



# COMMUNITY HEALTH ASSESSMENT REPORT 2023

ESSEX COUNTY, NJ

Joseph N. DiVincenzo, Jr., Essex County Executive  
Board of County Commissioners  
Office of Public Health Management

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LETTER FROM THE COUNTY EXECUTIVE



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**Joseph N. DiVincenzo, Jr.**  
Essex County Executive



January 2024

Dear Friends:

The COVID-19 pandemic re-emphasized the importance of having a strong public health office that could serve as a resource for the residents and other municipalities in Essex County. Conducting this Community Health Assessment was the first step we took to better understand the health needs of and health obstacles faced by our residents.

I want to thank the many residents who voluntarily participated in our health assessment survey or were a member of a focus group. The insight you provided helped us to identify areas of concern, learn about health issues that are important to our residents and gave guidance about planning current and future public health initiatives.

I also want to thank our Board of Commissioners, Mayors, Sheriff, universities, hospitals and Municipal Police Chiefs, Public Health Officials and Emergency Management Coordinators. During the pandemic, we put aside jurisdictional boundaries and worked tirelessly together to provide an effective response to the largest crises we ever encountered. That partnership continues today with our Healthy Essex Coalition, which has worked hard to implement the Community Health Assessment.

This Community Health Assessment is just the first step we are taking. We will continue to adapt, seek out new information and communicate with the public so that the changing needs of the community can be met. We look forward to continue *Putting Essex County and our Residents' Health First*.

Sincerely,

  
Joseph N. DiVincenzo, Jr.  
Essex County Executive

*Putting Essex County First*

ESSEX COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

## LETTER FROM THE HEALTH OFFICER



Dear Residents and Partners of Essex County,

The Essex County Office of Public Health Management (ECOPHM) is dedicated to improving the overall health and welfare of Essex County residents. Our mission is to ensure access to quality health care resources that promote emotional and physical resilience throughout our Essex County communities. Despite many obstacles presented by the COVID-19 pandemic, the health of Essex County residents remains a primary focus of the ECOPHM which is consistently addressed in a myriad of ways.

One of the recent efforts utilized by the ECOPHM was the implementation of this county-wide Community Health Assessment (CHA). The CHA has served to identify significant health priorities and opportunities for improvement which can bolster our efforts to address health issues, social determinants of health, and health disparities that exist in Essex County. The funding for the Community Health Assessment was provided by the New Jersey Department of Health (NJDOH) whose support and involvement as a community partner has been immeasurable. We are sincerely grateful to the NJDOH for their recognition of the importance of this work.

Community involvement was essential to the development and implementation of the CHA. Numerous community partners and hundreds of community members informed the development and assisted in the administration of this assessment. I would like to extend a special thank you to the residents of Essex County who participated in the collection of data through surveys and focus groups. Your insights and concerns will help to inform our priorities.

I would also like to extend my sincerest appreciation to the *Healthy Essex Coalition* whose active participation in this collaborative effort was invaluable. The Essex County Coalition partners include but are not limited to hospitals, hospital systems, local health departments, advocacy groups, colleges, universities, faith-based institutions, community-based organizations and more. Their willingness to assist in the implementation of CHA had a significant impact on its success.

The ECOPHM will continue to strive to improve the health status of Essex County residents and, to this end, we will work with the Health Essex Coalition along with a consulting firm to develop a county-wide Community Health Improvement Plan (CHIP) based on the findings from the CHA. The development of the CHIP will be the next county-wide collaborative step taken to improve the health of all residents in Essex County by creating health initiatives and addressing health inequities within our community.

In closing, I would like to acknowledge Essex County Executive Joseph N. DiVincenzo, Jr., the Board of County Commissioners and staff of the ECOPHM for their interest and unwavering support for this endeavor.

Respectfully,

Maya Lordo, MS, MCHES, REHS, HO  
Director/Health Officer  
Essex County Office of Public Health Management

## ACKNOWLEDGEMENTS

### Key Contributors

**Essex County Office of Public Health Management (ECOPHM)** is organized to improve the overall health and welfare of Essex County residents. The primary focus of the ECOPHM is to ensure health equity for Essex County residents as well as facilitate timely and effective responses to public health threats and emergencies. ECOPHM promotes the welfare of the Essex County population, ensures its security, and protects it from the spread of infectious disease and environmental hazards. ECOPHM helps to ensure quality care to benefit the Essex County residents.



#### ECOPHM Mission Statement

“Our goal is to promote emotional and physical resilience in the community. We aim to prevent, detect, and educate about diseases while developing new policies to advance the well-being of our residents. We strive to be culturally inclusive and provide the best quality of care.”

This assessment was made possible in partnership with Strategic Health Solutions, LLC, and through the Enhancing Local Public Health Infrastructure, Local Health Department Grant Award from New Jersey Association of County and City Health Officials, with guidance from the New Jersey Department of Health.



**Strategic Health Solutions, LLC** is a consulting firm dedicated to supporting the needs of public health organizations and enhancing the health of communities by bringing a broad scope of experience and skills to their diverse clientele in both governmental and non-governmental organizations.

**The Healthy Essex Coalition**, established in 2022, is dedicated to improving the health status of all Essex County residents. The primary goal of this Coalition is to ensure effective and efficient access to quality health care resources. This goal is achieved through extensive collaboration and participation by organizations throughout the county who include but are not limited to local health departments, hospitals, hospital systems, colleges, universities, community-based organizations, advocacy groups, and faith-based organizations.

**MEMBER ORGANIZATIONS**

- African American Office of Gay Concerns
- Bloomfield Department of Health
- Bridges4Life
- Choose Healthy Life
- City of Newark, Office of Sustainability
- Core Faculty for Preventive Medicine Residency, Rutgers NJMS
- Councilman Kelly Office
- Essex County Community Action
- Essex County Family Service League, Sexual Assault & Violence Education (SAVE)
- Essex County Office of LGBTQ Affairs
- Essex Passaic Wellness Coalition
- Essex Regional Health Commission
- Family Service League Essex County
- Garden State Equality
- Health Care Foundation
- Hyacinth AIDS Foundation
- Irvington Department of Health
- JCC MetroWest
- Law Enforcement Assisted Diversion (LEAD)-Irvington
- Maplewood Health Department
- Mary Eliza Mahoney Health Center
- MEND Hunger
- Mental Health Association in New Jersey, NJ Hope and Healing
- Montclair Health Department
- Montclair State University
- New Jersey City Readiness Initiative (NJCRI)
- Newark Beth Israel Medical Center
- Newark Community Health Centers
- Orange Health Department
- Orange Huub
- OUT Agency
- Outrageous Outreach
- Partners for Health Foundation
- Partners NJ
- Perinatal Health Equity Initiative
- Prevention Is Key
- Rutgers Cooperative Extension of Essex County
- Rutgers New Jersey Medical School
- Rutgers University
- RWJBarnabas Health Clara Maass Medical Center
- Senior Living Partners
- St. Michaels Medical Center
- Township of Nutley
- United Way of Greater Newark
- Unity Fellowship Church, Newark Faith-Based Initiative
- University Hospital
- West Caldwell Health Department
- West Orange Department of Health

## EXECUTIVE SUMMARY

The Essex County Office of Public Health Management (ECOPHM) and the Healthy Essex Coalition partner to improve the health of all Essex County residents through extensive collaboration. Conducting the Community Health Assessment (CHA) with support from an external consultant, Strategic Health Solutions LLC, was the first step in identifying community strengths and challenges used to prioritize strategies aimed at improving health. Information from the 2023 CHA will be used in the development of the 2024-2027 Community Healthy Improvement Plan (CHIP) for Essex County. The creation of the 2023 CHA was an inclusive process that incorporated the voices and perspectives of many community members, conducted through a lens of health equity, and focused on social determinants of health.

The COVID-19 pandemic worsened many of the underlying struggles that impact people's health. These factors go beyond health disparities (the differences in health outcomes between population groups) and point toward long standing inequities in access to opportunities for health, due to unjust treatment and discrimination based on race, ethnicity, sex, gender, age, and disability. Despite the efforts from the ECOPHM to respond to changing community needs and ensure the highest level of community safety, the pandemic still has a lasting negative impact on Essex County. The following are populations of special interest and priority areas that emerged from this assessment.

### Populations of Special Interest

#### Older Adults (65+)

Older adults are valued community members that often find themselves isolated from the communities they are a part of. Findings from this assessment reveal that seniors are lacking certain accommodations and skills that would otherwise aid them in achieving a higher level of wellbeing and health. One identified challenge relates to pedestrian safety and accessibility. Seniors find themselves navigating fast and dangerous traffic patterns, uneven and narrow sidewalks, and a lack of crosswalks that discourage walking. Walkability is crucial for health in the form of physical exercise, mental health benefits, and opportunities for socialization. Isolation and depression were also a common challenge in the seniors focus group, eliciting desires for fun programming in the form of social gatherings, field trips, and events. Seniors in Essex County feel disconnected from the younger generations and seek ways to participate in community activities, but often face hurdles in staying aware of programming. Technology illiteracy is a significant barrier for many seniors, and while technology classes are needed, efforts should be made to communicate in more accessible mediums.

#### Low-Income Residents

In Essex County, 15% of residents are living below the poverty line, and 29% are affording only basic needs. Essex County also has significant gaps in income equality. While 71% of Orange Township residents live in poverty, 9% of Glen Ridge residents live in poverty (page 16). Research shows that while low-income earners are at a higher risk of health issues, it is those living in areas of income inequality that suffer the most from health disparities. In Essex County, there is a discrepancy of approximately \$212,500 between the highest and lowest earning towns in median household income. Thirteen towns have median household incomes over \$100,000 and five towns have median household incomes around \$50,000 and under (page 16). The most common racial or ethnic group living below the poverty line in Essex County is Black, followed by Hispanic. In the focus group conversations, the most prevalent determinant of good health was a living wage. Almost 60% of Essex County residents are at risk of financial difficulties if faced with unexpected expenses, with 44% of those struggling with paying bills and affording necessities, including housing and healthy food (page 28).



### **Uninsured / Underinsured Residents**

In Essex County, approximately 87% of Community Voices Survey respondents reported having a form of health insurance, and 81% regularly see a primary care provider. Of those 30% rely on Federally Qualified Health Centers (FQHCs) for healthcare, and 13% do not have a regular primary care provider and predominantly rely on emergency rooms and urgent care centers for healthcare (page 30). In focus groups, multiple populations expressed problems with accessing necessary care even when insured. This includes specialty care for special needs children, providers who accept Medicare and Medicaid, language-inclusive providers, services accessible by public transportation, and overall costly co-pays and visits. When surveyed, a lack of transportation was the highest obstacle for accessing healthcare, followed by a lack of appointment availability, a lack of ability to pay, and lack of health insurance (page 31).

### **Caregivers and Caretakers**

Caregivers and caretakers play a crucial role in maintaining the wellbeing of children, people with disabilities, and the elderly. Often, middle-aged adults are caring for both elderly parents and their own children (sandwich generation). From the Community Voices Survey, approximately 30% of respondents provide unpaid assistance to a family member or friend with physical, developmental, or psychiatric disabilities, chronic illness, or aging issues. Notably, this does not include unpaid childcare, except for disability or illness related care outside of normal childcare. The Parents of Children with Special Needs focus group spoke of many difficulties involved with being a primary caregiver, including maintaining employment and a workplace balance, affording specialty healthcare, lack of social support, lack of community resources, finding qualified caretakers such as nurses, teachers, and daycare providers, and accessibility at home and in public spaces. Support systems are particularly important for providing a space to share resources, advice, and general support. The participants of the Parents of Children with Special Needs focus group were vocal about their desire for such a space, alongside a central resource hub through their towns.

### **Youth and Young Adults (high school and college age)**

According to the US Census, about 13% of Essex County residents are aged 20-29, 25% are under the age of 19, and about 6% of those are under the age of 5. Youth in Essex County encounter a wide range of opportunities and obstacles in academics, societal pressures, mental health struggles, and overall health. Parents in focus groups often commented on the disparities in school quality between towns and were particularly concerned about the educational value of charter schools. As evidenced by the wide range in median household income in Essex County towns, school funding is likewise unequal across the county. Parents are concerned about limited opportunities for physical activity in schools, an over-reliance of technology in classrooms and at home, a lack of life skills, and high rates of asthma, obesity, and mental health problems (page 45).

In the Young Adults group, participants felt it is increasingly difficult to find employment, in part due to increasingly higher degrees of education required (and the subsequent debt that comes with college degrees). In Essex County, 38.5% of survey respondents have a high school diploma, GED or equivalent, or have not completed high school. 7% have received vocational training, 12% have attended college but not completed a degree, 19% have completed a bachelor's degree, and 22% have completed a graduate degree (page 29). The Young Adults group expressed a desire for additional high-quality vocational opportunities, particularly for youth for whom a college degree is a significant financial obstacle. Additionally, social support for LGBTQ+ youth was often discussed by key informants. LGBTQIA+ youth encounter higher rates of suicide, mental health disorders, homelessness, and substance abuse disorders than their peers. In the Community Voices Survey (which required respondents to be 18 or older), 4.2% identified as gay, 2.6% as lesbian, 4.2% as bisexual, 0.7% as transgender, and 1.34% as queer (page 26).

Priority Areas

Domain	Priority Area	Indicator (Secondary Data)	Pages
Chronic Disease	Cardiovascular Disease (CVD)	<ul style="list-style-type: none"> <li>• CVD Deaths</li> <li>• Heart Attack Hospitalizations</li> <li>• Stroke Mortality</li> <li>• High Blood Pressure</li> </ul>	23 34-35 40-54
	Cancer	<ul style="list-style-type: none"> <li>• Cancer Incidence</li> <li>• All Cancer Mortality</li> <li>• Prostate Cancer Incidence &amp; Mortality</li> <li>• Breast Cancer Incidence &amp; Mortality</li> <li>• Colorectal Cancer Mortality</li> <li>• Cancer Screenings</li> </ul>	
	Diabetes & Risk Factors	<ul style="list-style-type: none"> <li>• Diabetes Prevalence &amp; Mortality</li> <li>• Adult Obesity</li> <li>• Physical Inactivity</li> </ul>	
Behavioral Health	Mental Health	<ul style="list-style-type: none"> <li>• Suicide Deaths</li> <li>• Frequent Mental Distress</li> </ul>	23 34-35
	Substance Use	<ul style="list-style-type: none"> <li>• Alcohol Impaired Driving</li> <li>• Binge or Heavy Drinking</li> <li>• Drug Overdose Deaths</li> <li>• Fentanyl Overdoses</li> <li>• Heroin Overdoses</li> </ul>	55-57
Social Determinants of Health	Socioeconomic Stability	<ul style="list-style-type: none"> <li>• Poverty</li> <li>• Employment</li> <li>• High School Diploma</li> <li>• Bachelor’s Degree or Higher</li> </ul>	15-16 28-33 35-39
	Housing & Homelessness	<ul style="list-style-type: none"> <li>• Severe Housing Problems</li> <li>• Unhoused</li> </ul>	40-45 64-70
	Transportation & Pedestrian/Bike Safety	<ul style="list-style-type: none"> <li>• Long Commute</li> </ul>	
	Food Insecurity	<ul style="list-style-type: none"> <li>• Food Insecurity Rate</li> <li>• Below SNAP Threshold</li> <li>• Average Meal Cost</li> <li>• Food Environment Index</li> </ul>	
	Healthcare Access	<ul style="list-style-type: none"> <li>• Uninsured</li> </ul>	

## DEFINITIONS

**Chronic Diseases** are broadly defined as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both.

**Communicable Diseases** are illnesses that spread from one person to another or from an animal to a person, or from a surface or a food.

**Community Health Assessment (CHA)**, sometimes called a community health needs assessment (CHNA), refers to a state, tribal, local, or territorial health assessment that identifies key health needs and issues through systematic, comprehensive data collection and analysis.

**Community Health Improvement Plan (CHIP)** is a community-driven plan that outlines goals and strategies to be used by coalitions, organizations, and citizens to address the identified health priorities in the community.

**Food Insecurity** is defined by the United States Department of Agriculture (USDA) as a lack of consistent access to enough food for every person in a household to live an active, healthy life.

**Health Equity** is the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health disparities.

**Health Disparities** are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.

**Healthy People** identifies public health priorities and provides 10-year, measurable public health objectives to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030 is the initiative's fifth iteration.

**LGBTQIA+** Is an acronym used to describe lesbian, gay, bisexual, transgender, queer or questioning persons of the community.

**Marginalized Populations** are defined as groups and communities that experience discrimination and exclusion due to unequal power relationships across economic, political, social, and cultural dimensions.

**Morbidity** is the state of being symptomatic or unhealthy from a disease or condition.

**Mortality** is death, especially on a large scale, and usually is represented as a rate.

**Mortality Rate** is the number of deaths in a population during a given time or place.

**Primary Data** is information collected by the organization through surveys, interviews, or focus groups, specifically designed for understanding and solving the research problem at hand.

**Secondary Data** is information that has already been collected through primary sources by someone else other than the researcher and made readily available for researchers to use.

**Social Determinants of Health (SDoH)** are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

## INTRODUCTION

A Community Health Assessment (CHA) is a systematic and comprehensive process involving the evaluation of factors that influence the health and well-being of a community. It describes a variety of health issues and socioeconomic factors that influence health. Multiple tools and resources are used to gather data to inform future goals and strategies to improve overall community health. Data collection, community engagement, and collaborative participation are all key components when creating a CHA. According to the Centers for Disease Control and Prevention (CDC), multi-sector collaborations are essential to improving health results in proactive, broad, and diverse communities.

Community Health Assessments help to identify the capacity of each community by recognizing existing strengths and resources. This information is crucial for local public health departments, social services organizations, healthcare institutions, and policymakers to develop interventions that will improve the health of communities. While governmental public health departments are often working with limited budgets, the CHA provides evidence and guidance for cost-effective strategies for implementation.

New Jersey statute requires all health departments to participate in a county level community health assessment. The purpose of this report is to provide accurate, comprehensive information on the health status of Essex County residents and current resources that are available. Essex County consists of 22 municipalities, in which some areas are urban while others are suburban. Therefore, community members may identify different attitudes and beliefs about the health status and concerns within their own community. Objectives of this Community Health Assessment are to:

- understand key health issues that impact communities.
- measure the health status and behaviors of residents.
- produce evidence for evaluating health policies, strategies, and programs.
- create data driven initiatives focused on enhancing the health of residents.
- inform the development and implementation of a Community Health Improvement Plan (CHIP).

This document was created by the Essex County Office of Public Health Management (ECOPHM) and the Office of the County Executive, in partnership with the Healthy Essex Coalition, and Strategic Health Solutions, LLC. It provides data for the Board of Health, County Commissioners, community leaders, public health partners, and community members to use in making informed decisions about how best to address health issues and health disparities. This comprehensive report will lead to the development of a Community Health Improvement Plan intended to guide Essex County communities and organizations to strategically address health issues together by maximizing resources and supporting populations who are most at risk. Ideally, this assessment will lead to better opportunities and additional resources to address identified needs.

**MAP OF ESSEX COUNTY**



## ABOUT ESSEX COUNTY



Essex County, comprising 22 municipalities in the northeastern part of New Jersey, is centrally located in the New York metropolitan area. The county covers over 129 square miles, with 6,850.4 people per square mile. The 2022 population estimate of the county was 849,477. Essex is home to Newark, the county seat and largest city in the state with a population estimate of 307,220 (U.S. Census Bureau, 2022).

Established in 1682, Essex County was one of the four original counties in New Jersey. It quickly became the industrial and financial center of the state after the completion of the New Jersey railroad and the Morris Canal. Having Newark International Airport and Port Newark within its borders, Essex County grew to be a major transportation hub. The economy continues to shift from manufacturing to services, hosting the headquarters for multiple major corporations. The largest employers are in the industries of transportation, finance, technology, and healthcare, including eleven (11) hospitals and medical centers. Essex County is also home to eight (8) institutes of higher education, including both 2-year and 4-year colleges and universities (County of Essex, NJ, 2019).

### Population Demographics

About 23% of Essex County residents are under the age of 18, with about 6% under the age of 5, and about 14% over the age of 65. Of those residents who are under the age of 65, 8.2% have a disability, and 51.3% of Essex County residents identify their sex as female.

Essex County is more racially and ethnically diverse than many other New Jersey counties. 41.4 % of Essex County residents identify as Black or African American alone, 29.5% are Non-Hispanic White, 24.6% are Hispanic/Latino, 6.6% are Asian, 2.5% identify as two or more races, 0.9% are American Indian/Alaskan Native, and 0.2% are Native Hawaiian/other Pacific Islander. 28.7% of residents were born in another country, and 37.4% of residents ages 5 and up speak a language other than English in their home. The next table provides a population breakdown by city (U.S. Census Bureau, 2022).



**Population, Sex, Race & Ethnicity by City**

Town	Total Population	% Female	% Male	% Non-hispanic White	% Black	% Hispanic/Latino	% Asian	% American Indian/Alaskan Native	% Two or More Races
Belleville	37,774	51.5	48.5	30.6	9.8	48	10	0.3	6.2
Bloomfield	52,829	51.1	48.9	58.5	20.7	28.5	8.8	0	7
Caldwell	8,831	50.3	49.7	78.2	4.4	11.4	12.2	1	2.8
Cedar Grove	13,430	56.5	43.5	82.6	2.6	5.3	7.9	0.2	1.8
East Orange	68,903	57	43	2	82	11	2	0	2.4
Essex Fells	2,037	52	48	82	0	13	3	0	2
Fairfield	7,818	53.7	46.3	95.4	0	8.4	3.9	0	0.8
Glen Ridge	7,709	52	48	79.3	2.6	8.8	6.3	0	10.5
Irvington	60,403	52.1	47.9	6.2	87.1	8.5	0.7	0	3.2
Livingston	30,059	51	49	63	2	4	28	0	3
Maplewood	25,135	52	48	50	34	8	3	0	3
Millburn	20,174	51	49	58	2	6	29	0	4
Montclair	40,935	51	49	62	25.3	10.1	5	0	5.9
Newark	307,220	51.1	48.9	16	58.9	52.8	3.3	0.08	6.6
Nutley	28,527	51	49	66.3	3.7	17.7	10	0.1	4.4
Orange	30,570	57	43	3	66	28.4	1.3	0	1.7
Roseland	6,219	53.6	46.5	84	0	8.9	6.1	0	8.2
Short Hills	14,422	51	49	57.8	0.8	4.5	31.9	0	3.1
South Orange	16,634	52	48	60	24	7	4	0	3
Verona	14,446	52.7	47.3	87.2	1	5.9	3.8	0	2.2
West Orange	47,528	52	49	41.4	26	22	7	0.1	7.5

Source: 2017-2021 American Community Survey 5-Year Estimates

New Jersey is one of the most racially diverse states in the nation, with a diversity index of over 55.0 for adults 18 years of age and over, and 65.0 or more for youth under the age of 18 (U.S. Census Bureau, 2020). Newark is one of the most racially diverse cities in New Jersey.

The table above provides a breakdown of population demographics including sex, race, and ethnicity, by cities in Essex County. By comparing these demographics to the income and poverty tables in the socioeconomic profile in the next section of this report, obvious racial disparities are seen between cities. Those municipalities with the smallest Black and Hispanic populations (<10%), including Cedar Grove and Verona, have some of the lowest rates of poverty (<3%) and median household incomes over \$125,000. While those municipalities with the largest Black and Hispanic populations, including Newark and Orange (>80%), have some of the highest rates of poverty (>20%) and median household incomes less than \$45,000. Additional information can be found on the following pages.

### Socioeconomic Profile

Socioeconomic status (SES) is often defined by income, employment, and poverty. It is a major determinant of health, contributing to increased risk of premature mortality and the development of serious chronic health conditions. One measure of SES is Asset Limited, Income Constrained, Employed (ALICE), a comprehensive and unbiased measurement of financial hardship in the U.S. The ALICE Threshold of Financial Survival is the average income that a household needs to afford the basics. Percent below ALICE Threshold includes both poverty level and ALICE - all households that are unable to afford the basics.

While the per capita income of Essex County (\$42,028) is more than New Jersey as a whole (\$37,638), many Essex County residents are unable to afford basic needs. More than 15% of people living in Essex County are in poverty, 29% are at the ALICE Threshold and affording only basic needs, and 55% are above the ALICE Threshold. This table provides a breakdown by cities of the percentages of residents below the ALICE Threshold (United for Alice, 2021).

County Subdivision	Total Households	% Below ALICE Threshold	
City of Orange Township	12,311	71%	60% or more of population is below ALICE Threshold
Newark City	96,888	70%	
Irvington Township	20,403	64%	
East Orange City	23,608	61%	
Belleville Township	12,592	41%	25-41% of population is below ALICE Threshold
Bloomfield Township	18,080	36%	
Caldwell Borough	3,288	34%	
Nutley Township	10,847	29%	
West Orange Township	16,281	29%	
Montclair Township	14,469	26%	24% or less of population is below ALICE Threshold
Cedar Grove Township	4,451	25%	
Fairfield Township	2,710	24%	
South Orange Village Township	5,139	24%	
Verona Township	5,006	24%	
Maplewood Township	8,008	22%	
West Caldwell Township	3,911	22%	
Roseland Borough	2,341	21%	
Livingston Township	9,994	15%	
Millburn Township	6,577	14%	
North Caldwell	2,385	12%	
Essex Fells Borough	790	9%	
Glen Ridge Borough	2,423	9%	

Source: United For ALICE 2021

More than 15% of the population in Essex County live below the poverty line, a number that is higher than the national average of 12.8%. The largest demographic living in poverty are females (25-34), followed by females (35- 44) and then females (45-54). In 2022, 18.4% of the children were living in poverty. The most common racial or ethnic group living below the poverty line in Essex County is Black, followed by Hispanic (Data USA, n.d.).

