



350 Boulevard ♦ Passaic ♦ NJ 07055 ♦ 973-365-4300 ♦ www.smh-passaic.org

February 6, 2013

St. Mary's Hospital was founded by the Sisters of Charity of St. Elizabeth in 1895. This foundation was a direct response to the needs of the working poor at that time. The early patients and clients were of European ancestry and worked in the vibrant factories of Passaic, Paterson and Wallington. The Hospital's mission calls us to "respond to the changing healthcare needs of the diverse communities we serve." This impels us to work closely with other agencies and providers to periodically conduct a needs assessment that would provide data necessary to meet the needs of the populations the Hospital serves. Much of the information included in this report was obtained from 2010-2011 data.

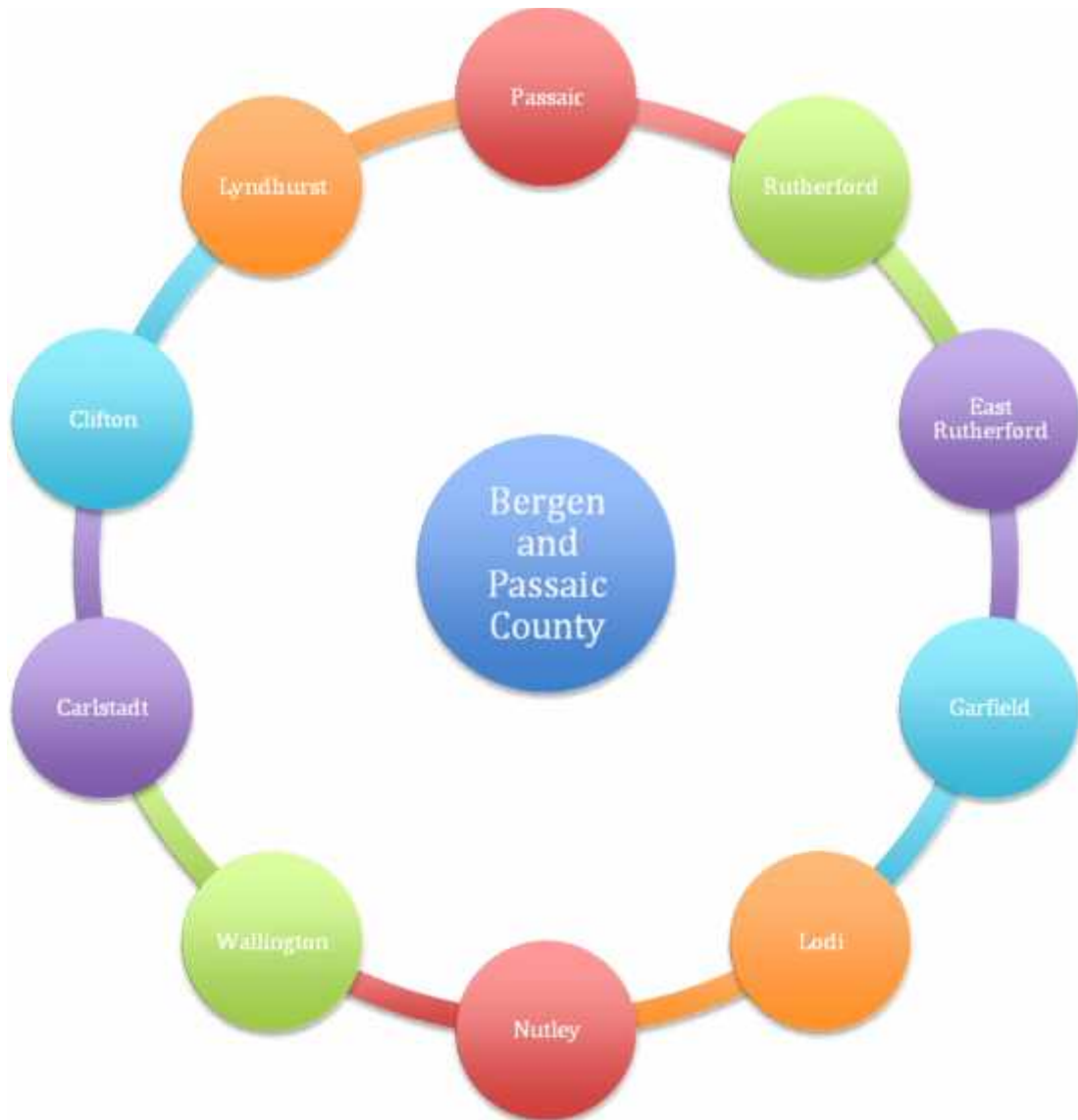
We are committed to those we serve to better the quality of life be it of mind, body or spirit today and into the future.

Sincerely,

Sr. Marion Scranton, SC
Vice President, Mission Services

Sponsored by the Sisters of Charity of Saint Elizabeth, Convent Station, NJ 07961

ST. MARY'S HOSPITAL SERVICE AREAS



Message & History

St. Mary's Hospital is proud to present you with this report of the ten towns' CHNA Community Health Needs Assessment. This is the Hospital's first comprehensive analysis of the health needs of the people it serves.

The Hospital Story

Brief History:

The city of Passaic, New Jersey was once home to three hospitals. Though comprehensive in their medical services, each had its own specialty. The General Hospital Center at Passaic was renowned for its Eastern Heart Institute and for pioneering the first open heart surgery in the State; Passaic Beth Israel (PBI) Hospital was a respected center of excellence in the field of Oncology; and St. Mary's Hospital was lauded for its Maternal-Child and Behavioral Health Programs.

As the healthcare landscape changed, so did these three separate Institutions. In 2000, the Atlantic Health System purchased The General Hospital Center at Passaic. Atlantic Health System sold The General Hospital Center in 2004 to Passaic Beth Israel Hospital (PBI) which renamed the newly-formed hospital "PBI Regional Medical Center."

Due to a variety of unfortunate circumstances, PBI Regional was forced to declare bankruptcy in early 2007. The community and political representatives advocated and petitioned the State of New Jersey to consolidate all operations under St. Mary's Hospital by acquiring PBI Regional Medical Center.

In March of 2007, St. Mary's combined the staffs of all three hospitals into one team under the corporate umbrella of St. Mary's Hospital. The new entity is located at the 350 Boulevard campus of the prior PBI Regional Medical Center and provides the services of all three hospitals. The consolidated St. Mary's Hospital has the experience of three respected medical and nursing staffs to provide the healthcare services to the surrounding communities of the prior three hospitals. Passaic's three hospitals--each deeply committed to the community--are now all united the St. Mary's Hospital banner.

St. Mary's Hospital Today

St. Mary's Hospital was originally founded by the Sisters of Charity of Saint Elizabeth in 1895. Today, St. Mary's Hospital is the primary provider of quality healthcare to the Passaic and Bergen communities, as well as to areas of Essex and Hudson Counties. It is the only hospital in the entire city of Passaic and the closest Emergency Room to many of the surrounding towns.

The Hospital is a non-profit acute-care hospital offering a broad range of healthcare services and community outreach programs. St. Mary's Hospital is a Center of Excellence for Cardiology, Oncology, Behavioral Health, and Women's and Children's Services. The Hospital has 292 beds, over 600 physicians and is the largest employer in the city of Passaic. St. Mary's Hospital is sponsored by the Sisters of Charity of Saint Elizabeth, Convent Station, New Jersey.

St. Mary's Hospital currently serves approximately 13,000 inpatients annually, in addition to caring for 10,500 patients requiring same-day procedures. The Emergency Center, originally designed to handle only a third of the area's most life-threatening cases, is now the sole Emergency Department in the entire city. A new ER Fast Track Center was added in 2009 to better accommodate the nearly 35,000 visits to St. Mary's busy ER each year.

Location:

St. Mary's Hospital is easily accessible by car and public transportation. The Hospital is located on the Passaic and Clifton border. It is in close proximity to major U.S. highways: Route 3, Route 21, Route 46, Route 80, and the Garden State Parkway.

Mission:

The mission of St. Mary's Hospital is to continue the healing mission of Jesus by responding to the changing healthcare needs of the diverse communities it serves. St. Mary's, a Catholic Hospital sponsored by the Sisters of Charity of Saint Elizabeth of New Jersey, considers healthcare a basic human right.

Vision:

St. Mary's Hospital will make a dynamic, positive impact on the health and well-being of its community, patients and employees. In keeping with its Catholic healthcare mission, St. Mary's hallmark will be quality care that is compassionate and respectful. A vital and evolving institution, St. Mary's will provide healthcare in a variety of ways to address the needs of its diverse community.

Values:

The mission of St. Mary's Hospital is based on six core values: dignity, charity, justice, service, excellence and care of the poor.



St. Mary's Hospital Areas of Excellence

Cardiology:

St. Mary's is home to the Eastern Heart Institute, a comprehensive cardiac services program providing invasive as well as non-invasive procedures and cardiovascular surgery. The Institute is recognized as one of the first in the State to perform bypass surgery, electrophysiology, and off-pump surgery. Its physicians, many of whom are routinely selected as *NJ Monthly* magazine's Top Doctors, are leaders in the field.

Oncology:

St. Mary's also boasts one of the newest and the most comprehensive Cancer Centers in the State. The Cancer Center provides infusion and radiation therapies and a wide range of oncology services and sub-specialties

Women's and Children's' Services:

With nearly 1,100 births a year, the Women & Children's Center at St. Mary's is one of the fastest-growing family-centered maternity care programs in the area. The Center has a Prenatal Fetal Medicine Program, as well as a State-designated Prenatal Level 2 Nursery.

Behavioral Health:

Known in the region for its fully accredited Behavioral Health Program, St. Mary's offers psychiatric outpatient services as well as residential, treatment and outreach programs.

Additional Areas of Specialty:

ER Fast Track, Sleep Center, Endoscopic Center, Pain Management, Same Day Surgery, Vascular Center, Wound Care and Specialty Clinics.

Off-site Facilities:

The Seton Center, 530 Main Avenue, Passaic, NJ 07055

Core Site of the Behavioral Health Program**

***There are seven additional sites, located throughout Clifton and Passaic, housing specialized residence programming for the Behavioral Health Program.*



Medical Staff:

Includes over 600 physicians with diverse backgrounds and specialties in the following Patient Service Areas:

- Addiction Medicine
- Allergy & Immunology
- Behavioral Health
- Cancer Care
- Cardiology & Cardiac Rehabilitation
- Cardiothoracic Surgery
- Dermatology
- Diabetes/Endocrinology
- Emergency Medicine
- ENT/Otolaryngology
- Gastroenterology
- Geriatric Medicine
- Infectious Diseases
- Laboratory
- Maternal & Fetal Medicine
- Neonatal & Prenatal Medicine
- Nephrology
- Neurology
- Nuclear Medicine
- Obstetrics & Gynecology
- Outpatient Surgical Services
- Outpatient Endoscopy Services
- Ophthalmology
- Orthopedics
- Pain Management
- Patient Education and Screenings
- Pediatrics
- Physical Medicine & Rehabilitation
- Podiatry
- Primary Care/Internal Medicine
- Pulmonology
- Radiology
- Reproductive Medicine
- Rheumatology
- Sleep Medicine
- Surgery:
 - Breast
 - Cardiothoracic
 - Colon & Rectal
 - Gynecological
 - Laparoscopic
 - Neurological
 - Orthopedics & Spine
 - Plastic
 - Thoracic
 - Vascular
 - Urology
 - Vascular Services



Administration

<p>Edward Condit, BS, MA Michael J. Sniffen, FACHE Nicholas Lanza Christina Fischer-Hutchinson, RN, MSN Richard Priore Christopher Valerian, DO Daniel P. Conroy, M.D. Sister Marion Scranton, BA, MA, NACP Cathy Lynch-Kilic John Arch Kathleen Fisher Vanessa Warner</p>	<p>President & Chief Executive Officer Past President & Chief Executive Officer Senior VP & Chief Financial Officer Senior VP, Patient Care Services/CNO Interim Chief Operating Officer VP, Medical Affairs VP, Clinical Initiatives VP, Mission Services VP, Human Resources & Support Services Chief Information Officer Director, Behavioral Health & Ancillary Services Director, Public Relations & Marketing</p>
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Team Members:

<p>Sister Marion Scranton, BA, MA, NACP Luz Flores Lauren Kwiatkowski, R.N. Mariela Monzon Sr. Anne Moroney Katherine Prince Karin Stalter, R.N. Lou Ann Visotcky</p>	<p>VP, Mission Services Clinical Assistant Nurse Manager, Emergency Department Health Educator Director, Community Health Education Director, Benefits, Compensation & Human Resources Manager, Cancer Center Administrative Laboratory Director</p>
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Introduction to CHNA

In January 2000, the Department of Health and Human Services launched *Healthy People 2010*, a comprehensive, nationwide health promotion and disease prevention agenda. The initiative contained objectives designed to serve as guidelines for improving the health of the American people. The Department of Health and Human Services has since moved to a new initiative towards *Health People 2020*.

On March 23, 2010 a new Section 501 was added to the Internal Revenue Code by section 9007(a) of the Patient Protection and Affordable Care Act, requiring hospitals to conduct a “community needs assessment” and adopt an “implementation strategy” to meet the needs identified by the assessment at least once every three years.

In 2011 the nation celebrated the first anniversary of the Affordable Care Act becoming law. It gave St. Mary’s Hospital an opportunity to remind its patients and communities of the insurance coverage and peace of mind it brings to so many people. Professionals throughout Catholic healthcare have played a critical role in advancing health reform law. While not perfect, the landmark legislation goes a long way toward making healthcare accessible to millions of people in the United States.

