

**2016 Community Health Needs Assessment**





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**About RWJ University Hospital Rahway**

Founded in 1917, Robert Wood Johnson (RWJ) University Hospital Rahway is an acute-care hospital providing a continuum of healthcare services. The hospital offers 24-hour emergency care, a mobile intensive care unit, critical care, emergency angioplasty, telemetry, cardiac stress testing, and other cardiac diagnostic testing. The hospital also offers a full range of medical and surgical services, a laboratory, and a pharmacy.

RWJ University Hospital Rahway’s campus is home to a skilled nursing facility and a 36-bed long-term, acute care hospital for medically fragile patients. The hospitals offer extensive rehabilitation services, including pulmonary and cardiac rehabilitation, physical, occupational, speech and hearing. Physical and aquatic therapy are available in our fitness centers located in Scotch Plains and Carteret.

RWJ University Hospital Rahway provides a full range of diagnostic services, as well as neurology, surgery, and a pediatric emergency room. The hospital also offers a wound care center with hyperbaric chambers, a comprehensive diabetes management program and a neuropathy program.

As a community hospital, we constantly evolve to meet the needs of our community, focusing on the treatment of injury and illness, as well as prevention through our fitness centers and community education programs.

**Mission Statement**

To deliver safe, quality, cost effective healthcare services, providing access and value to the community through a unified effort that meets individual needs with dignity and respect.

**Vision Statement**

Through its dynamic, strategic partnerships, Robert Wood Johnson University Hospital Rahway is dedicated to the delivery of a safe continuum designed to meet community needs for preventative service, acute care, and chronic care. The continuum shall provide accessibility, quality, and value to its customers.

**Our Commitment to Community Health**

RWJ University Hospital Rahway is dedicated to the health and well-being of the community. In addition to caring for the sick and injured, we see ourselves as a community resource for health. We want to help prevent illness and offer a range of support groups and health education programs. In addition, we participate in health fairs and special events, as well as promote health awareness through special campaigns and programs. The members of our highly skilled medical team are available to speak to the community and participate in forums and panels.

To guide our community health improvement efforts, RWJ University Hospital Rahway conducted a 2016 Community Health Needs Assessment (CHNA). The 2016 CHNA builds upon our 2013 CHNA and was conducted in a timeline consistent with the requirements set forth in the Affordable Care Act. The purpose of the CHNA was to gather information about our local health needs and health behaviors. We examined a variety of household and health statistics to create a full picture of the health and social determinants across the service area. The findings help ensure that our initiatives, activities and partnerships meet the needs of our communities.

After thorough analysis, the following health issues were identified as priorities for our communities:

* Behavioral Health (Mental health and substance abuse)
* Cancer (Focus on lung cancer screening and early treatment)
* Chronic Disease Prevention (Focus on diabetes control and prevention, hypertension, and obesity)

The CHNA findings will be used to guide our ongoing community health improvement activities and identify opportunities for collaboration with our community partners to better address needs. As a not-for-profit hospital, we are committed to providing programs and services that are purely for “Community Benefit” to help promote a healthier community.

We are pleased to present this report of the 2016 CHNA. We are grateful to the many community stakeholders who offered valuable insight as part of the assessment and who continue to be our partners in improving the health of the communities that we serve.

**Executive Summary**

**RWJ University Hospital Rahway 2016 CHNA**

**Research Methodology**

RWJ University Hospital Rahway’s 2016 CHNA was conducted between April and November 2016, building upon the last CHNA conducted in 2013. Quantitative and qualitative methods, representing both primary and secondary research, were used to illustrate and compare health trends and disparities across Union County. Primary research methods sought to solicit input from key community stakeholders representing the broad interests of the community, including experts in public health and individuals representing medically underserved, low-income, and minority populations. Secondary research methods sought to identify community health needs and trends across geographic areas and populations.

The following research was conducted to determine community health needs:

* A review of public health and demographic data portraying the health and socioeconomic status of the community. A full listing of data references is included in Appendix A.
* A Partner Forum with 18 community leaders to identify health priorities and opportunities for collaboration among community organizations. A list of partners is included in Appendix B.

**Leadership**

The 2016 CHNA was led by representatives from RWJ University Hospital Rahway with input from community representatives and partners.

RWJ University Hospital Rahway project leaders:

* *Donna Mancuso, Manager, Marketing and Community Education*
* *Paul Mennona, Director, Social Services*

**Research Partner**

Baker Tilly assisted in all phases of the CHNA including project management, quantitative and qualitative data collection, report writing, and development of the Implementation Strategy. Baker Tilly’s expertise ensured the validity of the research and assisted in developing a long-term action plan to address the highest health needs across Union County.

**RWJ University Hospital Rahway’s Service Area at a Glance**

RWJ University Hospital Rahway serves a total service area population of 433,205 residents across Union County and parts of Middlesex County, New Jersey, but defines its primary service area as Union County. The total service area population increased 3.6% from 2010.

**RWJ University Hospital Rahway Service Area**



|  |  |  |  |
| --- | --- | --- | --- |
| RWJ University Hospital Rahway  Primary Service Area | | RWJ University Hospital Rahway  Secondary Service Area | |
| 07001, Avenel | 07066, Clark | 07023, Fanwood | 07201, Elizabeth |
| 07008, Carteret | 07067, Colonia | 07027, Garwood | 07202, Elizabeth |
| 07016, Cranford | 07203, Roselle | 07076, Scotch Plains | 07208, Elizabeth |
| 07036, Linden |  | 07090, Westfield | 08820, Edison |
| 07065, Rahway |  | 07095, Woodbridge | 08830, Iselin |

The total service area population is diverse with less than 60% of residents identifying as White and nearly 28% of residents identifying as Hispanic or Latino. The median age is similar to state and national medians, but both the service area and the state have a higher median income compared to the nation. In aggregate, Black/ African American and Hispanic/Latino residents have a lower median income than Asian or White residents.

**2016 Population Overview**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Total Service Area | New Jersey | United States |
| White | 57.0% | 66.2% | 70.7% |
| Black or African American | 16.7% | 9.4% | 5.4% |
| Asian | 14.3% | 13.8% | 12.8% |
| Hispanic or Latino (of any race) | 27.6% | 20.0% | 17.8% |
| Median Age | 39.3 | 39.7 | 38.0 |
| Median Income | $68,570 | $72,173 | $55,551 |

Source: The Nielsen Company, 2016

The service area represents a diverse socioeconomic environment. The zip codes outlined in the table below have worse socioeconomic measures when compared to overall service area measures. Zip codes are presented in descending order by “Families in Poverty.”

**Socioeconomic Indicators by County Zip Code**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Black/ African American | Hispanic/ Latino | Families in Poverty | Families w/ Children in Poverty | Unemploy-ment | Less than HS Diploma |
| 07202, Elizabeth | 14.9% | 69.1% | 16.0% | 12.9% | 8.9% | 26.7% |
| 07208, Elizabeth | 22.4% | 55.6% | 14.9% | 11.6% | 8.9% | 19.6% |
| 07201, Elizabeth | 26.4% | 58.6% | 14.9% | 11.2% | 6.7% | 27.1% |
| 07008, Carteret | 17.3% | 34.0% | 11.7% | 10.8% | 9.3% | 15.8% |
| 07203, Roselle | 54.8% | 31.2% | 10.5% | 8.1% | 9.5% | 10.4% |
| **Total Service Area** | **16.7%** | **27.6%** | **7.6%** | **5.7%** | **6.7%** | **12.9%** |

Source: The Nielsen Company, 2016

|  |
| --- |
| Yellow highlight indicates more than 2% points higher than the Total Service Area |

**Identified Priority Health Needs**

RWJ University Hospital Rahway leadership reviewed findings from the CHNA, including feedback from community partners and public health experts, to determine the highest health priorities on which to focus community health improvement efforts. RWJ University Hospital Rahway is committed to improving the health of the communities it serves. In cooperation with public health entities and community partners, RWJ University Hospital Rahway will focus efforts on the following priority health needs during the next three-year reporting cycle (listed in alphabetical order):

* Behavioral Health (Mental Health and Substance Abuse)
* Cancer (Focus on lung cancer screening and early treatment)
* Chronic Disease Prevention (Focus on diabetes control and prevention, hypertension, and obesity)

The rationale and criteria used to select these priorities included:

* Prevalence of disease and number of community members impacted
* Rate of disease in comparison to state and national benchmarks
* Health disparities among racial and ethnic minorities
* Existing programs, resources, and expertise to address the issue
* Input from representatives of underserved populations
* Alignment with concurrent public health and social service organization initiatives

**Community Health Implementation Plan**

RWJ University Hospital Rahway developed a Community Health Implementation Plan to guide community benefit and population health improvement activities across Union County. The plan builds upon past efforts and measures ongoing initiatives for community health improvement.

**Health Priority: Behavioral Health (Mental health and substance abuse)**

Goal: Improve behavioral health through prevention and by ensuring access to appropriate, quality health services.

Objectives:

* Increase education and awareness of behavioral health symptoms, risk factors, and available community resources.
* Increase or strengthen partnerships with community stakeholders to enhance and support behavioral health treatment services.