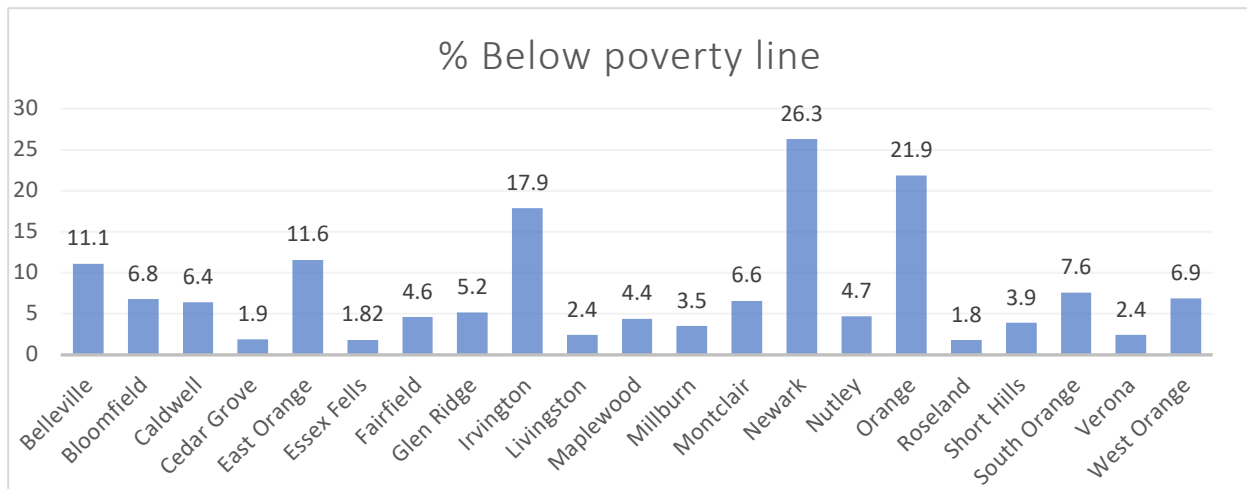
According to the U.S. Census data, there are 16,516 employers in Essex County from a wide variety of industries including transportation, technology, finance, education, healthcare, and hospitality. Of those businesses 3,059 are owned by women and 4,106 are owned by people of color. 588 businesses are owned by veterans, with 19,033 veterans living in Essex County.

The following tables provide median household income and poverty levels by city in Essex County, demonstrating a major income gap between local municipalities. Newark is at the low end with a median household income of \$37,476 per year, and Short Hills is at the high end with a median household income of over \$250,000 per year. Newark and Orange have the highest rates of poverty (>20%), while Roseland, Essex Falls, and Cedar Grove have the lowest rates of poverty (<2%).



**Median Household Income & Poverty by City**

Town	Median household income
Belleville	\$73,039.00
Bloomfield	\$81,978.00
Caldwell	\$105,102.00
Cedar Grove	\$146,432.00
East Orange	\$51,368.00
Essex Fells	\$215,104.00
Fairfield	\$54,102.00
Glen Ridge	\$211,091.00
Irvington	\$44,898.00
Livingston	\$168,120.00
Maplewood	\$149,568.00
Millburn	\$250,001.00
Montclair	\$134,308.00
Newark	\$37,476.00
Nutley	\$97,750.00
Orange	\$43,422.00
Roseland	\$142,776.00
Short Hills	\$250,000+
South Orange	\$150,817.00
Verona	\$135,122.00
West Orange	\$103,956.00



Source: 2017-2021 American Community Survey 5-Year Estimates

## METHODOLOGY

The 2023 Essex County Community Health Assessment (CHA) was conducted from September 2022 through December 2023 using the American Hospital Association’s Community Health Assessment Toolkit and the Mobilizing for Action through Planning and Partnership (MAPP) framework. The Community Health Assessment used primary and secondary data sources to identify health trends and disparities in the communities of Essex County.



The American Hospital Association’s Community Health Assessment Toolkit provided a guide for Strategic Health Solutions, LLC, and the Essex County Office of Public Health Management to collaborate with their communities and partners to identify and prioritize community health needs. Building trusting relationships with individuals and organizations fostered a sense of joint ownership that is central to the CHA process. Hearing from diverse local voices in addition to gathering health metrics helped to build a complete and more inclusive picture of the community and inform strategies to drive health equity.

**Mobilizing for Action Through Planning and Partnerships (MAPP)** is a community driven planning process that provides a structure for communities to assess their most pressing population health issues. Two MAPP assessments were utilized in this CHA:

1. The **Community Themes and Strengths Assessment** provides a deep understanding of the issues that residents identify as important by answering questions through surveys, interviews, and focus groups.
2. The **Forces of Change Assessment** identifies forces such as policy, technology, and impending changes that affect the context in which the community and its public health system operate.

### Primary Data and Community Engagement

Community engagement was central to primary data collection and input from community members was sought through several mechanisms. The Healthy Essex Coalition served as the steering committee and helped to guide and shape the proposed data collection methods. Committee members met monthly and gave feedback on the following: informed adaptations of the Community Voices Survey; provided distribution opportunities for the survey; reviewed and adopted focus group and key informant interview questions; finalized the participant list for key informant interviews and focus groups; approved secondary data sources; identified strengths and assets of Essex County; and decided on priorities.

Community member insights were collected through interviews, surveys, and focus groups. Strategic Health Solutions, LLC analyzed the data for key themes that reflect Essex County’s strengths, areas for improvement, and recommendations from community members.

An initial survey was conducted between December 2021 and March 2022. The survey was reviewed and approved by the Institutional Review Board (IRB) at Rutgers University and programmed with Qualtrics. The online survey was promoted through social media by county and municipal health departments. A survey invitation was sent by email to county residents on a listserv maintained by the Essex County Office of Public Health Management. A survey information sheet with a QR code for the online survey was distributed in waiting areas of three COVID-19 vaccination centers located in Livingston, Newark, and West Orange, and mobile health clinics operating across the county. Finally, staff members made four visits to the Division of Family Benefits and Assistance office in Newark, where they distributed the information sheets with QR code to residents visiting the office; provided tablets to those who were without digital devices; and handed out paper questionnaires.

### **The Essex County Community Voices Survey**

The Community Voices Survey was conducted from January to June 2023, and asked Essex County community members about personal health, health behaviors, healthcare utilization, views on the health of their community, and demographic information. This survey was originally created by the North Jersey Health Collaborative (NJHC) and adapted for Essex County with the following additions:

- Options to specify the sex assigned at birth, or a prefer not to answer.
- Non-binary option for the gender identity question.
- More options for possible reasons that make it difficult to get healthcare.

The survey was made available in both English and Spanish and launched as the Healthy Essex Coalition Community Voices Survey on the Essex County Office of Public Health Management website. Fliers about the survey were distributed at the Essex County Department of Family Assistance and Benefits through mobile staff, once per week over 4 months. Survey questions can be found in Appendix A, and the survey flier can be found in Appendix B.

### **Key Informant Interviews**

The makeup of key informant participants (see table on next page) was determined at the Healthy Essex Coalition meeting in December 2022. Semi-structured interviews were conducted by Strategic Health Solutions, LLC between March and May 2023. A sample of professionals (n=15) with backgrounds in healthcare, public health, social services, academia, social work, community programming, and nonprofits were interviewed individually.

**Makeup of Key Informant Interviews (n=15)**

Organization	Position
Twp of Roseland	Health Officer/Director
St Michaels	Director of Business Marketing
Veterans Affairs of NJ	Infection Control
Hyacinth Foundation	Clinical Nurse
African American Office of Gay Concerns	Founder/Executive Director
Toni's Kitchen (St. Luke's Church in Montclair)	Executive Director
YMCA of Montclair (also Bloomfield and Cedar Grove)	President and CEO
Montclair Fund for Educational Excellence	Executive Director
Rutgers University	Retired Nurse Practitioner
Zufall Health Center	Director of Outreach
Crossroads at New Jersey Community Research Initiative	Housing Ambassador
Continuum of Care Essex County	Staff Manager
Continuum of Care Essex County	Lead Continuum of Care Coordinator
Hope Therapeutic Services	Licensed Clinical Social Worker
Perinatal Health Equity Initiative	Director of Maternal Child Programming

Leaders were asked a series of questions to identify health and social disparities in their target population and community at large. The Key Informant Interview Questions can be found in Appendix C. Interviews were audio recorded with verbal permission and transcribed using Otter.ai software. Transcripts were coded using inductive coding in NVivo software.

**Focus Groups**

**PILOT TESTING**

A total of five (5) community member focus groups were conducted from August 2023 to September 2023. In fall of 2022, Healthy Essex Coalition members determined the makeup of focus groups. Questions were then developed by Strategic Health Solutions, LLC. A subsequent meeting in November of 2022 with coalition members was held to approve questions and hold a pilot testing session. Questions were aimed to develop a sense of the key concerns facing leaders in Essex County. The pilot tested focus group was used to develop the subsequent key informant interviews and revise the community focus group questions (Appendix D).

## COMMUNITY FOCUS GROUPS

Following the pilot test, focus group questions were revised and once again voted on by the coalition during a July 2023 meeting. The focus groups followed a protocol adapted from MAPP asking eight questions about healthy behaviors, access to health information and services, barriers and challenges to health, and programs or policies that would increase health in participants' respective communities. Focus group questions can be found in Appendix D. Focus groups were held at Watsessing Community Center located at 38 Conger Street, Bloomfield, NJ. Each focus group varied in length ranging from 60 to 90 minutes and one of the five focus groups was conducted in Spanish by two fluent Spanish speakers. The Parents of Children with Special Needs group was conducted via Zoom due to scheduling conflicts. Groups ranged from 5 to 6 participants. Each focus group was audio recorded with the permission of participants and a note taker documented key points. Audio was imported into Otter.ai software and transcripts were coded using inductive coding in NVivo software. Participants were recruited into focus groups based on the following common characteristics:

- Parents of Children with Special Needs
- Single Parent Households
- Spanish Speaking Residents
- Young Adults / College Students
- Older Adults (65+)

Participants were recruited by the Essex County Office of Public Health Management. Fliers in Spanish and English were distributed to local Essex County municipal health departments, community partners, and coalition members via email, universities, and libraries. Participants were screened for eligibility through the ECOPHM over a period of 5 weeks. Fliers can be found in Appendix E.



## Strengths and Limitations of Primary Methodology

### COMMUNITY VOICES SURVEY

A strength in the methodology of the primary data collection was having diverse representation of the county population in key informant interviews and focus groups.

One limitation of the initial survey was that the study sample was not representative of the population of Essex County due to dissemination primarily through COVID-19 vaccination clinics where certain populations did not attend. Therefore, it was concluded that additional data should be collected from a more representative sample of Essex County Residents.

A second limitation was that while the Community Voices Survey was more representative of the demographic makeup of Essex County, both surveys used samples of participants that were not randomly selected from the population. This may have resulted in self-selection bias, which is a known limitation of convenience sampling. For example, Montclair was overrepresented, and Newark was underrepresented.

### KEY INFORMANT INTERVIEWS

A strength in the interviews was that key informants represented a diverse range of community organizations and public health professionals in Essex County. The target population of interviewees was representative of priority populations seen in survey data and focus group data.

An observed limitation was that questions were added after the first set of interviews to improve the flow and data collection. As such, some answers were not collected during the first few interviews.

### FOCUS GROUPS

A strength in design of the focus groups was conducting a Spanish Speakers group with two bilingual facilitators. Additionally, all groups were diverse in gender, age, and race within the limitations of their target population.

Recruitment and attendance were limitations for group sizes. Recruitment at times produced a sub-optimal level of participants and groups were rescheduled to allow for additional sign-ups. The ideal target size was 7-12 participants, but groups ranged from 5 to 6 participants. Despite incentives in the form of gift cards and served food, and reminders sent in the days prior, each group experienced a high level of no-shows. Notably, the Parents of Special Needs Children group was postponed and subsequently conducted via Zoom due to a lack of attendance. Participants reportedly were unable to secure childcare, a limitation for many participants regardless of which group they were scheduled to attend. Parking and busy traffic at the hour which the groups were hosted were also barriers for some participants.

## Secondary Data

In addition to the collection of primary data, the following secondary data sources were used. Secondary data provided a glimpse into demographic data, health indicators, and socioeconomic factors.

[American Communities Survey \(ACS\), U.S. Census Bureau](#) is an ongoing survey that provides vital information on a yearly basis about our nation and its people by gathering information on demographics, occupations, education, veterans, housing, and other topics.

[Behavioral Risk Factor Surveillance System \(BRFSS\)](#) is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services.

[City Health Dashboard](#) provides communities and city leaders with an array of regularly updated data specific to neighborhood and/or city boundaries – such as life expectancy, park access, and children in poverty -- to improve the health and well-being of everyone in the community.

[County Health Rankings & Roadmaps \(CHR&R\)](#) is a program of the University of Wisconsin Population Health Institute that provides data, evidence, guidance, and examples to build awareness of the multiple factors that influence health and support leaders in growing community power to improve health equity.

[Data USA](#) provides an open, easy-to-use platform that turns data from multiple sources into knowledge, allowing millions of people to conduct their own analyses.

[Feeding America](#) produces estimates of local food insecurity and food costs to improve our understanding of people and places facing hunger and inform decisions that will help ensure equitable access to nutritious food for all.

[New Jersey State Health Assessment Data \(NJSHAD\)](#) is a system that provides access to public health datasets, statistics, and information on the health status of New Jerseyans in five ways: health topics; community profiles; health indicators; data queries; other data and resources.

[NJ Counts](#) is the annual Point-in-Time (PIT) Count of individuals and families experiencing homelessness in New Jersey.

[NJ Overdose Data Dashboard](#) uses interactive data visualizations to display opioid and other drug-related overdose indicators for public health practitioners, researchers, policymakers, and the public.

[United For ALICE](#), an acronym for Asset Limited, Income Constrained, Employed, is a measure of defining and understanding the struggles of households that earn above the Federal Poverty Level, but not enough to afford a bare-bones household budget.

## COMMUNITY HEALTH STATUS REPORT

### Primary Data Key Findings

#### PRELIMINARY SURVEY

A total of 11,127 valid survey responses were collected. 71.91% participants were White, 14.9% were Black, and 13.18% were other racial groups including participants who are of Hispanic/Latino origin, Asian Americans, Pacific Islanders, and Native Americans. Sixty percent of the participants were female.

Top Health Issues	Percentage of All Respondents
Mental Health Issues	58.54%
Aging Issues such as Alzheimer’s Disease	43.43%
Cancer	42.14%
Obesity and Overweight	40.08%
Infectious Disease such as Flu	29.47%
Heart Disease	24.58%
Diabetes	23.49%

#### COMMUNITY VOICES SURVEY

For those who started the survey (1,085 participants) 100% completed the survey, with varying levels of completion. It took an average of 12 minutes for each person to complete the survey. The answers to the survey questions provided insight about participant demographics, health behaviors, built environment and healthcare access.

#### Objectives

The objectives of the Community Voice survey are to

1. Understand key health issues that are impacting the community.
2. Measure the health status and behaviors of Essex County residents.
3. Produce evidence for evaluating public health policies, strategies, and programs.
4. Create data driven initiatives to advance health in Essex County.



## Demographics

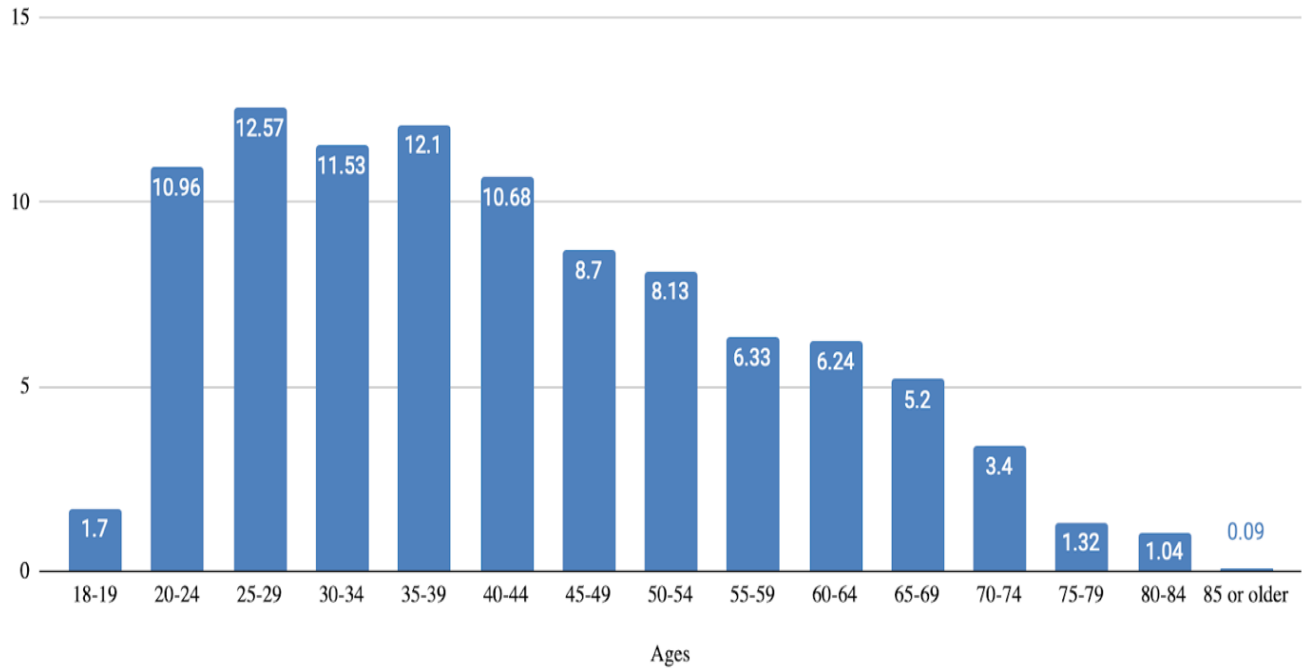
### Survey Representation

Essex County consists of 22 municipalities. The table below shows the amount of respondents by each municipality, the percentage share of total respondents, and the percentage representation of each municipality’s population compared to the total Essex County population. Essex Falls was the only municipality with no survey respondents.

Municipality	Count	% of Total	Total % of Essex County Residents
Belleville	45	4.75%	5%
Bloomfield	91	9.60%	6%
Caldwell	66	6.96%	1%
Cedar Grove	16	1.69%	2%
East Orange	69	7.28%	8%
Fairfield	1	0.11%	1%
Glen Ridge	45	4.75%	1%
Irvington	69	7.28%	7%
Livingston	18	1.90%	4%
Maplewood	17	1.79%	3%
Millburn	6	0.63%	3%
Montclair	184	19.41%	5%
Newark	269	28.38%	36%
Nutley	4	0.42%	4%
Orange	10	1.05%	4%
Roseland	4	0.42%	1%
Short Hills	4	0.42%	2%
South Orange	10	1.05%	2%
Verona	8	0.84%	1%
West Orange	12	1.27%	6%

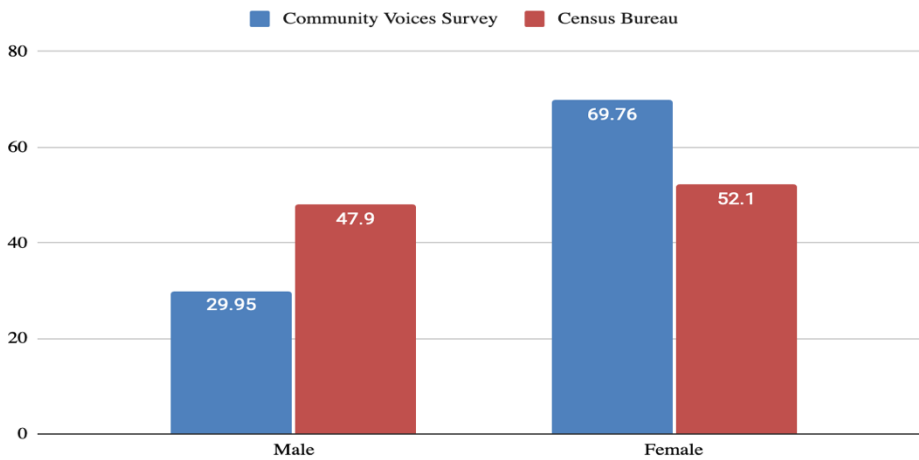
Age

Age of survey respondents (%)



Gender Identity

Gender identity of survey respondents as compared to Essex County (%)

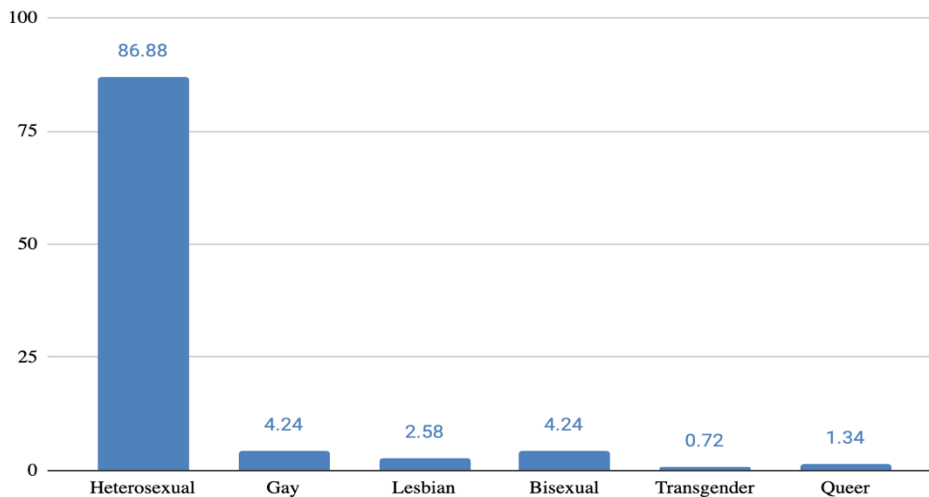


DATA SOURCE: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2022

Survey respondents were disproportionately skewed female compared to the actual population. This may be explained by the common phenomenon that women typically answer surveys at a higher proportion than men. Additionally, one key informant distributed surveys through her role as a director of a maternity clinic, which may have contributed to the disparity. Two respondents chose “non-binary”, and one respondent chose “Other” in the provided options, not pictured.

Sexual Orientation

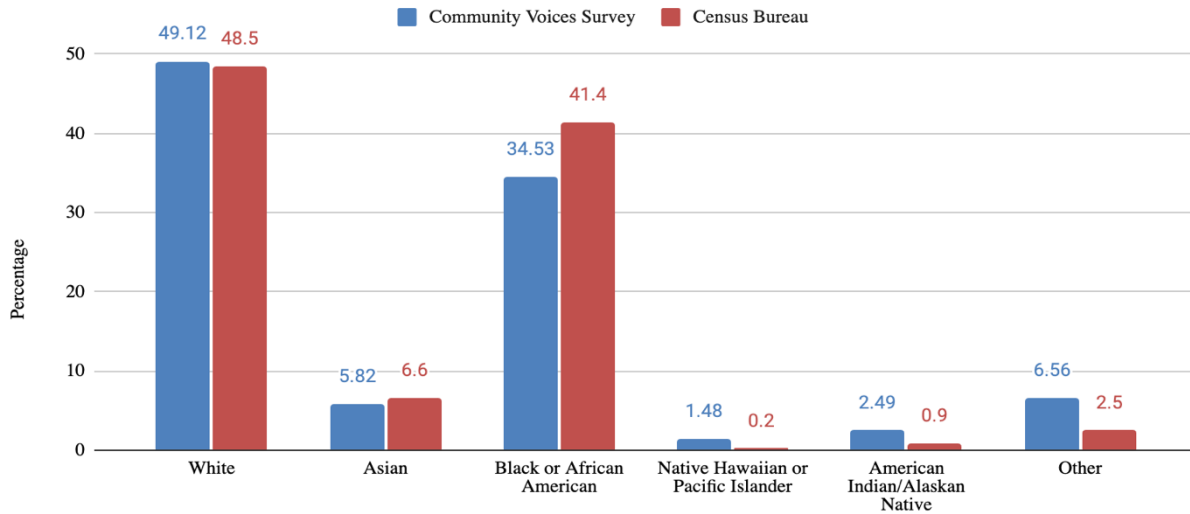
Figure #. Percent sexual orientation of survey respondents



Currently, no state or federal agencies have methods of accurately recording LGBTQIA+ demographics, so there is no available data for comparison.

Race/Ethnicity

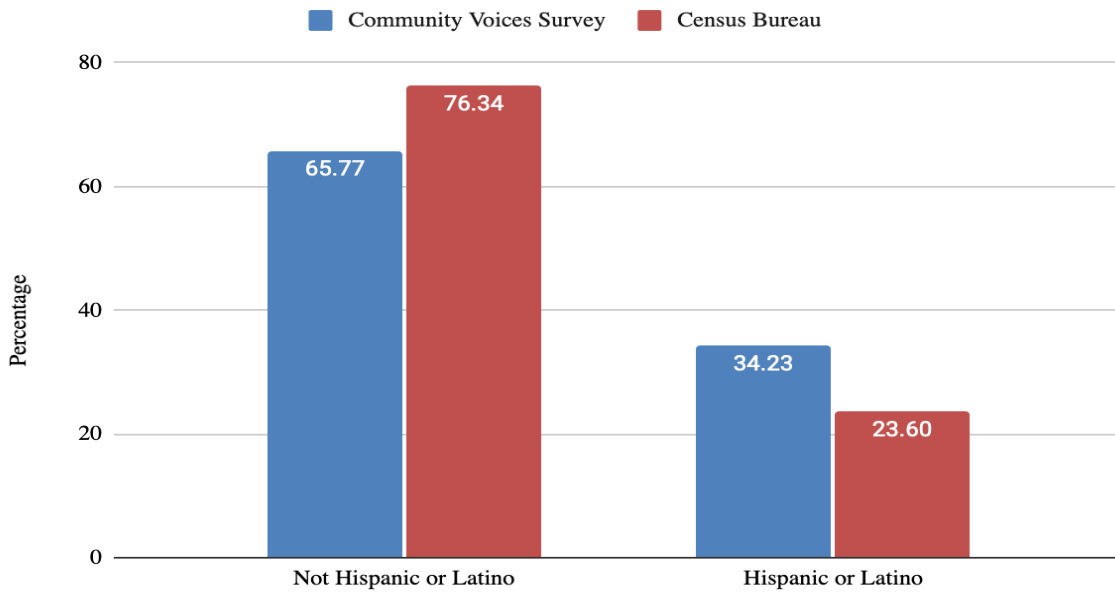
Race/ethnicity of survey respondents as compared to Essex County (%)



Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2022

Overall, the demographics of people surveyed is representative of the population of Essex County. “Other” may be interpreted as mixed race or the respondent does not identify with one of the choices.