St. Mary’s Hospital is grateful to its committee members who have identified focus groups, agency groups, and individuals from its patient base and from citizens in the communities, as well as service providers and partners, in assisting in health improvement plans as well as a directory for the communities served by the Hospital when the project is completed.

Goals identified in the project’s initial stage:

- Sought input from individuals/agencies who spoke of the status of community health.
- Partnered with those who supported the efforts and new initiatives to engage the broader community in participation in the project as well as the implementation process.
- Developed a model of community engagement appropriate for the service area and the residents under consideration.
- Assisted in addressing health disparities and gaps that existed among the different populations.
- Identified gaps that existed in accessing health and preventative services.
- Fostered greater collaboration with local and State public health experts.
- Assisted in the design of a survey that meets the needs of the population served.

As a result of 2010 Affordable Care Act, St. Mary's Hospital conducted a community survey to assess the health status and healthcare needs of its population. A committee was formed to conduct and oversee the workings of this mandate. In addition to key personnel, CHNA incorporated input from persons representing the broad interest of the communities served by the Hospital. Included is the city of Passaic and its surrounding towns: Clifton, Nutley, Lyndhurst, Rutherford, East Rutherford, Carlstadt, Wallington, Lodi, and Garfield.

The Hospital's Administration and Board of Trustees reviewed the survey findings and where appropriate, made changes in the strategic plans and community outreach programs to meet those changing needs, in accordance with the Hospital's mission and values.

The overall goal for the CHNA was to provide detailed information about the health status and fulfilled/unfulfilled needs of Passaic and the surrounding cities that are part of the Hospital's population. The findings helped St. Mary's Hospital to respond appropriately with health and preventative services.

In the first phase, the Hospital engaged community key stakeholders and partners. The Steering Committee consisted of a combination of internal and external members who represent the communities served by the Hospital. Those working on the project collected and provided raw data as appropriate. The Community Outreach Department, with the assistance of students from the College of St. Elizabeth, worked on Community profiles for the past two years.

In the initial stages, the Community Health Department enlisted the assistance of students from the College of St. Elizabeth. Under the direction of Dr. Sheila Dynan, the Director of Allied Health studies, these young women accompanied the members of the Community Health Department in the collection of data in order to provide profiles of the target towns in the Hospital's service area.

In order to recommend key information and identify service providers for the health improvement plan, committee members assisted in identifying focus group participants from the Hospital's patient base and from citizens from its communities and agencies.



Executive Summary

In response to the Statewide call to action, the CHNA process came together in 2011 to improve its community health assessment and intervention planning process. Twenty individuals were interviewed as part of the key informant element of the CHNA process. Each of the respondents were asked a series of ten open-ended questions, designed to elicit comprehensive information regarding healthcare issues within Bergen and Passaic County. Six responses appeared as common themes offered in answers to this query. These were cancer, mental health, substance abuse, lack of insurance, the high cost of care, and lack of medical transportation. Although less prominent as themes, the issues of asthma, diabetes, coronary illness, AIDs, and lack of knowledge of available medical services were also frequently mentioned.

Analysis of the findings of the key informant survey and the agency interviews reveal that many of the same issues were identified. Among the key health issues identified in Bergen and Passaic County are the following:

- The research indicates a widespread lack of participation in important health habits such as smoking cessation, exercise, weight control and routine diagnostic testing among county residents.
- There is and will be an increasing need to provide community support services for the frail, elderly and disabled residents of the county. Currently, more than 10% of county residents are reported to have difficulty in carrying out one or more daily activities independently.
- Mental illness and substance abuse are among the most frequently reported health problems in Bergen and Passaic County but have lower rates of health services and intervention than other illnesses.
- There are few low-cost/affordable dental programs in the counties and these offices have lengthy waiting lists for appointments.
- Non-urgent medical transportation is limited. Particular concern about the lack of out-of-county medical transportation was noted.
- The most frequently experienced illnesses in the counties are hypertension, asthma, arthritis, deafness (minimal comment), frequent headaches, anxiety, repeated back, neck, or spine dysfunction, frequent indigestion, migraine headaches, depression, and diabetes.

- Some residents and key people from the area expressed concern about a lack of healthcare insurance. Many were concerned about the high number of residents who are believed to be uninsured or underinsured. Additionally, the procedures for applying for low-cost or free insurance appear to be an added barrier or burden.
- The necessity of providing culturally appropriate care for minority residents was also a common theme in some surveys and expressed in the small groups. Language barriers and cultural differences and experiences regarding services were also noted as having an impact on the Hospital's population.

These key issues, which were expressed by key informants and identified in the agency interviews, were validated by a review of pertinent State and national health statistics. There was close correspondence between local findings and the statistical results generated by State and Federal research efforts. This statistical agreement increased the degree of assurance with which the assessment findings were viewed.

The assessment concluded with a series of recommendations for local action. No one entity such as a hospital was required to meet all expressed recommendations. All recommended actions did not involve extensive capital investment, but did require the cooperation of many organizations and coordination of efforts.

In keeping with the Affordable Care Act, the challenges that healthcare providers, consumers and advocates face is to implement an action agenda that will result in measurable improvements for a healthy population.



First Plan of Action

Preliminary Steps in Preparing for CHNA December 2010

Phase I

The Areas to Work With:

- Passaic
- Clifton
- Nutley
- Lyndhurst
- Rutherford
- East Rutherford
- Carlstadt
- Wallington
- Lodi
- Elmwood Park
- Garfield
- North Arlington

Get the Right and Updated Information:

- Gather the Health Departments' information (address, phone number, fax number, email address, etc.)
- Obtain the names of the Health Officers (or information about who is in charge)
- Maps of the City

Phase II

Visit the Health Departments (each city):

- Get the City profile (or make one based on the information obtained)
- Assess the Health Needs
- Ask for the current Health Assessments
- Make a City Research Directory

Phase III

If the Health Department or City Halls do not have a Health assessment done or any other information about the City profile, then visit:

- Schools
- Day Care Centers
- Senior Residences
- Adult Day Care Centers
- Catholic and Non-Catholic Churches

At each of these places:

- Identify the contact person (School Principal, School Nurse, Nurse Educator, Social Worker, Pastor, Priest, etc.)
- Use a survey as a tool to get the information needed to identify the needs of those groups.

Phase IV

How can St. Mary's Hospital respond to those needs?

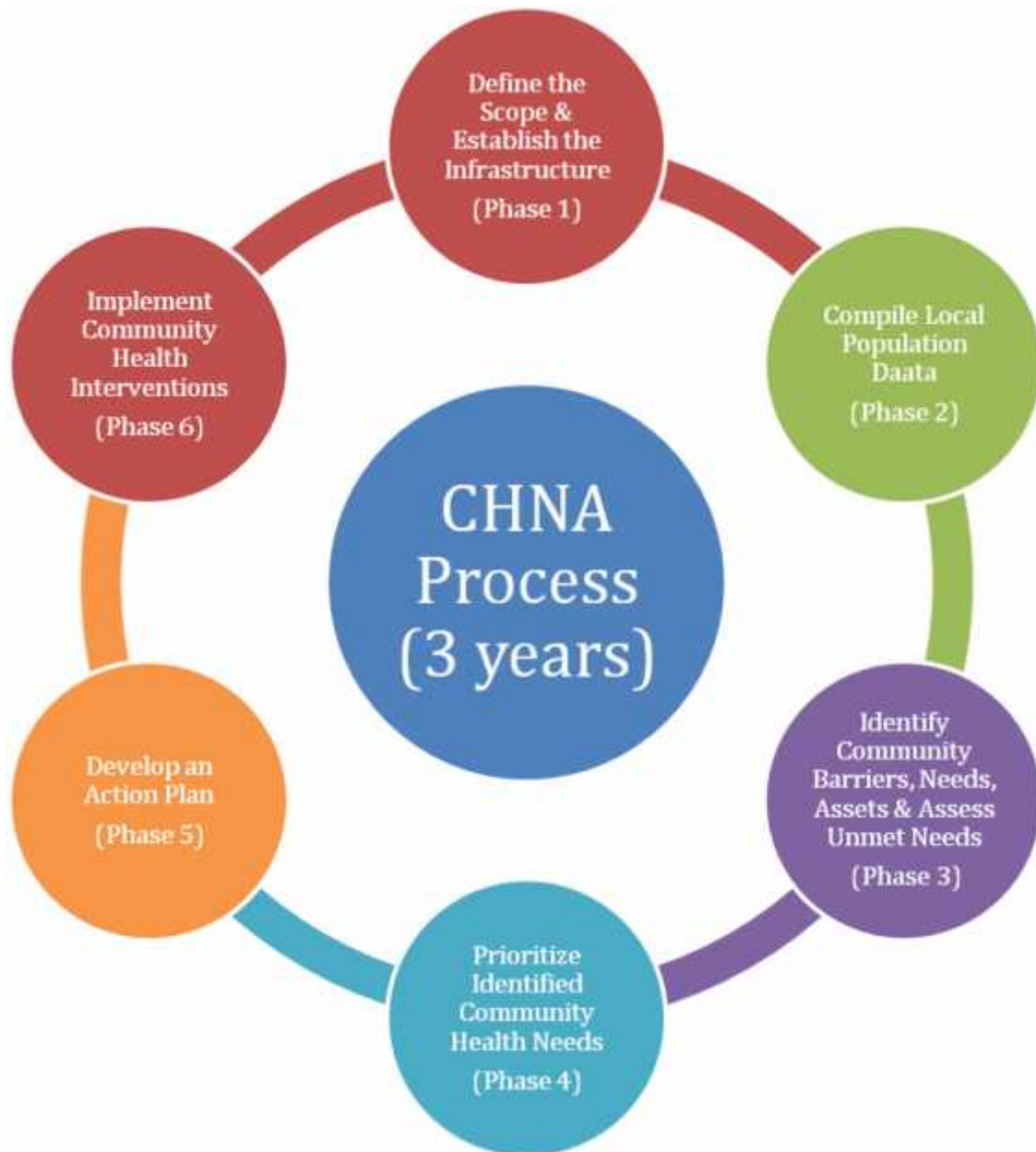
- Map the area where the Hospital will work.
- Identify centers or places where the Hospital will offer services.
- Develop Health Promotion Programs: Health Presentation, Health Screenings, Demonstrations, Health Expos, Health Fairs, Community Research Fairs, Initiatives, Establish Health Promoters and Volunteer Groups.
- Schedule the programs that will be offered.
- Research adequate information for distribution to the attendees of the programs (according to age, gender, topic, etc.).

Phase V

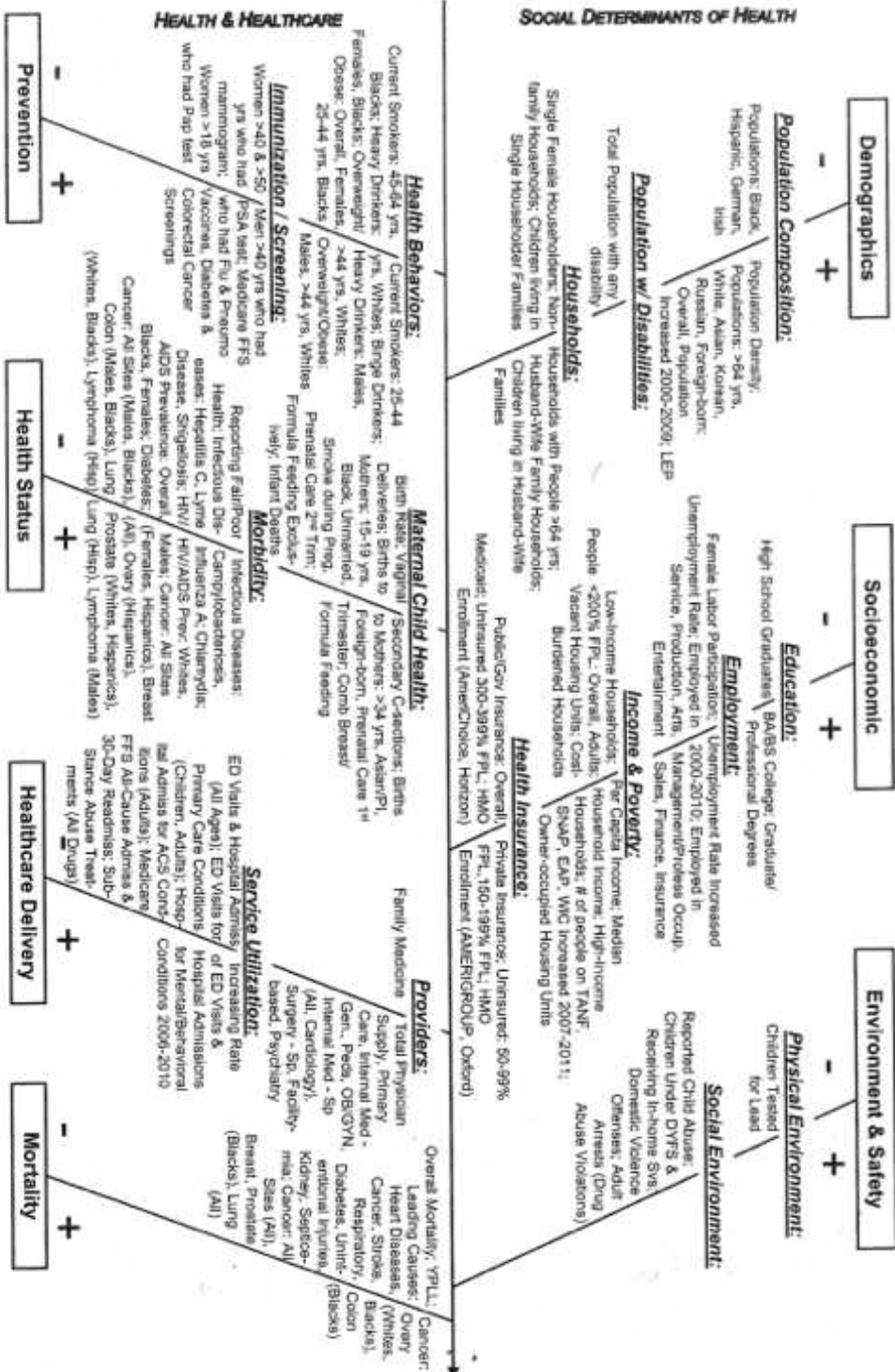
Evaluation of the programs:

- Evaluate the preparation, delivery and feedback.
- Record the outcomes (use different tools).
- Keep a record of the attendees and do follow-ups.
- Final evaluation of all programs offered to determine which programs to keep and which ones to cut.

