CITY OF NEWARK, NEW JERSEY

COMMUNITY HEALTH ASSESSMENT 2017

May 2017

City of Newark
COMMUNITY HEALTH ASSESSMENT - 2017

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Introduction

In 2007, the City of Newark Department of Health and Community Wellness (DHCW) (named the Department of Child and Family Well-Being), which is the local health department (LHD) for the City of Newark, New Jersey, completed a **Community Health Assessment – February 2007** presenting an array of indicators of the health status of residents of the City of Newark, including morbidity, mortality, and behavioral factors. This assessment was part of a Local Public Health System Assessment required of all LHDs by the N.J. Department of Health (NJDOH). Since then, numerous assessments of community health have been completed by a number of entities including hospitals and healthcare coalitions which have informed this report. This document presents a complete update of the 2007 assessment, and includes an analysis of significant trends over the past five to ten years.

Newark is the largest city in New Jersey by population, comprising 35% of the population of Essex County in which it is situated. Most data for this assessment are available for Newark. Where not available, data for Essex County are used.

Additional Information. The City of Newark along with partner organizations throughout the Greater Newark area will seek to obtain additional information directly from Newark residents about their health, well-being and access to health care and related services. This may take the form of town hall meetings in each of Newark's five wards, focus groups, key informant interviews and other methods.

Data Sources. Sources of information for the contents of this assessment are shown in each section. They are summarized below.

New Jersey Department of Health. Office of Population Health. Center for Health Statistics and Informatics. NJ State Health Assessment Data (NJ SHAD). Division of Communicable Diseases. Division of HIV, STD and TB Services.

U.S. Census Bureau. American Community Survey (ACS).

Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System (BRFSS).

The 500 Cities Project – Local Data for Better Health – Newark, New Jersey. The 500 Cities Project—Local Data for Better Health—is a collaboration among the Robert Wood Johnson Foundation, the CDC Foundation, and the Centers for Disease Control and Prevention (CDC), whose purpose is to provide high quality small area estimates for behavioral risk factors that influence health status, for health outcomes, and the use of clinical preventive services. These estimates can be used to identify emerging health problems and to develop and implement of effective, targeted public health prevention activities.

National Institutes of Health. National Heart, Blood, and Lung Institute.

Healthy People 2020. Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For 3 decades, Healthy People has established benchmarks and monitored progress over time in order to: Encourage collaborations across communities and sectors, Empower individuals toward making informed health decisions, and Measure the impact of prevention activities.

Healthy New Jersey 2020. Healthy New Jersey 2020 is the State's Health Improvement Plan and its health promotion and disease prevention agenda for the decade. It is modeled after the federal Healthy People 2020 initiative and is the result of a multiyear process that reflects input from a diverse group of individuals and organizations.

I. Overview of Newark Population

A. Demographic Characteristics

Population

The population of Newark is estimated at 281,944 as of July 1, 2015, up from 277,140 as of the 2010 Census. Newark accounts for 35% of Essex County's population and 3.1% of New Jersey's population. From 2010 to 2015, the population of Newark increased at the same rate as Essex County (1.7%) and New Jersey (1.9%), but half of the nationwide increase (4.1%).

Table 1: Population in Newark, Essex, NJ, US – 2010 and 2015

	April 1, 2010	July 1, 2015	Change 2010-2015	
Newark	**277,140**	**281,944**	**4,804**	**1.7%**
Essex County	783,969	797,434	13,465	1.7%
New Jersey	8,791,894	8,958,013	166,119	1.9%
United States	308,745,538	321,418,820	12,673,282	4.1%

Source: U.S. Census Bureau

Gender (Sex)

Approximately 49% of the Newark population is male and 51% female- the same as New Jersey and the US. (Census, 2015).

Age

The population in Newark is younger than that of the state or nation. In 2015 the median age of Newark residents was 34.6 years, compared to the New Jersey median age of 39.6 years and the United States median of 37.8 years (Census, 2015).

Table 2: Population by Age Category in Newark, Essex, NJ, US – 2015

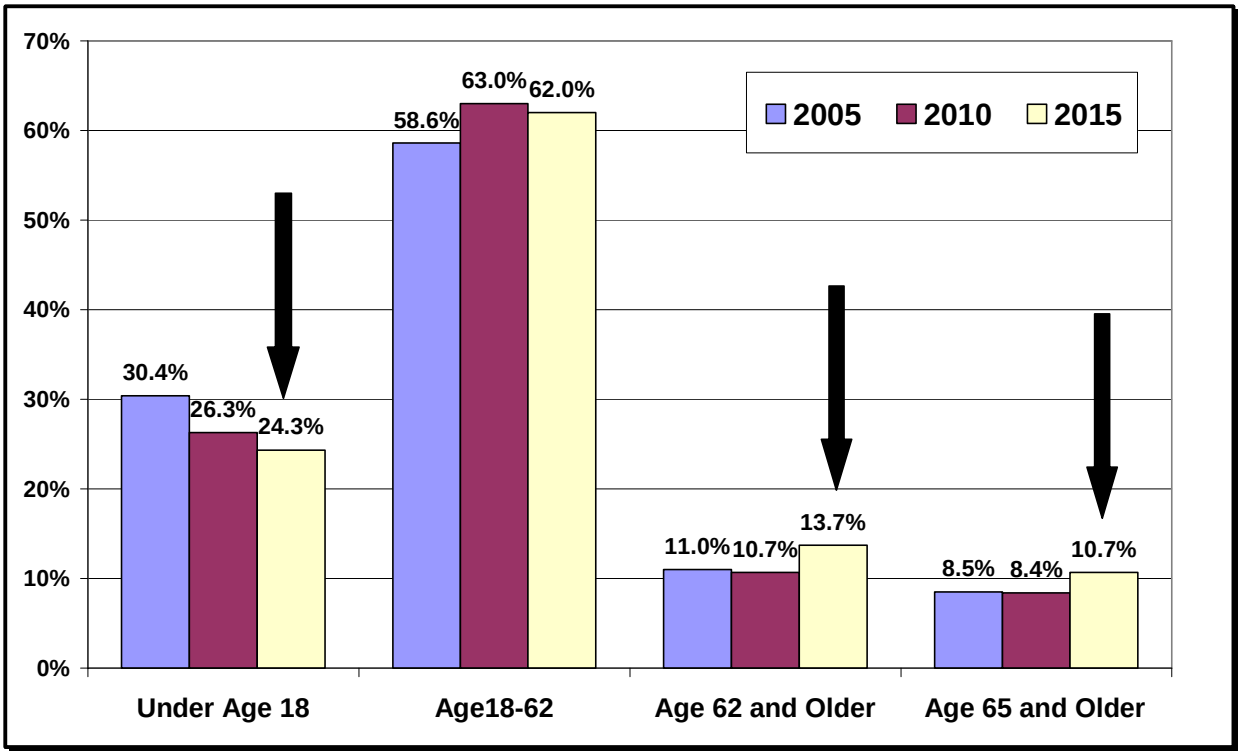
Age Category	Newark	Essex Co.	New Jersey	US
Under Age 18	**24.3%**	24.0%	22.3%	22.9%
Age 18 -62	**62.0%**	60.3%	59.3%%	58.8%
Age 62 +	**13.7%**	15.7%	18.4%	18.3%
Total	**100%**	100%	100%	100%
Age 65 +	**10.7%**	12.6%	15.0%	14.9%
Median Age (years)	**34.6**	37.0	39.6	37.8

Source: U.S. Census Bureau, 2015 American Community Survey 1 Year Estimates.

The population of Newark is aging, however. Although the median age was 30.1 years old in 2005, it rose to 31.8 in 2010 and 34.6 in 2015 – nearly five years older within a decade. In 2005 30.4% of residents were under age 18, which declined by 6 percentage points to 24.3% in 2015. Likewise, the

population age 62 and older increased from 11.0% in 2005 to 13.7% in 2015. There is a need for more services to seniors.

Figure 1: Change in Age of Newark Residents – 2005, 2010, 2015



Race/Ethnicity

The population of Newark has a high proportion (89%) of racial/ethnic minorities. Nearly half of residents are Black/African American (not Hispanic) and over one third are Hispanic/Latino (any race). Over the past 10 years, the percent of Newark's population which is African American has declined slightly and the percent of the Hispanic/Latino population has increased. These trends have to be considered when planning and delivering services to residents of Newark.

Figure 2: Population by Race/Ethnicity in 2015 – Newark, Essex County, NJ, US

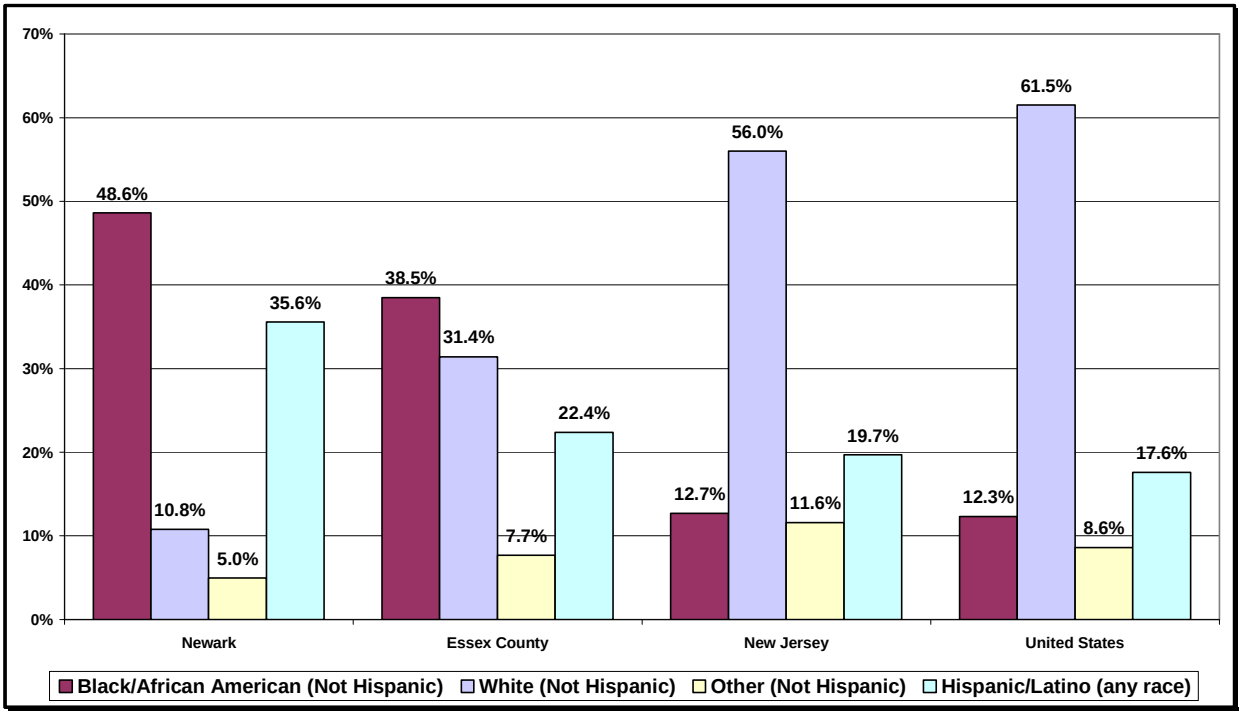
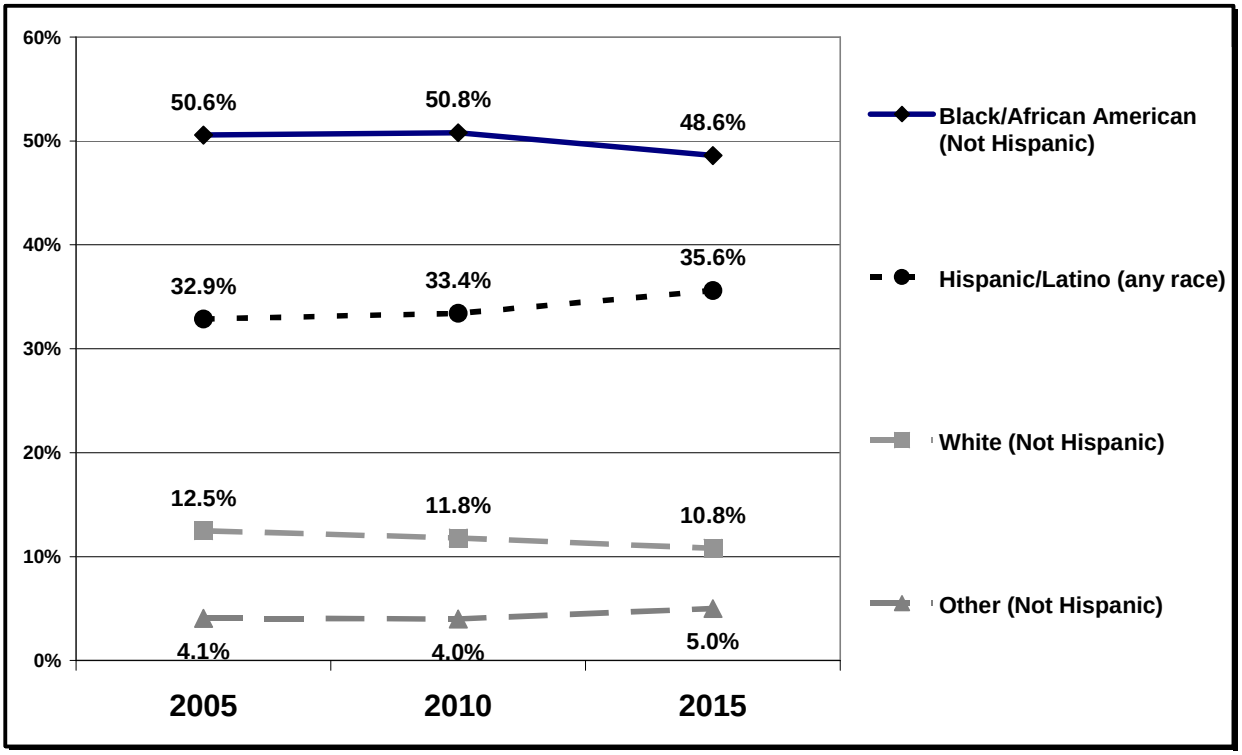


Figure 3: Change in Newark Population by Race/Ethnicity – 2005, 2010, 2015

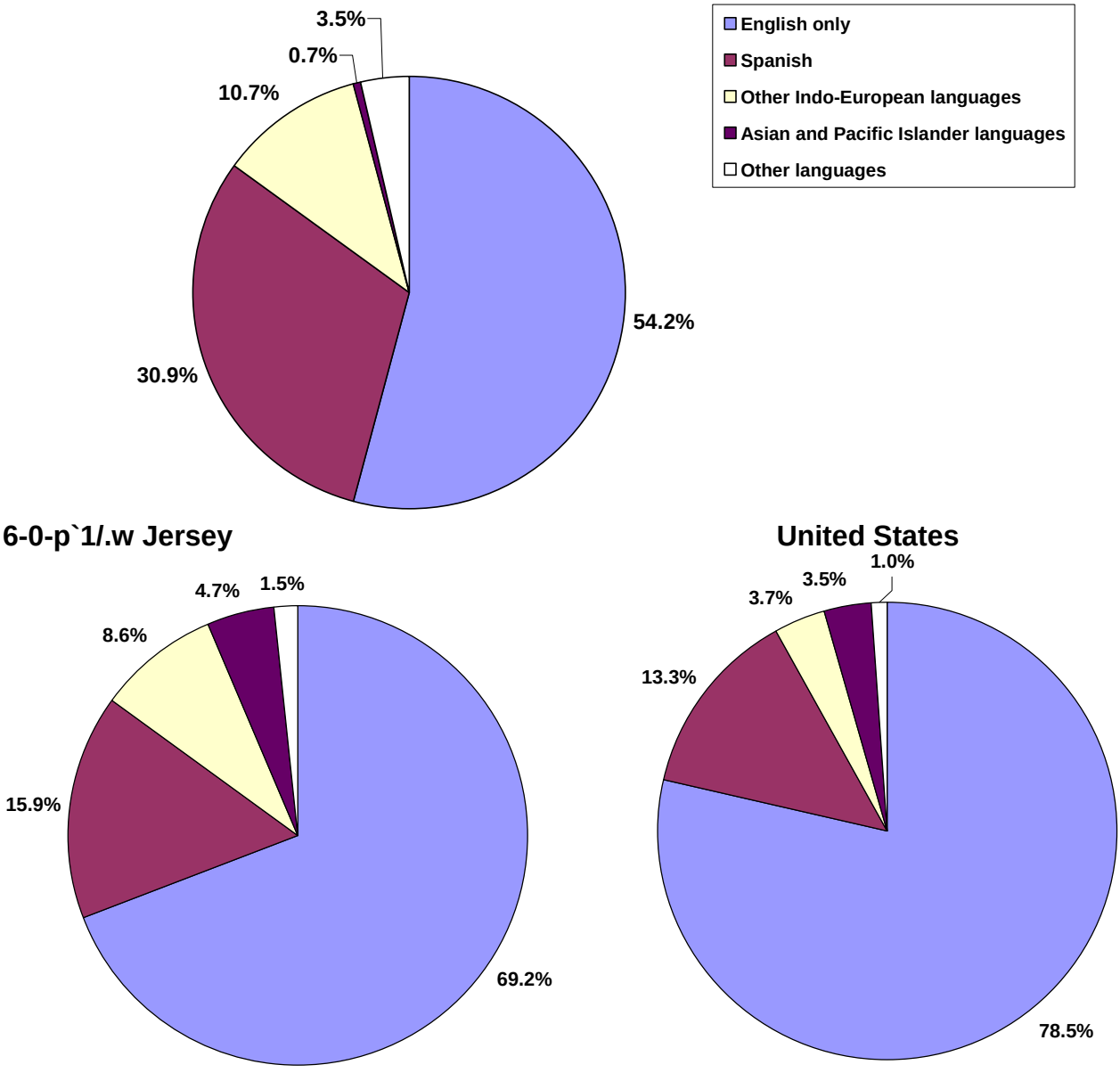


Language

Over half of Newark residents age 5 and older speak only English in the home. Nearly one third speak Spanish at home, another 14.3% speak other languages and less than 1% speak Asian/Pacific Islander languages or other languages. In contrast, nearly 70% of New Jersey residents speak only English at home. This means that services to Newark residents must consider these language differences.

Just as important, less than one quarter (21.2%) of Newark residents said they did not speak English very well including those who spoke only English at home. This rate is nearly twice as high as New Jersey (12.1%) and the US (8.6%). Services to Newark residents must also address literacy in and understanding of the English language.

Figure 4: Language Spoken At Home (Age 5+) in 2015



Source: Census Bureau. 2015 American Community Survey.

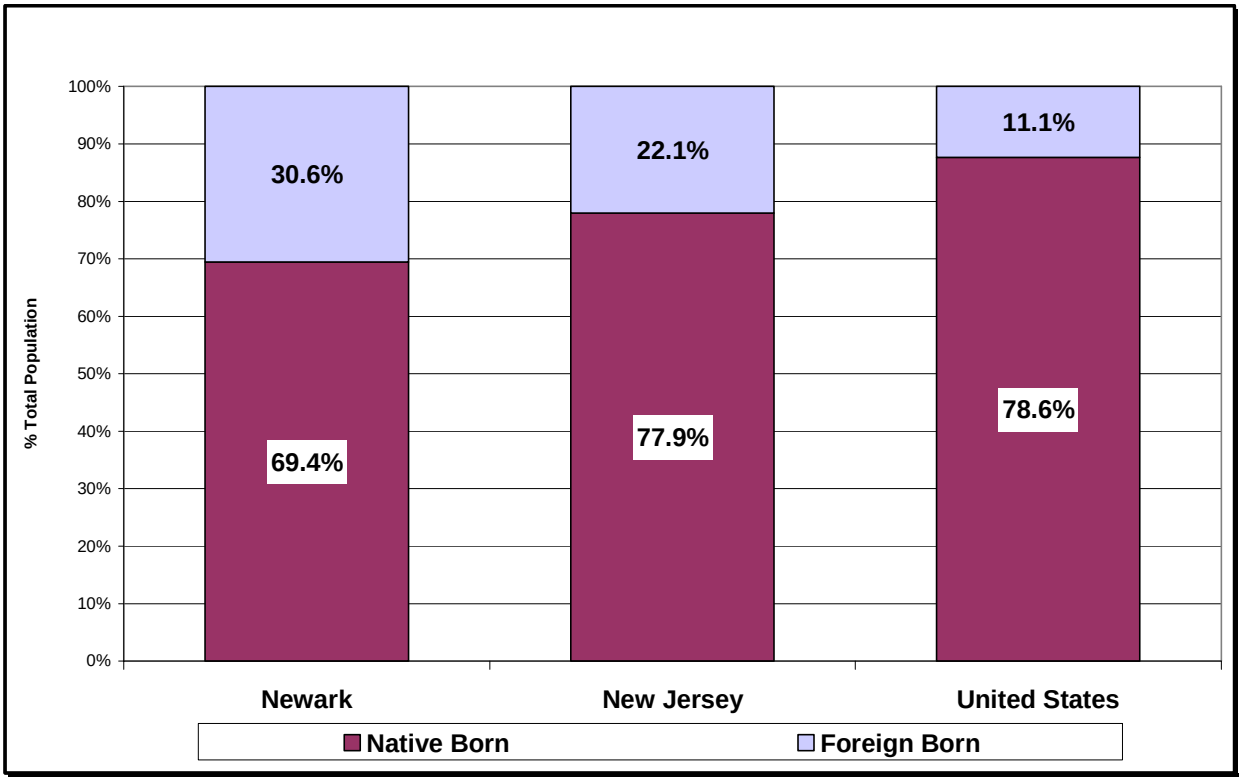
Foreign Born/Citizenship

Nearly 70% of Newark's population is native born in the United States and 31% (86,250) is foreign born. Nearly 22% of New Jersey's population is foreign born, higher than 11% across the US.

Of the native born Newarkers, 5% were born in Puerto Rico and the U.S. islands, twice as high as 2.3% statewide and 1.5% nationwide.

Of the 31% of Newark's foreign born population, 13% (35,700) are naturalized U.S. citizens and 18% (50,500) are not U.S. citizens.

Figure 5: Native and Foreign Born Population - 2015

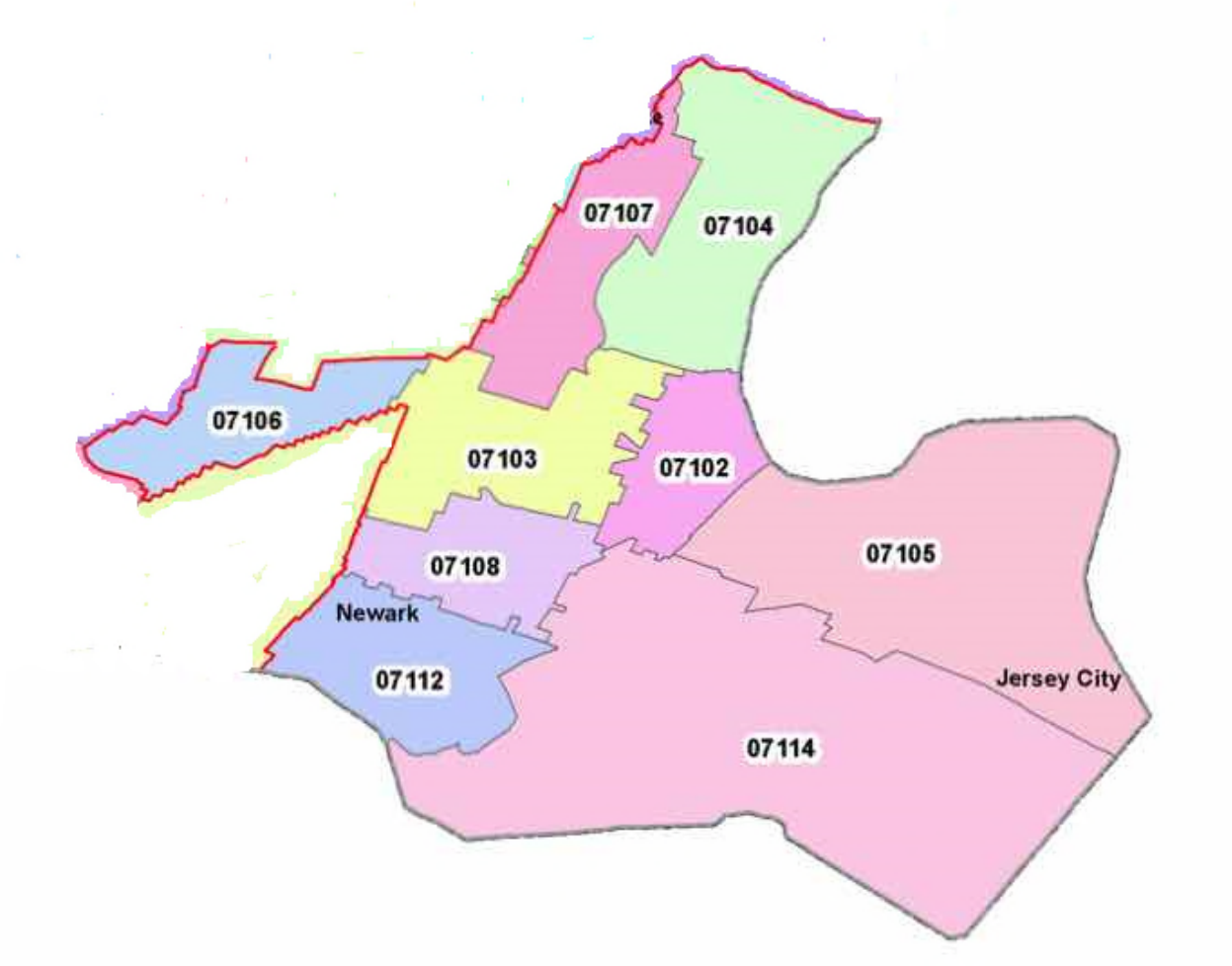


B. Newark by ZIP Code

There are nine ZIP code areas in Newark. The characteristics of the residents of each ZIP area are different. The table below contains demographics and economic data for each ZIP code and illustrates the variations. Health services must address these differences to help improve health outcomes citywide.