Hispanic or Latino origin of survey respondents as compared to Essex County (%)

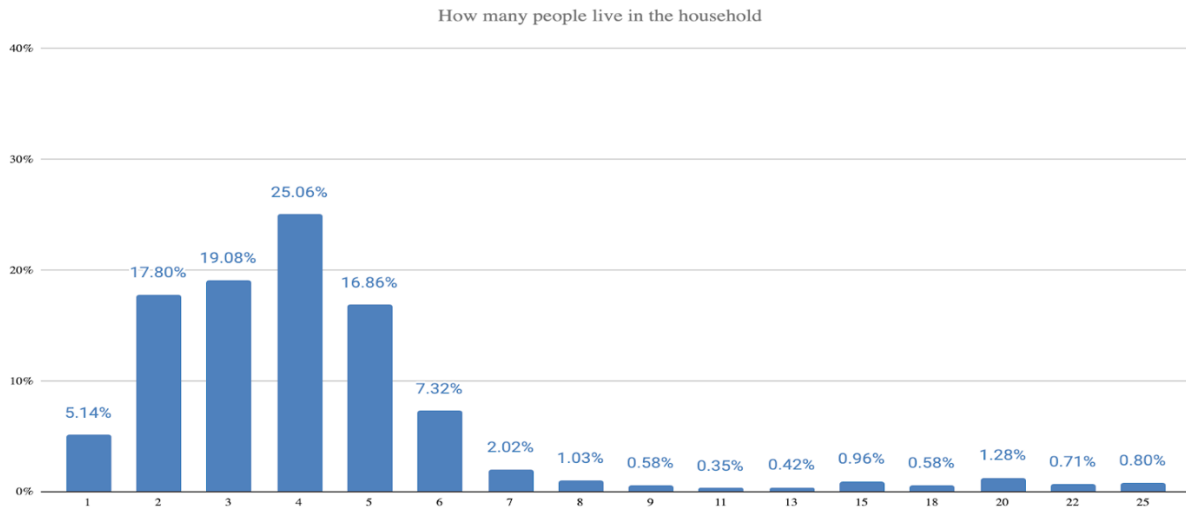


Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2022

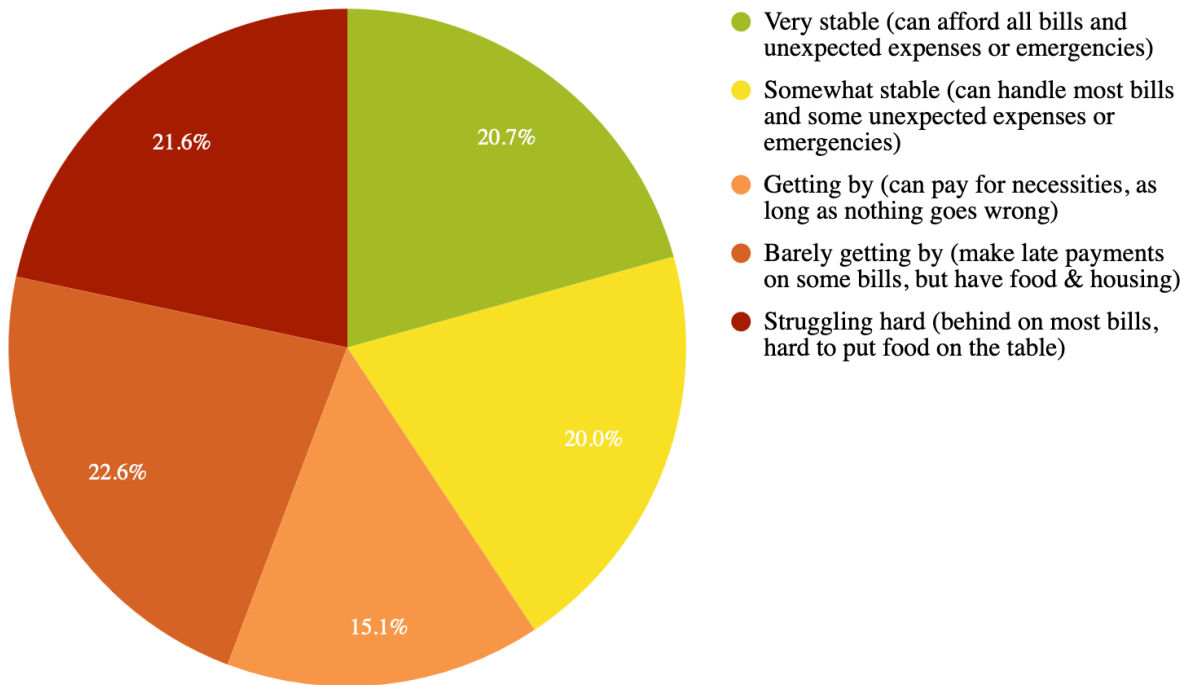
The Community Voices Survey presented the Hispanic or Latino Origin question as separate from Race/Ethnicity, as is given by the U.S. Census. Overall, survey respondents skewed slightly towards being of Hispanic or Latino origin compared to the true population.

## Household & Living Characteristics

### Household size



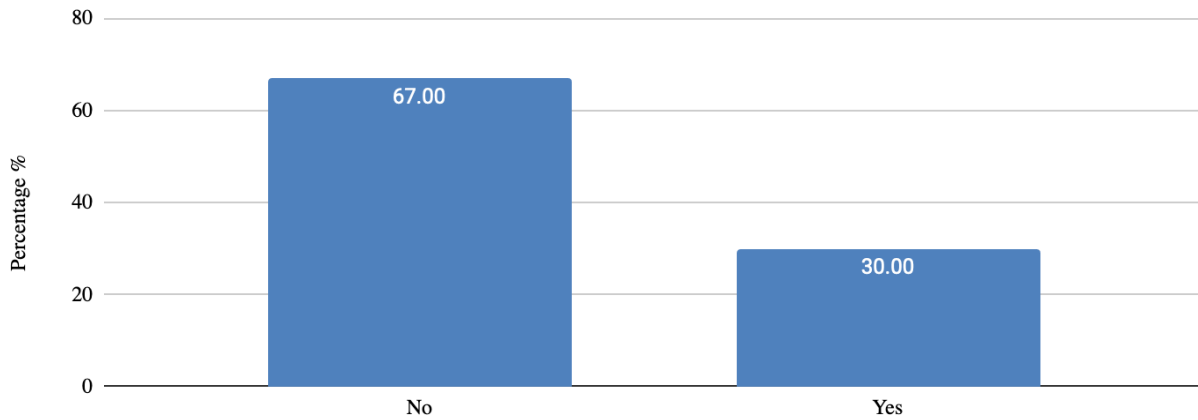
### Self-reported level of financial security



Almost 60% of Essex County residents are at risk of financial difficulties if faced with unexpected expenses, with 44% of those experiencing hardships with paying bills and affording necessities, including housing and healthy food.

### At-home caregiver status

Do you provide unpaid assistance to a family member or friend with physical, developmental, or psychiatric disabilities, chronic illness, or aging issues?

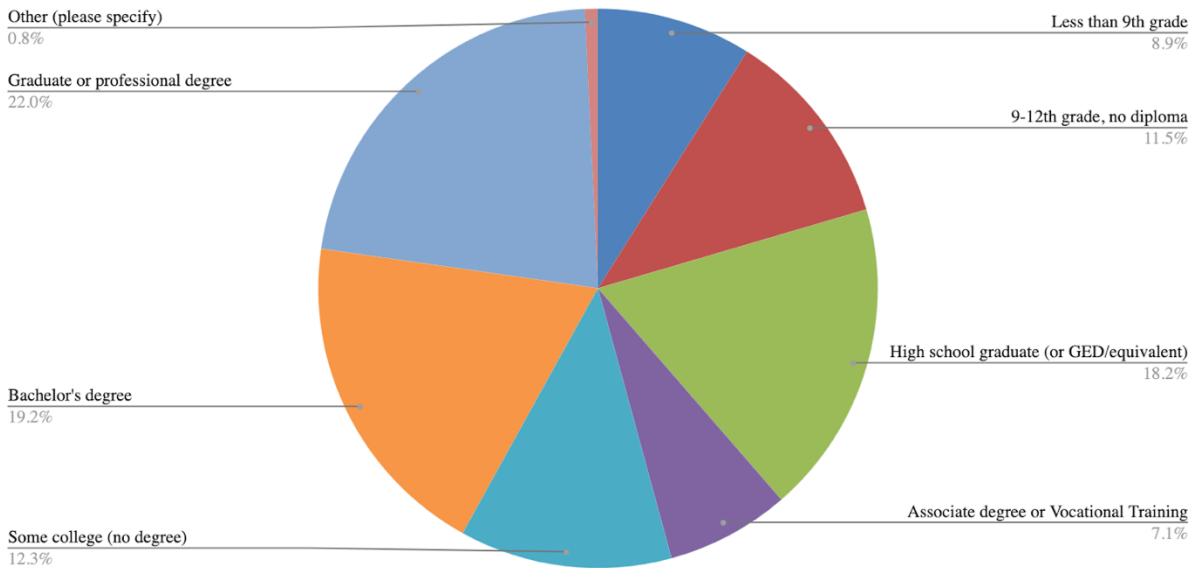


A third of residents reported providing caregiver services beyond basic childcare and support. This is above the national average, as shown in a study performed in 2020 by the National Alliance for Caregiving and AARP that found that one in 5 Americans report providing care to a family member with special needs. The report also found that Black and Hispanic caregivers devote more hours to caregiving. Nearly 50 percent of Hispanic caregivers provide an average of 26 hours a week of care, and Hispanic caregivers are younger than other demographic groups. These are often high-intensity, emotionally challenging hours in-between managing employment and caring for oneself and other family members (AARP, 2020).

### Education

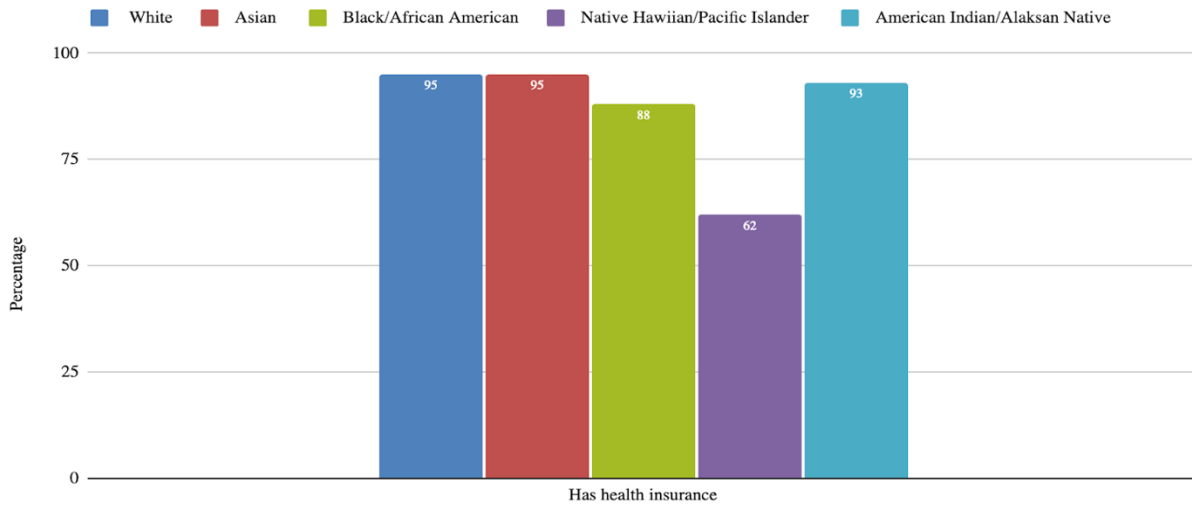
#### Highest level of education received

Highest Level of Education Received

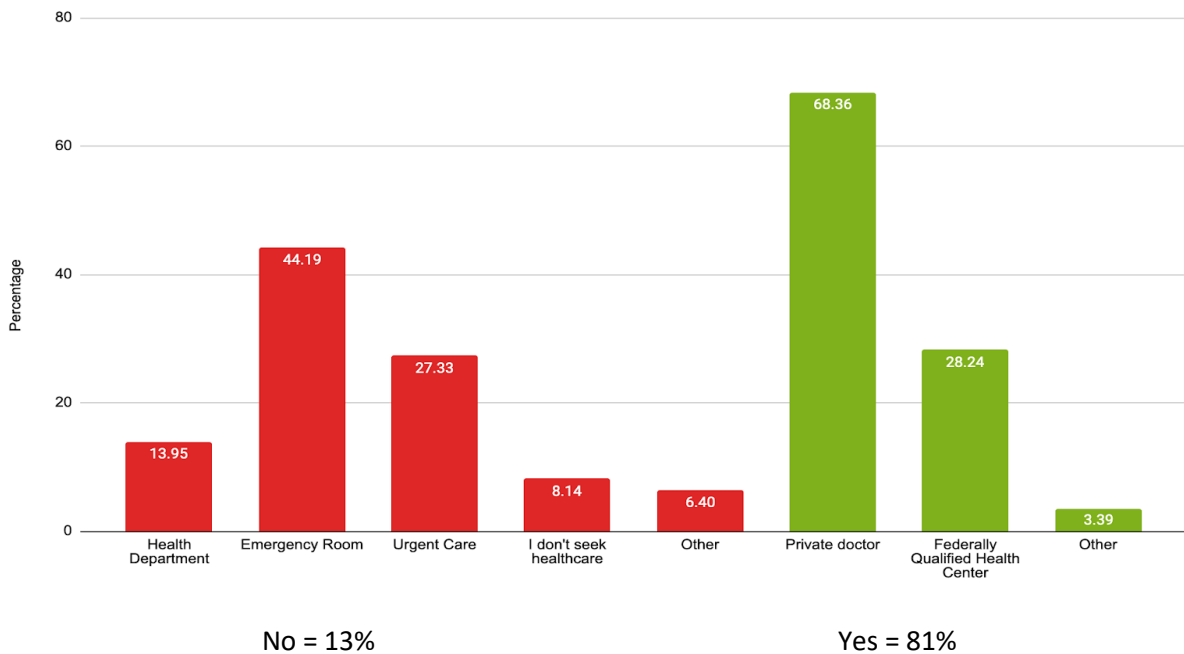


Access to Healthcare

Health insurance coverage by race

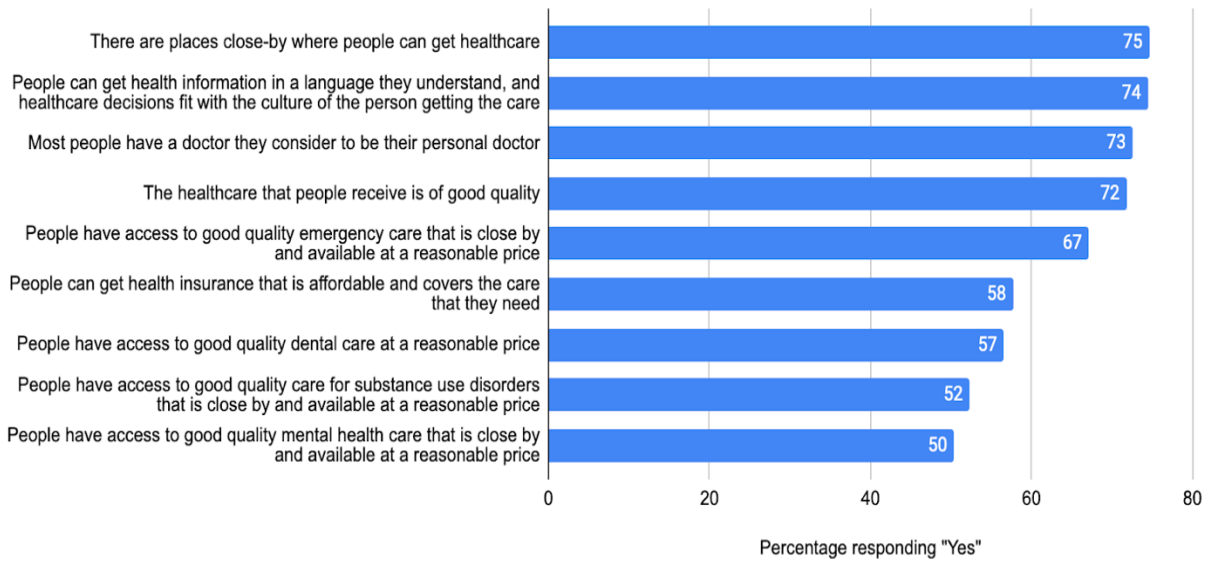


Answers to “Do you have access to a primary care provider, and if yes, type of healthcare provider/doctor do you have? If no, where do you go if you are sick?”



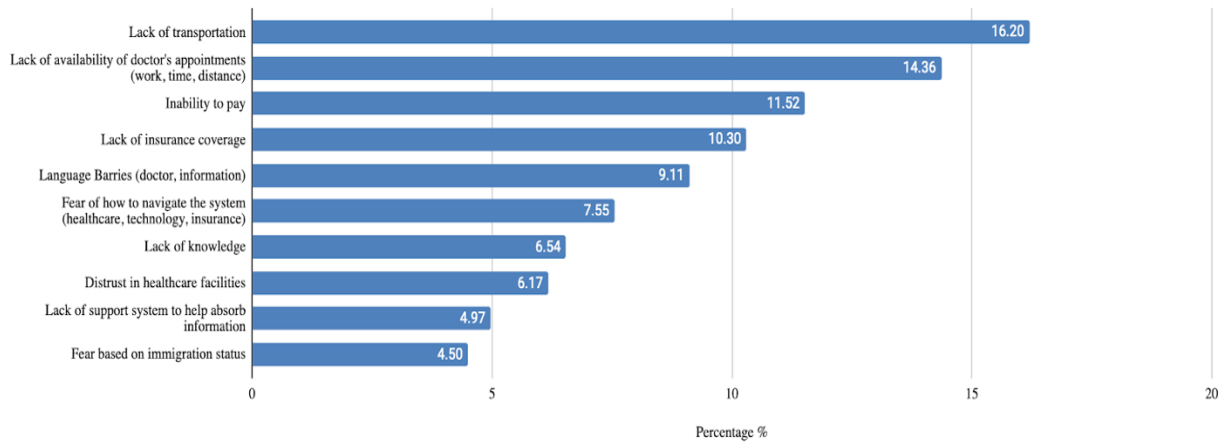
Federally Qualified Health Centers (FQHCs) account for a third of all residents who report having access to a primary care provider. FQHCs are evidently a crucial resource for low-income individuals, the uninsured, and Medicare beneficiaries in Essex County. Unfortunately, 13% of respondents do not regularly see a primary care provider, and half of those (approximately 6% of total respondents) rely on hospital emergency rooms to meet their healthcare needs.

**Perceived access to healthcare in the community (Check all that apply)**



While good quality, culturally competent healthcare appears to be locally available to respondents, a commonality amongst the lowest rated options seems to be affordability.

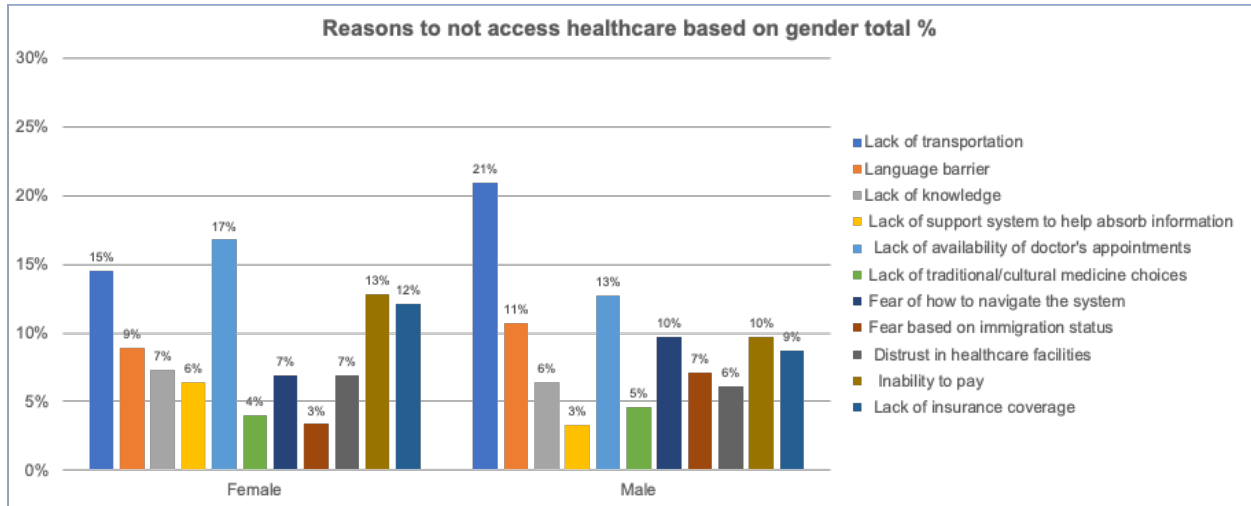
**Responses to “What makes it difficult for you to get healthcare? (Check all that apply)”**



Transportation was frequently discussed in focus groups, particularly among the senior participants. Scheduling challenges were most mentioned in the Parents of Children with Special Needs group in reference to difficulty in finding specialist care.



**Responses to “What makes it difficult for you to get healthcare?” based on gender**

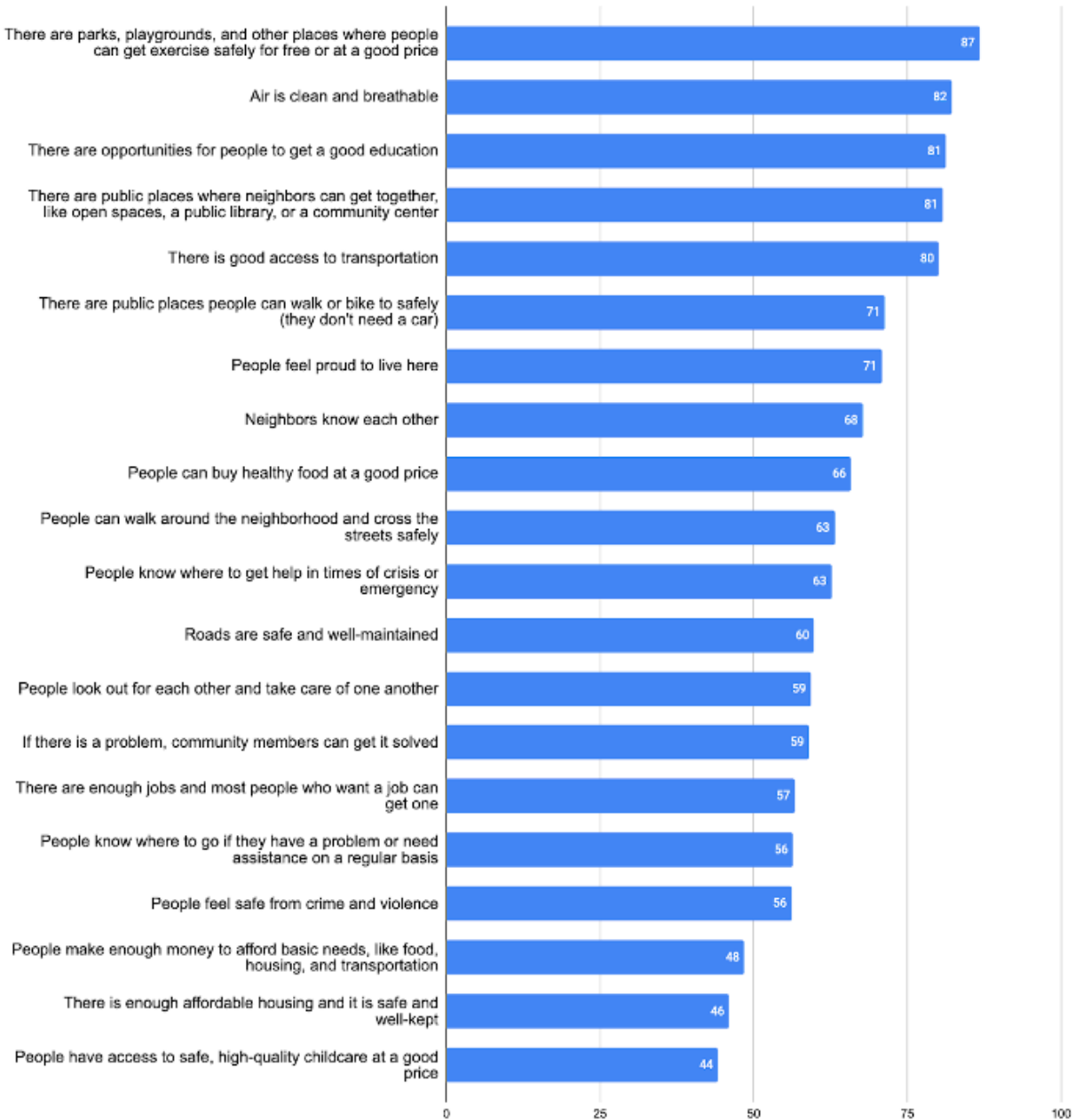


There are differences in difficulty accessing healthcare based on gender. Lack of availability of doctor’s appointments is the top reason for women, while lack of transportation is top for men.



Built Environment

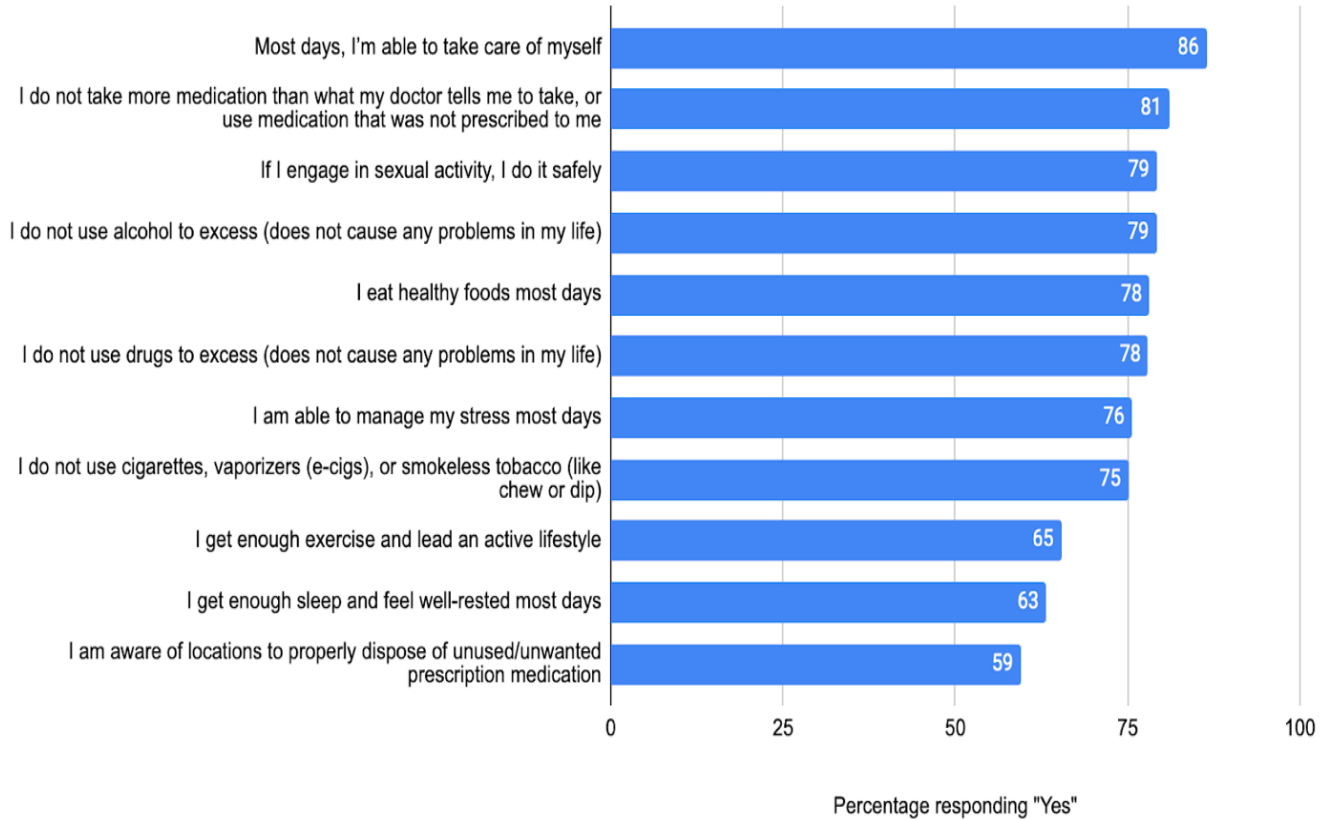
Respondents’ opinions about their community’s built environment (percentage responding “yes”)



While access to recreation, education, and transportation scored the highest, the lowest rated options were access to childcare, affordable housing, affording basic needs (food, housing, and transportation) and safety from crime and violence. Of respondents, 71% feel proud to live in Essex County.

