Green Space and Built Environment

Neighborhood characteristics, including access to safe outdoor spaces, influence physical and mental health. In Essex County, nearly all residents (99.5%) have adequate access to locations for physical activity, above the statewide rate (96.3%) (Figure 84). Despite this, survey results suggest residents do not always perceive these spaces as safe or accessible. Only about one in three respondents (34.9%) agreed their community has safe outdoor places to walk and play (Figure 19).

Within Newark, perceptions varied by race and ethnicity. Hispanic/Latino respondents (28.9%) were less likely than Black respondents (34.5%) to view their neighborhoods as having safe spaces. In focus groups, residents acknowledged the presence of playgrounds and basketball courts but pointed to concerns about gun violence, traffic, and poorly maintained infrastructure as barriers to use. As one parent reflected, *"There is a basketball court close to where I live, and I like to take my kids there. They're able to run around and play safely."*

These findings highlight a disconnect while Newark residents may live near physical activity resources, safety concerns and neighborhood conditions significantly shape whether these spaces are truly usable.

Figure 19. Percent of NBIMC PSA Survey Respondents Who Agreed/Strongly Agreed with the Statement "*My community has safe outdoor places to walk and play*," by Race/Ethnicity, (n=375), 2024



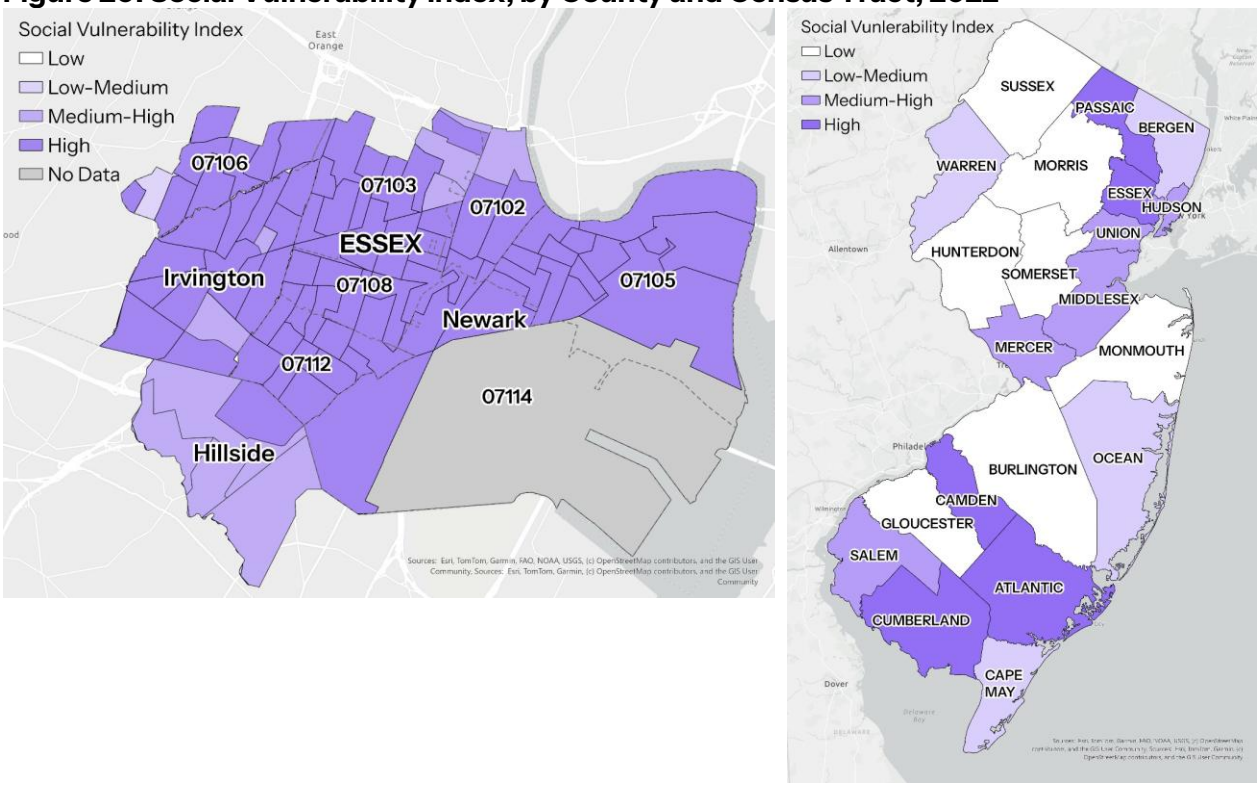
DATA SOURCE: Community Health Needs Assessment Survey, 2024

The CDC's Social Vulnerability Index (SVI) combines indicators of socioeconomic status, household composition, housing, and transportation to identify communities at greater risk during public health crises or economic disruption. Essex County shows elevated vulnerability overall, with several Newark neighborhoods and Irvington falling within the state's highest-risk census tracts (SVI ≥ 0.9) (Figure 20).

Within Newark, the Central, South, and West Wards display particularly high levels of vulnerability, reflecting the concentration of poverty, housing instability, and limited transportation access in these areas. By contrast, some tracts in the East Ward show somewhat lower levels of vulnerability, aligning with higher household incomes and lower poverty rates described earlier. Hillside, while smaller, also registers medium-high vulnerability, highlighting shared challenges across the broader NBIMC primary service area.

Community members underscored the lived reality behind these data, noting that while Newark is *"resource rich,"* it is also "*coordination poor,"*. As one resident reflected, *"Our pride — people care about this city… there is a sense of ownership… a level of responsibility for the city doing well."* These perspectives highlight that beyond resource availability, overcoming fragmentation and building stronger systems of coordination are essential for addressing the compounded barriers faced by Newark's most vulnerable neighborhoods. More social vulnerability index data is available in Appendix E. Additional Data Tables and Graphs.

Figure 20. Social Vulnerability Index, by County and Census Tract, 2022



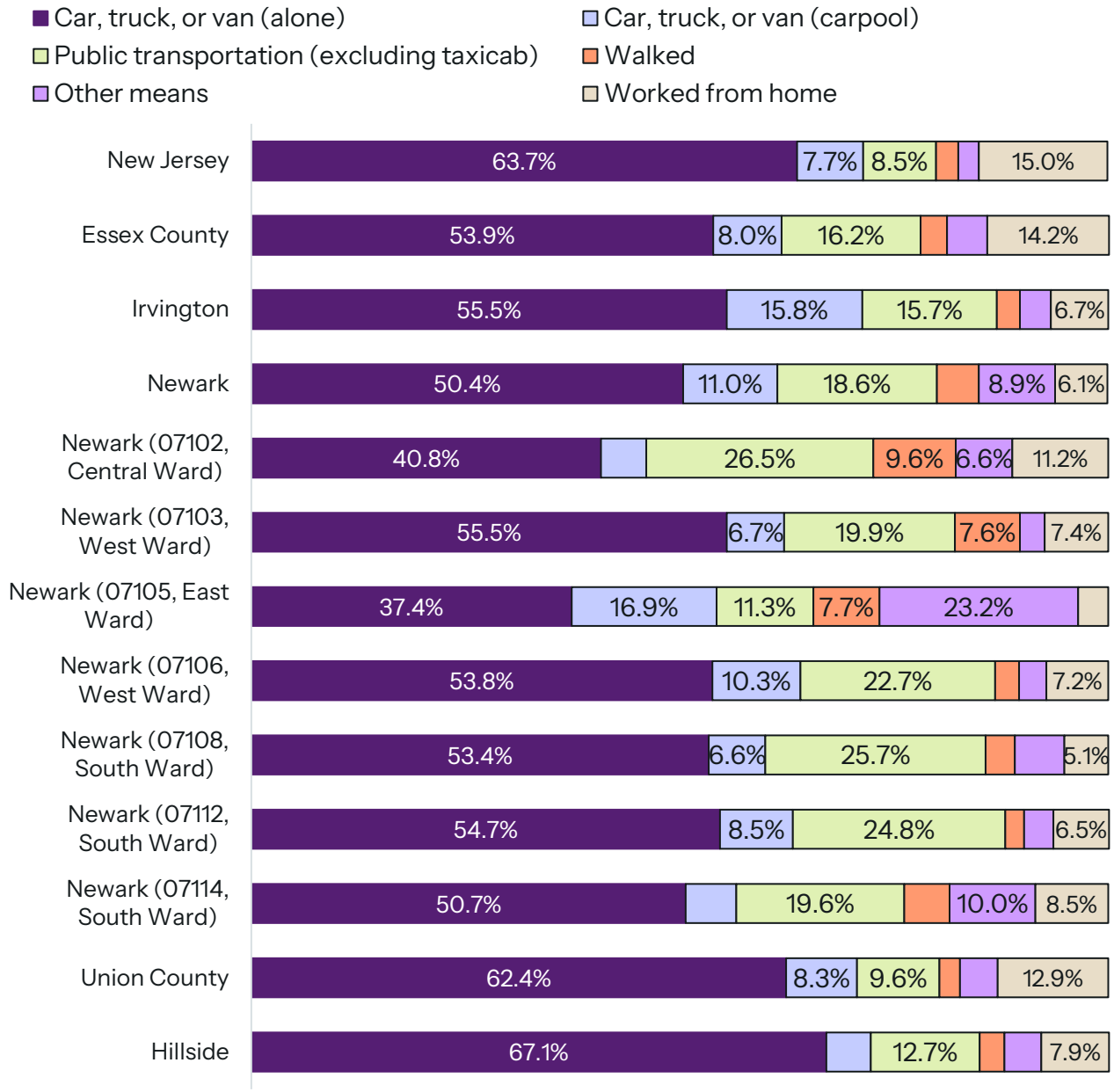
DATA SOURCE: CDC, ATSDR's Geospatial Research, Analysis, & Services Program (GRASP), 2022
NOTE: Index categories are defined in the following way: Low 0-0.25; Low-medium 0.2501-0.5; Medium-high 0.5001-0.75; High 0.7501-1.0

Transportation and Walkability

Access to reliable transportation is a critical factor shaping access to work, health care, and essential services. In Newark, commuting patterns reflect both reliance on public transportation and persistent barriers for residents without cars (Figure 21). Just over half of Newark workers (50.4%) commute alone by car—well below the statewide share (63.7%)—while nearly one in five (18.6%) rely on public transportation, more than double the New Jersey average (8.5%).

There is notable variation across Newark's wards. The Central Ward (26.5%) and South Ward (07112: 24.8%) have particularly high rates of public transit use, underscoring reliance on buses and trains for commuting. By contrast, car commuting is more common in the East Ward (37.4% drive alone; 16.9% carpool), where proximity to major highways and employment corridors offer greater vehicle access. The East Ward also reports the highest share of residents working from home (23.2%), a pattern not observed elsewhere in the city.

Figure 21. Means of Transportation to Work for Workers Aged 16+, by State, County, and Town, 2019-2023



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

Qualitative data highlighted that while Newark is relatively well served by transit compared to suburban communities, gaps remain in affordability, safety, and walkability. Residents emphasized that buses and trains are not always reliable or aligned with work schedules, particularly for nightshift and service-sector jobs. As one participant explained, *"Many of the services are available, but not easily reachable for people who don't drive. If you miss the bus,*

you're stuck." Others noted that the absence of safe sidewalks and bike lanes limits walking or cycling as viable options.

These findings suggest that transportation in Newark functions as both a strength—providing higher-than-average access to public transit—and a challenge, given barriers of cost, safety, and accessibility that disproportionately affect low-income and immigrant households.

Access to a private vehicle is a critical determinant of mobility, shaping residents' ability to reach jobs, schools, health care, and grocery stores. In Newark, nearly half of renter households (43.1%) lack access to a vehicle—well above the state (24.6%) and Essex County (34.7%) averages (Table 12). Among homeowners, 11.9% are without a vehicle, again significantly higher than the statewide share (3.7%).

Disparities are particularly stark across Newark's wards. More than 60% of renter households in the Central Ward and over half in the South Ward (07114: 53.2%) lack access to a vehicle, underscoring deep transportation vulnerability in these neighborhoods. Even among homeowners, vehicle ownership is not guaranteed—one in four owner-occupied households in the Central Ward (25.1%) and nearly one in five in the East Ward (18.3%) do not have a car. These patterns highlight that vehicle access in Newark is both limited and unevenly distributed, with the greatest constraints falling on renters and low-income households.

Table 12. 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%
Essex County	5.4%	34.7%
Irvington	8.7%	31.8%
Newark	11.9%	43.1%
Newark (07102, Central Ward)	25.1%	61.9%
Newark (07103, West Ward)	10.3%	39.1%
Newark (07105, East Ward)	18.3%	40.1%
Newark (07106, West Ward)	8.2%	46.6%
Newark (07108, South Ward)	15.4%	40.9%
Newark (07112, South Ward)	12.7%	38.1%
Newark (07114, South Ward)	4.6%	53.2%
Union County	3.4%	20.4%
Hillside	8.4%	16.1%

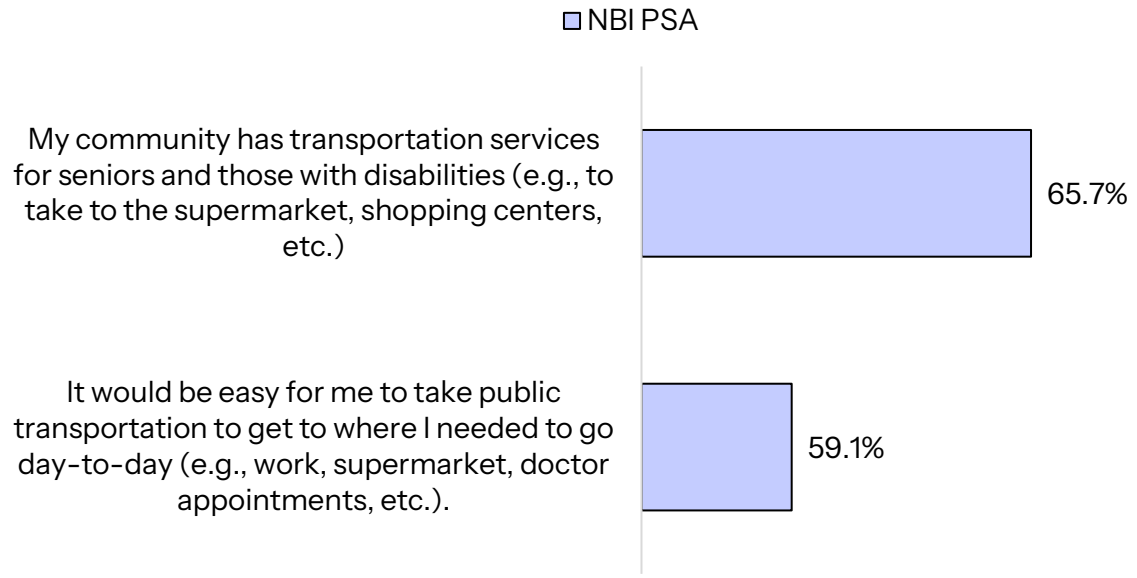
DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Qualitative findings reinforce the consequences of these gaps: without reliable private transportation, residents described difficulty reaching health appointments, accessing healthy food, or commuting to stable employment. As one participant noted, *"It's not just about having services—they have to be reachable. If you don't have a car, it feels impossible."*

Together with high reliance on public transit, these findings suggest that transportation inequities are a central driver of health and economic disparities in Newark, particularly for households in the Central and South Wards.

Survey data highlight mixed perceptions of transportation access in Newark. About two-thirds of respondents (65.7%) agreed their community had transportation services for seniors and residents with disabilities (Figure 22), yet fewer (59.1%) felt it was easy to use public transit for daily needs.

Figure 22. Percent of NBIMC PSA Survey Respondents Who Agreed/Strongly Agreed with the Statements Related to Transportation Availability, (n=394), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: An asterisk (*) means that data were suppressed.

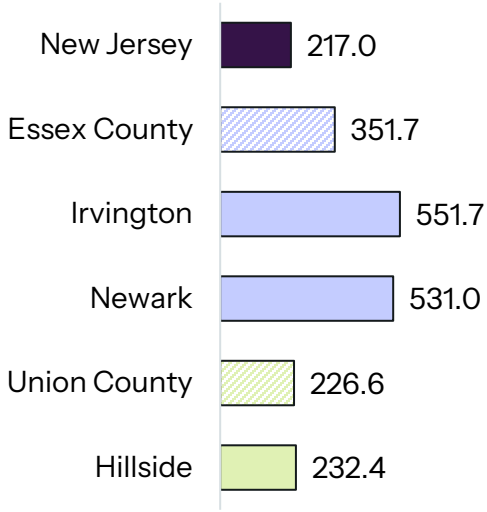
Violence Prevention and Safety

Newark has experienced higher levels of both violent and property crime compared with county and state benchmarks. The city's violent crime rate (531.0 per 100,000) exceeded the Essex County rate (351.7) and was more than double the statewide rate (217.0) (Figure 23). Property crime was even more widespread, with Newark at 1,874.7 incidents per 100,000, above both Essex County (1,770.7) and New Jersey overall (1,429.5) (Figure 24).

Community members identified violence and safety as dominant concerns, noting the ways exposure to crime—whether as victims, neighbors, or family members—affects daily routines and mental health. As one participant shared, *"You don't always feel safe letting your kids outside. The violence makes people stay in, and it affects everything."* Residents also pointed to the impact on young people: *"The kids see shootings and fights all the time—it changes how they grow up and what they think is normal."*

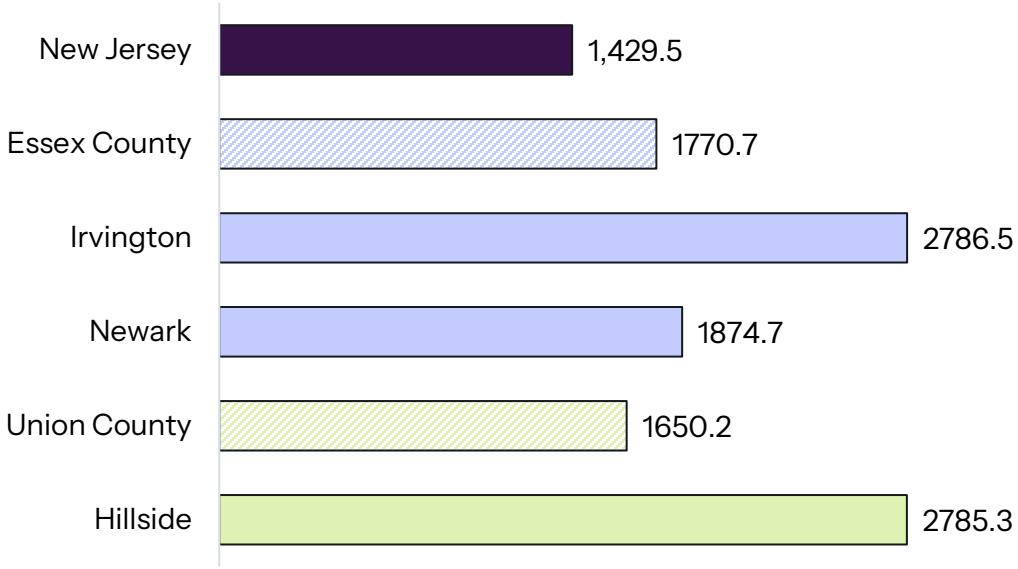
These findings underscore that violence and safety are not only criminal justice issues but also central to community health, influencing mental wellness, social cohesion, and the ability of residents to feel secure in their homes and neighborhoods.

Figure 23. Violent Crime Rate per 100,000 Population, by State, County, and Town, 2022



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

Figure 24. Property Crime Rate per 100,000 Population, by State, County and Town, 2022



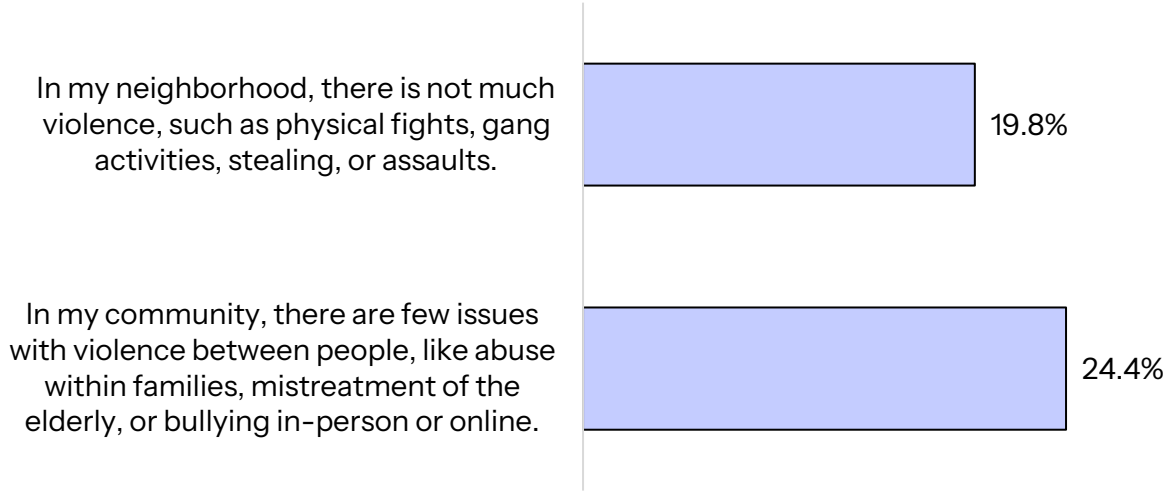
DATA SOURCE: NJ Department of Law & Public Safety, Office of the Attorney General, Uniform Crime Reporting, 2024

Survey data highlight residents' concerns about safety in Newark. Only one in five respondents (19.8%) agreed there was not much neighborhood violence, such as fights, gang activity, or theft (Figure 25). Respondents also saw interpersonal safety as an issue – only one in four

(24.4%) of survey respondents agreed there were few issues such as family violence, elder mistreatment, or bullying in their community.

Community members frequently named safety as a dominant issue, particularly for children and youth. One resident explained, *"The kids see shootings and fights all the time—it changes how they grow up and what they think is normal."* These concerns reinforce violence and safety as a priority area for NBIMC.

Figure 25. Percent of NBIMC PSA Survey Respondents Who Agreed/Strongly Agreed with the Statements Related to Community Safety, (n=369), 2024



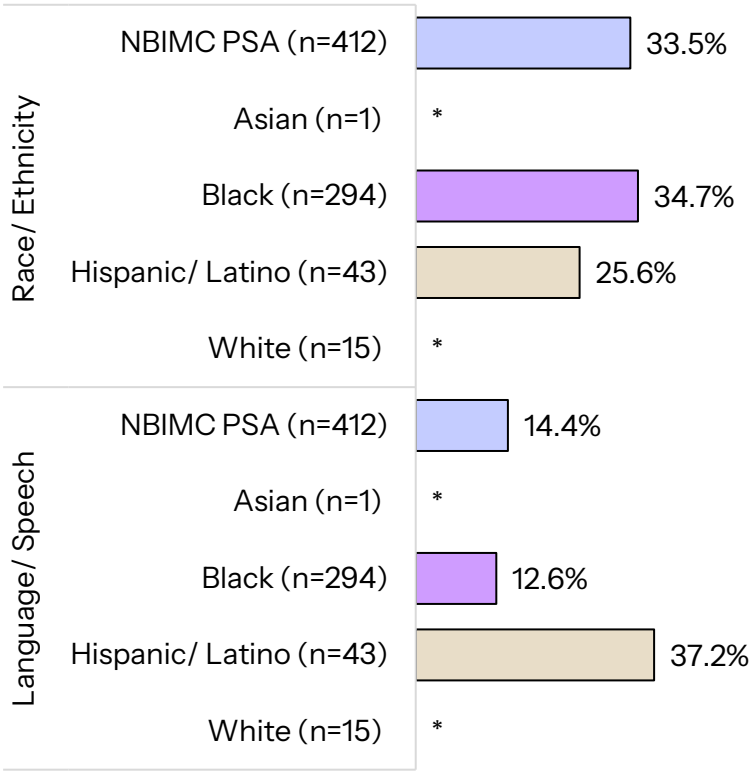
DATA SOURCE: Community Health Needs Assessment Survey, 2024

Systemic Racism and Discrimination

Survey data show that discrimination in healthcare is a significant issue for residents in the NBIMC service area. About one-third (33.5%) of respondents overall reported experiencing discrimination when receiving medical care due to their race or ethnicity (Figure 26). Latino respondents were most likely to report language-based discrimination (37.2%).

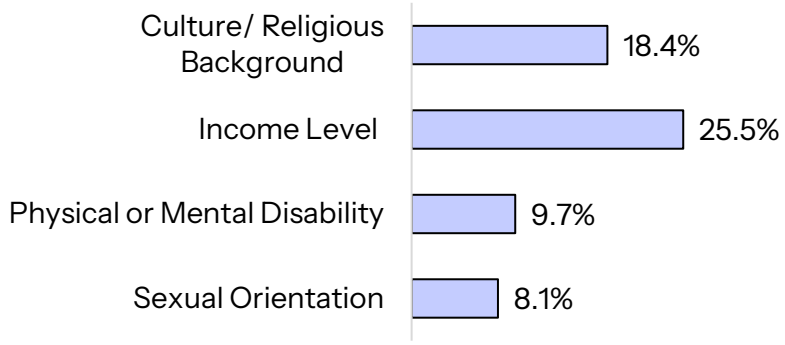
Respondents also discussed feeling discriminated against when receiving medical care because of their cultural/religious background (18.4% of respondents), income level (25.5%), physical or mental disability (9.7%), or sexual orientation (8.1%) (Figure 27). Sub-sample sizes were too small to analyze these responses by different sub-groups.

Figure 26. Percent of NBIMC PSA Survey Respondents Reporting Experiences of Discrimination while Receiving Medical Care, by Sociodemographic Characteristic, by Race/Ethnicity, 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: An asterisk (*) means that data were suppressed. Most data were suppressed by race/ethnicity for culture/religious background, income level, and physical or mental disability, so only overall percentages were shown. Stratification by sexual orientation was also suppressed.

Figure 27. Percent of NBIMC PSA Survey Respondents Reporting Experiences of Discrimination while Receiving Medical Care, by Specific Sociodemographic, 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

Community Health Issues

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

Community Perceptions of Health

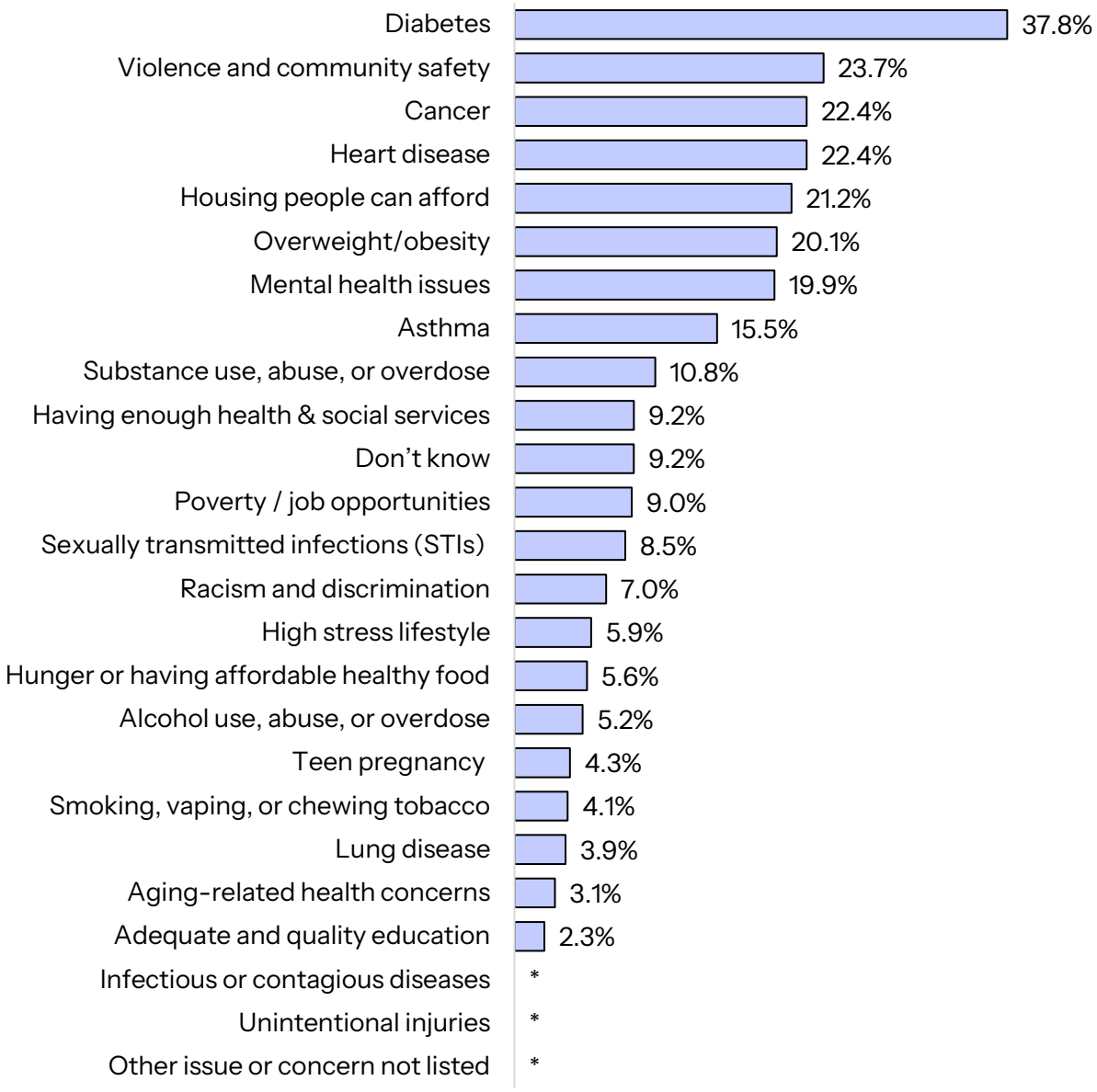
Understanding residents' perceptions of health helps provide insights into lived experiences, including key health concerns, and facilitators and barriers to addressing health conditions. Focus group participants and interviewees were asked about top concerns in their communities. Participants identified social and economic issues such as financial and food insecurity, housing, and transportation – and how these were associated with chronic conditions that affect many members of the community, including high blood pressure and diabetes.

They also discussed the challenges of accessing care and the difficulties of managing chronic conditions, the increase in mental health concerns, particularly among youth, and the need to bolster their detection, management, and trauma-informed care, and the emerging environmental context, effecting distrust of the healthcare system, safety, and government. Participants discussed the need for more sustainable funding for social and health services in the context of growing demand.

Community survey respondents were presented with a list of issues and could write in others and were asked to mark the top three health concerns or issues in their community overall. Survey respondents identified a range of health concerns in the NBIMC service area, with chronic disease, safety, and housing emerging most often (Figure 28). Diabetes was the most frequently cited issue (37.8%), followed by violence and community safety (23.7%), cancer (22.4%), heart disease (22.4%), and affordable housing (21.2%). Mental health (19.9%) and overweight/obesity (20.1%) were also among the top concerns.

When responses were examined by race/ethnicity, differences emerged (Table 13). Black respondents most often cited diabetes (37.6%) and housing affordability (24.1%), while Hispanic/Latino respondents highlighted diabetes (31.8%), overweight/obesity (30.6%), and cancer (27.1%). Mental health concerns were noted by over one in five Black respondents (21.2%). These results point to both shared concerns across groups—such as diabetes and safety—and disparities in how community members experience and prioritize health challenges.

Figure 28. Top Health Concerns in the Community Overall, NBIMC PSA Residents, (n=612), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Respondents were asked to select the top three health issues or concerns in their community. Results are aggregated for all selections from all respondents. An asterisk (*) means that data were suppressed.

Differences in top health concerns emerged by race and ethnicity (Table 13). Diabetes was the leading concern among Black (37.6%) and Latino (31.8%) respondents, while Black respondents also prioritized housing affordability (24.1%) and Latino respondents identified overweight/ obesity (30.6%) and cancer (27.1%). Mental health was noted by over one in five Black

respondents (21.2%). These differences illustrate how experiences of chronic disease and economic strain vary across groups in the NBIMC service area.

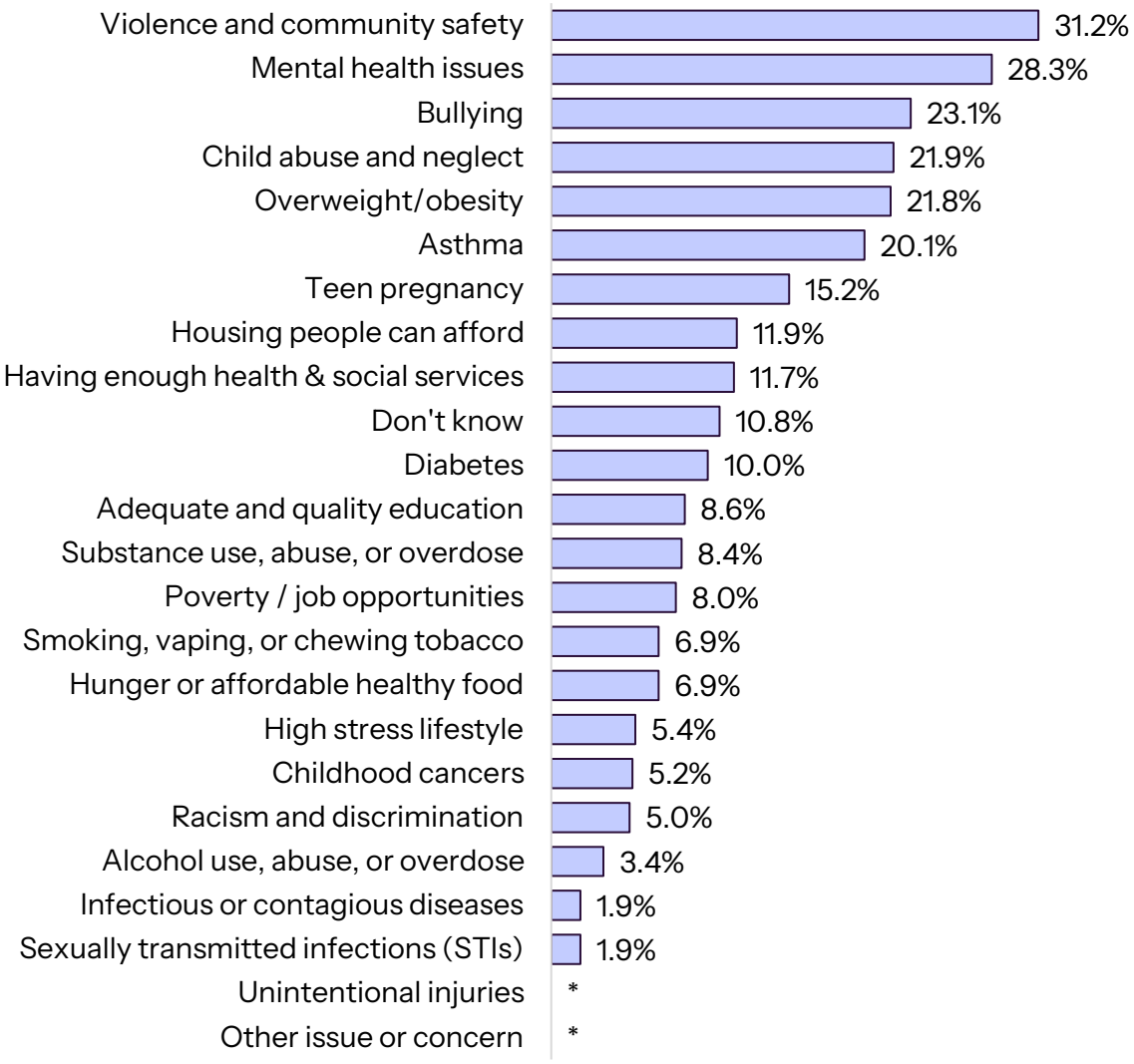
Table 13. Top Health Concerns in the Community Overall, NBIMC PSA Residents, by Race/Ethnicity, (n=612), 2024

	NBIMC PSA (n=612)	Asian (n=3)	Black (n=457)	Hispanic/ Latino (n=85)	White (n=21)
1	Diabetes (37.8%)	*	Diabetes (37.6%)	Diabetes (31.8%)	*
2	Violence and community safety (23.7%)	*	Housing people can afford (24.1%)	Overweight/obesity (30.6%)	*
3	Cancer (22.4%)	*	Violence and community safety (23.4%)	Cancer (27.1%)	*
4	Heart disease (22.4%)	*	Heart disease (21.2%)	Violence and community safety (22.4%)	*
5	Housing people can afford (21.2%)	*	Mental health issues (21.2%)	Heart disease (21.2%)	*

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. An asterisk (*) means that data were suppressed.

Survey respondents also identified health concerns specific to children and youth in the NBIMC primary service area. Violence and community safety (31.2%) and mental health issues (28.3%) were the most frequently reported concerns, followed by bullying (23.1%), child abuse and neglect (21.9%), and overweight/obesity (21.8%) (Figure 29). Additional concerns noted in write-in responses included social media use, excessive screen time, environmental issues, and limited opportunities for positive youth development and childcare.

Figure 29. Top Health Concerns in the Community for Children and Youth, NBIMC PSA Residents, (n=538), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Respondents were asked to select the top three health issues or concerns in their community. Results are aggregated for all selections from all respondents. An asterisk (*) means that data were suppressed.

As with other issues, there were differences by race/ethnicity in top concerns for children and youth (Table 14). Violence and community safety was the top concern among Black respondents (32.2%), while overweight/obesity was the leading issue for Latino respondents (36.4%). Mental health was identified as a top concern for both Black (27.4%) and Latino (31.2%) respondents. Bullying ranked higher among Latino respondents (27.3%) compared to other groups, while asthma was a priority for Latino youth (24.7%).

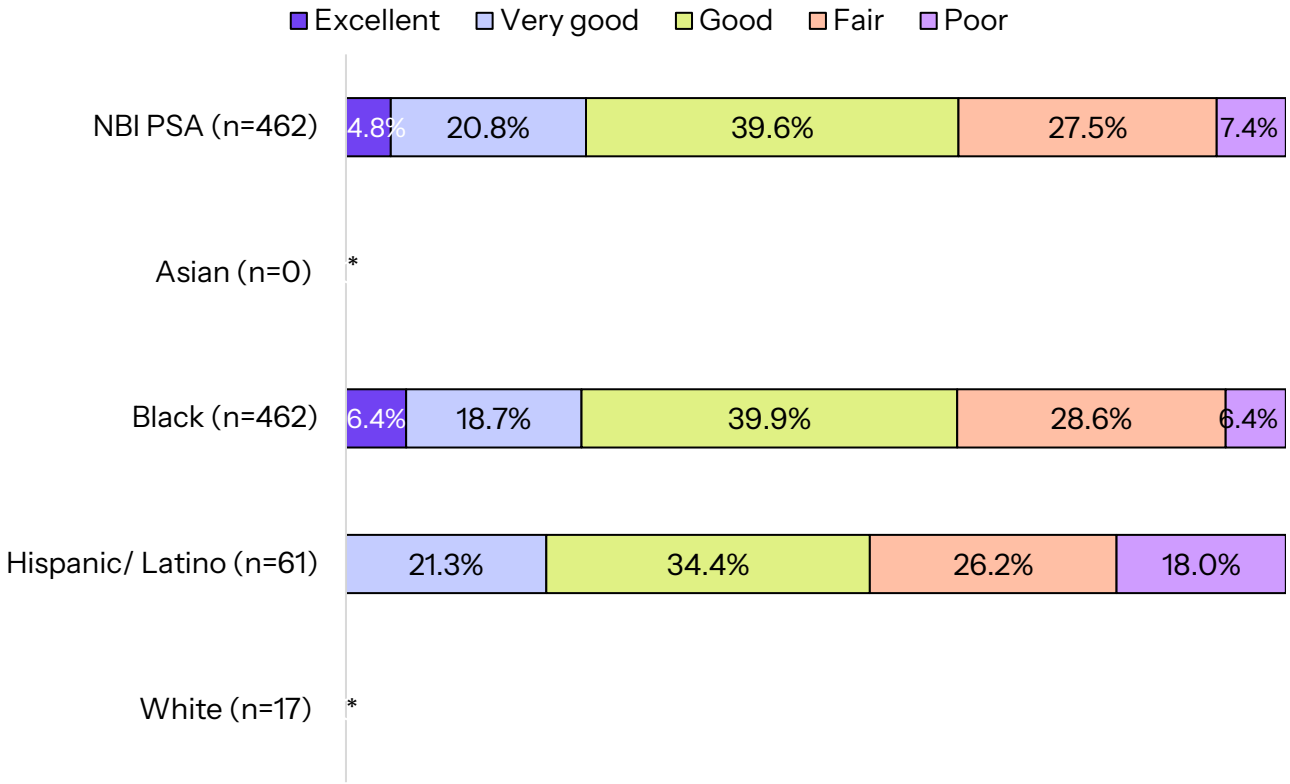
Table 14. Top Health Concerns in the Community for Children and Youth, NBIMC PSA Residents, by Race/Ethnicity, (n=538), 2024

	NBIMC PSA (n=538)	Asian (n=2)	Black (n=398)	Hispanic/ Latino (n=77)	White (n=19)
1	Violence and community safety (31.2%)	*	Violence and community safety (32.2%)	Overweight/obesity (36.4%)	*
2	Mental health issues (28.3%)	*	Mental health issues (27.4%)	Mental health issues (31.2%)	*
3	Bullying (23.1%)	*	Child abuse and neglect (23.1%)	Bullying (27.3%)	*
4	Child abuse and neglect (21.9%)	*	Bullying (22.6%)	Asthma (24.7%)	*
5	Overweight/obesity (21.8%)	*	Overweight/obesity (19.9%)	Child abuse and neglect (24.7%)	*

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 respondents in the NBIMC service area rated their health as good (39.6%) or very good (20.8%), while 27.5% reported fair health and 7.4% reported poor health (Figure 30). Black respondents most often rated their health as good (39.9%) but nearly 29% reported fair health. Hispanic/Latino respondents were more likely to report very good health (34.4%), though 18.0% rated their health as poor.

Figure 30. Self-Assessed Overall Health Status, NBIMC PSA Residents, by Race/Ethnicity, (n=462), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: An asterisk (*) for the Asian and White categories means that data were suppressed for all responses. For the Hispanic/Latino category, the "Excellent" response was suppressed and is not shown.

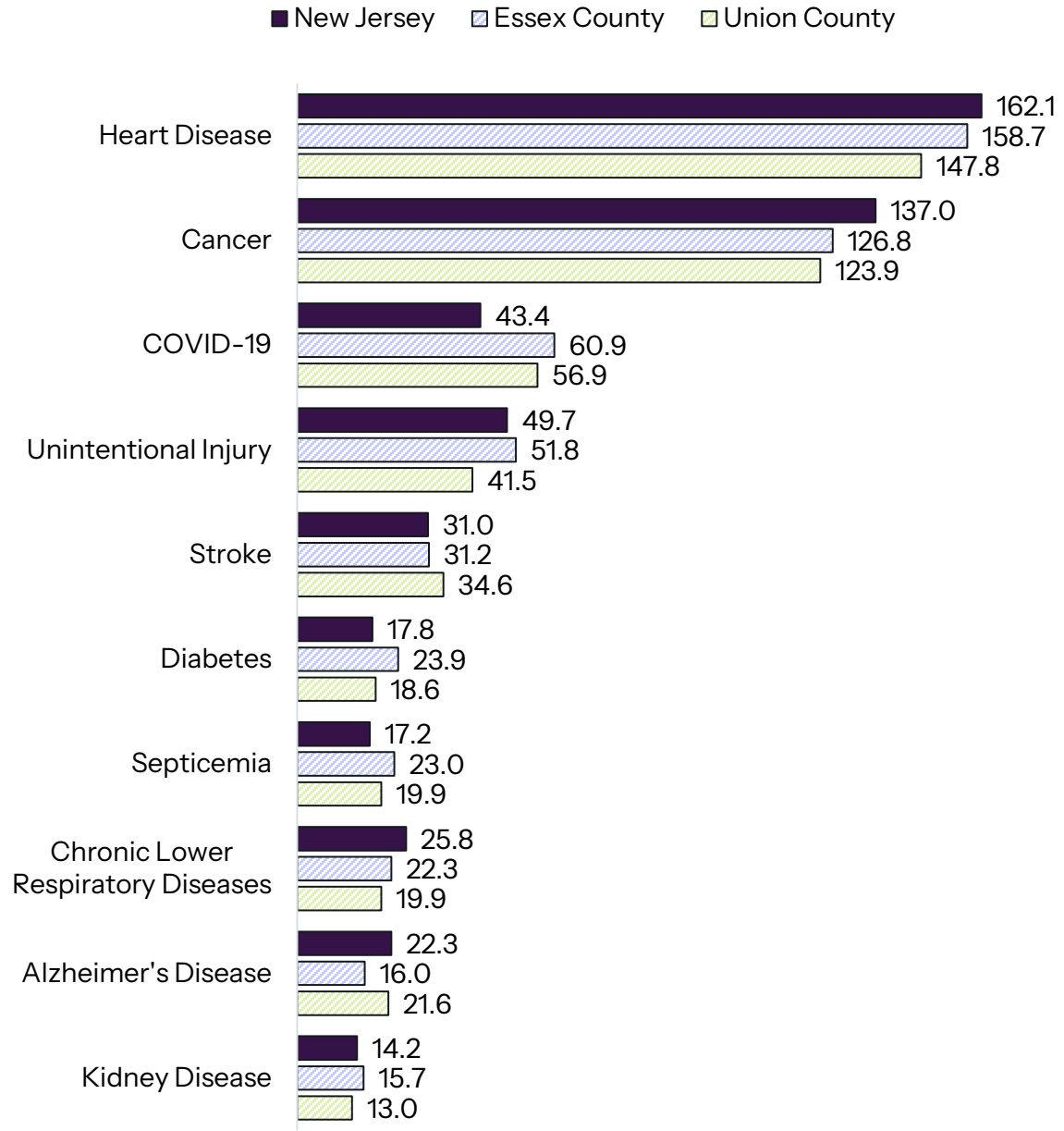
Leading Causes of Death and Premature Mortality

Most health data are provided at the county level. From 2017–2021, heart disease was the leading cause of death in Essex County, Union County, and New Jersey overall, with rates ranging from 147.8 per 100,000 in Union County to 162.1 per 100,000 statewide (Figure 31). Cancer was the second leading cause, followed by COVID-19.

Unintentional injury mortality was higher in Essex County (51.8 per 100,000) than the state overall (49.7). These injuries include causes such as motor vehicle crashes and falls, with drug overdose a key driver in recent years. Consistent with Healthy NJ 2020, injury and violence prevention remain statewide priority areas.[11] More data on injury deaths and hospitalizations as well as life expectancy can be found in Appendix E. Additional Data Tables and Graphs.

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

Figure 31. Top 10 Age-Adjusted Mortality Rates per 100,000, by State and County, 2017-2021

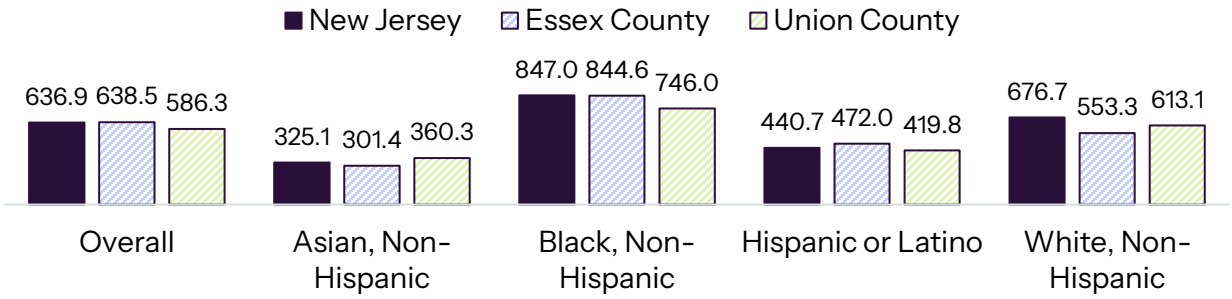


DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024

Age-adjusted mortality rates highlight disparities across race and ethnicity in the NBIMC service area. In 2023, Black residents experienced the highest mortality rate, at 847.0 per 100,000 in New Jersey and 844.6 per 100,000 in Essex County, compared to 636.9 per 100,000 statewide overall (Figure 32). Hispanic/Latino residents had lower mortality rates than the state average, while White residents had higher rates than Hispanic/Latino and Asian

residents. These differences underscore persistent inequities in health outcomes by race and ethnicity.