ZIP Code 07105 is in the "Ironbound" section of Newark. ZIP Code 07114 contains Newark Liberty International Airport and few residents.

Figure 6: Map of Newark by ZIP Code



The data in the table below are an average of a 5 year period 2011-2015. Five year periods are the only timeframes for which data by ZIP code is available from the Census Bureau, American Community Survey. For ease of comparison, the table includes data for the City of Newark for the same 5-year period, 2011-2015. The Newark 5-year data is obviously different for the 1 year data for 2015.

Table 3: Demographic and Socioeconomic Factors of Newark Residents by ZIP Code (2011-2015)

Factor	Newark ZIP Code									Newark
	07102	**07103**	**07104**	**07105**	**07106**	**07107**	**07108**	**07112**	**07114**	
Population	13,222	31,363	50,998	53,080	30,824	38,795	21,365	26,006	14,251	**279,793**
% Newark Total	**4.7%**	**11.2%**	**18.2%**	**19.0%**	**11.0%**	**13.9%**	**7.6%**	**9.3%**	**5.1%**	**100%**
Gender										
Male	54.1%	46.8%	47.8%	56.0%	46.6%	48.7%	43.7%	45.6%	63.2%	**49.8%**
Female	45.9%	53.2%	52.2%	44.0%	53.4%	51.3%	56.3%	54.4%	36.8%	**50.2%**
Age										
Under Age 18	16.5%	27.5%	25.6%	21.9%	25.4%	30.8%	29.6%	26.1%	18.4%	**25.4%**
Age 18 and Older	83.5%	72.5%	74.4%	78.1%	74.6%	69.2%	70.4%	73.9%	81.6%	**74.6%**
Age 65 and Older	10.1%	8.8%	9.1%	7.4%	10.6%	7.7%	9.9%	10.8%	5.5%	**8.8%**
Median Age (Years)	**30.3**	**29.1**	**32.5**	**34.2**	**33.0**	**31.2**	**30.8**	**34.3**	**34.6**	**32.6**
Race/Ethnicity										
White, Not Hispanic	15.1%	3.8%	5.6%	34.1%	2.8%	6.6%	1.8%	1.2%	11.5%	**10.7%**
Black/African American	48.2%	77.2%	23.8%	8.4%	79.5%	34.7%	85.6%	92.2%	55.4%	**48.3%**
Hispanic/Latino (All Races)	23.5%	15.2%	66.4%	48.9%	10.0%	54.2%	11.6%	4.5%	30.2%	**35.6%**
Other	13.2%	3.8%	4.2%	8.6%	7.7%	4.5%	1.0%	2.1%	2.9%	**5.4%**
Language Spoken At Home (Age 5+)										
English Only	64.6%	78.6%	34.3%	18.1%	72.0%	45.5%	83.0%	87.8%	62.3%	**53.5%**
Spanish	22.2%	12.8%	59.1%	45.5%	9.2%	47.7%	9.1%	4.0%	28.7%	**32.0%**
Other Indo-European	7.8%	3.7%	3.7%	36.0%	12.6%	4.0%	2.7%	2.6%	7.6%	**11.1%**
Asian/Pacific Languages	2.1%	0.6%	1.3%	0.2%	1.1%	1.0%	0.0%	0.3%	0.4%	**0.7%**
Other Languages	3.3%	4.4%	1.6%	0.2%	5.0%	1.8%	5.1%	5.3%	1.0%	**2.7%**
Native/Foreign Born										
Native	76.9%	83.8%	73.7%	42.5%	71.2%	70.5%	88.0%	87.3%	79.2%	**71.0%**
Foreign Born	23.1%	16.2%	26.3%	57.5%	28.8%	29.5%	12.0%	12.7%	20.8%	**29.0%**
Income										
Median Household Income	$25,238	$27,617	$32,160	$43,645	$34,659	$31,128	$25,757	$36,052	$21,102	**$33,139**
Income Below Poverty (%)										
Individuals	43.0%	36.9%	29.2%	21.5%	26.8%	29.4%	40.4%	23.7%	40.0%	**29.7%**
Children < Age 18	49.3%	48.0%	43.0%	33.9%	41.3%	37.3%	59.6%	35.3%	53.3%	**42.3%**

Factor	Newark ZIP Code									Newark
	07102	07103	07104	07105	07106	07107	07108	07112	07114	
Employment										
Unemployment Rate	17.4%	23.4%	16.6%	10.5%	20.6%	20.4%	27.4%	22.8%	19.4%	**18.4%**
Educational Attainment (Age 25+)										
Less than 9th Grade	11.4%	8.8%	16.0%	26.6%	8.4%	15.2%	6.3%	3.5%	9.8%	**14.1%**
No High School Diploma	28.3%	21.9%	30.0%	39.0%	18.6%	30.2%	22.0%	14.1%	31.2%	**27.7%**
High School Graduate/Higher	71.7%	78.1%	70.0%	61.0%	81.4%	69.8%	78.0%	85.9%	68.8%	**72.3%**
Bachelor's Degree or Higher	22.1%	14.2%	15.3%	13.0%	13.5%	11.2%	10.3%	15.0%	5.1%	**13.3%**
Health Insurance										
No Health Insurance Coverage	19.6%	18.9%	25.1%	39.7%	22.3%	21.5%	17.2%	17.6%	27.7%	**24.8%**

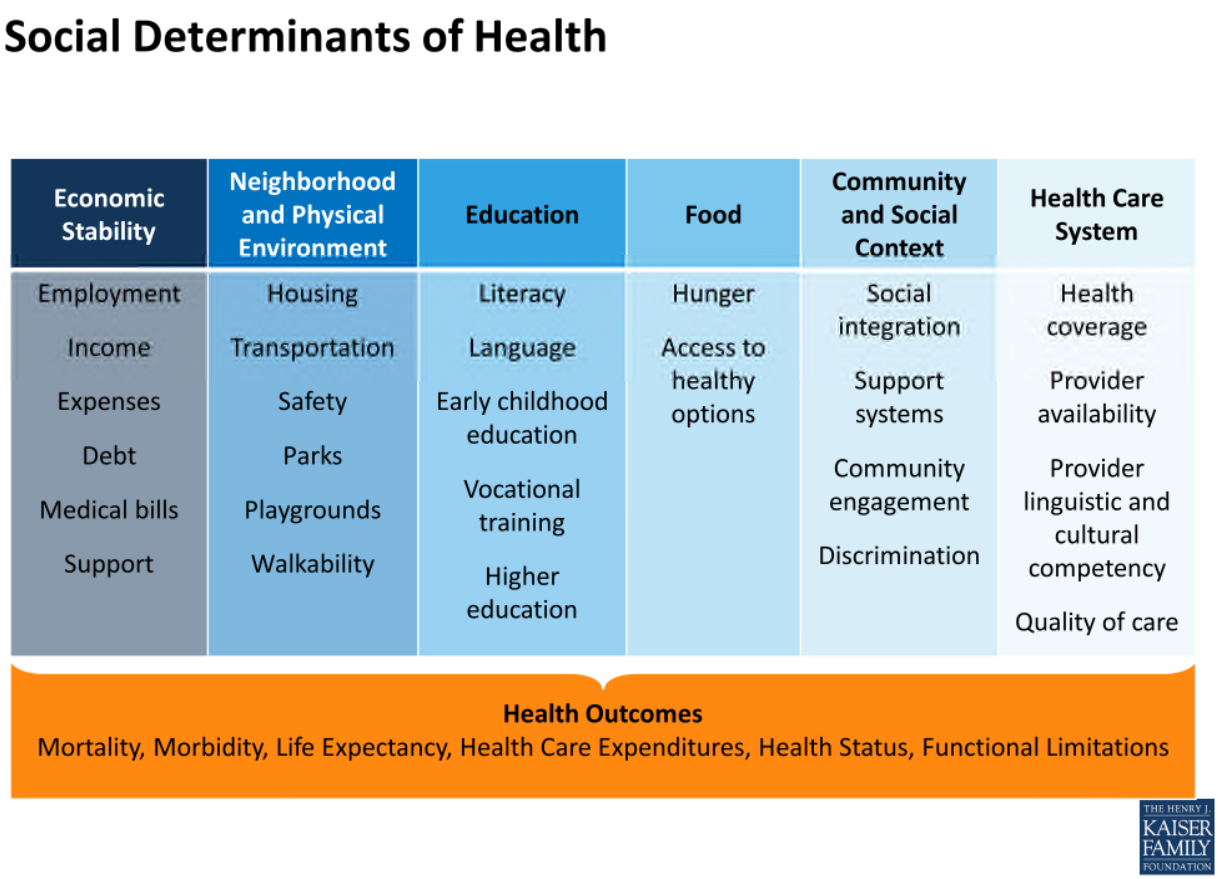
Source: Census Bureau. 2011-2015 American Community Survey 5-Year Estimates

II. Factors Affecting Health Status

A. Social Determinants of Health

Research is showing that while increasing access to health care and transforming the health care delivery system are important, improving population health may also require broader approaches that address social, economic, and environmental factors that influence health. These factors are categorized as the **social determinants of health.** Although there is no consensus on which factors comprise these "social determinants", this section sets forth a framework published by the Kaiser Family Foundation[1] that can be used as a template or benchmark. This section offers data for Newark on some of these determinants. The City of Newark and the many partners in the fields of health/social services/ community services have incorporated these determinants into service planning and delivery. And there are more opportunities to be identified in the Newark Community Health Improvement Plan.

Figure 7: Social Determinants of Health from Kaiser Family Foundation, November 2015



[1] Kaiser Family Foundation. November 2015. Issue Brief. Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity. Harry J. Heiman and Samantha Artiga. http://files.kff.org/attachment/issue-brief-beyond-health-care

B. Economic Stability

Income

The median household income in Newark in 2015 was $30,996, down slightly from $32,043 in 2010. However, this income level was only 60% of Essex County income, 43% of the statewide median and 56% of the national median household income. These differences indicate the need for additional, coordinated services.

Table 4: Income in Newark, Essex, NJ, US – 2010 and 2015

	Income in 2010			Income in 2015		
	Median Household	Median Family	Per Capita	Median Household	Median Family	Per Capita
Newark	**$32,043**	$36,277	$15,933	**$30,966**	$36,567	$17,402
Essex County	**$52,394**	$66,439	$29,674	**$52,041**	$68,965	$33,514
New Jersey	**$67,681**	$82,427	$33,555	**$72,222**	$90,245	$37,245
United States	**$50,046**	$60,609	$26,059	**$55,775**	$68,260	$29,979
Newark as a % of:						
Essex County	61%	55%	54%	60%	53%	52%
New Jersey	47%	44%	47%	43%	41%	47%
United States	64%	60%	61%	56%	54%	58%

Source: U.S. Census Bureau. 2010 American Community Survey 1-Year Estimates. 2015 American Community Survey 1-Year Estimates.

Receipt of food stamp/SNAP benefits is one indicator of income status and reliance on government benefits. In 2010 one quarter of Newark household received Food Stamp/SNAP benefits, nearly double that of Essex County and the US and over three times that of New Jersey. Following federal expansion of the SNAP program after 2010, the number of people receiving SNAP increased in all geographic areas. As of 2015, approximately 27,000 Newark households received food stamp benefits, an increase of nearly 20% over 2010.

Table 5: Households with Food Stamp/SNAP Benefits in the Past 12 Months in Newark, Essex, NJ, US – 2010 and 2015

	2010			2015			Change 2010-2015	
	Percent	Number		Percent	Number		Number	Percent
Newark	**24.8%**	22,657		**27.4%**	26,993		4,336	19%
Essex County	13.7%	37,605		15.3%	42,949		5,344	14%
New Jersey	6.8%	214,973		9.4%	301,208		86,235	40%
United States	11.9%			12.8%				11%
Newark as a % of:								
Essex County		**60%**			**63%**			
New Jersey		**11%**			**9%**			

Source: U.S. Census Bureau. 2010 American Community Survey 1-Year Estimates. 2015 American Community Survey 1-Year Estimates.

Consistent with data on income and food stamp/SNAP benefits, rates of poverty are higher in Newark. Well over one quarter of Newark residents – and two in five of Newark's children - were living below poverty in 2015. These rates declined slightly since 2010.

Table 6: Percent of Residents Living Below Poverty in Newark, Essex, NJ, US – 2010 and 2015

	2010		2015	
	Total	Children < Age 18	Total	Children < Age 18
Newark	30.2%	44.3%	29.0%	39.5%
Essex County	16.7%	23.5%	17.1%	23.9%
New Jersey	10.3%	14.5%	10.8%	15.6%
United States	15.3%	216.6%	14.7%	20.7%

Source: U.S. Census Bureau. 2010 American Community Survey 1-Year Estimates. 2015 American Community Survey 1-Year Estimates.

Employment

Employment and unemployment rates are related to the socioeconomic factors of income and education above. In 2015, the civilian labor force in Newark ranged from 116,697 to 134,542. A range of 8,321 to 20,447 Newark residents in the labor force were unemployed in 2015.

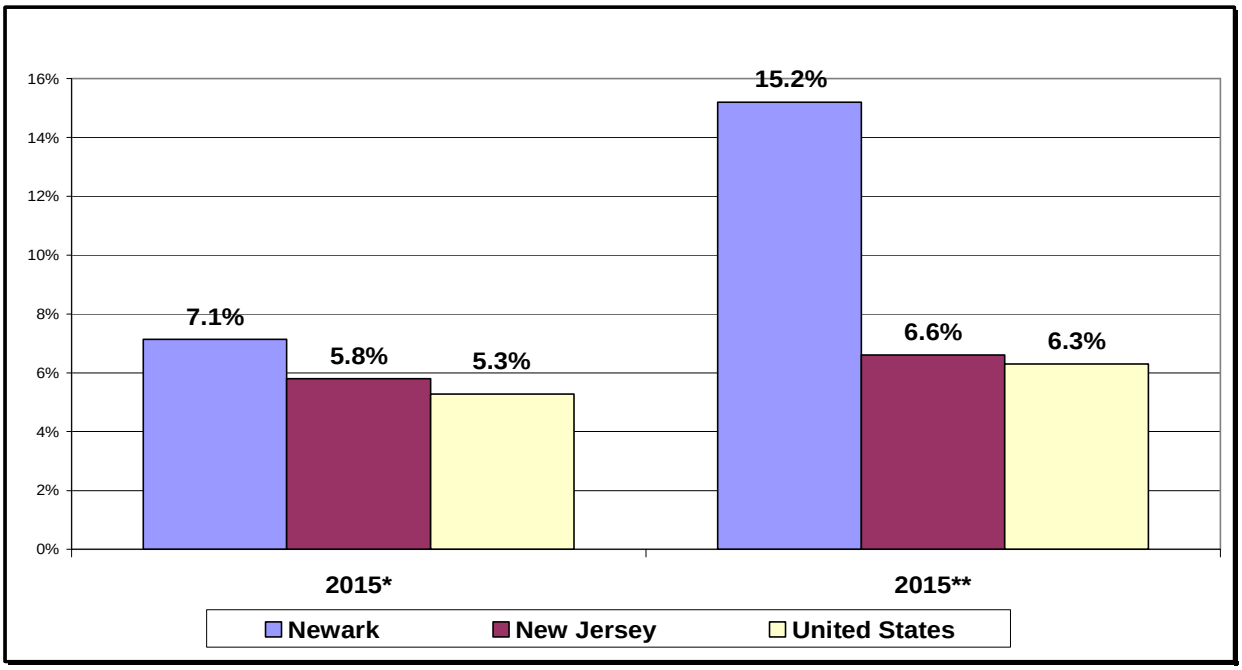
The two sources of recent employment data show that rates of unemployment in Newark were higher than New Jersey and the United States.

This factor is important for health planning because employment is the chief source of health insurance. Higher rates of unemployment (lower rates of employment) mean relatively less employer-provided health insurance. Individuals and families must rely on other sources, including government insurance programs, or go without health insurance. This directly affects access to health care and health. The Affordable Care Act of 2010 and Medicaid Expansion in New Jersey helped offset the lack of employer-provided health insurance as discussed elsewhere in this document.

Table 7: Labor Force and Unemployment in 2015

	USDOL – BLS			Census – 2015 ACS		
	Civilian Labor Force	Unemployment		Civilian Labor Force	Unemployment	
		Number	Rate		Number	Rate
Newark	**116,697**	**8,321**	**7.1%**	**134,542**	**20,447**	**15.2%**
New Jersey	4,530,500	262,600	5.8%	4,684,036	309,500	6.6%
United States	157,130,000	8,296,000	5.3%	160,652,483	10,117,710	6.3%
Source:	U.S. Dept. Labor. Bureau of Labor Statistics			Census Bureau. 2015 American Community Survey		

Figure 8: Unemployment Rates in 2015

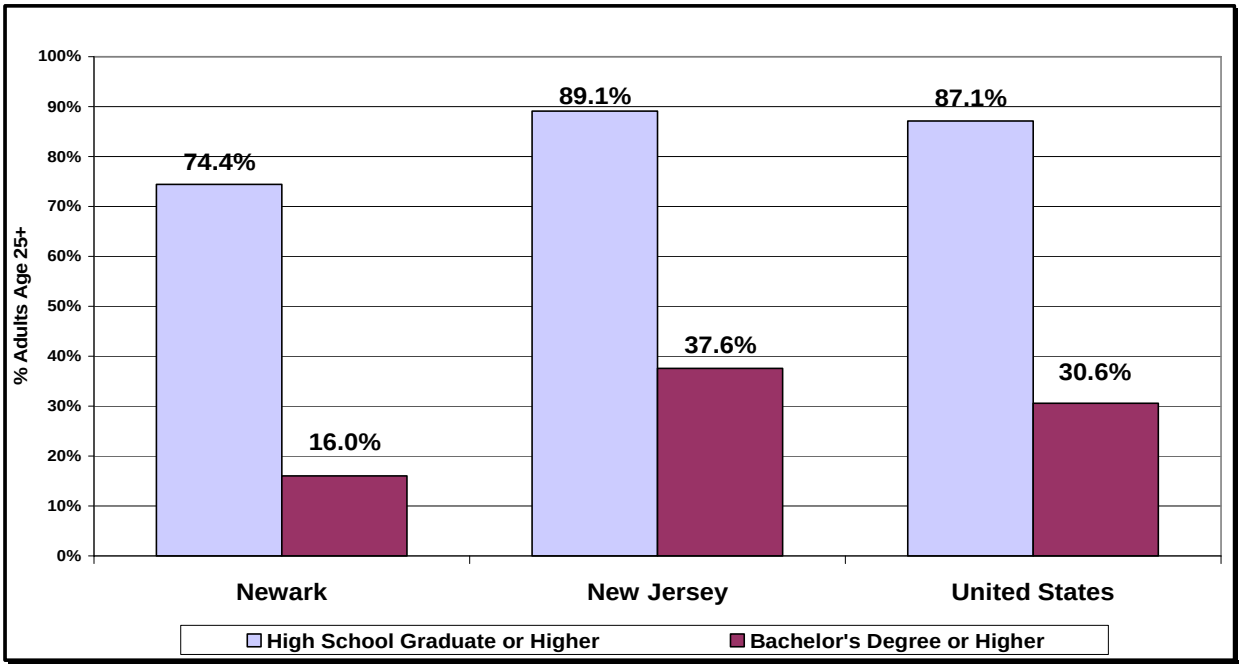


2015* = U.S. Dept. Labor, Bureau of Labor Statistics 2015** = Census Bureau. 2015 American Community Survey

C. Education

Three quarters of Newark residents age 25 and older are high school graduates or higher, and 16.0% have a bachelor's degree or higher. The percent with higher education is half of the NJ and US rates.

Figure 9: Education – Age 25 and Older (2015)



D. Health Care System

As shown in VII. Community Partners and Resources, there is an adequate supply of health resources within the 26 square miles of the City of Newark.

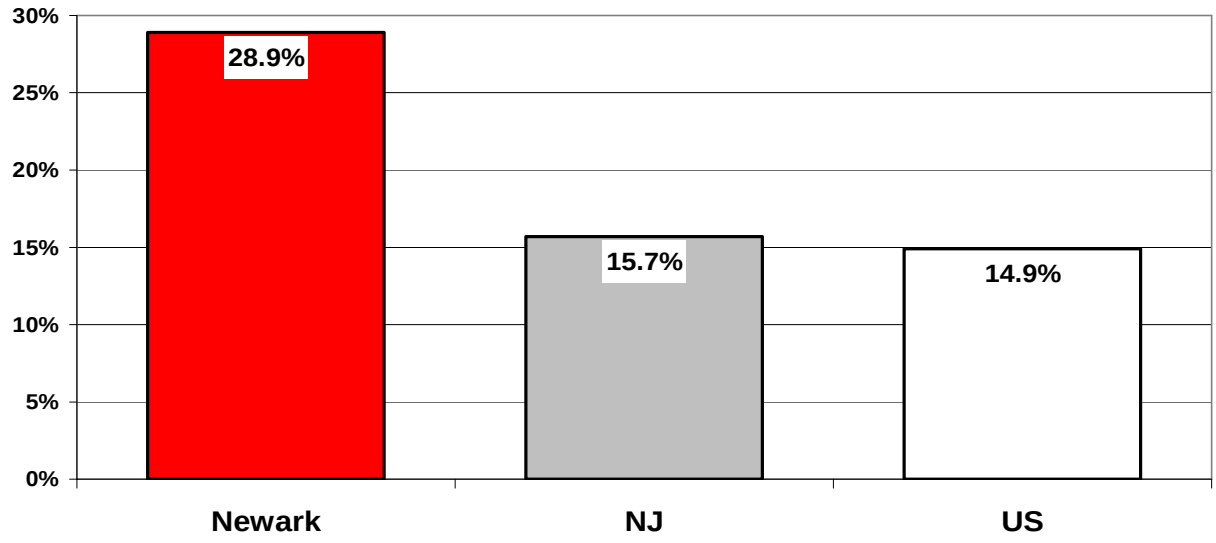
Lack of Health Insurance

The lack of health insurance or method to pay for health care is the chief barrier affecting access to health care and related services. This barrier was underscored in previous community health assessments by residents in Newark's five wards and numerous focus groups among specific populations. Residents relied on Medicaid or charity care, which may not cover all needed health services or which provide only partial payment for services rendered. As a result, they postponed needed health care or ignored the problem, until the medical condition required acute care and admission via the emergency department.

Lack of Health Insurance Among Adults Age 18-64 in 2014

In 2014, nearly 30% of Newark adults age 18-64 reported lack of health insurance – twice as high as NJ and US. In 2014 New Jersey implemented Medicaid Expansion to insure low income adults, an option available in the Affordable Care Act (ACA). The uninsured percentage in Newark may decline in 2015.

Figure 10: Lack of Health Insurance Among Adults Aged 18-64 (Age Adjusted), 2014



Source: CDC. 500 Cities Project

Impact of the Affordable Care Act (ACA)

Enactment of the Affordable Care Act (ACA) in 2010 had a positive impact on New Jersey and Newark, especially Medicaid Expansion which covered low income adults age 18-64 previously uninsured. Implementation began in 2014 and the impact on Newark residents was apparent. The table below shows the impact in 2010 before ACA and in 2015 after full ACA implementation. **The rate of uninsured Newark residents dropped by 10 percentage points from 28.1% in 2010 to 18.1% in 2015.**

Table 8: Health Insurance Status Before and After Affordable Care Act – 2010 and 2015

	Newark	Essex County	NJ	US
Percent Insured				
2010 (pre-ACA)	71.9%	81.8%	86.8%	84.5%
2015 (post-ACA)	81.9%	87.0%	91.3%	90.6%
Percent Uninsured				
2010 (pre-ACA)	**28.1%**	**18.2%**	**13.2%**	**15.5%**
2015 (post-ACA)	**18.1%**	**13.0%**	**8.7%**	**9.4%**

Source: U.S. Census Bureau. 2010 American Community Survey 1-Year Estimates. 2015 American Community Survey 1-Year Estimates

Despite the improvement in health insurance coverage and access to healthcare, the number of Newark residents tell a different story. Approximately 50,000 Newark residents (18%) remain uninsured as of 2015.

Figure 11: Impact of ACA on Newark Residents 2010 - 2015

	2010		2015	Improvement
Total Insured	**191,000 (72%)**		**224,000 (82%)**	**+ 33,000 (10%)**
Private Insurance*	37%		42%	**+ 5%**
Public Insurance*	39%		47%	**+ 8%**
Total Uninsured	**75,000 (28%)**		**50,000 (18%)**	**- 25,000 (-10%)**

But still 50,000 Newark residents are uninsured!

* Some people have both private and public insurance, e.g., public Medicare plus private Part B Supplemental insurance.
Source: U.S. Census Bureau. 2010 American Community Survey 1-Year Estimates. 2015 American Community Survey 1-Year Estimates

Primary Care Resources in Newark

Nationwide trends regarding projected shortages of primary health care providers are starting o have an impact on New Jersey and Newark. A number of providers do not accept Medicaid which restricts access for those newly-insured under ACA Medicaid Expansion (NJ Family Care). However, recent federal funding from HRSA BPHC has expanded the availability of primary care providers Newark residents especially whose with low incomes under 200% Federal Poverty Level (FPL). In 2015, this funding created two new Section 330 Health Centers – also known as Federally Qualified Health Centers (FQHCs) – in Newark. These are Saint James Health, Inc. located in the Ironbound section of Newark near the Saint James campus, and Rutgers University School of Nursing FQHC serving public housing programs by mobile medical van.

A total of five FQHCs are now in Newark. These agencies provide comprehensive, high quality primary and preventive health care services and are funded to serve both insured patients and especially those without health insurance.