**Health Priority: Cancer (Focus on lung cancer screening and early treatment)**

Goal: Increase early detection and appropriate screening for cancer.

Objectives:

* Increase access to cancer screenings and services, targeting low-income and at-risk populations.
* Increase residents’ awareness of the benefits of cancer prevention, screenings, and early treatment.

**Health Priority: Chronic Disease Prevention (Focus on diabetes control and prevention, hypertension, and obesity)**

Goal: Promote healthy lifestyles that reduce obesity, improve chronic disease awareness, and result in better management of chronic conditions.

Objectives:

* Increase chronic disease screening rates, targeting low-income and at-risk populations.
* Increase community education and outreach that promotes chronic disease prevention.
* Increase disease self-management opportunities for individuals currently diagnosed with a chronic condition.

**Board Approval and Dissemination**

A Community Health Implementation Plan, recognizing county-wide priorities, was developed to build upon past efforts and measure ongoing initiatives for community health improvement. The RWJ University Hospital Rahway Board adopted the 2016 CHNA Final Report and Implementation Plan on December 6, 2016. The documents were made widely available to the public through the hospital’s website.

For more information regarding the Community Health Needs Assessment or to submit comments or feedback, contact Donna Mancuso, Manager, Marketing & Community Education (dmancuso@rwjuhr.com).

**RWJ University Hospital Rahway 2016 CHNA**

**Service Area Demographic Analysis**

The following section outlines key demographic indicators related to the social determinants of health within the service area. Social determinants of health are factors within the environment in which people live, work, and play that can affect health and quality of life, and are often the root cause of health disparity. Healthy People 2020 defines a health disparity as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.” All reported demographic data are provided by © 2016 The Nielsen Company.

**Language Spoken at Home**

Service area residents are less likely to speak English as their primary language when compared to the state and the nation. Spanish is the service area’s second most common language (23.9%), followed by Indo-European languages (16.1%)

**2016 Primarily English Speaking Population**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Total  Service Area | Primary Service Area | Secondary Service Area | New Jersey | United States |
| 54.1% | 63.2% | 46.9% | 69.6% | 79.0% |

**Financial and Occupation Demographics**

Fewer service area residents, particularly secondary service area residents, own their home compared to the state and the nation. The percentage of home owners may be influenced by a higher median home value; the secondary service area median home value is more than $75,000 higher than the state median value.

**2016 Population by Household Type**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Total Service Area | Primary Service Area | Secondary Service Area | New Jersey | United States |
| Renter-occupied | 40.3% | 33.9% | 45.5% | 34.9% | 35.0% |
| Owner-occupied | 59.7% | 66.1% | 54.5% | 65.1% | 65.0% |
| Median home value | $360,645 | $320,173 | $409,963 | $333,394 | $192,432 |

The service area’s median household income is lower than the state and higher than the nation. Across the service area, Black/ African American and Hispanic/Latino residents have a lower median income than Asian and White residents. The disparity is greatest in the secondary service area; income among Asian residents is approximately $77,000 higher than income among Black/African American residents and approximately $73,000 higher than income among Hispanic/Latino residents.

**2016 Population by Median Household Income**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Total Service Area | Primary Service Area | Secondary Service Area | New Jersey | United States |
| White | $72,195 | $73,252 | $71,225 | $77,891 | $59,638 |
| Black or African American | $48,052 | $53,801 | $41,852 | $47,207 | $37,021 |
| Asian | $106,063 | $83,000 | $118,896 | $105,361 | $75,041 |
| Hispanic or Latino (of any race) | $50,255 | $61,636 | $45,819 | $50,861 | $44,209 |
| **Total Population** | **$68,570** | **$67,701** | **$69,369** | **$72,173** | **$55,551** |

Unemployment measures the percentage of the eligible workforce (residents age 16 years or over) who are actively seeking work, but have not obtained employment. Unemployment in the service area is similar to the state, but exceeds the nation by approximately 1 point.

**2016 Unemployed Population**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Total  Service Area | Primary Service Area | Secondary Service Area | New Jersey | United States |
| 6.7% | 7.1% | 6.5% | 6.3% | 5.6% |

**Education Demographics**

Education is the largest predictor of poverty and one of the most effective means of reducing inequalities. The service area has an equitable percentage of residents with less than a high school diploma in comparison to the state and/or the nation. Secondary service area residents are the most likely to have attained less than a high school diploma, but they are also the most likely to have a bachelor’s degree or higher. In contrast, primary service area residents are the least likely to have attained less than a high school diploma and the least likely to have a bachelor’s degree or higher.

**2016 Overall Population (25 Years of Over) by Educational Attainment**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Total Service Area | Primary Service Area | Secondary Service Area | New Jersey | United States |
| Less than a high school diploma | 12.9% | 10.9% | 14.6% | 11.6% | 13.6% |
| High school graduate | 30.4% | 34.3% | 27.2% | 28.9% | 27.9% |
| Some college or associate’s degree | 23.5% | 26.7% | 20.9% | 23.2% | 29.2% |
| Bachelor’s degree or higher | 33.2% | 28.1% | 37.3% | 36.4% | 29.4% |

Hispanic/Latino residents have notably lower educational attainment compared to the overall population. The percentage of Hispanic/Latino service area residents with less than a high school diploma is nearly double the percentage among the overall population. Hispanics/Latinos in the secondary service area experience the greatest disparity.

**2016 Hispanic/Latino Population Educational Attainment**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Total Service Area | Primary Service Area | Secondary Service Area | New Jersey | United States |
| Less than a high school diploma | 24.9% | 20.4% | 27.5% | 29.0% | 35.6% |
| High school graduate | 35.9% | 33.3% | 37.4% | 32.2% | 27.0% |
| Some college or associate’s degree | 24.8% | 29.3% | 22.2% | 22.4% | 23.4% |
| Bachelor’s degree or higher | 14.4% | 17.0% | 12.9% | 16.4% | 13.9% |

\*Educational attainment is not available for Blacks/African Americans or other racial groups

**Poverty**

Service area families and families with children are less likely to live in poverty compared to the state and the nation. Poverty percentages are highest in the secondary service area, but on par with the state.

**2016 Overall Population by Poverty Status**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Total Service Area | Primary Service Area | Secondary Service Area | New Jersey | United States |
| Families in poverty | 7.6% | 7.0% | 8.1% | 8.4% | 11.7% |
| Families with children in poverty | 5.7% | 5.3% | 6.0% | 6.4% | 8.9% |

**Social Determinants of Health by Zip Code**

Social determinants impact health for all individuals within a community; populations most at risk for health disparities are highlighted below by zip code to allow RWJ University Hospital Rahway to focus its health improvement efforts where it can have the greatest impact. Zip codes are presented in descending order by “Families in Poverty.”

**Social Determinant of Health Indicators by Zip Code**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Black/ African American | Hispanic/ Latino | English Speaking | Families in Poverty | Families w/ Children in Poverty | Single Female Households w/ Children | Unemploy-ment | Less than HS Diploma |
| 07202 Elizabeth | 14.9% | 69.1% | 21.7% | 16.0% | 12.9% | 16.4% | 8.9% | 26.7% |
| 07201 Elizabeth | 26.4% | 58.6% | 26.7% | 14.9% | 11.2% | 18.1% | 6.7% | 27.1% |
| 07208 Elizabeth | 22.4% | 55.6% | 29.3% | 14.9% | 11.6% | 16.7% | 8.9% | 19.6% |
| 07008 Carteret | 17.3% | 34.0% | 49.7% | 11.7% | 10.8% | 14.1% | 9.3% | 15.8% |
| 07203 Roselle | 54.8% | 31.2% | 56.7% | 10.5% | 8.1% | 13.0% | 9.5% | 10.4% |
| 07065 Rahway | 32.0% | 28.4% | 63.5% | 7.9% | 6.2% | 12.3% | 8.0% | 11.1% |
| 07036 Linden | 27.5% | 29.3% | 55.5% | 7.5% | 5.5% | 11.4% | 7.9% | 14.0% |
| 07001 Avenel | 20.9% | 18.6% | 60.5% | 7.2% | 4.7% | 9.2% | 3.6% | 10.5% |
| 07095 Woodbridge | 10.4% | 23.5% | 62.9% | 6.2% | 4.5% | 8.0% | 4.8% | 10.5% |
| 08830 Iselin | 7.6% | 8.0% | 46.7% | 5.9% | 4.0% | 3.5% | 4.7% | 12.0% |
| 07066 Clark | 1.1% | 9.4% | 75.3% | 4.4% | 2.7% | 4.2% | 5.1% | 7.4% |
| 07067 Colonia | 5.7% | 11.4% | 66.6% | 4.2% | 2.4% | 4.8% | 5.8% | 9.1% |
| 08820 Edison | 4.8% | 3.7% | 39.1% | 3.8% | 2.2% | 3.9% | 5.4% | 8.9% |
| 07090 Westfield | 3.0% | 6.0% | 85.1% | 1.6% | 1.0% | 4.8% | 5.3% | 3.7% |
| 07076 Scotch Plains | 10.8% | 8.3% | 81.4% | 1.6% | 0.8% | 5.4% | 4.8% | 2.9% |
| 07027 Garwood | 1.4% | 10.9% | 77.6% | 1.5% | 1.0% | 7.2% | 7.8% | 6.8% |
| 07016 Cranford | 2.9% | 8.1% | 88.1% | 1.5% | 1.0% | 4.8% | 4.3% | 4.6% |
| **Total Service Area** | **16.7%** | **27.6%** | **54.1%** | **7.6%** | **5.7%** | **9.7%** | **6.7%** | **12.9%** |

|  |
| --- |
| **Color Coding Guide** |
| More than 2% points higher than the Total Service Area  Exception: English Speaking cells are more than 2% point lower than the Total Service Area |

**RWJ University Hospital Rahway 2016 CHNA**

**Service Area Public Health Analysis**

**Background**

Publicly reported health statistics were collected and analyzed to display health trends and identify health disparities across the service area. The following analysis uses data compiled by secondary sources such as the County Health Rankings & Roadmaps program, New Jersey Department of Health, and the Centers for Disease Control and Prevention (CDC). A full listing of all public health data sources can be found in Appendix A.