Personal Health Behaviors

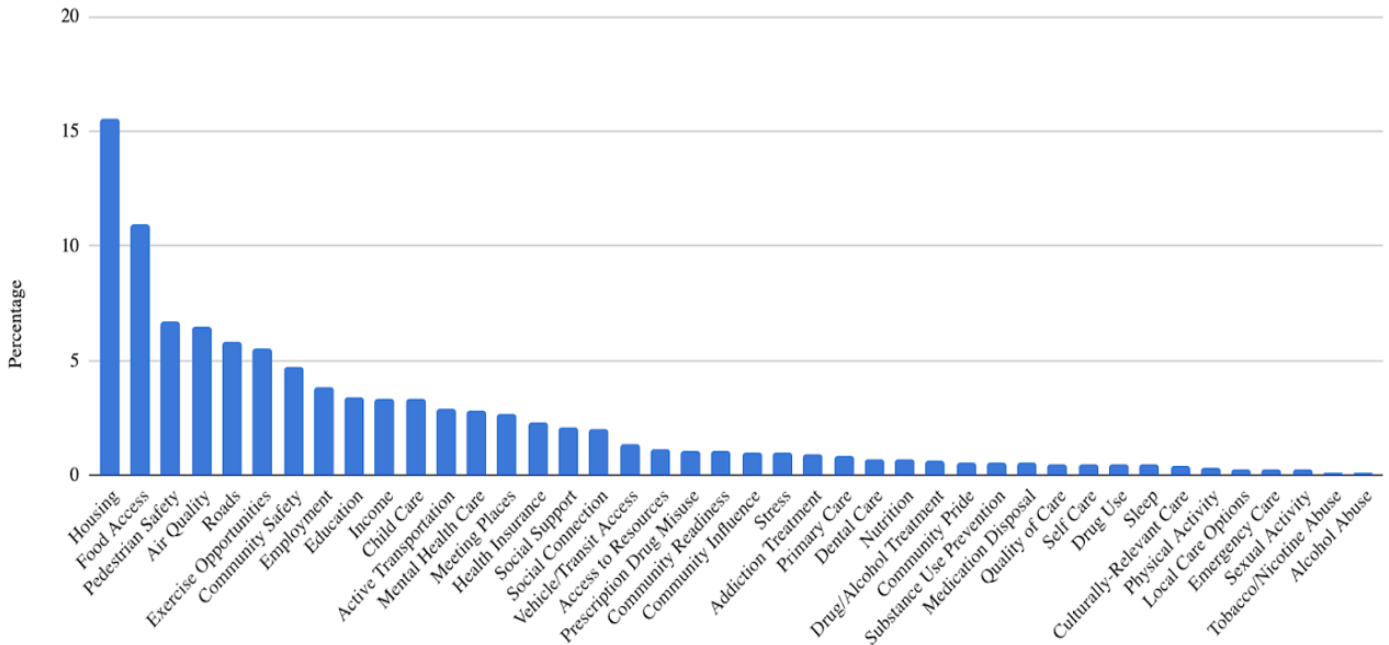
**Respondents' self-reported health behaviors**



Of survey respondents, 86% reported “most days, I’m able to take care of myself.” Most respondents (>75%) reported healthy behaviors such as managing stress, not using drugs or alcohol to excess, eating healthy foods, not smoking, and practicing safe sex. The lowest rated options (≤65%) were not getting enough exercise, not getting enough sleep, and lack of awareness of how to dispose of prescription drugs.

**Priority Areas**

**Responses to “Which topic should we work on? Of the topics listed, which do you think should be our main focus when trying to improve the health of your neighborhood? Please select 3.”**



The table above displays topics chosen most frequently by respondents in descending order from left to right. Survey respondents chose housing as the most important topic to address (>15%), and food access as the second most important (>10%). Survey respondents selected the following top six topics (>5%) as the issues they would like to see addressed when trying to improve health in Essex County:

- **Housing**
- **Food Access**
- **Pedestrian Safety**
- **Air Quality**
- **Roads**
- **Exercise Opportunities**

The **top ten topics, including community safety, employment, education, and income**, are social determinants of health (SDoH), or conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. SDoH contribute to health disparities and inequities. More information on each of these can be found in the secondary data section under the SDoH heading.

The smallest percentage of survey respondents (<1%) chose the topics of alcohol abuse, tobacco, sexual activity, and emergency care, as priorities of focus.

This table below shows what each municipality answered the most for their top 3 health issues in order of importance. The top six overall priority areas (above) are in bold for each city/town.

Municipality	Top 3 Health Issues
Belleville	<b>Housing / Exercise / Air quality</b>
Bloomfield	<b>Food Access / Housing</b> / Meeting Place
Caldwell	<b>Pedestrian Safety / Roads / Food Access</b>
Cedar Grove	<b>Exercise / Housing / Roads</b>
East Orange	<b>Food Access / Housing / Roads</b>
Fairfield	Employment
Glen Ridge	Pedestrian Safety / Childcare / <b>Food Access</b>
Irvington	<b>Housing / Community Safety / Food Access</b>
Livingston	Transportation / <b>Pedestrian Safety / Housing</b>
Maplewood	Transportation / <b>Exercise</b> / Prescription Drug Misuse
Millburn	<b>Food Access / Exercise</b> / Community Safety
Montclair	<b>Pedestrian Safety / Housing / Food Access</b>
Newark	<b>Housing / Air Quality / Food Access</b>
Nutley	<b>Roads</b> / Social Support / Meeting Place
Orange	<b>Food Access / Housing</b> / Education
Roseland	<b>Exercise</b> / Social Connection / Community Safety
Short Hills	Mental Health Care / <b>Housing / Pedestrian Safety</b>
South Orange	<b>Housing</b> / Community Safety / Mental Health Care
Verona	<b>Pedestrian Safety</b> / Income / Childcare
West Orange	<b>Exercise</b> / Income / Education

## KEY INFORMANT INTERVIEWS

### Key Findings

Coding of fifteen (15) key informant interviews revealed four (4) key findings:

1. Community members are primarily seeking social services, disease prevention/treatment, mental health and addiction support, and health education.
2. Health provider training and education is seen as insufficient and inconsistent across facilities, leading to healthcare discrimination.
3. There is a perceived lack of community engagement, particularly with including community members in policy decision making.
4. Homelessness is a significant concern and a large determinant of poorer health outcomes.

### Summary of Findings

#### 1. Resources the community is seeking

The participating organizations represented within the cohort of key informants include entities engaged in the provision of social services, healthcare, or a combination of both. The key informants' scope of engagement extended to various target populations, with a total of 15 informants focusing on specific demographics: individuals of color (n=3), the LGBTQ community (n=3), senior citizens (n=3), immigrants (n=2), individuals with low income (n=2), veterans (n=2), and the homeless (n=2).

These organizations, as reported by the key informants, have dedicated their efforts to addressing a range of health-related issues, which include chronic diseases (n=4), communicable diseases, including sexually transmitted diseases (n=4), mental health and substance abuse (n=5), access to healthcare services (n=6), and social determinants of health (n=8) within their respective work domains. Regarding social determinants of health, community residents have expressed needs concerning childcare, housing, food access, transportation, legal assistance, and language support.

Numerous programs were emphasized as pivotal in fostering the development of healthy communities. Notable initiatives included:

- Programs aimed at mitigating social isolation among the elderly population
- After-school and recreational programs tailored for teenagers
- Educational interventions addressing COVID-19-related learning setbacks
- Endeavors to increase access to healthy food through local markets and free school meals
- Provision of transportation services
- Assistance with enrollment in federal programs such as SNAP
- Financial aid support for healthcare requirements of families
- The establishment of safe playgrounds and parks

## 2. Inconsistent health provider training

The majority of key informants reported that their work focuses on addressing social determinants of health, as opposed to direct healthcare concerns. In instances where there are healthcare needs, such as disease testing or the management of chronic conditions, care delivery occurs either through in-house clinicians employed by the respective organization or, most commonly, through referrals to partner healthcare professionals. As most of the care is referred out, organizations have no direct control on the level of training of these partners, and as such many key informants are concerned about the consistency of cultural competency in healthcare.

“Education can only be sustainable through building trust in relationships, and there are definite gaps in primary care offices and the level of staff training required.” - *Retired Nurse Practitioner*

Key informants reported inconsistent and insufficient levels of education across healthcare providers, primarily when working with subpopulations. One key informant stressed this concern in LGBTQIA+ healthcare. In the absence of comprehensive anti-discrimination legislation, healthcare providers are granted discretion to implement supplemental education in their facilities. Inconsistencies across the healthcare system impose a large burden on subpopulation members in their search for an inclusive healthcare provider. Encounters with discriminatory practices and language, however unintentional, can be humiliating and deter individuals from seeking healthcare in the future. In addition to LGBTQIA+, key informants expressed concerns regarding discriminatory practices directed at black and brown expectant mothers, the elderly, individuals with limited English proficiency, the unhoused, those with mental health disorders, and individuals with substance abuse issues. To mitigate these challenges, one key informant recommended the standardization of provider training and practice requirements at the county level.

## 3. Limited community engagement

Several key informants expressed a perceived lack of active engagement by the Essex County Office of Public Health Management (ECOPHM) within the community. Approximately half of informants reported having had no prior interactions with ECOPHM, although some collaborations with the City of Newark were noted. It was suggested multiple times for the office to “market” itself and its capabilities to local organizations, expressing that “on-the-ground” groups are most likely unaware of what kind of assistance the ECOPHM offers. One interviewee proposed the establishment of a comprehensive directory of health and social service entities available within Essex County.

“One thing I always say is you lead at the Speed of Trust, right? So, if we're able to gain trust within our community members and let them know that we are really here to serve them, we're really here to support them, and we really want to see and create programs that induce change, then we're going to be really successful.”

- *Director of Maternal Child Programming*

Key informants would like to see initiatives aimed at fostering community inclusion in decision-making processes. It was felt that empowering residents to actively participate in local affairs is foundational to a healthy community, with sentiments expressed that there are “a lot of highly educated researchers, practitioners at the table, who quite frankly don't live in the communities that they're serving”. One key informant noted they would like to see community members trained to be community health workers, particularly in research skills. They stressed the importance of providing the CHA data publicly to Essex County residents and allowing for opportunities to be involved in future program planning. It is believed that residents should have access to a comprehensive and easy to read datasets of health metrics relevant to their geographic area. It was suggested that the North Jersey Health Collaborative serves as an example.

#### 4. Being unhoused as a determinant of health

Homelessness is seen as a high priority for health and social service interventions. In addition to offering support to unhoused individuals, many key informants' work focuses on preventing people reaching the point of being unhoused. An informant remarked that legal assistance for issues such as renter's rights and immigration status are increasingly in demand with few services available to meet it. A key

“If homelessness is an issue on the day of the medical visit, that takes priority over the actual medical visit; we try to address every concern, not just medically specific, but their legal concerns or housing concerns, mental health, substance abuse concerns as well.” - *Clinic Nurse*

informant working in food assistance described how mental health illness plays a significant role in an unhoused individual's ability to secure housing. Those living with severe illnesses such as bipolar disorder or schizophrenia experience constant cycling through emergency departments, low level courts, the streets, and shelters. A key informant who works in a clinic described how medical visits are treated as holistic wellness consultations. They spoke on the importance of allowing individuals to be active participants in their own care and services that they seek to not encroach on one's feelings of autonomy.

Barriers to finding shelter were discussed by multiple key informants. It was stated that legal means of identification and a welfare voucher distributed by the welfare department in Newark, are required to enter a publicly funded homeless shelter in Essex County. The informant felt this was a flawed system due to complications with obtaining legal identification, transportation barriers in getting to the welfare department, and being unable to acquire a voucher after working hours. It was mentioned that transgender individuals are particularly vulnerable to this system due to identification documents not matching their physical appearance, the barriers in changing these documents to reflect their chosen gender, and their ability to stay in a housing shelter for their chosen gender. The need for housing services exclusive and specific to the needs of the LGBTQIA+ community was emphasized.



## FOCUS GROUPS

Below is a question-by-question breakdown of common themes and takeaways from all focus groups.

### 1. What do you think is the best thing about living in your community?

Group	Key Points	Takeaways
All	<p>Culture</p> <ul style="list-style-type: none"> <li>● Quiet and peaceful</li> <li>● A sense of community, neighbors know one another, children play together</li> <li>● Community is there to help each other during difficult times</li> </ul> <p>Demographics</p> <ul style="list-style-type: none"> <li>● Many children/families in town</li> <li>● Very diverse, melting pot of cultures</li> <li>● A sense of cultural competency among neighbors</li> </ul> <p>Built Environment</p> <ul style="list-style-type: none"> <li>● Good and improving parks (including state parks and forests)</li> <li>● Family-friendly activities and events (library, summer concerts, town pools, Turtleback Zoo, ice arena, fairs and festivals, movie nights)</li> <li>● Senior-friendly services (Senior Advisory Committees, library programs, fun field trips)</li> <li>● Social support resources (COVID-19 testing, food support programs)</li> <li>● Good access to services (proximity, good public transportation, ADA-accessible buildings)</li> </ul>	<p>Participants greatly valued a community that is united and peaceful. All participants agreed on the importance of neighbors helping one another and fostering a sense of community, bringing up examples such as checking up on elderly neighbors, helping with snow shoveling, block parties, and children playing together. A few believed this kinship has greatly been diminishing over the past few decades. Aspects of the participants' built environment that supported this unity were described as safe parks, family friendly events, and good accessibility of services for all residents.</p> <div data-bbox="972 1125 1393 1417" style="background-color: #1a3d4d; color: white; padding: 10px; margin-top: 20px;"> <p>"What I enjoy about our community is it's also a warm, caring community and just filled with a lot of good people. Very neighborly and enjoyable living." - <i>Seniors Focus Group participant</i></p> </div>

**2. What are some behaviors you expect to see from people living in a healthy community?**

**5. What is important for a community to have to promote health in people?**

(Answers combined from two questions)

Group	Key Points	Takeaways
All	<p>Culture</p> <ul style="list-style-type: none"> <li>● A sense of unity, neighbors helping neighbors, residents looking out for one another</li> <li>● Providing aid to the elderly, connections between the youth and the elderly</li> <li>● Networks between mothers for offering help and support</li> <li>● Positive relations with town leaders (council people, police officers, EMS workers)</li> <li>● Cultural competency, mutual respect for cultures, beliefs, faiths, lifestyles</li> </ul> <p>Youth Support</p> <ul style="list-style-type: none"> <li>● Good and equal educational opportunities</li> <li>● After-school activities for kids (multi-purpose sports facility, library programming)</li> <li>● Healthy food in schools, free lunches</li> <li>● Fostering friendships between children</li> <li>● Funding for the arts (theater, art classes, literature workshops)</li> <li>● Opportunities for staying physically active</li> </ul> <p>Social Determinants of Health</p> <ul style="list-style-type: none"> <li>● Spanish-inclusive programming</li> <li>● Reliable policing and EMS services</li> <li>● Affordable and reliable healthcare</li> <li>● Health promotion programs and education, including virtual events</li> <li>● Good, well-paying jobs</li> <li>● Community gardens</li> <li>● Mental health services, support for dealing with high stress</li> <li>● Safe parks and green spaces</li> <li>● Opportunities for staying physically active</li> <li>● Safe and reliable transportation, safe sidewalks, and pedestrian-friendly infrastructure</li> </ul>	<p>Again, a sense of unity and good relations between neighbors were seen as paramount to a healthy community. Participants felt it crucial to invest in the youth, particularly providing free or affordable ways to stay active and participate in relationship-building activities.</p>

**3. Where do you primarily seek health information from?**

Group	Key Points	Takeaways
All	<p>(Listed in order of frequency)</p> <ul style="list-style-type: none"> <li>● The internet (Google, Mayo Clinic, WebMD, YouTube, WhatsApp, Facebook)</li> <li>● Primary doctor</li> <li>● Friends and families</li> <li>● Neighbors</li> <li>● Urgent care</li> <li>● Cultural knowledge</li> <li>● Co-workers</li> <li>● Holistic stores</li> <li>● Social workers</li> <li>● Local health department</li> <li>● Senior community centers</li> <li>● NJ Department of Health Website</li> </ul> <p>Wellness fairs were discussed extensively by the Seniors group. While the participants saw them as a current valuable source of information on many health and lifestyle needs, they had many recommendations for improvement. Participants particularly spoke about how end of life care is seen as a taboo topic but an important one, as they feel underprepared for what it entails. During these events, participants would like to see information on the following:</p> <ul style="list-style-type: none"> <li>● Medicare and Medicaid</li> <li>● AARP</li> <li>● Technology usage</li> <li>● Assisted Living Facilities</li> <li>● End of life care (hospice care, funeral costs, wills)</li> <li>● Sexual health</li> <li>● Fitness tips and classes</li> <li>● Trips and activities</li> <li>● Avoiding fraud and scams</li> <li>● Degenerative diseases (Parkinson’s, Alzheimer’s, cancer, arthritis)</li> <li>● Health maintenance (blood pressure monitoring, exercises, cholesterol levels)</li> </ul>	<p>The internet is a primary resource for medical information. One participant also referred to the NJDOH website for information during the COVID-19 pandemic, which prompted other participants to voice agreement. Participants from all groups mentioned asking for health advice from family, friends, and co-workers, though some participants had the advantage of having relations with medical professionals. For medical attention, participants either reported visiting their primary care doctor or urgent care. The Seniors group was the only group to mention community health centers, local health departments, and health and wellness events. A member of the Seniors group listens to the morning radio for health information, and while discussing how to better communicate with the senior population, the same participant mentioned a community cable channel to communicate public health news, to which the group enthusiastically agreed. Participants often remarked on how despite events and programming existing in their communities for seniors, they often don’t have a way of knowing about them. This is particularly true for isolated individuals who don’t have much contact with family and friends. The cable channel was brought up again in this conversation as a solution, as was a government helpline.</p> <div data-bbox="972 1507 1393 1797" style="background-color: #1a3d4d; color: white; padding: 10px; border: 1px solid #1a3d4d;"> <p>“I receive a lot of information from mostly friends and the [special needs] group I joined. I joined a lot of groups to get more information on how to get help.” – <i>Parents of Special Needs Children Group</i></p> </div>

**5. What health services and centers are you aware of in your community, aside from private clinics, hospitals, and urgent care?**

Group	Key Points	Takeaways
All	<p>(Listed in order of frequency)</p> <ul style="list-style-type: none"> <li>● Loosened mandates on vaccinations in schools</li> <li>● Organizations and nonprofits (food pantries, Neighbors Helping Neighbors, Sierra House, Head Start, LGBTQ housing)</li> <li>● Social workers</li> <li>● Food assistance programs (SNAP, WIC)</li> <li>● COVID-19 testing centers</li> <li>● Support groups (mentioned by Parents of Special Needs Children group)</li> <li>● Local health department</li> <li>● Mental health helplines</li> <li>● STI, HIV testing centers</li> <li>● Increased physical education requirements in schools</li> <li>● Spanish-inclusive health programming and outreach</li> </ul>	<p>Most participants were able to name one or two services in their towns that provide some form of aid, even if the participant didn't utilize it themselves. <u>The Spanish speaking group was the only group in which no participants were able to name any local services</u>, and instead took the time to discuss the need for food pantries and food assistance programs.</p>

“I think finances are huge as far as how people can be healthy, you know, if they're going to the doctor, can they afford the copay? Or is it a choice of do I have to feed my kid? Or do I go to the doctor? Do I take the bus to work? So I think that it's really hard to live healthy. If you're going to a gym, you have to pay and you have to pay a lot. If you're going to eat fresh fruits and vegetables, it's always been expensive, but it's even more ridiculous now. The cost of living has gotten even worse, but we're not getting paid. We're getting paid what we got paid four years ago. What I see in our community is that it's really hard to feed a family on the limited budgets that we have. And then you throw in the special needs part of it, and you throw in the costs of therapies and copays for specialists, and driving however far to get the right answers that you need. So I think that it's money, we need to have something that's more affordable.”

-Parents of Special Needs Children Group

**6. Can you give me an example of a health challenge that you see in your community, as well as what do you believe causes this challenge?**

Group	Key Points	Takeaways
Seniors	<ul style="list-style-type: none"> <li>● Decreasing connections between the youth and elderly</li> <li>● Technology inexperience and incompetence</li> <li>● Lack of outreach to the senior population on programming and events</li> <li>● Staying physically active is difficult and expensive</li> <li>● Not enough fun senior programming and events to encourage social interactions</li> <li>● High levels of isolation from family and the community</li> <li>● Education needed on safe sex practices</li> <li>● High taxes: towns are becoming unlivable</li> </ul>	<p>Participants are looking for ways to stay connected to their communities. Using the internet and new technology is still confusing for some and many would like to attend workshops to learn technology skills. Seniors enjoy attending health and wellness fairs but often have no way of finding out about these events. They would like to see a centralized method of communicating with seniors in the town, perhaps a newsletter or cable channel. Seniors really enjoy going on field trips and attending fun programming, but express being tired of going to the casino or playing BINGO. They are hoping for more programs that connect them to their community, particularly to the youth. Isolation is a significant fear for many seniors.</p>
Special Needs	<ul style="list-style-type: none"> <li>● Lack of support system and aid from the government</li> <li>● Difficulty finding childcare that can appropriately care for special needs children</li> <li>● Lack of support in schools and lack of certified educators/aides</li> <li>● Difficulty maintaining full-time employment when caring for a special needs child</li> <li>● No central information hub for resources and education</li> </ul>	<p>Parents are having a difficult time managing work and childcare, particularly because appropriate childcare is difficult to find. Parents primarily use one another as support systems for discussing resources, services, and health information, but believe a central government resource is greatly needed. Many are unsure what resources exist for parents of special needs children. Schools, daycares, and preschools seem ill-equipped to handle special needs children, and parents fear for their child's safety and wellbeing.</p>

<p>Youth</p>	<ul style="list-style-type: none"> <li>● Poor socialization skills due to unsafe public spaces, lack of pedestrian infrastructure, and an overreliance on technology</li> <li>● Lack of resources for children experiencing homelife instability</li> <li>● Charter schools do not offer quality education</li> <li>● Bloomfield needs another high school</li> <li>● Unequal quality of education between schools in different towns</li> <li>● Too much technology is used in schools and at home for homework</li> <li>● Concern about social media addiction, screen time, and using influencers as role models</li> <li>● Would like a return of peer leader programs</li> <li>● Insufficient anti-drug and vaping education</li> <li>● Gym/recess time is being reduced in school - there needs to be more physical activity options for children</li> <li>● Life skills education is lacking; kids are unprepared for life</li> <li>● Post-high school graduation guidance is needed for college, trade school, etc.</li> <li>● High rates of youth asthma, diabetes, and obesity</li> </ul>	<p>Technology was extensively discussed. Parents are shocked at the amount of screen time required for children both at school and at home. They feel children are losing skills associated with physical schoolwork, such as handwriting and navigating a research book. Parents are unsure how to limit screen time at home, many feeling that children do not go outside to play as much as they used to. Parents do not feel there is enough pedestrian infrastructure to allow independence for movement to school, friends' houses, and public spaces. A few parents feel there needs to be a greater emphasis on physical education in school and that indoor sports complexes should be available to the public. Parents are concerned about the rise in asthma due to air pollution, and increased rates of diabetes and obesity due to diet.</p>
<p>Food access</p>	<ul style="list-style-type: none"> <li>● Need for food pantry</li> <li>● No healthy options due to fast food restaurants and food deserts</li> <li>● Lack of plant-based options</li> <li>● High obesity and diabetes in children</li> <li>● Unhealthy food offered in schools</li> <li>● Unsure where to receive food assistance</li> </ul>	<p>Common themes of lack of affordable health options among all groups, both in grocery stores and eating out, were discussed. Some participants were unsure what food assistance options were available in their towns.</p>
<p>Infra-structure</p>	<ul style="list-style-type: none"> <li>● Dilapidated and unclean streets and sidewalks</li> <li>● Dark sidewalks at night</li> <li>● Fast and dangerous traffic for pedestrians, particularly for seniors and children</li> <li>● Many areas with no sidewalks</li> <li>● Narrow and uneven sidewalks</li> <li>● Underfunded libraries</li> <li>● Transportation options are limited and unreliable</li> <li>● Need for public spaces for socialization</li> </ul>	<p>Participants are concerned about the walkability of their towns. Many areas are inaccessible except by car, and walking around town can be dangerous due to the high speed of traffic. Residents find public transportation options to be lacking and inconvenient.</p>

<p>Social services</p>	<ul style="list-style-type: none"> <li>● Unreliable policing and EMS services; long waits for emergency services</li> <li>● People don't seem to take advantage of social programs that they need</li> <li>● Lack of foreign-language inclusivity</li> <li>● Desire for affordable/free public Wi-Fi</li> <li>● Unsure what the health department's role is</li> <li>● High unhoused population and expensive housing/rental market</li> <li>● High levels of unemployment and low paying jobs</li> <li>● Unsure where to receive food assistance</li> </ul>	<p>Two groups shared stories of calling EMS services and having to wait an extensive amount of time due to a lack of ambulances. Multiple participants also pointed to the slow response times of police. The cost of living was discussed often, along with stagnant and insufficient wages. The Spanish-speaking group spoke about how they are unsure how to navigate various systems due to language limitations, and as such many do not try out of fear or embarrassment.</p>
<p>Health</p>	<ul style="list-style-type: none"> <li>● Poor mental health resulting from stress, pressure, and anxiety</li> <li>● Need for urgent care for mental health issues</li> <li>● Unsafe air quality causing asthma</li> <li>● Need for free/affordable ways to stay physically active</li> <li>● Lack of community health education and programming</li> <li>● Difficulty acquiring quality health insurance</li> <li>● Difficulty understanding health insurance benefits</li> <li>● Lack of provider options on Medicaid/Medicare</li> <li>● Lack of trust in doctors</li> <li>● Fear of experiencing issues with being undocumented</li> <li>● Difficulty finding language-inclusive providers</li> <li>● Health complications due to physically demanding labor</li> </ul>	<p>Many participants spoke about the difficulties associated with health insurance and understanding their benefits. Participants feel that the biggest obstacle to receiving quality care is a low income. The need for urgent care for mental health emergencies was discussed, with a helpline offered as an example.</p> <p>The Spanish speaking group expressed a general distrust and fear of the healthcare system. Some feel embarrassed to seek out language assistance and of being seen only as a "Latino". There is uncertainty with how being undocumented relates to healthcare access and affordability, risks of deportation, and acquiring insurance.</p>

**7. Can you give me an example of a program or policy change that would help make your community healthier?**

Group	Key Points	Takeaways
All	<ul style="list-style-type: none"> <li>● Loosened mandates on vaccinations in schools</li> <li>● Increased physical education requirements in schools</li> <li>● Spanish-inclusive health programming and outreach</li> </ul>	<p>Ultimately, this question was only asked in the first three groups: single parents, young adults, and Spanish speakers. The intent was to gather insight on desired legislative policy changes, but participants were confused by the question and answered similarly to question 5, “What is important for a community to have in order to promote health in people?” When clarified to think about laws, answers were brief, and it was decided to omit the question in subsequent groups.</p>

**8. Thinking about your own communities, do you think some people experience more challenges in being healthy? Who are these people?**

Group	Key Points	Takeaways
All	<ul style="list-style-type: none"> <li>● Loosened mandates on vaccinations in schools</li> <li>● Low-income earners</li> <li>● Racial minorities</li> <li>● Unhoused populations</li> <li>● Non-English speakers</li> <li>● Isolated individuals</li> <li>● The elderly</li> <li>● The disabled</li> </ul>	<p>While these groups were mentioned at least once by each group, there was a clear emphasis made that income impacts health. All groups spoke about how any decisions in their lives are dictated by finances and ultimately will impact health in some way. Most directly, limited finances were connected to transportation options, education, food options, access to medical services, quality of medical services, and physical activity options.</p>



## Secondary Data Key Findings

### INTRODUCTION

Select measures for Essex County are presented below from a variety of secondary data sources. Indicators are broken out into different data sets based on health outcomes and related factors. In some cases, comparisons against state and national figures are provided. In other cases, Newark data is included to demonstrate disparities within the county. Essex County is ranked among the least healthy counties in New Jersey (#19 out of 21) based on health outcomes and related factors. Health outcomes represent how healthy the county is in terms of length and quality of life, and health factors represent modifiable elements that could improve length and quality of life. The tables below demonstrate that Essex County is in the lowest (0%-25%) percentage for both health outcomes and health factors (County Health rankings & Roadmaps, 2023).