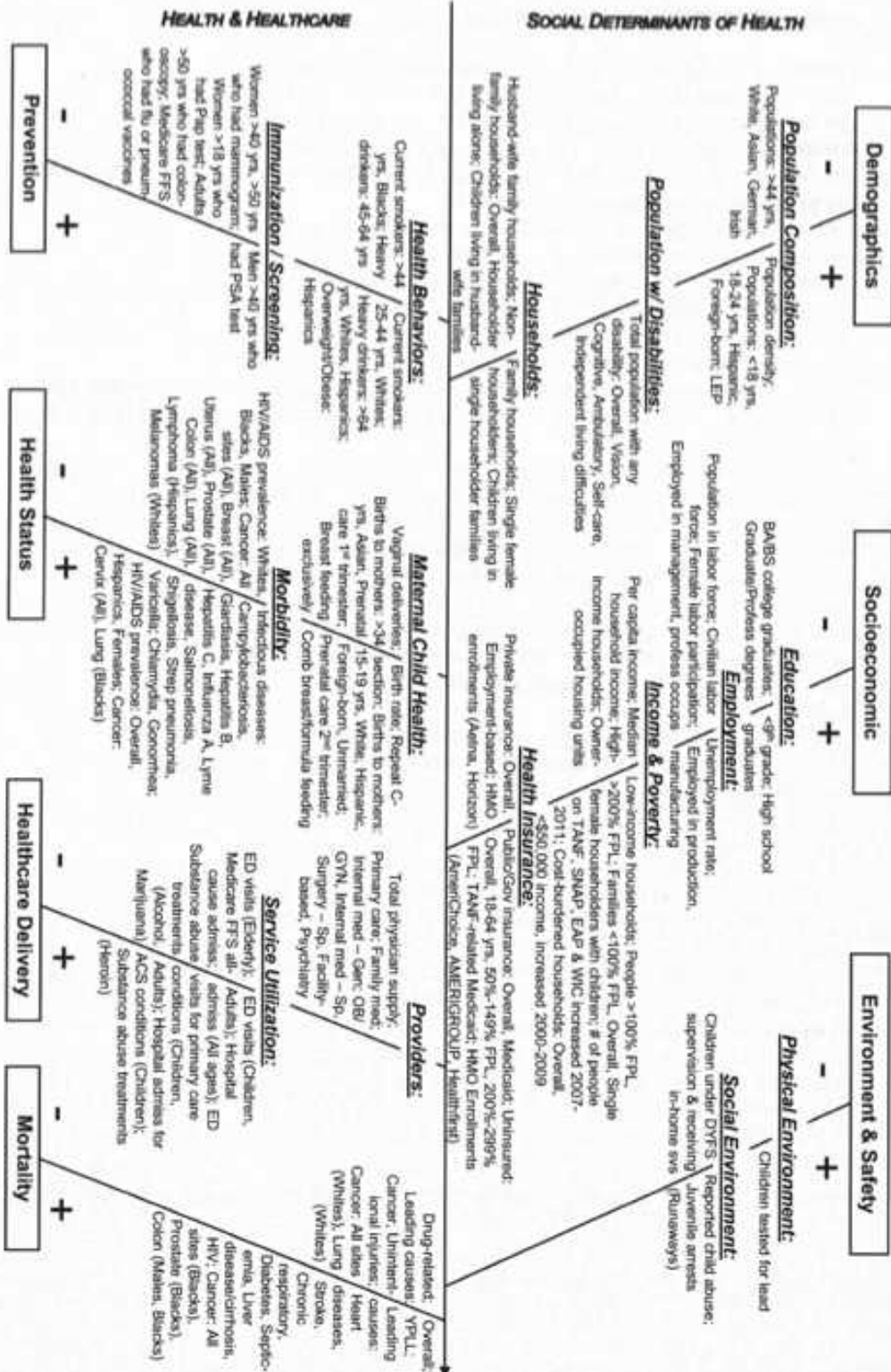
Figure 1. NJHA/HRET Community Health Needs Assessment Model



Snapshot of Bergen County Data



Snapshot of Passaic County Data



Methodology

In order to achieve goals, several distinct data gathering and data analysis methods were used. Among them were:

- A survey of a randomly selected samples of Bergen and Passaic County residents was conducted. This survey was available in English, Spanish, and Polish.
- A survey of a group of key informants was conducted.
- A comparison of county, State and national health statistics was carried out.
- A directory of healthcare services was compiled within the part of the newer plan.
- Mapping of the location of the identified services was completed.
- A website presenting service supply data was designed.

Each of these project components was carried out utilizing a different methodology. The methods used to complete each component were presented.

Subject:

A sample of convenience was taken from the following towns: Passaic, Rutherford, East Rutherford, Garfield, Lodi, Nutley, Wallington, Carlstadt, Clifton, and Lyndhurst, New Jersey. Towns were selected by geographic location to St. Mary's Hospital and zip codes which were entered from Hospital visits and admissions. All members from the selected towns were eligible to fill out the survey.

Survey:

The Strategic Planning Committee at St. Mary's Hospital developed the Community Needs Assessment Survey. It contained roughly 111 questions and consisted of open-ended, scale and multiple-choice questions. Questions were grouped into categories which covered the following: demographic information, medical history, doctor and dental needs information, social and lifestyle history, children, senior and pregnancy information (when applicable), and questions regarding community services. The survey was available in English, Spanish, and Polish. It was distributed in paper copies and via online format using the American Survey System and Evaluation Tool, which was provided by Seton Hall University. All information was collected anonymously. There was no penalty if subjects decided to stop completing the survey or withdraw while completing the survey. The survey took roughly 20 minutes to complete. See Appendix for a copy of the survey.

Additionally, demographic data was collected on the above towns to see overall number of community members, dental and medical clinics, prevalent diseases, shelters, food banks, churches, after-school activities and senior assistance programs.

The Household Survey:

In order to gather information regarding the current patterns of health and illness within the county's population, as well as its patterns of health promotion and health risk behaviors, a survey was designed and implemented. The survey instrument consisted of 203 multiple-choice questions, and one question that allowed a narrative response. The instrument used specific items taken from the National Health Interview Survey as well as individual items that were of specific interest to the survey's advisory group. The instrument was pre-tested on a randomly selected group of county residents before it was administered to a large sample of county residents.

The Key Informant Survey:

A second method of data collection that was utilized in this assessment was a key informant survey. The goal of this element of the study was to obtain the opinions and experiences of a group of county officials, health services providers, advocates and consumers regarding the major health problems and health services issues that were facing the county during the current period.

The Health Assessment Subcommittee of the Health Task Force of the Hospital selected survey respondents. Each of the respondents was selected on the basis of their specialized knowledge of the health problems and health services' needs of Bergen and Passaic County. Individuals were nominated for interview by specific Task Force members and then were voted into the interview group by consensus of the Task Force members. In all, 40 respondents were selected for interview. The actual completion rate for such interviews was 98%.

Members of the assessment team's professional staff conducted in-person interviews and focus groups during the spring of 2011. Each respondent was asked a series of ten open-ended questions, designed to elicit detailed information regarding health problems and health service issues within the county. These responses were then submitted to a theme analysis, in which repeated themes enunciated by respondents were identified and classified. Surveys were mailed to a random sample of households and distributed to area residents. More than 1,000 surveys were distributed and about 650 were returned to the survey team. The response to the mailed survey was overall very weak. On average, survey respondents were older, female and with limited education. This reflects the population served most.



ACKNOWLEDGMENT

St. Mary's Hospital is grateful for the interest, time and data contribution from the following:

Sisters of Charity
St. Mary's Hospital Community Health Department
Bergen County Health Department
City of Passaic Health Department
Passaic County Health Department
City of Clifton Health
College of St. Elizabeth
Nutley Health Department
Garfield Boys and Girls Club
North Hudson Community Action Corporation
Jewish Family Services of Passaic
United Passaic Organization



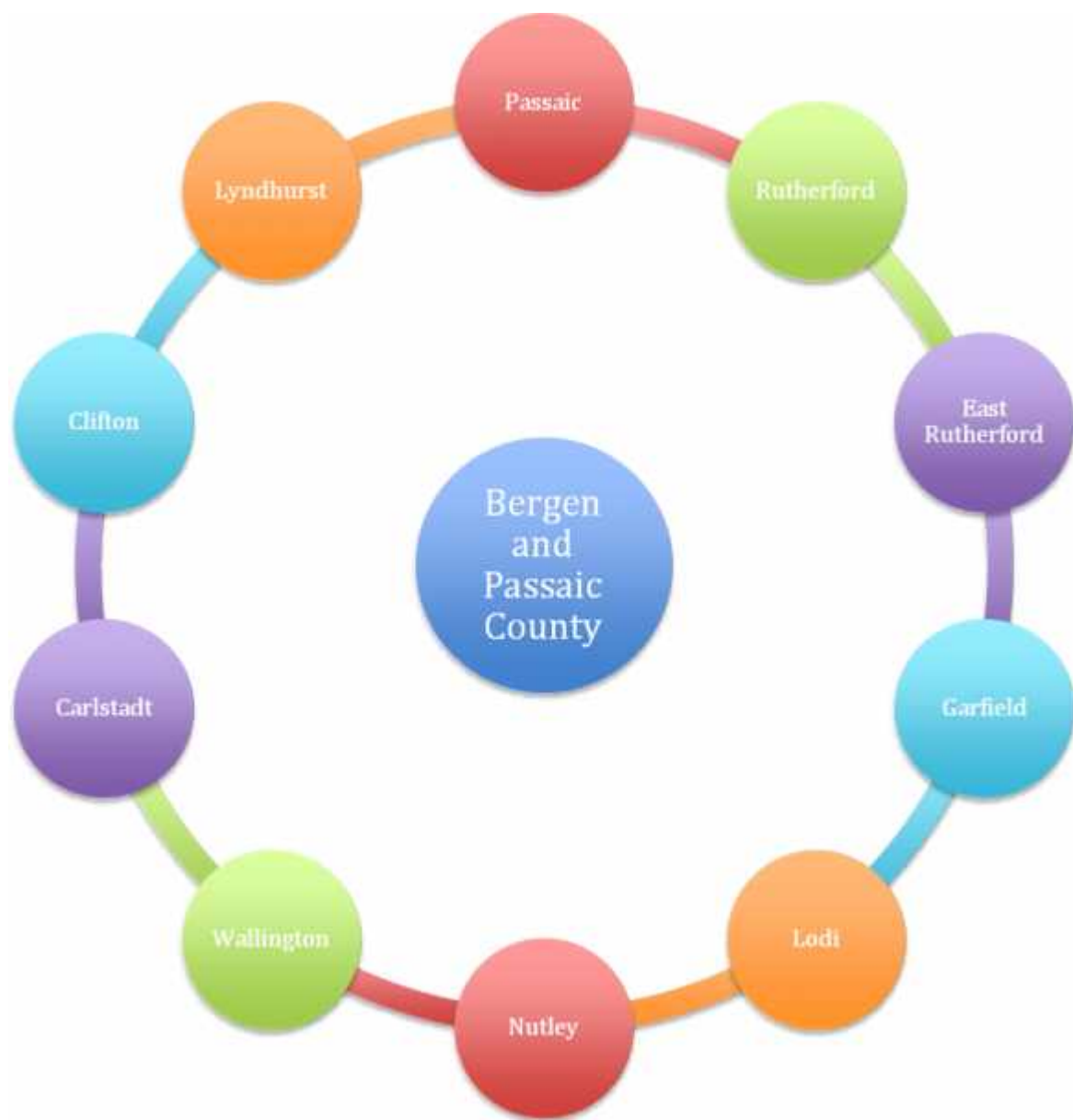
SPECIAL ACKNOWLEDGEMENTS

St. Mary's Hospital would like to thank the following people for their support, contribution of time, and expertise in completing this project. They have demonstrated a love for the Community and a willingness to share data and resources which are so needed in the Hospital's communities.