Public health data focuses on the primary county served by the hospital, Union County. County statistics are compared to state and national averages and Healthy People 2020 (HP 2020) goals, where applicable. State and national averages represent comparable year(s) of data to county-level statistics, unless otherwise noted. Healthy People 2020 goals are national goals created by the U.S. Department of Health and Human Services to set a benchmark for all communities to strive towards. Healthy People goals are updated every ten years and progress is tracked throughout the decade.

**Access to Health Services**

According to the 2016 County Health Rankings, Union County ranks 13th out of the 21 counties in New Jersey for clinical care. The ranking is based on a number of indicators, including health insurance coverage and access to providers.

The percentage of uninsured Union County residents declined 2.4 points from 2010 to 2014, but exceeds the state and the nation and does not meet the Healthy People 2020 goal to have 100% of residents insured. The uninsured rate is highest among young adults 19 to 25 years.

Source: American Community Survey, 2014

The following zip codes served by RWJ University Hospital Rahway have an uninsured rate that is more than 2 points higher than the nation. Uninsured rates are based on 2010 to 2014 averages.

**Uninsured Rates for Zip Codes Exceeding the Nation by at Least 2 Points**

|  |  |  |
| --- | --- | --- |
| Zip Code | Uninsured Rate | Number of People Affected |
| 07201, Elizabeth | 29.5% | 7,299 |
| 07202, Elizabeth | 26.5% | 10,796 |
| 07208, Elizabeth | 23.5% | 7,555 |
| 07203, Roselle | 19.6% | 4,175 |
| 07036, Linden | 16.9% | 7,150 |

Source: American Community Survey, 2010-2014

Black/African American and Hispanic/Latino populations in Union County are more likely to be uninsured when compared to the White population. Hispanic/Latino residents have the highest uninsured rate (27.8%).

Source: American Community Survey, 2014

**Provider Access**

Provider rates are noted for primary care, dental care, and mental health providers. In Union County, provider rates are similar to the state for all providers except primary care. The Union County primary care provider rate is approximately 17 points lower than the state. The primary care and dental provider rate remained stable from past reporting years, but the mental health provider rate increased approximately 9 points.

**Provider Rate Changes**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Primary Care | | Dental | | Mental | |
|  | 2012 | 2013 | 2013 | 2014 | 2014 | 2015 |
| Union County | 69.7 | 68.9 | 82.3 | 82.3 | 160.0 | 169.3 |
| New Jersey | 85.6 | 85.7 | 80.7 | 81.7 | 160.5 | 175.2 |

Source: United States Department of Health & Human Services, Health Resources and Services Administration & Centers for Medicare & Medicaid Services

Despite a having a lower primary care provider rate, fewer adults in Union County are without a personal doctor or health care provider (12.5%) and/or have gone more than a year without a routine checkup (22.7%) when compared to the state and the nation. A similar percentage of adults are unable to see a doctor due to cost barriers compared to the state and the nation.

Source: New Jersey Health Collaborative, 2012 & Centers for Disease Control and Prevention, 2006-2010

\*All indicators represent the adult (18 years or over) population

None of the population in New Jersey lives in a health professional shortage area (HPSA), but the East Jersey State Prison in Rahway and the Immigration and Custom Enforcement Center in Elizabeth are designated HPSA facilities for primary care, dental care, and mental health care.

**Overall Health Status**

According to the 2016 County Health Rankings, Union County ranks 8th out of 21 New Jersey counties for health outcomes. Health outcomes are measured in relation to length of life (premature death) and quality of life.

The premature death rate measures the years of potential life lost before age 75. Union County has a lower premature death rate (5,014 per 100,000) compared to the state (5,548 per 100,000) and the nation (6,600 per 100,000).

The percentage of Union County adults that self-report having “poor” or “fair” health (15.4%) is lower when compared to the state (16.2%) and the nation (16.8%). Adults also report lower 30-day averages for poor physical and mental health days when compared to the state and the nation.

Source: Centers for Disease Control and Prevention, 2014

**Health Behaviors**

Individual health behaviors, including smoking, excessive drinking, physical inactivity, and obesity have been shown to contribute to or reduce the chance of disease. The prevalence of these health behaviors is provided below, compared to New Jersey, the nation, and Healthy People 2020 goals.

**Risk Behaviors**

Union County adults are just as likely to smoke when compared to the state, but less likely when compared to the nation. The county exceeds the Healthy People 2020 goal for smoking by approximately 3 points.

Union County adults are just as likely to drink excessively when compared to the state and the nation and meet the Healthy People 2020 goal. Excessive drinking includes heavy drinking (15 or more drinks per week for men and eight or more drinks per week for women) and binge drinking (five or more drinks on one occasion for men and four or more drinks on one occasion for women).

Source: Centers for Disease Control and Prevention, 2014 & Healthy People 2020

**Obesity**

The percentage of obese adults and children is a national epidemic. In Union County, the percentage of obese adults is lower than the state and the nation and meets the Healthy People 2020 goal. However, the percentage is increasing, rising 2.3 points between 2009 and 2013.

The percentage of obese low-income preschool children in Union County exceeds the nation by more than 5 points. The children represented by this indicator are ages 2 to 4 years and participate in federally funded health and nutrition programs. Data for this age group is not available for the state or Healthy People 2020.

Source: Centers for Disease Control & Prevention, 2013; USDA Food Environment Atlas, 2009-2011; Healthy People 2020

\*Obesity among low-income preschool children is not available for New Jersey or Healthy People 2020

\*\*Adult obesity data for Union County and New Jersey is age-adjusted

Source: Centers for Disease Control and Prevention, 2009-2013

\*A change in methods occurred in 2011 that may affect the validity of comparisons to past years

Obesity is affected by access to nutritious food and exercise opportunities. Food insecurity, defined as being without a consistent source of sufficient and affordable nutritious food, is a measure of food access. In Union County, 11.4% of all residents and 15.5% of children are food insecure. Both percentages are lower than state and national benchmarks and remained stable from 2013.

**Percentage of Food Insecure Residents**

|  |  |  |
| --- | --- | --- |
|  | All Residents | Children |
| Union County | 11.4% | 15.5% |
| New Jersey | 11.8% | 16.8% |
| United States | 15.4% | 20.9% |

Source: Feeding America, 2014

Another measure of healthy food access is the number of fast food restaurants versus grocery stores in the area. Union County has a lower rate of fast food restaurants and a higher rate of grocery stores when compared to state and national comparisons, indicating residents have higher access to fresh and healthy foods.

**Healthy Food Access & Environment**

|  |  |  |
| --- | --- | --- |
|  | Fast Food Restaurants per 100,000 | Grocery Stores  per 100,000 |
| Union County | 68.6 | 30.9 |
| New Jersey | 76.6 | 30.5 |
| United States | 72.7 | 21.2 |

Source: United States Census, 2013

According to the 2016 County Health Rankings, 99.7% of residents in Union County have access to physical activity venues (parks, gyms, community centers, YMCAs, dance studios, pools, etc.). The percentage is higher when compared to the state (94.5%) and the nation (84%). However, the percentage of physically inactive adults ages 20 or older in Union County (25.1%) is higher than the state (24.1%) and the nation (23%), despite decreasing slightly from the last report of 25.8%.

**Mortality**

The 2014 all cause age-adjusted death rate in Union County (643.4 per 100,000) is lower than both the state and the nation; however, the death rate among Blacks/African Americans in the county (780.8 per 100,000) is higher than the overall death rate and the rate among Whites (665 per 100,000).

Source: Centers for Disease Control and Prevention, 2014

Union County has lower rates of death for six of the top 10 causes compared to the state and the nation: heart disease, chronic lower respiratory disease (lung disease), accidents, Alzheimer’s disease, kidney disease, and suicide. The following graph depicts 2014 death rates and the most recent health status of the county. Throughout the remainder of the report, year-over-year trending data is often provided to show areas of improvement and opportunity.

Source: Centers for Disease Control and Prevention, 2014 & Healthy People 2020

**Chronic Diseases**

Chronic disease rates are increasing across the nation and are the leading causes of death and disability. Chronic diseases are often preventable through reduced health risk behaviors like smoking and alcohol use, increased physical activity and good nutrition, and early detection of risk factors and disease.

