2022 Community Health Needs

Assessment

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MISSION | VISION

OUR MISSION: As New Jersey's public academic health center, University Hospital is committed to providing exceptional care to every patient, every time.

OUR VISION: Partnering with our communities, University Hospital improves health for generations to come.





Community Health Needs Assessment: What & Why?

The CHNA helps UH identify the community's healthcare needs, evaluate the hospital's program effectiveness, and identify effective strategies for designing health and supportive care.

The CHNA takes a deep dive into the factors influencing health problems in the community.











Overarching Questions

Throughout the Community Health Needs Assessment, four core questions guided the research:

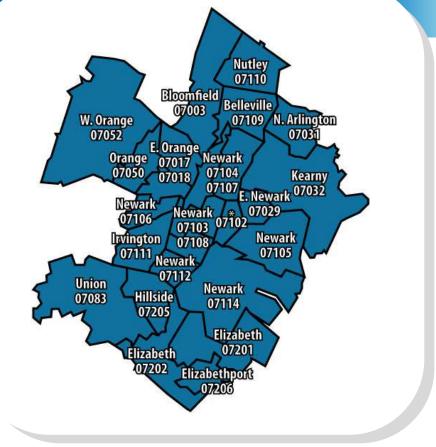
- 1. What are the **key characteristics** of the communities served by University Hospital?
- 2. What is the **health status** of those communities?
- 3. How might community characteristics impact health status?
- 4. How can what we learned **drive programming** at University Hospital?





University Hospital Service Areas:Primary Service Area

The 27-zip code area from where 80% of those hospitalized at University Hospital live.

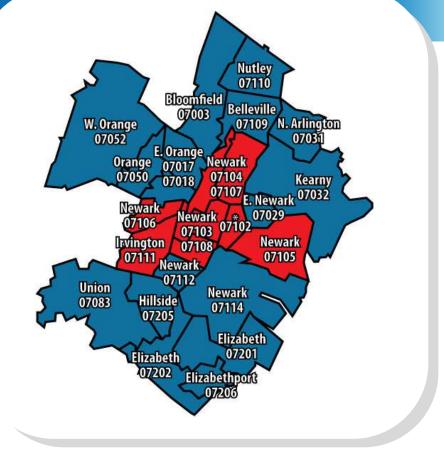




University Hospital Service Areas: Core Service Area

The 9-zip code* area surrounding University Hospital where 50% of those hospitalized at UH live.

*8 Newark zip codes and 1 Irvington zip code





Major Causes of Death—Essex & NJ | 2020

#	NJ'S MAJOR CAUSES OF DEATH	NJ	#	NJ'S MAJOR CAUSES OF DEATH	ESSEX	#	NJ'S MAJOR CAUSES OF DEATH	NEWARK
	Count	95,995		Count	8,802		Count	3,068
7	Heart Disease	19,716	7	COVID-19	2,059	7	COVID-19	753
2	COVID-19	16,495	2	Heart Disease	1,595	2	Other than 28 Major Causes	523
3	Cancer (malignant neoplasms)	15,564	3	Other than 28 Major Causes	1,431	3	Heart Disease	511
4	Other than 28 Major Causes	15,390	4	Cancer (malignant neoplasms)	1,100	4	Cancer (malignant neoplasms)	330
5	Unintentional injuries	4,777	5	Unintentional injuries	458	5	Unintentional injuries	243
6	Stroke (cerebrovascular diseases)	3,726	6	Stroke (cerebrovascular diseases)	302	6	Diabetes mellitus	135
	Chronic lower respiratory diseases	2,942	7	Diabetes mellitus	295	7	Stroke (cerebrovascular diseases)	95
7	(CLRD)	,		Chronic Lower Respiratory Diseases (CLRD)	211	8	Septicemia	77
8	Alzheimer's disease	2,673	8				Chronic Lower Respiratory Diseases	
9	Diabetes mellitus	2,442	9	Septicemia	210	9	(CLRD)	64
10	Septicemia	2,060	10	Alzheimer's disease	180		Essential hypertension and	62
13	Hypertension		74	Hypertension		10	hypertensive renal disease	32





COMMUNITY HEALTH STATISTICS



CORONARY HEART DISEASE

New Jersey—3,300 per 100,000 | Essex County—6,000 per 100,000 | Primary Service Area—4,583.4 per 100,000 | **Newark—12,200 per 100,000**



HYPERTENSION

New Jersey—30,200 per 100,000 | Essex County—31,400 per 100,000 | Primary Service Area—30,332.6 per 100,000 | **Newark—35,000 per 100,000**



New Jersey—27% of adults | Essex County—29% of adults | Primary Service Area—27.84% | Newark—36% of adults



New Jersey—9,600 per 100,000 | Essex County—11,200 per 100,000 Primary Service Area—11,231.3 per 100,000 | **Newark—16,400 per 100,000**