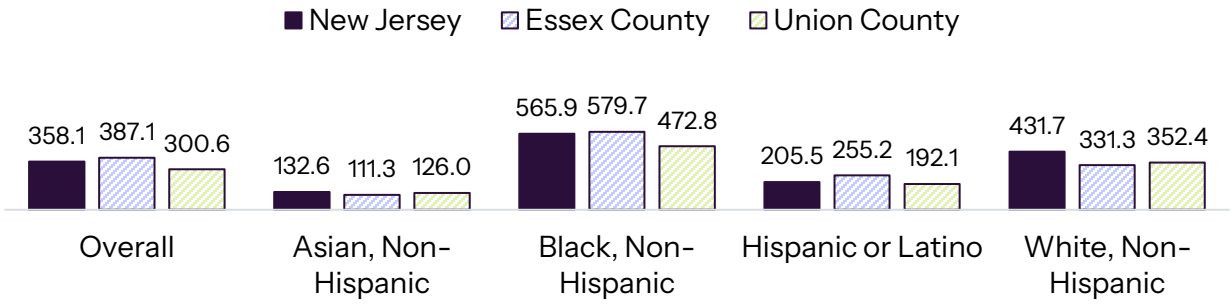
Figure 32. Age-Adjusted Mortality Rate per 100,000, by Race/Ethnicity, by State and County, 2023



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

Premature mortality, defined as deaths before age 75, remains a significant issue in the NBIMC service area. In 2023, Essex County's overall premature mortality rate was 387.1 per 100,000, higher than the state average of 358.1 per 100,000 (Figure 33). Black residents faced the highest rates, with 579.7 per 100,000 in Essex County compared to 565.9 per 100,000 statewide. Hispanic/Latino residents (255.2 per 100,000) and Asian residents (111.3 per 100,000) experienced substantially lower rates, while White residents (331.3 per 100,000) were closer to the county and state averages. These patterns highlight persistent inequities, with Black residents facing a disproportionate burden of premature death in Newark and the surrounding area.

Figure 33. Premature Mortality (Deaths Before Age 75) Rate per 100,000, by Race/Ethnicity, by State and County, 2023



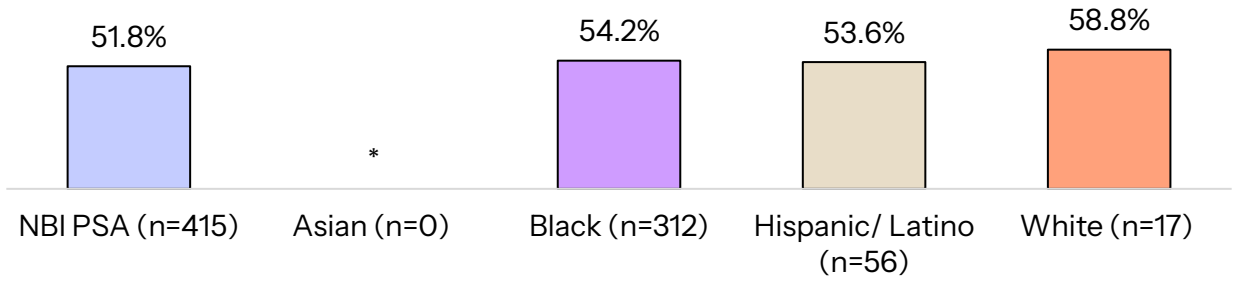
DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024

Overweight, Obesity, and Physical Activity

Obesity is a leading cause of preventable death in the United States and increases the risk of chronic conditions among adults and children. While overweight/obesity was identified as one of the top five health concerns for children and youth in the NBIMC primary service area, it was not raised as a prominent theme in focus groups or interviews.

Survey data show that just over half of respondents (51.8%) reported ever being told by a healthcare provider that they had a weight problem, with proportions highest among White (58.8%) and Black (54.2%) respondents (Figure 34). In comparison, County Health Rankings data indicate that nearly 3 in 10 adults in Essex County (29.0%) reported being obese in 2022, similar to the statewide rate (29.1%) (Figure 107). One participant emphasized the challenge for families, noting, *"Healthy food is expensive, and kids end up eating what's affordable, not what's best for them."*

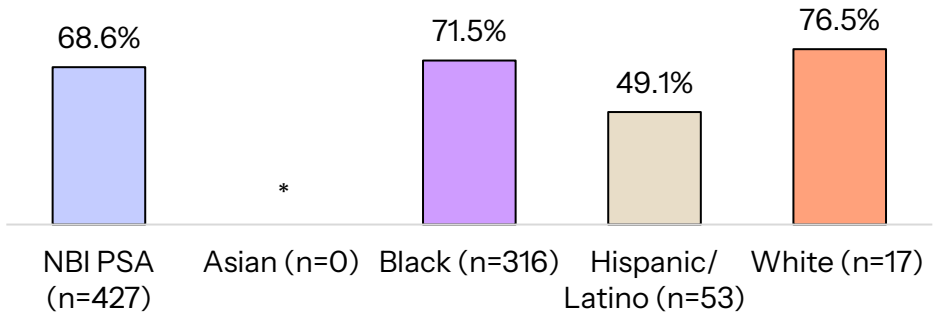
Figure 34. NBIMC PSA Survey Respondents Reporting Ever Being Told They Have a Weight Problem by a Healthcare Provider, by Race/Ethnicity, (n=415), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: An asterisk (*) means that data were suppressed.

Physical activity is an important factor for maintaining health and preventing chronic disease. In the NBIMC primary service area, more than two-thirds of survey respondents (68.6%) reported engaging in physical activity in the past month. Rates were highest among White respondents (76.5%) and Black respondents (71.5%), while just under half of Hispanic/Latino respondents (49.1%) reported being physically active (Figure 35).

Figure 35. NBIMC PSA Survey Respondents Reporting Any Physical Activity or Exercise in the Past Month, by Race/Ethnicity, (n=427), 2024



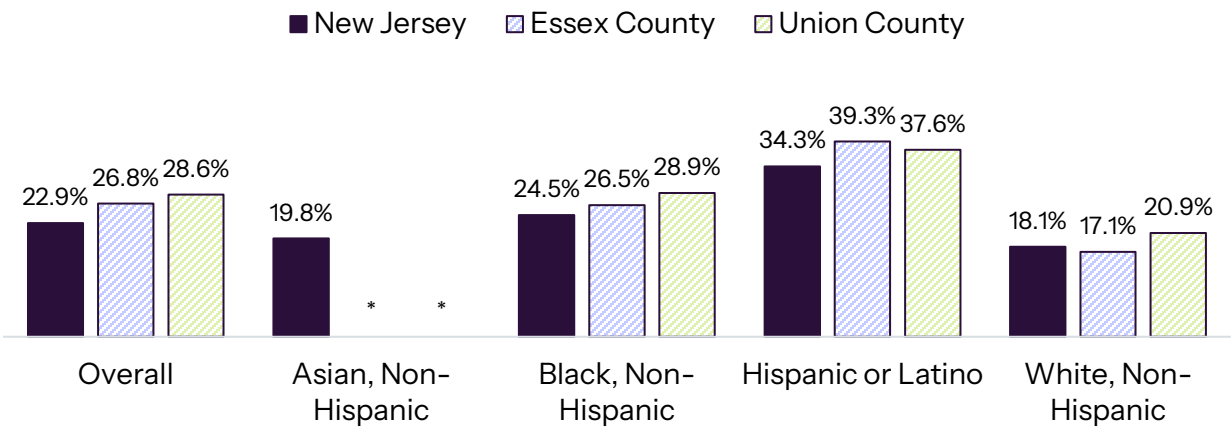
DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: An asterisk (*) means that data were suppressed.

Parents reported that they hope that their children are physically active. One resident emphasized the importance of access, noting, *"When there are safe parks and open spaces, it*

makes it easier for families to stay active." Among children, respondents noted participation in physical activity for at least 60 minutes on 5 of the past 7 days.

Despite these reported levels of activity, more than one in five adults (22.9%) in New Jersey reported no leisure time for physical activity, with higher proportions among Hispanic/Latino (39.3%) and Black (26.5%) residents (Figure 36). At the same time, nearly all Essex County residents (99.5%) had adequate access to a location for physical activity, comparable to state averages (Figure 84). As one participant explained, *"There are parks, but not all of them feel safe or well maintained, so people don't always use them."*

Figure 36. Percent of Adults Reporting No Leisure Time for Physical Activity, by Race/Ethnicity, by State and County, 2022



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

Chronic Conditions

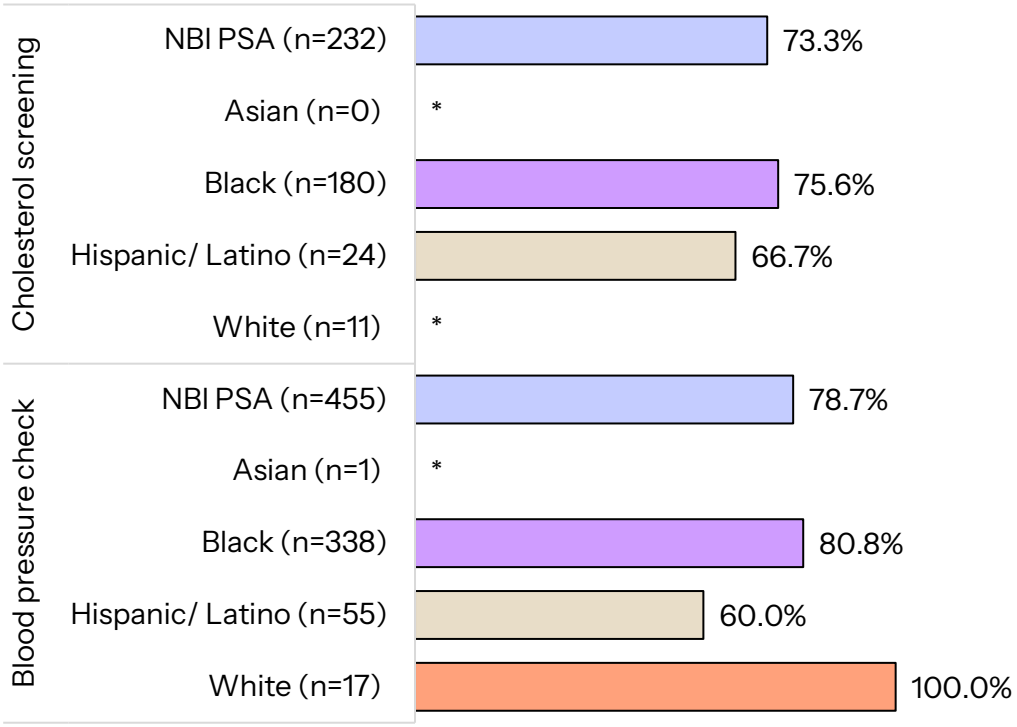
Chronic conditions such as heart disease, diabetes, chronic obstructive pulmonary disease (COPD), and cancer remain among the most common and serious health issues nationally. In the NBIMC service area, community members expressed concerns about high rates of diabetes, asthma, and cancer, particularly among older adults, unhoused residents, and residents of color. Interviewees highlighted challenges with chronic disease management, including diabetes complications leading to amputations, and late cancer detection. The following section presents health data related to chronic conditions, including screening, incidence, and mortality in the NBIMC service area.

High Cholesterol and High Blood Pressure

High cholesterol and high blood pressure are major risk factors for heart disease, stroke, and other chronic conditions. In the NBIMC service area, 73.3% of survey respondents reported cholesterol screening in the past two years, and 78.7% reported a blood pressure check (Figure 37). Screening rates varied by race and ethnicity. Latino respondents reported the lowest rates of cholesterol (66.7%) and blood pressure screening (60.0%), compared with higher rates among Black (75.6% and 80.8%) and White (100% for both) respondents. These differences

highlight disparities in preventive care that may contribute to inequities in chronic disease outcomes.

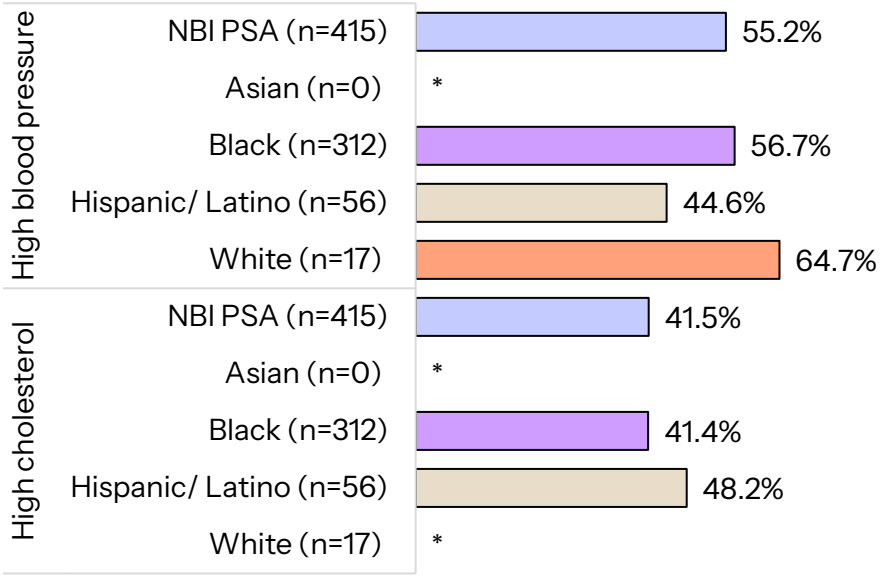
Figure 37. Percent of NBIMC PSA Survey Respondents Reporting Participation in Cholesterol and Blood Pressure Screening in the Past 2 Years, by Race/Ethnicity, 2024



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. An asterisk (*) means that data were suppressed.

Survey data show that many residents in the NBIMC service area have been told by a provider that they had high blood pressure (55.2%) or high cholesterol (41.5%) (Figure 38). Rates varied by race and ethnicity. White respondents reported the highest rates of high blood pressure (64.7%), followed by Black (56.7%) and Latino (44.6%) respondents. For high cholesterol, Latino respondents reported the highest rates (48.2%) compared with 41.4% of Black respondents. These findings should not be interpreted as prevalence, as the survey used a convenience sample and access to screening and diagnosis differs across groups.

Figure 38. Percent of NBIMC PSA Survey Respondents Ever Told They Had High Blood Pressure or High Cholesterol by a Provider, by Race/Ethnicity, 2024

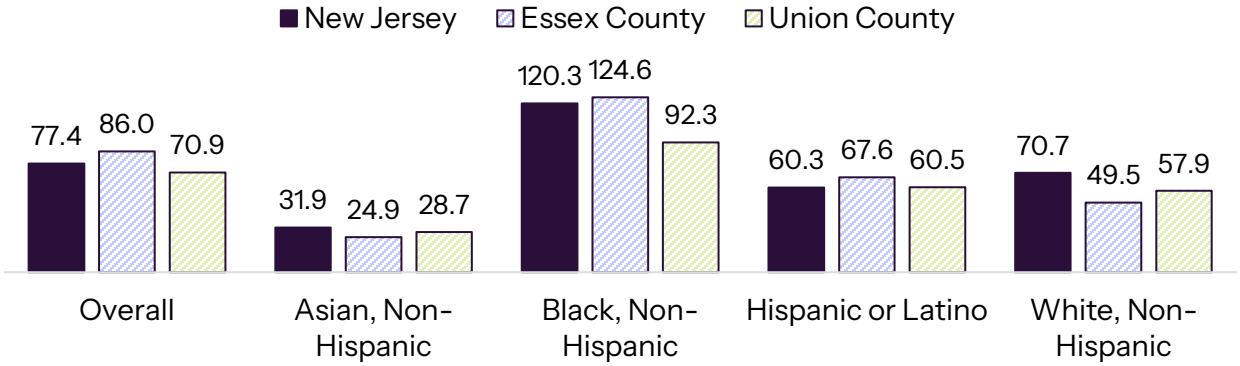


DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: An asterisk (*) means that data were suppressed.

Heart Disease

Heart disease, while not a major theme in focus groups or interviews, remains the leading cause of death in the NBIMC service area and is closely tied to conditions residents did raise, such as diabetes and obesity. In 2023, the rate of cardiovascular disease hospitalizations was 77.4 per 10,000 statewide compared with 86.0 in Essex County (Figure 39). Stark disparities were evident by race and ethnicity. Black residents experienced the highest hospitalization rates (120.3 per 10,000), nearly double the rate of White residents (70.7 per 10,000) and more than four times that of Asian residents (24.9 per 10,000).

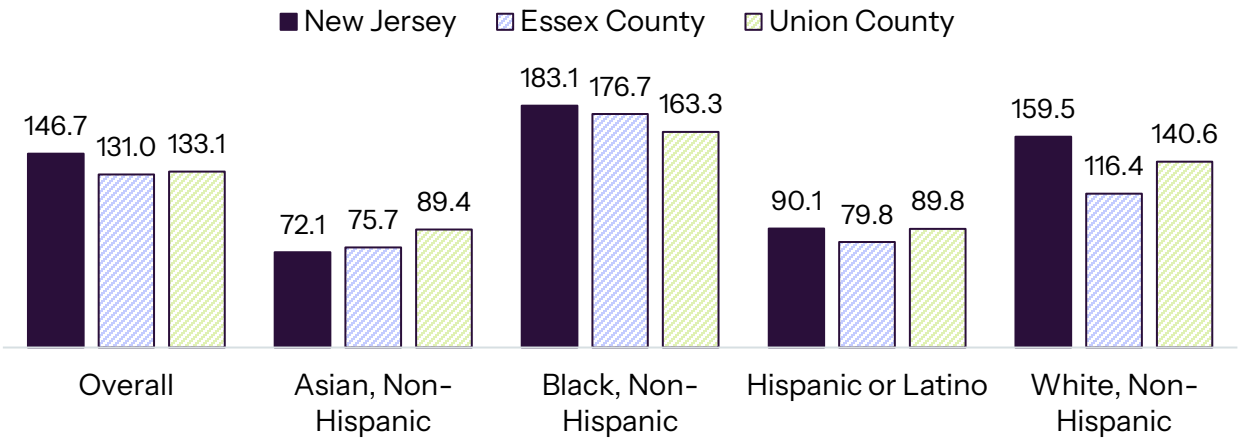
Figure 39. Age-Adjusted Inpatient Hospitalizations due to Cardiovascular Disease as Primary Diagnosis per 10,000, by Race/Ethnicity, by State and County, 2023



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

Heart disease continues to be a leading cause of death in the NBIMC service area. In 2023, the cardiovascular disease mortality rate was 146.7 per 100,000 statewide, compared to 131.0 in Essex County and 133.1 in Union County (Figure 40). Marked disparities were evident by race and ethnicity. Black residents had the highest mortality rate (183.1 per 100,000), followed by White residents (159.5 per 100,000), both well above the rates among Hispanic/Latino (90.1 per 100,000) and Asian residents (72.1 per 100,000).

Figure 40. Age-Adjusted Cardiovascular Disease Mortality per 100,000, by Race/Ethnicity, by State and County, 2023



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

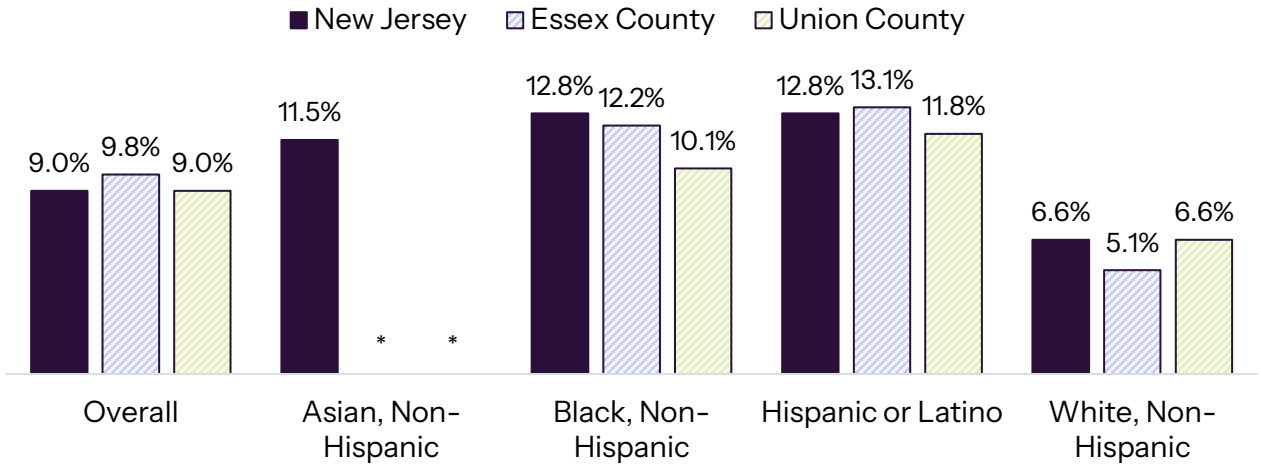
Among NBIMC survey respondents, 18.1% reported ever being told by a provider that they had a heart condition, and only about one in five survey respondents (20.1%) indicated that they had received any education on heart disease in the past two years,

Diabetes

Diabetes and its management were top health concerns raised by participants in the NBIMC service area. Interviewees noted that chronic conditions like diabetes, hypertension, asthma, and obesity remain highly prevalent, and emphasized the importance of patient education and supportive strategies such as community health workers and food pharmacy programs: *"Hypertension and diabetes are the prevailing issues… also asthma, obesity… we need to provide counseling and how to use CHWs and the food pharmacy approach."*

Survey data reflect these concerns, with diabetes ranking as the fourth top health issue identified by respondents. Surveillance data show that between 2017 and 2021, 6.5% of adults in Essex County reported a diabetes diagnosis, below the statewide average of 9.2%. However, racial disparities were evident: Latino (17.3%) and Black (13.6%) residents reported significantly higher rates, surpassing state averages (Figure 41).

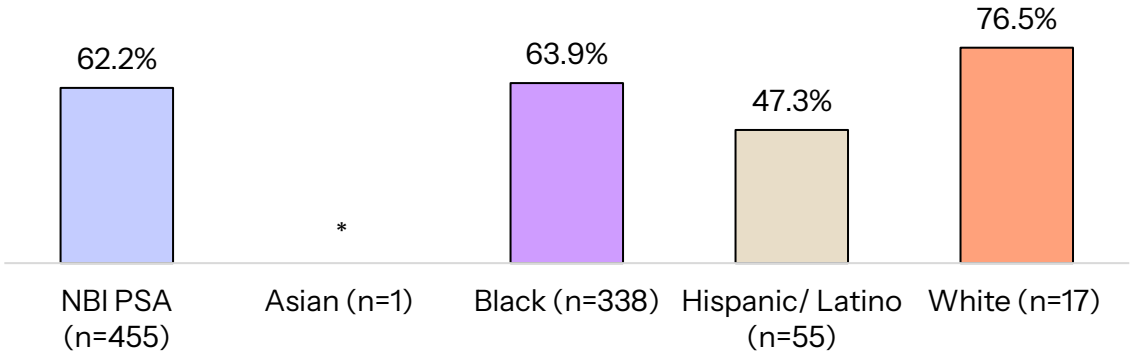
Figure 41. Percent of Adults Reporting Diabetes Diagnosis, by Race/Ethnicity, by State and County, 2018-2022



DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2018-2022
NOTE: Asterisk (*) means that data are suppressed, as the rate does not meet the National Center for Health Statistics standards of statistical reliability for presentation.

Regular screening is an important part of diabetes prevention and management. In the NBIMC service area, 62.2% of community survey respondents reported participating in diabetes screenings or blood sugar checks in the past two years (Figure 42). These screening rates varied by race/ethnicity. While more than three-quarters of White respondents (76.5%) and nearly two-thirds of Black respondents (63.9%) reported recent screenings, fewer than half of Latino survey respondents (47.3%) had participated.

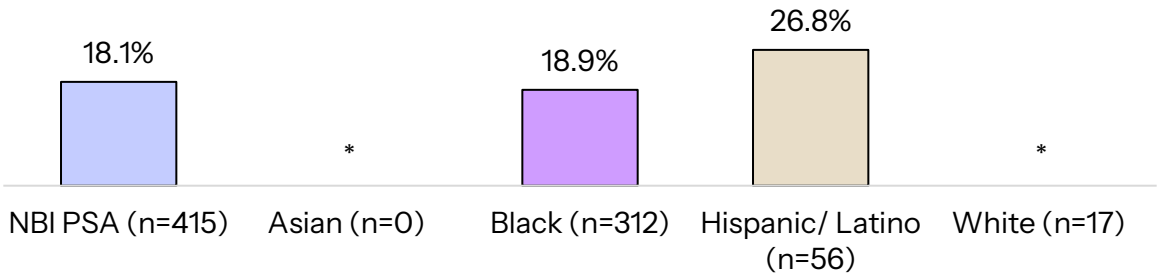
Figure 42. Percent of NBIMC PSA Survey Respondents Who Participated in Diabetes Screenings or Blood Sugar Checks in the Past 2 Years, by Race/Ethnicity, (n=455), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: An asterisk (*) means that data were suppressed.

Nearly one in five NBIMC service area survey respondents (18.1%) reported ever being told by a healthcare provider that they had diabetes (Figure 43).

Figure 43. Percent of NBIMC PSA Survey Respondents Ever Being Told They Had Diabetes by a Provider, by Race/Ethnicity, (n=415), 2024



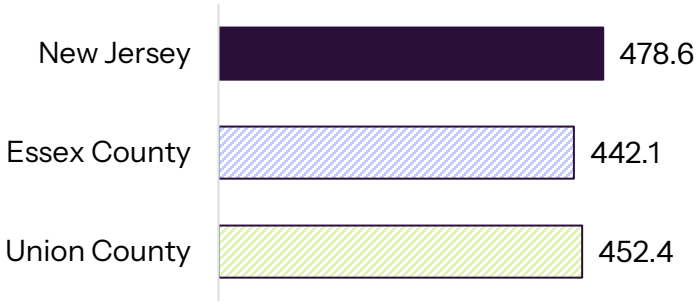
DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: An asterisk (*) means that data were suppressed.

Cancer

Cancer is the second leading cause of death in New Jersey and the NBIMC service area. Between 2017 and 2021, the age-adjusted invasive cancer incidence rate was 473.6 per 100,000 residents statewide, 439.1 in Essex County, and 448.1 in Union County (Figure 44). Prostate, breast, and lung cancers were the most common types.

During the same period, the cancer mortality rate was 137.0 deaths per 100,000 statewide, 126.8 in Essex County, and 123.9 in Union County (Figure 108). Black residents experienced the highest cancer mortality (153.9 per 100,000), followed by White residents (146.8 per 100,000). While cancer was not a dominant theme in focus groups, participants expressed concern about late-stage diagnoses among low-income and unhoused residents. Survey respondents also identified cancer as one of the top community health concerns.

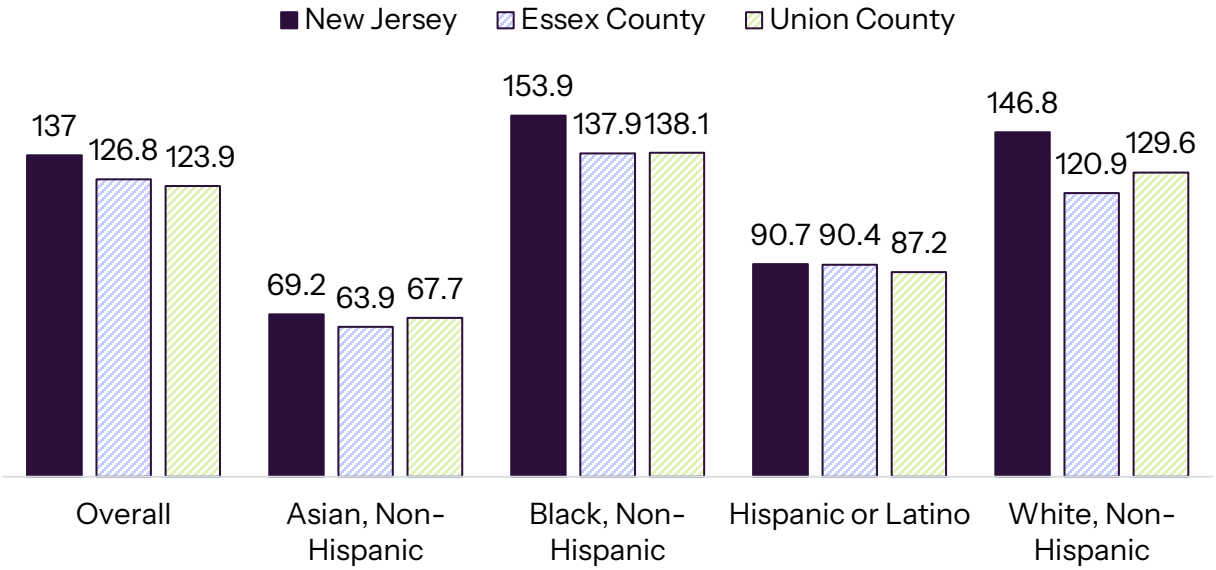
Figure 44. Age-Adjusted Invasive Cancer Incidence Rate per 100,000, by State and County, 2017-2021



DATA SOURCE: New Jersey State Cancer Registry, 2024

From 2017–2021, the overall cancer mortality rate in the NBIMC service area (126.8 per 100,000 in Essex County and 123.9 per 100,000 in Union County) was slightly lower than the state rate of 137.0 per 100,000 (Figure 45). Mortality rates were highest among Black residents (153.9 per 100,000), exceeding both the state and county averages. In contrast, Asian and Latino residents had the lowest cancer mortality rates, at 69.2 and 90.7 per 100,000, respectively.

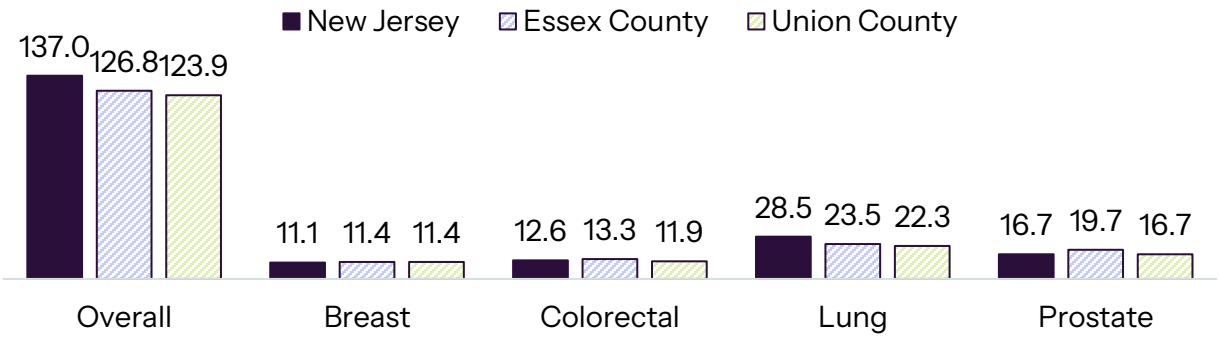
Figure 45. Age-Adjusted Deaths Due to Cancer per 100,000, by Race/Ethnicity, by State and County, 2017-2021



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

From 2017–2021, lung cancer accounted for the highest cancer mortality in New Jersey (28.5 per 100,000), followed by colorectal (12.6 per 100,000), prostate (16.7 per 100,000), and breast cancer (11.1 per 100,000) (Figure 46). Rates in Essex and Union counties were generally lower than the state average for lung and colorectal cancers but were comparable for breast and prostate cancers.

Figure 46. Age-Adjusted Deaths Due to Cancer per 100,000, by Cancer Site, State and County, 2017-2021



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

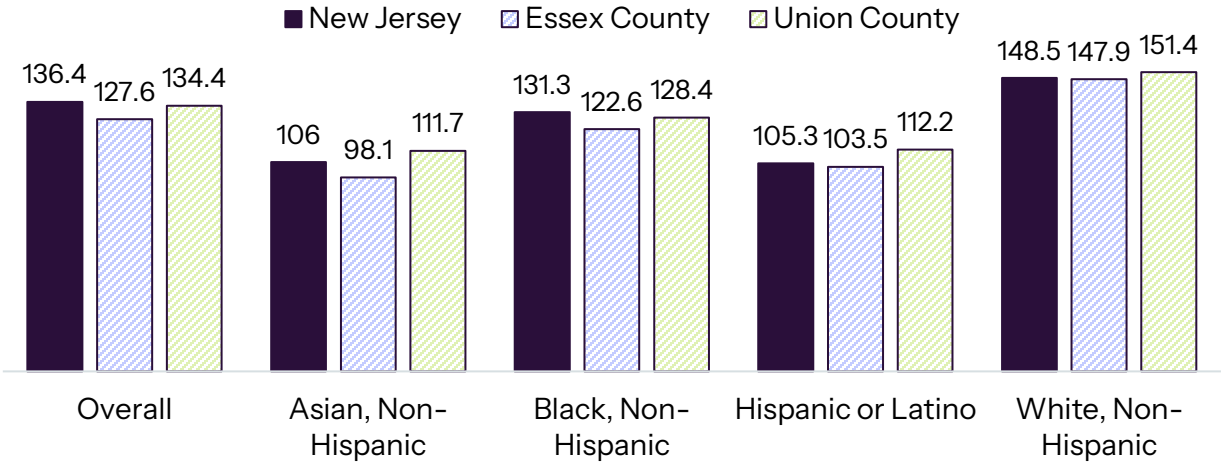
Breast Cancer

Breast cancer remains a key health concern in the NBIMC service area. From 2017–2021, the overall incidence rate of female breast cancer was 136.4 per 100,000 statewide, with rates highest among White women (148.5 per 100,000) and lowest among Asian women (106.0 per 100,000) (Figure 47). Mortality rates also varied by race/ethnicity, with Black women

experiencing the highest breast cancer death rate (15.2 per 100,000), nearly double that of Hispanic/Latina women (6.8 per 100,000).

In community discussions, participants raised concerns about late detection and barriers to care, particularly for low-income and immigrant women. One participant explained, *"We see women come in with late-stage diagnoses because they didn't have access to screenings earlier."* These findings highlight inequities in both prevention and survival outcomes. More information on breast cancer deaths can be found in Figure 93 in Appendix E. Additional Data Tables and Graphs.

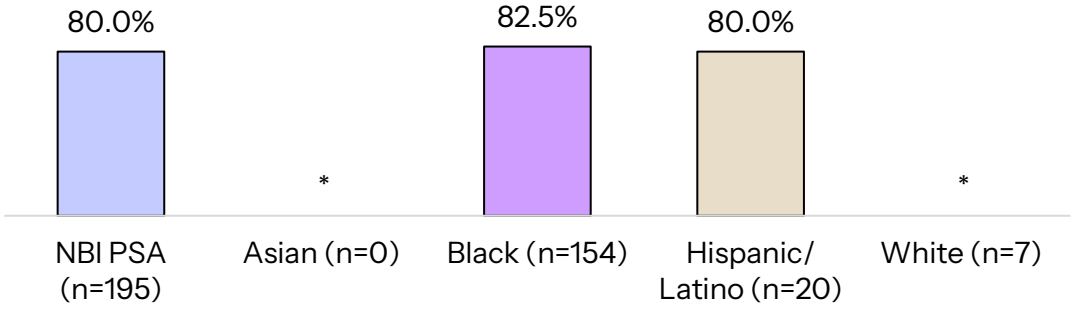
Figure 47. Age-Adjusted Rate of Female Breast Cancer per 100,000, by Race/Ethnicity, by State and County, 2017-2021



DATA SOURCE: New Jersey State Cancer Registry, 2024

Screening and early detection are critical for improving breast cancer outcomes. In the NBIMC service area, 80.0% of female survey respondents reported having a mammogram or breast exam screening in the past two years (Figure 48).

Figure 48. Percent of NBIMC PSA Survey Respondents Who Had Mammography or Breast Exam Screening in the Past 2 Years, by Race/Ethnicity, (n=195) 2024



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

HPV-Associated Cancers

Human papillomavirus (HPV) is a group of viruses that spread through vaginal, anal, and oral sex. While most infections resolve on their own, HPV can cause several cancers, including cancers of the throat, cervix, anus, penis, vagina, and vulva. From 2017–2021, the most common HPV-associated cancer across New Jersey, Essex County, and Union County was oral cavity and pharynx cancer, with rates of 11.2, 9.9, and 9.2 per 100,000 residents, respectively (Table 15). Cervical cancer rates were slightly higher in Essex County (8.8 per 100,000) compared with Union County (7.1 per 100,000) and the state overall (7.2 per 100,000).

Focus group participants in the NBIMC service area highlighted concerns about HPV prevention and the need for greater access to screenings and vaccines for younger populations. One resident explained, *"We need more education and access for HPV vaccines because too many people still don't know this is preventable."*

Prostate cancer mortality also contributes to the cancer burden in the NBIMC service area. Mortality rates were highest among Black men, with age-adjusted rates of 11.9 per 100,000 statewide, 10.1 per 100,000 in Essex County, and 10.1 per 100,000 in Union County (Figure 94 in Appendix E. Additional Data Tables and Graphs).

Table 15. Age-Adjusted Rate of HPV-Associated Cancers per 100,000, by State and County, 2017-2021

	Oral Cavity & Pharynx	Anus	Penis (Male)	Vagina (Female)	Vulva (Female)	Cervix Uterine Cavity
New Jersey	11.2	1.8	0.9	0.6	2.9	7.2
Essex County	9.9	1.4	0.9	0.6	2.8	8.8
Union County	9.2	1.5	1.3	0.6*	2.8	7.1

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

Colon and Skin Cancer Screenings

Colon and skin cancers are relatively common and may not have noticeable symptoms in their early stages. Regular screenings are among the most effective tools for early detection and treatment. Among NBIMC PSA survey respondents, 42.6% reported receiving a colon cancer screening in the past two years. Participation in skin cancer screening was far lower, with only 5.6% of respondents reporting a screening.

Community members emphasized the need for greater awareness and access to timely screening and follow-up care. One participant shared, *"People are finding out too late—by the time they get checked, it's already advanced."*

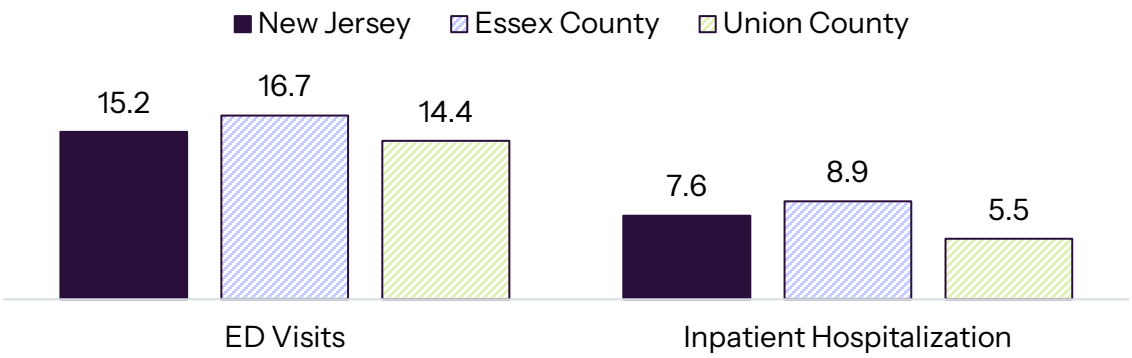
Chronic Obstructive Pulmonary Disease (COPD)

Chronic obstructive pulmonary disease (COPD) is a chronic inflammatory lung disease and a leading cause of chronic lower respiratory disease, which ranked as the sixth leading cause of death in New Jersey in 2021. In 2023, the age-adjusted rate of ED visits due to COPD was 16.7 per 10,000 in Essex County, higher than the statewide rate of 15.2 per 10,000 (Figure 49). Rates

of COPD-related inpatient hospitalizations were also higher in Essex (8.9 per 10,000) compared to New Jersey overall (7.6 per 10,000).

Community members described challenges related to lung health and care access, particularly in connection with asthma and COPD. As one participant shared, *"We see a lot of breathing issues in this area, and people can't always afford the specialists or medications to manage it."* Hospital discharge rates for chronic ambulatory-care sensitive conditions, which include COPD, are presented in Appendix F. Hospitalization Data.

Figure 49. Age-Adjusted Rate of Emergency Department Visits and Inpatient Hospitalizations due to Chronic Obstructive Pulmonary Disease as Primary Diagnosis, per 10,000, by State and County, 2023



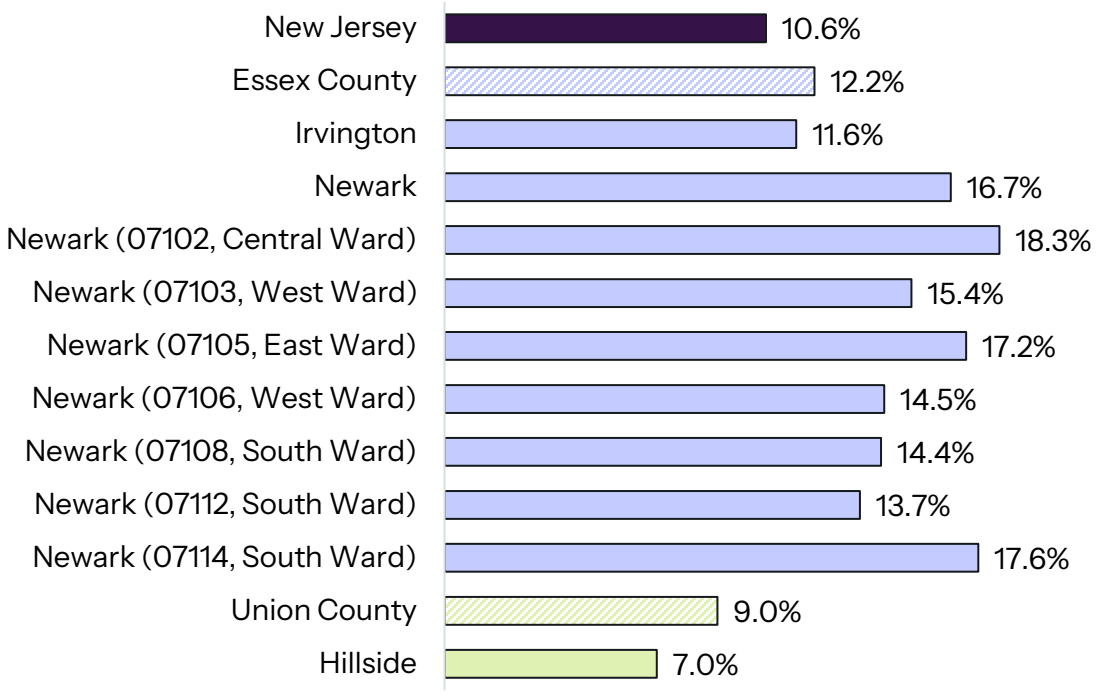
DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

Disability

Disabilities such as hearing, vision, cognitive, or mobility impairment impact residents' daily lives, often limiting independence, self-care, or mobility. According to 2019–2023 American Community Survey estimates, 12.2% of Essex County residents and 9.0% of Union County residents reported having a disability, both higher than the statewide average of 10.6%. Within Newark, the percentage of people with a disability ranged from 13.7% in the South Ward (07112) to 18.3% in the Central Ward (07102), highlighting significant variation across neighborhoods (Figure 50).

While disability was not a prominent theme in focus groups, interviewees emphasized the intersection of disability with chronic disease, aging, and homelessness. One participant explained, *"We see all too many people within the homeless population who have horrible wounds often because of untreated diabetes and end up having amputations."* Another noted, *"We have a gamut of services for people with disabilities. The goal is to help them stay in their home."* More information on the percent of residents with a disability by age can be found in Appendix E. Additional Data Tables and Graphs.

Figure 50. Percent of Persons with a Disability, by State, County, and Town, 2019-2023



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

Mental Health and Behavioral Health

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

Mental Health

Mental health was consistently identified as a pressing concern by NBIMC interview and focus group participants. Residents highlighted challenges such as depression, anxiety, stress, trauma, hoarding, and substance use, all of which have been exacerbated since the COVID-19 pandemic. Participants also expressed concern that suicide rates had risen in the community.

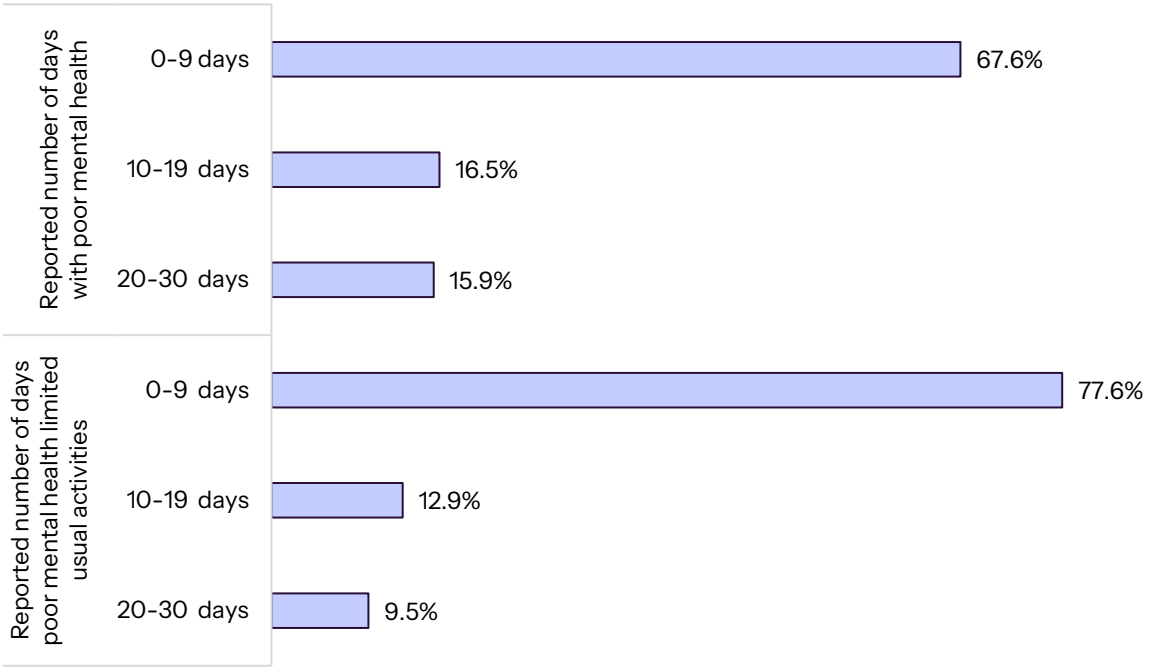
> *"More and more people with mental health issues…literally every other person who comes to see us…since COVID, people who used to resist treatment are now begging for it."*
> – Key informant interviewee

Youth mental health was frequently emphasized. As one interviewee explained, *"One of my grave concerns is the mental health of kids. Since COVID, like the rest of the country, we are seeing a rise in mental health issues in kids. For the first time, we had to hire a psychologist and behavioral health specialist for the summer camp program."*

Older adults were also noted as particularly vulnerable. Interviewees reported that isolation during the pandemic contributed to high rates of depression and accelerated decline among residents with Alzheimer's disease and dementia. One interviewee reflected on *"the huge impact and fallout of isolation in the older adult population and the rapid decline in those who may have Alzheimer's or dementia due to lack of socialization."*

Survey data reinforce these concerns. More than three in ten NBIMC service area respondents (32.4%) reported experiencing poor mental health for 10 or more days in the past month, while nearly one-quarter (22.4%) reported that poor mental health limited their daily activities for 10 or more days (Figure 51). Prevalence of depression can be found in Figure 99 in Appendix E. Additional Data Tables and Graphs.