Sr. Barbara Conroy Dr. Sheila Dynan Ester East Luz Flores Irene Jessi-Hunt Marla Klein Sr. Patricia Menor Mariela Monzon Sr. Anne Moroney Elizabeth Rubeck Sherrine Schuldt Sister Marion Scranton, BA, MA, NACP Michael Sniffen Marion Spranger	Director of Sponsorship Services, Sisters of Charity College of St. Elizabeth , Allied Health Program Jewish Family Service Clinical Assistant Passaic County Health Department Bergen County Department of Health Assistant Director of Sponsorship Service, Sisters of Charity Health Educator, St. Mary's Hospital Director of Community Health Education, St. Mary's Hospital Bergen County Health Department Director of Passaic Coalition Service VP, Mission Services Past President and CEO, St. Mary's Hospital Parish Nurse Project Wallington New Jersey
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*~St. Mary's Hospital expresses its Sincere Gratitude
 to its Statistical Research Specialist,
 Nazish Fatima Asif
 for her Tireless Dedication, Strategic Vision and Creativity~*



Specific data for each town may be found in a separate document.

Demographic & Socio-Economic Data

Table 1. Total Population

	Passaic County	Bergen County	State
Description	2010	2010	2010
Total Population	501,226	905,116	8,791,894
Population Density	2,705.1	3,865.2	1,185.3

Table 2. Population of County Municipalities with Zip Codes

Municipality	Zip Code	2010 Population
Carlstadt	07072	6,127
East Rutherford	07073	8,913
Elmwood Park	07407	19,403
Garfield	07026	30,555
Lodi	07644	24,136
Lyndhurst	07071	20,554
Rutherford	07070	18,061
Wallington	07057	11,335
Clifton	07011, 07012, 07013, 07014, 07015	83,648
Passaic	07055	69,816
Nutley	07110	28,351
North Arlington	07031	15,392

Table 3. Population by Sex

	Passaic County	Bergen County	State
Description	2010	2010	2010
Female	258,102	469,154	4,512,294
Male	243,124	435,962	4,279,600

Table 4. Population by Age

	Passaic County	Bergen County	State
Description	2010	2010	2010
Children (under 18 years)	124,613	204,405	2,065,214
Under 1 year	6,848	9,493	104,986
1 to 5 years	34,331	51,699	547,636
6 to 12 years	47,725	80,909	803,132
13 to 17 years	35,709	62,304	609,460
Adults (18 to 64 years)	316,289	563,608	5,540,687
18 to 24 years	51,807	67,253	767,228
25 to 44 years	135,788	234,181	2,348,098
45 to 64 years	128,694	262,174	2,42,361
Elderly (65 years and over)	60,324	137,103	1,185,993
65 to 74 years	31,850	67,860	611,434
75 to 84 years	19,463	46,964	394,948
85 years and over	9,011	22,279	179,611

Table 5. Languages Spoken at Home (2009)

	Passaic County	Bergen County	State
Languages	2009	2009	2009
Speak only English	250,934	526,950	5,831,958
Spanish or Spanish Creole	145,600	118,182	1,170,756
French (Including Patois, Creole, Cajun)	1,002	3,472	79,005
German/other West Germanic Languages	1,702	3,163	38,720
Slavic languages	9,521	30,562	132,774
Other Indo-European Languages	22,430	55,486	430,723
Korean	2,409	45,631	71,352
Chinese	617	11,146	104,556
Vietnamese	403	1,446	16,074
Tagalog	4,698	14,179	75,487
Other Asian/Pacific Island Languages	4,019	17,506	86,028

Table 6. People with Disabilities

	Passaic County	Bergen County	State
Description	2009	2009	2009
Total Civilian Non-institutionalized Population	486,644	889,828	8,582,670
Total Population with Any Disability	55,134	73,453	866,586
Sex			
Males	24,145	33,988	388,377
Females	30,719	39,465	478,209
Number of Disabilities			
One Disability	22,796	36,151	443,503
Two or More Types of Disability	32,338	37,302	423,083

Table 7. Households

	Passaic County	Bergen County	State
Description	2010	2010	2010
Total Households	166,785	335,730	3,214,360
Average Household Size	2.9	2.7	2.7
Households with one or more people 65 years and over	44,888	98,833	864,309
Household by Family Type			
Family Households	120,840	238,555	2,226,606
Husband-Wife Family	81,287	188,466	1,643,377
Female Householder (no husband present)	29,208	36,550	429,095
Non-Family Households	45,945	97,175	987,754
Householder Living Alone	37,706	82,745	811,221
Householder 65 years and over	15,638	35,397	325,073

Table 8. Education Level of U.S. Born vs. Foreign Born Populations (2009)

Education	Passaic County		Bergen County		State	
	U.S. Born	Foreign Born	U.S. Born	Foreign Born	U.S. Born	Foreign Born
Less than High School	34,803	31,036	24,651	36,047	416,524	326,686
High School	75,708	34,201	101,136	52,560	1,358,225	376,249
Some College	46,280	18,305	87,510	45,784	1,116,628	273,509
Bachelors	40,031	16,297	106,831	64,523	951,046	322,140
Post-Graduate	18,943	5,382	68,889	37,610	546,659	217,636

Table 9. Labor Force Employment

	Passaic County	Bergen County	State
Description	2010	2010	2010
Civilian Labor Force	243,037	477,342	4,502,449
Employed	215,693	438,688	4,076,713
Unemployed	27,344	38,654	425,736
Unemployment Rate	11.3	8.1	9.5

Table 10. Employment by Occupation

	Passaic County	Bergen County	State
Description	2009	2009	2009
Management/Professional/Related Occupations	67,173	201,539	1,646,180
Service Occupations	36,393	55,064	640,974
Sales and Office Occupations	56,971	130,802	1,102,844
Farming/Fishing/Forestry	209	195	13,493
Construction/Extraction/Maintenance/Repair	19,015	29,668	307,266
Production/Transportation/Material Moving	38,777	34,113	424,221

Table 11. Income

	Passaic County	Bergen County	State
Description	2009	2009	2009
Per Capita Income	\$24,540	\$41,373	\$34,263
Median Household Income	\$51,828	\$80,900	\$68,342
By Race of Head of Household			
Caucasian alone Householder	\$61,643	\$80,406	\$73,286
Black alone Householder	\$30,346	\$70,633	\$45,252
American Indian and Alaskan Native alone Householder	\$106,345	#	\$38,496
Asian alone Householder	\$102,028	\$91,693	\$98,257
Some other Race alone Householder	\$33,451	\$69,947	\$47,262
Two or more Races Householder	\$65,146	\$83,725	\$58,099
By Ethnicity of Head of Household			
Hispanic or Latino Householder	\$36,255	\$67,772	\$48,442

Note: # indicates that data cannot be displayed because the number of sample cases is too small

Table 12. U.S. Born vs. Foreign Born Populations by Income (2009)

	Passaic County		Bergen County		State	
Description	U.S. Born	Foreign Born	U.S. Born	Foreign Born	U.S. Born	Foreign Born
No Income	47,598	20,407	61,448	45,491	660,013	273,876
\$1 to \$24,999	101,488	54,907	144,356	77,613	1,903,979	633,051
\$25,000 to \$49,999	59,196	26,710	98,511	59,905	1,187,931	361,521
\$50,000 to \$74,999	28,698	10,059	67,042	30,665	716,900	177,103
\$75,000 and over	31,042	6,629	103,413	44,568	868,886	233,983

Table 13. Housing

	Passaic County	Bergen County	State
Description	2010	2010	2010
Housing:			
Vacant Units	16,658	339,202	339,202
Owner Occupied	221,966	2,102,465	2,102,465
Renter Occupied	113,764	1,111,895	1,111,895
Housing Value:			
Median Value Housing	\$475,900	\$348,300	\$348,300
Median Gross Rent	\$1,261	\$1,106	\$1,108
Homelessness:			
Respondents (Adults)	401	472	8,469
Family Members (Children)	121	225	4,100
Gender:			
Male	215	252	4,758
Female	146	203	3,458

Table 14. Types of Health Insurance Coverage

	Passaic County	Bergen County	State
Description	2009	2009	2009
Health Insurance Coverage:			
Employment-based	588,483	268,872	5,592,961
Direct-Purchase	141,519	44,836	1,033,979
Medicaid	66,989	98,735	1,059,423
Medicare	136,634	65,439	1,239,186
Military Healthcare	12,714	8,083	177,309
Total Population with NO Health Insurance Coverage:			
Children (under 18 years)	12,619	11,148	129,835
Adults (18 to 64 years)	85,820	75,133	938,410
Elderly (65 years and older)	2,767	825	15,843
	2011	2011	2011
Total Population Receiving TANF	10,428	3,314	104,733
Children Receiving TANF	7,028	2,127	70,862
Total Population Receiving SNAP	82,474	33,030	716,711
Children Receiving SNAP	43,732	13,155	351,687
Total Population Receiving EAP	5,040	1,762	54,659
Total Population Receiving WIC	19,224	7,849	186,405

Table 15. Medicaid Enrollment by Program (as of January 2010)

	Passaic County	Bergen County	State
Description	2010	2010	2010
Medicaid	92,040	54,854	981,987
NJ FamilyCare	21,649	17,213	221,706
Medicaid and CHIP Program			
TANF-related Medicaid	26,292	9,760	234,305
ABD with Medicare	10,167	10,289	115,613
ABD without Medicare	7,741	4,205	87,963
DYFS Medicaid	1,025	902	21,782
Other Medicaid	4,920	4,891	72,172
NJ KidCare Plan A-NJC	25,698	14,395	286,354
NJ KidCare Plan A-KC	5,917	3,678	54,717
NJ KidCare Plans B, C, D	7,826	8,188	87,998
NJ FamilyCare Parents, Adults, and Aliens	4,530	1,420	48,124
Other NJ FamilyCare	19,573	14,339	194,665

Table 16. Childhood Lead Poisoning

	Passaic County	Bergen County	State
Description	2010	2010	2010
Children 6 to 29 months			
Number of Children Tested	8,073	7,088	101,521
% of Children Tested	56.7	32.3	45.6
<10 ug/dL	99.1	99.6	99.4
10-19 ug/dL	0.7	0.3	0.5
20 ug/dL or more	0.2	0.1	0.1
Children less than 17 years			
Number of Children Tested	19,490	13,120	211,300
<10 ug/dL	99.3	99.7	99.4
10-19 ug/dL	0.6	0.3	0.5
20 ug/dL or more	0.1	0.1	0.1

Table 17. Maternal Characteristics

	Passaic County	Bergen County	State
Description	2010	2010	2010
Maternal Age:			
Births to Mothers <15 years	13	2	78
Births to Mothers 15-19 years	618	165	5,710
Births to Mothers >34 years	1,261	2,374	21,100
Race:			
Caucasian	5,061	5,710	67,908
Black	1,282	680	18,259
American Indian	28	12	168
Asian/Pacific Islander	389	1,608	10,601
Other Race	270	517	4,730
Hispanic Origin:			
Hispanic or Latino	3,461	2,063	27,474
Birthplace of Mother:			
United States	3,496	4,408	61,137
U.S. Territories	131	47	1,508
Foreign-born	3,234	3,721	36,174
Marital Status—Unmarried	3,344	1,692	37,151
Substance Abuse:			
Smoking during Pregnancy	197	96	4,500
Drinking during Pregnancy	38	17	559
Drug use during Pregnancy	51	24	1,130
Prenatal Care:			
First Trimester	5,550	7,448	82,671
Second Trimester	1,193	888	15,203
Third Trimester	232	170	2,863
No Prenatal Care	66	19	914

“NJ Healthcare costs higher than most States.”
~NJHA Webinar

Table 18. Infant Characteristics

	Passaic County	Bergen County	State
Description	2010	2010	2010
Sex:			
Male	3,602	4,357	52,017
Female	3,442	4,182	49,900
Premature (<36 weeks gestation)	693	852	9,812
Birth Weight:			
<2,500 Grams	574	686	8,342
<1,500 Grams	110	114	1,581
Feeding Status at Discharge:			
Breastfeeding Exclusively	1,883	3,194	36,224
Formula Feeding Exclusively	1,556	1,395	24,051
Combination of Breast and Formula Feeding	3,471	3,835	39,305

Table 19. General Health Status of Adults (18 years and over)

	Passaic County	Bergen County	State
Description	2010	2010	2010
Morbidity:			
Percent Reporting Fair or Poor Health	18.5	15.0	17.2
Poor Physical Health Days	3.6	3.5	3.9
Poor Mental Health Days	3.6	3.3	3.5

Table 20. HIV / AIDS Cases Reported

	Passaic County	Bergen County	State
Description	2009	2009	2009
HIV/AIDS Cases	95	60	1,342
HIV/AIDS Deaths	6	#	91

Note: # indicates that data cannot be displayed because the number of sample cases is too small

Table 21. Preventive Services

	Passaic County	Bergen County	State
Description	2010	2010	2010
Immunizations and Screenings:			
Women 40 years and over who have had a mammogram in the past 2 years	67.0	65.9	72.0
Women 50 years and over who have had mammogram in the past 2 years	66.9	62.7	72.4
Women 18 years and over who have had a pep test in the past 3 years	74.4	75.0	78.8
Men 40 years and over who have had a PSA test in the past 2 years	63.6	64.6	57.1
Adults 50 years and over who had a blood stool test in the past 2 years	17.9	13.5	16.0
Adults 50 years and over who have ever had a sigmoidoscopy or colonoscopy	53.4	65.6	63.7
Vaccinations:			
Influenza Vaccination			
Pneumococcal Vaccination	43.3	52.0	49.5
Diabetes Screenings:			
Hemoglobin A1c	40.9	47.8	46.0
Biennial Eye Exam			
Biennial Lipid Profile	87.2	89.1	86.7
	55.2	61.1	57.2
Cancer Screenings:			
Colorectal	85.8	87.8	85.5
Mammography			
	49.0	54.2	50.2
	57.6	58.8	58.8