III. Health Behavior and Risk Factors

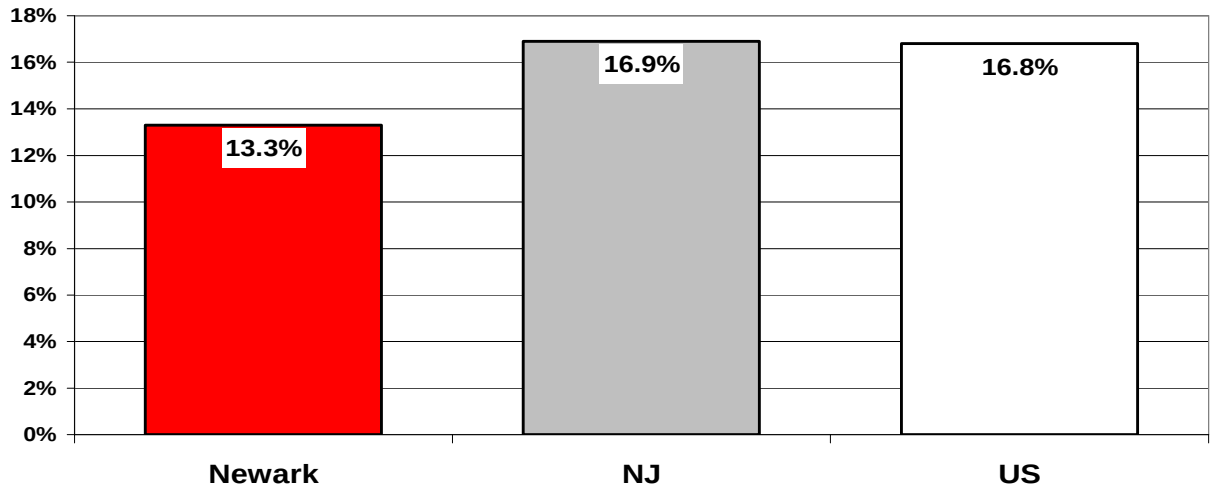
A. 500 Cities Project

Unhealthy Behaviors – Age 18 and Older

Binge Drinking

Self-reported binge drinking, defined as 5 drinks in a 2-hour period for men and 4 drinks in a 2-hour period for women[2], is less in Newark among adults age 18+ than in New Jersey and the US.

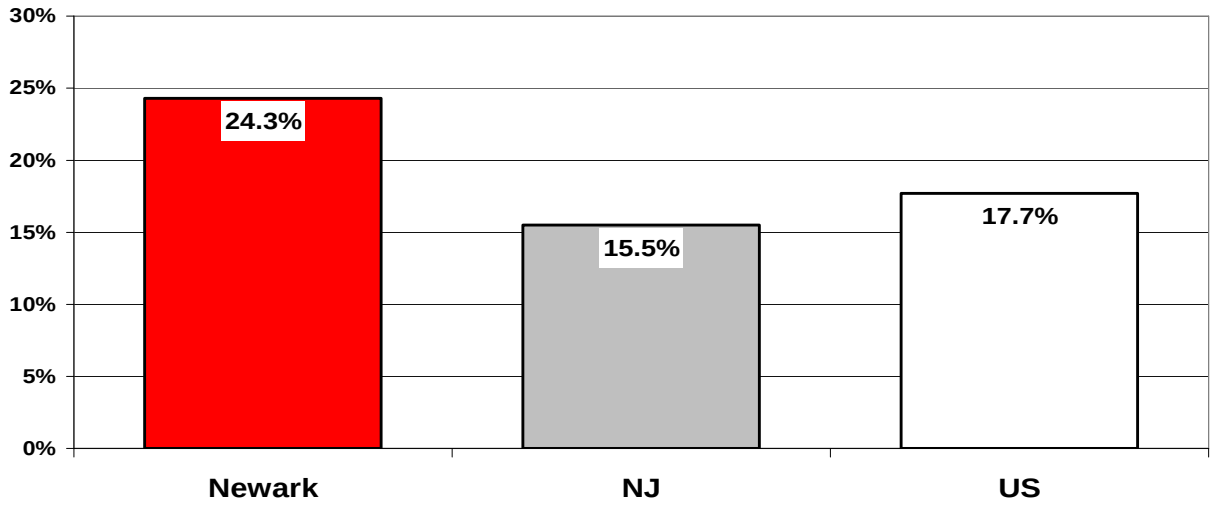
Figure 12: Binge Drinking Prevalence Among Adults Aged 18+ (Age Adjusted), 2014



Current Smoking

Current smoking prevalence is over 50% higher for Newark adults than for New Jersey and the US. This is an area needing tobacco cessation counseling.

Figure 13: Current Smoking Prevalence Among Adults Aged 18+ (Age Adjusted), 2014

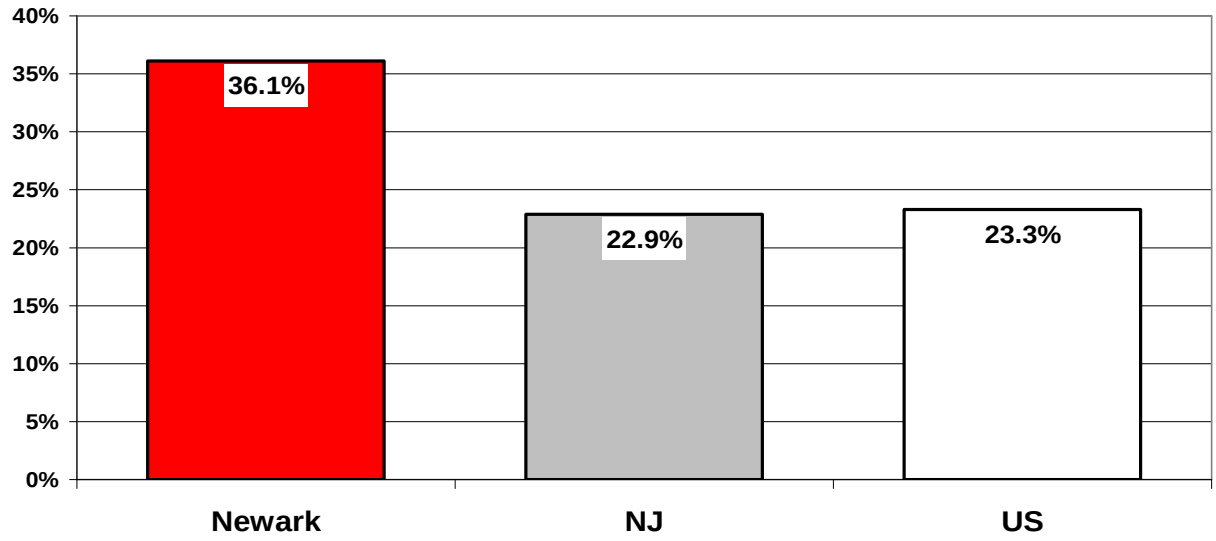


[2] CDC. Fact Sheets – Binge Drinking. https://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm

No Leisure Time Physical Activity

Nearly two in five of Newark adults do not engage in leisure time physical activity, compared to almost one in five adults in NJ and the US. Exercise is one component of good health contributing to reduction in morbidity and mortality due to obesity, hypertension and heart disease, stroke, diabetes. Development of opportunities for leisure activity throughout Newark is a good priority.

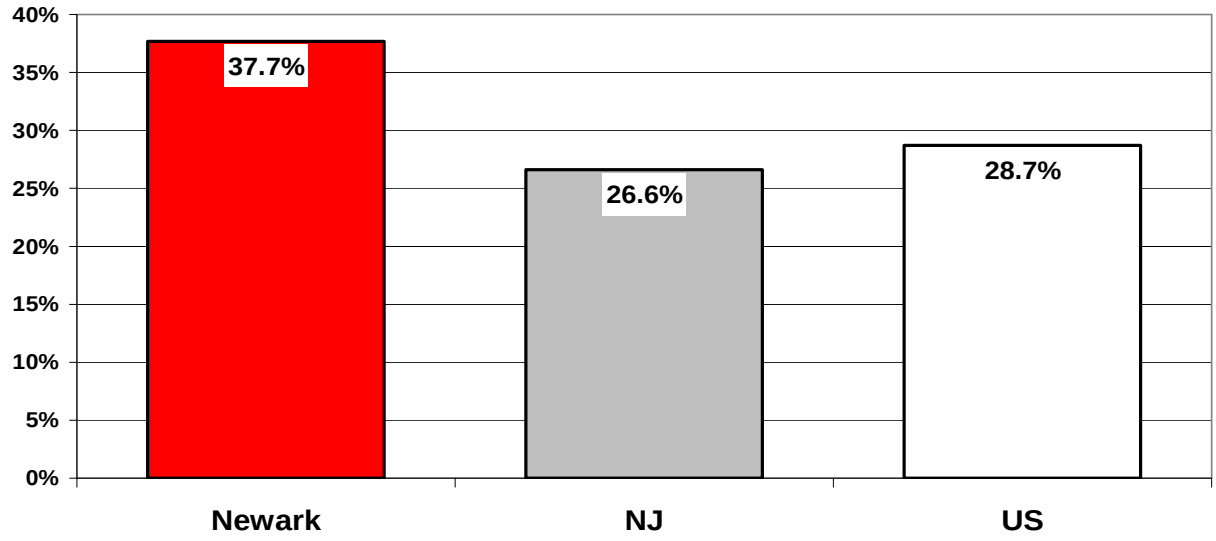
Figure 14: No Leisure Time Physical Activity Among Adults Aged 18+ (Age Adjusted), 2014



Obesity

Obesity is defined as a Body Mass Index (BMI) of 30 or greater for adults age 18-64 (and 35 or greater for adults age 65 and older?). Nearly two in five Newark adults are obese, compared to slightly more than one quarter of New Jerseyans and all residents nationwide. Addressing obesity and related health problems – hypertension, cardiovascular disease, diabetes, stroke – continues to be the focus of health education efforts throughout Newark.

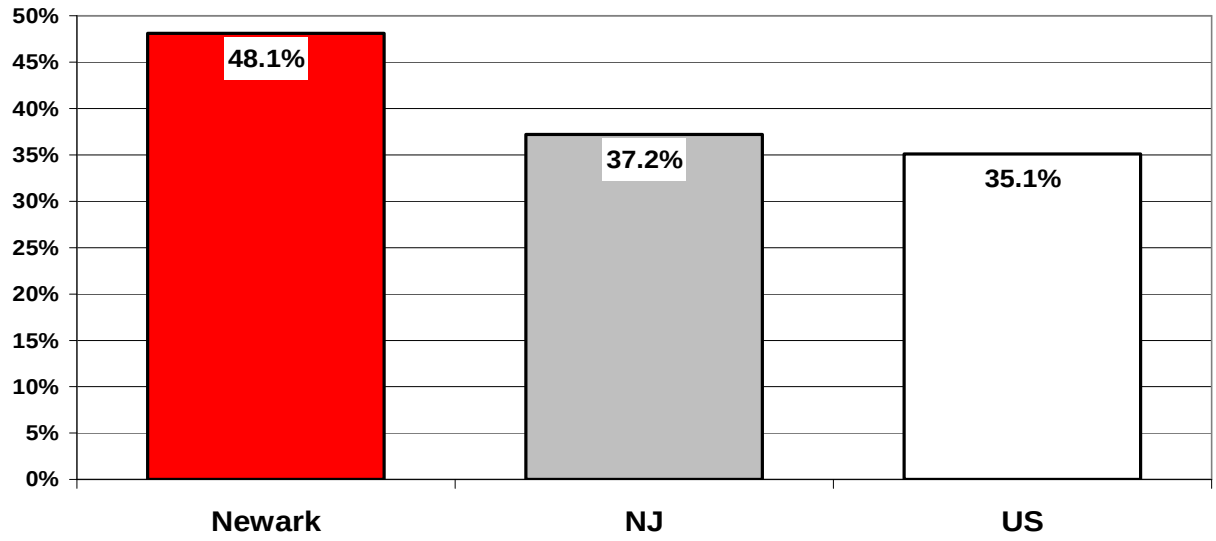
Figure 15: Obesity Among Adults Aged 18+ (Age Adjusted), 2014



Less than 7 Hours of Sleep

Sleep plays a vital role in good health and well-being throughout your life. Getting enough quality sleep at the right times can help protect your mental health, physical health, quality of life, and safety.[3] A minimum of 7 hours of sleep per night is generally considered essential for good health. Lack of adequate sleep is a major problem across the US. Nearly half of Newark adults do not get adequate sleep, compared to two in five NJ adults and one third of adults across the US.

Figure 16: Sleeping Less than 7 Hours Among Adults Aged 18+ (Age Adjusted), 2014



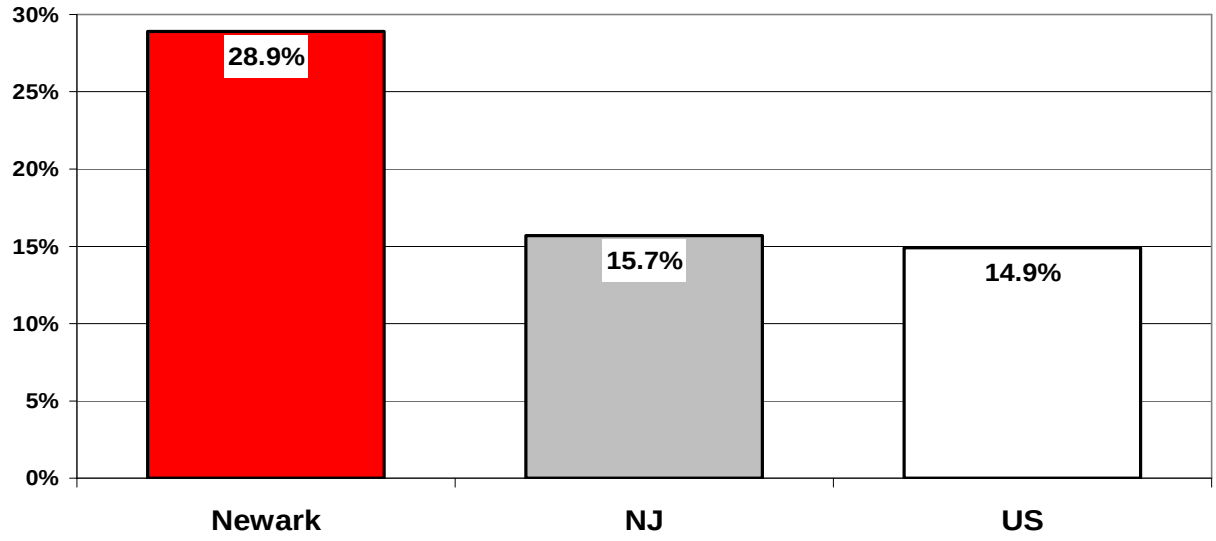
[3] National Institutes of Health. National Heart, Lung and Blood Institute. https://www.nhlbi.nih.gov/health/health-topics/topics/sdd/why

Use of Preventive Services – Age 18 and Older

Current Lack of Health Insurance Among Adults Age 18-64

Nearly 30% of Newark adults age 18-64 reported lack of health insurance in 2014 – twice as high as NJ and US. In 2014 New Jersey implemented Medicaid Expansion to insure low income adults, an option available in the Affordable Care Act (ACA). The uninsured percentage in Newark may decline in 2015.

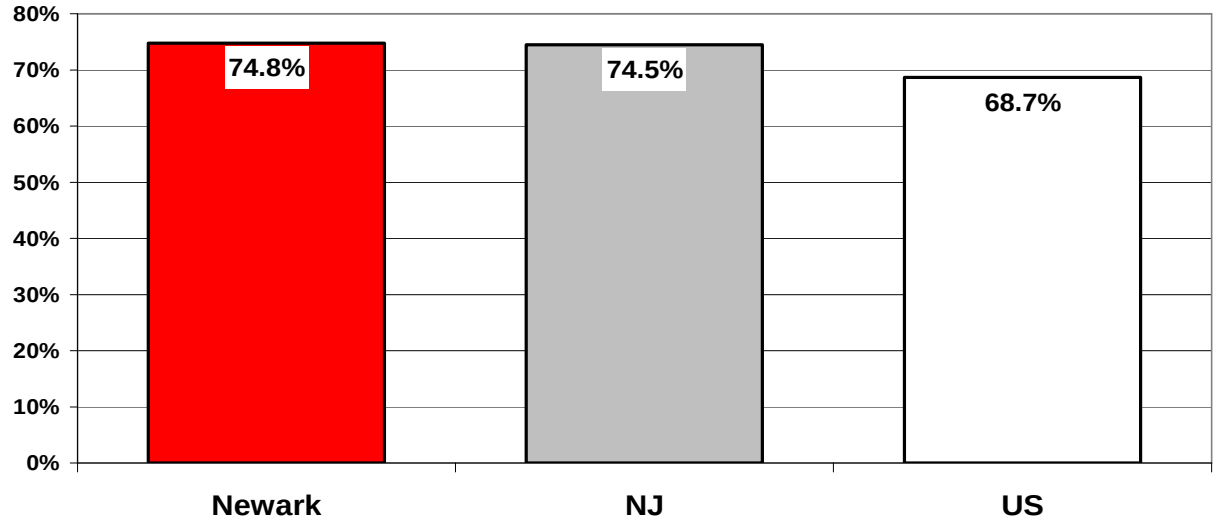
Figure 17: Current Lack of Health Insurance Among Adults Aged 18-64 (Age Adjusted), 2014



Visits To Doctor For Routine Checkup Within The Past Year

Three quarters of Newark adults reported seeing a doctor for routine check up, the same as NJ residents and slightly higher than the US.

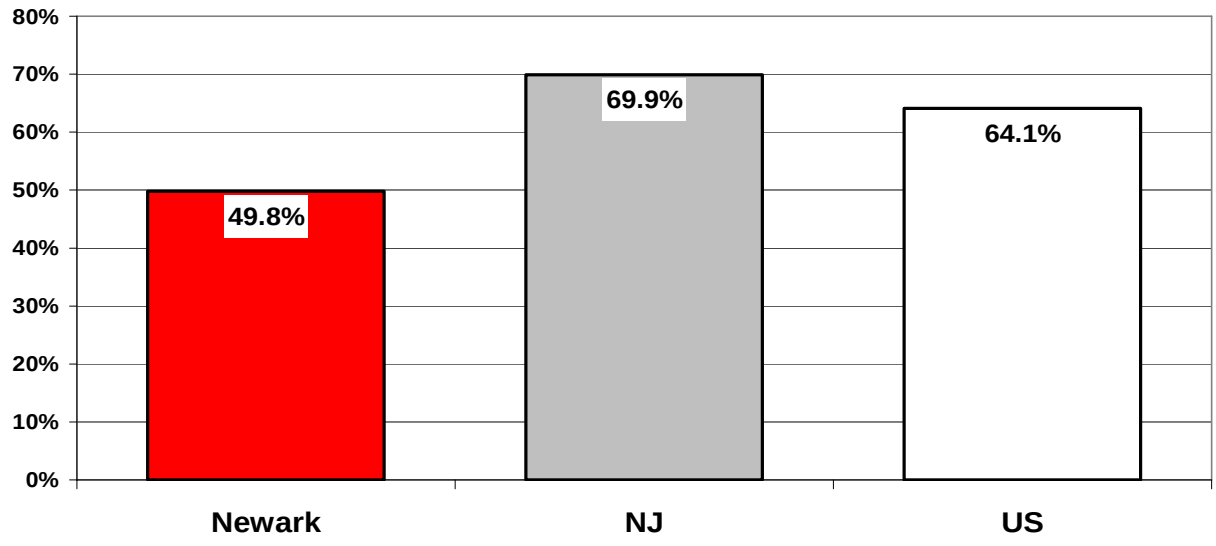
Figure 18: Visits to Doctor for Routine Checkup within the Past Year Among Adults Aged 18+ (Age Adjusted), 2014



Visits To Dentist Or Dental Clinic

Only half of Newark adults reported visiting a dentist or dental clinic compared to two-thirds of adults in NJ and the US. This confirms the need for oral health education and services in Newark.

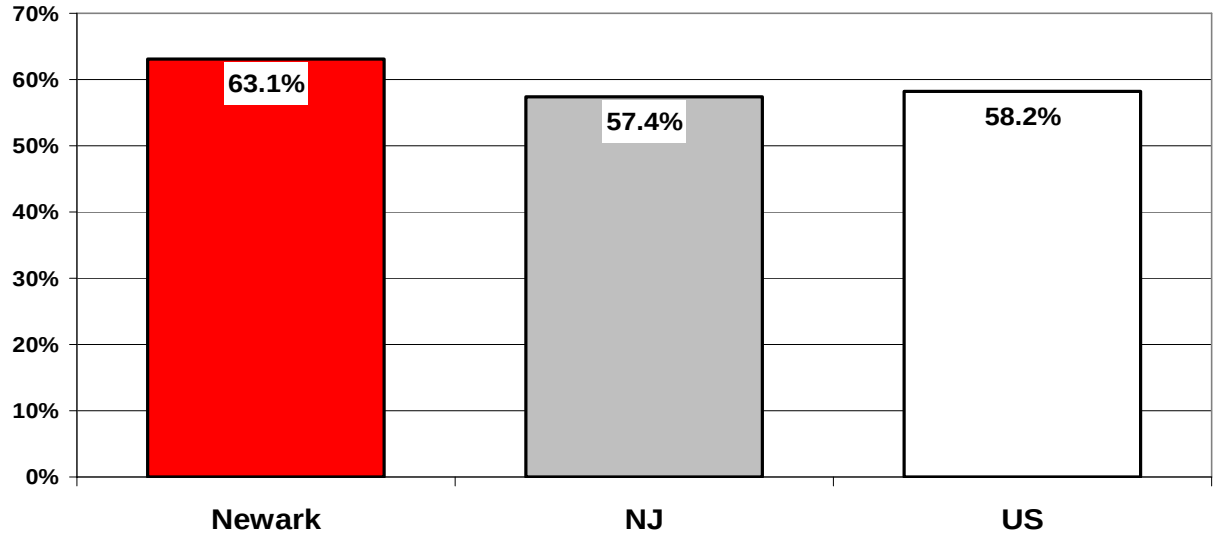
Figure 19: Visits to a Dentist or Dental Clinic Among Adults Aged 18+ (Age Adjusted), 2014



Taking Medicine for High Blood Pressure Control

Almost two-thirds of Newark adults with high blood pressure (HBP) are taking medications to control HBP, slightly higher than the rates for NJ and US.

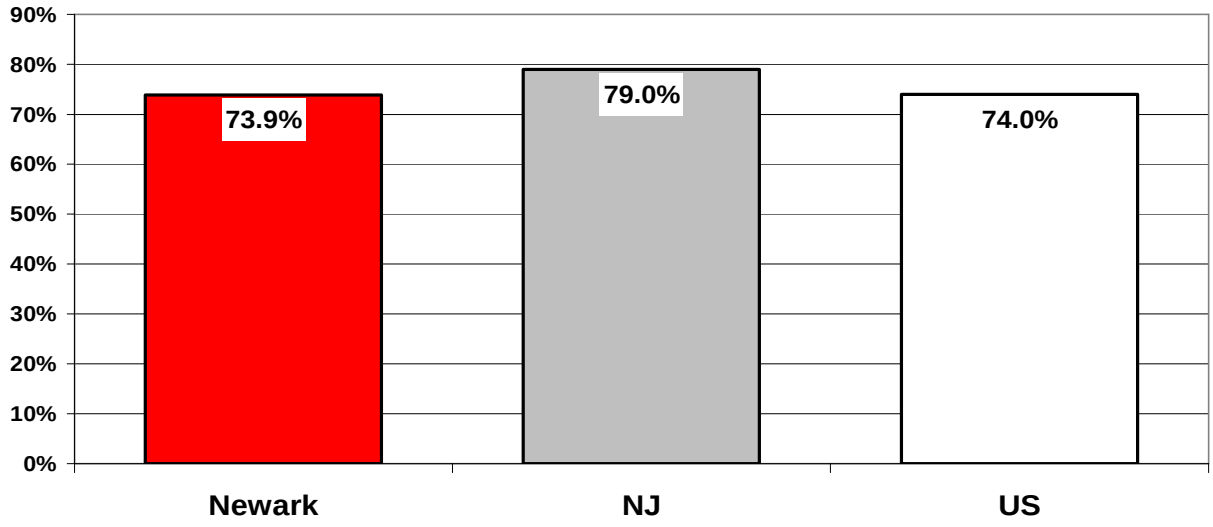
Figure 20: Taking Medicine for High Blood Pressure Among Adults Aged 18+ with High Blood Pressure (Age Adjusted), 2014



Cholesterol Screening

Nearly ¾ of Newark adults report having cholesterol screening, the same as the US and slightly less than NJ. There is a need for more cholesterol screening in Newark which can be done by the many health agencies engaged in preventive screenings.

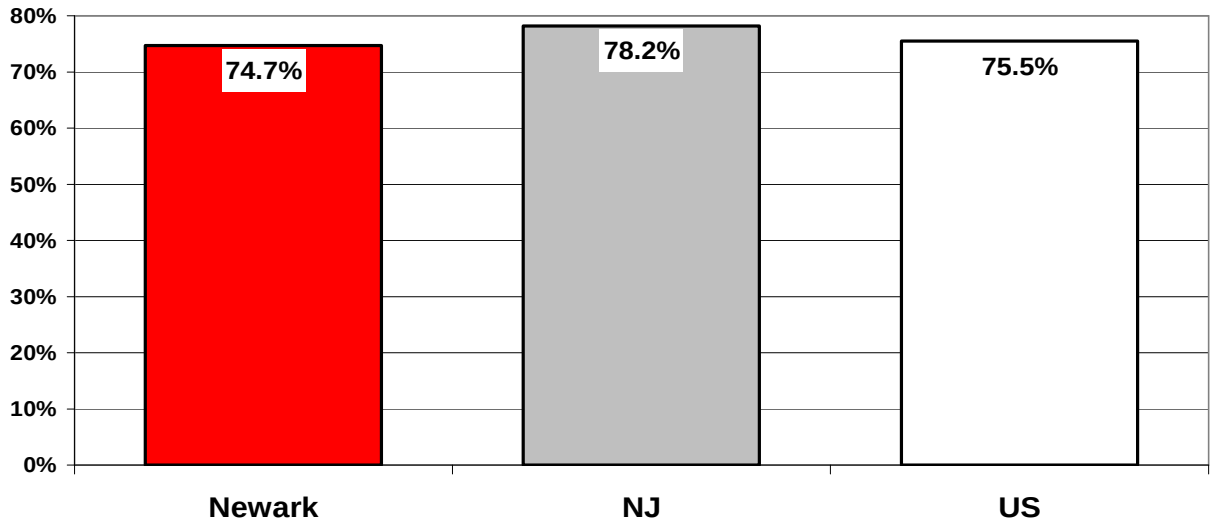
Figure 21: Cholesterol Screening Among Adults Aged 18+ (Age Adjusted), 2014



Mammography Use Among Women Aged 50-74 Years

Three quarters of Newark women age 50-74 reported having a mammogram, comparable to NJ and the US.