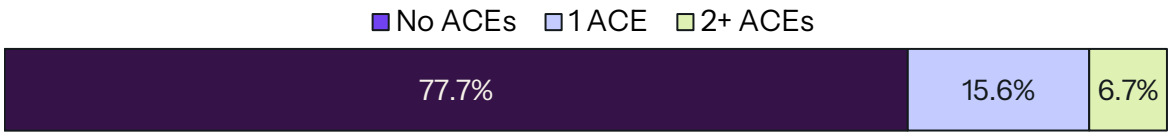
Figure 51. Percent of NBIMC PSA Survey Respondents with Poor Mental Health in the Last 30 Days, 2024



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 352 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 357 respondents.

Adverse childhood experiences (ACEs)—such as exposure to abuse, neglect, or household dysfunction—are linked to poor mental and physical health outcomes throughout the life course. While ACEs data are not available at the local level for the NBIMC service area, state data provides important context. In New Jersey, 15.6% of children have experienced one ACE, and 6.7% have experienced two or more ACEs (Figure 52). These experiences increase risk for chronic disease, substance use, and mental health challenges later in life.

Figure 52. Percent of Children with Adverse Childhood Experiences (ACEs), by State, 2022-2023



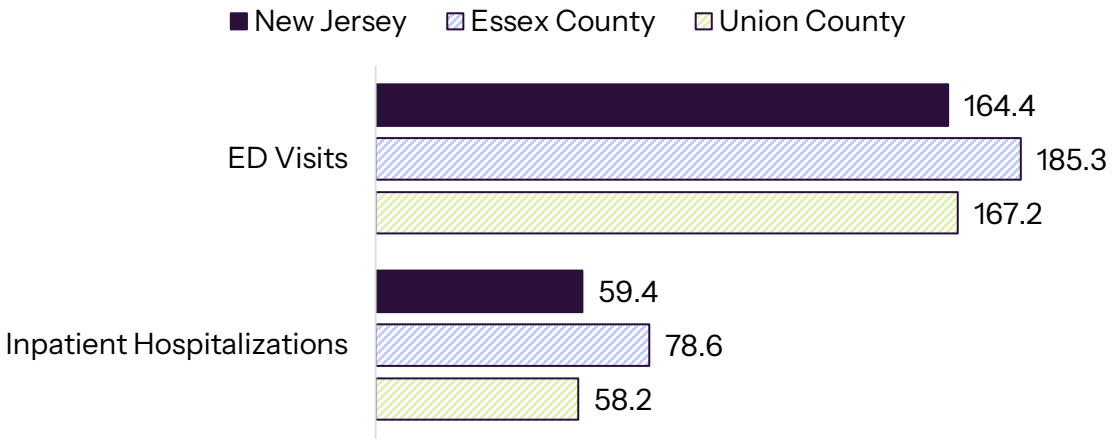
DATA SOURCE: National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau, 2022-2023

Access to mental health counseling is an important indicator of community capacity to address mental health needs. In the NBIMC service area, 19.5% of survey respondents reported receiving mental health counseling in the past two years. Focus group and interview participants highlighted barriers to accessing these services, noting issues of cost, availability, and stigma. One participant explained, *"Even when people want counseling, there's a waitlist or it's too expensive, so they just go without. That's especially true in neighborhoods where services are already scarce."*

Hospital discharge data show that in 2023, Essex County residents experienced higher rates of emergency department visits for mental health (185.3 per 10,000) compared to New Jersey overall (164.4 per 10,000), while Union County had a comparable rate (167.2 per 10,000) (Figure 53). Inpatient hospitalization rates for mental health were also higher in Essex County (78.6 per 10,000) than statewide (59.4 per 10,000). Key informant interviewees discussed the strain on mental health services and how those who work in the healthcare and social service system are challenged on where to send people for needed services.

> *"We see a lot of mental health issues, but the problem is where to send people – there just aren't enough providers or places to refer them."*
> – Key informant interviewee

Figure 53. Age Adjusted Rate of Emergency Visits and Inpatient Hospitalizations 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 data show that between 2017 and 2021, suicide mortality rates were lower in Essex County (5.4 per 100,000) and Union County (6.0 per 100,000) compared to the statewide average (7.3 per 100,000) (Table 16). Across New Jersey, White residents had the highest rates of suicide deaths (9.1 per 100,000) compared to other racial and ethnic groups. Community members expressed concern that suicide risk is closely linked to the broader mental health crisis, particularly for youth. One participant shared, *"We are seeing more*

suicides and suicidal ideation among young people—it feels like the system is not set up to respond fast enough."

Table 16. Age-Adjusted Rate of Suicide Deaths per 100,000, by Race/Ethnicity, by State and County, 2017-2021

	Overall	Asian, Non-Hispanic	Black, Non-Hispanic	Hispanic or Latino	White, Non-Hispanic
New Jersey	7.3	4.3	4.2	4.3	9.1
Essex County	5.4	4.6	3.7	4.7	7.5
Union County	6.0	5.4	3.1	4.7	7.8

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

Hospital discharge data show that pediatric hospitalizations for mental health conditions (ages 19 and under) were higher in Essex County (31.2 per 10,000) and Union County (30.7 per 10,000) compared to the state overall (28.5 per 10,000) (Table 17). Black children in Essex County had the highest hospitalization rates (32.2 per 10,000), while Asian children had the lowest (9.1 per 10,000). Community members emphasized that children and adolescents face growing mental health needs, particularly since the pandemic. One stakeholder noted, *"The younger kids are struggling in ways we didn't see before—anxiety, depression, even needing hospitalization."*

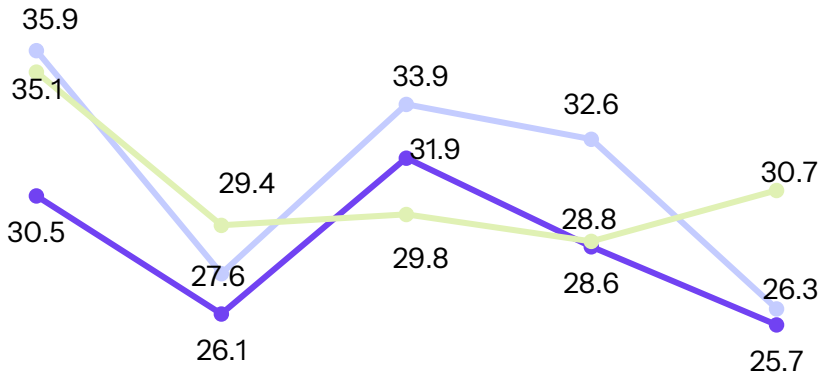
Table 17. Rate of Pediatric Hospitalizations (Ages 19 and Under) due to Mental Health per 10,000, by Race/Ethnicity, by State and County, 2019-2023

	Overall	Asian, Non-Hispanic	Black, Non-Hispanic	Hispanic or Latino	White, Non-Hispanic
New Jersey	28.5	7.3	38.4	19.1	27.5
Essex County	31.2	9.1	32.2	19.7	28.4
Union County	30.7	6.9	31.7	26.6	32.5

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

Hospital discharge data show that pediatric mental health hospitalizations in Essex County have remained higher than state averages in recent years. Between 2019 and 2023, Essex County rates fluctuated, peaking at 33.9 per 10,000 in 2021 before leveling at 26.3 per 10,000 in 2023 (Figure 54). While Union County rates followed a similar trend, Essex consistently tracked above state averages. Stakeholders emphasized that the pandemic intensified mental health challenges for children and adolescents, with one noting, *"We're seeing younger kids needing services we didn't expect—some even requiring hospitalization."*

Figure 54. Rate of Pediatric Hospitalizations (Ages 19 and Under) due to Mental Health per 10,000, by State and County, 2019-2023



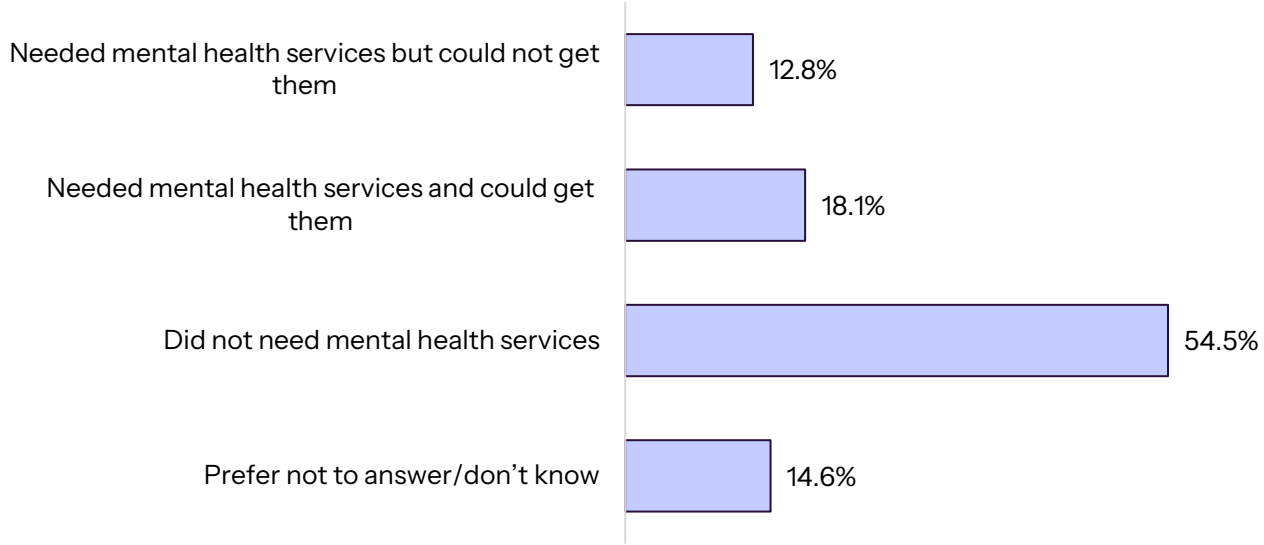
	2019	2020	2021	2022	2023
New Jersey	30.5	26.1	31.9	28.6	25.7
Essex County	35.9	27.6	33.9	32.6	26.3
Union County	35.1	29.4	29.8	28.8	30.7

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

Difficulty accessing mental health services was a common theme in NBIMC interviews and focus groups, with participants pointing to gaps in availability, affordability, and culturally responsive care. As one interviewee explained, *"We hear from families all the time that they're on waiting lists for months or that providers don't take their insurance. By then, the crisis has already escalated."*

Survey data echoed these concerns. Among NBIMC PSA respondents, 12.8% reported they needed mental health services but were *not* unable to obtain them in the past two years (Figure 55). By contrast, 18.1% reported that they needed and were able to access services. Over half of respondents (54.5%) indicated they did not need mental health services during this period.

Figure 55. NBIMC PSA Survey Respondents' Experiences Accessing Help for Mental Health Problems for Respondent or a Family Member in the Past 2 Years, (n=106), 2024

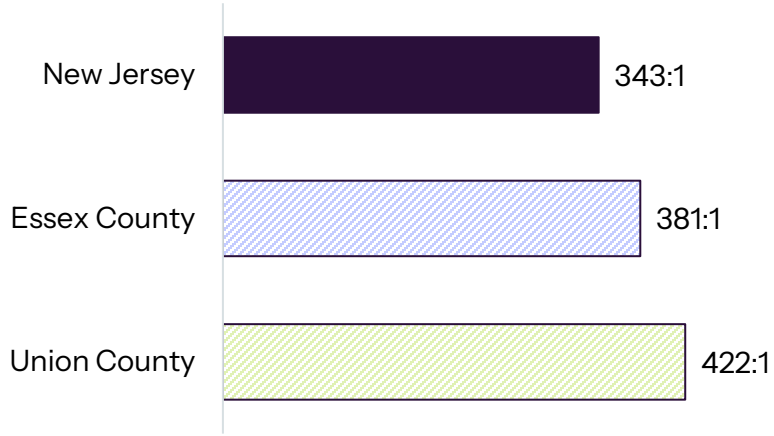


DATA SOURCE: Community Health Needs Assessment Survey, 2024

Interviewees and focus group participants consistently raised concerns about access to mental health providers, particularly for young people and those with Medicaid or no insurance. One participant explained, *"So much is misunderstood about mental health, and there are not enough services or organizations who understand and can help them in that moment."*

Provider availability data underscore these access challenges. In 2023, Essex County had one mental health provider for every 381 residents and Union County had one for every 422 residents, compared to 343 residents per provider statewide (Figure 56).

Figure 56. Ratio of Population to Mental Health Provider, by State and County, 2023

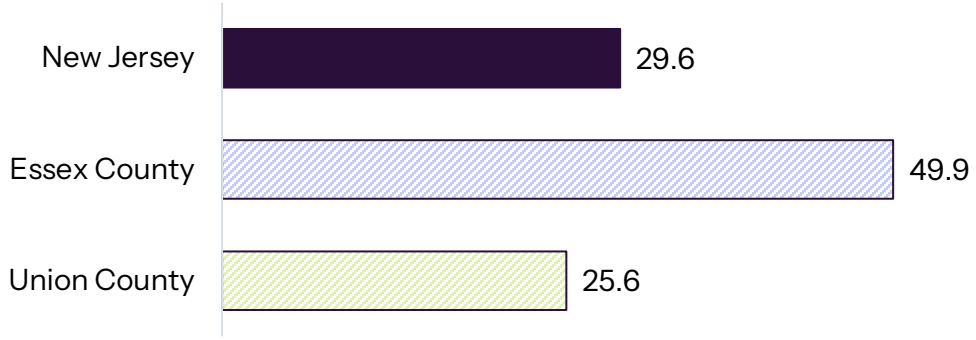


DATA SOURCE: CMS, National Provider Identification as cited by County Health Rankings, 2024

Substance Use

Problem substance use is the uncontrolled consumption of a substance, including alcohol, tobacco, or other psychoactive substances, despite harmful consequences. Substance misuse may impact health and affect social and economic well-being. Although substance use was not brought up during the qualitative interviews and focus groups, quantitative data speaks to concerns with overdoses and opioid misuse. In 2023, the opioid-related overdose mortality rate in Essex County (49.9 per 100,000) was significantly higher than the state average (29.6 per 100,000) and more than double the rate in Union County (25.6 per 100,000) (Figure 57). These data suggest attention to addressing opioid-related harms within the NBIMC service area. Additional data on other substances are presented in the Substance Use section of Appendix E. Additional Data Tables and Graphs.

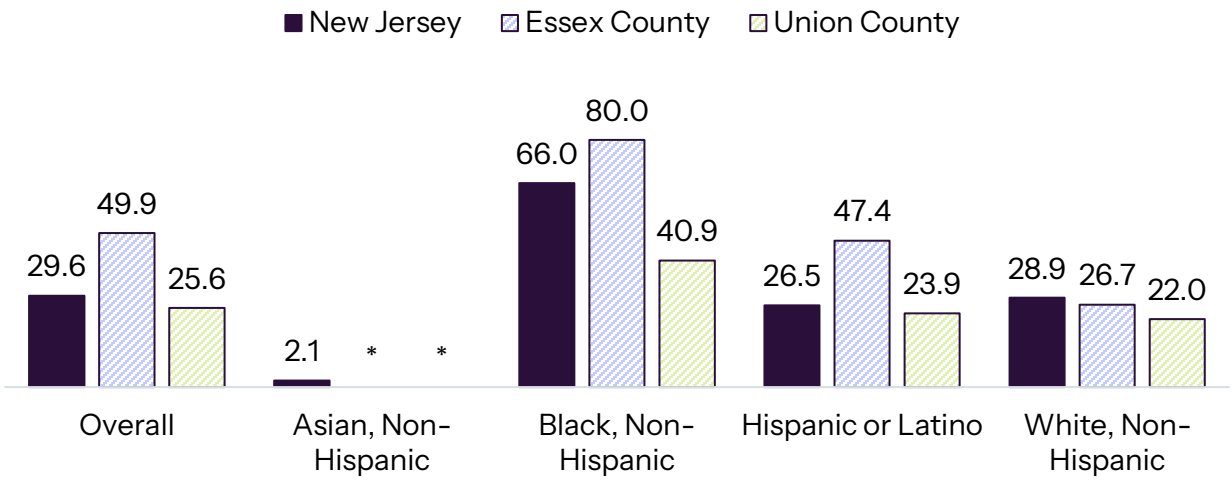
Figure 57. Age-Adjusted Rate of Unintentional Overdose Mortality per 100,000, by State and County, 2023



DATA SOURCE: NJ SUDORS v.02202025.

Racial and ethnic disparities were evident in opioid-related overdose mortality. In 2023, Black residents in Essex County experienced the highest opioid-related overdose mortality rate (80.0 per 100,000), followed by Latino residents (47.4 per 100,000) (Figure 58). Rates among White residents (22.0 per 100,000) were lower than those observed among Black and Latino residents. These disparities reflect inequities in treatment access and overdose prevention resources in the NBIMC service area.

Figure 58. Age-Adjusted Rate of Unintentional Overdose Mortality per 100,000, by Race/Ethnicity, by State and County, 2023

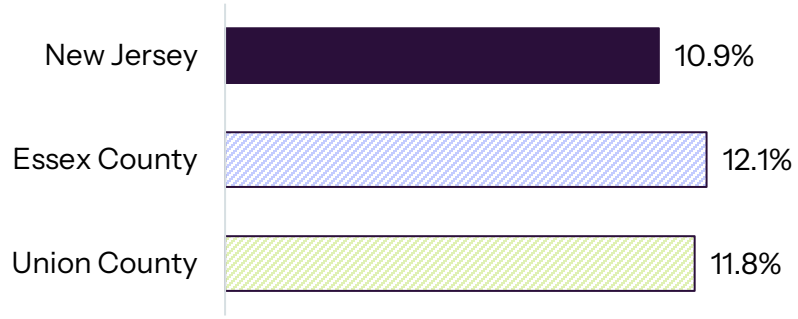


DATA SOURCE: Statewide Substance Use Overview Dashboard, Division of Mental Health and Addiction Services Department of Human Services, 2024
NOTE: Asterisk (*) means that data are suppressed, as there are fewer than 20 cases.

Tobacco use remains a concern in the NBIMC service area. In 2022, 12.1% of adults in Essex County and 11.8% in Union County reported that they were currently smoking, rates slightly higher than the statewide average of 10.9% (Figure 59).

Community voices linked the use of tobacco and other substances to broader stressors. One focus group participant noted, *"People cope with stress in different ways, and smoking or drinking are often what's available when healthier supports are out of reach."* Participants also raised concerns about youth exposure to vaping, which they felt was becoming more normalized in schools and neighborhoods.

Figure 59. Percent of Adults Who Reported Current Smoking, by State and County, 2022



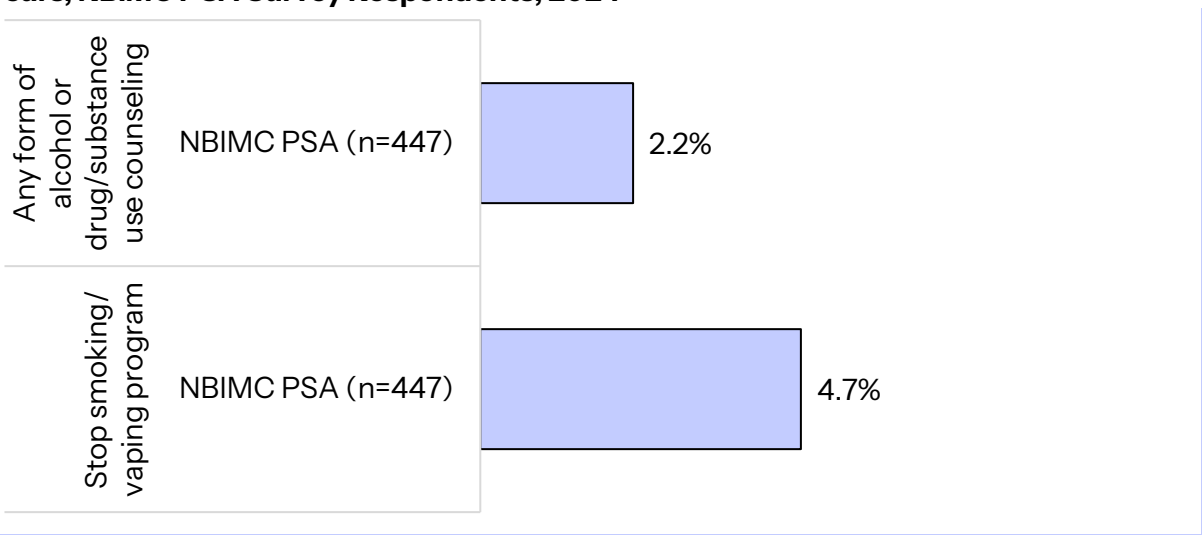
DATA SOURCE: BRFSS Small Area Estimates as cited by County Health Rankings 2024

Few residents in the NBIMC service area reported engaging in counseling or support programs related to substance use. In 2024, only 2.2% of survey respondents indicated receiving alcohol

or drug counseling. Similarly, 4.7% of respondents reported taking part in smoking or vaping cessation programs (Figure 60).

Interview and focus group participants emphasized that low participation reflects not a lack of need, but barriers to access and stigma around seeking help. As one participant explained, *"People don't always know where to go for help—or they don't want to be seen as having a problem. That stops them from ever walking through the door."* Others pointed to gaps in culturally appropriate resources, noting that existing programs often fail to resonate with Black and Latino residents who are disproportionately affected by substance use challenges.

Figure 60. Percent of Participation in Substance Use/ Stop Smoking Counseling in the Past 2 Years, NBIMC PSA Survey Respondents, 2024



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

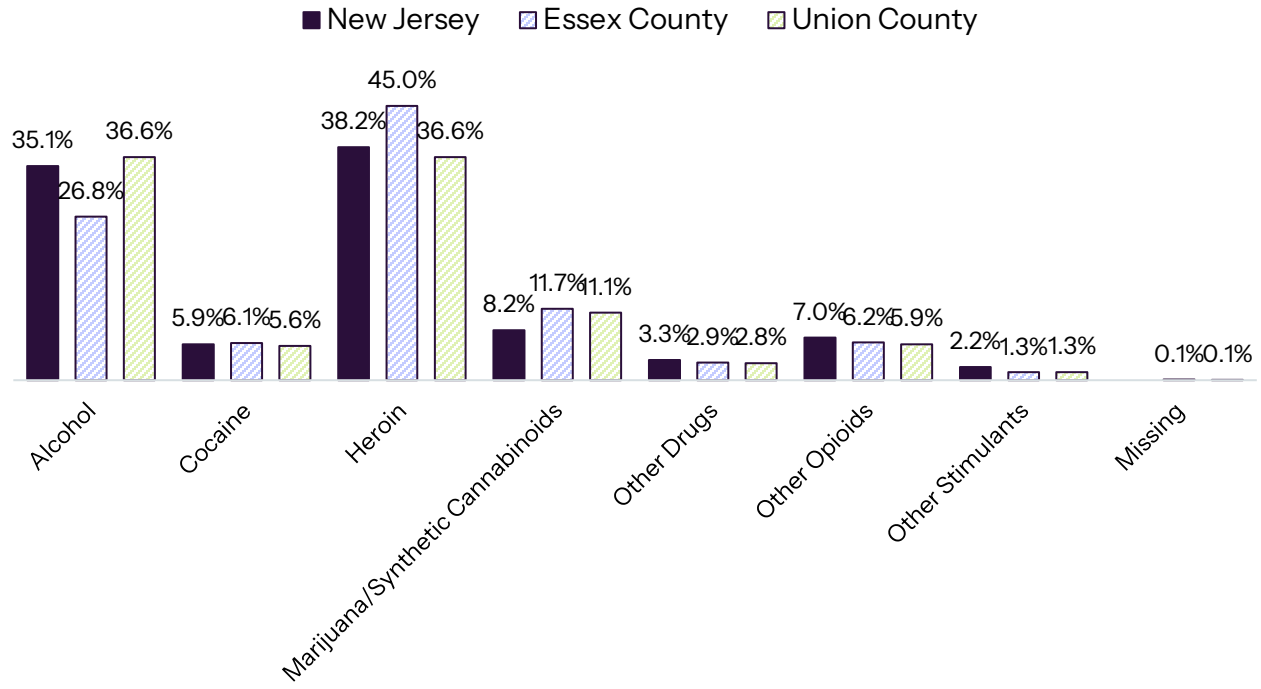
Access to substance use services was limited for some NBIMC service area residents. About 7.1% of NBIMC survey respondents said that they or a family member needed substance use services in the past two years. Among those who said they needed services, about four in ten (37.5%) indicated that they had trouble accessing those services and could not get them. While most respondents indicated they did not require services, community members in focus groups and interviews emphasized that stigma, limited awareness of resources, and lack of culturally appropriate care contribute to unmet needs.

One interviewee working with residents struggling with addiction explained, *"There is a real fear of being labeled, and that keeps people from seeking treatment even when they know they need it."* Another participant described barriers rooted in systemic inequities: *"If you don't have insurance or transportation, or if the programs don't feel like they're built for your community, you just go without."* These insights highlight that while only a small proportion of residents explicitly reported needing but not accessing treatment, barriers remain a significant challenge for those most affected by substance use.

Substance use treatment admissions in the NBIMC service area were most often related to heroin and alcohol. From 2019 to 2023, nearly two in five admissions were for heroin misuse

(38.7%), and almost one-third were for alcohol misuse (30.9%) (Figure 61). Smaller proportions of admissions were tied to marijuana, cocaine, and other opioids. Additional information on substance use treatment admission from 2018-2022 can be found in Appendix E. Additional Data Tables and Graphs.

Figure 61. Percent of Substance Use Treatment Admissions by Primary Drug, by State and County, 2019-2023



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

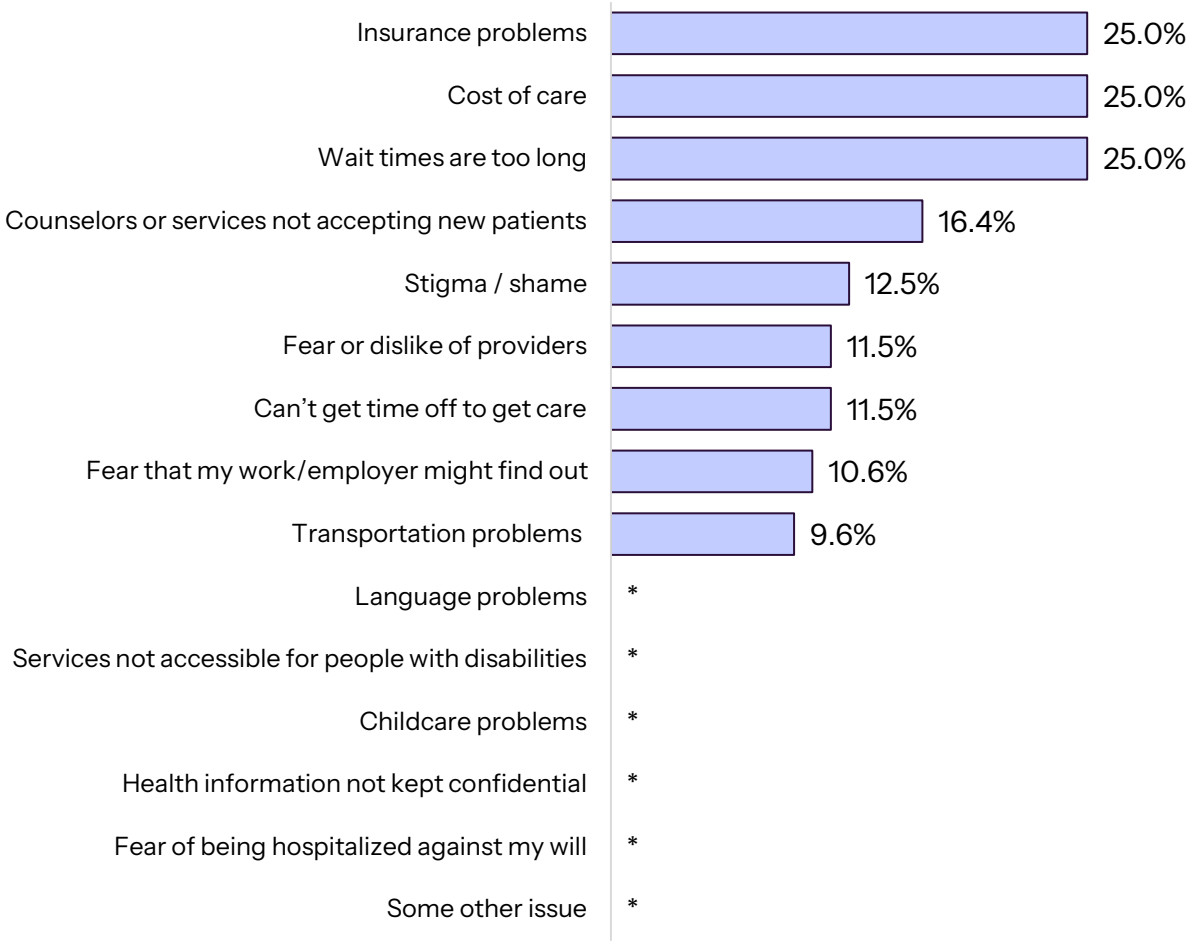
Difficulties Accessing Mental Health and/or Substance Use Services

Access to mental health and substance use services was identified as a persistent challenge in the NBIMC service area. Community survey respondents most frequently reported insurance problems (25.0%), cost of care (25.0%), and long wait times (25.0%) as barriers, followed by counselors not accepting new patients (16.4%) and stigma or shame (12.5%) (Figure 62).

> *"Even when people finally find a provider, the cost is still a barrier – especially for those who are uninsured."*
> – Key informant interviewee

Community members reinforced these findings during qualitative discussions. Participants consistently raised concerns about limited availability of providers and long delays in care. One NBIMC interviewee explained, *"We've seen people waiting months just to see a counselor—it's especially tough for families with kids who need help right away."*

Figure 62. Barriers Faced by NBIMC PSA Survey Respondents when Trying to Access Mental Health or Substance Use Care for Themselves or a Family Member in the Past 2 Years, (n=104), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: An asterisk (*) means that data were suppressed.

Together, these findings highlight how financial strain, insurance coverage gaps, and provider shortages remain significant barriers to accessing timely care, with variation in which barriers weigh most heavily across different communities.

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

Asthma

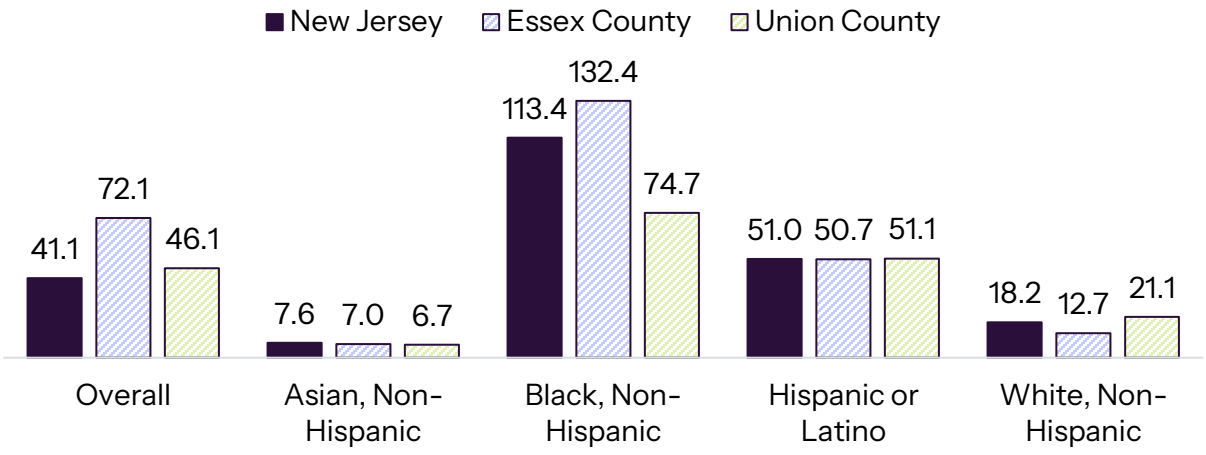
Asthma is a relatively common chronic condition that disproportionately affects communities of color. Hospital discharge data show that the age-adjusted asthma emergency department (ED) visit rate in New Jersey was 41.1 per 10,000 in 2023, with much higher rates among Black residents (113.4 per 10,000) compared to White residents (18.2 per 10,000) (Figure 63). Rates were also elevated among Latino residents (51.0 per 10,000), highlighting significant disparities by race and ethnicity.

Although asthma was not consistently raised as a top concern in focus groups or interviews, it did emerge in the NBIMC survey, where 9.1% of respondents identified asthma as the top health concern for children and youth. This concern was particularly pronounced among Black respondents, 17.2% of whom ranked asthma among the top five health concerns for children and youth.

One interviewee working with families in Newark emphasized the link between asthma and broader environmental conditions, stating, *"Children are coming in over and over with breathing issues, and we know the housing conditions and air quality in certain neighborhoods are making it worse."*

Together, the data and community perspectives illustrate that asthma, while not the most prominent concern overall, is seen as a serious issue for children and youth—particularly in Black and Latino communities served by NBIMC. Appendix E. Additional Data Tables and Graphs presents additional data on inpatient hospitalizations due to asthma.

Figure 63. Age-Adjusted Rate of Asthma Emergency Department Visits per 10,000, by Race/Ethnicity, by State and County, 2023

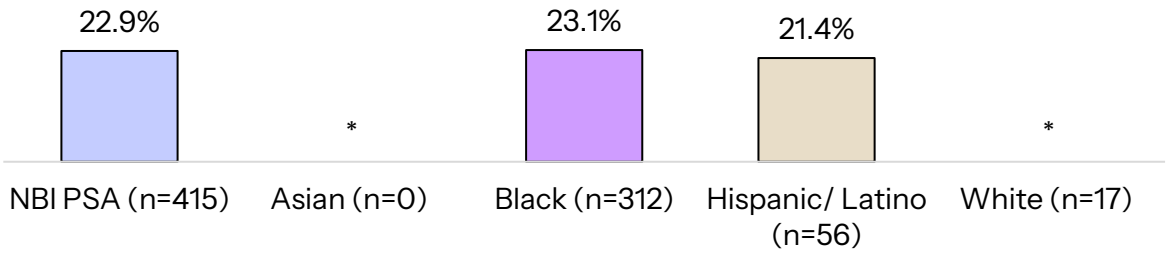


DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

In the NBIMC PSA, 22.9% of survey respondents reported that they had ever been told by a healthcare provider they had asthma, with similar rates among Black (23.1%) and Latino (21.4%) respondents (Figure 64).

Hospital discharge data show that the age-adjusted asthma emergency department (ED) visit rate was 72.1 per 10,000 in New Jersey, with higher rates among Black residents (113.4 per 10,000) compared to Latino (51.0 per 10,000) and White (18.2 per 10,000) residents (Figure 105). One interviewee highlighted the link between asthma and housing conditions, stating, *"Children are constantly in the emergency room for asthma, and it's connected to where and how families are living."*

Figure 64. Percent of NBIMC PSA Survey Respondents Ever Being Told by a Healthcare Provider that They Had Asthma, by Race/Ethnicity, (n=415), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: An asterisk (*) means that data were suppressed.

Air Quality

Statewide data show that New Jersey experienced 17 days in 2023 when ozone levels exceeded the federal standard, a decrease from 21 days in 2018 (Table 18). Ozone is one of the most common air pollutants and is linked to respiratory conditions such as asthma and chronic obstructive pulmonary disease.

One interviewee emphasized the ongoing concern about environmental exposures in Newark, noting, *"Air quality continues to be a big issue—children and older adults are the ones most impacted when levels are high."*

Table 18. Days with Ozone Levels Exceeding the Federal Standard, by State, 2018 and 2023

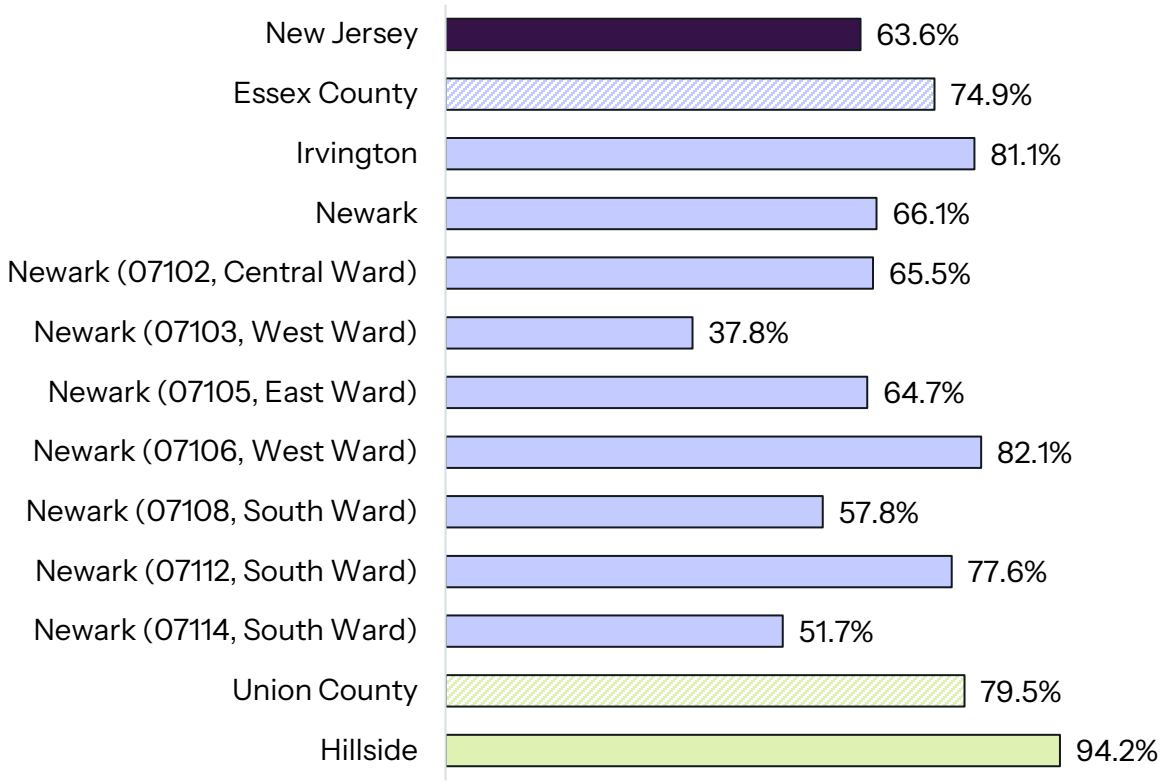
	2018	2023
New Jersey	21	17

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

Lead

Housing built before 1979 is more likely to contain lead-based paint, creating a potential exposure risk for children. Statewide, 63.6% of homes were built prior to 1979, with the proportion even higher in Essex County (74.9%) and Union County (79.5%) (Figure 65). Within Newark, the share of older housing varies across wards, ranging from 37.8% in the West Ward (07103) to 82.1% in the East Ward (07106).

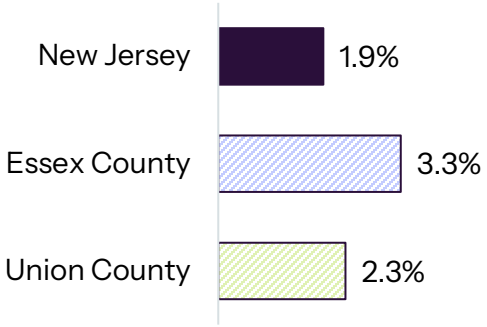
Figure 65. Percent of Houses Built Prior to 1979, by State, County, and Town, 2019-2023



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

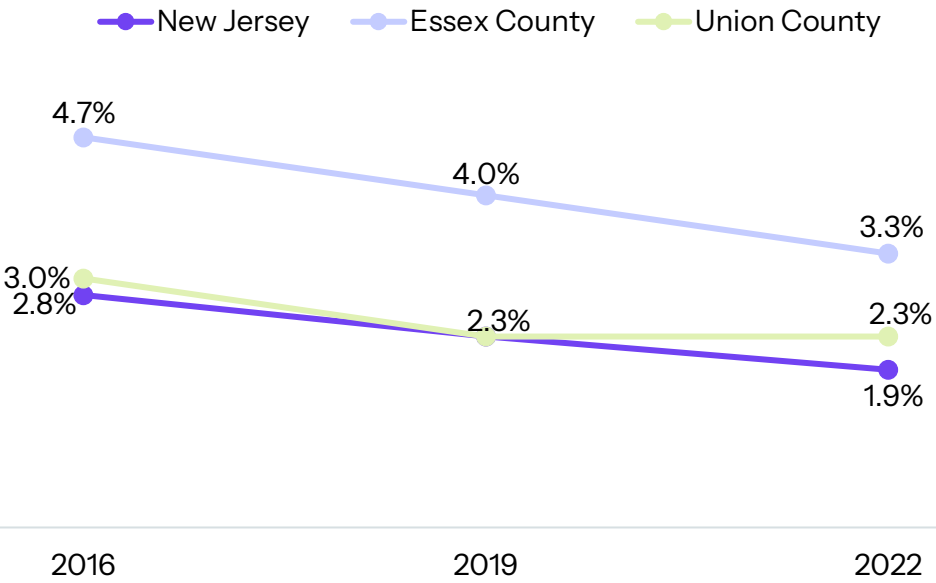
Exposure to lead in early childhood can result in long-term health and developmental challenges. In 2022, 1.9% of New Jersey children aged 1–5 had elevated blood lead levels, with higher proportions observed in Essex County (3.3%) and Union County (2.3%) (Figure 66). Trend data from 2016–2022 show statewide declines in elevated blood lead levels, though Essex County has consistently reported higher percentages compared with the state average (Figure 67).

Figure 66. Percentage of Children Aged 1-5 with Elevated Blood Lead Levels, by State and County, 2022



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

Figure 67. Percentage of Children Aged 1-5 with Elevated Blood Lead Levels, by State and County, 2016-2022



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

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

COVID-19
COVID-19 was a top concern in the 2021 NBIMC SIP but was not a major focus in NBIMC interviews or focus groups conducted for this assessment. Participants referenced COVID-19 primarily as a backdrop, noting the transition from pandemic conditions to current political and environmental complexities.

State-level data show that COVID-19 case rates increased each year between 2020 and 2022, rising from 6,332.8 to 12,899.6 per 100,000 in New Jersey, with Essex County (6,326.0 to 12,831.9 per 100,000) and Union County (7,830.8 to 12,161.8 per 100,000) showing similar trends (Table 19).

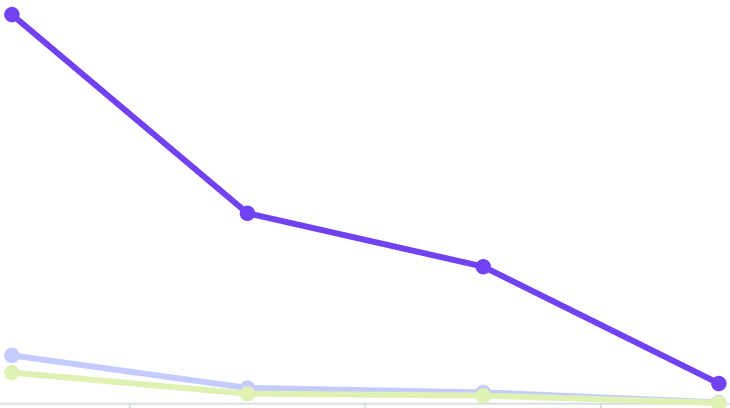
Table 19. Rate of COVID-19 Cases per 100,000, by State and County, 2020-2022

	2020	2021	2022
New Jersey	6,332.8	12,701.0	12,899.6
Essex County	6,326.0	14,137.7	12,831.9
Union County	7,830.8	13,413.7	12,161.8

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

Although COVID-19 case rates increased from 2020 to 2022, the number of deaths declined each year. In New Jersey, COVID-19 deaths decreased from 17,674 in 2020 to 921 in 2023 (Figure 68). Essex County reported 2,195 deaths in 2020 compared to 61 deaths in 2023, and Union County reported 1,415 deaths in 2020 compared to 37 in 2023.

Figure 68. Number of COVID-19 Confirmed Deaths, by Race/Ethnicity, by State and County, 2020-2023



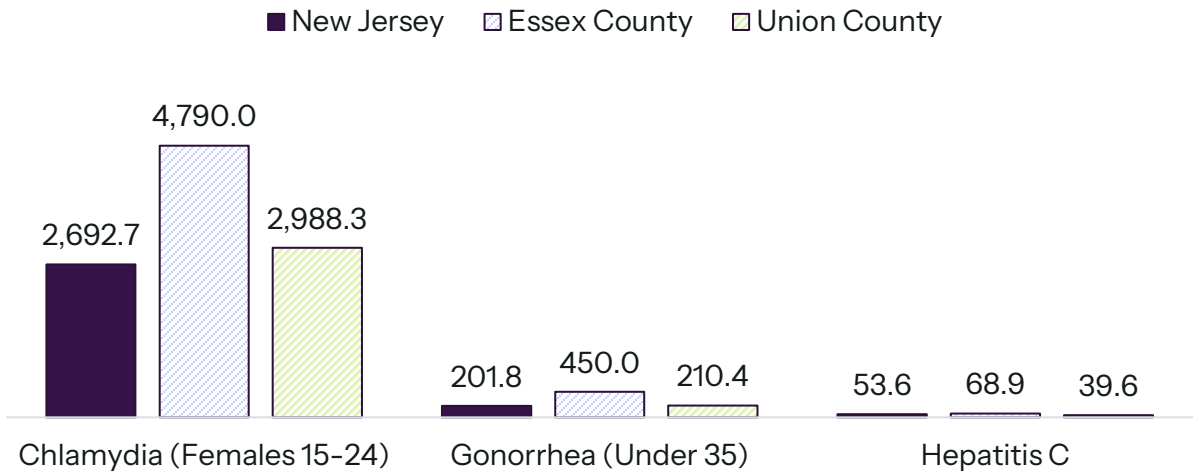
	2020	2021	2022	2023
New Jersey	17,674	8,655	6,227	921
Essex County	2,195	721	518	61
Union County	1,415	455	373	37

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

Sexual Health and Sexually Transmitted Infections

Chlamydia was the most common sexually transmitted infection reported in the region. Between 2019 and 2023, the incidence rate of chlamydia among females aged 15–24 was 2,692.7 per 100,000 in New Jersey, compared to 4,790.0 per 100,000 in Essex County and 2,988.3 per 100,000 in Union County (Figure 69). Gonorrhea incidence among individuals under age 35 was 201.8 per 100,000 in New Jersey, 450.0 per 100,000 in Essex County, and 210.4 per 100,000 in Union County. Hepatitis C incidence rates were 53.6 per 100,000 in New Jersey, 68.9 per 100,000 in Essex County, and 39.6 per 100,000 in Union County. More information on sexual health and sexually transmitted infections can be found in Appendix E. Additional Data Tables and Graphs.