Table 22. People Living with HIV / AIDS (Prevalence, as of Dec. 31, 2010)

	Passaic County	Bergen County	State
Description	2010	2010	2010
HIV Infections (not AIDS)	1,168	689	1,342
AIDS Cases	1,378	873	91
HIV Infections/AIDS Cases Combined	2,546	1,562	6.8
AGE:			
Under 13	6	#	106
13 to 24 years	84	45	1,200
25 to 34 years	217	104	3,326
35 to 44 years	542	348	8,422
45 to 54 years	1,046	668	14,107
55 years and over	651	395	8,527
RACE:			
Caucasian	409	759	7,903
Black	1,165	436	19,150
Hispanic	943	310	8,047
Other/Unknown	29	57	588
SEX:			
Male	1,517	1,104	23,339
Female	1,029	458	12,349

Note: # indicates that data cannot be displayed because the number of sample cases is too small

Table 23. Hospital Utilization

	Passaic County	Bergen County	State
Description	2010	2010	2010
Total ED Visits	203,692	243,076	3,233,719
Children (under 18 years)	51,142	53,568	717,514
Adults (18 to 64 years)	131,025	145,134	2,081,782
Elderly (65 years and over)	21,525	44,374	434,423
ED Visits for Mental/Behavioral Health Conditions	8,863	9,961	135,633
Children (under 18 years)	1,374	1,268	18,382
Adults (18 to 64 years)	7,049	7,997	108,476
Elderly (65 years and over)	440	696	8,775
Total Hospital Admissions	64,464	96,346	1,062,440
Children (under 18 years)	11,152	12,520	154,651
Adults (18 to 64 years)	32,659	42,853	519,281
Elderly (65 years and over)	20,653	40,973	388,508
Hospital Admissions for Mental/Behavioral Health Conditions	4,096	7,226	64,828
Children (under 18 years)			
Adults (18 to 64 years)	322	461	4,836
Elderly (65 years and over)	3,594	6,007	55,100
	180	758	4,892



Table 24. Emergency Department Visits for Primary Care Conditions per 1,000 Population

	Passaic County	Bergen County	State
Description	2010	2010	2010
ED Visits by Children (under 18 years) for Primary Care Conditions (Aggregated)	122.92	75.53	102.53
ED Visits for Individual Primary Care Conditions (Top 10)			
Otitis media and Eustachian disorders	20.26	10.52	18.21
Unspecified viral infection, in conditions classified elsewhere and of unspecified site	17.61	8.89	9.14
Fever	14.90	7.92	12.27
Asthma	14.32	6.58	9.56
Head Injury, unspecified	7.75	6.36	8.58
Unspecified site of ankle sprain and strain	7.01	5.08	5.73
Depression and other mood disorders	6.93	5.05	5.01
Anxiety disorders including PTSD	6.68	4.42	5.76
Abdominal pain, unspecified site	5.26	4.17	4.35
Attention deficit and disruptive behavior disorders	5.01	3.45	4.40
ED Visits by Adults by Adults (18 to 64 years) for Primary Care Conditions (Aggregated)	156.49	95.18	136.92
ED Visits for Individual Primary Care Conditions (Top 10)			
Alcohol dependence	29.61	26.44	26.26
Anxiety disorders including PTSD	26.33	17.70	23.86
Other mental disorders, excluding drug or alcohol dependence (includes mental retardation)	16.60	5.54	13.83
Drug dependence	14.72	5.35	8.76
Abdominal pain, unspecified site	10.12	5.32	7.46
Depression and other mood disorders	9.14	4.75	9.36
Diabetes mellitus	7.51	3.76	6.23
Unspecified chest pain	7.42	3.68	6.04
Asthma	7.09	3.68	5.62
Other chest pain	5.75	3.13	5.48

Table 25. Hospital Admissions for Select Ambulatory Care Sensitive Conditions per 1,000 Population

	Passaic County	Bergen County	State
Description	2010	2010	2010
Total ACS Admissions for Children (under 18 years)	7.18	3.59	4.64
Admissions for Select ACS Conditions			
Asthma	3.03	1.27	1.62
Bacterial Pneumonia	1.73	0.91	1.33
Dehydration Volume Depletion (secondary diagnosis)	1.18	0.88	1.07
Diabetes (A, B, C)	0.67	0.38	0.30
Dehydration Volume Depletion (primary diagnosis)	0.58	0.33	0.37
Convulsions	0.49	0.32	0.50
Kidney/Urinary Infection	0.43	0.28	0.27
Gastroenteritis	0.25	0.26	0.48
Severe ENT Infections	0.23	0.14	0.23
Chronic Obstructive Pulmonary Disease	0.02	0.01	0.01
Pelvic Inflammatory Disease	0.00	0.01	0.00
Total ACS Admissions for Adults (18 to 64 years)	7.25	4.60	6.38
Admissions for Select ACS Conditions			
Asthma	1.63	0.73	1.10
Bacterial Pneumonia	1.13	0.85	1.11
Dehydration Volume Depletion (secondary diagnosis)	1.56	1.34	1.55
Diabetes (A, B, C)	1.27	0.74	1.11
Dehydration Volume Depletion (primary diagnosis)	0.17	0.15	0.18
Convulsions	0.34	0.21	0.23
Kidney/Urinary Infection	0.88	0.59	0.74
Gastroenteritis	0.47	0.46	0.46
Severe ENT Infections	0.11	0.07	0.08
Chronic Obstructive Pulmonary Disease	0.43	0.47	0.74

Key Findings

Based on this study, Bergen County is comparable in many ways to Passaic County, as well as the State overall, in terms of health status, behavioral risk factors and hospital utilization. Demographically, the region consists of a mix of suburbs and rural small towns, where the population is relatively homogeneous, aging and growing at a slower rate than other areas of the country. However, economic disparities do exist within the various counties and some sections of the region face significant distance and transportation barriers to accessing community resources and services. While the behavioral risk factor surveys indicate that people are becoming more aware of the importance of preventative health and screenings, there are significant health risk behaviors and chronic diseases present.

Types of Health Insurance Coverage

	Passaic County	Bergen County	State
Description	2009	2009	2009
Health Insurance Coverage:			
Employment-based	588,483	268,872	5,592,961
Direct-Purchase	141,519	44,836	1,033,979
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Medicaid Enrollment by Program (as of January 2010)

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Other NJ FamilyCare	19,573	14,339	194,665

Childhood Lead Poisoning

	Passaic County	Bergen County	State
Description	2010	2010	2010
Children 6 to 29 months			
Number of Children Tested	8,073	7,088	101,521
% of Children Tested	56.7	32.3	45.6
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Children less than 17 years			
Number of Children Tested	19,490	13,120	211,300
<10 ug/dL	99.3	99.7	99.4
10-19 ug/dL	0.6	0.3	0.5
20 ug/dL or more	0.1	0.1	0.1

Preventive Services

	Passaic County	Bergen County	State
Description	2010	2010	2010
Immunizations and Screenings:			
Women 40 years and over who have had a mammogram in the past 2 years	67.0	65.9	72.0
Women 50 years and over who have had mammogram in the past 2 years	66.9	62.7	72.4
Women 18 years and over who have had a pep test in the past 3 years	74.4	75.0	78.8
Men 40 years and over who have had a PSA test in the past 2 years	63.6	64.6	57.1
Adults 50 years and over who had a blood stool test in the past 2 years	17.9	13.5	16.0
Adults 50 years and over who have ever had a sigmoidoscopy or colonoscopy	53.4	65.6	63.7
Vaccinations:			
Influenza Vaccination			
Pneumococcal Vaccination	43.3	52.0	49.5
Diabetes Screenings:			
Hemoglobin A1c	40.9	47.8	46.0
Biennial Eye Exam			
Biennial Lipid Profile	87.2	89.1	86.7
	55.2	61.1	57.2
Cancer Screenings:			
Colorectal	85.8	87.8	85.5
Mammography			
	49.0	54.2	50.2
	57.6	58.8	58.8

Survey Findings

The issue most frequently mentioned in response to the questions was the critical shortage of certain types of healthcare services. The majority of the respondents noted a concern regarding a lack of nursing personnel. Particular concern was mentioned regarding a lack of trained personnel to work with functionally impaired elderly in their homes. Secondary themes noted in response to other responses/perceptions included lack of transportation, lack of insurance coverage, lack of low-cost dental care and lack of information and referral services. A final reiterated theme was lack of adequate detoxification programs, and lack of mental health services.

The majority of the respondents did not identify any problems with the quality of healthcare services being provided. A minority did note, however, that the quality of healthcare was seriously diminished for those who lacked insurance. Additionally, some concerns were noted regarding the perceived lack of integration of mental health services and of their general availability.

The concern most frequently noted by the respondents was an under-utilization of community-based screening and prevention services by minority populations. Respondents indicated that they believed this under-utilization was based upon a lack of awareness of the availability of such services.

Respondents were uniform in their opinion that health service providers need to expand their efforts in the areas of education, outreach and screening for the communities they serve.

The responses to this question were consistent with answers to the two queries that preceded it. County residents should be encouraged to develop an awareness of available health services and take personal initiatives in utilizing them. Particular emphasis was placed on the desirability of increased participation in health screening programs. Respondents also recommended the development of healthy lifestyles that include exercise, healthy diet and regular check-ups.



Key Informant Response Patterns

<i>Theme</i>	<i>Mentioned</i>	<i>Not Mentioned</i>
Lack of Insurance	76%	24%
High cost of care	72%	28%
Lack of transportation	68%	32%
Lack of awareness of available services	68%	32%
Lack of participation in health promotion activities	64%	36%
Cancer	64%	36%
Heart Disease	64%	36%
Asthma	60%	40%
Lack of certain mental health services	56%	44%
Substance Abuse	56%	44%
Health manpower shortage	56%	44%
Lack of coordination among providers	50%	50%

The data was then entered into a computerized database and analyzed using a customized software program. This report first identifies the demographic profile of the respondents, and then presents the patterns of response to the question within each category of the questionnaire. Finally, most frequently noted health problems and the key lifestyle issues that were identified in the analysis are described.

Participation in Health Screenings:

Respondents were asked whether they and their family members had participated in a series of health screenings during the past twelve months. Eleven routine screenings were included in the series of questions. These were blood pressure, cholesterol, diabetes, breast examination, mammogram (women over 40), glaucoma, tuberculosis, lead poisoning screening, colon cancer, prostate function (men over 40), and pap smear. Women and men with college educations were significantly more likely than other groups to have had these screenings.



Focus Groups

Key findings that include over all perception of health concerns in the Hospital's area and topics addressed:

- Educational programs regarding safe sex and sexual behaviors
- Clarification of policies are needed regarding medical abortions
- Lack of resources in seeking medical help
- Fear on the part of undocumented people
- Transportation issues for low-income families
- Perception of what quality care/services of St. Mary's Hospital are
- Lack of services related to dental care issues
- Increased incidents of diabetes, obesity, hypertension
- High incidents of teen pregnancy
- Need to address post-partum issues, depression, more parenting classes
- Reproductive education regarding teen incidents of dating older men/frequent unprotected sex
- Nutrition issues
- Inability to have co-pay to afford perceived high co-pay even when possessing health coverage, long waiting lists, working with patients who have co-morbid mental illness and substance abuse
- Lack of funds to pay for medicine
- Lack of community services/ recreation, art, music, affordable for kids
- Anxiety, depression, stress among youth
- Teen and domestic violence
- Cooperation among agencies
- More realistic sliding scales in some areas



New Jersey's Ethnic Makeup Shifts

In the last decade, the number of Caucasians in New Jersey declined as the number of Asians and Hispanics soared. The population shifted southward and some of the many shifts with broad cultural and political implications were revealed in 2010 census figures.

Newark, the State's largest city, grew 1.3%, to more than 277,000 people, reversing five decades of contraction, and the second-largest, Jersey City, grew 3.1%, to more than 247,000. Populations declined in several of the largest and most heavy minority cities and towns, including Paterson, Trenton, Camden, Union City, Passaic, East Orange, and Irvington.

In particular, the State's most crowded areas saw a Black exodus from 2000 to 2010; the total population dropped 11.2% in Irvington and 8% in East Orange, both places that are predominantly Black. At the same time, the cities became much more heavily Hispanic.

Overall, the population of New Jersey grew 4.5%, to nearly 8.8 Million people, but that was far behind the 9.7% national growth rate.

Growth was slowest in the State's densely packed northeast, where most of the population resides. Essex County, which includes East Orange, Irvington, Newark, shrank 1.2%, to approximately 784,000 people, well below its peak of more than 932,000 in 1970. The State's most populous county, as recently as the 1980s, Essex, slipped to third in 2010, behind Middlesex, which grew to almost 810,000 people. Bergen County, grew 2.4%, to 905,000, and Passaic and Union Counties also grew by less than 3%.

The number of non-Hispanic Caucasian people living in the State fell by more than 300,000, to about 5.2 Million, dropping from 66% of the population to 59.3%. The shift was even more pronounced among Caucasians under 18, who by 2010 were just 51.6% of the State's children.