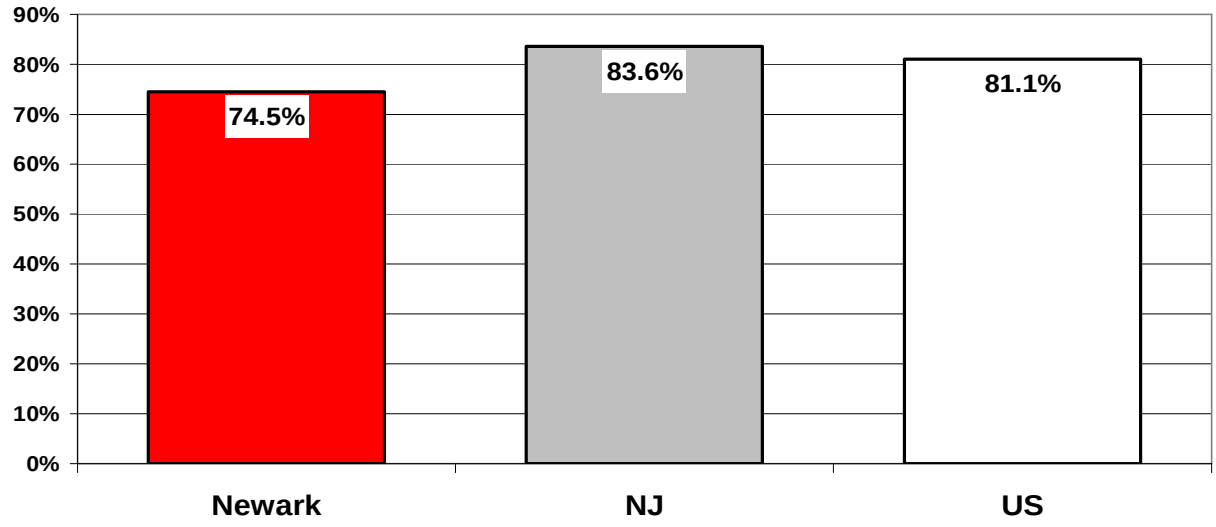
Figure 22: Mammography Use Among Women Aged 50-74 Years (Age Adjusted), 2014



Papanicolaou Smear Use Among Adult Women Aged 21-65 Years

Nearly ¾ of Newark women aged 21-65 have had a Pap smear for cervical cancer, slightly less than the 84% for NJ and 81% for US women. These rates are good for Newark but there is always a need for education to Newark women on cervical cancer screening.

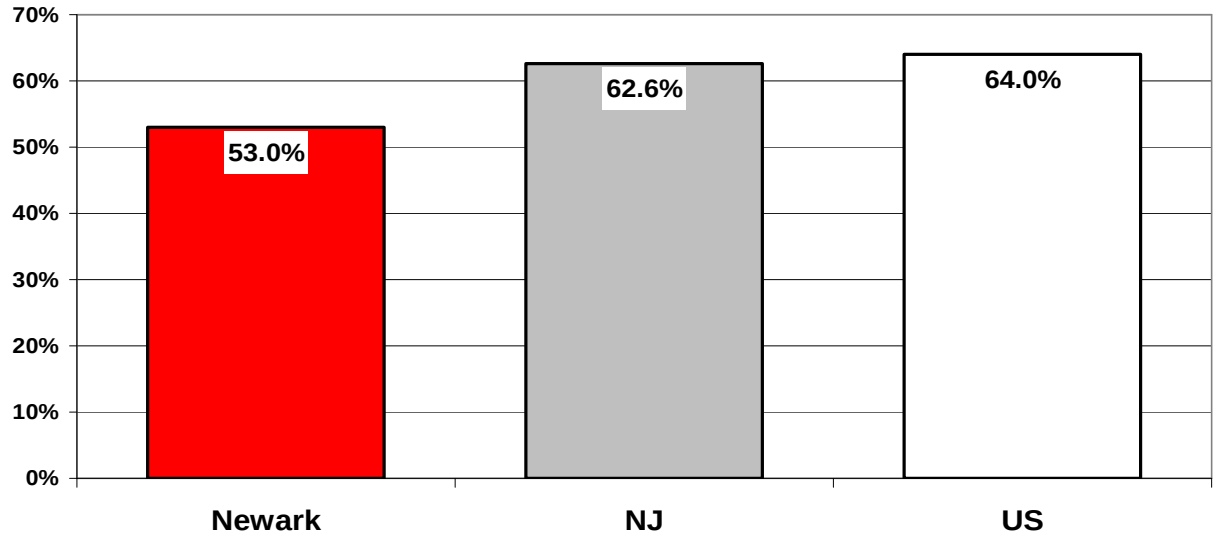
Figure 23: Pap Smear Use Among Adult Women Aged 21-65 Years (Age Adjusted), 2014



Fecal Occult Blood Test, Sigmoidoscopy, or Colonoscopy Among Adults Aged 50-75 Years

Slightly more than half of Newark adults age 50-75 years old were screened for colon cancer, compared to nearly two-thirds of NJ and US adults age 50-75. expanding colon cancer screening is an opportunity for Newark to improve health of its older adults.

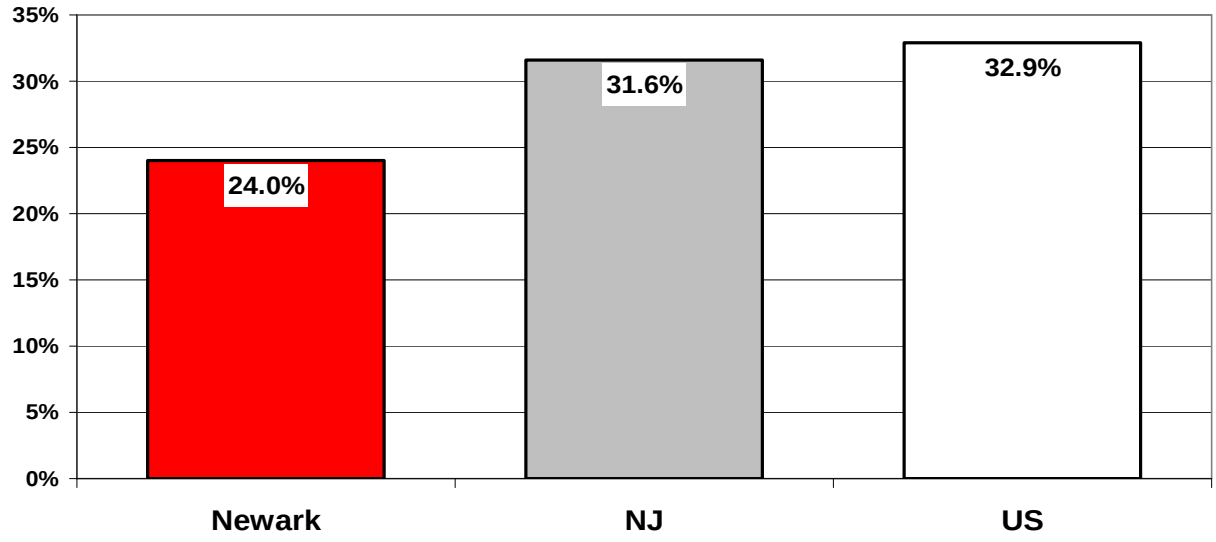
Figure 24: Fecal Occult Blood Test, Sigmoidoscopy, or Colonoscopy Among Adults Aged 50-75 Years (Age Adjusted), 2014



Up-To-Date on Core Set of Clinical Preventive Services (Flu Shot Past Year, Pneumococcal Shot Ever, Colorectal Cancer Screening) Among Men Aged ≥65 Years

Only one quarter of Newark men age 65 and older reported receiving all of these preventive services compared to almost one-third for NJ and US men age 65 and older. This is an opportunity for Newark to improve the health of its senior males.

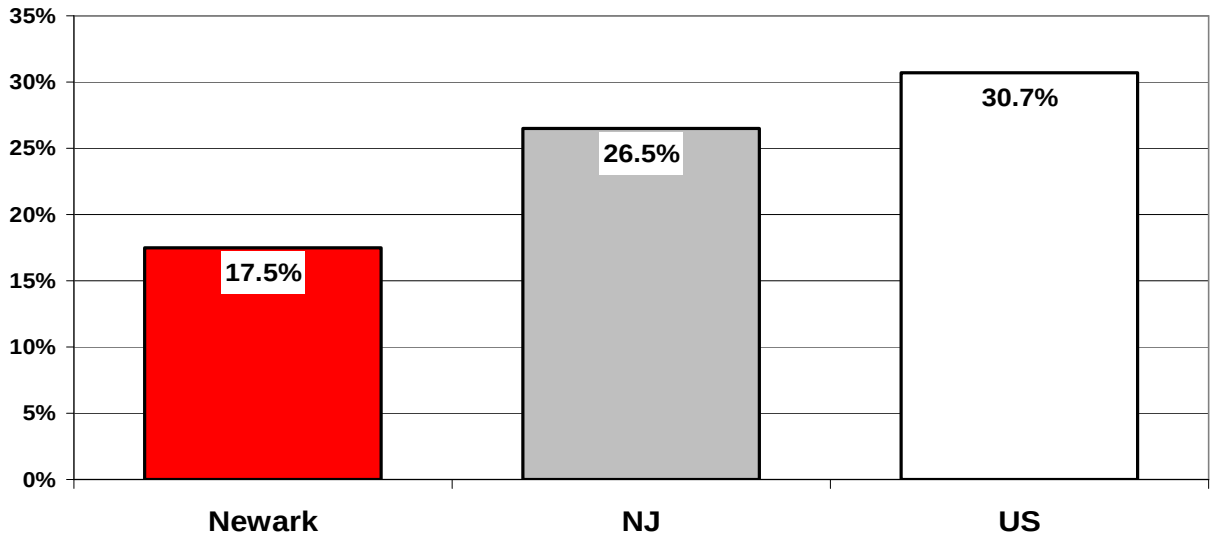
Figure 25: Up-To-Date on a Core Set of Preventive Services (Flu Shot Past Year, Pneumonia Shot Ever, Colorectal Cancer Screening) Among Men Aged ≥ 65 Years (Age Adjusted), 2014



Up-To-Date on Core Set of Clinical Preventive Services (Same as Men Plus Mammogram in Past 2 Years) Among Women Aged ≥65 Years

Less than 20% of Newark women age 65 and older had the recommended screening services of flu shot, pneumonia shot, colorectal cancer screening and mammogram. Only ¼ of NJ women received these screenings, compared to 30% of US women. This is an area of significant health improvement for Newark senior adult women.

Figure 26: Up-To-Date on a Core Set of Preventive Services (Same as Men plus Mammogram in Past 2 Years) Among Women Aged ≥ 65 Years (Age Adjusted), 2014



IV. Health Status

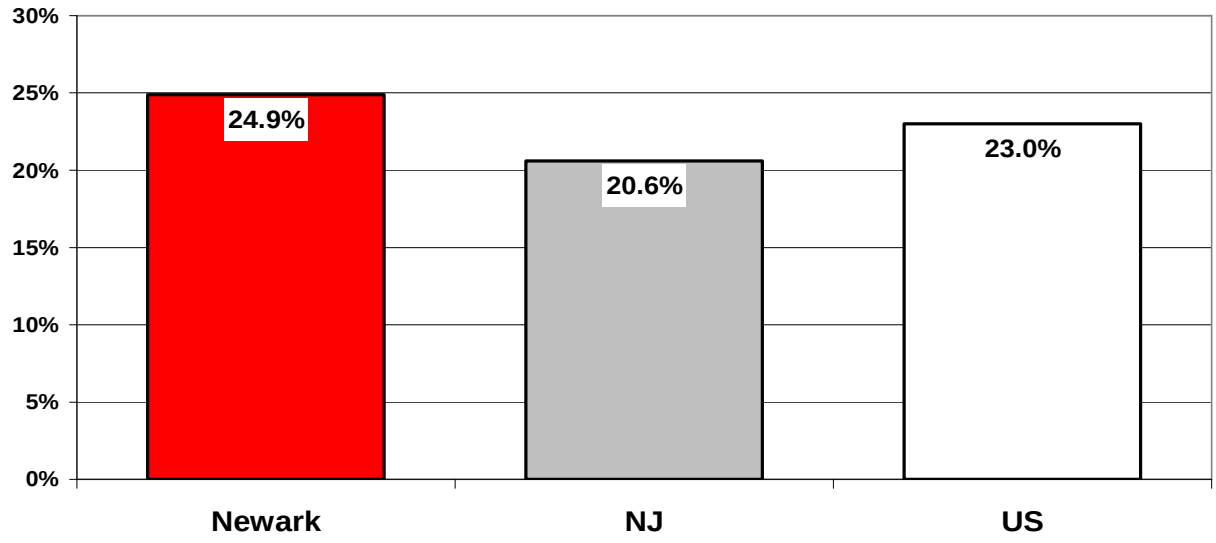
A. Health Conditions

Health Outcomes – Age 18 and Older

Arthritis

Arthritis includes more than 100 rheumatic diseases and conditions that affect joints, the tissues that surround the joint and other connective tissue. Arthritis is a leading cause of disability in the United States and one of the most common chronic conditions in the nation. Arthritis is a common cause of chronic pain.[4] Arthritis is prevalent in one in four Newark adults, which is comparable to the US and NJ.

Figure 27: Arthritis Among Adults Aged 18+ (Age Adjusted), 2014



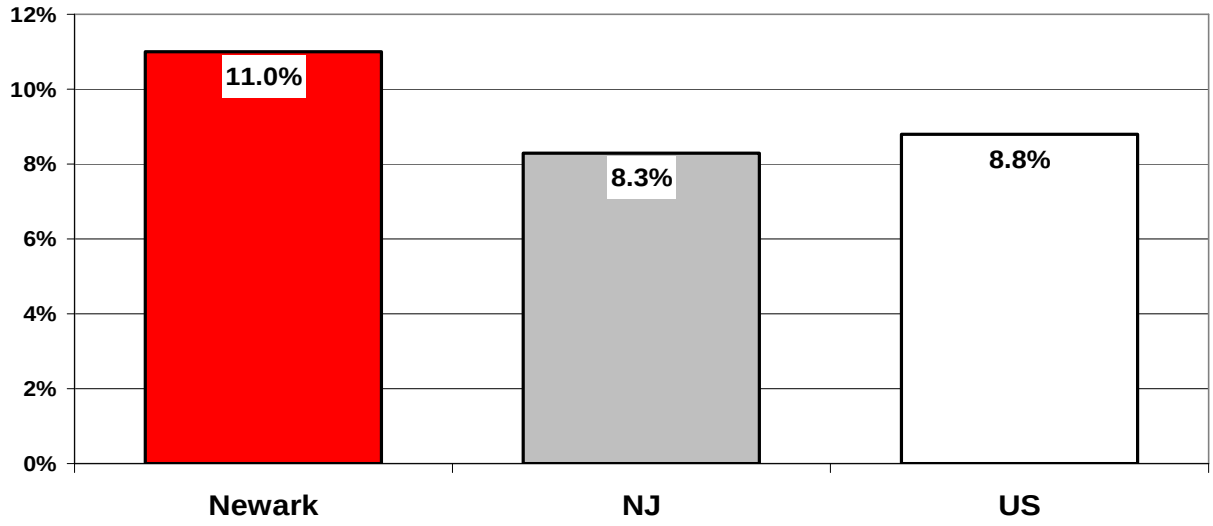
Current Asthma Prevalence

Asthma is a disease that affects the lungs. It causes repeated episodes of wheezing, breathlessness, chest tightness, and nighttime or early morning coughing. It is one of the most common long-term diseases of children, but adults can have asthma, too. Asthma can be controlled by taking medicine, avoiding the triggers that can cause an attack, and removing triggers in your environment that can make asthma worse.[5]

An estimated 11% of Newark adults currently have asthma, 25% higher than the rest of NJ and US.

[4] Centers for Disease Control and Prevention. https://www.cdc.gov/arthritis/
[5] Centers for Disease Control and Prevention. https://www.cdc.gov/asthma/default.htm

Figure 28: Current Asthma Prevalence Among Adults Aged 18+ (Age Adjusted), 2014



High Blood Pressure

Blood pressure is the force of blood pushing against the walls of the arteries as the heart pumps blood. High blood pressure is a common disease in which blood flows through blood vessels (arteries) at higher than normal pressures. Normal blood pressure for adults is defined as a systolic pressure below 120 mmHg and a diastolic pressure below 80 mmHg. It is normal for blood pressures to change when you sleep, wake up, or are excited or nervous. When you are active, it is normal for your blood pressure to increase. However, once the activity stops, your blood pressure returns to your normal baseline range. Blood pressure normally rises with age and body size.[6]

Abnormal Blood Pressure. Abnormal increases in blood pressure are defined as having blood pressures higher than 120/80 mmHg. The following table outlines and defines high blood pressure severity levels.

Stages of High Blood Pressure in Adults

Stages	Systolic (top number)		Diastolic (bottom number)
Prehypertension	120–139	**OR**	80–89
High blood pressure Stage 1	140–159	**OR**	90–99
High blood pressure Stage 2	160 or higher	**OR**	100 or higher

Source: National Institutes of Health. National Heart, Lung and Blood Institute.

Risk Factors. Anyone can develop high blood pressure; however, age, race or ethnicity (African-American), being overweight, gender (men under age 55, women over age 55), lifestyle habits (lack of physical activity, excess sodium or alcohol), and a family history of high blood pressure can increase the risk for developing high blood pressure.

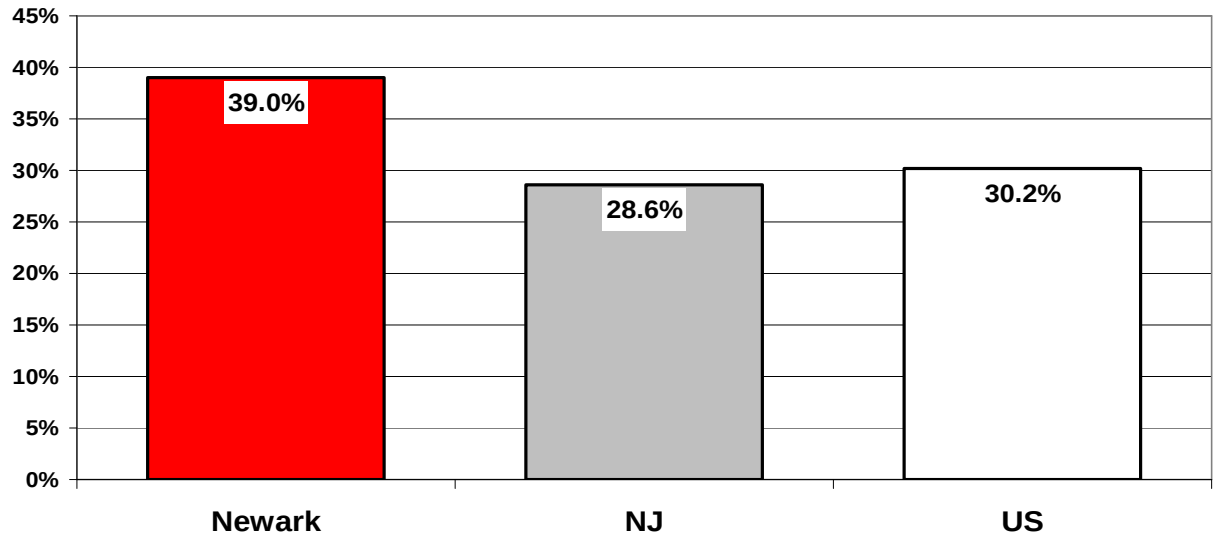
Complications of High Blood Pressure. When blood pressure stays high over time, it can damage the body and cause complications. Some common complications and their signs and symptoms include:

[6] National Institutes of Health. National Heart, Lung and Blood Institute. https://www.nhlbi.nih.gov/health/health-topics/topics/hbp.

Aneurysms, Chronic Kidney Disease, Cognitive Changes, Eye Damage, Heart Attack, Heart Failure, Peripheral Artery Disease, Stroke.

Nearly 40% of Newark adults have high blood pressure compared to 30% adults in NJ and nationwide.

Figure 29: High Blood Pressure Among Adults Aged 18+ (Age Adjusted), 2014



High Cholesterol

Blood cholesterol level has a lot to do with the chances of getting heart disease. High blood cholesterol is one of the major risk factors for heart disease. When there is too much cholesterol (a fat-like substance) in the blood, it builds up in the walls of the arteries. Over time, this buildup causes "hardening of the arteries" so that arteries become narrowed and blood flow to the heart is slowed down or blocked. The blood carries oxygen to the heart, and if enough blood and oxygen cannot reach your heart, you may suffer chest pain. If the blood supply to a portion of the heart is completely cut off by a blockage, the result is a heart attack.[7]

Cholesterol numbers: Total cholesterol. **LDL** (bad) cholesterol--the main source of cholesterol buildup and blockage in the arteries. **HDL** (good) cholesterol--helps keep cholesterol from building up in the arteries. **Triglycerides**--another form of fat in the blood. Cholesterol levels are measured in milligrams (mg) of cholesterol per deciliter (dL) of blood.

Total Cholesterol Level	Category
Less than 200 mg/dL	Desirable
200-239 mg/dL	Borderline High
240 mg/dL and above	High

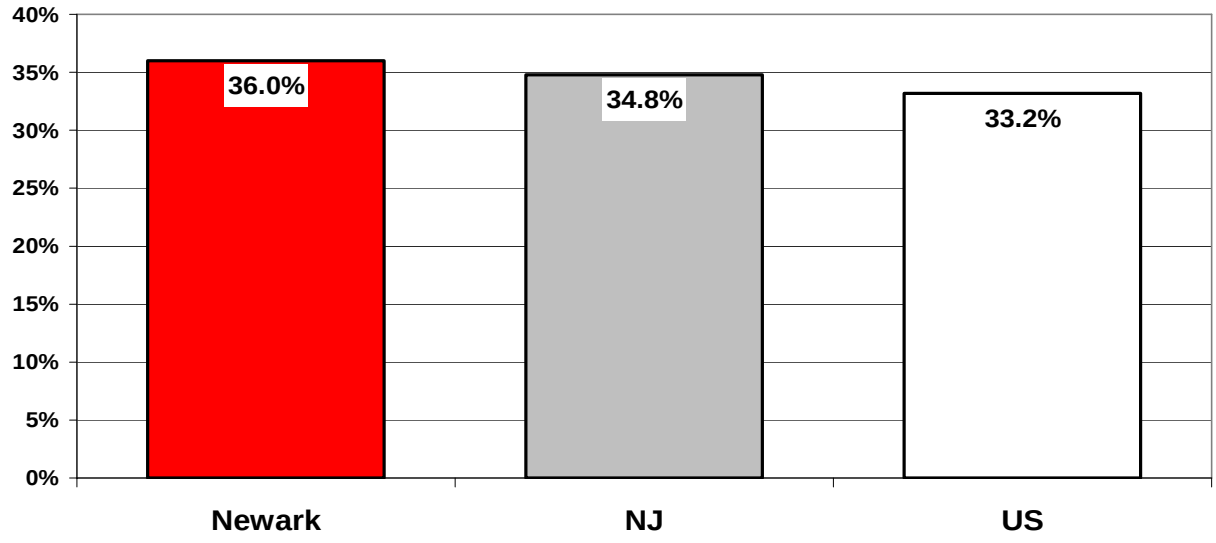
[7] National Institutes of Health. National Heart, Lung and Blood Institute. https://www.nhlbi.nih.gov/health/resources/heart/heart-cholesterol-hbc-what-html

LDL Cholesterol Level	LDL-Cholesterol Category
Less than 100 mg/dL	Optimal
100-129 mg/dL	Near optimal/above optimal
130-159 mg/dL	Borderline high
160-189 mg/dL	High
190 mg/dL and above	Very high

Factors Affecting Cholesterol Levels. Diet. Weight (overweight). Physical Activity (lack of). Age and Gender (older women and men). Heredity.

Over 1/3 of Newark adults have high cholesterol - the same percentages as NJ and the US.

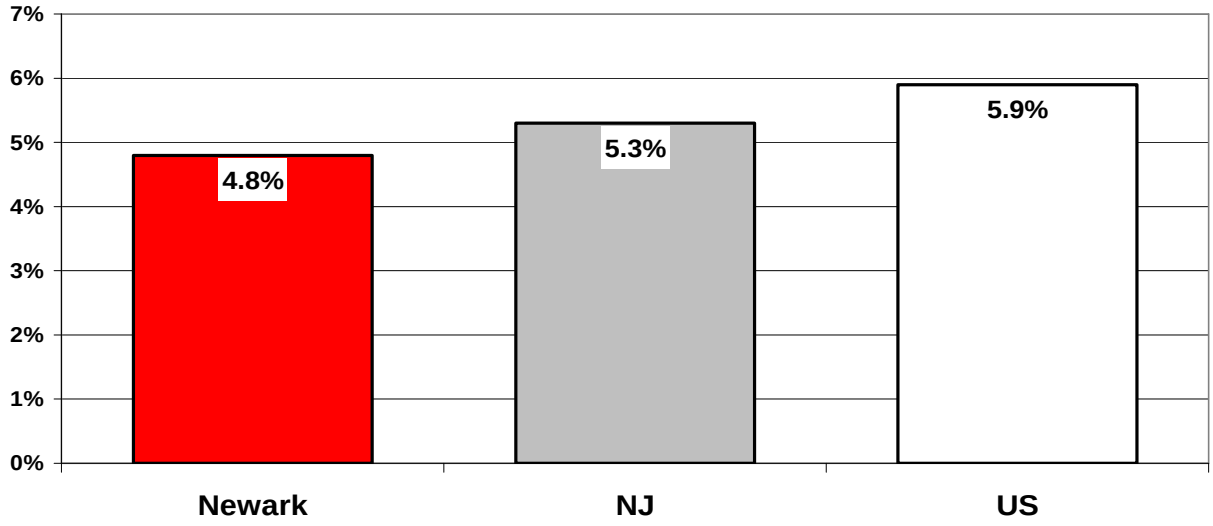
Figure 30: High Cholesterol Among Adults Aged 18+ Who Have Been Screened in the Past 5 Years (Age Adjusted), 2014



Cancer

The percent of Newark adults with cancer is slightly less than NJ and the US.