### Health Outcomes

Health outcomes represent how healthy a county is right now, in terms of length of life but quality of life as well.

Essex (ES) is ranked among the least healthy counties in New Jersey (Lowest 0%-25%).



### Health Factors

Health Factors represent those things we can modify to improve the length and quality of life for residents.

Essex (ES) is ranked among the least healthy counties in New Jersey (Lowest 0%-25%).



### HEALTH DISPARITIES

Throughout this report a darker shade of blue (see example) indicates the presence of health disparities in the data that exist between Newark residents and their Essex County peers, as well as Essex County residents and the rest of New Jersey. Where data is available, racial disparities are also represented.

Indicator	Essex County	New Jersey	Newark
Indicator 1			
Indicator 2			

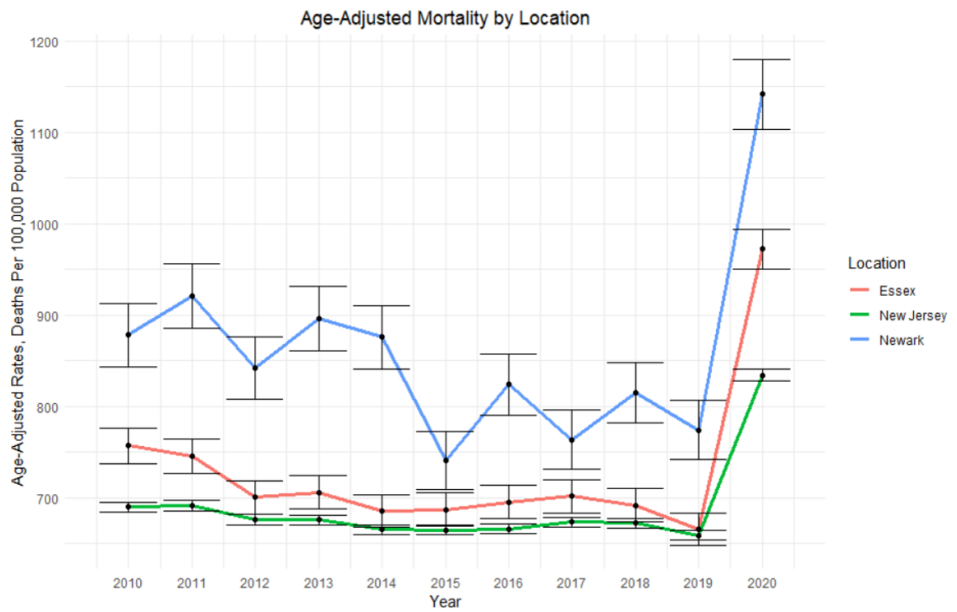
Darker shade of blue indicates disparity.

Healthy People 2030 defines a health disparity as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on race or ethnicity; religion; socioeconomic status; gender; age; mental health; disability; sexual orientation or gender identity; geographic location; or other characteristics linked to discrimination or exclusion.”

Health disparities are preventable differences in the burden of disease, injury, violence - or opportunities to achieve optimal health - that are experienced by marginalized populations. Health disparities are inequitable and are directly related to the historical and current unequal distribution of social, political, economic, and environmental resources. Health disparities result from multiple factors, including poverty, environmental threats, inadequate access to health care, individual and behavioral factors, and educational inequalities (Healthy people 2030, n.d.).

**MORTALITY**

Mortality rate due to a given cause, such as cancer, cardiovascular disease, or unintentional injury is a common way of describing the impact of a disease in a population. The all-cause mortality rate for Essex County is 972.4 per 100,000, while the rate for New Jersey is 834.3 per 100,000 (NJSHAD, 2023).



Additionally, the average age of death in Essex County is 71.7 years of age, compared to 75 years of age for New Jersey. This may indicate health disparities exist for residents of Essex County compared to the rest of the state. There was a significant increase in age-adjusted all-cause mortality in 2020, related directly and indirectly to COVID-19, with significant differences between Newark, Essex County, and New Jersey’s mortality rates (Centers for Disease Control and Prevention, 2023).

Indicator	Essex County	New Jersey	United States
Deaths Due to Unintentional Injury (per 100,000)	53.3	50.5	57.6
Homicides (per 100,000)	12	4.1	6.4

Source: NJSHAD 2020

Homicide is significantly higher for Essex County (12 per 100,000) compared to the entire state of New Jersey (4.1 per 100,00) and the United States (6.4 per 100,000). Deaths due to unintentionally injury are also higher for Essex County than New Jersey, but lower than the nation (NJSHAD, 2023).

**CHRONIC DISEASE & RISK FACTORS**

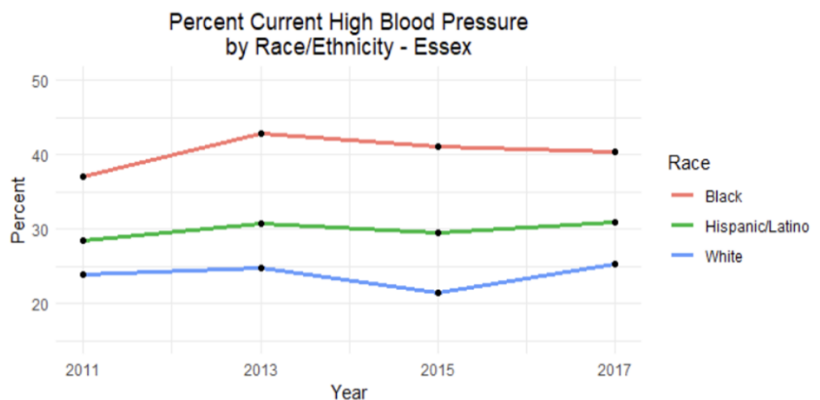
Chronic diseases are defined broadly as conditions that last one year or more and require ongoing medical attention or limited activities of daily living, or both. Chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability in the United States. They are also leading drivers of the nation’s \$4.1 trillion in annual health care costs. Many chronic diseases are caused by high-risk behaviors such as tobacco use and exposure to secondhand smoke; poor nutrition, including diets low in fruits and vegetables and high in sodium and saturated fats; physical inactivity; excessive alcohol use; and not staying up to date on recommended preventive screenings (NCCDPHP, 2022).

**Cardiopulmonary Disease** describes a range of conditions that affect the heart and lungs, including asthma, cardiovascular disease (CVD), and chronic obstructive pulmonary disease (COPD). Risk factors for cardiopulmonary diseases include high blood pressure (hypertension), diabetes, obesity, and smoking.

Indicator	Essex County	New Jersey	United States
Current Asthma (Age-Adjusted)	9.1%	8.7%	7.7%
Cardiovascular Disease (CVD) Deaths (per 100,000)	411.7	400.3	422.4
Heart Attack Hospitalizations (per 10,000)	21.87	23.48	73.1
Stroke Mortality (per 100,000)	59.8	59.4	41.1
Chronic Obstructive Pulmonary Disease (COPD) Prevalence (Age-Adjusted)	5.3%	4.6%	5.6%
Current Cigarette Smoking (Age Adjusted)	11.8%	11.3%	16%
High Blood Pressure (Hypertension)	31.4%	30.2%	48.1

Sources: NJSHAD 2020; CDC Asthma Data 2021; CDC Interactive Atlas of Heart Disease and Stroke 2020

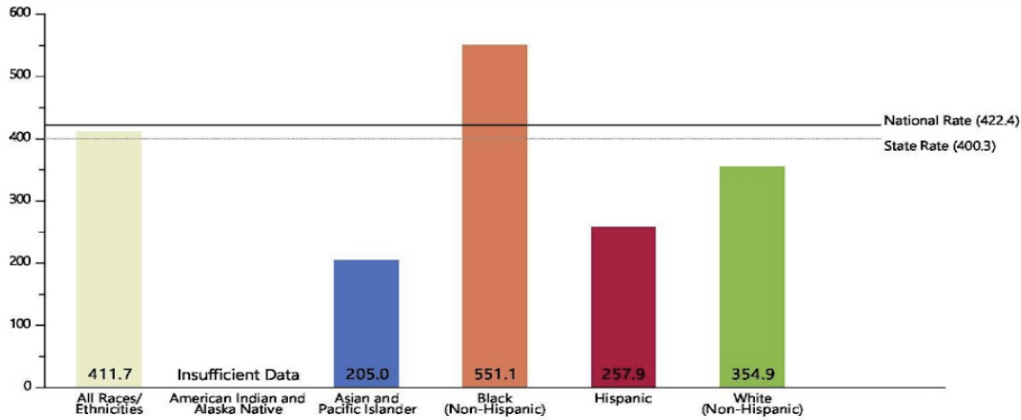
Rates of high blood pressure are significantly higher for Black residents in Essex County, and trending towards increasing for Hispanic and White residents. In NJ, racial and ethnic disparities are clearer, with Black and Hispanic residents having significantly higher hypertension rates than White residents.



In Essex County, racial and ethnic disparities in heart disease is clear, with Black residents having significantly higher mortality rates from cardiovascular disease and stroke (CDC, 2023).

## County Profile for Essex, NJ CDC Interactive Atlas of Heart Disease and Stroke

**Total Cardiovascular Disease Death Rate per 100,000, All Races/Ethnicities, All Genders, Ages 35+, 2018-2020**



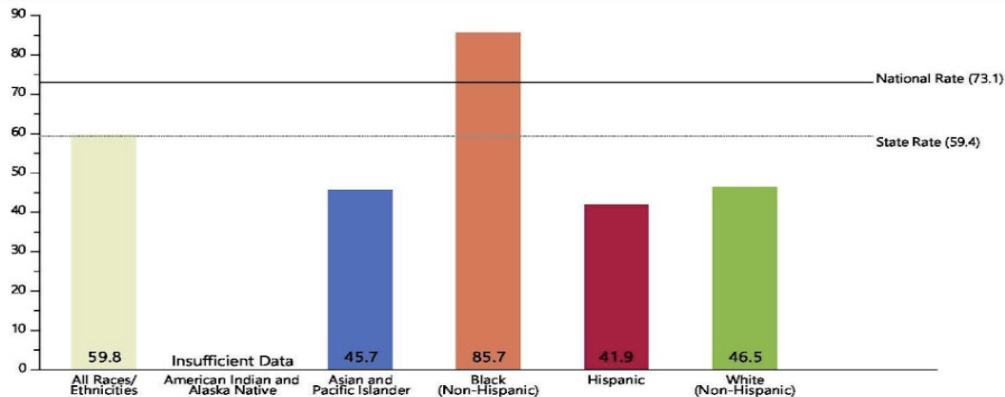
In Essex, the average estimated total cardiovascular disease death rate for All Races/Ethnicities, All Genders, Ages 35+ for 2018-2020 is 411.7 Age-Standardized Rate per 100,000.

In the state of NJ, the average estimated total cardiovascular disease death rate for All Races/Ethnicities, All Genders, Ages 35+ for 2018-2020 is 400.3 Age-Standardized Rate per 100,000.

The national average estimated is total cardiovascular disease death rate for All Races/Ethnicities, All Genders, Ages 35+ for 2018-2020 is 422.4 Age-Standardized Rate per 100,000.

## County Profile for Essex, NJ CDC Interactive Atlas of Heart Disease and Stroke

**Stroke Death Rate per 100,000, All Races/Ethnicities, All Genders, Ages 35+, 2018-2020**



In Essex, the average estimated stroke death rate for All Races/Ethnicities, All Genders, Ages 35+ for 2018-2020 is 59.8 Age-Standardized Rate per 100,000.

In the state of NJ, the average estimated stroke death rate for All Races/Ethnicities, All Genders, Ages 35+ for 2018-2020 is 59.4 Age-Standardized Rate per 100,000.

The national average estimated is stroke death rate for All Races/Ethnicities, All Genders, Ages 35+ for 2018-2020 is 73.1 Age-Standardized Rate per 100,000.

**Cancer** affects 1 in 3 people in the United States. Breast, lung, prostate, and colorectal cancers account for almost 50% of all new cancer cases, while lung, colorectal, pancreatic, and breast cancers are responsible for nearly 50% of all cancer deaths (National Cancer Institute, 2023).

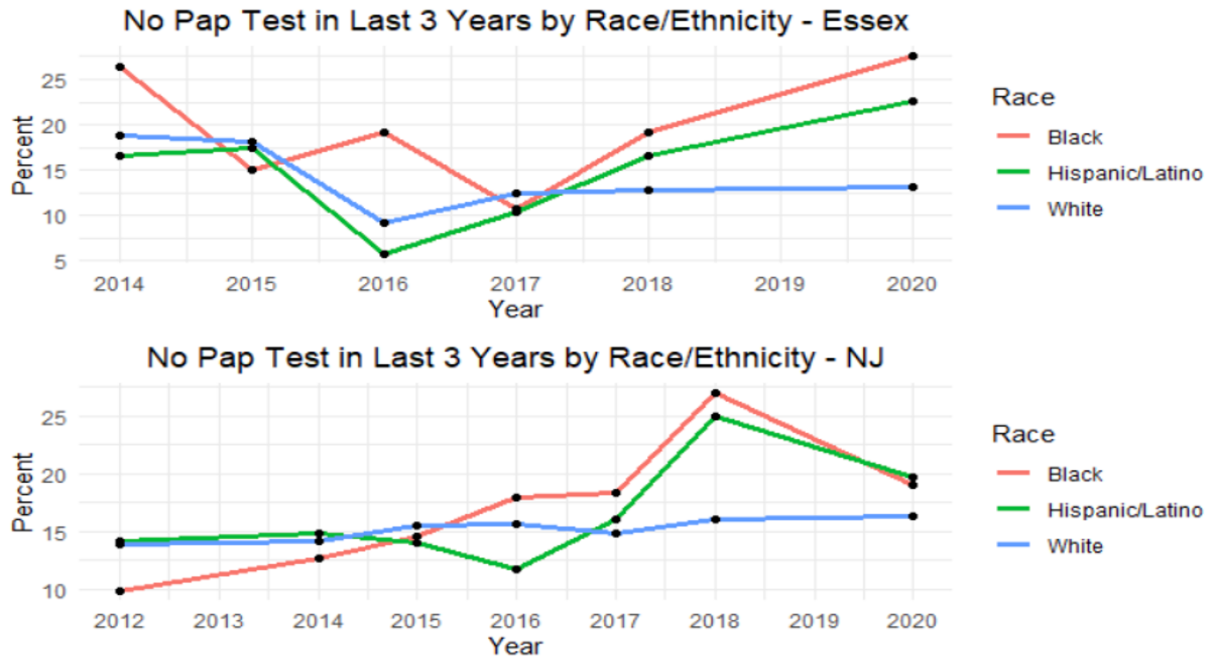
In 2020 the US had 1,603,844 new cancer cases and 602,347 people died of cancer. For every 100,000 people, 403 new cancer cases were reported and 144 people died of cancer. 2020 is the latest year for which incidence data are available. Cancer screenings such as mammogram, Pap test, and colonoscopy, can help find cancer at an early stage before symptoms appear (CDC, 2023).

In Essex County, the percentage of women who have received a mammogram in the past 2 years (17.2%) is lower than the state (21.1%), and similarly those who have not received a Pap test for cervical cancer in the past 3 years (22.5%) is higher than the state (20%). Over 90% of HPV-associated cancers are preventable through vaccination. All youth ages 11 or 12 should receive two doses of HPV vaccine six to twelve months apart. In New Jersey, only an estimated 63.7% of adolescents ages 13-17 had completed the HPV vaccination series in 2022. This indicates that one-third of adolescents are not fully protected against HPV in the state (NJCDS, 2023).

Indicator	Essex County	New Jersey	United States
Cancer Incidence (per 100,000)	489.6	534.1	403
All Cancer Mortality (per 100,000)	123.7	136.4	144
Prostate Cancer Incidence (per 100,000 males)	157.5	134.5	100.0
Prostate Cancer Mortality (per 100,000 males)	19.6	16.2	18.5
Breast Cancer Incidence (per 100,000 females)	138.7	137.2	119.2
Breast Cancer Mortality (per 100,000 females)	20.6	20.1	19.4
Mammogram in Past 2 Years (Women, Age 50-74)	17.2%	21.1%	--
No Pap Test in Past 3 Years (Women, Age 21-65)	22.5%	20%	--
Current with Colorectal Cancer Screening	72.9%	69.2%	--
Colorectal Cancer Deaths (per 100,000)	14.2	12.6	13.1

Sources: NJSHAD 2020; CDC Cancer Data and Statistics 2020

Rates of women having no Pap test in the last 3 years are significantly increasing for Black and Latina residents in Essex County, while staying stable among White residents. Compared to NJ, racial and ethnic disparities are clear, where overall rates are trending down in the state.

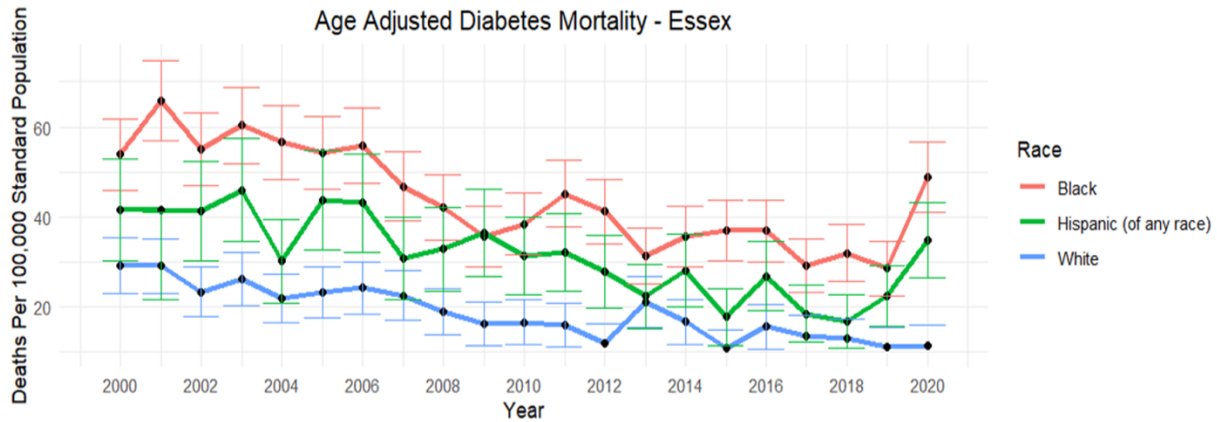


**Diabetes** is a chronic health condition that affects how the body turns food into energy. Type 1 diabetes is caused by an autoimmune reaction (the body attacks itself by mistake), while in type 2 diabetes, insulin cannot keep blood sugar at normal levels. High blood sugar is damaging to the body and can cause other serious health problems, such as heart disease, vision loss, and kidney disease.

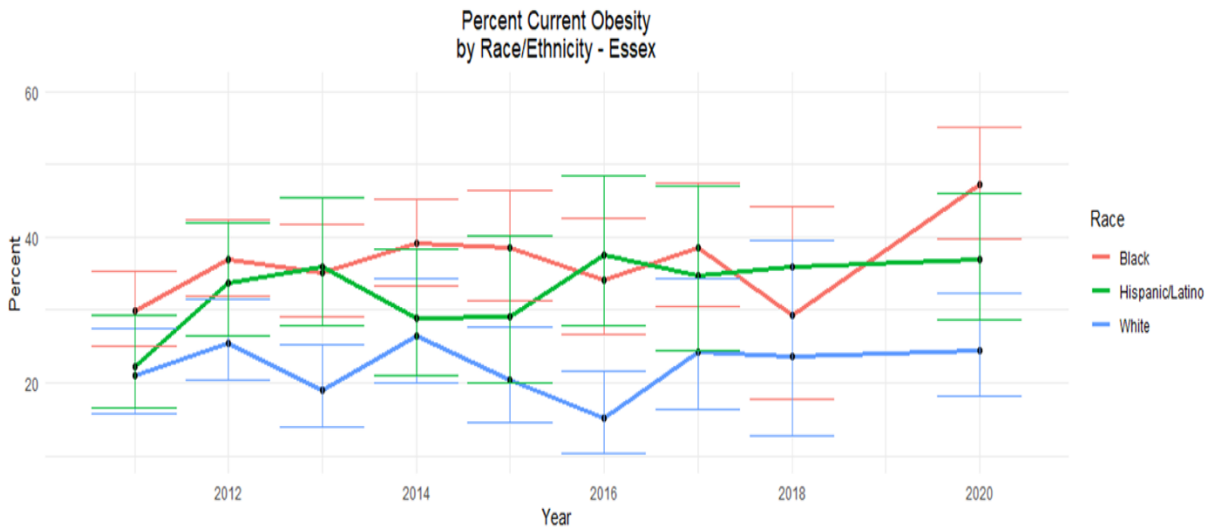
Indicator	Essex County	New Jersey	United States
Diabetes Prevalence (Age-Adjusted)	9.2%	8.5%	11.3%
Diabetes Mortality (per 100,000)	25	18.2	22.6
Kidney Disease Mortality (per 100,000)	16.6	14.3	12.8
Obesity, BMI $\geq$ 30 (Adults $\geq$ 20 years)	34.8%	28.6%	32%
Physical Inactivity (Adults $\geq$ 18 years)	30%	28%	26%

Sources: NJSHAD 2020; CDC By the Numbers: Diabetes in America 2022

Risk factors that contribute to type 2 diabetes include eating an unhealthy diet, being overweight, and physical inactivity. Over 37 million people in the US have diabetes, contributing to \$237 billion in direct medical costs and \$90 billion in lost productivity (NIDDK, 2023). Certain racial and ethnic groups are at a higher risk of developing diabetes, including American Indian and Alaska Natives, Black, and Hispanic populations. In 2020, the age-adjusted prevalence of diagnosed diabetes in New Jersey was 8.5%. Hispanics (13.1%), Asians (13.0%), and Blacks (11.5%) have a higher prevalence of diabetes compared to Whites (6.3%) (NJSHAD, 2023).



Adult obesity rates are significantly increasing for Black residents in Essex County, and trending towards increasing for Hispanic residents while staying stable among White residents.



**BEHAVIORAL HEALTH**

Behavioral health generally refers to mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms. According to the Substance Abuse and Mental Health Services Administration, one in five adults in the U.S. have a clinically significant mental health or substance use disorder. Furthermore, the prevalence and severity of mental health conditions among children and teens has increased sharply. Many people fail to receive treatment due in part to the long-standing shortage of behavioral health providers (SAMHSA, 2023).

Suicide mortality is significantly lower in Essex County than in NJ and the US. New Jersey, likewise, has a significantly lower suicide mortality rate than the US. In contrast, Essex County has more mental and behavioral disorders diagnosed in emergency departments, with Black and Hispanic residents being significantly more likely to receive a diagnosis in the ED.