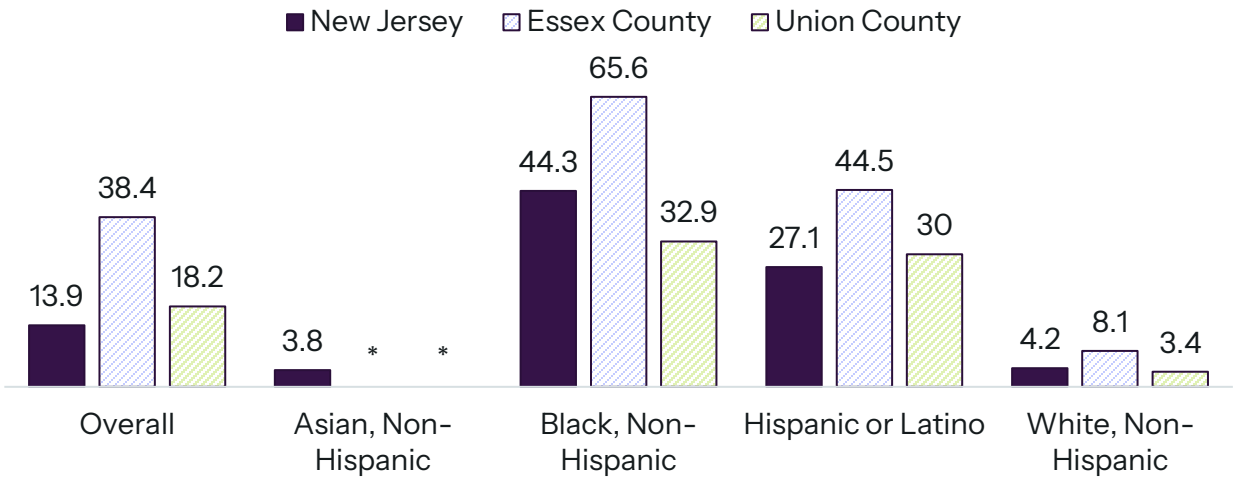
Figure 69. Incidence Rate of Chlamydia (Females Aged 15-24), Gonorrhea (Under Age 35), and Hepatitis C, per 100,000, by State and County, 2019-2023



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

From 2017 to 2021, the average HIV incidence rate was 13.9 per 100,000 in New Jersey, 38.4 per 100,000 in Essex County, and 18.2 per 100,000 in Union County (Figure 70). By race/ethnicity, rates in New Jersey were highest among Black residents (44.3 per 100,000) and Latino residents (32.9 per 100,000), compared to 3.8 per 100,000 among Asian residents and 4.2 per 100,000 among White residents. In Essex County, rates reached 65.6 per 100,000 among Black residents and 44.5 per 100,000 among Latino residents.

Figure 70. HIV Incidence Rate per 100,000 Population (Age 13+), by Race/Ethnicity, by State and County, 2017-2021



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

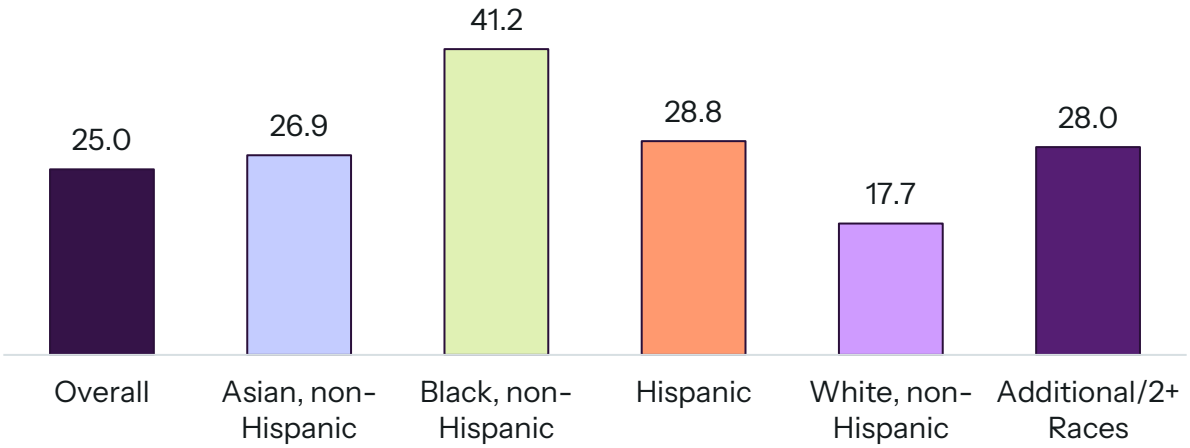
Maternal and Infant Health

The health and well-being of mothers, infants, and children remain important indicators of community health and a continued focus of concern in Newark. Maternal and child health was a priority area in the previous NBIMC CHNA and continued to be a focus in the current assessment. Community participants highlighted barriers in accessing timely and high-quality prenatal care, as well as concerns about maternal and infant outcomes. As one NBIMC interviewee explained, *"We see so many women who delay prenatal care because of access issues, and by the time they come in, their risks are higher."*

Data show that severe maternal morbidity (SMM) continues to affect women of color at disproportionate rates. In 2023, Black, non-Hispanic women in New Jersey experienced SMM with transfusion at a rate of 41.2 per 1,000 delivery hospitalizations, far higher than the state average of 25.0 (Figure 71). Hispanic (28.8) and women identifying with multiple races (28.0) also experienced elevated rates, while White, non-Hispanic women had the lowest rate (17.7).

Community members emphasized how these inequities are shaped by systemic barriers, with one noting, *"Black mothers face more complications not because they're less healthy, but because the system doesn't listen to them soon enough."*

Figure 71. 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

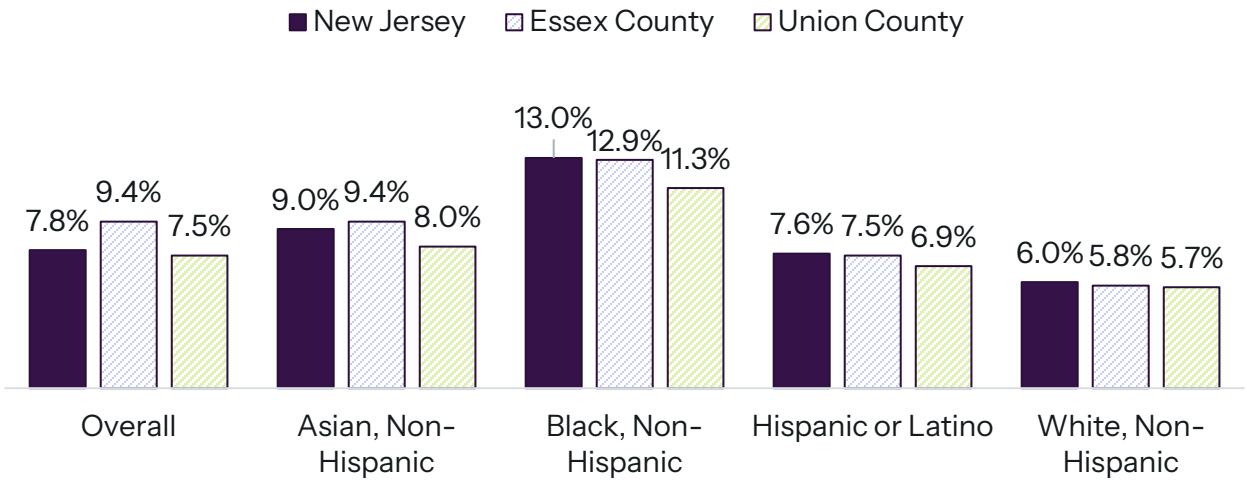
Low birth weight remains a pressing concern. Between 2018 and 2022, 9.9% of births in Essex County were of low birth weight, slightly higher than the state average of 9.7% (Figure 72). Racial disparities were evident, with 12.9% of Black, non-Hispanic births statewide and 11.3% in Union County being low birth weight compared to 5.7% among White births. Very low birth weight births (<1,500 grams) were less common overall but showed a similar pattern: 2.9% of Black births in Essex County compared to 0.7% of White births (Figure 107).

> *"When moms don't have stable housing or steady nutrition, it shows up in the health of the baby."*
> – Key informant interviewee

Preterm birth, another indicator of infant health, also showed disparities. In 2021–2022, 13.2% of Black births in New Jersey were preterm, compared to 9.6% of Asian births and 6.7% of White births (Figure 109 in the Appendix). Essex County reported 10.2% preterm births overall, higher than both the state and Union County averages.

Infant mortality data highlight further inequities. Between 2017 and 2021, Essex County recorded an infant mortality rate of 8.6 per 1,000 live births, more than double the New Jersey average of 4.0 (Figure 108 in the Appendix). Rates were highest among Black infants (9.3 per 1,000 in Union County), while White and Asian infant mortality rates were substantially lower.

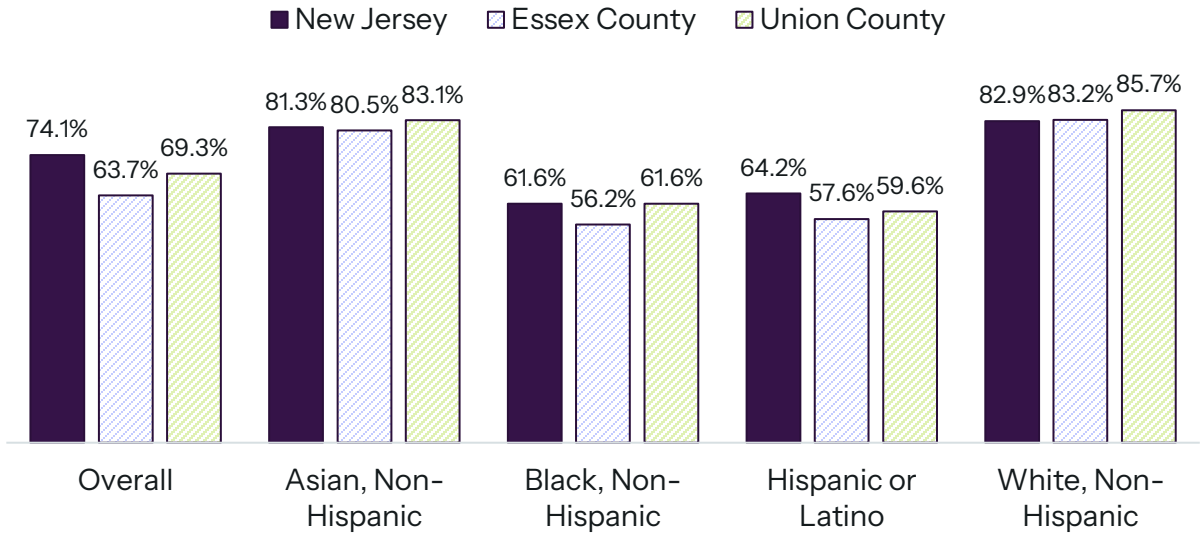
Figure 72. Percent Low Birth Weight Births, by Race/Ethnicity, by State and County, 2018-2022



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

Prenatal care is a critical strategy to prevent and manage pregnancy complications and reduce poor birth outcomes. In New Jersey, 74.1% of women received prenatal care in the first trimester between 2018 and 2022. Essex County had lower rates (63.7%) compared to Union County (69.3%) (Figure 73). Racial disparities were pronounced: while 83.2% of White women in Essex County initiated care in the first trimester, only 56.2% of Black women and 57.6% of Hispanic/Latina women did so.

Figure 73. Percentage of Live Births to Women Who Had Prenatal Care In 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

Community participants echoed these findings, pointing to barriers such as insurance coverage, transportation, and trust in providers. One NBIMC interviewee shared, *"A lot of women don't start prenatal care right away because they can't get an appointment or don't have coverage yet. By the time they're seen, risks have already increased."* Another added, *"Language and cultural barriers make it even harder—women don't always feel understood in the health system, so they delay care."*

While Newark has seen important efforts to improve maternal and infant health outcomes, challenges remain. Community members continue to express concerns about prenatal care access, racial inequities, and structural barriers that contribute to adverse outcomes. As one NBIMC participant reflected, *"We've made progress, but maternal health is still the issue everyone talks about—it's where the gaps are most visible."* These findings are consistent with the 2022 CHNA, underscoring that maternal and child health remains both an area of progress and a persistent priority for NBIMC.

Access to Services

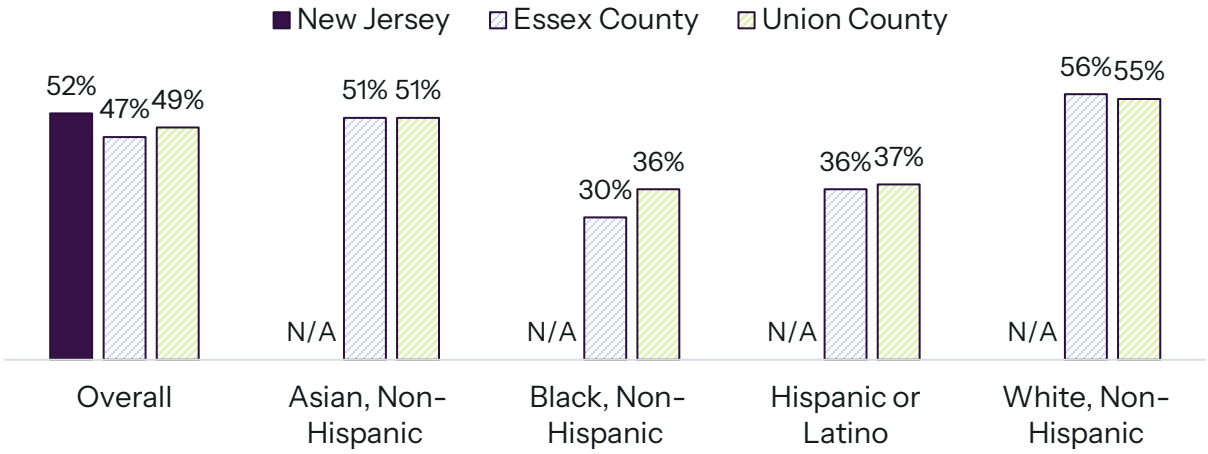
This section discusses the use of healthcare and other services, barriers to accessing these services, and the health professional landscape in the region. Access to healthcare services is important for promoting and maintaining health, preventing and managing disease, and reducing the chance of premature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

Access and Utilization of Preventive Services, Including Immunizations

Access to preventive services was a prominent theme in interviews and focus group Access to preventive care services such as vaccinations was raised in interviews and focus groups. Community members noted the importance of outreach and trusted partnerships in improving awareness and utilization of services.

Among NBIMC PSA survey respondents enrolled in fee-for-service Medicare, just over half (52.0%) reported receiving an annual flu vaccination in 2021 (Figure 74). Vaccination rates differed by race/ethnicity, with White residents (56.5%) and Asian residents (51.5%) reporting higher uptake than Black (30.0%) and Hispanic/Latino residents (36.0%).

Figure 74. 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
NOTE: Racial stratifications not available at the state level.

Community survey respondents were asked about their main sources of health information. The majority (76.4%) reported healthcare providers as their primary source, followed by online resources (33.1%) and hospital emergency departments (27.3%). Urgent care centers (22.3%) and family members (21.3%) were also frequently cited (Table 20). Across race/ethnicity groups, healthcare providers consistently ranked as the top source of health information, including among Black (77.9%), Latino (60.5%), and White (81.3%) respondents.

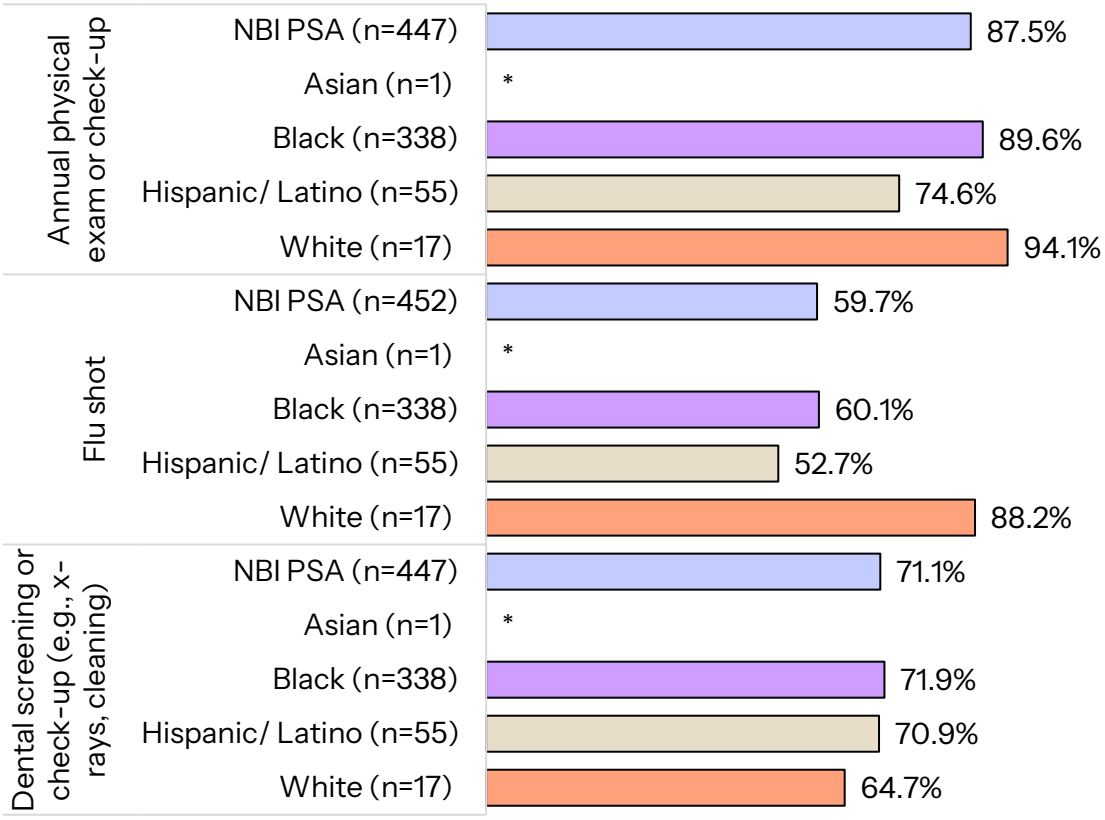
Table 20. Top 5 Sources of Health Information among NBIMC PSA Survey Respondents, by Race/Ethnicity, 2024

	NBIMC PSA (n=381)	Asian (n=0)	Black (n=289)	Hispanic/ Latino (n=43)	White (n=16)
1	Health care provider (76.4%)	*	Health care provider (77.9%)	Health care provider (60.5%)	Health care provider (81.3%)
2	Online resources (33.1%)	*	Online resources (36.7%)	Hospital emergency department (32.6%)	*
3	Hospital emergency department (27.3%)	*	Hospital emergency department (27.3%)	Online resources (23.3%)	*
4	Urgent care (22.3%)	*	Urgent care (23.2%)	*	*
5	Family member (21.3%)	*	Family member (22.8%)	*	*

DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: An asterisk (*) means that data were suppressed.

Participation in preventive services varied among survey respondents in the NBIMC service area. In 2024, 87.5% of respondents reported having an annual physical exam or check-up in the past two years, 59.7% reported receiving a flu shot, and 71.1% had a dental screening or check-up such as an exam or cleaning (Figure 75). Participation in preventive care services differed by race and ethnicity. White respondents were most likely to report having a physical exam (94.1%), flu shot (88.2%), and dental screening (64.7%). Latino respondents reported the lowest rates of participation, with 74.6% having a physical exam, 52.7% a flu shot, and 70.9% a dental screening.

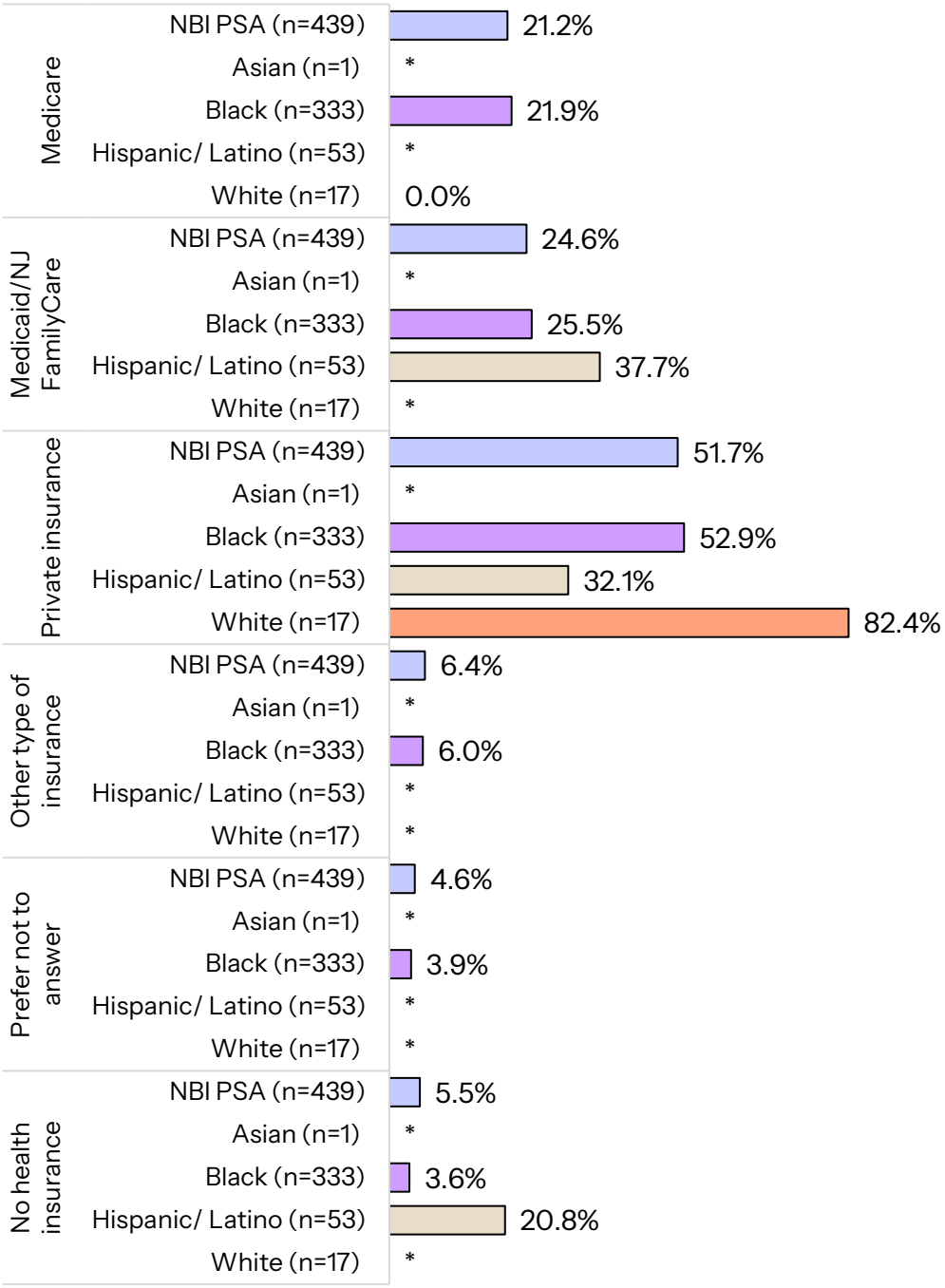
Figure 75. Participation in Selected Preventive Services in the Past 2 Years, NBIMC PSA Residents, by Race/Ethnicity, 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: An asterisk (*) means that data were suppressed.

Overall, 34.9% of survey respondents in the GMPHP service area reported having Medicare, 9.6% reported having Medicaid/NJ FamilyCare, 57.4% reported having private insurance, and 7.7% reported having some other type of insurance (Figure 76). Almost 1 in 3 (30.3%) Latino respondents reported being uninsured compared to 5.7% of respondents overall. One interviewee explained, *"Even with insurance, people still struggle with the out-of-pocket costs. Medicaid patients have trouble finding specialists, and even those with private insurance sometimes can't afford the copays or deductibles."*

Figure 76. Type of Health Insurance, NBIMC PSA Residents, by Race/Ethnicity, 2024

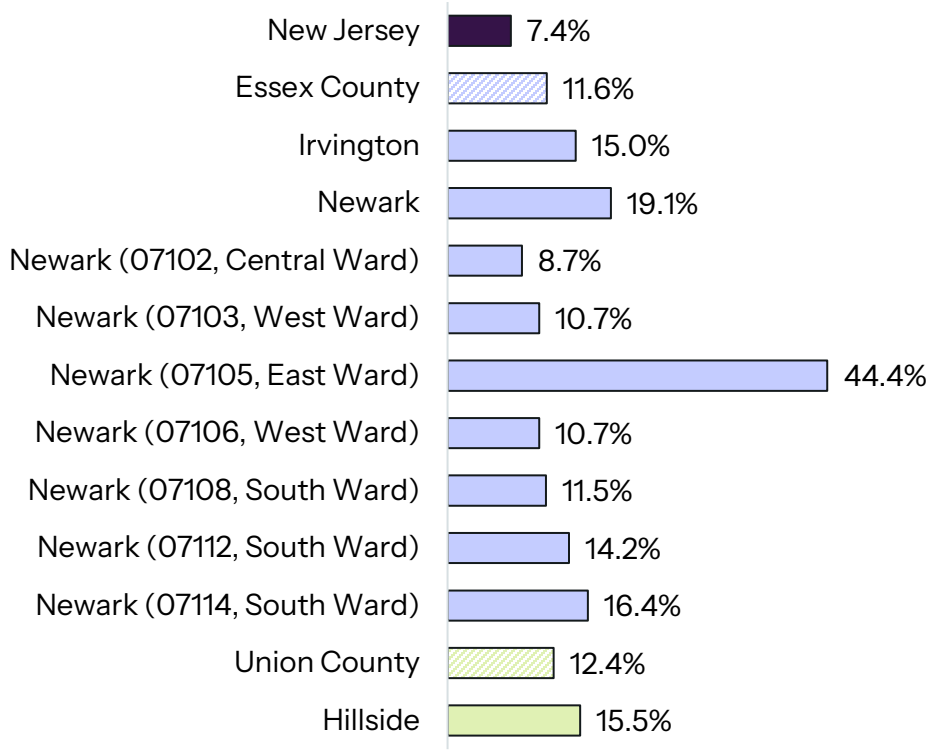


DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Asterisk (*) means that data were suppressed.

U.S. Census data from 2019–2023 show that 7.4% of New Jersey residents were uninsured, compared to 11.6% in Essex County and 12.4% in Union County (Figure 77). Within Newark, the East Ward had the highest percentage of uninsured residents (44.4%), while the Central Ward

had the lowest (8.7%). Interviewees linked lack of insurance to difficulty accessing care, with one NBIMC participant noting, *"Many families fall into gaps—they make too much to qualify for Medicaid but can't afford private insurance, which means they delay care until it's an emergency."* More information on health insurance rates and uninsured populations can be found in Appendix E. Additional Data Tables and Graphs.

Figure 77. Percent Uninsured, by State, County, and Town, 2019-2023

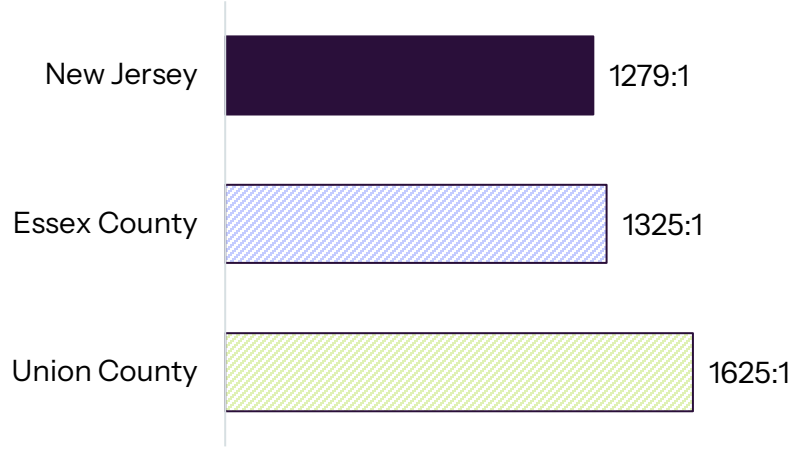


DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023

Barriers to Accessing Healthcare Services

Data from the County Health Rankings show that the population-to-primary care provider ratio was higher in Essex (1,325:1) and Union (1,625:1) Counties compared with the state overall (1,279:1) (Figure 78). Interviewees described how provider shortages directly impact Newark residents. One NBIMC key informant explained, *"There are not enough primary care providers in certain neighborhoods, and families end up waiting until problems get worse before they can be seen."* Figure in the appendix provides a ratio of population to mental health provider by state and county.

Figure 78. Ratio of Population to Primary Care Provider, by State and County, 2021

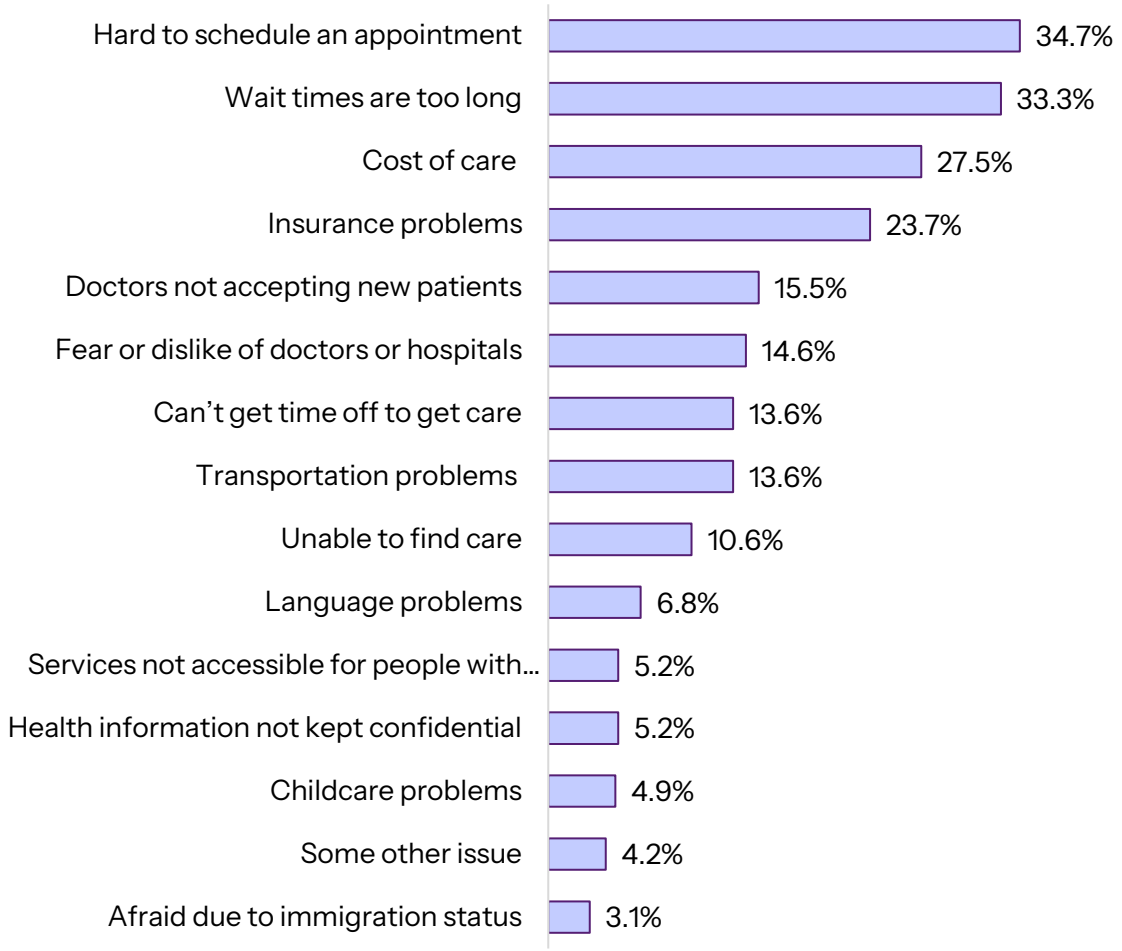


DATA SOURCE: Area Health Resource File/National Provider Identifier Downloadable File as cited by County Health Rankings, 2024

Community survey respondents were asked to identify barriers that made it harder for them or a family member to get medical care or treatment when needed. The most common barriers reported were difficulty scheduling an appointment (34.7%), long wait times (33.3%), cost of care (27.5%), and insurance problems (23.7%). Additional challenges included doctors not accepting new patients (15.5%), fear or dislike of providers (14.6%), and transportation barriers (13.6%) (Figure 79).

> *"Even when people have insurance, the wait times and finding a provider who will take them make it feel impossible."*
> - Key informant interviewee

Figure 79. Health Care Access Barriers Reported by NBIMC PSA Survey Respondents, (n=426), 2024



DATA SOURCE: Community Health Needs Assessment Survey, 2024

The top five health care access barriers differed somewhat by race and ethnicity. Latino respondents were most likely to cite insurance problems (35.6%) and cost of care (32.0%), while Black respondents highlighted long wait times (33.5%) and difficulty scheduling appointments (34.5%). White respondents most often reported difficulty scheduling appointments (41.2%) and long wait times (24.0%). Doctors not accepting new patients was reported most frequently by Black respondents (15.2%) (Table 21). An NBIMC focus group participant explained, *"Getting an appointment can take months, and if you don't have the right insurance, you may not get in at all."*

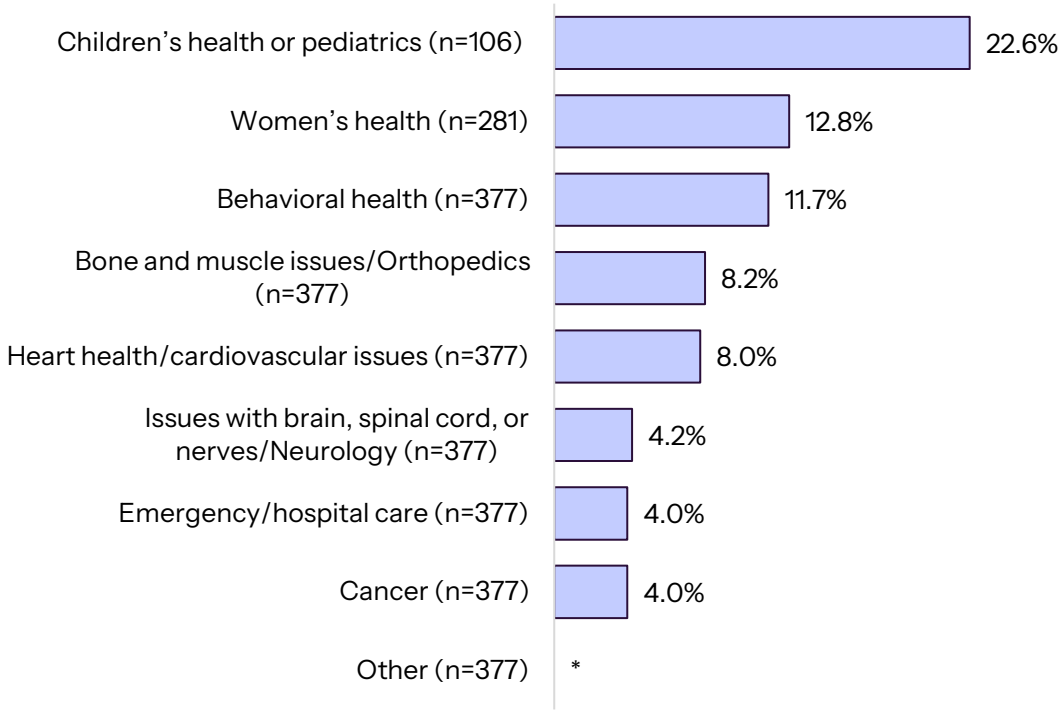
Table 21. Top 5 Health Care Access Barriers, Mercer County Residents, by Race/Ethnicity, 2024

	NBIMC PSA (n=426)	Asian (n=1)	Black (n=322)	Hispanic/ Latino (n=50)	White (n=17)
1	Hard to schedule an appointment (34.7%)	*	Hard to schedule an appointment (34.5%)	Cost of care (42.0%)	*
2	Wait times are too long (33.3%)	*	Wait times are too long (33.5%)	Hard to schedule an appointment (36.0%)	*
3	Cost of care (27.5%)	*	Cost of care (26.7%)	Insurance problems (32.0%)	*
4	Insurance problems (23.7%)	*	Insurance problems (24.2%)	Language problems (28.0%)	*
5	Doctors not accepting new patients (15.5%)	*	Doctors not accepting new patients (15.2%)	Wait times are too long (24.0%)	*

DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: An asterisk (*) means that data were suppressed.

Among NBIMC service area survey respondents, the greatest challenges in accessing needed specialty care were reported for children's health or pediatrics (22.6%), women's health (12.8%), and behavioral health (11.7%). Smaller proportions reported difficulties accessing orthopedics (8.2%), cardiovascular care (8.0%), neurology (4.2%), emergency care (4.0%), or cancer care (4.0%) (Figure 80). One NBIMC interviewee reflected on the impact of these gaps for families, noting, *"It's not just about having doctors—it's about having the right specialists who can see people when they need care, especially for children."*

Figure 80. Percent of NBIMC PSA Survey Respondents Who Reported Needing Specialist Care and Not Being Able to Go, by Type of Care Needed, 2024



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 children under age 18. Percentages are calculated for "Women's health" only among those assigned female at birth. An asterisk (*) means that data were suppressed.

Survey respondents in the NBIMC PSA identified provider availability as the leading barrier to accessing several types of specialty care, including behavioral health (62.4%), children's health (62.1%), neurology (55.7%), women's health (56.2%), and cardiovascular health (41.1%).

Cost was the most common barrier for obtaining cancer care (42.6%) and emergency or hospital-based care (49.6%) among NBIMC service area survey respondents (detailed data found in Appendix E). For orthopedics, respondents most frequently cited both provider availability (40.7%) and cost (40.7%) as barriers to getting these specialty services. One NBIMC focus group participant highlighted the cumulative impact of these challenges, explaining, *"People wait months for an appointment, and even when they find a provider, the bills can still put the care out of reach."*

Within the NBIMC PSA, the widespread diversity of languages other than English reflects the area's cultural richness but also presents challenges for equitable service delivery. Service providers, during the key informant interviews, reported persistent shortages of bilingual and bicultural providers, especially in behavioral health and specialty care. Community members also noted that translation and interpretation services are not always readily available, limiting access to timely and appropriate care.

Community Vision and Suggestions for the Future

Focus group and interview participants were asked about their vision for the future of Newark and surrounding communities and their suggestions for how to address pressing health and social needs. Participants included community leaders, health and social service providers, educators, residents, and youth. Their recommendations emphasized building on community strengths while addressing longstanding inequities.

More accessible and community-based health care. Participants repeatedly called for expanded access to health services closer to where people live and work. They described challenges with transportation, long waiting times, and fragmented systems of care. One resident explained, *"Mothers often have to take two buses just to get to a prenatal visit—by the time they arrive, they're already exhausted and stressed."*

> *"Primary care doctors don't always know where to send people for counseling. Families just get bounced around between systems until they give up."*
> - Focus group participant

Addressing discrimination and improving cultural competency. Community members envisioned a future health system that is more inclusive and respectful of diverse experiences. Participants spoke about the impact of bias and stigma in care settings, especially for immigrant families and residents of color. As one interviewee reflected, *"There needs to be a self-examination of unconscious bias and how it impacts practice. People don't realize how much that affects whether someone even wants to come back for care."* Another added, *"It's not that people don't want services—it's that they can't find them in their language or they're told the next appointment is six months out."*

Strengthening funding and sustainable support for community services. Participants emphasized that future progress depends on greater investment in community organizations and local public health. They described funding as inconsistent, restrictive, and insufficient to meet community needs. One provider stated, *"Some funding is extremely restrictive—you can only buy apples even if the community needs oranges."*

> *"We need more people pushing for public health funding, or else we'll keep seeing the same problems."*
> - Focus group participant

Expanding affordable housing and stability supports. Housing affordability and stability were central to participants' vision for the future. They linked secure housing to every other health outcome. One participant explained, *"You can't talk about health access without talking about housing—if someone doesn't know where they're sleeping tonight, their diabetes check-up isn't their priority."* Residents called for stronger protections

and expanded affordable housing, alongside partnerships between housing agencies and health providers.

Embedding trauma-informed approaches across systems. Many participants expressed a desire for universal trauma-informed care in medical facilities, schools, and community programs. They emphasized that trauma shapes both physical and mental health and requires compassionate, coordinated responses. As one focus group participant described, *"The thing about trauma is it's not about what's wrong with you, it's about what happened to you and how you are dealing with it. We need to meet people where they are."*

Rebuilding trust between residents and institutions. Finally, participants highlighted the importance of rebuilding trust in health care, government, and community systems. The COVID-19 pandemic deepened skepticism and exposed gaps in communication. As one resident explained, *"Coming off of COVID, there is such a distrust in the healthcare system and in government. I'd love to get beyond that and have better relationships with our constituents."* Others emphasized that visible accountability and consistent engagement are key to restoring confidence.

> *"Is it safe to go to the hospital? Should I keep my medical appointments? Will my data be protected?"*
> - Key informant interviewee

Overall, Newark residents and stakeholders envision a future where health systems are more accessible, equitable, culturally responsive, and trustworthy. They called for expanded investment in housing and community services, trauma-informed approaches, and stronger partnerships that meet people where they are. While participants recognized existing strengths—diversity, resilience, and grassroots collaboration—they were clear that progress requires systemic change to reduce inequities and ensure all residents have the opportunity to thrive.

Key Themes and Conclusions

Through a review of secondary social, economic, and health data; a community survey; and discussions with Newark residents and stakeholders, this assessment examined the current health status of the NBIMC service area. Several key themes emerged from this synthesis:

- **Health disparities persist for communities of color.** The NBIMC service area is racially, ethnically, and linguistically diverse, with nearly half of Newark residents identifying as Black and more than one-third as Hispanic/Latino. While this diversity is viewed as a community strength, disparities remain across many health outcomes. Black residents disproportionately experience higher rates of chronic disease, severe maternal morbidity, infant mortality, and housing instability. Immigrant families face additional barriers tied to language access, stigma, and fear of engagement with government systems. Participants stressed that greater investment in cultural competence and bilingual services is necessary to close gaps. As one provider explained, *"We have Haitian and African immigrants who are worried and scared… they're not reaching out for food or services as they normally would because they're afraid their info will be funneled somewhere."*

- **Housing insecurity, increased cost of living, and food insecurity are impacting quality of life for residents.** Residents consistently described housing affordability and rising living costs as fundamental barriers to well-being. Nearly two-thirds of households fall below the ALICE threshold, and rent consumes a large share of family budgets. Housing instability was reported more often among Black and Latino households, and participants linked unstable housing to stress, chronic conditions, and poor maternal outcomes. Food insecurity was also widespread, with many residents worried about running out of food or relying on emergency pantries. As one focus group participant shared, *"Junk food is cheaper than healthy foods. The pantry is helpful, but healthy supermarkets are expensive and out of reach."*

- **Employment insecurity and instability is an issue.** Employment was identified as both a strength and a challenge in Newark. While the city is home to a large, hardworking population, many jobs lack stability, adequate wages, or benefits. Immigrants and young people in particular reported challenges securing stable work. Participants linked underemployment and financial insecurity to food insecurity, housing instability, and barriers to preventive health care. A community member explained, *"Sixty to seventy percent of the community is working, but not making enough money to afford things."*

- **Mental and behavioral health is one of the most important issues for residents.** Mental health was consistently identified as one of the most urgent issues in the community. Residents described depression, anxiety, trauma, and stress as widespread and increasing since the pandemic. Youth and older adults were described as especially vulnerable to isolation and fear. Barriers to accessing timely services, including long wait times, insurance challenges, and limited culturally relevant providers, were emphasized across interviews and focus groups. One youth-focused participant explained, *"High schoolers are asking for more than sports—they want spaces to talk about mental health,*

career pathways, and life skills." Others emphasized the impact of safety and violence on mental health: *"Violence and safety concerns keep people indoors, and that limits their ability to connect with care and community supports."*

- **The prevalence of chronic diseases is recognized as being linked to social conditions.** Chronic conditions such as diabetes, hypertension, asthma, obesity, and cancer remain leading health challenges in the NBIMC service area. Residents and providers stressed that these conditions are tightly linked to the social determinants of health — from unhealthy diets and food insecurity to unstable housing and neighborhood stressors. A provider noted, *"Hypertension and diabetes are the prevailing issues… but we need to talk about how poverty, food insecurity, and housing drive these numbers. It's all connected."*

- **Maternal and child health disparities persist.** Maternal and child health continues to be a longstanding area of concern. Newark and Essex County experience higher rates of severe maternal morbidity, low birth weight, preterm birth, and infant mortality compared to New Jersey overall. Disparities are starkest for Black women and infants. Community members described how barriers to prenatal care, long travel times, trauma, and bias in the health system deepen risks. As one participant explained, *"Mothers often have to take two buses just to get to a prenatal visit—by the time they arrive, they're already exhausted and stressed."* Another emphasized systemic inequities: *"Black mothers face more complications not because they're less healthy, but because the system doesn't listen to them soon enough."*

- **Community resilience is highlighted as a strength, but safety and trust in systems are still concerns.** Neighborhood safety was raised as both a community strength and a challenge. While many residents described resilience, relationships, and a strong sense of community pride, others pointed to the impact of gun violence and safety concerns on youth and families. Participants also highlighted the need to rebuild trust in healthcare and government institutions, particularly in the aftermath of COVID-19. One interviewee explained, *"Coming off of COVID, there is such a distrust in the healthcare system and in government. I'd love to get beyond that and have better relationships with our constituents."*

- **Fragmented systems impact the access and quality of care.** Finally, access to care was a prominent theme throughout the assessment. Residents described challenges including provider shortages, long wait times, cultural and language barriers, insurance limitations, and high costs. Immigrant and non-English speaking communities in particular described difficulty finding trusted providers. Stakeholders also highlighted how families are often bounced between systems without clear navigation or follow-up. As one provider described, *"Primary care doctors don't always know where to send people for counseling. Families just get bounced around between systems until they give up."*

The findings of this assessment highlight a community perception of its strengths and assets that are diverse, resilient, and resourceful, but also confronting longstanding inequities tied to the social determinants of health and the intersectionality of those drivers. Newark residents

and stakeholders consistently called for a future where care is more accessible, equitable, culturally competent, trauma-informed, and trustworthy. Across areas of health and well-being, structural barriers — from housing affordability and food access to systemic racism and provider shortages — emerged as central drivers of poor outcomes. Maternal and child health, mental health, chronic diseases, and access to care remain pressing concerns, while housing, food insecurity, and financial instability cut across nearly every issue discussed.
These findings underscore that improving health in Newark requires addressing both clinical services and the broader systems and conditions that shape opportunity which focus on collaborative, community-informed strategies to close gaps and strengthen health equity across the service area.

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 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. These findings were synthesized into this report.

Key Findings Presentation and SIP Preliminary Prioritization (Step 1)
On September 18, 2025, a 60-minute virtual Key Findings Presentation and Prioritization meeting was held with the NBIMC Advisory Committee to present and discuss the CHNA findings and conduct a poll on the preliminary priorities for action.

During the prioritization meeting, attendees heard a brief data presentation on the key findings from the assessment. Next, meeting participants discussed the data as a group and offered their perspectives on various issues. Then, using the polling platform Mentimeter, meeting participants were asked to vote for up to four of the ten priorities identified from the data and based on the high-level prioritization criteria. Preliminary polling resulted in the following rank order: Food Insecurity & Nutrition; Mental & Behavioral Health; Housing; Health Care Access; Violence & Safety; Immigrant Health & Wellness; Chronic Disease Prevention & Management; Youth Health & Development; Primary & Preventive Care; and Cost of Living & Affordability.

Facility-Specific Priorities Based on Discussions with NBIMC Leadership (Step 2)
The NBIMC leadership met in late September and early October to review the Advisory Committee polling results and cross-walk them with the community survey findings and the larger RWJBH system priorities of Food Insecurity & Healthy Eating; Mental Health & Behavioral Health; and Healthcare Access & Chronic Disease Prevention & Management. and discuss priorities for the strategic implementation plan (SIP). Given NBIMC's current work and the possibility of focusing on specific populations (e.g., youth, immigrant communities) within the larger priority topic areas, the NBIMC leadership discussed adopting the system priorities for its SIP since they align with community needs and the Advisory Committee feedback.