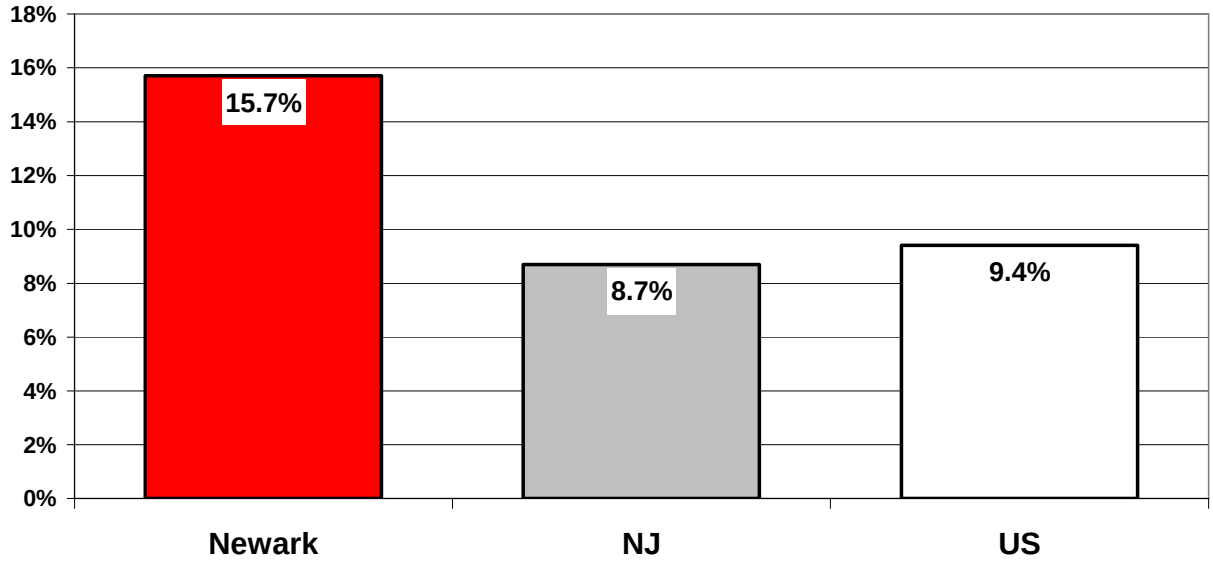
Figure 31: Cancer Among Adults Aged 18+ (Age Adjusted), 2014



Diagnosed Diabetes

The percent of Newark adults diagnosed with diabetes is two-thirds higher than the US and 80% higher than NJ.

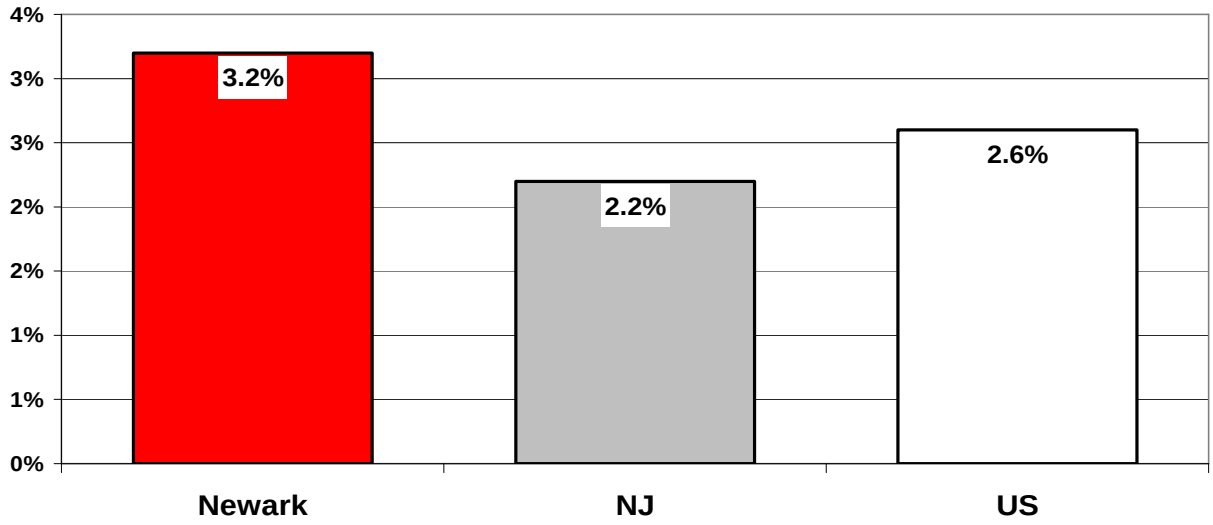
Figure 32: Diagnosed Diabetes Among Adults Aged 18+ (Age Adjusted), 2014



Chronic Kidney Disease

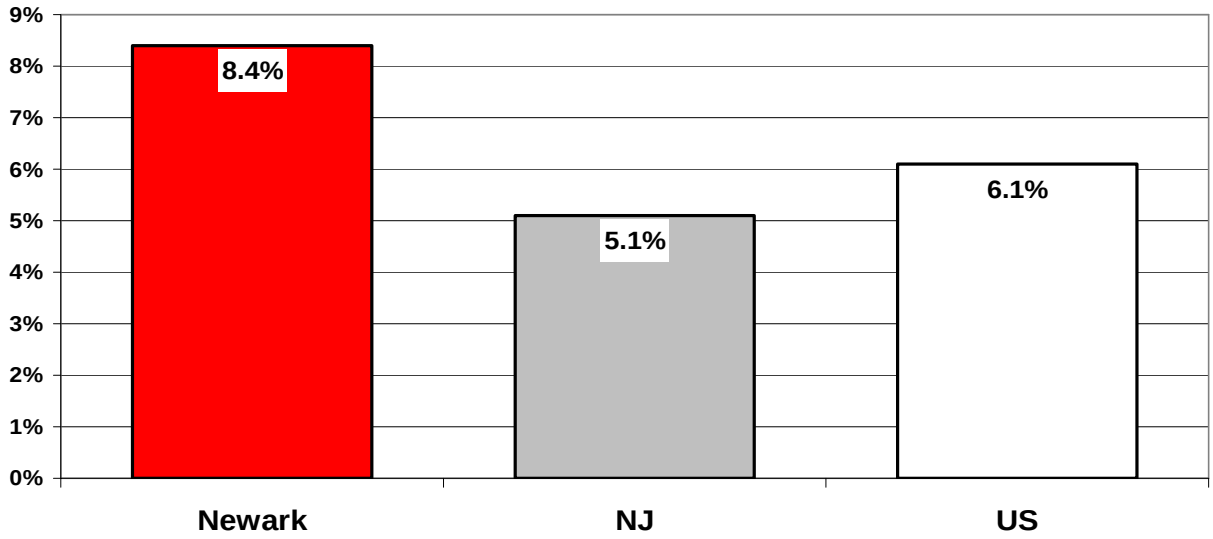
A higher percent of Newark adults have kidney disease than in NJ and the US. This is consistent with higher rates of diabetes.

Figure 33: Chronic Kidney Disease Among Adults Aged 18+ (Age Adjusted), 2014



Chronic Obstructive Pulmonary Disease (COPD)

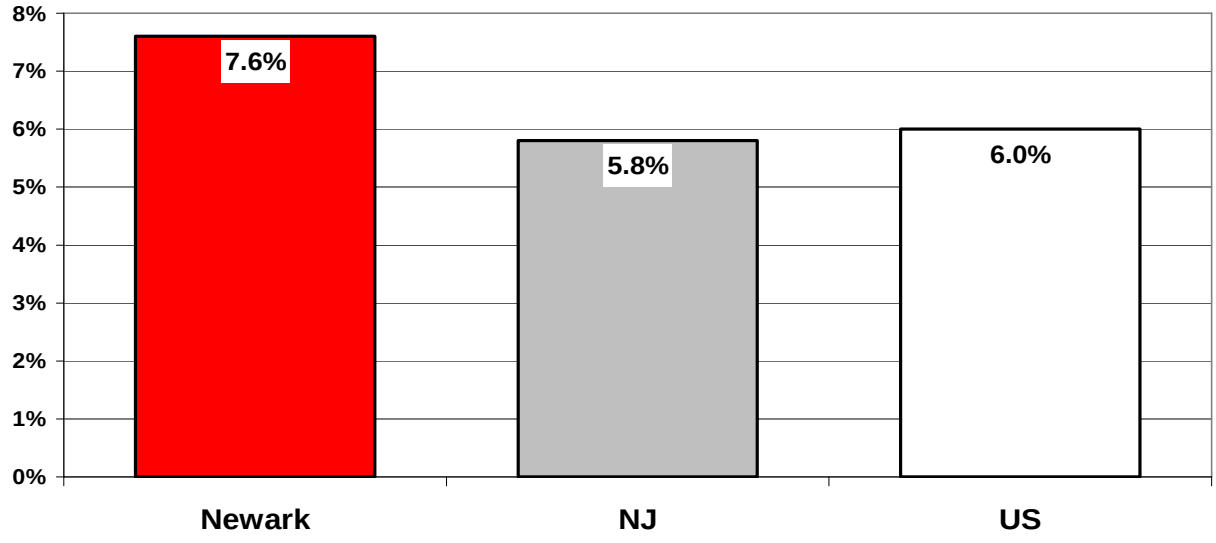
Figure 34: Chronic Obstructive Pulmonary Disease Among Adults Aged 18+ (Age Adjusted), 2014



Coronary Heart Disease

Nearly 8% of Newark adults reported having coronary heart disease, which is 25% higher than NJ and US percentages.

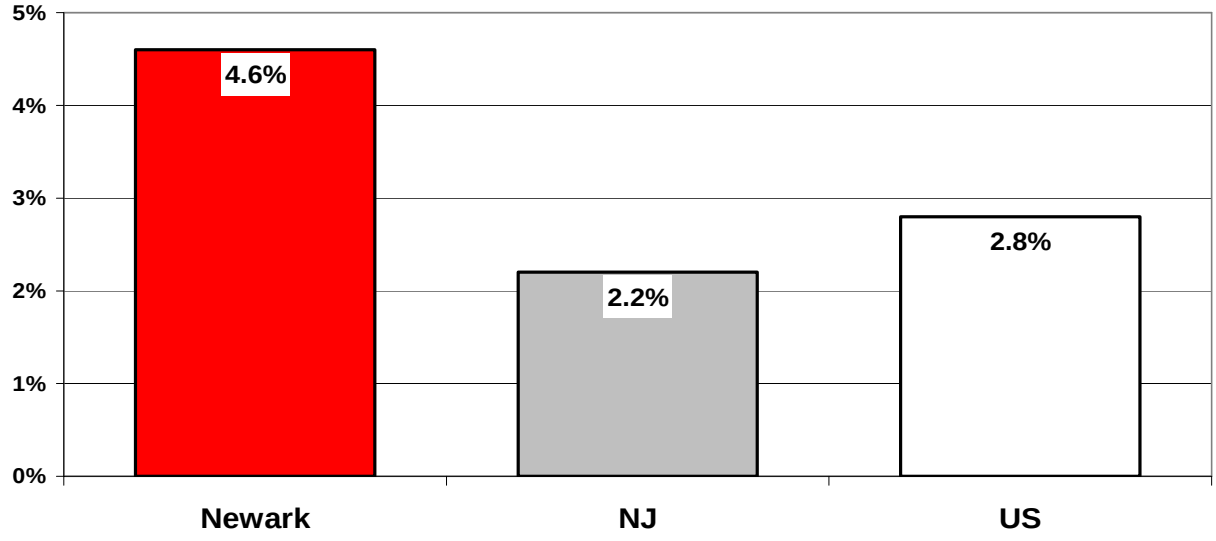
Figure 35: Coronary Heart Disease Among Adults Aged 18+ (Age Adjusted), 2014



Stroke

Twice as many Newark adults reported having a stroke compared to NJ and the US.

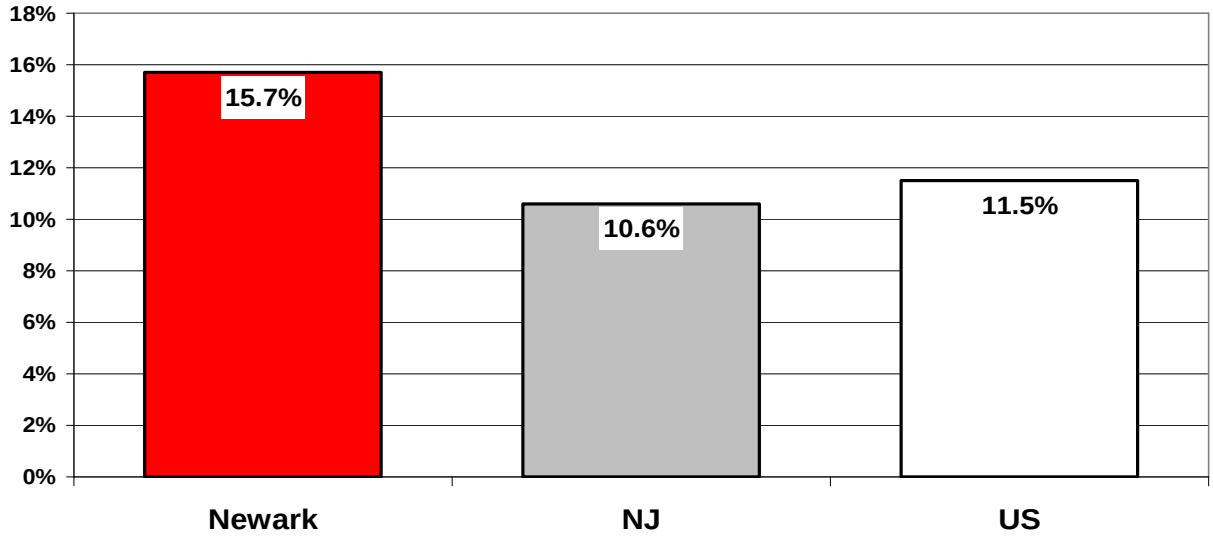
Figure 36: Stroke Among Adults Aged 18+ (Age Adjusted), 2014



Mental Health Not Good for 14+ Days

Nearly one in six Newark adults reported that their mental health was not good for 14+ days in the past month, almost 50% higher than NJ and the US.

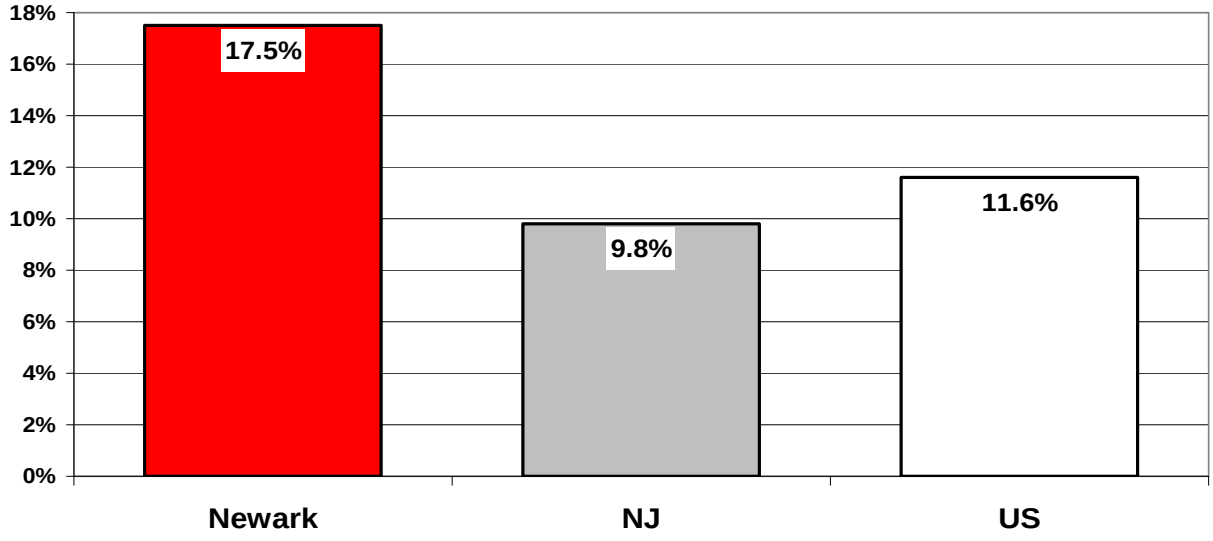
Figure 37: Mental Health Not Good for >= 14 Days Among Adults Aged 18+ (Age Adjusted), 2014



Physical Health Not Good for 14+ Days

Nearly one in five Newark adults said that their physical health was not good for 14+ days in the past month, over 50% more than NJ and the US.

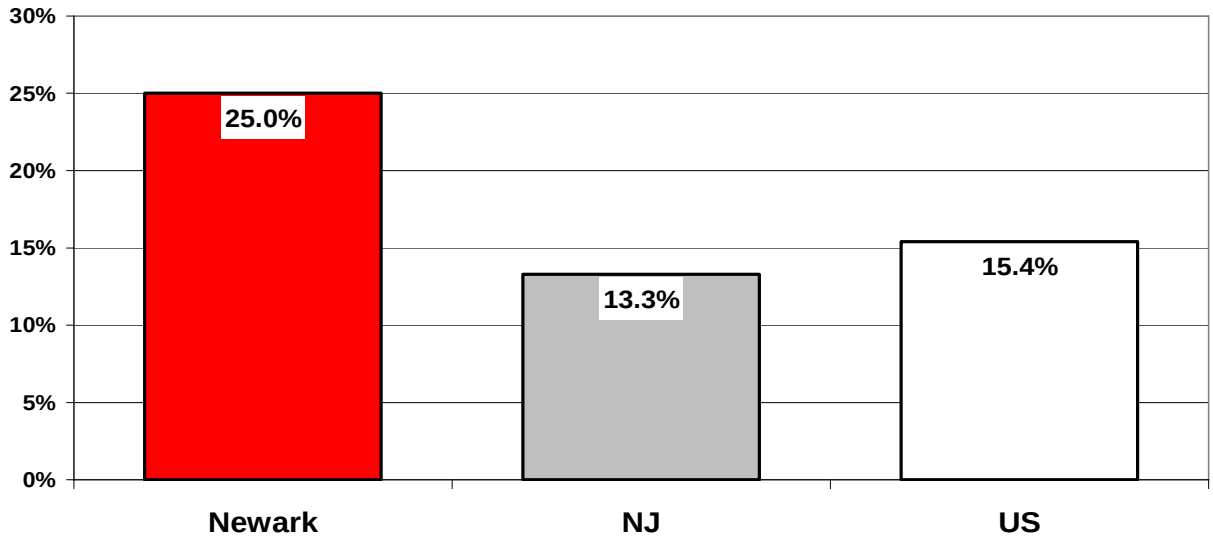
Figure 38: Physical Health Not Good for >= 14 Days Among Adults Aged 18+ (Age Adjusted), 2014



All Teeth Lost

One quarter of Newark adults reported that they had lost all of their teeth, more than 60% higher than NJ and US adults. In Newark, there is a need for both education on the importance of oral health and accessible oral health care services.

Figure 39: All Teeth Lost Among Adults Aged 18+ (Age Adjusted), 2014



B. Maternal, Infant and Child Health

Prenatal Care

Appropriate prenatal care, that is, care provided by a health professional to pregnant women, can enhance pregnancy outcome by assessing risk, providing health care advice, and managing chronic and pregnancy-related health conditions. This measure is the **percent of women with a live birth whose first prenatal care visit was in the first trimester of their pregnancy.**

Women residing in Newark who gave birth in 2015 continued to receive timely prenatal care (first trimester) at lower rates than their counterparts in the rest of New Jersey and across the U.S. – at **59.9% versus 73.7% and 83.9%**, respectively. The rates continue patterns in Newark shown in 2005 and 2010.

Similarly, the percent of Newark women giving birth in 2015 who had no prenatal care (3.1%) exceeded the statewide rate (1.4%) and national rate (0.9% estimated).

Figure 40: Newark Prenatal Care in First Trimester by Race/Ethnicity – 2005, 2010, 2015

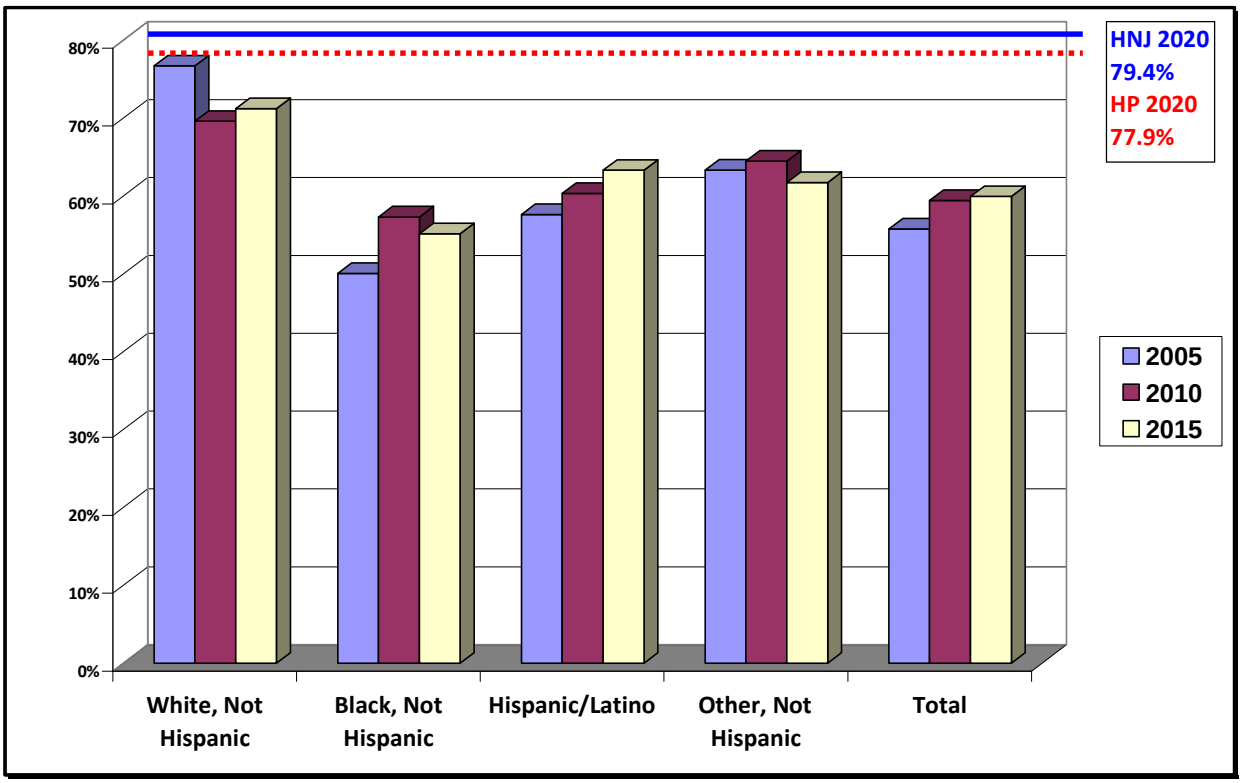


Table 9: Newark Women Receiving Prenatal Care in First Trimester by Race/Ethnicity – 2005, 2010, 2015

Race/Ethnicity		Prenatal Care 1st Trimester/ Live Births			% Prenatal Care 1st Trimester		
		2005	2010	2015	2005	2010	2015
White, Not Hispanic	Num	329	167	183	76.7%	69.6%	71.2%
	Denom	429	240	257			
Black, Not Hispanic	Num	1,134	1,200	1,080	50.0%	57.3%	55.2%
	Denom	2,266	2,094	1,958			
Hispanic/Latino	Num	1,018	1,078	1,149	57.6%	60.3%	63.3%
	Denom	1,767	1,787	1,815			
Other, Not Hispanic	Num	57	49	121	63.3%	64.5%	61.7%
	Denom	90	76	196			
Total	Num	**2,538**	**2,494**	**2,533**	**55.8%**	**59.4%**	**59.9%**
	Denom	**4,552**	**4,197**	**4,226**			

Num = Numerator (Women w/ prenatal care in 1st Trimester. Denom = Denominator (Total live births)

Newark vs. Healthy People 2020 and Healthy New Jersey 2020. Healthy People 2020 objective (**MICH-10)** is to increase the proportion of pregnant women who receive early and adequate prenatal care. **MICH-10.1** goal is to Increase the proportion of pregnant women who receive prenatal care beginning in the first trimester. **Healthy New Jersey 2020** adopts this objective but increases the target and provides targets by race/ethnicity.

Importance: Women who receive early and consistent prenatal care (PNC) increase their likelihood of giving birth to a healthy child. Health care providers recommend that women begin prenatal care in the first trimester of their pregnancy.

Table 10: Healthy People 2020 and Healthy NJ 2020 Targets for Prenatal Care and Newark 2015

	Healthy People 2020	Healthy NJ 2020	Newark 2015
Baseline (2007) – Total Population	**70.8%**		**59.9%**
Target – Target Population	**77.9%***	**79.4%**	**59.9%**
Target Other Populations			
Whites (Not Hispanic)		**90.7%**	**71.2%**
Blacks (Not Hispanic)		**67.4%**	**55.2%**
Hispanic (All Races)		**72.1%**	**63.3%**
Asian/Pacific Islanders		**90.8%**	**N/A**

*Target-Setting Method: 10% improvement

Low Birthweight

The weight of the newborn is an important predictor of future morbidity and mortality. Low birthweight - less than 2,500 grams (5 lbs. 8 oz.) - carries risks. For very low birthweight infants - less than 1,500 grams or 3 lbs. 4 oz. - the risk of dying in the first year of life is nearly 100 times that of normal weight infants. The risk for moderately low birthweight infants (1,500 to 2,499 grams) is more than five times higher than that of heavier newborns.