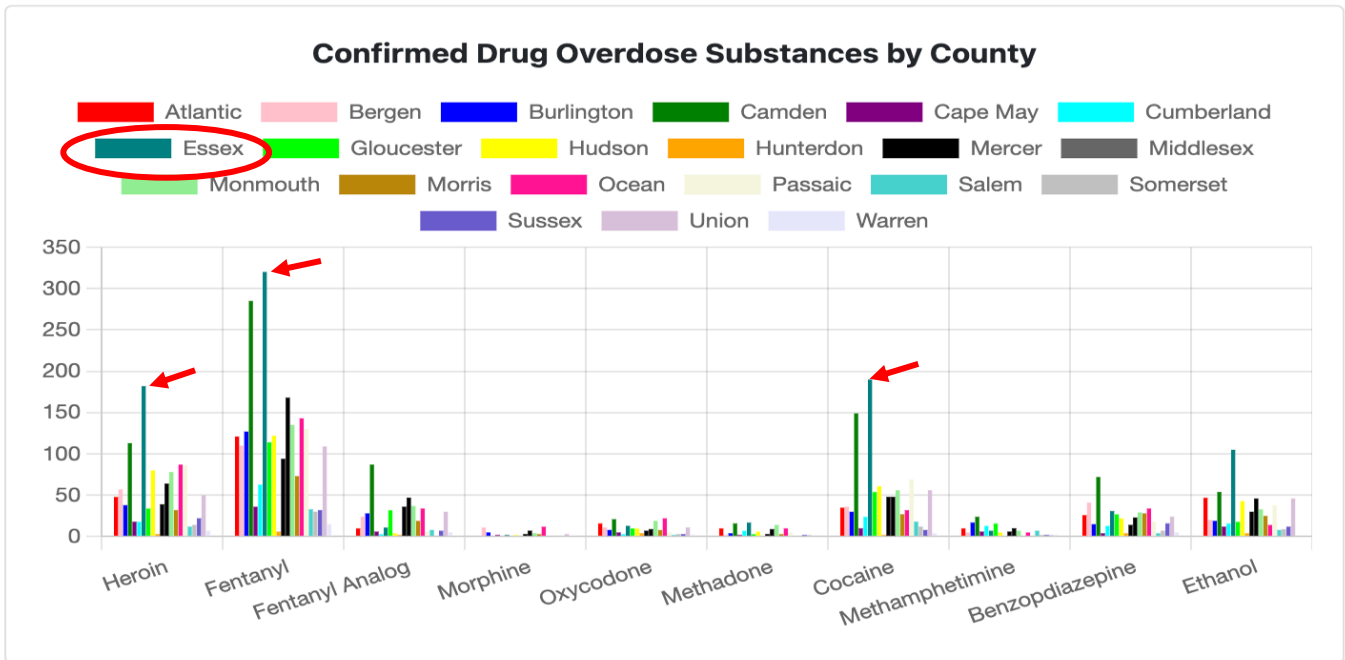
Indicator	Essex County	New Jersey	United States
Suicide Deaths (per 100,000)	6	7.8	13.9
Frequent Mental Distress	12.5%	12.8%	--
Alcohol-Impaired Driving Deaths (percentage of driving deaths with alcohol involvement)	16%	23%	27%
Binge or Heavy Drinking (Adults ≥ 18 years)	17%	19%	19%
Drug Overdose Deaths (per 100,000)	38	32	23
Fentanyl Overdoses (2019)	320	2266	--
Heroin Overdoses (2019)	182	1082	--

Source: NJSHAD 2020; County Health Rankings & Roadmaps 2020; NJ Overdose Data Dashboard 2019

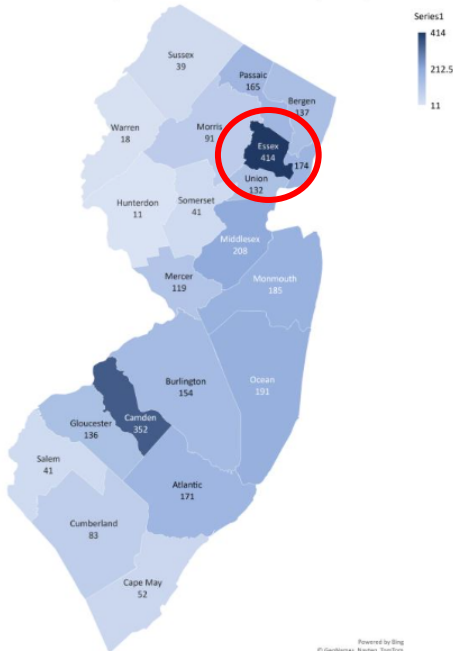
According to the Centers for Disease Control and Prevention, the number of people who died from a drug overdose in 2021 was over six times the number in 1999. The number of drug overdose deaths increased more than 16% from 2020 to 2021. Over 75% of the nearly 107,000 U.S. drug overdose deaths in 2021 involved an opioid. Fentanyl is a synthetic opioid pain reliever. It is many times more powerful than other opioids and is approved for treating severe pain, typically advanced cancer pain. Illegally made and distributed fentanyl has been on the rise in several states, including New Jersey. Most recent cases of fentanyl-related harm, overdose, and death in the U.S. are linked to illegally made fentanyl. It is sold through illegal drug markets for its heroin-like effect. It is often mixed with heroin and/or cocaine as a combination product, with or without the user’s knowledge, to increase its euphoric effects (CDC, 2023).



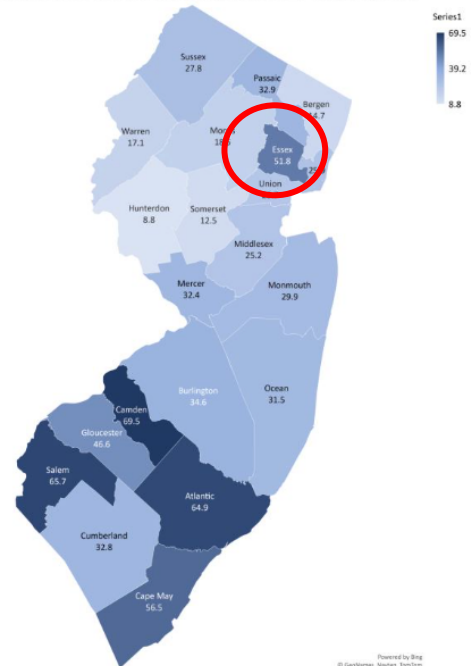
According to the 2019 New Jersey Overdose Data Dashboard, Essex County has some of the highest number of drug overdoses in the state. These include Fentanyl, Heroin, and Cocaine. In 2019, Essex County had 414 fatalities due to overdosing, the highest number for any county in the state.



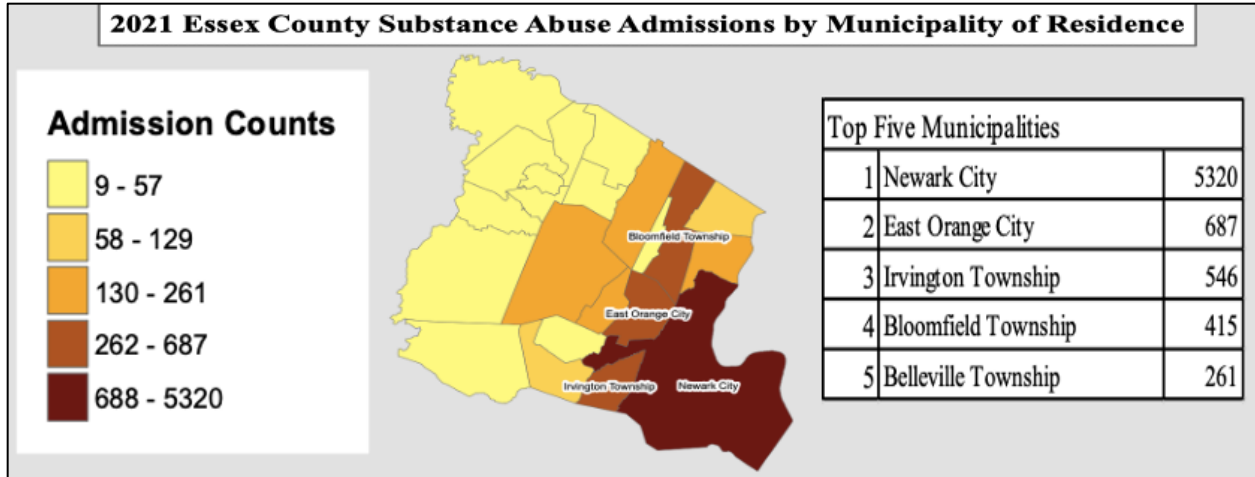
New Jersey Total Overdose Deaths (2019)



New Jersey Overdose Death Rates Per Capita (2019)

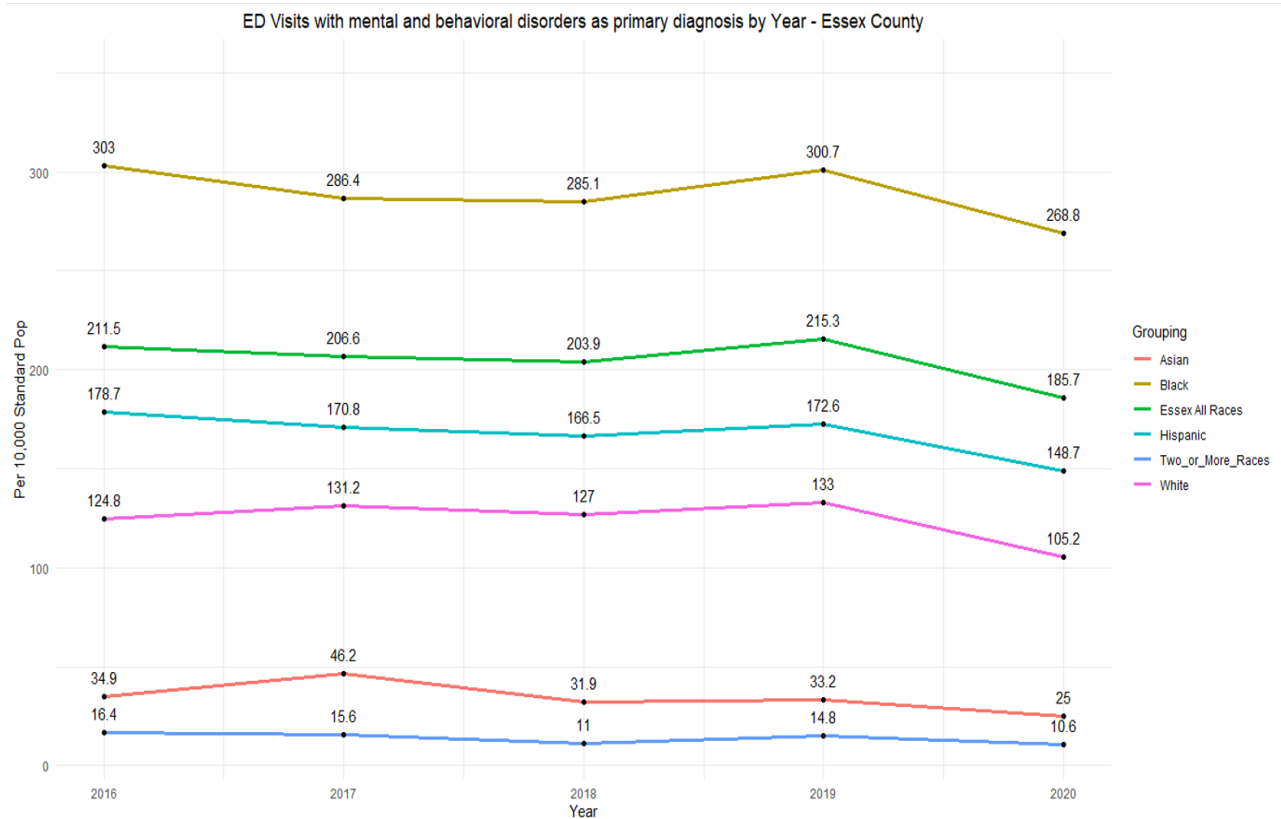


Source: NJ Overdose Data Dashboard 2019



Source: NJ Department of Human Services Substance Use Overview 2022

Black residents are diagnosed with mental and behavioral disorders at a significantly higher rate at the ED than their peers. The same disparity exists for Black residents at the state-level.



**INFECTIOUS DISEASE**

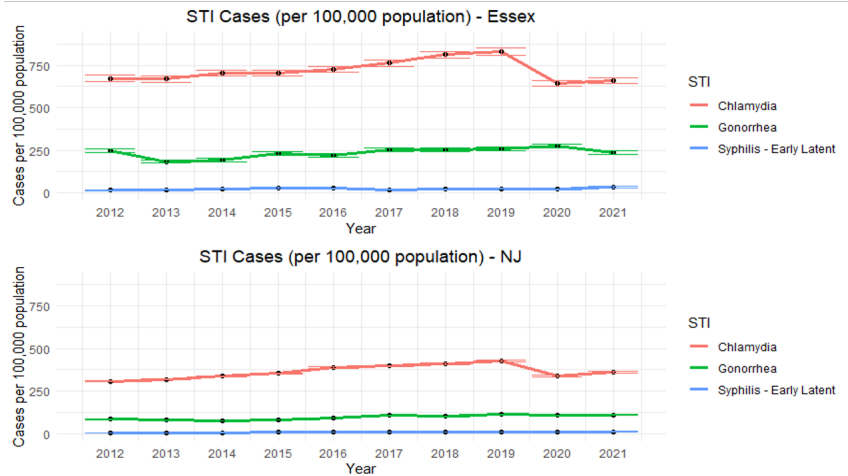
Infectious, or communicable diseases, are spread in a variety of ways. Caused by microorganisms such as bacteria, viruses, parasites, and fungi, infectious diseases can be spread, directly or indirectly, from one person to another through bites from insects, or by ingesting contaminated food or water. A variety of disease-producing bacteria and viruses are carried in the mouth, nose, throat, and respiratory tract. Sexually transmitted infections (STIs) such as HIV and viral hepatitis are spread through exposure to infectious bodily fluids such as blood and semen. Although Essex County has a higher mortality rate for influenza and pneumonia, flu vaccinations are trending towards increasing (NJSHAD, 2023).

Insects also play a significant role in the transmission of disease. Lyme disease is spread to people by the bite of an infected tick. In New Jersey, the most infected tick is the deer tick. Deer ticks can also spread other tick-borne diseases. Humans can be infected with more than one tick-borne disease at the same time. New Jersey had 1,798 confirmed cases of Lyme Disease in 2020. Reported confirmed cases of Lyme disease are most common among males between the ages of 10 to 14 years, and among females between the ages of 50 to 54. Essex County has lower rates of Lyme Disease than the state overall (CDC, 2022).

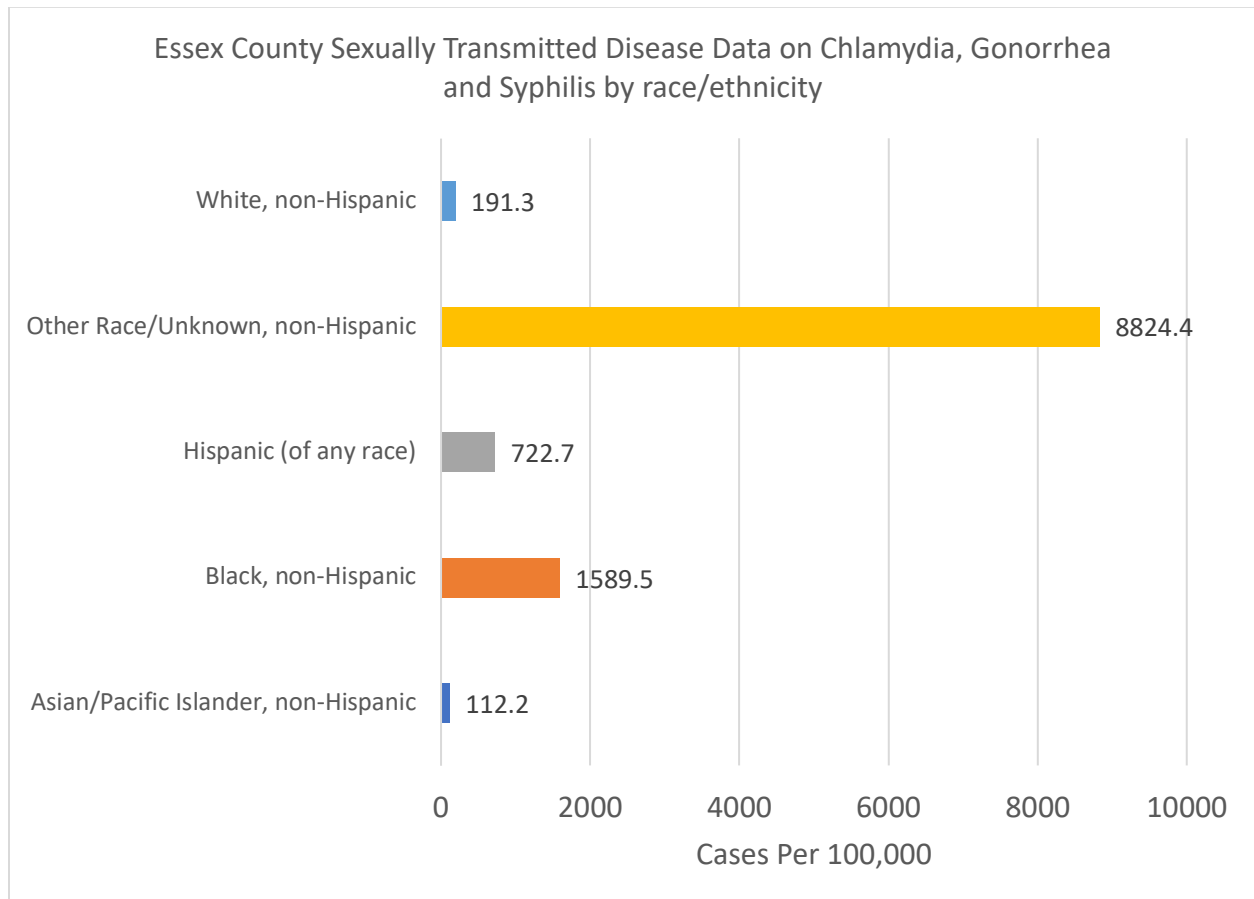
Indicator	Essex County	New Jersey	United States
Flu Vaccines, 2020	43.6%	53.3%	48%
Deaths due to Influenza and Pneumonia (per 100,000), 2018-2020	15	12.5	13.4
COVID-19 Confirmed Cases (May 11, 2023)	260,601	2,569,684	103,436,829
COVID-19 Confirmed Deaths (May 11, 2023)	3,580	33,004	1,127,152
HIV Diagnosis (per 100,000), 2008-2020	30	11	11
HIV Mortality (per 100,000)	6.3	1.8	1.5
Gonorrhea Cases (per 100,000), 2012-2021	237.8	111.2	--
Chlamydia Cases (per 100,000), 2012-2021	659.7	361.6	--
Early Latent Syphilis Cases (per 100,000), 2012-2020	33.6	12.3	--
Lyme Disease Incidence Rate (per 100,000)	10.7	27.6	--

Source: NJSHAD 2021; CDC COVID Data Tracker 2023

With an increase in use of Pre-Exposure Prophylaxis (PrEP) in Essex County, there is a decrease in HIV diagnoses, however HIV mortality remains, on average, higher than the state and national level. Of the 8,973 people living with HIV in Essex County in 2020, 62.1% were male; 37.9% were female; 66.5% were Black; 20.2% were Hispanic; 5.7% were White (AIDSVu, 2023).



Essex County has, on average, a higher incidence of Gonorrhea, Chlamydia, and Early Latent Syphilis, although Chlamydia. Gonorrhea cases have decreased since the beginning of the pandemic in Essex County and NJ, but all three STIs have increased in NJ since 2012.



The COVID-19 pandemic was first declared a public health emergency in January of 2020. Although, the pandemic officially ended on May 11, 2023, the impacts continue to affect the daily lives of many Americans. According to the World Health Organization (WHO) Coronavirus Dashboard, as of October 2023, COVID-19 has caused nearly 7 million confirmed deaths worldwide, making it the fifth deadliest epidemic or pandemic in history (WHO, 2023). The COVID-19 pandemic amplified the effects of disparities with respect to the social determinants of health, including substandard housing, poor nutrition, and poverty. Thus, mortality from COVID-19 among marginalized groups, particularly Native American, Black, and Hispanics, ranged from 1.9 to 2.4 times greater than their white counterparts (Badalov, 2022).

According to the Centers for Disease Control and Prevention (CDC), COVID-19 vaccines are safe, and effective at preventing severe illness and the spread of COVID-19. The CDC recommends that everyone five years and older get one updated COVID-19 vaccine to protect against serious illness. Children aged six months to four years may need more than one dose of updated COVID-19 vaccine to be up to date. People who are moderately or severely immunocompromised may get additional doses of updated COVID-19 vaccine. Essex County has a lower percentage (76.58%) of people who are fully vaccinated, compared to the state (78.63%), however both Essex County and NJ are higher than the U.S. (70.80%).

**COVID-19 Vaccine Rates**

County/State	People vaccinated with at least one dose	% in Population	People fully vaccinated with 2 doses	% in Population
Essex County	752,347	94.81%	607,707	76.58%
New Jersey	8,350,314	94.02%	6,983,960	78.63%
United States	267,654,789	82.89%	228,604,758	70.80%

Source: NJSHAD

**MATERNAL & CHILD HEALTH**

Many women, infants, and children still have little or no access to essential, quality health services. Maternal and child health is an important public health issue because it provides the opportunity to end preventable deaths among women, children, and adolescents and to improve their health and well-being.

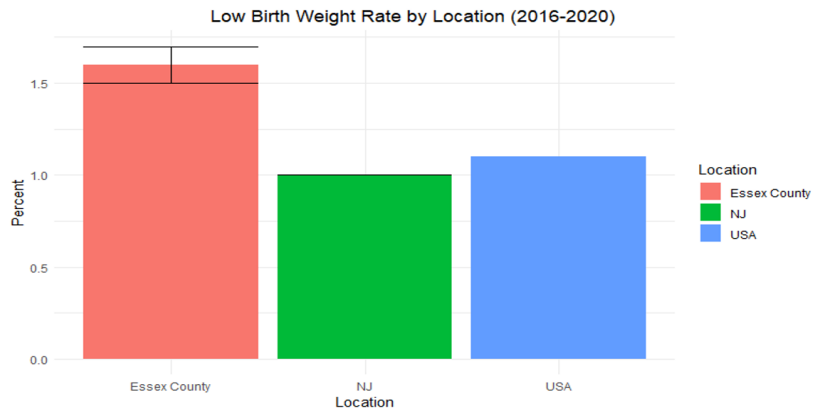
Women who receive early and consistent prenatal care (PNC) increase their likelihood of giving birth to a healthy child. Healthcare providers recommend that women begin prenatal care in the first trimester of their pregnancy (March of Dimes, 2017). There is a significant difference in onset of prenatal care by race/ethnicity with more than 80% of White and Asian mothers receiving early PNC compared to only 66% of Hispanic and 63% of Black mothers (NJSHAD, 2020). On average, Black, and Hispanic mothers in Essex County are less likely to receive prenatal care than their peers in the state and country. However, in recent years the rates among Blacks and Asians increased such that Healthy New Jersey 2020 targets were met, while those for Whites and Hispanics were not.

Indicator	Essex County	New Jersey	United States
Infant Mortality (per 1,000)	6	4	6
First Trimester Prenatal Care: % of Live Births	66.2%	75.5%	76.1%
Low Birth Weight (<2500 grams)	1.6%	1.10%	1%
Preterm Births (<37 weeks)	10.4%	9.2%	--
Very Preterm Birth Rate (<32 weeks)	1.7%	1.1%	--
Low-risk Cesarean Deliveries	27.2%	26.2%	25.9%
Teen Births (per 1,000)	18	11	19
Elevated Blood Lead ≥5 ug/dL (children <3)	5.4%	2.4%	--

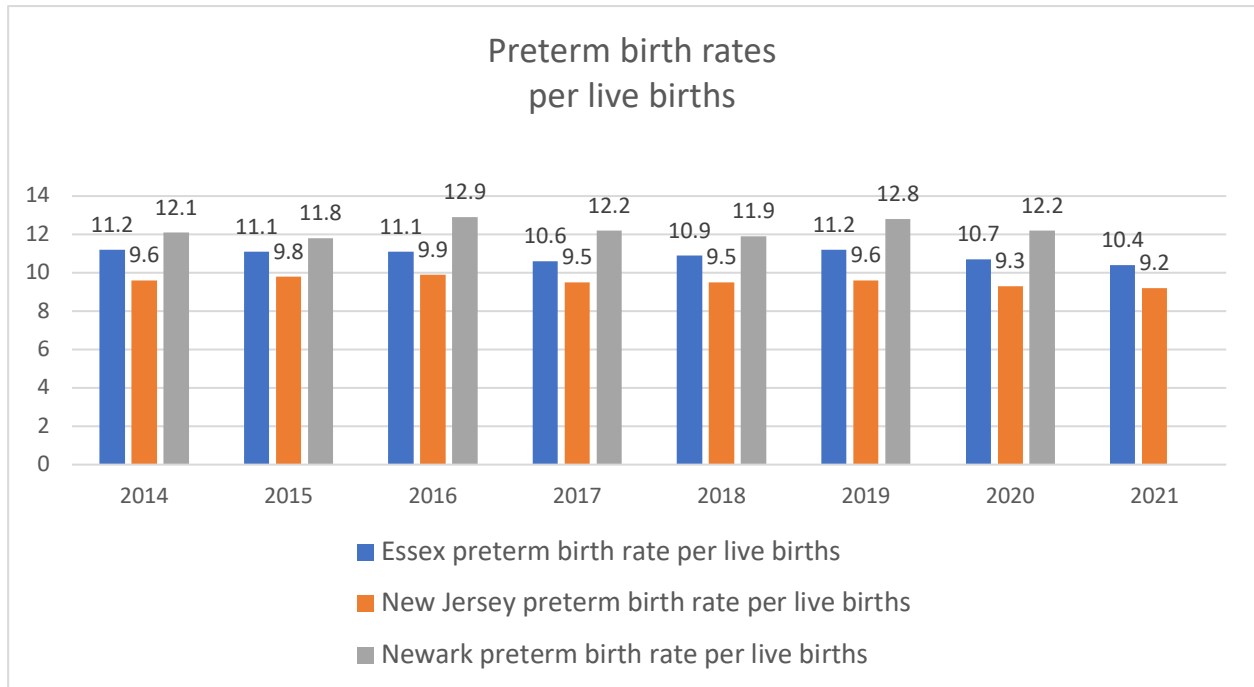
Source: NJSHAD 2020; March of Dimes 2021; County Health Rankings & Roadmaps

Preterm birth is defined as a live birth before 37 completed weeks gestation. Some other classifications of preterm births include late preterm (34-36 weeks), moderately preterm (32-36 weeks) and very preterm (<32 weeks). These classifications are useful because they often correspond to clinical characteristics - increasing morbidities or illnesses with decreasing gestational age. Babies born too soon are often born too small. While the causes of preterm birth and low birthweight may be different in some cases, there is significant overlap within these populations of infants (March of Dimes, 2017).

Essex County has, on average, higher live births with lower birth weights than NJ and the US. Essex County also has higher rates of preterm births compared to NJ, while there is a slight decrease in the percent of preterm births from 2014-2021 in both Essex County and NJ.



Preterm birth rates remain higher for Essex County than for the state of New Jersey overall, with Newark preterm birth rates higher than both the county and state.

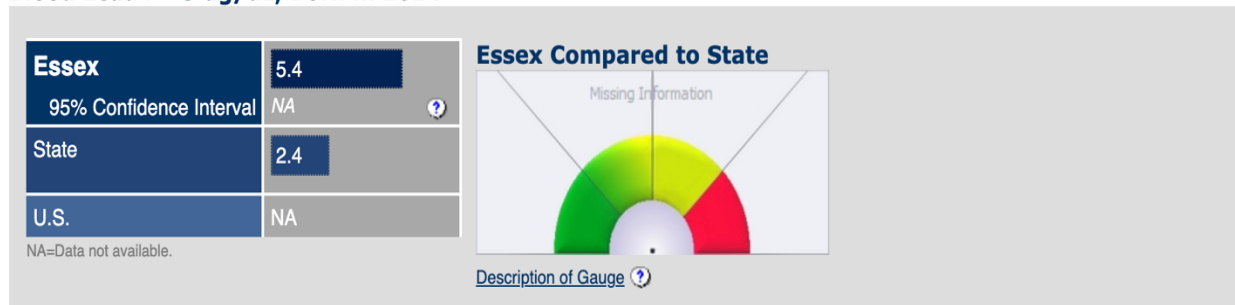


Lead is a heavy metal that has been widely used in industrial processes and consumer products. When absorbed into the human body, lead can have damaging effects on the brain and nervous system, kidneys, and blood cells. Lead exposure is particularly hazardous for pre-school children because their brains and nervous systems are still rapidly developing. Serious potential effects of lead exposure on the nervous system include learning disabilities, hyperactivity, hearing loss, and mental retardation.