Priorities Selected for Planning
Based on the assessment findings as well as existing initiatives, expertise, capacity, and experience the NBIMC selected the following priorities to focus on when developing their implementation plan:

1. Food Insecurity & Healthy Eating
2. Mental Health & Behavioral Health
3. Healthcare Access & Chronic Disease Prevention & Management

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

In late 2025 and early 2026, NBIMC will bring together stakeholders and subject matter experts for the planning process and the development of its implementation plan which will identify goals and strategies for addressing the NBIMC priorities: Food Insecurity & Healthy Eating; Mental Health & Behavioral Health; and Healthcare Access & Chronic Disease Prevention & Management.

Newark Beth Israel Medical Center Community Health Needs Assessment: Appendix

December 2025

PREPARED BY
HEALTH RESOURCES IN ACTION

RWJBarnabas HEALTH | Newark Beth Israel Medical Center

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

Organization	Sector
La Casa de Don Pedro	Latinx Residents
Greater Newark Healthcare Coalition	Healthcare Coalition
BRICK Network	Youth
Newark Emergency Services for Families	Emergency Services
Newark Community Street Team	Violence Prevention
My Brothers Keeper	Young Men
St. James Health	FQHC
Ironbound Community Corporation	Food Security
Boys and Girls Club Newark	Youth
Partnership for Maternal and Child Health of Northern New Jersey	Maternal Health

Appendix B: Key Informant Interview Guide

Health Resources in Action
Newark Beth Israel Medical Center 2025 Community Health Needs Assessment-Strategic Implementation Plan
Virtual Key Informant Interview Guide May 2025

Goals of the key informant interview

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

[INSTRUCTIONS FOR FACIILTATOR]:

THE QUESTIONS IN THE INTERVIEW GUIDE ARE INTENDED TO SERVE AS A GUIDE, 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 FOOD INSECURITY, MENTAL HEALTH, CHRONIC DISEASE MANAGEMENT/ACCESS TO CARE]

I. BACKGROUND (5 MINUTES)

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

- The Newark Beth Israel 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 shared with our partner HRiA for 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.

- In addition to the report, we will have a virtual call to present the findings to community members and work with them to prioritize areas for action. If you would like to be involved in these activities please contact NAME at EMAIL [tailor based on feedback from the facility's focal point]

- [NOTE IF TRANSCRIBING] We plan to transcribe these conversations just to ensure we have captured the main points of the discussion in case there are any interruptions in the notetaking. No one but the analysts at Health Resources in Action, who are writing the report, will be reviewing the transcription. Do you have any concerns with me turning on the transcription now?

- Do you have any questions before we begin?

II. INTRODUCTION (5 MINUTES)

1. Can you tell me a bit about yourself and the work that your organization does? [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 it's 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, 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 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]

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

- 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?
    - In your opinion, what's causing or influencing those issues?
    - 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?
    - What's working well about these services?
    - 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)
    - 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?
    - 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

- 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?

Senior or Older Populations

- What are some of the most important issues that senior populations in the community are currently facing?
  - What makes these issues even more difficult for senior populations?
- What are the current services or programs that exist for senior populations?
  - What makes these services good?
  - 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?
  - 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?
  - 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

- 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
Newark Beth Israel Medical Center 2025 Community Health Needs Assessment-Strategic Implementation Plan
Virtual Focus Group Guide May 2025

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

[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 SYSTEM PRIORITIES ARE FOOD INSECURITY, MENTAL HEALTH, CHRONIC DISEASE MANAGEMENT/ACCESS TO CARE**
- Newark Beth Israel Medical Center may have specific priority areas of interest, questions and prompts can be tailored to those focus areas for more in-depth conversations.

I. BACKGROUND (5 minutes)

- Hey everyone — thanks so much for being here. My name is ___ and I work with a nonprofit that's helping Newark Beth Israel Medical Center better understand what's going on in the community — what's working, what's not, and how things could be better for young people like you. We're doing interviews and focus groups like this to hear directly from the people who live here. Today's session is just about hearing your thoughts — there are no wrong answers, and we want to hear all kinds of opinions.

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

- In addition to the report, we will have a virtual call to present the findings to community members and work with them to prioritize areas for action. If you would like to be involved in these activities, please contact NAME at EMAIL [tailor based on feedback from the Newark Beth Israel Medical Center's focal point]

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

- Does anyone have any questions before we begin?

II. INTRODUCTIONS (5 minutes)

First, let's spend some time getting to know one another. When I call your name, please unmute yourself and tell us:

1) Your first name
2) What neighborhood you're from
3) One thing you love to do during summer 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. What do you like most about where you live?
    a. What are some things that make you proud of your neighborhood or school?

2. What are some of the hardest things about living in your neighborhood — things you or your friends deal with every day?
(Prompt if needed: getting around, finding healthy food, safety, health care, stress at home, police, jobs)

3. Are there any health issues that affect teens where you live?
(Prompt: mental health, asthma, violence, vaping, sex ed, nutrition, depression, substance use)

4. When you or your friends are going through something stressful — like anxiety, depression, or problems at home — where do you go for help?

5. Do you feel safe in the places you spend the most time (school, after-school, home, outside)? What makes you feel unsafe?

6. Do you think young people your age feel supported in this community — at school, at home, in clinics or hospitals? Why or why not?

7. Do you feel like adults in your community actually listen to youth? Where do you have a voice — and where do you wish you did?

8. Are there certain groups of teens who have it harder than others? What makes it harder for them?
(Prompt: being LGBTQ+, not speaking English, having a disability, dealing with racism or family problems)

IV. PRIORITIES (14 minutes) [You can use the question pool to tailor this section]

9. We've heard from other teens that [insert top 2 issues mentioned so far] are big concerns. Do you agree? Is something missing?

10. What makes [INSERT ISSUE] such a big deal for young people?
(Prompt: Why is it hard to deal with? Who helps — or doesn't help?)

11. What would make the biggest difference for youth facing that issue? Is there something you wish more adults understood about it?

12. Are there any programs or places in your community that are actually helping teens? What do they do right?

13. If you could design a new program at BGCN just for teens, what would it be about?

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

10. If you could change just *one thing* to make life better for teens in Newark, what would it be? Why?

11. What would a "healthy community" look like to you — like, what would be different than what you see now?

VI. CLOSING (2 minutes)
Thank you so much for your time and for sharing your opinions with us. Your perspective about the communities you work with will be a great help in determining how to improve the systems that affect the health of this population.

Before we end the discussion, is there anything that you wanted to add that you didn't get a chance to bring up earlier?

Thank you again. Your feedback is valuable, and we greatly appreciate your time and sharing your opinion. [TALK ABOUT NEXT STEPS OF THE PROCESS, SPECIFICALLY HOW PARTICIPANTS WILL RECEIVE GIFT CARD AND WHO TO CONTACT IF THEY HAVE QUESTIONS.]

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?
    - In your opinion, what's causing or influencing those issues?
    - 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?
    - What's working well about these services?
    - 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)
    - 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?
    - 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
- 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?

Senior or Older Populations
- What are some of the most important issues that senior populations in the community are currently facing?
    - What makes these issues even more difficult for senior populations?
- What are the current services or programs that exist for senior populations?
    - What makes these services good?

    - 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?
    - 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?
    - 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

- 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?

Acute and Long-Term Care Facilities

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

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	CITY	STATE	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
AMBULATORY CARE FACILITY	24945	CITYWIDE URGENT CARE NJ, LLC (NJ24945)	322 GLENWOOD AVENUE 322 GLENWOOD AVENUE BLOOMFIELD, NJ 07003	BLOOMFIELD	NJ	07003	ESSEX	(973) 929-7600	(973) 929-7602	Bloomfield Health Services, L.L.C.
AMBULATORY CARE FACILITY	24951	BARNABAS HEALTH AMBULATORY CARE CENTER (NJ24951)	200 SOUTH ORANGE AVENUE, SUITE 215 LIVINGSTON, NJ 07039	LIVINGSTON	NJ	07039	ESSEX	(973) 322-7000	(973) 322-7283	Saint Barnabas Outpatient Centers Corporation
AMBULATORY CARE FACILITY	24995	PETER HO MEMORIAL CLINIC, THE (NJ24995)	111 CENTRAL AVENUE NEWARK, NJ 07102	NEWARK	NJ	07102	ESSEX	(973) 877-5649	(973) 877-5593	Saint Michael'S Clinics, Inc.
AMBULATORY CARE FACILITY	25029	PINNACLE MRI GROUP LLC (NJ25029)	345 HENRY STREET ORANGE, NJ 07050	ORANGE	NJ	07050	ESSEX	(201) 426-4450	(201) 754-9850	Pinnacle Mri Group, Llc
AMBULATORY CARE FACILITY	25115	INTEGRITY, INC (NJ25115)	1091-1093 BROAD STREET NEWARK, NJ 07102	NEWARK	NJ	07102	ESSEX	(973) 623-0600	(973) 623-1862	Integrity House
AMBULATORY CARE FACILITY	25127	URGENT CARE AND WALK-IN MEDICAL SUITE (NJ25127)	200 FREEWAY DRIVE EAST, SUITE 305 EAST ORANGE, NJ 07019	EAST ORANGE	NJ	07019	ESSEX	(973) 886-1854	(973) 370-4040	Bmg East Orange Llc

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	CITY	STATE	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
AMBULATORY CARE FACILITY	25201	PREMIER DIAGNOSTIC OF ESSEX, LLC (NJ25201)	155 PROSPECT AVENUE WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(862) 520-1962	(862) 520-2670	Premier Diagnostics Of Essex, Llc
AMBULATORY CARE FACILITY	25331	FAMILY MD URGENT CARE & WALK-IN MEDICAL CENTER (NJ25331)	393 MULBERRY STREET, SUITE 203 NEWARK, NJ 07102	NEWARK	NJ	07102	ESSEX	(201) 733-9222		Family Md Llc
AMBULATORY CARE FACILITY	70791	PLANNED PARENTHOOD OF METROPOLITAN NEW JERSEY (NJ70791)	238-240 MULBERRY STREET NEWARK, NJ 07102	NEWARK	NJ	07102	ESSEX	(973) 622-3900	(973) 596-6307	Planned Parenthood Of Metropolitan New Jersey
AMBULATORY CARE FACILITY	24250	HACKENSACK MERIDIAN URGENT CARE PLUS WEST ORANGE (NJ24250)	769 NORTHFIELD AVENUE SUITE 4 WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(848) 308-4609	(973) 669-8576	Fresenius Medical Care Holdings Inc.
AMBULATORY CARE FACILITY - SATELLITE	22303	PLANNED PARENTHOOD OF METROPOLITAN NEW JERSEY (NJ22303)	29 NORTH FULLERTON AVENUE MONTCLAIR, NJ 07042	MONTCLAIR	NJ	07042	ESSEX	(973) 746-7116	(973) 746-8899	Planned Parenthood Of Metropolitan New Jersey
AMBULATORY CARE FACILITY - SATELLITE	22305	PLANNED PARENTHOOD OF METROPOLITAN NEW JERSEY (NJ22305PP)	70 ADAMS STREET SUITE 13 UNIT 13 NEWARK, NJ 07105	NEWARK	NJ	07105	ESSEX	(973) 465-7707	(973) 465-5779	Planned Parenthood Of Metropolitan New Jersey
AMBULATORY CARE FACILITY - SATELLITE	70793	PLANNED PARENTHOOD OF METROPOLITAN NEW JERSEY (NJ70793)	560 MARTIN LUTHER KING BOULEVARD SUITE 100 EAST ORANGE NJ 07018	EAST ORANGE	NJ	07018	ESSEX	(973) 674-4343	(973) 674-5581	Planned Parenthood Of Metropolitan New Jersey
AMBULATORY SURGICAL CENTER	R24532	NEW JERSEY VEIN & COSMETIC SURGERY (3111087)	741 NORTHFIELD AVENUE, SUITE 105 WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 243-9729	(732) 243-9672	New Jersey Vein & Cosmetic Surgery, Pa
AMBULATORY SURGICAL CENTER	21955	GREGORI SURGERY CENTER, THE (NJ21955)	101 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 322-6373	(973) 322-6633	West Orange Asc, Llc
AMBULATORY SURGICAL CENTER	70786	LIVINGSTON SURGERY CENTER, THE (NJ22223)	200 SOUTH ORANGE AVENUE LIVINGSTON, NJ 07039	LIVINGSTON	NJ	07039	ESSEX	(973) 322-7703	(973) 322-7542	Livingston Asc, Llc
AMBULATORY SURGICAL CENTER	23110	SURGICAL CENTER AT MILLBURN (NJ23110)	37 EAST WILLOW STREET MILLBURN, NJ 07041	MILLBURN	NJ	07041	ESSEX	(973) 912-8111	(973) 912-0181	Surgical Center At Millburn, Llc
AMBULATORY SURGICAL CENTER	23381	SHORT HILLS SURGERY CENTER (NJ23314)	187 MILLBURN AVENUE MILLBURN, NJ 07041	MILLBURN	NJ	07041	ESSEX	(973) 671-0555	(973) 671-0557	Amsurg Holdings, Inc.
AMBULATORY SURGICAL CENTER	23459	AMBULATORY CENTER FOR EXCELLENCE IN SURGERY (NJ23459)	1255 BROAD STREET BLOOMFIELD, NJ 07003	BLOOMFIELD	NJ	07003	ESSEX	(973) 842-2150	(973) 338-3545	Bloomfield Surgi Center Llc
AMBULATORY SURGICAL CENTER	24266	ADVANCED SPINE AND OUTPATIENT SURGERY CENTER, LLC (NJ24266)	347 MOUNT PLEASANT AVENUE, THIRD FLOOR WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(908) 557-9420	(908) 557-9438	Advanced Spine And Outpatient Surgery Center, Llc
AMBULATORY SURGICAL CENTER	24393	MOUNTAIN SURGERY CENTER (NJ24393)	375 MT PLEASANT AVENUE, SUITE 210 WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 736-3390	(973) 736-3588	West Orange Surgical Center, Llc
AMBULATORY SURGICAL CENTER	24023	PLEASANTDALE AMBULATORY CARE LLC (NJ24796)	61 MAIN STREET, SUITE D WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 324-2280	(973) 324-2285	Pleasantdale Ambulatory Care Llc
AMBULATORY SURGICAL CENTER	24814	MULBERRY AMBULATORY SURGICAL CENTER, LLC (NJ24814-1)	393 MULBERRY STREET NEWARK, NJ 07102	NEWARK	NJ	07102	ESSEX	(973) 559-5009	(973) 344-5581	Mulberry Ambulatory Surgical Center Llc

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	CITY	STATE	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
AMBULATORY SURGICAL CENTER	R24542	NORTHERN NJ EYE INSTITUTE (NJ31C0001024)	71 SECOND STREET SOUTH ORANGE, NJ 07079	SOUTH ORANGE	NJ	07079	ESSEX	(973) 763-2203	(973) 762-9449	Northern New Jersey Eye Institute, Pa
AMBULATORY SURGICAL CENTER	R24699	NORTHFIELD SURGICAL CENTER (NJ31C0001108)	741 NORTHFIELD AVENUE, STE 102 WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 243-1062	(973) 243-0564	Northfield Surgical Center, Llc
AMBULATORY SURGICAL CENTER	22810	ESSEX ENDOSCOPY CENTER, LLC (NJ31C0001148)	275 CHESTNUT STREET NEWARK, NJ 07105	NEWARK	NJ	07105	ESSEX	(973) 589-5545	(973) 589-0073	Essex Endoscopy Center, L.L.C.
AMBULATORY SURGICAL CENTER	24309	ESSEX SPECIALIZED SURGICAL INSTITUTE (NJ31C0001156)	475 PROSPECT AVENUE WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 325-6716	(973) 325-6723	Essex Specialized Surgical Institute, L.L.C.
AMBULATORY SURGICAL CENTER	22335	SUBURBAN ENDOSCOPY CENTER, LLC (NJ31C0001162)	799 BLOOMFIELD AVENUE VERONA, NJ 07044	VERONA	NJ	07044	ESSEX	(973) 571-1600	(973) 571-1882	Suburban Endoscopy Center, Llc
AMBULATORY SURGICAL CENTER	70789	PILGRIM MEDICAL CENTER (NJ70789)	393 BLOOMFIELD AVENUE MONTCLAIR, NJ 07042	MONTCLAIR	NJ	07042	ESSEX	(973) 746-1500	(973) 746-0955	Pilgrim Medical Center, Inc
AMBULATORY SURGICAL CENTER	R24543	NORTH FULLERTON SURGERY CENTER (NJ80031)	37 NORTH FULLERTON AVENUE MONTCLAIR, NJ 07042	MONTCLAIR	NJ	07042	ESSEX	(973) 233-0433	(973) 233-0144	North Fullerton Surgery Center Llc
AMBULATORY SURGICAL CENTER	R24569	ESSEX SURGICAL ARTS SURGERY CENTER (NJ90061)	727 JORALEMON STREET, SUITE B SUITE B BELLEVILLE, NJ 07109	BELLEVILLE	NJ	07109	ESSEX	(973) 450-1600	(973) 450-1602	Essex Surgical Arts Surgery Center Llc
AMBULATORY SURGICAL CENTER	R24648	ESSEX SURGICAL, LLC (NJ909049)	776 NORTHFIELD AVENUE SUITE 101 WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 324-0400	(973) 324-2113	Essex Surgical, Llc
AMBULATORY SURGICAL CENTER	R24489	CityView Surgical Center, LLC (NJR24489)	34 South Dean Street, Suite 201 Englewood, NJ 07631	ENGLEWOOD	NJ	07631	ESSEX	(551) 369-1200	(551) 369-1199	Cityview Surgical Center, Llc
AMBULATORY SURGICAL CENTER	R24549	FREEDOM SURGICAL CENTER, LLC (NJR24549- 1)	1455 BROAD STREET, SUITE 100 BLOOMFIELD, NJ 07003	BLOOMFIELD	NJ	07003	ESSEX	(201) 402-2050	(201) 402-2037	Freedom Surgical Center
AMBULATORY SURGICAL CENTER ASC-ST	R24377	WEST ORANGE ENDOVASCULAR CENTER (NJR24377)	347 MOUNT PLEASANT AVENUE, SUITE 100 WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 325-0042	(856) 307-1200	West Orange Endovasvular Center, Llc
AMBULATORY SURGICAL CENTER ASC-ST	24814	MULBERRY AMBULATORY SURGICAL CENTER, LLC (NJ24814-2)	24 MERCHANT STREET NEWARK, NJ 07105	NEWARK	NJ	07105	ESSEX	(973) 559-5009		Mulberry Ambulatory Surgical Center Llc

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	CITY	STATE	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
COMPREHENSIVE REHABILITATION HOSPITAL	20725	KESSLER REHAB CENTER (NJ20725)	1199 PLEASANT VALLEY WAY WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 243-6830	(973) 243-6819	Kessler Institute For Rehabilitation, Inc.
END STAGE RENAL DIALYSIS	82451	RENEX DIALYSIS CLINIC OF ORANGE (31- 2533)	258 CENTRAL AVENUE ORANGE, NJ 07050	ORANGE	NJ	07050	ESSEX	(973) 675-3400	(973) 675-1373	Renex Dialysis Clinic Of Orange, Inc
END STAGE RENAL DIALYSIS	22201	BIO-MEDICAL APPLICATIONS OF IRVINGTON (NJ22201)	10 CAMPTOWN ROAD IRVINGTON, NJ 07111	IRVINGTON	NJ	07111	ESSEX	(973) 399-1111	(973) 399-0325	Fresenius Medical Care
END STAGE RENAL DIALYSIS	22214	EAST ORANGE DIALYSIS (NJ22214)	14-20 PROSPECT STREET EAST ORANGE, NJ 07017	EAST ORANGE	NJ	07017	ESSEX	(973) 672-2025	(973) 675-1381	Dva Renal Healthcare, Inc.
END STAGE RENAL DIALYSIS	22260	RENEX DIALYSIS CLINIC OF BLOOMFIELD, INC (NJ22260)	206 BELLEVILLE AVENUE BLOOMFIELD, NJ 07003	BLOOMFIELD	NJ	07003	ESSEX	(973) 680-8100	(973) 680-8228	Renex Dialysis Clinic Of Bloomfield, Inc.
END STAGE RENAL DIALYSIS	24071	RENAL CARE GROUP MAPLEWOOD (NJ24071)	2130 MILBURN AVENUE MAPLEWOOD, NJ 07040	MAPLEWOOD	NJ	07040	ESSEX	(973) 275-5499	(973) 275-5103	Renal Care Group
END STAGE RENAL DIALYSIS	24660	FRESENIUS MEDICAL CARE NORTH MONTCLAIR (NJ24660)	114 VALLEY ROAD MONTCLAIR, NJ 07042	MONTCLAIR	NJ	07042	ESSEX	(973) 744-2058	(973) 744-2078	Fresenius Medical Care Montclair, Llc
END STAGE RENAL DIALYSIS	24703	DIALYSIS CENTER OF WEST ORANGE, LLC (NJ24703)	101 OLD SHORT HILLS ROAD, SUITE 120 WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 736-8300	(973) 736-8320	Dialysis Center Of West Orange Llc
END STAGE RENAL DIALYSIS	24743	WEST ORANGE DIALYSIS (NJ24743)	375 MT PLEASANT AVENUE, SUITE 340 WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 243-7069	(973) 731-1348	Kidney Life, Llc
END STAGE RENAL DIALYSIS	24791	MILLBURN DIALYSIS CENTER (NJ24791)	25 EAST WILLOW STREET, SUITE 2 MILLBURN, NJ 07041	MILLBURN	NJ	07041	ESSEX	(973) 379-7309	(973) 379-5175	Redcliff Dialysis, L.L.C.
END STAGE RENAL DIALYSIS	24817	FRESENIUS MEDICAL CARE WEST ESSEX (NJ24817)	348 EAST NORTHFIELD ROAD LIVINGSTON, NJ 07039	LIVINGSTON	NJ	07039	ESSEX	(973) 535-0667	(973) 533-0088	Fresenius Medical Care West Essex

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	CITY	STATE	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
END STAGE RENAL DIALYSIS	24961	VISTACARE DIALYSIS CENTER (NJ24961)	300 BROADWAY NEWARK, NJ 07104	NEWARK	NJ	07104	ESSEX	(973) 878-4499	(973) 368-4943	Fresenius Medical Care New Vista, L.L.C.
END STAGE RENAL DIALYSIS	25035	ALLIANCE DIALYSIS CENTER (NJ25035)	155-40TH STREET IRVINGTON, NJ 07111	IRVINGTON	NJ	07111	ESSEX	(973) 371-2155	(973) 963-8341	Alaris Health Dialysis At Essex
END STAGE RENAL DIALYSIS	25095	IRVINGTON DIALYSIS (NJ25095)	468 CHANCELLOR AVENUE, SUITE WS-3 IRVINGTON, NJ 07111	IRVINGTON	NJ	07111	ESSEX	(973) 373-0294	(973) 371-1595	Buckhorn Dialysis, Llc
END STAGE RENAL DIALYSIS	25097	FRESENIUS KIDNEY CARE BELLEVILLE (NJ25097)	36 NEWARK AVENUE,, SUITE 304 BELLEVILLE, NJ 07109	BELLEVILLE	NJ	07109	ESSEX	(973) 450-0385	(973) 450-4318	Fresenius Medical Care Belleville, Llc
END STAGE RENAL DIALYSIS	25119	NEWARK MT PLEASANT DIALYSIS (NJ25119)	262 BROAD STREET NEWARK, NJ 07104	NEWARK	NJ	07104	ESSEX	(973) 268-7184	(973) 268-2802	Isd Renal, Inc.
END STAGE RENAL DIALYSIS	25142	DIALYSIS CENTER OF EAST ORANGE (NJ25142)	20 SUSSEX AVENUE EAST ORANGE, NJ 07018	EAST ORANGE	NJ	07018	ESSEX	(973) 266-1093	(973) 266-1094	Dialysis Center Of Mountainside, Llc
END STAGE RENAL DIALYSIS	40705	FRESENIUS MEDICAL CARE NORTH NEWARK (NJ312503)	155 BERKLEY AVENUE NEWARK, NJ 07107	NEWARK	NJ	07107	ESSEX	(973) 412-0066	(973) 268-4829	Bio-Medical Applications Of New Jersey, Inc.
END STAGE RENAL DIALYSIS	40701	BIO-MEDICAL APPLICATIONS OF NEW JERSEY, INC (NJ312505)	91-101 HARTFORD STREET NEWARK, NJ 07103	NEWARK	NJ	07103	ESSEX	(973) 624-7100	(973) 624-7113	Bio-Medi Al Applications Of New Jersey, Inc.
END STAGE RENAL DIALYSIS	23187	RENEX DIALYSIS CLINIC OF EAST ORANGE (NJ312568)	110 SOUTH GROVE STREET EAST ORANGE, NJ 07018	EAST ORANGE	NJ	07018	ESSEX	(973) 414-6100	(973) 414-6109	Nna Of East Orange, Llc
END STAGE RENAL DIALYSIS	40704	PARKSIDE DIALYSIS (NJ40704)	580 FRELINGHUYSEN AVENUE NEWARK, NJ 07114	NEWARK	NJ	07114	ESSEX	(973) 733-9450	(973) 733-9455	Kidney Life, Llc
END STAGE RENAL DIALYSIS	23076	SAINT BARNABAS RCG DIALYSIS CENTER- LIVINGSTON (NJ80036)	200 SOUTH ORANGE AVENUE, SUITE 117 LIVINGSTON, NJ 07039	LIVINGSTON	NJ	07039	ESSEX	(973) 322-7150	(973) 322-7160	Nna Saint Barnabas-Livingston, L.L.C.
FEDERALLY QUALIFIED HEALTH CENTERS	24137	NEWARK COMMUNITY HEALTH CENTER INC (311887)	37 NORTH DAY STREET ORANGE, NJ 07050	ORANGE	NJ	07050	ESSEX	(973) 483-1300	(973) 350-5562	Newark Community Health Centers, Inc
FEDERALLY QUALIFIED HEALTH CENTERS	70782	NEWARK DEPARTMENT OF HEALTH & COMMUNITY WELLNESS (311892)	110 WILLIAM STREET, ROOM 208 NEWARK, NJ 07102	NEWARK	NJ	07102	ESSEX	(973) 733-5310	(973) 733-3648	Newark Department Of Health And Community Wellness
FEDERALLY QUALIFIED HEALTH CENTERS	24967	SAINT JAMES HEALTH, INC (6530)	228 LAFAYETTE STREET, 2ND FLOOR AND 4TH FLOOR NEWARK, NJ 07105	NEWARK	NJ	07105	ESSEX	(908) 578-7273	(973) 589-3762	Saint James Health, Inc.
FEDERALLY QUALIFIED HEALTH CENTERS	25297	HOPE & ESPERANZA COMMUNITY HEALTH CENTER (NJ25297)	788 MOUNT PROSPECT AVENUE, FLOOR 2 NEWARK, NJ 07104	NEWARK	NJ	07104	ESSEX	(973) 433-9773	(973) 433-9761	Ironbound Community Health Center, Inc.
FEDERALLY QUALIFIED HEALTH CENTERS	70777	NEWARK COMMUNITY HEALTH CENTERS INC (NJ311806)	741 BROADWAY NEWARK, NJ 07104	NEWARK	NJ	07104	ESSEX	(973) 483-1300	(973) 266-9945	Newark Community Health Centers, Inc
FEDERALLY QUALIFIED HEALTH CENTERS	70778	NEWARK COMMUNITY HEALTH CENTER INC (NJ311820)	101 LUDLOW STREET NEWARK, NJ 07114	NEWARK	NJ	07114	ESSEX	(973) 483-1300	(973) 350-5562	Newark Community Health Centers, Inc
GENERAL ACUTE CARE HOSPITAL	10701	CLARA MAASS MEDICAL CENTER (NJ10701)	ONE CLARA MAASS DRIVE BELLEVILLE, NJ 07109	BELLEVILLE	NJ	07109	ESSEX	(973) 450-2000	(973) 450-0181	Clara Maass Medical Center
GENERAL ACUTE CARE HOSPITAL	10702	UNIVERSITY HOSPITAL (NJ10702)	150 BERGEN ST NEWARK, NJ 07103	NEWARK	NJ	07103	ESSEX	(973) 972-5658	(973) 972-6943	University Hospital
GENERAL ACUTE CARE HOSPITAL	10704	CAREWELL HEALTH MEDICAL CENTER (NJ10704)	300 CENTRAL AVE EAST ORANGE, NJ 07018	EAST ORANGE	NJ	07018	ESSEX	(973) 672-8400	(973) 266-8488	Eoh Acquisition Group, Llc

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	CITY	STATE	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
GENERAL ACUTE CARE HOSPITAL	10708	HACKENSACK MERIDIAN MOUNTAINSIDE MEDICAL (NJ10708)	1 BAY AVENUE MONTCLAIR, NJ 07042	MONTCLAIR	NJ	07042	ESSEX	(973) 429-6000	(973) 429-6209	Montclair Health System, L.L.C.
GENERAL ACUTE CARE HOSPITAL	10709	NEWARK BETH ISRAEL MEDICAL CENTER (NJ10709)	201 LYONS AVE NEWARK, NJ 07112	NEWARK	NJ	07112	ESSEX	(973) 926-7850	(973) 705-3477	Newark Beth Israel Medical Center
GENERAL ACUTE CARE HOSPITAL	10710	COOPERMAN BARNABAS MEDICAL CENTER (NJ10710)	94 OLD SHORT HILLS ROAD LIVINGSTON, NJ 07039	LIVINGSTON	NJ	07039	ESSEX	(973) 322-5000	(973) 322-5007	Cooperman Barnabas Medical Center
GENERAL ACUTE CARE HOSPITAL	10713	SAINT MICHAEL'S MEDICAL CENTER (NJ10713)	111 CENTRAL AVENUE NEWARK, NJ 07102	NEWARK	NJ	07102	ESSEX	(973) 877-5350	(973) 877-5593	Prime Healthcare Services-St. Michael'S, Llc
HOME HEALTH AGENCY	70702	PROMISE CARE NJ (NJ317009)	576 CENTRAL AVENUE, SUITE 304 EAST ORANGE, NJ 07018	EAST ORANGE	NJ	07018	ESSEX	(973) 378-1000	(201) 418-6817	Promise Care Of Essex County, Llc

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	CITY	STATE	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
HOME HEALTH AGENCY	22361	BAYADA HOME HEALTH CARE, INC (NJ317021)	5 REGENT STREET, SUITE 528 LIVINGSTON, NJ 07039	LIVINGSTON	NJ	07039	ESSEX	(973) 535-0543	(973) 535-0561	Bayada Home Health Care, Inc.
HOME HEALTH AGENCY	70705	PATIENT CARE (NJ317060)	300 EXECUTIVE DRIVE, SUITE 010 WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 243-6299	(973) 325-9277	Patient Care Medical Services, Inc.
HOME HEALTH AGENCY	22227	BARNABAS HEALTH HOME CARE AND HOSPICE (NJ317061)	80 MAIN STREET, SUITE 210 WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 243-9666	(973) 322-0370	Vna Health Group Of New Jersey, Llc
HOSPICE CARE BRANCH	24416	BARNABAS HEALTH HOME CARE AND HOSPICE (NJ24416)	80 MAIN STREET WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 412-2000	(973) 481-6395	Vna Health Group Of New Jersey, Llc
HOSPICE CARE BRANCH	25180	JOURNEY HOSPICE (NJ25180)	459 PASSAIC AVENUE, SUITE 270 WEST CALDWELL, NJ 07006	WEST CALDWELL	NJ	07006	ESSEX	(609) 386-7171		Hospice At Lsmnj, Inc.
HOSPICE CARE PROGRAM	22829	COMPASSIONATE CARE HOSPICE (31-1542)	300 BROADACRES DRIVE, SUITE 275 BLOOMFIELD, NJ 07003	BLOOMFIELD	NJ	07003	ESSEX	(973) 916-1400	(973) 947-6747	Compassionate Care Hospice Of Clifton, Llc
HOSPICE CARE PROGRAM	22741	HOSPICE OF NEW JERSEY, LLC (NJ22741)	400 BROADACRES DRIVE, 1ST FLOOR BLOOMFIELD, NJ 07003	BLOOMFIELD	NJ	07003	ESSEX	(857) 331-6275	(973) 893-0828	Hospice Of New Jersey, Llc
HOSPICE CARE PROGRAM	25064	PIONEER HOSPICE OF NJ INC (NJ25064)	14 SOUTH CENTER STREET ORANGE, NJ 07050	ORANGE	NJ	07050	ESSEX	(862) 520-4151	(862) 520-1866	Pioneer Hospice Of Nj, Inc.
HOSPICE CARE PROGRAM	22714	BARNABAS HEALTH HOME CARE AND HOSPICE (NJ311507)	80 MAIN STREET, SECOND FLOOR, SUITE 300 WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(855) 619-4448	(973) 669-1081	Vna Health Group Of New Jersey, L.L.C.
HOSPICE CARE PROGRAM	23201	VITAS HEALTHCARE CORPORATION ATLANTIC (NJ311558)	70 SOUTH ORANGE AVENUE, SUITE 210 LIVINGSTON, NJ 07039	LIVINGSTON	NJ	07039	ESSEX	(973) 994-4738	(973) 422-5385	Vitas Healthcare Atlantic
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1060	WAYMON C LATTIMORE CLINIC (NJ1060)	225 WARREN STREET NEWARK, NJ 07101	NEWARK	NJ	07101	ESSEX	(973) 972-0871	(973) 972-3832	University Hospital
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1110	CAREWELL HLTH CTR F WOUND HEALING & HYPERBARIC MED (NJ1110)	310 CENTRAL AVENUE EAST ORANGE, NJ 07018	EAST ORANGE	NJ	07018	ESSEX	(973) 395-4150	(973) 266-8488	East Orange General Hospital
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1149	ATLANTIC HEALTH SLEEP CENTERS (NJ1149)	5 REGENT STREET, SUITE 512 LIVINGSTON, NJ 07039	LIVINGSTON	NJ	07039	ESSEX	(866) 906-5666	(973) 290-7620	Ahs Hospital Corp.
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1169	UNIVERSITY HOSPITAL AMBULATORY CARE CENTER (NJ1167)	140 BERGEN STREET NEWARK, NJ 07101	NEWARK	NJ	07101	ESSEX	(973) 972-5658	(973) 972-6943	University Hospital
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1280	CAREWELL HEALTH PHYSICAL REHABILITATION (NJ1280)	240 CENTRAL AVENUE EAST ORANGE, NJ 07018	EAST ORANGE	NJ	07018	ESSEX	(973) 266-8415	(973) 266-8488	East Orange General Hospital
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1292	ST JOSEPH'S CARDIOVASCULAR CENTER- NUTLEY (NJ1292)	181 FRANKLIN AVENUE - STE 301 NUTLEY, NJ 07110	NUTLEY	NJ	07110	ESSEX	(973) 667-5511	(973) 667-0561	St. Joseph'S University Medical Center
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1332	SENIOR HEALTH & WELLNESS CENTER JAMES WHITE MANOR (NJ1332)	516 BERGEN STREET NEWARK, NJ 07108	NEWARK	NJ	07108	ESSEX	(973) 622-2703	(973) 622-2705	Newark Beth Israel Medical Center
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1369	CSH OUTPATIENT CENTER NEWARK (NJ1369)	182 LYONS AVENUE NEWARK, NJ 07112	NEWARK	NJ	07112	ESSEX	(908) 233-3720	(908) 301-5546	Children'S Specialized Hospital
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1388	CAREWELL HEALTH HEMODIALYSIS (NJ1388)	310 CENTRAL AVENUE EAST ORANGE, NJ 07018	EAST ORANGE	NJ	07018	ESSEX	(973) 395-4030	(973) 266-8488	East Orange General Hospital
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1396	CENTER FOR WOUND SCIENCE AND HEALING ATSILVER LAKE (NJ1396)	495 NORTH 13TH STREET NEWARK, NJ 07107	NEWARK	NJ	07107	ESSEX	(973) 479-2140	(973) 497-2371	Silver Lake Hospital
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1431	SAINT BARNABAS AMBULATORY CARE CENTER (NJ1431)	200 SOUTH ORANGE AVENUE LIVINGSTON, NJ 07039	LIVINGSTON	NJ	07039	ESSEX	(973) 322-7700	(973) 322-7160	Cooperman Barnabas Medical Center
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1522	COOPER BARNABAS MEDICAL CENTER CARDIAC REHABILITAT (NJ1522)	375 MOUNT PLEASANT AVENUE WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 322-5000	(973) 322-5007	Cooperman Barnabas Medical Center

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HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1338	MAGNUS IMAGING OF ENGLEWOOD HOSPITAL (NJ24055)	946 BLOOMFIELD AVENUE GLEN RIDGE, NJ 07028	GLEN RIDGE	NJ	07028	ESSEX	(973) 743-9001	(973) 743-9988	Englewood Hospital And Medical Center

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	CITY	STATE	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	25277	MOBILE HEALTH CENTER (NJ25277)	150 BERGEN STREET NEWARK, NJ 07101	NEWARK	NJ	07101	ESSEX	(732) 972-0871		University Hospital
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1167	CAREWELL HEALTH FAMILY HEALTH CENTER (NJ70771)	300 CENTRAL AVENUE EAST ORANGE, NJ 07018	EAST ORANGE	NJ	07018	ESSEX	(973) 266-4406	(973) 414-1850	East Orange General Hospital
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1553	MOBILE COMMUNITY HEALTH SERVICES (NJ1553)	150 BERGEN STREET NEWARK, NJ 07101	NEWARK	NJ	07101	ESSEX	(973) 972-5658		University Hospital
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1559	UNIVERSITY HOSPITAL HEALTH & WELLNESS CENTER (NJ1559)	388 WEST MARKET STREET NEWARK, NJ 07107	NEWARK	NJ	07107	ESSEX	(973) 972-5658		University Hospital
MATERNAL AND CHILD HEALTH CONSORTIUM	80308	PARTNERSHIP FOR MATERNAL & CHILD HEALTH OF NORTHER (NJ80308)	50 PARK PLACE, SUITE 700 NEWARK, NJ 07102	NEWARK	NJ	07102	ESSEX	(973) 268-2280	(862) 314-0233	Partnership For Maternal & Child Health Of Norther
PSYCHIATRIC HOSPITAL	50706	ESSEX COUNTY HOSPITAL CENTER (NJ50706)	204 GROVE AVENUE CEDAR GROVE, NJ 07009	CEDAR GROVE	NJ	07009	ESSEX	(973) 571-2801	(973) 571-2864	County Of Essex
SPECIAL HOSPITAL HOSP-LT	24009	SILVER LAKE HOSPITAL LTACH (NJ24009)	495 NORTH 13TH STREET NEWARK, NJ 07107	NEWARK	NJ	07107	ESSEX	(973) 587-7712	(973) 587-7830	Columbus Hospital Ltach, Llc
SURGICAL PRACTICE	R24619	GARDEN STATE SURGERY CENTER (NJR24619)	29 PARK STREET MONTCLAIR, NJ 07042	MONTCLAIR	NJ	07042	ESSEX	(973) 509-2000	(973) 655-1228	Garden State Surgery Center, Llc
SURGICAL PRACTICE ASC-P-C	R24534	IRONBOUND ENDO-SURGICAL CENTER (NJ31C0001129)	24-28 MERCHANT STREET NEWARK, NJ 07105	NEWARK	NJ	07105	ESSEX	(973) 344-4787	(973) 344-5581	Ironbound Endosurgical Center, P.A.

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	CITY	STATE	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
ADULT DAY HEALTH SERVICES FACILITY	07020	CIRCLE OF LIFE AT BELLEVILLE ADULT DAY CENTER (NJ07020)	250 MILL STREET BELLEVILLE, NJ 07109	BELLEVILLE	NJ	07109	ESSEX	(973) 751-7600		Eldercare Of Belleville Llc
ADULT DAY HEALTH SERVICES FACILITY	07024	IRVINGTON ADULT DAY CARE CENTER (NJ07024)	62-70 HOWARD STREET IRVINGTON, NJ 07111	IRVINGTON	NJ	07111	ESSEX	(201) 803-3072		Irvington Adult Day Care Center Llc
ADULT DAY HEALTH SERVICES FACILITY	07025	HERITAGE ADULT ENRICHMENT CENTER (NJ07025)	440 WASHINGTON STREET ORANGE, NJ 07050	ORANGE	NJ	07050	ESSEX	(973) 677-2273	(862) 233-6450	Heritage Adult Enrichment Cente, Llc
ADULT DAY HEALTH SERVICES FACILITY	07033	NUTLEY ADULT DAY CARE CENTER INC (NJ07033)	357-361 HARRISON STREET NUTLEY, NJ 07110	NUTLEY	NJ	07110	ESSEX	(551) 689-6100		Nutley Adult Day Care Center Inc
ADULT DAY HEALTH SERVICES FACILITY	02005	NEW JERSEY ADULT MEDICAL DAY CARE INC (NJ20005)	290 CHESTNUT STREET NEWARK, NJ 07105	NEWARK	NJ	07105	ESSEX	(973) 578-2815	(973) 589-0386	New Jersey Adult Medical Day Care, Inc
ADULT DAY HEALTH SERVICES FACILITY	308100	HAPPY DAYS I I ADULT DAY HEALTH (NJ308100)	1060 BROAD STREET 1153 BUCKWALD COURT, LAKEWOOD, NJ 08701 - MAILING NEWARK, NJ 07102	NEWARK	NJ	07102	ESSEX	(973) 643-3500		Happy Days Ii Adult Medical Day
ADULT DAY HEALTH SERVICES FACILITY	308113	2ND HOME EAST ORANGE (NJ308113)	115 EVERGREEN PLACE EAST ORANGE, NJ 07018	EAST ORANGE	NJ	07018	ESSEX	(973) 676-2600	(973) 676-2800	2Nd Home East Orange Llc

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	CITY	STATE	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
ADULT DAY HEALTH SERVICES FACILITY	308114	BELLEVILLE SENIOR SERVICES (NJ308114)	518 WASHINGTON AVENUE BELLEVILLE, NJ 07109	BELLEVILLE	NJ	07109	ESSEX	(973) 751-6000	(973) 751-1190	Belleville Senior Services, Llc
ADULT DAY HEALTH SERVICES FACILITY	308116	2ND HOME NEWARK OPERATIONS, LLC (NJ308116)	717-727 BROADWAY NEWARK, NJ 07104	NEWARK	NJ	07104	ESSEX	(973) 268-1212	(973) 268-1016	2Nd Home Newark Operations, Llc
ADULT DAY HEALTH SERVICES FACILITY	308117	2ND HOME ORANGE OPERATIONS, LLC (NJ308117)	37 NORTH DAY STREET ORANGE, NJ 07050	ORANGE	NJ	07050	ESSEX	(973) 395-0555	(973) 395-8279	Premier Of Orange Llc
ADULT DAY HEALTH SERVICES FACILITY	308119	SIGNATURE MEDICAL DAY CARE OF MONTCLAIR (NJ308119)	110 GREENWOOD AVENUE MONTCLAIR, NJ 07042	MONTCLAIR	NJ	07042	ESSEX	(973) 783-5589	(973) 783-3711	Freehold Montclair Healthcare, Llc
ADULT DAY HEALTH SERVICES FACILITY	308120	HOME AWAY FROM HOME ADULT DAY CARE CENTER OF NUT (NJ308120)	263 HILLSIDE AVENUE NUTLEY, NJ 07110	NUTLEY	NJ	07110	ESSEX	(973) 662-9191	(973) 662-1112	Essex Medical Day Care, Llc
ADULT DAY HEALTH SERVICES FACILITY	308336	GOODLIFE ADULT DAY CARE (NJ308336)	515 NORTH ARLINGTO N AVENUE EAST ORANGE, NJ 07017	EAST ORANGE	NJ	07017	ESSEX	(973) 674-5100	(973) 674-6300	Apollo Healthcare, Llc
ADULT DAY HEALTH SERVICES FACILITY	082453	HAPPY DAYS ADULT DAY HEALTH CARE (NJ82453)	67 SO MUNN AVE 1153 BUCKWALD COURT, LAKEWOOD, NJ 08701 - MAILING EAST ORANGE, NJ 07018	EAST ORANGE	NJ	07018	ESSEX	(973) 678-0755	(732) 905-0944	Happy Days Healthcare Llc
ADULT DAY HEALTH SERVICES FACILITY	YG153X	NORTH WARD CENTER, THE (NJYG153X)	288 298 MT PROSPECT AVENUE NEWARK, NJ 07104	NEWARK	NJ	07104	ESSEX	(973) 481-6145	(973) 481-1573	The North Ward Center, Inc.
ADULT DAY HEALTH SERVICES in a LONG-TERM CARE FACILITY	308335	OASIS AT SINAI ADULT MEDICAL DAY CARE, THE (NJ308335)	65 JAY STREET NEWARK, NJ 07103	NEWARK	NJ	07103	ESSEX	(973) 483-6800	(973) 483-8140	Sinai Center For Rehabilitation And Healthcare Llc

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	CITY	STATE	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
ALTERNATE FAMILY CARE	308121	CLARENDON ALTERNATE FAMILY CARE (NJ308121)	212 CLIFTON AVENUE NEWARK, NJ 07104	NEWARK	NJ	07104	ESSEX	(973) 481-6516	(973) 227-1117	Branch Brook Park Manor, Inc.
ALTERNATE FAMILY CARE	082445	CARE MANAGEMENT 2000 (NJ82445)	258 PARK ST UPPER MONTCLAIR, NJ 07043	UPPER MONTCLAIR	NJ	07043	ESSEX	(973) 655-0121	(973) 655-0402	Care Management 2000, Inc.
ALTERNATE FAMILY CARE	90901	ROYAL HOMECARE MANAGEMENT (NJ90901)	285 ROSEVILLE AVENUE NEWARK, NJ 07107	NEWARK	NJ	07107	ESSEX	(973) 481-2200	(973) 481-3200	Royal Home Care Management Llc
ASSISTED LIVING PROGRAM	07A031	MC PROPERTIES ASSOCIATES, ALP (NJ07A031)	285 ROSEVILLE AVENUE NEWARK, NJ 07107	NEWARK	NJ	07107	ESSEX	(973) 392-3165	(973) 481-3200	Mc Properties Associates Alp
ASSISTED LIVING PROGRAM	25389	JEWISH COMMUNITY HOUSING ASSISTED LIVING PROGRAM (NJ25389)	750 NORTHFIELD AVENUE SOUTH ORANGE, NJ 07470	SOUTH ORANGE	NJ	07470	ESSEX	(862) 386-4762		Jewish Community Housing Corp Of Metropolitan Nj
ASSISTED LIVING RESIDENCE	07015	ARBOR TERRACE ROSELAND (NJ07015)	345 EAGLE ROCK AVENUE ROSELAND, NJ 07068	ROSELAND	NJ	07068	ESSEX	(973) 618-1888		Shp V Roseland, Llc