"Those are pretty astounding changes," said Tim Evans, Research Director at New Jersey Future, a research group. "It's another sign that New Jersey is on a similar path to California, in terms of becoming majority-minority."

The Asian population jumped 51%, to more than 700,000, or 8.2% of the total, while the number of Hispanics climbed 39%, to more than 1.5 Million, or 17.7%. The Black population changed little, at 1.1 Million, or 12.8 %.

The census shows heavily Democratic and minority areas losing sway as the State embarks on the once-a-decade task of redrawing district lines for the Legislature and Congress, based on the numbers released during 2011. Even before the figures were published, Republicans had high hopes of making gains in that process.

The census also shows traditionally Republican and swing areas becoming more ethnically diverse, with fast-rising numbers of Hispanics, Asians and Blacks. In Sussex and Warren Counties, in the northwest corner of the State, the minority population, while still small, nearly doubled. One indicator of that suburbanization is that towns that had 20,000 to 50,000 people in 2000 had the fastest growth rate, 6.4%. Those with over 75,000 grew just 1.5%.

Asian population growth was heaviest in suburban Middlesex County, particularly in Edison, Piscataway, Woodbridge and East Brunswick. The number of Asians in the county jumped more than 50%, and by 2010 accounted for 21.3% of the population. In Edison, Asians reached 43.1% of the population, surpassing Caucasians as the largest group.

In places that were already majority Hispanic in 2000, like Perth Amboy, Passaic, North Bergen and Paterson, their predominance increased markedly. Hispanics became a majority in Elizabeth and nearly did in New Brunswick; they overtook Blacks as the largest group in Camden; and they passed Caucasians as the largest group in Hackensack (*NY Times*).



“Those of us in New Jersey, we firmly believe, and we are right about this, that everything in America has a connection to New Jersey.”

~Governor Christopher Christie

THE PEOPLE'S PERCEPTION

The Bergen County Health Department and the Passaic County Health Department assisted St. Mary's Hospital in the design of the survey, which was approved by the Strategic Planning Committee.

Many of the Hospital's clients and patients were not able to utilize a computer. Consequently, the use of a web-based survey was not convenient for the bulk of the population in the area. Therefore, the Committee decided that the best way to gather information was to distribute hard copies of the survey. Over 1,000 surveys were distributed to schools, libraries, health departments, churches, and senior citizen centers.

Seton Hall University provided a computerized mechanism to tabulate the results. The students of the College of St. Elizabeth performed the tabulation.

To date, more than 550 surveys have been received, which were added to the tabulated results. The survey was written in English, Spanish, and Polish.



The following charts and graphs are self-explanatory. They are indicators that summarize the state of health and quality of life of the St. Mary's Hospital community. *Healthy People 2020* provides topics and specific objectives that provide suggestions for indicators. In most ways, *Healthy People 2020* will provide interventions and resources for those working on implementation strategies. It is the Hospital's hope that the relationships that have been nurtured during the past two years will only be strengthened by those involved in future hospital strategic plans.

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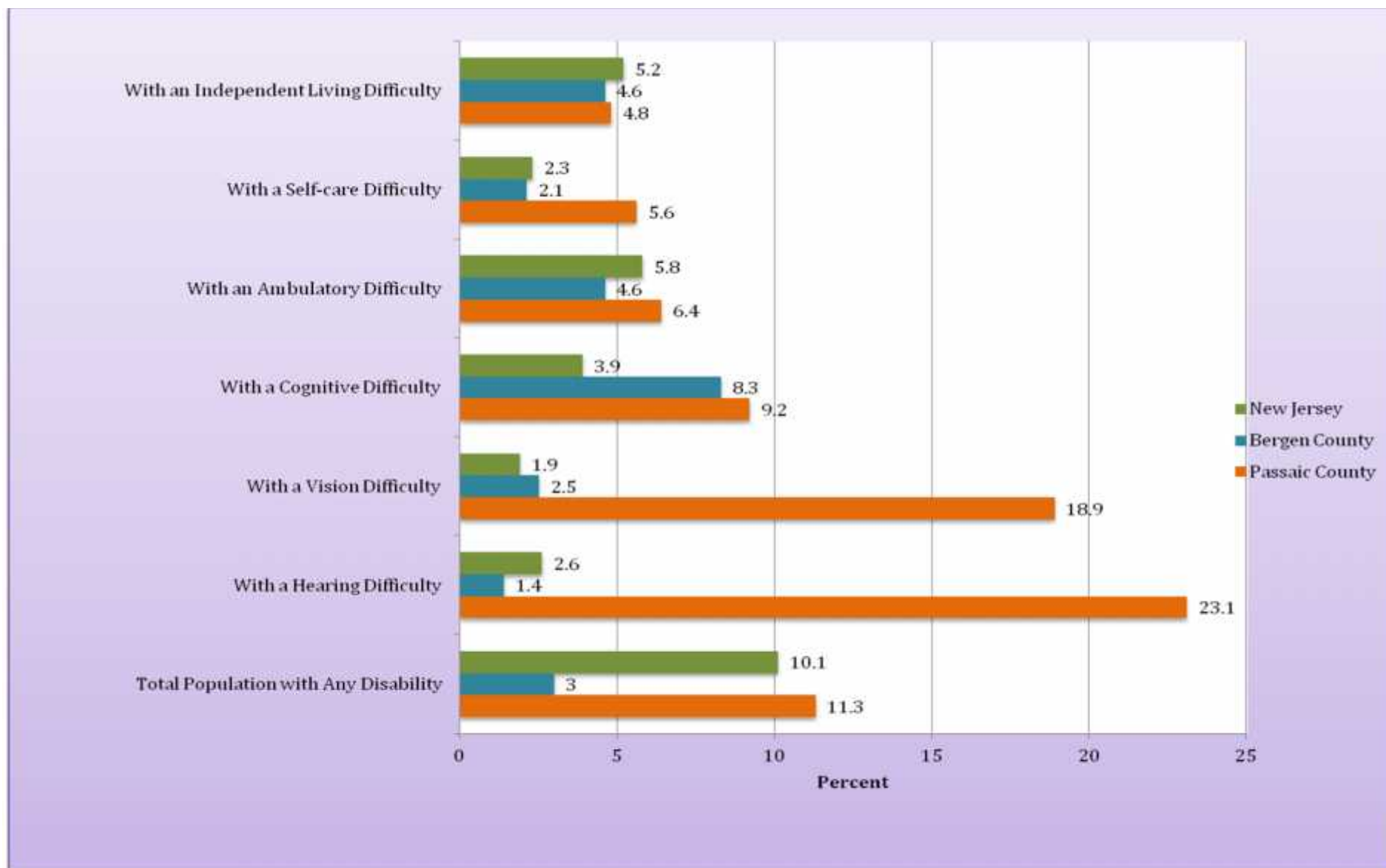


Figure 1. People with a Select Disability (2009)

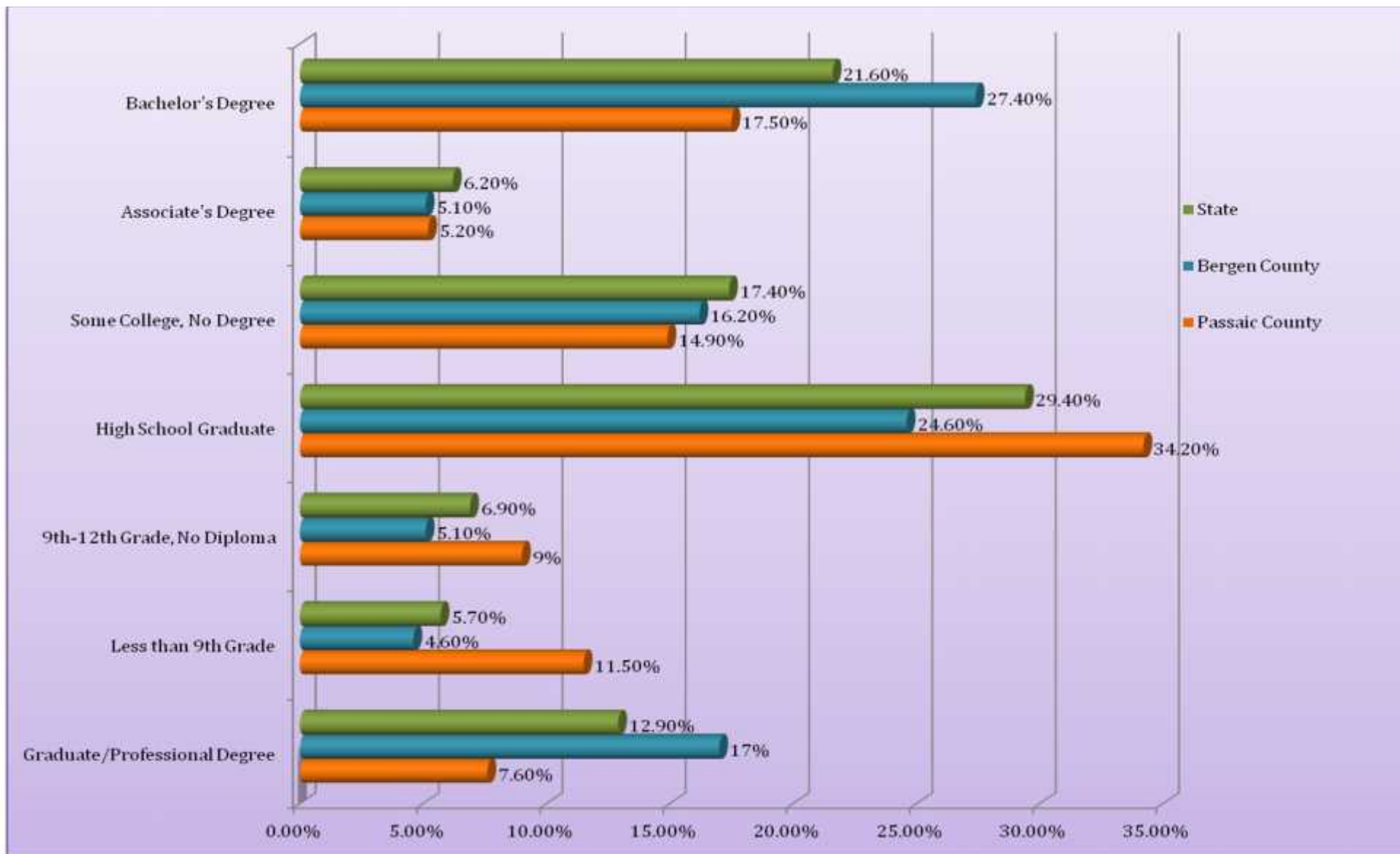


Figure 2. County Population 25 years and older by Educational Attainment (2009)