**Heart Disease and Stroke**

Heart disease is the leading cause of death in the nation. The heart disease death rate is lower in Union County when compared to the state and the nation. The death rate is also declining, falling 54 points from 2005. However, racial disparities in heart disease death exist in Union County; the death rate among Blacks/African Americans is 17 points higher than the rate among Whites.

Source: Centers for Disease Control and Prevention, 2014

Source: Centers for Disease Control and Prevention, 2005-2014

Coronary heart disease is a form of heart disease characterized by the buildup of plaque inside the coronary arteries. Approximately 4% of adults in Union County have been diagnosed with coronary heart disease, similar to the state and the nation. The coronary heart disease death rate in Union County is lower than the state and meets the Healthy People 2020 goal. The death rate declined 42 points from a 2005 rate of 141.6 per 100,000.

Several types of heart disease, including coronary heart disease, are risk factors for stroke. Approximately 2% of adults in Union County have had a stroke, similar to the state. However, the stroke death rate in Union County is slightly higher than both the state and the Healthy People 2020 goal. The rate has remained variable over the past 10 years.

**Coronary Heart Disease and Stroke Prevalence and Death Rates**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Coronary Heart Disease | | Stroke | |
|  | Prevalence\* (Adults) | Death Rate per Age-Adjusted 100,000 | Prevalence (Adults) | Death Rate per Age-Adjusted 100,000 |
| Union County | 3.9% | 99.2 | 2.1% | 36.0 |
| New Jersey | 3.7% | 100.5 | 2.5% | 31.4 |
| United States | 4.1% | 98.8 | NA | 36.5 |
| HP 2020 | NA | 103.4 | NA | 34.8 |

Source: Centers for Disease Control and Prevention, 2013 & 2014 & New Jersey Department of Health, 2013

\*Prevalence includes coronary heart disease and angina

Heart Disease is often a result of high blood pressure and high cholesterol, which can result from poor diet and exercise habits. Union County has a lower percentage of adults with high blood pressure and high cholesterol when compared to the state and the nation, but percentages account for approximately one-quarter to one-third of adults.

Source: Centers for Disease Control and Prevention, 2013; New Jersey Department of Health, 2013; Healthy People 2020

**Cancer**

Cancer is the second leading cause of death in the nation behind heart disease. The overall cancer incidence rate in Union County is lower than the state, but slightly higher than the nation. The rate decreased 35 points over the past five reporting cycles.

Cancer screenings are essential for early diagnosis and preventing cancer death. Colorectal cancer screenings are recommended for adults age 50 years or over. In Union County, 56% of adults had a colorectal cancer screening within the past five years compared to 53.8% across the nation.

Prostate-specific antigen (PSA) tests are recommended for men 40 years and over to detect prostate cancer. In Union County, an equitable percentage of men had a PSA test within the past two years (54.8%) compared to the nation.

Clinical breast exams and mammograms are recommended to detect breast cancer. In Union County, 87.7% of all women age 18 years or over had a clinical breast exam and 78.5% of women age 40 years or over had a mammogram within the past two years. The percentages are higher than the nation.

**Cancer Screenings**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Colorectal Cancer Screening in Past Five Years | PSA Test in Past Two Years | Clinical Breast Exam in Past Two Years | Mammogram in Past Two Years |
| Union County | 56.0% | 54.8% | 87.7% | 78.5% |
| United States | 53.8% | 54.4% | 75.7% | 54.3% |

Source: New Jersey Health Collaborative, 2012

Presented below are the incidence rates for the most commonly diagnosed cancers: breast (female), colorectal, lung, and prostate (male). Incidence rates for all reported cancer types decreased over the past five reporting cycles. Rates for female breast and colorectal cancer are lower than the state, but slightly higher than the nation. The lung cancer incidence rate is lower than both the state and the nation. The prostate cancer incidence rate is higher than both the state and the nation, exceeding the nation by 33 points. Higher incidence rates can be linked to increased screenings; however, Union County men have a similar PSA screening rate compared to the nation.

Source: National Cancer Institute, 2008-2012

Source: National Cancer Institute

The overall cancer incidence rate in Union County is highest among Whites, exceeding Blacks/African Americans and Hispanics/Latinos by 29 points and 69 points respectively. However, Blacks/African Americans have higher rates of lung and bronchus and prostate cancer. The prostate cancer incidence rate is particularly high, exceeding Whites by nearly 93 points.

Source: National Cancer Institute, 2008-2012

Age-adjusted cancer death rates for the same reporting period as cancer incidence (2008 to 2012) are measured below. The overall cancer death rate in Union County is lower than the state and the nation and meets the Healthy People 2020 goal. The rate decreased 17 points over the past five reporting cycles.

Presented below are the death rates for the most commonly diagnosed cancers. Death rates for all reported cancer types decreased over the past five reporting cycles. However, only the lung and bronchus cancer death rate is lower than the state and the nation and meets the Healthy People 2020 goal.

Source: National Cancer Institute, 2008-2012 & Healthy People 2020

Source: National Cancer Institute

Blacks/African Americans in Union County have a lower overall cancer incidence rate compared to Whites, but a higher overall cancer death rate. Blacks/African Americans also have higher death rates for all reported cancer types.

The prostate cancer death rate is approximately 25 points higher among Black/African American men compared to White men. Black/African American men also have a higher prostate cancer incidence rate, indicating that they are more likely to develop the condition and die from it.

Source: National Cancer Institute, 2008-2012

**Chronic Lower Respiratory Disease**

Chronic lower respiratory disease (CLRD) is the third most common cause of death in the nation. It encompasses diseases like chronic obstructive pulmonary disorder (COPD), emphysema, and asthma.

The death rate due to CLRD is lower in Union County compared to the state and the nation. Adult asthma and COPD prevalence is also lower in Union County compared to the state and the nation.

**Asthma Prevalence and CLRD Death Rates**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Current Asthma Diagnosis (Adult) | Ever had a COPD Diagnosis (Adult) | CLRD Death Rate per Age-Adjusted 100,000 |
| Union County | 5.3% | 5.7% | 26.4 |
| New Jersey | 9.0% | 5.9% | 28.5 |
| United States | 9.0% | 6.5% | 40.5 |

Source: Centers for Disease Control and Prevention, 2013 & New Jersey Department of Health, 2013

Smoking cigarettes contributes to the onset of chronic lower respiratory disease. The percentage of adult smokers in Union County (15.2%) is lower than the nation (17%), but does not meet the Healthy People 2020 goal (12%).

**Diabetes**

Diabetes is caused either by the body’s inability to produce insulin or effectively use the insulin that is produced. Diabetes can cause a number of serious complications, but Type II diabetes, the most common form, is largely preventable through diet and exercise.

The prevalence of diabetes among Union County adults (7.3%) is lower than the state (8.2%) and has remained consistent in recent years after an initial increase between 2005 and 2009. Approximately 7% of adults in Union County have been diagnosed with pre-diabetes. The national comparison is 6.4%.

Source: Centers for Disease Control and Prevention

\*A change in methods occurred in 2011 that may affect the validity of comparisons to past years

The Union County diabetes death rate is equivalent to the state and the nation and has been decreasing since 2005. However, the death rate is higher among Blacks/African Americans compared to Whites. The Hispanic/Latino death rate is unavailable in Union County due to a low death count (n=12).

Source: Centers for Disease Control and Prevention

Source: Centers for Disease Control and Prevention, 2014

\*Diabetes death data is not available for Hispanics/Latinos in Union County

The testing of blood sugar levels is essential to diabetes management. Diabetics should receive a hemoglobin A1c (hA1c) test, a blood test measuring blood sugar levels, annually from a health professional. According to the 2016 County Health Rankings, the percentage of Union County Medicare enrollees with diabetes who received a hA1c test in the past year (83.8%) is lower than the state and the nation (84.2% and 85.4% respectively).

**Senior Health**

Seniors face a number of challenges related to health and well-being as they age. They are more prone to chronic disease, social isolation, and disability. The following table notes the percentage of Medicare Beneficiaries 65 years or over who have been diagnosed with a chronic condition.

Chronic Conditions

New Jersey Medicare Beneficiaries 65 years or over are more likely to have a chronic condition when compared to the nation, with the exception of COPD and depression. Union County follows the state trend, but also has a lower percentage of Beneficiaries with arthritis and asthma.

**Chronic Conditions Among Medicare Beneficiaries 65 Years or Over**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Union County | New Jersey | United States |
| Alzheimer’s Disease | 12.5% | 12.5% | 11.5% |
| Arthritis | 29.2% | 32.3% | 30.7% |
| Asthma | 4.4% | 5.2% | 4.5% |
| Cancer | 10.2% | 10.3% | 8.9% |
| COPD | 8.8% | 10.8% | 11.0% |
| Depression | 10.2% | 11.7% | 13.6% |
| Diabetes | 32.7% | 32.4% | 27.1% |
| Heart Failure | 19.2% | 17.4% | 14.6% |
| High Cholesterol | 52.6% | 56.7% | 47.9% |
| Hypertension | 62.2% | 64.3% | 58.4% |
| Ischemic Heart Disease | 37.1% | 35.7% | 29.3% |
| Stroke | 4.8% | 4.9% | 4.0% |

Source: Centers for Medicare & Medicaid Services, 2014

Alzheimer’s Disease

According to the National Institute on Aging, “Although one does not die of Alzheimer's disease, during the course of the disease, the body's defense mechanisms ultimately weaken, increasing susceptibility to catastrophic infection and other causes of death related to frailty.”