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	CITY	STATE	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
ASSISTED LIVING RESIDENCE	07A021	BRANDYWINE LIVING AT LIVINGSTON (NJ07A021)	369 EAST MT PLEASANT AVENUE LIVINGSTON, NJ 07039	LIVINGSTON	NJ	07039	ESSEX	(973) 251-0600	(973) 251-0601	Brandywine Senior Living At Livingston, Llc
ASSISTED LIVING RESIDENCE	30a000	WINCHESTER GARDENS ASSISTED LIVING CENTER (NJ30A000)	333 ELMWOOD AVENUE MAPLEWOOD, NJ 07040	MAPLEWOOD	NJ	07040	ESSEX	(973) 762-5050	(973) 762-2766	Marcus L. Ward Home
ASSISTED LIVING RESIDENCE	30A001	BROOKDALE WEST ORANGE (NJ30A001)	520 PROSPECT AVENUE WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 325-5700	(973) 325-6800	Brea West Orange, Llc
ASSISTED LIVING RESIDENCE	30a002	ARDEN COURTS (WEST ORANGE) (NJ30A002)	510 PROSPECT AVENUE WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 736-3100	(973) 736-0500	Arden Courts Of W. Orange Nj, Llc
ASSISTED LIVING RESIDENCE	30a003	SUNRISE ASSISTED LIVING AT WEST ESSEX (NJ30A003)	47 GREENBROOK ROAD FAIRFIELD, NJ 07004	FAIRFIELD	NJ	07004	ESSEX	(973) 228-7890	(973) 228-7918	Welltower Opco Group Llc
ASSISTED LIVING RESIDENCE	30A004	BRIGHTON GARDENS OF WEST ORANGE (NJ30A004)	220 PLEASANT VALLEY WAY WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 731-9840	(973) 731-9170	Sjv 1 W Orange Opco, Llc
ASSISTED LIVING RESIDENCE	30a005	LUTHERAN SOCIAL MINISTRIES AT (NJ30A005)	459 PASSAIC AVENUE WEST CALDWELL, NJ 07006	WEST CALDWELL	NJ	07006	ESSEX	(973) 276-3030	(973) 276-3032	Lutheran Social Ministries Of Nj
ASSISTED LIVING RESIDENCE	30a006	JOB HAINES HOME FOR AGED PEOPLE (NJ30A006)	250 BLOOMFIELD AVENUE BLOOMFIELD, NJ 07003	BLOOMFIELD	NJ	07003	ESSEX	(973) 743-0792	(973) 743-1135	Job Haines Home For Aged People
ASSISTED LIVING RESIDENCE	30A008	CLIFFS AT EAGLE ROCK, THE (NJ30A008)	707 EAGLE ROCK AVENUE WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 669-0011	(973) 669-9711	Baptist Home Society Of New Jersey
ASSISTED LIVING RESIDENCE	30A009	CARE ONE AT LIVINGSTON ASSISTED LIVING (NJ30A009)	76 PASSAIC AVENUE LIVINGSTON, NJ 07039	LIVINGSTON	NJ	07039	ESSEX	(973) 758-4100	(973) 758-4103	Care Two, Llc
ASSISTED LIVING RESIDENCE	07A030	SUNRISE OF LIVINGSTON (NJ07A030)	290 SOUTH ORANGE AVENUE LIVINGSTON, NJ 07039	LIVINGSTON	NJ	07039	ESSEX	(973) 548-6994		Sunrise Of Livingston, Llc

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

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	CITY	STATE	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
LONG TERM CARE FACILITY SNF/NF	060704	GROVE PARK HEALTHCARE AND REHABILITATION CENTER (NJ60704)	101 NORTH GROVE STREET EAST ORANGE, NJ 07017	EAST ORANGE	NJ	07017	ESSEX	(973) 672-1700	(973) 672-8650	Garden State Nursing Home, Inc.
LONG TERM CARE FACILITY SNF/NF	306000	ALARIS HEALTH AT CEDAR GROVE (NJ60705)	110 GROVE AVE CEDAR GROVE, NJ 07009	CEDAR GROVE	NJ	07009	ESSEX	(973) 571-6600	(973) 571-6618	Cg Healthcare, Llc

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	CITY	STATE	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
LONG TERM CARE FACILITY SNF/NF	060706	ARBOR GLEN CENTER (NJ60706)	25 E LINDSLEY ROAD CEDAR GROVE, NJ 07009	CEDAR GROVE	NJ	07009	ESSEX	(973) 256-7220	(973) 256-4723	25 East Lindsley Road Operations Llc
LONG TERM CARE FACILITY SNF/NF	060708	INGLEMOOR REHABILITATION AND CARE CENTER OF LIVING (NJ60708)	311 S LIVINGSTON AVE LIVINGSTON, NJ 07039	LIVINGSTON	NJ	07039	ESSEX	(973) 994-0221	(973) 992-0696	Livingston Care Center, Lp
LONG TERM CARE FACILITY SNF/NF	060713	SINAI POST ACUTE NURSING AND REHAB CENTER (NJ60713)	65 JAY STREET NEWARK, NJ 07103	NEWARK	NJ	07103	ESSEX	(973) 483-6800	(973) 483-1841	Sinai Center For Rehabilitation And Healthcare Llc
LONG TERM CARE FACILITY SNF/NF	060714	STRATFORD MANOR REHABILITATION AND CARE CENTER (NJ60714)	787 NORTHFIELD AVE WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 731-4500	(973) 731-5543	Stratford Manor Rehabilitation And Care Center, Ll
LONG TERM CARE FACILITY SNF/NF	060719	FAMILY OF CARING HEALTHCARE AT MONTCLAIR (NJ60719)	42 NORTH MOUNTAIN AVE MONTCLAIR, NJ 07042	MONTCLAIR	NJ	07042	ESSEX	(973) 783-9400	(973) 783-8499	Family Of Caring Healthcare At Montclair Llc
LONG TERM CARE FACILITY SNF/NF	060720	COMPLETE CARE AT CEDAR GROVE (NJ60720)	536 RIDGE ROAD CEDAR GROVE, NJ 07009	CEDAR GROVE	NJ	07009	ESSEX	(973) 239-9300	(973) 239-8642	536 Ridge Road Operations Llc
LONG TERM CARE FACILITY SNF/NF	060721	WHITE HOUSE HEALTHCARE AND REHABILITATION CENTER (NJ60721)	560 BERKELEY AVENUE ORANGE, NJ 07050	ORANGE	NJ	07050	ESSEX	(973) 672-6500	(973) 672-6611	White House Healthcare & Rehabilitation Center
LONG TERM CARE FACILITY SNF/NF	060722	COMPLETE CARE AT ORANGE PARK (NJ60722)	140 PARK AVE EAST ORANGE, NJ 07017	EAST ORANGE	NJ	07017	ESSEX	(973) 677-1500	(973) 677-7016	Complete Care At East Orange Llc
LONG TERM CARE FACILITY SNF/NF	060729	CANTERBURY AT CEDAR GROVE (NJ60729)	398 POMPTON AVENUE CEDAR GROVE, NJ 07009	CEDAR GROVE	NJ	07009	ESSEX	(973) 239-7600	(862) 239-5248	The Canterbury @ Cedar Grove Care & Rehabilitation
LONG TERM CARE FACILITY SNF/NF	06730	NEW VISTA NURSING & REHABILITATION CTR (NJ60730)	300 BROADWAY NEWARK, NJ 07104	NEWARK	NJ	07104	ESSEX	(973) 484-4222	(973) 484-9141	Vistacare, Llc
LONG TERM CARE FACILITY SNF/NF	060731	NEW COMMUNITY EXTENDED CARE FACILITY (NJ60731)	266 S ORANGE AVE NEWARK, NJ 07103	NEWARK	NJ	07103	ESSEX	(973) 624-2020	(973) 624-8046	New Community Health Care, Inc.
LONG TERM CARE FACILITY SNF/NF	060732	BROOKHAVEN HEALTH CARE CENTER (NJ60732)	120 PARK END PLACE EAST ORANGE, NJ 07018	EAST ORANGE	NJ	07018	ESSEX	(973) 676-6221	(973) 965-0382	Brookhaven Center For Rehab & Healthcare, Llc
LONG TERM CARE FACILITY SNF/NF	060733	PARK CRESCENT HEALTHCARE & REHABILITATION CENTER (NJ60733)	480 PARKWAY DRIVE EAST ORANGE, NJ 07017	EAST ORANGE	NJ	07017	ESSEX	(973) 674-2700	(973) 678-8282	Parkway Manor Health Center, Llc
LONG TERM CARE FACILITY SNF/NF	060734	COMPLETE CARE AT WEST CALDWELL LLC (NJ60734)	165 FAIRFIELD AVE WEST CALDWELL, NJ 07006	WEST CALDWELL	NJ	07006	ESSEX	(973) 226-1100	(973) 226-5993	Complete Care At West Caldwell Llc

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	CITY	STATE	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
LONG TERM CARE FACILITY SNF/NF	060736	ALLIANCE CARE REHABILITATION AND NURSING CENTER (NJ60736)	155 40TH STREET IRVINGTON, NJ 07111	IRVINGTON	NJ	07111	ESSEX	(973) 232-3100	(973) 371-4081	Essex Garden Group Llc
LONG TERM CARE FACILITY SNF/NF	060737	COMPLETE CARE AT ST VINCENTS LLC (NJ60737)	315 EAST LINDSLEY ROAD CEDAR GROVE, NJ 07009	CEDAR GROVE	NJ	07009	ESSEX	(973) 754-4800	(973) 812-4491	Complete Care At St. Vincent'S Llc
LONG TERM CARE FACILITY SNF/NF	060738	BROADWAY HOUSE FOR CONTINUING CARE (NJ60738)	298 BROADWAY NEWARK, NJ 07104	NEWARK	NJ	07104	ESSEX	(973) 268-9797	(973) 268-2828	University Hospital
LONG TERM CARE FACILITY SNF/NF	060739	COMPLETE CARE AT SUMMIT RIDGE (NJ60739)	20 SUMMIT STREET WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 736-2000	(973) 731-4582	Summit Ridge Care, Llc

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	CITY	STATE	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
LONG TERM CARE FACILITY SNF/NF	62203	FOREST HILLS CENTER FOR REHABILITATION AND HEALING (NJ62203)	497 MT PROSPECT AVE NEWARK, NJ 07104	NEWARK	NJ	07104	ESSEX	(973) 482-5000	(973) 482-6500	Forest Hill Healthcare Center Inc.
LONG TERM CARE FACILITY SNF/NF	062209	ALARIS HEALTH AT ST MARY'S (NJ62209)	135 SOUTH CENTER STREET ORANGE, NJ 07050	ORANGE	NJ	07050	ESSEX	(973) 266-3000	(973) 266-3094	South Center Street Nursing Home, Llc
LONG TERM CARE FACILITY SNF/NF	NH07001	LIVINGSTON POST ACUTE CARE (NJNH07001)	348 E CEDAR STREET LIVINGSTON, NJ 07039	LIVINGSTON	NJ	07039	ESSEX	(973) 758-8200		Livingston Post Acute Operator, Llc
RESIDENTIAL DEMENTIA CARE HOME	D35008	MONTCLAIR MANOR (NJD35008)	403 CLAREMONT AVENUE MONTCLAIR, NJ 07042	MONTCLAIR	NJ	07042	ESSEX	(973) 509-7363	(866) 788-0066	Cordillera Professionals Llc
RESIDENTIAL HEALTH CARE in a LONG-TERM CARE FACILITY	303333	GREEN HILL (NJ303333)	103 PLEASANT VALLEY WAY WEST ORANGE, NJ 07052	WEST ORANGE	NJ	07052	ESSEX	(973) 731-2300	(973) 731-5185	Green Hill Inc.

Essex County Mental Health Services

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

Community Support Services (CSS)
East Orange General Hospital
300 Central Avenue
East Orange, NJ 07018
(973) 395-4164

Community Support Services (CSS)
Project Live, Inc.
272 Mt. Pleasant Ave., Suite 3
West Orange, NJ 07052
(973) 395-9160

Community Support Services - Newark

Certified Community Behavioral Health Clinic (CCBHC)
Northwest Essex Community Healthcare
Network 570 Belleville Avenue
Belleville, NJ 07109
(973) 450-3100

Community Support Services (CSS)
Easter Seal Society of NJ
615 Hope Road - Building 3
Eatontown, NJ 07724
(732) 380-0390

Community Support Services (CSS)
Mental Health Association of Essex & Morris
80 Main St. Suite 370
Orange, NJ 07052
(973) 509-3777

Community Support Services (CSS)
Project Live, Inc.

Rutgers-University Behavioral Health Care
10 Corporate Place South – Suite
205 Piscataway, NJ 08854
(732) 235-5000

STCF
Jersey City Medical Center
395 Grand Street
Jersey City, NJ 07302
(201) 915-2349

Early Intervention Support Services
(Crisis Intervention Services)
Rutgers University Behavioral Health Care
183 South Orange Avenue
Newark, NJ 07103
(973) 972-6100

Homeless Services (PATH)
Mental Health Association of Essex
& Morris 80 Main St. suite 150.
West Orange, NJ
07052 (973) 842-
4127

Integrated Case Management Services (ICMS) Mental Health Association of Essex and Morris 80 Main St. suite 150.
West Orange, NJ 07052
(973) 842-4127

465-475 Broadway
Newark, NJ 07104
(973) 395-9160

County Mental Health of Essex
Mental Health Administrator
204 Grove Avenue
Cedar Grove, NJ 07009
(973) 571-2821 /2822

***Primary* Screening Center**
Jersey City Medical Center
395 Grand Street
Jersey City, NJ 07302
(201) 915-2210

Homeless Services (PATH) *Newark Only*
Project Live
465-475 Broadway
Newark, NJ 07104
(973) 481-1211

Integrated Case Management Services (ICMS)
Newark Only Mt. Carmel Guild Behavioral Healthcare

47-71 Miller St.
3rd Floor, Suite 301
Newark, NJ 07114

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

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

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

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

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

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

Outpatient Mt. Carmel Guild Behavioral Healthcare 58 Freeman Street Newark, NJ 07102 (973) 596-4190 **Outpatient** Northwest Essex Community Network 570 Belleville Avenue Belleville, NJ 07109 (973) 450-3100 **Outpatient** Irvington Counseling Center 21-29 Wagner Place Irvington, NJ 07111 (973) 399-3132 **Partial Care** Rutgers University Behavioral Health Care 183 South Orange Avenue Newark, NJ 07103-2770 (800) 969-5300 **Partial Care** Mt. Carmel Guild Behavioral Healthcare 58 Freeman Street Newark, NJ 07102 (973) 596-4190	**Outpatient** Family Service Bureau of Newark 379 Kearny Avenue Kearny, NJ 07032 (201) 246-8077 **Outpatient** Family Connections 395 South Center Street Orange, NJ 07050 (973) 675-3817 **Outpatient** Newark Beth Israel Medical Center CMHC 210 Lehigh Avenue Newark, NJ 07112 (973) 926-7026 **Outpatient** Rutgers University Behavioral Health Care 183 South Orange Avenue Newark, NJ 07103-2770 (973) 912-6100 (ACCESS) **Partial Care** Northwest Essex Community Network 570 Belleville Avenue Belleville, NJ 07109 (973) 450-3100
PEER Respite Program CSP Newark Respite (862)229)1401 **PRIMARY SCREENING CENTER for ESSEX** Clara Maass Medical Center 1 Clara Maass Drive Belleville, NJ 07109 HOTLINE: (973) 844-4357 **PRIMARY SCREENING CENTER for ESSEX** Rutgers University Behavioral Health Care 150 Bergen Street Newark, NJ 07101 **HOTLINE:** (973) 623-2323 **Residential Services** Easter Seals Society of NJ 414 Eagle Rock Avenue, Suite 206 West Orange, NJ 07052	**Partial Care** Mental Health Association of Essex & Morris (Prospect House) 424 Main Street East Orange, NJ 07018 (973) 674-8067 **PRIMARY SCREENING CENTER for ESSEX** Newark Beth Israel Medical Center 201 Lyons Avenue Newark, NJ 07112 **HOTLINE:** (973) 926-7444 **Program of Assertive Community Treatment (PACT)** Bridgeway Rehabilitation Inc. 622 Eagle Rock Ave. Suite 302 Newark, NJ 07052 973-755-0275 **Residential Services** Project Live, Inc. 465-475 Broadway Newark, NJ 07104 (973) 481-1211 **Short Term Care Facility (STCF)** East Orange General

(973) 324-2712

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

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

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

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

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

Systems Advocacy
Community Health Law Project
650 Bloomfield Avenue
Bloomfield, NJ 07003
(973) 680-5599

Hospital 300 Central Avenue
East Orange, NJ 07018
(973) 266-4456 or (973) 266-8440

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

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

Supported Employment Services
Mental Health Association 80 Main Street, Suite 500 West Orange, NJ 07052 (973) 395-1000

Supported Employment Services
Catholic Charities (Archdiocese of Newark/Mt. Carmel Guild)
57 Miller Street
Newark, NJ 07114
(908) 596-4190

Appendix E. Additional Data Tables and Graphs

Population Overview

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

	Under 18 years	18 to 24 years	25 to 44 years	45 to 64 years	65 to 74 years	75 years and over
New Jersey	21.9%	8.4%	26.1%	26.9%	9.8%	7.0%
Essex County	23.7%	8.9%	27.6%	25.9%	8.2%	5.7%
Irvington	23.1%	10.5%	28.7%	25.3%	7.3%	5.1%
Newark	24.6%	10.4%	29.8%	24.4%	6.8%	4.1%
Newark (07102, Central Ward)	15.2%	16.9%	31.2%	21.2%	10.3%	5.1%
Newark (07103, West Ward)	27.3%	13.9%	27.4%	21.8%	5.6%	4.2%
Newark (07105, East Ward)	23.4%	10.0%	35.2%	24.2%	3.8%	3.4%
Newark (07106, West Ward)	24.4%	9.2%	28.6%	25.1%	8.3%	4.3%
Newark (07108, South Ward)	30.4%	9.4%	29.7%	20.8%	6.2%	3.6%
Newark (07112, South Ward)	24.2%	11.1%	27.8%	25.8%	6.1%	4.9%
Newark (07114, South Ward)	15.3%	7.5%	34.9%	30.8%	10.4%	1.2%
Union County	23.5%	8.2%	26.4%	27.0%	8.7%	6.1%
Hillside	23.3%	10.0%	25.9%	26.9%	8.1%	5.6%

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

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

		Asian, non-Hispanic			Black, non-Hispanic		
	Total Population	Under 18 years	18 to 64 years	65 years and over	Under 18 years	18 to 64 years	65 years and over
New Jersey	9,267,014	2.1%	6.7%	1.4%	2.8%	8.1%	1.8%
Essex County	854,130	1.3%	4.1%	0.9%	8.3%	22.8%	4.9%
Union County	572,549	1.3%	3.8%	0.8%	4.4%	12.8%	3.1%
		Hispanic/Latino			White, non-Hispanic		
	Total Population	Under 18 years	18 to 64 years	65 years and over	Under 18 years	18 to 64 years	65 years and over
New Jersey	9,267,014	6.4%	14.1%	2.1%	8.9%	29.7%	12.1%
Essex County	854,130	7.1%	15.7%	2.3%	5.1%	16.5%	6.0%
Union County	572,549	9.9%	22.0%	3.3%	6.6%	20.3%	8.0%
		Additional Race, non-Hispanic			2+ Races		
	Total Population	Under 18 years	18 to 64 years	65 years and over	Under 18 years	18 to 64 years	65 years and over
New Jersey	9,267,014	2.7%	6.9%	0.9%	2.7%	5.5%	4.1%
Essex County	854,130	3.1%	8.9%	1.4%	2.9%	6.0%	4.2%
Union County	572,549	6.2%	13.8%	1.2%	2.6%	5.2%	5.0%

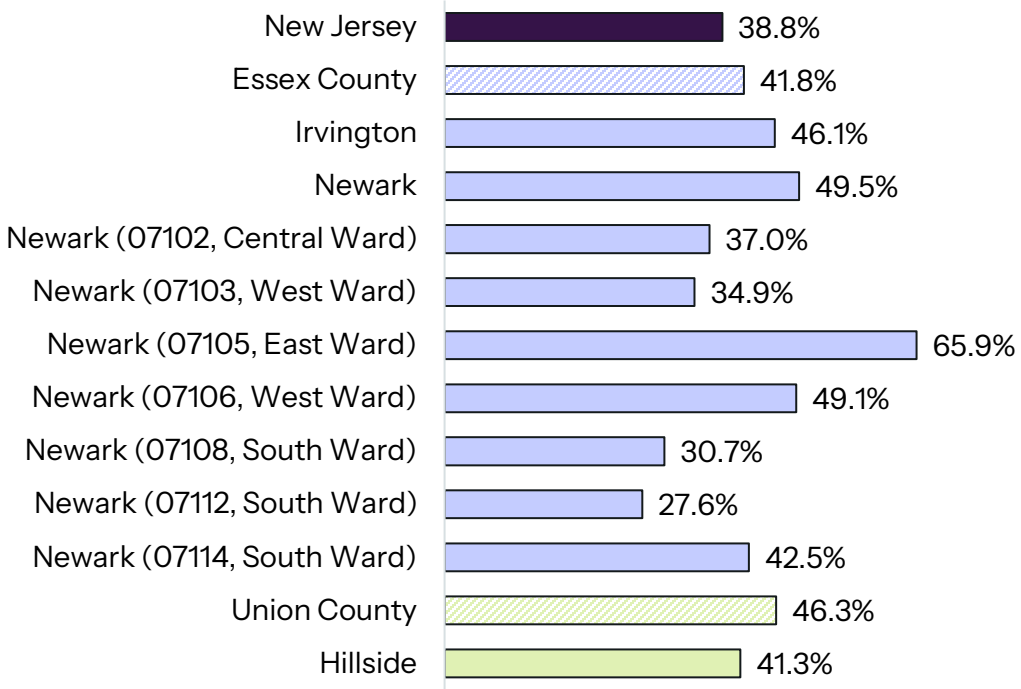
DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

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

	2014-2018	2019-2023	% change
New Jersey	22.2%	23.5%	1.3%
Essex County	26.5%	29.3%	2.8%
Irvington	33.8%	36.5%	2.7%
Newark	30.6%	34.9%	4.3%
Newark (07102, Central Ward)	26.2%	23.8%	-2.4%
Newark (07103, West Ward)	17.7%	22.7%	5.0%
Newark (07105, East Ward)	57.1%	64.1%	7.0%
Newark (07106, West Ward)	32.4%	33.8%	1.4%
Newark (07108, South Ward)	16.1%	19.9%	3.8%
Newark (07112, South Ward)	14.3%	23.7%	9.4%
Newark (07114, South Ward)	19.2%	28.7%	9.5%
Union County	30.0%	32.8%	2.8%
Hillside	29.4%	36.9%	7.5%

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

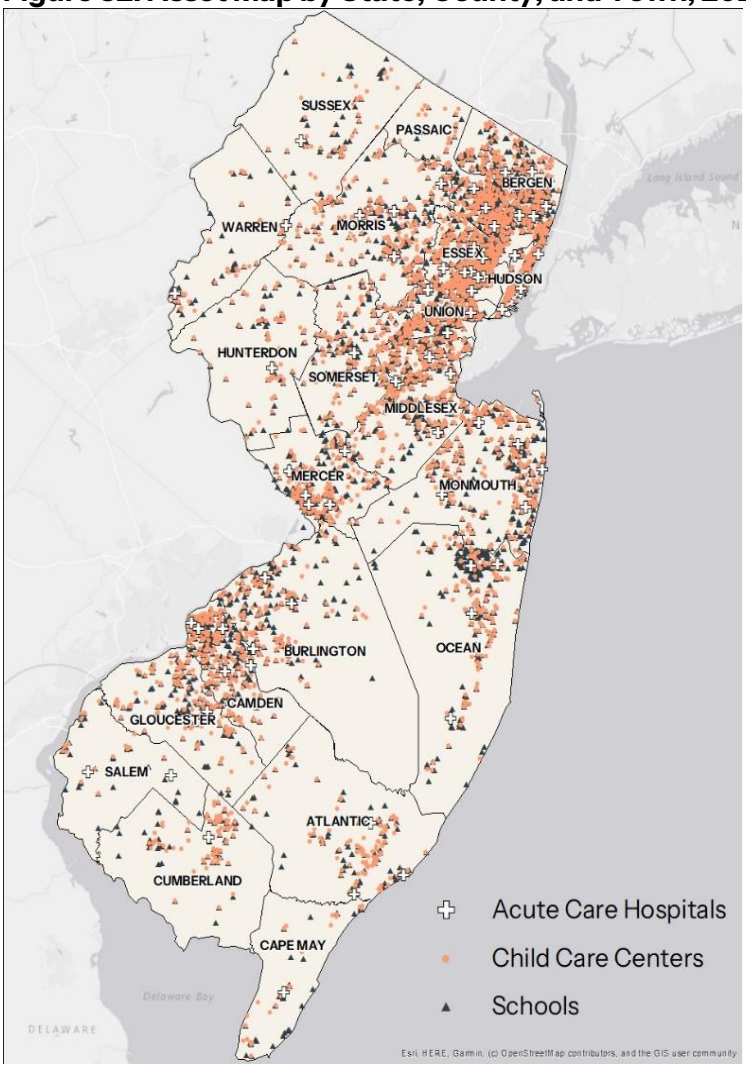
Figure 81. Percent Population Lacking English Proficiency (Out of Population Who Speak a Language Other than English at Home), by State, County, and Town, 2019-2023



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

Green Space and Built Environment

Figure 82. Asset Map by State, County, and Town, 2024



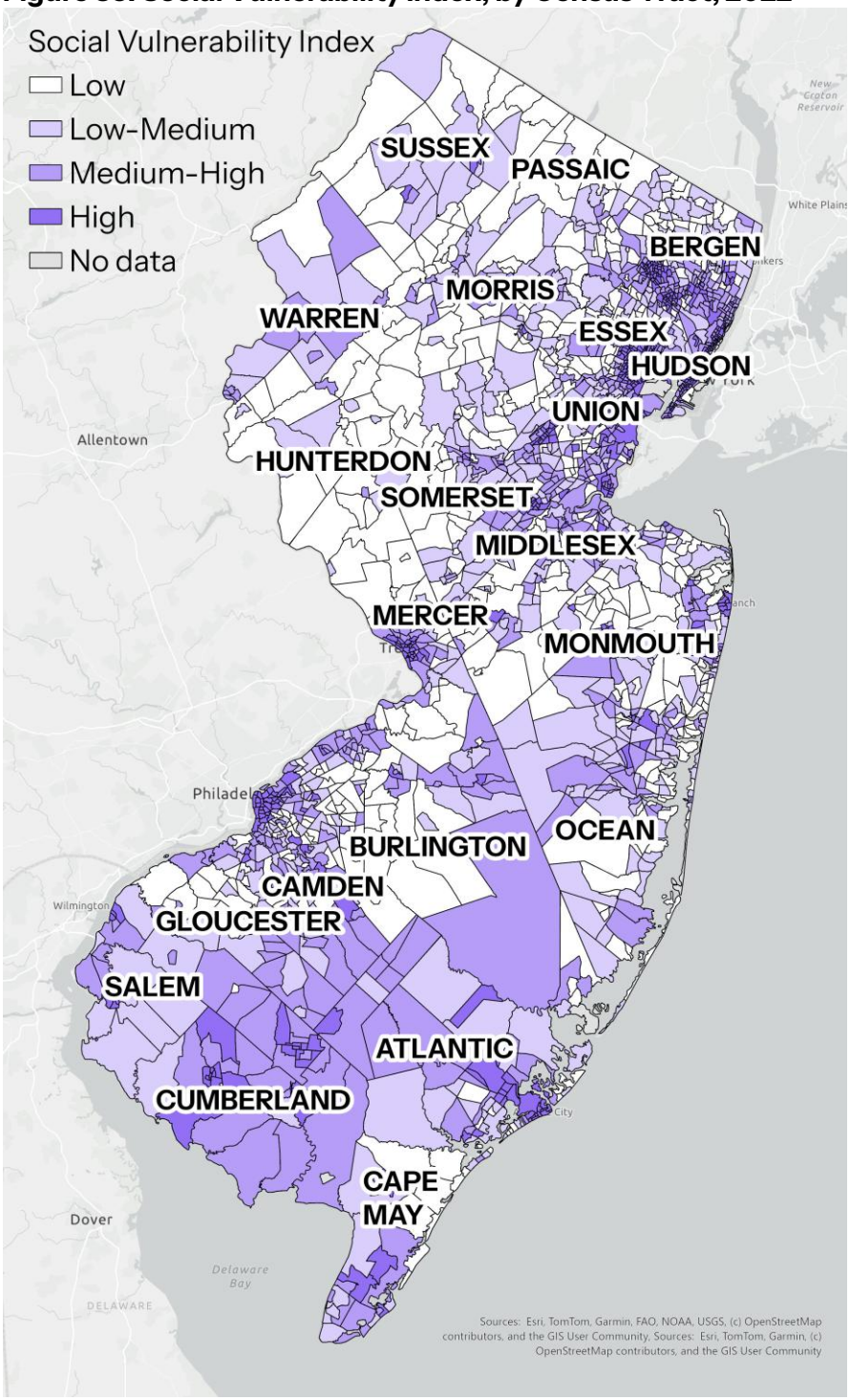
DATA SOURCE: NJ Department of Environmental Protection Bureau of GIS, Schools and Child Care Centers and Acute Care Hospitals, 2024

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

	Overall SVI
New Jersey	0.5
Essex County	1.0
Union County	0.8

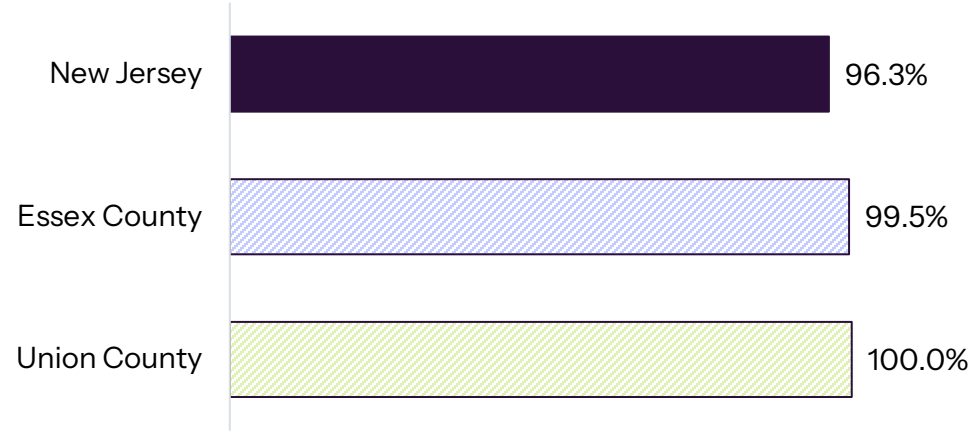
DATA SOURCE: CDC, ATSDR's Geospatial Research, Analysis, & Services Program (GRASP), 2022
NOTE: A percentile ranking represents the proportion of tracts (or counties) that are equal to or lower than a tract (or county) of interest in terms of social vulnerability. For example, a CDC/ATSDR SVI ranking 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 83. Social Vulnerability Index, by 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

Figure 84. Percent Population with Adequate Access to Location for Physical Activity, by State and County, 2020-2023



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

Education

Table 26. Educational Attainment of Adults Aged 25+, by State, County, and Town, 2019-2023

	High school graduate or higher	Bachelor's degree or higher
New Jersey	90.7%	42.9%
Essex County	86.8%	37.9%
Irvington	86.3%	22.3%
Newark	77.2%	17.4%
Newark (07102, Central Ward)	82.4%	30.5%
Newark (07103, West Ward)	81.0%	20.6%
Newark (07105, East Ward)	69.6%	15.0%
Newark (07106, West Ward)	84.9%	17.5%
Newark (07108, South Ward)	84.5%	17.0%
Newark (07112, South Ward)	85.7%	17.5%
Newark (07114, South Ward)	68.9%	9.4%
Union County	86.3%	38.6%
Hillside	87.2%	28.9%

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

Table 27. Educational Attainment of Adults Aged 25+ (HS+, BA/BS+), 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%
Essex County	92.4%	71.2%	88.0%	24.5%	72.8%	20.1%	94.1%	60.9%	69.5%	16.6%	82.9%	30.0%
Irvington	88.0%	71.6%	89.1%	22.6%	66.7%	13.9%	86.8%	36.1%	63.9%	10.1%	77.0%	16.7%
Newark	84.3%	50.2%	84.8%	18.6%	67.0%	12.1%	73.4%	24.6%	65.0%	12.0%	78.4%	16.7%
Newark (07102, Central Ward)	83.8%	72.6%	85.8%	28.2%	66.2%	7.4%	94.9%	67.3%	77.0%	6.8%	71.9%	21.8%
Newark (07103, West Ward)	88.8%	69.2%	82.6%	19.5%	69.9%	10.6%	88.9%	45.9%	73.6%	9.8%	76.7%	19.5%
Newark (07105, East Ward)	85.0%	58.6%	75.9%	11.1%	64.3%	13.0%	66.5%	18.1%	67.0%	14.0%	78.2%	13.6%
Newark (07106, West Ward)	81.8%	23.7%	86.5%	18.9%	72.8%	5.1%	83.9%	16.8%	73.8%	5.1%	81.0%	13.6%
Newark (07108, South Ward)	96.8%	45.9%	86.1%	17.7%	75.4%	11.7%	67.1%	16.1%	64.6%	23.7%	87.6%	6.8%
Newark (07112, South Ward)	100.0%	29.8%	86.5%	17.1%	83.0%	19.0%	69.0%	18.9%	85.6%	14.9%	78.8%	25.2%
Newark (07114, South Ward)	100.0%	62.5%	72.9%	6.4%	58.2%	9.1%	66.9%	12.8%	48.2%	7.3%	75.6%	13.3%
Union County	94.6%	72.0%	91.0%	28.4%	71.8%	18.7%	93.8%	54.5%	65.8%	13.4%	83.1%	30.2%
Hillside	81.7%	53.4%	92.7%	28.8%	79.6%	22.6%	79.3%	36.6%	82.0%	21.7%	87.2%	25.7%

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

Employment and Workforce

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

	Overall
New Jersey	6.2%
Essex County	8.3%
Irvington	8.6%
Newark	10.9%
Newark (07102, Central Ward)	7.0%
Newark (07103, West Ward)	9.1%
Newark (07105, East Ward)	9.1%
Newark (07106, West Ward)	14.7%
Newark (07108, South Ward)	11.6%
Newark (07112, South Ward)	13.5%
Newark (07114, South Ward)	14.5%
Union County	6.3%
Hillside	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

	Overall	16 to 19 years	20 to 24 years	25 to 29 years	30 to 34 years	35 to 44 years	45 to 54 years	55 to 59 years	60 to 64 years	65 to 74 years	75 years and over
New Jersey	6.2%	15.9%	11.6%	7.0%	5.5%	4.9%	4.7%	5.0%	5.2%	5.9%	5.7%
Essex County	8.3%	21.9%	15.0%	10.7%	8.5%	7.1%	5.8%	6.8%	7.5%	6.0%	7.4%
Irvington	8.6%	28.1%	12.7%	10.3%	4.5%	10.1%	5.9%	5.1%	9.5%	7.3%	3.1%
Newark	10.9%	27.1%	16.6%	12.4%	10.5%	10.3%	6.4%	8.8%	10.7%	10.9%	16.2%
Newark (07102, Central Ward)	7.0%	35.2%	4.8%	5.7%	3.7%	8.8%	3.5%	14.1%	5.0%	0.0%	0.0%
Newark (07103, West Ward)	9.1%	21.8%	6.8%	9.8%	7.8%	9.3%	3.7%	17.7%	9.9%	14.3%	0.0%
Newark (07105, East Ward)	9.1%	22.9%	10.7%	5.8%	8.4%	8.8%	8.1%	12.0%	12.4%	3.3%	0.0%
Newark (07106, West Ward)	14.7%	30.8%	30.5%	26.5%	12.7%	15.5%	9.0%	6.4%	6.5%	11.6%	0.0%
Newark (07108, South Ward)	11.6%	34.0%	20.7%	15.1%	9.9%	7.8%	7.2%	3.6%	16.6%	20.9%	0.0%
Newark (07112, South Ward)	13.5%	25.3%	22.3%	19.5%	18.6%	9.4%	3.8%	4.1%	19.7%	10.9%	44.9%
Newark (07114, South Ward)	14.5%	48.4%	14.0%	7.0%	23.1%	5.3%	10.8%	18.5%	29.6%	38.5%	0.0%
Union County	6.3%	22.5%	14.0%	7.1%	4.9%	5.3%	4.8%	4.8%	3.4%	5.5%	2.8%
Hillside	7.8%	33.1%	16.0%	10.5%	2.0%	4.2%	7.8%	4.3%	2.1%	8.9%	0.0%

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

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

	Overall	Male	Female
New Jersey	6.2%	5.7%	6.0%
Essex County	8.3%	7.5%	8.7%
Irvington	8.6%	10.1%	6.4%
Newark	10.9%	9.2%	11.4%
Newark (07102, Central Ward)	7.0%	7.8%	4.4%
Newark (07103, West Ward)	9.1%	8.2%	8.3%
Newark (07105, East Ward)	9.1%	4.2%	15.9%
Newark (07106, West Ward)	14.7%	15.6%	13.9%
Newark (07108, South Ward)	11.6%	14.2%	7.9%
Newark (07112, South Ward)	13.5%	18.2%	7.7%
Newark (07114, South Ward)	14.5%	9.0%	17.6%
Union County	6.3%	5.6%	6.2%
Hillside	7.8%	6.8%	6.3%

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	Some other race	2+ Races
New Jersey	$101,050	$154,105	$68,457	$74,331	$113,091	$70,457	$84,641
Essex County	$76,712	$166,223	$56,411	$62,046	$129,342	$60,368	$67,241
Irvington	$59,232	-	$58,783	$61,513	$47,104	$58,366	$62,385
Newark	$48,416	$74,154	$43,917	$47,438	$59,134	$50,800	$46,605
Newark (07102, Central Ward)	$ 37,093	$143,693	$30,601	$34,875	$63,359	$45,914	-
Newark (07103, West Ward)	$42,397	-	$42,805	$38,485	-	$49,457	$40,109
Newark (07105, East Ward)	$55,752	$120,750	$41,330	$55,580	$61,946	$57,246	$48,362
Newark (07106, West Ward)	$48,105	$48,293	$55,762	$29,316	$46,315	$43,158	$28,030
Newark (07108, South Ward)	$33,960	$29,531	$36,858	$30,782	$34,306	$38,324	$28,617

	Overall	Asian	Black or African American	Hispanic or Latino	White	Some other race	2+ Races
Newark (07112, South Ward)	$55,171	-	$51,773	$72,448	$61,834	$61,351	$70,539
Newark (07114, South Ward)	$34,167	-	$15,969	$36,500	$81,753	$61,208	$35,000
Union County	$100,117	$165,686	$86,179	$77,613	$131,368	$73,125	$95,098
Hillside	$98,558	-	$99,545	$116,510	$102,902	$93,621	$76,250

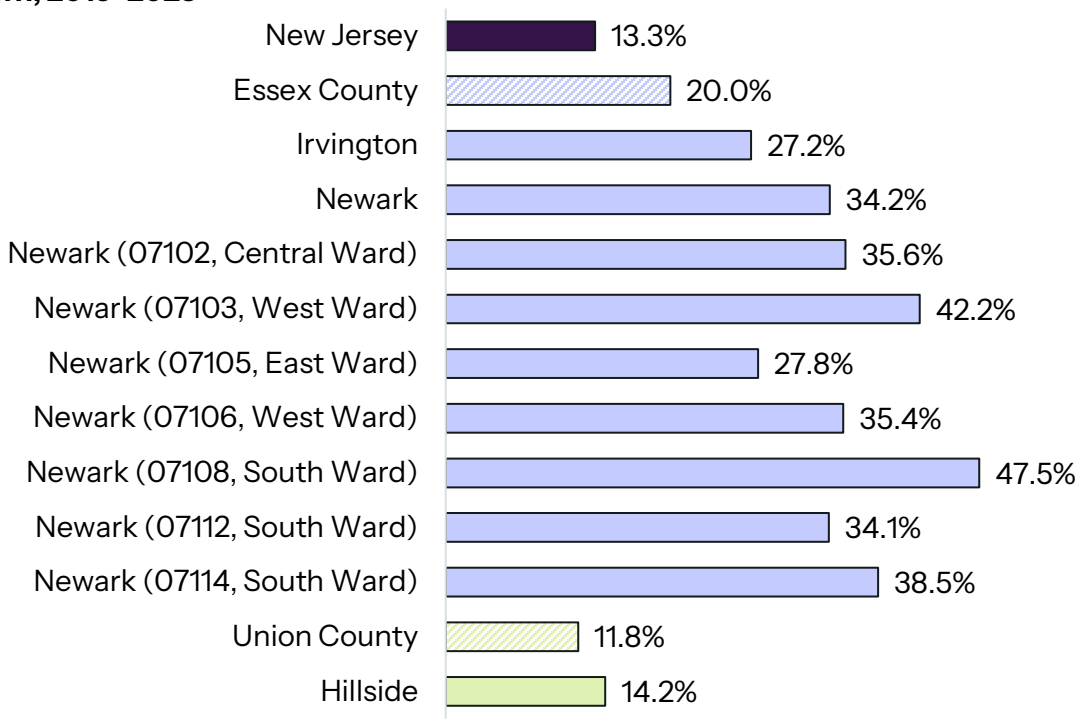
DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023
NOTE: A dash (-) means that data was unavailable.

Table 32. Individuals Below Poverty Level, by Race/Ethnicity, by State, County, and Town, 2019-2023

	Overall	Asian, non-Hispanic	Black or African American, non-Hispanic	Hispanic or Latino origin (of any race)	White, non-Hispanic	Additional Races, non-Hispanic	2+ Races
New Jersey	9.8%	5.7%	16.3%	16.1%	6.3%	17.9%	13.0%
Essex County	15.0%	5.5%	20.6%	20.5%	6.1%	20.0%	17.4%
Irvington	18.1%	12.0%	18.2%	21.0%	15.0%	18.6%	23.2%
Newark	24.7%	23.6%	27.1%	25.7%	15.8%	23.6%	26.4%
Newark (07102, Central Ward)	31.4%	7.1%	32.2%	34.3%	31.1%	38.3%	35.9%
Newark (07103, West Ward)	31.6%	28.7%	33.5%	27.4%	38.4%	12.1%	37.0%
Newark (07105, East Ward)	18.5%	6.1%	27.6%	21.5%	14.3%	19.3%	19.3%
Newark (07106, West Ward)	21.0%	28.2%	18.1%	36.4%	13.3%	12.8%	42.1%
Newark (07108, South Ward)	36.0%	8.0%	32.8%	56.5%	41.3%	48.2%	50.9%
Newark (07112, South Ward)	21.7%	43.8%	23.3%	13.0%	7.0%	20.4%	4.1%
Newark (07114, South Ward)	34.1%	23.2%	46.9%	32.3%	13.8%	26.3%	32.2%
Union County	8.9%	5.3%	10.4%	13.2%	4.9%	15.7%	7.9%
Hillside	9.6%	21.4%	8.1%	14.0%	7.9%	15.5%	7.5%

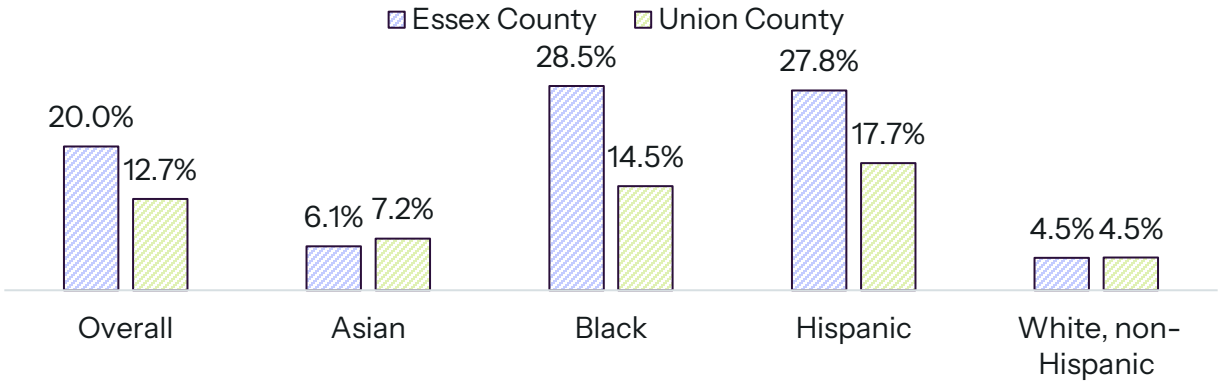
DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Figure 85. Percentage of Children Living Below the Poverty Line, by State, County, and Town, 2019-2023



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

Figure 86. Percent Children Living Below the Poverty Line, by Race/Ethnicity, by County, 2022



DATA SOURCE: U.S. Census Bureau, Small Area Income and Poverty Estimates, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2024

Food Access and Food Insecurity

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

	Overall	Asian alone	Black or African American alone	Hispanic or Latino origin (of any race)	White alone, not Hispanic or Latino	Some other race alone	2+ Races
New Jersey	8.8%	5.6%	27.3%	37.7%	27.7%	16.3%	14.9%
Essex County	14.5%	1.7%	57.8%	28.4%	8.2%	13.3%	12.0%
Irvington	19.5%	0.0%	83.8%	13.2%	1.6%	4.8%	9.0%
Newark	23.7%	1.1%	55.1%	35.6%	4.1%	17.1%	13.4%
Newark (07102, Central Ward)	24.9%	0.2%	49.8%	38.5%	1.5%	24.7%	16.4%
Newark (07103, West Ward)	32.1%	1.3%	81.3%	16.3%	0.0%	5.2%	8.3%
Newark (07105, East Ward)	11.1%	0.5%	9.2%	58.6%	20.9%	37.9%	17.0%
Newark (07106, West Ward)	19.1%	4.1%	72.4%	15.6%	4.4%	4.8%	10.5%
Newark (07108, South Ward)	33.8%	50.0%	70.2%	19.3%	50.0%	5.6%	20.9%
Newark (07112, South Ward)	19.3%	0.7%	92.9%	4.7%	0.0%	0.0%	3.1%
Newark (07114, South Ward)	34.0%	0.0%	64.7%	31.0%	2.4%	7.0%	17.2%
Union County	8.1%	3.5%	33.5%	48.9%	13.6%	23.1%	17.5%
Hillside	7.1%	3.5%	67.1%	18.7%	11.0%	10.2%	8.1%

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

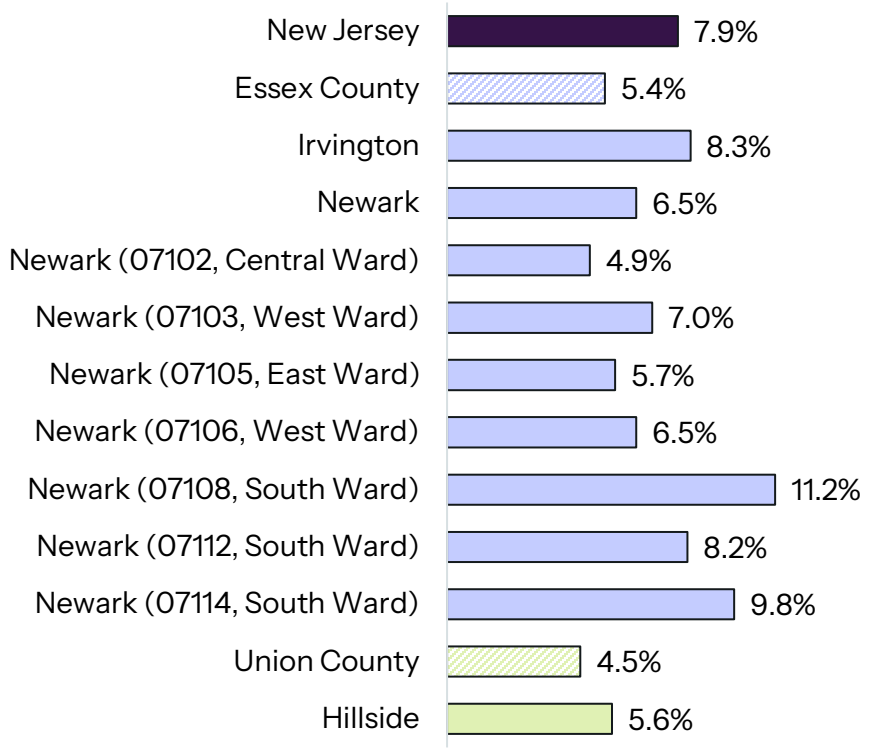
Table 34. Food Desert Factor Score, by Designated Food Desert Communities, 2022

County	Municipality	Population Weighted Avg FDF Score	Avg Food Desert Low Access Score (supermarket)	Food Desert Population (2020)
Essex	Newark South	62.5	62.2	42713
	Newark West	62	70.1	49065
	Newark North and Central	58	36.3	50855
	Newark East	50.4	44.6	40427
	Irvington township	52.2	54.4	31393

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. Not every community has a food desert score.