Low birth weight (LBW) increases the risk for infant morbidity and mortality. LBW infants are at greater risk of dying in the first month of life. LBW infants may require intensive care at birth and are at higher risk of developmental disabilities and chronic illnesses throughout life. They are more likely to require special education services. Health care costs and length of hospital stay are higher for LBW infants.

Of the 4,244 Newark resident births in 2015, 9.8% were of low birthweight. This rate is slightly higher than comparable totals for New Jersey and the United States of 8.1%. By race/ethnicity, low weight births to African American mothers were higher than the total rates, at 12.3% of total African American births in Newark, 12.2% in New Jersey and 13.3% in the United States.

The percent of very low weight births in 2015 was higher in Newark, at 2.1% of total live births versus 1.4% for New Jersey and the US.

Trends. The percents of LBW and VLBW in Newark have declined over the past 10 years.

Figure 41: Percent Births of Low Birthweight in 2015 - Newark, NJ and US

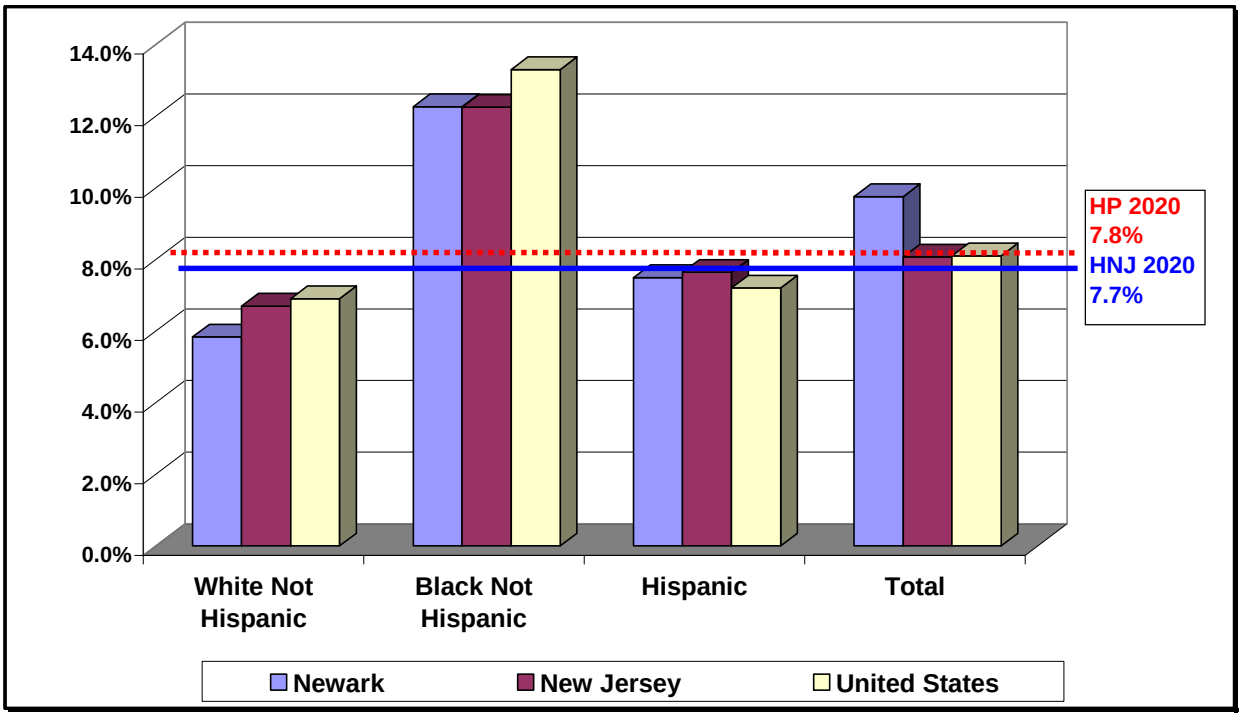
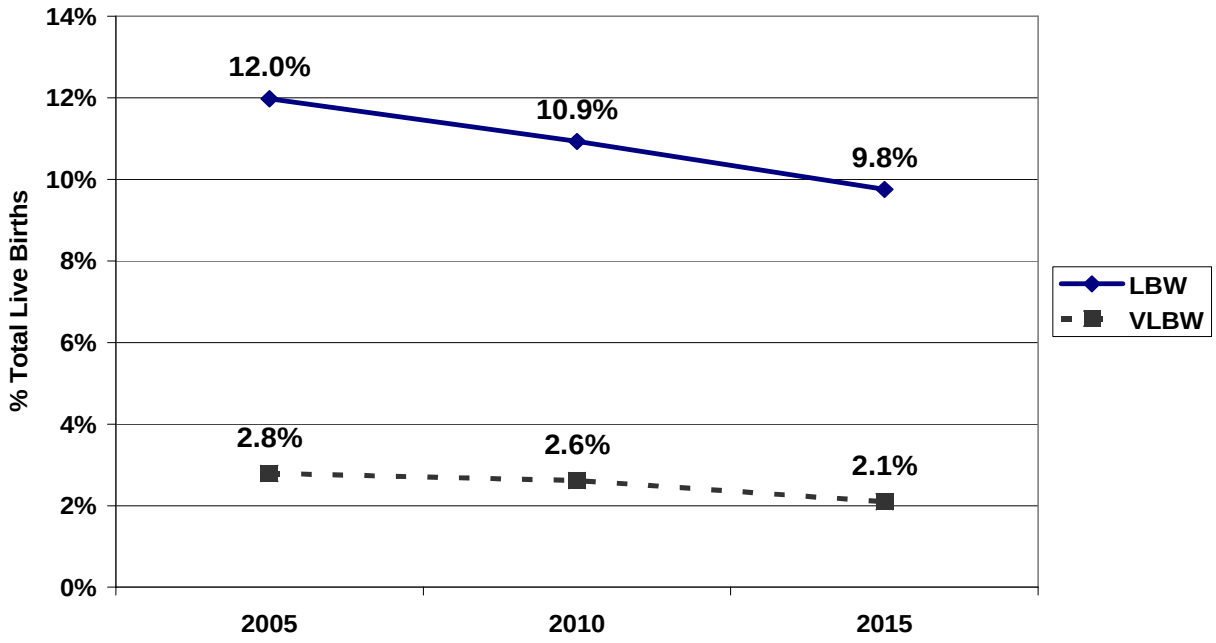


Figure 42: Trends in Newark LBW and VLBW in 2005, 2010, 2015



Progress Toward Healthy People 2020 and Healthy NJ 2020. Both NJ and the US are on target for meeting the 2020 goals for LBW – and have already achieved the total goals. Newark has met the HNJ 2020 goals for Non-Hispanic White and Blacks and has made significant progress toward the total goal.

Table 11: Healthy People 2020 and Healthy NJ 2020 Targets for Low Birthweight and Newark 2015

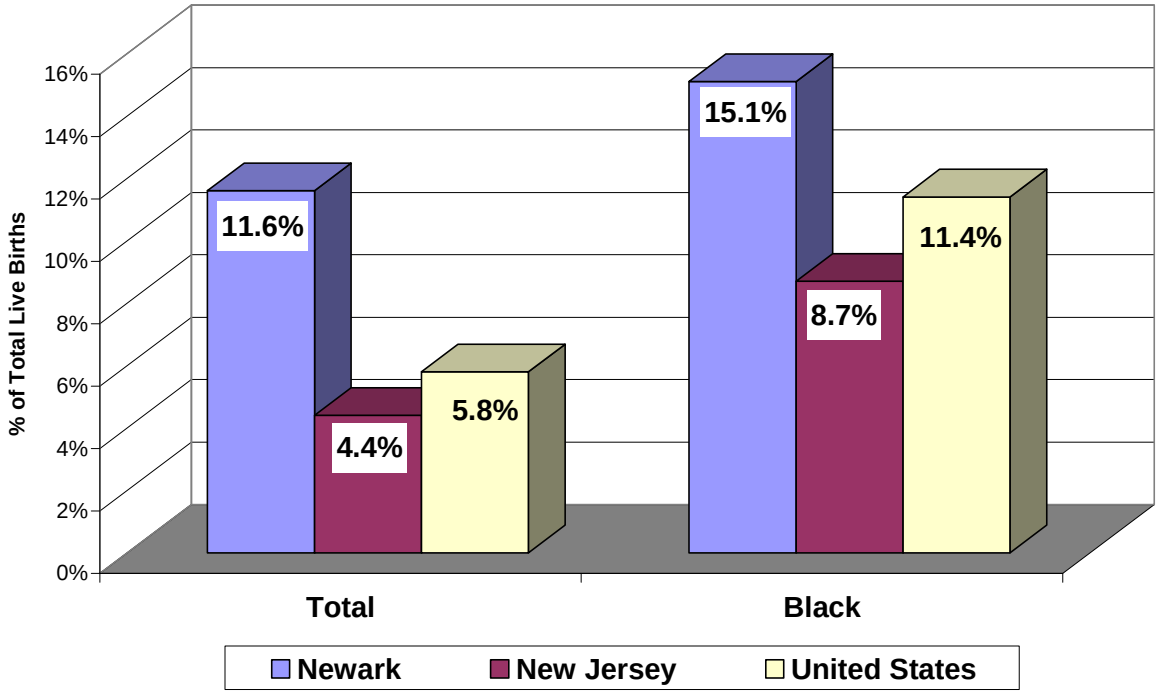
	Healthy People 2020	Healthy NJ 2020	Newark 2015
Baseline (2007) – Total Population	**8.2%**		**9.8%**
Target – Target Population	**7.8%**	**7.7%**	**9.8%**
Target Other Populations			
Whites (Not Hispanic)		**6.9%**	**5.8%**
Blacks (Not Hispanic)		**12.4%**	**12.3%**
Hispanic (All Races)		**7.1%**	**7.5%**
Asian/Pacific Islanders		**7.9%**	**N/A**

Infant Mortality

The rate of infant mortality - deaths per 1,000 live births - in Newark is higher than in New Jersey and the United States – 11.6 versus 4.4 and 5.8 in 2014.

Rates of black infant mortality in 2014 were higher in all geographic areas – at 15.1 in Newark, 8.7 in New Jersey, and 11.4 in the US.

Figure 43: Total and Black Infant Mortality in 2014 – Newark, NJ, US



Progress Toward Healthy People 2020 and Healthy NJ 2020. Both NJ and the US have already achieved the total 2020 goals. Newark is far from meeting the total goals. Black infant mortality is a challenge in all jurisdictions but especially in Newark and the US.

Table 12: Healthy People 2020 and Healthy NJ 2020 Targets for Infant Mortality and Newark 2015

	Healthy People 2020	Healthy NJ 2020	Newark 2015
Baseline (2006) – Total Population	**6.7%**		**11.6%**
Target – Target Population	**6.0%**	**4.8%**	**11.6%**
Target Other Populations			
Whites (Not Hispanic)		**1.9%**	**4.4%****
Blacks (Not Hispanic)		**6.0%**	**15.1%**
Hispanic (All Races)		**4.5%**	**5.3%****
Asian/Pacific Islanders		**2.2%**	**N/A**

*Target-Setting Method: 10% improvement
** Aggregated years by NJSHAD due to small annual numbers.

C. Environmental Health

Childhood Lead Poisoning

The definition of childhood lead poisoning due to Elevated Blood Lead Level (EBLL) has changed over the past 10 years from 20 µg/dL (micrograms per deciliter) or greater in 2005 to 15 µg/dL or greater by 2010 to 10 µg/dL or greater in 2015. These changes are based on scientific findings regarding the impact of lead exposure on child development.

Newark has a higher than average incidence of childhood lead poisoning compared to the entire state per most recent blood-lead monitoring data available for State Fiscal Year(SFY) 2015 from July 1, 2014 through June 30, 2015. However, **children in Newark are screened for lead poisoning at higher rates than the rest of the state.** In SFY2015, 61.6% of young children were screened for lead compared to 43.4% statewide – 42% higher than statewide rates.

The highest risk for children remains in houses built before 1950, when paints contained a very high percentage of lead. The percent of housing units in Newark built before 1950 has declined from 45% in 2000 to 39% in 2015 - versus 26% in New Jersey and 18% in the U.S. (Census, 2015). Of these older units, 79% in Newark are renter occupied versus 37% in New Jersey and the U.S.

The City of Newark has the greatest number of children with EBLLs compared to any other municipality in the State. Newark comprised 13% of the State's children younger than six (6) years of age with an EBLL during SFY 2015, while only 3.8% of the entire State's population of children in that age group resides in Newark. Additionally, in SFY 2015 it comprised 18% of the total number of children younger than six (6) years of age with an EBLL in all large municipalities.

Of all children* <6 years of age residing in Newark, 0.47% were reported with an EBLL during SFY 2015. By contrast, in two comparable large municipalities (by population*) this percentage was 0.36% (Jersey City), and 0.36% (Paterson).

Newark addresses the issue of elevated blood lead levels in children through several means and has been allotted and continues to seek grants from governmental and non-governmental sources. In the past decade, Newark established and locally administers the State's only Lead-Safe Houses, which are municipally-owned properties. The Lead-Safe Houses are used to relocate residents who have a child with an EBLL and when the family has no other lead-safe housing alternatives. This is a great accomplishment that other municipalities have expressed an interest in also achieving. Further, Newark provides a primary prevention focused, community-based presence through the Newark Partnership for Lead-Safe Children. This partnership provides outreach, education and professional development opportunities to parents, property owners, child care providers and health, social services and housing professionals.

From 2000-2010, Newark applied for and received $16.5 million in federal grant funding from the US Department of Housing and Urban Development (HUD) to remediate over 800 Newark homes of lead hazards and to implement healthy homes interventions which help Newark residents maintain their homes in a lead safe manner and minimize other environmental factors. Most dwellings receiving interventions were rental homes. These lead safe environments which were re-rented to other Newark families assisted in reducing the number of children with EBLL, especially over 20 and 15 Ug/dL.

Table 13: SFY 2015: Number of Children (six (6) to 26 months of age) by BLL for Newark and New Jersey

	Total Children*	% Screened	BLL(ug/dL)						Total
			<5	5-9	10-14	15-19	20-44	≥ 45	
Newark	8,382	61.6%	4,847	273	26	10	5	2	5,163
NJ	214,727	43.4%	90,560	2,111	268	105	79	5	93,128

* 2010 Census Data
Source: NJ Dept. Health. Childhood Lead Exposure In New Jersey Annual Report - State Fiscal Year 2015 (July 1, 2014– June 30, 2015).

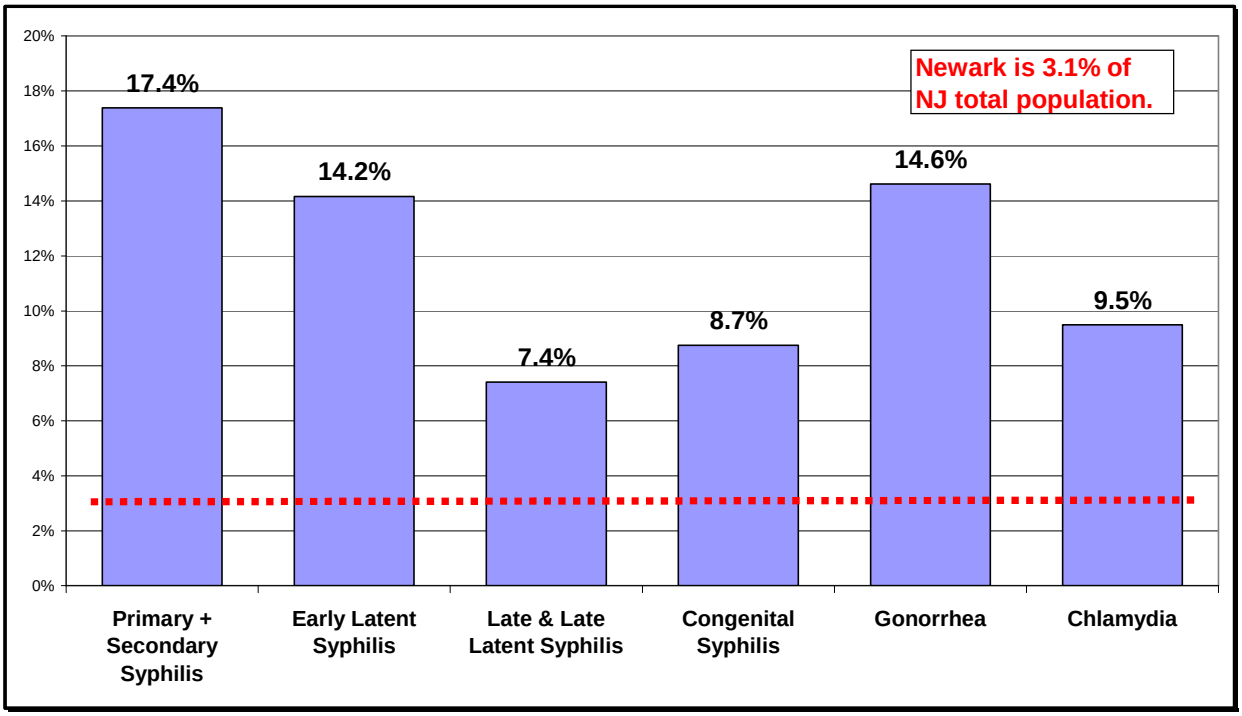
D. Sexually Transmitted Diseases

Newark has more than its proportionate share of all of New Jersey's cases of sexually transmitted diseases (STDs) in 2015. Newark has only 3.1% New Jersey's total population but a much higher percentage of its STDs.

Table 14: Cases of Sexually Transmitted Diseases in 2015 – Newark and New Jersey

	Syphilis					
	Primary + Secondary	Early Latent	Late and Late Latent	Congenital	Gonorrhea	Chlamydia
Newark	**125**	**31**	**8**	**23**	**1,056**	**2,983**
New Jersey	719	219	108	263	7,228	31,446
% Newark of NJ Cases	**17.4%**	**14.2%**	**7.4%**	**8.7%**	**14.6%**	**9.5%**

Figure 44: Percent of New Jersey Sexually Transmitted Diseases Occurring in Newark - 2015



E. Mortality - Leading Causes of Death

- The top 10 leading causes of death for Newark and New Jersey are shown in the attached figures. A table compares Newark, New Jersey and the United States for 2014.

- The top three causes of death in Newark are #1 Heart Disease, #2 Cancer, and #3 Accidents. In contrast, the top three causes of death in New Jersey are #1 Heart Disease, #2 Cancer, and #3 Stroke.

- Deaths due to HIV/AIDS remain a significant health issue in Newark versus statewide at a rank of #8. For over 12 years HIV/AIDS has not been one of the 10 leading causes of death in New Jersey, and is estimated to rank #18 in 2014. Newark accounted for 22% of New Jersey deaths due to HIV disease, but is only 3% of the state's population.

- Similarly, deaths due to homicide rank #4 in Newark but #17 statewide in New Jersey. Newark accounts for 23% of New Jersey deaths due to homicide.

- The top two leading causes of death among all populations in Newark are #1 Heart Disease and #2 Cancer, although Cancer was #1 for White, Not Hispanic residents. There are differences in subsequent rankings by **race/ethnicity**.

    - Among Black/African American Newark residents, Homicide is the #3 leading cause of death. This is followed by #4 Stroke, #5 Accidents, and #6 HIV/AIDS.

    - Among Hispanic/Latino Newark residents, Accidents is the #3 leading cause of death. This is followed by #4 Diabetes, #5 Septicemia and #6 Homicide.

    - Among white Newark residents, accidents is #3 leading cause. This is followed by #4 Diabetes and #5 Septicemia.

Figure 45: Leading Causes of Death in Newark - 2014

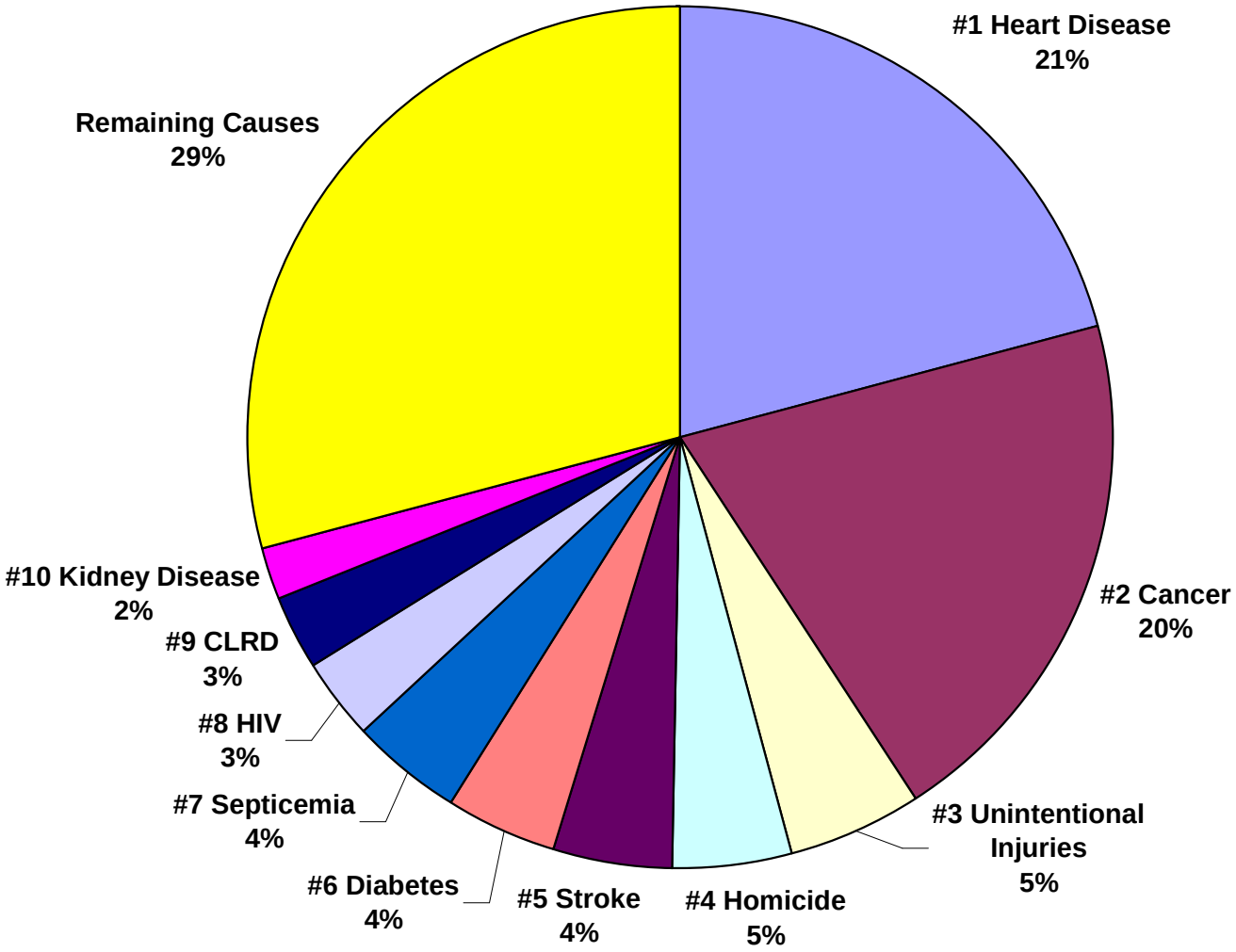


Figure 46: Leading Causes of Death in New Jersey - 2014

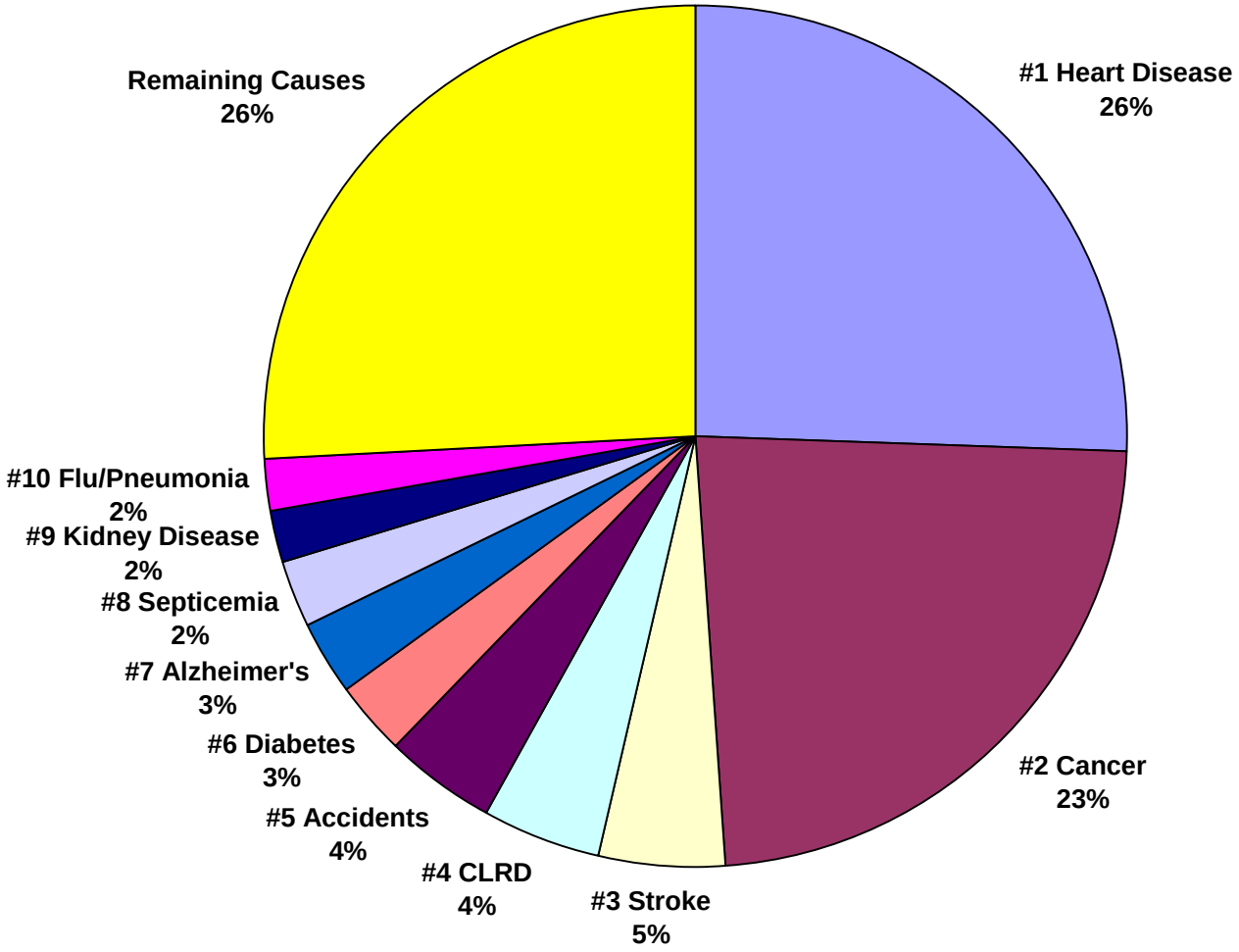


Table 15: Top 10 Leading Causes of Death in 2014 – Newark, NJ, US

	Newark			New Jersey			United States		
#1	Heart Disease	383	21.3%	Heart Disease	18,023	25.6%	Heart Disease	614,348	23.4%
#2	Cancer	369	20.5%	Cancer	16,393	23.3%	Cancer	591,699	22.5%
#3	Accidents	90	5.0%	Stroke	3,363	4.8%	Chronic Lower Respiratory Disease	147,101	5.6%
#4	Homicide	83	4.6%	Chronic Lower Respiratory Disease	3,018	4.3%	Accidents	136,053	5.2%
#5	Stroke	81	4.5%	Accidents	2,882	4.1%	Stroke	133,103	5.1%
#6	Diabetes	79	4.4%	Diabetes	2,050	2.9%	Alzheimer's	93,541	3.6%
#7	Septicemia	73	4.1%	Alzheimer's	1,936	2.8%	Diabetes	76,488	2.9%
#8	HIV	59	3.3%	Septicemia	1,747	2.5%	Flu/Pneumonia	55,227	2.1%
#9	Chronic Lower Respiratory Disease	50	2.8%	Kidney Disease	1,486	2.1%	Kidney Disease	48,146	1.8%
#10	Kidney Disease	38	2.1%	Flu/Pneumonia	1,219	1.7%	Suicide	42,773	1.6%
	Total Deaths	**1,801**		**Total Deaths**	**70,351**		**Total Deaths**	**2,626,418**	