A higher percentage of Union County Medicare Beneficiaries age 65 years or over have Alzheimer’s disease (12.5%) when compared to the nation (11.5%); however, the age-adjusted death rate due to Alzheimer’s disease among Union County residents is lower when compared to both the state and the nation.

Source: Centers for Disease Control and Prevention, 2014

Immunizations

The Advisory Committee on Immunization Practices recommends all individuals age six months or older receive the flu vaccine. However, the vaccine is a priority for older adults.

The following graph illustrates the percentage of adults age 65 years or over who have received recommended immunizations for influenza and pneumonia. Adults in Union County are just as likely to receive the annual flu vaccine when compared to the state, but less likely to ever receive a pneumonia vaccine when compared to the state and the nation.

Source: Centers for Disease Control and Prevention, 2013 & New Jersey Department of Health, 2013

**Sexually Transmitted Illnesses**

New Jersey has a lower incidence of chlamydia and gonorrhea compared to the nation. Incidence rates in Union County are also lower than the nation and the gonorrhea rate is lower than the state. However, the HIV/AIDS prevalence rate in Union County exceeds the state by more than 100 points.

Source: New Jersey Department of Health, 2014

**Behavioral Health**

**Behavioral Health in the Emergency Department**

The following tables depict the distribution of behavioral health patients in Union County hospital emergency departments (ED) by age and payer mix. Behavioral health diagnoses encompass both mental health and substance abuse conditions. Emergency department visits include visits to all hospitals within Union County. Union County has 92 inpatient psychiatric beds for residents requiring a behavioral health admission from the ED.

From 2010 to 2014, the percentage of emergency department visits due to a primary behavioral health diagnosis remained stable across Union County at approximately 5% to 6%. However, the number of behavioral health visits and the behavioral health use rate increased. The behavioral health use rate measures the total behavioral health visits as a proportion of the total county population.

**Behavioral Health Patients in the ED (Primary Diagnosis)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 2010 | 2011 | 2012 | 2013 | 2014 |
| Total Behavioral Health Visits | 8,267 | 8,478 | 8,945 | 9,332 | 9,287 |
| Percentage of ED Visits Due to a Behavioral Health Diagnosis | 5.5% | 5.5% | 5.5% | 5.6% | 5.4% |
| Behavioral Health Use Rate per 1,000 | 15.4 | 15.7 | 16.4 | 17.0 | 16.8 |

Source: New Jersey Hospital Association, 2010-2014

From 2010 to 2014, the percentage of behavioral health visits increased among adults ages 55 years or over and decreased among children ages 0 to 12 years. The percentage of visits among all other age groups remained variable.

Among payer types, Medicaid – HMO & Fee-for-Service (FFS) and charity care/uninsured accounted for 58.7% of behavioral health-related visits in 2014.

**Behavioral Health Patients (Primary Diagnosis) in the ED by Age**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Age | 2010 | 2011 | 2012 | 2013 | 2014 |
| 0 – 12 | 6.8% | 7.1% | 6.3% | 5.6% | 5.4% |
| 13 – 21 | 18.1% | 18.1% | 17.6% | 16.7% | 17.4% |
| 22 – 54 | 59.7% | 58.9% | 60.7% | 60.0% | 57.0% |
| 55 and over | 15.4% | 15.9% | 15.4% | 17.8% | 20.1% |
| Total Behavioral Health Visits | 8,267 | 8,478 | 8,945 | 9,332 | 9,287 |

Source: New Jersey Hospital Association, 2010-2014

**Behavioral Health Patients (Primary Diagnosis) in the ED by Payer**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Payer Type | 2010 | 2011 | 2012 | 2013 | 2014 |
| Medicare – HMO &FFS | 12.9% | 11.8% | 12.4% | 12.8% | 14.3% |
| Medicaid – HMO & FFS | 17.6% | 21.4% | 19.5% | 18.3% | 32.0% |
| Blue Cross | 10.2% | 10.6% | 10.9% | 11.7% | 11.5% |
| Charity Care/Uninsured | 38.6% | 39.6% | 39.4% | 40.8% | 26.7% |
| Commercial HMO | 14.7% | 11.3% | 12.4% | 12.3% | 11.9% |
| Commercial | 3.5% | 3.2% | 3.3% | 2.6% | 2.2% |
| Other | 2.4% | 2.0% | 2.1% | 1.5% | 1.5% |
| Total Behavioral Health Visits | 8,267 | 8,478 | 8,945 | 9,332 | 9,287 |

Source: New Jersey Hospital Association, 2010-2014

**Mental Health**

The average number of poor mental health days among adults over a 30-day period is lower in Union County (3.2) when compared to the state (3.4) and the nation (3.7). In addition, fewer adults in Union County have been diagnosed with an anxiety disorder (12.7%) or depressive disorder (11.4%) when compared to the nation (13.3% and 16.6% respectively).

The suicide death rate in Union County is lower than the state and the nation and meets the Healthy People 2020 goal. The rate declined between 2007 and 2011, but is on the rise, increasing 3.1 points between 2011 and 2014.

The mental and behavioral disorders death rate is also lower in Union County compared to the state and the nation; however, it has been increasing since 2007.

**Mental Health Measures**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Poor Mental Health Days | Suicide Rate per Age-Adjusted 100,000 | Mental & Behaviors Disorders Death rate per Age-Adjusted 100,000 |
| Union County | 3.2 | 7.2 | 31.7 |
| New Jersey | 3.4 | 8.3 | 34.5 |
| United States | 3.7 | 13.0 | 40.9 |
| HP 2020 | NA | 10.2 | NA |

Source: Centers for Disease Control and Prevention, 2014; Healthy People 2020

Source: Centers for Disease Control and Prevention, 2005-2014

Source: Centers for Disease Control and Prevention, 2005-2014

**Substance Abuse**

Substance abuse includes both alcohol and drug abuse. Union County adults are just as likely to drink excessively when compared to the state and the nation and meet the Healthy People 2020 goal. The percent of driving deaths due to DUI exceeds the state by 4 points, but is similar to the nation.

The drug-induced death rate in Union County is lower than the state and the nation. The rate decreased between 2005 and 2011 to a low of 5.4 per 100,000, but is now on the rise.

**Substance Abuse Measures**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Excessive Drinking (Adults) | Percent of Driving Deaths due to DUI | Drug-Induced Death Rate per Age-Adjusted 100,000 |
| Union County | 16.9% | 30.5% | 8.6 |
| New Jersey | 17.3% | 26.2% | 14.5 |
| United States | 17.0% | 31.0% | 15.5 |
| HP 2020 | 25.4% | NA | NA |

Source: Centers for Disease Control and Prevention, 2014; Fatality Analysis Reporting System, 2010-2014; Healthy People 2020

Source: Centers for Disease Control and Prevention, 2005-2014

The following tables depict 2014 substance abuse treatment admissions for residents within Union County, regardless of where they sought treatment in New Jersey. Admissions are reported by treatment providers through the web-based New Jersey Substance Abuse Monitoring System (NJ-SAMS). They represent all admissions to treatment providers, not unique patients.

Union County had 3,096 substance abuse treatment admissions in 2014; 2,272 were for unduplicated (unique) clients. Clients were primarily between the ages of 30 and 54 years (60%). A higher percentage were Black/African American, Non-Hispanic (43%), unemployed (36%), and single/divorced (82%). Twenty-one percent of clients were intravenous drug users. The largest percentage of admissions were due to heroin, followed by alcohol.

**Union County Substance Abuse Treatment Admissions by Primary Drug**

|  |  |  |
| --- | --- | --- |
|  | Count | Percent |
| Heroin | 1,200 | 42% |
| Alcohol | 782 | 27% |
| Marijuana | 506 | 18% |
| Cocaine | 164 | 6% |
| Other opiates | 124 | 4% |
| Other drugs | 90 | 3% |
| **Total Admissions** | **3,096** | |
| **Unduplicated Clients** | **2,272** | |

Source: New Jersey Department of Human Services Division of Mental Health and Addiction Services, 2014