Housing

Figure 87. Homeowner Vacancy Rate, by State, County, and Town, 2019-2023



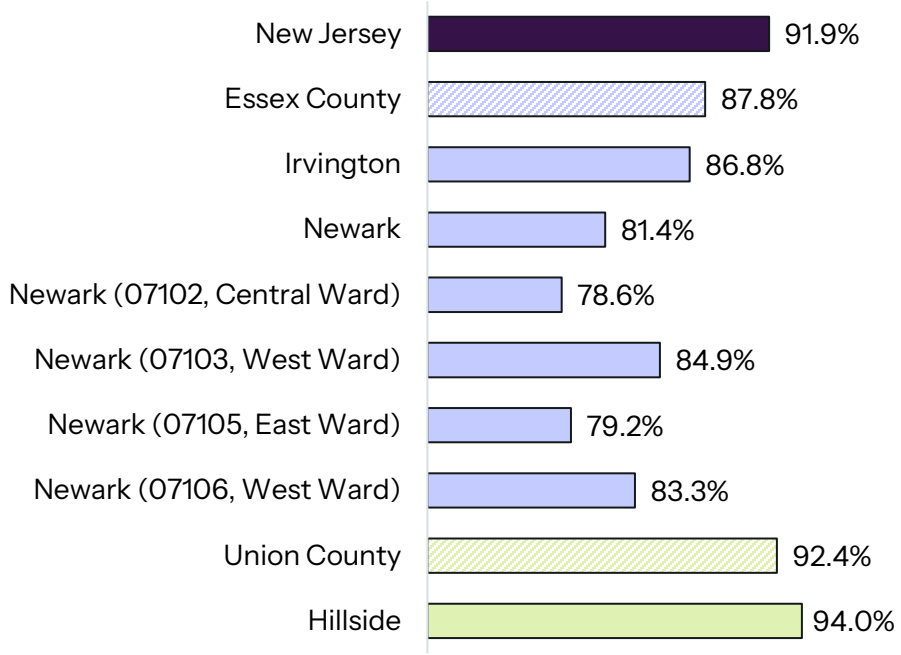
DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

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%
Essex County	94.5%	2.8%	2.7%
Irvington	90.7%	4.9%	4.4%
Newark	92.1%	3.9%	4.0%
Newark (07102, Central Ward)	94.2%	1.9%	3.9%
Newark (07103, West Ward)	92.1%	3.9%	4.1%
Newark (07105, East Ward)	88.6%	4.7%	6.7%
Newark (07106, West Ward)	92.9%	6.1%	1.0%
Newark (07108, South Ward)	94.1%	3.9%	2.0%
Newark (07112, South Ward)	94.0%	1.7%	4.3%
Newark (07114, South Ward)	94.9%	2.8%	2.2%
Union County	94.6%	3.5%	1.9%
Hillside	95.8%	2.6%	1.6%

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

Figure 88. Households with Internet, by State, County, and Town, 2019-2023

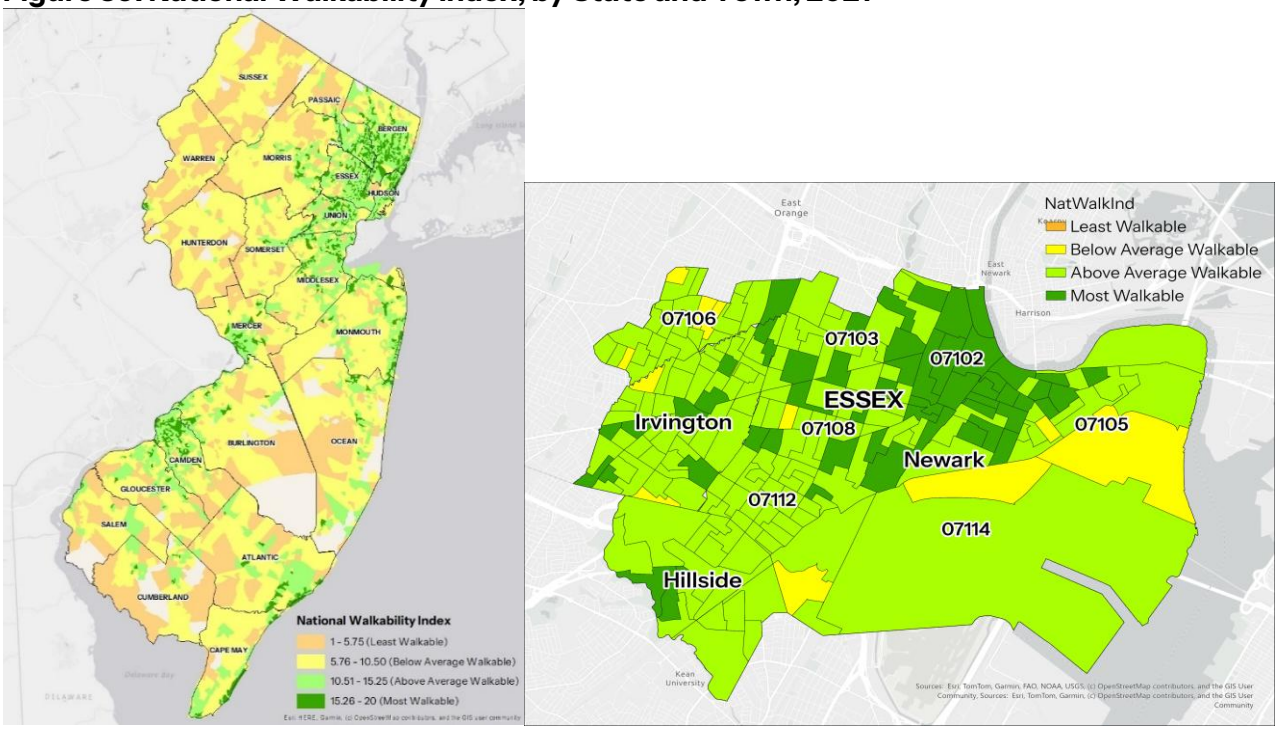


DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

NOTE: No data is available for the South Ward of Newark, zip codes 07108, 07112, and 07114.

Transportation

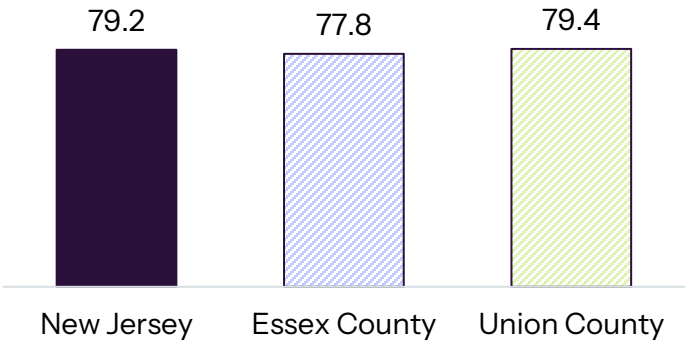
Figure 89. National Walkability Index, by State and Town, 2021



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

Leading Causes of Death and Premature Mortality

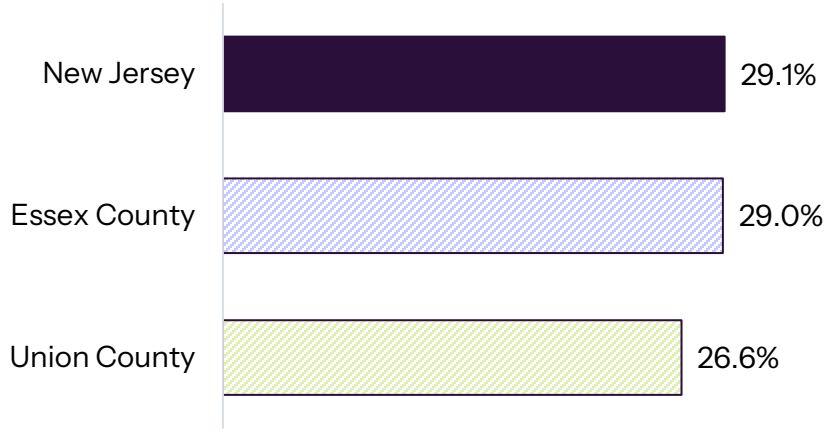
Figure 90. Life Expectancy in Years, by State and County, 2021



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

Obesity and Physical Activity

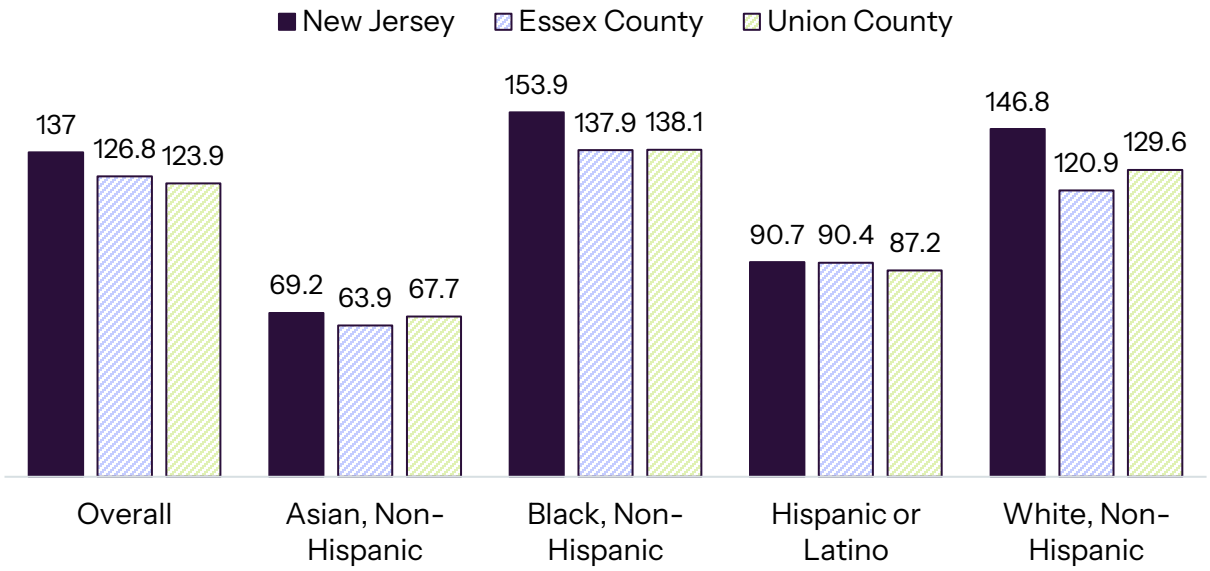
Figure 91. Percent Adults Self-Reported Obese, by State and County, 2022



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

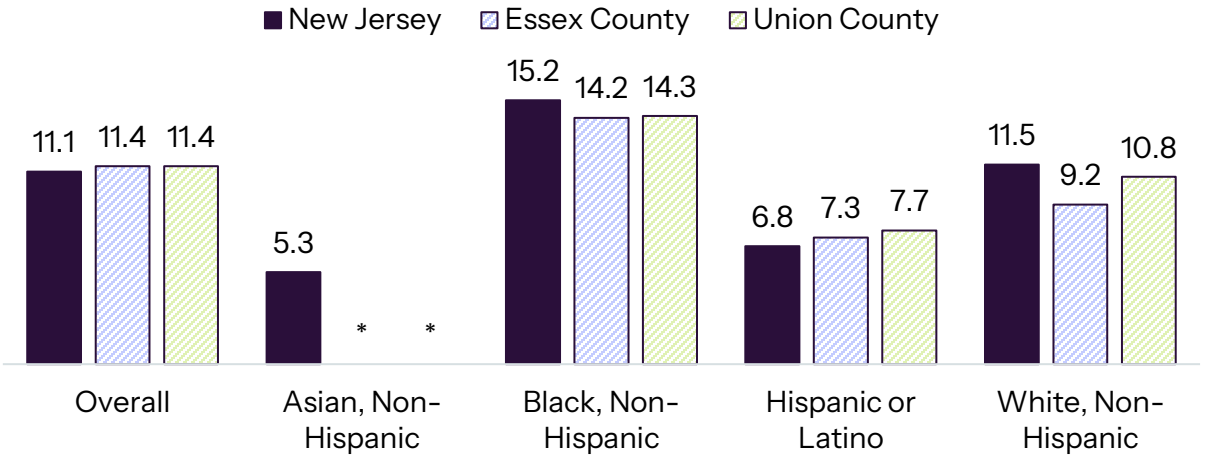
Cancer and Chronic Disease

Figure 92. Age-Adjusted Rate of Deaths due to Cancer per 100,000, by Race/Ethnicity, by State and County, 2017-2021



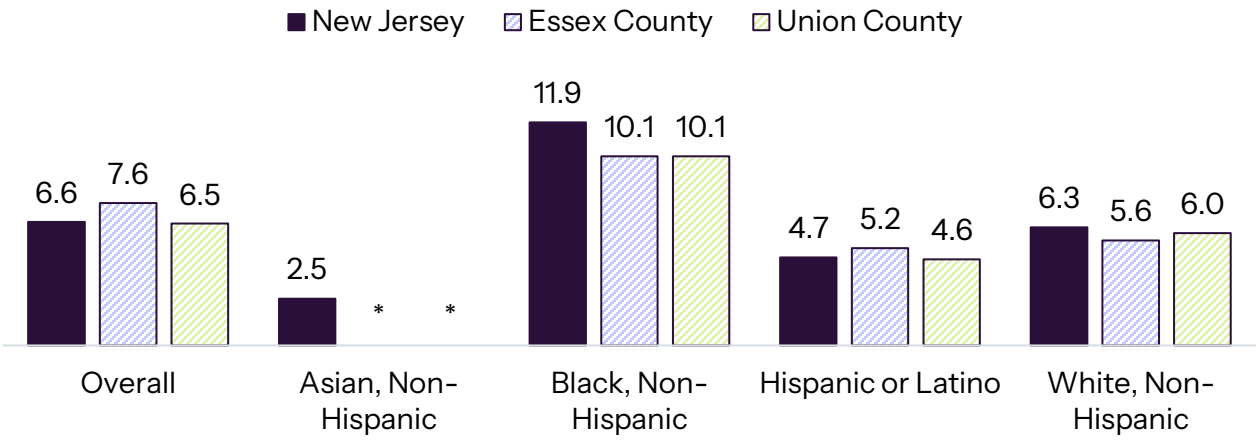
DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

Figure 93. Age-Adjusted Rate of Deaths due to Breast Cancer per 100,000, by Race/Ethnicity, by State and County, 2017-2021



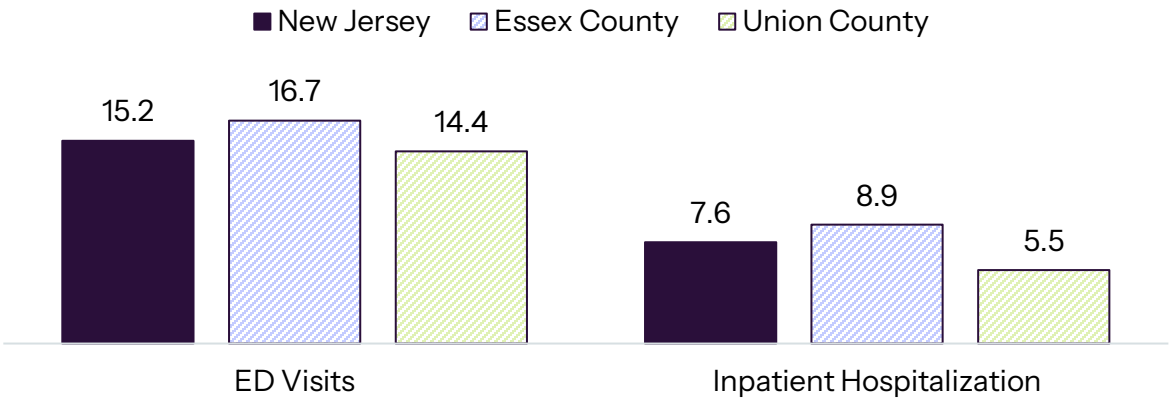
DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023
NOTE: Asterisk (*) means that data were suppressed.

Figure 94. Age-Adjusted Rate of Deaths due to Prostate Cancer per 100,000, by Race/Ethnicity, by State and County, 2017-2021



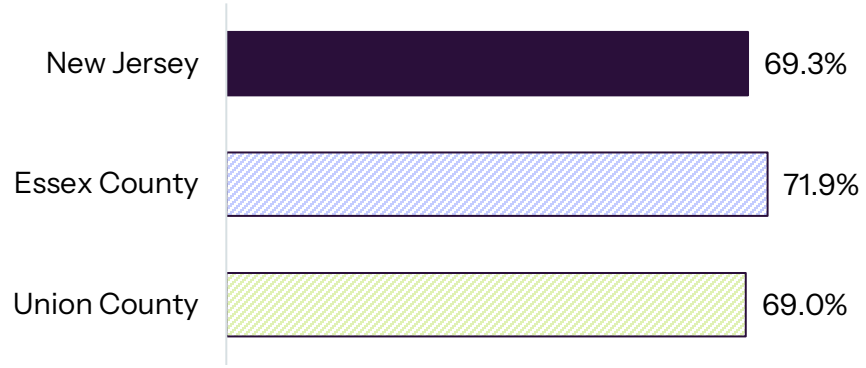
DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024
NOTE: Asterisk (*) means that data are suppressed, as the rate does not meet National Center for Health Statistics standards of statistical reliability for presentation.

Figure 95. 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



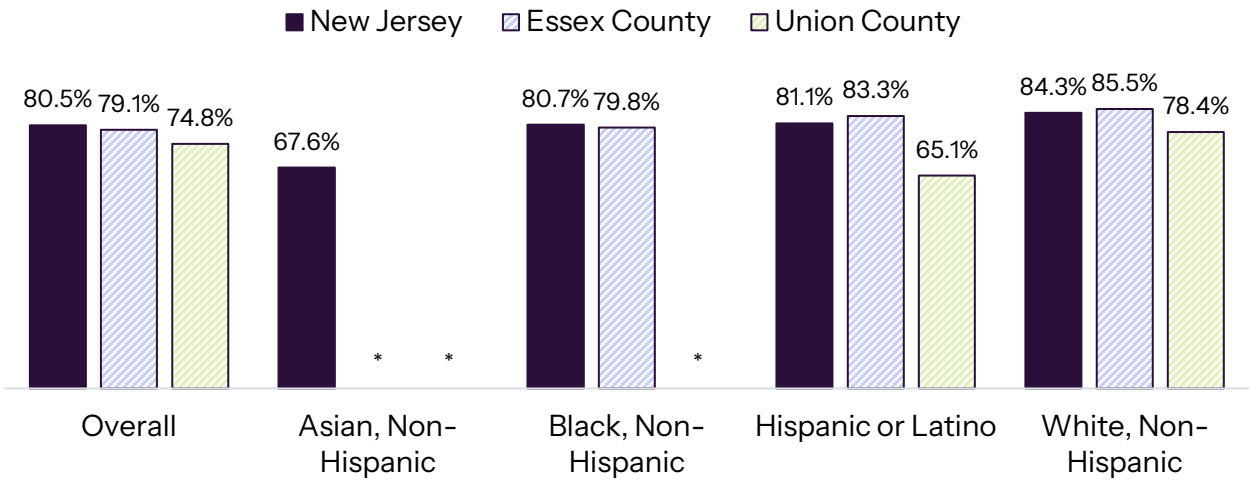
DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

Figure 96. Percent with a Mammography Screening Within the Past Two Years (Age 40-74), by State and County, 2022



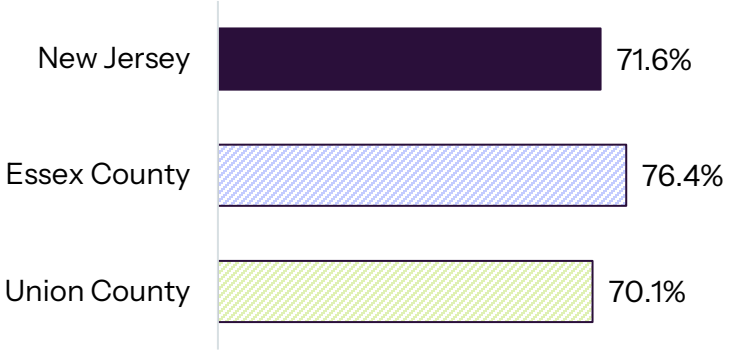
DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

Figure 97. 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



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 98. Percent of Adults 50+ Meeting Current Guidelines for Colorectal Cancer Screening, by State and County, 2020



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

Disability

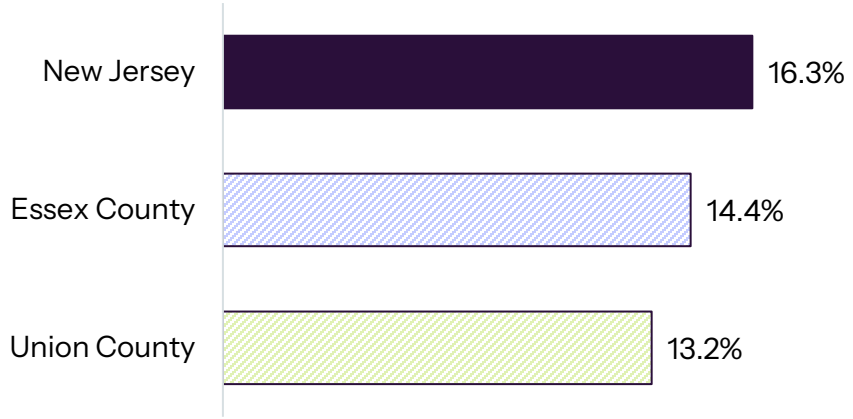
Table 36. Percent with Disability, by Age, by State, County, and Town, 2019-2023

	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%
Essex County	0.4%	6.1%	7.9%	12.1%	23.5%	46.6%
Irvington	0.0%	4.4%	7.4%	12.7%	22.1%	50.1%
Newark	0.5%	9.3%	10.3%	19.2%	38.2%	56.0%
Newark (07102, Central Ward)	0.0%	15.7%	9.1%	19.2%	46.8%	41.3%
Newark (07103, West Ward)	0.7%	7.0%	9.5%	20.3%	42.1%	50.0%
Newark (07105, East Ward)	0.0%	12.8%	8.4%	20.6%	51.5%	54.2%
Newark (07106, West Ward)	0.0%	5.0%	10.7%	15.9%	29.2%	56.8%
Newark (07108, South Ward)	2.0%	13.9%	11.9%	12.3%	27.0%	58.7%
Newark (07112, South Ward)	0.0%	4.3%	10.6%	15.0%	28.7%	54.6%
Newark (07114, South Ward)	0.0%	1.1%	8.3%	24.6%	32.4%	36.8%
Union County	0.7%	3.9%	5.0%	7.7%	16.8%	43.8%
Hillside	0.0%	4.5%	4.1%	6.6%	8.9%	35.7%

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

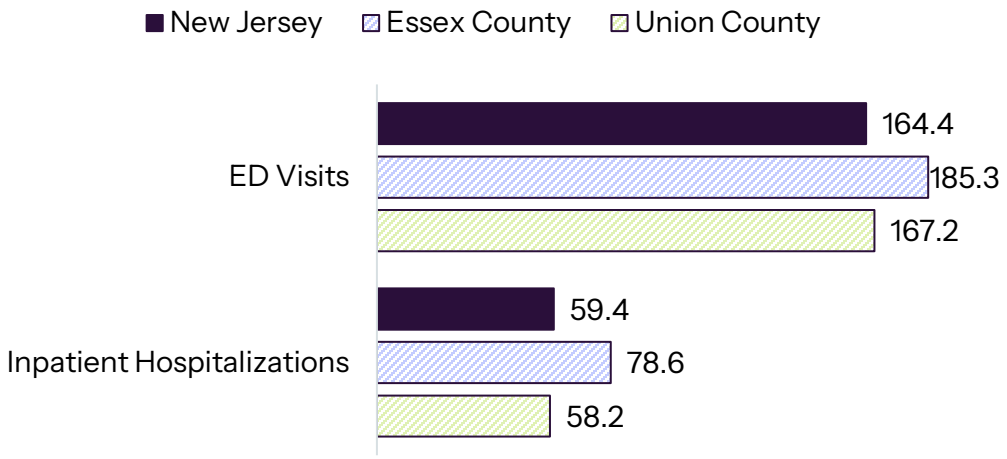
Behavioral Health: Mental Health and Substance Use

Figure 99. Percent Adults Ever Diagnosed with Depression, 2020-2022



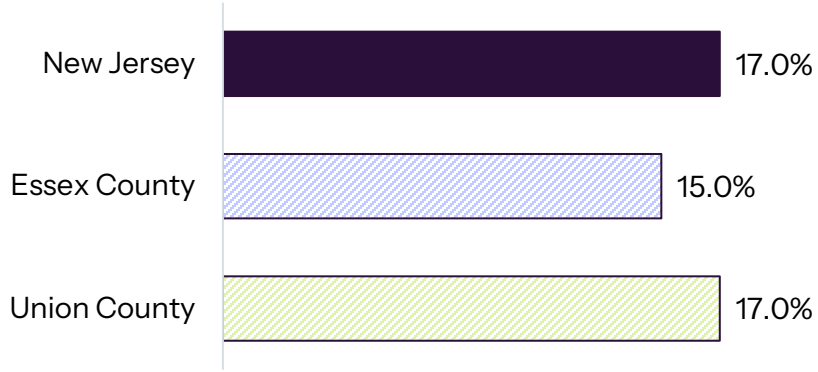
DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics Department of Health, 2023

Figure 100. Age-Adjusted Rate of Emergency Visits & Inpatient Hospitalizations due to Mental Health per 10,000, by State and County, 2023



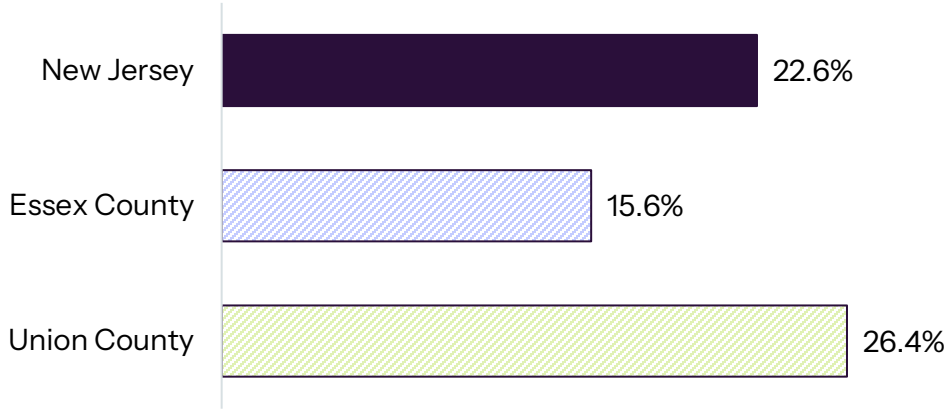
DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

Figure 101. Percent Adults Reported Excessive Drinking, by State and County, 2024



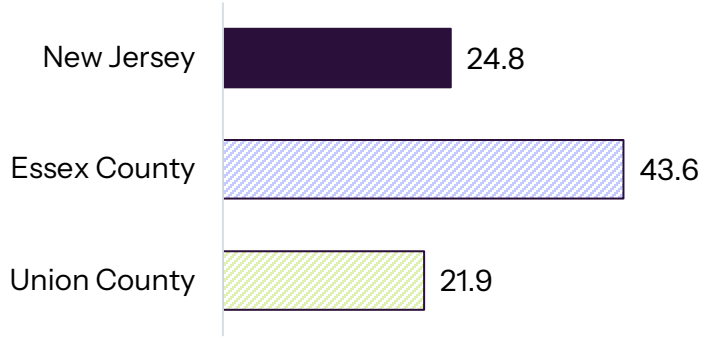
DATA SOURCE: Behavioral Risk Factor Surveillance System as cited by County Health Rankings, 2024
NOTE: Excessive drinking refers to heavy drinking (adult men having more than 14 drinks per week and adult women having more than 7 drinks per week)) or binge drinking (4 or more drinks on one occasion within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

Figure 102. Percent Driving Deaths with Alcohol Involvement, by State and County, 2020-2024



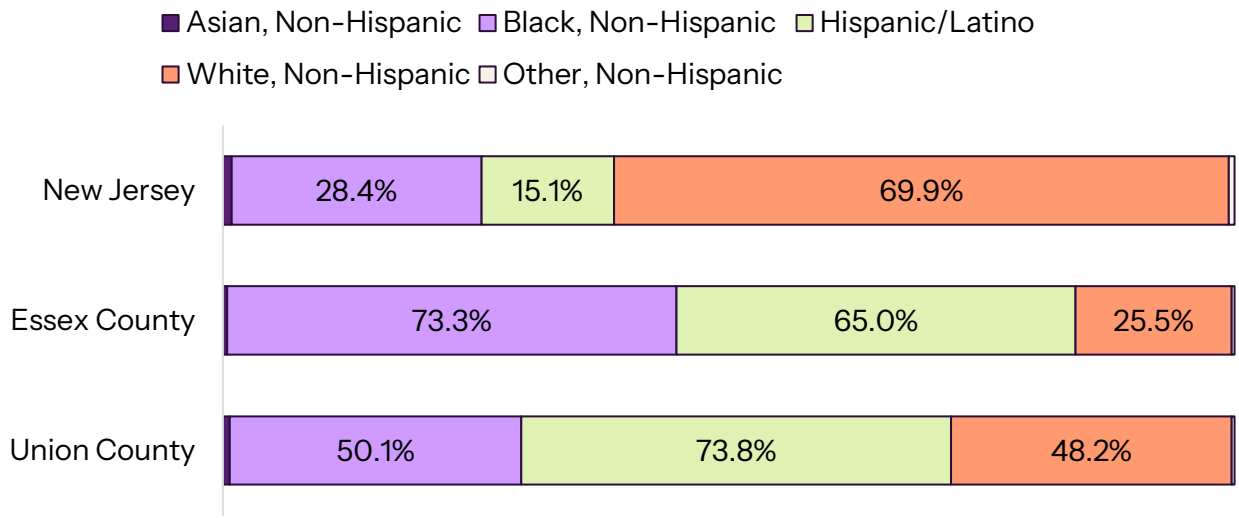
DATA SOURCE: Fatality Analysis Reporting System as cited by County Health Rankings, 2024

Figure 103. Age-Adjusted Rate of Opioid-Related Overdose Mortality per 100,000, by State and County, 2023



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

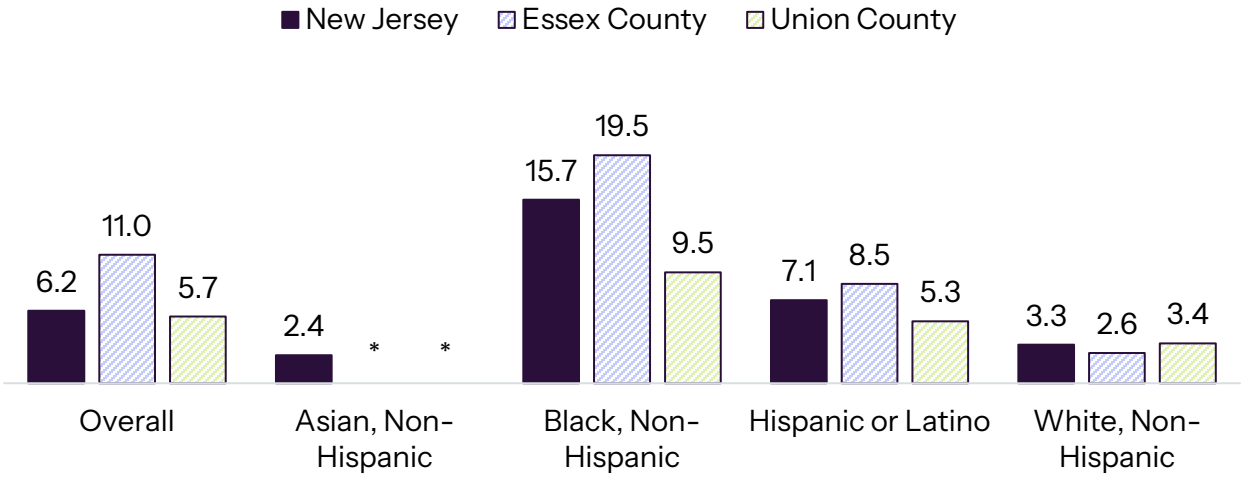
Figure 104. Substance Use Treatment Admissions by Race/Ethnicity, by State and County, 2019-2023



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

Environmental Health

Figure 105. 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 Data (NJSHAD), 2024
NOTE: An asterisk (*) means that data was suppressed, as the rate did not meet the National Center for Health Statistics standards for statistical reliability for presentation.

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

	Presence of Water Violation
Essex County	Yes
Union County	No

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

Infectious and Communicable Disease

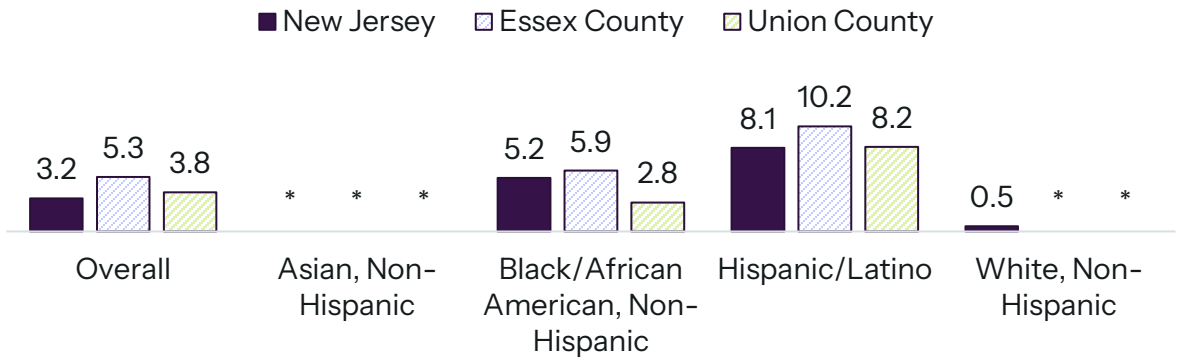
Table 38. Crude Rate of Primary/Secondary Syphilis per 100,000, by Race/Ethnicity, by State and County, 2019-2023

	Overall	Asian/Pacific Islander, Non-Hispanic	American Indian/Alaska Native, Non-Hispanic	Black, Non-Hispanic	Hispanic/ Latino	White, Non-Hispanic
New Jersey	8.9	2.6	*	26.8	12.1	4.2
Essex County	17.8	*	*	31	15.9	5.4
Union County	11.5	*	*	19.0	15.1	4.9

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
NOTE: An asterisk (*) means that the rate does not meet the National Center for Health Statistics standards of statistical reliability for presentation.

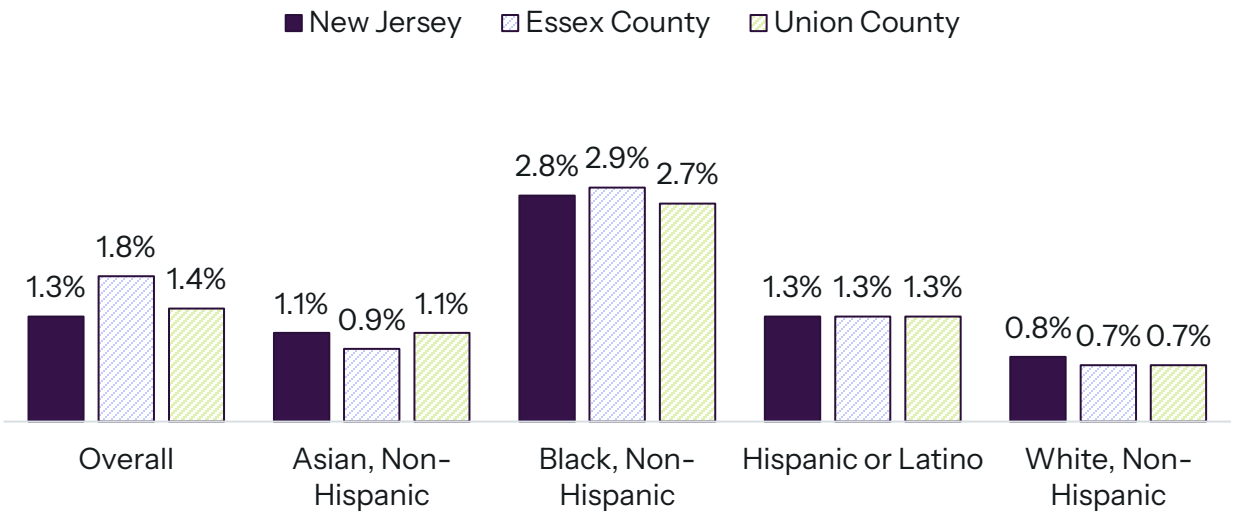
Maternal and Infant Health

Figure 106. Live Birth per 1,000 Female Population Aged 15-17, by State and County, 2020-2023



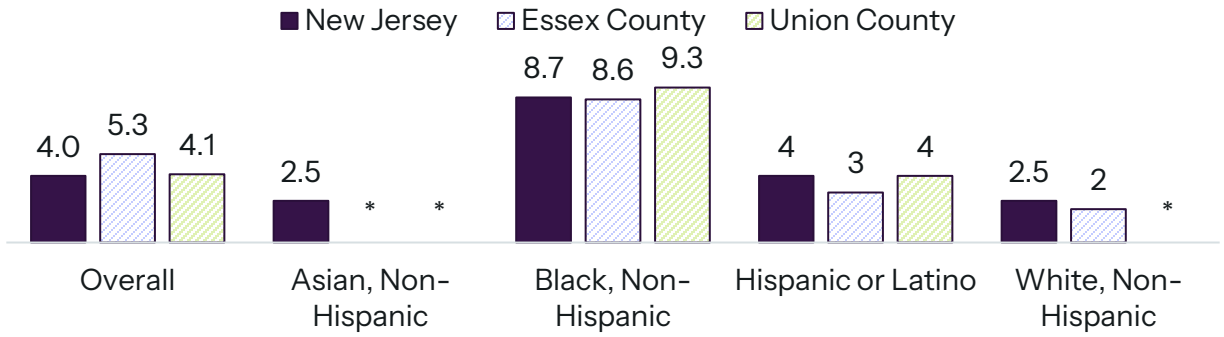
DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD) 2024

Figure 107. Percent Very Low Birth Weight Births, by Race/Ethnicity, by State and County, 2018-2022



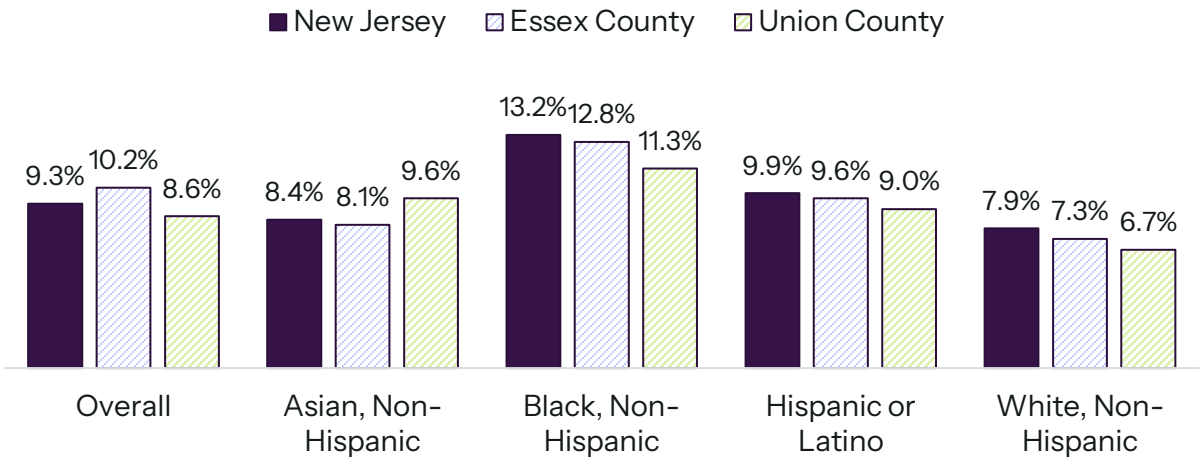
DATA SOURCE: Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024
NOTE: Very low birth weight is defined as less than 1,500 grams.

Figure 108. 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
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 109. Percent Preterm Births, by State and County, 2021-2022



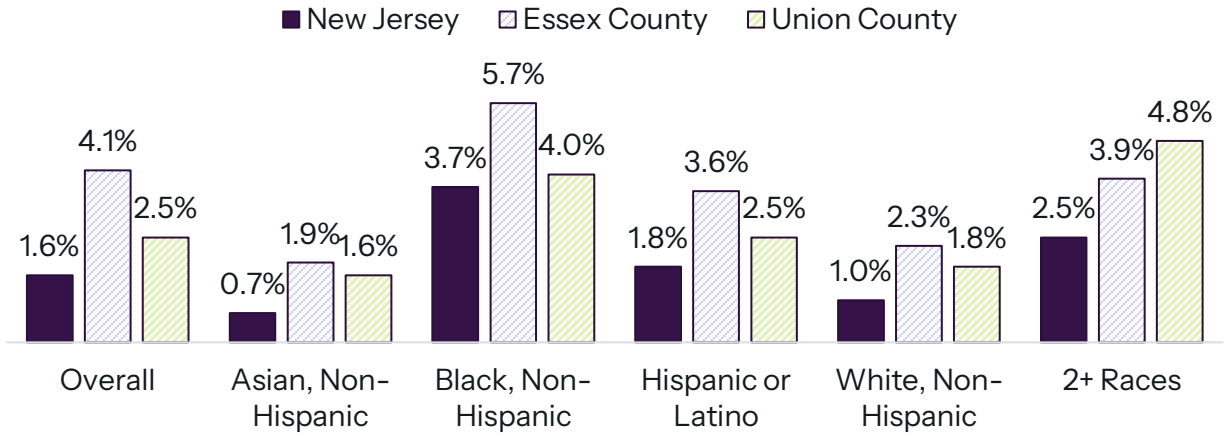
DATA SOURCE: Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024
NOTE: Preterm births are defined as live births before 37 weeks of gestation based on obstetric estimate.

Table 39. Percent Immunized Children, by U.S. and State, 2020

	Overall
United States	70.5%
New Jersey	68.7%

DATA SOURCE: National Immunization Survey, Center for Disease Control and Prevention via New Jersey State Health Assessment Data (NJSHAD), 2024

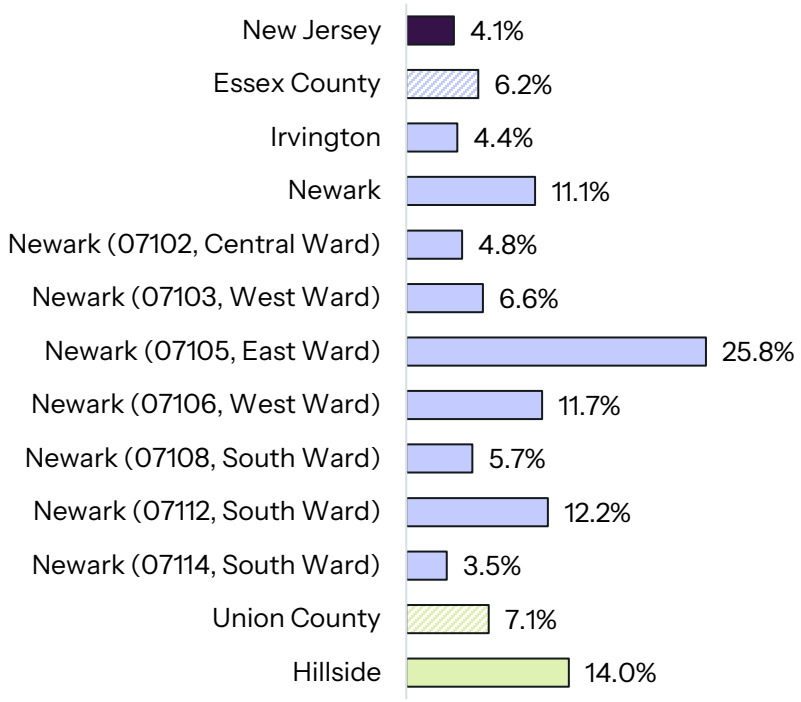
Figure 110. Percent Live Births to Women Who Had No Prenatal Care, By Race/Ethnicity, by State and County, 2018-2022



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 111. Percent of Population under 19 Uninsured, by Town, by State and County, 2019-2023



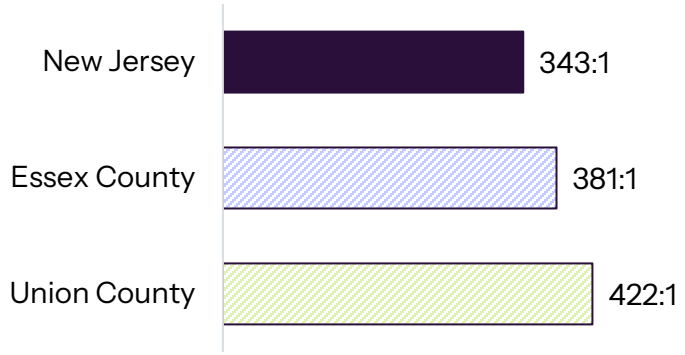
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023

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

	Overall
New Jersey	71.1%
Essex County	60.6%
Irvington	46.4%
Newark	41.2%
Newark (07102, Central Ward)	55.2%
Newark (07103, West Ward)	46.5%
Newark (07105, East Ward)	27.4%
Newark (07106, West Ward)	51.4%
Newark (07108, South Ward)	35.3%
Newark (07112, South Ward)	51.5%
Newark (07114, South Ward)	40.5%
Union County	65.3%
Hillside	63.3%

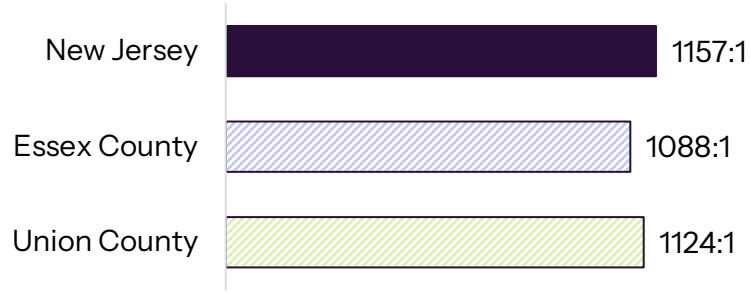
DATA SOURCE: Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023

Figure 112. Ratio of Population to Mental Health Provider, by State and County, 2023



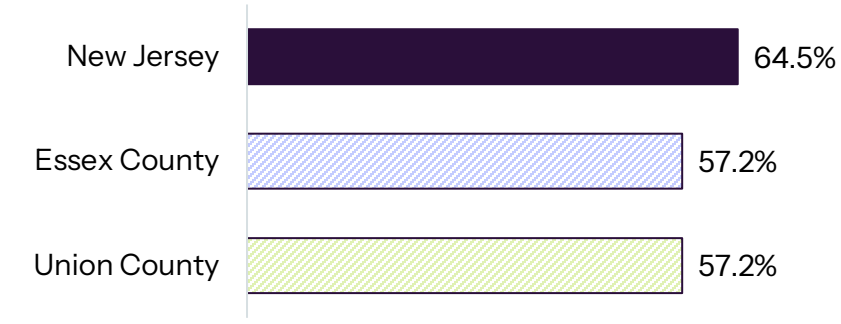
DATA SOURCE: CMS, National Provider Identification as cited by County Health Rankings, 2024

Figure 113. Ratio of Population to Dentist, by State and County, 2022



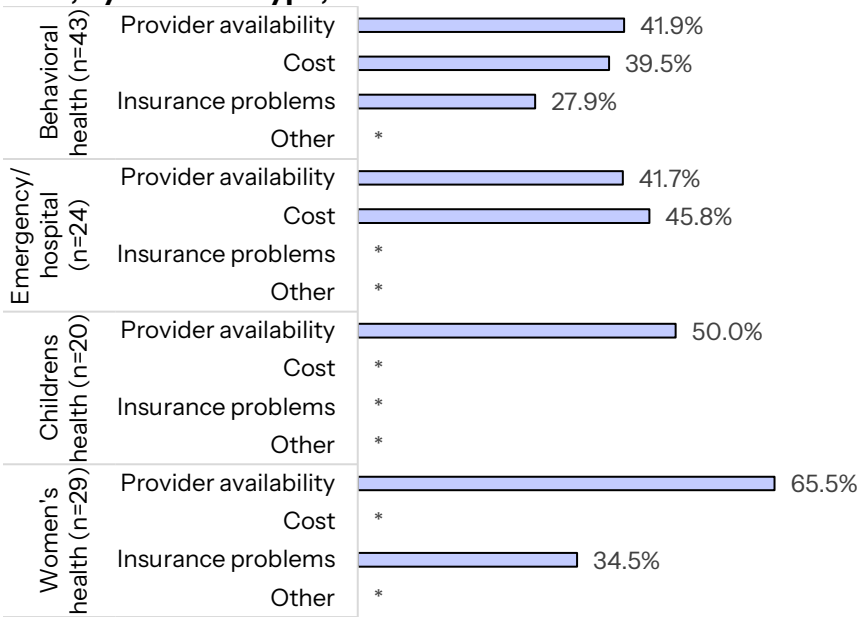
DATA SOURCE: Area Health Resource File/National Provider Identifier Downloadable File as cited by County Health Rankings, 2024

Figure 114. Percentage of Adults Reporting Ever Receiving a Pneumococcal Vaccination, 65 and Older, by State and County, 2020-2022



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

Figure 115. Factors Preventing NBIMC PSA Survey Respondents from Obtaining Specialist Care, by Provider Type, 2024



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. An asterisk (*) means that data were suppressed.