Table 16: 10 Leading Causes of Death in Newark (2014) by Race/Ethnicity

	Black/ African American			Hispanic/ Latino (All Races)			White, Not Hispanic		
#1	Heart Disease	235	20.7%	Heart Disease	79	21.9%	Cancer	67	26.6%
#2	Cancer	215	19.0%	Cancer	73	20.3%	Heart Disease	60	23.8%
#3	Homicide	68	6.0%	Accidents	23	6.4%	Accidents	16	6.3%
#4	Stroke	60	5.3%	Diabetes	21	5.8%	Diabetes	11	4.4%
#5	Accidents	48	4.2%	Septicemia	15	4.2%	Septicemia	9	3.6%
#6	**HIV/AIDS**	47	4.1%	Homicide	15	4.2%	Stroke	8	3.2%
#7	Septicemia	46	4.1%	Flu/Pneumonia	11	3.1%	Alzheimer's	6	2.4%
#8	Diabetes	45	4.0%	Respiratory Disease	10	2.8%	Flu/Pneumonia	6	2.4%
#9	Respiratory Disease	34	3.0%	Kidney Disease	10	2.8%	Respiratory Disease	4	1.6%
#10	Kidney Disease	25	2.2%	Stroke	9	2.5%	Cirrhosis	4	1.6%
	Subtotal	**823**	**72.6%**		**266**	**73.9%**		**191**	**75.8%**
	Remaining Causes	290	27.4%		94	26.1%		61	24.2%
	TOTAL	**1,133**	**100%**		**360**	**100%**		**252**	**100%**

V. HIV/AIDS

A. HIV/AIDS in Newark

HIV/AIDS has affected the City of Newark since the inception of the epidemic in the 1980's. Over 2% of Newark residents (5,750) are People Living With HIV/AIDS (PLWHA) as of December 31, 2015. The City of Newark has been the epicenter of HIV/AIDS in New Jersey. Newark is disproportionately impacted by HIV – with 15% of NJ PLWHA but only 3% of NJ population.

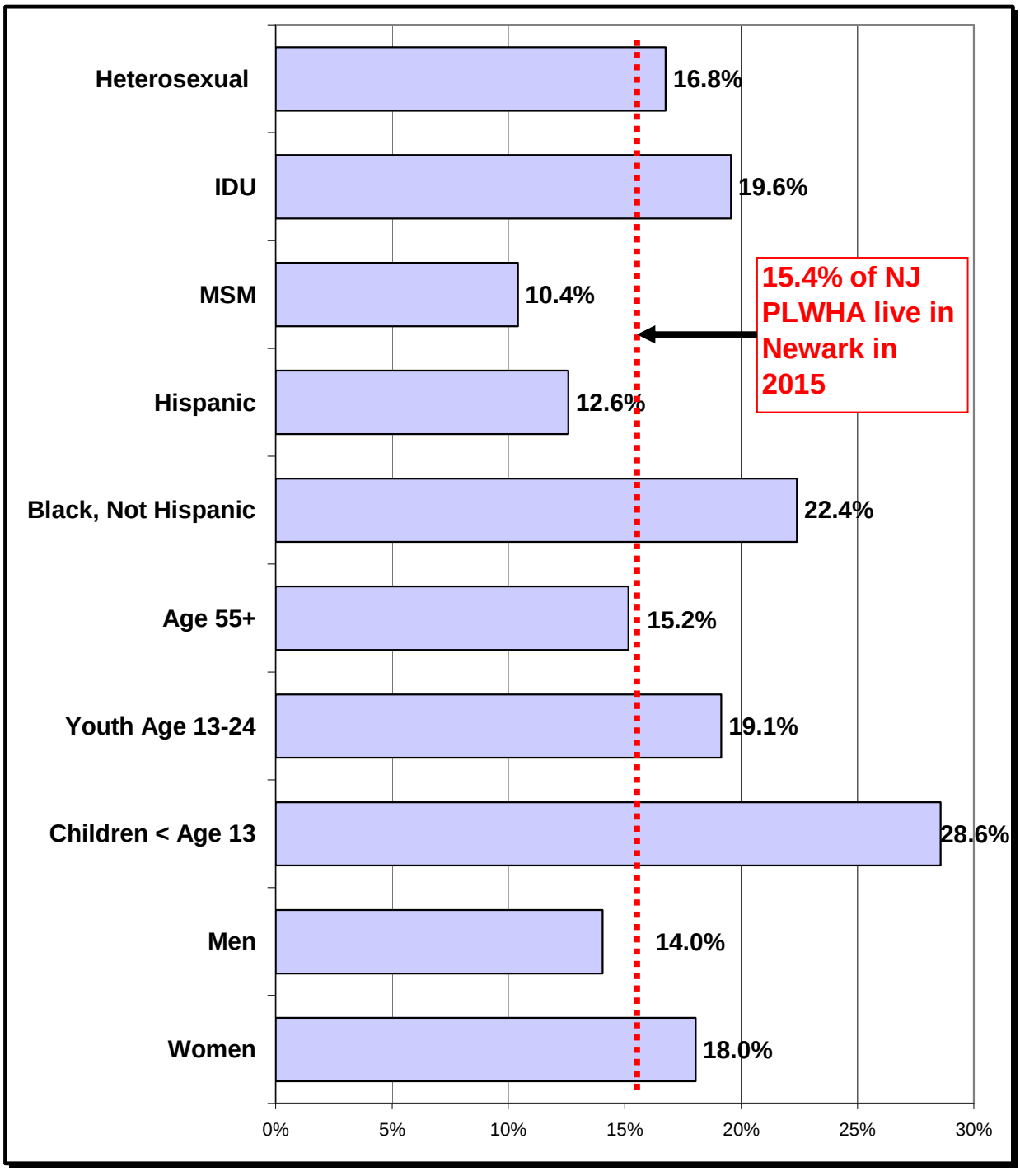
HIV disproportionately affects various populations of Newark residents versus New Jersey. These include: women, those infected heterosexually, injection drug users (IDU), Black/African American residents, youth age 13-24, and children under age 13.

Figure 47: People Living With HIV/AIDS in Newark as of December 31, 2015

	Number			Percent		
NEWARK	**Male**	**Female**	**Total**	Male	Female	Total
Disease Category						
HIV	1,720	1,121	2,841	48.7%	50.6%	49.4%
AIDS	1,813	1,096	2,909	51.3%	49.4%	50.6%
Total	**3,533**	**2,217**	**5,750**	**100.0%**	**100.0%**	**100.0%**
Gender				**61.4%**	**38.6%**	**100.0%**
Current Age						
< 13	9	9	18	0.3%	0.4%	0.3%
13 - 24	125	70	195	3.5%	3.2%	3.4%
25 - 34	432	178	610	12.2%	8.0%	10.6%
35 - 44	541	420	961	15.3%	18.9%	16.7%
45 - 54	1,101	802	1,903	31.2%	36.2%	33.1%
55+	1,325	738	2,063	37.5%	33.3%	35.9%
Total	**3,533**	**2,217**	**5,750**	**100.0%**	**100.0%**	**100.0%**
Age 45+	***2,426***	***1,540***	***3,966***	***68.7%***	***69.5%***	***69.0%***
Race/Ethnicity						
Hispanic	853	391	1,244	24.1%	17.6%	21.6%
Black, Not Hispanic	2,511	1,755	4,266	71.1%	79.2%	74.2%
White, Not Hispanic	148	58	206	4.2%	2.6%	3.6%
Other/Unknown	21	13	34	0.6%	0.6%	0.6%
Total	**3,533**	**2,217**	**5,750**	**100.0%**	**100.0%**	**100.0%**
Racial/Ethnic Minority	***3,364***	***2,146***	***5,510***	***95.2%***	***96.8%***	***95.8%***
Transmission Category						
MSM	1,053	0	1,053	29.8%	0.0%	18.3%
IDU	800	531	1,331	22.6%	24.0%	23.1%
MSM/IDU	122	0	122	3.5%	0.0%	2.1%
Heterosexual	1,032	1,401	2,433	29.2%	63.2%	42.3%
Not Reported/Other	526	285	811	14.9%	12.9%	14.1%
Total	**3,533**	**2,217**	**5,750**	**100.0%**	**100.0%**	**100.0%**

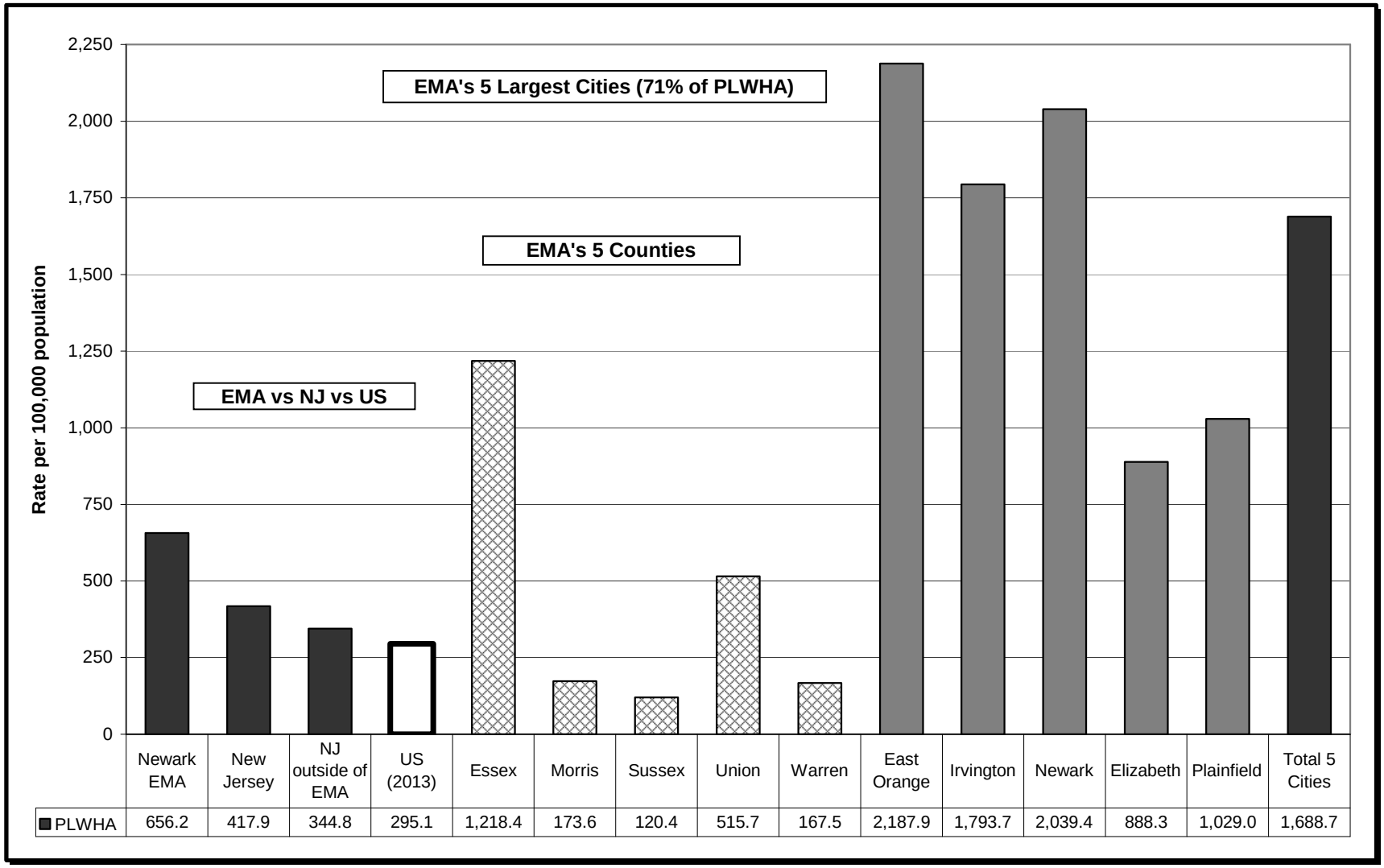
Source: NJ Dept. Health. Division of HIV, STD, TB Services

Figure 48: Percent of New Jersey's PLWHA Living in Newark as of December 31, 2015



The impact of HIV on Newark residents is shown in a graph comparing the prevalence of HIV/AIDS among Newark residents and surrounding municipalities and counties compared with New Jersey and the US.

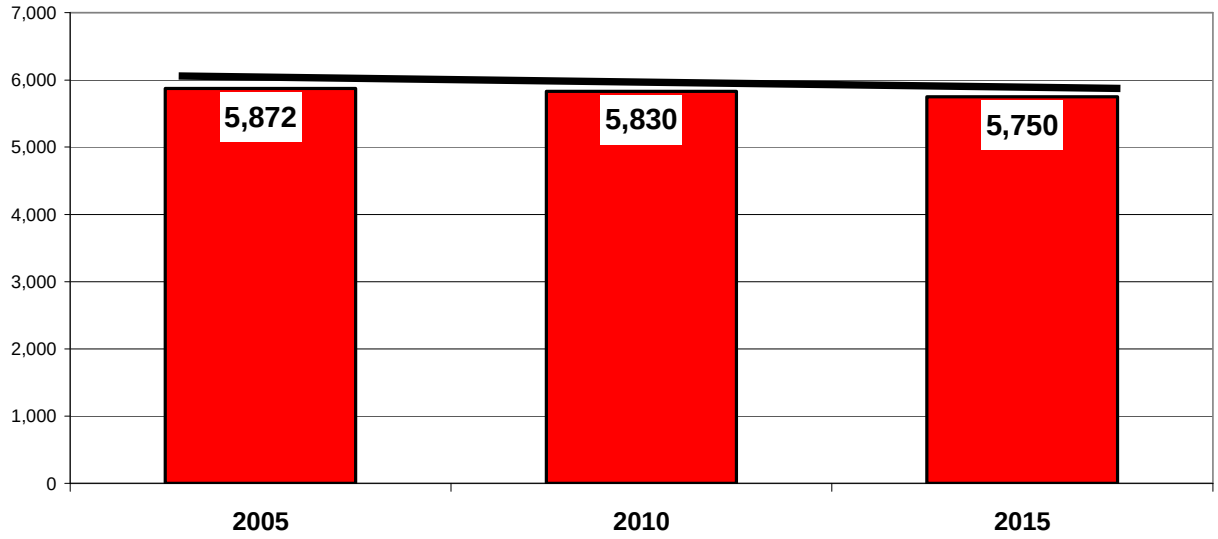
Figure 49: People Living with HIV/AIDS - Rates per 100,000 Population – Newark, Newark Eligible Metropolitan Area (EMA) and NJ (2015) and US (2013)



	Newark EMA	New Jersey	NJ outside of EMA	US (2013)	Essex	Morris	Sussex	Union	Warren	East Orange	Irvington	Newark	Elizabeth	Plainfield	Total 5 Cities
PLWHA	656.2	417.9	344.8	295.1	1,218.4	173.6	120.4	515.7	167.5	2,187.9	1,793.7	2,039.4	888.3	1,029.0	1,688.7

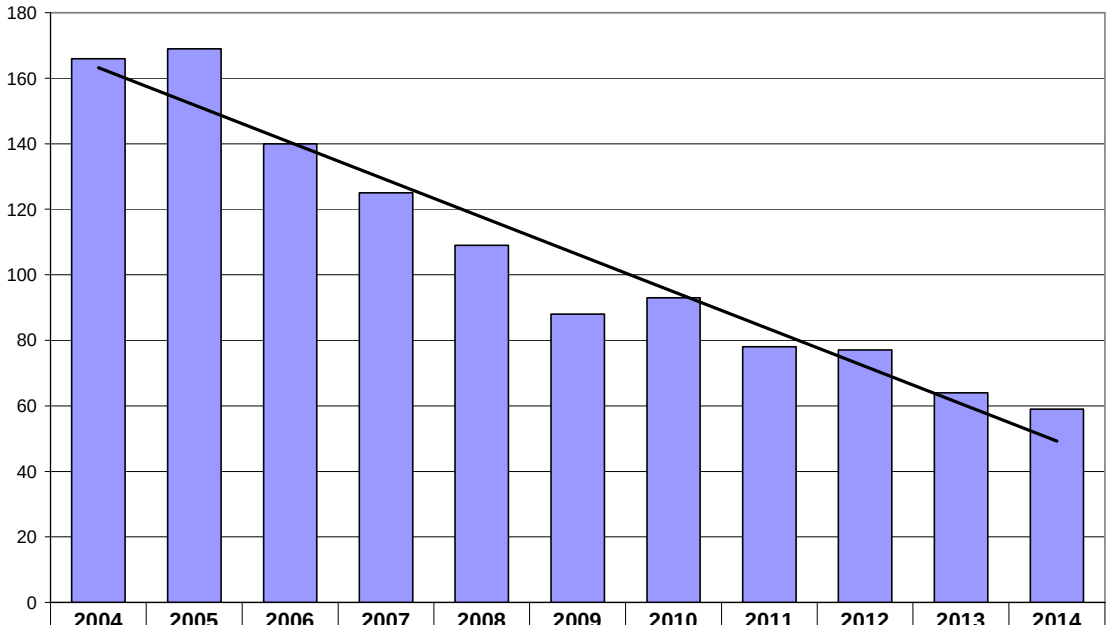
Trends. There has been a very slight decrease in PLWHA in Newark from 2005 to 2015.

Figure 50: Trends in PLWHA in Newark – 2005, 2010, 2015



Deaths Due to HIV. HIV remains a leading cause of death among Newark residents despite the availability of life-saving HIV medications. HIV was the third leading cause of Newark deaths from 2004-2009, and started to decline thereafter to #8 in 2014.

Figure 51: Deaths Due to HIV in Newark – 2004 - 2014



% Total Deaths	7.7%	7.5%	6.9%	6.4%	5.4%	4.7%	5.0%	4.2%	4.4%	3.4%	3.3%
Rank	#3	#3	#3	#3	#3	#3	#4	#6	#6	#7	#8

B. Health Outcomes Among People with HIV/AIDS in Newark

Background

Ryan White HIV/AIDS Program (RWHAP). The RWHAP provides a comprehensive system of care that includes primary medical care and essential support services for people living with HIV who are uninsured or underinsured. The Program works with cities, states, and local community-based organizations to provide HIV care and treatment services to more than half a million people each year. The Program reaches approximately 52% of all people diagnosed with HIV in the United States.[8] The majority of RWHAP funds support primary medical care and essential support services. The Program serves as an important source of ongoing access to HIV medication that can enable people living with HIV to live close to normal lifespans. The RWHAP was established in 1991 by federal law - Ryan White Comprehensive AIDS Resources Emergency (CARE) Act - and has been reauthorized since then, responding to changes in the HIV epidemic and needs of those with HIV disease.

The City of Newark through the Office of the Mayor of Newark, the Chief Elected Official, has been a recipient of RWHAP funding since 1991 covering the five-county "Eligible Metropolitan Area (EMA)" of Essex, Union, Morris, Sussex and Warren counties. This "Part A" funding is for metropolitan areas most severely affected by the HIV/AIDS epidemic. The Newark health department, Department of Health and Community Wellness (DHCW), administers the RWHAP.

The RWHAP requires recipients of funding including Newark to establish a Clinical Quality Management (CQM) program to improve health outcomes of PLWHA and a client level data (CLD) system to capture data on health outcomes and RWHAP services delivered. The Newark DHCW has an extensive CQM program and its Comprehensive HIV/AIDS Management Program (CHAMP) CLD, developed in 1997 as a program and financial management IT system and extensively modernized since, is an essential feature of the Newark RWHAP. CHAMP is the source of data in this section.

National HIV/AIDS Strategy (NHAS). The National HIV/AIDS Strategy is a five-year plan that details principles, priorities, and actions to guide our collective national response to the HIV epidemic. First released on July 13, 2010, the Strategy identified a set of priorities and strategic action steps tied to measurable outcomes for moving the Nation forward in addressing the domestic HIV epidemic. In July 2015, the **National HIV/AIDS Strategy for the United States: Updated to 2020** was released. The updated Strategy reflects the work accomplished and the new scientific developments since 2010 and charts a course for collective action across the Federal government and all sectors of society to move us close to the Strategy's vision.[9]

The Strategy Goals are: (1) Reduce New Infections. (2) Increase Access to Care and Improve Health Outcomes for People Living with HIV. (3) Reduce HIV-Related Health Disparities and Health Inequities. (3) Achieve a More Coordinated National Response to the HIV Epidemic. Within the Goals there are **10 Indicators Of Progress**. **Newark DHCW RWHAP measures performance on these indicators on an ongoing basis to ensure improvement in the health of PLWHA served.**

[8] Health Resources and Services Administration. HIV/AIDS Bureau. https://hab.hrsa.gov/about-ryan-white-hivaids-program/about-ryan-white-hivaids-program
[9] AIDS.gov. https://www.aids.gov/federal-resources/national-hiv-aids-strategy/overview/

INDICATORS OF PROGRESS

The following indicators of progress are identified in the **National HIV/AIDS Strategy: Updated to 2020:**

#1	Increase the percentage of people living with HIV who know their serostatus to at least 90 percent.
#2	Reduce the number of new diagnoses by at least 25 percent.
#3	Reduce the percentage of young gay and bisexual men who have engaged in HIV-risk behaviors by at least 10 percent.
#4	Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of their HIV diagnosis to at least 85 percent.
#5	Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90 percent.
#6	Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80 percent.
#7	Reduce the percentage of persons in HIV medical care who are homeless to no more than 5 percent.
#8	Reduce the death rate among persons with diagnosed HIV infection by at least 33 percent.
#9	Reduce disparities in the rate of new diagnoses by at least 15 percent in the following groups: gay and bisexual men, young Black gay and bisexual men, Black females, and persons living in the Southern United States.
#10	Increase the percentage of youth and persons who inject drugs with diagnosed HIV infection who are virally suppressed to at least 80 percent.

As required by the RWHAP, in 2016 the City of Newark prepared and submitted its **Newark EMA 2017-2021 Integrated HIV/AIDS Plan** to assist the EMA in meeting the goals of NHAS. The Plan encompasses planning and service delivery resources throughout the Newark EMA.