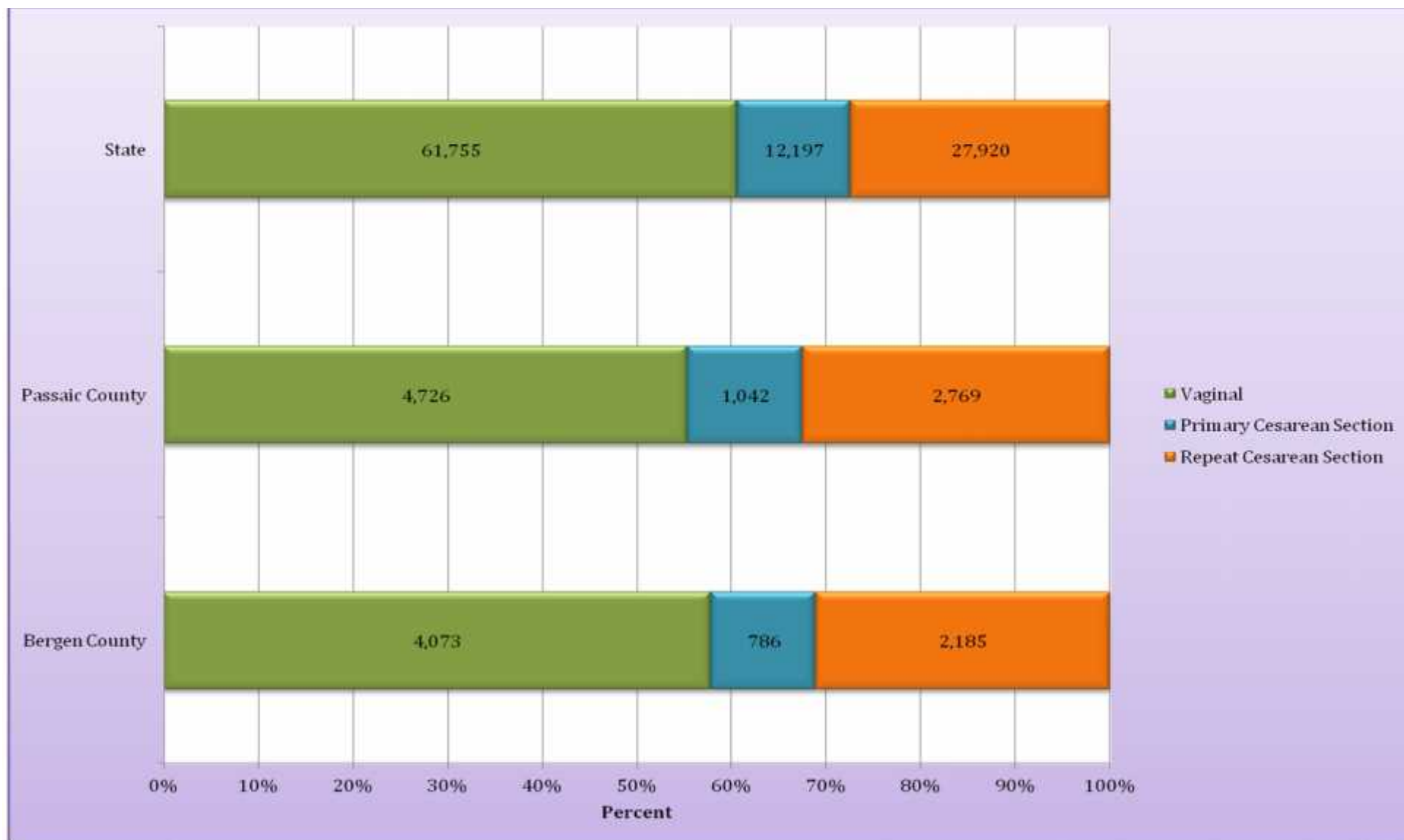


Figure 3. Total Births by Method of Delivery

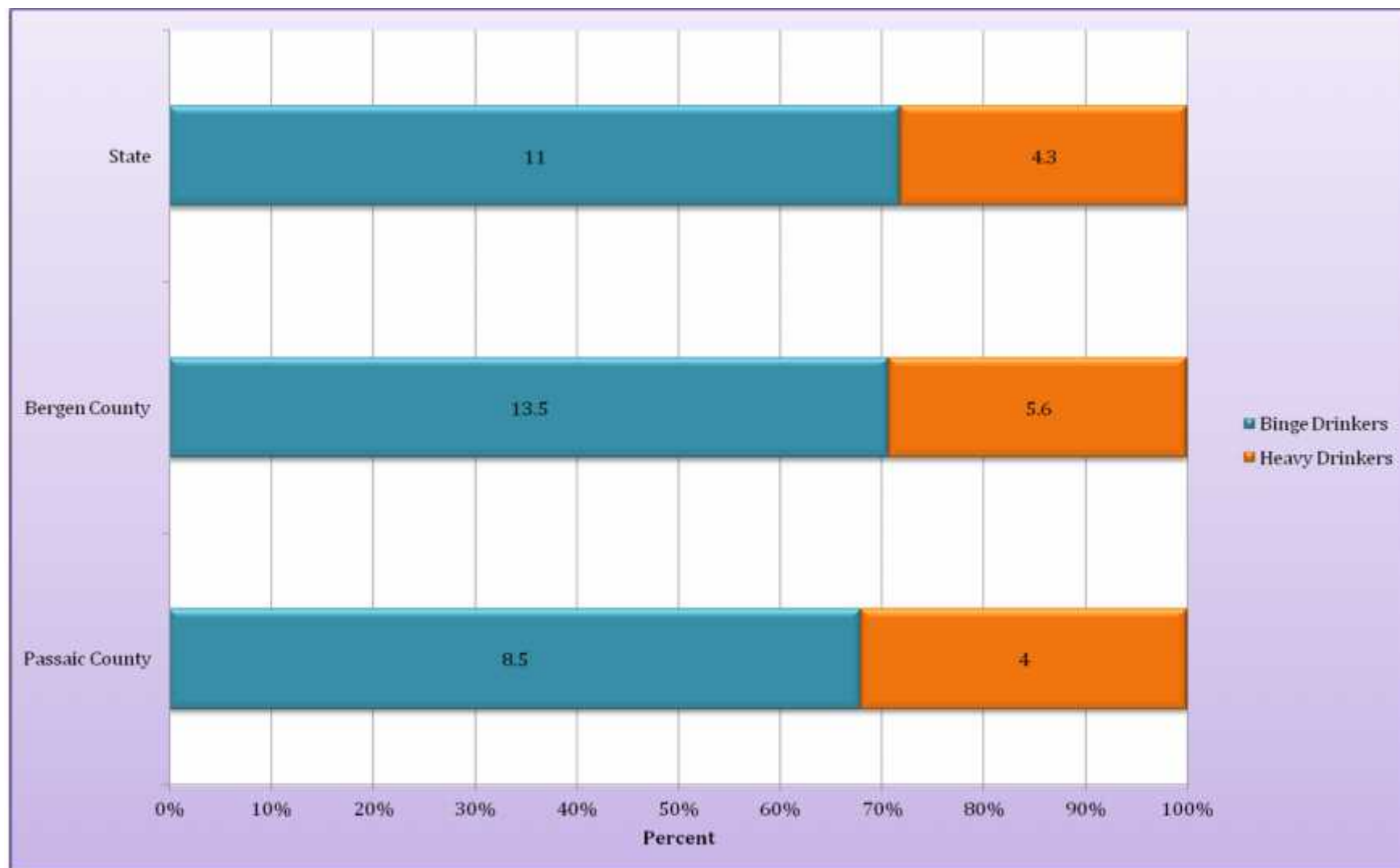


Figure 4. Alcohol Consumption

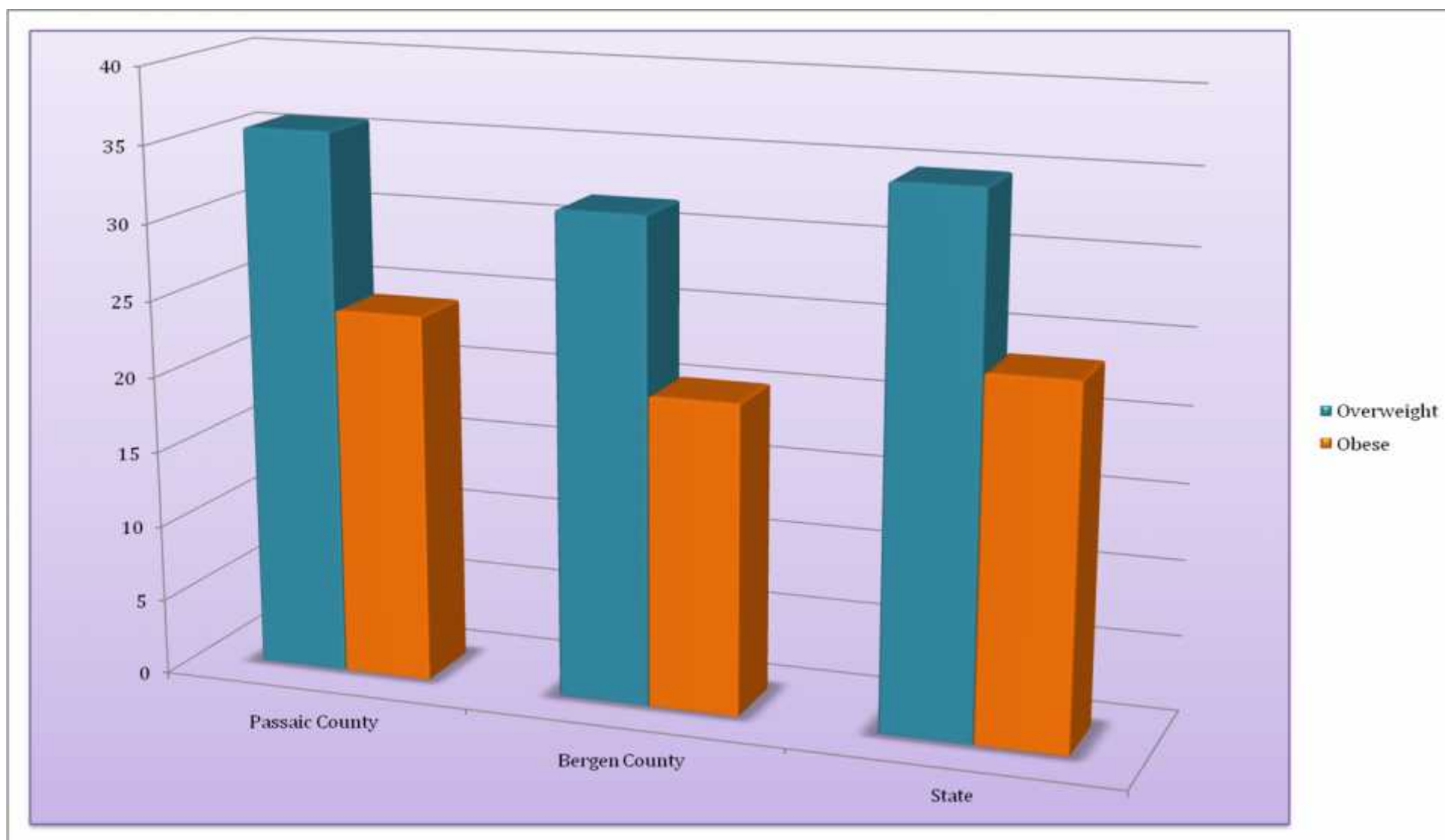


Figure 5. Overweight & Obese Populations

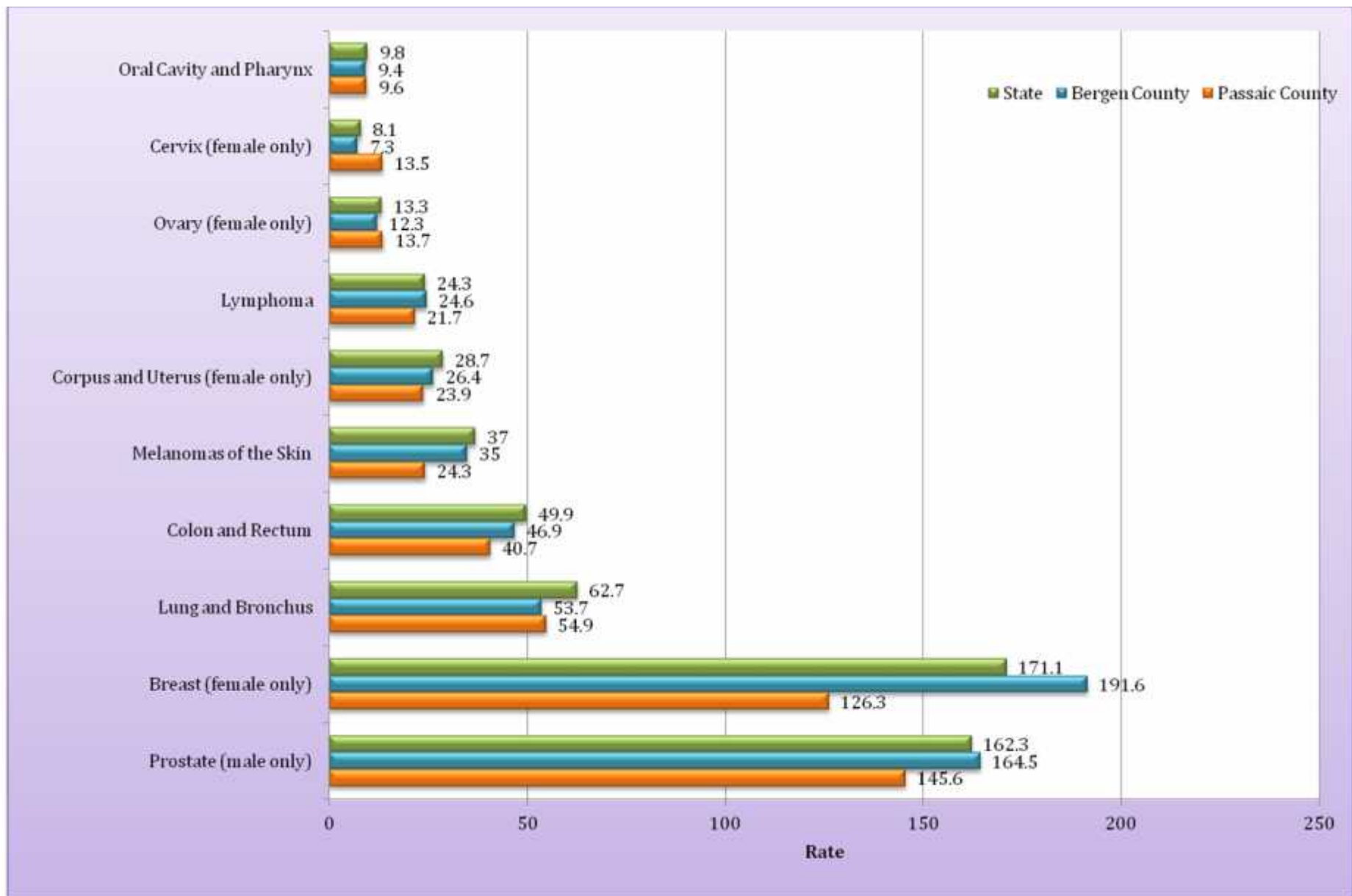


Figure 6. Cancer Incidence per 100,000 County Population by Site (2008)