Of children born in 2014 statewide, the percent of tested children who had a confirmed blood lead level greater or equal to 5 ug/dL before 3 years of age was highest in Cumberland, Essex, Mercer, and Passaic Counties. When looking at that same birth cohort of children, the percent of tested children who had a confirmed blood lead level greater or equal to 10 ug/dL before 3 years of age was highest in Cumberland and Essex Counties. The percent of tested children with an elevated blood lead level greater or equal to 20 ug/dL before 3 years of age was highest in Cumberland, Essex, and Hudson Counties (NJSHAD, 2023).

**Essex County Public Health Profile Report**

**Children under 3 Years of Age with a Confirmed Elevated Blood Lead Level: Percent with Confirmed Blood Lead >=5 ug/dL, Born in 2014**



Source: NJSHAD 2020

This table displays the top ten largest municipalities in New Jersey ranked by highest percentage of children under six (6) years of age with an elevated blood lead level (EBLL) in 2020. East Orange (7.1%), Irvington (5.7%), and Newark (3.5%) are among the highest municipalities in the state.

Municipality (County)	% Children < 6 Years with an EBLL
East Orange (Essex)	7.1%
Trenton (Mercer)	6.3%
Irvington (Essex)	5.7%
South Brunswick (Middlesex)	5.0%
Plainfield (Union)	4.5%
Atlantic City (Atlantic)	4.4%
Paterson (Passaic)	4.1%
New Brunswick (Middlesex)	4.1%
Edison (Middlesex)	3.6%
Newark (Essex)	3.5%

Source: NJ Department of Health 2020



**SOCIAL DETERMINANTS OF HEALTH (SDOH)**

According to Healthy People 2030, “social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.” Social determinants of health have a major impact on people’s health, well-being, and quality of life. Examples of SDOH include safe housing, transportation, and neighborhoods; racism, discrimination, and violence; education, job opportunities, and income; access to nutritious foods and physical activity opportunities; polluted air and water; language and literacy skills (Healthy People 2030, n.d.).



Social determinants of health contribute to health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have quality nutrition, increasing their risk of health conditions like heart disease, diabetes, and obesity; and lowering life expectancy compared to people who do have access to healthy foods (Healthy People 2030, n.d.). The following data provides information on SDOH in Essex County.

**Poverty**

According to the U.S. Census Bureau, 15.1% of the population in Essex County live below the poverty line, a number that is higher than the national average of 12.8%. The largest demographic living in poverty are females (25-34), followed by females (35-44) and then females (45-54). In 2022, 18.4% of the children ages 5-17 were living in poverty, and Essex is one of the four counties in New Jersey with the highest rate of poverty for children under 5 years. The most common racial or ethnic group living below the poverty line in Essex County is Black, followed by Hispanic.

Indicator	Essex County	New Jersey	Newark
Poverty, children <5 (2020)	22.1%	14.2%	--
Poverty, ages 5-17 (2021)	18.4%	--	28.8%
Poverty, all ages (2021)	15.1%	9.7%	25.8%

Sources: U.S. Census QuickFacts 2021; NJSHAD 2020; SAIPE (census.gov); Newark City School District

### Employment

According to the U.S. Census data, there are 16,516 employers in Essex County from a wide variety of industries including transportation, technology, finance, education, healthcare, and hospitality. Of those businesses 3,059 are owned by women and 4,106 are owned by people of color. 588 businesses are owned by veterans, and there are 19,033 veterans living in Essex County.

Indicator	Essex County	New Jersey	Newark
Total percent of population in civilian workforce age > 15 (2017-2021)	66%	65.8%	61.7%
Total percent of population, female, in civilian workforce age > 15 (2017-2021)	61.7%	60.8%	57.9%

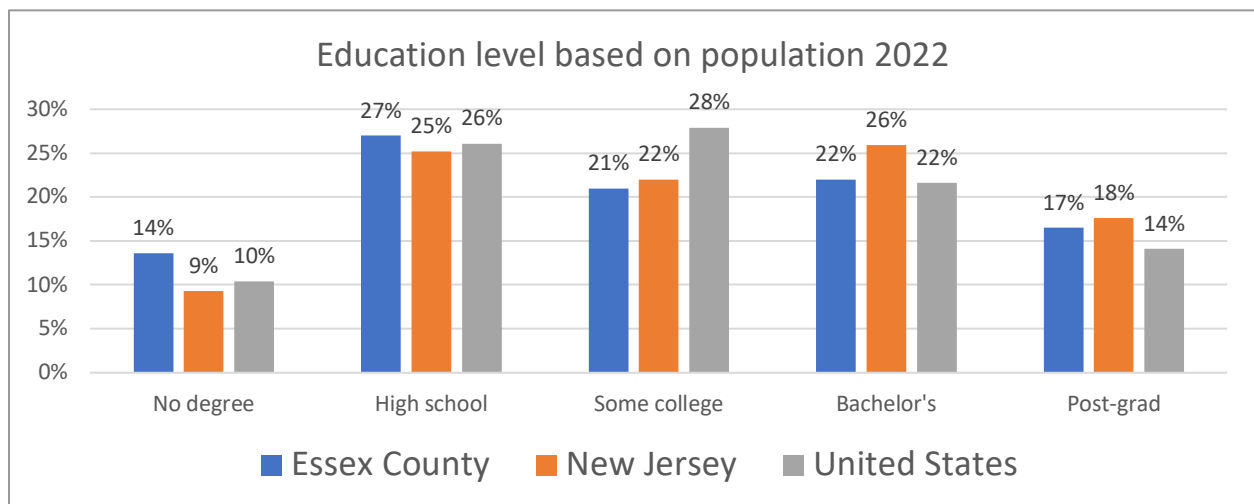
Source: U.S. Census Bureau Quickfacts: Essex County, New Jersey

### Education

86.7% of Essex County residents 25 years of age or older have at least a high school diploma which is lower than the state of New Jersey at 90.5%. While 36.7% have a bachelor’s degree or higher, this is also lower than New Jersey at 41.5%. However, this is higher than Newark alone, where 77% of residents have a high school diploma, and 16% have a bachelor’s degree or higher.

Indicator	Essex County	New Jersey	Newark
Persons with high school education age > 24 (2017-2021)	86.7%	90.5%	77%
Persons with bachelor’s degree or higher age >24 (2017-2021)	36.7%	41.5%	16%

Source: U.S. Census Bureau Quickfacts: Essex County, New Jersey



**Physical Environment**

There is strong evidence supporting the relationship between housing and health. Housing stability, quality, safety, and affordability all affect health outcomes, as do physical and social characteristics of neighborhoods. Housing is one of the best-researched social determinants of health, and selected housing interventions for low-income people have been found to improve health outcomes and decrease health care costs (Taylor, 2018). As of 2022, Essex County has 336,552 housing units. Of these 44.5% are owner occupied with a median value of \$414,000.

According to County Health Rankings & Roadmaps, 27% of the population was experiencing severe housing problems in Essex County in 2022. Severe housing problems means that residents have at least one of the following housing issues: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. On average in Essex County, 2.7 people live in each household.

Access to transportation is a neighborhood characteristic that also influences health outcomes. For example, people need reliable transportation to go to the doctor and access healthy food. There are seven (7) NJ Transit commuter rail lines in Essex County. 20.1% of residents report the use of public transit, including trains, buses, and ferries. Of workers 16 years or older, the mean travel time to work is 34.2 minutes, according to the American Community Survey 2016-2021.

Communities near highways are often low-income and communities of color. Living near a highway or major roadway increases a person's exposure to traffic-related air pollution, which is linked to respiratory conditions like wheezing and decreased lung functioning, and cardiovascular disease. Long-term exposure to traffic-related air pollution is linked to childhood asthma (American Lung Association, 2023).

Access to information and resources through the Internet has become an increasingly critical aspect of everyday life. Access to the Internet significantly improves the average health condition and alleviates health inequality. Internet access significantly facilitates healthcare access and mitigates the negative impact of income inequality on healthcare access (Yu, 2022). 84% of households in Essex County have a broadband internet subscription, while 92.5% have a computer.

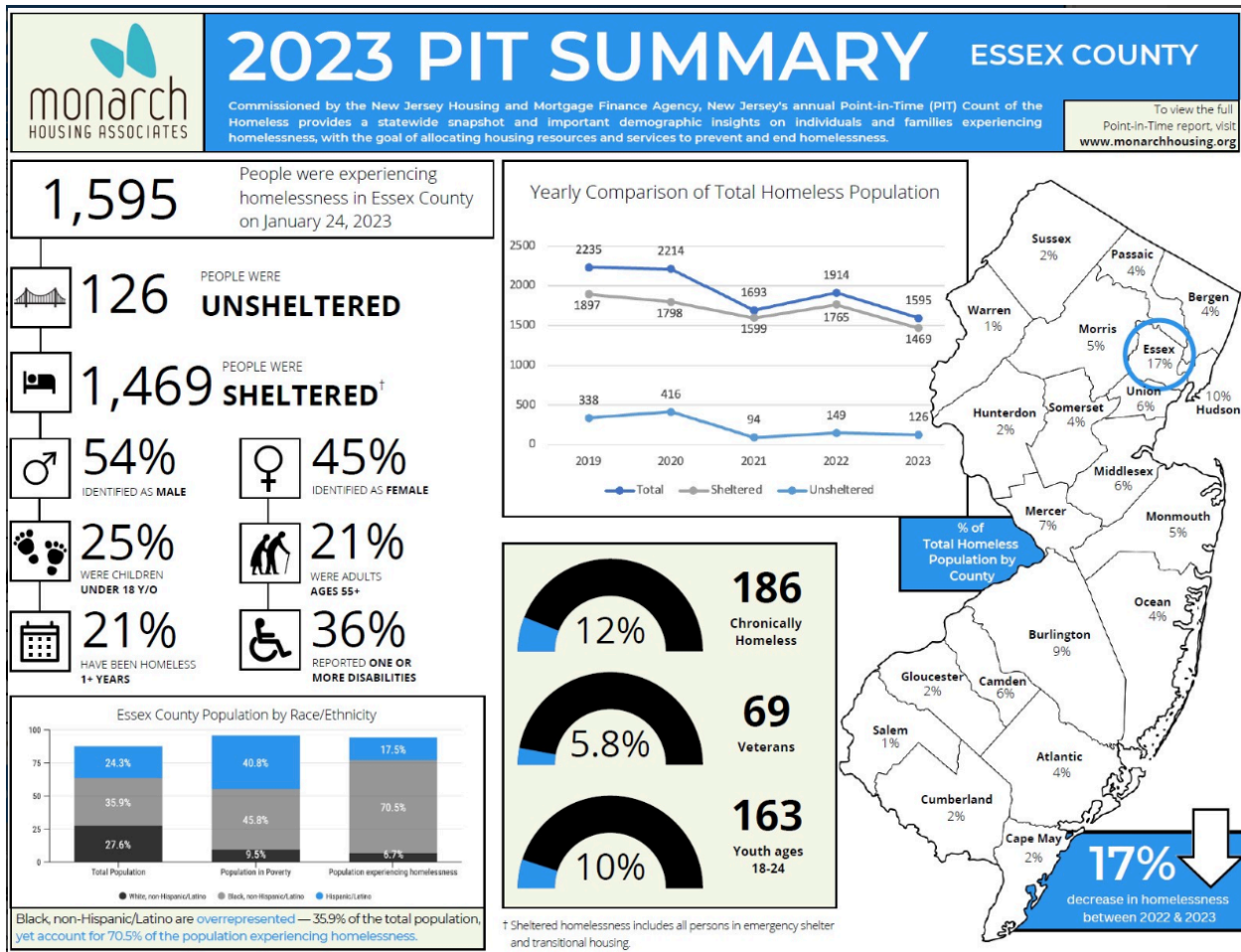
Indicator	Essex County	New Jersey	United States
Severe Housing Problems	27%	20%	17%
Unhoused: 2023 Point In Time (PIT) Count (per 10,000)	18	11	18
Long Commute: driving alone	45%	43%	37%
Air Pollution: particulate matter	8.9	7.8	7.4

Source: County Health Rankings & Roadmaps 2020; NJ Counts Report 2022; USA Facts 2022

Homelessness

NJ Counts is the annual Point-in-Time (PIT) Count of individuals and families experiencing homelessness in New Jersey. As required by the U.S. Department of Housing and Urban Development, the count takes place during the last 10 days of January and identifies people living in emergency shelters, transitional housing programs, safe havens, and on the streets or other locations not fit for dwelling. In New Jersey, NJ Counts is coordinated on a single day across the state allowing for comparable data across all communities from year to year. Monarch Housing Associates has coordinated NJ Counts in all 21 counties across the state of New Jersey since 2014 (Monarch Housing Associates, 2023).

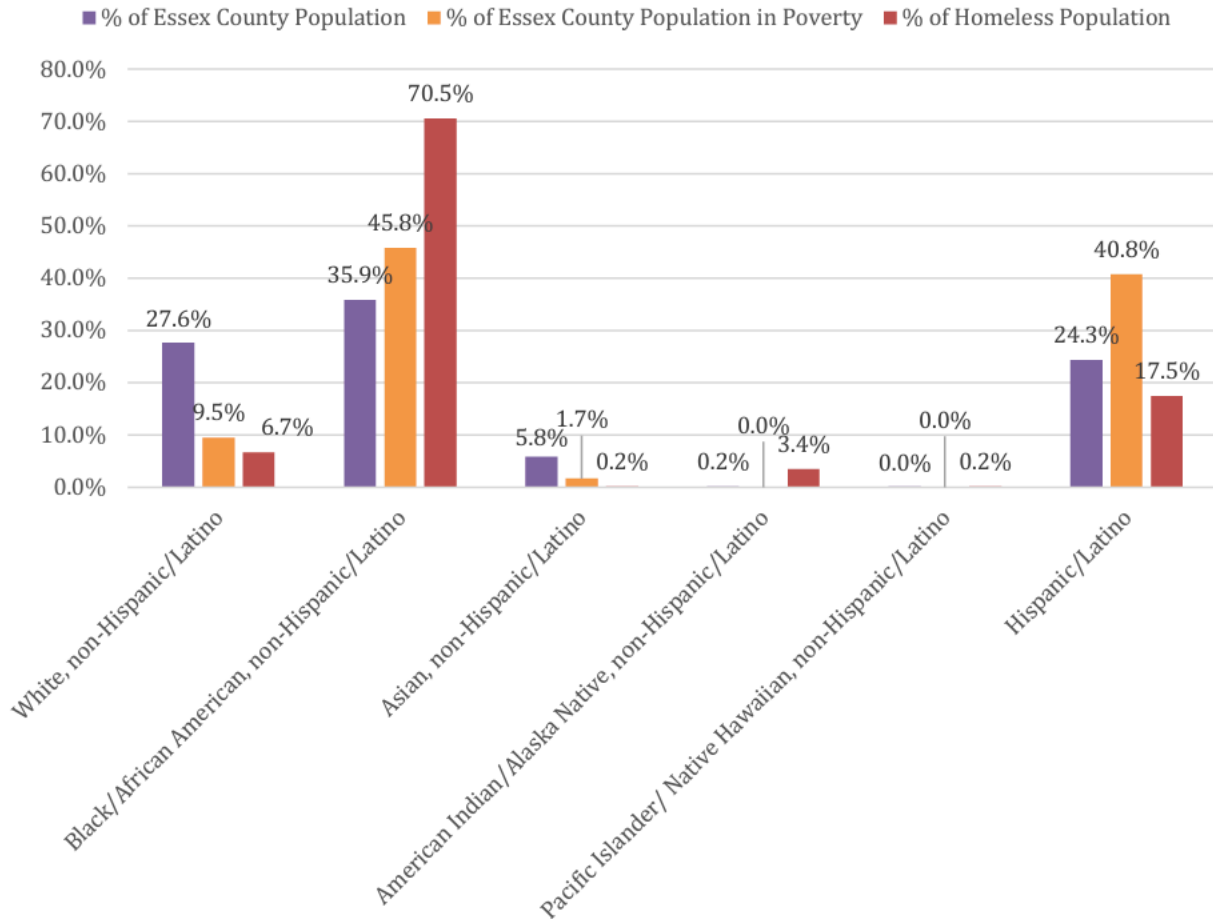
During the most recent count on the evening of January 24, 2023, a total of 1,595 people were experiencing homelessness in Essex County in a single night. As a percentage, that is the equivalent of 18 people per 10,000 for Essex County, compared to 11 people per 10,000 for the state of New Jersey. Although there was a 17% decrease compared to the 2022 PIT Count of 1,914 people experiencing homelessness, Essex County leads the state in the number of people experiencing homelessness.



Source: Monarch Housing Associates, 2023 PIT Summary: Essex County

The table below shows the racial breakdown of the total population of Essex County, compared to those living in poverty, and those experiencing homelessness. Comparing the racial breakdown of those experiencing homelessness to that of the general population and those in poverty, demonstrates clear disparities across racial lines, and indicates that poverty alone does not determine who will experience homelessness. Additional information can be found in the [NJ Counts 2023 PIT Report: Essex County](#).

**Percent of Population by Race and Ethnicity**



Source: Monarch Housing Associates, 2023 PIT Report: Essex County

Housing disparities across racial lines persists today due to historical and systemic forms of discrimination, such as redlining. According to the National Alliance to End Homelessness, ‘redlining’ defined as systemic housing discrimination supported by the federal government decades ago, is a root cause of the current wealth gap between White households and households of color. Redlining was a form of systemic racism that denied rights and socioeconomic opportunities to people of color, by discouraging economic investment, such as mortgage and business loans, in Black and Brown neighborhoods.

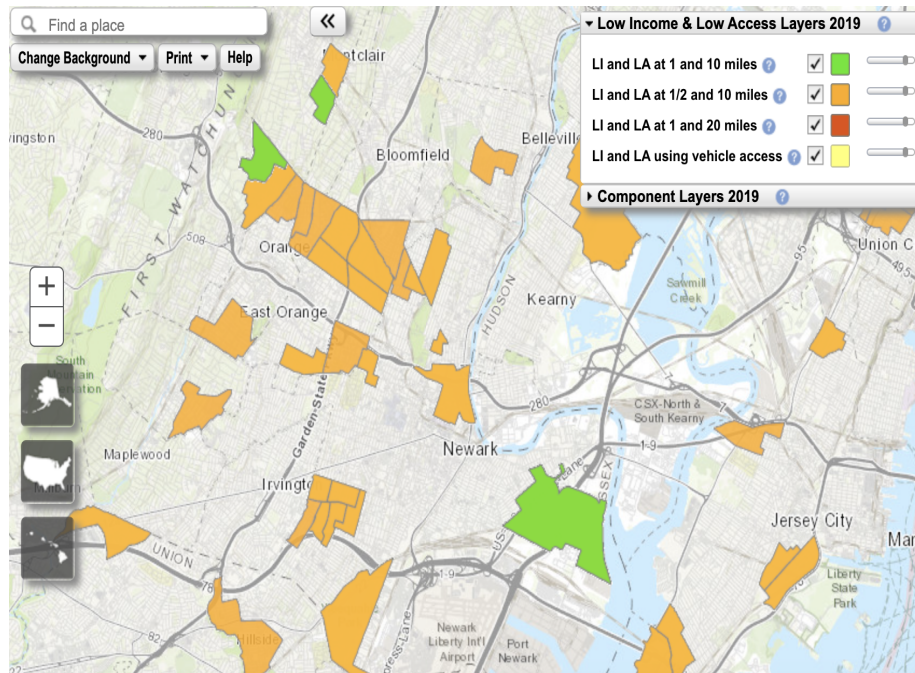
### Food Insecurity

Food insecurity is associated with numerous adverse social and health outcomes and is increasingly considered a critical public health issue. Key drivers of food insecurity include unemployment, poverty, and income shocks, which can prevent adequate access to food.

Indicator	Essex County	New Jersey	United States
Food Insecurity Rate	9.9%	8.8%	10.2%
Below SNAP Threshold (185% poverty)	68%	49%	–
Average Meal Cost	\$4.40	\$3.77	\$3.02
Food Environment Index (scale 0-10)	8.7	9.3	7.8

Source: Feeding America, Map the Meal Gap 2021; USDA Food Access Research Atlas 2021

Essex County scored 8.2 out of a possible 10 on the Food Environment Index, which includes access to healthy foods and food insecurity. According to the U.S. Department of Agriculture, a food desert is defined as a census tract that meets BOTH low-income and low-access criteria including:



1. Poverty rate is greater than or equal to 20 percent OR median family income does not exceed 80 percent statewide (rural/urban) or metro-area (urban) median family income.

2. At least 500 people or 33 percent of the population located more than 1 mile (urban) or 10 miles (rural) from the nearest supermarket or large grocery store.

Source: USDA Food Access Resource Atlas 2019

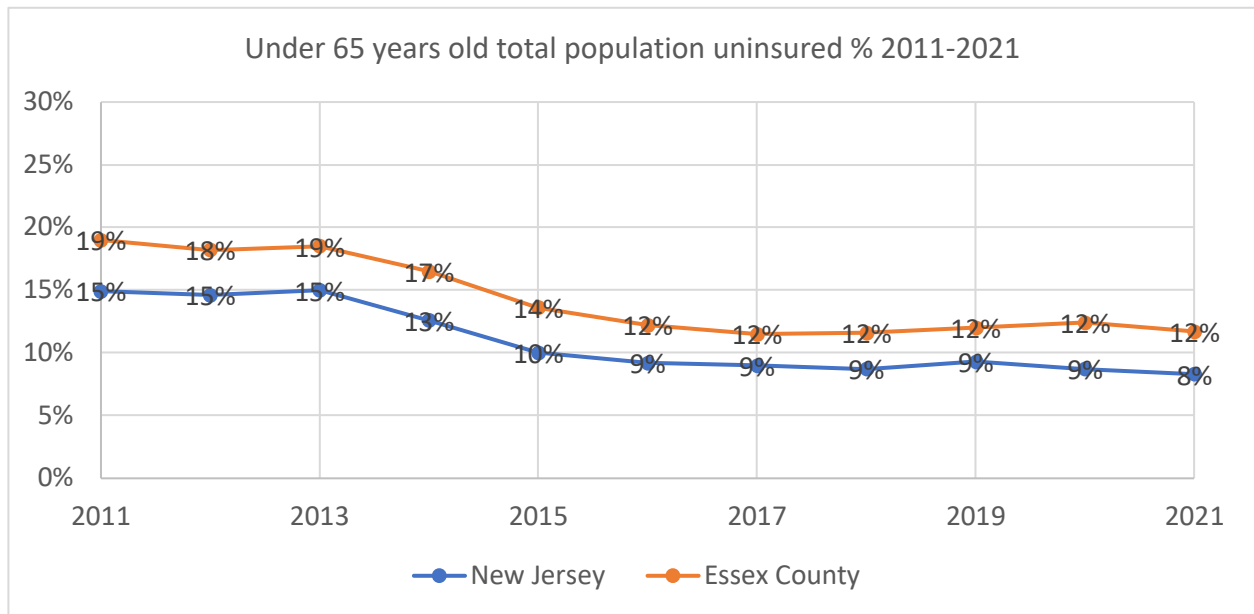
The map above indicates census tracts (green) in Montclair, Orange, and Newark that meet the USDA criteria for food deserts. Additionally, many more census tracts (orange) across Essex County meet the criteria for 33% of the population being ½ mile from the nearest supermarket or large grocery store.

**Access to Healthcare**

Lack of health insurance is strongly associated with lack of access to health care services, particularly preventive and primary care. Uninsured people are significantly more likely to be in poor health, have unmet medical needs, have not had a physician or other health professional visit, and lack satisfaction in quality of care received (NJSHAD, 2020). Overall, 11.7% of Essex County residents age <65 lack health insurance. This is higher than both the state of New Jersey (8.3%) and the U.S. overall (10.4%). Of youth 19 years of age and younger, 5.4% are uninsured.

Indicator	Essex County	New Jersey	United States
Uninsured (<65 years of age)	11.7%	8.3%	10.4%
Uninsured (<19 years of age)	4.4%	3.5%	5.4%

Source: SAHIE (census.gov) 2021



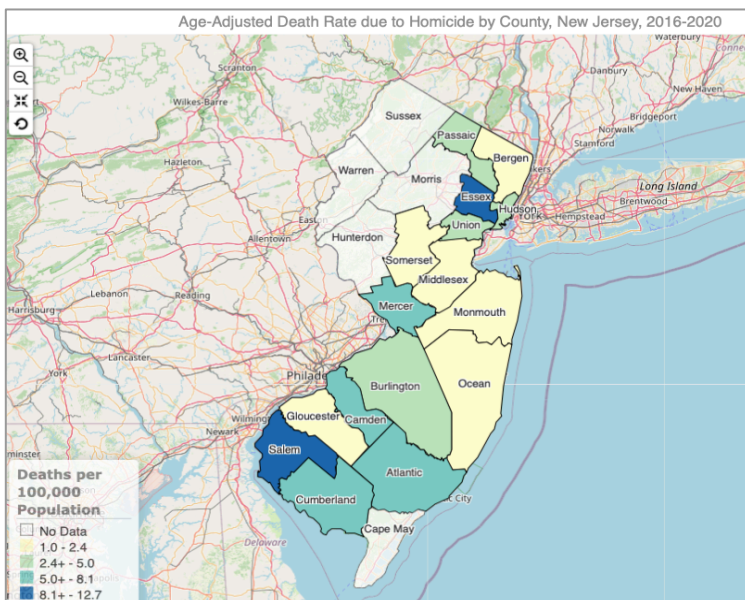
Source: U.S. Census 2011-2021

**Violence & Safety**

Violence and unsafe living conditions negatively impact a person’s health and perception of well-being. Violence can affect anyone regardless of age, ethnic background, or economic status. Gun violence is one of the leading factors to premature death throughout the United States. Deaths caused by firearms are a leading public health issue because they are mostly preventable. In Essex County firearm fatalities are 10.8 per 100,000 people compared to 5 per 100,000 people in the entire state.