**Union County Substance Abuse Treatment Admissions by Primary Drug and Municipality**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Alcohol | | Cocaine/ Crack | | Heroin | | Other Opiates | | Marijuana/ Hash | | Other Drugs | | Total |
|  | N | % | N | % | N | % | N | % | N | % | N | % | N |
| Berkeley Heights Twp | 6 | 29 | 0 | 0 | 4 | 19 | 4 | 19 | 2 | 10 | 0 | 0 | 21 |
| Clark Twp | 17 | 30 | 1 | 2 | 19 | 33 | 4 | 7 | 5 | 9 | 0 | 0 | 57 |
| Cranford Twp | 8 | 22 | 1 | 3 | 21 | 58 | 1 | 3 | 3 | 8 | 0 | 0 | 36 |
| Elizabeth City | 268 | 26 | 66 | 6 | 388 | 39 | 30 | 3 | 207 | 20 | 24 | 2 | 1023 |
| Fanwood Boro | 4 | 21 | 0 | 0 | 13 | 68 | 1 | 5 | 0 | 0 | 1 | 5 | 19 |
| Garwood Boro | 2 | 12 | 0 | 0 | 9 | 53 | 1 | 6 | 2 | 12 | 0 | 0 | 17 |
| Hillside Twp | 13 | 19 | 0 | 0 | 29 | 42 | 3 | 4 | 18 | 26 | 1 | 1 | 69 |
| Kenilworth Boro | 0 | 0 | 1 | 7 | 8 | 53 | 2 | 13 | 0 | 0 | 0 | 0 | 15 |
| Linden City | 56 | 27 | 20 | 10 | 71 | 34 | 8 | 4 | 27 | 13 | 10 | 5 | 210 |
| Mountainside Boro | 6 | 40 | 0 | 0 | 4 | 27 | 0 | 0 | 1 | 7 | 0 | 0 | 15 |
| New Providence Boro | 5 | 15 | 0 | 0 | 23 | 68 | 2 | 6 | 0 | 0 | 0 | 0 | 34 |
| Plainfield City | 83 | 19 | 14 | 3 | 204 | 46 | 17 | 4 | 84 | 19 | 10 | 2 | 443 |
| Rahway City | 45 | 27 | 13 | 8 | 49 | 29 | 8 | 5 | 28 | 17 | 10 | 6 | 167 |
| Roselle Boro | 40 | 38 | 3 | 3 | 31 | 30 | 2 | 2 | 20 | 19 | 4 | 4 | 104 |
| Roselle Park Boro | 25 | 45 | 1 | 2 | 13 | 24 | 4 | 7 | 6 | 11 | 1 | 2 | 55 |
| Scotch Plains Twp | 13 | 23 | 4 | 7 | 18 | 32 | 3 | 5 | 11 | 20 | 1 | 2 | 56 |
| Springfield Twp | 7 | 35 | 1 | 5 | 6 | 30 | 3 | 15 | 0 | 0 | 0 | 0 | 20 |
| Summit City | 16 | 36 | 2 | 5 | 13 | 30 | 3 | 7 | 1 | 2 | 1 | 2 | 44 |
| Union Twp | 86 | 27 | 17 | 5 | 117 | 37 | 21 | 7 | 41 | 13 | 10 | 3 | 313 |
| Westfield Town | 7 | 18 | 0 | 0 | 16 | 42 | 4 | 11 | 1 | 3 | 2 | 5 | 38 |
| Winfield Twp | 1 | 10 | 0 | 0 | 5 | 50 | 1 | 10 | 3 | 30 | 0 | 0 | 10 |

Source: New Jersey Department of Human Services Division of Mental Health and Addiction Services, 2014

**Maternal and Child Health**

Approximately 6,700 births occurred in Union County in 2012 for a birth rate of 12.3 per 1,000. The birth rate was highest among Hispanics/Latinos (17 per 1,000) and Blacks/African Americans (12.6 per 1,000) and lowest among Whites (8.6 per 1,000).

Of the total births in 2012, 4.7% or 313 were to mothers under the age of 20 years. The state and national comparisons were 4.6% and 7.8% respectively. The percentage of teen births has been declining in Union County since 2007.

Source: New Jersey Department of Health, 2003-2012

Prenatal care should begin during the first trimester to ensure a healthy pregnancy and birth. The percentage of Union County mothers receiving first trimester prenatal care (79.7%) is higher than the state (78.1%) and meets the Healthy People 2020 goal (77.9%). The percentage increased by more than 10 points from 2007. Less than 1% of Union County mothers do not receive any prenatal care.

Black/African American and Hispanic/Latina women in Union County are less likely to receive first trimester prenatal care compared to White women. Black/African American women experience the greatest disparity with a rate that is 21 points lower than the rate among Whites.

Certain municipalities served by RWJ University Hospital Rahway also have a lower percentage of mothers receiving first trimester prenatal care when compared to the Healthy People 2020 goal:

* Elizabeth City: 71.3%
* Roselle Borough: 74.8%

Source: New Jersey Department of Health, 2003-2012

Source: New Jersey Department of Health, 2012

Low birth weight is defined as a birth weight of less than 5 pounds, 8 ounces. It is often a result of premature birth, fetal growth restrictions, or birth defects. The percentage of low birth weight babies in Union County (7.8%) is lower than the state and the nation and meets the Healthy People 2020 goal (7.8%). The percentage has remained variable over the past 10 years, fluctuating between 7.4% and 8.7%.

There is a 5.4 point difference between the percentage of White low birth weight babies (6.6%) and Black/African American low birth weight babies (12%). In addition, certain municipalities served by RWJ University Hospital Rahway have a higher low birth weight percentage when compared to the Healthy People 2020 goal:

* Roselle Park Borough: 10.6%
* Rahway City: 8.1%

Source: New Jersey Department of Health, 2003-2012

Source: New Jersey Department of Health, 2012

The percentage of Union County mothers who smoke during pregnancy (2.7%) is lower than the state (5.4%), but does not meet the Healthy People 2020 goal (1.4%). The percentage has been decreasing since 2003. Among racial/ethnic groups, Black/African American women are approximately 1.5 times more likely to smoke during pregnancy.

Source: New Jersey Department of Health, 2003-2012

Source: New Jersey Department of Health, 2012

The percentage of preterm births in Union County has remained stable over the past 10 years; the current percentage (9.2%) meets the Healthy People 2020 goal (11.4%). However, the percentage of preterm births among Blacks/African Americans in Union County (12.1%) is higher than the overall percentage and the percentage among Whites (8.2%).

Source: New Jersey Department of Health, 2003-2012

Source: New Jersey Department of Health, 2012

The infant death rate per 1,000 live births in Union County (4.9) is higher than the state (4.4), but lower than the nation and meets the Healthy People 2020 goal (6.0). The rate decreased at the beginning of the decade and has remained relatively stable over the past four years. Differences among racial and ethnic groups are not reported due to low death counts. In 2012, there were seven infant deaths among Whites, Non-Hispanic, 10 deaths among Blacks/African Americans, Non-Hispanic, and 12 deaths among Hispanics/Latinos.

Source: New Jersey Department of Health, 2003-2012

The percentage of students who meet immunization requirements is higher in Union County compared to the state for all reported grades, except first. Transfer students are the least likely to meet immunization requirements (65.1%).

Source: New Jersey Department of Health, 2014-2015

**RWJ University Hospital Rahway 2016 CHNA**

**Partner Forum Summary**

A facilitated meeting was held with 18 community representatives from health and social service agencies, public health departments, senior services, schools, and other community organizations. A list of attendees is included in Appendix B. The session was held on June 22, 2016 at the RWJ Rahway Fitness & Wellness Center, 2120 Lamberts Mill Road,

Scotch Plains, New Jersey.

The intention of the session was to solicit feedback from representatives of key stakeholder groups, gather perspectives on community health needs and priorities, and identify existing assets and gaps in services to determine opportunities for collaboration to address community health needs.

**Identifying Priority Health Needs**

Baker Tilly CHNA project leaders presented data from the 2016 CHNA research. Health needs were compared across the 2013 and 2016 CHNAs as well as with the concurrent regional CHNA of the North Jersey Health Collaborative to demonstrate health trends across the service area. Through large group discussion, partners agreed that health needs were consistently identified across the research initiatives. The chart below compares the research findings across initiatives.

**Identified Health Needs by Research Initiative**

|  |  |  |
| --- | --- | --- |
| **2013**  **RWJ University Hospital Rahway CHNA Priorities** | **2016**  **RWJ University Hospital Rahway CHNA**  **Findings** | **2016**  **North Jersey Health Collaborative**  **CHNA Priorities** |
| Access to Care for Uninsured/Underinsured | Health Disparities  Access to Care | Health Literacy |
|  | Mental Health &  Substance Abuse | Mental Health Services |
|  | Cancer |  |
| Obesity w/ Focus on Prevention of Chronic Disease/Metabolic Syndrome Illness | Diabetes | Diabetes |
| Heart Disease | Heart Disease |
| Obesity | Obesity |

Forum participants were asked to apply the following rationale and criteria to help prioritize the identified needs.

* Prevalence of disease and number of community members impacted
* Rate of disease in comparison to state and national benchmarks
* Health disparities among racial and ethnic minorities
* Existing programs, resources, and expertise to address the issue
* Input from representatives of underserved populations
* Alignment with concurrent public health and social service organization initiatives

The participants named the following areas of need as priorities within the RWJ University Hospital Rahway service area:

* Behavioral Health
* Cancer
* Chronic Disease Prevention

Access to care and health disparities were recognized as cross-cutting issues across the priority areas. Partners agreed that strategies should be incorporated to address both issues within the community.

**Taking a Closer Look at Priority Areas**

Small group discussion was facilitated to identify community assets, service delivery gaps, and opportunities for collaboration related to the identified priority areas. Based on the roles and expertise of participants, the partners were broken into two small groups 1) behavioral health and 2) chronic disease prevention. A summary of key themes is listed below. A listing of community assets is included in Appendix C.