KIDNEY DISEASE

New Jersey—2,800 per 100,000 | Essex County—5,800 per 100,000 | Primary Service Area—6,734 per 100,000 | Newark—1,700 per 100,000



COMMUNITY HEALTH STATISTICS



New Jersey—8,400 per 100,000 | Essex County—5,700 per 100,000 | Primary Service Area—7,347 per 100,000 | **Newark—31,500 per 100,000**



New Jersey—5,200 per 100,000 | Essex County—5,100 per 100,000 | Primary Service Area—5,058 per 100,000 | **Newark—16,300 per 100,000**



New Jersey—4.3 per 1,000 | Essex County—5.6 per 1,000 | Primary Service Area—N/A | Newark—5.6 per 1,000



New Jersey—508 per 100,000 | Essex County—1,452 per 100,000 | Primary Service Area—1,200.5 per 100,000 | Newark—N/A



PHYSICAL INACTIVITY

New Jersey—27,000 per 100,000 | Essex County—29,000 per 100,000 | Primary Service Area—28,199.9 per 1000,000 | **Newark—38,300 per 100,000**



New Jersey—22.1 per 100,000 | Essex County—18.5 per 100,000 | Primary Service Area—19.1 per 100,000 | Newark—N/A



LIFESTYLE & ENVIRONMENTAL IMPACTS



SMOKING

New Jersey—13.0% | Essex County—16.0% | Primary Service Area—15.6% | Newark—21.9%



EXCESSIVE DRINKING

New Jersey—16.0% | Essex County—17.0%

Primary Service Area—17.08% | Newark—15.8%



FOOD INSECURITY

New Jersey—10.0% | Essex County—16.0%

Primary Service Area—13.85% | Newark—

14.83%



FREQUENT MENTAL DISTRESS

New Jersey—11.0% | Essex County—14.0% Primary Service Area—13.58% | Newark—17.9%



FREQUENT PHYSICAL DISTRESS

New Jersey—11.0% | Essex County—13.0% | Primary Service Area—12.6% | Newark—16.7%



DRUG OVERDOSE DEATHS

New Jersey—31.0 per 100,000 | Essex County—37.0 per 100,000 | Primary Service Area—32.6 per 100,000 | Newark—34.8 per 100,000



COMMUNITY CONVERSATIONS







TOP 10 IDENTIFIED THEMES



TOP 10 IDENTIFIED THEMES

ACCESSIBILITY

1,103

This theme focuses on health insurance, disjointed services, poor continuity of care, and the need for support in navigating health care and social service systems (e.g., case workers, patient navigators).

FAMILY SUPPORT

857

Participants shared that support programs for families and youth have been adversely impacted by the pandemic. Participants expressed the need for additional services and programming.

MENTAL HEALTH

845

Mental health was mentioned in almost every community conversation and key informant interview. Conditions like depression, anxiety, and PTSD that were present before the pandemic seemed to worsen during the last two years.

COVID-19 PREVENTION & IMP 647

Participants talked about the challenges in encouraging some residents to take prevention measures such as not wanting to wear masks, hesitancy about getting tested and getting vaccinated, et al.

PATIENT/PROVIDER RELATIONSHIP

Build rapport, establish trust, communicate, and help to alleviate fear with their patients are key in getting patients to seek health care services and follow-up. Respect of cultural differences and non-discriminatory care is also essential.

Newark, N.J.



642

TOP 10 IDENTIFIED THEMES

RACISM/ DISCRIMINATION

610

The discussion centered around differential treatment in community due to race, ethnicity and immigration status. Racism and discrimination is experienced in the way residents are treated by the police, fellow residents, as well as healthcare providers.

FOOD INSECURITY

581

The predominance of fast-food chains in Newark provides easy access to unhealthy foods. With minimal affordable healthy-eating options in Newark, fast-food is a low-cost convenient food option for residents.

TELEHEALTH

530

The pandemic created an opportunity to increase the availability of telehealth services. While telehealth increases access for certain people in the community, it creates less access for others.

SUBSTANCE USE

369

A significant barrier in addressing this issue is access to treatment programs for those battling substance abuse disorders. The excessive number of liquor stores in Greater Newark was also mentioned as an enabling factor and a gateway to other drugs.

CHRONIC DISEASE

353

The prevalence of chronic illnesses (e.g., diabetes, cancer, HIV, asthma, high blood pressure, tuberculosis), combined with high COVID-19 rates in Greater Newark, have placed stress upon a community also dealing with socioeconomic disparities.

Newark, N.J.



Next Steps

COMMUNITY STAKEHOLDER MEETINGS

PRIORITIZE KEY FINDINGS

TURN IDENTIFIED ISSUES INTO ACTION ITEMS