HIV Care Continuum (HCC). The HIV Care Continuum—sometimes also referred to as the HIV treatment cascade—is a model that outlines the sequential steps or stages of HIV medical care that people living with HIV go through from initial diagnosis to achieving the goal of viral suppression (a very low level of HIV in the body), and shows the proportion of individuals living with HIV who are engaged at each stage.[10]

The HCC has the following stages: **(1) diagnosis of HIV infection, (2) linkage to care, (3) retention in care, (4) receipt of antiretroviral therapy, and (5) achievement of viral suppression.** Viral suppression or **"Viral Load Suppression (VLS)"** is having a viral load of **less than 200 copies of the HIV virus per milliliter of blood.** At this low VLS level, the HIV virus is not transmissible to others. Use of the HCC helps to better identify gaps in HIV services and develop strategies to improve engagement in care and outcomes for people living with HIV. In 2013, the **HIV Care Continuum Initiative** was established as the next step in the implementation of the National HIV/AIDS Strategy. The Initiative directed Federal departments to accelerate efforts to increase HIV testing, care, and treatment to better address drop-offs along the HIV care continuum and increase the proportion of individuals in each stage along the continuum. An HIV Care Continuum Federal Working Group was established to support the Initiative and coordinate Federal efforts, and this Working Group developed a series of recommendations. These recommendations were fully integrated into the Steps and Actions of the **National HIV/AIDS Strategy: Updated to 2020.**

[10] AIDS.gov. https://www.aids.gov/federal-resources/policies/care-continuum/

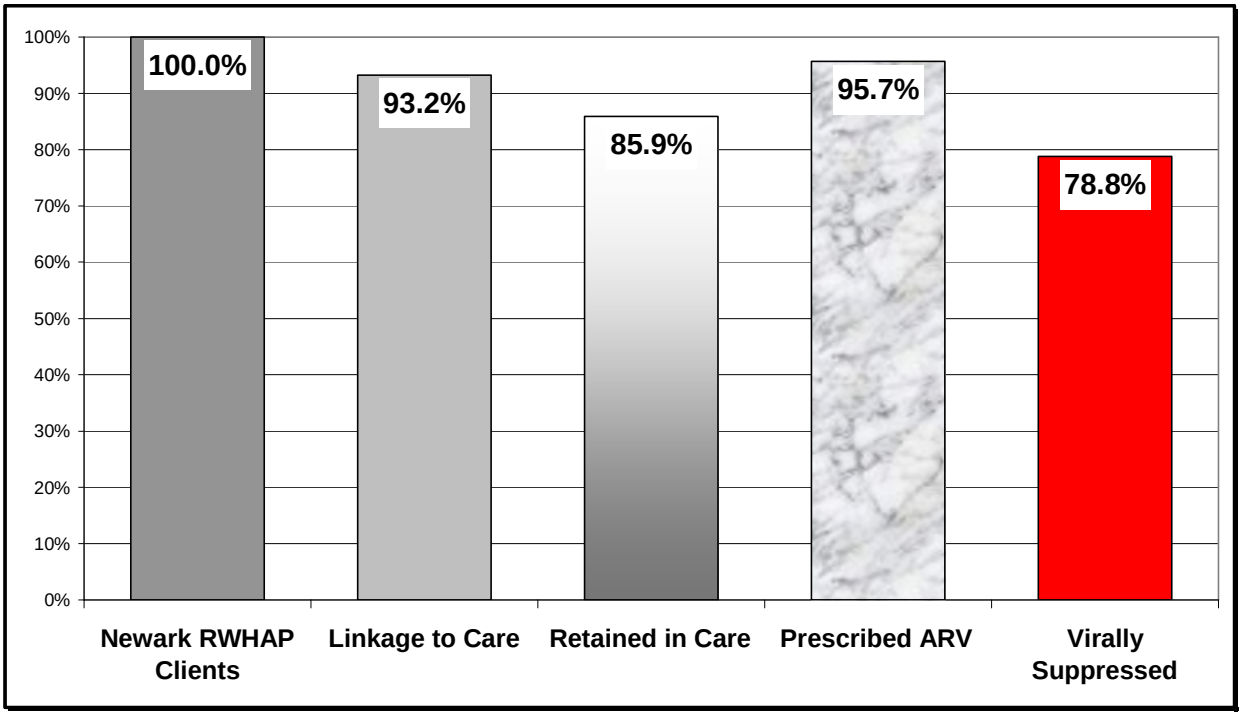
Newark Residents Served by RWHAP

In 2016, a total of **3,082 HIV+ Newark residents** received RWHAP Part A services. Of these, 2,014 (65%) received RWHAP-funded medical care and 1,068 (35%) received services other than RWHAP-funded medical care. **Newark residents accounted for 46% of all RWHAP clients (6,701) in the 5-county Newark EMA in 2016.**

Outcomes of Newark PLWHA along the HIV Care Continuum

- **Linkage to Care.** Of the 88 newly diagnosed PLWHA living in Newark, over 93% (82) were linked to medical care within 3 months of diagnosis. 66 or 75% were linked to care within 30 days which is moving toward the NHAS 2020 goal of 90%.
- **Retained in Care.** Nearly 86% or 1,463 of Newark clients receiving RWHAP-funded medical care were retained in care by having two or more medical visits, CD4 or viral load measures at least 90 days apart. This is close to the NHAS 2020 goal of 90%.
- **Prescribed Antiretroviral (ARV) medications.** Nearly 96% or 1,927 of Newark medical clients were prescribed ARVs, which exceeds national goals of 95%.
- **Viral Suppression.** Nearly 79% or 1,587 of Newark medical clients were virally suppressed, approaching the NHAS 2020 goal of 80%.

Figure 52: Outcomes of Newark RWHAP Clients along the HIV Care Continuum, 2016



Viral Suppression – Newark versus Newark EMA

The goal of HIV medical care and services – whether or not RWHAP-funded – is to achieve viral suppression or a Viral Load of <200 copies per milliliter of blood. This is measured by laboratory testing. The Newark EMA RWHAP requires blood testing at least twice a year (every six months) for clients receiving RWHAP-funded medical care and entry of lab results into the CHAMP system. The CHAMP system reports these results for all RWHAP clients. Data are aggregated for the City of Newark, Newark EMA, subpopulation, etc., and reports are produced regularly by **Viral Load Suppression "VLS"** and all outcomes required by HRSA HAB.

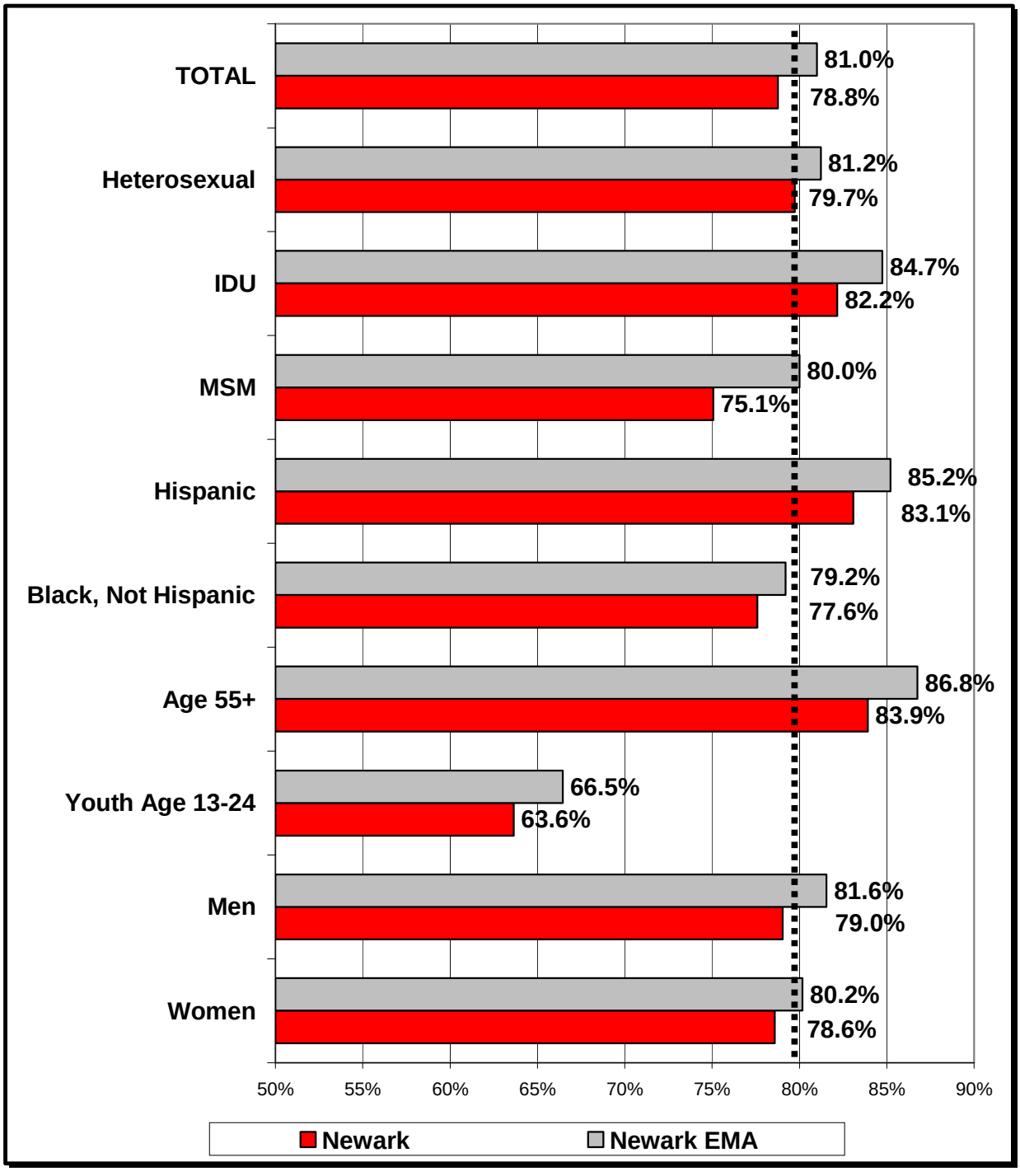
(All RWHAP client level data systems across the US must capture VL values. These are reported by RWHAP-funded agencies annually to USDHHS, HRSA, HAB.)

The figure below shows the percent of RWHAP clients in Newark and the five-county Newark EMA who have achieved Viral Suppression as of December 31, 2016. The subpopulations are the same as those in the figure above showing Newark populations impacted by HIV. However, VLS percents for Children (< age 13) have been excluded due to small numbers.

For the total RWHAP clients, Newark is approaching the NHAS 2020 goal of 80% VLS with nearly 79% of clients virally suppressed and, at 81%, the entire Newark EMA has achieved the NHAS 2020 VLS goal. In general, Newark VLS percentages for each subpopulation are lower than the EMA, but follow the same trends and patterns. **Newark clients are 45% of the total EMA <u>medical care</u> clients.**

- By **Exposure Category/Mode of Transmission**, those who acquired HIV through heterosexual contact or Injection Drug Use (IDU) were virally suppressed for both Newark and the EMA.
    - However, for those exposed by Men having Sex with Men (MSM), the EMA has achieved VLS but not Newark. MSM outside of Newark and especially in suburban parts of Union County, and Morris, Sussex and Warren counties access HIV care more and typically take better care of their health. MSM in Newark may be dealing with issues of stigma as well as continuing risky behaviors. RWHAP medical care is widely available for Newark MSM.
- By **Race/Ethnicity**, Hispanic/Latino clients in both Newark and the Newark EMA have achieved viral suppression.
    - In contrast, Black/African Americans in Newark and the EMA have not achieved VLS yet, although progress is being made.
- By **Age Category**, both Newark and the EMA follow the same patterns. Persons age 35 and older get serious about their health, take better care of themselves, and achieve VLS goals. So PLWHA age 55 and older in both Newark and the EMA have achieved VLS.
    - In contrast, Youth (Age 13-24) do not have these outcomes – in Newark, the EMA, NJ, and across the US. And it is not due to lack of healthcare. Many Newark and EMA youth have regular medical appointments, but just do not take their ARV medications regularly. Daily ARVs is a must with HIV disease.
- By **Gender (Sex)**, we are finding that men in both Newark and the Newark EMA have better VLS outcomes than women. This is counterintuitive because it is "expected" that women are more responsible than men and would take their medications as prescribed.

Figure 53: Viral Suppression of RWHAP Clients in Newark and Newark EMA, 2016



VI. Community Health Centers/FQHC Needs Assessment

A. CHC/FQHC Needs Assessment Requirements

Community Health Centers (CHC) were established by federal law – Section 330 of the Public Health Services Act - over 50 years ago to provide health care to low income individuals – with incomes under 200% of the Federal Poverty Level (FPL). Section 330 provides funding to CHCs to serve low income individuals, particularly the uninsured. Community Health Centers are more commonly known as Federally Qualified Health Centers (FQHCs) which is their designation required to receive reimbursement from Medicare and Medicaid. Under federal law, CHCs/FQHCs must meet 19 requirements. One of these is a needs assessment.

CHCs/FQHCs are required by federal law to conduct a needs assessment of their service area. This assessment must be documented and is a condition of receiving federal funding. It includes the information set forth in the Newark Community Health Assessment 2017 regarding demographics, socioeconomic status, behavioral risk factors and health status of the population in the Newark service area. Other items outside the scope of the Newark Community Health Assessment are specific to the health center, such as patient satisfaction surveys. CHCs/FQHCs are essential partners in the delivery of health care to Newark residents. For this reason, the City of Newark wants to ensure that this Community Health Assessment 2017 will provide information to help CHCs/FQHCs meet their federal requirement for a community needs assessment.

B. Health Status Indicators

The Health Resources and Service Administration (HRSA), Bureau of Primary Health Care(BPHC), sets forth a minimum of 16 health outcomes to be tracked as part of the needs assessment and the health center Quality Improvement /Quality Assurance (QI/QA) program. Outcomes are also reported annually to HRSA BPHC by the Uniform Data System (UDS) report, and are shown on the HRSA BPHC website.

This document lists the 16 health indicators and where the need is demonstrated in the Newark Community Health Assessment 2017 document. It is hoped that CHCs/FQHCs will share their QIQA outcomes for these measures are part of their participation in the Newark Community Health Partnership.

1. Early Entry Into Prenatal Care

Percentage of prenatal care patients who entered treatment during their first trimester
Numerator: Women entering prenatal care at the health center or with the referred provider during their first trimester
Denominator: Women seen for prenatal care during the measurement period

Information about the need for prenatal care in Newark is shown in the section regarding Maternal, Infant and Child Health.

2. Childhood Immunization Status

Percentage of children 2 years of age who had 4 diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); 4 pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday
Numerator: Children who have evidence showing they received recommended vaccines, had documented history of the illness, had a seropositivity test result, or had an allergic reaction to the vaccine by their second birthday
Denominator: Children who turn 2 years of age during the measurement period and who have a visit during the measurement period

The Community Health Assessment does not have information about the immunization status of Newark children. The data had been reported years ago by the CDC National Immunization Information System (NIIS) for Newark but is now reported only for New Jersey.

3. Cervical Cancer Screening

Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer
Numerator: Women with one or more Pap tests during the measurement period or the two years prior to the measurement period
Denominator: Women 23-64 years of age with a visit during the measurement period

Information about the reported prevalence of Pap smear and gaps in Newark are shown in the section on Health Behaviors and Risk Factors, Papanicolaou Smear Use Among Adult Women Aged 21-65 Years.

4. Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents.

Percentage of patients 3-17 years of age who had evidence of Body Mass Index (BMI) percentile documentation and who had documentation of counseling for nutrition and who had documentation of counseling for physical activity during the measurement year
Numerator: Number of patients in the denominator who had their BMI percentile documented during the measurement year and who had documentation of counseling for nutrition and who had documentation of counseling for physical activity during the measurement year
Denominator: Patients 3 through 17 years of age with at least one medical visit during the measurement period

The Community Health Assessment does not have information about the weight status of children or adolescents. Statewide data for adolescents is available from the Youth Risk Behavioral Survey at NJ Department of Education website.

5. Body Mass Index (BMI) Screening and Follow Up Plan

Percentage of patients age 18 years and older with a BMI documented during the current encounter or during the previous six months AND when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter. Normal parameters: Age 18-64 years BMI =>18.5 and <25 kg/m², and Age 65 years and older BMI =>23 and <30 kg/m²

Numerator: Patients with a documented BMI (not just height and weight) during their most recent visit or during the previous six months of the most recent visit, and when the BMI is outside of normal parameters, a follow-up plan is documented during the visit or during the previous six months of the current visit

Denominator: All patients 18 years of age or older who had at least one medical visit during the measurement period

Information about the Newark adult population age 18 and older who self-reported as obese is in the III. Behavioral Factors section on obesity.

6. Tobacco Use Screening and Cessation Intervention

Percentage of patients 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user

Numerator: Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation intervention if identified as a tobacco user

Denominator: All patients age 18 years and older seen for at least two visits or at least one preventive visit during the measurement period

Information about the Newark adult population age 18 and older who reported smoking is in the III. Behavioral Factors section – Unhealthy Behaviors Age 18 and older.

7. Use of Appropriate Medications for Asthma

Percentage of patients 5-64 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement period

Numerator: Patients who were dispensed at least one prescription for a preferred therapy during the measurement period

Denominator: Patients 5-64 years of age with persistent asthma and a visit during the measurement period

Information about the Newark adult population age 18 and older with current asthma prevalence is in section IV. Health Status – Health Conditions – Health Outcomes Age 18 and older.

8. Coronary Artery Disease (CAD): Lipid Therapy

Percentage of patients aged 18 years and older with a diagnosis of Coronary Artery Disease (CAD) who were prescribed a lipid-lowering therapy
Numerator: Number of patients who received a prescription for, were provided, or were taking lipid lowering medications
Denominator: Number of patients who were seen during the measurement year after their 18th birthday, who had at least one medical visit during the measurement year, at least two medical visits ever, and who had an active diagnosis of coronary artery disease (CAD) including any diagnosis for myocardial infarction (MI) or who had had cardiac surgery in the past

Information about the Newark adult population age 18 and older with cardiovascular health issues is in sections III. Behavioral Factors – Use of Preventive Services (taking medications for high blood pressure) and IV. Health Status – Health Conditions – Health Outcomes Age 18 and older (high blood pressure) and Mortality – Leading Causes of Death.

9. Ischemic Vascular Disease (IVD): Use of Aspirin or Other Antithrombotic

Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of IVD during the measurement period, and who had documentation of use of aspirin or another antithrombotic during the measurement period
Numerator: Patients who have documentation of use of aspirin or another antithrombotic during the measurement period
Denominator: Patients 18 years of age and older with a visit during the measurement period, and an active diagnosis of IVD or who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period

The Newark Health Assessment does not have information about Newark residents with IVD. However, information about the Newark adult population age 18 and older with cardiovascular health issues is in sections III. Behavioral Factors – Use of Preventive Services (taking medications for high blood pressure) and IV. Health Status – Health Conditions – Health Outcomes Age 18 and older (high blood pressure) and Mortality – Leading Causes of Death.

10. Colorectal Cancer Screening

Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer
Numerator: Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria: fecal occult blood test (FOBT) during the measurement period; flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period; or colonoscopy during the measurement period or the nine years prior to the measurement period
Denominator: Patients 50-75 years of age with a visit during the measurement period

Information about the Newark adult population age 18 and older who had colorectal cancer screening is in section III. Behavioral Factors – Use of Preventive Services (fecal occult blood test, etc., among population age 50-75) and data on core set of clinical preventive services for both males and females).

11. Screening for Clinical Depression and Follow Up Plan

Percentage of patients age 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen

Numerator: Patients screened for clinical depression on the date of the encounter using an age appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the positive screen

Denominator: All patients age 12 years and older before the beginning of the measurement period with at least one eligible encounter during the measurement period

Information about the Newark adult population age 18 and older who had potential depressive episodes is in section IV. Health Status – Individuals who reported that their mental health was not good for 14 or more days.

12. HIV Linkage to Care

Percentage of newly diagnosed HIV patients who had a medical visit for HIV care within 90 days of first-ever HIV diagnosis

Numerator: Patients who had a medical visit for HIV care within 90 days of first-ever HIV diagnosis

Denominator: Patients first diagnosed with HIV by the health center between October 1 of the prior year through September 30 of the current measurement year

Information about linkage to care among persons newly-diagnosed with HIV is in the V. HIV/AIDS section.

13. Dental Sealants for Children Age 6-9 Years

Percentage of children, age 6-9 years, at moderate to high risk for caries who received a sealant on a permanent first molar during the measurement period

Numerator: Patients who received a sealant on a permanent first molar tooth in the measurement year

Denominator: Dental patients age 6-9 who had an oral assessment or comprehensive or periodic oral evaluation visit during the measurement period and documented as having moderate to high risk for caries

The Community Health Assessment does not have information about the oral health status of children or adolescents.

14. Diabetes Hemoglobin A1c Poor Control

Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c >9.0% during the measurement period
Numerator: Patients whose most recent HbA1c level (performed during the measurement period) is >9.0%
Denominator: Patients 18-75 years of age with diabetes with a visit during the measurement period

Information about the Newark adult population age 18 and older who had diagnosed diabetes is in section IV. Health Status – diagnosed Diabetes.

15. Controlling High Blood Pressure

Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (less than 140/90 mmHg) during the measurement period
Numerator: Patients whose blood pressure at the most recent visit is adequately controlled (systolic blood pressure <140 mmHg and diastolic blood pressure <90 mmHg) during the measurement period
Denominator: Patients 18-85 years of age who had a diagnosis of essential hypertension within the first six months of the measurement period or any time prior to the measurement period

Information about the Newark adult population age 18 and older with high blood pressure and those taking medication is in sections III. Behavioral Factors – Use of Preventive Services (taking medications for high blood pressure).

16. Low Birth Weight

Percentage of patients born to health center patients whose birth weight was below normal (less than 2,500 grams)
Numerator: Children born with a birth weight of under 2,500 grams
Denominator: Live births during the measurement year for women who received prenatal care from the health center or by a referral provider

Information about low birth weight in Newark is shown in IV. Health Status – Maternal, Infant and Child Health and shows LBW and VLBW compared to Healthy People 2020 and Healthy NJ 2020 targets.

VII. Community Partners and Resources

A. Community Partnerships

There are numerous community partners and health care providers which are available to Newark residents. These are summarized below.

- **Hospitals/health care systems.** There are three acute care hospitals in Newark, within three major state health care systems. These systems have inpatient and outpatient clinic services, including family health care services.
- **Section 330 Community Health Centers (CHCs) AKA "Federally Qualified Health Centers (FQHC)"** – There are five FQHCs in Newark – City of Newark Mary Eliza Mahoney Health Center, Newark Community Health Centers, Rutgers University – School of Nursing (serving public housing residents), St. James Health, Inc., and Jewish Renaissance Medical Center (providing school-based care).
- **Community based clinics** – a number of community based organizations (CBOs) provide medical and health services at local sites, including CBOs serving the Hispanic/Latino population.
- **School based health services** – Newark Public Schools has school based clinics at all schools – elementary, middle and high school – throughout Newark.
- **Health insurers** – a number of health insurance companies are serving Newark and the state's largest health insurance company, Horizon Blue Cross Blue Shield, is headquartered in Newark as is Prudential Insurance.

In addition, agencies and individuals have participated in the initial meeting of the Community Health Improvement Planning and/or have agreed to work with the Department.

AIDS Resource Foundation
American Cancer Society/Newark Cancer Initiative
C.U.R.A., Inc. (substance abuse treatment)-
El Club Del Barrio
Essex County Cancer Coalition/St. Michael's Medical Center
Essex County College
Essex-Passaic Wellness Coalition
Focus Community Health Center
Gateway Northwest Maternal & Child Health Network
Greater Newark Conservancy
Greater Newark Health Care Coalition
Integrity House
Isaiah House
Jewish Renaissance House
La Casa De Don Pedro
Newark Beth Israel Medical Center
Newark Community Health Centers, Inc.
Newark Public Schools

New Jersey Citizen Action
New Jersey Institute of Technology
New Jersey Medical School
Northern New Jersey Maternal Child Health Consortium
Planned Parenthood, Newark
Prudential Insurance Co.
Rutgers - The State University of New Jersey
St. James Health, Inc.
Saint Michael's Medical Center
The Leaguers
United Community Corp

B. Availability of Funding Resources

A wide array of funding resources is available to support health care and related services. However, because the cost of health care is so high state- and nationwide and health problems are complex and interrelated with social and economic issues, the amounts are often not sufficient to cover the cost of care for all residents.

Private health insurance provided primarily by employers is still the largest payment source for health care. However, the rates of such coverage are lower in Newark than statewide due to higher rates of unemployment. Nonetheless, the major financial, government, education, and health care institutions in Newark provide coverage for their employees, many of whom are Newark residents.

Medicaid is health insurance for very low income individuals and families who are "categorically eligible". Those who receive Temporary Assistance to Needy Families (TANF) or Supplemental Security Income (SSI) also receive Medicaid. Medicaid is a significant source of health care for Newark residents and revenue for Newark hospitals and other providers. In 2014 New Jersey implemented **Medicaid Expansion** available under the ACA which covers Newark residents age 18-64 with incomes under 138% Federal Poverty Level, mostly single adult and childless couples and those not eligible for categorical Medicaid. This has improved access to care in community and hospital setting.

New Jersey Family Care (NJFC) is available for lower income children whose family incomes exceed Medicaid limits or whose families are not eligible for Medicaid. The number of beneficiaries and amount of assistance to Newark residents is unknown. However, many health care providers and CBOs assist families in applying for NJFC. **In 2015 New Jersey incorporated all of is Medicaid, Medicaid Expansion and Children's Health Insurance Programs under "New Jersey Family Care."**

Medicare pays for health insurance mostly for individuals age 65 and older who have been employed and have contributed to the Social Security system. (It is for this reason that lack of health insurance is measured for adults under age 65.)

Charity Care. The New Jersey Hospital Care Payment Assistance Program (Charity Care Assistance) is free or reduced charge care which is provided to patients who receive inpatient and outpatient services at acute care hospitals throughout the State of New Jersey. Hospital assistance and reduced charge care

are available only for necessary hospital care. Some services such as physician fees, anesthesiology fees, radiology interpretation, and outpatient prescriptions are separate from hospital charges and may not be eligible for reduction. The source of funding for hospital care payment assistance is through the Health Care Subsidy Fund administered under Public Law 1997, Chapter 263 (NJDOH, 2017).

For State Fiscal Year 2017 (July 1, 2016 – June 30, 2017), a total of $50 million in charity care was allocated to the three hospitals in Newark. This is 17% of the total $302 million charity care allocation (NJDOH, 2016). State charity care funding for the uninsured has declined recently due to the many low income individuals newly-insured under Medicaid Expansion (500,000 statewide). Revenue from Medicaid insurance reimbursement has replaced some of the need for charity care.

Other Sources. Other federal and state sources fund health and medical programs for Newark residents. Over $6 million is available through the Newark FQHCs for medical care for uninsured residents. Over $2 million is available for health care for homeless individuals. Over $2 million of the federal Ryan White HIV/AIDS Part A program funds medical care for residents with HIV/AIDS, and an additional $3 million supports related health services and case management. Other HIV/AIDS funding supports medical care for women and children and for special services. State charity care funding is available to FQHCs for outpatient care for the uninsured, which is reimbursed on a case by case basis.