Injury

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

	Rate
New Jersey	597.7
Essex County	649.6
Union County	572.9

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
Essex County	72.8
Union County	55.8

DATA SOURCE: National Center for Health Statistics - Mortality Files as cited by County Health Rankings, 2024

Appendix F. Hospitalization Data

Table 43. Emergency Room Treat and Release Rates per 1,000 Population, by Age, State, County, and Primary Service Area (PSA), 2022

Age	New Jersey	Essex County	NBIMC PSA
Total	304.6	378.2	511.8
Under 18	67.4	384.1	518.7
18-64	185.6	393.2	530.0
65 and over	51.6	304.3	391.7

DATA SOURCE: RWJBarnabas Health System, 2022

Table 44. Emergency Room Treat and Release Rates per 1,000 Population, by Race/Ethnicity, State, County, and Primary Service Area, 2022

Race/Ethnicity	New Jersey	Essex County	NBIMC PSA
Total	304.6	378.2	511.8
Asian	90.7	69.5	73.3
Black	546.9	553.7	568.4
Hispanic	373.3	404.1	480.4
White	219.3	153.8	130.8

DATA SOURCE: RWJBarnabas Health System, 2022

Table 45. Hospital Admission Rates per 1,000 Population, by Race/Ethnicity, State, County, and Primary Service Area, 2022

	Race/Ethnicity	Total	Acute	Chronic	Diabetic
New Jersey	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
Essex County	Total	9.7	4.2	3.1	2.4
	Asian	1.8	1.1	0.5	0.3
	Black	14.6	5.7	5.1	3.9
	Hispanic	8.0	3.7	2.0	2.2
	White	6.2	3.3	1.9	1.0
NBIMC PSA	Total	11.7	4.6	4.1	3.1
	Asian	2.0	1.0	0.7	0.3
	Black	14.4	5.2	5.4	3.8
	Hispanic	8.3	3.8	2.4	2.1
	White	3.6	1.8	0.9	0.9

DATA SOURCE: RWJBarnabas Health System, 2022

Table 46. Hospital Admission Rates per 1,000 Population, by Condition, by State, County, and Primary Service Area, 2022

	Total	Obesity	Obstetrics	Cardiac	Mental Health	Substance Use
New Jersey	75.8	1.1	10.7	10.7	3.4	1.5
Essex County	83.1	1.5	12.1	11.0	4.5	1.9
NBIMC PSA	95.3	1.6	13.5	11.9	5.2	2.8

DATA SOURCE: RWJBarnabas Health System, 2022

Table 47. Hospital Admission Rates per 1,000 Population, by Age, Race/Ethnicity, State, County, and Primary Service Area, 2022

	Age	Race /Ethnicity	Total	Obesity	Obstetrics	Cardiac	Mental Health	Substance Use
New Jersey	Total	Total	75.8	1.1	10.7	10.7	3.4	1.5
		Asian	30.8	0.1	8.6	3.6	0.9	0.2
		Black	103.3	1.8	11.3	15.7	6.1	2.4
		Hispanic	57.0	1.5	13.1	5.5	2.3	1.1
		White	77.5	0.9	8.4	12.2	3.1	1.5
	Under 18	Total	2.8	0.0	0.1	0.0	0.3	0.0
		Asian	1.4	0.0	0.0	0.0	0.1	0.0
		Black	4.3	0.0	0.1	0.0	0.6	0.0
		Hispanic	3.9	0.0	0.2	0.1	0.3	0.0
		White	1.7	0.0	0.0	0.0	0.3	0.0
	18-64	Total	39.5	1.1	10.6	3.6	2.6	1.4
		Asian	17.4	0.1	8.6	1.2	0.7	0.2
		Black	65.8	1.8	11.2	7.9	5.1	2.2
		Hispanic	38.8	1.5	12.9	2.5	1.8	1.1
		White	33.1	0.9	8.4	3.1	2.3	1.4
	65 and over	Total	33.4	0.0	0.0	7.1	0.4	0.1
		Asian	12.0	0.0	0.0	2.4	0.1	0.0
		Black	33.3	0.0	0.0	7.8	0.5	0.2
		Hispanic	14.3	0.0	0.0	3.0	0.2	0.0
		White	42.7	0.1	0.0	9.1	0.5	0.2
Essex County	Total	Total	83.1	1.5	12.1	11.0	4.5	1.9
		Asian	27.2	0.1	7.8	3.4	0.9	0.1
		Black	111.6	2.0	12.6	16.1	6.7	2.8
		Hispanic	68.9	1.9	14.4	7.3	2.8	1.7
		White	62.5	0.8	7.2	9.1	3.3	1.4
	Under 18	Total	18.5	0.0	0.5	0.3	1.7	0.0
		Asian	5.4	-	-	-	0.6	-

	Age	Race /Ethnicity	Total	Obesity	Obstetrics	Cardiac	Mental Health	Substance Use
		Black	23.9	0.0	0.5	0.4	2.2	0.0
		Hispanic	16.1	0.0	0.7	0.3	1.2	0.0
		White	10.5	0.0	-	-	1.2	-
	18-64	Total	80.7	2.3	19.2	7.7	5.8	2.9
		Asian	22.9	0.2	11.9	1.8	1.1	0.1
		Black	115.1	3.0	19.6	13.2	8.9	4.1
		Hispanic	75.0	3.0	22.7	5.5	3.5	2.6
		White	43.2	1.2	12.0	3.6	4.2	2.1
	65 and over	Total	197.9	0.2	-	42.7	3.3	1.0
		Asian	81.9	0.1	-	16.5	0.7	0.3
		Black	249.8	0.3	-	58.5	4.0	1.8
		Hispanic	195.5	0.1	-	42.7	3.3	0.6
		White	169.7	0.3	-	34.1	2.8	0.6
NBIMC PSA	Total	Total	95.3	1.6	13.5	11.9	5.2	2.8
		Asian	17.8	0.3	5.4	2.5	1.5	0.3
		Black	108.4	1.8	12.2	15.0	6.1	3.1
		Hispanic	78.2	1.8	17.7	6.7	2.5	2.0
		White	35.5	0.4	3.3	5.0	3.3	2.4
	Under 18	Total	25.2	0.0	0.8	0.5	2.2	0.1
		Asian	8.3	0.0	0.0	0.0	1.2	0.0
		Black	25.2	0.0	0.7	0.4	2.1	0.0
		Hispanic	22.4	0.1	1.1	0.6	1.6	0.1
		White	6.8	0.0	0.0	0.0	2.0	0.0
	18-64	Total	99.2	2.4	20.5	9.5	6.5	3.9
		Asian	17.1	0.2	7.4	1.8	1.8	0.5
		Black	115.3	2.7	18.9	12.8	8.0	4.4
		Hispanic	85.1	2.8	27.3	4.6	2.9	2.9
		White	30.5	0.6	4.9	2.7	3.9	3.2
	65 and over	Total	220.1	0.1	0.0	49.6	3.3	2.0
		Asian	33.2	1.4	0.0	9.7	0.0	0.0
		Black	237.4	0.1	0.0	55.7	3.8	2.3
		Hispanic	234.7	0.2	0.0	47.9	1.8	1.0
		White	94.0	0.0	0.0	21.8	2.3	1.6

DATA SOURCE: RWJBarnabas Health System, 2022
NOTE: Dash (-) means that data were suppressed by the reporting agency.

Appendix G. Cancer Data

G1. CANCER INCIDENCE RATE REPORT: CANCER PATIENT ORIGIN ESSEX COUNTY 2023

About 53.3% of NBI's cancer inpatients and 51.5% of cancer outpatients resided in the Primary Service Area. In total, 69.6% of inpatients and 68.2% of outpatients resided in Essex County. Irvington (07111) and Newark (07112) represent the largest segment of NBI's inpatient cancer patients. Similarly, the same two zip codes represent the largest segments of NBI'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 NBI IP PATIENTS	%	2023 NBI OP PATIENTS	%
Essex County	1,277	69.6%	1,225	68.2%
Primary Service Area	977	53.3%	925	51.5%
Secondary Service Area	559	30.5%	501	27.9%
Out of Service Area (NJ)	271	14.8%	353	19.7%
Out of State	27	1.5%	17	0.9%
TOTAL	**1,834**	**100.0%**	**1,796**	**100.0%**
Irvington (07111)	293	16.0%	301	16.8%
Newark (07112)	206	11.2%	191	10.6%

Source; Decision Support; IP volume includes cases with ICD10 principal or secondary codes C00 thru D49.9 (Neoplasms); OP volume includes cases with ICD10 principal or secondary codes Z51.0 or Z51.11 (Chemo and Radiation Therapy).

G2: CANCER INCIDENCE RATE REPORT: ESSEX COUNTY 2016-2020

INCIDENCE RATE REPORT FOR ESSEX COUNTY 2016-2020				
Cancer Site	Age- Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend
All Cancer Sites	452.5	4,014	stable	-0.3
Bladder	16.8	147	falling	-1.4
Brain & ONS	5.6	47	stable	-0.3
Breast	130.6	625	rising	1.4
Cervix	9.1	40	stable	3
Colon & Rectum	38.7	340	stable	-1.1
Esophagus	3.4	30	falling	-3.1
Kidney & Renal Pelvis	14	124	stable	0.7
Leukemia	14.1	123	stable	0.8
Liver & Bile Duct	8.3	77	stable	1.1
Lung & Bronchus	42.9	379	falling	-2.2

INCIDENCE RATE REPORT FOR ESSEX COUNTY 2016-2020				
Cancer Site	Age- Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend
Melanoma of the Skin	10.4	92	stable	-0.6
Non-Hodgkin Lymphoma	17.8	154	falling	-1.8
Oral Cavity & Pharynx	10.7	96	stable	-2.3
Ovary	10.9	51	falling	-1.7
Pancreas	14.7	130	stable	0.8
Prostate	167.5	690	stable	4.7
Stomach	9.2	81	falling	-1.3
Thyroid	13.1	111	stable	-0.4
Uterus (Corpus & Uterus, NOS)	31.6	160	rising	1.6

The Source for D2 and following tables D3, D4, D5 and D6 is:
https://statecancerprofiles.cancer.gov

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

		Breast	Uterus (Corpus & Uterus, NOS)
INCIDENCE RATE REPORT FOR ESSEX COUNTY 2016-2020 All Races (includes Hispanic), All Ages	Age-Adjusted Incidence Rate(†) - cases per 100,000	130.6	31.6
	Average Annual Count	625	160
	Recent Trend	rising	rising
	Recent 5-Year Trend (‡) in Incidence Rates	1.4	1.6
White Non-Hispanic, All Ages	Age-Adjusted Incidence Rate(†) - cases per 100,000	152.3	29.8
	Average Annual Count	270	58
	Recent Trend	rising	stable
	Recent 5-Year Trend (‡) in Incidence Rates	1.3	0.6
Black (includes Hispanic), All Ages	Age-Adjusted Incidence Rate(†) - cases per 100,000	121.7	32.5
	Average Annual Count	232	67
	Recent Trend	falling	rising
	Recent 5-Year Trend (‡) in Incidence Rates	-3.5	2.3
Asian or Pacific Islander (includes Hispanic), All Ages	Age-Adjusted Incidence Rate(†) - cases per 100,000	121.2	26.8
	Average Annual Count	33	8
	Recent Trend	stable	rising
	Recent 5-Year Trend (‡) in Incidence Rates	2.2	10.1

		Breast	Uterus (Corpus & Uterus, NOS)
Hispanic (any race), All Ages	Age-Adjusted Incidence Rate(†) - cases per 100,000	103.4	31.5
	Average Annual Count	84	26
	Recent Trend	stable	rising
	Recent 5-Year Trend (‡) in Incidence Rates	0.8	2.7
MALES	Age-Adjusted Incidence Rate(†) - cases per 100,000	n/a	n/a
	Average Annual Count	n/a	n/a
	Recent Trend	n/a	n/a
	Recent 5-Year Trend (‡) in Incidence Rates	n/a	n/a
FEMALES	Age-Adjusted Incidence Rate(†) - cases per 100,000	130.6	31.6
	Average Annual Count	625	160
	Recent Trend	rising	rising
	Recent 5-Year Trend (‡) in Incidence Rates	1.4	1.6

** Data has been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area- sex-race category. If an average count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression threshold (but is rounded to 3).*

G4: CANCER MORTALITY RATE REPORT: ESSEX COUNTY 2016-2020

MORTALITY RATE REPORT: ESSEX COUNTY 2016-2020					
Cancer Site	Met Healthy People Objective of ***?	Age-Adjusted Mortality Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend
All Cancer Sites	No	136.1	1,200	falling	-5.2
Bladder	***	3.4	30	falling	-1.3
Brain & ONS	***	3.5	31	stable	-0.5
Breast	No	22	110	falling	-2.4
Cervix	Yes	2.4	12	falling	-3.2
Colon & Rectum	Yes	14.1	126	falling	-2.7
Esophagus	***	2.7	24	falling	-3.2
Kidney & Renal Pelvis	***	2.1	19	falling	-1.9
Leukemia	***	5.2	46	falling	-2.1
Liver & Bile Duct	***	6.3	57	rising	1.1
Lung & Bronchus	No	25.6	225	falling	-11.1
Melanoma of the Skin	***	1	9	falling	-2.2
Non-Hodgkin Lymphoma	***	4.6	40	falling	-2.7
Oral Cavity & Pharynx	***	1.8	16	falling	-3.5

MORTALITY RATE REPORT: ESSEX COUNTY 2016-2020					
Cancer Site	Met Healthy People Objective of ***?	Age-Adjusted Mortality Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend
Ovary	***	5.8	30	falling	-2.5
Pancreas	***	9.8	87	falling	-0.9
Prostate	No	21.9	73	falling	-3.2
Stomach	***	4.1	36	falling	-3.3
Thyroid	***	0.4	3	*	*
Uterus (Corpus & Uterus, NOS)	***	6.9	36	stable	0.2

*** No Healthy People 2030 Objective for this cancer.*

** Data has been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area- sex-race category. If an average count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression threshold (but is rounded to 3).*

G5: CANCER MORTALITY DETAILED RATE REPORT: ESSEX COUNTY 2016-2020

		Liver & Bile Duct
MORTALITY RATE REPORT FOR ESSEX COUNTY 2016-2020 All Races (includes Hispanic), All Ages	Met Healthy People Objective	***
	Age-Adjusted Death Rate - per 100,000	6.3
	Average Annual Count	57
	Recent Trend	rising
	Recent 5-Year Trend in Death Rates	1.1
White Non-Hispanic, All Ages	Met Healthy People Objective	***
	Age-Adjusted Death Rate - per 100,000	5
	Average Annual Count	19
	Recent Trend	stable
	Recent 5-Year Trend in Death Rates	0.5
Black (includes Hispanic), All Ages	Met Healthy People Objective	***
	Age-Adjusted Death Rate - per 100,000	8.2
	Average Annual Count	28
	Recent Trend	rising
	Recent 5-Year Trend in Death Rates	1.6
Asian or Pacific Islander (includes Hispanic), All Ages	Met Healthy People Objective	***
	Age-Adjusted Death Rate - per 100,000	*
	Average Annual Count	3 or fewer
	Recent Trend	*
	Recent 5-Year Trend in Death Rates	*
Hispanic (any race), All Ages	Met Healthy People Objective	***
	Age-Adjusted Death Rate - per 100,000	5.8
	Average Annual Count	7

		Liver & Bile Duct
	Recent Trend	stable
	Recent 5-Year Trend in Death Rates	1.6
MALES	Met Healthy People Objective	***
	Age-Adjusted Death Rate - per 100,000	8.9
	Average Annual Count	34
	Recent Trend	stable
	Recent 5-Year Trend in Death Rates	0.9
FEMALES	Met Healthy People Objective	***
	Age-Adjusted Death Rate - per 100,000	4.3
	Average Annual Count	22
	Recent Trend	rising
	Recent 5-Year Trend in Death Rates	1.3

*** No Healthy People 2030 Objective for this cancer.*

** Data has been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category. If an average count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression threshold (but is rounded to 3).*

G6 : CANCER INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
All Cancer Sites: All Races (includes Hispanic), Both Sexes, All				
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

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	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

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
Monmouth County	25.1	216	stable	-0.2
Gloucester County	24.7	89	falling	-5.2
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

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
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	*	*

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
Morris County	6.5	39	falling	-3.4
Middlesex County	6.3	58	stable	-0.8
Warren County	6.2	8	stable	1.1
Atlantic County	6	20	stable	-1.7
Cumberland County	5.8	9	stable	-1.5
Union County	5.7	34	stable	-0.9
Hudson County	5.7	39	stable	-0.6

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
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				

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	7.4	365	falling	-1.7
US (SEER+NPCR)	7.5	12,553	stable	-0.4

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Cumberland County	10.9	9	stable	-2
Cape May County	9.5	5	stable	1
Passaic County	9.5	24	stable	-1.5
Essex County	9.1	40	stable	3
Hudson County	8.3	29	falling	-2.4
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				
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

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
Ocean County(7)	41.7	378	stable	-1.6
Burlington County(7)	40.6	234	falling	-2.4
Passaic County(7)	39.6	227	stable	-0.5
Essex County(7)	38.7	340	stable	-1.1
Monmouth County(7)	38.6	319	stable	-1.8
Atlantic County(7)	38.5	136	falling	-3.4
Bergen County(7)	37.3	460	stable	-0.4
Hudson County(7)	37	247	falling	-2.7
Morris County(7)	36.5	239	stable	0.4
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

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)	3.4	42	falling	-1.8
Essex County(7)	3.4	30	falling	-3.1
Hudson County(7)	3	21	stable	-2.1
Somerset County(7)	2.8	12	stable	-1.1
Salem County(7)	*	3 or fewer	*	*
Kidney & Renal Pelvis: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey(7)	16.2	1,785	stable	0.6
US (SEER+NPCR)(1)	17.2	65,490	rising	1.2
Salem County(7)	21	17	stable	1.3
Camden County(7)	19	116	stable	0.2
Burlington County(7)	18.8	109	stable	-0.2
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

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
Monmouth County(7)	18.7	149	rising	1.8
Hunterdon County(7)	18.2	31	stable	0.3
Morris County(7)	17.9	111	rising	1.5
Mercer County(7)	17.4	74	rising	2.1
Gloucester County(7)	17.3	59	stable	1
Ocean County(7)	17.3	157	stable	0.8
Warren County(7)	16.6	23	stable	1.4
Burlington County(7)	16.3	92	stable	1
Middlesex County(7)	16	147	stable	0.3
Cape May County(7)	15.5	24	stable	-0.6
Camden County(7)	15.2	90	stable	0.6
Bergen County(7)	15	176	stable	-2.4
Somerset County(7)	14.8	59	stable	-0.2
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				
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

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(7)	7.8	47	stable	0.9

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Bergen County(7)	7.7	98	rising	1.4
Middlesex County(7)	7.7	78	rising	2.1
Sussex County(7)	7.6	16	stable	1.9
Union County(7)	7.5	50	rising	2.3
Burlington County(7)	7.5	46	rising	2.1
Gloucester County(7)	7.3	28	rising	1.7
Monmouth County(7)	7.2	63	rising	2
Morris County(7)	7	47	rising	2.2
Warren County(7)	6.9	10	stable	1.5
Somerset County(7)	6.4	28	rising	2.2
Hunterdon County(7)	5.3	10	rising	2.2
Lung & Bronchus: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey(7)	51.3	5,849	falling	-1.9
US (SEER+NPCR)(1)	54	215,307	falling	-1.8
Salem County(7)	77.9	70	stable	1.4
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

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Mercer County(7)	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

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
Hunterdon County(7)	38.6	72	falling	-12.5
Union County(7)	37.9	245	falling	-5.8
Melanoma of the Skin: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey(7)	21	2,295	stable	0.4
US (SEER+NPCR)(1)	22.5	83,836	stable	1.5
Cape May County(7)	50.1	79	stable	1.9
Hunterdon County(7)	34.7	61	stable	1.6
Ocean County(7)	31.6	274	stable	-0.2
Monmouth County(7)	29.9	245	stable	-1.3
Sussex County(7)	28.6	53	stable	0.4
Gloucester County(7)	28.2	99	stable	1
Atlantic County(7)	26.9	94	rising	1.7
Morris County(7)	26.1	166	stable	0.3
Warren County(7)	25.7	37	stable	0.6
Burlington County(7)	25.6	146	stable	0.6
Somerset County(7)	24.8	102	stable	0.4
Salem County(7)	23.7	20	stable	-0.5
Camden County(7)	22.6	135	stable	0.5
Mercer County(7)	21.8	96	stable	0.4

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

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)	23.3	34	stable	-0.4
Somerset County(7)	22.8	93	stable	0.3
Bergen County(7)	22.6	271	stable	0.2
Mercer County(7)	22.5	97	stable	0
Camden County(7)	22.3	135	stable	0.3
Ocean County(7)	22.1	202	stable	0.6
Burlington County(7)	21.8	125	stable	-0.2
Middlesex County(7)	21.5	207	stable	-0.1
Cumberland County(7)	20.8	36	stable	0.2
Passaic County(7)	20.6	117	stable	0.4
Atlantic County(7)	20.6	73	stable	-0.2
Gloucester County(7)	20.5	72	stable	-4.8
Union County(7)	18.8	120	stable	-0.3
Hunterdon County(7)	18.5	34	stable	-0.8

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
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

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	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

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Union County	8.6	55	stable	0
Ovary: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	11.3	654	falling	-2
US (SEER+NPCR)	10.1	19,863	falling	-3.3
Warren County	15	11	stable	0.9
Cape May County	14.7	11	stable	-0.2
Somerset County	12.6	27	falling	-2
Mercer County	12.3	29	stable	-0.9
Atlantic County	12.3	22	stable	-2.4
Cumberland County	11.9	11	stable	-1.2
Burlington County	11.8	35	stable	-0.9
Hudson County	11.8	42	stable	-0.8
Union County	11.6	39	falling	-1.9
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	*	*

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
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

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
Ocean County(7)	16.8	162	rising	1.6
Salem County(7)	16.7	15	stable	1.8
Camden County(7)	16.4	103	rising	1.4
Cumberland County(7)	16.4	30	stable	1.6
Sussex County(7)	15.7	30	rising	3.1
Atlantic County(7)	15.6	58	rising	1.4
Burlington County(7)	15.6	92	rising	1.7
Gloucester County(7)	15.4	57	stable	1.1
Mercer County(7)	15.3	69	rising	1.9
Morris County(7)	15.2	102	rising	1.5
Warren County(7)	14.9	22	stable	-13.4
Essex County(7)	14.7	130	stable	0.8
Monmouth County(7)	14.6	127	rising	1.1
Bergen County(7)	14.3	182	stable	0.4
Passaic County(7)	14.2	84	stable	0.6
Hudson County(7)	14.2	93	stable	3.3
Hunterdon County(7)	14.1	26	stable	1.7
Somerset County(7)	13.4	59	rising	1.4
Middlesex County(7)	13.4	134	stable	0.9
Union County(7)	13.3	86	stable	0.4
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

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Camden County	151.9	456	falling	-1.6
Monmouth County	150.2	636	rising	6.3
Cumberland County	148.6	128	stable	-0.2
Passaic County	145.8	405	falling	-2.2
Morris County	142.4	463	falling	-2.6
Salem County	142.2	63	stable	-1.6
Bergen County	137.3	823	stable	-1.6
Somerset County	136	277	falling	-2.2
Middlesex County	135.1	645	rising	4.8
Hunterdon County	130	124	rising	7.5
Atlantic County	127.9	231	falling	-2.2
Ocean County	127.7	563	stable	6.6
Sussex County	124.7	128	falling	-3.7
Warren County	120	92	falling	-3.1
Hudson County	114.1	344	stable	1.3
Stomach: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey(7)	7.5	832	falling	-1
US (SEER+NPCR)(1)	6.2	23,883	falling	-1
Passaic County(7)	10.4	59	stable	-0.1
Essex County(7)	9.2	81	falling	-1.3
Cumberland County(7)	8.8	15	stable	-1.5
Union County(7)	8.8	56	stable	-0.9
Hudson County(7)	8.4	56	falling	-1.9
Camden County(7)	8.3	51	stable	0.4
Bergen County(7)	8.2	101	stable	-0.7
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

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
Morris County(7)	6	39	falling	-1.7
Ocean County(7)	5.9	54	stable	-0.8
Warren County(7)	5.7	9	stable	-0.1
Salem County(7)	5.3	4	stable	-0.5
Hunterdon County(7)	5.3	10	stable	0.1
Cape May County(7)	5.2	9	stable	-1.7
Thyroid: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey(7)	17.5	1,673	falling	-2.2
US (SEER+NPCR)(1)	13.3	44,551	falling	-2.3
Monmouth County(7)	24.3	165	stable	0.2
Ocean County(7)	23.4	146	stable	0.1
Gloucester County(7)	21.7	67	rising	3.1
Warren County(7)	20.6	25	rising	2.2
Salem County(7)	20	13	stable	2.8
Hunterdon County(7)	19.2	26	rising	4.6
Bergen County(7)	18.8	191	stable	-0.6
Camden County(7)	18.6	100	falling	-6.1
Mercer County(7)	18.3	73	falling	-14.3
Burlington County(7)	17.8	88	falling	-3.8
Middlesex County(7)	17.1	151	stable	-1.7
Morris County(7)	16.9	91	stable	-2.6
Sussex County(7)	16.8	26	rising	3.4
Atlantic County(7)	16.2	46	stable	0.2
Somerset County(7)	16.1	57	falling	-6.1
Passaic County(7)	15	79	stable	-1.1
Cape May County(7)	14.9	15	stable	-3.2
Union County(7)	14.8	87	stable	3.8
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

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
	Age-Adjusted Incidence Rate - cases	Average Annual	Recent	Recent 5-Year Trending Incidence
Warren County	39.2	31	stable	1.4
Cumberland County	38	36	stable	1.6
Hunterdon County	37.7	37	rising	4.5
Sussex County	36.6	40	stable	0.4
Camden County	35.9	124	stable	0
Mercer County	33.1	83	rising	1.5
Ocean County	33	163	stable	0.3
Middlesex County	32.5	175	stable	0.6
Monmouth County	31.8	147	stable	0
Cape May County	31.7	27	stable	-12.7
Burlington County	31.7	103	stable	1.1
Essex County	31.6	160	rising	1.6
Morris County	31.4	113	stable	0.4
Union County	31.1	113	stable	1.1
Atlantic County	31	62	stable	-8
Somerset County	30.9	73	stable	0.1
Gloucester County	30.9	64	stable	1
Hudson County	30	112	rising	1.4
Bergen County	29.3	199	stable	0.1
Salem County	28.5	14	stable	0.3
Passaic County	28.5	91	stable	0.2

G7: Newark Beth Israel Medical Center- Tumor Registry Summary

In 2023, NBI's tumor registry data showed that 18.8% and 18.0% 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: Respiratory System (54.2%) followed by Digestive Organs (34.9%) and Connective Tissues (28.6%). Please note that case volume counts smaller than 10 are suppressed. Staging percentages are calculated on analytic cases only.

MainSite	SubSite	Cases (both analytic and non-analytic) - 2023	% Stage 3	% Stage 4	Total % Stage 3 & 4
BREAST		**160**	**14.5%**	**9.1%**	**23.6%**
CONNECTIVE, SUBCUTANEOUS AND OTHER SOFT TISSUES			**28.6%**	**28.6%**	**57.1%**
DIGESTIVE ORGANS		**171**	**16.0%**	**34.9%**	**50.9%**
	COLON	61	16.7%	26.2%	42.9%
	LIVER AND INTRAHEPATIC BILE DUCTS	26	15.4%	38.5%	53.8%
	PANCREAS	21	7.1%	57.1%	64.3%
	RECTUM	12	37.5%	12.5%	50.0%
	STOMACH	22	13.3%	20.0%	33.3%
EYE, BRAIN AND OTHER PARTS OF CENTRAL NERVOUS SYSTEM		**26**	**0.0%**	**0.0%**	**0.0%**
	BRAIN	11	0.0%	0.0%	0.0%
FEMALE GENITAL ORGANS		**128**	**18.5%**	**13.9%**	**32.4%**
	CERVIX UTERI	23	29.4%	11.8%	41.2%
	CORPUS UTERI	75	13.0%	13.0%	26.1%
	OVARY	14	36.4%	9.1%	45.5%
HEMATOPOIETIC AND RETICULOENDOTHELIAL SYSTEMS		**61**	**6.9%**	**10.3%**	**17.2%**
	HEMATOPOIETIC AND RETICULOENDOTHELIAL SYSTEMS	61	6.9%	10.3%	17.2%
LIP, ORAL CAVITY AND PHARYNX		**19**	**14.3%**	**21.4%**	**35.7%**
LYMPH NODES		**22**	**46.7%**	**20.0%**	**66.7%**
MALE GENITAL ORGANS		**153**	**33.6%**	**11.8%**	**45.5%**
	PROSTATE GLAND	149	33.6%	12.1%	45.8%
RESPIRATORY SYSTEM AND INTRATORACIC ORGANS		**79**	**18.6%**	**54.2%**	**72.9%**
	BRONCHUS AND LUNG	68	21.6%	52.9%	74.5%
RETROPERITONEUM AND PERITONEUM			**100.0%**	**0.0%**	**100.0%**
SKIN			**0.0%**	**0.0%**	**0.0%**
THYROID AND OTHER ENDOCRINE GLANDS		**29**	**0.0%**	**4.8%**	**4.8%**
	THYROID GLAND	19	0.0%	7.7%	7.7%
UNKNOWN PRIMARY SITE			**0.0%**	**0.0%**	**0.0%**
URINARY TRACT		**95**	**16.5%**	**4.7%**	**21.2%**
	BLADDER	40	16.1%	3.2%	19.4%
	KIDNEY	44	11.6%	2.3%	14.0%
Grand Total		**967**	**18.8%**	**18.0%**	**36.8%**

RWJBarnabas HEALTH | Newark Beth Israel Medical Center

COMMUNITY HEALTH NEEDS ASSESSMENT 2022

IMPLEMENTATION PLAN RESULTS 2023-2024

NBIMC CHNA-CHIP

In 2022, Newark Beth Israel Medical Center ("NBIMC") conducted and adopted its Community Health Needs Assessment ("CHNA") which consisted of a community health needs survey of residents in our service area, a detailed review of secondary source data, a survey and meetings with local health officials and a Public Health Symposium made up of county public health officers and community representatives. The Plan can be accessed at https://www.rwjbh.org/newark-beth-israel-medical-center/about/community-health-needs-assessment/aspx.

Through the CHNA process, health need priorities were chosen based on the Medical Center's capacity, resources, competencies, and the needs specific to the populations it serves. The Implementation Plan addresses the way NBIMC will address each priority need and the expected outcome for the evaluation of its efforts. The implementation plan which follows is based on the four selected priority areas*:

- **Mental Health**
- **Maternal and Child Health**
- **Obesity Management and Chronic Disease**

NBIMC participates and works with local organizations on health issues. including: discussing and prioritizing needs, coordinating services, providing education and specialty knowledge, and supporting local health promotions. This includes working with Essex County Health Department, local health departments, the Greater Newark Health Care Coalition and Greater Newark Advisory Board to support health planning and to support community health and wellness events. These community touch points provide the hospital with valuable external insights regarding community need.

**The three focus areas do not represent the full extent of the Medical Center's community benefit activities or its support of the community's health needs. Other needs identified through the CHNA may be better addressed by other agencies/organizations or deferred to another time. Other significant needs identified include mental health and substance abuse, access to care, lead poisoning, teen pregnancy, readmission rates, tobacco use, primary care physician shortages, STDs, limited English proficiency and other socioeconomic challenges.*

Goal #1: Enhance the identification and referral of patients presenting to the ED with signs of depression or are at risk for self-harm

Key CHNA Findings:

- In 2020, ED data indicated that Essex County experienced a higher rate of ED visits due to mental health compared to New Jersey overall.
- The rate of pediatric (ages nineteen and under) hospitalizations due to mental health was slightly higher in Essex County, as compared to New Jersey.
- Across both geographies, Black, non-Hispanic youth, and White, non-Hispanic youth experienced the highest rates of hospitalization due to mental illness.

Strategy/Initiative 1.1

NBIMC implements population health initiative focused on improving patient outcomes and care navigation in behavioral health care settings. The PHQ2-9 depression screening tool was implemented to screen patients for depression.

Indicator/Metric

- All patients >12 years to be screened by the ED RN for depression using the PHQ2 and PHQ9 screening tools to identify patients who require further evaluation for depression.

*New initiative. No baseline data

Screening increased from 86% Jan 2024 to 94% in Dec 2024, an average of 90% for the year.

Strategy/Initiative 1.2

Physician documents a plan of care and connects patient with a Behavioral Health Specialist (BHS) to assist with care coordination.

- With positive findings on PHQ2 and PHQ9, patients discharged to home will be provided appropriate resources and follow-up.
- All patients >12 years of age with behavioral health issues will be screened for suicidal ideation using the Columbia Suicide Severity Rating Scale (CSSRS)

Indicator/Metric

- ED providers are notified of all patients with a PHQ-2 and PH-9 score of >10 and will be asked to complete PHQ-9 Depression Follow-Up Plan
- Behavioral Health Specialists will assist with care coordination.

Indicators:

- *% of patients screened for depression*
- *% of patients that screened positive on initial assessment*

Care access increased; Adult inpatients increased percentage of completing a post discharge appointment from 7.5% in Jan 2024 to 40% in Dec 2024.

Outcome

NBI CHIP Stats

Month 2024	% of pts screened for depression	% of pts that screened positive on the initial assessment	(Total # of ED pts in NJ QIP program: 18 y/o and older, all payers)	(Total # of ED pts in NJ QIP program: 18 y/o and older, all payers that attended appt post discharge)
Jan	5169/5990 = 86%	32/5990 = 0.5%	80	6
Feb	4998/5787 = 86%	33/5787 = 0.6%	71	10
Mar	5421/6239 = 87%	33/6239 = 0.5%	36	5
Apr	5073/6239 = 81%	27/6239 = 0.4%	89	13
May	5375/6120 = 88%	33/6120 = 0.5%	108	15
Jun	5061/5838 = 87%	51/5838 = 0.5%	157	44
Jul	5509/6188 = 89%	43/6188 = 0.7%	171	39
Aug	5870/6197 = 95%	115/6197 = 1.8%	128	32
Sep	5923/6277 = 94%	108/6277 = 1.7%	133	67
Oct	6118/6484 = 94%	130/6484 = 2%	140	54
Nov	5799/6114 = 95%	112/6114 = 1.8%	126	63
Dec	6048/6409 = 94%	104/6409 = 1.6%	142	58
Total	**Average =90%**	**Average = 1%**	**1381**	**406**

Strategy/Initiative 1.3

With patient consent to participate in care coordination, Behavioral Health Specialist will enroll patient for follow-up 30 days post hospitalization or ED visit for mental illness.
Positive screens will be reviewed and studied by age based on the following categories:

- Ages 12-18
- Ages 19-30
- Ages 31-60
- Ages 61 and above

Indicator/Metric

- ED providers will address findings with the patient and outline the plan of care.
- Behavioral Health Specialists refer patients with positive scores to their primary physician/mental health provider, or NBI's primary care physician for discussion of available services/interventions.

Indicators:

- *% of patients connected to providers to address depression*
- *% of patients that kept their initial appointment*

Tracking/Outcome

Care access increased; Behavioral Health Specialist increased number of patients followed and increased contacts post discharge within 72 hours from 41% to 47%; reduced 30-day noncontacts from 55 to 52%.

Of the 869 patients contacted within 72 hours after discharge, 59% kept their appointments and were seen withing 30 days.

Of the 1832 patients followed by Behavioral Health, only 22% were readmitted within 30 days.

NBI: January_December_2024										
NBI: (Inpt Psych unit started 5/23/22, ED started 9/12/22, Medical unit started 8/8/23)	**Followed by BHS #**	Contacted within 72 hours post d/c #	Unable to contact in 30 days #	Attempting to contact once a week/4	**Followed by BHS #**	Attended Appointment within 30 days #	Missed Appointment #	Unable to confirm appt kept #	Readmitted in 30 days #	Referred to Peer Recovery #
January	**117**	49	65	3	**117**	36	76	5	35	50
February	**113**	68	45	0	**113**	32	81	0	45	25
March	**93**	49	42	0	**93**	26	65	0	35	46
April	**134**	51	83	0	**134**	34	100	0	37	50
May	**140**	53	64	23	**140**	29	75	36	48	60
June	**225**	110	107	8	**225**	68	140	17	47	103
July	**243**	108	48	87	**243**	59	55	129	50	108
August	**177**	82	90	5	**177**	60	109	8	22	71
September	**140**	69	49	22	**140**	50	55	35	10	16
October	**160**	87	54	19	**160**	54	78	28	48	56
November	**141**	72	69	0	**141**	34	107	0	14	21
December	**149**	71	78	0	**149**	31	118	0	9	18
Total	**1832**	869	794	167	**1832**	513	1059	258	400	624
		47%	**43%**	**9%**		**28%**	**58%**	**14%**	**22%**	**34%**

Future learning opportunities might include an exploration as to why 58% of patients missed their follow-up appointment to determine the root cause.

Goal #2- **Improve Maternal/Child Health Outcomes**

Key CHNA Findings:

- Black women are three times more likely to die from a pregnancy-related cause than White women.
- According to the CDC, more than 80% of pregnancy-related deaths are preventable.
- Among pregnancy-related deaths, 82% of the decedents lived in urban counties. Fifty-three percent of the deaths occurred within one year postpartum.

Strategy/Initiative 2.1

Utilize the Centering Pregnancy Model of Care

- Improve timely access to prenatal care.
- All low-risk patients have at least once cervical length surveillance during the mid-trimester ultrasound

Indicator/Metric

Centering metrics

- **Breastfeeding, pre- term birth rates, Cesarean section rate, patient satisfaction, post-partum contraceptive rates and no- show rates**

****New initiative. No baseline data**

Tracking/Outcome

- Breastfeeding rate 85%
- -Pre-term Birth rate 7.4%
- -Cesarean section rate 7.45
- -Patient satisfaction 90%
- -Post Partum contraceptive rates 29%
- -No show rate 10%

Strategy/Initiative 2.2

Increase Women's Wellness Pantry average monthly utilization rates.

- # of monthly participants
- Pounds of food distributed.
- # of diapers distributed

Indicator/Metric

Increase numbers by 10% by 2024.

Baseline (2022)

- Monthly attendance 185

- Pounds of food 16,150
- # of Diapers 71,873

Tracking/Outcome

- Monthly attendance 494 (increased)
- Pounds of food 92,053 (increased)
- # of Diapers 159,572 (increased)

Strategy/Initiative 2.3

Cradle to Grade 3 program

- The program is a partnership between NBIMC and Newark Public Schools (NPS) NPS staff (Social Workers) convene the Early Childhood community with healthcare organizations, partners, and service providers to develop a healthy and ready-to-learn plan for all preschool age programs.

Indicator/Metric

- NPS Social Workers stationed in the Pediatric and Women's health Clinic inform parents of available services and provide on-site registration for Pre-K

*New initiative. No baseline data

Tracking/Outcome

Cradle to Grade 3 social workers were coming weekly of September 2023-June 2024 (The program follows the school calendar for Newark Public Schools). The Social workers provided support/information to 357 families in Centering Pregnancy, Women's Health, and Peds clinic. A total of 36 children were registered for pre-K.

Support /referral services included the following:

- Childcare linkages (36)
- Diapers (99)
- Baby wipes (60)
- Formula (17)
- Clothing (3)
- Food (5)
- Parenting support (34)
- Financial assistance (3)
- Employment resources (3)
- Immigration (3)
- Information/education (71)
- Books (13)
- Other resources (18)

Strategy/Initiative 2.4

Reduce Pre-term Births (< 37 Weeks)

- •Improve timely access to prenatal care.
- •Analyze barriers for late access and no- show rates and create a system to improve access.
- •Identification of risk factors for pre-term delivery and offering increased surveillance
- •Increase postpartum visits and access to contraception and prevention of unintended pregnancies.

Indicator/Metric

- •Review signs and symptoms of preterm labor at each visit with patient and advise to go to hospital if present.

Current Rate of preterm births

- •Baseline data (2022): 12.4%
- •Goal: <10%

Tracking/Outcome

Preterm birth rate 10.7% (2022 < 37 weeks) (successfully reduced from baseline)

Strategy/Initiative 2.5

Increase rate of breastfeeding.

- •Lactation counselling/support
- •Nutrition counseling
- •Educating Patients during Prenatal/Antepartum care with a dedicated lactation specialist on the importance of breast-feeding.

Indicator/Metric

Baseline

- •Current rate at discharge 13%
- •Target goal at discharge 40%

**Target goal *at 6 months* (new initiative)

Tracking/Outcome

Target goal at discharge: 11.86%

Currently there are one full-time and one part-time/per diem lactation consultants who cover both the in-patient mother bay unit and out-patient maternal health. Additional staff would be needed to spend more time to provide lactation education, counseling, and support to new moms as well as those attempting breastfeeding for the first time.

Strategy/Initiative 2.6

Reduce the rate of Cesarean Section

- Childbirth education during Prenatal/ Antepartum Visits.
- Encourage Vaginal birth after C-section (VBAC)

Indicator/Metric

- Current baseline data (2022) 32.7%
- Target Goal < 25%

Tracking/*Outcome*

28.33% (successfully increased the number of vaginal births after c-section by 4.37%)

Strategy/Initiative 2.7

The Family Life Education Center (FLEC) Program utilizes evidence-based curriculums to help promote healthy, adaptive parenting practices. Each parent collaborates with a licensed therapist to achieve their parenting goals.

Indicator/Metric

Individual Parenting Skills:
Baseline data: 61 individuals
778 units of service
Target goal: increase 5%.

Tracking/Outcome

Individual Parenting Skills:
67 individuals
812 units of service
Target goal: met.

Goal 3: Enhance Obesity Management and Food Security to Resolve/Improve associated Co-morbidities.

Key CHNA Findings:

- According to the 2020 census data for NJ, the lowest median income is in the South ward of Newark ($24,000)
- 25% of respondents who completed the NBI CHNA survey reported that they rely on meal assistance and/or food pantries to supplement their households with 43% of Latino families reporting concerns about running out of food before they had money to buy more.

Strategy/Initiative 3.1

Utilize a comprehensive multidisciplinary approach of diet, exercise, and behavior modification, as well as metabolic and bariatric services to decrease prevalence of the following co-morbidities in bariatric patients:

- Diabetes
- Hypertension
- Sleep apnea
- Hyperlipidemia
- GERD

Indicator/Metric

- Diabetes - % of patients that no longer require medication.
- Hypertension - % of patients that no longer require medication.
- Sleep apnea - % of patients that no longer require CPAP.
- Hyperlipidemia - % of patients that no longer require medication.
- GERD- % of patients who no longer require medication.

*Target goals to be reached after 1 year of follow-up

Tracking/Outcome

Preop results: (2023)

Diabetes – 18.8% of patients (non-insulin) *required* medication.
Diabetes –4.2% of patients (insulin dependent) *required* medication.
Hypertension – 28.7% of patients *required* medication.
Sleep apnea – 16.4% of patients *required* CPAP.
Hyperlipidemia – 18.8% of patients *required* medication.
GERD- 21.3% of patients *no longer require* medication.

Post-op results after 1 year: (2023)

Diabetes - 100% of patients (insulin and non-insulin diabetic) no longer require medication.
Hypertension – 19.2% of patients *no longer require* medication.

Sleep apnea – 17.5% of *patients no longer require* CPAP.
Hyperlipidemia – 11.5% of patients *no longer require* medication.
GERD- 19.2% of patients *no longer require* medication.

Prevalence of preop co-morbidities: (2024)

Diabetes – 27%
Hypertension – 32%
Sleep apnea -21%
Hyperlipidemia -27%
GERD – 26%

Post-op results after 1 year: (2024)
Diabetes – 64% co-morbidity resolution.
Hypertension – 20% co-morbidity resolution.
Sleep apnea – 63% co-morbidity resolution.
Hyperlipidemia – 36% co-morbidity resolution.
GERD- 13% co-morbidity resolution.

The patient sample all had documentation of comorbidities from pre-op, 6 month and 1 year follow up visits.

Future learning opportunities include differentiating between the type of surgical procedure, as there may be a differentiation between patients who received sleeve gastrectomy vs gastric bypass surgery.

Strategy/Initiative 3.2

Increase fresh food access for community members through Greenhouse and Farmers Market programming.

- Farmers Market attendance
- Greenhouse programming attendance
- Pounds of food donated for both feeding and education purposes.
- # of clients using SNAP
- # of clients using WIC
- # of clients using SFMNP vouchers

Indicator/Metric

Increase numbers 10%* by 2024.

	Baseline 2022
Market attendance	1,680
Greenhouse attendance	72
Pounds of food donated	1,870

SNAP Users	39
WIC Users	173
SFMNP Users	760

*Target goals 10% increase dependent on Market location for year-round capabilities.

Tracking/Outcome

Pounds of food donated	1,085 (decrease of 42%)
SNAP Users	95 (increase of 144%)
WIC Users	262 (increase of .51%)
SFMNP Users	101* (decrease of 87%)

*Change to Essex County Division of Senior Services policy – no longer able to distribute SFMNP benefits on-site as we were in 2022. This negatively impacted our redemption on this metric.

Strategy/Initiative 3.3

Increase participation in the Wellness Center's cooking/nutrition education classes.

- Nutrition & culinary education attendance

Indicator/Metric

Increase numbers by 5% by 2024.

	Baseline: (2022)
Attendance	845

Tracking/Outcome

Attendance	1,110

Attendance in nutrition & culinary education classes increased by 265 participants (increase of 31% achieved)

Strategy/Initiative 3.4

Expand utilization of KidsFit program in schools.

- Increase # of schools utilizing KidsFit in the classroom.

Indicator/Metric

Increase numbers by 5% by 2024.

	Baseline: (2022)
School Utilization	60

Tracking/Outcome

School Utilization 104*

# of schools utilizing *KidsFit in the classroom (increased by 42%)*
*Reflects 2023-2024 school year (48 NPS and Charter schools, plus additional school districts)