**Behavioral Health**

Partners indicated that some populations within the community are at higher risk of being underserved and more prone to adverse health outcomes related to behavioral health. Specifically, middle-aged white men and youth were thought to be most impacted by rising suicide rates; youth were also reported to have increasing rates of substance abuse. Mothers and pregnant women were identified as at risk of post-partum depression.

Both social and infrastructure barriers keep people from accessing care when they need it. Partners identified the following barriers that can keep residents from accessing behavioral health care when they need it:

* Lack of insurance/underinsured
* Lack of transportation services within the community to appointments
* Lack of specialty providers
* Stigma

Partners listed a number of community resources to prevent and manage behavioral health conditions, but noted that residents are generally unaware of community resources and don’t know where to turn when they need help. One recommendation was to better engage faith-based communities through the interfaith council to promote available resources. Other recommendations for needed services included:

* Age-appropriate behavioral health prevention programs
* Behavioral health support groups
* Drop-in community counseling centers
* Follow-up services for mental health patients held in the emergency department for psychiatric stabilization
* Free depression screenings at health fairs and other community events
* Enact gun control policies
* Inpatient behavioral health services, particularly for youth

**Chronic Disease Prevention**

Partners identified the following groups of people as being at higher risk for poorer health outcomes related to chronic disease:

* Individuals transitioning from the hospital to the community
* Individuals with developmental disabilities
* Low-income residents who cannot afford insurance copays and deductibles
* Socially isolated individuals, particularly seniors
* Undocumented immigrants and immigrants with a legal status less than 5 years who are ineligible for services

Partners also identified the following barriers to accessing chronic disease prevention services that contribute to health disparities:

* Lack of care coordination and social service referral among hospitalists
* Lack of flexible health and social service hours of operation to adequately serve families (e.g. night and weekend hours)
* Lack of individual funding to afford health services and program funding to offer financial assistance
* Limitations in client eligibility for programs (e.g. home care and hospice provide care transition services, but are limited in who they serve)
* Loss of program funding (e.g. RWJ University Hospital Rahway Care Transition Navigator)
* Low reimbursement rates for prevention services

Partners listed a wide variety of community resources that are available to help prevent chronic disease. Not all residents take advantage of the existing assets, and others are unaware of the available resources. More promotion of the United Way 2-1-1 referral line and increased communication from health providers were noted as opportunities to grow awareness of existing resources. Partners listed services they viewed as missing in the community and made recommendations on how to improve chronic disease prevention efforts.

Missing Services

* Adult day programs
* Community connectors to match individuals, particularly socially isolated individuals, with services
* Diabetes resource center
* Health and access to care education (e.g. health insurance options, benefits information)
* Home visiting programs

Recommendations

* Develop a joint advocacy group among local hospitals, organizations, and political leaders to collectively advocate for health policy change.
* Develop a provider network/coalition to allow providers the opportunity to support each other’s mission and share resources. Partners stressed that the network/coalition should be focused on meeting the needs of underserved/low-income residents.
* Develop a volunteer network to serve as in-home visitors for individuals without social support and patient advocates for individuals navigating the health care system. Partners identified a current model for a senior visitor program within Somerset County. They also recommended utilizing local BSW and MSW candidates as volunteers.
* Engage community residents and leaders to better understand health needs and implement community-based programs.
* Implement mini-clinics and health care programs within low-income neighborhoods, senior housing facilities, and churches.
* Partner with large employers and corporations within the community to identify potential funding sources.
* Partner with the Rutgers Cooperative Extension to provide programming to low-income residents. The Extension can only host a program if half of the populations low-income.
* Provide physician education on the benefits and options related to life-sustaining treatment versus quality of life endeavors, and better prepare physicians for end-of-life conversations.

**Next Steps**

Forum participants were enthusiastic about the session and motivated to identify opportunities for collaboration. RWJ University Hospital Rahway agreed to share the draft final report with the partners for additional feedback, and convene ongoing meetings to encourage collaboration and strategies to address the identified health needs.

**Evaluation of Impact from RWJ University Hospital Rahway**

**2013 CHNA Implementation Plan**

**Background**

In 2013, RWJ University Hospital Rahway completed a Community Health Needs Assessment and developed a supporting three year (2014-2016) Community Health Improvement Plan (CHIP) to address identified health priorities. Health priorities included access to care for uninsured/underinsured and obesity with a focus on prevention of chronic diseases. The strategies utilized to address the health priorities support RWJ University Hospital Rahway’s commitment to the health and well-being of the communities we serve.

**2013 Health Priority Goals**

Access to Care for Uninsured/Underinsured: Maintain access to quality health care for Union County residents.

Obesity with a Focus on Prevention of Chronic Diseases: Promote health and reduce chronic disease through healthy eating, physical activity and regular well visits with a physician.

**2014-2016 Implemented Strategies**

**Access to Care**

The hospital has two charity care programs for uninsured and underinsured patients. The first program utilizes the State of NJ charity care guidelines, which provides free services to patients whose income is less than 200% of the federal poverty level and a reduced rate for patients whose income is at 200% to 300% of the federal poverty guidelines. The second program was implemented by the hospital and expands the state program to provide free services for individual with income up to 300% of the poverty care guidelines and reduced-fee services for patients with income at 300% to 500% of the federal poverty guidelines.

RWJ University Hospital Rahway also provides assistance for Medicaid and self-pay patients. In total, the hospital provided assistance to nearly 58,000 patients for 2014, 2015, and 2016 (projected). The total unreimbursed cost for uninsured and underinsured patients over the 3 year period is $23,964,000 or an average of $8,000,000 per year.

In addition to providing charity care assistance, the hospital engaged a consulting firm to work with Union County’s Medicaid outstation worker to qualify patients for the program. From 2014 to 2016, the hospital assisted in qualifying approximately 1,000 of its patients for Medicaid.

**Obesity with a Focus on Prevention of Chronic Diseases**

RWJ University Hospital Rahway focused community health improvement efforts on diabetes. Diabetes-related programs were primarily conducted at the hospital’s fitness and wellness centers, and included Cooking for Diabetes, The Diabetic Diet, monthly glucose checks and counseling, and a half-day diabetes seminar including education, exercise, and lunch. Approximately 15 sessions were hosted each year, serving about 25 people per session.

RWJ University Hospital Rahway also hosted healthy cooking programs at the fitness and wellness centers. The programs were free and open to the public, and delivered by a Registered Dietician. Programs were offered two to three times per month and attracted about 40 people per session. All featured recipes were plant-based, low-carb, and suitable for the diabetic diet. Attendees with pre-diabetes were further referred to the local YMCAs, which run free pre-diabetes programs.

A free monthly support group for diabetics was offered at RWJ University Hospital Rahway. The group was promoted by the hospital and addressed stress and psychosocial adjustments, nutrition, exercise and activity, medications, management options for improving glucose control, foot, skin, and dental care, behavior change strategies, goal setting, risk factor reduction, and problem solving for the best management of diabetes. Average attendance for the session increased from seven to 12 over the past three years.

RWJ University Hospital Rahway also focused its health improvement efforts on food pantry clients. Food pantries serve primarily low income and food insecure residents. However, the food offered by pantries has historically been unhealthy, contributing to obesity and uncontrolled diabetes among an already vulnerable population.

Since 2014, RWJ University Hospital Rahway has employed Dieticians and Certified Diabetes Educators to visit the local food pantry each month on designated distribution days for diabetics. Hospital representatives inspect the food bags for diabetics and make recommendations for alternative food choices. The quality of food bags has improved greatly – nuts, beans, and seltzer replaced sugared cereals and beverages. Representatives also provide nutrition counseling and education and free glucose checks.

Food pantry recipients, and other members of the community, were counseled on their health care options. Uninsured and/or low income diabetics received a resource guide, developed by the hospital’s diabetes center, for free or low-cost medications and supplies. In addition, hospital representatives referred individuals in need of health services to their clinic and free programs throughout the community. Individuals referred to RWJ University Hospital Rahway received insurance enrollment assistance and/or charity care assistance.

The hospital’s Certified Diabetes Educators were also active in the community, providing free testing and counseling services. Between 2013 and 2015, educators visited approximately 20 community sites per year and served approximately 200 residents. Educators also attended at least 10 health fairs per year to increase awareness of diabetes across the community.

Additional community health improvement initiatives conducted by RWJ University Hospital Rahway include:

* Diabetes Smackdown: The half-day program was offered free to the community in 2014 and 2015 to provide tips, tricks, and techniques for diabetes control. Experts in diabetes management, including physicians, Certified Diabetes Educators, and exercise specialists, provided counsel and education through lectures, workshops, cooking demonstrations, and other activities.
* Diabetes Taste Testing: This free program was offered each November to provide holiday recipes and food samples that are appropriate for individuals with diabetes. Participants were also able to talk with diabetes educators, get a foot screening, and learn more about how they can manage their condition.
* Diabetes Wellness Program: The Diabetes Wellness Program was offered by the fitness and wellness centers. Through the program, participants maintained or improved their physical well-being, emotional well-being, and overall quality of life, promoting healthy behaviors and disease management strategies. The program was offered at a discounted rate.
* Weight Management: The hospital offered a range of weight management services for adults and children, utilizing the expertise of Registered Dieticians, Exercise Physiologists, and Nurses. The programs were offered at a discounted rate.