Indicator	Essex County	New Jersey	United States
Violent Crimes (per 100,000)	606	--	--
Firearm Fatalities (per 100,000)	11	5	12
Motor Vehicle Crash Deaths (per 100,000)	5.84	7	12
Injury Deaths (per 100,000)	71	63	76
Deaths Due to Unintentional Injury (per 100,000)	53.3	50.5	--
Homicides (per 100,000)	12	4	6
Rape (per 100,000)	24.1	14.4	--

Source: County Health Rankings & Roadmaps 2022



Essex County has one of the highest homicide rates in New Jersey. According to the NJ State Police Uniformed Crime Report 2020, the highest rates of homicide (murder) were reported by the Irvington Police Department, Newark Police Department, Orange Police Department, and the Essex County Prosecutor’s Office.

Source: NJSHAD 2020



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LIST OF APPENDICES

Appendix A: Essex County Community Voices Survey

Appendix B: Essex County Community Voices Survey Flier (English, Spanish, & Haitian-Creole)

Appendix C: Key Informant Interview Questions

Appendix D: Focus Group Questions

Appendix E: Focus Group Flier (English & Spanish)

# APPENDIX A



## Community Voices Initiative

### INTRODUCTION

The **Essex County Office of Public Health Management** would like to understand the public health needs of Essex County residents. It has partnered with Montclair State University to conduct a Public Health Study. This is your opportunity to inform us of the public health initiatives on which Essex County should focus.

To make sure we choose the things that really matter, we need to hear from people who live and work in our communities. This is your chance to tell us what you think we should focus on. This should take about 12 minutes and you can skip any questions you do not want to answer. **Your answers are completely confidential** (they won't be shared with your name) and **whether or not you want to share your voice is up to you**. If you would like to get a copy of the results, be involved in future conversations, or enter for a **chance to win a \$20 gift card**, you can add your contact information at the end.

- I understand and I am ready to share my voice
- I do not want to participate

### ABOUT YOU

This section asks questions about you and where you live. We are asking for this information to make sure that we talk to a wide variety of people (of different ages, ethnicities, etc.). It will not be used to identify you.

#### 1) WHERE DO YOU LIVE?

Town/Municipality Name: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Neighborhood Name (if applicable): \_\_\_\_\_

#### 2) HOW OLD ARE YOU?

- |                                  |                                  |                                  |                                      |
|----------------------------------|----------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> 18 - 19 | <input type="checkbox"/> 35 - 39 | <input type="checkbox"/> 55 - 59 | <input type="checkbox"/> 75 - 79     |
| <input type="checkbox"/> 20 - 24 | <input type="checkbox"/> 40 - 44 | <input type="checkbox"/> 60 - 64 | <input type="checkbox"/> 80 - 84     |
| <input type="checkbox"/> 25 - 29 | <input type="checkbox"/> 45 - 49 | <input type="checkbox"/> 65 - 69 | <input type="checkbox"/> 85 or older |
| <input type="checkbox"/> 30 - 34 | <input type="checkbox"/> 50 - 54 | <input type="checkbox"/> 70 - 74 |                                      |

#### 3) WHAT SEX WERE YOU ASSIGNED AT BIRTH?

- Male  Female  Intersex  Prefer Not to Answer

#### 4) WHAT IS YOUR GENDER IDENTITY?

- Male  Female  Non-Binary  Other: \_\_\_\_\_  Prefer Not to Answer

**5) ARE YOU OF HISPANIC, LATINO, OR SPANISH ORIGIN?**

- Yes       No

**6) WHAT IS YOUR RACE? HOW WOULD YOU DESCRIBE YOURSELF? [PLEASE CHECK ALL THAT APPLY]**

- White                       Black or African American                       American Indian/Alaskan Native  
 Asian                       Native Hawaiian or Pacific Islander  
 Other (please specify): \_\_\_\_\_

**7) WHAT IS THE HIGHEST LEVEL OF EDUCATION THAT YOU HAVE FINISHED?**

- Less than 9th grade                       9-12th grade, no diploma  
 High school graduate (or GED/ equivalent)                       Associate degree or Vocational Training  
 Some college (no degree)                       Bachelor's degree  
 Graduate or professional degree                       Other (please specify): \_\_\_\_\_

**8) WHAT ARE YOUR HOUSEHOLD DETAILS?**

What is your marital status?

- Married       Single                       Divorced                       Separated                       Widowed

How many people live in your household: \_\_\_\_\_

How many in your household are dependents: \_\_\_\_\_

**9) WHICH OF THE FOLLOWING DESCRIBES YOUR HOUSEHOLD FINANCIAL SITUATION?**

- Struggling hard (behind on most bills, hard to put food on the table)  
 Barely getting by (make late payments on some bills, but have food & housing)  
 Getting by (can pay for necessities, as long as nothing goes wrong)  
 Somewhat stable (can handle most bills and some unexpected expenses or emergencies)  
 Very stable (can afford all bills and unexpected expenses or emergencies)

**10) DO YOU CURRENTLY HAVE HEALTH INSURANCE?**

- Yes       No

**11) DO YOU PROVIDE UNPAID ASSISTANCE TO A FAMILY MEMBER OR FRIEND WHO HAS PHYSICAL, DEVELOPMENTAL OR PSYCHIATRIC DISABILITIES, CHRONIC ILLNESS, OR ISSUES OF AGING?**

- Yes       No

## PHYSICAL ENVIRONMENT

Next, we want to know about some of the things in your neighborhood that can influence your health, from the air you breathe, to the roads and sidewalks you walk on every day. This is called the **physical environment**. Take a look at the list below and mark if the statement is true or false for your neighborhood. If you don't know, leave it blank.

### In my neighborhood...

Air is clean and breathable [ <b>Air Quality</b> ]	<input type="checkbox"/> True	<input type="checkbox"/> False
There are parks, playgrounds and other places where people can get exercise safely for free or at a good price [ <b>Exercise opportunities</b> ]	<input type="checkbox"/> True	<input type="checkbox"/> False
People can buy healthy food at a good price [ <b>Food Access</b> ]	<input type="checkbox"/> True	<input type="checkbox"/> False

There is enough affordable housing and it is safe and well-kept [ <b>Housing</b> ]	<input type="checkbox"/> True	<input type="checkbox"/> False
There are public places where neighbors can get together, like open spaces, a public library or a community center [ <b>Meeting Places</b> ]	<input type="checkbox"/> True	<input type="checkbox"/> False
Roads are safe and well-maintained [ <b>Roads</b> ]	<input type="checkbox"/> True	<input type="checkbox"/> False
People can walk around the neighborhood and cross streets safely [ <b>Pedestrian Safety</b> ]	<input type="checkbox"/> True	<input type="checkbox"/> False
There are public places people can walk or bike to safely (they don't need a car) [ <b>Active Transportation</b> ]	<input type="checkbox"/> True	<input type="checkbox"/> False
There is a good access to transportation –people can get to work, school, businesses, healthcare facilities and places of worship easily and safely [ <b>Vehicle/Transit Access</b> ]	<input type="checkbox"/> True	<input type="checkbox"/> False

## SOCIAL AND ECONOMIC FACTORS

Now, tell us about some issues related to people in your neighborhood—how they get along with one another and their ability to get an education and make a living. These are called **social and economic factors**. Take a look at the list below and mark if the statement is true or false for your neighborhood. If you don't know, leave it blank.

### In my neighborhood...

People feel safe from crime and violence [ <b>Community Safety</b> ]	<input type="checkbox"/> True	<input type="checkbox"/> False
There are opportunities for people to get a good education [ <b>Education</b> ]	<input type="checkbox"/> True	<input type="checkbox"/> False
Neighbors know one another [ <b>Social Connection</b> ]	<input type="checkbox"/> True	<input type="checkbox"/> False
There are enough jobs and most people who want a job can get one [ <b>Employment</b> ]	<input type="checkbox"/> True	<input type="checkbox"/> False

People make enough money to afford basic needs, like food, housing, and transportation [ <b>Income</b> ]	<input type="checkbox"/> True	<input type="checkbox"/> False
People look out for each other and take care of one another [ <b>Social Support</b> ]	<input type="checkbox"/> True	<input type="checkbox"/> False
People have access to safe, high-quality childcare at a good price [ <b>Child Care</b> ]	<input type="checkbox"/> True	<input type="checkbox"/> False
People know where to go if they have a problem or need assistance on a regular basis [ <b>Access to Resources</b> ]	<input type="checkbox"/> True	<input type="checkbox"/> False
People know where to get help in times of crisis or emergency [ <b>Community Readiness</b> ]	<input type="checkbox"/> True	<input type="checkbox"/> False
People feel proud to live here [ <b>Community Pride</b> ]	<input type="checkbox"/> True	<input type="checkbox"/> False
If there is a problem, community members can get it solved [ <b>Community Influence</b> ]	<input type="checkbox"/> True	<input type="checkbox"/> False

## ACCESS TO CARE

Do you have a primary healthcare provider or doctor?

- Yes     No

(If “yes”) What type of healthcare provider/doctor do you have?

- Private Doctor     Federally Qualified Health Center     Other \_\_\_\_\_

(If, “no”) Where do you go when you are sick?

- Health Department     ER     Urgent Care     Other(specify) \_\_\_\_\_  
 I don't seek health care

What makes it difficult for you to get health care? (Check all that apply)

- Lack of transportation  
 Language Barriers (doctor, information)  
 Fear of how to navigate the system (healthcare, technology, insurance)  
 Fear based on immigration status  
 Distrust in healthcare facilities  
 Lack of availability of doctor's appointments (work, time, distance)  
 Inability to pay  
 Lack of insurance coverage  
 Lack of support system to help absorb information  
 Lack of traditional/cultural medicine choices  
 Lack of knowledge  
 Other \_\_\_\_\_  
 Nothing makes it difficult/does not apply

## CLINICAL CARE

Next, tell us a bit about healthcare in your neighborhood, including emergency treatment, doctor's appointments, specialty care, tests, and procedures. This is called *clinical care*. Take a look at the list below and mark if the statement is true or false for your neighborhood. If you don't know, leave it blank.

### In my neighborhood...

People can get health information in a language they understand, and healthcare decisions fit with the culture of the person getting the care [ <b>Culturally-Relevant Care</b> ]	<input type="checkbox"/> True	<input type="checkbox"/> False
People can get health insurance that is affordable and covers the care that they need [ <b>Health Insurance</b> ]	<input type="checkbox"/> True	<input type="checkbox"/> False
There are places close-by where people can get healthcare [ <b>Local Care Options</b> ]	<input type="checkbox"/> True	<input type="checkbox"/> False
Most people have a doctor they consider to be their personal doctor, who they can go to get healthy and stay healthy through regular check-ups [ <b>Primary Care</b> ]	<input type="checkbox"/> True	<input type="checkbox"/> False
The healthcare that people receive is of good quality [ <b>Quality of Care</b> ]	<input type="checkbox"/> True	<input type="checkbox"/> False
People have access to good quality dental care at a reasonable price [ <b>Dental Care</b> ]	<input type="checkbox"/> True	<input type="checkbox"/> False
People have access to good quality care for substance use disorders (or substance use) that is close by and available at a reasonable price [ <b>Drug/Alcohol Treatment</b> ]	<input type="checkbox"/> True	<input type="checkbox"/> False
People have access to good quality emergency care that is close by and available at a reasonable price [ <b>Emergency Care</b> ]	<input type="checkbox"/> True	<input type="checkbox"/> False
People have access to good quality mental health care that is close by and available at a reasonable price [ <b>Mental Health Care</b> ]	<input type="checkbox"/> True	<input type="checkbox"/> False

## HEALTH BEHAVIORS

We've asked you to talk about your neighborhood. Now, we would like to know about your own health behaviors. *Health behaviors* are the decisions and actions that you make that can influence your health for better or worse. Take a look at the list below and mark if the statement is true or false for you personally. If you don't know, leave it blank.

### For me personally...

I do not use alcohol to excess; my use of alcohol does not cause any problems in my life [ <b>Alcohol Use</b> ]	<input type="checkbox"/> True	<input type="checkbox"/> False
I do not use drugs to excess; my use of drugs does not cause any problems in my life [ <b>Drug Use</b> ]	<input type="checkbox"/> True	<input type="checkbox"/> False
I eat healthy foods most days [ <b>Nutrition</b> ]	<input type="checkbox"/> True	<input type="checkbox"/> False
I get enough exercise and lead an active lifestyle [ <b>Physical Activity</b> ]	<input type="checkbox"/> True	<input type="checkbox"/> False



If I engage in sexual activity, I do it safely (take measures to protect myself and others from disease) <b>[Sexual Activity]</b>	<input type="checkbox"/> True	<input type="checkbox"/> False
I get enough sleep and feel well-rested most days <b>[Sleep]</b>	<input type="checkbox"/> True	<input type="checkbox"/> False
I am able to manage my stress most days <b>[Stress]</b>	<input type="checkbox"/> True	<input type="checkbox"/> False
I do not use cigarettes, vaporizers (e-cigs), or smokeless tobacco (like chew or dip) <b>[Tobacco/Nicotine Use]</b>	<input type="checkbox"/> True	<input type="checkbox"/> False
If I need information on substance use prevention for myself or someone I know, I know where to find it <b>[Substance Use Prevention]</b>	<input type="checkbox"/> True	<input type="checkbox"/> False
Most days, I'm able to take care of myself <b>[Self Care]</b>	<input type="checkbox"/> True	<input type="checkbox"/> False
If I need substance use treatment for myself or a loved one, I know how to find it <b>[Substance Use Treatment]</b>	<input type="checkbox"/> True	<input type="checkbox"/> False
I do not take more medication than what my doctor tells me to take, or use medication that was not prescribed to me <b>[Prescription Drug Misuse]</b>	<input type="checkbox"/> True	<input type="checkbox"/> False
I am aware of locations to properly dispose of unused/unwanted prescription medication <b>[Medication Disposal]</b>	<input type="checkbox"/> True	<input type="checkbox"/> False

## YOUR WELL-BEING

Imagine a ladder with steps numbered from 0 at the bottom to 10 at the top. The top of the ladder (10) represents the best possible life for you. The bottom of the ladder (0) represents the worst possible life for you. On which step of the ladder would you say you stand at this time?

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

## WHICH TOPICS SHOULD WE WORK ON?

Think about your answers to the previous sections. Of all the topics listed, which do you think should be our main focus when trying to improve the health of your neighborhood? **[Circle up to THREE]**

- |  |  |  |
|--|--|--|
| <input type="radio"/> Air Quality            | <input type="radio"/> Social Support           | <input type="radio"/> Mental Health Care       |
| <input type="radio"/> Exercise Opportunities | <input type="radio"/> Child Care               | <input type="radio"/> Alcohol Use              |
| <input type="radio"/> Food Access            | <input type="radio"/> Access to Resources      | <input type="radio"/> Drug Use                 |
| <input type="radio"/> Housing                | <input type="radio"/> Community Readiness      | <input type="radio"/> Nutrition                |
| <input type="radio"/> Meeting Places         | <input type="radio"/> Community Pride          | <input type="radio"/> Physical Activity        |
| <input type="radio"/> Roads                  | <input type="radio"/> Community Influence      | <input type="radio"/> Sexual Activity          |
| <input type="radio"/> Pedestrian Safety      | <input type="radio"/> Culturally-Relevant Care | <input type="radio"/> Sleep                    |
| <input type="radio"/> Active Transportation  | <input type="radio"/> Health Insurance         | <input type="radio"/> Stress                   |
| <input type="radio"/> Vehicle/Transit Access | <input type="radio"/> Local Care Options       | <input type="radio"/> Tobacco/Nicotine Use     |
| <input type="radio"/> Community Safety       | <input type="radio"/> Primary Care             | <input type="radio"/> Substance Use Prevention |
| <input type="radio"/> Education              | <input type="radio"/> Quality of Care          | <input type="radio"/> Self Care                |
| <input type="radio"/> Social Connection      | <input type="radio"/> Dental Care              | <input type="radio"/> Substance Use Treatment  |
| <input type="radio"/> Employment             | <input type="radio"/> Drug/Alcohol Treatment   | <input type="radio"/> Prescription Drug Misuse |
| <input type="radio"/> Income                 | <input type="radio"/> Emergency Care           | <input type="radio"/> Medication Disposal      |

**Why do you think these issues should be our focus when trying to improve the health of your neighborhood?**  
[Write below]

**Are these issues a bigger problem for some people in your neighborhood compared to others?** (For example, a topic may be a bigger problem for single parents, women, or new immigrants)

- No, these issues affect everyone about the same
- Yes, one or more of these issues are a bigger problem for people who are... [write below and explain]

- I don't know

**Is there anything else you want to tell us about your community (good or bad)?**

### OPTIONAL: JOIN US TO MAKE A DIFFERENCE

We are looking for people to help us *make a difference* on these topics and we would like to hear more from you about what you think we need to do to improve health in your neighborhood. If you would be willing to have us contact you for more information or if you would like a **chance to win a \$20 gift card**, please enter your contact information below:

First name:

E-mail address:

Phone Number:

**Select the type of follow-up you would like [select all that apply]:**

- I would like to see a summary of what other people had to say
- I would like to be entered into a drawing for a \$20 gift card
- I would like to join the Essex County Coalition to help make a difference on these topics

**Thank you for your participation!**

*If you need help or resources in your community, dial 2-1-1 on your phone or visit <https://essexcountynj.org/health/>*

## APPENDIX B

Joseph N. DiVincenzo, Jr.,  
Essex County Executive

The Board of County Commissioners

Essex County Division of Public Health Management


“To help us better understand the needs of our residents, we are conducting a community survey. The survey will help us identify areas of concern, learn about health issues that are important to our residents and be proactive when planning our public health initiatives. We hope that you take just a few minutes to complete our on-line questionnaire.”

Joseph N. DiVincenzo, Jr.



# Is Essex County Healthy?

The Healthy Essex Coalition is conducting a survey to understand the concerns and health needs of Essex County residents.

✓ Essex County residents who are 18 and older are encouraged to participate. 



To access the survey, open your camera app and point it at the QR Code on the left. Tap the banner on top of the screen to access the survey.

Click the upper right corner to select the language desired.

**SURVEY  
LINK**



<https://strategiehealthadvisers.surveyparrow.com/s/esscommunityvoices/tt-vcDm9EuJVYxFmP6vKmex8J>

*Putting Essex County First*



Joseph N. DiVincenzo, Jr.,  
Ejecutivo del condado de Essex  
La Junta de Comisionados del condado



# ¿Es el condado de Essex saludable?



La Coalición de Salud de Essex está realizando una encuesta para comprender las inquietudes y necesidades sanitarias de los residentes del condado de Essex.

Se necesitan  
participantes  
para la  
encuesta



Invitamos a los residentes de Essex mayores de 18 años a participar.



Haga clic en la esquina superior derecha para seleccionar el idioma deseado.

<https://strategiehealthadvisers.surveyparow.com/s/essexcommunityvoices/tt-vcDm9EuJVYxFmP6vKmex8J>

Para acceder a la encuesta, abra la aplicación de su cámara y escanee el código QR de arriba. Toque el banner en la parte superior de la pantalla para acceder a la encuesta.



Joseph N. DiVincenzo, Jr.,  
Chèf Egzekitif Konte Essex  
Konsèy Komisè Konte a



# Èske Konte Essex la an Sante ?



Kowalisyon Lasante nan Essex ap mennen yon ankèt pou konprann preyokipasyon ak bezwen sante rezidan Konte Essex yo.

Patisipan yo  
Bezwen pou  
Sondaj la



Residan Konte Essex ki gen 18 lane oswa plis nou ankouraje yo patisipe.



Klike kwen anwo a dwat la pou w chwazi lang ou vle a.

<https://strategichealthadvisers.surveyparrot.com/s/essex-communityvoices/tt-vcDm9EuJVYxFmP6vKmx8J>

Pou w gen aksè ak sondaj la, ouvri aplikasyon kamera ou an epi pwente li sou kòd QR ki anba a. Klike sou ba ki anlè ekran an pou w aksede ak sondaj la.

# APPENDIX C

## Key Informant Interviews

Good morning, thank you for meeting with me today! How are you? (Introduce myself) Is it okay if our meeting is recorded? So as you know, I'm working on behalf of Essex County Health Department on their Community Health Assessment. We are gathering insights from community leaders to help guide its efforts towards reducing health disparities in Essex County, and our interview today will be a part of that. Your answers will play a valuable role in designating health resources in the future. Do you have any questions before we begin?

1. Can you tell me about your role within Essex County and identify the population/s you serve?
2. (In general), Can you identify some of the main struggles that the population that you're serving faces when it comes to healthy living?
3. What are some of the specific services or resources that this population seeks from you? Do you think that there is sufficient outreach to these populations to help overcome these barriers?
4. How have these resources contributed to achieving health equity in your community? Are there any specific examples you can share?
5. With regards to these health outcomes, do you suggest a change in any health policies or programs that could move this agenda forward?
6. Can you describe any collaboration you have had with Essex County services to further your organization's goals? (Any collaboration with other groups in Essex County?)
7. Do you have any suggestions for the Essex County Health Department on how to better meet the needs of this population to improve their health status and diminish health disparities?

Closing questions while thanking key informants for participating:

Are there other people we should reach out to to gather information whether in a focus group or as a key informant? If so, can you please give me their name and contact information?

As part of the Community Health Assessment, we are collecting survey responses from community members in Essex County. Would you be able to share the survey? We can send the flier in a follow up email.

Would you be willing to sit on the Essex County Coalition to evaluate and prioritize the data in the needs assessment as well as help guide priorities and develop a health improvement plan? If so, I will give that information to the Essex County Office of Public Health Management.

# APPENDIX D

## Essex County Healthy Outcomes Focus Group Questions

**Purpose:** To interview different experienced groups who serve Essex County's Vulnerable Populations. These questions should determine: how their organizations promote health. Also, ask them for more information regarding the specific programs they run for the health outcome they want to resolve.

Introduction question:

**What is your name, title, and town that you serve?**

Question 1

**How do you view the health status of your community?**

**What are healthy and unhealthy traits in the community? What are the community's health behaviors? What structural factors impact health?**

Question 2

**What are health resources or services (assets) that are most useful in Essex county? Ask the group to share specific examples.**

Question 3

**We'd like you to think of Essex County as a whole. What is your vision for a healthy community? What are some goals to achieve that particular vision of a healthy community?**

Ask community members to share their ideas of a healthy community. How is health measured in a community? How does their town fit into the bigger picture of Essex? What does their town need? Where does your community have needs that are outside of your community's walls?

Question 4

**What health disparities are present in Essex County? What are ways your organization addresses health disparities in Essex County?**

Question 5

**Three major areas of concern regarding health in the community are: mental health, alcohol/substance abuse, and cost/access to health care. Do you feel these are pressing issues within Essex County right now? If not, please indicate what issues you think should be added to this list.**

Question 6

**What outside resources (i.e agencies, institutions, programs) does the community have to address those issues? What resources are still needed?**

Ask about what specific resources they utilize.

Question 7

**Do you think that there is sufficient outreach to underserved populations about health issues impacting them? What can be done to better protect these populations and build trust with the community?**

Question 8

**How well-utilized are those resources? How does your organization ensure equitable access to your services?**

Question 9

**How does your agency collaborate with other agencies within the county?**

***Closing questions while thanking focus group members for participating:***

*Are there other people we should reach out to to gather information whether in a focus group or as a key informant? If so, please share their information before you leave.*

*Are there any events in the county or your community where our team can collect survey information from residents? We are looking to collect in the next coming weeks.*

*Would you be willing to sit on the Essex County Coalition to evaluate and prioritize the data in the needs assessment as well as help guide priorities and develop health improvement plan? If so, please make sure we have your name, affiliation and email address.*



## APPENDIX E

"We invite you to participate in one of our focus groups to share your health care experiences with us. Your input will help us understand the public health needs of our community and provide insight about what programs and education initiatives are needed. We look forward to you joining us."



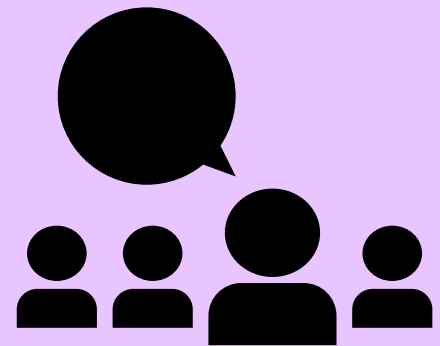
Joseph N. DiVincenzo, Jr.,  
Essex County Executive

The Board of County Commissioners  
Essex County Division of Public Health Management

# We Want to Hear From You!

## Join Our Focus Group Discussion and Help Improve the Health of Essex County!

We are seeking individuals interested in improving the health of their community by sharing their valuable insights and experiences.



We are looking for individuals in these targeted groups:

- Parents of Children with Special Needs
- Single Parent Households
- Spanish Speakers
- Young Adult/College Students
- Seniors



**Focus group participants will receive a gift bag: bookbag, water bottle, beach towel, and a \$25 gift card.**

**Refreshments will be provided.**

**Limited seats available!  
Registration closes on  
August 14, 2023**



All Focus Groups will take place in Bloomfield, NJ

To register or for more information, please contact the Essex County Office of Public Health Management Call Center 973-877-8456, 9am-5pm, Monday-Friday.



“Lo invitamos a participar en uno de nuestros grupos de enfoque para compartir sus experiencias de atención médica con nosotros. Su aporte nos ayudará a comprender las necesidades de salud pública de nuestra comunidad y brindará información sobre los programas e iniciativas educativas que nuestra comunidad más necesita. Esperamos contar con su valioso aporte y considere unirse a alguno de nuestros grupos. Muchas gracias.”



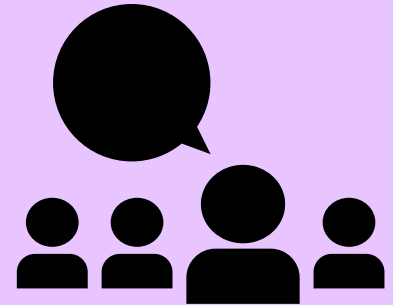
Joseph N. DiVincenzo, Jr.

Joseph N. DiVincenzo, Jr.,  
Director Ejecutivo del Condado de Essex, NJ  
La Junta de Comisionados del Condado  
División de Gestión de Salud Pública del Condado de Essex

# ¡Queremos escuchar de ti!

**¡Únase a uno de nuestros grupos focales y ayude a mejorar la salud de los residentes del Condado de Essex!**

Buscamos personas interesadas en mejorar la salud de su comunidad compartiendo sus valiosos conocimientos y experiencias..



**Estamos buscando personas interesadas en pertenecer a uno de estos grupos específicos:**

- **Hispanohablantes (personas que solo hablen español)**



**Los participantes del grupo focal recibirán una bolsa de regalo que contiene: mochila, botella de agua, toalla de playa, y una tarjeta de regalo de \$25 dólares.**

**Además se proporcionarán refrigerios.**



Todos los grupos focales se llevarán a cabo en Bloomfield, NJ

***¡Cupos limitados disponibles! El registro cierra el 14 de Agosto***

**Para registrarse o para obtener más información, comuníquese con el centro de servicio al cliente de la oficina de salud del Condado de Essex al número telefónico: 973-877-8456 de 9 a. m. a 5 p. m. de lunes a viernes.**