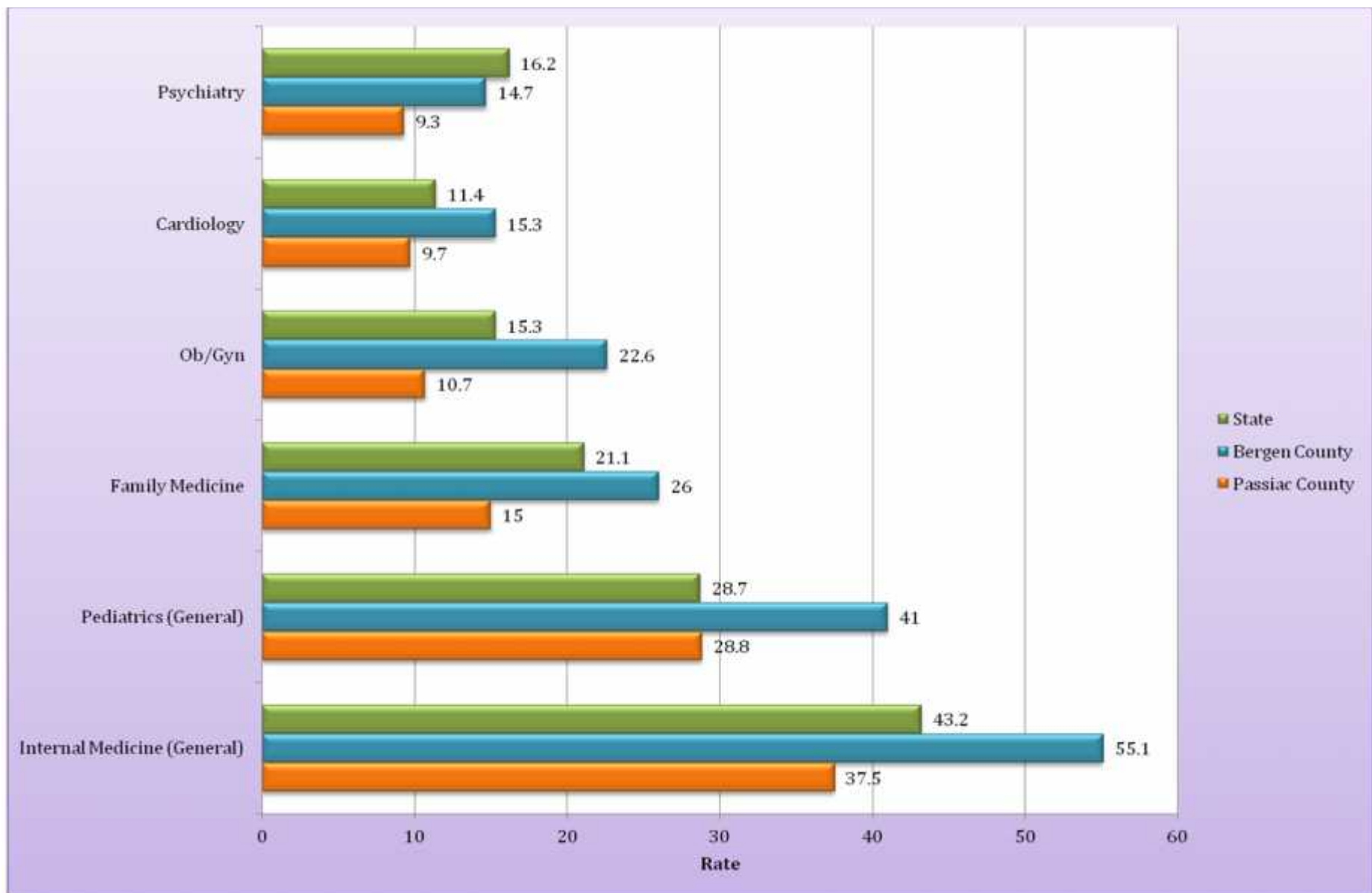


Figure 7. Physician Density per 100,000 Population by Select Specialty (2008)

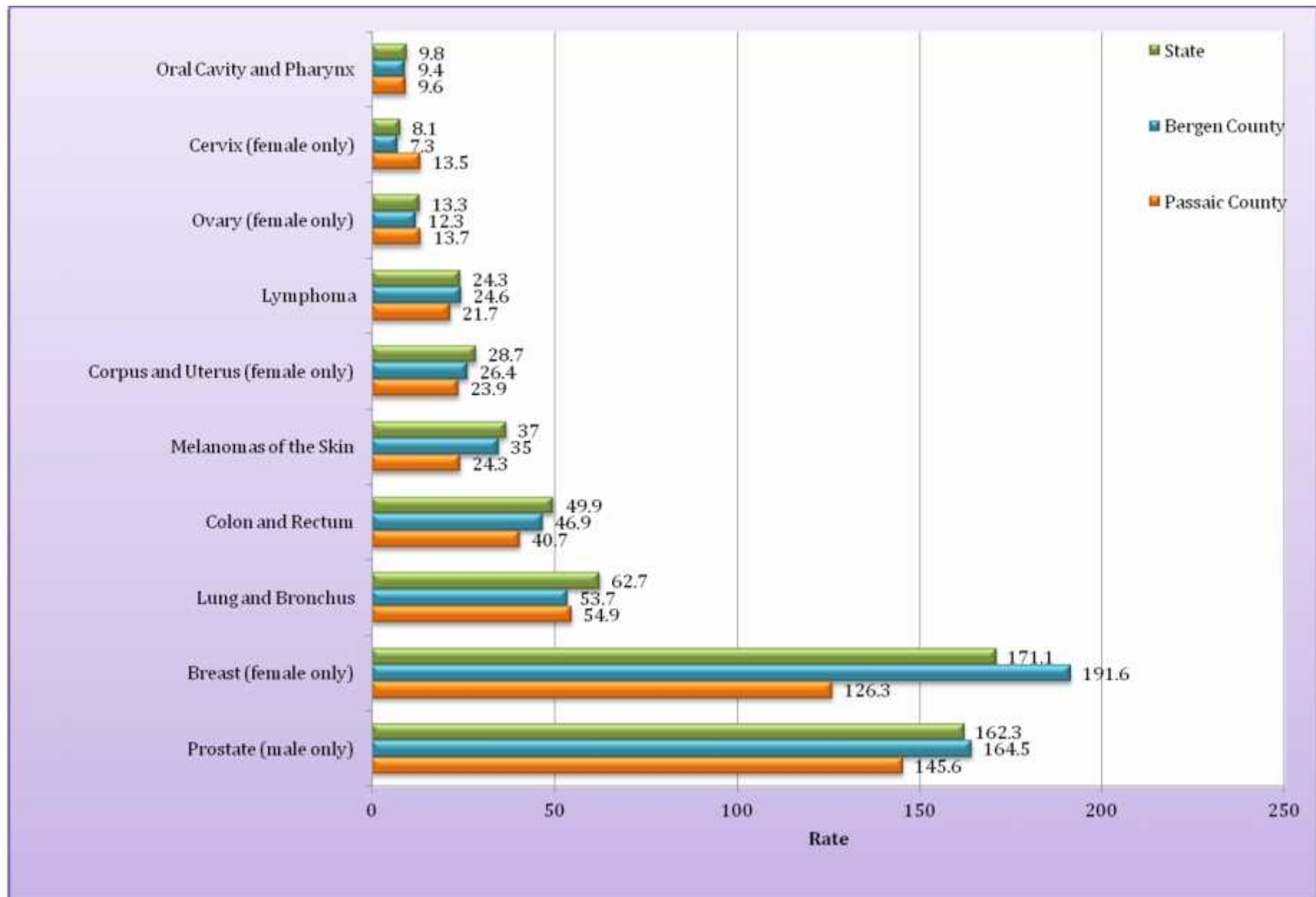


Figure 8. Cancer Incidence per 100,000 County Population by Site (2008)

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FINAL COMMENTS

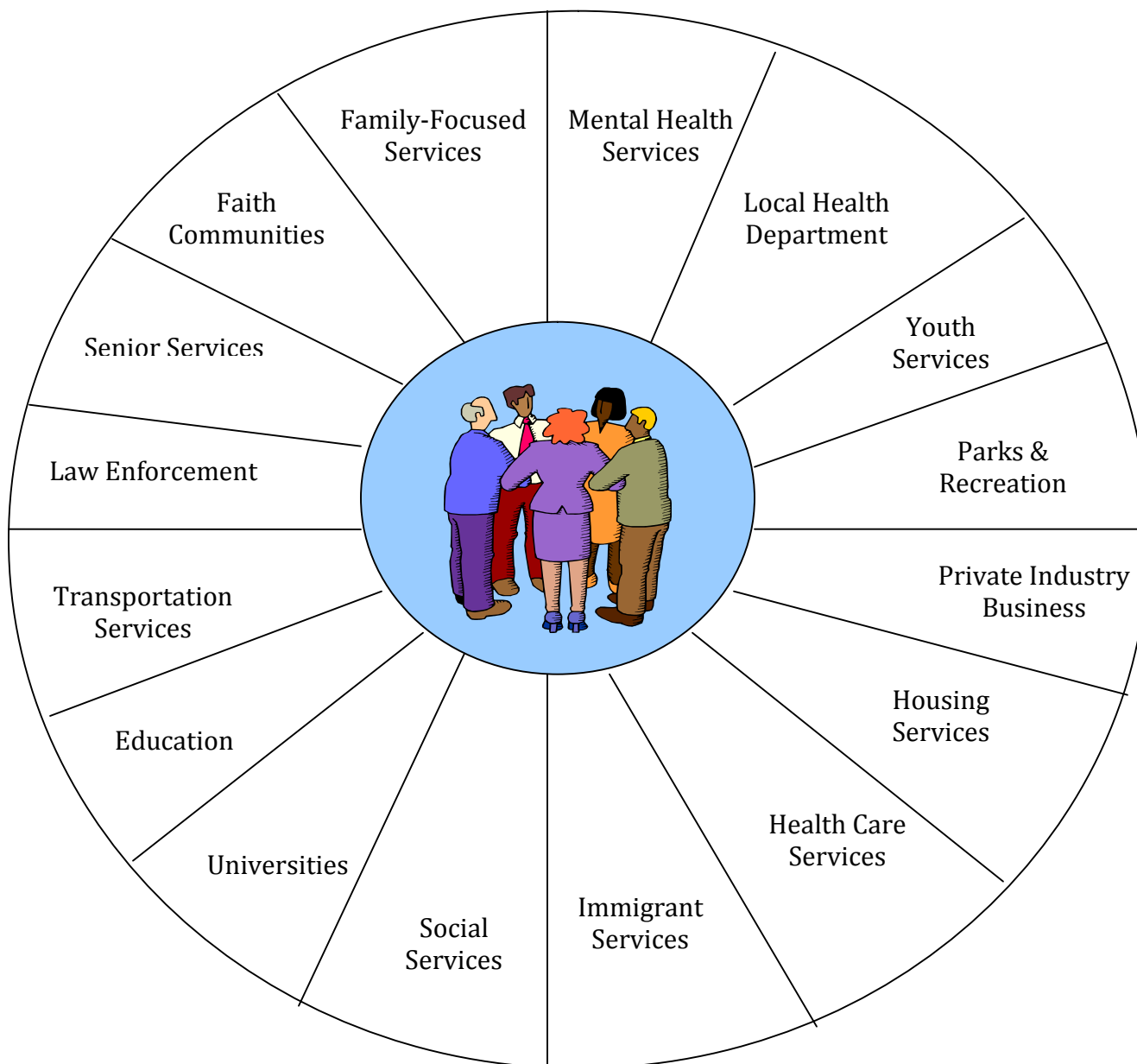
The Community Health Needs Assessment project began in 2010 under the leadership of Sr. Marion Scranton, Vice President, Mission Services. Using the mapping strategy during those first months, the members of the Community Health and Outreach Team (Mariela Monzon, Luz Flores, Maria Monzon), along with Sr. Marion, visited every town, health department, clinic and school in order to learn about key people in those communities. The task was overwhelming, therefore, they engaged the assistance of Dr. Sheila Dynan of the College of St. Elizabeth. A partnership was formed with students in the Allied Health Project and the Community Outreach Team to collect information and to develop profiles of the towns served by St. Mary's. In September of 2011, Sr. Anne Maroney was selected as the Director of the Department.

From this first endeavor, St. Mary's Hospital identified and motivated key members to form the Strategic Committee. The importance of this project and the community's collective efforts to address the healthcare needs of south Passaic and southwest Bergen has never been greater. The economic downturn has had a tremendous impact on thousands of individuals, children and families throughout the area. People are frightened and concerned about the future. St. Mary's Hospital looks forward to continue working in partnership with the communities it serves, and also with health-related organizations in north Jersey. The Hospital is impelled to meet the area's healthcare needs and to improve the overall health status of the community.



Where do we go from here?

Community Advisory Board



APPENDIX

<u>Name</u>	<u>Agency</u>
John Biegel	Clifton Health Department
Sr. Barbara Conroy	Sisters of Charity
Lori DiRienzo	Clifton Health Department
Dr. Sheila Dynan	College of St. Elizabeth
Esther East	Jewish Family Services
Luz Flores	SMH – Community Health Department
Charlene Gungil	Passaic County College
Irene Jesse-Hunte	Passaic County Health Officer
Jennifer Kidd	Clifton Health Department
Marla Klein	Bergen County Health Services
Edward Lyons	UPO
Sister Patricia Mennor	Sister of Charity
Dr. Nancy Mangieri	Bergen County Health Officer
Mariela Monzon	SMH Community Health Department
Sr. Anne Moroney	Director – Community Health Department
Amiris Perez	Health First NJ
Ana Rivera	HIC
Doris Roman	Garfield - FQHC
Elizabeth Ruback	Bergen County Health Services
Jane Scarfo	Clifton Health Department
Sherrine Schuldt	Passaic Prevention Coalition
Sr. Marion Scranton	SMH Vice-President – Mission Services
Marilyn Spranger	Pastoral Nurse
Vincent Urgola	North Hudson Community Action Corporation
Joanne Wendolowski	HARP of HUMC

****Survey Sample can be found on the next page****

INSERT SURVEY SAMPLE

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THANK YOU!