In addition to its commitment to addressing diabetes within the community, RWJ University Hospital Rahway is committed to best practices for diabetes care for patients. The hospital developed a Diabetes Self-Management Center that is nationally recognized by the American Diabetes Association and was a 2014 statewide finalist for the Healthcare Heroes Award.

The Diabetes Self-Management Center provides individualized diabetes counseling sessions and group series classes led by a team of Certified Diabetes Educators and clinicians. The center services both inpatient and outpatient clients; participation increased from 239 patients in 2014 to 245 patients in 2015. Those who completed the program showed a marked decline in blood glucose as measured by A1C.

While the hospital focused 2014-2016 community health initiatives on tackling diabetes, it also offered free support groups and educational programming for a variety of other community health topics. Support groups were hosted each month for cancer, fibromyalgia, Parkinson's, and caregiver support. Educational programming provided at the fitness and wellness centers included topics addressing heart disease, nutrition, cancer and cancer treatment, orthopedics, foot pain, disease prevention, and current health concerns (e.g. Zika virus).

As a community hospital, RWJ University Hospital Rahway constantly evolves to meet the needs of our community, focusing on the treatment of injury and illness, as well as prevention. By targeting at-risk populations and providing essential health services as part of our 2014-2016 CHIP, the hospital helped some of our most vulnerable community members lead healthier lives. Implemented strategies support our commitment to helping all residents get better and stay better. A 2016-19 Implementation Plan was developed to continue to guide our community benefit activities.

**RWJ University Hospital Rahway 2016 CHNA**

**2016-19 Implementation Plan for Community Health Improvement**

RWJ University Hospital Rahway developed a Community Health Implementation Plan to guide community benefit and population health improvement activities across its service area. The plan builds upon the 2013-16 Plan and will be used to guide ongoing initiatives for community health improvement during the 2016-19 reporting cycle.

**Health Priority: Behavioral Health (Mental Health and Substance Abuse)**

**Goal**: Improve behavioral health through prevention and by ensuring access to appropriate, quality health services.

**Objectives**:

* Increase education and awareness of behavioral health symptoms, risk factors, and available community resources.
* Increase or strengthen partnerships with community stakeholders to enhance and support behavioral health treatment services and referral.

**Strategies:**

* Partner with local behavioral health providers to provide early identification screenings in the community, and implement the use of screening tools among hospital primary care patients
* Provide community education and outreach through collaboration with partner agencies to prevent and treat alcohol and drug addiction
* Collaborate with community partners to develop a behavioral health referral guide for available inpatient and outpatient services
* Collaborate with RWJ Barnabas Health Behavioral Health Network to support early intervention efforts through maximizing the use of existing services, coordination among providers, and education of community agencies and individuals
* Continue to provide bereavement support groups for adults and spouses
* Explore the potential for an Opioid Overdose Recovery Program in the emergency department

**Health Priority: Cancer (Focus on lung cancer screening and early treatment)**

**Goal**: Increase early detection and appropriate screening for cancer.

**Objectives**:

* Increase access to cancer screenings and services, targeting low-income and at-risk populations.
* Increase residents’ awareness of the benefits of cancer prevention, screenings, and early treatment.

**Strategies:**

* Continue to provide cancer support groups
* Host educational forums and develop health education materials to increase knowledge of cancer prevention, screening, and treatment
* Host nutrition classes and cooking demonstrations to promote healthy diets for the prevention and management of cancer
* Host wellness programs to support the continued health of cancer survivors
* Offer free individual and group smoking cessation classes, based on an American Lung Association-approved curriculum
* Partner with Rutgers Cancer Institute of New Jersey to increase awareness of cancer risk factors and prevention activities
* Promote lung cancer screenings, targeting low-income and underserved populations
* Provide community education specific to lung cancer to educate residents about risk factors and the benefits of screening, particularly among smokers

**Health Priority: Chronic Disease Prevention (Focus on diabetes control and prevention, hypertension, and obesity)**

**Goal**: Promote healthy lifestyles that reduce obesity, improve chronic disease awareness, and result in better management of chronic conditions.

**Objectives**:

* Increase chronic disease screening rates, targeting low-income and at-risk populations.
* Increase community education and outreach that promotes chronic disease prevention.
* Increase disease self-management opportunities for individuals currently diagnosed with a chronic condition.

**Strategies:**

* Continue to offer support groups at RWJ Rahway locations for heart disease, diabetes, self-health enhancement, and overeaters anonymous
* Continue to publish and distribute *The Rose*, a quarterly community newsletter providing chronic disease health education and information about healthy lifestyle programs and events hosted by the hospital
* Host the Diabetes Smackdown program to provide free diabetes management techniques, counseling, and education
* Offer discounted weight management services for adults and children
* Offer pre-diabetes awareness lectures and programs in partnership with the YMCA
* Participate in health fairs and other community events to provide education and screenings for health risk factors related to chronic disease, particularly among disparate populations
* Provide free chronic disease prevention and management programs at the RWJ Fitness and Wellness Centers, including educational forums and cooking demonstrations
* Provide free diabetes testing and counseling at RWJ Fitness and Wellness Centers and Food for Friends Food Pantry, and explore the potential for expanding services to other local food pantries

**Board Approval and Adoption**

The RWJ University Hospital Rahway Board adopted the 2016 CHNA Final Report and Implementation Plan on December 6, 2016. The documents were made widely available to the public through the hospital’s website. For more information regarding the Community Health Needs Assessment or to submit comments or feedback, contact Donna Mancuso, Manager, Marketing & Community Education (dmancuso@rwjuhr.com).

RWJ University Hospital Rahway is dedicated to the health and well-being of the community. In addition to caring for the sick and injured, we see ourselves as a community resource for health. We want to help prevent illness. The CHNA findings will be used to guide our ongoing community health improvement activities and identify opportunities for collaboration with our community partners to better address needs. As a not-for-profit hospital, we are committed to providing programs and services that are purely for “Community Benefit” to help promote a healthier community.

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**Appendix B: Partner Forum Attendees**

The following individuals attended the Partner Forum hosted on June 22, 2016 by RWJ University Hospital Rahway. The Partner Forum was conducted to solicit feedback from representatives of key stakeholder groups, facilitate collaboration to address community health needs, and align community health improvement efforts.

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| Frank Brady, Center for Hope Hospice |
| Tara Burns, Sunrise of Westfield |
| Stephanie Chrobak, Linden Health Department |
| Christelle Faustin, Union County Office of Health |
| Tracey Hawkins, RWJ University Hospital Rahway |
| Fred Jenny, SAGE Eldercare |
| Rodger Koerber, Gateway Family YMCA |
| Michele Kowal, Rahway Health Department |
| Randy Lerner, SAGE Eldercare |
| Donna Mancuso, RWJ University Hospital Rahway |
| Bridget Martorelli, Center for Hope Hospice |
| Alane McCahey, Gateway Family YMCA |
| Paul Menonna – RWJ University Hospital Rahway |
| Annarelly McNair, Union County Office of Health |
| Joanne Oppelt, Caring Contact |
| Nancy Raymond, Clark Health Department |
| Anne Rowan, Rahway Prevention Coalition Coordinator - City of Rahway |
| Lois Shanker, Right at Home |

**Appendix C: Existing Community Resources**

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| **Priority Health Need: Behavioral Health** |
| Caring Contact Crisis Hotline |
| Churches (Alcoholics Anonymous/Narcotics Anonymous hosts) |
| Mental Health Alliance |
| Mental Health Association in New Jersey |
| National Alliance on Mental Health |
| New Jersey Hope Line |
| New Jersey MentalHealthCares |
| Overlook Medical Center Behavioral Health Services |
| Prevention Links (Family Success Centers & Raymond Lesniak ESH Recovery HS) |
| Rahway Prevention Coalition |
| RWJ University Hospital Rahway Support Groups |
| RWJ University Hospital Somerset Psychiatric Emergency Screening Services |
| SAGE Eldercare (dementia/Alzheimer’s/adult day care and social isolation services) |
| School Districts (emotional wellness and suicide prevention) |
| Summit Behavioral Health – Serenity at Summit |
| The Chelsea at East Brunswick |
| Trinitas Regional Medical Center Behavioral Health Services |
| United Way of Northern New Jersey Caregivers Coalition |
| University of Medicine and Dentistry of New Jersey |

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| **Priority Health Need: Chronic Disease Prevention** |
| Catholic Charities of the Archdiocese of Newark |
| Center for Hope Hospice |
| Child Protection and Permanency |
| Chronic Disease Coalition of Union County |
| Gateway Family YMCA (diabetes prevention programming, 7th grade memberships, and LIVESTRONG program) |
| Holy Redeemer HomeCare |
| Jewish Family Services |
| Meals on Wheels |
| New Jersey Prevention Network |
| Northern New Jersey Maternal and Child Health Coalition |
| RWJ University Hospital Rahway (Care Transition Navigator) |
| RWJ University Hospital Rahway Foundation |
| Rutgers Cooperative Extension |
| Union County Office of Health |
| United Way of Northern New Jersey |
| Westfield Senior Resource Center |